

Health Check up Booking Confirmed Request(bobS8556),Package Code-
PKG10000475, Beneficiary Code-296686

Mediwheel <wellness@mediwheel.in>

Tue 13-02-2024 05:58 PM

To:Nikhil Wadhvani <NIKHILWADHWANI@bankofbaroda.com>

Cc:customercare@mediwheel.in <customercare@mediwheel.in>

You don't often get email from wellness@mediwheel.in. [Learn why this is important](#)

वधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी गयी लिंक
CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO NOT



Mediwheel
...Your wellness partner

011-41195959

Dear Nikhil Wadhvani,

We are pleased to confirm your health checkup booking request with the following details.

Booking Date : 08-02-2024

Hospital Package Name : Mediwheel Full Body Health Checkup Female Below 40

Patient Package Name : Mediwheel Full Body Health Checkup Female Below 40

Name of Diagnostic/Hospital : Aashka Multispeciality Hospital

Address of Diagnostic/Hospital- : Between Sargassan & Reliance Cross Road, Gandhinagar
-0382421

City : Gandhi Nagar

State :

Pincode : 382421

Appointment Date : 24-02-2024

Confirmation Status : Booking Confirmed

Preferred Time : 8:30am

Booking Status : Booking Confirmed

Member Information

Booked Member Name	Age	Gender
Nisha Nikhil Wadhvani	37 year	Female

Note - Please note to not pay any amount .

Instructions to undergo Health Check:

- Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
- During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.



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	NISHA WADHWANI
DATE OF BIRTH	26-01-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	24-02-2024
BOOKING REFERENCE NO.	23M84355100089014S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. WADHWANI NIKHIL
EMPLOYEE EC NO.	84355
EMPLOYEE DESIGNATION	IT
EMPLOYEE PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
EMPLOYEE BIRTHDATE	07-01-1986

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 **07-02-2024** 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.

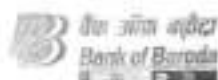
We solicit your co-operation in this regard.

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))





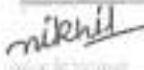
બંક ઓફ બરોડા
Bank of Baroda
Baroda - Annapurna - Kutch



સહ
ધારક
નિર્ધારિત
નામ
: NIKHIL WADHWANI

કલેક્ટર
નો
કોડ
: B4355


સહાયક
ધારક
નામ
: Nikhil Wadhvani


સહાયક
ધારક
નામ
: Nikhil Wadhvani



LABORATORY REPORT



Name : NISHA WADHWANI	Sex/Age : Female/ 37 Years	Case ID : 40202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377795
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:08	Sample Type :	Mobile No :
Sample Date and Time : 24-Feb-2024 09:08	Sample Coll. By :	Ref Id1 : OSP20909
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O232410407

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	119.92	mg/dL	70 - 100
Plasma Glucose - PP	149.62	mg/dL	70.0 - 140.0
Haemogram (CBC)			
RBC (Electrical Impedance)	5.25	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	79.6	fL	83.00 - 101.00
MCH (Calc)	26.2	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	204.07	mg/dL	110 - 200
HDL Cholesterol	34.9	mg/dL	48 - 77
Triglyceride	258.90	mg/dL	<150
VLDL	51.78	mg/dL	10 - 40
Chol/HDL	5.85		0 - 4.1
LDL Cholesterol	117.39	mg/dL	0.00 - 100.00
Liver Function Test			
S.G.P.T.	64.16	U/L	14 - 59
S.G.O.T.	37.13	U/L	15 - 37
Proteins (Total)	8.43	gm/dL	6.40 - 8.30
Thyroid Function Test			
TSH	6.02	µIU/mL	0.4 - 4.2

Abnormal Result(s) Summary End

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

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Name : NISHA WADHWANI Sex/Age : Female/ 37 Years Case ID : 40202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3377795
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 24-Feb-2024 09:08 Sample Coll. By : Ref Id1 : OSP20909
 Report Date and Time : 24-Feb-2024 10:46 Acc. Remarks : Normal Ref Id2 : O232410407

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.8	G%	12.0 - 15.0
RBC (Electrical Impedance)	H 5.25	millions/cumm	3.80 - 4.80
PCV(Calc)	41.79	%	36.00 - 46.00
MCV (RBC histogram)	L 79.6	fL	83.00 - 101.00
MCH (Calc)	L 26.2	pg	27.00 - 32.00
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	8670	/µL	4000.00 - 10000.00
Neutrophil	[%] 57.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4942 /µL 2000.00 - 7000.00
Lymphocyte	32.0	%	20.00 - 40.00 2774 /µL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00 434 /µL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 434 /µL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00 87 /µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	366000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.78		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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Name : NISHA WADHWANI Sex/Age : Female/ 37 Years Case ID : 40202200687
Ref.By : HOSPITAL Dis. At : Pt. ID : 3377795
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 24-Feb-2024 09:08 Sample Coll. By : Ref Id1 : OSP20909
Report Date and Time : 24-Feb-2024 14:32 Acc. Remarks : Normal Ref Id2 : O232410407

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	10	mm after 1hr	3 - 20	

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

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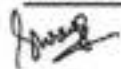
Reg Date and Time : 24-Feb-2024 09:08	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 24-Feb-2024 09:08	Sample Coll. By :	Ref Id1 : OSP20909
Report Date and Time : 24-Feb-2024 12:01	Acc. Remarks : Normal	Ref Id2 : O232410407

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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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377795
Bill. Loc. : Aashka hospital		Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 24-Feb-2024 09:08	Sample Coll. By :	Ref Id1 : OSP20909
Report Date and Time : 24-Feb-2024 12:00	Acc. Remarks : Normal	Ref Id2 : O232410407
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	119.92	mg/dL	70 - 100
Plasma Glucose - PP	H	149.62	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<125 mg/dL: Impaired fasting glucoseer guidelines

>=125 mg/dL: Probability of Diabetes, Confirm as per guidelines.

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

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 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 24-Feb-2024 09:08 Sample Coll. By : Ref Id1 : OSP20909
 Report Date and Time : 24-Feb-2024 10:46 Acc. Remarks : Normal Ref Id2 : O232410407

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.61	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	114.31	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 glycaemic 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 glycaemic 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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 Ref.By : HOSPITAL Dis. At : Pt. ID : 3377795
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08 Sample Type : Serum Mobile No :
 Sample Date and Time : 24-Feb-2024 09:08 Sample Coll. By : Ref Id1 : OSP20909
 Report Date and Time : 24-Feb-2024 14:31 Acc. Remarks : Normal Ref Id2 : O232410407

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <small>Colorimetric, CHOD-POD</small>	H	204.07	mg/dL	110 - 200
HDL Cholesterol	L	34.9	mg/dL	48 - 77
Triglyceride <small>Glycerol Phosphate Oxidase</small>	H	258.90	mg/dL	<150
VLDL <small>Calculated</small>	H	51.78	mg/dL	10 - 40
Chol/HDL <small>Calculated</small>	H	5.85		0 - 4.1
LDL Cholesterol <small>Calculated</small>	H	117.39	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 assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglycende has been revised. Also LDL goals have changed.
- Detail test interpreation 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 assesment

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

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Bill, Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:08	Sample Type : Serum	Mobile No :
Sample Date and Time : 24-Feb-2024 09:08	Sample Coll. By :	Ref Id1 : OSP20909
Report Date and Time : 24-Feb-2024 14:31	Acc. Remarks : Normal	Ref Id2 : O232410407

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>	H	64.16	U/L	14 - 59
S.G.O.T. <i>UV with PSP</i>	H	37.13	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>		88.95	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-Carboxy-4-nitroanilide Substrate</i>		16.92	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Bluret</i>	H	8.43	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>		4.54	gm/dL	3.4 - 5
Globulin <i>Calculated</i>		3.89	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>		1.2		1.0 - 2.1
Bilirubin Total <i>Photometry</i>		0.31	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>		0.13	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>		0.18	mg/dL	0 - 0.8

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

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 Report Date and Time : 24-Feb-2024 14:31 Acc. Remarks : Normal Ref Id2 : O232410407

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	10.6	mg/dL	7.00 - 18.70	
Uric Acid <small>Urncase</small>	6.16	mg/dL	2.6 - 6.2	
Creatinine	0.52	mg/dL	0.50 - 1.50	

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

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	111.23	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	5.67	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	H 6.02	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), PPTH 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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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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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Panimal 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 - UB5300TN2017FTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : NISHA WADHWANI	Sex/Age : Female/ 37 Years	Case ID : 40202200687
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3377795
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 24-Feb-2024 09:08	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 24-Feb-2024 09:08	Sample Coll. By :	Ref Id1 : OSP20909
Report Date and Time : 24-Feb-2024 15:07	Acc. Remarks : Normal	Ref Id2 : O232410407

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	>1.025	1.005 - 1.030
pH	<5.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

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 : NISHA WADHWANI Sex/Age : Female/ 37 Years Case ID : 40202200687
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3377795
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 24-Feb-2024 09:08 Sample Type : Spot Urine Mobile No :
 Sample Date and Time : 24-Feb-2024 09:08 Sample Coll. By : Ref Id1 : OSP20909
 Report Date and Time : 24-Feb-2024 15:07 Acc. Remarks : Normal Ref Id2 : O232410407

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
 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)

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 www.neubergsupratech.com

PATIENT NAME: NISHA WADHWANI
GENDER/AGE: Female / 36 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP20909

DATE: 24/02/24

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 33mm	
LV Dd / Ds	: 43/28mm	EF 60%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.3/0.8m/s	
AORTIC	: 1.7m/s	
PULMONARY	: 0.7m/s	
COLOUR DOPPLER	: MILD MR / NO AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; MILD MR.	



CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT

PATIENT NAME: NISHA WADHWANI

GENDER/AGE: Female / 36 Years

DATE: 24/02/24

DOCTOR:

OPDNO: OSP20909

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 REPORT REPORT

PATIENT NAME: NISHA WADHWANI

GENDER/AGE: Female / 36 Years

DATE: 24/02/24

DOCTOR:

OPDNO: OSP20909

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 10.0 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.3 cms in size.

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

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.6 mm. No evidence of uterine mass lesion is seen. Bilateral adnexa appears normal.

COMMENT: Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

ASISHA HOSPITAL, LTD.
SARGASAN
GANDHINAGAR

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

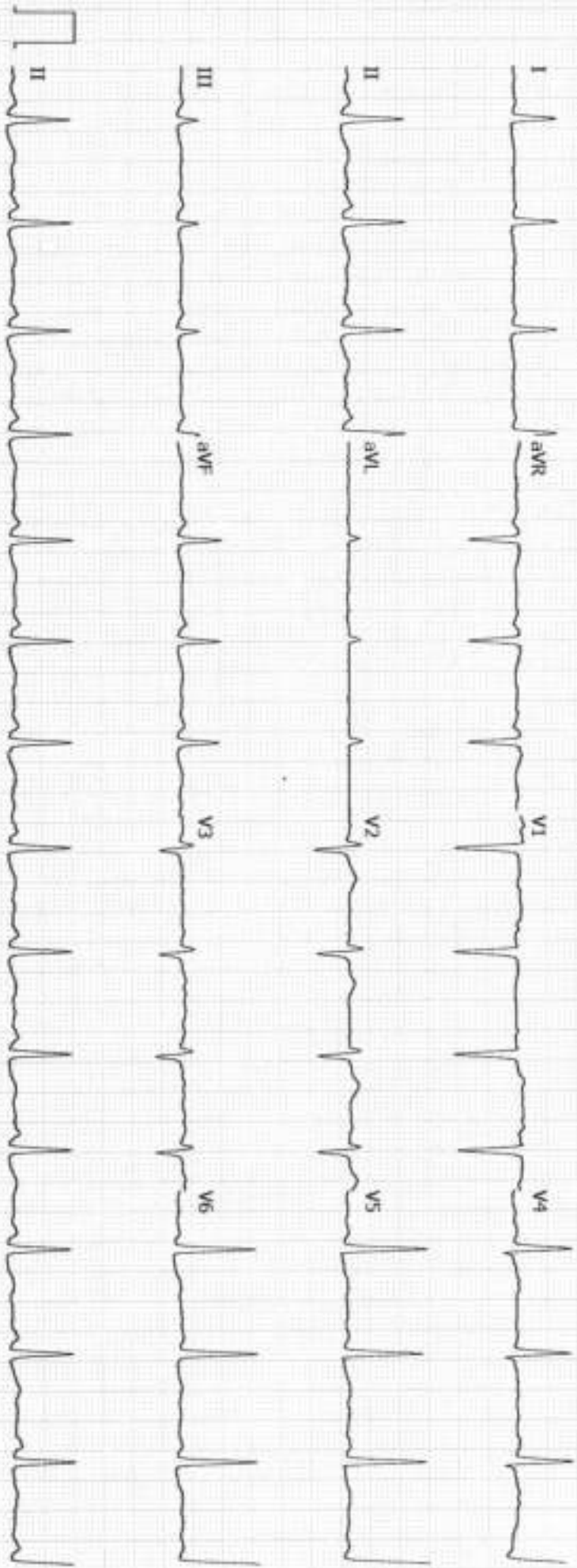
Room:

87 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 78 ms
QT / QTcBz : 372 / 447 ms
PR : 140 ms
P : 116 ms
RR / PP : 688 / 689 ms
P / QRS / T : 66 / 52 / 74 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG





Name: Nisha Wadhvani Age: 37 years

Complaints:

None

No of deliveries:

1 FT LSC / 0 / 5.5 years

Last Delivery:

History of abortion:

None

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MH:

Dr. [Signature] Reg:

LMP:

5th Aug

P/A:

P/S:

↑
Cx - (RT)

P/V:

Sample:-

Vagina

Cervix

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Doctors Sign:-

[Signature]

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

UHID: <u>OSP20908</u>		Date: <u>24/2/24</u>	Time: <u>3 PM</u>
Patient Name: <u>Nisha</u>		Height: <u>162</u>	
Age / Sex: <u>32yrs/F.</u>	LMP:	Weight: <u>85.4</u>	
History:			
C/C/O:		History:	
Allergy History: <u>—</u>		Addiction:	
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese			
Vitals & Examination:			
Temperature: <u>100.0</u>			
Pulse: <u>92/45</u>			
BP: <u>128/86</u>			
SPO2: <u>98%</u>			
Provisional Diagnosis:			

Advice:


1M etale modification - low fat diet
low sugar diet.
- Exercise

Report: S. TIH / FBS / PPBS Aftx

Rx

monthly

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

Insulin Scale	RBS- hourly	Diet Advice:
< 150 -	300-350 -	Follow-up:
150-200 -	350-400 -	
200-250 -	400-450 -	Sign: 
250-300 -	> 450 -	

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

UHID:	OSP20908	Date:	24/2/24	Time:	
Patient Name:	Nisha Chaudhary	Age / Sex:	37 / F	Height:	162
		Weight:	65.4		
Chief Complain:					
History:	Routine dental check up				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral - Teeth Present :	Stain + calculus ++				
Teeth Absent :	Root piece det + → DIScoloured teeth + R. S. e.				
Diagnosis:					

Rx

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

Other Advice:

→ Exⁿ of + ¹⁰ 10
→ Sewing

Follow-up:

Consultant's Sign:

[Handwritten Signature]

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

UHID: <u>OSP20908</u>	Date: <u>24-02-24</u>	Time:
Patient Name: <u>Mishra</u>	Age / Sex:	Height: <u>162</u>
		Weight: <u>55.4</u>
History:	<u>Routine checkup</u>	
Allergy History:	<u>NO</u>	
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	<u>BE: war</u>	
Diagnosis:	<u>normal</u>	

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

R/A
S.O.S.

Follow-up:

Consultant's Sign:

Trish