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 Unique Identification Authority of India  
 નોંધણીની ઓળખ / Enrollment No.: 2141/43624/16193

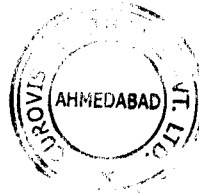
Pranav 11:25  
 PPN- 1:26

To  
 અમિતા સિંહ  
 Amita Singh  
 W/O: Sanjay  
 10 Vaibhavshree Appartment  
 Bhaikakanagar, Near Vishwabharti School Thalaj  
 Thalaj  
 Daskroi Ahmedabad  
 Gujarat 380059  
 9601993331

03/03/2016  
 3941164



MA941164017FT



9601993331

તમારો આધાર નંબર / Your Aadhaar No.:

**8362 7054 1393**

મારો આધાર, મારી ઓળખ



ભારત સરકાર  
 Government of India  
 અમિતા સિંહ  
 Amita Singh  
 જન્મ તારીખ / DOB: 12/03/1985  
 સ્ત્રી / Female

Dr. Jayson  
 M.D. (General Medicine)  
 Reg. No.: G-23895



8362 7054 1393

મારો આધાર, મારી ઓળખ

*Dr. Jayson*  
 B  
 C  
 D  
 Etc  
 1-17

*Dr. Jayson*



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Amita Singh	<b>Reg. No</b> :	402100769
<b>Sex/Age</b> :	Female/38 Years	<b>Reg. Date</b> :	10-Feb-2024 02:05 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 06:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 161

Weight (kgs) : 73.3

Blood Pressure : 110/70mmHg

Pulse : 93/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

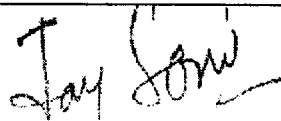
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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## TEST REPORT

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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 12.4	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.80	%	40 - 50
RBC Count (Electrical Impedance)	L 4.09	million/cmm	4.73 - 5.5
MCV (Calculated)	89.8	fL	83 - 101
MCH (Calculated)	30.3	Pg	27 - 32
MCHC (Calculated)	33.7	%	31.5 - 34.5
RDW (Calculated)	13.3	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7230	/cmm	4000 - 10000
MPV (Calculated)	11.6	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	68	%	40 - 80	4916 /cmm	2000 - 7000
Lymphocytes (%)	22	%	20 - 40	1591 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	506 /cmm	200 - 1000
Monocytes (%)	07	%	2 - 10	217 /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) 150000 /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 : 10-Feb-2024 03:38 PM  
Page 1 of 11



**TEST REPORT**

Reg. No : 402100769      Ref Id :      Collected On : 10-Feb-2024 09:05 AM  
Name : Mrs. Amita Singh      Reg. Date : 10-Feb-2024 02:05 PM  
Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 9601993331  
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 : "A"

Rh (D) : Positive

Note : -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


**ESR 1 hour**      05      mm/hr      ESR AT 1 hour : 3-12  
*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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\* This test has been outsourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 10-Feb-2024 03:57 PM



**TEST REPORT**


Reg. No : 402100769      Ref Id :      Collected On : 10-Feb-2024 09:05 AM  
Name : Mrs. Amita Singh      Reg. Date : 10-Feb-2024 02:05 PM  
Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 9601993331  
Ref. By :      Dispatch At :  
Sample Type : Serum, 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>	85.00	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	122.2	mg/dL	70 - 140

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

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 10-Feb-2024 07:09 PM



## TEST REPORT

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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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### Lipid Profile

Cholesterol	178.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	184.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	37.80	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	103.22	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	36.98	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.73		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.71		0 - 5.0
<i>Calculated</i>			

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\* This test has been out sourced.

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

**Approved On :** 10-Feb-2024 04:14 PM  
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MC-3466



## TEST REPORT

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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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### LFT WITH GGT

Total Protein	7.69	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	4.86	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.83	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.72		0.8 - 2.0
SGOT	31.40	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	42.6	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	80.4	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.78	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.13	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.65	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	29.20	U/L	< 38
<i>SZASZ Method</i>			

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 10-Feb-2024 07:09 PM  
Page 5 of 11



**TEST REPORT**

Reg. No : 402100769      Ref Id :      Collected On : 10-Feb-2024 09:05 AM  
Name : Mrs. Amita Singh      Reg. Date : 10-Feb-2024 02:05 PM  
Age/Sex : 38 Years / Female      Pass. No. :      Tele No. : 9601993331  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.23	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.49	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	7.30	mg/dL	6.0 - 20.0

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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 10-Feb-2024 04:06 PM  
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## TEST REPORT

Reg. No	: 402100769	Ref Id	:	Collected On	: 10-Feb-2024 09:05 AM
Name	: Mrs. Amita Singh	Reg. Date	: 10-Feb-2024 02:05 PM	Tele No.	: 9601993331
Age/Sex	: 38 Years / Female	Pass. No.	:	Dispatch At	:
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	5.5	% 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	111.15	mg/dL
--------------------	--------	-------

*Calculated*

### Degree of Glucose Control Normal Range:

Poor Control >7.0% \*

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

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

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

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

### EXPLANATION :-

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

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

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


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

### HbA1c assay Interferences:

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

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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 12-Feb-2024 09:26 AM  
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**TEST REPORT**

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**


pH	5.0	4.6 - 8.0
Sp. Gravity	1.005	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Nil	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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\* This test has been out sourced.

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

**Approved On :** 10-Feb-2024 03:48 PM  
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## TEST REPORT

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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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### IMMUNOLOGY

#### THYROID FUNCTION TEST

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.12	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> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.40	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.

This is an electronically authenticated report.

\* This test has been out sourced.

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

**Approved On :** 10-Feb-2024 04:28 PM  
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**TEST REPORT**

**Reg. No** : 402100769      **Ref Id** :      **Collected On** : 10-Feb-2024 09:05 AM  
**Name** : Mrs. Amita Singh      **Reg. Date** : 10-Feb-2024 02:05 PM  
**Age/Sex** : 38 Years / Female      **Pass. No.** :      **Tele No.** : 9601993331  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      2.700       $\mu\text{IU/ml}$       0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*

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

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5  $\mu\text{IU/mL}$


Second Trimester : 0.2 to 3.0  $\mu\text{IU/mL}$

Third trimester : 0.3 to 3.0  $\mu\text{IU/mL}$

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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\* This test has been out sourced.

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

**Approved On** : 10-Feb-2024 04:28 PM  
Page 10 of 1



**TEST REPORT**

<b>Reg. No</b> : 402100769	<b>Ref Id</b> :	<b>Collected On</b> : 10-Feb-2024 09:05 AM
<b>Name</b> : Mrs. Amita Singh		<b>Reg. Date</b> : 10-Feb-2024 02:05 PM
<b>Age/Sex</b> : 38 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9601993331
<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 along with inflammatory infiltrate of predominantly neutrophils. 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 -----

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

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

**Approved On** : 10-Feb-2024 02:48 PM  
Page 11 of 1



**LABORATORY REPORT**

Name : Mrs. Amita Singh  
Sex/Age : Female/38 Years  
Ref. By :  
Client Name : Mediwheel

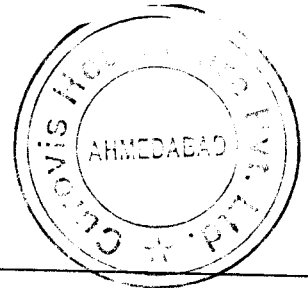
Reg. No : 402100769  
Reg. Date : 10-Feb-2024 02:05 PM  
Collected On :  
Report Date : 10-Feb-2024 05:07 PM

**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

PNO I TR  
SI M GH  
47

Female

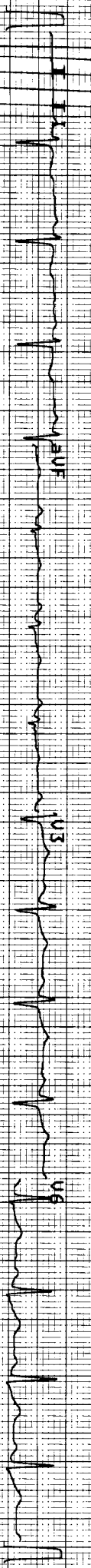
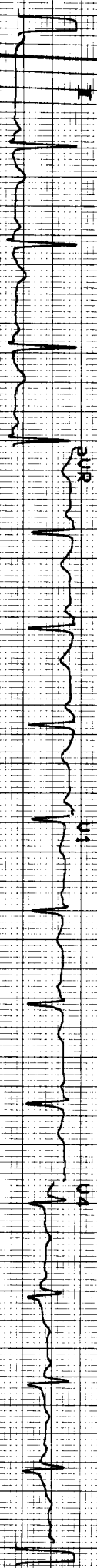
35 years / 73 kg  
161 cm

HR 93/min

Px15: 47

Intervals:  
RR 647 ms  
P 102 ms  
PR 130 ms  
QR5 76 ms  
QT 344 ms  
QTc 430 ms  
(Bazett's)  
10 mm/mV

P (11) 0.14 mV  
S (U1) -0.77 mV  
R (U5) 0.85 mV  
Sokol. 1.72 mV



10 mm/mV  
25 mm/s

0.05-25 Hz F50 95F 585 10.02.2024 13:03:06

CURIOUS HEALTHCARE

R-1020105 24.C



LABORATORY REPORT

Name : Mrs. Amita Singh  
Sex/Age : Female/38 Years  
Ref. By :  
Client Name : Mediwheel


Reg. No : 402100769  
Reg. Date : 10-Feb-2024 02:05 PM  
Collected On :  
Report Date : 10-Feb-2024 05:07 PM

2D Echo Colour Doppler

1. No LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 65%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 25 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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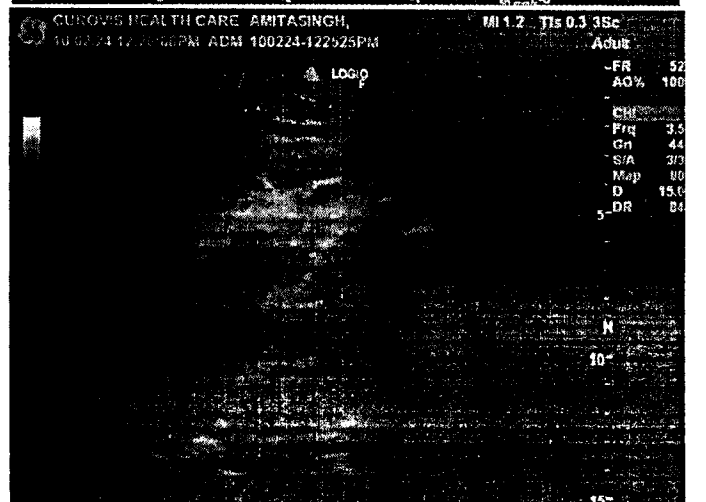
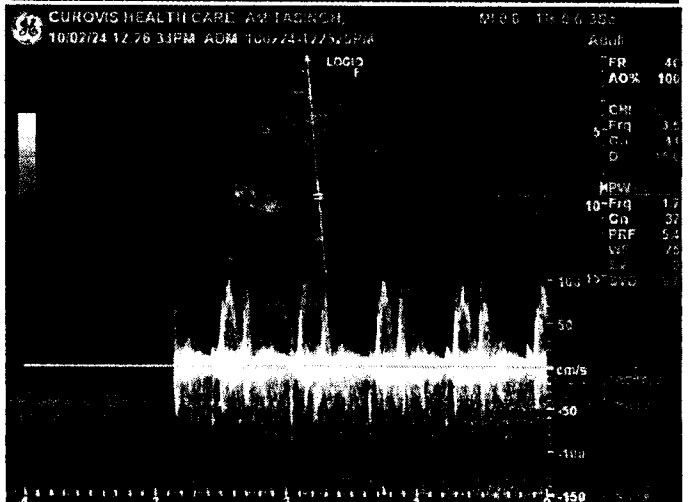
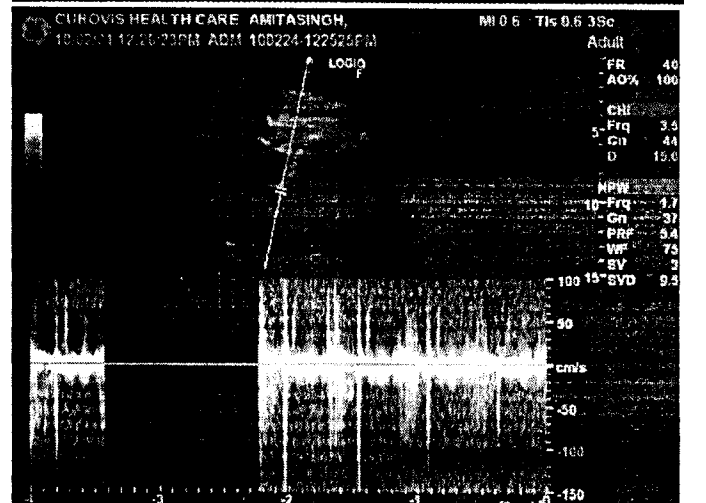
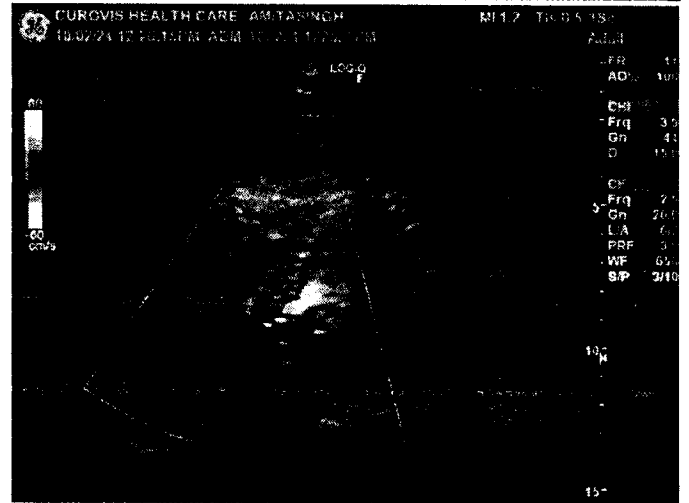
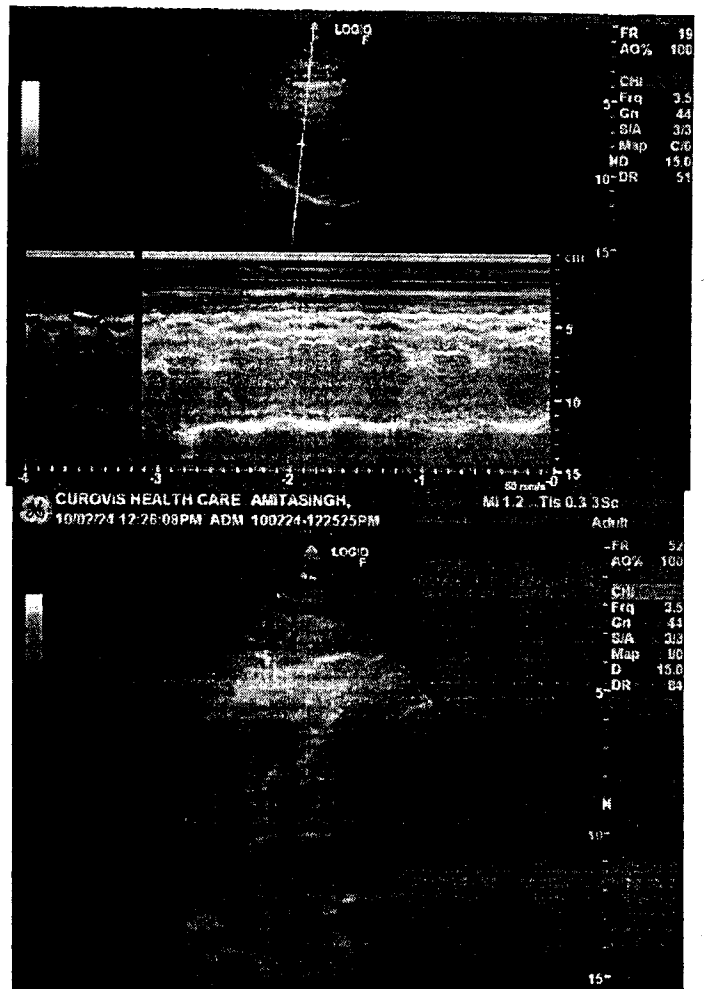
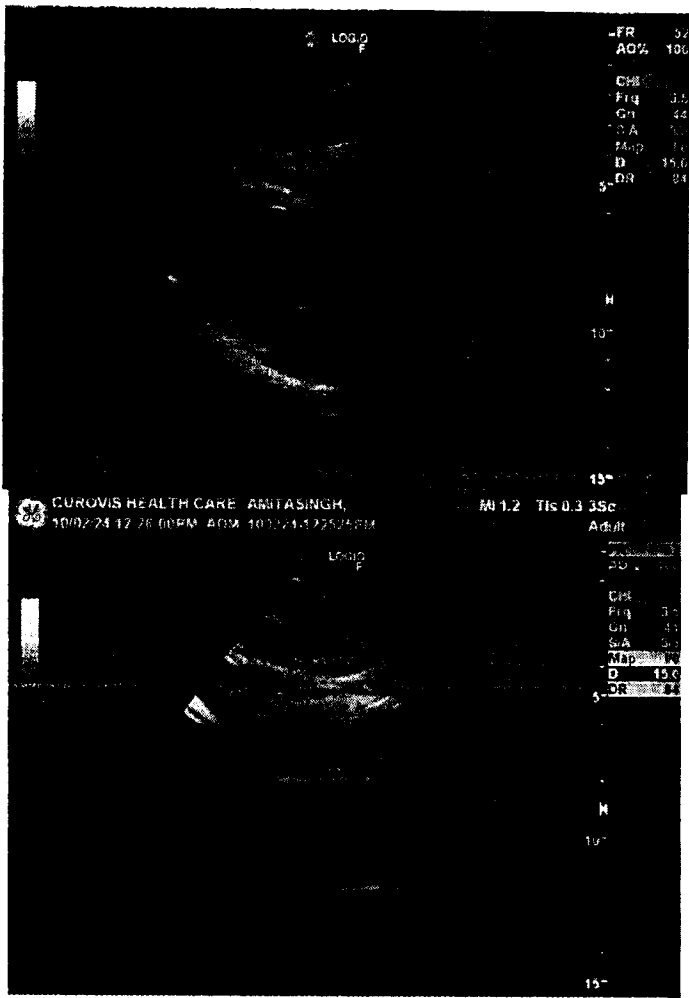


Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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AMITASINGH 100224-122525PM

10/02/2024

CUROVIS HEALTH CARE



## LABORATORY REPORT

Name	: Mrs. Amita Singh	Reg. No	: 402100769
Sex/Age	: Female/38 Years	Reg. Date	: 10-Feb-2024 02:05 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Feb-2024 07:54 PM

### X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

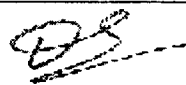
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

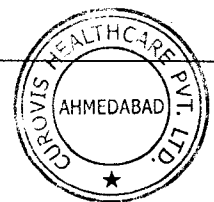
**COMMENT: No significant abnormality is detected.**

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

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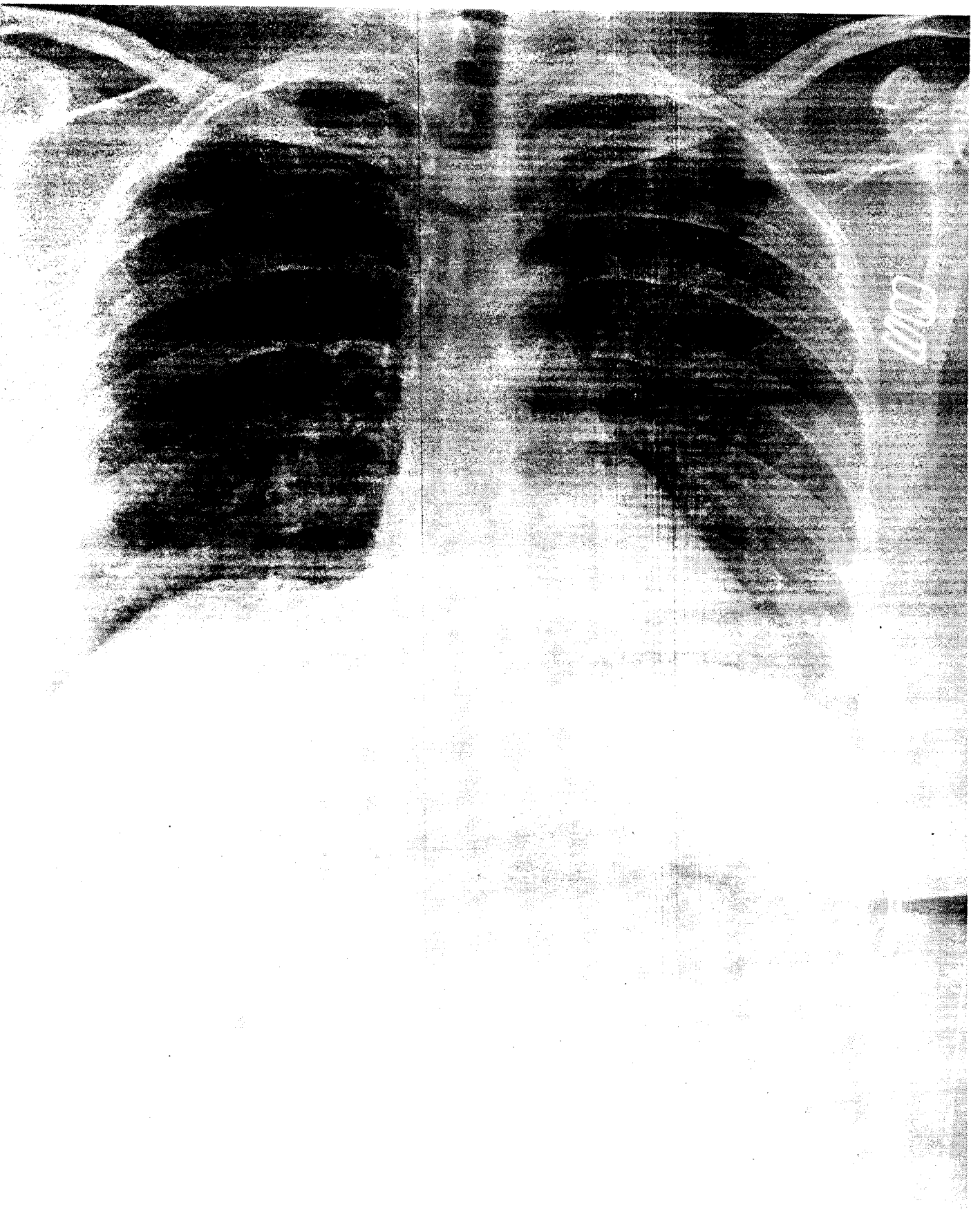


**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



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R



AMITA SINGH 38/Y

10/02/2024

CUROVIS HEALTHCARE



## LABORATORY REPORT

Name	: Mrs. Amita Singh	Reg. No	: 402100769
Sex/Age	: Female/38 Years	Reg. Date	: 10-Feb-2024 02:05 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Feb-2024 08:32 PM

### USG ABDOMEN

**Liver** appears normal in size & increased 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.

**p/h/o cholecystectomy**

**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 :

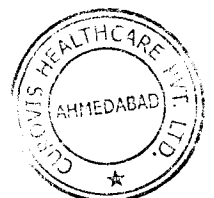
**p/h/o cholecystectomy.**

**Grade I fatty liver.**

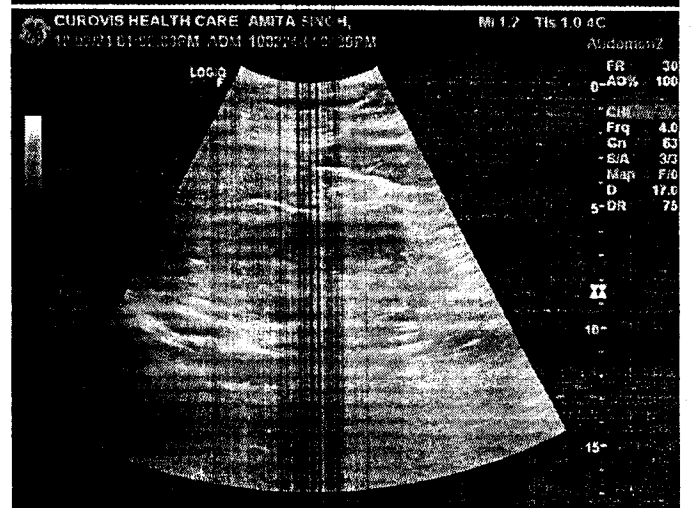
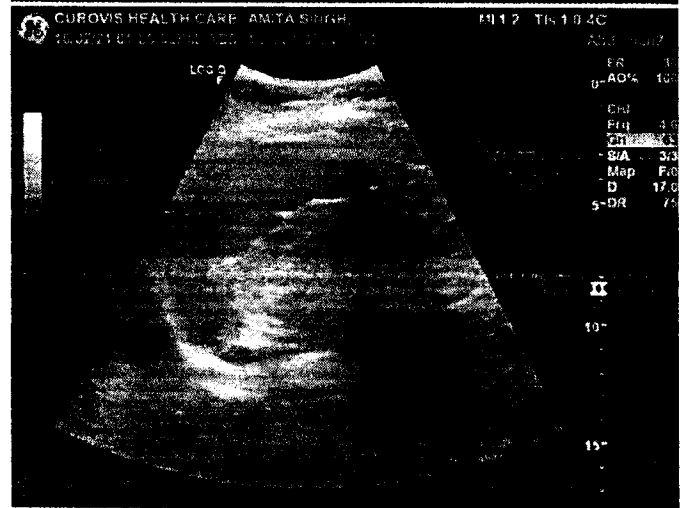
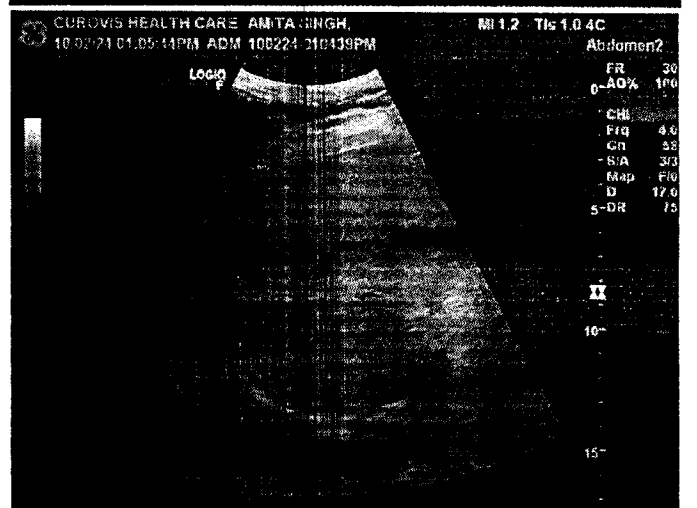
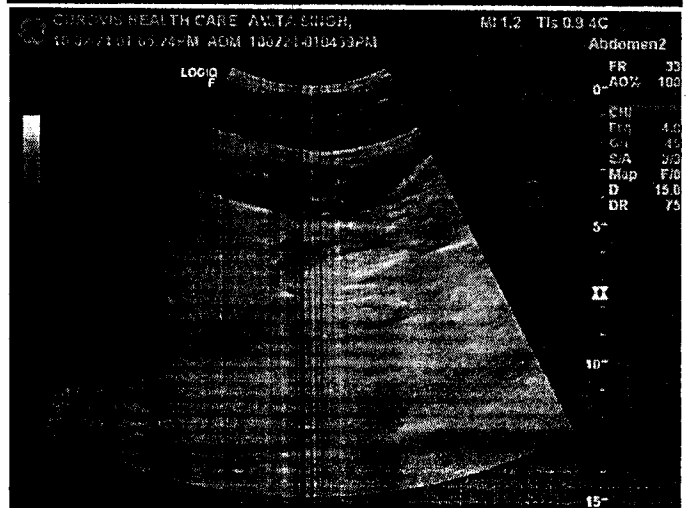
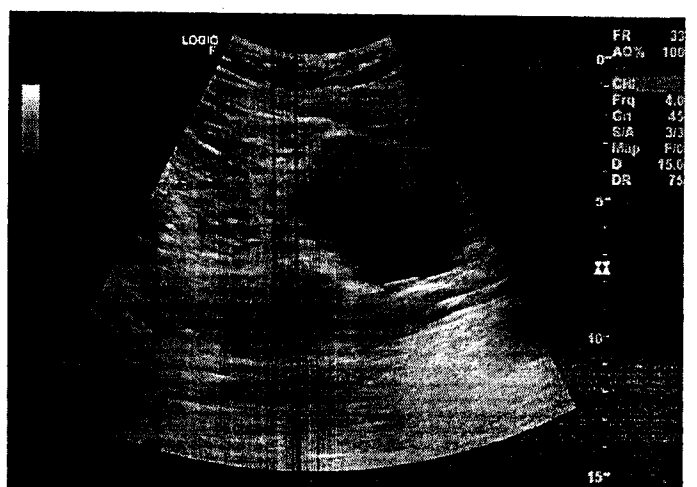
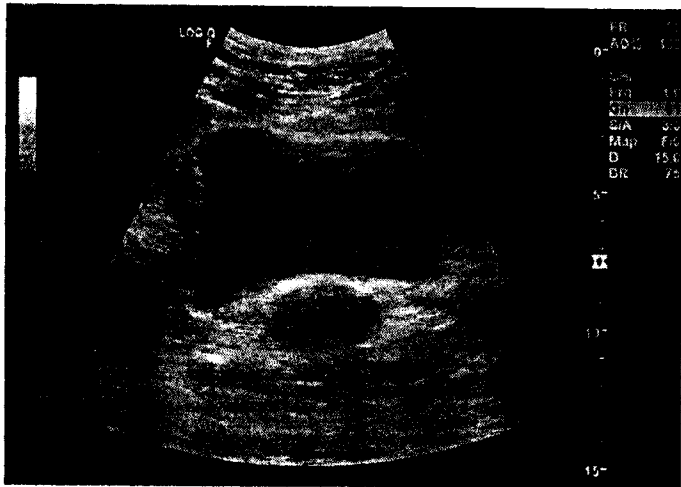
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**DR DHAVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



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AMITA SINGH 100224-010439PM

10/02/2024

CUROVIS HEALTH CARE



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Amita Singh	<b>Reg. No</b> :	402100769
<b>Sex/Age</b> :	Female/38 Years	<b>Reg. Date</b> :	10-Feb-2024 02:05 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	10-Feb-2024 08:16 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.

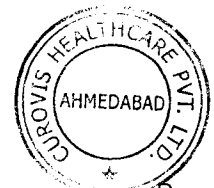
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds

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

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



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L-CC

R-CC

L-MLO

R-MLO

AMITA SINGH 38/Y

10/02/2024

CUROVIS HEALTHCARE



## LABORATORY REPORT

Name : Mrs. Amita Singh  
 Sex/Age : Female/38 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 402100769  
 Reg. Date : 10-Feb-2024 02:05 PM  
 Collected On :  
 Report Date : 10-Feb-2024 04:10 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: +0.25

CY: -0.25

AX: 16

#### LEFT EYE

SP : +0.00

CY : -0.50

AX :22

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

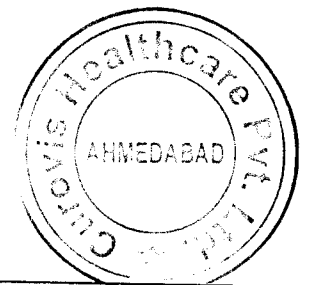
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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Dr Kejal Patel  
 MB,DO(Ophth)



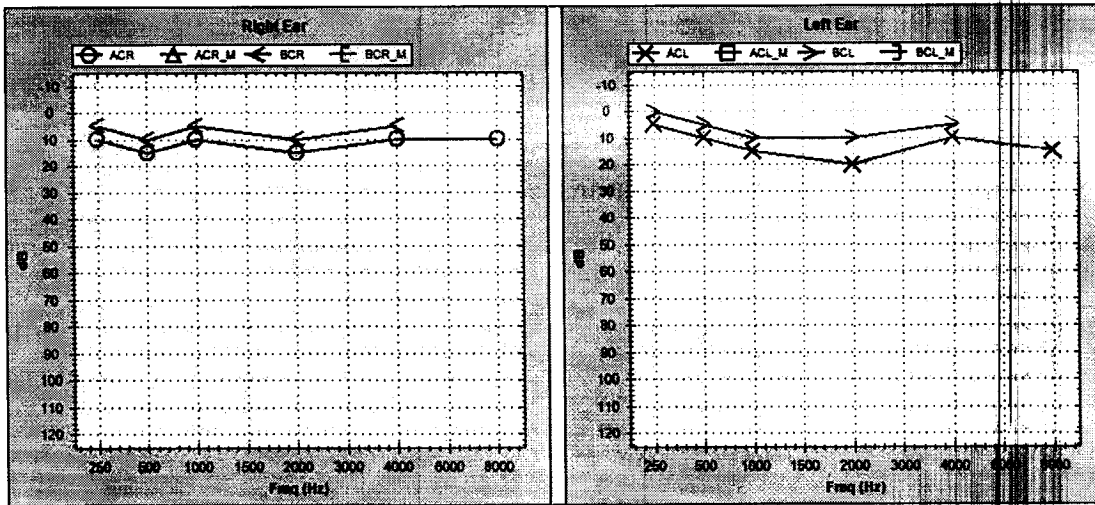


## LABORATORY REPORT

Name : Mrs. Amita Singh  
 Sex/Age : Female/38 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 402100769  
 Reg. Date : 10-Feb-2024 02:05 PM  
 Collected On :  
 Report Date : 10-Feb-2024 04:10 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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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