



LABORATORY REPORT

Name :	Mrs. Pratima Singh	Reg. No :	210100923
Sex/Age :	Female/41 Years	Reg. Date :	22-Oct-2022 10:36 AM
Ref. By :		Collected On :	22-Oct-2022 10:36 AM
Client Name :	Mediwheel	Report Date :	22-Oct-2022 02:15 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :160

Weight (kgs) :82.1

Blood Pressure :140/90 mmHg

Pulse :76 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

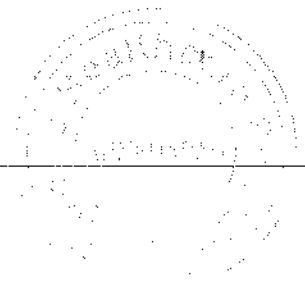
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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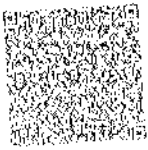
Dr. Jay Soni
M.D, GENERAL MEDICINE





भारत सरकार
GOVERNMENT OF INDIA

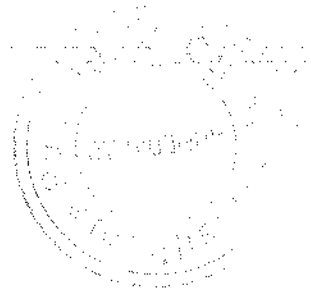
रजिस्ट्रार
Rajendra Soni
जन्म तिथि: Year of Birth: 1981
पता / Address



3896 3022 0624

रजिस्ट्रार - आम आदमी का अधिकार

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-23899



01/09/1981

2152550725


TEST REPORT

Reg. No : 210100923	Ref Id : bobS16115	Collected On : 22-Oct-2022 10:36 AM
Name : Mrs. Pratima Singh		Reg. Date : 22-Oct-2022 10:36 AM
Age/Sex : 41 Years Female	Pass. No. :	Tele No. : 9452500725
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

Hemoglobin	L 12.1	g/dl	12.5 - 16.0
Hematocrit (Calculated)	L 36.90	%	37 - 47
RBC Count	4.48	million/cmm	4.2 - 5.4
MCV	82.4	fL	78 - 100
MCH (Calculated)	L 26.9	Pg	27 - 31
MCHC (Calculated)	32.7	%	31 - 35
RDW (Calculated)	13.6	%	11.5 - 14.0
WBC Count	8410	/cmm	4000 - 10500
MPV (Calculated)	10.4	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	55.20	%	42.02 - 75.2	4642 /cmm	2000 - 7000
Lymphocytes (%)	36.80	%	20 - 45	3095 /cmm	1000 - 3000
Eosinophils (%)	3.90	%	0 - 6	311 /cmm	200 - 1000
Monocytes (%)	3.70	%	2 - 10	328 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	34 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 210000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

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 * This test has been out sourced.

Approved By : Dr.Dhwani Bhatt
 MD (Pathology)

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HEMATOLOGY
BLOOD GROUP & RH

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

ABO	"B"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR (After 1 hour) <i>Intra red measurement</i>	09	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20
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ERYTHRO SEDIMENTATION 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 pregnancy 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 (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex : 41 Years Female	Pass. No. :	Tele No. : 9452500725
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F.Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	122.80	mg/dL	70 - 110
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GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 6.5 *
- Or
2. Fasting plasma glucose $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011,34:S11.


POST PRANDIAL PLASMA GLUCOSE
 Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	102.1	mg/dL	70 - 140
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GOD-POD Method

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

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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	244.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic: colorimetric method</i>			
Triglyceride	126.70	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic: colorimetric method</i>			
HDL Cholesterol	53.50	mg/dL	High Risk: < 40 Low Risk: ≥ 60
<i>Accelerator selective detergent method</i>			
LDL	165.16	mg/dL	Optimal: < 100.0 Near / above optimal: 100-129 Boderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	25.34	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.09		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.56		0 - 5.0
<i>Calculated</i>			

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BIO - CHEMISTRY

LET WITH GGT

Total Protein <i>Buret Reaction</i>	6.60	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.63	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 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.06	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.25		0.8 - 2.0
SGOT <i>UV without P5P</i>	50.10	U/L	0 - 40
SGPT <i>UV without P5P</i>	64.70	U/L	0 - 40
Alkaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	333.5	U/L	25 - 240
Total Bilirubin <i>Vanadate Oxidation</i>	0.42	mg/dl	0 - 1.2
Conjugated Bilirubin	0.11	mg/dl	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.31	mg/dl	0.0 - 1.1
GGT <i>SZASZ Method</i>	28.00	mg/dL	15 - 73

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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	3.62	mg/dl.	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.61	mg/dl.	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN <i>UV Method</i>	9.80	mg/dl.	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	6.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	128.37	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

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 through 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 measurement which effects 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:

*Erroneous 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 HbA1(HbS)

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Age/Sex : 41 Years / Female	Pass. No. :	Tele No. : 9452500725
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6	4.6 - 8.0
Sp. Gravity	1.015	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Nil	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	Occasional	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	
Remarks	-	

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Age/Sex	: 41 Years Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Sample Type	: Serum		
Location	: CHPL				

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

*T3 (Triiodothyronine)	1.04	ng/ml.	0.6 - 1.81
-------------------------------	------	--------	------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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 active.

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)	5.40	ng/ml.	3.2 - 12.6
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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 F T4 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.

Limitations:

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

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Ref. By :		Dispatch At :
Location : CHIPL		Sample Type : Serum

***TSH** **23.481** μ IU/ml 0.55 - 4.78
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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-releasing 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 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL


Third trimester : 0.3 to 3.0 μ IU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition, Philadelphia: WB Saunders,2012:2170

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

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Client Name	: Mediwheel	Report Date	: 22-Oct-2022 12:41 PM

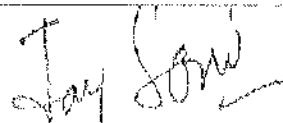
Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

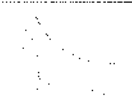
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Dr. Jay Soni
M.D, GENERAL MEDICINE



10/22/2022



Pratima Singh

13

Female

41 years

160 cm / 82 kg

HR 76/min

Axis: P 23°

Intervals: RR 790 ms, PR 112 ms, QRS 5°, T 21°

P (II) 0.16 mV

PR 218 ms

QRS 80 ms

QT 364 ms

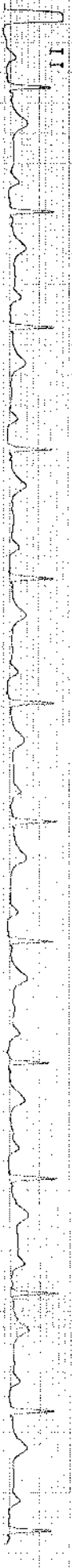
QTc 414 ms (Bazett)

S (V1) -0.88 mV

R (V5) 0.78 mV

Sokol: 1.76 mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FS0 55F 585 22.10.2022 11:22:42

CORVIS HEALTHCARE

1025115 1.24 C



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2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

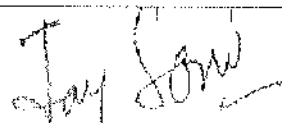
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 40 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

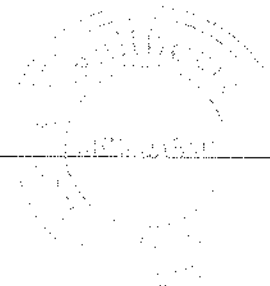
1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

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M.D, GENERAL MEDICINE





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Client Name :	Mediwheel	Report Date :	22-Oct-2022 04:52 PM

X RAY CHEST PA

Both lung fields appear clear.

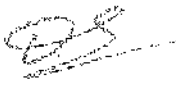
No evidence of any active infiltrations or consolidation.

Mild cardiomegaly

Both costo-phrenic angles appear normal.

Both domes of diaphragm appear normal.

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



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Client Name :	Mediwheel	Report Date :	22-Oct-2022 04:52 PM

USG ABDOMEN

Liver appears enlarged in size 16.6 cm & increased in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary 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 shows 15.7 x 11.6 mm sized posterior wall intra mural fibroid with cystic degeneration. 9.6 x 7.2 mm sized anterior wall sub serosal uterine fibroid. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

- **Grade II fatty liver**
- **Mild hepatomegaly**
- **Uterine fibroids as described.**

This is an electronically authenticated report

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





LABORATORY REPORT

Name :	Mrs. Pratima Singh	Reg. No :	210100923
Sex/Age :	Female/41 Years	Reg. Date :	22-Oct-2022 10:36 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	22-Oct-2022 04:52 PM

BILATERAL MAMMOGRAM :-

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

- Normal fibroglandular breast parenchyma is noted in breast on either side.
- No evidence of clustered microcalcification .
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

COMMENT :

- **No significant abnormality detected. (BIRADS - I).**
- **No direct or indirect sign of malignancy seen.**

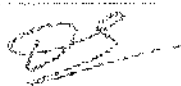
BIRADS Categories :

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

End Of Report

This is an electronically authenticated report


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

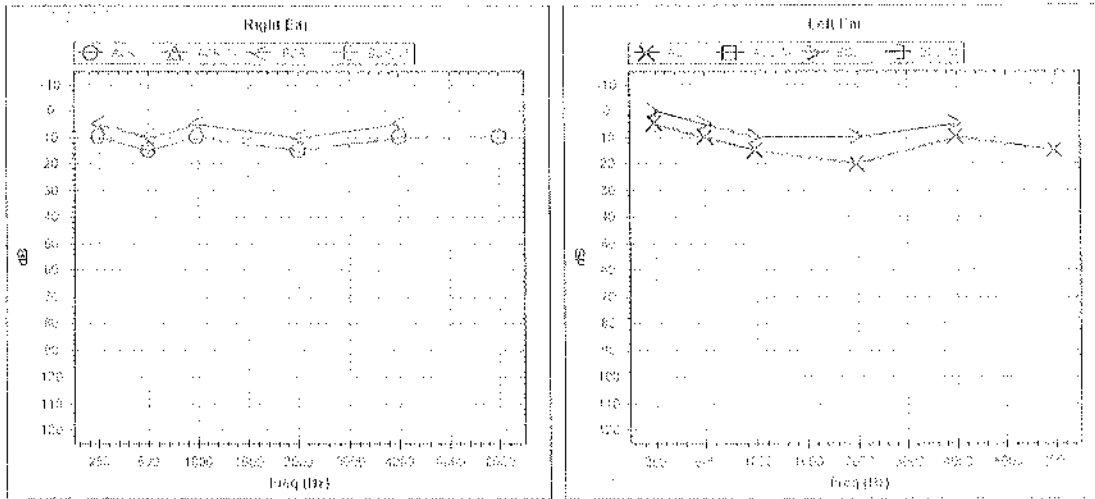
NAME:- PRATIMA SINGH.

ID NO :-

AGE:- 41Y/ F

Date:- 22/10/2022

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Cumm Code	Threshold in dB		
		Masked	UnMasked	Masked	UnMasked		AIR CONDUCTION	RIGHT	LEFT
Right	□	×	□	>	11	11			
Left	△	○	△	<	11			11	
NO RESPONSE - Ask g. before the respective symbols.							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.




LABORATORY REPORT

Name :	Mrs. Pratima Singh	Reg. No :	210100923
Sex/Age :	Female/41 Years	Reg. Date :	22-Oct-2022 10:36 AM
Ref. By :		Collected On :	22-Oct-2022 10:36 AM
Client Name :	Mediwheel	Report Date :	22-Oct-2022 02:01 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +1.50

CY: -0.25

AX: 20

LEFT EYE

SP: +1.00

CY: -0.25

AX: 140

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/5	N.A

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

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report


Dr Kejal Patel
 MB,DO(Ophth)
