

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. GAJJAR HARSHKUMAR YOGESHBHAI
EC NO.	172502
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	AHMEDABAD, GIRDHARNAGAR
BIRTHDATE	25-12-1991
PROPOSED DATE OF HEALTH CHECKUP	11-03-2023
BOOKING REFERENCE NO.	22M172502100046052E

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 03-03-2023 till 31-03-2023. 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

PO/HAVC111



Harshkumar

Office of the
Registrar of Companies

बँक ऑफ बरोडा

Bank of Baroda



नाम

Name **MR. HARSHKUMAR Y GAJJAR**

कर्मचारी क्र. ५

EC.NO: **172502**

Harshkumar

Registrar of Companies
Company Law Authority

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

UHID:	Date:	Time:
Patient Name: <i>Hershikumar Chavdar</i>	Age/Sex: <i>31/M</i>	Height:
	Weight:	
History: <i>no Bowel chemo us.</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>nmr 619 nmr 619</i>		
Diagnosis:		

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	P	→		P	→	
N						

Other Advice:

(M)

Follow-up:

Consultant's Sign:



Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads

Sargasan, Candhinagar - 382421. Gujarat, India

Phone: 079 29750750, +91-7575006000 / 9000

Emergency No.: +91-7575007707 / 9879752777

www.aashkahospitals.in

CIN: L85110GJ2012PLC072647



DR.UNNATI SHAH

B.D.S. (DENTAL SURGEON)

REG. NO. A-7742

MO.NO- 9904596691

UHID: 00423202	Date: 22/4/23	Time: 10:59 AM
Patient Name: Harshkumar Crasjan	Age /Sex: 31/M	Height: Weight:
History:		
Examination: Culms F Stem		
Diagnosis:		

Treatment:

R.

Scaly

_____ Testing

S/B Dr. M. B. Vyap.

HARSHKUMAR Y GADJAJA | M | 22/04/2023 | 31yrs | 2:15 PM

No fresh complains.

No H/O Any allergy.

P = 83/min.
BB = 120/80 mmHg
RR = 22/min.
SpO₂ = 99%.

- OLET:
- ① Conscious and oriented.
 - ② RL: AF = BF.
 - ③ CNS: S₁-S₂ (+).
 - ④ P/A: Soft, Non tender.

Adv: ①. Life style modification.

M. B. Vyap.
22/04/2023.



LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type :	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O2324617

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	103.73 ✓	mg/dL	70 - 100
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	5.3 ✓	mg/dL	6.00 - 20.00
Lipid Profile			
HDL Cholesterol	40.4	mg/dL	48 - 77
Liver Function Test			
Bilirubin Conjugated	0.28 ✓	mg/dL	0 - 0.20

Abnormal Result(s) Summary End

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

Page 1 of 13

Printed On : 22-Apr-2023 13:51



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 : **HARSHKUMAR Y GAJJAR** Sex/Age : **Male / 32 Years** Case ID : **30402200500**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2692742**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 22-Apr-2023 09:53 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 22-Apr-2023 09:53 Sample Coll. By : Ref Id1 : 00423202
 Report Date and Time : 22-Apr-2023 10:12 Acc. Remarks : Normal Ref Id2 : 02324617

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.5	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.05	millions/cumm	4.50 - 5.50
PCV(Calc)	44.95	%	40.00 - 50.00
MCV (RBC histogram)	89.0	fL	83.00 - 101.00
MCH (Calc)	30.6	pg	27.00 - 32.00
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5090	/μL	4000.00 - 10000.00
Neutrophil	[%] 63.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	30.0	%	20.00 - 40.00
Eosinophil	2.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			[Abs] 3207
			EXPECTED VALUES /μL 2000.00 - 7000.00
			1527 /μL 1000.00 - 3000.00
			102 /μL 20.00 - 500.00
			255 /μL 200.00 - 1000.00
			0 /μL 0.00 - 100.00

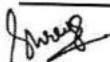
PLATELET COUNT (Optical)

Platelet Count	243000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.10		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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)


Dr. Shreya Shah
 M.D. (Pathologist)

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

Page 2 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:59	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	14	mm after 1hr 3 - 15		

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 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : 00423202
Report Date and Time : 22-Apr-2023 10:12	Acc. Remarks : Normal	Ref Id2 : 02324617

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)

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

Page 4 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : 00423202
Report Date and Time : 22-Apr-2023 10:16	Acc. Remarks : Normal	Ref Id2 : 02324617

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	6.0	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	/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 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : **HARSHKUMAR Y GAJJAR** Sex/Age : **Male / 32 Years** Case ID : **30402200500**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2692742**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :
 Reg Date and Time : **22-Apr-2023 09:53** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **22-Apr-2023 09:53** Sample Coll. By : Ref Id1 : **O0423202**
 Report Date and Time : **22-Apr-2023 10:16** Acc. Remarks : **Normal** Ref Id2 : **O2324617**

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

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

Page 6 of 13

Printed On : 22-Apr-2023 13:51



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 : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : 00423202
Report Date and Time : 22-Apr-2023 13:48	Acc. Remarks : Normal	Ref Id2 : 02324617
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	103.73	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		99.70	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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 7 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:58	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	117.21	mg/dL	110 - 200	
HDL Cholesterol	L 40.4	mg/dL	48 - 77	
Triglyceride <i>Colorimetric-Arsenazo Method</i>	55.66	mg/dL	40 - 200	
VLDL <i>Calculated</i>	11.13	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	2.90		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	65.68	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 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 assesment

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 8 of 13

Printed On : 22-Apr-2023 13:51



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 : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:59	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	33.14	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	27.10	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	103.46	U/L	46 - 116	
Gamma Glutamyl Transferase <i>Enzymatic</i>	24.02	U/L	0.00 - 64.00	
Proteins (Total) <i>Colorimetric, Biuret</i>	6.98	gm/dL	6.4 - 8.2	
Albumin <i>Bromocresol purple</i>	4.48	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.50	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1	
Bilirubin Total	0.61	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	H 0.28	mg/dL	0 - 0.20	
Bilirubin Unconjugated <i>Calculated</i>	0.33	mg/dL	0 - 0.8	

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 9 of 13

Printed On : 22-Apr-2023 13:51



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 : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:59	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 5.3	mg/dL	6.00 - 20.00	
Creatinine	0.70	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	4.30	mg/dL	3.5 - 7.2	

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 10 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:34	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				

HbA1C	5.09		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	99.38	mg/dL		

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 glycemc 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 glycemc 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)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 11 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:56	Acc. Remarks : Normal	Ref Id2 : O2324617

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	110.73	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	8.0	ng/dL	4.6 - 10.5	
TSH <small>CMA</small>	1.500	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)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 12 of 13

Printed On : 22-Apr-2023 13:51





LABORATORY REPORT



Name : HARSHKUMAR Y GAJJAR	Sex/Age : Male / 32 Years	Case ID : 30402200500
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2692742
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Apr-2023 09:53	Sample Type : Serum	Mobile No :
Sample Date and Time : 22-Apr-2023 09:53	Sample Coll. By :	Ref Id1 : O0423202
Report Date and Time : 22-Apr-2023 10:56	Acc. Remarks : Normal	Ref Id2 : O2324617

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/↑	↓

----- 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)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 13 of 13

Printed On : 22-Apr-2023 13:51



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

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: HARSHKUMAR Y GAJJAR

GENDER/AGE: Male / 31 Years

DATE: 22/04/23

DOCTOR:

OPDNO: O0423202

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:HARSHKUMAR Y GAJJAR

GENDER/AGE:Male / 31 Years

DATE:22/04/23

DOCTOR:

OPDNO:O0423202

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 10.3 x 4.3 cms in size.
Left kidney measures about 10.0 x 4.1 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.

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 16 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: HARSHKUMAR Y GAJJAR

GENDER/AGE: Male / 31 Years

DATE: 22/04/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0423202

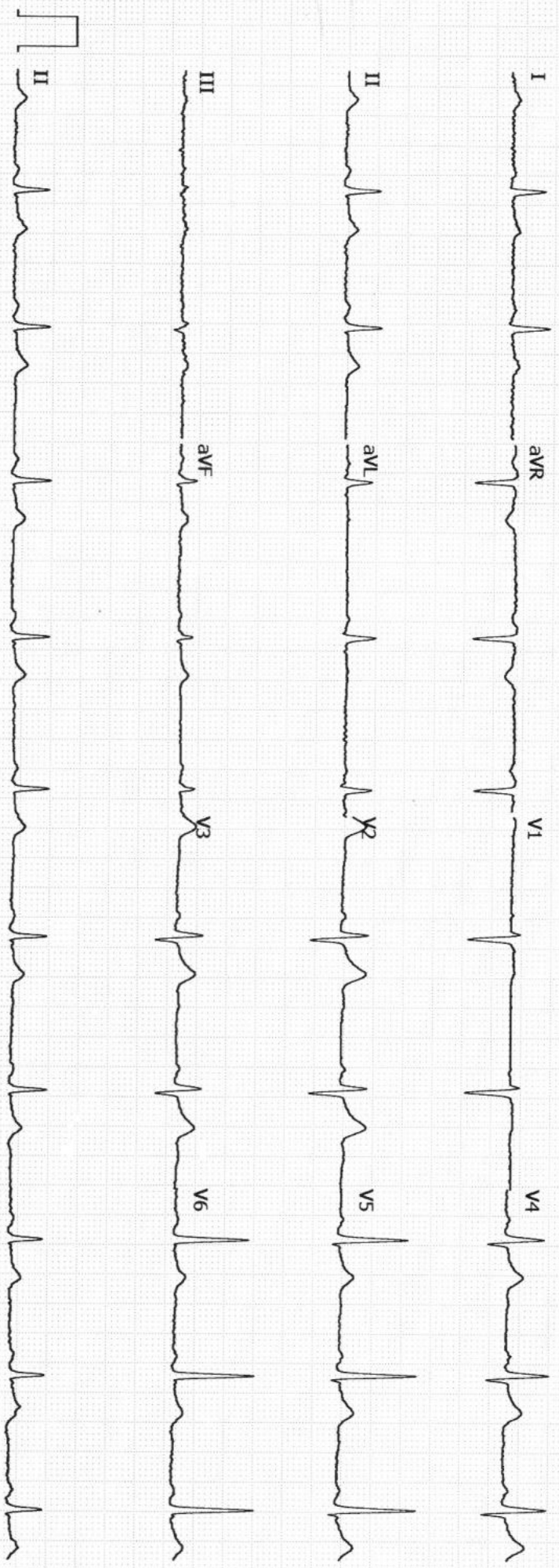
2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 43/32mm	EF 55%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
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	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	80 ms	Normal sinus rhythm
QT / QTcBaz :	398 / 400 ms	Normal ECG
PR :	134 ms	
P :	100 ms	
RR / PP :	984 / 983 ms	
P / QRS / T :	42 / 23 / 44 degrees	



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-2.0 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1