



**LABORATORY REPORT**

<b>Name</b> :	Ms. Meera J Vanparia	<b>Reg. No</b> :	206101481
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	25-Jun-2022 10:12 AM
<b>Ref. By</b> :		<b>Collected On</b> :	25-Jun-2022 10:12 AM
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	25-Jun-2022 02:59 PM

**Medical Certificate**

**GENERAL EXAMINATION**

Height (cms) : 156

Weight (kgs) : 63.0

Blood Pressure : 110/70mmHg

Pulse : 74/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

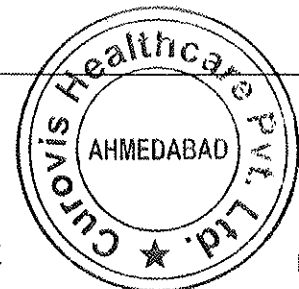
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report

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

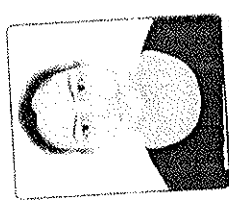


Page 3 of 4

32  
F/22-23



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



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

For copy  
860863812  
860863812

Company Name: EuroLife Healthcare Pvt. Ltd.  
Registration No: G-23899  
Address: ...  
Phone: ...



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> :
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
-----------	---------	------	--------------------------

**COMPLETE BLOOD COUNT (CBC)**  
**Specimen: EDTA blood**

Hemoglobin (Spectrophotometric Measurement)	14.7	g/dL	12.5 - 16.0
Hematocrit (Calculated)	42.20	%	37 - 47
RBC Count (Volumetric Impedance)	4.97	million/cmm	4.2 - 5.4
MCV (Calculated)	84.9	fL	78 - 100
MCH (Calculated)	29.5	Pg	27 - 31
MCHC (Calculated)	34.8	%	31 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	7320	/cmm	4000 - 10500
MPV (Calculated)	9.2	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	62	% 42.02 - 75.2	4538 /cmm	2000 - 7000
Lymphocytes (%)	31	% 20 - 45	2269 /cmm	1000 - 3000
Eosinophils (%)	01	% 0 - 6	439 /cmm	200 - 1000
Monocytes (%)	06	% 2 - 10	73 /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) 324000 /cmm 150000 - 450000  
Platelets Platelets are adequate with normal morphology.  
Parasites Malarial parasite is not detected.

This is an electronically authenticated report.

Approved By :   
Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 27-Jun-2022 10:03 AM

Approved On : 25-Jun-2022 02:19 PM  
Page 1 of 13



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> :
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : EDTA Whole Blood

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

**HEMATOLOGY**

**BLOOD GROUP & RH**

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

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

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR (After 1 hour)</b> <i>infra red measurement</i>	07	mm/hr	ESR AT 1 hour : 3-12
			ESR AT 2 hour : 13-20

**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 (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :**   
Dr. Dhvani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 02:19 PM  
Page 2 of 13



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Flouride F, Flouride PP

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

**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	95.3	mg/dL	70 - 110
---------------------------	------	-------	----------

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)	<b>167.8</b>	mg/dL	70 - 140
----------------------------------	--------------	-------	----------

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 04:47 PM



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Stool

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

**STOOL EXAMINATION**

Colour	Brown
Consistency	Semi Solid

**CHEMICAL EXAMINATION**

Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i>	Negative
Reaction <i>pH Strip Method</i>	Acidic

**MICROSCOPIC EXAMINATION**

Mucus	Nil
Pus Cells	Nil
Red Cells	Nil
Epithelial Cells	Nil
Vegetable Cells	Nil
Trophozoites	Nil
Cysts	Nil
Ova	Nil
Neutral Fat	Nil
Monilia	Nil
Note	-

**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.  
**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.  
**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 06:33 PM



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Serum

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

Lipid Profile

Cholesterol	258.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Triglyceride	271.40	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL Cholesterol	45.10	mg/dL	High Risk : < 40 Low Risk : = 60
LDL <i>Calculated</i>	158.62	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
VLDL <i>Calculated</i>	<b>54.28</b>	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	<b>3.52</b>		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	<b>5.72</b>		0 - 5.0

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 02:19 PM

Page 5 of 13



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Serum


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

**BIO - CHEMISTRY**

LFT WITH GGT

<b>Total Protein</b>	7.48	gm/dL	6.3 - 8.2
<b>Albumin</b>	5.03	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>	2.45	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	2.05		0.8 - 2.0
<b>SGOT</b>	50.50	U/L	0 - 40
<b>SGPT</b>	105.60	U/L	0 - 40
<b>Alakaline Phosphatase</b>	177.2	U/L	25 - 240
<b>Total Bilirubin</b>	0.63	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.10	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Sulph acid dpl/calf-benz</i>	0.53	mg/dL	0.0 - 1.1
<b>GGT</b>	70.50	mg/dL	15 - 73

This is an electronically authenticated report.

**Approved By :**   
**Dr. Dhvani Bhatt**  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 02:19 PM  
Page 6 of 13






**TEST REPORT**

<b>Reg. No</b>	: 206101481	<b>Ref Id</b>	:	<b>Collected On</b>	: 25-Jun-2022 01:28 PM
<b>Name</b>	: Ms. Meera J Vanparia			<b>Reg. Date</b>	: 25-Jun-2022 10:12 AM
<b>Age/Sex</b>	: 32 Years / Female	<b>Pass. No.</b>	:	<b>Tele No.</b>	: 8000863812
<b>Ref. By</b>	:			<b>Dispatch At</b>	:
<b>Location</b>	:			<b>Sample Type</b>	: Serum

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :**   
**Dr. Dhvani Bhatt**  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 02:19 PM  
Page 7 of 13



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Serum


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

**BIO - CHEMISTRY**

<b>Uric Acid</b>	7.99	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
<b>Creatinine</b>	0.45	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
<b>BUN</b>	7.10	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :**   
Dr. Dhvani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 02:19 PM



**TEST REPORT**

<b>Reg. No</b> :	206101481	<b>Ref Id</b> :		<b>Collected On</b> :	25-Jun-2022 01:28 PM
<b>Name</b> :	Ms. Meera J Vanparia	<b>Reg. Date</b> :		<b>Reg. Date</b> :	25-Jun-2022 10:12 AM
<b>Age/Sex</b> :	32 Years / Female	<b>Pass. No.</b> :		<b>Tele No.</b> :	8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :		<b>Dispatch At</b> :	
<b>Location</b> :		<b>Sample Type</b> :		<b>Sample Type</b> :	EDTA Whole Blood

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

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

<b>Hb A1C</b> <i>Boronate Affinity with Fluorescent Quenching</i>	6.4	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
<b>Mean Blood Glucose</b> <i>Calculated</i>	136.98	mg/dL	

**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)

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 04:47 PM  
Page 9 of 13



**TEST REPORT**

**Reg. No** : 206101481      **Ref Id** :      **Collected On** : 25-Jun-2022 01:28 PM  
**Name** : Ms. Meera J Vanparia      **Reg. Date** : 25-Jun-2022 10:12 AM  
**Age/Sex** : 32 Years / Female      **Pass. No.** :      **Tele No.** : 8000863812  
**Ref. By** :      **Dispatch At** :  
**Location** :      **Sample Type** : Urine Spot

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Quantity	15 cc
Colour	Pale Yellow
Clarity	Clear
Sediments	Nil


**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	6.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Bile Salt	Absent	
Bile Pigment	Absent	
Urobilinogen	Absent	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 2/hpf	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	1 - 2/hpf	/hpf
Calcium Oxalate	Absent	

This is an electronically authenticated report.

**Approved By** :   
Dr. Dhvani Bhatt  
MD (Pathology)

**Generated On** : 27-Jun-2022 10:03 AM

**Approved On** : 25-Jun-2022 06:33 PM  
Page 10 of 1




**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Urine Spot

Uric Acid	Absent
Triple Phosphate	Absent
Amorphous Material	Absent
Casts	Nil
Bacteria	Absent
Note	-

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

Approved By :   
Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 27-Jun-2022 10:03 AM

Approved On : 25-Jun-2022 06:33 PM



**TEST REPORT**

<b>Reg. No</b> : 206101481	<b>Ref Id</b> :	<b>Collected On</b> : 25-Jun-2022 01:28 PM
<b>Name</b> : Ms. Meera J Vanparia		<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Age/Sex</b> : 32 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8000863812
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> :		<b>Sample Type</b> : Serum

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

**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.31	ng/mL	0.6 - 1.81
---	------	-------	------------

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> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	10.50	ng/mL	3.2 - 12.6
--	-------	-------	------------


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

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

**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.

This is an electronically authenticated report.

**Approved By :**   
Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 27-Jun-2022 10:03 AM

**Approved On :** 25-Jun-2022 04:47 PM



**TEST REPORT**

**Reg. No** : 206101481      **Ref Id** :      **Collected On** : 25-Jun-2022 01:28 PM  
**Name** : Ms. Meera J Vanparia      **Reg. Date** : 25-Jun-2022 10:12 AM  
**Age/Sex** : 32 Years / Female      **Pass. No.** :      **Tele No.** : 8000863812  
**Ref. By** :      **Dispatch At** :  
**Location** :      **Sample Type** : Serum

**TSH**      1.234      µIU/ml      0.67 - 4.16  
*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 µIU/mL  
Second Trimester : 0.2 to 3.0 µIU/mL  
Third trimester : 0.3 to 3.0 µIU/mL  
Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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

# For tests performed on specimens received or collected from non-CHPL 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 said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.

This is an electronically authenticated report.

**Approved By** :   
Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On** : 27-Jun-2022 10:03 AM

**Approved On** : 25-Jun-2022 04:47 PM  
Page 13 of 1



**LABORATORY REPORT**

<b>Name</b> : Ms. Meera J Vanparia	<b>Reg. No</b> : 206101481
<b>Sex/Age</b> : Female/32 Years	<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Ref. By</b> :	<b>Collected On</b> : 25-Jun-2022 10:12 AM
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 25-Jun-2022 02:59 PM

**Electrocardiogram**

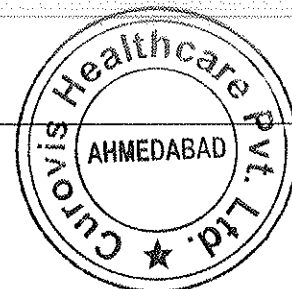
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report

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





Meera  
Uanparia

32

32 years

156 cm / 63 kg

Female

HR 74/min

P 10°

Intervals: QR5 62°

RR 808 ms T 54°

P 98 ms

PR 146 ms

QRS 78 ms

QT 390 ms

QTc 438 ms

(Bazett)

P (II) 0.09 mV

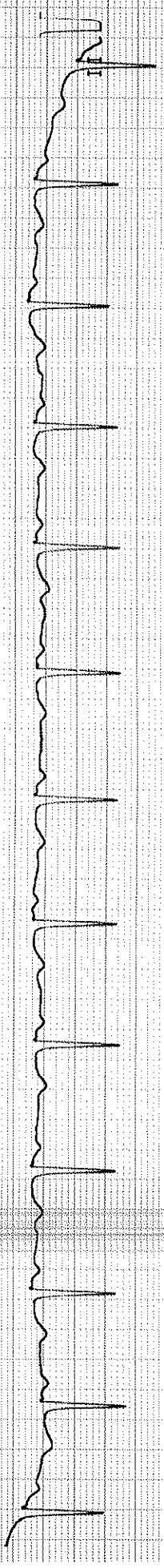
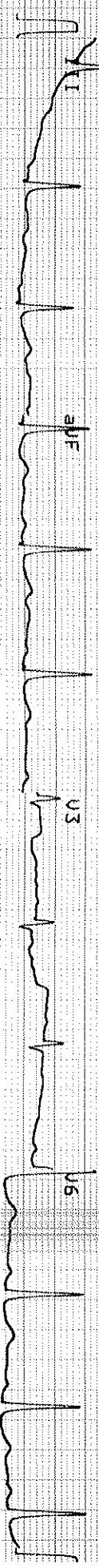
S (V1) -0.89 mV

R (V5) 1.16 mV

Sokol. 2.41 mV

10 mm/mV

10 mm/mV



25 mm/s  
10 mm/mV

SCHILLER 0.05-25 Hz F50 SSF S85 25.06.2022 11:52:08

CURVOIS HEALTHCARE

Part No. 2.157017M AT-102plus 1.24 C 0123



**LABORATORY REPORT**

<b>Name</b> : Ms. Meera J Vanparia	<b>Reg. No</b> : 206101481
<b>Sex/Age</b> : Female/32 Years	<b>Reg. Date</b> : 25-Jun-2022 10:12 AM
<b>Ref. By</b> :	<b>Collected On</b> : 25-Jun-2022 10:12 AM
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 25-Jun-2022 02:59 PM

**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. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

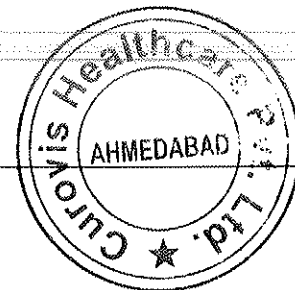
**CONCLUSION**

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

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

This is an electronically authenticated report

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





**LABORATORY REPORT**

Name	: Ms. Meera J Vanparia	Reg. No	: 206101481
Sex/Age	: Female/32 Years	Reg. Date	: 25-Jun-2022 10:12 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 25-Jun-2022 04:36 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.

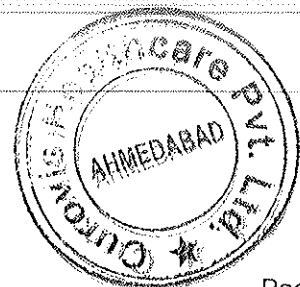
**COMMENT: No significant abnormality is detected.**

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

This is an electronically authenticated report

*atulpatel*

**DR.ATUL PATEL**  
M.D Radio-diagnosis





**LABORATORY REPORT**

<b>Name</b> :	Ms. Meera J Vanparia	<b>Reg. No</b> :	206101481
<b>Sex/Age</b> :	Female/32 Years	<b>Reg. Date</b> :	25-Jun-2022 10:12 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	25-Jun-2022 04:36 PM

**USG ABDOMEN**

**Liver** appears normal in size , show homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

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

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

**Spleen** appears normal in size & echopattern. No evidence of focal lesions.

**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 seen.

**Urinary bladder** contour is normal, no calculus or wall thickening seen.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of free fluid in peritoneal cavity.

*No evidence of para-aortic lymph adenopathy.*

*No evidence of dilated small bowel loops,*

**COMMENTS :**

**Normal study.**

This is an electronically authenticated report

**DR. ATUL PATEL**  
M.D Radio-diagnosis





## LABORATORY REPORT

<b>Name</b>	: Ms. Meera J Vanparia	<b>Reg. No</b>	: 206101481
<b>Sex/Age</b>	: Female/32 Years	<b>Reg. Date</b>	: 25-Jun-2022 10:12 AM
<b>Ref. By</b>	:	<b>Collected On</b>	: 25-Jun-2022 10:12 AM
<b>Client Name</b>	: Mediwheel	<b>Report Date</b>	: 25-Jun-2022 02:55 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP:-0.50

CY: -0.25

AX: 45

#### LEFT EYE

SP : -0.75

CY : +0.00

AX :00

	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.

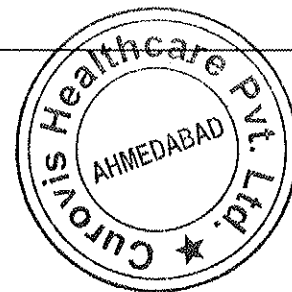
Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report

Dr Kejal Patel  
MB,DO(Ophth)

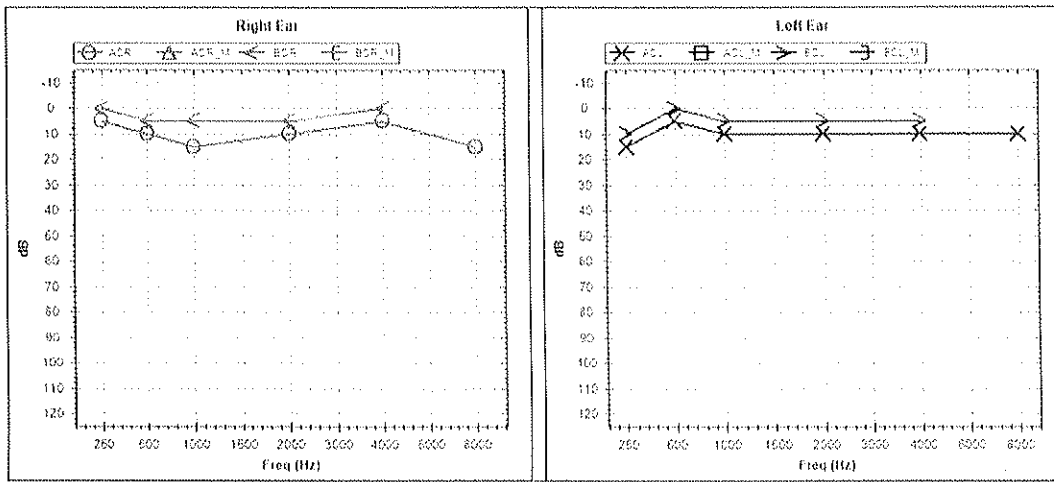


CLIENT NAME:- MEERA VANPARIA.

AGE:- 32Y / F

DATE:- 25/06/2022.

## AUDIOGRAM



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

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

