



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	GAUTAM TRIPATHY
DATE OF BIRTH	29-12-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	11-02-2023
BOOKING REFERENCE NO.	22M72656100040798S
SPOUSE DETAILS	
EMPLOYEE NAME	MRS. MISHRA ALIVA ANWESA
EMPLOYEE EC NO.	72656
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	AHMEDABAD,NAVRANGPURA
EMPLOYEE BIRTHDATE	02-03-1984

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 **07-02-2023** 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))

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079 29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

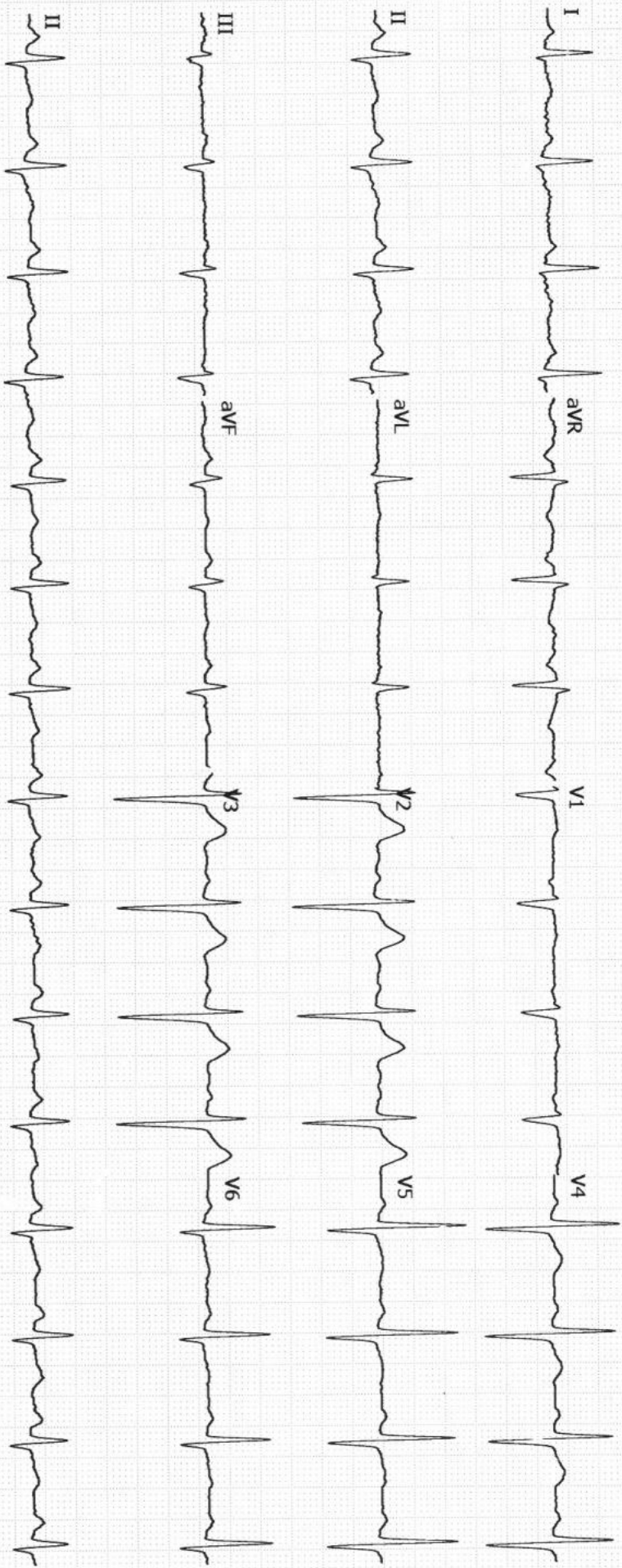


DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

UHID: 00228071	Date: 11/02/2023	Time:
Patient Name: Anandam Tripathy	Age / Sex: 61 / m	Height: 179 cm
	Weight: 103 kg	
History: C/O - Pain in chest up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: NMLG19 NMLG19		
Diagnosis:		

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	96 ms	Normal sinus rhythm
QT / QTcBaz :	376 / 454 ms	Normal ECG
PR :	160 ms	
P :	108 ms	
RR / PP :	684 / 681 ms	
P / QRS / T :	44 / 6 / 37 degrees	



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CIN: L85110GJ2012PLC072647

**PATIENT NAME:GAUTAM TRIPATHY****GENDER/AGE:Male / 41 Years****DATE:11/02/23****DOCTOR:DR.HASIT JOSHI****OPDNO:O0223071****2D-ECHO**

MITRAL VALVE	: SCLEROSED	
AORTIC VALVE	: SCLEROSED	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 37mm	
LEFT ATRIUM	: 38mm	
LV Dd / Ds	: 45/32mm	EF 60%
IVS / LVPW / D	: 13/13mm	CONCENTRIC LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/1.0m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 38mmHg	
CONCLUSION	: CONCENTRIC LVH; NORMAL LV SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE; MILD MR/TR/PAH.	

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

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CIN: L85110GJ2012PLC072647



PATIENT NAME:GAUTAM TRIPATHY

GENDER/AGE:Male / 41 Years

DATE:11/02/23

DOCTOR:

OPDNO:O0223071

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 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 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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.

PROSTATE: Prostate appears enlarged in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate measures 44x54x46 mm in size. **Prostate volume measures about 46 cc.**

COMMENT:

- Mild to moderate Prostatomegaly.
- Normal sonographic appearance of liver, GB, Pancreas, spleen, kidneys, para-aortic region, bladder.

RADIOLOGIST

DR.MEHUL PATELIYA

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PATIENT NAME: GAUTAM TRIPATHY

GENDER/AGE: Male / 41 Years

DATE: 11/02/23

DOCTOR:

OPDNO: O0223071

X-RAY CHEST PA

Both lung fields appear clear
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.

Impression: Normal Chest X ray examination

**RADIOLOGIST
DR. MEHUL PATELIYA**



LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47	Sample Type :	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22238846

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Lipid Profile			
HDL Cholesterol	44.6	mg/dL	48 - 77
Thyroid Function Test			
Thyroxine (T4)	4.5	ng/dL	4.6 - 10.5
TSH	5.641	μIU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

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

Page 1 of 17

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LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 10:53 Acc. Remarks : Normal Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	14.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.25	millions/cumm	4.50 - 5.50
PCV(Calc)	43.89	%	40.00 - 50.00
MCV (RBC histogram)	83.6	fL	83.00 - 101.00
MCH (Calc)	27.0	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6030	/μL	4000.00 - 10000.00
Neutrophil	[%] 66.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	28.0	%	20.00 - 40.00
Eosinophil	2.0	%	1.00 - 6.00
Monocytes	4.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

	[Abs]		EXPECTED VALUES
Neutrophil	3980	/μL	2000.00 - 7000.00
Lymphocyte	1688	/μL	1000.00 - 3000.00
Eosinophil	121	/μL	20.00 - 500.00
Monocytes	241	/μL	200.00 - 1000.00
Basophil	0	/μL	0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	157000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.36		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. Manoj Shah
M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

Page 2 of 17

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LABORATORY REPORT



Name : GAUTAM TRIPATHY	Sex/Age : Male / 42 Years	Case ID : 30202200232
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2553020
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 10:53	Acc. Remarks : Normal	Ref Id2 : O22238846

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

Shah

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

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M.D. (Pathologist)

Page 3 of 17

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LABORATORY REPORT

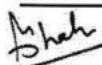


Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 12:35	Acc. Remarks : Normal	Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	14	mm after 1hr	3 - 15	

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



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M.D. (Path. & Bact.)

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M.D. (Pathologist)

Page 4 of 17

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Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 10:12	Acc. Remarks : Normal	Ref Id2 : O22238846

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	B
Rh Type	POSITIVE

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

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Page 5 of 17

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LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Stool Mobile No :
 Sample Date and Time : 11-Feb-2023 09:53 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 10:15 Acc. Remarks : Normal Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Clinical Pathology STOOL EXAMINATION

Physical Examination

Colour Stool	Brownish		
Consistency	Semi Solid		
Blood	Absent	Absent	
Mucous	Absent	Absent	
Parasites	Not Detected	Absent	
Reaction	ACIDIC		

Microscopic Examination

Pus Cells	Not Detected	/HPF	Absent
Red Cells	Not Detected	/HPF	Absent
Macrophages	Not detected		Absent
Epithelial Cells	Not Detected	/HPF	
Starch Granules	Absent		
Neutral Fat	Absent		
Yeast	Not Detected		Absent
<u>By Direct Saline and Iodine wet mount</u>			
Trophozoites	Not Detected		Absent
Ova	Not Detected		Absent
Cysts	Not Detected		Absent

Chemical Test

Occult Blood <i>Biochemical</i>	Negative	Negative
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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M.D. (Path. & Bact.)

Page 6 of 17

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LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 10:51 Acc. Remarks : Normal Ref Id2 : O22238846

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

Physical examination

Colour Pale yellow
 Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.005 - 1.030
pH	5.50		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	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)

Page 7 of 17

Manoj Shah

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

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LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 10:51 Acc. Remarks : Normal Ref Id2 : O22238846

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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Page 8 of 17

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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : 00223071
Report Date and Time : 11-Feb-2023 14:22	Acc. Remarks : Normal	Ref Id2 : 022238846
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	99.74	mg/dL	70.0 - 100
Plasma Glucose - PP	101.72	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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Page 9 of 17

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LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 14:18 Acc. Remarks : Normal Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	145.28	mg/dL	110 - 200	
HDL Cholesterol	L 44.6	mg/dL	48 - 77	
Triglyceride	168.40	mg/dL	40 - 200	
VLDL <i>Calculated</i>	33.68	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.26		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	67.00	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)

Shah

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Page 10 of 17

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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Serum Mobile No :
 Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
 Report Date and Time : 11-Feb-2023 14:18 Acc. Remarks : Normal Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	20.45	U/L	0 - 41	
S.G.O.T.	20.11	U/L	15 - 37	
Alkaline Phosphatase	110.19	U/L	40 - 130	
Gamma Glutamyl Transferase	13.89	U/L	8 - 61	
Proteins (Total)	7.36	gm/dL	6.4 - 8.2	
Albumin	4.61	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.75	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.87	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.33	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.54	mg/dL	0 - 0.8	

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

Dr. Manoj Shah

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M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

Page 11 of 17

Printed On : 11-Feb-2023 14:31





LABORATORY REPORT



Name : GAUTAM TRIPATHY Sex/Age : Male / 42 Years Case ID : 30202200232
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
Bill. Loc. : Aashka hospital Pt. Loc. :
Reg Date and Time : 11-Feb-2023 09:47 Sample Type : Serum Mobile No :
Sample Date and Time : 11-Feb-2023 09:47 Sample Coll. By : Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 14:18 Acc. Remarks : Normal Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.1	mg/dL	6.00 - 20.00	
Creatinine	1.03	mg/dL	0.50 - 1.50	
Uric Acid	6.07	mg/dL	3.5 - 7.2	

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

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Page 12 of 17

Printed On : 11-Feb-2023 14:31



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LABORATORY REPORT



Name : GAUTAM TRIPATHY	Sex/Age : Male / 42 Years	Case ID : 30202200232
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2553020
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 10:48	Acc. Remarks : Normal	Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.24		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	103.69	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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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2553020
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:47	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 11:23	Acc. Remarks : Normal	Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	92.40	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	L 4.5	ng/dL	4.6 - 10.5	
TSH <small>CMIA</small>	H 5.641	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), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

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Page 14 of 17

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum 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/↑	↓

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Page 15 of 17

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Sample Date and Time : 11-Feb-2023 09:47	Sample Coll. By :	Ref Id1 : OO223071
Report Date and Time : 11-Feb-2023 11:23	Acc. Remarks : Normal	Ref Id2 : O22238846

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen <small>CMIA</small>	1.2850	ng/mL	0.00 - 4.00	

INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year.
 Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
 Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer.
 PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology.
 Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method.
 When age is not supplied, the results cannot be flagged as high or low.
 Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.
 Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer. **Tumor marker results obtained can vary due to differences in assay methods and reagent specificity. Patient results determined by assays using different manufacturers for methods may not be comparable.**

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.
 * Test results, interpretation & notes are meant for Medical Personal only.

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

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

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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

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Page 17 of 17

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