



LABORATORY REPORT

Name : Mr. Manojbhai Bharatbhai Chauhan	Reg. No : 302100788
Sex/Age : Male/36 Years	Reg. Date : 18-Feb-2023 09:40 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 18-Feb-2023 02:17 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :167

Weight (kgs) :55.8

Blood Pressure : 110/70mmHg

Pulse : 77/Min

No Clubbing/Cynosis/Pallor/PedalOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

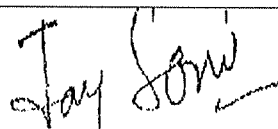
Respiratory system - AEBE

Central Nervous System - No FND

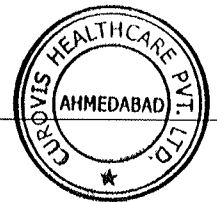
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Jay Soni
M.D, GENERAL MEDICINE



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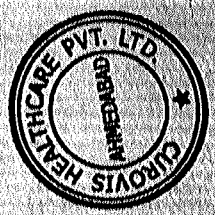
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ભારત સરકાર
Government of India
ચીફ મનોજભાઈ ભરતભાઈ
CHAUHAN MANOJBHAI BHARATBHAI
જન્મ તારીખ / DOB : 20/10/1988
પુરુષ / Male



8040 1731 0914

આધાર - સામાન્ય માણસનો અધિકાર



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

7990305123


TEST REPORT

Reg. No : 302100788	Ref Id :	Collected On : 18-Feb-2023 09:40 AM
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Age/Sex : 36 Years / Male	Pass. No. :	Tele No. : 7990305123
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Specimen: EDTA blood

Hemoglobin	13.9	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 42.50	%	47 - 52
RBC Count	5.67	million/cmm	4.7 - 6.0
MCV	L 75.0	fL	78 - 110
MCH (Calculated)	L 24.5	Pg	27 - 31
MCHC (Calculated)	32.7	%	31 - 35
RDW (Calculated)	H 14.5	%	11.5 - 14.0
WBC Count	5840	/cmm	4000 - 10500
MPV (Calculated)	9.8	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	54.30	%	42.0 - 75.2	3171 /cmm	2000 - 7000
Lymphocytes (%)	37.20	%	20 - 45	2172 /cmm	1000 - 3000
Eosinophils (%)	2.60	%	0 - 6	321 /cmm	200 - 1000
Monocytes (%)	5.50	%	2 - 10	152 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	23 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology: Mild Microcytic and Hypochromic.
 WBC Morphology: TC & DC as above.

PLATELET COUNTS

Platelet Count (Volumetric Impedance): 241000 /cmm 150000 - 450000
 Platelets: Platelets are adequate with normal morphology.
 Parasites: Malarial parasite is not detected.
 Comment: -

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* This test has been out sourced.

 Approved By : 
 Dr. Keyur Patel
 M.B.DCP

Approved On : 18-Feb-2023 01:42 PM

Generated On : 18-Feb-2023 07:52 PM

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMATOLOGY**BLOOD GROUP & RH**

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

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Infra red measurement</i>	04	mm/hr	ESR AT 1 hour : 1-7
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Age/Sex	: 36 Years / Male	Pass. No.	:	Tele No.	: 7990305123
Ref. By	:	Dispatch At	:	Dispatch At	:
Location	: CHPL	Sample Type	:	Sample Type	: Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	91.60	mg/dL	70 - 110
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GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
 - Or
 4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 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)	97.5	mg/dL	70 - 140
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GOD-POD Method

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M.B.DCP**Generated On :** 18-Feb-2023 07:52 PM**Approved On :** 18-Feb-2023 03:15 PM

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


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	210.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	67.40	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	61.40	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accolorator selective detergent method</i>			
LDL	135.12	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	13.48	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.20		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.42		0 - 5.0
<i>Calculated</i>			

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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.98	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.62	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	2.36	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.96		0.8 - 2.0
SGOT <i>UV without P5P</i>	16.80	U/L	0 - 40
SGPT <i>UV without P5P</i>	13.20	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphato (PNPP)</i>	51.1	U/L	53 - 128
Total Bilirubin <i>Vanadato Oxidation</i>	0.66	mg/dL	0 - 1.2
Conjugated Bilirubin	0.22	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.44	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	12.20	mg/dL	15 - 73

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Location : CHPL		Sample Type : Serum

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

Parameter **Result** **Unit** **Biological Ref. Interval**


BIO - CHEMISTRY

Uric Acid
Enzymatic, colorimetric method 3.88 mg/dL Adult : 3.5 - 8.5
Child : 2.5 - 5.5

Creatinine
Enzymatic Method 0.71 mg/dL Adult : 0.72 - 1.18
Child : 0.5 - 1.0

BUN
UV Method 10.50 mg/dL Adult : 7.0 - 20.0
Child : 5.0 - 18.0

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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	6.1	% 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	128.37	mg/dL
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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 through 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 measurement which reflects 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:

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

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	TRACE	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	8 - 10/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	6-8/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY**THYROID FUNCTION TEST**

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.39	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 (Thyroxino) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	7.80	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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Location : CHPL		Sample Type : Serum

TSH 2.970 μ IU/ml 0.35 - 5.50
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester :0.1 to 2.5 μ IU/mL

Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.47	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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Sex/Age : Male/36 Years
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Client Name : Medlwheel

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Report Date : 18-Feb-2023 02:12 PM

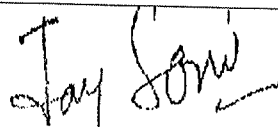
Electrocardiogram

Findings

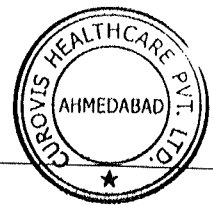
Normal Sinus Rhythm.

Within Normal Limit.

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MANDJKUMAR

HR 77/min

P Axis: 52°

CHRUHUN

Intervals:

P 81°

19

RR 784 ms

T 55°

36 years

P 108 ms

PR 146 ms

167 cm / 56 kg

QR5 90 ms

S (V1) -0.72 mV

QT 346 ms

R (V5) 1.94 mV

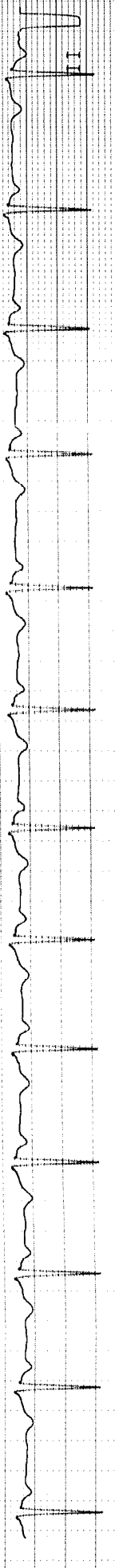
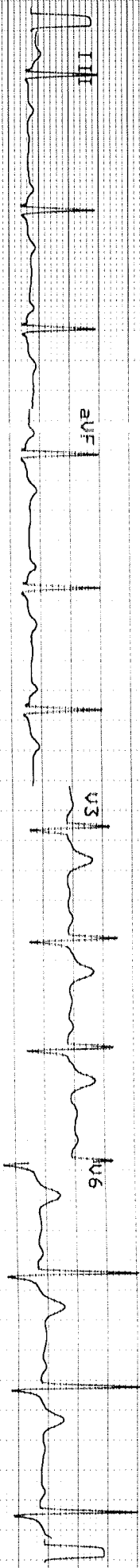
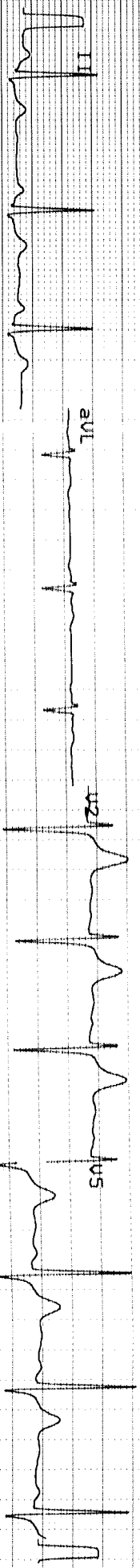
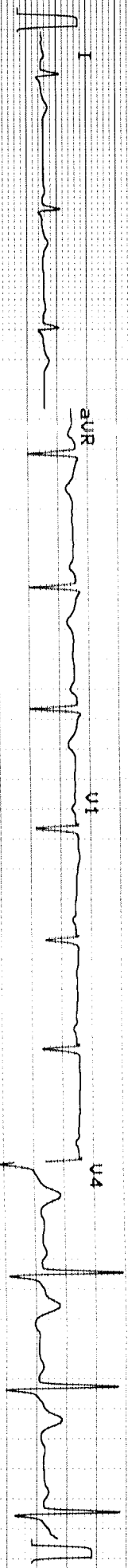
QTc 393 ms

Sokol. 3.51 mV

(Bazett)

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz F50 50F 50S 18.02.2023 11:27:19

CURQVIS HEALTHCARE

PT-102PLS 1.24 C

Handwritten signature of the physician or technician.



LABORATORY REPORT

Name :	Mr. Manojbhai Bharatbhai Chauhan	Reg. No :	302100788
Sex/Age :	Male/36 Years	Reg. Date :	18-Feb-2023 09:40 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	18-Feb-2023 02:12 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

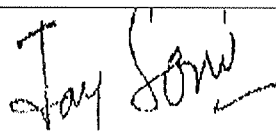
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

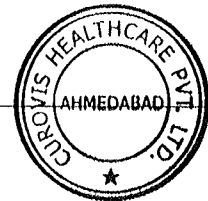
1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE





LABORATORY REPORT

Name : Mr. Manojbhai Bharatbhai Chauhan
Sex/Age : Male/36 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302100788
Reg. Date : 18-Feb-2023 09:40 AM
Collected On :
Report Date : 18-Feb-2023 01:50 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

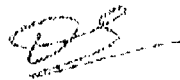
Both costo-phrenic angles appear free of fluid.

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

Page 2 of 2

CUROVIS HEALTHCARE PVT. LTD.

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



LABORATORY REPORT

Name : Mr. Manojbhai Bharatbhai Chauhan
Sex/Age : Male/36 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 302100788
Reg. Date : 18-Feb-2023 09:40 AM
Collected On :
Report Date : 18-Feb-2023 01:50 PM

USG ABDOMEN

Liver appears normal in size & echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas 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.

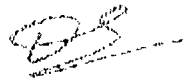
No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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



CUROVIS HEALTHCARE PVT. LTD.

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



LABORATORY REPORT

Name :	Mr. Manojbhai Bharatbhai Chauhan	Reg. No :	302100788
Sex/Age :	Male/36 Years	Reg. Date :	18-Feb-2023 09:40 AM
Ref. By :		Collected On :	
Client Name :	Medlwheel	Report Date :	18-Feb-2023 02:35 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -8.75

CY: -1.00

AX: 67

LEFT EYE

SP : -8.75

CY : -1.00

AX : 115

	Without Glasses	With Glasses
Right Eye	6/60	6/5
Left Eye	6/60	6/5

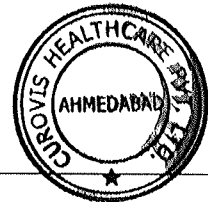
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

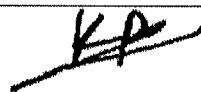
ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)

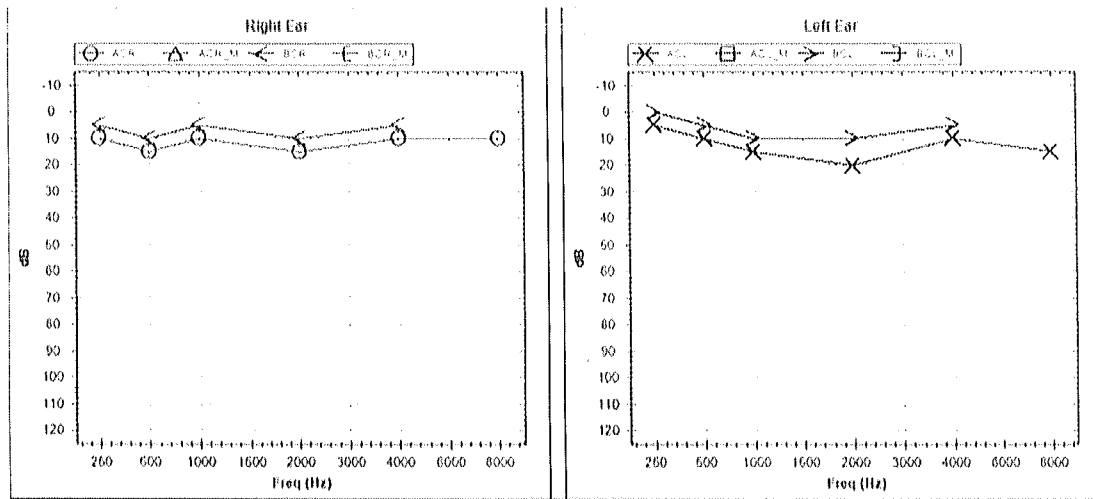
NAME:- MANOJ CHAUHAN.

ID NO :-

AGE:- 36Y/ M

Date:- 18/02/2023

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	RIGHT	LEFT
		Masked	UnMasked	Masked	UnMasked				
LEFT		□	×	□	>	BCL	AIR CONDUCTION	11.5	11.5
RIGHT		△	○	□	<	BCR	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols							SPEECH		

Comments:- Bilateral Hearing Sensitivity Within Normal Limits.