



To,

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

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	CHAMPABEN HASMUKHBHAIPARMAR
DATE OF BIRTH	19-06-1973
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M52399100041304S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. PARMAR HASMUKHBHAI CHHAGANLAL
EMPLOYEE EC NO.	52399
EMPLOYEE DESIGNATION	RETAIL LIABILITY BACK OFFICE
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	23-06-1963

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 **09-02-2023** till **31-03-2023**.The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

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

**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Candhinagar - 382421. Gujarat, India  
Phone: 079 29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



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

<b>UHID:</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b> Chempubem H. Purnam	<b>Age / Sex:</b> 60 / M	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b> cp - Routine check up		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> Vm2 G19 G19		
<b>Diagnosis:</b>		

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 **aashka**  
HOSPITAL



Name:- Chempal ben parman

Age:- 49 / F

oc:- Routine dental check up

ob:- Stain +  
obscure +


- Generalized staining are present,

- Missing tooth int  $\frac{+5}{-}$

Actu- Sealing  $\rightarrow$  1400  
FPD, Int.  $\frac{+456}{-}$   $\rightarrow$  3600 x 3.

OR

$\rightarrow$  Implant  $\frac{+5}{-}$

  
Dr. Sejal Amin  
A-12942

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: CHAMPABEN HASMUKHBHAI PARMAR**

**GENDER/AGE: Female / 49 Years**

**DATE: 25/02/23**

**DOCTOR:**

**OPDNO: 00223214**

**X-RAY CHEST PA**

Both lung fields appear clear

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

Both hilar shadows and c.p. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

**Impression: Normal Chest X ray examination**

**RADIOLOGIST**

**DR. MEHUL PATELIYA**

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**PATIENT NAME: CHAMPABEN HASMUKHBHAI PARMAR**

**GENDER/AGE: Female / 49 Years**

**DATE: 25/02/23**

**DOCTOR:**

**OPDNO: 00223214**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals appear normal. No evidence of solid or cystic mass lesion is seen.

**GALL BLADDER:** Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

**PANCREAS:** Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

**SPLEEN:** Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

**KIDNEYS:** Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.4 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.0 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is partially distended.

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

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

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**PATIENT NAME: CHAMPABEN HASMUKHBHAI PARMAR**

**GENDER/AGE: Female / 49 Years**

**DATE: 25/02/23**

**DOCTOR:**

**OPDNO: O0223214**

**2D-ECHO**

MITRAL VALVE : MINIMALLY THICK  
AORTIC VALVE : MINIMALLY THICK  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 31mm  
LEFT ATRIUM : 31mm  
LV Dd / Ds : 28/19 m/s EF-65%  
IVS / LVPW / D : 10/10 m/s  
IVS : INTACT  
IAS : INTACT  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 0.9/0.7  
AORTIC : 1.0  
PULMONARY : 0.7  
COLOUR DOPPLER : MILD MR/TR  
RVSP : 26mmHg  
CONCLUSION : NORMAL LV SIZE/SYSTOLIC FUNCTION

**CARDIOLOGIST**

**DR. HASIT JOSHI (9825012235)**



## LABORATORY REPORT



Name : CHAMPABEN HASMUKHBHAI PARMAR	Sex/Age : Female/ 50 Years	Case ID : 30202200588
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2580198
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:42	Sample Type :	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22239302

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.83	millions/cu mm	3.80 - 4.80
<b>Lipid Profile</b>			
HDL Cholesterol	39.5	mg/dL	48 - 77
Chol/HDL	4.96		0 - 4.1
LDL Cholesterol	134.05	mg/dL	65 - 100
<b>Thyroid Function Test</b>			
TSH	5.700	µIU/mL	0.4 - 4.2
Plasma Glucose - F	102.22	mg/dL	70.0 - 100
Uric Acid	7.29	mg/dL	2.6 - 6.2

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **CHAMPABEN HASMUKHBHAI PARMAR** Sex/Age : **Female/ 50 Years** Case ID : **30202200588**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time : 25-Feb-2023 09:00	Acc. Remarks : Normal	Ref Id2 : O22239302

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	14.1	G%	12.00 - 15.00
RBC (Electrical Impedance)	H 4.83	millions/cumm	3.80 - 4.80
PCV(Calc)	42.21	%	36.00 - 46.00
MCV (RBC histogram)	87.4	fL	83.00 - 101.00
MCH (Calc)	29.2	pg	27.00 - 32.00
MCHC (Calc)	33.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

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

Total WBC Count	5930	/μL	4000.00 - 10000.00	
	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophil	70.0	% 40.00 - 70.00	4151	/μL 2000.00 - 7000.00
Lymphocyte	24.0	% 20.00 - 40.00	1423	/μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	119	/μL 20.00 - 500.00
Monocytes	4.0	% 2.00 - 10.00	237	/μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	300000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	2.92		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.)

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## LABORATORY REPORT



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Bill. Loc. : **Aashka hospital** Pt. Loc :

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

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

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

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## LABORATORY REPORT

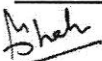


Name : **CHAMPABEN HASMUKHBHAI PARMAR** Sex/Age : **Female/ 50 Years** Case ID : **30202200588**  
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time : 25-Feb-2023 10:24	Acc. Remarks : Normal	Ref Id2 : O22239302

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	05	mm after 1hr	3 - 20	

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



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M.D. (Path. & Bact.)

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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	AB
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **CHAMPABEN HASMUKHBHAI PARMAR** Sex/Age : **Female/ 50 Years** Case ID : **30202200588**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42	Sample Type : Spot Urine	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time : 25-Feb-2023 09:12	Acc. Remarks : Normal	Ref Id2 : O22239302

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

<b>Sp.Gravity</b>	<b>1.025</b>		1.005 - 1.030
<b>pH</b>	<b>5.50</b>		5 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Negative</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

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 M.D. (Pathologist)





## LABORATORY REPORT



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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42 Sample Type : Spot Urine Mobile No : 9429063957  
 Sample Date and Time : 25-Feb-2023 08:42 Sample Coll. By : Ref Id1 : O0223214  
 Report Date and Time : 25-Feb-2023 09:12 Acc. Remarks : Normal Ref Id2 : O22239302

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	-	-	-	-	-

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M.D. (Pathologist)

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:42 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 9429063957  
 Sample Date and Time : 25-Feb-2023 08:42 Sample Coll. By : Ref Id1 : O0223214  
 Report Date and Time : 25-Feb-2023 10:22 Acc. Remarks : Normal Ref Id2 : O22239302  
**TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS**

Plasma Glucose - F	H	102.22	mg/dL	70.0 - 100
Plasma Glucose - PP		94.69	mg/dL	70.0 - 140.0
BUN (Blood Urea Nitrogen) GLDH		8.0	mg/dL	6.00 - 20.00
Creatinine		0.57	mg/dL	0.50 - 1.50
Uric Acid	H	7.29	mg/dL	2.6 - 6.2

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

*Shah*

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
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Reg Date and Time : 25-Feb-2023 08:42 Sample Type : Serum Mobile No : 9429063957  
 Sample Date and Time : 25-Feb-2023 08:42 Sample Coll. By : Ref Id1 : O0223214  
 Report Date and Time : 25-Feb-2023 10:21 Acc. Remarks : Normal Ref Id2 : O22239302

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

#### Lipid Profile

<b>Cholesterol</b>	<b>196.05</b>	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	<b>L 39.5</b>	mg/dL	48 - 77	
<b>Triglyceride</b>	<b>112.48</b>	mg/dL	40 - 200	
<b>VDL</b> <i>Calculated</i>	<b>22.50</b>	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	<b>H 4.96</b>		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 134.05</b>	mg/dL	65 - 100	

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

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

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

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

*Shah*

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**Neuberg Supratech Reference Laboratories Private Limited**

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

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



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

**Liver Function Test**

S.G.P.T.	20.30	U/L	0 - 31	
S.G.O.T.	18.95	U/L	15 - 37	
Alkaline Phosphatase	91.98	U/L	35 - 105	
Gamma Glutamyl Transferase	10.40	U/L	5 - 36	
Proteins (Total)	7.08	gm/dL	6.4 - 8.2	
Albumin	4.36	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.72	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total	0.51	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.09	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.42	mg/dL	0 - 0.8	

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42	Sample Type : Whole Blood EDTA	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time : 25-Feb-2023 09:56	Acc. Remarks : Normal	Ref Id2 : O22239302

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

<b>HbA1C</b>	<b>5.55</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>112.58</b>	mg/dL		

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

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term 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.)

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

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## LABORATORY REPORT



Name : **CHAMPABEN HASMUKHBHAI PARMAR** Sex/Age : **Female/ 50 Years** Case ID : **30202200588**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 08:42 Sample Type : Serum Mobile No : 9429063957  
 Sample Date and Time : 25-Feb-2023 08:42 Sample Coll. By : Ref Id1 : O0223214  
 Report Date and Time : 25-Feb-2023 10:21 Acc. Remarks : Normal Ref Id2 : O22239302

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

<b>Proteins (Total)</b>	<b>7.08</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b>	<b>4.36</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.72</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.6</b>		1.0 - 2.1	

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 : **CHAMPABEN HASMUKHBHAI PARMAR** Sex/Age : **Female/ 50 Years** Case ID : **30202200588**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2580198**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 25-Feb-2023 08:42 Sample Type : Serum Mobile No : 9429063957  
 Sample Date and Time : 25-Feb-2023 08:42 Sample Coll. By : Ref Id1 : O0223214  
 Report Date and Time : 25-Feb-2023 09:56 Acc. Remarks : Normal Ref Id2 : O22239302

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

Triiodothyronine (T3)	<b>103.89</b>	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	<b>6.3</b>	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	<b>H 5.700</b>	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

### Reference range (microIU/ml)

First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

*Shah*

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M.D. (Path. & Bact.)

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**Neuberg Supratech Reference Laboratories Private Limited**

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

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



## LABORATORY REPORT



Name : CHAMPABEN HASMUKHBHAI PARMAR	Sex/Age : Female/ 50 Years	Case ID : 30202200588
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2580198
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 08:42	Sample Type : Serum	Mobile No : 9429063957
Sample Date and Time : 25-Feb-2023 08:42	Sample Coll. By :	Ref Id1 : O0223214
Report Date and Time : 25-Feb-2023 09:56	Acc. Remarks : Normal	Ref Id2 : O22239302

**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)

*Shah*

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

25.02.2023 10:36:36 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

69 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcbaz : 396 / 424 ms  
PR : 136 ms  
P : 98 ms  
RR / pp : 870 / 869 ms  
P / QRS / T : 44 / 52 / 36 degrees

Normal sinus rhythm  
Nonspecific T wave abnormality  
Abnormal ECG

