

प्रति,

समान्यकर्ता,

Mediwheel (Aroofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे कारगर अनुसार आपके द्वारा उपलब्ध कराई गई कैबलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

नाम	स्वास्थ्य जांच लाभार्थी के विवरण
	NITU KUMARI VERMA
जन्म की तारीख	30-01-1994
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
युनिक संदर्भ सं.	23M11006100103520S
कर्मचारी का नाम	पत्नी/पति के विवरण
कर्मचारी की क. क्र. संख्या	MR. RANJAN PRABHAT KUMAR
कर्मचारी का पद	111006
कर्मचारी के कार्य का स्थान	FOREX BACK OFFICE
कर्मचारी के जन्म की तारीख	GANDHINAGAR/GIFT CITY/NATIONAL
	05-10-1983

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ीदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 20-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के





बैंक ऑफ बड़ोदा  
Bank of Baroda

प्रभात कुमार रंजन  
Prbhat Kumar Ranjan

111006

टीए  
Name  
संस्थान संख्या  
E.C. No.

*Prbhat Kumar Ranjan*  
आचार्य प्राधिकारी  
Issuing Authority

*Prbhat Kumar Ranjan*  
आधार के समर्थक  
Signatures of Holder



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



DR. TAPAS RAVAL  
MBBS . D.O  
(FELLOW IN PHACO & MEDICAL  
RATINA)  
REG.NO.G-21350

UHID:	QSP33767	Date:	13/04/24	Time:	
Patient Name:	NITBUDINGI				
History:	C16 Comy Hetero dudi Age / Sex: 9 - Height: 152 Weight: 61.4				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VV x 616 606 216 Color vision - Normal				
Diagnosis:					



Aashka Hospitals Ltd.

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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: osp33767

Date:

13/4/24

Time:

Patient Name:

Nitin Kumar Verma

Age / Sex:

30 / F

Height:

152

Weight:

61.4

Chief Complain:

Routine dental check up.

History:

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral:

Stain +  
Calculus +

Intra oral – Teeth Present:

28 7 6 7  
7 6 7 6 7

Teeth Absent:

Caries  
braking  
teeth  
antrum  
fate

Diagnosis:





HITUKUMARI

13.04.2024 11:07:34 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

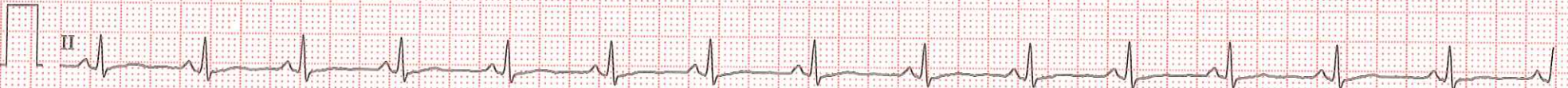
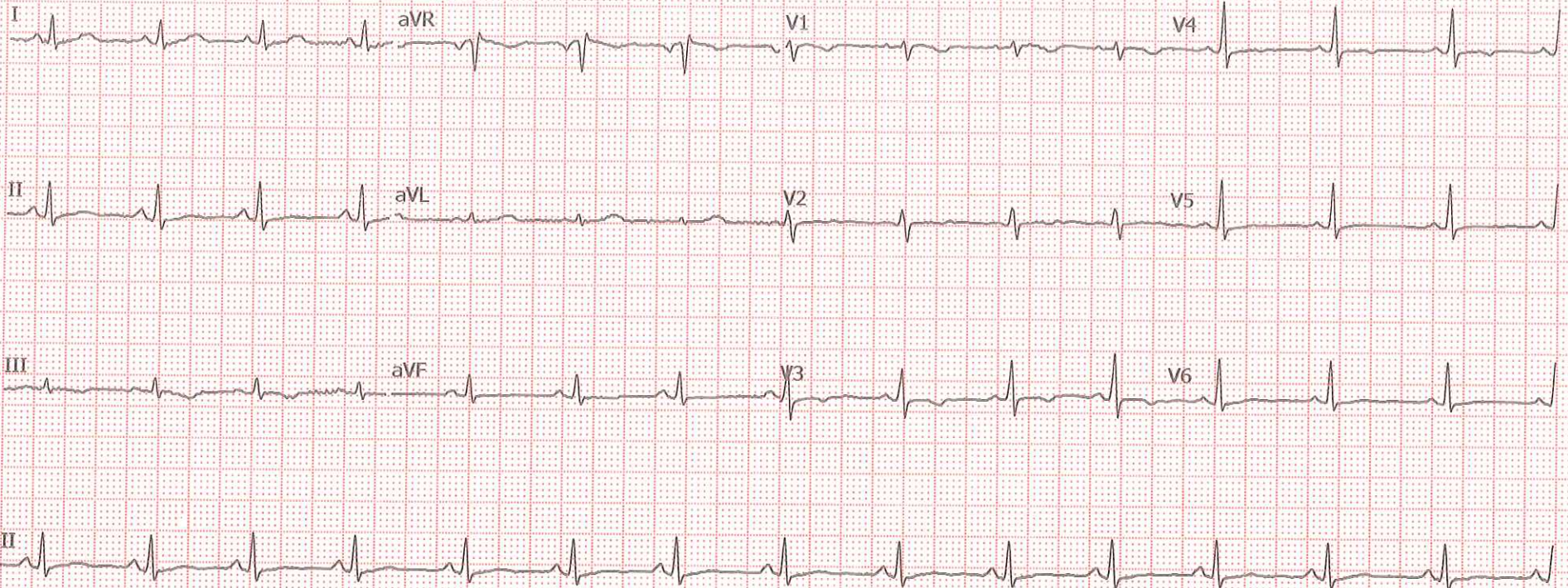
86 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

30/F

QRS : 74 ms  
QT / QTcBaz : 364 / 435 ms  
PR : 118 ms  
P : 92 ms  
RR / PP : 694 / 697 ms  
P / QRS / T : 43 / 50 / 13 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG







## LABORATORY REPORT



Name : **NIKUMARI VERMA**

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time :  
Acc. Remarks : Normal

Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
HDL Cholesterol	32.6	mg/dL	48 - 77
Triglyceride	301.24	mg/dL	<150
VLDL	60.25	mg/dL	10 - 40
Chol/HDL	6.02		0 - 4.1
LDL Cholesterol	103.54	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Alkaline Phosphatase	165.39	U/L	46 - 116
Proteins (Total)	8.70	gm/dL	6.40 - 8.30
Albumin	5.03	gm/dL	3.4 - 5
Plasma Glucose - F	104.17	mg/dL	70.0 - 100
Plasma Glucose - PP	192.70	mg/dL	70.0 - 140.0

### Abnormal Result(s) Summary End

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





## LABORATORY REPORT



Name : **NIJUKUMARI VERMA**

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 09:22

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.49	millions/cumm	3.80 - 4.80	
PCV(Calc)	40.45	%	36.00 - 46.00	
MCV (RBC histogram)	90.1	fL	83.00 - 101.00	
MCH (Calc)	29.4	pg	27.00 - 32.00	
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.50	%	11.00 - 16.00	

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	8220	/µL	4000.00 - 10000.00	
Neutrophil	[%] 60.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 4932 /µL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2795 /µL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	164 /µL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	329 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	278000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		0.78 - 3.53

#### SMEAR STUDY

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

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

Dr. Shreya Shah  
M.D. (Pathologist)





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years Case ID : 404022200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 12:22

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

*Westergren Method*

18

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 12







## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Pt. Loc :

Case ID : 40402200290

Pt. ID : 3513042

Mobile No :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Whole Blood EDTA

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Report Date and Time : 13-Apr-2024 08:59

Acc. Remarks : Normal

Ref Id1 : OSP33769

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 12

Printed On : 13-Apr-2024 12:35







## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Plasma Fluoride F<sub>i</sub> Plasma Fluoride PP<sub>i</sub> Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 10:43

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Plasma Glucose - F	H	104.17	mg/dL	70.0 - 100	
Plasma Glucose - PP <i>Photometric.Hexokinase</i>	H	192.70	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>		8.5	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>		5.18	mg/dL	2.6 - 6.2	
Creatinine		0.71	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 12





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 09:22

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C 5.66

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

Estimated Avg Glucose (3 Mths)  
*Calculated* 115.74

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 12





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Case ID : 40402200290

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 11:14

Ref Id2 :

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

### TEST

#### RESULTS

#### REMARKS

#### UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		196.39	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	32.6	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	301.24	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	H	60.25	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	6.02		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	103.54	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
Elevated 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)

Page 7 of 12







## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 10:44

Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	40.56	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	29.29	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	H 165.39	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	33.48	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	H 8.70	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	H 5.03	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.67	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.4		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	1.19	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.50	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.69	mg/dL	0 - 0.8	

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



Dr. Shreya Shah

M.D. (Pathologist)





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Dis. At :

Case ID : 40402200290

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40

Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40

Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 09:59

Acc. Remarks : Normal

Ref Id2 :

### TEST

### RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

### Thyroid Function Test

Triiodothyronine (T3)	93.84	ng/dL	70 - 204
Thyroxine (T4) C/M/A	6.33	ng/dL	4.87 - 11.72
TSH C/M/A	2.28	µIU/mL	0.4 - 4.2

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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



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M.D. (Pathologist)





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40 Sample Type : Serum

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40 Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 09:59 Acc. Remarks : Normal

Ref Id2 :

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed s-TSH 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

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.7

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 10 of 12





## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40 Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 10:55 Acc. Remarks : Normal

Ref Id2 :

### 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	1.010		1.005 - 1.030
pH	6.00		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

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 11 of 12







## LABORATORY REPORT



Name : NIJUKUMARI VERMA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 30 Years

Case ID : 40402200290

Dis. At :

Pt. ID : 3513042

Pt. Loc :

Reg Date and Time : 13-Apr-2024 08:40 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 13-Apr-2024 08:40 Sample Coll. By :

Ref Id1 : OSP33769

Report Date and Time : 13-Apr-2024 10:55 Acc. Remarks : Normal

Ref Id2 :

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.6-8.0				++++
SG	-	1.003-1.035				
Protein	mg/dL	Negative (<10)	10	25	75	150
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)



PATIENT NAME: NITU KUMARI VERMA

GENDER/AGE: Female / 30 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33767

DATE: 13/04/24

### 2D-ECHO

MITRAL VALVE : MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 28mm  
LEFT ATRIUM : 30mm  
LV Dd / Ds : 33/21mm EF 60%  
IVS / LVPW / D : 8/9mm  
IVS : INTACT  
IAS : FLOPPY  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 0.9/0.4m/s  
AORTIC : 1.1m/s  
PULMONARY : 0.8m/s  
COLOUR DOPPLER : MILD MR/AR; NO PAH  
RVSP : 28mmHg  
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.



CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)





Name: Nitykumar Z Age: 30 yr

Complaints: None  
6 days

No of deliveries: 1 F7688 / 8/6 yr

Last Delivery: \_\_\_\_\_

History of abortion: \_\_\_\_\_  
3 para (Twins)

Last abortions: \_\_\_\_\_  
2020 / D&C

MH: \_\_\_\_\_ Reg: Rachit  
LMP: 23/3/25  
P/A: \_\_\_\_\_

P/S: GS  
P/N: 1 Pap smear

Sample:-  
Vagina   
Cervix   
Doctors Sign:- Rachit

H/O medical conditions associated:

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>



Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

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



**PATIENT NAME:**NITU KUMARI VERMA

**GENDER/AGE:**Female / 30 Years

**DOCTOR:**

**OPDNO:**OSP33767

**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**





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



**PATIENT NAME:**NITU KUMARI VERMA

**GENDER/AGE:**Female / 30 Years

**DOCTOR:**

**OPDNO:**OSP33767

**DATE:**13/04/24

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**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:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and uterus.



**RADIOLOGIST**

**DR. MEHUL PATELIYA**

