



LABORATORY REPORT

Name : Ms. Chandrika Parmar
Sex/Age : Female/52 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 208101707
Reg. Date : 31-Aug-2022 09:25 AM
Collected On : 31-Aug-2022 09:25 AM
Report Date : 31-Aug-2022 03:14 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 148

Weight (kgs) : 59.2

Blood Pressure : 110/70mmHg

Pulse : 79/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

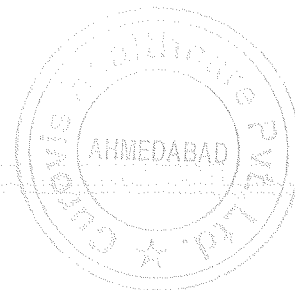
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE



ભારત સરકાર

Government of India



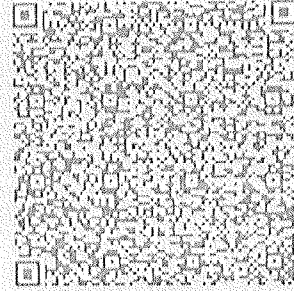
પરમાર ચંદ્રિકાબેન દિનેશકુમાર
Parmar Chandrikaben Dineshkumar

C. D. Kherani

જન્મ તારીખ / DOB : 02/05/1970
સ્ત્રી / Female

9714694535

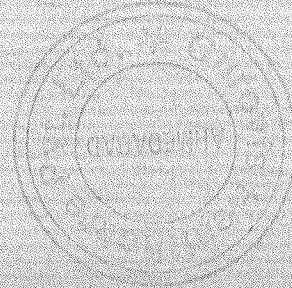
Age- 52



4337 5581 0930

મારો આધાર, મારી ઓળખ

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




TEST REPORT

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Age/Sex : 52 Years / Female	Pass. No. :	Tele No. : 9714694535
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Hemoglobin (Spectrophotometric Measurement)	12.8	g/dL	12.5 - 16.0
Hematocrit (Calculated)	39.60	%	37 - 47
RBC Count (Volumetric Impedance)	4.43	million/cmm	4.2 - 5.4
MCV (Calculated)	89.4	fL	78 - 100
MCH (Calculated)	28.9	Pg	27 - 31
MCHC (Calculated)	32.3	%	31 - 35
RDW (Calculated)	L 11.0	%	11.5 - 14.0
WBC Count (Volumetric Impedance)	6950	/cmm	4000 - 10500
MPV (Calculated)	9.1	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	52	%	42.02 - 75.2	3614 /cmm	2000 - 7000
Lymphocytes (%)	42	%	20 - 45	2919 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	278 /cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	139 /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) 235000 /cmm 150000 - 450000
 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. Dhvani Bhatt
 MD (Pathology)

Generated On : 31-Aug-2022 04:59 PM

Approved On : 31-Aug-2022 02:12 PM



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Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

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

ABO "O"

Rh (D) Positive

Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR (After 1 hour) <i>Infra red measurement</i>	21	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20
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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 (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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Age/Sex : 52 Years / Female	Pass. No. :	Tele No. : 9714694535
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	170.20	mg/dL	70 - 110
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GOD-POD for glucose.

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)	253.3	mg/dL	70 - 140
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GOD-POD for glucose.

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

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


Lipid Profile

Cholesterol	162.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	138.30	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	42.50	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	91.84	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	27.66	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.16		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.81		0 - 5.0
<i>Calculated</i>			

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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.37	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.90	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>	1.47	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	3.33		0.8 - 2.0
SGOT <i>UV without P5P</i>	51.60	U/L	0 - 40
SGPT <i>UV without P5P</i>	46.20	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	222.1	U/L	25 - 240
Total Bilirubin <i>Vanadate Oxidation</i>	0.72	mg/dL	0 - 1.2
Conjugated Bilirubin	0.31	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i>	0.41	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	170.50	mg/dL	15 - 73

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



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Location	: CHPL			Sample Type	: Serum

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Location : CHPL		Sample Type : Serum


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.19	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.59	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN <i>UV Method</i>	6.90	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	8.0	% 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	182.90	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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Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Nil	
Erythrocytes (Red Cells)	Nil	
Epithelial Cells	2 - 5/hpf	/hpf
Crystals	Absent	
Casts	Absent	
Amorphous Material	Absent	
Bacteria	Absent	

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Remarks -

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IMMUNOLOGY
THYROID FUNCTION TEST

*T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.39	ng/mL	0.6 - 1.81
--	------	-------	------------

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) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	11.00	ng/mL	3.2 - 12.6
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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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Location : CHPL Sample Type : Serum

***TSH** 0.876 µIU/ml 0.55 - 4.78
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 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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Client Name : Mediwheel

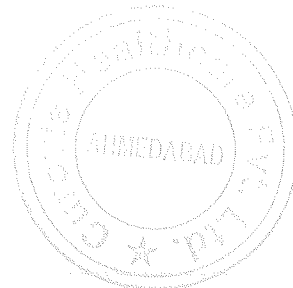
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Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



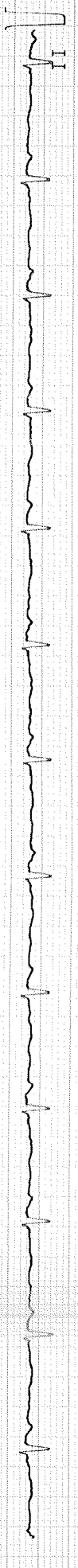
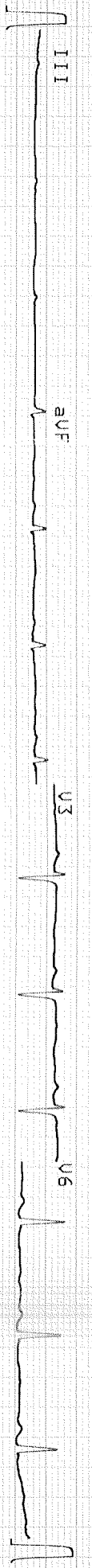
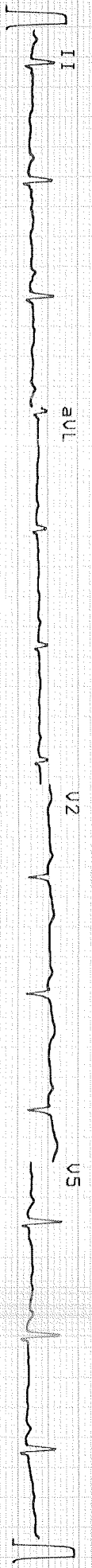
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Dr. Jay Soni
M.D, GENERAL MEDICINE

Chandrika
Parmar
11
52 years
148 cm / 59 kg
Female

HR 79/min
Axis: P 27°
 QRS 34°
 T 30°
Intervals:
RR 764 ms
P 88 ms
PR 146 ms
QRS 66 ms
QT 392 ms
QTc 451 ms
(Bazett)
P (II) 0.10 mV
S (V1) - mV
R (V5) 0.57 mV
Sokol. 1.20 mV



10 mm/mV
25 mm/s
SCHILLER
0.05-25 Hz FS0 SSF S85 31.08.2022 11:09:48
CURVOIS HEALTHCARE
C. B. Singh
AT-102PLUS 1.24 C



LABORATORY REPORT

Name :	Ms. Chandrika Parmar	Reg. No :	208101707
Sex/Age :	Female/52 Years	Reg. Date :	31-Aug-2022 09:25 AM
Ref. By :		Collected On :	31-Aug-2022 09:25 AM
Client Name :	Mediwheel	Report Date :	31-Aug-2022 03:13 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 42 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

CONCLUSION

1. Normal LV size with Good LV systolic function.
2. Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE



LABORATORY REPORT

Name	: Ms. Chandrika Parmar	Reg. No	: 208101707
Sex/Age	: Female/52 Years	Reg. Date	: 31-Aug-2022 09:25 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 31-Aug-2022 03:49 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.

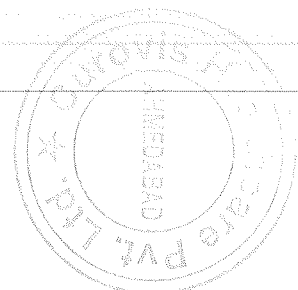
Both domes of diaphragm appear normal.

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





LABORATORY REPORT

Name	: Ms. Chandrika Parmar	Reg. No	: 208101707
Sex/Age	: Female/52 Years	Reg. Date	: 31-Aug-2022 09:25 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 31-Aug-2022 03:49 PM

USG ABDOMEN

Liver appears normal in size & increase 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. No evidence of focal lesions.

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.

Uterus appears normal. No adnexal mass is seen.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

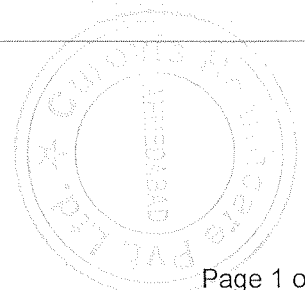
COMMENTS :

- **Grade I fatty liver.**

This is an electronically authenticated report



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





LABORATORY REPORT

Name :	Ms. Chandrika Parmar	Reg. No :	208101707
Sex/Age :	Female/52 Years	Reg. Date :	31-Aug-2022 09:25 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	31-Aug-2022 03:54 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 microcalcification .
- 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.

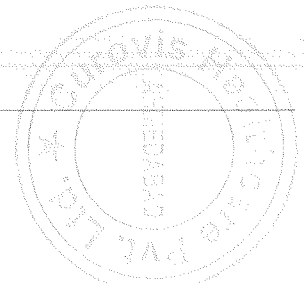
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Ms. Chandrika Parmar
Sex/Age : Female/52 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 208101707
Reg. Date : 31-Aug-2022 09:25 AM
Collected On :
Report Date : 31-Aug-2022 02:00 PM

Eye Check - Up

No Eye Complaints

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

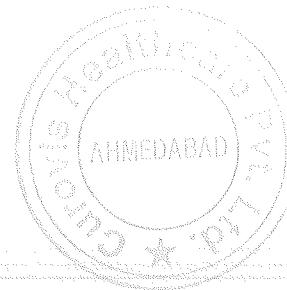
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

Color Vision : Normal

Comments: Normal

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



This is an electronically authenticated report

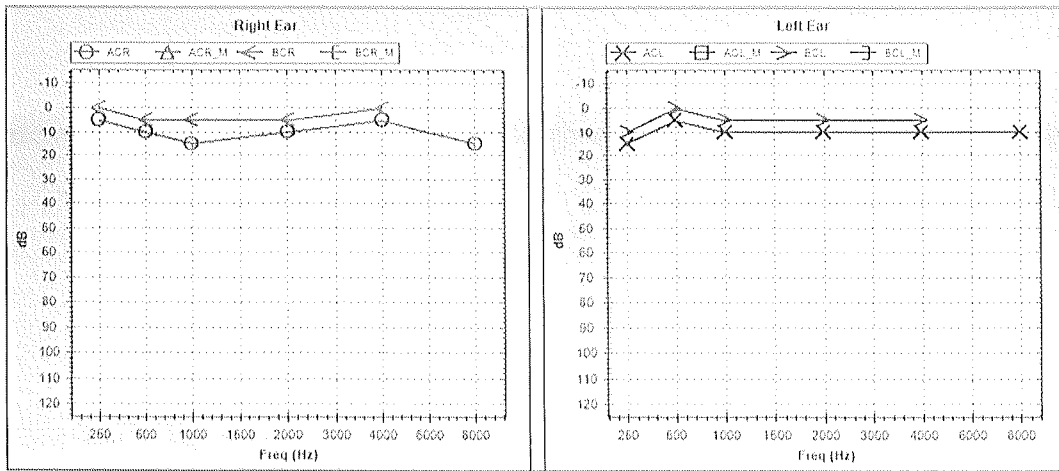
Dr Kejal Patel
MB,DO(Ophth)

CLIENT NAME:- CHANDRIKABEN PARMAR.

AGE:- 52Y/ F

DATE:-31/08/2022.

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	11
BONE CONDUCTION		
SPEECH		

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.

