



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	PRIYA DEVANGPETHAPARA
DATE OF BIRTH	23-07-1996
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	12-11-2022
BOOKING REFERENCE NO.	22D122811100029934S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PETHAPARA DEVANG DHANJIBHAI
EMPLOYEE EC NO.	122811
EMPLOYEE DESIGNATION	HEAD CASHIER "E"_II
EMPLOYEE PLACE OF WORK	VISNAGAR,SONA COMPLEX
EMPLOYEE BIRTHDATE	07-05-1994

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 **10-11-2022** till **31-03-2023**.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.

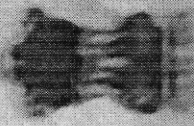
We solicit your co-operation in this regard.

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))

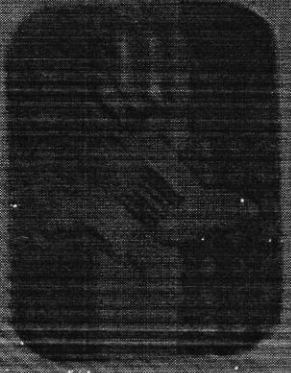


भारत निर्वाचन आयोग  
**ELECTION COMMISSION OF INDIA**  
 भारत निर्वाचन आयोग

WM01880640



नाम : प्रिया प्रियदर्शिनी  
 Husband's Name : Dhanraj  
 Gender : F / Female  
 Date of Birth / Age : 23-07-1996



અનુચિત : સી 502, સનશાઇન ફોર્ટ્યુન, રાંદેસા, કાંદાજી, ગાંધીનગર,  
ગુજરાત-382207

Address : G-502, SUNSHINE FORTUNE, RANDESAN,  
RANDESAN, GANDHINAGAR, GUJARAT-382207

મહાનગર અધિકારી : 35 ગાંધીનગર દક્ષિણ

Electional Registration Officer, 35 Gandhinagar South

Issue Date : 14-08-2022

નોંધ / Note :

1) મુદત સંકલ્પિત વહેતી, વર્તમાન મહાનગર અધિકારી દ્વારા આ બે ડે ડે સુધી  
કસીદ તૈયારી

1) Before every Election, please check that your name exists in current  
electoral roll

2) આ કસીદ મુદતગતી બે દિવસ અથવા તેથી વધુ માટે ઉપરના પુરાવા તરીકે માન્ય  
નથી.

2) This card is not a proof of age except for the purpose of election.



WMO1880640

V00241205



1950



<https://ceo.gujarat.gov.in>

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. PRAKASH D MAKWANA  
M.D.  
REG.NO.G-29078  
MO.NO-9722116164

UHID:		Date: 12/11/22	Time:
Patient Name: PRAKASHA	Age / Sex: 26/18 F	LMP:	Height: Weight:
History: C/C/O: - Routine		History: - Malignant Cancer	
Allergy History: N/A		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination: Temperature: 37.5 Pulse: 84/min BP: 130/90 mmHg SPO2: 98% on Room Air			
Provisional Diagnosis:			



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CIN: L85110GJ2012PLC072647



DR. UNNATI SHAH  
B.D.S. (DENTAL SURGEON)  
REG. NO. A-7742  
MO.NO- 9904596691

UHID:	Date:	2/11/22	Sex:	
Patient Name:	Pragna D. Pethanjan		Age / Sex:	26/F
			Height:	
			Weight:	
History:				
Examination:	Stomach Calm			
Diagnosis:				

Treatment:

Sally.

Ben.

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



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

UHID:	Date:	Time:
Patient Name: 18140		Age /Sex: Height: Weight:
History:	Compl Heth chup Lestia suram 5 year ago	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	Vv 6/6 6/6 2/6 Color vision test - Normal	
Diagnosis:	Normal	





Name: Priya P. Petrapara Age: 26 yrs

Complaints:

Routine check up

No of deliveries: —

Last Delivery: —

History of abortion:

ML 2 Yrs.

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

<u>—</u>
<u>—</u>
<u>—</u>

MH:

ref 4/28 NR NO pain

Reg:

LMP:

27.10.22

P/A:

son

FDSON AP

P/S:

ex Erosion around os

WTD

60k Tanya

P/V:

altu, !son, NS, M, FF

16th wky mce  
4 dates

Sample:-

Vagina

Cervix

<u>—</u>
<u>✓</u>

Doctors Sign:-

[Signature]

12/11/22

12.25 PM

Mrs. Priya, 26 Yrs. 12/11/22,  
ML 2 Yrs Anxims to conceive.

Op

- FD SON MP (30)  
1 OP

- Tanya 60k → 4 LOP  
Cut 5 1 LOP wky once / 6 wks

- SOP CBL caps. (20)  
1/day

J. Halloni  
12.21/11/22

→ Semen Analysis  
of husband

## LABORATORY REPORT



Name : PRIYA D PETHAPARA	Sex/Age : Female/ 26 Years	H.ID : 21C10468	Case ID : 21102200437
Ref By : HOSPITAL	Dis.Loc. :		Pt ID : 2396477
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 12-Nov-2022 11:32	Sample Type : PAP Smear	Ph # :	
Sample Date & Time : 12-Nov-2022 14:44	Sample Coll. By :	Ref Id : OSP29116	
Report Date & Time : 13-Nov-2022 12:46	Acc. Remarks :	Ref Id2 : O22236535	

### Cytopathology Report

#### Specimen :

PAP smear for cytology (LBC PAP)

#### Clinical Data :

LMP 27/10/22, cervical erosion around OS +

#### Macroscopic Examination :

Received one container with 20 ml LBC fixative and brush. One smear prepared.  
Smear - 1 [PAP]

#### Microscopic Examination :

See below in diagnosis

#### Impression :

##### The Bethesda System (TBS 2014)

Specimen type: LBC Pap smear.

Specimen adequacy: Satisfactory for evaluation but limited by partially obscuring inflammation

Transformation zone elements: Present

Infection associated changes: Few fungal spores and yeast forms are present. Trichomonas are not seen.

Reactive cellular changes: Present, Mild inflammation related.

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy. Fungal infection present.

Pap test is a screening test for cervical cancer with inherent false negative results.

----- End Of Report -----

Grossing By : Dr. Vipal Parmar

# 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.

Page 1 of 2

Dr. Vipal Parmar  
M.D. Pathologist

Dr. Bhavna Mehta  
M.D. (P.D.C.C) G-56686  
(Histo & Renal pathologist)

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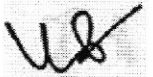
## LABORATORY REPORT



Name :PRIYA D PETHAPARA	Sex/Age : Female/ 26 Years	H.ID : 21C10468	Case ID : 21102200437
Ref By :HOSPITAL	Dis.Loc. :		Pt ID : 2396477
Bill. Loc. :Aashka hospital			Pt. Loc. :
Registration Date & Time : 12-Nov-2022 11:32	Sample Type : PAP Smear	Ph # :	
Sample Date & Time : 12-Nov-2022 14:44	Sample Coll. By :	Ref Id : OSP29116	
Report Date & Time : 13-Nov-2022 12:46	Acc. Remarks :	Ref Id2 : O22236535	

Grossing By : Dr. Vipal Parmar

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA	Sex/Age : Female/ 26 Years	Case ID : 21102200437
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396477
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 11:32	Sample Type :	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22236535

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	4.67	mg/dL	6.00 - 20.00
<b>Lipid Profile</b>			
Cholesterol	208.89	mg/dL	110 - 200
LDL Cholesterol	130.05	mg/dL	65 - 100
Creatinine	0.46	mg/dL	0.50 - 1.50

### Abnormal Result(s) Summary End

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

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Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA      Sex/Age : Female/ 26 Years      Case ID : 21102200437  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2396477  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 12-Nov-2022 11:32      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 12-Nov-2022 11:32      Sample Coll. By :      Ref Id1 : OSP29116  
 Report Date and Time : 12-Nov-2022 12:15      Acc. Remarks : Normal      Ref Id2 : O22236535

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	13.7	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.64	millions/cumm	3.80 - 4.80
PCV(Calc)	40.74	%	36.00 - 46.00
MCV (RBC histogram)	87.8	fL	83.00 - 101.00
MCH (Calc)	29.5	pg	27.00 - 32.00
MCHC (Calc)	33.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.90	%	11.00 - 16.00

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

Total WBC Count	7880	/μL	4000.00 - 10000.00
	[ % ]		EXPECTED VALUES [ Abs ] EXPECTED VALUES
Neutrophil	60.0	%	40.00 - 70.00 4728 /μL 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00 2600 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 158 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 315 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 79 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	343000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.82		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

*Dr. Manoj Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA	Sex/Age : Female/ 26 Years	Case ID : 21102200437
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396477
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 12:15	Acc. Remarks : Normal	Ref Id2 : O22236535

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

*Shah*

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M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
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## LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 13:41	Acc. Remarks : Normal	Ref Id2 : O22236535

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b>				
ESR	03	mm after 1hr 3 - 20		

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

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA Sex/Age : Female/ 26 Years Case ID : 21102200437  
Ref.By : HOSPITAL Dis. At : Pt. ID : 2396477  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 12:18	Acc. Remarks : Normal	Ref Id2 : O22236535

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	B
Rh Type	POSITIVE

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

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## LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 12-Nov-2022 11:32 Sample Coll. By : Ref Id1 : OSP29116  
 Report Date and Time : 12-Nov-2022 12:27 Acc. Remarks : Normal Ref Id2 : O22236535

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	1.010		1.005 - 1.030
pH	7.00		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

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

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## LABORATORY REPORT



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 Ref.By : HOSPITAL Dis. At : Pt. ID : 2396477  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 12-Nov-2022 11:32 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 12-Nov-2022 11:32 Sample Coll. By : Ref Id1 : OSP29116  
 Report Date and Time : 12-Nov-2022 12:27 Acc. Remarks : Normal Ref Id2 : O22236535

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 : PRIYA D PETHAPARA Sex/Age : Female/ 26 Years Case ID : 21102200437  
Ref.By : HOSPITAL Dis. At : Pt. ID : 2396477  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 15:28	Acc. Remarks : Normal	Ref Id2 : O22236535
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	86.62	mg/dL	70.0 - 100
Plasma Glucose - PP	118.15	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)

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA      Sex/Age : Female/ 26 Years      Case ID : 21102200437  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2396477  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 12-Nov-2022 11:32      Sample Coll. By :      Ref Id1 : OSP29116  
 Report Date and Time : 12-Nov-2022 16:17      Acc. Remarks : Normal      Ref Id2 : O22236535

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

#### Lipid Profile

<b>Cholesterol</b>	H	<b>208.89</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>		<b>56.24</b>	mg/dL	48 - 77
<b>Triglyceride</b>		<b>113.02</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>		<b>22.60</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		<b>3.71</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>130.05</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)

*Shah*

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

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

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**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



## LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 16:18	Acc. Remarks : Normal	Ref Id2 : O22236535

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

#### Liver Function Test

<b>S.G.P.T.</b>	<b>15.60</b>	U/L	0 - 31	
<b>S.G.O.T.</b>	<b>17.11</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b>	<b>75.05</b>	U/L	35 - 105	
<b>Gamma Glutamyl Transferase</b>	<b>12.73</b>	U/L	5 - 36	
<b>Proteins (Total)</b>	<b>7.45</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b>	<b>4.91</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.54</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.9</b>		1.0 - 2.1	
<b>Bilirubin Total</b>	<b>0.55</b>	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b>	<b>0.23</b>	mg/dL		
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.32</b>	mg/dL	0 - 0.8	

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

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LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 16:18	Acc. Remarks : Normal	Ref Id2 : O22236535

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

<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	L <b>4.67</b>	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	L <b>0.46</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	<b>4.50</b>	mg/dL	2.6 - 6.2	

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

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## LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 14:15	Acc. Remarks : Normal	Ref Id2 : O22236535

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

#### Glycated Haemoglobin Estimation

<b>HbA1C</b>	<b>4.19</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>73.55</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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M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : **PRIYA D PETHAPARA** Sex/Age : **Female/ 26 Years** Case ID : **21102200437**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2396477**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 12-Nov-2022 11:32 Sample Type : Serum Mobile No :  
 Sample Date and Time : 12-Nov-2022 11:32 Sample Coll. By : Ref Id1 : OSP29116  
 Report Date and Time : 12-Nov-2022 12:57 Acc. Remarks : Normal Ref Id2 : O22236535

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

Triiodothyronine (T3)	118.56	ng/dL	70 - 204	
Thyroxine (T4) CMA	8.8	ng/dL	5.5 - 11.0	
TSH CMA	0.948	µIU/mL	0.4 - 4.2	

#### 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/↑	↓

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

*Dr. Shah*

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## LABORATORY REPORT



Name : PRIYA D PETHAPARA	Sex/Age : Female/ 26 Years	Case ID : 21102200437
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2396477
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 12-Nov-2022 11:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 12-Nov-2022 11:32	Sample Coll. By :	Ref Id1 : OSP29116
Report Date and Time : 12-Nov-2022 12:57	Acc. Remarks : Normal	Ref Id2 : O22236535

----- 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. Manoj Shah**  
M.D. (Path. & Bact.)

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

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**PATIENT NAME:PRIYA D PETHAPARA**

**GENDER/AGE:Female / 26 Years**

**DATE:12/11/22**

**DOCTOR:**

**OPDNO:OSP29116**

## SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

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

  
**RADIOLOGIST**  
DR.MEHUL PATELIYA

Aashka Hospitals Ltd.

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

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CIN: L85110GJ0001224



**PATIENT NAME: PRIYA D PETHAPARA**

**GENDER/AGE: Female / 26 Years**

**DATE: 12/11/22**

**DOCTOR:**

**OPDNO: OSP29116**

**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.

**IMPRESSION:**

**No evident significant abnormality detected.**

**DR. SNEHAL PRAJAPATI**

**CONSULTANT RADIOLOGIST**

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

**COLOUR DOPPLER ECHOCARDIOGRAPH REPORT**

Patient's Name: Priya Pethapara Age: 26 Sex: F

Ref. by Doctor: Dr. Harit Joshi IP/OP No.: \_\_\_\_\_ Date: 12/11/22

MITRAL VALVE : J Mild MVP  
 AORTIC VALVE : J  
 TRICUSPID VALVE : J @  
 PULMONARY VALVE : J  
 AORTA : 29  
 LEFT ATRIUM : 28  
 LV Dd/ Ds : 34/21 EF: 65%  
 IVS / LVPW / D : 11/10  
 IVS : J intact  
 IAS : J floppy  
 RA : J  
 PA : J  
 PERICARDIUM : J

VEL	:	PEAK	MEAN
M/S	:	Gradient mm Hg	Gradient mm Hg
MITRAL	:	1.2/0.8	
AORTIC	:	1.37	
PULMONARY	:	1.0	
COLOUR DOPPLER	:	Trivial MR, Mild TR, no AR	
RSVP	:	34	

CONCLUSION : Trivial MR, TR, Mild MVP, floppy IAS  
 Borderline PAH, Tachycardia  
 Normal LV size & systolic function

12.11.2022 12:47:46 PM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

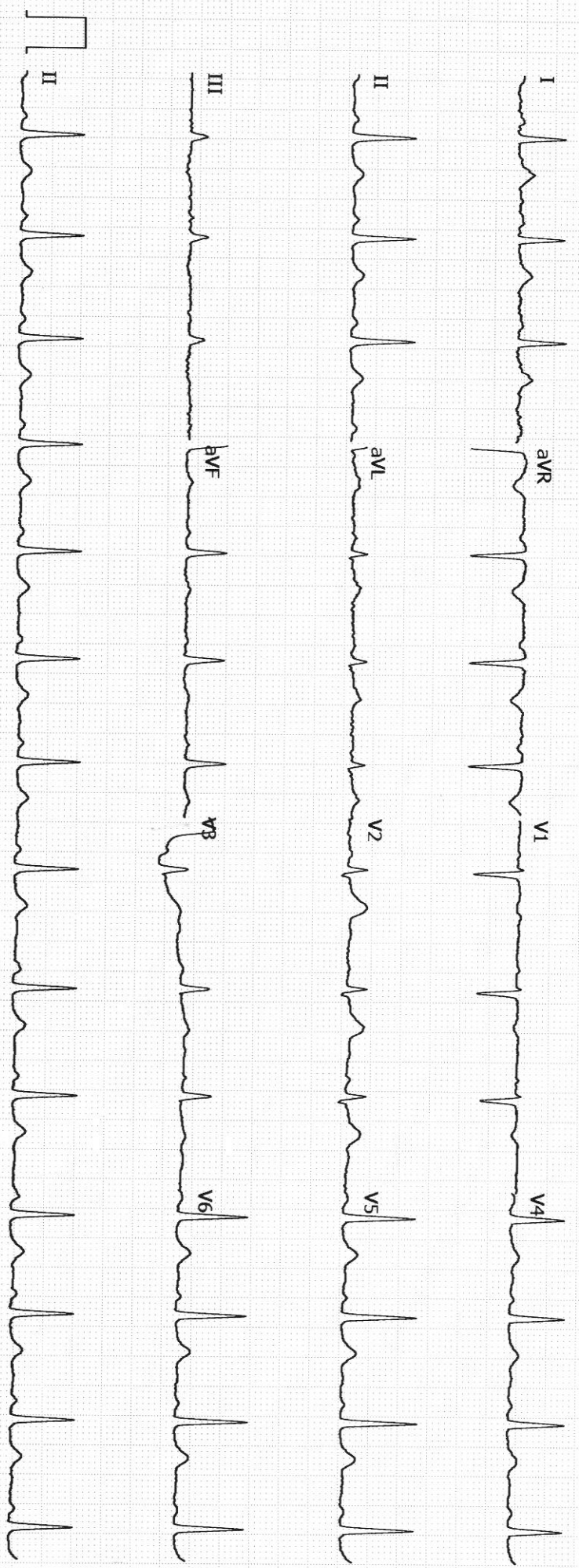
Room:

83 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 68 ms  
QT / QTcBaz : 376 / 441 ms  
PR : 112 ms  
P : 56 ms  
RR / PP : 718 / 722 ms  
P / QRS / T : 33 / 51 / 22 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