बैंक ऑफ़ बड़ौदा 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. PARIKH PRAGNESHKUMAR KANUBHAI
EC NO.	176237
DESIGNATION	CUSTOMER SERVICE ASSOCIATE
PLACE OF WORK	PALANPUR,ABU HIGHWAY
BIRTHDATE	14-11-1990
PROPOSED DATE OF HEALTH CHECKUP	09-11-2024
BOOKING REFERENCE NO.	24D176237100119530E

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 **04-11-2024** 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.))

बैंक ऑफ़ बड़ौदा
Bank of Baroda

नाम प्रज्ञेशकुमार कनुभाई पारीख
Name PRAGNESHKUMAR KANUBHAI PARIKH

कर्मचारी कूट क्र. 176237
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder

aashka HOSPITAL

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Pragnesh bhai Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE	:	mild MVP
AORTIC VALVE	:	
TRICUSPID VALVE	:	N
PULMONARY VALVE	:	
AORTA	:	31
LEFT ATRIUM	:	34
LV Dd/ Ds	:	42/31 EF 58%
IVS / LVPW / D	:	10/9
IVS	:	intact
IAS	:	
RA	:	N
RV	:	N
PA	:	
PERICARDIUM	:	N

VEL	:	**PEAK**	**MEAN**
M/S	:	**Gradient mm Hg**	**Gradient mm Hg**
MITRAL	:	1/0.7	
AORTIC	:	1.3	
PULMONARY	:	1.0	
COLOUR DOPPLER	:	mild MR / TR	
RSVP	:	29 mm Hg	
CONCLUSION	:	(N) LV Regional Systolic fn	

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

. Pragneshkumar

23.11.2024 12:09:29 PM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

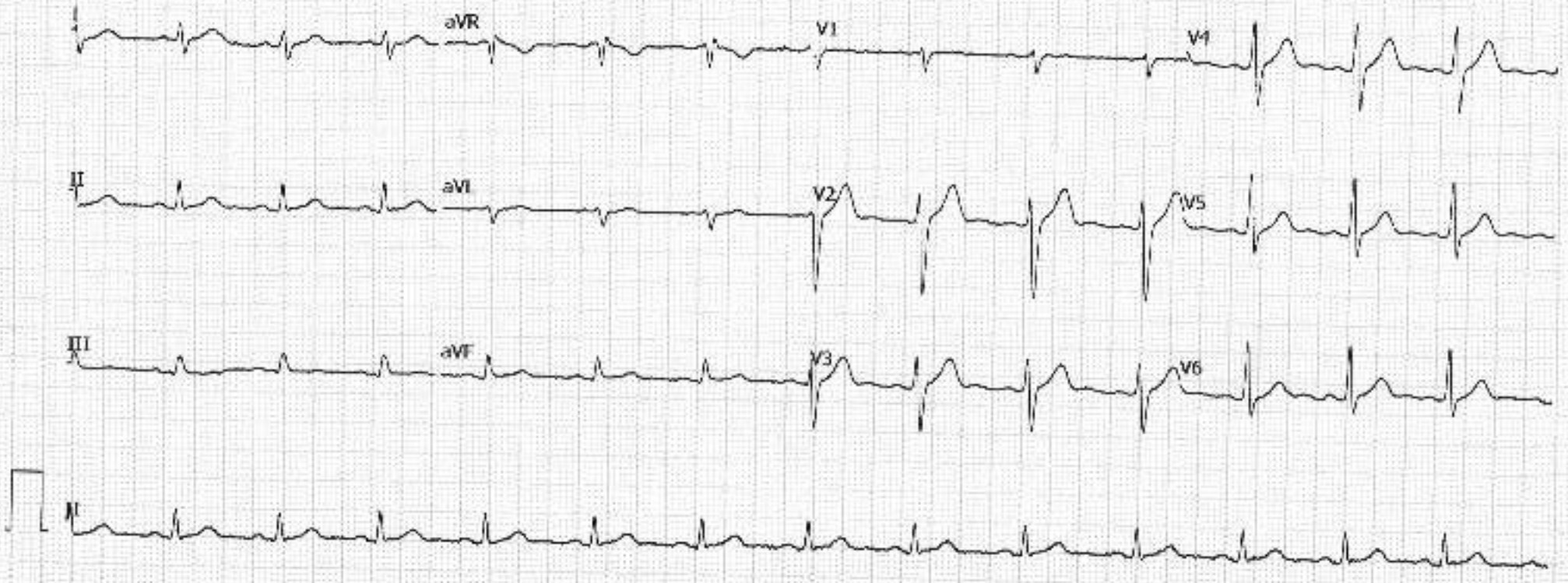
Room:

84 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	94 ms
QT / QTcBaz :	356 / 420 ms
PR :	138 ms
P :	98 ms
RR / PP :	716 / 714 ms
P / QRS / T :	49 / 79 / 46 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed
4x2.5x3_25_R1 1/1

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 HOSPITAL

PATIENT NAME:PRAGNESHKUMAR K PARIKH
GENDER/AGE:Male / 34 Years **DATE:23/11/24**
DOCTOR:
OPDNO:OSP35458

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 10.1 x 4.6 cms in size.
Left kidney measures about 10.6 x 4.8 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 140 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 16 cc.

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

DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

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Sargasan, Gandhinagar - 382421. Gujarat, India
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aashka HOSPITAL

PATIENT NAME:PRAGNESHKUMAR K PARIKH
GENDER/AGE:Male / 34 Years **DATE:23/11/24**
DOCTOR:
OPDNO:OSP35458

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

LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090636
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	:	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:16	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	:	Acc. Remarks	: Normal	Ref Id2	: O24256901

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
RBC (Electrical Impedance)	**4.48**	millions/cumm	4.50 - 5.50
Lipid Profile			
Cholesterol	**204.46**	mg/dL	110 - 200
HDL Cholesterol	**35.8**	mg/dL	40 - 60
Chol/HDL	**5.71**		0 - 4.1
LDL Cholesterol	**144.20**	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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www.neubergsupratech.com

LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 10:46	Acc. Remarks	: Normal	Ref Id2	: O24256901

HAEMOGRAM REPORT

TEST		RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
HB AND INDICES					
Haemoglobin		13.9	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L	4.48	millions/cumm	4.50 - 5.50	
*PCV(Calc)		41.89	%	40.00 - 50.00	
MCV (RBC histogram)		93.5	fL	83 - 101	
MCH (Calc)		31.1	pg	27.00 - 32.00	
MCHC (Calc)		33.3	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		14.70	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		5580	/µL	4000.00 - 10000.00	
		[%]		EXPECTED VALUES	[Abs] EXPECTED VALUES
Neutrophil		51.0	%	40.00 - 70.00	2846 /µL 2000.00 - 7000.00
Lymphocyte		40.0	%	20.00 - 40.00	2232 /µL 1000.00 - 3000.00
Eosinophil		2.0	%	1.00 - 6.00	112 /µL 20.00 - 500.00
Monocytes		7.0	%	2.00 - 10.00	391 /µL 200.00 - 1000.00
Basophil		0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00
PLATELET COUNT (Optical)					
Platelet Count		333000	/µL	150000.00 - 410000.00	
Neut/Lympho Ratio (NLR)		1.27		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:(L-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

Dr. Shreya Shah
M.D. (Pathology)

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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:19	Acc. Remarks	: Normal	Ref Id2	: O24256901

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)

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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 10:35	Acc. Remarks	: Normal	Ref Id2	: O24256901

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type	O			
Rh Type	POSITIVE			

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

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Neuberg Supratech

REFERENCE LABORATORIES

(A unit of Neuberg Diagnostics Private Limited)

LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090636
Bill. Loc	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Plasma Fluoride F,Plasma Fluoride PP,Serum	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:18	Acc. Remarks	: Normal	Ref Id2	: O24256901

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F Photometric / Hexokinase	99.1	mg/dL	70.0 - 100	
Plasma Glucose - PP Photometric / Hexokinase	121.1	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) GLDH	17.5	mg/dL	8.90 - 20.60	
Uric Acid Uricase	5.24	mg/dL	3.5 - 7.2	
Creatinine	0.75	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	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Whole Blood EDTA	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 12:00	Acc. Remarks	: Normal	Ref Id2	: O24256901

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C Immunoturbidimetric	5.45	% of total Hb	<5.7: Normal 5.7-6.4: Prediabeles >=6.5: Diabeles	
Estimated Avg Glucose (3 Mths) Calculated	109.71	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	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090538
Bill. Loc.	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:18	Acc. Remarks	: Normal	Ref Id2	: 024256901

TEST		RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS					
Lipid Profile					
Cholesterol CHOD-POD	H	**204.48**	mg/dL	110 - 200	
HDL Cholesterol *Accelerator Selective Detergent*	L	**35.8**	mg/dL	40 - 60	
Triglyceride *Glycerol Phosphate Oxidase*		122.29	mg/dL	<150	
VLDL Calculated		24.46	mg/dL	10 - 40	
Chol/HDL Calculated	H	**5.71**		0 - 4.1	
LDL Cholesterol Calculated	H	**144.20**	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 information 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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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc	: Aashka hospital			Pt. Loc	:
Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:18	Acc. Remarks	: Normal	Ref Id2	: O24256901

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. NADH (Without P-5-P)	24.35	U/L	0 - 55	
S.G.O.T. NADH (Without P-5-P)	19.18	U/L	5.0 - 34.0	
Alkaline Phosphatase Para-Nitrophenyl Phosphate	142.47	U/L	40.00 - 150.00	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate	19.16	U/L	0 - 55	
Proteins (Total) Colorimetric, Biuret	8.29	gm/dL	6.40 - 8.30	
Albumin Colorimetric-Bromo Cresol Green	5.15	gm/dL	3.5 - 5.2	
Globulin Calculated	3.14	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.64		1.0 - 2.1	
Bilirubin Total Photometry	0.65	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reaction	0.23	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.42	mg/dL	0 - 0.8	

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

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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:07	Acc. Remarks	: Normal	Ref Id2	: O24256801

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	123.37	ng/dL	70 - 204	
Thyroxine (T4) CMIA	9.97	ng/dL	4.87 - 11.72	
TSH CMIA	2.07	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 & incipent 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 supressed 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	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Serum	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:12	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:07	Acc. Remarks	: Normal	Ref Id2	: 024256901

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 hormons vary according toimesper an pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43 - 2.2
Third trimester	0.6-2.5

	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)

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090636
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Spot Urine	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:16	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:50	Acc. Remarks	: Normal	Ref Id2	: O24256901

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

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

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LABORATORY REPORT

Name	: PRAGNESHKUMAR K PARIKH	Sex/Age	: Male / 34 Years	Case ID	: 41102200489
Ref.By	:	Dis. At	:	Pt. ID	: 5090638
Bill. Loc.	: Aashka hospital			Pt. Loc	:

Reg Date and Time	: 23-Nov-2024 10:12	Sample Type	: Spot Urine	Mobile No	:
Sample Date and Time	: 23-Nov-2024 10:16	Sample Coll. By	:	Ref Id1	: OSP35458
Report Date and Time	: 23-Nov-2024 11:50	Acc. Remarks	: Normal	Ref Id2	: O24256901

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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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 HOSPITAL

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

UHID: Date: Time:

Patient Name: Pragnesh Parikh
Age /Sex: 34/M
Height: 174 cm
Weight: 78.1 Kg

Chief Complain: Regular checkup

History:

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

Extra oral : class II (DD) wt

Intra oral – Teeth Present :

Teeth Absent :

Diagnosis:

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Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

aashka HOSPITAL

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

UHID:	**Date:**	**Time:**
Patient Name: Praveshkumar K. Parikh	**Age /Sex:** 34	
	Height: 174 cm	
	Weight: 78 Kg	

History:

C/O

Both eye blurring of vision

Allergy History:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination:

D.V. 6/6 P
6/6

N.V. 6/6 P
6/6

Colour vision normal.

Diagnosis:

Aashka Hospitals Ltd.
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Sargasan, Gandhinagar - 382421, Gujarat, India
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CIN: L85110GJ2012PLC072647

aashka HOSPITAL

DR. FENIL KALARIYA
M.B.B.S, E.MD/MRCEM
CT/IDCCM
EMERGENCY PHYSICIAN &
CONSULTANT INTENSIVIST
REG.NO-G71225, 22/K-1562

UHID: Date: 23/11/2024 Time: 2:30pm

Patient Name: Pragneshbhai Parikh Height:

Age /Sex: 34y | Male LMP: Weight:

History:

C/C/O: - NO any fresh complaints

History:

- NO any Family H/O DM | HTN
father = DM
= 1 Brother

Allergy History: NKDA

Addiction:

Nutritional Screening: Well-Nourished / Malnourished / Obese

Vitals & Examination:

Temperature: Afebrile

Pulse: 86bpm

BP: 110/70 mmHg

SPO2: 98% on RA

Provisional Diagnosis: - Dyslipidemia (controlled)

Advice:

- life style modification
- Diet controlled
- Regular Exercise

Rx

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

Insulin Scale	RBS- hourly
< 150 –	300-350 –
150-200 –	350-400 –
200-250 –	400-450 –
250-300 –	> 450 –

Diet Advice:	As described
Follow-up:	--
Sign:	