



LETTER OF AUTHORITY FOR SUBSIDY FUNDATION

To,

The Coordinator,
Medhiscare (Aarogya) Healthcare Limited,
Helpline number: 011-41958889

Dear Sir / Madam,

Subj: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employees wish to avail the facility of Cashless Annual Health Checkup provided by you in accordance with their agreement.

PARTICULARS		EMPLOYEE DETAILS
NAME		MRS. KESUR ALKALAMIT
EC NO.		01248
DESIGNATION		SINGLE WINDOW OPERATOR
PLACE OF WORK		CANDLI NAGAR WITHDRA SHEMA
BIRTHDATE		17-12-1988
PROPOSED DATE OF HEALTH CHECKUP		27-01-2024
BOOKING REFERENCE NO.		20M1072037000204526

This letter of approval is being furnished to you for your perusal along with copy of the Bank of Baroda employee id card. The approval is valid till 31-03-2024. The list of medical tests to be conducted is provided in the enclosure to this letter. Please note that the said health checkup is a cashless facility as per our health management. We request you to attend to the health checkup requirement of our employees and send your feedback and any other resources in this regard. The EC Number and the booking reference number are given in the above table shall be mentioned in the receipt, 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. This is a distribution. Please do not redistribute. (2023/24)
Bank of Baroda





SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CAC
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/VLDL ratio	HDL/VLDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Prostate (T, Albumin, Creatinine)	Prostate (T, Albumin, Creatinine)
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 Echocardiogram	2D/3D Echocardiogram
Society Test	Society Test
25% Male (above 40 years)	Thyroid Profile (T3, T4, TSH, IL-6)
25% Male (above 40 years)	Menopausal (above 40 years)
25% Male (above 40 years)	and Lipid Panel (above 40 years)
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Physician Consultation
Eye Check-up consultation	Eye Check-up consultation
3-D/FNT consultation	3-D/FNT consultation
	Spine Consultation







बैंक ऑफ बरोडा
Bank of Baroda

नाम
Name

Alka Amit Kesar

कर्मचारी कोड नं.
Employee Code No.

101249

जारीकर्ता अधिकारी
Issuing Authority

Signature of Holder

धारक के हस्ताक्षर



27.01.2024 10:34:58 AM

AASHKA HOSPITAL, LTD.
SARIGASAN
GANDHINAGAR

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

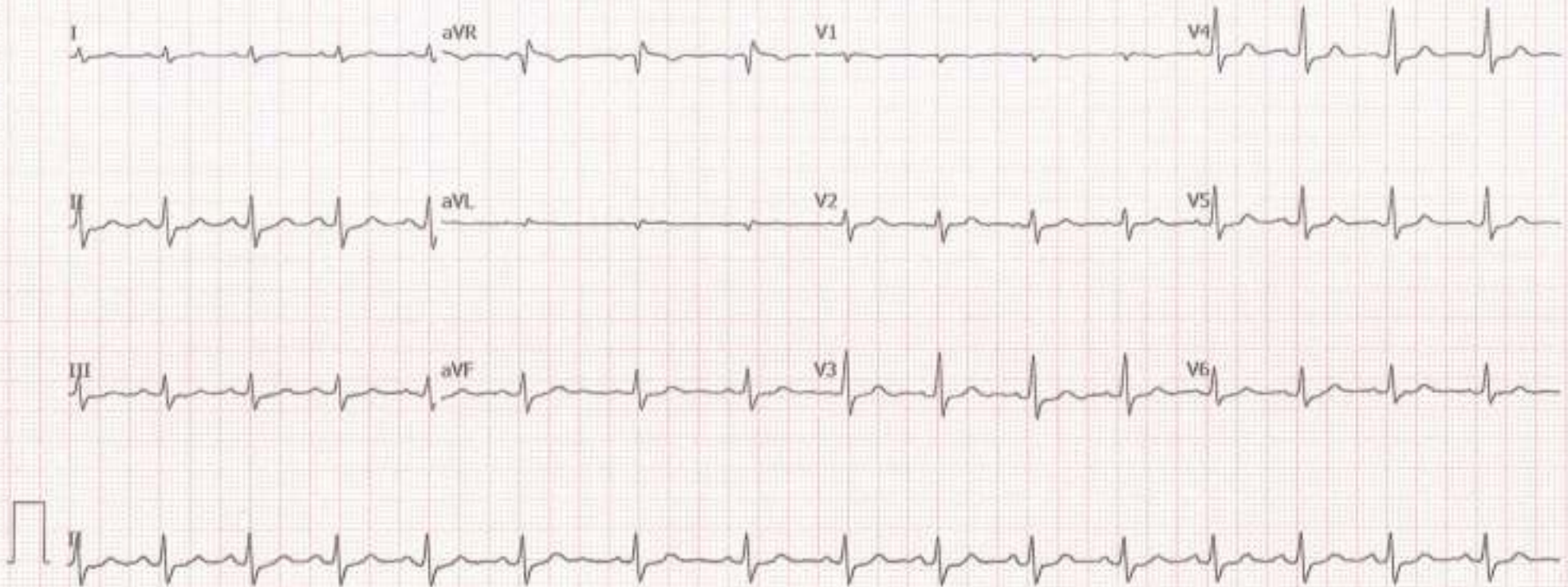
Room:

95 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 90 ms
QT / QTcBaz : 342 / 429 ms
PR : 122 ms
P : 60 ms
RR / PP : 632 / 631 ms
P / QRS / T : 44 / 58 / 39 degrees

Normal sinus rhythm with sinus arrhythmia
Nonspecific ST abnormality
Abnormal ECG





Name: Asha Keshri Age: 41 yrs

Complaints:
None

No of deliveries: 1 Fetal death

Last Delivery: —

History of abortion: norm

H/O medical conditions associated:
DM
HTN
Thyroid

Last abortions: norm

MH: Recast Reg: —

LMP: 12/1/24

P/A: Soft

P/S: AG

PN: w/d loss (+)

Sample:-
Vagina
Cervix

Doctors Sign: Subhashi

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

UHID:	Date: 27/11/2024 Time:
Patient Name: ALKA AMIT KESUR	Age / Sex: 40 / F Height: Weight:
Chief Complain:	Routine dental check-up
History:	
Allergy History:	
Nutritional Screening: Well-Nourished / Malnourished / Obese	
-amination:	+ Stein + calculus
Extra oral :	
Intra oral - Teeth Present :	
Teeth Absent :	
Diagnosis:	Chronic generalized gingivitis

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

UHID:	Date: 27/01/24	Time: 11:10
Patient Name: Aaloka	Age / Sex: 41 / F	Height: Weight:
History: C10 Hesthi chud. ft hm 2om lagan E J torles chn.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Vr 6/60 6/24 VNT (contd) 6/6 6/6 6/6		Color's vision - Normal
Diagnosis:		Posterior cataract

Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.

Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: ALKA ANANT KESUA.

Date: 27/1/2024

AGE: 41 yrs.

SEX: F

Pulse= 88/min.

Height:

B.P. = 120/80 mm Hg.

Chief Complaints:

R.R.= 21/min.

None.

Spo2= 99%.

Temp.= N

R.B.S.= 41.41 mg/dl.

Sleep cycle: N .

E.C.G.: N

Body built / Nutritional status: OK.

Any known allergies: None.

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

None.

" F.F.T FOR DUTY "

AD

Provisional Diagnosis:

*General Examination: -

- Lymph node enlargement: N

Clubbing:

Cyanosis:

*On Examination:-

-Breath sounds: Normal Breath sound / Wheezing/Crackles/Stridor/Rhanchi/Plural-friction-rub.

- Chest movements: N

- Air entry: AE = BF.

Rx,

ADT:

① Lipid

② file

③ life

④ style

⑤ menths

⑥ modification.

⑦ F.F.T FOR

DOB.

Dr. Maulik Vyas

Advices:

- 1) Chest X ray (PA),
 - 2) USG Abdomen ,
 - 3) HRCT thorax (P) / Contrast,
 - 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
 - 5) Pulmonary Function Test (PFT) with /without DLCO,
 - 6) Bronchoscopy (Flexible / Rigid),
 - 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),
 - 8) Sputum Examination (Routine / Microscopic / Microbiological),
 - 9) Blood Investigations:-
 - CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile,
- Thyroid profile (T3, T4, TSH).
- ABG (Arterial blood gas),
 - D- Dimmer level,
 - Procalcitonin level,
- *Tumor markers:-
- CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE)(Small cell carcinoma),
 - SCC(Squamous cell carcinoma antigen).
- 10) Follow up after 1 days/months.
 - 11) Inform SOS.
 - 12) Admission.


M. B. Vyas
Dr. Maulik Vyas
Mob: 9923650226.

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Alkhan Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE	:			
AORTIC VALVE	:			
TRICUSPID VALVE	:			
PULMONARY VALVE	:			
AORTA	:			
LEFT ATRIUM	:			
LV Dd/ Ds	:			
IVS / LVPW / D	:			
IVS	:			
IAS	:			
RA	:			
RV	:			
PERICARDIUM	:			
VEL	:		PEAK	MEAN
M/S	:		Gradient mm Hg	Gradient mm Hg
MITRAL	:			
AORTIC	:			
PULMONARY	:			
COLOUR DOPPLER	:			
RSVP	:			
CONCLUSION	:			

RF: 60%







Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-25750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2912PLC072647

 **aashka**
H O S P I T A L



PATIENT NAME: ALKA AMIT KESUR

GENDER/AGE: Female / 40 Years

DOCTOR:

OPDNO: OSP33121

DATE: 27/01/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings,
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: ALKA AMIT KESUR

GENDER/AGE: Female / 40 Years

DOCTOR:

OPDNO: OSP33121

DATE: 27/01/24

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 9.7 x 4.3 cms in size.

Left kidney measures about 9.4 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 60 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 6.2 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



LABORATORY REPORT



Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years

Class ID : 40102200596

Ref.By :

Dis. At :

PL ID : 3302528

Bill. Loc. : Aashka hospital

PL Loc. :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type :

Mobile No. :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 : O23249510

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	10.2	G%	12.0 - 15.0
RBC (Electrical Impedance)	5.72	millions/cu mm	3.80 - 4.80
PCV(Calc)	35.24	%	36.00 - 46.00
MCV (RBC histogram)	61.6	fL	83.00 - 101.00
MCH (Calc)	17.8	pg	27.00 - 32.00
MCHC (Calc)	28.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	17.30	%	11.00 - 16.00
Total WBC Count	3620	/µL	4000.00 - 10000.00
Lymphocyte	50.0	%	20.00 - 40.00
Neutrophil	1557	/µL	2000.00 - 7000.00
Lipid Profile			
Cholesterol	203.61	mg/dL	110 - 200
HDL Cholesterol	44.2	mg/dL	48 - 77
Chol/HDL	4.61	0 - 4.1	
LDL Cholesterol	144.23	mg/dL	0.00 - 100.00
Uric Acid	2.36	mg/dL	2.6 - 6.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years

Case ID : 40102200596

Ref.By :

Dis. At :

PL ID : 3302626

Bil. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:03 Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03 Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:44 Acc. Remarks : Normal

Ref Id2 : O23249510

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L	10.2	G%	12.0 - 15.0
RBC (Electrical Impedance)	H	5.72	millions/cumm	3.80 - 4.80
PCV(Calc)	L	35.24	%	36.00 - 46.00
MCV (RBC histogram)	L	61.6	fL	83.00 - 101.00
MCH (Calc)	L	17.8	pg	27.00 - 32.00
MCHC (Calc)	L	28.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H	17.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	L	3620	/µL	4000.00 - 10000.00
Neutrophil	L	43.6	%	40.00 - 70.00
Lymphocyte	H	50.0	%	20.00 - 40.00
Eosinophil		1.0	%	1.00 - 6.00
Monocytes		6.0	%	2.00 - 10.00
Basophil		0.0	%	0.00 - 2.00

EXPECTED VALUES	L	1657	/µL	2000.00 - 7000.00
EXPECTED VALUES	L	1810	/µL	1000.00 - 3000.00
EXPECTED VALUES	L	38	/µL	20.00 - 500.00
EXPECTED VALUES	L	217	/µL	200.00 - 1000.00
EXPECTED VALUES	L	0	/µL	0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count		352000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		0.86		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Lymphocytosis
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. (Pathology)

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LABORATORY REPORT



Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years

Case ID : 40102200596

Ref.By :

Dis. At :

Pt. ID : 3302628

Bill. Loc. : Ashika hospital

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:46

Acc. Remarks : Normal

Ref Id2 : O2324651D

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR
Westergren Method

9

mm after 1hr 3 - 20

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : ALKA AMIT KESUR

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Pt. Loc :

Csse ID : 40102200596

PL ID : 3302528

Reg Date and Time : 27-Jan-2024 09:03 Sample Type : Whole Blood EDTA

Sample Date and Time : 27-Jan-2024 09:03 Sample Coll. By :

Mobile No :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 09:18 Acc. Remarks : Normal

Ref Id2 : O23249510

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

Rh Type

A

POSITIVE

Note: [LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal]



Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years Case ID : 40102200598

Ref.By :

Dis. At : 3302528

Bill. Loc. : Aashika hospital

Pl. Loc. :

Reg Date and Time : 27-Jan-2024 09:03 Sample Type : Spot Urine

Mobile No. :

Sample Date and Time : 27-Jan-2024 09:03 Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 09:39 Acc. Remarks : Normal

Ref Id2 : O23249510

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 : >1.025

pH : <5.5

Leucocytes (ESTERASE) : Negative

Protein : Negative

Glucose : Negative

Ketone Bodies Urine : Negative

Urobilinogen : Negative

Bilirubin : Negative

Blood : Negative

Nitrite : Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte : Nil /HPF

Red Blood Cell : Nil /HPF

Epithelial Cell : Present + /HPF

Bacteria : Nil /uL

Yeast : Nil /uL

Cast : Nil /LPF

Crystals : Nil /HPF

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : ALKA AMIT KESUR

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

Case ID : 40102200696

Pt. ID : 3302628

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:03 Sample Type : Spot Urine

Sample Date and Time : 27-Jan-2024 09:03 Sample Coll. By :

Report Date and Time : 27-Jan-2024 09:39 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33121

Ref Id2 : O23249510

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6
Ketone	mg/dL	Negative (<5)	5	15	50	150
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12

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

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



Dr. Shreya Shah

M.D. (Pathology)

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LABORATORY REPORT



Name : ALKA AMIT KESUR Sex/Age : Female/ 41 Years Case ID : 40102200596
 Ref By : Dis. At : PL ID : 3302625
 Bill. Loc. : Aashika hospital PL Loc :

Reg Date and Time : 27-Jan-2024 09:03 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No :
 Sample Date and Time : 27-Jan-2024 09:03 Sample Coll. By : Ref Id1 : OSP33121
 Report Date and Time : 27-Jan-2024 12:01 Acc. Remarks : Normal Ref Id2 : O23249510
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F 99.44 mg/dL 70 - 100
Plasma Glucose, Fasting
Plasma Glucose - PP 111.41 mg/dL 70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.
 <100 mg/dL : Normal level
 100-<125 mg/dL: Impaired fasting glucose level
 >=125 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years Case ID : 40102200596

Ref.By :

Dis. At : PL ID : 3302628

Bill. Loc. : Aashka hospital

Pl. Loc. :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Serum

Mobile No. :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:09

Acc. Remarks : Normal

Ref Id2 : O23249510

TEST RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colometric, CHCO-POD	H	203.61	mg/dL	110 - 200
HDL Cholesterol	L	44.2	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase		75.92	mg/dL	<150
VLDL Calculated		15.18	mg/dL	10 - 40
Chol/HDL Calculated	H	4.61		0 - 4.1
LDL Cholesterol Calculated	H	144.23	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF HDL

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

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

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



Dr. Shreya Shah
M.D. (Pathology)

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LABORATORY REPORT



Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years Case ID : 40102200596

Ref.By :

Dis. At : PL ID : 3302628

Bill. Loc. : Aashka hospital

Pl. Loc :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Serum

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:10

Acc. Remarks : Normal

Ref Id2 : O23249510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. U/V with P5P	24.36	U/L	14 - 59	
S.G.O.T. U/V with P5P	29.95	U/L	15 - 37	
Alkaline Phosphatase Enzymatic PNPP-ALP	48.50	U/L	45 - 116	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	24.28	U/L	0 - 39	
Proteins (Total) Colorimetric Buret	8.30	gm/dL	6.40 - 8.30	
Albumin Bromocresol purple	5.00	gm/dL	3.4 - 5	
Globulin Calculated	3.30	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.5		1.0 - 2.1	
Bilirubin Total Photometry	0.55	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazoation reaction	0.23	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.32	mg/dL	0 - 0.8	

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years

Case ID : 40102200696

Ref.By :

Dis. At :

PL ID : 3302628

Bill. Loc. : Asshka hospital

PL Loc :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Serum

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:10

Acc. Remarks : Normal

Ref Id2 : O23249510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) BUN	10.6	mg/dL	7.00 - 18.70	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid Uricase	L 2.36	mg/dL	2.6 - 8.2	

Note: (L-Low, V-Very Low, H-High, VH-Very High, A-Abnormal)



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LABORATORY REPORT

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years Case ID : 40102200596

Ref.By :

Dis. At : Pt. ID : 3302928

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 09:39

Acc. Remarks : Normal

Ref Id2 : 023249510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.18	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	101.97	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,βE,βC) HbA1c can not be quantified 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)



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LABORATORY REPORT

Name : ALKA AMIT KESUR

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 41 Years

Dis. At :

PL Loc :

Case ID : 40102200595

PL ID : 3302928

PL Loc :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Serum

Mobile No :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:10

Acc. Remarks : Normal

Ref Id2 : O23249510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	108.70	ng/dL	70 - 204	
Thyroxine (T4) CMA	5.83	ng/dL	4.87 - 11.72	
TSH CMA	1.50	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), PRTH 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 anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

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

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

Name : ALKA AMIT KESUR

Sex/Age : Female/ 41 Years

Case ID : 40102200595

Ref.By :

Dis. At :

Pt. ID : 3302628

Bill. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:03

Sample Type : Serum

Mobile No. :

Sample Date and Time : 27-Jan-2024 09:03

Sample Coll. By :

Ref Id1 : OSP33121

Report Date and Time : 27-Jan-2024 10:10

Acc. Remarks : Normal

Ref Id2 : O23249510

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, a suppressed s-TSH indicates inadequate thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and elevated s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so that is not the ideal setting to assess thyroid function. However, given in these patients, s-TSH works better than total thyroxine (or 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 1.0 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 hypothyroid patients, hypothyroidism 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 as pregnancy.

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microU/ml)

0.24 - 2.00

0.43-2.2

0.8-3.5

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

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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