



नाम **दीपिका**
Name **DEEPIKA**

कार्यकारी कुटुम्ब क्र.
E.C. No. **199141**

A handwritten signature in black ink, appearing to be 'D. K.' or similar, written over a horizontal line.

जारीकर्ता अधिकारी
Issuing Authority



A handwritten signature in black ink, appearing to be 'Deepika', written over a horizontal line.

धारक के हस्ताक्षर
Signature of Holder

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

	कर्मचारी विवरण
नाम	MS. DEEPIKA
क.कू.संख्या	199141
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	DHANSURA
जन्म की तारीख	02-05-1997
स्वास्थ्य जांच की प्रस्तावित तारीख	23-12-2023
बुकिंग संदर्भ सं.	23D199141100080786E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 22-12-2023 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 इनबॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi 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	MS. DEEPIKA
EC NO.	199141
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	DHANSURA
BIRTHDATE	02-05-1997
PROPOSED DATE OF HEALTH CHECKUP	23-12-2023
BOOKING REFERENCE NO.	23D199141100080786E

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 **22-12-2023** 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))

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

UHD:		Date: 23/12/23	Time: 4:27PM
Patient Name: Deepika		Height:	
Age/Sex: 26yrs F LMP:		Weight:	
History:			
C/C/O:		History:	
Allergy History: _____			
Addiction: _____			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: Normal			
Pulse: 82/min			
BP: 132/86 mmHg			
SPO2: 96% on RA			
Provisional Diagnosis:			

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

UHID:	Date: 23/10/23	Time:
Patient Name: DEEPIKA	Age /Sex:	Height:
	Weight:	
History: CIC Rush chcu		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: D.V. < 6/9 6/9 [NU + 100] obscure m... Diagnosis:		

PATIENT NAME: DEEPIKA
GENDER/AGE: Female / 26 Years
DOCTOR: DR. SUBIR GHOSH
OPDNO: OSP32842

DATE: 23/12/23

2D-ECHO

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : NORMAL
LEFT ATRIUM : NORMAL
LV Dd / Ds : 39/26mm EF 60%
IVS / LVPW / D : NORMAL
IVS : NORMAL
IAS : NORMAL
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : NORMAL
AORTIC : NORMAL
PULMONARY : NORMAL
COLOUR DOPPLER :
RVSP :
CONCLUSION : NORMAL STUDY.

CARDIOLOGIST
DR. SUBIR GHOSH



REPORT REPORT REPORT REPORT REPORT

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



aashka
HOSPITAL



PATIENT NAME:DEEPIKA
GENDER/AGE:Female / 26 Years
DOCTOR:
OPDNO:OSP32842

DATE:23/12/23

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.
Tiny left cervical rib is seen.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT

PATIENT NAME: DEEPIKA

GENDER/AGE: Female / 26 Years

DATE: 23/12/23

DOCTOR:

OPDNO: OSP32842

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 4.3 cms in size.
Left kidney measures about 10.2 x 4.0 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.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3217187
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type :	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23248556

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	101.27	mg/dL	70 - 100
Haemogram (CBC)			
MCH (Calc)	25.9	pg	27.00 - 32.00
MCHC (Calc)	30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	17.70	%	11.00 - 16.00
Lymphocyte	45.0	%	20.00 - 40.00
Lymphocyte	3393	/ μ L	1000.00 - 3000.00
Liver Function Test			
Gamma Glutamyl Transferase	40.2	U/L	0 - 38
Thyroid Function Test			
TSH	4.96	μ IU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : DEEPIKA Sex/Age : Female/ 26 Years Case ID : 31202200517
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3217187
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:13 Sample Type : Whole Blood EDTA Mobile No : 7426977788
 Sample Date and Time : 23-Dec-2023 09:13 Sample Coll. By : Ref Id1 : OSP32842
 Report Date and Time : 23-Dec-2023 09:28 Acc. Remarks : Normal Ref Id2 : O23248558

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.0	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.65	millions/cumm	3.80 - 4.80
PCV(Calc)	39.06	%	36.00 - 46.00
MCV (RBC histogram)	84.0	fL	83.00 - 101.00
MCH (Calc)	L 25.9	pg	27.00 - 32.00
MCHC (Calc)	L 30.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 17.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

TEST	RESULTS	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	7540	/ μ L	4000.00 - 10000.00		
Neutrophil	[%] 46.0	%	40.00 - 70.00	3468	/ μ L 2000.00 - 7000.00
Lymphocyte	H 45.0	%	20.00 - 40.00	H 3393	/ μ L 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	151	/ μ L 20.00 - 500.00
Monocytes	7.0	%	2.00 - 10.00	528	/ μ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/ μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	253000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.02		0.78 - 3.53

SMEAR STUDY

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

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

Dr. Shreya Shah
 M.D. (Pathologist)

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Page 2 of 13



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 | 079-40408181 / 61618181
 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - UB5300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : DEEPIKA Sex/Age : Female/ 26 Years Case ID : 31202200517
Ref.By : HOSPITAL Dis. At : Pt. ID : 3217187
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:13 Sample Type : Whole Blood EDTA Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13 Sample Coll. By : Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 11:35 Acc. Remarks : Normal Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	14	mm after 1hr 3 - 20		

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

Dr. Shreya Shah
M.D. (Pathologist)

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Page 3 of 13



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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Spot Urine	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O23248556

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 : 6.50 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 / μ L Nil

Yeast : Nil / μ L Nil

Cast : Nil /LPF Nil

Crystals : Nil /HPF Nil

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 13

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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3217187
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Spot Uriné	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 09:39	Acc. Remarks : Normal	Ref Id2 : O23248556

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)	/pf	<2	-	-	-	-	-

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

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M.D. (Pathologist)

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Page 6 of 13



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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	PL ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 13:03	Acc. Remarks : Normal	Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	101.27	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		84.42	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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M.D. (Pathologist)

Page 7 of 13

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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Serum	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 11:22	Acc. Remarks : Normal	Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Cobaltmetric, CHOD-POD</i>	161.31	mg/dL	110 - 200
HDL Cholesterol	59.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	71.21	mg/dL	<150
VLDL <i>Calculated</i>	14.24	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.72		0 - 4.1
LDL Cholesterol <i>Calculated</i>	87.77	mg/dL	0.00 - 100.00

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 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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M.D. (Pathologist)

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Page 8 of 13



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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Serum	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 11:22	Acc. Remarks : Normal	Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	39.79	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	32.17	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	113.5	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	H 40.2	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.75	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.05	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.70	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.1		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.69	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.29	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.40	mg/dL	0 - 0.8	

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13

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Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

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LABORATORY REPORT



Name : DEEPIKA Sex/Age : Female/ 26 Years Case ID : 31202200517
Ref.By : HOSPITAL Dis. At : PL ID : 3217187
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Serum	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 11:22	Acc. Remarks : Normal	Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	9.1	mg/dL	7.00 - 18.70	
Creatinine	0.67	mg/dL	0.50 - 1.50	
Uric Acid <small>Uricase</small>	3.65	mg/dL	2.6 - 6.2	

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

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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Whole Blood EDTA	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 10:03	Acc. Remarks : Normal	Ref Id2 : O23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.28	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	104.84	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-Very Low, L-Low, H-High, HH-Very High) A-Abnormal

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Page 11 of 13

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LABORATORY REPORT



Name : DEEPIKA	Sex/Age : Female/ 26 Years	Case ID : 31202200517
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3217187
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Dec-2023 09:13	Sample Type : Serum	Mobile No : 7426977788
Sample Date and Time : 23-Dec-2023 09:13	Sample Coll. By :	Ref Id1 : OSP32842
Report Date and Time : 23-Dec-2023 10:33	Acc. Remarks : Normal	Ref Id2 : Q23248556

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	105.82	ng/dL	70 - 204	
Thyroxine (T4) CMA	10.38	ng/dL	4.87 - 11.72	
TSH CMA	H 4.96	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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Page 12 of 13

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Interpretation Note:

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

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

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

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

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

End Of Report

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

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

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Page 13 of 13

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DEEPA
26/F

23.12.2023 11:17:08 AM
MANSIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

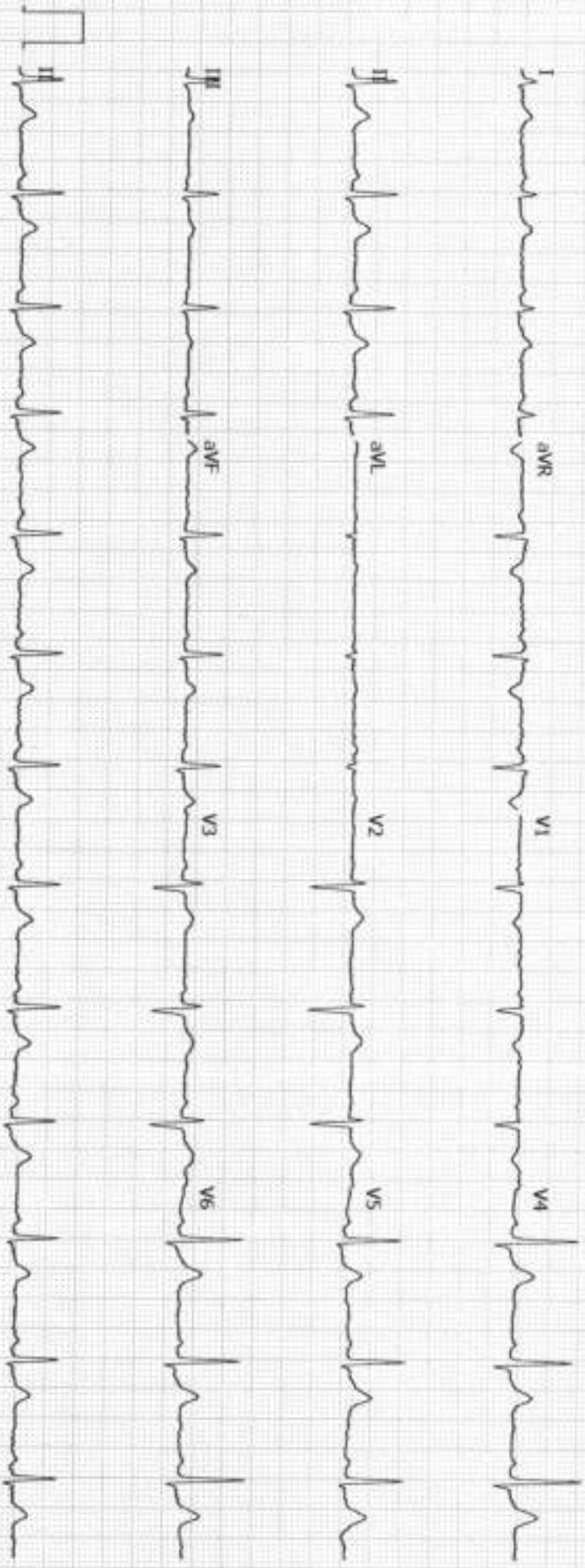
Room:

77 bpm
--/-- monthly

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 70 ms
QT / QTdiaz : 356 / 402 ms
PR : 134 ms
P : 76 ms
RR / PP : 782 / 779 ms
P / QRS / T : 38 / 71 / 58 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz

Unconfirmed
442563_25_R1 1/1



Name: *Deepika.*

Age: *26 yrs.*

Complaints:

None

No of deliveries:

Last Delivery:

conceived

History of abortion:

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

MH:

Reg:

LMP:

P/A:

P/S:

P/V:

Pap NOT advised

Sample:-

Vagina
Cervix

Doctors Sign:- _____