



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MRS. PATEL POOJA JIGNESH
EC NO.	122230
DESIGNATION	SINGLE WINDOW OPERATOR A
PLACE OF WORK	AHMEDABAD,NARANPURA
BIRTHDATE	28-12-1991
PROPOSED DATE OF HEALTH CHECKUP	08-07-2023
BOOKING REFERENCE NO.	23S122230100063162E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **03-07-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

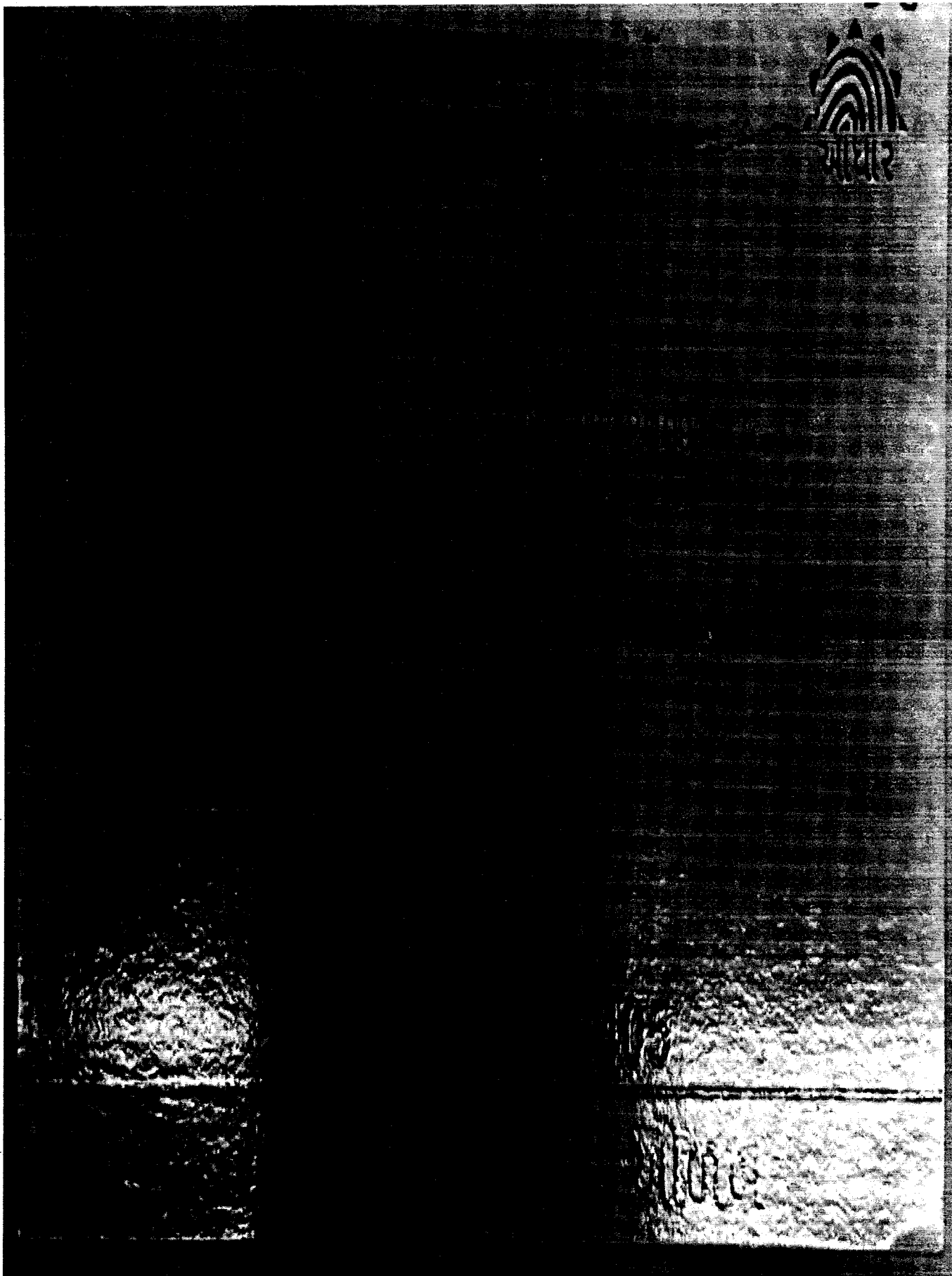
We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

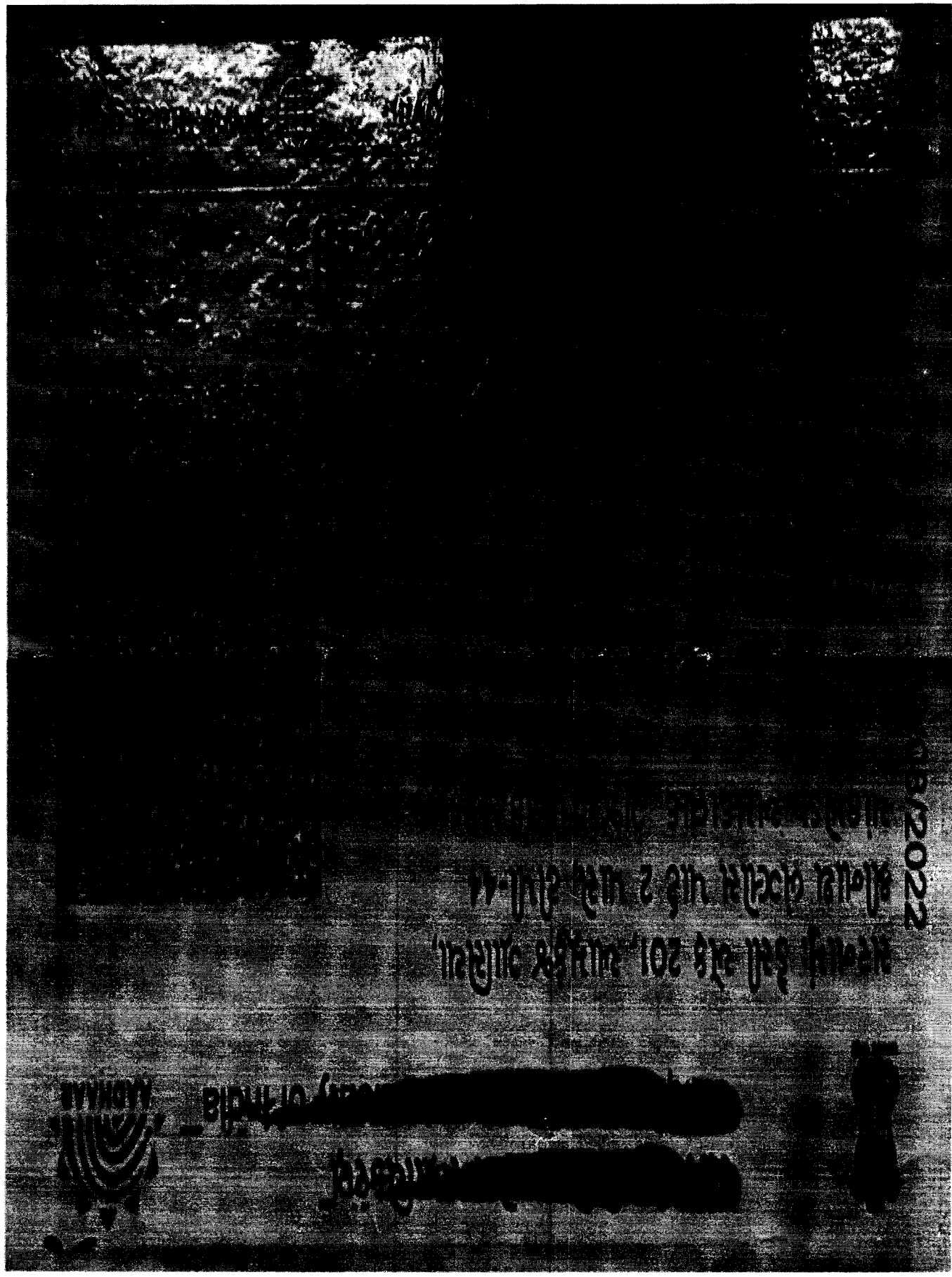
(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



9898219319

P. L. Patil

Handwritten signature



Ministry of India

Minister



LABORATORY REPORT

Name : Ms. Pooja Jignesh Patel
Sex/Age : Female/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307100404
Reg. Date : 08-Jul-2023 08:09 AM
Collected On :
Report Date : 08-Jul-2023 02:20 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :168

Weight (kgs) :71.1

Blood Pressure : 108/88mmHg

Pulse :75 /Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

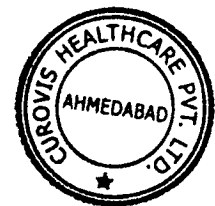
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

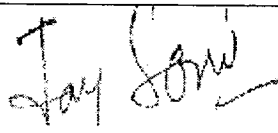
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



Dr. Jay Soni

M.D. GENERAL MEDICINE

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CUROVIS HEALTHCARE PVT. LTD.

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


TEST REPORT

Reg. No : 307100404	Ref Id :	Collected On : 08-Jul-2023 08:09 AM
Name : Ms. Pooja Jignesh Patel		Reg. Date : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
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)

Hemoglobin (Colorimetric method)	14.2	g/dL	12.5 - 16.0
Hematocrit (Calculated)	42.10	%	37 - 47
RBC Count (Electrical Impedance)	5.11	million/cmm	4.2 - 5.4
MCV (Calculated)	82.4	fL	78 - 100
MCH (Calculated)	27.7	Pg	27 - 31
MCHC (Calculated)	33.6	%	31 - 35
RDW (Calculated)	11.7	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	6110	/cmm	4000 - 10500
MPV (Calculated)	10.1	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT [%] EXPECTED VALUES [Abs] EXPECTED VALUES

Neutrophils (%)	61.40	%	42.02 - 75.2	3752	/cmm	2000 - 7000
Lymphocytes (%)	29.80	%	20 - 45	1821	/cmm	1000 - 3000
Eosinophils (%)	1.90	%	0 - 6	403	/cmm	200 - 1000
Monocytes (%)	6.60	%	2 - 10	116	/cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	18	/cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology Normocytic and Normochromic.
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) 259000 /cmm 150000 - 450000
Electrical Impedance

Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

This is an electronically authenticated report.
 * This test has been out sourced.

Approved By : 
 Dr. Bhavi Patel
 MD (Pathology)

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TEST REPORT

Reg. No : 307100404 **Ref Id** : **Collected On** : 08-Jul-2023 08:09 AM
Name : Ms. Pooja Jignesh Patel **Reg. Date** : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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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>	3	mm/hr	ESR AT 1 hour : 3-12
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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 (0-1mm) 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. Bhavi Patel
MD (Pathology)

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TEST REPORT

Reg. No : 307100404 **Ref Id** : **Collected On** : 08-Jul-2023 08:09 AM
Name : Ms. Pooja Jignesh Patel **Reg. Date** : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
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) <i>GOD-POD Method</i>	100.70	mg/dL	70 - 110
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Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
 - Or
 - Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
 - Or
 - Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
 - Or
 - In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 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) <i>GOD-POD Method</i>	104.6	mg/dL	70 - 140
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MD (Pathology)

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Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	155.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	97.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	34.30	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	101.26	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	19.44	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.95		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.52		0 - 5.0
<i>Calculated</i>			

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Name : Ms. Pooja Jignesh Patel **Reg. Date** : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	6.67	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	4.63	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
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.04	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.27		0.8 - 2.0
SGOT	15.30	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	15.30	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	63.6	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.48	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.16	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.32	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	12.00	mg/dL	< 32
<i>SZASZ Method</i>			

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TEST REPORT

Reg. No : 307100406	Ref Id :	Collected On : 08-Jul-2023 08:14 AM
Name : Ms. Pooja Jignesh Patel		Reg. Date : 08-Jul-2023 08:14 AM
Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
Ref. By : Dr. Aashutosh Patel M.D.		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

VITAMIN B12 <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	257	pg/mL	Deficient Range: <246 Sufficient Range: 246-911
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Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

*25 HYDROXY VITAMIN D3 <i>CMIA</i>	20.11	ng/mL	Deficiency: <10 Insufficiency: 10-30 Sufficiency: 30-100 Toxicity: >100
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Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

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

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 Dr. Bhavi Patel
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Name : Ms. Pooja Jignesh Patel **Reg. Date** : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

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


BIO - CHEMISTRY

Uric Acid 3.79 mg/dL 2.6 - 6.0
Enzymatic, colorimetric method

Creatinine 0.62 mg/dL 0.6 - 1.1
Enzymatic Method

BUN 7.50 mg/dL 6.0 - 20.0
UV Method

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Name : Ms. Pooja Jignesh Patel		Reg. Date : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	4.9	% 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	93.93	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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Dr. Bhavi Patel
MD (Pathology)

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TEST REPORT

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Name : Ms. Pooja Jignesh Patel **Reg. Date** : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Urine Spot

Test **Result** **Unit** **Biological Ref. Interval**

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity 20 cc
Colour Pale Yellow
Clarity Clear Clear


CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH 6 4.6 - 8.0
Sp. Gravity 1.010 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 Absent
Erythrocytes (Red Cells) Nil Absent
Epithelial Cells 1 - 2/hpf Absent
Crystals Absent Absent
Casts Absent Absent
Amorphous Material Absent Absent
Bacteria Absent Absent
Remarks -

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Approved By : 
Dr. Bhavi Patel
MD (Pathology)

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Age/Sex : 31 Years / Female **Pass. No.** : **Tele No.** : 9898219319
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.99	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>	7.60	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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* This test has been out sourced.

Approved By : 
Dr. Bhavi Patel
MD (Pathology)

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Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

TSH 1.020 μ U/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 μ U/mL


Second Trimester : 0.2 to 3.0 μ U/mL

Third trimester : 0.3 to 3.0 μ U/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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* This test has been out sourced.

Approved By : 
Dr. Bhavi Patel
MD (Pathology)

Generated On : 10-Jul-2023 09:33 AM

Approved On : 08-Jul-2023 12:35 PM
Page 10 of 1

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CUROVIS HEALTHCARE PVT. LTD.

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



TEST REPORT

Reg. No : 307100404	Ref Id :	Collected On : 08-Jul-2023 08:09 AM
Name : Ms. Pooja Jignesh Patel		Reg. Date : 08-Jul-2023 08:09 AM
Age/Sex : 31 Years / Female	Pass. No. :	Tele No. : 9898219319
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Body Fluid

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

CYTOPATHOLOGY
CYTOLOGY REPORT

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. Sheets and clusters of superficial and intermediate squamous 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)

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LABORATORY REPORT

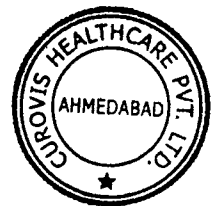
Name	: Ms. Pooja Jignesh Patel	Reg. No	: 307100404
Sex/Age	: Female/31 Years	Reg. Date	: 08-Jul-2023 08:09 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 08-Jul-2023 02:00 PM

Electrocardiogram

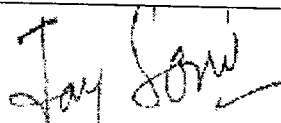
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni

M.D. GENERAL MEDICINE

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P001A
PATEL

Female

31 years
168 cm / 71 kg

HR 75/min

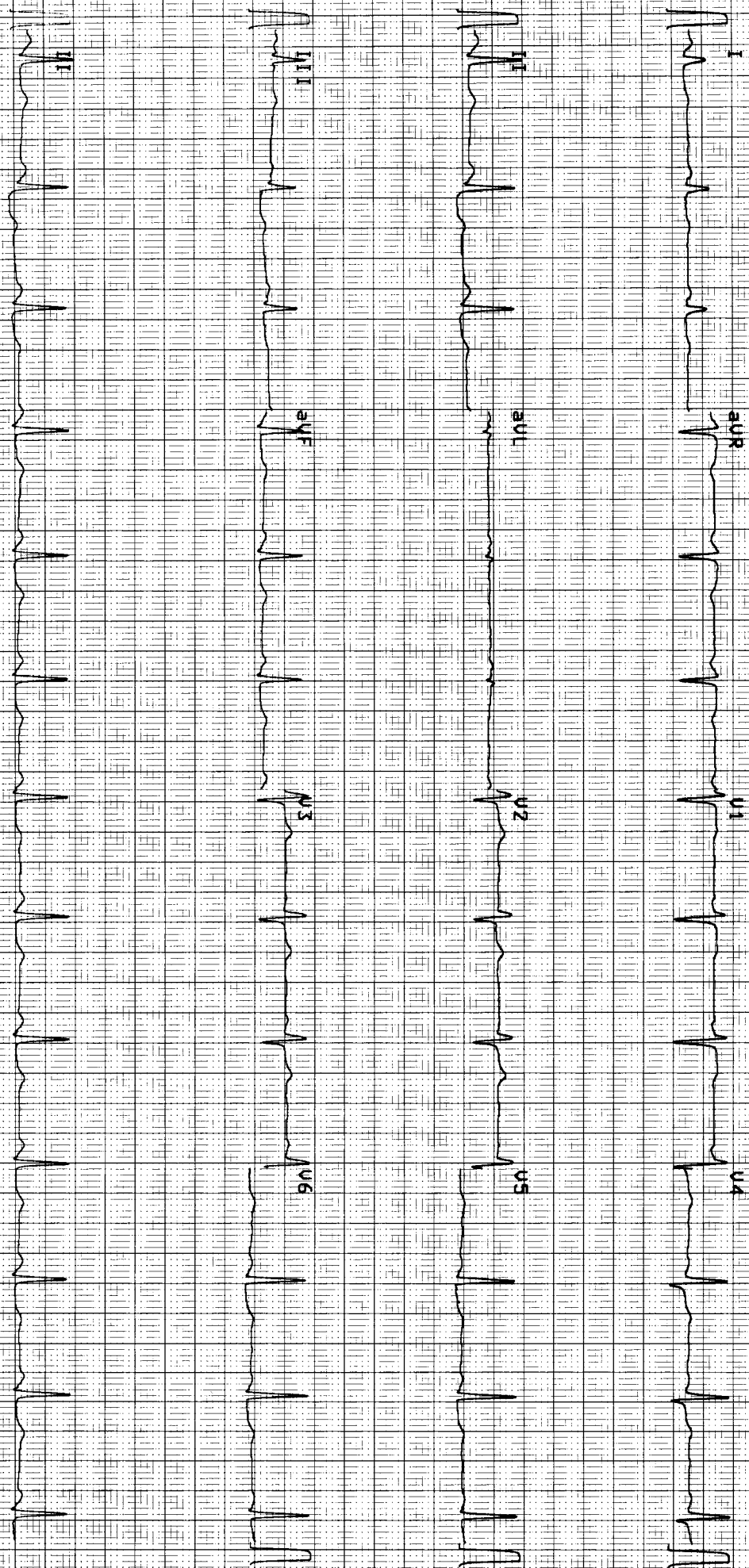
PRIS: 48°

Intervals:
RR 798 ms
P 104 ms

PR 120 ms
QR5 80 ms
QT 368 ms
QTc 413 ms (Bazett)

10 mm/mV

10 mm/mV



10 mm/mV
25 mm/s

0.05125 Hz FS0 5CF 5BS 08.07.2023 08:24:24

CARDV15 HEALTHCARE

P. P. Subhans

RT102P105 1.24 C

Part No. 2.157017M © 0123 L80



LABORATORY REPORT

Name : Ms. Pooja Jignesh Patel
Sex/Age : Female/31 Years
Ref. By :
Client Name : Mediwheel

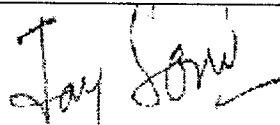
Reg. No : 307100404
Reg. Date : 08-Jul-2023 08:09 AM
Collected On :
Report Date : 08-Jul-2023 02:00 PM

2D Echo Colour Doppler

1. No concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 30 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



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Dr. Jay Soni

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M MODE FINDINGS:

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		Normal	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	44 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	26 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	10mm				
8. Aortic root	30 mm	22-37 mm			
9. Left Atrium:	38 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Trivial	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0

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LABORATORY REPORT

Name :	Ms. Pooja Jignesh Patel	Reg. No :	307100404
Sex/Age :	Female/31 Years	Reg. Date :	08-Jul-2023 08:09 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 05:15 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.

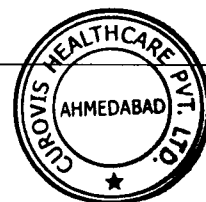
COMMENT: No significant abnormality is detected.

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

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



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LABORATORY REPORT

Name :	Ms. Pooja Jignesh Patel	Reg. No :	307100404
Sex/Age :	Female/31 Years	Reg. Date :	08-Jul-2023 08:09 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Jul-2023 05:12 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.

Few tiny follicles are noted peripherally in left ovary.

3.5 x 2.7 cm sized complex cyst with few internal echos and septations noted in right ovary.

No evidence of ascites.

No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

- **Few tiny follicles noted peripherally in left ovary- s/o left sided polycystic ovarian morphology.**
- **Complex cyst with few internal echos and septations in right ovary- p/o endometrioma or hemorrhagic cyst.- kindly correlate clinic-pathologically.**

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



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LABORATORY REPORT

Name : Ms. Pooja Jignesh Patel
Sex/Age : Female/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307100404
Reg. Date : 08-Jul-2023 08:09 AM
Collected On :
Report Date : 08-Jul-2023 12:52 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -1.25

AX: 89

LEFT EYE

SP : -0.25

CY : -1.25

AX :86

	Without Glasses	With Glasses
Right Eye	6/9	6/5
Left Eye	6/9	6/5

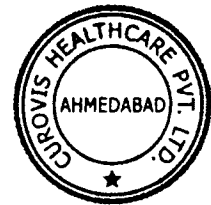
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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Dr Kejal Patel
MB,DO(Ophth)

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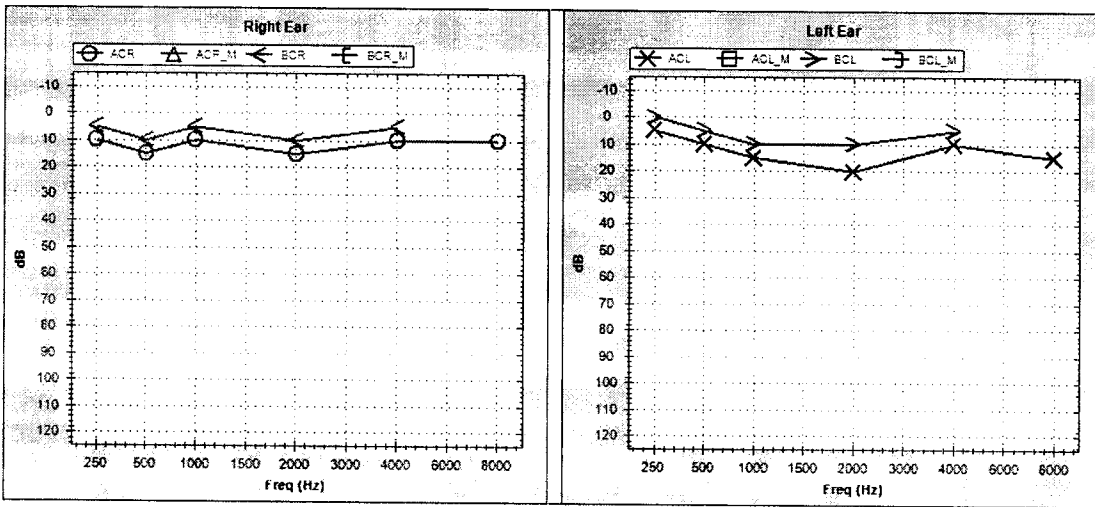


LABORATORY REPORT

Name : Ms. Pooja Jignesh Patel
Sex/Age : Female/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 307100404
Reg. Date : 08-Jul-2023 08:09 AM
Collected On :
Report Date : 08-Jul-2023 12:52 PM

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.



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