

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. ROY SANJEEV KUMAR
EC NO.	126880
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	VIRPUR
BIRTHDATE	15-03-1973
PROPOSED DATE OF HEALTH CHECKUP	26-02-2024
BOOKING REFERENCE NO.	23M126880100093140E

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 **22-02-2024** 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 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))



બંક ઓફ બરોડા
Bank of Baroda

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સંભોધન ક્રમ નં
SANJEEV KUMAR ROY

સંભોધન ક્રમ નં
120000



સંભોધન ક્રમ નં
120000

સંભોધન ક્રમ નં
120000



LABORATORY REPORT



Name : SANJEEVKUMAR ROY	Sex/Age : Male / 51 Years	Case ID : 40202200742
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:07	Sample Type :	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232410450

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c) HbA1C	6.23	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	5.55	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	82.3	fL	83.00 - 101.00
MCH (Calc)	25.6	pg	27.00 - 32.00
MCHC (Calc)	31.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	16.80	%	11.00 - 16.00
Monocyte	170	/μL	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	38.6	mg/dL	48 - 77
Triglyceride	235.77	mg/dL	<150
VLDL	47.15	mg/dL	10 - 40
Chol/HDL	4.51		0 - 4.1
Plasma Glucose - F	130.29	mg/dL	70 - 100
Plasma Glucose - PP	172.23	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Whole Blood EDTA** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 09:59** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 5.55	millions/cumm	4.50 - 5.50
PCV(Calc)	45.68	%	40.00 - 50.00
MCV (RBC histogram)	L 82.3	fL	83.00 - 101.00
MCH (Calc)	L 25.6	pg	27.00 - 32.00
MCHC (Calc)	L 31.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.80	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4260	/ μ L	4000.00 - 10000.00
Neutrophil	[%] 59.0	%	EXPECTED VALUES [Abs] 2513 / μ L 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00 1491 / μ L 1000.00 - 3000.00
Eosinophil	1.0	%	1.00 - 6.00 43 / μ L 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 L 170 / μ L 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 43 / μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	172000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.69		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)

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contact@neubergsupratech.com

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Name : SANJEEVKUMAR ROY	Sex/Age : Male / 51 Years	Case ID : 40202200742
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Feb-2024 09:07	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time : 26-Feb-2024 10:51	Acc. Remarks : Normal	Ref Id2 : O232410450

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 20	

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

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LABORATORY REPORT



Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Whole Blood EDTA** Mobile No : **8320073371**
Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
Report Date and Time : **26-Feb-2024 09:56** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

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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M.D. (Pathologist)

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LABORATORY REPORT



Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 10:41** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 130.29	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	H 172.23	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	12.9	mg/dL	8.40 - 25.70	
Uric Acid <small>Uricase</small>	4.12	mg/dL	3.5 - 7.2	
Creatinine	0.99	mg/dL	0.50 - 1.50	

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LABORATORY REPORT



Name : SANJEEVKUMAR ROY	Sex/Age : Male / 51 Years	Case ID : 40202200742
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:07	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time : 26-Feb-2024 09:56	Acc. Remarks : Normal	Ref Id2 : O232410450

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 6.23		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	132.10	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)

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Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 10:41** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-POD</small>	174.26	mg/dL	110 - 200
HDL Cholesterol	L 38.8	mg/dL	48 - 77
Triglyceride <small>Glycerol Phosphate Oxidase</small>	H 235.77	mg/dL	<150
VLDL <small>Calculated</small>	H 47.15	mg/dL	10 - 40
Chol/HDL <small>Calculated</small>	H 4.51		0 - 4.1
LDL Cholesterol <small>Calculated</small>	88.51	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-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 10:45** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	54.89	U/L	16 - 63	
S.G.O.T. <i>UV with P5P</i>	36.78	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	77.70	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	22.52	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.02	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.23	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.79	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.1		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.90	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.23	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.67	mg/dL	0 - 0.8	

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Feb-2024 09:07	Sample Type : Serum	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time : 26-Feb-2024 10:26	Acc. Remarks : Normal	Ref Id2 : O232410450

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	134.43	ng/dL	40 - 181	
Thyroxine (T4) CMA	7.43	ng/dL	4.87 - 11.72	
TSH CMA	2.39	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-VeryLow, L-Low, H-High, HH-VeryHigh) A-Abnormal

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
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Reg Date and Time : 26-Feb-2024 09:07	Sample Type : Serum	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time : 26-Feb-2024 10:26	Acc. Remarks : Normal	Ref Id2 : O232410450

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	0.6-2.5

	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)

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381820
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:07	Sample Type : Spot Urine	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:07	Sample Coll. By :	Ref Id1 : OSP33368
Report Date and Time : 26-Feb-2024 09:18	Acc. Remarks : Normal	Ref Id2 : O232410450

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	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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

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LABORATORY REPORT



Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Spot Urine** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 09:18** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Prostate Specific Antigen level

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)

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Printed On : 26-Feb-2024 14:18



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PATIENT NAME:SANJEEV KUMAR ROY

GENDER/AGE:Male / 50 Years

DATE:26/02/24

DOCTOR:

OPDNO:OSP33368

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.

Right dome of diaphragm is mildly elevated.

Bony thorax and left domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT REPORT REPORT

PATIENT NAME: SANJEEV KUMAR ROY

GENDER/AGE: Male / 50 Years

DATE: 26/02/24

DOCTOR:

OPDNO: OSP33368

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 10.1 x 4.3 cms in size.

Left kidney measures about 10.2 x 4.6 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 120 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 18 cc.

Umbilical hernia is seen with defect of 24 mm.

COMMENT: Umbilical hernia with herniation of fat only.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: SANJEEV KUMAR ROY

GENDER/AGE: Male / 50 Years

DATE: 26/02/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33368

2D-ECHO

MITRAL VALVE : MINIMALLY SCLEROSED; MILD MVP

AORTIC VALVE : MINIMALLY SCLEROSED

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

AORTA : 39mm

LEFT ATRIUM : 37mm

LV Dd / Ds : 40/25mm

EF 60%

IVS / LVPW / D : 12/11mm

BORDERLINE LVH

IVS : INTACT

IAS : FLOPPY

RA : NORMAL

RV : NORMAL

PA : NORMAL

PERICARDIUM : NORMAL

VEL : PEAK MEAN

M/S : Gradient mm Hg Gradient mm Hg

MITRAL : 0.5/0.6m/s

AORTIC : 1.0m/s

PULMONARY : 0.7m/s

COLOUR DOPPLER : MILD MR/TR

RVSP : 32mmHg

CONCLUSION : BORDERLINE LVH;
NORMAL LV FUNCTION;
REDUCED LV COMPLIANCE.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT



LABORATORY REPORT



Name : **SANJEEVKUMAR ROY** Sex/Age : **Male / 51 Years** Case ID : **40202200742**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381820**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **26-Feb-2024 09:07** Sample Type : **Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:07** Sample Coll. By : Ref Id1 : **OSP33368**
 Report Date and Time : **26-Feb-2024 15:02** Acc. Remarks : **Normal** Ref Id2 : **O232410450**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.178** ng/mL 0.00 - 4.00
CMA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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


Dr. Sandip Shah

M.D. (Path. & Bact.)
 Consultant Pathologist
 Page 1 of 2

Dr. Aakash Shah

MD. Path.
 Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)
 Consultant Pathologist

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26.02.2024 11:01:44 AM
AASHRA HOSPITAL, LTD.
SARGASAN
GANDHINAGAR

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

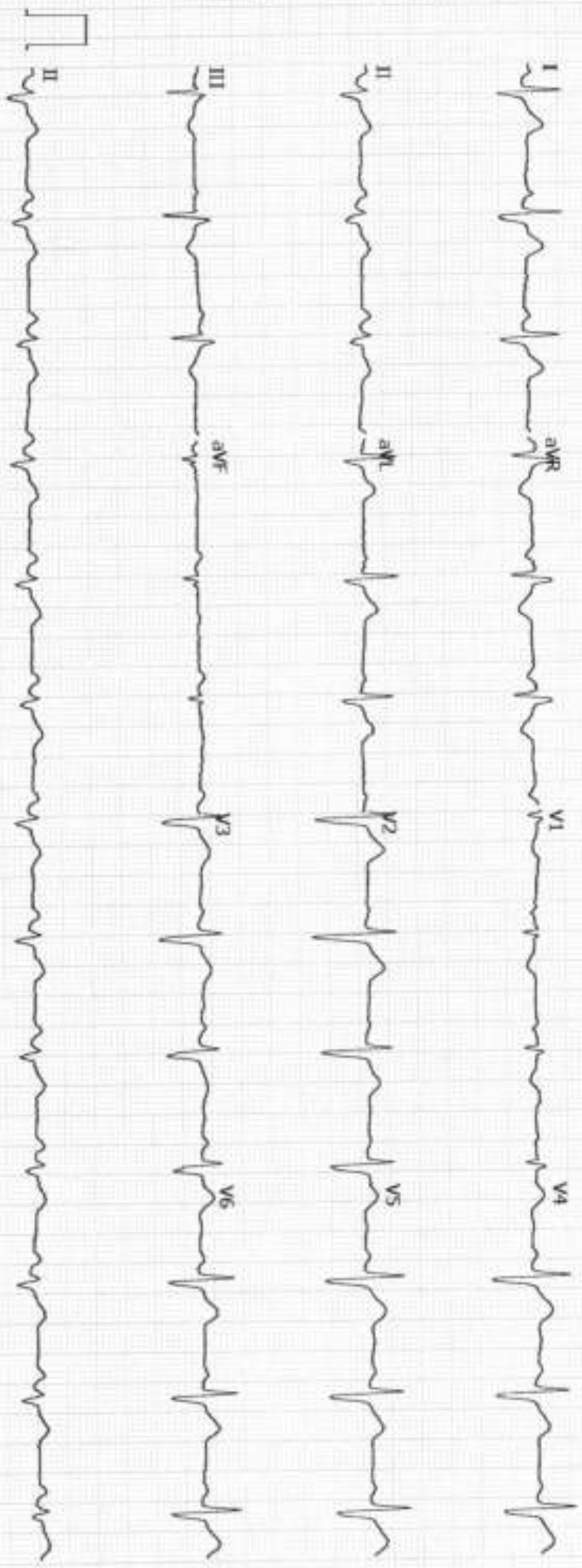
Room:

76 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 106 ms
QT / QTcdaz : 386 / 434 ms
PR : 160 ms
P : 110 ms
RRR / PP : 792 / 789 ms
P / QRS / T : 50 / -23 / 18 degrees

Normal sinus rhythm
Incomplete right bundle branch block
Borderline ECG



Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.

Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: SANJEEV KUMAR BOY

Date: 27/2/2024.

AGE: 40 years SEX: F

Pulse = 82/min

Height: Weight:

B.P. = 120/80 mm Hg.

Chief Complaints:

No fresh complaints.

R.R. = 21/min.

Spo2 = 98%

Temp = (N)

R.B.S. = 130 mg/dl.

Sleep cycle: (N)

E.C.G.: (N)

Body built / Nutritional status: ok.

Any known allergies: None.

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

First time diagnosed DM-II + hyperlipidemia.



Provisional Diagnosis: -

*General Examination: -

- Lymph node enlargement (N)

Clubbing:]

Cyanosis: (N)

*On Examination:-

Edema:]

- Breath sounds: Normal Breath sound / Wheezing / Crackles / Stridor / Rhonchi / Pleural friction rub.

- Chest movements (N)

- Air entry: AE = BE.

Rx,

Tab. FENOFIBRATE (160)

Tab. METFORMIN (500)



Adv! ① Life style modification.
 ②. Insulin 10.

M. B. Vyas

Advices:

- 1) Chest X ray (PA),
- 2) USG Abdomen ,
- 3) HRCT thorax (P)/ Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),
- 8) Sputum Examination (Routine / Microscopic / Microbiological),
- 9) Blood investigations:-
 - CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).
 - ABG (Arterial blood gas),
 - D- Dimer level,
 - Procalcitonin level,
 - Alpha antitrypsin level,
 - Total and specific Ig E level ,
 - Angiotensin converting enzyme,
- *Tumor markers :-
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE)(Small cell carcinoma),
 - CTFRA 21-1 (Non small cell carcinoma),
 - SCC(Squamous cell carcinoma antigen),
 - Mesothelin (Malignant mesothelioma),
- ✓ 10) Follow up after 7 days/months.
- ✓ 11) Inform SOS.
- 12) Admission.

13) Lipid profile, + PPBS + FBS.


m.B.V.R.

Dr. Maulik Vyas

MOB: 9923650220.



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

UHID:	Date: 26/2/24	Time:
Patient Name:	Sanjeev kumar Roy	Age / Sex: 50 / M. Height: Weight:
Chief Complain:	Routine dental check up.	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:		
Extra oral :		
Intra oral - Teeth Present :	Gnath. coronal abrasion.	
Teeth Absent :	→ 	
Diagnosis:		

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

UHID:	Date:	Time:
Patient Name: <i>Sandeep Kumar</i>	Age / Sex: <i>50 / M</i>	Height: <i>175 cm</i>
	Weight: <i>83 kg</i>	
History:	<i>Routine eye checkup</i>	
Allergy History:	<i>no</i>	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	<i>BE: WNL</i>	
Diagnosis:	<i>WNL</i>	

