

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. SAGAR MANISHA gaurang
EC NO.	199935
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GANDHINAGAR, VIDHAN SABHA
BIRTHDATE	14-01-1990
PROPOSED DATE OF HEALTH CHECKUP	10-06-2023
BOOKING REFERENCE NO.	23J199935100061318E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-06-2023** 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.

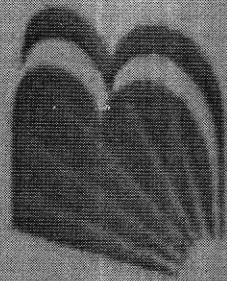
Yours faithfully,

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))





बैंक ऑफ़ बड़ोदा

Bank of Baroda



नाम मनिषा गौरांग सागर

पिन MAHISHA GAURANG SAGAR

कार्डनंबरी क्र. १९९९३५

199935

जारीकर्ता प्राधिकारी

Issuing Authority



धारक के हस्ताक्षर

Signature of Holder

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

UHID:	OSP 20539	Date:	10/6/23	Time:	
Patient Name:	Kronisha ben sejan.	Age/Sex:	33/F	Height:	154. cm
				Weight:	65.4 kg
Chief Complain:	Sensitivity of all teeth				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	→ Pain + swelling +				
Intra oral – Teeth Present :					
Teeth Absent :					
Diagnosis:					

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①	TUBE	THERMOSEAL RA	→	① <i>early</i>		

Other Advice:

Adv. Seating

*to
Sevier*

Follow-up:

Consultant's Sign:

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

UHID: <u>OSP 30539</u>		Date: <u>18/6/23</u>	Time:
Patient Name: <u>Manisha Sagar</u>		Height: <u>154 cm</u>	
Age /Sex: <u>33yrs F</u>	LMP:	Weight: <u>65.4 Kg</u>	
History:			
C/C/O: <u>Weakness & Breathless on climbing stairs.</u>		History: <u>NA</u>	
Allergy History: <u>NA</u>		Addiction: <u>NA</u>	
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>			
Vitals & Examination: Temperature:			
Pulse: <u>75 /min</u>			
BP: <u>102/60 mm Hg</u>			
SPO2: <u>98% on RA</u>			
Provisional Diagnosis: _____			

Sagar, Manisha

10.06.20 12:05:33 PM
AASHKA HEALTHCARE
SARGASAN
GANDHINAGAR

Order No: 1
Indication:
Medication 1:
Medication 2:
Medication 3:

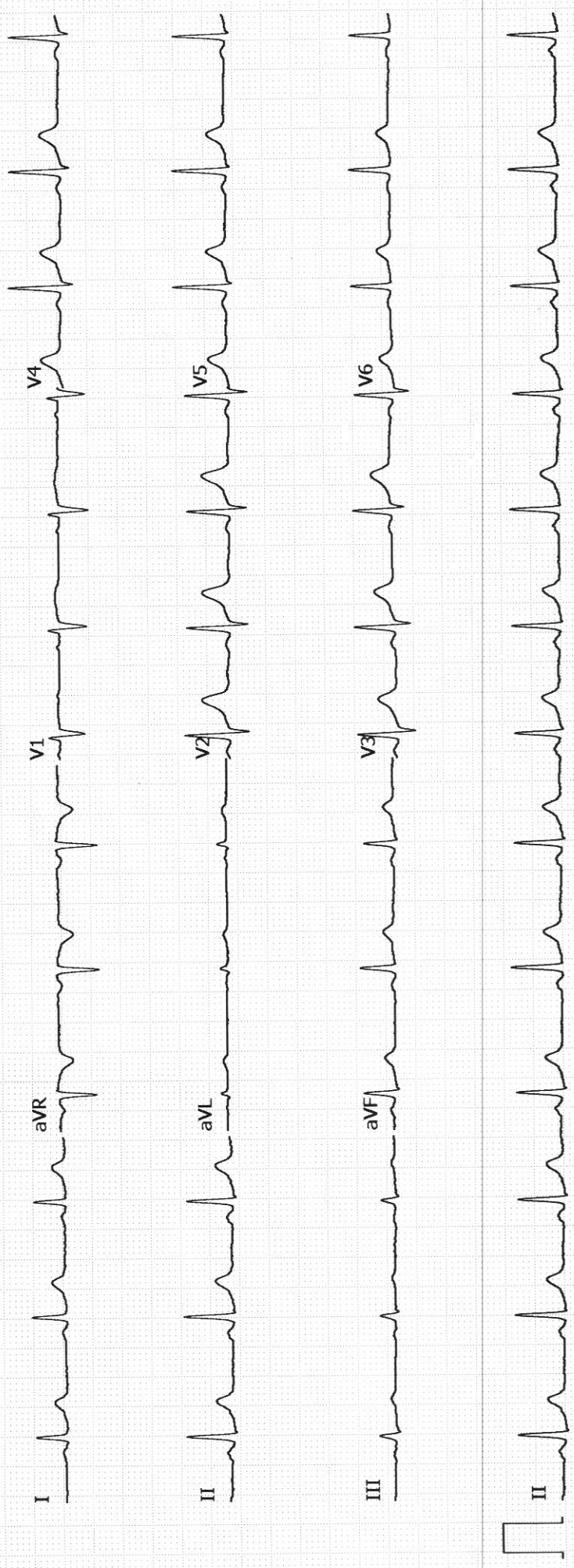
Room:

76 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTcBaz : 356 / 400 ms
PR : 124 ms
P : 98 ms
RR / PP : 784 / 789 ms
P / QRS / T : 48 / 45 / 41 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG





Name: MONISHA

Age: ~~40~~ 33yrs.

Complaints:

Routine checkup - ^{toverkait} cycles 14N

No of deliveries:

1Mdr. 7yrs. C.S (widow ^{since} 1yr)

Last Delivery:

History of abortion:

H/O medical conditions associated:

Last abortions:

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH:

frequent cycles -

Reg:

$\frac{a-5 \text{ days}}{20-25}$

Pain +

LMP:

22.5.23

2 days

P/A:

C.S. Scar +

P/S:

Cx healthy high up

P/V:

ul AV, NS, M, RR

Sample:-

Vagina
Cervix

<input checked="" type="checkbox"/>	Post coitus
<input type="checkbox"/>	

Doctors Sign:-

[Signature]

10/6/23

12:20 PM

to see
reports



LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	Case ID : 30602200199
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778694
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:59	Sample Type :	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23241841

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin			
HbA1C	5.82	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	9.8	G%	12.00 - 15.00
PCV(Calc)	31.62	%	36.00 - 46.00
MCV (RBC histogram)	66.7	fL	83.00 - 101.00
MCH (Calc)	20.7	pg	27.00 - 32.00
MCHC (Calc)	31.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	16.10	%	11.00 - 16.00
Lipid Profile			
HDL Cholesterol	43.3	mg/dL	48 - 77
Chol/HDL	4.37		0 - 4.1
LDL Cholesterol	124.50	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59 Sample Type : Whole Blood EDTA Mobile No : 9727714553
 Sample Date and Time : 10-Jun-2023 08:59 Sample Coll. By : Ref Id1 : OSP30539
 Report Date and Time : 10-Jun-2023 09:32 Acc. Remarks : Normal Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 9.8	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.74	millions/cumm	3.80 - 4.80
PCV(Calc)	L 31.62	%	36.00 - 46.00
MCV (RBC histogram)	L 66.7	fL	83.00 - 101.00
MCH (Calc)	L 20.7	pg	27.00 - 32.00
MCHC (Calc)	L 31.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6690	/μL	4000.00 - 10000.00
Neutrophil	[%] 64.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4282 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00 1940 /μL 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00 67 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 335 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 67 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	337000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.21		0.78 - 3.53

SMEAR STUDY

RBC Morphology Microcytic hypochromic RBCS.
 WBC Morphology Total WBC count within normal limits.
 Platelet Platelets are adequate in number.
 Parasite Malarial Parasite not seen on smear.

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

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59 Sample Type : Whole Blood EDTA Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59 Sample Coll. By : Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 10:44 Acc. Remarks : Normal Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	08	mm after 1hr 3 - 20		

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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LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	Case ID : 30602200199
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778694
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Whole Blood EDTA	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 09:58	Acc. Remarks : Normal	Ref Id2 : O23241841

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)

Dr. Shah

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LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	Case ID : 30602200199
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778694
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Spot Urine	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 09:32	Acc. Remarks : Normal	Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	>1.025		1.005 - 1.030	
pH	5.50		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	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
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. Manoj Shah

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59 Sample Type : Spot Urine Mobile No : 9727714553
 Sample Date and Time : 10-Jun-2023 08:59 Sample Coll. By : Ref Id1 : OSP30539
 Report Date and Time : 10-Jun-2023 09:32 Acc. Remarks : Normal Ref Id2 : O23241841

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

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Neuberg Supratech Reference Laboratories Private Limited

📍 "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
 ☎ 079-40408181 / 61618181 📧 contact@supratechlabs.com 🌐 www.neubergsupratech.com



LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	Case ID : 30602200199
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778694
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 11:04	Acc. Remarks : Normal	Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric, Hexokinase</i>	96.61	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	87.55	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	11.6	mg/dL	7.00 - 18.70	
Creatinine	0.62	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	4.16	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59 Sample Type : Serum Mobile No : 9727714553
 Sample Date and Time : 10-Jun-2023 08:59 Sample Coll. By : Ref Id1 : OSP30539
 Report Date and Time : 10-Jun-2023 11:03 Acc. Remarks : Normal Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>		189.32	mg/dL	110 - 200
HDL Cholesterol	L	43.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		107.60	mg/dL	<150
VLDL <i>Calculated</i>		21.52	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	4.37		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	124.50	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 Trnglyceride 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



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59 Sample Type : Serum Mobile No : 9727714553
 Sample Date and Time : 10-Jun-2023 08:59 Sample Coll. By : Ref Id1 : OSP30539
 Report Date and Time : 10-Jun-2023 11:04 Acc. Remarks : Normal Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	16.13	U/L	14 - 59	
S.G.O.T. <i>UV with P5P</i>	15.57	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	53.25	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	5.69	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.15	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.36	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.79	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.38	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.14	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.24	mg/dL	0 - 0.8	

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Whole Blood EDTA	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 09:54	Acc. Remarks : Normal	Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<u>Glycated Haemoglobin Estimation</u>				

HbA1C	H 5.82		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	120.33	mg/dL		

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

Interpretation :

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

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

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **MANISHA G SAGAR** Sex/Age : **Female/ 33 Years** Case ID : **30602200199**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2778694**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Serum	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 10:16	Acc. Remarks : Normal	Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	106.35	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	8.0	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.555	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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 M.D. (Pathologist)

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Printed On : 10-Jun-2023 15:08





LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	Case ID : 30602200199
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2778694
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Serum	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 10:16	Acc. Remarks : Normal	Ref Id2 : O23241841

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 (microU/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)

Shah

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



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Reg Date and Time : 10-Jun-2023 08:59	Sample Type : Serum	Mobile No : 9727714553
Sample Date and Time : 10-Jun-2023 08:59	Sample Coll. By :	Ref Id1 : OSP30539
Report Date and Time : 10-Jun-2023 14:04	Acc. Remarks : Normal	Ref Id2 : O23241841

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
VITAMIN B - 12				
Vitamin B - 12 Level	260.0	pg/mL	180 - 914	

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

----- 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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LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	H.ID : 231C05786	Case ID : 30602200199
Ref By : AASHKA HOSPITAL	Dis. Loc. :		Pt ID : 2778694
Bill. Loc. : Aashka hospital			Pt. Loc. :
Registration Date & Time : 10-Jun-2023 08:59	Sample Type : Biopsy	Ph # : 9727714553	
Sample Date & Time : 10-Jun-2023 12:50	Sample Coll. By :	Ref Id : OSP30539	
Report Date & Time : 11-Jun-2023 13:28	Acc. Remarks :	Ref Id2 : O23241841	

Cytopathology Report

Specimen :

PAP smear for cytology (LBC PAP)

Clinical Data :

Routine check up, 1 delivery, Cx healthy high up, LMP-22/5/23, Cx healthy Ut. AV, NS, m, RR

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) (LBC Pap)

Specimen type: LBC Pap smear.

Specimen adequacy: Satisfactory for evaluation

Transformation zone elements: Not present

Infection associated changes: Trichomonas or Monilia are not seen.

Reactive cellular changes: Nil

Epithelial cell abnormality: Nil

Other cells: Nil

Interpretation/result: Negative for intraepithelial lesion or malignancy.

Grossing By : Dr. Bhavna Mehta

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Dr. Bhavna Mehta

M.D. (P.D.C.C) G-56686

(Histo & Renal pathologist)

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LABORATORY REPORT



Name : MANISHA G SAGAR	Sex/Age : Female/ 33 Years	H.ID : 231C05786	Case ID : 30602200199
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Pap test is a screening test for cervical cancer with inherent false negative results.

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

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Grossing By : Dr. Bhavna Mehta

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

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PATIENT NAME: MANISHA G SAGAR

GENDER/AGE: Female / 33 Years

DATE: 10/06/23

DOCTOR:

OPDNO: OSP30539

2D-ECHO

MITRAL VALVE	: NORMAL		
AORTIC VALVE	: NORMAL		
TRICUSPID VALVE	: NORMAL		
PULMONARY VALVE	: NORMAL		
AORTA	: 30		
LEFT ATRIUM	: 32		
LV Dd / Ds	: 42/29		
IVS / LVPW / D	: 10.1/10.2		
IVS	: NORMAL		
IAS	: NORMAL		
RA	: NORMAL		
RV	: NORMAL		
PA	: NORMAL		
PERICARDIUM	: NORMAL		
VEL	:	PEAK	MEAN
M/S	:	Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.6/1.1	MILD	
AORTIC	: 1.0		
PULMONARY	: 0.8	MILD	
COLOUR DOPPLER	:		
RVSP	: 30mmHg		
CONCLUSION	: NORMAL LV SIZE, NORMAL LV FUNCTION NO RWMA, EF-60%, MILD MR/MILD TR, NO PAH		



CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

PATIENT NAME: MANISHA G SAGAR

GENDER/AGE: Female / 33 Years

DATE: 10/06/23

DOCTOR:

OPDNO: OSP30539

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: MANISHA G SAGAR

GENDER/AGE: Female / 33 Years

DATE: 10/06/23

DOCTOR:

OPDNO: OSP30539

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 10.0 x 4.5 cms in size.

Left kidney measures about 9.9 x 4.4 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 180 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7 mm. No evidence of uterine mass lesion is seen.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST