



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. MUKHERJEE PRASHANT KUMAR
EC NO.	198814
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	SATLASANA
BIRTHDATE	15-03-1979
PROPOSED DATE OF HEALTH CHECKUP	30-03-2024
BOOKING REFERENCE NO.	23M198814100103824E

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/-

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

UHID:	Date: 27/01/24	Time:
Patient Name: Pooreshant Kumar. Mukherjee	Age/Sex: 25 / M	Height: 178cm Weight: 99.8kg
Chief Complain:	Routine dental check up.	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Dental Fluorosis.	
Extra oral :		
Intra oral - Teeth Present :	occlusal attrition present.	
Teeth Absent :	overexposed roots present.	
Diagnosis:		

Rx

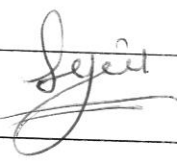
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

Composite filling set $\frac{1}{5}$.
→ 1000 l-

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
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



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

UHID:	Date: 27/10/24	Time: 10:35
Patient Name:	Age / Sex: 65	Height:
	Weight:	
History:	C/O coming from chest.	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	VV - 6/6 6/6 2/6 Color vision - Normal	
Diagnosis:		

S/B Dr. Shreyas

27/4/24
2:40 PM

Prasheem Kumar | 45 years/male

PT came here for medical check-up.

Reports - noted

CXR - noted

EKG - noted NSR

O/E

T = Afebrile

HR = 70/min

SpO₂ = 98% on RA

RR = 20/min

Bp = 126/86 mm Hg

BLAB ⊕

S1S2 heard

conscious.

Prescription

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



PATIENT NAME: PRASHANT KUMAR MUKHERJEE

GENDER/AGE: Male / 45 Years

DATE: 27/04/24

DOCTOR:

OPDNO: 00423063

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI

CONSULTANT RADIOLOGIST

PATIENT NAME: PRASHANT KUMAR MUKHERJEE

GENDER/AGE: Male / 45 Years

DATE: 27/04/24

DOCTOR:

OPDNO: 00423063

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 10.0 x 4.4 cms in size.

Left kidney measures about 9.8 x 4.2 cms in size.

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

Aorta, IVC and para aortic region appears normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

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 16 cc.

COMMENT: Grade I fatty changes in liver.

Normal sonographic appearance of GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Patient's Name : Poashant / Prunung Mukherjee Age : 45 Sex : M
 Ref. by Doctor : mp diwhee (H.C.) IP/OP No. : 00423063 Date : 27/04/24

Colour Doppler Echocardiograph Report

MITRAL VALVE : |
 AORTIC VALVE : |
 TRICUSPID VALVE : |
 PULMONARY VALVE: |
 AORTA : 38
 LEFT ATRIUM : 41
 LV Dd / Ds : 44 / 27
 IVS / LVPW / D : 12 / 11
 IVS : Intact
 IAS : |
 RA : |
 RV : |
 PA : |
 PERICARDIUM : n

EF 65%

VEL	PEAK	MEAN
M/S	Gradient mm Hg	Gradient mm Hg
MITRAL : 0.9 / 0.9		
AORTIC : 1.3		
PULMONARY : 1.1		
COLOUR DOPPLER : n MR / AR / TR		
RSVP :		

CONCLUSION : Borderline LVI, mildly dilated LA
nLVf



LABORATORY REPORT



Name : PRASHANT KUMAR MUKHERJEE	Sex/Age : Male / 45 Years	Case ID : 40402200569
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551511
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Apr-2024 09:00	Sample Type :	Mobile No :
Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : O0423063
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	121.33	mg/dL	70 - 100
Lipid Profile			
Cholesterol	207.48	mg/dL	110 - 200
HDL Cholesterol	31.7	mg/dL	48 - 77
Chol/HDL	6.55		0 - 4.1
LDL Cholesterol	147.04	mg/dL	0.00 - 100.00
Liver Function Test			
S.G.P.T.	64.60	U/L	16 - 63

Abnormal Result(s) Summary End

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

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Name : PRASHANT KUMAR MUKHERJEE Sex/Age : Male / 45 Years Case ID : 40402200569
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3551511
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : O0423063
 Report Date and Time : 27-Apr-2024 09:34 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS*	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.40	millions/cumm	4.50 - 5.50
PCV(Calc)	46.28	%	40.00 - 50.00
MCV (RBC histogram)	85.7	fL	83.00 - 101.00
MCH (Calc)	28.2	pg	27.00 - 32.00
MCHC (Calc)	32.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6040	/μL	4000.00 - 10000.00
Neutrophil	[%] 60.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 3624 EXPECTED VALUES /μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00 1993 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 181 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 242 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	206000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.82		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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✉ contact@neubergsupratech.com

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

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Name : PRASHANT KUMAR MUKHERJEE Sex/Age : Male / 45 Years Case ID : 40402200569
Ref.By : HOSPITAL Dis. At : Pt. ID : 3551511
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : O0423063
Report Date and Time : 27-Apr-2024 10:43 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	05	mm after 1hr 3 - 15		

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

Dr. Shreya Shah
M.D. (Pathologist)

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Ref.By : HOSPITAL Dis. At : Pt. ID : 3551511
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 09:34 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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Name : PRASHANT KUMAR MUKHERJEE Sex/Age : Male / 45 Years Case ID : 40402200569
Ref.By : HOSPITAL Dis. At : Pt. ID : 3551511
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : O0423063
Report Date and Time : 27-Apr-2024 12:43 Acc. Remarks : Normal Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	121.33	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		135.53	mg/dL	70.0 - 140.0

Note: 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)

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LABORATORY REPORT



Name : PRASHANT KUMAR MUKHERJEE	Sex/Age : Male / 45 Years	Case ID : 40402200569
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551511
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Apr-2024 09:00	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 09:39	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.04		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	97.95	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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
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Name : PRASHANT KUMAR MUKHERJEE	Sex/Age : Male / 45 Years	Case ID : 40402200569
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551511
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Apr-2024 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 11:22	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>	H	207.48	mg/dL	110 - 200
HDL Cholesterol	L	31.7	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		143.70	mg/dL	<150
VLDL <i>Calculated</i>		28.74	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.55		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	147.04	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 assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

Dr. Shreya Shah

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Report Date and Time : 27-Apr-2024 11:22	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>	H 64.60	U/L	16 - 63
S.G.O.T. <i>UV with P5P</i>	32.42	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	104.90	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	37.16	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.51	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.89	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.62	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.9		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.91	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.29	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.62	mg/dL	0 - 0.8

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

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LABORATORY REPORT



Name : **PRASHANT KUMAR MUKHERJEE** Sex/Age : **Male / 45 Years** Case ID : **40402200569**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3551511**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Serum Mobile No :
Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 11:22 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.2	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	7.16	mg/dL	3.5 - 7.2	
Creatinine	0.79	mg/dL	0.50 - 1.50	

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

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M.D. (Pathologist)

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Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 10:34	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	122.80	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	8.23	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	2.58	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), PPTH 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)

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 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
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LABORATORY REPORT



Name : PRASHANT KUMAR MUKHERJEE Sex/Age : Male / 45 Years Case ID : 40402200569
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3551511
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 27-Apr-2024 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 10:34	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, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

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

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LABORATORY REPORT



Name : PRASHANT KUMAR MUKHERJEE	Sex/Age : Male / 45 Years	Case ID : 40402200569
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3551511
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 27-Apr-2024 09:00	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 27-Apr-2024 09:00	Sample Coll. By :	Ref Id1 : 00423063
Report Date and Time : 27-Apr-2024 09:36	Acc. Remarks : Normal	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 : 1.020 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

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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LABORATORY REPORT



Name : PRASHANT KUMAR MUKHERJEE Sex/Age : Male / 45 Years Case ID : 40402200569
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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Apr-2024 09:00 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 27-Apr-2024 09:00 Sample Coll. By : Ref Id1 : 00423063
 Report Date and Time : 27-Apr-2024 09:36 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	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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)

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27.04.2024 11:03:48 AM
AASHIK HOSPITAL LTD.
SARCO
GANDHINAGAR

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

0459 LOT D 942 #

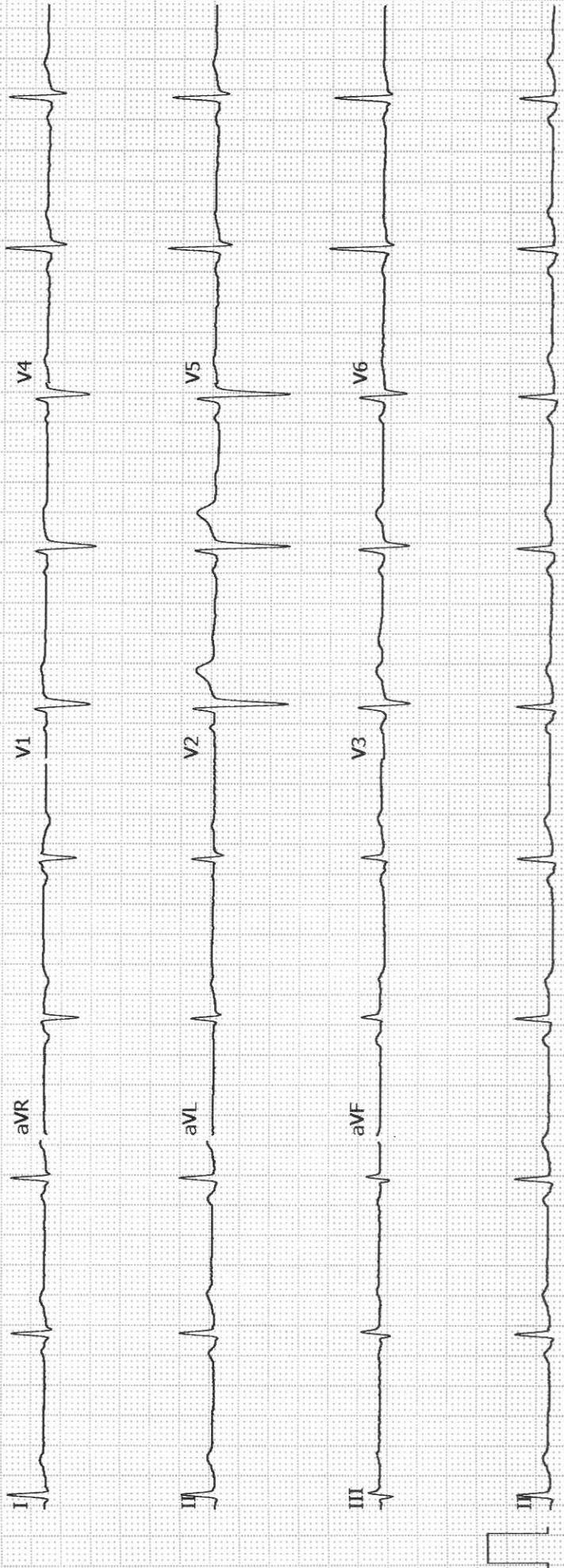
58 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

for postpartum hypertension

Sinus bradycardia
Nonspecific T wave abnormality
Abnormal ECG

QRS : 92 ms
QT / QTcBaz : 380 / 373 ms
PR : 140 ms
P : 108 ms
RR / PP : 1032 / 1034 ms
P / QRS / T : 51 / 36 / 43 degrees



PATIENT NAME: PRASHANT KUMAR MUKHERJEE

GENDER/AGE: Male / 45 Years

DATE: 27/04/24

DOCTOR: DR. HASIT JOSHI

OPDNO: O0423063

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 38mm	
LEFT ATRIUM	: 41mm	
LV Dd / Ds	: 44/27mm	EF 65%
IVS / LVPW / D	: 12/11mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.9m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.1m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: BORDERLINE LVH; MILDLY DILATED LA; NORMAL LV FUNCTION.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)