

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: 27/1/2024	Time:
Patient Name: NIKHA MANDAL	Age/Sex: 32/F	Height: Weight:
Chief Complain:	Routine dental check-up	
History:		
Allergy History:		
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Examination:		
Extra oral :		
Intra oral – Teeth Present :		
Teeth Absent :		
Diagnosis:		

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

Other Advice:

Follow-up:

Consultant's Sign:

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: **NIKHA MANDAL.**

AGE: **33 yrs** SEX: **F.**

Height: _____ Weight: _____

Chief Complaints:

None.

Body built / Nutritional status: **OK.**

Any known allergies: **None**

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

None

" FTT FOR DUTY "

Provisional Diagnosis:

*General Examination:-

- Lymph node enlargement: **None**

*On Examination:-

-Breath sounds: Normal Breath sound/ Wheezing/Crackles/Stridor/Rhonchi/Plural friction rub.

- Chest movements: **(N)**

Rx,

- Air entry: **AE = BE.**

Adm: (D). FTT FOR DUTY

M.B. N.Y.A.

Date: **27/1/2024.**

Pulse= **82/min**

B.P. = **110/70 mm Hg.**

R.R.= **21/min**

Spo2= **96%.**

Temp.= **(N)**

R.B.S.= **116 mg/dL**

Sleep cycle **(N)**

E.C.G.: **(N)**

AD

Clubbing: _____
Cyanosis: **(N)**
Edema: _____

ADVICE:

- 1) Chest X-ray (CXR)
- 2) CBC Anemia.
- 3) HbC: Ironex (Pir Quinine).
- 4) Stool Proctos for allergy / Allergy Screening Tests (By IMH/MD-K&A)
- 5) Pulmonary Function Test (PFT) with /without DLCO.

C) Bronchoscopy (Flexible / Rigid)

7) Pulval Diagnostician (Biochemical / Hematological / Bacteriological / TB-tingat culture / Cytological).

8) Sputum Examination (Roman / Microscopic / Microbiological).

S) Blood investigations:-

- CBC, uric acid, urea, creatinine, electrolytes, Hb, HbA1c, Dengue NSI, Chinc(R)/M, Widal test, VDRL test, Liver Function test, Kidney Function test. Hpt's profile, Thyroid profile (T3, T4, TSH)

-Ab's (Antibod Blood gas).

-E-Cellular level.

-Procalcitonin level.

T) LABORATORY TESTS:-

-CEA (carcinoembryonic antigen).

-CA19-9 (pancreatic carcinoma).

-SCC (squamous cell carcinoma antigen).

10) HIV test after 60 days of infection.

11) Inform HSA.

12) Admission.

-Alpha antitrypsin level.

-Total and specific Ig E level.

-Angiotensin converting enzyme.

-CEA 21-(Non small cell carcinoma).

-Mesothelin (Mesothelioma).

Dr. Madhik Vyas



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

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

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

स्वास्थ्य जांच लाभार्थी के विवरण	
नाम	NIKHA MANDAL
जन्म की तारीख	06-04-1991
कर्मचारी की पत्नी/पति के स्वास्थ्य जांच की प्रस्तावित तारीख	27-01-2024
बुकिंग संदर्भ सं.	23M104781100086132S
पत्नी/पति के विवरण	
कर्मचारी का नाम	MR. MANDAL SAUMITRA
कर्मचारी की क.कू संख्या	104781
कर्मचारी का पद	BRANCH HEAD
कर्मचारी के कार्य का स्थान	KALYANPUR, MEHSANA
कर्मचारी के जन्म की तारीख	25-03-1991

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बढ़ीदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 25-01-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले थ्रिफिटसा 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 पत्नी/पति की स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनबॉक्स में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भबदीय,

हस्ता/-

(मुख्य महामंडल)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बढ़ीदा

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



To,

The Coordinator,
Mediwheel (Arcofem) Healthcare Limited)
Helpline number: 011- 41195959

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 Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	NIKHA MANDAL
DATE OF BIRTH	06-04-1991
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	27-01-2024
BOOKING REFERENCE NO.	23M104781100086132S
* SPOUSE DETAILS	
EMPLOYEE NAME	MR. MANDAL SAUMITRA
EMPLOYEE EC NO.	104781
EMPLOYEE DESIGNATION	BRANCH HEAD
EMPLOYEE PLACE OF WORK	KALYANPUR,MEHSANA
EMPLOYEE BIRTHDATE	25-03-1991

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 **25-01-2024** till **31-03-2024**.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's spouse 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 Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofem) Healthcare Limited))





ಕರ್ನಾಟಕ ಸರ್ಕಾರ
Government of Karnataka

ಸಿಬಿಡಿ ನಿಸ್ತ
Saumitra Mandel

104701



Saumitra Mandel

104701



Name: Nisha Hegadhal . Age: 33 yr

Complaints:
none

No of deliveries: 1 FTD / 2 FCS / 20 / 1 abt

Last Delivery: 2/12/20

History of abortion: none

Last abortions: _____

MH: React Reg: _____

LMP: 7/12/20

P/A: soft

P/S: ex. (2)

P/N: _____

Sample:-
Vagina
Cervix

Doctors Sign:- Talwar

H/O medical conditions associated:

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

in pregnancy
No hp taken
absent

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CIN: L85110GJ26129L5072647

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



PATIENT NAME: NIKHA MANDAL

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO: OSP33124

DATE: 27/01/24

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 9.9 x 4.2 cms in size.
Left kidney measures about 10.1 x 4.1 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appear normal.
No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 140 cc.

UTERUS: Uterus is anteverted and appears normal in size, shape and position. Endometrial and myometrial echoes appear normal. Endometrial thickness measures about 4.2 mm. No evidence of uterine mass lesion is seen.

Bilateral adnexa appears normal.

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


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Aashka Hospitals Ltd.

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www.aashkahospitals.in
CIN: L85110GJ2612PtG972647



PATIENT NAME: NIKHA MANDAL

GENDER/AGE: Female / 32 Years

DOCTOR:

OPDNO: OSP33124

DATE: 27/01/24

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

ID: nilina mandal

Cr: 27.01.2024 11:32:52 AM

27.01.2024 11:32:52 AM
MASHGA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

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

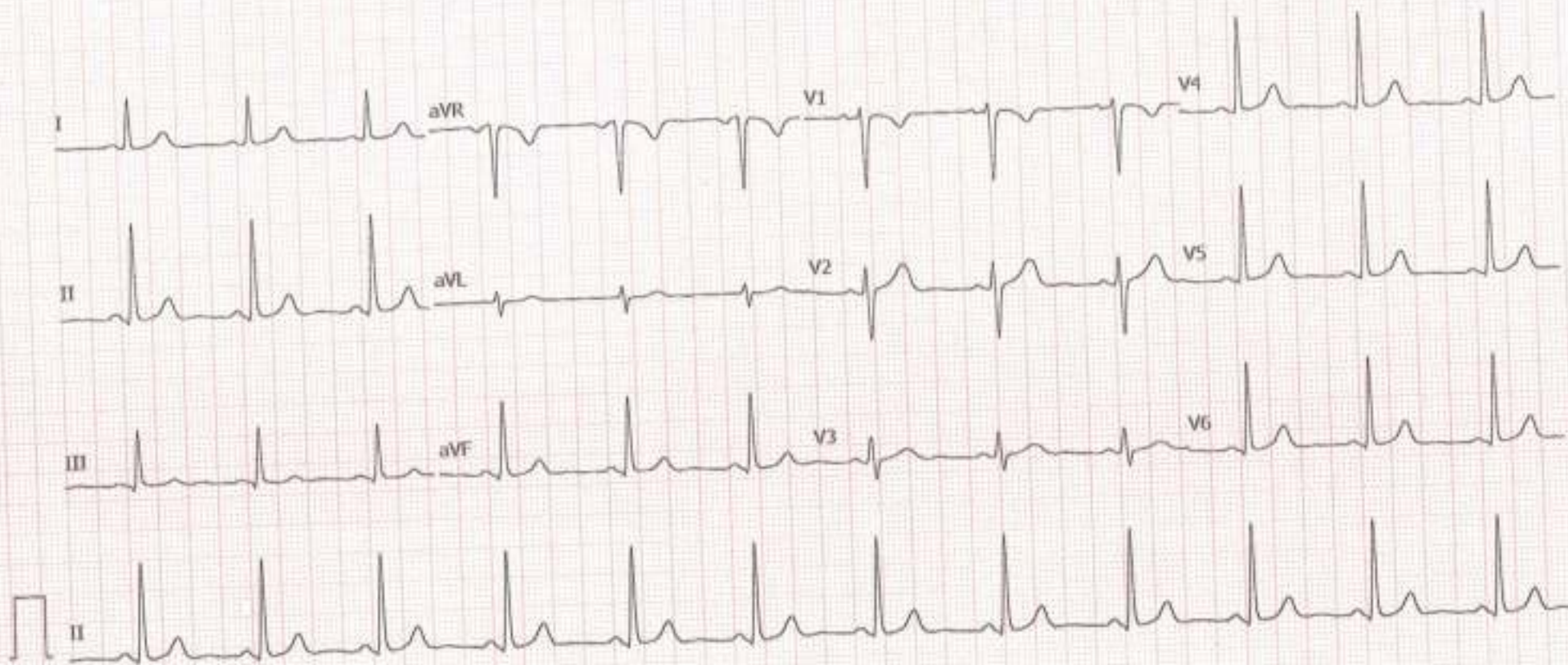
Room:

73 bpm
- / - mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 84 ms
QT / QTcBaz : 370 / 407 ms
PR : 122 ms
P : 100 ms
RR / PP : 822 / 821 ms
P / QRS / T : 60 / 62 / 50 degrees

Normal sinus rhythm
Normal ECG



COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

ADDRESSOGRAPH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Nikha Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE	:			
AORTIC VALVE	:			
TRICUSPID VALVE	:		(2)	
PULMONARY VALVE	:			
RTA	:			
LEFT ATRIUM	:			
LV Dd/ Ds	:		EF: 60%	
IVS / LVPW / D	:			
IVS	:			
IAS	:			
RA	:			
RV	:			
PA	:			
RICARDIUM	:			
VEL	:		PEAK	MEAN
M/S	:		Gradient mm Hg	Gradient mm Hg
MITRAL	:			
AORTIC	:			
PULMONARY	:			
COLOUR DOPPLER	:			
RSVP	:			
CONCLUSION	:		(2) Study	





LABORATORY REPORT



Name : NIKHA MANDAL

Ref By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pl. Loc :

Case ID : 40102200600

PL ID : 3302774

Mobile No : 6295604440

Reg Date and Time : 27-Jan-2024 09:45 Sample Type : Serum

Sample Date and Time : 27-Jan-2024 09:45 Sample Coll. By :

Report Date and Time : 27-Jan-2024 12:03 Acc. Remarks : Normal

Ref Id1 : OSP33124

Ref Id2 : O23249513

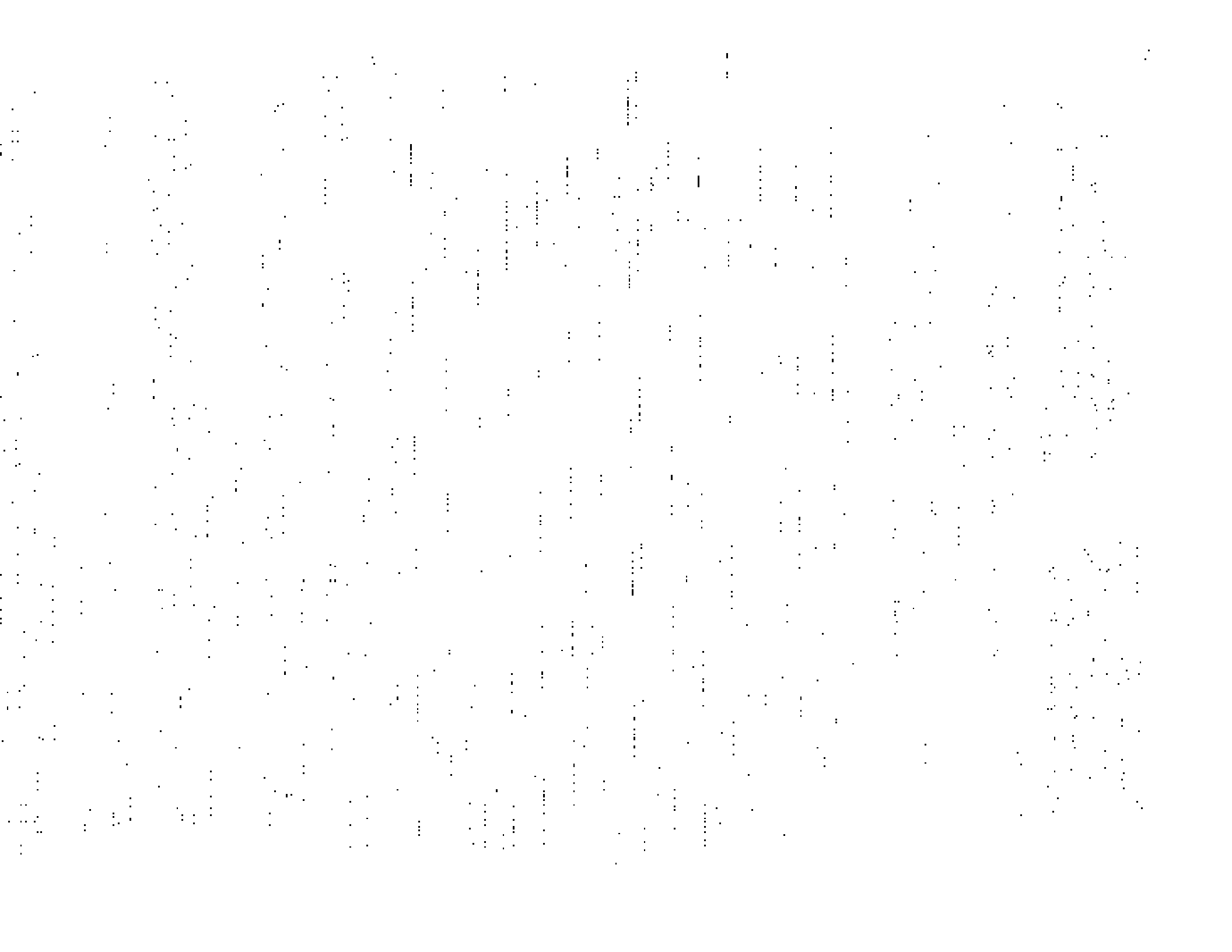
TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) GLDH	11.2	mg/dL	7.00 - 18.70	
Creatinine	0.61	mg/dL	0.50 - 1.50	
Uric Acid Ururate	3.42	mg/dL	2.6 - 6.2	

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



Dr. Shreya Shah

M.D. (Pathologist)





LABORATORY REPORT



Name : NIKHA MANDAL

Sex/Age : Female/ 33 Years Case ID : 40102200600

Ref.By :

Dis. At : Pt. ID : 3302774

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Whole Blood EDTA

Mobile No : 6296604440

Sample Date and Time : 27-Jan-2024 09:45

Sample Coll. By :

Ref id1 : OSP33124

Report Date and Time : 27-Jan-2024 10:52

Acc. Remarks : Normal

Ref id2 : Q23248913

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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 8-11 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 Homozygous forms of rare variant Hb(CC,SS,EE,EC) HbA1c can not be quantitated as there is no HbA1c in such circumstances glycaemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 11 of 13

Printed On : 27-Jan-2024 13:17



LABORATORY REPORT



Name : NIKHA MANDAL

Ref.By :

Bill. Loc. : Aashka hospital

Reg Date and Time : 27-Jan-2024 09:45

Sample Date and Time : 27-Jan-2024 09:45

Report Date and Time : 27-Jan-2024 10:57

Sex/Age : Female/ 33 Years

Dis. At :

Pl. Loc :

Case ID : 40102200600

Pl. ID : 3302774

Pl. Loc :

Mobile No : 6285604440

Ref Id1 : OSP33124

Ref Id2 : O23249513

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Serum

Sample Coll. By :

Acc. Remarks : Normal

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Thyroid Function Test

Triiodothyronine (T3) CMA	106.51	ng/dL	70 - 204	
Thyroxine (T4) CMA	6.52	ng/dL	4.87 - 11.72	
TSH CMA	2.48	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

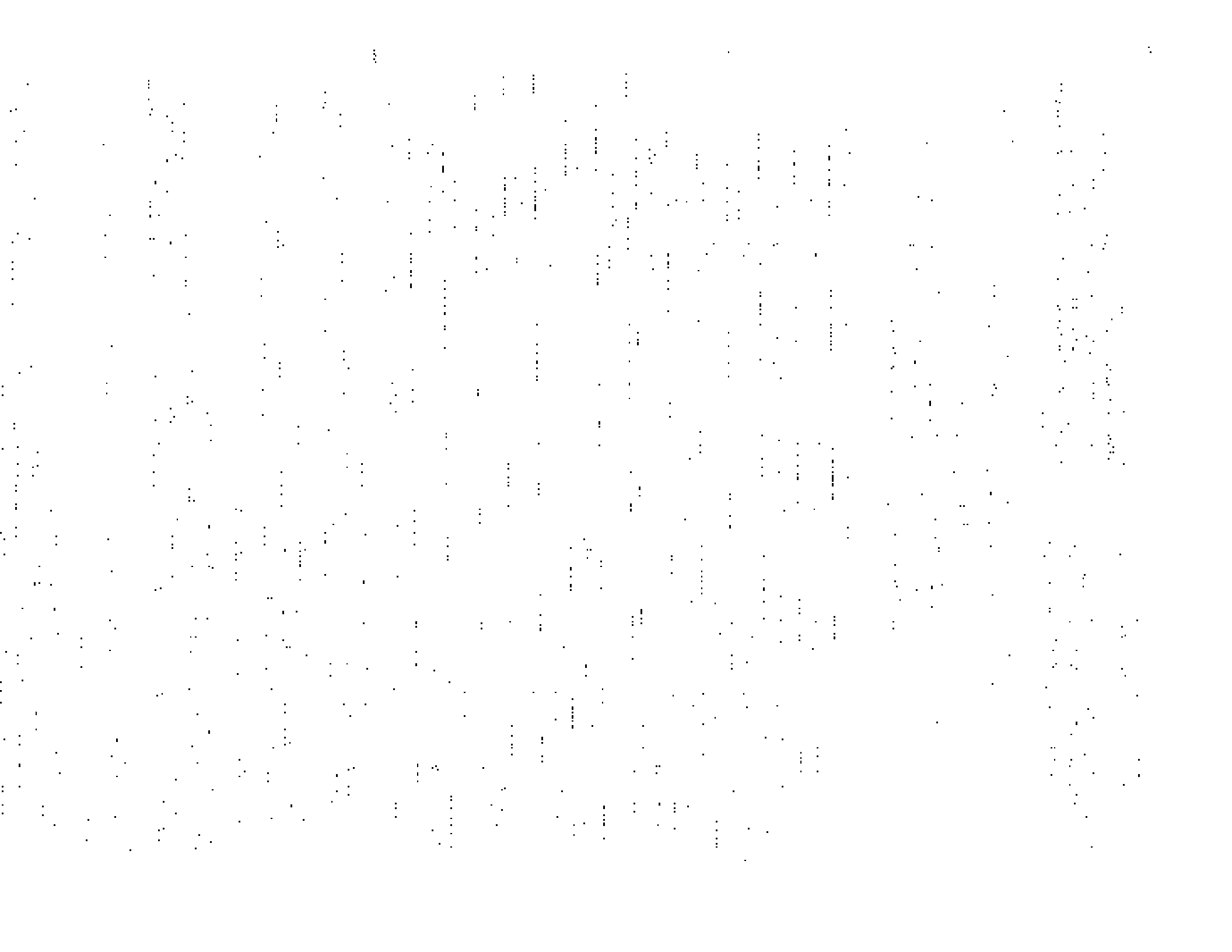
First trimester
Second trimester
Third trimester

Reference range (microIU/ml)
0.24 - 2.00
0.43-2.2
0.8-2.5

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



Dr. Shreya Shah
M.D. (Pathologist)





LABORATORY REPORT



Name : NIKHA MANDAL

Sex/Age : Female/ 33 Years Case ID : 40102200600

Ref. By :

Dis. At : Pt. ID : 3302774

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:46 Sample Type : Serum

Mobile No : 6296604440

Sample Date and Time : 27-Jan-2024 09:46 Sample Coll. By :

Ref Id1 : OSP33124

Report Date and Time : 27-Jan-2024 10:57 Acc. Remarks : Normal

Ref Id2 : O23249513

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 patients with recent thyroiditis, but that is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests (T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0, free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum thyrotropin (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 all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according to age and pregnancy.

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-3.2

0.5-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Pending Services
Liquid Base Cytology PAP

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the test 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.

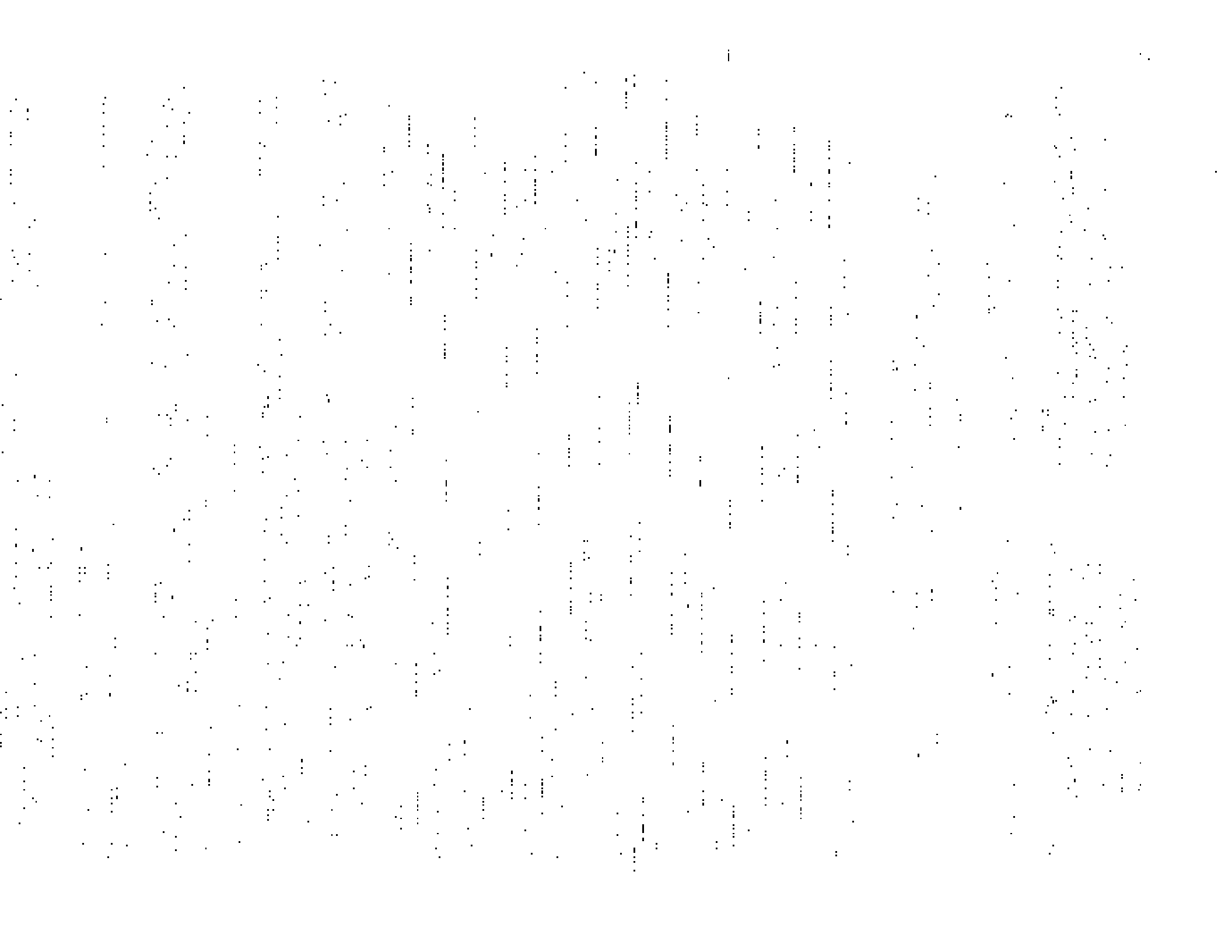
Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)



Dr. Shreya Shah

M.D. (Pathologist)

Printed On : 27-Jan-2024 13:17





LABORATORY REPORT



Name : NIKHA MANDAL
 Ref. By :
 Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years
 Dis. At :

Case ID : 40102200600
 PL. ID : 3302774
 Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:45
 Sample Type :
 Sample Date and Time : 27-Jan-2024 09:45
 Sample Coll. By :
 Report Date and Time :
 Acc. Remarks : Normal

Mobilia No : 6295604440
 Ref Id1 : OSF33124
 Ref Id2 : O23249513

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	116.12 ✓	mg/dL	70 - 100
Haemogram (CBC)			
Eosinophil	7.0	%	1.00 - 6.00

Abnormal Result(s) Summary End

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



LABORATORY REPORT



Name : NIKHA MANDAL

Ref.By :

Bil. Loc. : Aashika hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40102200600

PL ID : 3302774

PL Loc :

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Whole Blood EDTA

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:45

Sample Coll. By :

Ref Id1 : OSP33124

Report Date and Time : 27-Jan-2024 10:27

Acc. Remarks : Normal

Ref Id2 : O23249513

TEST

RESULTS

UNIT

BIOLOGICAL REF. INTERVAL

REMARKS

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	12.9	G%	12.0 - 15.0
RBC (Electrical Impedance)	4.46	millions/cumm	3.80 - 4.80
PCV(Calc)	38.98	%	35.00 - 46.00
MCV (RBC histogram)	87.4	fL	83.00 - 101.00
MCH (Calc)	28.9	pg	27.00 - 32.00
MCHC (Calc)	33.1	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.70	%	11.00 - 16.00

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

	5090	/µL	4000.00 - 10000.00	LABS	EXPECTED VALUES
Neutrophil	58.0	%	40.00 - 70.00	2952	/µL 2000.00 - 7000.00
Lymphocyte	29.0	%	20.00 - 40.00	1476	/µL 1000.00 - 3000.00
Eosinophil	H 7.0	%	1.00 - 6.00	356	/µL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	305	/µL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/µL 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	226000	/µL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	2.00		0.78 - 3.53

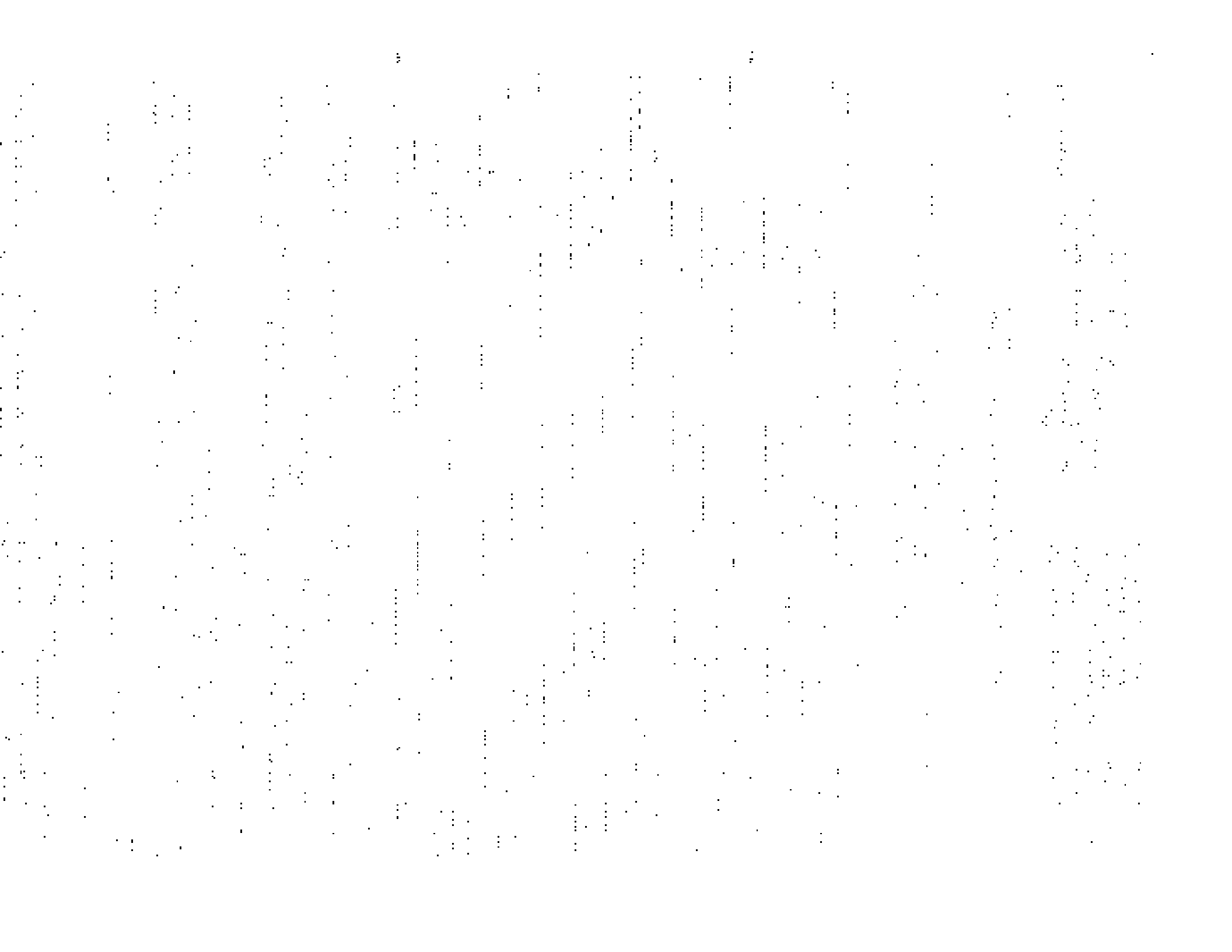
SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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



Dr. Shreya Shah
M.D. (Pathologist)





LABORATORY REPORT

Name : NIKHA MANDAL

Ref.By :
Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40102200600

Pt. ID : 3302774

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Whole Blood EDTA

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:45

Sample Coll. By :

Ref Id1 : OSP33124

Report Date and Time : 27-Jan-2024 11:50

Acc. Remarks : Normal

Ref Id2 : O23249513

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

ESR
Westergren Method

04

mm after 1hr 3 - 20

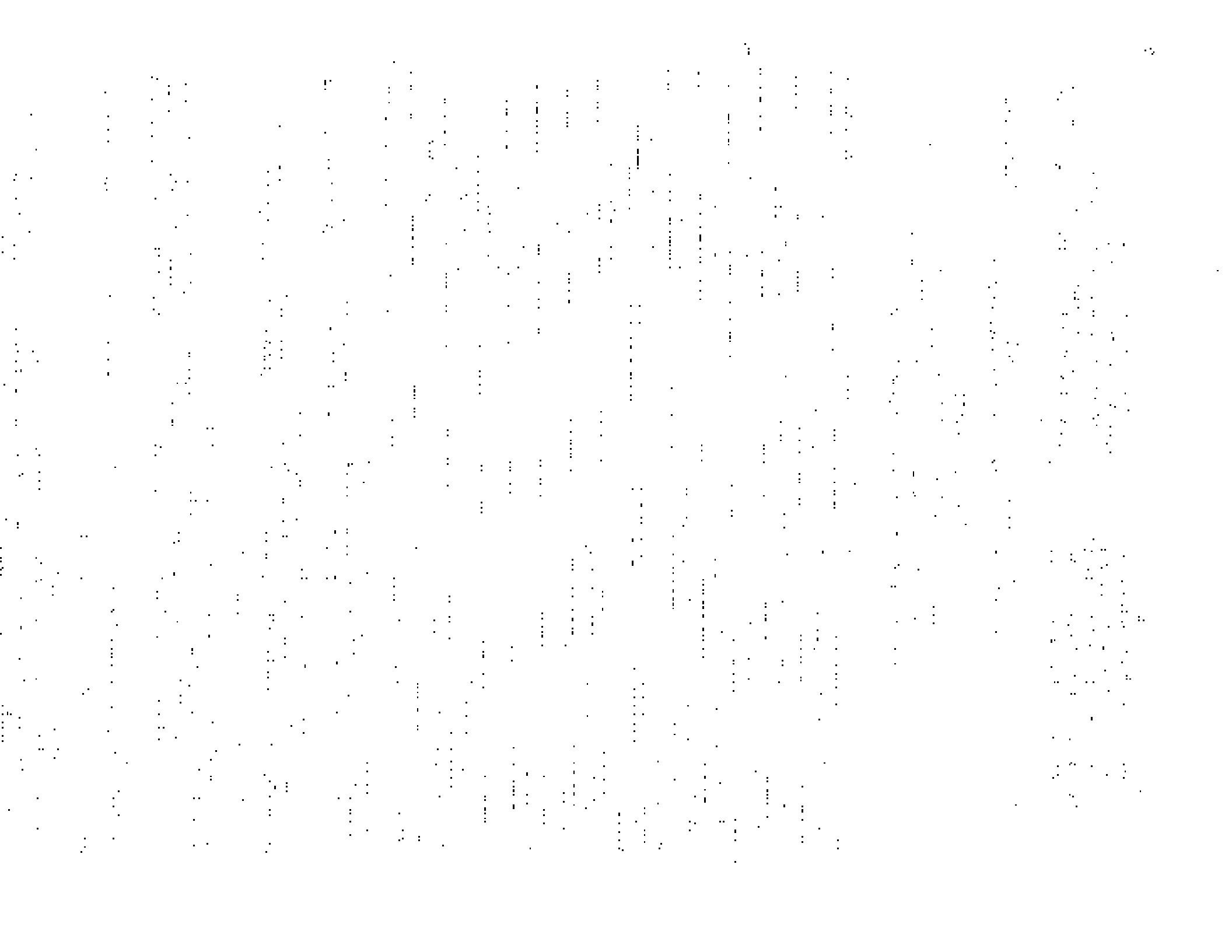
Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 3 of 13

Printed On : 27-Jan-2024 13:17





LABORATORY REPORT



Name : NIKHA MANDAL
Ref By :
Bill. Loc. : Ashika hospital
Sex/Age : Female/ 33 Years
Dis. At :
Pt. Loc :
Case ID : 40102200600
Pt. ID : 3302774

Reg Date and Time : 27-Jan-2024 09:45
Sample Date and Time : 27-Jan-2024 09:45
Report Date and Time : 27-Jan-2024 10:28
Sample Type : Whole Blood EDTA
Sample Coll. By :
Acc. Remarks : Normal
Mobile No : 8285604440
Ref Id1 : OSP33124
Ref Id2 : O23249513

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

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

ABO Type : A
Rh Type : POSITIVE

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


Dr. Shreya Shah

M.D. (Pathologist)

Page 4 of 13



LABORATORY REPORT

Name : NIKHA MANDAL

Ref By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pl. Loc :

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Spot Urine

Sample Date and Time : 27-Jan-2024 09:45

Sample Coll. By :

Report Date and Time : 27-Jan-2024 10:57

Acc. Remarks : Normal

Mobile No : 6286604440

Ref Id1 : OSP33124

Ref Id2 : O23249513

TEST

RESULTS

UNIT

BIOLOGICAL REF RANGE

REMARKS

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour

Pale yellow

Transparency

Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity

>1.025

1.005 - 1.030

pH

<5.5

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

Nil

Red Blood Cell

Nil

Nil

Epithelial Cell

Present +

Present(+)

Bacteria

Nil

Nil

Yeast

Nil

Nil

Cast

Nil

Nil

Crystals

Nil

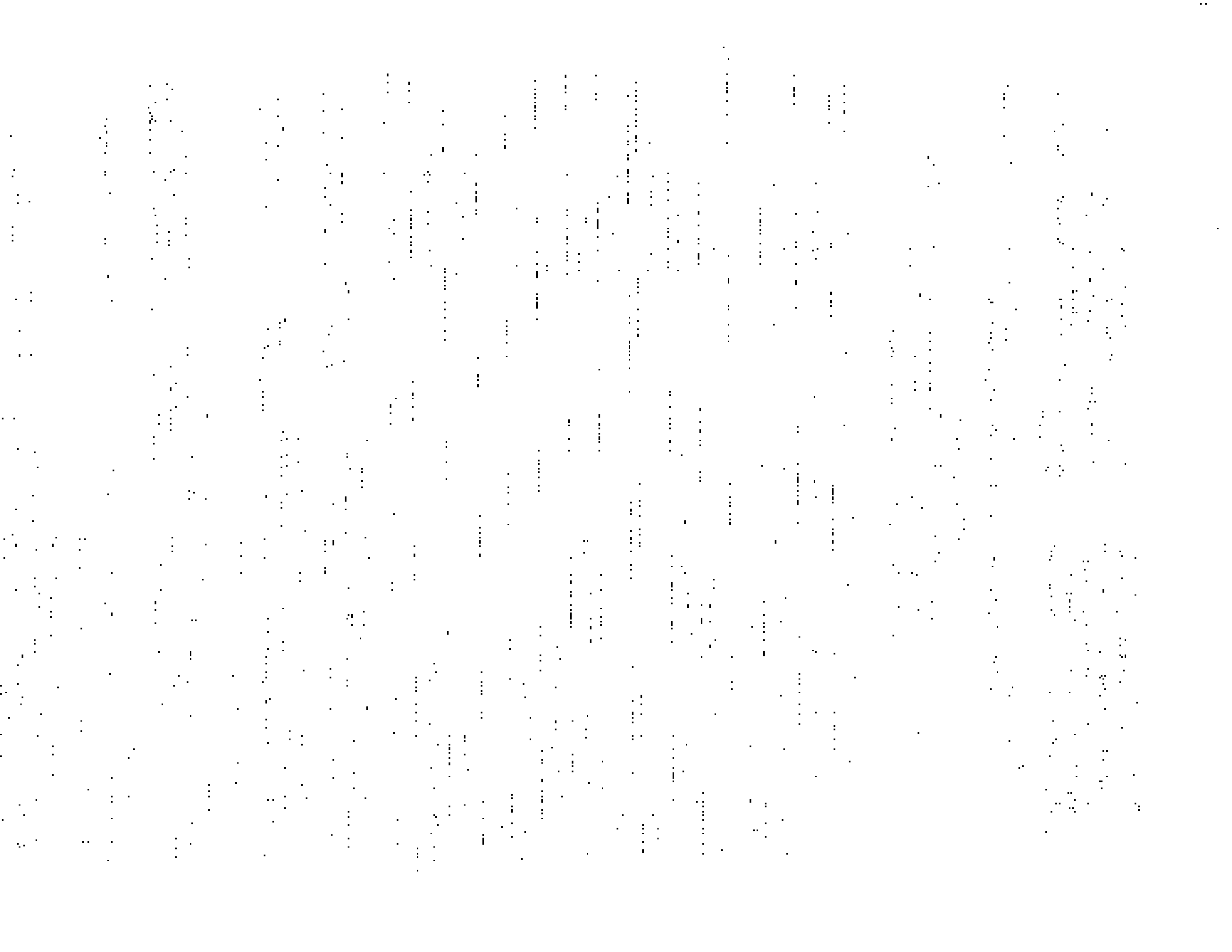
Nil

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



Dr. Shreya Shah

M.D. (Pathologist)





LABORATORY REPORT

Name : NIKHA MANDAL

Ref. By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Pl. Loc :

Cass ID : 40102200600

Pl. ID : 3302774

Pl. Loc :

Reg Date and Time : 27-Jan-2024 09:45 Sample Type : Spot Urine

Sample Date and Time : 27-Jan-2024 09:45 Sample Coll. By :

Report Date and Time : 27-Jan-2024 10:57 Acc. Remarks : Normal

Mobile No : 6295604440

Ref Id1 : OSP33124

Ref Id2 : O23249513

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	-	-	-	-

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



Dr. Shreya Shah
M.D. (Pathologist)



LABORATORY REPORT



Name : NIKHA MANDAL

Sex/Age : Female/ 33 Years

Ref.By :

Dis. At : 40102200600

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time

: 27-Jan-2024 09:45

Sample Type

: Plasma Fluoride F, Plasma Fluoride Pp

Mobile No : 6295604440

Sample Date and Time

: 27-Jan-2024 09:45

Sample Coll. By :

Ref Id1 : OSP33124

Report Date and Time

: 27-Jan-2024 13:10

Acc. Remarks

: Normal

TEST

RESULTS

UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F
Photometric Hexokinase

H 116.12 ✓

mg/dL

70 - 100

Plasma Glucose - PP
Photometric Hexokinase

100.97

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 glucose guidelines

>>125 mg/dL: Probability of Diabetes, Confirm as per guidelines

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



Dr. Shreya Shah

M.D. (Pathologist)

Page 7 of 13

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial statements. This includes recording the date, the amount, and the nature of the transaction.

The second part of the document provides a detailed explanation of the accounting cycle. It outlines the ten steps involved in the process, from identifying the accounting entity to preparing financial statements. Each step is explained in detail, with examples provided to illustrate the concepts.

The third part of the document discusses the various types of accounts used in accounting. It explains the difference between assets, liabilities, and equity accounts, and how they are classified. It also discusses the importance of understanding the normal balances for each type of account.

The fourth part of the document provides a comprehensive overview of the accounting equation. It explains how the equation is used to verify the accuracy of the accounting records and how it is used to determine the net worth of a business.

The fifth part of the document discusses the importance of adjusting entries. It explains how these entries are used to ensure that the financial statements are prepared on an accrual basis, which provides a more accurate picture of the business's financial position.

The sixth part of the document provides a detailed explanation of the closing process. It outlines the steps involved in closing the books for the end of the accounting period, including the transfer of balances from temporary accounts to permanent accounts.

The seventh part of the document discusses the various methods used to value inventory. It explains the difference between FIFO, LIFO, and average cost methods, and how they affect the calculation of cost of goods sold and ending inventory.

The eighth part of the document provides a comprehensive overview of the accounting for depreciation. It explains how depreciation is calculated and how it is recorded in the accounting records.

The ninth part of the document discusses the importance of understanding the relationship between the accounting records and the financial statements. It explains how the accounting records provide the data used to prepare the financial statements, and how the financial statements are used to evaluate the business's performance.

The tenth part of the document provides a detailed explanation of the accounting for taxes. It discusses the various types of taxes that a business may be required to pay, and how they are recorded in the accounting records.

The final part of the document provides a comprehensive overview of the accounting for payroll. It explains how payroll is calculated and how it is recorded in the accounting records, including the calculation of employer's payroll taxes.



LABORATORY REPORT



Name : NIKHA MANDAL

Ref By :

Bill. Loc. : Aashka hospital

Sex/Age : Female/ 33 Years

Dis. At :

Case ID : 40102200600

Pt. ID : 3302774

Pt. Loc :

Reg Date and Time : 27-Jan-2024 09:45 Sample Type : Serum

Sample Date and Time : 27-Jan-2024 09:45 Sample Coll. By :

Mobile No : 6296604440

Report Date and Time : 27-Jan-2024 13:08 Acc. Remarks : Normal

Ref Id1 : OSP33124

Ref Id2 : Q23249513

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol Colorimetric CHOD-PGD	159.81	mg/dL	110 - 200
HDL Cholesterol	66.3	mg/dL	48 - 77
Triglyceride Glycerol Phosphate Oxidase	51.40	mg/dL	<150
VLDL Calculated	10.28	mg/dL	10 - 40
Chol/HDL Calculated	2.41		0 - 4.1
LDL Cholesterol Calculated	83.23	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

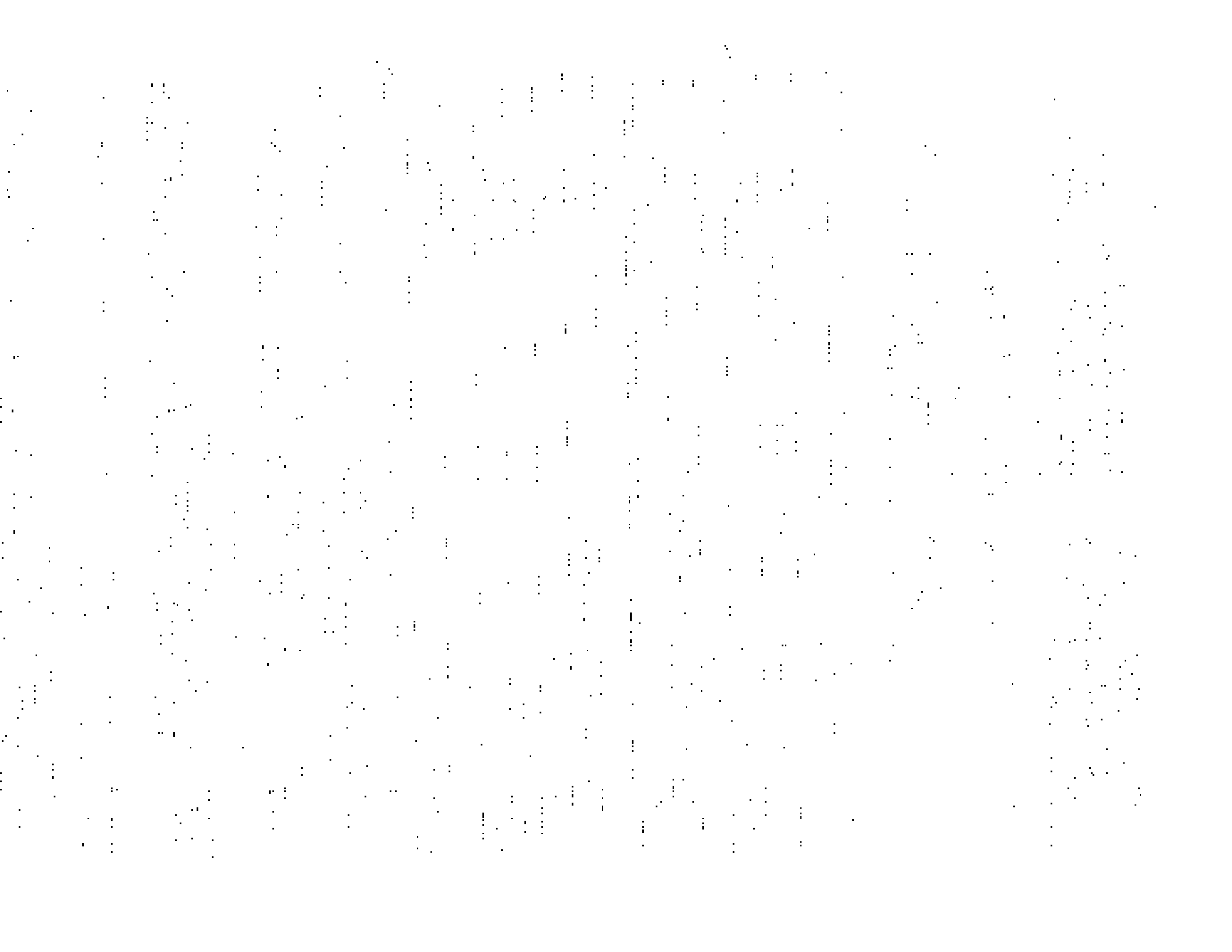
LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >40	Border High 150-199
Borderline 130-159	High >240		High 200-499

- 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)





LABORATORY REPORT



Name : NIKHA MANDAL

Sex/Age : Female/ 33 Years Case ID : 40102200600

Ref.By :

D's. At : Pt. ID : 3302774

Bill. Loc. : Ashshk hospital

Pt. Loc. :

Reg Date and Time : 27-Jan-2024 09:45

Sample Type : Serum

Mobile No : 6295604440

Sample Date and Time : 27-Jan-2024 09:45

Sample Coll. By :

Ref id1 : OSP33124

Report Date and Time : 27-Jan-2024 12:05

Acc. Remarks : Normal

Ref id2 : O23249513

TEST

RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. UV with PSp	27.56	U/L	14 - 59
S.G.O.T. UV with PSp	22.43	U/L	15 - 37
Alkaline Phosphatase Enzymatic, PAPP-ALP	85.04	U/L	46 - 116
Gamma Glutamyl Transferase L-Gamma-glutamyl-3-carboxy-4-nitroamide Substrate	38.0	U/L	0 - 38
Proteins (Total) Colorimetric, Buret	7.51	gm/dL	6.40 - 8.30
Albumin Bromocresol purple	4.92	gm/dL	3.4 - 5
Globulin Calculated	2.59	gm/dL	2 - 4.1
A/G Ratio Calculated	1.9		1.0 - 2.1
Bilirubin Total Photometry	0.58	mg/dL	0.3 - 1.2
Bilirubin Conjugated Diazotization reaction	0.21	mg/dL	0 - 0.50
Bilirubin Unconjugated Calculated	0.37	mg/dL	0 - 0.6

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



Dr. Shreya Shah

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