

प्रति,

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

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. DESAI RAJABHAI J
क.कू संख्या	162163
पदनाम	ARMED GUARD
कार्य का स्थान	TALOD
जन्म की तारीख	01-06-1966
स्वास्थ्य जांच की प्रस्तावित तारीख	10-08-2024
बुकिंग संदर्भ सं.	24S162163100110400E

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 08-08-2024 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 बड़ोदा

(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 बारादा
Bank of Baroda



नाम

Name

Desai Rajabhai J.

कर्मचारी कूट क्र.

Employee Code No.

162163

जारीकर्ता प्राधिकारी

Issuing Authority



आर. व. डेसाई

धारक के हस्ताक्षर

Signature of Holder

09.08.2024 10:33:59 AM
MASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

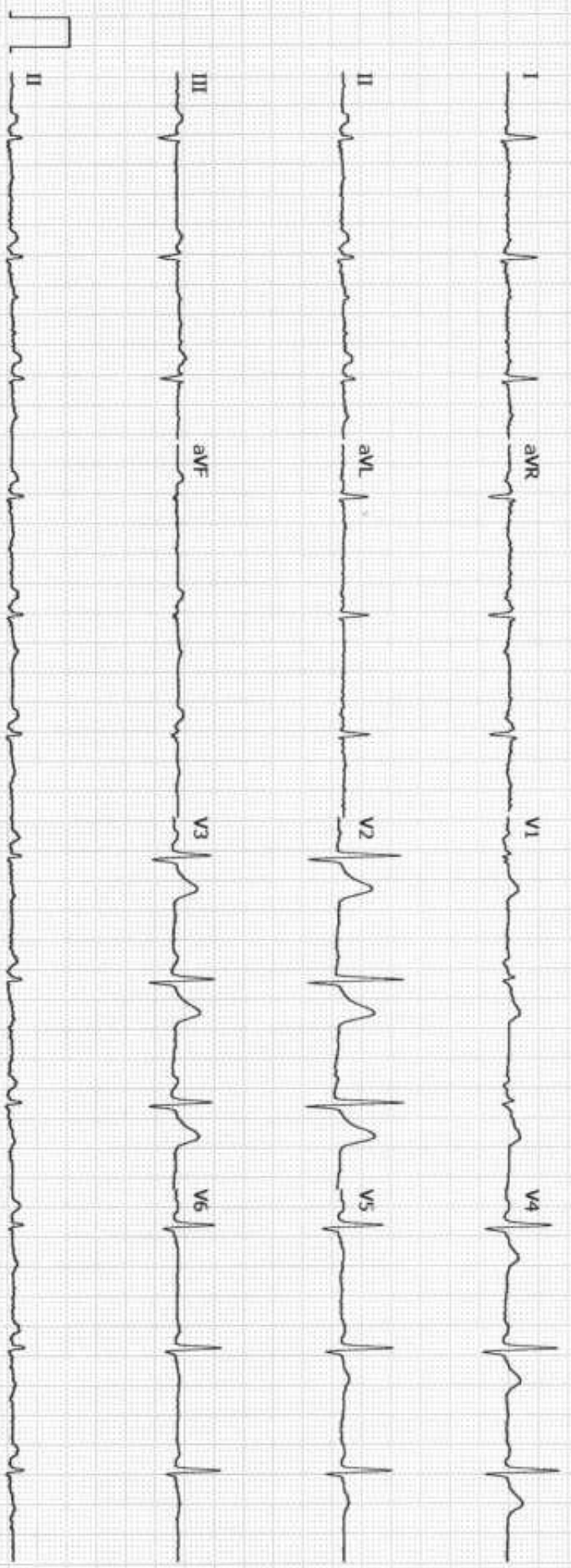
Room:

74 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 362 / 401 ms
PR : 144 ms
P : 112 ms
RR / PP : 812 / 810 ms
P / QRS / T : 67 / -7 / 16 degrees

Normal sinus rhythm
Normal ECG



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Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:RAJABHAI J DESAI

GENDER/AGE:Male / 58 Years

DATE:09/08/24

DOCTOR:

OPDNO:OSP29484

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.


No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME:RAJABHAI J DESAI

GENDER/AGE:Male / 58 Years

DATE:09/08/24

DOCTOR:

OPDNO:OSP29484

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 tiny calcified GB polyp of about 4 mm. 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 4.5 cms in size.

Left kidney measures about 10.0 x 4.7 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 96 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 18 cc.

COMMENT: Grade I fatty changes in liver.

Tiny GB polyp.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref. By	HOSPITAL	Dis. At		Pt. ID	4268227
Bill. Loc.	Aashka hospital			Pt. Loc	
Reg Date and Time	09-Aug-2024 09:10	Sample Type		Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time		Acc. Remarks	Normal	Ref Id2	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	110.1	mg/dL	70 - 100
Haemogram (CBC)			
RBC (Electrical Impedance)	5.54	millions/cu mm	4.50 - 5.50
MCV (RBC histogram)	80.3	fL	83.00 - 101.00
MCH (Calc)	26.6	pg	27.00 - 32.00
Lipid Profile			
Cholesterol	280.0	mg/dL	110 - 200
HDL Cholesterol	35.8	mg/dL	48 - 77
Triglyceride	352.9	mg/dL	<150
VLDL	70.58	mg/dL	10 - 40
Chol/HDL	7.82		0 - 4.1
LDL Cholesterol	173.62	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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LABORATORY REPORT



Name : RAJABHAI J DESAI Sex/Age : Male / 56 Years Case ID : 40802200354
 Ref.By : HOSPITAL Dis. At : Pt. ID : 4268227
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Aug-2024 09:10	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 09-Aug-2024 09:10	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 09-Aug-2024 10:06	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.8	G%	13.00 - 17.00
RBC (Electrical Impedance)	H 5.54	millions/cumm	4.50 - 5.50
PCV (Calc)	44.49	%	40.00 - 50.00
MCV (RBC histogram)	L 80.3	fL	83.00 - 101.00
MCH (Calc)	L 26.6	pg	27.00 - 32.00
MCHC (Calc)	33.2	gm/dL	31.50 - 34.50
RDW (RBC histogram)	14.30	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5020	/μL	4000.00 - 10000.00
Neutrophil	58.0	%	EXPECTED VALUES 40.00 - 70.00
Lymphocyte	33.0	%	20.00 - 40.00
Eosinophil	3.0	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophil	0.0	%	0.00 - 2.00

PLATELET COUNT (Optical)

Platelet Count	258000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.76		0.78 - 3.53

SMEAR STUDY

RBC Morphology : Normocytic Normochromic RBCs
 WBC Morphology : Total WBC count within normal limits.
 Platelet : Platelets are adequate in number
 Parasite : Malarial Parasite not seen on smear.

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

Dr. Shreya Shah
 M.D. (Pathologist)

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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref.By	HOSPITAL	Dis. At		Pt ID	4268227
Bill. Loc	Aashka hospital			Pt. Loc	

Reg Date and Time	09-Aug-2024 09:10	Sample Type	Whole Blood EDTA	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:18	Acc. Remarks	Normal	Ref Id2	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	12	mm after 1hr	3 - 20	

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

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M.D. (Pathologist)

Page 3 of 14

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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref By	HOSPITAL	Dis. At		Pt ID	4268227
Bill Loc	Aashka hospital			Pt. Loc	

Reg Date and Time	: 09-Aug-2024 09:10	Sample Type	: Whole Blood EDTA	Mobile No	
Sample Date and Time	: 09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	: 09-Aug-2024 09:35	Acc. Remarks	Normal	Ref Id2	

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 (L1-VeryLow L, Low H-High, HH-VeryHigh, A-Abnormal)

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Page 4 of 14

Printed On : 09-Aug-2024 15:15



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LABORATORY REPORT



Name : RAJABHAI J DESAI	Sex/Age : Male / 58 Years	Case ID : 40802200354
Ref By : HOSPITAL	Dis. At :	Pt. ID : 4268227
Bill. Loc : Aashka hospital		Pt. Loc :

Reg Date and Time : 09-Aug-2024 09:10	Sample Type : Plasma Fluoride F / Plasma Fluoride PP	Mobile No :
Sample Date and Time : 09-Aug-2024 09:10	Sample Coll. By :	Ref Id1 : OSP29484
Report Date and Time : 09-Aug-2024 12:39	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 110.1	mg/dL	70 - 100
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	97.4	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100 <126 mg/dL : Impaired fasting glucose per guidelines

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

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

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Page 5 of 14

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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref. By	HOSPITAL	Dis. At		Pt. ID	4268227
Bill. Loc.	Aashka hospital			Pt. Loc	

Reg Date and Time	09-Aug-2024 09:10	Sample Type	Whole Blood EDTA	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 10:06	Acc. Remarks	Normal	Ref Id2	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.70	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	116.89	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[CE,SE,EE,SC] HbA1c can not be quantitated as there is no HbA^{1c} 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 (L) - Very Low | Low | High | (H) Very High | A - Abnormal

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Page 6 of 14

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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref By	HOSPITAL	Dis At		Pt ID	4268227
Bill Loc	Aashka hospital			Pt Loc	
Reg Date and Time	09-Aug-2024 09:10	Sample Type	Serum	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:20	Acc. Remarks	Normal	Ref Id2	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-PAP</i>	H	280.0	mg/dL	110 - 200
HDL Cholesterol	L	35.8	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphata Gidase</i>	H	352.9	mg/dL	<150
VLDL <i>Calculated</i>	H	70.58	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	7.82		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	173.62	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 40-59	Borderline High 150-199
Borderline 130-159	High >240		Very High ≥200

- LDL Cholesterol level is primary goal for treatment and varies with risk category and treatment.
- For LDL Cholesterol level Please consider direct LDL value.
- Risk assessment from HDL and Triglyceride has been assessed. Also LDL goal may vary.
- Detail test interpretation available from the lab.
- For more precise assessment to be done, please send both HDL and Triglyceride.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and treatment.

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

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Page 7 of 14

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LABORATORY REPORT



Name: **RAJABHAI J DESAI** Sex/Age: **Male / 58 Years** Case ID: **40802200354**
 Ref By: **HOSPITAL** Dis At: Pt ID: **4268227**
 Bill Loc: **Aashka hospital** Pt Loc:

Reg Date and Time: 09-Aug-2024 09:10	Sample Type: Serum	Mobile No:
Sample Date and Time: 09-Aug-2024 09:10	Sample Coll By:	Ref Id1: OSP29484
Report Date and Time: 09-Aug-2024 11:18	Acc. Remarks: Normal	Ref Id2:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

SGPT <i>UV with PSP</i>	26.2	U/L	16 - 63
SGOT <i>UV with PSP</i>	19.2	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic PNPP/AMP</i>	48.5	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	34.1	U/L	0 - 55
Proteins (Total) <i>Colorimetric (dual)</i>	8.30	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.70	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.60	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.31		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.30	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazotization reaction</i>	0.20	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.10	mg/dL	0 - 0.8

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Page 8 of 14

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Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref By	HOSPITAL	Dis. At		Pt. ID	4268227
Bill. Loc.	Aashka hospital			Pt. Loc.	
Reg Date and Time	09-Aug-2024 09:10	Sample Type	Serum	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:18	Acc. Remarks	Normal	Ref Id2	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	12.2	mg/dL	8.40 - 25.70	
Uric Acid <i>Uricase</i>	6.17	mg/dL	3.5 - 7.2	
Creatinine	1.18	mg/dL	0.50 - 1.50	

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

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Page 9 of 14

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Bill Loc	Aashka hospital			Pt Loc	
Reg Date and Time	09-Aug-2024 09:10	Sample Type	Serum	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:18	Acc. Remarks	Normal	Ref Id2	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	126.9	ng/dL	40 - 181	
Thyroxine (T4) CMA	5.72	ng/dL	4.87 - 11.72	
TSH CMA	1.59	µIU/mL	0.5 - 8.9	

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 hypothyroidism
- 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)

Page 10 of 14

Printed On : 09-Aug-2024 15:15



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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref. By	HOSPITAL	Dis. At		Pt. ID	4268227
Bill. Loc.	Aashka hospital			Pt. Loc.	
Reg Date and Time	09-Aug-2024 09:10	Sample Type	Serum	Mobile No.	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:18	Acc. Remarks	Normal	Ref Id2	

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 severely 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 as a minimum screening test. When the s-TSH result is abnormal, appropriate follow-up tests (T4 & free T3 levels) should be performed. If TSH is between 0.01 & 0.1, T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH > 0.1, 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 hospitalized patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on a regular basis 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	0.43-2.7
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 (L) Very Low | Low | High | H) Very High | A Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 11 of 14

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LABORATORY REPORT



Name: RAJABHAI J DESAI	Sex/Age: Male / 58 Years	Case ID: 40802200354
Ref. By: HOSPITAL	Dis. At:	PI ID: 4268227
Bill Loc: Aashka hospital		PI Loc:
Reg Date and Time: 09-Aug-2024 09:10	Sample Type: Serum	Mobile No:
Sample Date and Time: 09-Aug-2024 09:10	Sample Coll. By:	Ref Id1: OSP29484
Report Date and Time: 09-Aug-2024 15:04	Acc. Remarks: Normal	Ref Id2:

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Prostate Specific Antigen (PSA)				

Prostate Specific Antigen **0.264** ng/mL 0.00 - 4.00
CMA

	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 Male	87.1	12.8	0.0	0.1	0.1
BPH	52.5	42.9	4.2	0.1	0.1
Stage A Prostate Cancer	88.5	42.3	11.5	3.4	0.5
Stage B Prostate Cancer	23.9	88.7	7.5	0.6	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 which is 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

Male:

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 = 0.10	45%	38%
0.11-0.18	27%	24%
0.19-0.25	18%	24%
> 0.25	9%	12%

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

Dr. Pavan Dave
 DCP, DNB (PATH)
 Page 12 of 14

Dr. Aakash Shah
 MD, Path.
 Consultant Pathologist

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LABORATORY REPORT



Name	RAJABHAI J DESAI	Sex/Age	Male / 58 Years	Case ID	40802200354
Ref By	HOSPITAL	Dis At		Pt ID	4268227
Bill Loc	Aashka hospital			Pt Loc	
Reg Date and Time	09-Aug-2024 09:10	Sample Type	Spot Urine	Mobile No	
Sample Date and Time	09-Aug-2024 09:10	Sample Coll. By		Ref Id1	OSP29484
Report Date and Time	09-Aug-2024 11:18	Acc. Remarks	Normal	Ref Id2	

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

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour: Pale yellow
 Transparency: Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.025		1.003 - 1.035
pH	5.5		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

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

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

Dr. Shreya Shah

M.D. (Pathologist)

Page 13 of 14

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LABORATORY REPORT



Name: **RAJABHAI J DESAI** Sex/Age: **Male / 58 Years** Case ID: **40802200354**
 Ref By: **HOSPITAL** Dis. At: Pt. ID: **4268227**
 Bill Loc: **Aashka hospital** Pt. Loc:

Reg Date and Time: **09-Aug-2024 09:10** Sample Type: **Spot Urine** Mobile No:
 Sample Date and Time: **09-Aug-2024 09:10** Sample Coll. By: Ref Id1: **OSP29484**
 Report Date and Time: **09-Aug-2024 11:18** Acc. Remarks: **Normal** Ref Id2:

Parameter	Unit	Expected value	Result/Qualifications				
			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/Qualifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	50	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)	/hpf	<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)

Page 14 of 14

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COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

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

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

MITRAL VALVE	:		Normal LV systolic funct
AORTIC VALVE	:		Mild LVH EF: 60%
TRICUSPID VALVE	:		No RWMA at resit (Clot)
PULMONARY VALVE	:		Vegetation
AORTA	:	3.12	All valves normal,
LEFT ATRIUM	:	3.53	Mild TR, no RA, no PVR
LV Dd/ Ds	:	3.72 / 2.34	RA & RV, no PAM
IVS / LVPW / D	:	1.10 / 1.19	RVSP 18.66 mm Hg
IVS	:	} intact	No pericardial effusion
IAS	:		
RA	:	} not dilated	
RV	:		
PA	:	} no effusion	
PERICARDIUM	:		
VEL	:	PEAK	MEAN
M/S	:	Gradient mm Hg	Gradient mm Hg
MITRAL	:	0.67 / 0.67	
AORTIC	:	1.06	
PULMONARY	:	1.03	RVSP 18.66
COLOUR DOPPLER	:		
RSVP	:		
CONCLUSION	:		

[Signature]

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Doctor Name:- S/B Dr. Shreyas Rawar

UHID: OSP29484	Date: 9/8/24	Time: 4:30 PM
Patient Name: Rajabhai S Desai	Age/Sex: 55yem / male	Height: 172 cm
	Weight: 82.5 kg	
Chief Complain: Come here for health check up		
History: Not known		
Allergy History: none		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: ✓ HR = 72/min SpO ₂ = 98% on RA BP = 140/90 mm Hg Cholesterol = 260 Lipid profile - altered USG Abdomen - GB tiny polyp Grade I fatty liver All other reports = WNL		
Diagnosis: PF is fit		

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

UHID:	Date: 9/8/24	Time:
Patient Name: Rajendra Desai	Age / Sex:	Height: 172 cm Weight: 82.5 K.G.
Chief Complain: Regular checkup	History:	
Allergy History:	Nutritional Screening: Well-Nourished / Malnourished / Obese	
Examination: Extra oral : Intra oral - Teeth Present : Teeth Absent :	stems ++ crenulated Adhition Missing teeth rest 6/6	
Diagnosis:		

Rx

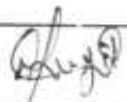
No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration

Other Advice:

Pt has been explained about
PET & Crown.

Follow-up:

Consultant's Sign:



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

UHID:	Date: 9/8/24	Time:
Patient Name: Rajubhai. J. Desai	Age /Sex:	Height: Weight:
History: Routine eye check-up BE of phakia		
Allergy History: no		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: AC - MPL Pupl - MPL oe UN 26/9 6/3		
Diagnosis:		

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						

Add +2.75 R/B

Other Advice:

Follow-up:

Consultant's Sign: