



ભારત સરકાર

Government of India

તાવીયાડ અશ્વિનકુમાર કલાભાઈ

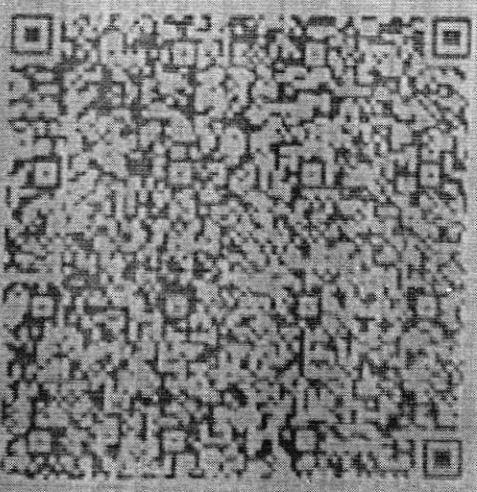
Taviyad Ashwinkumar Kalabhai

જન્મ તારીખ / DOB : 27/03/1982

પુરુષ / Male



6036 2071 2392



ખારી આધાર, ખારી યોગ્ય



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: પિતાનું/માતાનું નામ: તાવીયાડ
ફાઇલનંબર: 440/2, સેક્ટર 5, અંબે
માતા મંદિર પાસે, સેક્ટર 5/એ, ગાંધીનગર,
ગાંધીનગર સેક્ટર 5, ગુજરાત, 382006

Address: S/O Taviyad Kalabhai, Plot No.
440/2, Sector 5, Near Ambe Mata Temple,
Sector 5/A, Gandhinagar, (gandhinagar)
Sector 6, Gujarat, 382006

6036 2071 2392



1947



help@uidai.gov.in



www.uidai.gov.in



बैंक ऑफ़ बड़ौदा
Bank of Baroda

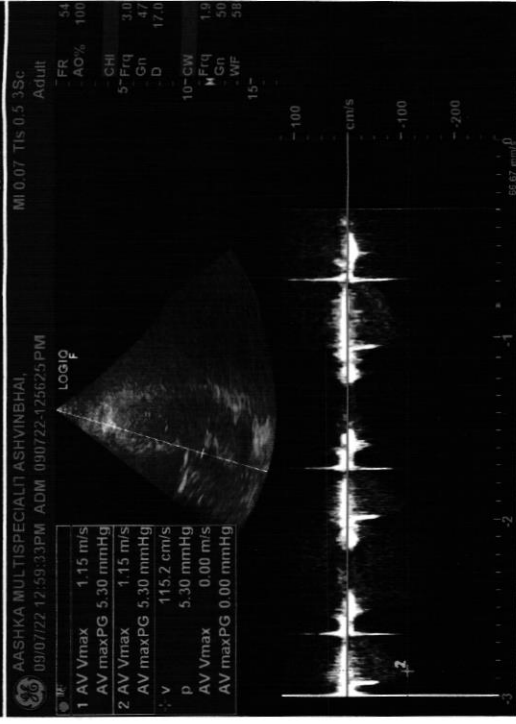
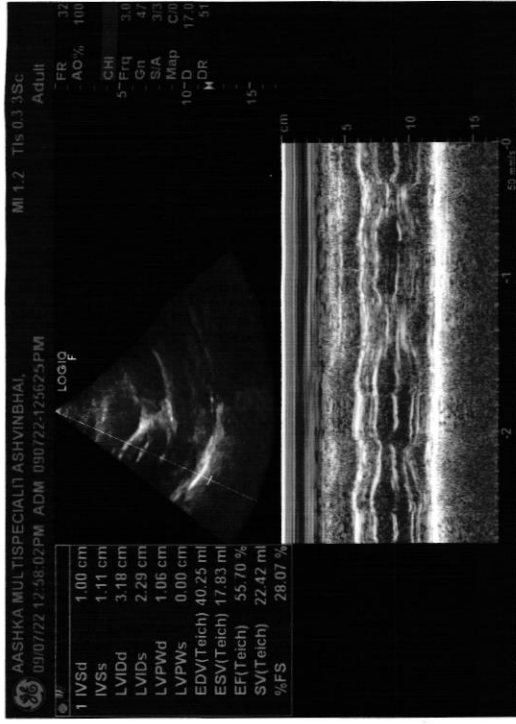
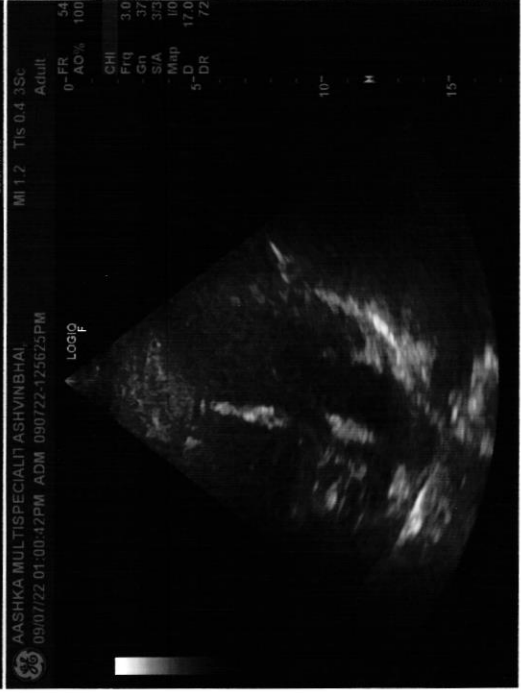
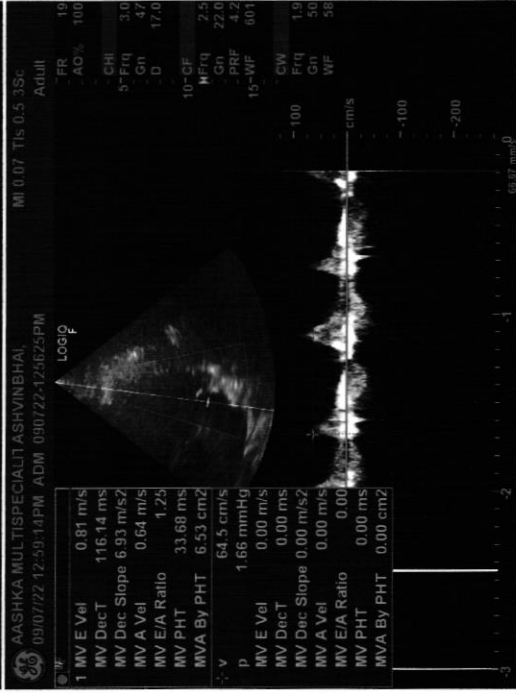
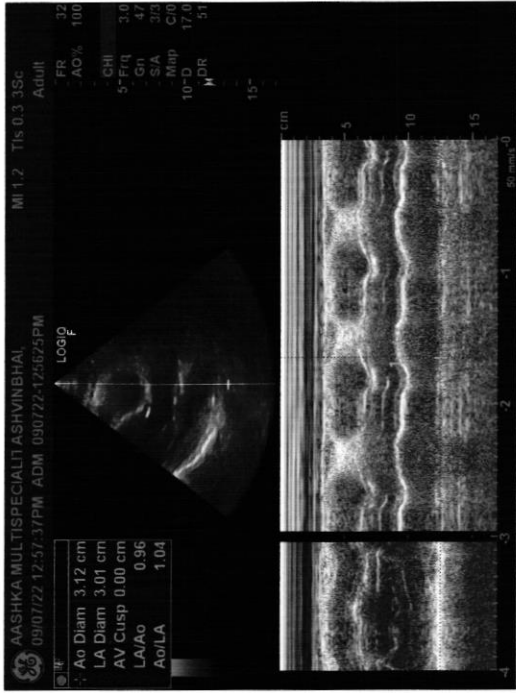
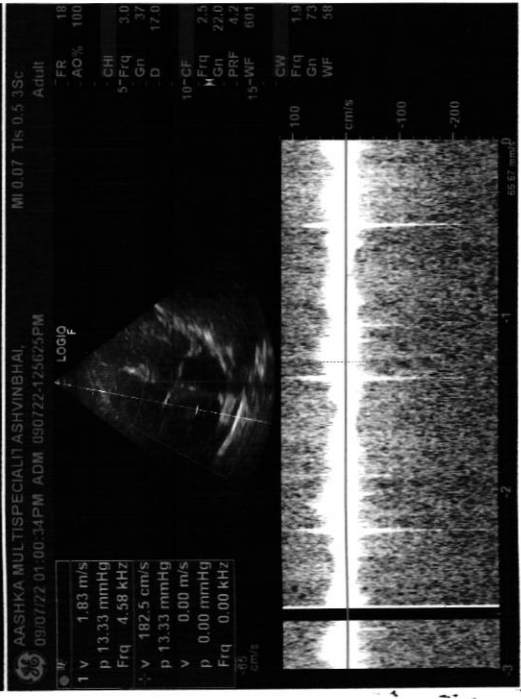
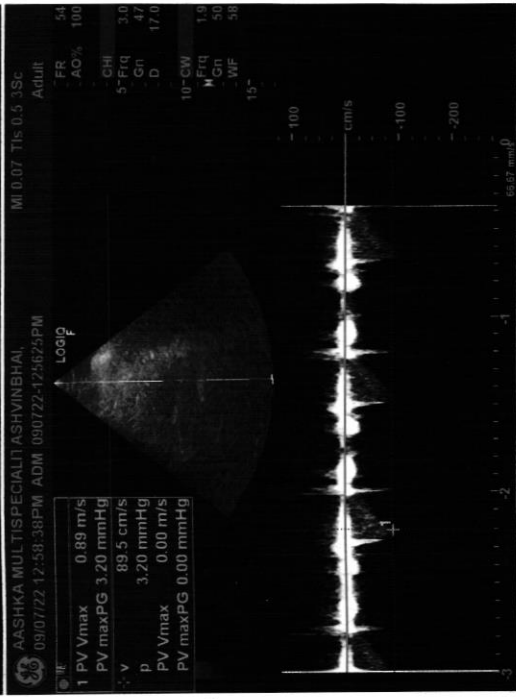
नाम **Ashwinkumar Kalabhai**
Name **Taviyad**

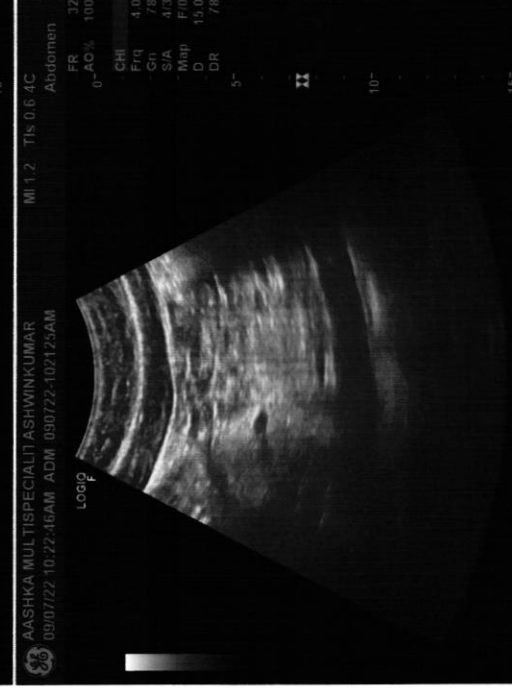
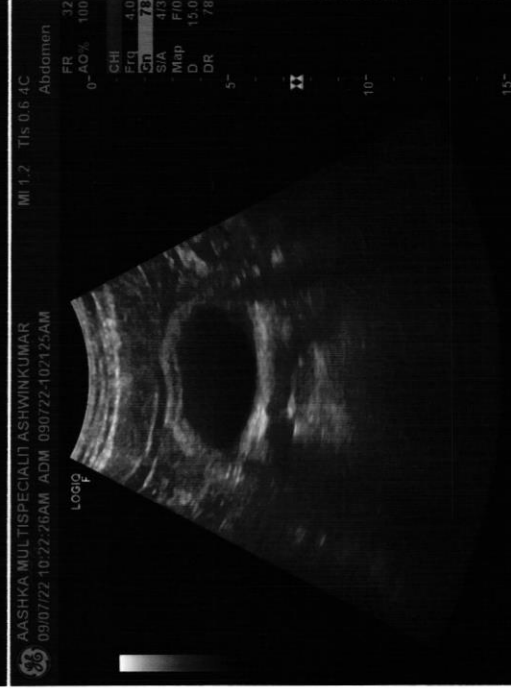
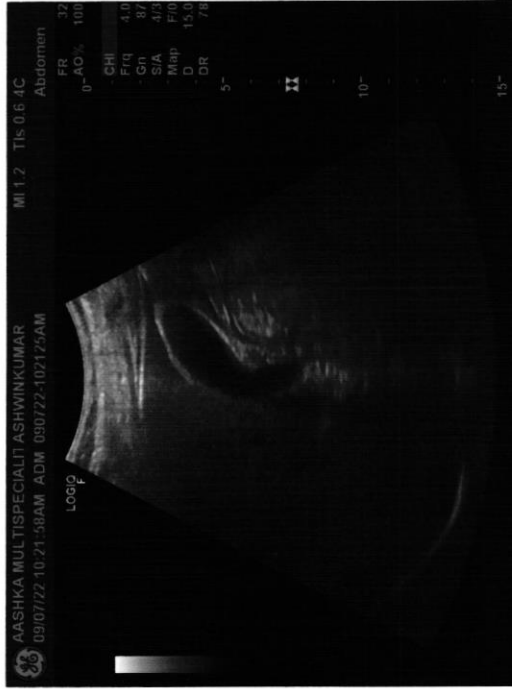
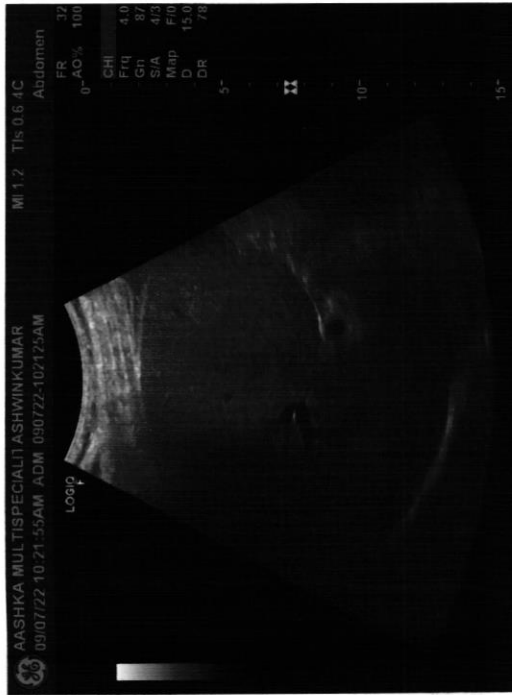
कर्मचारी कूट क्र. **78424**
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder





LETTER OF APPROVAL / RECOMMENDATION

To,

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

Dear Sir / Madam,

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

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

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. TAVIYAD ASHWINKUMAR KALABHAI
EC NO.	78424
DESIGNATION	FINANCIAL INCLUSION
PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
BIRTHDATE	27-03-1982
PROPOSED DATE OF HEALTH CHECKUP	25-06-2022
BOOKING REFERENCE NO.	22J78424100020750E

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 **22-06-2022** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to 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

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. UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO.NO- 9904596691

UHID:	Date:	Time:
Patient Name: Ashwin Kumar Taviad		Age / Sex: 40 / M.
		Height:
		Weight:
History:		
Examination: cornea 0/0 cataracts +1		
Diagnosis:		

Treatment:

Scaly
restoration



DR. U.

DR. JIGISHA VADODARIYA
M.D., IDCCM.
CRITICAL CARE MEDICINE
R.NO.G-27131

UHID:		Date: 9/7/2022	Time: 4 PM								
Patient Name: Ashwin Kumar / 40 / M.		Height:	Weight:								
Age / Sex:	LMP:										
History:											
Medical History: NO. DM _____ HTN _____ COPD _____ CKD _____ Hypothyroidism _____ CAD _____		Surgical History: NO. Others:	C/C/O: Routine health check up.								
Allergy History: NO.		Addiction:									
Nutritional Screening: Well-Nourished / Malnourished / Obese											
Examination:											
RS:	CNS:	General:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Temp</td><td></td></tr> <tr><td>Pulse</td><td>88/min</td></tr> <tr><td>BP</td><td>130/80</td></tr> <tr><td>SPO2</td><td>98%</td></tr> </table>	Temp		Pulse	88/min	BP	130/80	SPO2	98%
Temp											
Pulse	88/min										
BP	130/80										
SPO2	98%										
BLA (+)											
CVS:	PA:										
S L2 (+)											
1x - not ed.											
Provisional Diagnosis:											

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

Other Advice:

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

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



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

UHID:	Date: 9/7/22	Time:
Patient Name: Ashwin Kumar	Age / Sex: 40	Height:
		Weight:
History: C/O Rustic chest w.p. D u.gu. < G12 G10		
Allergy History: wofson		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Diagnosis:		

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Rensy (come) ← 1777
 OPN ← 17

Follow-up:

Consultant's Sign:

PATIENT NAME: ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE: Male / 40 Years

DATE: 09/07/22

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP28202

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 31mm	
LV Dd / Ds	: 31/22mm	EF 55%
IVS / LVPW / D	: 10/10mm	
IVS	: NORMAL	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.8/0.6m/s	
AORTIC	: 1.15m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD TR	
RVSP	: 23mmHg	
CONCLUSION	: NORMAL LV SIZE SYSTOLIC FUNCTION; MILD TR, NO PAH.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159676**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : **Whole Blood EDTA** Mobile No : **9978548780**
 Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : 09-Jul-2022 09:34 Acc. Remarks : **Normal** Ref Id2 : **O22232424**

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	13.5	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 6.33	millions/cumm	4.50 - 5.50
PCV(Calc)	44.18	%	40.00 - 50.00
MCV (RBC histogram)	L 69.8	fL	83.00 - 101.00
MCH (Calc)	L 21.3	pg	27.00 - 32.00
MCHC (Calc)	L 30.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 17.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6410	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	56.0	% 40.00 - 70.00	3590 /μL 2000.00 - 7000.00
Lymphocyte	27.0	% 20.00 - 40.00	1731 /μL 1000.00 - 3000.00
Eosinophil	H 11.0	% 1.00 - 6.00	H 705 /μL 20.00 - 500.00
Monocytes	6.0	% 2.00 - 10.00	385 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	213000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.07		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Eosinophilia
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)

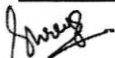
Dr. Manoj Shah
 M.D. (Path. & Bact.)

LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD	Sex/Age : Male / 40 Years	Case ID : 20702200249
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159676
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Jul-2022 09:17	Sample Type : Whole Blood EDTA	Mobile No : 9978548780
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
Bill. Loc. : Aashka hospital Pt. Loc. :

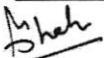
Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Whole Blood EDTA Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
Report Date and Time : 09-Jul-2022 11:23 Acc. Remarks : Normal Ref Id2 : O22232424

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

ESR 04 mm after 1hr 3 - 15

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



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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



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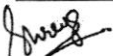
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type AB
Rh Type POSITIVE

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



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LABORATORY REPORT



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 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Spot Urine Mobile No : 9978548780
 Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
 Report Date and Time : 09-Jul-2022 09:41 Acc. Remarks : Normal Ref Id2 : O22232424

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 : 5.0 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 : Negative Negative

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

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LABORATORY REPORT



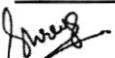
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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
Protein	mg/dL	Negative (<10)	10	25	75	150	50
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
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)	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)



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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
Ref.By : **HOSPITAL;** Dis. At : Pt. ID : **2159676**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No : **9978548780**
Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : **OSP28202**
Report Date and Time : 09-Jul-2022 14:18 Acc. Remarks : **Normal** Ref Id2 : **O22232424**
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

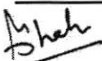
BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	101.4	mg/dL	70.0 - 100
Plasma Glucose - PP		113	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.
<100 mg/dL : Normal level
100-<126 mg/dL: Impaired fasting glucoseer guidelines
>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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



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LABORATORY REPORT



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 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Serum Mobile No : 9978548780
 Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
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TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	173.01	mg/dL	110 - 200
HDL Cholesterol	61.24	mg/dL	48 - 77
Triglyceride	92.27	mg/dL	40 - 200
VLDL <i>Calculated</i>	18.45	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.83		0 - 4.1
LDL Cholesterol (Direct) <i>CALC</i>	H 109.79	mg/dL	65 - 100

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

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

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

Shah

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

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Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
Report Date and Time : 09-Jul-2022 11:41 Acc. Remarks : Normal Ref Id2 : O22232424

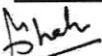
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	27.14	U/L	0 - 41
S.G.O.T.	16.94	U/L	15 - 37
Alkaline Phosphatase	52.35	U/L	40 - 130
Gamma Glutamyl Transferase	16.01	U/L	8 - 61
Proteins (Total)	7.16	gm/dL	6.4 - 8.2
Albumin	4.42	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.74	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1
Bilirubin Total	0.31	mg/dL	0.2 - 1.0
Bilirubin Conjugated	0.07	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.24	mg/dL	0 - 0.8

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



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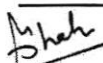
LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
Bill. Loc. : Aashka hospital Pt. Loc. :
Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Serum Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
Report Date and Time : 09-Jul-2022 11:41 Acc. Remarks : Normal Ref Id2 : O22232424

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
BUN (Blood Urea Nitrogen) <small>GLDH</small>	8.42	mg/dL	6.00 - 20.00	
Creatinine	0.88	mg/dL	0.50 - 1.50	
Uric Acid	6.03	mg/dL	3.5 - 7.2	

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



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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Whole Blood EDTA Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
Report Date and Time : 09-Jul-2022 10:58 Acc. Remarks : Normal Ref Id2 : O22232424

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

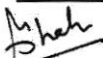
HbA1C **5.58** % of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes
Avg. PI Glucose (Last 3 Months) **113.45** mg/dL 80.00 - 140.00
Calculated

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)



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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 40 Years** Case ID : **20702200249**
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2159676**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 09-Jul-2022 09:17 Sample Type : Serum Mobile No : 9978548780
 Sample Date and Time : 09-Jul-2022 09:17 Sample Coll. By : Ref Id1 : OSP28202
 Report Date and Time : 09-Jul-2022 10:30 Acc. Remarks : Normal Ref Id2 : O22232424

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test

Triiodothyronine (T3)	114.19	ng/dL	70 - 204	
Thyroxine (T4) CMIA	8.7	ng/dL	4.6 - 10.5	
TSH CMIA	2.0408	µIU/mL	0.4 - 4.2	

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)

Shah

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Dr. Shreya Shah
 M.D. (Pathologist)

LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD Sex/Age : Male / 40 Years Case ID : 20702200249
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2159676
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Jul-2022 09:17	Sample Type : Serum	Mobile No : 9978548780
Sample Date and Time : 09-Jul-2022 09:17	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 09-Jul-2022 11:11	Acc. Remarks : Normal	Ref Id2 : O22232424

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Prostate Specific Antigen CMA	0.899	ng/mL	0.00 - 4.00	
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INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer.

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

..... Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%
fr Probability of malignancy	56%	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.
 * Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

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

Shah
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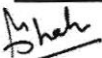
LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD	Sex/Age : Male / 40 Years	Case ID : 20702200249
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2159676
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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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



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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE:Male / 40 Years

DATE:09/07/22

DOCTOR:

OPDNO:OSP28202

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.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE: Male / 40 Years

DATE: 09/07/22

DOCTOR:

OPDNO: OSP28202

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 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 4.4 cms in size.

Left kidney measures about 10.2 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 90 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

COMMENT: Grade I fatty changes in liver.

Fecal loaded large bowel loops seen.

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

Ashwinkumar k, Taviyad
ID: osp28202

Contrast 226 166 05

09.07.2022 11:15:14 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

0459 LOT D 942 #
Room:

76 bpm
-- / -- mmHg

40 Years Male

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 370 / 416 ms
PR : 126 ms
P : 102 ms
RR / PP : 784 / 789 ms
P / QRS / T : 32 / 31 / 24 degrees

Normal sinus rhythm with sinus arrhythmia
Nonspecific ST abnormality
Abnormal ECG

