

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 की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	ARCHANABAHEN GOVINDBHAI DAMOR
जन्म की तारीख	05-12-1995
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-12-2023
बुकिंग संदर्भ सं.	23D179504100080390S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. BHARADA RAHUL JAYANTIBHAI
कर्मचारी की क.कू.संख्या	179504
कर्मचारी का पद	BRANCH OPERATIONS
कर्मचारी के कार्य का स्थान	KHERALU
कर्मचारी के जन्म की तारीख	30-03-1995

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 **20-12-2023** 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 पत्नी/पति की 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।)



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	ARCHANABAHEN GOVINDBHAI DAMOR
DATE OF BIRTH	05-12-1995
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-12-2023
BOOKING REFERENCE NO.	23D179504100080390S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BHARADA RAHUL JAYANTIBHAI
EMPLOYEE EC NO.	179504
EMPLOYEE DESIGNATION	BRANCH OPERATIONS
EMPLOYEE PLACE OF WORK	KHERALU
EMPLOYEE BIRTHDATE	30-03-1995

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 **20-12-2023** 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'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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

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

UHD:		Date: 23/12/23	Time: 4 PM
Patient Name: Ardhanaban Darnor.		Height:	
Age / Sex: 28/20 F	LMP:	Weight:	
History:			
C/C/O:		History:	
—		—	
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: 101.6			
Pulse: 140/78 mmHg			
BP:			
SPO2: 98% on RA			
Provisional Diagnosis:			

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

UHID:	Date:	Time:
Patient Name: ARCHANABEN K DAMAN		Age / Sex: 28 / F
		Height:
		Weight:
History: ECU RUSH CLINIC		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < G19 W < G19 < G16 G16 Calam N20 + dm		
Diagnosis:		



LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type :	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248561

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	100.96	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	5.00	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	74.3	fL	83.00 - 101.00
MCH (Calc)	24.0	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	219.38	mg/dL	110 - 200
Triglyceride	197.23	mg/dL	<150
LDL Cholesterol	120.33	mg/dL	0.00 - 100.00
ESR	24	mm after 1hr	3 - 20

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **23-Dec-2023 10:14** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **23-Dec-2023 10:14** Sample Coll. By : Ref Id1 : **OSP32845**
 Report Date and Time : **23-Dec-2023 11:00** Acc. Remarks : **Normal** Ref Id2 : **O23248561**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.00	millions/cumm	3.80 - 4.80
PCV(Calc)	37.15	%	36.00 - 46.00
MCV (RBC histogram)	L 74.3	fL	83.00 - 101.00
MCH (Calc)	L 24.0	pg	27.00 - 32.00
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.50	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6380	/μL	4000.00 - 10000.00		
Neutrophil	[%] 58.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 3700	EXPECTED VALUES /μL 2000.00 - 7000.00
Lymphocyte	34.0	%	20.00 - 40.00	2169	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	128	/μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	383	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	254000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.71		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)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
Ref.By : Dis. At : Pt. ID : **3217412**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 11:35	Acc. Remarks : Normal	Ref Id2 : O23248561

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	H 24	mm after 1hr	3 - 20	

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
Ref.By : Dis. At : Pt. ID : **3217412**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 10:58	Acc. Remarks : Normal	Ref Id2 : O23248561

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 : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Dec-2023 10:14** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **23-Dec-2023 10:14** Sample Coll. By : Ref Id1 : **OSP32845**
 Report Date and Time : **23-Dec-2023 12:27** Acc. Remarks : **Normal** Ref Id2 : **O23248561**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

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

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.020		1.005 - 1.030
pH	6.00		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

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	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 23-Dec-2023 10:14 Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : 23-Dec-2023 10:14 Sample Coll. By : Ref Id1 : **OSP32845**
 Report Date and Time : 23-Dec-2023 12:27 Acc. Remarks : **Normal** Ref Id2 : **O23248561**

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

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

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

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 13:57	Acc. Remarks : Normal	Ref Id2 : O23248561
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 100.96	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	98.63	mg/dL	70.0 - 140.0

Note: 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)

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Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **23-Dec-2023 10:14** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **23-Dec-2023 10:14** Sample Coll. By : Ref Id1 : **OSP32845**
 Report Date and Time : **23-Dec-2023 13:31** Acc. Remarks : **Normal** Ref Id2 : **O23248561**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	219.38	mg/dL	110 - 200
HDL Cholesterol		59.6	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	197.23	mg/dL	<150
VLDL <i>Calculated</i>		39.45	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		3.68		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	120.33	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 assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglycende has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 13:51	Acc. Remarks : Normal	Ref Id2 : O23248561

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	16.03	U/L	14 - 59
S.G.O.T. <i>UV with P5P</i>	18.65	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	114.16	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	19.39	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	8.16	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.84	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.32	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.44	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.25	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.19	mg/dL	0 - 0.8

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

Dr. Shreya Shah
M.D. (Pathologist)

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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
Ref.By : Dis. At : Pt. ID : **3217412**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 13:31	Acc. Remarks : Normal	Ref Id2 : O23248561

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.3	mg/dL	7.00 - 18.70	
Creatinine	0.66	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	5.20	mg/dL	2.6 - 6.2	

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **ARCHANAHBEN G DAMOR** Sex/Age : **Female/ 28 Years** Case ID : **31202200521**
 Ref.By : Dis. At : Pt. ID : **3217412**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **23-Dec-2023 10:14** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **23-Dec-2023 10:14** Sample Coll. By : Ref Id1 : **OSP32845**
 Report Date and Time : **23-Dec-2023 10:44** Acc. Remarks : **Normal** Ref Id2 : **O23248561**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.64		<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	115.17	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 glycemc 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 glycemc 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)

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LABORATORY REPORT



Name : ARCHANAHBEN G DAMOR	Sex/Age : Female/ 28 Years	Case ID : 31202200521
Ref.By :	Dis. At :	Pt. ID : 3217412
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 11:51	Acc. Remarks : Normal	Ref Id2 : O23248561

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	88.15	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.29	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	0.88	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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LABORATORY REPORT



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Report Date and Time : 23-Dec-2023 11:51	Acc. Remarks : Normal	Ref Id2 : O23248561

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microu/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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M.D. (Pathologist)

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LABORATORY REPORT



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Ref.By :	Dis. At :	Pt. ID : 3217412
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 10:14	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Dec-2023 10:14	Sample Coll. By :	Ref Id1 : OSP32845
Report Date and Time : 23-Dec-2023 13:57	Acc. Remarks : Normal	Ref Id2 : O23248561

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
VITAMIN B - 12				
Vitamin B - 12 Level	218.0	pg/mL	180 - 914	

Introduction :

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

Clinical Significance :

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

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

Decreased in:

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

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

Pending Services

Liquid Base Cytology PAP

----- 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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Name: Areha Daurah . Age: 28

Complaints:
no period

No of deliveries:
Last Delivery: no period April: 2021

History of abortion: H/O medical conditions associated:

Last abortions: DM
HTN
Thyroid

MH: recept Reg: -

LMP: 2/12/23

P/A: off

P/S: off

P/V: off

Sample:-
Vagina
Cervix

Doctors Sign:- [Signature]

PATIENT NAME: ARCHANABAHEN GOVINDBHAI DAMOR

GENDER/AGE: Female / 28 Years

DATE: 23/12/23

DOCTOR: DR. SUBIR GHOSH

OPDNO: OSP32845

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: NORMAL	
LEFT ATRIUM	: NORMAL	
LV Dd / Ds	: 42/28mm	EF 60%
IVS / LVPW / D	: NORMAL	
IVS	: NORMAL	
IAS	: NORMAL	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: NORMAL	
AORTIC	: NORMAL	
PULMONARY	: NORMAL	
COLOUR DOPPLER	:	
RVSP	:	
CONCLUSION	: NORMAL STUDY.	

CARDIOLOGIST
DR. SUBIR GHOSH



REPORT REPORT REPORT REPORT REPORT

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:ARCHANABAHEN GOVINDBHAI DAMOR

GENDER/AGE:Female / 28 Years

DATE:23/12/23

DOCTOR:

OPDNO:OSP32845

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.1 x 4.6 cms in size.
Left kidney measures about 10.0 x 4.3 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 160 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.0 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

23.12.2023 11:32:20 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

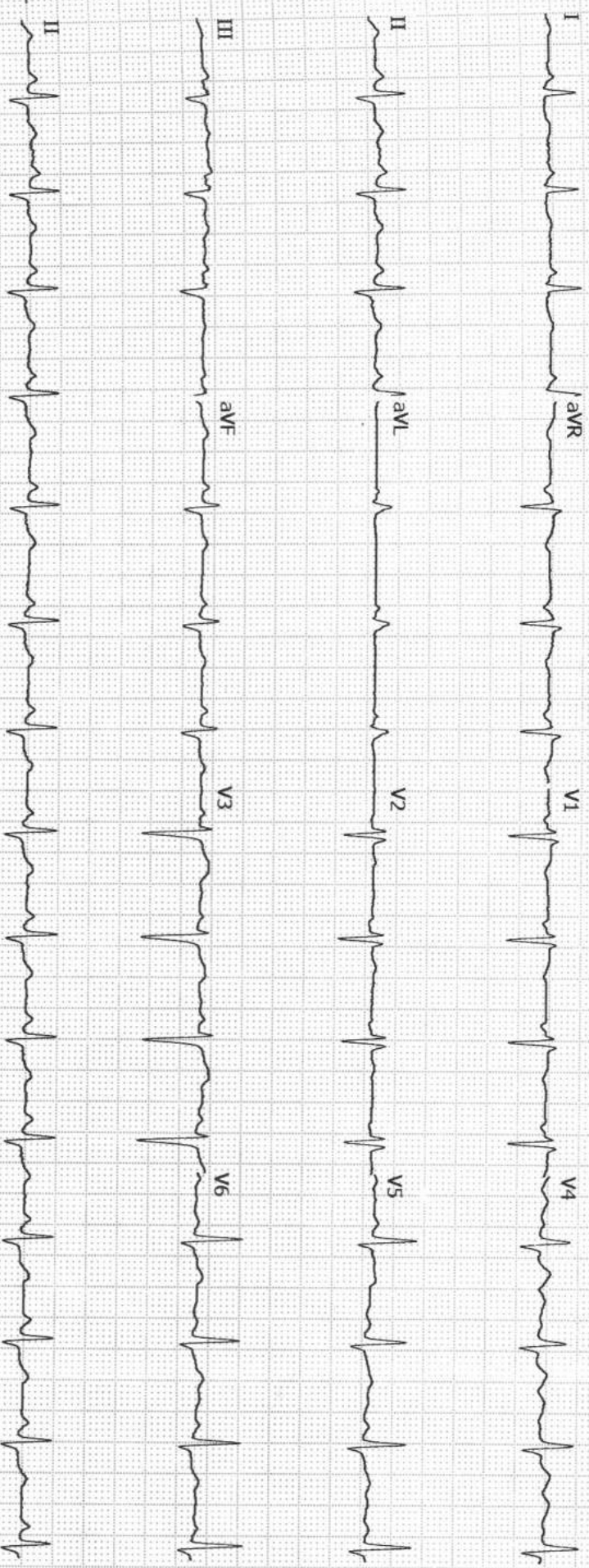
Room:

89 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 94 ms
QT / QTcBaz : 346 / 420 ms
PR : 126 ms
P : 102 ms
RR / PP : 670 / 674 ms
P / QRS / T : 47 / 17 / 50 degrees

Normal sinus rhythm with sinus arrhythmia
Incomplete right bundle branch block
Borderline ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0:56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Unconfirmed