

Dear **Aashka Multispeciality Hospital,**

**City :** Gandhi Nagar . **Address :** Between Sargasan & Reliance Cross Road,

We have received the confirmation for the following booking .

**Name** : Bhumika Mehta

**Age** : 29

**Gender** : Male

**Package Name** : Medi-Wheel Metro Full Body Health Checkup Female Below 40

**User Location** : K401 Swaminarayan Presidency Randesan ,Gandhi Nagar,Gujarat,382007

**Contact Details** : 9925354947

**Booking Date** : 27-05-2023

**Appointment Date** : 30-05-2023

Member Information			
Booked Member Name	Age	Gender	Cost(In INR)
Bhumika Mehta	26	Female	Cashless
<b>Total amount to be paid</b>			<b>Cashless</b>

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

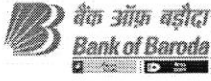
**Package Name** : Medi-Wheel Metro Full Body Health Checkup Female Below 40 - Includes (37)Tests

**Tests included in this Package** : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat.

Hospital:7575006000/9000  
Website: www.aashkahospitals.in />



To,

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

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	BHUMIKA AATREY MEHTA
DATE OF BIRTH	14-11-1996
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	30-05-2023
BOOKING REFERENCE NO.	23J170466100060572S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MEHTA AATREY KERAYUBHAI
EMPLOYEE EC NO.	170466
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	TINTOI
EMPLOYEE BIRTHDATE	16-04-1991

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 **29-05-2023** 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's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

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

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



बैंक ऑफ़ बरोडा

Bank of Baroda



ATM  
VIDAK



IP  
ATM  
ENRDA

नाम

Name

Aatrey Kerayubhai Mehta

कर्मचारी कूट क्र.

Employee Code No.

170466

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder

**DR. PRERAK TRIVEDI**  
**M.D., IDCCM**  
**CRITICAL CARE MEDICINE**  
**REG.NO.G-59493**

UHID:		Date: 31/5/23	Time: 4 PM
Patient Name: Bhavnika Maheta		Height:	
Age / Sex:	LMP:	Weight:	
History:			
C/C/O:  No present complaint	History:  Not significant		
Allergy History: —		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal		HbA1c 6.28	
Pulse: 78/min		FBS 105	
BP: 120/80 mmHg		PP2B 105	
SPO2: 98% on RA			
Provisional Diagnosis: —			



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**

<b>UHID:</b> 60528204	<b>Date:</b> 31/5/23	<b>Time:</b>
<b>Patient Name:</b> BHUMIKA MAHATA	<b>Age / Sex:</b> 26 (F)	<b>Height:</b> 165 cm
	<b>Weight:</b> 80.5 kg	
<b>History:</b> c/o Ruffin chemo.		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>D.V. 2/19 6/19</p> <p>M.V. 2/16 6/16</p> </div> <div style="text-align: center;"> <p><del>D.V. 2/19</del></p> <p>D.V. 2/16 6/16</p> </div> </div> <p>Colon viser normal</p>		
<b>Diagnosis:</b>		

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	-	-	-0.50	-	-
N						

Other Advice:

*J.S.*  
Bime on 1/2 Bhr

Follow-up:

Consultant's Sign:





## LABORATORY REPORT



Name : **BHUMIKA MAHETA** Sex/Age : **Female/ 26 Years** Case ID : **30502200643**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2760948**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **31-May-2023 08:52** Sample Type : **Whole Blood EDTA** Mobile No : **9925354947**  
 Sample Date and Time : **31-May-2023 08:52** Sample Coll. By : Ref Id1 : **O0523208**  
 Report Date and Time : **31-May-2023 09:16** Acc. Remarks : **Normal** Ref Id2 : **O23241554**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	12.8	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 5.07	millions/cumm	3.80 - 4.80
PCV(Calc)	39.44	%	36.00 - 46.00
MCV (RBC histogram)	L 77.8	fL	83.00 - 101.00
MCH (Calc)	L 25.3	pg	27.00 - 32.00
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.80	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9190	/μL	4000.00 - 10000.00
Neutrophil	[%] 61.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 5606 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	32.0	%	20.00 - 40.00 2941 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 276 /μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00 276 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 92 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	375000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.91		0.78 - 3.53

#### SMEAR STUDY

**RBC Morphology** Microcytic hypochromic 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. Manoj Shah**  
M.D. (Path. & Bact.)

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

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2760948
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-May-2023 08:52	Sample Type : Whole Blood EDTA	Mobile No : 9925354947
Sample Date and Time : 31-May-2023 08:52	Sample Coll. By :	Ref Id1 : O0523208
Report Date and Time : 31-May-2023 10:28	Acc. Remarks : Normal	Ref Id2 : O23241554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	18	mm after 1hr	3 - 20	

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

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2760948</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>31-May-2023 08:52</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No : <b>9925354947</b>
Sample Date and Time : <b>31-May-2023 08:52</b>	Sample Coll. By :	Ref Id1 : <b>O0523208</b>
Report Date and Time : <b>31-May-2023 09:13</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23241554</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b>				
<b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )</b>				

ABO Type	A
Rh Type	POSITIVE

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

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : **BHUMIKA MAHETA** Sex/Age : **Female/ 26 Years** Case ID : **30502200643**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2760948**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 31-May-2023 08:52 Sample Type : Spot Urine Mobile No : 9925354947  
 Sample Date and Time : 31-May-2023 08:52 Sample Coll. By : Ref Id1 : O0523208  
 Report Date and Time : 31-May-2023 09:13 Acc. Remarks : Normal Ref Id2 : O23241554

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

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		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	/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.)

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## LABORATORY REPORT



Name : **BHUMIKA MAHETA** Sex/Age : **Female/ 26 Years** Case ID : **30502200643**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2760948**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 31-May-2023 08:52 Sample Type : Spot Urine Mobile No : 9925354947  
 Sample Date and Time : 31-May-2023 08:52 Sample Coll. By : Ref Id1 : O0523208  
 Report Date and Time : 31-May-2023 09:13 Acc. Remarks : Normal Ref Id2 : O23241554

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*

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2760948</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :

Reg Date and Time : <b>31-May-2023 08:52</b>	Sample Type : <b>Plasma Fluoride F, Plasma Fluoride PP</b>	Mobile No : <b>9925354947</b>
Sample Date and Time : <b>31-May-2023 08:52</b>	Sample Coll. By :	Ref Id1 : <b>O0523208</b>
Report Date and Time : <b>31-May-2023 12:37</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23241554</b>
<b>TEST</b>	<b>RESULTS</b>	<b>UNIT</b>
		<b>BIOLOGICAL REF RANGE</b>
		<b>REMARKS</b>

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H</b>	<b>105.47</b>	<b>mg/dL</b>	<b>70 - 100</b>
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	<b>H</b>	<b>195.74</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>

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

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2760948</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>31-May-2023 08:52</b>	Sample Type : <b>Serum</b>	Mobile No : <b>9925354947</b>
Sample Date and Time : <b>31-May-2023 08:52</b>	Sample Coll. By :	Ref Id1 : <b>O0523208</b>
Report Date and Time : <b>31-May-2023 12:07</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23241554</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>149.66</b>	<b>mg/dL</b>	<b>110 - 200</b>
<b>HDL Cholesterol</b>	<b>L 38.8</b>	<b>mg/dL</b>	<b>48 - 77</b>
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>72.40</b>	<b>mg/dL</b>	<b>&lt;150</b>
<b>VLDL</b> <i>Calculated</i>	<b>14.48</b>	<b>mg/dL</b>	<b>10 - 40</b>
<b>Chol/HDL</b> <i>Calculated</i>	<b>3.86</b>		<b>0 - 4.1</b>
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>96.38</b>	<b>mg/dL</b>	<b>65 - 100</b>

#### 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 interpreation 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*

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## LABORATORY REPORT



Name : **BHUMIKA MAHETA** Sex/Age : **Female/ 26 Years** Case ID : **30502200643**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2760948**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **31-May-2023 08:52** Sample Type : **Serum** Mobile No : **9925354947**  
 Sample Date and Time : **31-May-2023 08:52** Sample Coll. By : Ref Id1 : **O0523208**  
 Report Date and Time : **31-May-2023 12:08** Acc. Remarks : **Normal** Ref Id2 : **O23241554**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>18.42</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>19.08</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>115</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>27.24</b>	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.15</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.60</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.55</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.3</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	L <b>0.24</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.13</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.11</b>	mg/dL	0 - 0.8	

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

*Shah*

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2760948
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 31-May-2023 08:52	Sample Type : Serum	Mobile No : 9925354947
Sample Date and Time : 31-May-2023 08:52	Sample Coll. By :	Ref Id1 : O0523208
Report Date and Time : 31-May-2023 12:09	Acc. Remarks : Normal	Ref Id2 : O23241554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>9.3</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.61</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	<b>4.17</b>	mg/dL	2.6 - 6.2	

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*Shah*

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M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : **BHUMIKA MAHETA** Sex/Age : **Female/ 26 Years** Case ID : **30502200643**  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2760948  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 31-May-2023 08:52 Sample Type : Whole Blood EDTA Mobile No : 9925354947  
 Sample Date and Time : 31-May-2023 08:52 Sample Coll. By : Ref Id1 : O0523208  
 Report Date and Time : 31-May-2023 10:28 Acc. Remarks : Normal Ref Id2 : O23241554

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

**HbA1C** H **6.28** % of total Hb <5.7: Normal  
 5.7-6.4: Prediabetes  
 >=6.5: Diabetes

**Estimated Avg Glucose (3 Mths)** **133.54** mg/dL  
*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. Manoj Shah**  
 M.D. (Path. & Bact.)

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

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2760948</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>31-May-2023 08:52</b>	Sample Type : <b>Serum</b>	Mobile No : <b>9925354947</b>
Sample Date and Time : <b>31-May-2023 08:52</b>	Sample Coll. By :	Ref Id1 : <b>O0523208</b>
Report Date and Time : <b>31-May-2023 10:28</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23241554</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

<b>Triiodothyronine (T3)</b>	<b>141.38</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>7.5</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>1.573</b>	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

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

*Shah*

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## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
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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/↑	↓

----- 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)

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

UHID: 00523208	Date: 31/5/23	Time:
Patient Name: Bhunika ben Mehta	Age /Sex: 26 / F	Height: 165 cm
	Weight: 80.5 kg	
Chief Complain: Routine dental check up.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Carious teeth	—+6
Teeth Absent :	Stain +	
	Calculus +	
Diagnosis: Gen. chronic gingivitis		



## LABORATORY REPORT



Name : <b>BHUMIKA MAHETA</b>	Sex/Age : <b>Female/ 26 Years</b>	Case ID : <b>30502200643</b>
Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>2760948</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>31-May-2023 08:52</b>	Sample Type :	Mobile No : <b>9925354947</b>
Sample Date and Time : <b>31-May-2023 08:52</b>	Sample Coll. By :	Ref Id1 : <b>O0523208</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23241554</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>105.47</b>	mg/dL	70 - 100
Plasma Glucose - PP	<b>195.74</b>	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin</b>			
HbA1C	<b>6.28</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	<b>5.07</b>	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	<b>77.8</b>	fL	83.00 - 101.00
MCH (Calc)	<b>25.3</b>	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>38.8</b>	mg/dL	48 - 77
<b>Liver Function Test</b>			
Bilirubin Total	<b>0.24</b>	mg/dL	0.3 - 1.2

Abnormal Result(s) Summary End

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



Name: RAHMIKA. MISHRA Age: 26 YRS.

Complaints:

Routine

bcg PCOD  
3yrs.

No of deliveries: 1 ch. C.S. 1 1/2 yrs.

Last Delivery:

History of abortion:

H/O medical conditions associated:

Last abortions:

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

MH:

Irregular

Reg:

5-6 days.  
1 1/2 - 2 - 3 months

5 yrs.  
NO Pains.

LMP:

30.6.23

PH/O DM +

P/A:

L.S. C.S. safe & satisfactory

P/S:

no latching small papule - Por-tomony  
all cures.

P/V:

ul AV, NS, M, FR

Sample:-

Vagina  
Cervix

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

Doctors Sign:-

[Signature]

31/5/23

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:**BHUMIKA MAHETA

**GENDER/AGE:**Female / 26 Years

**DATE:**31/05/23

**DOCTOR:**

**OPDNO:**O0523208

### 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:**BHUMIKA MAHETA

**GENDER/AGE:**Female / 26 Years

**DATE:**31/05/23

**DOCTOR:**

**OPDNO:**O0523208

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows increased parenchymal echoes suggest fatty changes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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 10.0 x 4.0 cms in size.

Left kidney measures about 9.8 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 270 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 10 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size, shape and position. Peripherally oriented follicles are seen in both ovaries suggest changes of PCOD. No other pelvic mass lesion is seen. No evidence of free fluid in cul-de-sac is seen.

**COMMENT:** Grade I fatty changes in liver.

**Changes of PCOD.**

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



31.05.2023 11:52:27 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

88 bpm  
--/-- mmHg

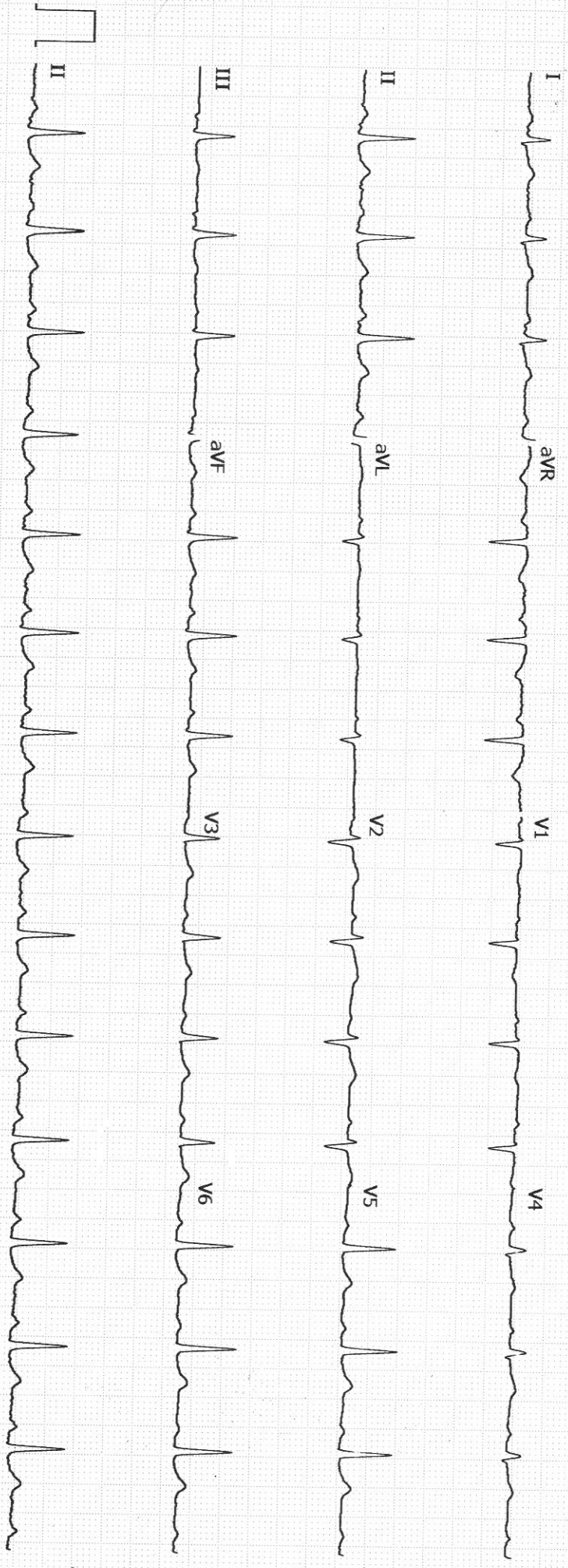
Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 70 ms  
QT / QTcBaz : 352 / 425 ms  
PR : 168 ms  
P : 104 ms  
RR / PP : 682 / 681 ms  
P / QRS / T : 42 / 75 / 53 degrees

Normal sinus rhythm  
Normal ECG

*Bhumnika Maheta*

*26y / f*



GE MAC2000 1.1 12SL™ v241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3.25 R1 1/1