



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. CHAMAR PRAVINBHAI CHHANABHAI
EC NO.	121277
DESIGNATION	DAFTARY
PLACE OF WORK	TALOD
BIRTHDATE	01-06-1974
PROPOSED DATE OF HEALTH CHECKUP	12-11-2022
BOOKING REFERENCE NO.	22D121277100030138E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **11-11-2022** till **31-03-2023** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

भारत सरकार  
GOVERNMENT OF INDIA

चमार प्रविणभाई चहानाबाई  
Chamar Pravinbhai Chhanabhai  
जन्म तारीख/DOB: 01/06/1974  
पुरुष/ MALE

8543 7557 0962


भारी आयात, भारी आयात

*Chamar*

भारतभुं चूटषी पंथ  
ELECTION COMMISSION OF INDIA

भारत संदी भोमभुन - ELECTOR PHOTO IDENTITY CARD

WQ11749910



नाम : चमार प्रविणभाई  
Name : Chamar Pravinbhai  
पितांनुं नाम : चहानाबाई  
Father's Name : Chhanabhai

*Chamar*



एन.डी.ए.ई. अखिल भारतीय प्राधिकरण  
Unique Identification Authority of India

Address:

S/O Chnanabhai, 88,  
Shivshaktinagar Society, Mansa,  
Gandhinagar,  
Gujarat - 382845

संज्ञासूची :

S/O Chnanabhai, 88, शिवशक्तिनगर  
सोलावडी, मानसा, गांधीनगर,  
गुजरात - 382845

153-155/1557

Bheer

लिंग / Sex : पुरुष / Male  
जन्म तारीख / डेट : 01/06/1974  
संज्ञासूची : CC, हरिजनवास (रोहितवास), मानसा,  
मानसा - 382845, ता. - मानसा, जि. -  
गुजरात

Address : 88, Harijanvas (Rohitvas), Mansa,  
Mansa - 382845, Ta - Mansa Dist -  
Gandhinagar

मतदार नोंदणी अधिकारी

Date: 05-01-2017, Electoral Registration Officer

विधानसभा मतदारसंघाची संज्ञासूची क्र. 37-मानसा

Assembly Constituency No & Name: 37-Mansa

मतदार नोंदणी क्र. 153-मानसा-7

Part No & Name: 153-Manasa-7

टीप / Note

1. हा मतदारसंघाचा मतदारसंघाच्या अंतर्गत असलेल्या मतदारांच्या यादीत नोंदणी करणे गरजेचे आहे. यासाठी मतदारसंघाच्या मतदारसंघाच्या कार्यालयात नोंदणी करावी.

2. मतदारसंघाच्या मतदारसंघाच्या कार्यालयात नोंदणी करणे गरजेचे आहे. यासाठी मतदारसंघाच्या कार्यालयात नोंदणी करावी.

3. मतदारसंघाच्या मतदारसंघाच्या कार्यालयात नोंदणी करणे गरजेचे आहे. यासाठी मतदारसंघाच्या कार्यालयात नोंदणी करावी.

4. मतदारसंघाच्या मतदारसंघाच्या कार्यालयात नोंदणी करणे गरजेचे आहे. यासाठी मतदारसंघाच्या कार्यालयात नोंदणी करावी.

Bheer

DR. PRAKASH D MAKWANA  
 M.D.  
 REG.NO.G-29078  
 MO.NO-9722116164

UHD:		Date: 12/11/22	Time:
Patient Name: PRAVINBHAI		Height:	
Age / Sex: 47/M	LMP:	Weight:	
...story:			
C/C/O:  - Routine checkup		History:  - NO ANY COMORBIDITY	
Allergy History: NONE		Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Afebrile			
Pulse: 76/min			
BP: 120/90 mmHg			
SPO2: 98% ON ROOM AIR			
Provisional Diagnosis:			





**DR. TAPAS RAVAL**  
**MBBS . D.O**  
**(FELLOW IN PHACO & MEDICAL**  
**RATINA)**  
**REG.NO.G-21350**

UHID:	Date: 12/11/22	Time: 1:10
Patient Name: <i>Pawankumar Chumber.</i>	Age /Sex: 47	Height:
	Weight:	
History:	<i>Compl health checkup pt have myopia last 3-4 years.</i>	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	<i>VA 2/6 6/6 N/G H-75 20/20 Color vision - Normal</i>	
Diagnosis:	<i>Refractive error</i>	



Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



DR. UNNATI SHAH  
B.D.S. (DENTAL SURGEON)  
REG. NO. A-7742  
MO.NO- 9904596691

UHID:	Date: 12/11/22	Time:
Patient Name: Prambher Chavur	Age / Sex: 47 / F	Height:
	Weight:	
History:		
Examination: all teeth + + Stomach + + +		
Diagnosis:		

Treatment:

Salry.

brun.



LABORATORY REPORT



Name : PRAVINBHAI CHAMAR	Sex/Age : Male / 47 Years	Case ID : 21102200425
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396119
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 12-Nov-2022 09:30	Sample Type :	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22236522

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>121.41</b>	mg/dL	70.0 - 100
Plasma Glucose - PP	<b>155.13</b>	mg/dL	70.0 - 140.0
<b>Haemogram (CBC)</b>			
Monocyte	<b>198</b>	/ $\mu$ L	200.00 - 1000.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>25.81</b>	mg/dL	48 - 77
Chol/HDL	<b>5.88</b>		0 - 4.1
<b>Liver Function Test</b>			
Albumin	<b>5.08</b>	gm/dL	3.4 - 5
A/G Ratio	<b>2.2</b>		1.0 - 2.1

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR	Sex/Age : Male / 47 Years	Case ID : 21102200425
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396119
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 10:16	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin (Colorimetric)	15.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.44	millions/cumm	4.50 - 5.50
PCV(Calc)	45.80	%	40.00 - 50.00
MCV (RBC histogram)	84.2	fL	83.00 - 101.00
MCH (Calc)	27.6	pg	27.00 - 32.00
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.60	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4950	/μL	4000.00 - 10000.00
	[ % ]	EXPECTED VALUES	[ Abs ]
Neutrophil	63.0	% 40.00 - 70.00	3119 /μL 2000.00 - 7000.00
Lymphocyte	29.0	% 20.00 - 40.00	1436 /μL 1000.00 - 3000.00
Eosinophil	3.0	% 1.00 - 6.00	149 /μL 20.00 - 500.00
Monocytes	4.0	% 2.00 - 10.00	L 198 /μL 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	50 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	169000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.17		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR	Sex/Age : Male / 47 Years	Case ID : 21102200425
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396119
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 10:16	Acc. Remarks : Normal	Ref Id2 : O22236522

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR Sex/Age : Male / 47 Years Case ID : 21102200425  
Ref.By : HOSPITAL Dis. At : Pt. ID : 2396119  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 12-Nov-2022 09:30 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 12-Nov-2022 09:30 Sample Coll. By : Ref Id1 : OSP29110  
Report Date and Time : 12-Nov-2022 11:14 Acc. Remarks : Normal Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### HAEMATOLOGY INVESTIGATIONS

ESR	04	mm after 1hr 3 - 15		
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : PRAVINBHAI CHAMAR	Sex/Age : Male / 47 Years	Case ID : 21102200425
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396119
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 09:51	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS**

**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)  
(Both Forward and Reverse Group )**

ABO Type	B
Rh Type	POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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*Shah*

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## LABORATORY REPORT



Name : **PRAVINBHAI CHAMAR** Sex/Age : **Male / 47 Years** Case ID : **21102200425**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396119**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 10:06	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

Colour **Pale yellow**  
 Transparency **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity	<b>1.025</b>		1.003 - 1.035
pH	<b>6.0</b>		4.6 - 8
Leucocytes (ESTERASE)	<b>Negative</b>		Negative
Protein	<b>Negative</b>		Negative
Glucose	<b>Negative</b>		Negative
Ketone Bodies Urine	<b>Negative</b>		Negative
Urobilinogen	<b>Negative</b>		Negative
Bilirubin	<b>Negative</b>		Negative
Blood	<b>Negative</b>		Negative
Nitrite	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	<b>Nil</b>	/HPF	Nil
Red Blood Cell	<b>Nil</b>	/HPF	Nil
Epithelial Cell	<b>Present +</b>	/HPF	Present(+)
Bacteria	<b>Nil</b>	/ul	Nil
Yeast	<b>Nil</b>	/ul	Nil
Cast	<b>Nil</b>	/LPF	Nil
Crystals	<b>Negative</b>		Negative

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR      Sex/Age : Male / 47 Years      Case ID : 21102200425  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2396119  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 12-Nov-2022 09:30      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 12-Nov-2022 09:30      Sample Coll. By :      Ref Id1 : OSP29110  
 Report Date and Time : 12-Nov-2022 10:06      Acc. Remarks : Normal      Ref Id2 : O22236522

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR      Sex/Age : Male / 47 Years      Case ID : 21102200425  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2396119  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 14:41	Acc. Remarks : Normal	Ref Id2 : O22236522
TEST	RESULTS      UNIT      BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	121.41	mg/dL	70.0 - 100
Plasma Glucose - PP	H	155.13	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR Sex/Age : Male / 47 Years Case ID : 21102200425  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2396119  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 12-Nov-2022 09:30 Sample Type : Serum Mobile No :  
 Sample Date and Time : 12-Nov-2022 09:30 Sample Coll. By : Ref Id1 : OSP29110  
 Report Date and Time : 12-Nov-2022 11:14 Acc. Remarks : Normal Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol	151.79	mg/dL	110 - 200	
HDL Cholesterol	L 25.81	mg/dL	48 - 77	
Triglyceride	157.33	mg/dL	40 - 200	
VLDL <i>Calculated</i>	31.47	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 5.88		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	94.51	mg/dL	65 - 100	

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value  
Risk assessment from HDL and Trnglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2396119  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 12-Nov-2022 09:30      Sample Coll. By :      Ref Id1 : OSP29110  
 Report Date and Time : 12-Nov-2022 11:14      Acc. Remarks : Normal      Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T.	16.70	U/L	0 - 41	
S.G.O.T.	21.48	U/L	15 - 37	
Alkaline Phosphatase	87.68	U/L	40 - 130	
Gamma Glutamyl Transferase	21.19	U/L	8 - 61	
Proteins (Total)	7.40	gm/dL	6.4 - 8.2	
Albumin	H 5.08	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.32	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	H 2.2		1.0 - 2.1	
Bilirubin Total	0.43	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.25	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396119**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 11:14	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>7.82</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.78</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>3.72</b>	mg/dL	3.5 - 7.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.nebergsupratech.com





## LABORATORY REPORT



Name : PRAVINBHAI CHAMAR	Sex/Age : Male / 47 Years	Case ID : 21102200425
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396119
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 10:16	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Glycated Haemoglobin Estimation

HbA1C	5.49	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	110.86	mg/dL	

Please Note change in reference range as per ADA 2021 guidelines.

#### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : **PRAVINBHAI CHAMAR** Sex/Age : **Male / 47 Years** Case ID : **21102200425**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396119**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 12-Nov-2022 09:30	Sample Coll. By :	Ref Id1 : OSP29110
Report Date and Time : 12-Nov-2022 10:37	Acc. Remarks : Normal	Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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### Thyroid Function Test

Triiodothyronine (T3)	121.46	ng/dL	70 - 204	
Thyroxine (T4) CMIA	7.3	ng/dL	4.6 - 10.5	
TSH CMIA	3.084	µIU/mL	0.4 - 4.2	

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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## LABORATORY REPORT



Name : **PRAVINBHAI CHAMAR** Sex/Age : **Male / 47 Years** Case ID : **21102200425**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396119**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 09:30 Sample Type : Serum Mobile No :  
 Sample Date and Time : 12-Nov-2022 09:30 Sample Coll. By : Ref Id1 : OSP29110  
 Report Date and Time : 12-Nov-2022 10:38 Acc. Remarks : Normal Ref Id2 : O22236522

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

**Prostate Specific Antigen** **0.4180** ng/mL 0.00 - 4.00

*CMIA*

**INTERPRETATIONS:**

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

**CAUTIONS:**

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

**DILUTION PROTOCOL:**

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.

\* Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : <b>PRAVINBHAI CHAMAR</b>	Sex/Age : <b>Male / 47 Years</b>	Case ID : <b>21102200425</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2396119</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>12-Nov-2022 09:30</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>12-Nov-2022 09:30</b>	Sample Coll. By :	Ref Id1 : <b>OSP29110</b>
Report Date and Time : <b>12-Nov-2022 10:38</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O22236522</b>

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

*Shah*

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**Dr. Shreya Shah**  
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CIN: L85110GJ2012PLC072647



**PATIENT NAME: PRAVINBHAI CHAMAR**

**GENDER/AGE: Male / 47 Years**

**DATE: 12/11/22**

**DOCTOR:**

**OPDNO: OSP29110**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.3 cms in size.

Left kidney measures about 10.0 x 4.4 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

**Aorta, IVC and para aortic region** appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

**COMMENT:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

12.11.2022 11:50:07 AM  
ASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

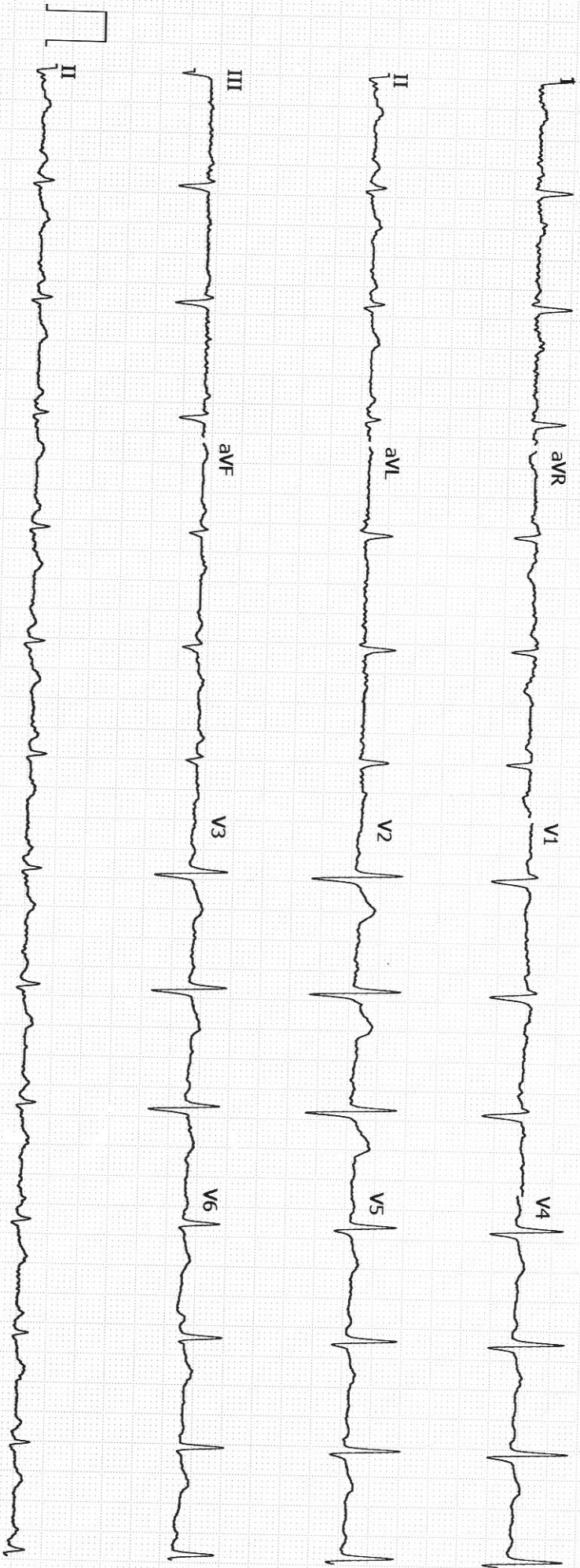
Room:

78 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 390 / 444 ms  
PR : 144 ms  
P : 106 ms  
RR / PP : 768 / 769 ms  
P / QRS / T : 53 / -8 / 36 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1

**PATIENT NAME: PRAVINBHAI CHAMAR**

**GENDER/AGE: Male / 47 Years**

**DATE: 12/11/22**

**DOCTOR:**

**OPDNO: OSP29110**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.  
**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**  
Both hilar shadows and C.P. angles are normal.  
Heart shadow appears normal in size. Aorta appears normal.  
Bony thorax and both domes of diaphragm appear normal.  
No evidence of cervical rib is seen on either side.

  
**DR. SNEHAL PRAJAPATI**  
**CONSULTANT RADIOLOGIST**