

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	KHUSHBOO KUMARI
DATE OF BIRTH	09-09-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-02-2023
BOOKING REFERENCE NO.	22M126887100043552S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. ABHISHEK KUMAR
EMPLOYEE EC NO.	126887
EMPLOYEE DESIGNATION	FOREX BACK OFFICE
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	21-02-1989

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 **21-02-2023** 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))

DT: 25/4/23

**aashka** HOSPITAL  Cytological examination- Pap smear request form

Name: Kumari Khushboo Age: 31 year.

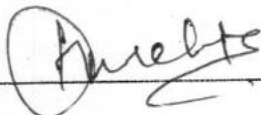
Complaints: clo whitish disch PV x 3 year.

No of deliveries: 1 (FTLUS) 3 1/2 yrs back (P).  
 Last Delivery: 3 1/2 yrs  
 History of abortion: — H/O medical conditions associated:  
 Last abortions: DM   
 HTN   
 Thyroid  JMS.

MH: Reg: LMP: 10/2/23.

P/A: 80% , 110 LSC (20).  
 P/S: Cx healthy, posterior  
 Cx discharge +1  
 P/V: vaginal disch +1  
 Cervix: (M) size  
 5/11 fx class.

Sample:- Vagina   
 Cervix

Doctors Sign:- 

DR. HEETA MEHTA  
 M.S, OBST- GYNEC  
 CONSULTANT OBSTETRICIAN  
 AND GYNECOLOGIST  
 Regi. No G-29736

UHID:	Date: 25/02/23	Time: 6pm.
Patient Name: Kumari Kaushboo.	Age: 31yrs.	Mobile No: 7436047098
Complaint and duration: do whitish discharge PV. since 3yr.		
History: Menstrual history: Cycles Regular Flow moderate Duration of Bleeding 5-7days Presence of pain <input checked="" type="checkbox"/> LMP: 10/02/2023. (P6 on OC pills since 3 months) (3rd course ongoing) H/O Associated illnesses: HTN:   NAD DM:   Thyroid disorder:   NAD Others:   NAD. Family History:		
Medication history:		
Obstetric History: OH: 1FTLSC 3 1/2 yrs   ♀   I = <del>postdate</del> leaking + NAD. No of deliveries: Last child:		
Allergy History: NAD		
Nutritional Screening: Well Nourished / Malnourished / Obese		
General Examination: CVS   BP: 90/60 mmHg. Oedema of ft RS   clear.   Wt: 47.5 kg. Tongue Breast examination: NAD		

P/

A

soft  
TSS (+)

L/E

P/S- cervix

Cx Healthy cervical dish +1  
vaginal dish +1 (Bacterial vaginosis?)

P/V

UTAW, (M) size B1fx clear.

Provisional Diagnosis: mild cervicitis & vaginitis.

Investigation:

pap smear  
mammography

Plan of care:

maintain hygiene.

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
1)	P.O	T. FAR-3 kit	P.O	orally		(1) day
2)	P.V	CLINGEN FORTE	P.V	IPVMS		(2) days

Follow-up:

c pap smear.

Consultant's Sign:

*(Signature)*

**Aashka Hospitals Ltd.**

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



# aashka

## HOSPITAL



**DR. PRAKASH D MAKWANA**  
 M.D.  
 REG.NO.G-29078  
 MO.NO-9722116164

UHID:		Date: 20/2/23	Time: 5:01 PM
Patient Name: KHUSBU		Height:	
Age / Sex: 32 Y / F	LMP:	Weight:	
History:		History:	
C/C/O: => ROUTINE CHECK UP		2/17	
Allergy History: NKA		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: APEBBILE			
Pulse: 78 / MINUTE			
BP: 90/60 MM HG			
SPO2: 99% - ON ROOM AIR			
Provisional Diagnosis:			

Advice:

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
		ATI		(IT)	NIJEI	
		TIROM RQPHOBO			4A 1 D	

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -	Sign:	P-D.H
200-250 -	400-450 -		
250-300 -	> 450 -		

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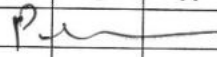
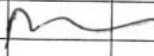
**DR. TAPAS RAVAL**  
**MBBS . D.O**  
**(FELLOW IN PHACO & MEDICAL**  
**RATINA)**  
**REG.NO.G-21350**

<b>UHID:</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b> 12ymoni	12mish300	<b>Age /Sex:</b> 31 / F.
		<b>Height:</b>
		<b>Weight:</b>
<b>History:</b> Clo. Rouvubm ane an-rp.		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>  <u>UML</u> 6/9 6/9		
<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						
N						

Other Advice:

Follow-up:

Consultant's Sign:





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[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



**aashka**  
HOSPITAL



**DR. UNNATI SHAH**

**B.D.S. (DENTAL SURGEON)**

**REG. NO. A-7742**

**MO.NO- 9904596691**

<b>UHID:</b>	<b>Date:</b> 25/2/23	<b>Time:</b>
<b>Patient Name:</b> Kuman. Khushboo	<b>Age / Sex:</b> 31 / F	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b>		
<b>Examination:</b> calculus + stent caries - / 0		
<b>Diagnosis:</b>		

Treatment:

Alc

→ Scalpy

→ Resin + 0.

bram,



## LABORATORY REPORT



Name : KUMARI KHUSBUO	Sex/Age : Female/ 32 Years	Case ID : 30202200597
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580318
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 09:35	Sample Type :	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : O0223217
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22239311

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Haemoglobin (Colorimetric)	11.6	G%	12.00 - 15.00
MCH (Calc)	26.9	pg	27.00 - 32.00
Lymphocyte	3356	/ $\mu$ L	1000.00 - 3000.00
<b>Liver Function Test</b>			
Proteins (Total)	8.47	gm/dL	6.4 - 8.2
Globulin	4.23	gm/dL	2 - 4.1
<b>Thyroid Function Test</b>			
Thyroxine (T4)	11.3	ng/dL	5.5 - 11.0

Abnormal Result(s) Summary End

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

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



## LABORATORY REPORT



Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 25-Feb-2023 09:35      Sample Coll. By : non      Ref Id1 : O0223217  
 Report Date and Time : 25-Feb-2023 10:24      Acc. Remarks : Normal      Ref Id2 : O22239311

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	L 11.6	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.31	millions/cumm	3.80 - 4.80
PCV(Calc)	36.72	%	36.00 - 46.00
MCV (RBC histogram)	85.2	fL	83.00 - 101.00
MCH (Calc)	L 26.9	pg	27.00 - 32.00
MCHC (Calc)	31.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.10	%	11.00 - 16.00

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

Total WBC Count	8390	/μL	4000.00 - 10000.00
	[ % ]	EXPECTED VALUES	[ Abs ]      EXPECTED VALUES
Neutrophil	55.0	% 40.00 - 70.00	4615 /μL 2000.00 - 7000.00
Lymphocyte	40.0	% 20.00 - 40.00	H 3356 /μL 1000.00 - 3000.00
Eosinophil	1.0	% 1.00 - 6.00	84 /μL 20.00 - 500.00
Monocytes	4.0	% 2.00 - 10.00	336 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	283000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.38		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology      Normocytic Normochromic anemia.  
 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 : KUMARI KHUSBUO	Sex/Age : Female/ 32 Years	Case ID : 30202200597
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 2580318
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : 00223217
Report Date and Time : 25-Feb-2023 10:24	Acc. Remarks : Normal	Ref Id2 : 022239311

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

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*Shah*

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M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : 00223217
Report Date and Time : 25-Feb-2023 13:30	Acc. Remarks : Normal	Ref Id2 : 022239311

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	16	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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## LABORATORY REPORT



Name : KUMARI KHUSBUO Sex/Age : Female/ 32 Years Case ID : 30202200597  
Ref.By : HOSPITAL Dis. At : Pt. ID : 2580318  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 25-Feb-2023 09:35 Sample Coll. By : non Ref Id1 : O0223217  
Report Date and Time : 25-Feb-2023 09:55 Acc. Remarks : Normal Ref Id2 : O22239311

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)

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LABORATORY REPORT



Name : **KUMARI KHUSBUO** Sex/Age : **Female/ 32 Years** Case ID : **30202200597**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580318**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : 00223217
Report Date and Time : 25-Feb-2023 11:16	Acc. Remarks : Normal	Ref Id2 : 022239311

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

Sp.Gravity	<b>1.015</b>		1.005 - 1.030
pH	<b>7.00</b>		5 - 8
Leucocytes (ESTERASE)	<b>Negative</b>		Negative
Protein	<b>Negative</b>		Negative
Glucose	<b>Negative</b>		Negative
Ketone Bodies Urine	<b>Negative</b>		Negative
Urobilinogen	<b>Negative</b>		Negative
Bilirubin	<b>Negative</b>		Negative
Blood	<b>Negative</b>		Negative
Nitrite	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

**Dr. Manoj Shah**  
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## LABORATORY REPORT



Name : **KUMARI KHUSBUO** Sex/Age : **Female/ 32 Years** Case ID : **30202200597**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **2580318**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Feb-2023 09:35** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **25-Feb-2023 09:35** Sample Coll. By : **non** Ref Id1 : **O0223217**  
 Report Date and Time : **25-Feb-2023 11:16** Acc. Remarks : **Normal** Ref Id2 : **O22239311**

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

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

*Dr. Manoj Shah*

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## LABORATORY REPORT



Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 25-Feb-2023 09:35      Sample Coll. By : non      Ref Id1 : 00223217  
 Report Date and Time : 25-Feb-2023 12:41      Acc. Remarks : Normal      Ref Id2 : 022239311

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

#### Lipid Profile

Cholesterol	160.83	mg/dL	110 - 200
HDL Cholesterol	54.4	mg/dL	48 - 77
Triglyceride	94.48	mg/dL	40 - 200
VLDL <i>Calculated</i>	18.90	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.96		0 - 4.1
LDL Cholesterol <i>Calculated</i>	87.53	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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Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : 00223217
Report Date and Time : 25-Feb-2023 12:41	Acc. Remarks : Normal	Ref Id2 : 022239311

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

**Liver Function Test**

S.G.P.T.	12.12	U/L	0 - 31	
S.G.O.T.	20.67	U/L	15 - 37	
Alkaline Phosphatase	60.89	U/L	35 - 105	
Gamma Glutamyl Transferase	8.58	U/L	5 - 36	
Proteins (Total)	H 8.47	gm/dL	6.4 - 8.2	
Albumin	4.24	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	H 4.23	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.0		1.0 - 2.1	
Bilirubin Total	0.30	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.02	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.28	mg/dL	0 - 0.8	

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

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## LABORATORY REPORT

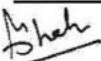


Name : KUMARI KHUSBUO Sex/Age : Female/ 32 Years Case ID : 30202200597  
Ref.By : HOSPITAL Dis. At : Pt. ID : 2580318  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35 Sample Type : Serum Mobile No :  
Sample Date and Time : 25-Feb-2023 09:35 Sample Coll. By : non Ref Id1 : O0223217  
Report Date and Time : 25-Feb-2023 12:42 Acc. Remarks : Normal Ref Id2 : O22239311

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	6.1	mg/dL	6.00 - 20.00	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid	3.61	mg/dL	2.6 - 6.2	

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 : **KUMARI KHUSBUO** Sex/Age : **Female/ 32 Years** Case ID : **30202200597**  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : O0223217
Report Date and Time : 25-Feb-2023 13:30	Acc. Remarks : Normal	Ref Id2 : O22239311

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

<b>HbA1C</b>	<b>5.10</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>99.67</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)

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LABORATORY REPORT



Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35	Sample Type : Serum	Mobile No :
Sample Date and Time : 25-Feb-2023 09:35	Sample Coll. By : non	Ref Id1 : 00223217
Report Date and Time : 25-Feb-2023 11:17	Acc. Remarks : Normal	Ref Id2 : 022239311

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

**Thyroid Function Test**

Triiodothyronine (T3)	127.59	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	H 11.3	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	3.949	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 (microlU/ml)**

0.24 - 2.00  
 0.43-2.2  
 0.8-2.5

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

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## LABORATORY REPORT



Name : KUMARI KHUSBUO      Sex/Age : Female/ 32 Years      Case ID : 30202200597  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 2580318  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 25-Feb-2023 09:35      Sample Type : Serum      Mobile No :  
 Sample Date and Time : 25-Feb-2023 09:35      Sample Coll. By : non      Ref Id1 : O0223217  
 Report Date and Time : 25-Feb-2023 11:17      Acc. Remarks : Normal      Ref Id2 : O22239311

**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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**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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



**PATIENT NAME: KUMARI KHUSHBOO**

**GENDER/AGE: Male / 31 Years**

**DATE: 25/02/23**

**DOCTOR:**

**OPDNO: 00223217**

**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**

**Aashka Hospitals Ltd.**

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
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**PATIENT NAME: KUMARI KHUSHBOO**

**GENDER/AGE: Male / 31 Years**

**DATE: 25/02/23**

**DOCTOR:**

**OPDNO: 00223217**

**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 grossly normal.

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

**RADIOLOGIST**

**DR. MEHUL PATELIYA**

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CIN: L85110GJ2012PLC072647

**PATIENT NAME:KUMARI KHUSHBOO****GENDER/AGE:Male / 31 Years****DATE:25/02/23****DOCTOR:****OPDNO:O0223217****2D-ECHO**

<b>MITRAL VALVE</b>	<b>: MILD MVP</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 28mm</b>	
<b>LEFT ATRIUM</b>	<b>: 29mm</b>	
<b>LV Dd / Ds</b>	<b>: 36/21m/s</b>	<b>EF-60%</b>
<b>IVS / LVPW / D</b>	<b>: 10/9m/s</b>	
<b>IVS</b>	<b>: INTACT</b>	
<b>IAS</b>	<b>: FLOPPY</b>	
<b>RA</b>	<b>: NORMAL</b>	
<b>RV</b>	<b>: NORMAL</b>	
<b>PA</b>	<b>: NORMAL</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 0.9/0.6m/s</b>	
<b>AORTIC</b>	<b>: 1.0m/s</b>	
<b>PULMONARY</b>	<b>: 0.7m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD MR/TR</b>	
<b>RVSP</b>	<b>: 28mmHg</b>	
<b>CONCLUSION</b>	<b>: MILD MVP/MILD MR</b>	
	<b>NORMAL LV SYSTOLIC FUNCTION</b>	
	<b>MILD TR/NO PAH</b>	

**CARDIOLOGIST****DR.HASIT JOSHI (9825012235)**

Khusabu

25.02.2027 11:42:04 AM  
AASHKA HC TAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:  
84 bpm  
-- / -- mmHg

Kumari Khushboo  
(32425/22)

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms  
QT / QTcBaz : 364 / 430 ms  
PR : 128 ms  
P : 86 ms  
RR / PP : 716 / 714 ms  
P / QRS / T : 52 / 13 / 38 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

