

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. ANAND ABHISHEK
EC NO.	73318
DESIGNATION	DIGITAL LENDING
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	25-02-1988
PROPOSED DATE OF HEALTH CHECKUP	12-11-2022
BOOKING REFERENCE NO.	22D73318100029510E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **08-11-2022** 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))

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

UHID: 00223069		Date: 11/02/2023	Time:
Patient Name: ANAND		Height: 174 cm	
Age / Sex: 35/40/M	LMP:	Weight: 88.6 kg	
History:			
C/C/O: ⇒ ROUTINE HEALTH CHECK UP		History: ⇒ NO	
Allergy History: NKDA		Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: AFEBRILE			
Pulse: 96 / MINUTE			
BP: 100/60 MM HG			
SPO2: 99% ON ROOM AIR			
Provisional Diagnosis:			

Advice:

⇒ LIFESTYLE MODIFICATION

Rx

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

Insulin Scale	RBS-	hourly	Diet Advice:	
< 150 -	300-350 -		Follow-up:	
150-200 -	350-400 -		Sign:	P.D. MUKERJAN
200-250 -	400-450 -			
250-300 -	> 450 -			

**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



**DR. UNNATI SHAH**

**B.D.S. (DENTAL SURGEON)**

**REG. NO. A-7742**

**MO.NO- 9904596691**

<b>UHID:</b>	00223060	<b>Date:</b>	11/2/23	<b>Time:</b>	
<b>Patient Name:</b>	Arvind Abhishek	<b>Age / Sex:</b>	34/M	<b>Height:</b>	174 cm
		<b>Weight:</b>	88.6 kg		
<b>History:</b>					
<b>Examination:</b>	caries ← 8/8 stain + calcul ++				
<b>Diagnosis:</b>					

Treatment:

✓ Scaling

1400

Rest<sup>n</sup>

~~8/8~~

1200

Dr. Vasmataz

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

<b>PHID:</b> 00223069	<b>Date:</b> 11/02/2023	<b>Time:</b>
<b>Patient Name:</b> Mr. Anand	<b>Age / Sex:</b> 34 / M	<b>Height:</b> 174 cm
	<b>Weight:</b> 81.6 kg	
<b>History:</b> Op - Routine check-up.		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>amination:</b> $\frac{11 \text{ mL}}{\text{CBL}} \quad 6/9$		
<b>Diagnosis:</b>		

**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:**

B

**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. ANAND ABHISHEK**

**GENDER/AGE: Male / 35 Years**

**DATE: 11/02/23**

**DOCTOR:**

**OPDNO: 00223069**

**X-RAY CHEST PA**

Both lung fields appear clear

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.

**Impression: Normal Chest X ray examination**

**RADIOLOGIST**

**DR. MEHUL PATELIYA**



**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.ANAND ABHISHEK**

**GENDER/AGE:Male / 35 Years**

**DATE:11/02/23**

**DOCTOR:**

**OPDNO:O0223069**

**SONOGRAPHY OF ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and shows raised parenchymal echoes suggest fatty liver. 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 4.6 cms in size.

Left kidney measures about 10.6 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.

**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:**

- **Fatty liver grade I.**
- **Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.**

**RADIOLOGIST**

**DR.MEHUL PATELIYA**



LABORATORY REPORT



Name : ANAND ABHISHEK	Sex/Age : Male / 35 Years	Case ID : 30202200230
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2552968
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:30	Sample Type :	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O22238844

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	109.39	mg/dL	70.0 - 100
<b>Haemogram (CBC)</b>			
Eosinophil	8.0	%	1.00 - 6.00
Platelet Count	139000	/ $\mu$ L	150000.00 - 410000.00
<b>Lipid Profile</b>			
HDL Cholesterol	38.3	mg/dL	48 - 77
Chol/HDL	4.69		0 - 4.1
LDL Cholesterol	118.77	mg/dL	65 - 100
<b>Liver Function Test</b>			
S.G.P.T.	55.80	U/L	0 - 41

Abnormal Result(s) Summary End

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



## LABORATORY REPORT



Name : ANAND ABHISHEK	Sex/Age : Male / 35 Years	Case ID : 30202200230
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2552968
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : 00223069
Report Date and Time : 11-Feb-2023 09:41	Acc. Remarks : Normal	Ref Id2 : 022238844

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

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin (Colorimetric)	14.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.67	millions/cumm	4.50 - 5.50
PCV(Calc)	45.02	%	40.00 - 50.00
MCV (RBC histogram)	96.4	fL	83.00 - 101.00
MCH (Calc)	31.3	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.80	%	11.00 - 16.00

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

Total WBC Count	4270	/μL	4000.00 - 10000.00
Neutrophil	[ % ] 54.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	32.0	%	20.00 - 40.00
Eosinophil	H 8.0	%	1.00 - 6.00
Monocytes	5.0	%	2.00 - 10.00
Basophil	1.0	%	0.00 - 2.00
			[ Abs ] 2306 /μL
			EXPECTED VALUES 2000.00 - 7000.00
			1366 /μL
			EXPECTED VALUES 1000.00 - 3000.00
			342 /μL
			EXPECTED VALUES 20.00 - 500.00
			214 /μL
			EXPECTED VALUES 200.00 - 1000.00
			43 /μL
			EXPECTED VALUES 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	L <u>139000</u>	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.69		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
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)

Page 2 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : ANAND ABHISHEK	Sex/Age : Male / 35 Years	Case ID : 30202200230
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2552968
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 09:41	Acc. Remarks : Normal	Ref Id2 : O22238844

**Parasite** Malarial Parasite not seen on smear.

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

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

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

Page 3 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : ANAND ABHISHEK Sex/Age : Male / 35 Years Case ID : 30202200230  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2552968  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 11:52	Acc. Remarks : Normal	Ref Id2 : O22238844

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR	12	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)

Page 4 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : ANAND ABHISHEK Sex/Age : Male / 35 Years Case ID : 30202200230  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2552968  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : 00223069
Report Date and Time : 11-Feb-2023 09:40	Acc. Remarks : Normal	Ref Id2 : 022238844

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

### 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)

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

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

Page 5 of 14

Printed On : 11-Feb-2023 14:40



**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.nebergsupratech.com



## LABORATORY REPORT



Name : **ANAND ABHISHEK** Sex/Age : **Male / 35 Years** Case ID : **30202200230**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2552968**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 10:52	Acc. Remarks : Normal	Ref Id2 : O22238844

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

<b>Sp.Gravity</b>	<b>1.025</b>		1.005 - 1.030
<b>pH</b>	<b>5.5</b>		5 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Negative</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

*Manoj Shah*

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

Page 6 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : ANAND ABHISHEK Sex/Age : Male / 35 Years Case ID : 30202200230  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2552968  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 11-Feb-2023 09:30 Sample Coll. By : Ref Id1 : OO223069  
 Report Date and Time : 11-Feb-2023 10:52 Acc. Remarks : Normal Ref Id2 : O22238844

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)

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

Page 7 of 14

Printed On : 11-Feb-2023 14:40



**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 : ANAND ABHISHEK      Sex/Age : Male / 35 Years      Case ID : 30202200230  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2552968  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : 00223069
Report Date and Time : 11-Feb-2023 14:38	Acc. Remarks : Normal	Ref Id2 : 022238844
TEST	RESULTS	UNIT
		BIOLOGICAL REF RANGE
		REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	H	109.39	mg/dL	70.0 - 100
Plasma Glucose - PP		135.26	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)

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

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

Page 8 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : **ANAND ABHISHEK** Sex/Age : **Male / 35 Years** Case ID : **30202200230**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2552968**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **11-Feb-2023 09:30** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **11-Feb-2023 09:30** Sample Coll. By : Ref Id1 : **00223069**  
 Report Date and Time : **11-Feb-2023 14:19** Acc. Remarks : **Normal** Ref Id2 : **022238844**

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b>	<b>179.54</b>	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	<b>L 38.3</b>	mg/dL	48 - 77	
<b>Triglyceride</b>	<b>112.33</b>	mg/dL	40 - 200	
<b>VLDL</b> <i>Calculated</i>	<b>22.47</b>	mg/dL	10 - 40	
<b>Chol/HDL</b> <i>Calculated</i>	<b>H 4.69</b>		0 - 4.1	
<b>LDL Cholesterol</b> <i>Calculated</i>	<b>H 118.77</b>	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 interpreation 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)

*Shah*

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

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

Page 9 of 14

Printed On : 11-Feb-2023 14:40



**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.nebergsupratech.com



## LABORATORY REPORT



Name : **ANAND ABHISHEK** Sex/Age : **Male / 35 Years** Case ID : **30202200230**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2552968**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 14:19	Acc. Remarks : Normal	Ref Id2 : O22238844

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b>	H <b>55.80</b>	U/L	0 - 41
<b>S.G.O.T.</b>	<b>32.11</b>	U/L	15 - 37
<b>Alkaline Phosphatase</b>	<b>87.62</b>	U/L	40 - 130
<b>Gamma Glutamyl Transferase</b>	<b>18.91</b>	U/L	8 - 61
<b>Proteins (Total)</b>	<b>6.87</b>	gm/dL	6.4 - 8.2
<b>Albumin</b>	<b>4.57</b>	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	<b>2.30</b>	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	<b>2.0</b>		1.0 - 2.1
<b>Bilirubin Total</b>	<b>0.51</b>	mg/dL	0.2 - 1.0
<b>Bilirubin Conjugated</b>	<b>0.19</b>	mg/dL	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.32</b>	mg/dL	0 - 0.8

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)

Page 10 of 14

Printed On : 11-Feb-2023 14:40



**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 : ANAND ABHISHEK Sex/Age : Male / 35 Years Case ID : 30202200230  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2552968  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 14:19	Acc. Remarks : Normal	Ref Id2 : O22238844

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	7.3	mg/dL	6.00 - 20.00	
Creatinine	0.77	mg/dL	0.50 - 1.50	
Uric Acid	5.25	mg/dL	3.5 - 7.2	

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

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

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

Page 11 of 14

Printed On : 11-Feb-2023 14:40





## LABORATORY REPORT



Name : ANAND ABHISHEK	Sex/Age : Male / 35 Years	Case ID : 30202200230
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 2552968
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 10:49	Acc. Remarks : Normal	Ref Id2 : O22238844

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

### Glycated Haemoglobin Estimation

<b>HbA1C</b>	<b>5.45</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>109.71</b>		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 glycemetic 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 glycemetic 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)

Page 12 of 14

Printed On : 11-Feb-2023 14:40





LABORATORY REPORT



Name : ANAND ABHISHEK      Sex/Age : Male / 35 Years      Case ID : 30202200230  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 2552968  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 11:23	Acc. Remarks : Normal	Ref Id2 : O22238844

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				

<b>Triiodothyronine (T3)</b>	<b>103.79</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMA</small>	<b>7.9</b>	ng/dL	4.6 - 10.5	
<b>TSH</b> <small>CMA</small>	<b>3.115</b>	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	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)

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

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





## LABORATORY REPORT



Name : **ANAND ABHISHEK** Sex/Age : **Male / 35 Years** Case ID : **30202200230**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2552968**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 11-Feb-2023 09:30	Sample Type : Serum	Mobile No :
Sample Date and Time : 11-Feb-2023 09:30	Sample Coll. By :	Ref Id1 : OO223069
Report Date and Time : 11-Feb-2023 11:23	Acc. Remarks : Normal	Ref Id2 : O22238844

**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 to 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)

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

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

Page 14 of 14

Printed On : 11-Feb-2023 14:40



**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

**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.ANAND ABHISHEK**

**GENDER/AGE:Male / 35 Years**

**DATE:11/02/23**

**DOCTOR:DR.HASIT JOSHI**

**OPDNO:O0223069**

**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>: 37mm</b>	
<b>LEFT ATRIUM</b>	<b>: 36mm</b>	
<b>LV Dd / Ds</b>	<b>: 38/25mm</b>	<b>EF 60%</b>
<b>IVS / LVPW / D</b>	<b>: 10/10mm</b>	
<b>IVS</b>	<b>: INTACT</b>	
<b>IAS</b>	<b>: INTACT</b>	
<b>RA</b>	<b>: NORMAL</b>	
<b>RV</b>	<b>: NORMAL</b>	
<b>PA</b>	<b>: NORMAL</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>: 0.7/0.8m/s</b>	
<b>AORTIC</b>	<b>: 1.3m/s</b>	
<b>PULMONARY</b>	<b>: 1.2m/s</b>	
<b>COLOUR DOPPLER</b>	<b>: MILD MR/TR</b>	
<b>RVSP</b>	<b>: 26mmHg</b>	
<b>CONCLUSION</b>	<b>: MILD MVP / MILD MR; NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE.</b>	

**CARDIOLOGIST**

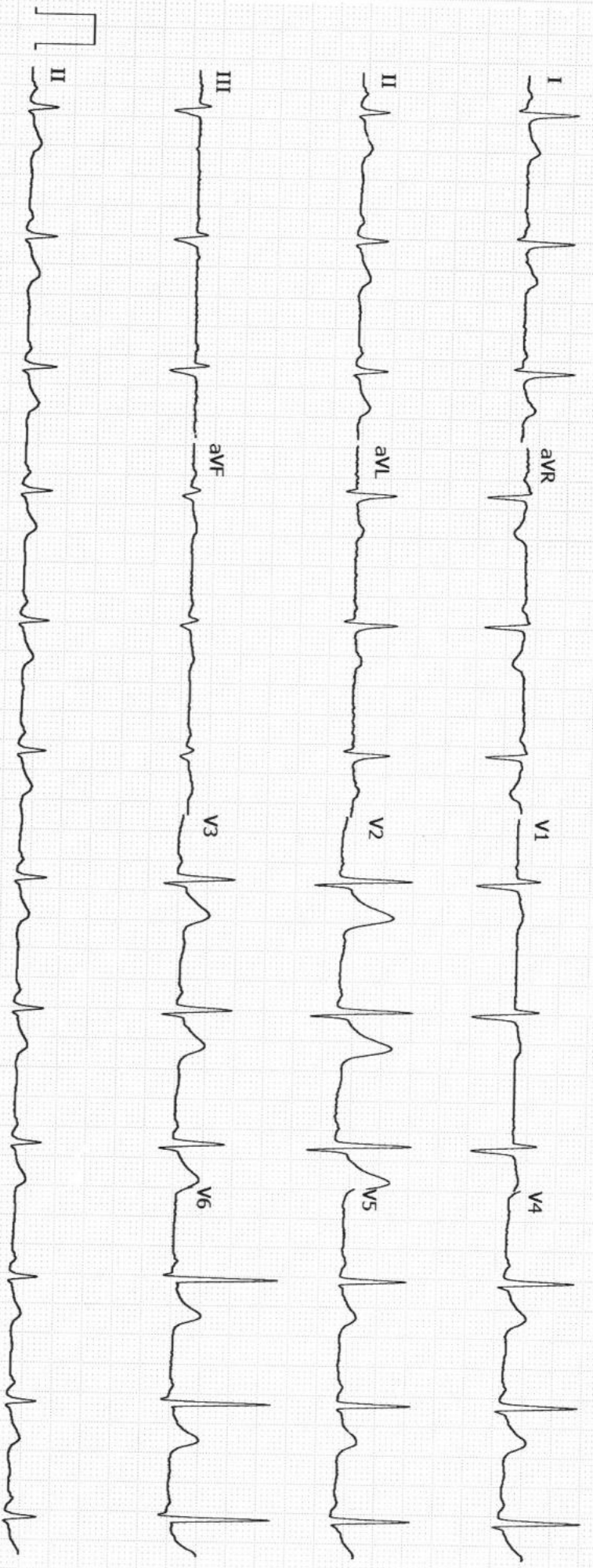
**DR.HASIT JOSHI (9825012235)**



Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 386 / 416 ms  
PR : 138 ms  
P : 108 ms  
RR / PP : 862 / 857 ms  
P / QRS / T : 52 / 12 / 27 degrees

Normal sinus rhythm  
Early repolarization  
Normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56 Hz 50 Hz

Unconfirmed  
4x2.5x3\_25\_R1 1/1