



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	HARSH GAUR
जन्म की तारीख	12-05-1987
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	20-01-2024
बुकिंग संदर्भ सं.	23M172735100084596S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MS. RAJPUT KHUSHBOO ANILBHAI
कर्मचारी की क.कू.संख्या	172735
कर्मचारी का पद	SINGLE WINDOW OPERATOR B
कर्मचारी के कार्य का स्थान	GANDHINAGAR,RO GANDHINAGAR
कर्मचारी के जन्म की तारीख :	07-03-1993

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 18-01-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited)से संपर्क करें।)



To,

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

Dear Sir / Madam,

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

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

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	HARSH GAUR
DATE OF BIRTH	12-05-1987
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	20-01-2024
BOOKING REFERENCE NO.	23M172735100084596S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. RAJPUT.KHUSHBOO ANILBHAI
EMPLOYEE EC NO.	172735
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	GANDHINAGAR,RO GANDHINAGAR
EMPLOYEE BIRTHDATE	07-03-1993

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 **18-01-2024** 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.

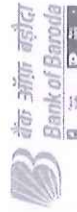
We solicit your co-operation in this regard.

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))



**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



## Dr. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.  
Reg.no: G-0749

### CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: MAULIK GAOKH. Date: 3/2/2024.  
 AGE: 37 YR SEX: M Pulse= 90/min.  
 Height: 170 cm Weight: 83 kg B.P. = 120/80 mm Hg.  
 Chief Complaints: R.R.= 21/min.  
 None. Spo2= 98%.  
 Temp.= (N)  
 R.B.S.= 105 mg/dL  
 Sleep cycle: (N)  
 E.C.G.: (N)

Body built / Nutritional status: OK.

Any known allergies: None.

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILLD, etc.

None.

Provisional Diagnosis: "FIT FOR DUTY"



\*General Examination:-

- Lymph node enlargement: (N)

\*On Examination:-

-Breath sounds: Normal Breath sound / Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

- Chest movements: (N)

Rx,

Adv: 1. Life style modification.  
2. FIT FOR DUTY

Clubbing: (N)  
 Cyanosis: (N)  
 Edema: (N)

- Air entry: AE = BE.

M. B. B. S. / 33183

**Advices:**

- 1) Chest X ray (PA),
- 2) USG Abdomen ,
- 3) HRCT thorax (P) / Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture/ Cytological),
- 8) Sputum Examination (Routine / Microscopic / Microbiological),
- 9) Blood investigations:-
  - CBC, PS For MP, CRP, ESR, SCPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test , Kidney Function test, Lipid profile, Thyroid profile (T3,T4,TSH).
  - ABG (Arterial blood gas),
  - D- Dimmer level,
  - Procalcitonin level,
- \*Tumor markers :-**
  - CEA (carcinoembryonic antigen),
  - Neuron specific enolase (NSE) ( Small cell carcinoma),
  - SCC( Squamous cell carcinoma antigen ),
  - Alpha antitrypsin level,
  - Total and specific Ig E level ,
  - Angiotensin converting enzyme,
  - CTFRA 21-1(Non small cell carcinoma),
  - Mesothelin (Malignant mesothelioma),
- 10) Follow up after      days/months.
- 11) Inform SOS.
- 12) Admission.

**Dr. Mauik Vyas**



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

UHID:	OSP 33/83	Date:	3/12/24	Time:	
Patient Name:	Hemish	Age/Sex:	37 M.	Height:	170 cm.
		Weight:	63 kg		
Chief Complain:	perutine dentures chow up				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Stem + Galen +				
Intra oral – Teeth Present :					
Teeth Absent :	→ cron. Gatterition & recession eye present.				
Diagnosis:	→ cron. periodontal pocket				

Rx						
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
①		chlorhexidine				
		mouth wash				
②	TAB	Aceclo - p		Ⓢ	q - u - s	

Other Advice:

- ① OPCR
- ② fasting

Follow-up:

Consultant's Sign:

*Sejun*



Aashka Hospitals Ltd.

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



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



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

<b>UHID:</b> <u>OSP33183</u>	<b>Date:</b> <u>03/02/2024</u>	<b>Time:</b>
<b>Patient Name:</b> <u>OTOOO Harehsingh</u>	<b>Age / Sex:</b> <u>37y / m</u>	<b>Height:</b> <u>170</u>
	<b>Weight:</b> <u>63</u>	
<b>History:</b> <u>Routine checkup</u>		
<b>Allergy History:</b>		
<b>Nutritional Screening:</b> <u>Well-Nourished / Malnourished / Obese</u>		
<b>Examination:</b> <u>BE - 0.75 x 80' 0.16</u>	<u>ARV</u> <u>glass</u>	<u>→ Du drops rd</u> <u>U.Hine</u>
<b>Diagnosis:</b> <u>normal</u>		<u>Reddy</u>



Gaur, Harsh

Contrast 226 166 05

0459 LOT D 942 #

03.02.2024 11:10:51 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

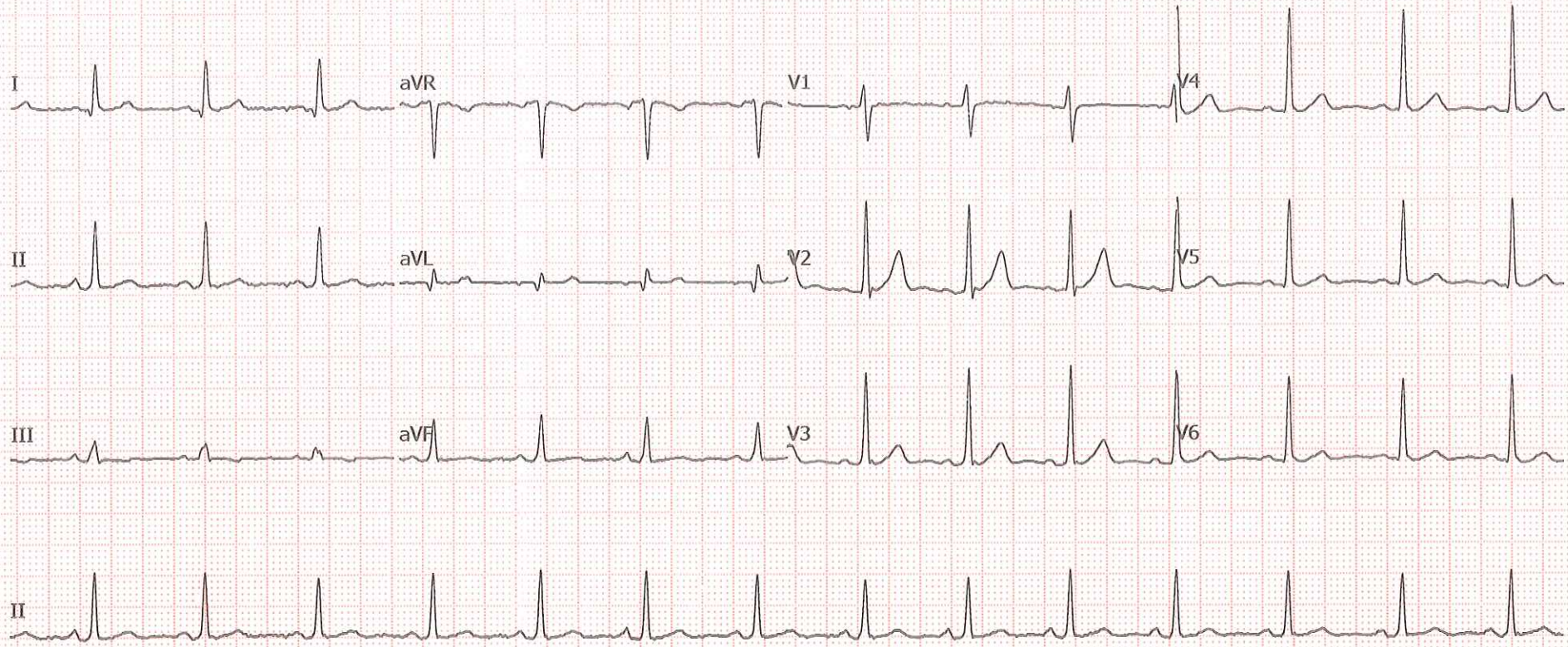
Location: 1  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Room:

85 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	82 ms	Normal sinus rhythm
QT / QTcBaz :	328 / 390 ms	Normal ECG
PR :	132 ms	
P :	76 ms	
RR / PP :	702 / 705 ms	
P / QRS / T :	57 / 44 / 24 degrees	







## LABORATORY REPORT



Name : HARSH GAUR      Sex/Age : Male / 37 Years      Case ID : 40202200058  
 Ref.By : AASHKA HOSPITAL      Dis. At :      Pt. ID : 3321014  
 Bill. Loc. : Aashka hospital      Pt. Loc. :

Reg Date and Time : 03-Feb-2024 10:08      Sample Type :      Mobile No : 9925361812  
 Sample Date and Time : 03-Feb-2024 10:08      Sample Coll. By :      Ref Id1 : OSP33183  
 Report Date and Time :      Acc. Remarks : Normal      Ref Id2 : O23249754

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.47	millions/cu mm	4.50 - 5.50
<b>Lipid Profile</b>			
HDL Cholesterol	37.6	mg/dL	48 - 77
VLDL	8.94	mg/dL	10 - 40
Plasma Glucose - F	105.78	mg/dL	70 - 100

### Abnormal Result(s) Summary End

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

Printed On : 03-Feb-2024 14:15







## LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Whole Blood EDTA** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 10:28** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

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

#### HB AND INDICES

Haemoglobin	13.7	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.47	millions/cumm	4.50 - 5.50	
PCV(Calc)	41.84	%	40.00 - 50.00	
MCV (RBC histogram)	93.6	fL	83.00 - 101.00	
MCH (Calc)	30.7	pg	27.00 - 32.00	
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.40	%	11.00 - 16.00	

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

	RESULTS	UNIT	EXPECTED VALUES	EXPECTED VALUES [Abs]
Total WBC Count	4580	/μL	4000.00 - 10000.00	2000.00 - 7000.00
Neutrophil	57.0	%	40.00 - 70.00	1603
Lymphocyte	35.0	%	20.00 - 40.00	1603
Eosinophil	3.0	%	1.00 - 6.00	137
Monocytes	5.0	%	2.00 - 10.00	229
Basophil	0.0	%	0.00 - 2.00	0

#### PLATELET COUNT (Optical)

Platelet Count	165000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.63		0.78 - 3.53

#### SMEAR STUDY

**RBC Morphology**  
 Normocytic Normochromic RBCs.

**WBC Morphology**  
 Total WBC count within normal limits.

**Platelet**  
 Platelets are adequate in number.

**Parasite**  
 Malarial Parasite not seen on smear.

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



**Dr. Shreya Shah**  
 M.D. (Pathologist)

Page 2 of 13

Printed On : 03-Feb-2024 14:15









## LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
Ref.By : **AAASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Whole Blood EDTA** Mobile No : **9925361812**  
Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
Report Date and Time : **03-Feb-2024 11:22** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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<b>ESR</b> <i>Westergren Method</i>	<b>04</b>		<b>mm after 1hr 3 - 15</b>	
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Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 3 of 13

Printed On : 03-Feb-2024 14:15







## LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : Male / 37 Years Case ID : 40202200058  
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3321014  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 03-Feb-2024 10:08	Sample Type : Whole Blood EDTA	Mobile No : 9925361812
Sample Date and Time : 03-Feb-2024 10:08	Sample Coll. By :	Ref Id1 : OSP33183
Report Date and Time : 03-Feb-2024 10:52	Acc. Remarks : Normal	Ref Id2 : O23249754

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type **B**  
Rh Type **POSITIVE**

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 4 of 13

Printed On : 03-Feb-2024 14:15







## LABORATORY REPORT

Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Spot Urine** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 10:28** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour **Pale yellow**

Transparency **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity **1.025** 1.005 - 1.030

pH **5.50** 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** /LPF Nil

Crystals **Nil** /HPF Nil

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 5 of 13

Printed On : 03-Feb-2024 14:15







## LABORATORY REPORT

Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
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Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Spot Urine** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 10:28** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

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/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
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

Page 6 of 13

Printed On : 03-Feb-2024 14:15









LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 11:22** Acc. Remarks : **Normal** Ref Id2 : **O23249754**  
 TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H 105.78</b>	mg/dL	70 - 100
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	<b>91.99</b>	mg/dL	70.0 - 140.0
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>	<b>10.5</b>	mg/dL	8.90 - 20.60
<b>Creatinine</b>	<b>1.08</b>	mg/dL	0.50 - 1.50
<b>Uric Acid</b> <i>Uricase</i>	<b>5.29</b>	mg/dL	3.5 - 7.2

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

**Dr. Shreya Shah**  
 M.D. (Pathologist)

Page 7 of 13

Printed On : 03-Feb-2024 14:15







## LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 12:51** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

**Cholesterol**  
*Colorimetric, CHOD-POD* **143.46** mg/dL **110 - 200**

**HDL Cholesterol**  
 L **37.6** mg/dL **48 - 77**

**Triglyceride**  
*Glycerol Phosphate Oxidase* **44.70** mg/dL **<150**

**VLDL**  
*Calculated* L **8.94** mg/dL **10 - 40**

**Chol/HDL**  
*Calculated* **3.82** **0 - 4.1**

**LDL Cholesterol**  
*Calculated* **96.92** mg/dL **0.00 - 100.00**

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

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

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

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



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Page 8 of 13

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## LABORATORY REPORT



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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 11:33** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	<b>16.88</b>	U/L	16 - 63	
<b>S.G.O.T.</b> <i>UV with P5P</i>	<b>25.10</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	<b>110.0</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide</i> Substrate	<b>9.99</b>	U/L	0 - 55	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>8.00</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.05</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>	<b>3.95</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	<b>1.0</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.70</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazoitization reaction</i>	<b>0.30</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	<b>0.40</b>	mg/dL	0 - 0.8	

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

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**LABORATORY REPORT**



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Whole Blood EDTA** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 10:35** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

<b>HbA1C</b>	<b>4.76</b>		% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	<b>89.91</b>		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 glycaemic 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 glycaemic 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-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



**Dr. Shreya Shah**  
 M.D. (Pathologist)







**LABORATORY REPORT**



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 11:22** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

**BIOCHEMICAL INVESTIGATIONS**

<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	8.00	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	5.00	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	3.00	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.7		1.0 - 2.1

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

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Page 11 of 13







## LABORATORY REPORT



Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AAASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 11:21** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

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

Triiodothyronine (T3)	118.85	ng/dL	70 - 204	
Thyroxine (T4) C/M/A	8.99	ng/dL	4.87 - 11.72	
TSH C/M/A	1.20	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), 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	Reference range (microIU/ml)
Second trimester	0.24 - 2.00
Third trimester	0.43-2.2
	0.8-2.5

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



**Dr. Shreya Shah**  
M.D. (Pathologist)

Printed On : 03-Feb-2024 14:15

Page 12 of 13







## LABORATORY REPORT

Name : **HARSH GAUR** Sex/Age : **Male / 37 Years** Case ID : **40202200058**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3321014**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **03-Feb-2024 10:08** Sample Type : **Serum** Mobile No : **9925361812**  
 Sample Date and Time : **03-Feb-2024 10:08** Sample Coll. By : Ref Id1 : **OSP33183**  
 Report Date and Time : **03-Feb-2024 11:21** Acc. Remarks : **Normal** Ref Id2 : **O23249754**

**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 0.6-2.5

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

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

**Dr. Shreya Shah**  
M.D. (Pathologist)

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Page 13 of 13





**Aashka Hospitals Ltd.**

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC032647

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



**PATIENT NAME: HARSH GAUR**

**GENDER/AGE: Male / 36 Years**

**DOCTOR:**

**OPDNO: OSP33183**

**DATE: 03/02/24**

**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.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST





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CIN: L85110GJ2012PLC072647

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



**PATIENT NAME: HARSH GAUR**

**GENDER/AGE: Male / 36 Years**

**DOCTOR:**

**OPDNO: OSP33183**

**DATE: 03/02/24**

### SONOGRAPHY OF ABDOMEN AND PELVIS

**LIVER:** Liver appears normal in size and shows normal parenchymal echoes. 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 4.1 cms in size.

Left kidney measures about 10.2 x 4.3 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 140 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:** Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



**PATIENT NAME: HARSH GAUR**

**GENDER/AGE: Male / 36 Years**

**DOCTOR: DR. HASIT JOSHI**

**OPDNO: OSP33183**

**DATE: 03/02/24**

**2D-ECHO**

<b>MITRAL VALVE</b>	<b>: MILD MVP</b>
<b>AORTIC VALVE</b>	<b>: NORMAL</b>
<b>TRICUSPID VALVE</b>	<b>: NORMAL</b>
<b>PULMONARY VALVE</b>	<b>: NORMAL</b>
<b>AORTA</b>	<b>: 32mm</b>
<b>LEFT ATRIUM</b>	<b>: 32mm</b>
<b>LV Dd / Ds</b>	<b>: 39/26mm</b>
<b>IVS / LVPW / D</b>	<b>: 10/9mm</b>
<b>IVS</b>	<b>: INTACT</b>
<b>IAS</b>	<b>: INTACT</b>
<b>RA</b>	<b>: NORMAL</b>
<b>RV</b>	<b>: NORMAL</b>
<b>PA</b>	<b>: NORMAL</b>
<b>PERICARDIUM</b>	<b>: NORMAL</b>
<b>VEL</b>	<b>: PEAK</b>
<b>M/S</b>	<b>: Gradient mm Hg</b>
<b>MITRAL</b>	<b>: 0.9/0.7m/s</b>
<b>AORTIC</b>	<b>: 1.2m/s</b>
<b>PULMONARY</b>	<b>: 1.0m/s</b>
<b>COLOUR DOPPLER</b>	<b>: NO MR/AR/TR</b>
<b>RVSP</b>	<b>:</b>
<b>CONCLUSION</b>	<b>: NORMAL LV SIZE / SYSTOLIC FUNCTION.</b>

**MEAN**  
**Gradient mm Hg**  
**EF 60%**

**CARDIOLOGIST**

**DR. HASIT JOSHI (9825012235)**

