



प्रति,

समन्वयक,

Mediwheel (Arcofemi 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. JADEJA BRIJAL KISHORSINH
क. क्र. संख्या	126043
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	HIMMATNAGAR
जन्म की तारीख	25-09-1994
स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M126043100099942E

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 13-03-2024 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 (Arcofemi 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. JADEJA BRIJAL KISHORSINH
EC NO.	126043
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	HIMMATNAGAR
BIRTHDATE	25-09-1994
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M126043100099942E

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 **13-03-2024** 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))

संस्था: आर.एन.एस.सी.ए.  
RNSB

नाम  
Name: **Erinjal K. Jadeja**

कार्यकारी सूचक सं.  
Employee Code No.: **126043**

**RNSB**  
कार्यकारी प्राधिकारी  
Issuing Authority



*Erinjal K. Jadeja*  
धारक के हस्ताक्षर  
Signature of Holder



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:	OSP33765	Date:	13/04/24	Time:	10 ~
Patient Name:	BSUJ01				
	Age / Sex:	50			
	Height:	158			
	Weight:	59.1 K.G.			
History:	No Comany history check				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	N/A 6/6of. N/A 6/6of. N/A genu 6/12 6/11 N/A cornea N/A 6/6 6/6 N/A COPD VITRUM MUMMY Refractive error				
Diagnosis:					



Aashka Hospitals Ltd.

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**aashka**  
H O S P I T A L



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


<b>UHID:</b> 0SP33768	<b>Date:</b> 13/4/24	<b>Time:</b>
<b>Patient Name:</b> Boyjal ko Jacheyu	<b>Age / Sex:</b> 30 / F	<b>Height:</b> 158
		<b>Weight:</b> 59
<b>Chief Complain:</b>	Rozetime don'ted cheder up	
<b>History:</b>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese	
<b>Examination:</b>		
<b>Extra oral :</b>	Stem +	
<b>Intra oral – Teeth Present :</b>	→ Culculus +	
	Teeth Absent :	
<b>Diagnosis:</b>		





Aashka Hospitals Ltd.

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Phone: 079-29750750, +91-7575006000 / 9000  
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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

 **aashka**  
H O S P I T A L



**Dr. MAULIK VYAS**

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

Registration No: G-0749

**Consulting Physician and Interventional Pulmonologist**

**NAME:** BAJTAL K. JAAEJA.

**AGE:** 30 yrs **SEX:** F.

**Height:** 158 **Weight:** 59

**Chief Complaints:**

None.

**Body built / Nutritional status:** ok.

**Any known allergies:** None.

**K/C/O:-** DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

None

**Provisional Diagnosis:** "FIT FOR DUTY"

**\*General Examination:-**

- Lymph node enlargement: None

**\*On Examination:-**

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

- Chest movements: NI

- Air entry: AE = BE.

**Rx,**

Amoxicil. like style modification.

② FIT FOR DUTY

③ Inform LOS.

M. B. Vyas

**Date:** 13/4/2024.

**Pulse=** 66/min.

**B.P. =** 110/80mmHg

**R.R.=** 18/min.

**Spo2=**

**Temp.=** NI.

**R.B.S.=** 101 mg/dL.

**Sleep cycle:** NI

**E.C.G.:** NI.



**Clubbing:**


**Cyanosis:**

**Edema:**

NI

## Advices:

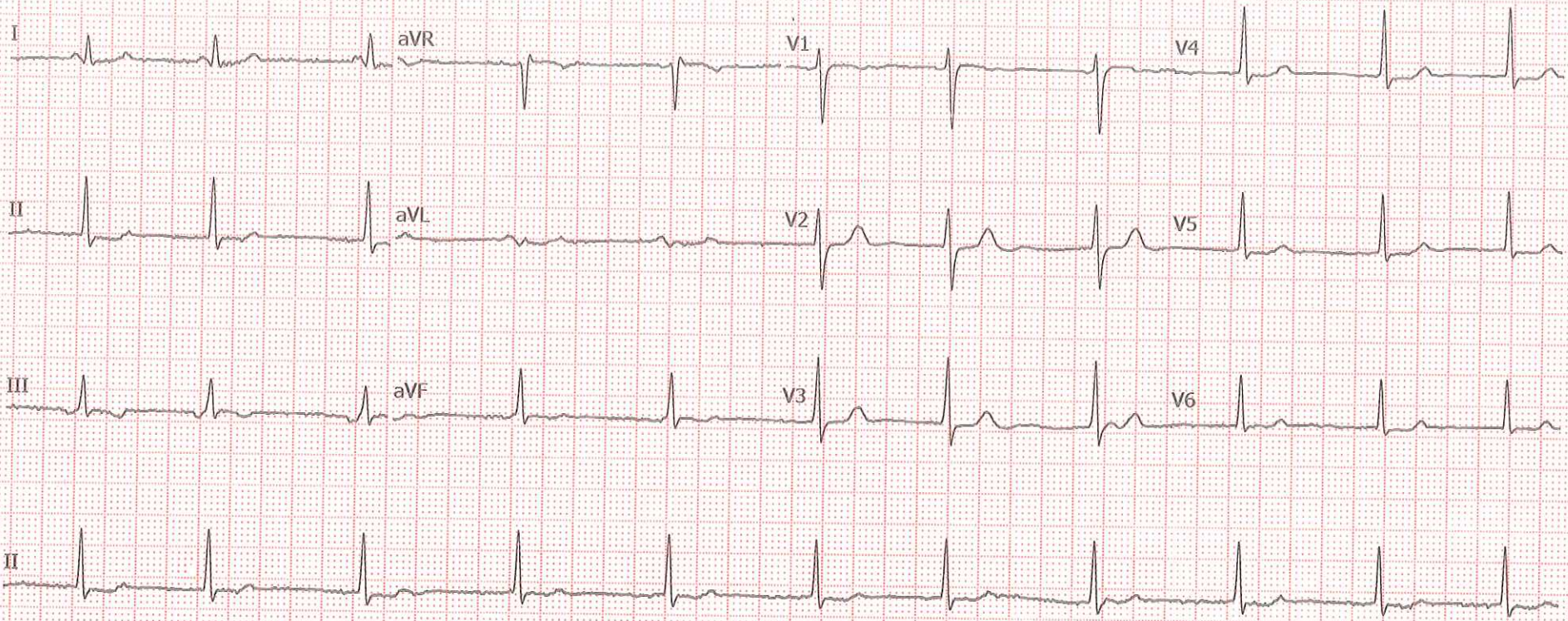
- 1) Chest X ray (PA),
- 2) USG Abdomen ,
- 3) HRCT thorax (P) / Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / 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 ),
  - Alpha antitrypsin level,
  - Total and specific Ig E level ,
  - Angiotensin converting enzyme,
  - CTFRA 21-1 (Non small cell carcinoma),
  - Mesothelin (Malignant mesothelioma),
- 10) Follow up after      days/months.
- 11) Inform SOS.
- 12) Admission.

  
Dr. Maulik Vyas  
MOB: 9929600226

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 372 / 389 ms  
PR : - ms  
P : - ms  
RR / PP : 914 / 909 ms  
P / QRS / T : - / 61 / -18 degrees

Accelerated Junctional rhythm  
Nonspecific ST and T wave abnormality  
Abnormal ECG







## LABORATORY REPORT



**Name :** BRIJAL K JADEJA      Sex/Age : Female/ 30 Years      Case ID : 40402200287  
**Ref.By :** HOSPITAL      Dis: At :      Pt. ID : 3513006  
**Bill. Loc. :** Aashka hospital      Pt. Loc :  
**Reg Date and Time :** 13-Apr-2024 08:32      Sample Type :      Mobile No :  
**Sample Date and Time :** 13-Apr-2024 08:32      Sample Coll. By :      Ref Id1 : osp33765  
**Report Date and Time :**      Acc. Remarks : Normal      Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	101.61	mg/dL	70.0 - 100
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	5.29	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	76.1	fL	83.00 - 101.00
MCH (Calc)	24.1	pg	27.00 - 32.00
<b>Lipid Profile</b>			
VLDL	6.57	mg/dL	10 - 40
<b>Liver Function Test</b>			
S.G.P.T.	11.69	U/L	14 - 59
<b>Thyroid Function Test</b>			
TSH	5.04	µIU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **BRIJAL K JADEJA** Sex/Age : **Female/ 30 Years** Case ID : **40402200287**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3513006**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 08:32** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **13-Apr-2024 08:32** Sample Coll. By : Ref Id1 : **osp33765**  
 Report Date and Time : **13-Apr-2024 09:21** Acc. Remarks : **Normal** Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	12.7	G%	12.0 - 15.0	
RBC (Electrical Impedance)	H 5.29	millions/cumm	3.80 - 4.80	
PCV(Calc)	40.26	%	36.00 - 46.00	
MCV (RBC histogram)	L 76.1	fL	83.00 - 101.00	
MCH (Calc)	L 24.1	pg	27.00 - 32.00	
MCHC (Calc)	31.6	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.50	%	11.00 - 16.00	

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

	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	5240	/μL	4000.00 - 10000.00	
Neutrophil	53.0	%	40.00 - 70.00	[Abs] 2777 /μL 2000.00 - 7000.00
Lymphocyte	39.0	%	20.00 - 40.00	2044 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	157 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	262 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	210000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.36		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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



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

Page 2 of 13

Printed On : 13-Apr-2024 12:37









## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 30 Years**

Dis. At :

Case ID : **40402200287**

Pt. ID : **3513006**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 08:32**

Sample Date and Time : **13-Apr-2024 08:32**

Report Date and Time : **13-Apr-2024 12:22**

Sample Type : **Whole Blood EDTA**

Sample Coll. By :

Acc. Remarks : **Normal**

Mobile No :

Ref Id1 : **osp33765**

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

**ESR**  
*Westergren Method*

**06**

mm after 1hr 3 - 20

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



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

Page 3 of 13

Printed On : 13-Apr-2024 12:37







## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 30 Years**

Dis. At :

Case ID : **40402200287**

Pt. ID : **3513006**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 08:32**

Sample Type : **Whole Blood EDTA**

Sample Date and Time : **13-Apr-2024 08:32**

Sample Coll. By :

Mobile No :

Report Date and Time : **13-Apr-2024 08:55**

Acc. Remarks : **Normal**

Ref Id1 : **osp33765**

Ref Id2 :

### TEST

#### RESULTS

#### UNIT BIOLOGICAL REF RANGE

#### REMARKS

### HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

**A**

Rh Type

**POSITIVE**

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 4 of 13

Printed On : 13-Apr-2024 12:37







## LABORATORY REPORT



Name : BRIJAL K JADEJA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200287

Dis. At :

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 13-Apr-2024 08:32

Sample Coll. By :

Ref Id1 : osp33765

Report Date and Time : 13-Apr-2024 12:27

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F	H	101.61	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		110.71	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 glucoseeer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah  
M.D. (Pathologist)

Page 5 of 13

Printed On : 13-Apr-2024 12:37







## LABORATORY REPORT



Name : BRIJAL K JADEJA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200287

Dis. At :

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 08:32

Sample Coll. By :

Ref Id1 : osp33765

Report Date and Time : 13-Apr-2024 09:21

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C

5.23

% of total Hb <5.7: Normal  
5.7-6.4: Prediabetes  
>=6.5: Diabetes

**Estimated Avg Glucose (3 Mths)**

103.40

mg/dL

Not available

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term 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)

Page 6 of 13

Printed On : 13-Apr-2024 12:37



**Neuberg Diagnostics Private Limited**







## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Case ID : 40402200287

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Mobile No :

Sample Type : Serum

Ref Id1 : osp33765

Sample Date and Time : 13-Apr-2024 08:32

Ref Id2 :

Report Date and Time : 13-Apr-2024 10:49

Acc. Remarks : Normal

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	151.40	mg/dL	110 - 200
<b>HDL Cholesterol</b>	58.8	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	32.84	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	L 6.57	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	2.57		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	86.03	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 200-450

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



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

Page 7 of 13

Printed On : 13-Apr-2024 12:37







## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Case ID : 40402200287

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Sample Type : Serum

Sample Date and Time : 13-Apr-2024 08:32

Sample Coll. By :

Report Date and Time : 13-Apr-2024 11:14

Acc. Remarks : Normal

Mobile No :

Ref Id1 : osp33765

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	L 11.69	U/L	14 - 59
<b>S.G.O.T.</b> <i>UV with P5P</i>	18.92	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-ALP</i>	92.01	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	12.22	U/L	0 - 38
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.38	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	4.94	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	2.44	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	2.0		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	0.52	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.24	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.28	mg/dL	0 - 0.8

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



**Dr. Shreya Shah**

M.D. (Pathologist)

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Page 8 of 13







## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200287

Dis. At :

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Sample Type : Serum

Sample Date and Time : 13-Apr-2024 08:32

Sample Coll. By :

Ref Id1 : osp33765

Report Date and Time : 13-Apr-2024 10:50

Acc. Remarks : Normal

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	8.1	mg/dL	7.00 - 18.70	
<b>Uric Acid</b> <i>Uricase</i>	3.06	mg/dL	2.6 - 6.2	
<b>Creatinine</b>	0.66	mg/dL	0.50 - 1.50	

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

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

Page 9 of 13

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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

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





## LABORATORY REPORT

Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200287

Dis. At :

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32

Sample Type : Serum

Sample Date and Time : 13-Apr-2024 08:32

Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 10:12

Acc. Remarks : Normal

Ref Id1 : osp33765

Ref Id2 :

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

### Thyroid Function Test

Triiodothyronine (T3)	104.14	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	7.49	ng/dL	4.87 - 11.72	
TSH C/M/A	H 5.04	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)

Dr. Shreya Shah

M.D. (Pathologist)

Page 10 of 13

Printed On : 13-Apr-2024 12:37









## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 30 Years**

Case ID : **40402200287**

Dis. At :

Pt. ID : **3513006**

Pt. Loc :

Reg Date and Time : **13-Apr-2024 08:32**

Sample Type : **Serum**

Sample Date and Time : **13-Apr-2024 08:32**

Sample Coll. By :

Mobile No :

Report Date and Time : **13-Apr-2024 10:12**

Acc. Remarks : **Normal**

Ref Id1 : **osp33765**

Ref Id2 :

**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, 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 (on 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, 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

0.6-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypertthyroidism	↑	↑	↓
Secondary Hypertthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↓	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	N	N	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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M.D. (Pathologist)

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Page 11 of 13



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## LABORATORY REPORT



Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Pt. Loc :

Case ID : 40402200287

Pt. ID : 3513006

Reg Date and Time : 13-Apr-2024 08:32 Sample Type : Spot Urine

Sample Date and Time : 13-Apr-2024 08:32 Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 10:52 Acc. Remarks : Normal

Ref Id1 : osp33765

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity 1.005 1.005 - 1.030

pH 6.50 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	/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)

Dr. Shreya Shah  
M.D. (Pathologist)

Page 12 of 13

Printed On : 13-Apr-2024 12:37







## LABORATORY REPORT

Name : **BRIJAL K JADEJA**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Case ID : 40402200287

Pt. ID : 3513006

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:32 Sample Type : Spot Urine

Sample Date and Time : 13-Apr-2024 08:32 Sample Coll. By :

Mobile No :

Report Date and Time : 13-Apr-2024 10:52 Acc. Remarks : Normal

Ref Id1 : osp33765

Ref Id2 :

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



**Dr. Shreya Shah**

M.D. (Pathologist)

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Page 13 of 13





PATIENT NAME: BRIJAL KISHORSINH JADEJA

GENDER/AGE: Female / 29 Years

DATE: 13/04/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33765

### 2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 27mm
LEFT ATRIUM	: 26mm
LV Dd / Ds	: 34/23mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.2/0.6m/s
AORTIC	: 1.2m/s
PULMONARY	: 0.8m/s
COLOUR DOPPLER	: TRIVIAL MR /MILD TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

  
CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





**Aashka Hospitals Ltd.**

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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

 **aashka**  
H O S P I T A L



**PATIENT NAME: BRIJAL KISHORSINH JADEJA**

**GENDER/AGE: Female / 29 Years**

**DOCTOR:**

**OPDNO: OSP33765**

**DATE: 13/04/24**

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.  
Right kidney measures about 10.4 x 4.1 cms in size.  
Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size and shape. No e/o any adnexal mass seen.  
No e/o free fluid seen in cul-de-sac.

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


  
**RADIOLOGIST**

**DR. MEHUL PATELIYA**



Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

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H O S P I T A L



**PATIENT NAME: BRIJAL KISHORSINH JADEJA**

**GENDER/AGE: Female / 29 Years**

**DOCTOR:**

**OPDNO: OSP33765**

**DATE: 13/04/24**

### **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**

