

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. VAGHASIYA RADHIKA TULSHIBHAI
क.कू.संख्या	170867
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	SME BRANCH,PUNE
जन्म की तारीख	25-01-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	19-02-2024
बुकिंग संदर्भ सं.	23M170867100090816E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **14-02-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)



## LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

### **Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

<b>PARTICULARS</b>	<b>EMPLOYEE DETAILS</b>
NAME	MS. VAGHASIYA RADHIKA TULSHIBHAI
EC NO.	170867
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	SME BRANCH,PUNE
BIRTHDATE	25-01-1990
PROPOSED DATE OF HEALTH CHECKUP	19-02-2024
BOOKING REFERENCE NO.	23M170867100090816E

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 **14-02-2024** 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
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
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
<b>General Tests</b>	<b>General Tests</b>
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

**2D ECHO / COLOUR DOPPLER**

NAME : MRS. RADHIKA VAGHASIYA.  
REF BY : HOSPITAL PATIENT

34Yrs/F

OPD  
19-Feb-24

**M - Mode values**

**Doppler Values**

AORTIC ROOT (mm)	23	TAPSE (mm)	24
LEFT ATRIUM (mm)	33	PULMONARY PG (mmHg)	3
RV (mm)		AORTIC VEL (m/sec)	1.1
LVID - D (mm)	45	PG (mmHg)	5
LVID - S (mm)	25	MITRAL E VEL (m/sec)	0.5
IVS - D (mm)	10	A VEL (m/sec)	0.8
LVPW -D (mm)	10	TRICUSPID VEL. (m/sec)	
EJECTION FRACTION (%)	60%	PG (mmHg)	

**REPORT**

Normal LV size & wall thickness.

No regional wall motion abnormality

Normal LV systolic function , LVEF 60%

Normal sized other cardiac chambers.

Pliable mitral valve., No Mitral regurgitation.

Normal mitral diastolic flows.

Trileaflet aortic valve. No aortic stenosis / regurgitation.

Normal Tricuspid & pulmonary valve. No tricuspid regurgitation ,  
PA pressure = 20 mmHg - normal

Intact IAS & IVS

No PDA, coarctation of aorta.

No clots , vegetations , pericardial effusion noted.

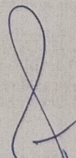
**IMPRESSION :**

Normal study

No regional wall motion abnormality.

Normal biventricular function , LVEF 60%

Normal PA pressure.

  
**DR. RAJDATT DEORE**  
MD,DM-CARDIOLOGIST  
MMC 2005/03/1520

(NORMAL 2D-ECHO & COLOR DOPPLER DOESN'T RULE OUT ISCHAEMIC HEART DISEASE)

VAGHASIYA, RADHIKA

Patient ID: 34495  
 19.02.2024  
 Female  
 34yrs  
 11:55:30

Tabular Summary

LOREA HEALTHCARE PVT LTD

Test Reason: Screening for CAD  
 Medical History: NO HISTORY.

Ref. MD: Ordering MD:  
 Technician: RUPALI Test Type: Treadmill Stress Test  
 Comment:

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (l/min)	ST Level (V3 mV)	Comment
PRETEST	SUPINE	00:19	0.00	0.00	1.0	81	120/80	9720	0	0.09	
	STANDING	00:10	0.00	0.00	1.0	80	120/80	10080	0	0.09	
	HYPERV.	00:54	0.50	0.00	1.2	84	120/80	13200	0	0.07	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	110	125/80	17000	0	0.06	
	STAGE 2	03:00	2.50	12.00	7.0	136	130/85	20150	0	0.04	
	STAGE 3	01:48	3.40	14.00	10.1	155	140/90	12880	1	0.03	
RECOVERY		02:54	0.00	0.00	1.0	92	140/90	12880	1	0.04	

DR. RAJDAJI DEORE  
 MD, DM CARDIOLOGIST  
 MMC 2005/03/1520

BRUCE: Total Exercise Time 07:47  
 Max HR: 155 bpm 83% of max predicted 186 bpm HR at rest: 85  
 Max BP: 140/90 mmHg BP at rest: 120/80 Max RPP: 19890 mmHg\*bpm  
 Maximum Workload: 10.10 METS  
 Max ST: -0.05 mV, 0.00 mV/s in V3; EXERCISE STAGE 2 04:30  
 Arrhythmia: A:28, PVC:1  
 ST/HR index: 0.56  $\mu$ V/bpm

**Reasons for Termination:** Target heart rate achieved  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

**Conclusion:** GOOD EFFORT TOLERANCE  
 ACHIEVED 83% THR ON RX.  
 NORMAL BP RESPONSE  
 NO SIGNIFICANT ST-T CHANGES NOTED FOR THE GIVEN WORKLOAD

STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



# Dept. of Pathology

(For Report Purpose Only)



PRN : 122674  
 Patient Name : Mrs. VAGHASIYA RADHIKA T  
 Age/Sex : 34Yr(s)/Female  
 Company Name : BANK OF BARODA  
 Referred By : Dr.HOSPITAL PATIENT

Lab No : 11977  
 Req.No : 11977

Collection Date & Time : 19/02/2024 10:00 AM  
 Reporting Date & Time : 19/02/2024 02:37 PM  
 Print Date & Time : 19/02/2024 02:39 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### HAEMATOLOGY

#### HAEMOGRAM

HAEMOGLOBIN (Hb)	: 12.7	GM/DL	Male : 13.5 - 18.0 Female : 11.5 - 16.5
PCV	: 38.9	%	Male : 40 - 54 Female : 37 - 47
RBC COUNT	: 4.28	Million/cu mm	Male : 4.5 - 6.5 Female : 3.9 - 5.6
M.C.V	: 90.9	cu micron	76 - 96
M.C.H.	: 29.7	pg	27 - 32
M.C.H.C	: 32.6	picograms	32 - 36
RDW-CV	: 12.1	%	11 - 16
WBC TOTAL COUNT	: 6450	/cumm	ADULT : 4000 - 11000 CHILD 1-7 DAYS : 8000 - 18000 CHILD 8-14 DAYS : 7800 - 16000 CHILD 1MONTH-<1YR : 4000 - 10000 150000 - 450000
PLATELET COUNT	: 174000	cumm	
<b>WBC DIFFERENTIAL COUNT</b>			
NEUTROPHILS	: 57	%	ADULT : 40 - 70 CHILD : 20 - 40
ABSOLUTE NEUTROPHILS	: 3676.50	µL	2000 - 7000
LYMPHOCYTES	: 35	%	ADULT : 20 - 40 CHILD : 40 - 70
ABSOLUTE LYMPHOCYTES	: 2257.50	µL	1000 - 3000
EOSINOPHILS	: 05	%	01 - 04
ABSOLUTE EOSINOPHILS	: 322.50	µL	20 - 500
MONOCYTES	: 03	%	02 - 08
ABSOLUTE MONOCYTES	: 193.50	µL	200 - 1000
BASOPHILS	: 00	%	00 - 01
ABSOLUTE BASOPHILS	: 0	µL	0 - 100



Technician

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412  
 Pathologist



# Dept. of Pathology

(For Report Purpose Only)



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### PERIPHERAL BLOOD SMEAR

RBC MORPHOLOGY : Normocytic Normochromic  
 WBC MORPHOLOGY : Within Normal Limits  
 PLATELETS : Adequate  
 PARASITES : Not Detected  
 Method : Processed on 5 Part Fully Automated Blood Cell Counter - sysmex XS-800i.

### ESR

ESR MM ( AT The End of 1 Hr.) By : 06 mm/hr  
 Westergren Method  
 Male : 0 - 15  
 Female : 0 - 20

\*\*\*END OF REPORT\*\*\*



*[Signature]*  
**Technician**

*[Signature]*

**Dr. AJAY A GANGSHETTIWAR**  
 M.D.(Pathology) R.No.080412

Report Type By :- PRITAM WAGHMARE

**Pathologist**



# Dept. of Pathology

(For Report Purpose Only)



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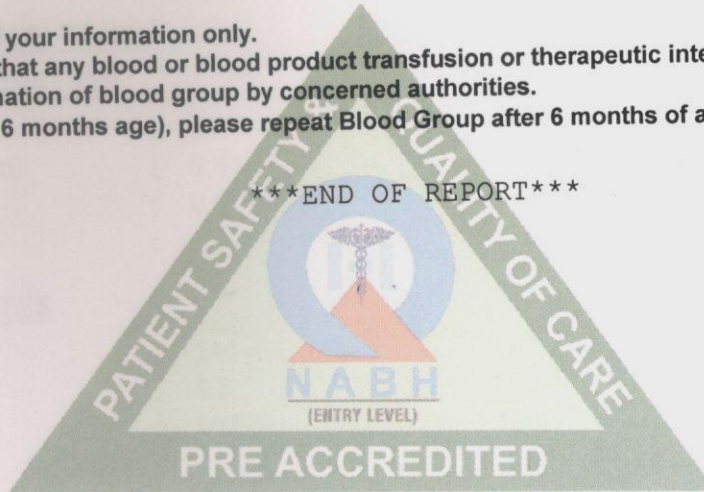
## HAEMATOLOGY

### BLOOD GROUP

BLOOD GROUP : "AB"  
RH FACTOR : POSITIVE

**NOTE :** This is for your information only.  
Kindly note that any blood or blood product transfusion or therapeutic intervention has to be done after confirmation of blood group by concerned authorities.  
In infants (< 6 months age), please repeat Blood Group after 6 months of age for confirmation.

\*\*\*END OF REPORT\*\*\*



Technician

Report Type By :- PRITAM WAGHMARE

Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412

Pathologist





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### BIOCHEMISTRY

#### BSL-F & PP

Blood Sugar Level Fasting	: 91	MG/DL	60 - 110
Blood Sugar Level PP	: 96	MG/DL	70 - 140

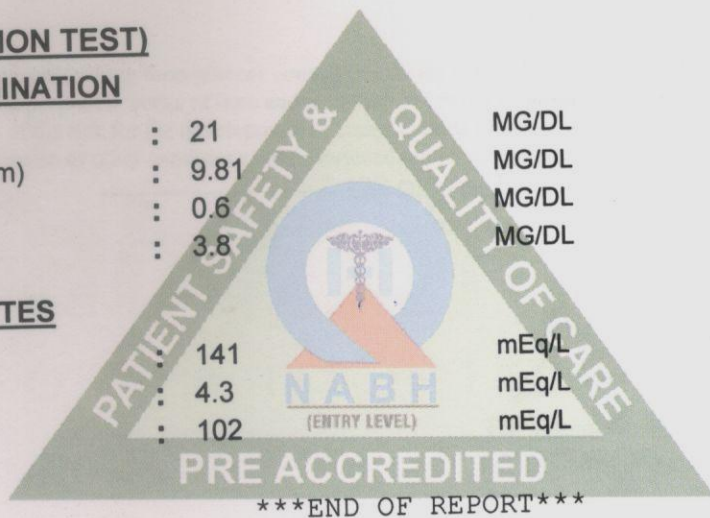
#### RFT (RENAL FUNCTION TEST)

##### BIOCHEMICAL EXAMINATION

UREA (serum)	: 21	MG/DL	0 - 45
UREA NITROGEN (serum)	: 9.81	MG/DL	7 - 21
CREATININE (serum)	: 0.6	MG/DL	0.5 - 1.5
URIC ACID (serum)	: 3.8	MG/DL	Male : 3.5 - 7.2 Female : 2.6 - 6.0

##### SERUM ELECTROLYTES

SERUM SODIUM	: 141	mEq/L	136 - 149
SERUM POTASSIUM	: 4.3	mEq/L	3.8 - 5.2
SERUM CHLORIDE	: 102	mEq/L	98 - 107



\*\*\*END OF REPORT\*\*\*

Technician

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412  
 Pathologist

# Sahyadri Speciality Labs

e-mail : labinfo@sahyadrihospitals.com www.sahyadrihospital.com



Patient : Mrs. VAGHASIYA RADHIKA MRN : 2894224  
Age/Gender : 34 Years / Female Visit No : OP-1 Date: 19/02/2024  
Consultant : - Sample Collected : 19/02/2024 01:18 PM  
Location : OPD Sample Revd. in Lab : 19/02/2024 02:27 PM  
Sponsor : AIMS Hospital & Research Center Reported On : 19/02/2024 05:10 PM  
(In association with Olive Healthcare Services Pvt Ltd and AIMS Trust)  
Collected At : SSL Labs Processed At : SSL Main Lab  
Referring Doctor :



Bill No : 242418328 Status : Approved

Test Name	Test Value	Unit	Reference Interval	Method
<b>GLYCOSYLATED Hb (HbA1C) (24021901324)</b> Sample Type :- EDTA Whole Blood				
Blood Glycosylated Hb (HbA1c)	5.5	%	Non-diabetic (Normal) : < 5.7 Pre-diabetes : > or = 5.7 to < 6.5 Diabetes : > or = 6.5	HPLC-NGSP

**Note :**

- The HbA1c test is used to monitor long term glucose control in patients with diabetes. It provides a retrospective index of the integrated plasm glucose values over an extended period 12 weeks of time and is not subject to the wide fluctuations observed when assaying blood glucose concentrations. It is a measure of the risk for the development of complications in diabetes mellitus.
- Patients with hemolytic disease or other conditions with shortened red blood cell survival exhibit a substantial reduction in HbA1c.

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

Sahyadri  
Hospital

**Dr. Anant V. Kulkarni**  
MBBS,MD (Pathology)  
Reg. No. : MMC-2021/02/0544  
Sahyadri Speciality Labs

Entered By : 10006492



Sahyadri Speciality Labs, Main Lab, Pune accredited by NABLvide Certificate No. MC-2048 Scope available on request



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### BIOCHEMISTRY

#### LIPID PROFILE

CHOLESTEROL (serum)	: 159	MG/DL	Male : 120 - 240 Female : 110 - 230
TRIGLYCERIDE (serum)	: 97	MG/DL	0 - 150
HDL (serum)	: 42	MG/DL	Male: : 42 - 79.5 Female: : 42 - 79.5
LDL (serum)	: 96	MG/DL	0 - 130
VLDL (serum)	: 19.40	MG/DL	5 - 51
CHOLESTROL/HDL RATIO	: 3.79		Male : 1.0 - 5.0 Female: : 1.0 - 4.5
LDL/HDL RATIO	: 2.29		Male : <= 3.6 Female : <=3.2

#### NCEP Guidelines

	Desirable	Borderline	Undesirable
Total Cholesterol (mg/dl)	Below 200	200-240	Above 240
HDL Cholesterol (mg/dl)	Above 60	40-59	Below 40
Triglycerides (mg/dl)	Below 150	150-499	Above 500
LDL Cholesterol (mg/dl)	Below 130	130-160	Above 160

Suggested to repeat lipid profile with low fat diet for 2-3 days prior to day of test and abstinence from alcoholic beverages if applicable.  
 Cholesterol & Triglycerides reprocessed , & confirmed.

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PRITAM WAGHMARE

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412  
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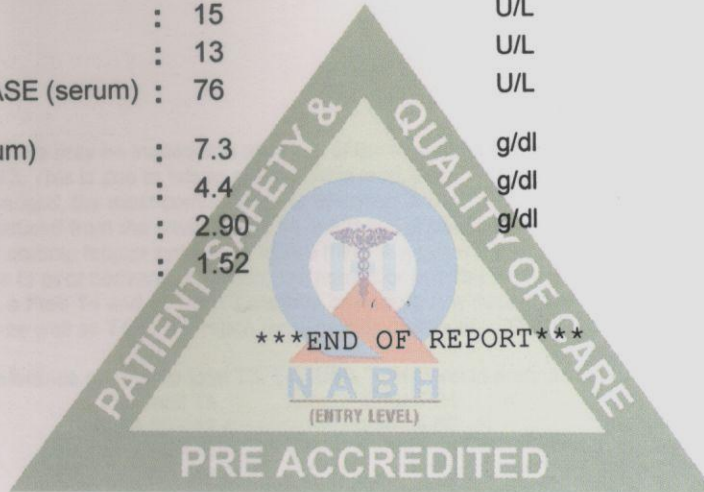
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### BIOCHEMISTRY

#### LFT ( Liver function Test )

BILIRUBIN TOTAL (serum)	: 0.7	mg/dL	0.2 - 1.2
BILIRUBIN DIRECT (serum)	: 0.2	mg/dL	0.0 - 0.5
BILIRUBIN INDIRECT (serum)	: 0.50	mg/dL	0.1 - 1.0
S.G.O.T (serum)	: 15	U/L	0 - 35
S.G.P.T (serum)	: 13	U/L	0 - 45
ALKALINE PHOSPHATASE (serum)	: 76	U/L	Male : 53 - 128 Female : 42 - 98
PROTEINS TOTAL (serum)	: 7.3	g/dl	6.6 - 8.7
ALBUMIN (serum)	: 4.4	g/dl	3.5 - 5.0
GLOBULIN (serum)	: 2.90	g/dl	1.8 - 3.6
A/G RATIO	: 1.52		1:1 - 2:2

\*\*\*END OF REPORT\*\*\*



Technician

Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412  
Pathologist

Report Type By :- PRITAM WAGHMARE

For Free Home Collection Call : 9545200011



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### ENDOCRINOLOGY

#### TFT (THYROID FUNCTION TEST)

T3-Total (Tri iodothyronine)	: 1.24	ng/mL	0.80 - 2.00
T4 - Total (Thyroxin)	: 7.62	µg/dL	5.1 - 14.1
Thyroid Stimulating Hormones (Ultra TSH)	: 1.83	µIU/mL	0.27 - 4.20

Method :- serum by ECLIA

#### NOTE:-

Three common ways in which there may be inadequate amounts of the thyroid hormone for normal metabolism. Primary hypothyroidism, in which there is a raised TSH & a low T3. This is due to failure of the thyroid gland, possibly due to autoimmune disease, possibly due to toxic stress or possibly due to iodine deficiency. The second, the most common cause of thyroid failure, occurs at the pituitary level. In this condition there is inadequate thyroid stimulating hormone (TSH) produced from the pituitary and so one tends to see low or normal TSH, low T4s and variable T3s. This condition is most common in many patients with chronic fatigue syndrome, where there is a general suppression of the hypothalamic-pituitary-adrenal axis. The third type of under-functioning is due to poor conversion of there are normal or possibly slightly raised levels of TSH, normal levels of T4 but low levels of thyroid problem routinely TSH, a Free T4 and a Free T3 are also advisable. Any patients who are taking T3 as part of their thyroid supplement need to have their T3 levels monitored as well as T4. T3 is much more quickly metabolized than T4 and blood tests should be done between 4-6 hours after their morning dose.

The Guideline for pregnancy reference ranges for total T3, T4, Ultra TSH Level in pregnancy

	Total T3	Total T4	Ultra TSH
First Trimester	0.86 - 1.87	6.60 - 12.4	0.30 - 4.50
2 nd Trimester	1.0 - 2.60	6.60 - 15.5	0.50 - 4.60
3 rd Trimester	1.0 - 2.60	6.60 - 15.5	0.80 - 5.20

The guidelines for age related reference ranges for T3,T4,& Ultra TSH

	Total T3	Total T4	Ultra TSH
Cord Blood	0.30 - 0.70	1-3 day 8.2-19.9	Birth- 4 day: 1.0-38.9
New Born	0.75 - 2.60	1 Week 6.0-15.9	2-20 Week : 1.7-9.1
1-5 Years	1.0-2.60	1-12 Months 6.8 - 14.9	20 Week- 20 years 0.7 - 6.4
5-10 Years	0.90 - 2.40	1-3 Years 6.8-13.5	
10-15 Years	0.80 - 2.10	3-10 Years 5.5-12.8	

\*\*\*END OF REPORT\*\*\*

Technician

Report Type By :- PRITAM WAGHMARE

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011



Dept. of Pathology  
(For Report Purpose Only)



PRN : 122674  
Patient Name : Mrs. VAGHASIYA RADHIKA T  
Age/Sex : 34Yr(s)/Female  
Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Lab No : 11977  
Req.No : 11977

Collection Date & Time : 19/02/2024 10:00 AM  
Reporting Date & Time : 19/02/2024 02:37 PM  
Print Date & Time : 19/02/2024 02:41 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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CLINICAL PATHOLOGY

URINE ROUTINE

PHYSICAL EXAMINATION

QUANTITY : 20 ML  
COLOUR : PALE YELLOW  
APPEARANCE : SLIGHTLY HAZY  
REACTION : ACIDIC  
SPECIFIC GRAVITY : 1.020

CHEMICAL EXAMINATION

PROTEIN : TRACE  
SUGAR : ABSENT  
KETONES : ABSENT  
BILE SALTS : ABSENT  
BILE PIGMENTS : ABSENT  
UROBILINOGEN : NORMAL

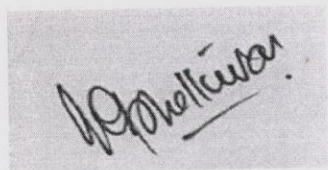
MICROSCOPIC EXAMINATION

PUS CELLS : 8-10 /hpf  
RBC CELLS : 1-2 / hpf  
EPITHELIAL CELLS : 1-2 /hpf  
CASTS : ABSENT /hpf  
CRYSTALS : ABSENT  
OTHER FINDINGS : ABSENT  
BACTERIA : PRESENT +

\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- PRITAM WAGHMARE

  
Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412

Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 122674  
Patient Name : Mrs. VAGHASIYA RADHIKA T  
Age/Sex : 34Yr(s)/Female

Lab No : 11998  
Req.No : 11998

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 19/02/2024 01:55 PM  
Reporting Date & Time : 19/02/2024 05:18 PM  
Print Date & Time : 19/02/2024 05:18 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### BIOCHEMISTRY

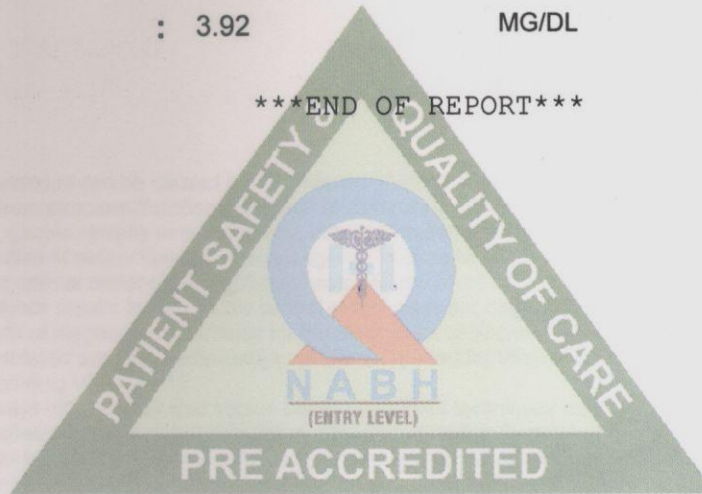
#### CALCIUM

CALCIUM (serum)	: 9.7	MG/DL	8.4 - 10.4
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#### PHOSPHORUS

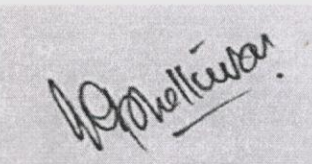
S.PHOSPHORUS	: 3.92	MG/DL	2.5 - 5.0
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\*\*\*END OF REPORT\*\*\*



  
Technician

Report Type By :- PRITAM WAGHMARE

  
Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412  
Pathologist



# Dept. of Pathology

(For Report Purpose Only)



PRN : 122674  
Patient Name : Mrs. VAGHASIYA RADHIKA T  
Age/Sex : 34Yr(s)/Female

Lab No : 11998  
Req.No : 11998

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 19/02/2024 01:55 PM  
Reporting Date & Time : 19/02/2024 05:18 PM  
Print Date & Time : 19/02/2024 05:18 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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## IMMUNOLOGY

### VITAMIN B12

VITAMIN B12 LEVEL	: 663.4	pg/mL	197 - 771
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Method : serum by ECLIA

#### NOTE :

- 1) Nutritional and macrocytic anemias can be caused by a deficiency of Vitamin B12. This deficiency can result from diets devoid of meat and bacterial products, from alcoholism, or from structural/functional damage to digestive or absorptive processes (forms of pernicious anemia). Malabsorption is the major cause of this deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal Vitamin B12 binding protein (intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes.
- 2) This vitamin is necessary for normal metabolism, DNA synthesis and red blood cell regeneration. Untreated deficiencies will lead to megaloblastic anemia and Vitamin B12 deficiency results in irreversible central nervous system degeneration.
- 3) Vitamin B12 or folate are both of diagnostic importance for the recognition of Vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia. Radioassays were first reported for Vitamin B12 in 1961. All utilize co-cyanocobalamin radiolabeled tracers and intrinsic factor for binding Vitamin B12.
- 4) The various commercial assays differ in their free versus bound separation techniques and choice of specimen pretreatment. The presence of endogenous serum binding proteins for cyanocobalamin (transcobalamin including R-protein) and of immunoglobulins directed against intrinsic factor require that specimen are either boiled at an alkaline pH to release the Vitamin B12 and destroy the binding proteins.
- 5) In the late 1970s, radioassays using serum binding proteins or partially purified intrinsic factor measured levels of Vitamin B12 which exceeded those determined by microbiological methods. This was caused by the presence of the serum binding protein or R-proteins in the assay.
- 6) R-protein specificity is poor compared to that of intrinsic factor measured in addition to Vitamin B12 analogs were being measured in addition to Vitamin B12 itself. Since that time, recommendations have been established for the use of highly purified intrinsic factor throughout the industry.
- 7) Roche Cobase Vitamin B12 employs a competitive test principle using intrinsic factor specific for Vitamin B12. Vitamin B12 in the sample using competes with the added Vitamin B12 labeled with biotin for the binding sites on the ruthenium-labeled intrinsic factor complex\*\*.

\*\*\*END OF REPORT\*\*\*

Technician

Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412

Report Type By :- PRITAM WAGHMARE

For Free Home Collection Call : 9545200011

Pathologist





# Dept. of Pathology

(For Report Purpose Only)



PRN : 122674  
Patient Name : Mrs. VAGHASIYA RADHIKA T  
Age/Sex : 34Yr(s)/Female

Lab No : 11998  
Req.No : 11998

Company Name : BANK OF BARODA  
Referred By : Dr.HOSPITAL PATIENT

Collection Date & Time : 19/02/2024 01:55 PM  
Reporting Date & Time : 19/02/2024 05:18 PM  
Print Date & Time : 19/02/2024 05:18 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### SPECIAL TEST

#### VITAMIN D

25 - HYDROXY VITAMIN D	: 14.96	ng/mL	Deficient : : <20 Insufficient : : 20 - 30 Sufficient : : >30 - 100 Intoxication : : >100
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Method : serum by ECLIA

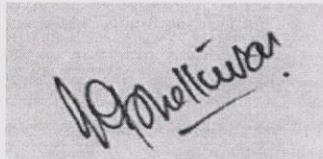
#### NOTE :-

- 1) Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants).
- 2) Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 dihydroxyvitamin D.
- 3) The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol).
- 4) In contrast to vitamin D3, vitamin D2 has to be taken up with food. In the human body vitamin D3 and D2 are bound to vitamin D-binding protein in plasma and transported to the liver where both are hydroxylated in position 25 forming 25-OH vitamin D. 25 OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in human body.
- 5) This primary circulating form of vitamin D is biologically inactive with levels approximately 1000-fold greater than the circulating 1,25 (OH)<sub>2</sub> vitamin D. The half life of circulating 25-OH vitamin D is 2-3 weeks. More than 95% of 25-OH vitamin D reaches measurable levels only in patients taking vitamin D2 supplements.
- 6) Vitamin D deficiency is a common cause of secondary hyperparathyroidism. Elevation of PTH levels, especially in elderly Vitamin D deficient adults can result in osteomalacia, increased bone turnover, reduced bone mass and risk of bone fractures.
- 7) Low 25-OH vitamin D concentration are also associated with lower bone mineral density. In conjunction with other clinical data, the results may be used as an aid in the assessment of bone metabolism.
- 8) The Roche Cobas Vitamin D3 (25-OH) assay employs a polyclonal antibody directed against vitamin D3.

\*\*\*END OF REPORT\*\*\*

  
Technician

Report Type By :- PRITAM WAGHMARE

  
Dr. AJAY A GANGSHETTIWAR  
M.D.(Pathology) R.No.080412

Pathologist

For Free Home Collection Call : 9545200011





# Dept. of Pathology

(For Report Purpose Only)



**PRN** : 122674 **Lab No** : CP 12 / 24  
**Patient Name** : Mrs. VAGHASIYA RADHIKA T **Req.No** : 11977  
**Age/Sex** : 34Yr(s)/Female  
**Company Name** : BANK OF BARODA **Collection Date & Time** : 19/02/2024 10:00 AM  
**Referred By** : Dr.HOSPITAL PATIENT **Reporting Date & Time** : 12/03/2024 12:01 PM  
**Print Date & Time** : 12/03/2024 12:02 PM

PARAMETER NAME	RESULT VALUE	UNIT	NORMAL VALUES
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### PAP SMEAR

**SPECIMEN** : Pap smear for cytology. 2 slides received.  
 1) Ectocervical  
 2) Endocervical

**MICROSCOPY** : **Ectocervical smear :**  
 Smear is satisfactory for evaluation. It shows predominantly superficial and intermediate cells in large sheets, clusters, groups and lying singly. Background shows abundant acute inflammatory infiltrate, Doderlein's Bacilli and mild cytolysis.

**Endocervical smear :**  
 Smear shows superficial and intermediate squamous cells in sheets, Groups and lying singly Occasional groups of endocervical cells and squamous metaplastic cells are seen. Background shows few RBC's and mucin and abundant inflammatory infiltrate.

**IMPRESSION** : **Negative for intraepithelial lesion or malignancy. (NILM)**  
**Benign cellular changes of severe inflammation**

**Advice** : Repeat smear after clearance of inflammation  
 Kindly correlate clinically.

\*\*\*END OF REPORT\*\*\*

Dr. AJAY A GANGSHETTIWAR  
 M.D.(Pathology) R.No.080412

Technician

Report Type By :- PRITAM WAGHMARE

Pathologist

ID : 2402190004

Name :  
Sex :  
Age :

Divisions :

HR 81 bpm

P Dur/PR int 98/125ms

QRS Dur 98 ms

QT/QTc int 343/399 ms

P/QRS/T axis 56/71/32 °

Datetime: 2024-02-19 11:12

Bed No. :  
BP :  
mmHg

RV5/SV1 amp 1.149/0.522mV

RV6/SV2 amp 1.671mV

RV6/SV2 amp 1.162/0.472mV

Hospital:

Height :

cm

Weight :

kg

Hospital No.:

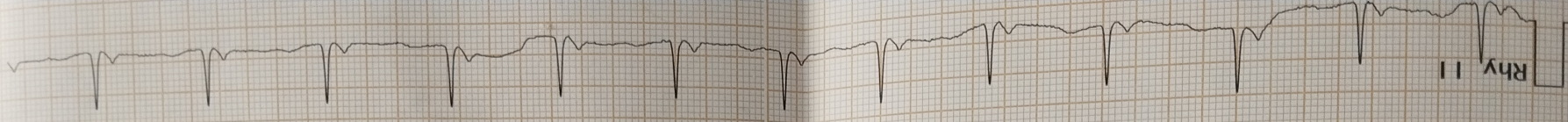
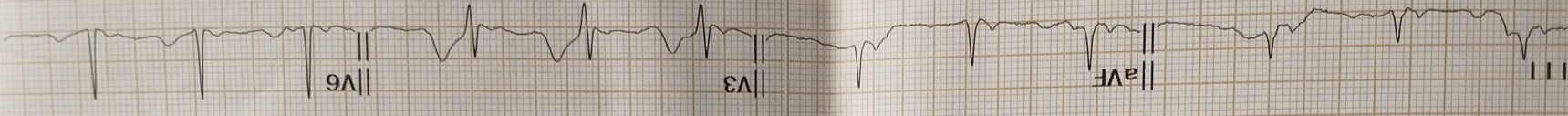
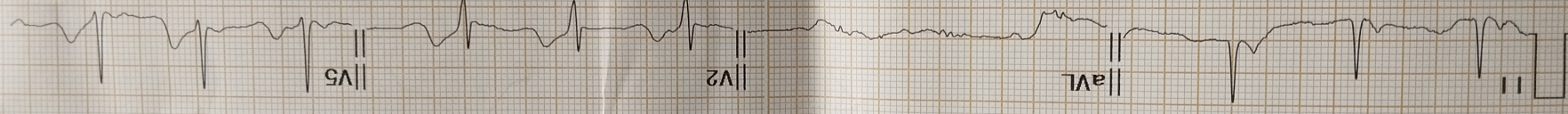
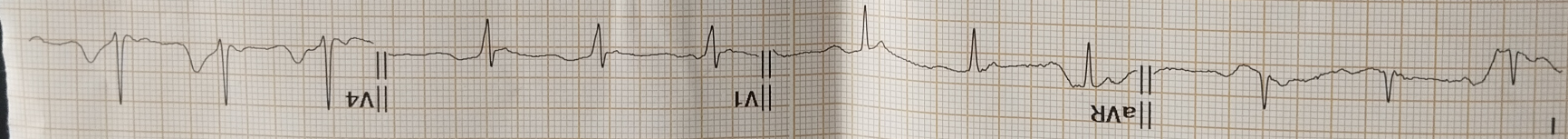
Minnesota Code

9-4-1(V3)

Diagnosis Info

800: Sinus Rhythm

\*\*\*Normal ECG\*\*\*





**Dept. of Radiology**  
(For Report Purpose Only)



REQ. DATE : 19-FEB-2024                      REP. DATE : 19-FEB-2024  
NAME : MRS. VAGHASIYA RADHIKA T  
PATIENT CODE : 122674                      AGE/SEX : 34 YR(S) / FEMALE  
REFERRAL BY : HOSPITAL PATIENT

**CHEST X-RAY PA VIEW**

**OBSERVATION :**

Both lungs appear clear.

Heart and mediastinum are normal.

Diaphragm and both CP angles are normal.

Visualised bones & extra-thoracic soft tissues appear normal.

**IMPRESSION :**

**No significant abnormality noted in the present study.**

**-Kindly correlate clinically.**

**DR. SAURABH PATIL  
(MBBS, MD RADIOLOGY)  
CONSULTANT RADIOLOGIST**



# Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 19-FEB-2024 REP. DATE : 19-FEB-2024  
NAME : MRS. VAGHASIYA RADHIKA T  
PATIENT CODE : 122674 AGE/SEX : 34 YR(S) / FEMALE  
REFERRAL BY : Dr. HOSPITAL PATIENT

## USG ABDOMEN AND PELVIS

### OBSERVATION :

**Liver** : Is normal in size, shape & echotexture. No focal lesion / IHBR dilatation.

**CBD / PV** : Normal.

**G.B.** : Moderately distended, normal.

**Spleen** : Is normal in size, shape & echotexture. No focal lesion.

**Pancreas** : Normal in size, shape & echotexture.

**Both kidneys** are normal in size, shape & echotexture, CMD maintained.  
No calculus/ hydronephrosis / hydroureter on left side.  
A non-obstructive calculus of size 3.2 mm seen in right midpole

Right kidney measures : 10.1 x 4.5 cm.

Left kidney measures : 10.3 x 4.1 cm.

**Urinary bladder** : Moderately distended, normal.

**Uterus** : Anteverted, normal in size (6.2 x 3.5 x 2 cms), shape, echotexture. No fibroid.  
Endometrium show normal appearance. ET = 4.1 mm. Adnexa clear.

**Bilateral ovaries** appears normal.

No obvious demonstrable small bowel / RIF pathology.  
Normal Aorta, IVC, adrenals and other retroperitoneal structures.  
No ascites / lymphadenopathy / pleural effusion.

### IMPRESSION :

➤ **A tiny right renal calculus**

➤ **No other significant abnormality noted in the present study.**

- Kindly co-relate clinically.

  
Dr. SAURABH PATIL  
(MBBS, MD(RADIOLOGY))



## Dept. of Radiology

(For Report Purpose Only)



REQ. DATE : 19-FEB-2024      REP. DATE : 19-FEB-2024  
NAME : MRS. VAGHASIYA RADHIKA T  
PATIENT CODE : 122674      AGE/SEX : 34 YR(S) / FEMALE  
REFERRAL BY : Dr. HOSPITAL PATIENT

### BILATERAL SONOMAMMOGRAPHY

#### OBSERVATION:

##### RT. BREAST.

Fibro-glandular tissues appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple shows normal features.  
No significant axillary adenopathy.

##### LT. BREAST.

Fibro-glandular tissue appear normal.  
Skin and subcutaneous tissue appear normal.  
Nipple appear normal.  
No e/o axillary lymphadenopathy.

#### IMPRESSION :

No sonologically demonstrable focal breast lesion.

- Kindly correlate clinically.

Dr. SAURABH PATIL  
(MBBS, MD(RADIOLOGY))



भारत सरकार  
Government of India



Vaghasiya Radhika Tulshibhai  
DOB : 25/01/1990  
Female

03/02/2014

3847 0671 6811

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



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बैंक ऑफ बरोडा  
Bank of Baroda



Radhika T. Vaghavara

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