

LETTER OF APPROVAL / RECOMMENDATION

To,

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

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. TAVIYAD ASHWINKUMAR KALABHAI
EC NO.	78424
DESIGNATION	BRANCH HEAD
PLACE OF WORK	ITADARA
BIRTHDATE	27-03-1982
PROPOSED DATE OF HEALTH CHECKUP	28-09-2024
BOOKING REFERENCE NO.	24S78424100115266E

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 **25-09-2024** till **31-03-2025** 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 & Marketing Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))

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



PATIENT NAME: ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE: Male / 42 Years


DATE: 28/09/24

DOCTOR:

OPDNO: OSP28202

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: ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE: Male / 42 Years

DATE: 28/09/24

DOCTOR:

OPDNO: OSP28202

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 10.2 x 4.4 cms in size.

Left kidney measures about 10.3 x 4.6 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

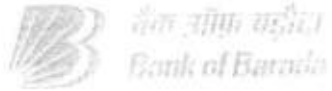
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 196 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 20 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST




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

कर्मचारी कोड नं. **78424**
Employee Code No.


प्राधिकृत प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Signature of Holder





LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD	Sex/Age : Male / 42 Years	Case ID : 40902201098
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4486514
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Sep-2024 08:31	Sample Type :	Mobile No :
Sample Date and Time : 28-Sep-2024 08:31	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24255510

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Urea Nitrogen (BUN)			
BUN (Blood Urea Nitrogen)	8.2	mg/dL	8.90 - 20.60
Glyco Hemoglobin (HbA1c)			
HbA1C	5.72	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Haemogram (CBC)			
Haemoglobin	12.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.56	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	72.0	fL	83.00 - 101.00
MCH (Calc)	23.0	pg	27.00 - 32.00
RDW (RBC histogram)	16.60	%	11.00 - 16.00
Eosinophil	9.0	%	1.00 - 6.00
Plasma Glucose - F	105.02	mg/dL	70.0 - 100

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **28-Sep-2024 08:31** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:31** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **28-Sep-2024 09:09** Acc. Remarks : **Normal** Ref Id2 : **O24255510**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L	12.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	H	5.56	millions/cumm	4.50 - 5.50
PCV(Calc)		40.03	%	40.00 - 50.00
MCV (RBC histogram)	L	72.0	fL	83.00 - 101.00
MCH (Calc)	L	23.0	pg	27.00 - 32.00
MCHC (Calc)		32.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H	16.60	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count		5190	/μL	4000.00 - 10000.00
Neutrophil	[%]	55.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte		28.0	%	20.00 - 40.00
Eosinophil	H	9.0	%	1.00 - 6.00
Monocytes		7.0	%	2.00 - 10.00
Basophil		1.0	%	0.00 - 2.00
				[Abs] 2855
				EXPECTED VALUES /μL 2000.00 - 7000.00
				/μL 1000.00 - 3000.00
				/μL 20.00 - 500.00
				/μL 200.00 - 1000.00
				/μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count		253000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		1.96		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Microcytic hypochromic RBCS.
WBC Morphology	Eosinophilia
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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 Ahmedabad - 380006 ☎ 079-40408181 / 61618181
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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,
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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:31 Sample Type : Whole Blood EDTA Mobile No :
Sample Date and Time : 28-Sep-2024 08:31 Sample Coll. By : Ref Id1 : OSP28202
Report Date and Time : 28-Sep-2024 09:12 Acc. Remarks : Normal Ref Id2 : O24255510

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)

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LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD Sex/Age : Male / 42 Years Case ID : 40902201098
Ref.By : HOSPITAL Dis. At : Pt. ID : 4486514
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Sep-2024 08:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Sep-2024 08:31	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 28-Sep-2024 08:52	Acc. Remarks : Normal	Ref Id2 : O24255510

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 : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:31** Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:31** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **28-Sep-2024 09:59** Acc. Remarks : **Normal** Ref Id2 : **O24255510**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	H 105.02	mg/dL	70.0 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	97.57	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 8.2	mg/dL	8.90 - 20.60	
Uric Acid	6.01	mg/dL	3.5 - 7.2	
Creatinine	0.87	mg/dL	0.50 - 1.50	

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

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M.D. (Pathologist)

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:31	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 28-Sep-2024 08:31	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 28-Sep-2024 09:08	Acc. Remarks : Normal	Ref Id2 : O24255510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	H 5.72	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	117.46	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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M.D. (Pathologist)

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LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD Sex/Age : Male / 42 Years Case ID : 40902201098
 Ref.By : HOSPITAL Dis. At : Pt. ID : 4486514
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:31 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Sep-2024 08:31 Sample Coll. By : Ref Id1 : OSP28202
 Report Date and Time : 28-Sep-2024 09:59 Acc. Remarks : Normal Ref Id2 : O24255510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol	164.94	mg/dL	110 - 200
HDL Cholesterol <i>Accelerator Selective Detergent</i>	58.9	mg/dL	40 - 60
Triglyceride	66.02	mg/dL	40 - 200
VLDL <i>Calculated</i>	13.20	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	2.80		0 - 4.1
LDL Cholesterol <i>Calculated</i>	92.84	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 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 assesment

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

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Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:31	Sample Type : Serum	Mobile No :
Sample Date and Time : 28-Sep-2024 08:31	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 28-Sep-2024 09:58	Acc. Remarks : Normal	Ref Id2 : O24255510

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	18.65	U/L	0 - 41
S.G.O.T.	15.09	U/L	15 - 37
Alkaline Phosphatase	58.26	U/L	40 - 130
Gamma Glutamyl Transferase	11.92	U/L	8 - 61
Proteins (Total)	7.81	gm/dL	6.4 - 8.2
Albumin	4.91	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	2.90	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.69		1.0 - 2.1
Bilirubin Total	0.56	mg/dL	0.2 - 1.0
Bilirubin Conjugated	0.18	mg/dL	
Bilirubin Unconjugated <i>Calculated</i>	0.38	mg/dL	0 - 0.8

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

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LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:31** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:31** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **28-Sep-2024 09:43** Acc. Remarks : **Normal** Ref Id2 : **O24255510**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	114.85	ng/dL	70 - 204	
Thyroxine (T4) <small>CMIA</small>	6.85	ng/dL	4.87 - 11.72	
TSH <small>CMIA</small>	2.628	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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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 28-Sep-2024 08:31 Sample Type : Serum Mobile No :
 Sample Date and Time : 28-Sep-2024 08:31 Sample Coll. By : Ref Id1 : OSP28202
 Report Date and Time : 28-Sep-2024 09:43 Acc. Remarks : Normal Ref Id2 : O24255510

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 : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:31** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:31** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **28-Sep-2024 09:44** Acc. Remarks : **Normal** Ref Id2 : **O24255510**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **1.210** ng/mL 0.00 - 4.00
CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 28-Sep-2024 13:07



LABORATORY REPORT



Name : ASHWINKUMAR KALABHAI TAVIYAD	Sex/Age : Male / 42 Years	Case ID : 40902201098
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 4486514
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 28-Sep-2024 08:31	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 28-Sep-2024 08:31	Sample Coll. By :	Ref Id1 : OSP28202
Report Date and Time : 28-Sep-2024 09:12	Acc. Remarks : Normal	Ref Id2 : O24255510

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	6.0	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)

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 28-Sep-2024 13:07



LABORATORY REPORT



Name : **ASHWINKUMAR KALABHAI TAVIYAD** Sex/Age : **Male / 42 Years** Case ID : **40902201098**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4486514**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **28-Sep-2024 08:31** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **28-Sep-2024 08:31** Sample Coll. By : Ref Id1 : **OSP28202**
 Report Date and Time : **28-Sep-2024 09:12** Acc. Remarks : **Normal** Ref Id2 : **O24255510**

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)

Dr. Shreya Shah
M.D. (Pathologist)

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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,
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
 www.neubergsupratech.com

PATIENT NAME:ASHWINKUMAR KALABHAI TAVIYAD

GENDER/AGE:Male / 42 Years

DATE:28/09/24

DOCTOR:DR.HASIT JOSHI

OPDNO:OSP28202

2D-ECHO

MITRAL VALVE	: MILD MVP	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 34mm	
LEFT ATRIUM	: 35mm	
LV Dd / Ds	: 41/27mm	EF 60%
IVS / LVPW / D	: 11/10mm	
IVS	: INTACT	
IAS	: INTACT	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.7/0.6m/s	
AORTIC	: 1.2m/s	
PULMONARY	: 0.9m/s	
COLOUR DOPPLER	: NO MR/ AR/TR	
RVSP	:	
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT REPORT REPORT

28.09.2024 11:26:38 AM
LASHKA HOSPITAL LTD.
SARGASANI
GANDHINAGAR

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

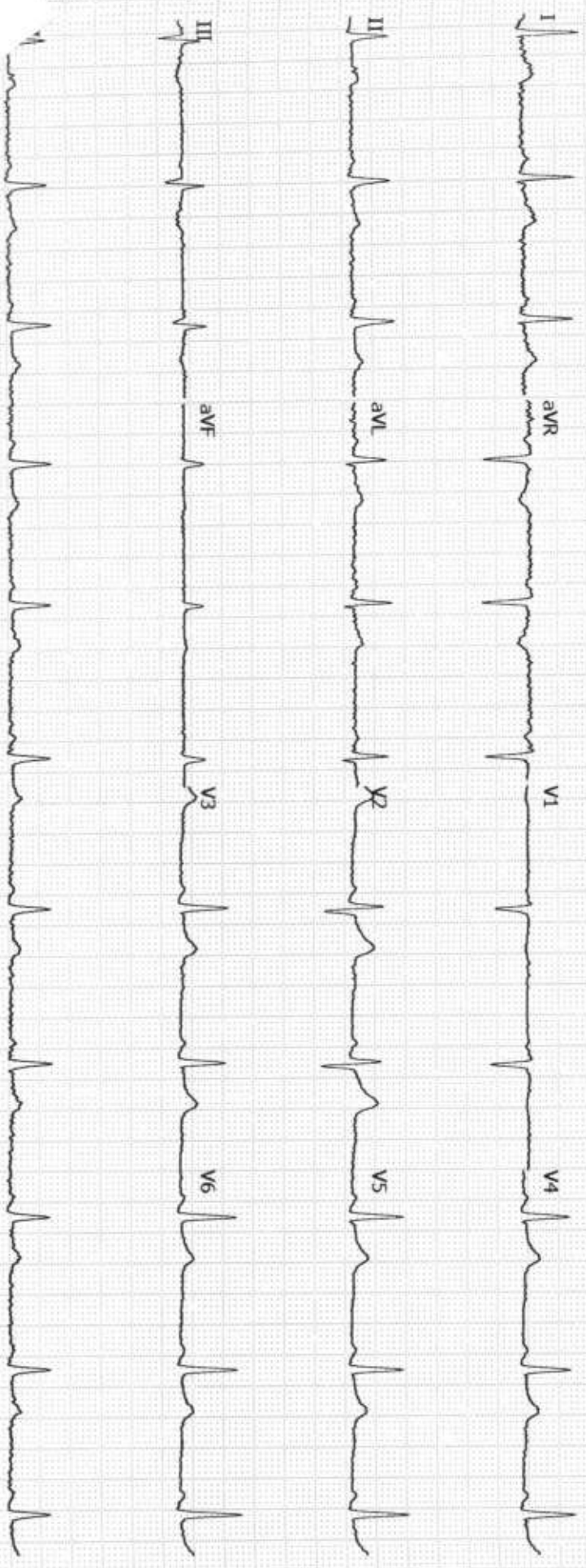
Room:

62 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 396 / 401 ms
PR : 116 ms
P : 90 ms
RR / PP : 962 / 967 ms
P / QRS / T : 13 / 36 / 6 degrees

Normal sinus rhythm
Normal ECG



25 mm/s

10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1



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

UHID:	Date: 28/09/24	Time:
Patient Name: ASHWIN KUMAR TAVIYA	Height:	Weight:
Age / Sex: 42 M LMP:		
History:	History:	
C/C/O: Health check up	-	
Allergy History: -	Addiction: -	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination: Temperature: Pulse: 100 BP: 122/78 SPO2: 100%		
Provisional Diagnosis:		


Prescription

Advice:

No active Mx

Rx

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

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

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

UHID: <u>OSP28202</u>	Date: <u>28/9/24</u>	Time:
Patient Name: <u>Ashwin Kumar Amin</u>	Age / Sex:	Height: <u>155</u> <u>cm</u>
		Weight: <u>74.3</u> <u>kg</u>
History: <u>Routine eye check up</u>		
Allergy History: <u>no</u>		
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>		
Examination: <u>AC - NPL</u> <u>Rupl - PL</u> <u>Cornea - CLR</u> <u>uv 2 6/36</u> <u>6/36</u>		<u>After using cornea</u> <u>uv 2 6/9</u> <u>6/9</u>
Diagnosis:		