



LABORATORY REPORT

Name : Mrs. Himadri Mahesh Dave	Reg. No : 210100497
Sex/Age : Female/32 Years	Reg. Date : 12-Oct-2022 09:20 AM
Ref. By :	Collected On : 12-Oct-2022 09:20 AM
Client Name : Mediwheel	Report Date : 12-Oct-2022 04:34 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :162

Weight (kgs) :49.4

Blood Pressure :110/70 mmHg

Pulse :78 /Min

No Clubbing/Cynosis/Pallor/Pedal Oedem

Systemic Examination:

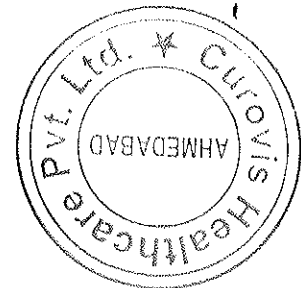
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

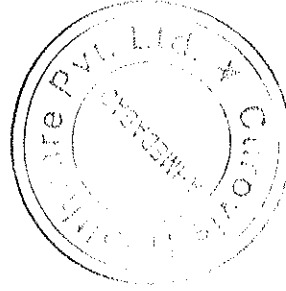
Epilepsy – N/A



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

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



UNION OF INDIA Driving Licence (G) (NTT)

GUJARAT STATE

G-301 20200031700

09-10-2020

08-10-2030

0303 03432870

12-01-1990



HIMADRI M DAVE

MAHESH

Himadri M Dave
MAHESH


TEST REPORT

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Name : Mrs. Himadri Mahesh Dave		Reg. Date : 12-Oct-2022 09:20 AM
Age/Sex : 32 Years / Female	Pass. No. :	Tele No. : 7990100081
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

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

Hemoglobin	L 11.0	g/dL	12.5 - 16.0
Hematocrit (Calculated)	L 36.70	%	37 - 47
RBC Count	H 5.84	million/cmm	4.2 - 5.4
MCV	L 62.9	fL	78 - 100
MCH (Calculated)	L 18.8	Pg	27 - 31
MCHC (Calculated)	L 29.9	%	31 - 35
RDW (Calculated)	H 14.3	%	11.5 - 14.0
WBC Count	5160	/cmm	4000 - 10500
MPV (Calculated)	9.4	fL	7.4 - 10.4

<u>DIFFERENTIAL WBC COUNT</u>	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	62.40	%	42.02 - 75.2	3220 /cmm	2000 - 7000
Lymphocytes (%)	28.80	%	20 - 45	1486 /cmm	1000 - 3000
Eosinophils (%)	2.60	%	0 - 6	299 /cmm	200 - 1000
Monocytes (%)	5.80	%	2 - 10	134 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 1	21 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology Microcytic+ Hypochromic+ & Anisocytosis +Elliptocytes +
 WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Volumetric Impedance) 327000 /cmm 150000 - 450000
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment **Microcytic anemia.**
 Iron deficiency is most likely. S. Iron profile is required for confirmation.

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 * This test has been out sourced.

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

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Location : CHPL **Sample Type** : EDTA Whole Blood

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HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"O"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR (After 1 hour) <i>Infra red measurement</i>	11	mm/hr	ESR AT 1 hour : 3-12 ESR AT 2 hour : 13-20
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ERYTHRO SEDIMENTATION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (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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Age/Sex : 32 Years / Female	Pass. No. :	Tele No. : 7990100081
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)	100.10	mg/dL	70 - 110
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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)	101.2	mg/dL	70 - 140
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GOD-POD Method

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Age/Sex : 32 Years / Female	Pass. No. :	Dispatch At :
Ref. By :	Sample Type : Serum	
Location : CHPL		

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

Lipid Profile

Cholesterol	178.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
<i>Enzymatic, colorimetric method</i>			
Triglyceride	70.70	mg/dL	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	49.70	mg/dL	High Risk : < 40 Low Risk : = 60
<i>Accelerator selective detergent method</i>			
LDL	114.16	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	14.14	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.30		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.58		0 - 5.0
<i>Calculated</i>			

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Location : CHPL		Sample Type : Serum


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BIO - CHEMISTRY
LFT WITH GGT

Total Protein <i>Biuret Reaction</i>	6.53	gm/dL	6.3 - 8.2
Albumin <i>By Bromocresol Green</i>	4.78	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
Globulin <i>Calculated</i>	1.75	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	2.73		0.8 - 2.0
SGOT <i>UV without P5P</i>	16.70	U/L	0 - 40
SGPT <i>UV without P5P</i>	11.20	U/L	0 - 40
Alakaline Phosphatase <i>p - Nitrophenylphosphate (PNPP)</i>	140.2	U/L	25 - 240
Total Bilirubin <i>Vanadate Oxidation</i>	0.74	mg/dL	0 - 1.2
Conjugated Bilirubin	0.28	mg/dL	0.0 - 0.4
Unconjugated Bilirubin <i>Calculated</i>	0.46	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	13.30	mg/dL	15 - 73

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Ref. By	:	Sample Type	: Serum		
Location	: CHPL				

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CUROVIS HEALTHCARE PVT. LTD.

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



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Location : CHPL **Sample Type** : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.24	mg/dL	Adult : 2.5 - 6.5 Child : 2.5 - 5.5
Creatinine <i>Enzymatic Method</i>	0.42	mg/dL	Adult : 0.55 - 1.02 Child : 0.5 - 1.0
BUN <i>UV Method</i>	7.50	mg/dL	Adult : 7.0 - 17.0 Child : 5.0 - 18.0

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Location : CHPL		Sample Type : EDTA Whole Blood

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HEMOGLOBIN A1 C ESTIMATION
Specimen: Blood EDTA

*Hb A1C	5.1	% 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	99.67	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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Age/Sex : 32 Years / Female	Pass. No. :	Tele No. : 7990100081
Ref. By :	Dispatch At :	
Location : CHPL	Sample Type : Urine Spot	

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	30 cc
Colour	Pale Yellow
Clarity	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

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

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IMMUNOLOGY

THYROID FUNCTION TEST

*T3 (Triiodothyronine)	1.07	ng/mL	0.6 - 1.81
-------------------------------	------	-------	------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

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)	6.10	ng/mL	3.2 - 12.6
------------------------	------	-------	------------

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY


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

***TSH** 1.427 μ 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 μ U/mL

Second Trimester : 0.2 to 3.0 μ U/mL


Third trimester : 0.3 to 3.0 μ 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

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Ref. By :		Collected On :	12-Oct-2022 09:20 AM
Client Name :	Mediwheel	Report Date :	12-Oct-2022 02:56 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

Himadri
Dave

HR 78/min

P axis: 48°

7

Female

Intervals:
RR 768 ms
P 90 ms

QRS 71°
T 49°

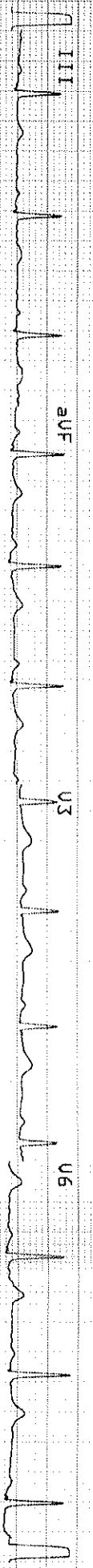
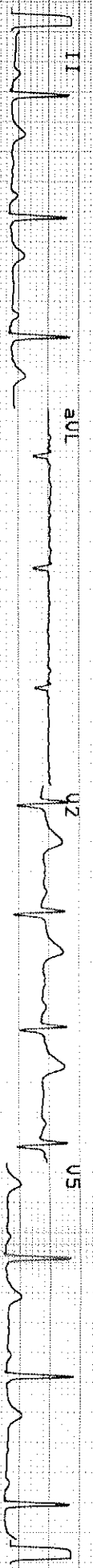
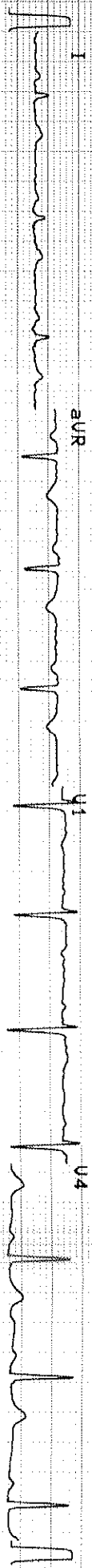
32 years
162 cm / 49 kg

PR 144 ms
QRS 70 ms
QT 368 ms
QTc 423 ms
(Bazett)

P (I) 0.13 mV
S (V1) -1.07 mV
R (V5) 1.24 mV
Sokol. 2.30 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

SCHILLER 0.05-25 Hz FS0 SSF SRS 12.10.2022 09:47:23

CURIOUS HEALTHCARE

AT-10221us
Date: 2022-10-12 09:47:23
Patient: Himadri Dave



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2D Echo Colour Doppler

OBSERVATION:

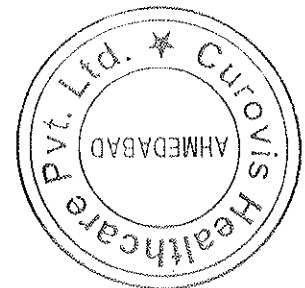
2 D Echo and color flow studies were done in long and short axis, apical and Sub costal views.

1. Normal LV size. No RWMA at rest.
2. Normal RV and RA. No Concentric LVH.
3. All Four valves are structurally normal.
4. Good LV systolic function. LVEF = 60%.
5. Normal LV Compliance.
6. Trivial TR. Mild MR. No AR.
7. No PAH.
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. No Concentric LVH . Normal LV Compliance
3. Trivial TR with No PAH. Mild MR. No AR
4. No RWMA at rest.

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



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Dr. Jay Soni
M.D, GENERAL MEDICINE



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Report Date : 12-Oct-2022 04:10 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

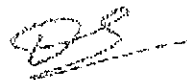
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

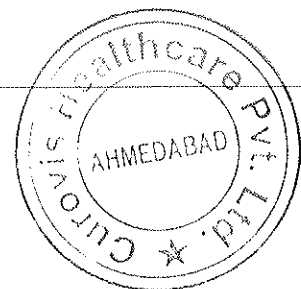
COMMENT: No significant abnormality is detected.

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

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





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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.

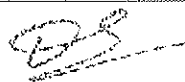
No evidence of lymph adenopathy.

No evidence of dilated small bowel loops.

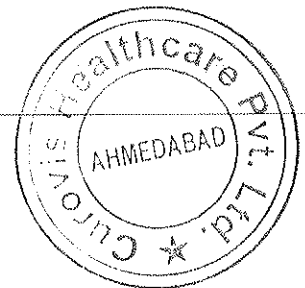
COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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




LABORATORY REPORT

Name : Mrs. Himadri Mahesh Dave
Sex/Age : Female/32 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 210100497
Reg. Date : 12-Oct-2022 09:20 AM
Collected On : 12-Oct-2022 09:20 AM
Report Date : 12-Oct-2022 03:46 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP:+1.00

CY:-1.00

AX: 177

LEFT EYE

SP : +0.75

CY : -0.75

AX :12

	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

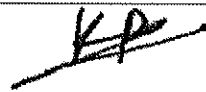
Fundus Examination - Within Normal Limits.

ColorVision : Normal

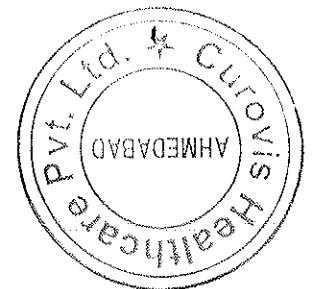
Comments: Normal

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

This is an electronically authenticated report



Dr Kejal Patel
 MB,DO(Ophth)



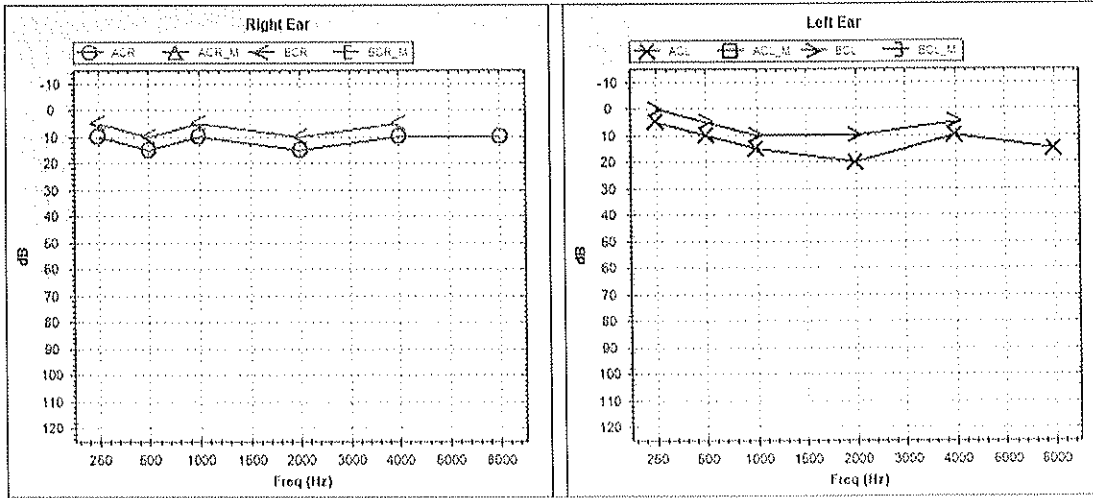
NAME:- HIMDARI DAVE.

ID NO :-

AGE:- 32Y/ F

Date:- 12 /10/2022

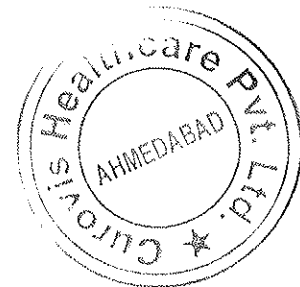
AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code	Threshold In dB	
		Masked	UnMasked	Masked	UnMasked		RIGHT	LEFT
LEFT		□	×	☐	>	Blue	AIR CONDUCTION	10.5
RIGHT		△	○	☐	<	Red	BONE CONDUCTION	
NO RESPONSE : Add ↓ below the respective symbols							SPEECH	

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.





TEST REPORT

Reg. No : 210100497	Ref Id : bobS16635	Collected On : 12-Oct-2022 09:20 AM
Name : Mrs. Himadri Mahesh Dave		Reg. Date : 12-Oct-2022 09:20 AM
Age/Sex : 32 Years / Female	Pass. No. :	Tele No. : 7990100081
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Body Fluid

Parameter	Result	Unit	Biological Ref. Interval
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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.
Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen.
No evidence of intraepithelial lesion / malignancy.


Impression :
Cervical smear - Negative for intraepithelial lesion or malignancy.

(The Bethesda System for the reporting of cervical cytology, 2014).

Note - The PAP test is a screening procedure to aid in the detection of cervical cancer and its precursors. Because false negative results may occur, regular PAP tests are recommended.

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

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

Approved By : 
Dr. Dhvani Bhatt
MD (Pathology)

Generated On : 13-Oct-2022 02:48 PM

Approved On : 12-Oct-2022 07:24 PM
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