



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	DIMPY KUMARI
DATE OF BIRTH	20-08-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-03-2023
BOOKING REFERENCE NO.	22M95405100050954S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. GUPTA AJEET KUMAR
EMPLOYEE EC NO.	95405
EMPLOYEE DESIGNATION	CENTRALISED CREDIT CELL
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	26-05-1988

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 **20-03-2023** till **31-03-2023**. 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.TAPAS RAVAL  
MBBS . D.O  
(FELLOW IN PHACO & MEDICAL  
RATINA)  
REG.NO.G-21350

UHID:	Date: 25/3/23	Time:
Patient Name: Dimple Kumbhar	Age/Sex: 29 (F)	Height: Weight:
History: <u>no</u> Refer chus us.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < G16 G16 N.V. < G16. G16 den us on mark.		
Diagnosis:		

Rx

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


Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	/	/	/	/	/	/
N	/	/	/	/	/	/

Other Advice:

Follow-up:

Consultant's Sign:



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

UHID:	Date: 25/3/23	Time:
Patient Name: Dimpay kumari	Age / Sex: 29 / F	Height:
	Weight:	
Chief Complain:		
History: for routine dental check up.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: → Firm ++		
Extra oral: Calculus ++		
Intra oral - Teeth Present :		
Teeth Absent : Adult. Scaling		
Diagnosis:		

Сейтбаєєв - Pp Smear 25/3/22

Dimpy Khumari 29yrs PAPSmear

No complaint -

Childen 2; NO. Low yrs.  
HT 150 NR 6/30 No pain  
LMP 27.2.23.

NO P/ab HTN DM.  
HTN in T<sup>3</sup> 20/19 Remmed 11/22  
NO P/ab HTN DM.

P/A SOB  
P/S as heavy  
Hv ut Av, NS, M, PR

Beon  
Hemel.

J. Ballant,  
25/3/22  
12.30 PM

DR. PRAKASH D MAKWANA  
M.D.  
REG.NO.G-29078  
MO.NO-9722116164

UHID: 00323911		Date: 25/03/2023	Time: 2:57 PM
Patient Name: DIMPY		Height: 175 CM	
Age / Sex: 29YR / F LMP:		Weight: 55.5	
History:			
C/C/O: ⇒ ROUTINE HEALTH CHECK UP		History: ⇒ NO	
Allergy History: NICDA		Addiction: —	
Nutritional Screening: Well-Nourished / Malnourished / Obese ✓			
Vitals & Examination:			
Temperature: (N)			
Pulse: 69 / MINUTE			
BP: 110/60 MMHG			
SPO2: 99% ON ROOM AIR			
Provisional Diagnosis:			





LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type :	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : 00323911
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : 0222310075

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Platelet Count	137000	/ $\mu$ L	150000.00 - 410000.00
<b>Lipid Profile</b>			
LDL Cholesterol	60.34	mg/dL	65 - 100
<b>Liver Function Test</b>			
Albumin	5.03	gm/dL	3.4 - 5
Bilirubin Conjugated	0.26	mg/dL	0 - 0.20
<b>Stool Examination</b>			
Consistency	Solid		
<b>Urine Examination</b>			
Leucocytes (ESTERASE)	Present (+)		Negative

Abnormal Result(s) Summary End

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





## LABORATORY REPORT



Name : **DIMPY KUMARI** Sex/Age : **Female/ 30 Years** Case ID : **30302200627**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2637467**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Mar-2023 09:15** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **25-Mar-2023 09:15** Sample Coll. By : **non** Ref Id1 : **OO323911**  
 Report Date and Time : **25-Mar-2023 09:33** Acc. Remarks : **Normal** Ref Id2 : **O222310075**

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

#### HB AND INDICES

Haemoglobin (Colorimetric)	<u>12.7</u>	G%	12.00 - 15.00
RBC (Electrical Impedance)	4.34	millions/cumm	3.80 - 4.80
PCV(Calc)	39.15	%	36.00 - 46.00
MCV (RBC histogram)	90.2	fL	83.00 - 101.00
MCH (Calc)	29.1	pg	27.00 - 32.00
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.20	%	11.00 - 16.00

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

TEST	RESULTS	UNIT	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	6510	/μL	4000.00 - 10000.00		
Neutrophil	<u>64.0</u>	%	40.00 - 70.00	4166	/μL 2000.00 - 7000.00
Lymphocyte	27.0	%	20.00 - 40.00	1758	/μL 1000.00 - 3000.00
Eosinophil	4.0	%	1.00 - 6.00	260	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	260	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	65	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	L <u>137000</u>	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.37		0.78 - 3.53

#### SMEAR STUDY

**RBC Morphology** Normocytic Normochromic RBCs.  
**WBC Morphology** Total WBC count within normal limits.  
**Platelet** Marked Thrombocytopenia. Rechecked in two different machines and confirmed manually. Adv: Repeat with fresh sample if clinically not correlated to rule out preanalytical error.  
**Parasite** Malarial Parasite not seen on smear.

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

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

Dr. Shreya Shah  
 M.D. (Pathologist)

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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 09:33	Acc. Remarks : Normal	Ref Id2 : O222310075

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 : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 10:40	Acc. Remarks : Normal	Ref Id2 : O222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	03	mm after 1hr 3 - 20		

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

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M.D. (Path. & Bact.)

**Dr. Shreya Shah**  
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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 09:28	Acc. Remarks : Normal	Ref Id2 : O222310075

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

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

ABO Type	O
Rh Type	POSITIVE

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

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## LABORATORY REPORT



Name : DIMPY KUMARI Sex/Age : Female/ 30 Years Case ID : 30302200627  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637467  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:15 Sample Type : Stool Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:20 Sample Coll. By : non Ref Id1 : 00323911  
 Report Date and Time : 25-Mar-2023 10:17 Acc. Remarks : Normal Ref Id2 : 0222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Clinical Pathology STOOL EXAMINATION

#### Physical Examination

Colour Stool	Brownish		
Consistency	Solid		
Blood	Absent		Absent
Mucous	Absent		Absent
Parasites	Not Detected		Absent
Reaction	ACIDIC		

#### Microscopic Examination

Pus Cells	Not Detected	/HPF	Absent
Red Cells	Not Detected	/HPF	Absent
Macrophages	Not detected		Absent
Epithelial Cells	Not Detected	/HPF	
Starch Granules	Absent		
Neutral Fat	Absent		
Yeast	Not Detected		Absent

#### By Direct Saline and Iodine wet mount

Trophozoites	Not Detected		Absent
Ova	Not Detected		Absent
Cysts	Not Detected		Absent

#### Chemical Test

Occult Blood <i>Biochemical</i>	Negative		Negative
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 10:14	Acc. Remarks : Normal	Ref Id2 : O222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

#### Physical examination

Colour : Pale yellow  
Transparency : Clear

#### Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.015		1.005 - 1.030
pH	<5.5		5 - 8
Leucocytes (ESTERASE)	Present (+)		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	2-3	/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)

*Dr. Manoj Shah*

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## LABORATORY REPORT



Name : DIMPY KUMARI Sex/Age : Female/ 30 Years Case ID : 30302200627  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637467  
 Bill. Loc. : Aashka hospital Pt. Loc. :  
 Reg Date and Time : 25-Mar-2023 09:15 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:15 Sample Coll. By : non Ref Id1 : OO323911  
 Report Date and Time : 25-Mar-2023 10:14 Acc. Remarks : Normal Ref Id2 : O222310075

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)

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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 12:23	Acc. Remarks : Normal	Ref Id2 : O222310075
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

## BIOCHEMICAL INVESTIGATIONS

### Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	96.40	mg/dL	70 - 100
Plasma Glucose - PP	101.48	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 glucoseer guidelines

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

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

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## LABORATORY REPORT



Name : DIMPY KUMARI Sex/Age : Female/ 30 Years Case ID : 30302200627  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637467  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Mar-2023 09:15 Sample Type : Serum Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:15 Sample Coll. By : non Ref Id1 : OO323911  
 Report Date and Time : 25-Mar-2023 11:31 Acc. Remarks : Normal Ref Id2 : O222310075

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	128.59	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	54.8	mg/dL	48 - 77	
<b>Triglyceride</b> <i>Colorimetric-Arsenazo Method</i>	67.26	mg/dL	40 - 200	
<b>VLDL</b> <i>Calculated</i>	13.45	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	2.35		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	L 60.34	mg/dL	65 - 100	

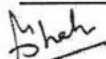
#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

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 assesment from HDL and Trnglycende 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)

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## LABORATORY REPORT



Name : **DIMPY KUMARI** Sex/Age : **Female/ 30 Years** Case ID : **30302200627**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2637467**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **25-Mar-2023 09:15** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **25-Mar-2023 09:15** Sample Coll. By : **non** Ref Id1 : **00323911**  
 Report Date and Time : **25-Mar-2023 11:31** Acc. Remarks : **Normal** Ref Id2 : **0222310075**

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>14.08</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>17.98</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>72.66</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>Enzymatic</i>	<b>11.41</b>	U/L	0.00 - 36.00	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.80</b>	gm/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>H 5.03</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>2.77</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.8</b>		1.0 - 2.1	
<b>Bilirubin Total</b>	<b>0.72</b>	mg/dL	0.2 - 1.0	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	<b>H 0.26</b>	mg/dL	0 - 0.20	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.46</b>	mg/dL	0 - 0.8	

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Name : DIMPY KUMARI Sex/Age : Female/ 30 Years Case ID : 30302200627  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637467  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 25-Mar-2023 09:15 Sample Type : Serum Mobile No :  
Sample Date and Time : 25-Mar-2023 09:15 Sample Coll. By : non Ref Id1 : OO323911  
Report Date and Time : 25-Mar-2023 11:31 Acc. Remarks : Normal Ref Id2 : O222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	8.0	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	0.68	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <i>Uricase</i>	5.22	mg/dL	2.6 - 6.2	

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M.D. (Pathologist)

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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2637467
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 25-Mar-2023 09:15	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : 00323911
Report Date and Time : 25-Mar-2023 09:49	Acc. Remarks : Normal	Ref Id2 : 0222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	4.41		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	79.87	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*

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

Dr. Shreya Shah  
M.D. (Pathologist)

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## LABORATORY REPORT



Name : DIMPY KUMARI Sex/Age : Female/ 30 Years Case ID : 30302200627  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2637467  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 25-Mar-2023 09:15 Sample Type : Serum Mobile No :  
 Sample Date and Time : 25-Mar-2023 09:15 Sample Coll. By : non Ref Id1 : OO323911  
 Report Date and Time : 25-Mar-2023 10:41 Acc. Remarks : Normal Ref Id2 : O222310075

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	122.51	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.7	ng/dL	5.5 - 11.0	
TSH <small>CMIA</small>	2.890	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), PRTN 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

### Reference range (microIU/ml)

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

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

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## LABORATORY REPORT



Name : DIMPY KUMARI	Sex/Age : Female/ 30 Years	Case ID : 30302200627
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Sample Date and Time : 25-Mar-2023 09:15	Sample Coll. By : non	Ref Id1 : OO323911
Report Date and Time : 25-Mar-2023 10:41	Acc. Remarks : Normal	Ref Id2 : O222310075

**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 (microU/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*

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ASHERY  
KISHANREDDY  
8/2/6

25.03.2023 11:51:59 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

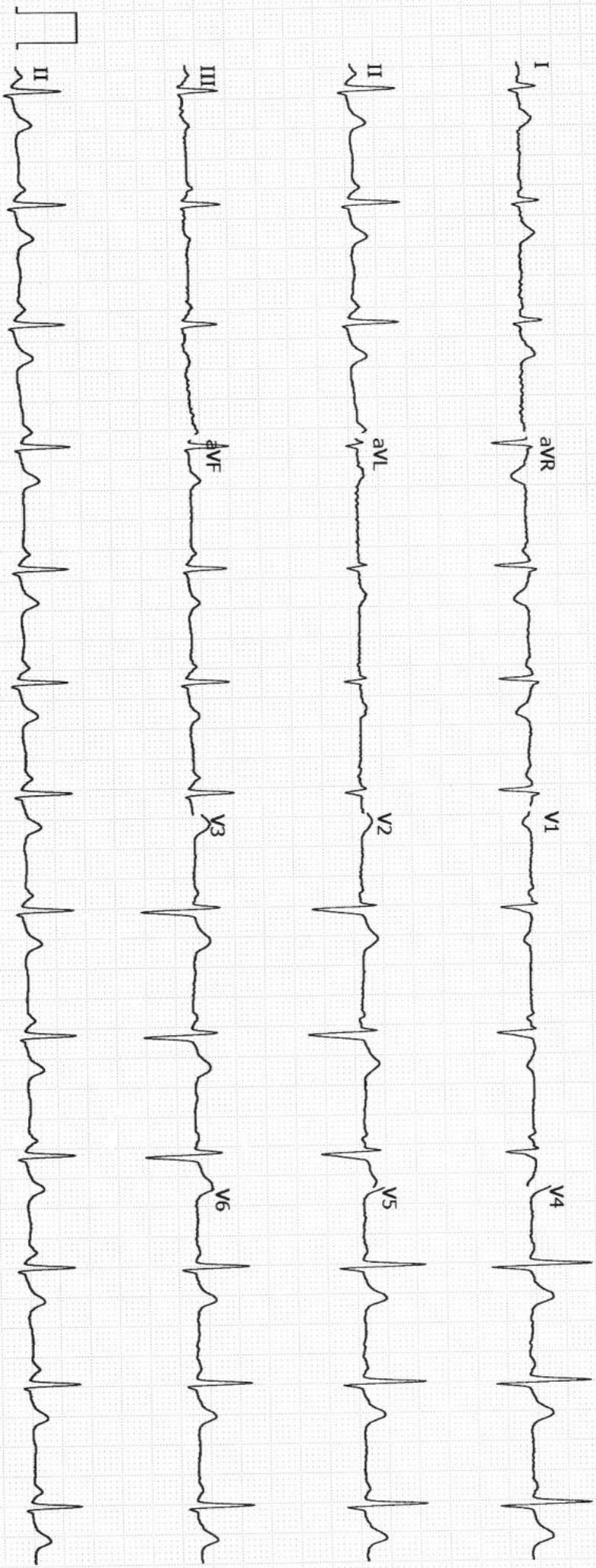
Room:

76 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 348 / 391 ms  
PR : 116 ms  
P : 98 ms  
RR / PP : 786 / 789 ms  
P / QRS / T : 74 / 75 / 40 degrees

Normal sinus rhythm  
Normal ECG



**PATIENT NAME: DIMPY KUMARI**

**GENDER/AGE: Female / 29 Years**

**DATE: 25/03/23**

**DOCTOR: DR. HASIT JOSHI**

**OPDNO: O0323911**

**2D-ECHO**

<b>MITRAL VALVE</b>	<b>: MILD MVP</b>	
<b>AORTIC VALVE</b>	<b>: NORMAL</b>	
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>	
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>	
<b>AORTA</b>	<b>: 25mm</b>	
<b>LEFT ATRIUM</b>	<b>: 29mm</b>	
<b>LV Dd / Ds</b>	<b>: 38/24mm</b>	<b>EF 65%</b>
<b>IVS / LVPW / D</b>	<b>: 8/8mm</b>	
<b>IVS</b>	<b>: INTACT</b>	
<b>IAS</b>	<b>: PFO +</b>	
<b>RA</b>	<b>: MILDLY DILATED</b>	
<b>RV</b>	<b>: MILDLY DILATED</b>	
<b>PA</b>	<b>: MILDLY DILATED</b>	
<b>PERICARDIUM</b>	<b>: NORMAL</b>	
<b>VEL</b>	<b>: PEAK</b>	<b>MEAN</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>	<b>Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 1.2/0.6m/s</b>	
<b>AORTIC</b>	<b>: 1.3m/s</b>	
<b>PULMONARY</b>	<b>: 1.1m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD MR (10%), MODERATE TR</b>	
<b>RVSP</b>	<b>: 37mmHg</b>	
<b>CONCLUSION</b>	<b>: MILD MVP ; MILD MR, MODERATE TR; MILD PAH; NORMAL LV SIZE / SYSTOLIC FUNCTION.</b>	



**CARDIOLOGIST**

**DR. HASIT JOSHI (9825012235)**



**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647



**PATIENT NAME: DIMPY KUMARI**

**GENDER/AGE: Female / 29 Years**

**DATE: 25/03/23**

**DOCTOR:**

**OPDNO: O0323911**

**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 10.3 x 4.0 cms in size.

Left kidney measures about 10.1 x 4.1 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 170 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.7 mm. No evidence of uterine mass lesion is seen.

**COMMENT:** Normal sonographic appearance of liver, GB, pancreas, spleen, kidneys, para aortic region, bladder and uterus.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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**DATE: 25/03/23**

**DOCTOR:**

**OPDNO: 00323911**

**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**



बैंक ऑफ बरोडा  
Bank of Baroda



कूट क्र. 95405  
E.C. No.



नाम | Name : अजीत कुमार गुप्ता / Ajeet Kumar Gupta

पदनाम | Designation : Sr. Manager MMG-III

धारक के हस्ताक्षर | Signature of Holder

22/07/2021

जारी करने की तारीख

Date of Issue

जारीकर्ता प्राधिकारी

Issuing Authority