

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Academi 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. PATEL ANANDKUMAR NARESHBHAI
EC NO.	174424
DESIGNATION	SINGLE WINDOW OPERATOR B
PLACE OF WORK	HIMMATNAGAR, MEHTAPURA
BIRTHDATE	10-08-1991
PROPOSED DATE OF HEALTH CHECKUP	27-05-2023
BOOKING REFERENCE NO.	23J174424100058120E

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 19-04-2023 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 (Academi Healthcare Limited).)



Fwd: Health Check up Booking Confirmed Request(bobE11231),Package Code-PKG10000474, Beneficiary Code-242278

Anand patel dena bank <anand.sap1991@gmail.com>

Thu 07-03-2024 17:10

To:Mehtapura Branch, Sabarkantha Region <MEHTAP@bankofbaroda.com>

। ना करे ना अटैचमेंट ना खोलें.

LINKS OR OPEN ATTACHMENTS UNLESS YOU KNOW THE SENDER.

----- Forwarded message -----

From: **Mediwheel** <[wellness@mediwheel.in](mailto:wellness@mediwheel.in)>

Date: Mon, 26 Feb, 2024, 5:10 pm

Subject: Health Check up Booking Confirmed Request(bobE11231),Package Code-PKG10000474, Beneficiary Code-242278

To: <[anand.sap1991@gmail.com](mailto:anand.sap1991@gmail.com)>

Cc: <[customer-care@mediwheel.in](mailto:customer-care@mediwheel.in)>

011-41195959

Dear ANAND PATEL,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name	: Mediwheel Full Body Health Checkup Male Below 40
Patient Package Name	: Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital	: Aashka Multispeciality Hospital
Address of Diagnostic/Hospital-	: Between Sargassan & Reliance Cross Road, Gandhinagar
City	: Gandhi Nagar
State	:
Pincode	: 382421
Appointment Date	: 09-03-2024
Confirmation Status	: Booking Confirmed
Preferred Time	: 09:00 am - 09:30 am
Booking Status	: Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. PATEL ANANDKUMAR NARESHBHAI	32 year	Male

Note - Please note to not pay any amount at the center.

**Instructions to undergo Health Check:**

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
- Bring urine sample in a container if possible (containers are available at the Health Check centre).
- Please bring all your medical prescriptions and previous health medical records with you.
- Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

**For Women:**

- Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
- It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

Thanks,  
Mediwheel Team

You have received this mail because your e-mail ID is registered with This is a system-generated e-mail **Arcofemi Healthcare Limited**, please don't reply to this message.

Please visit to our **Terms & Conditions** for more information. This email is recieved because you are register with us **Click here** to unsubscribe.

Card No.  
12027



नाम / Name : ANAND KUMAR PATEL  
DOB / जन्म तिथि : 11/08/1991  
पिता का नाम / Father's Name : NARESHBHAI PATEL  
पी.आर.ए. नं. / P.R.E. No. : 0014582  
एन.ए.ए. / N.A.E. : E 700  
जारी करने की तिथि / Date of Issue : 06/09/2018

संस्था के अधिकारी / Authority of Issuing Authority  
[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



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

UHID: 05P33459	Date: 9/3/24	Time:
Patient Name: Anurag Kherwar	Age/Sex: 33/M.	Height: 166
	Rest ed	Weight: 74.2
Chief Complain:		
History: Routine dental check up		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	Stain +	Caries +
Teeth Absent :		
Diagnosis:		





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**aashka**  
H O S P I T A L



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

UHID: <u>OSP33454</u>	Date: <u>09/03/24</u>	Time:
Patient Name: <u>Aruneshwar</u>	Age / Sex: <u>53 / M</u>	Height: <u>166</u>
		Weight: <u>74.2</u>
History: <u>C10 Corneal Hazy Clouds</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <u>WVF 6/6</u> <u>6/6</u> <u>6/6</u> <u>Color Vision - Normal</u>		
Diagnosis:		

69



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CIN: L85110GJ2012PLC072647

 **aashka**  
HOSPITAL



6/3/24  
at 11:00pm

PT Name - Anandkumar

32 yr / M

NO any active complaints

NO any other co-morbidities.

P - 70/min

BP - 108/70 mmHg

SpO<sub>2</sub> - 97% on RA

ES / NAD  
US / NAD

- all blood investigations noted.

- ECG - NSR

- CXR - NAD

- 2D echo - EF 55%,  
② LV fun.

- USG - grade - I  
fatty liver  
renal calculi ⊕ mt.

Yelu  
- ST opinion,

DR



**PATIENT NAME: ANADKUMAR NARESHBHAI PATEL**

**GENDER/AGE: Male / 32 Years**

**DOCTOR:**

**OPDNO: OSP33454**

**DATE: 09/03/24**

### 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 hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. **Presence of 3 mm and 4 mm calculi seen in upper calyx of right kidney.**

**Presence of 6 mm calculus seen in lower calyx of right kidney.**

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.

**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 14 cc.

#### COMMENT:

- Fatty liver grade I.
- Few right renal calculi.
- Normal sonographic appearance of liver, GB: Pancreas, spleen, left kidney, para-aortic region, bladder and prostate.



**RADIOLOGIST**

**DR. MEHUL PATELIYA**





09.03.2024 11:03:38 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

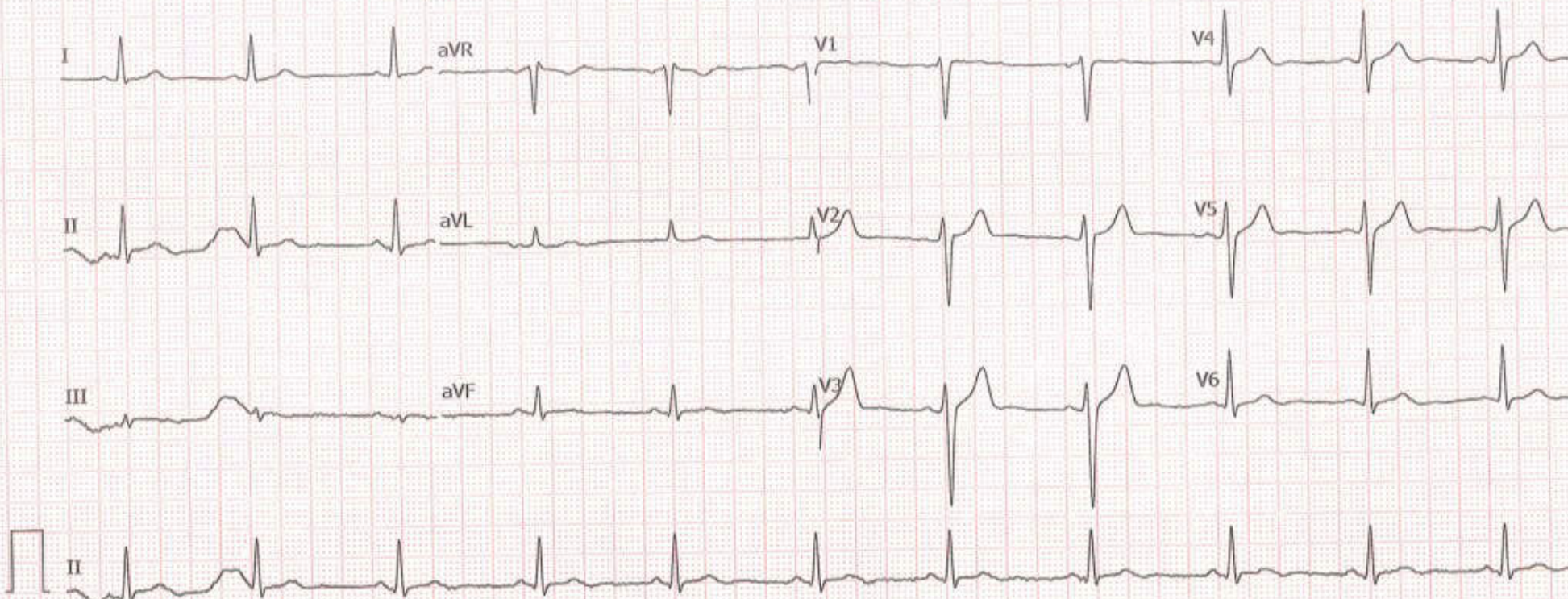
Room:

66 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 96 ms  
QT / QTcBaz : 372 / 389 ms  
PR : 128 ms  
P : 92 ms  
RR / PP : 914 / 909 ms  
P / QRS / T : 60 / 32 / 16 degrees

Normal sinus rhythm  
Normal ECG







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 **aashka**  
H O S P I T A L



**PATIENT NAME:**ANADKUMAR NARESHBHAI PATEL

**GENDER/AGE:**Male / 32 Years

**DOCTOR:**

**OPDNO:**OSP33454

**DATE:**09/03/24

**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: ANADKUMAR NARESHBHAI PATEL

GENDER/AGE: Male / 32 Years

DATE: 09/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33454

**2D-ECHO**

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 33mm
LV Dd / Ds	: 39/25mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
LAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.1/0.6m/s
AORTIC	: 0.3m/s
PULMONARY	: 1.1m/s
COLOUR DOPPLER	: MO MR/ TR
RVSP	:
CONCLUSION	: NORMAL LV FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)









## LABORATORY REPORT



Name : Mr. ANADKUMAR N PATEL		Sex/Age : Male / 32 Years	Case ID : 40302200281
Ref.By : AASHKA HOSPITAL		Dis. At :	Pt. ID : 1210493
Bill. Loc. : Aashka hospital			Pt. Loc :
Reg Date and Time : 09-Mar-2024 09:56	Sample Type :	Mobile No : 9974684878	
Sample Date and Time : 09-Mar-2024 09:56	Sample Coll. By :	Ref Id1 : OSP33454	
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :	

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	5.71	millions/cu mm	4.50 - 5.50
<b>Lipid Profile</b>			
Cholesterol	205.82	mg/dL	110 - 200
LDL Cholesterol	122.82	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	73.13	U/L	16 - 63
<b>Thyroid Function Test</b>			
Thyroxine (T4)	4.10	ng/dL	4.87 - 11.72
Plasma Glucose - F	111.08	mg/dL	70 - 100

### Abnormal Result(s) Summary End

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

Printed On : 09-Mar-2024 14:12

## CONDITIONS OF REPORTING

- All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
- The result(s) relate only to the sample(s) received.
- The test report shall not be reproduced except in full, without written approval of the Neuberg Suprattech Reference Laboratory (NSRL).
- For any query in the report, it is suggested to contact the concerned laboratory personnel as suggested in the table to help carry out follow-up action (rechecking, repeat sampling, reflex/confirmatory testing, etc.). Neuberg Suprattech Reference Laboratories (NSRL) follows a procedure of retaining & preserving samples after testing for a stipulated period. After the retention period of the sample, a fresh specimen is requested.
- Report results are for the information of the referring doctor only.
- For tests performed on specimens received from non - Neuberg Suprattech Reference Laboratory (NSRL) locations (within and outside Ahmedabad) it is assumed that the specimen belongs to the patient named or identified, such verification having been carried out at the point of generation of the said specimen.
- A test requested might yield 'INCOMPLETE RESULTS' for various technical reasons and this response will appear against the test name followed by detailed comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s).
- Neuberg Suprattech Reference Laboratories (NSRL) Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biochemistry & Immunology	079-40408120
Microbiology	079-40408145
Histopathology & Cytology	079-40408132
Hematology & Clinical Pathology	079-40408114
Flow Cytometry, Coagulation & Electrocardiogram	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs : Dr. Amee Shukla	7698009812
Marketing - Laboratories : Mr. Sunil Panchal	9824002011
Billing & Accounts : Mr. Pravin Patel	9824726315
Visits (Home / Hospital for Sample Collection) & General Information : Mrs. Sonal Shah	9824408721
Sample Transport / Pick-up & Report Dispatch : Mr. Suchit Chauhan	7698009903

Any query may also be directed online on [contact@suprattechlabs.com](mailto:contact@suprattechlabs.com) with attention to the concerned personnel.

### Neuberg Suprattech Branches in Ahmedabad

Sindhu Shivan - Ph : 079-61619111, 6357244307, Bopunagar - 635678001/22,  
 Maninagar - 079-40408262, 25450802, Bopal - 02717-235881/82, Gota - 6357244303  
 Shuyangdev - 9879624264

### Neuberg Suprattech Collection Centers in Ahmedabad

Shahibaug - 079-25600134, Shyamal - 079-26743434, Paldi - 6359900406, Naroda - 079-22804774

Neuberg Suprattech Reference Laboratories  
 "KEDAR" Opposite Krupa Petrol Pump,  
 Near Perimal Garden, Ahmedabad - 380006  
 Phone : 079-40408161 / 61618181  
 Email : [contact@suprattechlabs.com](mailto:contact@suprattechlabs.com)  
 Website : [www.neubergsuprattech.com](http://www.neubergsuprattech.com)

Regd. Office :  
 Neuberg Suprattech Reference Laboratories Private Limited  
 (Previously known as Suprattech Microtech Laboratory & Research Institute Pvt Ltd)  
 Trivitron Sopathagiri Bhowan, 15, IV Street  
 Abhiramapuram, Chennai - 600018, Tamil Nadu  
 CIN : U85195TN2013PTC151947



## LABORATORY REPORT



Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Pt. ID : 1210493

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56

Sample Type : Whole Blood EDTA

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56

Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 11:19

Acc. Remarks : Normal

Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	16.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	H 5.71	millions/cumm	4.50 - 5.50	
PCV(Calc)	49.79	%	40.00 - 50.00	
MCV (RBC histogram)	87.2	fL	83.00 - 101.00	
MCH (Calc)	28.6	pg	27.00 - 32.00	
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.80	%	11.00 - 16.00	

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

Total WBC Count	5030	/µL	4000.00 - 10000.00	
Neutrophil	[%] 57.0	%	40.00 - 70.00	[Abs] 2867 /µL
Lymphocyte	37.0	%	20.00 - 40.00	1861 /µL
Eosinophil	2.0	%	1.00 - 6.00	101 /µL
Monocytes	4.0	%	2.00 - 10.00	201 /µL
Basophil	0.0	%	0.00 - 2.00	0 /µL

#### PLATELET COUNT (Optical)

Platelet Count	245000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.54		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic 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)

Page 2 of 12

Printed On : 09-Mar-2024 14:12



1. The purpose of this document is to provide a comprehensive overview of the project's objectives, scope, and timeline. It is intended for use by all project stakeholders and serves as a reference point for decision-making throughout the project lifecycle.

2. The project is organized into several key phases, each with specific deliverables and milestones. The initial phase focuses on defining the project's goals and requirements, followed by a detailed planning stage. The execution phase involves the implementation of the project plan, while the final phase is dedicated to monitoring, evaluation, and reporting.

3. The project team consists of a diverse group of professionals with expertise in various areas, including project management, technical development, and communication. Each team member has been assigned specific responsibilities to ensure the project's successful completion. Regular communication and collaboration are essential for maintaining project momentum and addressing any challenges that arise.

4. The project budget is carefully managed to ensure that resources are allocated effectively and efficiently. A detailed budget breakdown is provided, outlining the costs associated with personnel, materials, and other project-related expenses. It is important to track the project's financial performance closely to avoid any budget overruns and to ensure that the project remains within its allocated budget.

5. The project's progress is monitored and reported on a regular basis. Key performance indicators (KPIs) are used to measure the project's performance against its objectives and milestones. Any deviations from the planned schedule or budget are identified and addressed promptly to minimize their impact on the project's overall success.

6. The project's success is measured by the achievement of its primary objectives and the satisfaction of its stakeholders. A comprehensive evaluation is conducted at the end of the project to assess the project's overall performance, identify lessons learned, and provide recommendations for future projects. This feedback loop is crucial for continuous improvement and ensuring that the organization's resources are used most effectively.

7. The project's documentation is maintained in a central repository to ensure that all project-related information is accessible and up-to-date. This includes project plans, reports, meeting minutes, and other relevant documents. Proper documentation is essential for maintaining transparency, accountability, and a clear record of the project's activities and decisions.

8. The project team is committed to maintaining the highest standards of professionalism and ethical conduct throughout the project. All team members are expected to adhere to the organization's code of ethics and to act in the best interests of the project and its stakeholders. Open communication and a collaborative spirit are encouraged to foster a positive and productive project environment.

9. The project's progress is reviewed and reported to the project sponsor and other key stakeholders on a regular basis. This ensures that all stakeholders are kept informed of the project's status and can provide input and guidance as needed. Transparency and communication are key to building trust and ensuring that the project remains aligned with the organization's strategic goals.

10. The project's success is a testament to the hard work and dedication of the project team. We are grateful for the support and collaboration of all stakeholders throughout the project. The lessons learned from this project will be shared with the organization to inform future projects and to ensure that we continue to improve our project management practices.

11. The project's final report provides a detailed summary of the project's activities, achievements, and challenges. It includes a comprehensive analysis of the project's performance and provides recommendations for future projects. The final report is a valuable resource for the organization and serves as a record of the project's history and impact.

12. The project's success is a result of the collective effort and commitment of all project stakeholders. We are proud of the achievements of the project team and look forward to future projects that will continue to drive the organization's success. The project's legacy will be maintained through the ongoing use of the project's findings and recommendations.

13. The project's documentation is maintained in a central repository to ensure that all project-related information is accessible and up-to-date. This includes project plans, reports, meeting minutes, and other relevant documents. Proper documentation is essential for maintaining transparency, accountability, and a clear record of the project's activities and decisions.

14. The project team is committed to maintaining the highest standards of professionalism and ethical conduct throughout the project. All team members are expected to adhere to the organization's code of ethics and to act in the best interests of the project and its stakeholders. Open communication and a collaborative spirit are encouraged to foster a positive and productive project environment.

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## LABORATORY REPORT



Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Dis. At :

PL ID : 1210493

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:56 Sample Type : Whole Blood EDTA Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56 Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 14:09 Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR  
Westergren Method

09

mm after 1hr 3 - 15

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Mar-2024 14:12



# MEMORANDUM FOR THE DIRECTOR

Reference is made to the report of the Committee on the Administration of the Government, dated July 1, 1947, and to the report of the Committee on the Organization of the Government, dated July 1, 1947.

The Committee on the Administration of the Government has recommended that the Department of the Interior be reorganized to improve its efficiency and economy.

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Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years

Case ID : 40302200281

Dis. At :

Pt. ID : 1210493

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56

Sample Type : Whole Blood EDTA

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56

Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 13:04

Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type

B

Rh Type

POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 12

Printed On : 09-Mar-2024 14:12



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## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years

Case ID : 40302200261

Dis. At :

Pt. ID : 1210493

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56

Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56

Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 13:52

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS

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

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 12

Printed On : 09-Mar-2024 14:12









## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years

Dis. At :

Pt. Loc :

Case ID : 40302200281

Pt. ID : 1210493

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56 Sample Type : Whole Blood EDTA

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56 Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 11:35 Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### Glycated Haemoglobin Estimation

**HbA1C** 5.59 % of total Hb <5.7: Normal  
5.7-6.4: Prediabetes  
>=6.5: Diabetes

**Estimated Avg Glucose (3 Mths)** 113.73 mg/dL Not available  
*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 glycaemic 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 glycaemic 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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Page 6 of 12

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## LABORATORY REPORT



Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pl. Loc :

Reg Date and Time : 09-Mar-2024 09:56 Sample Type : Serum

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56 Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 13:36 Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	205.82	mg/dL	110 - 200
<b>HDL Cholesterol</b>		56.9	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		130.49	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		26.10	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		3.62		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	122.82	mg/dL	0.00 - 100.00

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

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

- LDL Cholesterol level is primary goal for treatment and varies with risk category and 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: (L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



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Page 7 of 12

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## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years

Dis. At :

Pt. Loc :

Case ID : 40302200281

Pt. ID : 1210493

Pt. Loc :

Mobile No : 9974684678

Ref Id1 : OSP33454

Ref Id2

Reg Date and Time : 09-Mar-2024 09:56

Sample Type : Serum

Sample Coll. By :

Sample Coll. By :

Report Date and Time : 09-Mar-2024 13:51

Acc. Remarks : Normal

### TEST

#### RESULTS

#### UNIT BIOLOGICAL REF RANGE

#### REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	H	73.13	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with P5P</i>		33.22	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, FNPP-AMP</i>		82.66	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>		35.20	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Bluret</i>		7.92	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>		4.93	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>		2.99	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>		1.6		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>		0.45	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>		0.22	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>		0.23	mg/dL	0 - 0.8

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



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Page 8 of 12

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## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 32 Years

Dis. At :

Pt. Loc :

Case ID : 40302200281

PL ID : 1210493

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56

Mobile No : 9974664878

Sample Date and Time : 09-Mar-2024 09:56

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 11:57

Acc. Remarks : Normal

Ref Id2 :

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

Triiodothyronine (T3)	91.66	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	L 4.10	ng/dL	4.87 - 11.72	
TSH C/M/A	1.61	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), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester

Second trimester

Third trimester

### Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

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

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Page 9 of 12

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## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years

Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Dis. At :

PL ID : 1210493

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56

Sample Type : Serum

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56

Sample Coll. By :

Ref Id1 : OSP39454

Report Date and Time : 09-Mar-2024 11:57

Acc. Remarks : Normal

Ref Id2 :

### 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 (on 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 hypothyroid patients, hypothyroidism 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:

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

First trimester

Second trimester

Third trimester

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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)

Dr. Shreya Shah  
M.D. (Pathologist)

Page 10 of 12

Printed On : 09-Mar-2024 14:12









## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Dis. At : Pt. ID : 1210493

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:56 Sample Type : Spot Urine

Mobile No : 9974684878

Sample Date and Time : 09-Mar-2024 09:56 Sample Coll. By :

Ref Id1 : OSP33454

Report Date and Time : 09-Mar-2024 11:35 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 : 1.015

1.005 - 1.030

pH : 7.00

5 - 8

Leucocytes (ESTERASE)

Negative

Negative

Protein

Negative

Negative

Glucose

Negative

Negative

Ketone Bodies Urine

Negative

Negative

Urobilinogen

Negative

Negative

Bilirubin

Negative

Negative

Blood

Negative

Negative

Nitrite

Negative

Negative

#### Flowcytometric Examination By Sysmex UF-5000

Leucocyte

Nil

/HPF

Nil

Red Blood Cell

Nil

/HPF

Nil

Epithelial Cell

Present +

/HPF

Present(+)

Bacteria

Nil

/µL

Nil

Yeast

Nil

/µL

Nil

Cast

Nil

/LPF

Nil

Crystals

Nil

/HPF

Nil

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

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M.D. (Pathologist)

Page 11 of 12

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## LABORATORY REPORT

Name : Mr. ANADKUMAR N PATEL

Sex/Age : Male / 32 Years Case ID : 40302200281

Ref.By : AASHKA HOSPITAL

Dis. At : Pt. ID : 1210493

Bill. Loc. : Aashka hospital

Pt. Loc :

Mobile No : 9874684878

Reg Date and Time : 09-Mar-2024 09:56 Sample Type : Spot Urine

Sample Date and Time : 09-Mar-2024 09:56 Sample Coll. By :

Report Date and Time : 09-Mar-2024 11:35 Acc. Remarks : Normal

Ref Id1 : OSP33454

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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
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.

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



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M.D. (Pathologist)

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