



**ભારત સરકાર**  
**Unique Identification Authority of India**  
**Government of India**

નોંધણીની ઓળખ / Enrollment No.: 1308/00238/53744

To  
 દોશી શિરાલી  
 Doshi Shirali  
 W/O: Bhavesh  
 B/43 yash tower  
 near asopalav party plot 100 ft ring road , satellite  
 Ahmadabad City  
 Ambawadi Vistar  
 Ahmadabad City Ahmedabad  
 Gujarat 380015  
 9574012114

03/08/2013  
 129858110



ML298581104FT



તમારો આધાર નંબર / Your Aadhaar No. :

**3318 4817 6442**

**આધાર - સામાન્ય માણસનો અધિકાર**



**ભારત સરકાર**  
**Government of India**



દોશી શિરાલી  
 Doshi Shirali  
 જન્મ તારીખ / DOB : 31/05/1986  
 સ્ત્રી / Female



**3318 4817 6442**

**આધાર - સામાન્ય માણસનો અધિકાર**

*Shirali Doshi*  
 7265026104



बैंक ऑफ़ बड़ौदा Bank of Baroda



प्रति,

समन्वयक,

MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.)

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MRS. DOSHI SHIRALI B
क.कू.संख्या	161364
पदनाम	CUSTOMER SERVICE ASSOCIATE
कार्य का स्थान	AHMEDABAD, S M ROAD
जन्म की तारीख	31-05-1986
स्वास्थ्य जांच की प्रस्तावित तारीख	07-09-2024
बुकिंग संदर्भ सं.	24S161364100112478E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 01-09-2024 से 31-03-2025 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मा.सं.प्र. एवं विपणन

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए MediWheel (M/s. Arcofemi Healthcare Pvt. Ltd.) से संपर्क करें।)



**List of tests & consultations to be covered as part of Annual Health Check-up**

S.No.	For Male	For Female
1	CBC	CBC
2	ESR	ESR
3	Blood Group & RH Factor	Blood Group & RH Factor
4	Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
5	Blood and Urine Sugar PP	Blood and Urine Sugar PP
6	Stool Routine	Stool Routine
	<b>Lipid Profile</b>	<b>Lipid Profile</b>
7	Total Cholesterol	Total Cholesterol
8	HDL	HDL
9	LDL	LDL
10	VLDL	VLDL
11	Triglycerides	Triglycerides
12	HDL/ LDL ratio	HDL/ LDL ratio
	<b>Liver Profile</b>	<b>Liver Profile</b>
13	AST	AST
14	ALT	ALT
15	GGT	GGT
16	Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
17	ALP	ALP
18	Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
	<b>Kidney Profile</b>	<b>Kidney Profile</b>
19	Serum Creatinine	Serum Creatinine
20	Blood Urea Nitrogen	Blood Urea Nitrogen
21	Uric Acid	Uric Acid
22	HBA1C	HBA1C
23	Routine Urine Analysis	Routine Urine Analysis
24	USG Whole Abdomen	USG Whole Abdomen
	<b>General Tests</b>	<b>General Tests</b>
25	X Ray Chest	X Ray Chest
26	ECG	ECG
27	2D/3D ECHO / TMT	2D/3D ECHO / TMT
28	Stress Test	Gynaec Consultation
29	PSA Male (above 40 years)	Pap Smear (above 30 years) & Mammography (above 40 years)
30	Thyroid Profile (T3, T4, TSH)	Thyroid Profile (T3, T4, TSH)
31	Dental Check-up Consultation	Dental Check-up Consultation
32	Physician Consultation	Physician Consultation
33	Eye Check-up Consultation	Eye Check-up Consultation
34	Skin/ENT Consultation	Skin/ENT Consultation

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**LABORATORY REPORT**

**Name** : Mrs. Shirali Doshi  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100800  
**Reg. Date** : 16-Sep-2024 02:45 PM  
**Collected On** :  
**Report Date** : 17-Sep-2024 07:49 AM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 170

Weight (kgs) : 82.55

Blood Pressure : 120/80mmHg

Pulse : 60/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

This is an electronically authenticated report

  
**Dr. Parth S Patel**  
MBBS. MD. FNB

**DR.MUKESH LADDHA**

Page 14 of


**TEST REPORT**

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<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)	L 11.5	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.40	%	40 - 50
RBC Count (Electrical Impedance)	L 4.52	million/cmm	4.73 - 5.5
MCV (Calculated)	L 80.6	fL	83 - 101
MCH (Calculated)	L 25.5	Pg	27 - 32
MCHC (Calculated)	31.6	%	31.5 - 34.5
RDW (Calculated)	12.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6410	/cmm	4000 - 10000
MPV (Calculated)	11.1	fL	6.5 - 12.0

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	49.40 %	40 - 80	3167 /cmm	2000 - 7000
Lymphocytes (%)	H 41.00 %	20 - 40	2628 /cmm	1000 - 3000
Eosinophils (%)	3.10 %	0 - 6	404 /cmm	200 - 1000
Monocytes (%)	6.30 %	2 - 10	199 /cmm	20 - 500
Basophils (%)	0.20 %	0 - 2	13 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology Mild Microcytic and Hypochromic.  
 WBC Morphology Normal


**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 237000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :**   
 Dr. Purvish Darji  
 MD (Pathology)

**Approved On :** 16-Sep-2024 07:29 PM Page 1 of 17



**TEST REPORT**

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : 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**  
Tube Agglutination (Forward & Reverse grouping) Method

"O"

**Rh (D)**  
Tube Agglutination (Forward & Reverse grouping) Method

Positive

**Note**

-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> Westergreen method	06	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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**Approved By :**   
Dr. Purvish Darji  
MD (Pathology)

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**TEST REPORT**

**Reg. No** : 409100800      **Ref Id** :      **Collected On** : 16-Sep-2024 02:58 PM  
**Name** : Mrs. Shirali Doshi      **Reg. Date** : 16-Sep-2024 02:45 PM  
**Age/Sex** : 38 Years / Female      **Pass. No.** :      **Tele No.** : 7265026104  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Flouride F, Flouride PP      **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>	100.40	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	89.8	mg/dL	70 - 140

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**Approved On** : 17-Sep-2024 09:19 AM Page 3 of 17



## TEST REPORT

**Reg. No** : 409100800      **Ref Id** :      **Collected On** : 16-Sep-2024 02:58 PM  
**Name** : Mrs. Shirali Doshi      **Reg. Date** : 16-Sep-2024 02:45 PM  
**Age/Sex** : 38 Years / Female      **Pass. No.** :      **Tele No.** : 7265026104  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	202.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	57.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	70.60	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	119.90	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	11.50	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.70		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.86		0 - 5.0
<i>Calculated</i>			

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**Approved On** : 16-Sep-2024 04:40 PM Page 4 of 17





## TEST REPORT

Reg. No	: 409100800	Ref Id	:	Collected On	: 16-Sep-2024 02:58 PM
Name	: Mrs. Shirali Doshi			Reg. Date	: 16-Sep-2024 02:45 PM
Age/Sex	: 38 Years / Female	Pass. No.	:	Tele No.	: 7265026104
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

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

Total Protein	6.75	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	4.41	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>Bromocresol Green</i>			
Globulin (Calculated)	2.34	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.88		0.8 - 2.0
SGOT	14.70	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	11.70	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	82.7	IU/l	42 - 98
<i>4-Nitrophenol phosphate (AMP)</i>			

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Dr. Purvish Darji  
MD (Pathology)

Approved On : 16-Sep-2024 04:39 PM Page 5 of 17



**TEST REPORT**

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**Name** : Mrs. Shirali Doshi      **Reg. Date** : 16-Sep-2024 02:45 PM  
**Age/Sex** : 38 Years / Female      **Pass. No.** :      **Tele No.** : 7265026104  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

Total Bilirubin      0.65      mg/dL      Cord : Premature & full term : <2.0  
0-1 day : Premature : <8.0  
0-1 day : Full term : 1.4 - 8.7  
1-2 day : Premature : <12  
1-2 day : Full term : 3.4 - 11.5  
3-5 day : Premature : <16  
3-5 day : Full term : 1.5 - 12.0  
Adult : 0.3 - 1.2

*Vanadate Oxidation*

Direct Bilirubin      0.16      mg/dL      0.0 - 0.4

*Vanadate*

Indirect Bilirubin      0.49      mg/dL      0.0 - 1.1

*Calculated*


GGT      9.50      U/L      < 38

*Y-Glutamyltransferase - IFCC*

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**TEST REPORT**

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<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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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Uricase - Peroxidase</i>	3.10	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Sarcosine Oxidase peroxidase</i>	0.61	mg/dL	0.6 - 1.1
<b>BUN</b> <i>Urease - UV Method</i>	4.70	mg/dL	6.0 - 20.0

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**TEST REPORT**

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

*Hb A1C	5.1	% 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	99.67	mg/dL
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*Calculated*

**Degree of Glucose Control Normal Range:**

Poor Control >7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level < 6.0 %

\* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

\* Some danger of hypoglycemic reaction in Type I diabetics.

\* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

**EXPLANATION :-**

\*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

\*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

\*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

\*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


**HbA1c assay Interferences:**

\*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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 MD (Pathology)

**Approved On :** 17-Sep-2024 <sup>Page 8 of 17</sup> 12:20 PM



## TEST REPORT

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<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	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	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	-	

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By** :   
Dr. Purvish Darji  
MD (Pathology)

**Approved On** : 16-Sep-2024 05:07 PM Page 9 of 17

**TEST REPORT**

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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

**IMMUNOLOGY****THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CLIA-Sandwich Immunoassay</i>	0.93	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> <i>CLIA-Sandwich Immunoassay</i>	9.10	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 is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :**   
Dr. Purvish Darji  
MD (Pathology)

**Approved On :** 16-Sep-2024 05:44 PM



## TEST REPORT

Reg. No : 409100800      Ref Id :      Collected On : 16-Sep-2024 02:58 PM  
Name : Mrs. Shirali Doshi      Reg. Date : 16-Sep-2024 02:45 PM  
Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 7265026104  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**TSH**      1.950      µIU/ml      0.35 - 5.50  
*CLIA-Sandwich 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 Edition. Philadelphia: WB Saunders, 2012:2170

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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 16-Sep-2024 05:44 PM <sup>Page 13 of</sup>



**TEST REPORT**

<b>Reg. No</b> : 409100800	<b>Ref Id</b> :	<b>Collected On</b> : 16-Sep-2024 02:58 PM
<b>Name</b> : Mrs. Shirali Doshi		<b>Reg. Date</b> : 16-Sep-2024 02:45 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7265026104
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Body Fluid		<b>Location</b> : 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 -----

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

\* This test has been out sourced.

  
**Approved By** : Dr. Purvish Darji  
MD (Pathology)  
**Approved On** : 17-Sep-2024 05:37 PM Page 17 of 17





**LABORATORY REPORT**

**Name** : Mrs. Shirali Doshi  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100800  
**Reg. Date** : 16-Sep-2024 02:45 PM  
**Collected On** :  
**Report Date** : 17-Sep-2024 12:34 PM

**Electrocardiogram**

**Findings**

T wave ii,iii,nvf

?Lv strain

Advice 2d echo.

This is an electronically authenticated report



**Dr. Parth S Patel**  
MBBS. MD. FNB

**DR.MUKESH LADDHA**

Page 10 of

ID: 2024091814281913  
Name: shital, doshi  
Age: 30 Years  
Gender: Female

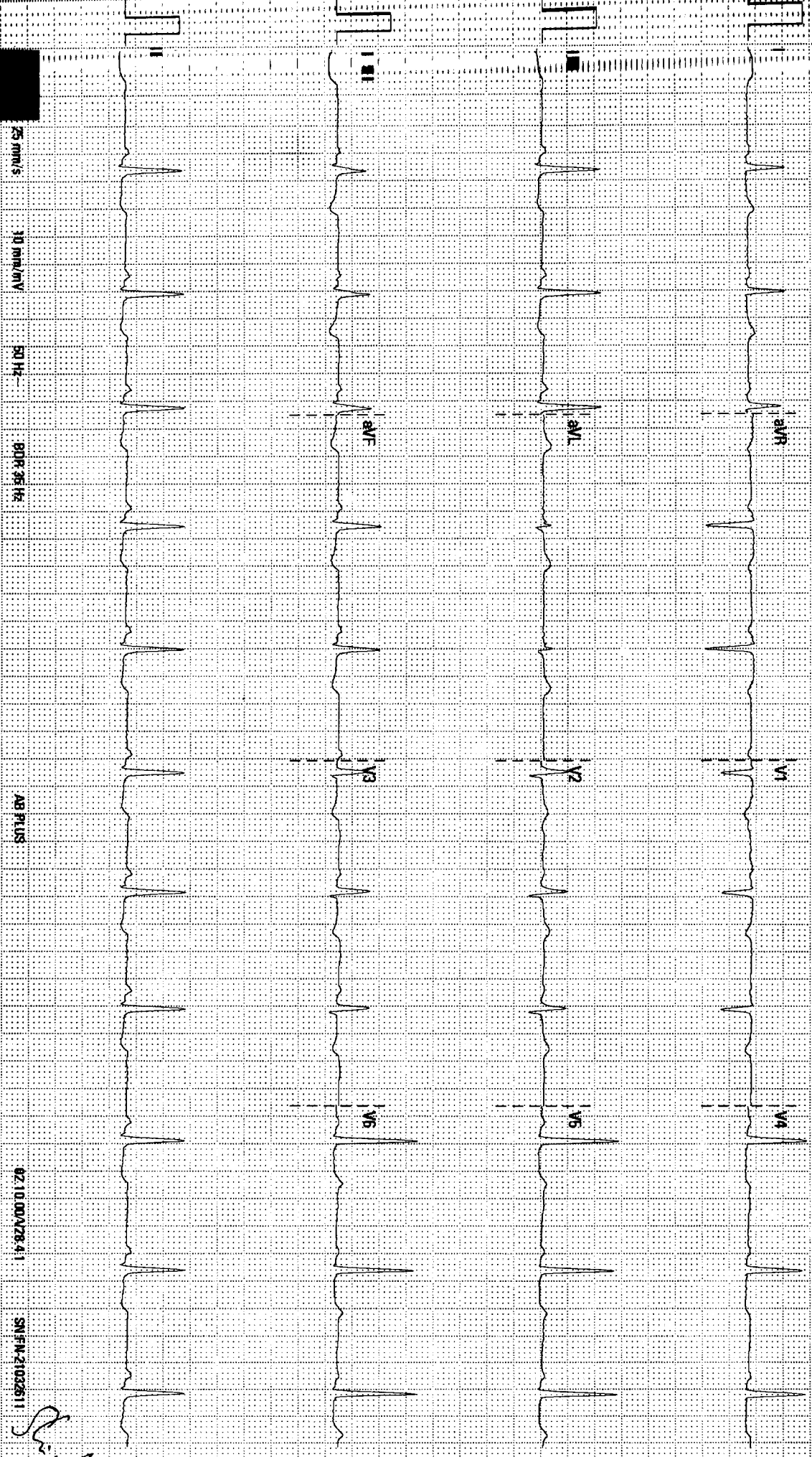
15:09:28/24 02:26:09 PM

Vent. Rate 66 bpm  
PR Interval 130 ms  
QRS Duration 88 ms  
QT/QTc Interval 420/431 ms  
P/QRS/T Axes 53/57/46 deg  
QTc/QTc/QTc

Sinus rhythm  
Inferior and anterior ST-T abnormality is age and gender related  
Abnormal ECG

Unconfirmed Diagnosis

*T L II, III, aVF.  
?LVD strains  
Add: 2D Echo*



25 mm/s

10 mm/mV

50 Hz

900P 35 Hz

AB PLUS

02:10:00/28.4.1

SN:FN-2102811

*Dr. Shital Doshi*



**LABORATORY REPORT**


**Name** : Mrs. Shirali Doshi  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100800  
**Reg. Date** : 16-Sep-2024 02:45 PM  
**Collected On** :  
**Report Date** : 17-Sep-2024 12:34 PM

**2D Echo Colour Doppler**

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 22 mmHg, AOVP: 1.20 m/s, PVP: 0.69 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report

  
**Dr. Parth S Patel**  
MBBS. MD. FNB

**DR.MUKESH LADDHA**

Page 11 of



LABORATORY REPORT

Name	: Mrs. Shirali Doshi	Reg. No	: 409100800
Sex/Age	: Female/38 Years	Reg. Date	: 16-Sep-2024 02:45 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 16-Sep-2024 07:01 PM

**X RAY CHEST PA**

Both lung fields show prominent broncho-vascular markings.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

**Comments:-**

**No significant abnormality detected.**

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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



LABORATORY REPORT

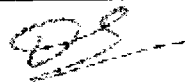
<b>Name</b> :	Mrs. Shirali Doshi	<b>Reg. No</b> :	409100800
<b>Sex/Age</b> :	Female/38 Years	<b>Reg. Date</b> :	16-Sep-2024 02:45 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	16-Sep-2024 06:24 PM

USG OF ABDOMEN

**Liver** appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.  
**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.  
**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.  
**Spleen** appears normal in size & echopattern.  
**Both kidneys** are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.  
**Urinary bladder** is partially distended. No evidence of calculus or mass lesion.  
**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.**

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

This is an electronically authenticated report



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



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Shirali Doshi	<b>Reg. No</b> :	409100800
<b>Sex/Age</b> :	Female/38 Years	<b>Reg. Date</b> :	16-Sep-2024 02:45 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	16-Sep-2024 06:25 PM

**BILATERAL BREAST SONO GRAPHY :-**

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

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

**COMMENT :**

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

**BIRADS Categories :**

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

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico-legal purposes. Results is subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

This is an electronically authenticated report



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



**LABORATORY REPORT**

**Name** : Mrs. Shirali Doshi  
**Sex/Age** : Female/38 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100800  
**Reg. Date** : 16-Sep-2024 02:45 PM  
**Collected On** :  
**Report Date** : 18-Sep-2024 11:36 AM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.25

CY: -0.25

AX:36

**LEFT EYE**

SP : +0.25

CY : -0.50

AX :165

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

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

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report



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

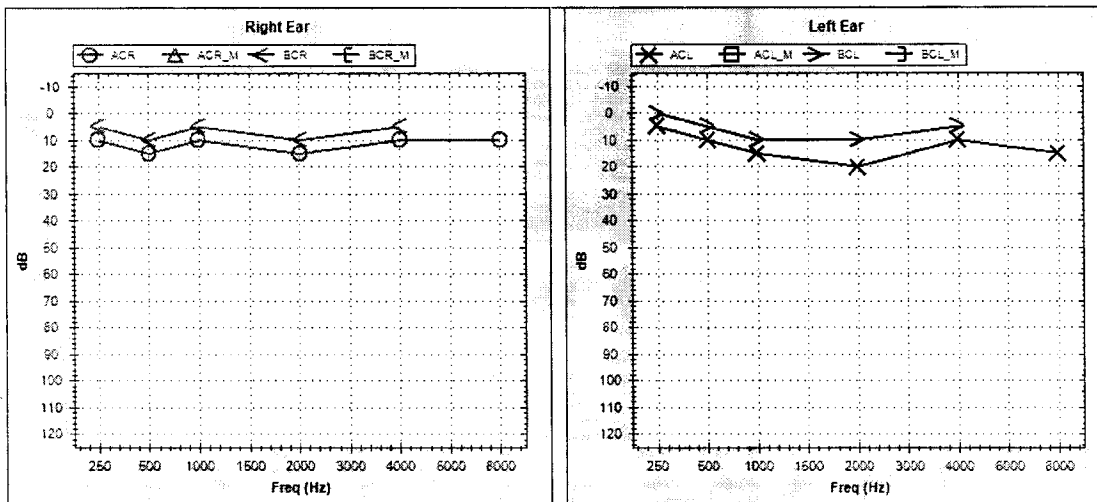


## LABORATORY REPORT

Name : Mrs. Shirali Doshi  
 Sex/Age : Female/38 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 409100800  
 Reg. Date : 16-Sep-2024 02:45 PM  
 Collected On :  
 Report Date : 16-Sep-2024 04:25 PM

## AUDIOGRAM

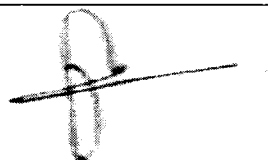


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	X	⊔	>	Blue
RIGHT		Δ	O	⊞	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

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

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

This is an electronically authenticated report



Dr. Parth S Patel  
 MBBS. MD. FNB