

PATIENT NAME: SHAILESHKUMAR NARANBHAI PATNI
GENDER/AGE: Male / 31 Years DATE: 09/03/24
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP33456

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 41/28mm	EF 60%
IVS / LVPW / D	: 10/9mm	
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	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)





PATIENT NAME: SHAILESHKUMAR NARANBHAI PATNI

GENDER/AGE: Male / 31 Years

DATE: 09/03/24

DOCTOR:

OPDNO: OSP33456

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: SHAILESHKUMAR NARANBHAI PATNI

GENDER/AGE: Male / 31 Years

DATE: 09/03/24

DOCTOR:

OPDNO: OSP33456

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.


BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 120 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 measures about 2.8 x 3.8 x 3.2 cms in size.

Prostate volume measures about 14 cc.

COMMENT: Normal sonographic appearance of liver, GB, Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : SHALESHKUMAR PATNI	Sex/Age : Male / 32 Years	Case ID : 46362266283
Ref By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415618
Bill Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 10:01	Sample Type :	Mobile No : 7575858576
Sample Date and Time : 09-Mar-2024 10:01	Sample Coll. By :	Ref Id1 : OSP33456
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Total WBC Count	3240	/ μ L	4000.00 - 10000.00
Neutrophil	1750	/ μ L	2000.00 - 7000.00
Monocyte	162	/ μ L	200.00 - 1000.00
Lipid Profile			
LDL Cholesterol	105.54	mg/dL	0.00 - 100.00
Liver Function Test			
S.G.P.T.	89.68	U/L	16 - 63
S.G.O.T.	82.28	U/L	15 - 37
Plasma Glucose - F	113.90	mg/dL	70 - 100

Abnormal Result(s) Summary End



LABORATORY REPORT

Name : **SHAIKESHKUMAR PATNI**
 Ref By : **AASHKA HOSPITAL**
 Bill Loc : **Aashka hospital**

Sex/Age : **Male / 32 Years**
 Dis. At :



Case ID : **40302200283**
 Pt. ID : **3415918**
 Pt. Loc :

Reg Date and Time : **09-Mar-2024 10:01**
 Sample Date and Time : **09-Mar-2024 10:01**
 Report Date and Time : **09-Mar-2024 11:20**

Sample Type : **Whole Blood EDTA**
 Sample Coll. By :
 Acc. Remarks : **Normal**

Mobile No : **7575899976**
 Ref Id1 : **OSP33456**
 Ref Id2 :

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

HAEMOGRAM REPORT

MEAN INDICES

Parameter	Result	Unit	Interval
Haemoglobin	14.3	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.03	millions/cumm	4.50 - 5.50
PCV (Calc)	43.41	%	40.00 - 50.00
MCV (RBC histogram)	86.3	fL	83.00 - 101.00
MCH (Calc)	28.4	pg	27.00 - 32.00
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Parameter	Result	Unit	Interval	Expected Values
Total WBC Count	L 3240	/μL	4000.00 - 10000.00	
Neutrophil	54.0	%	40.00 - 70.00	L [Abs] 1750 /μL 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	1296 /μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	32 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	L 162 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

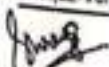
PLATELET COUNT (Optical)

Platelet Count	178000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.35		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Leucopenia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)


Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 15:33





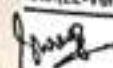
LABORATORY REPORT



Name : SHAILESHKUMAR PATNI	Sex/Age : Male / 32 Years	Case ID : 40302200283
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415918
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 10:01	Sample Type : Whole Blood EDTA	Mobile No : 7575899308
Sample Date and Time : 09-Mar-2024 10:01	Sample Coll. By :	Ref Id1 : OSP33456
Report Date and Time : 09-Mar-2024 14:26	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westgren Method	08	mm after 1hr	3 - 15	

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


Dr. Shreya Shah
M.D. (Pathologist)

Printed On: 09-Mar-2024 15:33





LABORATORY REPORT



Name : SHAILESHKUMAR PATNI
Ref. By : AASHKA HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years
Dis. At :

Case ID : 40302200283
Pt. ID : 3415918
Pt. Loc :


Reg Date and Time : 09-Mar-2024 10:01
Sample Date and Time : 09-Mar-2024 10:01
Report Date and Time : 09-Mar-2024 15:32

Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum
Sample Coll. By :
Acc. Remarks : Normal

Mobile No : 7575898976
Ref Id1 : OSP33456
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric/Hexokinase</small>	H 113.90	mg/dL	70 - 100	
Plasma Glucose - PP	85.22	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	12.6	mg/dL	8.90 - 20.60	
Uric Acid <small>Uricase</small>	6.45	mg/dL	3.5 - 7.2	
Creatinine	0.86	mg/dL	0.50 - 1.50	

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


Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Mar-2024 15:33





LABORATORY REPORT




Name : SHAILESHKUMAR PATNI	Sex/Age : Male / 32 Years	Case ID : 40302200283
Ref. By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3415918
Bil. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 09-Mar-2024 10:01	Sample Type : Whole Blood EDTA	Mobile No : 7575898976
Sample Date and Time : 09-Mar-2024 10:01	Sample Coll. By :	Ref Id1 : OSP33456
Report Date and Time : 09-Mar-2024 11:20	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.34	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	106.56	mg/dL	Not available	

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

Interpretation :
 HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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


Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 15:33





LABORATORY REPORT



Name : SHAILESHKUMAR PATNI
 Ref By : AASHKA HOSPITAL
 Bill Loc : Aashka hospital
 Sex/Age : Male / 32 Years
 Dis. At :
 Case ID : 40302200283
 Pt. ID : 3415918
 Pt. Loc :
 Reg Date and Time : 09-Mar-2024 10:01
 Sample Date and Time : 09-Mar-2024 10:01
 Report Date and Time : 09-Mar-2024 15:32
 Sample Type : Serum
 Sample Coll. By :
 Acc. Remarks : Normal
 Mobile No : 7575888976
 Ref Id1 : OSP33456
 Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

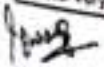
Cholesterol <i>Colorimetric, CHOD-PGD</i>	181.38	mg/dL	110 - 200
HDL Cholesterol	60.6	mg/dL	48 - 77
Triglyceride <i>Glyceral Phosphate Oxidase</i>	76.19	mg/dL	<150
VLDL <i>Calculated</i>	15.24	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.99		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H 105.54	mg/dL	0.00 - 100.00

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

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >50	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 assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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


Dr. Shreya Shah
 M.D. (Pathologist)
 Page 7 of 12

Printed On : 09-Mar-2024 15:33





LABORATORY REPORT



Name : **SHAILESHKUMAR PATNI**
 Ref By : **AASHKA HOSPITAL**
 Bill Loc. : **Aashka hospital**

Sex/Age : **Male / 32 Years**
 Dis. At :

Case No : **MD123456789**
 Pt. ID : **3415678**
 Pt. Loc :

Reg Date and Time : **09-Mar-2024 10:01**
 Sample Date and Time : **09-Mar-2024 10:01**
 Report Date and Time : **09-Mar-2024 15:33**

Sample Type : **Serum**
 Sample Coll. By :
 Acc. Remarks : **Normal**

Machine No : **1512345678**
 Ref M1 : **CAP/1234**
 Ref M2 :


RESULTS **UNIT** **BIOLOGICAL REF RANGE** **REMARKS**

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

SGPT <small>UV with PSP</small>	H 89.68	U/L	16 - 63
SGOT <small>UV with PSP</small>	H 82.28	U/L	15 - 37
Alkaline Phosphatase <small>Enzymatic, PNPP-AMP</small>	89.64	U/L	46 - 116
Gamma Glutamyl Transferase <small>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</small>	41.12	U/L	0 - 55
Proteins (Total) <small>Colorimetric, Biuret</small>	7.42	gm/dL	6.40 - 8.30
Albumin <small>Bromocresol purple</small>	4.57	gm/dL	3.4 - 5
Globulin <small>Calculated</small>	2.85	gm/dL	2 - 4.1
A/G Ratio <small>Calculated</small>	1.6		1.0 - 2.1
Bilirubin Total <small>Photometry</small>	0.63	mg/dL	0.3 - 1.2
Bilirubin Conjugated <small>Diazotization reaction</small>	0.45	mg/dL	0 - 0.50
Bilirubin Unconjugated <small>Calculated</small>	0.18	mg/dL	0 - 0.8

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


Dr. Shreya Shah
 M.D. (Pathologist)



LABORATORY REPORT



Name : **SHAILESHKUMAR PATNI** Sex/Age : **Male / 32 Years** Case ID : **40302200283**
 Ref. By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3415918**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :
 Reg. Date and Time : **09-Mar-2024 10:01** Sample Type : **Serum** Mobile No : **7575898976**
 Sample Date and Time : **09-Mar-2024 10:01** Sample Coll. By : Ref Id1 : **OSP33456**
 Report Date and Time : **09-Mar-2024 11:37** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	97.57	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.32	ng/dL	4.87 - 11.72	
TSH CMA	0.78	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), PPTH 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

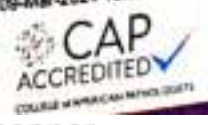
Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may 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: (L-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)


Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 15:33





LABORATORY REPORT




Name : **SHAILESHKUMAR PATHI** Sex/Age : Male / 32 Years Case ID : 40002200283
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 3415918
 Bill Loc : **Aashka hospital** Pt. Loc :
 Req Date and Time : 09-Mar-2024 10:01 Sample Type : Serum Mobile No : 7575999975
 Sample Date and Time : 09-Mar-2024 10:01 Sample Coll. By : Ref V01 : OSP33456
 Report Date and Time : 09-Mar-2024 11:37 Acc. Remarks : Normal Ref V02 :

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 assay 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 Toxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note: LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal


 Dr. Shreya Shah
 M.D. (Pathology)

Printed On : 09-Mar-2024 15:33





LABORATORY REPORT



Name : **SHAILESHKUMAR PATNI** Sex/Age : **Male / 32 Years** Case ID : **40302200283**
 Ref By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3415918**
 Sit. Loc. : **Aashka hospital** Pt. Loc. :

Req Date and Time : 09-Mar-2024 10:01	Sample Type : Spot Urine	Mobile No : 7575898976
Sample Date and Time : 09-Mar-2024 10:01	Sample Coll. By :	Ref Id1 : OSP33456
Report Date and Time : 09-Mar-2024 11:36	Acc. Remarks : Normal	Ref Id2 :

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

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : **Pale yellow**
 Transparency : **Clear**

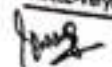
Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030	
pH	6.50		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	

Fluorometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

Note: LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal


 Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 09-Mar-2024 16:04





LABORATORY REPORT



Name : **SHAILESHKUMAR PATNI**
 Ref By : **AASHKA HOSPITAL**
 Bil. Loc. : **Aashka hospital**

Sex/Age : **Male / 32 Years**
 Dis. At :

Case ID : **49302209283**
 Pt. ID : **3415918**
 Pt. Lon :

Reg Date and Time : **09-Mar-2024 10:01**
 Sample Date and Time : **09-Mar-2024 10:01**
 Report Date and Time : **09-Mar-2024 11:36**

Sample Type : **Spot Urine**
 Sample Coll. By :
 Acc. Remarks : **Normal**

Mobile No : **7575898976**
 Ref ID1 : **OSP33456**
 Ref ID2 :

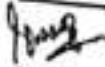
Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/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	-	-	-	-	-

----- 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-Very Low L-Low H-High H+1-Very High A-Abnormal)


Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : **09 Mar 2024 18:04**





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

UHID:	Date: 09/03/24	Time: 12
Patient Name: Shri. Ashokbhai Patil	Age / Sex: 32 / M	Height:
	Weight:	
History:	c/o Compl. Healthy obs.	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	MM 6/6 SL 6/6 AL 6/6 Cross vision - none	
Diagnosis:		

09.03.2024 12:16:39 PM
ASHIKA HOSPITAL LTD.
SARGASAN
GANDHIDURGAR

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

Room:

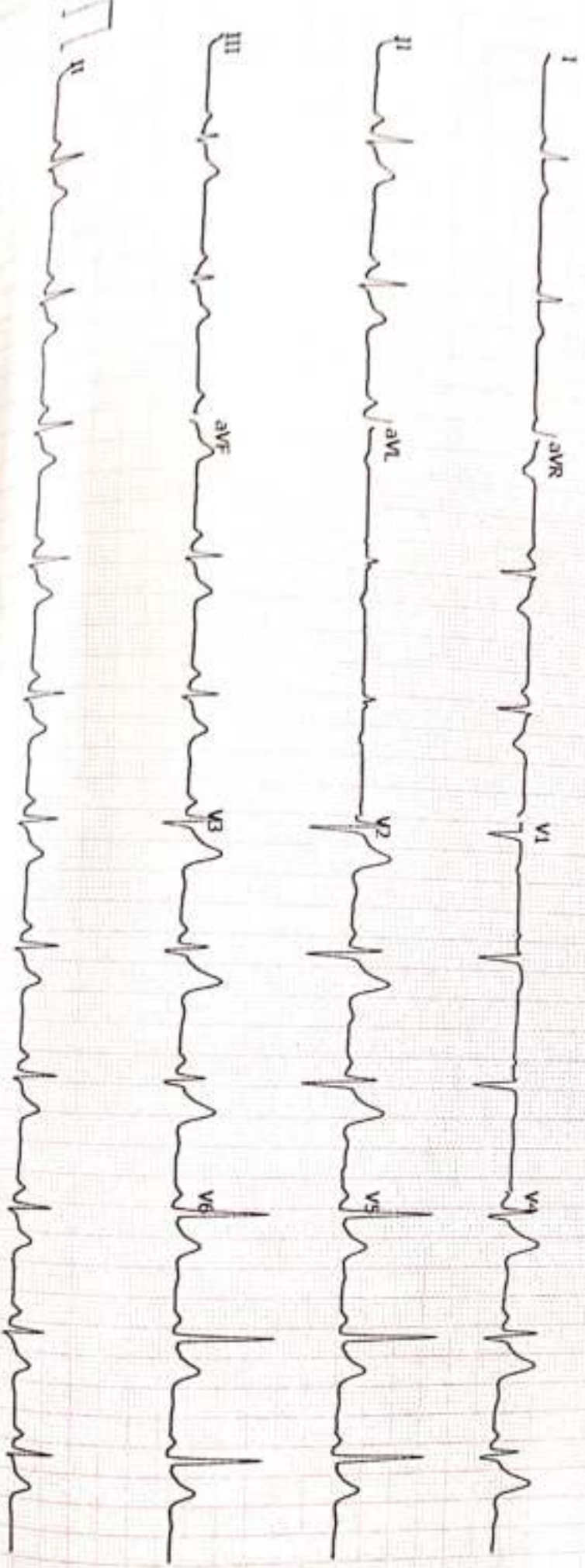
0419 JOT D 542

70 bpm
-- / -- mmHg

Technician:
Ordering Pk:
Referring Pk:
Attending Pk:

QRS : 82 ms
QT / QTcBar : 362 / 390 ms
PR : 132 ms
P : 104 ms
RR / PP : 862 / 857 ms
P / QRS / T : 72 / 50 / 72 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed
402 504 275 RR U/I

... Hospital
... Sarjan and Reliance Ch...
... Gandhinagar - 382421, Gujarat, India
... 29750750, +91-7575006000 / 9000
... No.: +91-7575007707 / 9879752777
... aashkahospitals.in
... 85110612012PLC072647

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

Patient Name: Shruti Kherwar Date: 9/3/24 Time: _____
Age/Sex: 32/M
Height: _____
Weight: _____

Chief Complain: → Rozaine dental check up

History: _____

Allergy History: _____

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:
Extra oral : _____
Intra oral - Teeth Present : Stain ++
Caries +
Teeth Absent : Perm. retention present.

Diagnosis: _____

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. PATNI SHAILESHKUMAR NARANBHAI
EC NO.	109691
DESIGNATION	DAFTARY
PLACE OF WORK	CHANDRALA
BIRTHDATE	20-05-1992
PROPOSED DATE OF HEALTH CHECKUP	25-11-2023
BOOKING REFERENCE NO.	23D109691100074912E

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 **09-11-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

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