



प्रति,

समन्वयक,
Mediwheel (Aroohmi Healthcare Limited)
हेल्पलाइन नंबर: 011-41195959

नरेंद्र/ महेंद्र,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विशरण निम्नानुसार है हमारे कार्या के अनुसार आपके द्वारा उपलब्ध कराई गई कैबलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विशरण
नाम	MS. RAJPUT KHUSHBOO ANILBHAI
क. कुर्सेटिया	172735
पदनाम	SINGLE WINDOW OPERATOR B
कार्य का स्थान	GANDHINAGAR, VIDHAN SABHA
जन्म की तारीख	07-03-1983
कार्य जांच की प्रस्तावित तारीख	28-02-2024
पुंजिग संदर्भ सं.	23M172735100098345E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी कार्ड की शर्तों के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 23-02-2024 से 31-03-2024 तक मान्य है। इस पत्र को साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि इस स्वास्थ्य जांच इंगरी टाई-अप व्यवस्था के अनुसार कैबलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे वार्षिक जांच स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपरोक्त सारणी में दी गई कर्मचारी कूट संख्या एवं पुंजिग संदर्भ संख्या का अनिवार्य रूप से इनबैंडस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

धन्यवाद,
हरसा/-
(मुख्य महाप्रबंधक)
मानव संसाधन प्रबंधन विभाग
बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Aroohmi Healthcare Limited) से संपर्क करें।)



LETTER OF APPROVAL FOR HEALTH CHECKUP

To,

The Government,
Madhya Pradesh (for one hour) (initial)
Telephone number: 011-23390023

Dear Sir/ Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that as per the request of employee welfare officer, Government of Madhya Pradesh, health checkup is being provided by you in terms of our agreement.

PARTICULARS		EMPLOYEE DETAILS
NAME		Mr. Manoj K. SHARMA 201514
PHOTO		12707
DESIGNATION		SENIOR SUPERVISOR 201514
PLACE OF WORK		CANTONMENT, VICHAR, BARODA
BIRTH DATE		07.03.1938
PROPOSED DATE OF HEALTH CHECKUP		28.02.2024
CHECKUP		
WORKING UNIT/ OFFICE NO.		223/123001, BARODA

The above mentioned information is for your reference. If you require any further information, please contact the undersigned employee welfare officer. The approval is valid from 28.02.2024 to 31.03.2024. The employee's health checkup is provided in accordance with the terms of the agreement. The employee's health checkup is provided in accordance with the terms of the agreement. The employee's health checkup is provided in accordance with the terms of the agreement. The employee's health checkup is provided in accordance with the terms of the agreement.

We solicit your cooperation in this regard.

Yours faithfully,

SGP

Chief General Manager
HRD Department
Bank of Baroda

NOTE: This is a computer-generated document. No signature is required for this document. Please ensure that the document is printed on a standard A4 size paper.



SUGGESTIVE LIST OF MEDICAL TESTS

	FOR MALE	FOR FEMALE
	CBC	CBC
	WBC	ESR
Blood Group & Rh Factor		Blood Group & Rh Factor
Blood and Urine Sugar Testing		Blood and Urine Sugar Testing
Blood and Urine Sugar T ₁		Blood and Urine Sugar Testing
Blood Counting		Special Count ²
Lipid Profile		Lipid Profile
Hdl & Cholesterol		Fasting Cholesterol
LDL		
LFT		LFT
WBC		WBC
Thyroid Panel		TFT-2 Panel
HTN (Blood Pressure)		Blood Pressure
Liver Enzymes		AST
AST		ALT
GGT		GGT
Electrolyte Panel (Sodium, Potassium, Calcium, Magnesium)		Electrolyte Panel (Sodium, Potassium, Calcium, Magnesium)
Protein (Albumin, Globulin)		Protein (Albumin, Globulin)
Urea Nitrogen		Urea Nitrogen
Creatinine		Creatinine
ESR		ESR
General Tests		General Tests
X-ray Chest		X-ray Chest
X-ray Abdomen		X-ray Abdomen
ECG		ECG
Stress Test		Stress Test
USG Male (abdomen < 40 years)		USG Male (abdomen < 40 years)
USG Female (75, 74, 75)		USG Female (75, 74, 75)
Diabetes Consultation		Diabetes Consultation
Thyroid Consultation		Thyroid Consultation
ESR Consultation		ESR Consultation
Skin Rx Consultation		Skin Rx Consultation



Bank of Baroda

श्री अशोक राजपुत
KUSHBOO AHLESHAI RAJPUT

पंजीकृत सं. 172735
Employee Code No.

॥

आपकी सुरक्षा
हमारी प्राथमिकता



सदस्य

आपकी सुरक्षा
हमारी प्राथमिकता
Department of Finance

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: OSP 33375	Date:	Time:
Patient Name: KHUSHBAU A. ROUPUD	Age/Sex: 31/E	Height: 156
	Weight: 65.G.	
History: Right clubfoot		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
	D.V. x 816 mi. x 616	Color vision normal
	MU +0.00	Md
Diagnosis:		Right Tenon's (C.M.S.) Left Ten

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:





Name: Kalashkar. Rajesh Age: 30

Complaints: None

No of deliveries: 2 FTLCS / 1 stillborn
Last Delivery: April 2023 (10 weeks)

History of abortion: 1st Sp. Abort H/O medical conditions associated:
None Diabetes

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

Sp. Tech
100 mg

MH: Reciprocal Reg:

LMP: 1/2/24

P/A:

P/S: OK
P/N: reid lacy (P)

Sample:-
Vagina
Cervix

Doctors Sign:- Rajesh

DR. MAULIK VYAS

M.B.B.S., D.T.C.D., T.D.D.
Reg.no: G-0749

CHEST PHYSICIAN, ALLERGY SPECIALIST and INTERVENTIONAL PULMONOLOGIST

NAME: KHUSHBOO ANILBHAI KASNIY.

Date: 28/12/2024.

AGE: 31-yrs. SEX: F

Pulse= 90/min.

Height:

B.P.= 120/80 mmHg.

Chief Complaints:

R.R.= 21/min.

No fresh complaints.

SpO2= 98%.

Temp.= (NI).

R.B.S.= 127 myldd.

Body built / Nutritional status: OK.

Sleep cycle: (NI).

Any known allergies: None.

E.C.G.: (NI).

K/C/O: - DM-II, HTN, Thyroid, Hyperlipidemia, Asthma, COPD, TB, Cancer, ILD, etc.

On hx:
Provisional Diagnosis:

GO

*General Examination:-

Clubbing: (NI)
Cyanosis: (NI)
Edema: (NI)

- Lymph node enlargement: None.

*On Examination:-

-Breath sounds: Normal Breath-sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.
-Chest movements: (NI) - Air entry: AE=BF.

Rx,

Anti-T1 life style modification.
(2) Follow up 1 month.

m.l.vyas
28/12/24.

Advices:

- 1) Chest X ray (PA).
- 2) USG Abdomen ,
- 3) HRCT thorax (P) / Contrast,
- 4) Skin Prick test for allergy / Allergy Screening Tests (By IMMUNO-EIA)
- 5) Pulmonary Function Test (PFT) with /without DLCO,
- 6) Bronchoscopy (Flexible / Rigid),
- 7) Plural fluid examination (Biochemical / Hematological / Bacteriological/TB-fungal culture / Cytological).
- 8) Sputum Examination (Routine / Microscopic / Microbiological),
- 9) Blood investigations:-
 - CBC, PS For MP, CRP, ESR, SGPT, S. Creatinine, S.electrolytes, HIV, HBsAg, Dengue NS1, Urine(R/M) , Widal test, VDRL test, Liver Function test, Kidney Function test, Lipid profile, Thyroid profile (T3, T4, TSH).
 - ABG (Arterial blood gas),
 - D- Dimmer level,
 - Procalcitonin level,
 - Alpha antitrypsin level,
 - Total and specific Ig E level ,
 - Angiotensis converting enzyme,
- *Tumor markers :-
 - CEA (carcinoembryonic antigen),
 - Neuron specific enolase (NSE) (Small cell carcinoma).
 - SCC(Squamous cell carcinoma antigen),
 - Mesothelin (Malignant mesothelioma),
 - CTFRA 21-1 (Non small cell carcinoma),
- 10) Follow up after days/months.
- 11) Inform SOS.
- 12) Admission.

M. D. Vyas
Dr. Maulik Vyas
mob :- 9929670286.

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

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



PATIENT NAME: KHUSHBOO ANILBHAI RAJPUT

GENDER/AGE: Female / 30 Years


DOCTOR:

OPDNO: OSP33375

DATE: 28/02/24

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. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST



Aashka Hospitals Ltd.

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H O S P I T A L



PATIENT NAME: KHUSHBOO ANILBHAI RAJPUT

GENDER/AGE: Female / 30 Years

DOCTOR:

OPDNO: OSP33375

DATE: 28/02/24

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 10.1 x 4.2 cms in size.

Left kidney measures about 10.0 x 4.2 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 150 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 5.2 mm. No evidence of uterine mass lesion is seen.

Few follicular cysts are seen in both ovaries.

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


DR. SMEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

28.02.2024 10:32:35 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

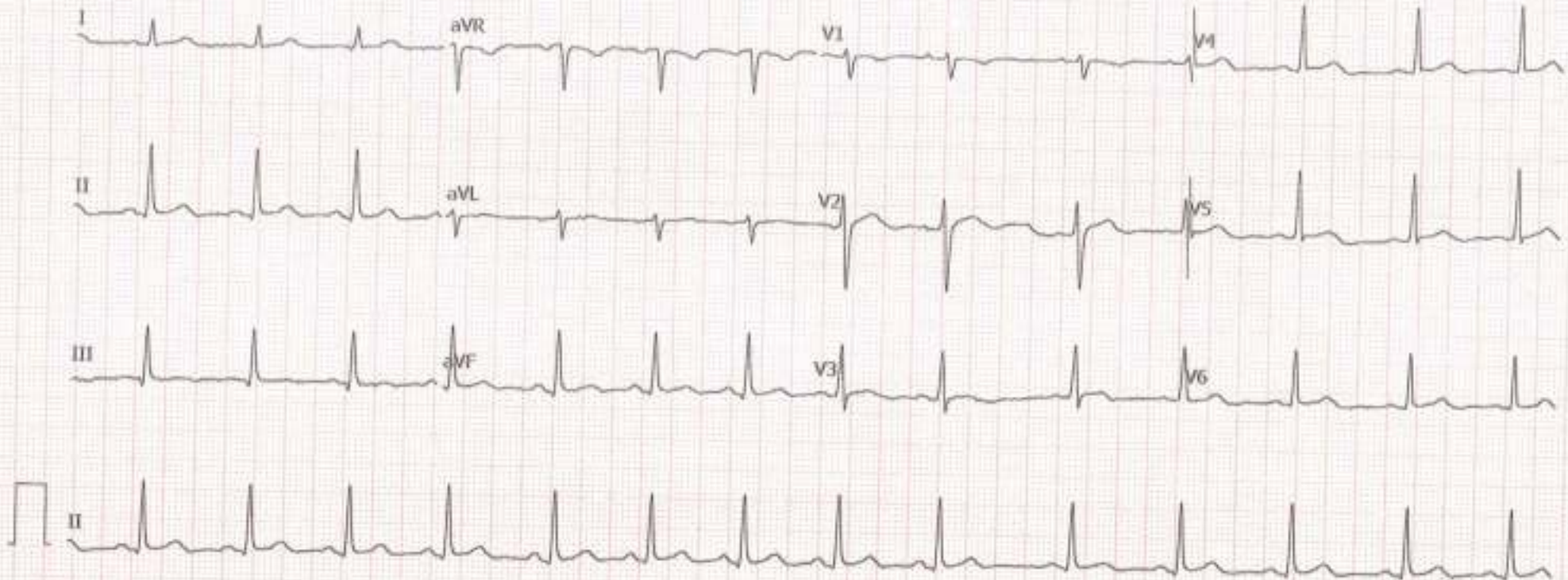
Room:

85 bpm
-/- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 76 ms
QT / QTcBaz : 344 / 409 ms
PR : 142 ms
P : 100 ms
RR / PP : 708 / 705 ms
P / QRS / T : 72 / 73 / 44 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG





LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT Sex/Age : Female/ 31 Years Case ID : 40202200804
Ref.By : AASHKA HOSPITAL Dis. At : PL ID : 3367773
Bill. Loc. : Aashka hospital Pl. Loc :

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Mobile No : 9426387246
Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By : Ref Id1 : OSP33375
Report Date and Time : Acc. Remarks : Normal Ref Id2 : O23410532

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Liver Function Test			
S.G.P.T.	<u>13.10</u>	U/L	14 - 59
Thyroid Function Test			
TSH	<u>0.30</u>	µIU/mL	0.4 - 4.2
Plasma Glucose - F	<u>127.27</u>	mg/dL	70 - 100
Plasma Glucose - PP	<u>145.34</u>	mg/dL	70.0 - 140.0

Abnormal Result(s) Summary End

Note: (L-Low, V-Very, H-High, VH-VeryHigh, A-Abnormal)



LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT

Sex/Age : Female/ 31 Years

Case ID : 40202200604

Ref.By : AASHKA HOSPITAL

Dis. At :

PL ID : 3387773

Bill. Loc. : Aashka hospital

PL Loc :

Reg Date and Time : 28-Feb-2024 09:15

Sample Type : Whole Blood EDTA

Mobile No : 9428387246

Sample Date and Time : 28-Feb-2024 09:15

Sample Coll. By :

Ref/Id1 : OSP33375

Report Date and Time : 28-Feb-2024 09:35

Acc. Remarks : Normal

Ref/Id2 : O23410532

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.1	G%	12.0 - 15.0	
RBC (Electrical Impedance)	4.44	millions/cumm	3.80 - 4.80	
PCV(Calc)	38.10	%	36.00 - 46.00	
MCV (RBC histogram)	85.8	fL	83.00 - 101.00	
MCH (Calc)	27.2	pg	27.00 - 32.00	
MCHC (Calc)	31.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	14.80	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
Total WBC Count	6670	/uL	4000.00 - 10000.00	
Neutrophil	84.0	%	40.00 - 70.00	EXPECTED VALUES /uL 2000.00 - 7000.00
Lymphocyte	30.0	%	20.00 - 40.00	2001
Eosinophil	3.0	%	1.00 - 6.00	200
Monocytes	3.0	%	2.00 - 10.00	200
Basophil	0.0	%	0.00 - 2.00	0

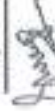
PLATELET COUNT (Optical)

Platelet Count	209000	/uL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.13		0.76 - 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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Printed On : 29-Feb-2024 11:56





LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT Sex/Age : Female/ 31 Years Csse ID : 40202200804
Ref By : AASHKA HOSPITAL Dis. At : Pt. ID : 3387773
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Whole Blood EDTA Mobile No : 9428387246
Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By : Ref Id1 : OSP33375
Report Date and Time : 28-Feb-2024 11:21 Acc. Remarks : Normal Ref Id2 : Q23410532

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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ESR	14			
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Westergren Method

mm after 1hr 3 - 20

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



Dr. Shreya Shah
M.D. (Pathology)

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Printed On : 28-Feb-2024 11:55





LABORATORY REPORT

Name : KHUSHBOO ANILBHAI RAJPUT

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Dis. At :

Case ID : 40202200804

PL ID : 3387773

PL Loc :

Reg Date and Time : 28-Feb-2024 09:15

Sample Type : Whole Blood EDTA

Mobile No : 9428387245

Sample Date and Time : 28-Feb-2024 09:15

Sample Coll. By :

Ref Id1 : QSP33375

Report Date and Time : 28-Feb-2024 09:32

Acc. Remarks : Normal

Ref Id2 : O23410532

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

Rh Type

POSITIVE

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



Dr. Shreya Shah

M.D. (Pathologist)

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Printed On : 25-Feb-2024 11:45





LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT

Ref.By : AASHKA HOSPITAL

Bil. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Dis. At :

Csse ID : 40202200804

Pl. ID : 3387773

Pl. Loc :

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 9428387246

Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By :

Report Date and Time : 28-Feb-2024 10:42 Acc. Remarks : Normal Ref Id1 : OSP33375

Ref Id2 : O23410532

REMARKS

TEST RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

Plasma Glucose - F <small>Photometric, Hexokinase</small>	H	127.27	mg/dL	70 - 100
Plasma Glucose - PP	H	145.34	mg/dL	70.0 - 140.0
BUN (Blood Urea Nitrogen) <small>GLDH</small>		13.1	mg/dL	7.00 - 18.70
Uric Acid <small>Uricase</small>		4.53	mg/dL	2.6 - 6.2
Creatinine		0.68	mg/dL	0.50 - 1.50

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



Dr. Shreya Shah
M.D. (Pathology)

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Printed On: 28-Feb-2024 11:35





LABORATORY REPORT



Name : KHUSHBOO AMILBHAI RAJPUT

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashika hospital

Sex/Age : Female/ 31 Years

Dis. At :

PL ID :

Case ID : 40202200804

PL ID : 3387773

PL Loc :

Reg Date and Time : 28-Feb-2024 09:15

Sample Type : Whole Blood EDTA

Mobile No : 9426387245

Sample Date and Time : 28-Feb-2024 09:15

Sample Coll. By :

Ref Id1 : OSP33375

Report Date and Time : 28-Feb-2024 09:51

Acc. Remarks : Normal

Ref Id2 : O234-10532

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.28	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) Calculated	104.84	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 glycaemic 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 Hematogenous forms of rare variant Hb(CE,EE,SE) HbA1c can not be quantitated as there is no HbA.

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

Dr. Shreya Shah
M.D. (Pathologist)

Page 6 of 12

Printed On : 28-Feb-2024 11:55





LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT

Sex/Age : Female/ 31 Years Case ID : 40202200804

Ref.By : AASHKA HOSPITAL

PL ID : 3387773

Bill. Loc. : Aashka hospital

PL Loc :

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Serum

Mobile No : 9428387246

Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By :

Ref Id1 : OS9333375

Report Date and Time : 28-Feb-2024 10:43 Acc. Remarks : Normal

Ref Id2 : Q23410632

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

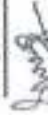
Cholesterol Colorimetric CHOD-PAP	164.89	mg/dL	110 - 200	
HDL Cholesterol	57.1	mg/dL	48 - 77	
Triglyceride Glycerol Phosphate Oxidase	129.25	mg/dL	<150	
VLDL Calculated	25.85	mg/dL	10 - 40	
Chol/HDL Calculated	2.89		0 - 4.1	
LDL Cholesterol Calculated	82.04	mg/dL	0.00 - 100.00	

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



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M.D. (Pathologist)

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LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT Sex/Age : Female/31 Years Case ID : 40202200804
Ref.By : AASHKA HOSPITAL Dis. At : Pt. ID : 3387773
Bill. Loc. : Aashka hospital Pt. Loc. : Mobile No. : 9428387248
Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Serum Ref Id1 : OSP33375
Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By : Ref Id2 : O23410532
Report Date and Time : 28-Feb-2024 11:21 Acc. Remarks : Normal

TEST RESULTS UNIT/BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. U/V with P5p	L 13.10	U/L	14 - 59
S.G.O.T. U/V with P5p	24.01	U/L	15 - 37
Alkaline Phosphatase Enzymatic, PNpp-AMP	86.31	U/L	46 - 116
Gamma Glutamyl Transferase L-Gamma-glutamyl-γ-carboxy-L-nitroantonic Substrate	37.60	U/L	0 - 38
Proteins (Total) Colorimetric, Buret	8.26	gm/dL	6.40 - 8.30
Albumin Bromocresol purple	4.84	gm/dL	3.4 - 5
Globulin Calculated	3.42	gm/dL	2 - 4.1
A/G Ratio Calculated	1.4		1.0 - 2.1
Bilirubin Total Photometry	0.31	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazo reaction	0.12	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated	0.19	mg/dL	0 - 0.8

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



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LABORATORY REPORT

Name : KHUSHBOO ANILBHAI RAJPUT

Ref By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 31 Years

Case ID : 40202200804

Dis. At :

PL ID : 3387773

PL Loc :

Reg Date and Time : 28-Feb-2024 09:15

Sample Type : Serum

Mobile No : 9428387246

Sample Date and Time : 28-Feb-2024 09:15

Sample Coll. By :

Ref Id1 : OSP33375

Report Date and Time : 28-Feb-2024 11:54

Acc. Remarks : Normal

Ref Id2 : O23410532

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Thyroid Function Test

Triiodothyronine (T3) CMA	137.18	ng/dL	70 - 204	
Thyroxine (T4) CMA	9.20	ng/dL	4.87 - 11.72	
TSH CMA	L 0.30	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 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

0.6-2.5

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

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LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT Sex/Age : Female/ 31 Years Case ID : 402022008004
 Ref By : AASHKA HOSPITAL Dis. At :
 Bill. Loc. : Aashka hospital Pl. Loc :

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Serum Mobile No : 9428387246
 Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By : Ref Id1 : OSP33376
 Report Date and Time : 28-Feb-2024 11:54 Acc. Remarks : Normal Ref Id2 : O23410532

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 hormone. Transient s-TSH abnormalities may be found in sporadic, ill, hospitalized patients, so that it is not the ideal setting to assess thyroid function. However, even in those patients, s-TSH works better than total thyroxine (in alternative, pending tests), 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 than 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, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on 25 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 (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 Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↓
T3 Toxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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


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LABORATORY REPORT



Name : KHUSHBOO ANILBHAI RAJPUT Sex/Age : Female/ 31 Years Case ID : 40202200504
 Ref.By : AASHKA HOSPITAL Dis. At :
 Bill. Loc. : Aashka hospital

Reg Date and Time : 28-Feb-2024 09:15 Sample Type : Spot Urine Mobile No : 9428387246
 Sample Date and Time : 28-Feb-2024 09:15 Sample Coll. By : Ref id1 : OSP33375
 Report Date and Time : 28-Feb-2024 10:00 Acc. Remarks : Normal Ref Id2 : O23410532

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 1.015 1.005 - 1.030

pH 6.00 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 /uL Nil

Yeast Nil /uL Nil

Cast Nil /LPF Nil

Crystals Nil /MPF Nil

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

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LABORATORY REPORT

Name : KHUSHBOO ANILBHAI RAJPUT **Sex/Age :** Female/ 31 Years **Case ID :** 40202200504
Ref By : AASHKA HOSPITAL **Dis. At :** **PL ID :** 3387773
Bill. Loc. : Aashka hospital **Pt. Loc. :** **Mobile No :** 9428387246
Reg Date and Time : 28-Feb-2024 09:15 **Sample Type :** Spot Urine **Ref Id1 :** OSP33376
Sample Date and Time : 28-Feb-2024 09:15 **Sample Coll. By :** **Ref Id2 :** O23410532
Report Date and Time : 28-Feb-2024 10:00 **Acc. Remarks :** Normal

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
Glucose	mg/dL	Negative (<30)	30	50	100	300
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
Plus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

----- End Of Report -----

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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



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