



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	MR. VANSOLA JIGAR BANKIMCHANDRA
क.कू.संख्या	111819
पदनाम	FOREX
कार्य का स्थान	MID CORPORATE AHMEDABAD
जन्म की तारीख	18-08-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	29-03-2024
बुकिंग संदर्भ सं.	23M11819100101258E

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 16-03-2024 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 इनवाइस 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 स्पटीकरण 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	MR. VANSOLA JIGAR BANKIMCHANDRA
EC NO.	111819
DESIGNATION	FOREX
PLACE OF WORK	MID CORPORATE AHMEDABAD
BIRTHDATE	18-08-1986
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M111819100101258E

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 **16-03-2024** 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))

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:	OSP33781	Date:	13/04/24	Time:	10:30
Patient Name:	Srijay bhai				
		Age / Sex:	38		
		Height:	166		
		Weight:	64.1		
History:	C/O Commt Hooper done. Pt (unc) guesses best 5-7 yrs.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	Mr & 6/24 Mrs Gussim 6/16 6/16 2/16				
Diagnosis:	Retentive ear				

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

*use gusher*

Follow-up:

Consultant's Sign:



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



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

UHID:	OSP33781	Date:	13/4/24	Time:	
Patient Name:	Tijara bhavi				
	Age / Sex:	38/M.			
	Height:	166			
	Weight:	64.1			
Chief Complain:	→ Routine dental check up.				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral - Teeth Present :	Stain + Caries +				
Teeth Absent :	Caries teeth +				
Diagnosis:					

Rx

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

Other Advice:

→ Sensitivity  
→ Allergy test +

Follow-up:

Consultant's Sign:



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  
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CIN: L85110GJ2012PLC072647

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



Jigar

SIB Dr. Zalak

13/4/24

Pt. C/o Dyspnea on  
exertion

No any acute obs  
as noted

FBS - 115.5} (13-4-24)

PPBS - 197.07

HbA1c - 6.33

10E: ↑ PIP - 10/18/24  
88

FS - 8588/01

SP2 9020

USG Abdomen  
Grade I fatty liver

Adv

s. lipid profile

(P) HbS / PPBS / HbA1c

extra @ morning

life style modification

→ PP or same

Thank  
Zalak





JIGARBHAI

38/M

13.04.2024 11:12:57 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

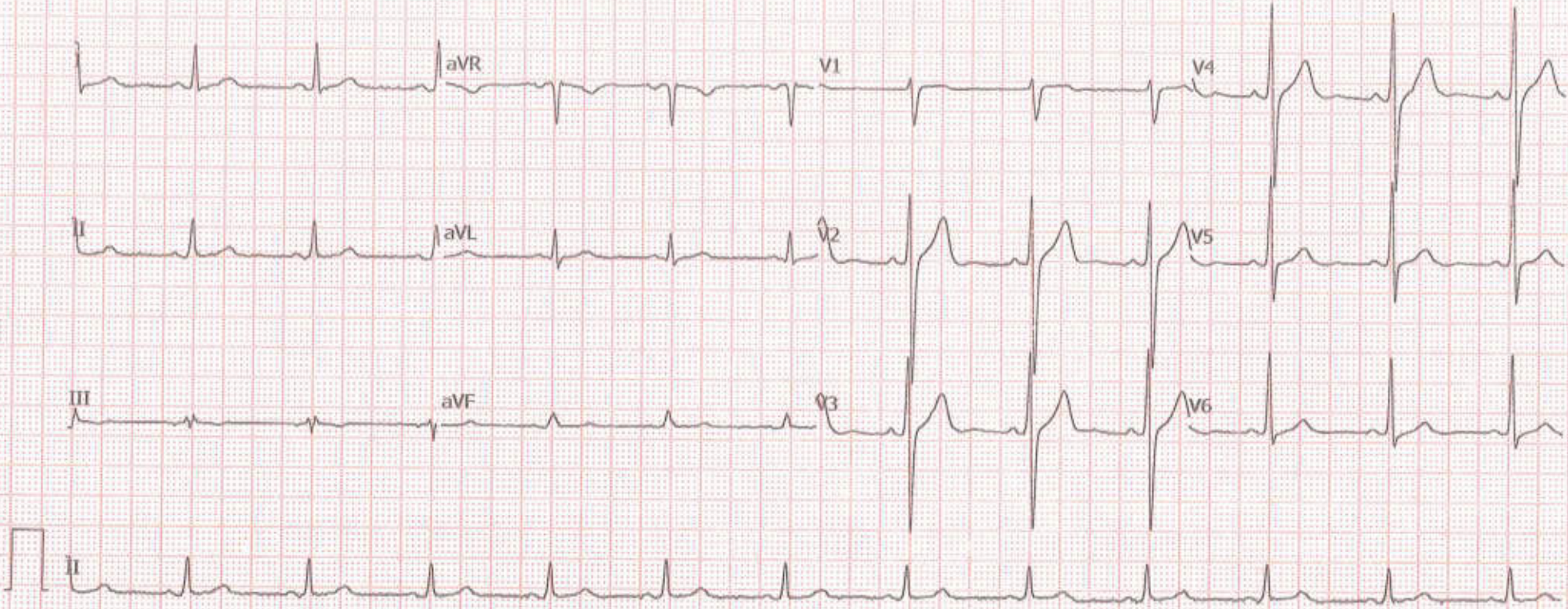
Room:

75 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 86 ms  
QT / QTcBaz : 362 / 404 ms  
PR : 120 ms  
P : 84 ms  
RR / PP : 804 / 800 ms  
P / QRS / T : 18 / 25 / 14 degrees

Normal sinus rhythm  
Normal ECG







## LABORATORY REPORT



Name : JIGAR B VANSOLA	Sex/Age : Male / 38 Years	Case ID : 40402200305
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3513194
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 13-Apr-2024 09:16	Sample Type :	Mobile No :
Sample Date and Time : 13-Apr-2024 09:17	Sample Coll. By :	Ref Id1 : OSP33781
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	115.51	mg/dL	70.0 - 100
Plasma Glucose - PP	197.07	mg/dL	70.0 - 140.0
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	7.3	mg/dL	8.90 - 20.60
<b>Glyco Hemoglobin (HbA1c)</b>			
HbA1C	6.33	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
MCV (RBC histogram)	80.0	fL	83.00 - 101.00
MCH (Calc)	26.2	pg	27.00 - 32.00
Eosinophil	8.0	%	1.00 - 6.00
Eosinophil	554	/ $\mu$ L	20.00 - 500.00
<b>Lipid Profile</b>			
Cholesterol	227.18	mg/dL	110 - 200
HDL Cholesterol	35.6	mg/dL	48 - 77
Triglyceride	178.85	mg/dL	<150
Chol/HDL	6.38		0 - 4.1
LDL Cholesterol	155.81	mg/dL	0.00 - 100.00
<b>Thyroid Function Test</b>			
TSH	4.97	$\mu$ IU/mL	0.4 - 4.2

### Abnormal Result(s) Summary End

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

Printed On : 13-Apr-2024 13:33







## LABORATORY REPORT



Name : **JIGAR B VANSOLA** Sex/Age : Male / 38 Years Case ID : 40402200305  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3513194  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:16 Sample Type : Whole Blood EDTA Mobile No : -  
 Sample Date and Time : 13-Apr-2024 09:17 Sample Coll. By : Ref Id1 : OSP33781  
 Report Date and Time : 13-Apr-2024 11:16 Acc. Remarks : Normal Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	14.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.47	millions/cumm	4.50 - 5.50	
PCV(Calc)	43.76	%	40.00 - 50.00	
MCV (RBC histogram)	L 80.0	fL	83.00 - 101.00	
MCH (Calc)	L 26.2	pg	27.00 - 32.00	
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.20	%	11.00 - 16.00	

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

Total WBC Count	6930	/ $\mu$ L	4000.00 - 10000.00	
Neutrophil	[%] 47.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 3257 / $\mu$ L 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	2772 / $\mu$ L 1000.00 - 3000.00
Eosinophil	H 8.0	%	1.00 - 6.00	H 554 / $\mu$ L 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	347 / $\mu$ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 / $\mu$ L 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	171000	/ $\mu$ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.18		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: (L,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 13:33







## LABORATORY REPORT



Name : JIGAR B VANSOLA

Sex/Age : Male / 38 Years

Case ID : 40402200305

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3513194

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:16

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:17

Sample Coll. By :

Ref Id1 : OSP33781

Report Date and Time : 13-Apr-2024 12:25

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR

Westergren Method

06 mm after 1hr 3 - 15

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

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M.D. (Pathologist)

Page 3 of 13

Printed On : 13-Apr-2024 13:33









## LABORATORY REPORT



Name : **JIGAR B VANSOLA** Sex/Age : Male / 38 Years Case ID : 40402200305  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : 3513194  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:16 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 13-Apr-2024 09:17 Sample Coll. By : Ref Id1 : OSP33781  
Report Date and Time : 13-Apr-2024 09:56 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type **B**  
Rh Type **POSITIVE**

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

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







## LABORATORY REPORT



Name : JIGAR B VANSOLA

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 38 Years

Dis. At :

Pt. Loc :

Case ID : 40402200305

PL ID : 3513194

Reg Date and Time : 13-Apr-2024 09:16

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 13-Apr-2024 09:17

Sample Coll. By :

Ref Id1 : OSP33781

Report Date and Time : 13-Apr-2024 12:25

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F	H	115.51	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	197.07	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)

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 13

Printed On : 13-Apr-2024 13:33







## LABORATORY REPORT



Name : JIGAR B VANSOLA      Sex/Age : Male / 38 Years      Case ID : 40402200305  
Ref.By : HOSPITAL      Dis. At :      PL ID : 3513194  
Bill. Loc. : Aashka hospital      PL Loc :

Reg Date and Time : 13-Apr-2024 09:16      Sample Type : Whole Blood EDTA      Mobile No :  
Sample Date and Time : 13-Apr-2024 09:17      Sample Coll. By :      Ref Id1 : OSP33781  
Report Date and Time : 13-Apr-2024 10:22      Acc. Remarks : Normal      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C	H 6.33	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
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Estimated Avg Glucose (3 Mths)  
*Calculated*

134.97	mg/dL	Not available
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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<sub>1c</sub> 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. Shreya Shah

M.D. (Pathologist)

Page 6 of 13

Printed On : 13-Apr-2024 13:33







## LABORATORY REPORT



Name : **JIGAR B VANSOLA**

Sex/Age : Male / 38 Years Case ID : 40402200305

Ref.By : HOSPITAL

Dis. At : Pl. ID : 3513194

Bill. Loc. : Aashka hospital

Pl. Loc. :

Reg Date and Time : 13-Apr-2024 09:16

Sample Type : Serum

Mobile No. :

Sample Date and Time : 13-Apr-2024 09:17

Sample Coll. By :

Ref Id1 : OSP33781

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

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	227.18	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	35.6	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	178.85	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		35.77	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	6.38		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	155.81	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.
- Detailed 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)

Page 7 of 13

Printed On : 13-Apr-2024 13:33









## LABORATORY REPORT



**Name :** JIGAR B VANSOLA      Sex/Age : Male / 38 Years      Case ID : 40402200305  
**Ref.By :** HOSPITAL      Dis. At :      Pt. ID : 3513194  
**Bill. Loc. :** Aashka hospital      Pt. Loc :  
**Reg Date and Time :** 13-Apr-2024 09:16      Sample Type : Serum      Mobile No :  
**Sample Date and Time :** 13-Apr-2024 09:17      Sample Coll. By :      Ref Id1 : OSP333781  
**Report Date and Time :** 13-Apr-2024 13:22      Acc. Remarks : Normal      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	41.50	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	20.34	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	107.10	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamms-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	53.16	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.90	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.71	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.19	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.36	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.16	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.20	mg/dL	0 - 0.8	

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



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

Page 8 of 13

Printed On : 13-Apr-2024 13:33







## LABORATORY REPORT



Name : JIGAR B VANSOLA

Sex/Age : Male / 38 Years Case ID : 40402200305

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:16

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 09:17

Sample Coll. By :

Ref Id1 : OSP33781

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

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 7.3	mg/dL	8.90 - 20.60	
Uric Acid <small>Uricase</small>	5.79	mg/dL	3.5 - 7.2	
Creatinine	0.87	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah  
M.D. (Pathologist)

Page 9 of 13

Printed On : 13-Apr-2024 13:33







## LABORATORY REPORT



Name : JIGAR B VANSOLA	Sex/Age : Male / 38 Years	Case ID : 40402200305
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3513194
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 09:16	Sample Type : Serum	Mobile No :
Sample Date and Time : 13-Apr-2024 09:17	Sample Coll. By :	Ref Id1 : OSP33781
Report Date and Time : 13-Apr-2024 10:53	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3)	97.35	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	8.22	ng/dL	4.87 - 11.72	
TSH C/M/A	H 4.97	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: (L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah  
M.D. (Pathologist)

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**Interpretation Note:**  
 Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.  
 Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of 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 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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism*	↑	↑	↑
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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Page 11 of 13

Printed On : 13-Apr-2024 13:33









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 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3513194  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:16      Sample Type : Spot Urine      Mobile No. :  
 Sample Date and Time : 13-Apr-2024 09:17      Sample Coll. By :      Ref Id1 : OSP33781  
 Report Date and Time : 13-Apr-2024 11:09      Acc. Remarks : Normal      Ref Id2 :

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)	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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Page 12 of 13

Printed On : 13-Apr-2024 13:33





## LABORATORY REPORT

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Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:16

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 13-Apr-2024 09:17

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Ref Id1 : OSP33781

Report Date and Time : 13-Apr-2024 11:09

Acc. Remarks : Normal

Ref Id2 :

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.5-8.0				++++
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/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500 -
Nitrite(Strip)	-	Negative	-	-	-	- -
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150 250
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 of generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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



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Page 13 of 13

Printed On : 13-Apr-2024 13:33



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CIN: L85110GJ2012PLC072647

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



**PATIENT NAME:**JIGAR B VANSOLA

**GENDER/AGE:**Male / 37 Years

**DOCTOR:**

**OPDNO:**OSP33781

**DATE:**13/04/24

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

#### COMMENT:

Fatty liver grade I.

Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

**RADIOLOGIST**

**DR. MEHUL PATELIYA**



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[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L65110GJ2012PLC072647

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



PATIENT NAME: JIGAR B VANSOLA  
GENDER/AGE: Male / 37 Years  
DOCTOR:  
OPDNO: OSP33781

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





PATIENT NAME: JIGAR B VANSOLA

GENDER/AGE: Male / 37 Years

DOCTOR: DR.HASIT JOSHI

OPDNO: OSP33781

DATE: 13/04/24

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 32mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 47/32mm
IVS / LVPW / D	: 11/10mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.6m/s
AORTIC	: 1.4m/s
PULMONARY	: 1.3m/s
COLOUR DOPPLER	: MILD MR, NO AR, MILD TR, NO PR
RVSP	: 30mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

EF 60%

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)



