

RO - ANAND

ANAND, , , - 0

To,

The Chief Medical Officer

M/S Mediwheel

<https://mediwheel.in/signup011-41195959>(A brand name of Arcofemi Healthcare Ltd),
Mumbai400021

Dear Sir,

Tie-up arrangement for Health Checkup under Health Checkup 40-50 Male

Shri/Smt./Kumari. KUMAR,SANTOSH

P.F. No 792073

Designation: CustomerService Associate(CSA)

Checkup for Financial Year: 2024

Approved Charges Rs. 3500

The above mentioned staff member of our Branch/Office desires to undergo Health Checkup at your Hospital/Centre/Clinic, under the tie-up arrangement entered into with you, by our bank.

Our Pay order/DD No. 0 dated for Rs. 3500 (after deducting TDS, wherever applicable) towards the Health Checkup charges is enclosed. TDS Certificate, as applicable will be sent to you separately.

Please send the receipt of the above payment and the relevant reports to our above address.

Thanking you,



(Signature of the Employee)

Yours Faithfully,



Branch Manager/Senior Manager

Status of the application- **Sanctioned**



भारत सरकार
Government of India



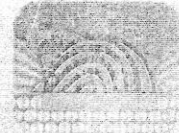
Issue Date: 18/10/2013



SANTOSH KUMAR
DOB : 12/01/1975
Male



7099 2304 5059



7099 2304 5059

मेरा आधार, मेरी पहचान

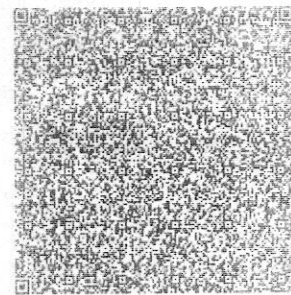


भारतीय विविष्ट प्रहयान प्राधिकरण
Unique Identification Authority of India



Print Date: 20/01/2022

Address: A-303, Sai Residency mota
chiloda, Dehgam Road, Chiloda,
Gandhinagar, Gujarat, 382355



7099 2304 5059



1947



help@uidai.gov.in



www.uidai.gov.in

यूनियन बैंक
भॉफ इंडिया



Union Bank
of India

आन्ध्र प्रदेश सरकार का उपक्रम



आन्ध्र
Andhra

A Government of India Undertaking



भारतीय जीवन
Corporation



नाम : संतोष कुमार

Name : SANTOSH KUMAR

कर्मचारी क्र / Employee No : 792073

जन्म तिथि / Birth Date : 12.01.1975

रक्त समूह / Blood Group : O +ve

हस्ताक्षर / Signature

जारी करने का स्थान

Place of Issue: R.O. Anand(Gujarat)

जारी करने की तारीख

Date of Issue : 01.02.2021

जारीकर्ता प्राधिकारी / Issuing Authority

PATIENT NAME: SANTOSH KUMAR

GENDER/AGE: Male / 49 Years

DATE: 25/05/24

DOCTOR:

OPDNO: OSP33995

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 10.2 x 4.4 cms in size.

Left kidney measures about 9.9 x 4.6 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 146 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 18 cc.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: SANTOSH KUMAR

GENDER/AGE: Male / 49 Years

DATE: 25/05/24

DOCTOR:

OPDNO: OSP33995

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



LABORATORY REPORT



Name : SANTOSH KUMAR	Sex/Age : Male / 49 Years	Case ID : 40502200333
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 10:22	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL	REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 15		

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

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
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Name : SANTOSH KUMAR	Sex/Age : Male / 49 Years	Case ID : 40502200333
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 08:49	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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)

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LABORATORY REPORT



Name : **SANTOSH KUMAR** Sex/Age : **Male / 49 Years** Case ID : **40502200333**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3630390**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-May-2024 08:22** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :
 Sample Date and Time : **25-May-2024 08:23** Sample Coll. By : Ref Id1 : **OSP33995**
 Report Date and Time : **25-May-2024 11:46** Acc. Remarks : **Normal** Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	117.14	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H	144.40	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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 09:03	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL	REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 5.80		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	119.76		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)

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M.D. (Pathologist)

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3630390**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 25-May-2024 08:22 Sample Type : Serum Mobile No :
 Sample Date and Time : 25-May-2024 08:23 Sample Coll. By : Ref Id1 : **OSP33995**
 Report Date and Time : 25-May-2024 10:03 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	243.59	mg/dL	110 - 200
HDL Cholesterol		55.1	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	151.80	mg/dL	<150
VLDL <i>Calculated</i>		30.36	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.42		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	158.13	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 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)

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Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 10:03	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	57.50	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	33.72	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	113.64	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	33.80	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.68	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.93	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.75	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.79		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	H 1.82	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.41	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	H 1.41	mg/dL	0 - 0.8	

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Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 10:03	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL	REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.8	mg/dL		8.90 - 20.60	
Uric Acid <i>Uricase</i>	6.18	mg/dL		3.5 - 7.2	
Creatinine	0.96	mg/dL		0.50 - 1.50	

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

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Reg Date and Time : 25-May-2024 08:22	Sample Type : Serum	Mobile No. :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 10:03	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL	REF RANGE	REMARKS
Thyroid Function Test					
Triiodothyronine (T3)	107.18	ng/dL		70 - 204	
Thyroxine (T4) <small>CMA</small>	6.39	ng/dL		4.87 - 11.72	
TSH <small>CMA</small>	2.90	μIU/mL		0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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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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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3630390**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-May-2024 08:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 09:30	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity 1.025 1.005 - 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 /HPF Nil

Crystals Nil /HPF Nil

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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LABORATORY REPORT



Name : SANTOSH KUMAR	Sex/Age : Male / 49 Years	Case ID : 40502200333
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 09:30	Acc. Remarks : Normal	Ref Id2 :

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
Prostate Specific Antigen level

----- 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)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
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LABORATORY REPORT



Name : SANTOSH KUMAR	Sex/Age : Male / 49 Years	Case ID : 40502200333
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type :	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	117.14	mg/dL	70 - 100
Plasma Glucose - PP	144.40	mg/dL	70.0 - 140.0
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	6.8	mg/dL	8.90 - 20.60
Glyco Hemoglobin (HbA1c)			
HbA1C	5.80	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Platelet Count	79000	/ μ L	150000.00 - 410000.00
Lipid Profile			
Cholesterol	243.59	mg/dL	110 - 200
Triglyceride	151.80	mg/dL	<150
Chol/HDL	4.42		0 - 4.1
LDL Cholesterol	158.13	mg/dL	0.00 - 100.00
Liver Function Test			
Bilirubin Total	1.82	mg/dL	0.3 - 1.2
Bilirubin Unconjugated	1.41	mg/dL	0 - 0.8

Abnormal Result(s) Summary End

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

Printed On : 25-May-2024 12 10



LABORATORY REPORT



Name : SANTOSH KUMAR	Sex/Age : Male / 49 Years	Case ID : 40502200333
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3630390
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-May-2024 08:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-May-2024 08:23	Sample Coll. By :	Ref Id1 : OSP33995
Report Date and Time : 25-May-2024 09:03	Acc. Remarks : Normal	Ref Id2 :

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.5	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.92	millions/cumm	4.50 - 5.50
PCV(Calc)	43.44	%	40.00 - 50.00
MCV (RBC histogram)	88.3	fL	83.00 - 101.00
MCH (Calc)	29.3	pg	27.00 - 32.00
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	9580	/μL	4000.00 - 10000.00	
Neutrophil	[%] 59.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 5652 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00	2970 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	287 /μL 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00	671 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	L 79000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.90		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Thrombocytopenia
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah

M.D. (Pathologist)

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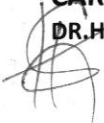
PATIENT NAME: SANTOSH KUMAR
GENDER/AGE: Male / 49 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP33995

DATE: 25/05/24

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 44/30mm	EF 60%
IVS / LVPW / D	: 12/11mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.8m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



25.05.2024 11:17:40 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

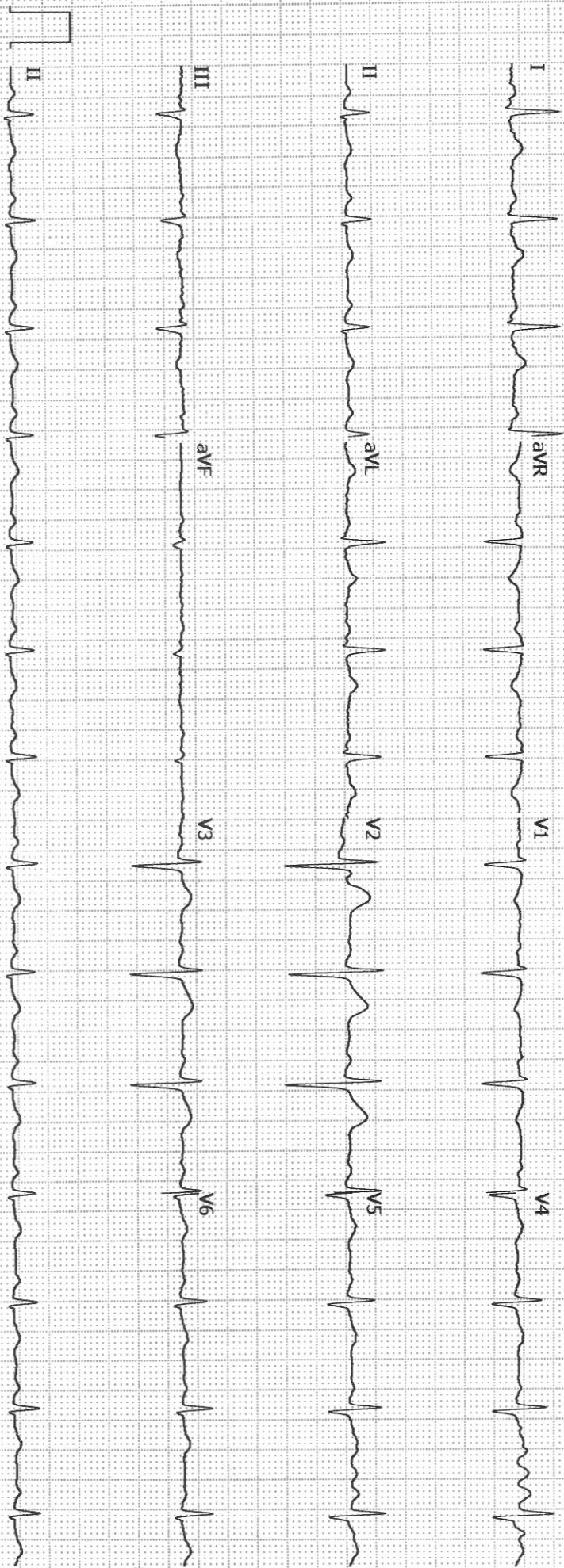
Room:

84 bpm
/ / mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBaz : 374 / 441 ms
PR : 158 ms
P : 116 ms
RR / PP : 716 / 714 ms
P / QRS / T : 31 / -2 / 8 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed

Doctor Name:- S/B Dr. Sneha Patel

UHID:	Date: 25/5/24	Time: 2:10 PM
Patient Name: Santosh Kumar	Age/Sex: 49 year / male	Height: Weight:
Chief Complain: Pt come here for health check up. H/O dengue 3 years ago.		
History: Nothing significant		
Allergy History: No		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: T: Afebrile HR = 78/min SpO ₂ = 98% on RA RR = 20/min BP = 120/82 mm Hg ECG, 2D Echo = Normal Fbc, A/c = S-80 Platelet = 79w. Cholesterol = 243, Billi = 1.82 USG Abdomen - Grade I fatty liver		
Diagnosis:		

Investigation

Rx

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

Advice:

- Avoid oily & spicy food.
- Avoid too much sugar.

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



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

UHID: <u>OSP33995</u>	Date: <u>25/5/24</u>	Time:
Patient Name: <u>SANTOSH KUMAR</u>	Age / Sex: <u>49 / M</u>	Height: <u>159.0 CM</u>
	Weight: <u>70.9 K.G.</u>	
History: <u>do routine eye check up</u>		
Allergy History: <u>No</u>		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>VN < 6/24 6/24</u>		
Diagnosis: <u>USG of cataracts</u>		

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	-	-1.00	200 60°	-	-1.00	60°	6/6
N	+2.00	-1.00	200 178°	+2.00	-1.00	60°	6/6

Other Advice:

Follow-up:

Consultant's Sign: 