



बैंक ऑफ़ बड़ोदा Bank of Baroda



प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा 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. CHAVDA CHIRAG BALDEVBHAI
क.कू.संख्या	127473
पदनाम	BRANCH HEAD
कार्य का स्थान	DEVKARAN NA MUVADA
जन्म की तारीख	15-02-1994
स्वास्थ्य जांच की प्रस्तावित तारीख	16-09-2024
बुकिंग संदर्भ सं.	24S127473100114126E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 15-09-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-
(मुख्य महाप्रबंधक)
मा.सं.प्र. एवं विपणन
बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



बैंक ऑफ बरौदा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. CHAVDA CHIRAG BALDEVBHAI
EC NO.	127473
DESIGNATION	BRANCH HEAD
PLACE OF WORK	DEVKARAN NA MUVADA
BIRTHDATE	15-02-1994
PROPOSED DATE OF HEALTH CHECKUP	16-09-2024
BOOKING REFERENCE NO.	24S127473100114126E

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 **15-09-2024** till **31-03-2025** 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 & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठा तल, "वर्द्धीया भवन", अलकापुरी, वर्द्धीया-390007 (भारत)
Human Resources Management Department, Head Office, 6th Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation






ગુજરાત સરકાર
Gujarat Government

ગુજરાત પોસ્ટલ ડિવિઝન
Gujarat Postal Division

Chavda Chitra Baidyabhai
સરકારી ડિપો, 609, 14024 304
GUJARAT / MALE
Mobile No: 8795947644

8987 9321 8676

મીરા ચાવડા, સારી સોનમ



ગુજરાત સરકાર
Gujarat Government

ગુજરાત પોસ્ટલ ડિવિઝન
Gujarat Postal Division

સી. ઓ. ચાવડા, સારી સોનમ, મહેલ સીડ
સી. ઓ. ચાવડા, સારી સોનમ, મહેલ સીડ
પોસ્ટલ કોડ: 380024

Address
S/O Chavda Baidyabhai, 609, 14024 304
OPP ANA WADI, BAPUNAGR, Ahmedabad
City, Ahmedabad, Gujarat, 380024

8987 9321 8676

મીરા ચાવડા, સારી સોનમ

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:	Date: 26/9/24	Time:
Patient Name:	chiranj chavda	Age / Sex:
		Height: 166 - cm
		Weight: 59.9 - kg
History:	Routinely eye check - up	
	B-2 Laste Done	
Allergy History:	NO	
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	AC → NRN Pupils → RL Color → CLR Vision → 6/18 6/18	
Diagnosis:	After visit exercises Vision → 6/6 6/6	

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

UHID: OSP34805 Date: 16/09/24 Time: 14:30

Patient Name: Chiragnai chavda

Age / Sex: 30/M
Height: 166 cm
Weight: 59.9 kg

Chief Complain: Pt. complains of sensitivity and pain in lower left back tooth region since 1 month.

History: Pt. is hypertensive and is on medication for the same.
[Telesmalt 40mg]

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral :

$\frac{24}{24} \frac{11.57}{11.78}$

Intra oral - Teeth Present :

Teeth Absent :

Diagnosis: impacted and Pericoronitis ist 18 ↕

Doctor Name:- Dr. Jandees Patel

PID: — Date: 16/Sept/24 Time: 3:00 PM

Patient Name: Chirag B chavda
Age/Sex: 30y/male
Height: —
Weight: —

Chief Complain: no fresh comolians.

History: K1C10 HTN.

allergy History: NKA

nutritional Screening: Well-Nourished /Malnourished/Obese

Examination:
CNS - S1S2 ⊕ PR - 88/min
CMS - CONTINUOUSLY MONITORED BP - 128/80 mmHg
RS - BEAT ⊕ RR - 18/min
PTA - soft nontender SpO2 - 98% ON R.A

Diagnosis: —

Investigation

—

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

Advice:

- Investigation noted
- Continue same medication,
- BP monitoring.

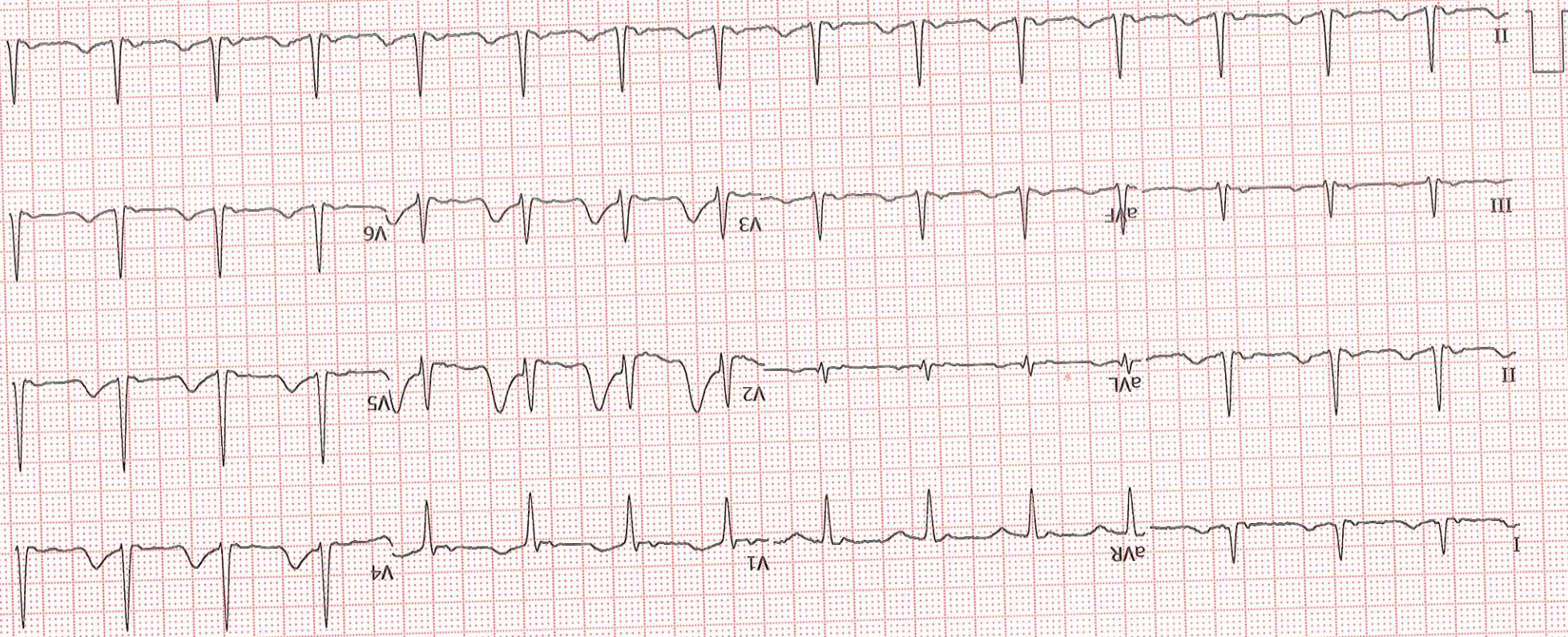
Follow-up: —

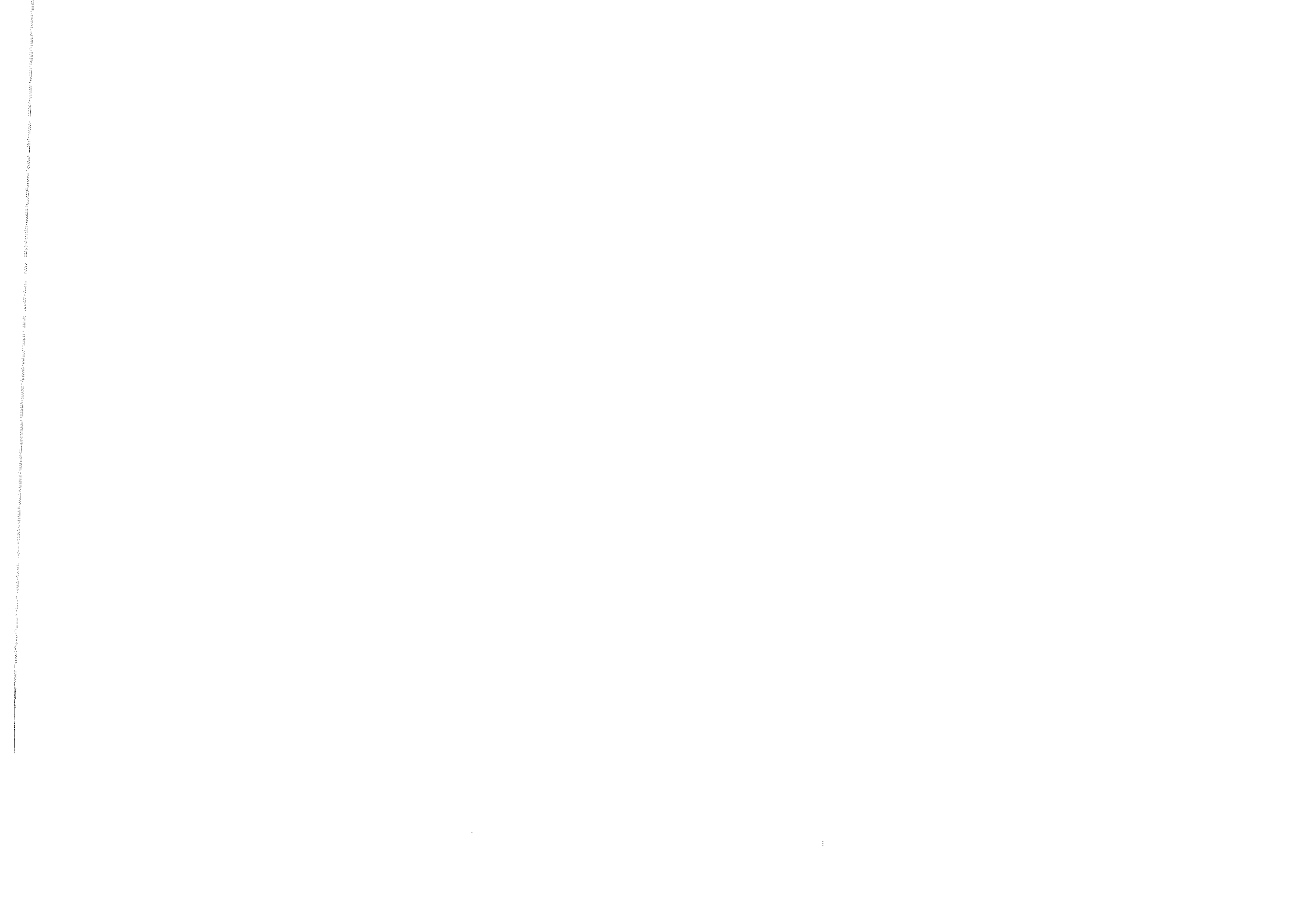
Consultant's Sign: 

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcbaz : 350 / 425 ms
PR : 134 ms
P : 102 ms
RR / PP : 672 / 674 ms
p / QRS / T : 68 / 55 / 42 degrees


Normal sinus rhythm
Normal ECG





Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
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Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
PIN: L85110GJ2012PLC072647

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



PATIENT NAME: CHIRAG B CHAVDA

GENDER/AGE: Male / 30 Years

DOCTOR:

OPDNO: OSP34805

DATE: 16/09/24

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.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



PATIENT NAME: CHIRAG B CHAVDA

GENDER/AGE: Male / 30 Years

DATE: 16/09/24

DOCTOR:

OPDNO: OSP34805

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. 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. Multiple simple cysts are seen in both kidneys at inter polar regions, largest 21 x 20 mm on right side and 42 x 34 mm on left side.

Right kidney measures about 10.6 x 4.9 cms in size.

Left kidney measures about 10.9 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. Prevoid bladder volume measures about 140 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: Changes of autosomal dominant polycystic kidney disease.

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


DR. SNEHA PRAJAPATI
CONSULTANT RADIOLOGIST



PATIENT NAME: CHIRAG B CHAVDA

GENDER/AGE: Male / 30 Years

DATE: 16/09/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP34805

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 39/26mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1/0.7m/s
AORTIC	: 1.2m/s
PULMONARY	: 1.0m/s
COLOUR DOPPLER	: NO MR/AR, MILD TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

EF 58%

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : **Male / 30 Years** Case ID : **40902200641**
 Ref.By : Dis. At : Pt. ID : **4423691**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **16-Sep-2024 10:17** Sample Type : Mobile No :
 Sample Date and Time : **16-Sep-2024 10:17** Sample Coll. By : Ref Id1 : **OSP34805**
 Report Date and Time : Acc. Remarks : **Normal** Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	4.43	millions/cu mm	4.50 - 5.50
MCH (Calc)	34.0	pg	27.00 - 32.00
MCHC (Calc)	34.9	gm/dL	31.50 - 34.50
Lipid Profile			
HDL Cholesterol	31.6	mg/dL	48 - 77
Triglyceride	201.38	mg/dL	40 - 200
VLDL	40.28	mg/dL	10 - 40
Chol/HDL	5.21	0 - 4.1	
Liver Function Test			
S.G.P.T.	55.37	U/L	0 - 41
Gamma Glutamyl Transferase	151.32	U/L	8 - 61
Uric Acid	8.07	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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STATEMENT OF ACCOUNTS RECEIVABLE FOR THE YEAR ENDED 31/12/2010

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LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : **Male / 30 Years** Case ID : **40902200641**
 Ref.By : Dis. At : Pt. ID : **4423691**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **16-Sep-2024 10:17** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **16-Sep-2024 10:17** Sample Coll. By : Ref Id1 : **OSP34805**
 Report Date and Time : **16-Sep-2024 11:03** Acc. Remarks : **Normal** Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES				
Haemoglobin	15.1	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.43	millions/cumm	4.50 - 5.50	
PCV(Calc)	43.10	%	40.00 - 50.00	
MCV (RBC histogram)	97.3	fL	83.00 - 101.00	
MCH (Calc)	H 34.0	pg	27.00 - 32.00	
MCHC (Calc)	H 34.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.40	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	5680	/μL	4000.00 - 10000.00	
Neutrophil	L%] 58.0	%	EXPECTED VALUES 40.00 - 70.00	L[Abs] 3294 /μL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	1931 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	114 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	341 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	271000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.71		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: (L-Low, LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : Male / 30 Years Case ID : 40902200641
Ref.By : Dis, At : Pt. ID : 4423691
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 10:17 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 16-Sep-2024 10:17 Sample Coll. By : Ref Id1 : OSP34805
Report Date and Time : 16-Sep-2024 11:33 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	10	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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Neuberg Diagnostics Private Limited

laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181 | contact@neubergsupratech.com

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

SECRET

1. The first part of the document discusses the current state of the world economy and the impact of the recent recession. It notes that while the economy has shown signs of recovery, the recovery is uneven and incomplete. Many countries are still struggling with high unemployment and low growth rates.

2. The second part of the document focuses on the role of international trade and globalization. It argues that trade liberalization and the expansion of global markets are essential for sustained economic growth. However, it also acknowledges the challenges posed by globalization, such as job displacement and income inequality.

3. The third part of the document addresses the issue of financial stability and the need for international cooperation. It highlights the risks posed by global financial crises and the importance of strengthening international financial institutions and regulatory frameworks to prevent such crises from recurring.

4. The fourth part of the document discusses the impact of technological innovation on the economy. It notes that while technology has the potential to drive productivity growth and create new jobs, it also poses challenges for workers and communities that are not equipped to handle the changes it brings.

5. The fifth part of the document concludes by emphasizing the need for a balanced and inclusive approach to economic development. It calls for policies that promote growth, stability, and social justice, and for international cooperation to address the global challenges we face.

6. The sixth part of the document provides a detailed analysis of the economic performance of major world economies. It compares growth rates, inflation, and unemployment across different regions, highlighting the strengths and weaknesses of each.

7. The seventh part of the document discusses the role of government in the economy. It argues that while free markets are essential for growth, government intervention is necessary to address market failures, provide social safety nets, and ensure that the benefits of economic growth are shared by all.

8. The eighth part of the document focuses on the challenges of development in emerging and developing countries. It notes that these countries face unique challenges, such as poverty, lack of infrastructure, and political instability, and that international support is crucial for their economic progress.

9. The ninth part of the document discusses the impact of environmental factors on the economy. It highlights the need for sustainable development and the role of environmental policy in promoting long-term economic growth and stability.

10. The tenth part of the document provides a summary of the key findings and recommendations of the report. It emphasizes the need for a comprehensive and coordinated approach to economic development and international cooperation.

11. The eleventh part of the document discusses the role of international organizations in promoting economic development and stability. It highlights the work of the World Bank, the International Monetary Fund, and the World Trade Organization, and the need for these organizations to continue to play a central role in the global economy.

12. The twelfth part of the document concludes by reiterating the importance of international cooperation and the need for a balanced and inclusive approach to economic development. It calls for a renewed commitment to global partnership and shared prosperity.

13. The thirteenth part of the document provides a detailed analysis of the economic performance of major world economies. It compares growth rates, inflation, and unemployment across different regions, highlighting the strengths and weaknesses of each.

14. The fourteenth part of the document discusses the role of government in the economy. It argues that while free markets are essential for growth, government intervention is necessary to address market failures, provide social safety nets, and ensure that the benefits of economic growth are shared by all.

15. The fifteenth part of the document focuses on the challenges of development in emerging and developing countries. It notes that these countries face unique challenges, such as poverty, lack of infrastructure, and political instability, and that international support is crucial for their economic progress.

16. The sixteenth part of the document discusses the impact of environmental factors on the economy. It highlights the need for sustainable development and the role of environmental policy in promoting long-term economic growth and stability.

17. The seventeenth part of the document provides a summary of the key findings and recommendations of the report. It emphasizes the need for a comprehensive and coordinated approach to economic development and international cooperation.

18. The eighteenth part of the document discusses the role of international organizations in promoting economic development and stability. It highlights the work of the World Bank, the International Monetary Fund, and the World Trade Organization, and the need for these organizations to continue to play a central role in the global economy.

19. The nineteenth part of the document concludes by reiterating the importance of international cooperation and the need for a balanced and inclusive approach to economic development. It calls for a renewed commitment to global partnership and shared prosperity.

20. The twentieth part of the document provides a detailed analysis of the economic performance of major world economies. It compares growth rates, inflation, and unemployment across different regions, highlighting the strengths and weaknesses of each.



LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : Male / 30 Years Case ID : 40902200641
Ref.By : Dis. At : Pt. ID : 4423691
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 10:17 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 16-Sep-2024 10:17 Sample Coll. By : Ref Id1 : OSP34805
Report Date and Time : 16-Sep-2024 10:37 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type B
Rh Type POSITIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 4 of 10

Printed On : 16-Sep-2024 14:35



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LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : Male / 30 Years Case ID : 40902200641
 Ref.By : Dis. At : Pt. ID : 4423691
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Sep-2024 10:17 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 16-Sep-2024 10:17 Sample Coll. By : Ref Id1 : OSP34805
 Report Date and Time : 16-Sep-2024 11:52 Acc. Remarks : Normal Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F	91.92	mg/dL	70.0 - 100
Plasma Glucose - PP	109.39	mg/dL	70.0 - 140.0
<u>Protein With A/G Ratio</u>			
Proteins (Total)	7.65	gm/dL	6.4 - 8.2
Albumin	4.97	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.68	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.85		1.0 - 2.1
BUN (Blood Urea Nitrogen) <i>GLDH</i>	15.8	mg/dL	8.90 - 20.60
Uric Acid	H 8.07	mg/dL	3.5 - 7.2
Creatinine	0.77	mg/dL	0.50 - 1.50

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 16-Sep-2024 14:35





LABORATORY REPORT



Name : **CHIRAG B CHAVDA** Sex/Age : **Male / 30 Years** Case ID : **40902200641**
Ref.By : Dis. At : Pt. ID : **4423691**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **16-Sep-2024 10:17** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **16-Sep-2024 10:17** Sample Coll. By : Ref Id1 : **OSP34805**
Report Date and Time : **16-Sep-2024 10:52** Acc. Remarks : **Normal** Ref Id2 :

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

Glycated Haemoglobin Estimation

HbA1C	5.51	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	111.44	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)

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STATE OF NEW YORK

IN SENATE,
January 11, 1911.

REPORT OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR ENDING DECEMBER 31, 1910.

ALBANY:

AND

SYRACUSE:

THE UNIVERSITY OF THE STATE OF NEW YORK, 1911.

PRINTED BY THE UNIVERSITY OF THE STATE OF NEW YORK.

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LABORATORY REPORT



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Sex/Age : Male / 30 Years Case ID : 40902200641

Ref.By :

Dis. At : Pt. ID : 4423691

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 16-Sep-2024 10:17 Sample Type : Serum

Mobile No :

Sample Date and Time : 16-Sep-2024 10:17 Sample Coll. By :

Ref Id1 : OSP34805

Report Date and Time : 16-Sep-2024 11:52 Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT/BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	164.78	mg/dL	110 - 200
HDL Cholesterol	L 31.6	mg/dL	48 - 77
Triglyceride	H 201.38	mg/dL	40 - 200
VLDL <i>Calculated</i>	H 40.28	mg/dL	10 - 40
Cho/HDL <i>Calculated</i>	H 5.21		0 - 4.1
LDL Cholesterol <i>Calculated</i>	92.90	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.
- 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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 16-Sep-2024 14:35





LABORATORY REPORT



Name : **CHIRAG B CHAVDA**

Sex/Age : Male / 30 Years Case ID : 40902200641

Ref.By :

Dis. At : Pt. ID : 4423691

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 16-Sep-2024 10:17 Sample Type : Serum

Mobile No :

Sample Date and Time : 16-Sep-2024 10:17 Sample Coll. By :

Ref Id1 : OSP34805

Report Date and Time : 16-Sep-2024 11:53 Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	H	55.37	U/L	0 - 41
S.G.O.T.		20.00	U/L	15 - 37
Alkaline Phosphatase		81.95	U/L	40 - 130
Gamma Glutamyl Transferase	H	151.32	U/L	8 - 61
Proteins (Total)		7.65	gm/dL	6.4 - 8.2
Albumin		4.97	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		2.68	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.85		1.0 - 2.1
Bilirubin Total		0.27	mg/dL	0.2 - 1.0
Bilirubin Conjugated		0.15	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>		0.12	mg/dL	0 - 0.8

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



Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT

Name : **CHIRAG B CHAVDA** Sex/Age : **Male / 30 Years** Case ID : **40902200641**
 Ref.By : Dis. At : Pt. ID : **4423691**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **16-Sep-2024 10:17** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **16-Sep-2024 10:17** Sample Coll. By : Ref Id1 : **OSP34805**
 Report Date and Time : **16-Sep-2024 11:33** Acc. Remarks : **Normal** Ref Id2 :

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

URINE EXAMINATION

Physical Examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination

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	

Microscopic Examination

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)

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1. 1945年12月15日

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14. 1945年12月15日

15. 1945年12月15日

16. 1945年12月15日



LABORATORY REPORT



Name : **CHIRAG B CHAVDA**

Sex/Age : **Male / 30 Years** Case ID : **40902200641**

Ref.By :

Dis. At : Pt. ID : **4423691**

Bill. Loc. : **Aashka hospital**

Pt. Loc. :

Reg Date and Time : **16-Sep-2024 10:17** Sample Type : **Spot Urine**

Mobile No :

Sample Date and Time : **16-Sep-2024 10:17** Sample Coll. By :

Ref Id1 : **OSP34805**

Report Date and Time : **16-Sep-2024 11:33** 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/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	-	-	-	- -

Pending Services
Thyroid Function Test

----- 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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LABORATORY REPORT

Name : **CHIRAG B CHAVDA**

Ref.By :

Sex/Age : Male / 30 Years Case ID : 409022200641

Dis. At :

Pt. ID : 4423691

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 16-Sep-2024 10:17

Sample Type : Serum

Sample Date and Time : 16-Sep-2024 10:17

Sample Coll. By :

Report Date and Time : 16-Sep-2024 14:59

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP34805

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

Thyroid Function Test

Triiodothyronine (T3)	106.43	ng/dL	70 - 204
Thyroxine (T4) C/M/A	6.80	ng/dL	4.87 - 11.72
TSH C/M/A	1.933	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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 1 of 2

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LABORATORY REPORT

Name : CHIRAG B CHAVDA

Ref.By :

Sex/Age : Male / 30 Years Case ID : 40902200641

Bill. Loc. : Aashka hospital

Dis. At :

Pt. ID : 4423691

Reg Date and Time : 16-Sep-2024 10:17

Pt. Loc :

Sample Type : Serum

Sample Date and Time : 16-Sep-2024 10:17

Mobile No :

Report Date and Time : 16-Sep-2024 14:59

Ref Id1 : OSP34805

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 result to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH 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 Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

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

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

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/↑	↓

----- End Of Report -----

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STATE OF NEW YORK

IN SENATE
January 11, 1911.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE

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