

प्रति,

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

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MS. TITISARA SEJALBAHEN KAUSHIKBHAI
क.कू संख्या	102598
पदनाम	CREDIT
कार्य का स्थान	MODASA, MEGHRAJ ROAD
जन्म की तारीख	02-10-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	31-10-2023
बुकिंग संदर्भ सं.	23D102598100072622E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 19-10-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध 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 बड़ोदा

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

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. TITISARA SEJALBAHEN KAUSHIKBHAI
EC NO.	102598
DESIGNATION	CREDIT
PLACE OF WORK	MODASA,MEGHRAJ ROAD
BIRTHDATE	02-10-1990
PROPOSED DATE OF HEALTH CHECKUP	31-10-2023
BOOKING REFERENCE NO.	23D102598100072622E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **19-10-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

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



સાથ
સેજલબેન કૌશિકભાઈ ટીસરા
SEJALBEN KAUSHIKBHAJ TITISARA

કર્તાશ્રીનું કુટુંબ ક્ર. નં.
C.C. No. 102598

જાહેરકર્તા પત્રિકાકર્તા
Issuing Authority



ધારક નું સહસ્કરણ
Signature of Holder

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

 **aashka**
HOSPITAL



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

UHID:	Date: 31/10/23	Time:
Patient Name: SESALBAMEN K. TITISARA	Age / Sex: 33 F	Height:
	Weight:	
History: C/O Rutun Chee wua		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < G11K G11K N.V. < R16 G16 colun n13en n14n1.		
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:

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: LBS110GJ2012PLC072647



Sejal ^{6/10/23} ^{reason}
 age: 33yr
 DR. TRUPTI PANDIT 31/10/23

Leaf: 15/10/23

Fluor
 11/8/23

- tel DOKY-1 (15)
9-2
- tel Metformin (15)
9-2
- tel Rho-D (5)
9-2
- vaginal tablet
9-2

Bis
 injec (+)
 9-2

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

UHID:		Date: 2/10/23	Time: 5:25 PM
Patient Name: Sejanban		Height:	
Age / Sex: 33 yr / F LMP:		Weight:	
History:			
C/C/O: N/A		History: N/A	
Allergy History: N/A		Addiction: N/A	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 82/min			
BP: 130/70 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			



LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pt. ID : 3098554
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type :	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23246613

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Lymphocyte	45.0	%	20.00 - 40.00
Lymphocyte	3087	/ μ L	1000.00 - 3000.00
Liver Function Test			
S.G.P.T.	130.47	U/L	14 - 59
S.G.O.T.	61.84	U/L	15 - 37
Gamma Glutamyl Transferase	125.41	U/L	0 - 38

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref.By :	Dis. At :	Pt. ID : 3098554
Bill Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref id1 : OSP31827
Report Date and Time : 31-Oct-2023 10:40	Acc. Remarks : Normal	Ref id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.61	millions/cumm	3.80 - 4.80
PCV(Calc)	39.88	%	36.00 - 46.00
MCV (RBC histogram)	86.5	fL	83.00 - 101.00
MCH (Calc)	27.9	pg	27.00 - 32.00
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.40	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6860	/μL	4000.00 - 10000.00		
Neutrophil	[%] 51.0	%	40.00 - 70.00	3499	/μL 2000.00 - 7000.00
Lymphocyte	H 45.0	%	20.00 - 40.00	H 3087	/μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00	69	/μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	206	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	312000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.13		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
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)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pl. ID : 3098554
Bill. Loc. : Aashka hospital		Pl. Loc. :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:50	Acc. Remarks : Normal	Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	14	mm after 1hr	3 - 20	

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref. By :	Dis. At :	Pt. ID : 3098554
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 10:39	Acc. Remarks : Normal	Ref Id2 : O23246613

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)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pt. ID : 3098554
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:08	Acc. Remarks : Normal	Ref Id2 : O23246613

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	6.50	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **SEJALBEN K TITISARA** Sex/Age : **Female/ 33 Years** Case ID : **31002201554**
 Ref By : Dis. At : Pt. ID : **3098554**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **31-Oct-2023 10:18** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **31-Oct-2023 10:18** Sample Coll. By : Ref Id1 : **OSP31827**
 Report Date and Time : **31-Oct-2023 11:08** Acc. Remarks : **Normal** Ref Id2 : **O23246613**

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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA Sex/Age : Female/ 33 Years Case ID : 31002201554
 Ref.By : Dis. At : Pt. ID : 3098554
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 31-Oct-2023 10:18 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
 Sample Date and Time : 31-Oct-2023 10:18 Sample Coll. By : Ref Id1 : OSP31827
 Report Date and Time : 31-Oct-2023 13:24 Acc. Remarks : Normal Ref Id2 : Q23246613
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric Hexokinase</small>	97.24	mg/dL	70 - 100
Plasma Glucose - PP	71.08	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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M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pl. ID : 3098554
Bill Loc : Aashka hospital		Pl. Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:37	Acc. Remarks : Normal	Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	169.21	mg/dL	110 - 200	
HDL Cholesterol	58.4	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	77.62	mg/dL	<150	
VLDL <i>Calculated</i>	15.52	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	2.90		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	95.29	mg/dL	0.00 - 100.00	

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

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Tenative <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-VeryLow,L-Low,H-High,HH-VeryHigh) A-Abnormal

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M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA Sex/Age : Female/ 33 Years Case ID : 31002201554
 Ref By : Dis. At : Pt. ID : 3098554
 Bill. Loc : Aashka hospital Pt. Loc :

Reg Date and Time : 31-Oct-2023 10:18 Sample Type : Serum Mobile No :
 Sample Date and Time : 31-Oct-2023 10:18 Sample Coll. By : Ref Id1 : OSP31827
 Report Date and Time : 31-Oct-2023 11:50 Acc. Remarks : Normal Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	H	130.47	U/L	14 - 59
S.G.O.T. <i>UV with PSP</i>	H	61.84	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic. PNPP-AMP</i>		115.56	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-Carboxy-4-nitroanilide Substrate</i>	H	125.41	U/L	0 - 38
Proteins (Total) <i>Colorimetric. Biuret</i>		8.13	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>		4.82	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		3.31	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.5		1.0 - 2.1
Bilirubin Total <i>Photometry</i>		0.56	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>		0.19	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>		0.37	mg/dL	0 - 0.8

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref. By :	Dis. At :	Pt. ID : 3098554
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Serum	Mobile No. :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:37	Acc. Remarks : Normal	Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLOH	8.6	mg/dL	7.00 - 18.70	
Creatinine	0.69	mg/dL	0.50 - 1.50	
Uric Acid Uricase	3.99	mg/dL	2.6 - 6.2	

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pt. ID : 3098554
Bill Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:08	Acc. Remarks : Normal	Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	4.82	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	91.63	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)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : SEJALBEN K TITISARA Sex/Age : Female/ 33 Years Case ID : 31002201554
 Ref By : Dis. At : Pt. ID : 3098554
 Bill Loc : Aashka hospital Pt. Loc :

Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:34	Acc. Remarks : Normal	Ref Id2 : O23246613

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	106.13	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.69	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	3.04	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

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LABORATORY REPORT



Name : SEJALBEN K TITISARA	Sex/Age : Female/ 33 Years	Case ID : 31002201554
Ref By :	Dis. At :	Pt. ID : 3098554
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 10:18	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 10:18	Sample Coll. By :	Ref Id1 : OSP31827
Report Date and Time : 31-Oct-2023 11:34	Acc. Remarks : Normal	Ref Id2 : O23246613

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 severely 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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M.D. (Pathologist)

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Name: Sejal Titisara Age: 33 years

Complaints: NO need

No of deliveries: 1 ♂ / 1.1.18cc / 1 1/2 years
Last Delivery:

History of abortion: NO need

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

MH: Raoch Reg:

LMP: 15/10/23

P/A: Sofa
P/S: P
P/V: Cx (a)
diag (P)

Sample:-
Vagina
Cervix

Doctors Sign:- P. H. Desai

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name: Sejal Bai Age: _____ Sex: _____
 Ref. by Doctor: _____ IP/OP No.: _____ Date: 31/10/23

MITRAL VALVE : |
 AORTIC VALVE : |
 TRICUSPID VALVE : |
 PULMONARY VALVE : |
 AORTA : 30
 LEFT ATRIUM : 30
 LV Dd/ Ds : 39/26 - EF 60%
 IVS / LVPW / D : 9/8
 IVS : |
 IAS : |
 RA : |
 RV : |
 PA : |
 PERICARDIUM : |
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 0.9 / 0.6
 AORTIC : 1.0
 PULMONARY : 0.8
 COLOUR DOPPLER : NO MR/AR/mild TR
 RSVP : 26%
 CONCLUSION : Mild LV size / Systolic dysfunction

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

PATIENT NAME: SEJALBAHEN KAUSHIKBHAI TITISARA

GENDER/AGE: Female / 33 Years

DATE: 31/10/23

DOCTOR:

OPDNO: OSP31827

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

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CIN: L85110GJ2012PLC072647



aashka
HOSPITAL



PATIENT NAME: SEJALBAHEN KAUSHIKBHAI TITISARA

GENDER/AGE: Female / 33 Years

DATE: 31/10/23

DOCTOR:

OPDNO: OSP31827

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

31.10.2023 11:41:59 AM
ASAHIKA HOSPITAL LTD,
SARGASAN
GANDHINAGAR

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

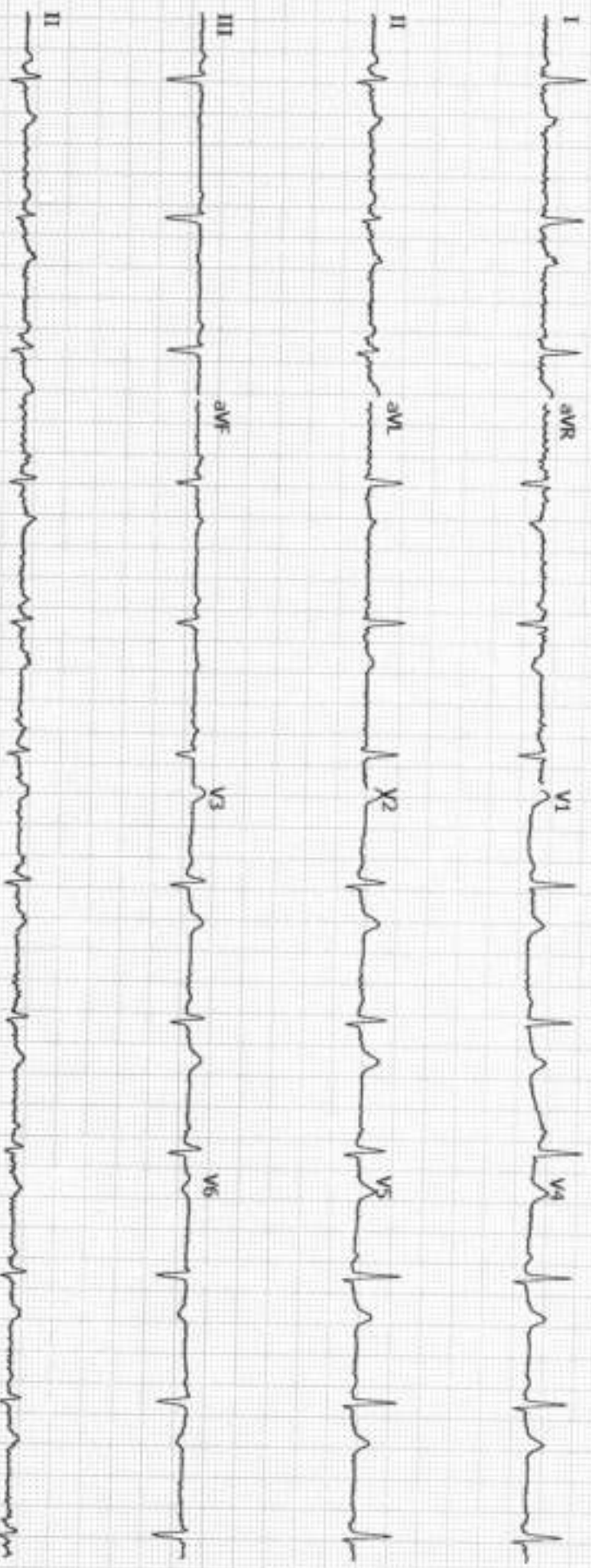
Room: 0429 L07 B 543 8

70 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 68 ms
QT / QTcBaz : 386 / 416 ms
PR : 136 ms
P : 86 ms
RR / PP : 856 / 857 ms
P / QRS / T : 31 / -18 / 21 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.5 20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1