



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

कर्मचारी विवरण	
नाम	MS. KAUR SUKHDEEP
क.डू.संख्या	160454
पदनाम	FOREX BACK OFFICE
कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
जन्म की तारीख	31-07-1982
स्वास्थ्य जांच की प्रस्तावित तारीख	07-10-2023
बुकिंग संदर्भ सं.	23D160454100070664E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 29-09-2023 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 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 ऑफ़ 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।)



LETTER OF APPROVAL / RECOMMENDATION

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. KAUR SUKHDEEP
EC NO.	160454
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	31-07-1982
PROPOSED DATE OF HEALTH CHECKUP	07-10-2023
BOOKING REFERENCE NO.	23D160454100070664E

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 **29-09-2023** 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 (Arocofemi Healthcare Limited))



Bank of Baroda

Ms. KAUR SUKHDEEP

Name

E. C. No 160454

E. C. No



Ms. Kaur Sukhdeep, P.O. Ludhiana
Branch, Ludhiana, P.O. Ludhiana



Signature of Holder

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



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

UHID: 01023057	Date: 07/06/23	Time: 12:30
Patient Name:	Age / Sex:	Height:
History: <i>Complex hyperopia</i>	Weight:	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>C 8/10 V 6/6 M 6/6 N 6/6 Colour vision - normal</i>		
Diagnosis:		<i>Refractive error</i>

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	1.75	-	-	-	-	-
N						

Other Advice:

Follow-up:

Consultant's Sign:

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

 **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:	01023057	Date:	7/10/23	Time:	
Patient Name:	Julkhdeep Kaur	Age /Sex:	41 F	Height:	
		Weight:			
Chief Complain:					
History:	Routine dental check up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral – Teeth Present :	-) stain +				
Teeth Absent :	Carious +				
Diagnosis:					

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①	TUBE	VENTEJ TOOTH paste	→	①	(before)	

Other Advice:

- ① Soaking
- ② Rinsing with f8

Follow-up:

Consultant's Sign: *Sejora*

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

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



DR. DIPESH FATANIYA
M.D., IDCCM.
CRITICAL CARE MEDICINE
M.NO.-99099906809
R.NO.G-41495

UHID:	Date: 13/10/22	Time:
Patient Name: SUKMODEE KOUR	Height:	
Age/Sex: 41/F LMP: 12/2/22	Weight:	
History:	History:	
C/C/O: Health check up Headache 10-15 days Vertigo Nausea	- 2 LSCS	
Allergy History:	Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature:		
Pulse: 80		
BP: 122/80		
SPO2: 99%		
Provisional Diagnosis:		

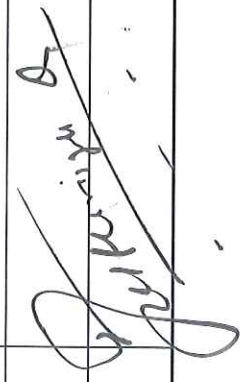
Advice:

(*) BGRV

SOS MA BROWN

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	T	VEGIN C160	1-2-1	(X)	(S) qd	
	Cc	CAMPHOR OIL	1-07	(X)	(S) qd	
	T	XYLENOL CREAM (SOS)				
	T	METHENOL 0.1% (X)				

Insulin Scale	RBS-	hourly	Diet Advice:
< 150 -	300-350 -		Follow-up: 
150-200 -	350-400 -		
200-250 -	400-450 -		
250-300 -	> 450 -		

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

ADDRESSOGRAPH

Patient's Name : Shchdeep Age : 41 Sex : Female

Ref. by Doctor : _____ IP/OP No. : 01023057 Date: 7/10/23

MITRAL VALVE : nil to mtr
 AORTIC VALVE :
 TRICUSPID VALVE : 1/2
 PULMONARY VALVE :
 AORTA : 33
 LEFT ATRIUM : 33
 LV Dd/ Ds : 45/30 - EF 60%
 IVS / LVPW / D : 10/9
 IVS :
 IAS : 1 mbick
 RA :
 RV : 1/2
 PA :
 PERICARDIUM : m
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 1/0.7
 AORTIC : 1.4
 PULMONARY : 1.2
 COLOUR DOPPLER : Trivial MR/TR
 RSVP : 28-47
 CONCLUSION : Trivial LV size/systolic
nil to mtr Trivial MR

AD - TSH/TMT

.....

07.10.2023 1:07:09 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

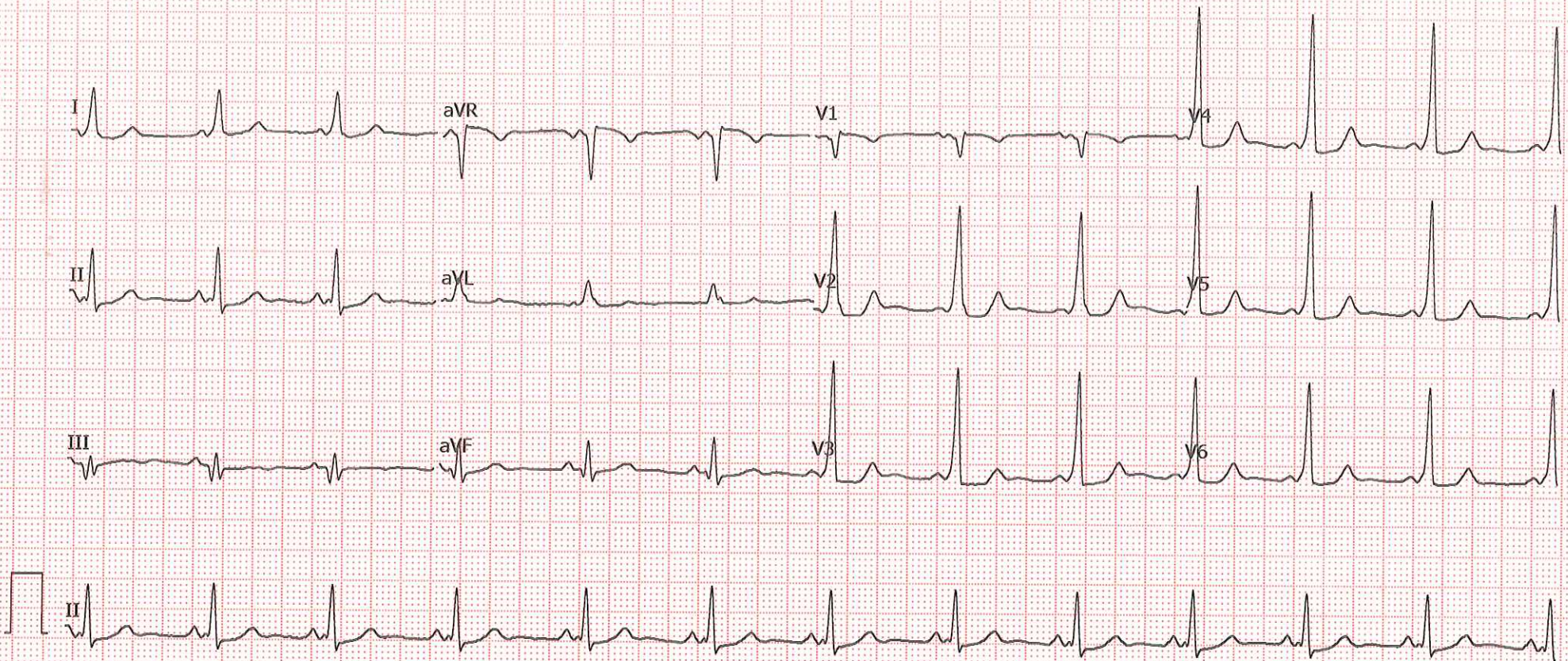
Room:

73 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 114 ms
QT / QTcBaz : 412 / 453 ms
PR : 108 ms
P : 92 ms
RR / PP : 816 / 821 ms
P / QRS / T : 61 / 26 / 41 degrees

Normal sinus rhythm
Wolff-Parkinson-White
Abnormal ECG



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

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



PATIENT NAME: SUKHDEEP KAUR

GENDER/AGE: Female / 41 Years

DOCTOR:

OPDNO: O1023057

DATE: 07/10/23

BILATERAL MAMMOGRAM

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

Fibrofatty and glandular parenchyma is noted on either side. No definite evidence of mass, abnormal microcalcification or architectural distortion is seen. No evidence of skin thickening or nipple retraction is seen.

COMMENT: Normal mammography of breast on either side (BIRADS - Category - I).

BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III: Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:

Women with no symptoms

AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : SUKHDEEP KAUR

Sex/Age : Female/ 41 Years

Case ID : 31002200206

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3039457

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type :

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 : O23245593.

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.7	G%	12.0 - 15.0
MCH (Calc)	26.3	pg	27.00 - 32.00
Eosinophil	8.0	%	1.00 - 6.00
Monocyte	131	/ μ L	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	47.0	mg/dL	48 - 77

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : SUKHDEEP KAUR

Sex/Age : Female/ 41 Years Case ID : 31002200206

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3039457

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 11:25

Acc. Remarks : Normal

Ref Id2 : O23245593

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L	11.7	G%	12.0 - 15.0
RBC (Electrical Impedance)		4.44	millions/cumm	3.80 - 4.80
PCV(Calc)		37.03	%	36.00 - 46.00
MCV (RBC histogram)		83.4	fL	83.00 - 101.00
MCH (Calc)	L	26.3	pg	27.00 - 32.00
MCHC (Calc)		31.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)		14.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count		4350	/µL	4000.00 - 10000.00
Neutrophil	[%]	66.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte		23.0	%	20.00 - 40.00
Eosinophil	H	8.0	%	1.00 - 6.00
Monocytes		3.0	%	2.00 - 10.00
Basophil		0.0	%	0.00 - 2.00
				[Abs] /µL 2000.00 - 7000.00
				/µL 1000.00 - 3000.00
				/µL 20.00 - 500.00
				/µL 200.00 - 1000.00
				/µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count		275000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		2.87		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 : 07-Oct-2023 13:54



CONDITIONS OF REPORTING

1. The user agrees to use the information provided in the report for personal use only and not for any other purpose. The user agrees to indemnify and hold the provider harmless from any and all claims, damages, and expenses, including reasonable attorneys' fees, arising from the use of the information provided in the report.

2. The user agrees to keep the information provided in the report confidential.

3. The user agrees to use the information provided in the report in accordance with the applicable laws and regulations.

4. The user agrees to use the information provided in the report in accordance with the applicable professional standards of practice.

5. The user agrees to use the information provided in the report in accordance with the applicable ethical standards.

6. The user agrees to use the information provided in the report in accordance with the applicable privacy policies.

7. The user agrees to use the information provided in the report in accordance with the applicable security policies.

8. The user agrees to use the information provided in the report in accordance with the applicable data retention policies.

1. User Agreement & Acknowledgment

1.1. I, the undersigned, hereby acknowledge that I have read and understand the above conditions of reporting.

1.2. I agree to accept and be bound by the above conditions of reporting.

1.3. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.4. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.5. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.6. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.7. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.8. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.9. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.10. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.11. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.12. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.13. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

1.14. I understand that the above conditions of reporting are a part of the report and I agree to accept and be bound by them.

2. Reporting Requirements

2.1. The user shall report any and all information received in the report in accordance with the applicable laws and regulations.

2.2. The user shall report any and all information received in the report in accordance with the applicable professional standards of practice.

2.3. The user shall report any and all information received in the report in accordance with the applicable ethical standards.

2.4. The user shall report any and all information received in the report in accordance with the applicable privacy policies.

2.5. The user shall report any and all information received in the report in accordance with the applicable security policies.

2.6. The user shall report any and all information received in the report in accordance with the applicable data retention policies.

2.7. The user shall report any and all information received in the report in accordance with the applicable laws and regulations.

2.8. The user shall report any and all information received in the report in accordance with the applicable professional standards of practice.

2.9. The user shall report any and all information received in the report in accordance with the applicable ethical standards.

2.10. The user shall report any and all information received in the report in accordance with the applicable privacy policies.

2.11. The user shall report any and all information received in the report in accordance with the applicable security policies.

2.12. The user shall report any and all information received in the report in accordance with the applicable data retention policies.



LABORATORY REPORT

Name : **SUKHDEEP KAUR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 11:47

Acc. Remarks : Normal

Ref Id2 : O23245593

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR

Westergren Method

04

mm after 1hr 3 - 20

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 3 of 13

Printed On : 07-Oct-2023 13:54





LABORATORY REPORT



Name : SUKHDEEP KAUR

Sex/Age : Female/ 41 Years Case ID : 31002200206

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3039457

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 10:03

Acc. Remarks : Normal

Ref Id2 : O23245593

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)

ABO Type

O

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 : 07-Oct-2023 13:54





LABORATORY REPORT



Name : SUKHDEEP KAUR

Sex/Age : Female/ 41 Years Case ID : 31002200206

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3039457

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 11:09

Acc. Remarks : Normal

Ref Id2 : O23245593

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 1.010

1.003 - 1.035

pH 6.5

4.6 - 8

Leucocytes (ESTERASE)

Negative

Protein

Negative

Glucose

Negative

Ketone Bodies Urine

Negative

Urobilinogen

Negative

Bilirubin

Negative

Blood

Negative

Nitrite

Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte Nil

Nil

Red Blood Cell Nil

Nil

Epithelial Cell Present +

Present(+)

Bacteria Nil

Nil

Yeast Nil

Nil

Cast Nil

Nil

Crystals Nil

Nil

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



Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 07-Oct-2023 13:54

Page 5 of 13

CONDITIONS OF REPORTING

1. The Laboratory will accept for analysis only those samples which are properly labeled and accompanied by a request for analysis in the form of a report form.

2. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

3. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

4. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

5. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

6. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

7. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

8. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

9. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

10. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

11. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

12. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

13. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

14. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.

15. The Laboratory will not be responsible for the loss or damage to samples during the analytical process.



LABORATORY REPORT



Name : SUKHDEEP KAUR

Sex/Age : Female/ 41 Years

Case ID : 31002200206

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3039457

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33 Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 11:09 Acc. Remarks : Normal

Ref Id2 : O23245593

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/Notations					
			Trace	+	++	+++	++++	
Leukocytes (Strip)	/micro L	Negative (<10)	Trace	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:(L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 07-Oct-2023 13:54

Page 6 of 13



CONDITIONS OF REPORTING

Customer's signature and the provided data are required on a file of results. Customer's signature and the provided data are required on a file of results. Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Lab Results & Advisory Service

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Other Services

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Customer's signature and the provided data are required on a file of results.

Neuberg Reference Laboratories in Amsterdam

Neuberg Reference Laboratories in Amsterdam
Neuberg Reference Laboratories in Amsterdam
Neuberg Reference Laboratories in Amsterdam

Neuberg Reference Laboratories in Amsterdam

Neuberg Reference Laboratories in Amsterdam

Neuberg Reference Laboratories in Amsterdam

Neuberg Reference Laboratories

Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories

Neuberg Reference Laboratories

Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories
Neuberg Reference Laboratories

Neuberg Reference Laboratories



LABORATORY REPORT

Name : SUKHDEEP KAUR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 13:44

Acc. Remarks : Normal

Ref Id2 : O23245593

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	93.72	mg/dL	70.0 - 100
Plasma Glucose - PP	101.65	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)

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

Page 7 of 13

Printed On : 07-Oct-2023 13:54





LABORATORY REPORT

Name : **SUKHDEEP KAUR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33 Sample Type : Serum

Sample Date and Time : 07-Oct-2023 09:33 Sample Coll. By :

Mobile No :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 10:49 Acc. Remarks : Normal

Ref Id2 : O23245593

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	156.77	mg/dL	110 - 200	
HDL Cholesterol	L 47.0	mg/dL	48 - 77	
Triglyceride	72.96	mg/dL	40 - 200	
VLDL Calculated	14.59	mg/dL	10 - 40	
Chol/HDL Calculated	3.34		0 - 4.1	
LDL Cholesterol Calculated	95.18	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
Benchmark 130-159	High >240		High 200-499
High 160-189			

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

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



Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 07-Oct-2023 13:54





LABORATORY REPORT

Name : SUKHDEEP KAUR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Mobile No :

Reg Date and Time : 07-Oct-2023 09:33 Sample Type : Serum

Sample Coll. By :

Ref Id1 : O1023057

Sample Date and Time : 07-Oct-2023 09:33

Acc. Remarks : Normal

Ref Id2 : O23245593

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	18.01	U/L	0 - 31	
S.G.O.T.	19.89	U/L	15 - 37	
Alkaline Phosphatase	95.50	U/L	35 - 105	
Gamma Glutamyl Transferase	15.03	U/L	5 - 36	
Proteins (Total)	7.21	gm/dL	6.4 - 8.2	
Albumin	4.50	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.71	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.96	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.39	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.57	mg/dL	0 - 0.8	

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



Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 07-Oct-2023 13:54

Page 9 of 13





LABORATORY REPORT

Name : **SUKHDEEP KAUR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Serum

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : 01023057

Report Date and Time : 07-Oct-2023 10:50

Acc. Remarks : Normal

Ref Id2 : 023245593

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	7.7	mg/dL	7.00 - 18.70	
Creatinine	0.74	mg/dL	0.50 - 1.50	
Uric Acid	3.54	mg/dL	2.6 - 6.2	

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 10 of 13

Printed On : 07-Oct-2023 13:54



CONDITIONS OF REPORTING

1. All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
2. The result(s) relate only to the sample(s) received.
3. The test report shall not be reproduced except in full, without written approval of the Neuberg Supratech Reference Laboratory (NSRL).
4. For any query in the report, it is suggested to contact the concerned laboratory personnel as suggested in the table to help carry out follow-up action (rechecking, repeat sampling, reflex/confirmatory testing, etc.). Neuberg Supratech Reference Laboratories (NSRL) follows a procedure of retaining & preserving samples after testing for a stipulated period. After the retention period of the sample, a fresh specimen is requested.
5. Report results are for the information of the referring doctor only.
6. For tests performed on specimens received from non - Neuberg Supratech Reference Laboratory (NSRL) locations (within and outside Ahmedabad) it is presumed that the specimen belongs to the patient named or identified, such verification having been carried out at the point of generation of the said specimen.
7. A test requested might yield 'INCOMPLETE RESULTS' for various technical reasons and this response will appear against the test name followed by detailed comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s).
8. Neuberg Supratech Reference Laboratories (NSRL) Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrophoresis	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs : Dr. Ameet Shukla	7698009812
Marketing - Laboratories : Mr. Sunil Panchal	9824002011
Billing & Accounts : Mr. Pravin Patel	9824728315
Visits (Home / Hospital for Sample Collection) & General Information : Mrs. Sonal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch : Mr. Suchit Chauhan	7698009903

Any query may also be directed online on contact@supratechlabs.com with attention to the concerned personnel.

Neuberg Supratech Branches in Ahmedabad

Sindhu Bhavan - Ph : 079-61618111, 6357244307, Bapunagar - 635678001/22,
Maninagar - 079-40408282, 25450802, Bopal - 02717-235881/82, Gota - 6357244303
Bhuyangdev - 9879624264

Neuberg Supratech Collection Centers in Ahmedabad

Shahibaug - 079-25630134, Shyamal - 079-26743434, Paldi - 6359900406

Neuberg Supratech Reference Laboratories
"KEDAR" Opposite Krupa Petrol Pump,
Near Parimal Garden, Ahmedabad - 380006
Phone : 079-40408181 / 61618181
Email : contact@supratechlabs.com
Website : www.neubergsupratech.com

Regd. Office :

Neuberg Supratech Reference Laboratories Private Limited
(Previously known as Supratech Micropath Laboratory & Research Institute Pvt Ltd)
Triviron Saphagiri Bhawan, 15, IV Street
Abhiramapuram, Chennai - 600018, Tamil Nadu
CIN : U85195TN2013PTC151947



LABORATORY REPORT

Name : SUKHDEEP KAUR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Pt. Loc :

Reg Date and Time : 07-Oct-2023 09:33

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 07-Oct-2023 09:33

Sample Coll. By :

Ref Id1 : O1023057

Report Date and Time : 07-Oct-2023 11:09

Acc. Remarks : Normal

Ref Id2 : O23245593

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Glycated Haemoglobin Estimation

HbA1C 5.31 % of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths) 105.70 mg/dL Not available
Calculated

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)

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

Page 11 of 13

Printed On : 07-Oct-2023 13:54





LABORATORY REPORT

Name : **SUKHDEEP KAUR**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Case ID : 31002200206

Pt. ID : 3039457

Mobile No :

Ref Id1 : O1023057

Ref Id2 : O23245593

Reg Date and Time : 07-Oct-2023 09:33 Sample Type : Serum

Sample Date and Time : 07-Oct-2023 09:33 Sample Coll. By :

Report Date and Time : 07-Oct-2023 10:40 Acc. Remarks : Normal

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

Thyroid Function Test

Triiodothyronine (T3)	99.46	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	6.71	ng/dL	4.87 - 11.72	
TSH C/M/A	1.13	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 concentrations (>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 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

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



Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Page 12 of 13

Printed On : 07-Oct-2023 13:54



CONDITIONS OF REPORTING

1. The following conditions apply to all analyses and reports prepared by the Laboratory and are subject to change without notice. The Laboratory is not responsible for the accuracy of data reported by the client. The Laboratory is not responsible for the accuracy of data reported by the client. The Laboratory is not responsible for the accuracy of data reported by the client.

2. The Laboratory is not responsible for the accuracy of data reported by the client.

3. The Laboratory is not responsible for the accuracy of data reported by the client.

4. The Laboratory is not responsible for the accuracy of data reported by the client.

5. The Laboratory is not responsible for the accuracy of data reported by the client.

6. The Laboratory is not responsible for the accuracy of data reported by the client.

7. The Laboratory is not responsible for the accuracy of data reported by the client.

8. The Laboratory is not responsible for the accuracy of data reported by the client.

Our Reports & Advisory Services

Customer Number: 1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

1000000000

9. The Laboratory is not responsible for the accuracy of data reported by the client.

Neberg SuproLab Member is Embedded

Neberg SuproLab Member is Embedded
Neberg SuproLab Member is Embedded
Neberg SuproLab Member is Embedded

Neberg SuproLab Collection Centers is Embedded
Neberg SuproLab Collection Centers is Embedded

Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories

Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories
Neberg SuproLab Reference Laboratories



LABORATORY REPORT

Name : **SUKHDEEP KAUR**

Sex/Age : **Female/ 41 Years**

Case ID : **31002200206**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3039457**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **07-Oct-2023 09:33**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **07-Oct-2023 09:33**

Sample Coll. By :

Ref Id1 : **O1023057**

Report Date and Time : **07-Oct-2023 10:40**

Acc. Remarks : **Normal**

Ref Id2 : **O23245593**

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 reframe 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 Hypertthyroidism	↑	↑	↓
Secondary Hypertthyroidism	↑	↑	↑
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)

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 07-Oct-2023 13:54

Page 13 of 13



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

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



PATIENT NAME: SUKHDEEP KAUR

GENDER/AGE: Female / 41 Years

DOCTOR:

OPDNO: O1023057

DATE: 07/10/23

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 4.6 cms in size.
Left kidney measures about 10.6 x 4.8 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 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 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

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



PATIENT NAME: SUKHDEEP KAUR

GENDER/AGE: Female / 41 Years

DOCTOR:

OPDNO: O1023057

DATE: 07/10/23

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

