

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 spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	PAYAL PRAKASH RANA
DATE OF BIRTH	30-05-1995
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-12-2023
BOOKING REFERENCE NO.	23D109668100078214S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. RANA PRAKASH MANSINHBHAI
EMPLOYEE EC NO.	109668
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BANASKANTHA,RO BANASKANTHA
EMPLOYEE BIRTHDATE	25-03-1986

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 **06-12-2023** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse 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.

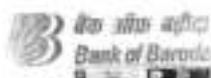
We solicit your co-operation in this regard.

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))

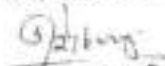





बैंक ऑफ बरोडा  
Bank of Baroda

नाम Rana Prakash M  
Name

कर्मचारी कोड नं. 109668  
Employee Code No.

  
जारीकर्ता प्राधिकारी  
Issuing Authority



  
धारक के हस्ताक्षर  
Signature of Holder



Name: Payal Kano. Age: 28 yrs.

Complaints: Lower abd pain  
since 2-3 weeks  
occasionally

No of deliveries:                     

Last Delivery: 25/10/2021

History of abortion: CO: 6 yrs  
MTP pill

H/O medical conditions associated:

Last abortions: 1st @ 3 months  
band  
NO 40 D&C.

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: 2000M Reg:                     

LMP: 15/11/23.

P/A:                     

P/S:                     

P/V:                     

of erosion  
f-pat  
white in part

Sample:-

Vagina

Cervix

Doctors Sign:



9/12/23

Payal Kano

Age: 28y.

25-9-2019

~ L0: 6yr  
 MTP bill tab  
 9/6: Pains in back.  
 Low tend.  
 Occ. white dis.  
 Uter: 15/11/23

Rx



- Tab Doxy 1 (20) q 2
- Tab Metformin (20) q 2
- Vaginal tablet (1) bid
- Tab PMS 10 (10) q 2

~ 1/4 offer

Pls CK PMS (44)  
 when in  
 1st

Final of (15) hr.  
For CK PMS in  
 & Inf. Dept

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

UHID:	Date: 9/12/23	Time:
Patient Name: Payal	profession Resno	Age / Sex: 28/F Height: Weight:
Chief Complain:	Routine dental check up	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :	→  Restored teeth 	
Teeth Absent :		
Diagnosis:		

Rx

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

Other Advice:

*Sally*

Follow-up:

Consultant's Sign:

*Sally*

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: LB5110GJ2012PLC072647



**PATIENT NAME:PAYAL PRAKASH RANA**

**GENDER/AGE:Female / 28 Years**

**DATE:09/12/23**

**DOCTOR:**

**OPDNO:OSP32517**

### **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**

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

UHID: <i>OSP 32577</i>	Date: <i>09/12/23</i>	Time:
Patient Name: <i>Puyalben Raval</i>	Age / Sex: <i>28 / F</i>	Height:
	Weight:	
History: <i>comany healthy child</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: <i>VA 26/6 6/6 2/6 Colour vision Normal</i>		
Diagnosis: <i>Normal</i>		



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

UHID:		Date: 9/12/23.	Time: 2 PM
Patient Name: Payal Rana		Height:	Weight:
Age / Sex: 26 Yrs / F LMP:			
History:		History:	
P/C/O: NAD		NAD	
Allergy History: NAD		Addiction: NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature: NAD			
Pulse: 100/min			
BP: 108/70 mmHg			
SPO2: 98% on RA			
Provisional Diagnosis:			





## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	<b>100.42</b>	mg/dL	70 - 100
<b>Lipid Profile</b>			
HDL Cholesterol	<b>40.8</b>	mg/dL	48 - 77

Abnormal Result(s) Summary End

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

Printed On : 09-Dec-2023 12:52



## LABORATORY REPORT



Name : **PAYAL P RANA** Sex/Age : **Female/ 28 Years** Case ID : **31202200165**  
 Ref.By : **Aashka hospital** Dis. At : PL ID : **3182230**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Dec-2023 09:00** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **09-Dec-2023 09:00** Sample Coll. By : Ref Id1 : **OSP32517**  
 Report Date and Time : **09-Dec-2023 09:24** Acc. Remarks : **Normal** Ref Id2 : **O23248191**

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

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.6	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.56	millions/cumm	3.80 - 4.80
PCV(Calc)	40.45	%	36.00 - 46.00
MCV (RBC histogram)	88.7	fL	83.00 - 101.00
MCH (Calc)	29.7	pg	27.00 - 32.00
MCHC (Calc)	33.5	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.20	%	11.00 - 16.00

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

Total WBC Count	5050	/μL	4000.00 - 10000.00
Neutrophil	[%] 48.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2424 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	38.0	%	20.00 - 40.00 1919 /μL 1000.00 - 3000.00
Eosinophil	6.0	%	1.00 - 6.00 303 /μL 20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00 404 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	274000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.26		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-Very Low, L-Low, H-High, HH-Very High) A-Abnormal

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

Printed On : 09-Dec-2023 13:59

Page 2 of 13



**Neuberg Supratech Reference Laboratories Private Limited**

9 "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 ☎ 079-40408181 / 61618181 📧 contact@supratechlabs.com 🌐 www.neubergsupratech.com



## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 10:11</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> Westergren Method	<b>08</b>		mm after 1hr 3 - 20	

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

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

Printed On : 09-Dec-2023 13:55

Page 3 of 13



**Neuberg Supratech Reference Laboratories Private Limited**

📍 "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
☎ 079-40408181 / 61618181 📧 contact@supratechlabs.com 🌐 www.neubergsupratech.com



## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Specimen Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 09:21</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

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>A</b>
Rh Type	<b>POSITIVE</b>

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

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

Page 4 of 13

Printed On : 09-Dec-2023 15:14





## LABORATORY REPORT



Name : PAYAL P RANA	Sex/Age : Female/ 28 Years	Case ID : 31202200169
Ref. By : Aashka hospital	Dis. At :	Pt. ID : 3182230
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:00	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 09-Dec-2023 09:00	Sample Coll. By :	Ref Id1 : OSP32517
Report Date and Time : 09-Dec-2023 09:24	Acc. Remarks : Normal	Ref Id2 : O23248191

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

Sp.Gravity	1.010		1.005 - 1.030
pH	7.00		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
Co. +	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

  
 Dr. Shreya Shah  
 M.D. (Pathologist)

Printed On : 09-Dec-2023 13:55





## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 09:24</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

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	-
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)

Page 6 of 13

Printed On : 09-Dec-2023 12:55



**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com





## LABORATORY REPORT



Name : PAYAL P RANA	Sex/Age : Female/ 28 Years	Case ID : 31202200169
Ref.By : Aashka hospital	Dis. At :	PL ID : 3182230
Bill. Loc. : Aashka hospital		PL Loc :
Reg Date and Time : 09-Dec-2023 09:00	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 09-Dec-2023 09:00	Sample Coll. By :	Ref Id1 : OSP32517
Report Date and Time : 09-Dec-2023 12:05	Acc. Remarks : Normal	Ref Id2 : O23248191
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS


### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	100.42	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		87.52	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 glucose guidelines  
 >=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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

Printed On : 09-Dec-2023 13:52





## LABORATORY REPORT



Name : **PAYAL P RANA** Sex/Age : **Female/ 28 Years** Case ID : **31202200169**  
 Ref.By : **Aashka hospital** Dis. At : Pt. ID : **3182230**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **09-Dec-2023 09:00** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **09-Dec-2023 09:00** Sample Coll. By : Ref Id1 : **OSP32517**  
 Report Date and Time : **09-Dec-2023 11:39** Acc. Remarks : **Normal** Ref Id2 : **O23248191**

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

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile


<b>Cholesterol</b> <small>Colorimetric, CHOD-PDO</small>	<b>146.67</b>	mg/dL	110 - 200	
<b>HDL Cholesterol</b>	<b>L 40.8</b>	mg/dL	48 - 77	
<b>Triglyceride</b> <small>Glycerol Phosphate Oxidase</small>	<b>76.11</b>	mg/dL	<150	
<b>VLDL</b> <small>Calculated</small>	<b>15.22</b>	mg/dL	10 - 40	
<b>Chol/HDL</b> <small>Calculated</small>	<b>3.59</b>		0 - 4.1	
<b>LDL Cholesterol</b> <small>Calculated</small>	<b>90.65</b>	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)

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

Printed On : 09-Dec-2023 13:55

Page 8 of 13



**Neuberg Supratech Reference Laboratories Private Limited**

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pl. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pl. Loc. :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 11:40</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

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

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	<b>30.98</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with PSP</i>	<b>29.98</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP, AMP</i>	<b>89.5</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitrobenzylidene Substrate</i>	<b>13.97</b>	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Buret</i>	<b>8.02</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.72</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.30</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.4</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.49</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.34</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.15</b>	mg/dL	0 - 0.8	

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

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

Page 9 of 13

Printed On : 09-Dec-2023 11:14



**Neuberg Supratech Reference Laboratories Private Limited**

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006  
 ☎ 079-40408181 / 61618181    ✉ contact@supratechlabs.com    🌐 www.nebergssupratech.com



## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>312022001e9</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pl. Loc :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 11:40</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLDH</small>	<b>8.2</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.55</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>Uncase</small>	<b>3.10</b>	mg/dL	2.6 - 6.2	

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

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

Printed On : 09-Dec-2023 13:55

Page 10 of 13



**Neuberg Supratech Reference Laboratories Private Limited**

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



## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pl. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pl. Loc :

Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 10:28</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

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

### Glycated Haemoglobin Estimation

<b>HbA1C</b>	<b>5.38</b>		% of total Hb <b>4.80 - 6.00</b>	
<b>Estimated Avg Glucose (3 Mths)</b> <small>Calculated</small>	<b>107.71</b>	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. Shreya Shah**  
M.D. (Pathologist)

Page 11 of 13

Printed On : 09-Dec-2023 13:15





## LABORATORY REPORT



Name : <b>PAYAL P RANA</b>	Sex/Age : <b>Female/ 28 Years</b>	Case ID : <b>31202200169</b>
Ref.By : <b>Aashka hospital</b>	Dis. At :	Pt. ID : <b>3182230</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>09-Dec-2023 09:00</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>09-Dec-2023 09:00</b>	Sample Coll. By :	Ref Id1 : <b>OSP32517</b>
Report Date and Time : <b>09-Dec-2023 10:24</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O23248191</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	<b>129.5</b>	ng/dL	70 - 204	
Thyroxine (T4) CMA	<b>8.84</b>	ng/dL	4.87 - 11.72	
TSH CMA	<b>1.05</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 reserve or 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

Legend: V-Very Low, L-Low, H-High, HH-Very High A-Abnormal

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

Printed On : 09-Dec-2023 13:55





## LABORATORY REPORT



Name : PAYAL P RANA	Sex/Age : Female/ 28 Years	Case ID : 31202200169
Ref.By : Aashka hospital	Dis. At :	Pt. ID : 3182230
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 09-Dec-2023 09:00	Sample Type : Serum	Mobile No :
Sample Date and Time : 09-Dec-2023 09:00	Sample Coll. By :	Ref Id1 : OSP32517
Report Date and Time : 09-Dec-2023 10:24	Acc. Remarks : Normal	Ref Id2 : O23248191

**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 assay 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, hypothyroidism 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

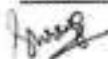
	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Pending Services  
Liquid Base Cytology PAP

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

Printed On : 09-Dec-2023 13:05

PATIENT NAME:PAYAL PRAKASH RANA  
GENDER/AGE:Female / 28 Years  
DOCTOR:DR.HASIT JOSHI  
OPDNO:OSP32517

DATE:09/12/23

**2D-ECHO**

MITRAL VALVE : GRADE II MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE ; NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 30mm  
LEFT ATRIUM : 34mm  
LV Dd / Ds : 41/27mm 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 : 0.9/0.7m/s  
AORTIC : 1.2m/s  
PULMONARY : 1.0m/s  
COLOUR DOPPLER : MILD MR/TR  
RVSP : 28mmHg  
CONCLUSION : MILD MVP / MILD MR;  
NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)



REPORT REPORT REPORT



09.12.2023 10:33:58 AM  
ASAHA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

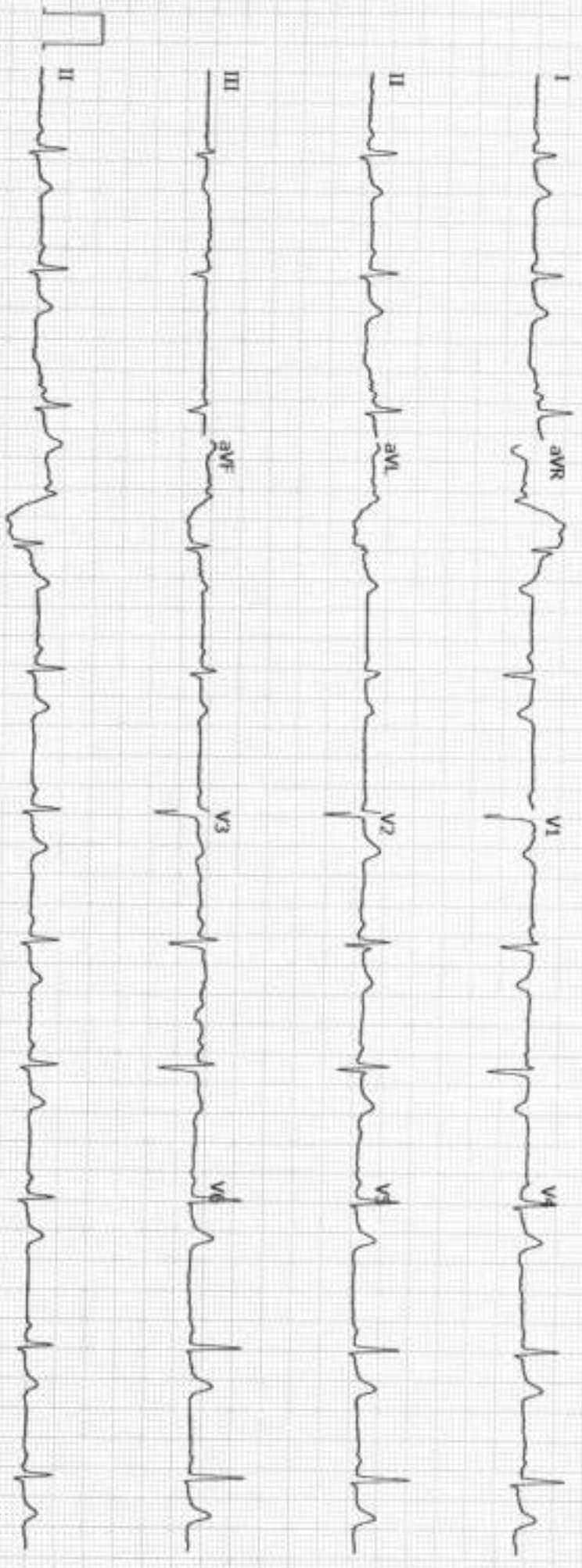
Room:

67 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms  
QT / QTcBaz : 380 / 401 ms  
PR : 128 ms  
p : 78 ms  
RR / pp : 894 / 895 ms  
p / QRS / T : 27 / 12 / 20 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG



GE 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