बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	VAISHALI VAIBHAVKUMAR CHAUHAN
जन्म की तारीख	21-09-1989
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-03-2024
बुकिंग संदर्भ सं.	23M102737100100682S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. CHAUHAN VAIBHAVKUMAR KANTILAL
कर्मचारी की क.कू.संख्या	102737
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	MANSA
कर्मचारी के जन्म की तारीख	07-01-1990

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 **15-03-2024** 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 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

बैंक ऑफ़ बड़ौदा
Bank of Baroda

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	VAISHALI VAIBHAVKUMAR CHAUHAN
DATE OF BIRTH	21-09-1989
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M102737100100682S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. CHAUHAN VAIBHAVKUMAR KANTILAL
EMPLOYEE EC NO.	102737
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	MANSA
EMPLOYEE BIRTHDATE	07-01-1990

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 **15-03-2024** 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'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))

बैंक ऑफ़ बड़ौदा
Bank of Baroda

बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम
Name Chauhan Vaibhavkumar Kantilal

कर्मचारी कूट क्र.
Employee Code No. 102737

DNShah

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

aashka HOSPITAL

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

UHID: OSP33526	**Date:** 29/03/24	**Time:**
Patient Name: Vaishali Chauhan		**Age /Sex:** 34 **Height:** 155 **Weight:** 50.5
History: Comply Highly myopic Pt has ⊂ since childhood 8-10 years ago		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VA 6/9 6/18 VAC correction 6/6 6/6P N6 Colour vision N. Normal		
Diagnosis: Refractive error		

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Use gauze

Follow-up:

Consultant's Sign:

see - 2c

aashka HOSPITAL

Cytological examination- Pap smear request form

Name: Vaishali chauhan Age: 34 yr.

Complaints:

Normal.

No of deliveries: 1 F+1 Lsc/P/2/2 yr.

Last Delivery:

History of abortion:

½ sp. Abn D&C done.

Last abortions:

H/O medical conditions associated:

DM	—
HTN	—
Thyroid	—

MH: Regular. Reg:

LMP: 19/3/24

P/A:

P/S:

P/V: Gx (~)

Pap taken.

Sample:-

Vagina	
Cervix	✓

Doctors Sign:- [signature]

AHL/GNR/MR/56

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aashka HOSPITAL

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

UHID: OSP33626 **Date:** 29/3/24 **Time:**

Patient Name: Vaishali @ chandan **Age /Sex:** 35 / F
Height: 155
Weight: 50.5

Chief Complain:

History: Routine dental check up

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral :

Intra oral – Teeth Present : Stain ++
calculus +

Teeth Absent : Carious teeth 18 :-

8 | 78

Diagnosis:

Rx

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

Other Advice:

Sentiw - 500 1-

Follow-up:

Consultant's Sign:

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aashka HOSPITAL

29/3/24
5:50 pm

Pt: Vaishali . Chauhan .
Age: 34/F .

H - 155
W - 50.5

For Routine Checkup .

No F/Up .

T: Afebs
P: 39/min low volume/force/tension no Radio Radial delay .
BP: 90/60 mmHg
SPO2: 98% on RA

ECG: showing Sinus Brady arrhythmia / (?) Block
H/o Sinus Bradyarrhythmia at the time of Pregnancy .
Delivery - cesarean section .

~~Advice~~ Adv:
- Cardiologist opinion. & follow Adv of Holter A/C to 2D Echo adv by Cardiologist
- Rej us Back .

, Vaishali

Contrast 226 166 05

0459 LOT D 942 #

29.03.2024 10:24:02 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

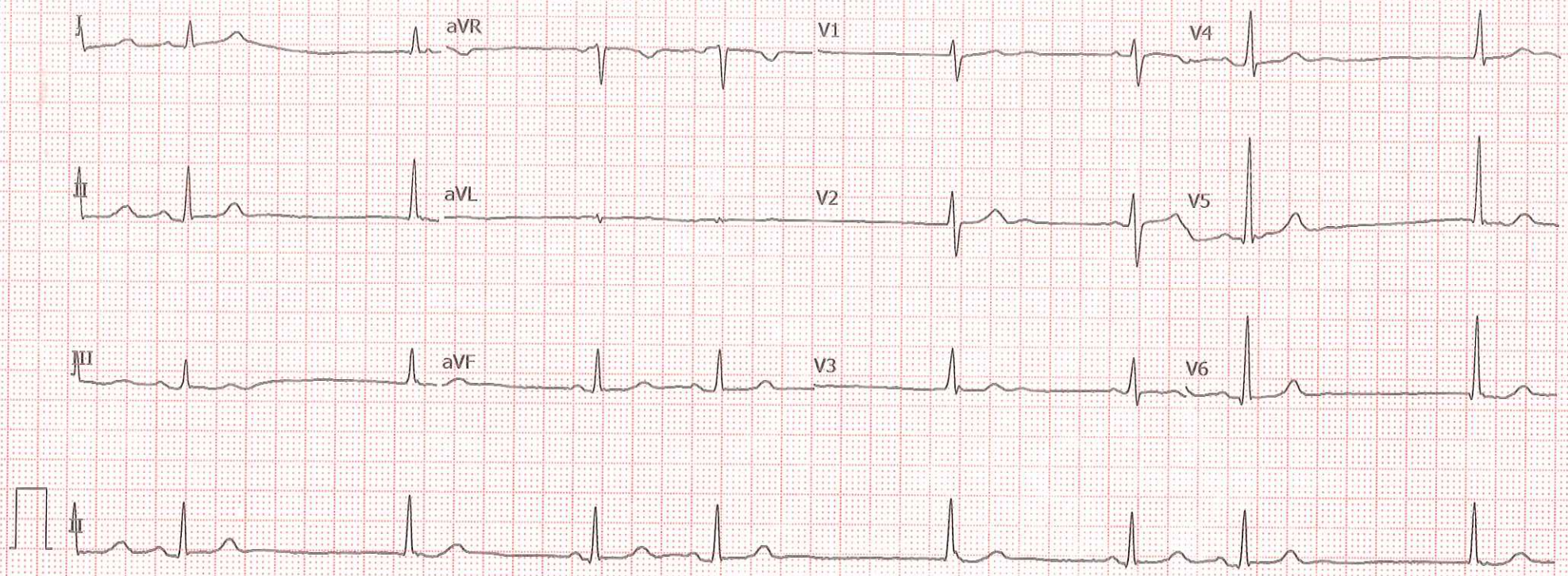
Room:

48 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	84 ms
QT / QTcBaz :	450 / 402 ms
PR :	124 ms
P :	82 ms
RR / PP :	1240 / 1250 ms
P / QRS / T :	67 / 71 / 55 degrees

Sinus bradycardia with marked sinus arrhythmia
Nonspecific ST 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

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CIN: L85110GJ2012PLC072647

aashka HOSPITAL

PATIENT NAME:VAISHALI V CHAUHAN
GENDER/AGE:Female / 34 Years
DOCTOR:
OPDNO:OSP33626

DATE:29/03/24

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.

Impression:
Normal chest x-ray examination.

RADIOLOGIST
DR.MEHUL PATELIYA

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aashka HOSPITAL

PATIENT NAME:VAISHALI V CHAUHAN
GENDER/AGE:Female / 34 Years
DOCTOR:
OPDNO:OSP33626

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

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aashka HOSPITAL

PATIENT NAME:VAISHALI V CHAUHAN
GENDER/AGE:Female / 34 Years DATE:29/03/24
DOCTOR:DR.HASIT JOSHI
OPDNO:OSP33626

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 34mm	
LV Dd / Ds	: 40/28mm	EF 55%
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	: 1.3/0.7m/s	
AORTIC	: 1.4m/s	
PULMONARY	: 1.2m/s	
COLOUR DOPPLER	: MILD MR /TR	
RVSP	: 30mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION; BRADYCARDIA + ; IRREGULAR HR.	

ADV : HOLTER / TSH.

CARDIOLOGIST
DR.HASIT JOSHI (9825012235)

Neuberg Supratech
REFERENCE LABORATORIES
(A unit of Neuberg Diagnostics Private Limited)

LABORATORY REPORT

Name	: VAISHALI V CHAUHAN	Sex/Age	: Female/ 35 Years	Case ID	: 40302200738
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469187
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	:	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O232411482

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - PP	**149.96**	mg/dL	70.0 - 140.0
Haemogram (CBC)			
MCV (RBC histogram)	**82.8**	fL	83.00 - 101.00
Lipid Profile			
HDL Cholesterol	**41.4**	mg/dL	48 - 77

Abnormal Result(s) Summary End

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

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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

LABORATORY REPORT

Name	: VAISHALI V CHAUHAN	Sex/Age : Female/ 35 Years	Case ID : 40302200738
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3469187
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 09:36	Acc. Remarks	: Normal	Ref Id2	: O232411482

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin		12.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)		4.38	millions/cumm	3.80 - 4.80	
PCV(Calc)		36.27	%	36.00 - 46.00	
MCV (RBC histogram)	L	**82.8**	fL	83.00 - 101.00	
MCH (Calc)		27.9	pg	27.00 - 32.00	
MCHC (Calc)		33.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		12.70	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		5220	/µL	4000.00 - 10000.00	

	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophil	61.0	%	40.00 - 70.00	3184	/µL	2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	1514	/µL	1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	104	/µL	20.00 - 500.00
Monocytes	8.0	%	2.00 - 10.00	418	/µL	200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/µL	0.00 - 100.00

PLATELET COUNT (Optical)			
Platelet Count	177000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.10		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)

Printed On : 29-Mar-2024 16:14

Neuberg Supratech
REFERENCE LABORATORIES
(A unit of Neuberg Diagnostics Private Limited)

LABORATORY REPORT

Name	: **VAISHALI V CHAUHAN**	Sex/Age	: **Female/ 35 Years**	Case ID	: **40302200738**
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469187
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 13:56	Acc. Remarks	: Normal	Ref Id2	: O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR *Westergren Method*	**12**	mm after 1hr	3 - 20	

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

Dr. Shreya Shah
M.D. (Pathologist)

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Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469187
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 08:58	Acc. Remarks	: Normal	Ref Id2	: O232411482

HAEMATOLOGY INVESTIGATIONS

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

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ABO Type	O			
Rh Type	POSITIVE			

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name	: VAISHALI V CHAUHAN	Sex/Age	: Female/ 35 Years	Case ID	: 40302200738
Ref.By	: HOSPITAL	Dis. At	:	Pt. ID	: 3469187
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	: Plasma Fluoride F, Plasma Fluoride PP	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 13:56	Acc. Remarks	: Normal	Ref Id2	: O232411482

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Blood Glucose Level (Fasting & Post Prandial)					
Plasma Glucose - F *Photometric,Hexokinase*		**96.18**	mg/dL	70 - 100	
Plasma Glucose - PP *Photometric,Hexokinase*	H	**149.96**	mg/dL	70.0 - 140.0	

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

<100 mg/dL : Normal level

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 29-Mar-2024 16:14

LABORATORY REPORT

Name	: VAISHALI V CHAUHAN	Sex/Age : Female/ 35 Years	Case ID : 40302200738
Ref.By	: HOSPITAL	Dis. At :	Pt. ID : 3469187
Bill. Loc.	: Aashka hospital		Pt. Loc :

Reg Date and Time	: 29-Mar-2024 08:37	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 09:33	Acc. Remarks	: Normal	Ref Id2	: O232411482

Glycated Haemoglobin Estimation

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HbA1C	**5.04**	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) *Calculated*	**97.95**	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy,comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 29-Mar-2024 16:14

LABORATORY REPORT

Name : **VAISHALI V CHAUHAN**	Sex/Age : **Female/ 35 Years**	Case ID : **40302200738**	
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3469187	
Bill. Loc. : Aashka hospital		Pt. Loc :	
Reg Date and Time : 29-Mar-2024 08:37	Sample Type : Serum	Mobile No :	
Sample Date and Time : 29-Mar-2024 08:37	Sample Coll. By :	Ref Id1 : OSP33626	
Report Date and Time : 29-Mar-2024 13:56	Acc. Remarks : Normal	Ref Id2 : O232411482	

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Cholesterol *Colorimetric, CHOD-POD*		134.4	mg/dL	110 - 200	
HDL Cholesterol	L	41.4	mg/dL	48 - 77	
Triglyceride *Glycerol Phosphate Oxidase*		61.2	mg/dL	<150	
VLDL *Calculated*		12.24	mg/dL	10 - 40	
Chol/HDL *Calculated*		3.25		0 - 4.1	
LDL Cholesterol *Calculated*		80.76	mg/dL	0.00 - 100.00	

NEW ATP III GUIDELINES (MAY 2001). MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal<100	Desirable<200	Low<40	Normal<150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
  Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
S.G.P.T. *UV with P5P*	15.0	U/L	14 - 59	
S.G.O.T. *UV with P5P*	16.1	U/L	15 - 37	
Alkaline Phosphatase *Enzymatic, PNPP-AMP*	49.23	U/L	46 - 116	
Gamma Glutamyl Transferase *L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate*	11.5	U/L	0 - 38	
Proteins (Total) *Colorimetric, Biuret*	7.34	gm/dL	6.40 - 8.30	
Albumin *Bromocresol purple*	4.56	gm/dL	3.4 - 5	
Globulin *Calculated*	2.78	gm/dL	2 - 4.1	
A/G Ratio *Calculated*	1.6		1.0 - 2.1	
Bilirubin Total *Photometry*	0.41	mg/dL	0.3 - 1.2	
Bilirubin Conjugated *Diazotization reaction*	0.22	mg/dL	0 - 0.50	
Bilirubin Unconjugated *Calculated*	0.19	mg/dL	0 - 0.8	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) *GLDH*	**14.3**	mg/dL	7.00 - 18.70	
Uric Acid *Uricase*	**3.94**	mg/dL	2.6 - 6.2	
Creatinine	**0.65**	mg/dL	0.50 - 1.50	

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) *CMIA*	**0.93**	ng/mL	0.64 - 1.52	
Thyroxine (T4) *CMIA*	**5.98**	µg/dL	4.87 - 11.72	
TSH *CMIA*	**2.06**	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipent hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a supressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.
Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

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

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COLLEGE of AMERICAN PATHOLOGISTS

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Interpretation Note:
Ultra sensitive-thyroid–stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.
Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

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

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

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Sample Date and Time	: 29-Mar-2024 08:37	Sample Coll. By	:	Ref Id1	: OSP33626
Report Date and Time	: 29-Mar-2024 11:30	Acc. Remarks	: Normal	Ref Id2	: O232411482

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

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

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.

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