

The Coordinator,  
Mediwheel (Arcotemi 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. YADAV SURESH	EC NO.	178611
DESIGNATION	V-CIP CELL	PLACE OF WORK	GANDHINAGAR, GIFT CITY, NATIONAL
BIRTHDATE	19-07-1987	PROPOSED DATE OF HEALTH CHECKUP	29-03-2024
BOOKING REFERENCE NO.	23M178611100102784E		

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 19-03-2024 till 31-03-2024. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,



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](http://www.aashkahospitals.in)  
CIN: L85110GJ2012PLC072647



**aashka**  
HOSPITAL

29/12/2024  
G. S. V. M. M.

Pt: Suresh Yadav,

Age: 36 / m,

Hr  
wr

No FHClo  
for Regular checkup.  
KCCO Chronic smoker

F. Ageb

P: 98 mm

RpP: 100 / 60

SPo2: 98% on RA

clubbing +nt,

Ades

- quit smoking

- no active mxa

- Infx eos



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

<b>UHID:</b>	00229065	<b>Date:</b>	29/03/24	<b>Time:</b>	
<b>Patient Name:</b>	Suresh Yadav	<b>Age / Sex:</b>		<b>Height:</b>	
<b>History:</b>	C/O Compury Hx of chert.				
<b>Allergy History:</b>					
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese				
<b>Examination:</b>	VVC 6/11R VVC 6/11L VVC 6/16 6/16 6/16				
<b>Diagnosis:</b>	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	075	-	-	-	050	-
N						

Other Advice: Use glasses

Follow-up:

Consultant's Sign: 

Suresh yadav

7a Contrast 226 166 05

0459 LOT D 942 #

29.03.2024 11:08:52 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

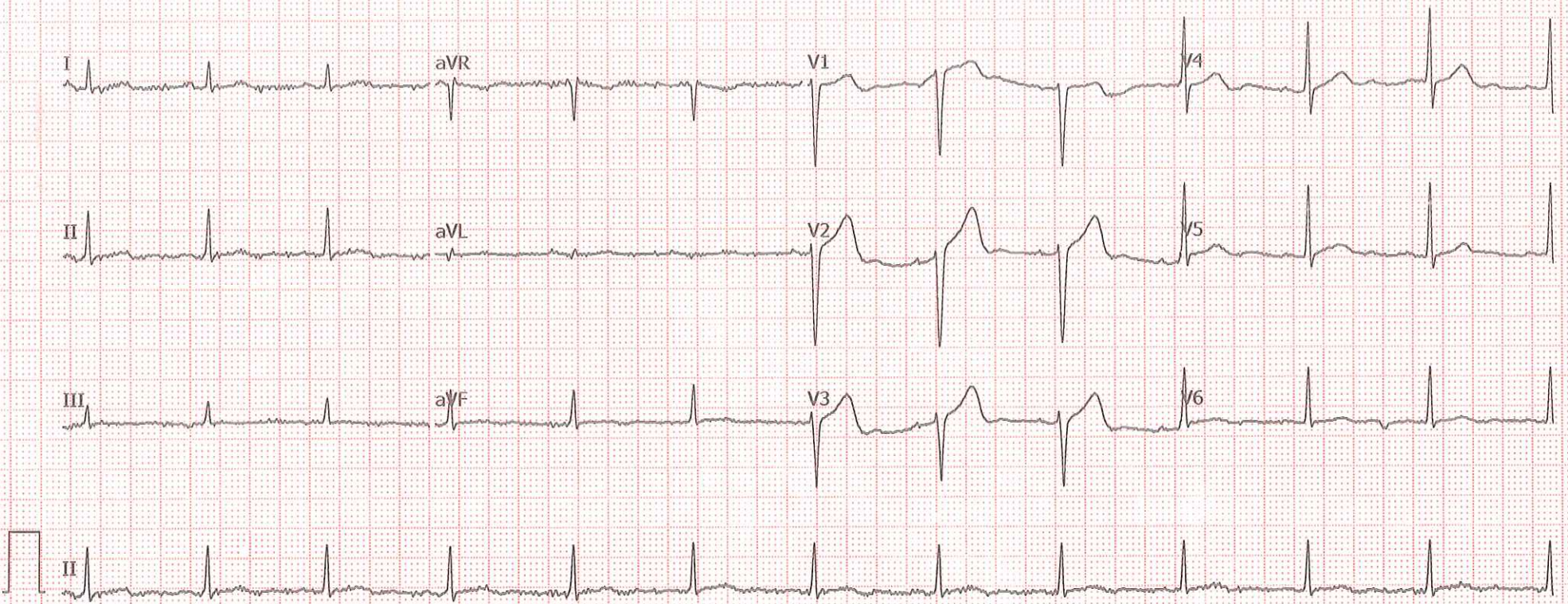
Room:

73 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 362 / 398 ms  
PR : 140 ms  
P : 90 ms  
RR / PP : 818 / 821 ms  
P / QRS / T : -2 / 56 / 35 degrees

Normal sinus rhythm  
Normal ECG







PATIENT NAME: SURESH YADAV

GENDER/AGE: Male / 36 Years

DATE: 29/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: O0223065

## 2D-ECHO

MITRAL VALVE : NORMAL  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 31mm  
LEFT ATRIUM : 30mm  
LV Dd / Ds : 37/28mm EF 55%  
IVS / LVPW / D : 10/9mm  
IVS : INTACT

IVS : INTACT

RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 1/0.7m/s  
AORTIC : 1.3m/s  
PULMONARY : 1.0m/s  
COLOUR DOPPLER : MILD MR /TR  
RVSP : 28mmHg  
CONCLUSION : NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST  
DR. HASIT JOSHI (9825012235)



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CIN: L85110GJ2012PLC072647

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



**PATIENT NAME: SURESH YADAV**

**GENDER/AGE: Male / 36 Years**

**DOCTOR:**

**OPDNO: O0223065**

**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 normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**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**



**Aashka Hospitals Ltd.**

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



**PATIENT NAME: SURESH YADAV**

**GENDER/AGE: Male / 36 Years**

**DOCTOR:**

**OPDNO: O0223065**

**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.

**Impression:**

**Normal chest x-ray examination.**

  
**RADIOLOGIST**

**DR. MEHUL PATELIYA**





## LABORATORY REPORT

Name : **SURESH YADAV** Sex/Age : **Male / 36 Years** Case ID : **40302200737**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469177**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :  
 Reg Date and Time : **29-Mar-2024 08:34** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **29-Mar-2024 08:35** Sample Coll. By : Ref Id1 : **O2223065**  
 Report Date and Time : **29-Mar-2024 09:59** Acc. Remarks : **Normal** Ref Id2 :

Parameter	Unit	Expected value	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	Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services  
Blood Glucose Fasting & Postprandial

----- End Of Report -----

# For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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



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

Page 12 of 12

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## LABORATORY REPORT

Name : **SURESH YADAV**  
Ref.By : **HOSPITAL**  
Bill. Loc. : **Aashka hospital**  
Sex/Age : **Male / 36 Years** Case ID : **40302200737**  
Dis. At :  Pt. ID : **3469177**  
Pt. Loc :



Reg Date and Time : **29-Mar-2024 08:34** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP** Mobile No :   
Sample Date and Time : **29-Mar-2024 08:35** Sample Coll. By :  Ref Id1 : **O2223065**  
Report Date and Time : **29-Mar-2024 18:28** Acc. Remarks : **Normal** Ref Id2 :

### RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

#### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H 108.16</b>	<b>mg/dL</b>	<b>70 - 100</b>
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	<b>135.4</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>

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

----- End Of Report -----

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



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

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## LABORATORY REPORT



Name : SURESH YADAV

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years

Dis. At :

Case ID : 40302200737

Pt. ID : 3469177

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:34

Sample Type :

Sample Date and Time : 29-Mar-2024 08:35

Sample Coll. By :

Mobile No :

Report Date and Time :

Acc. Remarks : Normal

Ref Id1 : O2223065

Ref Id2 :

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	7.4	mg/dL	8.90 - 20.60
<b>Haemogram (CBC)</b>			
RDW (RBC histogram)	18.40	%	11.00 - 16.00
<b>Lipid Profile</b>			
Cholesterol	95.78	mg/dL	110 - 200
HDL Cholesterol	33.6	mg/dL	48 - 77

## Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : SURESH YADAV  
 Ref.By : HOSPITAL  
 Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years  
 Dis. At :  
 Pt. Loc :

Case ID : 40302200737

Pt. ID : 3469177

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:34 Sample Type : Whole Blood EDTA  
 Sample Date and Time : 29-Mar-2024 08:35 Sample Coll. By :  
 Report Date and Time : 29-Mar-2024 09:36 Acc. Remarks : Normal

Mobile No :

Ref Id1 : O2223065

Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	14.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.16	millions/cumm	4.50 - 5.50	
PCV(Calc)	45.00	%	40.00 - 50.00	
MCV (RBC histogram)	87.2	fL	83.00 - 101.00	
MCH (Calc)	27.7	pg	27.00 - 32.00	
MCHC (Calc)	31.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	H 18.40	%	11.00 - 16.00	

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

	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	6960	/μL	4000.00 - 10000.00	
Neutrophil	53.0	%	40.00 - 70.00	[Abs] 3689 /μL 2000.00 - 7000.00
Lymphocyte	37.0	%	20.00 - 40.00	2575 /μL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00	348 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	348 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	160000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.43		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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2. The second part of the document focuses on the role of internal controls. It explains that these controls are designed to ensure that all transactions are recorded correctly and that assets are protected. The document highlights the need for a strong internal control environment, which includes clear policies and procedures, as well as regular monitoring and reporting.

3. The third part of the document addresses the issue of transparency. It argues that transparency is crucial for building trust and confidence in the financial system. This involves providing clear and accessible information to all stakeholders, including investors, regulators, and the public. The text suggests that transparency can help to identify areas for improvement and to promote better governance.

4. The fourth part of the document discusses the importance of risk management. It notes that all organizations face various risks, and it is essential to identify and manage these risks effectively. The document provides guidance on how to assess risks and implement strategies to mitigate them, ensuring that the organization can continue to operate successfully in a dynamic and uncertain environment.

5. The fifth part of the document concludes by emphasizing the need for continuous improvement. It states that the financial system is constantly evolving, and organizations must stay up-to-date with the latest developments and best practices. This involves ongoing training and education for staff, as well as regular reviews and updates to policies and procedures.

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## LABORATORY REPORT



Name : SURESH YADAV      Sex/Age : Male / 36 Years      Case ID : 40302200737  
 Ref.By : HOSPITAL      Dis. At :      Pt. ID : 3469177  
 Bill. Loc. : Aashka hospital      Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:34      Sample Type : Whole Blood EDTA      Mobile No :  
 Sample Date and Time : 29-Mar-2024 08:35      Sample Coll. By :      Ref Id1 : O2223065  
 Report Date and Time : 29-Mar-2024 13:55      Acc. Remarks : Normal      Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR <i>Westergren Method</i>	12		mm after 1hr 3 - 15	
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Note: (LL-Very Low, L-Low, H-High, HH-Very High , A-Abnormal)

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

1. The first part of the document discusses the general principles of the law of contract. It covers the formation of a contract, the elements of a contract, and the remedies available for breach of contract. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

2. The second part of the document discusses the law of tort. It covers the elements of a tort, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

3. The third part of the document discusses the law of property. It covers the elements of a property interest, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

4. The fourth part of the document discusses the law of succession. It covers the elements of a will, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

5. The fifth part of the document discusses the law of evidence. It covers the elements of a claim, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

6. The sixth part of the document discusses the law of procedure. It covers the elements of a claim, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

7. The seventh part of the document discusses the law of remedies. It covers the elements of a claim, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

8. The eighth part of the document discusses the law of contracts. It covers the elements of a contract, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

9. The ninth part of the document discusses the law of torts. It covers the elements of a tort, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.

10. The tenth part of the document discusses the law of property. It covers the elements of a property interest, the defenses available to a defendant, and the remedies available for a plaintiff. The text is written in a clear and concise style, suitable for a legal textbook or a law student's reference.





## LABORATORY REPORT

Name : **SURESH YADAV**  
Ref.By : **HOSPITAL**  
Bill. Loc. : **Aashka hospital**  
Sex/Age : **Male / 36 Years**  
Dis. At :  
Case ID : **40302200737**  
Pt. ID : **3469177**  
Pt. Loc :

Reg Date and Time : **29-Mar-2024 08:34**  
Sample Date and Time : **29-Mar-2024 08:35**  
Report Date and Time : **29-Mar-2024 08:43**  
Sample Type : **Whole Blood EDTA**  
Sample Coll. By :  
Acc. Remarks : **Normal**  
Mobile No :  
Ref Id1 : **02223065**  
Ref Id2 :

### TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

#### 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)



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

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Section 7: Faint, illegible text, possibly a list or table of contents.



## LABORATORY REPORT

Name : SURESH YADAV  
Ref.By : HOSPITAL  
Bill. Loc. : Aashka hospital  
Sex/Age : Male / 36 Years  
Dis. At :  
Pt. ID : 3469177  
Pt. Loc :  
Case ID : 40302200737

Reg Date and Time : 29-Mar-2024 08:34  
Sample Date and Time : 29-Mar-2024 08:35  
Report Date and Time : 29-Mar-2024 09:33  
Sample Type : Whole Blood EDTA  
Sample Coll. By :  
Acc. Remarks : Normal  
Mobile No :  
Ref Id1 : O2223065  
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C	4.86	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	92.78	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:(L-L-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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





## LABORATORY REPORT

Name : **SURESH YADAV**  
 Ref By : **HOSPITAL**  
 Bill. Loc. : **Aashka hospital**  
 Sex/Age : **Male / 36 Years**  
 Dis. At :  
 Case ID : **40302200737**  
 Pt. ID : **3469177**  
 Pt. Loc :



Reg Date and Time : **29-Mar-2024 08:34** Sample Type : **Serum**  
 Sample Date and Time : **29-Mar-2024 08:35** Sample Coll. By :  
 Report Date and Time : **29-Mar-2024 10:33** Acc. Remarks : **Normal**  
 Mobile No :  
 Ref Id1 : **O2223065**  
 Ref Id2 :

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

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	L	<b>95.78</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>33.6</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>67.89</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>13.58</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		<b>2.85</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>		<b>48.60</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

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



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

Page 6 of 12

Printed On : 29-Mar-2024 18:05

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the specific requirements for record-keeping. It states that all transactions must be recorded in a clear and concise manner, and that the records must be maintained for a minimum of five years. It also notes that the records must be accessible and available for review at any time.

3. The third part of the document discusses the role of the auditor in verifying the accuracy of the records. It states that the auditor must conduct a thorough review of the records and must report any discrepancies or irregularities to the appropriate authorities. It also notes that the auditor must maintain a high level of independence and objectivity in their work.

4. The fourth part of the document discusses the consequences of failing to comply with the record-keeping requirements. It states that individuals or organizations that fail to maintain accurate records may be subject to penalties, including fines and imprisonment. It also notes that failure to comply may result in the loss of the organization's ability to participate in certain financial activities.

5. The fifth part of the document discusses the importance of transparency and accountability in the financial system. It states that transparency is essential for the confidence of investors and the public, and that accountability is essential for the integrity of the system. It also notes that transparency and accountability are essential for the detection and prevention of fraud.

6. The sixth part of the document discusses the role of the government in promoting transparency and accountability. It states that the government must take steps to ensure that the financial system is transparent and accountable, and that it must take action to detect and prevent fraud. It also notes that the government must take steps to ensure that the financial system is fair and equitable for all participants.

7. The seventh part of the document discusses the importance of education and training in the financial system. It states that education and training are essential for the integrity of the system, and that they are essential for the detection and prevention of fraud. It also notes that education and training are essential for the confidence of investors and the public.

8. The eighth part of the document discusses the importance of cooperation and collaboration in the financial system. It states that cooperation and collaboration are essential for the integrity of the system, and that they are essential for the detection and prevention of fraud. It also notes that cooperation and collaboration are essential for the confidence of investors and the public.

9. The ninth part of the document discusses the importance of innovation and technology in the financial system. It states that innovation and technology are essential for the integrity of the system, and that they are essential for the detection and prevention of fraud. It also notes that innovation and technology are essential for the confidence of investors and the public.

10. The tenth part of the document discusses the importance of the future of the financial system. It states that the future of the financial system is bright, and that it is essential for the confidence of investors and the public. It also notes that the future of the financial system is essential for the detection and prevention of fraud.

11. The eleventh part of the document discusses the importance of the role of the individual in the financial system. It states that the role of the individual is essential for the integrity of the system, and that it is essential for the detection and prevention of fraud. It also notes that the role of the individual is essential for the confidence of investors and the public.



## LABORATORY REPORT



Name : SURESH YADAV  
 Ref.By : HOSPITAL  
 Bill. Loc. : Aashka hospital  
 Sex/Age : Male / 36 Years  
 Dis. At :  
 Case ID : 40302200737  
 Pt. ID : 3469177  
 Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:34  
 Sample Date and Time : 29-Mar-2024 08:35  
 Report Date and Time : 29-Mar-2024 11:06  
 Sample Type : Serum  
 Sample Coll. By :  
 Acc. Remarks : Normal  
 Mobile No :  
 Ref Id1 : O2223065  
 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>	32.64	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5p</i>	22.42	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	107.70	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	25.56	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.89	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	4.78	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	3.11	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.5		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	0.38	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.24	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.14	mg/dL	0 - 0.8	

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

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

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Section 5  
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Report Date and Time : 29-Mar-2024 10:34  
Sample Type : Serum  
Sample Coll. By :  
Acc. Remarks : Normal  
Mobile No :  
Ref Id1 : O2223065  
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	L 7.4	mg/dL	8.90 - 20.60	
Uric Acid <small>Uricase</small>	6.43	mg/dL	3.5 - 7.2	
Creatinine	0.74	mg/dL	0.50 - 1.50	

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

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all data is entered correctly and consistently to avoid any discrepancies.

3. Regular audits should be conducted to verify the accuracy of the records and identify any potential errors.

4. The second part of the document outlines the various methods used to collect and analyze data.

5. These methods include surveys, interviews, and focus groups, each with its own strengths and limitations.

6. It is important to choose the most appropriate method based on the specific needs of the study.

7. The third part of the document discusses the ethical considerations that must be taken into account.

8. Researchers must ensure that all participants are fully informed and that their privacy is protected.

9. Finally, the document concludes by emphasizing the need for transparency and accountability in all research activities.

10. By following these guidelines, researchers can ensure that their work is both ethical and of high quality.



## LABORATORY REPORT



Name : SURESH YADAV

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 36 Years

Case ID : 40302200737

Dis. At :

Pt. ID : 3469177

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:34

Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 08:35

Sample Coll. By :

Ref Id1 : O2223065

Report Date and Time : 29-Mar-2024 15:25

Acc. Remarks : Normal

Ref Id2 :

### TEST

#### RESULTS

UNIT BIOLOGICAL REF RANGE REMARKS

### Thyroid Function Test

Triiodothyronine (T3) C/MIA	1.05	ng/mL	0.64 - 1.52
Thyroxine (T4) C/MIA	8.45	µg/dL	4.87 - 11.72
TSH C/MIA	1.25	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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## LABORATORY REPORT

Name : SURESH YADAV	Sex/Age : Male / 36 Years	Case ID : 40302200737
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3469177
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Mar-2024 08:34	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Mar-2024 08:35	Sample Coll. By :	Ref Id1 : O2223065
Report Date and Time : 29-Mar-2024 15:25	Acc. Remarks : Normal	Ref Id2 :

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, 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 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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↓	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	N	N	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

*Suresh*

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## LABORATORY REPORT

Name : SURESH YADAV  
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 Sex/Age : Male / 36 Years  
 Dis. At :  
 Pt. ID : 3469177  
 Pt. Loc. :



Case ID : 40302200737  
 Mobile No :  
 Ref Id1 : 02223065  
 Ref Id2 :

Reg Date and Time : 29-Mar-2024 08:34 Sample Type : Spot Urine  
 Sample Date and Time : 29-Mar-2024 08:35 Sample Coll. By :  
 Report Date and Time : 29-Mar-2024 09:59 Acc. Remarks : Normal

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

Physical examination

Colour : Pale yellow  
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.020		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)

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