



LABORATORY REPORT

Name : Ms. Poulami Saha
Sex/Age : Female/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 206101093
Reg. Date : 17-Jun-2022 09:02 AM
Collected On :
Report Date : 17-Jun-2022 03:58 PM

Medical Certificate

GENERAL EXAMINATION

Height (cms) : 156

Weight (kgs) : 68.3

Blood Pressure : 130/80mmHg

Pulse : 84/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

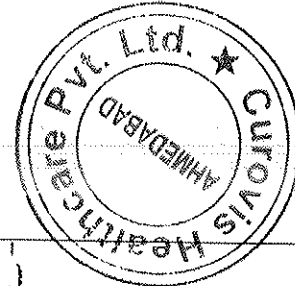
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

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



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Jay Soni

Dr. Jay Soni
M.D, GENERAL MEDICINE

Download Date: 03/07/2020

भारत सरकार
INDIA

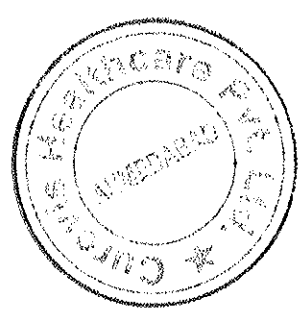
पौलामि साहा
Poulami Saha
%ca% 19/05/1990
FEMALE
Mobile No: 9007032183

3301 8782 4573
VID : 9144 7738 4872 7533

আমার পরিচয়, আমার পরিচয়

Issue Date: 08/02/2020

Dr. Jay Soni
M-9007032183
Poulami Saha



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



TEST REPORT

Reg. No : 206101093	Ref Id :	Collected On :
Name : Ms. Poulami Saha		Reg. Date : 17-Jun-2022 09:02 AM
Age/Sex : 32 Years / Female	Pass. No. :	Tele No. : 9007032183
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 (Spectrophotometric Measurement)	L 11.1	g/dL	12.5 - 16.0
Hematocrit (Calculated)	37.10	%	37 - 47
RBC Count (Volumetric Impedance)	H 5.77	million/cmm	4.2 - 5.4
MCV (Calculated)	L 64.2	fL	78 - 100
MCH (Calculated)	L 19.3	Pg	27 - 31
MCHC (Calculated)	L 30.0	%	31 - 35
RDW (Calculated)	H 16.4	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	H 10680	/cmm	4000 - 10500
MPV (Calculated)	H 10.8	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	55.30	%	42.02 - 75.2	5906 /cmm	2000 - 7000
Lymphocytes (%)	39.30	%	20 - 45	4197 /cmm	1000 - 3000
Eosinophils (%)	1.20	%	0 - 6	406 /cmm	200 - 1000
Monocytes (%)	3.80	%	2 - 10	128 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	43 /cmm	0 - 100

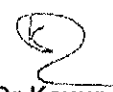
PERIPHERAL SMEAR STUDY

RBC Morphology Microcytic+ Hypochromic+ & Anisocytosis +
WBC Morphology Leucocytosis.

PLATELET COUNTS

Platelet Count (Volumetric Impedance) 355000 /cmm 150000 - 450000
Platelets Platelets are adequate with normal morphology.
Parasites Malarial parasite is not detected.

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Approved By : 
Dr. Keyur
M.B.DCP

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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	"A"
Rh (D)	Negative
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

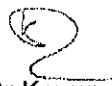
ESR (After 1 hour)	02	mm/hr	ESR AT 1 hour : 3-12
<i>Infra red measurement</i>			ESR AT 2 hour : 13-20

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 (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.

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TEST REPORT

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Age/Sex : 32 Years / Female **Pass. No.** : **Tele No.** : 9007032183
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum,Flouride PP

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

Fasting Blood Sugar (FBS)	93.40	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)	95.4	mg/dL	70 - 140
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Dr. Dhvani Bhatt
MD (Pathology)

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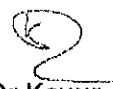
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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	160.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Triglyceride	90.40	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL Cholesterol	74.20	mg/dL	High Risk : < 40 Low Risk : = 60
LDL <i>Calculated</i>	67.72	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>	18.08	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	0.91		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.16		0 - 5.0

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Location : CHPL		Sample Type : Serum


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BIO - CHEMISTRY

LFT WITH GGT

Total Protein	7.38	gm/dL	6.3 - 8.2
Albumin	4.99	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>	2.39	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.09		0.8 - 2.0
SGOT	17.80	U/L	0 - 40
SGPT	14.70	U/L	0 - 40
Alakaline Phosphatase	139.8	U/L	38 - 126
Total Bilirubin	1.49	mg/dL	0 - 1.2
Conjugated Bilirubin	0.56	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Sulph acid dpl/calf-benz</i>	0.93	mg/dL	0.0 - 1.1
GGT	15.50	mg/dL	15 - 73

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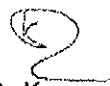
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BIO - CHEMISTRY

Uric Acid	3.41	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine	0.64	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN	9.20	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

Hb A1C <i>Boronate Affinity with Fluorescent Quenching</i>	5.3	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
--	-----	---------------	--

Mean Blood Glucose <i>Calculated</i>	105.41	mg/dL
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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 HbA(HbS)

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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
Sediments	Nil

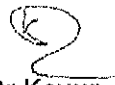
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	4.6 - 8.0
Sp. Gravity	1.025	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	Nil	/hpf
Calcium Oxalate	Absent	

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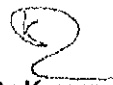
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Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Urine Spot

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

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Location	: CHPL			Sample Type	: Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.98	ng/mL	0.6 - 1.81
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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>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	7.30	ng/mL	3.2 - 12.6
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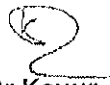
Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly 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 1.980 μ IU/ml 0.67 - 4.16
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

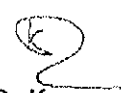
Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. 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 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 -----

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. Keyur
M.B.DCP

Generated On : 17-Jun-2022 06:59 PM

Approved On : 17-Jun-2022 03:44 PM
Page 12 of 1



LABORATORY REPORT

Name : Ms. Poulami Saha
Sex/Age : Female/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 206101093
Reg. Date : 17-Jun-2022 09:02 AM
Collected On : 17-Jun-2022 09:02 AM
Report Date : 17-Jun-2022 03:57 PM

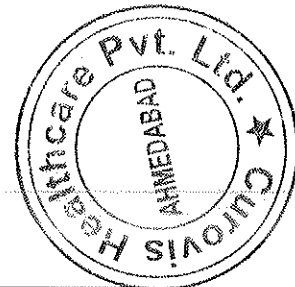
Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

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



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

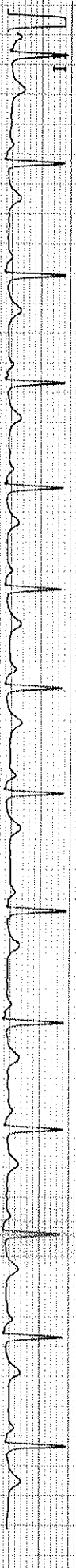
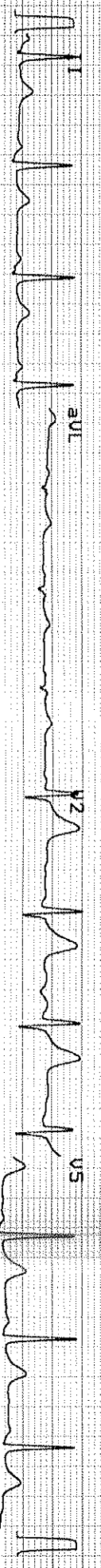
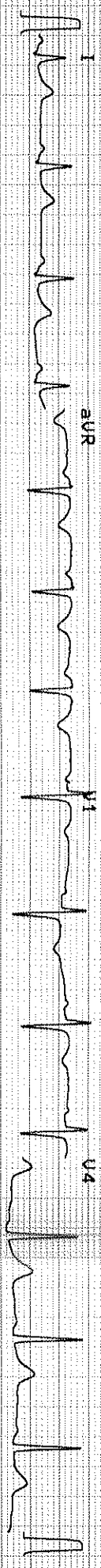
Page 1 of 1

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'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad-380054, Gujarat.

Poulami Saha
 6 years
 Female
 156 cm / 68 kg

HR 84/min Axis: P 41°
 Intervals: QR5 56°
 RR 712 ms T 24°
 P 94 ms
 PR 130 ms P (II) 0.12 mV
 QR5 74 ms S (VI) -0.97 mV
 QT 342 ms R (V5) 1.44 mV
 QTc 407 ms Sokol. 2.41 mV
 (Bazett)
 10 mm/mV



10 mm/mV
 25 mm/s
 SCHLICKER
 0.05-25 Hz FS0 S5E S8S 17.06.2022 09:04:18
 CURIOUS HEALTHCARE
 Poulami Saha
 RT-102plus 1.24 C
 Part No: 2157037M © 2015



LABORATORY REPORT

Name : Ms. Poulami Saha
Sex/Age : Female/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 206101093
Reg. Date : 17-Jun-2022 09:02 AM
Collected On :
Report Date : 17-Jun-2022 03:58 PM

2D Echo Colour Doppler

OBSERVATION:

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

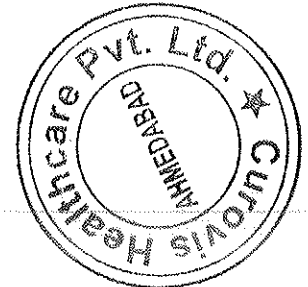
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Mild Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 42 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Mild 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.

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



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name	: Ms. Poulami Saha	Reg. No	: 206101093
Sex/Age	: Female/32 Years	Reg. Date	: 17-Jun-2022 09:02 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 17-Jun-2022 04:37 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.

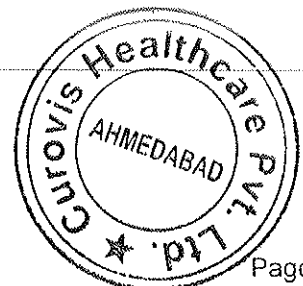
COMMENT: No significant abnormality is detected.

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

This is an electronically authenticated report

atulpatel

DR.ATUL PATEL
M.D Radio-diagnosis



Page 2 of 2

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LABORATORY REPORT

Name	: Ms. Poulami Saha	Reg. No	: 206101093
Sex/Age	: Female/32 Years	Reg. Date	: 17-Jun-2022 09:02 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 17-Jun-2022 04:37 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 biliary or portal radicals. PV is normal in caliber.

Gall bladder is not seen-post cholecystectomy status.

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 shows **38.2 x 35.4 mm sized posterior wall uterine fibroid.** 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,

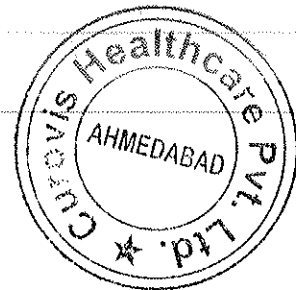
COMMENTS :

Sub serosal posterior wall uterine fibroid.

This is an electronically authenticated report

atulpatel

DR.ATUL PATEL
M.D Radio-diagnosis





LABORATORY REPORT

Name :	Ms. Poulami Saha	Reg. No :	206101093
Sex/Age :	Female/32 Years	Reg. Date :	17-Jun-2022 09:02 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	17-Jun-2022 01:52 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -6.00

CY: -1.00

AX: 28

LEFT EYE

SP : -4.50

CY : -1.50

AX :28

	Without Glasses	With Glasses
Right Eye	6/60	6/5
Left Eye	6/60	6/5

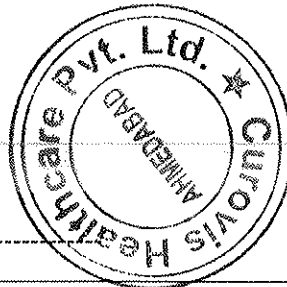
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

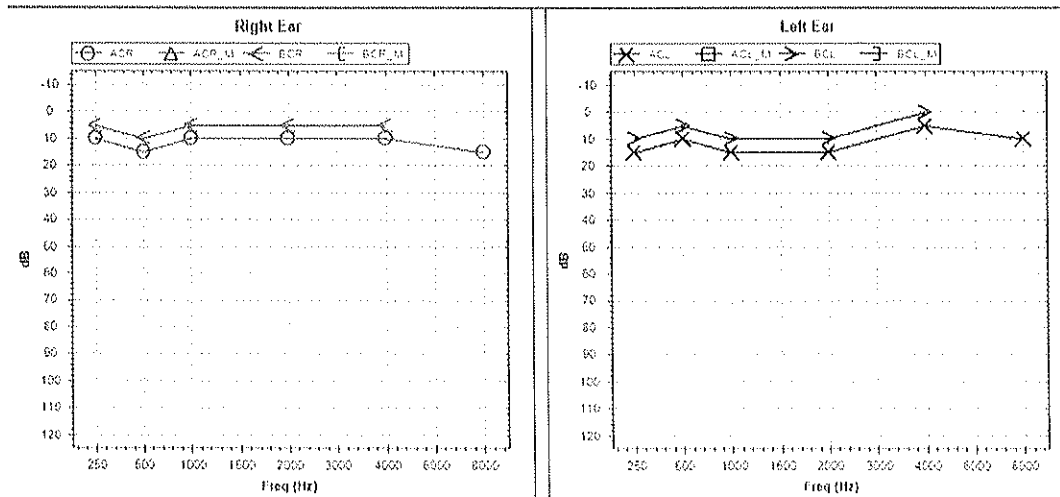
Dr Kejal Patel
MB,DO(Ophth)

CLIENT NAME: - POULAMI SAHA.

AGE: 32Y/ F

Date: 17/06/2022.

AUDIOGRAM



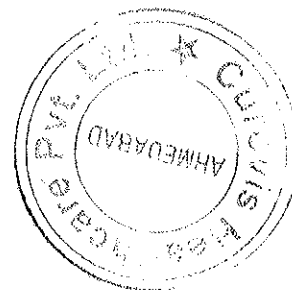
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	◻	>	Blue
RIGHT		△	○	◻	<	Blue

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10	10.5
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.



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