

प्रति,

समन्वयक,  
Mediwheel (Arcofemi Healthcare Limited)  
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MS. JOSHI SONALBEN DILIPBHAI
क.कू.संख्या	182663
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	LODRA
जन्म की तारीख	26-10-1993
स्वास्थ्य जांच की प्रस्तावित तारीख	10-03-2024
बुकिंग संदर्भ सं.	23M182663100095750E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 02-03-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

16/3/24

PT Name - Lonalben  
30yr / F

Height - 161  
weight - 56.9

NO any other co-morbidities  
NO any active complaints.

P-760mmHg

BP - 110/74 mmHg

SpO<sub>2</sub> - 98% on RA

reg / mod  
w/s

- all blood investigations noted - (N)

- UR - (N)

- ECG - NSR

- CXR - NAD

- USG Abdo & pelvis - (N)



Prescription

PATIENT NAME: SONALBEN D JOSHI

GENDER/AGE: Female / 30 Years

DATE: 16/03/24

DOCTOR:

OPDNO: OSP33500

## 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 4.0 cms in size.

Left kidney measures about 10.0 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 6 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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

  
DR. SNEHAL PRAJAPATI  
CONSULTANT RADIOLOGIST

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Sargasan, Gandhinagar - 382421. Gujarat, India  
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[www.aashkahospitals.in](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



PATIENT NAME: SONALBEN D. JOSHI

GENDER/AGE: Female / 30 Years

DATE: 16/03/24

DOCTOR:

OPDNO: OSP33500

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

PATIENT NAME: SONALBEN D JOSHI

GENDER/AGE: Female / 30 Years

DATE: 16/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33500

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 26mm	
LEFT ATRIUM	: 29mm	
LV Dd / Ds	: 44/30mm	EF 65%
IVS / LVPW / D	: 9/8mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.0/0.8m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 1.0m/s	
COLOUR DOPPLER	: NO MR/AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

  
CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



MED 2 WHEEL

## LABORATORY REPORT



Name : <b>SONALBEN JOSHI</b>	Sex/Age : <b>Female/ 30 Years</b>	Case ID : <b>40302200460</b>
Ref.By :	Dis. At :	Pt. ID : <b>3435645</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>16-Mar-2024 09:22</b>	Sample Type :	Mobile No. :
Sample Date and Time : <b>16-Mar-2024 09:22</b>	Sample Coll. By :	Ref Id1 : <b>OSP33500</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	<b>4.86</b>	millions/cu mm	3.80 - 4.80
MCV (RBC histogram)	<b>78.0</b>	fL	83.00 - 101.00
MCH (Calc)	<b>25.2</b>	pg	27.00 - 32.00
<b>Lipid Profile</b>			
HDL Cholesterol	<b>47.8</b>	mg/dL	48 - 77
LDL Cholesterol	<b>112.10</b>	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	<b>10.2</b>	U/L	14 - 59

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
 Ref.By : Dis. At : Pt. ID : **3435645**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **16-Mar-2024 09:22** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **16-Mar-2024 09:22** Sample Coll. By : Ref Id1 : **OSP33500**  
 Report Date and Time : **16-Mar-2024 10:32** Acc. Remarks : **Normal** Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	12.2	G%	12.0 - 15.0
RBC (Electrical Impedance)	H <b>4.86</b>	millions/cumm	3.80 - 4.80
PCV(Calc)	37.91	%	36.00 - 46.00
MCV (RBC histogram)	L <b>78.0</b>	fL	83.00 - 101.00
MCH (Calc)	L <b>25.2</b>	pg	27.00 - 32.00
MCHC (Calc)	32.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.50	%	11.00 - 16.00

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

Total WBC Count	6400	/μL	4000.00 - 10000.00
Neutrophil	[%] <b>57.0</b>	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	36.0	%	20.00 - 40.00
Eosinophil	1.0	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

#### PLATELET COUNT (Optical)

Platelet Count	315000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.58		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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## LABORATORY REPORT



Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
Ref.By : Dis. At : Pt. ID : **3435645**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 16-Mar-2024 09:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:22	Sample Coll. By :	Ref Id1 : OSP33500
Report Date and Time : 16-Mar-2024 12:37	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> <i>Westergren Method</i>	<b>06</b>	mm after 1hr	3 - 20	

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

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Ref.By : Dis. At : Pt. ID : **3435645**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:22	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:22	Sample Coll. By :	Ref Id1 : OSP33500
Report Date and Time : 16-Mar-2024 10:17	Acc. Remarks : Normal	Ref Id2 :

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

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type	B
Rh Type	POSITIVE

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

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## LABORATORY REPORT



Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
Ref.By : Dis. At : Pt. ID : **3435645**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:22	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 16-Mar-2024 09:22	Sample Coll. By :	Ref Id1 : OSP33500
Report Date and Time : 16-Mar-2024 13:15	Acc. Remarks : Normal	Ref Id2 :
TEST	RESULTS UNIT BIOLOGICAL REF RANGE	REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	95.16	mg/dL	70.0 - 100
Plasma Glucose - PP	92.02	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 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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## LABORATORY REPORT



Name : <b>SONALBEN JOSHI</b>	Sex/Age : <b>Female/ 30 Years</b>	Case ID : <b>40302200460</b>
Ref.By :	Dis. At :	Pt. ID : <b>3435645</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>16-Mar-2024 09:22</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>16-Mar-2024 09:22</b>	Sample Coll. By :	Ref Id1 : <b>OSP33500</b>
Report Date and Time : <b>16-Mar-2024 10:03</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
<b>HbA1C</b>	<b>5.50</b>		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>111.15</b>	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.

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## LABORATORY REPORT



Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
 Ref.By : Dis. At : Pt. ID : **3435645**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 16-Mar-2024 09:22 Sample Type : Serum Mobile No :  
 Sample Date and Time : 16-Mar-2024 09:22 Sample Coll. By : Ref Id1 : **OSP33500**  
 Report Date and Time : 16-Mar-2024 12:07 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		<b>170.98</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>47.8</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>55.40</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>11.08</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		<b>3.58</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>112.10</b>	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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Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
 Ref.By : Dis. At : Pt. ID : **3435645**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:22 Sample Type : Serum Mobile No :  
 Sample Date and Time : 16-Mar-2024 09:22 Sample Coll. By : Ref Id1 : **OSP33500**  
 Report Date and Time : 16-Mar-2024 12:37 Acc. Remarks : Normal Ref Id2 :

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>L 10.2</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>15.01</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>55.27</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>12.81</b>	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.08</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.75</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.33</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.4</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.33</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.14</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.19</b>	mg/dL	0 - 0.8	

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

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 www.neubergsupratech.com



## LABORATORY REPORT



Name : **SONALBEN JOSHI** Sex/Age : **Female/ 30 Years** Case ID : **40302200460**  
Ref.By : Dis. At : Pt. ID : **3435645**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **16-Mar-2024 09:22** Sample Type : **Serum** Mobile No :  
Sample Date and Time : **16-Mar-2024 09:22** Sample Coll. By : Ref Id1 : **OSP33500**  
Report Date and Time : **16-Mar-2024 12:07** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>7.4</b>	mg/dL	7.00 - 18.70	
<b>Uric Acid</b> <i>Uricase</i>	<b>2.97</b>	mg/dL	2.6 - 6.2	
<b>Creatinine</b>	<b>0.69</b>	mg/dL	0.50 - 1.50	

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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 Ref.By : Dis. At : Pt. ID : **3435645**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:22	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Mar-2024 09:22	Sample Coll. By :	Ref Id1 : OSP33500
Report Date and Time : 16-Mar-2024 10:30	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
<b>Triiodothyronine (T3)</b>	<b>91.40</b>	ng/dL	70 - 204	
<b>Thyroxine (T4)</b> <small>CMIA</small>	<b>6.42</b>	ng/dL	4.87 - 11.72	
<b>TSH</b> <small>CMIA</small>	<b>2.78</b>	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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## LABORATORY REPORT



Name : <b>SONALBEN JOSHI</b>	Sex/Age : <b>Female/ 30 Years</b>	Case ID : <b>40302200460</b>
Ref.By :	Dis. At :	Pt. ID : <b>3435645</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>16-Mar-2024 09:22</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>16-Mar-2024 09:22</b>	Sample Coll. By :	Ref Id1 : <b>OSP33500</b>
Report Date and Time : <b>16-Mar-2024 10:30</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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 Ref.By : Dis. At : Pt. ID : **3435645**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 16-Mar-2024 09:22	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 16-Mar-2024 09:22	Sample Coll. By :	Ref Id1 : OSP33500
Report Date and Time : 16-Mar-2024 09:47	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				

Physical examination

**Colour** Pale yellow  
**Transparency** Clear

Chemical Examination By Sysmex UC-3500

<b>Sp.Gravity</b>	<b>&gt;1.025</b>		1.005 - 1.030
<b>pH</b>	<b>5.50</b>		5 - 8
<b>Leucocytes (ESTERASE)</b>	<b>Negative</b>		Negative
<b>Protein</b>	<b>Negative</b>		Negative
<b>Glucose</b>	<b>Negative</b>		Negative
<b>Ketone Bodies Urine</b>	<b>Negative</b>		Negative
<b>Urobilinogen</b>	<b>Negative</b>		Negative
<b>Bilirubin</b>	<b>Negative</b>		Negative
<b>Blood</b>	<b>Negative</b>		Negative
<b>Nitrite</b>	<b>Negative</b>		Negative

Flowcytometric Examination By Sysmex UF-5000

<b>Leucocyte</b>	<b>Nil</b>	/HPF	Nil
<b>Red Blood Cell</b>	<b>Nil</b>	/HPF	Nil
<b>Epithelial Cell</b>	<b>Present +</b>	/HPF	Present(+)
<b>Bacteria</b>	<b>Nil</b>	/µL	Nil
<b>Yeast</b>	<b>Nil</b>	/µL	Nil
<b>Cast</b>	<b>Nil</b>	/HPF	Nil
<b>Crystals</b>	<b>Nil</b>	/HPF	Nil

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

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 Sample Date and Time : **16-Mar-2024 09:22** Sample Coll. By : Ref Id1 : **OSP33500**  
 Report Date and Time : **16-Mar-2024 09:47** Acc. Remarks : **Normal** Ref Id2 :

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.

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

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16.03.2024 10:51:00 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

Room:

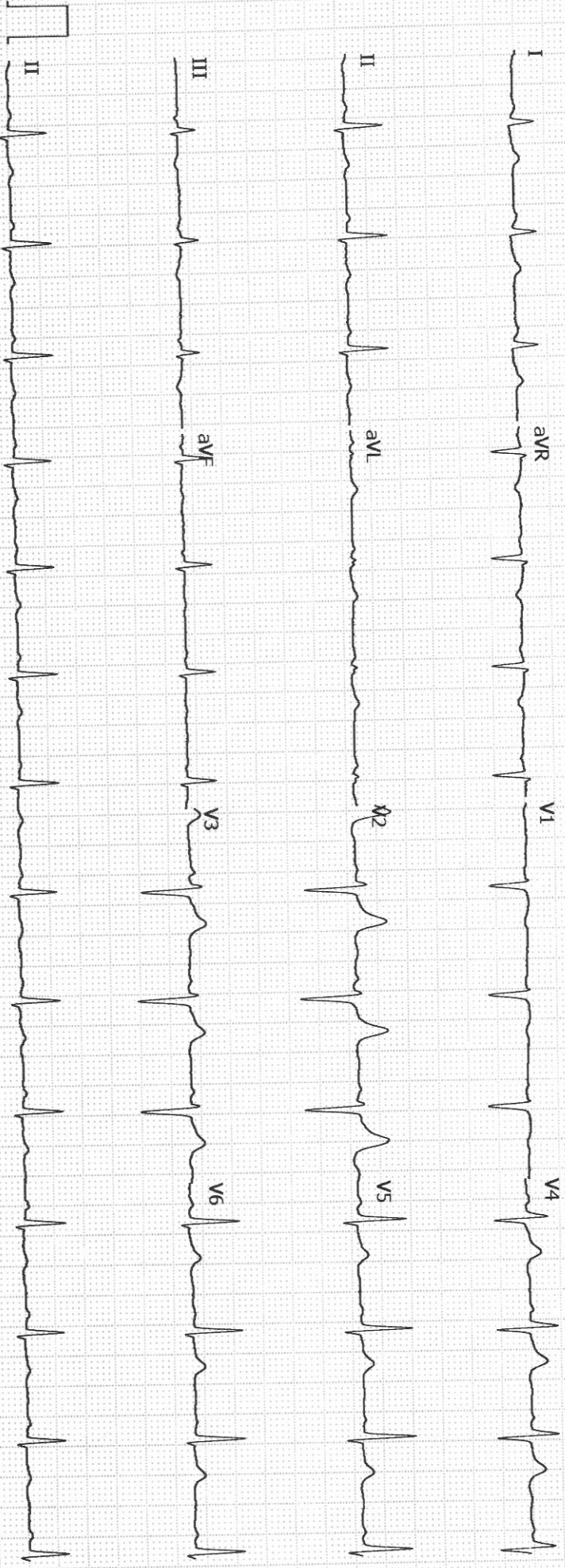
0459 LOT D 942 #

83 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QTcbaz : 356 / 418 ms  
PR : 124 ms  
P : 104 ms  
RR / PP : 726 / 722 ms  
P / QRS / T : 13 / 52 / -22 degrees

Normal sinus rhythm  
Abnormal QRS-T angle, consider primary T wave abnormality  
Abnormal 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

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

UHID:	Date: 16-03-24	Time:
Patient Name: Sonalben Joshi	Age / Sex:	Height: 161
		Weight: 56.9
History: Common history of chest		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
<p>VN 20/20 5/10</p> <p>VN 20/20 6/6 6/6 N/6</p> <p>Common vision - normal</p>		
Diagnosis:	②③ presbyopia error	



Name: Sonal Joshi

Age: 30 yrs

Complaints:

Arel : 7 yrs

No of deliveries:

NO deliveries

Last Delivery:

—

History of abortion:

—

H/O medical conditions associated:

Last abortions:

DM

HTN

Thyroid

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

MH:

Racool

Reg:

LMP:

21/2/24

P/A:

P/S:

/ A- (M)

P/V:

Sample:-

Vagina  
Cervix

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

Doctors Sign:-

Sonal Joshi