



भारत सरकार



आधार

भारत सरकार

Unique Identification Authority of India

नोंधणीनी ओणभ / Enrollment No 1171/25510/18504

To,
प्रजापति निरुबेन
Prajapati Niruben
W/O: Maheshbhai
House Number - 20
Sanskardham Society, Malpur Road
Behind Dreamland Theatre Modasa
Modasa
Modas Modasa Sabarkantha
Gujarat 383315
8238058402

13/04/2014

Ref: 63 / 26D / 67722 / 68236 / P



SE066474205FT



तमारो आधार नंबर / Your Aadhaar No. :

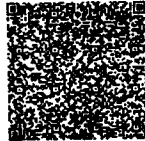
3278 8711 0465

आधार - सामान्य माणसनी अधिकार



भारत सरकार

प्रजापति निरुबेन
Prajapati Niruben
जन्म तारीख / DOB : 25/08/1970
स्त्री / Female



3278 8711 0465

आधार - सामान्य माणसनी अधिकार

3145559846



LABORATORY REPORT

Name :	Mrs. Niruben Prajapati	Reg. No :	409101432
Sex/Age :	Female/54 Years	Reg. Date :	28-Sep-2024 11:38 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 04:19 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 160

Weight (kgs) : 72.70

Blood Pressure :110/70 mmHg

Pulse : 82/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

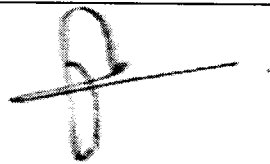
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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CUROVIS HEALTHCARE PVT. LTD.

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



TEST REPORT

Reg. No : 409101432	Ref Id :	Collected On : 28-Sep-2024 11:41 AM
Name : Mrs. Niruben Prajapati		Reg. Date : 28-Sep-2024 11:38 AM
Age/Sex : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

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

Hemoglobin (Colorimetric method)	L 12.0	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.00	%	40 - 50
RBC Count (Electrical Impedance)	L 4.23	million/cmm	4.73 - 5.5
MCV (Calculated)	84.9	fL	83 - 101
MCH (Calculated)	28.2	Pg	27 - 32
MCHC (Calculated)	33.2	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7560	/cmm	4000 - 10000
MPV (Calculated)	9.7	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	42.50 %	40 - 80	3213 /cmm	2000 - 7000
Lymphocytes (%)	H 46.00 %	20 - 40	3478 /cmm	1000 - 3000
Eosinophils (%)	2.80 %	0 - 6	627 /cmm	200 - 1000
Monocytes (%)	8.30 %	2 - 10	212 /cmm	20 - 500
Basophils (%)	0.40 %	0 - 2	30 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal


PLATELET COUNTS

Platelet Count (Electrical Impedance) 349000 /cmm 150000 - 450000
Electrical Impedance
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)

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Reg. No	: 409101432	Ref Id	:	Collected On	: 28-Sep-2024 11:41 AM
Name	: Mrs. Niruben Prajapati			Reg. Date	: 28-Sep-2024 11:38 AM
Age/Sex	: 54 Years / Female	Pass. No.	:	Tele No.	: 9428555412
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 <i>Tube Agglutination (Forward & Reverse grouping) Method</i>	"AB"
Rh (D) <i>Tube Agglutination (Forward & Reverse grouping) Method</i>	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	5	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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 (<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 : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : Flouride F, Flouride PP		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	116.00	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	130.6	mg/dL	70 - 140

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Age/Sex : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	280.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	154.70	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	62.30	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	186.76	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	30.94	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.00		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.49		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.67	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
<i>Biuret Reaction</i>			
Albumin	4.86	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
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.81	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.73		0.8 - 2.0
SGOT	16.00	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	12.40	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	121.6	IU/l	39 - 118
<i>4-Nitrophenol phosphate (AMP)</i>			

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Age/Sex : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL
Total Bilirubin	0.68	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
<i>Vanadate Oxidation</i>		
Direct Bilirubin	0.19	mg/dL
<i>Vanadate</i>		
Indirect Bilirubin	0.49	mg/dL
<i>Calculated</i>		
GGT	19.80	U/L
<i>Y-Glutamyltransferase - IFCC</i>		
		< 38

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Age/Sex : 54 Years / Female **Pass. No.** : **Tele No.** : 9428555412
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

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

BIO - CHEMISTRY

Uric Acid
Uricase - Peroxidase 3.89 mg/dL 2.6 - 6.0


Creatinine
Sarcosine Oxidase peroxidase 0.63 mg/dL 0.6 - 1.1

BUN
Urease - UV Method 7.60 mg/dL 6.0 - 20.0

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Age/Sex	: 54 Years / Female	Pass. No.	:	Tele No.	: 9428555412
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION Specimen: Blood EDTA

*Hb A1C	6.7	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	145.59	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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Age/Sex : 54 Years / Female	Pass. No. :	Tele No. : 9428555412
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

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

Quantity	20 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	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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Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CLIA-Sandwich Immunoassay</i>	0.90	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) <i>CLIA-Sandwich Immunoassay</i>	10.70	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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LABORATORY REPORT

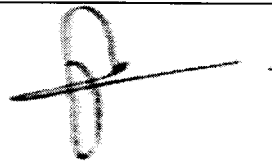
Name : Mrs. Niruben Prajapati
Sex/Age : Female/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101432
Reg. Date : 28-Sep-2024 11:38 AM
Collected On :
Report Date : 28-Sep-2024 05:00 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 17 mmHg, AOVP: 1.17 m/s, PVP: 0.97 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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Name : Mrs. Niruben Prajapati
Sex/Age : Female/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101432
Reg. Date : 28-Sep-2024 11:38 AM
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Report Date : 28-Sep-2024 02:02 PM

X RAY CHEST PA

Both lung fields show 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.

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.

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

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Sex/Age :	Female/54 Years	Reg. Date :	28-Sep-2024 11:38 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 03:52 PM

USG OF ABDOMEN

Liver appears normal in size & in 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.
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 lesion.
No evidence of ascites.
No evidence of lymph adenopathy.
No evidence of dilated small bowel loops.
Comments:-
Hysterectomy status.

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 and for further intervention.

This is an electronically authenticated report

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

Page 1 of 3

CUROVIS HEALTHCARE PVT. LTD.

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



LABORATORY REPORT

Name :	Mrs. Niruben Prajapati	Reg. No :	409101432
Sex/Age :	Female/54 Years	Reg. Date :	28-Sep-2024 11:38 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 03:53 PM

BILATERAL BREAST SONO GRAPHY :-

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

COMMENT :

- No significant abnormality detected (BI-RADS- I).
- No direct or indirect sign of malignancy seen.

BIRADS Categories :

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

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 is 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



LABORATORY REPORT

Name :	Mrs. Niruben Prajapati	Reg. No :	409101432
Sex/Age :	Female/54 Years	Reg. Date :	28-Sep-2024 11:38 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 04:39 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +2.75

CY: -075

AX:151

LEFT EYE

SP : +2.75

CY : -0.25

AX :36

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

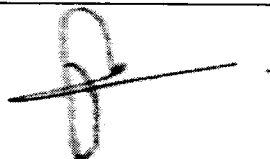
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report



Dr. Parth S Patel

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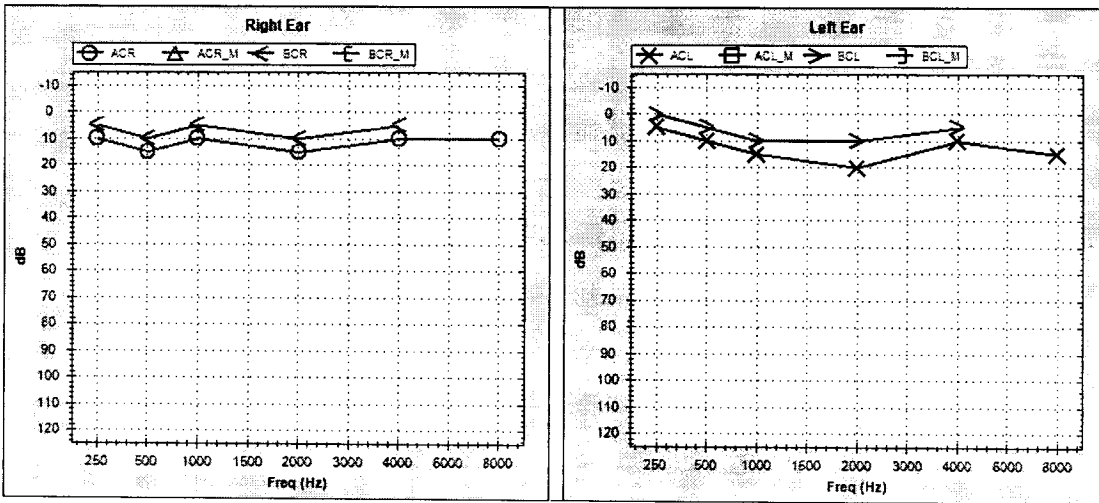


LABORATORY REPORT

Name : Mrs. Niruben Prajapati
 Sex/Age : Female/54 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 409101432
 Reg. Date : 28-Sep-2024 11:38 AM
 Collected On :
 Report Date : 28-Sep-2024 04:39 PM

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	11.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

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Dr. Parth S Patel

MBBS, MD, FR

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LABORATORY REPORT

Name : Mrs. Niruben Prajapati
Sex/Age : Female/54 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101432
Reg. Date : 28-Sep-2024 11:38 AM
Collected On :
Report Date : 30-Sep-2024 03:34 PM

Electrocardiogram

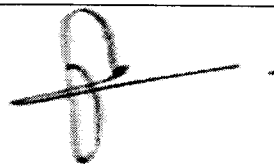
Findings

Normal Sinus Rhythm.

Within Normal Limit.

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

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

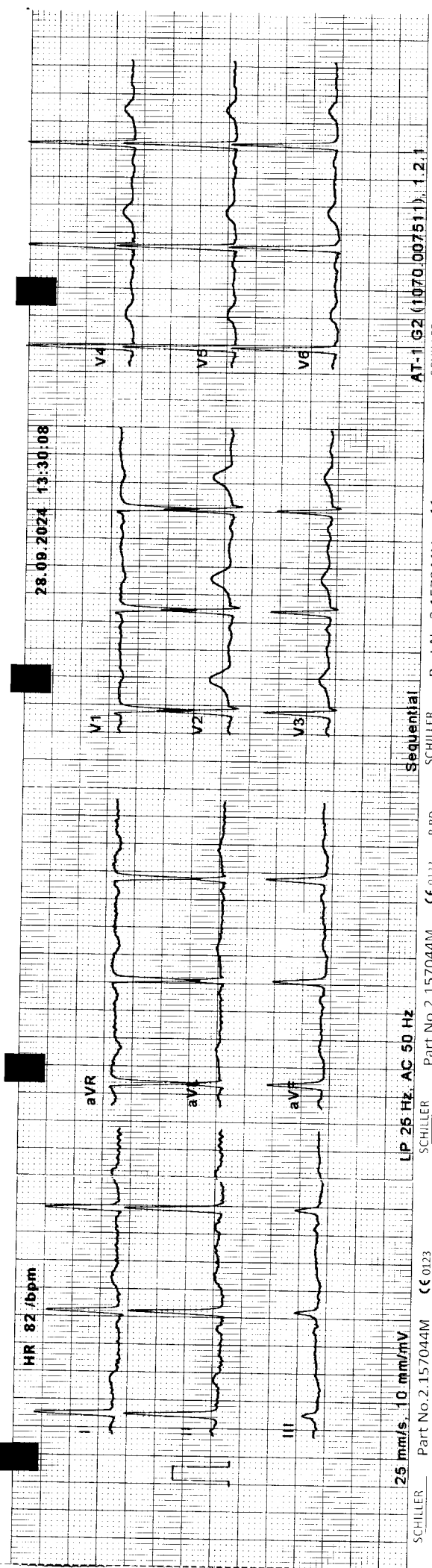
DR.MUKESH LADDHA

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SCHILLER Part No.2.157044M CE 0123 R.BD
 SCHILLER Part No.2.157044M CE 0123 R.BD
 SCHILLER Part No.2.157044M CE 0123 R.BD

HR 82 /bpm		28.09.2024 13:30:08	
RR	732 ms	P axis	51°
P	100 ms	QRS axis	39°
PR	124 ms	T axis	-24°
QRS	78 ms		
QT	372 ms		
QTc (Bazett)	435 ms	Height	cm
Sokolow	3.86 mV	Weight	kg
Cornell	0.88 mV	BP	mmHg
Lewis	1.06 mV	Medication	
Romihilt		Remark	
AT-1 G2 (1070_007511), 1.2.1		SCHILLER Part No.2.157044M CE 0123 R.BD	

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