



LABORATORY REPORT

Name : Mrs. Krishna Niket Ghia
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100632
Reg. Date : 09-Mar-2024 08:35 AM
Collected On :
Report Date : 09-Mar-2024 04:14 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 166

Weight (kgs) : 79.2

Blood Pressure : 110/70mmHg

Pulse : 76/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

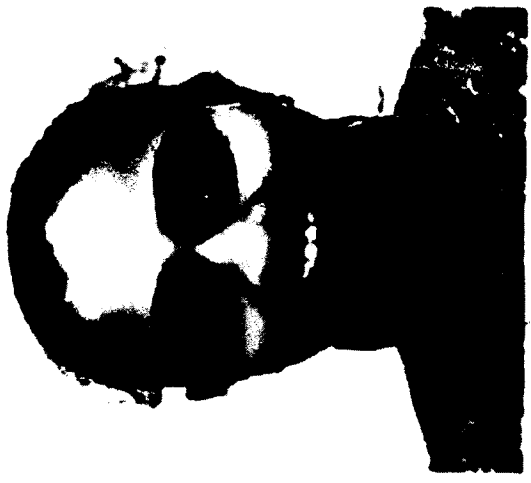
DR. MUKESH LADDHA

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[7]



Issue Date: 19/01/2012



ક્રિષ્ના નિકેટ ઘીયા
Krishna Niket Ghia
જન્મ તારીખ/DOB: 02/04/1990
સ્ત્રી/ FEMALE



K.A Pathy
9727267192

Dr. Jay Soni
M.D. (General Medicine)
Reg. No.: G-22889

7103 3707 8771

VID : 9161 3597 7948 6840



Scanned with
CamScanner

આધાર, મારી આભાષ



TEST REPORT

Reg. No : 403100632	Ref Id :	Collected On : 09-Mar-2024 08:35 AM
Name : Mrs. Krishna Niket Ghia		Reg. Date : 09-Mar-2024 08:35 AM
Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9727267192
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	13.0	g/dL	12.5 - 16
Hematocrit (Calculated)	L 39.80	%	40 - 50
RBC Count (Electrical Impedance)	L 4.44	million/cmm	4.73 - 5.5
MCV (Calculated)	89.7	fL	83 - 101
MCH (Calculated)	29.3	Pg	27 - 32
MCHC (Calculated)	32.6	%	31.5 - 34.5
RDW (Calculated)	L 10.6	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6800	/cmm	4000 - 10000
MPV (Calculated)	9.6	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	57	%	40 - 80	3876 /cmm	2000 - 7000
Lymphocytes (%)	38	%	20 - 40	2584 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	204 /cmm	200 - 1000
Monocytes (%)	03	%	2 - 10	136 /cmm	20 - 500
Basophils (%)	0	%	0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 402000 /cmm 150000 - 450000
Electrical Impedance
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. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 09:19 AM

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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 <i>Westergreen method</i>	10	mm/hr	ESR AT 1 hour : 3-12
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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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Age/Sex : 33 Years / Female **Pass. No.** : **Tele No.** : 9727267192
Ref. By : **Dispatch At** :
Sample Type : Serum,Flouride PP **Location** : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	116.30	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	116.9	mg/dL	70 - 140

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


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	156.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	99.30	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	52.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	83.64	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	19.86	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.59		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.97		0 - 5.0
<i>Calculated</i>			

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LFT WITH GGT

Total Protein	7.75	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	5.11	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.64	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.94		0.8 - 2.0
SGOT	33.20	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	27.00	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	69.8	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.42	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.10	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.32	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	20.10	U/L	< 38
<i>SZASZ Method</i>			

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Ref. By :
Sample Type : Serum

Collected On : 09-Mar-2024 08:35 AM
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Tele No. : 9727267192
Dispatch At :
Location : CHPL


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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.89	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.57	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	5.30	mg/dL	6.0 - 20.0

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Sample Type : EDTA		Location : CHPL

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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
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	111.15	mg/dL
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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 :
Sample Type : Urine Spot		Location : CHPL

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	7.0	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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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.98	ng/mL	0.86 - 1.92
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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>	10.20	µg/dL	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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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9727267192
Ref. By :		Dispatch At :
Sample Type : Body Fluid		Location : CHPL

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

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MD (Pathology)

Approved On : 09-Mar-2024 01:59 PM
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Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

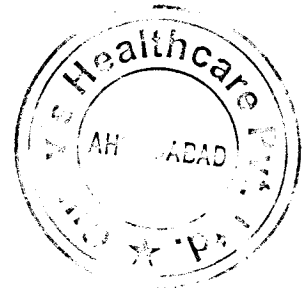
Reg. No : 403100632
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Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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KRIHNR
CHIR

Female

2
53 years
166 cm / 79 kg

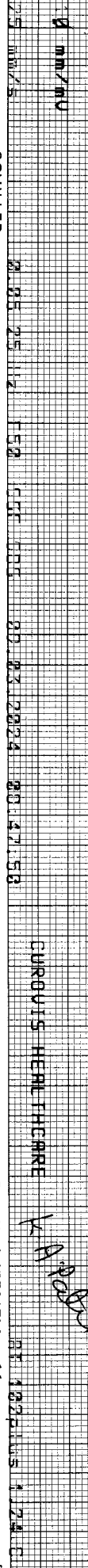
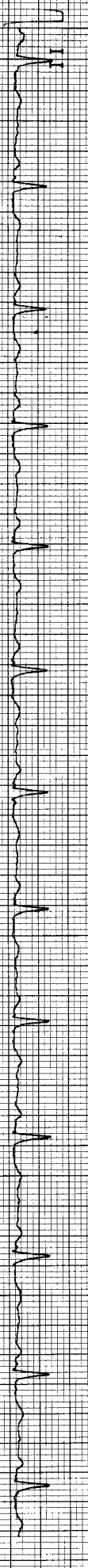
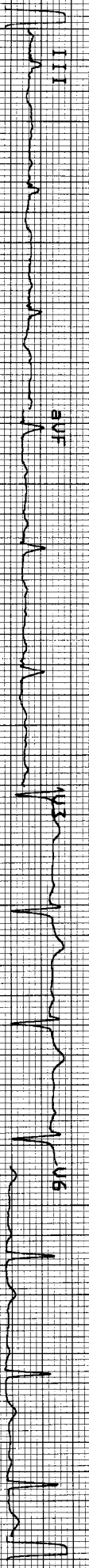
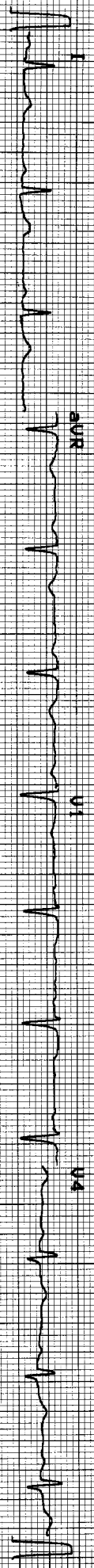
HR 76/min

Axis: P 47°
QRS 31°
T 0°

Intervals:
RR 786 ms
P 92 ms
PR 148 ms
QRS 80 ms
QT 376 ms
QTc 427 ms
(Bazett)
10 mm/mV

P (I) 0.08 mV
S (U1) -0.66 mV
R (U5) 0.89 mV
Sokol. 1.64 mV

10 mm/mV



5 mm/mV
SCHILLER
2.05.25 12:15:20
20.03.2024 20:47:58
CURIOUS HEALTHCARE
Part No. 2.157017M © 0123
R.88



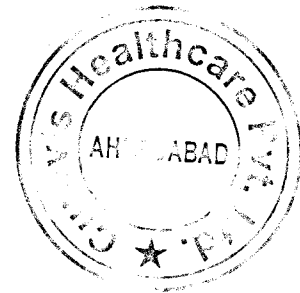
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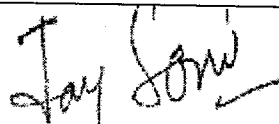
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2D Echo Colour Doppler

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, No TR, No PR, No AR.
7. No PAH, RVSP: 20 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



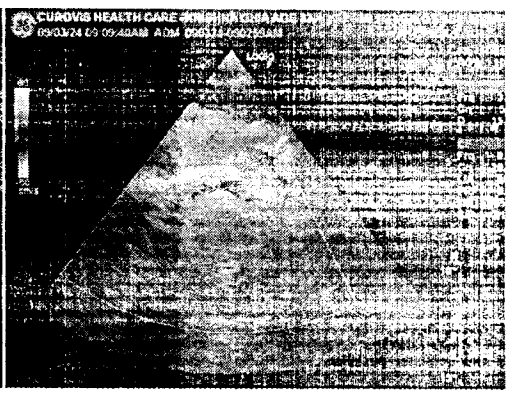
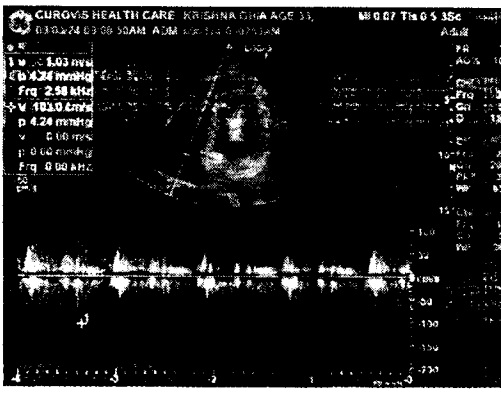
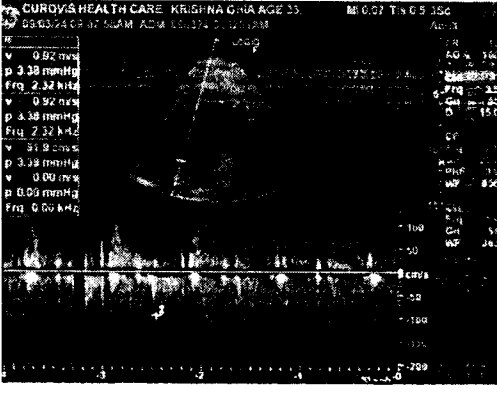
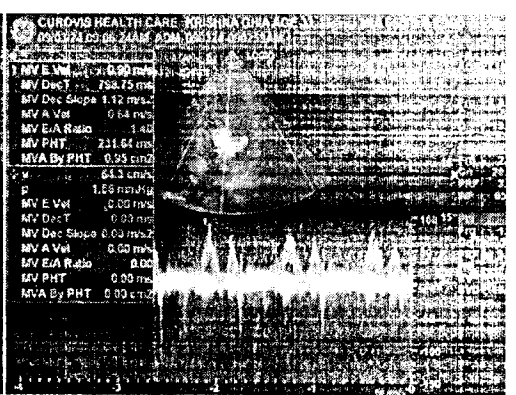
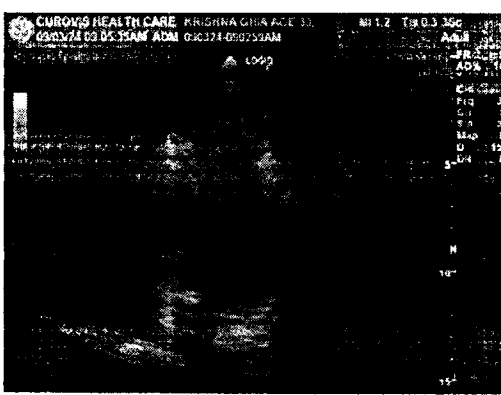
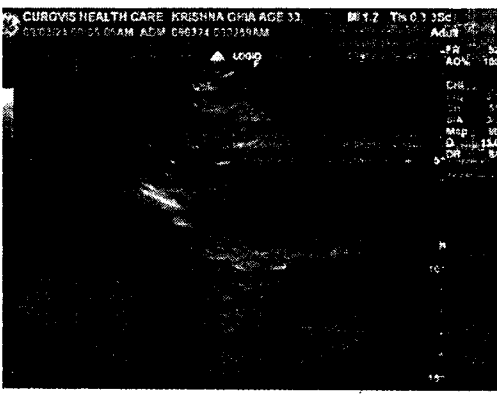
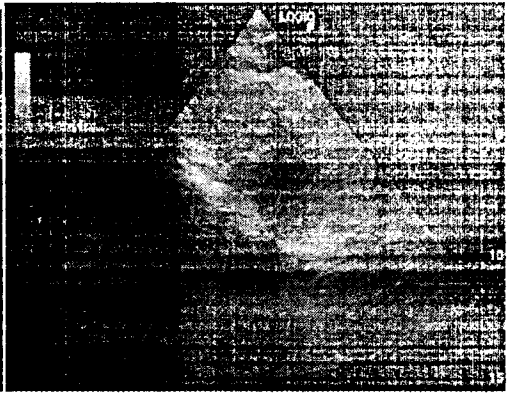
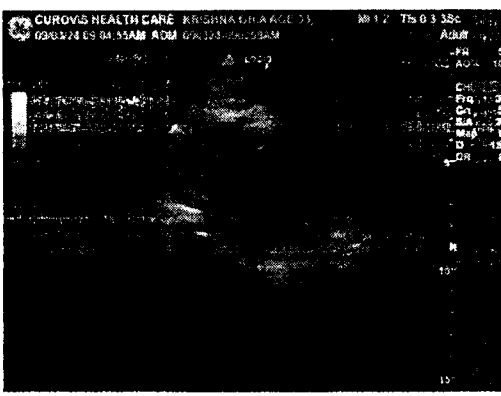
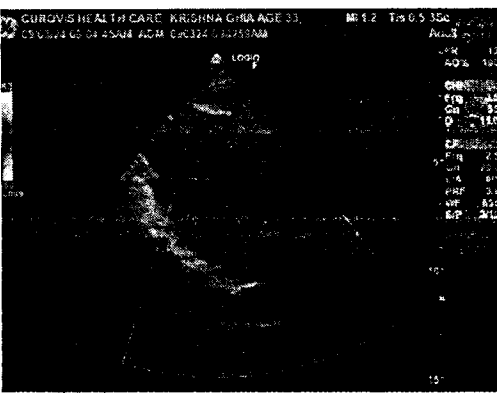
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Dr. Jay Soni
M.D, GENERAL MEDICINE

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KRISHNA GHIA AGE 33 090324-090259AM

09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

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Client Name :	Mediwheel	Report Date :	09-Mar-2024 04:20 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.

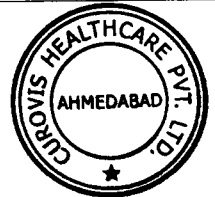
COMMENT: No significant abnormality is detected.

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

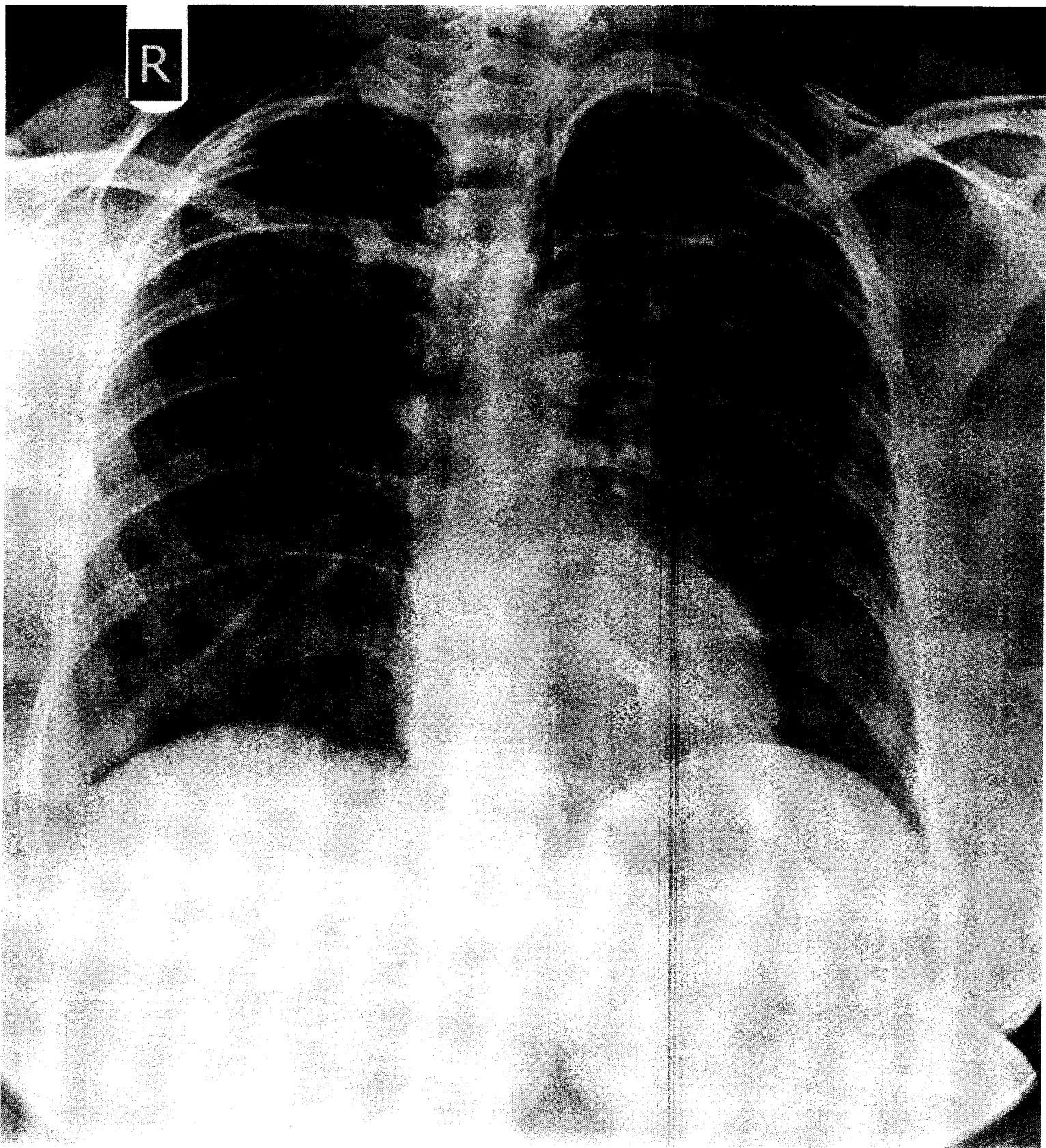
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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



R



KRISHNA GHIA 33Y/F

09/03/2024

CUROVIS HEALTHCARE



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Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

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Reg. Date : 09-Mar-2024 08:35 AM
Collected On :
Report Date : 09-Mar-2024 04:19 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 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 appears normal. No adnexal mass is seen.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

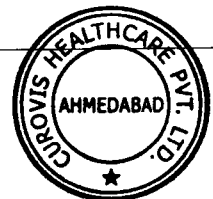
COMMENTS :

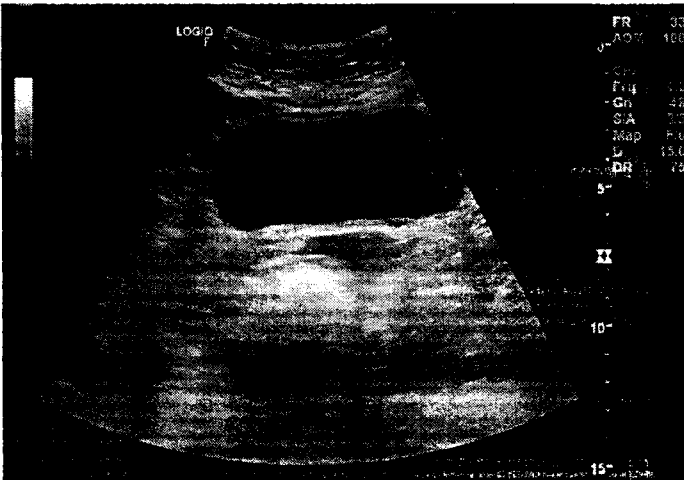
NO SIGNIFICANT ABNORMALITY DETECTED.

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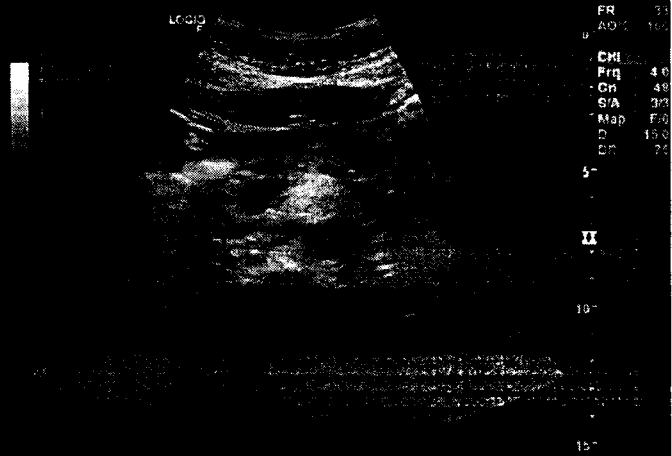


DR DHAIVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494

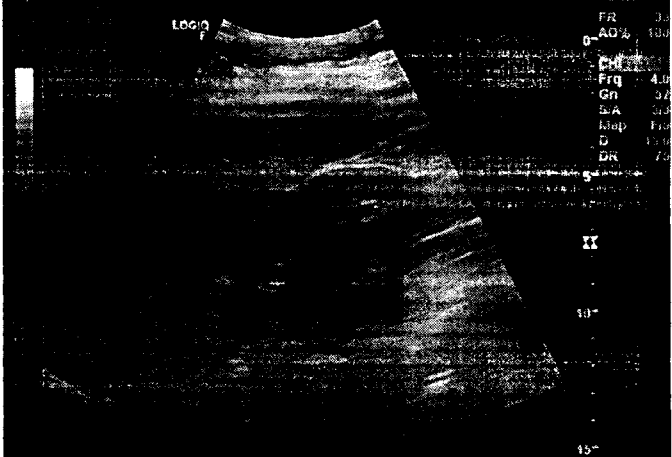




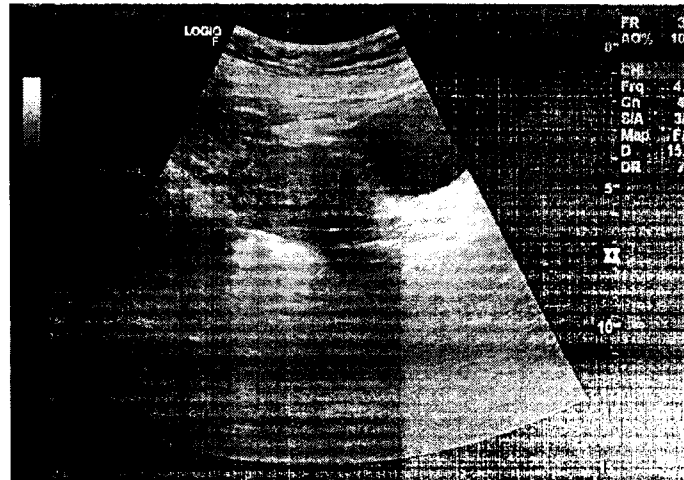
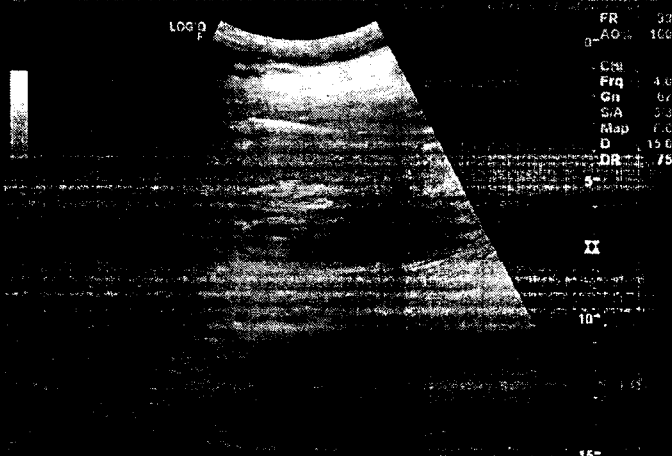
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09/03/24 10:38:47AM ADM 090324-090259AM



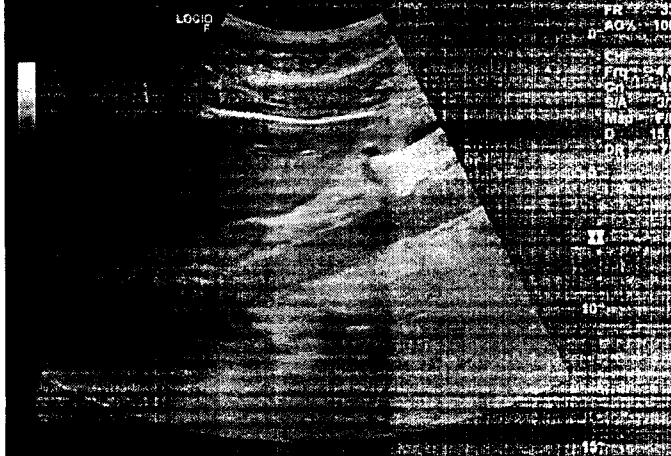
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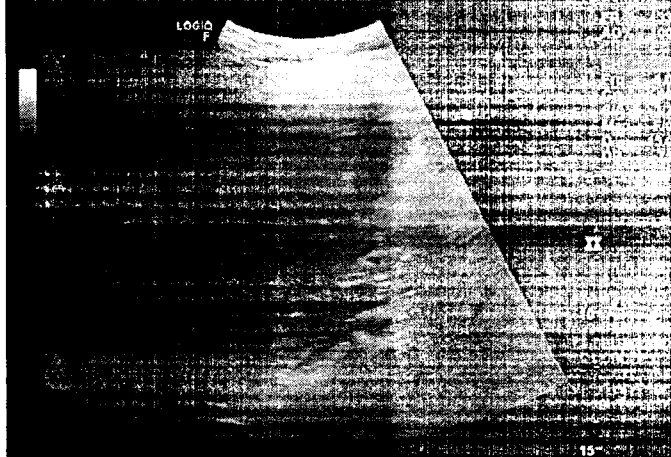
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09/03/24 10:39:35AM ADM 090324-090259AM



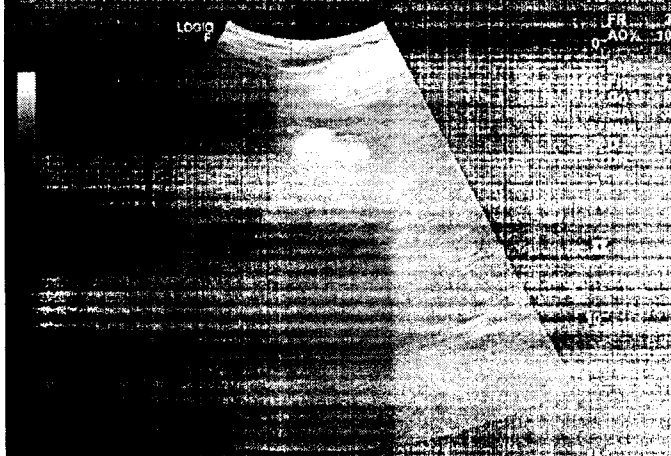
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09/03/24 10:38:48AM ADM 090324-090259AM



CUROVIS HEALTH CARE KRISHNA GHIA AGE 33, MI 1.2 Tis 0.9 4C
09/03/24 10:39:07AM ADM 090324-090259AM



CUROVIS HEALTH CARE KRISHNA GHIA AGE 33, MI 1.2 Tis 0.9 4C
09/03/24 10:39:54AM ADM 090324-090259AM



KRISHNA GHIA AGE 33 090324-090259AM

09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name	: Mrs. Krishna Niket Ghia	Reg. No	: 403100632
Sex/Age	: Female/33 Years	Reg. Date	: 09-Mar-2024 08:35 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 09-Mar-2024 04:20 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.

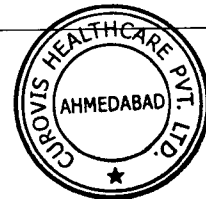
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

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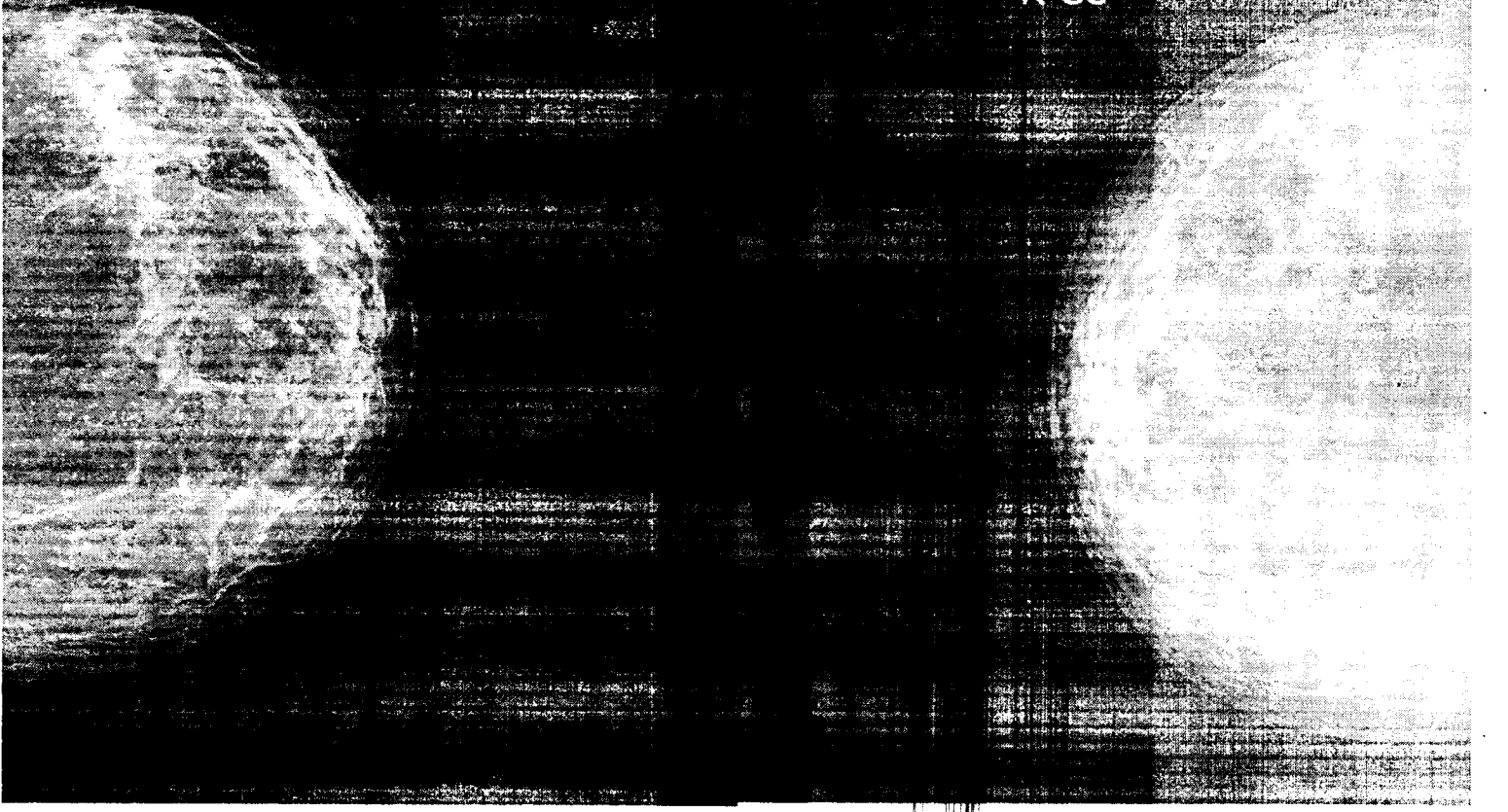


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Reg No:0494



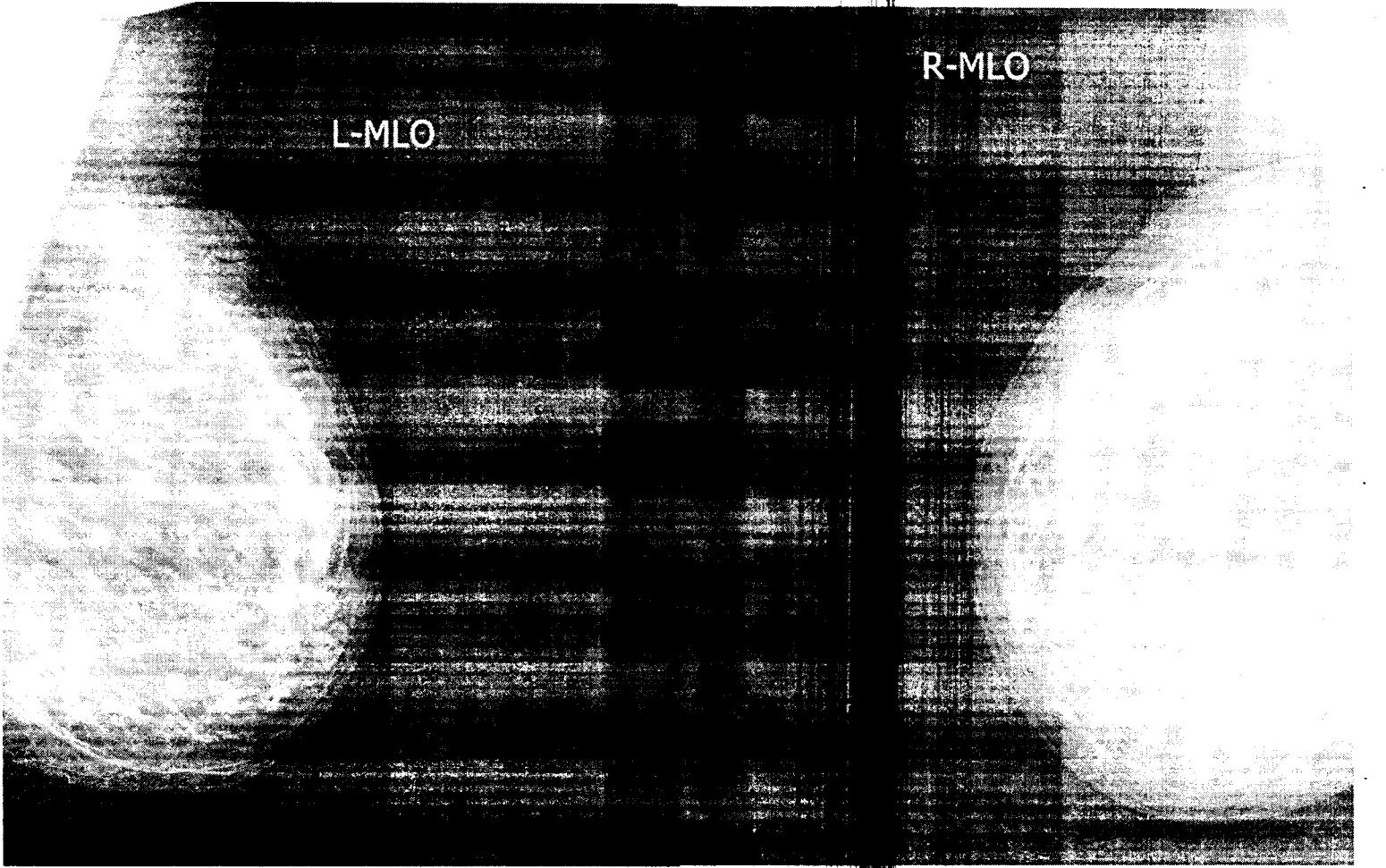
L-CC

R-CC



L-MLO

R-MLO



KRISHNA GHIA 33Y/F

09/03/2024

CUROVIS HEALTHCARE

LABORATORY REPORT

Name : Mrs. Krishna Niket Ghia
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100632
Reg. Date : 09-Mar-2024 08:35 AM
Collected On :
Report Date : 09-Mar-2024 03:27 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -0.50

AX: 36

LEFT EYE

SP : +0.50

CY : --0.50

AX :58

	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: Right and Left eye laser surgery in 2012.

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



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KP
Dr Kejal Patel
 MB,DO(Ophth)

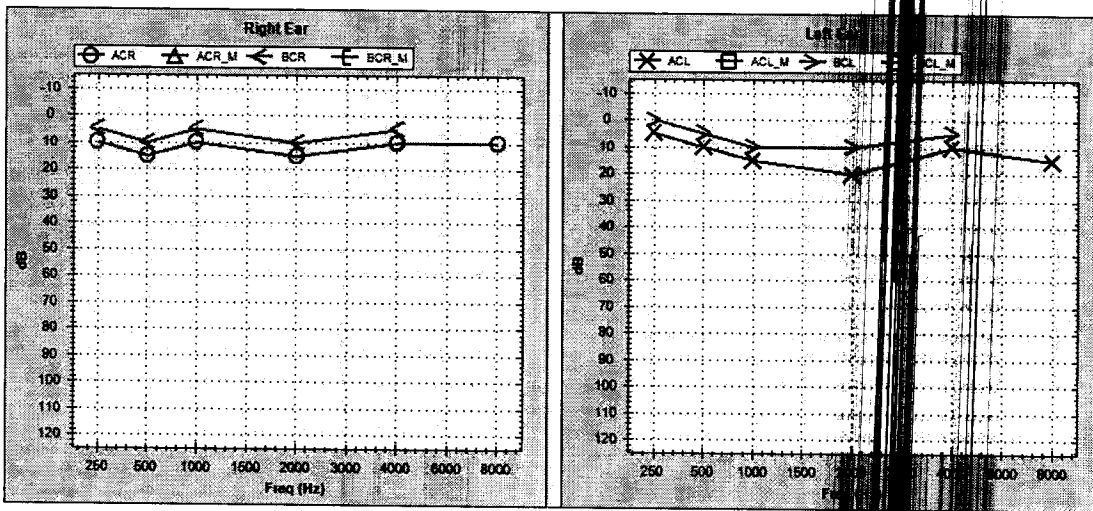


LABORATORY REPORT

Name : Mrs. Krishna Niket Ghia
 Sex/Age : Female/33 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403100632
 Reg. Date : 09-Mar-2024 08:35 AM
 Collected On :
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AUDIOGRAM



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

NO RESPONSE : Add J below the respective symbols

Threshold (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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