

LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MS. PARMAR HETALI MUKESH
EC NO.	79248
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	AHMEDABAD, CHANDKHEDA
BIRTHDATE	05-12-1982
PROPOSED DATE OF HEALTH CHECKUP	25-08-2023
BOOKING REFERENCE NO.	23S79248100067316E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **23-08-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager**  
**HRM Department**  
**Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

**SUGGESTIVE LIST OF MEDICAL TESTS**

<b>FOR MALE</b>	<b>FOR FEMALE</b>
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
<b>Lipid Profile</b>	<b>Lipid Profile</b>
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
<b>Liver Profile</b>	<b>Liver Profile</b>
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
<b>Kidney Profile</b>	<b>Kidney Profile</b>
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
<b>General Tests</b>	<b>General Tests</b>
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



~~Bi~~

B12  
O2  
vdd

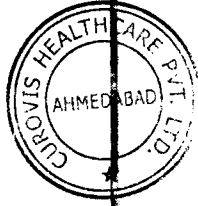
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Unique Identification Authority of India  
Government of India

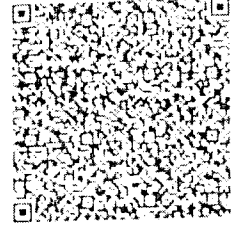
નોંધણીની ઓળખ / Enrollment No : 1444/40547/19221

To  
હેતાલી મુકેશ પરમાર  
Hetali Mukesh Parmar  
A-204 Aaron Elegance Opp. Radhe-1 Bungalows  
Bh G T U College New C G Road , Chandkheda  
Ahmedabad  
Chandkheda  
Ahmadabad City Ahmedabad  
Gujarat 382424  
9724849962

09/06/2015  
72028830



MD720288302FH



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

તમારો આધાર નંબર / Your Aadhaar No. :

**2371 3907 0802**

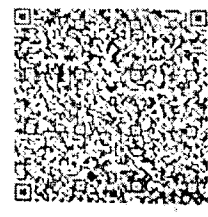
મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



હેતાલી મુકેશ પરમાર  
Hetali Mukesh Parmar  
જન્મ તારીખ / DOB : 05/12/1982  
સહી / Female



**2371 3907 0802**

મારો આધાર, મારી ઓળખ

*Handwritten:*  
9724849962



**LABORATORY REPORT**

**Name** : Ms. Hetali Mukesh Parmar  
**Sex/Age** : Female/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 308101641  
**Reg. Date** : 25-Aug-2023 09:10 AM  
**Collected On** :  
**Report Date** : 25-Aug-2023 12:49 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 154

Weight (kgs) : 56.1

Blood Pressure :122/70 mmHg

Pulse : 87Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

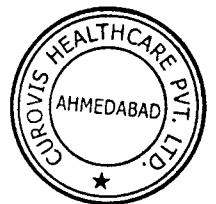
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

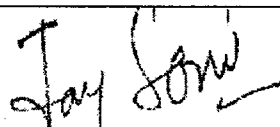
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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**Dr. Jay Soni**

M.D, GENERAL MEDICINE

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**CUROVIS HEALTHCARE PVT. LTD.**

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat


**TEST REPORT**

<b>Reg. No</b> : 308101641	<b>Ref Id</b> :	<b>Collected On</b> : 25-Aug-2023 09:10 AM
<b>Name</b> : Ms. Hetali Mukesh Parmar		<b>Reg. Date</b> : 25-Aug-2023 09:10 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9724849962
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	4.9	% 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	93.93	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 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)

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

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\* This test has been outsourced.

Approved By :	 Dr. Keyur V Patel
	MB, DCP

Approved On :	25-Aug-2023 09:08 PM
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (Colorimetric method)	L 9.6	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 30.90	%	37 - 47
RBC Count (Electrical Impedance)	4.76	million/cmm	4.2 - 5.4
MCV (Calculated)	L 65.0	fL	78 - 100
MCH (Calculated)	L 20.2	Pg	27 - 31
MCHC (Calculated)	31.0	%	31 - 35
RDW (Calculated)	H 15.6	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	4100	/cmm	4000 - 10500
MPV (Calculated)	8.8	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	64.90	%	42.02 - 75.2	2661 /cmm	2000 - 7000
Lymphocytes (%)	26.30	%	20 - 45	1078 /cmm	1000 - 3000
Eosinophils (%)	1.60	%	0 - 6	283 /cmm	200 - 1000
Monocytes (%)	6.90	%	2 - 10	66 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	12 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**


RBC Morphology	RBCs are microcytic and hypochromic with anisopoikilocytosis. Elliptocytes and target cells are seen.
WBC Morphology	Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance)	229000	/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. Bhavi Patel**  
 MD (Pathology)

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Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	: 9724849962
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: EDTA Whole Blood

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

**BLOOD GROUP & RH**

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

ABO	"A"
Rh (D)	Negative
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


ESR 1 hour	21	mm/hr	ESR AT 1 hour : 3-12
<i>Westergreen method</i>			

**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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<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9724849962
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F, Flouride PP

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**FASTING PLASMA GLUCOSE**  
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	98.50	mg/dL	70 - 110
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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) <i>GOD-POD Method</i>	115.6	mg/dL	70 - 140
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum


Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	271.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	194.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	50.60	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	181.42	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	38.98	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.59		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.36		0 - 5.0
<i>Calculated</i>			

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Dr. Bhavi Patel  
MD (Pathology)

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**Name** : Ms. Hetali Mukesh Parmar      **Reg. Date** : 25-Aug-2023 09:10 AM  
**Age/Sex** : 40 Years / Female      **Pass. No.** :      **Tele No.** : 9724849962  
**Ref. By** :      **Dispatch At** :  
**Location** : CHPL      **Sample Type** : Serum


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

**LFT WITH GGT**

Total Protein	7.28	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	4.22	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
<i>By Bromocresol Green</i>			
Globulin (Calculated)	3.06	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.38		0.8 - 2.0
SGOT	25.10	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	32.70	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	84.1	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.45	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.06	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.39	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	14.30	mg/dL	< 32
<i>SZASZ Method</i>			

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum


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

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.22	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.70	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	10.40	mg/dL	6.0 - 20.0

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Urine Spot

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)	1 - 2/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	1 - 2/hpf	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Dr. Bhavi Patel  
MD (Pathology)

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<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b>	1.65	ng/mL	0.86 - 1.92
------------------------------	------	-------	-------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>T4 (Thyroxine)</b>	8.40	µg/dL	3.2 - 12.6
-----------------------	------	-------	------------

CHEMILUMINECENT 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.

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :**  **Dr. Keyur V Patel**  
MB,DCP

**Approved On :** 25-Aug-2023 07:42 PM

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**TEST REPORT**

<b>Reg. No</b> : 308101641	<b>Ref Id</b> :	<b>Collected On</b> : 25-Aug-2023 09:10 AM
<b>Name</b> : Ms. Hetali Mukesh Parmar		<b>Reg. Date</b> : 25-Aug-2023 09:10 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9724849962
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

**TSH** 3.380  $\mu$ U/ml 0.35 - 5.50  
*CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*

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

**TSH levels During Pregnancy :**

First Trimester :0.1 to 2.5  $\mu$ U/mL

Second Trimester : 0.2 to 3.0  $\mu$ U/mL

Third trimester : 0.3 to 3.0  $\mu$ U/mL

Reference : 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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**Approved By :**  **Dr. Keyur V Patel**  
MB,DCP

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**TEST REPORT**

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<b>Name</b> : Ms. Hetali Mukesh Parmar		<b>Reg. Date</b> : 25-Aug-2023 09:16 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9724849962
<b>Ref. By</b> : SELF		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**IMMUNOLOGY**

<b>VITAMIN B12</b> <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	536.00	pg/mL	Deficient Range: < 145 Normal value: 180-914 pg/mL
--	--------	-------	--

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> <i>CMIA</i>	11.92	ng/mL	Deficiency: <10 Insufficiency: 10-30 Sufficiency: 30-100 Toxicity: >100
--	-------	-------	--


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.

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

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\* This test has been out sourced.

Approved By :   
 Dr. Bhavi Patel  
 MD (Pathology)

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**LABORATORY REPORT**

**Name** : Ms. Hetali Mukesh Parmar  
**Sex/Age** : Female/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 308101641  
**Reg. Date** : 25-Aug-2023 09:10 AM  
**Collected On** :  
**Report Date** : 25-Aug-2023 01:16 PM

**Electrocardiogram**

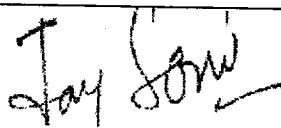
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

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HEPRL I  
PARMR  
17

Female

40 years / 56 kg  
154 cm

HR 87/min

Axis: 56°

Intervals:

RR 689 ms

P 94 ms

PR 126 ms

QRS 70 ms

QT 332 ms

QTc 400 ms  
(Bazett)

P 90°

T 56°

P (II) 0.12 mV

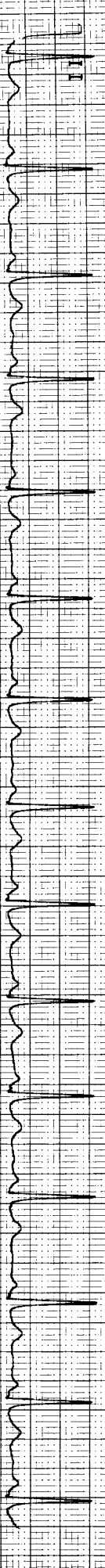
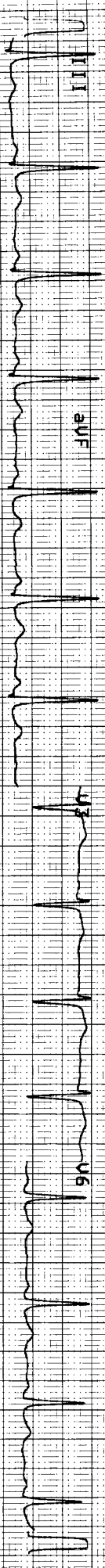
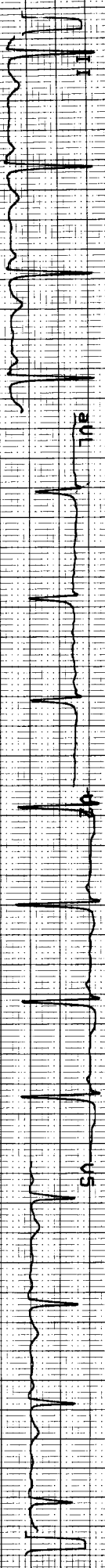
S (V1) -1.08 mV

R (V5) 0.93 mV

Sokol. 2.67 mV

10 mm/mV

10 mm/mV



10 mm/mV  
25 mm/s

0.05-25 Hz F50 S5F S85 25.08.2025 10:48:40

CUROVIS HEALTHCARE

*[Signature]*

RT-102plus 1.24 C

SCHILLER

Part No.2.157017M CE 0123

L80



**LABORATORY REPORT**

**Name** : Ms. Hetali Mukesh Parmar  
**Sex/Age** : Female/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 308101641  
**Reg. Date** : 25-Aug-2023 09:10 AM  
**Collected On** :  
**Report Date** : 25-Aug-2023 11:47 AM

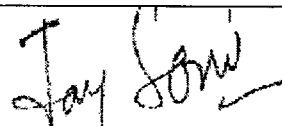
**2D Echo Colour Doppler**

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: 42 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	

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

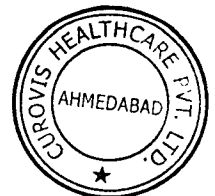
DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	48 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	28 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (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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**LABORATORY REPORT**

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<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	25-Aug-2023 03:56 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

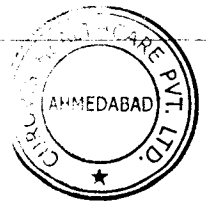
**COMMENT: No significant abnormality is detected.**

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

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



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**LABORATORY REPORT**

<b>Name</b> :	Ms. Hetali Mukesh Parmar	<b>Reg. No</b> :	308101641
<b>Sex/Age</b> :	Female/40 Years	<b>Reg. Date</b> :	25-Aug-2023 09:10 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	25-Aug-2023 03:55 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.

**Excessive gas filled bowel loops.**

*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

**COMMENTS :**

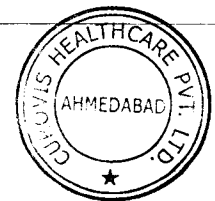
**Excessive gas filled bowel loops.**

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**DR DHAIVAL PATEL**  
Consultant Radiologist  
MB,DMRE

Reg No:0494



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**LABORATORY REPORT**

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**Client Name** : Mediwheel

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**Reg. Date** : 25-Aug-2023 09:10 AM  
**Collected On** :  
**Report Date** : 25-Aug-2023 06:20 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.

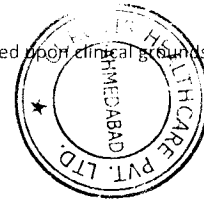
**COMMENT :**

- **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.



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**Report Date** : 25-Aug-2023 12:19 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.25

CY: -0.25

AX: 166

**LEFT EYE**

SP : -0.25

CY : -0.75

AX :51

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

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

Fundus Examination - Within Normal Limits.

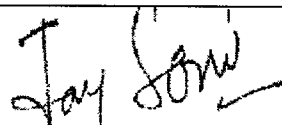
ColorVision : Normal

Comments: Normal

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M.D, GENERAL MEDICINE

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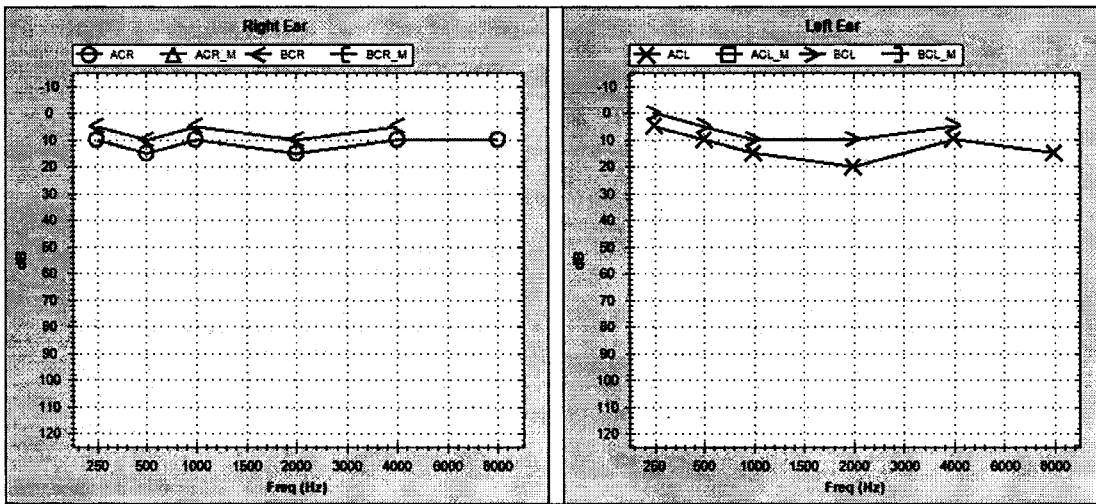


## LABORATORY REPORT

Name : Ms. Hetali Mukesh Parmar  
 Sex/Age : Female/40 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 308101641  
 Reg. Date : 25-Aug-2023 09:10 AM  
 Collected On :  
 Report Date : 25-Aug-2023 12:19 PM

## AUDIOGRAM

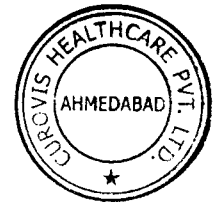


EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

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.



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*Jay Soni*  
 Dr. Jay Soni

M.D. GENERAL MEDICINE

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