

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. NAGAWADE KIRAN RAMESH
क.कू संख्या	95133
पदनाम	RAPC SANCTION AUTHORITY
कार्य का स्थान	AHMEDABAD,ZO AHMEDABAD
जन्म की तारीख	01-06-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	03-08-2024
बुकिंग संदर्भ सं.	24S95133100109416E

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 29-07-2024 से 31-03-2025 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)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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. NAGAWADE KIRAN RAMESH
EC NO.	95133
DESIGNATION	RAPC SANCTION AUTHORITY
PLACE OF WORK	AHMEDABAD,ZO AHMEDABAD
BIRTHDATE	01-06-1987
PROPOSED DATE OF HEALTH CHECKUP	03-08-2024
BOOKING REFERENCE NO.	24S95133100109416E

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 **29-07-2024** till **31-03-2025** 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,

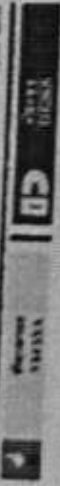
Sd/-

Chief General Manager
HRM & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



बैंक ऑफ़ बड़ोदा
Bank of Baroda



कूट क्र. | E.C.No. 95133



नाम | Name **Kiran Ramesh Nagawade**

पदनाम | Desi. **Chief Manager**

धारक के हस्ताक्षर | Signature of Holder



13/05/2023

जारी करने की तारीख

Kiran Ramesh Nagawade

जारीकर्ता प्राधिकारी

Date of Issue

Issuing Authority

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

UHID: OSP34478	Date: 6/8/24	Time:
Patient Name: Kishan Nageswadi	Age /Sex: 37/M	Height:
	Weight:	
History: Routinely eye check-up ① Lens done		
Allergy History: No		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Ac - NPL Pupil - PL Colour - CLR VU 2 6/24 6/24		
Diagnosis:		

Doctor Name:- S/B Dr. Shreyas

UHID:	Date: 7/8/24	Time: 10:20 AM
Patient Name: <u>Kinam R. Nigewade</u>	Age/Sex: <u>37 years / male</u>	Height: Weight:
Chief Complain: <u>Come here for health check up.</u>		
History: <u>Not known co-morbidities.</u>		
Allergy History: <u>None</u>		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u> <input checked="" type="checkbox"/>		
Examination: <u>HR = 80 / min</u> <u>SpO₂ = 97 % on RA</u> <u>BP = 110 / 70 mm Hg</u>	<u>USG Abdo :- grade I fatty liver.</u> <u>Vit B12 = 172</u> <u>TG = 408.52.</u> <u>Rest all reports = WNL.</u>	
Diagnosis:		

Pt is fit.

Investigation

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	TAB.	MIBSON-SL	PO	1-0-0	X ① month	

Advice:

Follow-up:

Consultant's Sign:





LABORATORY REPORT



Name	KIRAN R NAGAWADE	Sex/Age	Male / 37 Years	Case ID	40802200214
Ref By		Dis At		Pt. ID	4255669
Bill Loc.	Aashka hospital			Pt. Loc	
Reg Date and Time	06-Aug-2024 09:25	Sample Type		Mobile No	
Sample Date and Time	06-Aug-2024 09:25	Sample Coll. By		Ref Id1	OSP34478
Report Date and Time		Acc. Remarks	Normal	Ref Id2	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Lipid Profile			
HDL Cholesterol	38.8	mg/dL	48 - 77
Triglyceride	408.52	mg/dL	<150
VLDL	81.70	mg/dL	10 - 40
Chol/HDL	4.46		0 - 4.1
Plasma Glucose - F	124.62	mg/dL	70 - 100
Vitamin B - 12 Level	172	pg/ml	187 - 883

Abnormal Result(s) Summary End

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

Printed On : 06-Aug-2024 15:21





LABORATORY REPORT



Name : **KIRAN R NAGAWADE** Sex/Age : **Male / 37 Years** Case ID : **40802200214**
 Ref.By : Dis. At : Pt. ID : **4255669**
 Bill. Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : **06-Aug-2024 09:25** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **06-Aug-2024 09:25** Sample Coll. By : Ref Id1 : **OSP34478**
 Report Date and Time : **06-Aug-2024 11:08** Acc. Remarks : **Normal** Ref Id2 :

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

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	15.5	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.45	millions/cumm	4.50 - 5.50
PCV(Calc)	45.89	%	40.00 - 50.00
MCV (RBC histogram)	84.2	fL	83.00 - 101.00
MCH (Calc)	28.4	pg	27.00 - 32.00
MCHC (Calc)	33.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.7	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6640	/μL	4000.00 - 10000.00		
Neutrophil	58	%	40.00 - 70.00	3851	/μL 2000.00 - 7000.00
Lymphocyte	34	%	20.00 - 40.00	2258	/μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00	199	/μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	332	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	267000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.71		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-Very Low L-Low H-High HH-Very High A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 2 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
 ✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : KIRAN R NAGAWADE	Sex/Age : Male / 37 Years	Case ID : 40802200214
Ref By :	Dis. At :	Pt. ID : 4255669
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 06-Aug-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 06-Aug-2024 09:25	Sample Coll. By :	Ref Id1 : OSP34478
Report Date and Time : 06-Aug-2024 11:22	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 15	

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 3 of 11

Printed On : 06-Aug-2024 15:21





LABORATORY REPORT



Name : KIRAN R NAGAWADE	Sex/Age : Male / 37 Years	Case ID : 40802200214
Ref.By :	Dis. At :	Pt. ID : 4255669
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 06-Aug-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 06-Aug-2024 09:25	Sample Coll. By :	Ref Id1 : OSP34478
Report Date and Time : 06-Aug-2024 11:06	Acc. Remarks : Normal	Ref Id2 :

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

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

ABO Type	O
Rh Type	POSITIVE

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 | 079-40408181 / 61618181
contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
www.neubergsupratech.com



LABORATORY REPORT



Name : **KIRAN R NAGAWADE** Sex/Age : **Male / 37 Years** Case ID : **40802200214**
 Ref.By : Dis. At : Pt. ID : **4255669**
 Bill. Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : **06-Aug-2024 09:25** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No :
 Sample Date and Time : **06-Aug-2024 09:25** Sample Coll. By : Ref Id1 : **OSP34478**
 Report Date and Time : **06-Aug-2024 12:45** Acc. Remarks : **Normal** Ref Id2 :
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H	124.62	mg/dL	70 - 100	
Plasma Glucose - PP <i>Photometric, Hexokinase</i>		136.7	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>		11.9	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>		5.78	mg/dL	3.5 - 7.2	
Creatinine		1.03	mg/dL	0.50 - 1.50	

VITAMIN B - 12

Vitamin B - 12 Level **L 172** pg/mL 187 - 883
CLIA

Introduction:

Vitamin B12, a member of the cobalamin 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.

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 11

Printed On : 06-Aug-2024 15:21





LABORATORY REPORT



Name : KIRAN R NAGAWADE	Sex/Age : Male / 37 Years	Case ID : 40802200214
Ref By :	Dis. At :	Pt ID : 4255669
Bill Loc : Aashka hospital		Pt Loc :
Reg Date and Time : 06-Aug-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 06-Aug-2024 09:25	Sample Coll. By :	Ref Id1 : OSP34478
Report Date and Time : 06-Aug-2024 11:57	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.94	% of total Hb	4.80 - 6.00	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	123.78	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 glycaemic 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 glycaemic 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 6 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
🌐 www.neubergsupratech.com



LABORATORY REPORT



Name : **KIRAN R NAGAWADE** Sex/Age : **Male / 37 Years** Case ID : **40802200214**
 Ref.By : Dis. At : Pt. ID : **4255669**
 Bill. Loc : **Aashka hospital** Pt. Loc :

Reg Date and Time : **06-Aug-2024 09:25** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **06-Aug-2024 09:25** Sample Coll. By : Ref Id1 : **OSP34478**
 Report Date and Time : **06-Aug-2024 12:45** Acc. Remarks : **Normal** Ref Id2 :

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric (CHOD-PAP)</i>	172.95	mg/dL	110 - 200	
HDL Cholesterol	L 38.8	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H 408.52	mg/dL	<150	
VLDL <i>Calculated</i>	H 81.70	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 4.46		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	52.45	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 >200-400
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and clinical context
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have been updated.
- Detailed interpretation available from the report
- 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 clinical context

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 7 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 | 079-40408181 / 61618181
 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name	KIRAN R NAGAWADE	Sex/Age	Male / 37 Years	Case ID	40802200214
Ref.By		Dis. At		PL ID	4255669
Bill. Loc.	Aashka hospital			Pt. Loc	
Reg Date and Time	06-Aug-2024 09:25	Sample Type	Serum	Mobile No	
Sample Date and Time	06-Aug-2024 09:25	Sample Coll. By		Ref Id1	OSP34478
Report Date and Time	06-Aug-2024 12:45	Acc. Remarks	Normal	Ref Id2	

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T <i>UV with P5P</i>	23.62	U/L	16 - 63
S.G.O.T <i>UV with P5P</i>	19.08	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic PNPP-AMP</i>	105.2	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	31.9	U/L	0 - 55
Proteins (Total) <i>Colorimetric Biuret</i>	8.20	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.84	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.36	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.44		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.53	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.33	mg/dL	0 - 0.8

Note: (L - Very Low | Low | H - High | HH - Very High | A - Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 8 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
🌐 www.neubergsupratech.com

LABORATORY REPORT



Name	KIRAN R NAGAWADE	Sex/Age	Male / 37 Years	Case ID	40802200214
Ref. By		Dis. At		Pt. ID	4255669
Bill. Loc	Aashka hospital			Pt. Loc	
Reg Date and Time	06-Aug-2024 09:25	Sample Type	Serum	Mobile No	
Sample Date and Time	06-Aug-2024 09:25	Sample Coll. By		Ref Id1	OSP34478
Report Date and Time	06-Aug-2024 11:58	Acc. Remarks	Normal	Ref Id2	

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

Thyroid Function Test

Triiodothyronine (T3)	104.79	ng/dL	70 - 204	
Thyroxine (T4) <i>CMA</i>	7.21	ng/dL	4.87 - 11.72	
TSH <i>CMA</i>	2.30	µIU/mL	0.4 - 4.7	

The subsequent Diagnostic Test 1282251 could not be found at the specified location C:\SLIMS\LAB\Acc_Data\BOL\CL Lab

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 generally is a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH levels indicate low thyroid hormone and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously 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 as a routine screening test when the s-TSH result is abnormal, appropriate follow-up tests (T4 & free T3 levels) should be performed. If TSH is between 0.5 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 hypothyroid 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 T3 and 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/↑	↓

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 06-Aug-2024 15:21



LABORATORY REPORT



Name : KIRAN R NAGAWADE	Sex/Age : Male / 37 Years	Case ID : 40802200214
Ref.By :	Dis. At :	Pt ID : 4255669
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 06-Aug-2024 09:25	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 06-Aug-2024 09:25	Sample Coll. By :	Ref Id1 : OSP34478
Report Date and Time : 06-Aug-2024 11:06	Acc. Remarks : Normal	Ref Id2 :

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

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	7.0		4.6 - 8
Leucocytes (E-STERASE)	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

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present (+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/HPF	Nil
Crystals	Nil	/HPF	Nil

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

Dr. Shreya Shah

MD (Pathologist)

Page 10 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
 ✉ contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 🌐 www.neubergsupratech.com



LABORATORY REPORT



Name	KIRAN R NAGAWADE	Sex/Age	Male / 37 Years	Case ID	40802200214
Ref.By		Dis. At		Pt. ID	4255669
Bill. Loc.	Aashka hospital			Pt. Loc	
Reg Date and Time	06-Aug-2024 09:25	Sample Type	Spot Urine	Mobile No	
Sample Date and Time	06-Aug-2024 09:25	Sample Coll. By		Ref Id1	OSP34478
Report Date and Time	06-Aug-2024 11:06	Acc. Remarks	Normal	Ref Id2	

Parameter	Unit	Expected value	Result Notifications				
			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	30	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	-	-	-	-	-

----- 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-Very Low L-Low H-High HH-Very High A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 11 of 11

Printed On : 06-Aug-2024 15:21



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181

contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

www.neubergsupratech.com

PATIENT NAME:KIRAN R NAGAWADE

GENDER/AGE:Male / 37 Years


DATE:06/08/24

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP34478

2D-ECHO

MITRAL VALVE	: MINIMALLY	
AORTIC VALVE	: SCLEROSÉD	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 37mm	
LV Dd / Ds	: 44/27mm	EF 60%
IVS / LVPW / D	: 11.7/11mm	BORDERLINE LVH
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.7m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 28mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	


CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

PATIENT NAME: KIRAN R NAGAWADE

GENDER/AGE: Male / 37 Years

DATE: 06/08/24

DOCTOR:

OPDNO: OSP34478

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.2 x 4.3 cms in size.

Left kidney measures about 10.1 x 4.2 cms in size.

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

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 16 cc.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: KIRAN R NAGAWADE

GENDER/AGE: Male / 37 Years

DATE: 06/08/24

DOCTOR:

OPDNO: OSP34478

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

06.08.2024 11:40:13 AM
AASHKA 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 : 120 ms
QT / QTcBaz : 410 / 439 ms
PR : 166 ms
P : 118 ms
RR / PP : 874 / 869 ms
P / QRS / T : 17 / 54 / -7 degrees

Normal sinus rhythm
Cannot rule out Inferior infarct , age undetermined
Abnormal ECG

