



LABORATORY REPORT



Name : Mrs MAYA YADAV Sex/Age : Female / 51 Years Case ID : 40308001093
 Ref. By : Mediwheel Full Body Health Checkup Dis. At : Pt. ID :
 Bill. Loc. : Health packages Pt. Loc. :

Reg Date and Time : 23-Mar-2024 08:43 Sample Type : Whole Blood EDTA, Plasma Fluoride F, Plasma Fluoride PP Mobile No. :
 Sample Date and Time : 23-Mar-2024 08:43 Sample Coll. By : non Ref Id1 :
 Report Date and Time : 23-Mar-2024 12:55 Acc. Remarks : Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin <i>Photometric Method</i>	L 11.1	G%	12.0 - 15.0	
RBC (Electrical Impedance)	3.87	millions/cum	3.80 - 4.80	
PCV(Calc)	L 33.98	%	36.00 - 46.00	
MCV (RBC histogram)	87.8	fL	83.00 - 101.00	
MCH (Calc)	28.6	pg	27.00 - 32.00	
MCHC (Calc)	32.5	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	13.90	%	11.00 - 16.00	

TOTAL AND DIFFERENTIAL WBC COUNT

Total WBC Count	H 12050	/μL	4000.00 - 10000.00	
Neutrophil	62	%	40.00 - 70.00	
Lymphocyte	27	%	20.00 - 40.00	
Eosinophil	05	%	1.00 - 6.00	
Monocytes	06	%	2.00 - 10.00	
Basophil	00	%	0.00 - 2.00	
Neutrophil <i>Calculated</i>	H 7471	/μL	2000.00 - 7000.00	
Lymphocyte <i>Calculated</i>	H 3254	/μL	1000.00 - 3000.00	
Eosinophil <i>Calculated</i>	H 603	/μL	20.00 - 500.00	
Monocyte <i>Calculated</i>	723	/μL	200.00 - 1000.00	
Basophil <i>Calculated</i>	0	/μL	0.00 - 100.00	

PLATELET COUNT

Platelet Count	274000	/μL	150000.00 - 410000.00	
MPV	10.10	fL	6.5 - 12	

Note: (LL-Very Low, L-Low, H-High, HH-Very High A-Abnormal)

Shweta Patel

Dr. Shweta Patel

Consultant Pathologist

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PDW H 16.1 8 - 13
ESR H 60 mm after 1hr 3 - 30
Westergren Method

Method:
 TLC-SF cube technology(Flow Cytometry+ fluorescence),
 DC by microscopy,
 Platelet count by electrical impedance+/-SF cube technology

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F <i>Photometric, Hexokinase</i>	H 181.03	mg/dL	70 - 100	FUS: NIL
Plasma Glucose - PP <i>Photometric, Hexokinase</i>	H 290.33	mg/dL	70 - 140	PPUS: ++

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Sample Date and Time : 23-Mar-2024 08:43	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Mar-2024 13:04	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
HAEMATOLOGY INVESTIGATIONS				
BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)				
(Both Forward and Reverse Group)				

ABO Type	O
Rh Type	POSITIVE

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Glycated Haemoglobin Estimation				
HbA1C <i>Immunoturbidimetric</i>	H 6.7		<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	145.59	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
 Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
 Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
 Patients with Homozygous forms of rare variant Hb[CC,SS,EE,SC] HbA1c can not be quantitated as there is no HbA.
 In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
 The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

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Sample Date and Time : 23-Mar-2024 08:43	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Mar-2024 11:01	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	L 8.1	mg/dL	9.80 - 20.10	
Uric Acid <i>Uricase-Peroxidase method</i>	5.58	mg/dL	2.6 - 6.2	
Creatinine <i>Jaffe compensated</i>	L 0.49	mg/dL	0.55 - 1.02	



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BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	158.80	mg/dL	110 - 200
HDL Cholesterol	46.9	mg/dL	40 - 60
Triglyceride <i>GPO-POD</i>	88.71	mg/dL	40 - 200
VLDL <i>Calculated</i>	17.74	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	3.39		0 - 4.1
LDL Cholesterol <i>Calculated</i>	94.16	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level! Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>IFCC</i>	15.99	U/L	0 - 59	
S.G.O.T. <i>IFCC</i>	20.72	U/L	15 - 37	
Alkaline Phosphatase <i>Modified IFCC method</i>	135.67	U/L	40 - 150	
Proteins (Total) <i>Biuret</i>	7.56	g/dL	6.4 - 8.2	
Albumin <i>Bromo Cresol Green</i>	4.33	g/dL	3.4 - 5.0	
Globulin <i>Calculated</i>	3.23	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.3		1.0 - 2.1	
Bilirubin Total <i>Diazotized Sulfanilic Acid Method</i>	0.50	mg/dL	0.2 - 1.0	
Bilirubin Conjugated <i>Diazotized Sulfanilic Acid Method</i>	0.20	mg/dL		
Bilirubin Unconjugated <i>Calculated</i>	0.30	mg/dL	0 - 0.8	

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Sample Date and Time : 23-Mar-2024 08:43	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Mar-2024 10:36	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

Triiodothyronine (T3) ECLIA	1.26	ng/mL	0.40 - 1.81	
Thyroxine (T4) ECLIA	8.37	µg/dL	5.5 - 11.0	
TSH ECLIA	H 5.300	µIU/mL	0.40 - 4.20	

INTERPRETATIONS

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.

The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone.

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)				
<u>Physical examination</u>				
Colour	Pale yellow			
Transparency	Clear			
<u>Chemical Examination By Sysmex UC-3500</u>				
Sp.Gravity	1.020		1.003 - 1.035	
pH	6.0		4.6 - 8	
Leucocytes (ESTERASE)	Negative		Negative	
Protein	Negative		Negative	
Glucose	Negative		Negative	
Ketone Bodies Urine	Negative		Negative	
Urobilinogen	Negative		Negative	
Bilirubin	Negative		Negative	
Blood	Negative		Negative	
Nitrite	Negative		Negative	
<u>Flowcytometric Examination By Sysmex UF-5000</u>				
Leucocyte	Nil	/HPF	Nil	
Red Blood Cell	Nil	/HPF	Nil	
Epithelial Cell	1-2	/HPF	Present(+)	
Bacteria	Nil	/µL	Nil	
Yeast	Nil	/µL	Nil	
Cast	Nil	/HPF	Nil	
Crystals	Nil	/HPF	Nil	

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services
Stool Examination

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note (LL-VeryLow,L-Low,H-High,HH-VeryHigh A-Abnormal)

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22/03

SIB Dr. Vineel :-



SARDAR PATEL HOSPITAL & HEART INSTITUTE

Name: M. J. G. G. G.

Date: 22/3/24

Age: 51 Sex: F

Sleep 6-8

K1C10 HTN F. Nixtel-Beta 100
(40/50)

DM2 F. Zormet-P2 100

F. Aspirin + Rosuvastatin 75 (10) (10)

No history drug allergy, Se

No burning micturition
∴ 38 days

Adv:

• Tab. Zip (200) 100 - ①

• Syr. Suerat 'o' 215 x 100 G

P.

Bp. 160/90

CvS (R&NAD)

• Tab. Cetanil-TRIO 100
(10/40/25)

• Tab. MPROL SU 100

• F. Zincovit 100

• Tab. Gilmiss MP2 100

• Tab. Vilason-OD 100

• Tab. Elixacin 12.5ug 100

• Cap. Cardisase CV 100
(75/10)

• F. Etizoea Beta 100

• Cap. Rabliss-ASR 100

o x (more)

Vineel



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Mujal. Jai bur UHID Number: - 17 6916

Consultant Name: - Dr. Niraj Patel Date: 23/3/24 Start Time: - - Age: - 5 (Years)

Sex: - F (M/F)

Height: - 149 cms, Weight: - 58.6 kgs. Temp. -, Pulse: - 82 (Per minute), SPO2 98%

B.P. :- 160/90 mm of Hg, RBS: - - First Visit / Follow Up Visit: First Visit

Nursing Staff Name & Signature: - Kavish. Patel End Time: -

Past History: - (TICK MARK)

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: -

Family History: -

Psychosocial Assessment: -

Nutritional Screening: -

Immunization Status: -

To be filled by Clinician) Start Time: - _____

Clinical Findings: -

Diagnosis: -

Investigations and Advice: -

Patient Name:	MAYA YADAV	Age /Sex:	51YRS/F
Patient ID:	OP-6916	Date :	23/03/2024
Referred By:	HEALTH CHEKUP	Modality:	X-RAY

X-RAY CHEST PA.

- Both Lung fields appear normal
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal.

IMPRESSION:

No significant abnormality detected. .
Suggest clinical correlation.



Dr. HANSA RATHWA
MD (Radio Diagnosis)

Disclaimer-It is of medical imaging based on the available clinical data, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.

Patient Name:	MAYA YADAV	Age / Sex:	51YRS/F
Patient ID:	OP-6916	Date:	23/03/2024
Referred By:	HEALTH CHEKUP	USG:	ABD

USG ABDOMEN & PELVIS

Liver is normal in size 93 mm and shows increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.

G.B. : well distended & normal. No stone or inflammation seen.

HEAD AND BODY OF PANCREAS : reveals normal echotexture. No mass, calcification or pancreatitis.

Tail of pancreas : Obscure by bowel gas.

SPLEEN : Normal in size, 97mm & reveals normal echotexture. No other focal mass seen.

BOTH KIDNEY : RK: 104 X 43 mm. , LK : 106 X 65 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

U. BLADDER : Well distended & normal.No mass or filling defect seen.

UTERUS: small in size (post-menopausal changes).

No adnexal mass.

BOWEL LOOPS : Peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

IMPRESSION:

Fatty changes in liver (Grade I)

Suggest clinical correlation.



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MD (Radio Diagnosis)

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Patient Name : Mrs. Maya Yadav
Registration No : 101-017-6916-000
Sex : Female
Patient Arrived At : 23-Mar-2024 09:00:00 AM
Test Name : ECHO STUDY
DOB : 19-Apr-1972
Age : 51 Yrs/
Result Verified At : 23-Mar-2024 10:58

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF = 60 %
- No RWMA at Rest.
- Grade I diastolic dysfunction
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No significant Pulmonary Hypertension, RVSP = 28 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LVEF, NO RWMA, GRADE I LVDD


Dr. Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

Soorya M.
Echo technologist

Dr. Jayvirsinh Atodariya
MD, DM, CARDIOLOGY
Consultant: Interventional Cardiology



OPD INITIAL ASSESSMENT FORM

(To be filled by Nursing Staff)

Patient Name: - Muni Yadav UHID Number: 47-6916

Consultant Name: Dr. Shreyas Date: 23/11/24 Start Time: 8:15 Age: 51 (Years)

Sex: F (M/F) sheeh

Height: 149 cms, Weight: 68.6 kgs. Temp. N, Pulse: 93 (Per minute), SPO2 97%

B.P. :- 130/70 (mm of Hg), RBS:- — First Visit / Follow Up Visit: Follow up

Nursing Staff Name & Signature: Ramrati End Time: 10:00 PM

Past History: - (TICK MARK) Routine check-up.
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:- Near add +2.00 - NB

Family History:- V_n < 6/6 Nutritional Screening:-

Psychosocial Assessment:- Immunization Status:-

To be filled by Clinician) Start Time:- _____

Clinical Findings:-

BE ASWELL
F ASWELL

Diagnosis:- Normal

Investigations and Advice:-

101 bpm
-- / -- mmHg

Room:

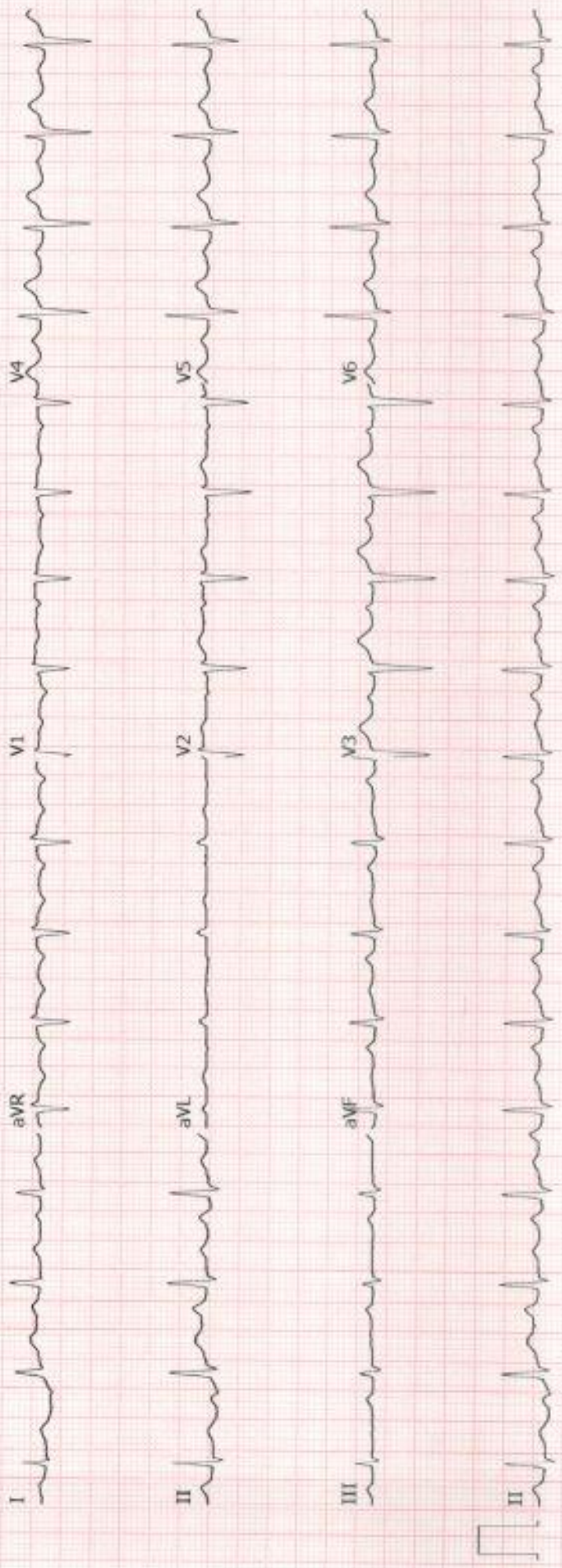
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

23.03.2024 9:57:02
SARD... PATEL HOSPITAL
CHIK...
ANKLASHWAR

Sinus tachycardia
Otherwise normal ECG

QRS : 80 ms
QT / QTcBaz : 336 / 435 ms
PR : 180 ms
P : 106 ms
RR / PP : 592 / 594 ms
P / QRS / T : 60 / 52 / 52 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV 50 Hz ADS 0.56-20 Hz Unconfirmed 4x2.5x3.25_R1 1/1