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	PIYUSH SINHA
DATE OF BIRTH	15-01-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-03-2023
BOOKING REFERENCE NO.	22M118498100045696S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. SRIVASTAVA SUPRIYA
EMPLOYEE EC NO.	118498
EMPLOYEE DESIGNATION	CPC-DEL_JAI
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	27-08-1994

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 **02-03-2023** 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'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))

Mediwheel
...Your wellness partner

011-41195959
Email:wellness@mediwheel.in

Dear **Piyush sinha** ,

Please find the confirmation for following request.

Booking Date	: 17-03-2023
Package Name	: Medi-Wheel Metro Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital	: Aashka Multispeciality Hospital
Address of Diagnostic/Hospital	: Between Sargasan & Reliance Cross Road
Contact Details	: 9879752777/7577500900
City	: Gandhi Nagar
State	: Gujarat
Pincode	: 382315
Appointment Date	: 18-03-2023
Confirmation Status	: Confirmed
Preferred Time	: 8:00am-8:30am
Comment	: APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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

UHID:	Date: 18/03/23	Time: 2:43 PM
Patient Name: PIYUSH		Height:
Age /Sex: 35YR/M	LMP:	Weight:
History:		

C/C/O:	History:
ROUTINE HEALTH CHECKUP	K/C/O:) DM II ON Rx
Allergy History: NKDA	Addiction: —

Nutritional Screening: Well-Nourished ✓ / Malnourished / Obese

Vitals & Examination:
Temperature: (N)
Pulse: 99/MIN U18
BP: 130/80 MM HG
SPO2: 99%

Provisional Diagnosis:

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		ATT (Rx) NOTED				
		STOP VITAMIN D				
		TABLET				

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 –	300-350 –	Follow-up:	
150-200 –	350-400 –		
200-250 –	400-450 –	Sign:	P. D. [illegible]
250-300 –	> 450 –		

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

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

UHID:	**Date:** 18/3/22	**Time:**
Patient Name: Piyush Sinha		**Age /Sex:** 35/M **Height:** **Weight:**
History: —		
Examination: Calculus ++ Stains ++		
Diagnosis: —		

Treatment:

Adv. Scaling

Dr. Unnati

18/3/22

Scaling is done. — 1400

Dr. Unnati

Rx,

Thermoseal RA Toothpaste — (L)

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

Name:- PIYUSH SINHA
Age - 35
Date - 18/3/23

c/o

Refraction [illegible]

D.V. < 6/6, 6/6

N.V. < 6/6, 6/6

[illegible]

aashka
HOSPITAL

COLOUR DOPPLER REPORT

Patient's Name : Piyush Age : ______ Sex : ______

Ref. by Doctor : ______ IP/OP No. : ______ Date : ______

Colour Doppler Echocardiograph Report

MITRAL VALVE : Mild MVP

AORTIC VALVE :

TRICUSPID VALVE : N

PULMONARY VALVE:

AORTA : 34

LEFT ATRIUM : 42

LV Dd / Ds : 52/36 - EF 61%.

IVS / LVPW / D : 13.4/13 - concentric LVH

IVS : Intact

IAS :

RA :

RV : N

PA :

PERICARDIUM : N

VEL : PEAK Gradient mm Hg MEAN Gradient mm Hg

M/S :

MITRAL : 0.8/0.6

AORTIC : 1.0

PULMONARY : 0.8

COLOUR DOPPLER : Trivial MR / mild TR

RSVP : 32-5

CONCLUSION : Concentric LVH
Mildly dilated LA/LV
N LV fn

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

PATIENT NAME:PIYUSH SINHA
GENDER/AGE:Male / 35 Years **DATE:18/03/23**
DOCTOR:
OPDNO:O0323849

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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aashka HOSPITAL

PATIENT NAME:PIYUSH SINHA
GENDER/AGE:Male / 35 Years **DATE:18/03/23**
DOCTOR:
OPDNO:O0323849

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 9.6 x 4.1 cms in size.
Left kidney measures about 10.2 x 4.6 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 90 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 15 cc.

Obesity ++
COMMENT: Grade I fatty changes in liver.
Fecal loaded large bowel loops seen.
Normal sonographic appearance of GB; Pancreas, spleen, kidneys, bladder and prostate.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

LABORATORY REPORT

Name	: **PIYUSH SINHA**	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	:	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	**140.65**	mg/dL	70.0 - 100
Plasma Glucose - PP	**206.62**	mg/dL	70.0 - 140.0
Glyco Hemoglobin			
HbA1C	**6.85**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	**5.51**	millions/cu mm	4.50 - 5.50
Lymphocyte	**3014**	/µL	1000.00 - 3000.00
Liver Function Test			
S.G.P.T.	**45.01**	U/L	0 - 41
Proteins (Total)	**9.00**	gm/dL	6.4 - 8.2
25 OH Cholecalciferol (D2+D3)	**57.1**	ng/mL	20 - 32 Normal Level 10 - 20 Insufficiency < 10 Deficiency > 160 Toxicity

Abnormal Result(s) Summary End

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

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Neuberg Supratech
REFERENCE LABORATORIES

LABORATORY REPORT

Name	: **PIYUSH SINHA**	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 09:03	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin (Colorimetric)		15.0	G%	13.00 - 17.00	
RBC (Electrical Impedance)	H	**5.51**	millions/cumm	4.50 - 5.50	
PCV(Calc)		46.72	%	40.00 - 50.00	
MCV (RBC histogram)		84.8	fL	83.00 - 101.00	
MCH (Calc)		27.3	pg	27.00 - 32.00	
MCHC (Calc)		32.1	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		14.70	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		8610	/µL	4000.00 - 10000.00	

	[%]		EXPECTED VALUES		[Abs]		EXPECTED VALUES
Neutrophil	58.0	%	40.00 - 70.00		4994	/µL	2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00	H	**3014**	/µL	1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00		258	/µL	20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00		344	/µL	200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00		0	/µL	0.00 - 100.00

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL
PLATELET COUNT (Optical)			
Platelet Count	208000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.66		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)

Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT

Name	: **PIYUSH SINHA**	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 10:09	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	**11**	mm after 1hr	3 - 15	

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	: PIYUSH SINHA	Sex/Age	: **Male** / **35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 09:08	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type	**A**			
Rh Type	**POSITIVE**			

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

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LABORATORY REPORT

Name : PIYUSH SINHA	Sex/Age : Male / 35 Years	Case ID : 30302200440
Ref.By :	Dis. At :	Pt. ID : 2622939
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 18-Mar-2023 08:24	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 18-Mar-2023 08:24	Sample Coll. By :	Ref Id1 : O0323849
Report Date and Time : 18-Mar-2023 09:18	Acc. Remarks : Normal	Ref Id2 : O22239888/887

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Physical examination				
Colour	**Pale yellow**			
Transparency	**Clear**			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	**>1.025**		1.005 - 1.030	
pH	**<5.5**		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)

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

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LABORATORY REPORT

Name	: **PIYUSH SINHA**	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Spot Urine	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 09:18	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

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)

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LABORATORY REPORT

Name	: **PIYUSH SINHA**	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 11:59	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Biochemical Investigations by Dimension EXL (Siemens)					
Plasma Glucose - F	H	**140.65**	mg/dL	70.0 - 100	
Plasma Glucose - PP	H	**206.62**	mg/dL	70.0 - 140.0	

Referance 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	: PIYUSH SINHA	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 11:30	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Cholesterol	**163.64**	mg/dL	110 - 200	
HDL Cholesterol	**49.8**	mg/dL	48 - 77	
Triglyceride	**93.56**	mg/dL	40 - 200	
VLDL *Calculated*	**18.71**	mg/dL	10 - 40	
Chol/HDL *Calculated*	**3.29**		0 - 4.1	
LDL Cholesterol *Calculated*	**95.13**	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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LABORATORY REPORT

Name : **PIYUSH SINHA**	Sex/Age : **Male / 35 Years**	Case ID : **30302200440**	
Ref.By :	Dis. At :	Pt. ID : 2622939	
Bill. Loc. : Aashka hospital		Pt. Loc :	

Reg Date and Time : 18-Mar-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 18-Mar-2023 08:24	Sample Coll. By :	Ref Id1 : O0323849
Report Date and Time : 18-Mar-2023 10:07	Acc. Remarks : Normal	Ref Id2 : O22239888/887

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
S.G.P.T.	H	**45.01**	U/L	0 - 41	
S.G.O.T.		**27.50**	U/L	15 - 37	
Alkaline Phosphatase		**84.61**	U/L	40 - 130	
Gamma Glutamyl Transferase		**29.12**	U/L	8 - 61	
Proteins (Total)	H	**9.00**	gm/dL	6.4 - 8.2	
Albumin		**4.98**	gm/dL	3.4 - 5	
Globulin *Calculated*		**4.02**	gm/dL	2 - 4.1	
A/G Ratio *Calculated*		**1.2**		1.0 - 2.1	
Bilirubin Total		**0.75**	mg/dL	0.2 - 1.0	
Bilirubin Conjugated		**0.30**	mg/dL		
Bilirubin Unconjugated *Calculated*		**0.45**	mg/dL	0 - 0.8	

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

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LABORATORY REPORT

Name : **PIYUSH SINHA**	Sex/Age : **Male / 35 Years**	Case ID : **30302200440**
Ref.By :	Dis. At :	Pt. ID : 2622939
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 18-Mar-2023 08:24	Sample Type : Serum	Mobile No :
Sample Date and Time : 18-Mar-2023 08:24	Sample Coll. By :	Ref Id1 : O0323849
Report Date and Time : 18-Mar-2023 10:25	Acc. Remarks : Normal	Ref Id2 : O22239888/887

BIOCHEMICAL INVESTIGATIONS

Renal Function Test

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urea	**27.36**	mg/dL	16.6 - 48.5	
Creatinine	**0.95**	mg/dL	0.50 - 1.50	
Uric Acid	**4.90**	mg/dL	3.5 - 7.2	
Sodium	**140.10**	mEq/L	136 - 145	
Potassium	**4.28**	mEq/L	3.5 - 5.1	
Chloride	**100.30**	mEq/L	98 - 107	

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Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 10:25	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

BIOCHEMICAL INVESTIGATIONS

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**12.8**	mg/dL	6.00 - 20.00	

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LABORATORY REPORT

Name	: PIYUSH SINHA	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 09:30	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

Glycated Haemoglobin Estimation

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C	H	**6.85**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*		**149.89**	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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Name	: PIYUSH SINHA	Sex/Age	: **Male / 35 Years**	Case ID	: **30302200440**
Ref.By	:	Dis. At	:	Pt. ID	: 2622939
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 18-Mar-2023 08:24	Sample Coll. By	:	Ref Id1	: O0323849
Report Date and Time	: 18-Mar-2023 09:56	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	**109.32**	ng/dL	70 - 204	
Thyroxine (T4) *CMIA*	**10.3**	ng/dL	4.6 - 10.5	
TSH *CMIA*	**2.205**	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 & incipent 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 supressed 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 Pregnacy	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

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Neuberg Supratech
REFERENCE LABORATORIES

LABORATORY REPORT

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Report Date and Time	: 18-Mar-2023 09:56	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microlU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	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/↑	↓

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Report Date and Time	: 18-Mar-2023 09:56	Acc. Remarks	: Normal	Ref Id2	: O22239888/887

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3)	H	**57.1**	ng/mL	20 - 32 Normal Level 10 - 20 Insufficiency < 10 Deficiency > 160 Toxicity	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g, due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)2-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)2-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH- VitD into the active form, 1,25 (OH)2-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)2-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients.CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

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Reg Date and Time	: 18-Mar-2023 08:24	Sample Type	: Serum	Mobile No	:
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
		VITAMIN B - 12		
Vitamin B - 12 Level	**242.0**	pg/mL	180 - 914	

Introduction :
Vitamin B12, a member of the corrin family, s a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :
Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.
The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:
Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:
Renal failure, liver disease and myeloproliferative diseases.
Variations due to age Increases: with age.
Temporarily Increased after Drug.
Falsely high in Deteriorated sample.

------------------ 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.

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18.03.202? 10:14:43 AM
AASHKA HC TAL LTD.
SARGASAN
GANDHINAGAR

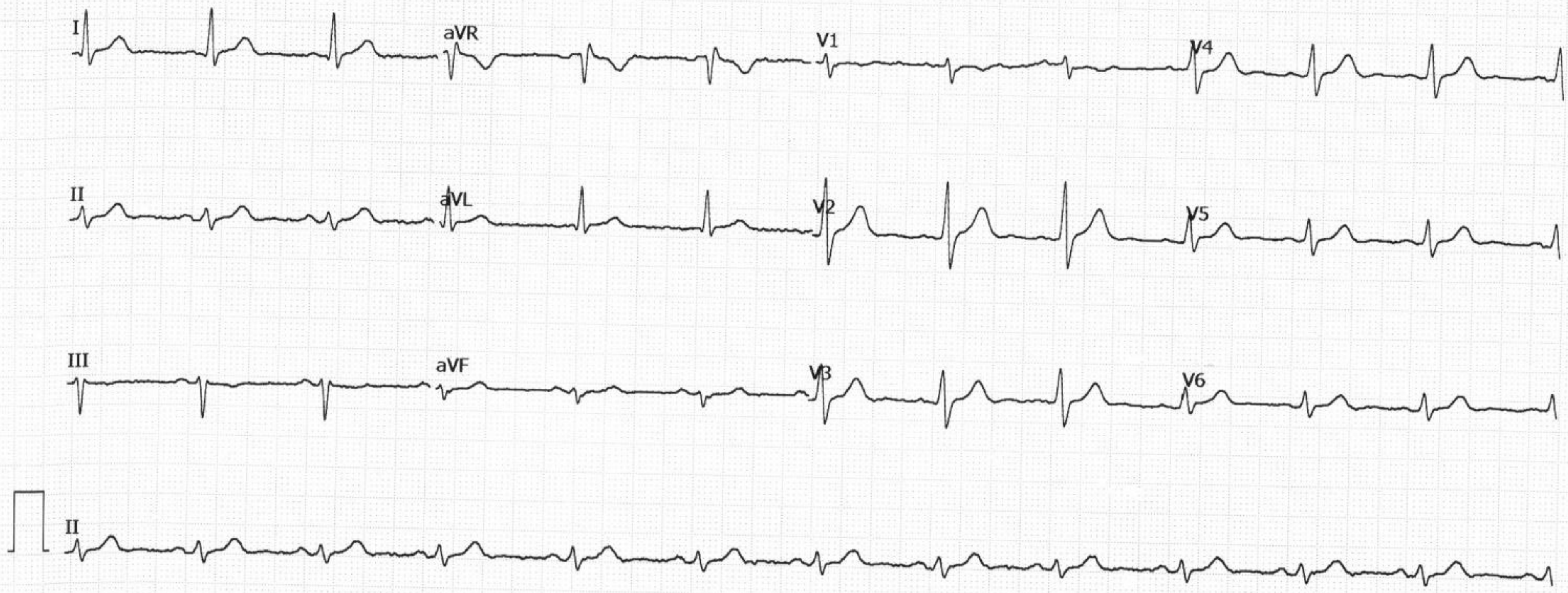
Loc :1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

73 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	98 ms	Normal sinus rhythm
QT / QTcBaz :	380 / 418 ms	Normal ECG
PR :	140 ms	
P :	98 ms	
RR / PP :	820 / 821 ms	
P / QRS / T :	70 / -22 / 21 degrees	



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