



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 की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	NAMITABEN DEELIPSINH BHATI
जन्म की तारीख	24-09-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M168974100091970S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. BHATI DEELIPSINH B
कर्मचारी की क.कू.संख्या	168974
कर्मचारी का पद	HEAD CASHIER "E"_II
कर्मचारी के कार्य का स्थान	VADU
कर्मचारी के जन्म की तारीख	12-11-1986

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 19-02-2024 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 पत्नी/पति की 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।)



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NAMITABEN DEELIPSINH BHATI
DATE OF BIRTH	24-09-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M168974100091970S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. BHATI DEELIPSINH B
EMPLOYEE EC NO.	168974
EMPLOYEE DESIGNATION	HEAD CASHIER "E" _II
EMPLOYEE PLACE OF WORK	VADU
EMPLOYEE BIRTHDATE	12-11-1986

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **19-02-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





ବିଏମ୍ ଏସିଆ ବ୍ୟାଙ୍କ  
Bank of Baroda

ନାମ  
Deelipsinh Bharatsinh Bhati

କର୍ମଚାରୀ କୋଡ୍ ନଂ.

168974

Employee Code No.

ଉତ୍ପାଦନ କରୁଥିବା  
Issuing Authority

ସ୍ୱାକ୍ଷର  
Signature of Holder









Name: Naveeta Bhati

Age: 33yr

Complaints:  
nonmen

No of deliveries: 2 FTLs/ach

Last Delivery: 1 1/2 yr. fcdh

History of abortion: —  
H/O medical conditions associated:

Last abortions: —  
DM   
HTN   
Thyroid

MH: — Reg: Rocph

LMP: 20/3/24

P/A: —

P/S: —  
P/V: Gx @ ✓

Sample:-

Vagina   
Cervix

Doctors Sign:- Rocph



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**

<b>UHID:</b> 05P33633	<b>Date:</b> 29/03/24	<b>Time:</b> 11 <sup>am</sup>
<b>Patient Name:</b> Namita .. Bhatt	<b>Age /Sex:</b> 33	<b>Height:</b> 168
		<b>Weight:</b> 60.5
<b>History:</b>	C/O Compny Headly chuf. Pthaw gawses B) over lve Panny	
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>	MVL 6/18 6/24 WVC COORINATION 6/6 6/6 2/16 COLOURS VISION - Normal	
<b>Diagnosis:</b>	Refraction error	





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**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: <b>OSP33633</b>	Date: <b>29/3/24</b>	Time:
Patient Name: <b>Nunita bhutti</b>	Age /Sex: <b>33/F</b>	Height: <b>168</b>
		Weight: <b>69.5</b>
Chief Complain:		
History:	<b>Routine . dental check up</b>	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :	<b>→ Stain +</b>	
Intra oral – Teeth Present :	<b>Calculus +</b>	
Teeth Absent :		
Diagnosis:		



Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

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



29/3/24  
6:10pm

PT: Namituben

age: 32pf

Wt: 69 kg

H: 168  
W: 69.5

- No Fx Clo,

- Routine checkup.

T: Afebr

P: 79/mm

BP: 110/70 mmHg

SpO<sub>2</sub>: 98% on RA.

Adm

- No specific Adm.

- fette Fform. BOS.

- Drink, Plenty of fluid, as lactating mother







Namita bhati

Contrast 226 166 05

0459 LOT D 942 #

29.03.2024 11:13:25 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

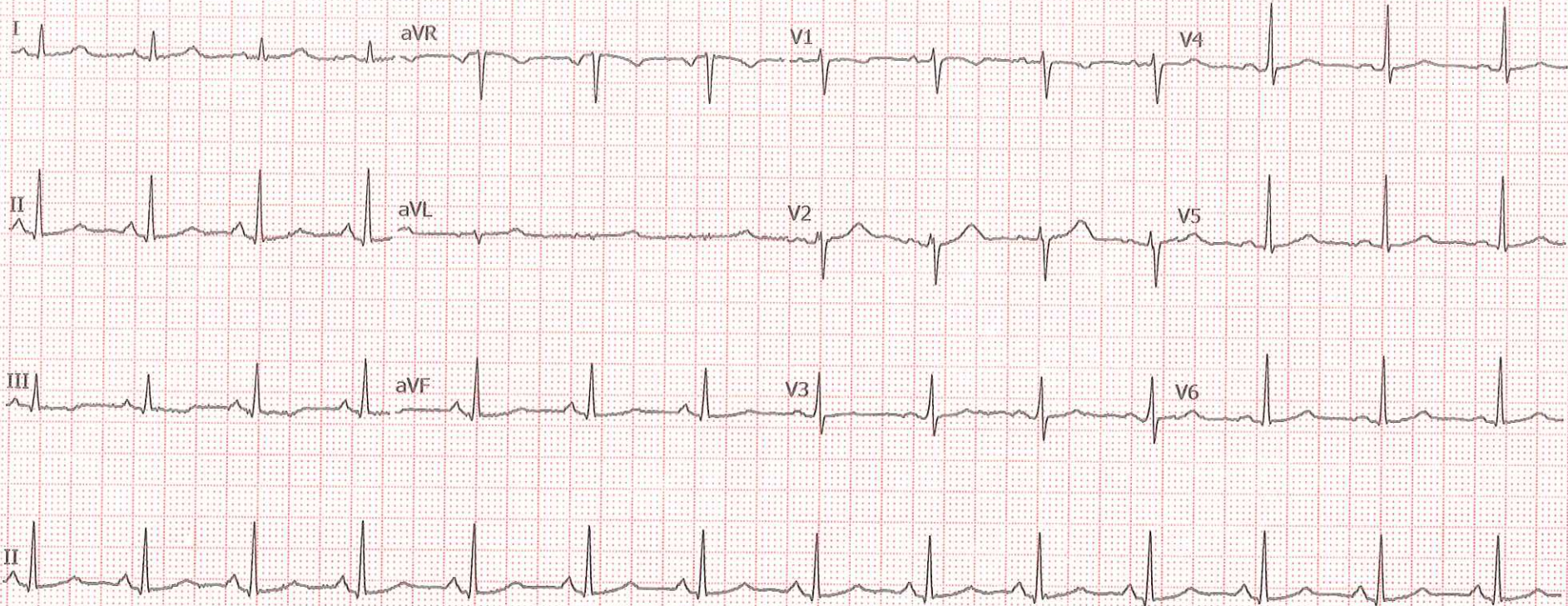
Room:

83 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 76 ms  
QT / QTcBaz : 396 / 465 ms  
PR : 152 ms  
P : 112 ms  
RR / PP : 722 / 722 ms  
P / QRS / T : 68 / 67 / 37 degrees

Normal sinus rhythm  
Normal ECG







**Aashka Hospitals Ltd.**

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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: NAMITABEN D BHATI

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO: OSP33633

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: NAMITABEN D BHATI

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO: OSP33633

DATE: 29/03/24

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and normal parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicals 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, renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. Right kidney measures about 10.4 x 4.1 cms in size. Left kidney measures about 10.2 x 4.0 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 normal wall thickening. No evidence of bladder calculus, diverticulum or mass lesion is seen.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 8 mm. No evidence of uterine mass lesion is seen.

**OVARIES:** Both ovaries appear normal in size and shape. No e/o any adnexal mass seen. No e/o free fluid seen in cul-de-sac.

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

  
RADIOLOGIST  
DR. MEHUL PATELIYA





PATIENT NAME: NAMITABEN D BHATI

GENDER/AGE: Female / 32 Years

DOCTOR: DR.HASIT JOSHI

OPDNO: OSP33633

DATE: 29/03/24

**2D-ECHO**

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 44/29mm
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	: 1/0.7m/s
AORTIC	: 1.4m/s
PULMONARY	: 1.0m/s
COLOUR DOPPLER	: TRIVIAL MR/TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)







## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pt. Loc :

Case ID : 40302200754

Pt. ID : 3469449

Mobile No :

Ref Id1 : OSP33633

Ref Id2 :

Reg Date and Time : 29-Mar-2024 09:53

Sample Type : Serum

Sample Date and Time : 29-Mar-2024 09:53

Sample Coll. By :

Report Date and Time : 29-Mar-2024 13:58

Acc. Remarks : Normal

### TEST

### RESULTS

### UNIT BIOLOGICAL REF RANGE

### REMARKS

## BIOCHEMICAL INVESTIGATIONS

### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5p</i>	33.97	U/L	14 - 59
<b>S.G.O.T.</b> <i>UV with P5p</i>	28.17	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	74.03	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	36.03	U/L	0 - 38
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	H 8.33	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	4.72	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	3.61	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.3		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	0.36	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.15	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.21	mg/dL	0 - 0.8

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

**Dr. Shreya Shah**

M.D. (Pathologist)

Page 8 of 13

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## LABORATORY REPORT



Name : NAMITABEN D BHATI

Sex/Age : Female/ 33 Years Case ID : 40302200754

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469449

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53

Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53

Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 12:44

Acc. Remarks : Normal

Ref Id2 :

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BUN (Blood Urea Nitrogen)  
GLDH 10.0 mg/dL 7.00 - 18.70

Uric Acid  
Uricase 4.34 mg/dL 2.6 - 6.2

Creatinine 0.66 mg/dL 0.50 - 1.50

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

**Dr. Shreya Shah**

M.D. (Pathologist)



1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It also mentions the results of the various projects and the financial position of the organization.

2. The second part of the report deals with the specific activities of the organization. It describes the work done in the various departments and the results achieved. It also mentions the various projects and the progress made in each of them.

3. The third part of the report discusses the financial position of the organization. It mentions the income and expenditure for the year and the balance sheet. It also mentions the various sources of income and the various items of expenditure.

4. The fourth part of the report discusses the various projects and the progress made in each of them. It mentions the various projects and the progress made in each of them. It also mentions the various sources of income and the various items of expenditure.

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9. The ninth part of the report discusses the various projects and the progress made in each of them. It mentions the various projects and the progress made in each of them. It also mentions the various sources of income and the various items of expenditure.

10. The tenth part of the report discusses the various projects and the progress made in each of them. It mentions the various projects and the progress made in each of them. It also mentions the various sources of income and the various items of expenditure.

11. The eleventh part of the report discusses the various projects and the progress made in each of them. It mentions the various projects and the progress made in each of them. It also mentions the various sources of income and the various items of expenditure.

12. The twelfth part of the report discusses the various projects and the progress made in each of them. It mentions the various projects and the progress made in each of them. It also mentions the various sources of income and the various items of expenditure.



## LABORATORY REPORT



Name : NAMITABEN D BHATI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years Case ID : 40302200754

Dis. At : Pt. ID : 3469449

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53 Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53 Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 15:06 Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Thyroid Function Test

Triiodothyronine (T3) C/M/A	1.16	ng/mL	0.64 - 1.52	
Thyroxine (T4) C/M/A	6.23	µg/dL	4.87 - 11.72	
TSH C/M/A	1.24	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 anti-animal 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-Very Low,L-Low,H-High,HH-Very High ,A-Abnormal)

*Sandip Shah*

Dr. Sandip Shah

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

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Dr. Aakash Shah

MD. Path.  
Consultant Pathologist

Dr. Sandip Shah

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

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## LABORATORY REPORT



Name : NAMITABEN D BHATI

Sex/Age : Female/ 33 Years Case ID : 40302200754

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469449

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53

Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53

Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 15:06

Acc. Remarks : Normal

Ref Id2 :

### Interpretation Notes:

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

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

Dr. Sandip Shah

M.D. (Path. & Bact.)

Consultant Pathologist

Page 11 of 13

Dr. Aakash Shah

MD. Path.

Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)

Consultant Pathologist

Printed On : 29-Mar-2024 16:42







## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Case ID : **40302200754**

Dis. At :

Pt. ID : **3469449**

Pt. Loc :

Reg Date and Time : **29-Mar-2024 09:53** Sample Type : **Spot Urine**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:53** Sample Coll. By :

Ref Id1 : **OSP33633**

Report Date and Time : **29-Mar-2024 11:06** Acc. Remarks : **Normal**

Ref Id2 :

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 **>1.025**

1.005 - 1.030

pH **7.00**

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 **1-2** /HPF

Nil

Red Blood Cell **Nil** /HPF

Nil

Epithelial Cell **Present +** /HPF

**Present(+)**

Bacteria **Nil** / $\mu$ L

Nil

Yeast **Nil** / $\mu$ L

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)



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. The text notes that without reliable records, it would be difficult to track the flow of funds and identify any irregularities.

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 evaluation of the controls' effectiveness.

3. The third part of the document addresses the issue of transparency and accountability. It states that organizations should be open about their financial activities and should provide clear and concise information to stakeholders. This includes providing regular financial statements and disclosing any potential risks or conflicts of interest. The text argues that transparency is crucial for building trust and for ensuring that the organization is held accountable for its actions.

4. The fourth part of the document discusses the importance of ethical behavior in the workplace. It notes that employees should always act with integrity and honesty, and should avoid any actions that could be perceived as unethical. The document emphasizes that ethical behavior is not only a moral imperative but also a key factor in the success of an organization. It encourages organizations to foster a culture of ethics and to provide training and support to help employees understand and practice ethical behavior.

5. The fifth part of the document concludes by summarizing the key points discussed. It reiterates the importance of accurate record-keeping, strong internal controls, transparency, and ethical behavior. The document ends by stating that these principles are essential for the long-term success and sustainability of any organization.

### Control Numbers

1. The first control number is 1234567890. This number is used to identify the first transaction in the system. It is a unique identifier that allows the system to track the transaction from its creation to its completion.

2. The second control number is 9876543210. This number is used to identify the second transaction in the system. Like the first number, it is a unique identifier that allows the system to track the transaction.

3. The third control number is 0123456789. This number is used to identify the third transaction in the system. It is a unique identifier that allows the system to track the transaction.

4. The fourth control number is 1098765432. This number is used to identify the fourth transaction in the system. It is a unique identifier that allows the system to track the transaction.

5. The fifth control number is 2109876543. This number is used to identify the fifth transaction in the system. It is a unique identifier that allows the system to track the transaction.

### Control Numbers

1. The first control number is 3210987654. This number is used to identify the sixth transaction in the system. It is a unique identifier that allows the system to track the transaction.

2. The second control number is 4321098765. This number is used to identify the seventh transaction in the system. It is a unique identifier that allows the system to track the transaction.

3. The third control number is 5432109876. This number is used to identify the eighth transaction in the system. It is a unique identifier that allows the system to track the transaction.

4. The fourth control number is 6543210987. This number is used to identify the ninth transaction in the system. It is a unique identifier that allows the system to track the transaction.

5. The fifth control number is 7654321098. This number is used to identify the tenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

### Control Numbers

1. The first control number is 8765432109. This number is used to identify the eleventh transaction in the system. It is a unique identifier that allows the system to track the transaction.

2. The second control number is 9876543210. This number is used to identify the twelfth transaction in the system. It is a unique identifier that allows the system to track the transaction.

3. The third control number is 0987654321. This number is used to identify the thirteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

4. The fourth control number is 1098765432. This number is used to identify the fourteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

5. The fifth control number is 2109876543. This number is used to identify the fifteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

### Control Numbers

1. The first control number is 3210987654. This number is used to identify the sixteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

2. The second control number is 4321098765. This number is used to identify the seventeenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

3. The third control number is 5432109876. This number is used to identify the eighteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

4. The fourth control number is 6543210987. This number is used to identify the nineteenth transaction in the system. It is a unique identifier that allows the system to track the transaction.

5. The fifth control number is 7654321098. This number is used to identify the twentieth transaction in the system. It is a unique identifier that allows the system to track the transaction.



## LABORATORY REPORT

Name : **NAMITABEN D BHATI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Pt. Loc :

Case ID : **40302200754**

Pt. ID : **3469449**

Reg Date and Time : **29-Mar-2024 09:53** Sample Type : **Spot Urine**

Sample Date and Time : **29-Mar-2024 09:53** Sample Coll. By :

Report Date and Time : **29-Mar-2024 11:06** Acc. Remarks : **Normal**

Mobile No :

Ref Id1 : **OSP33633**

Ref Id2 :

Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.5-8.0					
SG	-	1.003-1.085					
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/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	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services  
Liquid Base Cytology PAP

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

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

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : NAMITABEN D BHATI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40302200754

Pt. ID : 3469449

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53

Ref Id1 : OSP33633

Report Date and Time :

Ref Id2 :

Sample Type :

Sample Coll. By :

Acc. Remarks : Normal

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - F	112.23	mg/dL	70 - 100
<b>Haemogram (CBC)</b>			
Lymphocyte	41.0	%	20.00 - 40.00
Monocyte	181	/ $\mu$ L	200.00 - 1000.00
<b>Lipid Profile</b>			
HDL Cholesterol	42.0	mg/dL	48 - 77
Triglyceride	171.35	mg/dL	<150
Chol/HDL	4.60	0 - 4.1	
LDL Cholesterol	117.08	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Proteins (Total)	8.33	gm/dL	6.40 - 8.30

### Abnormal Result(s) Summary End

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







## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Case ID : **40302200754**

Pt. ID : **3469449**

Pt. Loc :

Reg Date and Time : **29-Mar-2024 09:53**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:53**

Sample Coll. By :

Ref Id1 : **OSP33633**

Report Date and Time : **29-Mar-2024 10:13**

Acc. Remarks : **Normal**

Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	13.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.66	millions/cumm	3.80 - 4.80	
PCV(Calc)	39.84	%	36.00 - 46.00	
MCV (RBC histogram)	85.5	fL	83.00 - 101.00	
MCH (Calc)	28.4	pg	27.00 - 32.00	
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	12.40	%	11.00 - 16.00	

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

	EXPECTED VALUES	EXPECTED VALUES	EXPECTED VALUES
	40.00 - 70.00	20.00 - 40.00	2000.00 - 7000.00
Total WBC Count	6040	/μL	4000.00 - 10000.00
Neutrophil	53.0	%	[Abs] 3201
Lymphocyte	H 41.0	%	20.00 - 40.00
Eosinophil	3.0	%	1.00 - 6.00
Monocytes	3.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00
			2476
			181
		L 181	/μL 200.00 - 500.00
			/μL 200.00 - 1000.00
			/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	319000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.29		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)

Page 2 of 13







## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Pt. Loc :

Case ID : **40302200754**

Pt. ID : **3469449**

Reg Date and Time : **29-Mar-2024 09:53**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:53**

Sample Coll. By :

Ref Id1 : **OSF33633**

Report Date and Time : **29-Mar-2024 13:58**

Acc. Remarks : **Normal**

Ref Id2 :

### TEST

#### RESULTS

#### UNIT

#### BIOLOGICAL REF RANGE

#### REMARKS

**ESR**  
*Westergren Method*

**16**

mm after 1hr 3 - 20

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



**Dr. Shreya Shah**

M.D. (Pathologist)

Page 3 of 13





## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : **HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Female/ 33 Years**

Dis. At :

Pt. Loc :

Case ID : **40302200754**

Pt. ID : **3469449**

Pt. Loc :

Reg Date and Time : **29-Mar-2024 09:53**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **29-Mar-2024 09:53**

Sample Coll. By :

Ref Id1 : **OSP33633**

Report Date and Time : **29-Mar-2024 10:39**

Acc. Remarks : **Normal**

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



**Dr. Shreya Shah**

M.D. (Pathologist)

Page 4 of 13

Printed On : 29-Mar-2024 16:42

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 success of any business and for the protection of the interests of all parties involved. This section also outlines the various methods and systems that can be used to ensure the accuracy and reliability of the data collected.

2. The second part of the document focuses on the role of the auditor in the financial reporting process. It describes the responsibilities of the auditor and the steps involved in conducting an audit. This section also discusses the importance of the auditor's independence and the need for a high level of professional skepticism and objectivity.

3. The third part of the document discusses the various types of financial statements that are prepared and the information that they provide. It explains the differences between the various types of statements and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial statements.

4. The fourth part of the document discusses the various types of financial ratios and the information that they provide. It explains the differences between the various types of ratios and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial ratios.

5. The fifth part of the document discusses the various types of financial risks and the information that they provide. It explains the differences between the various types of risks and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial risks.

Chapter 10: Auditing

1. The first part of the chapter discusses the importance of auditing in the financial reporting process. It emphasizes that auditing is a critical component of the financial reporting process and that it plays a key role in ensuring the accuracy and reliability of the financial statements. This section also outlines the various types of audits that can be conducted and the importance of understanding the limitations of each.

2. The second part of the chapter focuses on the role of the auditor in the financial reporting process. It describes the responsibilities of the auditor and the steps involved in conducting an audit. This section also discusses the importance of the auditor's independence and the need for a high level of professional skepticism and objectivity.

3. The third part of the chapter discusses the various types of financial statements that are prepared and the information that they provide. It explains the differences between the various types of statements and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial statements.

4. The fourth part of the chapter discusses the various types of financial ratios and the information that they provide. It explains the differences between the various types of ratios and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial ratios.

5. The fifth part of the chapter discusses the various types of financial risks and the information that they provide. It explains the differences between the various types of risks and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial risks.

6. The sixth part of the chapter discusses the various types of financial risks and the information that they provide. It explains the differences between the various types of risks and the importance of understanding the limitations of each. This section also discusses the role of the auditor in verifying the accuracy of the financial risks.

Chapter 11: Financial Statement Analysis

1. The first part of the chapter discusses the importance of financial statement analysis in the financial reporting process. It emphasizes that financial statement analysis is a critical component of the financial reporting process and that it plays a key role in ensuring the accuracy and reliability of the financial statements. This section also outlines the various types of financial statement analysis that can be conducted and the importance of understanding the limitations of each.

2. The second part of the chapter focuses on the role of the analyst in the financial reporting process. It describes the responsibilities of the analyst and the steps involved in conducting a financial statement analysis. This section also discusses the importance of the analyst's independence and the need for a high level of professional skepticism and objectivity.

3. The third part of the chapter discusses the various types of financial statements that are prepared and the information that they provide. It explains the differences between the various types of statements and the importance of understanding the limitations of each. This section also discusses the role of the analyst in verifying the accuracy of the financial statements.

4. The fourth part of the chapter discusses the various types of financial ratios and the information that they provide. It explains the differences between the various types of ratios and the importance of understanding the limitations of each. This section also discusses the role of the analyst in verifying the accuracy of the financial ratios.

5. The fifth part of the chapter discusses the various types of financial risks and the information that they provide. It explains the differences between the various types of risks and the importance of understanding the limitations of each. This section also discusses the role of the analyst in verifying the accuracy of the financial risks.

6. The sixth part of the chapter discusses the various types of financial risks and the information that they provide. It explains the differences between the various types of risks and the importance of understanding the limitations of each. This section also discusses the role of the analyst in verifying the accuracy of the financial risks.



## LABORATORY REPORT



Name : NAMITABEN D BHATI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Case ID : 40302200754

Dis. At :

Pt. ID : 3469449

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53

Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 16:39

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

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

<b>Plasma Glucose - F</b> <i>Photometric,Hexokinase</i>	H	112.23	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric,Hexokinase</i>		119.75	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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## LABORATORY REPORT



Name : NAMITABEN D BHATI

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At : :

Pt. Loc. :

Case ID : 40302200754

Pt. ID : 3469449

Pt. Loc. :

Reg Date and Time : 29-Mar-2024 09:53 Sample Type : Whole Blood EDTA

Mobile No. :

Sample Date and Time : 29-Mar-2024 09:53 Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 14:19 Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### Glycated Haemoglobin Estimation

HbA1C HPLC	5.50	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) Calculated	111.15	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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

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Consultant Pathologist  
Page 6 of 13

Dr. Aakash Shah

MD. Path.  
Consultant Pathologist

Dr. Sandip Shah

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

Printed On : 29-Mar-2024 16:42



1. The first part of the document discusses the importance of maintaining accurate records in a laboratory setting. It emphasizes the need for clear labeling and organization of samples and equipment to ensure the reliability of experimental results.

2. The second section details the various safety protocols that must be followed at all times. This includes the use of personal protective equipment (PPE) such as lab coats, gloves, and safety goggles, as well as proper handling and disposal of hazardous materials.

3. The third part of the document covers the standard operating procedures (SOPs) for common laboratory techniques. It provides step-by-step instructions for tasks such as pipetting, titration, and the use of analytical instruments, ensuring that all personnel are trained and consistent in their methods.

4. The final section discusses the importance of quality control and the role of regular calibration and maintenance of laboratory equipment. It also touches upon the documentation of all procedures and results to facilitate reproducibility and transparency in scientific research.

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## LABORATORY REPORT



Name : **NAMITABEN D BHATI**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pt. Loc :

Case ID : 40302200754

Pt. ID : 3469449

Pt. Loc :

Reg Date and Time : 29-Mar-2024 09:53 Sample Type : Serum

Mobile No :

Sample Date and Time : 29-Mar-2024 09:53 Sample Coll. By :

Ref Id1 : OSP33633

Report Date and Time : 29-Mar-2024 12:44 Acc. Remarks : Normal

Ref Id2 :

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		193.35	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	42.0	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	171.35	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		34.27	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	4.60		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	117.08	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 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)

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