

Mo. N 1- 9825940368



ભારત સરકાર  
Government of India

નાયક રાજેન્દ્રસિંહ ઇત્રસિંહ  
Nayak Rajendrasinh Chhatrasinh  
જન્મ તારીખ / DOB : 18/02/1970  
પુરુષ / Male



5026 3786 3420

આધાર - સામાન્ય માણસનો અધિકાર



ભારતીય વિનિષ્ક્રમણમાણ-પ્રાધિકરણ

Unique Identification Authority of India

સરનામું:

નાયક ફળીયુ, મોટી બાંડીબાર,  
બાંડીબાર, દાહોદ, ગુજરાત, 389140

Address:

nayak faliyu, Moti Bandibar,  
Bandibar, Dahod, Gujarat, 389140

5026 3786 3420

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

Handwritten mark



श्री,

समन्वयक,

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

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MR. NAYAK R C
कूट संख्या	49777
पदनाम	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
कार्य का स्थान	BANDIBAR
जन्म की तारीख	18-02-1970
स्वास्थ्य जांच की प्रस्तावित तारीख	12-08-2024
बुकिंग संदर्भ सं.	24S49777100110374E

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 08-08-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा तत्परता से 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।

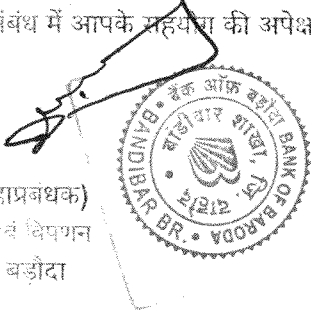
भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

वित्त एवं विपणन

बैंक ऑफ़ बड़ौदा



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



LETTER OF APPROVAL / RECOMMENDATION

To

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

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. NAYAK R C
EC NO.	49777
DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE (CASH)
PLACE OF WORK	BANDIBAR
BIRTHDATE	18-02-1970
PROPOSED DATE OF HEALTH CHECKUP	12-08-2024
BOOKING REFERENCE NO.	24S49777100110374E

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 **08-08-2024** till **31-03-2025**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the annual health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager  
HRM & Marketing Department  
Bank of Baroda



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

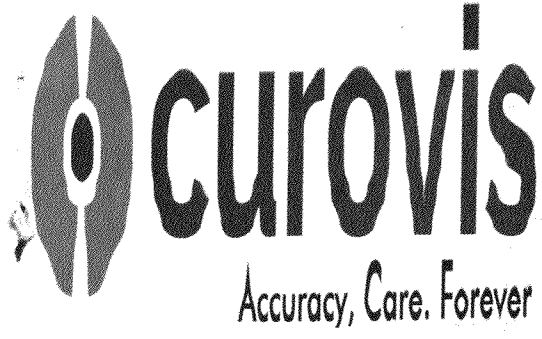
मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठवां तल, "बरौदा भवन", अलकापुरी, बरौदा-390007 (भारत)  
Human Resources Management Department, Head Office, 6<sup>th</sup> Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)



**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	FSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

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તા. 12/8/2024  
શિખર

જમ્બા પદ્મીનો રૂંદ રામે કાલ્યા મગતા નથી, PPBS.

આર. સી. નાયક

મો. નં :- 9825940368

સી. આર. નાયક

મો. નં :- 9726140043.



**LABORATORY REPORT**

Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. No	: 408100649
Sex/Age	: Male/54 Years	Reg. Date	: 12-Aug-2024 10:20 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 13-Aug-2024 04:18 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 170

Weight (kgs) : 68.65

Blood Pressure : 124/80mmHg

Pulse : 81/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

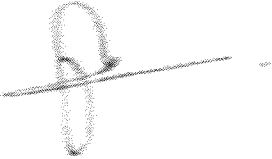
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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

This is an electronically authenticated report

  
Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA



## TEST REPORT

Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. Date	: 12-Aug-2024 10:20 AM	Tele No.	: 9825940368
Age/Sex	: 54 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Results	Unit	Biological Ref. Interval
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### COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	14.5	g/dL	13.5 - 18
Hematocrit (Calculated)	44.00	%	40 - 50
RBC Count (Electrical Impedance)	4.86	million/cmm	4.73 - 5.5
MCV (Calculated)	90.5	fL	83 - 101
MCH (Calculated)	29.9	Pg	27 - 32
MCHC (Calculated)	33.0	%	31.5 - 34.5
RDW (Calculated)	L 10.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	5200	/cmm	4000 - 10000
MPV (Calculated)	10.8	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	61.10 %	40 - 80	3177 /cmm	2000 - 7000
Lymphocytes (%)	29.10 %	20 - 40	1513 /cmm	1000 - 3000
Eosinophils (%)	1.10 %	0 - 6	442 /cmm	200 - 1000
Monocytes (%)	8.50 %	2 - 10	57 /cmm	20 - 500
Basophils (%)	0.20 %	0 - 2	10 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY

RBC Morphology: Normocytic and Normochromic.  
WBC Morphology: Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance): 229000 /cmm 150000 - 450000

Electrical Impedance

Platelets: Platelets are adequate with normal morphology.


Parasites: Malarial parasite is not detected.

Comment: -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 12:42 PM

**TEST REPORT**

Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak			Reg. Date	: 12-Aug-2024 10:20 AM
Age/Sex	: 54 Years / Male	Pass. No.	:	Tele No.	: 9825940368
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY****BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO	"B"
Rh (D)	Positive
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	03	mm/hr	ESR AT 1 hour : 1-7
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**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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\* This test has been outsourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 04:21 PM

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**TEST REPORT**

Reg. No : 408100649      Ref Id :      Collected On : 12-Aug-2024 10:26 AM  
Name : Mr. Rajendrasinh Chhatrasinh Nayak      Reg. Date : 12-Aug-2024 10:20 AM  
Age/Sex : 54 Years / Male      Pass. No. :      Tele No. : 9825940368  
Ref. By :      Dispatch At :  
Sample Type : Flouride F      Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	108.80	mg/dL	70 - 110
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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 12:47 PM  
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## TEST REPORT

Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. Date	: 12-Aug-2024 10:20 AM	Tele No.	: 9825940368
Age/Sex	: 54 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Stool				

Parameter	Result	Unit	Biological Ref. Interval
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### STOOL EXAMINATION

Colour	Brown
Consistency	Semi Solid

### CHEMICAL EXAMINATION

Occult Blood	Negative
<i>Peroxidase Reaction with o-Dianisidine</i>	
Reaction	Acidic
<i>Double Indicator</i>	

### MICROSCOPIC EXAMINATION

Mucus	Nil
Pus Cells	1 - 2/hpf
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil
Note	-

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.


**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

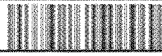
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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 04:31 PM  
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## TEST REPORT


Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. Date	: 12-Aug-2024 10:20 AM	Tele No.	: 9825940368
Age/Sex	: 54 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	210.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	159.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	42.40	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	135.70	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	31.90	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.20		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.95		0 - 5.0
<i>Calculated</i>			

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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 01:22 PM



## TEST REPORT


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<b>Name</b> : Mr. Rajendrasinh Chhatrasinh Nayak		<b>Reg. Date</b> : 12-Aug-2024 10:20 AM
<b>Age/Sex</b> : 54 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9825940368
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>LFT WITH GGT</b>			
Total Protein	7.43	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.17	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.26	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.29		0.8 - 2.0
SGOT	16.60	U/L	0 - 35
<i>UV without P5P</i>			
SGPT	33.80	U/L	0 - 45
<i>UV without P5P</i>			
Alakaline Phosphatase	69.1	IU/l	41 - 137
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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Name : Mr. Rajendrasinh Chhatrasinh Nayak      Reg. Date : 12-Aug-2024 10:20 AM  
Age/Sex : 54 Years / Male      Pass. No. :      Tele No. : 9825940368  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

Total Bilirubin      0.49      mg/dL      Cord : Premature & full term : <2.0  
0-1 day : Premature : <8.0  
0-1 day : Full term : 1.4 - 8.7  
1-2 day : Premature : <12  
1-2 day : Full term : 3.4 - 11.5  
3-5 day : Premature : <16  
3-5 day : Full term : 1.5 - 12.0  
Adult : 0.3 - 1.2

*Vanadate Oxidation*

Direct Bilirubin      0.16      mg/dL      0.0 - 0.4

*Vanadate Oxidation*

Indirect Bilirubin      0.33      mg/dL      0.0 - 1.1

*Calculated*


GGT      32.10      U/L      < 55

*SZASZ kinetic Method*

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MD (Pathology)

Approved On : 12-Aug-2024 01:22 PM  
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<b>Age/Sex</b> : 54 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9825940368
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.07	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.86	mg/dL	0.7 - 1.3
<b>BUN</b> <i>UV Method</i>	11.20	mg/dL	6.0 - 20.0

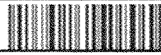
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MD (Pathology)

Approved On : 12-Aug-2024 01:13 PM  
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Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. Date	: 12-Aug-2024 10:20 AM	Tele No.	: 9825940368
Age/Sex	: 54 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

*Hb A1C	5.6	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	114.02	mg/dL
--------------------	--------	-------

*Calculated*

**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 13-Aug-2024 09:01 AM



## TEST REPORT

Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak	Reg. Date	: 12-Aug-2024 10:20 AM	Tele No.	: 9825940368
Age/Sex	: 54 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Urine Spot				

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

#### CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Nil	Nil


#### MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 03:26 PM  
Page 10 of 1





## TEST REPORT

<b>Reg. No</b> : 408100649	<b>Ref Id</b> :	<b>Collected On</b> : 12-Aug-2024 10:26 AM
<b>Name</b> : Mr. Rajendrasinh Chhatrasinh Nayak		<b>Reg. Date</b> : 12-Aug-2024 10:20 AM
<b>Age/Sex</b> : 54 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9825940368
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### IMMUNOLOGY

#### THYROID FUNCTION TEST

<b>T3 (Triiodothyronine)</b>	1.13	ng/mL	0.86 - 1.92
------------------------------	------	-------	-------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b>	10.60	µg/dL	3.2 - 12.6
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CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


#### Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 08:06 PM



**TEST REPORT**

**Reg. No** : 408100649      **Ref Id** :      **Collected On** : 12-Aug-2024 10:26 AM  
**Name** : Mr. Rajendrasinh Chhatrasinh Nayak      **Reg. Date** : 12-Aug-2024 10:20 AM  
**Age/Sex** : 54 Years / Male      **Pass. No.** :      **Tele No.** : 9825940368  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      1.000       $\mu$ IU/ml      0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5  $\mu$ IU/mL

Second Trimester : 0.2 to 3.0  $\mu$ IU/mL


Third trimester : 0.3 to 3.0  $\mu$ IU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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**Approved By** :   
Dr. Purvish Darji  
MD (Pathology)

**Approved On** : 12-Aug-2024 08:06 PM  
Page 13 of 1



**TEST REPORT**

Reg. No	: 408100649	Ref Id	:	Collected On	: 12-Aug-2024 10:26 AM
Name	: Mr. Rajendrasinh Chhatrasinh Nayak			Reg. Date	: 12-Aug-2024 10:20 AM
Age/Sex	: 54 Years / Male	Pass. No.	:	Tele No.	: 9825940368
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**IMMUNOLOGY**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	1.20	ng/mL	0 - 4
---	------	-------	-------

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Aug-2024 01:24 PM  
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**LABORATORY REPORT**

Name : Mr. Rajendrasinh Chhatrasinh Nayak  
Sex/Age : Male/54 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 408100649  
Reg. Date : 12-Aug-2024 10:20 AM  
Collected On :  
Report Date : 13-Aug-2024 03:49 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

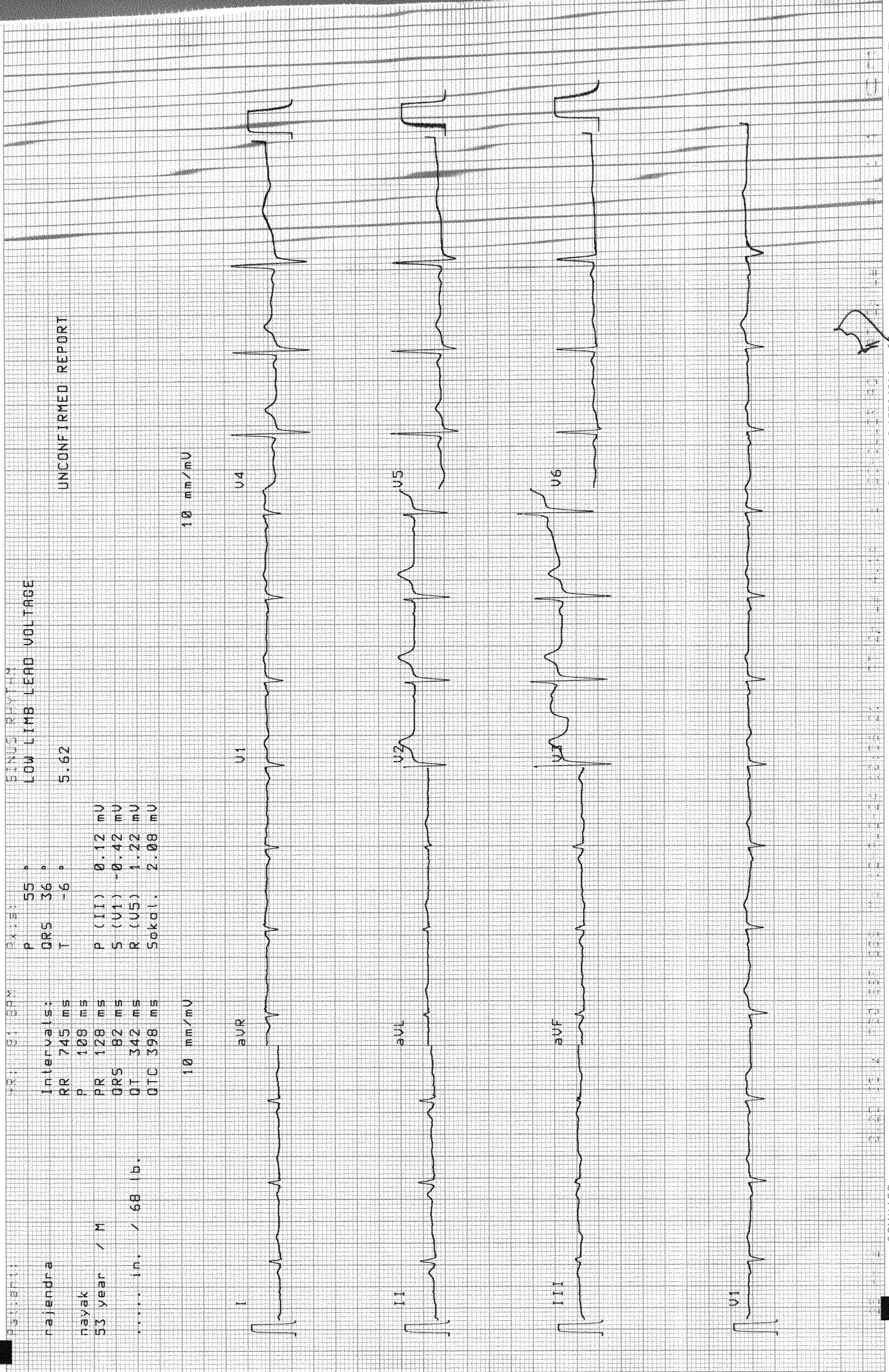
Within Normal Limit.

This is an electronically authenticated report



Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA



Patient: rajendra  
 nayak  
 53 year / M  
 ..... in. / 68 lb.

PR: 51 bpm  
 Intervals:  
 RR 745 ms  
 P 109 ms  
 PR 128 ms  
 QRS 82 ms  
 QT 342 ms  
 QTc 398 ms

Axis:  
 P 55°  
 QRS 36°  
 T -6°  
 P (II) 0.12 mV  
 S (V1) -0.42 mV  
 R (V5) 1.22 mV  
 Sokol. 2.08 mV

SINUS RHYTHM  
 LOW LIMB LEAD VOLTAGE  
 5.62

UNCONFIRMED REPORT

10 mm/mV

10 mm/mV



**LABORATORY REPORT**

<b>Name</b> :	Mr. Rajendrasinh Chhatrasinh Nayak	<b>Reg. No</b> :	408100649
<b>Sex/Age</b> :	Male/54 Years	<b>Reg. Date</b> :	12-Aug-2024 10:20 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-Aug-2024 04:06 PM

**X RAY CHEST PA**

Both lung fields shows prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494





LABORATORY REPORT

Name : Mr. Rajendrasinh Chhatrasinh Nayak  
Sex/Age : Male/54 Years  
Ref. By :  
Client Name : Mediwheel

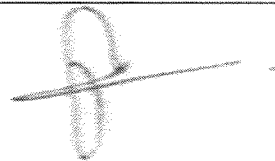
Reg. No : 408100649  
Reg. Date : 12-Aug-2024 10:20 AM  
Collected On :  
Report Date : 12-Aug-2024 04:30 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 22 mmHg, AOVP: 1.06 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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

This is an electronically authenticated report



Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA



**LABORATORY REPORT**

<b>Name</b> :	Mr. Rajendrasinh Chhatrasinh Nayak	<b>Reg. No</b> :	408100649
<b>Sex/Age</b> :	Male/54 Years	<b>Reg. Date</b> :	12-Aug-2024 10:20 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-Aug-2024 03:59 PM

**USG ABDOMEN**

**Liver** appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

**Urinary bladder** is partially distended. No evidence of calculus or mass.

**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

*No evidence of para-aortic lymph adenopathy.*

*No evidence of dilated small bowel loops.*

**COMMENTS :**

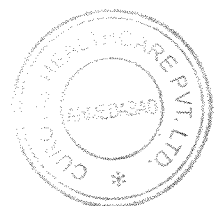
**NO SIGNIFICANT ABNORMALITY DETECTED.**

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This is an electronically authenticated report



**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494







LABORATORY REPORT

Name : Mr. Rajendrasinh Chhatrasinh Nayak  
Sex/Age : Male/54 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 408100649  
Reg. Date : 12-Aug-2024 10:20 AM  
Collected On :  
Report Date : 13-Aug-2024 02:09 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -1.00

AX: 17

LEFT EYE

SP: +0.75

CY: -0.75

AX: 179

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report

  
Dr Kejal Patel  
MB,DO(Ophth)