



BEB
Cash Loss

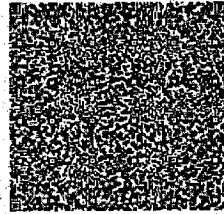
भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrolment No.: 0124/10430/08246



To
Zala Hansaba
W/O: Hakumatsinh
57
umlya park society
nr gaushala , bavla road
sanand
Sanand
Ahmedabad Gujarat - 382110
8320659776

Signature Not Verified
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आपका आधार क्रमांक / Your Aadhaar No. :
9302 5712 2196
VID : 9134 9358 6339 8920

मेरा आधार, मेरी पहचान

सूचना

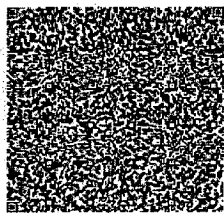
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- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन ऑथेंटिकेशन से पहचान प्रमाणित करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
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- आधार देश भर में मान्य है।
- आधार कई सरकारी और गैर सरकारी सेवाओं को पाना आसान बनाता है।
- आधार में मोबाइल नंबर और ईमेल ID अपडेट रखें।
- आधार को अपने स्मार्ट फोन पर रखें, mAadhaar App के साथ।

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VID : 9134 9358 6339 8920

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Zala Hansaba
Date of Birth/DOB: 17/07/1983
Female/ FEMALE

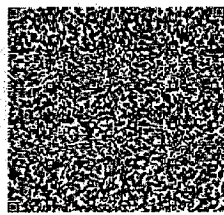
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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
W/O: Hakumatsinh, 57, umlya park society, nr gaushala , bavla road, sanand, Sanand, Ahmedabad, Gujarat - 382110



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VID : 9134 9358 6339 8920

मेरा आधार, मेरी पहचान

1947 | help@uidai.gov.in | www.uidai.gov.in

Hansaba



LABORATORY REPORT

Name : Mrs. Hansaba Zala
Sex/Age : Female/40 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101847
Reg. Date : 29-Mar-2024 09:22 AM
Collected On :
Report Date : 29-Mar-2024 04:45 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 153

Weight (kgs) : 64.0

Blood Pressure : 100/60mmHg

Pulse : 62/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

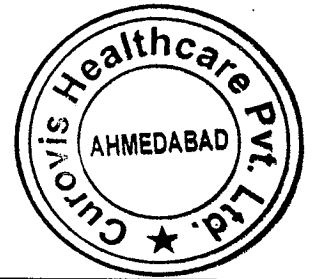
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

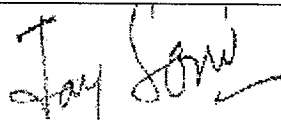
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 3 of 4


TEST REPORT

Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. :
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)	12.6	g/dL	12.5 - 16
Hematocrit (Calculated)	L 38.30	%	40 - 50
RBC Count (Electrical Impedance)	L 4.64	million/cmm	4.73 - 5.5
MCV (Calculated)	L 82.7	fL	83 - 101
MCH (Calculated)	27.2	Pg	27 - 32
MCHC (Calculated)	32.9	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6010	/cmm	4000 - 10000
MPV (Calculated)	9.7	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	58.00 %	40 - 80	3486 /cmm	2000 - 7000
Lymphocytes (%)	34.10 %	20 - 40	2049 /cmm	1000 - 3000
Eosinophils (%)	1.90 %	0 - 6	343 /cmm	200 - 1000
Monocytes (%)	5.70 %	2 - 10	114 /cmm	20 - 500
Basophils (%)	0.30 %	0 - 2	18 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 377000 /cmm 150000 - 450000
 Electrical Impedance
 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. Purvish Darji
 MD (Pathology)

Approved On : 29-Mar-2024 10:28 AM
 Page 1 of 11

**TEST REPORT**

Reg. No	: 403101847	Ref Id	:	Collected On	: 29-Mar-2024 09:22 AM
Name	: Mrs. Hansaba Zala			Reg. Date	: 29-Mar-2024 09:22 AM
Age/Sex	: 40 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	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Westergreen method</i>	07	mm/hr	ESR AT 1 hour : 3-12
------------------------------------------------	----	-------	----------------------

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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Dr. Purvish Darji
MD (Pathology)Approved On : 29-Mar-2024 03:28 PM
Page 2 of 11

**TEST REPORT**

Reg. No	: 403101847	Ref Id	:	Collected On	: 29-Mar-2024 09:22 AM
Name	: Mrs. Hansaba Zala			Reg. Date	: 29-Mar-2024 09:22 AM
Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	:
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>	103.00	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	101.0	mg/dL	70 - 140

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MD (Pathology)

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Page 3 of 11


TEST REPORT

Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. :
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	164.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	55.40	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	55.30	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	97.62	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	11.08	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.77		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.97		0 - 5.0
<i>Calculated</i>			

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 MD (Pathology)

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 Page 4 of 11



MC-3466



TEST REPORT

Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. :
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	6.49	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	4.57	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	1.92	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.38		0.8 - 2.0
SGOT	18.20	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	17.20	U/L	0 - 40
<i>UV without P5P</i>			
Alkaline Phosphatase	80.2	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.32	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.08	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.24	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	32	U/L	< 38
<i>SZASZ Method</i>			

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MD (Pathology)

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TEST REPORT


Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. :
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.08	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.63	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	5.60	mg/dL	6.0 - 20.0

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MD (Pathology)
Approved On : 29-Mar-2024 11:17 AM
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TEST REPORT

Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 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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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.3	% 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	105.41	mg/dL
--------------------	--------	-------

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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Dr. Purvish Darji
MD (Pathology)

Approved On : 30-Mar-2024 04:31 PM
Page 7 of 11

**TEST REPORT**

Reg. No	: 403101847	Ref Id	:	Collected On	: 29-Mar-2024 09:22 AM
Name	: Mrs. Hansaba Zala			Reg. Date	: 29-Mar-2024 09:22 AM
Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	:
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	5.0	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	
Nitrite	Nil	Nil
Blood	Present (++)	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	2 - 5/hpf	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Dr. Purvish Darji
MD (Pathology)

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TEST REPORT

Reg. No : 403101847	Ref Id :	Collected On : 29-Mar-2024 09:22 AM
Name : Mrs. Hansaba Zala		Reg. Date : 29-Mar-2024 09:22 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. :
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.98	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>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	9.80	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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* This test has been out sourced.

Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 29-Mar-2024 12:22 PM
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TEST REPORT

Reg. No : 403101847 **Ref Id** :
Name : Mrs. Hansaba Zala
Age/Sex : 40 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 29-Mar-2024 09:22 AM
Reg. Date : 29-Mar-2024 09:22 AM
Tele No. :
Dispatch At :
Location : CHPL

TSH 1.470 μ IU/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 μ IU/mL


Second Trimester : 0.2 to 3.0 μ IU/mL

Third trimester : 0.3 to 3.0 μ IU/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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MD (Pathology)

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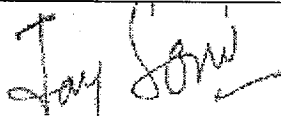
LABORATORY REPORT

Name :	Mrs. Hansaba Zala	Reg. No :	403101847
Sex/Age :	Female/40 Years	Reg. Date :	29-Mar-2024 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	30-Mar-2024 04:46 PM

Skip client.

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

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Dr. Jay Soni
M.D, GENERAL MEDICINE

Page 11 of 1

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

+91 79 4039 2653 +91 75730 30001 info@curovis.co.in www.curovis.co.in



LABORATORY REPORT

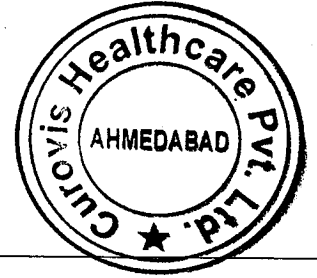
Name	: Mrs. Hansaba Zala	Reg. No	: 403101847
Sex/Age	: Female/40 Years	Reg. Date	: 29-Mar-2024 09:22 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 29-Mar-2024 03:38 PM

Electrocardiogram

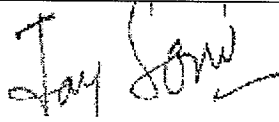
Findings

Sinus Arrythmia.

Rest Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 4

HN5PBP

ZALB

20

Female

40 years

153 cm / 64 kg

HR 62/min

Px: 41°

Intervals:

RR 961 ms

P 96 ms

PR 116 ms

QR5 90 ms

QT 382 ms

QTc 390 ms

(Bazett)

10 mm/mV

P 49°

T 37°

P (II) 0.14 mV

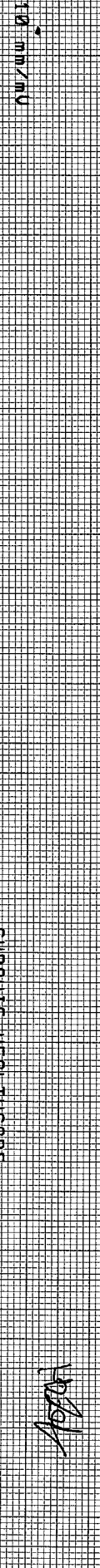
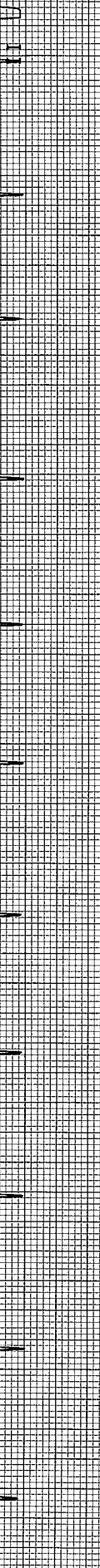
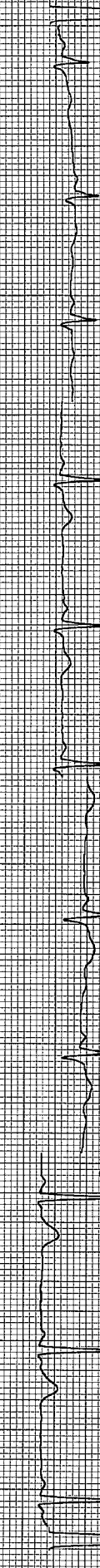
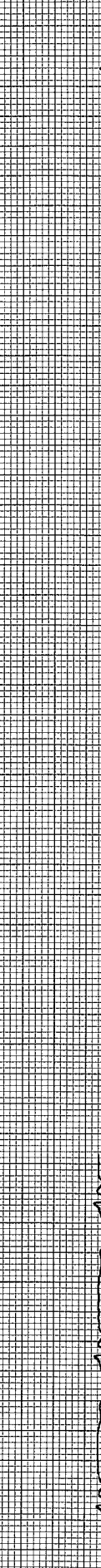
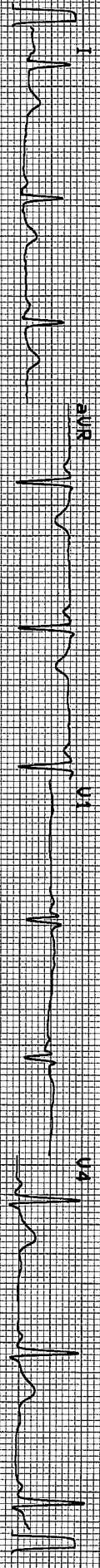
S (V1) -0.51 mV

R (V5) 1.60 mV

Sokol. 2.40 mV

S. Prokhorova

10 mm/mV



10 mm/mV
25 mm/s

20.05.25 12:50 50 100 20.03.2024 11.20.43

SCHILLER

CURIOUS HEAL-TH-CARE

Part No.2.157017M © 0123 R38

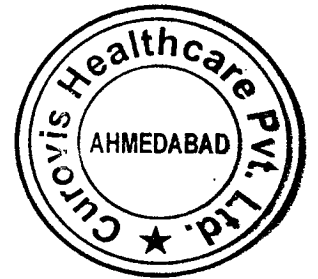


LABORATORY REPORT

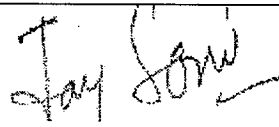
Name	: Mrs. Hansaba Zala	Reg. No	: 403101847
Sex/Age	: Female/40 Years	Reg. Date	: 29-Mar-2024 09:22 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 29-Mar-2024 03:38 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Reduced LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial 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 4



LABORATORY REPORT

Name :	Mrs. Hansaba Zala	Reg. No :	403101847
Sex/Age :	Female/40 Years	Reg. Date :	29-Mar-2024 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	29-Mar-2024 04:39 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.

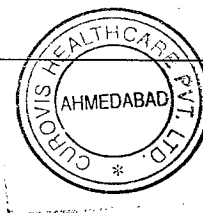
Both domes of diaphragm appear normal.

COMMENT: No significant abnormality is detected.

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mrs. Hansaba Zala
Sex/Age : Female/40 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101847
Reg. Date : 29-Mar-2024 09:22 AM
Collected On :
Report Date : 29-Mar-2024 04:38 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.

Mild changes of gastritis.

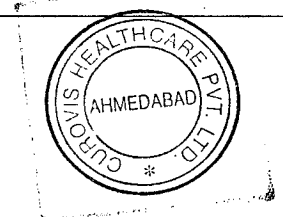
COMMENTS :

Mild changes of gastritis.

This is an electronically authenticated report



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





LABORATORY REPORT

Name :	Mrs. Hansaba Zala	Reg. No :	403101847
Sex/Age :	Female/40 Years	Reg. Date :	29-Mar-2024 09:22 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	29-Mar-2024 04:39 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 :

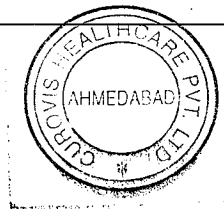
- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

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

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mrs. Hansaba Zala
Sex/Age : Female/40 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101847
Reg. Date : 29-Mar-2024 09:22 AM
Collected On :
Report Date : 29-Mar-2024 04:08 PM

Eye Check - Up

	Without Glasses	With Glasses
Right Eye	6/5	N. A
Left Eye	6/5	N. A

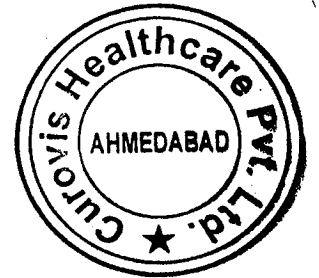
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report


Dr Kejal Patel
MB,DO(Ophth)