



LABORATORY REPORT

Name : Mrs. Arunaben Kamleshbhai Suthar
Sex/Age : Female/45 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 401100593
Reg. Date : 13-Jan-2024 09:05 AM
Collected On :
Report Date : 13-Jan-2024 03:04 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 148

Weight (kgs) : 62.9

Blood Pressure :130/90 mmHg

Pulse :73 /Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

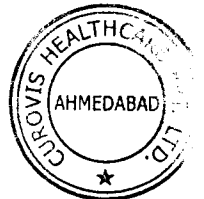
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

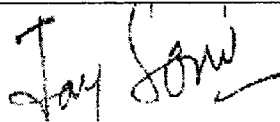
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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અરુણાબેન કમલેશભાઈ સુથાર
Arunaben Kamleshbhai Suthar
જન્મ તારીખ/DOB: 30/10/1978
સ્ત્રી/ FEMALE

Issue Date: 11/01/2023

8172 2343 6154

VID : 9105 4679 6632 8658

મારી આધાર, મારી ઓળખ



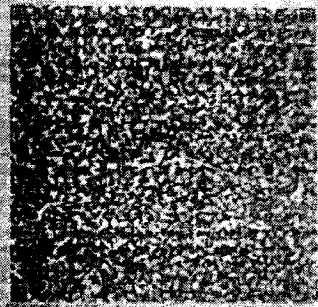
Dr. Jay Soni
M.D. (General Medicine)
Reg. No : G-23899

(Handwritten signature)

University of India



डिप्टी :
W/O कर्मलेशभाई नानालाल सुथार, महादेववाणी
पत्नी, बायड, चोला, साबर 8161,
गुजरात - 383325



Address:
W/O Karmleshbhai Nanalal Suthar,
Mahadevawani Fali, Bayad, Cholla, Sabar
Kantha,
Gujarat - 383325

8172 2343 6154

UID: 9104 4679 0852 8658

1997 | UID - Unique Identification Number | www.uidai.gov.in



Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-21563



MC-3466



TEST REPORT

Reg. No : 401100593	Ref Id :	Collected On : 13-Jan-2024 09:05 AM
Name : Mrs. Arunaben Kamleshbhai Suthar		Reg. Date : 13-Jan-2024 09:05 AM
Age/Sex : 45 Years / Female	Pass. No. :	Tele No. : 7041480880
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)	13.1	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.60	%	40 - 50
RBC Count (Electrical Impedance)	L 4.49	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.5	fL	83 - 101
MCH (Calculated)	29.1	Pg	27 - 32
MCHC (Calculated)	H 35.7	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6660	/cmm	4000 - 10000
MPV (Calculated)	10.2	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	55	%	40 - 80	3663 /cmm	2000 - 7000
Lymphocytes (%)	38	%	20 - 40	2531 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	333 /cmm	200 - 1000
Monocytes (%)	05	%	2 - 10	133 /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) 281000 /cmm 150000 - 450000

Electrical Impedance


Platelets Platelets are adequate with normal morphology.

Parasites Malarial parasite is not detected.

Comment -

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* This test has been out sourced.

Approved By : 
Dr. Keyur Patel
M.B.DCP

Approved On : 13-Jan-2024 03:09 PM
Page 1 of 10



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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	"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 (<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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M.B.DCP

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Age/Sex : 45 Years / Female **Pass. No.** : **Tele No.** : 7041480880
Ref. By : **Dispatch At** :
Sample Type : Serum,Flouride PP **Location** : CHPL

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


BIO - CHEMISTRY

Fasting Blood Sugar (FBS) 95.80 mg/dL 70 - 110
GOD-POD Method

Post Prandial Blood Sugar (PPBS) 123.4 mg/dL 70 - 140
GOD-POD Method

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M.B.DCP

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Age/Sex : 45 Years / Female	Pass. No. :	Tele No. : 7041480880
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	233.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	104.70	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	49.30	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	162.76	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	20.94	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.30		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.73		0 - 5.0
<i>Calculated</i>			

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Approved By : 
 Dr. Keyur Patel
 M.B.DCP

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


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

LFT WITH GGT

Total Protein	7.27	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	4.81	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.46	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.96		0.8 - 2.0
SGOT	34.60	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	39.70	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	89.9	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.70	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	0.57	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	45.90	U/L	< 38
<i>SZASZ Method</i>			

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M.B.DCP

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TEST REPORT

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Age/Sex : 45 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 13-Jan-2024 09:05 AM
Reg. Date : 13-Jan-2024 09:05 AM
Tele No. : 7041480880
Dispatch At :
Location : CHPL


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

BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	6.63	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.61	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	9.00	mg/dL	6.0 - 20.0

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

Parameter	Result	Unit	Biological Ref. Interval
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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
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	102.54	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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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	15 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5.0	4.6 - 8.0
Sp. Gravity	1.025	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)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	1 - 2/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex : 45 Years / Female	Pass. No. :	Tele No. : 7041480880
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>	1.33	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>	10.70	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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M.B.DCP

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TEST REPORT

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Name : Mrs. Arunaben Kamleshbhai Suthar
Age/Sex : 45 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum


Collected On : 13-Jan-2024 09:05 AM
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Tele No. : 7041480880
Dispatch At :
Location : CHPL

TSH 1.980 μ 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 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ 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

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

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M.B.DCP
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Sex/Age	: Female/45 Years	Reg. Date	: 13-Jan-2024 09:05 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 13-Jan-2024 03:41 PM

Electrocardiogram

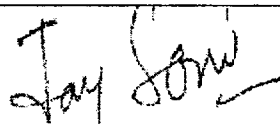
Findings

Low Voltage ECG.

T inversion in V3-V4.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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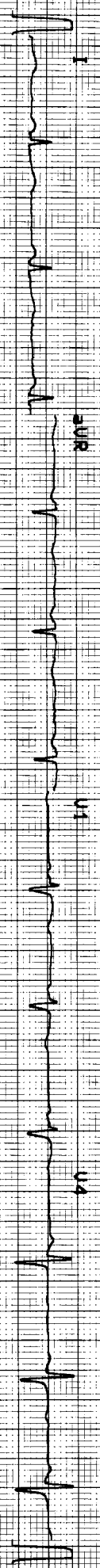
RRUNBEN
SUTHR
14
45 years / 63 kg
148 cm

Female

HR 73/min
P axis: 38°
Intervals:
RR 819 ms
P 106 ms
PR 136 ms
QRS 74 ms
QT 410 ms
QTc 456 ms (Bazett)
10 mm/mV

P (II) 0.07 mV
S (V1) -0.39 mV
R (V5) 0.72 mV
Sokol 1.69 mV

LOW V ECG
T U V2-V4



SCHILLER
0:05:29 Hz F30 SSF SBS 13:01:2024 09:26:14
CURIOUS HEALTHCARE
RT-102bilus 1.24 C

DR. GONZA



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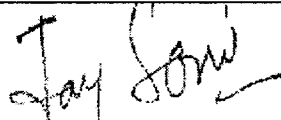
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2D Echo Colour Doppler

1. Concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Stage I diastolic dysfunction.
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.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 5

Name Mrs. Arunaben Kamleshbhai Suthar

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		Stage I diastolic dysfunction	

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)	12mm		Other findings	Absent	
5. IVS (Systole)	14mm				
6. LVPWT (Diastole)	12mm	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





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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.

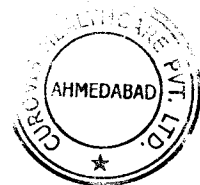
COMMENT: No significant abnormality is detected.

----- 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 :	13-Jan-2024 04:15 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.

Post hysterectomy status

14 x 8 mm sized well-defined, cystic lesion noted in pelvis –likely in right adnexa.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

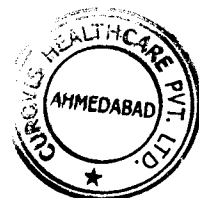
COMMENTS :

- **Well-defined, cystic lesion in pelvis – likely in right adnexa (p/o large sized right ovarian cyst).**
- **Post hysterectomy status.**

This is an electronically authenticated report



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





LABORATORY REPORT

Name :	Mrs. Arunaben Kamleshbhai Suthar	Reg. No :	401100593
Sex/Age :	Female/45 Years	Reg. Date :	13-Jan-2024 09:05 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	13-Jan-2024 01:46 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: +0.00

AX: 00

LEFT EYE

SP : +0.00

CY : -0.75

AX :15

	Without Glasses	With Glasses
Right Eye	6/9	N.A
Left Eye	6/12	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)

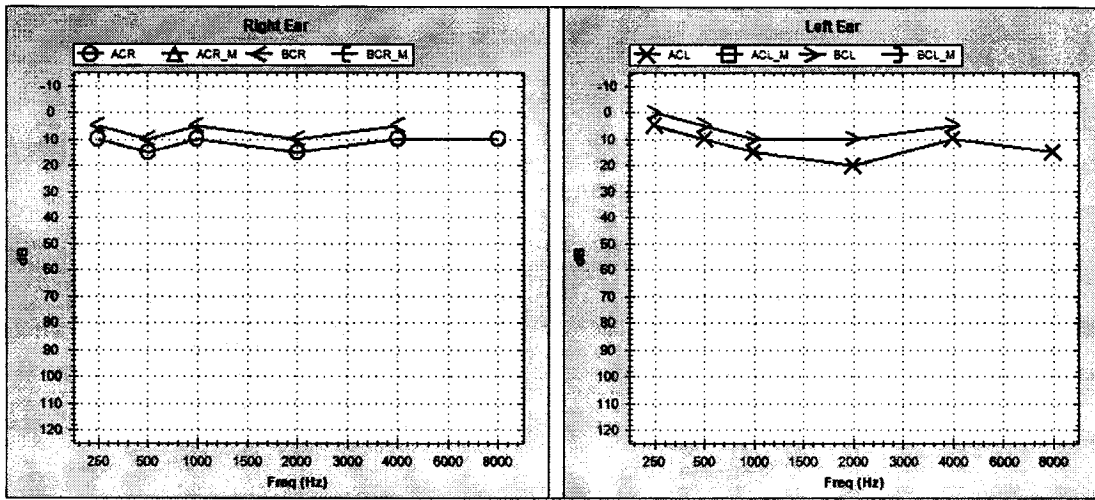


LABORATORY REPORT

Name : Mrs. Arunaben Kamleshbhai Suthar
 Sex/Age : Female/45 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 401100593
 Reg. Date : 13-Jan-2024 09:05 AM
 Collected On :
 Report Date : 13-Jan-2024 01:46 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

Dr Kejal Patel
 MB,DO(Ophth)

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