



LABORATORY REPORT

Name :	Mr. Sushant Kumar Navinkumar Jha	Reg. No :	306101115
Sex/Age :	Male/31 Years	Reg. Date :	24-Jun-2023 10:26 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Jun-2023 02:23 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :172

Weight (kgs) :80.9

Blood Pressure : 130/70mmHg

Pulse :81 /Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

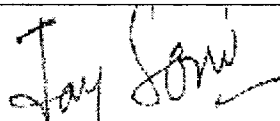
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni

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CUROVIS HEALTHCARE PVT. LTD.

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


TEST REPORT

Reg. No : 306101115	Ref Id :	Collected On : 24-Jun-2023 10:26 AM
Name : Mr. Sushant Kumar Navinkumar Jha		Reg. Date : 24-Jun-2023 10:26 AM
Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 9811460266
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)

Hemoglobin (Colorimetric method)	14.0	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 39.90	%	47 - 52
RBC Count (Electrical Impedance)	L 4.53	million/cmm	4.7 - 6.0
MCV (Calculated)	88.1	fL	78 - 110
MCH (Calculated)	30.9	Pg	27 - 31
MCHC (Calculated)	H 35.1	%	31 - 35
RDW (Calculated)	13.5	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	5590	/cmm	4000 - 10500
MPV (Calculated)	10.3	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	46.60	%	42.0 - 75.2	2605 /cmm	2000 - 7000
Lymphocytes (%)	44.40	%	20 - 45	2482 /cmm	1000 - 3000
Eosinophils (%)	4.10	%	0 - 6	257 /cmm	200 - 1000
Monocytes (%)	4.60	%	2 - 10	229 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	17 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 175000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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* This test has been out sourced.

Approved By : 
 Dr. Bhavi Patel
 MD (Pathology)

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMATOLOGY

BLOOD GROUP & RH

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

ABO "B"

Rh (D) Positive

Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour 05 mm/hr ESR AT 1 hour : 1-7
Westergreen method

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 polycythemia, 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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Dr. Bhavi Patel
MD (Pathology)

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Age/Sex :	31 Years / Male	Pass. No. :		Tele No. :	9811460266
Ref. By :		Dispatch At :		Sample Type :	Flouride F, Flouride PP
Location :	CHPL				

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	105.40	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

1. HbA1c ≥ 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 ≥ 200 mg/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 ≥ 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>	132.0	mg/dL	70 - 140
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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	237.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
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Enzymatic, colorimetric method

Triglyceride	119.50	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
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Enzymatic, colorimetric method

HDL Cholesterol	39.60	mg/dL	High Risk : < 40 Low Risk : = 60
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Accelerator selective detergent method

LDL	173.50	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
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Calculated

VLDL	23.90	mg/dL	15 - 35
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Calculated

LDL / HDL RATIO	4.38		0 - 3.5
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Calculated

Cholesterol /HDL Ratio	5.98		0 - 5.0
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Calculated

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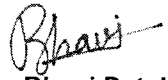
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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	7.41	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>	5.09	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>	2.32	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.19		0.8 - 2.0
SGOT <i>UV without P5P</i>	66.30	U/L	0 - 40
SGPT <i>UV without P5P</i>	107.00	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	81.4	IU/l	53 - 128
Total Bilirubin <i>Vanadate Oxidation</i>	0.72	mg/dL	0 - 1.2
Conjugated Bilirubin	0.17	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.55	mg/dL	0.0 - 1.1

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Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 9811460266
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum
GGT SZASZ Method	43.30	mg/dL < 49

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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	6.68	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.93	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	8.90	mg/dL	6.0 - 20.0

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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	25 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5	4.6 - 8.0
Sp. Gravity	1.025	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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Location : CHPL		Sample Type : Serum

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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	1.11	ng/mL	0.86 - 1.92
--	------	-------	-------------

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>	9.60	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxine (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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 Dr. Bhavi Patel
 MD (Pathology)

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Location : CHPL		Sample Type : Serum

TSH 1.870 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
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

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.55	ng/mL	0 - 4
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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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Client Name :	Mediwheel	Report Date :	24-Jun-2023 02:14 PM

Electrocardiogram

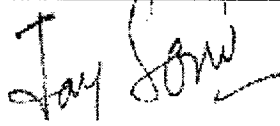
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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SUSHRNT KUMAR

HR 81/min

P Axis: 36°

31 years

Intervals: RR 744 ms

QRS 39°

Male

P 184 ms

T 36°

172 cm / 81 kg

PR 134 ms

P (II) 0.12 mV

QRS 92 ms

S (V1) -0.67 mV

QT 344 ms

R (V5) 1.38 mV

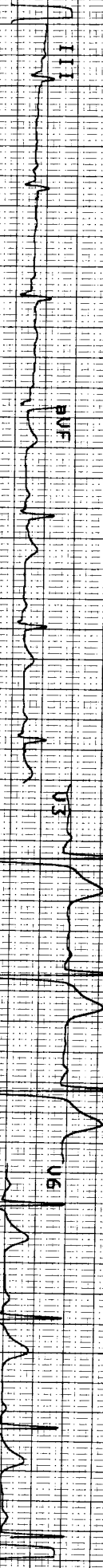
QTc 400 ms

Sokol. 3.74 mV

(Bazett)

10 mm/mV

10 mm/mV



10 mm/mV

125 mm/s

0.05-25 Hz F50 5SE 585 24.06.2023 10:54:16

CURIOUS HEALTHCARE

Sushrnt Kumar

RT-102Plus 1.24 C

Part No.2.157017M C6 0123 L80



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Client Name : Mediwheel

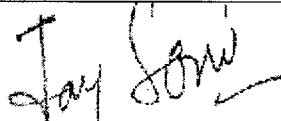
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2D Echo Colour Doppler

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: 40mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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Client Name :	Mediwheel	Report Date :	24-Jun-2023 04:12 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
Reg No:0494



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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

Name :	Mr. Sushant Kumar Navinkumar Jha	Reg. No :	306101115
Sex/Age :	Male/31 Years	Reg. Date :	24-Jun-2023 10:26 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	24-Jun-2023 04:12 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**

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

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494



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



LABORATORY REPORT

Name : Mr. Sushant Kumar Navinkumar Jha
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 306101115
Reg. Date : 24-Jun-2023 10:26 AM
Collected On :
Report Date : 24-Jun-2023 02:03 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +1.25

CY: -2.00

AX: 72

LEFT EYE

SP : -1.75

CY : -0.75

AX :81

	Without Glasses	With Glasses
Right Eye	6/9	6/5
Left Eye	6/12	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, DD (Phd)

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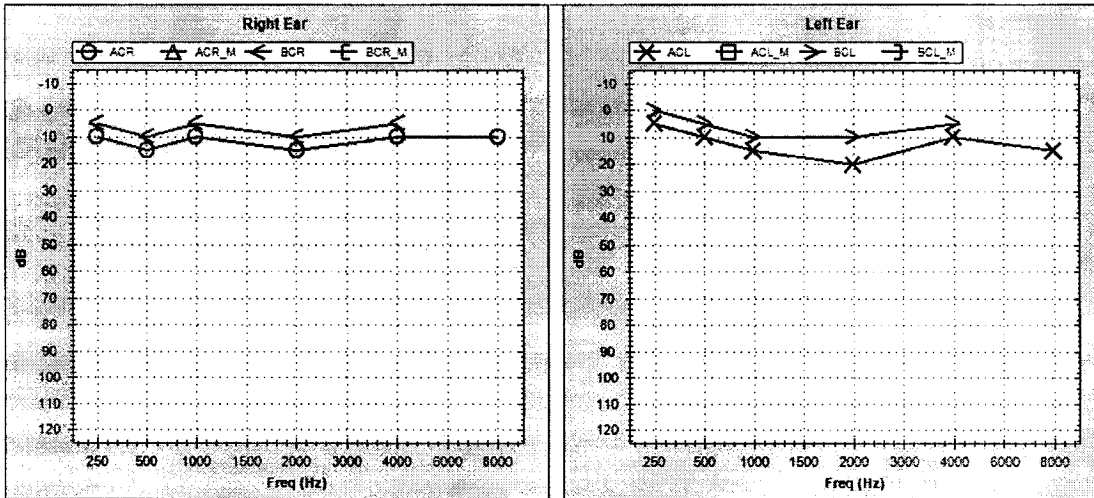


LABORATORY REPORT

Name : Mr. Sushant Kumar Navinkumar Jha
 Sex/Age : Male/31 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 306101115
 Reg. Date : 24-Jun-2023 10:26 AM
 Collected On :
 Report Date : 24-Jun-2023 02:03 PM

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	10	10
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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