



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	RAVINA KUMARI
जन्म की तारीख	31-10-1993
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	29-03-2024
बुकिंग संदर्भ सं.	23M107767100101792S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. KUMAR MAHESH
कर्मचारी की क.कू.संख्या	107767
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	MEDHASAN
कर्मचारी के जन्म की तारीख	22-08-1988

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 18-03-2024 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	RAVINA KUMARI
DATE OF BIRTH	31-10-1993
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	29-03-2024
BOOKING REFERENCE NO.	23M107767100101792S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR MAHESH
EMPLOYEE EC NO.	107767
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	MEDHASAN
EMPLOYEE BIRTHDATE	22-08-1988

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 **18-03-2024** 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))



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

OSP33635

UHID:	RAYINA KUMARI	Date:	Time:
Patient Name:	RAYINA KUMARI	Age / Sex:	51
		Height:	156
		Weight:	64.3
History:	Diabetes Mellitus		
Allergy History:			
Nutritional Screening:	Well-Nourished / Malnourished / Obese		
Examination:	D.V. 519 619 D.V. 618 616 N.V. 2616 616 Calcium Vitamin Deficit		
Diagnosis:			

RUTUNDEL

29.03.2024 2:21:02 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

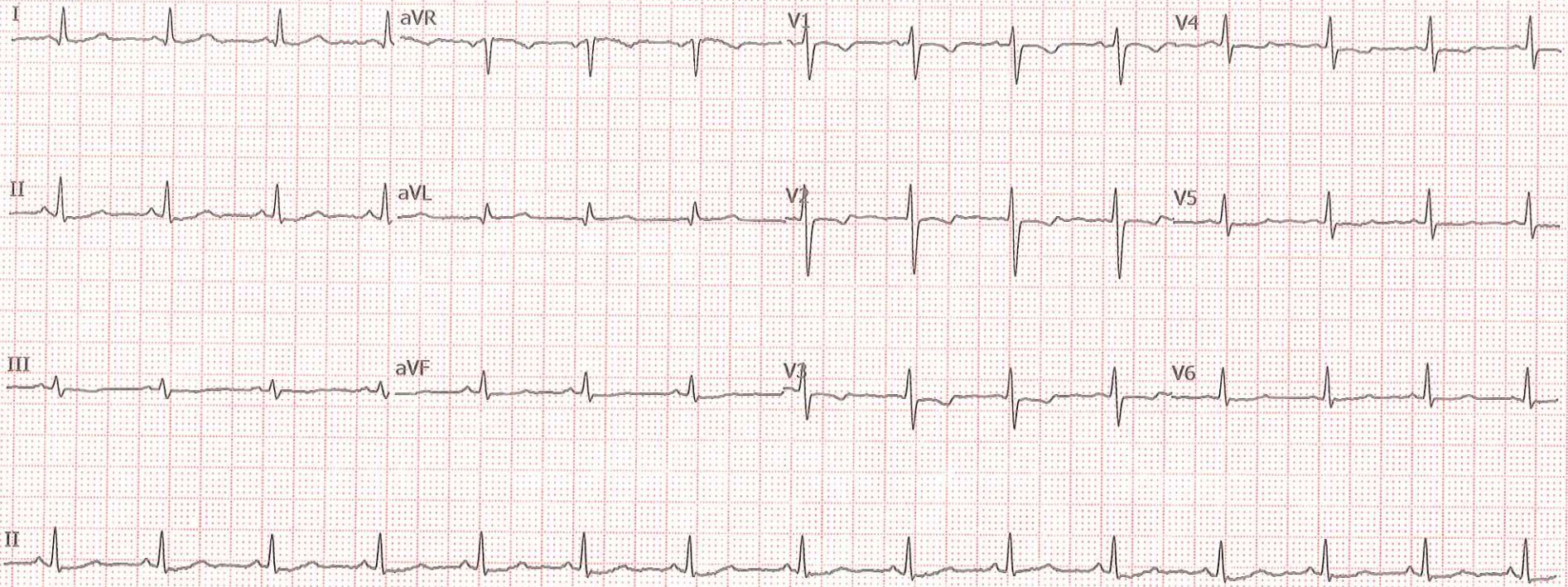
Room:

89 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 368 / 447 ms
PR : 124 ms
P : 108 ms
RR / PP : 676 / 674 ms
P / QRS / T : 61 / 33 / 5 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



29.03.2024 2:20:41 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

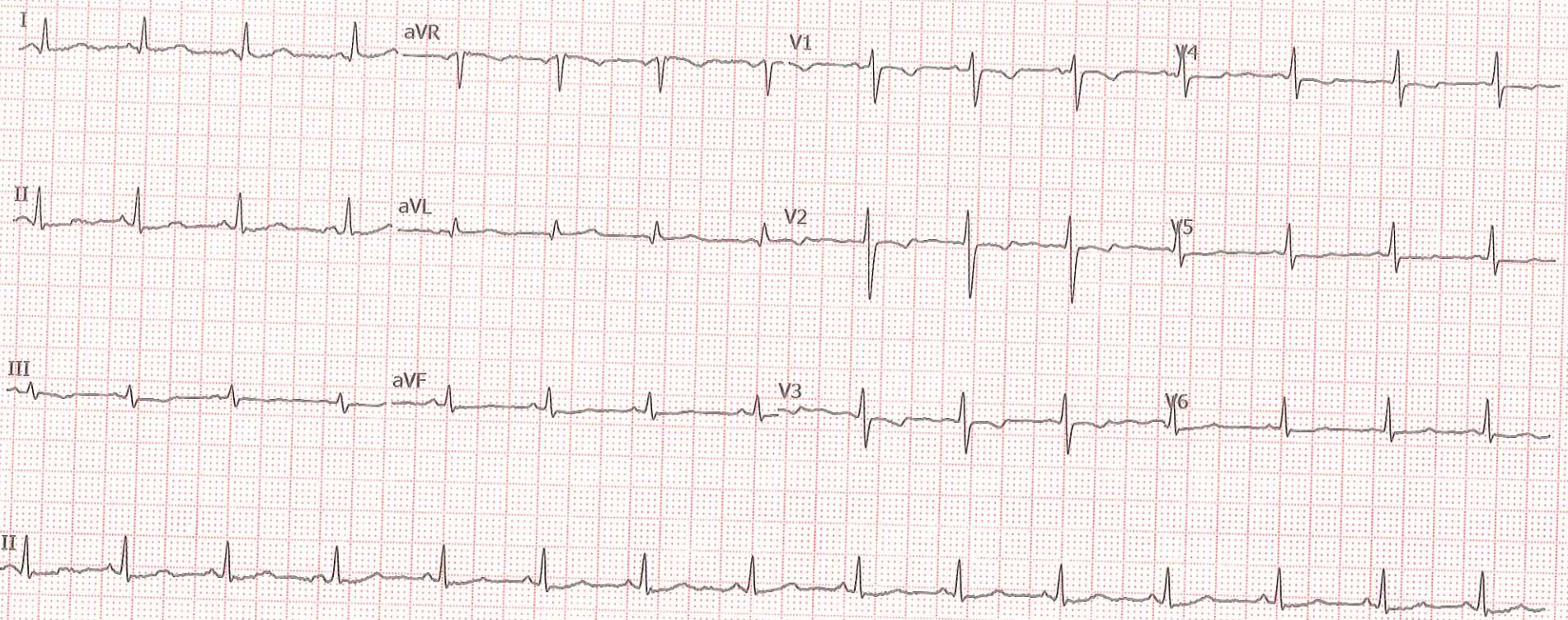
Room:

89 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 74 ms
QT / QTcBaz : 368 / 447 ms
PR : 120 ms
P : 100 ms
RR / PP : 672 / 674 ms
P / QRS / T : 57 / 35 / 8 degrees

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG



Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: RAVINA KUMARI

GENDER/AGE: Female / 30 Years

DOCTOR:

OPDNO: OSP33635

DATE: 29/03/24

X-RAY CHEST PA

Both lung fields appear clear

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

Both hilar shadows and c.p.angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

Impression:

Normal chest x-ray examination.

RADIOLOGIST

DR. MEHUL PATELIYA

Aashka Hospitals Ltd.

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aashka
H O S P I T A L



PATIENT NAME: RAVINA KUMARI

GENDER/AGE: Female / 30 Years

DOCTOR:

OPDNO: OSP33635

DATE: 29/03/24

SONOGRAPHY OF ABDOMEN AND PELVIS

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

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

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

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

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

Right kidney measures about 10.1 x 4.6 cms in size.

Left kidney measures about 10.6 x 4.8 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is partially distended and appears normal. 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.

COMMENT:

- Fatty liver grade I.
- Normal sonographic appearance of GB, Pancreas, spleen, kidneys, para-aortic region, bladder and uterus.

RADIOLOGIST

DR. MEHUL PATELIYA

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



PATIENT NAME: RAVINA KUMARI

GENDER/AGE: Female / 30 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33635

DATE: 29/03/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 30mm
LEFT ATRIUM	: 29mm
LV Dd / Ds	: 40/29mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.m/s
AORTIC	: 1.0m/s
PULMONARY	: 0.8m/s
COLOUR DOPPLER	: NO MR /AR/TR
RVSP	:
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





LABORATORY REPORT



Name : RAVINA KUMARI Sex/Age : Female/ 31 Years Case ID : 40302200762
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3469839
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Mobile No :
 Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
 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	107.89	mg/dL	70 - 100
Haemogram (CBC)			
Haemoglobin	11.6	G%	12.0 - 15.0
PCV(Calc)	35.42	%	36.00 - 46.00
MCV (RBC histogram)	80.5	fL	83.00 - 101.00
MCH (Calc)	26.3	pg	27.00 - 32.00
Lymphocyte	44.0	%	20.00 - 40.00
Monocyte	86	/µL	200.00 - 1000.00
Lipid Profile			
HDL Cholesterol	45.3	mg/dL	48 - 77
Thyroid Function Test			
Triiodothyronine (T3)	1.59	ng/mL	0.64 - 1.52

Abnormal Result(s) Summary End

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

11/11/2011 10:11:11 AM

11/11/2011 10:11:11 AM

11/11/2011 10:11:11 AM

11/11/2011 10:11:11 AM

11/11/2011 10:11:11 AM

11/11/2011 10:11:11 AM

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11/11/2011 10:11:11 AM



LABORATORY REPORT



Name : RAVINA KUMARI Sex/Age : Female/ 31 Years Case ID : 40302200762
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3469839
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
 Report Date and Time : 29-Mar-2024 12:26 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.6	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.40	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 35.42	%	36.00 - 46.00	
MCV (RBC histogram)	L 80.5	fL	83.00 - 101.00	
MCH (Calc)	L 26.3	pg	27.00 - 32.00	
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.20	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

		UNIT	EXPECTED VALUES	EXPECTED VALUES
Total WBC Count	4290	/µL	4000.00 - 10000.00	
Neutrophil	[%] 49.0	%	40.00 - 70.00	[Abs] 2102 /µL 2000.00 - 7000.00
Lymphocyte	H 44.0	%	20.00 - 40.00	1888 /µL 1000.00 - 3000.00
Eosinophil	5.0	%	1.00 - 6.00	215 /µL 20.00 - 500.00
Monocytes	2.0	%	2.00 - 10.00	L 86 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	173000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.11		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Lymphocytosis
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)



LABORATORY REPORT



Name : RAVINA KUMARI

Sex/Age : Female/ 31 Years Case ID : 40302200762

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469839

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:46

Sample Coll. By :

Ref Id1 : OSP33635

Report Date and Time : 29-Mar-2024 14:23

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

14

mm after 1hr 3 - 20

ESR

Westergren Method

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,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. It emphasizes that proper record-keeping is essential for the success of any business or organization. This section also touches upon the legal implications of failing to maintain such records.

2. The second part of the document provides a detailed overview of the various methods used to collect and analyze data. It covers both traditional and modern techniques, highlighting the advantages and disadvantages of each. The author also discusses the importance of data security and privacy in the context of data collection.

3. The third part of the document focuses on the application of data analysis in various fields, including business, science, and social sciences. It provides examples of how data analysis has been used to solve real-world problems and improve decision-making processes. The author also discusses the challenges associated with data analysis and offers suggestions for overcoming them.

4. The fourth part of the document discusses the future of data analysis and the role of emerging technologies. It explores the potential of artificial intelligence, machine learning, and big data in transforming the way we collect and analyze data. The author also discusses the ethical considerations surrounding the use of these technologies.

5. The fifth part of the document provides a summary of the key points discussed in the previous sections. It reiterates the importance of accurate record-keeping, the various methods of data collection and analysis, the application of data analysis in different fields, and the future of data analysis. The author concludes by expressing optimism about the future of data analysis and its potential to drive innovation and progress.

6. The sixth part of the document is a conclusion that summarizes the main findings of the study. It highlights the key insights gained from the research and discusses their implications for the field of data analysis. The author also provides recommendations for further research and practical applications of the findings.

7. The seventh part of the document is a list of references that includes all the sources cited in the document. It provides a comprehensive list of books, articles, and other publications that have been consulted during the research process. The references are organized alphabetically by author's name.

8. The eighth part of the document is an appendix that contains additional information related to the study. It includes a list of abbreviations, a glossary of key terms, and a list of figures and tables. The appendix is designed to provide readers with a quick reference for the information they need.

9. The ninth part of the document is a list of acknowledgments that expresses the author's gratitude to the individuals and organizations that have supported the research. It includes a list of names and titles of the people who have provided assistance, advice, and resources throughout the project.

10. The tenth part of the document is a list of contact information for the author and the publisher. It includes the author's name, address, phone number, and email address. It also includes the publisher's name, address, and contact information.

11. The eleventh part of the document is a list of distribution channels that provides information about where the document can be purchased or accessed. It includes a list of bookstores, online retailers, and libraries that carry the document.

12. The twelfth part of the document is a list of legal notices that provides information about the copyright and other legal matters related to the document. It includes a statement of copyright ownership and a disclaimer of liability.



LABORATORY REPORT



Name : **RAVINA KUMARI** Sex/Age : Female/ 31 Years Case ID : 40302200762
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3469839
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
 Report Date and Time : 29-Mar-2024 12:26 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type : AB
 Rh Type : POSITIVE

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

Dr. Shreya Shah
 M.D. (Pathologist)



LABORATORY REPORT



Name : RAVINA KUMARI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years Case ID : 40302200762
Dis. At : Pt. ID : 3469839
Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 29-Mar-2024 11:46

Sample Coll. By :

Ref Id1 : OSP33635

Report Date and Time : 29-Mar-2024 17:54

Acc. Remarks : Normal

Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric,Hexokinase</i>	H	107.89	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric,Hexokinase</i>		127.09	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

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

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

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

Dr. Shreya Shah
M.D. (Pathologist)

1. The first part of the report discusses the background and objectives of the study. It highlights the importance of understanding the genetic basis of complex diseases and the role of genome-wide association studies (GWAS) in identifying susceptibility loci.

2. The second part of the report describes the study design and methodology. It details the selection of the study population, the genotyping platform used, and the statistical methods employed for data analysis.

3. The third part of the report presents the results of the study. It reports the discovery of several novel susceptibility loci for the disease under investigation, along with their associated genetic variants and effect sizes.

4. The fourth part of the report discusses the biological and clinical implications of the findings. It explores the potential mechanisms underlying the observed genetic associations and their relevance to disease pathogenesis and clinical practice.

5. The fifth part of the report concludes the study and provides a summary of the key findings. It also discusses the limitations of the study and suggests directions for future research in this field.

6. The sixth part of the report includes a list of references and a list of authors. It provides a comprehensive overview of the literature cited in the study and identifies the individuals who contributed to the research.

7. The seventh part of the report contains a list of figures and tables. It provides a visual representation of the study results and summarizes the key data points in a structured format.

8. The eighth part of the report includes a list of appendices and a list of acknowledgments. It provides additional information related to the study and expresses gratitude to the individuals and organizations that supported the research.

9. The ninth part of the report contains a list of supplementary materials and a list of contact information. It provides access to additional data and identifies the individuals who can be contacted for further information.

10. The tenth part of the report includes a list of abbreviations and a list of definitions. It provides a clear and concise explanation of the terms and symbols used throughout the report.

11. The eleventh part of the report contains a list of footnotes and a list of references. It provides additional information related to the study and identifies the individuals who contributed to the research.



LABORATORY REPORT



Name : RAVINA KUMARI

Sex/Age : Female/ 31 Years Case ID : 40302200762

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3469839

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 29-Mar-2024 11:46

Sample Coll. By :

Ref Id1 : OSP33635

Report Date and Time : 29-Mar-2024 16:32

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Glycated Haemoglobin Estimation

HbA1C
HPLC

5.50

% of total Hb <5.7: Normal
5.7-6.4: Prediabetes
>=6.5: Diabetes

Estimated Avg Glucose (3 Mths)

111.15

mg/dL

Not available

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

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

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

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

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

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

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

Dr. Sandip Shah

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

Dr. Aakash Shah

MD. Path.
Consultant Pathologist

Dr. Sandip Shah

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

Printed On : 29-Mar-2024 17:56



LABORATORY REPORT



Name : RAVINA KUMARI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years Case ID : 40302200762
Dis. At : Pt. ID : 3469839
Pt. Loc. :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Serum Mobile No :
Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
Report Date and Time : 29-Mar-2024 17:12 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	138.03	mg/dL	110 - 200
HDL Cholesterol	L 45.3	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	69.14	mg/dL	<150
VLDL <i>Calculated</i>	13.83	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.05		0 - 4.1
LDL Cholesterol <i>Calculated</i>	78.90	mg/dL	0.00 - 100.00

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

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

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

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



Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 29-Mar-2024 17:56

LABORATORY REPORT



Name : RAVINA KUMARI Sex/Age : Female/ 31 Years Case ID : 40302200762
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3469839
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Serum Mobile No :
 Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
 Report Date and Time : 29-Mar-2024 17:37 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>	40.56	U/L	14 - 59	
S.G.O.T. <i>UV with P5p</i>	17.56	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	109.44	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	36.01	U/L	0 - 38	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.83	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.50	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.33	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.36	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.21	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.15	mg/dL	0 - 0.8	

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LABORATORY REPORT

Name : RAVINA KUMARI Sex/Age : Female/ 31 Years Case ID : 40302200762
 Ref.By : HOSPITAL Dis. At : Pt. ID : 3469839
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 29-Mar-2024 11:45 Sample Type : Serum Mobile No :
 Sample Date and Time : 29-Mar-2024 11:46 Sample Coll. By : Ref Id1 : OSP33635
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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BUN (Blood Urea Nitrogen) <i>GLDH</i>	8.7	mg/dL	7.00 - 18.70	
Uric Acid <i>Uricase</i>	4.58	mg/dL	2.6 - 6.2	
Creatinine	0.65	mg/dL	0.50 - 1.50	

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



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M.D. (Pathologist)



LABORATORY REPORT

Name : RAVINA KUMARI	Sex/Age : Female/ 31 Years	Case ID : 40302200762
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3469839
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 29-Mar-2024 11:45	Sample Type : Serum	Mobile No :
Sample Date and Time : 29-Mar-2024 11:46	Sample Coll. By :	Ref Id1 : OSP33635
Report Date and Time : 29-Mar-2024 17:56	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) <small>C/M/A</small>	H 1.59	ng/mL	0.64 - 1.52	
Thyroxine (T4) <small>C/M/A</small>	10.62	µg/dL	4.87 - 11.72	
TSH <small>C/M/A</small>	1.56	µIU/mL	0.35 - 4.94	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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



Dr. Pavan Dave
DCP, DNB (PATH)

Page 10 of 13

Dr. Aakash Shah
MD. Path.
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Consultant Pathologist

Printed On : 29-Mar-2024 17:56

1. General Information
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
2. Medical History
Presenting Complaint: _____
Duration: _____
Onset: _____
3. Physical Examination
Vital Signs: _____
General: _____
HEENT: _____
Chest: _____
Abdomen: _____
Extremities: _____
Neurological: _____
4. Diagnostic Studies
Laboratory: _____
Imaging: _____
5. Assessment
6. Plan
7. Follow-up

Current Medications

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Current Allergies

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Medical History

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

2. The second part of the document outlines the 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 highlights the need for the auditor to maintain independence and objectivity, and to follow established procedures and standards.

4. The fourth part of the document discusses the importance of communication and reporting. It emphasizes the need for clear and concise communication, and for the timely reporting of findings and recommendations.

5. The fifth part of the document discusses the role of the auditor in the prevention of fraud. It highlights the need for the auditor to be alert to signs of fraud, and to take appropriate action when such signs are detected.

6. The sixth part of the document discusses the importance of the auditor's judgment. It emphasizes the need for the auditor to exercise sound judgment in the face of complex and often ambiguous situations.

7. The seventh part of the document discusses the importance of the auditor's integrity. It emphasizes the need for the auditor to be honest and ethical in all of their actions, and to maintain the highest standards of professional conduct.

8. The eighth part of the document discusses the importance of the auditor's independence. It emphasizes the need for the auditor to be free from any conflicts of interest, and to be able to perform their duties without any undue influence.

9. The ninth part of the document discusses the importance of the auditor's objectivity. It emphasizes the need for the auditor to be fair and impartial in all of their actions, and to avoid any bias or prejudice.

10. The tenth part of the document discusses the importance of the auditor's confidentiality. It emphasizes the need for the auditor to keep all information obtained during the audit confidential, and to use it only for the purposes of the audit.

11. The eleventh part of the document discusses the importance of the auditor's competence. It emphasizes the need for the auditor to have the necessary skills and knowledge to perform their duties effectively, and to stay up-to-date on the latest developments in the field.

12. The twelfth part of the document discusses the importance of the auditor's communication skills. It emphasizes the need for the auditor to be able to communicate clearly and effectively with clients, colleagues, and the public.

13. The thirteenth part of the document discusses the importance of the auditor's ethical behavior. It emphasizes the need for the auditor to act in a responsible and ethical manner, and to be a role model for others in the profession.

14. The fourteenth part of the document discusses the importance of the auditor's professional conduct. It emphasizes the need for the auditor to adhere to the highest standards of professional conduct, and to be a member in good standing of the profession.

15. The fifteenth part of the document discusses the importance of the auditor's integrity. It emphasizes the need for the auditor to be honest and ethical in all of their actions, and to maintain the highest standards of professional conduct.

16. The sixteenth part of the document discusses the importance of the auditor's independence. It emphasizes the need for the auditor to be free from any conflicts of interest, and to be able to perform their duties without any undue influence.

17. The seventeenth part of the document discusses the importance of the auditor's objectivity. It emphasizes the need for the auditor to be fair and impartial in all of their actions, and to avoid any bias or prejudice.

18. The eighteenth part of the document discusses the importance of the auditor's confidentiality. It emphasizes the need for the auditor to keep all information obtained during the audit confidential, and to use it only for the purposes of the audit.



LABORATORY REPORT



Name : RAVINA KUMARI
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital
Sex/Age : Female/ 31 Years
Dis. At :
Pt. Loc :
Case ID : 40302200762
Pt. ID : 3469839
Pt. Loc :
Reg Date and Time : 29-Mar-2024 11:45
Sample Type : Spot Urine
Sample Date and Time : 29-Mar-2024 11:46
Sample Coll. By :
Report Date and Time : 29-Mar-2024 13:58
Acc. Remarks : Normal
Mobile No. :
Ref Id1 : OSP33635
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
pH : 5.50
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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : **RAVINA KUMARI** Sex/Age : **Female/ 31 Years** Case ID : **40302200762**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3469839**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **29-Mar-2024 11:45** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **29-Mar-2024 11:46** Sample Coll. By : Ref Id1 : **OSP33635**
 Report Date and Time : **29-Mar-2024 13:58** Acc. Remarks : **Normal** Ref Id2 :

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

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

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

Dr. Shreya Shah
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