



LABORATORY REPORT

Name : Ms. Kanchan Maheshwari
Sex/Age : Female/34 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 304100299
Reg. Date : 07-Apr-2023 08:42 AM
Collected On :
Report Date : 07-Apr-2023 01:49 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :155

Weight (kgs) :57.5

Blood Pressure : 108/68mmHg

Pulse : 71/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

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ભારત સરકાર
Government of India

આધાર

Issue Date: 01/10/2013


 મહેશ્વરી કંચન
 Maheshwari Kanchan
 જન્મ તારીખ/DOB: 01/02/1989
 સ્ત્રી/ FEMALE

4964 0669 4430
 VID : 9150 7616 2423 9347

મારી આધાર, મારી ઓળખ

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

Kanchan

M-9016025207



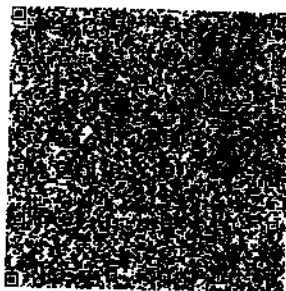
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આધાર

સરનામું :
 બા દ્વારા: ગિરિશભાઈ, કે 803, સફલ પરિસર-1, સોબો સેન્ટર
 પાસે, સુબો જોપલ, અમદાવાદ શહેર, અમદાવાદ,
 ગુજરાત - 380058

Download Date: 22/05/2022

Address:
 C/O: Girishbhai, K 803, Safal Parisar-1, Nr
 Sobo Center, South Bopal, Ahmedabad City,
 Ahmedabad,
 Gujarat - 380058


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TEST REPORT

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Name : Ms. Kanchan Maheshwari		Reg. Date : 07-Apr-2023 08:42 AM
Age/Sex : 34 Years / Female	Pass. No. :	Tele No. : 9016025207
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 Colorimetric method	13.5	g/dL	12.5 - 16.0
Hematocrit (Calculated) Calculated	40.90	%	37 - 47
RBC Count	4.52	million/cmm	4.2 - 5.4
MCV	90.5	fL	78 - 100
MCH (Calculated)	29.8	Pg	27 - 31
MCHC (Calculated)	32.9	%	31 - 35
RDW (Calculated)	12.3	%	11.5 - 14.0
WBC Count	8850	/cmm	4000 - 10500
MPV (Calculated)	9.0	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	59	% 42.02 - 75.2	5222 /cmm	2000 - 7000
Lymphocytes (%)	31	% 20 - 45	2744 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	708 /cmm	200 - 1000
Monocytes (%)	08	% 2 - 10	177 /cmm	20 - 500
Basophils (%)	00	% 0 - 1	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology : Normocytic and Normochromic.
 WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) : 341000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment : -

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Approved By :  Dr. Keyur V. Patel
 M.B.DCP

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Age/Sex :	34 Years / Female	Pass. No. :		Tele No. :	9016025207
Ref. By :				Dispatch At :	
Location :	CHPL			Sample Type :	EDTA Whole Blood

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Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY**BLOOD GROUP & RH**

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

ABO	"O"
Rh (D)	Negative
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Infra red measurement</i>	15	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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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Ref. By :		Dispatch At :		Dispatch At :	
Location :	CHPL	Sample Type :		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)	102.10	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)	84.8	mg/dL	70 - 140
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GOD-POD Method

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

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	242.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	149.60	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.50	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	170.58	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	29.92	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	4.11		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.83		0 - 5.0
<i>Calculated</i>			

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Location : CHPL		Sample Type : Serum


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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	7.16	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
Albumin <i>By Bromocresol Green</i>	4.47	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>	2.69	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.66		0.8 - 2.0
SGOT <i>UV without P5P</i>	29.90	U/L	0 - 40
SGPT <i>UV without P5P</i>	22.20	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	44.3	IU/l	42 - 98
Total Bilirubin <i>Vanadate Oxidation</i>	0.59	mg/dL	0 - 1.2
Conjugated Bilirubin	0.12	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.47	mg/dL	0.0 - 1.1

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


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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum
GGT SZASZ Method	11.20	mg/dL < 32

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
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	3.01	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.61	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	13.50	mg/dL	6.0 - 20.0

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Age/Sex	: 34 Years / Female	Pass. No.	:	Tele No.	: 9016025207
Ref. By	:	Dispatch At	:		
Location	: CHPL	Sample Type	:	Sample Type	: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	4.8	% 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	91.06	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)

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Age/Sex : 34 Years | Female **Pass. No.** : **Tele No.** : 9016025207
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	Clear


CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	6	4.6 - 8.0
Sp. Gravity	1.000	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)	1 - 2/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

T3 (Triiodothyronine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	0.73	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.

T4 (Thyroxine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	11.00	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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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

TSH 4.210 μ IU/ml 0.35 - 5.50
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

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Age/Sex : 34 Years / Female	Pass. No. :	Tele No. : 9016025207
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Body Fluid

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

CYTOPATHOLOGY
CYTOLOGY REPORT

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. Sheets and clusters of superficial and intermediate squamous cells in background of mild inflammation.
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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* This test has been out sourced.

Approved By : 
Dr. Keyur V. Patel
M.B.DCP

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LABORATORY REPORT

Name :	Ms. Kanchan Maheshwari	Reg. No :	304100299
Sex/Age :	Female/34 Years	Reg. Date :	07-Apr-2023 08:42 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	07-Apr-2023 11:50 AM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.B, GENERAL MEDICINE

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KRANICH
FRHESHWURTI
06

HR 21/min

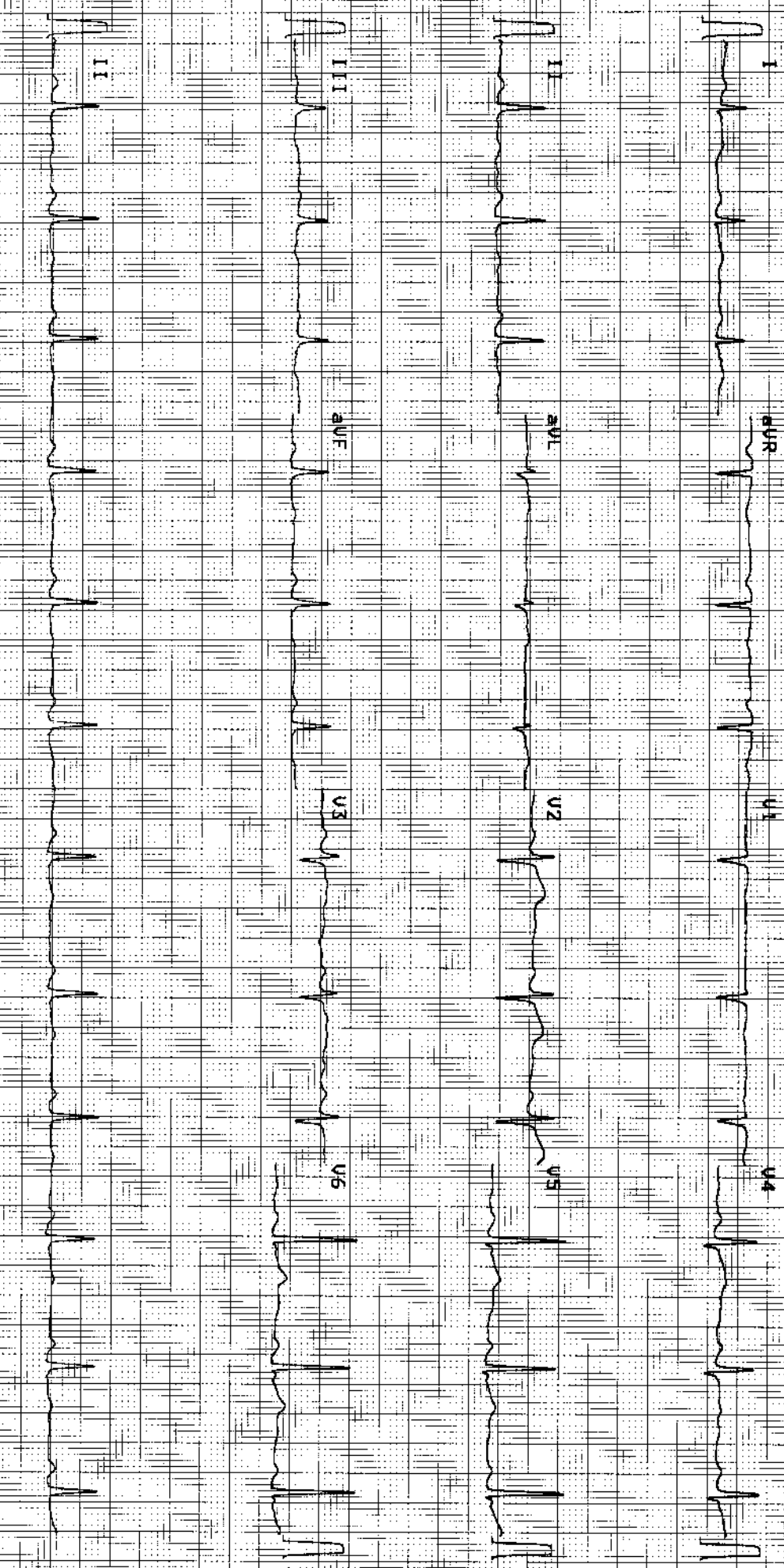
PR: 45°

34 years
156 cm / 57 kg
Female

Intervals:
RR 842 ms
P 112 ms
PR 170 ms
QR5 70 ms
QT 364 ms
QTc 400 ms
(Bazett's)
100 mm/mV

P (II) 0.11 mV
QRS 61°
T 23°
S (V1) 1.43 mV
R (V5) 1.43 mV
Spk (V1) 2.49 mV

10 mm/mV



10 mm/mV
25 mm/s

025-28 HJ F5M 55F 585 07 04 2003 09:18:37

CURONIS HERLTHCARE

Van der

RT 1021 US 1.24 C

RR



LABORATORY REPORT

Name : Ms. Kanchan Maheshwari
Sex/Age : Female/34 Years
Ref. By :
Client Name : Mediwheel

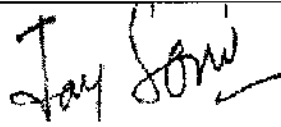
Reg. No : 304100299
Reg. Date : 07-Apr-2023 08:42 AM
Collected On :
Report Date : 07-Apr-2023 11:50 AM

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: 38 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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LABORATORY REPORT

Name :	Ms. Kanchan Maheshwari	Reg. No :	304100299
Sex/Age :	Female/34 Years	Reg. Date :	07-Apr-2023 08:42 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	07-Apr-2023 03:03 PM

USG ABDOMEN

Liver appears normal in size & 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.

Left kidney is not seen - ?very small sized/ or likely absent.

Right kidney compensatory enlarged in size 11.9 x 5.8 cm, normal in shape and position. C.M. differentiation is maintained. No evidence of hydronephrosis, calculus or solid mass.

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

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

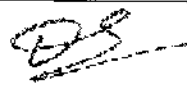
No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

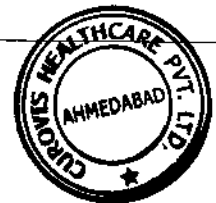
COMMENTS :

- **Left kidney is not seen - ?very small sized/ or likely absent.**
- **Compensatory enlarged Right kidney.**

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE



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LABORATORY REPORT

Name : Ms. Kanchan Maheshwari
Sex/Age : Female/34 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 304100299
Reg. Date : 07-Apr-2023 08:42 AM
Collected On :
Report Date : 07-Apr-2023 03:04 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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LABORATORY REPORT

Name : Ms. Kanchan Maheshwari
Sex/Age : Female/34 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 304100299
Reg. Date : 07-Apr-2023 08:42 AM
Collected On :
Report Date : 07-Apr-2023 12:27 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.75

CY: -0.00

AX: 00

LEFT EYE

SP : +0.00

CY : -0.50

AX :166

	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.

ColorVision : Normal

Comments: Normal



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

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Dr Kejal Patel

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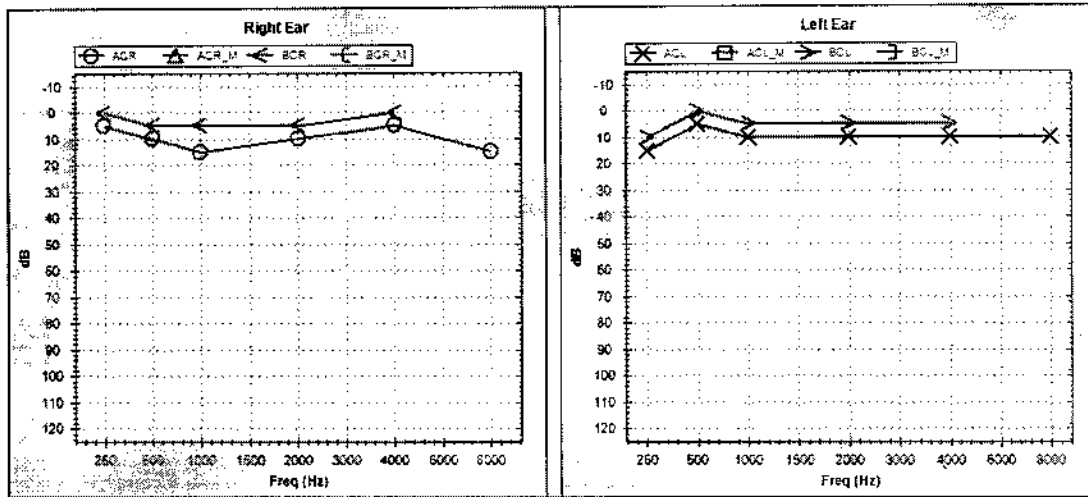
NAME:- KANCHAN MAHESHWARI.

ID NO:-

AGE:- 34Y / F

DATE:- 07/04/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	×	⌋	⌋	Blue	AIR CONDUCTION	11	10.5
RIGHT		△	○	⌈	⌈	Red	BONE CONDUCTION		
NO RESPONSE: Add ↓ below the respective symbols							SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.



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