

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. MEVA KIRITKUMAR NARANBHAI
EC NO.	52953
DESIGNATION	HEAD PEON
PLACE OF WORK	AHMEDABAD, SATELLITE ROAD
BIRTHDATE	04-08-1964
PROPOSED DATE OF HEALTH CHECKUP	30-03-2023
BOOKING REFERENCE NO.	22M52953100054680E

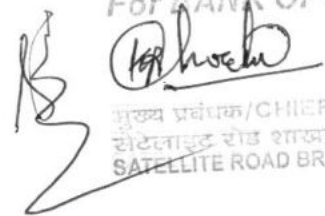
This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **29-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health 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


कृते बैंक ऑफ बड़ोदा
For BANK OF BARODA

मुख्य प्रबंधक/CHIEF MANAGER
सैटेलाइट रोड शाखा, अहमदाबाद
SATELLITE ROAD BR., AHMEDABAD

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

DR. SEJAL J AMIN
 B.D.S, M.D.S (PERIODONTIST)
 IMPLANTOLOGIST
 REG NO: A-12942

UHID:	Date: 30/3/23	Time:
Patient Name: Rinit Kumar m. Meera	Age / Sex: 58/M.	Height: Weight:
Chief Complain: → Routine dental check up.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral:		
Intra oral – Teeth Present :	Root piece Int $\frac{9}{1}$ missing teeth $\frac{6}{7}$ Int $\frac{6}{7}$	
Teeth Absent :		
Diagnosis:	chronic generalized periodontitis	

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

UHID: 00323982	Date: 30/03/23	Time: 3:21 PM
Patient Name: KIRIT	Height: 155 cm	Weight: 60 kg
Age / Sex: 58 YR M LMP:		
History: C/O: ROUTINE HEALTH CHECK UP	History: AKICIDMTI	
Allergy History: N/A	Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination: Temperature: 36.5 Pulse: 94 MINUTE BP: 120/90 MMHG SPO2: 99%		
Provisional Diagnosis:		

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

UHID: 00323962	Date: 30/3/23	Time:
Patient Name: Kiran Kumar Meher	Age / Sex: 58 / M	Height: 155cm
	Weight: 60 kg	
History: ep - Routine check-up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: G/G VCR G/G BE P/P		
Diagnosis:		

Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: KIRITKUMAR N MEVA

GENDER/AGE: Male / 58 Years

DATE: 30/03/23

DOCTOR:

OPDNO: 00323962

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

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CIN: L85110GJ2012PLC072647



PATIENT NAME: KIRITKUMAR N MEVA

GENDER/AGE: Male / 58 Years

DATE: 30/03/23

DOCTOR:

OPDNO: O0323962

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 9.8 x 4.7 cms in size.

Left kidney measures about 10.2 x 4.3 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 190 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 18 cc.

COMMENT: Grade I fatty changes in liver.

Normal sonographic appearance of GB; Pancreas, spleen, kidneys, bladder and prostate.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : KIRITKUMAR N MEVA	Sex/Age : Male / 59 Years	Case ID : 30302200764
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type :	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : O0323962
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O222310212

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	166.62	mg/dL	70 - 100
Plasma Glucose - PP	291.47	mg/dL	70.0 - 140.0
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	20.5	mg/dL	6.00 - 20.00
Glyco Hemoglobin			
HbA1C	10.84	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
MCV (RBC histogram)	79.4	fL	83.00 - 101.00
MCH (Calc)	25.9	pg	27.00 - 32.00
Lipid Profile			
HDL Cholesterol	33.1	mg/dL	48 - 77
Chol/HDL	5.67		0 - 4.1
LDL Cholesterol	119.16	mg/dL	65 - 100
Liver Function Test			
Alkaline Phosphatase	120.56	U/L	46 - 116
Bilirubin Conjugated	0.22	mg/dL	0 - 0.20
Urine Examination			
Glucose	Present (++)		Negative
Uric Acid	7.89	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:48 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 30-Mar-2023 08:48 Sample Coll. By : Ref Id1 : 00323962
 Report Date and Time : 30-Mar-2023 09:11 Acc. Remarks : Normal Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	14.1	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.45	millions/cumm	4.50 - 5.50
PCV(Calc)	43.27	%	40.00 - 50.00
MCV (RBC histogram)	L 79.4	fL	83.00 - 101.00
MCH (Calc)	L 25.9	pg	27.00 - 32.00
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	5940	/μL	4000.00 - 10000.00		
Neutrophil	[%] 59.0	%	40.00 - 70.00	3505	/μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00	1960	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	119	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	297	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	59	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	187000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.79		0.78 - 3.53

SMEAR STUDY

RBC Morphology Microcytic hypochromic 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)

Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 10:33	Acc. Remarks : Normal	Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	03	mm after 1hr	3 - 20	

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 : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 09:11	Acc. Remarks : Normal	Ref Id2 : 0222310212

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	AB
Rh Type	POSITIVE

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

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Dr. Shreya Shah
M.D. (Pathologist)

Dr. Manoj Shah
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LABORATORY REPORT



Name : KIRITKUMAR N MEVA	Sex/Age : Male / 59 Years	Case ID : 30302200764
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 09:04	Acc. Remarks : Normal	Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	5.50		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Present (++)		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

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 M.D. (Pathologist)

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
 Bill. Loc. : Aashka hospital Pt. Loc :
 Reg Date and Time : 30-Mar-2023 08:48 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 30-Mar-2023 08:48 Sample Coll. By : Ref Id1 : 00323962
 Report Date and Time : 30-Mar-2023 09:04 Acc. Remarks : Normal Ref Id2 : 0222310212

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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 13:01	Acc. Remarks : Normal	Ref Id2 : 0222310212
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	166.62	mg/dL	70 - 100
Plasma Glucose - PP	H	291.47	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)

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA Sex/Age : Male / 59 Years Case ID : 30302200764
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2647206
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 30-Mar-2023 08:48 Sample Type : Serum Mobile No :
 Sample Date and Time : 30-Mar-2023 08:48 Sample Coll. By : Ref Id1 : 00323962
 Report Date and Time : 30-Mar-2023 10:33 Acc. Remarks : Normal Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	187.71	mg/dL	110 - 200	
HDL Cholesterol	L 33.1	mg/dL	48 - 77	
Triglyceride <i>Colorimetric-Arsenazo Method</i>	177.27	mg/dL	40 - 200	
VLDL <i>Calculated</i>	35.45	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 5.67		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 119.16	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 assessment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation 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 assessment

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

Shah

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Dr. Manoj Shah
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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : KIRITKUMAR N MEVA	Sex/Age : Male / 59 Years	Case ID : 30302200764
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : O0323962
Report Date and Time : 30-Mar-2023 10:33	Acc. Remarks : Normal	Ref Id2 : O222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	25.67	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	20.77	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	H 120.56	U/L	46 - 116	
Gamma Glutamyl Transferase <i>Enzymatic</i>	25.05	U/L	0.00 - 64.00	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.65	gm/dL	6.4 - 8.2	
Albumin <i>Bromocresol purple</i>	4.82	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.83	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.59	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	H 0.22	mg/dL	0 - 0.20	
Bilirubin Unconjugated <i>Calculated</i>	0.37	mg/dL	0 - 0.8	

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

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : KIRITKUMAR N MEVA	Sex/Age : Male / 59 Years	Case ID : 30302200764
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 10:33	Acc. Remarks : Normal	Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	H 20.5	mg/dL	6.00 - 20.00	
Creatinine	1.35	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	H 7.89	mg/dL	3.5 - 7.2	

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : 00323962
Report Date and Time : 30-Mar-2023 09:49	Acc. Remarks : Normal	Ref Id2 : 0222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 10.84		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	264.41	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)

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LABORATORY REPORT



Name : KIRITKUMAR N MEVA	Sex/Age : Male / 59 Years	Case ID : 30302200764
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647206
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:48	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Mar-2023 08:48	Sample Coll. By :	Ref Id1 : O0323962
Report Date and Time : 30-Mar-2023 10:18	Acc. Remarks : Normal	Ref Id2 : O222310212

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	103.87	ng/dL	40 - 181	
Thyroxine (T4) CMIA	8.5	ng/dL	4.6 - 10.5	
TSH CMIA	2.032	μIU/mL	0.5 - 8.9	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. 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.

TSH ref range in Pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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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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 tri-iodothyronine (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	0.6-2.5

	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/↑	↓

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 Sample Date and Time : 30-Mar-2023 08:48 Sample Coll. By : Ref Id1 : O0323962
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen CMIA	0.7750	ng/mL	0.00 - 4.00	

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 -----

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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)

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

**PATIENT NAME: KIRITKUMAR N MEVA****GENDER/AGE: Male / 58 Years****DATE: 30/03/23****DOCTOR: DR. HASIT JOSHI****OPDNO: O0323962****2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 41/25mm	EF 55-60%
IVS / LVPW / D	: 11/10mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.5/0.9m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION; REDUCED LV COMPLIANCE.	

ADV: TMT**CARDIOLOGIST****DR. HASIT JOSHI (9825012235)**

Male

30.03.2023 10:34:42 AM
AASHKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

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

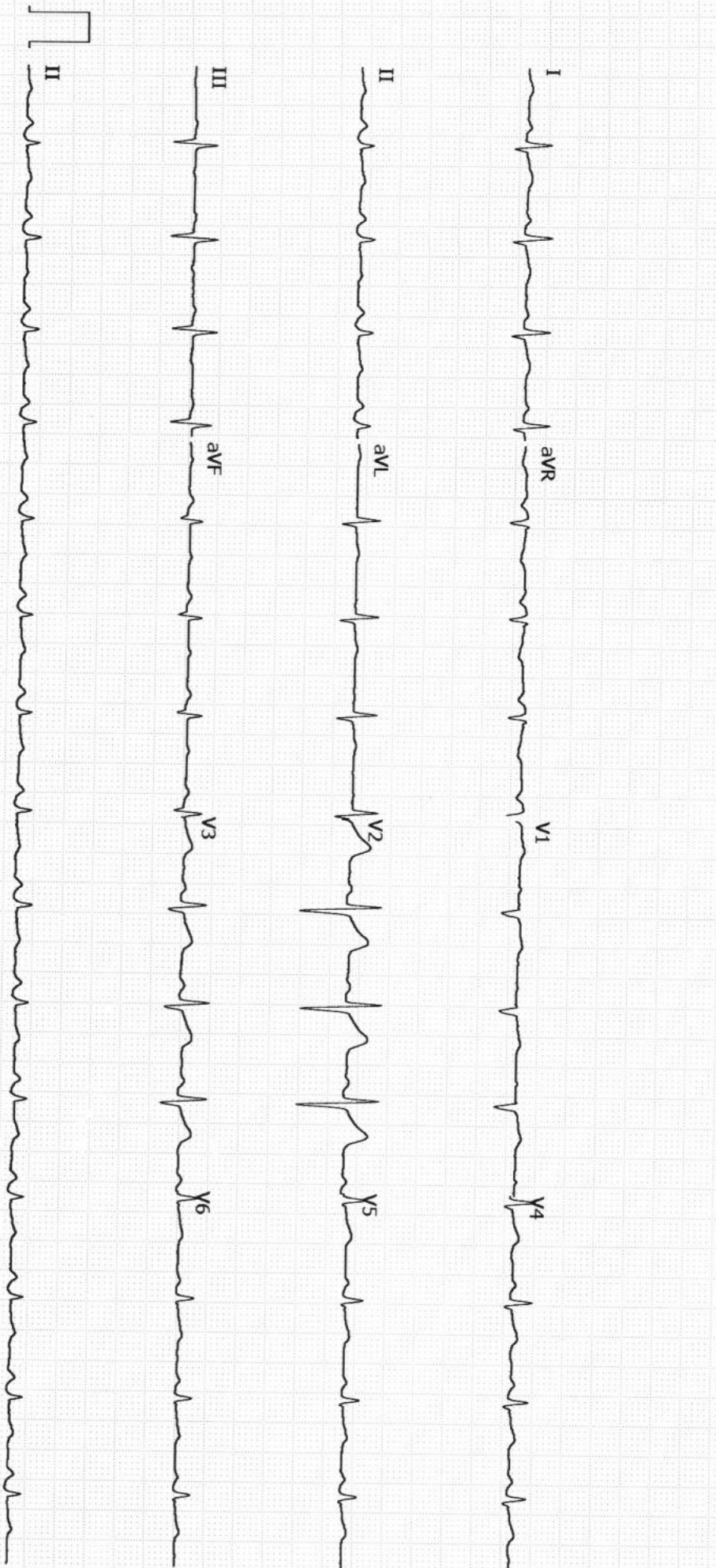
Room:

93 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 348 / 432 ms
PR : 138 ms
P : 94 ms
RR / PP : 644 / 645 ms
P / QRS / T : 58 / 39 / 36 degrees

Normal sinus rhythm
Possible Inferior infarct , age undetermined
Abnormal 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