

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	HIRAL SUNILKUMAR PRAJAPATI
जन्म की तारीख	02-02-1988
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	07-03-2024
बुकिंग संदर्भ सं.	23M89487100095316S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. PRAJAPATI SUNILKUMAR DAHYABHAI
कर्मचारी की क.कु.संख्या	89487
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	KODAI, MANDVI ROAD
कर्मचारी के जन्म की तारीख	18-12-1985

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 01-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

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 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	HIRAL SUNILKUMAR PRAJAPATI
DATE OF BIRTH	02-02-1988
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	07-03-2024
BOOKING REFERENCE NO.	23M89487100095316S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PRAJAPATI SUNILKUMAR DAHYABHAI
EMPLOYEE EC NO.	89487
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KODAI,MANDVI ROAD
EMPLOYEE BIRTHDATE	18-12-1985

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 **01-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

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



Name: Hiral Prajapati Age: 36 yrs.

Complaints:

Scanty Period
4 times.

No of deliveries: 2 F + 1 ro/ach/29

Last Delivery: 7 yrs.

History of abortion:

1 2 1/2 sect

H/O medical conditions associated:

Last abortions: D & C du.

DM
HTN
Thyroid

sepsis
(M)

MH: 1-2/28-30 Reg: Scanty period.
LMP: 6/3/24

P/A:

P/S:

P/V:

6/21-
CF (M)

Sample:-

Vagina
Cervix

Doctors Sign:-

P. Abir

07.03.2024 11:21:11 AM
ASHKA HOSPITAL LTD,
SARGASAN
GANDHDWAGAR

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

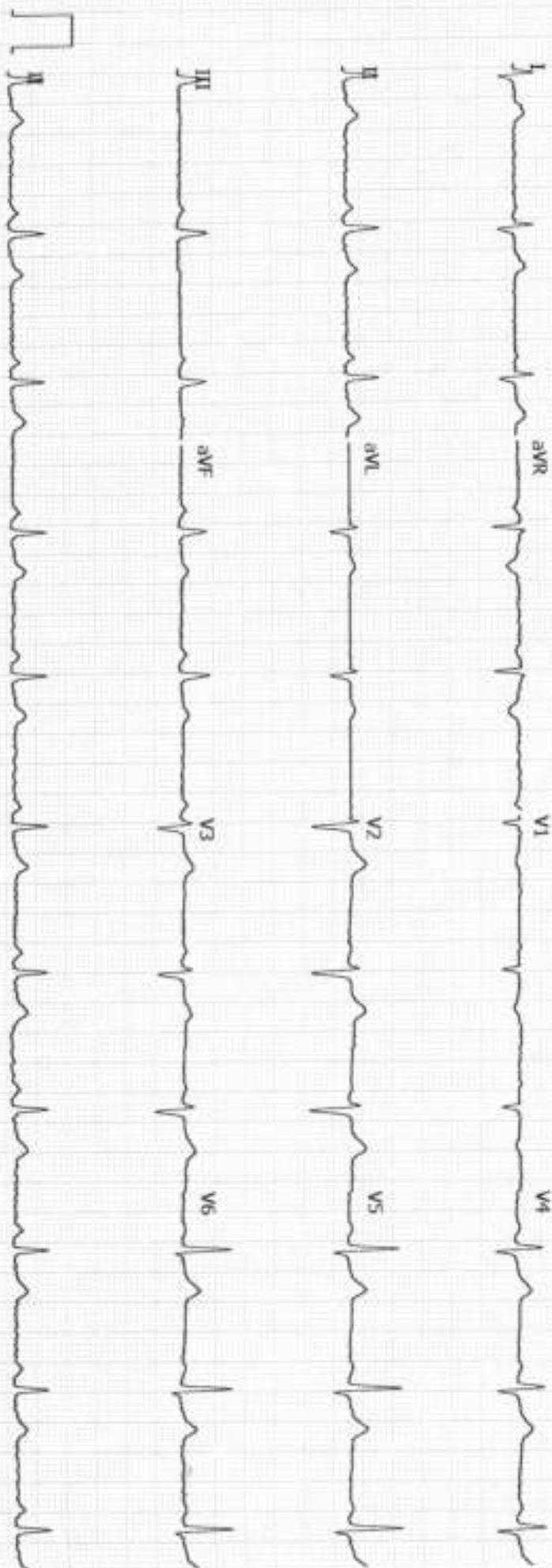
Room: 04/09 107 0 942 #

62 bpm
-- / -- mmHg

Technician:
Ordering Pn:
Referring Pn:
Attending Pn:

QRS : 82 ms
QT / QTcBaz : 398 / 403 ms
PR : 146 ms
P : 94 ms
RR / PP : 964 / 967 ms
P / QRS / T : 58 / 78 / 45 degrees

Normal sinus rhythm
Normal ECG



7/3/24
at 3:30pm

Pt name - HIRAL
36 Yr / F

NO any active complains.

NO any other co-morbidities.

P - 74/min

BP - 98/62 mmHg

SpO₂ - 99% on RA

RS - Bil AE clear

axs - S, S₂ ⊕

CNS - conscious, oriented

PIA - soft, nontender.

- all blood
investigations
noted - (N)

- ECG - (N)

- CXR - (N)

- 2D Echo - EF - 60%
⊕ LV fun.

→

PATIENT NAME:HIRAL S PRAJAPATI

GENDER/AGE:Female / 36 Years

DATE:07/03/24

DOCTOR:

OPDNO:OSP33433

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 10.1 x 4.2 cms in size.

Left kidney measures about 10.0 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 170 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.4 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

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



PATIENT NAME:HIRAL S PRAJAPATI

GENDER/AGE:Female / 36 Years

DATE:07/03/24

DOCTOR:

OPDNO:OSP33433

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:HIRAL S PRAJAPATI
GENDER/AGE:Female / 36 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33433

DATE:07/03/24

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 37/23mm	EF 60%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: PFO +	
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	: 1.0m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 29mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR.HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	PL ID : 3410571
Bill. Loc. : Aashka hospital		PL. Loc :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type :	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232410802

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	108.16	mg/dL	70 - 100
Lipid Profile			
LDL Cholesterol	101.26	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **HIRAL S PRAJAPATI** Sex/Age : **Female/ 36 Years** Case ID : **40302200212**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3410571**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **07-Mar-2024 10:33** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **07-Mar-2024 10:33** Sample Coll. By : Ref Id1 : **OSP33433**
 Report Date and Time : **07-Mar-2024 11:22** Acc. Remarks : **Normal** Ref Id2 : **O232410802**

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)	4.63	millions/cumm	3.80 - 4.80
PCV(Calc)	40.84	%	36.00 - 46.00
MCV (RBC histogram)	88.2	fL	83.00 - 101.00
MCH (Calc)	28.6	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6140	/μL	4000.00 - 10000.00		
Neutrophil	66.0	%	40.00 - 70.00	4052	/μL 2000.00 - 7000.00
Lymphocyte	28.0	%	20.00 - 40.00	1719	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	123	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	246	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	223000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.36		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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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3410571
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref id1 : OSP33433
Report Date and Time : 07-Mar-2024 11:48	Acc. Remarks : Normal	Ref id2 : O232410802

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	06	mm after 1hr	3 - 20	

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3410571
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 14:14	Acc. Remarks : Normal	Ref Id2 : O232410802

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)

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LABORATORY REPORT



Name : **HIRAL S PRAJAPATI** Sex/Age : **Female/ 36 Years** Case ID : **40302200212**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3410571**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 15:11	Acc. Remarks : Normal	Ref Id2 : O232410802
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 108.16	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	100.30	mg/dL	70.0 - 140.0

Note: 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 : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3410571
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 11:30	Acc. Remarks : Normal	Ref Id2 : O232410802

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.46	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes.	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	110.00	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)

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LABORATORY REPORT



Name : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3410571
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Serum	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 13:42	Acc. Remarks : Normal	Ref Id2 : O232410802

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	169.55	mg/dL	110 - 200
HDL Cholesterol	50.9	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	86.97	mg/dL	<150
VLDL Calculated	17.39	mg/dL	10 - 40
Chol/HDL Calculated	3.33		0 - 4.1
LDL Cholesterol Calculated	H 101.26	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 200-499
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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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M.D. (Pathologist)

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LABORATORY REPORT



Name : HIRAL S PRAJAPATI	Sex/Age : Female/ 36 Years	Case ID : 40302200212
Ref.By : HOSPITAL	Dis. At :	PL ID : 3410571
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Serum	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 13:05	Acc. Remarks : Normal	Ref Id2 : O232410802

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. <i>UV with PSP</i>	16.25	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	15.50	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	69.69	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	12.18	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.82	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.66	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.16	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.95	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.28	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.67	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 : **HIRAL S PRAJAPATI** Sex/Age : **Female/ 36 Years** Case ID : **40302200212**
 Ref.By : **HOSPITAL** Dis. At : PL ID : **3410571**
 Bill. Loc. : **Aashka hospital** Pl. Loc :

Reg Date and Time : **07-Mar-2024 10:33** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **07-Mar-2024 10:33** Sample Coll. By : Ref Id1 : **OSP33433**
 Report Date and Time : **07-Mar-2024 13:03** Acc. Remarks : **Normal** Ref Id2 : **O232410802**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	15.9	mg/dL	7.00 - 18.70	
Uric Acid <small>Uricase</small>	3.71	mg/dL	2.6 - 6.2	
Creatinine	0.84	mg/dL	0.50 - 1.50	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	100.55	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	6.23	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	1.07	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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LABORATORY REPORT



Name : **HIRAL S PRAJAPATI** Sex/Age : **Female/ 36 Years** Case ID : **40302200212**
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 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **07-Mar-2024 10:33** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **07-Mar-2024 10:33** Sample Coll. By : Ref Id1 : **OSP33433**
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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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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : **HIRAL S PRAJAPATI** Sex/Age : **Female/ 36 Years** Case ID : **40302200212**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3410571**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 07-Mar-2024 10:33	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 07-Mar-2024 10:33	Sample Coll. By :	Ref Id1 : OSP33433
Report Date and Time : 07-Mar-2024 13:03	Acc. Remarks : Normal	Ref Id2 : O232410802

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)	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	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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

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aashka
HOSPITAL



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

UHID: 05P33433	Date: 02/03/24	Time: 11:55
Patient Name: Hisabam Pyayaksi	Age / Sex:	Height: 154
		Weight: 56.2
History: c/o Gmpy health check.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VA 6/6 6/6 NIG Color vision: Normal		
Diagnosis: Normal		

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

UHID: <u>OSP33433</u>	Date: <u>7/3/24</u>	Time:
Patient Name: <u>Shireel ben Panyayanti</u>	Age / Sex: <u>36 / F</u>	Height: <u>154</u> Weight: <u>76.2</u>
Chief Complain:		
History: <u>Routine dental checkup</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	<u>Skim ++</u>	
	<u>Gum ++</u>	
Teeth Absent :	<u>Impacted teeth</u>	<u>+</u>
	<u>Carious teeth</u>	<u>+</u>
Diagnosis:		

