



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	MINAZ JUNED BELIM
जन्म की तारीख	05-12-1990
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	10-02-2024
बुकिंग संदर्भ सं.	23M170883100087982S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. ALLAUDIN BELIM JUNED
कर्मचारी की क.डू.संख्या	170883
कर्मचारी का पद	SINGLE WINDOW OPERATOR B
कर्मचारी के कार्य का स्थान	DEVKARAN NA MUVADA
कर्मचारी के जन्म की तारीख	02-10-1987

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 05-02-2024 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	MINAZ JUNED BELIM
DATE OF BIRTH	05-12-1990
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	10-02-2024
BOOKING REFERENCE NO.	23M170883100087982S
<b>SPOUSE DETAILS</b>	
EMPLOYEE NAME	MR. ALLAUDIN BELIM JUNED
EMPLOYEE EC NO.	170883
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR B
EMPLOYEE PLACE OF WORK	DEVKARAN NA MUVADA
EMPLOYEE BIRTHDATE	02-10-1987

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 **05-02-2024** 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/-

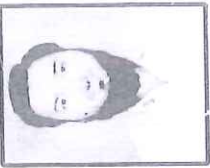
**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))





ROBHAVC108



*T. Belim*

Bank of Baroda



MR. BELIM JUNED ALLAUDIN

170883

*[Handwritten signature]*



**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



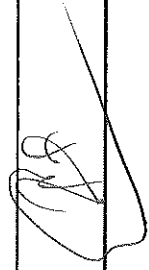
**DR. PRERAK TRIVEDI**  
**M.D., IDCCM**  
**CRITICAL CARE MEDICINE**  
**REG.NO.G-59493**

<b>UHID:</b> 05P33242	<b>Date:</b> 10/2/24	<b>Time:</b> 2PM
<b>Patient Name:</b> Prinar belim	<b>Height:</b> 150	
<b>Age /Sex:</b> 24y / F	<b>LMP:</b>	<b>Weight:</b> 57.00 kg
<b>History:</b>		
<b>C/C/O:</b>	<b>History:</b>	Insomnia + tremor
<b>Allergy History:</b>	<b>Addiction:</b>	
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Vitals &amp; Examination:</b>		
<b>Temperature:</b> none		
<b>Pulse:</b> 72/w		
<b>BP:</b> 132/80		
<b>SPO2:</b> 98%		
<b>Provisional Diagnosis:</b>		

Advice:

Rx

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

Insulin Scale	RBS-	hourly	Diet Advice:
	< 150 --	300-350 --	
150-200 --	350-400 --		Sign: 
200-250 --	400-450 --		
250-300 --	> 450 --		



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CIN: L85110GJ2012PLC072647



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

Name:- *Munez Jamed belim*

Age:- *34 / F*

Place:- *Sain +  
ambelus +*

Adm:- *Sevling*

*→*  
*Sevling*



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

<b>UHID:</b> OSP33242	<b>Date:</b> 10-2-24	<b>Time:</b>
<b>Patient Name:</b> Minu2	<b>Age /Sex:</b>	<b>Height:</b>
		<b>Weight:</b>
<b>History:</b>	nw.	
<b>Allergy History:</b>	nw.	
<b>Nutritional Screening:</b> Well-Nourished / Malnourished / Obese		
<b>Examination:</b>	B2r s/lz wnw lens - clear Acr Dept - normal	
<b>Diagnosis:</b>	wnw	

Rx

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

Eye examination:

6/6

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

P/A Green

Other Advice:

Follow-up:

now 6/ month

Consultant's Sign:

*[Signature]*

10.02.2024 11:08:32 AM  
AASHIKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

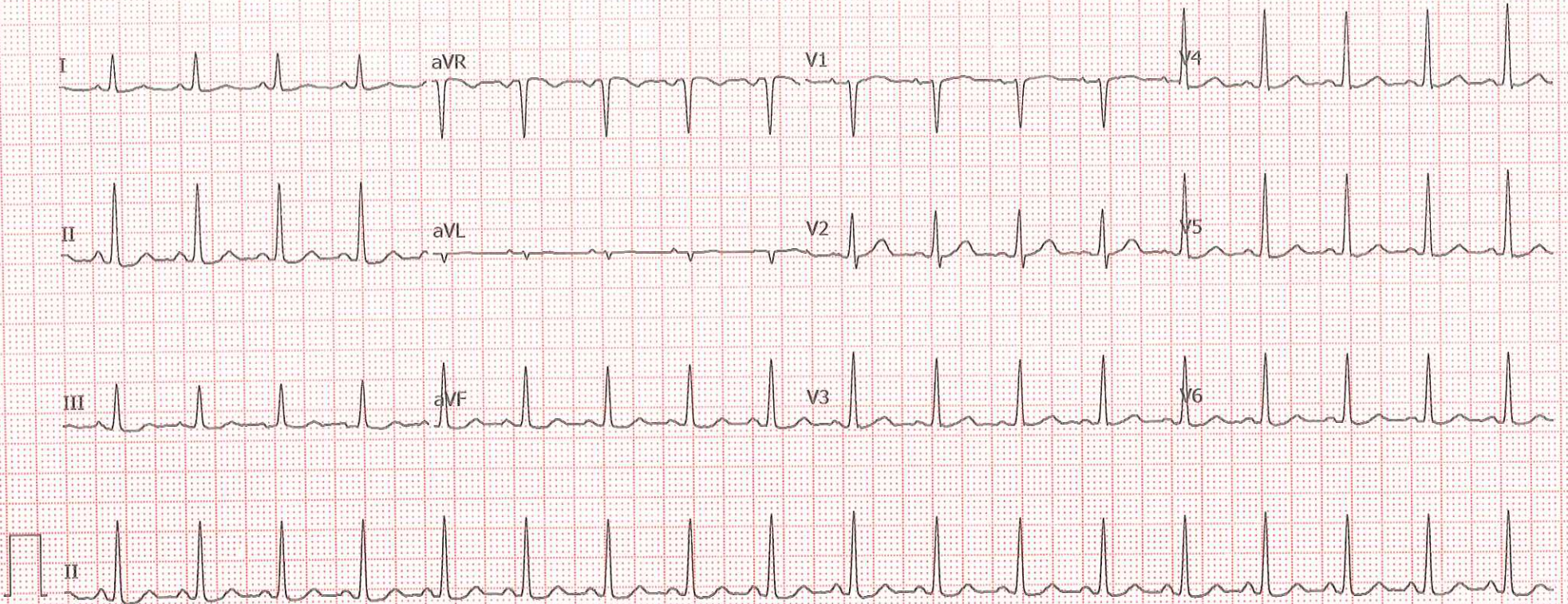
Room:

109 bpm  
--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 72 ms  
QT / QTcBaz : 320 / 430 ms  
PR : 122 ms  
P : 80 ms  
RR / PP : 548 / 550 ms  
P / QRS / T : 52 / 65 / 61 degrees


Sinus tachycardia  
Otherwise normal ECG





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



PATIENT NAME: MINAZ JUNED BELIM

GENDER/AGE: Female / 34 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33242

DATE: 10/02/24

## 2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 27mm	
LEFT ATRIUM	: 30mm	
LV Dd / Ds	: 41/24mm	EF 65%
IVS / LVPW / D	: 10/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 1.1/0.9m/s	
AORTIC	: 1.5m/s	
PULMONARY	: 1.3m/s	
COLOUR DOPPLER	: NO MR/TR	
RVSP	:	
CONCLUSION	: TACHYCARDIA + ;	
	: NORMAL LV FUNCTION.	

  
CARDIOLOGIST

DR. HASIT JOSHI (9825012235)





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**aashka**  
HOSPITAL



**PATIENT NAME: MINAZ JUNED BELIM**

**GENDER/AGE: Female / 34 Years**

**DOCTOR:**

**OPDNO: OSP33242**

**DATE: 10/02/24**

### 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 shows a calculus of about 14 mm. No evidence of 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 10.0 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 160 cc.

**COMMENT: GB calculus.**

Normal sonographic appearance of liver, pancreas, spleen, kidneys, para aortic region and bladder.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST



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



**PATIENT NAME: MINAZ JUNED BELIM**

**GENDER/AGE: Female / 34 Years**

**DOCTOR:**

**OPDNO: OSP33242**

**DATE: 10/02/24**

**L.M.P.: 05/10/2023**

**PERIOD OF AMMENORHOEA: 18 WKS 2 DAYS**

### **SONOGRAPHY OF FOETUS**

**FOETUS:** There is evidence of single viable intrauterine foetus. Foetal movements and cardiac activity are noted on B/M mode. No apparent foetal anomaly is seen at present. Foetal maturity seems to be about 18 wks 3 days according to BPD - 42 mm, AC - 128 mm and FL - 27 mm.  
Foetal heart rate is about 155/min.  
Approximate foetal weight is about 240 gms.

**PLACENTA:** Placenta is posterior. No evidence of retroplacental hematoma is seen. No evidence of placenta previa is seen. (Grade 2)

**AMNIOTIC FLUID:** Amniotic fluid is within normal limit.

Internal cervical os is closed.

Cervical length is about 3.5 cms.

### **COMMENTS:**

Single viable intrauterine pregnancy of 18 wks 2 days' maturity.  
Posterior placenta.  
Adequate amniotic fluid.

  
**DR. SNEHAL PRAJAPATI**  
CONSULTANT RADIOLOGIST





## LABORATORY REPORT



Name : **MINAZ JUNED BELIM**  
 Ref.By : HOSPITAL  
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years  
 Dis. At :  
 Pt. Loc :

Case ID : 40202200261

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04

Mobile No :

Sample Type :

Sample Date and Time : 10-Feb-2024 09:04

Ref Id1 : OSP33242

Sample Coll. By :

Report Date and Time :

Ref Id2 : O23249971

Acc. Remarks : Normal

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Haemogram (CBC)</b>			
Haemoglobin	11.6	G%	12.0 - 15.0
PCV(Calc)	35.45	%	36.00 - 46.00
Neutrophil	80.0	%	40.00 - 70.00
Lymphocyte	14.0	%	20.00 - 40.00
Neutrophil	7288	/ $\mu$ L	2000.00 - 7000.00
Neut/Lympho Ratio (NLR)	5.71		0.78 - 3.53
<b>Lipid Profile</b>			
Cholesterol	202.72	mg/dL	110 - 200
Triglyceride	169.07	mg/dL	<150
LDL Cholesterol	104.81	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	10.65	U/L	14 - 59
S.G.O.T.	12.43	U/L	15 - 37
<b>Thyroid Function Test</b>			
Triiodothyronine (T3)	215.93	ng/dL	70 - 204
Thyroxine (T4)	12.56	ng/dL	4.87 - 11.72

Abnormal Result(s) Summary End

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





## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Pt. Loc :

Case ID : 40202200261

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 09:59 Acc. Remarks : Normal

Ref Id2 : O23249971

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)	4.18	millions/cumm	3.80 - 4.80	
PCV(Calc)	L 35.45	%	36.00 - 46.00	
MCV (RBC histogram)	84.8	fL	83.00 - 101.00	
MCH (Calc)	27.6	pg	27.00 - 32.00	
MCHC (Calc)	32.6	gm/dL	31:50 - 34.50	
RDW (RBC histogram)	14.30	%	11.00 - 16.00	

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

Total WBC Count	9110	/µL	4000.00 - 10000.00	
Neutrophil	H 80.0	%	40.00 - 70.00	[Abs] 7288 /µL
Lymphocyte	L 14.0	%	20.00 - 40.00	1275 /µL
Eosinophil	1.0	%	1.00 - 6.00	91 /µL
Monocytes	5.0	%	2.00 - 10.00	456 /µL
Basophil	0.0	%	0.00 - 2.00	0 /µL

#### PLATELET COUNT (Optical)

Platelet Count	254000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	H 5.71		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Neutrophilia
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 : **MINAZ JUNED BELIM**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 40202200261

Dis. At :

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 10:39

Acc. Remarks : Normal

Ref Id2 : O23249971

### TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

**ESR**

*Westergren Method*

**14**

mm after 1hr 3 - 20

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

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





## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Pt. Loc :

Case ID : 40202200261

Pt. ID : 3340158

Mobile No :

Reg Date and Time : 10-Feb-2024 09:04

Sample Type : Whole Blood EDTA

Sample Date and Time : 10-Feb-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 09:30

Acc. Remarks : Normal

Ref Id2 : O23249971

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### HAEMATOLOGY INVESTIGATIONS

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

ABO Type

O

Rh Type

POSITIVE

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

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





## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 40202200261

Dis. At :

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 | Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 | Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 09:45 | Acc. Remarks : Normal

Ref Id2 : O23249971

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	1.015		1.005 - 1.030	
pH	6.50		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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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





## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Case ID : 40202200261

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 09:45 Acc. Remarks : Normal

Ref Id2 : O23249971

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/Notations				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
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)







## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Pt. Loc :

Case ID : 40202200261

Pt. ID : 3340158

Reg Date and Time : 10-Feb-2024 09:04

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 13:35

Acc. Remarks : Normal

Ref Id2 : O23249971

REMARKS

UNIT BIOLOGICAL REF RANGE

### BIOCHEMICAL INVESTIGATIONS

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	98.42	mg/dL	70 - 100
<b>Plasma Glucose - PP</b>	76.09	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: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 40202200261

Dis. At :

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 13:17 Acc. Remarks : Normal

Ref Id2 : O23249971

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	H	202.72	mg/dL	110 - 200
<b>HDL Cholesterol</b>		64.1	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>	H	169.07	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		33.81	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>		3.16		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	104.81	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:(L-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

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## LABORATORY REPORT



Name : **MINAZ JUNED BELIM**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Case ID : 40202200261

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 13:48 Acc. Remarks : Normal

Ref Id2 : O23249971

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5P</i>	L	10.65	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with P5P</i>	L	12.43	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>		95.57	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>		10.44	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Bluret</i>		7.44	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>		4.23	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculated</i>		3.21	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>		1.3		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>		0.59	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>		0.28	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculated</i>		0.31	mg/dL	0 - 0.8	

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

Dr. Shreya Shah

M.D. (Pathologist)





## LABORATORY REPORT



Name : **MINAZ JUNED BELIM** Sex/Age : Female/ 34 Years Case ID : 40202200261  
Ref.By : HOSPITAL Dis. At : Pt. ID : 3340158  
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Serum Mobile No :  
Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By : Ref Id1 : OSP33242  
Report Date and Time : 10-Feb-2024 13:17 Acc. Remarks : Normal Ref Id2 : O23249971

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	7.9	mg/dL	7.00 - 18.70	
Creatinine	0.56	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	3.12	mg/dL	2.6 - 6.2	

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

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







## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 40202200261

Dis. At :

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04

Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 10:23

Acc. Remarks : Normal

Ref Id2 : O23249971

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

HbA1C 4.60

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

Estimated Avg Glucose (3 Mths)  
*Calculated* 85.32

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-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah  
M.D. (Pathologist)





## LABORATORY REPORT



Name : MINAZ JUNED BELIM

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Case ID : 40202200261

Dis. At :

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Ref Id1 : OSP33242

Report Date and Time : 10-Feb-2024 10:56 /Acc. Remarks : Normal

Ref Id2 : O23249971

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

Triiodothyronine (T3)	H	215.93	ng/dL	70 - 204
Thyroxine (T4) <i>CMA</i>	H	12.56	ng/dL	4.87 - 11.72
TSH <i>CMA</i>		2.81	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 anti-animal 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)





## LABORATORY REPORT

Name : **MINAZ JUNED BELIM**

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 34 Years

Dis. At :

Case ID : 40202200261

Pt. ID : 3340158

Pt. Loc :

Reg Date and Time : 10-Feb-2024 09:04 Sample Type : Serum

Sample Date and Time : 10-Feb-2024 09:04 Sample Coll. By :

Mobile No :

Report Date and Time : 10-Feb-2024 10:56 Acc. Remarks : Normal

Ref Id1 : OSP33242

Ref Id2 : O23249971

**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, 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, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.  
 TSH ref range in Pregnancy  
 First trimester 0.24 - 2.00  
 Second trimester 0.43-2.2  
 Third trimester 0.8-2.6

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

----- 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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