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LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	27-Aug-2022 10:29 AM
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:00 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :164

Weight (kgs) :63.0

Blood Pressure : 108/70mmHg

Pulse : 76/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

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

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

Sneha

9537800739

(Sneha kumari)

Age- 35

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

Cadila Healthcare Ltd.
AHMEDABAD

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TEST REPORT

Reg. No	: 208101478	**Ref Id**	:	**Collected On**	: 27-Aug-2022 10:29 AM
Name	: Mrs. Sneha Kumari			**Reg. Date**	: 27-Aug-2022 10:28 AM
Age/Sex	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: EDTA Whole Blood

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Results	Unit	Biological Ref. Interval
Hemoglobin (Spectrophotometric Measurement)	12.7	g/dL	12.5 - 16.0
Hematrocrit (Calculated)	39.40	%	37 - 47
RBC Count (Volumetric Impedance)	4.70	million/cmm	4.2 - 5.4
MCV (Calculated)	83.7	fL	78 - 100
MCH (Calculated)	27.1	Pg	27 - 31
MCHC (Calculated)	32.4	%	31 - 35
RDW (Calculated)	13.6	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	8500	/cmm	4000 - 10500
MPV (Calculated)	H **11.4**	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	72.80	%	42.02 - 75.2	6188	/cmm	2000 - 7000
Lymphocytes (%)	L **19.40**	%	20 - 45	1649	/cmm	1000 - 3000
Eosinophils (%)	2.40	%	0 - 6	425	/cmm	200 - 1000
Monocytes (%)	5.00	%	2 - 10	204	/cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	34	/cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology	Normocytic and Normochromic.		
WBC Morphology	Normal		

PLATELET COUNTS

Platelet Count (Volumetric Impedance)	172000	/cmm	150000 - 450000
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
Comment	-		

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MB,DCP

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Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"B"		
Rh (D)	Positive		
Note	-		

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR (After 1 hour) *Infra red measurement*	21	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20

ERYTHRO SEDIMENTION 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 prenancy 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 (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
FASTING PLASMA GLUCOSE			
Specimen: Flouride plasma			
Fasting Blood Sugar (FBS)	97.3	mg/dL	70 - 110
GOD-POD for glucose.			

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 >/= 200mg/dL during an oral glucose tolerence 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)	81.8	mg/dL	70 - 140
GOD-POD for glucose.			

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

Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	194.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Enzymatic, colorimetric method			
Triglyceride	108.20	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
Enzymatic, colorimetric method			
HDL Cholesterol	46.50	mg/dL	High Risk : < 40 Low Risk : = 60
Accelerator selective detergent method			
LDL	125.86	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
Calculated			
VLDL	21.64	mg/dL	15 - 35
Calculated			
LDL / HDL RATIO	2.71		0 - 3.5
Calculated			
Cholesterol /HDL Ratio	4.17		0 - 5.0
Calculated			

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

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
LFT WITH GGT			
Total Protein *Biuret Reaction*	7.37	gm/dL	6.3 - 8.2
Albumin *By Bromocresol Green*	5.34	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 *Calculated*	**2.03**	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	**2.63**		0.8 - 2.0
SGOT *UV without P5P*	25.60	U/L	0 - 40
SGPT *UV without P5P*	21.90	U/L	0 - 40
Alakaline Phosphatase *p - Nitrophenylphosphate (PNPP)*	172.1	U/L	25 - 240
Total Bilirubin *Vanadate Oxidation*	0.66	mg/dL	0 - 1.2
Conjugated Bilirubin	0.19	mg/dL	0.0 - 0.4
Unconjugated Bilirubin *Sulph acid dpl/caff-benz*	0.47	mg/dL	0.0 - 1.1
GGT *SZASZ Method*	19.90	mg/dL	15 - 73

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

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

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Uric Acid *Enzymatic, colorimetric method*	4.61	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine *Enzymatic Method*	0.62	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN *UV Method*	10.9	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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Age/Sex	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
HEMOGLOBIN A1 C ESTIMATION **Specimen: Blood EDTA**			
*Hb A1C	5.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
Boronate Affinity with Fluorescent Quenching			
Mean Blood Glucose	99.67	mg/dL	
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 throught 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 measurnment which eflects 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:

*Errneous 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	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: Urine Spot

Test	Result	Unit	Biological Ref. Interval
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)			
pH	5		4.6 - 8.0
Sp. Gravity	1.005		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Nil		
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	
Crystals	Absent		
Casts	Absent		
Amorphous Material	Absent		
Bacteria	Absent		

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

Remarks -

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Age/Sex	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: Serum

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
THYROID FUNCTION TEST			
***T3 (Triiodothyronine)** *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	1.00	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.

***T4 (Thyroxine)** *CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*	7.35	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.

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Age/Sex	: 35 Years / Female	**Pass. No.**	:	**Tele No.**	: 9537800739
Ref. By	:			**Dispatch At**	:
Location	:			**Sample Type**	: Serum

***TSH**	4.018	µIU/ml	0.55 - 4.78
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-relasing 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
Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

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

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LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	27-Aug-2022 10:29 AM
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:00 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

Curovis Healthcare Pvt. Ltd. Vadodara

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

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

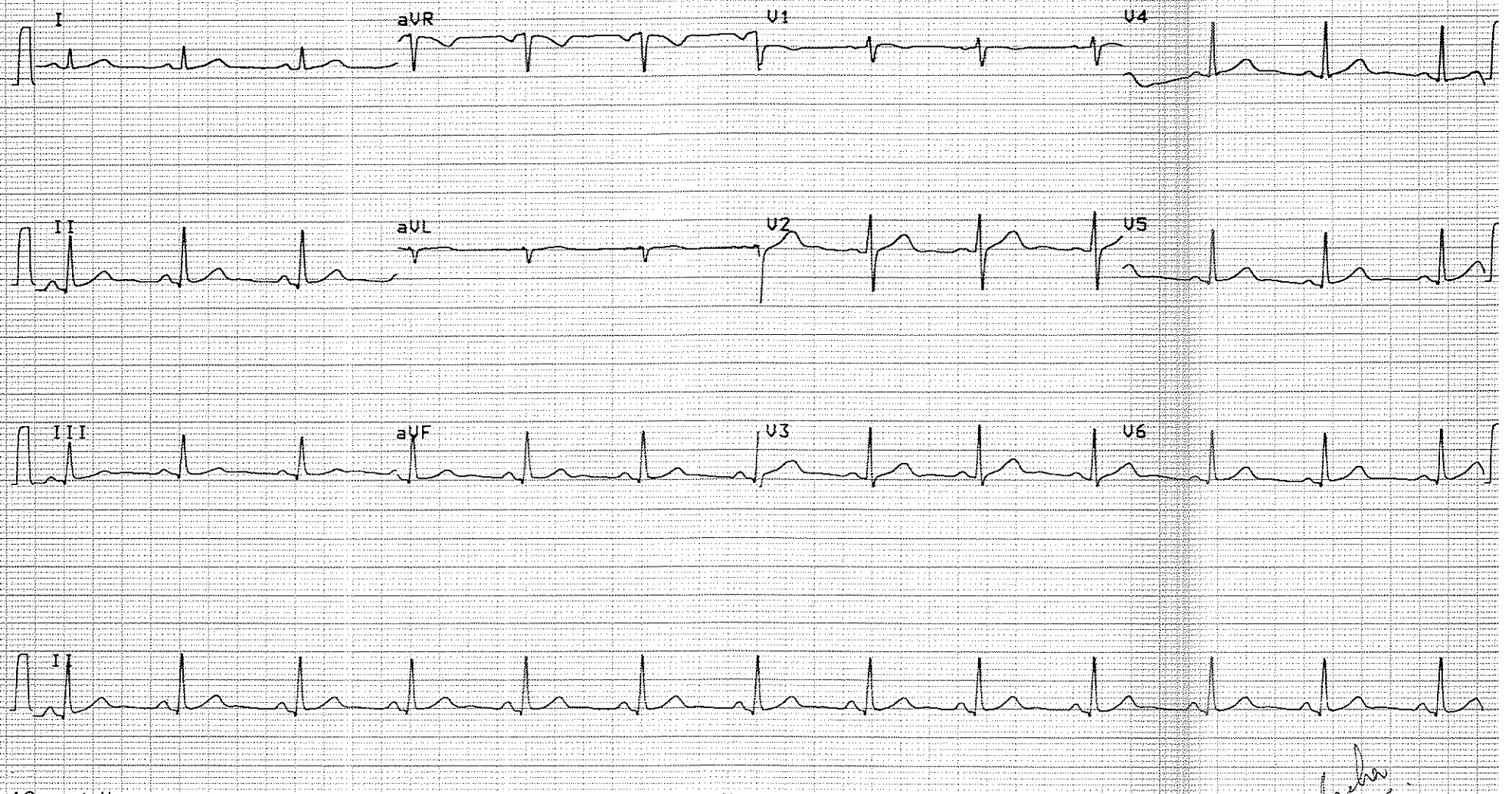
Sneha
Kumari
38
..... Female
35 years
164 cm / 63 kg

HR 76/min
Intervals:
RR 788 ms
P 94 ms
PR 130 ms
QRS 72 ms
QT 352 ms
QTC 400 ms
(Bazett)

Axis:
P 56 °
QRS 64 °
T 43 °

P (II) 0.14 mV
S (V1) -0.35 mV
R (V5) 1.11 mV
Sokol. 2.06 mV

10 mm/mV



10 mm/mV

CUROVIS HEALTHCARE

25 mm/s 0.05-25 Hz F50 SSF SBS 27.08.2022 11:27:54 AT-102plus 1.24

SCHILLER

curovis
Accuracy, Care. Forever

LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	27-Aug-2022 10:29 AM
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:00 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. RVSP = 30 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. 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.

Curovis Healthcare Pvt. Ltd.

This is an electronically authenticated report

Dr.Jay Soni
M.D, GENERAL MEDICINE

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

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LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:50 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

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

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LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:51 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 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 on either side.

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

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 :
NO SIGNIFICANT ABNORMALITY DETECTED.

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DR DHAVAL PATEL
Consultant Radiologist
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Reg No:0494

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LABORATORY REPORT

Name	:	Mrs. Sneha Kumari	**Reg. No**	:	208101478
Sex/Age	:	Female/35 Years	**Reg. Date**	:	27-Aug-2022 10:28 AM
Ref. By	:		**Collected On**	:	27-Aug-2022 10:29 AM
Client Name	:	Mediwheel	**Report Date**	:	27-Aug-2022 03:21 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:+0.25

CY: +0.0

AX: 0

LEFT EYE

SP : +0.00

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.

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report

Dr Kejal Patel
MB,DO(Ophth)

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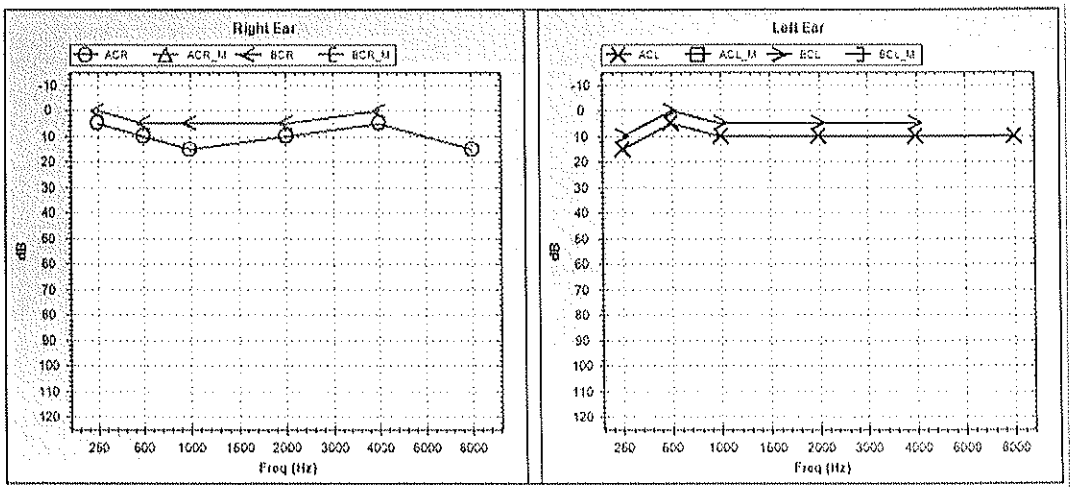
CLIENT NAME:- SNEHA KUMARI.

AGE:- 35Y/ F

DATE:- 27/08/2022.

AUDIOGRAM



MODE / EAR	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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

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