



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

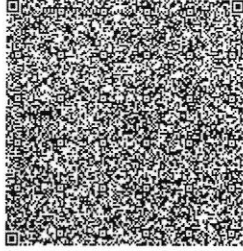
ભારત સરકાર
Unique Identification Authority of India
Government of India

નામાંકન ક્રમ સંખ્યા/ Enrolment No.: 0124/25407/02266

Download Date: 05/06/2019
To
સોનલબેન રવિન્દ્રકુમાર પંડ્યા
Sonalben Ravindrakumar Pandya
6
Shubhlaxmi Society
Arsodiya
Kalol
Kalol
Gandhinagar Gujarat - 382721
9274252707

Generation Date: 16/05/2019

Signature Not Verified
Digitally signed by AS
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 04
Date: 2019.06.05 15:25:50
IST



QR Code with Photograph

તમારો આધાર નંબર / Your Aadhaar No. :

8673 7120 8545

VID : 9176 8365 2747 7175

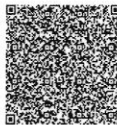
મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



સોનલબેન રવિન્દ્રકુમાર પંડ્યા
Sonalben Ravindrakumar Pandya
જન્મ તારીખ/DOB: 29/10/1990
સ્ત્રી/ FEMALE



8673 7120 8545

VID : 9176 8365 2747 7175

મારો આધાર, મારી ઓળખ

સૂચના

- આધાર ઓળખાણનું પ્રમાણ છે, નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા બનાવેલા દસ્તાવેજ છે.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

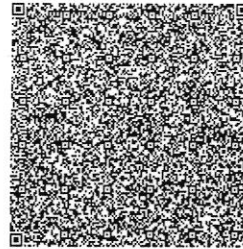
- આધાર દેશભરમાં માન્ય છે.
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

સરનામું :
6, શુભલક્ષ્મી સોસાયટી, આરસોડીયા, કલોલ,
ગાંધીનગર,
ગુજરાત - 382721

Address:
6, Shubhlaxmi Society, Arsodiya, Kalol,
Gandhinagar,
Gujarat - 382721



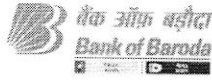
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8673 7120 8545

VID : 9176 8365 2747 7175

help@uidai.gov.in

www.uidai.gov.in



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	SONAL RAVINDRAKUMAR PANDYA
DATE OF BIRTH	29-10-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	08-11-2022
BOOKING REFERENCE NO.	22D168183100028566S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PANDYA RAVINDRAKUMAR RAMESHBHAI
EMPLOYEE EC NO.	168183
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	LODRA
EMPLOYEE BIRTHDATE	15-04-1987

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 **01-11-2022** 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))

DR. DIPESH FATANIYA

M.D., IDCCM.

CRITICAL CARE MEDICINE

M.NO.-9909906809

R.NO.G-41495

UHID:		Date: 8/11/22	Time:
Patient Name: SONALBEN R. PANDEYA		Height:	
Age/Sex: 32 F	LMP: 13/11/22	Weight:	
History:			
C/C/O: Health check up	History:		
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:	101.3		
Pulse:			
BP: 110/70			
SPO2:			
Provisional Diagnosis:			

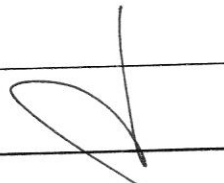
Advice:

low fat diet

Repeat CBC cch 1 month

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	Tab	LEVORLEN	007	(X)	(1) m	

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

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

UHID:	Date: 8/11/22	Time:
Patient Name: SOMALBEN R PANDYA	Age /Sex: 32	Height:
	Weight:	
History: CIB Rupture & laceration		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < CIB CIB N.V. < CIB CIB Concomitant need		
Diagnosis:		



LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type :	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22236383

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin (Colorimetric)	10.3	G%	12.00 - 15.00
RBC (Electrical Impedance)	5.06	millions/cu mm	3.80 - 4.80
PCV(Calc)	34.76	%	36.00 - 46.00
MCV (RBC histogram)	68.7	fL	83.00 - 101.00
MCH (Calc)	20.4	pg	27.00 - 32.00
MCHC (Calc)	29.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	17.50	%	11.00 - 16.00
Lipid Profile			
HDL Cholesterol	43.18	mg/dL	48 - 77
Chol/HDL	4.60		0 - 4.1
LDL Cholesterol	135.63	mg/dL	65 - 100
Liver Function Test			
S.G.O.T.	14.78	U/L	15 - 37
Bilirubin Total	0.16	mg/dL	0.2 - 1.0
Urine Examination			
Leucocytes (ESTERASE)	Trace		Negative
Blood	Present (++)		Negative

Abnormal Result(s) Summary End

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

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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



LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 10:56	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 10.3	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 5.06	millions/cumm	3.80 - 4.80
PCV(Calc)	L 34.76	%	36.00 - 46.00
MCV (RBC histogram)	L 68.7	fL	83.00 - 101.00
MCH (Calc)	L 20.4	pg	27.00 - 32.00
MCHC (Calc)	L 29.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 17.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			4000.00 - 10000.00		
			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4670	/μL			
Neutrophil	[%] 52.0	%	40.00 - 70.00	2428	/μL 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	1868	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	93	/μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	280	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	308000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.30		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic 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)

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

Dr. Shreya Shah
M.D. (Pathologist)

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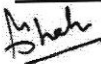
LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 10:56	Acc. Remarks : Normal	Ref Id2 : O22236383

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 11:55	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR	07	mm after 1hr	3 - 20	

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 11:55	Acc. Remarks : Normal	Ref Id2 : O22236383

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 12:06	Acc. Remarks : Normal	Ref Id2 : O22236383

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	5.5		5 - 8
Leucocytes (ESTERASE)	Trace		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Present (++)		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	1-2	/HPF	Nil
Red Blood Cell	4-5	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

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

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **SONALBEN R PANDYA** Sex/Age : **Female/ 32 Years** Case ID : **21102200269**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2388778**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **08-Nov-2022 10:36** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **08-Nov-2022 10:36** Sample Coll. By : Ref Id1 : **OSP29058**
 Report Date and Time : **08-Nov-2022 12:06** Acc. Remarks : **Normal** Ref Id2 : **O22236383**

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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Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc. :

Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 14:56	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	97.92	mg/dL	70.0 - 100
Plasma Glucose - PP	108.20	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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Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **SONALBEN R PANDYA** Sex/Age : **Female/ 32 Years** Case ID : **21102200269**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2388778**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **08-Nov-2022 10:36** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **08-Nov-2022 10:36** Sample Coll. By : Ref Id1 : **OSP29058**
 Report Date and Time : **08-Nov-2022 13:44** Acc. Remarks : **Normal** Ref Id2 : **O22236383**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	198.74	mg/dL	110 - 200	
HDL Cholesterol	L 43.18	mg/dL	48 - 77	
Triglyceride	99.65	mg/dL	40 - 200	
VLDL <i>Calculated</i>	19.93	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 4.60		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 135.63	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 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 assesment

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

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Shah

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

Dr. Shreya Shah
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LABORATORY REPORT



Name : SONALBEN R PANDYA Sex/Age : Female/ 32 Years Case ID : 21102200269
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2388778
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 13:44	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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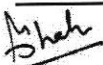
BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	12.30	U/L	0 - 31	
S.G.O.T.	L 14.78	U/L	15 - 37	
Alkaline Phosphatase	52.91	U/L	35 - 105	
Gamma Glutamyl Transferase	11.07	U/L	5 - 36	
Proteins (Total)	7.00	gm/dL	6.4 - 8.2	
Albumin	4.54	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.46	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1	
Bilirubin Total	L 0.16	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.11	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.05	mg/dL	0 - 0.8	

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : **SONALBEN R PANDYA** Sex/Age : **Female/ 32 Years** Case ID : **21102200269**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2388778**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 13:45	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.97	mg/dL	6.00 - 20.00	
Creatinine	0.76	mg/dL	0.50 - 1.50	
Uric Acid	3.51	mg/dL	2.6 - 6.2	

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

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M.D. (Path. & Bact.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 11:51	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C	4.42	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	80.15	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)

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

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 11:52	Acc. Remarks : Normal	Ref Id2 : O22236383

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Thyroid Function Test				
Triiodothyronine (T3)	114.18	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.9	ng/dL	5.5 - 11.0	
TSH CMA	1.518	μIU/mL	0.4 - 4.2	

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/↑	↓

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

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Shah

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

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LABORATORY REPORT



Name : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	Case ID : 21102200269
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2388778
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 08-Nov-2022 10:36	Sample Type : Serum	Mobile No :
Sample Date and Time : 08-Nov-2022 10:36	Sample Coll. By :	Ref Id1 : OSP29058
Report Date and Time : 08-Nov-2022 11:52	Acc. Remarks : Normal	Ref Id2 : O22236383

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

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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PATIENT NAME:SONALBEN R PANDYA

GENDER/AGE:Female / 32 Years

DATE:08/11/22

DOCTOR:

OPDNO:OSP29058

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. Prevoid bladder volume measures about 190 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.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name: Sonalben Age: _____ Sex: _____

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

MITRAL VALVE : ~~thick~~ mild MRV
 AORTIC VALVE :
 TRICUSPID VALVE : (n)
 PULMONARY VALVE :
 AORTA : 26
 LEFT ATRIUM : 25
 LV Dd/ Ds : 38/24 EF 65%
 IVS / LVPW / D : 8/8
 IVS :
 IAS : intact
 RA :
 RV :
 PA : n
 PERICARDIUM : h
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 1/0.7
 AORTIC : 1.3
 PULMONARY : 1.1
 COLOUR DOPPLER : mild MR / TR
 RSVP : 26-3
 CONCLUSION : mild MRV / mild MR
 (n) w/ eye / systolic for

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:SONALBEN R PANDYA

GENDER/AGE:Female / 32 Years

DATE:08/11/22

DOCTOR:

OPDNO:OSP29058

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 : SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	H.ID : 21C10290	Case ID : 21102200269
Ref By : HOSPITAL	Dis.Loc. :		Pt ID : 2388778
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 08-Nov-2022 10:36	Sample Type : Fluid		Ph # :
Sample Date & Time : 08-Nov-2022 14:16	Sample Coll. By :		Ref Id : OSP29058
Report Date & Time : 09-Nov-2022 10:21	Acc. Remarks :		Ref Id2 : O22236383

Cytopathology Report

Specimen :

PAP smear for cytology (LBC PAP)

Clinical Data :

LMP 13/10/22, P/S -Small erosion in posterior lip of cervix, blood staining discharge +

Macroscopic Examination :

Received one container with 20 ml LBC fixative and brush. One smear prepared.

Smear - 1 [PAP]

Microscopic Examination :

See below in diagnosis

Impression :

The Bethesda System (TBS 2014) (LBC Pap)

Specimen type: LBC Pap smear.

Specimen adequacy: Satisfactory for evaluation but limited by obscuring inflammation

Transformation zone elements: Not present

Infection associated changes: Trichomonas or Monilia are not seen.

Reactive cellular changes: Nil

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy.

Pap test is a screening test for cervical cancer with inherent false negative results.

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

Grossing By : Dr. Vipal Parmar

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Dr. Vipal Parmar
M.D. Pathologist

Dr. Bhavna Mehta
M.D. (P.D.C.C) G-56686
(Histo & Renal pathologist)

Printed On : 09-Nov-2022 12:07

Page 1 of 2



LABORATORY REPORT



Name :SONALBEN R PANDYA	Sex/Age : Female/ 32 Years	H.ID : 21C10290	Case ID : 21102200269
Ref By :HOSPITAL	Dis.Loc. :		Pt ID : 2388778
Bill. Loc. :Aashka hospital			Pt. Loc. :
Registration Date & Time : 08-Nov-2022 10:36	Sample Type : Fluid		Ph # :
Sample Date & Time : 08-Nov-2022 14:16	Sample Coll. By :		Ref Id : OSP29058
Report Date & Time : 09-Nov-2022 10:21	Acc. Remarks :		Ref Id2 : O22236383

Grossing By : Dr. Vipal Parmar

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M.D. Pathologist

Dr. Bhavna Mehta
M.D. (P.D.C.C) G-56686
(Histo & Renal pathologist)

Page 2 of 2

Printed On : 09-Nov-2022 12:07





Name: Sonal beam Pandya Age: 32 Yrs.

Complaints:

Routine check up

No of deliveries: 1 Full term

Last Delivery: ND

History of abortion:

H/O medical conditions associated:

Last abortions:

1st Lap Appendectomy
terminated

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

MH: ref 5/30 Reg: No Pains

at 55.5kg

LMP: 13.10.22

P/A: Lap umbilical (supra) +

P/S: ex small erosion post hp + blood stained
discharge +.

P/V: all AV, NS, firm, mobile, PR

Sample:-

Vagina
Cervix

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

Doctors Sign:-

J. Shalwan

8/11/22

12.40 PM

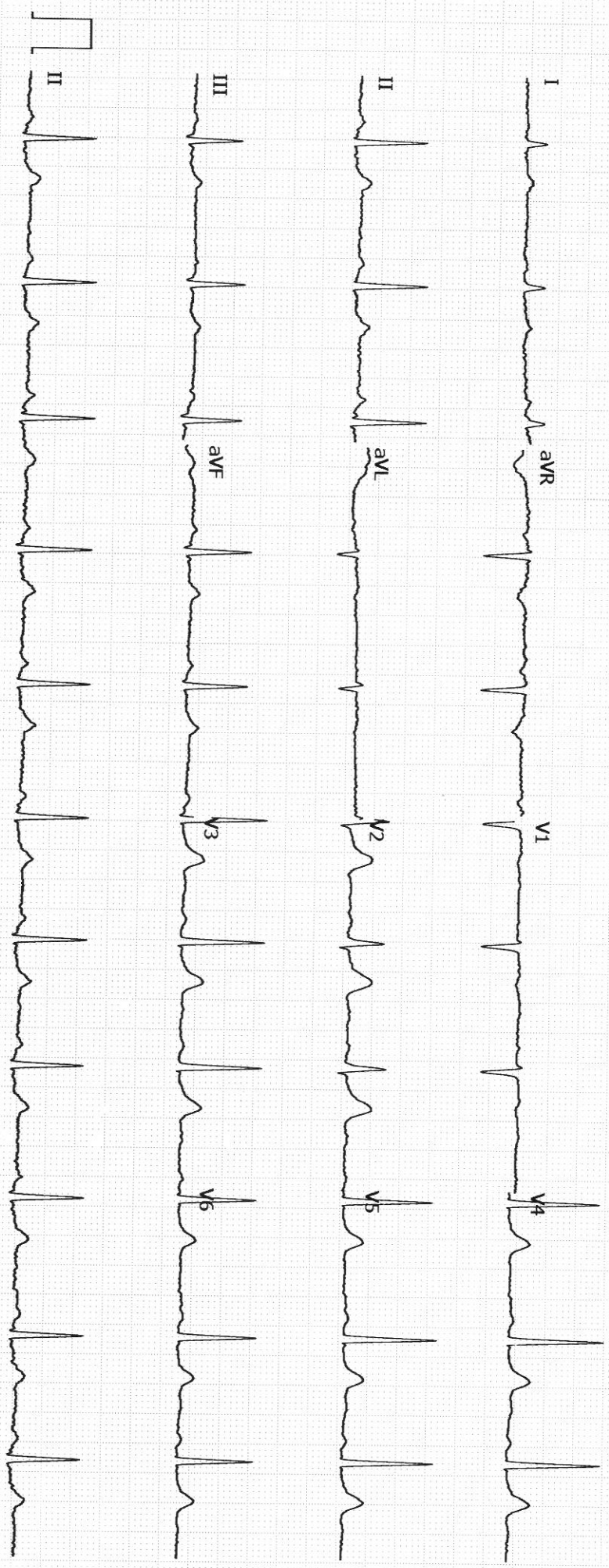
08.11.2022 1:06:16 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

67 bpm
--/-- mmHg

Technician: _____
 Ordering Ph: _____
 Referring Ph: _____
 Attending Ph: _____
 QRS : 66 ms
 QT / QTcBaz : 394 / 416 ms
 PR : 144 ms
 P : 76 ms
 RR / PP : 888 / 895 ms
 P / QRS / T : 63 / 78 / 70 degrees
 Normal sinus rhythm
 Normal ECG



GE MACC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz
 Unconfirmed 4x2.5x3_25_R1 1/1