



**LABORATORY REPORT**

<b>Name</b> : Mrs. Priyanaka Govindbhai Parikh	<b>Reg. No</b> : 403100588
<b>Sex/Age</b> : Female/31 Years	<b>Reg. Date</b> : 08-Mar-2024 10:08 AM
<b>Ref. By</b> :	<b>Collected On</b> :
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 08-Mar-2024 02:26 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :160

Weight (kgs) :97.7

Blood Pressure : 108/68mmHg

Pulse : 113/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

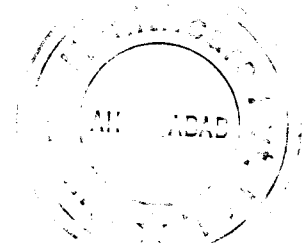
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

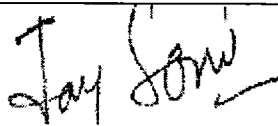
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE


**DR. MUKESH LADDHA**

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नाम  
Name **Priyanka Govindbhai Parkh**

कार्यकारी कोड नं.  
Employee Code No. **115995**

  
अधिकृत अधिकारी  
Issuing Authority



*P. Parkh*

कार्यकारी कोड नं.  
Employee Code No.

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

*P. Parkh* - 9624474257  
D 407 Karpie Pooreshwar  
Ahmedabad - 380024





**TEST REPORT**

Reg. No	: 403100588	Ref Id	:	Collected On	: 08-Mar-2024 10:08 AM
Name	: Mrs. Priyanaka Govindbhai Parikh			Reg. Date	: 08-Mar-2024 10:08 AM
Age/Sex	: 31 Years / Female	Pass. No.	:	Tele No.	: 9624474257
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

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

**BLOOD GROUP & RH**

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

ABO	"B"
Rh (D)	Positive
Note	-

**ERYTHROCYTE SEDIMENTANTION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	8	mm/hr	ESR AT 1 hour : 3-12
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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 (<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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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 08-Mar-2024 02:11 PM  
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**TEST REPORT**


**Reg. No** : 403100588      **Ref id** :  
**Name** : Mrs. Priyanaka Govindbhai Parikh  
**Age/Sex** : 31 Years / Female      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum,Flouride PP  
**Collected On** : 08-Mar-2024 10:08 AM  
**Reg. Date** : 08-Mar-2024 10:08 AM  
**Tele No.** : 9624474257  
**Dispatch At** :  
**Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	<b>132.80</b>	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	136.7	mg/dL	70 - 140

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**TEST REPORT**

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<b>Name</b> : Mrs. Priyanaka Govindbhai Parikh		<b>Reg. Date</b> : 08-Mar-2024 10:08 AM
<b>Age/Sex</b> : 31 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9624474257
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	178.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	101.00	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	42.80	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	115.00	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	20.20	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.69		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.16		0 - 5.0
<i>Calculated</i>			

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 Dr. Purvish Darji  
 MD (Pathology)

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**TEST REPORT**


Reg. No : 403100588      Ref Id :  
Name : Mrs. Priyanaka Govindbhai Parikh  
Age/Sex : 31 Years / Female      Pass. No. :  
Ref. By :  
Sample Type : Serum  
Collected On : 08-Mar-2024 10:08 AM  
Reg. Date : 08-Mar-2024 10:08 AM  
Tele No. : 9624474257  
Dispatch At :  
Location : CHPL

**Parameter      Result      Unit      Biological Ref. Interval**

**LFT WITH GGT**

Total Protein	7.16	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	4.09	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	3.07	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.33		0.8 - 2.0
SGOT	21.00	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	21.40	U/L	0 - 40
<i>UV without P5P</i>			
Alkaline Phosphatase	77.7	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.94	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.11	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.83	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	26.20	U/L	< 38
<i>SZASZ Method</i>			

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Age/Sex	: 31 Years / Female	Pass. No.	:	Tele No.	: 9624474257
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	<b>2.22</b>	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	<b>0.37</b>	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	<b>8.20</b>	mg/dL	6.0 - 20.0

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<b>Age/Sex</b> : 31 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9624474257
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : 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	6.0	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 2/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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<b>Age/Sex</b> : 31 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9624474257
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.03	ng/mL	0.86 - 1.92
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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.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.70	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Age/Sex : 31 Years / Female      Pass. No. :      Tele No. : 9624474257  
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	6.2	% 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	131.24	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)

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

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**Name** : Mrs. Priyanaka Govindbhai Parikh  
**Age/Sex** : 31 Years / Female      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum

**Collected On** : 08-Mar-2024 10:08 AM  
**Reg. Date** : 08-Mar-2024 10:08 AM  
**Tele No.** : 9624474257  
**Dispatch At** :  
**Location** : CHPL

**TSH**      1.560      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-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 µIU/mL


Second Trimester : 0.2 to 3.0 µIU/mL

Third trimester : 0.3 to 3.0 µIU/mL

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

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Age/Sex	: 31 Years / Female	Pass. No.	:	Tele No.	: 9624474257
Ref. By	:			Dispatch At	:
Sample Type	: Body Fluid			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**CYTOPATHOLOGY**  
**CYTOLOGY REPORT**

**CYTOLOGY REPORT**

Specimen :  
Conventional PAP smear

Gross Examination :  
Single unstained slide is received. PAP stain is done.

Microscopic Examination :  
Smear is satisfactory for evaluation.  
Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen infiltrated by neutrophils mainly.  
No evidence of intraepithelial lesion / malignancy.

Impression :  
Cervical smear - Negative for intraepithelial lesion or malignancy.


(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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<b>Sex/Age</b> :	Female/31 Years	<b>Reg. Date</b> :	08-Mar-2024 10:08 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Mar-2024 02:58 PM

**Electrocardiogram**

**Findings**

Sinus Tachycardia.

Rest Within Normal Limit.



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M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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PRIYANKA  
PARIKH

24

Female

31 years

160 cm / 98 kg

HR 115/min

Px is: 53

Intervals:

RR 530 ms

P 102 ms

PR 146 ms

QRS 70 ms

QT 314 ms

QTc 436 ms  
(Bazett)

10 mm/mV

P 56

T 44

P (II) 0.17 mV

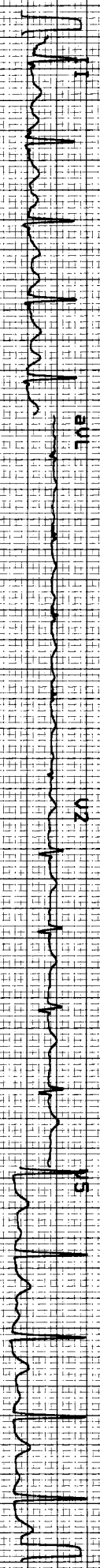
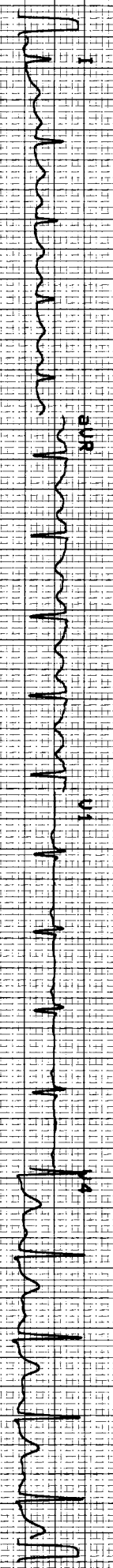
S (VI) -0.43 mV

R (V5) 1.42 mV

Sokol. 1.90 mV

10 mm/mV

S. Taha



10 mm/mV

25 mm/s

0.05 25 Hz

FSR

50T 50T

00.03.2024

10.55.40

CURIOUS HEALTHCARE

*P. Parikh*



**LABORATORY REPORT**

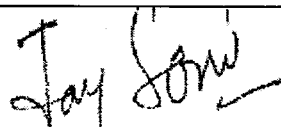
<b>Name</b> :	Mrs. Priyanaka Govindbhai Parikh	<b>Reg. No</b> :	403100588
<b>Sex/Age</b> :	Female/31 Years	<b>Reg. Date</b> :	08-Mar-2024 10:08 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Mar-2024 02:58 PM

**2D Echo Colour Doppler**

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, Trivial TR, No PR, No AR.
7. No PAH, RVSP: 22 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



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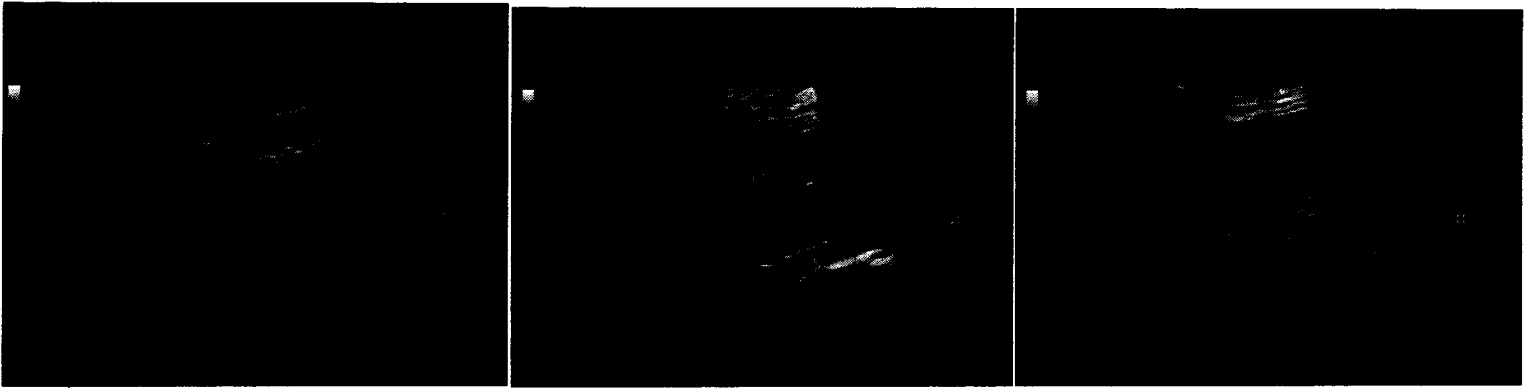


**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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**PRIYANKA 080324-113513AM**

**08/03/2024**

**CUROVIS HEALTH CARE**



**LABORATORY REPORT**

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<b>Sex/Age</b> :	Female/31 Years	<b>Reg. Date</b> :	08-Mar-2024 10:08 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Mar-2024 04:34 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.

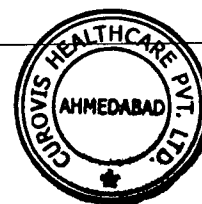
**COMMENT: No significant abnormality is detected.**

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

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



R

**PRIYANKA PARIKH 31Y/F**

**08/03/2024**

**CUROVIS HEALTHCARE**



**LABORATORY REPORT**

**Name** : Mrs. Priyanaka Govindbhai Parikh  
**Sex/Age** : Female/31 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100588  
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**Report Date** : 08-Mar-2024 04:34 PM

**USG ABDOMEN**

**Liver** appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic 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.

**Uterus** appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

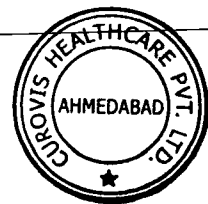
**COMMENTS :**

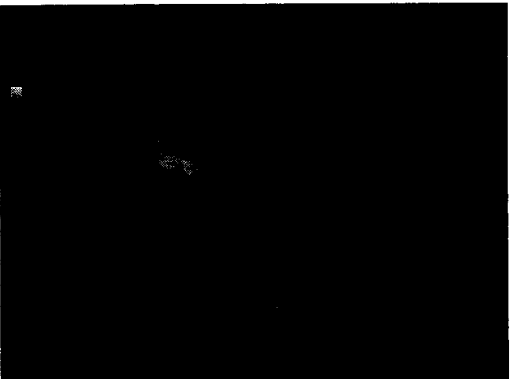
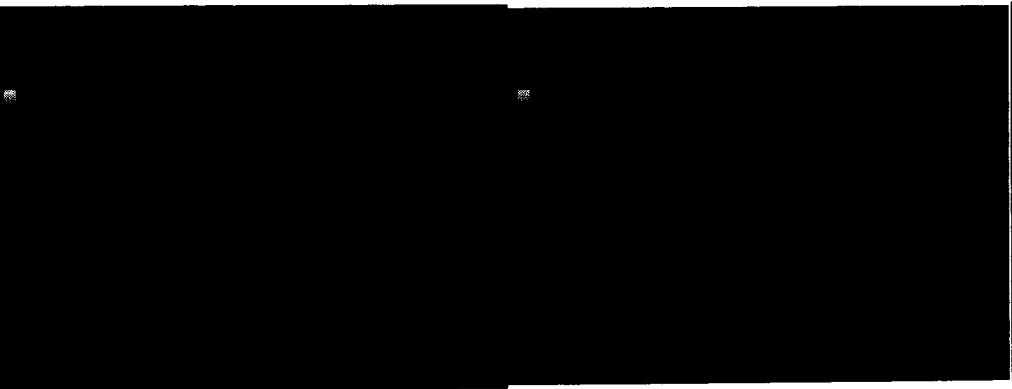
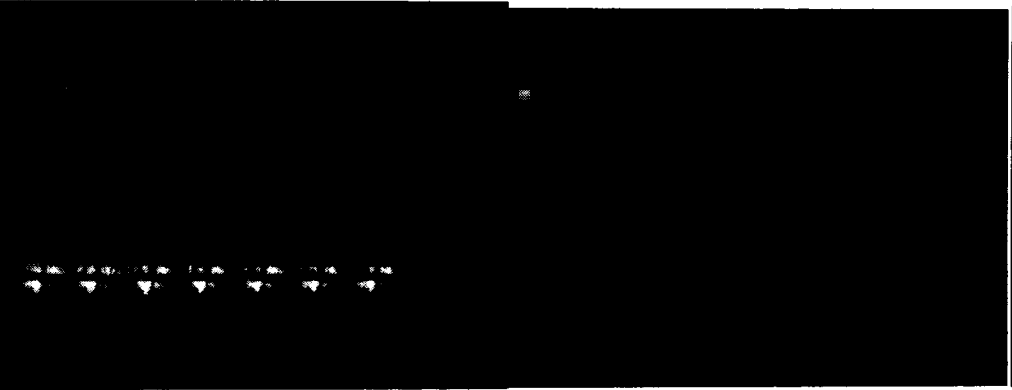
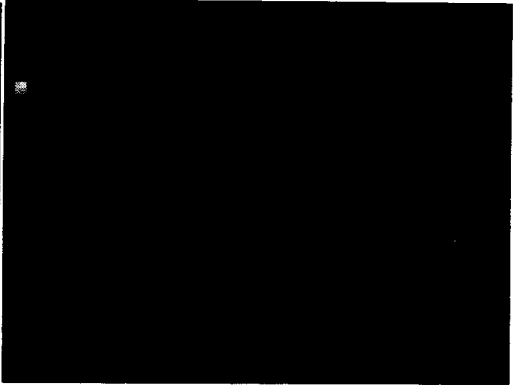
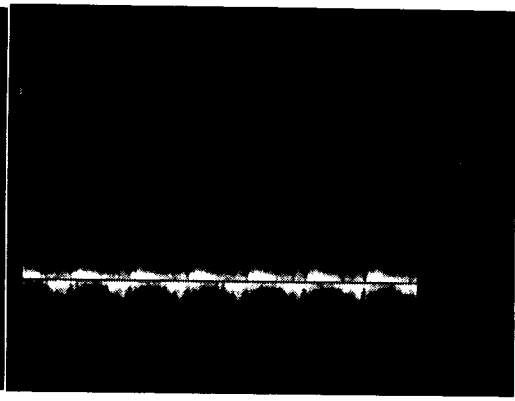
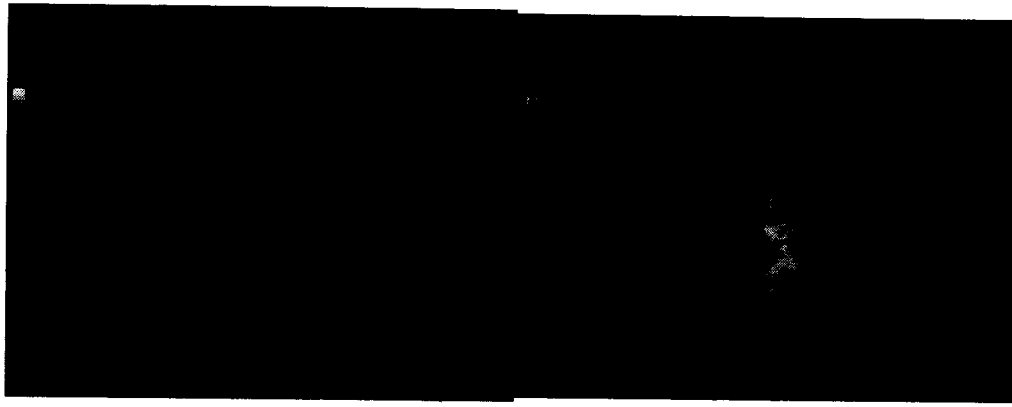
**Grade I fatty liver.**

This is an electronically authenticated report



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





**PRIYANKA PARIKH AGE 31 080324-120324PM**

**08/03/2024**

**CUROVIS HEALTH CARE**



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Priyanaka Govindbhai Parikh	<b>Reg. No</b> :	403100588
<b>Sex/Age</b> :	Female/31 Years	<b>Reg. Date</b> :	08-Mar-2024 10:08 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Mar-2024 01:51 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.75

CY: -0.75

AX: 05

**LEFT EYE**

SP : -0.75

CY : -1.00

AX :174

	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 -----



This is an electronically authenticated report

  
**Dr Kejal Patel**  
MB,DO(Ophth)

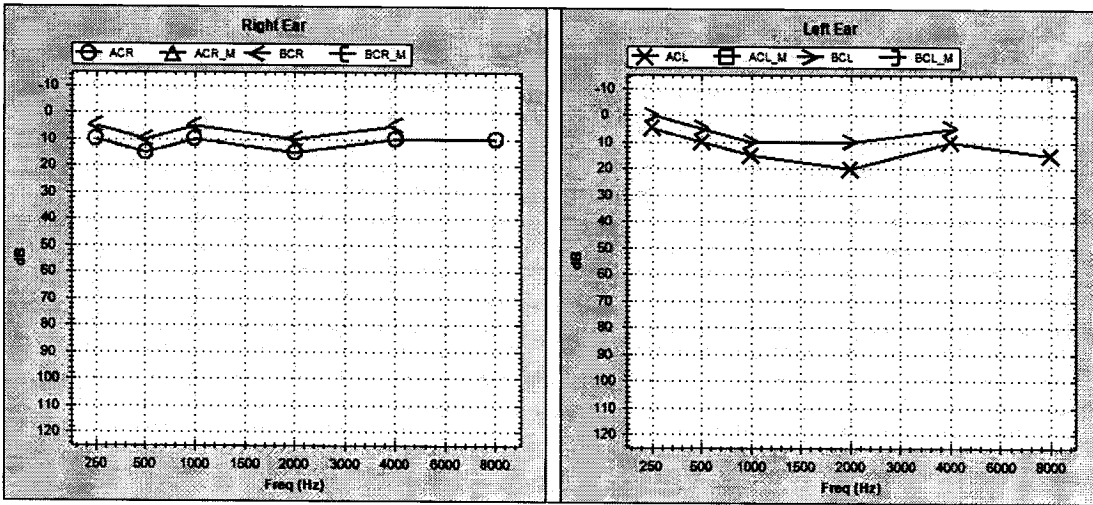


## LABORATORY REPORT

Name : Mrs. Priyanaka Govindbhai Parikh  
 Sex/Age : Female/31 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403100588  
 Reg. Date : 08-Mar-2024 10:08 AM  
 Collected On :  
 Report Date : 08-Mar-2024 01:51 PM

## AUDIOGRAM



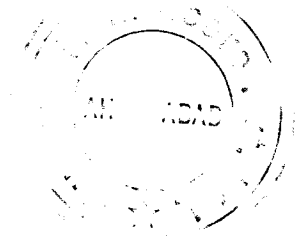
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10	10
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

Dr Kejal Patel  
 MB,DO(Ophth)