ભારત સરકાર
Government of India

Issue Date: 12/02/2016

તુલસી ઘનશ્યામભાઈ કબીરા
Tulsi Ghanshyambhai Kabira
જન્મ તારીખ/DOB: 04/03/1991
પુરુષ/ MALE

3253 6960 5792
VID : 9151 9393 7947 0888

મારો આધાર મારી ઓળખ

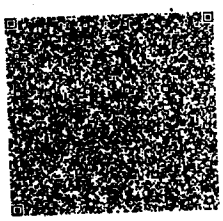
T.G.Kabira

9714981872

Unique [redacted] Authority of India

સરનામું :
પિતા/માતાનું નામ: ઘનશ્યામભાઈ, 8, ગોકુલનગર, વાઈ. એમ.સી.એ. ક્લબ પાછડ, વેજલપુર, અમદાવાદ શહેર, અમદાવાદ,
ગુજરાત - 380015

Address:
S/O: Ghanshyambhai, 8, gokulnagar, B/h y.m.c.a. club, vejalpur, Ahmedabad City, Ahmedabad,
Gujarat - 380015



3253 6960 5792
VID : 9151 9393 7947 0888

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LABORATORY REPORT

Name	:	Mr. Tulsi G Kabira	**Reg. No**	:	409100702
Sex/Age	:	Male/33 Years	**Reg. Date**	:	14-Sep-2024 09:02 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 07:27 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 167

Weight (kgs) : 59.70

Blood Pressure : 124/74mmHg

Pulse : 70/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. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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TEST REPORT

Reg. No	: 409100702	**Ref Id**	:	**Collected On**	: 14-Sep-2024 09:11 AM
Name	: Mr. Tulsi G Kabira			**Reg. Date**	: 14-Sep-2024 09:02 AM
Age/Sex	: 33 Years / Male	**Pass. No.**	:	**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

COMPLETE BLOOD COUNT (CBC)

Parameter	Results	Unit	Biological Ref. Interval
Hemoglobin (Colorimetric method)	L **13.1**	g/dL	13.5 - 18
Hematrocrit (Calculated)	L **37.90**	%	40 - 50
RBC Count (Electrical Impedance)	L **4.17**	million/cmm	4.73 - 5.5
MCV (Calculated)	90.7	fL	83 - 101
MCH (Calculated)	31.3	Pg	27 - 32
MCHC (Calculated)	34.5	%	31.5 - 34.5
RDW (Calculated)	L **10.6**	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	5670	/cmm	4000 - 10000
MPV (Calculated)	10.7	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]		EXPECTED VALUES
Neutrophils (%)	43.40	%	40 - 80	2461	/cmm	2000 - 7000
Lymphocytes (%)	H **44.20**	%	20 - 40	2506	/cmm	1000 - 3000
Eosinophils (%)	3.60	%	0 - 6	482	/cmm	200 - 1000
Monocytes (%)	8.50	%	2 - 10	204	/cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	17	/cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology	Normocytic and Normochromic.		
WBC Morphology	Normal		

PLATELET COUNTS

Platelet Count (Electrical Impedance) Electrical Impedance	173000	/cmm	150000 - 450000
Platelets	Platelets are adequate with normal morphology.		
Parasites	Malarial parasite is not detected.		
Comment	-		

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Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 14-Sep-2024 10:30 AM

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Age/Sex	: 33 Years / Male	**Pass. No.** :	**Tele No.**	: 9714981872
Ref. By	:		**Dispatch At**	:
Sample Type	: EDTA		**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO *Tube Agglutination (Forward & Reverse grouping) Method*	"O"		
Rh (D) *Tube Agglutination (Forward & Reverse grouping) Method*	Positive		
Note	-		

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour *Westergreen method*	03	mm/hr	ESR AT 1 hour : 1-7

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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Approved By : Dr. Purvish Darji
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Approved On : 14-Sep-2024 05:05 PM

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Age/Sex	: 33 Years / Male	**Pass. No.**	:	**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Flouride F,Flouride PP			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Fasting Blood Sugar (FBS) *GOD-POD Method*	99.40	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) *GOD-POD Method*	73.9	mg/dL	70 - 140

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Approved On : 14-Sep-2024 02:56 PM

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Age/Sex	: 33 Years / Male	**Pass. No.** :	**Tele No.**	: 9714981872
Ref. By	:		**Dispatch At**	:
Sample Type	: Serum		**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	235.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
Cholesterol Oxidase, esterase, peroxidase			
Triglyceride	75.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
Glycerol-3-Phosphate Oxidase Peroxidase			
HDL Cholesterol	51.30	mg/dL	Low : <40 High : >60
4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD			
LDL	168.66	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
Calculated			
VLDL	15.04	mg/dL	15 - 35
Calculated			
LDL / HDL RATIO	3.29		0 - 3.5
Calculated			
Cholesterol /HDL Ratio	4.58		0 - 5.0
Calculated			

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MD (Pathology)

Approved On : 14-Sep-2024 11:08 AM

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Age/Sex	: 33 Years / Male	**Pass. No.** :		**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	6.91	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year : 6.0-8.0 Adults : 6.6-8.7
Biuret Reaction			
Albumin	4.73	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
Bromocresol Green			
Globulin (Calculated)	**2.18**	g/dL	2.3 - 3.5
Calculated			
A/G Ratio (Calulated)	**2.17**		0.8 - 2.0
SGOT	18.20	U/L	0 - 35
L-Aspartate a - Ketoglutarate			
SGPT	17.20	U/L	0 - 45
Pyruvate to Lactate - IFCC			
Alakaline Phosphatase	102.3	IU/l	53 - 128
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			

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Approved On : 14-Sep-2024 11:14 AM

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Age/Sex	: 33 Years / Male	**Pass. No.**	:	**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Total Bilirubin	0.57	mg/dL	Cord : Premature & full term : <2.0 0-1 day : Premature : <8.0 0-1 day : Full term : 1.4 - 8.7 1-2 day : Premature : <12 1-2 day : Full term : 3.4 - 11.5 3-5 day : Premature : <16 3-5 day : Full term : 1.5 - 12.0 Adult : 0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin	0.07	mg/dL	0.0 - 0.4
Vanadate			
Indirect Bilirubin	0.50	mg/dL	0.0 - 1.1
Calculated			
GGT	29.60	U/L	< 55
Y-Glutamyltransferase - IFCC			

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Age/Sex	: 33 Years / Male	**Pass. No.**	:	**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
BIO - CHEMISTRY			
Uric Acid *Uricase - Peroxidase*	3.60	mg/dL	3.5 - 7.2
Creatinine *Enzymatic Method*	1.01	mg/dL	0.7 - 1.3
BUN *Urease - UV Method*	11.10	mg/dL	6.0 - 20.0

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Age/Sex	: 33 Years / Male	**Pass. No.** :		**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: EDTA			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
HEMOGLOBIN A1 C ESTIMATION **Specimen: Blood EDTA**			
*Hb A1C	5.0	% 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	96.80	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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Approved On : 14-Sep-2024 04:29 PM

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Age/Sex	: 33 Years / Male	**Pass. No.** :	**Tele No.**	: 9714981872
Ref. By	:		**Dispatch At**	:
Sample Type	: Urine Spot		**Location**	: CHPL

Test	Result	Unit	Biological Ref. Interval
URINE ROUTINE EXAMINATION			
PHYSICAL EXAMINATION			
Quantity	20 cc		
Colour	Pale Yellow		
Clarity	Clear		Clear
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)			
pH	6		4.6 - 8.0
Sp. Gravity	1.025		1.001 - 1.035
Protein	Nil		Nil
Glucose	Nil		Nil
Ketone Bodies	Nil		Nil
Urobilinogen	Nil		Nil
Bilirubin	Nil		Nil
Nitrite	Nil		Nil
Blood	Nil		Nil
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)			
Leucocytes (Pus Cells)	Occasional/hpf		Nil
Erythrocytes (Red Cells)	Nil		Nil
Epithelial Cells	Occasional		Nil
Crystals	Absent		Absent
Casts	Absent		Absent
Amorphous Material	Absent		Absent
Bacteria	Absent		Absent
Remarks	-		

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Age/Sex	: 33 Years / Male	**Pass. No.** :		**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
THYROID FUNCTION TEST			
T3 (Triiodothyronine) *CLIA-Sandwich Immunoassay*	1.04	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) *CLIA-Sandwich Immunoassay*	8.30	µg/dL	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	: 33 Years / Male	**Pass. No.**	:	**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

TSH *CLIA-Sandwich Immunoassay*	1.540	µIU/ml	0.35 - 5.50

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

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TEST REPORT

Reg. No	: 409100702	**Ref Id** :		**Collected On**	: 14-Sep-2024 09:11 AM
Name	: Mr. Tulsi G Kabira			**Reg. Date**	: 14-Sep-2024 09:02 AM
Age/Sex	: 33 Years / Male	**Pass. No.** :		**Tele No.**	: 9714981872
Ref. By	:			**Dispatch At**	:
Sample Type	: Serum			**Location**	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
IMMUNOLOGY			
TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) *CMIA*	0.65	ng/mL	0 - 4

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.

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 14-Sep-2024 11:08 AM

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LABORATORY REPORT

Name	:	Mr. Tulsi G Kabira	**Reg. No**	:	409100702
Sex/Age	:	Male/33 Years	**Reg. Date**	:	14-Sep-2024 09:02 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 08:03 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

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

This is an electronically authenticated report

Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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Clarity

Clarity Medical Pvt. Ltd

#1687-A, JLPL Industrial Park, Sector-82, Mohali

28 **TULSI KABIRA**

33 Yrs/ **M** Kg / Ht- cms **Ref. No.:**

Date: **14-09-2024** Time: **01:06 PM**

BP:**--/--** mmHg

Notch: **On**

Gain: **10 mm/mV**

Sweep: **50 mm/S**

Filter: **0.1 - 35 Hz**

Hr: **68**

P Int. **88**

PR Int. **128**

QRS Int.: **118**

QT Int.: **328**

QTc Int.: **349**

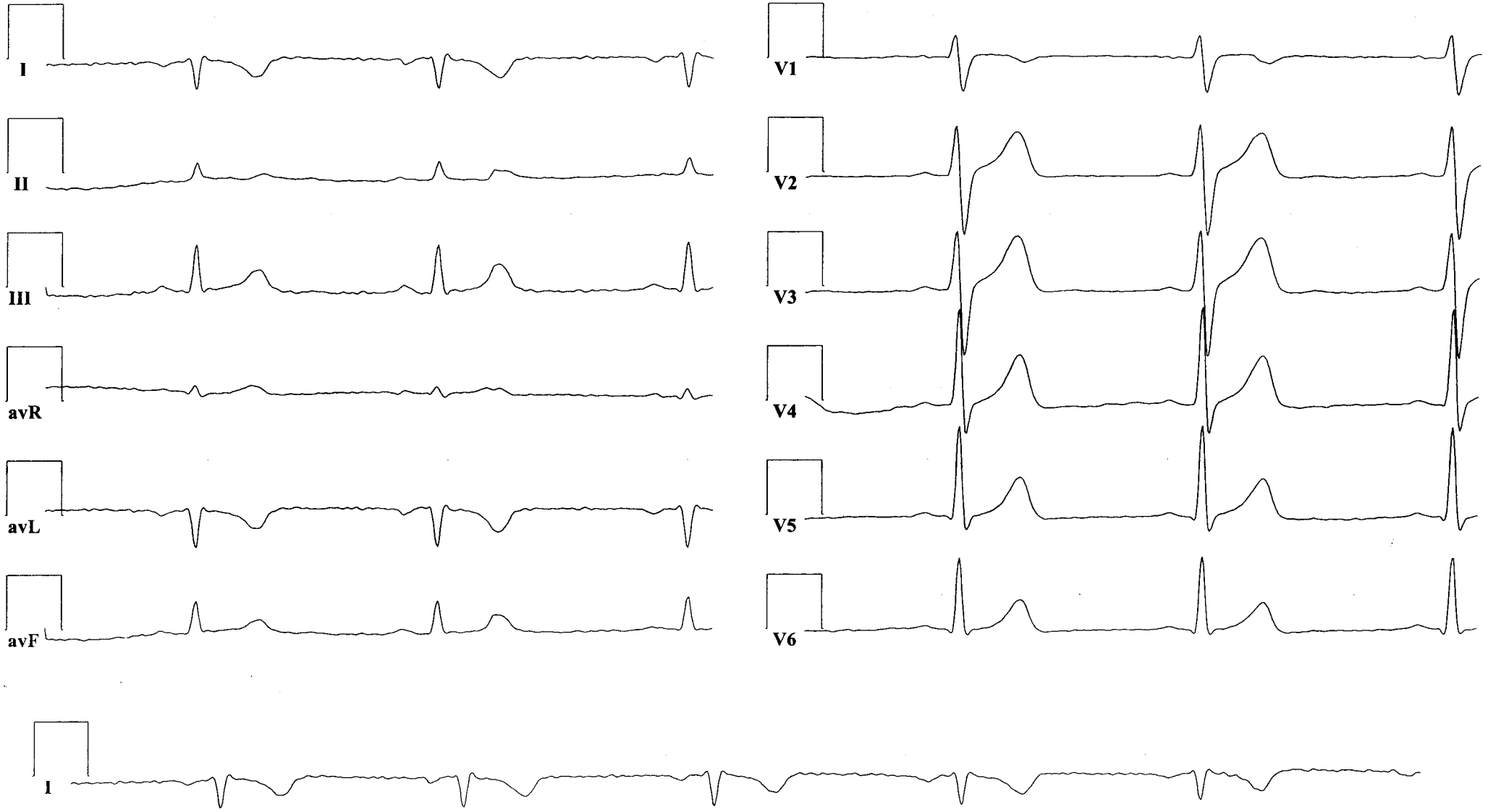
P Axis: **147**

QRS Axis: **51**

T Axis: **145**

Ref. By:

Tech.:



Comments:Sinus Rhythm

Impression: **Normal ECG**

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Sex/Age	:	Male/33 Years	**Reg. Date**	:	14-Sep-2024 09:02 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 03:28 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, Trivial TR, Trivial PR, No AR.
7. No PAH, RVSP: 20 mmHg, AOVP: 1.0 m/s, PVP: 0.6 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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Sex/Age	:	Male/33 Years	**Reg. Date**	:	14-Sep-2024 09:02 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 04:19 PM

X RAY CHEST PA

Both lung fields shows prominent broncho-vascular markings.

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.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

This is an electronically authenticated report

DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

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Name	: Mr. Tulsi G Kabira		**Reg. No**	:	409100702
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Ref. By	:		**Collected On**	:	
Client Name	: Mediwheel		**Report Date**	:	14-Sep-2024 04:17 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.
Prostate appears normal in size and echopattern. No evidence of focal lesions.
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
MB,DMRE
Reg No:0494

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Name	:	Mr. Tulsi G Kabira	**Reg. No**	:	409100702
Sex/Age	:	Male/33 Years	**Reg. Date**	:	14-Sep-2024 09:02 AM
Ref. By	:		**Collected On**	:	
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 02:49 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.00

CY: -1.25

AX: 19

LEFT EYE

SP : +0.25

CY : -1.00

AX :178

	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

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

ColorVision : Normal

Comments: Normal

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

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MBBS. MD. FNB

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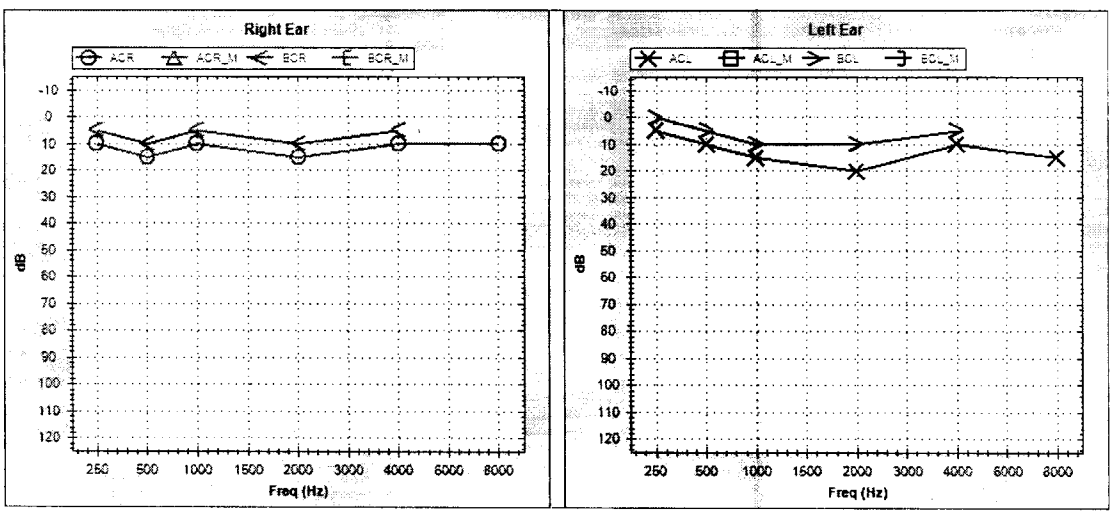
Client Name	:	Mediwheel	**Report Date**	:	14-Sep-2024 02:49 PM

AUDIOGRAM



MODE / EAR	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	⊐	>	Blue
RIGHT	△	O	⊏	<	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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