



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. RAVAL SAURABH JAYESH BHAI
EC NO.	123911
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	29-05-1986
PROPOSED DATE OF HEALTH CHECKUP	20-03-2024
BOOKING REFERENCE NO.	23M123911100102248E

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 **19-03-2024** 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))



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम : सौरभ जयेशभाई रावल  
Name : Saurabh jayeshbhai Raval

कर्मचारी कूट क्र. 123911

Employee Code No.

जारीकर्ता प्राधिकारी  
Issuing Authority



धारक के हस्ताक्षर  
Signature of Holder

20.03.2024 10:01:13 AM  
ASHKA HOSPITAL, LTD.  
SARGASAN  
GANDHIBUNGAR

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

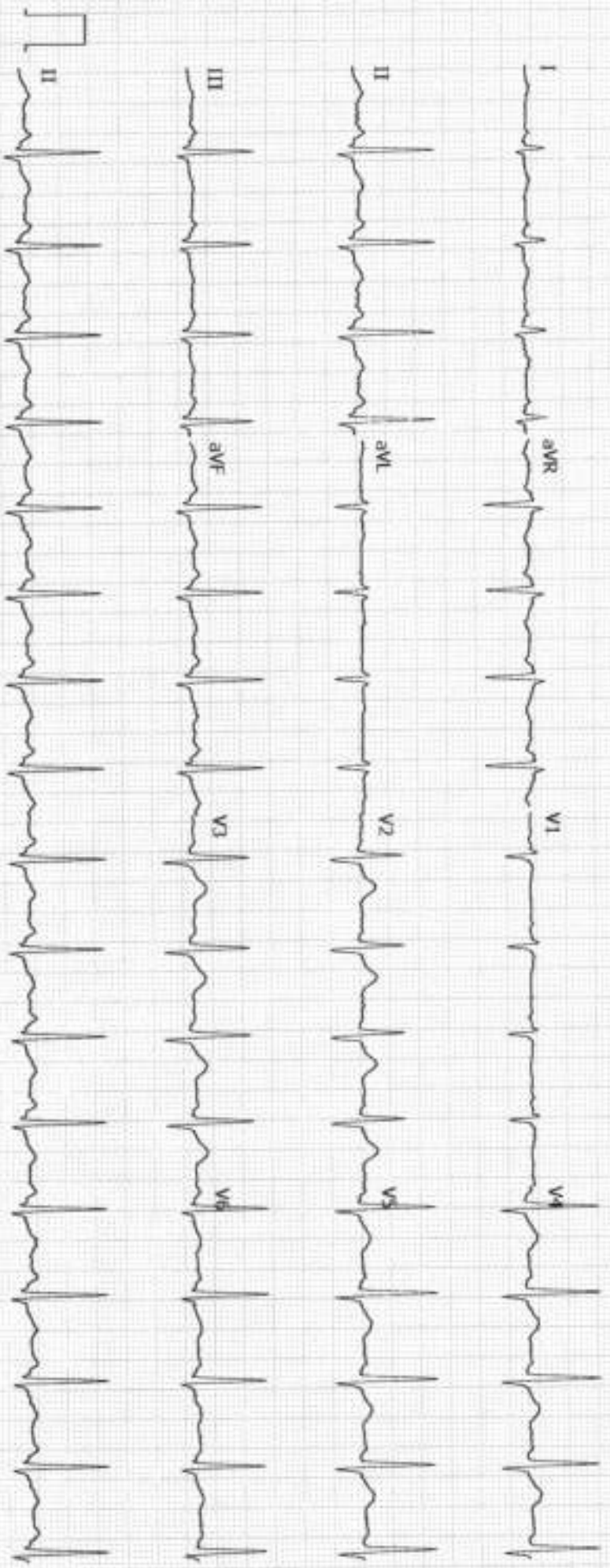
Room:

102 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 354 / 461 ms  
PR : 136 ms  
P : 106 ms  
RR / PP : 586 / 588 ms  
P / QRS / T : 66 / 82 / 57 degrees

Sinus tachycardia  
Otherwise normal ECG



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: SAURABH J RAVAL

GENDER/AGE: Male / 37 Years

DATE: 20/03/24

DOCTOR:

OPDNO: OSP33560

### 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. SNEHA C. TRAJAPATI  
CONSULTANT RADIOLOGIST

PATIENT NAME: SAURABH J RAVAL

GENDER/AGE: Male / 37 Years

DATE: 20/03/24

DOCTOR:

OPDNO: OSP33560

### 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 IHBK 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 10.0 x 4.1 cms in size.

Left kidney measures about 10.3 x 4.2 cms in size.

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

**Aorta, IVC and para aortic region** appears normal.

No evidence of ascites is seen.

**BLADDER:** Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

**PROSTATE:** Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesions is seen. Prostatic volume measures about 20 cc.

**COMMENT:** Normal sonographic appearance of liver, IHBK, pancreas, spleen, kidneys, bladder and prostate.

  
DR. SNEHAL RAJAPATE  
CONSULTANT RADIOLOGIST

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


UHID: <u>OSP33560</u>	Date:	Time:
Patient Name: <u>Sumit Raval</u>	Age / Sex: <u>27 M.</u>	Height: <u>174 cm</u>
	Weight: <u>71 kg</u>	
History:		
<u>H/O Right Eye cataract</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
<u>Unilateral cataract.</u> <u>NIH</u> <u>[Signature]</u>		
Diagnosis:		

PATIENT NAME: SAURABH J RAVAL  
GENDER/AGE: Male / 37 Years  
DOCTOR: DR. HASIT JOSHI  
OPDNO: OSP33560

DATE: 20/03/24

**2D-ECHO**

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 32mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 37/24mm	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	: 1.2/0.8m/s	
AORTIC	: 1.3m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: TRIVIAL MR/ MILD TR	
RVSP	: 28mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

  
CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



## LABORATORY REPORT



Name : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	PL ID : 3446415
Bill. Loc. : Aashka hospital		PL Loc. :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type :	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Haemoglobin	12.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	6.31	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	64.0	fL	83.00 - 101.00
MCH (Calc)	20.3	pg	27.00 - 32.00
Total WBC Count	10660	/ $\mu$ L	4000.00 - 10000.00
Lymphocyte	3731	/ $\mu$ L	1000.00 - 3000.00
Basophil	107	/ $\mu$ L	0.00 - 100.00
<b>Lipid Profile</b>			
HDL Cholesterol	32.9	mg/dL	48 - 77
Chol/HDL	5.08		0 - 4.1
LDL Cholesterol	107.34	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Proteins (Total)	8.59	gm/dL	6.40 - 8.30
Albumin	5.16	gm/dL	3.4 - 5
Plasma Glucose - F	112.63	mg/dL	70 - 100
Plasma Glucose - PP	142.49	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 : SAURABH J RAVAL      Sex/Age : Male / 37 Years      Case ID : 40302200557  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3446415  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 20-Mar-2024 08:58      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 20-Mar-2024 08:58      Sample Coll. By :      Ref Id1 : OSP33560  
 Report Date and Time : 20-Mar-2024 09:31      Acc. Remarks : Normal      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	L 12.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 6.31	millions/cumm	4.50 - 5.50
PCV(Calc)	40.38	%	40.00 - 50.00
MCV (RBC histogram)	L 64.0	fL	83.00 - 101.00
MCH (Calc)	L 20.3	pg	27.00 - 32.00
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.80	%	11.00 - 16.00

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

Total WBC Count	H 10660	/μL	4000.00 - 10000.00
Neutrophil	[%] 58.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 6183 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	35.0	%	20.00 - 40.00 H 3731 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 /μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 /μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 H 107 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	294000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.66		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCs.
WBC Morphology	Leucocytosis
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

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
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## LABORATORY REPORT



Name : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 10:44	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	04	mm after 1hr	3 - 15	

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

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

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Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 11:13	Acc. Remarks : Normal	Ref Id2 :

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	NEGATIVE

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

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



## LABORATORY REPORT



Name : SAURABH J RAVAL      Sex/Age : Male / 37 Years      Case ID : 40302200557  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3446415  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 20-Mar-2024 08:58      Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum      Mobile No :  
 Sample Date and Time : 20-Mar-2024 08:58      Sample Coll. By :      Ref Id1 : OSP33560  
 Report Date and Time : 20-Mar-2024 10:45      Acc. Remarks : Normal      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photometric, Hexokinase</small>	H 112.63	mg/dL	70 - 100	
Plasma Glucose - PP <small>Photometric, Hexokinase</small>	H 142.49	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	12.7	mg/dL	8.90 - 20.60	
Uric Acid <small>Uricase</small>	6.39	mg/dL	3.5 - 7.2	
Creatinine	1.04	mg/dL	0.50 - 1.50	

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 : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 10:07	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.01	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	97.09	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)

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## LABORATORY REPORT



Name : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 10:45	Acc. Remarks : Normal	Ref Id2 :

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	167.06	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L 32.9	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	134.12	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>	26.82	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H 5.08		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H 107.34	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: (L-L-VeryLow, L-Low, H-High, H-H-VeryHigh, A-Abnormal)

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

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Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Serum	Mobile No. :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 11:13	Acc. Remarks : Normal	Ref Id2 :

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	24.06	U/L	16 - 63
<b>S.G.O.T.</b> <i>UV with PSP</i>	15.35	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	58.90	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroamide Substrate</i>	49.29	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Buret</i>	H 8.59	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	H 5.16	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	3.43	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	0.89	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.35	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.54	mg/dL	0 - 0.8

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 10:07	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	91.99	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.80	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	2.49	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)

Dr. Shreya Shah

M.D. (Pathologist)

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## Neuberg Diagnostics Private Limited

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 : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Serum	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 10:07	Acc. Remarks : Normal	Ref Id2 :

**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)

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## LABORATORY REPORT



Name : SAURABH J RAVAL	Sex/Age : Male / 37 Years	Case ID : 40302200557
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3446415
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 20-Mar-2024 08:58	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 20-Mar-2024 08:58	Sample Coll. By :	Ref Id1 : OSP33560
Report Date and Time : 20-Mar-2024 09:29	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.010	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	/HPF	Nil
Crystals	Nil	/HPF	Nil

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## LABORATORY REPORT



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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.5-8.0					
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	-	-	-	-	-

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)

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

<b>UHID:</b> 0SP83560	<b>Date:</b> 20/3/24	<b>Time:</b>
<b>Patient Name:</b> Sonu Ramesh J Raveel.	<b>Age / Sex:</b> 38 / M	<b>Height:</b> 174 CM
	<b>Weight:</b> 71 KG	
<b>Chief Complain:</b>		
Routine dental check up		
<b>History:</b>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>		
<b>Extra oral :</b>		
<b>Intra oral – Teeth Present :</b>	Stain ++	
	Calculus ++	
<b>Teeth Absent :</b>		
<b>Diagnosis:</b>		

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①		DENTAL FLOSS				
					(monthly use?)	

Other Advice:

Sealing

Follow-up:

Consultant's Sign: 