



**LABORATORY REPORT**

**Name** : Mr. Newton Kumar  
**Sex/Age** : Male/49 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 306100445  
**Reg. Date** : 10-Jun-2023 08:47 AM  
**Collected On** :  
**Report Date** : 10-Jun-2023 02:32 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :162

Weight (kgs) :68.1

Blood Pressure : 130/80mmHg

Pulse : 80/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

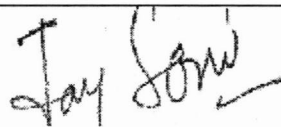
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

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 भारत सरकार  
 Government of India



 आधार

Issue Date: 24/04/2014



 न्यूटन कुमार  
 Newton Kumar  
 जन्म तारीख/DOB: 05/07/1973  
 पुरुष/ MALE  
 Mobile No: 9099993458

**6303 0133 1742**  
 VID : 9120 0751 8807 8598

**भारो आधार, भारी ओणप**



**बैंक ऑफ़ बड़ौदा**  
**Bank of Baroda**

नाम : न्यूटन कुमार  
 Name : Newton Kumar



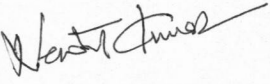
कर्मचारी कूट क्र. 61702  
 Employee Code No.

  
 धारक के हस्ताक्षर  
 Signature of Holder

  
 जारीकर्ता प्राधिकारी  
 Issuing Authority

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



  
 9099993458


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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	14.4	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L <b>42.80</b>	%	47 - 52
RBC Count (Electrical Impedance)	4.86	million/cmm	4.7 - 6.0
MCV (Calculated)	88.1	fL	78 - 110
MCH (Calculated)	29.7	Pg	27 - 31
MCHC (Calculated)	33.7	%	31 - 35
RDW (Calculated)	13.8	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	7030	/cmm	4000 - 10500
MPV (Calculated)	10.0	fL	7.4 - 10.4

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	63.60 %	42.0 - 75.2	4471 /cmm	2000 - 7000
Lymphocytes (%)	23.40 %	20 - 45	1645 /cmm	1000 - 3000
Eosinophils (%)	3.40 %	0 - 6	640 /cmm	200 - 1000
Monocytes (%)	9.10 %	2 - 10	239 /cmm	20 - 500
Basophils (%)	0.50 %	0 - 1	35 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 289000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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 Dr. Bhavi Patel  
 MD (Pathology)

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**HEMATOLOGY**

**BLOOD GROUP & RH**

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

<b>ABO</b>	"O"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	03	mm/hr	ESR AT 1 hour : 1-7
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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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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F, Flouride PP

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**FASTING PLASMA GLUCOSE**

Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	<b>121.00</b>	mg/dL	70 - 110
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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) <i>GOD-POD Method</i>	<b>126.4</b>	mg/dL	70 - 140
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**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

*Hb A1C	5.6	% 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	114.02	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 reflects 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 HbA(HbS)

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

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**Lipid Profile**

Cholesterol	193.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	99.70	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	37.50	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	135.56	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	19.94	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.61		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.15		0 - 5.0
<i>Calculated</i>			

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**BIO - CHEMISTRY**
**LFT WITH GGT**

<b>Total Protein</b> <i>Biuret Reaction</i>	7.04	gm/dL	Premature 1 day : 3.4 - 5.0 1 Day to Moth : 4.6 to 6.8 2 to 12 Months : 4.8 to 7.6
<b>Albumin</b> <i>By Bromocresol Green</i>	5.10	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
<b>Globulin</b> <i>Calculated</i>	1.94	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	2.63		0.8 - 2.0
<b>SGOT</b> <i>UV without P5P</i>	24.30	U/L	0 - 40
<b>SGPT</b> <i>UV without P5P</i>	30.80	U/L	0 - 40
<b>Alkaline Phosphatase</b> <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	103.0	IU/l	53 - 128
<b>Total Bilirubin</b> <i>Vanadate Oxidation</i>	0.68	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.18	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Calculated</i>	0.50	mg/dL	0.0 - 1.1

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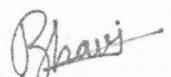




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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum
<b>GGT</b> SZASZ Method	22.30	mg/dL < 49

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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.42	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	1.11	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	12.10	mg/dL	6.0 - 20.0

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<b>Location</b> : CHPL		<b>Sample Type</b> : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Occasional/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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**IMMUNOLOGY**
**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.96	ng/mL	0.86 - 1.92
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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.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	10.40	µg/dL	3.2 - 12.6
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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.

**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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<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

**TSH** 2.220  $\mu$ IU/ml 0.35 - 5.50  
CHEMILUMINECENT 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  $\mu$ IU/mL

Second Trimester : 0.2 to 3.0  $\mu$ IU/mL

Third trimester : 0.3 to 3.0  $\mu$ IU/mL

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

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Bhavi Patel  
MD (Pathology)

Generated On : 10-Jun-2023 04:39 PM

Approved On : 10-Jun-2023 01:39 PM

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**CUROVIS HEALTHCARE PVT. LTD.**

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


**TEST REPORT**

<b>Reg. No</b> : 306100445	<b>Ref Id</b> :	<b>Collected On</b> : 10-Jun-2023 08:47 AM
<b>Name</b> : Mr. Newton Kumar		<b>Reg. Date</b> : 10-Jun-2023 08:47 AM
<b>Age/Sex</b> : 49 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9099993458
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

**IMMUNOLOGY**

<b>*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.73	ng/mL	0 - 4
--	------	-------	-------

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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**CUROVIS HEALTHCARE PVT. LTD.**

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**LABORATORY REPORT**

**Name** : Mr. Newton Kumar  
**Sex/Age** : Male/49 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 306100445  
**Reg. Date** : 10-Jun-2023 08:47 AM  
**Collected On** :  
**Report Date** : 10-Jun-2023 01:50 PM

**Electrocardiogram**

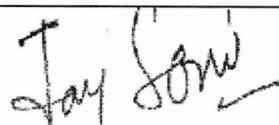
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

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NEWTON KUMAR

11

Male

49 years

162 cm / 68 kg

HR 80/min

Axis: 49°

Intervals:

QRS 26°

RR 752 ms

P 92 ms

PR 166 ms

QRS 72 ms

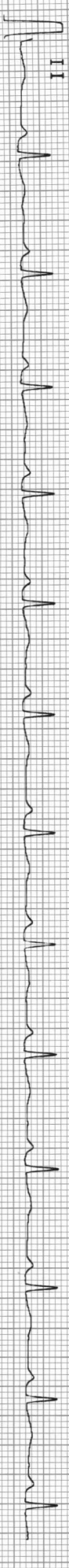
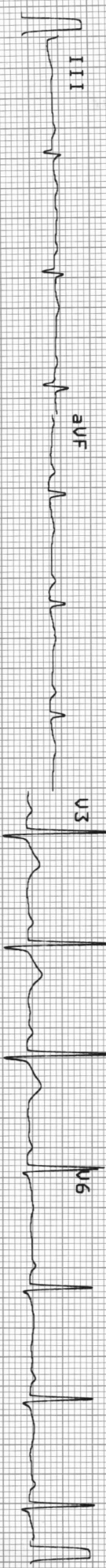
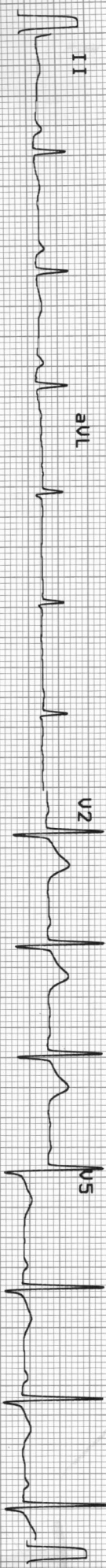
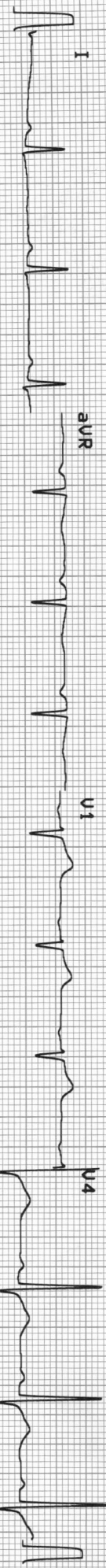
QT 348 ms

QTc 405 ms (Bazett)

P (II) 0.12 mV  
S (V1) -0.56 mV  
R (V5) 1.68 mV  
Sokol. 2.59 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 SSF 585 10.06.2023 09:19:01

CUROVIS HEALTHCARE

*Newton Kumar*

AT-10Zplus 1.24 C

Part No.2.157017M CE 0123

03C





**LABORATORY REPORT**

**Name** : Mr. Newton Kumar  
**Sex/Age** : Male/49 Years  
**Ref. By** :  
**Client Name** : Mediwheel

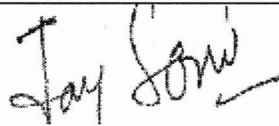
**Reg. No** : 306100445  
**Reg. Date** : 10-Jun-2023 08:47 AM  
**Collected On** :  
**Report Date** : 10-Jun-2023 01:50 PM

**2D Echo Colour Doppler**

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 40 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

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**CUROVIS HEALTHCARE PVT. LTD.**

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



**LABORATORY REPORT**

<b>Name</b> :	Mr. Newton Kumar	<b>Reg. No</b> :	306100445
<b>Sex/Age</b> :	Male/49 Years	<b>Reg. Date</b> :	10-Jun-2023 08:47 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Jun-2023 08:48 PM

**X RAY CHEST PA**

Both lung fields appear clear.

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.

**COMMENT: No significant abnormality is detected.**

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

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE



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<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Jun-2023 08:48 PM

**USG ABDOMEN**

**Liver** appears normal in size, show **increased homogenous parenchymal echo**. 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** appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & normal in 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** contour is normal, No evidence of calculus or mass lesion.

**Prostate** is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

**COMMENTS :**

**Grade I fatty liver.**

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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB, DMRE



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**CUROVIS HEALTHCARE PVT. LTD.**

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**LABORATORY REPORT**

**Name** : Mr. Newton Kumar  
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**Client Name** : Mediwheel

**Reg. No** : 306100445  
**Reg. Date** : 10-Jun-2023 08:47 AM  
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**Report Date** : 10-Jun-2023 02:35 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -3.50

CY: -1.75

AX: 62

**LEFT EYE**

SP : -3.25

CY : -0.50

AX :86

	Without Glasses	With Glasses
Right Eye	6/36	6/5
Left Eye	6/36	6/5

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

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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**Dr Kejal Patel**

MB, DCO (Ph)

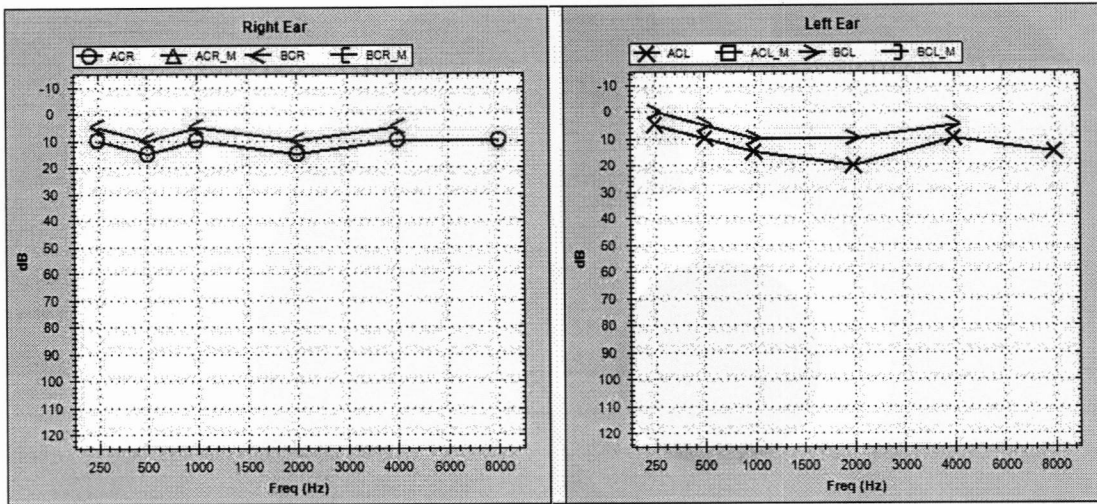
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 Sex/Age : Male/49 Years  
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Reg. No : 306100445  
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## AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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*KP*

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 Dr. Kejal Patel  
 MB,DO(Ophth)