

Aashka Hospitals Ltd.

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

aashka

HOSPITAL



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

UHID: 00923095	Date: 9/9/23	Time:
Patient Name: Dhruv Aaravshi	Age / Sex: 33/M	Height: Weight:
Chief Complaint:		
History: Reaction dental check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Immunisation:		
Extra oral:		
Intra oral - Teeth Present:	Stain ++	
Teeth Absent:	Caries +	
Diagnosis:		

Aashka Hospitals Ltd.

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

 **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:	0092375	Date:		Time:	
Patient Name:	Dhruv Awasthi		Age / Sex:	33 / M	
			Height:		
			Weight:		
History:	C/O: Romus che-MP.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	G19 VMZ G19 E81. BE!-chem				
Diagnosis:					



प्रति,

समान्वयक,

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 जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. AWASTHI DHRUV
क. क्र. संख्या	109050
पदनाम	CPC-EXPRESS
कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
जन्म की तारीख	09-02-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	26-08-2023
बुकिंग संदर्भ सं.	23S109050100067008E

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 21-08-2023 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 स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएँ। 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।)

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. AWASTHI DHRUV
EC NO.	109050
DESIGNATION	CPC-EXPRESS
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	09-02-1990
PROPOSED DATE OF HEALTH CHECKUP	26-08-2023
BOOKING REFERENCE NO.	23S109050100067008E

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 **21-08-2023** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Stress Test
PSA Male (above 40 years)	Thyroid Profile (T3, T4, TSH) Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



नाम : ध्रुव अवस्थी

Name : MR. DHIRUV AWASTHI

कर्मचारी कोड नं.

Employee Code No. : 109050

आपूर्णाधिकारी
Issuing Authority



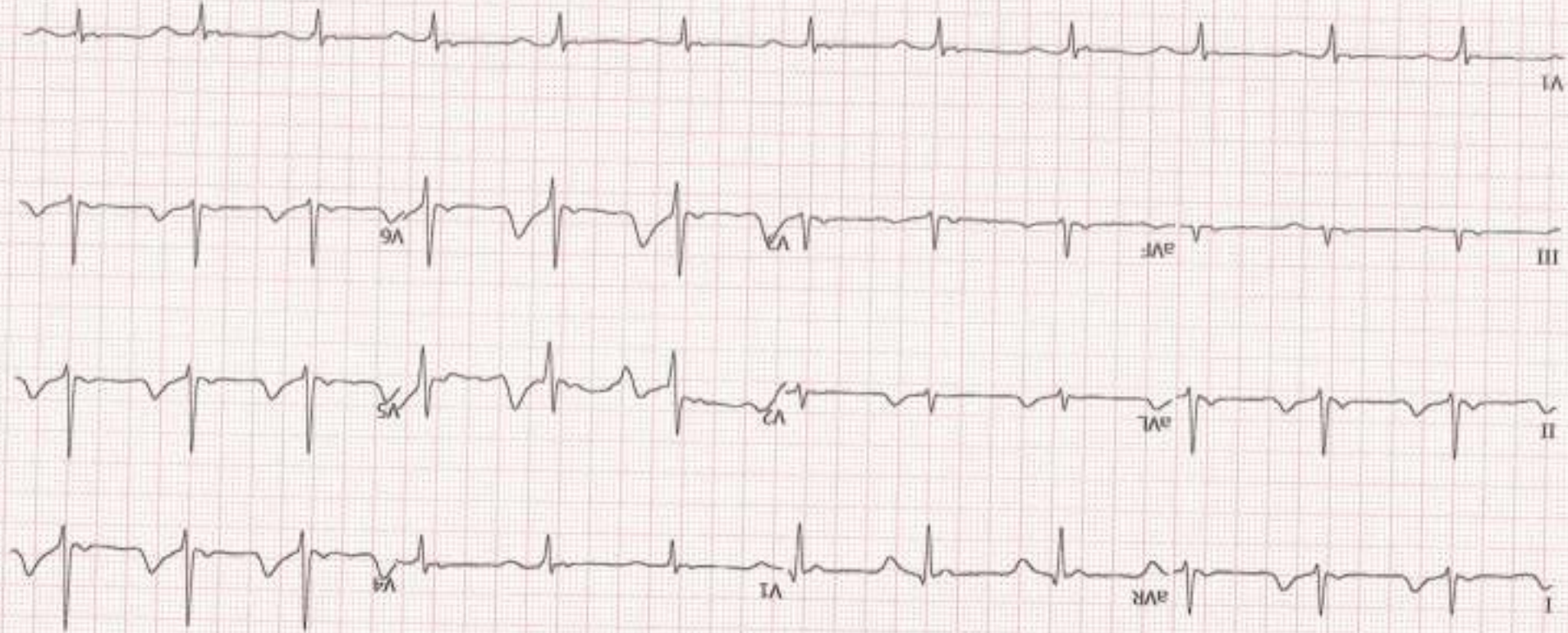
आधारक
Signature of Holder

V1

III

II

I



Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

QRS : 88 ms
 QT / QTc Baz : 380 / 418 ms
 PR : 120 ms
 P : 86 ms
 RR / PP : 816 / 821 ms
 P / QRS / T : 37 / 52 / 21 degrees

Normal sinus rhythm
 Normal ECG

09.09.2023 9:09:29
 AASHKA HOSPITAL LTD
 GANDHINAGAR

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

Room:

73 bpm
 -- / -- mmHg

PATIENT NAME: MR. DHRUV AWASTHI

GENDER/AGE: Male / 33 Years

DOCTOR:

OPDNO: O0923075

DATE: 09/09/23

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen. Small hemangioma is seen in segment IV of right lobe liver.

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. **Simple cyst is seen in interpolar region of right kidney. (23 x 22 mm)**

Right kidney measures about 10.0 x 4.2 cms in size.

Left kidney measures about 10.3 x 4.3 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 160 cc.

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

COMMENT: Grade I fatty changes in liver.

Small hemangioma in segment IV.

Simple cyst seen in interpolar region of right kidney. (23 x 22 mm)

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


DR. SNEHAL BRAJAPATI
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
CIN: L85110GJ2012PLCO02647

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



PATIENT NAME: MR. DHRUV AWASTHI

GENDER/AGE: Male / 33 Years

DOCTOR:

OPDNO: O0923075

DATE: 09/09/23

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 TRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: MR. DHRUV AWASTHI

GENDER/AGE: Male / 33 Years


DATE: 09/09/23

DOCTOR: DR. HASIT JOSHI

OPDNO: 00923075

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 42/30mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.6m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.8m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	


CARDIOLOGIST
 DR. HASIT JOSHI (5825012235)



LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

Pl. ID : 2952973

Pl. Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type :

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Acc. Remarks : Normal

Mobile No : 8802337920

Ref Id1 : 00923075

Ref Id2 : 0232444775

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	101.87	mg/dL	70 - 100
Haemogram (CBC)			
Platelet Count	135000	/ μ L	150000.00 - 410000.00
Lipid Profile			
HDL Cholesterol	41.5	mg/dL	48 - 77
Triglyceride	168.23	mg/dL	<150

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200328

PL ID : 2662973

PL Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Whole Blood EDTA

Mobile No : 8802337820

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Ref Id1 : 00923075

Report Date and Time : 09-Sep-2023 09:20

Acc. Remarks : Normal

Ref Id2 : 0232444775

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.6	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.06	millions/cumm	4.50 - 5.50	
PCV(Calc)	44.43	%	40.00 - 50.00	
MCV (RBC histogram)	87.8	fL	83.00 - 101.00	
MCH (Calc)	28.9	pg	27.00 - 32.00	
MCHC (Calc)	32.9	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.10	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5650	/µL	4000.00 - 10000.00	
Neutrophil	50.0	%	40.00 - 70.00	EXPECTED VALUES /µL 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	1639
Eosinophil	6.0	%	1.00 - 6.00	339
Monocytes	5.0	%	2.00 - 10.00	283
Basophil	0.0	%	0.00 - 2.00	0

PLATELET COUNT (Optical)

Platelet Count	L 135000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.07		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Thrombocytopenia
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah
M.D. (Pathology)

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

Page 2 of 13

Printed On : 09-Sep-2023 13:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

PL ID : 2862973

Pl, Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Whole Blood EDTA

Mobile No : 8802337920

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Ref Id1 : 00923075

Report Date and Time : 09-Sep-2023 12:03

Acc. Remarks : Normal

Ref Id2 : 0232444776

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

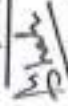
REMARKS

ESR
Westergren Method

04

mm after 1hr 3 - 15

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



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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Sep-2023 12:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

PL ID : 2962973

PL Loc :

Reg Date and Time : 09-Sep-2023 06:26

Sample Type : Whole Blood EDTA

Mobile No : 8802337920

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Ref Id1 : O0923075

Report Date and Time : 09-Sep-2023 09:23

Acc. Remarks : Normal

Ref Id2 : O232444775

TEST

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

HAEMATOLOGY INVESTIGATIONS

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

ABO Type

AB

Rh Type

NEGATIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 09-Sep-2023 13:55



Page 4 of 13



LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

PL ID : 2862973

Pt. Loc :

Reg Date and Time : 09-Sep-2023 08:25 Sample Type : Spot Urine

Sample Date and Time : 09-Sep-2023 08:26 Sample Coll. By :

Mobile No : 8602337920

Report Date and Time : 09-Sep-2023 11:25 Acc. Remarks : Normal

Ref Id1 : 00923075

Ref Id2 : 0232444775

TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
Physical examination				
Colour	Pale yellow			
Transparency	Clear			
Chemical Examination By Sysmex UC-3500				
Sp.Gravity	1.025		1.005 - 1.030	
pH	5.5		5 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
Flowcytometric Examination By Sysmex UF-5000				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	Present +	/HPF	Present(+)	
Bacteria	Nil	/ul	Nil	
Yeast	Nil	/ul	Nil	
Cast	Nil	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

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

Dr. Manoj Shah

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

Printed On: 09-Sep-2023 13:55





LABORATORY REPORT



Name : Mr. DHRUV AWASTHI
 Ref.By : HOSPITAL
 Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years Case ID : 30502200328
 Dis. At : Pt. ID : 2962973
 Pt. Loc :

Reg Date and Time : 09-Sep-2023 08:26 Sample Type : Spot Urine
 Sample Date and Time : 09-Sep-2023 08:26 Sample Coll. By :
 Report Date and Time : 09-Sep-2023 11:25 Acc. Remarks : Normal

Mobile No : 8802337920
 Ref Id1 : O0923075
 Ref Id2 : O232444775

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

Dr. Manoj Shah

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

Page 6 of 13

Printed On : 09-Sep-2023 13:35





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

Pl. ID : 2952873

Pt. Loc. :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No : 8802337920

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Ref Id1 : O0923075

Report Date and Time : 08-Sep-2023 13:51

Acc. Remarks : Normal

Ref Id2 : O232444775

BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	101.87	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		112	mg/dL	70.0 - 140.0

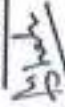
Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-125 mg/dL: Impaired fasting glucose¹ guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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



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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 08-Sep-2023 13:56





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref. By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years Case ID : 30902200328

Dis. At : Pt. ID : 2962973

Pt. Loc :

Reg Date and Time : 09-Sep-2023 08:26 Sample Type : Serum

Sample Date and Time : 09-Sep-2023 06:26 Sample Coll. By :

Report Date and Time : 09-Sep-2023 10:10 Acc. Remarks : Normal

Mobile No : 8802337820

Ref Id1 : O09230075

Ref Id2 : O232444775

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

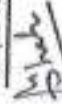
Cholesterol Colorimetric, CHOD-PAP	150.88	mg/dL	110 - 200
HDL Cholesterol	L 41.5	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	H 168.23	mg/dL	<150
VLDL Calculated	33.65	mg/dL	10 - 40
Chol/HDL Calculated	3.64		0 - 4.1
LDL Cholesterol Calculated	75.73	mg/dL	65 - 100

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

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



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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Sep-2023 13:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

Pl. ID : 2962973

Pl. Loc :

Reg Date and Time : 09-Sep-2023 08:26 Sample Type : Serum

Mobile No : 8802337920

Sample Date and Time : 09-Sep-2023 08:26 Sample Coll. By :

Ref Id1 : O0923075

Report Date and Time : 09-Sep-2023 10:58 Acc. Remarks : Normal

Ref Id2 : O232444775

TEST

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. UV with pGp	42.13	U/L	16 - 63
S.G.O.T. UV with pGp	21.73	U/L	15 - 37
Alkaline Phosphatase Enzymatic, PNPP-AMP	108.91	U/L	46 - 116
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	30.19	U/L	0 - 55
Proteins (Total) Colorimetric, Bluret	7.41	gm/dL	6.40 - 8.30
Albumin Bromocresol purple	4.69	gm/dL	3.4 - 5
Globulin Calculated	2.72	gm/dL	2 - 4.1
A/G Ratio Calculated	1.7		1.0 - 2.1
Bilirubin Total Photometry	0.66	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazo reaction reagent	0.22	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated	0.44	mg/dL	0 - 0.8

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

Dr. Manoj Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Sep-2023 13:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

Pl. ID : 2962973

Pl. Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Report Date and Time : 09-Sep-2023 10:10

Acc. Remarks : Normal

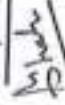
Mobile No : 8802337820

Ref Id1 : O0923075

Ref Id2 : O232444775

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLDH	12.3	mg/dL	8.90 - 20.60	
Creatinine	1.15	mg/dL	0.50 - 1.50	
Uric Acid Uricase	6.84	mg/dL	3.5 - 7.2	

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



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

Dr. Shreya Shah
M.D. (Pathologist)

Page 10 of 13

Printed On: 09-Sep-2023 13:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill Loc. : Aashika hospital

Sex/Age : Male / 33 Years Case ID : 30902200328

Dis. At :

PL ID : 2982973

PL Loc :

Reg Date and Time : 09-Sep-2023 08:26 Sample Type : Whole Blood EDTA

Sample Date and Time : 09-Sep-2023 08:26 Sample Coll. By :

Mobile No : 8802337920

Report Date and Time : 09-Sep-2023 09:58 Acc. Remarks : Normal

Ref Id1 : O0923075

Ref Id2 : O232444775

TEST

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

Glycated Haemoglobin Estimation

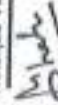
HbA1C	5.59	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	113.73	mg/dL	Not available	

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(C,C,S,S,E,E,S,C) 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 (L-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Sep-2023 12:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years Case ID : 30902200328

Dis. At :

PL ID : 2962973

PL Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Report Date and Time : 09-Sep-2023 10:02

Acc. Remarks : Normal

Mobile No : 8802337820

Ref Id1 : O0923075

Ref Id2 : O232444775

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

Thyroid Function Test

Triiodothyronine (T3)	118.63	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.62	ng/dL	4.87 - 11.72	
TSH CMA	1.77	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 concentrations (>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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 12 of 13

Printed On : 09-Sep-2023 13:55





LABORATORY REPORT

Name : Mr. DHRUV AWASTHI

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200328

Dis. At :

Pl. ID : 2992973

Pt. Loc :

Reg Date and Time : 09-Sep-2023 08:26

Sample Type : Serum

Mobile No : 6802337920

Sample Date and Time : 09-Sep-2023 08:26

Sample Coll. By :

Ref Id1 : C0923075

Report Date and Time : 09-Sep-2023 10:02

Acc. Remarks : Normal

Ref Id2 : Q232444775

Interpretation/Notes:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed 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, and 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 hospitalized 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

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

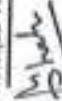
0.8-2.5

	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/↑	↓

----- 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 (L-Very Low, J-Low, H-High, NH-Very High, A-Abnormal)



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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 09-Sep-2023 13:55



