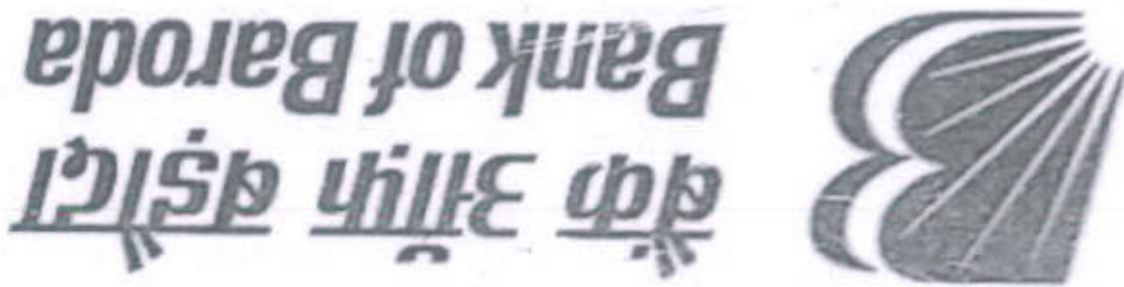


Issuing Authority

प्राधिकृत अधिकारी

कर्मचारी कोड नं.  
Employee Code No. : 162338

नाम : मनीष कुमार गुप्ता  
Name : Manishkumar Gupta



Signature of Holder

धारक के हस्ताक्षर







LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. GUPTA MANISH KUMAR
EC NO.	162338
DESIGNATION	FOREX BACK OFFICE
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	20-07-1988
PROPOSED DATE OF HEALTH CHECKUP	09-03-2024
BOOKING REFERENCE NO.	23M162338100094864E

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 **29-02-2024** 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 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))



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 जिनका विवरण निम्नानुसार है हमारे कारर के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. GUPTA MANISH KUMAR
क. क्र.संख्या	162338
पदनाम	FOREX BACK OFFICE
कार्य का स्थान	GANDHINAGAR,GIFT CITY,NATIONAL
जन्म की तारीख	20-07-1988
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M162338100094864E

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 29-02-2024 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 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।)

Aashka Hospitals Ltd.

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



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



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

UHID:	00123132	Date:	09/03/24	Time:	11:30
Patient Name:	Munish Gupta	Age / Sex:		Height:	168
				Weight:	69.2
History:	e to Computer Herby Clup				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	VNC count 6/6 6/6 AMB Colors vision - normal				
Diagnosis:	Refractive error				

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign:



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CIN: L85110GJ2012PLC072647

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



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

UHID:	0023132	Date:	9/3/26	Time:	
Patient Name:	Momish Kumar	Age / Sex:	35 / M.	Height:	
		Weight:			
Chief Complain:	Axe				
History:	Routine dental checkup				
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral – Teeth Present :	Stain ++ caries +				
Teeth Absent :	Carious teeth + 6.				
Diagnosis:					

## Rx

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

## Other Advice:

Statin →

Sawing

Pillory diet →

1/67 →

## Follow-up:

Consultant's Sign:

Sajid



Aashka Hospitals Ltd.

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www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



9/03/24  
at 3:15 pm

PT Name - MANISH

55 yr / m

NO any active complaints  
NO any other co-morbidities

P- 84/min

BP - 90/60 mmHg

SpO<sub>2</sub> - 97% on RA

ES / NTD  
WS

- all blood investigation noted - (R)  
↑ SPT. SPT - (R)

- ECG - NSR

- CXR - NTD

- 2D Echo EF 60%  
(R) LFTM.

- USG Abdo - (R)



*Manish Gupta*

09.03.2024 11:57:21 AM  
AASHKA HOSPITAL  
SARGASAN  
GANDHINAGAR

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

Room:

66 bpm  
--/-- mmHg

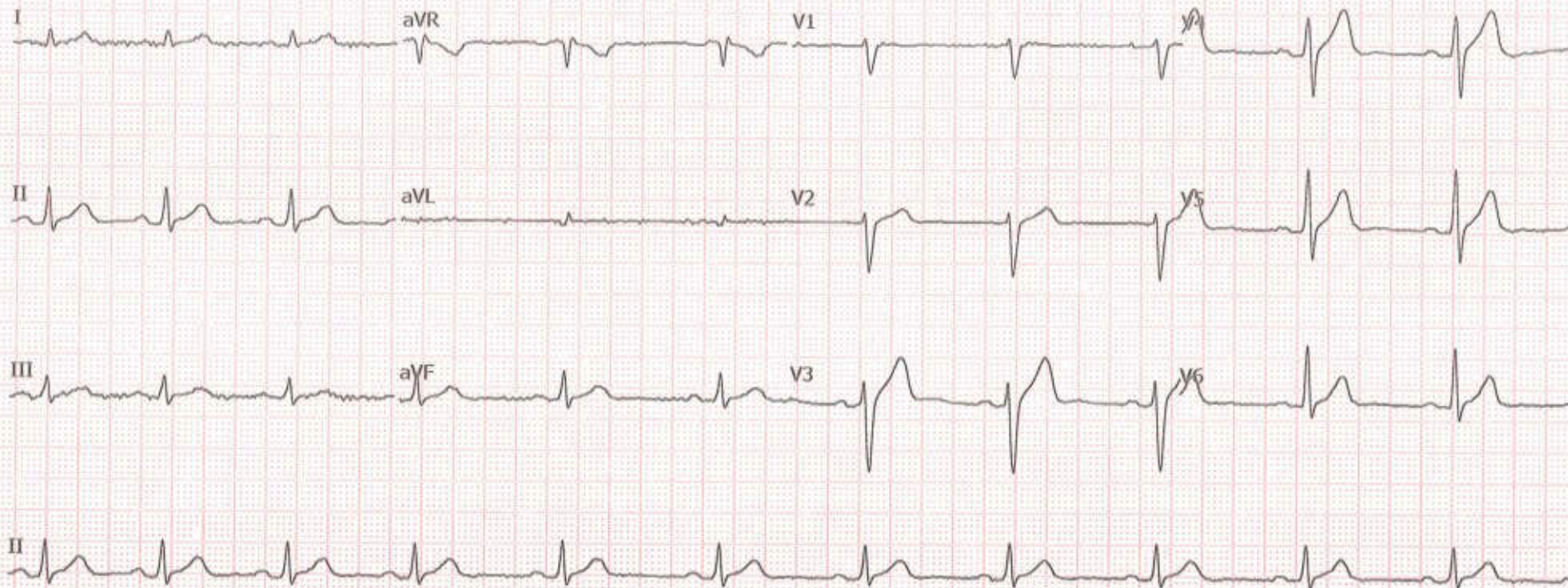
28 Years  
35

Male

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS :	86 ms
QT / QTcBaz :	352 / 369 ms
PR :	166 ms
P :	82 ms
RR / PP :	902 / 909 ms
P / QRS / T :	54 / 67 / 51 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG





PATIENT NAME:MANISH GUPTA

GENDER/AGE:Male / 35 Years

DOCTOR:DR.HASIT JOSHI

OPDNO:O0123132

DATE:09/03/24

**2D-ECHO**

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 31mm
LEFT ATRIUM	: 34mm
LV Dd / Ds	: 44/31mm
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	: 0.9/0.7m/s
AORTIC	: 1.1m/s
PULMONARY	: 0.9m/s
COLOUR DOPPLER	: NO MR/AR/TR
RVSP	:
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

EF 60%

CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)





**Aashka Hospitals Ltd.**

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**PATIENT NAME: MANISH GUPTA**

**GENDER/AGE: Male / 35 Years**

**DOCTOR:**

**OPDNO: 00123132**

DATE: 09/03/24

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.

**No evidence of collapse, consolidation, mediastinal lymphadenopathy or 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 RAJAPATI**  
CONSULTANT RADIOLOGIST







## LABORATORY REPORT



Name : **MANISH GUPTA**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years** Case ID : **40302200267**  
 Dis. At : Pt. ID : **2527022**  
 Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type :  
 Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By :  
 Report Date and Time : Acc. Remarks : **Normal**

Mobile No : **8347441869**  
 Ref Id1 : **00123132**  
 Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
HDL Cholesterol	36.3	mg/dL	48 - 77
Chol/HDL	4.70		0 - 4.1
LDL Cholesterol	115.20	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
S.G.P.T.	88.50	U/L	16 - 63
S.G.O.T.	45.85	U/L	15 - 37
Plasma Glucose - F	116.02	mg/dL	70 - 100

### Abnormal Result(s) Summary End

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

Printed On : 09-Mar-2024 14:07

# MEMORANDUM FOR THE RECORD

On 10/10/54, the following information was received from the [redacted] regarding the [redacted] of [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

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The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

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The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

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The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].

The [redacted] was [redacted] by [redacted] and [redacted] on [redacted] at [redacted].



## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : **Male / 35 Years** Case ID : **40302200267**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2527022**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Whole Blood EDTA** Mobile No : **8347441869**  
 Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By : RefId1 : **O0123132**  
 Report Date and Time : **09-Mar-2024 10:11** Acc. Remarks : **Normal** RefId2 :

TEST RESULTS UNIT BIOLOGICAL REF. INTERVAL REMARKS

### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	15.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.28	millions/cumm	4.50 - 5.50
PCV(Calc)	46.25	%	40.00 - 50.00
MCV (RBC histogram)	87.6	fL	83.00 - 101.00
MCH (Calc)	28.7	pg	27.00 - 32.00
MCHC (Calc)	32.8	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.40	%	11.00 - 16.00

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

Total WBC Count	4760	/µL	4000.00 - 10000.00
Neutrophil	[%] 54.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 2570
Lymphocyte	36.0	%	20.00 - 40.00
Eosinophil	4.0	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

#### PLATELET COUNT (Optical)

Platelet Count	210000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.50		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: (L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)

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

Page 2 of 12

Printed On : 09-Mar-2024 14:07







## LABORATORY REPORT

Name : **MANISH GUPTA**  
Ref.By : **AASHKA HOSPITAL**  
Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years**      Case ID : **40302200267**  
Dis. At :                                      Pt. ID : **2527022**  
Pl. Loc :                                      Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58**      Sample Type : **Whole Blood EDTA**  
Sample Date and Time : **09-Mar-2024 08:59**      Sample Coll. By :  
Report Date and Time : **09-Mar-2024 11:54**      Acc. Remarks : **Normal**

Mobile No : **8347441869**  
Ref Id1 : **O0123132**  
Ref Id2 :

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

ESR <i>Westergren Method</i>	10		mm after 1hr 3 - 15	
---------------------------------	----	--	---------------------	--

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

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

Page 3 of 12

Printed On : 09-Mar-2024 14:07



# MEMORANDUM FOR THE DIRECTOR

1. The purpose of this memorandum is to inform you of the results of the recent study conducted by the Research and Development Department regarding the effectiveness of the new training program for new hires.

2. The study was conducted over a period of six months, during which time 100 new hires were assigned to the training program and 100 were assigned to the standard on-the-job training program.

3. The results of the study indicate that the new training program resulted in a 15% increase in productivity and a 10% decrease in the time required to complete tasks compared to the standard on-the-job training program.

4. These findings suggest that the new training program is more effective than the standard on-the-job training program in terms of both productivity and time efficiency.

5. It is recommended that the new training program be implemented for all new hires in the future, as it appears to be a more effective and efficient method of training.

6. The Research and Development Department will continue to monitor the performance of the new training program and will report any further findings to you.

7. If you have any questions or concerns regarding the results of the study, please contact the Research and Development Department at your earliest convenience.

8. Thank you for your attention to this matter. I am confident that the new training program will be a valuable asset to our organization.

9. Sincerely,  
John Doe  
Research and Development Department

10. Enclosed for your information are two copies of the study report, which provides a detailed overview of the study's methodology, results, and conclusions.

11. Please let me know if you would like to discuss the study's findings in more detail.

12. Very truly yours,  
John Doe  
Research and Development Department

13. I am sure that you will find the results of the study to be of great interest and value.

14. Please do not hesitate to contact me if you have any questions or need further information.

15. Thank you for your time and attention. I look forward to your response.



## LABORATORY REPORT

Name : **MANISH GUPTA**  
Ref.By : **AASHKA HOSPITAL**  
Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years**  
Dis. At :  
Pt. Loc :  
Case ID : **40302200267**  
Pt. ID : **2527022**

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Whole Blood EDTA** Mobile No : **8347441869**  
Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By :  
Report Date and Time : **09-Mar-2024 13:13** Acc. Remarks : **Normal** Ref Id1 : **O0123132**  
Ref Id2 :

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)

Page 4 of 12

Printed On: 09-Mar-2024 14:07



## THE HISTORY OF THE REPUBLIC

The history of the Republic is a story of growth and change. It begins with the early years of settlement, when the first pioneers sought a better life in a new land. They faced many hardships, but their determination and courage led to the establishment of a new society.

As the years passed, the Republic grew in size and strength. The people worked hard to build a better life for themselves and their children. They established laws and customs that guided their actions and ensured the stability of their society.

The Republic has faced many challenges over the years, but it has always emerged stronger and more united. The people have shown a remarkable ability to overcome adversity and build a better future for themselves.

The history of the Republic is a testament to the power of the human spirit. It shows that with determination and courage, we can overcome any challenge and build a better life for ourselves and our children.

The Republic has a bright future ahead of it. The people are united and determined to build a better life for themselves and their children. They will continue to work hard and overcome any challenge that comes their way.

The history of the Republic is a story of hope and possibility. It shows that with determination and courage, we can overcome any challenge and build a better life for ourselves and our children.

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The Republic has a bright future ahead of it. The people are united and determined to build a better life for themselves and their children. They will continue to work hard and overcome any challenge that comes their way.





## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : **Male / 35 Years** Case ID : **40302200267**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : **Pl. ID : 2527022**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Plasma Fluoride F, Plasma Fluoride PP, Serum** Mobile No : **8347441869**  
 Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By : **Ref Id1 : 00123132**  
 Report Date and Time : **09-Mar-2024 12:28** Acc. Remarks : **Normal** Ref Id2 :  
**TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS**

<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	<b>H</b>	<b>116.02</b>	<b>mg/dL</b>	<b>70 - 100</b>
<b>Plasma Glucose - PP</b>		<b>92.51</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>
<b>BUN (Blood Urea Nitrogen)</b> <i>GLDH</i>		<b>10.9</b>	<b>mg/dL</b>	<b>8.90 - 20.60</b>
<b>Uric Acid</b> <i>Uricase</i>		<b>5.85</b>	<b>mg/dL</b>	<b>3.5 - 7.2</b>
<b>Creatinine</b>		<b>0.98</b>	<b>mg/dL</b>	<b>0.50 - 1.50</b>

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

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

Page 5 of 12

Printed On : 09-Mar-2024 14:07



# THE HISTORY OF THE UNITED STATES

The history of the United States is a complex and multifaceted story that spans centuries. It begins with the early Native American civilizations, such as the Mayans, Aztecs, and Incas, who built sophisticated societies in the Americas. The arrival of European explorers in the late 15th and early 16th centuries marked the beginning of a new era of discovery and expansion.

The 17th century saw the establishment of permanent European colonies in North America. The Pilgrims and Puritans sought religious freedom and economic opportunity, leading to the development of distinct regional cultures and societies. The 18th century was characterized by the growth of the colonies and the increasing tensions with Great Britain.

The American Revolution (1775-1783) was a pivotal moment in the nation's history, as the colonies fought for independence from British rule. The signing of the Declaration of Independence in 1776 and the subsequent adoption of the Constitution in 1787 laid the foundation for the new nation.

The 19th century was a period of rapid growth and expansion for the United States. The westward movement, driven by the desire for land and resources, led to the discovery of gold in California and the settlement of the frontier. The Civil War (1861-1865) was a defining event that resolved the issue of slavery and preserved the Union.

The 20th century brought significant social and economic changes to the United States. The Progressive Era (1890s-1920s) saw the rise of reform movements that sought to address social inequalities and improve government efficiency. The Great Depression (1930s) and World War II (1941-1945) shaped the modern American identity.

The post-World War II era was marked by the Cold War, the space race, and the civil rights movement. The United States emerged as a superpower, influencing global events and shaping the modern world. The Vietnam War (1955-1975) and the Watergate scandal (1972) were significant events that tested the nation's resolve and integrity.

The late 20th and early 21st centuries have seen the United States continue to evolve and adapt to a rapidly changing world. The end of the Cold War, the September 11 attacks (2001), and the rise of the digital age have all shaped the current landscape of the nation.

The United States remains a nation of diverse people and cultures, united by a shared history and a common future. The challenges and opportunities of the 21st century will continue to shape the nation's path forward.

The history of the United States is a testament to the resilience and ingenuity of the American people. It is a story of discovery, struggle, and triumph, that continues to inspire and inform the world.

The United States is a nation of many faces, each with its own unique story to tell. The history of the United States is a rich and varied tapestry of experiences and achievements that have shaped the nation into what it is today.

The future of the United States is bright and full of potential. The challenges of the 21st century will be met with the same spirit of innovation and determination that has defined the nation's history.

The United States is a nation of hope and possibility. The history of the United States is a story of a nation that has overcome adversity and emerged stronger and more united than ever before.

The United States is a nation of dreams and aspirations. The history of the United States is a story of a nation that has always looked forward to a better future.

The United States is a nation of freedom and opportunity. The history of the United States is a story of a nation that has always stood for the principles of liberty and justice for all.

The United States is a nation of greatness and achievement. The history of the United States is a story of a nation that has always reached for the stars.



## LABORATORY REPORT

Name : **MANISH GUPTA**

Ref.By : **AASHKA HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years** Case ID : **40302200267**

Dis. At :

Pt. ID : **2527022**

Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Whole Blood EDTA**

Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By :

Report Date and Time : **09-Mar-2024 10:11** Acc. Remarks : **Normal**

Mobile No : **8347441669**

Ref Id1 : **O0123132**

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b><u>Glycated Haemoglobin Estimation</u></b>				
HbA1C	5.26	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	104.26	mg/dL	Not available	

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

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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

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

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## CIRCULARS OF WORKING

The following circulars of working are published for the information of the public and for the use of the various departments of the Government.

1. Circulars of working are published for the information of the public and for the use of the various departments of the Government.

2. Circulars of working are published for the information of the public and for the use of the various departments of the Government.

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14. Circulars of working are published for the information of the public and for the use of the various departments of the Government.



## LABORATORY REPORT

Name : **MANISH GUPTA**

Ref.By : **AASHKA HOSPITAL**

Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years**

Dis. At :

Case ID : **40302200267**

Pt. ID : **2527022**

Pt. Loc

Mobile No : **8347441869**

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Serum**

Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By :

Report Date and Time : **09-Mar-2024 12:33** Acc. Remarks : **Normal**

Ref Id1 : **O0123132**

Ref Id2

### TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>		<b>170.77</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>36.3</b>	mg/dL	48 - 77
<b>Triglyceride</b> <i>Glycerol Phosphate Oxidase</i>		<b>96.35</b>	mg/dL	<150
<b>VLDL</b> <i>Calculated</i>		<b>19.27</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H	<b>4.70</b>		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H	<b>115.20</b>	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: (L-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



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The first part of the report deals with the general situation of the country and the position of the various groups. It is followed by a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis.

The second part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.

The third part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.

The fourth part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.

The fifth part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.

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The seventh part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.

The eighth part of the report is devoted to a detailed account of the events of the past few days, and a description of the measures taken to deal with the crisis. It is followed by a description of the measures taken to deal with the crisis.



## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : Male / 35 Years Case ID : 40302200267  
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 2527022  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 08:58 Sample Type : Serum Mobile No : 8347441869  
 Sample Date and Time : 09-Mar-2024 08:59 Sample Coll. By : Ref Id1 : O0123132  
 Report Date and Time : 09-Mar-2024 13:52 Acc. Remarks : Normal Ref Id2 :

TEST RESULTS UNIT/BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with P5p</i>	H 88.50	U/L	16 - 63
<b>S.G.O.T</b> <i>UV with P5p</i>	H 45.85	U/L	15 - 37
<b>Alkaline Phosphatase</b> <i>Enzymatic, PNPP-AMP</i>	98.30	U/L	46 - 116
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	17.75	U/L	0 - 55
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	7.52	gm/dL	6.40 - 8.30
<b>Albumin</b> <i>Bromocresol purple</i>	4.75	gm/dL	3.4 - 5
<b>Globulin</b> <i>Calculated</i>	2.77	gm/dL	2 - 4.1
<b>A/G Ratio</b> <i>Calculated</i>	1.7		1.0 - 2.1
<b>Bilirubin Total</b> <i>Photometry</i>	0.74	mg/dL	0.3 - 1.2
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	0.32	mg/dL	0 - 0.50
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	0.42	mg/dL	0 - 0.8

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



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

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## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : **Male / 35 Years** Case ID : **40302200267**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : **2527022**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Serum** Mobile No : **8347441869**  
 Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By :  Ref Id1 : **O0123132**  
 Report Date and Time : **09-Mar-2024 10:45** Acc. Remarks : **Normal** Ref Id2 :

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

### Thyroid Function Test

Triiodothyronine (T3)	139.56	ng/dL	70 - 204	
Thyroxine (T4) CMIA	8.31	ng/dL	4.87 - 11.72	
TSH CMIA	1.71	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

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

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



Dr. Shreya Shah  
M.D. (Pathologist)

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CONFIDENTIAL - SECURITY INFORMATION

1. The purpose of this document is to provide information regarding the activities of the [redacted] and to identify the individuals who are involved in these activities. This information is being provided to you for your information only and should not be disseminated to any other person.

2. The information contained in this document is classified as Confidential and is intended for the eyes of authorized personnel only. It is not to be distributed, copied, or otherwise made available to the public or any other person who does not have a valid "need to know."

3. This information is being provided to you for your information only and should not be disseminated to any other person. It is not to be distributed, copied, or otherwise made available to the public or any other person who does not have a valid "need to know."

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## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : **Male / 35 Years** Case ID : **40302200267**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : **2927022**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 08:58** Sample Type : **Serum** Mobile No : **8347441869**  
 Sample Date and Time : **09-Mar-2024 08:59** Sample Coll. By : Ref Id1 : **O0123132**  
 Report Date and Time : **09-Mar-2024 10:45** Acc. Remarks : **Normal** Ref Id2 :

**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, suppressed 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  
 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 Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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



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

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# MEMORANDUM FOR THE DIRECTOR

1. The purpose of this memorandum is to provide a summary of the information received from the [redacted] regarding the [redacted] activities in the [redacted] area.

2. The [redacted] has advised that the [redacted] activities are continuing at a steady pace.

3. It is noted that the [redacted] activities have been observed in the [redacted] area on several occasions.

4. The [redacted] activities are believed to be of a [redacted] nature and are being monitored closely.

5. It is recommended that the [redacted] activities be continued until further notice.

6. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

7. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

8. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

9. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

10. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

11. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

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17. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

18. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

19. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.

20. The [redacted] activities are being monitored by the [redacted] and the [redacted] is being kept advised of any developments.



## LABORATORY REPORT

Name : **MANISH GUPTA** Sex/Age : Male / 35 Years Case ID : 40302200267  
 Ref By : AASHKA HOSPITAL Dis. At : Pt. ID : 2527022  
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 08:58 Sample Type : Spot Urine Mobile No : 8347441869  
 Sample Date and Time : 09-Mar-2024 08:59 Sample Coll. By : Ref Id1 : O0123132  
 Report Date and Time : 09-Mar-2024 10:11 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)</b>				
<i>Physical examination</i>				
Colour	Pale yellow			
Transparency	Clear			
<i>Chemical Examination By Sysmex UC-3500</i>				
Sp.Gravity	1.005		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	
<i>Flowcytometric Examination By Sysmex UF-5000</i>				
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)



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M.D. (Pathologist)

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## CONSTITUTION OF THE REPUBLIC OF FINLAND

The Constitution of the Republic of Finland is the supreme law of the country. It defines the structure of the government, the powers of the different branches, and the rights and duties of citizens. The current constitution was adopted in 1992, replacing the previous one from 1972.

The Constitution is divided into several chapters, including:

1. The Republic of Finland  
2. The President of the Republic  
3. The Parliament  
4. The Government  
5. The Judiciary  
6. The Rights and Duties of Citizens

The President of the Republic is elected by the Parliament for a seven-year term. The President has the power to appoint and dismiss the Prime Minister and Ministers, and to sign and promulgate laws. The Parliament consists of 131 members, elected by the citizens for a four-year term.

The Government is headed by the Prime Minister and consists of Ministers appointed by the Parliament.

The Judiciary is independent and consists of the Supreme Court and the Courts of Appeal. The President appoints and dismisses the judges. The rights and duties of citizens are defined in the Constitution, including the right to vote and the duty to pay taxes.

The Constitution also defines the structure of the local government, which consists of municipalities and regions. The municipalities are the basic units of local government, and the regions are responsible for certain public services.

The Constitution is a fundamental document that defines the structure of the government and the rights and duties of citizens. It is the supreme law of the country and is binding on all state organs and citizens.

### CHAPTER I

1. The Republic of Finland is a democratic republic.

### CHAPTER II

2. The President of the Republic is elected by the Parliament for a seven-year term.

### CHAPTER III

3. The Parliament consists of 131 members, elected by the citizens for a four-year term.

### CHAPTER IV

4. The Government is headed by the Prime Minister and consists of Ministers appointed by the Parliament.

### CHAPTER V

5. The Judiciary is independent and consists of the Supreme Court and the Courts of Appeal.

### CHAPTER VI

6. The rights and duties of citizens are defined in the Constitution, including the right to vote and the duty to pay taxes.

### CHAPTER VII

7. The Constitution is a fundamental document that defines the structure of the government and the rights and duties of citizens.

### CHAPTER VIII

8. The Constitution is the supreme law of the country and is binding on all state organs and citizens.

### CHAPTER IX

9. The Constitution is divided into several chapters, including the Republic of Finland, the President of the Republic, the Parliament, the Government, the Judiciary, and the Rights and Duties of Citizens.

### CHAPTER X

10. The Constitution is a democratic republic, and the President of the Republic is elected by the Parliament for a seven-year term.

### CHAPTER XI

11. The Parliament consists of 131 members, elected by the citizens for a four-year term.

### CHAPTER XII

12. The Government is headed by the Prime Minister and consists of Ministers appointed by the Parliament.

### CHAPTER XIII

13. The Judiciary is independent and consists of the Supreme Court and the Courts of Appeal.

### CHAPTER XIV

14. The rights and duties of citizens are defined in the Constitution, including the right to vote and the duty to pay taxes.

### CHAPTER XV

15. The Constitution is a fundamental document that defines the structure of the government and the rights and duties of citizens.

### CHAPTER XVI

16. The Constitution is the supreme law of the country and is binding on all state organs and citizens.

### CHAPTER XVII

17. The Constitution is divided into several chapters, including the Republic of Finland, the President of the Republic, the Parliament, the Government, the Judiciary, and the Rights and Duties of Citizens.

### CHAPTER XVIII

18. The Constitution is a democratic republic, and the President of the Republic is elected by the Parliament for a seven-year term.

### CHAPTER XIX

19. The Parliament consists of 131 members, elected by the citizens for a four-year term.

### CHAPTER XX

20. The Government is headed by the Prime Minister and consists of Ministers appointed by the Parliament.

### CHAPTER XXI

21. The Judiciary is independent and consists of the Supreme Court and the Courts of Appeal.

### CHAPTER XXII

22. The rights and duties of citizens are defined in the Constitution, including the right to vote and the duty to pay taxes.

### CHAPTER XXIII

23. The Constitution is a fundamental document that defines the structure of the government and the rights and duties of citizens.

### CHAPTER XXIV

24. The Constitution is the supreme law of the country and is binding on all state organs and citizens.

### CHAPTER XXV

25. The Constitution is divided into several chapters, including the Republic of Finland, the President of the Republic, the Parliament, the Government, the Judiciary, and the Rights and Duties of Citizens.

### CHAPTER XXVI

26. The Constitution is a democratic republic, and the President of the Republic is elected by the Parliament for a seven-year term.

### CHAPTER XXVII

27. The Parliament consists of 131 members, elected by the citizens for a four-year term.

### CHAPTER XXVIII

28. The Government is headed by the Prime Minister and consists of Ministers appointed by the Parliament.

### CHAPTER XXIX

29. The Judiciary is independent and consists of the Supreme Court and the Courts of Appeal.

### CHAPTER XXX

30. The rights and duties of citizens are defined in the Constitution, including the right to vote and the duty to pay taxes.



## LABORATORY REPORT



Name : **MANISH GUPTA**  
 Ref.By : **AASHKA HOSPITAL**  
 Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years**      Case ID : **40302200267**  
 Dis. At :                                      Pl. ID : **2527022**  
 Pl. Loc :

Reg Date and Time : **09-Mar-2024 08:58**      Sample Type : **Spot Urine**      Mobile No : **8347441869**  
 Sample Date and Time : **09-Mar-2024 08:59**      Sample Coll. By :                      Ref Id1 : **00123132**  
 Report Date and Time : **09-Mar-2024 10:11**      Acc. Remarks : **Normal**                      Ref Id2 :

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

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

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



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

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Printed On : 09-Mar-2024 14:07



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Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647

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



PATIENT NAME: MANISH GUPTA

GENDER/AGE: Male / 35 Years

DOCTOR:

OPDNO: 00123132

DATE: 09/03/24

### 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 4.6 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 normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 120 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, para-aortic region, bladder and prostate.



RADIOLOGIST

DR. SNEHAL PRAJAPATI

