

**Health Check up Booking Confirmed Request(bobE46542),Package Code-
PKG10000240, Beneficiary Code-76328**

Wellness : Mediwheel : New Delhi <wellness@mediwheel.in>

Tue 19-09-2023 13:53

To:durgeshrupala@gmail.com <durgeshrupala@gmail.com>

Cc:Customer Care :Mediwheel : New Delhi <customercare@mediwheel.in>



Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Dear **MR. PARMAR DURGESHKUMAR AMRUTBHAI**,

Please find the confirmation for following request.

Booking Date : 19-09-2023
Package Name : Medi-Wheel Metro Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Aashka Multispeciality Hospital
Address of Diagnostic/Hospital : Between Sargasan & Reliance Cross Road
Contact Details : 9879752777/7577500900
City : Gandhi Nagar
State : Gujarat
Pincode : 382315
Appointment Date : 23-09-2023
Confirmation Status : Confirmed
Preferred Time : 8:00am-8:30am
Comment : APPOINTMENT TIME 8:30AM

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

Request you to reach half an hour before the scheduled time.

In case of further assistance, Please reach out to Team Mediwheel.

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

| | कर्मचारी विवरण |
|------------------------------------|-----------------------------------|
| नाम | MR. PARMAR DURGESHKUMAR AMRUTBHAI |
| क.कू.संख्या | 179651 |
| पदनाम | FULL TIME SWEEPER |
| कार्य का स्थान | GANDHINAGAR,RO GANDHINAGAR |
| जन्म की तारीख | 18-07-1984 |
| स्वास्थ्य जांच की प्रस्तावित तारीख | 23-09-2023 |
| बुकिंग संदर्भ सं. | 23S179651100069650E |

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 19-09-2023 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,

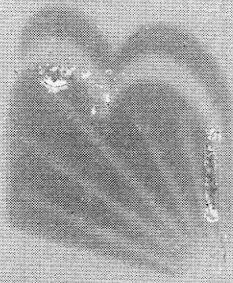
हस्ता/-

(मुख्य महाप्रबंधक)

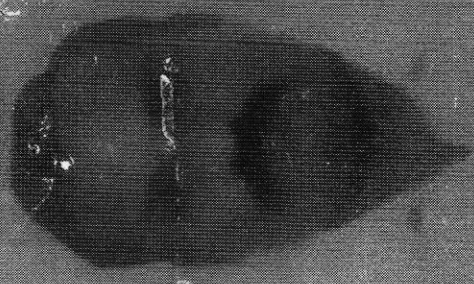
मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ 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।)



બંક ઓફ બરોડા
Bank of Baroda



જાણકાર
Name

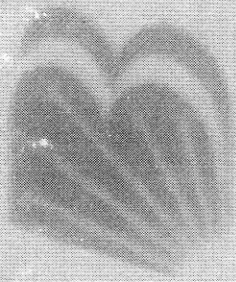
ડર્ગેશ પર્માર
DURGESH PARMAR

કર્મચારી કોડ નં.
Employee Code No.

179051

જાણકાર
Issuing Authority

સહી
Signature of Holder

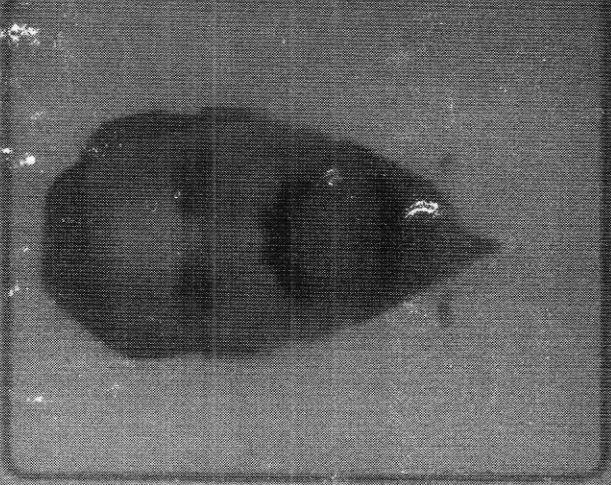


બંક ઝીમ બરોડા
Bank of Baroda

નામ
ડુર્ગેશ પર્માર

Name: DURGESH PARMAR

કર્મચારી કોડ નં.
Employee Code No
179051



સહી

જાહેર કરનાર
Issuing Authority

સહી
Signature of holder

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

| | | | |
|--|---------------|---------------|---------------|
| UHID: 00923213 | | Date: 23/9/25 | Time: 2:30 PM |
| Patient Name: Durgesh Chharia | | Height: | |
| Age / Sex: 39 yrs (M) | LMP: | Weight: | |
| History: | | | |
| C/C/O: | History: | | |
| NA | NA | | |
| Allergy History: NA | Addiction: NA | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | | |

Vitals & Exam:

100/60/100

82/100

162/98 mmHg

98% on RA

HbA1c ↑ 12-9


Advice:

Repeat FBS/PPBS 1 month

d Echo: monthly HbA1c → Ask TMT

Rx

| No | Dosage Form | Name of drug (IN BLOCK LETTERS ONLY) | Dose | Route | Frequency | Duration |
|------|-------------|---|------|-------|-----------|----------|
| (BP) | TAB | TELMISARTAN (40 mg) | | | 1-0-0 | 1 month |
| | TAB | DAPANEL S | | | 0-1-1 | |
| | TAB | METFORMIN (SR) 1000 mg | | | 1-0-0 | |
| | | | | | | |
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| | | | |
|---------------|-------------|---|--|
| Insulin Scale | RBS- hourly | Diet Advice: | |
| < 150 - | 300-350 - | Follow-up: | |
| 150-200 - | 350-400 - | Sign:  | |
| 200-250 - | 400-450 - | | |
| 250-300 - | > 450 - | | |

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

| | | |
|---|----------------------|----------------|
| UHID: 00923213 | Date: 23/9/23 | Time: |
| Patient Name: Durgam kumar Permal | Age/Sex: 39M | Height: |
| Weight: | | |
| Chief Complain: | | |
| History: Routine dental check up. | | |
| Allergy History: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | |
| Examination: | | |
| Extra oral : | | |
| Intra oral – Teeth Present : | | |
| → I tain ++ | | |
| Teeth Absent : Allous + | | |
| Diagnosis: | | |

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

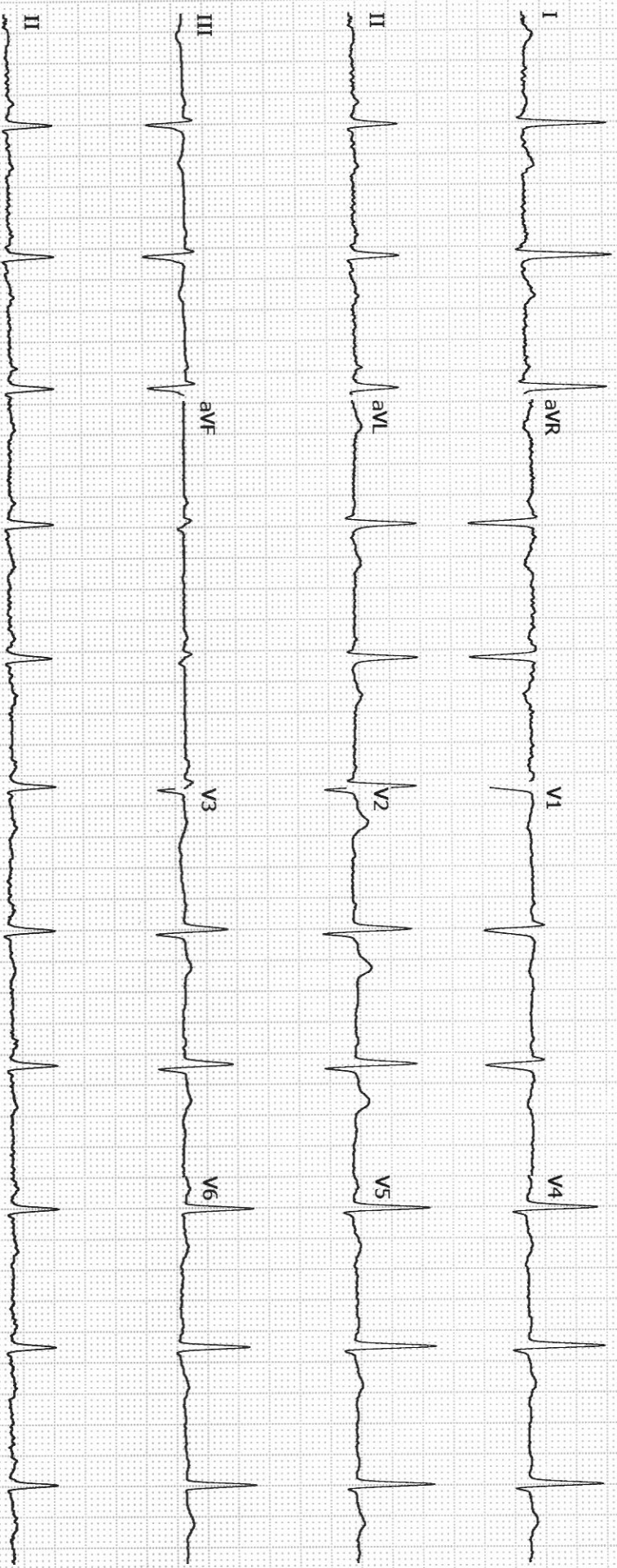
00923213

| | | |
|---|-----------------------|--------------------|
| UHID: <i>20923213</i> | Date: <i>23/10/23</i> | Time: <i>12:45</i> |
| Patient Name: <i>Dr. Jagdish Parmar</i> | Age / Sex: | Height: |
| | Weight: | |
| History: <i>2. ovit B 1st 3rd</i> | | |
| Allergy History: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | |
| Examination: <i>Vn 6/18</i> <i>6/14</i> <i>UT clear</i> <i>6/18</i> <i>6/6 - 1.25 x 90</i> <i>12/6 - 1.75 x 80</i> <i>nb to 52</i> | | |
| Diagnosis: <i>Rubeola clear</i> | | |

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 92 ms
QT / QTcbaz : 390 / 414 ms
PR : 144 ms
P : 70 ms
RR / PP : 876 / 882 ms
P / QRS / T : 79 / 2 / -3 degrees

Normal sinus rhythm
Moderate voltage criteria for LVH, may be normal variant
Borderline ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.5-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed

PATIENT NAME: DURGESHKUMAR AMRUTBHAI PARMAR

GENDER/AGE: Male / 39 Years

DATE: 23/09/23

DOCTOR:

OPDNO: 00923213

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 10.2 x 4.3 cms in size.

Left kidney measures about 10.0 x 4.1 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 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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



PATIENT NAME: DURGESHKUMAR AMRUTBHAI PARMAR

GENDER/AGE: Male / 39 Years

DATE: 23/09/23

DOCTOR:

OPDNO: O0923213

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.

Right dome of diaphragm is elevated.

Bony thorax and left dome of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: DURGESHKUMAR AMRUTBHAI PARMAR

GENDER/AGE: Male / 39 Years

DATE: 23/09/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0923213

2D-ECHO

| | | |
|-----------------|---|----------------|
| MITRAL VALVE | : NORMAL | |
| AORTIC VALVE | : NORMAL | |
| TRICUSPID VALVE | : NORMAL | |
| PULMONARY VALVE | : NORMAL | |
| AORTA | : 35mm | |
| LEFT ATRIUM | : 41mm | |
| LV Dd / Ds | : 51/34mm | EF 55% |
| IVS / LVPW / D | : 14/12mm | CONCENTRIC LVH |
| IVS | : INTACT | |
| IAS | : INTACT | |
| RA | : NORMAL | |
| RV | : NORMAL | |
| PA | : NORMAL | |
| PERICARDIUM | : NORMAL | |
| VEL | : PEAK | MEAN |
| M/S | : Gradient mm Hg | Gradient mm Hg |
| MITRAL | : 0.9/1.1m/s | |
| AORTIC | : 1.2m/s | |
| PULMONARY | : 0.9m/s | |
| COLOUR DOPPLER | : MILD MR/TR | |
| RVSP | : 32mmHg | |
| CONCLUSION | : CONCENTRIC LVH; MILDLY DILATED LA/LV; FAIR LV FUNCTION. | |

ADV: TMT

 **CARDIOLOGIST**

DR. HASIT JOSHI (9825012235)



LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : | Acc. Remarks : Normal | Ref Id2 : O23245193 |

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|---|--------------------|---------------|---|
| Blood Glucose Fasting & Postprandial | | | |
| Plasma Glucose - F | <u>242.10</u> | mg/dL | 70 - 100 |
| Plasma Glucose - PP | <u>361</u> | mg/dL | 70.0 - 140.0 |
| Glyco Hemoglobin | | | |
| HbA1C | <u>12.39</u> | % of total Hb | <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes |
| Lipid Profile | | | |
| HDL Cholesterol | <u>24.2</u> | mg/dL | 48 - 77 |
| Chol/HDL | <u>5.64</u> | | 0 - 4.1 |
| Liver Function Test | | | |
| Gamma Glutamyl Transferase | <u>63.1</u> | U/L | 0 - 55 |
| Urine Examination | | | |
| Glucose | Present (+) | | Negative |

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **DURGESHKUMAR AMRUTBHAI PARMAR** Sex/Age : **Male / 39 Years** Case ID : **30902200789**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000915**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Sep-2023 08:56** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **23-Sep-2023 08:56** Sample Coll. By : Ref Id1 : **OO923213**
 Report Date and Time : **23-Sep-2023 09:46** Acc. Remarks : **Normal** Ref Id2 : **O23245193**

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

HAEMOGRAM REPORT

HB AND INDICES

| | | | |
|----------------------------|-------|---------------|----------------|
| Haemoglobin | 14.4 | G% | 13.00 - 17.00 |
| RBC (Electrical Impedance) | 5.13 | millions/cumm | 4.50 - 5.50 |
| PCV(Calc) | 43.35 | % | 40.00 - 50.00 |
| MCV (RBC histogram) | 84.5 | fL | 83.00 - 101.00 |
| MCH (Calc) | 28.1 | pg | 27.00 - 32.00 |
| MCHC (Calc) | 33.3 | gm/dL | 31.50 - 34.50 |
| RDW (RBC histogram) | 12.90 | % | 11.00 - 16.00 |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| | | UNIT | EXPECTED VALUES | [Abs] | EXPECTED VALUES |
|-----------------|------|------|--------------------|-------|-----------------------|
| Total WBC Count | 8210 | /μL | 4000.00 - 10000.00 | | |
| Neutrophil | 60.0 | % | 40.00 - 70.00 | 4926 | /μL 2000.00 - 7000.00 |
| Lymphocyte | 32.0 | % | 20.00 - 40.00 | 2627 | /μL 1000.00 - 3000.00 |
| Eosinophil | 3.0 | % | 1.00 - 6.00 | 246 | /μL 20.00 - 500.00 |
| Monocytes | 4.0 | % | 2.00 - 10.00 | 328 | /μL 200.00 - 1000.00 |
| Basophil | 1.0 | % | 0.00 - 2.00 | 82 | /μL 0.00 - 100.00 |

PLATELET COUNT (Optical)

| | | | |
|-------------------------|--------|-----|-----------------------|
| Platelet Count | 291000 | /μL | 150000.00 - 410000.00 |
| Neut/Lympho Ratio (NLR) | 1.88 | | 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. Shreya Shah
M.D. (Pathologist)

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

Printed On : 23-Sep-2023 12:48



LABORATORY REPORT



Name : **DURGESHKUMAR AMRUTBHAI PARMAR** Sex/Age : **Male / 39 Years** Case ID : **30902200789**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000915**
Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|--------------------------------|---------------------|
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : 00923213 |
| Report Date and Time : 23-Sep-2023 10:48 | Acc. Remarks : Normal | Ref Id2 : 023245193 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---------------------------------|-----------|--------------|----------------------|---------|
| ESR Westergren Method | 04 | mm after 1hr | 3 - 15 | |

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)

Printed On : 23-Sep-2023 12:48



LABORATORY REPORT



| | | |
|--|--------------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 09:19 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

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

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)

Dr. Shreya Shah
M.D. (Pathologist)

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

Printed On : 23-Sep-2023 12:48



LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Spot Urine | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 10:27 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

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

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

| | | | |
|-----------------------|-------------|--|---------------|
| Sp.Gravity | >1.025 | | 1.005 - 1.030 |
| pH | <5.5 | | 5 - 8 |
| Leucocytes (ESTERASE) | Negative | | Negative |
| Protein | Negative | | Negative |
| Glucose | Present (+) | | 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)

Shah

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

Printed On : 23-Sep-2023 12:48





LABORATORY REPORT



Name : **DURGESHKUMAR AMRUTBHAI PARMAR** Sex/Age : **Male / 39 Years** Case ID : **30902200789**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000915**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **23-Sep-2023 08:56** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **23-Sep-2023 08:56** Sample Coll. By : Ref Id1 : **00923213**
 Report Date and Time : **23-Sep-2023 10:27** Acc. Remarks : **Normal** Ref Id2 : **023245193**

| 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 : **DURGESHKUMAR AMRUTBHAI PARMAR** Sex/Age : **Male / 39 Years** Case ID : **30902200789**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000915**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|---|---------------------|
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Plasma Fluoride F, Plasma Fluoride PP | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : 00923213 |
| Report Date and Time : 23-Sep-2023 12:38 | Acc. Remarks : Normal | Ref Id2 : 023245193 |
| TEST | RESULTS UNIT BIOLOGICAL REF RANGE | REMARKS |

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

| | | | |
|--|-----------------|-------|--------------|
| Plasma Glucose - F <i>Photometric, Hexokinase</i> | H 242.10 | mg/dL | 70 - 100 |
| Plasma Glucose - PP <i>Photometric, Hexokinase</i> | H 361 | 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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|--|---------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 11:09 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|--|---------------|-------|---------------|--|
| Cholesterol <i>Colorimetric, CHOD-POD</i> | 136.5 | mg/dL | 110 - 200 | |
| HDL Cholesterol | L 24.2 | mg/dL | 48 - 77 | |
| Triglyceride <i>Glycerol Phosphate Oxidase</i> | 91.1 | mg/dL | <150 | |
| VLDL <i>Calculated</i> | 18.22 | mg/dL | 10 - 40 | |
| Chol/HDL <i>Calculated</i> | H 5.64 | | 0 - 4.1 | |
| LDL Cholesterol <i>Calculated</i> | 94.08 | 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 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 interpreation 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)

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LABORATORY REPORT



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|--|---------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 11:02 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|---------------|-------|-------------|--|
| S.G.P.T. <i>UV with P5P</i> | 49.5 | U/L | 16 - 63 | |
| S.G.O.T. <i>UV with P5P</i> | 27.4 | U/L | 15 - 37 | |
| Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i> | 99.88 | U/L | 46 - 116 | |
| Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i> | H 63.1 | U/L | 0 - 55 | |
| Proteins (Total) <i>Colorimetric, Biuret</i> | 7.43 | gm/dL | 6.40 - 8.30 | |
| Albumin <i>Bromocresol purple</i> | 4.72 | gm/dL | 3.4 - 5 | |
| Globulin <i>Calculated</i> | 2.71 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 1.7 | | 1.0 - 2.1 | |
| Bilirubin Total <i>Photometry</i> | 0.32 | mg/dL | 0.3 - 1.2 | |
| Bilirubin Conjugated <i>Diazotization reaction</i> | 0.17 | mg/dL | 0 - 0.50 | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.15 | mg/dL | 0 - 0.8 | |

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LABORATORY REPORT



Name : **DURGESHKUMAR AMRUTBHAI PARMAR** Sex/Age : **Male / 39 Years** Case ID : **30902200789**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3000915**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Sep-2023 08:56** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **23-Sep-2023 08:56** Sample Coll. By : Ref Id1 : **00923213**
 Report Date and Time : **23-Sep-2023 11:09** Acc. Remarks : **Normal** Ref Id2 : **023245193**

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|-------------|-------|----------------------|---------|
| BUN (Blood Urea Nitrogen) <i>GLDH</i> | 9.0 | mg/dL | 8.90 - 20.60 | |
| Creatinine | 0.84 | mg/dL | 0.50 - 1.50 | |
| Uric Acid <i>Uricase</i> | 6.12 | mg/dL | 3.5 - 7.2 | |

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

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| | | |
|--|--------------------------------|-----------------------|
| Name : DURGESHKUMAR AMRUTBHAI PARMAR | Sex/Age : Male / 39 Years | Case ID : 30902200789 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 09:46 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---------|-------|---|---------|
| Glycated Haemoglobin Estimation | | | | |
| HbA1C | H 12.39 | | % of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 308.89 | 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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| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3000915 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 23-Sep-2023 08:56 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : 00923213 |
| Report Date and Time : 23-Sep-2023 10:27 | Acc. Remarks : Normal | Ref Id2 : 023245193 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------------------------------|---------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) | 106.18 | ng/dL | 70 - 204 | |
| Thyroxine (T4) CMIA | 9.03 | ng/dL | 4.87 - 11.72 | |
| TSH CMIA | 2.38 | 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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| Sample Date and Time : 23-Sep-2023 08:56 | Sample Coll. By : | Ref Id1 : OO923213 |
| Report Date and Time : 23-Sep-2023 10:27 | Acc. Remarks : Normal | Ref Id2 : O23245193 |

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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