

ISSUING AUTHORITY

आधिकारी प्राधिकारिता

*[Handwritten signature]*

E.O. No. 165140

संस्थापित सं. १६५१४०

Name NARENDRA DHULABHAI PARMAR

नाम नरेंद्र धुलाभाई परमार

Bank of Baroda



बँक ऑफ बरोडा



Signature of Holder

आधिकारी के हस्ताक्षर

*[Handwritten signature]*







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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	MEENABEN NARENDRABHAI PARMAR
DATE OF BIRTH	20-09-1979
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M165140100099664S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PARMAR NARENDRA DHULABHAI
EMPLOYEE EC NO.	165140
EMPLOYEE DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
EMPLOYEE PLACE OF WORK	ITADARA
EMPLOYEE BIRTHDATE	01-06-1976

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 **13-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse 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





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: <u>OSP33631</u>	Date: <u>29/3/24</u>	Time:
Patient Name: <u>Nareen. ben</u>	Age / Sex: <u>45/F</u>	Height: <u>150</u>
		Weight: <u>46.5</u>
Chief Complain:	<u>Routine dental check up</u>	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	<u>Stain +</u> <u>Calculus +</u>	
Teeth Absent :		
Diagnosis:		





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

29/3/24  
5:25 PM

Pt: Meenaben Parmar.  
Age: 45 F.

for routine checkup.  
N/H/O.

- All investigations are noted.
- HbA1c - G.O.K.
- Urine specific gravity >1.025.
- Paediatric stage A1c to HbA1c.

T: Afebr.  
P: 84/min  
BP: 130/70  
SpO<sub>2</sub>: 99% on RA

Adv.

- Control on diet - avoid sweets & sugary items/oily food/spicy food.
- Improve Exercise.



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



PATIENT NAME: MEENABEN N PARMAR

GENDER/AGE: Female / 44 Years

DOCTOR:

OPDNO: OSP33631

DATE: 29/03/24

**X-RAY CHEST PA**

Both lung fields appear clear

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

Both hilar shadows and c.p.angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

**Impression:**

**Normal chest x-ray examination.**

**RADIOLOGIST**

**DR. MEHUL PATELIYA**



PATIENT NAME: MEENABEN N PARMAR

GENDER/AGE: Female / 44 Years

DOCTOR:

OPDNO: OSP33631

DATE: 29/03/24

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is not seen, history of surgery.

**COMMENT:** Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder.



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



**PATIENT NAME: MEENABEN N PARMAR**

**GENDER/AGE: Female / 44 Years**

**DATE: 29/03/24**

**DOCTOR:**

**OPDNO: OSP33631**

## MAMMOGRAM OF BOTH BREASTS

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

### RIGHT BREAST

Fibrofatty and glandular parenchyma is noted on either side.

No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is seen.

### LEFT BREAST

Fibrofatty and glandular parenchyma is noted on either side.

No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is seen.

**COMMENT: Normal mammography of breast on either side (BIRADS - Category - I).**

### BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

### Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year

  
**RADIOLOGIST**  
DR. MEHUL PATELIYA





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



PATIENT NAME:MEENABEN N PARMAR

GENDER/AGE:Female / 44 Years

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP33631

DATE:29/03/24

### 2D-ECHO

MITRAL VALVE : MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 28mm  
LEFT ATRIUM : 30mm  
LV Dd / Ds : 39/27mm EF 58%  
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 : 0.9/0.6m/s  
AORTIC : 1.0m/s  
PULMONARY : 0.7m/s  
COLOUR DOPPLER : MILD MR /TR  
RVSP : 26mmHg  
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

  
CARDIOLOGIST

DR.HASIT JOSHI (9825012235)





## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Case ID : 40302200751

Dis. At :

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23

Mobile No :

Sample Type :

Ref Id1 : OSP33631

Sample Date and Time : 29-Mar-2024 09:23

Ref Id2 : O232411488

Report Date and Time :

Acc. Remarks : Normal

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin (HbA1c)</b>	<b>6.20</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
PCV(Calc)	35.65	%	36.00 - 46.00
Neutrophil	80.0	%	40.00 - 70.00
Lymphocyte	17.0	%	20.00 - 40.00
Monocytes	1.0	%	2.00 - 10.00
Lymphocyte	850	/µL	1000.00 - 3000.00
Monocyte	50	/µL	200.00 - 1000.00
Neut/Lympho Ratio (NLR)	4.71		0.78 - 3.53
<b>Lipid Profile</b>			
LDL Cholesterol	123.30	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	13.10	U/L	14 - 59

## Abnormal Result(s) Summary End

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

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Page 1 of 13



**Neuberg Diagnostics Private Limited**

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COLLEGE of AMERICAN PATHOLOGISTS

CONDITIONS OF REPORTING

1. The reporting party shall be held responsible for the accuracy and completeness of the information provided.

2. The reporting party shall provide a copy of this report to the appropriate authorities within the specified time frame.

3. The reporting party shall be held liable for any damages or losses resulting from the reporting process.

4. The reporting party shall be held responsible for any costs incurred in the reporting process.

5. The reporting party shall be held responsible for any legal consequences arising from the reporting process.

6. The reporting party shall be held responsible for any information disclosed in the reporting process.

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20. The reporting party shall be held responsible for any information disclosed in the reporting process.



## LABORATORY REPORT

Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Dis. At :

Case ID : 40302200751

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23 Sample Type : Whole Blood EDTA

Sample Date and Time : 29-Mar-2024 09:23 Sample Coll. By :

Mobile No :

Ref Id1 : OSP33631

Report Date and Time : 29-Mar-2024 10:00 Acc. Remarks : Normal

Ref Id2 : O232411488

TEST

RESULTS

UNIT

BIOLOGICAL REF. INTERVAL

REMARKS

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	12.1	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.29	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.65	%	36.00 - 46.00
MCV (RBC histogram)	83.1	fL	83.00 - 101.00
MCH (Calc)	28.1	pg	27.00 - 32.00
MCHC (Calc)	33.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.90	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flow cytometry)

	Total WBC Count	/μL	4000.00 - 10000.00
Neutrophil	H 80.0	%	40.00 - 70.00
Lymphocyte	L 17.0	%	20.00 - 40.00
Eosinophil	2.0	%	1.00 - 6.00
Monocytes	L 1.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

#### PLATELET COUNT (Optical)

Platelet Count	244000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	H 4.71		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Neutrophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : MEENABEN N PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Dis. At :

Pt. Loc :

Case ID : 40302200751

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23

Sample Date and Time : 29-Mar-2024 09:23

Report Date and Time : 29-Mar-2024 14:08

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33631

Ref Id2 : O232411488

### TEST

### RESULTS

### UNIT

### BIOLOGICAL REF RANGE

### REMARKS

ESR

*Westergren Method*

08

mm after 1hr 3 - 20

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

Dr. Shreya Shah

M.D. (Pathologist)

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COLLEGE OF AMERICAN PATHOLOGISTS

CONDITIONS OF REPORTING

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the date indicated above.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Secretary

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\_\_\_\_\_  
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Secretary

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Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Secretary





## LABORATORY REPORT



Name : MEENABEN N PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Case ID : 40302200751

Dis. At :

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23 Sample Type : Whole Blood EDTA

Sample Date and Time : 29-Mar-2024 09:23 Sample Coll. By :

Mobile No :

Report Date and Time : 29-Mar-2024 09:39 Acc. Remarks : Normal

Ref Id1 : OSP33631

Ref Id2 : O232411488

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### HAEMATATOLOGY 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)

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# CONDITIONS OF RESORTING

1. The resorting is subject to the terms and conditions of the resorting contract, which is available at the resorting office.

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## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Dis. At :

Pt. Loc :

Case ID : 40302200751

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 29-Mar-2024 09:23

Sample Coll. By :

Ref Id1 : OSP33631

Report Date and Time : 29-Mar-2024 16:38

Acc. Remarks : Normal

Ref Id2 : O232411488

REMARKS

TEST RESULTS UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	99.53	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	95.29	mg/dL	70.0 - 140.0

Note: Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseeet 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

Name : MEENABEN N PARMAR

Sex/Age : Female/ 45 Years Case ID : 40302200751

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3469331

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 09:23

Sample Coll. By :

Ref Id1 : OSP33631

Report Date and Time : 29-Mar-2024 14:22

Acc. Remarks : Normal

Ref Id2 : O232411488

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C  
HPLC

H 6.20

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

Estimated Avg Glucose (3 Mths)  
Calculated

131.24

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 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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Page 6 of 13

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Printed On : 29-Mar-2024 16:39



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,  
Ahmedabad - 380006 ☎ 079-40408181 / 61618181

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

www.neubergsupratech.com

CONDITIONS OF REPORTING

1. The reporting party shall be held responsible for the accuracy of the information provided.

2. The reporting party shall provide a copy of this report to the appropriate authorities.

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## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : **Female/ 45 Years**

Dis. At :

Case ID : **40302200751**

Pt. ID : **3469331**

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23 Sample Type : Serum

Sample Date and Time : 29-Mar-2024 09:23 Sample Coll. By :

Report Date and Time : 29-Mar-2024 14:57 Acc. Remarks : Normal

Mobile No :

Ref Id1 : **OSP33631**

Ref Id2 : **O232411488**

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	184.76	mg/dL	110 - 200
<b>HDL Cholesterol</b>	50.7	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	53.81	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	10.76	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	3.64		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H 123.30	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

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Printed On : 29-Mar-2024 16:39









## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Dis. At :

Pt. Loc :

Case ID : 40302200751

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23 Sample Type : Serum

Sample Date and Time : 29-Mar-2024 09:23 Sample Coll. By :

Report Date and Time : 29-Mar-2024 15:24 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33631

Ref Id2 : O232411488

### TEST

### RESULTS

### UNIT BIOLOGICAL REF RANGE

### REMARKS

## BIOCHEMICAL INVESTIGATIONS

### Liver Function Test

<b>S.G.P.T</b> <i>UV with P5p</i>	L	13.10	U/L	14 - 59
<b>S.G.O.T</b> <i>UV with P5p</i>		17.67	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>		96.82	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>		18.46	U/L	0 - 38
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>		7.92	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>		4.50	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>		3.42	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>		1.3		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>		0.61	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>		0.25	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>		0.36	mg/dL	0 - 0.8

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



Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref. By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Dis. At :

Case ID : 40302200751

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23

Sample Type : Serum

Sample Date and Time : 29-Mar-2024 09:23

Sample Coll. By :

Report Date and Time : 29-Mar-2024 14:57

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33631

Ref Id2 : O232411488

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

**BUN (Blood Urea Nitrogen)** 9.4 mg/dL 7.00 - 18.70

**Uric Acid** 4.27 mg/dL 2.6 - 6.2

**Creatinine** 0.78 mg/dL 0.50 - 1.50

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT

Name : **MEENABEN N PARMAR**

Sex/Age : **Female/ 45 Years** Case ID : **40302200751**

Ref.By : **HOSPITAL**

Dis. At : Pt. ID : **3469331**

Bill. Loc. : **Aashka hospital**

Pt. Loc. :

Reg Date and Time : **29-Mar-2024 09:23** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:23** Sample Coll. By :

Ref Id1 : **OSP33631**

Report Date and Time : **29-Mar-2024 14:50** Acc. Remarks : **Normal**

Ref Id2 : **O232411488**

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

### Thyroid Function Test

Triiodothyronine (T3) C/MIA	1.01	ng/mL	0.64 - 1.52	
Thyroxine (T4) C/MIA	8.15	µg/dL	4.87 - 11.72	
TSH C/MIA	1.20	µIU/mL	0.35 - 4.94	

### 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 anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

### Reference range (microIU/ml)

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

  
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### Neuberg Diagnostics Private Limited

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Control Management

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## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Sex/Age : **Female/ 45 Years** Case ID : **40302200751**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3469331**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **29-Mar-2024 09:23** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:23** Sample Coll. By :

Ref Id1 : **OSP33631**

Report Date and Time : **29-Mar-2024 14:50** Acc. Remarks : **Normal**

Ref Id2 : **O232411488**

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

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

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

TSH ref range in Pregnancy

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

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

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

*Sandip Shah*

**Dr. Sandip Shah**

M.D. (Path. & Bact.)  
Consultant Pathologist

Page 11 of 13

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## LABORATORY REPORT



Name : **MEENABEN N PARMAR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 45 Years

Case ID : 40302200751

Dis. At :

Pt. ID : 3469331

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:23 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 29-Mar-2024 09:23 Sample Coll. By :

Ref Id1 : OSP33631

Report Date and Time : 29-Mar-2024 10:00 Acc. Remarks : Normal

Ref Id2 : O232411488

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

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity : >1.025

1.005 - 1.030

pH : 6.50

5 - 8

Leucocytes (ESTERASE)

Negative

Protein

Negative

Glucose

Absent

Ketone Bodies Urine

Negative

Urobilinogen

Negative

Bilirubin

Negative

Blood

Negative

Nitrite

Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte : Nil

Nil

Red Blood Cell : Nil

Nil

Epithelial Cell : Present +

Present(+)

Bacteria : Nil

Nil

Yeast : Nil

Nil

Cast : Nil

Nil

Crystals : Nil

Nil

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 12 of 13

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Mobile No :

Report Date and Time : 29-Mar-2024 10:00 Acc. Remarks : Normal

Ref Id1 : OSP33631

Ref Id2 : O232411488

Parameter	Unit	Expected value	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	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  
Liquid Base Cytology PAP

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

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

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

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2. The reporting party shall provide a copy of this report to the appropriate authorities within the specified time frame.

3. The reporting party shall cooperate fully with the investigation and provide any additional information requested.

4. The reporting party shall be held liable for any damages or costs incurred as a result of the reporting process.

5. The reporting party shall be held responsible for any false or misleading information provided.

6. The reporting party shall be held liable for any breach of confidentiality or other legal obligations.

7. The reporting party shall be held responsible for any failure to comply with the reporting requirements.

8. The reporting party shall be held liable for any delay in reporting or failure to report at all.

9. The reporting party shall be held responsible for any costs associated with the investigation and reporting process.

10. The reporting party shall be held liable for any damages or costs incurred as a result of the reporting process.

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29.03.2024 10:58:53 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

76 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 398 / 447 ms  
PR : 190 ms  
P : 84 ms  
RR / PP : 786 / 789 ms  
P / QRS / T : 59 / 57 / 33 degrees

Normal sinus rhythm  
Normal ECG



