

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	TANNU KUMARI
DATE OF BIRTH	06-04-1996
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	19-12-2023
BOOKING REFERENCE NO.	23D125320100079556S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RATNAM RAUSHAN
EMPLOYEE EC NO.	125320
EMPLOYEE DESIGNATION	JOINT MANAGER
EMPLOYEE PLACE OF WORK	DANGARWA
EMPLOYEE BIRTHDATE	04-03-1991

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 **15-12-2023** 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**

 बैंक ऑफ बरोडा For Bank of Baroda  
  
शाखा प्रबन्धक / BRANCH MANAGER  
डंगरवा शाखा / Dangarwa Br., DI, Mehsana

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



बैंक ऑफ़ बड़ौदा  
Bank of Baroda

नाम  
Name Raushan Ratnam

कर्मचारी कूट क्र.  
Employee Code No. 125320

जारीकर्ता प्राधिकारी  
Issuing Authority



धारक के हस्ताक्षर  
Signature of Holder



भारत सरकार  
Government of India

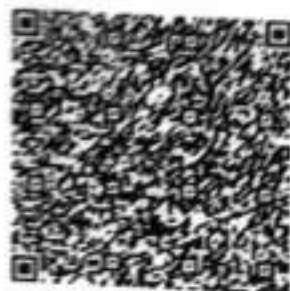


रीशम रतनाम  
Raushan Ratnam

जन्म तिथि / DOB: 04/03/1991

पुरुष / Male

7905 5702 5284



मेरा आधार, मेरी पहचान

आयकर विभाग

INCOME TAX DEPARTMENT

RAUSHAN RATNAM

SURESH PRASAD SAH

04/03/1991

Permanent Account Number

BJAPR8713F



Signature



भारत सरकार

GOVT. OF INDIA



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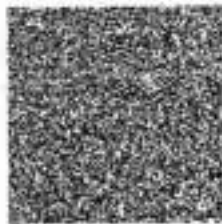


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0000/00563/35109

To  
तन्नु कुमारी  
Tannu Kumari  
C/O Raushan Ratnam,  
KEDAR PALACE, FLAT NO 501,5TH FLOOR,  
KARORICHAK MAIN ROAD,  
MITRA MANDAL COLONY,  
VTC: Phulwari,  
PO: Phulwarsharif,  
District: Patna,  
State: Bihar,  
PIN Code: 801505,  
Mobile: 9634606006



Signature valid



आपका आधार क्रमांक / Your Aadhaar No. :

**5114 3219 9692**

VID : 9174 9756 6196 5956

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



तन्नु कुमारी  
Tannu Kumari  
जन्म तिथि/DOB: 05/04/1996  
लिंग/ FEMALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग कानून (अभियोग प्रमाणिकरण, वास्तुगत सेवा/  
ऑनलाइन प्रमाणिकरण की श्रेणियों) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).

**5114 3219 9692**

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार लेबर धारक द्वारा प्रस्तुत सूचना और विशिष्टता में विशिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर जो सुअइडीएआई द्वारा नियुक्त प्रमाणिकरण एजेंसी के अधीन ऑनलाइन प्रमाणिकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार ब्यूअर कोड स्कैनर ऐप से ब्यूअर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध स्थिति ब्यूअर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और घटे के समय में दस्तावेजों को आधार के लिए नवीकरण की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विशिष्टता जानकारी और गैर-सरकारी सफ्टवेयरों का साथ देने में सहायक करता है।
- आधार में अपना मोबाइल नंबर और ईमेल अडिटी अपडेट करें।
- आधार सेवाओं का साथ देने के लिए एमआधार ऐप डाउनलोड करें।
- असा/बीयोमेट्रिक्स का उपयोग न करने के समय मुफ्त सुनिश्चित करने के लिए आधार/बीयोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- आधार की सेवा करने वाले सहमति देने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

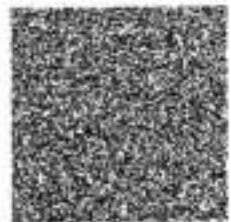


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
C/O राशुषन रतनम, कदार पैलेस, फ्लॉट नं 501, 5थ फ्लॉर,  
कारोरिचक मैन रोड, मित्रा मंडल कोलनी, फुलवारी, पुनर्वासी,  
पिन कोड:  
Bihar - 801505

Address:  
C/O Raushan Ratnam, KEDAR PALACE,  
FLAT NO 501,5TH FLOOR, KARORICHAK,  
MAIN ROAD, MITRA MANDAL COLONY,  
Phulwari, PO: Phulwarsharif, DIST: Patna,  
Bihar - 801505



**5114 3219 9692**

VID : 9174 9756 6196 5956

1047 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

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

<b>UHID:</b>		<b>Date:</b> 19/12/23	<b>Time:</b> 3:30PM
<b>Patient Name:</b> Tannu Kumari		<b>Height:</b>	
<b>Age / Sex:</b> 27yrs / F	<b>LMP:</b>	<b>Weight:</b>	
<b>History:</b>			
<b>C/C/O:</b>  NAD		<b>History:</b>  NAD	
<b>Allergy History:</b> -		<b>Addiction:</b> -	
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese			
<b>Vitals &amp; Examination:</b>			
<b>Temperature:</b> 78/100in			
<b>Pulse:</b> 132 182 mmHg			
<b>BP:</b> 1			
<b>SPO2:</b> 98% Ould			
<b>Provisional Diagnosis:</b>			



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

UHID: <u>OSP 32815</u>	Date: <u>19/12/23</u>	Time:
Patient Name: <u>Tanna Karanji</u>	Age/Sex: <u>27/F</u>	Height:
	Weight:	
Chief Complain:		
History: <u>→ Swollen gums</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination:		
Extra oral : <u>Stain +</u> <u>Carotidus ++</u>		
Intra oral - Teeth Present : <u>Open. gingival recession present.</u>		
Teeth Absent : <u>→ Swollen gums in Bel-20</u> <u>21/12</u>		
Diagnosis:		





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

<b>UHID:</b>	<b>Date:</b> 19/12/23	<b>Time:</b> 12:45
<b>Patient Name:</b> Jannu Kumbhi	<b>Age / Sex:</b>	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> C10 COMPLY HOPKINSON'S AT LEAST GLASS BT NOT DISEASE PROBABLY 3 2m 1cm 23 Wt		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> Vn 26/24 6/4 Vnt 6/20/27 6/16 6/15 2/16 Colours vision normal		
<b>Diagnosis:</b>	Refractive error	



19.12.2023 1:27:20 PM  
AASHKA HOSPITAL LTD,  
SARGASAM  
GANDHINAGAR

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

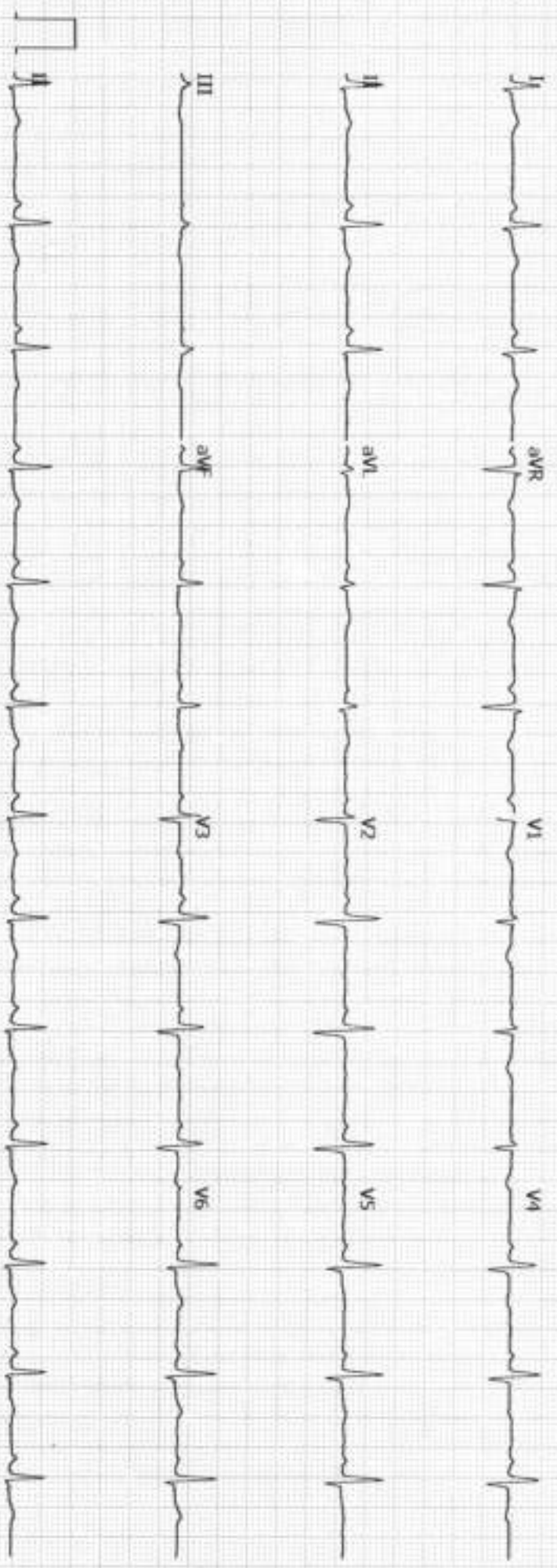
Room:

78 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 78 ms  
QT / QTcbaz : 382 / 435 ms  
PR : 132 ms  
P : 98 ms  
RR / PP : 768 / 769 ms  
P / QRS / T : 30 / 54 / 2 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG



Unconfirmed

PATIENT NAME: TANNU KUMARI  
GENDER/AGE: Female / 27 Years  
DOCTOR: DR. HASIT JOSHI  
OPDNO: OSP32815

DATE: 19/12/23

**2D-ECHO**

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 30mm	
LV Dd / Ds	: 42/29mm	EF 60%
IVS / LVPW / D	: 9/8mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: -	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT

**PATIENT NAME:**TANNU KUMARI

**GENDER/AGE:**Female / 27 Years

**DATE:**19/12/23

**DOCTOR:**

**OPDNO:**OSP32815

### 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

REPORT REPORT REPORT

**PATIENT NAME:**TANNU KUMARI

**GENDER/AGE:**Female / 27 Years

**DATE:**19/12/23

**DOCTOR:**

**OPDNO:**OSP32815

## 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.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type :	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248465

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	112.60	mg/dL	70 - 100
<b>Haemogram (CBC)</b>			
Haemoglobin	9.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	3.76	millions/cu mm	3.80 - 4.80
PCV(Calc)	30.27	%	36.00 - 46.00
MCV (RBC histogram)	80.5	fL	83.00 - 101.00
MCH (Calc)	24.8	pg	27.00 - 32.00
MCHC (Calc)	30.8	gm/dL	31.50 - 34.50
<b>Lipid Profile</b>			
HDL Cholesterol	45.4	mg/dL	48 - 77
<b>Liver Function Test</b>			
Proteins (Total)	8.32	gm/dL	6.40 - 8.30
Albumin	5.15	gm/dL	3.4 - 5
<b>Urine Examination</b>			
Blood	Present (++++)		Negative
Red Blood Cell	Plenty	/HPF	Nil

Abnormal Result(s) Summary End

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

Printed On : 19-Dec-2023 16:07



## LABORATORY REPORT



Name : TANNU KUMARI Sex/Age : Female/ 27 Years Case ID : 31202200435  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 19-Dec-2023 11:51 Sample Type : Whole-Blood EDTA\* Mobile No :  
 Sample Date and Time : 19-Dec-2023 11:51 Sample Coll. By : Ref Id1 : OSP32815  
 Report Date and Time : 19-Dec-2023 13:45 Acc. Remarks : Normal Ref Id2 : O23248465

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

#### HB AND INDICES

Haemoglobin	L 9.3	G%	12.0 - 15.0
RBC (Electrical Impedance)	L 3.76	millions/cumm	3.80 - 4.80
PCV(Calc)	L 30.27	%	36.00 - 46.00
MCV (RBC histogram)	L 80.5	fL	83.00 - 101.00
MCH (Calc)	L 24.8	pg	27.00 - 32.00
MCHC (Calc)	L 30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.40	%	11.00 - 16.00

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

Total WBC Count	8180	/μL	4000.00 - 10000.00
Neutrophil	[%] 85.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 5317
Lymphocyte	28.0	%	20.00 - 40.00 2290 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 245 /μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00 245 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 82 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	171000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.32		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. Shreya Shah  
 M.D. (Pathologist)

Printed On : 19-Dec-2023 15:07

Page 2 of 13







## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 14:02	Acc. Remarks : Normal	Ref Id2 : O23248465

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	10	mm after 1hr	3 - 20	

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 3 of 13

Printed On : 19-Dec-2023 15:07



**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 : TANNU KUMARI Sex/Age : Female/ 27 Years Case ID : 31202200435  
Ref.By : HOSPITAL Dis. At : Pt. ID : 3206774  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 19-Dec-2023 11:51 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 19-Dec-2023 11:51 Sample Coll. By : Ref Id1 : OSP32815  
Report Date and Time : 19-Dec-2023 13:30 Acc. Remarks : Normal Ref Id2 : O23248465

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	O
Rh Type	POSITIVE

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 19-Dec-2023 15:07

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## LABORATORY REPORT



Name : TANNU KUMARI Sex/Age : Female/ 27 Years Case ID : 31202200435  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 19-Dec-2023 11:51 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 19-Dec-2023 11:51 Sample Coll. By : Ref Id1 : OSP32815  
 Report Date and Time : 19-Dec-2023 13:46 Acc. Remarks : Normal Ref Id2 : O23248465

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

#### Physical examination

Colour : Yellow  
 Transparency : Slight Turbid

#### 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	Present (+++)		Negative
Nitrite	Negative		Negative

#### Flowcytometric Examination By Sysmex UF-5000

Leucocyte	1-2	/HPF	Nil
Red Blood Cell	Plenty	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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## LABORATORY REPORT



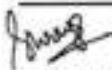
Name : TANNU KUMARI      Sex/Age : Female/ 27 Years      Case ID : 31202200435  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 19-Dec-2023 11:51      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 19-Dec-2023 11:51      Sample Coll. By :      Ref Id1 : OSP32815  
 Report Date and Time : 19-Dec-2023 13:46      Acc. Remarks : Normal      Ref Id2 : O23248465

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 : TANNU KUMARI      Sex/Age : Female/ 27 Years      Case ID : 31202200435  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 15:05	Acc. Remarks : Normal	Ref Id2 : O23248465
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H	112.60	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>		98.47	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 glucoseer guidelines

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

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

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## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 13:30	Acc. Remarks : Normal	Ref Id2 : O23248465

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

#### Lipid Profile

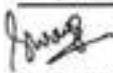
<b>Cholesterol</b> <small>Colorimetric, CHOD-POD</small>	134.36	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L 45.4	mg/dL	48 - 77
<b>Triglyceride</b> <small>Glycerol Phosphate Oxidase</small>	61.94	mg/dL	<150
<b>VLDL</b> <small>Calculated</small>	12.39	mg/dL	10 - 40
<b>Chol/HDL</b> <small>Calculated</small>	2.96		0 - 4.1
<b>LDL Cholesterol</b> <small>Calculated</small>	76.57	mg/dL	0.00 - 100.00

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

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

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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

  
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**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 : TANNU KUMARI Sex/Age : Female/ 27 Years Case ID : 31202200435  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 19-Dec-2023 11:51 Sample Type : Serum Mobile No :  
 Sample Date and Time : 19-Dec-2023 11:51 Sample Coll. By : Ref Id1 : OSP32815  
 Report Date and Time : 19-Dec-2023 13:30 Acc. Remarks : Normal Ref Id2 : O23248465

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	14.63	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with PSP</i>	18.19	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	97.98	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-Carboxy-4-nitroanilide Substrate</i>	11.13	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	H 8.32	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	H 5.15	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.17	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.6		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.58	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.35	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.23	mg/dL	0 - 0.8	

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

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## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 13:30	Acc. Remarks : Normal	Ref Id2 : O23248465

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.8	mg/dL	7.00 - 18.70	
Creatinine	0.50	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	3.69	mg/dL	2.6 - 6.2	

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

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## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 12:36	Acc. Remarks : Normal	Ref Id2 : O23248485

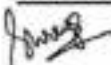
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.51	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	111.44	mg/dL	Not available	

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

**Interpretation :**

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

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

  
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## LABORATORY REPORT



Name : TANNU KUMARI      Sex/Age : Female/ 27 Years      Case ID : 31202200435  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3206774  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 19-Dec-2023 11:51      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 19-Dec-2023 11:51      Sample Coll. By :      Ref Id1 : OSP32815  
 Report Date and Time : 19-Dec-2023 13:30      Acc. Remarks : Normal      Ref Id2 : Q23248465

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	105.94	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.56	ng/dL	4.87 - 11.72	
TSH CMA	2.08	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

	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

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## LABORATORY REPORT



Name : TANNU KUMARI	Sex/Age : Female/ 27 Years	Case ID : 31202200435
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3206774
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Dec-2023 11:51	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Dec-2023 11:51	Sample Coll. By :	Ref Id1 : OSP32815
Report Date and Time : 19-Dec-2023 13:30	Acc. Remarks : Normal	Ref Id2 : O23248465

**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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