

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	MINAXI PRAFUL CHAREL
जन्म की तारीख	23-02-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	21-07-2023
बुकिंग संदर्भ सं.	23S172192100064480S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. CHAREL PRAFUL M
कर्मचारी की क.कू.संख्या	172192
कर्मचारी का पद	RETAIL LIABILITY BACK OFFICE
कर्मचारी के कार्य का स्थान	GANDHINAGAR,GIFT CITY,NATIONAL
कर्मचारी के जन्म की तारीख	15-08-1988

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-07-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

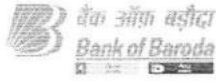
हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



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	MINAXI PRAFUL CHAREL
DATE OF BIRTH	23-02-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	21-07-2023
BOOKING REFERENCE NO.	23S172192100064480S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. CHAREL PRAFUL M
EMPLOYEE EC NO.	172192
EMPLOYEE DESIGNATION	RETAIL LIABILITY BACK OFFICE
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	15-08-1988

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 **19-07-2023** till **31-03-2024**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

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

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



NAME: MINAMI P. CHAREL.

Date: 22/07/2023.

AGE: 34 yrs. SEX: F.

Pulse = 81/min.

Hight: Weight: 63 kg.

B.P. = 110/80 mmHg.

Chief Complains :

R.R. = 22/min.

No Umbilical heant. : 26 yrs.

Spo2 = 99%.

Body built / Nutritional status : Good.

Temp. = (N)

Any known allergies : None.

R.B.S. = 94 mg/dl.

Sleep cycle : OK.

E.C.G. = (N)

K/C/O : DM-II, HTN, Asthma, COPD, TB, Cancer  
None.

General Examination :-

Clubbing : None

Lyphnode enlargment : None.

Cynosis : None

On Examination:-

Edema : None.

1) Breath sound : Normal Breath sound / Wheezing / Crackles / ~~Stidors~~ / Rhonchi / Plural friction rub.

2) Chest movements = (N)

3) Air entry = AE = BE.

4) C.V.S. examintion = S1 (+).

Rx,

Tab. metformin (500) o.k. x 1 months.

Tab. Ato 2 sold. o.k. x 1 months.

C.P.S.

Advice:

- 1) Chest X ray(PA)
- 2) HRCT thorax (P)/ Contrast
- 3) Skin Prick test for allergy
- 4) Pulmonary Function Test (PFT) with /without DLCO
- 5) Bronchoscopy ( Flexible / Rigid )
- 6) Plural fluid examination ( Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological)
- 7) Sputum Examination ( Routine / Microscopic / Microbiological )
- 8) Blood investigations :-

CBC, CRP, ESR, SGPT, S. Creat., S.electrolytes, HIV, HBsAg, Urine(R/M)

ABG (Arterial blood gas),

Alpha antitrypsin level,

D- Dimer level,

Total and specific Ig E level ,

Procalcitonin level ,

angiotensis converting enzyme,

Tumor marker -

CEA ( carcinoembryonic antigen),

CTFRA 21-1 ( Non small cell carcinoma ) ,

Neuroson specific enolose (NSE)( Small cell carcinoma),

SCC ( Squamus cell carcinom antigen ),

Mesothelin ( Malignant mesothelioma) ,

9). Follow up after ① months

✓ 10). Fasting BS, P.B.S.

11). Life style modification.

*M. B. Vyas*

DR. MAULIK B VYAS  
REG. NO : G-57974

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

UHID: 00723179	Date: 21/7/23	Time:						
Patient Name: Minaxi parthiv chandel	Age / Sex: 35 / F	Height: 163 . C.M						
		Weight: 61.1 . K.G						
Chief Complain: - Routine dental check up.								
History:								
Allergy History:								
Nutritional Screening: Well-Nourished / Malnourished / Obese								
Examination:								
Extra oral :								
Intra oral - Teeth Present : <table style="margin-left: 200px;"> <tr> <td>Quadrants</td> <td>Teeth</td> <td>Net</td> </tr> <tr> <td></td> <td></td> <td>76</td> </tr> </table>			Quadrants	Teeth	Net			76
Quadrants	Teeth	Net						
		76						
Teeth Absent : <table style="margin-left: 200px;"> <tr> <td>Stain</td> <td>+</td> </tr> <tr> <td>Calculus</td> <td>+</td> </tr> </table>			Stain	+	Calculus	+		
Stain	+							
Calculus	+							
Diagnosis:								

Rx

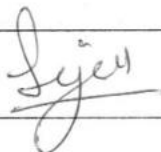
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

- Rolling net for
- Sealing

Follow-up:

Consultant's Sign:



Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



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

UHID: 0072379	Date: 21/7/23	Time: 14:28
Patient Name: MIMI	Age / Sex:	Height: 163 cm
		Weight: 61.1 kg.
History: CR - Routine check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese.		
Examination: VMZ 619 EOL 619		
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	5.00	—		5.00	—	
N						

Other Advice:

non plus.

Follow-up:

Consultant's Sign:





PATIENT NAME:MINAXI PRAFUL CHAREL

GENDER/AGE:Female / 34 Years

DATE:21/07/23

DOCTOR:DR.HASIT JOSHI

OPDNO:O0723179

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 31mm	
LV Dd / Ds	: 34/21mm	EF 63%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.8/0.5m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.7m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)

**PATIENT NAME: MINAXI PRAFUL CHAREL**

**GENDER/AGE: Female / 34 Years**

**DATE: 21/07/23**

**DOCTOR:**

**OPDNO: O0723179**

## 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 190 cc.

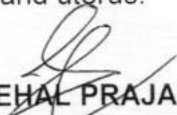
**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

Umbilical hernia is seen with defect of 15 mm.

**COMMENT: Umbilical hernia seen with defect of 15 mm.**

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



PATIENT NAME:MINAXI PRAFUL CHAREL

GENDER/AGE:Female / 34 Years

DATE:21/07/23

DOCTOR:

OPDNO:O0723179

#### 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 HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

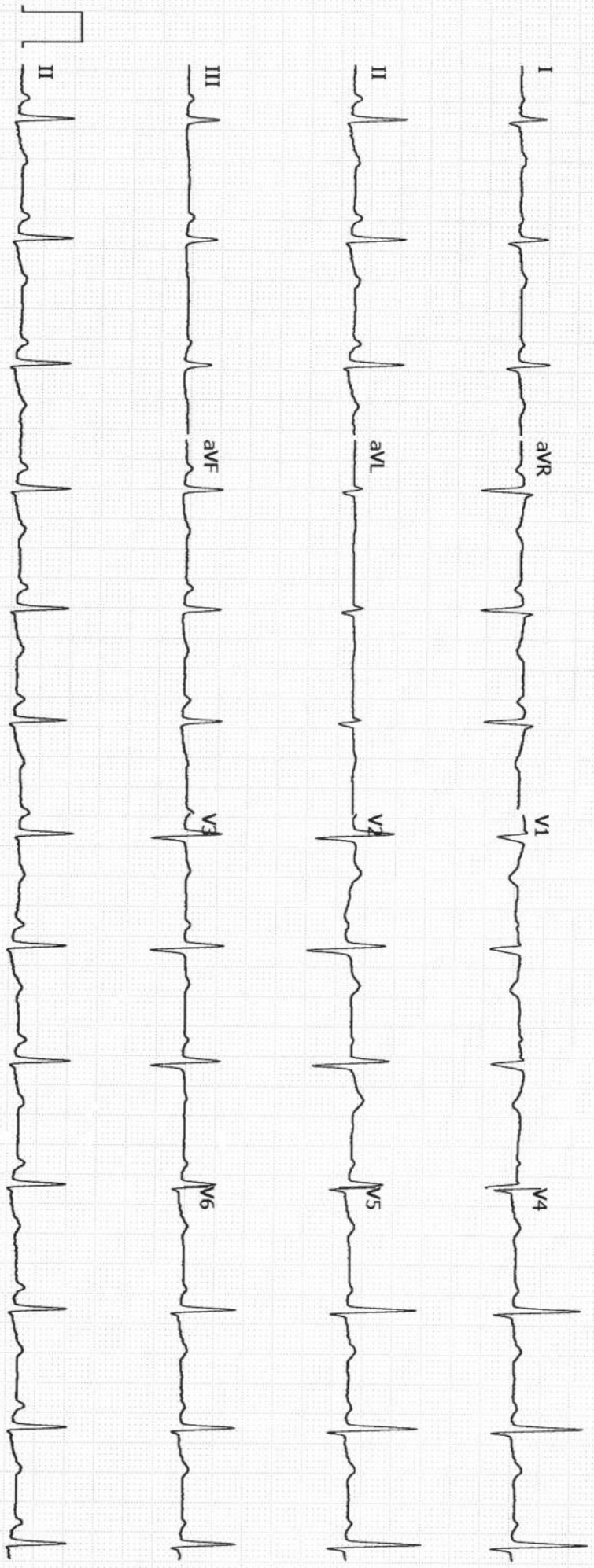
Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

76 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcBaz : 394 / 443 ms  
PR : 150 ms  
P : 108 ms  
RR / PP : 794 / 789 ms  
P / QRS / T : 61 / 72 / 42 degrees

Normal sinus rhythm  
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1



Name: Charel Pradip  
Mizaldis

Age: 35 years

Complaints:

Health checkup

No of deliveries: 1 ♀ / no. children

Last Delivery: 5 years

History of abortion:

NO

H/O medical conditions associated:

Last abortions:

DM   
HTN   
Thyroid

MH: 4-5/30-35 Reg:

LMP: 16/7/23

P/A:

P/S:

P/V:

NO infection / erosion

Sample:-

Vagina   
Cervix

Doctors Sign:-

Dr. Pradip



## LABORATORY REPORT



Name : MINAXI PRAFUL CHAREL	Sex/Age : Female/ 35 Years	Case ID : 30702200637
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2855366
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 21-Jul-2023 09:35	Sample Type :	Mobile No : 8780792471
Sample Date and Time : 21-Jul-2023 09:35	Sample Coll. By : non	Ref Id1 : O0723179
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23242903

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin</b>			
HbA1C	6.02 ✓	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
Haemoglobin (Colorimetric)	11.7 ✓	G%	12.00 - 15.00
RBC (Electrical Impedance)	5.26	millions/cu mm	3.80 - 4.80
PCV(Calc)	34.40	%	36.00 - 46.00
MCV (RBC histogram)	65.4	fL	83.00 - 101.00
MCH (Calc)	22.2	pg	27.00 - 32.00
Lymphocyte	3095	/μL	1000.00 - 3000.00
<b>Urine Examination</b>			
Leucocytes (ESTERASE)	Trace		Negative
Leucocyte	1-2	/HPF	Nil

Abnormal Result(s) Summary End

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

Printed On : 21-Jul-2023 14:29



## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35 Sample Type : **Whole Blood EDTA** Mobile No : **8780792471**  
 Sample Date and Time : 21-Jul-2023 09:35 Sample Coll. By : **non** Ref Id1 : **O0723179**  
 Report Date and Time : 21-Jul-2023 09:57 Acc. Remarks : **Normal** Ref Id2 : **O23242903**

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	L 11.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 5.26	millions/cumm	3.80 - 4.80
PCV(Calc)	L 34.40	%	36.00 - 46.00
MCV (RBC histogram)	L 65.4	fL	83.00 - 101.00
MCH (Calc)	L 22.2	pg	27.00 - 32.00
MCHC (Calc)	33.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.30	%	11.00 - 16.00

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

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	9380	/μL	4000.00 - 10000.00		
Neutrophil	[%] 58.0	%	40.00 - 70.00	5440	/μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00	H 3095	/μL 1000.00 - 3000.00
Eosinophil	4.0	%	1.00 - 6.00	375	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	469	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	307000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		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. Amit Prajapati

DCP.

Page 2 of 12

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 21-Jul-2023 14:29





## LABORATORY REPORT



Name : <b>MINAXI PRAFUL CHAREL</b>	Sex/Age : <b>Female/ 35 Years</b>	Case ID : <b>30702200637</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>2855366</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>21-Jul-2023 09:35</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No : <b>8780792471</b>
Sample Date and Time : <b>21-Jul-2023 09:35</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>00723179</b>
Report Date and Time : <b>21-Jul-2023 11:54</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>023242903</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>10</b>	<b>mm after 1hr</b>	<b>3 - 20</b>	

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

**Dr. Amit Prajapati**

DCP.

Page 3 of 12

**Dr. Shreya Shah**

M.D. (Pathologist)

**Dr. Manoj Shah**

M.D. (Path. & Bact.)

Printed On : 21-Jul-2023 14:29



**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 : <b>MINAXI PRAFUL CHAREL</b>	Sex/Age : <b>Female/ 35 Years</b>	Case ID : <b>30702200637</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>2855366</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>21-Jul-2023 09:35</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No : <b>8780792471</b>
Sample Date and Time : <b>21-Jul-2023 09:35</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>00723179</b>
Report Date and Time : <b>21-Jul-2023 10:31</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>023242903</b>

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	AB
Rh Type	POSITIVE

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

**Dr. Amit Prajapati**

DCP.

Page 4 of 12

**Dr. Shreya Shah**

M.D. (Pathologist)

**Dr. Manoj Shah**

M.D. (Path. & Bact.)

Printed On : 21-Jul-2023 14:29

**CAP**  
ACCREDITED  
COLLEGE of AMERICAN PATHOLOGISTS

**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 : <b>MINAXI PRAFUL CHAREL</b>	Sex/Age : <b>Female/ 35 Years</b>	Case ID : <b>30702200637</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>2855366</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>21-Jul-2023 09:35</b>	Sample Type : <b>Spot Urine</b>	Mobile No : <b>8780792471</b>
Sample Date and Time : <b>21-Jul-2023 09:35</b>	Sample Coll. By : <b>non</b>	Ref Id1 : <b>00723179</b>
Report Date and Time : <b>21-Jul-2023 10:06</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>023242903</b>

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	6.00	5 - 8
Leucocytes (ESTERASE)	Trace	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	1-2	/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. Amit Prajapati

DCP.

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## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **21-Jul-2023 09:35** Sample Type : **Spot Urine** Mobile No : **8780792471**  
 Sample Date and Time : **21-Jul-2023 09:35** Sample Coll. By : **non** Ref Id1 : **O0723179**  
 Report Date and Time : **21-Jul-2023 10:06** Acc. Remarks : **Normal** Ref Id2 : **O23242903**

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)

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## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35 Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No : **8780792471**  
 Sample Date and Time : 21-Jul-2023 09:35 Sample Coll. By : **non** Ref Id1 : **O0723179**  
 Report Date and Time : 21-Jul-2023 10:56 Acc. Remarks : **Normal** Ref Id2 : **O23242903**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric,Hexokinase</i>	<b>94.95</b>	mg/dL	70 - 100	
<b>Plasma Glucose - PP</b> <i>Photometric,Hexokinase</i>	<b>104.08</b>	mg/dL	70.0 - 140.0	
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>8.5</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.73</b>	mg/dL	0.50 - 1.50	
<b>Urea</b> <i>Urease</i>	<b>18.15</b>	mg/dL	14.98 - 40.01	
<b>Uric Acid</b> <i>Uricase</i>	<b>4.64</b>	mg/dL	2.6 - 6.2	

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

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M.D. (Pathologist)

**Dr. Manoj Shah**

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## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35 Sample Type : Serum Mobile No : 8780792471  
 Sample Date and Time : 21-Jul-2023 09:35 Sample Coll. By : non Ref Id1 : 00723179  
 Report Date and Time : 21-Jul-2023 11:10 Acc. Remarks : Normal Ref Id2 : 023242903

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

#### Lipid Profile

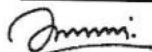
<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	<b>169.45</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	<b>69.4</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	<b>51.08</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	<b>10.22</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>2.44</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>89.83</b>	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 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 assesment

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



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## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35 Sample Type : Serum Mobile No : 8780792471  
 Sample Date and Time : 21-Jul-2023 09:35 Sample Coll. By : non Ref Id1 : 00723179  
 Report Date and Time : 21-Jul-2023 10:56 Acc. Remarks : Normal Ref Id2 : 023242903

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>17.45</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>17.35</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>109.43</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>19.51</b>	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.08</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.53</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.55</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.3</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.45</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.16</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.29</b>	mg/dL	0 - 0.8	

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

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## LABORATORY REPORT



Name : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No : 8780792471
Sample Date and Time : 21-Jul-2023 09:35	Sample Coll. By : non	Ref Id1 : 00723179
Report Date and Time : 21-Jul-2023 10:56	Acc. Remarks : Normal	Ref Id2 : 023242903

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

<b>HbA1C</b>	H <b>6.02</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>126.07</b>		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 glycemc 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 glycemc 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 : **MINAXI PRAFUL CHAREL** Sex/Age : **Female/ 35 Years** Case ID : **30702200637**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2855366**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 21-Jul-2023 09:35	Sample Type : Serum	Mobile No : 8780792471
Sample Date and Time : 21-Jul-2023 09:35	Sample Coll. By : non	Ref Id1 : 00723179
Report Date and Time : 21-Jul-2023 10:56	Acc. Remarks : Normal	Ref Id2 : 023242903

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	110.44	ng/dL	70 - 204	
Thyroxine (T4) CMIA	8.2	ng/dL	4.87 - 11.72	
TSH CMIA	2.127	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester  
 Second trimester  
 Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

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

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## LABORATORY REPORT



Name : MINAXI PRAFUL CHAREL	Sex/Age : Female/ 35 Years	Case ID : 30702200637
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2855366
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 21-Jul-2023 09:35	Sample Type : Serum	Mobile No : 8780792471
Sample Date and Time : 21-Jul-2023 09:35	Sample Coll. By : non	Ref Id1 : O0723179
Report Date and Time : 21-Jul-2023 10:56	Acc. Remarks : Normal	Ref Id2 : O23242903

**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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