

Patient's name : GEETA RANA  
Referred by : Self  
Date : 24/07/2021  
Patient's Id : GR29

Age/Sex : 32 Years/Female  
Reg. No : 3228  
Mobile : 9638638356  
Ref ID. :

**Fitness Certificate**

**GENERAL EXAMINATION**

Height (cms) : 159

Weight (kgs) : 58.0

Blood Pressure : 120/70 mmHg

Pulse : 94/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

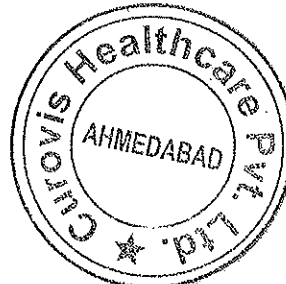
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

----- End of Report -----

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Note:((LL-Very Low, L-Low, HH-Very High)

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Dr Jinen M Shah  
DNB (Medicine)FCCS (USA)





भारत सरकार  
Government of India

गीता राना  
Geeta Rana  
जन्म तिथि/DOB: 26/12/1988  
महिला / FEMALE

मेरा आधार, मेरी पहचान

8281 3560 2602



Dr. Jinesh M Shah  
Registration No: G-20693

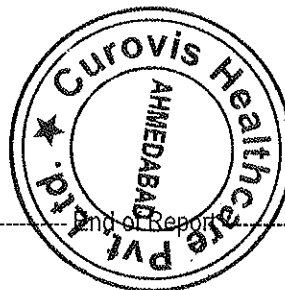
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**HEMOGRAM REPORT**

Performed on 5-Part Fully Auto Hematology Analyzer SIEMENS ADVIA 2120i)

Test	Result	Unit	Biological Reference Interval
Sample Type:	EDTA		
<b>Haemoglobin:</b>	12.0	gm/dL	12.5 - 16.0
<b>Total WBC Count:</b>	7700	/microlitre	4000 - 10500
<b>Platelets Count:</b>	352000	/microlitre	1,50,000 - 4,50,000
<b>Differential Count:</b>			
Neutrophils:	54	%	40-80
Lymphocytes:	42	%	20-40
Eosinophils:	02	%	Upto 6
Monocytes:	02	%	2-10
Basophils:	00	%	<1-2
<b>RBC indices:</b>			
RBC Count:	4.43	*10 <sup>6</sup> /microL	3.8 - 4.8
HCT:	37.8	%	36 - 46
MCV:	85.3	fL	83 - 101
MCH:	27.1	pg	27-32
MCHC:	31.7	%	31.5-34.5
RDW:	12.9	%	11.6 - 14.0
<b>Erythrocytes Sedimentation Rate(ESR):</b> (By AUTO ESR-10, USA)			
ESR 1st Hr:	07	mm	2 - 20 mm in 1Hr.
<b>Thick Smear Preparation:</b>			
Haemoparasite:	Malarial parasites are not seen.		
<b>Peripheral Smear Examination:</b>			
RBCs:	Normocytic & Normochromic.		
Platelet:	Platelet adequate & normal on smear.		



Dr. KEYUR Patel  
M.B.DCP

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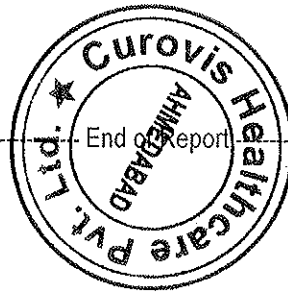
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**BLOOD GROUP**

Sample Type: EDTA  
ABO Group : "AB"  
Rh Type : Positive

**THYROID FUNCTION TEST**  
(by CLIA on SIEMENS ADVIA Centaur XP)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
<b>S.T3</b> (Total Triiodothyronine by CLIA)	0.98	ng/mL	1 - 23 Months: 1.17 - 2.39 2 - 12 Years: 1.05 - 2.07 13 - 20 Years: 0.86 - 1.92 Adult: 0.6 - 1.81
<b>S.T4</b> (Total Thyroxine by CLIA)	6.90	mcg/dL	3.2 - 12.6
<b>S.TSH</b> (Thyroid Stimulating Hormone by CLIA)	4.83	microU/mL	0 - 12 Yrs: 0.77 - 5.64 12-19 Yrs: 0.75-3.69 19-100 Yrs: 0.35 -5.50



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**BLOOD GLUCOSE LEVEL**

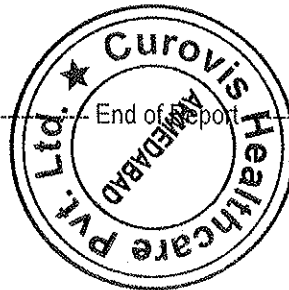
Test	Result	Unit	Biological Reference Interval
Sample Type: Flouride			
Fasting Blood Glucose (Hexokinase)	75.4	mg/dl	70-110
Fasting Urine Glucose	Nil		
Collection Time:			
Collection Time:			
Post Prandial Blood Glucose (2 Hrs) (Hexokinase)	84.0	mg/dl	80-140
Post Prandial Urine Glucose (2 Hrs)	Nil		

Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250

**RENAL FUNCTION TEST**

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
<b>S.Urea</b> (Urease with indicator dye)	24.9	mg/dl	Male: 19.6-43.6 Female: 15.2-37.0
<b>S.Creatinine</b> (Enzymatic)	0.68	mg/dL	0.55 - 1.30
<b>S.Uric Acid</b> (Uricase)	4.5	mg/dL	Male: 3.5-8.5 Female: 2.5-6.2



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**GLYCOSYLATED HAEMOGLOBIN (HbA1C) ESTIMATION**

Test	Result	Unit	Biological Reference Interval
Sample Type: EDTA			
<b>Glycosylated Haemoglobin (HbA1C)</b>	<b>5.10</b>	%	Pre-Diabetic (Adult): 5.7 - 6.4 Diabetic (Adult): >6.5 Therapeutic goal for glycemic control: <7.0
Mean Blood Glucose Level (An average of 2 -3 Months)	99.67		

Method : HPLC on D-10, Bio-Rad,USA

**INTERPRETATION:**

- \* Blood sample can be drawn at any time. Fasting is not required.
- \* Reflects average blood sugar levels for the 2 to 3 months period before the test.
- \* Provides information for evaluating diabetic treatment modalities and tracks control of blood glucose of particular value in diabetic children, diabetics in whom the renal threshold for glucose is abnormal, unstable insulin dependent diabetics where blood sugars vary markedly from day to day.
- \* High value in poorly controlled DM and moves towards normal in patients with optimal control.



  
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**LIPID PROFILE**

(Performed on Semi Auto Chemistry Analyzer BeneSphera)

Test	Result	Unit	Biological Reference Interval
Sample Type: Fasting Serum			
<b>S.Cholesterol</b> (Oxidase Peroxidase)	194.3	mg/dL	< 200 Desirable 200-239 Boderline High > 240 High
<b>S.HDLC (Direct)</b> (Phosphotungsstic Acid)	64.3	mg/dL	< 40 Low > 60 High
<b>S.Triglyceride</b> (GPO-POD)	98.3	mg/dL	< 150 mg/dl Normal 150-199 Boderline High 200-499 High > 500 Very High
<b>S.VLDL</b> (Calculated)	19.66	mg/dL	10-40 Normal
<b>S.LDLC</b> (Calculated)	110.34	mg/dL	< 100 Optimal 100-129 Near to above optimal 130-159 Boderline high 160-189 High >190 Very High
<b>S.Cholesterol / HDLC Ratio</b> (Calculated)	3.02		< 4 Normal 4-6 Boderline 6-8 Risklevel > 8 High Risk
<b>S.LDLC / HDLC Ratio</b> (Calculated)	1.72		< 3 Normal 3-4 Boderline 4-6 Risk Level > 6 High Risk
<b>Cholesterol / HDLC Ratio</b> (Calculated)	3.02		< 3.5 Normal
<b>Triglyceride / HDLC Ratio</b> (Calculated)	1.53		< 2 Normal > 4 Risk Level > 6 High Risk
<b>Non HDLC</b> (Calculated)	130		< 130 Normal 130 - 159 Near Normal 160 - 189 Boderline 190 - 219 Risklevel > 220 High Risk



*(Signature)*

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**LIVER FUNCTION TEST**

(Performed on Fully Auto DRY Chemistry Analyzer VITROS-250)

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
<b>S.Bilirubin</b>			
Total Bilirubin (Azobilirubin)	0.9	mg/dl	0 - 1.2
Conjugated Bilirubin (Dual Wavelength spectrophotometric)	0.1	mg/dl	0 - 0.4
Unconjugated Bilirubin (Dual Wavelength spectrophotometric)	0.8	mg/dl	0.0 - 1.1
<b>S.G.P.T. (ALT)</b> (Kinetic with Pyridoxal 5-Phosphate)	39.7	IU/L	0 - 49
<b>S.G.O.T. (AST)</b> (Kinetic with Pyridoxal 5-Phosphate)	38.7	IU/L	Up to 46
<b>S.ALP</b> (Alkaline Phosphatase) (4-Nitrophenyl phosphate)	152.2	U/L	64 - 306
<b>S.Protein</b>			
Total Protein (Biuret)	6.4	gm/dl	6.3 - 8.2
Albumin (BCG)	4.18	gm/dl	3.5 - 5.2
Globulin (Calculated)	2.22	gm/dl	1.9 - 3.5
Albumin Globulin Ratio	1.88		
<b>S.GammaGT</b> (L-Gamma Glutamyl-4-Nitroanalide)	29.6	IU/L	12-43

**SERUM LDH LEVEL**

Test	Result	Unit	Biological Reference Interval
Sample Type: Serum			
<b>LDH Activity</b> ( Lactate Dehydrogenase ): Pyruvate to lactate Kinetic Method	156.5	U/L	120 - 246

#Tests Performed on Fully Auto DRY Chemistry Analyzer VITROS-250



*(Signature)*

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**URINE ROUTINE ANALYSIS**

Sample Type: Fresh Urine

**Physical Examination**

(Naked Eye Observation)

	Result	Biological Ref. Value
Amount	20 ml	>10 ml
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear

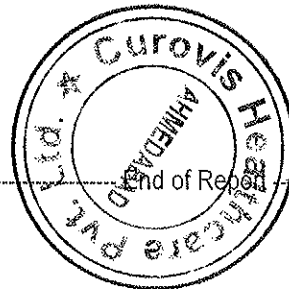
**Chemical Examination**

pH (Dip stick )	6.5	4.5-8.0
Specific Gravity (Bromothymol Blue)	1.020	1.002-1.030
Albumin (Tetrabromophenol)	Absent	Absent
Glucose (Specific Glucose Oxidase/Peroxidase)	Absent	Absent
Bilirubin (Azo-coupling reaction)	Absent	Absent
Acetone (Sodium Nitroprusside Reaction)	Absent	Absent
Urobilinogen (Modified Ehrlich Reaction)	Absent	Absent
Nitrites (Diazotization Reaction)	Absent	Absent

**Microscopic Examination**

(After centrifugation at 1500 RPM for 10min./hpf)

Pus Cells(WBCs)	2-3	Absent
Red Blood Cells(RBCs)	Absent	Absent
Epithelial cells	1-2	
T.Vaginals	Absent	Absent
Spermatozoa	Absent	Absent
Casts	Absent	Absent
Crystals	Absent	Absent
Amorphous Material	Absent	Absent



  
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**TEST REPORT**

Reg. No	: 107100200	Ref Id	:	Collected On	: 24-Jul-2021 12:49 PM
Name	: Mrs. Geeta Rana	Reg. Date	:	24-Jul-2021 12:49 PM	
Age/Sex	: 32 Years / Female	Pass. No.	:	Tele No.	: 9638638356
Ref. By		Dispatch At	:		
Location		Sample Type	:	Serum	

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**IMMUNOLOGY**

<b>VITAMIN B12</b>	230	pg/mL	Deficient Range: < 145 Normal value: 180-914 pg/mL
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

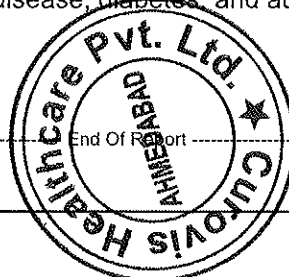
Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

<b>*25 HYDROXY VITAMIN D3</b>	6.06	ng/mL	Deficiency : <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100
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CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.



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M.B.DCP

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**TEST REPORT**

Reg. No	: 107100200	Ref Id	:	Collected On	: 24-Jul-2021 12:49 PM
Name	: Mrs. Geeta Rana			Reg. Date	: 24-Jul-2021 12:49 PM
Age/Sex	: 32 Years / Female	Pass. No.	:	Tele No.	: 9638638356
Ref. By	:			Dispatch At	:
Location	:			Sample Type	: Serum

# For tests performed on specimens received or collected from non-CHPL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. CHPL will be responsible only for the analytical part of the test carried out. All other responsibility will be of referring laboratory.



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**Electrocardiogram**

**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

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Dr Jinen M Shah  
DNB (Medicine)FCCS (USA)

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Geeta  
 Rana  
 24  
 32 years  
 159 cm / 58 kg  
 Female

HR 94/min  
 Axis: P 0°  
 QRS 76°  
 T 20°  
 Intervals:  
 RR 636 ms  
 P 74 ms  
 PR 138 ms  
 QRS 76 ms  
 QT 352 ms  
 QTc 446 ms  
 (Bazett)  
 10 mm/mV



10 mm/mV  
 25 mm/s  
 0.25=25 Hz 50 55 55 24.07.2021 10:06:45  
 CURVUS HEALTHCARE  
 AT 10/20/21 11:24

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**2D Echo Colour Doppler**

**OBSERVATION:**

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH. RVSP = 32 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

**CONCLUSION**

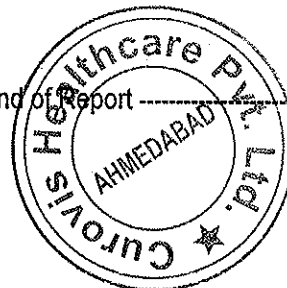
1. Normal LV size with Good LV systolic function.
2. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

**This echo doesn't rule out any kind of congenital cardiac anomalies.**

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**USG ABDOMEN**

**Liver** appears normal in size and echo.. 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.

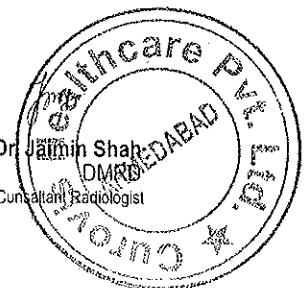
**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

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Dr. Jatin Shah  
DMRD  
Consultant Radiologist



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### Eye Check - Up

#### RIGHT EYE

SP: +0.00  
CY: -3.50  
AX: 93

#### LEFT EYE

SP: +0.25  
CY: -3.25  
AX: 90

	<b>Without Glasses</b>	<b>With Glasses</b>
Right Eye	6/18	6/6
Left Eye	6/18	6/6

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

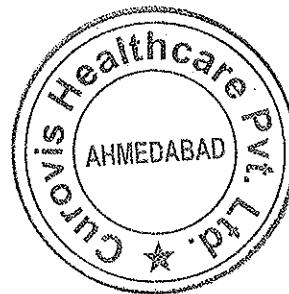
Fundus Examination: Within Normal Limits.

Colour Vision: Normal

Comments: Normal

Dr.Kejal Patel  
MB,DO(Ophth)

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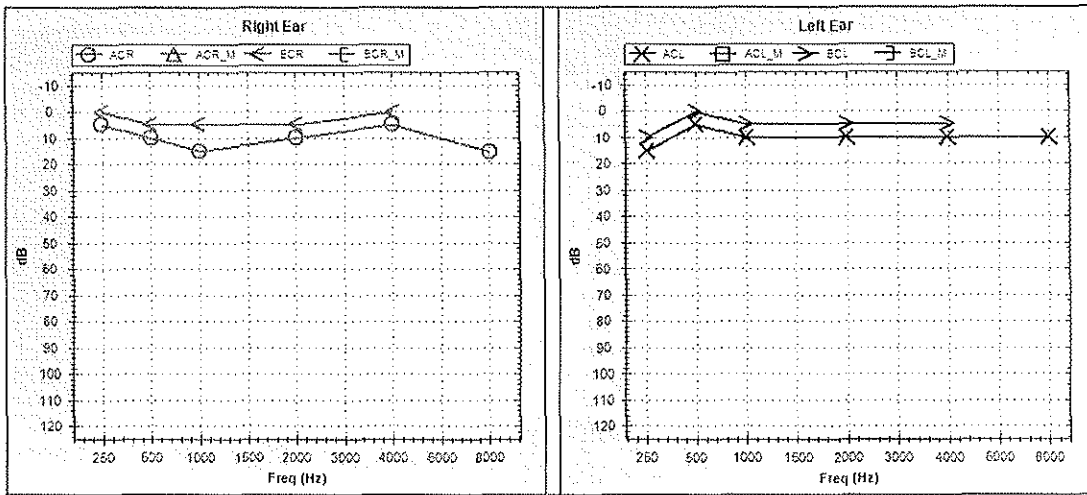


CLIENT NAME: GEETA RANA.

AGE:- 32Y / F

DATE:- 24/07/2021

## AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB		
		Masked	UnMasked	Masked	UnMasked		RIGHT	LEFT	SPEECH
LEFT		□	X	□	>	Blue	AIR CONDUCTION	11	10.5
RIGHT		Δ	O	□	<	Red	BONE CONDUCTION		
NO RESPONSE : Add ↓ below the respective symbols									

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

