



To,

The Coordinator,  
Mediwheel (Acofem) 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  | NIHARIKA RANJAN                  |
| DATE OF BIRTH                                       | 23-01-1983                       |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 29-03-2024                       |
| BOOKING REFERENCE NO.                               | 23M16735816V103564S              |
| SPOUSE DETAILS                                      |                                  |
| EMPLOYEE NAME                                       | MR. KUMAR RAMESH                 |
| EMPLOYEE EC NO.                                     | 167358                           |
| EMPLOYEE DESIGNATION                                | RETAIL LIABILITY BACK OFFICE     |
| EMPLOYEE PLACE OF WORK                              | GANDHINAGAR, GIFT CITY, NATIONAL |
| EMPLOYEE BIRTHDATE                                  | 15-01-1979                       |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 20-03-2024 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee'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





विजया बैंक  
**VIJAYA BANK**  
*A FRIEND YOU CAN BANK UPON*  
(A. GOVT OF INDIA UNDERTAKING)

नाम: **RAMESH KUMAR**

स्टाफ कूट सं.

**STAFF CODE NO. 28986**



महा प्रबंधक (का.व.प्र)  
**GENERAL MANAGER  
(PERSONNEL)**



*Ramesh Kumar*

कर्मचारी के हस्ताक्षर

**EMPLOYEE'S SIGNATURE**



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:                  |   |
| Patient Name:          | Niteshwar Pawar                               |
| Date:                  | 13/04/24                                      |
| Time:                  | 11:15   |
| Age / Sex:             | 36  |
| Height:                | 159   |
| Weight:                | 68.8  |
| History:               | ClO Conny Headly chust.                       |
| Allergy History:       |   |
| Nutritional Screening: | Well-Nourished / Malnourished / Obese         |
| Examination:           | Vm 6/6<br>6/6<br>N16<br>color vision - normal |
| Diagnosis:             |   |



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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:                        | OSP33779                              | Date:      | 13/4/24 | Time:   |     |
| Patient Name:                | Niharika Rajen                        | Age / Sex: | 36 / F  | Height: | 154 |
|                              |                                       | Weight:    | 48.8    |         |     |
| Chief Complain:              |                                       |            |         |         |     |
| History:                     | Routine dental check up.              |            |         |         |     |
| Allergy History:             |                                       |            |         |         |     |
| Nutritional Screening:       | Well-Nourished / Malnourished / Obese |            |         |         |     |
| Examination:                 |                                       |            |         |         |     |
| Extra oral :                 |                                       |            |         |         |     |
| Intra oral – Teeth Present : | Stain +<br>Caries +                   |            |         |         |     |
| Teeth Absent :               | → Carious teeth set 87                |            |         |         |     |
| Diagnosis:                   |                                       |            |         |         |     |





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CIN: L85110GJ2012PLC072647



Niharika Rajas

13/11/24

SIB Dr. Zalak

At present, Pt don't have any  
C/O.

o/E. NPIR - (2/10/16/17)  
R88 100/76 mmHg  
R9 - BSBE/cen  
Sp2 98/61 RA

Adv

Pt is fit at present

Tharu  
Zalak



13.04.2024 11:53:36 AM

AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

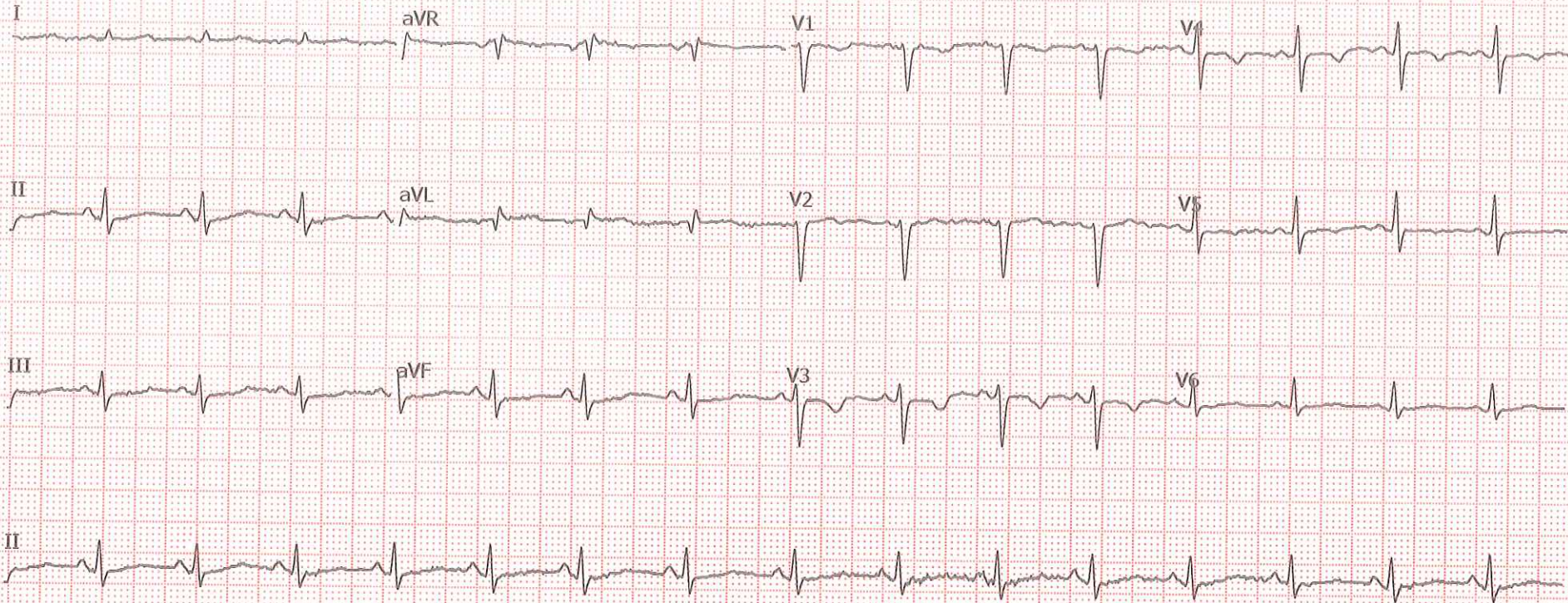
Room:

94 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 358 / 447 ms  
PR : 126 ms  
P : 98 ms  
RR / PP : 636 / 638 ms  
P / QRS / T : 73 / 40 / 55 degrees

Normal sinus rhythm  
Nonspecific ST and T wave abnormality  
Abnormal ECG







## LABORATORY REPORT



**Name :** NIHARIKA RANJAN      Sex/Age : Female/ 36 Years      Case ID : 40402200303  
**Ref.By :** HOSPITAL      Dis. At :      Pt. ID : 3513176  
**Bill. Loc. :** Aashka hospital      Pt. Loc :  
**Reg Date and Time :** 13-Apr-2024 09:11      Sample Type :      Mobile No :  
**Sample Date and Time :** 13-Apr-2024 09:11      Sample Coll. By :      RefId1 : OSP33779  
**Report Date and Time :**      Acc. Remarks : Normal      RefId2 :

### Abnormal Result(s) Summary

| Test Name                                       | Result Value | Unit  | Reference Range |
|---|--------------|-------|-----------------|
| <b>Blood Glucose Fasting &amp; Postprandial</b> |              |       |                 |
| Plasma Glucose - F                              | 101.63       | mg/dL | 70.0 - 100      |
| <b>Haemogram (CBC)</b>                          |              |       |                 |
| Haemoglobin                                     | 11.5         | G%    | 12.0 - 15.0     |
| PCV(Calc)                                       | 35.83        | %     | 36.00 - 46.00   |
| <b>Lipid Profile</b>                            |              |       |                 |
| LDL Cholesterol                                 | 106.57       | mg/dL | 0.00 - 100.00   |
| <b>Liver Function Test</b>                      |              |       |                 |
| S.G.O.T.  | 14.80        | U/L   | 15 - 37         |
| Uric Acid                                       | 2.53         | mg/dL | 2.6 - 6.2       |
| Test Remark: Rechecked.                         |              |       |                 |

### Abnormal Result(s) Summary End

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



## LABORATORY REPORT

Name : **NIHARIKA RANJAN** Sex/Age : **Female/ 36 Years** Case ID : **404022000303**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3513176**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33779**  
 Report Date and Time : **13-Apr-2024 11:33** Acc. Remarks : **Normal** Ref Id2 :

| TEST | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|------|---------|------|--------------------------|---------|
|------|---------|------|--------------------------|---------|

### HAEMOGRAM REPORT

|   |     |       |               |  |
|---|-----|-------|---------------|--|
| <b>HB AND INDICES</b>                                   |     |       |               |  |
| Haemoglobin   | L   | 11.5  | G%            | 12.0 - 15.0  |
| RBC (Electrical Impedance)                              |     | 3.99  | millions/cumm | 3.80 - 4.80  |
| PCV(Calc)   | L   | 35.83 | %             | 36.00 - 46.00  |
| MCV (RBC histogram)                                     |     | 89.8  | fL            | 83.00 - 101.00   |
| MCH (Calc)  |     | 28.8  | pg            | 27.00 - 32.00  |
| MCHC (Calc)   |     | 32.1  | gm/dL         | 31.50 - 34.50  |
| RDW (RBC histogram)                                     |     | 15.20 | %             | 11.00 - 16.00  |
| <b>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</b> |     |       |               |  |
| Total WBC Count   |     | 4630  | /µL           | 4000.00 - 10000.00   |
| Neutrophil  | [%] | 51.0  | %             | EXPECTED VALUES<br>40.00 - 70.00 [Abs]<br>2361 /µL 2000.00 - 7000.00 |
| Lymphocyte  |     | 40.0  | %             | 20.00 - 40.00 1852 /µL 1000.00 - 3000.00                             |
| Eosinophil  |     | 3.0   | %             | 1.00 - 6.00 139 /µL 20.00 - 500.00                                   |
| Monocytes   |     | 6.0   | %             | 2.00 - 10.00 278 /µL 200.00 - 1000.00                                |
| Basophil  |     | 0.0   | %             | 0.00 - 2.00 0 /µL 0.00 - 100.00                                      |

### PLATELET COUNT (Optical)

|                         |  |        |     |                       |
|-------------------------|--|--------|-----|-----------------------|
| Platelet Count          |  | 158000 | /µL | 150000.00 - 410000.00 |
| Neut/Lympho Ratio (NLR) |  | 1.27   |     | 0.78 - 3.53           |

### SMEAR STUDY

|                |                                       |
|----------------|---------------------------------------|
| RBC Morphology | Normocytic Normochromic RBCs.         |
| WBC Morphology | Total WBC count within normal limits. |
| Platelet       | Platelets are adequate in number.     |
| Parasite       | Malarial Parasite not seen on smear.  |

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



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

Page 2 of 13

Printed On : 13-Apr-2024 15:43









## LABORATORY REPORT



Name : **NIHARIKA RANJAN** Sex/Age : **Female/ 36 Years** Case ID : **40402200303**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3513176**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :  
Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Whole Blood EDTA** Mobile No. :  
Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33779**  
Report Date and Time : **13-Apr-2024 14:24** Acc. Remarks : **Normal** Ref Id2 :

| TEST                                   | RESULTS   | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|-----------|------|----------------------|---------|
| <b>ESR</b><br><i>Westergren Method</i> | <b>04</b> |      | mm after 1hr 3 - 20  |         |

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

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

Page 3 of 13

Printed On : 13-Apr-2024 16:43







## LABORATORY REPORT



Name : **NIHARIKA RANJAN** Sex/Age : Female/ 36 Years Case ID : 40402200303  
Ref.By : HOSPITAL Dis. At : Pt. ID : 3513176  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33779  
Report Date and Time : 13-Apr-2024 09:51 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### HAEMATOLOGY 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 13

Printed On : 13-Apr-2024 15:43







## LABORATORY REPORT



Name : **NIHARIKA RANJAN**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 36 Years

Dis. At :

Case ID : 40402200303

Pt. ID : 3513176

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:11

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 13-Apr-2024 09:11

Sample Coll. By :

Ref Id1 : OSP33779

Report Date and Time : 13-Apr-2024 12:58

Acc. Remarks : Normal

Ref Id2 :

REMARKS

RESULTS

UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

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

|                     |   |        |       |              |
|---------------------|---|--------|-------|--------------|
| Plasma Glucose - F  | H | 101.63 | mg/dL | 70.0 - 100   |
| Plasma Glucose - PP |   | 95.90  | mg/dL | 70.0 - 140.0 |

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

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseeer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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

Page 5 of 13

Printed On : 13-Apr-2024 15:43







## LABORATORY REPORT



Name : NIHARIKA RANJAN

Sex/Age : Female/ 36 Years Case ID : 40402200303

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3513176

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:11

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 09:11

Sample Coll. By :

Ref Id1 : OSP333779

Report Date and Time : 13-Apr-2024 10:15

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C

5.32

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

**Estimated Avg Glucose (3 Mths)**

105.98

mg/dL Not available

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

#### Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 6 of 13

Printed On : 13-Apr-2024 15:43



**Neuberg Diagnostics Private Limited**







## LABORATORY REPORT



Name : **NIHARIKA RANJAN**

Sex/Age : Female/ 36 Years

Case ID : 40402200303

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3513176

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:11

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 09:11

Sample Coll. By :

Ref Id1 : OSP33779

Report Date and Time : 13-Apr-2024 15:10

Acc. Remarks : Normal

Ref Id2 :

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

|  |          |       |               |  |
|--|----------|-------|---------------|--|
| <b>Cholesterol</b><br><i>Colorimetric, CHOD-POD</i>      | 171.25   | mg/dL | 110 - 200     |  |
| <b>HDL Cholesterol</b>                                   | 50.2     | mg/dL | 48 - 77       |  |
| <b>Triglyceride</b><br><i>Glycerol Phosphate Oxidase</i> | 72.40    | mg/dL | <150          |  |
| <b>VLDL</b><br><i>Calculated</i>                         | 14.48    | mg/dL | 10 - 40       |  |
| <b>Chol/HDL</b><br><i>Calculated</i>                     | 3.41     |       | 0 - 4.1       |  |
| <b>LDL Cholesterol</b><br><i>Calculated</i>              | H 106.57 | 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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : **NIHARIKA RANJAN** Sex/Age : Female/ 36 Years Case ID : 40402200303  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3513176  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Serum Mobile No :  
 Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33779  
 Report Date and Time : 13-Apr-2024 15:13 Acc. Remarks : Normal Ref Id2 :

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

|   |         |       |             |  |
|---|---------|-------|-------------|--|
| <b>S.G.P.T.</b><br><i>UV with P5p</i>   | 23.86   | U/L   | 14 - 59     |  |
| <b>S.G.O.T.</b><br><i>UV with P5p</i>   | L 14.80 | U/L   | 15 - 37     |  |
| <b>Alkaline Phosphatase</b><br><i>Enzymatic, PNPP-AMP</i>                                       | 75.98   | U/L   | 46 - 116    |  |
| <b>Gamma Glutamyl Transferase</b><br><i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i> | 11.88   | U/L   | 0 - 38      |  |
| <b>Proteins (Total)</b><br><i>Colorimetric, Biuret</i>  | 7.90    | gm/dL | 6.40 - 8.30 |  |
| <b>Albumin</b><br><i>Bromocresol purple</i>   | 4.51    | gm/dL | 3.4 - 5     |  |
| <b>Globulin</b><br><i>Calculated</i>  | 3.39    | gm/dL | 2 - 4.1     |  |
| <b>A/G Ratio</b><br><i>Calculated</i>   | 1.3     |       | 1.0 - 2.1   |  |
| <b>Bilirubin Total</b><br><i>Photometry</i>   | 0.45    | mg/dL | 0.3 - 1.2   |  |
| <b>Bilirubin Conjugated</b><br><i>Diazotization reaction</i>                                    | 0.16    | mg/dL | 0 - 0.50    |  |
| <b>Bilirubin Unconjugated</b><br><i>Calculated</i>  | 0.29    | 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 : **NIHARIKA RANJAN** Sex/Age : Female/ 36 Years Case ID : 40402200303  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3513176  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Serum Mobile No :  
 Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33779  
 Report Date and Time : 13-Apr-2024 15:10 Acc. Remarks : Normal Ref Id2 :

| TEST                                     | RESULTS | UNIT  | BIOLOGICAL REF RANGE | REMARKS    |
|--|---------|-------|----------------------|------------|
| <b>BUN (Blood Urea Nitrogen)</b><br>GLDH | 7.4     | mg/dL | 7.00 - 18.70         |            |
| <b>Uric Acid</b>                         | L 2.53  | mg/dL | 2.6 - 6.2            | Rechecked. |
| <b>Creatinine</b>                        | 0.53    | 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 : **NIHARIKA RANJAN** Sex/Age : **Female/ 36 Years** Case ID : **40402200303**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3513176**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33779**  
 Report Date and Time : **13-Apr-2024 11:08** Acc. Remarks : **Normal** Ref Id2 :

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

### Thyroid Function Test

|                         |       |        |              |  |
|-------------------------|-------|--------|--------------|--|
| Triiodothyronine (T3)   | 93.44 | ng/dL  | 70 - 204     |  |
| Thyroxine (T4)<br>C/M/A | 8.34  | ng/dL  | 4.87 - 11.72 |  |
| TSH<br>C/M/A            | 3.46  | 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

|                  | Reference range (microIU/ml) |
|------------------|------------------------------|
| First trimester  | 0.24 - 2.00                  |
| Second trimester | 0.43-2.2                     |
| Third trimester  | 0.8-2.5                      |

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



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

Page 10 of 13

Printed On : 13-Apr-2024 16:43



### Neuberg Diagnostics Private Limited







## LABORATORY REPORT



Name : **NIHARIKA RANJAN** Sex/Age : Female/ 36 Years Case ID : 40402200303  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3513176  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 13-Apr-2024 09:11 Sample Type : Serum Mobile No :  
 Sample Date and Time : 13-Apr-2024 09:11 Sample Coll. By : Ref Id1 : OSP33779  
 Report Date and Time : 13-Apr-2024 11:08 Acc. Remarks : Normal Ref Id2 :

**Interpretation Note:**

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

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

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.  
 TSH ref range in Pregnancy  
 Reference range (microIU/ml)  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2  
 Third trimester 0.8-2.5

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

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

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

Page 11 of 13

Printed On : 13-Apr-2024 15:43







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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3513176**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Apr-2024 09:11** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **13-Apr-2024 09:11** Sample Coll. By : Ref Id1 : **OSP33779**  
 Report Date and Time : **13-Apr-2024 12:46** Acc. Remarks : **Normal** Ref Id2 :

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

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

|  |             |      |               |  |
|--|-------------|------|---------------|--|
| <u>Physical examination</u>                  |             |      |               |  |
| Colour                                       | Pale yellow |      |               |  |
| Transparency                                 | Clear       |      |               |  |
| Chemical Examination By Sysmex UC-3500       |             |      |               |  |
| Sp.Gravity                                   | 1.010       |      | 1.005 - 1.030 |  |
| pH   | 6.50        |      | 5 - 8         |  |
| Leucocytes (ESTERASE)                        | Negative    |      | Negative      |  |
| Protein                                      | Negative    |      | Negative      |  |
| Glucose                                      | Negative    |      | Negative      |  |
| Ketone Bodies Urine                          | Negative    |      | Negative      |  |
| Urobilinogen                                 | Negative    |      | Negative      |  |
| Bilirubin                                    | Negative    |      | Negative      |  |
| Blood  | Negative    |      | Negative      |  |
| Nitrite                                      | Negative    |      | Negative      |  |
| Flowcytometric Examination By Sysmex UF-5000 |             |      |               |  |
| Leucocyte                                    | Nil         | /HPF | Nil           |  |
| Red Blood Cell                               | Nil         | /HPF | Nil           |  |
| Epithelial Cell                              | Present +   | /HPF | Present(+)    |  |
| Bacteria                                     | Nil         | /µL  | Nil           |  |
| Yeast  | Nil         | /µL  | Nil           |  |
| Cast   | Nil         | /HPF | Nil           |  |
| Crystals                                     | Nil         | /HPF | Nil           |  |

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Page 12 of 13

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| Parameter    | Unit  | Expected value | Result/Notations |    |     |      |
|--------------|-------|----------------|------------------|----|-----|------|
|              |       |                | Trace            | +  | ++  | +++  |
| pH           | -     | 4.6-8.0        |                  |    |     | ++++ |
| SG           | -     | 1.003-1.035    |                  |    |     |      |
| Protein      | mg/dL | Negative (<10) | 10               | 25 | 75  | 150  |
| Glucose      | mg/dL | Negative (<30) | 30               | 50 | 100 | 300  |
| Bilirubin    | mg/dL | Negative (0.2) | 0.2              | 1  | 3   | 6    |
| Ketone       | mg/dL | Negative (<5)  | 5                | 15 | 50  | 150  |
| Urobilinogen | mg/dL | Negative (<1)  | 1                | 4  | 8   | 12   |

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

----- 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)

Page 13 of 13

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**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Peirol 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



Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

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



PATIENT NAME:NIHARIKA RANJAN

GENDER/AGE:Female / 36 Years

DOCTOR:

OPDNO:OSP33779

DATE:13/04/24

## 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 anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

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



RADIOLOGIST


DR.MEHUL PATELIYA





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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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647

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



PATIENT NAME:NIHARIKA RANJAN

GENDER/AGE:Female / 36 Years

DOCTOR:

OPDNO:OSP33779

DATE:13/04/24

### 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.

No evidence of cervical rib is seen on either side.

### Impression:

Normal chest x-ray examination.



RADIOLOGIST

DR.MEHUL PATELIYA





**aashka**  
HOSPITAL



Cytological examination- Pap smear  
request form

Name:

Niharika

Age:

36 yrs

Complaints:

None

No of deliveries:

1 FTD/9/7 yrs

Last Delivery:

History of abortion:

H/O medical conditions associated:

Last abortions:

DM  
HTN  
Thyroid

|   |
|---|
| — |
| — |
| — |

MH:

Reg: Room

LMP:

10/3/24

P/A:

P/S:

Gx Pession (+)

P/V:

Pap test  
805 Aug

Sample:-

Vagina  
Cervix

|   |
|---|
| — |
| — |

Doctors Sign:-

*Pathan*



PATIENT NAME:NIHARIKA RANJAN

GENDER/AGE:Female / 36 Years

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP33779

DATE:13/04/24

2D-ECHO

|                 |                                       |                |
|-----------------|---------------------------------------|----------------|
| MITRAL VALVE    | : MILD MVP                            |                |
| AORTIC VALVE    | : NORMAL                              |                |
| TRICUSPID VALVE | : NORMAL                              |                |
| PULMONARY VALVE | : NORMAL                              |                |
| AORTA           | : 32mm                                |                |
| LEFT ATRIUM     | : 32mm                                |                |
| LV Dd / Ds      | : 41/27mm                             | EF 58%         |
| IVS / LVPW / D  | : 10/9mm                              |                |
| IVS             | : INTACT                              |                |
| IAS             | : FLOPPY                              |                |
| RA              | : NORMAL                              |                |
| RV              | : NORMAL                              |                |
| PA              | : NORMAL                              |                |
| PERICARDIUM     | : NORMAL                              |                |
| VEL             | : PEAK                                | MEAN           |
| M/S             | : Gradient mm Hg                      | Gradient mm Hg |
| MITRAL          | : 1.1/0.6m/s                          |                |
| AORTIC          | : 1.4m/s                              |                |
| PULMONARY       | : 0.9m/s                              |                |
| COLOUR DOPPLER  | : TRIVIAL MR/AR                       |                |
| RVSP            | :                                     |                |
| CONCLUSION      | : NORMAL LV SIZE / SYSTOLIC FUNCTION. |                |

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)



