



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	REKHA ROY
DATE OF BIRTH	25-03-1977
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	26-02-2024
BOOKING REFERENCE NO.	23M126880100093148S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. ROY SANJEEV KUMAR
EMPLOYEE EC NO.	126880
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	VIRPUR
EMPLOYEE BIRTHDATE	15-03-1973

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'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))





બંક ઝાંખ બંદો
Bank of Baroda

નામ: ગંજેવ કુમાર રોય
Name: GANJEEV KUMAR ROY
સંબંધિત સેવા:
A.C. No. 120004



ગંજેવ કુમાર રોય
Ganjeev Kumar Roy

ગંજેવ કુમાર રોય
Ganjeev Kumar Roy

PATIENT NAME:REKHA ROY
GENDER/AGE:Female / 46 Years
DOCTOR:
OPDNO:OSP33369

DATE:26/02/24

MAMMOGRAM OF BOTH BREASTS

Dedicated digital mammography with Craniocaudal and medio lateral oblique view was performed.

RIGHT BREAST

Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

LEFT BREAST

Fibrofatty and glandular parenchyma is noted on either side.
No definite evidence of mass, abnormal microcalcification or architectural distortion is seen.
No evidence of skin thickening or nipple retraction is seen.

**COMMENT: Normal mammography of breast on either side
(BIRADS - Category - I).**

BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative.
- II Benign finding.
- III Probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.
- VI Biopsy proven malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

Screening mammogram:

Women with no symptoms

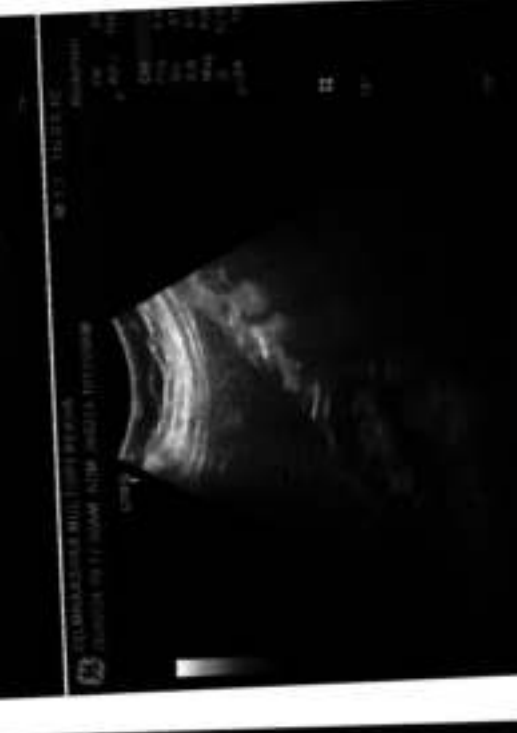
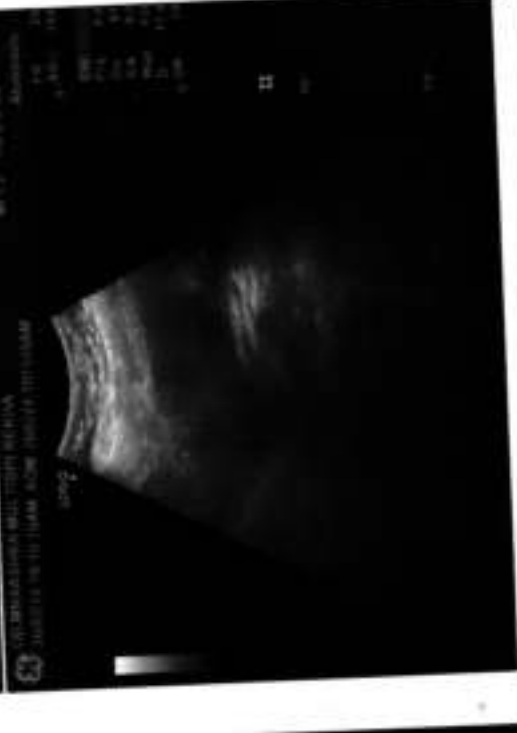
AGE: 35-39: Baseline study.

AGE: 40-49: Every 1-2 years

AGE: 50 and above: Every year


RADIOLOGIST
DR.MEHUL PATELIYA

REPORT REPORT REPORT REPORT REPORT



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

 **aashka**
HOSPITAL



PATIENT NAME:REKHA ROY
GENDER/AGE:Female / 46 Years
DOCTOR:
OPDNO:OSP33369

DATE:26/02/24

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: REKHA ROY

GENDER/AGE: Female / 46 Years

DATE: 26/02/24

DOCTOR:

OPDNO: OSP33369

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 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 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 170 cc.

UTERUS: Uterus is anteverted and appears enlarged in size. Adenomyotic changes are seen. Multiple anterior wall, posterior wall and fundal region fibroids are seen, largest 55 x 45 mm. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.7 mm. No evidence of uterine mass lesion is seen. Bilateral adnexa appears normal.

COMMENT: Adenomyotic uterus with multiple uterine fibroids.

Adv. Clinical correlation and further work up

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



PATIENT NAME:REKHA ROY
GENDER/AGE:Female / 46 Years
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33369

DATE:26/02/24

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 28mm	
LEFT ATRIUM	: 32mm	
LV Dd / Ds	: 37/23mm	EF 60%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY ; PFO +	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.6m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: MILD MR/TR	
RVSP	: 36mmHg	
CONCLUSION	: <u>NORMAL LV SIZE / SYSTOLIC FUNCTION;</u> MILD MR/TR; MILD PAH.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)



REPORT REPORT REPORT



LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	PL ID : 3381637
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type :	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232410461

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Glyco Hemoglobin (HbA1c)			
HbA1C	5.96	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Platelet Count	145000	/ μ L	150000.00 - 410000.00
Lipid Profile			
LDL Cholesterol	105.98	mg/dL	0.00 - 100.00
ESR	30	mm after 1hr	3 - 20
Plasma Glucose - F	125.39	mg/dL	70 - 100
Plasma Glucose - PP	141.13	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 : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref. By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 10:01	Acc. Remarks : Normal	Ref Id2 : O232410461

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	<u>12.7</u>	G%	12.0 - 15.0
RBC (Electrical Impedance)	<u>4.83</u>	millions/cumm	3.80 - 4.80
PCV(Calc)	39.88	%	36.00 - 46.00
MCV (RBC histogram)	86.1	fL	83.00 - 101.00
MCH (Calc)	27.5	pg	27.00 - 32.00
MCHC (Calc)	31.9	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.40	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	6050	/μL	4000.00 - 10000.00
	<u>54.0</u>	%	EXPECTED VALUES [Abs] /μL
Neutrophil		%	40.00 - 70.00 3267 /μL 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00 2118 /μL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00 303 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00 363 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	L <u>145000</u>	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.54		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Thrombocytopenia
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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LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 10:51	Acc. Remarks : Normal	Ref Id2 : O232410461

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	H 30			mm after 1hr 3 - 20

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 09:56	Acc. Remarks : Normal	Ref Id2 : O232410461

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)

Dr. Shreya Shah
M.D. (Pathologist)

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**CAP**
ACCREDITED
CLIA (AMERICAN PATHOLOGISTS)

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LABORATORY REPORT

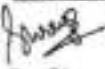


Name : **REKHA ROY** Sex/Age : **Female/ 47 Years** Case ID : **40202200743**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381837**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:10** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:10** Sample Coll. By : Ref Id1 : **OSP33369**
 Report Date and Time : **26-Feb-2024 10:27** Acc. Remarks : **Normal** Ref Id2 : **O232410461**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 125.39	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	H 141.13	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	12.9	mg/dL	7.00 - 18.70	
Uric Acid <small>Uricase</small>	4.19	mg/dL	2.6 - 6.2	
Creatinine	0.92	mg/dL	0.50 - 1.50	

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


Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Whole Blood EDTA	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 09:56	Acc. Remarks : Normal	Ref Id2 : O232410461

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	H 5.96	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	>L
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	124.35	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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M.D. (Pathologist)

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LABORATORY REPORT



Name : **REKHA ROY** Sex/Age : **Female/ 47 Years** Case ID : **40202200743**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381837**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **26-Feb-2024 09:10** Sample Type : **Serum** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:10** Sample Coll. By : Ref Id1 : **OSP33369**
 Report Date and Time : **26-Feb-2024 10:27** Acc. Remarks : **Normal** Ref Id2 : **O232410461**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-PGD</small>	179.13	mg/dL	110 - 200
HDL Cholesterol	54.3	mg/dL	48 - 77
Triglyceride <small>Glycerol Phosphate Oxidase</small>	94.27	mg/dL	<150
VLDL <small>Calculated</small>	18.85	mg/dL	10 - 40
Chol/HDL <small>Calculated</small>	3.30		0 - 4.1
LDL Cholesterol <small>Calculated</small>	H 105.98	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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M.D. (Pathologist)

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Serum	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 10:37	Acc. Remarks : Normal	Ref Id2 : O232410461

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	19.98	U/L	14 - 59	
S.G.O.T. <i>UV with PSP</i>	20.17	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	87.89	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	11.16	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.13	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.71	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.42	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.39	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.14	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.25	mg/dL	0 - 0.8	

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

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M.D. (Pathologist)

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Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Serum	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 10:27	Acc. Remarks : Normal	Ref Id2 : O232410461

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	158.29	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	9.05	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	2.63	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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LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3381837
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Serum	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 10:27	Acc. Remarks : Normal	Ref Id2 : O232410461

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. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : REKHA ROY	Sex/Age : Female/ 47 Years	Case ID : 40202200743
Ref.By : AASHKA HOSPITAL	Dis. At :	Pl. ID : 3381837
Bill. Loc. : Aashka hospital		Pl. Loc :

Reg Date and Time : 26-Feb-2024 09:10	Sample Type : Spot Urine	Mobile No : 8320073371
Sample Date and Time : 26-Feb-2024 09:10	Sample Coll. By :	Ref Id1 : OSP33369
Report Date and Time : 26-Feb-2024 09:18	Acc. Remarks : Normal	Ref Id2 : O232410461

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	1.005	1.005 - 1.030
pH	6.50	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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **REKHA ROY** Sex/Age : **Female/ 47 Years** Case ID : **40202200743**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3381837**
 Bill. Loc. : **Aashka hospital** Pl. Loc :

Reg Date and Time : **26-Feb-2024 09:10** Sample Type : **Spot Urine** Mobile No : **8320073371**
 Sample Date and Time : **26-Feb-2024 09:10** Sample Coll. By : Ref Id1 : **OSP33369**
 Report Date and Time : **26-Feb-2024 09:18** Acc. Remarks : **Normal** Ref Id2 : **O232410461**

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	-	-	-	-	-

----- 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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26.02.2024 10:56:42 AM
ASHIKA HOSPITAL, LTD.
SARGASAN
GANDHINAGAR

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

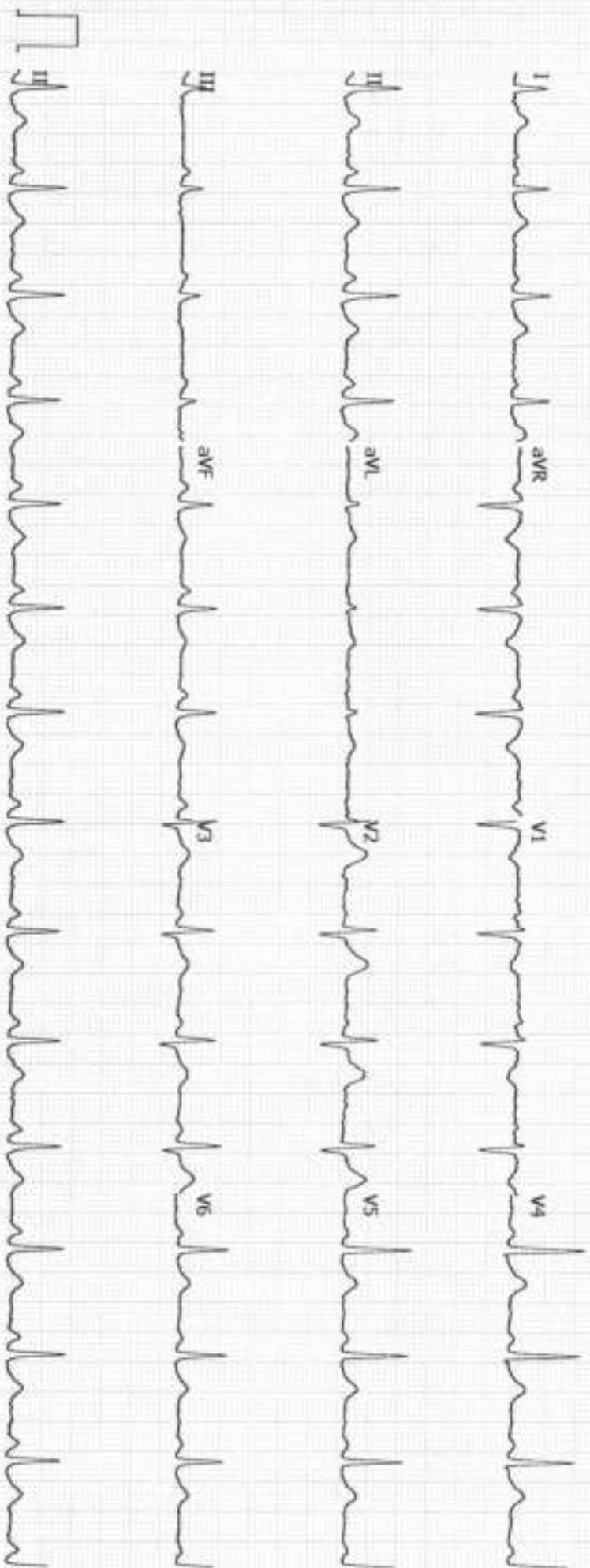
Room:

85 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcbaz : 352 / 418 ms
PR : 132 ms
P : 104 ms
RR / PP : 706 / 705 ms
P / QRS / T : 66 / 54 / 32 degrees

Normal sinus rhythm
Normal ECG



26/2/24

Rekha Roy.
Age: 46.

Occasional
Irregular periods
on 2-3 days.

P

11/11 3-4 / 25-30

last 2-3 days
scanty.

- Will Active

Gynaec
required!

Post 40: keep

11/11 : 2-3 days

10: 2 days

9: near
at present

27/2/24

Rekha Roy.

Age: 46 years.

Case: 11/2/24.

PH

PH

2 F 10 D / 10 D

- no Active. Organ.

- 28 y.
- 24 y.

Re. present.

no cyo H1/OM.

reko rekha

Adenomatous
ulcers. e
multiple fibrous.

C-7: S. Faecium

PH 4-5/

1-2 results

no secondary/nodular
and.

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: BEKHA ROY

AGE: 46 yrs SEX: F

Height: Weight:

Chief Complaints: No fresh complaints.

Date: 26/2/2024

Pulse = 78/min.

B.P. = 120/80 mm Hg.

R.R. = 21/min.

Spo2 = 98%

Temp. = (N)

R.B.S. = 125 mg/dl

Sleep cycle: (N)

E.C.G. (N)

Body built / Nutritional status:

Any known allergies: DUST (+) (+)

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

~~Pre~~ Pre diabetes stage.



Provisional Diagnosis: -

*General Examination: -

- Lymph node enlargement: None.

*On Examination:-

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

- Chest movements: (N)

- Air entry: AE = BE.

Clubbing:]

Cyanosis: (N)

Edema:]

Rx,

Tab. METFORMIN (100) 1-0-0 x 1 months

Tab. CALCIMAX D 0-0-1 x 1 months.

Adv!:- ①. Life style modification.

②

K.P.T.O.D.

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 ,
 - Angiotensis converting enzyme,
- *Tumor markers :-
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE)(Small cell carcinoma),
 - SCC(Squamous cell carcinoma antigen),
 - CTFRA 21-1(Non small cell carcinoma),
 - Mesothelin (Malignant mesothelioma),
- 10) Follow up after ↑ ~~days~~ /months.
- 11) Inform SOS.
- 12) Admission.

13) PPBS + FBS.

14) Hist D Javed + Hist B w Javed.

M. B. VYAS
Dr. Maulik Vyas

mob:- 9923650226.

DR. JEET M AMIN
M.B.B.S., M.S., (ENT)
SKULL BASE SURGEON
(ANTERIOR & LATERAL)
REG.NO.: G-31317

UHID:	Date: 26/02/24.	Time:
Patient Name: REKHA ROY.	Age / Sex:	Height:
	Weight:	
History:	pt. came for health check up	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	c/o - throat pain. H/O tonsillectomy before 1 year Nasal - DMs to Right EAM - 50m	
Diagnosis:		

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
2)	spray	Allegre Blue	2 puffs	Bo	in	2 weeks

Other Advice:

- CT PNS
- nasal spray
- STG, CDC, Vit D₃

Follow-up:

Consultant's Sign:



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

UHID:	Date: 26/2/24	Time:
Patient Name: <i>Relha Roy</i>	Age/Sex: 26/F	Height: 158
	Weight: 67.2	
Chief Complain:		
History: <i>Routine dental check up</i>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :		
Teeth Absent : → 		
Diagnosis:		

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

UHID:	Date:	Time:
Patient Name: <u>Rekha Roy</u>	Age / Sex: <u>47/F</u>	Height: <u>158</u>
	Weight: <u>67.2 kg</u>	
History:	<u>routine checkup</u>	
Allergy History:	<u>nil</u>	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:	<u>BE: <u>WNL</u></u>	
Diagnosis:	<u>Normal</u>	

