



प्रति,

शास्त्रपथक,

Mediwheel (Aroclim HealthCare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ बडौदा के कर्मचारियों के लिए मासिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी निम्नका विवरण निम्नांकित हैं हमारे कार्यालय के अनुसार आपका द्वारा उपलब्ध कराई गई कैलेंडर मासिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

मात्र	कर्मचारी विवरण
नाम	MR. PARMAR DHIRENDRA RAMESHCHANDRA
फ. क्र संख्या	164538
पदनाम	BRANCH HEAD
कार्य का स्थान	ANIYOD
जन्म की तारीख	29-12-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	09-03-2024
बुकिंग संदर्भ सं.	23M164538100090780E

यह अनुमोदन/ सन्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ बडौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 14-02-2024 से 31-03-2024 तक मान्य है। उस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुत्पन्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैलेंडर सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारियों 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 फूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनबॉर्डस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ताक्षर-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ बडौदा

(नोट: यह ई-मेल द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Aroclim HealthCare Limited) से संपर्क करें।)

ભાગ્યલાલ ષાકલ
Rameshchandra Parmar

જાણક
Name

Dhirendra Rameshchandra Parmar

કર્મચારી કોડ નં.

Employee Code No. 184538



જારીકર્તા અધિકારી
Issuing Authority





ધારક નો હસ્તાક્ષર
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: L85110GJ2012PLC072647

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



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

UHID: 0032391A	Date: 03/10/2018	Time:
Patient Name: Dharendra Kumar	Age / Sex: 35	Height: 159
		Weight: 58.6
History: C10 Campy hyper cholel. pt has galli last 2 year..		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination: VIT 6/60 VIT 6/60 VIT 6/6 VIT 6/6 A/B	Colours Vision - Normal	
Diagnosis: Retactive cholel		

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		0.5	20	20	0.5	150
N						

Other Advice:

Use goggles
ACU

Follow-up:

Consultant's Sign:

R

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H O S P I T A L



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

UHID:	0032391A	Date:	9/3/24	Time:	
Patient Name:	Dhishmelna bhevi Peterson.				
		Age / Sex:	35 / year.		
		Height:	159		
		Weight:	58.6.		
Chief Complain:	Routine denture check up				
History:					
Allergy History:					
Nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :	Stain ++ Caries ++				
Intra oral – Teeth Present :					
Teeth Absent :					
Diagnosis:					

Rx

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

Other Advice:

feeding

Follow-up:

Consultant's Sign:

Fyeh

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CIN: L85110GJ2012PLC072647



19/03/24
Dr. G. G. G.

Pl- Name - Dhinendra Parmar

35 yr 1m

No any Active complaints
No other co-morbidities.

P - 66/min

BP - 124/80 mm Hg

SPO₂ - 98.1. on RA

ECG / NAD

- all blood
investigation noted. - (N)

- ECG - NSR

- CXR - NAD

- 2D echo - EF - 60.1.
(N) LV fun.

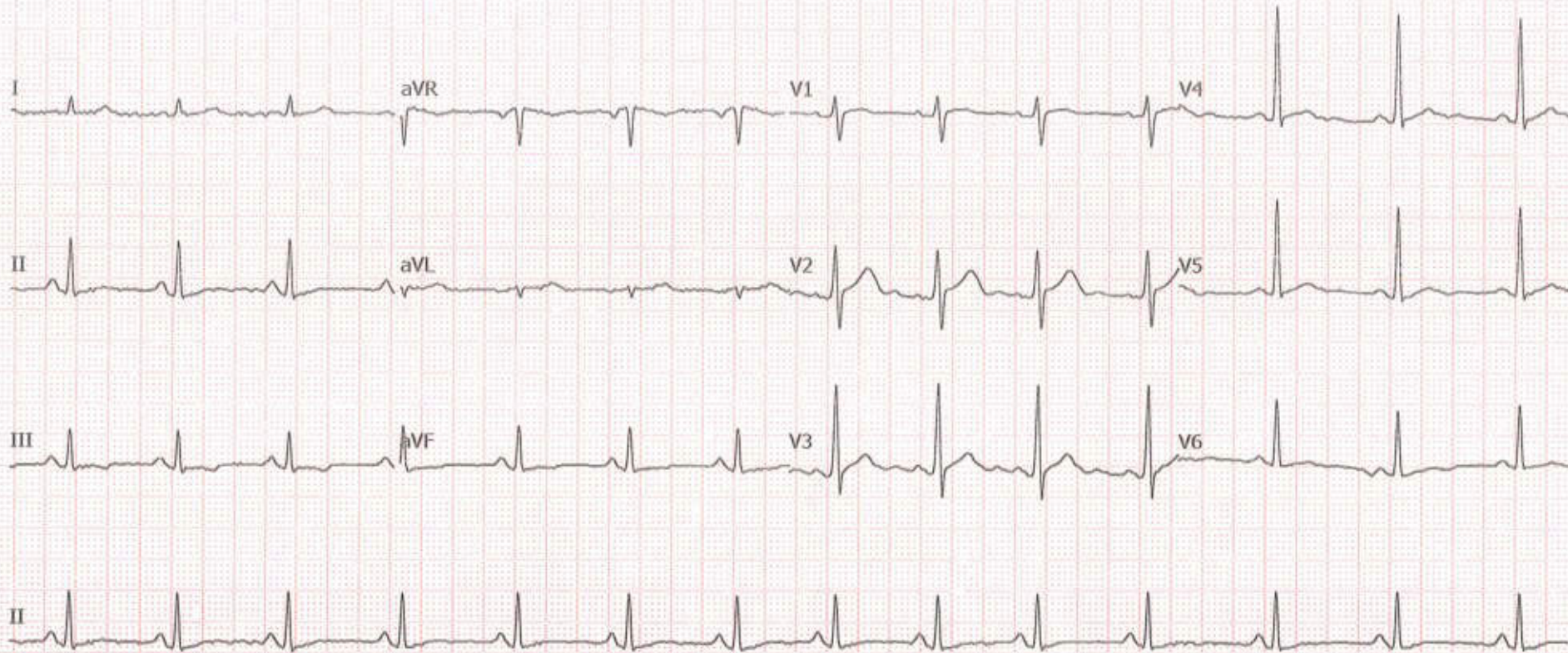
- USG Abdo - (N)

Dr.

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 72 ms
QT / QTcBaz : 352 / 415 ms
PR : 128 ms
P : 100 ms
RR / PP : 714 / 714 ms
P / QRS / T : 81 / 76 / 32 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG



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CIN: L85110GJ2015PLC072647



PATIENT NAME:DHIRENDRA R PARMAR

GENDER/AGE:Male / 34 Years

DOCTOR:

OPDNO:O0323917

DATE:09/03/24

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 10.4 x 4.1 cms in size.

Left kidney measures about 10.3 x 4.0 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 14 cc.

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

DR. SNEHA PRAJAPATI
CONSULTANT RADIOLOGIST

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PATIENT NAME:DHIRENDRA R PARMAR

GENDER/AGE:Male / 34 Years

DOCTOR:

OPDNO:00323917

DATE:09/03/24

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. SNEHA RAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME:DHIRENDRA R PARMAR

GENDER/AGE:Male / 34 Years

DOCTOR:DR.HASIT JOSHI

OPDNO:O0323917

DATE:09/03/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 33mm
LEFT ATRIUM	: 32mm
LV Dd / Ds	: 39/25mm
IVS / LVPW / D	: 9/8mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1/0.7m/s
AORTIC	: 1.4m/s
PULMONARY	: 1m/s
COLOUR DOPPLER	: TRIVIAL MR/ TR
RVSP	: 28mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR/HASIT JOSHI (9825012235)





LABORATORY REPORT

Name : **DHIRENDRA PARMAR**

Ref.By : **AASHKA HOSPITAL**

Bill. Loc. : **Aashka hospital**

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

Dis. At :

Pt. Loc :

Case ID : **40302200275**

Pt. ID : **3415801**

Reg Date and Time : **09-Mar-2024 09:29** Sample Type :

Sample Date and Time : **09-Mar-2024 09:29** Sample Coll. By :

Report Date and Time : Acc. Remarks : **Normal**

Mobile No : **9054830573**

Ref Id1 : **O0323917**

Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Haemogram (CBC)			
Lymphocyte	3013	/ μ L	1000.00 - 3000.00
Lipid Profile			
Cholesterol	241.05	mg/dL	110 - 200
LDL Cholesterol	144.78	mg/dL	0.00 - 100.00
Liver Function Test			
Alkaline Phosphatase	118.0	U/L	46 - 116
Gamma Glutamyl Transferase	57.73	U/L	0 - 55
Urine Examination			
Blood	Present (+)		Negative

Abnormal Result(s) Summary End

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



LABORATORY REPORT

Name : **DHIRENDRA PARMAR** Sex/Age : Male / 35 Years Case ID : 40302200275
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 3415801
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:29 Sample Type : Whole Blood EDTA Mobile No : 9054830573
 Sample Date and Time : 09-Mar-2024 09:29 Sample Coll. By : Ref Id1 : O0323917
 Report Date and Time : 09-Mar-2024 11:35 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES				
Haemoglobin	15.5	G%	13.00 - 17.00	
RBC (Electrical Impedance)	5.05	millions/cumm	4.50 - 5.50	
PCV(Calc)	47.67	%	40.00 - 50.00	
MCV (RBC histogram)	94.4	fL	83.00 - 101.00	
MCH (Calc)	30.7	pg	27.00 - 32.00	
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.20	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

Total WBC Count	7930	/µL	4000.00 - 10000.00	
Neutrophil	$\left[\begin{matrix} L\% \\ 57.0 \end{matrix} \right]$	%	40.00 - 70.00	EXPECTED VALUES /µL 2000.00 - 7000.00
Lymphocyte	38.0	%	20.00 - 40.00	H 3013 /µL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	159 /µL 20.00 - 500.00
Monocytes	3.0	%	2.00 - 10.00	238 /µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 /µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	331000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.50		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-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



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

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LABORATORY REPORT



Name : **DHIRENDRA PARMAR**
Ref.By : **AASHKA HOSPITAL**
Bill. Loc. : **Aashka hospital**

Sex/Age : **Male / 35 Years** Case ID : **40302200275**
Dis. At : Pt. ID : **3415801**
Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:29** Sample Type : **Whole Blood EDTA** Mobile No : **9054830573**
Sample Date and Time : **09-Mar-2024 09:29** Sample Coll. By : Ref Id1 : **O0323917**
Report Date and Time : **09-Mar-2024 14:09** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	06		mm after 1hr 3 - 15	

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

Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : **DHIRENDRA PARMAR** Sex/Age : **Male / 35 Years** Case ID : **40302200275**
Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **3415801**
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:29** Sample Type : **Plasma Fluoride F,Plasma Fluoride PP,Serum** Mobile No : **9054830573**

Sample Date and Time : **09-Mar-2024 09:29** Sample Coll. By :

Report Date and Time : **09-Mar-2024 15:21** Acc. Remarks : **Normal** Ref Id1 : **00323917**

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Plasma Glucose - F <i>Photometric,Hexokinase</i>	96.31	mg/dL	70 - 100	
Plasma Glucose - PP	86.70	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	10.8	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	7.11	mg/dL	3.5 - 7.2	
Creatinine	0.93	mg/dL	0.50 - 1.50	

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

Dr. Shreya Shah
M.D. (Pathologist)

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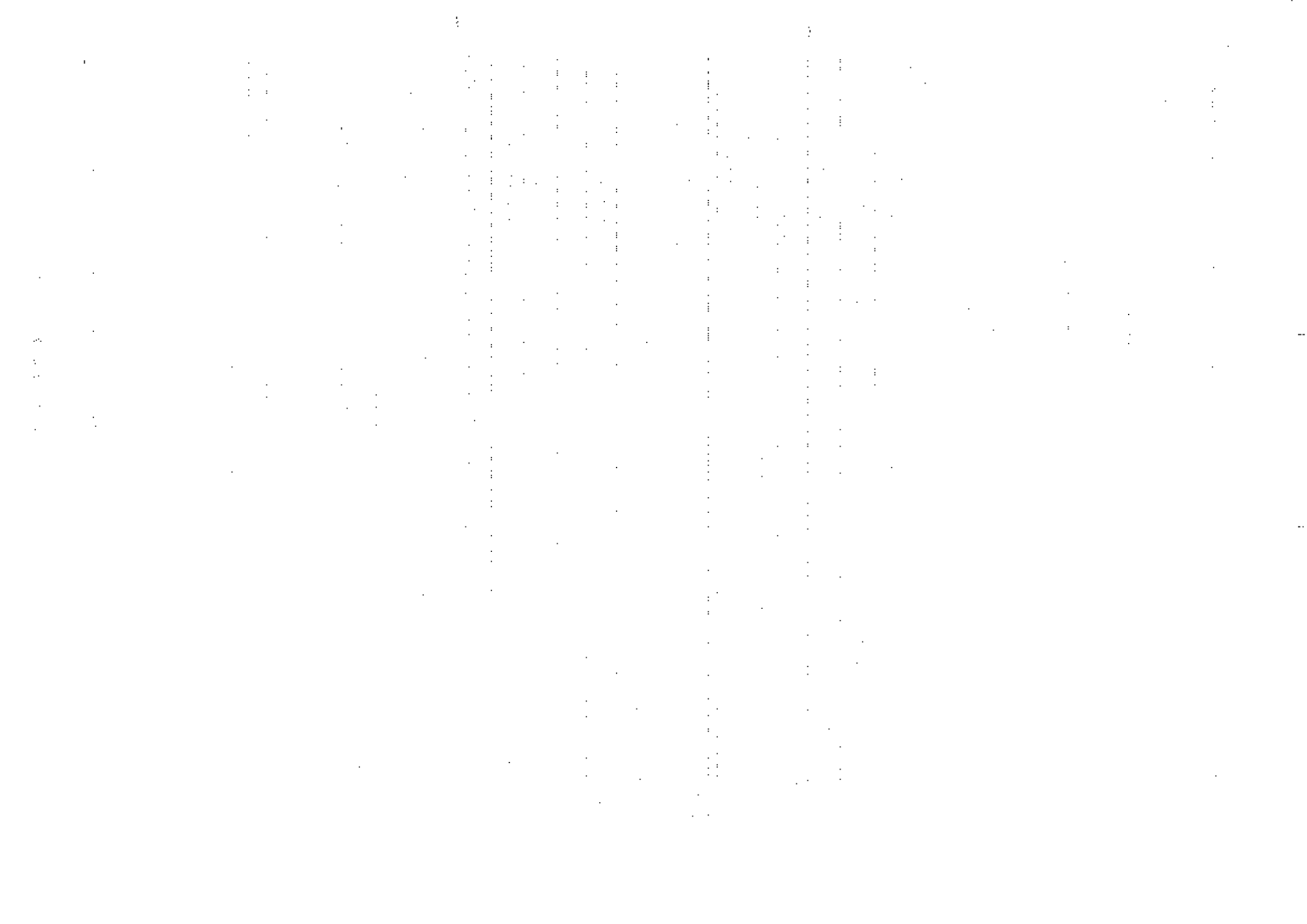
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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
📧 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Solai, Perungudi,
Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099
🌐 www.neubergsupratech.com





LABORATORY REPORT

Name : **DHIRENDRA PARMAR**

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

Case ID : **40302200275**

Ref.By : **AASHKA HOSPITAL**

Dis. At :

Pt. ID : **3415801**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **09-Mar-2024 09:29** Sample Type : **Whole Blood EDTA** Mobile No : **9054830573**

Sample Date and Time : **09-Mar-2024 09:29** Sample Coll. By :

Ref Id1 : **00323917**

Report Date and Time : **09-Mar-2024 11:19** Acc. Remarks : **Normal**

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.25	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	103.97	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.

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



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www.neubergsupratech.com





LABORATORY REPORT



Name : **DHIRENDRA PARMAR** Sex/Age : Male / 35 Years Case ID : 40302200275
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 3415801
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:29 Sample Type : Serum Mobile No : 9054830573
 Sample Date and Time : 09-Mar-2024 09:29 Sample Coll. By : Ref Id1 : O0323917
 Report Date and Time : 09-Mar-2024 15:21 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-POD	H	241.05	mg/dL	110 - 200
HDL Cholesterol		67.2	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase		145.37	mg/dL	<150
VLDL Calculated		29.07	mg/dL	10 - 40
Cho/HDL Calculated		3.59		0 - 4.1
LDL Cholesterol Calculated	H	144.78	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:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

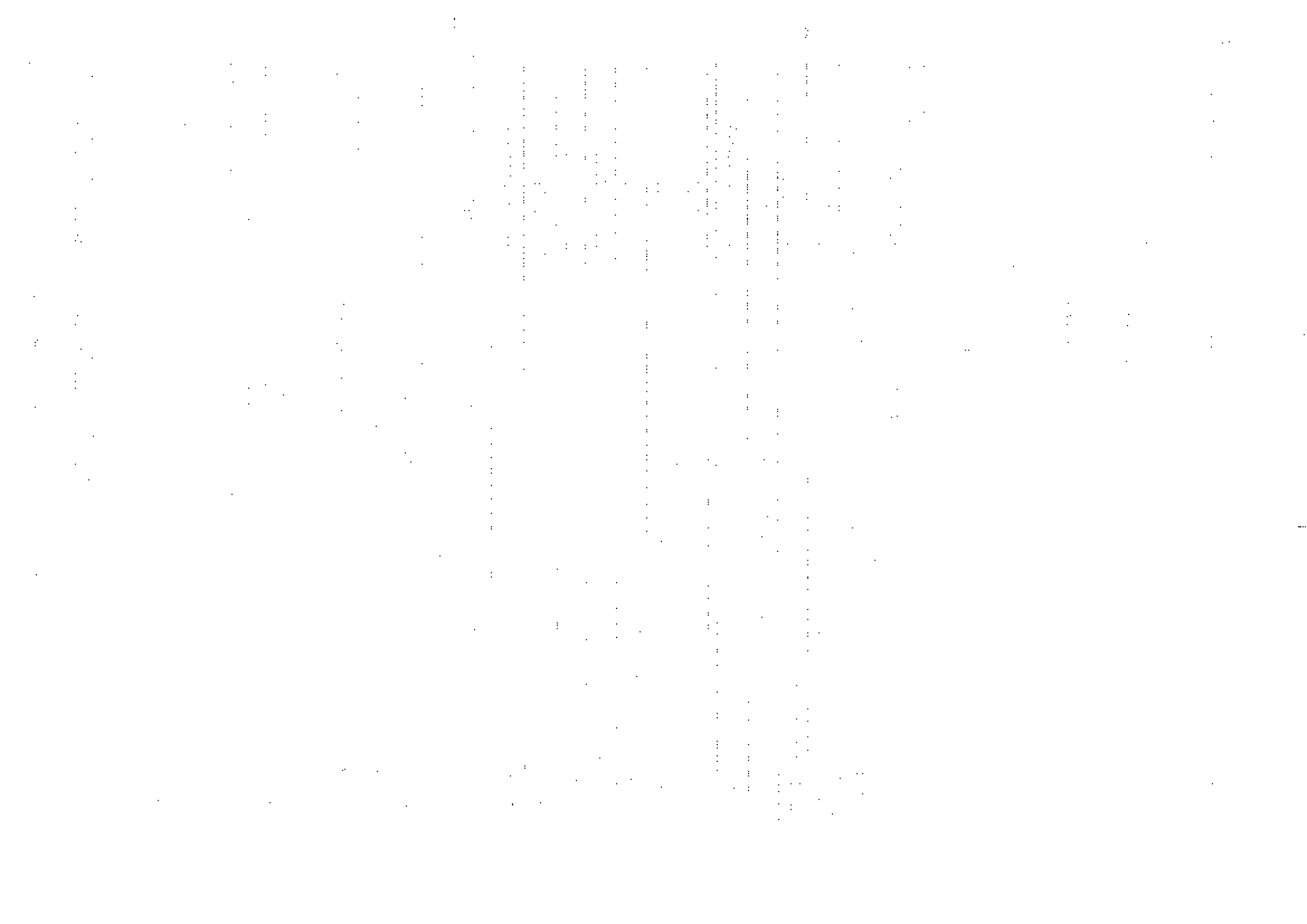


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M.D. (Pathologist)

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LABORATORY REPORT



Name : **DHIRENDRA PARMAR** Sex/Age : Male / 35 Years Case ID : 40302200275
 Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3415801
 Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:29 Sample Type : Serum Mobile No : 9054630573
 Sample Date and Time : 09-Mar-2024 09:29 Sample Coll. By : Ref Id1 : O0323917
 Report Date and Time : 09-Mar-2024 16:02 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5p</i>	34.10	U/L	16 - 63	
S.G.O.T. <i>UV with P5p</i>	26.38	U/L	15 - 37	
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	H 118.0	U/L	46 - 116	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide</i> Substrate	H 57.73	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.26	gm/dL	6.40 - 8.30	
Albumin <i>Bromocresol purple</i>	3.45	gm/dL	3.4 - 5	
Globulin <i>Calculated</i>	3.38	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.5		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	1.11	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.50	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	0.61	mg/dL	0 - 0.8	

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT

Name : **DHIRENDRA PARMAR**

Sex/Age : Male / 35 Years Case ID : 40302200275

Ref.By : **AASHKA HOSPITAL**

Dis. At : Pt. ID : 3415801

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:29

Sample Type : Serum

Mobile No : 9054830573

Sample Date and Time : 09-Mar-2024 09:29

Sample Coll. By :

Ref Id1 : 00323917

Report Date and Time : 09-Mar-2024 11:35

Acc. Remarks : Normal

Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3)	101.97	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.07	ng/dL	4.87 - 11.72	
TSH CMIA	1.33	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

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

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating anti-animal 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)

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Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006 | 079-40408181 / 61618181

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

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes not only sales and purchases but also expenses and income.

In the second section, the author details the process of reconciling bank statements with the company's ledger. This involves comparing the bank's record of transactions with the company's internal records to identify any discrepancies. Common causes of errors include bank charges, interest, and timing differences.

The third section covers the preparation of the income statement. It explains how to calculate net income by starting with total revenue and then subtracting all associated costs and expenses. The author provides a step-by-step guide to ensure that all items are properly categorized and valued.

Finally, the document concludes with a summary of the key principles of bookkeeping. It stresses the need for consistency, accuracy, and regular review of the accounts. The author encourages businesses to seek professional advice when needed to ensure compliance with tax laws and accounting standards.



LABORATORY REPORT

Name : **DHIRENDRA PARMAR**

Sex/Age : Male / 35 Years Case ID : 40302200275

Ref.By : AASHKA HOSPITAL

Dis. At :

Pt. ID : 3415801

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 09-Mar-2024 09:29

Sample Type : Serum

Mobile No : 9054830573

Sample Date and Time : 09-Mar-2024 09:29

Sample Coll. By :

Ref Id1 : O0323917

Report Date and Time : 09-Mar-2024 11:35

Acc. Remarks : Normal

Ref Id2 :

Interpretation Notes:

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

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

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy

First trimester 0.24 - 2.00

Second trimester 0.43-2.2

Third trimester 0.8-2.5

	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)



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LABORATORY REPORT

Name : **DHIRENDRA PARMAR** Sex/Age : Male / 35 Years Case ID : 40302200275
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : 3415801
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 09-Mar-2024 09:29 Sample Type : Spot Urine Mobile No : 9054830573
 Sample Date and Time : 09-Mar-2024 09:29 Sample Coll. By : Ref Id1 : O0323917
 Report Date and Time : 09-Mar-2024 14:33 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		1.005 - 1.030	
pH	5.50		5 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Present (+)		Negative	
Nitrite	Negative		Negative	

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	3-4	/HPF	Nil	
Epithelial Cell	Present +	/HPF	Present(+)	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	
Cast	Nil	/LPF	Nil	
Crystals	Nil	/HPF	Nil	

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

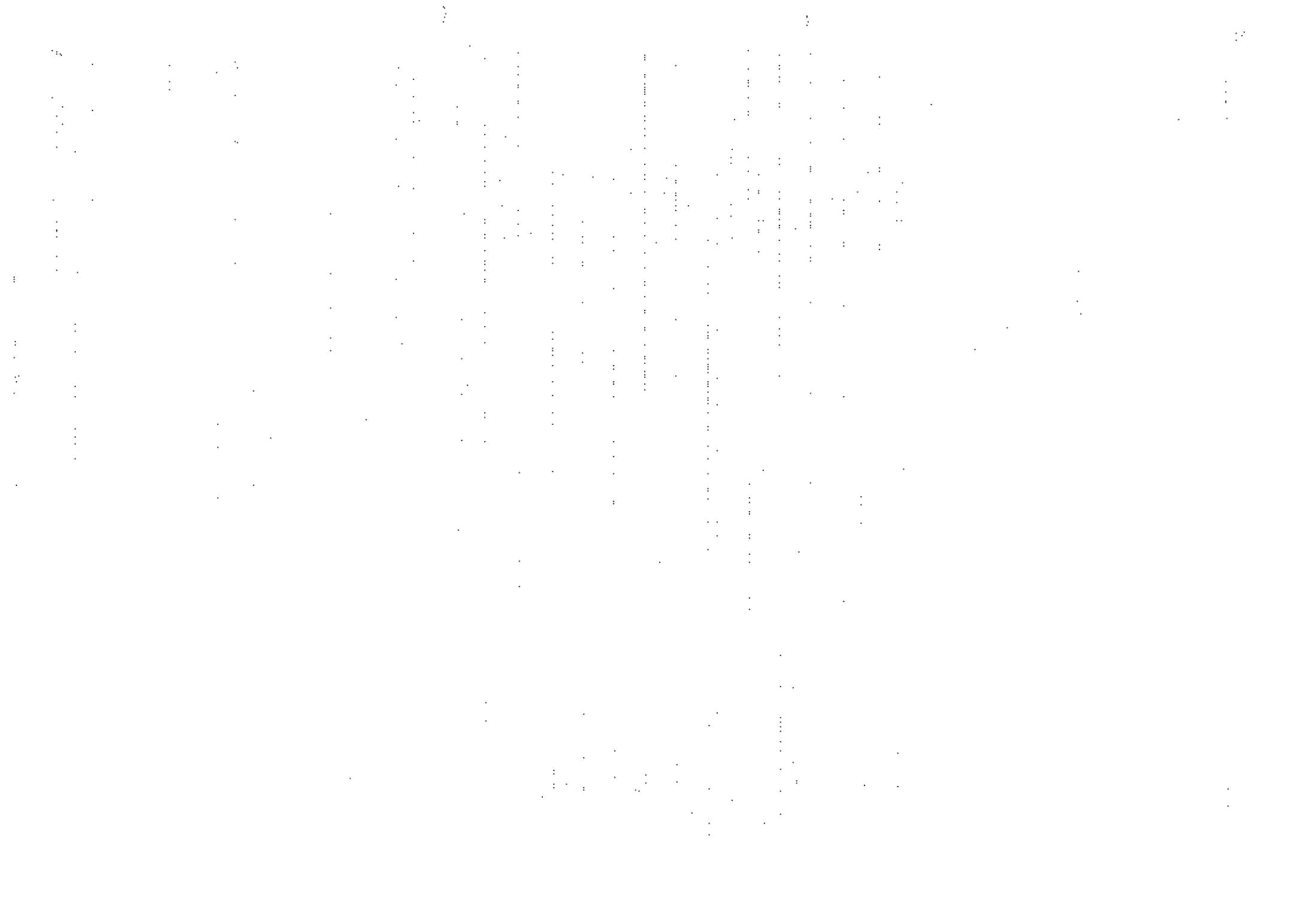


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LABORATORY REPORT

Name : **DHIRENDRA PARMAR**

Ref.By : **AASHKA HOSPITAL**

Bill. Loc. : **Aashka hospital**

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

Dis. At :

Pt. Loc. :

Case ID : **40392200275**

Pt. ID : **3415801**

Pt. Loc. :

Reg Date and Time : **09-Mar-2024 09:29** Sample Type : **Spot Urine**

Sample Date and Time : **09-Mar-2024 09:29** Sample Coll. By :

Report Date and Time : **09-Mar-2024 14:33** Acc. Remarks : **Normal**

Mobile No : **9054830573**

Ref Id1 : **O0323917**

Ref Id2 :

Parameter	Unit	Expected value	Result/Notations					
			Trace	+	++	+++	++++	
pH	-	4.5-8.0						
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	-	-	-	-	-

Pending Services
Blood Group & RH

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

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