



**LABORATORY REPORT**

<b>Name</b> :	Mr. Diwakar Vankayala	<b>Reg. No</b> :	211100519
<b>Sex/Age</b> :	Male/45 Years	<b>Reg. Date</b> :	12-Nov-2022 09:06 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	12-Nov-2022 02:26 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :169

Weight (kgs) :70.7

Blood Pressure : 110/70mmHg

Pulse : 85/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

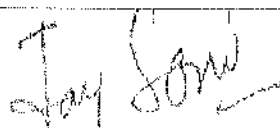
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

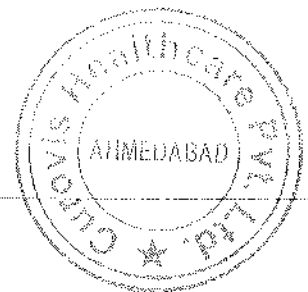
Epilepsy -- N/A

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

This is an electronically authenticated report





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



**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in

Curvix HealthCare Pvt. Ltd.  
 Ahmedabad

Patient Name: **Divakar Vankayala**  
 DOB: **26/09/1977**  
 Gender: **MALE**

**9719 2520 3523**  
 VID: **19149 2955 5529 5717**

H12 1234567890

*[Handwritten signature]*

1818028686



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


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

**COMPLETE BLOOD COUNT (CBC)**  
 Specimen: EDTA blood

Hemoglobin	15.0	g/dL	13.0 - 18.0
Hematocrit (Calculated)	45.20	%	47 - 52
RBC Count	5.04	million/cmm	4.7 - 6.0
MCV	89.8	fL	78 - 110
MCH (Calculated)	29.8	Pg	27 - 31
MCHC (Calculated)	33.2	%	31 - 35
RDW (Calculated)	12.5	%	11.5 - 14.0
WBC Count	7270	/cmm	4000 - 10500
MPV (Calculated)	9.9	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	60.70	%	42.0 - 75.2	4413 /cmm	2000 - 7000
Lymphocytes (%)	29.30	%	20 - 45	2130 /cmm	1000 - 3000
Eosinophils (%)	2.30	%	0 - 6	538 /cmm	200 - 1000
Monocytes (%)	7.40	%	2 - 10	167 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 1	22 /cmm	0 - 100


**PERIPHERAL SMEAR STUDY**

RBC Morphology : Normocytic and Normochromic.  
 WBC Morphology : Normal

**PLATELET COUNTS**

Platelet Count (Volumetric Impedance) : 199000 /cmm 150000 - 450000  
 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. Diwani Bhatt  
 MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

Approved On : 12-Nov-2022 12:36 PM  
 Page 1 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years   Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

**HEMATOLOGY**
**BLOOD GROUP & RH**

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

<b>ABO</b>	"A"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR (After 1 hour)</b> <i>ultra red measurement</i>	03	mm/hr	ESR AT 1 hour : 1-7 ESR AT 2 hour : 8-15
---	----	-------	---

**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.

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By :   
 Dr. Dhvani Bhatt  
 MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

 Approved On : 12-Nov-2022 12:36 PM  
 Page 2 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:03 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Flouride F,Flouride PP

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

**FASTING PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Fasting Blood Sugar (FBS)	126.80	mg/dL	70 - 110
---------------------------	--------	-------	----------

*GOD-POD Method*

Criteria for the diagnosis of diabetes

1. HbA1c  $\geq$  6.5 \*
- Or
2. Fasting plasma glucose  $>$  126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Or
3. Two hour plasma glucose  $\geq$  200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- Or
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq$  200 mg/dL.

\*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.  
 American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011,34;S11

**POST PRANDIAL PLASMA GLUCOSE**  
 Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)	99.9	mg/dl	70 - 140
----------------------------------	------	-------	----------

*GOD-POD Method*

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :** Dr.Dhwani Bhatt  
 MD (Pathology)

**Generated On :** 12-Nov-2022 06:22 PM

**Approved On :** 12-Nov-2022 03:34 PM  
 Page 3 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years , Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**Lipid Profile**

Cholesterol	158.00	mg/dL	Desirable < 200 Borderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	70.60	mg/dL	Normal < 150 Borderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	32.80	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	111.08	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VI DL	14.12	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.39		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.82		0 - 5.0
<i>Calculated</i>			

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By : Dr.Dhwani Bhatt  
 MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

 Approved On : 12-Nov-2022 12:38 PM  
 Page 4 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**BIO - CHEMISTRY**
LEFT WITH GGI

<b>Total Protein</b> <i>Buret Reaction</i>	6.49	gm/dL	6.3 - 8.2
<b>Albumin</b> <i>By Bromocresol Green</i>	5.00	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
<b>Globulin</b> <i>Calculated</i>	1.49	g/dL	2.3 - 3.5
<b>A/G Ratio</b> <i>Calculated</i>	3.36		0.8 - 2.0
<b>SGOT</b> <i>UV without PSP</i>	21.40	U/L	0 - 40
<b>SGPT</b> <i>UV without PSP</i>	19.80	U/L	0 - 40
<b>Alkaline Phosphatase</b> <i>p - Nitrophenylphosphate (PNPP)</i>	347.5	U/L	25 - 270
<b>Total Bilirubin</b> <i>Vanadate Oxidation</i>	0.89	mg/dl	0 - 1.2
<b>Conjugated Bilirubin</b>	0.32	mg/dL	0.0 - 0.4
<b>Unconjugated Bilirubin</b> <i>Calculated</i>	0.57	mg/dl.	0.0 - 1.1
<b>GGT</b> <i>S/ASZ Method</i>	26.50	mg/dL	15 - 73

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By : **Dr.Dhwani Bhatt**  
MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

Approved On : 12-Nov-2022 12:35 PM  
Page 5 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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


☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in



**TEST REPORT**

Reg. No	: 211100519	Ref Id	:	Collected On	: 12-Nov-2022 09:06 AM
Name	: Mr. Diwakar Vankayala			Reg. Date	: 12-Nov-2022 09:06 AM
Age/Sex	: 45 Years   Male	Pass. No.	:	Tele No.	: 9898203481
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Serum

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

Approved By :   
Dr.Dhwani Bhatt  
MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

Approved On : 12-Nov-2022 12:36 PM  
Page 6 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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




**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.80	mg/dL	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
<b>Creatinine</b> <i>Enzymatic Method</i>	0.53	mg/dL	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
<b>BUN</b> <i>UV Method</i>	6.20	mg/dL	Adult : 7.0 - 20.0 Child : 5.0 - 18.0

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By** : Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On** : 12-Nov-2022 06:22 PM

**Approved On** : 12-Nov-2022 12:36 PM  
Page 7 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : EDTA Whole Blood

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

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

*Hb A1C	5.1	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	---

*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	99.67	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)

This is an electronically authenticated report.

\* This test has been out sourced.

**Approved By :** Dr.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 12-Nov-2022 06:22 PM

**Approved On :** 12-Nov-2022 05:49 PM  
Page 8 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in


**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Urine Spot

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

**URINE ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

Quantity	15 cc
Colour	Pale Yellow
Clarity	Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)**

pH	8	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Blood	Nil	

**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

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

This is an electronically authenticated report.

\* This test has been out sourced.

 Approved By : **Dr.Dhwani Bhatt**  
 MID (Pathology)

Generated On : 12-Nov-2022 06:22 PM

 Approved On : 12-Nov-2022 04:04 PM  
 Page 9 of 12

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in



**TEST REPORT**

<b>Reg. No</b> : 211100519	<b>Ref Id</b> :	<b>Collected On</b> : 12-Nov-2022 09:06 AM
<b>Name</b> : Mr. Diwakar Vankayala		<b>Reg. Date</b> : 12-Nov-2022 09:06 AM
<b>Age/Sex</b> : 45 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : CHPL		<b>Sample Type</b> : Serum

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

**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>*T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.25	ng/ml.	0.6 - 1.81
--	------	--------	------------

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

<b>*T4 (Thyroxine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	9.50	ng/ml.	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 F T4 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.Dhwani Bhatt  
MD (Pathology)

**Generated On :** 12-Nov-2022 06:22 PM

**Approved On :** 12-Nov-2022 12:35 PM


**TEST REPORT**

<b>Reg. No</b> :	211100519	<b>Ref Id</b> :		<b>Collected On</b> :	12-Nov-2022 09.06 AM
<b>Name</b> :	Mr. Diwakar Vankayala	<b>Reg. Date</b> :		<b>Reg. Date</b> :	12-Nov-2022 09.06 AM
<b>Age/Sex</b> :	45 Years / Male	<b>Pass. No.</b> :		<b>Tele No.</b> :	9898203481
<b>Ref. By</b> :		<b>Dispatch At</b> :		<b>Sample Type</b> :	Serum
<b>Location</b> :	CHPL				

**\*TSH** 0.797  $\mu$ U/ml 0.55 - 4.78  
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5  $\mu$ U/mL


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

Third trimester : 0.3 to 3.0  $\mu$ U/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

This is an electronically authenticated report.

\* This test has been out sourced.

Approved By :   
 Dr. Dhvani Bhatt  
 MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

Approved On : 12-Nov-2022 12:36 PM  
 Page 11 of 1

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in



**TEST REPORT**

Reg. No	: 211100519	Ref Id	:	Collected On	: 12-Nov-2022 09:06 AM
Name	: Mr. Diwakar Vankayala			Reg. Date	: 12-Nov-2022 09:06 AM
Age/Sex	: 45 Years / Male	Pass. No.	:	Tele No.	: 9898203481
Ref. By	:			Dispatch At	:
Location	: CHPL			Sample Type	: Serum

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

**IMMUNOLOGY**

<b>*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b>	0.63	ng/ml	0 - 4
---	------	-------	-------

CLIF-MILUMINESCENT MICROPARTICLE IMMUNOASSAY


Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer

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

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

Approved By :   
Dr. Dhvani Bhatt  
MD (Pathology)

Generated On : 12-Nov-2022 06:22 PM

Approved On : 12-Nov-2022 12:36 PM  
Page 1 of 1

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in



**LABORATORY REPORT**

**Name** : Mr. Diwakar Vankayala  
**Sex/Age** : Male/45 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 211100519  
**Reg. Date** : 12-Nov-2022 09:06 AM  
**Collected On** :  
**Report Date** : 12-Nov-2022 01:34 PM

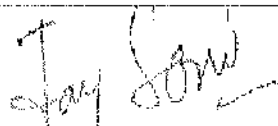
**Electrocardiogram**

**Findings**

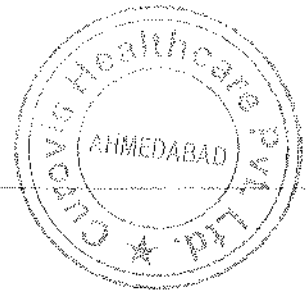
Normal Sinus Rhythm.

Within Normal Limit.

This is an electronically authenticated report



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



**CUROVIS HEALTHCARE PVT. LTD.**

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

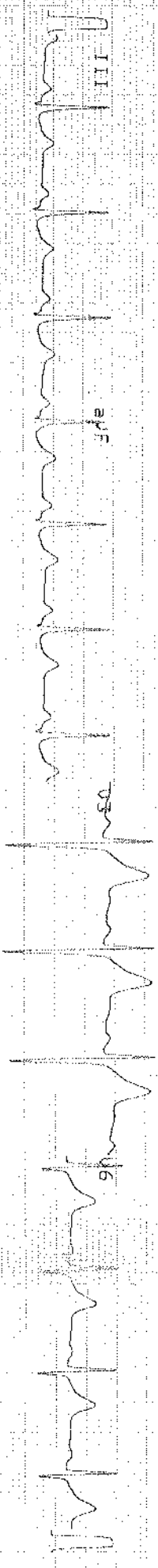
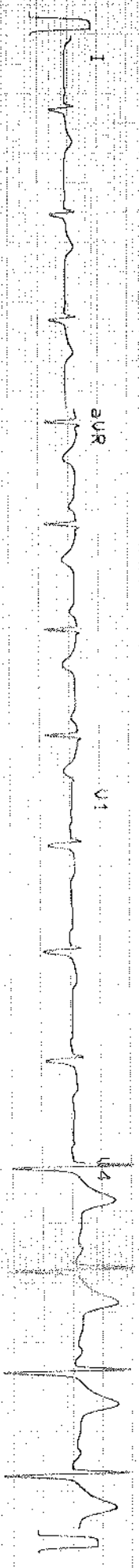
☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in

Diwakar  
Vanakayala

HR 85/min P axis: 90°  
QRS 94°

14  
45 years Male  
169 cm / 71 kg

Interval: P 105 ms  
PR 142 ms P (II) 0.16 mV  
QRS 78 ms S (VI) -0.49 mV  
QT 344 ms R (V5) 1.22 mV  
QTc 414 ms Sokol. 2.64 mV  
(Bazett)  
10 mm/mV



25 mm/s  
10 mm/mV

0.05-25 Hz F50 S5E 5B5 12.11.2022 09:37:08

CURIOUS HEALTHCARE

AT-102Plus 1.24 C





**LABORATORY REPORT**

Name	: Mr. Diwakar Vankayala	Reg. No	: 211100519
Sex/Age	: Male/45 Years	Reg. Date	: 12-Nov-2022 09:06 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 12-Nov-2022 01:34 PM

**2D Echo Colour Doppler**

**OBSERVATION:**

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

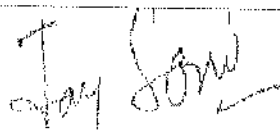
1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. Mild Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Reduced LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. Mild PAH. RVSP = 40 mmHG.
8. Intact IAS and IVS.
9. No Clot, No Vegetation.
10. No pericardial effusion.

**CONCLUSION**

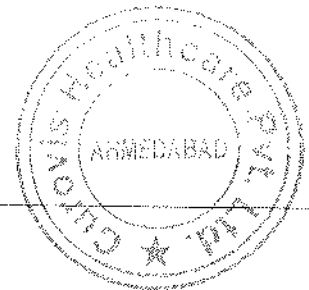
1. Normal LV size with Good LV systolic function.
2. Mild Concentric LVH . Reduced LV Compliance
3. Trivial TR with Mild PAH. Mild MR. No AR
4. No RWMA at rest.

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

This is an electronically authenticated report



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





LABORATORY REPORT

Name : Mr. Diwakar Vankayala  
Sex/Age : Male/45 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 211100519  
Reg. Date : 12 Nov 2022 09:06 AM  
Collected On :  
Report Date : 12-Nov-2022 04:31 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

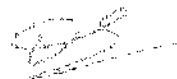
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

**COMMENT: No significant abnormality is detected.**

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

-----  
This is an electronically authenticated report



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



Page 2 of 2

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in



LABORATORY REPORT

Name : Mr. Diwakar Vankayala  
Sex/Age : Male/45 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 211100519  
Reg. Date : 12 Nov-2022 09:06 AM  
Collected On :  
Report Date : 12-Nov-2022 04:33 PM

**USG ABDOMEN**

**Liver** appears normal in size, show homogenous parenchymal echo. 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** appears normal in size and echopattern. No evidence of focal lesions.

**Spleen** appears normal in size & normal in 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** contour is normal. No evidence of calculus or mass lesion.

**Prostate** is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

**COMMENTS :**

**Normal study.**

This is an electronically authenticated report



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



Page 1 of 2

**CUROVIS HEALTHCARE PVT. LTD.**

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

☎ 079 40308700 ☎ +91 75730 30001 ✉ info@curovis.co.in 🌐 www.curovis.co.in