



LABORATORY REPORT

Name :	Mr. Pankaj J Saresa	Reg. No :	403100659
Sex/Age :	Male/30 Years	Reg. Date :	09-Mar-2024 09:51 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	11-Mar-2024 12:16 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 170

Weight (kgs) : 64.3

Blood Pressure : 118/78mmHg

Pulse : 88/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

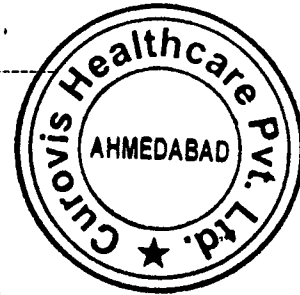
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA



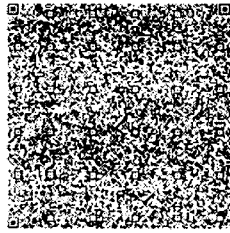
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Government of India

ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ
Unique Identification Authority of India

નામાંકન ક્રમ સંખ્યા/ Enrolment No.: 0648/00320/39318

To
પંકજ જયંતીભાઈ સારેસા
Pankaj Jayantibhai Saresa
S/O Jayantibhai Hirabhai Saresa
c/65, mahenatpura,
ambawadi
Ahmadabad City
Ahmadabad Gujarat - 380006
8866257506

Signature Not Verified
Digitally signed by Pankaj Jayantibhai Saresa
DN: cn=Pankaj Jayantibhai Saresa, o=UIDAI, ou=UIDAI, email=pankaj.saresa@uidai.gov.in, c=IN



તમારો આધાર નંબર / Your Aadhaar No. :

5014 0398 4030

VID : 9159 9046 7002 6946

મારો આધાર, મારી ઓળખ



ભારત સરકાર
Government of India



પંકજ જયંતીભાઈ સારેસા
Pankaj Jayantibhai Saresa
જન્મ તારીખ/DOB: 20/04/1993
પુરુષ/ MALE

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

5014 0398 4030

VID : 9159 9046 7002 6946

મારો આધાર, મારી ઓળખ



Government of India



માહિતી / INFORMATION

- આધાર એ ઓળખાણનું પ્રમાણ છે. નાગરીકતાનું નહિ.
- આધાર અનન્ય અને સુરક્ષિત છે.
- ઓળખ ચકાસવા માટે સુરક્ષિત QR કોડ/ ઓફલાઇન XML/ ઓનલાઇન પ્રમાણીકરણનો ઉપયોગ કરવો.
- આધારના તમામ સ્વરૂપો જેમ કે આધાર કાર્ડ, PVC કાર્ડ્સ, eAadhaar અને mAadhaar સમાન રીતે માન્ય છે. 12-અંકના આધાર નંબરની જગ્યાએ વર્ચ્યુઅલ આધાર ઓળખ (VID)નો પણ ઉપયોગ કરી શકાય છે.
- 10 વર્ષમાં ઓછામાં ઓછું એકવાર આધાર અપડેટ કરો.
- આધાર તમને વિવિધ સરકારી અને બિન-સરકારી લાભો/સેવાઓને સરળતાથી મેળવવામાં મદદ કરે છે.
- આધારમાં તમારો મોબાઇલ નંબર અને ઇમેઇલ આઇડી અપડેટ રાખો.
- આધાર સેવાઓ મેળવવા માટે સ્માર્ટફોન પર mAadhaar એપ ડાઉનલોડ કરો.
- સુરક્ષા સુનિશ્ચિત કરવા માટે લોક/અનલોક બાયોમેટ્રિક્સ/આધાર સુવિધાનો ઉપયોગ કરો.
- આધાર મેળવવા માંગતા સંગઠનોએ યોગ્ય સમતિ મેળવવી જરૂરી છે.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.

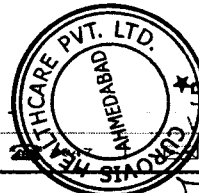
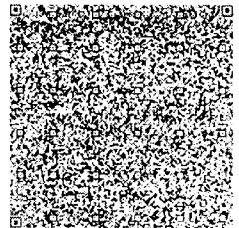


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Unique Identification Authority of India



સરનામું :
S/O જયંતીભાઈ હીરાભાઈ સારેસા, સી/૬૫, મહેનતપુરા,,
અમદાવાદ, અમદાવાદ શહેર, ગુજરાત,
ગુજરાત - 380006

Address:
S/O Jayantibhai Hirabhai Saresa, c/65,
mahenatpura,, ambawadi, Ahmadabad City,
Ahmadabad,
Gujarat - 380006



5014 0398 4030

VID : 9159 9046 7002 6946

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

8866257506


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Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866257506
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)	14.4	g/dL	13.5 - 18
Hematocrit (Calculated)	44.00	%	40 - 50
RBC Count (Electrical Impedance)	4.87	million/cmm	4.73 - 5.5
MCV (Calculated)	90.4	fL	83 - 101
MCH (Calculated)	29.5	Pg	27 - 32
MCHC (Calculated)	32.7	%	31.5 - 34.5
RDW (Calculated)	12.1	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7420	/cmm	4000 - 10000
MPV (Calculated)	9.7	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	54	% 40 - 80	4007 /cmm	2000 - 7000
Lymphocytes (%)	36	% 20 - 40	2671 /cmm	1000 - 3000
Eosinophils (%)	01	% 0 - 6	668 /cmm	200 - 1000
Monocytes (%)	09	% 2 - 10	74 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 395000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 09-Mar-2024 10:25 AM
 Page 1 of 11



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Age/Sex : 30 Years / Male **Pass. No.** : **Tele No.** : 8866257506
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 05 mm/hr ESR AT 1 hour : 1-7
Westergreen method

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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Approved By : Dr. Purvish Darji
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Page 2 of 11


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Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866257506
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	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	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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 Page 8 of 11



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Age/Sex : 30 Years / Male	Pass. No. :	Tele No. : 8866257506
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.02	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	8.00	µg/dL	3.2 - 12.6
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Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


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

Limitations:

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

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Page 9 of 11



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Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


TSH 3.380 μ IU/ml 0.35 - 5.50
CHEMILUMINESCENT 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

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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Page 10 of 1



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Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.91	ng/mL	0 - 4
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Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.


Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

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

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Page 11 of 1



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Ref. By :		Dispatch At :
Sample Type : Serum,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>	107.90	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	103.2	mg/dL	70 - 140

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Page 3 of 11


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Sample Type : Serum		Location : CHPL

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Lipid Profile

Cholesterol	180.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	86.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	42.00	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	120.70	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	17.30	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.87		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.29		0 - 5.0
<i>Calculated</i>			

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Page 4 of 11



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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.92	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.83	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	10.50	mg/dL	6.0 - 20.0

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Page 6 of 11


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LFT WITH GGT

Total Protein	7.48	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	5.13	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.35	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.18		0.8 - 2.0
SGOT	21.90	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	12.40	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	111.7	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.58	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.14	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.44	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	25.90	U/L	< 55
<i>SZASZ Method</i>			

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 Page 5 of 11


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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
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	105.41	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 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 : 09-Mar-2024 04:39 PM
 Page 7 of 11



LABORATORY REPORT

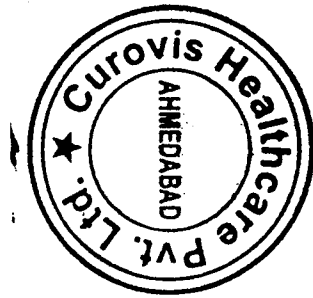
Name	: Mr. Pankaj J Saresa	Reg. No	: 403100659
Sex/Age	: Male/30 Years	Reg. Date	: 09-Mar-2024 09:51 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 11-Mar-2024 01:49 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 2

PANKAJ
SARESA

34 years
170 cm / 64 kg

Male

HR 88/min

Axis: 54°

Intervals:

RR 682 ms

P 96 ms

PR 126 ms

QR5 76 ms

QT 328 ms

QTc 400 ms
(Bazett)

P QR5 63°

T 23°

P (I1) 0.09 mV

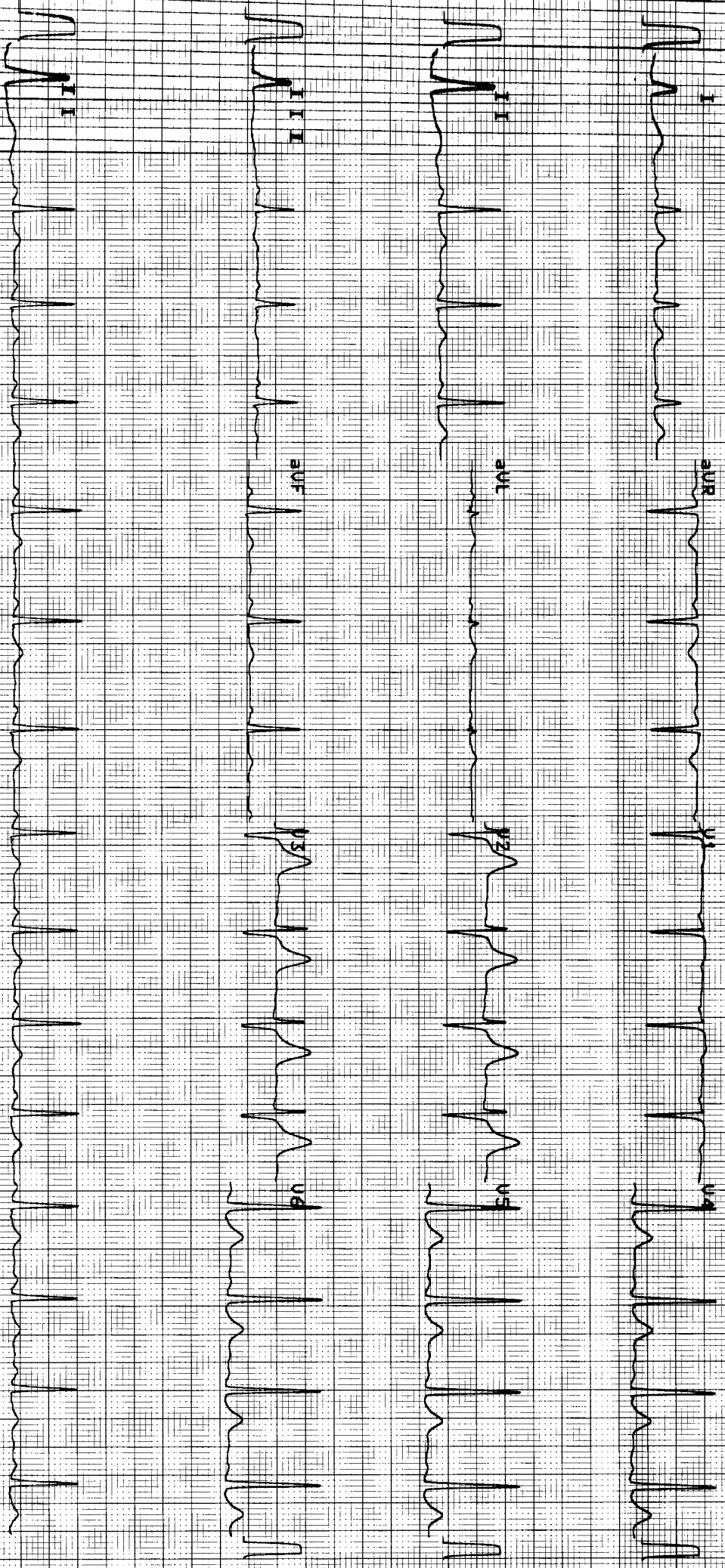
S (VI) -1.19 mV

R (V5) 1.85 mV

Sokol. 3.04 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

8.25 25 Hz F50 SGT 505 09.03.2024 11:40:00

CARDIUS HEALTHCARE

RT 1025125 1.124 C

SCHILLER

Part No.2.157017M

© 0123

R 88



LABORATORY REPORT

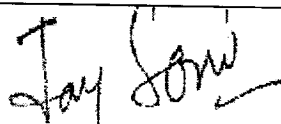
Name : Mr. Pankaj J Saresa	Reg. No : 403100659
Sex/Age : Male/30 Years	Reg. Date : 09-Mar-2024 09:51 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 09-Mar-2024 04:26 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, No TR, No PR, No AR.
7. No PAH, RVSP: 20 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



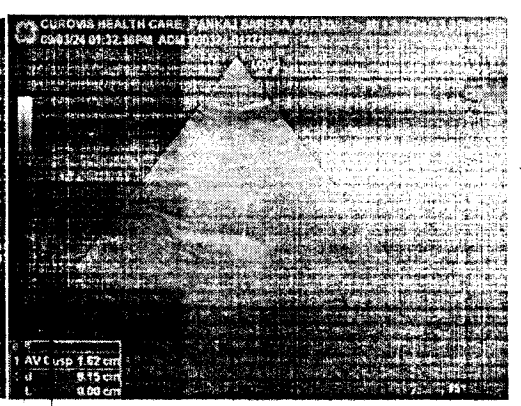
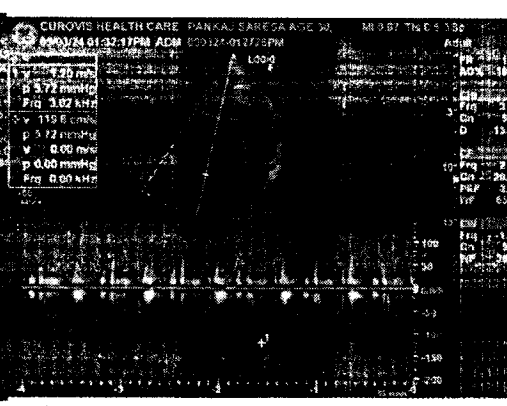
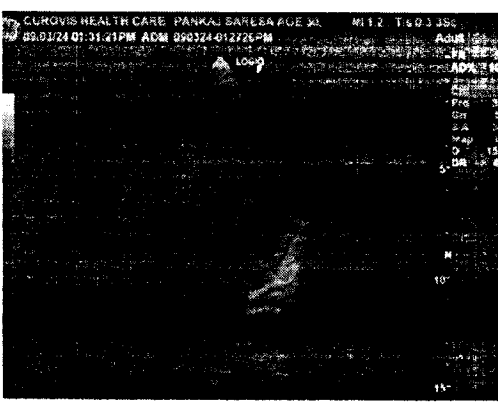
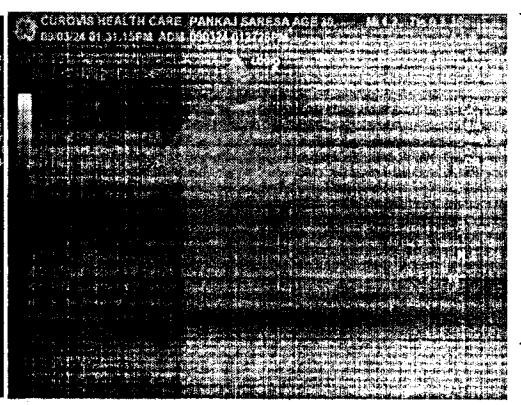
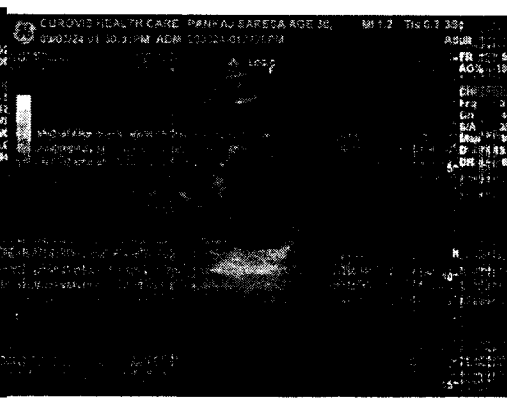
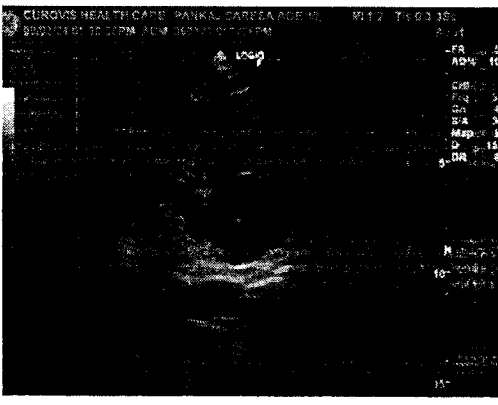
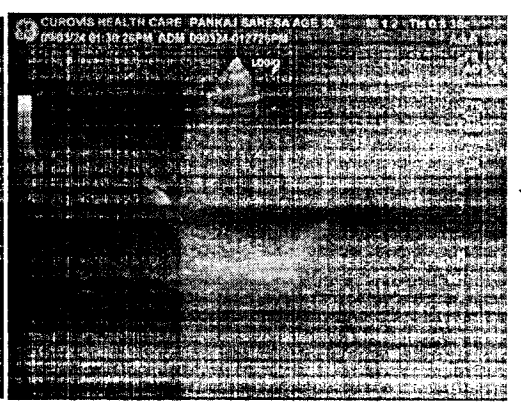
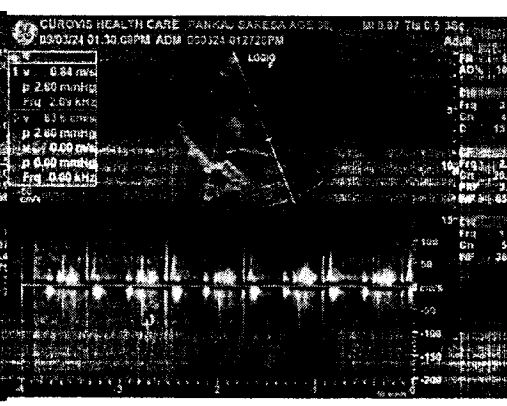
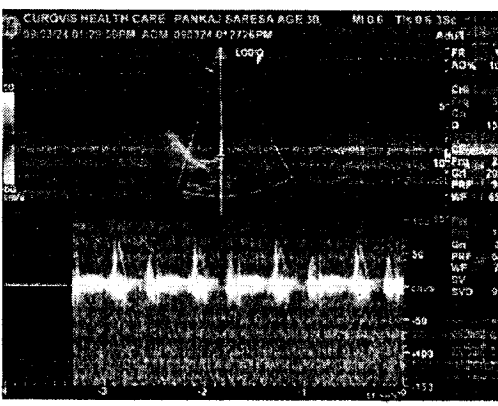
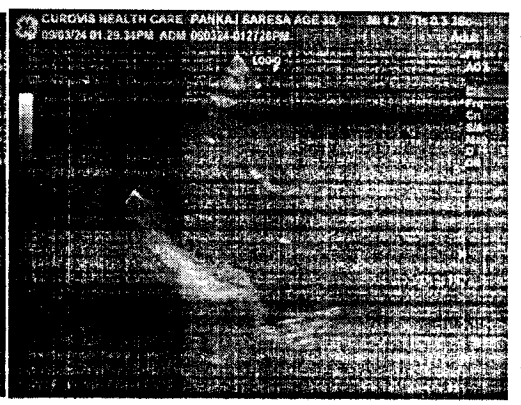
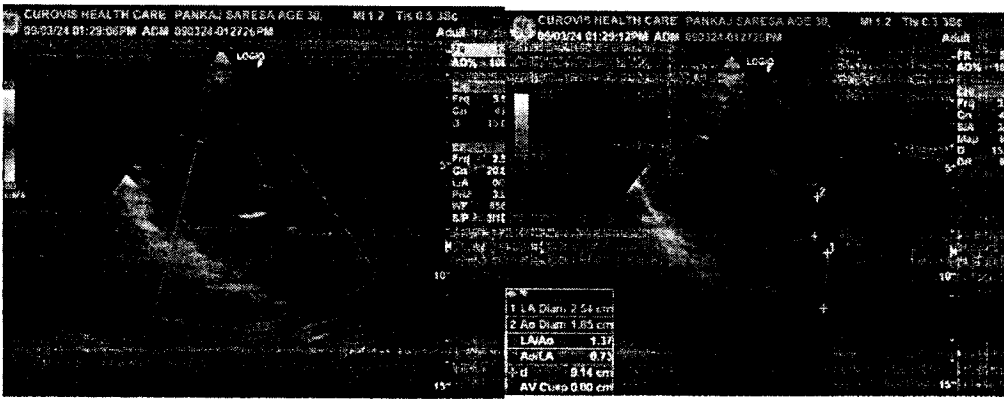
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Page 1 of 4



PANKAJ SARESA AGE 30 090324-012726PM

09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Pankaj J Saresa	Reg. No : 403100659
Sex/Age : Male/30 Years	Reg. Date : 09-Mar-2024 09:51 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 09-Mar-2024 04:51 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

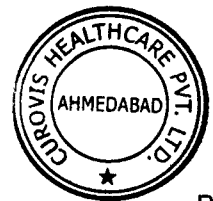
COMMENT: No significant abnormality is detected.

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

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



Page 2 of 2

R

PANKAJ SARESA 30Y/M

09/03/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name : Mr. Pankaj J Saresa
Sex/Age : Male/30 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100659
Reg. Date : 09-Mar-2024 09:51 AM
Collected On :
Report Date : 09-Mar-2024 04:51 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. No evidence of focal lesions.

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.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS:

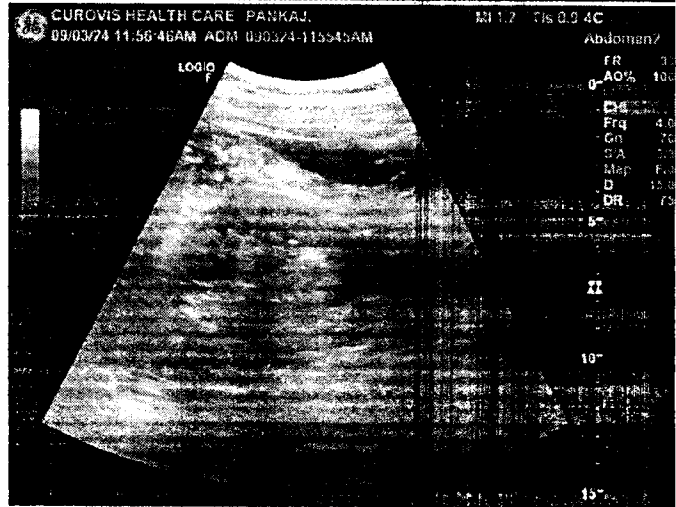
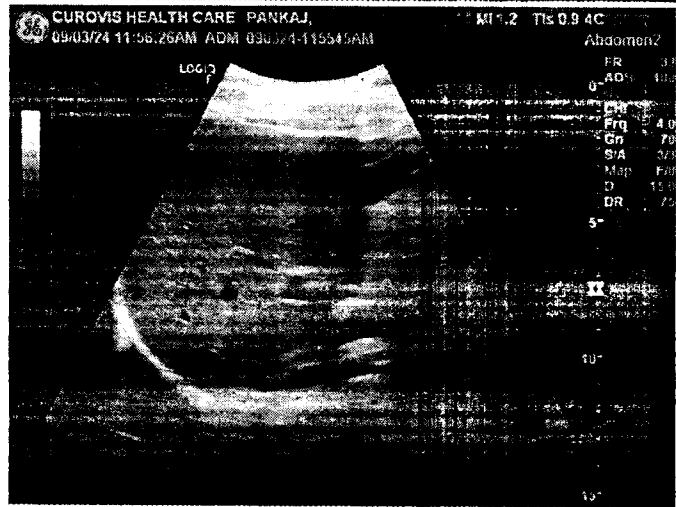
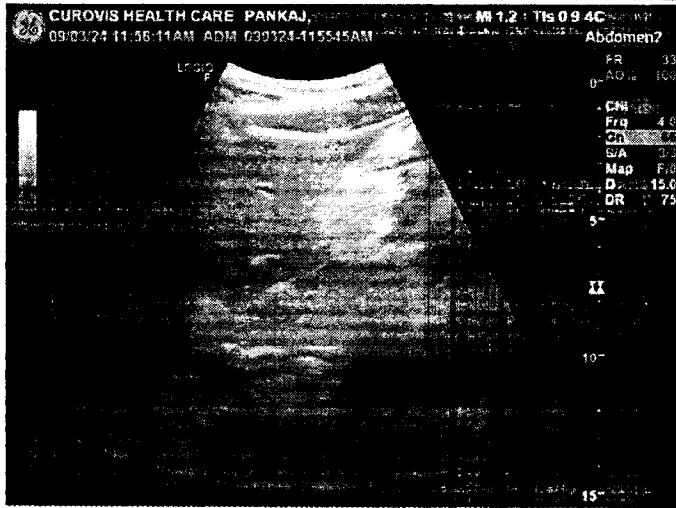
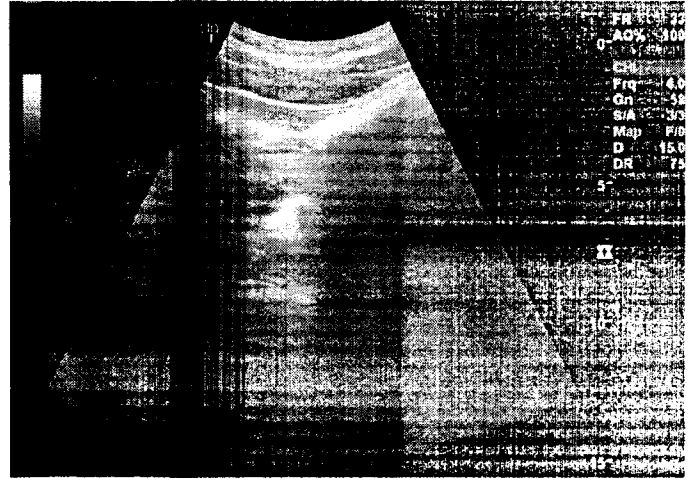
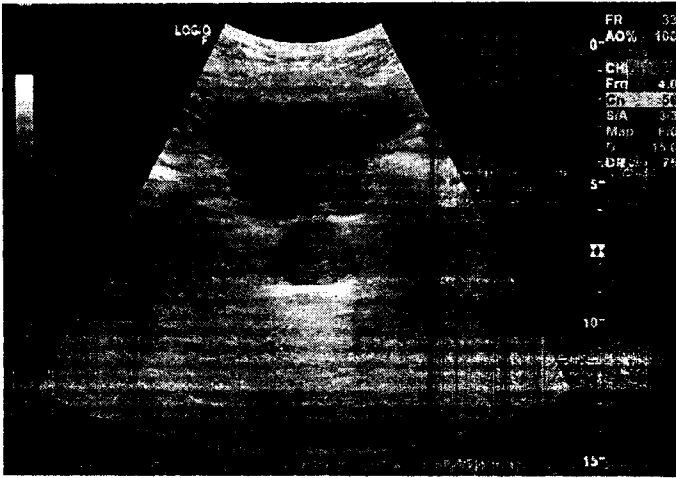
NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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





PANKAJ 090324-115545AM 09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Pankaj J Saresa
 Sex/Age : Male/30 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403100659
 Reg. Date : 09-Mar-2024 09:51 AM
 Collected On :
 Report Date : 09-Mar-2024 02:07 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -4.25

CY: -0.25

AX: 15

LEFT EYE

SP : -3.50

CY : -1.25

AX :175

	Without Glasses	With Glasses
Right Eye	6/60	6/5
Left Eye	6/60	6/5

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

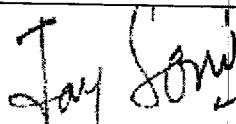
Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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

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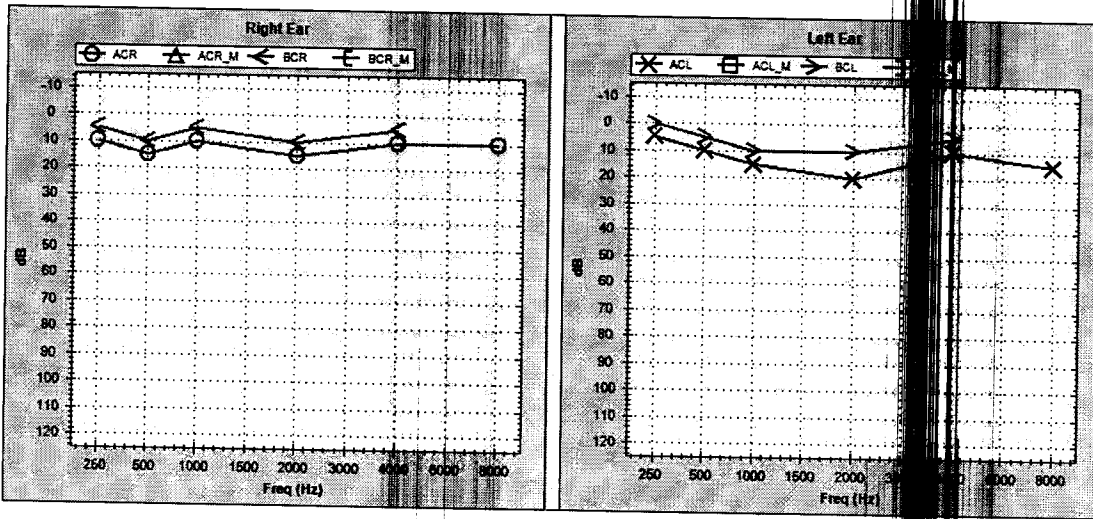
Page 3 of 4

LABORATORY REPORT

Name : Mr. Pankaj J Saresa
 Sex/Age : Male/30 Years
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 Client Name : Mediwheel

Reg. No : 403100659
 Reg. Date : 09-Mar-2024 09:51 AM
 Collected On :
 Report Date : 09-Mar-2024 02:07 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	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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Jay Soni

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