



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	JAGDISHBHAI AMRUTBHAIMEVADA
DATE OF BIRTH	23-08-1986
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-06-2023
BOOKING REFERENCE NO.	23J112499100061040S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. ASHAPURI HETALKUMARI KANTILAL
EMPLOYEE EC NO.	112499
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	KOLWADA
EMPLOYEE BIRTHDATE	22-11-1986

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 **03-06-2023** 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))

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

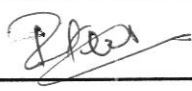
UHID:		Date: 10/6/23	Time: 7:15PM
Patient Name: Jagdishbhai Mevada		Height:	
Age /Sex: 36 years	LMP:	Weight:	
History:			
C/C/O:		History:	
Allergy History: NAD		Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse: 78/min			
BP: 112/70 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			

**Advice:**

Person medically fit

**Rx**

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

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

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

UHID:	Date: 6/6/23.	Time:
Patient Name: Jayalou bnei	Age /Sex: 36/M.	Height: Weight:
Chief Complain: → Routine dental check up.		
History: →		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: Extra oral : Intra oral – Teeth Present : I myzallteel teeth 7/8 Teeth Absent :		
Diagnosis:		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

**Other Advice:**

Adm. @ Ext'n as  $\frac{1}{8}$   
@ Sounding

*[Signature]*

**Follow-up:**

**Consultant's Sign:**

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

<b>UHID:</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b> Jignesh Mahesh Mehta	<b>Age / Sex:</b> 36 / M	<b>Height:</b>
	<b>Weight:</b>	
<b>History:</b> C/O Rheumatoid Arthritis		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b> D.V. $\left\{ \begin{array}{l} G18 \\ G18 \end{array} \right.$ M.V. $\left\{ \begin{array}{l} G11 \\ G10 \end{array} \right.$  Colter vision 20/20		
<b>Diagnosis:</b>		

10.06.2023 11:20:35 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

Room:

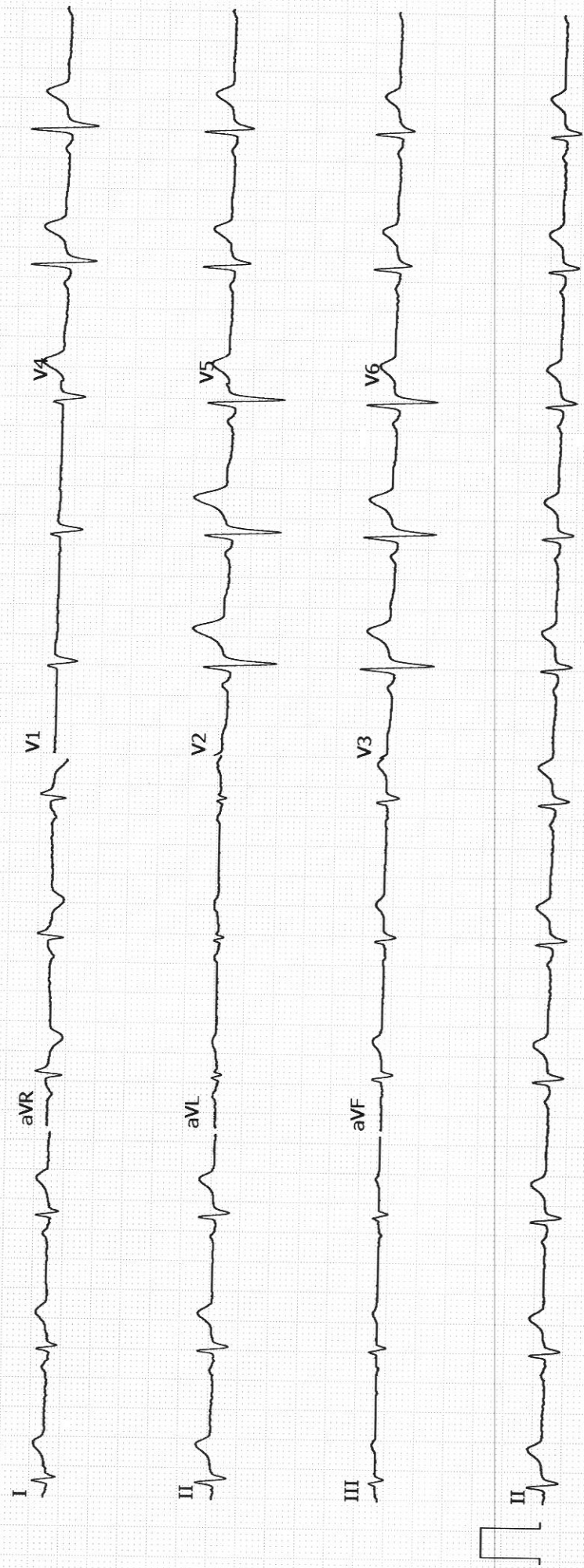
Location: 1  
Order Num:  
Indic:  
Medication 1:  
Medication 2:  
Medication 3:

66 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 92 ms  
QT / QTcBaz : 386 / 404 ms  
PR : 130 ms  
P : 100 ms  
RR / PP : 906 / 909 ms  
P / QRS / T : 28 / 50 / 37 degrees

Normal sinus rhythm  
Normal ECG





## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type :	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23241847

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Glyco Hemoglobin</b>			
HbA1C	5.77	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.44	millions/cu mm	4.50 - 5.50
Lymphocyte	42.0	%	20.00 - 40.00
<b>Lipid Profile</b>			
Cholesterol	297.59	mg/dL	110 - 200
Chol/HDL	5.24		0 - 4.1
LDL Cholesterol	214.01	mg/dL	65 - 100
<b>Liver Function Test</b>			
Gamma Glutamyl Transferase	62.36	U/L	0 - 55
Uric Acid	9.28	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Whole Blood EDTA	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 11:49	Acc. Remarks : Normal	Ref Id2 : O23241847

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

#### HB AND INDICES

Haemoglobin	14.1	G%	13.00 - 17.00
RBC (Electrical Impedance)	L 4.44	millions/cumm	4.50 - 5.50
PCV(Calc)	42.05	%	40.00 - 50.00
MCV (RBC histogram)	94.7	fL	83.00 - 101.00
MCH (Calc)	31.8	pg	27.00 - 32.00
MCHC (Calc)	33.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.70	%	11.00 - 16.00

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

Total WBC Count	5630	/μL	4000.00 - 10000.00
Neutrophil	[%] 49.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2759
Lymphocyte	H 42.0	%	20.00 - 40.00 2365
Eosinophil	1.0	%	1.00 - 6.00 56
Monocytes	7.0	%	2.00 - 10.00 394
Basophil	1.0	%	0.00 - 2.00 56

#### PLATELET COUNT (Optical)

Platelet Count	342000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.17		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Whole Blood EDTA	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 14:03	Acc. Remarks : Normal	Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	07	mm after 1hr 3 - 15		

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

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M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA      Sex/Age : Male / 36 Years      Case ID : 30602200208  
 Ref.By : hospital      Dis. At :      Pt. ID : 2779068  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 11:17      Sample Type : Whole Blood EDTA      Mobile No : 9924465603  
 Sample Date and Time : 10-Jun-2023 11:17      Sample Coll. By :      Ref Id1 : OSP 30554  
 Report Date and Time : 10-Jun-2023 11:50      Acc. Remarks : Normal      Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>HAEMATOLOGY INVESTIGATIONS</b>				
<b>BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )</b>				

ABO Type	A
Rh Type	POSITIVE

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

*Shah*

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Spot Urine	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 12:54	Acc. Remarks : Normal	Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		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	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

*Shah*

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 M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Spot Urine	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 12:54	Acc. Remarks : Normal	Ref Id2 : O23241847

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)

*Shah*

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Serum	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 14:15	Acc. Remarks : Normal	Ref Id2 : O23241847

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	<b>297.59</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>		56.8	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		133.92	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		26.78	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>5.24</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>214.01</b>	mg/dL	65 - 100

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

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

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

*Shah*

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Serum	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 16:08	Acc. Remarks : Normal	Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Liver Function Test</b>				
<b>S.G.P.T.</b> <i>UV with P5P</i>	58.26	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	33.09	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	89.34	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H 62.36	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.87	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.76	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.11	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.57	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.21	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.36	mg/dL	0 - 0.8	

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

**Dr. Manoj Shah**  
M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA      Sex/Age : Male / 36 Years      Case ID : 30602200208  
Ref.By : hospital      Dis. At :      Pt. ID : 2779068  
Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 11:17      Sample Type : Serum      Mobile No : 9924465603  
Sample Date and Time : 10-Jun-2023 11:17      Sample Coll. By :      Ref Id1 : OSP 30554  
Report Date and Time : 10-Jun-2023 14:55      Acc. Remarks : Normal      Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>13.0</b>	mg/dL	8.90 - 20.60	
<b>Creatinine</b>	<b>0.83</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	H <b>9.28</b>	mg/dL	3.5 - 7.2	

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

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Whole Blood EDTA	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 12:11	Acc. Remarks : Normal	Ref Id2 : O23241847

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

HbA1C	H 5.77		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	118.90	mg/dL		

Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

*Shah*

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M.D. (Path. & Bact.)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA      Sex/Age : Male / 36 Years      Case ID : 30602200208  
 Ref.By : hospital      Dis. At :      Pt. ID : 2779068  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 10-Jun-2023 11:17      Sample Type : Serum      Mobile No : 9924465603  
 Sample Date and Time : 10-Jun-2023 11:17      Sample Coll. By :      Ref Id1 : OSP 30554  
 Report Date and Time : 10-Jun-2023 14:15      Acc. Remarks : Normal      Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.87	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.76	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.11	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	

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

*Shah*

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M.D. (Path. & Bact.)

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Serum	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 12:29	Acc. Remarks : Normal	Ref Id2 : O23241847

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3)	80.25	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.2	ng/dL	4.87 - 11.72	
TSH CMA	1.517	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  
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)

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : JAGDIESHBHAI A NEVADA	Sex/Age : Male / 36 Years	Case ID : 30602200208
Ref.By : hospital	Dis. At :	Pt. ID : 2779068
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 10-Jun-2023 11:17	Sample Type : Serum	Mobile No : 9924465603
Sample Date and Time : 10-Jun-2023 11:17	Sample Coll. By :	Ref Id1 : OSP 30554
Report Date and Time : 10-Jun-2023 12:29	Acc. Remarks : Normal	Ref Id2 : O23241847

**Interpretation Note:**

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

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

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

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

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

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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

*Shah*

Dr. Manoj Shah  
M.D. (Path. & Bact.)

Dr. Shreya Shah  
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**Aashka Hospitals Ltd.**

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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

**PATIENT NAME: JAGDISHBHAI A NEVADA****GENDER/AGE: Male / 36 Years****DATE: 10/06/23****DOCTOR:****OPDNO: OSP30544****2D-ECHO**

**MITRAL VALVE : NORMAL**  
**AORTIC VALVE : NORMAL**  
**TRICUSPID VALVE : NORMAL**  
**PULMONARY VALVE : NORMAL**  
**AORTA : 31**  
**LEFT ATRIUM : 32**  
**LV Dd / Ds : 46/30**  
**IVS / LVPW / D : 10.1/10.4**  
**IVS : INTACT**  
**IAS : INTACT**  
**RA : NORMAL**  
**RV : NORMAL**  
**PA : NORMAL**  
**PERICARDIUM : NORMAL**  
**VEL : PEAK MEAN**  
**M/S : Gradient mm Hg Gradient mm Hg**  
**MITRAL : 1.1/0.8**  
**AORTIC : 1.0**  
**PULMONARY : 0.4**  
**COLOUR DOPPLER :**  
**RVSP : 30mmHg**  
**CONCLUSION : NORMAL LV SIZE, NORMAL LV FUNCTION**  
**EF-60% NO RWMA AT REST, TRIVIL MR , MILD TR NO**  
**PAH**

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

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CIN: L85110GJ2012PLC072647



PATIENT NAME: JAGDISHBHAI A NEVADA

GENDER/AGE: Male / 36 Years

DATE: 10/06/23

DOCTOR:

OPDNO: OSP30544

### 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: JAGDISHBHAI A NEVADA**

**GENDER/AGE: Male / 36 Years**

**DATE: 10/06/23**

**DOCTOR:**

**OPDNO: OSP30544**

## 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 4.1 cms in size.

Left kidney measures about 10.2 x 4.4 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.

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

**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST