



**LABORATORY REPORT**

|                      |                                   |                       |                      |
|----------------------|-----------------------------------|-----------------------|----------------------|
| <b>Name</b> :        | Mrs. Niranjanaben Ashokbhai Patel | <b>Reg. No</b> :      | 310100606            |
| <b>Sex/Age</b> :     | Female/50 Years                   | <b>Reg. Date</b> :    | 14-Oct-2023 09:11 AM |
| <b>Ref. By</b> :     |                                   | <b>Collected On</b> : |                      |
| <b>Client Name</b> : | Mediwheel                         | <b>Report Date</b> :  | 14-Oct-2023 01:10 PM |

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 145

Weight (kgs) :51.6

Blood Pressure : 110/60mmHg

Pulse : 72/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



भारत सरकार



आधार

एन.डी.ए.ए.सी. / Unique Identification Authority of India

भारत सरकार  
Unique Identification Authority of India  
Government of India

नोंधणीनी ओणष / Enrollment No.: 2189/25766/11594

To  
निरंजनबाबेन अशोकभाई पटेल  
Niranjanaben Ashokbhai Patel  
block B 504 moti palace plus  
Timbavadi  
Timbavadi  
Junagadh City Junagadh  
Gujarat 362015  
8428440592

05/12/2013

73314165



MD733141654FH



तमारो आधार नंबर / Your Aadhaar No. :

**9514 3300 4463**

मारो आधार, मारी ओणष



भारत सरकार

Government of India



निरंजनबाबेन अशोकभाई पटेल  
Niranjanaben Ashokbhai Patel  
जन्म तारीख / DOB : 05/12/1972  
स्त्री / Female

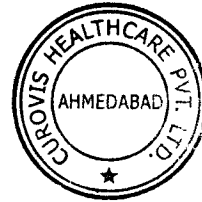


**9514 3300 4463**

मारो आधार, मारी ओणष

*Patel*

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



9428440592


**TEST REPORT**

|   |                    |  |
|---|--------------------|--|
| <b>Reg. No</b> : 310100606                      | <b>Ref Id</b> :    | <b>Collected On</b> : 14-Oct-2023 09:11 AM |
| <b>Name</b> : Mrs. Niranjanaben Ashokbhai Patel |                    | <b>Reg. Date</b> : 14-Oct-2023 09:11 AM    |
| <b>Age/Sex</b> : 50 Years / Female              | <b>Pass. No.</b> : | <b>Tele No.</b> : 9428440592               |
| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : EDTA                       |                    | <b>Location</b> : CHPL                     |

| Parameter | Results | Unit | Biological Ref. Interval |
|-----------|---------|------|--------------------------|
|-----------|---------|------|--------------------------|

**COMPLETE BLOOD COUNT (CBC)**

|   |         |             |              |
|---|---------|-------------|--------------|
| Hemoglobin (Colorimetric method)                  | L 12.4  | g/dL        | 12.5 - 16    |
| Hematocrit (Calculated)                           | L 37.00 | %           | 40 - 50      |
| RBC Count (Electrical Impedance)                  | L 4.57  | million/cmm | 4.73 - 5.5   |
| MCV (Calculated)                                  | L 80.9  | fL          | 83 - 101     |
| MCH (Calculated)                                  | 27.1    | Pg          | 27 - 32      |
| MCHC (Calculated)                                 | 33.5    | %           | 31.5 - 34.5  |
| RDW (Calculated)                                  | L 11.2  | %           | 11.5 - 14.5  |
| WBC Count<br>Flowcytometry with manual Microscopy | 8310    | /cmm        | 4000 - 10000 |
| MPV (Calculated)                                  | 9.8     | fL          | 6.5 - 12.0   |

| <b>DIFFERENTIAL WBC COUNT</b> | <b>[ % ]</b> | <b>EXPECTED VALUES</b> | <b>[ Abs ]</b> | <b>EXPECTED VALUES</b> |
|-------------------------------|--------------|------------------------|----------------|------------------------|
| Neutrophils (%)               | 68 %         | 40 - 80                | 5651 /cmm      | 2000 - 7000            |
| Lymphocytes (%)               | 22 %         | 20 - 40                | 1828 /cmm      | 1000 - 3000            |
| Eosinophils (%)               | 02 %         | 0 - 6                  | 665 /cmm       | 200 - 1000             |
| Monocytes (%)                 | 08 %         | 2 - 10                 | 166 /cmm       | 20 - 500               |
| Basophils (%)                 | 00 %         | 0 - 2                  | 0 /cmm         | 0 - 100                |

**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 337000 /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.

*Deep*  
 Approved By : Dr. Deep Patel  
 MD (Pathology)

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**TEST REPORT**

**Reg. No** : 310100606      **Ref Id** :      **Collected On** : 14-Oct-2023 09:11 AM  
**Name** : Mrs. Niranjnaben Ashokbhai Patel      **Reg. Date** : 14-Oct-2023 09:11 AM  
**Age/Sex** : 50 Years / Female      **Pass. No.** :      **Tele No.** : 9428440592  
**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** "O"

**Rh (D)** Positive

**Note** -

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


**ESR 1 hour** 09 mm/hr      **ESR AT 1 hour** : 3-12  
*Westergreen method*

**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 (<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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**TEST REPORT**

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**Name** : Mrs. Niranjnaben Ashokbhai Patel      **Reg. Date** : 14-Oct-2023 09:11 AM  
**Age/Sex** : 50 Years / Female      **Pass. No.** :      **Tele No.** : 9428440592  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Flouride F, Flouride PP      **Location** : CHPL


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

**BIO - CHEMISTRY**

|  |        |       |          |
|--|--------|-------|----------|
| <b>Fasting Blood Sugar (FBS)</b><br><i>GOD-POD Method</i>        | 102.10 | mg/dL | 70 - 110 |
| <b>Post Prandial Blood Sugar (PPBS)</b><br><i>GOD-POD Method</i> | 93.9   | mg/dL | 70 - 140 |

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| <b>Reg. No</b> : 310100606                      | <b>Ref Id</b> :    | <b>Collected On</b> : 14-Oct-2023 09:11 AM |
| <b>Name</b> : Mrs. Niranjanaben Ashokbhai Patel |                    | <b>Reg. Date</b> : 14-Oct-2023 09:11 AM    |
| <b>Age/Sex</b> : 50 Years / Female              | <b>Pass. No.</b> : | <b>Tele No.</b> : 9428440592               |
| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Stool                      |                    | <b>Location</b> : CHPL                     |

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

**STOOL EXAMINATION**

|             |            |
|-------------|------------|
| Colour      | Brown      |
| Consistency | Semi Solid |

**CHEMICAL EXAMINATION**

|              |          |
|--------------|----------|
| Occult Blood | Negative |
|--------------|----------|

*Peroxidase Reaction with o-Dianisidine*

|          |        |
|----------|--------|
| Reaction | Acidic |
|----------|--------|

*Double Indicator*

**MICROSCOPIC EXAMINATION**

|                  |            |
|------------------|------------|
| Mucus            | Nil        |
| Pus Cells        | 1 - 2/hpf  |
| Red Cells        | Nil        |
| Epithelial Cells | Occasional |
| Vegetable Cells  | Nil        |
| Trophozoites     | Nil        |
| Cysts            | Nil        |
| Ova              | Nil        |
| Neutral Fat      | Nil        |
| Monilia          | Nil        |
| Note             | -          |


**Note:** Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

**False negative:** False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

**False positive:** False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, broccoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

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## TEST REPORT

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| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum                      |                    | <b>Location</b> : CHPL                     |


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

### Lipid Profile

|   |        |       |  |
|---|--------|-------|--|
| Cholesterol                                   | 245.00 | mg/dL | Desirable: <200.0<br>Borderline High: 200-239<br>High: >240.0  |
| <i>Enzymatic, colorimetric method</i>         |        |       |  |
| Triglyceride                                  | 54.10  | mg/dL | Normal: <150.0<br>Borderline: 150-199<br>High: 200-499<br>Very High : > 500.0                                |
| <i>Enzymatic, colorimetric method</i>         |        |       |  |
| HDL Cholesterol                               | 63.90  | mg/dL | Low: <40<br>High: >60  |
| <i>Accelerator selective detergent method</i> |        |       |  |
| LDL   | 170.28 | mg/dL | Optimal: <100.0<br>Near Optimal: 100-129<br>Borderline High: 130-159<br>High : 160-189<br>Very High : >190.0 |
| <i>Calculated</i>                             |        |       |  |
| VLDL  | 10.82  | mg/dL | 15 - 35  |
| <i>Calculated</i>                             |        |       |  |
| LDL / HDL RATIO                               | 2.66   |       | 0 - 3.5  |
| <i>Calculated</i>                             |        |       |  |
| Cholesterol /HDL Ratio                        | 3.83   |       | 0 - 5.0  |
| <i>Calculated</i>                             |        |       |  |

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| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum                      |                    | <b>Location</b> : CHPL                     |


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

**LFT WITH GGT**

|  |       |       |  |
|--|-------|-------|--|
| Total Protein  | 6.59  | gm/dL | 1Day: 3.4-5.0<br>1Day to 1Month: 4.6-6.8<br>2 to 12Months: 4.8-7.6<br>>=1Year : 6.0-8.0<br>Adults : 6.6-8.7  |
| <i>Biuret Reaction</i>   |       |       |  |
| Albumin  | 4.40  | g/dL  | 0 - 4 days: 2.8 - 4.4<br>4 days - 14 yrs: 3.8 - 5.4<br>14 - 19 yrs: 3.2 - 4.5<br>20 - 60 yrs : 3.5 - 5.2<br>60 - 90 yrs : 3.2 - 4.6<br>> 90 yrs: 2.9 - 4.5 |
| <i>By Bromocresol Green</i>                                      |       |       |  |
| Globulin (Calculated)  | 2.19  | g/dL  | 2.3 - 3.5  |
| A/G Ratio (Calculated)   | 2.01  |       | 0.8 - 2.0  |
| SGOT   | 30.40 | U/L   | 0 - 40   |
| <i>UV without P5P</i>  |       |       |  |
| SGPT   | 35.00 | U/L   | 0 - 40   |
| <i>UV without P5P</i>  |       |       |  |
| Alkaline Phosphatase   | 65.2  | IU/l  | 42 - 98  |
| <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i> |       |       |  |
| Total Bilirubin  | 0.57  | 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   | 0.47  | mg/dL | 0.0 - 1.1  |
| <i>Calculated</i>  |       |       |  |
| GGT  | 24.70 | U/L   | < 32   |
| <i>SZASZ Method</i>  |       |       |  |

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**Age/Sex** : 50 Years / Female      **Pass. No.** :      **Tele No.** : 9428440592  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

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

**BIO - CHEMISTRY**


**Uric Acid**      **2.41**      mg/dL      2.6 - 6.0  
*Enzymatic, colorimetric method*

**Creatinine**      **0.49**      mg/dL      0.6 - 1.1  
*Enzymatic Method*

**BUN**      **6.30**      mg/dL      6.0 - 20.0  
*UV Method*

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**TEST REPORT**

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| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : EDTA                       |                    | <b>Location</b> : CHPL                     |

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

**HEMOGLOBIN A1 C ESTIMATION**  
Specimen: Blood EDTA

|         |     |               |  |
|---------|-----|---------------|--|
| *Hb A1C | 5.7 | % of Total Hb | Normal : < 5.7 %<br>Pre-Diabetes : 5.7 % - 6.4 %<br>Diabetes : 6.5 % or higher |
|---------|-----|---------------|--|

*Boronate Affinity with Fluorescent Quenching*

|                    |        |       |
|--------------------|--------|-------|
| Mean Blood Glucose | 116.89 | 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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Dr. Keyur V Patel  
MB, DCP

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## TEST REPORT

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| <b>Age/Sex</b> : 50 Years / Female              | <b>Pass. No.</b> : | <b>Tele No.</b> : 9428440592               |
| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Urine Spot                 |                    | <b>Location</b> : CHPL                     |

| Test | Result | Unit | Biological Ref. Interval |
|------|--------|------|--------------------------|
|------|--------|------|--------------------------|

### URINE ROUTINE EXAMINATION

#### PHYSICAL EXAMINATION

|          |             |       |
|----------|-------------|-------|
| Quantity | 15 cc       |       |
| Colour   | Pale Yellow |       |
| Clarity  | Clear       | Clear |

#### CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


|               |       |               |
|---------------|-------|---------------|
| pH            | 5.0   | 4.6 - 8.0     |
| Sp. Gravity   | 1.030 | 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)   | Nil       | Absent |
| Erythrocytes (Red Cells) | Nil       | Absent |
| Epithelial Cells         | 2 - 3/hpf | Absent |
| Crystals                 | Absent    | Absent |
| Casts                    | Absent    | Absent |
| Amorphous Material       | Absent    | Absent |
| Bacteria                 | Absent    | Absent |
| Remarks                  | -         |        |

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**TEST REPORT**

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| <b>Ref. By</b> :                                |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Serum                      |                    | <b>Location</b> : CHPL                     |

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

**IMMUNOLOGY**

**THYROID FUNCTION TEST**

|   |      |       |             |
|---|------|-------|-------------|
| <b>T3 (Triiodothyronine)</b><br><small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small> | 1.24 | 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.

|   |       |       |            |
|---|-------|-------|------------|
| <b>T4 (Thyroxine)</b><br><small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small> | 10.50 | 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 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.

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
Dr. Deep Patel  
MD (Pathology)

Approved On : 14-Oct-2023 10:51 AM  
Page 10 of 1

Generated On : 14-Oct-2023 07:43 PM



**TEST REPORT**

**Reg. No** : 310100606      **Ref Id** :      **Collected On** : 14-Oct-2023 09:11 AM  
**Name** : Mrs. Niranjanaben Ashokbhai Patel      **Reg. Date** : 14-Oct-2023 09:11 AM  
**Age/Sex** : 50 Years / Female      **Pass. No.** :      **Tele No.** : 9428440592  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      2.980       $\mu$ IU/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  $\mu$ IU/mL


Second Trimester : 0.2 to 3.0  $\mu$ IU/mL

Third trimester : 0.3 to 3.0  $\mu$ IU/mL

Reference : Carl A. Burtis, Edward R. Ashwood, David E. Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders, 2012:2170

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\* This test has been out sourced.

  
**Approved By** : Dr. Deep Patel  
MD (Pathology)

**Generated On** : 14-Oct-2023 07:43 PM

**Approved On** : 14-Oct-2023 10:51 AM  
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**TEST REPORT**

|  |                    |  |
|--|--------------------|--|
| <b>Reg. No</b> : 310100606                     | <b>Ref Id</b> :    | <b>Collected On</b> : 14-Oct-2023 09:11 AM |
| <b>Name</b> : Mrs. Niranjnaben Ashokbhai Patel |                    | <b>Reg. Date</b> : 14-Oct-2023 09:11 AM    |
| <b>Age/Sex</b> : 50 Years / Female             | <b>Pass. No.</b> : | <b>Tele No.</b> : 9428440592               |
| <b>Ref. By</b> :                               |                    | <b>Dispatch At</b> :                       |
| <b>Sample Type</b> : Body Fluid                |                    | <b>Location</b> : CHPL                     |

| <b>Parameter</b> | <b>Result</b> | <b>Unit</b> | <b>Biological Ref. Interval</b> |
|------------------|---------------|-------------|---------------------------------|
|------------------|---------------|-------------|---------------------------------|

**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 with few parabasal cells are seen in mild inflammatory background.  
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. Deep Patel  
MD (Pathology)

Approved On : 14-Oct-2023 05:19 PM  
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Generated On : 14-Oct-2023 07:43 PM



**LABORATORY REPORT**

**Name** : Mrs. Niranjanaben Ashokbhai Patel  
**Sex/Age** : Female/50 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 310100606  
**Reg. Date** : 14-Oct-2023 09:11 AM  
**Collected On** :  
**Report Date** : 14-Oct-2023 01:57 PM

**Electrocardiogram**

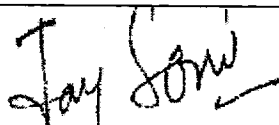
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

NIRONJANBEN

PATEL

29

50 years

145 cm / 52 kg

Female

HR 72/min

PRxIS: 0

Intervals:

RR 828 ms

P 105 ms

PR 140 ms

QRS 80 ms

QT 384 ms

QTc 427 ms (Bazett)

P QRS T

QRS 66

T 60

P (II) 0.06 mV

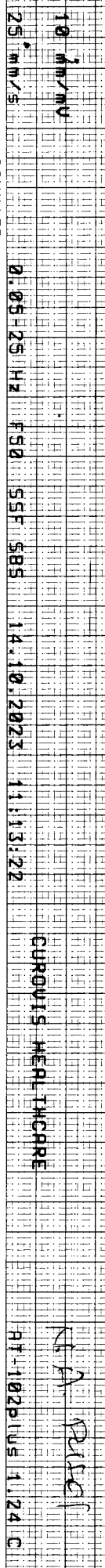
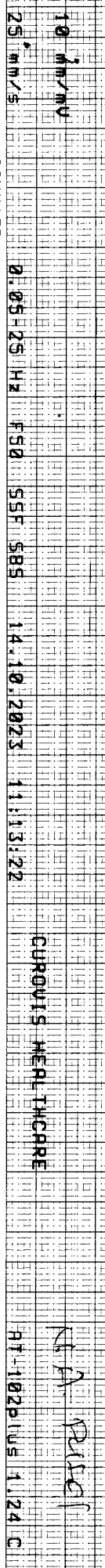
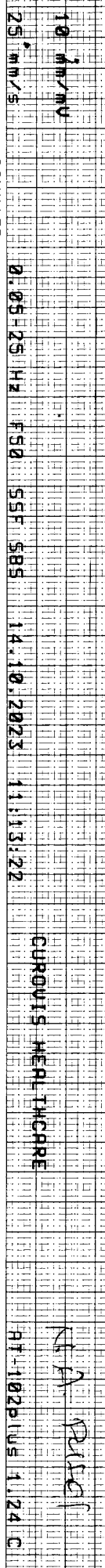
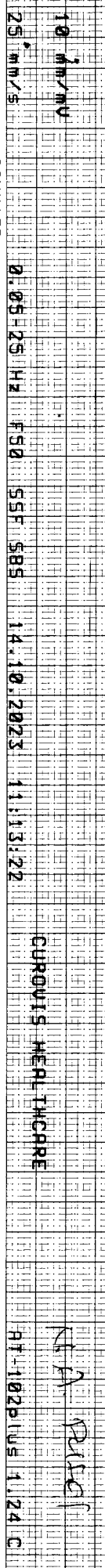
S (VI) -0.80 mV

R (V5) 1.49 mV

Sokol. 2.36 mV

10 mm/mV

10 mm/mV



10 mm/mV  
25 mm/s  
0.05-25 Hz FSQ 55F 585 14.10.2023 11:13:22

CORONIS HEALTHCARE

RT-102plus 1124 C





LABORATORY REPORT

Name : Mrs. Niranjanaben Ashokbhai Patel  
Sex/Age : Female/50 Years  
Ref. By :  
Client Name : Mediwheel

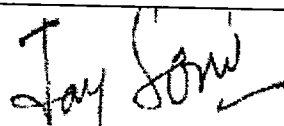
Reg. No : 310100606  
Reg. Date : 14-Oct-2023 09:11 AM  
Collected On :  
Report Date : 14-Oct-2023 01:57 PM

2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 46 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



This is an electronically authenticated report



Dr. Jay Soni  
M.D, GENERAL MEDICINE

Name: Niranjanaben Ashokbhai Patel

**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%  |
| <b>TRICUSPID VALVE</b> |          | <b>LV COMPLIANCE</b> |             |
| Normal                 |          | REDUCED              |             |

| 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)  | 48 mm |          | Cuspal Opening     | 16mm    |  |
| 2. Lvd. (Systole)   | 28 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)   | 12mm  |          |                    |         |  |
| 8. Aortic root      | 32 mm | 22-37 mm |                    |         |  |
| 9. Left Atrium:     | 36 mm | 19-40 mm |                    |         |  |
| 10. LVEF            | 60%   |          |                    |         |  |

**COLOUR DOPPLER FINDINGS:**

| STRUCTURE       | REGURG GRADING | VELOCITY1<br>m/sec<br>Max/Mean | GRADIENT<br>5 Mm Hg<br>Peak/Mean |
|-----------------|----------------|--------------------------------|----------------------------------|
| MITRAL VALVE    | Mild           | 0.90                           | 3.30                             |
| TRICUSPID VALVE | Trivial        | 0.58                           | 1.40                             |
| PULMONARY VALVE | Trivial        | 0.75                           | 2.25                             |
| AORTIC          | No             | 1.20                           | 6.0                              |
|                 |                |                                |                                  |





LABORATORY REPORT

**Name** : Mrs. Niranjanaben Ashokbhai Patel  
**Sex/Age** : Female/50 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 310100606  
**Reg. Date** : 14-Oct-2023 09:11 AM  
**Collected On** :  
**Report Date** : 14-Oct-2023 04:56 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.**

This is an electronically authenticated report



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





**LABORATORY REPORT**

|                      |                                   |                       |                      |
|----------------------|-----------------------------------|-----------------------|----------------------|
| <b>Name</b> :        | Mrs. Niranjanaben Ashokbhai Patel | <b>Reg. No</b> :      | 310100606            |
| <b>Sex/Age</b> :     | Female/50 Years                   | <b>Reg. Date</b> :    | 14-Oct-2023 09:11 AM |
| <b>Ref. By</b> :     |                                   | <b>Collected On</b> : |                      |
| <b>Client Name</b> : | Mediwheel                         | <b>Report Date</b> :  | 14-Oct-2023 04:53 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.

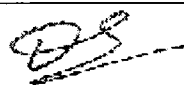
*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

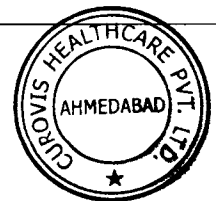
**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

This is an electronically authenticated report



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





**LABORATORY REPORT**

|                      |                                  |                       |                      |
|----------------------|----------------------------------|-----------------------|----------------------|
| <b>Name</b> :        | Mrs. Niranjnaben Ashokbhai Patel | <b>Reg. No</b> :      | 310100606            |
| <b>Sex/Age</b> :     | Female/50 Years                  | <b>Reg. Date</b> :    | 14-Oct-2023 09:11 AM |
| <b>Ref. By</b> :     |                                  | <b>Collected On</b> : |                      |
| <b>Client Name</b> : | Mediwheel                        | <b>Report Date</b> :  | 14-Oct-2023 04:54 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 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.

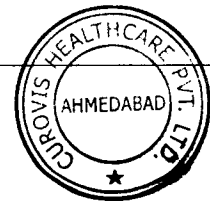
The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds.

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

This is an electronically authenticated report



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





## LABORATORY REPORT

|                      |                                   |                       |                      |
|----------------------|-----------------------------------|-----------------------|----------------------|
| <b>Name</b> :        | Mrs. Niranjanaben Ashokbhai Patel | <b>Reg. No</b> :      | 310100606            |
| <b>Sex/Age</b> :     | Female/50 Years                   | <b>Reg. Date</b> :    | 14-Oct-2023 09:11 AM |
| <b>Ref. By</b> :     |                                   | <b>Collected On</b> : |                      |
| <b>Client Name</b> : | Mediwheel                         | <b>Report Date</b> :  | 14-Oct-2023 01:42 PM |

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: +1.00

CY: -0.50

AX: 79

#### LEFT EYE

SP : +1.75

CY : -0.25

AX :88

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

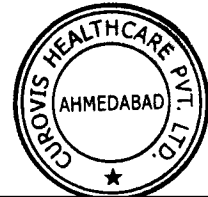
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

**Dr Kejal Patel**  
MB,DO(Ophth)

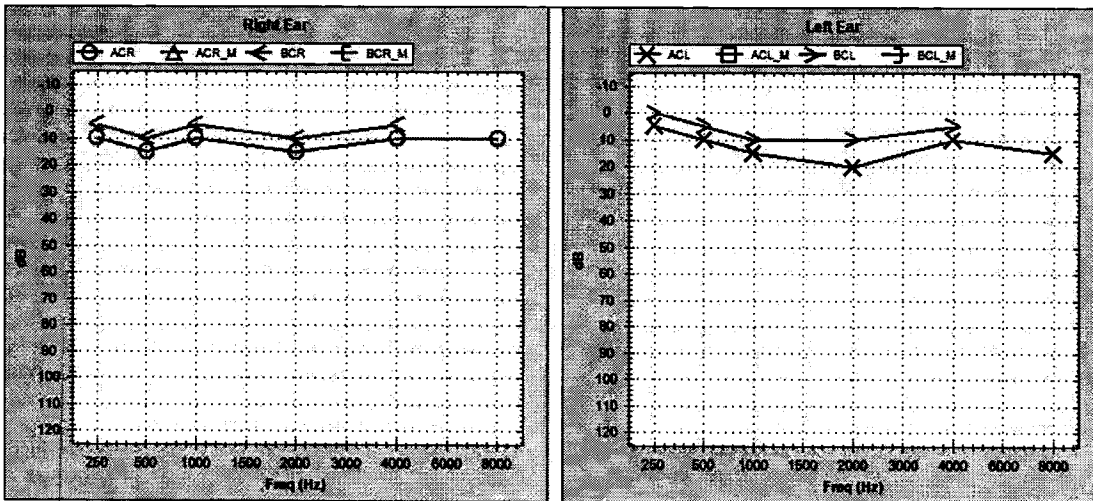


## LABORATORY REPORT

Name : Mrs. Niranjnaben Ashokbhai Patel  
 Sex/Age : Female/50 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 310100606  
 Reg. Date : 14-Oct-2023 09:11 AM  
 Collected On :  
 Report Date : 14-Oct-2023 01:42 PM

## AUDIOGRAM



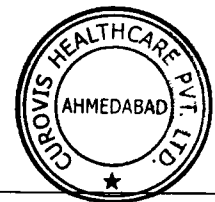
| EAR   | MODE | Air Conduction |          | Bone Conduction |          | Colour Code |
|-------|------|----------------|----------|-----------------|----------|-------------|
|       |      | Masked         | UnMasked | Masked          | UnMasked |             |
| LEFT  |      | □              | × 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

NO RESPONSE : Add ↓ below the respective symbols

| Threshold In dB | RIGHT | LEFT |
|-----------------|-------|------|
| AIR CONDUCTION  | 11    | 11   |
| BONE CONDUCTION |       |      |
| SPEECH          |       |      |

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report



Dr Kejal Patel  
 MB,DO(Ophth)