



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. RAUT SANTOSH KUMAR
EC NO.	120947
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	SIDHPUR HIGHWAY
BIRTHDATE	05-02-1978
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M120947100080950E

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 **26-12-2023** 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 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. RAUT SANTOSH KUMAR
क.कू.संख्या	120947
पदनाम	SINGLE WINDOW OPERATOR A
कार्य का स्थान	SIDHPUR HIGHWAY
जन्म की तारीख	05-02-1978
स्वास्थ्य जांच की प्रस्तावित तारीख	13-01-2024
बुकिंग संदर्भ सं.	23M120947100080950E

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 26-12-2023 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।)

नाम
Name Santosh Kumar Raut

कार्यकारी कोट नं.
Employee Code No. 120947


जारीकर्ता प्राधिकारी
Issuing Authority




धारक के हस्ताक्षर
Signature of Holder



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

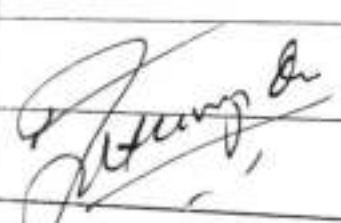
UHID: <u>OSP 33014</u>		Date: <u>13/1/24</u>	Time:
Patient Name: <u>SANJOSH KUMAR RAOT</u>		Height:	Weight: <u>65</u>
Age / Sex:	LMP:		
History: C/C/P: <u>Heen Chen v p</u>		History: <u>Alipaliphen</u> <u>HT</u> <u>(1) DMV</u>	
Allergy History:		Addiction:	
Nutritional Screening: <u>Well-Nourished / Malnourished / Obese</u>			
Vitals & Examination:		Chole <u>246</u>	
Temperature:		LDL <u>103</u>	
Pulse: <u>86</u>		TLC <u>535</u>	
BP: <u>116/50</u>		UA <u>9.32</u>	
SPO2: <u>97</u>			
Provisional Diagnosis:			

Advice:

① month lipid profile

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
1		FRASUVAL (50)	500			}
2		ROSUCON F (10/100)	100			

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

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

UHID:	JOSP.33014	Date:	13/11/24	Time:	
Patient Name:	Jantosh kumar Rawt	Age / Sex:	48 / M	Height:	
		Weight:			
Chief Complain:	Routine dental check up				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
examination:					
Extra oral :					
Intra oral – Teeth Present :	pain on 7+				
Teeth Absent :					
Diagnosis:					

Rx

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

Other Advice:

17 mg / 7

Follow-up:

Consultant's Sign:

Seja

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

UHID:	Date: 13/01/24	Time: 11
Patient Name: Senthush Rave	Age / Sex: 45	Height: 166 cm
		Weight: 65 kg
History:	Compny Hesth churw Pt hve glur 1st 6-7 wry	
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	MM 28/13 612 unt glur 616 611 mb	
Diagnosis:	Coluvisia nrmw Retestue corom	



LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3270348
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type :	Mobile No. :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O23249152

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	110.82	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	4.30	millions/cu mm	4.50 - 5.50
RDW (RBC histogram)	16.10	%	11.00 - 16.00
Lymphocyte	47.0	%	20.00 - 40.00
Neutrophil	1910	/ μ L	2000.00 - 7000.00
Platelet Count	141000	/ μ L	150000.00 - 410000.00
Lipid Profile			
Cholesterol	246.44	mg/dL	110 - 200
HDL Cholesterol	35.9	mg/dL	48 - 77
Triglyceride	535.81	mg/dL	<150
VLDL	107.16	mg/dL	10 - 40
Chol/HDL	6.86		0 - 4.1
LDL Cholesterol	103.38	mg/dL	0.00 - 100.00
Thyroid Function Test			
Thyroxine (T4)	4.45	ng/dL	4.87 - 11.72
Uric Acid	8.37	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Jan-2024 09:16** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **13-Jan-2024 09:16** Sample Coll. By : Ref Id1 : **OSP33014**
 Report Date and Time : **13-Jan-2024 09:53** Acc. Remarks : **Normal** Ref Id2 : **O23249152**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	13.2	G%	13.00 - 17.00
RBC (Electrical Impedance)	L 4.30	millions/cumm	4.50 - 5.50
PCV(Calc)	40.63	%	40.00 - 50.00
MCV (RBC histogram)	94.5	fL	83.00 - 101.00
MCH (Calc)	30.8	pg	27.00 - 32.00
MCHC (Calc)	32.6	gm/dL	31.50 - 34.50
RDW (RBC histogram)	H 16.10	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	4340	/μL	4000.00 - 10000.00
Neutrophil	[%] 44.0	%	EXPECTED VALUES 40.00 - 70.00 L [Abs] 1910 /μL EXPECTED VALUES 2000.00 - 7000.00
Lymphocyte	H 47.0	%	20.00 - 40.00 2040 /μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 130 /μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00 260 /μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 /μL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	L 141000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	0.94		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Lymphocytosis
Platelet	Thrombocytopenia
Parasite	Malarial Parasite not seen on smear.

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3270348
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 12:02	Acc. Remarks : Normal	Ref Id2 : O23249152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 15	

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3270348
Bill. Loc. : Aashika hospital		Pt. Loc :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 09:53	Acc. Remarks : Normal	Ref Id2 : O23249152

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	B
Rh Type	POSITIVE

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Jan-2024 09:16** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **13-Jan-2024 09:16** Sample Coll. By : Ref Id1 : **OSP33014**
 Report Date and Time : **13-Jan-2024 10:09** Acc. Remarks : **Normal** Ref Id2 : **O23249152**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : **Pale yellow**
 Transparency : **Clear**

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.005		1.005 - 1.030
pH	<5.5		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

Flowcytometric Examination By Sysmex UF-5000

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

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

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc :
 Reg Date and Time : **13-Jan-2024 09:16** Sample Type : **Spot Urine** Mobile No :
 Sample Date and Time : **13-Jan-2024 09:16** Sample Coll. By : Ref Id1 : **OSP33014**
 Report Date and Time : **13-Jan-2024 10:09** Acc. Remarks : **Normal** Ref Id2 : **O23249152**

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	-	-	-	-	-

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3270348
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Plasma Fluoride F, Plasma Fluoride PP	Mobile No :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 13:48	Acc. Remarks : Normal	Ref Id2 : O23249152
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE
		REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	110.82	mg/dL	70 - 100
Plasma Glucose - PP <small>Photometric, Hexokinase</small>		103.59	mg/dL	70.0 - 140.0

Note: 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)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 13-Jan-2024 09:16 Sample Type : Serum Mobile No :
 Sample Date and Time : 13-Jan-2024 09:16 Sample Coll. By : Ref Id1 : OSP33014
 Report Date and Time : 13-Jan-2024 12:46 Acc. Remarks : Normal Ref Id2 : O23249152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	246.44	mg/dL	110 - 200
HDL Cholesterol	L	35.9	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>	H	535.81	mg/dL	<150
VLDL <i>Calculated</i>	H	107.16	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	6.86		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	103.38	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)

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **13-Jan-2024 09:16** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **13-Jan-2024 09:16** Sample Coll. By : Ref Id1 : **OSP33014**
 Report Date and Time : **13-Jan-2024 12:23** Acc. Remarks : **Normal** Ref Id2 : **O23249152**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with PSP</i>	24.40	U/L	16 - 63	
S.G.O.T. <i>UV with PSP</i>	20.70	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	98.85	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	32.43	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	7.99	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	4.65	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.34	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.4		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	0.62	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.32	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.30	mg/dL	0 - 0.8	

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

Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Supratech Reference Laboratories Private Limited

"KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006
 079-40408181 / 61618181 contact@supratechlabs.com www.neubergsupratech.com



LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3270348
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 12:23	Acc. Remarks : Normal	Ref Id2 : O23249152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <small>GLDH</small>	11.0	mg/dL	8.90 - 20.60	
Creatinine	0.89	mg/dL	0.50 - 1.50	
Uric Acid <small>Uncase</small>	H 8.37	mg/dL	3.5 - 7.2	

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

Dr. Shreya Shah
M.D. (Pathologist)

Printed On : 13-Jan-2024 13:50

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LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 3270348
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 10:09	Acc. Remarks : Normal	Ref Id2 : O23249152

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C	5.05	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	98.23	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)

Printed On : 13-Jan-2024 13:50





LABORATORY REPORT



Name : **SANTOSH KUMAR RAUT** Sex/Age : **Male / 46 Years** Case ID : **40102200246**
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **3270348**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Jan-2024 09:16** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **13-Jan-2024 09:16** Sample Coll. By : Ref Id1 : **OSP33014**
 Report Date and Time : **13-Jan-2024 10:42** Acc. Remarks : **Normal** Ref Id2 : **O23249152**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	78.70	ng/dL	70 - 204	
Thyroxine (T4) CMA	L 4.45	ng/dL	4.87 - 11.72	
TSH CMA	3.40	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 : 13-Jan-2024 13:50

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LABORATORY REPORT



Name : SANTOSH KUMAR RAUT	Sex/Age : Male / 46 Years	Case ID : 40102200246
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 3270348
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 13-Jan-2024 09:16	Sample Type : Serum	Mobile No :
Sample Date and Time : 13-Jan-2024 09:16	Sample Coll. By :	Ref Id1 : OSP33014
Report Date and Time : 13-Jan-2024 10:42	Acc. Remarks : Normal	Ref Id2 : O23249152

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/↑	↓

Pending Services
Prostate Specific Antigen level

----- 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)

Printed On : 13-Jan-2024 13:50





PATIENT NAME: SANTOSH KUMAR RAUT
GENDER/AGE: Male / 45 Years
DOCTOR: DR. HASIT JOSHI
OPDNO: OSP33014

DATE: 13/01/24

2D-ECHO

MITRAL VALVE	: NORMAL	
AORTIC VALVE	: NORMAL	
TRICUSPID VALVE	: NORMAL	
PULMONARY VALVE	: NORMAL	
AORTA	: 33mm	
LEFT ATRIUM	: 36mm	
LV Dd / Ds	: 40/28mm	EF 58%
IVS / LVPW / D	: 11.7/11.7mm	BORDERLINE LVH
IVS	: NORMAL	
IAS	: NORMAL	
RA	: NORMAL	
RV	: NORMAL	
PA	: NORMAL	
PERICARDIUM	: NORMAL	
VEL	: PEAK	MEAN
M/S	: Gradient mm Hg	Gradient mm Hg
MITRAL	: 0.9/0.8m/s	
AORTIC	: 1.0m/s	
PULMONARY	: 0.7m/s	
COLOUR DOPPLER	: TRIVIAL MR/TR	
RVSP	: 26mmHg	
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION.	

CARDIOLOGIST
DR. HASIT JOSHI (9825012235)

REPORT

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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME: SANTOSH KUMAR RAUT

GENDER/AGE: Male / 45 Years

DATE: 13/01/24

DOCTOR:

OPDNO: OSP33014

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: SANTOSH KUMAR RAUT

GENDER/AGE: Male / 45 Years

DATE: 13/01/24

DOCTOR:

OPDNO: OSP33014

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 a calculus of about 14 mm. No evidence of changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. **3 mm calculus is seen in left lower calyx.**

Right kidney measures about 9.9 x 4.0 cms in size.

Left kidney measures about 10.1 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: GB calculus as mentioned above.

3 mm calculus is seen in left lower calyx.

Grade I fatty changes in liver.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

13.01.2024 11:33:18 AM
AASHKA HOSPITAL, LTD.
SARGASAN
GANDHINAGAR

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

Room:

72 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 80 ms
QT / QTcBaz : 364 / 398 ms
PR : 138 ms
P : 90 ms
RR / PP : 838 / 833 ms
P / QRS / T : 74 / 83 / 57 degrees

Normal sinus rhythm
Normal ECG

