



बैंक ऑफ़ बड़ौदा Bank of Baroda



प्रति,

समन्वयक,

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

महोदय/ महोदया,

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

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. KUMAR NIRBHAY
क.कू.संख्या	73732
पदनाम	CREDIT
कार्य का स्थान	MANEKPUR MAKAKHAD
जन्म की तारीख	10-07-1989
स्वास्थ्य जांच की प्रस्तावित तारीख	27-07-2024
बुकिंग संदर्भ सं.	24S73732100109068E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-07-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

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



बँक ऑफ बरौडा Bank of Baroda



LETTER OF APPROVAL / RECOMMENDATION

To,

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

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	MR. KUMAR NIRBHAY
EC NO.	73732
DESIGNATION	CREDIT
PLACE OF WORK	MANEKPUR MAKAKHAD
BIRTHDATE	10-07-1989
PROPOSED DATE OF HEALTH CHECKUP	27-07-2024
BOOKING REFERENCE NO.	24S73732100109068E

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 **25-07-2024** till **31-03-2025**. 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 & Marketing Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.))



List of tests & consultations to be covered as part of Annual Health Check-up

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	Lipid Profile	Lipid Profile
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	Liver Profile	Liver Profile
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	Kidney Profile	Kidney Profile
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	General Tests	General Tests
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

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7373

MR. NISHAY KUMAR

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

UHID:	Date:	Time:
Patient Name:	Age /Sex:	Height:
Chief Complain:	Weight:	
History:		
Allergy History:		
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:		
Extra oral :	Cones not	✓ / 37
Intra oral – Teeth Present :		
Teeth Absent :		
Diagnosis:		

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

Other Advice:


 Suding
 Reorder now not $\frac{7}{67}$

Follow-up:

Consultant's Sign:





Doctor Name: Dr. Shruya Cew +

UHID:	Date: <u>27/1/24</u>	Time: <u>4:10 pm</u>
Patient Name: <u>Neishbhay Kumen</u>	Age/Sex: <u>35 year / male</u>	Height: <u></u>
	Weight: <u></u>	
Chief Complain:	<u>Pt come here for health check up.</u> <u>H/o cholecystectomy Jan 2023.</u>	
History:	<u>Not known</u>	
Allergy History:	<u>None.</u>	
Nutritional Screening: <u>Well-Nourished / Malnourished/Obese</u>		
Examination:	<u>BP = 140/80 mm Hg</u> <u>HR = 78/min</u> <u>SPO₂ = 96 % on RA.</u> <u>Uric acid = 8.07</u> <u>APL Reports = WNL.</u>	
Diagnosis:	<u>Pt is fit</u>	

Investigation

Rx

No	Dosage Form	Name of drug (IN BLOCK LETTERS ONLY)	Dose	Route	Frequency	Duration
	TAB	FEBUTAZ (40mg)	PO	o-o-t	X5 days.	

Advice:

Follow-up:

Consultant's Sign:



Aashka Hospitals Ltd.

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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:	Date: 27/7/24	Time:
Patient Name:	Age / Sex:	Height:
Nishu K. me		Weight:
History:	Pupils are checked	
Allergy History:	PO	
Nutritional Screening:	Well-Nourished / Malnourished / Obese	
Examination:	AC - NRL Right - RL Color - CR After visit in VU < 6/6 VU < 6/6	
Diagnosis:		

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

Eye examination:

	RIGHT			LEFT		
	S	C	A	S	C	A
D	2.50	-	-	-	-	70
N						

5/6

Other Advice:

Follow-up:

Consultant's Sign:

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
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CIN: L85110GJ2012PLC072647

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



PATIENT NAME: NIRBHAY KUMAR

GENDER/AGE: Male / 35 Years

DOCTOR:

OPDNO: OSP34367

DATE: 27/07/24

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: H/o surgery.

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 9.6 x 4.1 cms in size.

Left kidney measures about 10.2 x 4.3 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 120 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 16 cc.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: NIRBHAY KUMAR

GENDER/AGE: Male / 35 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP34367

DATE: 27/07/24

2D-ECHO

MITRAL VALVE	: MILD MVP
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 32mm
LEFT ATRIUM	: 36mm
LV Dd / Ds	: 45/29mm
IVS / LVPW / D	: 10/9mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 1.3/0.9m/s
AORTIC	: 1.7m/s
PULMONARY	: 1.4m/s
COLOUR DOPPLER	: TRIVIAL MR/TR
RVSP	: 26mmHg
CONCLUSION	: NORMAL LV SIZE / SYSTOLIC FUNCTION.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

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: L85110GJ2012PLC022647

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



PATIENT NAME: NIRBHAY KUMAR

GENDER/AGE: Male / 35 Years

DOCTOR:

OPDNO: OSP34367

DATE: 27/07/24

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



LABORATORY REPORT



Name : NIRBHAY KUMAR Sex/Age : Male / 35 Years Case ID : 40702200913
 Ref.By : HOSPITAL Dis. At : Pt. ID : 4218963
 Bill. Loc. : Aashka hospital Pt. Loc. :
 Reg Date and Time : 27-Jul-2024 08:52 Sample Type : Mobile No :
 Sample Date and Time : 27-Jul-2024 08:52 Sample Coll. By : Ref Id1 : OS[34367
 Report Date and Time : Acc. Remarks : Normal Ref Id2 :

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	104.79	mg/dL	70.0 - 100
Haemogram (CBC)			
Haemoglobin	12.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.42	millions/cu mm	4.50 - 5.50
PCV(Calc)	37.35	%	40.00 - 50.00
Lipid Profile			
HDL Cholesterol	33.9	mg/dL	48 - 77
Triglyceride	222.49	mg/dL	<150
VLDL	44.50	mg/dL	10 - 40
Chol/HDL	4.71		0 - 4.1
Liver Function Test			
S.G.P.T.	57.32	U/L	0 - 41
Test Remark: Rechecked			
S.G.O.T.	38.24	U/L	15 - 37
Test Remark: Rechecked			
Proteins (Total)	8.60	gm/dL	6.40 - 8.30
ESR	20	mm after 1hr	3 - 15
Uric Acid	8.07	mg/dL	3.5 - 7.2

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 : **NIRBHAY KUMAR** Sex/Age : **Male / 35 Years** Case ID : **40702200913**
 Ref.By : **HOSPITAL** Dis. At : **4218963** Pt. ID : **4218963**
 Bill. Loc. : **Aashka hospital** Pl. Loc. :

Reg Date and Time : **27-Jul-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No. :
 Sample Date and Time : **27-Jul-2024 08:52** Sample Coll. By : **OS[34367** Ref Id1 : **OS[34367**
 Report Date and Time : **27-Jul-2024 09:18** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	L	12.4	G%	13.00 - 17.00	
RBC (Electrical Impedance)	L	4.42	millions/cumm	4.50 - 5.50	
PCV(Calc)	L	37.35	%	40.00 - 50.00	
MCV (RBC histogram)		84.5	fL	83.00 - 101.00	
MCH (Calc)		28.0	pg	27.00 - 32.00	
MCHC (Calc)		33.1	gm/dL	31.50 - 34.50	
RDW (RBC histogram)		14.00	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)					
Total WBC Count		6660	/ μ L	4000.00 - 10000.00	
Neutrophil	[%]	57.0	%	40.00 - 70.00	EXPECTED VALUES / μ L 2000.00 - 7000.00
Lymphocyte		35.0	%	20.00 - 40.00	2331 / μ L 1000.00 - 3000.00
Eosinophil		3.0	%	1.00 - 6.00	200 / μ L 20.00 - 500.00
Monocytes		5.0	%	2.00 - 10.00	333 / μ L 200.00 - 1000.00
Basophil		0.0	%	0.00 - 2.00	0 / μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count		154000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)		1.63		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 : NIRBHAY KUMAR
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years Case ID : 40702200913
Dis. At : Pt. ID : 4218963
Pt. Loc. :

Reg Date and Time : 27-Jul-2024 08:52
Sample Date and Time : 27-Jul-2024 08:52
Report Date and Time : 27-Jul-2024 10:41

Sample Type : Whole Blood EDTA
Sample Coll. By :
Acc. Remarks : Normal

Mobile No :
Ref Id1 : OS34367
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	H 20		mm after 1hr 3 - 15	

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : **NIRBHAY KUMAR** Sex/Age : **Male / 35 Years** Case ID : **40702200913**
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **4218563**

Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **27-Jul-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No :
Sample Date and Time : **27-Jul-2024 08:52** Sample Coll. By : Ref Id1 : **OS[34367**
Report Date and Time : **27-Jul-2024 09:18** Acc. Remarks : **Normal** Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

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

ABO Type : **O**
Rh Type : **POSITIVE**

Note: [L]-Very Low, L-Low, H-High, MH-Very High A-Abnormal]


Dr. Shreya Shah

M.D. (Pathologist)

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Neuberg Diagnostics Private Limited

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

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



LABORATORY REPORT



Name : NIRBHAY KUMAR

Sex/Age : Male / 35 Years Case ID : 40702200913

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pl. Loc. :

Reg Date and Time : 27-Jul-2024 08:52

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 27-Jul-2024 08:52

Sample Coll. By :

Ref Id1 : OS[34367

Report Date and Time : 27-Jul-2024 11:59

Acc. Remarks : Normal

Ref Id2 :

TEST

RESULTS

REMARKS

UNIT BIOLOGICAL REF RANGE

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F	H	104.79	mg/dL	70.0 - 100
Plasma Glucose - PP		124.78	mg/dL	70.0 - 140.0

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

<100 mg/dL : Normal level

100-<125 mg/dL : Impaired fasting glucoseeer guidelines

>=125 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)

Page 5 of 13

Printed On : 27-Jul-2024 12:10



Neuberg Diagnostics Private Limited

Laboratory : "KEDAR" Opposite Krupo Petrol Pump, Near Parimal Garden,
Ahmedabad - 380006 ☎ 079-40408181 / 61618181
✉ contact@neubergsuprattech.com

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



LABORATORY REPORT



Name : **NIRBHAY KUMAR** Sex/Age : **Male / 35 Years** Case ID : **40702200913**
 Ref.By : **HOSPITAL** Dis. At : **PL ID : 4218963**
 Bill. Loc. : **Aashka hospital** Pl. Loc. :

Reg Date and Time : **27-Jul-2024 08:52** Sample Type : **Whole Blood EDTA** Mobile No :
 Sample Date and Time : **27-Jul-2024 08:52** Sample Coll. By : **Ref Id1 : OS[34367**
 Report Date and Time : **27-Jul-2024 09:23** Acc. Remarks : **Normal** Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Glycated Haemoglobin Estimation

HbA1C	5.35	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <small>Calculated</small>	106.84	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 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-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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CONCLUSIONS OF THE BOARD

The Board has reviewed the information submitted by the applicant and has concluded that the applicant is qualified to receive a license to practice as a professional engineer in the State of Michigan. The applicant has demonstrated that he has the necessary education, experience, and ability to perform the duties of a professional engineer in the State of Michigan.

The Board has also reviewed the information submitted by the applicant's employer and has concluded that the applicant is qualified to receive a license to practice as a professional engineer in the State of Michigan.

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The Board has also reviewed the information submitted by the applicant's employer and has concluded that the applicant is qualified to receive a license to practice as a professional engineer in the State of Michigan.

Very truly yours,

Professional Engineer

Professional Engineer

Professional Engineer

Professional Engineer

Professional Engineer

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LABORATORY REPORT



Name : **NIRBHAY KUMAR** Sex/Age : **Male / 35 Years** Case ID : **40702200913**
 Ref.By : **HOSPITAL** Dis. At :
 Bill. Loc. : **Aashka hospital**

Reg Date and Time : **27-Jul-2024 08:52** Sample Type : **Serum** Mobile No :
 Sample Date and Time : **27-Jul-2024 08:52** Sample Coll. By :
 Report Date and Time : **27-Jul-2024 10:21** Acc. Remarks : **Normal** Ref Id1 : **OSJ34367**
 Ref Id2 :
 PL Loc :

TEST RESULTS UNIT/BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric, CHOD-PAP	159.65	mg/dL	110 - 200
HDL Cholesterol	L 33.9	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	H 222.49	mg/dL	<150
VLDL Calculated	H 44.50	mg/dL	10 - 40
Chol/HDL Calculated	H 4.71		0 - 4.1
LDL Cholesterol Calculated	81.25	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
High 130-159	High >240		High 200-499

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



Dr. Shreya Shah
M.D. (Pathologist)

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LABORATORY REPORT



Name : NIRBHAY KUMAR
Ref By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years Case ID : 40702200913
Dis. At : Pt. ID : 4218963
Pt. Loc :

Reg Date and Time : 27-Jul-2024 08:52 Sample Type : Serum
Sample Date and Time : 27-Jul-2024 08:52 Sample Coll. By :
Report Date and Time : 27-Jul-2024 10:53 Acc. Remarks : Normal

Mobile No :
Ref Id1 : OS[34367
Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T.	H	57.32	U/L	0 - 41	Rechecked
S.G.O.T.	H	38.24	U/L	15 - 37	Rechecked
Alkaline Phosphatase Enzymatic, PVPP-AMP		101.37	U/L	46 - 116	
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate		18.55	U/L	0 - 55	
Proteins (Total) Colorimetric, Biuret	H	8.60	gm/dL	6.40 - 8.30	
Albumin Bromocresol purple		4.79	gm/dL	3.4 - 5	
Globulin Calculated		3.81	gm/dL	2 - 4.1	
A/G Ratio Calculated		1.26		1.0 - 2.1	
Bilirubin Total Photometry		1.09	mg/dL	0.3 - 1.2	
Bilirubin Conjugated Diazotization reaction		0.31	mg/dL	0 - 0.50	
Bilirubin Unconjugated Calculated		0.78	mg/dL	0 - 0.8	

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



Dr. Shreya Shah
M.D. (Pathologist)

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🌐 www.neubergsupratech.com

Department of Education, Bureau of Educational Research and Statistics

Division Office - Manila, Bureau of Educational Research and Statistics
Department of Education, Bureau of Educational Research and Statistics

Manila, Philippines, January 15, 1954

Dear Sirs: In accordance with the provisions of the Department Order No. 10, Series of 1954, regarding the reorganization of the Bureau of Educational Research and Statistics, the Bureau of Educational Research and Statistics is hereby reorganized as follows:

- 1. The Bureau of Educational Research and Statistics shall be organized as follows:
 - a. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - b. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - c. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - d. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - e. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - f. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - g. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - h. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - i. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - j. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - k. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - l. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - m. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - n. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - o. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - p. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - q. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - r. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - s. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - t. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - u. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - v. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - w. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - x. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - y. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics
 - z. Bureau of Educational Research and Statistics - Bureau of Educational Research and Statistics

Very truly yours,
Director

RECEIVED JAN 15 1954



LABORATORY REPORT



Name : NIRBHAY KUMAR Sex/Age : Male / 35 Years Case ID : 40702200913
Ref.By : HOSPITAL Dis. At : Pt. ID : 4218963
Bill. Loc. : Aashka hospital Pt. Loc :

Reg Date and Time : 27-Jul-2024 08:52 Sample Type : Serum Mobile No :
Sample Date and Time : 27-Jul-2024 08:52 Sample Coll. By : Ref Id1 : OSJ34367
Report Date and Time : 27-Jul-2024 10:22 Acc. Remarks : Normal Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BUN (Blood Urea Nitrogen) <small>GLDH</small>	10.1	mg/dL	8.90 - 20.60	
--	------	-------	--------------	--

Uric Acid <small>Uricase</small>	H 8.07	mg/dL	3.5 - 7.2	
-------------------------------------	--------	-------	-----------	--

Creatinine	0.72	mg/dL	0.50 - 1.50	
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Note (LL-Very Low, L-Low, H-High, HH-Very High, A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

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🌐 www.neubergsupratech.com

CONFIDENTIAL - SECURITY INFORMATION

1. The purpose of this report is to provide a comprehensive overview of the current status of the project and to identify any potential risks or issues that may arise during the course of the project. This report is intended for the use of the project manager and other key stakeholders involved in the project.

2. The project has been initiated in accordance with the project charter and the project management plan. The project manager has assigned the necessary resources and has established a clear communication plan. The project is currently in the execution phase and is progressing well.

3. The project is currently on track and is expected to be completed by the end of the project period. The project manager has identified several key risks and has implemented mitigation strategies to minimize the impact of these risks. The project is currently in the execution phase and is progressing well.

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6. The project is currently on track and is expected to be completed by the end of the project period. The project manager has identified several key risks and has implemented mitigation strategies to minimize the impact of these risks. The project is currently in the execution phase and is progressing well.

Item	Description	Status	Comments
1	Project Charter	Approved	Final review pending
2	Project Management Plan	In Progress	Drafting complete
3	Work Breakdown Structure	Complete	Final review pending
4	Resource Management Plan	In Progress	Final review pending
5	Risk Management Plan	In Progress	Final review pending
6	Communication Management Plan	In Progress	Final review pending
7	Procurement Management Plan	In Progress	Final review pending
8	Stakeholder Management Plan	In Progress	Final review pending
9	Quality Management Plan	In Progress	Final review pending
10	Change Management Plan	In Progress	Final review pending

7. The project is currently on track and is expected to be completed by the end of the project period. The project manager has identified several key risks and has implemented mitigation strategies to minimize the impact of these risks. The project is currently in the execution phase and is progressing well.

8. The project is currently on track and is expected to be completed by the end of the project period. The project manager has identified several key risks and has implemented mitigation strategies to minimize the impact of these risks. The project is currently in the execution phase and is progressing well.

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LABORATORY REPORT

Name : NIRBHAY KUMAR

Sex/Age : Male / 35 Years Case ID : 40702200913

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pt. ID : 4218963

Pt. Loc. :

Reg Date and Time : 27-Jul-2024 08:52

Sample Type : Serum

Mobile No :

Sample Date and Time : 27-Jul-2024 08:52

Sample Coll. By :

Ref Id1 : OS34367

Report Date and Time : 27-Jul-2024 09:56

Acc. Remarks : Normal

Ref Id2 :

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

Thyroid Function Test

Triiodothyronine (T3)	101.63	ng/dL	70 - 204	
Thyroxine (T4) CMA	10.21	ng/dL	4.87 - 11.72	
TSH CMA	3.07	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	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

Reference range (microIU/ml)

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



Dr. Shreya Shah
M.D. (Pathologist)

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www.neubergsupratech.com



LABORATORY REPORT



Name : NIRBHAY KUMAR

Sex/Age : Male / 35 Years Case ID : 40702200913

Ref.By : HOSPITAL

Dis. At :

Bill. Loc. : Aashka hospital

Pl. Loc. :

Reg Date and Time : 27-Jul-2024 08:52

Sample Type : Serum

Sample Date and Time : 27-Jul-2024 08:52

Sample Coll. By :

Report Date and Time : 27-Jul-2024 09:56

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OS34367

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 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 test 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 > 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

Second trimester

Third trimester

Reference range (microU/ml)


0.24 - 2.00

0.43-2.2

0.8-2.6

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hypothyroidism	↑	↑	↓
Secondary Hypothyroidism	↑	↑	↑
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. (Pathologist)

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LABORATORY REPORT

Name : NIRBHAY KUMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years Case ID : 40702200913

Dis. At. : Pt. ID : 4218963

Pt. Loc. :

Reg Date and Time : 27-Jul-2024 08:52 Sample Type : Spot Urine

Sample Date and Time : 27-Jul-2024 08:52 Sample Coll. By :

Report Date and Time : 27-Jul-2024 09:18 Acc. Remarks : Normal

Mobile No :

Ref Id1 : OSJ34367

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 1.015

pH 7.5

Leucocytes (ESTERASE) Negative

Protein Negative

Glucose Negative

Ketone Bodies Urine Negative

Urobilinogen Negative

Bilirubin Negative

Blood Negative

Nitrite Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte Nil

Red Blood Cell Nil

Epithelial Cell Present +

Bacteria Nil

Yeast Nil

Cast Nil

Crystals Nil

1.003 - 1.035

4.6 - 8

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Negative

Nil

Nil

Present(+)

Nil

Nil

Nil

Nil

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



Dr. Shreya Shah

M.D. (Pathologist)

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LABORATORY REPORT



Name : NIRBHAY KUMAR

Ref.By : HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 35 Years

Dis. At :

Case ID : 40702200913

Pl. ID : 4218963

Pl. Loc :

Reg Date and Time : 27-Jul-2024 08:52

Sample Date and Time : 27-Jul-2024 08:52

Report Date and Time : 27-Jul-2024 09:18

Sample Type : Spot Urine

Sample Coll. By :

Acc. Remarks : Normal

Mobile No :

Ref Id1 : OS[34367

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



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bedside
Nirbhay
Kumar

27.07.2024 11:26:11 AM
AASHIKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

Room:

72 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 92 ms
QT / QTcBaz : 386 / 422 ms
PR : 144 ms
P : 110 ms
RR / PP : 832 / 833 ms
P / QRS / T : 43 / 50 / 46 degrees

Normal sinus rhythm with sinus arrhythmia
Normal ECG

