Bank of Baroda

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. PARMAR NARENDRA DHULABHAI
EC NO.	165140
DESIGNATION	SWACHHTA SAHAYAK EVAM SAHAYAK
PLACE OF WORK	ITADARA
BIRTHDATE	01-06-1976
PROPOSED DATE OF HEALTH CHECKUP	23-03-2024
BOOKING REFERENCE NO.	23M165140100099662E

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 **13-03-2024** 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))

SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	**Lipid Profile**
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	**Liver Profile**
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	**Kidney Profile**
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	**General Tests**
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation

बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम नरेन्द्र धुलाभाई परमार
Name NARENDRA DHULABHAI PARMAR

कर्मचारी कूट क्र.
E.C. No. 165140

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

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 SAFETY & QUALITY OF CARE ACCREDITED

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

UHID: OSP33630 **Date:** 03/09/24 **Time:** 10:15

Patient Name: Nugendochi

Age /Sex: 48
Height: 165
Weight: 65.2

History: Compy Heerfly chest

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

VV <6/4
6/4
NI comyn
6/6
@
N6

Diagnosis: Refractive error

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		Plano				
N	+1.75	-	-	+1.75		

Other Advice:

Follow-up:

Consultant's Sign:

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aashka HOSPITAL

PATIENT SAFETY & QUALITY OF CARE ACCREDITED

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

UHID: OSP33630 **Date:** 29/3/24 **Time:**

Patient Name: Narendra Parmar **Age /Sex:** 48/M.
Height: 165
Weight: 65.2

Chief Complain:

Routine dental check up.

History:

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination: Stain ++
Calculus +++

Extra oral :

Intra oral – Teeth Present : Root piece ret 67.

Teeth Absent : → 87

Rx

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

Other Advice:

→ Ext ⊙ of → 76

→ FPD Ret: → 76 | 67

→

Follow-up:

Consultant's Sign:

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CIN: L85110GJ2012PLC072647

aashka HOSPITAL

29/3/24
5:45pm

Pt: Narendra Parmar.
age: 48/M.

- For Routine checkup.
- No / F/C/O,

T: Afeb
P 92/min
BP: 98/70 mmHg.
SpO2 98% on RA

HbA1c: 6.40 in Prediabetic Stage
↑ cholesterol level.

Adv:

- Control of food. Avoid sweet/spicy/oily food.
- keep Excercise, doing
- drink plenty of water

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aashka HOSPITAL

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

PATIENT NAME:NARENDRA D PARMAR
GENDER/AGE:Male / 47 Years **DATE:29/03/24**
DOCTOR:
OPDNO:OSP33630

X-RAY CHEST PA

Both lung fields appear clear
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.

Impression:
Normal chest x-ray examination.

RADIOLOGIST
DR.MEHUL PATELIYA

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aashka HOSPITAL

PATIENT SAFETY & QUALITY OF CARE NABH ACCREDITED

PATIENT NAME:NARENDRA D PARMAR
GENDER/AGE:Male / 47 Years **DATE:29/03/24**
DOCTOR:
OPDNO:OSP33630

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 4.6 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 minimally distended.

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 14 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, para-aortic region, bladder and prostate.

RADIOLOGIST
DR.MEHUL PATELIYA

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aashka HOSPITAL

PATIENT NAME:NARENDRA D PARMAR
GENDER/AGE:Male / 47 Years DATE:29/03/24
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33630

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 30mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 40/27mm	EF 60%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.6/0.9m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR /AR, MILD TR	
RVSP	: 30mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; REDUCED LV COMPLIANCE.	

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

LABORATORY REPORT

Name	: **NARENDRA D PARMAR**	Sex/Age	: **Male / 48 Years**	Case ID	: **40302200752**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	:	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O232411486

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	**115.54**	mg/dL	70 - 100
Glyco Hemoglobin (HbA1c)			
HbA1C	**6.40**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
RBC (Electrical Impedance)	**5.78**	millions/cumm	4.50 - 5.50
MCV (RBC histogram)	**78.6**	fL	83.00 - 101.00
MCH (Calc)	**26.0**	pg	27.00 - 32.00
Lymphocyte	**45.0**	%	20.00 - 40.00
Lipid Profile			
Cholesterol	**236.76**	mg/dL	110 - 200
LDL Cholesterol	**154.04**	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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COLLEGE of AMERICAN PATHOLOGISTS

Neuberg Diagnostics Private Limited
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CONDITIONS OF REPORTING

	Zonings Numbers
	Zonings Numbers

LABORATORY REPORT

Name	: NARENDRA D PARMAR		Sex/Age : Male / 48 Years	Case ID	: 40302200752
Ref.By	: HOSPITAL		Dis. At :	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 10:10	Acc. Remarks	: Normal	Ref Id2	: O232411486

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin		15.1	G%	13.00 - 17.00	
RBC (Electrical Impedance)	H	5.78	millions/cumm	4.50 - 5.50	
PCV(Calc)		45.43	%	40.00 - 50.00	
MCV (RBC histogram)	L	78.6	fL	83.00 - 101.00	
MCH (Calc)	L	26.0	pg	27.00 - 32.00	
MCHC (Calc)		33.1	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		13.70	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		5100	/µL	4000.00 - 10000.00	

		[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil		49.0	%	40.00 - 70.00	2499	/µL	2000.00 - 7000.00
Lymphocyte	H	45.0	%	20.00 - 40.00	2295	/µL	1000.00 - 3000.00
Eosinophil		1.0	%	1.00 - 6.00	51	/µL	20.00 - 500.00
Monocytes		5.0	%	2.00 - 10.00	255	/µL	200.00 - 1000.00
Basophil		0.0	%	0.00 - 2.00	0	/µL	0.00 - 100.00

PLATELET COUNT (Optical)				
Platelet Count		306000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		1.09		0.78 - 3.53
SMEAR STUDY				
RBC Morphology		Normocytic Normochromic anemia.		
WBC Morphology		Lymphocytosis		
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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CONDITIONS OF REPORTING

[illegible]

[illegible]	Contact Numbers
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	Contact Numbers
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]

[illegible]

[illegible] Branches in Ahmedabad

[illegible]

[illegible] Collection Centers in Ahmedabad

[illegible]

[illegible] Center for Genomic Medicine

[illegible]

[illegible]

LABORATORY REPORT

Name	: **NARENDRA D PARMAR**	Sex/Age	: **Male** / 48 Years	Case ID	: **40302200752**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 14:08	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Westergren Method*	**06**	mm after 1hr	3 - 15	

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

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M.D. (Pathologist)

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CONDITIONS OF REPORTING

LABORATORY REPORT

Name	: NARENDRA D PARMAR	Sex/Age	: Male / 48 Years	Case ID	: 40302200752
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 09:39	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)				
ABO Type	A			
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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CONDITIONS OF REPORTING

LABORATORY REPORT

Name	: **NARENDRA D PARMAR**	Sex/Age	: **Male** / 48 Years	Case ID	: **40302200752**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 16:38	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST	RESULTS		UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Blood Glucose Level (Fasting & Post Prandial)					
Plasma Glucose - F *Photometric,Hexokinase*	H	**115.54**	mg/dL	70 - 100	
Plasma Glucose - PP *Photometric,Hexokinase*		**105.23**	mg/dL	70.0 - 140.0	

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

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

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

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M.D. (Pathologist)

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CONDITIONS OF REPORTING

LABORATORY REPORT

Name	: **NARENDRA D PARMAR**	Sex/Age	: **Male** / 48 Years	Case ID	: **40302200752**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 14:17	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation					
HbA1C *HPLC*	H	**6.40**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*		**136.98**	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. Sandip Shah
M.D. (Path. & Bact.)
Consultant Pathologist

Dr. Aakash Shah
MD. Path.
Consultant Pathologist

Dr. Sandip Shah
M.D. (Path. & Bact.)
Consultant Pathologist

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CONDITIONS OF REPORTING

	Contact Number
	Previous Number

LABORATORY REPORT

Name	: NARENDRA D PARMAR		Sex/Age : Male / 48 Years	Case ID	: 40302200752
Ref.By	: HOSPITAL		Dis. At :	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 15:24	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Lipid Profile					
Cholesterol *Colorimetric, CHOD-POD*	H	236.76	mg/dL	110 - 200	
HDL Cholesterol		60.1	mg/dL	48 - 77	
Triglyceride *Glycerol Phosphate Oxidase*		113.10	mg/dL	<150	
VLDL *Calculated*		22.62	mg/dL	10 - 40	
Chol/HDL *Calculated*		3.94		0 - 4.1	
LDL Cholesterol *Calculated*	H	154.04	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 Triglyceride 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)

Dr. Shreya Shah
M.D. (Pathologist)

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COLLEGE of AMERICAN PATHOLOGISTS

Neuberg Diagnostics Private Limited
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www.neubergsupratech.com

CONDITIONS OF REPORTING

	Consent Numbers
	Patient Numbers

LABORATORY REPORT

Name	: NARENDRA D PARMAR	Sex/Age	: Male / 48 Years	Case ID	: 40302200752
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469342
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 29-Mar-2024 09:26	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 29-Mar-2024 09:26	Sample Coll. By	:	Ref Id1	: OSP33630
Report Date and Time	: 29-Mar-2024 15:24	Acc. Remarks	: Normal	Ref Id2	: O232411486

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. *UV with P5P*	27.01	U/L	16 - 63	
S.G.O.T. *UV with P5P*	23.13	U/L	15 - 37	
Alkaline Phosphatase *Enzymatic, PNPP-AMP*	57.33	U/L	46 - 116	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	28.33	U/L	0 - 55	
Proteins (Total) *Colorimetric, Biuret*	7.68	gm/dL	6.40 - 8.30	
Albumin *Bromocresol purple*	4.97	gm/dL	3.4 - 5	
Globulin *Calculated*	2.71	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	1.8		1.0 - 2.1	
Bilirubin Total *Photometry*	0.34	mg/dL	0.3 - 1.2	
Bilirubin Conjugated *Diazotization reaction*	0.12	mg/dL	0 - 0.50	
Bilirubin Unconjugated *Calculated*	0.22	mg/dL	0 - 0.8	

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	Current Numbers
	[illegible]
	[illegible]
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**12.3**	mg/dL	8.90 - 20.60	
Uric Acid *Uricase*	**5.57**	mg/dL	3.5 - 7.2	
Creatinine	**1.10**	mg/dL	0.50 - 1.50	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) *CMIA*	**1.16**	ng/mL	0.64 - 1.52	
Thyroxine (T4) *CMIA*	**9.22**	µg/dL	4.87 - 11.72	
TSH *CMIA*	**1.69**	µIU/mL	0.35 - 4.94	

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 & incipent 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 supressed 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	**Reference range (microIU/ml)**
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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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 hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	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/↑	↓

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen (PSA)				
Prostate Specific Antigen *CMIA*	**1.078**	ng/mL	0.00 - 4.00	

	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:

	Probability of cancer		
Free PSA/total PSA ratio	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%

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	Control Numbers
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Report Date and Time	: 29-Mar-2024 14:03	Acc. Remarks	: Normal	Ref Id2	: O232411486

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	1.015		1.005 - 1.030	
pH	6.00		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	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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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	-	-	-	-	-

---------- 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.

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, Narendra d parmar

29.03.2024 10:48:47 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

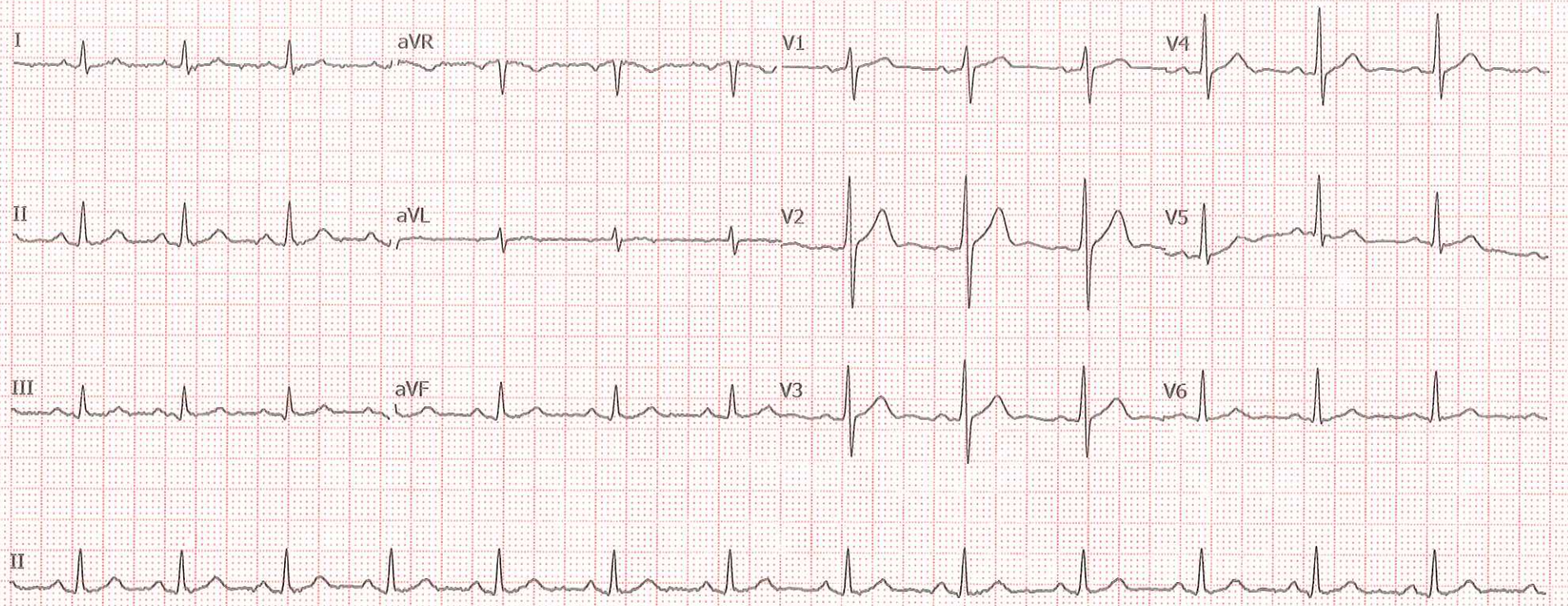
Room:

82 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	78 ms
QT / QTcBaz :	360 / 420 ms
PR :	158 ms
P :	98 ms
RR / PP :	734 / 731 ms
P / QRS / T :	67 / 66 / 62 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1