



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41 195959

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. PATEL PRATIK GIRISHBHAI
EC NO.	176764
DESIGNATION	BRANCH HEAD
PLACE OF WORK	MOKHASAN
BIRTHDATE	30-11-1988
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M176764100083120E

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 **09-01-2024** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

Fwd: Health Check up Booking Confirmed Request(bobE4761), Package Code-PKG10000474, Beneficiary Code-301030

Pratik Patel <pratik.045@gmail.com>

Fri 09-02-2024 17:19

To: Mokhasan , Gandhinagar Region <DBMSAN@bankofbaroda.com>

आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक पर क्लिक ना करें या अटैचमेंट ना खोलें.
SIDE OF THE BANK'S DOMAIN. DO NOT CLICK ON LINKS OR OPEN ATTACHMENTS UNLESS

H

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>

Date: Tue, Jan 30, 2024, 15:53

Subject: Health Check up Booking Confirmed Request(bobE4761), Package Code-PKG10000474, Beneficiary Code-301030

To: <pratik.045@gmail.com>

Cc: <customercare@mediwheel.in>

011-41195959

Dear **Pratik Patel**,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 09-01-2024
Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Patient Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhinagar
City : Gandhi Nagar
State :
Pincode : 382421
Appointment Date : 10-02-2024
Confirmation Status : Booking Confirmed
Preferred Time : 8:00am-8:30am

Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
Pratik Patel	35 year	Male

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our **Terms & Conditions** for more information. This email is received because you are register with us [Click here](#) to unsubscribe.

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:	OSP 33237	Date:	10/2/24	Time:	
Patient Name:	Pawank	bhai	pented.	Age / Sex:	36 / M.
				Height:	
				Weight:	
Chief Complain:					
History:	Routine dentures check up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral – Teeth Present :					
Teeth Absent :	→				
Diagnosis:	7.1				

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

Other Advice:

Important part #

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



aashka
H O S P I T A L



DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

UHID: 05P33237	Date: 10/02/24	Time:
Patient Name: Popatik Patel	Height: 177.CM	
Age / Sex: 35y / M LMP:	Weight: 81.3	
History:		
C/C/O:	History:	
Allergy History:	Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature:		
Pulse: 84/min		
BP: 110/72 mmHg		
SPO2: 98% on RA		
Provisional Diagnosis:		


Advice:

lipid profile 7.

Lifestyle modification

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		Repeat lipid profile				After 6 months

Insulin Scale	RBS-	hourly	Diet Advice:
< 150 -			
150-200 -	300-350 -		Follow-up:
200-250 -	350-400 -		
250-300 -	400-450 -		Sign: 
	> 450 -		

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



Poojika bhad

10-2-24

Routine checkup -

SLR BL - Normal

lens -

clear.

Ac -

clear -

basic stone - 12 years ago.

Dr

Subroc abd

u time / BE

P/A Exam

Dr

Pael, Pratik

744 Contrast 226 166 05

0459 LOT D 942 #

10.02.2024 11:43:19 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

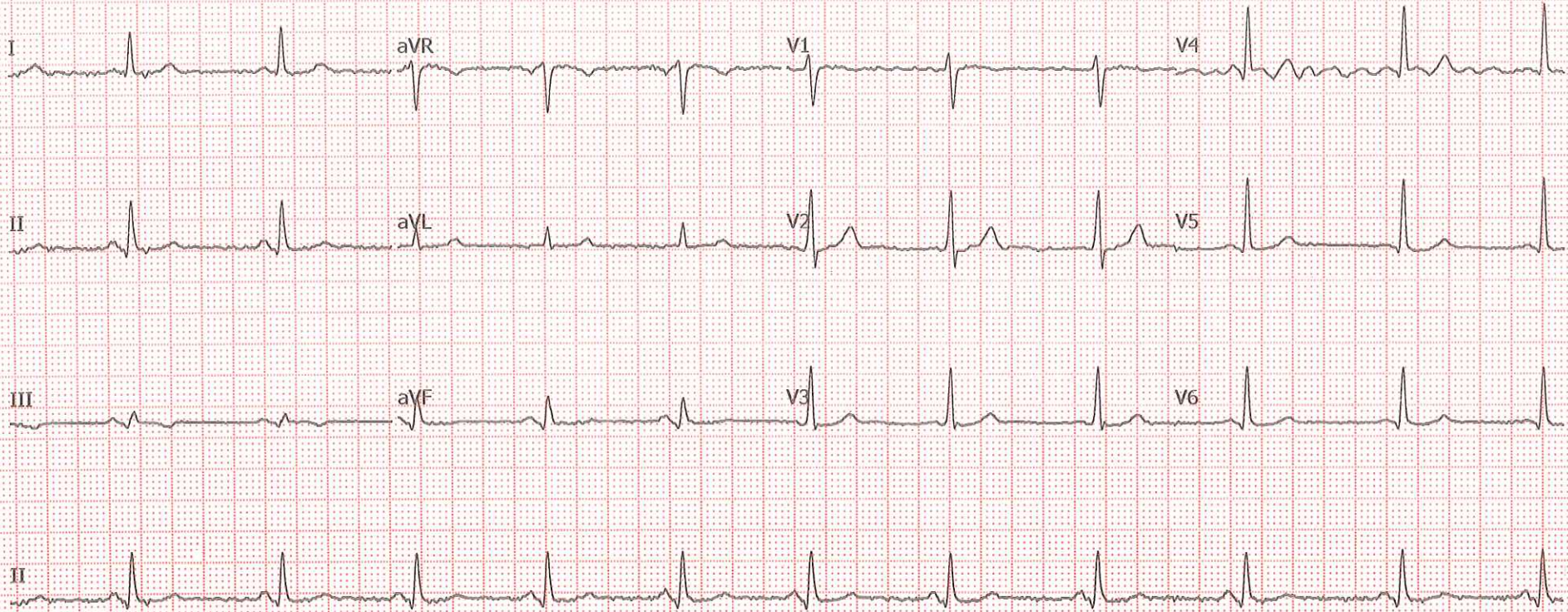
Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

66 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	80 ms	Normal sinus rhythm
QT / QTcBaz :	390 / 408 ms	Normal ECG
PR :	124 ms	
P :	90 ms	
RR / PP :	908 / 909 ms	
P / QRS / T :	55 / 40 / 23 degrees	





LABORATORY REPORT

Name : PRATI K GIRISHBHAI PATEL Sex/Age : Male / 36 Years Case ID : 40202200258
Ref.By : HOSPITAL Dis. At : Pt. ID : 3340100
Bill. Loc. : Aashka hospital Pt. Loc : Mobile No :
Reg Date and Time : 10-Feb-2024 08:52 Sample Type : Ref Id1 : OSP33237
Sample Date and Time : 10-Feb-2024 08:52 Sample Coll. By : Ref Id2 : O23249966
Report Date and Time : Acc. Remarks : Normal

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	8.1	mg/dL	8.90 - 20.60
Haemogram (CBC)			
RBC (Electrical Impedance)	5.58	millions/cu mm	4.50 - 5.50
Lipid Profile			
Cholesterol	237.11	mg/dL	110 - 200
HDL Cholesterol	28.4	mg/dL	48 - 77
Triglyceride	234.40	mg/dL	<150
VLDL	46.88	mg/dL	10 - 40
Chol/HDL	8.35		0 - 4.1
LDL Cholesterol	161.83	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT

Name : PRATIK GIRISHBHAI PATEL

Sex/Age : Male / 36 Years

Case ID : 40202200258

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340100

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:52

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 08:52

Sample Coll. By :

Ref Id1 : OSP33237

Report Date and Time : 10-Feb-2024 09:59

Acc. Remarks : Normal

Ref Id2 : O23249966

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES
Haemoglobin	15.2	G%	13.00 - 17.00	/μL 2000.00 - 7000.00
RBC (Electrical Impedance)	H 5.58	millions/cumm	4.50 - 5.50	[Abs] 3275
PCV(Calc)	47.43	%	40.00 - 50.00	/μL 1000.00 - 3000.00
MCV (RBC histogram)	85.0	fL	83.00 - 101.00	/μL 20.00 - 500.00
MCH (Calc)	27.2	pg	27.00 - 32.00	/μL 200.00 - 1000.00
MCHC (Calc)	32.0	gm/dL	31.50 - 34.50	/μL 0.00 - 100.00
RDW (RBC histogram)	14.70	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	5550	/μL	4000.00 - 10000.00	
Neutrophil	[%] 59.0	%	40.00 - 70.00	
Lymphocyte	34.0	%	20.00 - 40.00	1887
Eosinophil	1.0	%	1.00 - 6.00	56
Monocytes	6.0	%	2.00 - 10.00	333
Basophil	0.0	%	0.00 - 2.00	0

PLATELET COUNT (Optical)

Platelet Count	252000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.74		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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
Report Date and Time : **10-Feb-2024 10:39** Acc. Remarks : **Normal** Ref Id2 : **O23249966**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR
Westergren Method
10 mm after 1hr 3 - 15

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

Dr. Shreya Shah
M.D. (Pathologist)



1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial statements and for providing a clear audit trail. The text notes that any discrepancies or errors in the records can lead to significant complications during an audit and may result in the disallowance of certain expenses.

2. The second part of the document outlines the specific procedures that must be followed when recording transactions. It details the requirements for proper documentation, including the need for original receipts and invoices, and the importance of clearly identifying the nature and purpose of each transaction. The text also discusses the need for regular reconciliation of accounts and the timely reporting of any variances.

3. The third part of the document addresses the issue of budgeting and cost control. It explains how a well-defined budget can help in monitoring expenses and identifying areas where costs are being exceeded. The text provides guidance on how to track actual costs against budgeted amounts and how to take corrective action when necessary to stay within the budget.

4. The fourth part of the document discusses the importance of maintaining proper custody of records. It outlines the requirements for storing records in a secure and accessible location and for ensuring that they are protected from loss, damage, or destruction. The text also discusses the need for regular backups and the importance of having a disaster recovery plan in place.

5. The fifth part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for ensuring the integrity of the financial statements and for providing a clear audit trail. The text notes that any discrepancies or errors in the records can lead to significant complications during an audit and may result in the disallowance of certain expenses.



LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
 Report Date and Time : **10-Feb-2024 09:17** Acc. Remarks : **Normal** Ref Id2 : **O23249966**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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

ABO Type **A**
 Rh Type **POSITIVE**

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



Dr. Shreya Shah
 M.D. (Pathologist)





LABORATORY REPORT

Name : PRATIK GIRISHBHAI PATEL Sex/Age : Male / 36 Years Case ID : 40202200258
Ref.By : HOSPITAL Dis. At : Pt. ID : 3340100
Bill. Loc. : Aashka hospital Pt. Loc :
Reg Date and Time : 10-Feb-2024 08:52 Sample Type : Spot Urine Mobile No :
Sample Date and Time : 10-Feb-2024 08:52 Sample Coll. By : Ref Id1 : OSP33237
Report Date and Time : 10-Feb-2024 09:45 Acc. Remarks : Normal Ref Id2 : O23249966

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			
Chemical Examination By Sysmex UC-3500				
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	
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	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

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

Dr. Shreya Shah
M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping, including the need to maintain original documents and to ensure that all records are properly indexed and filed. It also discusses the importance of regular audits and the need to keep records for a sufficient period of time.

3. The third part of the document discusses the consequences of failing to comply with these requirements. It notes that failure to maintain accurate records can result in the loss of tax benefits and may also lead to the imposition of penalties and fines.

4. The fourth part of the document provides a summary of the key points and offers some practical advice for ensuring compliance with the requirements. It encourages taxpayers to consult with a qualified professional for more information and to take the necessary steps to ensure that their records are accurate and complete.

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LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
 Report Date and Time : **10-Feb-2024 09:45** Acc. Remarks : **Normal** Ref Id2 : **O23249966**

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	-	-	-	-

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :
 Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
 Report Date and Time : **10-Feb-2024 12:53** Acc. Remarks : **Normal** Ref Id2 : **O23249966**
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	93.91	mg/dL	70 - 100
Plasma Glucose - PP	93.91	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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Case ID : 40202200258
Pt. ID : 3340100
Pt. Loc :

Sex/Age : Male / 36 Years
Dis. At :

Name : PRATIK GIRISHBHAI PATEL

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Reg Date and Time : 10-Feb-2024 08:52 Sample Type : Serum

Sample Date and Time : 10-Feb-2024 08:52 Sample Coll. By :

Report Date and Time : 10-Feb-2024 12:53 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33237

Ref Id2 : O23249966

REMARKS

TEST RESULTS UNIT/BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	H	237.11	mg/dL	110 - 200
HDL Cholesterol	L	28.4	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	H	234.40	mg/dL	<150
VLDL Calculated	H	46.88	mg/dL	10 - 40
Chol/HDL Calculated	H	8.35		0 - 4.1
LDL Cholesterol Calculated	H	161.83	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_c value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : Male / 36 Years Case ID : 40202200258
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3340100
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:52 Sample Type : Serum Mobile No :
 Sample Date and Time : 10-Feb-2024 08:52 Sample Coll. By : Ref Id1 : OSP33237
 Report Date and Time : 10-Feb-2024 12:53 Acc. Remarks : Normal Ref Id2 : O23249966

REMARKS

TEST RESULTS UNIT/BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	32.20	U/L	16 - 63
S.G.O.T. <i>UV with P5P</i>	22.03	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	100.5	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	53.69	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.02	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	3.89	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.13	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.2		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.73	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazoization reaction</i>	0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.53	mg/dL	0 - 0.8

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



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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy auditing of the accounts.

Additionally, it is noted that regular reconciliations between the general ledger and bank statements are essential. This process helps identify any discrepancies early on, preventing them from escalating into more significant issues.

The second section focuses on the classification of expenses. It provides a detailed breakdown of various cost categories, such as salaries, rent, utilities, and marketing. Each category is further subdivided to ensure that all costs are properly accounted for and allocated to the appropriate department or project.

Finally, the document concludes with a summary of the key principles of sound financial management. It reiterates the importance of honesty, accuracy, and consistency in all financial reporting. By following these guidelines, organizations can ensure the integrity of their financial data and make informed decisions based on reliable information.

The following table provides a summary of the total expenses for each quarter over the past year. This data is used to track trends and identify areas where costs can be reduced or optimized.



LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
 Report Date and Time : **10-Feb-2024 12:53** Acc. Remarks : **Normal** Ref Id2 : **O23249966**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 8.1	mg/dL	8.90 - 20.60	
Creatinine	1.03	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	5.94	mg/dL	3.5 - 7.2	

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



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M.D. (Pathologist)





LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3340100**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id1 : **OSP33237**
Report Date and Time : **10-Feb-2024 09:33** Acc. Remarks : **Normal** Ref Id2 : **O23249966**

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

HbA1C
5.08 % of total Hb **<5.7:** Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths) **99.10** mg/dL Not available
Calculated

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

Interpretation :
HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycaemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post-splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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



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M.D. (Pathologist)







LABORATORY REPORT

Name : **PRATIK GIRISHBHAI PATEL** Sex/Age : **Male / 36 Years** Case ID : **40202200258**
 Ref.By : **HOSPITAL** Dis. At. : Pt. ID : **3340100**

Bill. Loc. : **Aashka hospital** Mobile No :
 Reg Date and Time : **10-Feb-2024 08:52** Sample Type : **Serum** Ref Id1 : **OSP33237**
 Sample Date and Time : **10-Feb-2024 08:52** Sample Coll. By : Ref Id2 : **O23249966**
 Report Date and Time : **10-Feb-2024 10:42** Acc. Remarks : **Normal**

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

Thyroid Function Test

Triiodothyronine (T3)	117.40	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.08	ng/dL	4.87 - 11.72	
TSH CMIA	1.43	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 and disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

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LABORATORY REPORT

Name : PRATIK GIRISHBHAI PATEL **Sex/Age :** Male / 36 Years **Case ID :** 40202200258
Ref.By : HOSPITAL **Dis. At :** **Pt. ID :** 3340100
Bill. Loc. : Aashka hospital **Pt. Loc. :** **Mobile No. :** **Ref Id1 :** OSP33237
Reg Date and Time : 10-Feb-2024 08:52 **Sample Type :** Serum **Ref Id2 :** O23249966
Sample Date and Time : 10-Feb-2024 08:52 **Sample Coll. By :** **Acc. Remarks :** Normal
Report Date and Time : 10-Feb-2024 10:42

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 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
 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/↑	↓

----- 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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PATIENT NAME: PRATIK GIRISHBHAI PATEL

GENDER/AGE: Male / 35 Years

DATE: 10/02/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33237

2D-ECHO

MITRAL VALVE : MILD MVP
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 34mm
LEFT ATRIUM : 31mm
LV Dd / Ds : 40/26mm EF 65%
IVS / LVPW / D : 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 : 0.8/0.6m/s
AORTIC : 1.08m/s
PULMONARY : 1.05m/s
COLOUR DOPPLER : NO MR/TR
RVSP :
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST

DR. HASIT JOSHI (9825012235)



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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: PRATIK GIRISHBHAI PATEL

GENDER/AGE: Male / 35 Years

DATE: 10/02/24

DOCTOR:

OPDNO: OSP33237

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 9.8 x 4.3 cms in size.
Left kidney measures about 9.9 x 4.4 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 96 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 14 cc.

COMMENT: Grade I fatty changes in liver.

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


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



PATIENT NAME: PRATIK GIRISHBHAI PATEL

GENDER/AGE: Male / 35 Years

DOCTOR:

ORDNO: OSP33237

DATE: 10/02/24

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.


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