



LABORATORY REPORT

Name : Mrs. Bharti Kundwani
Sex/Age : Female/41 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 312101493
Reg. Date : 30-Dec-2023 08:43 AM
Collected On :
Report Date : 30-Dec-2023 03:29 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :164

Weight (kgs) :71.6

Blood Pressure : 110/70mmHg

Pulse : 75/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

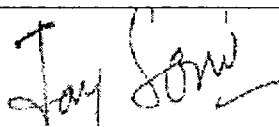
Respiratory system - AEBE

Central Nervous System - No FND

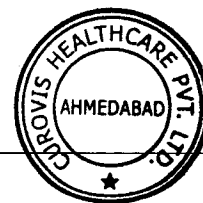
Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Jay Soni
M.D, GENERAL MEDICINE



DR. MUKESH LADDHA

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भारत सरकार



भारती कुन्दानी
Bharti Kundwani

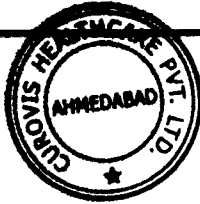
जन्म वर्ष / Year of Birth : 1982
महिला / Female



5948 3270 1337

आधार - आम आदमी का अधिकार

Shresh
9829818001
DOB - 19/11/82



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



भारतीय विशिष्ट पहचान प्राधिकरण

भारतीय विशिष्ट पहचान प्राधिकरण

पता: W/O ऋषि कुन्दानी, फ्लैट न. ३०२
प्लॉट न. १०, चान्दना कालोनी, टोंक रोड,
जयपुर, राजस्थान, 302029

Address: W/O Rishi Kundwani, flat
no.302 Plot no.10, chandna
Colony, Tonk road, Jaipur,
Rajasthan, 302029

1947
1800 180 1947

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P.O. Box No.1947,
Bengaluru-560 001



TEST REPORT

| | | |
|------------------------------------|--------------------|--|
| Reg. No : 312101493 | Ref Id : | Collected On : 30-Dec-2023 08:43 AM |
| Name : Mrs. Bharti Kundwani | | Reg. Date : 30-Dec-2023 08:43 AM |
| Age/Sex : 41 Years / Female | Pass. No. : | Tele No. : 9829818001 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

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

COMPLETE BLOOD COUNT (CBC)

| | | | |
|---|---------|-------------|--------------|
| Hemoglobin (Colorimetric method) | 13.3 | g/dL | 12.5 - 16 |
| Hematocrit (Calculated) | L 36.60 | % | 40 - 50 |
| RBC Count (Electrical Impedance) | L 4.53 | million/cmm | 4.73 - 5.5 |
| MCV (Calculated) | L 80.8 | fL | 83 - 101 |
| MCH (Calculated) | 29.4 | Pg | 27 - 32 |
| MCHC (Calculated) | H 36.4 | % | 31.5 - 34.5 |
| RDW (Calculated) | 11.5 | % | 11.5 - 14.5 |
| WBC Count Flowcytometry with manual Microscopy | 6280 | /cmm | 4000 - 10000 |
| MPV (Calculated) | 10.7 | fL | 6.5 - 12.0 |

| DIFFERENTIAL WBC COUNT | [%] | | EXPECTED VALUES | [Abs] | EXPECTED VALUES |
|------------------------|-------|---|-----------------|-----------|-----------------|
| Neutrophils (%) | 55 | % | 40 - 80 | 3454 /cmm | 2000 - 7000 |
| Lymphocytes (%) | 32 | % | 20 - 40 | 2010 /cmm | 1000 - 3000 |
| Eosinophils (%) | 03 | % | 0 - 6 | 628 /cmm | 200 - 1000 |
| Monocytes (%) | 10 | % | 2 - 10 | 188 /cmm | 20 - 500 |
| Basophils (%) | 00 | % | 0 - 2 | 0 /cmm | 0 - 100 |

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 351000 /cmm 150000 - 450000
Electrical Impedance
Platelets Platelets are adequate with normal morphology.
Parasites Malarial parasite is not detected.
Comment -

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Dr. Deep Patel
MD (Pathology)

Approved On : 30-Dec-2023 01:45 PM
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TEST REPORT

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Age/Sex : 41 Years / Female Pass. No. : Tele No. : 9829818001
Ref. By : Dispatch At :
Sample Type : EDTA Location : CHPL

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

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 : 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 (<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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Age/Sex : 41 Years / Female **Pass. No.** : **Tele No.** : 9829818001
Ref. By : **Dispatch At** :
Sample Type : Serum,Flouride PP **Location** : CHPL

Parameter **Result** **Unit** **Biological Ref. Interval**

BIO - CHEMISTRY

Fasting Blood Sugar (FBS) 103.50 mg/dL 70 - 110
GOD-POD Method

Post Prandial Blood Sugar (PPBS) 114.5 mg/dL 70 - 140
GOD-POD Method

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Deep
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MD (Pathology)

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| Age/Sex : 41 Years / Female | Pass. No. : | Tele No. : 9829818001 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |


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

Lipid Profile

| | | | |
|---|--------|-------|--|
| Cholesterol | 152.00 | mg/dL | Desirable: <200.0 Borderline High: 200-239 High: >240.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| Triglyceride | 72.60 | mg/dL | Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| HDL Cholesterol | 51.50 | mg/dL | Low: <40 High: >60 |
| <i>Accelerator selective detergent method</i> | | | |
| LDL | 85.98 | mg/dL | Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0 |
| <i>Calculated</i> | | | |
| VLDL | 14.52 | mg/dL | 15 - 35 |
| <i>Calculated</i> | | | |
| LDL / HDL RATIO | 1.67 | | 0 - 3.5 |
| <i>Calculated</i> | | | |
| Cholesterol /HDL Ratio | 2.95 | | 0 - 5.0 |
| <i>Calculated</i> | | | |

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


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

LFT WITH GGT

| | | | |
|--|-------|-------|---|
| Total Protein | 6.77 | 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 | 4.64 | g/dL | |
| <i>By Bromocresol Green</i> | | | |
| Globulin (Calculated) | 2.13 | g/dL | 2.3 - 3.5 |
| A/G Ratio (Calculated) | 2.18 | | 0.8 - 2.0 |
| SGOT | 28.60 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| SGPT | 26.30 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| Alakaline Phosphatase | 96.7 | IU/l | 42 - 98 |
| <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> | | | |
| Total Bilirubin | 0.82 | mg/dL | 0.3 - 1.2 |
| <i>Vanadate Oxidation</i> | | | |
| Direct Bilirubin | 0.24 | mg/dL | 0.0 - 0.4 |
| <i>Vanadate Oxidation</i> | | | |
| Indirect Bilirubin | 0.58 | mg/dL | 0.0 - 1.1 |
| <i>Calculated</i> | | | |
| GGT | 16.50 | U/L | < 38 |
| <i>SZASZ Method</i> | | | |

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TEST REPORT

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Age/Sex : 41 Years / Female **Pass. No.** : **Tele No.** : 9829818001
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL


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

BIO - CHEMISTRY

| | | | |
|---|------|-------|------------|
| Uric Acid <i>Enzymatic, colorimetric method</i> | 3.64 | mg/dL | 2.6 - 6.0 |
| Creatinine <i>Enzymatic Method</i> | 0.48 | mg/dL | 0.6 - 1.1 |
| BUN <i>UV Method</i> | 6.50 | mg/dL | 6.0 - 20.0 |

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| Age/Sex : 41 Years / Female | Pass. No. : | Tele No. : 9829818001 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

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

HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

| | | | |
|---------|-----|---------------|--|
| *Hb A1C | 5.2 | % of Total Hb | Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher |
|---------|-----|---------------|--|

Boronate Affinity with Fluorescent Quenching

| | | |
|--------------------|--------|-------|
| Mean Blood Glucose | 102.54 | 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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 MD (Pathology)

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MC-3466



TEST REPORT

Reg. No : 312101493 **Ref Id** : **Collected On** : 30-Dec-2023 08:43 AM
Name : Mrs. Bharti Kundwani **Reg. Date** : 30-Dec-2023 08:43 AM
Age/Sex : 41 Years / Female **Pass. No.** : **Tele No.** : 9829818001
Ref. By : **Dispatch At** : **Location** : CHPL
Sample Type : Urine Spot

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

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | | |
|----------|-------------|--|-------|
| Quantity | 15 cc | | |
| Colour | Pale Yellow | | |
| Clarity | Clear | | Clear |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


| | | | |
|---------------|-------|--|---------------|
| pH | 6.0 | | 4.6 - 8.0 |
| Sp. Gravity | 1.020 | | 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 | 2 - 3/hpf | | Nil |
| Crystals | Absent | | Absent |
| Casts | Absent | | Absent |
| Amorphous Material | Absent | | Absent |
| Bacteria | Absent | | Absent |
| Remarks | - | | |

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Dr. Deep Patel
MD (Pathology)

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TEST REPORT

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| Age/Sex : 41 Years / Female | Pass. No. : | Tele No. : 9829818001 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |

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

IMMUNOLOGY
THYROID FUNCTION TEST

| | | | |
|---|------|-------|-------------|
| T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 1.58 | 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> | 10.10 | 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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Deep
Approved By : Dr. Deep Patel
 MD (Pathology)

Approved On : 30-Dec-2023 10:06 AM
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TEST REPORT

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Age/Sex : 41 Years / Female Pass. No. :
Ref. By :
Sample Type : Serum

Collected On : 30-Dec-2023 08:43 AM
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Tele No. : 9829818001
Dispatch At :
Location : CHPL

TSH 5.380 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 Eddition. Philadelphia: WB Saunders, 2012: 2170

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LABORATORY REPORT

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| Sex/Age : | Female/41 Years | Reg. Date : | 30-Dec-2023 08:43 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 30-Dec-2023 03:01 PM |

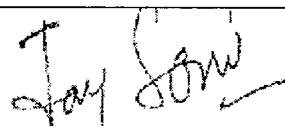
Electrocardiogram

Findings

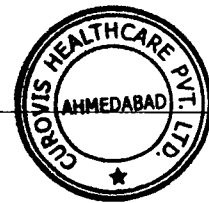
Normal Sinus Rhythm.

Within Normal Limit.

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Dr. Jay Soni
M.D, GENERAL MEDICINE



DR. MUKESH LADDHA

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BHARTI
KUNDORANI

HR 75/min

P axis: 49°

9

Male

Intervals:

QRS 62°

41 years

RR 80.4 ms

T 34°

164 cm / 72 kg

P 114 ms

P (I) 0.09 mV

PR 158 ms

S (V1) -0.46 mV

QR5 76 ms

QT (V5) 0.84 mV

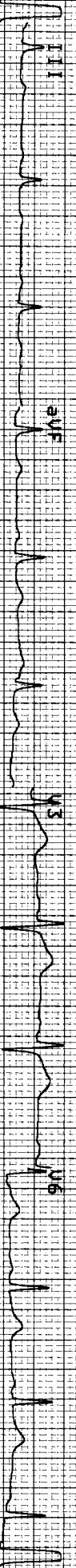
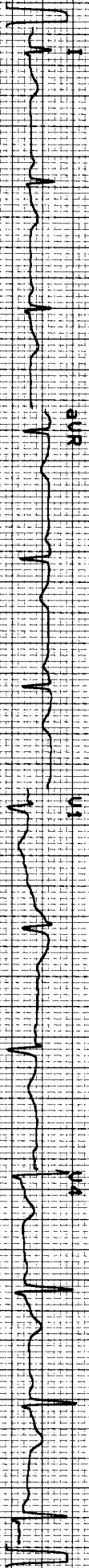
QTc 418 ms

Sokol. 1.47 mV

(Bazett)

18 mm/mV

10 mm/mV



10 mm/mV
25 mm/s

01:05:25 Hz F50 SGE SCS 30-42-2025 09:42:20

CARDIUS HEALTHCARE



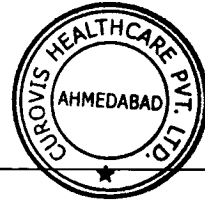
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| Sex/Age : Female/41 Years | Reg. Date : 30-Dec-2023 08:43 AM |
| Ref. By : | Collected On : |
| Client Name : Mediwheel | Report Date : 30-Dec-2023 12:56 PM |

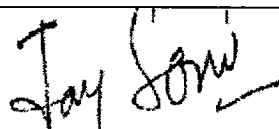
2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



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M.D, GENERAL MEDICINE

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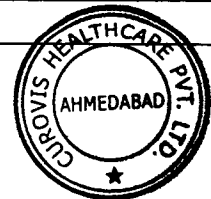
M MODE FINDINGS:

| MITRAL VALVE | OBSERVED | NORMAL VALUES | LV FUNCTION |
|------------------------|----------|-----------------------|-------------|
| Anterior leaflet | Normal | | LVA(d) : |
| EF Slope | | 70-150mm/sec | LVL (d) : |
| Opening Amplitude | | | LVA(s) : |
| Posterior leaflet | Normal | | LVL(s) : |
| E.P.S.S. | | mm | LVV(d) : |
| Mitral Valve Prolapse | No | | LVV(s) : |
| Vegetation | No | | LVEF : 60% |
| TRICUSPID VALVE | | LV COMPLIANCE | |
| Normal | | Reduced LV Compliance | |

| PULMONARY VALVE | OBSERVED | NORMAL VALUES | MVO AREA |
|---------------------|----------|---------------|-----------------|
| EF Slope | | 6-115 mm | By Planimetry : |
| A' Wave - | | | |
| Midsystolic notch - | | | By PHT : |
| Flutter - | | | |
| Other Findings | | | |

| DIMENSIONS: | | | AORTIC VALVE | | |
|---------------------|-------|----------|--------------------|---------|--|
| 1. Lvd. (Diastole) | 46 mm | | Cuspal Opening | 16mm | |
| 2. Lvd. (Systole) | 28 mm | 24-42 mm | Closure line | Central | |
| 3. RVID (Diastole) | 13mm | 7-23 mm | Eccentricity index | 1 | |
| 4. IVS (Diastole) | 11mm | | Other findings | Absent | |
| 5. IVS (Systole) | 12mm | | | | |
| 6. LVPWT (Diastole) | 11mm | 6-11 mm | | | |
| 7. LVPM (Systole) | 12mm | | | | |
| 8. Aortic root | 32 mm | 22-37 mm | | | |
| 9. Left Atrium: | 36 mm | 19-40 mm | | | |
| 10. LVEF | 60% | | | | |

| COLOUR DOPPLER FINDINGS: | | | |
|--------------------------|----------------|--------------------------------|----------------------------------|
| STRUCTURE | REGURG GRADING | VELOCITY1 m/sec Max/Mean | GRADIENT 5 Mm Hg Peak/Mean |
| MITRAL VALVE | Mild | 0.90 | 3.30 |
| TRICUSPID VALVE | Trivial | 0.58 | 1.40 |
| PULMONARY VALVE | Trivial | 0.75 | 2.25 |
| AORTIC | No | 1.20 | 6.0 |
| | | | |





LABORATORY REPORT

Name : Mrs. Bharti Kundwani
Sex/Age : Female/41.Years
Ref. By :
Client Name : Mediwheel

Reg. No : 312101493
Reg. Date : 30-Dec-2023 08:43 AM
Collected On :
Report Date : 30-Dec-2023 04:23 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.

This is an electronically authenticated report



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





LABORATORY REPORT

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| Name : | Mrs. Bharti Kundwani | Reg. No : | 312101493 |
| Sex/Age : | Female/41 Years | Reg. Date : | 30-Dec-2023 08:43 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 30-Dec-2023 04:18 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.

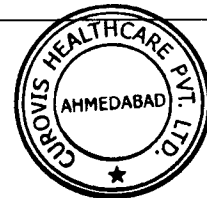
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

This is an electronically authenticated report



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





LABORATORY REPORT

| | |
|------------------------------------|---|
| Name : Mrs. Bharti Kundwani | Reg. No : 312101493 |
| Sex/Age : Female/41 Years | Reg. Date : 30-Dec-2023 08:43 AM |
| Ref. By : | Collected On : |
| Client Name : Mediwheel | Report Date : 30-Dec-2023 04:17 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.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder is partially distended. No evidence of calculus or mass lesion.

Uterus appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

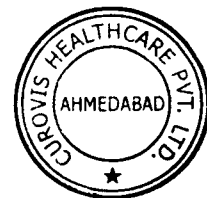
COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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





LABORATORY REPORT

| | | | |
|----------------------|----------------------|-----------------------|----------------------|
| Name : | Mrs. Bharti Kundwani | Reg. No : | 312101493 |
| Sex/Age : | Female/41 Years | Reg. Date : | 30-Dec-2023 08:43 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 30-Dec-2023 04:04 PM |

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -4.00

CY: -1.25

AX: 11

LEFT EYE

SP: -4.50

CY: -1.00

AX: 163

| | Without Glasses | With Glasses |
|-----------|-----------------|--------------|
| Right Eye | 6/36 | 6/5 |
| Left Eye | 6/36 | 6/5 |

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

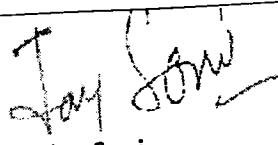
Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



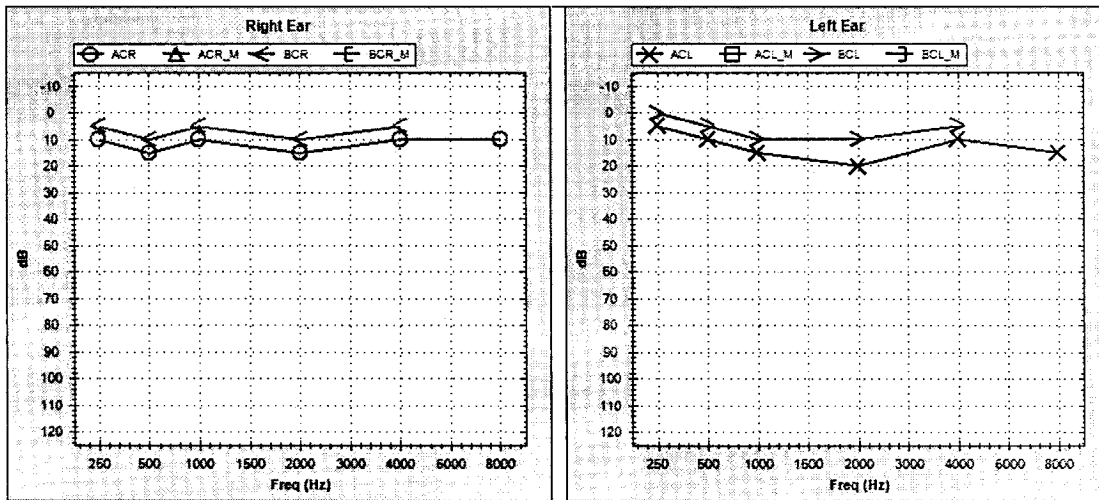


LABORATORY REPORT

Name : Mrs. Bharti Kundwani
 Sex/Age : Female/41 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 312101493
 Reg. Date : 30-Dec-2023 08:43 AM
 Collected On :
 Report Date : 30-Dec-2023 04:04 PM

AUDIOGRAM



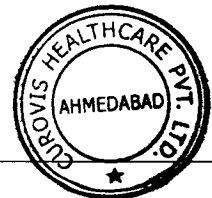
| EAR | MODE | Air Conduction | | Bone Conduction | | Colour Code |
|-------|------|----------------|----------|-----------------|----------|-------------|
| | | Masked | UnMasked | Masked | UnMasked | |
| LEFT | | □ | × | ∩ | > | Blue |
| RIGHT | | △ | ○ | ⊔ | < | Red |

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 -----



This is an electronically authenticated report

Jay Soni

Dr. Jay Soni
 M.D, GENERAL MEDICINE