



भारत सरकार  
Government of India



Issue Date: 12/02/2016



सोनल तुलसी कबीरा  
Sonal Tulsii Kabira  
प्रा.म. तिथि/DOB: 03/08/1994  
स्त्री/ FEMALE

5771 3831 4631

VID : 9170 6578 4549 1721

મારો આધાર, મારી ઓળખ  
સોનલકબીરા

9714981872

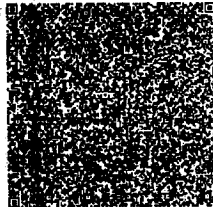


ભારતીય વિશિષ્ટ ઓળખાણ અધિકારણ  
Unique Identification Authority of India



સરનામું :  
પતિના નામ: તુલસીબાઈ, 8, ગોકુલનગર, વાઈ.એમ.સી.એ. ક્લબ  
પાલ્ડ, વેજાલપુર, અમદાવાદ શહેર, અમદાવાદ,  
ગુજરાત - 380015

Address:  
W/O: Tulshibhai, 8, gokulnagar, B/h y.m.c.a.  
club, vejalpur, Ahmedabad City, Ahmedabad,  
Gujarat - 380015



5771 3831 4631

VID : 9170 6578 4549 1721

☎ 1947

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**LABORATORY REPORT**

<b>Name</b> :	Mrs. Sonal T Kabira	<b>Reg. No</b> :	409100703
<b>Sex/Age</b> :	Female/30 Years	<b>Reg. Date</b> :	14-Sep-2024 09:04 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	14-Sep-2024 07:28 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 151

Weight (kgs) : 56.60

Blood Pressure : 108/68mmHg

Pulse : 96/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

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**Dr. Parth S Patel**  
MBBS. MD. FNB

**DR.MUKESH LADDHA**

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**TEST REPORT**

<b>Reg. No</b> : 409100703	<b>Ref Id</b> :	<b>Collected On</b> : 14-Sep-2024 09:14 AM
<b>Name</b> : Mrs. Sonal T Kabira		<b>Reg. Date</b> : 14-Sep-2024 09:04 AM
<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9714981872
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Hemoglobin (Colorimetric method)	13.0	g/dL	12.5 - 16
Hematocrit (Calculated)	L <b>37.90</b>	%	40 - 50
RBC Count (Electrical Impedance)	L <b>4.22</b>	million/cmm	4.73 - 5.5
MCV (Calculated)	89.8	fL	83 - 101
MCH (Calculated)	30.8	Pg	27 - 32
MCHC (Calculated)	34.3	%	31.5 - 34.5
RDW (Calculated)	12.3	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	9520	/cmm	4000 - 10000
MPV (Calculated)	10.4	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	62.70	%	40 - 80	5969 /cmm	2000 - 7000
Lymphocytes (%)	27.10	%	20 - 40	2580 /cmm	1000 - 3000
Eosinophils (%)	2.60	%	0 - 6	685 /cmm	200 - 1000
Monocytes (%)	7.20	%	2 - 10	248 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 2	38 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal


**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 314000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

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\* This test has been out sourced.

Approved By :   
 Dr. Purvish Darji  
 MD (Pathology)

Approved On : 14-Sep-2024 10:30 AM Page 1 of 15



**TEST REPORT**

<b>Reg. No</b> : 409100703	<b>Ref Id</b> :	<b>Collected On</b> : 14-Sep-2024 09:14 AM
<b>Name</b> : Mrs. Sonal T Kabira		<b>Reg. Date</b> : 14-Sep-2024 09:04 AM
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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**HEMATOLOGY**

**BLOOD GROUP & RH**

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

**ABO**  
Tube Agglutination (Forward & Reverse grouping) Method

"O"

**Rh (D)**  
Tube Agglutination (Forward & Reverse grouping) Method

Positive

**Note**

-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

**ESR 1 hour**  
Westergreen method

04

mm/hr

ESR AT 1 hour : 3-12


**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 or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**TEST REPORT**

**Reg. No** : 409100703      **Ref Id** :      **Collected On** : 14-Sep-2024 09:08 AM  
**Name** : Mrs. Sonal T Kabira      **Reg. Date** : 14-Sep-2024 09:04 AM  
**Age/Sex** : 30 Years / Female      **Pass. No.** :      **Tele No.** : 9714981872  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Flouride F, Flouride PP      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	93.80	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	87.1	mg/dL	70 - 140

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## TEST REPORT

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<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9714981872
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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### Lipid Profile

Cholesterol	175.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	69.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	51.50	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	109.52	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	13.98	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.13		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.40		0 - 5.0
<i>Calculated</i>			

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MD (Pathology)

Approved On : 14-Sep-2024 11:19 AM


**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
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**LFT WITH GGT**

Total Protein	6.79	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	4.05	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>Bromocresol Green</i>			
Globulin (Calculated)	2.74	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.48		0.8 - 2.0
SGOT	25.70	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	29.90	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alkaline Phosphatase	88.0	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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Approved On : 14-Sep-2024 11:11 AM



**TEST REPORT**

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**Age/Sex** : 30 Years / Female      **Reg. Date** : 14-Sep-2024 09:04 AM  
**Pass. No.** :      **Tele No.** : 9714981872  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

Total Bilirubin      0.46      mg/dL      Cord : Premature & full term : <2.0  
0-1 day : Premature : <8.0  
0-1 day : Full term : 1.4 - 8.7  
1-2 day : Premature : <12  
1-2 day : Full term : 3.4 - 11.5  
3-5 day : Premature : <16  
3-5 day : Full term : 1.5 - 12.0  
Adult : 0.3 - 1.2

*Vanadate Oxidation*

Direct Bilirubin      0.10      mg/dL      0.0 - 0.4

*Vanadate*

Indirect Bilirubin      0.36      mg/dL      0.0 - 1.1

*Calculated*


GGT      13.30      U/L      < 38

*Y-Glutamyltransferase - IFCC*

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**Sample Type** : Serum      **Location** : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Uricase - Peroxidase</i>	<b>2.25</b>	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	<b>0.62</b>	mg/dL	0.6 - 1.1
<b>BUN</b> <i>Urease - UV Method</i>	<b>7.70</b>	mg/dL	6.0 - 20.0

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<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 9714981872
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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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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**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

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

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CLIA-Sandwich Immunoassay</i>	0.93	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> <i>CLIA-Sandwich Immunoassay</i>	10.60	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.

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MD (Pathology)

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**Age/Sex** : 30 Years / Female      **Pass. No.** :      **Tele No.** : 9714981872  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum      **Location** : CHPL

**TSH**      1.650      µIU/ml      0.35 - 5.50  
*CLIA-Sandwich 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 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/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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**Approved On** : 14-Sep-2024 12:25 PM Page 11 of 11



**LABORATORY REPORT**

**Name** : Mrs. Sonal T Kabira  
**Sex/Age** : Female/30 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100703  
**Reg. Date** : 14-Sep-2024 09:04 AM  
**Collected On** :  
**Report Date** : 14-Sep-2024 08:04 PM

**Electrocardiogram**

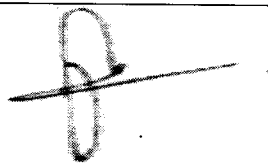
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.

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

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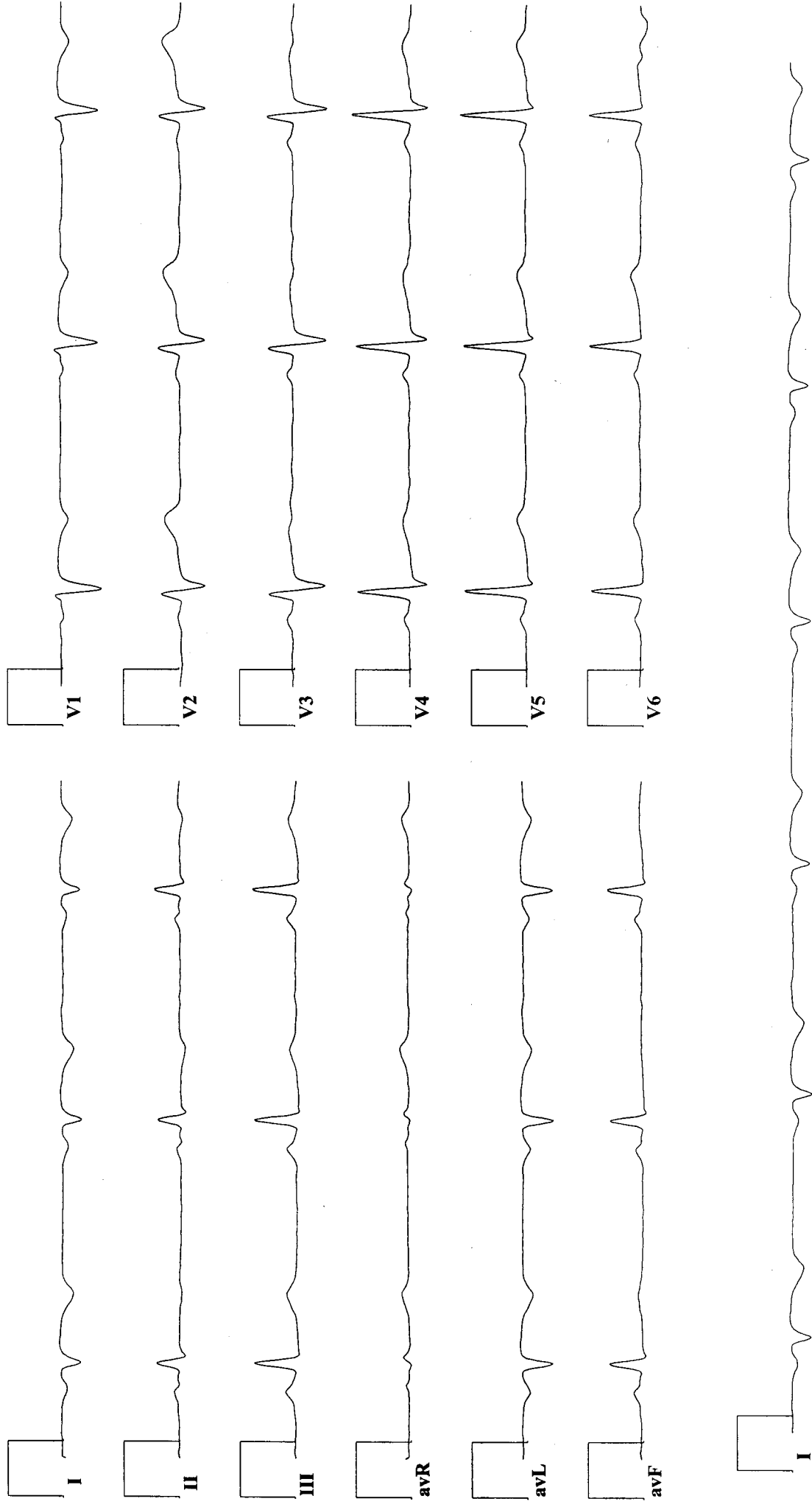
**Dr. Parth S Patel**  
MBBS. MD. FNB

**DR.MUKESH LADDHA**

Page 1 of 1

29 SONAL  
30 Yrs/ M Kg / Ht- cms Ref. No.:  
Date: 14-09-2024 Time: 01:09 PM

Gain: 10 mm/mV Hr: 71 QRS Int.: 156 P Axis: 125 Ref. By:  
BP: -/- mmHg Sweep: 50 mm/S P Int. 80 QT Int.: 390 QRS Axis: 49 Tech.:  
Notch: On Filter: 0.1 - 35 Hz PR Int.: 62 QTc Int.: 424 T Axis: 174



Comments: Sinus Rhythm  
Non specific intraventricular block  
May be high lateral Myocardial Infarction

Impression: Possibly Abnormal ECG

Short PR interval



LABORATORY REPORT

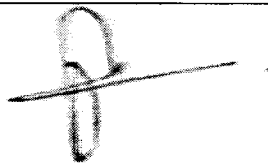
Name : Mrs. Sonal T Kabira  
Sex/Age : Female/30 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 409100703  
Reg. Date : 14-Sep-2024 09:04 AM  
Collected On :  
Report Date : 14-Sep-2024 03:29 PM

**2D Echo Colour Doppler**

1. Normal sized LA, LV, RA, RV.
2. Normal LV systolic function, LVEF: 60%.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. No MR, No TR, No PR, No AR.
7. No PAH, RVSP: 17 mmHg, AOVP: 1.11 m/s, PVP: 0.59 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

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MBBS. MD. FNB

DR.MUKESH LADDHA



LABORATORY REPORT

Name : Mrs. Sonal T Kabira  
Sex/Age : Female/30 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 409100703  
Reg. Date : 14-Sep-2024 09:04 AM  
Collected On :  
Report Date : 14-Sep-2024 04:18 PM

**X RAY CHEST PA**

Both lung fields shows prominent broncho-vascular markings.

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.

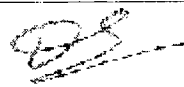
**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

This is an electronically authenticated report



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





**LABORATORY REPORT**

**Name** : Mrs. Sonal T Kabira  
**Sex/Age** : Female/30 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 409100703  
**Reg. Date** : 14-Sep-2024 09:04 AM  
**Collected On** :  
**Report Date** : 14-Sep-2024 04:18 PM

**USG OF 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.**

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness and for further intervention.

This is an electronically authenticated report



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

Page 1 of 2



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Sonal T Kabira	<b>Reg. No</b> :	409100703
<b>Sex/Age</b> :	Female/30 Years	<b>Reg. Date</b> :	14-Sep-2024 09:04 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	14-Sep-2024 02:49 PM

**Eye Check - Up**

No Eye Complaints

RIGHT EYE

SP: -2.00

CY: +0.00

AX: 00

LEFT EYE

SP : -2.50

CY : -0.50

AX :5

	Without Glasses	With Glasses
Right Eye	6/18	N.A
Left Eye	6/18	N.A

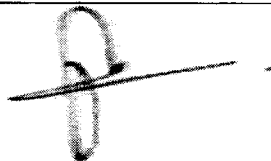
Near Vision: Right Eye - N/6, Left Eye - N/6

ColorVision : Normal

Comments: Normal

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

This is an electronically authenticated report



**Dr. Parth S Patel**  
MBBS. MD. FNB

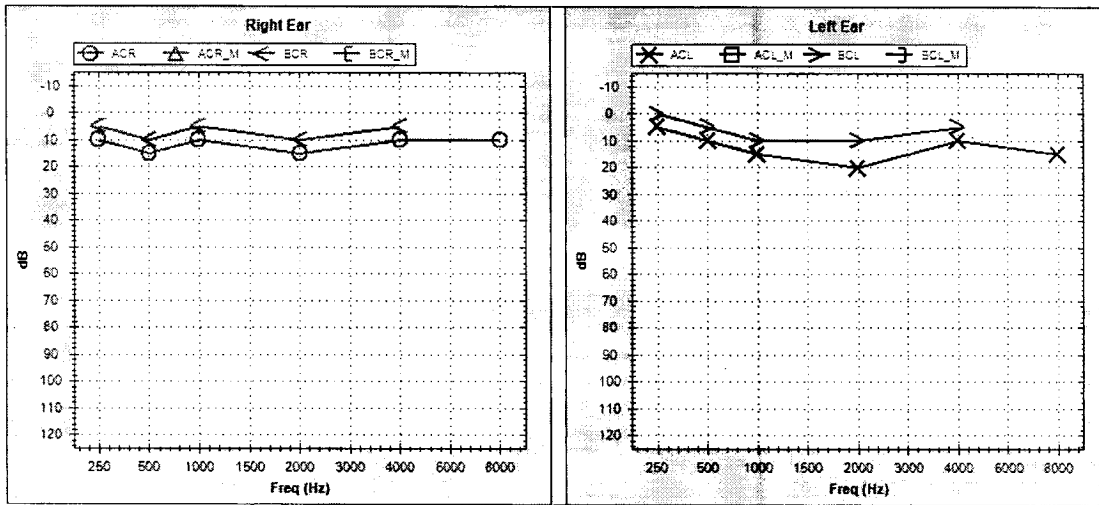


**LABORATORY REPORT**

Name : Mrs. Sonal T Kabira  
Sex/Age : Female/30 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 409100703  
Reg. Date : 14-Sep-2024 09:04 AM  
Collected On :  
Report Date : 14-Sep-2024 02:49 PM

**AUDIOGRAM**



EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	◻	X	◻	>	Blue
RIGHT	Δ	○	◻	<	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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