



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MR. MANDAL SAUMITRA
क. क्र.संख्या	104781
पदनाम	BRANCH HEAD
कार्य का स्थान	KALYANPUR, MEHSANA
जन्म की तारीख	25-03-1991
स्वास्थ्य जांच की प्रस्तावित तारीख	27-01-2024
बुकिंग संदर्भ सं.	23M104781100086130E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ीदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-01-2024 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 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 बड़ीदा

(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।)



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arocfemi 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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. MANDAL SAUMITRA
EC NO.	104781
DESIGNATION	BRANCH HEAD
PLACE OF WORK	KALYANPUR, MEHSANA
BIRTHDATE	25-03-1991
PROPOSED DATE OF HEALTH CHECKUP	27-01-2024
BOOKING REFERENCE NO.	23M104781100086130E

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 **25-01-2024** 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 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 (Arocfemi Healthcare Limited))



बिहार विधान सभा
Bihar Vidhan Sabha

श्रीमती सावित्री
Savitri Mendel

104701



श्रीमती सावित्री
Savitri Mendel

104701

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: SAMRITHA MANDAL

AGE: 33y. SEX: M

Height: Weight:

Chief Complaints:

None.

Body built / Nutritional status:

Any known allergies:

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

Provisional Diagnosis: "FIT FOR DUTY"

*General Examination:-

- Lymph node enlargement: None.

*On Examination:-

-Breath sounds: Normal Breath sound / Wheezing / Crackles / Stridor / Rhonchi / Plural friction rub,

- Chest movements: (N)

Rx,

- Air entry: AE = GE.

Adv: ① Life style modification,

② Inform sor.

③ FIT FOR DUTY

Rx

Tab. FENOFIBRATE (160)

0 - 1 x 1 months.

Date: 22/11/2024.

Pulse= 80/min.

B.P.= 120/80mm Hg.

R.R.= 18/min

Spo2= 96%.

Temp.= (N)

R.B.S.= 105mg/dl.

Sleep cycle (N)

E.C.G. (N)



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 | days/months.
- 11) Inform SOS.
- 12) Admission.

Sub. MAL
Dr. Maulik Vyas
Mob:- 9923650226.

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

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

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

MITRAL VALVE	:			
AORTIC VALVE	:			
TRICUSPID VALVE	:			
PULMONARY VALVE	:			
AORTA	:			
LEFT ATRIUM	:			
LV Dd/ Ds	:			Fit: 60%
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	:			





LABORATORY REPORT



Name : SAUMITRA MANDAL

Sex/Age : Male / 33 Years

Case ID : 40102200599

Ref.By :

Dis. At :

Pt. ID : 3302765

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type :

Mobile No : 8295604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time :

Acc. Remarks : Normal

Ref Id2 : O2349512

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	105.21 ✓	mg/dL	70 - 100
Haemogram (CBC)			
Eosinophil	12.0	%	1.00 - 6.00
Eosinophil	930	/µL	20.00 - 500.00
Lipid Profile			
Cholesterol	214.87	mg/dL	110 - 200
HDL Cholesterol	43.3	mg/dL	48 - 77
Triglyceride	270.55	mg/dL	<150
VLDL	54.11	mg/dL	10 - 40
Chol/HDL	4.96		0 - 4.1
LDL Cholesterol	117.46	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT

Name : SAUMITRA MANDAL Sex/Age : Male / 33 Years Case ID : 40102200599
 Ref.By : Dis. At : Pl. ID : 3302765
 Bill. Loc. : Ashks hospital PL Loc :

Reg Date and Time : 27-Jan-2024 09:43 Sample Type : Whole Blood EDTA Mobile No : 6295604440
 Sample Date and Time : 27-Jan-2024 08:43 Sample Cell. By : Ref Id1 : OSP33123
 Report Date and Time : 27-Jan-2024 10:11 Acc. Remarks : Normal Ref Id2 : O2349512

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

HAEMOGRAM REPORT

HB AND INDICES	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Haemoglobin	15.7	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.02	millions/cumm	4.50 - 5.50	
PCV(Calc)	47.79	%	40.00 - 50.00	
MCV (RBC histogram)	95.2	fL	83.00 - 101.00	
MCH (Calc)	31.3	pg	27.00 - 32.00	
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.70	%	11.00 - 16.00	
<u>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</u>				
Total WBC Count	7750	/uL	4000.00 - 10000.00	
Neutrophil	61.6	%	40.00 - 70.00	EXPECTED VALUES /uL 2000.00 - 7000.00
Lymphocyte	23.0	%	20.00 - 40.00	1783 /uL 1000.00 - 3000.00
Eosinophil	H 12.0	%	1.00 - 6.00	H 930 /uL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	310 /uL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /uL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	281000	/uL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.65		0.76 - 3.63

SMEAR STUDY

RBC Morphology Normocytic Normochromic RBCs.
 WBC Morphology Eosinophilia
 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 : SAUMITRA MANDAL

Sex/Age : Male / 33 Years

Case ID : 40102200599

Ref.By :

Dis. At :

PL ID : 3302765

Bill. Loc. : Aashka hospital

Pl. Loc. :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Whole Blood EDTA

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 11:51

Acc. Remarks : Normal

Ref Id2 : 02349512

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

ESR
Westergren Method

04

mm after 1hr 3 - 15

Note: (L,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 : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Ashhka hospital

Sex/Age : Male / 33 Years

Case ID : 40102200599

Dis. At : 3302766

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Whole Blood EDTA

Mobile No : 8285604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 10:28

Acc. Remarks : Normal

Ref Id2 : O2349512

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

O

Rh Type

POSITIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Sex/Age : Male / 33 Years Case ID : 401022006899

Ref.By :

Dis. At : Pt. ID : 3302765

Bll. Loc. : Aashka hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:43 Sample Type : Spot Urine

Mobile No : 8286604440

Sample Date and Time : 27-Jan-2024 09:43 Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 10:56 Acc. Remarks : Normal

Ref Id2 : Q2349512

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 1.005 - 1.030

pH : 5.50 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial reporting and compliance with regulatory requirements. This section also highlights the role of internal controls in preventing errors and fraud, and the need for regular audits to ensure the integrity of the data.

2. The second part of the document focuses on the implementation of robust risk management strategies. It outlines the process of identifying, assessing, and mitigating various risks that could impact the organization's operations and financial stability. This includes the development of risk registers, the establishment of risk appetite, and the implementation of control measures to reduce the likelihood and impact of adverse events. The document also discusses the importance of communication and reporting in risk management, ensuring that all stakeholders are aware of the organization's risk profile and the actions being taken to address it.

3. The third part of the document addresses the need for continuous improvement and innovation. It stresses that organizations must regularly evaluate their processes and systems to identify areas for enhancement and to adopt new technologies and practices that can drive efficiency and growth. This involves fostering a culture of learning and experimentation, encouraging employees to share ideas and best practices, and investing in research and development to stay ahead of the competition. The document also highlights the importance of monitoring and measuring performance against key indicators to track progress and make data-driven decisions.

4. The final part of the document discusses the importance of stakeholder engagement and communication. It emphasizes that organizations must maintain open and transparent lines of communication with all stakeholders, including customers, employees, investors, and regulators. This involves providing timely and accurate information, listening to feedback, and addressing concerns proactively. The document also discusses the role of communication in building trust and credibility, and the importance of having a clear and consistent message across all channels. Finally, the document concludes by reiterating the importance of these key areas and the need for ongoing commitment and effort to ensure long-term success and sustainability.



LABORATORY REPORT

Name : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 40102200599

PL ID : 3302755

PL Loc :

Mobile No : 6295604440

Ref Id1 : OSP33123

Ref Id2 : O2346512

Reg Date and Time : 27-Jan-2024 09:43 Sample Type : Spot Urine

Sample Date and Time : 27-Jan-2024 09:43 Sample Coll. By :

Report Date and Time : 27-Jan-2024 10:56 Acc. Remarks : Normal

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)	/hpf	<2	-	-	-	-	-

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 40102300599

PL ID : 3302755

PL Loc :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No : 6286604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 13:12

Acc. Remarks : Normal

Ref Id2 : O2349512

REMARKS

RESULTS UNIT BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F Photometric Hexokinase	H	105.21	mg/dL	70 - 100
Plasma Glucose - PP Photometric Hexokinase		131.32	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL : Impaired fasting glucose guidelines

>=126 mg/dL : Probability of Diabetes, Confirm as per guidelines

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



Dr. Shreya Shah

M.D. (Pathology)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Pt. Loc :

Case ID : 40102200599

Pt. ID : 3302765

Reg Date and Time : 27-Jan-2024 09:43

Mobile No : 5285604440

Sample Type : Serum

Ref Id1 : OSP3123

Sample Date and Time : 27-Jan-2024 09:43

Ref Id2 : O2349512

Report Date and Time : 27-Jan-2024 13:12

Acc. Remarks : Normal

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric CHOD-PAP	H	214.87	mg/dL	110 - 200
HDL Cholesterol	L	43.3	mg/dL	49 - 77
Triglyceride Glycerol Phosphate Oxidase	H	270.55	mg/dL	<150
VLDL Calculated	H	54.11	mg/dL	10 - 40
Chol/HDL Calculated	H	4.96		0 - 4.1
LDL Cholesterol Calculated	H	117.46	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 >40	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 assessment.
- 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 assessment.

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 40102200599

Pt. ID : 3302765

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:43 Sample Type : Serum

Sample Date and Time : 27-Jan-2024 09:43 Sample Coll. By :

Report Date and Time : 27-Jan-2024 12:05 Acc. Remarks : Normal

Mobile No : 6295604440

Ref Id1 : OSP33123

Ref Id2 : O2349512

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. UV with PSp	27.43	U/L	16 - 63	
S.G.O.T. UV with PSp	25.97	U/L	15 - 37	
Alkaline Phosphatase Enzymatic PVPP-Alp	114.42	U/L	45 - 116	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	39.65	U/L	0 - 55	
Proteins (Total) Colorimetric, Buret	8.30	gm/dL	6.40 - 8.30	
Albumin Bromocresol purple	4.95	gm/dL	3.4 - 5	
Globulin Calculated	3.35	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.5		1.0 - 2.1	
Bilirubin Total Photometry	0.52	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reactor	0.16	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.36	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 : SAUMITRA MANDAL

Ref. By :

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Dis. At. :

Case ID : 40102200599

PL ID : 3302765

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Serum

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 11:51

Acc. Remarks : Normal

Ref Id2 : O2349512

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BUN (Blood Urea Nitrogen) GLDH 12.3 mg/dL 8.80 - 20.60

Creatinine 0.92 mg/dL 0.50 - 1.50

Uric Acid Uricase 7.00 mg/dL 3.5 - 7.2

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 : SAUMITRA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

PL ID :

PL Loc :

Case ID : 40102200599

PL ID : 3302765

Mobile No : 6095604440

Ref Id1 : DSP33123

Ref Id2 : O2349512

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Whole Blood EDTA

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Report Date and Time : 27-Jan-2024 10:52

Acc. Remarks : Normal

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C

4.93

mg/dL

REMARKS

% of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes
Not available

Estimated Avg Glucose (3 Mths)
Calculated

94.79

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 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_{1c} 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. (Pathology)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Ref.By : Sex/Age : Male / 33 Years Case ID : 40102200599

Bill. Loc. : Aashka hospital Dis. At : Pt. ID : 5302765

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:43 Sample Type : Serum

Sample Date and Time : 27-Jan-2024 09:43 Sample Coll. By :

Report Date and Time : 27-Jan-2024 11:07 Acc. Remarks : Normal

Mobile No : 6285604440

Ref Id1 : OSP33123

Ref Id2 : O2349512

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

Thyroid Function Test

Triiodothyronine (T3)	106.39	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.74	ng/dL	4.87 - 11.72	
TSH CMA	2.12	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 antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester	Reference range (microIU/ml)
Second trimester	0.24 - 2.00
Third trimester	0.43-2.2
	0.8-2.5

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



Dr. Shreya Shah
M.D. (Pathology)

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LABORATORY REPORT

Name : SAUMITRA MANDAL

Sex/Age : Male / 33 Years

Case ID : 40102200589

Ref.By :

Dis. At :

Pl. ID : 3302785

Bill. Loc. : Aashka hospital

Pl. Loc :

Reg Date and Time : 27-Jan-2024 09:43

Sample Type : Serum

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:43

Sample Coll. By :

Ref Id1 : OSP33123

Report Date and Time : 27-Jan-2024 11:07

Acc. Remarks : Normal

Ref Id2 : O2348512

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, suppressed s-TSH indicates inadequate thyroid hormone, and s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in serious or hospitalized patients, so this is not the ideal assay 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 thyroxine (T4) 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 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 0.9-2.6

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypertthyroidism	↑	↑	↓
Secondary Hypertthyroidism	↑	↑	↑
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:(L-VeryLow,L-Low,H-High,Hi-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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aashka
H O S P I T A L



PATIENT NAME: SAUMITRA MANDAL

GENDER/AGE: Male / 32 Years

DOCTOR:

OPDNO: OSP33123

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: SAUMITRA MANDAL

GENDER/AGE: Male / 32 Years

DOCTOR:

OPDNO: OSP33123

DATE: 27/01/24

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 calculi 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 9.4 x 4.0 cms in size.

Left kidney measures about 9.7 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.

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

Bandal
ID: snawdra

Continuum 226 166 05

0959 127 0 942 8

27.01.2024 11:41:33 AM
ANSHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

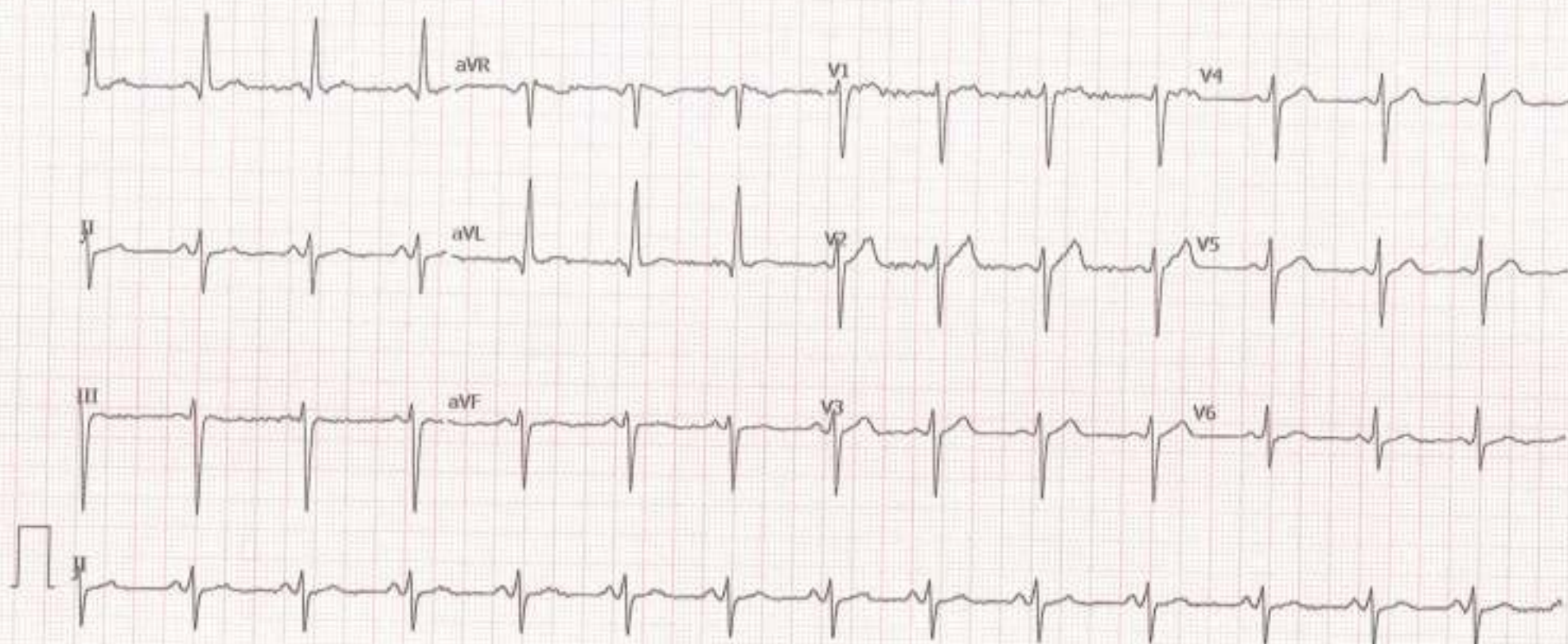
Room:

84 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 86 ms
QT / QTc Baz : 336 / 397 ms
PR : 126 ms
P : 96 ms
RR / PP : 716 / 714 ms
P / QRS / T : 44 / -38 / 14 degrees

Normal sinus rhythm
Left axis deviation
Voltage criteria for left ventricular hypertrophy
Abnormal ECG



Unconfirmed

