



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

Issuing Authority

गोदावरी ग्रामपंचायत

[Handwritten Signature]

P.C. No. 165140

कार्यालय

Name: NARENDRA DHULABHAI PARMAR

नाम: नरेंद्र धुलाभाई परमार

Bank of Baroda

बँक ऑफ बरोडा



Signature of Holder

धारक के हस्ताक्षर

[Handwritten Signature]



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**
H O S P I T A L



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

UHID:	<u>OSP33630</u>	Date:	<u>22/03/24</u>	Time:	<u>10:15</u>
Patient Name:	<u>Nugendra Joshi</u>				
		Age / Sex:	<u>48</u>		
		Height:	<u>165</u>		
		Weight:	<u>65.2</u>		
History:	<u>Company Healthy checkup</u>				
Allergy History:					
Nutritional Screening:	<u>Well-Nourished / Malnourished / Obese</u>				
Examination:	<u>NV X 64</u> <u>64</u> <u>Normal</u> <u>64</u> <u>OK</u> <u>net</u>				
Diagnosis:	<u>Refractive error</u>				

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



aashka
H O S P I T A L



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

UHID: <u>OSP33630</u>	Date: <u>29/3/24</u>	Time: <u></u>
Patient Name: <u>Narenbhai</u>	Age / Sex: <u>48/M</u>	Height: <u>165</u>
		Weight: <u>65.2</u>
Chief Complain: <u></u>	<u>Recurrent dental, cheek nos.</u>	
History: <u></u>	<u></u>	
Allergy History: <u></u>	<u></u>	
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>	<u></u>	
Examination: <u></u>	<u>Stain ++</u>	
Extra oral: <u></u>	<u>calculus ++</u>	
Intra oral - Teeth Present: <u></u>	<u>Root piece per - 67.</u>	
Teeth Absent: <u>→ 87</u>	<u>87</u>	
Diagnosis: <u></u>	<u></u>	

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aashka

H O S P I T A L

PT: Narendra Parmar.
age: 48/m.

29/3/24
5:45pm

- For Routine Checkup.

- No F/UO,

F: A/c/b
P 92/mm
BP: 98/70 mmHg.
SpO₂ 98% on RA

HbA1c: 6.40 for Paediatric Stage
↑ cholesterol level.

Adv

- control of food - Avoid sweet/spicy/oily food.
- Keep Exercise. doing
- drink plenty of water

2

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CIN: L85110GJ2012PLC072647

 **aashka**
H O S P I T A L



PATIENT NAME: NARENDRA D PARMAR

GENDER/AGE: Male / 47 Years

DOCTOR:

OPDNO: OSP33630

DATE: 29/03/24

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

PATIENT NAME:NARENDRA D PARMAR

GENDER/AGE:Male / 47 Years

DOCTOR:

OPDNO:OSP33630

DATE:29/03/24

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

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

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/cu mm	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)

CONDITIONS OF REPORTING

1. The reporting party shall be held responsible for the accuracy and completeness of the information provided.

2. The reporting party shall provide a copy of this report to the appropriate authorities within the specified time frame.

3. The reporting party shall cooperate fully with the investigation and provide any additional information requested.

4. The reporting party shall be held liable for any damages or costs incurred as a result of the reporting process.

5. The reporting party shall be held responsible for any false or misleading information provided.

6. The reporting party shall be held responsible for any breach of confidentiality or disclosure of sensitive information.

7. The reporting party shall be held responsible for any failure to comply with the reporting requirements.

8. The reporting party shall be held responsible for any delay in reporting the incident.

9. The reporting party shall be held responsible for any failure to provide supporting documentation.

10. The reporting party shall be held responsible for any failure to maintain accurate records of the reporting process.

11. The reporting party shall be held responsible for any failure to follow the reporting procedure.

12. The reporting party shall be held responsible for any failure to provide a clear and concise report.

13. The reporting party shall be held responsible for any failure to provide a copy of the report to the appropriate authorities.

14. The reporting party shall be held responsible for any failure to provide a copy of the report to the reporting party.

15. The reporting party shall be held responsible for any failure to provide a copy of the report to the reporting party.



LABORATORY REPORT



Name : NARENDRA D PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 48 Years

Dis. At :

Pt. Loc :

Case ID : 40302200752

Pt. ID : 3469342

Mobile No :

Ref Id1 : OSP33630

Ref Id2 : O232411486

Reg Date and Time : 29-Mar-2024 09:26

Sample Type : Whole Blood EDTA

Sample Coll. By :

Report Date and Time : 29-Mar-2024 10:10

Acc. Remarks : Normal

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

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	
Neutrophil	[%] 49.0	%	40.00 - 70.00	[Abs] 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

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Commission on the date indicated above.

Report made on _____

Report made at _____

Report made by _____

Report made for _____

Report made under _____

Report made in _____

Report made on _____

REPORT MADE BY

REPORT MADE AT

REPORT MADE FOR

REPORT MADE UNDER

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REPORT MADE ON

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LABORATORY REPORT



Name : NARENDRA D PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 48 Years

Dis. At :

Pt. Loc :

Case ID : 40302200752

Pt. ID : 3469342

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:26

Sample Date and Time : 29-Mar-2024 09:26

Report Date and Time : 29-Mar-2024 14:08

Sample Type : Whole Blood EDTA

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSP33630

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)

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 : NARENDRA D PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 48 Years

Case ID : 40302200752

Dis. At :

Pt. ID : 3469342

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)

Dr. Shreya Shah
M.D. (Pathologist)

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CONDITIONS OF REPORTING

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Bureau of the Census, Washington, D. C., on the date indicated above.

Signature of Reporting Officer: _____
Name: _____
Title: _____

Signature of Director: _____
Name: _____
Title: _____

Signature of Chief of Bureau: _____
Name: _____
Title: _____

Signature of Assistant Chief of Bureau: _____
Name: _____
Title: _____

Signature of Special Agent in Charge: _____
Name: _____
Title: _____

Signature of District Director: _____
Name: _____
Title: _____

Signature of District Manager: _____
Name: _____
Title: _____

Signature of District Supervisor: _____
Name: _____
Title: _____

Signature of District Agent: _____
Name: _____
Title: _____

Signature of District Inspector: _____
Name: _____
Title: _____

Signature of District Auditor: _____
Name: _____
Title: _____

Signature of District Clerk: _____
Name: _____
Title: _____

Signature of District Collector: _____
Name: _____
Title: _____

Signature of District Assessor: _____
Name: _____
Title: _____

Signature of District Inspector: _____
Name: _____
Title: _____

Signature of District Agent: _____
Name: _____
Title: _____



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_i 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 <i>Photometric,Hexokinase</i>	H	115.54	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric,Hexokinase</i>		105.23	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099 🌐 www.neubergsupratech.com

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Centre Number

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Centre Number

Centre 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 : 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

Page 6 of 14

Dr. Aakash Shah

MD. Path.
Consultant Pathologist

Dr. Sandip Shah

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

Printed On : 29-Mar-2024 16:39





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 <i>Colorimetric, CHOD-POD</i>	H	236.76	mg/dL	110 - 200
HDL Cholesterol		60.1	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		113.10	mg/dL	<150
VLDL <i>Calculated</i>		22.62	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>		3.94		0 - 4.1
LDL Cholesterol <i>Calculated</i>	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

- 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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 29-Mar-2024 16:39



CONDITIONS OF REPORTING

The undersigned hereby certifies that the above is a true and correct copy of the original report as filed with the Bureau of the Census, Department of Commerce, Washington, D. C., on the date indicated herein.

Report of _____
dated _____
filed with the Bureau of the Census, Department of Commerce, Washington, D. C., on _____

By _____
Special Agent in Charge

Report Number _____

Report 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

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	27.01	U/L	16 - 63
S.G.O.T <i>UV with P5P</i>	23.13	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	57.33	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	28.33	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.68	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.97	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.71	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.8		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.34	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazoitization reaction</i>	0.12	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.22	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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Printed On : 29-Mar-2024 16:39



CONTINUATION OF REPORTING

1. Name of the reporting entity: [Faded text]

2. Reporting period: [Faded text]

3. Description of the reporting entity: [Faded text]

4. Details of the reporting entity: [Faded text]

5. Financial information: [Faded text]

6. Other information: [Faded text]

Country Numbers

Country Number: [Faded text]

Country Number: [Faded text]

Country Number: [Faded text]

Country Number: [Faded text]

Country Number: [Faded text]

Country Number: [Faded text]

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LABORATORY REPORT



Name : NARENDRA D PARMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 48 Years Case ID : 40302200752

Dis. At :

Pt. ID : 3469342

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
------	---------	------	----------------------	---------

BUN (Blood Urea Nitrogen)
G_{LDH} 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

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

Dr. Shreya Shah
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Printed On : 29-Mar-2024 16:39





LABORATORY REPORT



Name : NARENDRA D PARMAR

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Ref Id1 : OSP33630

Ref Id2 : O232411486

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Thyroid Function Test

Triiodothyronine (T3) <small>CMIA</small>	1.16	ng/mL	0.64 - 1.52	
Thyroxine (T4) <small>CMIA</small>	9.22	µg/dL	4.87 - 11.72	
TSH <small>CMIA</small>	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 & 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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CONTINUATION OF REPORT NO.

1. TITLE AND SYNOPSIS OF REPORT

2. STATEMENT OF WORK ACCOMPLISHED

3. SUMMARY OF RESULTS

4. DISCUSSION OF RESULTS

5. CONCLUSIONS

6. REFERENCES

7. AUTHOR'S ADDRESS

8. TITLE

9. NUMBER

10. DATE

11. AUTHOR

12. INSTITUTION

13. PROJECT

14. PERIOD

15. CONTACT NUMBER

16. TITLE

17. NUMBER

18. DATE

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LABORATORY REPORT

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Sample Coll. By :

Mobile No :

Report Date and Time : 29-Mar-2024 15:27

Acc. Remarks : Normal

Ref Id1 : OSP33630

Ref Id2 : O232411486

Integration Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed 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, hypothyroidism 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

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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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Consultant Pathologist

Printed On : 29-Mar-2024 16:39



CONDITIONS OF REPORTING

The undersigned hereby certifies that the foregoing is a true and correct copy of the original report as filed with the Commission on the date indicated herein.

Witness my hand and the seal of the Commission this 1st day of August, 1954.

Secretary of the Commission on Governmental Organization and Administration

STATE OF CALIFORNIA
COMMISSION ON GOVERNMENTAL ORGANIZATION AND ADMINISTRATION
1500 CALIFORNIA STREET, SACRAMENTO, CALIFORNIA

REPORT OF THE COMMISSION ON GOVERNMENTAL ORGANIZATION AND ADMINISTRATION

RECOMMENDATIONS FOR THE REORGANIZATION OF THE CALIFORNIA DEPARTMENT OF PUBLIC SAFETY

PREPARED BY THE COMMISSION ON GOVERNMENTAL ORGANIZATION AND ADMINISTRATION
UNDER THE CHAIRMANSHIP OF HONORABLE ROBERT W. BROWN

REPORT NUMBER 17

DATE OF REPORT: AUGUST 1, 1954

CONTENTS

Introduction 1
I. Background 1
II. Present Organization 1
III. Proposed Reorganization 1
IV. Summary of Recommendations 1
V. Appendixes 1
VI. Bibliography 1
VII. Index 1

CHAPTER I - INTRODUCTION

The Commission on Governmental Organization and Administration was organized by the Governor of California in 1947 to study the organization and administration of the State Government. Its primary purpose is to recommend such changes as may be necessary to improve the efficiency and economy of the State Government.

The Commission has held numerous public hearings and has received many suggestions from interested citizens and officials. It has also conducted extensive research into the various agencies of the State Government.

The Commission believes that the present organization of the State Government is inefficient and costly. It recommends that certain agencies be reorganized or eliminated to save money and improve service.

The Commission's recommendations are based on the following principles: (1) the elimination of overlapping functions; (2) the consolidation of similar functions; (3) the improvement of administrative procedures; and (4) the improvement of personnel management.

The Commission believes that these recommendations will result in a more efficient and economical State Government. It urges the Governor to accept and act upon these recommendations as soon as possible.

The Commission is grateful for the cooperation and assistance of all those who have helped it in its work.

Very truly yours,
Robert W. Brown
Chairman

RECOMMENDATIONS FOR THE REORGANIZATION OF THE CALIFORNIA DEPARTMENT OF PUBLIC SAFETY

The Commission recommends that the California Department of Public Safety be reorganized as follows: (1) the elimination of the Bureau of Investigation; (2) the consolidation of the Bureau of Criminal Investigation and the Bureau of Identification; (3) the consolidation of the Bureau of Motor Vehicle Administration and the Bureau of Vehicle Registration; and (4) the consolidation of the Bureau of Traffic Administration and the Bureau of Traffic Engineering.

The Commission believes that these changes will result in a more efficient and economical Department of Public Safety.

The Commission urges the Governor to accept and act upon these recommendations as soon as possible.

The Commission is grateful for the cooperation and assistance of all those who have helped it in its work.

Very truly yours,
Robert W. Brown
Chairman

Secretary of the Commission on Governmental Organization and Administration

STATE OF CALIFORNIA
COMMISSION ON GOVERNMENTAL ORGANIZATION AND ADMINISTRATION
1500 CALIFORNIA STREET, SACRAMENTO, CALIFORNIA

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LABORATORY REPORT



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Dis. At :

Pt. Loc :

Case ID : 40302200752

Pt. ID : 3469342

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:26

Sample Type : Serum

Mobile No :

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Sample Coll. By :

Ref Id1 : OSP33630

Report Date and Time : 29-Mar-2024 15:27

Acc. Remarks : Normal

Ref Id2 : O232411486

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **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:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 Years	60-69 years	>=70 years
< or =0.10	49%	56%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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Neuberg Diagnostics Private Limited



LABORATORY REPORT

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Sex/Age : Male / 48 Years

Dis. At :

Pt. Loc :

Case ID : 40302200752

Pt. ID : 3469342

Mobile No :

Reg Date and Time : 29-Mar-2024 09:26 Sample Type : Spot Urine

Sample Date and Time : 29-Mar-2024 09:26 Sample Coll. By :

Ref Id1 : OSP33630

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

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



Dr. Shreya Shah
M.D. (Pathologist)

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SECTION OF REPORTING

1. Name of the reporting entity: [Faint text]

2. Reporting period: [Faint text]

3. Description of the reporting entity: [Faint text]

4. Details of the reporting period: [Faint text]

5. Financial statements: [Faint text]

6. Other information: [Faint text]

7. Signatures: [Faint text]

8. Date: [Faint text]

9. Location: [Faint text]

10. Contact information: [Faint text]

11. Additional notes: [Faint text]

12. Declaration: [Faint text]

13. Approval: [Faint text]

14. Distribution: [Faint text]

15. Confidentiality: [Faint text]

16. Retention: [Faint text]

17. Review: [Faint text]

18. Final remarks: [Faint text]

19. Summary: [Faint text]

20. Conclusion: [Faint text]

21. Appendix: [Faint text]

22. Glossary: [Faint text]

23. Index: [Faint text]

24. Bibliography: [Faint text]

25. References: [Faint text]

26. Acknowledgments: [Faint text]

27. Final review: [Faint text]



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Ref Id2 : O232411486

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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
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)

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CONTINUATION OF REPORTING

1. Name of the reporting person: [Faint text]

2. Name of the reporting company: [Faint text]

3. Name of the reporting project: [Faint text]

4. Name of the reporting activity: [Faint text]

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24. Name of the reporting project: [Faint text]

25. Name of the reporting activity: [Faint text]

26. Name of the reporting location: [Faint text]

27. Name of the reporting date: [Faint text]

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



