

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	LOVE DAXESH BHATT
जन्म की तारीख	26-06-1992
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-12-2023
बुकिंग संदर्भ सं.	23D182646100078508S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. MISTRY KRUTIKABEN KIRITKUMAR
कर्मचारी की क.कू.संख्या	182646
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	VIJAPUR
कर्मचारी के जन्म की तारीख	12-03-1992

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 07-12-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



नाम : कृतिकाबेन कीरीटकुमार मीस्त्री  
Name: Krutikaben Kiritkumar Mistry

कर्मचारी कोड नं.  
Employee Code No. 182646

  
प्रामाणिकता प्राधिकारी  
Issuing Authority



  
धारक के हस्ताक्षर  
Signature of Holder

Love daxesh

GE MAC2000 1.1 L25L V241

09.12.2023 11:10:58 AM  
ANSHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

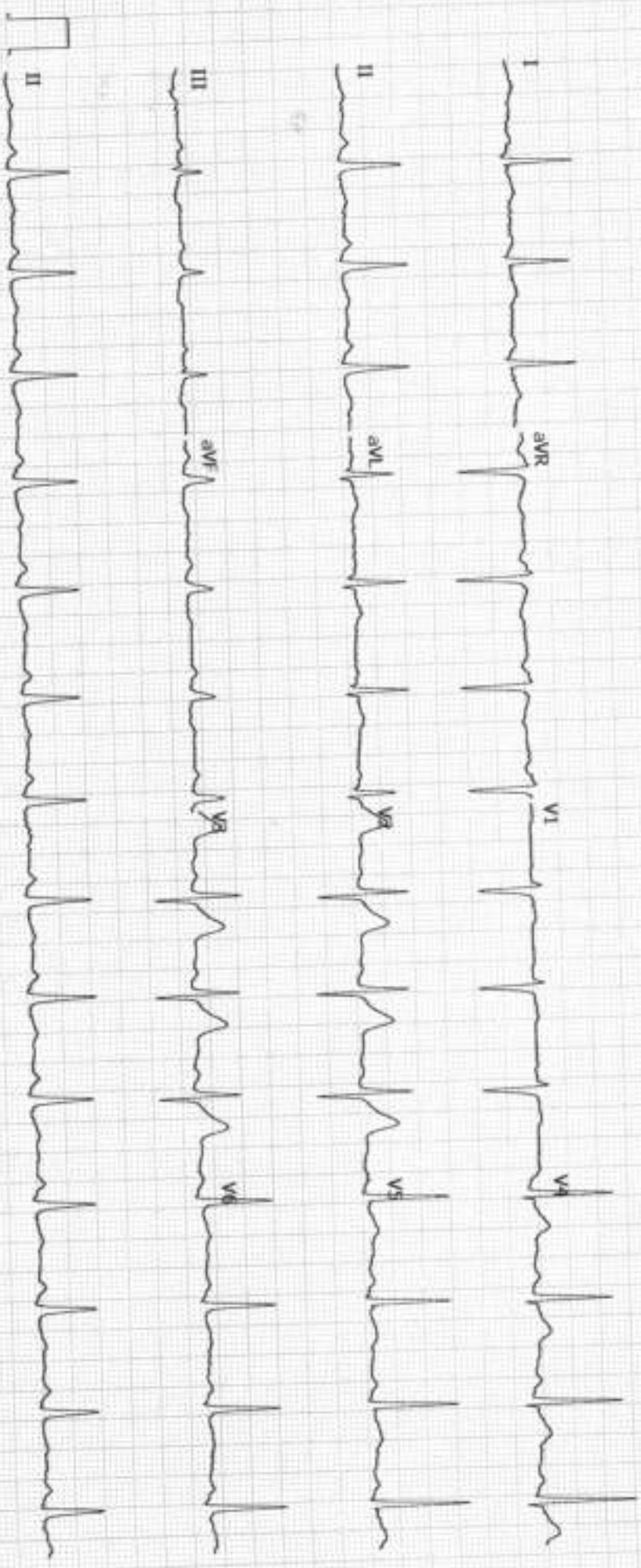
Room:

86 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 90 ms  
QT / QTc Baz : 360 / 430 ms  
PR : 140 ms  
p : 96 ms  
RR / PP : 694 / 697 ms  
P / QRS / T : 52 / 38 / 8 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



GE MAC2000 1.1 L25L V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3.25\_R1 1/1

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

 **aashka**  
HOSPITAL



**PATIENT NAME: LOVE DAXESH BHATT**

**GENDER/AGE: Male / 31 Years**

**DATE: 09/12/23**

**DOCTOR:**

**OPDNO: OSP32521**

### 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**



## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type :	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248195

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	104.17	mg/dL	70 - 100
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	8.3	mg/dL	8.90 - 20.60
<b>Glyco Hemoglobin</b>			
HbA1C	5.78	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Lymphocyte	43.0	%	20.00 - 40.00
<b>Lipid Profile</b>			
HDL Cholesterol	34.9	mg/dL	48 - 77
Triglyceride	286.04	mg/dL	<150
VLDL	57.21	mg/dL	10 - 40
Chol/HDL	5.35		0 - 4.1

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 09:54	Acc. Remarks : Normal	Ref Id2 : O23248195

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

#### HB AND INDICES

Haemoglobin	14.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.99	millions/cumm	4.50 - 5.50
PCV(Calc)	44.81	%	40.00 - 50.00
MCV (RBC histogram)	89.8	fL	83.00 - 101.00
MCH (Calc)	29.9	pg	27.00 - 32.00
MCHC (Calc)	33.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.90	%	11.00 - 16.00

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

Total WBC Count	6210	/μL	4000.00 - 10000.00		
	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophil	50.0	%	40.00 - 70.00	3105	/μL 2000.00 - 7000.00
Lymphocyte	H 43.0	%	20.00 - 40.00	2670	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	124	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	311	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	322000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.16		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 10:38	Acc. Remarks : Normal	Ref Id2 : O23248195

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	05	mm after 1hr	3 - 15	

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

Dr. Shreya Shah  
M.D. (Pathologist)



## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 09:49	Acc. Remarks : Normal	Ref Id2 : O23248195

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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## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 10:37	Acc. Remarks : Normal	Ref Id2 : Q23248193

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

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	5.50		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	Nil	/HPF	Nil

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

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT      Sex/Age : Male / 31 Years      Case ID : 31202200172  
 Ref.By : Aashka hospital      Dis. At :      Pt. ID : 3182334  
 Bill. Loc. : Aashka hospital      Pt. Loc :  
 Reg Date and Time : 09-Dec-2023 09:31      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 09-Dec-2023 09:32      Sample Coll. By :      Ref Id1 : OSP32521  
 Report Date and Time : 09-Dec-2023 10:37      Acc. Remarks : Normal      Ref Id2 : O23248195

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 : LOVE DAXESH BHATT      Sex/Age : Male / 31 Years      Case ID : 31202200172  
 Ref.By : Aashka hospital      Dis. At :      Pt. ID : 3182334  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 09-Dec-2023 09:31      Sample Type : Plasma Fluoride F, Plasma Fluoride PP      Mobile No :  
 Sample Date and Time : 09-Dec-2023 09:32      Sample Coll. By :      Ref Id1 : OSP32521  
 Report Date and Time : 09-Dec-2023 13:32      Acc. Remarks : Normal      Ref Id2 : O23248195  
 TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <small>Fluorimetric, Hexokinase</small>	H	104.17	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <small>Photometric, Hexokinase</small>		132.67	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 glucose guidelines  
 >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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 M.D. (Pathologist)

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COLLEGE OF AMERICAN PATHOLOGISTS

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT      Sex/Age : Male / 31 Years      Case ID : 31202200172  
 Ref.By : Aashka hospital      Dis. At :      Pt. ID : 3182334  
 Bill. Loc. : Aashka hospital      Pt. Loc :  
 Reg Date and Time : 09-Dec-2023 09:31      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 09-Dec-2023 09:32      Sample Coll. By :      Ref Id1 : OSP32521  
 Report Date and Time : 09-Dec-2023 12:15      Acc. Remarks : Normal      Ref Id2 : O23248195

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	186.56	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	L 34.9	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H 286.04	mg/dL	<150	
<b>VLDL</b> <i>Calculated</i>	H 57.21	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	H 5.35		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	94.45	mg/dL	0.00 - 100.00	

#### 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 12:24	Acc. Remarks : Normal	Ref Id2 : O23248195

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	36.06	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with PSP</i>	21.73	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	89.5	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	40.86	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Suret</i>	7.68	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.77	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.91	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.6		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.43	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.29	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.14	mg/dL	0 - 0.8	

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

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 12:15	Acc. Remarks : Normal	Ref Id2 : O23248195

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	L 8.3	mg/dL	8.90 - 20.60	
<b>Creatinine</b>	0.89	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>Uricase</small>	7.19	mg/dL	3.5 - 7.2	

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

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

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Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 10:07	Acc. Remarks : Normal	Ref Id2 : O23248195

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 5.78	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	119.19	mg/dL	Not available	

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)

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

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Printed On : 09-Dec-2023 13:42





## LABORATORY REPORT



Name : LOVE DAXESH BHATT	Sex/Age : Male / 31 Years	Case ID : 31202200172
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182334
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:32	Sample Coll. By :	Ref Id1 : OSP32521
Report Date and Time : 09-Dec-2023 10:45	Acc. Remarks : Normal	Ref Id2 : O23248195

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	107.46	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	6.69	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.89	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 (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : LOVE DAXESH BHATT      Sex/Age : Male / 31 Years      Case ID : 31202200172  
 Ref.By : Aashka hospital      Dis. At :      PL ID : 3182334  
 Bill. Loc. : Aashka hospital      Pt. Loc :  
 Reg Date and Time : 09-Dec-2023 09:31      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 09-Dec-2023 09:32      Sample Coll. By :      Ref Id1 : OSP32521  
 Report Date and Time : 09-Dec-2023 10:45      Acc. Remarks : Normal      Ref Id2 : O23248195

**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, 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Dec-2023 17:54



PATIENT NAME: LOVE DAXESH BHATT

GENDER/AGE: Male / 31 Years

DATE: 09/12/23

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP32521

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 40/28mm	EF 60%
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	: 0.9/0.6m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)




**DR. PRERAK TRIVEDI**  
**M.D., IDCCM**  
**CRITICAL CARE MEDICINE**  
**REG.NO.G-59493**

UHID:		Date: 9/12/23.	Time: 2:00 PM
Patient Name: Love Bhatt.		Height:	
Age/Sex: 34y/M	LMP:	Weight:	
History:			
P/C/O:		History:	
NAD		NAD	
Allergy History: NAD		Addiction: Smoking	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 78/min			
BP: 110/72 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Insulin Scale	RBS-	hourly	Diet Advice:	
< 150 -	300-350 -		Follow-up:	
150-200 -	350-400 -		Sign:	
200-250 -	400-450 -			
250-300 -	> 450 -			



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

<b>UHID:</b>	<b>Date:</b> 9/12/23	<b>Time:</b>
<b>Patient Name:</b> Love bhatt	<b>Age/Sex:</b> 31/M	<b>Height:</b>
	<b>Weight:</b>	
<b>Chief Complain:</b>		
History: Routine dental check up		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Extra oral :</b>		
<b>Intra oral – Teeth Present :</b>	Stein ++ Coles +	
<b>Teeth Absent :</b>		
<b>Diagnosis:</b>		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

→ *Sealing*

Follow-up:

Consultant's Sign:

*S. RICH*

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

UHID:	Date: 09/12/23	Time: 11:20
Patient Name: Love Bhatt	Age / Sex:	Height:
	Weight:	
History:	C10 Company Health checkup.	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Vr 2 6/20 6/14 Vnc glass 6/6 6/6 all	
Diagnosis:	Cataract vision Normal Relative esr	