

Aashika Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashikahospitals.in  
CIN: L85110GJ2012PLC072647



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

UHID:	00223028	Date:		Time:	
Patient Name:	Brishirety Nayak,	Age / Sex:	33 / M,	Height:	
History:	Clo - Round chex - UP.				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	G19 $\frac{VNL}{EAL} 619$				
Diagnosis:					



DR. DIPESH FATANIYA  
M.D., IDCCM.  
CRITICAL CARE MEDICINE  
M.NO.-9909906809  
R.NO.G-41495

UHID:	00923098	Date:		Time:	
Patient Name:	MR. BILSHKRU NAYAN	Height:			
Age / Sex:	33 / M	LMP:			
History:		History:	HEPES 2018 LIVEN RESCESS		
C/C/O:					
Allergy History:		Addiction:			
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Vitals & Examination:					
Temperature:			SINUS BRADYCARDIA CHOLE 221.		
Pulse:	52				LDL 153
BP:	110/70				
SPO2:	98%				
Provisional Diagnosis:					



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CIN: L85110GJ2012PLC072647

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



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

UHID: 00923078	Date: 21/02/23	Time:
Patient Name: Mrs. Baisireta Nayak	Age/Sex: 33/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: Stain + Caries ++		
Teeth Absent:		
Diagnosis:		





प्रति,

समन्वयक,

Mediwheel (Arcofem) 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 विनका विवरण निम्नानुसार हैं हमारे कारर के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. NAYAK BRISHKETU
क.डू.संख्या	125828
पदनाम	CREDIT
कार्य का स्थान	MOTIZER
जन्म की तारीख	28-07-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	09-09-2023
बुकिंग संदर्भ सं.	23S125828100068530E

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 05-09-2023 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के 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 (Arcofem) Healthcare Limited) से संपर्क करें।)







LETTER OF APPROVAL / RECOMMENDATION

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 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 BRISHKETU
EC NO.	125828
DESIGNATION	CREDIT
PLACE OF WORK	MOTIZER
BIRTHDATE	28-07-1990
PROPOSED DATE OF HEALTH CHECKUP	09-09-2023
BOOKING REFERENCE NO.	23S125828100068530E

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 **05-09-2023** 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 and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



**SUGGESTIVE LIST OF MEDICAL TESTS**

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





બંક ઓફ બારોડા  
Bank of Baroda

સંસ્થા  
Branch

સુવર્ણ નગર  
Suvrnanagar

BRISHKETU NAYAK

સંસ્થા  
Branch

સંસ્થા  
Branch

125038

સહાયક મેનેજર  
Assistant Manager



સહાયક મેનેજર  
Assistant Manager

સહાયક મેનેજર  
Assistant Manager

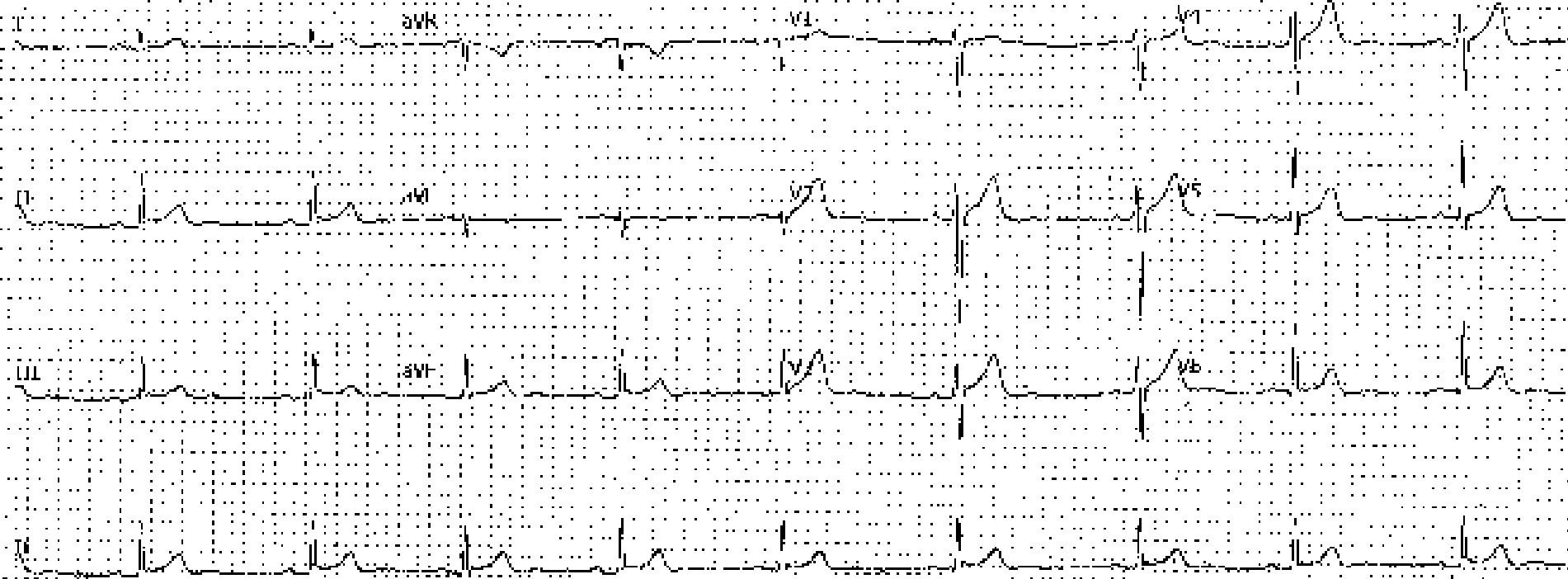
સહાયક મેનેજર  
Assistant Manager



Technical  
Ordering Pt:  
Referring Pt:  
Attending Pt:

QRS: 84 ms  
QT/QTc: 372 / 358 ms  
PR: 142 ms  
P: 72 ms  
RR / RP: 1064 / 1071 ms  
P / QRS / T: 46 / 77 / 64 degrees

Sinus bradycardia  
Otherwise normal ECG









## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

Pl. ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11 Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11 Sample Coll. By :

Report Date and Time : 09-Sep-2023 16:30 Acc. Remarks : Normal

Mobile No : 9923342910

Ref Id1 :

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

#### HIV I & II

**HIV I & II**  
C/M/A  
**0.11** S/C/O 0 - <0.9 Non Reactive  
0.9 - <1.0 Borderline  
>=1.0 Reactive

- HIV Ag/Ab Combo is fourth generation, automated Chemiluminescence (ECLIA/C/M/A/C/M/A) test designed for antigen & antibody detection of HIV-1 & 2 and includes recombinant antigens and synthetic peptides derived from native TMP sequences to cover the genetic diversity across HIV-1 groups M & O and between HIV-1 and HIV-2. Serologic studies indicate that although HIV-1 and HIV-2 share multiple common epitopes in their core antigen, the envelope glycoproteins are much less cross-reactive. Antibodies elicited against the TMP (or portions of the TMP) of a viral strain within one group or type may react well, poorly, or not at all with the TMP (or portions of the TMP) from a viral strain of a different group or type. The HIV Ag/Ab Combo also detects core protein p34, a marker of early infection before seroconversion.
  - The advantage of the fourth generation combo kit is increased sensitivity of detection of HIV infection due to significant reduction in the diagnostic window even prior to seroconversion.
  - False positive result: Auto-immune diseases, multiple pregnancies, multiple transfusions, antibody to Class II HLA Ag (HLA-DRA), hypergammaglobulinemia, antipolymerase antibodies, chronic alcoholics, hepatitis, HBV immunization, technical error etc. Others
  - False negative result: Infected but not yet seroconverted, window period, late stage disease (immune collapse) and technical error
- CAUTION**
- As per local regulatory guidelines, all initial reactive results by primary method are subjected to further testing by one or two additional methods [Strategies II & III, NACO guidelines 2007] and final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests as recommended by NACO.
  - Various screening kits available for detection of HIV antibody or antigen combination show discordant results due to variable sensitivity and inherent limitations of the technique. If the assay results are inconsistent with clinical evidence, additional testing is suggested to confirm the result.
  - Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMAs). Such specimens may show either falsely elevated or depressed values when tested with assay kits that employ mouse monoclonal antibodies. Additional clinical or diagnostic information may be required to determine patient status.
  - Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Additional information may be required for diagnosis.
  - Disclaimer: Indeterminate value has been defined by Laboratory.
  - HIV value between 1 to 10 S/C/O should be considered as indeterminate and advised to repeat with new fresh sample.

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



Dr. Shreya Shah  
M.D. (Pathologist)

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

Printed On : 09-Sep-2023 16:51







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1168072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 16:30

Acc. Remarks : Normal

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

HCV antibody

0.120

S/CO

0 - 1 Non Reactive  
1 - 3 Indeterminate  
> 3 Positive

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

Dr. Shreya Shah  
M.D. (Pathology)

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

Printed On : 09-Sep-2023 18:31



Page 2 of 3





## LABORATORY REPORT

Name : Mr. BRISHKETU MAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

Pl. ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11 Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11 Sample Coll. By :

Report Date and Time : 09-Sep-2023 16:30 Acc. Remarks : Normal

Mobile No : 9923342910

Ref Id1 :

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Hepatitis B Surface Antigen CMA	0.260	S/CO	0-1 Non Reactive >1 Reactive	

- HbsAg is the earliest marker of acute HBV infection which typically becomes detectable 2-3 months (as early as 14 days) after infection. When symptoms of hepatitis are present, most patients have detectable HbsAg although few patients will have neither HbsAg nor anti-HBs and anti-Hbc IgM is the only marker of acute HBV infection (Core window). HbsAg typically persists for 12-20 weeks after onset of symptoms in uncomplicated HBV infection and disappears followed by a small but variable gap with onset of anti-HBs (Seroconversion).
- Detection of HbsAg beyond 06 months defines chronic HBV infection or a chronic carrier state. Chronic HBV infection is seen in 2-2% of adults and adolescents following acute HBV infection, 5-10% of immunocompromised individuals and upto 80% of neonates. The chronic carrier state of HBV shows only persistent HbsAg in the serum without any other HBV marker or evidence of liver injury.
- Hepatitis B vaccination does not cause a positive HbsAg result. Quantitation of Titer of HbsAg is of no clinical value. • Presence of anti-HBs without detectable HbsAg indicates recovery from acute HBV infection, absence of infectivity and immunity against future HBV infection. • HbsAg test is carried out with Chemiluminescence with monoclonal anti-HBs for the detection of HbsAg. HbsAg assays are routinely used to aid in the diagnosis of suspected Hepatitis B viral (HBV) infection and to monitor the status of infected individuals.

### CAUTION:

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may contain human anti-mouse antibodies (HAMA). Such specimens may show either falsely elevated or depressed values when tested with assay kits which employ mouse monoclonal antibodies. Additional clinical or diagnostic information may be required to determine patient status. • All initial reactive specimens are subjected to further testing by one or two additional clinical or final report is issued in accordance with the same. Repeat reactive specimens MUST be confirmed by any combination of the confirmatory tests (e.g. HbsAg neutralization test, Other HBV markers & LFT and HBV DNA by PCR method). • If the HbsAg results are inconclusive with clinical evidence, additional testing is suggested to confirm the result. • For diagnostic purposes, results should be used in conjunction with patient history and other hepatitis markers for diagnosis of acute or chronic infection. Samples containing particulate matter or red blood cells must be centrifuged prior to running the assay. • Specimens from heparinized patients may be partially coagulated and erroneous results could occur due to the presence of fibrin. To prevent this phenomenon, draw the specimen prior to heparin therapy. HbsAg value ranges between 1.0 to 10.0 index should be considered as indeterminate and advised to repeat with new fresh sample.

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



Dr. Shreya Shah  
M.D. (Pathology)

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

Printed On : 09-Sep-2023 18:51



## CONDITIONS OF REPORTING

- All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the quality of the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease, but only help in arriving at a diagnosis in conjunction with clinical presentation and other related investigations.
- The results relate only to the samples received.
- The test report shall not be reprinted except in full, without written approval of the Neaberg Suprattech Reference Laboratory (NSRL).
- For all tests in the report, it is suggested to contact the concerned laboratory personnel as suggested in the table below for any technical queries, retest, reconfirmatory testing, etc. Neaberg Suprattech Reference Laboratory (NSRL) follows a procedure of retesting & preserving samples after testing for a stipulated period. After the retention period of the sample, a fresh specimen is requested.
- Report requests are for the information of the referring doctor only.
- Reports performed at treatment centers from non-Neaberg Suprattech Reference Laboratory (NSRL) locations within and outside Ahmedabad, is presumed that the specimen belongs to the patient named or identified, even verification having been carried out at the point of collection of the said specimen.
- A test requested might yield INCONCLUSIVE RESULTS for various technical reasons and this response will appear against the test name followed by detailed comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of retesting on the same parameter.
- Neaberg Suprattech Reference Laboratory (NSRL) Ahmedabad is accredited by ICMR and NABL for COVID-19 testing.

Lab Reports & Advisory Services	Contact Numbers
Biophysics & Immunology	079-40408120
Microbiology	079-40408145
Immunopathology & Cytology	079-40408192
Hematology & Clinical Pathology	079-40408114
Rice Cytometry, Coagulation & Electrolyte	079-40408117
Genetics	079-40408161
Other Services	Contact Numbers
Marketing, Clinical Trials & Corporate Affairs : Dr. Anoop Shukla	7696099812
Marketing - Laboratories : Mr. Sushil Parikh	9824002011
Billing & Accounts : Mr. Pratik Patel	6374722315
Legal Affairs : Manager for Special Collection & General Information : Mr. Somal Shah	9824408721
Sample Transport : Pawan & Rajan Dhanraj : Mr. Suchit Chauhan	7696099902

Any query may also be directed online on [contact@suprattechlabs.com](mailto:contact@suprattechlabs.com) with attention to the concerned personnel.

### Neaberg Suprattech Branches in Ahmedabad

Shilpa Bhawan - Ph: 079-41618111, 6557244307, Bapunagar - 63567600/22,  
Maninagar - 079-40463592, 25450802, Bopal - 01717-235981/83, Gota - 6537344303  
Bhujangder - 9879224764

### Neaberg Suprattech Collection Centers in Ahmedabad

Sachibaug - 079-25630134, Shyamol - 079-26743434, Faldar - 6339900904

Neaberg Suprattech Reference Laboratories  
- JETDA - Opposite Krupa Patel Pump,  
Near Parimal Garden, Ahmedabad - 380026  
Phone : 079-40408101 : 61618101  
Email : [contact@suprattechlabs.com](mailto:contact@suprattechlabs.com)  
Website : [www.neabergsuprattech.com](http://www.neabergsuprattech.com)

Neaberg Suprattech Reference Laboratories Private Limited  
Head Office at Sakinaka, Pratiksha Road, Sakinaka & Sakinaka, Ahmedabad  
Tiruvananthapuram, Chennai, 3,5, IV Street  
Abhinavapuram, Chennai - 600018, Tundla Nedy  
GIN : U68195TN2012PTC151647



## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

Pl. ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type :

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Mobile No : 9823342910

Report Date and Time : :

Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.45	millions/cu mm	4.50 - 5.50
MCH (Calc)	32.4	pg	27.00 - 32.00
<b>Lipid Profile</b>			
Cholesterol	221.36	mg/dL	110 - 200
Chol/HDL	4.57	0 - 4.1	
LDL Cholesterol	153.00	mg/dL	65 - 100

Abnormal Result(s) Summary End

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







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Whole Blood EDTA

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref/id1 :

Report Date and Time : 09-Sep-2023 10:02

Acc. Remarks : Normal

Ref/id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

### HAEMOGRAM REPORT

#### HR-AND INDICES

Haemoglobin	14.4	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.45	millions/cumm	4.50 - 5.50	
PCV(Calc)	41.96	%	40.00 - 50.00	
MCV (RBC histogram)	94.3	fL	83.00 - 101.00	
MCH (Calc)	H 32.4	pg	27.00 - 32.00	
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.60	%	11.00 - 16.00	

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

Total WBC Count	6270	/ $\mu$ L	4000.00 - 10000.00	
Neutrophil	L% 50.6	%	40.00 - 70.00	EXPECTED VALUES / $\mu$ L 2000.00 - 7000.00
Lymphocyte	40.0	%	20.00 - 40.00	2508
Eosinophil	3.0	%	1.00 - 6.00	168
Monocytes	7.0	%	2.00 - 10.00	439
Basophil	0.0	%	0.00 - 2.00	0

#### PLATELET COUNT (Optical)

Platelet Count	190000	/ $\mu$ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.25		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology  
WBC Morphology  
Platelet  
Parasite

Normocytic Normochromic RBCs.  
Total WBC count within normal limits.  
Platelets are adequate in number.  
Malarial Parasite not seen on smear.

Note:(L-L-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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Printed On : 09-Sep-2023 16:45







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : S0902200333

Dis. At :

PL ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Whole Blood EDTA

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 12:06

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR  
Westergren Method

08

mm after 1hr 3 - 15

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

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:49



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## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years  
Dis. At :

Case ID : 30902200333

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Date and Time : 09-Sep-2023 09:11

Report Date and Time : 09-Sep-2023 10:09

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No : 9823342910

Ref Id1 :

Ref Id2 :

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

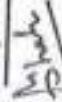
ABO Type

Rh Type

O

POSITIVE

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



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

Dr. Shreya Shah  
M.D. (Pathologist)

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Printed On : 08-Sep-2023 14:48







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Case ID : 30902200333

Dis. At :

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 09:11 Sample Type : Spot Urine

Sample Date and Time : 09-Sep-2023 09:11 Sample Coll. By :

Mobile No : 9923342910

Report Date and Time : 09-Sep-2023 11:25 Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### TEST

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

### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmax UC-3500

Sp.Gravity : 1.015

pH : 6.00

1.005 - 1.030

Leucocytes (ESTERASE)

Protein : Negative

5 - 8

Glucose : Negative

Negative

Ketone Bodies Urine : Negative

Negative

Urobilinogen : Negative

Negative

Bilirubin : Negative

Negative

Blood : Negative

Negative

Nitrite : Negative

Negative

Flowcytometric Examination By Sysmax UF-5000

Leucocyte : Nil

Red Blood Cell : Nil

Epithelial Cell : Present +

Bacteria : Nil

Yeast : Nil

Cast : Nil

Crystals : Nil

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

*Manoj Shah*

Dr. Manoj Shah

M.D. (Path. & Bact.)

Page 5 of 13

Printed On : 09-Sep-2023 14:45









## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 08:11 Sample Type : Spot Urine

Sample Date and Time : 09-Sep-2023 08:11 Sample Coll. By :

Report Date and Time : 09-Sep-2023 11:25 Acc. Remarks : Normal

Mobile No : 9923342910

Ref Id1 :

Ref Id2 :

Parameter	Unit	Expected value	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	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)

*Dr. Manoj Shah*

Dr. Manoj Shah

M.D. (Path. & Bact.)

Page 6 of 13

Printed On : 09-Sep-2023 14:46







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Ashika hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 14:42

Acc. Remarks : Normal

Ref Id2 :

UNIT

BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	96.5	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	103	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. Manoj Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:48







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Ashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

PL Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Mobile No : 9923342810

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 11:45

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol Colorimetric CHOD-POD	H	221.36	mg/dL	110 - 200
HDL Cholesterol		48.4	mg/dL	48 - 77
Triglyceride Glyceral Phosphate Oxidase		99.80	mg/dL	<150
VLDL Calculated		19.96	mg/dL	10 - 40
Chol/HDL Calculated	H	4.57		0 - 4.1
LDL Cholesterol Calculated	H	153.00	mg/dL	65 - 100

#### NEW ATP III GUIDELINES (MAY 2011), 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 >340		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 (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

*Manoj*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Page 8 of 13

Printed On : 09-Sep-2023 14:46







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Ashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Mobile No : 9923342910

Report Date and Time : 09-Sep-2023 12:40

Acc. Remarks : Normal

Ref Id1 :

Ref Id2 :

### TEST

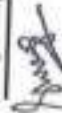
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> UV with Psp	22.95	U/L	16 - 63	
<b>S.G.O.T.</b> UV with Psp	31.65	U/L	15 - 37	
<b>Alkaline Phosphatase</b> Enzymatic, PAPP-MFP	94.94	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	21.49	U/L	0 - 55	
<b>Proteins (Total)</b> Colorimetric, Buret	7.66	gm/dL	6.40 - 8.30	
<b>Albumin</b> Bromocresol purple	4.52	gm/dL	3.4 - 5	
<b>Globulin</b> Calculated	3.34	gm/dL	2 - 4.1	
<b>A/G Ratio</b> Calculated	1.4		1.0 - 2.1	
<b>Bilirubin Total</b> Photometry	0.57	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> Diazotization reaction	0.23	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> Calculated	0.34	mg/dL	0 - 0.8	

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



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

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

Page 9 of 13

Printed On : 09-Sep-2023 14:48









## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

Pt. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Mobile No : 9923342910

Ref Id1 :

Acc. Remarks : Normal

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) BUN	9.6	mg/dL	8.90 - 20.60	
Creatinine	0.57	mg/dL	0.50 - 1.50	
Uric Acid Uricase	7.20	mg/dL	3.5 - 7.2	

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

*Dr. Manoj Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:49



## CONDITIONS OF REPORTING

1. All laboratory investigations have their limitations which are imposed by the limits of sensitivity and specificity of individual tests, including as well as the quality of the specimen received by the laboratory. Requested laboratory investigations may confirm my final diagnosis of the disease but only help in getting a diagnosis in consultation with a pathologist and other investigations.
2. The results are given only in the manner requested.
3. The test report will not be reproduced except in full, without the permission of the Neuhberg Suprattech Reference Laboratory India.
4. For all work in my report, it is suggested to contact the concerned laboratory personnel as suggested in the table at the end of the report for any re-testing, re-booking, re-test sampling, re-test confirmation testing, etc. Neuhberg Suprattech Reference Laboratory is ISO 9001:2015 certified & accredited for testing & preserving samples after testing for a stipulated period. Also the reference period at the hospital, a fresh specimen is requested.
5. Report results are for the information of the referring doctor only.
6. For all specimens received from non-Neuhberg Suprattech Reference Laboratory (NBSL) locations within and outside India, it is presumed that the specimen belongs to the contact names or identified, such as infection having been tested at the point of generation of the test specimen.
7. A test machine might give INCONCLUSIVE RESULTS for various technical reasons and this response will appear applying the test being followed by a qualified comment at the end of the report. It is expected that a fresh specimen will be sent for the purpose of re-testing at the same department.
8. Neuhberg Suprattech Reference Laboratory at NBSL Ahmedabad is accredited by ICML and NABL for COVID-19 testing.

Labs Reports & Advisory Services	Contact Numbers
Immunology & Immunology	079-40408130
Immunology	079-40408149
Microbiology & Cytology	079-40408122
Pharmacology & Clinical Pathology	079-40408114
Food Chemistry, Cosmetics & Encephalography	079-40408117
Dermatology	079-40408161
Other Services	Contact Numbers
Menstrual, Clinical Trial & Corroborate Affairs - Dr. Anas Shukla	7466001613
Mexico - Laboratories   Mr. Sunil Purohit	9824002011
Printing & Accounts   Mr. Pooja Pare	9824728215
Marketing   Ms. Anjali Chavhan & General Information   Ms. Sandi Shah	9824408721
Female Treatment, HIV & Fetal Genetic   Mr. Suchi Chavhan	7466004923

Any query may also be directed online on [contact@suprattech.com](mailto:contact@suprattech.com) with attention to the concerned personnel.

### Neuhberg Suprattech Branches in Ahmedabad

Shree Bhuvan - Ph: 079-41618111, 4557244307, 8466199991 - 400973001722,  
 Ahmedabad, Ph: 40408123, 23430607, 54941 - 02777-338901/82, GATE - 40018-4203  
 Bhuyangden - 4559624254

### Neuhberg Suprattech Collection Centers in Ahmedabad

Shantipur - 079-2520124, Shyamal - 079-25743434, Patel - 4339600406

Neuhberg Suprattech Reference Laboratories  
 "NITDA" Complex, Kripa Patel Pump  
 Near Punwar Garden, Ahmedabad - 380006  
 Phone: 079-40408141 | 41618121  
 Email: [contact@suprattech.com](mailto:contact@suprattech.com)  
 Website: [www.neuhbergsuprattech.com](http://www.neuhbergsuprattech.com)

Legal Office:  
 Neuhberg Suprattech Reference Laboratories Private Limited  
 Private Limited is a member of the law firm of Anand & Associates Chartered Accountants  
 Trivikram Sathagiri Shuman, 1E, IV Street  
 Abhinavapuriam, Chennai - 400018, Tamil Nadu  
 CMA: 4851955722013PTC191947



## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bll. Loc. : Aashka hospital

Sex/Age : Male / 33 Years

Dis. At :

Case ID : 30902200333

PL ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Whole Blood EDTA

Mobile No : 9923342910

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Ref Id1 :

Report Date and Time : 09-Sep-2023 11:44

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

### Glycated Haemoglobin Estimation

HbA1C

5.44

% of total Hb <5.7: Normal

5.7-6.4: Prediabetes

>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)  
Calculated

109.43

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 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)



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

Dr. Shreya Shah  
M.D. (Pathologist)

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Printed On : 09-Sep-2023 14:46







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref.By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200333

Dis. At :

Pl. ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Report Date and Time : 09-Sep-2023 10:58

Acc. Remarks : Normal

Mobile No : 9923342910

Ref Id1 :

Ref Id2 :

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

### Thyroid Function Test

Triiodothyronine (T3)	104.47	ng/dL	70 - 204	
Thyroxine (T4) <small>CIMA</small>	8.27	ng/dL	4.87 - 11.72	
TSH <small>CIMA</small>	2.54	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  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

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

*Shreya Shah*

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

Dr. Shreya Shah  
M.D. (Pathologist)

Printed On : 09-Sep-2023 14:48







## LABORATORY REPORT

Name : Mr. BRISHKETU NAYAK

Ref. By : HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Male / 33 Years

Case ID : 30902200333

Dis. At :

PL ID : 1169072

Pl. Loc :

Reg Date and Time : 09-Sep-2023 09:11

Sample Type : Serum

Sample Date and Time : 09-Sep-2023 09:11

Sample Coll. By :

Report Date and Time : 09-Sep-2023 10:58

Acc. Remarks : Normal

Mobile No : 9923342910

Ref Id1 :

Ref Id2 :

**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 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 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 in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↓	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	N	N	↓
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, HH-VeryHigh, A-Abnormal)

*Shah*

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

Dr. Shreya Shah  
M.D. (Pathology)

Printed On : 09-Sep-2023 14:49







PATIENT NAME: MR. BRISHKETU NAYAK

GENDER/AGE: Male / 33 Years

DATE: 09/09/23

DOCTOR: DR. HASIT JOSHI

OPDNO: O0923078

## 2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 31mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 42/27mm	EF 65%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1/0.5m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





Aashka Hospitals Ltd.

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Sargasan, Gandhinagar - 382421, Gujarat, India  
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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



PATIENT NAME: MR. BRISHKETU NAYAK

GENDER/AGE: Male / 33 Years


DOCTOR:

OPDNO: 00923078

DATE: 09/09/23

### 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



Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



PATIENT NAME: MR. BRISHKETU NAYAK

GENDER/AGE: Male / 33 Years

DOCTOR:

OPDNO: 00923078

DATE: 09/09/23

### 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 4.0 cms in size.

Left kidney measures about 10.3 x 4.8 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 130 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 14 cc.

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

  
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