



बैंक ऑफ़ बड़ौदा Bank of Baroda



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

	कर्मचारी विवरण
नाम	MR. RAUTELA NAGENDRA
क.कू.संख्या	126672
पदनाम	CREDIT OFFICER (RETAIL ONLY)
कार्य का स्थान	DAHOD, CHAKALIA ROAD
जन्म की तारीख	01-04-1990
स्वास्थ्य जांच की प्रस्तावित तारीख	17-08-2024
बुकिंग संदर्भ सं.	24S126672100110644E

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 11-08-2024 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 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।)





बैंक ऑफ बरोडा Bank of Baroda



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. RAUTELA NAGENDRA
EC NO.	126672
DESIGNATION	CREDIT OFFICER (RETAIL ONLY)
PLACE OF WORK	DAHOD, CHAKALIA ROAD
BIRTHDATE	01-04-1990
PROPOSED DATE OF HEALTH CHECKUP	17-08-2024
BOOKING REFERENCE NO.	24S126672100110644E

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 **11-08-2024** 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.))





*List of tests & consultations to be covered as part of Annual Health Check-up*

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

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Aashka Hospitals Ltd.

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



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



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

<b>UHID:</b>	<b>Date:</b> 17/8/24	<b>Time:</b>
<b>Patient Name:</b>	Age / Sex: Height: 175 Weight: 76.3.	
<b>History:</b>	Vygodan Rautelley Routy eye check up	
<b>Allergy History:</b>	No	
<b>Nutritional Screening:</b>	Well-Nourished / Malnourished / Obese	
<b>Examination:</b>	AC - NRL Routy → PL Caly. 42 - CR V02 6/6 6/6	
<b>Diagnosis:</b>		

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D						
N						

Other Advice:

Follow-up:

Consultant's Sign:



ID: nagendra

17.08.2024 11:11:51 AM  
AASHKA HOSPITAL LTD.  
SARGASAN  
GANDHINAGAR

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

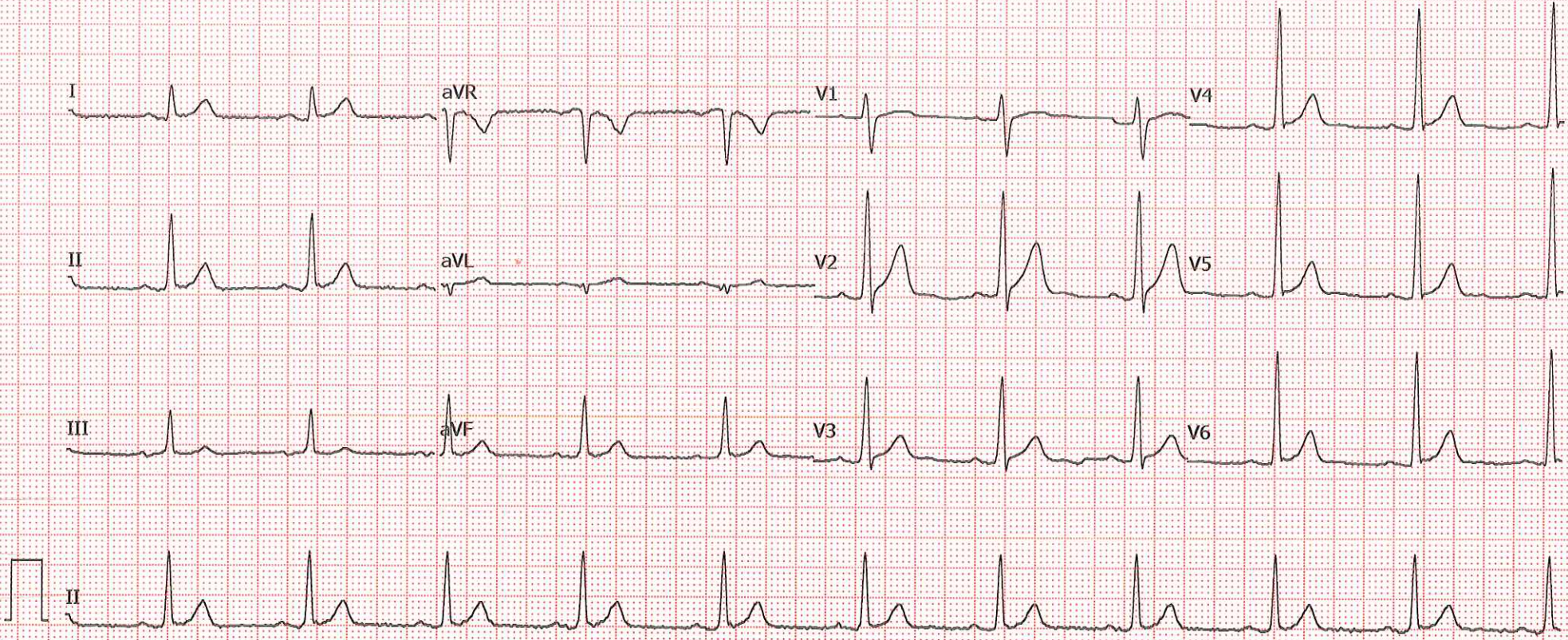
Room:

65 bpm  
-- / -- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 370 / 384 ms  
PR : 168 ms  
P : 86 ms  
RR / PP : 922 / 923 ms  
P / QRS / T : 24 / 62 / 38 degrees

Normal sinus rhythm  
Increased R/S ratio in V1, consider early transition or posterior  
infarct  
Abnormal ECG







## LABORATORY REPORT



**Name :** NAGENDRA RAUTELA      Sex/Age : Male / 35 Years      Case ID : 40802200658  
**Ref.By :** aashka hospital      Dis. At :  
**Bill. Loc. :** Aashka hospital      Pt. Loc :  
**Reg Date and Time :** 17-Aug-2024 09:55      Sample Type :      Mobile No :  
**Sample Date and Time :** 17-Aug-2024 09:55      Sample Coll. By :      Ref Id1 : Osp34552  
**Report Date and Time :**      Acc. Remarks : Normal      Ref Id2 : O24253922

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Urea Nitrogen (BUN)</b>			
BUN (Blood Urea Nitrogen)	8.1	mg/dL	8.90 - 20.60
<b>Haemogram (CBC)</b>			
RBC (Electrical Impedance)	4.22	millions/cu mm	4.50 - 5.50
MCH (Calc)	32.9	pg	27.00 - 32.00
Platelet Count	140000	/ $\mu$ L	150000.00 - 410000.00
<b>Lipid Profile</b>			
HDL Cholesterol	41.4	mg/dL	48 - 77

### Abnormal Result(s) Summary End

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

Printed On : 17-Aug-2024 12:58

IN SENATE,  
January 11, 1911.

REPORT  
OF THE  
COMMISSIONERS OF THE  
LAND OFFICE,  
FOR THE YEAR  
1910.

MISSISSIPPI  
LAND OFFICE  
MEMPHIS, TENNESSEE  
1911

STATE OF MISSISSIPPI  
LAND OFFICE  
MEMPHIS, TENNESSEE  
1911

STATE OF MISSISSIPPI  
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1911

STATE OF MISSISSIPPI  
LAND OFFICE  
MEMPHIS, TENNESSEE  
1911



## LABORATORY REPORT



Name : **NAGENDRA RAUTELA** Sex/Age : **Male / 35 Years** Case ID : **40802200658**  
 Ref.By : **aashka hospital** Dis. At : Pt. ID : **4298675**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Whole Blood EDTA** Mobile No :  
 Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By : Ref Id1 : **Osp34552**  
 Report Date and Time : **17-Aug-2024 10:03** Acc. Remarks : **Normal** Ref Id2 : **O24253922**

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	13.8	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L 4.22	millions/cumm	4.50 - 5.50	
PCV(Calc)	41.99	%	40.00 - 50.00	
MCV (RBC histogram)	99.5	fL	83.00 - 101.00	
MCH (Calc)	H 32.9	pg	27.00 - 32.00	
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.80	%	11.00 - 16.00	

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

Total WBC Count	5820	/ $\mu$ L	4000.00 - 10000.00	
Neutrophil	[%] 69.0	%	40.00 - 70.00	[Abs] 4016 / $\mu$ L 2000.00 - 7000.00
Lymphocyte	24.0	%	20.00 - 40.00	1397 / $\mu$ L 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	116 / $\mu$ L 20.00 - 500.00
Monocytes	5.0	%	2.00 - 10.00	291 / $\mu$ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 / $\mu$ L 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	L 140000	/ $\mu$ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.88		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology : Normocytic Normochromic RBCs.  
 WBC Morphology : Total WBC count within normal limits.  
 Platelet : Thrombocytopenia.  
 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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1. The following information was obtained from the review of the file of [redacted] on [redacted] at [redacted] on [redacted].

2. [redacted] was born on [redacted] at [redacted]. [redacted] is currently residing at [redacted].

3. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

4. [redacted] has been married to [redacted] since [redacted]. [redacted] is currently residing at [redacted].

5. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

6. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

7. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

8. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

9. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

10. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

11. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

12. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

13. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

14. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].

15. [redacted] has been employed by [redacted] since [redacted]. [redacted] is currently employed as [redacted].



## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

Sex/Age : **Male / 35 Years** Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At : Pt. ID : **4298675**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By :

Ref Id1 : **Osp34552**

Report Date and Time : **17-Aug-2024 10:40** Acc. Remarks : **Normal**

Ref Id2 : **O24253922**

### TEST

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR  
*Westergren Method*

12 mm after 1hr 3 - 15

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



**Dr. Shreya Shah**

M.D. (Pathologist)

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Page 3 of 12



### 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







## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

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

Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At :

Pt. ID : **4298675**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **17-Aug-2024 09:55**

Sample Type : **Whole Blood EDTA**

Mobile No :

Sample Date and Time : **17-Aug-2024 09:55**

Sample Coll. By :

Ref Id1 : **Osp34552**

Report Date and Time : **17-Aug-2024 10:04**

Acc. Remarks : **Normal**

Ref Id2 : **O24253922**

TEST

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

### HAEMATOTOLOGY INVESTIGATIONS

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

ABO Type

A

Rh Type

POSITIVE

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



**Dr. Shreya Shah**

M.D. (Pathologist)

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COMPANY STATEMENT OF WORK

1. Project Name: [Faint text]

2. Project Description: [Faint text]

3. Objectives: [Faint text]

4. Scope of Work: [Faint text]

5. Deliverables: [Faint text]

6. Timeline: [Faint text]

7. Resources: [Faint text]

8. Risks: [Faint text]

9. Roles and Responsibilities: [Faint text]

10. Budget: [Faint text]

11. Reporting: [Faint text]

12. Signatures: [Faint text]

13. Approval: [Faint text]

14. Additional Information: [Faint text]

15. Contact Information: [Faint text]



## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

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

Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At :

Pt. ID : **4298675**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **17-Aug-2024 09:55**

Sample Type : **Plasma Fluoride F,Serum**

Mobile No :

Sample Date and Time : **17-Aug-2024 09:55**

Sample Coll. By :

Ref Id1 : **Osp34552**

Report Date and Time : **17-Aug-2024 10:59**

Acc. Remarks : **Normal**

Ref Id2 : **O24253922**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F	100.0	mg/dL	70.0 - 100	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 8.1	mg/dL	8.90 - 20.60	
Uric Acid	6.65	mg/dL	3.5 - 7.2	
Creatinine	0.89	mg/dL	0.50 - 1.50	

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

  
**Dr. Shreya Shah**

M.D. (Pathologist)

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Alabama Department of Revenue

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Alabama Department of Revenue



## LABORATORY REPORT



Name : NAGENDRA RAUTELA

Sex/Age : Male / 35 Years Case ID : 40802200658

Ref.By : aashka hospital

Dis. At : Pt. ID : 42986675

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 17-Aug-2024 09:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 17-Aug-2024 09:55	Sample Coll. By :	Ref Id1 : Osp34552
Report Date and Time : 17-Aug-2024 10:50	Acc. Remarks : Normal	Ref Id2 : O24253922

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### Glycated Haemoglobin Estimation

HbA1C	5.20	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	102.54	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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🌐 www.neubergsupratech.com

CONFIDENTIAL - SECURITY MATTER

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## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

Sex/Age : **Male / 35 Years** Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At : Pt. ID : **4298675**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By :

Ref Id1 : **Osp34552**

Report Date and Time : **17-Aug-2024 10:59** Acc. Remarks : **Normal**

Ref Id2 : **O24253922**

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

Cholesterol	159.40	mg/dL	110 - 200	
HDL Cholesterol	L 41.4	mg/dL	48 - 77	
Triglyceride	126.18	mg/dL	40 - 200	
VLDL <i>Calculated</i>	25.24	mg/dL	10 - 40	
Chol/HDL <i>Calculated</i>	3.85		0 - 4.1	
LDL Cholesterol <i>Calculated</i>	92.76	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: (L-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)



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

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1. The first section of the document discusses the general overview of the project and its objectives. It outlines the scope of the work and the key milestones that need to be achieved.

2. The second section details the methodology used for data collection and analysis. It describes the various tools and techniques employed to ensure the accuracy and reliability of the findings.

3. The third section presents the results of the study, including a detailed breakdown of the data and the key findings. It highlights the significant trends and patterns observed throughout the research.

4. The fourth section discusses the implications of the findings and provides recommendations for future research. It also addresses any limitations of the study and offers suggestions for how the results can be applied in practice.

5. The final section concludes the document by summarizing the main points and reiterating the importance of the research. It expresses gratitude to the participants and funding sources that made the study possible.

Appendix A: Data Tables

Year	Q1	Q2	Q3	Q4
2018	120	150	180	200
2019	130	160	190	210
2020	140	170	200	220
2021	150	180	210	230
2022	160	190	220	240

Appendix B: Survey Questions

Q1. How satisfied are you with the quality of the product? (1-5)

Q2. How often do you use the product? (Daily, Weekly, Monthly, Rarely)

Q3. How easy is it to use the product? (1-5)

Q4. How likely are you to recommend the product to a friend? (1-5)

Q5. What features do you like most about the product? (Open-ended)

Appendix C: Interview Transcripts

Participant 1: I've been using the product for about a year now. I really like how easy it is to use and how well it integrates with my other devices. The customer support is also very helpful.

Participant 2: The product is definitely useful, but I think it could be improved in terms of performance. Sometimes it feels a bit slow, especially when I'm multitasking. I also wish there were more customization options.

Appendix D: Market Research Summary

The market research indicates a strong demand for products that are both user-friendly and feature-rich. Key competitors in the space include [Company A] and [Company B], both of whom have established a solid reputation for reliability and customer service.





## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

Ref.By : aashka hospital  
Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years  
Dis. At :  
Pt. ID : 4298675  
Pt. Loc :

Case ID : 40802200658

Reg Date and Time : 17-Aug-2024 09:55 Sample Type : Serum

Mobile No :

Sample Date and Time : 17-Aug-2024 09:55 Sample Coll. By :

Ref Id1 : Osp34552

Report Date and Time : 17-Aug-2024 10:59 Acc. Remarks : Normal

Ref Id2 : O24253922

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

S.G.P.T.	39.43	U/L	0 - 41	
S.G.O.T.	26.48	U/L	15 - 37	
Alkaline Phosphatase	51.27	U/L	40 - 130	
Gamma Glutamyl Transferase	21.31	U/L	8 - 61	
Proteins (Total)	7.47	gm/dL	6.4 - 8.2	
Albumin	4.57	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	2.90	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.58		1.0 - 2.1	
Bilirubin Total	0.97	mg/dL	0.2 - 1.0	
Bilirubin Conjugated	0.41	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.56	mg/dL	0 - 0.8	

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



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24. [Illegible text]



## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

Sex/Age : **Male / 35 Years** Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At :

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Serum**

Mobile No :

Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By :

Ref Id1 : **Osp34552**

Report Date and Time : **17-Aug-2024 10:59** Acc. Remarks : **Normal**

Ref Id2 : **O24253922**

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

### Thyroid Function Test

Triiodothyronine (T3)	70.46	ng/dL	70 - 204	
Thyroxine (T4) CMTA	8.15	ng/dL	4.87 - 11.72	
TSH CMTA	4.15	μIU/mL	0.4 - 4.2	

### INTERPRETATIONS

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

### CAUTIONS

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

### TSH ref range in pregnancy

First trimester	Reference range (microIU/ml)
Second trimester	0.24 - 2.00
Third trimester	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)

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





## LABORATORY REPORT



Name : NAGENDRA RAUTELA

Sex/Age : Male / 35 Years

Case ID : 40802200658

Ref.By : aashka hospital

Dis. At :

Pt. ID : 4298675

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 17-Aug-2024 09:55 Sample Type : Serum

Mobile No :

Sample Date and Time : 17-Aug-2024 09:55 Sample Coll. By :

Ref Id1 : Osp34552

Report Date and Time : 17-Aug-2024 10:59 Acc. Remarks : Normal

Ref Id2 : O24253922

**Interpretation Note:**

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

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

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.  
TSH ref range in Pregnancy  
First trimester 0.24 - 2.00  
Second trimester 0.43-2.2  
Third trimester 0.8-2.6

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

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



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M.D. (Pathologist)

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CONFIDENTIAL - SECURITY INFORMATION

1. The following information was obtained from a confidential source who has provided reliable information in the past. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area.

CONFIDENTIAL - SECURITY INFORMATION

2. The following information was obtained from a confidential source who has provided reliable information in the past. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area.

CONFIDENTIAL - SECURITY INFORMATION

3. The following information was obtained from a confidential source who has provided reliable information in the past. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area. The source has provided information regarding the activities of the [redacted] in the [redacted] area.

CONFIDENTIAL - SECURITY INFORMATION

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## LABORATORY REPORT

Name : **NAGENDRA RAUTELA** Sex/Age : **Male / 35 Years** Case ID : **40802200658**  
 Ref.By : **aashka hospital** Dis. At : Pt. ID : **4298675**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By : Ref Id1 : **Osp34552**  
 Report Date and Time : **17-Aug-2024 10:13** Acc. Remarks : **Normal** Ref Id2 : **O24253922**

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

<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
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	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
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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M.D. (Pathologist)

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## LABORATORY REPORT



Name : **NAGENDRA RAUTELA**

Sex/Age : **Male / 35 Years** Case ID : **40802200658**

Ref.By : **aashka hospital**

Dis. At : Pt. ID : **4298675**

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

Reg Date and Time : **17-Aug-2024 09:55** Sample Type : **Spot Urine** Mobile No :

Sample Date and Time : **17-Aug-2024 09:55** Sample Coll. By :

Ref Id1 : **Os934552**

Report Date and Time : **17-Aug-2024 10:13** Acc. Remarks : **Normal** Ref Id2 : **O24253922**

Parameter	Unit	Expected value	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	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  
Glucose - Post Prandial

----- 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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www.neubergsupratech.com

1. The first part of the document discusses the general situation of the country and the progress of the revolution. It mentions the importance of the people's support and the role of the revolutionary committees.

2. The second part of the document deals with the economic situation and the measures taken to improve it. It highlights the need for industrialization and the development of agriculture.

3. The third part of the document focuses on the cultural and educational aspects of the revolution. It emphasizes the importance of raising the cultural level of the masses and promoting scientific research.

4. The fourth part of the document discusses the political situation and the role of the revolutionary committees. It mentions the need for a strong and unified leadership.

5. The fifth part of the document deals with the international situation and the country's relations with other nations. It mentions the support of the international community for the revolution.

6. The sixth part of the document discusses the military situation and the progress of the armed struggle. It mentions the importance of a strong and well-trained army.

7. The seventh part of the document deals with the social situation and the measures taken to improve it. It highlights the need for social justice and the elimination of social inequalities.

8. The eighth part of the document discusses the role of the youth in the revolution. It mentions the importance of mobilizing the youth and providing them with education and training.

9. The ninth part of the document deals with the role of the women in the revolution. It mentions the need for the liberation of women and their full participation in the revolutionary struggle.

10. The tenth part of the document discusses the role of the workers in the revolution. It mentions the importance of the workers' movement and the role of the trade unions.

11. The eleventh part of the document deals with the role of the peasants in the revolution. It mentions the need for the liberation of the peasants and the implementation of land reform.

12. The twelfth part of the document discusses the role of the intellectuals in the revolution. It mentions the need for the mobilization of the intellectuals and the promotion of their activities.

13. The thirteenth part of the document deals with the role of the revolutionary committees in the revolution. It mentions the need for a strong and effective revolutionary committee.

14. The fourteenth part of the document discusses the role of the masses in the revolution. It mentions the importance of the masses' support and participation in the revolutionary struggle.

15. The fifteenth part of the document deals with the role of the revolution in the development of the country. It mentions the need for a complete and thorough revolution.

16. The sixteenth part of the document discusses the role of the revolution in the construction of a new society. It mentions the need for a new social order and a new way of life.