

# ભારત સરકાર GOVERNMENT OF INDIA



નાયક નિલમબેન રાજેન્દ્રફમાર Nayak Nilamben Rajendrakumar **%** भेलुं पर्थ / Year of Birth : 1970 æl / Female



6038 4763 7500

આધાર – સામાન્ય માણસનો અધિકાર



# ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ UNIQUE IDENTIFICATION AUTHORITY OF INDIA

સરનામું: W/O: રાજેન્દ્રકુમાર નાયક, કૃષ્ણનગર સોસાયટી, આશીર્વાદ હોસ્પિટલ પાસે, ગોવિદનગર, દાહોદ, દાહોદ, ગુજરાત, 389151

Address: W/O: Rajendrakumar Nayak, Krushnanagar Society, Near Ashirwad Hospital, GovindNagar, Dohad, Dahod, Gujarat, 389151















श्रीत.

सहस्यक्त,

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

महोदया महोदया,

विषयः वैक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हमार कि मिनको सूचित करना चाहते हैं कि हमारे कर्मचारी की पत्नी/पति जिनके विवरण निम्नानुसार हैं हमारे करार के अवस्थार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

The state of the common property of the commo	स्वास्थ्य जांच लाभार्थी केविवरण
The state of the s	NILAMBEN RAJENDRASINH NAYAK
जन्म की तारीख	03-10-1970
क्षेत्र है। पत्नी/पति के स्वास्थ्य	12-08-2024
ां की मस्तावित तारीख	
्राहिप नंदर्भ सं	24S49777100110376S
. — Сторон в подражения в подра	पत्नी/पति के विवरण
% में अभे अपना	MR. NAYAKR C
विविधिक कुमंखा	49777
कर के को <b>पर</b>	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)
ं वर्ष कार्य का स्थान	BANDIBAR
्रवर्ष के जन्म की ता <b>रीख</b>	18-02-1970

ानमोदन्त सन्तृति पत्र तभी वैध साना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के लाज परनत किया जाएगा। यह अनुमोदन पत्र दिनांक 08-08-2024 से 31-03-2025 तक मान्य है। इस पत्र के लिए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य के हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के लिए की कि स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च कि तथा तथा सर्वोच्च संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ से अनुतार अल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

स्वाहत बंबंध में आपके सम्ब्रो की सप्रोहा करते हैं। सवदीय स्वाह के स्वाह के

(नार्य का कप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए का नामक Mis. Arcolemi Healthcare Pvt. Ltd.)सें संपर्क करें।)

मानव संसाधन प्रशासन विभाग, प्रधान कार्यालय, छठा तल, "बड़ौँदा भवन", अलकापुरी, बड़ौदा-390007(भारत) Human Resources Management Department, Head Office, 6th Floor, "Baroda Bhavan", Alkapuri, Baroda-390007 (India)



To.

The Coordinator, MadiWheel (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 spouse of our employee wishes to avail the facility of Casalans Annual Health Checkup provided by you in terms of our agreement.

DADTICH ADS OF HEALTH ON THE						
PARTICULARS OF HEALTH CHECK UP BENEFICIARY						
NILAWIDEN RAJENDRASINH NAYAK						
DATE OF BIRTH	03-10-1970					
PROPOSED DATE OF HEALTH	12-08-2024					
CHECKUP FOR EMPLOYEE						
SPOUSE						
BOOKING REFERENCE NO.	24S49777100110376S					
	SPOUSE DETAILS					
EMPLOYEE NAME	MR. NAYAK R C					
EMPLOYEE EC NO.	49777					
EMPLOYEE DESIGNATION	SENIOR CUSTOMER SERVICE ASSOCIATE(CASH)					
EMPLOYEE PLACE OF WORK	BANDIBAR					
EMPLOYEE BIRTHDATE	18-02-1970					

This letter of approval / recommendation is valid if submitted along with copy of the Bank of baroda employee id card. This approval is valid from **08-08-2024** till **31-03-2025**. The list of fredical 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 attand to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference rumber 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

For up a role is a computer generated letter. No Signature required. For any clarification, please contact MediWheel (M/s. Acroston Besitheare Pvt. Etc.))



### 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		
8	Stool Routine	Stool Routine		
	Lipid Profile	Lipid Profile		
7	Total Cholesterol	Total Cholesterol		
8	HDL	HDL		
9	LOL	LOL		
16	VLDL	VLDL		
-6 -8	Triglycerides	Triglycerides		
-12	HOL/LDL ratio	HDL/ LDL ratio		
	Liver Profile	Liver Profile		
13	AST	AST		
1.4	A 3	ALT		
15	GGT	GGT		
16	Salicubin (total, direct, indirect)	Bilirubin (total, direct, indirect)		
17	A. P.	ALP		
18	Proteins (T. Albumin, Globulin)	Proteins (T, Albumin, Globulin)		
	Kidney Profile	Kidney Profile		
19	Serum Creatinine	Serum Creatinine		
20	Biood Urea Nitrogen	Blood Urea Nitrogen		
21	Uric Acid	Uric Acid		
22	HBAIC	HBA1C		
25	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		
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT		
- 28	Siress Test	Gynaec Consultation		
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)		
1.0	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)		
- American	Deotal Check-up Consultation	Dectal Check-up Consultation		
	Frysklan Consultation	Physician Consultation		
	E/s Check-up Consultation	Eye Check-up Consultation		
14	UnivENT Consultation	Skin/ENT Consultation		

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ctl. 12/8/2024

8221 पछीने। 222 BRICULI HOICH of EL, PPBS.

2412, 21. नायड

Mo. N: 9825940368

भेन, आर जायड

MorN 1-9726140043.



LABORATORY REPORT Reg. No : 408100650 Mrs. Nilamben Rajendrakumar Nayak Name Reg. Date 12-Aug-2024 10:23 AM Female/54 Years Sex/Age Collected On Ref. By Report Date : 13-Aug-2024 04:20 PM **Client Name** Mediwheel

# **Medical Summary**

**GENERAL EXAMINATION** 

Height (cms): 157

Weight (kgs): 57.25

Blood Pressure: 122/68mmHg

Pulse: 56/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

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

This is an electronically authenticated report

Dr. Parth S Patel MBBS. MD. FNB

DR.MUKESH LADDHA

Page 1 of 1



Name





TEST REPORT

Reg. No : 408100650 Ref Id

: Mrs. Nilamben Rajendrakumar Nayak Reg. Date

Age/Sex : 54 Years / Female Pass. No. : Tele No. : 9726140043

Ref. By : Dispatch At :

Sample Type: EDTA Location: CHPL

Sample Type : EDTA				Location	: C	HPL
Parameter	Results		Unit	Biological	Ref. Inte	rval
COMPLETE BLOOD COUNT (CBC)						
Hemoglobin (Colorimetric method)	L 12.1		g/dL	12.5 - 16		
Hematrocrit (Calculated)	L 36.90		%	40 - 50		
RBC Count (Electrical Impedance)	L 4.47		million/cmm	4.73 - 5.5		
MCV (Calculated)	L 82.7		***************************************	83 - 101		
MCH (Calculated)	27.0		Pg	27 - 32		
MCHC (Calculated)	32.6		%	31.5 - 34.5		
RDW (Calculated)	11.5		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	5920		/cmm	4000 - 100	00	
MPV (Calculated)	10.8		fL.	6.5 - 12.0		
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	57.20	%	40 - 80	3386	/cmm	2000 - 7000
Lymphocytes (%)	32.60	%	20 - 40	1930	/cmm	1000 - 3000
Eosinophils (%)	2.00	%	0 - 6	462	/cmm	200 - 1000
Monocytes (%)	7.80	%	2 - 10	118	/cmm	20 - 500
Basophils (%)	0.40	%	0 - 2	24	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Mild Micro	ocytic a	ind Hypochromic.			
WBC Morphology	Normal					
PLATELET COUNTS						
Platelet Count (Electrical Impedance)	221000		/cmm	150000 - 4	50000	
Electrical Impedance						
Platelets	Platelets	are ade	equate with normal morph	ology.		
Parasites	Malarial p	arasite	is not detected.			
Comment	-					

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Collected On : 12-Aug-2024 10:28 AM

: 12-Aug-2024 10:23 AM

Approved On:

12-Aug-2024 12:42 PM Page 1 of 14







Reg. No

408100650

Ref Id

Collected On

: 12-Aug-2024 10:28 AM

Name Age/Sex : Mrs. Nilamben Rajendrakumar Nayak : 54 Years

/ Female

Req. Date

: 12-Aug-2024 10:23 AM

Pass. No.

Tele No.

: 9726140043

Ref. By

Parameter

Dispatch At Location

: CHPL

Sample Type : EDTA

Result

Unit

Biological Ref. Interval

### **HEMATOLOGY**

### **BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO

55 A 55

Rh (D)

Positive

Note

# **ERYTHROCYTE SEDIMANTATION RATE [ESR]**

ESR 1 hour

Westeroreen merhod

06

mm/hr

ESR AT 1 hour: 3-12

# ERYTHRO SEDIMENTION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in prenancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 04:20 PM Page 2 of 14







		TEST REPORT		
Reg. No	: 408100650	Ref ld :	Collected On	: 12-Aug-2024 10:28 AM
Name	: Mrs. Nilamben Ra	ajendrakumar Nayak	Reg. Date	: 12-Aug-2024 10:23 AM
Age/Sex	: 54 Years / Fer	male Pass. No.	Tele No.	9726140043
Ref. By	* *		Dispatch At	j
Sample Type	pe: Flouride F		Location	: CHPL
Parameter		Result	Unit	Biological Ref. Interval
		BIO - CHEMISTRY	1	
Fasting Blo	ood Sugar (FBS)	89.40	ma/dL	70 - 110

mg/dL

70 - 110

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 12:47 PM Page 3 of 14







TEST	<b>REPORT</b>
------	---------------

Reg. No

: 408100650

Ref Id

Collected On

: 12-Aug-2024 10:28 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date

: 12-Aug-2024 10:23 AM

Age/Sex

: 54 Years

1 Female Pass. No.

Tele No.

: 9726140043

Ref. By

Dispatch At Location

: CHPI

Sample Type : Serum		Location	CHPL
Parameter	Result	Unit	Biological Ref. Interval
	<u>Lipid Profile</u>		
Cholesterol	183.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
Enzymatic, colorimetric method			
Triglyceride	67.40	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	72.00	mg/dL	Low : <40 High : >60
Accelerator selective detergent method			
LDL	97.52	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130- 159 High : 160-189 Very High : >190.0
Calculated			
VLDL Calculated	13.48	mg/dL	15 - 35
LDL / HDL RATIO Calculated	1.35		0 - 3.5
Cholesterol /HDL Ratio Calculated	2.54		0 - 5.0

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 01:28 PM Page 4 of 14

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







TEST REPORT
,

Reg. No

: 408100650

Ref Id

Collected On : 12-Aug-2024 10:28 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date

: 12-Aug-2024 10:23 AM

Age/Sex

: 54 Years

I Female

Tele No.

: 9726140043

Ref. By

Pass. No.

Dispatch At

Sample Type : Serum		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		3,000,000,000,000,000
Total Protein	6.92	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year: 6.0-8.0 Adults: 6.6-8.7
Biuret Reaction			, idano . 0.0 0.7
Albumin	4.67	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6
By Bromocresol Green			> 90 yrs: 2.9 - 4.5
Globulin (Calculated)	2.25	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	2.08	g	0.8 - 2.0
SGOT	21.70	U/L	
UV without P5P	21110	U/L	0 - 31
SGPT	23.00	U/L	0 - 34
UV without P5P		0, L	0 - 34
Alakaline Phosphatase	91.6	IU/I	39 - 118
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			00 - 110

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 01:24 PM Page 5 of 14







	TEST REPORT		
Reg. No : 408100650 F	Ref Id :	Collected On	: 12-Aug-2024 10:28 AM
Name : Mrs. Nilamben Raje	ndrakumar Nayak	Reg. Date	: 12-Aug-2024 10:23 AM
Age/Sex : 54 Years / Fema	le Pass. No.	Tele No.	: 9726140043
Ref. By		Dispatch At	X F
Sample Type : Serum		Location	: CHPL
Total Bilirubin	0.66	mg/dL	Cord: Premature & full term: <2.0 0-1 day: Premature: <8.0 0-1 day: Full term: 1.4 - 8.7 1-2 day: Premature: <12 1-2 day: Full term: 3.4 - 11.5 3-5 day: Premature: <16 3-5 day: Full term: 1.5 - 12.0 Adult: 0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin  Vanadate Oxidation	0.21	mg/dL	0.0 - 0.4
Indirect Bilirubin Calculated	0.45	mg/dL	0.0 - 1.1
GGT SZASZ kinetic Method	11.60	U/L	< 38

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\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 01:24 PM Page 6 of 14







Reg. No

: 408100650

Ref Id

Collected On : 12-Aug-2024 10:28 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date

: 12-Aug-2024 10:23 AM

Age/Sex

: 54 Years / Female

Pass. No.

Tele No.

: 9726140043

Ref. By

UV Method

Dispatch At

: CHPL

Sample Type : Serum		Location	: CHPL	
Parameter	Result	Unit	Biological Ref. Interval	
	BIO - CHEMISTRY			
Uric Acid Enzymatic, colorimetric method	2.63	mg/dL	2.6 - 6.0	
Creatinine Enzymatic Method	0.76	mg/dL	0.6 - 1.1	
BUN	9.50	ma/dl	6.0 - 20.0	

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\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 01:22 PM Page 7 of 14

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Reg. No

: 408100650

Ref Id

Collected On

: 12-Aug-2024 10:28 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

1 Female

Reg. Date

: 12-Aug-2024 10:23 AM

Age/Sex

: 54 Years

Pass. No.

Tele No.

Unit

: 9726140043

Ref. By

Dispatch At

Sample Type: EDTA

Location

: CHPL

**HEMOGLOBIN A1 C ESTIMATION** Specimen: Blood EDTA

Result

\*Hb A1C

Parameter

5.4

% of Total Hb

Normal: < 5.7 %

Pre-Diabetes: 5.7 % -

Biological Ref. Interval

6.4 %

Diabetes: 6.5 % or

higher

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose

108.28

mg/dL

Calculated

# <u>Degree of Glucose Control Normal Range:</u>

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

- \* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.
- \* Some danger of hypoglycemic reaction in Type I diabetics.
- \* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area. **EXPLANATION:-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurnment which eflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures. HbA1c assay Interferences:

\*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

13-Aug-2024 09:01 AM Page 8 of 14

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Reg. No

Ref Id : 408100650

Collected On

: 12-Aug-2024 10:28 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date

: 12-Aug-2024 10:23 AM

Age/Sex

: 54 Years / Female Pass. No.

Tele No. Dispatch At : 9726140043

Ref. By

Test

Location

: CHPL

Sample Type: Urine Spot

Result

Unit

Biological Ref. Interval

### URINE ROUTINE EXAMINATION

### PHYSICAL EXAMINATION

Quantity

20 cc

Colour

Pale Yellow

Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

рΗ

4.6 - 8.0

Sp. Gravity

1.015

1.001 - 1.035

Protein

Nil

Nil

Glucose

Nil

Nil

Ketone Bodies

Nil

Nil

Urobilinogen

Nil

Nil

Bilirubin Nitrite

Nil

Nil

Blood

Nil Nil

Nil Nii

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

Occasional/hpf

Nil

Erythrocytes (Red Cells)

Nil

Nil

**Epithelial Cells** 

Occasional

Nil

Crystals

Absent

Absent

Casts

Amorphous Material

Absent Absent Absent Absent

Bacteria

Absent

Absent

Remarks

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 03:26 PM Page 9 of 14

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat

**4**+91 79 4039 2653

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: 408100650 Reg. No

Ref Id

, Female

Collected On

: 12-Aug-2024 10:28 AM : 12-Aug-2024 10:23 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date Tele No.

Age/Sex

: 54 Years

Pass. No.

: 9726140043

Ref. By

Sample Type : Serum

Dispatch At Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

### **IMMUNOLOGY**

### THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

1.09

ng/mL

0.86 - 1.92

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

6.90

ua/dL

3.2 - 12.6

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

- 1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding
- 2.F T4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 08:06 PM

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Reg. No

: 408100650

Ref Id

Collected On

: 12-Aug-2024 10:28 AM : 12-Aug-2024 10:23 AM

Name

: Mrs. Nilamben Rajendrakumar Nayak

/ Female

Reg. Date

Age/Sex

: 54 Years

Pass. No.

Tele No.

: 9726140043

Ref. By

Dispatch At Location

Sample Type : Serum

: CHPL

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

4.710 μIU/ml 0.35 - 5.50

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy: First Trimester :0.1 to 2.5 µIU/mL Second Trimester: 0.2 to 3.0 µIU/mL Third trimester: 0.3 to 3.0 µIU/mL

Referance : Carl A.Burtis, Edward R.Ashwood, David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular

Diagnostics. 5th Eddition. Philadelphia: WB Sounders, 2012:2170

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Dr. Purvish Darji

MD (Pathology)

Approved On:

12-Aug-2024 08:06 PM

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075





Req. No

Age/Sex

: 408100650

Ref Id

Collected On

: 12-Aug-2024 10:28 AM

Name

: 54 Years

: Mrs. Nilamben Rajendrakumar Nayak

Reg. Date Tele No.

: 12-Aug-2024 10:23 AM

Ref. By

/ Female Pass. No.

Dispatch At

: 9726140043

Sample Type : Body Fluid

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

# CYTOPATHOLOGY CYTOLOGY REPORT

CYTOLOGY REPORT

Specimen:

Conventional PAP smear

Gross Examination:

Single unstained slide is received. PAP stain is done.

Microscopic Examination:

Smear is satisfactory for evaluation.

Many sheets and clusters of superficial and intermediate

squamous epithelial cells are seen.

No evidence of intraepithelial lesion / malignancy.

Impression:

Cervical smear - Negative for intraepithelial lesion or

malignancy.

(The Bethesda System for the reporting of cervical

cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP

tests are recommended.

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

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Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

13-Aug-2024 08:58 AM Page 14 of 1



		LA	ABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar Naya	k R	eg. No	:	408100650
Sex/Age	:	Female/54 Years	R	eg. Date	:	12-Aug-2024 10:23 AM
Ref. By	:		С	ollected On	:	
Client Name	:	Mediwheel	R	eport Date		13-Aug-2024 09:20 AM

# Electrocardiogram

### **Findings**

Normal Sinus Rhythm.

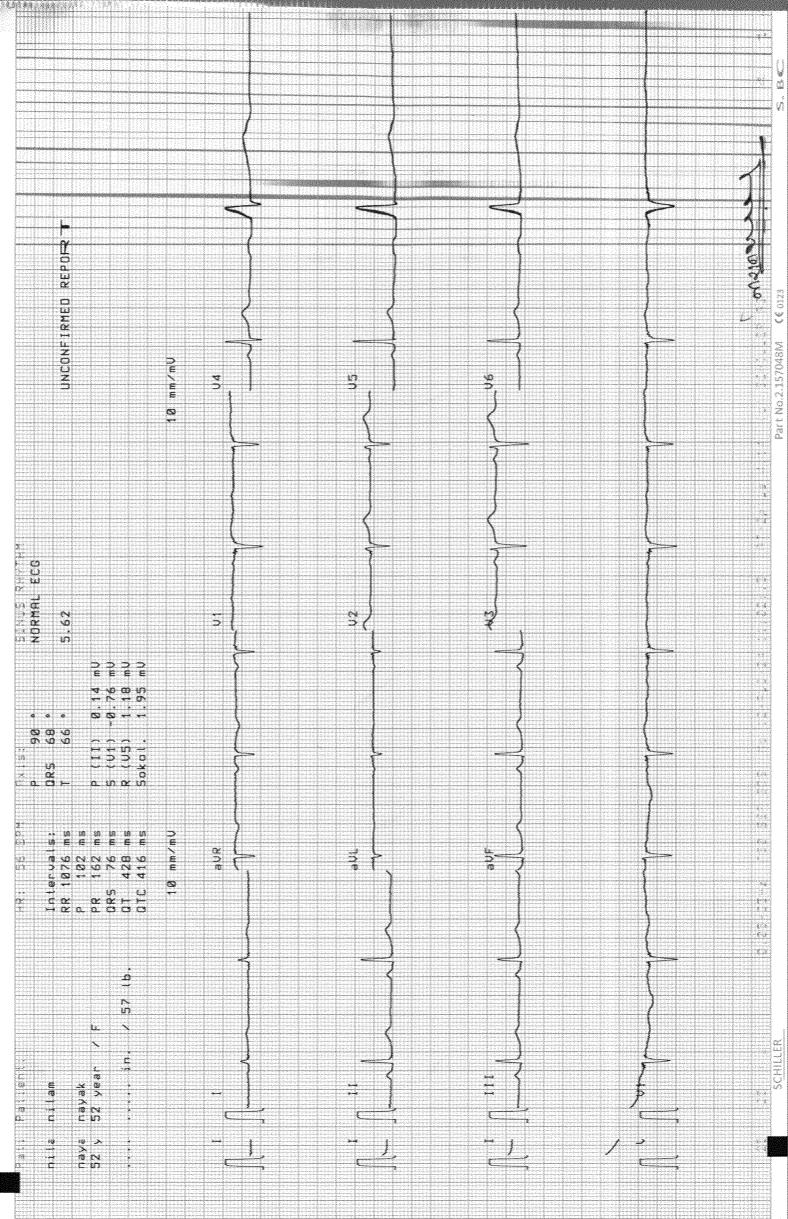
Within Normal Limit.

This is an electronically authenticated report

**Dr. Parth S Patel** MBBS. MD. FNB

DR.MUKESH LADDHA

Page 10 of 1





			LABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar Nay	/ak	Reg. No	:	408100650
Sex/Age	:	Female/54 Years		Reg. Date	:	12-Aug-2024 10:23 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	12-Aug-2024 04:01 PM

# X RAY CHEST PA

Left hilar calcific adenopathy.

Patchy areas of haziness noted in right upper zone p/o infective etiology.

Rest Both lung fields shows prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

This is an electronically authenticated report

DR DHAVAL PATEL
Consultant Radiologist

MB,DMRE Reg No:0494



Page 2 of 3



			LABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar N	ayak	Reg. No		408100650
Sex/Age	n.	Female/54 Years		Reg. Date	*	12-Aug-2024 10:23 AM
Ref. By	*			Collected On	*	
Client Name	*	Mediwheel		Report Date	*	12-Aug-2024 04:29 PM

# 2D Echo Colour Doppler

- 1. Normal sized LA, LV, RA, RV.
- 2. Normal LV systolic function, LVEF: 60%.
- 3. No RWMA.
- 4. Normal LV compliance.
- 5. All cardiac valves are structurally normal.
- 6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
- 7. No PAH, RVSP: 25 mmHg, AOVP: 1.1 m/s
- 8. IAS/IVS: Intact.
- 9. No clot/vegetation/pericardial effusion.
- 10. No coarctation of aorta.

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

This is an electronically authenticated report

Dr. Parth S Patel MBBS. MD. FNB

DR.MUKESH LADDHA

Page 1 of 1



			LABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar N	ayak	Reg. No	:	408100650
Sex/Age	:	Female/54 Years		Reg. Date	:	12-Aug-2024 10:23 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	12-Aug-2024 04:00 PM

### **USG OF ABDOMEN**

Liver appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

### **COMMENTS:**

NO SIGNIFICANT ABNORMALITY DETECTED.

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DR DHAVAL PATEL Consultant Radiologist MB, DMRE Reg No:0494

Page 1 of 3



			LABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar N	ayak	Reg. No	:	408100650
Sex/Age	:	Female/54 Years		Reg. Date	:	12-Aug-2024 10:23 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	12-Aug-2024 04:01 PM

### **BILATERAL BREAST SONO GRAPHY:-**

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

### **COMMENT:**

- No significant abnormality detected (BI-RADS-I).
- · No direct or indirect sign of malignancy seen.

### **BIRADS Categories:**

0	Need	imaging	evaluation.

- I Negative
- Il Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results is subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

This is an electronically authenticated report

42-

DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



Page 3 of 3



			LABORATORY REPORT			
Name	:	Mrs. Nilamben Rajendrakumar N	ayak	Reg. No		408100650
Sex/Age	:	Female/54 Years		Reg. Date	:	12-Aug-2024 10:23 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date		13-Aug-2024 02:11 PM

# Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +1.25

CY: +0.00

AX: 00

LEFT EYE

SP: +0.50

CY:-0.75

AX:168

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision: Normal

Comments: Normal

This is an electronically authenticated report

Dr Kejal Patel MB,DO(Ophth)

Page 13 of 1

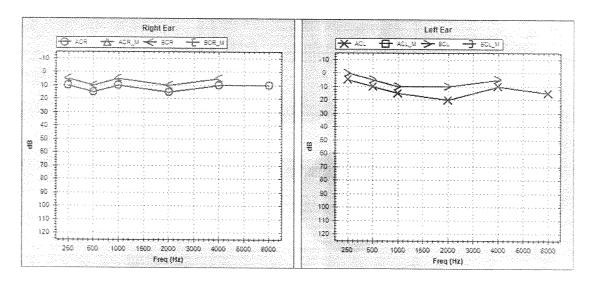


LABORATORY REPORT Name Mrs. Nilamben Rajendrakumar Nayak Reg. No 408100650 Sex/Age Female/54 Years Reg. Date 12-Aug-2024 10:23 AM Ref. By

Collected On

Client Name Mediwheel Report Date 13-Aug-2024 05:11 PM

## **AUDIOGRAM**



MODE	Air Cor	duction	8one Co	Colour	
EAR \	Masked	UnMasked	1/asked	UnWasked	Code
LEFT		X	3	>	81.ce
RIGHT	Δ	0	<u></u>	<	Red

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

This is an electronically authenticated report

Dr. Parth S Patel MBBS, MD, FNB

Page 1 of 2