



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. SENMA URVESHKUMAR SOMABHAI
EC NO.	199632
DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
PLACE OF WORK	CHARADA
BIRTHDATE	24-09-1994
PROPOSED DATE OF HEALTH CHECKUP	19-11-2022
BOOKING REFERENCE NO.	22D199632100030424E

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 **16-11-2022** 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 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/-

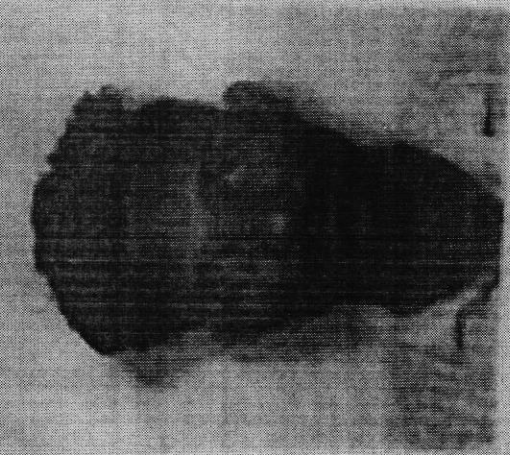
Chief General Manager
HRM Department
Bank of Baroda

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

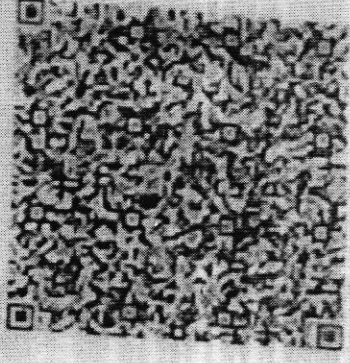


भारत सरकार

Government of India



सेनमा उर्वेशकुमार सोमभाई
Senma Urveshkumar Somabhai
जन्म तारीख/DOB: 24/09/1994
पुरुष/ MALE



6035 2781 1046

VID : 9171 9041 0260 2408

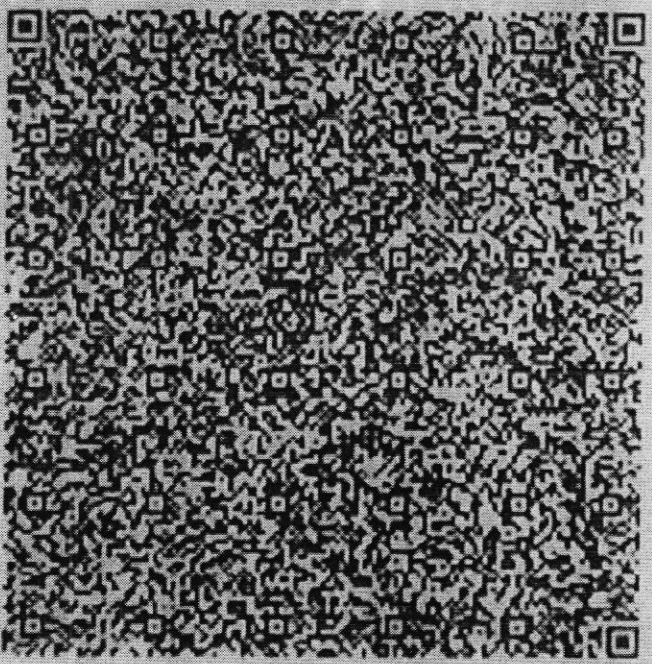
भारत आधार, भारी ओएम



एन सी ई आर
Unique Identification Authority of India

अरणां :
नरतलु/आनलु नलः सीआनल, 14, अडुन
डुनलड, डुनलडुनल रीड, आनल, नलडुनलर,
गुजरात - 382845

Address:
S/O: Somabhai, 14, Madhuvan Bungalow,
Fatehpura Road, Mansa, Gandhinagar,
Gujarat - 382845



QR Code with Photograph

6035 2781 1046

VID : 9171 9041 0260 2408



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

UHID: OSP 29166	Date: 19/11/22	Time: 4:25
Patient Name: Ganna Ujjesh	Age / Sex: 28 (M)	Height: 175 cm
	Weight: 41.9 kg	
History: C/O Rudra lam, UR		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. ← G16 G16 N.V. ← G16 G16 Clouds in vision		
Diagnosis:		

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

UHID: <u>OSP 29166</u>		Date: <u>19/11/20</u>	Time:
Patient Name: <u>URVESHKUMAR SEMMA</u>		Height: <u>178cm</u>	Weight: <u>61.9kg</u>
Age / Sex: <u>28/81 M</u> LMP:			
History:			
C/C/O:		History:	
<ul style="list-style-type: none"> - Routine checkup - Gastritis since 1 week 			
Allergy History: <u>NADA</u>		Addiction: <u>-</u>	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination:			
Temperature: <u>Afebrile</u>			
Pulse: <u>84/min</u>			
BP: <u>107/90 mmHg</u>			
SPO2: <u>96% on room air</u>			
Provisional Diagnosis:			



LABORATORY REPORT



Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type :	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RDW (RBC histogram)	21.60	%	11.00 - 16.00
Neutrophil	73.0	%	40.00 - 70.00
Lymphocyte	19.0	%	20.00 - 40.00
Platelet Count	130000	/ μ L	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	3.84		0.78 - 3.53
Lipid Profile			
LDL Cholesterol	40.64	mg/dL	65 - 100

Abnormal Result(s) Summary End

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

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Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



LABORATORY REPORT



Name : **URVESHKUMAR.SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01 Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : 19-Nov-2022 12:01 Sample Coll. By : Ref Id1 :
 Report Date and Time : 19-Nov-2022 12:37 Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	14.0	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.65	millions/cumm	4.50 - 5.50
PCV(Calc)	42.13	%	40.00 - 50.00
MCV (RBC histogram)	90.6	fL	83.00 - 101.00
MCH (Calc)	30.1	pg	27.00 - 32.00
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 21.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5540	/μL	4000.00 - 10000.00
	[%]	EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil	H 73.0	% 40.00 - 70.00	4044 /μL 2000.00 - 7000.00
Lymphocyte	L 19.0	% 20.00 - 40.00	1053 /μL 1000.00 - 3000.00
Eosinophil	2.0	% 1.00 - 6.00	111 /μL 20.00 - 500.00
Monocytes	6.0	% 2.00 - 10.00	332 /μL 200.00 - 1000.00
Basophil	0.0	% 0.00 - 2.00	0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	L 130000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	H 3.84		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Neutrophilia
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.

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 : URVESHKUMAR SENMA	Sex/Age : Male / 28 Years	Case ID : 21102200737
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2409008
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:37	Acc. Remarks : Normal	Ref Id2 :

Parasite

Malarial Parasite not seen on smear.

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

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Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:59	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
ESR	04	mm after 1hr 3 - 15		

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

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LABORATORY REPORT



Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:38	Acc. Remarks : Normal	Ref Id2 :

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

Physical examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity	>1.025		1.005 - 1.030
pH	5.50		5 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	Present +	/HPF	Present(+)
Bacteria	Nil	/ul	Nil
Yeast	Nil	/ul	Nil
Cast	Nil	/LPF	Nil
Crystals	Negative		Negative

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01 Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : 19-Nov-2022 12:01 Sample Coll. By : Ref Id1 :
 Report Date and Time : 19-Nov-2022 12:38 Acc. Remarks : **Normal** Ref Id2 :

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	-	-	-	-	-

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 15:56	Acc. Remarks : Normal	Ref Id2 :
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	97.05	mg/dL	70.0 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	112.74	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

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LABORATORY REPORT



Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:51	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	125.32	mg/dL	110 - 200
HDL Cholesterol	61.48	mg/dL	48 - 77
Triglyceride	115.98	mg/dL	40 - 200
VLDL <i>Calculated</i>	23.20	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.04		0 - 4.1
LDL Cholesterol <i>Calculated</i>	L 40.64	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 Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpeartion 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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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:51	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	7.98	U/L	0 - 41
S.G.O.T.	17.40	U/L	15 - 37
Alkaline Phosphatase	81.03	U/L	40 - 130
Gamma Glutamyl Transferase	25.62	U/L	8 - 61
Proteins (Total)	7.53	gm/dL	6.4 - 8.2
Albumin	4.86	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.67	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1
Bilirubin Total	0.45	mg/dL	0.2 - 1.0
Bilirubin Conjugated	0.27	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.18	mg/dL	0 - 0.8

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

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Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:51	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) <i>GLDH</i>	9.79	mg/dL	6.00 - 20.00	
Creatinine	0.96	mg/dL	0.50 - 1.50	
Uric Acid	3.76	mg/dL	3.5 - 7.2	

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:28	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Glycated Haemoglobin Estimation

HbA1C	5.07	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	98.81	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)

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Name : **URVESHKUMAR SENMA** Sex/Age : **Male / 28 Years** Case ID : **21102200737**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:51	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Proteins (Total)	7.53	gm/dL	6.4 - 8.2	
Albumin	4.86	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.67	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1	

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

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2409008**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 19-Nov-2022 12:01 Sample Type : Serum Mobile No :
 Sample Date and Time : 19-Nov-2022 12:01 Sample Coll. By : Ref Id1 :
 Report Date and Time : 19-Nov-2022 12:49 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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Thyroid Function Test

Triiodothyronine (T3)	70.55	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.3	ng/dL	4.6 - 10.5	
TSH CMA	0.724	µIU/mL	0.4 - 4.2	

Interpretation Note:

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

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

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

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

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

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)

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LABORATORY REPORT



Name : URVESHKUMAR SENMA	Sex/Age : Male / 28 Years	Case ID : 21102200737
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2409008
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 19-Nov-2022 12:01	Sample Type : Serum	Mobile No :
Sample Date and Time : 19-Nov-2022 12:01	Sample Coll. By :	Ref Id1 :
Report Date and Time : 19-Nov-2022 12:49	Acc. Remarks : Normal	Ref Id2 :

----- 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)

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

Dr. Shreya Shah
M.D. (Pathologist)

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PATIENT'S NAME: URVESHKUMAR SENMA

DATE: 19/11/2022

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 10.0 x 4.6 cms in size.

Left kidney measures about 9.9 x 4.2 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 160 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT'S NAME: URVESHKUMAR SENMA

DATE: 19-Nov-22

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



ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Umesh Chai Age : _____ Sex : _____
 Ref. by Doctor : _____ IP/OP No. : _____ Date: 19/11/22

MITRAL VALVE : G₁ II MVP
 AORTIC VALVE : n
 TRICUSPID VALVE : TV P_e
 PULMONARY VALVE : n
 AORTA : 23
 LEFT ATRIUM : 25
 LV Dd/ Ds : 37/23 ~ EF 60%
 IVS / LVPW / D : 10/9
 IVS : Intact
 IAS : floppy
 RA : _____
 RV : n
 LA : _____
 PERICARDIUM : n
 VEL : _____ PEAK _____ MEAN _____
 M/S : _____ Gradient mm Hg _____ Gradient mm Hg
 MITRAL : 0.7/0.6
 AORTIC : 1.0
 PULMONARY : 0.8
 COLOUR DOPPLER : mild MR TR
 RSVP : 32+g
 CONCLUSION : MVP / mild MR
 TVP / mild TR; no PAM
 n LV size / systolic fn

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

19.11.2022 1:18:13 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

91 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 332 / 408 ms
PR : 146 ms
P : 78 ms
RR / PP : 660 / 659 ms
P / QRS / T : 78 / 89 / 34 degrees

Normal sinus rhythm
Normal ECG

