

Medical Certificate

1. Name (in Full): *Kumaya Borate*
2. Age: *34*

Is general appearance healthy? *Yes*

3. Are there any symptoms or signs suggesting abnormality? Or disease of the respiratory system? *NAD*
4. Any sign of Skin diseases. *NAD*
5. Any Sign of infectious diseases. *NAD*
6. Observations – Blood Test
 - Urine Test
 - X ray Chest *WNL*
7. Ophthal check up *WNL*
8 Audiometry *WNL*
9 Dental *WNL*
10 ENT observation *WNL*
11 Gynaecologist *—*
12 Fitness *Fit*

I declare that the person examined signed in the space marked below is fit.

[Signature]
Signature of the
person examined

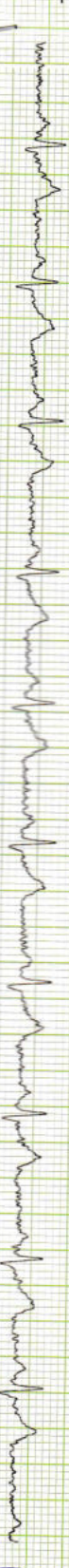
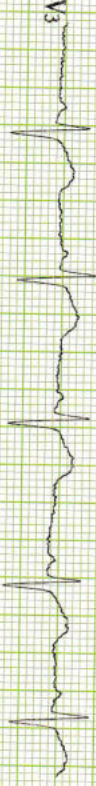
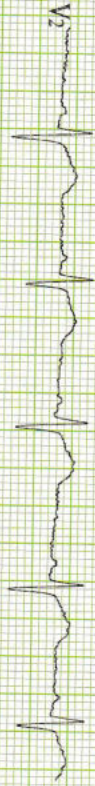
Signature of the
Medical Examiner *[Signature]*

Date: *11/3/23*


Name of the
Medical Examiner

Dr. Ashwini S. Joshi
MBBS, DNB (MED)
CONSULTING PHYSICIAN
REG. NO. 2001/02/1080

hs 05-2HR
10mm/mV



ID : 0923

Name: Kinaya Borde

Sex : F

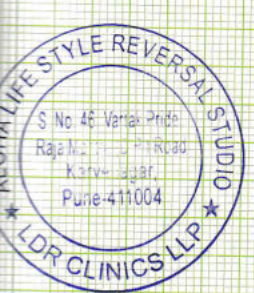
Age : 34

HR	: 76	bpm
R-R	: 781	ms
P-R	: 134	ms
QRS	: 97	ms
QT/QTc	: 364/411	ms
P/QRS/T	: 57/1/45	°
RV5/SV1	: 0.640/0.400	mV
RV5+SV1	: 1.040	mV

___ Sinus Rhythm
___ Mild Left Axis Deviation

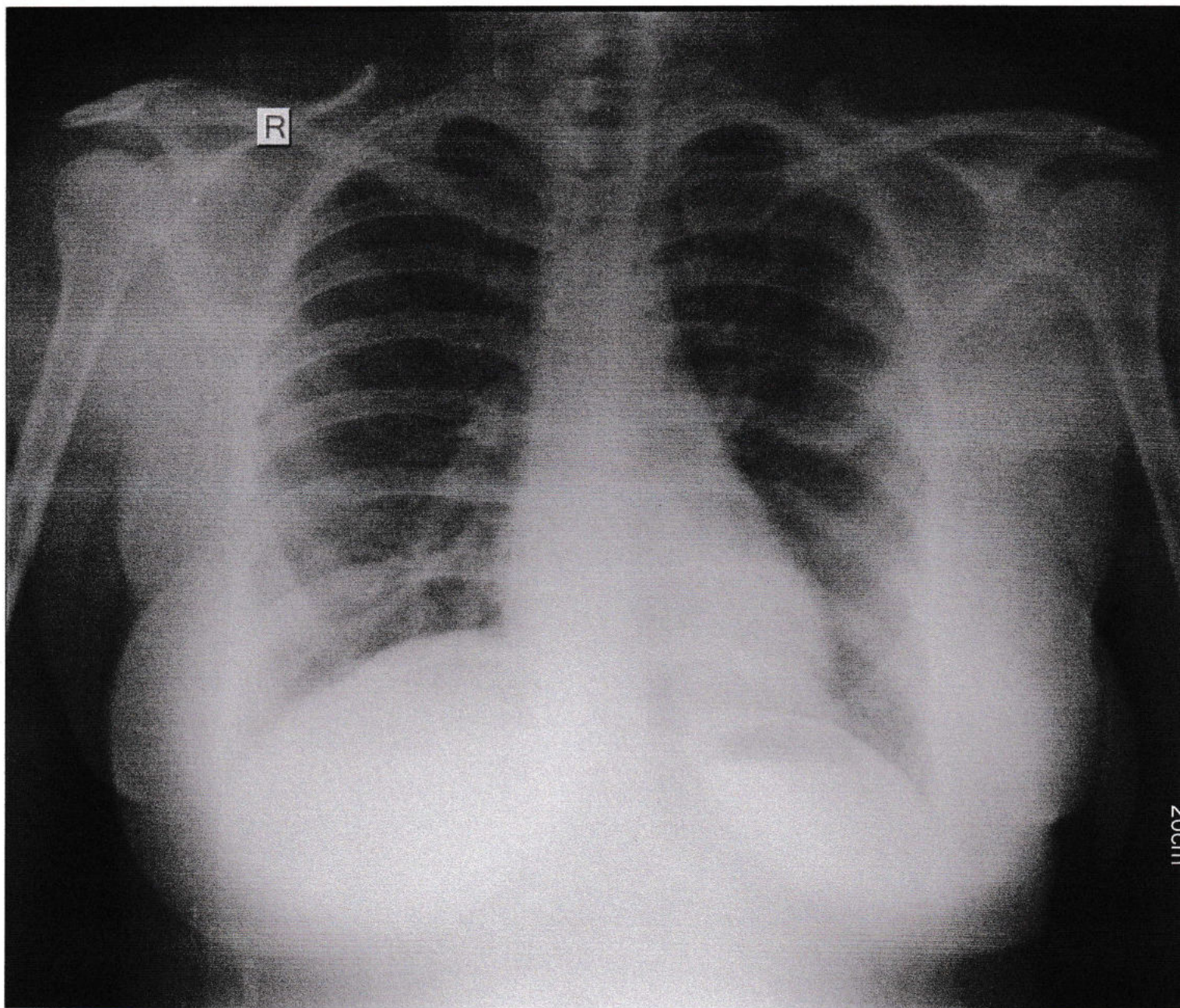
Unconfirmed report

Verified by:



Borate, Kimaya,
Sex: Female
DOB: 12/07/1988
ID: PAT000250

Acq. Date: 03/11/2022
Acq. Time: 9:36:31 PM
Exp. Index: 135



CHEST
PA
W: 4096, L: 2048

Scale: 0.1

Patient Name: Mrs. Kimaya Borate

Age: 34Yrs/Female

Ref By: -Insurance

Date: 11/03/2023

RADIOGRAPH OF CHEST – PA VIEW

Observation : Both the lungs are clear and the hila appear normal.
No obvious parenchymal lung lesion seen in either side.
Both costophrenic angles are clear.
Cardio-aortic silhouette has normal appearance.
No obvious bony abnormalities seen.

Impression : No significant abnormality noted.



Dr. Punya J
MBBS,MD(RADIO-DIAG) Consultant Radiologist
Reg No.2022/05/1131



Patient Name: Mrs. Kimaya Borate

Age: 34Yrs/Female

Ref By: -Insurance

Date: 11/03/2023

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Dr. Punya J
MBBS,MD(RADIO-DIAG) Consultant Radiologist
Reg No.2022/05/1131





Patient Name: Kimaya Borate

Age: 34 yrs/ Female.

Ref By:

Date: 11 .03. 2023.

ULTRASOUND EXAMINATION OF ABDOMEN AND PELVIS

Liver is normal size and echotexture. No focal mass. Hepatic and portal veins are normal.

Gall Bladder is well distended. Its walls are thin. No intrinsic pathology. CBD is unremarkable. No intrahepatic biliary dilatation.

Pancreatic head appears normal. Body and tail of pancreas obscured by gas shadow.

Spleen is normal in size and texture.

Both kidneys are normal in size and texture. Corticomedullary differentiation is intact. No hydronephrosis/calculus is seen.

RK: 10.9 cm

LK: 11 cm

Visualized bowel loops are normal in calibre and peristalsis.
No ascites. No obvious enlarged nodes.

Urinary Bladder is distended. Its walls are thin. No intrinsic pathology seen.

Uterus is normal in size and texture. No focal mass seen. Endometrial thickness is 5 mm.

Both ovaries appear mildly bulky in size with peripherally arranged subcentimetric follicles. Right ovary: 12 cc and left ovary 12 cc.

No adnexal mass seen.

Impression:

Bilateral polycystic ovaries.

No other significant abnormality in abdomen and pelvis.

Punya .J

Dr. Punya J

MBBS, MD(RADIO-DIAG)CONSULTANT RADIOLOGIST

Reg No. 2022/05/1131



Patient Name: Kimaya Borate
Age: 34 Years/F

Referred Doctor: Dr.Rituparna shinde
Date: 11/03/2023

2D ECHOCARDIOGRAPHY / DOPPLER REPORT

Parameter	Value	Parameter	Value
LA	32mm	LVPWd	10mm
AO	28mm	LVIDs	25mm
IVSd	9mm	LVEF	60%
LVIDd	44mm	IVC	Normal

LEFT VENTRICLE : Normal LV dimension
Normal LV systolic function. LVEF = 60%
No RWMA.
Normal diastolic function.

RIGHT VENTRICLE: Normal in size and function.No mitral regurgitation.
Left atrium and right atrium is normal.


AV VALVES: Mitral valve normal structure,
Acceptable gradients across Mitral valves and Tricuspid Valves.
There is no Tricuspid valves regurgitation.
Estimated PA pressure is normal.

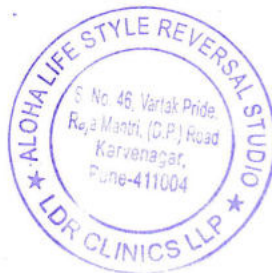
SL VALVES : Acceptable gradients across Aortic Valve and pulmonary valves.
No Aortic Valve regurgitation.

IVS & IAS : Intact
No Pericardial effusion, thrombus, Vegetation

IVC: IVC not dialated and shows near total collapse.
Normal RA Pressure.

IMPRESSION : Normal LV dimension
Normal LV systolic and diastolic function. LVEF = 60%
No RWMA.
Normal PA & RA pressure.


DR. RITUPARNA S. SHINDE
MD, DNB (Cardiology)
Interventional Cardiologist
Reg.No. 2000/621/035
Dr.Rituparna Shinde
MD,DNB Cardiology)



Name	Mrs. Kimaya Borate	Collected Time	11-03-2023 11:11 AM
Age/Gender	34 Years / FEMALE	Received Time	11-03-2023 11:11 AM
PRN	ALRS/113/2022-2023/3444	Reported Time	11-03-2023 03:56 PM
Lab ID	ALRS/D/22-23/3429		
Ref Doctor			

Test Name	Result	Unit	Bio. Ref. Range
Hemogram			
Hemoglobin	13.9	gm%	12.0 - 16.0
WBC Count			
Total WBC Count	6700	/cmm	4000 - 11000
Differential count			
Neutrophil	62	%	40 - 75
Lymphocytes	31	%	20 - 45
Eosinophil	03	%	Below 6
Monocytes	04	%	Below 8
RBC Indices			
Haematocrit	38.1	%	37 - 48
R.B.C Count	4.72	mil./cmm	3.8 - 5.2
M.C.V	80.7	fL	76 - 96
M.C.H	29.4	PG	27 - 32
M.C.H.C	36.5	gm/dl	32 - 36
	* A		
RDW-CV	12.6	%	11.5 - 14.5
Platelet Count	385000	/cmm	150000 - 450000

Comments on P.B.S

R.B.C Morphology	Normocytic Normochromic
W.B.C	No abnormal cells seen.
Platelet	Adequate.




Dr. Simi Athavale
MBBS,(DCP) CONSULTANT PATHOLOGIST (Reg. No. 84648)

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

NOTE : *A (Abnormal), *C (Abnormal & Critical)



Report Generated by: Niramay Solutions

1 / 1

11-03-2023



Name Mrs. Kimaya Borate
Age/Gender 34 Years / FEMALE
PRN ALRS/113/2022-2023/3444
Lab ID ALRS/D/22-23/3429
Ref Doctor

Collected Time 11-03-2023 11:11 AM
Received Time 11-03-2023 11:11 AM
Reported Time 11-03-2023 04:01 PM

Test Name	Result	Unit	Bio. Ref. Range
Glycosylated Hb / HbA1c			
HbA1c	5.4	%	Below 6 (Normal) 6 - 7 (Good Control) 7 - 8 (Fair Control) 8 - 10 (Unsatisfactory Control) Above 10 (Poor Control)
Method	BORONATE AFFINITY		
Instrument Used	Abott-Affinion		

Blood Sugar F and PP

Blood Sugar Fasting and Post Prandial

Blood Sugar Fasting	98.5	mg/dl	70 - 110
Blood Sugar Post Prandial	95.5	mg/dl	70 - 140

Method GOD-POD
 Instrument Used ERBA EM-200 Fully automatic random access biochemistry analyzer.

Blood Group

ABO Type B
 Rh (D) Type Positive

ESR

ESR 15
 Unit mm after 1 hour
 Method Wintrobe method
 Below 20




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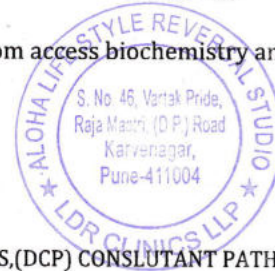


Name Mrs. Kimaya Borate **Collected Time** 11-03-2023 11:11 AM
Age/Gender 34 Years / FEMALE **Received Time** 11-03-2023 11:11 AM
PRN ALRS/113/2022-2023/3444 **Reported Time** 11-03-2023 03:57 PM
Lab ID ALRS/D/22-23/3429
Ref Doctor

Test Name	Result	Unit	Bio. Ref. Range
Liver Function Test			
Sr Total Bilirubin	0.55	mg/dl	0.1 - 1.2
Sr Direct Bilirubin	0.29	mg/dl	0.0 - 0.4
Sr Indirect Bilirubin	0.26	mg/dl	0.1 - 1.2
Alkaline Phosphatase	58.9	IU/L	50 - 140
S.G.P.T	14.5	IU/L	Below 40
S.G.O.T	18.0	IU/L	Below 40
Sr Total Protein	6.8	mg/dl	6.0 - 8.0
Sr Albumin	4.4	mg/dl	3.7 - 5.3
Sr Globulin	2.4	mg/dl	2.3 - 3.6
A:G ratio	1.83	%	1.2:1 - 2:1
INTRUMENT USED	Erba EM 200- Fully Automatic Random Access Chemistry Analyzer		

Lipid Profile

S.Cholesterol	173.0	mg/dl	Below 200
S.Triglycerides	59.5	mg/dl	40 - 160
HDL Cholesterol	45.0	mg/dl	35.3 - 79.5
VLDL Cholesterol	11.9	mg/dl	Below 41 (Desirable)
LDL Cholesterol Direct	102.9	mg/dl	0.0 - 130
LDLC/HDLC Ratio	2.29		Below 3.4
S.Cholesterol/HDLC Ratio	3.84		Below 4.5
Instrument Used	ERBA EM-200 Fully automatic random access biochemistry analyzer.		



S. Athavale

Dr. Simi Athavale
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Lab ID ALRS/D/22-23/3429
Ref Doctor

Collected Time 11-03-2023 11:11 AM
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Reported Time 11-03-2023 03:57 PM

Test Name	Result	Unit	Bio. Ref. Range
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Uric acid

Serum Uric Acid

Sr.Uric Acid 6.1 mg/dl 2.5 - 6.2

Creatinine

Serum Creatinine 0.67 mg/dl 0.6 - 1.1

Method Enzymatic

Instrument Used ERBA EM-200 Fully automatic random access biochemistry analyzer.

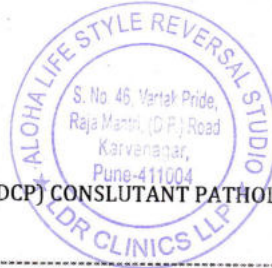
BUN

Blood Urea Nitrogen

Blood Urea Nitrogen 9.5 mg/dl 5.0 - 21.0

GGTP

Gamma GT (GGTP) 18.7 U/L 7 - 32



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Age/Gender 34 Years / FEMALE
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Test Name	Result	Unit	Bio. Ref. Range
Urine Analysis			
Physical Examination			
Quantity	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
Specific gravity	1.015		1 - 1.03
Chemical Examination			
Reaction (pH)	Acidic		
Proteins	Absent		
Glucose	Absent		
Ketone Bodies	Absent		
Bile Salts	Absent		
Bile Pigments	Absent		
Urobilinogen	Normal		
Microscopic Examination			
Pus Cells	Absent	/hpf	
Epithelial Cells	3 - 4	/hpf	
RBC	Absent	/hpf	
Casts	Absent		
Crystals	Absent		



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

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Report Generated by: Niramay Solutions



Registration.Date : 11/03/2023



Patient Name : MRS BORATE KIMAYA

Age / Gender : 34 Yrs / Female

Reference (Dr.) : ALOHA LIFESTYLE REVERSAL STUDIO

Sample Collected : From Ldr Clinics Llp (Aloha Lifestyle Reversal Studio)

Patient ID No. : 1076560

Reg Date/Time : 11-03-2023 02:11pm

Sample Coll.Date/Time : 11-03-2023 02:11pm

Report Date/Time : 11-03-2023 03:24pm

Thyroid Stimulating Hormone (TSH)

Investigation

Ultra TSH, Serum

(Method: ECLIA/ CLIA)

Result

: 2.546

Units

uIU/mL

Reference Range

0.35 - 5.50

Pregnancy:

1st Trimester : 0.10 - 2.50

2nd Trimester: 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

NOTE :

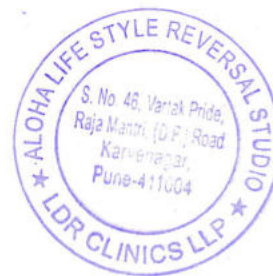
- 1) The TSH levels are subject to diurnal/circadian variation, reaching to peak levels between 2-4 a.m. and at a minimum between 6-10 p.m. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH.
- 2) Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone.
- 3) Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels.
- 4) Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH.
- 5) Inter-assay variations are possible on different immunoassay platforms.

CLINICAL USE:

- 1) Diagnose Hypothyroidism and Hyperthyroidism.
- 2) Monitor T4 replacement or T4 suppressive therapy.
- 3) Quantify TSH levels in the subnormal range.
- 4) Increased levels of TSH are found in Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
- 5) Decreased levels of TSH are found in Grave's disease, Autoimmune thyroid hormone secretion, TSH deficiency.

(R = Rechecked, H = High, L = Low.)

-End Of Report-



Dr.Saurabh Gujrathi
M.D.(Path.)

Dr.Ashish N. Dhande
M.D.(Path.)

Dr.Nitin L. Dhande
M.D.(Path.)

Print.Date : 11/03/2023 03:35PM

Test processed at "Dhande Pathlab Diagnostics Pvt.Ltd." Pune

