



LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. MISTRY KRUTIKABEN KIRITKUMAR
EC NO.	182646
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	VIJAPUR
BIRTHDATE	12-03-1992
PROPOSED DATE OF HEALTH CHECKUP	09-12-2023
BOOKING REFERENCE NO.	23D182646100078506E

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 **07-12-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



नाम : कृतिकाबेन कीरीटकुमार मीस्त्री
Name: Krutikaben Kiritkumar Mistry

कर्मचारी कोड नं.
Employee Code No. 182646


निष्पत्ति प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Signature of Holder



Name: *Lezati Mistry* Age: *31 yrs*

Complaints:
None
No g. present

No of deliveries: *1 F1G1G1/23/Adm.*
Last Delivery: *3 yrs*

History of abortion: *MTB Pill taken*
Last abortions: *2 abortions*
H/O medical conditions associated:
DM
HTN
Thyroid

MH: *Recpt* Reg:
LMP: *12/11/23*

P/A: *Soft*
P/S:
P/V: *♀ (M) mild dry for*

Sample:-
Vagina
Cervix

Doctors Sign:- *P. Abgade*

PATIENT NAME: KRUTIKABEN K MISTRY

GENDER/AGE: Female / 31 Years

DATE: 09/12/23

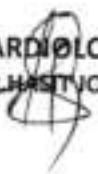
DOCTOR: DR. HASIT JOSHI

OPDNO: OSP32520

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 35/23mm	EF 60%
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	: 0.9/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type :	Mobile No :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248194

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.9	G%	12.0 - 15.0
MCV (RBC histogram)	77.7	fL	83.00 - 101.00
MCH (Calc)	25.4	pg	27.00 - 32.00
Lipid Profile			
HDL Cholesterol	44.2	mg/dL	48 - 77
Urine Examination			
Leucocytes (ESTERASE)	Present (++)		Negative
Leucocyte	20-25	/HPF	Nil
Red Blood Cell	1-2	/HPF	Nil
Bacteria	Present (+)	/ul	Nil

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 09:53	Acc. Remarks : Normal	Ref Id2 : O23248191

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.68	millions/cumm	3.80 - 4.80
PCV(Calc)	36.36	%	36.00 - 46.00
MCV (RBC histogram)	L 77.7	fL	83.00 - 101.00
MCH (Calc)	L 25.4	pg	27.00 - 32.00
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.00	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6570	/μL	4000.00 - 10000.00
	[%]	%	EXPECTED VALUES [Abs]
Neutrophil	66.0	%	40.00 - 70.00 4336 /μL
Lymphocyte	27.0	%	20.00 - 40.00 1774 /μL
Eosinophil	3.0	%	1.00 - 6.00 197 /μL
Monocytes	4.0	%	2.00 - 10.00 263 /μL
Basophil	0.0	%	0.00 - 2.00 0 /μL

PLATELET COUNT (Optical)

Platelet Count	331000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.44		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic 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)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 3120220017/
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 10:31	Acc. Remarks : Normal	Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	08	mm after 1hr	3 - 20	

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 : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		PL. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 09:49	Acc. Remarks : Normal	Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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)

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 **CAP**
ACCREDITED
COLLEGE AMERICAN PATHOLOGISTS

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY Sex/Age : Female/ 31 Years Case ID : 31202200174
 Ref.By : Dis. At : Pt. ID : 3182344
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Dec-2023 09:35 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 09-Dec-2023 09:35 Sample Coll. By : Ref Id1 : OSP32520
 Report Date and Time : 09-Dec-2023 10:52 Acc. Remarks : Normal Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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	6.00		5 - 8
Leucocytes (ESTERASE)	Present (++)		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	20-25	/HPF	Nil
Red Blood Cell	1-2	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Present (+)	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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 : KRUTIKUMAR K MISTRY Sex/Age : Female/ 31 Years Case ID : 3120220017
 Ref.By : Dis. At : Pt. ID : 3182344
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 09-Dec-2023 09:35 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 09-Dec-2023 09:35 Sample Coll. By : Ref Id1 : OSP32520
 Report Date and Time : 09-Dec-2023 10:52 Acc. Remarks : Normal Ref Id2 : O23248194

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			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)	/hpf	<2	-	-	-	-	-

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	PL ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No. :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 13:32	Acc. Remarks : Normal	Ref Id2 : O23248194
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	95.67	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	116.47	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 glucoseer 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 : KRUTIKUMAR K MISTRY Sex/Age : Female/ 31 Years Case ID : 31202200174
 Ref.By : Dis. At : PL ID : 3182344
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 09-Dec-2023 09:35 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Dec-2023 09:35 Sample Coll. By : Ref Id1 : OSP32520
 Report Date and Time : 09-Dec-2023 12:24 Acc. Remarks : Normal Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-PGD</i>	161.06	mg/dL	110 - 200
HDL Cholesterol	L 44.2	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	95.63	mg/dL	<150
VLDL <i>Calculated</i>	19.13	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.64		0 - 4.1
LDL Cholesterol <i>Calculated</i>	97.73	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

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

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 12:24	Acc. Remarks : Normal	Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	35.79	U/L	14 - 59
S.G.O.T. <i>UV with PSP</i>	22.40	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	70.86	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	12.10	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.08	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.52	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.56	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	1.02	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.36	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.66	mg/dL	0 - 0.8

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

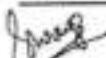


Name : KRUTIKUMAR K MISTRY Sex/Age : Female/ 31 Years Case ID : 31202200174
 Ref.By : Dis. At : Pl. ID : 3182344
 Bill. Loc. : Aashka hospital Pl. Loc :

Reg Date and Time : 09-Dec-2023 09:35 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Dec-2023 09:35 Sample Coll. By : Ref Id1 : OSP32520
 Report Date and Time : 09-Dec-2023 12:24 Acc. Remarks : Normal Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	7.6	mg/dL	7.00 - 18.70	
Creatinine	0.67	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	4.31	mg/dL	2.6 - 6.2	

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


Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY Sex/Age : Female/ 31 Years Case ID : 3120220017
 Ref.By : Dis. At : PL ID : 3182344
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Dec-2023 09:35 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 09-Dec-2023 09:35 Sample Coll. By : Ref id1 : OSP32520
 Report Date and Time : 09-Dec-2023 09:59 Acc. Remarks : Normal Ref id2 : O23248194

TFST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.27	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	104.55	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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Saira Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref.By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Serum	Mobile No. :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 10:45	Acc. Remarks : Normal	Ref Id2 : O23248194

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	101.76	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	10.33	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.29	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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : KRUTIKUMAR K MISTRY	Sex/Age : Female/ 31 Years	Case ID : 31202200174
Ref. By :	Dis. At :	Pt. ID : 3182344
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:35	Sample Coll. By :	Ref Id1 : OSP32520
Report Date and Time : 09-Dec-2023 10:45	Acc. Remarks : Normal	Ref Id2 : O23248194

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, 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 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 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/↑	↓

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 or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen 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)

Printed On : 09-Dec-2023 13:27



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CIN: L85110GJ2012PLC072647



PATIENT NAME: KRUTIKABEN K MISTRY

GENDER/AGE: Female / 31 Years

DATE: 09/12/23

DOCTOR:

OPDNO: OSP32520

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

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

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

09.12.2023 10:52:30 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

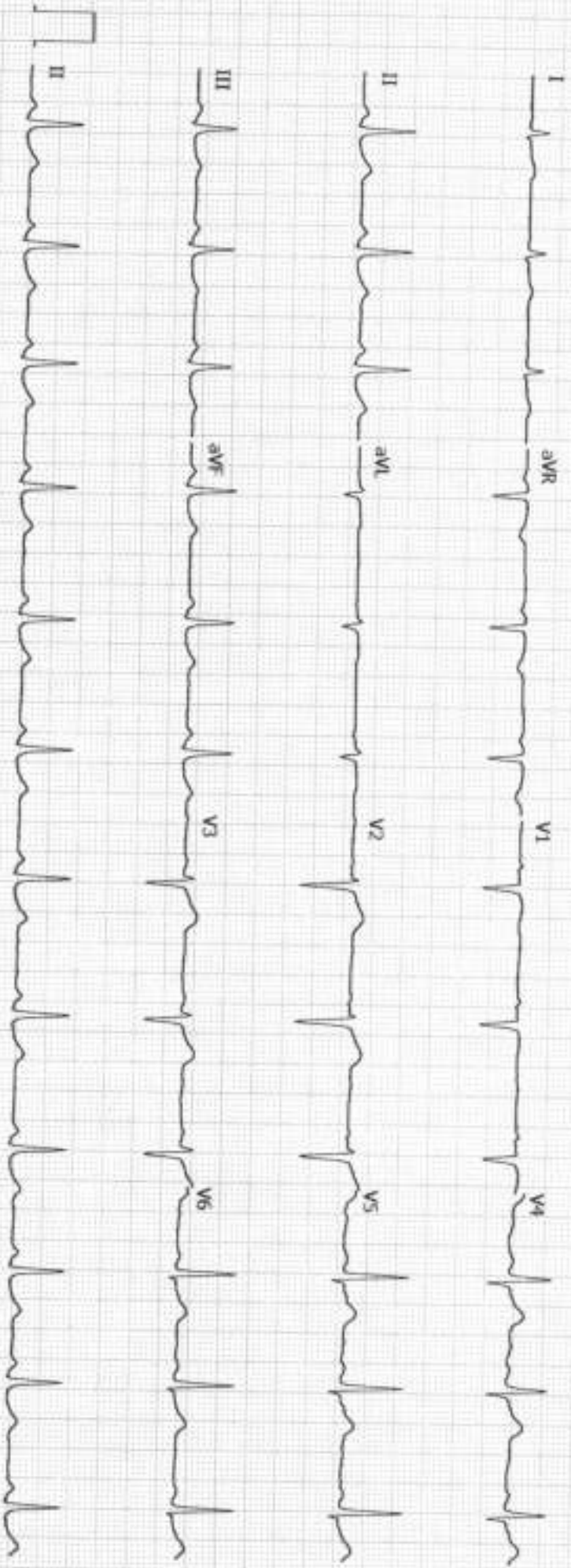
Room:

71 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcbaz : 388 / 421 ms
PR : 136 ms
p : 98 ms
RR / PP : 842 / 845 ms
P / QRS / T : 74 / 77 / 64 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2 5x3 25_R1

1/1

DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

UHID:		Date: 9/12/23	Time: 2 PM
Patient Name: Koutikarnor સચિત્રી.		Height:	
Age / Sex: 54y/F	LMP:	Weight:	
History:		History:	
/C/O: N/A		plulo UTI. urine - R leucocyte (+)	
Allergy History: N/A		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination: Temperature: normal Pulse: 98/min BP: 128/82 mmHg SPO2: 98% on RA			
Provisional Diagnosis:			

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

UHID:	Date: 9/12/23	Time:
Patient Name: Krutika Son Mishra	Age/Sex: 31/F	Height:
		Weight:
Chief Complain:		
History: Reactive alveolar alveolar ridge		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Stain ++	
	Caries ++	
Teeth Absent :		
Diagnosis:		

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

Other Advice:

Scouting

Follow-up:

Consultant's Sign:

[Signature]

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

UHID:	Date: 09/12/23	Time: 11:10
Patient Name: Kshatiraj Mithay	Age / Sex:	Height:
	Weight:	
History:	Common Hæthor chest	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	MM 6/6 6/6 N/A CORUS VISION - NEGATIVE	
Diagnosis:		