



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	MITTAL SANDEEP SHAH
जन्म की तारीख	26-11-1986
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	22-07-2023
बुकिंग संदर्भ सं.	23S170792100063702S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. SHAH SANDEEP P
कर्मचारी की क.कू.संख्या	170792
कर्मचारी का पद	SINGLE WINDOW OPERATOR B
कर्मचारी के कार्य का स्थान	BALWA
कर्मचारी के जन्म की तारीख	26-09-1985

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 **07-07-2023** 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	MITTAL SANDEEP SHAH
DATE OF BIRTH	26-11-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	22-07-2023
BOOKING REFERENCE NO.	23S170792100063702S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. SHAH SANDEEP P
EMPLOYEE EC NO.	170792
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	BALWA
EMPLOYEE BIRTHDATE	26-09-1985

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 **07-07-2023** 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))

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

UHID: 00723194 Date: 22/7/2023 Time:
Patient Name: MITTAL SANDAN SHAR Age/Sex: 57 / R
Height: 147 cm
Weight: 69.5 kg

History:

C/O
Pain in eye

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

D.V. - 6/6
6/6

M.V. - 6/6
6/6

Color vision normal

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						
N						

Other Advice:

Follow-up:

Consultant's Sign:



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

UHID:	007231959	Date:	22/7/2023	Time:	
Patient Name:	Mittal	ban	shah	Age/Sex:	37/F
				Height:	147 cm
				Weight:	69.5 kg
Chief Complain:					
History:	- Routine dental check up				
Allergy History:	-				
Nutritional Screening:	Well-Nourished / Malnourished / Obese -				
Examination:	-				
Extra oral :	-				
Intra oral - Teeth Present :	Istam +				
	C1222 +				
Teeth Absent :					
Diagnosis:	Gen. chronic periodontitis				

DR. HEETA MEHTA
M.S, OBST- GYNEC
CONSULTANT OBSTETRICIAN
AND GYNECOLOGIST
 Regi. No G-29736

UHID:	Date: 24/07/2023	Time:
Patient Name: <i>Mital Shah</i>	Age: 38	Mobile No:
Complaint and duration: <i>do not for routine health checkup</i> <i>do headaches.</i>		
History:		
Menstrual history:		
Cycles	Flow	Duration of Bleeding
Presence of pain		
LMP: - 19/07/2023. (day 6 today)		
H/O Associated illnesses:		
HTN:		DM: <input checked="" type="checkbox"/>
Thyroid disorder: <input checked="" type="checkbox"/>		Others:
Family History: <input checked="" type="checkbox"/>		
Medication history:		
Obstetric History: <i>1 Fetus (L) / 03 / 6 1/2 yrs / I = postdate - not</i>		
No of deliveries:		Last child:
Allergy History:		
Nutritional Screening: <input checked="" type="checkbox"/> Well-Nourished / <input type="checkbox"/> Malnourished / <input type="checkbox"/> Obese		
General Examination:		
CVS	BP:	Oedema of ft
<i>clear</i>		
RS	Wt:	Tongue
Breast examination:		

P/ :
A : *stf*
TSCG
L/E : *ut (n) smi*

P/S: cervix

P/V

Provisional Diagnosis:

Investigation:

URM

Plan of care:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
1)	P.O	CALDISON - P ₃	0-10	—	(30) days	
2)	P.O	T. MBSON - SL	100	0	(30) days	

Follow-up:

E ok

Consultant's Sign:

(Signature)

DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

UHID:	Date: 24/7/23	Time: 7 PM
Patient Name: Mitul Shah,	Height:	
Age/Sex: 37yrs / F. LMP:	Weight:	
History:		
C/C/O: No fresh complaints	History: NAD mbal - 6.01x	
Allergy History: NAD	Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination: Temperature: Normal Pulse: 72/22/min BP: 122/70 mmHg SPO2: 97% on RA		
Provisional Diagnosis:		

Advice:

Person is medically fit.

Rx

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

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -		
200-250 -	400-450 -	Sign:	<i>[Signature]</i>
250-300 -	> 450 -		

DT: 24/12/23



Cytological examination- Pap smear request form

Name: Mital Shah

Age: 38

Complaints:

do Nil
Regular checkup

No of deliveries:

Last Delivery:

1 (MVA) → 1 (L) 6 1/2 yrs

History of abortion:

H/O medical conditions associated:

Last abortions:

(-)

DM
HTN
Thyroid

(-)

MH:

Reg:

LMP:

day 6 today

P/A:

SPK (10/12/21)

P/S:

Cx. mild ectropion
1st NAD

P/V:

WAIV, (5) size, 5/11/23

Sample:-

Vagina
Cervix

<u>✓</u>

Doctors Sign:-

(Signature)

(Signature)

22.07.2023 10:14:16 AM
MASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

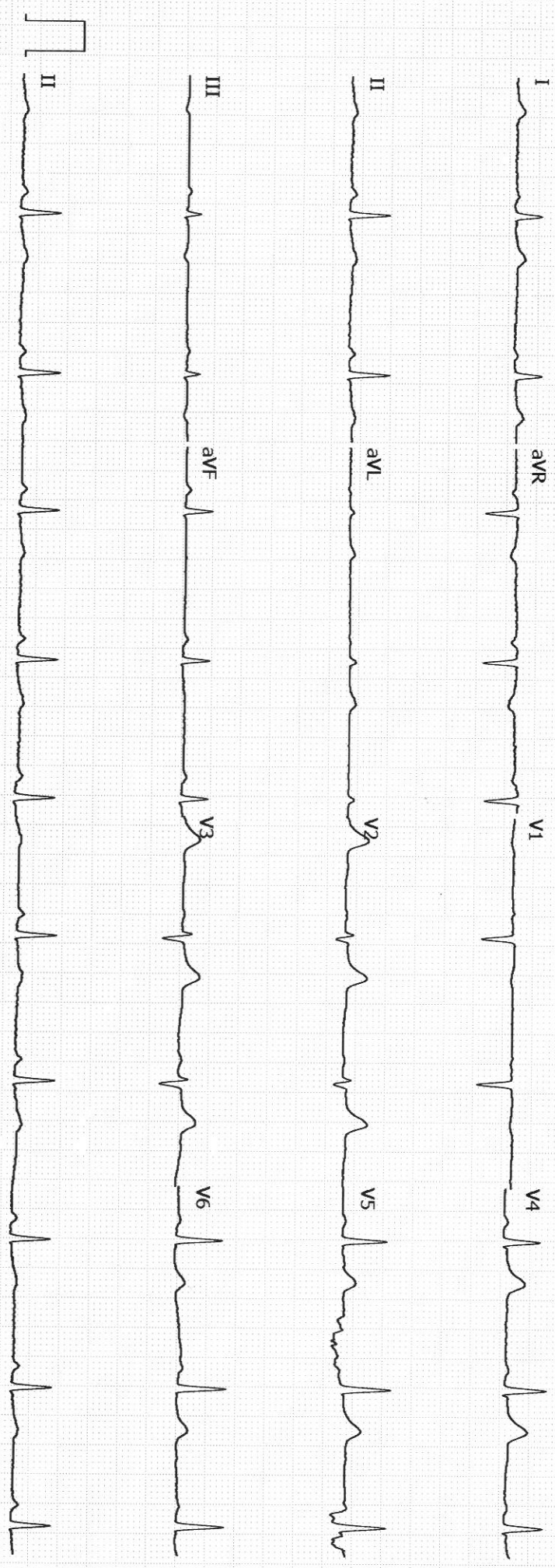
Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

61 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Normal sinus rhythm
Normal ECG
QRS : 72 ms
QT / QTcBaz : 410 / 412 ms
PR : 150 ms
P : 80 ms
RR / PP : 984 / 983 ms
P / QRS / T : 60 / 49 / 27 degrees



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

PATIENT NAME: MITTAL SANDEEP SHAH

GENDER/AGE: Female / 37 Years

DATE: 22/07/23

DOCTOR: DR. HASIT JOSHI

OPDNO: 00723194

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 29mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 38/26mm	EF 60%
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	: 1/0.5m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 30mmHg	
CONCLUSION	: MILD MVP / MILD MR; NORMAL LV SIZE / SYSTOLIC FUNCTION.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads

Sargasan, Gandhinagar - 382421. Gujarat, India

Phone: 079-29750750, +91-7575006000 / 9000

Emergency No.: +91-7575007707 / 9879752777

www.aashkahospitals.in

CIN: L85110GJ2012PLC072647



PATIENT NAME: MITTAL SANDEEP SHAH

GENDER/AGE: Female / 37 Years

DATE: 22/07/23

DOCTOR:

OPDNO: O0723194

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: MITTAL SANDEEP SHAH

GENDER/AGE: Female / 37 Years

DATE: 22/07/23

DOCTOR:

OPDNO: O0723194

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.

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 4.3 cms in size.

Left kidney measures about 10.0 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 178 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.9 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : MITTAL SANDEEP SHAH	Sex/Age : Female/ 38 Years	Case ID : 30702200668
Ref.By :	Dis. At :	Pt. ID : 2857298
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 08:28	Sample Type :	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23242935

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	6.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes ≥6.5: Diabetes
Haemogram (CBC)			
Haemoglobin (Colorimetric)	11.9	G%	12.00 - 15.00
PCV(Calc)	32.16	%	36.00 - 46.00
MCV (RBC histogram)	80.8	fL	83.00 - 101.00
MCHC (Calc)	36.9	gm/dL	31.50 - 34.50
Eosinophil	9.0	%	1.00 - 6.00
Monocyte	181	/μL	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	47.3	mg/dL	48 - 77
LDL Cholesterol	100.51	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

Printed On : 22-Jul-2023 14:57



LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
 Ref.By : Dis. At : Pt. ID : **2857298**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Whole Blood EDTA	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 09:21	Acc. Remarks : Normal	Ref Id2 : O23242935

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 11.9	G%	12.00 - 15.00
RBC (Electrical Impedance)	3.98	millions/cumm	3.80 - 4.80
PCV(Calc)	L 32.16	%	36.00 - 46.00
MCV (RBC histogram)	L 80.8	fL	83.00 - 101.00
MCH (Calc)	29.9	pg	27.00 - 32.00
MCHC (Calc)	H 36.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4520	/μL	4000.00 - 10000.00
Neutrophil	[%] 56.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2531 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	30.0	%	20.00 - 40.00 1356 /μL 1000.00 - 3000.00
Eosinophil	H 9.0	%	1.00 - 6.00 407 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 L 181 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 45 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	240000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.87		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 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
Ref.By : Dis. At : Pt. ID : **2857298**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Whole Blood EDTA	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 11:03	Acc. Remarks : Normal	Ref Id2 : O23242935

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	13	mm after 1hr	3 - 20	

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

Dr. Amit Prajapati

DCP.

Page 3 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : MITTAL SANDEEP SHAH Sex/Age : Female/ 38 Years Case ID : 30702200668
Ref.By : Dis. At : Pt. ID : 2857298
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Whole Blood EDTA	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 09:21	Acc. Remarks : Normal	Ref Id2 : O23242935

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	POSITIVE

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

Dr. Amit Prajapati

DCP.

Page 4 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57



LABORATORY REPORT



Name : MITTAL SANDEEP SHAH Sex/Age : Female/ 38 Years Case ID : 30702200668
 Ref.By : Dis. At : Pt. ID : 2857298
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 8511147417		
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194		
Report Date and Time : 22-Jul-2023 14:45	Acc. Remarks : Normal	Ref Id2 : O23242935		
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	98.0	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	118.31	mg/dL	70.0 - 140.0

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

- <100 mg/dL : Normal level
- 100-<126 mg/dL: Impaired fasting glucose guidelines
- >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 22-Jul-2023 14:57



LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
 Ref.By : Dis. At : Pt. ID : **2857298**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **22-Jul-2023 08:28** Sample Type : **Serum** Mobile No : **8511147417**
 Sample Date and Time : **22-Jul-2023 08:29** Sample Coll. By : Ref Id1 : **O0723194**
 Report Date and Time : **22-Jul-2023 11:49** Acc. Remarks : **Normal** Ref Id2 : **O23242935**

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	161.44	mg/dL	110 - 200	
HDL Cholesterol	L 47.3	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	68.16	mg/dL	<150	
VLDL <i>Calculated</i>	13.63	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.41		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	H 100.51	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)

Dr. Amit Prajapati

DCP.

Page 6 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
 Ref.By : Dis. At : Pt. ID : **2857298**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **22-Jul-2023 08:28** Sample Type : **Serum** Mobile No : **8511147417**
 Sample Date and Time : **22-Jul-2023 08:29** Sample Coll. By : Ref Id1 : **O0723194**
 Report Date and Time : **22-Jul-2023 10:52** Acc. Remarks : **Normal** Ref Id2 : **O23242935**

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	24.56	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	20.39	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	73.78	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	15.55	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	6.97	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.07	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.90	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.31	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.13	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8	

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

Dr. Amit Prajapati

DCP.

Page 7 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
Ref.By : Dis. At : Pt. ID : **2857298**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **22-Jul-2023 08:28** Sample Type : **Serum** Mobile No : **8511147417**
Sample Date and Time : **22-Jul-2023 08:29** Sample Coll. By : Ref Id1 : **O0723194**
Report Date and Time : **22-Jul-2023 11:49** Acc. Remarks : **Normal** Ref Id2 : **O23242935**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.2	mg/dL	7.00 - 18.70	
Creatinine	0.51	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	3.81	mg/dL	2.6 - 6.2	

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

Dr. Amit Prajapati

DCP.

Page 8 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : MITTAL SANDEEP SHAH	Sex/Age : Female/ 38 Years	Case ID : 30702200668
Ref.By :	Dis. At :	Pt. ID : 2857298
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Whole Blood EDTA	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 09:31	Acc. Remarks : Normal	Ref Id2 : O23242935

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

Glycated Haemoglobin Estimation

HbA1C	H 6.01		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	125.79	mg/dL		

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

Interpretation :

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

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

Dr. Amit Prajapati

DCP.

Page 9 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : **MITTAL SANDEEP SHAH** Sex/Age : **Female/ 38 Years** Case ID : **30702200668**
 Ref.By : Dis. At : Pt. ID : **2857298**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Serum	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 10:47	Acc. Remarks : Normal	Ref Id2 : O23242935

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	102.18	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.0	ng/dL	4.87 - 11.72	
TSH CMIA	2.864	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)

Dr. Amit Prajapati

DCP.

Page 10 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57





LABORATORY REPORT



Name : MITTAL SANDEEP SHAH	Sex/Age : Female/ 38 Years	Case ID : 30702200668
Ref.By :	Dis. At :	Pt. ID : 2857298
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 22-Jul-2023 08:28	Sample Type : Serum	Mobile No : 8511147417
Sample Date and Time : 22-Jul-2023 08:29	Sample Coll. By :	Ref Id1 : O0723194
Report Date and Time : 22-Jul-2023 10:47	Acc. Remarks : Normal	Ref Id2 : O23242935

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)

Dr. Amit Prajapati

DCP.

Page 11 of 11

Dr. Shreya Shah

M.D. (Pathologist)

Dr. Manoj Shah

M.D. (Path. & Bact.)

Printed On : 22-Jul-2023 14:57

