



भारत सरकार

GOVERNMENT OF INDIA



પટેલ અમી

**Patel Ami**

જન્મ તારીખ / DOB: 21/11/1988

સ્ત્રી / FEMALE



**7476 7578 0608**

મારો આધાર, મારી ઓળખ

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	MRS. PATEL AMI NIRAV
EC NO.	113794
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
BIRTHDATE	21-11-1988
PROPOSED DATE OF HEALTH CHECKUP	20-06-2022
BOOKING REFERENCE NO.	22J113794100020378E

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 **16-06-2022** 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**

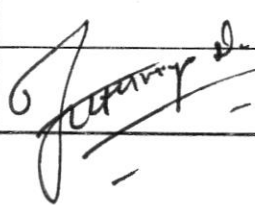
UHID:		Date: 23/7/22	Time:
Patient Name: AMR BATEL		Height:	Weight:
Age / Sex: 341M LMP: 3 <sup>rd</sup> L			
History:			
C/C/O:		History: LSCS - (1)  _____	
Allergy History: _____		Addiction: _____	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse:			
BP: <u>110/70</u>			
SPO2:			
Provisional Diagnosis:			

Advice:

CBC repeat at (1) mo

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	T	NUHENZ.D	ooor	(X)	(30) d	}
	T	TAYO GON	ONCE A WEEK	(X)	6 weeks	
	T	OROFER XT	ooor	(30)	d	

Insulin Scale	RBS- hourly	Diet Advice:	
< 150 -	300-350 -	Follow-up:	
150-200 -	350-400 -	Sign:	
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>	<b>Date:</b>	<b>Time:</b>
<b>Patient Name:</b> Am A. Patel		<b>Age /Sex:</b> 35/F.
		<b>Height:</b>
		<b>Weight:</b>
<b>History:</b>		
<b>Examination:</b> Stomach ++ Abdomen ++ Carotid 0/10		
<b>Diagnosis:</b>		

Treatment:

- Scaling
- Rest — /o

bsu

LABORATORY REPORT



Name : **AMI N PATEL** Sex/Age : **Female/ 34 Years** Case ID : **20702200669**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2186965  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Whole Blood EDTA	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 09:16	Acc. Remarks : Normal	Ref Id2 : O22232786

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin (Colorimetric)	L 9.2	G%	12.00 - 15.00
RBC (Electrical Impedance)	3.93	millions/cumm	3.80 - 4.80
PCV(Calc)	L 29.75	%	36.00 - 46.00
MCV (RBC histogram)	L 75.7	fL	83.00 - 101.00
MCH (Calc)	L 23.4	pg	27.00 - 32.00
MCHC (Calc)	L 30.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 17.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	7090	/μL	4000.00 - 10000.00		
	[ % ]				
Neutrophil	49.0	%	40.00 - 70.00	3474	/μL 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00	2198	/μL 1000.00 - 3000.00
Eosinophil	H 13.0	%	1.00 - 6.00	H 922	/μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	425	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	71	/μL 0.00 - 100.00

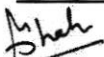
PLATELET COUNT (Optical)

Platelet Count	342000	/μL	150000.00 - 410000.00
Neutrophil to Lymphocyte Ratio (NLR)	1.58		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Eosinophilia.
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. Manoj Shah  
 M.D. (Path. & Bact.)

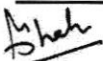
Dr. Shreya Shah  
 M.D. (Pathologist)

LABORATORY REPORT



Name : AMI N PATEL	Sex/Age : Female/ 34 Years	Case ID : 20702200669
Ref.By : HOSPITAL,	Dis. At :	Pt. ID : 2186965
Bill. Loc. : Aashka hospital		Pt. Loc :
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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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LABORATORY REPORT



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Bill. Loc. : Aashka hospital Pt. Loc :

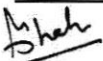
Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Whole Blood EDTA	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 11:00	Acc. Remarks : Normal	Ref Id2 : O22232786

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

ESR	12	mm after 1hr 3 - 20		
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



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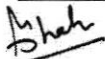
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS**

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

ABO Type	O
Rh Type	POSITIVE

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



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LABORATORY REPORT



Name : **AMI N PATEL** Sex/Age : **Female/ 34 Years** Case ID : **20702200669**  
 Ref.By : HOSPITAL, Dis. At : Pt. ID : 2186965  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Spot Urine	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 09:57	Acc. Remarks : Normal	Ref Id2 : O22232786

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

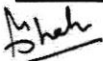
Sp.Gravity	1.030	1.005 - 1.030
pH	6.00	5 - 8
Leucocytes (ESTERASE)	NEGATIVE	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Trace	Negative
Nitrite	Negative	Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	OCCASIONAL	/HPF	Nil
Red Blood Cell	1-2	/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)

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

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LABORATORY REPORT



Name : **AMI N PATEL** Sex/Age : **Female/ 34 Years** Case ID : **20702200669**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2186965**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Jul-2022 08:47 Sample Type : Spot Urine Mobile No : 9725615025  
 Sample Date and Time : 23-Jul-2022 08:47 Sample Coll. By : Ref Id1 : OSP28282  
 Report Date and Time : 23-Jul-2022 09:57 Acc. Remarks : Normal Ref Id2 : O22232786

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)

*Shah*

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LABORATORY REPORT



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Ref.By : HOSPITAL, Dis. At : Pt. ID : 2186965  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 23-Jul-2022 08:47 Sample Type : Plasma Fluoride F, Plasma Fluoride PP Mobile No : 9725615025  
Sample Date and Time : 23-Jul-2022 08:47 Sample Coll. By : Ref Id1 : OSP28282  
Report Date and Time : 23-Jul-2022 13:19 Acc. Remarks : Normal Ref Id2 : O22232786  
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Biochemical Investigations by Dimension EXL (Siemens)

Plasma Glucose - F	95.7	mg/dL	70.0 - 100
Plasma Glucose - PP	104.5	mg/dL	70.0 - 140.0

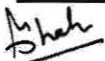
Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

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

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



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LABORATORY REPORT



Name : **AMI N PATEL** Sex/Age : **Female/ 34 Years** Case ID : **20702200669**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2186965**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 23-Jul-2022 08:47 Sample Type : Serum Mobile No : 9725615025  
 Sample Date and Time : 23-Jul-2022 08:47 Sample Coll. By : Ref Id1 : OSP28282  
 Report Date and Time : 23-Jul-2022 12:43 Acc. Remarks : Normal Ref Id2 : O22232786

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

**BIOCHEMICAL INVESTIGATIONS**

**Lipid Profile**

<b>Cholesterol</b>	<b>144.57</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L <b>47.77</b>	mg/dL	48 - 77
<b>Triglyceride</b>	<b>66.31</b>	mg/dL	40 - 200
<b>VLDL</b> <i>Calculated</i>	<b>13.26</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	<b>3.03</b>		0 - 4.1
<b>LDL Cholesterol (Direct)</b> <i>CALC</i>	<b>83.17</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 Trnglyceride 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*

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Ref.By : HOSPITAL, Dis. At : Pt. ID : 2186965  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Jul-2022 08:47 Sample Type : Serum Mobile No : 9725615025  
Sample Date and Time : 23-Jul-2022 08:47 Sample Coll. By : Ref Id1 : OSP28282  
Report Date and Time : 23-Jul-2022 12:43 Acc. Remarks : Normal Ref Id2 : O22232786

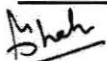
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	6.90	U/L	0 - 31	
S.G.O.T.	L 14.66	U/L	15 - 37	
Alkaline Phosphatase	41.60	U/L	35 - 105	
Gamma Glutamyl Transferase	8.60	U/L	5 - 36	
Proteins (Total)	7.37	gm/dL	6.4 - 8.2	
Albumin	4.55	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.82	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1	
Bilirubin Total	0.33	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.22	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.11	mg/dL	0 - 0.8	

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



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Bill. Loc. : Aashka hospital Pt. Loc :

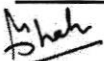
Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Serum	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 12:44	Acc. Remarks : Normal	Ref Id2 : O22232786

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

<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	L 5.92	mg/dL	6.00 - 20.00	
<b>Creatinine</b>	0.76	mg/dL	0.50 - 1.50	
<b>Uric Acid</b>	L 2.51	mg/dL	2.6 - 6.2	

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



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Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 10:21	Acc. Remarks : Normal	Ref Id2 : O22232786

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BIOCHEMICAL INVESTIGATIONS</b>				
<b>Glycated Haemoglobin Estimation</b>				

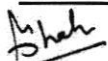
<b>HbA1C</b>	<b>5.02</b>	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Avg. PI Glucose (Last 3 Months)</b> <i>Calculated</i>	<b>97.37</b>	mg/dL	80.00 - 140.00	

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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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
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**Thyroid Function Test**

Triiodothyronine (T3)	108.67	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.9	ng/dL	5.5 - 11.0	
TSH CMIA	1.3988	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.

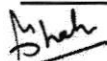
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism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

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

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Printed On : 23-Jul-2022 13:29

LABORATORY REPORT



Name : **AMI N PATEL** Sex/Age : **Female/ 34 Years** Case ID : **20702200669**  
 Ref.By : **HOSPITAL,** Dis. At : Pt. ID : **2186965**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Serum	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 10:20	Acc. Remarks : Normal	Ref Id2 : O22232786

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

<b>25 OH Cholecalciferol (D2+D3)</b>	<b>L 2.0</b>	<b>ng/mL</b>	<b>20 - 32 Normal Level 10 - 20 Insufficiency &lt; 10 Deficiency &gt; 160 Toxicity</b>	
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25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

**INTERPRETATION**

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)<sup>2</sup>-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)<sup>2</sup>-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)<sup>2</sup>-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)<sup>2</sup>-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

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

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*Shah*

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

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

Printed On : 23-Jul-2022 13:29

LABORATORY REPORT



Name : AMI N PATEL Sex/Age : Female/ 34 Years Case ID : 20702200669  
Ref.By : HOSPITAL, Dis. At : Pt. ID : 2186965  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Jul-2022 08:47	Sample Type : Serum	Mobile No : 9725615025
Sample Date and Time : 23-Jul-2022 08:47	Sample Coll. By :	Ref Id1 : OSP28282
Report Date and Time : 23-Jul-2022 10:20	Acc. Remarks : Normal	Ref Id2 : O22232786

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

Vitamin B - 12 Level	L < 83	pg/mL	180 - 914	
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**Introduction :**

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

**Clinical Significance :**

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

**Decreased in:**

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

**Increased in:**

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

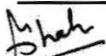
Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

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

Page 14 of 14

Printed On : 23-Jul-2022 13:29

PATIENT NAME: AMI N PATEL  
GENDER/AGE: Female / 33 Years  
DOCTOR: DR. HASIT JOSHI  
OPDNO: OSP28282

DATE: 23/07/22

**2D-ECHO**

MITRAL VALVE : THICK ; MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 30mm  
LEFT ATRIUM : 33mm  
LV Dd / Ds : 38/25mm EF 60%  
IVS / LVPW / D : 9/8mm  
IVS : INTACT  
IAS : FLOPPY  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 1.1/0.7m/s  
AORTIC : 1.4m/s  
PULMONARY : 0.9m/s  
COLOUR DOPPLER : MILD MR / TR  
RVSP : 28mmHg  
CONCLUSION : MILD MVP / MILD MR;  
NORMAL LV SIZE / SYSTOLIC FUNCTION.



CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)

**PATIENT NAME:** AMI N PATEL

**GENDER/AGE:** Female / 33 Years

**DATE:** 23/07/22

**DOCTOR:**

**OPDNO:** OSP28282

## 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 radicals 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 9.4 x 4.0 cms in size.

Left kidney measures about 9.6 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 140 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 7 mm. No evidence of uterine mass lesion is seen. IUCD is seen in situ in position.

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

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST

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CIN: L85110GJ2012PLC072647



**PATIENT NAME:AMI N PATEL**

**GENDER/AGE:Female / 33 Years**

**DATE:23/07/22**

**DOCTOR:**

**OPDNO:OSP28282**

#### **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**



23.07.2022 10:48:36 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

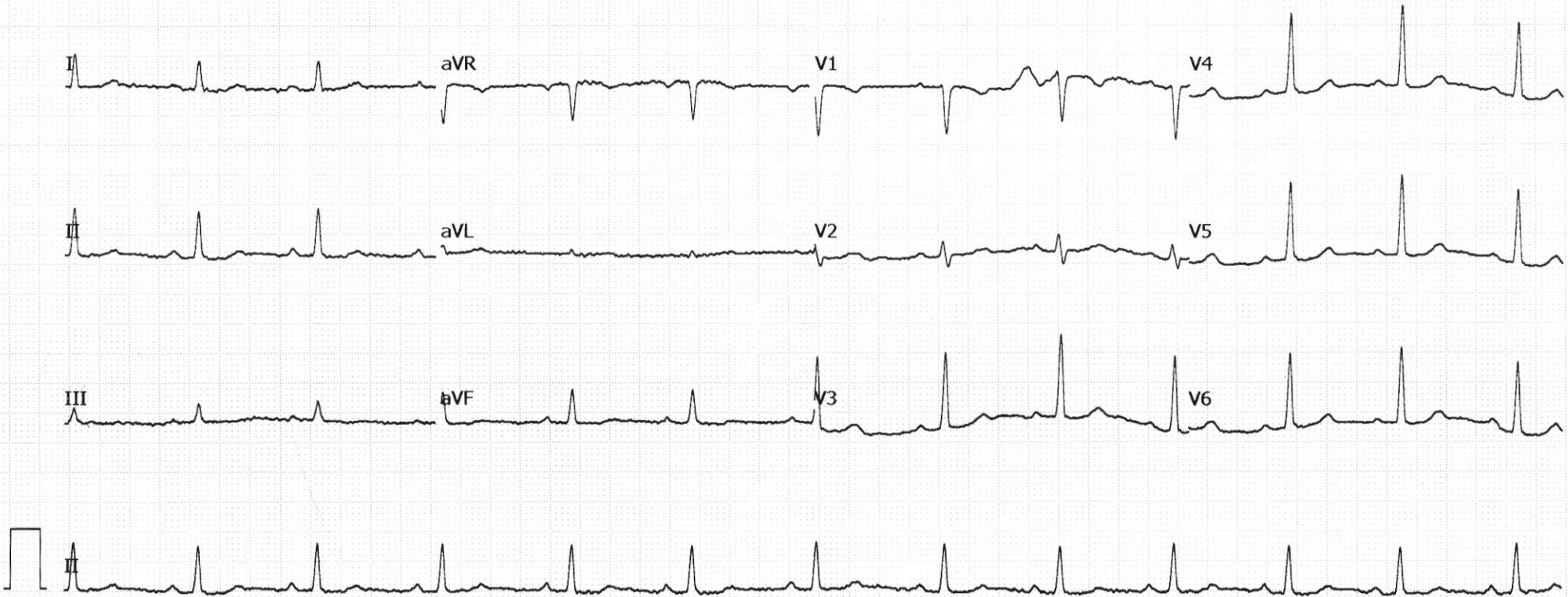
75 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms  
QT / QTcBaz : 360 / 402 ms  
PR : 174 ms  
P : 96 ms  
RR / PP : 800 / 800 ms  
P / QRS / T : 54 / 52 / 7 degrees

Normal sinus rhythm  
Normal ECG

*Ami A. Patel*







बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम अमी अमृतभाई पटेल  
Name AMI AMRUTBHAI PATEL  
कर्मचारी कूट क्र.  
E.C. No. 113794

D-K

जारीकर्ता प्राधिकारी  
Issuing Authority

Watch  
(A.A. Patel)

धारक के हस्ताक्षर  
Signature of Holder