

દક્ષાબેન ઘનજભાઈ રાઠોડ Daxaben Dhanjibhai Rathod જન્મ allly/DOB: 16/01/1986 સ્ત્રી/ FEMALE

Mobile No: 9724583485

**2491 0527 5695** VID: 9191 6635 3055 4625

મારો આધાર, મારી ઓળખ

9724583485



य विशिष्ट पहुँचान प्राधिकरण

સરબા**મું**: એ-14, જ્યૂ અમરપાર્ક સોસાયટી, નરોડા, અમદાવાદ શહેર, અમદાવાદ, ગુજરાત - 382330

Address: A-14, New Amarpark Society, Naroda, Ahmedabad City, Ahmedabad, Gujarat - 382330

2491 0527 5695 VID: 9191 6635 3055 4625



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LABORATORY REPORT Name Mrs. Daxaben Dhanjibhai Rathod Reg. No 404100762 Female/38 Years Sex/Age Reg. Date 13-Apr-2024 02:23 PM Ref. By Collected On Report Date **Client Name** Mediwheel 15-Apr-2024 01:09 PM

# **Medical Summary**

# **GENERAL EXAMINATION**

Height (cms):161

Weight (kgs):44.4

Blood Pressure: 110/70mmHg

Pulse: 89/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

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

Page 13 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



Age/Sex

Ref. By





**TEST REPORT** 

Reg. No Name

: 404100762

: Mrs. Daxaben Dhanjibhai Rathod

: 38 Years / Female

Ref Id

Pass. No. :

Tele No.

Collected On

Reg. Date

: 9724583485

: 13-Apr-2024 08:23 AM

: 13-Apr-2024 02:23 PM

Dispatch At

Sample Type:EDTA			I	Location	: Ci	HPL
Parameter	Results	A STATE OF	Unit	Biological Ref. Interval		
	CON	IPLETI	BLOOD COUNT (CB	<u>C)</u>		
Hemoglobin (Colorimetric method)	13.2		g/dL	12.5 - 16		·
Hematrocrit (Calculated)	L 39.00		%	40 - 50 <sup>-</sup>		
RBC Count (Electrical Impedance)	L 4.68		million/cmm	4.73 - 5.5		
MCV (Calculated)	83.4		fL	83 - 101		
MCH (Calculated)	28.2		Pg	27 - 32		
MCHC (Calculated)	33.8		%	31.5 - 34.5		
RDW (Calculated)	11.5		%	11.5 - 14.5		
WBC Count Flowcytometry with manual Microscopy	5130		/cmm	4000 - 100	00	
MPV (Calculated)	10.1		fL	6.5 - 12.0		
RIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[ Abs ]	l	EXPECTED VALUE
Neutrophils (%)	45.50	%	40 - 80	2334	/cmm	2000 - 7000
Lymphocytes (%)	H 40.70	%	20 - 40	2088	/cmm	1000 - 3000
Eosinophils (%)	3.60	%	0 - 6	498	/cmm	200 - 1000
Monocytes (%)	9.70	%	2 - 10	185	/cmm	20 - 500
Basophils (%)	0.50	%	0 - 2	26	/cmm	0 - 100
PERIPHERAL SMEAR STUDY						
RBC Morphology	Normocy	tic and	Normochromic.			
WBC Morphology	Normal					
PLATELET COUNTS						
Platelet Count (Electrical Impedance	e)H 468000		/cmm	.150000 - 4	50000	
Platelets ·	Platelets	are ade	equate with normal morpho	ology.		
Parasites		Platelets are adequate with normal morphology.  Malarial parasite is not detected.				
Comment	-	Parasite	io not deteoted.			

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Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

13-Apr-2024 03:09 PM Page 1 of 16

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<sup>\*</sup> This test has been out sourced.







Ref Id

Collected On

: 13-Apr-2024 08:23 AM

Reg. No Name

: Mrs. Daxaben Dhaniibhai Rathod

Req. Date

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

: 404100762

I Female

Pass. No.

Tele No.

: 9724583485

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** 

"A"

Rh (D)

Positive

Note

### **ERYTHROCYTE SEDIMANTATION RATE [ESR]**

ESR 1 hour Westergreen method 07

mm/hr

ESR AT 1 hour: 3-12

### ERYTHRO SEDIMENTION 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 prenancy 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 (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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\* This test has been out sourced.

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Dr. Purvish Darji

MD (Pathology)

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13-Apr-2024 04:39 PM Page 2 of 16

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Reg. No : 404100762 Ref Id

: Mrs. Daxaben Dhanjibhai Rathod

: 38 Years / Female Pass. No.

Ref. By

Name

Age/Sex

Sample Type: Flouride F, Flouride PP

**TEST REPORT** 

Collected On

: 13-Apr-2024 08:23 AM

Reg. Date

: 13-Apr-2024 02:23 PM

Tele No.

: 9724583485

Dispatch At

Location

: CHPL

Parameter	Result	Unit	Biological Ref. Interval			
	BIO - CHEMISTRY					
Fasting Blood Sugar (FBS) GOD-POD Method	98.90	mg/dL	70 - 110			
Post Prandial Blood Sugar (PPBS) GOD-POD Method	99.4	mg/dL	70 - 140			

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\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

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13-Apr-2024 03:46 PM Page 3 of 16

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Reg. No

: 404100762

Ref Id

Collected On

: 13-Apr-2024 08:23 AM : 13-Apr-2024 02:23 PM

Name

Age/Sex

: Mrs. Daxaben Dhanjibhai Rathod

/ Female

Reg. Date

Tele No.

Ref. By

: 38 Years

Pass. No. :

Dispatch At

: 9724583485

Sample Type : Serum

Location

: CHPL

Sample Type : Serum		Location	, Offi E
Parameter	Result	Unit	Biological Ref. Interval
	<u>Lipid Profile</u>		
Cholesterol	154.00	mg/dL	Desirable: <200.0 Borderline High: 200- 239 High: >240.0
Enzymatic, colorimetric method			•
Triglyceride	74.30	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
Enzymatic, colorimetric method			
HDL Cholesterol	34.30	mg/dL	Low: <40 High: >60
Accelerator selective detergent method			
LDL	104.84	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130- 159 High : 160-189 Very High : >190.0
Calculated			45 05
VLDL Calculated	14.86	mg/dL	15 - 35
LDL / HDL RATIO	3.06		0 - 3.5
Calculated	•		
Cholesterol /HDL Ratio	4.49		0 - 5.0

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\* This test has been out sourced.

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MD (Pathology)

Approved On:

13-Apr-2024 03:46 PM Page 4 of 16

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075







Reg. No : 404100762

Sample Type : Serum

Ref Id

Collected On

: 13-Apr-2024 08:23 AM

Name

: Mrs. Daxaben Dhanjibhai Rathod

Reg. Date Tele No.

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

/ Female

Pass. No. :

Dispatch At

: 9724583485

Ref. By

: CHPL Location

Parameter	Result	Unit	Biological Ref. Interval
	LFT WITH GGT		
Total Protein	6.95	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
Biuret Reaction			
Albumin	4.37	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
By Bromocresol Green			
Globulin (Calculated)	2.58	g/dL	2.3 - 3.5
A/G Ratio (Calulated)	1.69		0.8 - 2.0
SGOT	41.60	U/L	0 - 40
UV without P5P			
SGPT	58.10	U/L	0 - 40
UV without P5P	•		
Alakaline Phosphatase	228.3	IU/I	42 - 98
P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate			
Total Bilirubin	0.43	mg/dL	0.3 - 1.2
Vanadate Oxidation			
Direct Bilirubin	0.10	mg/dL	0.0 - 0.4
Vanadate Oxidation			
Indirect Bilirubin	0.33	mg/dL	0.0 - 1.1
Calculated			
GGT	113.40	U/L	< 38
SZASZ Method			

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Reg. No

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: 13-Apr-2024 08:23 AM

Name

: Mrs. Daxaben Dhanjibhai Rathod

1 Female

Reg. Date

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

Tele No. Pass. No. :

: 9724583485

Ref. By

Dispatch At

Sample Type: Serum

Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
	BIO - CHEMISTRY		
Uric Acid Enzymatic, colorimetric method	2.97	mg/dL	2.6 - 6.0
Creatinine Enzymatic Method	0.54	mg/dL	0.6 - 1.1
BUN UV Method	7.20	mg/dL	6.0 - 20.0

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Reg. Date

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

/ Female

Pass. No.

Tele No.

: 9724583485

Ref. By

Dispatch At

Location

Unit

: CHPL

Sample Type: EDTA

**Parameter** 

Biological Ref. Interval

# Result **HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

\*Hb A1C

5.0

% 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

96.80

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 throught 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 measurnment which eflects 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)

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: 404100762 Reg. No Name : Mrs. Daxaben Dhanjibhai Rathod

Collected On Reg. Date

: 13-Apr-2024 08:23 AM : 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

/ Female Pass. No.

Ref Id

Tele No.

: 9724583485

Ref. By

Dispatch At

Sample Type: Urine Spot

Location

: CHPL

Unit Biological Ref. Interval Test Result

### URINE ROUTINE EXAMINATION

# PHYSICAL EXAMINATION

Quantity

30 cc

Colour

Pale Yellow

Clarity

Clear

Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)** 

Sp. Gravity Protein

5.0

4.6 - 8.0

1.020

1.001 - 1.035

Glucose

Nil Nil Nil Nil

Ketone Bodies

Nil

Nil

Urobilinogen

Nil

Nil

Bilirubin Nitrite

Nil Nil

Nil Nil

Blood MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Nil

Nil

Leucocytes (Pus Cells)

Occasional/hpf

Nil

Erythrocytes (Red Cells)

Occasional

Nil Nil

**Epithelial Cells** Crystals

Absent

Absent

Casts

Absent

Absent

Amorphous Material

Absent

Bacteria

Absent

Absent Absent

Remarks

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MD (Pathology)

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<sup>\*</sup> This test has been out sourced.





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Req. Date

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

Pass. No.

Tele No.

: 9724583485

Ref. By

/ Female

Dispatch At

Sample Type : Serum

Location

: CHPL

**Parameter** 

Result

Unit

Biological Ref. Interval

#### **IMMUNOLOGY**

#### THYROID FUNCTION TEST

T3 (Triiodothyronine)

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

1.23

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)

CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY

11.40

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
- 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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\* This test has been out sourced.

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MD (Pathology)

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Reg. Date

: 13-Apr-2024 02:23 PM

Age/Sex

: 38 Years

Pass. No.

Tele No.

: 9724583485

Ref. By

/ Female

Dispatch At

Location

: CHPL

**TSH** 

Sample Type : Serum

1.980

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-relasing 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 µIÚ/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 Sounders.2012;2170

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Reg. No

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: 13-Apr-2024 08:23 AM

Name

: Mrs. Daxaben Dhanjibhai Rathod : 38 Years

/ Female

Pass. No.

Reg. Date

: 13-Apr-2024 02:23 PM

Tele No.

: 9724583485

Dispatch At

Location

: CHPL

Age/Sex Ref. By

**Parameter** 

Sample Type: Body Fluid

Result

Unit

Biological Ref. Interval

# CYTOPATHOLOGY CYTOLOGY REPORT

### **CYTOLOGY REPORT**

Specimen:

Conventional PAP smear

Gross Examination:

Single unstained slide is received. PAP stain is done.

Microscopic Examination:

Smear is satisfactory for evaluation.

Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen.

No evidence of intraepithelial lesion / malignancy.

Impression:

Cervical smear - Negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By:

Dr. Purvish Darji

MD (Pathology)

Approved On:

13-Apr-2024 03:05 PM Page 16 of 1

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



LABORATORY REPORT Name Mrs. Daxaben Dhanjibhai Rathod Reg. No 404100762 Sex/Age Female/38 Years Reg. Date 13-Apr-2024 02:23 PM Ref. By Collected On **Client Name** Mediwheel Report Date 13-Apr-2024 03:00 PM

# Electrocardiogram

## **Findings**

Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report

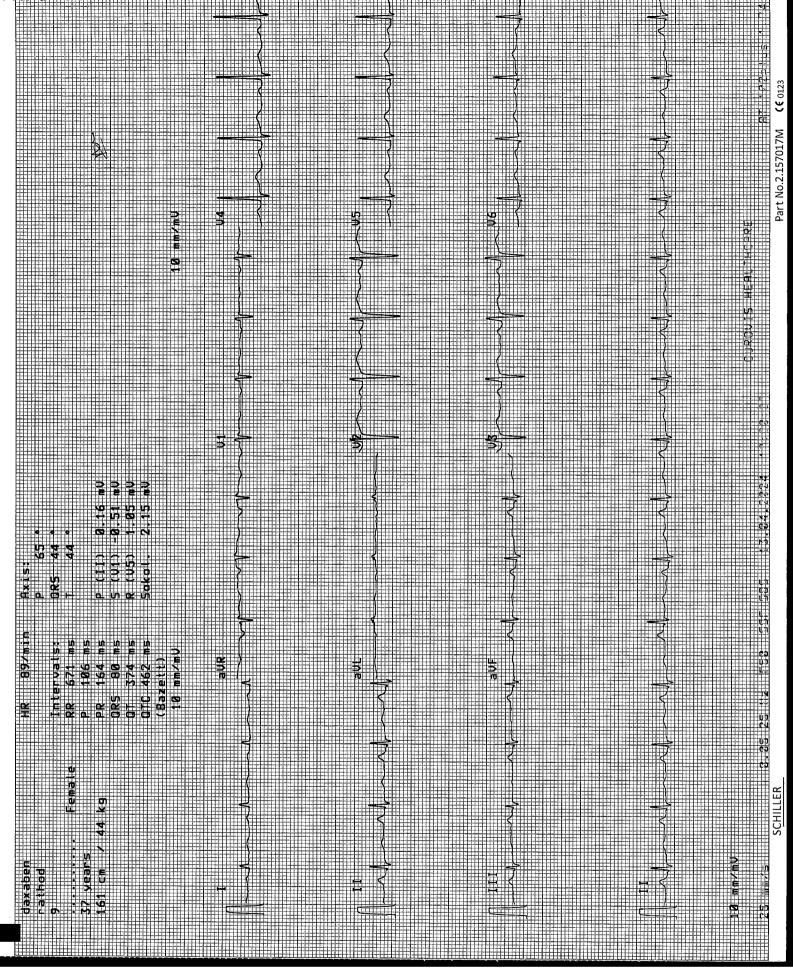
Dr.Jay Soni

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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LABORATORY REPORT Name Mrs. Daxaben Dhanjibhai Rathod Reg. No 404100762 Female/38 Years Sex/Age Reg. Date 13-Apr-2024 02:23 PM Ref. By Collected On Mediwheel **Client Name** Report Date 13-Apr-2024 03:00 PM

# **2D Echo Colour Doppler**

- 1. Normal sized LA, LV, RA, RV.
- 2. Fair LV systolic function, LVEF: 55 %.
- 3. No RWMA.
- 4. Normal LV compliance.
- 5. All cardiac valves are structurally normal.
- 6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
- 7. No PAH, RVSP: 23 mm Hg., AOVP: 1.2 m/s
- 8. IAS/IVS: Intact.
- 9. No clot/vegetation/pericardial effusion.
- 10. No coarctation of aorta.

This is an electronically authenticated report

M.D, GENERAL MEDICINE

DR.MUKESH LADDHA

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			LABORATORY REPORT			
Name	:	Mrs. Daxaben Dhanjibhai Rathod		Reg. No	:	404100762
Sex/Age	:	Female/38 Years		Reg. Date	:	13-Apr-2024 02:23 PM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	13-Apr-2024 05:04 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

CUROVIS HEALTHCARE PVT. LTD. | CIN No.: U74140GJ2015PTC083075



			LABORATORY REPORT			
Name	:	Mrs. Daxaben Dhanjibhai Rathod		Reg. No	:	404100762
Sex/Age	:	Female/38 Years		Reg. Date	:	13-Apr-2024 02:23 PM
Ref. By	:			Collected On	:	•
Client Name	:	Mediwheel		Report Date	:	13-Apr-2024 05:04 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 billiary 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. No evidence of lymph adenopathy. No evidence of dilated small bowel loops.

### **COMMENTS:**

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report

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

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LABORATORY REPORT

Name Mrs. Daxaben Dhanjibhai Rathod

Female/38 Years

Ref. By

**Client Name** Mediwheel Reg. No

404100762

Reg. Date

13-Apr-2024 02:23 PM

**Collected On** 

Report Date

15-Apr-2024 09:02 AM

# Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.00

Sex/Age

CY: -0.50

AX: 148

LEFT EYE

SP:-1.75

CY: -1.25

AX:169

	Without Glasses	With Glasses
Right Eye	6/12	6/6
Left Eye	6/24	6/6

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

Fundus Examination - Within Normal Limits.

ColorVision: Normal

Comments: Normal

This is an electronically authenticated report

**Dr.Jay Soni** 

M.D, GENERAL MEDICINE

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LABORATORY REPORT

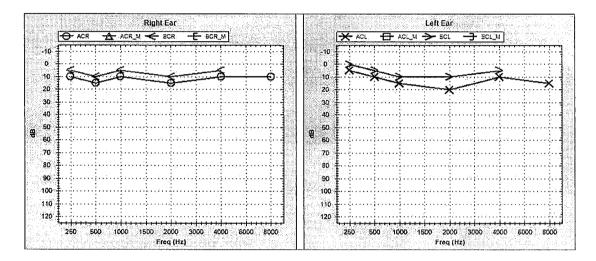
Name Mrs. Daxaben Dhanjibhai Rathod Reg. No

404100762 Sex/Age Female/38 Years Reg. Date

Ref. By **Collected On** 

Mediwheel **Client Name** Report Date 15-Apr-2024 09:02 AM

### **AUDIOGRAM**



MODE	Air Cor	iduction	Bone Co				
EAR	Masked	UnWasked	Masked	UnMasked	Code		
LEFT		X	J	>	Blue		
RIGHT	Δ	0	E	<	Red		
NO RESPONS	NO RESPONSE: Add 1 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

This is an electronically authenticated report

M.D, GENERAL MEDICINE

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13-Apr-2024 02:23 PM

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