



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 की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई केशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	POOJA ROHIT HAMBAR
जन्म की तारीख	16-05-1994
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	23-11-2024
वुकिंग संदर्भ सं.	24D95306100120470S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. HAMBAR ROHIT RAMCHANDRA
कर्मचारी की क.कू.संख्या	95306
कर्मचारी का पद	FOREX BACK OFFICE
कर्मचारी के कार्य का स्थान	GANDHINAGAR, GIFT CITY, NATIONAL
कर्मचारी के जन्म की तारीख	25-06-1987

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 07-11-2024 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 केशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के पत्नी/पति की 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 वुकिंग 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

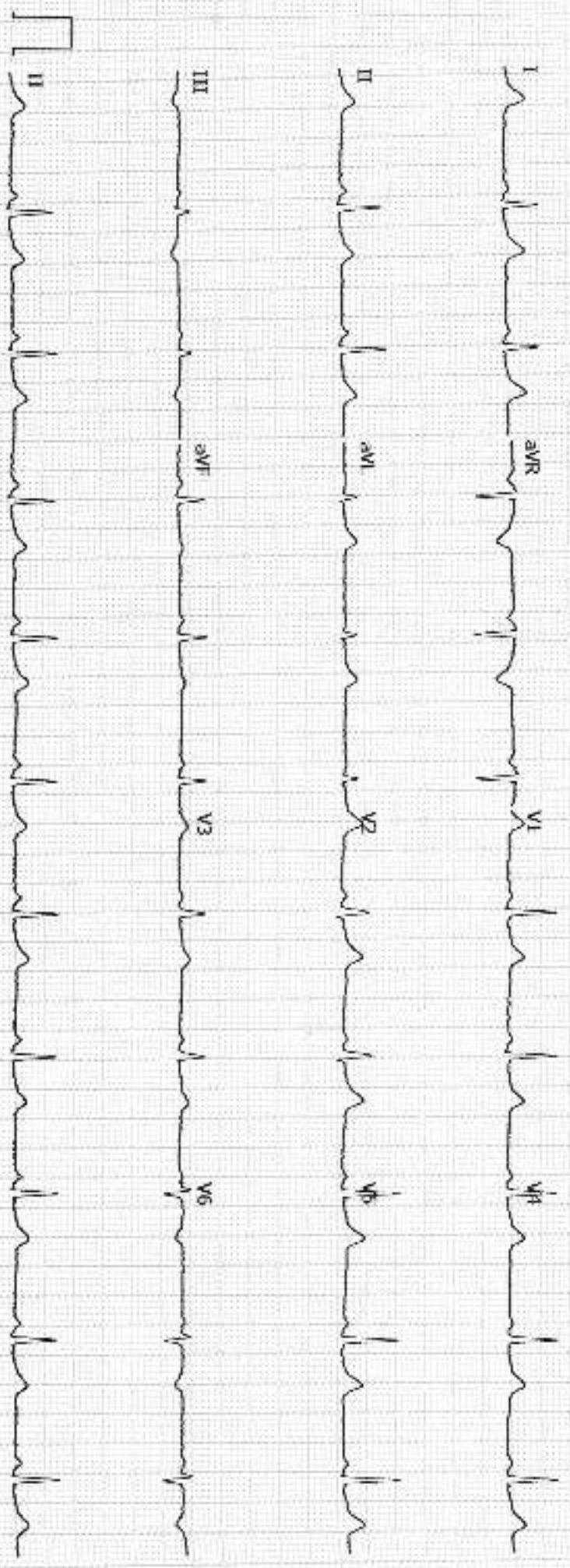
बैंक ऑफ़ बड़ोदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी रपट्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)

Technician:
Ordering Pn:
Referring Pn:
Attending Pn:

QRS : 72 ms
QT / QTcBaz : 434 / 444 ms
PR : 118 ms
P : 90 ms
RR / PP : 952 / 952 ms
P / QRS / T : 45 / 40 / 14 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed



23/11/24

Name: Pooja Hansal Age: 30 yr

Complaints:

A health checkup

on OC pills

No of deliveries:

0

Last Delivery:

8 yrs

History of abortion:

2 Aborts

H/O medical conditions associated:

LA - 2 Months back

Last abortions:

DM

HTN

Thyroid

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

MH:

Reg:

LMP:

01/11/24

P/A:

Soft

P/S:

As NAD
Vaginitis (A)

P/V:

NAD

Sample:-

Vagina

Cervix

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Doctors Sign:-

[Signature]

PATIENT NAME: POOJA R HAMBAR

GENDER/AGE: Female / 30 Years

DATE: 23/11/24

DOCTOR:

OPDNO: OSP35454

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 9.9 x 4.2 cms in size.

Left kidney measures about 10.0 x 4.1 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.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.1 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT

PATIENT NAME: POOJA R HAMBAR

GENDER/AGE: Female / 30 Years

DATE: 23/11/24

DOCTOR:

OPDNO: OSP35454

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

REPORT REPORT REPORT REPORT REPORT



LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill. Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 09:51	Acc. Remarks : Normal	Ref Id2 : O24256896

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.9	g%	12.0 - 15.0
RBC (Electrical Impedance)	4.48	millions/cumm	3.80 - 4.80
PCV(Calc)	39.07	%	36.00 - 46.00
MCV (RBC histogram)	87.2	fL	83 - 101
MCH (Calc)	28.7	pg	27.00 - 32.00
MCHC (Calc)	33.0	gm/dL	31.50 - 34.50
RDW (RBC histogram)	12.90	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	5210	μL	4000.00 - 10000.00
Neutrophil	[%] 62.0	%	EXPECTED VALUES 40.00 - 70.00 [Abs] 3850 μL 2000.00 - 7000.00
Lymphocyte	31.0	%	20.00 - 40.00 1925 μL 1000.00 - 3000.00
Eosinophil	3.0	%	1.00 - 6.00 186 μL 20.00 - 500.00
Monocytes	4.0	%	2.00 - 10.00 248 μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00 0 μL 0.00 - 100.00

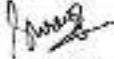
PLATELET COUNT (Optical)

Platelet Count	209000	μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.00		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 : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5083746
Bill. Loc. : Ashka hospital		Pt. Loc. :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 10:38	Acc. Remarks : Normal	Ref Id2 : O24256896

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	04	mm after 1hr	3 - 20	

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 : **POOJA R HAMBAR** Sex/Age : **Female/ 30 Years** Case ID : **41102200483**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5089746**
Bill. Loc. : **Aashka hospital** Pt. Loc. :
Reg Date and Time : **23-Nov-2024 08:32** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **23-Nov-2024 08:32** Sample Coll. By : Ref Id1 : **OSP35454**
Report Date and Time : **23-Nov-2024 14:03** Acc. Remarks : **Normal** Ref Id2 : **024256896**

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	A
Rh Type	NEGATIVE

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

Dr. Shreya Shah

MD (Pathology)

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LABORATORY REPORT

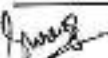


Name : POOJA R HAMBAR Sex/Age : Female/ 30 Years Case ID : 41102200483
 Ref.By : HOSPITAL Dis. At : Pt. ID : 5089746
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 23-Nov-2024 08:32 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No :
 Sample Date and Time : 23-Nov-2024 08:32 Sample Coll. By : Ref Id1 : OSP35454
 Report Date and Time : 23-Nov-2024 09:51 Acc. Remarks : Normal Ref Id2 : Q24256896

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <small>Photoimetric, Hexokinase</small>	98.1	mg/dL	70.0 - 100	
Plasma Glucose - PP <small>Photoimetric, Hexokinase</small>	112.8	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <small>BUN</small>	10.1	mg/dL	7.00 - 18.70	
Uric Acid <small>Uricase</small>	5.25	mg/dL	2.6 - 6.2	
Creatinine	0.66	mg/dL	0.50 - 1.50	

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


Dr. Shreya Shah
 M.D. (Pathology)
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LABORATORY REPORT



Name : Pooja R Hambar	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill Loc. : Aashka hospital		Pt. Loc. :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 12:00	Acc. Remarks : Normal	Ref Id2 : 024256596

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Glycated Haemoglobin Estimation				
HbA1C Immunoturbidimetric	5.11	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	99.96	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(LI, SS, EE, SC) HbA1c cannot be quantitated as there is no HbA1c.
- In such circumstances glycaemic 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-Very High, A-Abnormal

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M.D. (Pathologist)

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LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35464
Report Date and Time : 23-Nov-2024 09:51	Acc. Remarks : Normal	Ref Id2 : O24256896

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol ChOD-PGD	182.94	mg/dL	110 - 200	
HDL Cholesterol Accelerator Selective Catalyst	43.1	mg/dL	40 - 60	
Triglyceride Glycerol Phosphatase Oxidase	112.82	mg/dL	<150	
VLDL Calculated	22.66	mg/dL	10 - 40	
Chol/HDL Calculated	3.78		0 - 4.1	
LDL Cholesterol Calculated	97.28	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 <30	Border High 170-199
Borderline 130-159	High >240		High 200-400
High >160			

- 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 Triglycerids has been revised. Also LDL goal's have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

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

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LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 5089746
Bill. Loc. : Aashka hospital		Pl. Loc :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : QSP35454
Report Date and Time : 23-Nov-2024 09:55	Acc. Remarks : Normal	Ref Id2 : O24256896

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BIOCHEMICAL INVESTIGATIONS				
Liver Function Test				
S.G.P.T. NADH (Without P-S-P)	15.28	U/L	0 - 55	
S.G.O.T. NADH (Without P-S-P)	15.72	U/L	5.0 - 34.0	
Alkaline Phosphatase Para Nitrophenyl Phosphate	76.84	U/L	40.00 - 150.00	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy 4-nitrobenzyl Substrate	16.17	U/L	0 - 38	
Proteins (Total) Colorimetric, Buret	8.30	gm/dL	6.40 - 8.30	
Albumin Colorimetric Bromo-Cresol Green	5.01	gm/dL	3.5 - 5.2	
Globulin Calculated	3.29	gm/dL	2 - 4.1	
A/G Ratio Calculated	1.52		1.0 - 2.1	
Bilirubin Total Photometry	1.20	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reaction	0.45	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated	0.75	mg/dL	0 - 0.8	

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

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Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 09:42	Acc. Remarks : Normal	Ref Id2 : 024256896

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3)	168.11	ng/dL	70 - 204	
Thyroxine (T4) CMA	11.72	ng/dL	4.87 - 11.72	
TSH CMA	1.89	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 dopamina and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

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

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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

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LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill. Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Serum	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 09:42	Acc. Remarks : Normal	Ref Id2 : 024258896

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 to species in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43 - 2.2
Third trimester	0.3-2.5

	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-Very Low, L-Low, H-High, HH-Very High - A-Abnormal

Dr. Shreya Shah

M.D. (Pathology)

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LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5089746
Bill. Loc : Ashka hospital		Pt. Loc :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Spot Urine	Mobile No :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 10:38	Acc. Remarks : Normal	Ref Id2 : 024256896

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

URINE EXAMINATION

Physical Examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination

Sp.Gravity	1.010	1.005 - 1.030
pH	6.0	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-Very Low, L-Low, H-High, HII Very High, A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : POOJA R HAMBAR	Sex/Age : Female/ 30 Years	Case ID : 41102200483
Ref.By : HOSPITAL	Dis. At :	Pl. ID : 5089746
Bill. Loc. : Aashka hospital		Pl. Loc. :
Reg Date and Time : 23-Nov-2024 08:32	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 23-Nov-2024 08:32	Sample Coll. By :	Ref Id1 : OSP35454
Report Date and Time : 23-Nov-2024 10:38	Acc. Remarks : Normal	Ref Id2 : Q24258896

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/Notations				
			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)	/hpf	<2	-	-	-	-	-

Pending Services
Liquid Base Cytology PAP

----- 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-Very Low L-Low H-High HH-Very High -A Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

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DR. KHUSHBOO PATEL
MS (OBS & GYN)
REG. NO. G-31287

UHID:	Date: 22/11/24	Time: 11:00 AM
Patient Name: Pooja Hambar	Age: 30 Yrs	Mobile No:
Complaint and duration: Health checkup		
History: Menstrual history: RMTF on OC pills		
Cycles	Flow	Duration of bleeding
Presence of pain		
LMP: 9/11/24		
H/O Associated illnesses:		
HTN:	DM:	Others:
Thyroid disorder:	NAD	
Family History:		
Medication history: NAD		
Obstetric History:	1 Fetus / A-UM / FET / LD-6 Yr	
No of deliveries:	2 (1 Pilate) Last child: CA - 2 months	
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
General Examination:		
CVS	BP:	Oedema of ft
RS	Wt:	Tongue
Breast examination:		

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HOSPITAL



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

UHID:	Date:	Time:
Patient Name: Rojja Mambor		Age/Sex: 30/F Height: Weight:
Chief Complain: Regular check		
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral : Absence of gingival heat.		
Intra oral - Teeth Present :		
Teeth Absent :		
Diagnosis:		



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

UHID: OSP35454 Date: 23/11/2024 Time: 2:30pm
 Patient Name: Pooja K. Hambar Height: 163
 Age/Sex: 30Y Male LMP: | Weight: 71.1

History:
 C/C/O: - yo: weight gain x 2 months after starting oc pills x 2 months
 History: Abortion x 1 year (August)
-miscarriage (September)

Allergy History: NKA Addiction: -

Nutritional Screening: Well-Nourished / Malnourished / Obese

Vitals & Examination:
 Temperature: Afebrile
 Pulse: 80bpm
 BP: 120/80 mmHg
 SPO2: 97% on RA

Provisional Diagnosis: Followup health checkup /
weight gain due to oc pills

Prescription

