



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> :	205100478
<b>Sex/Age</b> :	Female/51 Years	<b>Reg. Date</b> :	12-May-2022 09:55 AM
<b>Ref. By</b> :	SELF	<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-May-2022 03:40 PM

**Medical Certificate**

**GENERAL EXAMINATION**

Height (cms) :157

Weight (kgs) :58.2

Blood Pressure : 110/70mmHg

Pulse : 81/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

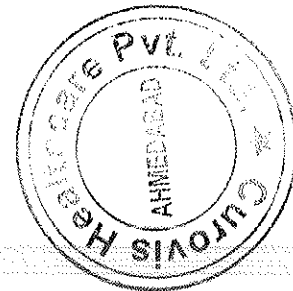
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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



This is an electronically authenticated report

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

भारत सरकार  
GOVT OF INDIA

आयकर विभाग  
INCOME TAX DEPARTMENT

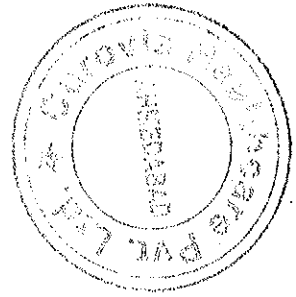
KUSUM LATA NAINWAYA  
MASTER HUKAMCHAND  
01/08/1971  
Permanent Account Number  
ADSPN2977Q

*Kusum Lata*  
Signature

*Kusum Lata*

9909 311785

S1/F



*J*  
Dr. Jinen M. Shah  
DNB (Medicine) FCCS (USA)  
Reg. No.: G-20693



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> :
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. Date</b> : 12-May-2022 09:55 AM	
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF	<b>Dispatch At</b> :	
<b>Location</b> : CHPL	<b>Sample Type</b> : EDTA Whole Blood	

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

**COMPLETE BLOOD COUNT (CBC)**  
**Specimen: EDTA blood**

Hemoglobin (Spectrophotometric Measurement)	13.6	g/dL	12.5 - 16.0
Hematocrit (Calculated)	41.20	%	37 - 47
RBC Count (Volumetric Impedance)	4.64	million/cmm	4.2 - 5.4
MCV (Calculated)	88.8	fL	78 - 100
MCH (Calculated)	29.4	Pg	27 - 31
MCHC (Calculated)	33.1	%	31 - 35
RDW (Calculated)	12.8	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	5860	/cmm	4000 - 10500
MPV (Calculated)	10.4	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	61	%	42.02 - 75.2	3575 /cmm	2000 - 7000
Lymphocytes (%)	27	%	20 - 45	1582 /cmm	1000 - 3000
Eosinophils (%)	04	%	1 - 4	469 /cmm	200 - 1000
Monocytes (%)	08	%	2 - 8	234 /cmm	20 - 500
Basophils (%)	00	%	0 - 1	0 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

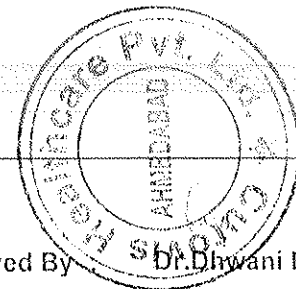
RBC Morphology : Normocytic and Normochromic.  
WBC Morphology : Normal

**PLATELET COUNTS**

Platelet Count (Volumetric Impedance) : 268000 /cmm 150000 - 450000  
Platelets : Platelets are adequate with normal morphology.  
Parasites : Malarial parasite is not detected.

This is an electronically authenticated report.

Approved By : **Dr. Dhvani Bhatt**  
MD (Pathology)



Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 11:07 AM  
Page 1 of 12



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> :
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

**HEMATOLOGY**

**BLOOD GROUP & RH**

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

**ABO** "O"

**Rh (D)** Positive

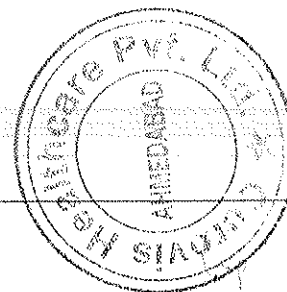
**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR (After 1 hour)</b> <i>Infra red measurement</i>	30	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20
---	----	-------	---

**ERYTHRO SEDIMENTATION RATE, BLOOD -**

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

# 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.



This is an electronically authenticated report.

Approved By : Dr.Dhwani Bhatt  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 01:39 PM  
Page 2 of 12



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukumchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum,Flouride PP

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

**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	108.10	mg/dL	70 - 110
---------------------------	--------	-------	----------

Criteria for the diagnosis of diabetes

1. HbA1c  $\geq$  6.5 \*
- Or
2. Fasting plasma glucose  $>$ 126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose  $\geq$  200mg/dL. during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

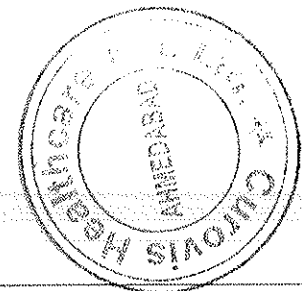
\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

**POST PRANDIAL PLASMA GLUCOSE**

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	114.9	mg/dL	70 - 140
----------------------------------	-------	-------	----------

# 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.



This is an electronically authenticated report.

**Approved By** : Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On** : 12-May-2022 05:02 PM

**Approved On** : 12-May-2022 03:35 PM  
Page 3 of 12

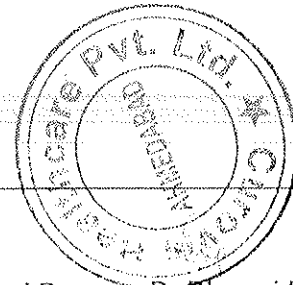


**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

Parameter	Result	Unit	Biological Ref. Interval
<u>Lipid Profile</u>			
Cholesterol	273.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Triglyceride	193.20	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
HDL Cholesterol	60.80	mg/dL	High Risk : < 40 Low Risk : = 60
LDL <i>Calculated</i>	173.56	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
VLDL <i>Calculated</i>	38.64	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	2.85		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	4.49		0 - 5.0

# 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.



This is an electronically authenticated report.

Approved By : Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 12:39 PM  
Page 4 of 12



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukumchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**BIO - CHEMISTRY**

LFT WITH GGT

<b>Total Protein</b>	8.00	gm/dL	6.3 - 8.2
<b>Albumin</b>	5.47	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<b>Globulin</b> <i>Calculated</i>	2.53	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	2.16		0.8 - 2.0
<b>SGOT</b>	32.30	U/L	0 - 40
<b>SGPT</b>	37.70	U/L	0 - 40
<b>Alakaline Phosphatase</b>	190.6	U/L	64 - 306
<b>Total Bilirubin</b>	0.9	mg/dL	0 - 1.2
<b>Conjugated Bilirubin</b>	0.2	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Sulph acid dpl/calf-benz</i>	0.7	mg/dL	0.0 - 1.1
<b>GGT</b>	33.00	mg/dL	15 - 73

This is an electronically authenticated report.

Approved By : **Dr. Dhvani Bhatt**  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

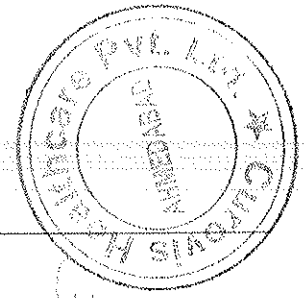
Approved On : 12-May-2022 12:39 PM  
Page 5 of 12



**TEST REPORT**

**Reg. No** : 205100478      **Ref Id** :      **Collected On** : 12-May-2022 12:32 PM  
**Name** : Mrs. Kusum Lata Master Hukamchand Nainwaya      **Reg. Date** : 12-May-2022 09:55 AM  
**Age/Sex** : 51 Years / Female      **Pass. No.** :      **Tele No.** : 9909311785  
**Ref. By** : SELF      **Dispatch At** :  
**Location** : CHPL      **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.



This is an electronically authenticated report.

**Approved By** : Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On** : 12-May-2022 05:02 PM

**Approved On** : 12-May-2022 12:39 PM  
Page 6 of 12





**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukumchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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


**BIO - CHEMISTRY**

<b>Uric Acid</b>	4.44	mg/dL	2.6 - 6.0
<b>Creatinine</b>	0.69	mg/dL	0.55 - 1.02
<b>BUN</b>	9.30	mg/dL	7 - 17

# 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.



This is an electronically authenticated report.

Approved By :   
Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 12:39 PM  
Page 7 of 12



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

<b>Hb A1C</b> <i>Boronate Affinity with Fluorescent Quenching</i>	5.6	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
<b>Mean Blood Glucose</b> <i>Calculated</i>	114.02	mg/dL	

**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 :-**

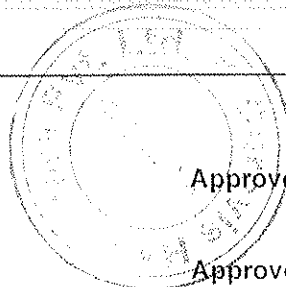
- \*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span.The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.
- \*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended lime 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 measurment which effects 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:**

- \*Errneous 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)

# 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.

This is an electronically authenticated report.



**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 12-May-2022 05:02 PM

**Approved On :** 12-May-2022 04:39 PM  
Page 8 of 12



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Urine Spot

<b>Test</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
-------------	---------------	-------------	---------------------------------

**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear
Sediments	Nil

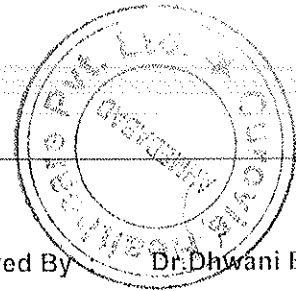
**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

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

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	Nil
Erythrocytes (Red Cells)	Nil
Epithelial Cells	2 - 3/hpf /hpf

This is an electronically authenticated report.



Approved By **Dr. Dhvani Bhatt**  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 04:39 PM  
Page 9 of 12

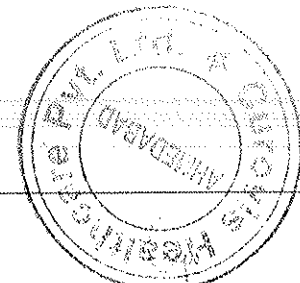


**TEST REPORT**

**Reg. No** : 205100478      **Ref Id** :      **Collected On** : 12-May-2022 12:32 PM  
**Name** : Mrs. Kusum Lata Master Hukamchand Nainwaya      **Reg. Date** : 12-May-2022 09:55 AM  
**Age/Sex** : 51 Years / Female      **Pass. No.** :      **Tele No.** : 9909311785  
**Ref. By** : SELF      **Dispatch At** :  
**Location** : CHPL      **Sample Type** : Urine Spot

Calcium Oxalate      Absent  
Uric Acid      Absent  
Triple Phosphate      Absent  
Amorphous Material      Nil  
Casts      Nil  
Bacteria      Nil

# 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.



This is an electronically authenticated report.

**Approved By** : Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On** : 12-May-2022 05:02 PM

**Approved On** : 12-May-2022 01:39 PM  
Page 10 of 1



**TEST REPORT**

<b>Reg. No</b> : 205100478	<b>Ref Id</b> :	<b>Collected On</b> : 12-May-2022 12:32 PM
<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya		<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Age/Sex</b> : 51 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9909311785
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
------------------	---------------	-------------	---------------------------------

**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>TSH</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.424	µIU/ml	0.55 - 4.78
---	-------	--------	-------------

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

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

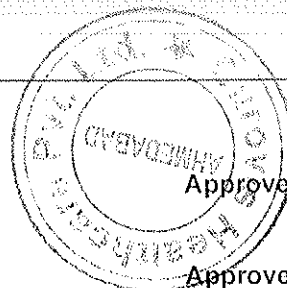
<b>T3 (Triiodothyronine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.21	ng/mL	0.6 - 1.81
---	------	-------	------------

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.

This is an electronically authenticated report.



Approved By : *Csp*  
Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 12-May-2022 05:02 PM

Approved On : 12-May-2022 01:39 PM



**TEST REPORT**

**Reg. No** : 205100478      **Ref Id** :      **Collected On** : 12-May-2022 12:32 PM  
**Name** : Mrs. Kusum Lata Master Hukamchand Nainwaya      **Reg. Date** : 12-May-2022 09:55 AM  
**Age/Sex** : 51 Years / Female      **Pass. No.** :      **Tele No.** : 9909311785  
**Ref. By** : SELF      **Dispatch At** :  
**Location** : CHPL      **Sample Type** : Serum

**T4 (Thyroxine)**      9.90      ng/mL      3.2 - 12.6  
*CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*

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).

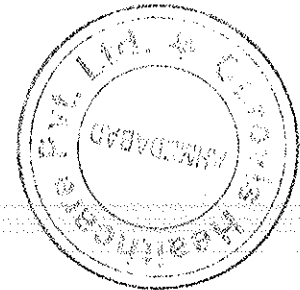
In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**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.

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

# 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.



This is an electronically authenticated report.

**Approved By** :   
Dr. Dhvani Bhatt  
MD (Pathology)

**Generated On** : 12-May-2022 05:02 PM

**Approved On** : 12-May-2022 01:39 PM



**LABORATORY REPORT**

<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> : 205100478
<b>Sex/Age</b> : Female/51 Years	<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Ref. By</b> : SELF	<b>Collected On</b> : 12-May-2022 09:55 AM
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 12-May-2022 03:40 PM

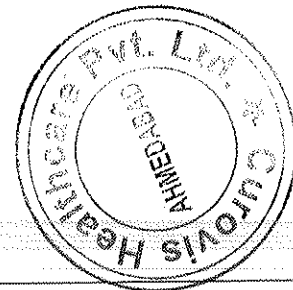
**Electrocardiogram**

**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

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

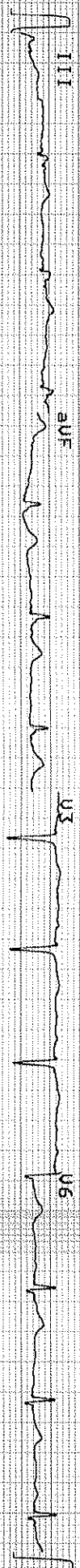
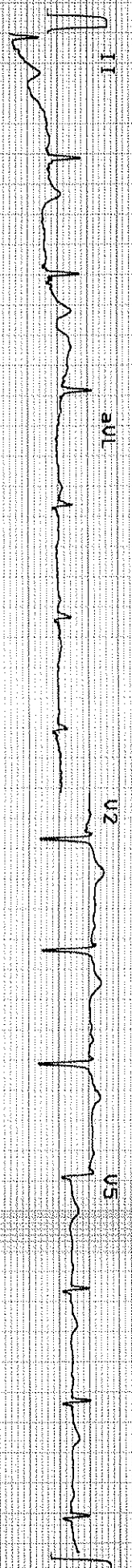
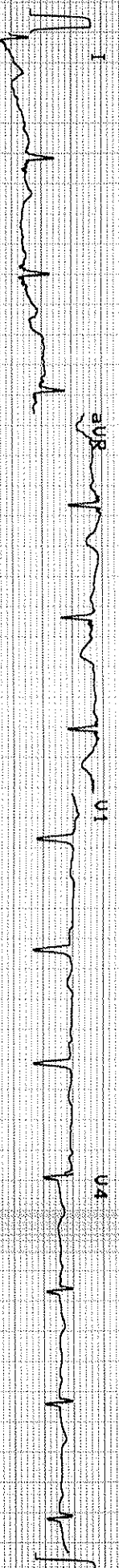


This is an electronically authenticated report

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

Kusum  
 22  
 Female  
 51 years / 58 kg  
 157 cm

HR 81/min  
 Axis: P 0°  
 QRS 41°  
 T 62°  
 Intervals:  
 RR 744 ms  
 P 50 ms  
 PR 132 ms  
 QR5 76 ms  
 QT 356 ms  
 QTc 414 ms (Bazett)  
 P (II) - mV  
 S (V1) - mV  
 R (V5) 0.45 mV  
 Sokol. 1.63 mV







**LABORATORY REPORT**

<b>Name</b> :	Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> :	205100478
<b>Sex/Age</b> :	Female/51 Years	<b>Reg. Date</b> :	12-May-2022 09:55 AM
<b>Ref. By</b> :	SELF	<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-May-2022 03:40 PM

**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. Mild Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Stage I diastolic dysfunction.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 40 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

**CONCLUSION**

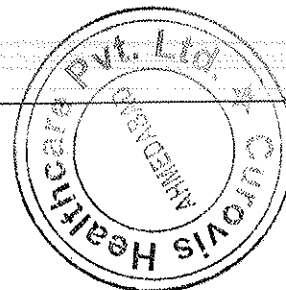
1. Normal LV size with Good LV systolic function.
2. Mild Concentric LVH . Stage I diastolic dysfunction
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

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

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

This is an electronically authenticated report

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





**LABORATORY REPORT**

<b>Name</b> :	Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> :	205100478
<b>Sex/Age</b> :	Female/51 Years	<b>Reg. Date</b> :	12-May-2022 09:55 AM
<b>Ref. By</b> :	SELF	<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-May-2022 02:15 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.

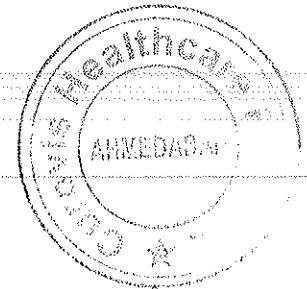
**COMMENT:** No significant abnormality is detected.

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

This is an electronically authenticated report

*atulpatel*

**DR.ATUL PATEL**  
M.D Radio-diagnosis





**LABORATORY REPORT**

<b>Name</b> :	Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> :	205100478
<b>Sex/Age</b> :	Female/51 Years	<b>Reg. Date</b> :	12-May-2022 09:55 AM
<b>Ref. By</b> :	SELF	<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-May-2022 02:15 PM

**USG ABDOMEN**

**Liver** appears normal in size , show homogenous parenchymal 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 not seen- post cholecystectomy status**

**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 seen.

**Urinary bladder** contour is normal, no calculus or wall thickening seen.

**Uterus** appears normal in size. 17.8 x 17.4 mm sized subserosal fundal region uterine fibroid. 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 :**

**Subserosal fundal region uterine fibroid.**



This is an electronically authenticated report

*Atul Patel*

**DR. ATUL PATEL**  
M.D Radio-diagnosis



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> :	205100478
<b>Sex/Age</b> :	Female/51 Years	<b>Reg. Date</b> :	12-May-2022 09:55 AM
<b>Ref. By</b> :	SELF	<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-May-2022 02:15 PM

**BILATERAL BREAST AND AXILLA SONO GRAPHY :-**

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

**COMMENT :**

- No significant abnormality detected.
- No direct or indirect sign of malignancy seen.

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

This is an electronically authenticated report

**DR. ATUL PATEL**  
M.D Radio-diagnosis





**LABORATORY REPORT**

<b>Name</b> : Mrs. Kusum Lata Master Hukamchand Nainwaya	<b>Reg. No</b> : 205100478
<b>Sex/Age</b> : Female/51 Years	<b>Reg. Date</b> : 12-May-2022 09:55 AM
<b>Ref. By</b> : SELF	<b>Collected On</b> :
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 12-May-2022 03:10 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.50

CY: -1.50

AX: 63

**LEFT EYE**

SP : +0.75

CY :-0.50

AX :101

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

