

LETTER OF APPROVAL / RECOMMENDATION

To:

The Coordinator,
Mediwheel (Arcofem) Healthcare Limited)
Helpline number: 011- 41195950

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. KUMAR RAMESH
EC NO	167358
DESIGNATION	RETAIL LIABILITY BACK OFFICE
PLACE OF WORK	GANDHINAGAR, GIFT CITY, NATIONAL
BIRTHDATE	15-01-1979
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO	23M167358100103548E

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 20-03-2024 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/-

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Medhviee (Accident Healthcare Limited),
Helpline number: 011-41190259

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 DETAIL \$
NAME	MR. KUMAR RAMESH
EC NO.	787358
DESIGNATION	RETAIL LIABILITY BACK OFFICE
PLACE OF WORK	GANDHINAGAR GREY CITY NATIONAL
BIRTHDATE	15-01-1979
PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23MT67358T00103549E

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 20-03-2024 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 full 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/-



विजया बैंक
VIJAYA BANK
A FRIEND YOU CAN BANK UPON
(A. GOVT OF INDIA UNDERTAKING)

नाम:

NAME : **RAMESH KUMAR**

स्टाफ कोड सं.

STAFF CODE NO. **28986**



महा प्रबंधक (सा.व.प्र.)
GENERAL MANAGER
(PERSONNEL)



Ramesh Kumar
कर्मचारी के हस्ताक्षर

EMPLOYEE'S SIGNATURE

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:	OSP33778	Date:	13/04/24	Time:	10:55
Patient Name:	Ramesh Kumar	Age / Sex:		Height:	163
				Weight:	85.6
History:	C/O Company Health dm. Pt have gusses. in lms for 1-2 m				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VVS 6/60 6/60 VVC 60 months 6/6 6/6 nil COPD vision - normal				
Diagnosis:	Refractive error				

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	-2.25	-	-	-1.75	-	-
N	+0.75	-	-	+0.25	-	-

Other Advice:

Use glasses

Follow-up:


Consultant's Sign:

[Handwritten Signature]

[Handwritten Mark]

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

UHID:	OSP33778	Date:	13/4/24	Time:	
Patient Name:	Ramesh Kumar	Age / Sex:	45/M	Height:	163
		Weight:	85.6		
Chief Complain:					
History:	Routine dental check-up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Stain ++ Caries +++				
Intra oral – Teeth Present :	Teeth Present				
Teeth Absent :	Missing → Teeth Absent				
Diagnosis:					

Rx

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

Other Advice:

→ Scaling
→ Important or RPD RPD RPD → ~~RPD~~


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
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CIN: L85110GJ2012PLC072647

 **aashka**
HOSPITAL



Rameshkumar

SIB Dr. Zalak

13/11/24

C/O Itching in Ears
Bilateral Ear -
No any significant C/O
noted.

→ EPIK.
SC
12/11/24 (wit)
156 / 90 mmHg

RS - BSB
Aes

SPR asterka

Indho.

mild WH
mild Everts PAH
Concentric WH

Ado

- Life style modification
- Counseling done.
- wax dissolving drops.

Thu
05

18

6m28-24

155 730
90
211-112

RAMESH KUMAR

For Contrast 226 166 05

0459 LOT D 942 #

13.04.2024 11:34:03 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

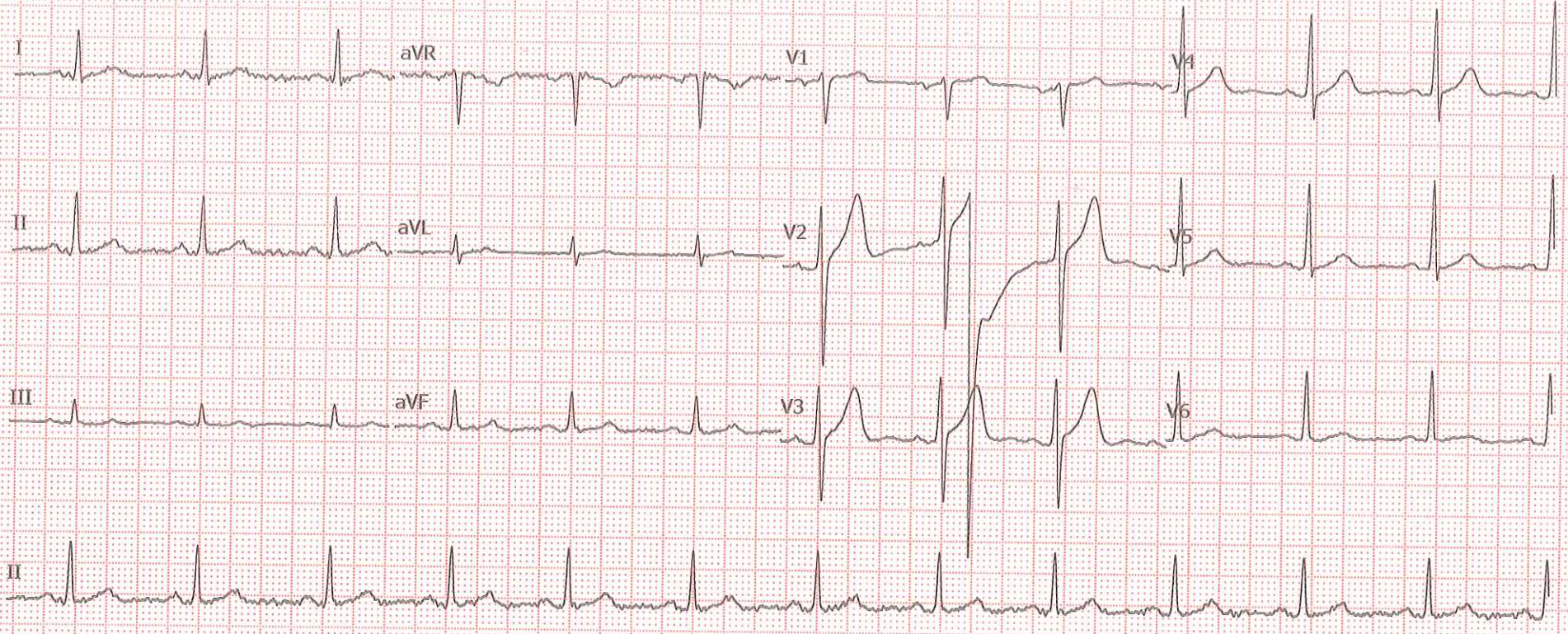
Room:

75 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 364 / 406 ms
PR : 164 ms
P : 100 ms
RR / PP : 800 / 800 ms
P / QRS / T : 47 / 49 / 40 degrees

Normal sinus rhythm
Normal ECG





LABORATORY REPORT



Name	: RAMESH KUMAR	Sex/Age	: Male / 45 Years	Case ID	: 40402200304
Ref.By	: AASHKA HOSPITAL	Dis. At	:	Pt. ID	: 3513179
Bill. Loc.	: Aashka hospital	Sample Type	:	Pt. Loc	:
Reg Date and Time	: 13-Apr-2024 09:11	Sample Coll. By	:	Mobile No	:
Sample Date and Time	: 13-Apr-2024 09:11	Acc. Remarks	: Normal	Ref Id1	: OSP33778
Report Date and Time	:			Ref Id2	:

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	4.11	millions/cu mm	4.50 - 5.50
PCV(Calc)	39.62	%	40.00 - 50.00
Platelet Count	139000	/ μ L	150000.00 - 410000.00
Lipid Profile			
HDL Cholesterol	36.5	mg/dL	48 - 77
Triglyceride	159.02	mg/dL	<150
Chol/HDL	5.20		0 - 4.1
LDL Cholesterol	121.58	mg/dL	0.00 - 100.00
Plasma Glucose - F	101.80	mg/dL	70.0 - 100
Plasma Glucose - PP	148.55	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 Report Date and Time : **13-Apr-2024 11:50** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.0	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.11	millions/cumm	4.50 - 5.50	
PCV(Calc)	L 39.62	%	40.00 - 50.00	
MCV (RBC histogram)	96.4	fL	83.00 - 101.00	
MCH (Calc)	31.6	pg	27.00 - 32.00	
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.50	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6580	/μL	4000.00 - 10000.00	
Neutrophil	L%] 51.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 3356 /μL 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	2632 /μL 1000.00 - 3000.00
Eosinophil	4.0	%	1.00 - 6.00	263 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	329 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	L 139000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.27		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Thrombocytopenia
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)



LABORATORY REPORT

Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 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 <i>Westergren Method</i>	12		mm after 1hr 3 - 15	
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Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : RAMESH KUMAR Sex/Age : Male / 45 Years Case ID : 40402200304
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513179
Bill. Loc. : Aashka hospital Pt. Loc :
Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33778
Report Date and Time : 13-Apr-2024 09:54 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type A
Rh Type POSITIVE

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

Dr. Shreya Shah
 M.D. (Pathologist)



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : Male / 45 Years Case ID : 40402200304
 Ref.By : AASHKA HOSPITAL Pt. ID : 3513179
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33778
 Report Date and Time : 13-Apr-2024 15:41 Acc. Remarks : Normal Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F	H	101.80	mg/dL	70.0 - 100	
Plasma Glucose - PP	H	148.55	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) GLDH		11.5	mg/dL	8.90 - 20.60	
Uric Acid Uricase		6.09	mg/dL	3.5 - 7.2	
Creatinine		0.97	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : RAMESH KUMAR Sex/Age : Male / 45 Years Case ID : 40402200304
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3513179
Bill. Loc. : Aashka hospital Pt. Loc :
Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33778
Report Date and Time : 13-Apr-2024 10:15 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.54	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.30	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 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:(L-L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 Report Date and Time : **13-Apr-2024 15:41** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>		189.88	mg/dL	110 - 200
HDL Cholesterol	L	36.5	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	159.02	mg/dL	<150
VLDL <i>Calculated</i>		31.80	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	5.20		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	121.58	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

- 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)



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 Report Date and Time : **13-Apr-2024 15:41** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	33.47	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	23.37	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMIP</i>	112.54	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	27.07	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.08	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.77	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.31	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.34	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.14	mg/dL	0 - 0.50	
Bilirubin Unconjugated <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)



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AAASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 Report Date and Time : **13-Apr-2024 14:24** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	104.52	ng/dL	70 - 204	
Thyroxine (T4) <i>CMA</i>	5.49	ng/dL	4.87 - 11.72	
TSH <i>CMA</i>	2.52	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)



LABORATORY REPORT



Name : RAMESH KUMAR
Ref.By : AASHKA HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Male / 45 Years
Dis. At :
Case ID : 40402200304
Pt. ID : 3513179
Pt. Loc. :
Reg Date and Time : 13-Apr-2024 09:11
Sample Type : Serum
Mobile No. :
Sample Date and Time : 13-Apr-2024 09:11
Sample Coll. By :
Ref Id1 : OSP33778
Report Date and Time : 13-Apr-2024 14:24
Acc. Remarks : Normal
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 (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, 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: (L-Low, V-Very Low, LL-Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT

Name : **RAMESH KUMAR**
 Ref.By : **AASHKA HOSPITAL**
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 45 Years**
 Dis. At :
 Pt. Loc :

Case ID : **40402200304**
 Pt. ID : **3513179**
 Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11**
 Sample Date and Time : **13-Apr-2024 09:11**
 Report Date and Time : **13-Apr-2024 11:08**

Sample Type : **Spot Urine**
 Sample Coll. By :
 Acc. Remarks : **Normal**

Mobile No :
 Ref Id1 : **OSP33778**
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	>1.025		1.005 - 1.030	
pH	5.50		5 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
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)



LABORATORY REPORT



Name : **RAMESH KUMAR** Sex/Age : **Male / 45 Years** Case ID : **40402200304**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3513179**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33778**
 Report Date and Time : **13-Apr-2024 11:08** Acc. Remarks : **Normal** 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	-	-	-	-

Pending Services
Prostate Specific Antigen level

----- 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)

Page 12 of 12

Printed On : 13-Apr-2024 15:47

PATIENT NAME: RAMESH KUMAR

GENDER/AGE: Male / 45 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33778

DATE: 13/04/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 33mm
LEFT ATRIUM	: 42mm
LV Dd / Ds	: 42/26mm
IVS / LVPW / D	: 13/12mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.1/0.7m/s
AORTIC	: 1.3m/s
PULMONARY	: 1.05m/s
COLOUR DOPPLER	: MILD MR/TR
RVSP	: 30mmHg
CONCLUSION	: MILDLY DILATED LA; ✓ BORDERLINE LVH; ✓ NORMAL LV FUNCTION.

EF 60%



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: RAMESH KUMAR

GENDER/AGE: Male / 45 Years

DOCTOR:

OPDNO: OSP33778

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

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



PATIENT NAME: RAMESH KUMAR

GENDER/AGE: Male / 45 Years

DOCTOR:

OPDNO: OSP33778

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

