

प्रति,

समन्वयक,
Mediwheel (Arcofemi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ोदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार है हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

| | कर्मचारी विवरण |
|------------------------------------|------------------------------|
| नाम | MR. PRAJAPATI NILESH KALIDAS |
| क.कू.संख्या | 200206 |
| पदनाम | SAHAYAK |
| कार्य का स्थान | TALOD |
| जन्म की तारीख | 01-05-1996 |
| स्वास्थ्य जांच की प्रस्तावित तारीख | 09-03-2024 |
| बुकिंग संदर्भ सं. | 23M200206100090466E |

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ोदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 13-02-2024 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 बड़ोदा

(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।)

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

| | | |
|---|-----------------------|--------------------|
| UHID: <i>OSP33574</i> | Date: <i>22-03-24</i> | Time: <i>10:20</i> |
| Patient Name: <i>Nitesh Rajput</i> | Age / Sex: <i>28</i> | Height: |
| | Weight: | |
| History: <i>10 Campy Health det.</i> | | |
| Allergy History: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | |
| Examination: <i>VR → E/O S/O N/O Color vision - Normal</i> | | |
| Diagnosis: | | |

PATIENT NAME: NILESH K PRAJAPATI

GENDER/AGE: Male / 27 Years


DATE: 22/03/24

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33574

2D-ECHO

| | | |
|-----------------|---------------------------------------|----------------|
| MITRAL VALVE | : MILD MVP | |
| AORTIC VALVE | : NORMAL | |
| TRICUSPID VALVE | : NORMAL | |
| PULMONARY VALVE | : NORMAL | |
| AORTA | : 31mm | |
| LEFT ATRIUM | : 34mm | |
| LV Dd / Ds | : 41/28mm | EF 60% |
| IVS / LVPW / D | : 10/9mm | |
| IVS | : INTACT | |
| IAS | : INTACT | |
| RA | : NORMAL | |
| RV | : NORMAL | |
| PA | : NORMAL | |
| PERICARDIUM | : NORMAL | |
| VEL | : PEAK | MEAN |
| M/S | : Gradient mm Hg | Gradient mm Hg |
| MITRAL | : 1/0.7m/s | |
| AORTIC | : 1.2m/s | |
| PULMONARY | : 0.9m/s | |
| COLOUR DOPPLER | : TRIVIAL MR ; NO AR/ TR | |
| RVSP | : | |
| CONCLUSION | : NORMAL LV SIZE / SYSTOLIC FUNCTION. | |


CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

PATIENT NAME: NILESH K PRAJAPATI

GENDER/AGE: Male / 27 Years

DATE: 22/03/24

DOCTOR:

OPDNO: OSP33574

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

PATIENT NAME: NILESH K PRAJAPATI

GENDER/AGE: Male / 27 Years

DATE: 22/03/24

DOCTOR:

OPDNO: OSP33574

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal 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 show sludge ball in body and neck region, largest 26 x 22 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 hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. Bilateral renal concretions are seen.

Right kidney measures about 10.1 x 4.1 cms in size.

Left kidney measures about 10.0 x 4.2 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 60 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: Grade I fatty changes in liver.

Bilateral renal concretions seen.

GB sludge.

Normal sonographic appearance of Pancreas, spleen, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : | Mobile No. : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : | Acc. Remarks : Normal | Ref Id2 : Q232411298 |

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|---|--------------|----------------|-----------------|
| Blood Glucose Fasting & Postprandial | | | |
| Plasma Glucose - F | 117.95 | mg/dL | 70 - 100 |
| Haemogram (CBC) | | | |
| RBC (Electrical Impedance) | 4.22 | millions/cu mm | 4.50 - 5.50 |
| PCV(Calc) | 39.41 | % | 40.00 - 50.00 |
| MCH (Calc) | 32.4 | pg | 27.00 - 32.00 |
| MCHC (Calc) | 34.7 | gm/dL | 31.50 - 34.50 |
| Lipid Profile | | | |
| HDL Cholesterol | 26.8 | mg/dL | 48 - 77 |
| Triglyceride | 190.83 | mg/dL | <150 |
| Chol/HDL | 6.32 | | 0 - 4.1 |
| LDL Cholesterol | 104.41 | mg/dL | 0.00 - 100.00 |

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



| | | |
|--|--------------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 08:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|------|---------|------|--------------------------|---------|
|------|---------|------|--------------------------|---------|

HAEMOGRAM REPORT

HB AND INDICES

| | | | |
|----------------------------|---------|---------------|----------------|
| Haemoglobin | 13.7 | G% | 13.00 - 17.00 |
| RBC (Electrical Impedance) | L 4.22 | millions/cumm | 4.50 - 5.50 |
| PCV(Calc) | L 39.41 | % | 40.00 - 50.00 |
| MCV (RBC histogram) | 93.4 | fL | 83.00 - 101.00 |
| MCH (Calc) | H 32.4 | pg | 27.00 - 32.00 |
| MCHC (Calc) | H 34.7 | gm/dL | 31.50 - 34.50 |
| RDW (RBC histogram) | 13.80 | % | 11.00 - 16.00 |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| | | | |
|-----------------|----------|-----------|--|
| Total WBC Count | 5600 | / μ L | 4000.00 - 10000.00 |
| Neutrophil | (% 54.0) | % | EXPECTED VALUES 40.00 - 70.00 [Abs] 3024 / μ L 2000.00 - 7000.00 |
| Lymphocyte | 36.0 | % | 20.00 - 40.00 2016 / μ L 1000.00 - 3000.00 |
| Eosinophil | 4.0 | % | 1.00 - 6.00 224 / μ L 20.00 - 500.00 |
| Monocytes | 6.0 | % | 2.00 - 10.00 336 / μ L 200.00 - 1000.00 |
| Basophil | 0.0 | % | 0.00 - 2.00 0 / μ L 0.00 - 100.00 |

PLATELET COUNT (Optical)

| | | | |
|-------------------------|--------|-----------|-----------------------|
| Platelet Count | 254000 | / μ L | 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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 2 of 13

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LABORATORY REPORT



| | | |
|--|--------------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 10:01 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--------------------------|---------|--------------|----------------------|---------|
| ESR Westergren Method | 04 | mm after 1hr | 3 - 15 | |

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

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M.D. (Pathologist)

Page 3 of 13

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LABORATORY REPORT



| | | |
|--|--------------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 08:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

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

HAEMATOLOGY INVESTIGATIONS

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

| | |
|----------|----------|
| ABO Type | B |
| Rh Type | POSITIVE |

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

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Page 4 of 13

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LABORATORY REPORT



| | | |
|-----------------------------|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc : Aashka hospital | | Pt. Loc : |

| | | |
|--|---|---------------------------|
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Plasma Fluoride F, Plasma Fluoride PP | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 12:00 | Acc. Remarks : Normal | Ref Id2 : O232411298 |
| TEST | RESULTS | UNIT BIOLOGICAL REF RANGE |
| | | REMARKS |

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

| | | | | |
|--|---|---------------|-------|--------------|
| Plasma Glucose - F <small>Photometric, Hexokinase</small> | H | 117.95 | mg/dL | 70 - 100 |
| Plasma Glucose - PP <small>Photometric, Hexokinase</small> | | 111.26 | 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 glucoseer guidelines

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

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

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Page 5 of 13

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LABORATORY REPORT



| | | |
|------------------------------|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | PL ID : 3452240 |
| Bill. Loc. : Aashka hospital | | PL Loc : |

| | | |
|--|--------------------------------|----------------------|
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Whole Blood EDTA | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 08:38 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---------|---------------|---|---------|
| Glycated Haemoglobin Estimation | | | | |
| HbA1C | 5.57 | % of total Hb | <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 113.16 | 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)

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Page 6 of 13

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LABORATORY REPORT



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|--|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 09:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

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

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|--|---|---------------|-------|---------------|
| Cholesterol <small>Colorimetric, CHOD-POD</small> | | 169.38 | mg/dL | 110 - 200 |
| HDL Cholesterol | L | 26.8 | mg/dL | 48 - 77 |
| Triglyceride <small>Glycerol Phosphate Oxidase</small> | H | 190.83 | mg/dL | <150 |
| VLDL <small>Calculated</small> | | 38.17 | mg/dL | 10 - 40 |
| Chol/HDL <small>Calculated</small> | H | 6.32 | | 0 - 4.1 |
| LDL Cholesterol <small>Calculated</small> | H | 104.41 | mg/dL | 0.00 - 100.00 |

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

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

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

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

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Page 7 of 13



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| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 09:51 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

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

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|-------|-------|-------------|--|
| S.G.P.T. <i>UV with P5P</i> | 56.37 | U/L | 16 - 63 | |
| S.G.O.T. <i>UV with P5P</i> | 27.49 | U/L | 15 - 37 | |
| Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i> | 85.33 | U/L | 46 - 116 | |
| Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i> | 43.29 | U/L | 0 - 55 | |
| Proteins (Total) <i>Colorimetric, Buret</i> | 7.80 | gm/dL | 6.40 - 8.30 | |
| Albumin <i>Bromocresol purple</i> | 5.00 | gm/dL | 3.4 - 5 | |
| Globulin <i>Calculated</i> | 2.80 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 1.8 | | 1.0 - 2.1 | |
| Bilirubin Total <i>Photometry</i> | 0.82 | mg/dL | 0.3 - 1.2 | |
| Bilirubin Conjugated <i>Diazotization reaction</i> | 0.25 | mg/dL | 0 - 0.50 | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.57 | mg/dL | 0 - 0.8 | |

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 8 of 13

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LABORATORY REPORT



Name : NILESH K PRAJAPATI Sex/Age : Male / 28 Years Case ID : 40302200609
Ref.By : HOSPITAL Dis. At : Pt. ID : 3452240
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 22-Mar-2024 08:12 Sample Type : Serum Mobile No :
Sample Date and Time : 22-Mar-2024 08:12 Sample Coll. By : Ref Id1 : OSP33574
Report Date and Time : 22-Mar-2024 09:26 Acc. Remarks : Normal Ref Id2 : O232411298

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|---------|-------|----------------------|---------|
| BUN (Blood Urea Nitrogen) <small>GLDH</small> | 10.9 | mg/dL | 8.90 - 20.60 | |
| Uric Acid <small>Uricase</small> | 6.57 | mg/dL | 3.5 - 7.2 | |
| Creatinine | 0.85 | mg/dL | 0.50 - 1.50 | |

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

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Page 9 of 13

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LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref. By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Serum | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 09:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---------------------------------------|---------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) | 103.92 | ng/dL | 70 - 204 | |
| Thyroxine (T4) <small>CMIA</small> | 5.17 | ng/dL | 4.87 - 11.72 | |
| TSH <small>CMIA</small> | 1.97 | 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)

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Page 10 of 13

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LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | Pt. ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 09:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

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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Page 11 of 13

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LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : NILESH K PRAJAPATI | Sex/Age : Male / 28 Years | Case ID : 40302200609 |
| Ref.By : HOSPITAL | Dis. At : | PL ID : 3452240 |
| Bill. Loc. : Aashka hospital | | Pt. Loc. : |
| Reg Date and Time : 22-Mar-2024 08:12 | Sample Type : Spot Urine | Mobile No : |
| Sample Date and Time : 22-Mar-2024 08:12 | Sample Coll. By : | Ref Id1 : OSP33574 |
| Report Date and Time : 22-Mar-2024 08:26 | Acc. Remarks : Normal | Ref Id2 : O232411298 |

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

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow
 Transparency : Clear

Chemical Examination By Sysmex UC-3500

| | | |
|-----------------------|----------|---------------|
| Sp.Gravity | 1.025 | 1.003 - 1.035 |
| pH | 5.5 | 4.6 - 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 | /HPF | Nil |
| Crystals | Nil | /HPF | Nil |

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **NILESH K PRAJAPATI** Sex/Age : **Male / 28 Years** Case ID : **40302200609**
 Ref.By : **HOSPITAL** Dis. At : PL ID : **3452240**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **22-Mar-2024 08:12** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **22-Mar-2024 08:12** Sample Coll. By : Ref Id1 : **OSP33574**
 Report Date and Time : **22-Mar-2024 08:26** Acc. Remarks : **Normal** Ref Id2 : **O232411298**

| 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 | - | - | - | - | - |

----- 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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Page 13 of 13

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22.03.2024 10:25:37 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

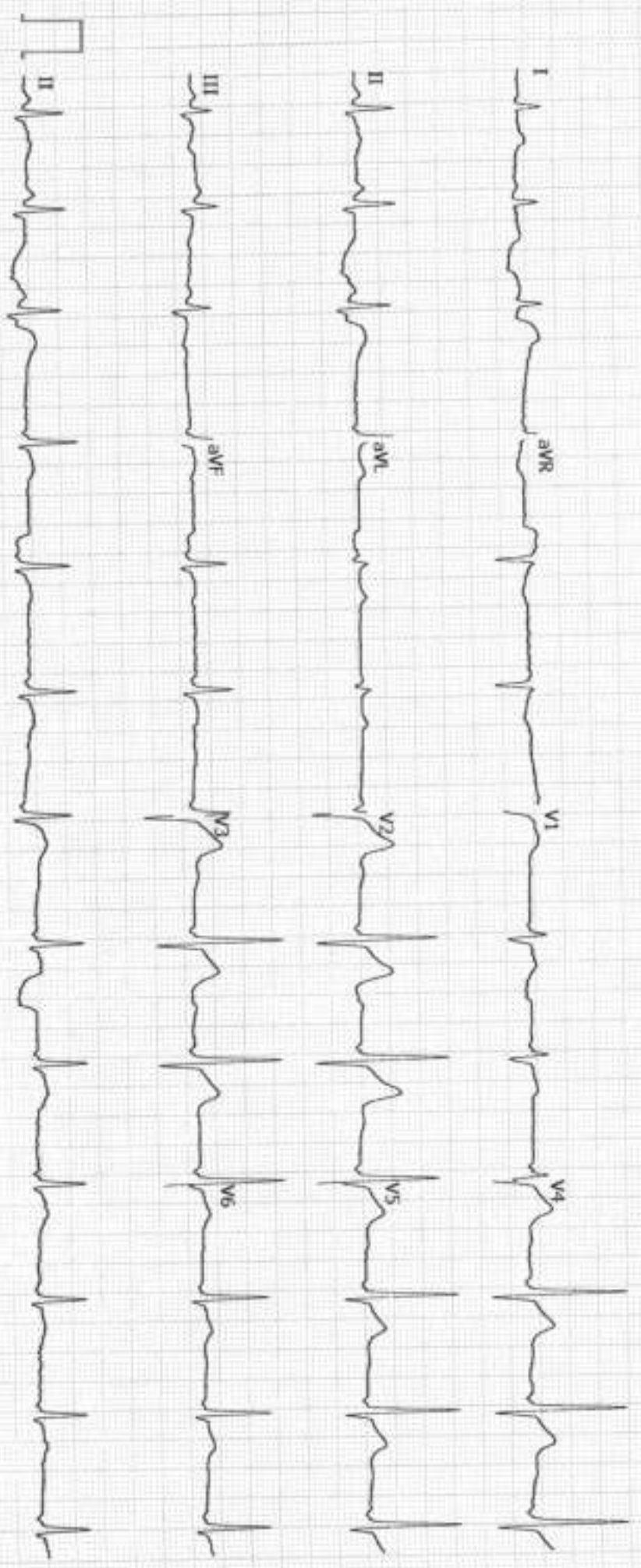
Room:

75 bpm
-- / -- mmHg

Technician:
Ordering Pn:
Referring Pn:
Attending Pn:

QRS : 84 ms
QT / QT Baz : 358 / 399 ms
PR : - ms
P : - ms
RR / PP : 796 / 800 ms
P / QRS / T : - / 61 / 42 degrees

Sinus rhythm with sinus arrhythmia with short PR
Otherwise normal ECG



Unconfirmed



ભારત સરકાર

Government of India

પ્રજાપતિ નિલેશ

Prajapati Nilesh

જન્મ તારીખ/DOB: 01/05/1996

પુરુષ/ MALE



2188 6478 9690

VID: 9170 0365 6893 6328

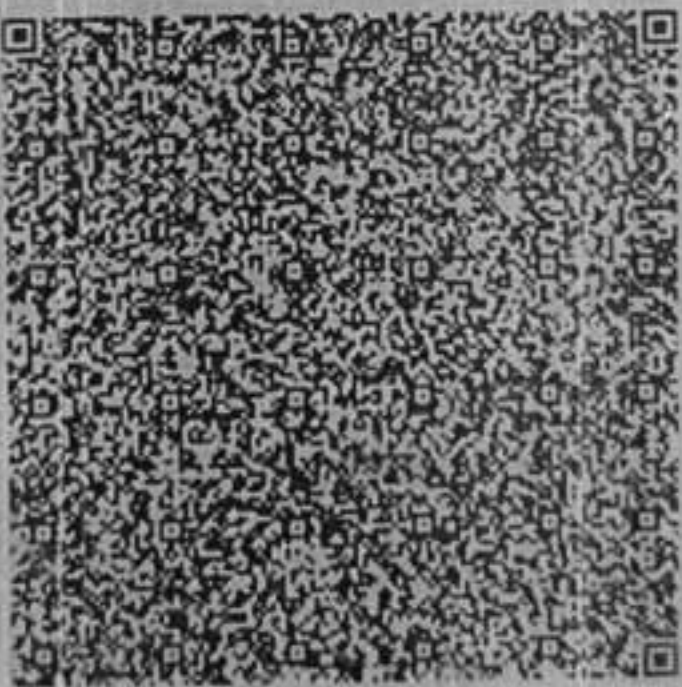
મારી આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખાણ અધિકારકર્તા
Unique Identification Authority of India

સરનામું :
પિતાનું/માતાનું નામ: કાળીદાસ, 616-1,
કિશાનનગર, સેક્ટર-26, ગાંધીનગર, ગાંધીનગર,
ગુજરાત - 382024

Address:
S/O: Kalidas, 616-1, Kishannagar,
Sector-26, Gandhinagar, Gandhinagar,
Gujarat - 382024



QR Code with Photograph

2188 6478 9690

VID : 9170 0365 6893 6328



help @ uidai.gov.in



www.uidai.gov.in

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

| | | | |
|------------------------------|---|------------|-------|
| UHID: | OSP33574 | Date: | Time: |
| Patient Name: | Nilesh k. Porajapati | Age / Sex: | 27/M |
| | | Height: | |
| | | Weight: | |
| Chief Complain: | | | |
| History: | Routine dental check up | | |
| | → Per- manual bleeding since last 4-5 years | | |
| Allergy History: | | | |
| Nutritional Screening: | Well-Nourished / Malnourished / Obese | | |
| Examination: | | | |
| Extra oral : | | | |
| Intra oral - Teeth Present : | → stain ++ calculus + | | |
| Teeth Absent : | | | |
| Diagnosis: | | | |

Rx

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

Other Advice:

→ habit quitting
→ feeding

Follow-up:

Consultant's Sign:

Sejati