



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	DIPIKA MEVA
DATE OF BIRTH	08-04-1968
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	30-03-2023
BOOKING REFERENCE NO.	22M52953100054682S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MEVA KIRITKUMAR NARANBHAI
EMPLOYEE EC NO.	52953
EMPLOYEE DESIGNATION	HEAD PEON
EMPLOYEE PLACE OF WORK	AHMEDABAD, SATELLITE ROAD
EMPLOYEE BIRTHDATE	04-08-1964

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 **29-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to 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.

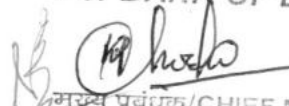
Yours faithfully,

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))

कृते बैंक ऑफ बड़ोदा
For BANK OF BARODA


मुख्य प्रबंधक/CHIEF MANAGER
सैटेलाइट रोड शाखा, अहमदाबाद
SATELLITE ROAD BR., AHMEDABAD

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

UHID: 00323961	Date: 30/3/23	Time: 12:42
Patient Name: Dipika meva	Age / Sex: 54 / F Height: 156 CM Weight: 78.4	
Chief Complain: → Routine dental check-up.		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present : - FPD ht $\frac{6-1}{1-6}$ → lower removable partial denture		
Teeth Absent :		
Diagnosis:		

Rx

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

Other Advice:

→ Advise Important - let lower arch

Dr. Lewis

Follow-up:

Consultant's Sign:



Name: Mrs Dipika Meva Age: 54 yrs.

Complaints:

Routine check up

Pap Smear
Taken

No of deliveries:

3 children Alive

Last Delivery:

1 child - died at the age of 7 yrs.

~~26~~ 26 yrs (2nd delivery)

History of abortion:

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

—
✓
—

Menopause 2 yrs ago.

H/O Sterilisation
2 yrs ago

MH:

Reg:

H/O dyspareunia

LMP:

on treatment

P/A:

Stop

P/S:

Cervix hypertrophied Mild Erosion Polyp
Cystocele ++ white discharge +

P/V:

ut size in apperant
OP.

- Kegels

Sample:-

Vagina
Cervix

—
✓

examin

- treatment
w/ repairs

Doctors Sign:-

[Signature]

To see c
repair

30/12/20

for further
Plan

DR. PRAKASH D MAKWANA

M.D.

REG.NO.G-29078

UHID: 00923961	Date: 30/3/2023	Time: 15:30
Patient Name: Dipikaben MEVA	Height: 156 cm	
Age/Sex: 54yrs/F LMP: Menopausal	Weight: 78.4129	
History:		
C/O: KIC/O HTN x (2) Yr (on R)	History: H/O PTCA x (2) Yr back	
Allergy History:	Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: (N)		
Pulse: 84/min		
BP: 122/80 mmHg		
SPO2: 98% on RA		
Provisional Diagnosis:		

Advice:

Rx

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

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

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

CrID: 00323961	Date: 30/03/2023	Time:
Patient Name: Dipika Mehta	Age / Sex: 54 / F	Height: 156 cm
	Weight: 74.5 kg	129
History: No Routine check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: NM 2619 2619 (BE) P/m		
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	<u>Pl</u>			<u>Pl</u>		
N	+2.00 —			+2.00 —		

Other Advice:

As
under
run

Follow-up:

Consultant's Sign:

[Handwritten Signature]

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: DIPIKA MEVA
GENDER/AGE: Female / 54 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: O0323961

DATE: 30/03/23

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 42/28mm	EF 50-55%
IVS / LVPW / D	: 10/10mm	MILD INF. WALL RWMA
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	:	
CONCLUSION	: POST PTCA; FAIR LV FUNCTION WITH RWMA.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:DIPIKA MEVA

GENDER/AGE:Female / 54 Years

DATE:30/03/23

DOCTOR:

OPDNO:O0323961

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

Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647



PATIENT NAME: DIPIKA MEVA

GENDER/AGE: Female / 54 Years

DATE: 30/03/23

DOCTOR:

OPDNO: O0323961

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 10.0 x 4.5 cms in size.

Left kidney measures about 9.4 x 4.4 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 mild bulky and shows fibroid (26 x 24 mm) in posterior wall. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.3 mm. No evidence of uterine mass lesion is seen.

COMMENT: Mild bulky uterus with posterior wall fibroid.

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


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PATIENT NAME: DIPIKA MEVA

GENDER/AGE: Female / 54 Years

DATE: 30/03/23

DOCTOR:

OPDNO: O0323961

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 : DIPIKA MEVA	Sex/Age : Female/ 55 Years	Case ID : 30302200765
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647213
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:51	Sample Type :	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 0222310211

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	6.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin (Colorimetric)	11.3	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.82	millions/cu mm	3.80 - 4.80
PCV(Calc)	35.67	%	36.00 - 46.00
MCV (RBC histogram)	74.0	fL	83.00 - 101.00
MCH (Calc)	23.5	pg	27.00 - 32.00
Liver Function Test			
Alkaline Phosphatase	129.91	U/L	46 - 116
Albumin	5.01	gm/dL	3.4 - 5
Bilirubin Conjugated	0.23	mg/dL	0 - 0.20

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 09:04	Acc. Remarks : Normal	Ref Id2 : 0222310211

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 11.3	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 4.82	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.67	%	36.00 - 46.00
MCV (RBC histogram)	L 74.0	fL	83.00 - 101.00
MCH (Calc)	L 23.5	pg	27.00 - 32.00
MCHC (Calc)	31.7	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	9470	/μL	4000.00 - 10000.00
Neutrophil	[%] 70.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 6629 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	23.0	%	20.00 - 40.00 2178 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 189 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 379 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 95 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	288000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	3.04		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. Shreya Shah
M.D. (Pathologist)

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

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Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : DIPIKA MEVA	Sex/Age : Female/ 55 Years	Case ID : 30302200765
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647213
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 10:44	Acc. Remarks : Normal	Ref Id2 : 0222310211

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	18	mm after 1hr	3 - 30	

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

Dr. Manoj Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 09:10	Acc. Remarks : Normal	Ref Id2 : 0222310211

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)

Dr. Shreya Shah
M.D. (Pathologist)

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M.D. (Path. & Bact.)

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LABORATORY REPORT



Name : DIPIKA MEVA	Sex/Age : Female/ 55 Years	Case ID : 30302200765
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647213
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 09:11	Acc. Remarks : Normal	Ref Id2 : 0222310211

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	1.020	1.005 - 1.030
pH	<5.5	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)

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 30-Mar-2023 13:00





LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:51 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 30-Mar-2023 08:51 Sample Coll. By : Ref Id1 : 00323961
 Report Date and Time : 30-Mar-2023 09:11 Acc. Remarks : Normal Ref Id2 : 0222310211

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. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : O0323961
Report Date and Time : 30-Mar-2023 12:57	Acc. Remarks : Normal	Ref Id2 : O222310211
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	99	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	121.08	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)

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

Dr. Shreya Shah
M.D. (Pathologist)

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Printed On : 30-Mar-2023 13:00





LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **30-Mar-2023 08:51** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **30-Mar-2023 08:51** Sample Coll. By : Ref Id1 : **O0323961**
 Report Date and Time : **30-Mar-2023 10:18** Acc. Remarks : **Normal** Ref Id2 : **O222310211**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	156.41	mg/dL	110 - 200	
HDL Cholesterol	55.7	mg/dL	48 - 77	
Triglyceride <i>Colorimetric-Arsenazo Method</i>	96.72	mg/dL	40 - 200	
VLDL <i>Calculated</i>	19.34	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	2.81		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	81.37	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.)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647213
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 10:18	Acc. Remarks : Normal	Ref Id2 : 0222310211

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>	25.29	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	20.02	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	H 129.91	U/L	46 - 116	
Gamma Glutamyl Transferase <i>Enzymatic</i>	32.18	U/L	0.00 - 36.00	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.90	gm/dL	6.4 - 8.2	
Albumin <i>Bromocresol purple</i>	H 5.01	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.89	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1	
Bilirubin Total	0.66	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	H 0.23	mg/dL	0 - 0.20	
Bilirubin Unconjugated <i>Calculated</i>	0.43	mg/dL	0 - 0.8	

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

Shah

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LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 10:18	Acc. Remarks : Normal	Ref Id2 : 0222310211

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	6.7	mg/dL	6.00 - 20.00	
Creatinine	0.76	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	5.24	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : DIPIKA MEVA	Sex/Age : Female/ 55 Years	Case ID : 30302200765
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2647213
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 30-Mar-2023 08:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 30-Mar-2023 08:51	Sample Coll. By :	Ref Id1 : 00323961
Report Date and Time : 30-Mar-2023 09:44	Acc. Remarks : Normal	Ref Id2 : 0222310211

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 6.01		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	125.79	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term 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 : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **30-Mar-2023 08:51** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **30-Mar-2023 08:51** Sample Coll. By : Ref Id1 : **O0323961**
 Report Date and Time : **30-Mar-2023 10:18** Acc. Remarks : **Normal** Ref Id2 : **O222310211**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	149.12	ng/dL	40 - 181	
Thyroxine (T4) <small>CMIA</small>	9.7	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	2.617	μIU/mL	0.5 - 8.9	

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)

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LABORATORY REPORT



Name : **DIPIKA MEVA** Sex/Age : **Female/ 55 Years** Case ID : **30302200765**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2647213**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **30-Mar-2023 08:51** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **30-Mar-2023 08:51** Sample Coll. By : Ref Id1 : **O0323961**
 Report Date and Time : **30-Mar-2023 10:18** Acc. Remarks : **Normal** Ref Id2 : **O222310211**

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)

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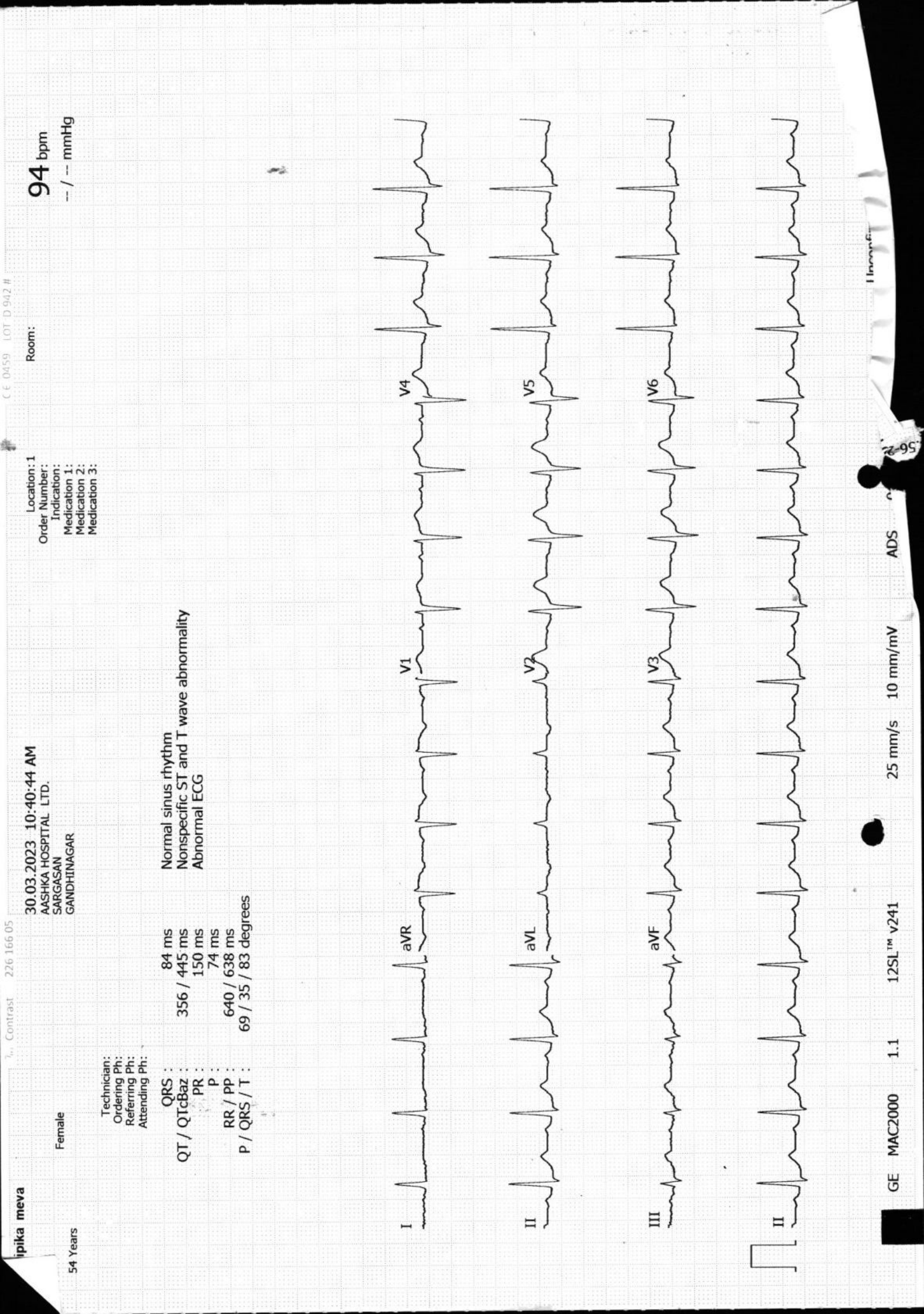
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079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



94 bpm
 -- / -- mmHg

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

30.03.2023 10:40:44 AM
 AASHKA HOSPITAL LTD.
 SARGASAN
 GANDHINAGAR

Normal sinus rhythm
 Nonspecific ST and T wave abnormality
 Abnormal ECG

QRS : 84 ms
 QT / QTcBaz : 356 / 445 ms
 PR : 150 ms
 P : 74 ms
 RR / PP : 640 / 638 ms
 P / QRS / T : 69 / 35 / 83 degrees

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

Female

ipika meva

54 Years