



Bank of Baroda
Head Office, Baroda - 391 001

Baroda, Gujarat

Subject: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that as per the provision of the Bank of Baroda, the facility of health checkup for the employees is provided for a term of 100 days.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY

| | |
|---------------------------------|--------------------------------|
| NAME | LEENA SINGH |
| DATE OF BIRTH | 28/02/1991 |
| PROPOSED DATE OF HEALTH CHECKUP | 20/03/2024 |
| CHECKED BY (EMPLOYEE) | |
| BOOKING REFERENCE NO. | AD/12/24/011/32/S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MR. RUMAR PRAKASH |
| CNIC/RYE/ICNIC | 17117 |
| EMPLOYEE DESIGNATION | REGIONAL HEALTH MANAGER |
| EMPLOYEE PLACE OF WORK | BARODA REGIONAL OFFICE, BARODA |
| EMPLOYEE ID NO. | 10014556 |

This letter of approval is for the health checkup facility provided by the Bank of Baroda employees for the period from 01-01-2024 to 31-03-2024. The list of employees for the health checkup facility is provided in the annexure to this letter. Please note that the health checkup facility is provided on a first-come, first-served basis. We request you to facilitate the health checkup for the employees of our bank as per the booking reference number and booking date mentioned in the above table. The booking reference number and booking date shall be mentioned in the invoice invariably.

Yours faithfully,
[Signature]

Chief General Manager
HRM & Marketing Department
Bank of Baroda

Baroda, Gujarat

Doctor Name:- S/B Dr. Bhayya (M.D.)

UHID: _____ Date: 9/11/24 Time: 3:50 PM
Patient Name: Rupa Singh Age/Sex: 33 Year / female
Height: _____
Weight: _____

Chief Complain: Come here for health check up.

History: Not known

Allergy History: ? Fluoroquinolone

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination: All reports = wacc
HR = 90/min
SpO₂ = 96% on RA
BP = 90/50 mm Hg


Diagnosis: Pt. is fit.

Investigation

| Rx | | | | | | |
|----|-------------|---|------|-------|-----------|----------|
| No | Dosage Form | Name of drug (IN BLOCK LETTERS ONLY) | Dose | Route | Frequency | Duration |
| | | | | | | |
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Advice:

Follow-up:

Consultant's Sign: 

DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

| UHID: | Date: | Time: |
|---|-------|--|
| Patient Name: Rupa Singh | | Age /Sex: Height: Weight: |
| Chief Complain: Regular check | | |
| History: | | |
| Allergy History: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | |
| Examination: | | |
| Extra oral : Stem to Culver ↓ | | |
| Intra oral - Teeth Present : Class 1 can 12 8 | | |
| Teeth Absent : | | |
| Diagnosis: | | |

Rx

| No | Dosage Form | Name of drug (IN BLOCK LETTERS ONLY) | Dose | Route | Frequency | Duration |
|----|-------------|---|------|-------|-----------|----------|
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Other Advice:

Follow-up:



Consultant's Sign:



LABORATORY REPORT



| | | |
|--|----------------------------|-----------------------|
| Name : RUPA SINGH | Sex/Age : Female/ 33 Years | Case ID : 41102200134 |
| Ref.By : | Dis. At : | Pt. ID : 5020829 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 09-Nov-2024 10:35 | Sample Type : | Mobile No : |
| Sample Date and Time : 09-Nov-2024 10:35 | Sample Coll. By : | Ref Id1 : OSP35388 |
| Report Date and Time : | Acc. Remarks : Normal | Ref Id2 : O24256569 |

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|----------------------------|--------------|----------------|-----------------|
| Haemogram (CBC) | | | |
| Haemoglobin | 11.7 | G% | 12.0 - 15.0 |
| RBC (Electrical Impedance) | 3.77 | millions/cu mm | 3.80 - 4.80 |
| PCV(Calc) | 35.25 | % | 36.00 - 46.00 |
| Lipid Profile | | | |
| LDL Cholesterol | 102.23 | mg/dL | 0.00 - 100.00 |
| Plasma Glucose - F | 106.65 | mg/dL | 70.0 - 100 |

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref.By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:14 Acc. Remarks : Normal Ref Id2 : C24256569

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

HAEMOGRAM REPORT

HB AND INDICES

| | | | |
|----------------------------|---------|---------------|----------------|
| Hemoglobin | L 11.7 | G% | 12.0 - 15.0 |
| RBC (Electrical Impedance) | L 3.77 | millions/cumm | 3.50 - 4.80 |
| PCV(Calc) | L 35.25 | % | 36.00 - 46.00 |
| MCV (RBC histogram) | 93.5 | fL | 83.00 - 101.00 |
| MCH (Calc) | 31.0 | pg | 27.00 - 32.00 |
| MCHC (Calc) | 33.1 | gm/dL | 31.50 - 34.50 |
| RDW (RBC histogram) | 12.4 | % | 11.00 - 18.00 |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| Total WBC Count | 6720 | /µL | 4000.00 - 10000.00 | | |
|-----------------|----------|-----|-------------------------------|------------|---------------------------------------|
| Neutrophil | [%] 58.0 | % | EXPECTED VALUES 40.00 - 70.00 | [Abs] 3898 | EXPECTED VALUES /µL 2000.00 - 7000.00 |
| Lymphocyte | 36.0 | % | 20.00 - 40.00 | 2419 | /µL 1000.00 - 3000.00 |
| Eosinophil | 2.0 | % | 1.00 - 6.00 | 134 | /µL 20.00 - 500.00 |
| Monocytes | 4.0 | % | 2.00 - 10.00 | 289 | /µL 200.00 - 1000.00 |
| Basophil | 0.0 | % | 0.00 - 2.00 | 0 | /µL 0.00 - 100.00 |

PLATELET COUNT (Optical)

| | | | |
|-------------------------|--------|-----|-----------------------|
| Platelet Count | 213000 | /µL | 150000.00 - 410000.00 |
| Neut/Lympho 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: (L-Very Low, L-Low, H-High, HH-Very High) -A-Abnormal

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



| | | |
|------------------------------|----------------------------|-----------------------|
| Name : RUPA SINGH | Sex/Age : Female/ 33 Years | Case ID : 41102200134 |
| Ref.By : | Dis. At : | Pt. ID : 5020829 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |

| | | |
|--|--------------------------------|---------------------|
| Reg Date and Time : 09-Nov-2024 10:35 | Sample Type : Whole Blood EDTA | Mobile No. : |
| Sample Date and Time : 09-Nov-2024 10:35 | Sample Coll. By : | Ref Id1 : OSP35388 |
| Report Date and Time : 09-Nov-2024 11:19 | Acc. Remarks : Normal | Ref Id2 : O24256569 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--------------------------|---------|--------------|----------------------|---------|
| ESR Westergren Method | 12 | mm after 1hr | 3 - 20 | |

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Csa# ID : 41102200134
 Ref.By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

| | | |
|--|--------------------------------|---------------------|
| Reg Date and Time : 09-Nov-2024 10:35 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 09-Nov-2024 10:35 | Sample Coll. By : | Ref Id1 : OSP35388 |
| Report Date and Time : 09-Nov-2024 11:14 | Acc. Remarks : Normal | Ref Id2 : 024256569 |

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

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)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref.By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:53 Acc. Remarks : Normal Ref Id2 : O24258589

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|----------|-------|----------------------|---------|
| Plasma Glucose - F <small>Photometric, Hexokinase</small> | H 108.65 | mg/dL | 70.0 - 100 | |
| Plasma Glucose - PP <small>Photometric, Hexokinase</small> | 117.10 | mg/dL | 70.0 - 140.0 | |
| BUN (Blood Urea Nitrogen) <small>GLDH</small> | 8.7 | mg/dL | 7.00 - 18.70 | |
| Uric Acid <small>Uricase</small> | 5.91 | mg/dL | 2.6 - 6.2 | |
| Creatinine | 0.59 | mg/dL | 0.50 - 1.50 | |

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



| | | |
|------------------------------|----------------------------|-----------------------|
| Name : RUPA SINGH | Sex/Age : Female/ 33 Years | Case ID : 41102200134 |
| Ref.By : | Dis. At : | PL ID : 5020829 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |

| | | |
|--|--------------------------------|---------------------|
| Reg Date and Time : 09-Nov-2024 10:35 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 09-Nov-2024 10:35 | Sample Coll. By : | Ref Id1 : OSP35360 |
| Report Date and Time : 09-Nov-2024 14:54 | Acc. Remarks : Normal | Ref Id2 : O24256569 |

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

Glycated Haemoglobin Estimation

| | | | | |
|--|--------|---------------|---|--|
| HbA1C HPLC | 5.20 | % of total Hb | <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) Calculated | 102.54 | mg/dL | Not available | |

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

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(cc,ss,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

Dr. Niyur Nagori

M.D. (Path)

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Dr. Aakash Shah

MD. Path.

Consultant Pathologist

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref. By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:53 Acc. Remarks : Normal Ref Id2 : O24258569

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|--|----------|-------|---------------|--|
| Cholesterol CHOD-PGD | 164.95 | mg/dL | 110 - 200 | |
| HDL Cholesterol Accelerator Selective Detergent | 50.1 | mg/dL | 40 - 60 | |
| Triglyceride Glycerol Phosphate Oxidase | 63.11 | mg/dL | <150 | |
| VLDL Calculated | 12.62 | mg/dL | 10 - 40 | |
| Chol/HDL Calculated | 3.29 | | 0 - 4.1 | |
| LDL Cholesterol Calculated | H 102.23 | mg/dL | 0.00 - 100.00 | |

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

| LDL CHOLESTEROL | CHOLESTEROL | HDL CHOLESTEROL | TRIGLYCERIDES |
|----------------------|---------------------|-----------------|---------------------|
| Optimal <100 | Desirable <200 | Low <40 | Normal <150 |
| Near Optimal 100-129 | Border Line 200-239 | High >60 | Border High 150-199 |
| Borderline 130-159 | High >240 | - | High 200-499 |
| High 160-189 | - | - | - |

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- 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 assessment

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

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M.D. (Pathologist)

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LABORATORY REPORT



| | | |
|--|----------------------------|-----------------------|
| Name : RUPA SINGH | Sex/Age : Female/ 33 Years | Case ID : 41102200134 |
| Ref. By : | Dis. At : | PL ID : 5020829 |
| Bill. Loc. : Aashka hospital | | PL Loc : |
| Reg Date and Time : 09-Nov-2024 10:35 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 09-Nov-2024 10:35 | Sample Coll. By : | Ref Id1 : OSP35368 |
| Report Date and Time : 09-Nov-2024 11:52 | Acc. Remarks : Normal | Ref Id2 : O24256589 |

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|--------|-------|----------------|--|
| S.G.P.T <small>NADH (Without P-5-P)</small> | 18.55 | U/L | 0 - 55 | |
| S.G.O.T <small>NADH (Without P-5-P)</small> | 14.89 | U/L | 5.0 - 34.0 | |
| Alkaline Phosphatase <small>Para-Nitrophenyl Phosphate</small> | 143.95 | U/L | 40.00 - 150.00 | |
| Gamma Glutamyl Transferase <small>L-Gamma-glutamyl-3-carboxy-4-nitrobenzyl Substrate</small> | 10.35 | U/L | 0 - 38 | |
| Proteins (Total) <small>Colorimetric, Dye</small> | 8.25 | gm/dL | 6.40 - 8.30 | |
| Albumin <small>Colorimetric-Bromo-Cresol Green</small> | 5.20 | gm/dL | 3.5 - 5.2 | |
| Globulin <small>Calculated</small> | 3.05 | gm/dL | 2 - 4.1 | |
| A/G Ratio <small>Calculated</small> | 1.70 | | 1.0 - 2.1 | |
| Bilirubin Total <small>Photometry</small> | 0.50 | mg/dL | 0.3 - 1.2 | |
| Bilirubin Conjugated <small>Diazotization reaction</small> | 0.19 | mg/dL | 0 - 0.50 | |
| Bilirubin Unconjugated <small>Calculated</small> | 0.31 | mg/dL | 0 - 0.8 | |

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref.By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:39 Acc. Remarks : Normal Ref Id2 : O24256569

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------------------------------|---------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) | 84.93 | ng/dL | 70 - 204 | |
| Thyroxine (T4) CMA | 5.96 | ng/dL | 4.87 - 11.72 | |
| TSH CMA | 1.81 | µIU/mL | 0.4 - 4.2 | |

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref By : Dis. At : Pt. ID : 5020629
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Serum Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:39 Acc. Remarks : Normal Ref Id2 : O24256569

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 respect 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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

contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

www.neubergsupratech.com



LABORATORY REPORT



Name : RUPA SINGH Sex/Age : Female/ 33 Years Case ID : 41102200134
 Ref.By : Dis. At : Pt. ID : 5020829
 Bill, Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35388
 Report Date and Time : 09-Nov-2024 11:19 Acc. Remarks : Normal Ref Id2 : O24256569

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

URINE EXAMINATION

Physical Examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination

| | | | |
|-----------------------|----------|--|---------------|
| Sp. Gravity | 1.025 | | 1.005 - 1.030 |
| pH | 5.5 | | 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 |

Microscopic Examination

| | | | |
|-----------------|-----------|------|------------|
| Leucocyte | Nil | /HPF | Nil |
| Red Blood Cell | Nil | /HPF | Nil |
| Epithelial Cell | Present + | /HPF | Present(+) |
| Bacteria | Nil | /µL | Nil |
| Yeast | Nil | /µL | Nil |
| Cast | Nil | /HPF | Nil |
| Crystals | Nil | /HPF | Nil |

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

Dr. Shreya Shah

M.D. (Pathologist)

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 Ref.By : Dis. At : Pt. ID : 5020829
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Nov-2024 10:35 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 09-Nov-2024 10:35 Sample Coll. By : Ref Id1 : OSP35366
 Report Date and Time : 09-Nov-2024 11:19 Acc. Remarks : Normal Ref Id2 : O24256569

| 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/Notations | | | | |
|------------------------------|----------|----------------|------------------|----|-----|-----|------|
| | | | Trace | + | ++ | +++ | ++++ |
| Leukocytes (Strip) | /micro L | Negative (<10) | 10 | 25 | 100 | 500 | - |
| NRite(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) | /hpf | <2 | - | - | - | - | - |

----- 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-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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PATIENT NAME: RUPA SINGH
GENDER/AGE: Female / 33 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP35388

DATE: 09/11/24

2D-ECHO

MITRAL VALVE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
AORTA : 31mm
LEFT ATRIUM : 33mm
LV Dd / Ds : 45/31mm EF 60%
IVS / LVPW / D : 10/9mm
IVS : INTACT
IAS : FLOPPY
RA : NORMAL
RV : NORMAL
PA : NORMAL
PERICARDIUM : NORMAL
VEL : PEAK MEAN
M/S : Gradient mm Hg Gradient mm Hg
MITRAL : 1/0.7m/s
AORTIC : 1.2m/s
PULMONARY : 1.1m/s
COLOUR DOPPLER : MILD MR/ TR
RVSP : 30mmHg
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)



REPORT REPORT REPORT REPORT REPORT

PATIENT NAME: RUPA SINGH

GENDER/AGE: Female / 33 Years

DATE: 09/11/24

DOCTOR:

OPDNO: OSP35388

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

REPORT REPORT REPORT

PATIENT NAME: RUPA SINGH
GENDER/AGE: Female / 33 Years
DOCTOR:
OPDNO: OSP35388

DATE: 09/11/24

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 IHR 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 9.9 x 4.2 cms in size.

Left kidney measures about 10.1 x 4.3 cms in size.

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

Aorta, IVC and para aortic region appears normal.

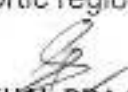
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 146 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.1 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT

09.11.2024 12:02:10

AASHKA HOSPITAL LTD

GANDHENAGAR

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

Exam:

90 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 66 ms
QT / QTcBaz : 380 / 464 ms
PR : 142 ms
P : 98 ms
RR / PP : 664 / 666 ms
P / QRS / T : 56 / 44 / 29 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Rupa Singh
33/F

