



બંક ઓફ બારોડા Bank of Baroda



To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	LALITA MALI
DATE OF BIRTH	05-06-1998
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-07-2024
BOOKING REFERENCE NO.	24S198812100108810S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SAINI KAMAL KUMAR
EMPLOYEE EC NO.	198812
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
EMPLOYEE PLACE OF WORK	SIPORE
EMPLOYEE BIRTHDATE	15-03-1995

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 **23-07-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless** facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

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.aashkehospitals.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:	OSP 34369	Date:	27/7/24	Time:	15:20
Patient Name:	Lalita Modi	Age / Sex:	26 / F	Height:	156 cm
		Weight:	61.7 kg		
Chief Complain:	Regular checkup				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Class I Cornes not $\frac{64}{7} / \frac{6}{67}$				
Intra oral – Teeth Present :	Calcium ++				
Teeth Absent :					
Diagnosis:					



aashka
HOSPITAL



Cytological examination- Pap smear
request form

Name:

Latita Mali

Age:

26 yrs

Complaints:

Health check up.

No of deliveries:

1, 4 - 1 Fetus

Last Delivery:

27/8/15

History of abortion:

H/O medical conditions associated:

Last abortions:

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

MH:

ROF

Reg:

LMP:

21/12/14

P/A:

Soft

P/S:

CA - Eroded.

P/V:

Vaginitis (+)

Int PATE - PS, B/C for fover

Sample:-

Vagina	<input type="checkbox"/>
Cervix	<input checked="" type="checkbox"/>

Doctors Sign:-

DR. Shreshth (A)

Aashka Hospitals Ltd.

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aashka
H O S P I T A L



DR. KHUSHBOO PATEL

MS (OBS & GYN)

REG. NO. G-31287

UHID:	Date: 27/7/24	Time:	
Patient Name:	Lalita Mali	Age: 28yrs	Mobile No:
Complaint and duration:	Cv 80% Abdominal pain (Heavy over)		
History:	RWT		
Menstrual history:	Flow	Duration of Bleeding	Presence of pain
Cycles			
LMP: 21/7/24			
H/O Associated illnesses:			
HTN:			DM:
Thyroid disorder: R/OAD			Others:
Family History:			
Medication history: NAD			
Obstetric History: P1G			
No of deliveries:			Last child: 2yrs
Allergy History: NAD			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
General Examination:			
CVS	BP:		Oedema of ft
RS		Wt:	Tongue
Breast examination:			

Aashka Hospitals Ltd.

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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:	OSP 34369	Date:	27/7/24	Time:	
Patient Name:	Lalitha mada	Age / Sex:	26	Height:	156 cm
				Weight:	61.7 kg
History:	c/o flam ebu wa				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	D.V. < 19 G19 N.V. < 16 G16				
Diagnosis:	colan utish nashla				

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Handwritten signature

Consultant's Sign:

Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

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



Doctor Name:- S/B Dr. Shreya (Cau-e)

UHID: <u>OSP 34369</u>	Date: <u>27/7/24</u>	Time: <u>4:10 PM</u>
Patient Name: <u>Leelita mali.</u>	Age/Sex: <u>26 year / female</u>	Height: <u>156 cm</u>
	Weight: <u>61.7 kg</u>	
Chief Complain: <u>PT come here for health check up.</u>		
History: <u>Next konam co-morbidities.</u>		
Allergy History: <u>None</u>		
Nutritional Screening: <u>Well-Nourished / Malnourished/Obese</u>		
Examination: <u>HR = 78/min</u> <u>SpO₂ = 98% on RA</u> <u>BP = 120/70 mm Hg</u>		<u>API Reports = normal</u>
Diagnosis: <u>PT is felt</u>		

Rx

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

Advice:

Follow-up:

Consultant's Sign: 



LABORATORY REPORT



Name : LALITA MALI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 26 Years
Dis. At :
PL. Loc. :

Case ID : 40702200918
PL ID : 4219334
PL. Loc. :

Reg Date and Time : 27-Jul-2024 09:59
Sample Type :
Sample Date and Time : 27-Jul-2024 09:59
Sample Coll. By :
Report Date and Time :
Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP34369
Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
MCHC (Calc)	34.8	gm/dL	31.50 - 34.50
Lipid Profile			
HDL Cholesterol	45.8	mg/dL	48 - 77
ESR	26	mm after 1hr	3 - 20
Creatinine	0.47	mg/dL	0.50 - 1.50

Abnormal Result(s) Summary End

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

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Line	Description	Quantity	Unit	Price	Total
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LABORATORY REPORT



Name : LALITA MALI

Ref By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years

Dis. At :

Case ID : 40702200918

Pt. ID : 4219334

Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jul-2024 09:59

Sample Coll. By :

Ref Id1 : OSP34369

Report Date and Time : 27-Jul-2024 10:38

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.7	G%	12.0 - 15.0	
RBC (Electrical Impedance)	3.97	millions/cumm	3.80 - 4.80	
PCV(Calc)	36.52	%	36.00 - 46.00	
MCV (RBC histogram)	92.0	fL	83.00 - 101.00	
MCH (Calc)	32.0	pg	27.00 - 32.00	
MCHC (Calc)	H 34.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.60	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	7280	/ μ L	4000.00 - 10000.00	
Neutrophil	[%] 57.0	%	40.00 - 70.00	[Abs] 4150
Lymphocyte	37.0	%	20.00 - 40.00	2694
Eosinophil	2.0	%	1.00 - 6.00	146
Monocytes	4.0	%	2.00 - 10.00	291
Basophil	0.0	%	0.00 - 2.00	0

PLATELET COUNT (Optical)

Platelet Count	268000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.54		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)

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LABORATORY REPORT



Name : LALITA MALI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 26 Years
Dis. At :
Pt. ID : 4219334
Pt. Loc :

Case ID : 40702200918

Reg Date and Time : 27-Jul-2024 09:59
Sample Type : Whole Blood EDTA

Sample Date and Time : 27-Jul-2024 09:59
Sample Coll. By :

Mobile No :
Ref Id1 : OSP34369
Ref Id2 :

Report Date and Time : 27-Jul-2024 12:24
Acc. Remarks : Normal

TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR
Westergren Method

H 26 mm after 1hr 3 - 20

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : LALITA MALI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 26 Years
Dis. At :
Case ID : 40702200916
Pt. ID : 4219334
Pl. Loc. :

Reg Date and Time : 27-Jul-2024 09:59
Sample Date and Time : 27-Jul-2024 09:59
Report Date and Time : 27-Jul-2024 10:49
Sample Type : Whole Blood EDTA
Sample Coll. By :
Acc. Remarks : Normal
Mobile No :
Ref Id1 : OSP34369
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: (L-Low, V-Very Low, H-High, VH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT

Name : LALITA MALI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years

Dis. At :

Case ID : 40702200918

Pt. ID : 4219334

Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 27-Jul-2024 09:59

Sample Coll. By :

Ref Id1 : OSP34369

Report Date and Time : 27-Jul-2024 13:07

Acc. Remarks : Normal

Ref Id2 :

TEST

REMARKS

UNIT BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	96.85	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	114.49	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)

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LABORATORY REPORT



Name : LALITA MALI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years

Dis. At :

Case ID : 40702200918

Pt. ID : 4219334

Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jul-2024 09:59

Sample Coll. By :

Ref Id1 : OSP34369

Report Date and Time : 27-Jul-2024 10:52

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

5.10

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

Estimated Avg Glucose (3 Mths)

99.67

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. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : LALITA MALI
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital
 Sex/Age : Female/ 26 Years
 Dis. At :
 Pt. Loc. :
 Case ID : 40702200918
 Pt. ID : 4219334
 Pt. Loc. :

Reg Date and Time : 27-Jul-2024 09:59
 Sample Date and Time : 27-Jul-2024 09:59
 Report Date and Time : 27-Jul-2024 11:21
 Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : OSP34369
 Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	129.79	mg/dL	110 - 200	
HDL Cholesterol	L 45.8	mg/dL	48 - 77	
Triglyceride Glycerol Phosphate Oxidase	68.65	mg/dL	<150	
VLDL Calculated	13.73	mg/dL	10 - 40	
Chol/HDL Calculated	2.83		0 - 4.1	
LDL Cholesterol Calculated	70.26	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 200-450

- 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: (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 : LALITA MALI Sex/Age : Female/ 26 Years Case ID : 40702200918
 Ref.By : HOSPITAL Dis. At : Pt. ID : 4219334
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59 Sample Type : Serum Mobile No :
 Sample Date and Time : 27-Jul-2024 09:59 Sample Coll. By : Ref Id1 : OSP34369
 Report Date and Time : 27-Jul-2024 11:59 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T <i>UV with P5P</i>	14.85	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	23.54	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	93.14	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroantileide Substrate</i>	14.09	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.26	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.90	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.36	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.46		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.54	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.20	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.34	mg/dL	0 - 0.8	

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



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : LALITA MALI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 26 Years
Dis. At :
Pt. Loc :

Case ID : 40702200918
Pt. ID : 4219334
Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59
Sample Date and Time : 27-Jul-2024 09:59
Report Date and Time : 27-Jul-2024 11:21
Sample Type : Serum
Sample Coll. By :
Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP34369
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.6	mg/dL	7.00 - 18.70	
--	-----	-------	--------------	--

Uric Acid <small>Uricase</small>	5.04	mg/dL	2.6 - 6.2	
-------------------------------------	------	-------	-----------	--

Creatinine	L 0.47	mg/dL	0.50 - 1.50	
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Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)


Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : LALITA MALI
Ref By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 26 Years
Dis. At :
Pt. Loc. :
Case ID : 40702200918
PL ID : 4219334

Reg Date and Time : 27-Jul-2024 09:59
Sample Date and Time : 27-Jul-2024 09:59
Report Date and Time : 27-Jul-2024 11:14
Sample Type : Serum
Sample Coll. By :
Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP34369
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	105.31	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.02	ng/dL	4.87 - 11.72	
TSH CMA	1.75	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: (L-L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT

Name : LALITA MALI
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years Case ID : 40702200918
 Dis. At : Pt. ID : 4219334
 Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59 Sample Type : Serum
 Sample Date and Time : 27-Jul-2024 09:59 Sample Coll. By :
 Report Date and Time : 27-Jul-2024 11:14 Acc. Remarks : Normal
 Mobile No :
 Ref Id1 : OSP34369
 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 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

0.43-2.2

0.8-2.5

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

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



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

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LABORATORY REPORT

Name : LALITA MALI
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years Case ID : 40702200918
 Dis. At : Pt. ID : 4219334
 Pt. Loc :

Reg Date and Time : 27-Jul-2024 09:59 Sample Type : Spot Urine
 Sample Date and Time : 27-Jul-2024 09:59 Sample Coll. By :
 Report Date and Time : 27-Jul-2024 10:41 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : OSP34369
 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	1.025	1.003 - 1.035
pH	6.5	4.6 - 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)



LABORATORY REPORT



Name : LALITA MALI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 26 Years Case ID : 40702200918
Dis. At : Pl. ID : 4219334
Pl. Loc :

Reg Date and Time : 27-Jul-2024 09:59 Sample Type : Spot Urine
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Mobile No :
Ref Id1 : OSP34369
Ref Id2 :

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

Parameter	Unit	Expected value	Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Liquid Base Cytology PAP

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

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

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



Dr. Shreya Shah
M.D. (Pathologist)

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Aashka Hospitals Ltd.

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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: LALITA MALI

GENDER/AGE: Female / 26 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP34369

DATE: 27/07/24

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 32mm
LEFT ATRIUM	: 37mm
LV Dd / Ds	: 46/33mm
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	: 1/0.7m/s
AORTIC	: 1.4m/s
PULMONARY	: 1.2m/s
COLOUR DOPPLER	: MILD MR/TR
RVSP	: 32mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

Aashka Hospitals Ltd.

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



PATIENT NAME: LALITA MALI

GENDER/AGE: Female / 26 Years

DOCTOR:

OPDNO: OSP34369

DATE: 27/07/24

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

Aashka Hospitals Ltd.

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



PATIENT NAME: LALITA MALI

GENDER/AGE: Female / 26 Years

DOCTOR:

OPDNO: OSP34369

DATE: 27/07/24

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 9.3 x 4.2 cms in size.
Left kidney measures about 9.4 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 96 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.3 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 376 / 411 ms
PR : 118 ms
P : 100 ms
RR / PP : 836 / 833 ms
P / QRS / T : 58 / 45 / 29 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



