



LABORATORY REPORT

Name : Mrs. Reshma Trivedi
Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101417
Reg. Date : 21-Mar-2024 09:17 AM
Collected On :
Report Date : 21-Mar-2024 01:50 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :147

Weight (kgs) :74.1

Blood Pressure : 150/100mmHg

Pulse : 92/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

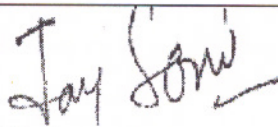
Central Nervous System - No FND

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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Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: ~~6-23899~~



9824825238

 **आधार**

भारत सरकार
Unique Identification Authority of India

नोपदानी क्रम / Enrollment No : 1316/55031/00525

18/12/2017
18/08/2017


to
रिवेदी रेश्मा
Tivedi Rashma
W/O Tivedi Yashobhai
4409 Bhavn Kushal Ki Flatt,
Sarkhej
Ahmedabad City
Juhapura
Ahmedabad City Ahmedabad
Gujarat 380055

MN908808073F T

तुमारे आधार नंबर / Your Aadhaar No. :
9320 7322 4373

आधार - सामान्य माणसनी अधिकार

भारत सरकार
Government of India


रिवेदी रेश्मा
Tivedi Rashma
१५५ लक्ष्मी / DOB 30/12/1972
मो / Female

9320 7322 4373

आधार - सामान्य माणसनी अधिकार


TEST REPORT

Reg. No : 403101417	Ref Id :	Collected On : 21-Mar-2024 09:17 AM
Name : Mrs. Reshma Trivedi		Reg. Date : 21-Mar-2024 09:17 AM
Age/Sex : 51 Years / Female	Pass. No. :	Tele No. : 9824825238
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)	13.0	g/dL	12.5 - 16
Hematocrit (Calculated)	40.10	%	40 - 50
RBC Count (Electrical Impedance)	H 5.51	million/cmm	4.73 - 5.5
MCV (Calculated)	L 72.8	fL	83 - 101
MCH (Calculated)	L 23.6	Pg	27 - 32
MCHC (Calculated)	32.4	%	31.5 - 34.5
RDW (Calculated)	13.4	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6360	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	57	%	40 - 80	3625 /cmm	2000 - 7000
Lymphocytes (%)	36	%	20 - 40	2290 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	254 /cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	191 /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) 335000 /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 : 21-Mar-2024 10:00 AM
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Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour 06 mm/hr ESR AT 1 hour : 3-12
Westergreen method

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 or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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MD (Pathology)

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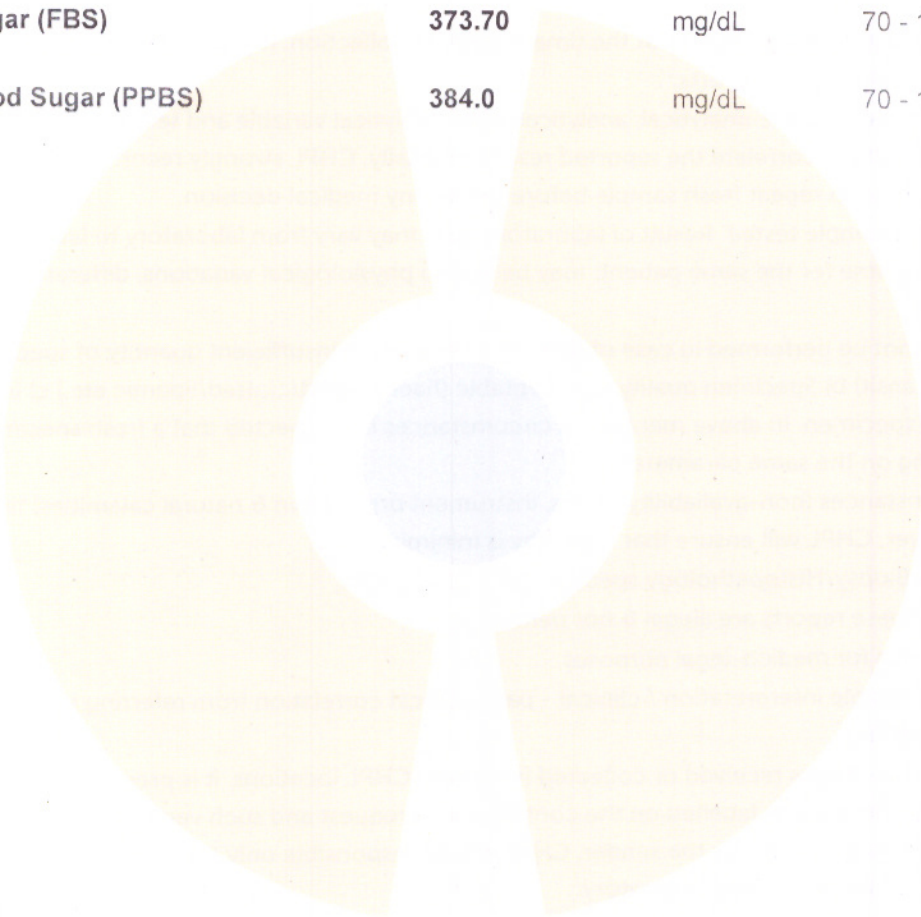

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Age/Sex	: 51 Years / Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: Flouride F, Flouride PP				

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	373.70	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	384.0	mg/dL	70 - 140



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

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	185.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	213.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	38.30	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	104.08	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	42.62	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.72		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.83		0 - 5.0
<i>Calculated</i>			

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Sample Type : Serum		Location : CHPL

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LFT WITH GGT

Total Protein	7.66	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	4.94	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.72	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.82		0.8 - 2.0
SGOT	51.0	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	18.5	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	190.6	IU/l	39 - 118
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.40	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.12	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.28	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	29.20	U/L	< 38
<i>SZASZ Method</i>			

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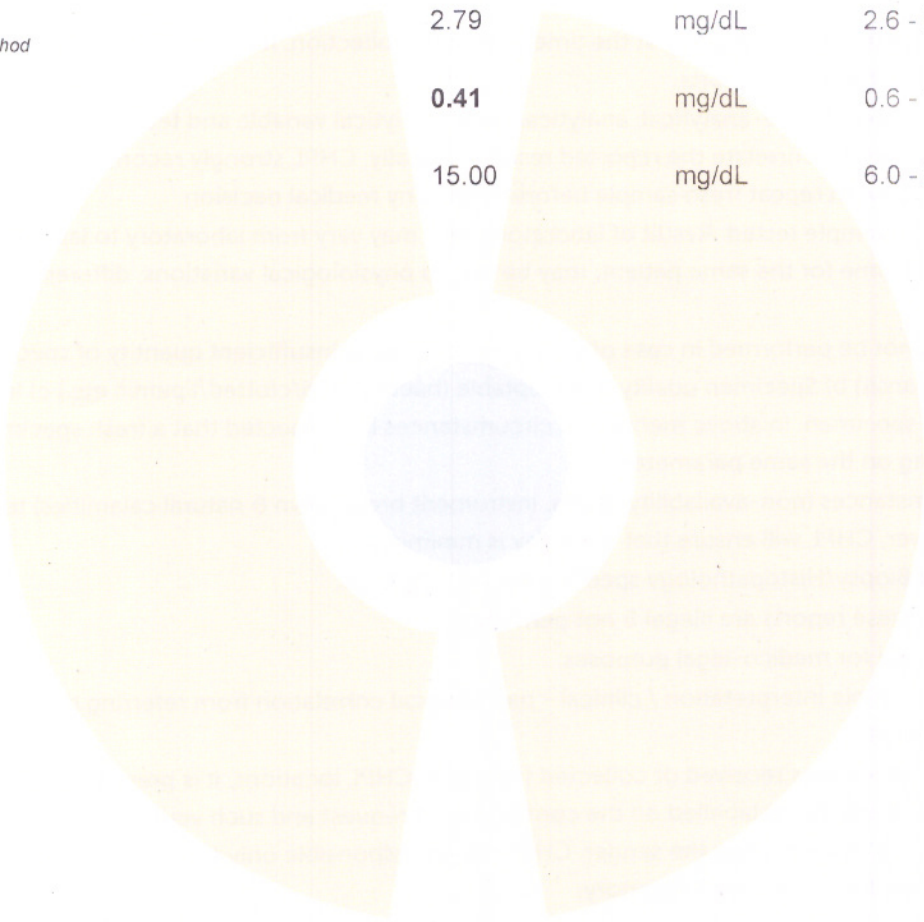

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Ref. By	:	Location	: CHPL		
Sample Type	: Serum				

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.79	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.41	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	15.00	mg/dL	6.0 - 20.0



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Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

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

*Hb A1C	13.1	% 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	329.27	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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Age/Sex : 51 Years / Female	Pass. No. :	Tele No. : 9824825238
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Present (++)	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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Age/Sex : 51 Years / Female Pass. No. : Tele No. : 9824825238
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>	0.98	ng/mL	0.86 - 1.92
---	------	-------	-------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

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

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

T4 (Thyroxine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	10.90	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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Age/Sex	: 51 Years / Female	Pass. No.	:	Tele No.	: 9824825238
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

TSH 4.050 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

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

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Ref. By	:			Dispatch At	:
Sample Type	: Body Fluid			Location	: 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 -----

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LABORATORY REPORT

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Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

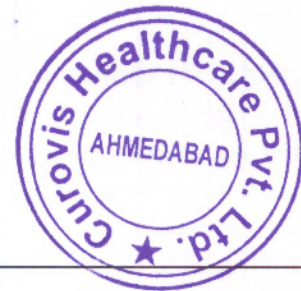
Reg. No : 403101417
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Report Date : 21-Mar-2024 12:20 PM

Electrocardiogram

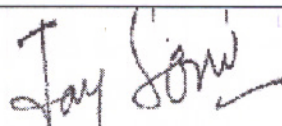
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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RESHMA
TRIVEDDI

12

Female

51 years / 74 kg
147 cm

HR 92/min

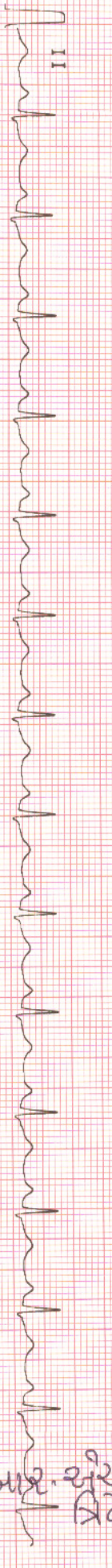
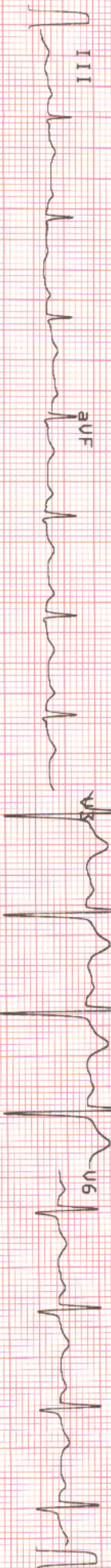
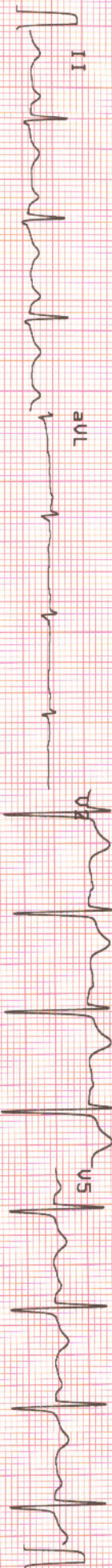
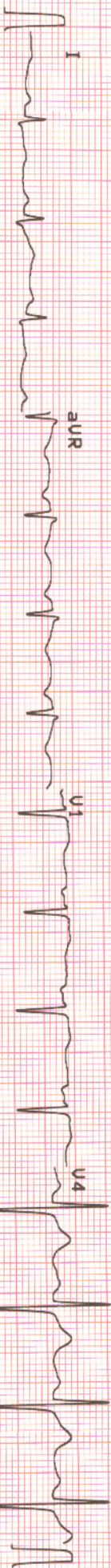
Axis:

P 51 °
QR5 64 °
T 59 °

Intervals:
RR 654 ms
P 100 ms
PR 150 ms
QRS 82 ms
QT 350 ms
QTc 438 ms
(Bazett)

P (II) 0.15 mV
S (V1) -0.93 mV
R (V5) 1.02 mV
Sokol. 2.80 mV

10 mm/mV



BRK
2/22

10 mm/mV

CURIOUS HEALTHCARE



LABORATORY REPORT

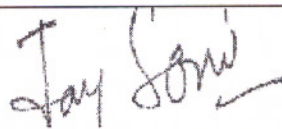
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Client Name : Mediwheel	Report Date : 21-Mar-2024 12:20 PM

2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Grade I Diastolic Dysfunction.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 22 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



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Client Name :	Mediwheel	Report Date :	21-Mar-2024 04:07 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



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Client Name	: Mediwheel	Report Date	: 21-Mar-2024 04:07 PM

USG ABDOMEN

Liver appears normal in size & **increased 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.

Uterus appears normal. No adnexal mass is seen.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

Grade I fatty liver.

This is an electronically authenticated report



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



Page 1 of 2



LABORATORY REPORT

Name	: Mrs. Reshma Trivedi	Reg. No	: 403101417
Sex/Age	: Female/51 Years	Reg. Date	: 21-Mar-2024 09:17 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 21-Mar-2024 04:08 PM

BILATERAL MAMMOGRAM :-

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

- Normal fibroglandular breast parenchyma is noted in breast on either side.
- No evidence of clustered micro calcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

COMMENT :

- **No significant abnormality detected. (BIRADS - 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.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

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Reg No:0494



Page 1 of 1



LABORATORY REPORT

Name :	Mrs. Reshma Trivedi	Reg. No :	403101417
Sex/Age :	Female/51 Years	Reg. Date :	21-Mar-2024 09:17 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	21-Mar-2024 02:29 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -0.75

AX: 33

LEFT EYE

SP : +0.00

CY : -0.75

AX :130

	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)

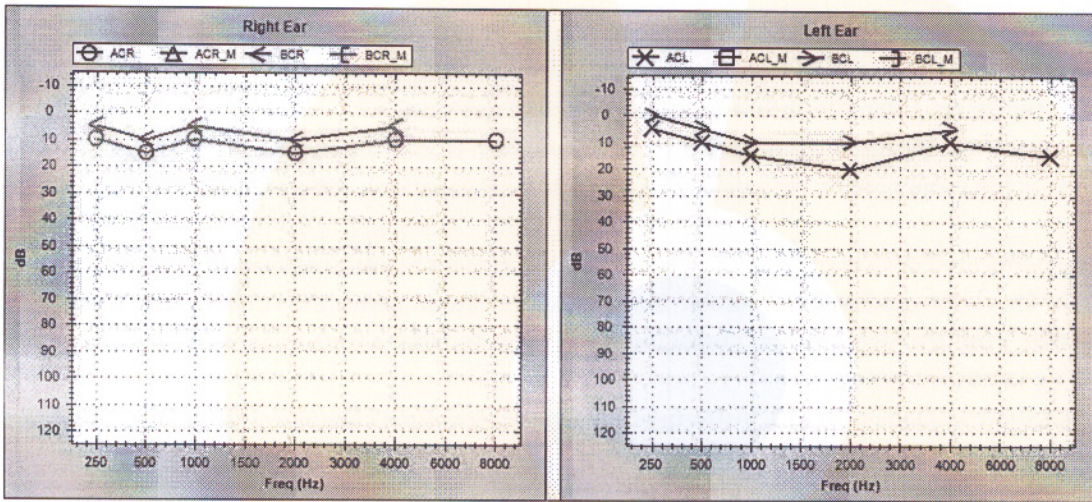


LABORATORY REPORT

Name : Mrs. Reshma Trivedi
 Sex/Age : Female/51 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403101417
 Reg. Date : 21-Mar-2024 09:17 AM
 Collected On :
 Report Date : 21-Mar-2024 02:29 PM

AUDIOGRAM

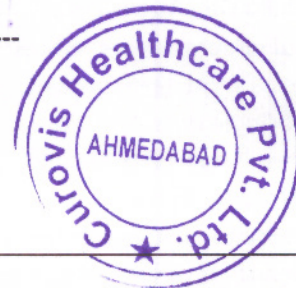


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	☐	>	Blue
RIGHT		△	○	☐	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

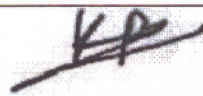
Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	11	11.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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 MB,DO(Ophth)