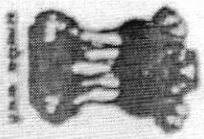


શ્રી અશ્વિનકુમાર, શ્રી તાવિયાદ નયાનાબેન અશ્વિનકુમાર



ભારત સરકાર

Government of India

તાવિયાદ નયાનાબેન અશ્વિનકુમાર

Taviyad Nayanaben Ashwinkumar

જન્મ તારીખ / DOB : 11/09/1983

સ્ત્રી / Female



6270 9704 7328



શ્રી અશ્વિનકુમાર, શ્રી તાવિયાદ નયાનાબેન અશ્વિનકુમાર



ભારતીય ઇલેક્ટ્રોનિક ઇન્ટિફિકેશન યોજના  
Unique Identification Authority of India

સરનામું: ખરિનું નામ તારિયાડ અશ્વિનકુમાર  
કોલાભાઈ, 196, કોઠા ફાલિયા, મોતી ક્યાર  
મોતીક્યાર, મહિસાગર, સતરામપુર, ગુજરાત,  
389260

Address: W/O. Taviyad Ashwinkumar  
Kalabhai, 196, Kotha Faliya, Moti Kyar,  
Motikayar, Mahisagar, Santrampur,  
Gujarat, 389260

8270 9704 7328



1947



help@uidai.gov.in



www.uidai.gov.in



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

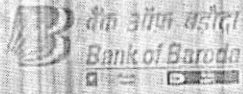
नाम **Ashwinkumar Kalabhai**  
Name **Taviyad**

कर्मचारी कूट क्र. **78424**  
Employee Code No.

जारीकर्ता प्राधिकारी  
Issuing Authority



धारक के हस्ताक्षर  
Signature of Holder



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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NAYANABEN JAYSINHDAMOR
DATE OF BIRTH	11-09-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-07-2022
BOOKING REFERENCE NO.	22S78424100021578S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. TAVIYAD ASHWINKUMAR KALABHAI
EMPLOYEE EC NO.	78424
EMPLOYEE DESIGNATION	FINANCIAL INCLUSION
EMPLOYEE PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
EMPLOYEE BIRTHDATE	27-03-1982

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 **07-07-2022** 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's spouse 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))

**DR. JIGISHA VADODARIYA**  
 M.D., IDCCM.  
 CRITICAL CARE MEDICINE  
 R.NO.G-27131

UHID:		Date:		Time:	
Patient Name: <u>Naynaben Navipad</u>		Height:		Weight:	
Age / Sex: <u>31/F</u> LMP:		Weight:			
<b>History:</b>					
<b>Medical History:</b> DM _____ HTN _____ COPD _____ CKD _____ Hypothyroidism _____ CAD _____ LHD sickle cell anaemia.		<b>Surgical History:</b> Echo RT ovarian removal.  Others:		<b>C/C/O:</b> Routine check up - C/O occasional palpitations.	
Allergy History:			Addiction:		
Nutritional Screening: Well-Nourished / Malnourished / Obese					
<b>Examination:</b>				Temp	
RS: <u>BLA (+)</u>		CNS:		Pulse <u>101/min</u>	
CVS: <u>S1S2 (+)</u>		PA:		BP	
				SPO2	
<b>Provisional Diagnosis:</b>					

USG - Left ovarian dermoid.  
 2D Echo: Grade II MVP.  
 EF - 65%.  
 RVP - 28.  
 Hb - 9.8.  
 Bilirubin Total 2.44, unconjugated - 1.42.



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**

<b>UHID:</b>	<b>Date:</b> 9/7/22	<b>Time:</b> 3:30
<b>Patient Name:</b> Nutnabhai	<b>Age /Sex:</b> 39	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b> c/w Retin check up. D.V. < 6, 24 D.V. eye < 6/6		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Diagnosis:</b>		





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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



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

<b>UHID:</b>	<b>Date:</b> 9/7/22	<b>Time:</b>
<b>Patient Name:</b> Mayanaben Taviad	<b>Age /Sex:</b> 39 / F	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b>		
<b>Examination:</b> Corros Calculus + F / F		
<b>Diagnosis:</b>		

Treatment:

Reson  $\frac{7}{7}$

Scalpy

bx m.

**PATIENT NAME:**NAYANABEN ASHWINKUMAR TAVIYAD

**GENDER/AGE:**Female / 38 Years

**DATE:**09/07/22

**DOCTOR:**DR.HASIT JOSHI

**OPDNO:**OSP28203

**2D-ECHO**

<b>MITRAL VALVE</b>	<b>: GRADE II MVP</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 28mm</b>	
<b>LEFT ATRIUM</b>	<b>: 34mm</b>	
<b>LV Dd / Ds</b>	<b>: 39/25mm</b>	<b>EF 65%</b>
<b>IVS / LVPW / D</b>	<b>: 8.4/8.9mm</b>	
<b>IVS</b>	<b>: NORMAL</b>	
<b>IAS</b>	<b>: NORMAL</b>	
<b>RA</b>	<b>: NORMAL</b>	
<b>RV</b>	<b>: NORMAL</b>	
<b>PA</b>	<b>: NORMAL</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 1.06/0.87m/s</b>	
<b>AORTIC</b>	<b>: 1.6m/s</b>	
<b>PULMONARY</b>	<b>: 1.28m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD TR</b>	
<b>RVSP</b>	<b>: 28mmHg</b>	
<b>CONCLUSION</b>	<b>: TACHYCARDIA + ; NORMAL LV SYSTOLIC FUNCTION; GRADE II MVP; MILD TR; NO PAH.</b>	

**CARDIOLOGIST**  
**DR.HASIT JOSHI (9825012235)**



LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Whole Blood EDTA Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
 Report Date and Time : 09-Jul-2022 09:36 Acc. Remarks : Normal Ref Id2 : O22232425

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

**HAEMOGRAM REPORT**

HB AND INDICES

Haemoglobin (Colorimetric)	L	9.8	G%	12.00 - 15.00
RBC (Electrical Impedance)		4.54	millions/cumm	3.80 - 4.80
PCV(Calc)	L	33.01	%	36.00 - 46.00
MCV (RBC histogram)	L	72.7	fL	83.00 - 101.00
MCH (Calc)	L	21.6	pg	27.00 - 32.00
MCHC (Calc)	L	29.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)		14.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5500	/μL	4000.00 - 10000.00	
	[ % ]		EXPECTED VALUES	[ Abs ] EXPECTED VALUES
Neutrophil	70.0	%	40.00 - 70.00	3850 /μL 2000.00 - 7000.00
Lymphocyte	23.0	%	20.00 - 40.00	1265 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	165 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	220 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	219000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	3.04		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)

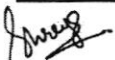
Dr. Manoj Shah  
 M.D. (Path. & Bact.)

LABORATORY REPORT



Name : NAYANABEN ASHWINKUMAR TAVIYAD	Sex/Age : Female/ 39 Years	Case ID : 20702200250
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159681
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:20	Sample Type : Whole Blood EDTA	Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:20	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 09-Jul-2022 09:36	Acc. Remarks : Normal	Ref Id2 : O22232425

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



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

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

LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
Bill. Loc. : Aashka hospital Pt. Loc :

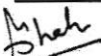
Reg Date and Time : 09-Jul-2022 09:20	Sample Type : Whole Blood EDTA	Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:20	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 09-Jul-2022 11:54	Acc. Remarks : Normal	Ref Id2 : O22232425

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

ESR	05	mm after 1hr	3 - 20	
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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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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Whole Blood EDTA Mobile No : 9978548780  
Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
Report Date and Time : 09-Jul-2022 09:58 Acc. Remarks : Normal Ref Id2 : O22232425

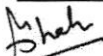
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

**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)



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

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

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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Spot Urine Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
 Report Date and Time : 09-Jul-2022 09:42 Acc. Remarks : Normal Ref Id2 : O22232425

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 5.0 5 - 8

Leucocytes (ESTERASE) Negative Negative

Protein Negative Negative

Glucose Negative 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 Negative Negative

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 : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Spot Urine Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
 Report Date and Time : 09-Jul-2022 09:42 Acc. Remarks : Normal Ref Id2 : O22232425

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
Protein	mg/dl	Negative (<10)	10	25	75	150	50
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)

*Shreya Shah*

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

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

LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No : 9978548780  
Sample Date and Time : 09-Jul-2022 12:22 Sample Coll. By : Ref Id1 : OSP28203  
Report Date and Time : 09-Jul-2022 14:10 Acc. Remarks : Normal Ref Id2 : O22232425  
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

**BIOCHEMICAL INVESTIGATIONS**

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

Plasma Glucose - F	H	101.9	mg/dL	70.0 - 100
Plasma Glucose - PP		110	mg/dL	70.0 - 140.0

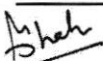
Reference range has been changed as per recent guidelines of ISPAD 2018.

<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.)

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

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LABORATORY REPORT



Name : NAYANABEN ASHWINKUMAR TAVIYAD Sex/Age : Female/ 39 Years Case ID : 20702200250  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Serum Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
 Report Date and Time : 09-Jul-2022 11:55 Acc. Remarks : Normal Ref Id2 : O22232425

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	L	106.18	mg/dL	110 - 200
HDL Cholesterol		49.86	mg/dL	48 - 77
Triglyceride		58.16	mg/dL	40 - 200
VLDL <i>Calculated</i>		11.63	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		2.13		0 - 4.1
LDL Cholesterol (Direct) <i>CALC</i>	L	63.34	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 assesment from HDL and Triglyceride 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)

*Shah*

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

Dr. Shreya Shah  
 M.D. (Pathologist)

LABORATORY REPORT



Name : NAYANABEN ASHWINKUMAR TAVIYAD Sex/Age : Female/ 39 Years Case ID : 20702200250  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
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Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Serum Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
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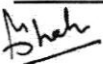
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Liver Function Test**

S.G.P.T.	24.41	U/L	0 - 31	
S.G.O.T.	33.38	U/L	15 - 37	
Alkaline Phosphatase	66.88	U/L	35 - 105	
Gamma Glutamyl Transferase	26.74	U/L	5 - 36	
Proteins (Total)	7.56	gm/dL	6.4 - 8.2	
Albumin	4.53	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.03	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	H 2.44	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	1.02	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	H 1.42	mg/dL	0 - 0.8	

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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Printed On : 09-Jul-2022 15:20

LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
Bill. Loc. : Aashka hospital Pt. Loc. :

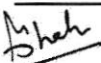
Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Serum Mobile No : 9978548780  
Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
Report Date and Time : 09-Jul-2022 11:56 Acc. Remarks : Normal Ref Id2 : O22232425

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

<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	<b>6.42</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	<b>0.59</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	H <b>6.82</b>	mg/dL	2.6 - 6.2	

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



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

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

LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159681**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:20	Sample Type : Whole Blood EDTA	Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:20	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 09-Jul-2022 11:18	Acc. Remarks : Normal	Ref Id2 : O22232425

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

**Glycated Haemoglobin Estimation**

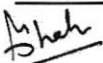
<b>HbA1C</b>	<b>4.90</b>	% of total Hb	4.80 - 6.00
<b>Avg. PI Glucose (Last 3 Months)</b> <i>Calculated</i>	<b>93.93</b>	mg/dL	80.00 - 140.00

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 : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 39 Years** Case ID : **20702200250**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159681  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:20 Sample Type : Serum Mobile No : 9978548780  
 Sample Date and Time : 09-Jul-2022 09:20 Sample Coll. By : Ref Id1 : OSP28203  
 Report Date and Time : 09-Jul-2022 10:59 Acc. Remarks : Normal Ref Id2 : O22232425

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

Triiodothyronine (T3)	122.09	ng/dL	70 - 204	
Thyroxine (T4) CMIA	10.3	ng/dL	5.5 - 11.0	
TSH CMIA	0.9657	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.

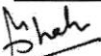
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism 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)



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LABORATORY REPORT

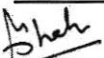


Name : <b>NAYANABEN ASHWINKUMAR TAVIYAD</b>	Sex/Age : <b>Female/ 39 Years</b>	Case ID : <b>20702200250</b>
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159681
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:20	Sample Type : Serum	Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:20	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 09-Jul-2022 10:59	Acc. Remarks : Normal	Ref Id2 : O22232425

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

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M.D. (Path. & Bact.)

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

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Printed On : 09-Jul-2022 15:20





CIN: L85110GJ2012PLC072647

**LABORATORY REPORT**



Name : NAYANABEN ASHWINKUMAR      Sex/Age : Female/ 39 Years      H.ID : C2106130      Case ID : 20702200250  
TAVIYAD  
Ref By : HOSPITAL,      Dis. Loc. :      Pt ID : 2159681  
Bill. Loc. : Aashka hospital      Pt. Loc. :

Registration Date & Time : 09-Jul-2022 09:20	Sample Type : PAP Smear	Ph # : 9978548780
Sample Date & Time : 09-Jul-2022 11:43	Sample Coll. By :	Ref Id : OSP28203
Report Date & Time : 10-Jul-2022 10:32	Acc. Remarks :	Ref Id2 : O22232425

**Cytopathology Report**

**Specimen :**

PAP smear for cytology (LBC PAP)

**Clinical Details :**

Routine screening, cervix: healthy, LMP-19-6-22

**Macroscopic Examination :**

Received one container with 20 ml LBC fixative and brush. One smear prepared.  
Smear - 1 [PAP]

**Microscopic Examination :**

See below in diagnosis

**Impression :**

**The Bethesda System (TBS 2014) (LBC Pap)**

**Specimen type:** LBC Pap smear.

**Specimen adequacy:** Satisfactory for evaluation

**Transformation zone elements:** Not present

**Infection associated changes:** Trichomonas or Monilia are not seen.

**Reactive cellular changes:** Nil

**Epithelial cell abnormality:** Nil

**Other cells:** Nil

**Interpretation/result:** Negative for intraepithelial lesion or malignancy.

Pap test is a screening test for cervical cancer with inherent false negative results.

**Grossing By :** Dr. Shraddha Mehta

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*Shraddha*

Page 1 of 2

Dr. Shraddha Mehta  
M.D., D.N.B. G-22635

Dr. Bhavna Mehta  
M.D. (P.D.C.C) G-56686  
(Histo & Renal pathologist)

Printed On : 10-Jul-2022 12:33



**LABORATORY REPORT**



Name : NAYANABEN ASHWINKUMAR TAVIYAD  
Sex/Age : Female/ 39 Years H.ID : C2106130 Case ID : 20702200250

Ref By : HOSPITAL, Dis.Loc. : Pt ID : 2159681  
Bill. Loc. : Aashka hospital Pt. Loc. :

Registration Date & Time : 09-Jul-2022 09:20	Sample Type : PAP Smear	Ph # : 9978548780
Sample Date & Time : 09-Jul-2022 11:43	Sample Coll. By :	Ref Id : OSP28203
Report Date & Time : 10-Jul-2022 10:32	Acc. Remarks :	Ref Id2 : O22232425

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

Grossing By : Dr. Shraddha Mehta

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*Shraddha*

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Printed On : 10-Jul-2022 12:33

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



**PATIENT NAME: NAYANABEN ASHWINKUMAR TAVIYAD**

**GENDER/AGE: Female / 38 Years**

**DATE: 09/07/22**

**DOCTOR:**

**OPDNO: OSP28203**

### **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**

**PATIENT NAME: NAYANABEN ASHWINKUMAR TAVIYAD**

**GENDER/AGE: Female / 38 Years**

**DATE: 09/07/22**

**DOCTOR:**

**OPDNO: OSP28203**

## 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 radicals 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 9.1 x 4.2 cms in size.

Left kidney measures about 9.6 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 126 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

47 x 37 mm size left ovarian dermoid cyst is seen. H/o right oophorectomy

**COMMENT:** Left ovarian dermoid.

Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.

  
Dr. SNEHAL B. PRAJAPATI, G-0064



Name: Nayanaaben

Age: 39 YRS. 9/7/22

Complaints:

Routine      bc of Sickle cell  
Anaemia -  
on Hb

No of deliveries:

ML 13 YRS.

beg Lt ov. cyst  
2 YRS ago.

Last Delivery:

No conception

History of abortion:

→ H/O Laparoscopy - 7 YRS ago

H/O medical conditions associated:

Last abortions:

→ IVF failed -  
Cycle 2 last 2 YRS ago

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH:

beg 2-3

Reg:

→ H/O Laparoscopy  
Rt ovarian cyst  
@ very Remmed  
14 YRS ago.

LMP:

19.6.22 / 30 Pain in day

H/O HTN

P/A:

Rt paramedian Scar

Breast -  
Normal.

P/S:

Co existing Nuliparas

P/V:

ut AV, NS, M, FR.

To see & repair

Sample:-

Vagina  
Cervix

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Doctors Sign:-

M. Mallikarjun

To see & repair

9/7/22 11.15 AM.

AHL/GNR/MR/56

9/7/22  
5:20 PM

Lt Ovarian Dermoid cyst  
47x37mm

Advised R/up - removal - Laps

M. Mallikarjun

Amr Ramrajpe  
12osp2420  
Nayamaben

7ms Contrast 226 166 05

09.07.2022 11:06:52 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

0459 LOT D 942 #  
Room:

96 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 372 / 469 ms  
PR : 140 ms  
P : 100 ms  
RR / PP : 628 / 625 ms  
P / QRS / T : 51 / 47 / -8 degrees

Normal sinus rhythm  
Nonspecific ST and T wave abnormality  
Prolonged QT  
Abnormal ECG

