

आयकर विभाग  
INCOME TAX DEPARTMENT  
KUMUDINI D MAKWANA  
UKABHAI BHIMABHAI MAKWANA  
01/05/1984  
Permanent Account Number  
BEYPM7129D  
KUMUDINI D MAKWANA  
Signature  
भारत सरकार  
GOVT. OF INDIA  
04022015

KUMUDINI D MAKWANA

DOB- 1/05/1984

Add → D13, Sahyemond villa. I

Near Sakar school

Now C.G. Road

Chandkheda. 382624

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	KUMUDINIKANCHAN DEVENDRASINGH MAKWANA
DATE OF BIRTH	01-05-1984
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	23-03-2024
BOOKING REFERENCE NO.	23M111803100098348S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. MAKWANA DEVENDRASINGH PURUSHOTTAM
EMPLOYEE EC NO.	111803
EMPLOYEE DESIGNATION	CREDIT
EMPLOYEE PLACE OF WORK	VIRAMGAM
EMPLOYEE BIRTHDATE	28-04-1984

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **07-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



**LABORATORY REPORT**

Name : Mrs. Kumudini D Makwana  
Sex/Age : Female/39 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101585  
Reg. Date : 23-Mar-2024 05:43 PM  
Collected On :  
Report Date : 26-Mar-2024 04:07 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :160

Weight (kgs) :68.9

Blood Pressure : 110/70mmHg

Pulse : 68/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



This is an electronically authenticated report

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

**DR. MUKESH LADDHA**

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**TEST REPORT**

<b>Reg. No</b> : 403101585	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 09:43 AM
<b>Name</b> : Mrs. Kumudini D Makwana		<b>Reg. Date</b> : 23-Mar-2024 05:43 PM
<b>Age/Sex</b> : 39 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Hemoglobin (Colorimetric method)	13.5	g/dL	12.5 - 16
Hematocrit (Calculated)	40.10	%	40 - 50
RBC Count (Electrical Impedance)	L 4.53	million/cmm	4.73 - 5.5
MCV (Calculated)	88.5	fL	83 - 101
MCH (Calculated)	29.8	Pg	27 - 32
MCHC (Calculated)	33.7	%	31.5 - 34.5
RDW (Calculated)	12.3	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	6430	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	56.20	%	40 - 80	3614 /cmm	2000 - 7000
Lymphocytes (%)	33.60	%	20 - 40	2160 /cmm	1000 - 3000
Eosinophils (%)	1.70	%	0 - 6	534 /cmm	200 - 1000
Monocytes (%)	8.30	%	2 - 10	109 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 2	13 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology : Normocytic and Normochromic.  
 WBC Morphology : Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) : 329000 /cmm 150000 - 450000  
Electrical Impedance  
 Platelets : Platelets are adequate with normal morphology.  
 Parasites : Malarial parasite is not detected.  
 Comment : -

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 24-Mar-2024 05:46 PM  
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**TEST REPORT**

Reg. No	: 403101585	Ref Id	:	Collected On	: 23-Mar-2024 09:43 AM
Name	: Mrs. Kumudini D Makwana			Reg. Date	: 23-Mar-2024 05:43 PM
Age/Sex	: 39 Years / Female	Pass. No.	:	Tele No.	:
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 SEDIMENTATION RATE [ESR]****ESR 1 hour**  
Westergreen method

02

mm/hr

ESR AT 1 hour : 3-12

**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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MD (Pathology)Approved On : 24-Mar-2024 05:46 PM  
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**TEST REPORT**

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<b>Age/Sex</b> : 39 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Flouride F, Flouride PP		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**
**Fasting Blood Sugar (FBS)**  
*GOD-POD Method*

92.00

mg/dL

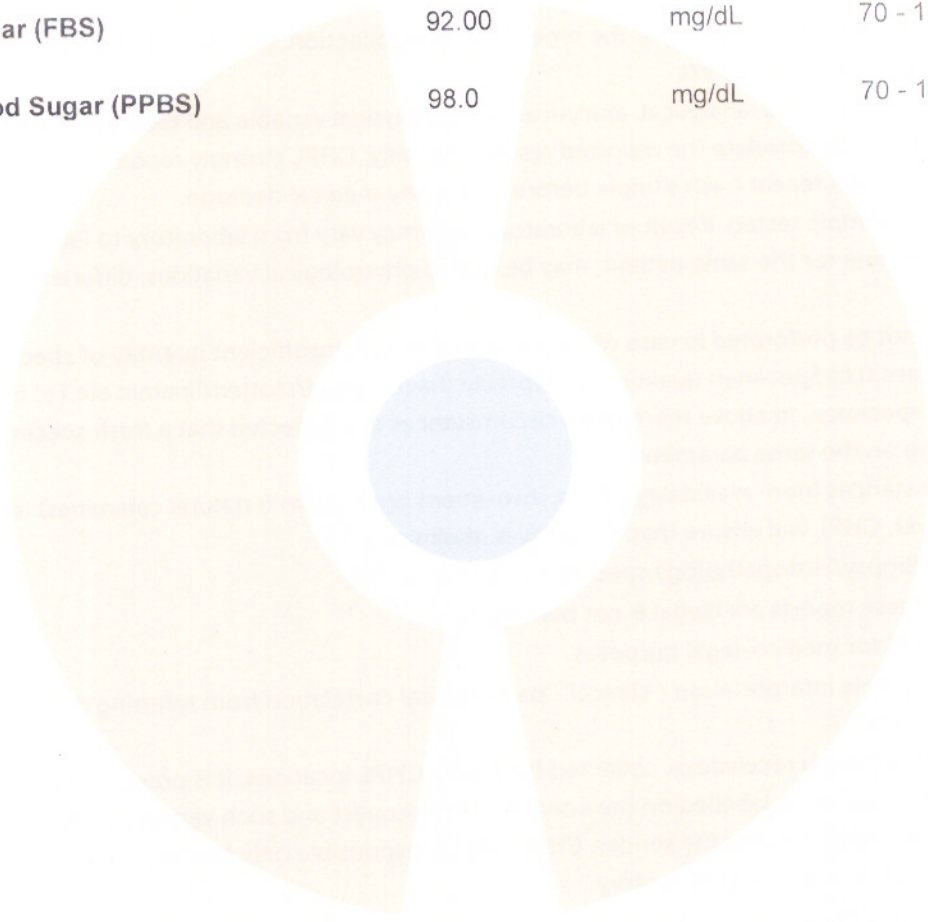
70 - 110

**Post Prandial Blood Sugar (PPBS)**  
*GOD-POD Method*

98.0

mg/dL

70 - 140



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**TEST REPORT**

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<b>Name</b> : Mrs. Kumudini D Makwana		<b>Reg. Date</b> : 23-Mar-2024 05:43 PM
<b>Age/Sex</b> : 39 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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	227.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i> Triglyceride	119.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i> HDL Cholesterol	57.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i> LDL	146.00	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i> VLDL	23.90	mg/dL	15 - 35
<i>Calculated</i> LDL / HDL RATIO	2.56		0 - 3.5
<i>Calculated</i> Cholesterol /HDL Ratio	3.98		0 - 5.0

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 MD (Pathology)

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**TEST REPORT**

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Name	: Mrs. Kumudini D Makwana	Reg. Date	: 23-Mar-2024 05:43 PM	Tele No.	:
Age/Sex	: 39 Years / Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
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**LFT WITH GGT**

Total Protein	7.53	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	5.03	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.50	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.01		0.8 - 2.0
SGOT	24.50	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	27.80	U/L	0 - 40
<i>UV without P5P</i>			
Alkaline Phosphatase	73.3	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.66	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.22	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.44	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	26.80	U/L	< 38
<i>SZASZ Method</i>			

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 MD (Pathology)

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**TEST REPORT**

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Name	: Mrs. Kumudini D Makwana	Reg. Date	: 23-Mar-2024 05:43 PM	Tele No.	:
Age/Sex	: 39 Years / Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
<b>BIO - CHEMISTRY</b>			
<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.07	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.85	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	8.10	mg/dL	6.0 - 20.0



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**TEST REPORT**

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Name	: Mrs. Kumudini D Makwana			Reg. Date	: 23-Mar-2024 05:43 PM
Age/Sex	: 39 Years / Female	Pass. No.	:	Tele No.	:
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>HEMOGLOBIN A1 C ESTIMATION</b>			
<b>Specimen: Blood EDTA</b>			
*Hb A1C	5.0	% 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 <i>Calculated</i>	96.80	mg/dL	

**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 effects 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:**

- \*Errneous 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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\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 26-Mar-2024 09:30 AM  
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**TEST REPORT**

<b>Reg. No</b> : 403101585	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 09:43 AM
<b>Name</b> : Mrs. Kumudini D Makwana		<b>Reg. Date</b> : 23-Mar-2024 05:43 PM
<b>Age/Sex</b> : 39 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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	8.0	4.6 - 8.0
Sp. Gravity	1.005	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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 MD (Pathology)

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<b>Name</b> : Mrs. Kumudini D Makwana		<b>Reg. Date</b> : 23-Mar-2024 05:43 PM
<b>Age/Sex</b> : 39 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.01	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.

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.60	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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 Dr. Purvish Darji  
 MD (Pathology)

**Approved On :** 24-Mar-2024 05:46 PM  
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**TEST REPORT**

Reg. No	: 403101585	Ref Id	:	Collected On	: 23-Mar-2024 09:43 AM
Name	: Mrs. Kumudini D Makwana			Reg. Date	: 23-Mar-2024 05:43 PM
Age/Sex	: 39 Years / Female	Pass. No.	:	Tele No.	:
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

**TSH** 3.820 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

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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**TEST REPORT**

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Age/Sex	: 39 Years / Female	Pass. No.	:	Tele No.	:
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.  
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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MD (Pathology)

Approved On : 26-Mar-2024 09:37 AM  
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**LABORATORY REPORT**

**Name** : Mrs. Kumudini D Makwana  
**Sex/Age** : Female/39 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403101585  
**Reg. Date** : 23-Mar-2024 05:43 PM  
**Collected On** :  
**Report Date** : 26-Mar-2024 08:22 AM

**Electrocardiogram**

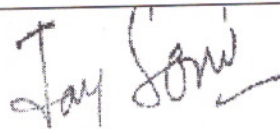
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



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

**DR. MUKESH LADDHA**

Page 1 of 5

KUMUDINI  
MAKWARNA  
40

39 years / Female  
160 cm / 69 kg

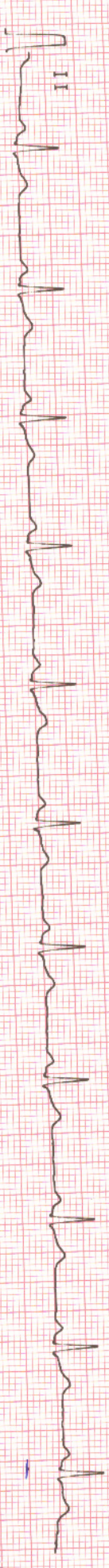
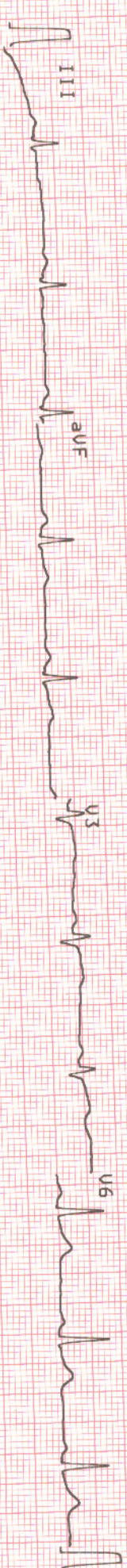
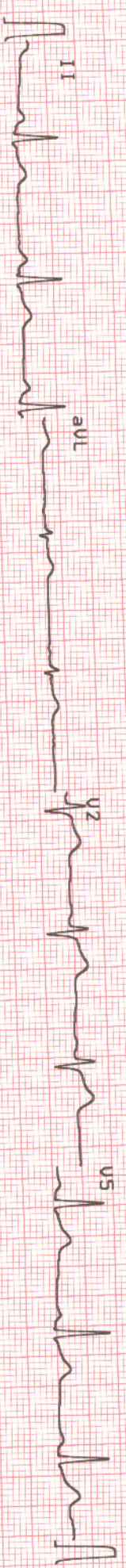
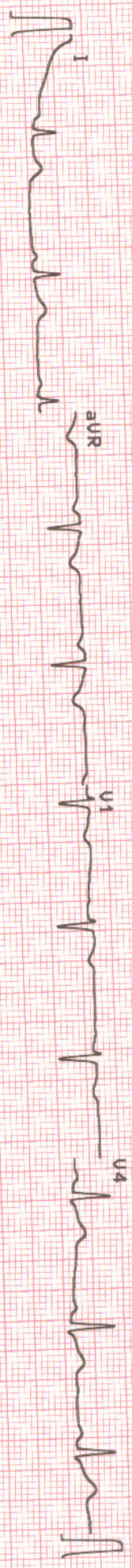
HR 68/min

Axis: P 52°  
QR5 51°  
T 28°

Intervals:  
RR 886 ms  
P 110 ms  
PR 154 ms  
QR5 74 ms  
QT 360 ms  
QTc 383 ms  
(Bazett)  
10 mm/mV

P (II) 0.12 mV  
S (V1) -0.64 mV  
R (V5) 1.00 mV  
Sokol. 1.64 mV

10 mm/mV



10 mm/mV

25 mm/s

SCHILLER

0.25 25 Hz F58 55F 505 23.03.2024 13:00:50

CURQVIS HEALTHCARE

*Kuprathakumar*

Part No.2.157017M

© 0123

QT 422ms 1.24 C

R 88





**LABORATORY REPORT**

**Name** : Mrs. Kumudini D Makwana  
**Sex/Age** : Female/39 Years  
**Ref. By** :  
**Client Name** : Mediwheel

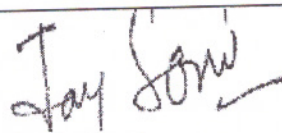
**Reg. No** : 403101585  
**Reg. Date** : 23-Mar-2024 05:43 PM  
**Collected On** :  
**Report Date** : 26-Mar-2024 08:22 AM

**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, Trivial PR, Trivial AR.
7. No PAH, RVSP: 21 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



This is an electronically authenticated report



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

**DR. MUKESH LADDHA**

Page 2 of 5



LABORATORY REPORT

Name : Mrs. Kumudini D Makwana  
Sex/Age : Female/39 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101585  
Reg. Date : 23-Mar-2024 05:43 PM  
Collected On :  
Report Date : 23-Mar-2024 06:44 PM

**X RAY CHEST PA**

Few discrete tiny opacities are seen in right lower zone p/o infective etiology- kindly correlate clinically.

Rest Both lung fields appear clear.

No evidence of any consolidation.

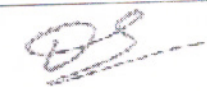
Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

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

This is an electronically authenticated report



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

Page 2 of 2



**LABORATORY REPORT**

Name	: Mrs. Kumudini D Makwana	Reg. No	: 403101585
Sex/Age	: Female/39 Years	Reg. Date	: 23-Mar-2024 05:43 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 23-Mar-2024 06:51 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 :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

This is an electronically authenticated report

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



**LABORATORY REPORT**

Name : Mrs. Kumudini D Makwana  
Sex/Age : Female/39 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101585  
Reg. Date : 23-Mar-2024 05:43 PM  
Collected On :  
Report Date : 26-Mar-2024 03:47 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.75

CY: -0.25

AX: 179

LEFT EYE

SP : -0.75

CY : -0.75

AX :176

	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.

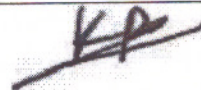
ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report



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

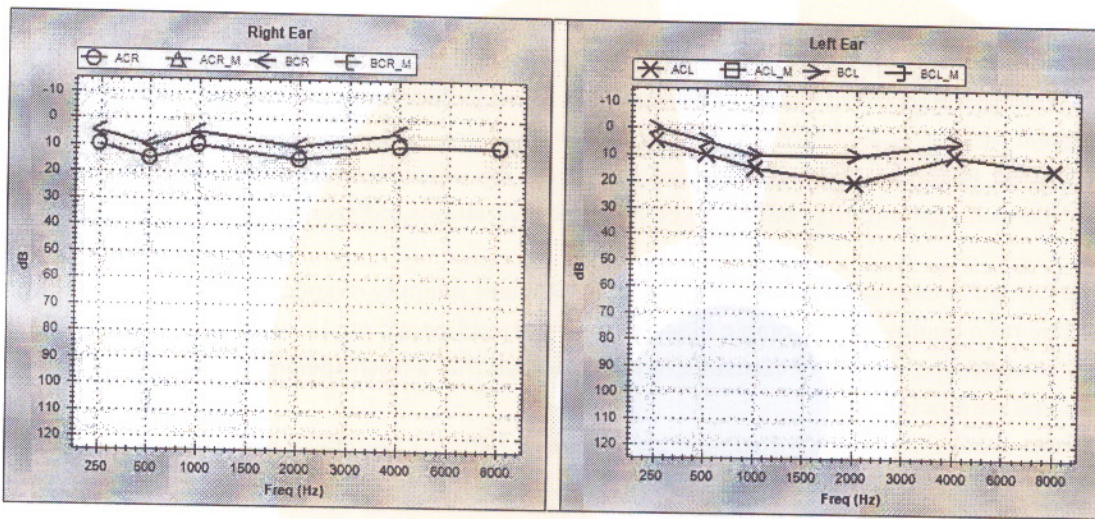


## LABORATORY REPORT

Name : Mrs. Kumudini D Makwana  
 Sex/Age : Female/39 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403101585  
 Reg. Date : 23-Mar-2024 05:43 PM  
 Collected On :  
 Report Date : 26-Mar-2024 03:47 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

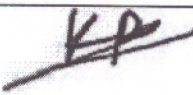
Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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 MB,DO(Ophth)