



LABORATORY REPORT

Name : Mrs. Nitalben A Vaghela
Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100307
Reg. Date : 06-Feb-2024 09:03 AM
Collected On :
Report Date : 06-Feb-2024 03:00 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :159

Weight (kgs) :109.2

Blood Pressure :128/78 mmHg

Pulse : 85/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

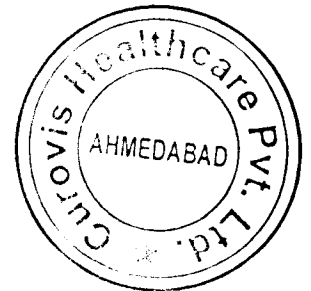
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

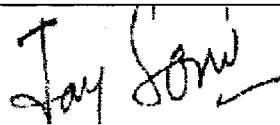
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 3 of 5

Indian Union Driving Licence
Issued by Government of Gujarat



GJ01 20110010410

Issue Date
17-02-2011

Validity (NT)
20-07-2032

Validity (TR)

Date Of First Issue 17-02-2011



Holder's Signature

Organ Donor

Name : MITALBEN A VAGHELA

Date Of Birth : 21-07-1972 Blood Group

Son/Daughter/Wife of : ASHOKBHAI

Address

19, SAJJUKAN BUNG,
MR CHAKRYA PURI CHANDLODYA,
AHMEDABAD CITY, AHMEDABAD, 380051

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



DL No. GJ01 20110010410

ADPVEH No.(Regn.Numbers)



Hazardous validity

Hill Validity

| Class of Vehicle | Code | Issued by | Date of Issue | Vehicle Category | Badge Number | Badge issued | Badge Issued By |
|------------------|-------|-----------|---------------|------------------|--------------|--------------|-----------------|
| | MCWOG | GJ01 | 17-02-2011 | NT | | | |
| | LMV | GJ01 | 17-02-2011 | NT | | | |
| | | | | | | | |
| | | | | | | | |

Form 7 Rule 6(2)

Emergency Contact Number

Licensing Authority
RTO AHMEDABAD

Vaghela Nitin A.

9099680861 / 8511711330

DL No. GJ01 20110010410

ADPVEH No.(Regn.Numbers)



Hazardous validity

Hill Validity

| Class of Vehicle | Code | Issued by | Date of Issue | Vehicle Category | Badge Number | Badge issued | Badge Issued By |
|------------------|-------|-----------|---------------|------------------|--------------|--------------|-----------------|
| | MCWOG | GJ01 | 17-02-2011 | NT | | | |
| | LMV | GJ01 | 17-02-2011 | NT | | | |
| | | | | | | | |
| | | | | | | | |

Form 7 Rule 6(2)

Emergency Contact Number

Licensing Authority
RTO AHMEDABAD



TEST REPORT

| | | |
|---------------------------------------|--------------------|--|
| Reg. No : 402100307 | Ref Id : | Collected On : 06-Feb-2024 09:03 AM |
| Name : Mrs. Nitalben A Vaghela | | Reg. Date : 06-Feb-2024 09:03 AM |
| Age/Sex : 51 Years / Female | Pass. No. : | Tele No. : 9099680861 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

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

COMPLETE BLOOD COUNT (CBC)

| | | | |
|---|---------|-------------|--------------|
| Hemoglobin (Colorimetric method) | L 10.2 | g/dL | 12.5 - 16 |
| Hematocrit (Calculated) | L 30.40 | % | 40 - 50 |
| RBC Count (Electrical Impedance) | L 4.22 | million/cmm | 4.73 - 5.5 |
| MCV (Calculated) | L 72.1 | fL | 83 - 101 |
| MCH (Calculated) | L 24.1 | Pg | 27 - 32 |
| MCHC (Calculated) | 33.5 | % | 31.5 - 34.5 |
| RDW (Calculated) | H 15.2 | % | 11.5 - 14.5 |
| WBC Count Flowcytometry with manual Microscopy | 7690 | /cmm | 4000 - 10000 |
| MPV (Calculated) | 9.7 | fL | 6.5 - 12.0 |

| DIFFERENTIAL WBC COUNT | [%] | | EXPECTED VALUES | [Abs] | EXPECTED VALUES |
|------------------------|-------|---|-----------------|-----------|-----------------|
| Neutrophils (%) | 56 | % | 40 - 80 | 4306 /cmm | 2000 - 7000 |
| Lymphocytes (%) | 34 | % | 20 - 40 | 2615 /cmm | 1000 - 3000 |
| Eosinophils (%) | 04 | % | 0 - 6 | 461 /cmm | 200 - 1000 |
| Monocytes (%) | 06 | % | 2 - 10 | 308 /cmm | 20 - 500 |
| Basophils (%) | 0 | % | 0 - 2 | 0 /cmm | 0 - 100 |

PERIPHERAL SMEAR STUDY


RBC Morphology Microcytic+ Hypochromic+ & Anisocytosis +
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 428000 /cmm 150000 - 450000
Electrical Impedance
Platelets Platelets are adequate with normal morphology.
Parasites Malarial parasite is not detected.
Comment -

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

Approved On : 06-Feb-2024 09:46 AM
Page 1 of 10



TEST REPORT

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Name : Mrs. Nitalben A Vaghela Reg. Date : 06-Feb-2024 09:03 AM
Age/Sex : 51 Years / Female Pass. No. : Tele No. : 9099680861
Ref. By : Dispatch At :
Sample Type : EDTA Location : CHPL

Parameter Result Unit Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

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

ABO "B"
Rh (D) Positive
Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour 8 mm/hr ESR AT 1 hour : 3-12
Westergreen method

ERYTHRO SEDIMENTATION RATE, BLOOD -

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

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Dr. Purvish Darji
MD (Pathology)

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Page 2 of 10



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Age/Sex : 51 Years / Female **Pass. No.** : **Tele No.** : 9099680861
Ref. By : **Dispatch At** :
Sample Type : Serum, Flouride PP **Location** : CHPL


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

BIO - CHEMISTRY

| | | | |
|--|---------------|-------|----------|
| Fasting Blood Sugar (FBS) <i>GOD-POD Method</i> | 142.60 | mg/dL | 70 - 110 |
| Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i> | 155.9 | mg/dL | 70 - 140 |

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Dr. Purvish Darji
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Page 3 of 10


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| Age/Sex : 51 Years / Female | Pass. No. : | Tele No. : 9099680861 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |

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

Lipid Profile

| | | | |
|---|--------|-------|--|
| Cholesterol | 201.00 | mg/dL | Desirable: <200.0 Borderline High: 200-239 High: >240.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| Triglyceride | 94.10 | mg/dL | Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0 |
| <i>Enzymatic, colorimetric method</i> | | | |
| HDL Cholesterol | 46.30 | mg/dL | Low: <40 High: >60 |
| <i>Accelerator selective detergent method</i> | | | |
| LDL | 135.88 | mg/dL | Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0 |
| <i>Calculated</i> | | | |
| VLDL | 18.82 | mg/dL | 15 - 35 |
| <i>Calculated</i> | | | |
| LDL / HDL RATIO | 2.93 | | 0 - 3.5 |
| <i>Calculated</i> | | | |
| Cholesterol /HDL Ratio | 4.34 | | 0 - 5.0 |
| <i>Calculated</i> | | | |

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 M.B.DCP

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 Page 4 of 10



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


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

LFT WITH GGT

| | | | |
|--|-------|-------|---|
| Total Protein | 7.21 | 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 | 4.21 | g/dL | |
| <i>By Bromocresol Green</i> | | | |
| Globulin (Calculated) | 3.00 | g/dL | 2.3 - 3.5 |
| A/G Ratio (Calculated) | 1.40 | | 0.8 - 2.0 |
| SGOT | 21.60 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| SGPT | 19.9 | U/L | 0 - 40 |
| <i>UV without P5P</i> | | | |
| Alakaline Phosphatase | 88.9 | IU/l | 39 - 118 |
| <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> | | | |
| Total Bilirubin | 0.40 | mg/dL | 0.3 - 1.2 |
| <i>Vanadate Oxidation</i> | | | |
| Direct Bilirubin | 0.08 | mg/dL | 0.0 - 0.4 |
| <i>Vanadate Oxidation</i> | | | |
| Indirect Bilirubin | 0.32 | mg/dL | 0.0 - 1.1 |
| <i>Calculated</i> | | | |
| GGT | 26.40 | U/L | < 38 |
| <i>SZASZ Method</i> | | | |

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Dr. Purvish Darji
MD (Pathology)

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Page 5 of 10



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Age/Sex : 51 Years / Female **Pass. No.** : **Tele No.** : 9099680861
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

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


BIO - CHEMISTRY

Uric Acid 5.69 mg/dL 2.6 - 6.0
Enzymatic, colorimetric method

Creatinine 0.61 mg/dL 0.6 - 1.1
Enzymatic Method

BUN 10.00 mg/dL 6.0 - 20.0
UV Method

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M.B.DCP

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Page 6 of 10



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| Age/Sex : 51 Years / Female | Pass. No. : | Tele No. : 9099680861 |
| Ref. By : | | Dispatch At : |
| Sample Type : EDTA | | Location : CHPL |

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

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

| | | | |
|---------|-----|---------------|--|
| *Hb A1C | 6.7 | % 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 | 145.59 | 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 procedures.

HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

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Page 7 of 10



TEST REPORT

Reg. No : 402100307 **Ref Id** : **Collected On** : 06-Feb-2024 09:03 AM
Name : Mrs. Nitalben A Vaghela **Reg. Date** : 06-Feb-2024 09:03 AM
Age/Sex : 51 Years / Female **Pass. No.** : **Tele No.** : 9099680861
Ref. By : **Dispatch At** :
Sample Type : Urine Spot **Location** : CHPL

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

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

| | | |
|----------|-------------|-------|
| Quantity | 15 cc | |
| Colour | Pale Yellow | |
| Clarity | Clear | Clear |

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


| | | |
|---------------|-------|---------------|
| pH | 6.0 | 4.6 - 8.0 |
| Sp. Gravity | 1.005 | 1.001 - 1.035 |
| Protein | Nil | Nil |
| Glucose | Nil | Nil |
| Ketone Bodies | Nil | Nil |
| Urobilinogen | Nil | Nil |
| Bilirubin | Nil | |
| Nitrite | Nil | Nil |
| Blood | Nil | Nil |

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

| | | |
|--------------------------|----------------|--------|
| Leucocytes (Pus Cells) | Occasional/hpf | Nil |
| Erythrocytes (Red Cells) | Nil | Nil |
| Epithelial Cells | Occasional | Nil |
| Crystals | Absent | Absent |
| Casts | Absent | Absent |
| Amorphous Material | Absent | Absent |
| Bacteria | Absent | Absent |
| Remarks | - | |

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MD (Pathology)

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Page 8 of 10



TEST REPORT

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| Age/Sex : 51 Years / Female | Pass. No. : | Tele No. : 9099680861 |
| Ref. By : | | Dispatch At : |
| Sample Type : Serum | | Location : CHPL |

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

IMMUNOLOGY

THYROID FUNCTION TEST

| | | | |
|---|------|-------|-------------|
| T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 0.98 | ng/mL | 0.86 - 1.92 |
|---|------|-------|-------------|

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

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

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

| | | | |
|---|------|-------|------------|
| T4 (Thyroxine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small> | 9.30 | µg/dL | 3.2 - 12.6 |
|---|------|-------|------------|

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


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

Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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MD (Pathology)

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Page 9 of 10



TEST REPORT

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Age/Sex : 51 Years / Female **Pass. No.** : **Tele No.** : 9099680861
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

TSH 3.490 µIU/ml 0.35 - 5.50
CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

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

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/mL

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

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

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MD (Pathology)

Approved On : 06-Feb-2024 12:25 PM
Page 10 of 1



LABORATORY REPORT

Name : Mrs. Nitalben A Vaghela
Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100307
Reg. Date : 06-Feb-2024 09:03 AM
Collected On :
Report Date : 06-Feb-2024 11:31 AM

Electrocardiogram

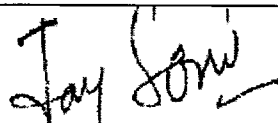
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 5

NITRALBEN
URGHJELA

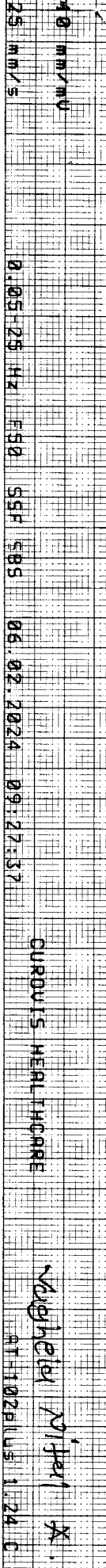
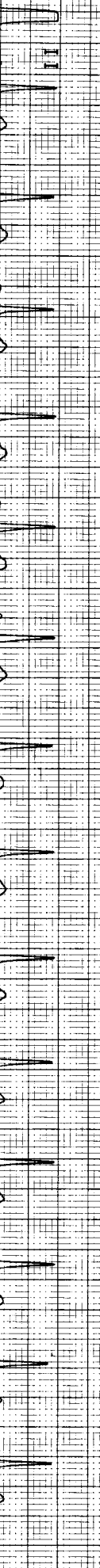
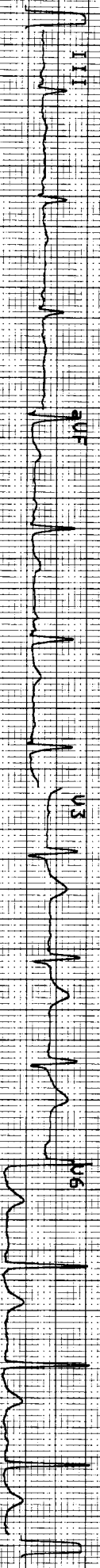
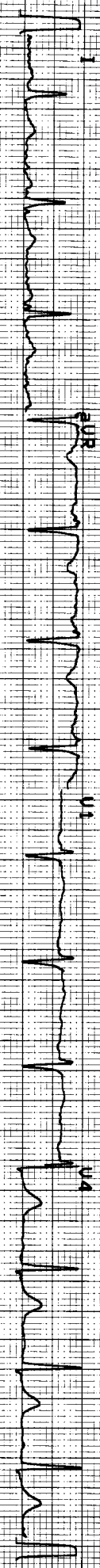
4
51 years / 109 kg
Female

HR 85/min

Axis: P 24°
 QRS 43°
 T 39°

Intervals:
RR 703 ms
P 88 ms
PR 134 ms
QRS 72 ms
QT 354 ms
QTc 427 ms
(Bazett)

P (II) 0.07 mV
S (VI) -0.75 mV
R (V5) 1.59 mV
Sokol. 2.39 mV
(Bazett)



40 mm/mV
25 mm/s

0.05 25 Hz FS0 55F 585 06.02.2024 09:27:37

CURIOUS HEALTHCARE
Naghele Nijhar A.
AT 1028115 1.24 C



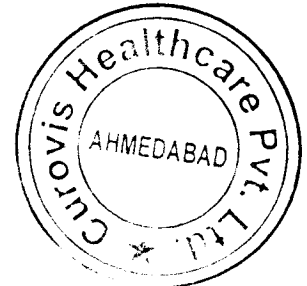
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Ref. By :
Client Name : Mediwheel

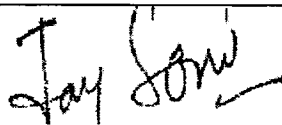
Reg. No : 402100307
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Collected On :
Report Date : 06-Feb-2024 11:31 AM

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. Trivial MR, Mild TR, Trivial PR, No AR.
8. No PAH, RVSP: 32 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 5



LABORATORY REPORT

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| Name : | Mrs. Nitalben A Vaghela | Reg. No : | 402100307 |
| Sex/Age : | Female/51 Years | Reg. Date : | 06-Feb-2024 09:03 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 06-Feb-2024 03:18 PM |

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

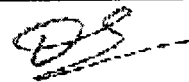
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

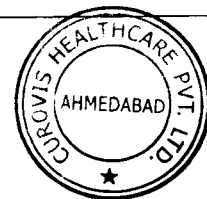
COMMENT: No significant abnormality is detected.

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

This is an electronically authenticated report



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





LABORATORY REPORT

| | | | |
|----------------------|-------------------------|-----------------------|----------------------|
| Name : | Mrs. Nitalben A Vaghela | Reg. No : | 402100307 |
| Sex/Age : | Female/51 Years | Reg. Date : | 06-Feb-2024 09:03 AM |
| Ref. By : | | Collected On : | |
| Client Name : | Mediwheel | Report Date : | 06-Feb-2024 03:18 PM |

USG ABDOMEN

Liver appears normal in size & increased 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 shows 20 x15 mm sized anterior wall intra mural fibroid.. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

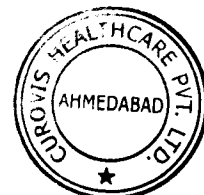
COMMENTS :

- **Grade II fatty liver.**
- **Anterior wall intra mural uterine fibroid.**

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mrs. Nitalben A Vaghela
Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100307
Reg. Date : 06-Feb-2024 09:03 AM
Collected On :
Report Date : 06-Feb-2024 03:18 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.**

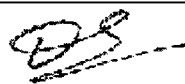
BIRADS Categories:

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

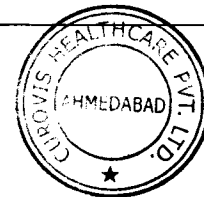
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

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MB,DMRE
Reg No:0494





LABORATORY REPORT

Name : Mrs. Nitalben A Vaghela
Sex/Age : Female/51 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100307
Reg. Date : 06-Feb-2024 09:03 AM
Collected On :
Report Date : 06-Feb-2024 01:41 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +1.25

CY: -1.00

AX: 06

LEFT EYE

SP : +1.00

CY : -1.00

AX :11

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

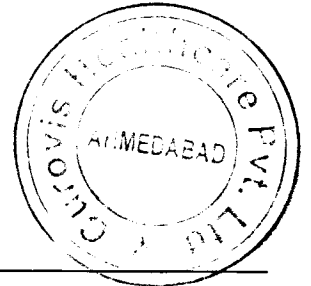
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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Handwritten signature

Dr Kejal Patel
MB,DO(Ophth)

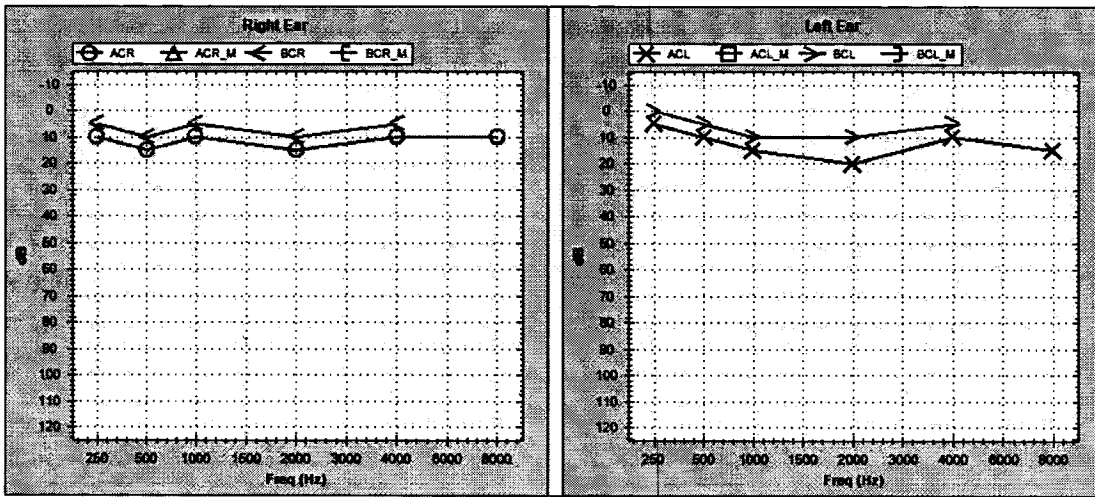


LABORATORY REPORT

Name : Mrs. Nitalben A Vaghela
 Sex/Age : Female/51 Years
 Ref. By :
 Client Name : Mediwheel

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AUDIOGRAM



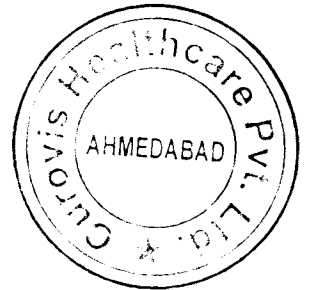
| EAR | MODE | Air Conduction | | Bone Conduction | | Colour Code |
|-------|------|----------------|----------|-----------------|----------|-------------|
| | | Masked | UnMasked | Masked | UnMasked | |
| LEFT | | □ | × | ⌋ | > | Blue |
| RIGHT | | △ | ○ | ⌈ | < | Red |

NO RESPONSE : Add ↓ below the respective symbols


| Threshold in dB | RIGHT | LEFT |
|-----------------|-------|------|
| AIR CONDUCTION | 10.5 | 10.5 |
| BONE CONDUCTION | | |
| SPEECH | | |

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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 MB,DO(Ophth)