भारत सरकार

GOVERNMENT OF INDIA

लवीना वालिया

Lavina Walia

जन्म वर्ष / Year of Birth : 1994

महिला / Female

4084 9737 4689

आधार — आम आदमी का अधिकार


GPS Map Camera
Jaipur, Rajasthan, India
G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine,
Vidyadhar Nagar, Jaipur, Rajasthan 302039, India
Lat 26.964597°
Long 75.782475°
15/10/23 09:29 AM GMT +05:30
Google


GPS Map Camera
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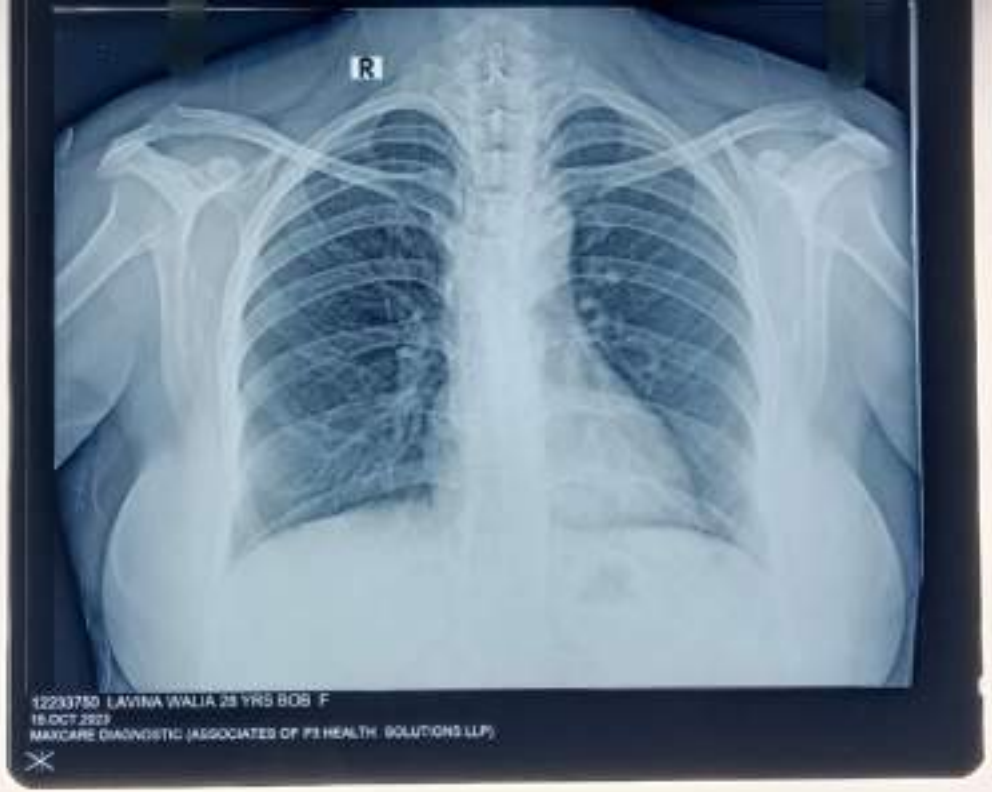
R
12233750 LAVINA WALIA 28 YRS BOB F
18 OCT 2023
MAXCARE DIAGNOSTIC (ASSOCIATES OF PS HEALTH SOLUTIONS LLP)


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लवीना वालिया
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आधार – आम आदमी का अधिकार
To establish identity, authenticate online.


भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
पता: D/O: प्रदीप सिंह अहलुवालिया, ई 224 शास्त्री नगर, अजमेर, अजमेर, राजस्थान, 305001
Address: D/O: Pradeep Singh Ahluwalia, e 224 shastri nagar, Ajmer, Ajmer, Rajasthan, 305001
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INFORMATION

P3 HEALTH SOLUTIONS LLP

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General Physical Examination

Date of Examination: 15/10/19

Name: LAVINA WALIA Age: 28 yrs DOB: 15/12/1994 Sex: Female

Referred By: BANK OF BARODA

Photo ID: AADHAR CARD ID #: 4689

Ht: 167 (cm) Wt: 97 (Kg)

Chest (Expiration): 110 (cm) Abdomen Circumference: 109 (cm)

Blood Pressure: 130/80 mm Hg PR: 78 / min RR: 18 / min Temp: Afebrile

BMI 34.8

Eye Examination: RE - CIC, NIC, NCB
LE - CIC, NIC, NCB

Other: No

On examination he/she appears physically and mentally fit: ~~Yes~~ / No

Signature Of Examine : ---------- Name of Examinee: LAVINA WALIA

Signature Medical Examiner : ---------- Name Medical Examiner DR. P. I. YUSH GOYAL

DR. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041

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NAME :- Mrs. LAVINA WALIA
Age :- 28 Yrs 10 Mon
Sex :- Female

Patient ID :-12233750 Date :- 15/10/2023 08:48:27
Ref. By Doctor:-BANK OF BARODA
Lab/Hosp :-
Company :- Mr.MEDIWHEEL

Final Authentication : 15/10/2023 13:47:33

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 FEMAL			
HAEMOGLOBIN (Hb)	**10.2** L	g/dL	12.0 - 15.0
TOTAL LEUCOCYTE COUNT	8.90	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	66.0	%	40.0 - 80.0
LYMPHOCYTE	26.0	%	20.0 - 40.0
EOSINOPHIL	3.0	%	1.0 - 6.0
MONOCYTE	5.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	**5.93** H	x10^6/ul.	3.80 - 4.80
HEMATOCRIT (HCT)	**35.70** L	%	36.00 - 46.00
MEAN CORP VOLUME (MCV)	**60.0** L	fl.	83.0 - 101.0
MEAN CORP HB (MCH)	**17.2** L	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	**28.6** L	g/dL	31.5 - 34.5
PLATELET COUNT	300	x10^3/uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0

Technologist
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MD (Pathology)
RMC No. 17226

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HAEMATOLOGY

Erythrocyte Sedimentation Rate (ESR) Method - Westergreen	12	mm in 1st hr	00 - 20

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Sex :-	Female	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and **MCH,MCV,MCHC,MENTZER INDEX** are calculated. **InstrumentName:** Sysmex 6 part fully automatic analyzer XN-L,Japan

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method :- GOD POD	93.6	mg/dl	70.0 - 115.0

Impaired glucose tolerance (IGT)	111 - 125 mg/dL
Diabetes Mellitus (DM)	> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm,
hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin
therapy or various liver diseases .

BLOOD SUGAR PP (Plasma) Method - GOD PAP	103.2	mg/dl	70.0 - 140.0

Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders.Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

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Patient ID :-12233750 Date :- 15/10/2023 08:48:27
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Company :- Mr.MEDIWHEEL

Final Authentication : 16/10/2023 13:47:33

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA	5.1	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	102	mg/dL	68 - 125

INTERPRETATION
AS PER AMERICAN DIABETES ASSOCIATION (ADA)
Reference Group HbA1c in %
Non diabetic adults >=18 years < 5.7
At risk (Prediabetes) 5.7 - 6.4
Diagnosing Diabetes >= 6.5

CLINICAL NOTES
In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia.The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 5-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-8 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.
Some of the factors that influence HbA1c and its measurement (Adapted from Gallagher et al.)

1. Erythropoiesis
- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis
- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin, hemoglobinopathies. HbF, nonhemoglobin, may increase or decrease HbA1c

3. Glycation
- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction
- Increased HbA1c: increased erythrocyte life span: Splenectomy
- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.

5. Others
- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use,chronic renal failure
- Decreased HbA1c: hypertriglyceridemia reticulocytosis, chronic liver disease, aspirin, vitamin C and E,splenomegaly, rheumatoid arthritis or drugs

Note:
1.Shortened RBC life span-HbA1c test will not be accurate when a person has a condition that affects the average lifespan of red blood cells (RBCs), such as hemolytic anemia or blood loss. When the lifespan of RBCs in circulation is shortened, the A1c result is falsely low and is an unreliable measurement of a person's average glucose over time.
2.Abnormal forms of hemoglobin – The presence of some hemoglobin variants, such as hemoglobin S in sickle cell anemia, may affect certain methods for measuring A1c. In these cases, fructosamine can be used to monitor glucose control.

Advised:
1.To follow patient for glycemic control test like fructosamine or glycated albumin may be performed instead.
2.Hemoglobin HPLC screen to analyze abnormal hemoglobin variant.

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Sex :-	Female	Lab/Hosp :-	
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HAEMATOLOGY

BLOOD GROUP ABO Method:- Haemagglutination reaction	"O" POSITIVE

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Lab/Hosp :-
Company :- Mr.MEDIWHEEL

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method - CHOD-PAP methodology	184.00	mg/dl	Desirable <200 Borderline 200-239 High> 240
InstrumentName MISPA PLUS **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
TRIGLYCERIDES Method - GPO-PAP	89.60	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName Randox Rx Imola **Interpretation** : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Method - Direct clearance Method	42.50	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies.Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Method - Calculated Method	126.57	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method - Calculated	17.92	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method - Calculated	4.33		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method - Calculated	2.98		0.00 - 3.50
TOTAL LIPID Method - CALCULATED	524.72	mg/dl	400.00 - 1000.00

1. Measurements in the same patient can show physiological& analytical variations. Three serialsamples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL& LDL Cholesterol.

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NAME :- Mrs. LAVINA WALIA		Patient ID :42233750	Date :- 15/10/2023 08:48:27
Age :-	28 Yrs 10 Mon	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Female	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

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BIOCHEMISTRY

2. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status.Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated fromperipheral tissues.

Comments: **1-** ATP III suggested the addition of Non HDL Cholesterol (Total Cholesterol – HDL Cholesterol) as an indicator of all atherogenic lipoproteins (mainly LDL & VLDL). The Non HDL Cholesterolis used as a secondary target of therapy in persons with triglycerides >=200 mg/dL. The goal for Non HDL Cholesterol in those with increased triglyceride is 30 mg/dL above that set for LDL Cholesterol.
2 -For calculation of CHD risk,history of smoking, any medication for hypertension & current B.P. levels are required.

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BIOCHEMISTRY

LIVER PROFILE WITH GGT

SERUM BILIRUBIN (TOTAL) Method - DMSO/Diazo	0.61	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method - DMSO/Diazo	0.21	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method - Calculated	0.40	mg/dl	0.30-0.70
SGOT Method - IFCC	26.2	U/L	0.0 - 40.0
SGPT Method - IFCC	32.8	U/L	0.0 - 35.0
SERUM ALKALINE PHOSPHATASE Method - DGKC - SCF	91.20	U/L	42.00 - 110.00
SERUM GAMMA GT Method - Szasz methodology Instrument Name Randox Rx Imola Interpretation : Elevations in GGT levels increase earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and neoplastic neoplasms. It may reach 5 to 10 times normal levels in primary and hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	20.80	U/L	5.00 - 32.00
SERUM TOTAL PROTEIN Method - Direct Biuret Reagent	6.79	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - Bromocresol Green	3.86	g/dl	3.50 - 5.50
SERUM GLOBULIN Method - CALCULATION	2.93	gm/dl	2.20 - 3.50
A/G RATIO	1.32		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g., albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc.Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.

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BIOCHEMISTRY

RFT / KFT WITH ELECTROLYTES

SERUM UREA Method - Urease/GLDH	23.90	mg/dl	10.00 - 50.00

InstrumentName: HORIBA CA 60 **Interpretation** : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE Method - Jaffe's Method	1.03	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl

Interpretation :
Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID	4.88	mg/dl	2.40 - 7.00

InstrumentName:HORIBA YUMIZEN CA60 Daytona plus **Interpretation**: **Elevated Urate**:High purine diet,Alcohol• Renal insufficiency,Drugs , Polyeythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.

SODIUM Method - ISE	138.9	mmol/L	135.0 - 150.0

Interpretation

Electrolytes are minerals that are found in body tissues and blood in the form of dissolved salts. As electrically charged particles, electrolytes help move nutrients into and wastes out of the body's cells, maintain a healthy water balance, and help stabilize the body's acid/base (pH) level. The electrolyte panel measures the blood levels of the main electrolytes in the body: •

* Sodium—most of the body's sodium is found in the fluid outside of the body's cells, where it helps to regulate the amount of water in the body. •

POTASSIUM Method - ISE	4.54	mmol/L	3.50 - 5.50

* Potassium—this electrolyte is found mainly inside the body's cells. A small but vital amount of potassium is found in the plasma, the liquid portion of the blood. Potassium plays an important role in regulating muscle contraction. Monitoring potassium is important as small changes in the potassium level can affect the heart's rhythm and ability to contract

CHLORIDE Method - ISE	100.2	mmol/L	94.0 - 110.0

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NAME :- Mrs. LAVINA WALIA	Patient ID :-12233750	Date :- 15/10/2023	08:48:27
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BIOCHEMISTRY

* Chloride—this electrolyte moves in and out of the cells to help maintain electrical neutrality (concentrations of positively charged cations and negatively charged anions must be equal) and its level usually mirrors that of sodium. Due to its close association with sodium, chloride also helps to regulate the distribution of water in the body

SERUM CALCIUM Method - Arsenazo III Method	9.84	mg/dL	8.80 - 10.20

InstrumentName:MISPA PLUS **Interpretation**: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN Method - Direct Biuret Reagent	6.79	g/dl	6.00 - 8.40
SERUM ALBUMIN Method - Bromocresol Green	3.86	g/dl	3.50 - 5.50
SERUM GLOBULIN Method - CALCULATION	2.93	gm/dl	2.20 - 3.50
A/G RATIO	1.32		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR .in urine, it can remove the need for 24-hourcollections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the bloodincreases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

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TOTAL THYROID PROFILE

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
THYROID-TRIIODOTHYRONINE T3 Method - ECLIA	1.15	ng/mL	0.70 - 2.04

NOTE-TSH levels are subject to circadian variation,reaching peak levels between 2-4 AM and mid between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

INTERPRETATION-Ultra Sensitive 4th generation assay 1.Primary hypothyroidism is accompanied by ↓serum T3 & T4 values along with ↑ TSH level 2.Low TSH,High FT4 and TSH receptor antibody(TRAb) +ve seen in patients with Graves disease 3.Low TSH,High FT4 and TSH receptor antibody(TRAb) -ve seen in patients with Toxic adenoma/Toxic Multinodular goiter 4.High TSH,Low FT4 and Thyroid microsomal antibody increased seen in patients with Hashimotos thyroiditis 5.High TSH,Low FT4 and Thyroid microsomal antibody normal seen in patients with Iodine deficiency/Congenital T4 synthesis deficiency 6.Low TSH,Low FT4 and TRH stimulation test -Delayed response seen in patients with Tertiary hypothyroidism
7.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels8.Normal T4 levels accompanied by ↑T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis9.Normal or ↑T3 & ↑T4 10.Normal T3 & T4 along with ↑ TSH indicate mild / Subclinical Hypothyroidism 11.Normal T3 & ↑T4 along with ↑TSH is seen in Hypothyroidism 12.Normal T3 & T4 levels with ↑TSH indicate Mild / Subclinical Hypoth

DURING PREGNANCY - REFERENCE RANGE for TSH (In uIU/mL (As per American Thyroid Association) 1st Trimester : 0.10-2.50 uIU/mL 2nd Trimester : 0.20-3.00 uIU/mL 3rd Trimester : 0.30-3.00 uIU/mL The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

REMARK-Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill patients should be repeated after the critical nature of the condition is resolved.TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly.

THYROID - THYROXINE (T4) Method - ECLIA	9.68	µg/dl	5.10 - 14.10

NOTE-TSH levels are subject to circadian variation,reaching peak levels between 2-4 AM and mid between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result. Transient increase in TSH levels or abnormal TSH levels can be seen in some non thyroidal conditions.simoultaneous measurement of TSH with free T4 is useful in evaluating differential diagnosis.

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TSH Method - ECLIA	2.296	µIU/mL	0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

Technologist
VIKARANT SI

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RMC No. 17226

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
+91 141 4824885 maxcarediagnostics1@gmail.com

NAME :- Mrs. LAVINA WALIA		Patient ID :-12233750	Date :- 15/10/2023 08:48:27
Age :-	28 Yrs 10 Mon	Ref. By Doctor:-BANK OF BARODA	
Sex :-	Female	Lab/Hosp :-	
		Company :-	Mr.MEDIWHEEL

Final Authentication : 15/10/2023 13:47:33

IMMUNOASSAY

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)
1st Trimester : 0.10-2.50 uIU/mL
2nd Trimester : 0.20-3.00 uIU/mL
3rd Trimester : 0.30-3.00 uIU/mL
The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.
NOTE-TSH levels are subject to circardian variation,reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration.Dose and time of drug intake also influence the test result.

INTERPRETATION
1.Primary hyperthyroidism is accompanied by ↑serum T3 & T4 values along with ↓ TSH level.
2.Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑serum TSH levels
3.Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
4.Normal or↓ T3 & ↑T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
5.Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

. **COMMENTS**: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Disclaimer-TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

. Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018
Test performed by Instrument : Beckman coulter Dxi 800

Note : The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with

4th Generation Assay.Reference ranges vary between laboratories

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Technologist
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NAME :- Mrs. LAVINA WALIA	Patient ID :-12233750	Date :- 15/10/2023	08:48:27
Age :- 28 Yrs 10 Mon	Ref. By Doctor:-BANK OF BARODA		
Sex :- Female	Lab/Hosp :-		
	Company :- Mr.MEDIWHEEL		

Final Authentication : 15/10/2023 13:47:33

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
CHEMICAL EXAMINATION			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.015		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT

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NAME:	MRS. LAVINA WALIA	AGE	28 YRS/F
REF.BY	BANK OF BARODA	DATE	15/10/2023

CHEST X RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

DR.SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC No.: 21954

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MRS. LAVINA WALIA	Age:- 28 Y/FEMALE
Registration date: 15/10/2023	Ref. By: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMITATION:

AO	2.8	cm	LA	3.0	cm	IVS-D	0.8	cm
IVS-S	1.2	cm	LVID	4.7	cm	LVSD	3.6	cm
LVPW-D	0.9	cm	LVPW-S	1.2	cm	RV		cm
RVWT		cm	EDV		Ml	LVVS		ml
LVEF	60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.83	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.70	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION			ABSENT		

AORTIC VALVE					
PEAK VELOCITY	1.08	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION			ABSENT		

TRICUSPID VALVE					
PEAK VELOCITY	1.21	m/sec	PEAK GRADIENT	9.1	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION			ABSENT		

PULMONARY VALVE					
PEAK VELOCITY	0.54	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VALOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION			ABSENT		

Impression—

- NORMAL LV SIZE & CONTRACTILITY
- NO RWMA, LVEF 60%.
- ALL CARDIAC VALVES ARE NORMAL.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.
- NORMAL LV DIASTOLIC FUNCTION.

(Cardiologist)
Dr. JYOTI AGARWAL
M.B.B.S, PGDCC (Cardiologist)
RMC No.- 27255

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MRS. LAVINA WALIA	Age: 28 Y/F
Registration Date: 15/10/2023	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (13.2 cm). Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape (11.7 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.
Right kidney is measuring approx. 10.1 x 4.4 cm.
Left kidney is measuring approx. 11.8 x 3.6 cm.

Urinary bladder does not show any calculus or mass lesion.

Uterus is anteverted and normal in size (measuring approx. 8.8 x 4.4 x 4.5 cm).
Myometrium shows normal echo -pattern. No focal space occupying lesion is seen. Endometrial echo is normal. Endometrial thickness is 6.7 mm.

Both ovaries are visualized and are normal. No adnexal mass lesion is seen.

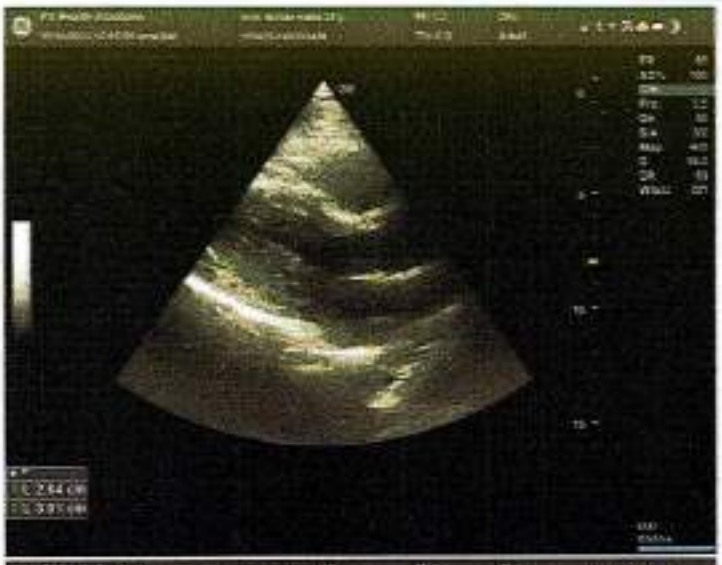
No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pouch of Douglas.

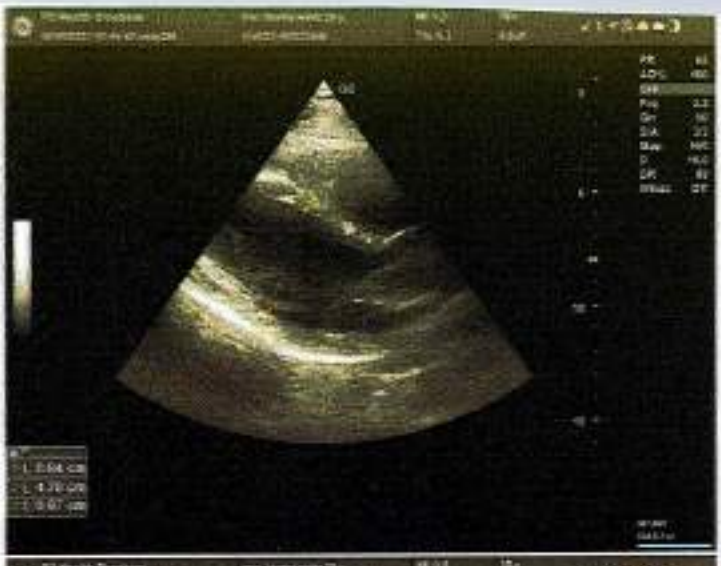
IMPRESSION:

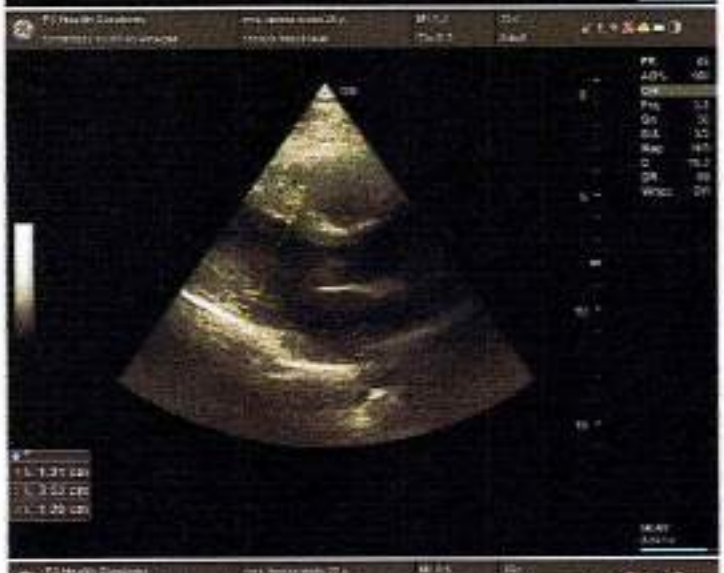
- **No significant abnormality is detected.**

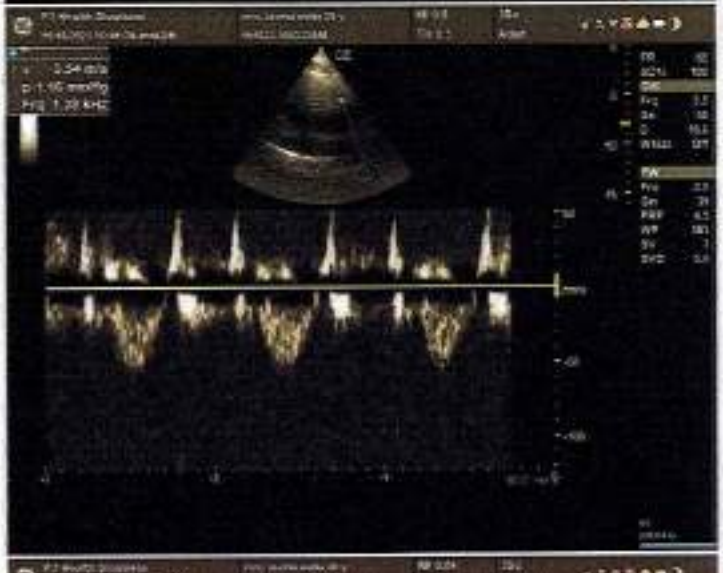
DR.SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954

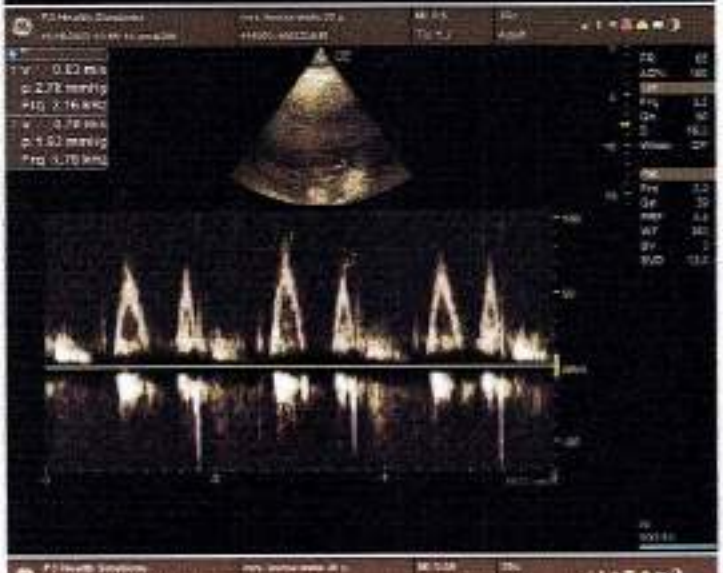
Dr. SHALINI GOEL
MBBS, DNB (Radiologist)
RMC No. 21954
P-3 Health Solutions LLP

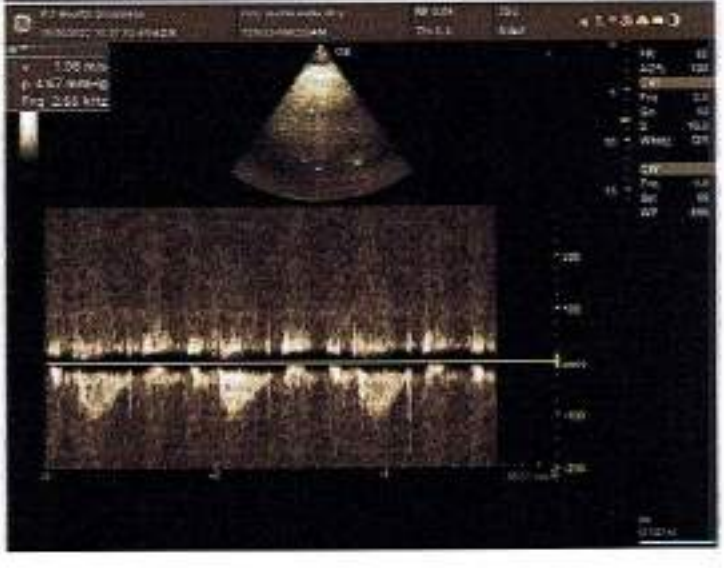


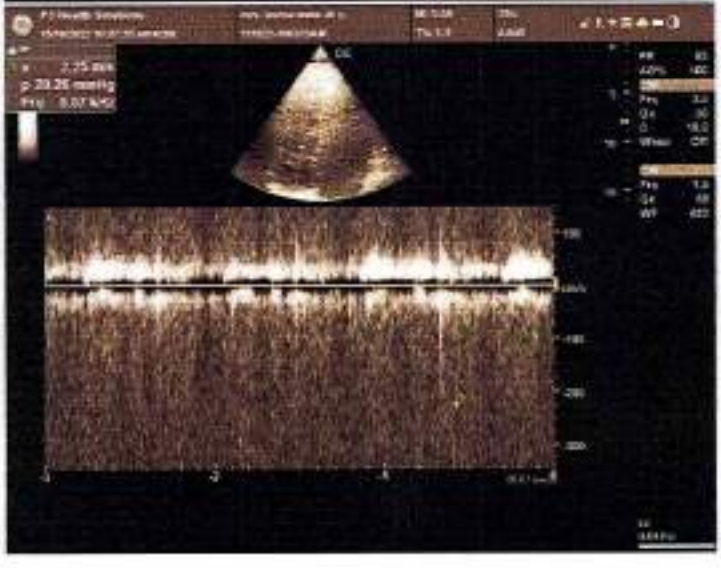


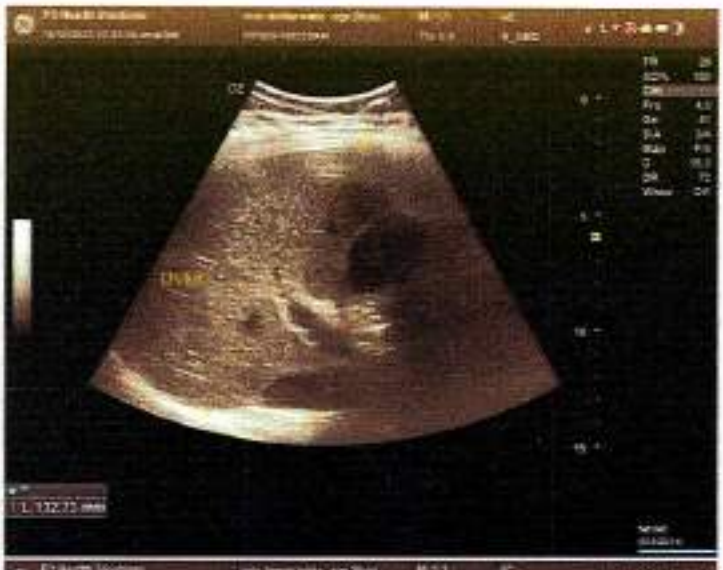


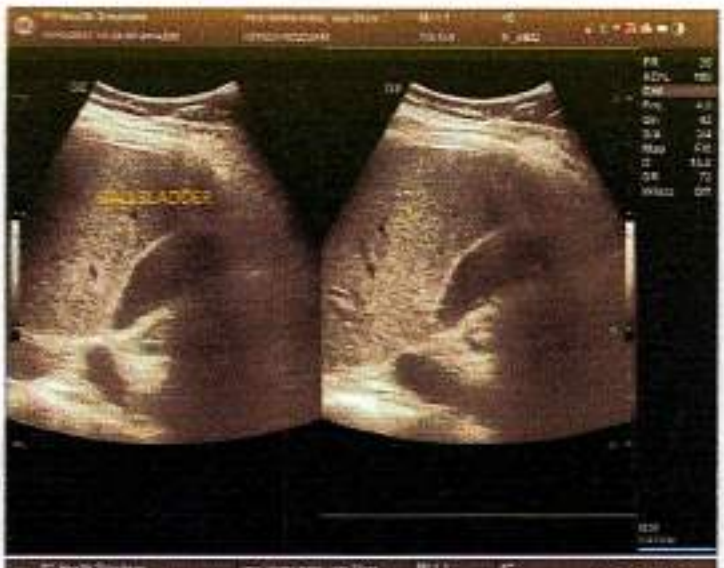


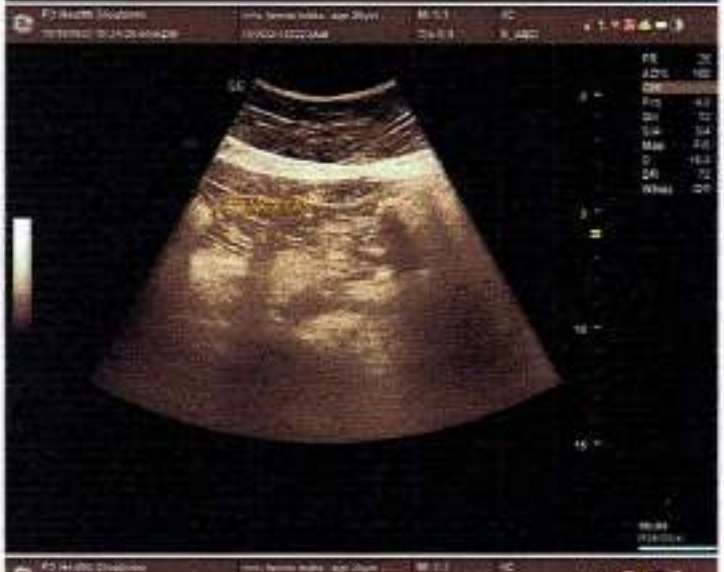


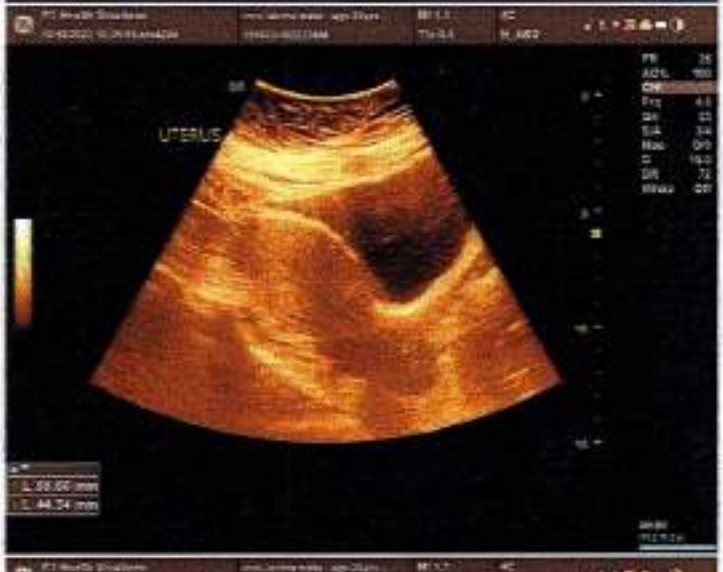


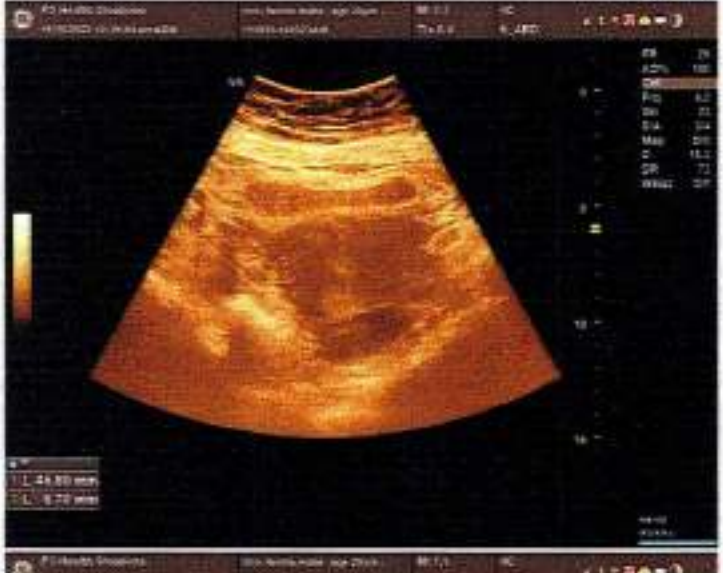


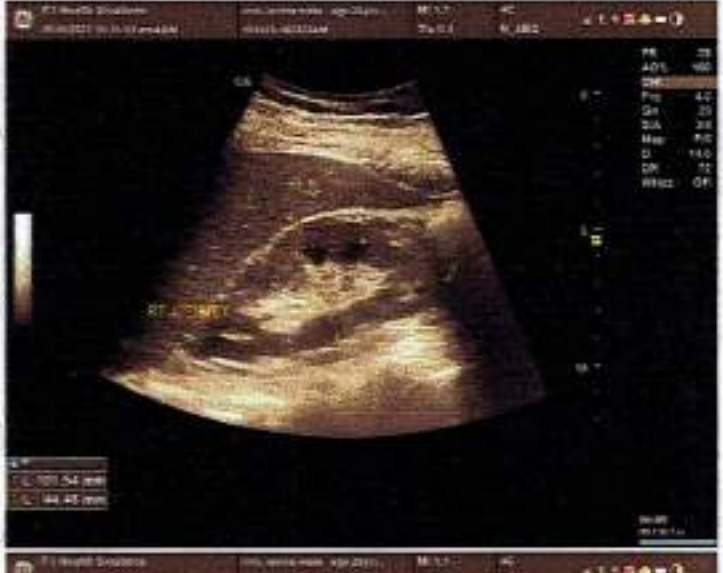


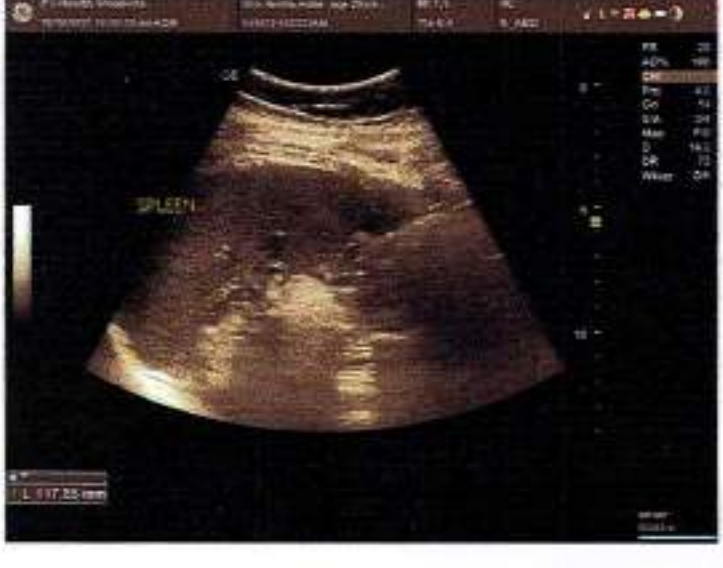

GALLBLADDER

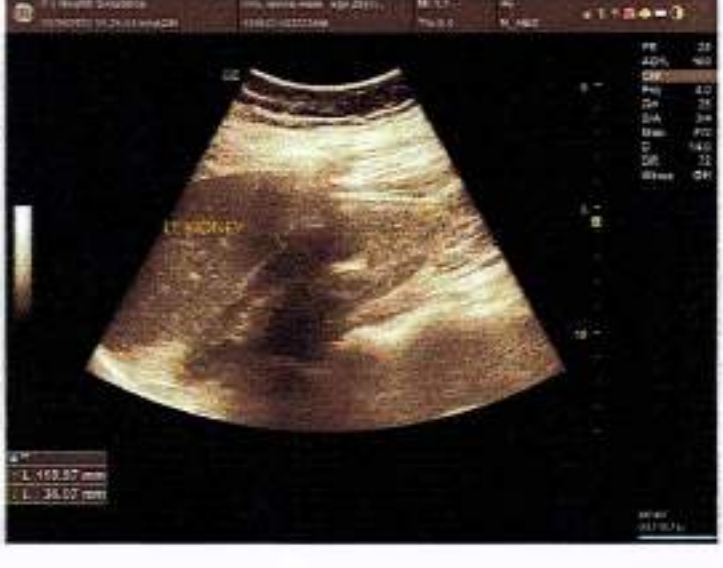



UTERUS



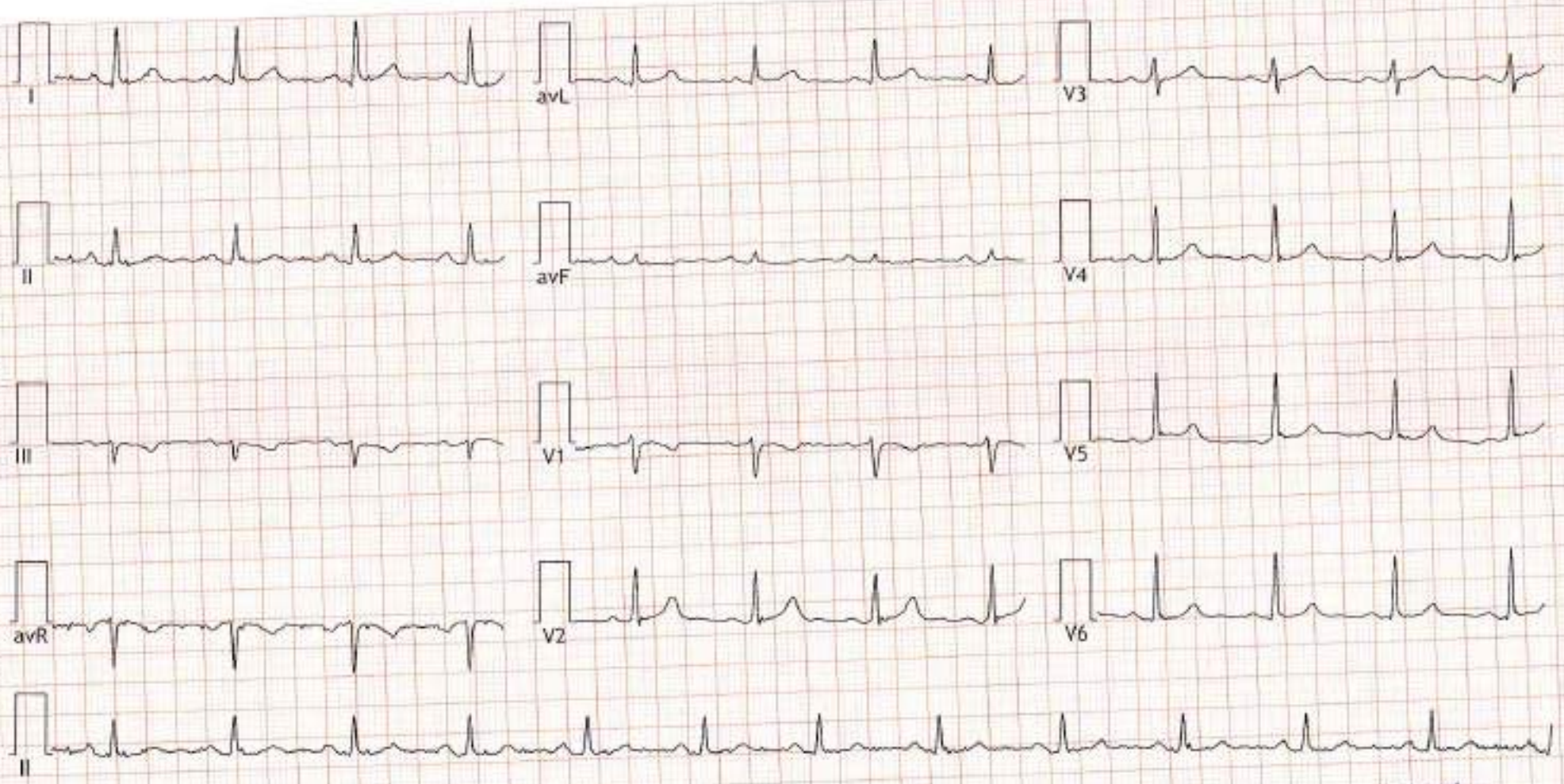



SPLEEN



Tems (P) Ltd
#P3 HEALTH SOLUTIONS LLP B-14, Vidhyadhar nahar , Jaipur
122233735/Mrs Lvina Walia 28Yrs/Female Kgs/31 Cms BP: ___/___ mmHg HR: 75 bpm
Ref.: BANK OF BARODA Test Date: 15-Oct-2023(9:20:09 A) Notch: 50Hz 0.05Hz - 35Hz 10mm/mV 25mm/Sec

PR Interval: 176 ms
QRS Duration: 76 ms
QT/QTc: 354/396ms
P-QRS-T Axis: 33 - 11 - 5 (Deg)



WNL

FINDINGS: Normal Sinus Rhythm
Vent Rate : 75 bpm; PR Interval : 176 ms; QRS Duration: 76 ms; QT/QTc Int : 354/396 ms
P-QRS-T axis: 33• 11• 5• (Deg)
Comments :

DR. CARDIO (E...
D.E.M. (RCGP...