

			LABORATORY REPORT			
Name	:	Mrs. Monika M Chauahan		Reg. No	:	310100615
Sex/Age	:	Female/32 Years		Reg. Date	:	14-Oct-2023 09:40 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	14-Oct-2023 01:08 PM

Medical Summary

GENERAL EXAMINATION

Height (cms): 168

Weight (kgs): 60.3

Blood Pressure: 108/68mmHg

Pulse:78 /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

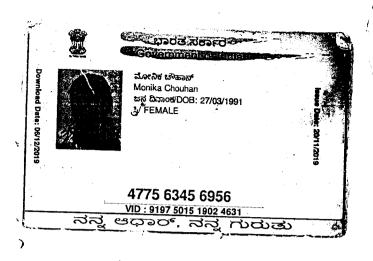
Epilepsy – N/A



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Dr.Jay Soni M.D, GENERAL MEDICINE

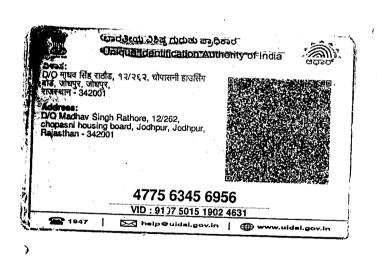
Page 3 of 5



9413808035 monitor

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











 Reg. No
 : 310100615
 Ref Id
 : Collected On
 : 14-Oct-2023 09:40 AM

 Name
 : Mrs. Monika M Chauahan
 Reg. Date
 : 14-Oct-2023 09:40 AM

Age/Sex : **32** Years / Female **Pass. No.** : **Tele No.** : 9413808035

Ref. By : Dispatch At :

Sample Type: EDTA Location: CHPL

Sample Type : EDTA				Location	: 0	nrl
Parameter	Results		Unit	Biological	Ref. Inte	erval
	CON	/IPLETI	E BLOOD COUNT (CB	<u>C)</u>		
Hemoglobin (Colorimetric method)	L 10.7		g/dL	12.5 - 16		
Hematrocrit (Calculated)	L 31.40		%	40 - 50		
RBC Count (Electrical Impedance)	L 4.15		million/cmm	4.73 - 5.5		
MCV (Calculated)	L 75.7		fL	83 - 101		
MCH (Calculated)	L 25.7		Pg	27 - 32		
MCHC (Calculated)	34.0		%	31.5 - 34.5		
RDW (Calculated)	14.2		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	5240		/cmm	4000 - 100	00	
MPV (Calculated)	10.7		fL	6.5 - 12.0		
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	I	EXPECTED VALUES
Neutrophils (%)	50	%	40 - 80	2620	/cmm	2000 - 7000
Lymphocytes (%)	37	%	20 - 40	1939	/cmm	1000 - 3000
Eosinophils (%)	04	%	0 - 6	472	/cmm	200 - 1000
Monocytes (%)	09	%	2 - 10	210	/cmm	20 - 500
Basophils (%)	00	%	0 - 2	0	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Normocy	tic and	Normochromic.			
WBC Morphology	Normal					
PLATELET COUNTS						
Platelet Count (Electrical Impedance	e) 268000		/cmm	150000 - 4	50000	
Platelets	Platelets	are ade	equate with normal morpho	ology.		
Parasites	Malarial	parasite	is not detected.			
Comment	-					

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* This test has been out sourced.

Approved By: Dr. Deep Patel

MD (Pathology)

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Collected On

: 14-Oct-2023 09:40 AM

Rea. No Name

: 310100615 Ref Id : Mrs. Monika M Chauahan

Req. Date

: 14-Oct-2023 09:40 AM

Age/Sex

: 32 Years

Pass. No.

Tele No.

: 9413808035

Ref. By

/ Female

Dispatch At

Sample Type: EDTA

Location

: CHPL

Parameter

Result

Unit

Biological Ref. Interval

HEMATOLOGY

TEST REPORT

BLOOD GROUP & RH

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

ABO

"O"

Rh (D)

Positive

Note

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour Westergreen method 09

mm/hr

ESR AT 1 hour: 3-12

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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Dr. Deep Patel

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Age/Sex

: 32 Years

/ Female

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Tele No.

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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	105.70	mg/dL	70 - 110		
Post Prandial Blood Sugar (PPBS) GOD-POD Method	96.9	mg/dL	70 - 140		

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Reg. No : 310100615 Ref Id

Name : Mrs. Monika M Chauahan

Ref. By

Age/Sex : 32 Years I Female Pass. No.

Tele No.

Dispatch At

Collected On

Reg. Date

: 14-Oct-2023 09:40 AM

: 14-Oct-2023 09:40 AM

: 9413808035

Sample Type: Serum Location : CHPI

Sample Type : Serum	Location	: CHPL	
Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	163.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
Enzymatic, colorimetric method			
Triglyceride	73.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	40.80	mg/dL	Low: <40 High: >60
Accelerator selective detergent method			
LDL	107.44	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130- 159 High: 160-189 Very High: >190.0
Calculated			
VLDL Calculated	14.76	mg/dL	15 - 35
LDL / HDL RATIO Calculated	2.63		0 - 3.5
Cholesterol /HDL Ratio	4.00		0 - 5.0

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Reg. No : 310100615 Ref Id

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Age/Sex

Ref. By

: 32 Years / Female Pass. No.

Collected On

: 14-Oct-2023 09:40 AM

Reg. Date

: 14-Oct-2023 09:40 AM

Tele No.

: 9413808035

Dispatch At

Sample Type: Serum		Location	: CHPL
Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	6.51	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	4.53	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
By Bromocresol Green			
Globulin (Calculated)	1.98	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	2.29		0.8 - 2.0
SGOT UV without P5P	21.00	U/L	0 - 40
SGPT UV without P5P	18.90	U/L	0 - 40
Alakaline Phosphatase P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate	83.2	IU/I	42 - 98
Total Bilirubin Vanadate Oxidation	0.54	mg/dL	0.3 - 1.2
Direct Bilirubin	0.12	mg/dL	0.0 - 0.4
Vanadate Oxidation Indirect Bilirubin	0.42	mg/dL	0.0 - 1.1
Calculated GGT SZASZ Method	33.40	U/L	< 32

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/ Female

Reg. Date

: 14-Oct-2023 09:40 AM

Age/Sex

: 32 Years

Pass. No.

Tele No.

: 9413808035

Ref. By

Dispatch At

Sample Type: Serum

Location : CHPI

Campio Typo i Colain		Location	, OHEL
Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Uric Acid Enzymatic, colorimetric method	3.83	mg/dL	2.6 - 6.0
Creatinine Enzymatic Method	0.66	mg/dL	0.6 - 1.1
BUN UV Method	11.20	mg/dL	6.0 - 20.0

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URINE ROUTINE EXAMINATION

Reg. No

: 310100615

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: Mrs. Monika M Chauahan

Reg. Date

: 14-Oct-2023 09:40 AM

Age/Sex

: 32 Years

/ Female

Tele No.

: 9413808035

Ref. By

Test

Pass. No.

Dispatch At

Location

: CHPL

Sample Type: Urine Spot

Result

Unit

Biological Ref. Interval

PHYSICAL EXAMINATION

20 cc

Quantity Colour

Pale Yellow

Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pН

5.0

4.6 - 8.0

Sp. Gravity

1.030

1.001 - 1.035

Protein

Nil

Nil

Glucose

Nil

Nil

Ketone Bodies

Nil

Nil

Urobilinogen Bilirubin

Nil Nil Nil

Nitrite

Nil

Nil

Blood

Nil

Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

Nil

Absent

Erythrocytes (Red Cells)

Nil

Absent

Epithelial Cells

1 - 2/hpf

Absent

Crystals

Absent

Absent

Casts

Absent

Absent

Amorphous Material

Absent

Absent

Bacteria Remarks Absent

Absent

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: 310100615 Reg. No Ref Id

: Mrs. Monika M Chauahan

: 32 Years 1 Female

Pass. No.

: 14-Oct-2023 09:40 AM : 14-Oct-2023 09:40 AM

Biological Ref. Interval

Req. Date

Collected On

: 9413808035

Tele No.

Dispatch At

Sample Type : Serum

Name

Age/Sex

Ref. By

Location

: CHPL

Parameter Result

IMMUNOLOGY THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

0.98

ng/mL

Unit

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

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)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

7.10

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
- 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. Deep Patel

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Name

Age/Sex

Ref Id Collected On

: Mrs. Monika M Chauahan Reg. Date : 32 Years / Female Pass. No. : Tele No.

Ref. By : Dispatch At

Sample Type: Serum Location: CHPL

TSH 0.590 μIU/ml 0.35 - 5.50

CHEMILUMINECENT 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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Dr. Deep Patel

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: 9413808035

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CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



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Sex/Age	:	Female/32 Years		Reg. Date	:	14-Oct-2023 09:40 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	14-Oct-2023 02:01 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

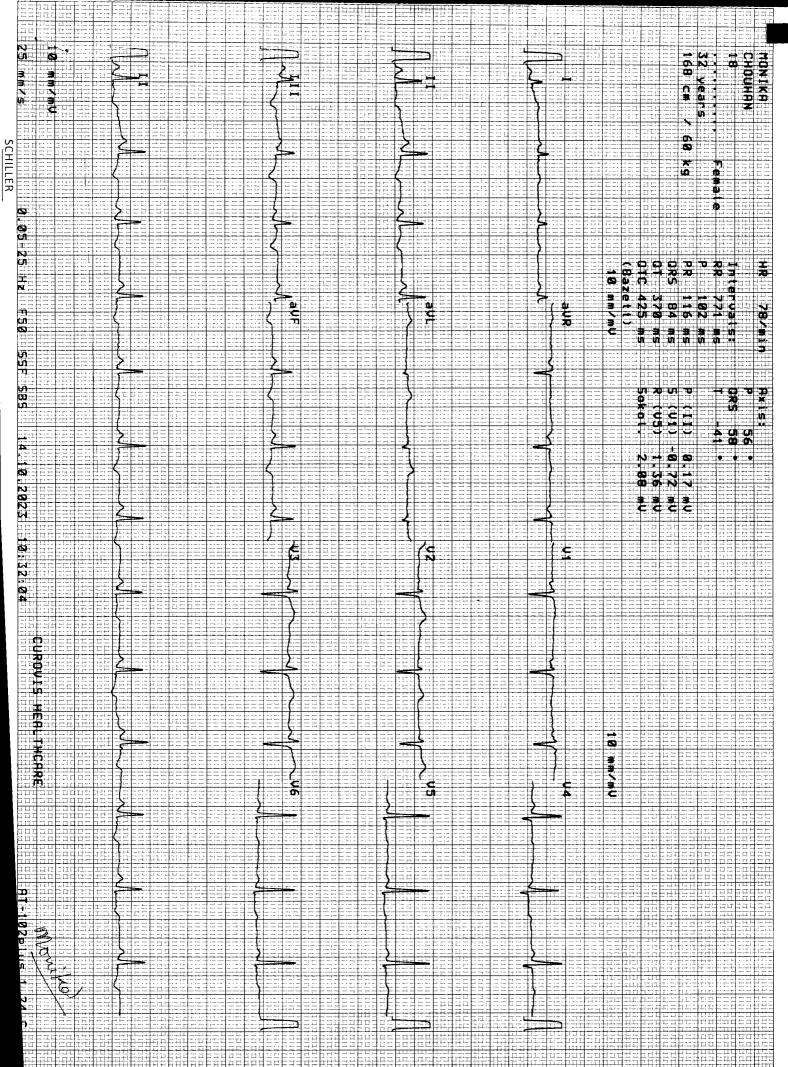
Within Normal Limit.



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Dr.Jay Soni M.D, GENERAL MEDICINE

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LABORATORY REPORT Name Mrs. Monika M Chauahan Reg. No 310100615 Sex/Age Female/32 Years Reg. Date 14-Oct-2023 09:40 AM Ref. By **Collected On Client Name** Mediwheel **Report Date** : 14-Oct-2023 02:01 PM

2D Echo Colour Doppler

- 1. No concentric LVH.
- 2. Normal sized LA, LV, RA, RV.
- 3. Normal LV systolic function, LVEF: 60%.
- 4. No RWMA.
- 5. Normal LV compliance.
- 6. All cardiac valves are structurally normal.
- 7. Trivial MR, Trivial TR, Trivial PR, No AR.
- 8. No PAH, RVSP: 28 mm Hg.
- 9. IAS/IVS: Intact.
- 10. No clot/vegetation/pericardial effusion.
- 11. No coarctation of aorta.

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Dr.Jay Soni
M.D, GENERAL MEDICINE

Page 2 of 5



Name: Monika M Chauahan

M MODE FINDINGS:

MITRAL VALVE	OBSERVED		NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		<u> </u>	LVA(d):
EF Slope			70-150mm/sec	LVL (d):
Opening Amplitude				LVA(s):
Posterior leaflet	Normal			LVL(s):
E.P.S.S.			mm	LVV(d):
Mitral Valve Prolapse	No			LVV(s):
Vegetation	No			LVEF : 60%
TRICUSPID VALVE		LVC	OMPLIANCE	<u>. </u>
Normal	Norm	al		

PULMONARY			MV	O AREA		
VALVE		VALUES				
EF Slope		6-115 mm	Ву	Planimetry:		
A' Wave -						
Midsystolic notch -			Ву	PHT :		
Flutter -						
Other Findings						
DIMENSIONS:				AORTIC VALVE	•	
1. Lvd. (Diastole)	42 mm			Cuspal Opening	16mm	
2. Lvd. (Systole)	25 mm	24-42 mi	m	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mi	m	Eccentricity index	1	
4. IVS (Diastole)	10mm			Other findings	Absent	
5. IVS (Systole)	12mm					
6. LVPWT (Diastol	e) 10mm	6-11 m	m			
7. LVPM (Systole)	11mm					
8. Aortic root	30 mm	22-37 m	m			
9. Left Atrium:	36 mm	19-40 m	m			
10. LVEF	60%					

STRUCTURE	REGURG	VELOCITY1	GRADIENT
	GRADING	m/sec	5 Mm Hg
		Max/Mean	Peak/Mean
MITRAL VALVE	Trivial	0.80	3.30
TRICUSPID VALVE	Trivial	0.60	1.40
PULMONARY VALVE	Trivial	0.85	2.25
AORTIC	No	1.20	6.0

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AHMEDABAD



LABORATORY REPORT

Name Mrs. Monika M Chauahan

Sex/Age Female/32 Years

Ref. By

Client Name

Mediwheel

Reg. No

310100615

Reg. Date

14-Oct-2023 09:40 AM

Collected On

Report Date

14-Oct-2023 04:55 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.

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



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Client Name	:	Mediwheel		Report Date	•	14-Oct-2023 04:54 PM

USG ABDOMEN

Liver appears normal in size & normal 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 MB, DMRE

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Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -0.50

AX: 52

LEFT EYE

SP: -0.25

CY: -0.50

AX:137

	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 ------

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Dr Kejal Patel MB,DO(Ophth)

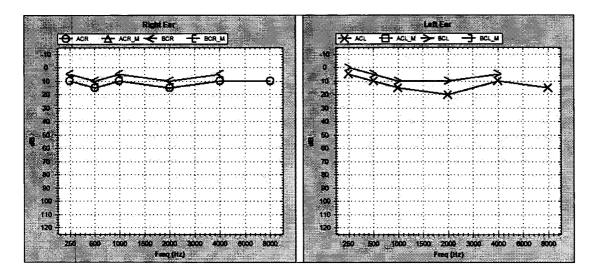
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LABORATORY REPORT Mrs. Monika M Chauahan Reg. No 310100615 Name 14-Oct-2023 09:40 AM Female/32 Years Reg. Date Sex/Age **Collected On** Ref. By **Report Date** 14-Oct-2023 03:06 PM **Client Name** Mediwheel

AUDIOGRAM



DE Air Conduction		Bone Conduction		Colour
Masked	Unitasked	Masked	UnMasked	Code
0	×	J	>	Blue
Δ	0		<	Red
	Masked	Masked UnAtasked	Masked UnMasked Masked	Masked UnMasked Masked UnMasked

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

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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LE

Dr Kejal Patel MB,DO(Ophth)

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