

भारत सरकार  
भारत

Issue Date: 01/02/2012

एवे धवलकुमार मोतीलाल  
Dave Dhavalkumar Motibhai  
जन्म तारीख / DOB : 01/10/1987  
पुरुष / Male

3445 4647 5367

मेरा आधार, मेरी पहचान



*Dhaval*

---

9408457977

To,

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

Dear Sir / Madam,

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

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

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY          |                                   |
|---|-----------------------------------|
| NAME  | DHAVAL MOTIBHAI DAVE              |
| DATE OF BIRTH                                       | 01-10-1987                        |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 23-03-2024                        |
| BOOKING REFERENCE NO.                               | 23M78169100098340S                |
| SPOUSE DETAILS                                      |                                   |
| EMPLOYEE NAME                                       | MS. GOSWAMI VAISHALI HITENDRAGIRI |
| EMPLOYEE EC NO.                                     | 78169                             |
| EMPLOYEE DESIGNATION                                | CREDIT                            |
| EMPLOYEE PLACE OF WORK                              | AHMEDABAD, CHANDKHEDA             |
| EMPLOYEE BIRTHDATE                                  | 18-04-1988                        |

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

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

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

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



**LABORATORY REPORT**

Name : Mr. Dhavalkumar M Dave  
Sex/Age : Male/36 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101586  
Reg. Date : 23-Mar-2024 05:44 PM  
Collected On :  
Report Date : 26-Mar-2024 04:08 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :169

Weight (kgs) :72.1

Blood Pressure : 122/82mmHg

Pulse : 84/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

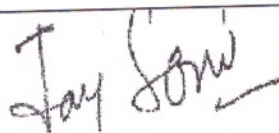
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



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

**DR. MUKESH LADDHA**

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**TEST REPORT**

|                                      |                    |  |
|--------------------------------------|--------------------|--|
| <b>Reg. No</b> : 403101586           | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years / Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : EDTA            |                    | <b>Location</b> : CHPL                     |

| Parameter | Results | Unit | Biological Ref. Interval |
|-----------|---------|------|--------------------------|
|-----------|---------|------|--------------------------|

**COMPLETE BLOOD COUNT (CBC)**

|   |        |             |              |
|---|--------|-------------|--------------|
| Hemoglobin (Colorimetric method)                  | L 13.1 | g/dL        | 13.5 - 18    |
| Hematocrit (Calculated)                           | 40.40  | %           | 40 - 50      |
| RBC Count (Electrical Impedance)                  | 4.77   | million/cmm | 4.73 - 5.5   |
| MCV (Calculated)                                  | 84.6   | fL          | 83 - 101     |
| MCH (Calculated)                                  | 27.5   | Pg          | 27 - 32      |
| MCHC (Calculated)                                 | 32.5   | %           | 31.5 - 34.5  |
| RDW (Calculated)                                  | L 11.2 | %           | 11.5 - 14.5  |
| WBC Count<br>Flowcytometry with manual Microscopy | 7340   | /cmm        | 4000 - 10000 |
| MPV (Calculated)                                  | 10.2   | fL          | 6.5 - 11.5   |

| <b>DIFFERENTIAL WBC COUNT</b> | <b>[ % ]</b> | <b>EXPECTED VALUES</b> | <b>[ Abs ]</b> | <b>EXPECTED VALUES</b> |
|-------------------------------|--------------|------------------------|----------------|------------------------|
| Neutrophils (%)               | 54.60 %      | 40 - 80                | 4008 /cmm      | 2000 - 7000            |
| Lymphocytes (%)               | 36.30 %      | 20 - 40                | 2664 /cmm      | 1000 - 3000            |
| Eosinophils (%)               | 1.20 %       | 0 - 6                  | 558 /cmm       | 200 - 1000             |
| Monocytes (%)                 | 7.60 %       | 2 - 10                 | 88 /cmm        | 20 - 500               |
| Basophils (%)                 | 0.30 %       | 0 - 2                  | 22 /cmm        | 0 - 100                |

**PERIPHERAL SMEAR STUDY**

RBC Morphology : Normocytic and Normochromic.  
 WBC Morphology : Normal

**PLATELET COUNTS**

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

This is an electronically authenticated report.  
 \* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 24-Mar-2024 05:48 PM  
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**TEST REPORT**

|                                      |                    |  |
|--------------------------------------|--------------------|--|
| <b>Reg. No</b> : 403101586           | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years   Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : EDTA            |                    | <b>Location</b> : CHPL                     |

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

**HEMATOLOGY**
**BLOOD GROUP & RH**

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

|               |          |
|---------------|----------|
| <b>ABO</b>    | "O"      |
| <b>Rh (D)</b> | Positive |
| <b>Note</b>   | -        |

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

|  |    |       |                     |
|--|----|-------|---------------------|
| <b>ESR 1 hour</b><br><i>Westergreen method</i> | 06 | mm/hr | ESR AT 1 hour : 1-7 |
|--|----|-------|---------------------|

**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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 MD (Pathology)

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## TEST REPORT

|  |                    |  |
|--|--------------------|--|
| <b>Reg. No</b> : 403101586                   | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave         |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years / Male             | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                             |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Flouride F, Flouride PP |                    | <b>Location</b> : CHPL                     |

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

### BIO - CHEMISTRY

**Fasting Blood Sugar (FBS)**  
GOD-POD Method

102.00

mg/dL

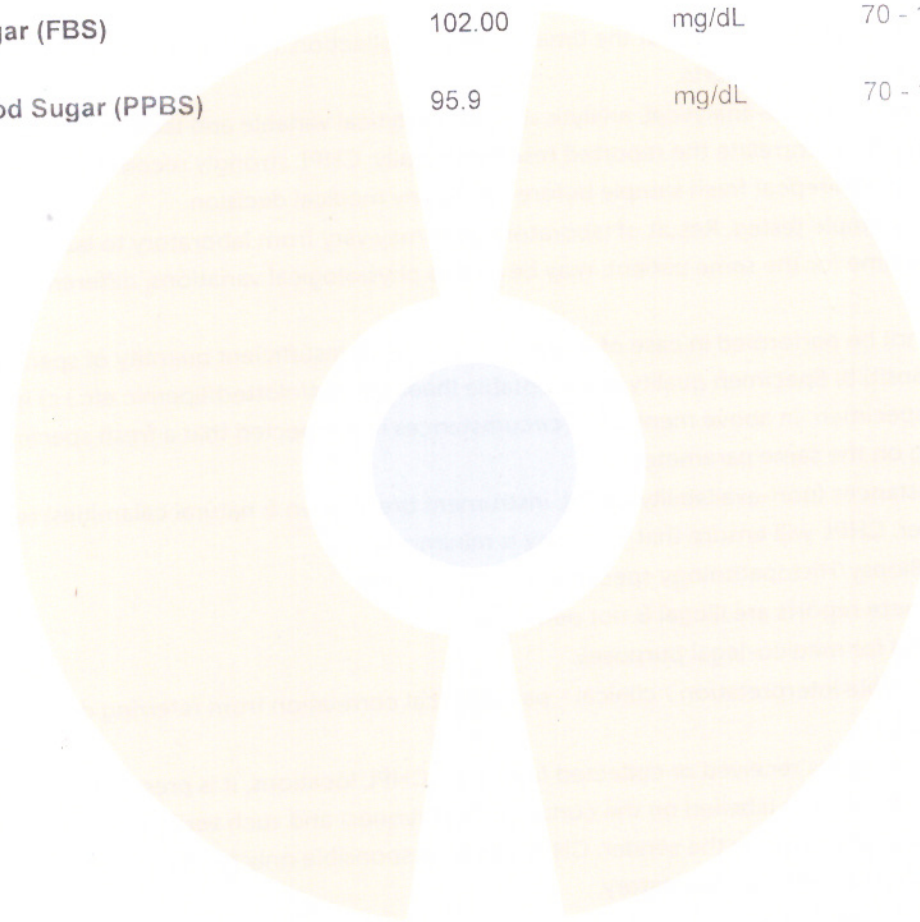
70 - 110

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

95.9

mg/dL

70 - 140



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**TEST REPORT**

|                                      |                    |  |
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| <b>Reg. No</b> : 403101586           | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years / Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum           |                    | <b>Location</b> : CHPL                     |

| Parameter                                     | Result | Unit  | Biological Ref. Interval  |
|---|--------|-------|---|
| <b>Lipid Profile</b>                          |        |       |   |
| Cholesterol                                   | 171.00 | mg/dL | Desirable: <200.0<br>Borderline High: 200-239<br>High: >240.0   |
| <i>Enzymatic, colorimetric method</i>         |        |       |   |
| Triglyceride                                  | 142.30 | mg/dL | Normal: <150.0<br>Borderline: 150-199<br>High: 200-499<br>Very High : > 500.0                                 |
| <i>Enzymatic, colorimetric method</i>         |        |       |   |
| HDL Cholesterol                               | 35.10  | mg/dL | Low: <40<br>High: >60   |
| <i>Accelerator selective detergent method</i> |        |       |   |
| LDL   | 107.44 | mg/dL | Optimal: < 100.0<br>Near Optimal: 100-129<br>Borderline High: 130-159<br>High : 160-189<br>Very High : >190.0 |
| <i>Calculated</i>                             |        |       |   |
| VLDL  | 28.46  | mg/dL | 15 - 35   |
| <i>Calculated</i>                             |        |       |   |
| LDL / HDL RATIO                               | 3.06   |       | 0 - 3.5   |
| <i>Calculated</i>                             |        |       |   |
| Cholesterol /HDL Ratio                        | 4.87   |       | 0 - 5.0   |
| <i>Calculated</i>                             |        |       |   |

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**TEST REPORT**

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| <b>Age/Sex</b> : 36 Years   Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum           |                    | <b>Location</b> : CHPL                     |

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

**LFT WITH GGT**

|  |       |       |   |
|--|-------|-------|---|
| Total Protein  | 6.72  | gm/dL | 1Day: 3.4-5.0<br>1Day to 1Month: 4.6-6.8<br>2 to 12Months: 4.8-7.6<br>>=1Year: 6.0-8.0<br>Adults: 6.6-8.7 |
| <i>Biuret Reaction</i>   |       |       |   |
| Albumin  | 4.43  | g/dL  |   |
| <i>By Bromocresol Green</i>                                      |       |       |   |
| Globulin (Calculated)  | 2.29  | g/dL  | 2.3 - 3.5   |
| A/G Ratio (Calculated)   | 1.93  |       | 0.8 - 2.0   |
| SGOT   | 24.00 | U/L   | 0 - 40  |
| <i>UV without P5P</i>  |       |       |   |
| SGPT   | 28.80 | U/L   | 0 - 40  |
| <i>UV without P5P</i>  |       |       |   |
| Alakaline Phosphatase  | 93.0  | IU/l  | 53 - 128  |
| <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> |       |       |   |
| Total Bilirubin  | 0.61  | mg/dL | 0.3 - 1.2   |
| <i>Vanadate Oxidation</i>  |       |       |   |
| Direct Bilirubin   | 0.21  | mg/dL | 0.0 - 0.4   |
| <i>Vanadate Oxidation</i>  |       |       |   |
| Indirect Bilirubin   | 0.40  | mg/dL | 0.0 - 1.1   |
| <i>Calculated</i>  |       |       |   |
| GGT  | 35.50 | U/L   | < 55  |
| <i>SZASZ Method</i>  |       |       |   |

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**TEST REPORT**

|             |                          |           |                        |              |                        |
|-------------|--------------------------|-----------|------------------------|--------------|------------------------|
| Reg. No     | : 403101586              | Ref Id    | :                      | Collected On | : 23-Mar-2024 09:44 AM |
| Name        | : Mr. Dhavalkumar M Dave | Reg. Date | : 23-Mar-2024 05:44 PM | Tele No.     | :                      |
| Age/Sex     | : 36 Years / Male        | Pass. No. | :                      | Dispatch At  | :                      |
| Ref. By     | :                        | Location  | : CHPL                 |              |                        |
| Sample Type | : Serum                  |           |                        |              |                        |

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

**BIO - CHEMISTRY**

**Uric Acid**  
 Enzymatic, colorimetric method

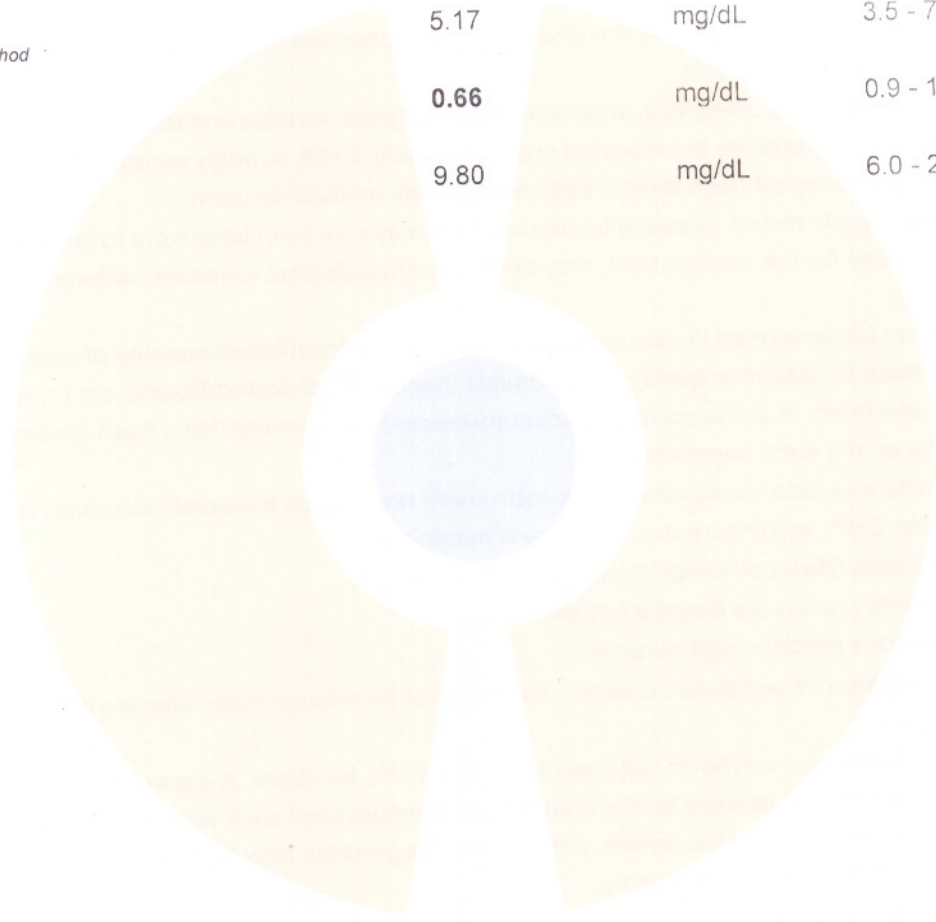
5.17 mg/dL 3.5 - 7.2

**Creatinine**  
 Enzymatic Method

0.66 mg/dL 0.9 - 1.3

**BUN**  
 UV Method

9.80 mg/dL 6.0 - 20.0



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**TEST REPORT**

|             |                          |           |   |              |                        |
|-------------|--------------------------|-----------|---|--------------|------------------------|
| Reg. No     | : 403101586              | Ref Id    | : | Collected On | : 23-Mar-2024 09:44 AM |
| Name        | : Mr. Dhavalkumar M Dave |           |   | Reg. Date    | : 23-Mar-2024 05:44 PM |
| Age/Sex     | : 36 Years / Male        | Pass. No. | : | Tele No.     | :                      |
| Ref. By     | :                        |           |   | Dispatch At  | :                      |
| Sample Type | : EDTA                   |           |   | Location     | : CHPL                 |

| Parameter   | Result | Unit          | Biological Ref. Interval   |
|---|--------|---------------|--|
| <b>HEMOGLOBIN A1 C ESTIMATION</b>                   |        |               |  |
| Specimen: Blood EDTA                                |        |               |  |
| *Hb A1C   | 5.1    | % of Total Hb | Normal : < 5.7 %<br>Pre-Diabetes : 5.7 % - 6.4 %<br>Diabetes : 6.5 % or higher |
| Mean Blood Glucose                                  | 99.67  | mg/dL         |  |
| <i>Boronate Affinity with Fluorescent Quenching</i> |        |               |  |
| <i>Calculated</i>                                   |        |               |  |

**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)

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**TEST REPORT**

|                                      |                    |  |
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| <b>Reg. No</b> : 403101586           | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years / Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Urine Spot      |                    | <b>Location</b> : CHPL                     |

| Test | Result | Unit | Biological Ref. Interval |
|------|--------|------|--------------------------|
|------|--------|------|--------------------------|

**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

|          |             |       |
|----------|-------------|-------|
| Quantity | 20 cc       |       |
| Colour   | Pale Yellow |       |
| Clarity  | Clear       | Clear |

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

|               |       |               |
|---------------|-------|---------------|
| pH            | 6.5   | 4.6 - 8.0     |
| Sp. Gravity   | 1.005 | 1.001 - 1.035 |
| Protein       | Nil   | Nil           |
| Glucose       | Nil   | Nil           |
| Ketone Bodies | Nil   | Nil           |
| Urobilinogen  | Nil   | Nil           |
| Bilirubin     | Nil   | Nil           |
| Nitrite       | Nil   | Nil           |
| Blood         | Nil   | Nil           |

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

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

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**TEST REPORT**

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| <b>Age/Sex</b> : 36 Years / Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum           |                    | <b>Location</b> : CHPL                     |

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

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

|   |      |       |             |
|---|------|-------|-------------|
| <b>T3 (Triiodothyronine)</b><br><small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 1.35 | 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><br><small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small> | 12.10 | 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 test has been out sourced.

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 Dr. Purvish Darji  
 MD (Pathology)

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**TEST REPORT**

|             |                          |           |   |              |                        |
|-------------|--------------------------|-----------|---|--------------|------------------------|
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| Name        | : Mr. Dhavalkumar M Dave |           |   | Reg. Date    | : 23-Mar-2024 05:44 PM |
| Age/Sex     | : 36 Years / Male        | Pass. No. | : | Tele No.     | :                      |
| Ref. By     | :                        |           |   | Dispatch At  | :                      |
| Sample Type | : Serum                  |           |   | Location     | : CHPL                 |

**TSH** 1.380 μIU/ml 0.35 - 5.50  
 CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 μIU/mL

Second Trimester : 0.2 to 3.0 μIU/mL

Third trimester : 0.3 to 3.0 μIU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 26-Mar-2024 12:12 PM  
 Page 10 of 1


**TEST REPORT**

|                                      |                    |  |
|--------------------------------------|--------------------|--|
| <b>Reg. No</b> : 403101586           | <b>Ref Id</b> :    | <b>Collected On</b> : 23-Mar-2024 09:44 AM |
| <b>Name</b> : Mr. Dhavalkumar M Dave |                    | <b>Reg. Date</b> : 23-Mar-2024 05:44 PM    |
| <b>Age/Sex</b> : 36 Years / Male     | <b>Pass. No.</b> : | <b>Tele No.</b> :                          |
| <b>Ref. By</b> :                     |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum           |                    | <b>Location</b> : CHPL                     |

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

**IMMUNOLOGY**

|   |      |       |       |
|---|------|-------|-------|
| <b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b><br><small>CMIA</small> | 0.43 | ng/mL | 0 - 4 |
|---|------|-------|-------|

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 -----

This is an electronically authenticated report.

\* This test has been out sourced.

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

**Approved On** : 24-Mar-2024 05:48 PM  
 Page 11 of 1



LABORATORY REPORT

Name : Mr. Dhavalkumar M Dave  
Sex/Age : Male/36 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101586  
Reg. Date : 23-Mar-2024 05:44 PM  
Collected On :  
Report Date : 26-Mar-2024 02:43 PM

Electrocardiogram

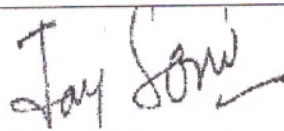
Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 5

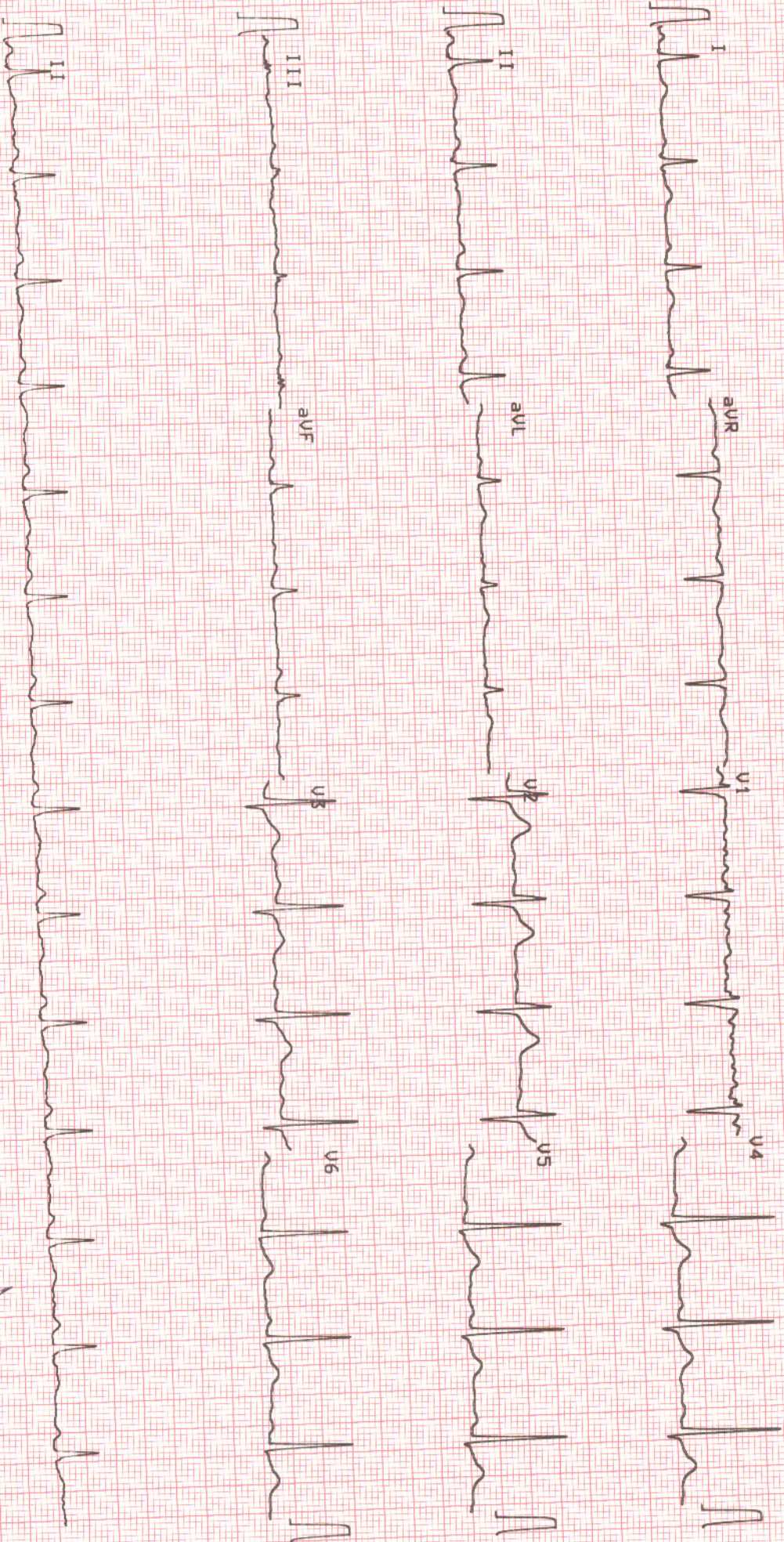
DHRVRL M  
DRVE  
32  
37 years / 72 kg  
169 cm

Male

HR 84/min  
Axis: P 48 °  
          QR5 38 °  
          T 30 °  
Intervals: RR 715 ms  
          P 102 ms  
          PR 158 ms  
          QR5 84 ms  
          QT 360 ms  
          QTc 429 ms  
          (Bazett)  
          10 mm/mV

P (II) 0.11 mV  
S (V1) -0.73 mV  
R (V5) 1.98 mV  
Sokol. 3.01 mV

10 mm/mV



10 mm/mV

25 mm/s

2.25 25 mm

500

500

23.83.2024

12:19:34

CURVUS HEALTHCARE

*[Signature]*

NT 102plus 1.24 C

CE 0123





LABORATORY REPORT

Name : Mr. Dhavalkumar M Dave  
Sex/Age : Male/36 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101586  
Reg. Date : 23-Mar-2024 05:44 PM  
Collected On :  
Report Date : 23-Mar-2024 06:52 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

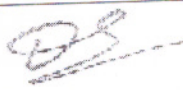
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

**COMMENT: No significant abnormality is detected.**

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

This is an electronically authenticated report

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



LABORATORY REPORT

Name : Mr. Dhavalkumar M Dave  
Sex/Age : Male/36 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101586  
Reg. Date : 23-Mar-2024 05:44 PM  
Collected On :  
Report Date : 23-Mar-2024 06:51 PM

USG ABDOMEN

**Liver** appears normal in size & in echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary or portal radicals. PV is normal in caliber.

**Gall bladder** is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

**Pancreas** Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & echopattern. 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



**LABORATORY REPORT**

**Name** : Mr. Dhavalkumar M Dave  
**Sex/Age** : Male/36 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403101586  
**Reg. Date** : 23-Mar-2024 05:44 PM  
**Collected On** :  
**Report Date** : 26-Mar-2024 03:45 PM

**Eye Check - Up**

No Eye Complaints

RIGHT EYE

SP: -2.75  
 CY: -1.75  
 AX: 17

LEFT EYE

SP : 3.00  
 CY : 1.25  
 AX :176

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

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

Fundus Examination - Within Normal Limits.

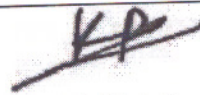
ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

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

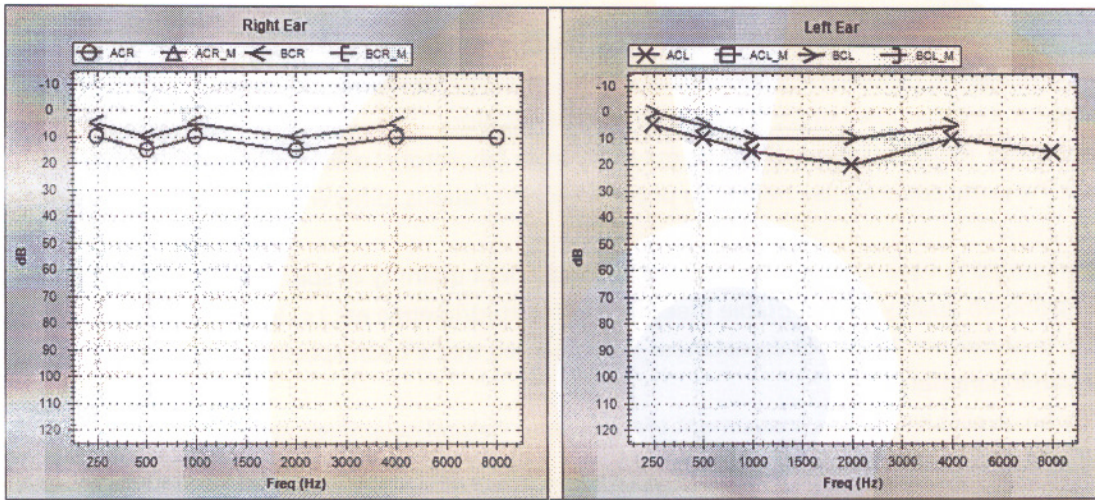


## LABORATORY REPORT

Name : Mr. Dhavalkumar M Dave  
 Sex/Age : Male/36 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403101586  
 Reg. Date : 23-Mar-2024 05:44 PM  
 Collected On :  
 Report Date : 26-Mar-2024 03:45 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

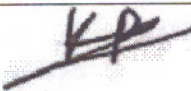
| Threshold In dB | RIGHT | LEFT |
|-----------------|-------|------|
| AIR CONDUCTION  | 10.5  | 10.5 |
| BONE CONDUCTION |       |      |
| SPEECH          |       |      |

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

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