



नाम
Name Priti Prakash

कार्यकारी कोड नं.
Employee Code No. 118838

कार्यकारी प्राधिकारी
Issuing Authority



Priti Prakash

कार्यकारी कोड नं.
Signature of Holder



प्रति,

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

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MS. PRAKASH PRITI
क. क्र.संख्या	118838
पदनाम	SMS CREDIT PROCESSING
कार्य का स्थान	SABARKANTHA,RO SABARKANTHA
जन्म की तारीख	10-01-1993
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M118838100099504E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 12-03-2024 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 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 बड़ौदा

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



LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. PRAKASH PRITI
EC NO.	118838
DESIGNATION	SMS CREDIT PROCESSING
PLACE OF WORK	SABARKANTHA,RO SABARKANTHA
BIRTHDATE	10-01-1993
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M118838100099504E

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 **12-03-2024** till **31-03-2024** 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 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. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.

Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: PATITE PRAKASH

AGE: 31 yrs. SEX: F.

Height: _____ Weight: _____

Chief Complaints:

- 14 weeks pregnancy (P)

No Fresh complaints.

Body built / Nutritional status: OK.

Any known allergies: None.

K/C/O: - None DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

Provisional Diagnosis:

*General Examination: -

- Lymph node enlargement: (N)

*On Examination:-

-Breath sounds: Normal Breath-sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

- Chest movements: (N)

- Air entry: AE = BF.

Rx,

Advise 1) life style modification

2) "FIT FOR DUTY"

3) Inform 101.

Date: 23/3/2024,

Pulse= 110/min,

B.P.= 130/90mm Hg.

R.R.= 20/min.

Spo2= 96%.

Temp.= (N)

R.B.S.= (N)

Sleep cycle: (N)

E.C.G.: (N)

210

Clubbing: _____

Cyanosis: _____

Edema: _____

M.B.M.V.

mob: 99236 80226,

Advices:

- 1) Chest X ray (PA),
 - 2) USG Abdomen ,
 - 3) HRCT thorax (P) / Contrast,
 - 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
 - 5) Pulmonary Function Test (PFT) with /without DLCO,
 - 6) Bronchoscopy (Flexible / Rigid),
 - 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),
 - 8) Sputum Examination (Routine / Microscopic / Microbiological),
 - 9) Blood investigations:-
 - CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).
 - ABG (Arterial blood gas),
 - D- Dimmer level,
 - Procalcitonin level,
 - *Tumor markers :-
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE){ Small cell carcinoma},
 - SCC(Squamous cell carcinoma antigen) ,
 - 10) Follow up after days/months.
 - 11) Inform SOS.
 - 12) Admission.
- Alpha antitrypsin level,
-Total and specific Ig E level ,
-Angiotensis converting enzyme,
-CTFRA 21-1 (Non small cell carcinoma),
-Mesothelin (Malignant mesothelioma).

Dr. Maulik Vyas

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
H O S P I T A L



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

UHID:	OSP 33586	Date:		Time: 10:30
Patient Name:	Pratik Bhumash	Age / Sex:	31	
		Height:		
		Weight:		
History:	c/o Compny Healthy chul.			
Allergy History:				
Nutritional Screening:	Well-Nourished / Malnourished / Obese			
Examination:	VIT 6118 VIT 6112 VIT (operation) 616 - 0.5 - 0.5 x 5 - 616 - 0.75 x 5 h 2016			
Diagnosis:	Color vision - normal 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	650	650	90-075			
N						

Other Advice:

Use glasses

Follow-up:

Consultant's Sign:





aashka
HOSPITAL



Cytological examination- Pap smear
request form

Name:

Peiti

Age:

31 years

Complaints:

3 sect.

9: new
bcv taken.

No of deliveries:

~~3~~

Last Delivery:

nanca

History of abortion:

2 times

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

—
—
—

MH:

Reg:

LMP:

8/12/23

P/A:

—

P/S:

P is pregnant

P/N:

so pap not taken

Sample:-

Vagina
Cervix

—
—

Doctors Sign:-

Dr. Subit

23.03.2024 10:45:04 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

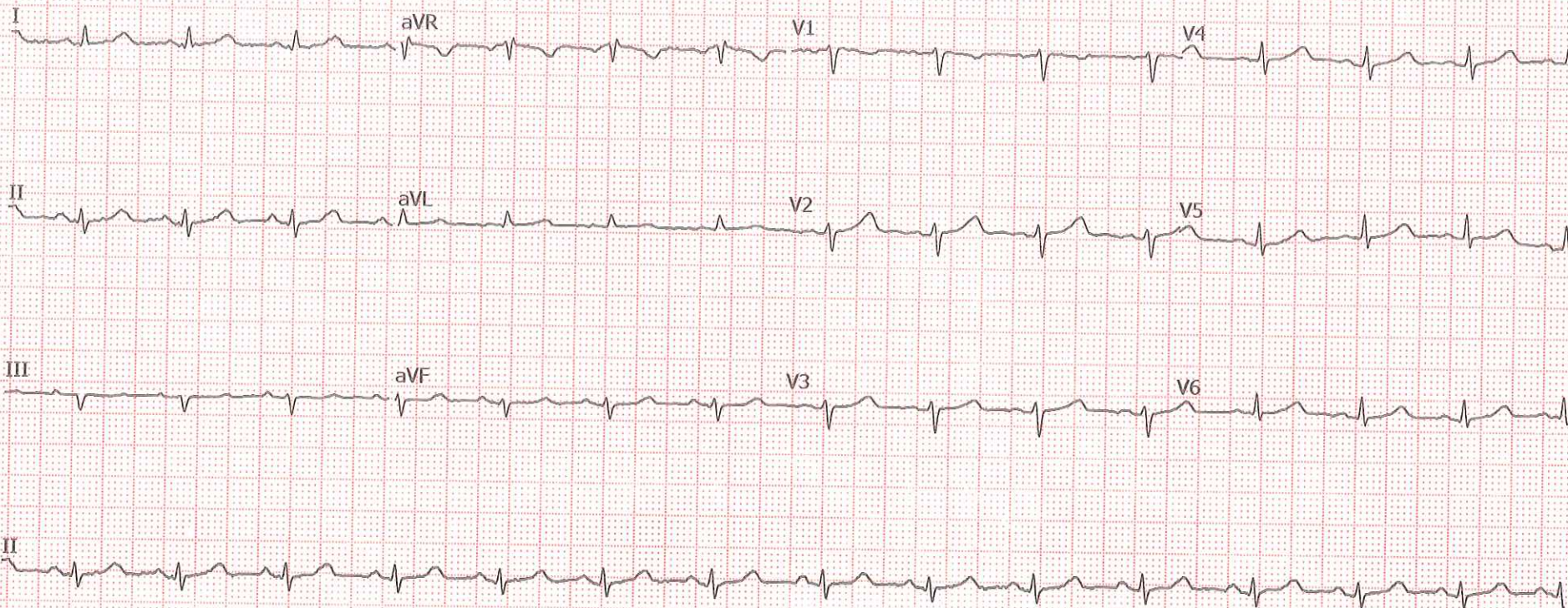
Room:

88 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 376 / 454 ms
PR : 136 ms
P : 86 ms
RR / PP : 682 / 681 ms
P / QRS / T : 49 / -22 / 35 degrees

Normal sinus rhythm
Low voltage QRS
Cannot rule out Anterior infarct , age undetermined
Abnormal ECG



PATIENT NAME: PRITI PRAKASH

GENDER/AGE: Female / 31 Years

DATE: 23/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33586

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 29mm
LV Dd / Ds	: 37/24mm
IVS / LVPW / D	: 8/8mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.0/0.8m/s
AORTIC	: 1.2m/s
PULMONARY	: 1.1m/s
COLOUR DOPPLER	: TRIVIAL MR/TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

PATIENT NAME: PRITI PRAKASH

GENDER/AGE: Female / 31 Years

DOCTOR:

OPDNO: OSP33586

DATE: 23/03/24

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 1210 cc.

FOETUS: There is evidence of single viable intrauterine fetus. Foetal movements and cardiac activity are noted on B/M mode. No apparent foetal anomaly is seen at present. Foetal maturity seems to be about 14 wks 6 days according to BPD - 27.6 mm, AC - 86 mm and FL - 16.2 mm.
Foetal heart rate is about 145/min.
Approximate foetal weight is about 107 +/- 16 gms.

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



PLACENTA: Placenta is anterior. No evidence of retroplacental hematoma is seen. No evidence of placenta previa is seen.

AMNIOTIC FLUID: Amniotic fluid is within normal limit.

Internal cervical os is closed.
Cervical length is about 3.9 cms.

COMMENT: Single viable intrauterine pregnancy of 14 wks 6 days' maturity.
Anterior placenta.
Adequate amniotic fluid.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : PRITI PRAKASH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Case ID : 40302200632

Dis. At :

Pt. ID : 3455028

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43

Mobile No :

Sample Date and Time : 23-Mar-2024 11:13

Ref Id1 : OSP33586

Report Date and Time :

Ref Id2 : O232411328

Acc. Remarks : Normal

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	3.73	millions/cu mm	3.80 - 4.80
PCV(Calc)	35.77	%	36.00 - 46.00
MCH (Calc)	32.7	pg	27.00 - 32.00
Lipid Profile			
LDL Cholesterol	114.88	mg/dL	0.00 - 100.00
Liver Function Test			
S.G.P.T.	110.05	U/L	14 - 59
S.G.O.T.	83.50	U/L	15 - 37
Gamma Glutamyl Transferase	44.36	U/L	0 - 38
ESR	50	mm after 1hr	3 - 20

Abnormal Result(s) Summary End

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

Printed On : 23-Mar-2024 11:54



LABORATORY REPORT



Name : PRITI PRAKASH
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years Case ID : 40302200632
Dis. At : Pt. ID : 3455028
Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 23-Mar-2024 08:43 Sample Coll. By : Ref Id1 : OSP33586
Report Date and Time : 23-Mar-2024 09:32 Acc. Remarks : Normal Ref Id2 : O232411328

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)	L 3.73	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 35.77	%	36.00 - 46.00	
MCV (RBC histogram)	95.9	fL	83.00 - 101.00	
MCH (Calc)	H 32.7	pg	27.00 - 32.00	
MCHC (Calc)	34.1	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.60	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	10000	/ μ L	4000.00 - 10000.00	
Neutrophil	[%] 67.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 6700 / μ L 2000.00 - 7000.00
Lymphocyte	22.0	%	20.00 - 40.00	2200 / μ L 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00	500 / μ L 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	600 / μ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 / μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	274000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	3.05		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : PRITI PRAKASH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Case ID : 40302200632

Dis. At :

Pt. ID : 3455028

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 23-Mar-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33586

Report Date and Time : 23-Mar-2024 10:10

Acc. Remarks : Normal

Ref Id2 : O232411328

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR
Westergren Method

H 50

mm after 1hr 3 - 20

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

Dr. Shreya Shah
M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Primal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
🌐 www.neubergsupratech.com

LABORATORY REPORT



Name : PRITI PRAKASH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Case ID : 40302200632

Dis. At :

Pt. ID : 3455028

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 23-Mar-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33586

Report Date and Time : 23-Mar-2024 09:05

Acc. Remarks : Normal

Ref Id2 : O232411328

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATATOLOGY INVESTIGATIONS

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

ABO Type

A

Rh Type

POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : PRITI PRAKASH

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Dis. At :

Case ID : 40302200632

Pt. ID : 3455028

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43

Sample Type : Plasma Fluoride F₁ Plasma Fluoride PP

Mobile No :

Sample Date and Time : 23-Mar-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33586

Report Date and Time : 23-Mar-2024 11:44

Acc. Remarks : Normal

Ref Id2 : O232411328

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	97.20	mg/dL	70.0 - 100
Plasma Glucose - PP	97.34	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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : PRITI PRAKASH

Sex/Age : Female/ 31 Years

Case ID : 40302200632

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3455028

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 23-Mar-2024 08:43

Sample Coll. By :

Ref Id1 : OSP33586

Report Date and Time : 23-Mar-2024 09:32

Acc. Remarks : Normal

Ref Id2 : O232411328

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Glycated Haemoglobin Estimation

HbA1C 5.31 % of total Hb <5.7: Normal

5.7-6.4: Prediabetes

>=6.5: Diabetes

105.70 mg/dL Not available

Estimated Avg Glucose (3 Mths)

Calculated

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 glycaemic 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 glycaemic 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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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

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LABORATORY REPORT



Name : **PRITI PRAKASH** Sex/Age : Female/ 31 Years Case ID : 40302200632
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3455028
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Serum Mobile No :
 Sample Date and Time : 23-Mar-2024 08:43 Sample Coll. By : Ref Id1 : OSP33586
 Report Date and Time : 23-Mar-2024 09:53 Acc. Remarks : Normal Ref Id2 : O232411328

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	195.61	mg/dL	110 - 200
HDL Cholesterol	55.5	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	126.14	mg/dL	<150
VLDL <i>Calculated</i>	25.23	mg/dL	10 - 40
Cho/HDL <i>Calculated</i>	3.52		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 114.88	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-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)


Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **PRITI PRAKASH** Sex/Age : Female/ 31 Years Case ID : 40302200632
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3455028
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Serum Mobile No :
 Sample Date and Time : 23-Mar-2024 08:43 Sample Coll. By : Ref Id1 : OSP33586
 Report Date and Time : 23-Mar-2024 09:53 Acc. Remarks : Normal Ref Id2 : O232411328

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5p</i>	H	110.05	U/L	14 - 59
S.G.O.T. <i>UV with P5p</i>	H	83.50	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>		111.40	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H	44.36	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>		7.61	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>		4.40	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		3.21	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.4		1.0 - 2.1
Bilirubin Total <i>Photometry</i>		0.30	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>		0.15	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>		0.15	mg/dL	0 - 0.8

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **PRITI PRAKASH** Sex/Age : **Female/ 31 Years** Case ID : **40302200632**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3455028**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Mar-2024 08:43** Sample Type : **Serum** Mobile No :
Sample Date and Time : **23-Mar-2024 08:43** Sample Coll. By : Ref Id1 : **OSP33586**
Report Date and Time : **23-Mar-2024 09:53** Acc. Remarks : **Normal** Ref Id2 : **O232411328**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.1	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>	3.15	mg/dL	2.6 - 6.2	
Creatinine	0.52	mg/dL	0.50 - 1.50	

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

Dr. Shireya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : PRITI PRAKASH

Sex/Age : Female/ 31 Years Case ID : 40302200632

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pt. ID : 3455028

Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Serum Mobile No :

Sample Date and Time : 23-Mar-2024 08:43 Sample Coll. By :

Ref Id1 : OSP33586

Report Date and Time : 23-Mar-2024 09:40 Acc. Remarks : Normal

Ref Id2 : O232411328

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	162.91	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	9.54	ng/dL	4.87 - 11.72	
TSH C/M/A	2.68	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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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LABORATORY REPORT



Name : PRITI PRAKASH	Sex/Age : Female/ 31 Years	Case ID : 40302200632
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3455028
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Mar-2024 08:43	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Mar-2024 08:43	Sample Coll. By :	Ref Id1 : OSP33586
Report Date and Time : 23-Mar-2024 09:40	Acc. Remarks : Normal	Ref Id2 : O232411328

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 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 hypothyroid patients, hypothyroidism 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

First trimester

Second trimester

Third trimester

Reference range (microU/ml)

0.24 - 2.00

0.43-2.2

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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LABORATORY REPORT



Name : **PRITI PRAKASH** Sex/Age : Female/ 31 Years Case ID : 40302200632
 Ref.By : HOSPITAL Pt. ID : 3455028
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 23-Mar-2024 11:13 Sample Coll. By : Ref Id1 : OSP33586
 Report Date and Time : 23-Mar-2024 11:44 Acc. Remarks : Normal Ref Id2 : O232411328

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	1.015		1.005 - 1.030	
pH	7.00		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	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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



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 M.D. (Pathologist)

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LABORATORY REPORT



Name : PRITI PRAKASH **Sex/Age :** Female/ 31 Years **Case ID :** 40302200632
Ref.By : HOSPITAL **Dis. At :** **Pt. ID :** 3455028
Bill. Loc. : Aashka hospital **Pt. Loc. :** **Mobile No. :**
Reg Date and Time : 23-Mar-2024 08:43 **Sample Type :** Spot Urine **Ref Id1 :** OSP33586
Sample Date and Time : 23-Mar-2024 11:13 **Sample Coll. By :** **Ref Id2 :** O232411328
Report Date and Time : 23-Mar-2024 11:44 **Acc. Remarks :** Normal

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite (Strip)	-	Negative	-	-	-	-
Erythrocytes (Strip)	/micro L	Negative (<5)	10	25	50	150
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells (Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

----- 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)

Dr. Shreya Shah
M.D. (Pathologist)

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