



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	MR. OZA KULIN KIRITBHAI
EC NO.	65436
DESIGNATION	FRAUD RISK MANAGEMENT
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	03-04-1979
PROPOSED DATE OF HEALTH CHECKUP	31-10-2023
BOOKING REFERENCE NO.	23D65436100073538E

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 **30-10-2023** 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))

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

	कर्मचारी विवरण
नाम	MR. OZA KULIN KIRITBHAI
क.कू.संख्या	65436
पदनाम	FRAUD RISK MANAGEMENT
कार्य का स्थान	GANDHINAGAR,GIFT CITY,NATIONAL
जन्म की तारीख	03-04-1979
स्वास्थ्य जांच की प्रस्तावित तारीख	31-10-2023
बुकिंग संदर्भ सं.	23D65436100073538E

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 30-10-2023 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 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।)



कृषि कर्माचार्य  
KULJI KIRITBHAI OZA  
E.C. No. 65436

Banking Authority



Signature Holder's

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

<b>UHID:</b>	<b>Date:</b> 31/10/23	<b>Time:</b>
<b>Patient Name:</b> Kulin kiritbhai Ozo.	<b>Age/Sex:</b> 44 / M.	<b>Height:</b>
		<b>Weight:</b>
<b>Chief Complain:</b>		
→ routine dental check up		
<b>History:</b>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Extra oral :</b>		
<b>Intra oral – Teeth Present :</b> → Good teeth set		
permanent Caries		
<b>Teeth Absent :</b> → Root piece set		
<b>Diagnosis:</b>		



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

<b>UHID:</b>	<b>Date:</b> 31/10/23	<b>Time:</b>
<b>Patient Name:</b> KULZ KIRITBHAI	<b>Age/Sex:</b> 64 / M	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b> 10/ Retinopathy		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> D.V. 2 C19 C19 D.V. 2 C10 C16 <div style="border: 1px solid black; padding: 5px; display: inline-block;">N.V. + I.R.S</div> color in		
<b>Diagnosis:</b>		

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	-0.75	-	-	-0.75		
N						

ADD +2.00

Other Advice:

Follow-up:

Consultant's Sign:

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

UHID:		Date: 31/10/23	Time: 3 PM
Patient Name: Kwtin 029		Height:	
Age/Sex: 41 years/M	LMP:	Weight:	
History:			
C/C/O:		History:	
No fresh complaints		KIDNEY DM - 4 years HTN - 10 years on Rx  FBS 4 282 PAB, 1 37+	
Allergy History: Nil		Addiction: Nil	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 78/min			
BP: 120/88 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			







## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA	Sex/Age : Male / 44 Years	Case ID : 31002201545
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3098221
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 08:50	Sample Type :	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23246610

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	282.84 ✓	mg/dL	70 - 100
Plasma Glucose - PP	377.51 ✓	mg/dL	70.0 - 140.0
<b>Glyco Hemoglobin</b>			
HbA1C	10.62 ✓	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	5.79	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	71.8	fL	83.00 - 101.00
MCH (Calc)	22.7	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	34.7	mg/dL	48 - 77
Triglyceride	347.40	mg/dL	<150
VLDL	69.48	mg/dL	10 - 40
Chol/HDL	5.07		0 - 4.1
<b>Urine Examination</b>			
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 : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 31-Oct-2023 08:50      Sample Coll. By :      Ref Id1 : OSP31824  
 Report Date and Time : 31-Oct-2023 09:28      Acc. Remarks : Normal      Ref Id2 : O23246610

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

#### HB AND INDICES

Haemoglobin	13.1	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 5.79	millions/cumm	4.50 - 5.50
PCV(Calc)	41.57	%	40.00 - 50.00
MCV (RBC histogram)	L 71.8	fL	83.00 - 101.00
MCH (Calc)	L 22.7	pg	27.00 - 32.00
MCHC (Calc)	31.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.70	%	11.00 - 16.00

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

Total WBC Count	7490	/μL	4000.00 - 10000.00
Neutrophil	[%] 66.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4943 /μL 2000.00 - 7000.00
Lymphocyte	26.0	%	20.00 - 40.00 1947 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 150 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 375 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 75 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	254000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.54		0.78 - 3.53

#### SMEAR STUDY

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

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

Dr. Shreya Shah  
M.D. (Pathologist)

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Page 2 of 13





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
Bill Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 10:03	Acc. Remarks : Normal	Ref Id2 : O23246610

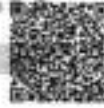
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	10	mm after 1hr 3 - 15		

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
Ref. By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 09:10	Acc. Remarks : Normal	Ref Id2 : O23246610

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	A
Rh Type	POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 10:33	Acc. Remarks : Normal	Ref Id2 : O23246610

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

TEST	RESULTS	BIOLOGICAL REF RANGE
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

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE
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)

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill Loc : Aashka hospital      Pt. Loc :

Reg Date and Time : 31-Oct-2023 08:50      Sample Type : Spot Urine      Mobile No :  
 Sample Date and Time : 31-Oct-2023 08:50      Sample Coll. By :      Ref Id1 : OSP31824  
 Report Date and Time : 31-Oct-2023 10:33      Acc. Remarks : Normal      Ref Id2 : O23246610

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/Notations				
			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 : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50      Sample Type : Plasma Fluoride F, Plasma Fluoride PP      Mobile No :  
 Sample Date and Time : 31-Oct-2023 08:50      Sample Coll. By :      Ref Id1 : OSP31824  
 Report Date and Time : 31-Oct-2023 12:02      Acc. Remarks : Normal      Ref Id2 : O23246610  
 TEST      RESULTS      UNIT      BIOLOGICAL REF RANGE      REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

Plasma Glucose - F <small>Photometric Hexokinase</small>	H	282.84	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric Hexokinase</small>	H	377.51	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)

Dr. Shreya Shah

M.D. (Pathologist)

Page 7 of 13

Printed On : 31-Oct-2023 14:11







## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA	Sex/Age : Male / 44 Years	Case ID : 31002201545
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3098221
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 11:37	Acc. Remarks : Normal	Ref Id2 : O23246610

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

#### Lipid Profile

<b>Cholesterol</b> <small>Colorimetric, CHOD-POD</small>	175.85	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	L 34.7	mg/dL	48 - 77	
<b>Triglyceride</b> <small>Glycerol Phosphate Oxidase</small>	H 347.40	mg/dL	<150	
<b>VLDL</b> <small>Calculated</small>	H 69.48	mg/dL	10 - 40	
<b>Chol/HDL</b> <small>Calculated</small>	H 5.07		0 - 4.1	
<b>LDL Cholesterol</b> <small>Calculated</small>	71.67	mg/dL	0.00 - 100.00	

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

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

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

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 8 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref. By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 11:08	Acc. Remarks : Normal	Ref Id2 : O23246610

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	41.10	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with PSP</i>	20.68	U/L	15 - 37
<b>Alkaline Phosphatase</b>	87.29	U/L	40 - 130
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	36.72	U/L	0 - 55
<b>Proteins (Total)</b> <i>Cobimetric, Buret</i>	7.65	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	4.45	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	3.20	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.4		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	0.38	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.14	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.24	mg/dL	0 - 0.8

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA      Sex/Age : Male / 44 Years      Case ID : 31002201545  
 Ref By : HOSPITAL      Dis. At :      Pt. ID : 3098221  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 31-Oct-2023 08:50      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 31-Oct-2023 08:50      Sample Coll. By :      Ref Id1 : OSP31824  
 Report Date and Time : 31-Oct-2023 10:41      Acc. Remarks : Normal      Ref Id2 : O23246610

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLOH</small>	9.8	mg/dL	8.90 - 20.60	
<b>Creatinine</b>	0.68	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>Uricase</small>	5.55	mg/dL	3.5 - 7.2	

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

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

Page 10 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA	Sex/Age : Male / 44 Years	Case ID : 31002201545
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3098221
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 09:29	Acc. Remarks : Normal	Ref Id2 : O23246610

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	H 10.62	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	258.09	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)

Page 11 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA	Sex/Age : Male / 44 Years	Case ID : 31002201545
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3098221
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 10:03	Acc. Remarks : Normal	Ref Id2 : O23246610

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	103.73	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.18	ng/dL	4.87 - 11.72	
TSH CMA	0.92	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 (L: VeryLow L: Low H: High HH: VeryHigh A: Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 12 of 13

Printed On : 31-Oct-2023 14:11





## LABORATORY REPORT



Name : KULIN KIRITBHAI OZA	Sex/Age : Male / 44 Years	Case ID : 31002201545
Ref By : HOSPITAL	Dis. At :	Pt. ID : 3098221
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 31-Oct-2023 08:50	Sample Type : Serum	Mobile No :
Sample Date and Time : 31-Oct-2023 08:50	Sample Coll. By :	Ref Id1 : OSP31824
Report Date and Time : 31-Oct-2023 10:03	Acc. Remarks : Normal	Ref Id2 : O23246610

**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)

Dr. Shreya Shah

M.D. (Pathologist)

Page 13 of 13

Printed On : 31-Oct-2023 14:11



ADDRESSOGRAPH

**COLOUR DOPPLER ECHOCARDIOGRAPH REPORT**

Patient's Name : Kulvir Oja Age : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Ref. by Doctor : \_\_\_\_\_ IP/OP No. : \_\_\_\_\_ Date: 31/10/23

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

MITRAL VALVE : |  
 AORTIC VALVE : |  
 TRICUSPID VALVE : | v )  
 PULMONARY VALVE : |  
 AORTA : 35  
 LEFT ATRIUM : 38  
 LV Dd/ Ds : 40/28 - EF 58%  
 IVS / LVPW / D : 11.7/11 - Borderline LVI  
 IVS : | intact  
 IAS : |  
 RA : |  
 RV : | n  
 PERICARDIUM : |  
 VEL : PEAK MEAN  
 M/S : Gradient mm Hg Gradient mm Hg  
 MITRAL : 0.8/1.0  
 AORTIC : 1.3  
 PULMONARY : 1.1  
 COLOUR DOPPLER : Trivial MR/TR  
 RSVP : 28 -  
 CONCLUSION : Borderline LVI; n ~~borderline~~ LV  
 systolic fn; Reduced LV  
 Compliance - AD TMT

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**PATIENT NAME:KULIN KIRITBHAI OZA**

**GENDER/AGE:Male / 44 Years**

**DATE:31/10/23**

**DOCTOR:**

**OPDNO:OSP31824**

### **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:KULIN KIRITBHAI OZA**

**GENDER/AGE:Male / 44 Years**

**DATE:31/10/23**

**DOCTOR:**

**OPDNO:OSP31824**

### **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 10.1 x 4.3 cms in size.

Left kidney measures about 10.2 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 126 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**

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTc : 354 / 395 ms  
PR : 160 ms  
P : 116 ms  
RR / PP : 804 / 800 ms  
P / QRS / T : 51 / 56 / 0 degrees

Normal sinus rhythm  
Normal ECG

