

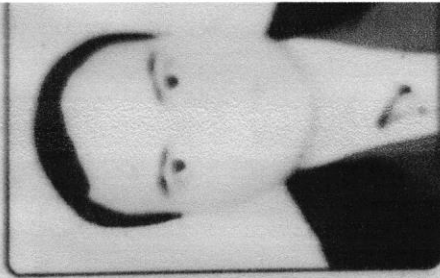


बैंक ऑफ़ बड़ोदा
Bank of Baroda

नाम प्रमोद प्रसाद जयसवाल
Name PRAMOD PRASAD JAISWAL

कर्मचारी कूट क्र. 164069
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्त
Signature of H



भारत सरकार
GOVERNMENT OF INDIA



प्रमोद प्रसाद जयसवाल
Pramod Prasad Jaiswal
जन्म वर्ष / Year of Birth : 1982
पुरुष / Male



5202 6203 6251

आधार — आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता: S/O नगेश्वर प्रसाद, गेट नं 6बी,
पटेल नगर, हाटिया, रांची, झारखंड,
झारखण्ड, 834003

Address: S/O. Nageshwar Prasad,
ROAD NO 6B, PATEL NAGAR,
Hatiya, Ranchi, Hatia, Jharkhand,
834003



1947
1800 180 1947



help@uidai.gov.in



www.uidai.gov.in



P.O. Box No. 1947,
Bengaluru-560 001

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. JAISWAL PRAMOD PRASAD
EC NO.	164069
DESIGNATION	BRANCH HEAD
PLACE OF WORK	DHANERA
BIRTHDATE	04-03-1982
PROPOSED DATE OF HEALTH CHECKUP	29-07-2022
BOOKING REFERENCE NO.	22S164069100022390E

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 **25-07-2022** 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. DIPESH FATANIYA
M.D., IDCCM.
CRITICAL CARE MEDICINE
M.NO.-9909906809
R.NO.G-41495

UHID: <u>OSP22522</u>	Date: <u>29/7/22</u>	Time:
Patient Name: <u>PRAMOD PRASAD JAISWAL</u>		Height:
Age / Sex:	LMP:	Weight:
History:		
C/C/O: <u>githum</u>	History: <hr style="width: 10%; margin-left: auto; margin-right: auto;"/>	
Allergy History: <u>Food allergy</u>		Addiction: <hr style="width: 10%;"/>
Nutritional Screening: <u>Well Nourished</u> / Malnourished / Obese		
Vitals & Examination:		
Temperature:		
Pulse: <u>80</u>		
BP: <u>120/70</u>		
SPO2: <u>98%</u>		
Provisional Diagnosis:		

PATIENT NAME:PRAMOD PRASAD JAISWAL

GENDER/AGE:Male / 40 Years

DATE:29/07/22

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP28328

2D-ECHO

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 34mm
LEFT ATRIUM : 33mm
LV Dd / Ds : 36/24mm EF 61%
IVS / LVPW / D : 10/10mm
IVS : INTACT
IAS : INTACT
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 1/0.7m/s
AORTIC : 1.4m/s
PULMONARY : 1.2m/s
COLOUR DOPPLER : MILD MR/TR
RVSP : 30mmHg
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.


CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Jul-2022 09:22 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 29-Jul-2022 09:22 Sample Coll. By : Ref Id1 : osp28328
 Report Date and Time : 29-Jul-2022 10:20 Acc. Remarks : Normal Ref Id2 : O22232985

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	14.1	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.33	millions/cumm	4.50 - 5.50
PCV(Calc)	45.41	%	40.00 - 50.00
MCV (RBC histogram)	85.2	fL	83.00 - 101.00
MCH (Calc)	L 26.5	pg	27.00 - 32.00
MCHC (Calc)	L 31.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	6180	/μL	4000.00 - 10000.00		
	[%]				
Neutrophil	58.0	%	40.00 - 70.00	3584	/μL 2000.00 - 7000.00
Lymphocyte	36.0	%	20.00 - 40.00	2225	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	124	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	247	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

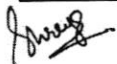
PLATELET COUNT (Optical)

Platelet Count	217000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.61		0.78 - 3.53

SMEAR STUDY

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

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



Dr. Shreya Shah
 M.D. (Pathologist)

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

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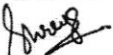
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LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL	Sex/Age : Male / 40 Years	Case ID : 20702200891
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2199492
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 10:20	Acc. Remarks : Normal	Ref Id2 : O22232985

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


Dr. Shreya Shah
M.D. (Pathologist)

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

LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 12:15	Acc. Remarks : Normal	Ref Id2 : O22232985

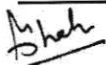
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

ESR	H 22		mm after 1hr 3 - 15	
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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



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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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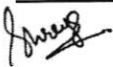
HAEMATOLOGY INVESTIGATIONS

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

ABO Type	B
Rh Type	POSITIVE

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

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Dr. Shreya Shah
M.D. (Pathologist)

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

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LABORATORY REPORT



Name : **PRAMOD PRASAD JAISWAL** Sex/Age : **Male / 40 Years** Case ID : **20702200891**
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 10:20	Acc. Remarks : Normal	Ref Id2 : O22232985

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	1.010		1.005 - 1.030
pH	6.00		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

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



Dr. Shreya Shah
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LABORATORY REPORT



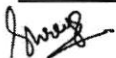
Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
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 Bill. Loc. : Aashka hospital Pt. Loc. :

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 Sample Date and Time : 29-Jul-2022 09:22 Sample Coll. By : Ref Id1 : osp28328
 Report Date and Time : 29-Jul-2022 10:20 Acc. Remarks : Normal Ref Id2 : O22232985

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.8-7.4					
SG	-	1.016-1.022					
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. Shreya Shah
 M.D. (Pathologist)

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 M.D. (Path. & Bact.)

LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 13:05	Acc. Remarks : Normal	Ref Id2 : O22232985
TEST	RESULTS UNIT	BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

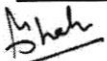
Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	92	mg/dL	70.0 - 100
Plasma Glucose - PP	101.8	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)

LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Jul-2022 09:22 Sample Type : Serum Mobile No :
 Sample Date and Time : 29-Jul-2022 09:22 Sample Coll. By : Ref Id1 : osp28328
 Report Date and Time : 29-Jul-2022 11:42 Acc. Remarks : Normal Ref Id2 : O22232985

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	158.93	mg/dL	110 - 200	
HDL Cholesterol	L 27.72	mg/dL	48 - 77	
Triglyceride	H 307.15	mg/dL	40 - 200	
VLDL <i>Calculated</i>	H 61.43	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	H 5.73		0 - 4.1	
LDL Cholesterol (Direct) <i>CALC</i>	68.12	mg/dL	65 - 100	

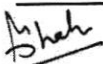
NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

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 assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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 M.D. (Path. & Bact.)

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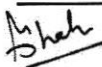
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	22.23	U/L	0 - 41	
S.G.O.T.	21.93	U/L	15 - 37	
Alkaline Phosphatase	127.81	U/L	40 - 130	
Gamma Glutamyl Transferase	13.12	U/L	8 - 61	
Proteins (Total)	7.72	gm/dL	6.4 - 8.2	
Albumin	4.59	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.13	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total	L 0.18	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.21	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	-0.03	mg/dL	0 - 0.8	

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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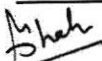
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

BUN (Blood Urea Nitrogen) GLDH	8.04	mg/dL	6.00 - 20.00	
Creatinine	0.78	mg/dL	0.50 - 1.50	
Uric Acid	5.64	mg/dL	3.5 - 7.2	

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 : PRAMOD PRASAD JAISWAL	Sex/Age : Male / 40 Years	Case ID : 20702200891
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2199492
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 11:42	Acc. Remarks : Normal	Ref Id2 : O22232985

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Glycated Haemoglobin Estimation				

HbA1C	5.40		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Avg. PI Glucose (Last 3 Months) <i>Calculated</i>	108.28	mg/dL	80.00 - 140.00	

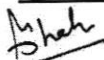
Please Note change in reference range as per ADA 2021 guidelines.

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



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 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 29-Jul-2022 09:22 Sample Type : Serum Mobile No :
 Sample Date and Time : 29-Jul-2022 09:22 Sample Coll. By : Ref Id1 : osp28328
 Report Date and Time : 29-Jul-2022 10:44 Acc. Remarks : Normal Ref Id2 : O22232985

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Thyroid Function Test				
Triiodothyronine (T3)	91.64	ng/dL	70 - 204	
Thyroxine (T4) CMIA	7.9	ng/dL	4.6 - 10.5	
TSH CMIA	H 5.1954	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.

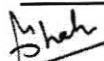
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism 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)



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 M.D. (Path. & Bact.)

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 M.D. (Pathologist)

Page 12 of 14

Printed On : 29-Jul-2022 13:15

LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL Sex/Age : Male / 40 Years Case ID : 20702200891
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2199492
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 10:44	Acc. Remarks : Normal	Ref Id2 : O22232985

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Prostate Specific Antigen CMIA	0.456	ng/mL	0.00 - 4.00	
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INTERPRETATIONS:

Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy

CAUTIONS:

Serum markers are not specific for malignancy, and values may vary by method. When age is not supplied, the results cannot be flagged as high or low. Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels. 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

- If total PSA is above cut off value (between 4 to 20 ng/ml) free PSA should be advised to differentiate benign prostatic hyperplasia from prostatic malignancy.
- Free PSA levels above 20 to 25 % of total PSA are more likely to be associated with BPH.
- Prostate biopsy is required for the diagnosis of cancer.

RELATIONSHIP BETWEEN PROBABILITY OF PROSTATE MALIGNANCY & FREE PSA% TO TOTAL PSA

Free PSA % to total PSA	0-10%	10-15%	15-20%	20-25%	>25%.
fr Probability of malignancy	56%.	28%	20%	16%	8%

DILUTION PROTOCOL:

At our lab with kit, manual dilution protocol has been validated for PSA up to 1:20 dilution and result up to 2000 NG/ML. After above dilution, it will be done manually and because of Ag-Ab reaction curve it may be erroneous if diluted after validated dilution.
 * Test results, interpretation & notes are meant for Medical Personal only.

----- End Of Report -----

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



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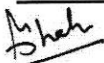
LABORATORY REPORT



Name : PRAMOD PRASAD JAISWAL	Sex/Age : Male / 40 Years	Case ID : 20702200891
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2199492
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Jul-2022 09:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Jul-2022 09:22	Sample Coll. By :	Ref Id1 : osp28328
Report Date and Time : 29-Jul-2022 10:44	Acc. Remarks : Normal	Ref Id2 : O22232985

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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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



DR. UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO.NO- 9904596691

UHID: DSP 28328	Date: 20/11/22	Time:
Patient Name: Pramod Prasad		Age /Sex: 40/m
		Height:
		Weight:
History:		
Examination: calculus + stain + cervical abrasion 0/0		
Diagnosis:		

PATIENT NAME:PRAMOD PRASAD JAISWAL

GENDER/AGE:Male / 40 Years

DATE:29/07/22

DOCTOR:

OPDNO:OSP28328

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 4.6 cms in size.

Left kidney measures about 10.1 x 4.7 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 16 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



PATIENT NAME:PRAMOD PRASAD JAISWAL

GENDER/AGE:Male / 40 Years

DATE:29/07/22

DOCTOR:

OPDNO:OSP28328

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

29.07.2022 10:26:58 AM
AASHKA HOSPITAL LTD.
SARGASANI
GANDHINAGAR

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

Room:

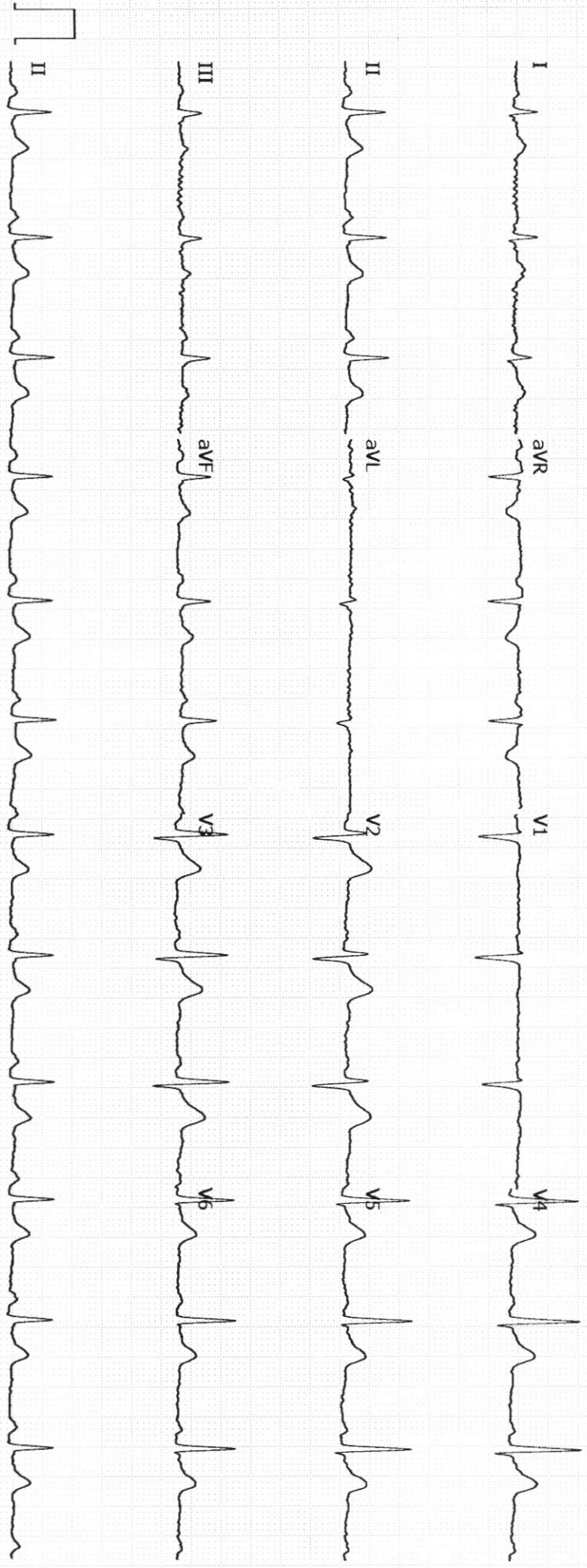
74 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 364 / 404 ms
PR : 148 ms
P : 90 ms
RR / PP : 810 / 810 ms
P / QRS / T : 58 / 66 / 53 degrees

Normal sinus rhythm
Normal ECG

Permod Perusal
Jaiswal



MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed

4x2.5x3_25_R1

1/1