



LABORATORY REPORT

| | | | |
|----------------------|-----------------|-----------------------|----------------------|
| Name : | Mr. Shyam Ahuja | Reg. No : | 303101260 |
| Sex/Age : | Male/59 Years | Reg. Date : | 25-Mar-2023 02:23 PM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 25 Mar-2023 04:02 PM |

Medical Summary

GENERAL EXAMINATION

Height (cms) :173

Weight (kgs) :90.4

Blood Pressure : 120/80mmHg

Pulse : 63/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

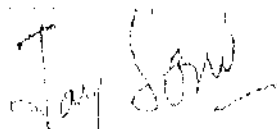
Respiratory system.- AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy -- N/A

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Dr. Jay Soni
M.D, GENERAL MEDICINE





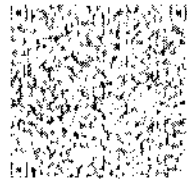
Ministry of Health and Family Welfare



भारत सरकार
The Identification Authority of India
Government of India

संस्थापन संख्या / Enrolment No.: 1410/12063/00226

To:
Shyam Khubchand Ahuja
34, Atharam, Phadke, Subhach Chowk,
Dharmaj,
Dharmaj,
Arant, Gujarat - 388430
9638458869



एडी आधार नंबर / Your Aadhaar No.:

9964 5165 5151

मांरी आधार, मांरी ओळख



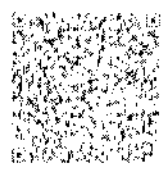
भारत सरकार
Government of India



श्याम खुबचंद अहुजा
Shyam Khubchand Ahuja
जन्म तारीख / DOB: 27/10/1963
पुरुष / MALE

9964 5165 5151

मांरी आधार, मांरी ओळख



- आधार आपणाचा तुमचा केवळ एकच प्रमाणपत्र आहे.
- सर्व भारतात प्रमाणपत्र अंतर्गत सर्व सरकारी सेवांसाठी वापरता येईल.
- या प्रमाणपत्राचा प्रयोग केवळ भारतीय नागरिकांसाठीच होईल.

INFORMATION

- Aadhaar is a proof of identity, proof of residence.
- To establish identity, Aadhaar is portable.
- This is electronically generated, paperless.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non Government services in future.

Handwritten signature and number: 9638458869

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



आधार - एकमात्र प्रमाणपत्र
Unique Identification Authority of India

Address: 34, Atharam, Phadke, Subhach Chowk, Dharmaj, Arant, Gujarat - 388430



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| Name : Mr. Shyam Ahuja | | Reg. Date : 25-Mar-2023 02:23 PM |
| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458869 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : EDTA Whole Blood |

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

COMPLETE BLOOD COUNT (CBC)
 Specimen: EDTA blood

| | | | |
|---------------------------------------|---------|-------------|--------------|
| Hemoglobin Colorimetric method | 13.7 | g/dL | 13.0 - 18.0 |
| Hematocrit (Calculated) Calculated | L 41.80 | % | 47 - 52 |
| RBC Count | 4.83 | million/cmm | 4.7 - 6.0 |
| MCV | 86.6 | fL | 78 - 110 |
| MCH (Calculated) | 28.3 | Pg | 27 - 31 |
| MCHC (Calculated) | 32.6 | % | 31 - 35 |
| RDW (Calculated) | L 11.2 | % | 11.5 - 14.0 |
| WBC Count | 9440 | /cmm | 4000 - 10500 |
| MPV (Calculated) | 8.9 | fL | 7.4 - 10.4 |

| DIFFERENTIAL WBC COUNT | [%] | EXPECTED VALUES | [Abs] | EXPECTED VALUES |
|------------------------|-------|-----------------|-----------|-----------------|
| Neutrophils (%) | 68 | % 42.0 - 75.2 | 6419 /cmm | 2000 - 7000 |
| Lymphocytes (%) | 25 | % 20 - 45 | 2360 /cmm | 1000 - 3000 |
| Eosinophils (%) | 04 | % 0 - 6 | 283 /cmm | 200 - 1000 |
| Monocytes (%) | 03 | % 2 - 10 | 378 /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) : 410000 /cmm 150000 - 450000
 Platelets : Platelets are adequate with normal morphology.
 Parasites : Malarial parasite is not detected.
 Comment :

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| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : EDTA Whole Blood |

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Page 2 of 13

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| Age/Sex | : 59 Years Male | Pass. No. | : | Tele No. | : 9638458869 |
| Ref. By | : | Dispatch At | : | | |
| Location | : CHPL | Sample Type | : | 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 |
| Note | - |

ERYTHROCYTE SEDIMENTATION RATE [ESR]


| | | | |
|--|----|-------|------------------|
| ESR 1 hour <i>Infra red measurement</i> | 17 | mm/hr | ESR At 1 hour 17 |
|--|----|-------|------------------|

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.

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Page 3 of 13


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| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458869 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : Flouride F,Flouride PP |

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

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

| | | | |
|---------------------------|-------|-------|----------|
| Fasting Blood Sugar (FBS) | 94.90 | mg/dL | 70 - 110 |
|---------------------------|-------|-------|----------|

GOD-POD Method

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) | 69.8 | mg/dL | 70 - 140 |
|----------------------------------|------|-------|----------|

GOD-POD Method

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 Page 4 of 13


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| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458869 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : Serum |

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

Lipid Profile

| | | | |
|---|--------|-------|--|
| Cholesterol | 175.00 | mg/dL | Desirable < 200 Boderline High: 200-239 High: > 240 |
| <i>Enzymatic, colorimetric method</i> | | | |
| Trnglyceride | 204.80 | mg/dL | Normal < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500 |
| <i>Enzymatic, colorimetric method</i> | | | |
| HDL Cholesterol | 38.20 | mg/dL | High Risk < 40 Low Risk : = 60 |
| <i>Accelerator selective detergent method</i> | | | |
| LDL | 95.84 | mg/dL | Optimal < 100.0 Near / above optimal : 100-129 Boderline High: 130-159 High: 160-189 Very High : > 190.0 |
| <i>Calculated</i> | | | |
| VLDL | 40.96 | mg/dL | 15-35 |
| <i>Calculated</i> | | | |
| LDL / HDL RATIO | 2.51 | | 0-3.5 |
| <i>Calculated</i> | | | |
| Cholesterol /HDL Ratio | 4.58 | | 0-5.0 |
| <i>Calculated</i> | | | |

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Page 5 of 13


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| Age/Sex | : 59 Years / Male | Pass. No. | : | Tele No. | : 9638458869 |
| Ref. By | : | Dispatch At | : | Sample Type | : Serum |
| Location | : CHPL | | | | |


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

BIO - CHEMISTRY
LFT WITH GGT

| | | | |
|---|-------|-------|--|
| Total Protein <i>Buret Reaction</i> | 7.15 | gm/dL | Premature 1 Day : 3.4 - 5.0 1 Day to 1 Month : 4.6 - 6.8 2 to 12 Months : 4.8 - 7.6 1 Year : 6.0 - 8.0 Adults : 6.6 - 8.7 |
| Albumin <i>By Bromocresol Green</i> | 4.97 | 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 |
| Globulin <i>Calculated</i> | 2.18 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 2.28 | | 0.8 - 2.0 |
| SGOT <i>UV without PSP</i> | 24.50 | U/L | 0 - 40 |
| SGPT <i>UV without PSP</i> | 21.80 | U/L | 0 - 40 |
| Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> | 84.4 | IU/l | 41 - 137 |
| Total Bilirubin <i>Vanadate Oxidation</i> | 0.55 | mg/dL | 0 - 1.2 |
| Conjugated Bilirubin | 0.13 | mg/dL | 0.0 - 0.4 |

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Page 6 of 13

**TEST REPORT**

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Name : Mr. Shyam Ahuja **Reg. Date** : 25-Mar-2023 02:23 PM
Age/Sex : 59 Years / Male **Pass. No.** : **Tele No.** : 9638458869
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Unconjugated Bilirubin 0.42 mg/dL 0.0 - 1.1
Calculated

GGT 24.60 mg/dL < 49
S/AS/ Method

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MB.DCI¹

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Page 7 of 13

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| Location : CHPL | | Sample Type : Serum |

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

BIO - CHEMISTRY

| | | | |
|---|------|-------|------------|
| Uric Acid <i>Enzymatic, colorimetric method</i> | 5.87 | mg/dL | 3.5 - 7.2 |
| Creatinine <i>Enzymatic Method</i> | 0.86 | mg/dL | 0.9 - 1.3 |
| BUN <i>UV Method</i> | 9.00 | mg/dL | 6.0 - 20.0 |

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Page 8 of 13


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| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458869 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : EDTA Whole Blood |

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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

| | | | |
|---------|-----|---------------|--|
| *Hb A1C | 5.5 | % of Total Hb | Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher |
|---------|-----|---------------|--|

Boronate Affinity with Fluorescent Quenching

| | | |
|--------------------|--------|-------|
| Mean Blood Glucose | 111.15 | mg/dL |
|--------------------|--------|-------|

Calculated
Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HbA1c in the cell reflects the average blood glucose concentration it encounters

*The level of HbA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months


*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedure.

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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Page 9 of 13


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| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458869 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : Urine Spot |

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

URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

| | | |
|----------|-------------|-------|
| Quantity | 30 cc | |
| Colour | Pale Yellow | |
| Clarity | Clear | Clear |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

| | | |
|---------------|-------|---------------|
| pH | 5 | 4.6 - 8.0 |
| Sp. Gravity | 1.025 | 1.001 - 1.035 |
| Protein | 30 | 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) | 2 - 3/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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Page 10 of 1


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| Location : CHPL | | Sample Type : Serum |

| Parameter | Result | Unit | Biological Ref. Interval |
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IMMUNOLOGY
THYROID FUNCTION TEST

| | | | |
|---|------|-------|-------------|
| T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 1.09 | 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>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 7.80 | 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 F T4 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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Page 11 of 1



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Age/Sex : 59 Years / Male **Pass. No.** : **Tele No.** : 9638458869
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

TSH 1.660 μ 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 μ U/ml.

Second Trimester : 0.2 to 3.0 μ U/ml.

Third trimester : 0.3 to 3.0 μ U/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

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Keyur Patel
MB, BCP

Generated On : 27-Mar-2023 05:45 PM

Approved On : 25-Mar-2023 07:01 PM

Page 12 of 1

CUROVIS HEALTHCARE PVT. LTD.

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


TEST REPORT

| | | |
|----------------------------------|--------------------|--|
| Reg. No : 303101260 | Ref Id : | Collected On : 25-Mar-2023 02:23 PM |
| Name : Mr. Shyam Ahuja | | Reg. Date : 25-Mar-2023 02:23 PM |
| Age/Sex : 59 Years / Male | Pass. No. : | Tele No. : 9638458800 |
| Ref. By : | | Dispatch At : |
| Location : CHPL | | Sample Type : Serum |

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

IMMUNOLOGY

| | | | |
|--|------|-------|-------|
| *TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i> | 1.55 | ng/mL | 0 - 4 |
|--|------|-------|-------|

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer

... End Of Report ...

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Keyur V Patel
MB,DCP

Generated On : 27-Mar-2023 05:45 PM

Approved On : 25-Mar-2023 09:12 PM

Page 13 of 1

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LABORATORY REPORT

| | | | |
|----------------------|-----------------|-----------------------|----------------------|
| Name : | Mr. Shyam Ahuja | Reg. No : | 303101260 |
| Sex/Age : | Male/59 Years | Reg. Date : | 25-Mar-2023 02:23 PM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 25-Mar-2023 04:16 PM |

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

SAVARI
AHUJA

HR 63/min

Rx is: 46 °

27

Male

Intervals:
RR 945 ms
P 120 ms
PR 160 ms
QRS 90 ms
QT 388 ms
QTc 400 ms
(Bazett)

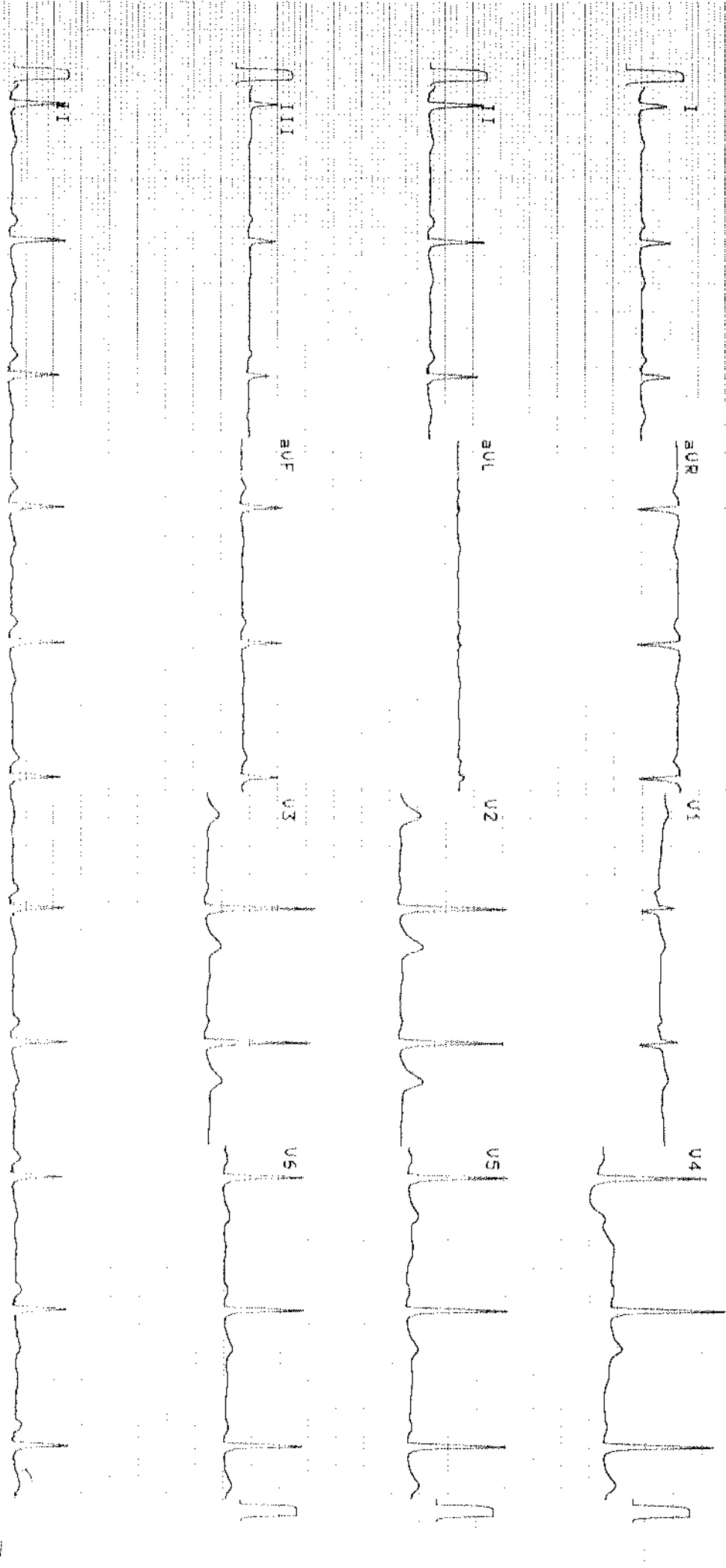
P 46 °
QRS 57 °
T 41 °

59 years / 90 kg

P (II) 0.13 mV
S (V1) -0.47 mV
R (V5) 2.10 mV
Sokol. 2.57 mV

10 mm/mV

10 mm/mV



10 mm/mV

CURIOUS HEALTHCARE

Signature



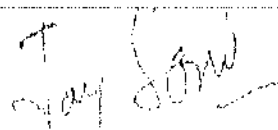
LABORATORY REPORT

| | | | |
|----------------------|-----------------|-----------------------|----------------------|
| Name : | Mr. Shyam Ahuja | Reg. No : | 303101260 |
| Sex/Age : | Male/59 Years | Reg. Date : | 25-Mar-2023 02:23 PM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 25-Mar-2023 04:16 PM |

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: 44 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name : Mr. Shyam Ahuja
Sex/Age : Male/59 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 303101260
Reg. Date : 25 Mar 2023 02:23 PM
Collected On :
Report Date : 27-Mar-2023 03:33 PM

USG ABDOMEN

Liver appears normal in size, show **increased 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 normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal.

Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in 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 contour is normal, No evidence of calculus or mass lesion.

Prostate is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

COMMENTS :

Grade I fatty liver.

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mr. Shyam Ahuja
Sex/Age : Male/59 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 303101260
Reg. Date : 25-Mar-2023 02:23 PM
Collected On :
Report Date : 27-Mar-2023 03:33 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


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



Page 2 of 2

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LABORATORY REPORT

| | | | |
|----------------------|-----------------|-----------------------|----------------------|
| Name : | Mr. Shyam Ahuja | Reg. No : | 303101260 |
| Sex/Age : | Male/59 Years | Reg. Date : | 25-Mar-2023 02:23 PM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 25-Mar-2023 02:36 PM |

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -2.45

CY:

AX:

LEFT EYE

SP: -2.15

CY:

AX:

| | Without Glasses | With Glasses |
|-----------|-----------------|--------------|
| Right Eye | 6/9 | 6/5 |
| Left Eye | 6/9 | 6/5 |

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

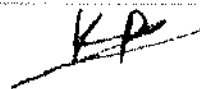
Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Right eye Laser Surgery in 2022.

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

This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)

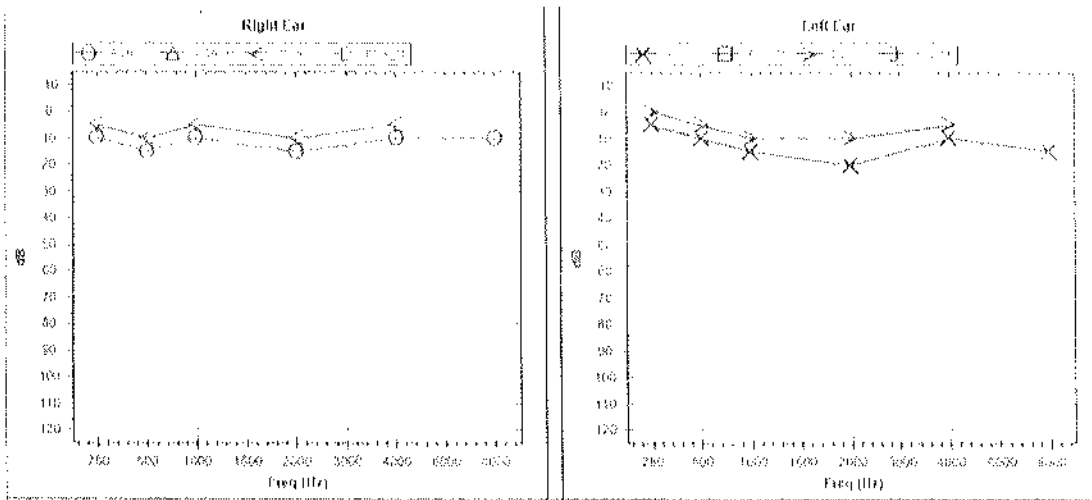
NAME:- SHYAM AHUJA .

ID NO :-

AGE:- 59 Y/ M

Date: 25/03/2023

AUDIOGRAM



| EAR | MODE | Air Conduction | | Bone Conduction | | Cultural Code |
|--|------|----------------|----------|-----------------|----------|---------------|
| | | Masked | UnMasked | Masked | UnMasked | |
| Right | [] | X | [] | > | [] | 11 |
| Left | △ | ○ | [] | < | [] | 11 |
| NO RESPONSE: A circle below the respective symbols | | | | | | |

| Threshold in dB | RIGHT | LEFT |
|-----------------|-------|------|
| AIR CONDUCTION | 15.5 | 17 |
| BONE CONDUCTION | | |
| SPEECH | | |

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

