



LABORATORY REPORT



Name : NISHABEN SHRIMALI	Sex/Age : Female/ 33 Years	Case ID : 21202200792
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2467555
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Dec-2022 09:15	Sample Type :	Mobile No : 8401159702
Sample Date and Time : 24-Dec-2022 09:15	Sample Coll. By :	Ref Id1 : OSP29359
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22237616

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin (Colorimetric)	11.7	G%	12.00 - 15.00
PCV(Calc)	35.91	%	36.00 - 46.00
Lipid Profile			
LDL Cholesterol	114.03	mg/dL	65 - 100
Liver Function Test			
Bilirubin Total	0.19	mg/dL	0.2 - 1.0

Abnormal Result(s) Summary End

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



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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:15 Sample Type : Whole Blood EDTA Mobile No : 8401159702
 Sample Date and Time : 24-Dec-2022 09:15 Sample Coll. By : Ref Id1 : OSP29359
 Report Date and Time : 24-Dec-2022 09:36 Acc. Remarks : Normal Ref Id2 : O22237616

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 11.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.21	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.91	%	36.00 - 46.00
MCV (RBC histogram)	85.3	fL	83.00 - 101.00
MCH (Calc)	27.8	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7100	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	62.0	% 40.00 - 70.00	4402 /μL 2000.00 - 7000.00
Lymphocyte	30.0	% 20.00 - 40.00	2130 /μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	142 /μL 20.00 - 500.00
Monocytes	5.0	% 2.00 - 10.00	355 /μL 200.00 - 1000.00
Basophil	1.0	% 0.00 - 2.00	71 /μL 0.00 - 100.00

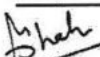
PLATELET COUNT (Optical)

Platelet Count	297000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.07		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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Dr. Manoj Shah
 M.D. (Path. & Bact.)

Dr. Shreya Shah
 M.D. (Pathologist)

Page 2 of 13

Printed On : 24-Dec-2022 13:40





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Shah

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

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Page 3 of 13

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Dec-2022 09:15	Sample Type : Whole Blood EDTA	Mobile No : 8401159702
Sample Date and Time : 24-Dec-2022 09:15	Sample Coll. By :	Ref Id1 : OSP29359
Report Date and Time : 24-Dec-2022 11:43	Acc. Remarks : Normal	Ref Id2 : O22237616

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	10	mm after 1hr	3 - 20	

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M.D. (Path. & Bact.)

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Page 4 of 13

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Sample Date and Time : 24-Dec-2022 09:15	Sample Coll. By :	Ref Id1 : OSP29359
Report Date and Time : 24-Dec-2022 09:32	Acc. Remarks : Normal	Ref Id2 : O22237616

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	A
Rh Type	POSITIVE

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M.D. (Pathologist)

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M.D. (Path. & Bact.)

Page 5 of 13

Printed On : 24-Dec-2022 13:40





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 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2467555
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:15 Sample Type : Spot Urine Mobile No : 8401159702
 Sample Date and Time : 24-Dec-2022 09:15 Sample Coll. By : Ref Id1 : OSP29359
 Report Date and Time : 24-Dec-2022 10:21 Acc. Remarks : Normal Ref Id2 : O22237616

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	1.020		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	

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Page 6 of 13

Printed On : 24-Dec-2022 13:40





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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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Page 7 of 13

Manoj Shah

Dr. Manoj Shah
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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:15 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 8401159702
 Sample Date and Time : 24-Dec-2022 09:15 Sample Coll. By : Ref Id1 : OSP29359
 Report Date and Time : 24-Dec-2022 11:00 Acc. Remarks : Normal Ref Id2 : O22237616

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	87.73	mg/dL	70.0 - 100	
Plasma Glucose - PP	127.60	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.3	mg/dL	6.00 - 20.00	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid	4.30	mg/dL	2.6 - 6.2	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	188.12	mg/dL	110 - 200
HDL Cholesterol	48.6	mg/dL	48 - 77
Triglyceride	127.46	mg/dL	40 - 200
VLDL <i>Calculated</i>	25.49	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.87		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 114.03	mg/dL	65 - 100

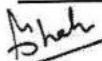
NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assesment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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Page 9 of 13



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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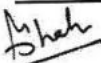
BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	17.34	U/L	0 - 31	
S.G.O.T.	16.20	U/L	15 - 37	
Alkaline Phosphatase	83.18	U/L	35 - 105	
Gamma Glutamyl Transferase	11.23	U/L	5 - 36	
Proteins (Total)	6.91	gm/dL	6.4 - 8.2	
Albumin	4.15	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.76	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	L 0.19	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.08	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.11	mg/dL	0 - 0.8	

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Page 10 of 13



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

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Report Date and Time : 24-Dec-2022 11:13	Acc. Remarks : Normal	Ref Id2 : O22237616

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.53		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.01	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.

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	127.99	ng/dL	70 - 204	
Thyroxine (T4) CMIA	10.9	ng/dL	5.5 - 11.0	
TSH CMIA	1.429	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

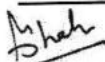
First trimester
Second trimester
Third trimester

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)

Page 12 of 13



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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/↑	↓

----- 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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Page 13 of 13

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

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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

Nishubhen. Shrivani

24.12.2022 10:32:31 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

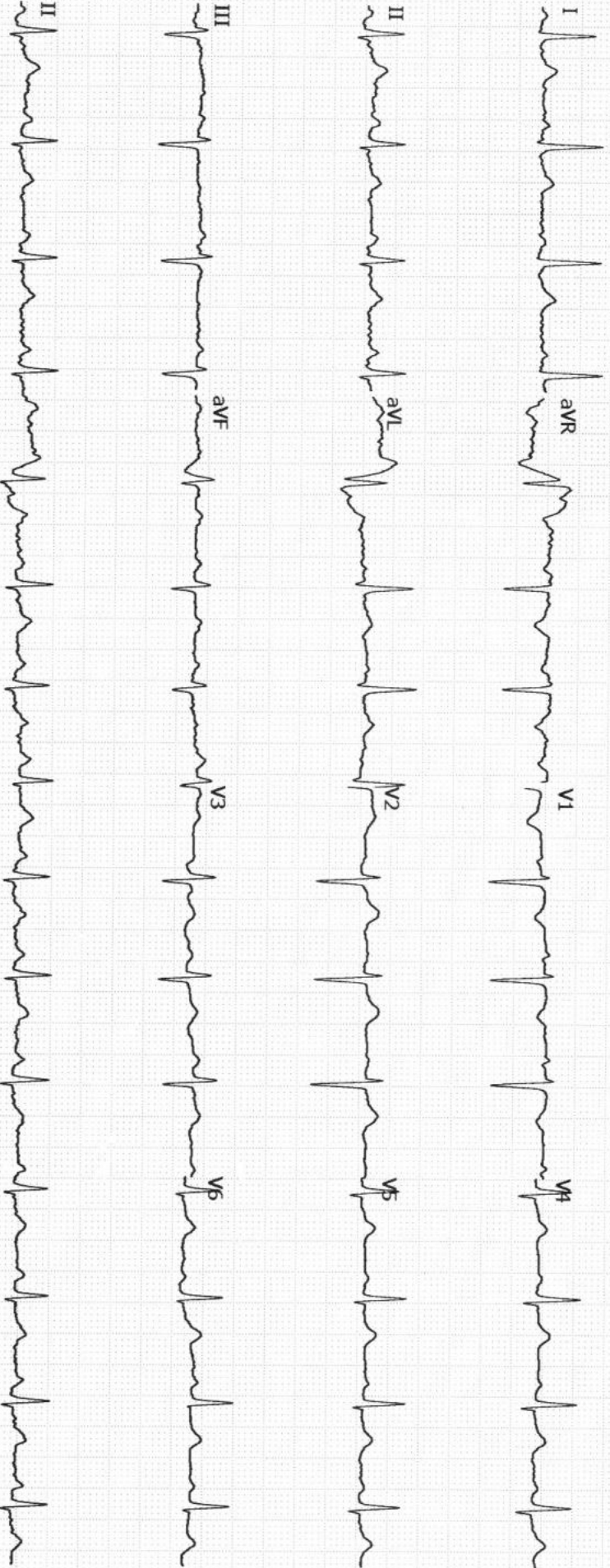
Room:

89 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 356 / 433 ms
PR : 146 ms
P : 90 ms
RR / PP : 672 / 674 ms
P / QRS / T : 56 / -4 / 25 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



Name: Nisha, Shrinjali Age: 30 yrs.

Complaints:

Reg. checkup.

No of deliveries:

Last Delivery: ML 1yr

History of abortion:

H/O medical conditions associated:

Last abortions:

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

MH:

ref.

Reg:

1/30

Pain + 1st day

LMP:

2/12/22.

P/A:

Soft

P/S:

ex felt less than NS, towards Rt to mix.

P/V:

wt felt? NS, towards Rt to mix, Lt to mix
free, mobile.

Sample:-

Vagina
Cervix

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

Doctors Sign:-

J. Hallenman

24/12/22, 11.50 AM.

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



PATIENT NAME:NISHABEN SHRIMALI

GENDER/AGE:Female / 33 Years

DATE:24/12/22

DOCTOR:

OPDNO:OSP29359

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: NISHABEN SHRIMALI

GENDER/AGE: Female / 33 Years

DATE: 24/12/22

DOCTOR:

OPDNO: OSP29359

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 4.0 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 210 cc.

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

Simple right ovarian cyst is seen. (32 x 30 mm)

COMMENT: Simple right ovarian cyst.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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

UHID:		Date: 22/12/22	Time:
Patient Name: NISHABEN		Height:	
Age / Sex: 33y 1F	LMP:	Weight:	
History:		History:	
C/C/O: ⇒ ROUTINE HEALTH CHECK UP		—	
Allergy History: NKDA		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese <input checked="" type="checkbox"/> Well-Nourished			
Vitals & Examination: Temperature: Afebrile Pulse: 68/min BP: 90/60 mmHg SPO2: 98% on Room Air			
Provisional Diagnosis:			

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		- All <u>(Rx)</u> Noted.				
		- Pt is fit				

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

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: L8:110GJ2012PLC072647



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

UHID:	Date:	Time:
Patient Name: Nishuben Shetmal		Age / Sex: 53
		Height:
		Weight:
History:	G/O Hxth Comry Pt have glauc last 10-12 yrs	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Vm x 6/60 6/60 Vm c glauc 6/12 6/9 Colours vision-test . Normal	
Diagnosis:	Refractive error	

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign:



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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: 24 / 12 / 2021	Time:
Patient Name: N Shaban Sheikhani	Age / Sex: 33 / F	Height:
Weight:		
History:		
Examination: calculus + stone +		
Diagnosis:		

Res

Scaly

Res $\frac{1}{E}$

Draw

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.

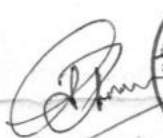
PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	Nisha SohamRameshchandra
DATE OF BIRTH	06-10-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-12-2022
BOOKING REFERENCE NO.	22D110398100034876S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PANDYA SOHAM RAMESHCHANDRA
EMPLOYEE EC NO.	110398
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	MANEKPUR MAKAKHAD
EMPLOYEE BIRTHDATE	11-04-1991

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 **23-12-2022** 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'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))



भारतनुं सूटशी पंय
ELECTION COMMISSION OF INDIA



भारतरे लेले ओणपुपन - ELECTOR PHOTO IDENTITY CARD



CLL3532542



नाम : श्रीमाली निशाबेन

Name : Shrimali Nishaben

(वितानुं नाम) : बलदेवभाष

Father's Name : Baldevbhai

9. Name / Sex : Male / Female

10. Date of Birth / G.R. : 10/06/1989

11. Address : 7-B, Jananagar, Old Rajahmundry

12. Hospital, Camp Road, Shahibab, Rajahmundry

13. Ahmedabad - 380004, T.A. -

14. Ahmedabad City, Dist. - Ahmedabad

15. Name of the Candidate : Mr. J. S. Jagan

16. Constituency No. & Name : 58 - Asarwa (SC)

17. District : Rajahmundry

18. State : Andhra Pradesh

19. Date of Issue : 02/02/2019

20. Issued by : Electoral Registration Officer

21. Signature of Candidate

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34. Constituency No. & Name : 58 - Asarwa (SC)