

Aashka Hospitals Ltd.

Between Sangsan 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

 **aashka**
HOSPITAL



Name: Anurag Kumar.

Dept: - Gynaecology

Date: 30

C10

Rajan Kumar Sr.

D.V. of ^{G16}
^{G16}

M.M. ^{G16}
^{G16}

Colon M. S. Adhikari.



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CIN: L85110GJ2012PLC072647



PATIENT NAME:AVINASH KUMAR

GENDER/AGE:Male / 30 Years

DATE:10/12/22

DOCTOR:

OPDNO:OSP29274

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

10.12.2022 1:08:05 PM
ASHKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

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

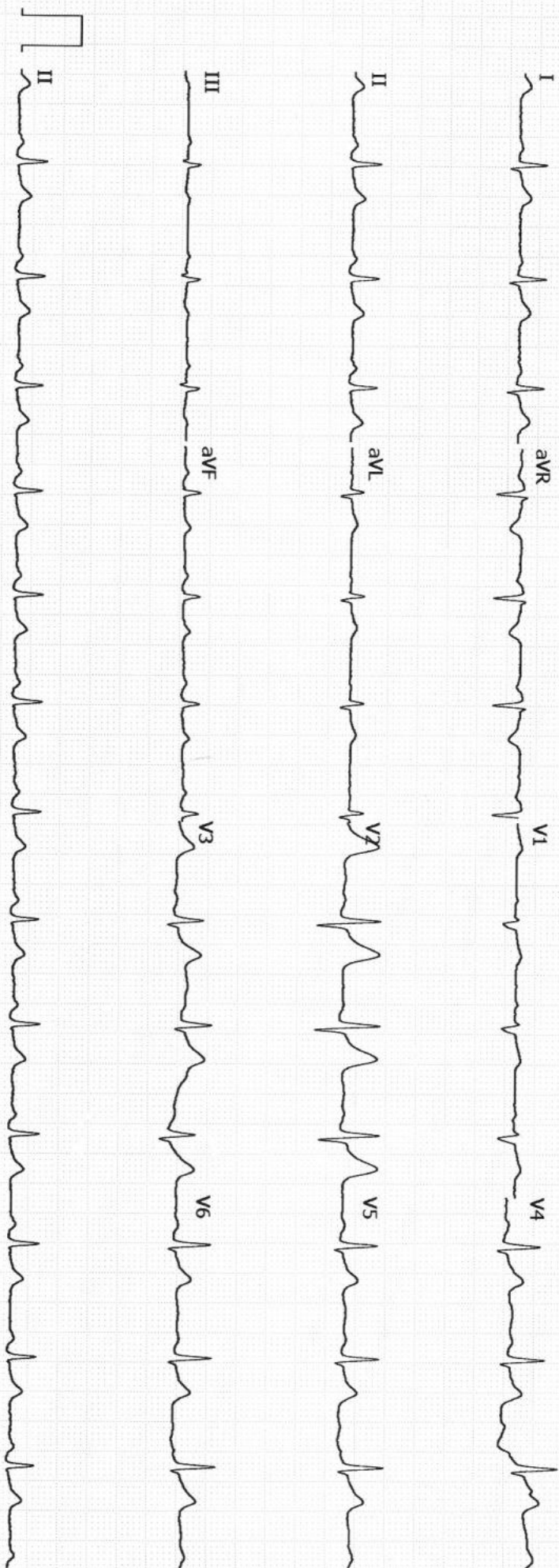
Room:

83 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 348 / 408 ms
PR : 154 ms
P : 106 ms
RR / PP : 726 / 722 ms
P / QRS / T : 60 / 53 / 29 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



LABORATORY REPORT



Name : AVINASH KUMAR	Sex/Age : Male / 30 Years	Case ID : 21202200308
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2442228
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 11:33	Sample Type :	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22237269

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	102.81	mg/dL	70.0 - 100
Glyco Hemoglobin			
HbA1C	6.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Lipid Profile			
Cholesterol	219.42	mg/dL	110 - 200
Triglyceride	305.14	mg/dL	40 - 200
VLDL	61.03	mg/dL	10 - 40
Chol/HDL	4.39		0 - 4.1
LDL Cholesterol (Direct)	126.34	mg/dL	
LDL Cholesterol	108.39	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2442228
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Whole Blood EDTA	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 11:54	Acc. Remarks : Normal	Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	14.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.31	millions/cumm	4.50 - 5.50
PCV(Calc)	46.14	%	40.00 - 50.00
MCV (RBC histogram)	86.9	fL	83.00 - 101.00
MCH (Calc)	27.5	pg	27.00 - 32.00
MCHC (Calc)	31.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6020	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	63.0	% 40.00 - 70.00	3793 /μL 2000.00 - 7000.00
Lymphocyte	29.0	% 20.00 - 40.00	1746 /μL 1000.00 - 3000.00
Eosinophil	3.0	% 1.00 - 6.00	181 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	301 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	255000	/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.

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Shah

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M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Dec-2022 11:33 Sample Type : Whole Blood EDTA Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33 Sample Coll. By : Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 14:12 Acc. Remarks : Normal Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	6	mm after 1hr	3 - 15	

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Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Whole Blood EDTA	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 11:56	Acc. Remarks : Normal	Ref Id2 : O22237269

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	O
Rh Type	POSITIVE

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2442228
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Spot Urine	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 12:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 13:03	Acc. Remarks : Normal	Ref Id2 : O22237269

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

Physical examination

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

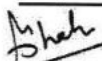
Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.010	1.005 - 1.030
pH	6.50	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

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Sample Date and Time : 10-Dec-2022 12:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 13:03	Acc. Remarks : Normal	Ref Id2 : O22237269

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	-	-	-	-	-

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2442228
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 16:59	Acc. Remarks : Normal	Ref Id2 : O22237269
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	102.81	mg/dL	70.0 - 100
Plasma Glucose - PP		118.13	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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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2442228
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Serum	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 14:40	Acc. Remarks : Normal	Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	H	219.42	mg/dL	110 - 200
HDL Cholesterol		50.0	mg/dL	48 - 77
Triglyceride	H	305.14	mg/dL	40 - 200
VLDL <i>Calculated</i>	H	61.03	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.39		0 - 4.1
LDL Cholesterol (Direct) <i>CALC</i>	H	126.34	mg/dL	
LDL Cholesterol <i>Calculated</i>	H	108.39	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 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)

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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2442228
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 10-Dec-2022 11:33 Sample Type : Serum Mobile No : 7897367607
 Sample Date and Time : 10-Dec-2022 11:33 Sample Coll. By : Ref Id1 : OSP29274
 Report Date and Time : 10-Dec-2022 13:05 Acc. Remarks : Normal Ref Id2 : O22237269

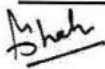
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	25.64	U/L	0 - 41	
S.G.O.T.	19.54	U/L	15 - 37	
Alkaline Phosphatase	112.71	U/L	40 - 130	
Gamma Glutamyl Transferase	21.76	U/L	8 - 61	
Proteins (Total)	7.89	gm/dL	6.4 - 8.2	
Albumin	4.99	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.90	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.21	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.15	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.06	mg/dL	0 - 0.8	

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Dec-2022 11:33 Sample Type : Serum Mobile No : 7897367607
 Sample Date and Time : 10-Dec-2022 11:33 Sample Coll. By : Ref Id1 : OSP29274
 Report Date and Time : 10-Dec-2022 13:05 Acc. Remarks : Normal Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	6.4	mg/dL	6.00 - 20.00	
Creatinine	0.78	mg/dL	0.50 - 1.50	
Uric Acid	5.76	mg/dL	3.5 - 7.2	

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Dec-2022 11:33	Sample Type : Whole Blood EDTA	Mobile No : 7897367607
Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 13:03	Acc. Remarks : Normal	Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C	H 6.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	125.79	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 glyceimic 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 glyceimic 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.

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Sample Date and Time : 10-Dec-2022 11:33	Sample Coll. By :	Ref Id1 : OSP29274
Report Date and Time : 10-Dec-2022 13:05	Acc. Remarks : Normal	Ref Id2 : O22237269

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	84.53	ng/dL	70 - 204	
Thyroxine (T4) CMIA	7.5	ng/dL	4.6 - 10.5	
TSH CMIA	3.430	µIU/mL	0.4 - 4.2	

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), PRTH 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 (microu/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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Report Date and Time : 10-Dec-2022 13:05	Acc. Remarks : Normal	Ref Id2 : O22237269

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/↑	↓

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 10-Dec-2022 17:09



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.neubergsupratech.com

PATIENT NAME: AVINASH KUMAR

GENDER/AGE: Male / 30 Years

DATE: 10/12/22

DOCTOR:

OPDNO: OSP29274

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 shows tiny GB polyp (5 mm). 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 10.2 x 4.0 cms in size.

Left kidney measures about 10.2 x 4.1 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 16 cc.

COMMENT: Tiny GB polyp.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: AVINASH KUMAR
GENDER/AGE: Male / 30 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP29274

DATE: 10/12/22

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 32mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 45/29mm	EF 63%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: MILD MVP / MILD MR; NORMAL LV SIZE / SYSTOLIC FUNCTION.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)


 भारत सरकार
GOVERNMENT OF INDIA

 अविनाश कुमार
Avinash Kumar
जन्म वर्ष / Year of Birth: 1992
पुरुष / Male




5333 5271 5442


आधार — आम आदमी का अधिकार


 भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA


पता: S/O ओम प्रकाश,
529D/1/1373, प्रगति विहार, निकट
प्रेसिडेंसी पब्लिक स्कूल, कल्याणपुर,
विक्रम नगर म.ओ., लखनऊ, उत्तर प्रदेश,
226022

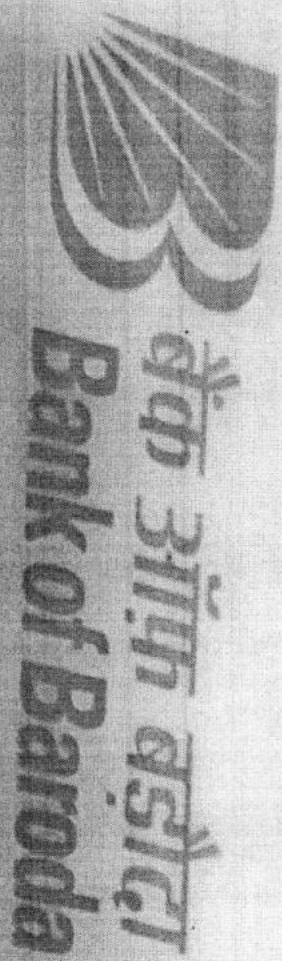
Address: S/O Om Prakash,
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Bengaluru 560 001



नाम - अविनाश कुमार

अविनाश - AVINASH KUMAR

अविनाशी कुट क्र - 106026

E.C. No. - 106026

अविनाश कुमार अविनाशी

Issuing Authority



अविनाश कुमार

Signature of Holder



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. KUMAR AVINASH
EC NO.	106026
DESIGNATION	BRANCH HEAD
PLACE OF WORK	CHANDRALA
BIRTHDATE	20-03-1992
PROPOSED DATE OF HEALTH CHECKUP	05-12-2022
BOOKING REFERENCE NO.	22D106026100032506E

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 **03-12-2022** 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))