



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.डू.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



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 ऑफ बरोडा
Bank of Baroda

नाम
Name
Chauhan Vaibhavkumar Kantilal

कर्मचारी कोड नं.

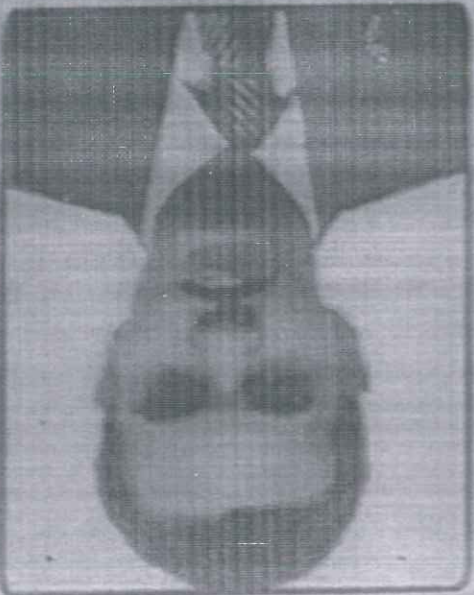
102737

Employee Code No.

DNTSLOKH

बैंक ऑफ बरोडा

Issuing Authority



(Handwritten signature)

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

H O S P I T A L

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

UHID: DSP33626	Date: 29/05/24	Time:
Patient Name: Vaidhik Chaudhary	Age / Sex: 34	Height: 155
		Weight: 50.5
History: Campy highly chudh. Pt has eye lesion early 2-10 year cur.		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VR 6/19 6/18 VNC count 6/6 6/6 N/6		
Diagnosis: colored vision. Normal Red eye cur.		

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 glasses

Follow-up:

Consultant's Sign:



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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: OSF33626	Date: 29/3/24	Time:
Patient Name: Vaishkadi @ chenkumar	Age /Sex: 35 / F	Height: 155
		Weight: 50.5
Chief Complain:	Routine dental check up	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: →		
Extra oral :	Stem + cervix +	
Intra oral – Teeth Present :	Teeth :- Carious	
Teeth Absent :	8 / 78	
Diagnosis:		

Aashka Hospitals Ltd.

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



29/12/20
S: SP/DM

Pt: Veerishali . Chauhan ,

Age : 34/F .

H - 155

W - 50.5

for Routine Checkup ,

no FICU ,

T: Afebr

P: 39/min low volume of fundation no Radio Radial delay ,

BP : 90/60 mmHg

SpO₂ : 98% in RA

ECG : shows Sinus Brady arrhythmia / (?) Block
H/O Sinus Bradyarrhythmia at the time of Pregnancy ,
Delivery - cesarean section ,

~~Age~~ Kdw :

follow

- Cardiologist opinion . & Adv of Holter ATC to 2D Echo adv
by Cardiologist

- Reg us Back ,

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

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

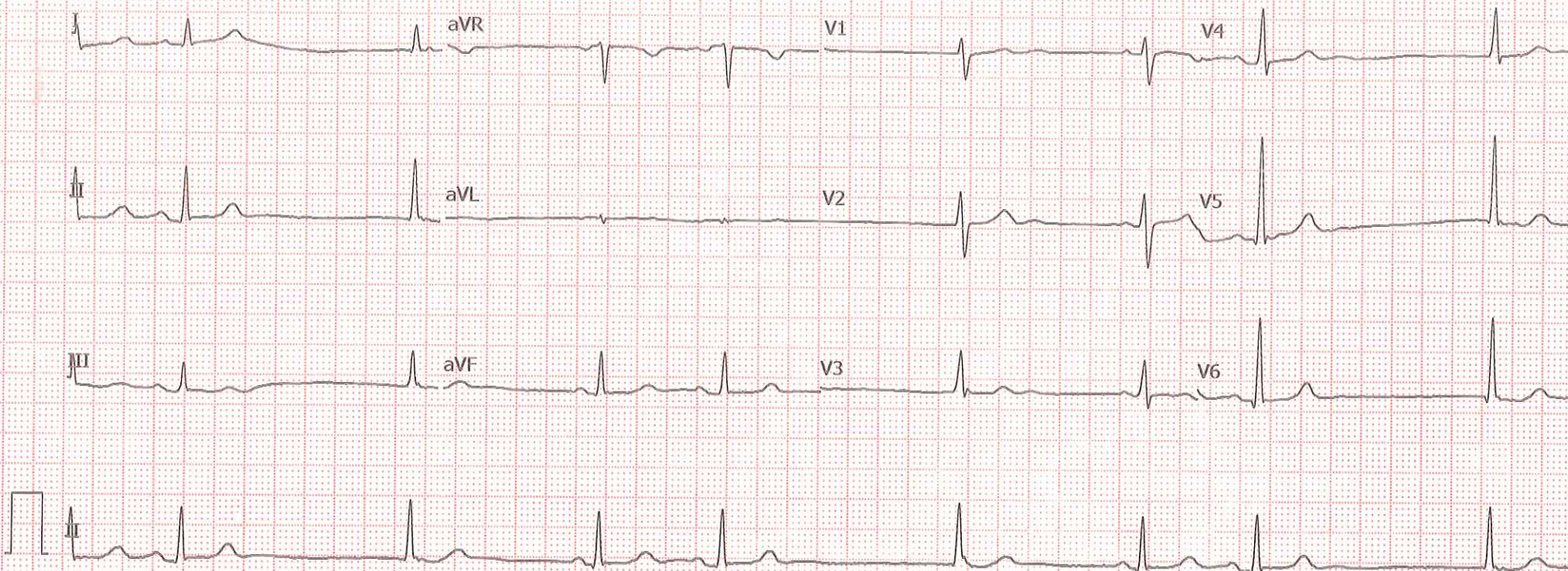
Room:

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



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



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

Aashka Hospitals Ltd.

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



PATIENT NAME: VAISHALI V CHAUHAN

GENDER/AGE: Female / 34 Years

DOCTOR:

OPDNO:OSPF33626

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: VAISHALI V CHAUHAN

GENDER/AGE: Female / 34 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33626

DATE: 29/03/24

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
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 : HOLTHER / TSH.



CARDIOLOGIST

DR. HASIT JOSHI (9825012255)

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LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc :

Case ID : 40302200738

Pt. ID : 3469187

Reg Date and Time : 29-Mar-2024 08:37

Mobile No :

Sample Date and Time : 29-Mar-2024 08:37

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)

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 verify the accuracy of financial statements and to identify any irregularities.

2. The second part of the document focuses on the role of internal controls in ensuring the reliability of financial information. It describes how internal controls are designed to prevent errors and fraud by establishing a clear structure of authority and responsibility. The text highlights that effective internal controls are a key component of a strong corporate governance framework and are necessary to build confidence among investors and other stakeholders.

3. The third part of the document addresses the challenges of implementing and maintaining internal controls. It notes that while the benefits of internal controls are clear, their implementation can be complex and costly. The text discusses the need for ongoing monitoring and evaluation to ensure that controls remain effective over time and in response to changing business conditions. It also mentions the importance of training and awareness programs to ensure that all employees understand their role in maintaining the control system.

4. The fourth part of the document discusses the impact of external factors on internal controls. It notes that changes in the regulatory environment, technological advancements, and market conditions can all influence the effectiveness of internal controls. The text suggests that organizations should regularly assess their control systems to ensure they remain relevant and effective in the face of these external changes.

5. The fifth part of the document concludes by summarizing the key points discussed. It reiterates that internal controls are a critical component of financial reporting and that organizations should strive to implement and maintain a robust control system. The text also emphasizes the importance of transparency and communication in the control process, as well as the role of management in setting the tone at the top.

6. The sixth part of the document provides a brief overview of the different types of internal controls. It distinguishes between preventive controls, which are designed to prevent errors and fraud from occurring in the first place, and detective controls, which are designed to identify errors and fraud after they have occurred. The text also mentions the importance of corrective controls, which are used to address any issues identified by the other types of controls.

7. The seventh part of the document discusses the role of the audit function in internal controls. It notes that the audit function is responsible for providing an independent assessment of the effectiveness of the internal control system. The text highlights that a strong audit function is essential for ensuring the reliability of financial statements and for identifying areas for improvement in the control system.

8. The eighth part of the document discusses the importance of documentation in internal controls. It notes that clear and concise documentation is essential for ensuring that the control system is understood and followed by all employees. The text also mentions that documentation is important for providing evidence of the control system's effectiveness to external auditors and other stakeholders.

9. The ninth part of the document discusses the role of the board of directors in internal controls. It notes that the board is responsible for overseeing the implementation and effectiveness of the internal control system. The text highlights that the board should regularly review and discuss the control system with management to ensure it remains effective and aligned with the organization's objectives.

10. The tenth part of the document concludes by emphasizing the importance of a strong internal control system for the success of any organization. It notes that internal controls are not just a compliance requirement, but a key component of a strong corporate governance framework that can help organizations achieve their long-term goals and build trust with their stakeholders.



LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc. :

Case ID : 40302200738

Reg Date and Time : 29-Mar-2024 08:37 Sample Type : Whole Blood EDTA

Sample Date and Time : 29-Mar-2024 08:37 Sample Coll. By :

Mobile No. :

Report Date and Time : 29-Mar-2024 09:36 Acc. Remarks : Normal

Ref Id1 : OSP33626

Ref Id2 : O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.2	G%	12.0 - 15.0	
RBC (Electrical Impedance)	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	
<u>TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)</u>				
Total WBC Count	5220	/µL	4000.00 - 10000.00	
Neutrophil	[%] 61.0	%	EXPECTED VALUES 40.00 - 70.00	[Abs] 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)

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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 : 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
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ESR <i>Westergren Method</i>	12		mm after 1hr 3 - 20	
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Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 3 of 13

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in the context of public administration and government operations. The text highlights how detailed records can help identify inefficiencies, prevent fraud, and ensure that resources are used effectively.

2. The second part of the document focuses on the role of technology in modern record-keeping. It explores how digital systems and software solutions can streamline the process of data collection, storage, and retrieval. The text notes that while technology offers significant advantages, such as increased accuracy and ease of access, it also presents challenges, including data security and the need for robust backup systems. The document suggests that a balanced approach, combining traditional methods with modern technology, is often the most effective.

3. The third part of the document addresses the legal and regulatory requirements surrounding record-keeping. It outlines the various laws and standards that govern how records must be maintained, stored, and disposed of. The text stresses that compliance with these regulations is not only a legal obligation but also a key factor in ensuring the long-term preservation and integrity of the organization's data. It provides a summary of the most common regulatory frameworks and offers guidance on how to stay up-to-date with changing requirements.

4. The fourth part of the document discusses the importance of training and education for staff involved in record-keeping. It argues that even the most advanced technology is only as good as the people using it. The text emphasizes the need for ongoing training and professional development to ensure that staff are equipped with the necessary skills and knowledge to manage records effectively. It also highlights the importance of fostering a culture of data literacy and responsibility throughout the organization.

5. The fifth part of the document explores the future of record-keeping in the digital age. It discusses emerging trends such as cloud storage, artificial intelligence, and blockchain technology, and how these innovations are likely to shape the way records are managed in the coming years. The text notes that while these technologies offer exciting possibilities, they also require careful consideration of their potential risks and ethical implications. The document concludes by emphasizing the need for continued research and innovation in this field to meet the evolving needs of organizations and society.

6. The sixth part of the document provides a summary of the key points discussed throughout the document. It reiterates the importance of accurate record-keeping, the role of technology, the need for compliance, the value of training, and the future of the field. The text serves as a concise overview of the document's main arguments and offers a final perspective on the challenges and opportunities ahead. It encourages readers to take action to improve their record-keeping practices and to stay informed about the latest developments in the industry.

7. The seventh part of the document contains a list of references and sources used in the document. It includes a variety of academic articles, books, and industry reports that provide further reading and research on the topics discussed. The references are organized alphabetically and include full citations for each source. This section is intended to provide readers with the information they need to explore the topics in more depth and to verify the accuracy of the information presented in the document.

8. The eighth part of the document is a concluding statement that expresses the author's hope that the document will be helpful and informative to its readers. It thanks the readers for their interest in the topic and expresses a commitment to providing high-quality, evidence-based information. The text also includes contact information for the author and an invitation for readers to provide feedback or ask questions. This section serves as a final point of connection between the author and the audience.

9. The ninth part of the document is a list of appendices and supplementary materials. It includes additional data, charts, and tables that provide more detail and context for the information presented in the main text. These materials are organized in a clear and logical manner, making it easy for readers to find the information they need. The appendices are an important part of the document, as they provide a wealth of additional information that can be used to support the author's arguments and to provide a more complete picture of the topic.

10. The tenth part of the document is a final page that contains the author's name, contact information, and a date. It also includes a short bio of the author and a list of their other works. This section provides readers with more information about the author and their expertise in the field. It is a common feature of academic and professional documents, and it helps to establish the author's credibility and authority on the subject.



LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Case ID : 40302200738

Pt. ID : 3469187

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

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

O

Rh Type

POSITIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 4 of 13

Printed On : 29-Mar-2024 16:14



LABORATORY REPORT



Name : VAISHALI 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 <i>Photometric, Hexokinase</i>	96.18	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 149.96	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: (L- Very Low, L-Low, H-High, HH-Very High , A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 5 of 13

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 outlines the various methods used to collect and analyze data. It describes how different types of information are gathered from various sources and how this data is then processed to identify trends and patterns. The text highlights the importance of using advanced analytical tools to ensure that the data is interpreted correctly and that any potential risks are identified early on.

3. The third part of the document focuses on the role of technology in modern financial systems. It discusses how digital technologies have revolutionized the way financial institutions operate, enabling them to provide more efficient and secure services to their customers. The text also addresses the challenges posed by these technologies, such as the need for robust cybersecurity measures to protect sensitive information.

4. The fourth part of the document examines the impact of regulatory changes on the financial industry. It discusses how new regulations have been implemented to address emerging risks and to ensure that financial institutions are operating in a more transparent and accountable manner. The text notes that while these regulations may increase the cost of doing business, they are necessary to maintain the stability and trust of the financial system.

5. The fifth part of the document discusses the importance of risk management in financial institutions. It explains how risk management practices have evolved over time and how they are now an integral part of the overall business strategy. The text emphasizes that effective risk management is crucial for ensuring the long-term success and sustainability of any financial organization.

6. The sixth part of the document explores the role of financial institutions in promoting economic growth and development. It discusses how these institutions provide the capital and services necessary for businesses to expand and create jobs. The text also highlights the importance of financial institutions in supporting social and environmental initiatives that contribute to the overall well-being of society.

7. The seventh part of the document discusses the challenges facing the financial industry in the future. It identifies key areas of concern, such as the impact of artificial intelligence and blockchain technology, and the need for continued innovation and adaptation. The text concludes by emphasizing the importance of collaboration and communication among all stakeholders in the financial system to address these challenges effectively.

8. The eighth part of the document provides a summary of the key findings and recommendations. It reiterates the importance of maintaining high standards of integrity and transparency in all financial transactions and the need for ongoing monitoring and evaluation of the financial system. The text also offers practical suggestions for how financial institutions can improve their operations and better serve their customers.

9. The ninth part of the document discusses the role of government in regulating the financial industry. It explains how government intervention is necessary to ensure that the financial system operates in the public interest and to prevent systemic risks. The text also discusses the importance of international cooperation in addressing global financial issues and the need for harmonized regulatory standards.

10. The tenth part of the document concludes the report and expresses the authors' confidence in the findings and recommendations. It states that the information provided in this report is based on a thorough and objective analysis of the current state of the financial industry and that it is intended to serve as a valuable resource for all those interested in the future of finance.



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

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HbA1C	5.04	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	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: (L-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 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 verify the accuracy of financial statements and to identify any discrepancies or irregularities.

2. The second part of the document focuses on the role of internal controls in ensuring the accuracy and reliability of financial information. It describes how internal controls are designed to prevent errors and fraud by establishing a system of checks and balances. The text highlights that internal controls should be tailored to the specific needs of the organization and should be regularly reviewed and updated to reflect changes in the business environment.

3. The third part of the document discusses the importance of transparency and accountability in financial reporting. It states that organizations should provide clear and concise information about their financial performance and position to all stakeholders. The text emphasizes that transparency is not only a legal requirement but also a key factor in building trust and confidence among investors, creditors, and the public.

4. The fourth part of the document addresses the challenges of financial reporting in a complex and rapidly changing world. It notes that organizations face numerous challenges, including the need to comply with evolving regulations, the increasing complexity of financial instruments, and the growing reliance on technology. The text suggests that organizations should adopt a proactive approach to these challenges by staying up-to-date on regulatory changes and investing in the necessary resources and expertise.

5. The fifth part of the document discusses the role of external audits in providing an independent and objective assessment of an organization's financial statements. It explains that external audits are conducted by qualified auditors who follow established standards and procedures to verify the accuracy and reliability of the financial information. The text notes that external audits are a critical component of the financial reporting process and help to ensure the integrity of the financial system.

6. The sixth part of the document focuses on the importance of ethical behavior in financial reporting. It states that organizations should adhere to high ethical standards and should not engage in any practices that could be considered misleading or deceptive. The text emphasizes that ethical behavior is not only a moral obligation but also a key factor in maintaining the trust and confidence of stakeholders.

7. The seventh part of the document discusses the role of financial reporting in the overall business strategy. It notes that financial reporting provides valuable information that can be used to make informed decisions about the organization's future. The text suggests that organizations should view financial reporting as a strategic tool that can help to identify opportunities for growth and to manage risks effectively.

8. The eighth part of the document discusses the importance of communication in financial reporting. It states that organizations should communicate their financial information in a clear and accessible manner that is easy for all stakeholders to understand. The text emphasizes that effective communication is essential for building trust and confidence and for ensuring that the financial reporting process is transparent and accountable.

9. The ninth part of the document discusses the role of financial reporting in the global financial system. It notes that financial reporting is a key component of the global financial system and helps to ensure the stability and integrity of the system. The text suggests that organizations should adhere to international standards and practices to facilitate cross-border transactions and to promote the growth and development of the global economy.

10. The tenth part of the document discusses the future of financial reporting. It notes that the financial reporting process is constantly evolving and will continue to be shaped by technological advances and changing regulatory requirements. The text suggests that organizations should embrace change and innovation to ensure that their financial reporting practices remain relevant and effective in the future.



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**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	134.4	mg/dL	110 - 200	
HDL Cholesterol	L 41.4	mg/dL	48 - 77	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	61.2	mg/dL	<150	
VLDL <i>Calculated</i>	12.24	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.25		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	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 assessment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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



Dr. Shreya Shah
M.D. (Pathologist)

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 outlines the specific requirements for record-keeping. It states that all transactions must be recorded in a clear and concise manner, using a standardized format. This includes recording the date, amount, and purpose of each transaction. The document also mentions that records should be maintained for a minimum of five years, unless otherwise specified by applicable laws or regulations.

3. The third part of the document discusses the role of internal controls in ensuring the accuracy of records. It explains that internal controls are designed to prevent errors and fraud by establishing a system of checks and balances. This includes separating duties, requiring authorization for transactions, and conducting regular audits. The text stresses that a strong internal control system is crucial for maintaining the reliability of financial records.

4. The fourth part of the document addresses the importance of transparency and accountability in financial reporting. It states that organizations should provide clear and timely information to stakeholders, including investors, creditors, and the public. This involves disclosing all material financial information and ensuring that the data is accurate and verifiable. The document also highlights the need for organizations to be held accountable for their financial performance and to take corrective action if any issues are identified.

5. The fifth part of the document discusses the role of technology in improving financial record-keeping. It notes that the use of accounting software and digital record-keeping systems can significantly reduce the risk of errors and increase the efficiency of the process. However, it also emphasizes that technology should be used responsibly and that organizations should ensure that their systems are secure and that data is protected. The text also mentions the importance of training staff to use technology effectively.

6. The sixth part of the document discusses the importance of regular audits in verifying the accuracy of financial records. It explains that audits are conducted by independent third parties to provide an objective assessment of an organization's financial statements. The text notes that audits can help identify any weaknesses in the internal control system and provide recommendations for improvement. It also mentions that organizations should cooperate fully with auditors and provide all necessary information and access to records.

7. The seventh part of the document discusses the role of ethics in financial record-keeping. It states that organizations should adhere to high ethical standards and avoid any actions that could be perceived as fraudulent or manipulative. This includes being honest and transparent in all financial reporting and avoiding any conflicts of interest. The text also mentions that organizations should have a code of ethics in place and provide training to staff on ethical behavior.

8. The eighth part of the document discusses the importance of staying up-to-date on changes in financial reporting standards and regulations. It notes that the financial reporting environment is constantly evolving, and organizations must stay informed of the latest developments to ensure compliance. This involves monitoring changes in accounting standards, tax laws, and other relevant regulations. The text also mentions that organizations should seek professional advice if they are unsure about any requirements.

9. The ninth part of the document discusses the importance of maintaining a strong relationship with financial institutions and other stakeholders. It states that organizations should communicate regularly with their banks, creditors, and investors to provide updates on their financial performance and to address any concerns. This involves being proactive in sharing information and being open to feedback. The text also mentions that organizations should work to build trust and credibility with their stakeholders through consistent and accurate reporting.

10. The tenth part of the document discusses the importance of continuous improvement in financial record-keeping. It notes that organizations should regularly review their record-keeping processes and make adjustments as needed to improve efficiency and accuracy. This involves identifying areas for improvement, implementing changes, and monitoring the results. The text also mentions that organizations should encourage a culture of continuous learning and improvement among their staff.



LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc :

Case ID : 40302200738

Pt. ID : 3469187

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:37

Mobile No :

Sample Date and Time : 29-Mar-2024 08:37

Ref Id1 : OSP33626

Report Date and Time : 29-Mar-2024 13:56

Ref Id2 : O232411482

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5p</i>	15.0	U/L	14 - 59
S.G.O.T. <i>UV with P5p</i>	16.1	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	49.23	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	11.5	U/L	0 - 38
Proteins (Total) <i>Colorimetric, Biuret</i>	7.34	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.56	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.78	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.6		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.41	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazoitization reaction</i>	0.22	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.19	mg/dL	0 - 0.8

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 8 of 13



LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc :

Case ID : 40302200738

Pt. ID : 3469187

Mobile No :

Reg Date and Time : 29-Mar-2024 08:37

Sample Type : Serum

Sample Date and Time : 29-Mar-2024 08:37

Sample Coll. By :

Report Date and Time : 29-Mar-2024 13:56

Acc. Remarks : Normal

Ref Id1 : OSP33626

Ref Id2 : O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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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

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13



LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc :

Case ID : 40302200738

Pt. ID : 3469187

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 15:14 Acc. Remarks : Normal

Ref Id2 : O232411482

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) <small>C/M/A</small>	0.93	ng/mL	0.64 - 1.52	
Thyroxine (T4) <small>C/M/A</small>	5.98	µg/dL	4.87 - 11.72	
TSH <small>C/M/A</small>	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 & 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:(L-L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Sandip Shah

M.D. (Path. & Bact.)

Consultant Pathologist

Page 10 of 13

Dr. Aakash Shah

MD. Path.

Consultant Pathologist

Dr. Sandip Shah

M.D. (Path. & Bact.)

Consultant Pathologist

Printed On : 29-Mar-2024 16:14

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2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the process. It explains how the auditor is responsible for verifying the accuracy of the records and for reporting any discrepancies to the appropriate authorities.

4. The fourth part of the document describes the various types of fraud that can occur in the financial system. It includes examples of both intentional and unintentional fraud, and discusses the factors that can lead to these types of behavior.

5. The fifth part of the document discusses the various methods used to detect and prevent fraud. It includes a discussion of the use of internal controls, the importance of a strong corporate culture, and the role of the auditor in identifying and reporting fraud.

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LABORATORY REPORT



Name : VAISHALI V CHAUHAN

Sex/Age : Female/ 35 Years Case ID : 40302200738

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 08:37

Mobile No :

Sample Date and Time : 29-Mar-2024 08:37

Ref Id1 : OSP33626

Report Date and Time : 29-Mar-2024 15:14

Ref Id2 : O232411482

Sample Coll. By :

Acc. Remarks : Normal

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 (on 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 hypothyroid 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

Reference range (microIU/ml)

First trimester

0.24 - 2.00

Second trimester

0.43-2.2

Third trimester

0.8-2.5

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

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



Dr. Sandip Shah

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Dr. Aakash Shah

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Consultant Pathologist

Dr. Sandip Shah

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

Printed On : 29-Mar-2024 16:14

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes the need for transparency and accountability in financial reporting.

2. The second part of the document outlines the various methods and techniques used to collect and analyze data. It includes a detailed description of the experimental procedures and the tools used for data collection.

3. The third part of the document presents the results of the study, including a comparison of the different methods and techniques used. It discusses the strengths and weaknesses of each method and provides a summary of the findings.

4. The fourth part of the document discusses the implications of the study and provides recommendations for future research. It highlights the need for further investigation into the effectiveness of the different methods and techniques used.

5. The fifth part of the document provides a conclusion and a summary of the key findings. It reiterates the importance of maintaining accurate records and the need for transparency and accountability in financial reporting.

6. The sixth part of the document includes a list of references and a bibliography. It provides a comprehensive list of the sources used in the study and is organized in alphabetical order.

7. The seventh part of the document includes a list of figures and tables. It provides a detailed description of each figure and table and includes a brief summary of the data presented.

8. The eighth part of the document includes a list of appendices. It provides a detailed description of each appendix and includes a brief summary of the content.

9. The ninth part of the document includes a list of footnotes. It provides a detailed description of each footnote and includes a brief summary of the content.

10. The tenth part of the document includes a list of page numbers. It provides a detailed description of each page number and includes a brief summary of the content.



LABORATORY REPORT



Name : VAISHALIV CHAUHAN **Sex/Age :** Female/ 35 Years **Case ID :** 40302200738
Ref.By : HOSPITAL **Dis. At :** **Pt. ID :** 3469187
Bill. Loc. : Aashka hospital **Pt. Loc. :** **Mobile No. :** **Ref Id1 :** OSP33626
Reg Date and Time : 29-Mar-2024 08:37 **Sample Type :** Spot Urine **Ref Id2 :** O232411482
Sample Date and Time : 29-Mar-2024 08:37 **Sample Coll. By :** **Report Date and Time :** 29-Mar-2024 11:30 **Acc. Remarks :** Normal

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

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour Pale yellow

Transparency Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity 1.020

pH 6.00

Leucocytes (ESTERASE) Negative

Protein Negative

Glucose Negative

Ketone Bodies Urine Negative

Urobilinogen Negative

Bilirubin Negative

Blood Negative

Nitrite 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:(L-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 outlines the various methods used to collect and analyze data. It describes how different types of information are gathered from various sources and how this data is then processed to identify trends and patterns. The text highlights the importance of using a variety of techniques to ensure that the data is comprehensive and representative of the overall population being studied.

3. The third part of the document focuses on the challenges faced in the field of data analysis. It discusses the difficulties of dealing with large volumes of data, the need for sophisticated statistical methods, and the importance of having a clear understanding of the underlying theory. The text also mentions the need for ongoing research and development to keep pace with the rapidly changing nature of data and its analysis.

4. The fourth part of the document provides a detailed overview of the current state of the field. It reviews the most recent research findings and discusses the implications of these findings for practice. The text also identifies areas where further research is needed and suggests potential directions for future work. This section serves as a key resource for anyone interested in the latest developments in the field.

5. The fifth part of the document discusses the ethical considerations that must be taken into account when conducting research. It emphasizes the importance of protecting the privacy and confidentiality of the data and of ensuring that the research is conducted in a fair and unbiased manner. The text also discusses the need for transparency and accountability in the research process and the importance of obtaining informed consent from the participants.

6. The sixth part of the document provides a summary of the key findings and conclusions of the research. It highlights the most important results and discusses their implications for the field. The text also provides a clear and concise overview of the research and its findings, making it an essential read for anyone interested in the topic.

7. The seventh part of the document discusses the future of the field and the challenges that lie ahead. It identifies the key areas where research is needed and suggests potential directions for future work. The text also discusses the importance of continuing to build on the existing knowledge and to explore new and innovative approaches to the study of the field.

8. The eighth part of the document provides a final summary and conclusion. It reiterates the key findings and conclusions of the research and emphasizes the importance of the work. The text also provides a clear and concise overview of the research and its findings, making it an essential read for anyone interested in the topic.

9. The ninth part of the document discusses the implications of the research for practice. It highlights the key findings and conclusions and discusses how they can be used to inform decision-making and to improve the quality of the work. The text also provides a clear and concise overview of the research and its findings, making it an essential read for anyone interested in the topic.

10. The tenth part of the document provides a final summary and conclusion. It reiterates the key findings and conclusions of the research and emphasizes the importance of the work. The text also provides a clear and concise overview of the research and its findings, making it an essential read for anyone interested in the topic.



LABORATORY REPORT

Name : VAISHALI V CHAUHAN

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 35 Years

Dis. At :

Pt. Loc :

Case ID : 40302200738

Pt. ID : 3469187

Mobile No :

Reg Date and Time : 29-Mar-2024 08:37

Sample Type : Spot Urine

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

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

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

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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