

प्रति,

समन्वयक,
MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

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	NAYANABEN ASHWINKUMAR TAVIYAD
जन्म की तारीख	11-09-1983
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	28-09-2024
बुकिंग संदर्भ सं.	24S78424100115268S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. TAVIYAD ASHWINKUMAR KALABHAI
कर्मचारी की क.कू.संख्या	78424
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	ITADARA
कर्मचारी के जन्म की तारीख	27-03-1982

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 25-09-2024 से 31-03-2025 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,

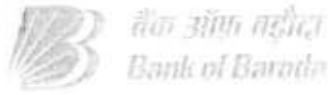
हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)से संपर्क करें।)



नाम **Ashwinkumar Kalabhai**
Name **Taviyad**

कार्यकारी कूट नं. **78424**
Employee Code No.


जारीकर्ता प्राधिकारी
Issuing Authority



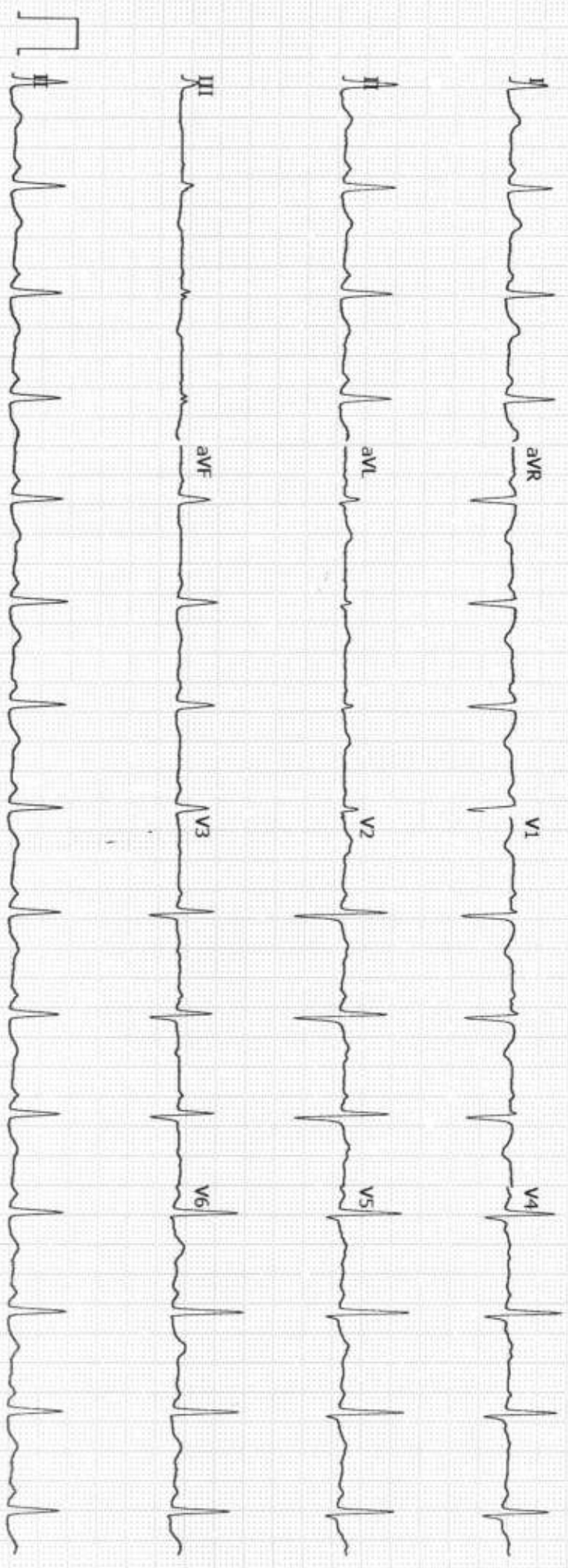

धारक के हस्ताक्षर
Signature of Holder



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcbaz : 372 / 447 ms
PR : 140 ms
P : 108 ms
RR / PP : 688 / 689 ms
P / QRS / T : 42 / 43 / 16 degrees


Normal sinus rhythm
Normal ECG



PATIENT NAME: NAYANABEN ASHWINKUMAR TAVIYAD
GENDER/AGE: Female / 41 Years DATE: 28/09/24
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP28203

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 26mm	
LEFT ATRIUM	: 28mm	
LV Dd / Ds	: 37/25mm	EF 58%
IVS / LVPW / D	: 10/9mm	
IVS	: INTACT	
IAS	: FLOPPY; PFO †	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.6m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.7m/s	
COLOUR DOPPLER	: TRIVIAL MR/ TR	
RVSP	: 26mmHg	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	


CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT



28/9/24

Name:

Nayaraben

Age:

61yr

Complaints:

Health check up

No of deliveries:

Last Delivery:

1/11

History of abortion:

H/O medical conditions associated:

Last abortions:

DM
HTN
Thyroid

MH:

RWF

Reg:

Sickle cell
Anaemia

LMP:

3/9/24

P/A:

P/S:

NAD

P/V:

NAD

Sample:-

Vagina
Cervix

<input checked="" type="checkbox"/>

Doctors Sign:-

DR. [Signature]

PATIENT NAME: NAYANABEN ASHWINKUMAR TAVIYAD

GENDER/AGE: Female / 41 Years

DATE: 28/09/24

DOCTOR: DR. HEETA MEHTA

OPDNO: OSP28203

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

REPORT REPORT REPORT REPORT REPORT

PATIENT NAME:NAYANABEN ASHWINKUMAR TAVIYAD

GENDER/AGE:Female / 41 Years

DATE:28/09/24

DOCTOR:DR. HEETA MEHTA

OPDNO:OSP28203

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 enlarged 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 4.2 cms in size.
Left kidney measures about 10.4 x 4.1 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 170 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.9 mm. No evidence of uterine mass lesion is seen.

Right oophorectomy noted.

Dermoid cyst is seen in left ovary. (67 x 48 mm)

COMMENT: Left ovarian dermoid.

Splenomegaly.

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


DR. SNEHAL PRAJAPATI



LABORATORY REPORT



Name : NAYANABEN ASHWINKUMAR TAVIYAD	Sex/Age : Female/ 41 Years	Case ID : 40902201099
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4486533
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Sep-2024 08:34	Sample Type :	Mobile No :
Sample Date and Time : 28-Sep-2024 08:34	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24255511

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Haemoglobin	11.4	G%	12.0 - 15.0
PCV(Calc)	35.27	%	36.00 - 46.00
MCV (RBC histogram)	75.2	fL	83.00 - 101.00
MCH (Calc)	24.2	pg	27.00 - 32.00
RDW (RBC histogram)	18.00	%	11.00 - 16.00
Monocyte	195	/ μ L	200.00 - 1000.00
Liver Function Test			
Alkaline Phosphatase	180.98	U/L	35 - 105
Gamma Glutamyl Transferase	70.59	U/L	5 - 36
Bilirubin Total	2.17	mg/dL	0.2 - 1.0
Bilirubin Unconjugated	1.19	mg/dL	0 - 0.8
Plasma Glucose - F	113.09	mg/dL	70.0 - 100

Abnormal Result(s) Summary End

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

Printed On : 28-Sep-2024 13:08



LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:34** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:34** Sample Coll. By : Ref Id1 : **OSP28203**
 Report Date and Time : **28-Sep-2024 09:08** Acc. Remarks : **Normal** Ref Id2 : **O24255511**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L 11.4	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.69	millions/cumm	3.80 - 4.80
PCV(Calc)	L 35.27	%	36.00 - 46.00
MCV (RBC histogram)	L 75.2	fL	83.00 - 101.00
MCH (Calc)	L 24.2	pg	27.00 - 32.00
MCHC (Calc)	32.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 18.00	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

WBC Type	Count	UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	4880	/μL	4000.00 - 10000.00		
Neutrophil	65.0	%	40.00 - 70.00	3172	/μL 2000.00 - 7000.00
Lymphocyte	28.0	%	20.00 - 40.00	1366	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	98	/μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00	L 195	/μL 200.00 - 1000.00
Basophil	1.0	%	0.00 - 2.00	49	/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	230000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.32		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:34	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Sep-2024 08:34	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 28-Sep-2024 09:11	Acc. Remarks : Normal	Ref Id2 : O24255511

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR Westergren Method	12	mm after 1hr	3 - 20	

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

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M.D. (Pathologist)

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LABORATORY REPORT



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Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 28-Sep-2024 08:34	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Sep-2024 08:34	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 28-Sep-2024 08:58	Acc. Remarks : Normal	Ref Id2 : O24255511

TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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HAEMATOLOGY INVESTIGATIONS

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

ABO Type	AB
Rh Type	POSITIVE

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

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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:34 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 28-Sep-2024 08:34 Sample Coll. By : Ref Id1 : OSP28203
 Report Date and Time : 28-Sep-2024 10:06 Acc. Remarks : Normal Ref Id2 : O24255511

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	H 113.09	mg/dL	70.0 - 100	
Plasma Glucose - PP	118.50	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>GLDH</small>	7.9	mg/dL	7.00 - 18.70	
Uric Acid	5.93	mg/dL	2.6 - 6.2	
Creatinine	0.59	mg/dL	0.50 - 1.50	

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

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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:34 Sample Type : Whole Blood EDTA Mobile No :
 Sample Date and Time : 28-Sep-2024 08:34 Sample Coll. By : Ref Id1 : OSP28203
 Report Date and Time : 28-Sep-2024 09:11 Acc. Remarks : Normal Ref Id2 : O24255511

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	4.97	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	95.94	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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Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:34** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:34** Sample Coll. By : Ref Id1 : **OSP28203**
 Report Date and Time : **28-Sep-2024 10:05** Acc. Remarks : **Normal** Ref Id2 : **O24255511**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	162.25	mg/dL	110 - 200	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	50.1	mg/dL	40 - 60	
Triglyceride	121.80	mg/dL	40 - 200	
VLDL <i>Calculated</i>	24.36	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.24		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	87.79	mg/dL	0.00 - 100.00	

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

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

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

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:34 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Sep-2024 08:34 Sample Coll. By : Ref Id1 : **OSP28203**
 Report Date and Time : 28-Sep-2024 10:05 Acc. Remarks : Normal Ref Id2 : **O24255511**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	23.23	U/L	0 - 31	
S.G.O.T.	24.74	U/L	15 - 37	
Alkaline Phosphatase	H 180.98	U/L	35 - 105	
Gamma Glutamyl Transferase	H 70.59	U/L	5 - 36	
Proteins (Total)	8.07	gm/dL	6.4 - 8.2	
Albumin	4.84	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.23	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.50		1.0 - 2.1	
Bilirubin Total	H 2.17	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.98	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	H 1.19	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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 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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LABORATORY REPORT



Name : **NAYANABEN ASHWINKUMAR TAVIYAD** Sex/Age : **Female/ 41 Years** Case ID : **40902201099**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486533**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:34	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Sep-2024 08:34	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 28-Sep-2024 09:43	Acc. Remarks : Normal	Ref Id2 : O24255511

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	110.69	ng/dL	70 - 204	
Thyroxine (T4) CMIA	9.10	ng/dL	4.87 - 11.72	
TSH CMIA	0.754	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

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

TSH ref range in pregnancy

First trimester
 Second trimester
 Third trimester

Reference range (microIU/ml)

0.24 - 2.00
 0.43-2.2
 0.8-2.5

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

Dr. Shreya Shah
 M.D. (Pathologist)

Printed On : 28-Sep-2024 13:08



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Interpretation Note:

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

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

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

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

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

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4486533
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Sep-2024 08:34	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 28-Sep-2024 08:34	Sample Coll. By :	Ref Id1 : OSP28203
Report Date and Time : 28-Sep-2024 09:11	Acc. Remarks : Normal	Ref Id2 : O24255511

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

URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

Sp.Gravity	1.025	1.005 - 1.030
pH	6.5	5 - 8
Leucocytes (ESTERASE)	Negative	Negative
Protein	Negative	Negative
Glucose	Negative	Negative
Ketone Bodies Urine	Negative	Negative
Urobilinogen	Negative	Negative
Bilirubin	Negative	Negative
Blood	Negative	Negative
Nitrite	Negative	Negative

Microscopic Examination

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

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

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Neuberg Diagnostics Private Limited

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

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
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Reg Date and Time : **28-Sep-2024 08:34** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:34** Sample Coll. By : Ref Id1 : **OSP28203**
 Report Date and Time : **28-Sep-2024 09:11** Acc. Remarks : **Normal** Ref Id2 : **O24255511**

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

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

Pending Services
Liquid Base Cytology PAP

----- 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)

Dr. Shreya Shah
M.D. (Pathologist)

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DR. DIPESH FATANIYA
 M.D., IDCCM.
 CRITICAL CARE MEDICINE
 M.NO.-9909906809
 R.NO.G-41495

UHID:		Date: 28/9/23	Time:
Patient Name: NAYANSHEN TAVIYAD		Height:	
Age/Sex: 41/F	LMP:	Weight:	
History:			
C/C/O: Head to chest up N/C Mild cough cold		History: Sickle cell anemia Sickle cell crisis	
Allergy History:		Addiction:	
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Vitals & Examination:			
Temperature:			
Pulse: 103			
BP: 123/50			
SPO2: 100%			
Provisional Diagnosis:			

Prescription

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.KHUSHBOO PATEL
 MS (OBS & GYN)
 REG. NO. G-31287

UHID:	Date: 28/9/24	Time: 11:30 AM
Patient Name: Nayanaben	Age: 41 yrs	Mobile No:
Complaint and duration: H10 Rt Dermoid cystic teratom Left Dermoid cystic teratom	Health Champ	
History: Menstrual history: Cycles	Flow 2-3 days	Duration of Bleeding 2-3 days
LMP: 3/9/24	Presence of pain	
H/O Associated illnesses: HTN: Thyroid disorder: Family History:	DM: Others: NAD	
Medication history:	No K100 Sickle cell on H10	
Obstetric History: No of deliveries:	Null IVF3 failure Last child:	
ergy History:	NAD	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
General Examination: CVS	BP:	Oedema of ft
RS	Wt:	Tongue
Breast examination:		

Prescription

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

UHID:	OSP28203	Date:	28/9/24	Time:	
Patient Name:	Rujamaben Rujigud		Age / Sex:		
			Height:	153 cm	
			Weight:	56.6 kg	
History:	Routine eye check - R				
Allergy History:	NO				
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:	AC - NR RFL - PL COL - CR UN 2 6/60 6/60 AFTER 5/12 COL UN 2 6/9 6/9				
Diagnosis:					

Prescription

Rx

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

Eye examination:

	RIGHT			LEFT		
	S	C	A (1/4)	S	C	A
D	-2.00	-	-	-2.00	-	-
N						

Add → + 1.25 2/6

Other Advice:

Follow-up:

Consultant's Sign: