

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 फ़ैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. KUMAR SWATHI S
क.कू संख्या	166362
पदनाम	V-CIP CELL
कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
जन्म की तारीख	30-08-1987
स्वास्थ्य जांच की प्रस्तावित तारीख	13-01-2024
बुकिंग संदर्भ सं.	23M166362100082906E

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 08-01-2024 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 फ़ैशलेस 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,

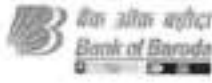
हस्ता/-

(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।)



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	MRS. KUMAR SWATHI S
EC NO.	166362
DESIGNATION	V-CIP CELL
PLACE OF WORK	GANDHINAGAR,GIFT CITY,NATIONAL
BIRTHDATE	30-08-1987
PROPOSED DATE OF HEALTH CHECKUP	13-01-2024
BOOKING REFERENCE NO.	23M166362100082906E

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 **08-01-2024** 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))



बैंक ऑफ बड़ोदा  
Bank of Baroda

नाम  
Name

स्वाती एस कुमार  
Swati S Kumar

E.O. No.

166362



जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder

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: LB5110GJ2012PLC072647



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

UHID: <u>OSP 32528</u> Date: <u>13/1/24</u> Time:	
Patient Name: <u>SWATI KUMAR</u> Height:	
Age/Sex: <u>37/f</u> LMP: Weight:	
History:	
C/C/O: <u>Health check up</u>	History: <u>—</u>
Allergy History: <u>—</u>	Addiction: <u>—</u>
Nutritional Screening: <u>Well-Nourished</u> / Malnourished / Obese	
Vitals & Examination: Temperature: Pulse: <u>80</u> BP: <u>110/70</u> SPO2: <u>98%</u>	<u>Chle 214.</u> <u>LDL 154.</u>
Provisional Diagnosis:	


Advice:

Low fat diet

Lipid profile / 1 month

Rx

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

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

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

UHID: <u>ASP32528</u>	Date: <u>13/1/24</u>	Time:
Patient Name: <u>Scouti S Kumar.</u>	Age/Sex: <u>37/F</u>	Height: Weight:
Chief Complain:		
History: <u>Routine dental check up.</u>		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral - Teeth Present :	<u>Stain +</u> <u>Caries +</u>	
Teeth Absent :	<u>Restorations are</u> <u>CS</u>	
Diagnosis:		

Rx

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

Other Advice:

- ① Restoration led  $\frac{65}{}$
- ② Seating

Follow-up:

Consultant's Sign:



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

UHD:		Date: 13/01/24	Time: 10:30
Patient Name: <i>Sweet</i>	Age / Sex:		Height:
	Weight:		
History: <i>C/O Compny fracture elbow.          pt have joint lock 15 years</i>			
Allergy History:			
Nutritional Screening: Well-Nourished / Malnourished / Obese			
Examination:			
<i>Wt 61kg          61kg</i>		<i>Colours Vision - Normal</i>	
<i>Vit glass          61kg          61kg          N LG</i>			
Diagnosis: <i>Posttrauma elbow</i>			



**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:**



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: SWATHI

GENDER/AGE: Male / 38 Years

DATE: 13/01/24

DOCTOR:

OPDNO: OSP32528

### 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

PATIENT NAME: SWATHI

GENDER/AGE: Male / 38 Years

DATE: 13/01/24

DOCTOR:

OPDNO: OSP32528

### 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. **Malrotated right kidney ectopically placed in right lumbar region with plevis facing antero-laterally.**

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 420 cc.

**UTERUS:** Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.8 mm. No evidence of uterine mass lesion is seen.

Simple cyst is seen in left ovary. (36 x 29 mm)

**COMMENT:** Malrotated right kidney ectopically placed in right lumbar region with plevis facing antero-laterally.

Simple left ovarian cyst.

Normal sonographic appearance of liver, GB, pancreas, spleen, para aortic region, bladder and uterus.

13.01.2024 11:00:17 AM  
ASHAKA HOSPITAL LTD,  
SARGASAN  
GANDHINAGAR

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

Room:

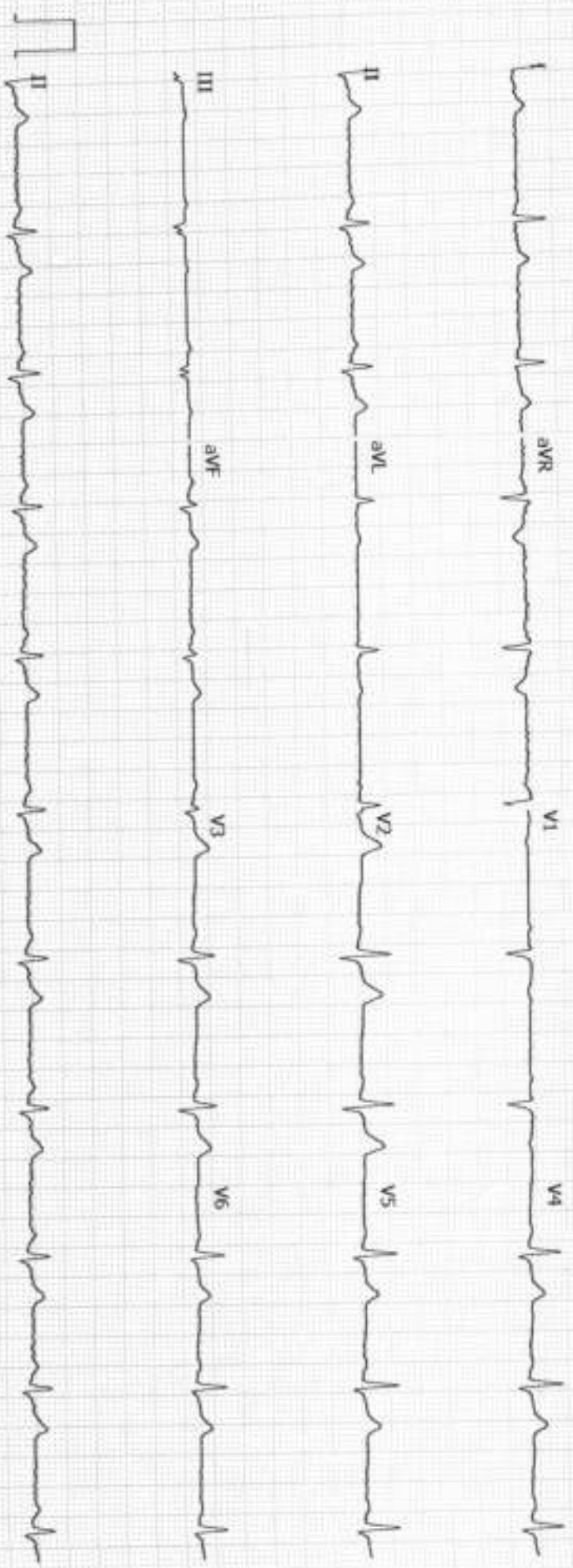
62 bpm

--/-- mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 88 ms  
QT / QTcBaz : 400 / 406 ms  
PR : 150 ms  
P : 96 ms  
RR / PP : 974 / 967 ms  
P / QRS / T : 57 / 14 / 44 degrees

Normal sinus rhythm  
Normal ECG





Cytological examination- Pap smear request form

Name: Swati S. Karmal Age: 37 yrs.

Complaints: None  
Road cover, 6-12 gm.

No of deliveries: 1st FTlets / 9 / 11 yrs.

Last Delivery: \_\_\_\_\_

History of abortion: None

H/O medical conditions associated:

Last abortions: None

DM	<input type="checkbox"/>
HTN	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>

MH: Rocem Reg: \_\_\_\_\_

LMP: 21/12/23.

P/A: Soft  
P/S: CP (2)  
P/V: solid white big part Soft Flap

Sample:-  
Vagina   
Cervix

Doctors Sign:- [Signature]



## LABORATORY REPORT



Name : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type :	Mobile No :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time :	Acc. Remarks : <b>Normal</b>	Ref Id2 :

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Blood Glucose Fasting &amp; Postprandial</b>			
Plasma Glucose - PP	<b>66.44</b>	mg/dL	70.0 - 140.0
<b>Lipid Profile</b>			
Cholesterol	<b>218.69</b>	mg/dL	110 - 200
HDL Cholesterol	<b>45.6</b>	mg/dL	48 - 77
Chol/HDL	<b>4.80</b>		0 - 4.1
LDL Cholesterol	<b>158.20</b>	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

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

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## LABORATORY REPORT



Name : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type : <b>Whole Blood EDTA</b>	Mobile No :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time : <b>13-Jan-2024 09:16</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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

#### HB AND INDICES

Haemoglobin	13.6	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.79	millions/cumm	3.80 - 4.80
PCV(Calc)	41.00	%	36.00 - 46.00
MCV (RBC histogram)	85.6	fL	83.00 - 101.00
MCH (Calc)	28.4	pg	27.00 - 32.00
MCHC (Calc)	33.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.80	%	11.00 - 16.00

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

		UNIT	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Total WBC Count	9250	/μL	4000.00 - 10000.00		
Neutrophil	[%] 67.0	%	40.00 - 70.00	6198	/μL 2000.00 - 7000.00
Lymphocyte	28.0	%	20.00 - 40.00	2590	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	185	/μL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	278	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	342000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.39		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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Report Date and Time : <b>13-Jan-2024 09:53</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>ESR</b> Westergren Method	<b>17</b>	<b>mm after 1hr</b>	<b>3 - 20</b>	

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

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

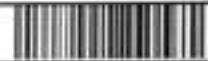
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LABORATORY REPORT



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

**HAEMATOLOGY INVESTIGATIONS**

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

ABO Type	<b>O</b>
Rh Type	<b>POSITIVE</b>

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

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

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## LABORATORY REPORT



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Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type : <b>Spot Urine</b>	Mobile No :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time : <b>13-Jan-2024 09:16</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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 **>1.025** 1.005 - 1.030

pH **6.50** 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** / $\mu$ L Nil

Yeast **Nil** / $\mu$ L 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 : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pl. ID : <b>3270134</b>
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Report Date and Time : <b>13-Jan-2024 09:16</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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 : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :

Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type : <b>Plasma Fluoride F, Plasma Fluoride PP</b>	Mobile No. :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time : <b>13-Jan-2024 13:48</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

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

#### Blood Glucose Level (Fasting & Post Prandial)

<b>Plasma Glucose - F</b> <small>Photometric, Hexokinase</small>	<b>74.53</b>	<b>mg/dL</b>	<b>70 - 100</b>
<b>Plasma Glucose - PP</b> <small>Photometric, Hexokinase</small>	<b>L 66.44</b>	<b>mg/dL</b>	<b>70.0 - 140.0</b>

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 : **SWATI S KUMAR** Sex/Age : **Female/ 37 Years** Case ID : **40102200239**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3270134**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Jan-2024 08:17** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **13-Jan-2024 08:17** Sample Coll. By : Ref Id1 : **OSP32528**  
 Report Date and Time : **13-Jan-2024 12:00** Acc. Remarks : **Normal** Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <small>Colorimetric, CHOD-PAP</small>	H	<b>218.69</b>	mg/dL	110 - 200
<b>HDL Cholesterol</b>	L	<b>45.6</b>	mg/dL	48 - 77
<b>Triglyceride</b> <small>Glycerol Phosphate Oxidase</small>		<b>74.44</b>	mg/dL	<150
<b>VLDL</b> <small>Calculated</small>		<b>14.89</b>	mg/dL	10 - 40
<b>Chol/HDL</b> <small>Calculated</small>	H	<b>4.80</b>		0 - 4.1
<b>LDL Cholesterol</b> <small>Calculated</small>	H	<b>158.20</b>	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, LL- Low, H-High, HH-Very High, A-Abnormal)

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

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## LABORATORY REPORT



Name : **SWATI S KUMAR** Sex/Age : **Female/ 37 Years** Case ID : **40102200239**  
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3270134**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **13-Jan-2024 08:17** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **13-Jan-2024 08:17** Sample Coll. By : Ref Id1 : **OSP32528**  
 Report Date and Time : **13-Jan-2024 12:06** Acc. Remarks : **Normal** Ref Id2 :

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

#### Liver Function Test

<b>S.G.P.T.</b> <i>UV with PSP</i>	<b>19.04</b>	U/L	14 - 59	
<b>S.G.O.T.</b> <i>UV with PSP</i>	<b>19.86</b>	U/L	15 - 37	
<b>Alkaline Phosphatase</b> <i>Enzymatic PNPP-AMP</i>	<b>96.62</b>	U/L	46 - 116	
<b>Gamma Glutamyl Transferase</b> <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	<b>16.30</b>	U/L	0 - 38	
<b>Proteins (Total)</b> <i>Colorimetric, Biuret</i>	<b>7.87</b>	gm/dL	6.40 - 8.30	
<b>Albumin</b> <i>Bromocresol purple</i>	<b>4.92</b>	gm/dL	3.4 - 5	
<b>Globulin</b> <i>Calculation</i>	<b>2.95</b>	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculation</i>	<b>1.7</b>		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	<b>0.75</b>	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotization reaction</i>	<b>0.26</b>	mg/dL	0 - 0.50	
<b>Bilirubin Unconjugated</b> <i>Calculation</i>	<b>0.49</b>	mg/dL	0 - 0.8	

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

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## LABORATORY REPORT



Name : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc :
Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type : <b>Serum</b>	Mobile No :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time : <b>13-Jan-2024 12:00</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>BUN (Blood Urea Nitrogen)</b> <small>GLOH</small>	<b>8.4</b>	mg/dL	7.00 - 18.70	
<b>Creatinine</b>	<b>0.58</b>	mg/dL	0.50 - 1.50	
<b>Uric Acid</b> <small>Uricase</small>	<b>3.36</b>	mg/dL	2.6 - 6.2	

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

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**Neuberg Supratech Reference Laboratories Private Limited**

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## LABORATORY REPORT



Name : SWATI S KUMAR	Sex/Age : Female/ 37 Years	Case ID : 40102200239
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3270134
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 13-Jan-2024 08:17	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 13-Jan-2024 08:17	Sample Coll. By :	Ref Id1 : OSP32528
Report Date and Time : 13-Jan-2024 09:16	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C	5.05	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	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-Very Low,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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## LABORATORY REPORT



Name : SWATI S KUMAR	Sex/Age : Female/ 37 Years	Case ID : 40102200239
Ref.By : AASHKA HOSPITAL	Dis. At :	Pt. ID : 3270134
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 13-Jan-2024 08:17	Sample Type : Serum	Mobile No :
Sample Date and Time : 13-Jan-2024 08:17	Sample Coll. By :	Ref Id1 : OSP32528
Report Date and Time : 13-Jan-2024 10:05	Acc. Remarks : Normal	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	92.43	ng/dL	70 - 204	
Thyroxine (T4) <small>CMA</small>	9.06	ng/dL	4.87 - 11.72	
TSH <small>CMA</small>	0.81	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

	Reference range (microu/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

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

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## LABORATORY REPORT



Name : <b>SWATI S KUMAR</b>	Sex/Age : <b>Female/ 37 Years</b>	Case ID : <b>40102200239</b>
Ref.By : <b>AASHKA HOSPITAL</b>	Dis. At :	Pt. ID : <b>3270134</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>13-Jan-2024 08:17</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>13-Jan-2024 08:17</b>	Sample Coll. By :	Ref Id1 : <b>OSP32528</b>
Report Date and Time : <b>13-Jan-2024 10:05</b>	Acc. Remarks : <b>Normal</b>	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 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 (microU/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	↑	↑	↑
T1 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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\* 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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