

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	JIGAR ISHWARBHAI DAVE
जन्म की तारीख	05-10-1992
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	10-03-2024
बुकिंग संदर्भ सं.	23M182663100095754S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. JOSHI SONALBEN DILIPBHAI
कर्मचारी की क.कू.संख्या	182663
कर्मचारी का पद	SINGLE WINDOW OPERATOR A
कर्मचारी के कार्य का स्थान	LODRA
कर्मचारी के जन्म की तारीख	26-10-1993

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक **02-03-2024** से **31-03-2024** तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के 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।)

16/3/24

pt- Name - Digra Dave Height - 176
31 ya / m Weight - 78.7

no any other comorbidities
no any active complaints

P - 80/min

BP - 130/90 mmHg

SPO₂ - 96% on RA

RS (or AD)
NS

- all blood investigation noted - (R)
- ECG - NSR
- UR_{ms} - (R)
- CXR - WNL
- 2D Echo - EF 65%
(R) w fun.
- USR Abdo pelvis - (R)



Prescription

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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



PATIENT NAME: JIGAR I DAVE

GENDER/AGE: Male / 31 Years

DATE: 16/03/24

DOCTOR:

OPDNO: OSP33501

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.

No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: JIGAR I DAVE

GENDER/AGE: Male / 31 Years

DATE: 16/03/24

DOCTOR:

OPDNO: OSP33501

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.1 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 appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 90 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: Grade I fatty changes in liver.

Fecal loaded large bowel loops seen.

Normal sonographic appearance of GB: Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: JIGAR I DAVE
GENDER/AGE: Male / 31 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP33501

DATE: 16/03/24

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 27mm	
LEFT ATRIUM	: 31mm	
LV Dd / Ds	: 43/29mm	EF 65%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: FLOPPY	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.2/1.0m/s	
AORTIC	: 1.6m/s	
PULMONARY	: 1.3m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : JIGAR I DAVE	Sex/Age : Male / 31 Years	Case ID : 40302200461
Ref.By :	Dis. At :	Pt. ID : 3435663
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Mar-2024 09:25	Sample Type :	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F :	105.50	mg/dL	70.0 - 100
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	6.9	mg/dL	8.90 - 20.60
Haemogram (CBC)			
MCH (Calc)	32.1	pg	27.00 - 32.00
Lipid Profile			
HDL Cholesterol	44.3	mg/dL	48 - 77
LDL Cholesterol	116.87	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
 Ref.By : Dis. At : Pt. ID : 3435663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 10:32	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.6	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.56	millions/cumm	4.50 - 5.50
PCV(Calc)	44.00	%	40.00 - 50.00
MCV (RBC histogram)	96.5	fL	83.00 - 101.00
MCH (Calc)	H 32.1	pg	27.00 - 32.00
MCHC (Calc)	33.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	15.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7480	/μL	4000.00 - 10000.00
Neutrophil	[%] 61.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 4563 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	32.0	%	20.00 - 40.00 2394 /μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00 150 /μL 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00 374 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	323000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.91		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 : JIGAR I DAVE	Sex/Age : Male / 31 Years	Case ID : 40302200461
Ref.By :	Dis. At :	Pt. ID : 3435663
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 12:37	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 15	

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

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M.D. (Pathologist)

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Name : JIGAR I DAVE	Sex/Age : Male / 31 Years	Case ID : 40302200461
Ref.By :	Dis. At :	Pt. ID : 3435663
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 10:20	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type	A
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
Ref.By : Dis. At : Pt. ID : 3435663
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 13:13	Acc. Remarks : Normal	Ref Id2 :
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	H	105.50	mg/dL	70.0 - 100
Plasma Glucose - PP		117.12	mg/dL	70.0 - 140.0

Note: Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

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

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

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

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LABORATORY REPORT



Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
 Ref.By : Dis. At : Pt. ID : 3435663
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 10:03	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.15		% of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	101.11	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)

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 M.D. (Pathologist)

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LABORATORY REPORT



Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
 Ref.By : Dis. At : Pt. ID : 3435663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25 Sample Type : Serum Mobile No :
 Sample Date and Time : 16-Mar-2024 09:25 Sample Coll. By : Ref Id1 : OSP33501
 Report Date and Time : 16-Mar-2024 13:15 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	178.42	mg/dL	110 - 200
HDL Cholesterol	L 44.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	86.24	mg/dL	<150
VLDL <i>Calculated</i>	17.25	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	4.03		0 - 4.1
LDL Cholesterol : <i>Calculated</i>	H 116.87	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 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 assesment

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

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Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
 Ref.By : Dis. At : Pt. ID : 3435663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 13:14	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5P</i>	36.12	U/L	16 - 63
S.G.O.T. <i>UV with P5P</i>	15.77	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	109.21	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	45.34	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.94	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	5.00	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.94	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.7		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.52	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.21	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.31	mg/dL	0 - 0.8

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

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LABORATORY REPORT



Name : **JIGAR I DAVE** Sex/Age : **Male / 31 Years** Case ID : **40302200461**
Ref.By : Dis. At : Pt. ID : **3435663**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 13:14	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 6.9	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	7.00	mg/dL	3.5 - 7.2	
Creatinine	0.78	mg/dL	0.50 - 1.50	

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

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LABORATORY REPORT



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 Ref.By : Dis. At : Pt. ID : **3435663**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 10:33	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	114.68	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	7.59	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	1.44	μIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 16-Mar-2024 13:25





LABORATORY REPORT



Name : JIGAR I DAVE Sex/Age : Male / 31 Years Case ID : 40302200461
 Ref.By : Dis. At : Pt. ID : 3435663
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 16-Mar-2024 09:25	Sample Type : Serum	Mobile No :
Sample Date and Time : 16-Mar-2024 09:25	Sample Coll. By :	Ref Id1 : OSP33501
Report Date and Time : 16-Mar-2024 10:33	Acc. Remarks : Normal	Ref Id2 :

Interpretation Note:

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

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

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

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

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

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

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com



LABORATORY REPORT



Name : **JIGAR I DAVE** Sex/Age : **Male / 31 Years** Case ID : **40302200461**
 Ref.By : Dis. At : Pt. ID : **3435663**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **16-Mar-2024 09:25** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **16-Mar-2024 09:25** Sample Coll. By : Ref Id1 : **OSP33501**
 Report Date and Time : **16-Mar-2024 09:48** Acc. Remarks : **Normal** Ref Id2 :

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	>1.025	1.005 - 1.030
pH	<5.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

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 M.D. (Pathologist)

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LABORATORY REPORT



Name : **JIGAR I DAVE** Sex/Age : **Male / 31 Years** Case ID : **40302200461**
 Ref.By : Dis. At : Pt. ID : **3435663**
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Reg Date and Time : **16-Mar-2024 09:25** Sample Type : **Spot Urine** Mobile No :
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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	-	-	-	-	-

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

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

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

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Page 13 of 13



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16.03.2024 10:44:44 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

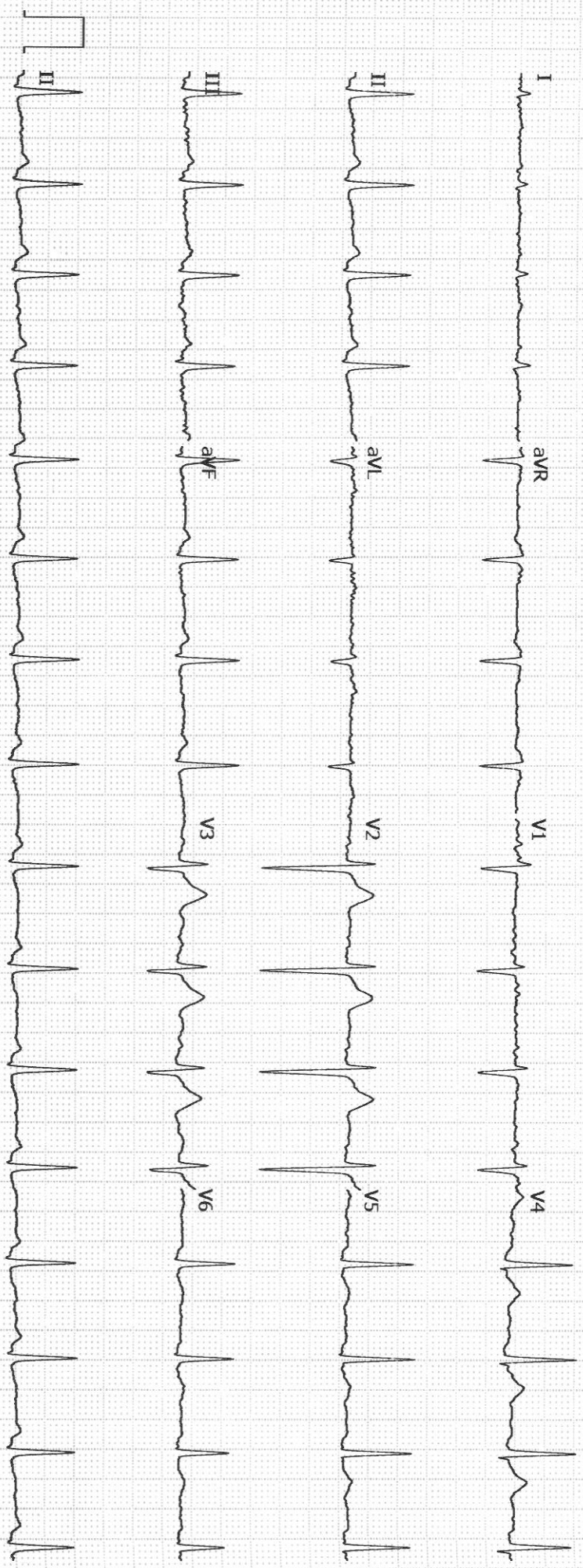
Room:

92 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 336 / 415 ms
PR : 160 ms
P : 110 ms
RR / PP : 652 / 652 ms
P / QRS / T : 68 / 78 / 38 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

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

UHID: <u>OSP33500</u>	Date:	Time:
Patient Name: <u>Jitesh Dave</u>	Age / Sex:	Height: <u>161</u>
		Weight: <u>56.9</u>
History: <u>C/O Compay healthy chieft.</u> <u>pt he goes for test 6-7 yrs</u>		
Allergy History:		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>Vmx 6/60</u> <u>6/60</u> <u>Vuc cornea</u> <u>6/6</u> <u>6/6</u> <u>out 6</u>		
		<u>Color vision Normal</u>
Diagnosis:		<u>Refractive error</u>