



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	MR. TRIVEDI NITINKUMAR BABUBHAI
EC NO.	155827
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	VALAM
BIRTHDATE	01-05-1970
PROPOSED DATE OF HEALTH CHECKUP	10-06-2023
BOOKING REFERENCE NO.	23J155827100060266E

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 **24-05-2023** 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.

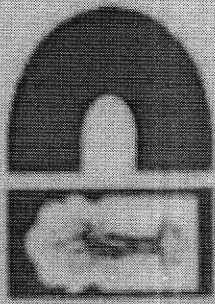
We solicit your co-operation in this regard.

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))



**देना बैंक**  
**DENA BANK**

(A Government of India Enterprise)

प. पत्र संख्या /  
I Card No. : 07436

नाम / Name : NITIN TRIVEDI

पिता का नाम /  
Father's Name : BABUBHAI V. TRIVEDI

भ.नि.क. / PF No. : S - 4613  
रकता समूह / BG : O +ve

जारी करने की तिथि / Date Of Issue : 18/11/2014



*Nitin Trivedi*

कर्मचारी के हस्ताक्षर  
Signature of Staff

*Nitin Trivedi*

जारीकर्ता प्राधिकारी के हस्ताक्षर  
Signature of Issuing Authority

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

<b>UHID:</b>	OSP 30538	<b>Date:</b>		<b>Time:</b>	
<b>Patient Name:</b>	Vitinkumar B. Trivedi	<b>Age / Sex:</b>		53 / m	
		<b>Height:</b>		170 cm	
		<b>Weight:</b>		70.5 kg	
<b>Chief Complain:</b>	→ Pain upper teeth back teeth region since last week				
<b>History:</b>					
<b>Allergy History:</b>	→ no				
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese → no				
<b>Examination:</b>					
<b>Extra oral :</b>					
<b>Intra oral – Teeth Present :</b>	Root	piece	na	8	7
<b>Teeth Absent :</b>	→ missing	teeth		9	6 7
<b>Diagnosis:</b>					

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

Other Advice:

Adv  
 → (1) Extinction of  $\frac{7}{6}$

*Sign*

Follow-up:

Consultant's Sign:

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

<b>UHID:</b> <u>OSP30538</u>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b> <u>NITIN RAM B. TSUREJI</u>	<b>Age / Sex:</b> <u>53 / M</u>	<b>Height:</b> <u>170 cm</u>
	<b>Weight:</b> <u>70.5 kg</u>	
<b>History:</b> <u>C10</u> <u>Rheumatism</u>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> <u>D.V.X G19</u> <u>G19</u> <u>M.V. G16</u> <u>G16</u> <u>cataract, m.c.</u>		
<b>Diagnosis:</b>		

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

UHIP: 058 30538		Date: 10/6/23	Time: 6:08 PM
Patient Name: Nitin Kumar Trivedi		Height: 170 cm	Weight: 70.5 kg
Age / Sex: 34 / M LMP:			
History:			
C/C/O:	History:		
N/A	N/A		
Allergy History: ✓	Addiction: ✓		
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 80/min			
BP: 108/94 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis: —			





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 30602200197
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778671
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:50	Sample Type :	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23241840

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>CBCESR</b>			
RBC (Electrical Impedance)	4.15	millions/cu mm	4.50 - 5.50
PCV(Calc)	39.43	%	40.00 - 50.00
MCH (Calc)	32.7	pg	27.00 - 32.00
<b>Glyco Hemoglobin</b>			
HbA1C	5.90	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Liver Function Test</b>			
S.G.P.T.	13.52	U/L	16 - 63
Plasma Glucose - F	101.51	mg/dL	70 - 100

Abnormal Result(s) Summary End

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

Page 1 of 14

Printed On : 10-Jun-2023 11:58







## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI Sex/Age : Male / 53 Years Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50 Sample Type : Whole Blood EDTA Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50 Sample Coll. By : non Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 10:36 Acc. Remarks : Normal Ref Id2 : O23241840

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

#### HB AND INDICES

Haemoglobin	13.6	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.15	millions/cumm	4.50 - 5.50	
PCV(Calc)	L 39.43	%	40.00 - 50.00	
MCV (RBC histogram)	95.0	fL	83.00 - 101.00	
MCH (Calc)	H 32.7	pg	27.00 - 32.00	
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.70	%	11.00 - 16.00	

#### TOTAL AND DIFFERENTIAL WBC COUNT

			EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	6040	/μL	4000.00 - 10000.00		
Neutrophil	[%] 68.0	%	40.00 - 70.00	4107	/μL 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00	1570	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	60	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	242	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	60	/μL 0.00 - 100.00

#### PLATELET COUNT

Platelet Count	213000	/μL	150000.00 - 410000.00
MPV	8.80	fL	6.5 - 12
PDW	13.0		9 - 16

#### 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)

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathologist)

Page 2 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 30602200197
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778671
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No : 8238698149
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**ESR** 3 mm after 1hr 3 - 20

*Method: TLC-SF cube technology (Flow Cytometry+ fluorescence), DC by microscopy, Platelet count by electrical impedance +/- SF cube technology, ESR by photometrical capillary stopped flow kinetic analysis*

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

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

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

Page 3 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI      Sex/Age : Male / 53 Years      Case ID : 30602200197  
Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2778671  
Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time : 10-Jun-2023 09:32	Acc. Remarks : Normal	Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b> <b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)</b> <b>(Both Forward and Reverse Group )</b>				

ABO Type	O
Rh Type	POSITIVE

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

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

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

Page 4 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI Sex/Age : Male / 53 Years Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50 Sample Type : Spot Urine Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50 Sample Coll. By : non Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 09:32 Acc. Remarks : Normal Ref Id2 : O23241840

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	<5.5		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	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

*Manoj Shah*

Dr. Manoj Shah  
 M.D. (Path. & Bact.)

Page 5 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT

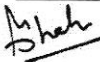


Name : NITINKUMAR B TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 30602200197
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778671
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Spot Urine	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time : 10-Jun-2023 09:32	Acc. Remarks : Normal	Ref Id2 : O23241840

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)	/lpf	<2	-	-	-	-	-

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

  
**Dr. Manoj Shah**  
 M.D. (Path. & Bact.)

Page 6 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI Sex/Age : Male / 53 Years Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50 Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50 Sample Coll. By : non Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 10:22 Acc. Remarks : Normal Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric,Hexokinase</i>	H 101.51	mg/dL	70 - 100	
<b>Plasma Glucose - PP</b> <i>Photometric,Hexokinase</i>	101.5	mg/dL	70.0 - 140.0	
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	10.0	mg/dL	8.40 - 25.70	
<b>Creatinine</b>	0.97	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	5.68	mg/dL	3.5 - 7.2	

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

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

Page 7 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI Sex/Age : Male / 53 Years Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50 Sample Type : Serum Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50 Sample Coll. By : non Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 10:22 Acc. Remarks : Normal Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	144.20	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	54.3	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	50.85	mg/dL	<150	
<b>VLDL</b> <i>Calculated</i>	10.17	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	2.66		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	79.73	mg/dL	65 - 100	

#### 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 assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assesment from HDL and Trnglycende 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 assesment

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

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M.D. (Path. & Bact.)

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Page 8 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI      Sex/Age : Male / 53 Years      Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50      Sample Type : Serum      Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50      Sample Coll. By : non      Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 10:22      Acc. Remarks : Normal      Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Liver Function Test</b>				
<b>S.G.P.T.</b> <i>UV with P5P</i>	L 13.52	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	16.00	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	70.65	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	9.75	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.02	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.22	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	2.80	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	1.00	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.36	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.64	mg/dL	0 - 0.8	

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

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

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

Page 9 of 14

Printed On : 10-Jun-2023 11:58







## LABORATORY REPORT



Name : **NITINKUMAR B TRIVEDI** Sex/Age : **Male / 53 Years** Case ID : **30602200197**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778671**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time : 10-Jun-2023 09:58	Acc. Remarks : Normal	Ref Id2 : O23241840

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

<b>HbA1C</b>	<b>H 5.90</b>		<b>% of total Hb</b>	<b>&lt;5.7: Normal 5.7-6.4: Prediabetes &gt;=6.5: Diabetes</b>
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>122.63</b>		<b>mg/dL</b>	

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. ManoJ Shah**  
M.D. (Path. & Bact.)

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

Page 10 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : **NITINKUMAR B TRIVEDI** Sex/Age : **Male / 53 Years** Case ID : **30602200197**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778671**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Serum	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time : 10-Jun-2023 10:16	Acc. Remarks : Normal	Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

<b>Triiodothyronine (T3)</b>	<b>83.33</b>	ng/dL	40 - 181	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>5.1</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>0.893</b>	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), PRTN 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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**Dr. Shreya Shah**  
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Page 11 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 30602200197
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778671
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:50	Sample Type : Serum	Mobile No : 8238698149
Sample Date and Time : 10-Jun-2023 08:50	Sample Coll. By : non	Ref Id1 : OSP30538
Report Date and Time : 10-Jun-2023 10:16	Acc. Remarks : Normal	Ref Id2 : O23241840

**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 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)

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Page 12 of 14

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LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI      Sex/Age : Male / 53 Years      Case ID : 30602200197  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2778671  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:50      Sample Type : Serum      Mobile No : 8238698149  
 Sample Date and Time : 10-Jun-2023 08:50      Sample Coll. By : non      Ref Id1 : OSP30538  
 Report Date and Time : 10-Jun-2023 10:16      Acc. Remarks : Normal      Ref Id2 : O23241840

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Prostate Specific Antigen (PSA)**

Prostate Specific Antigen **0.8160** ng/mL 0.00 - 4.00  
CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

\*% of population

**Use**

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

**FREE PSA:TOTAL PSA**

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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

*Shah*

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Page 13 of 14

Printed On : 10-Jun-2023 11:58





## LABORATORY REPORT



Name : NITINKUMAR B TRIVEDI	Sex/Age : Male / 53 Years	Case ID : 30602200197
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# 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)

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Page 14 of 14

Printed On : 10-Jun-2023 11:58



MITHUN KUMAR

10.06.2023 11:02:41 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

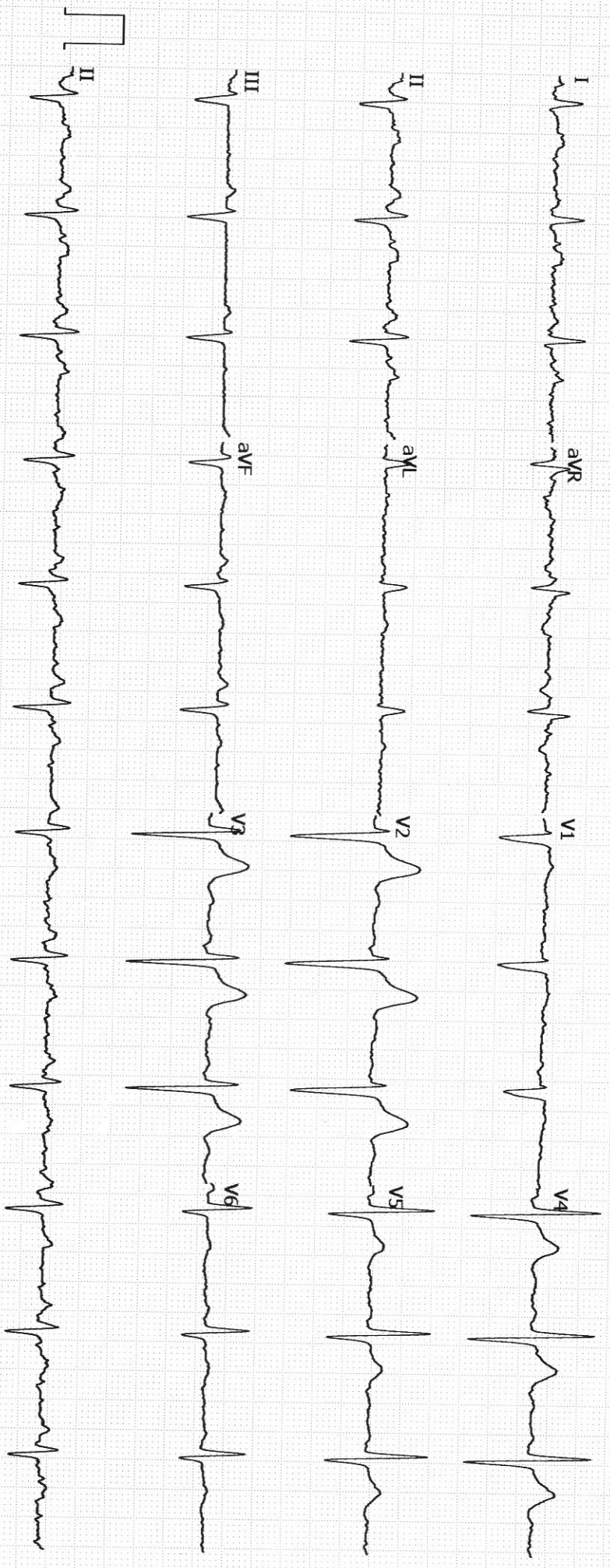
Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

72 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 98 ms  
QT / QTcBaz : 392 / 429 ms  
PR : 164 ms  
P : 116 ms  
RR / PP : 830 / 833 ms  
P / QRS / T : 69 / -51 / 36 degrees

Normal sinus rhythm  
Left anterior fascicular block  
Abnormal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.5-20 Hz 50 Hz Unconfirmed 4x2.5x3\_25\_R1 1/1

PATIENT NAME: NITINKUMAR B TRIVEDI

GENDER/AGE: Male / 53 Years

DATE: 10/06/23

DOCTOR:

OPDNO: OSP30538

**2D-ECHO**

MITRAL VALVE : NORMAL  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 28  
LEFT ATRIUM : 34  
LV Dd / Ds : 11.1/1.2 , MILD LVH 50/32  
IVS / LVPW / D :  
IVS : INTACT  
IAS : INTACT  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 0.6/1.1 MILD MR,  
AORTIC : 1.2  
PULMONARY : 0.8 , MILD TR  
COLOUR DOPPLER :  
RVSP : 26mmHg  
CONCLUSION : NORMAL LV SIZE, NORMAL LV FUNCTION, EF-60%  
NO RWMA AT REST, MILD LVH,  
REDUCE LV COMPLIANCE, MILD TR , NO PAH

  
CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)

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**PATIENT NAME: NITINKUMAR B TRIVEDI**

**GENDER/AGE: Male / 53 Years**

**DATE: 10/06/23**

**DOCTOR:**

**OPDNO: OSP30538**

**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**



**PATIENT NAME:**NITINKUMAR B TRIVEDI

**GENDER/AGE:**Male / 53 Years

**DATE:**10/06/23

**DOCTOR:**

**OPDNO:**OSP30538

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. 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 9.9 x 4.4 cms in size.

Left kidney measures about 10.2 x 4.3 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. Prevoid bladder volume measures about 60 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 22 cc.

**COMMENT:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST