11/09/24 13:56

IDNo : JYOTI
NAME : ANONYMOUS02805
AGE : 26
SEX : Female
FOOT SIZE : 22-24cm

RESULT

Speed of Sound:
1542 m/sec
Heel Temp. 25.80℃
Unit Temp. 23.28℃

T-SCORE: 0.12
Z-SCORE: 0.13
%YAM: 102%
%AGE: 102%

Ver.2550860108

Patient Name	Jyoti		Date	11/5/2024.	
Age	26		UHID No		
Sex	female		Ref By		
Occupation			Phone No	8287885299	
			Email		

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	No.		NONE		
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	NO	NO	NO	NO	NO
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	NO	NO	NO	NO	NO
	Other History		NONE		
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	NO	NO	NO	NO	NO
	Other Surgical History				
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		14 yrs	Regular	5-6 days	—
	Other Gynecological History	Irregular in between due to PCOD (and life style modification now better)			
BREAST EXAMINATION		RIGHT		LEFT	
	Skin	N		N	
	Nodule	No		No	
	Nipple	Normal		Normal.	
	Pain	NO		No	
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints		Dosage	Duration
		No			

Took B_{12} supplements for 1 month

BMI - 20.8

NAME	Miss Jyoti	Weight	54
BP	110/70 mmHg	Height	161
Pulse	87 bpm	SPO2	
Temperature	Afebrile	Peripheral Pulses	palpable
Oedema	(-)	Breath Sound	AEBE
Heart Sound	S1 S2 heard		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL	
Fever	No
Chills	
Recent weight gain	

EYES	
Eye pain	swelling around the eyes after getting up in morning ×1 month (took consultation for the same)
Spots before eyes	
Dry eyes	
Wearing glasses	
Vision changes	
Itchy eyes	

EAR/NOSE/THROAT	
Earaches	No
Nose bleeds	
Sore throat	
Loss of hearing	
Sinus problems	
Dental problems	

CARDIOVASCULAR	
Chest pain	No
Heart rate is fast/slow	
Palpitations	
Leg swelling	

RESPIRATORY	
Shortness of breath	No
Cough	
Orthopnoea	
Wheezing	
Dyspnoea	
Respiratory distress in sleep	

GASTROINTESTINAL	
Abdominal pain	No
Constipation	
Heartburn	
Vomiting	
Diarrhoea	
Melena	

GENITOURINARY SYSTEM	
Frequency of urine	No
Blood in urine	
Incomplete empty of bladder	
Nycturia	
Dysuria	
Urge incontinence	

OBS/GYNE.	
Abnormal bleed	No
Vaginal Discharge	
Irregular menses	
Midcycle bleeding	

MUSCULOSKELETAL	
Joint swelling	No
Joint pain	
Limb swelling	
Joint stiffness	

INTEGUMENTARY(SKIN)	
Acne	No
Breast pain	
Change in mole	
Breast	

NEUROLOGICAL	
Confused	No
Sensation in limbs	
Migraines	
Difficulty walking	

PSYCHIATRIC	
Suicidal	No
Change in personality	
Anxiety	
Sleep Disturbances	
Depression	
Emotional	

भारत सरकार
GOVERNMENT OF INDIA

ज्योति
Jyoti
जन्म तिथि/DOB: 21/11/1997
महिला/ FEMALE
Mobile No: 8287885299

3656 9786 4667

मेरा , मेरी पहचान

Jyoti

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.

Ms Jyoti, 26yrs

Female

11.05.2024 12:12:46 PM
VRX HEALTHCARE PVT LTD
MG road
Mumbai

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

87 bpm
-- / -- mmHg

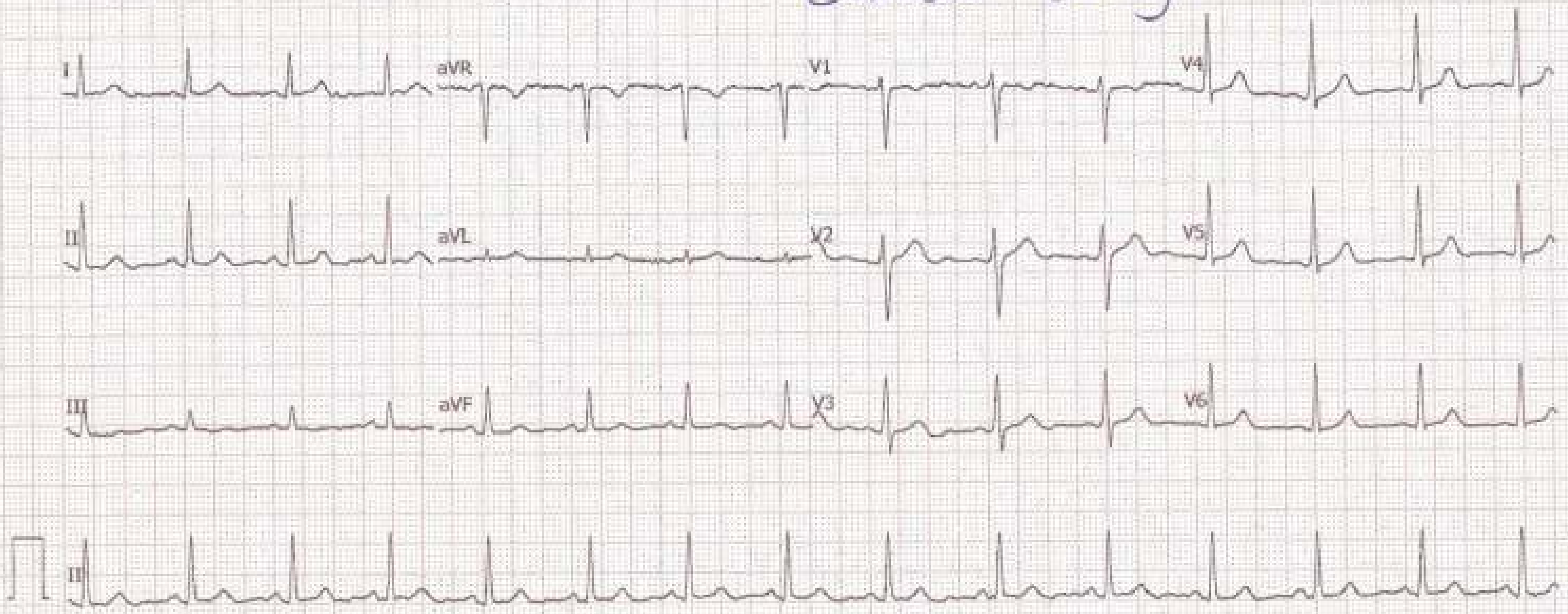
QRS :	76 ms
QT / QTcBaz :	350 / 421 ms
PR :	124 ms
P :	98 ms
RR / PP :	688 / 689 ms
P / QRS / T :	79 / 48 / 23 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Sinus Rhythm
[illegible]
Correlate clinically

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .	Id	: VRX-39973
Age/Gender	: 26 Years 5 Months /F	Registered On	: 11/05/2024 10:01
Referred By	: MEDIWHEEL	Collected Time	: 11/05/2024 10:04
		Reported On	: 11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMPLETE BLOOD COUNT			
HAEMOGLOBIN	13.4	12.0 - 15.0 gm/dl	
RBC COUNT	4.62	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	40.3	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	87.23	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	29.0	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	33.25	31.5 - 34.5 g/dl	
RDW	13.5	11.6 - 14.0 %	
WBC COUNT	5.9	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	54.5	40 - 80 %	
LYMPHOCYTES	33.0	20 - 40 %	
EOSINOPHILS	**6.5**	1 - 6 %	
MONOCYTES	4.9	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	239	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	9.0	6.78 - 13.46 %	
PDW	17.7	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood *- Tests done on Automated* ***NIHON KOHDEN MEK-7300K 5 Part*** *Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)*
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

ENTERED BY - SANTOSH M | CHECKED BY - SNEHA G | APPROVED BY

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .	Id	: VRX-39973
Age/Gender	: 26 Years 5 Months /F	Registered On	: 11/05/2024 10:01
Referred By	: MEDIWHEEL	Collected Time	: 11/05/2024 10:04
		Reported On	: 11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE			
ESR	18	< 20 mm at the end of 1Hr.	WESTERGREN

INTERPRETATION

ESR(Erythrocyte Sedimentation Rate)*-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.*

Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.

Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.

BLOOD GROUP	AB POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .	Id	: VRX-39973
Age / Gender	: 26 Years 5 Months /F	Registered On	: 11/05/2024 10:01
Referred By	: MEDIWHEEL	Collected Time	: 11/05/2024 13:22
		Reported On	: 11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
FASTING BLOOD SUGAR			
FBS	86.0	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE,PLASMA
Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
Diabetic : >/= 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
Diabetic : >/= 200 mg/dl
Pre-Diabetic : 140- 199 mg/dl.
Random Blood Glucose : Diabetic : >/= 200 mg/dl
*References : **ADA(American Diabetic Association Guidelines 2016)***
*Technique : Fully Automated **PENTRA C-200** Clinical Chemistry Analyser .*
***All Test Results are subjected to stringent international External and Internal Quality Control Protocols*

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	121.7	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION
SAMPLE : FLUORIDE,PLASMA
Plasma Glucose Fasting : Non Diabetic : < 100 mg/dl
Diabetic : >/= 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl
Plasma Glucose Post Lunch : Non-Diabetic : < 140
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Random Blood Glucose : Diabetic : >/= 200 mg/dl
References : ADA(American Diabetic Association Guidelines 2016)
*Technique : Fully Automated **PENTRA C-200** Clinical Chemistry Analyser .*
***All Test Results are subjected to stringent international External and Internal Quality Control Protocols*

--- **End of the Report** ---

Dr. Vipul Jain
M.D.(PATH)

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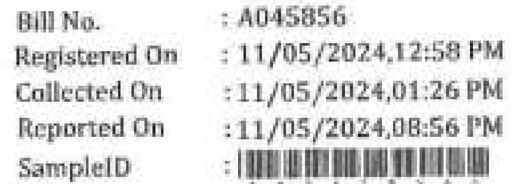
CHECKED BY - SNEHA G

APPROVED BY

Report



VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A045856
Patient Name	: **MS. JYOTI**	Registered On	: 11/05/2024,12:58 PM
Age	: 26 Yrs 5 Month	Collected On	: 11/05/2024,01:26 PM
Gender	: FEMALE	Reported On	: 11/05/2024,08:56 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocylated Haemoglobin) WB-EDTA			
HbA1c (Glycocylated Haemoglobin)	4.9	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013
Method : HPLC (High Performance Liquid Chromatography)			
Mean Blood Glucose Method : Calculated	93.9	mg/dL	

Corelation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Interpretation :

1.The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.

3.Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

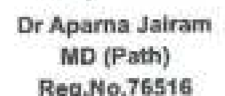
Scan to Validate

Entered By

Verified By

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385



Dr Aparna Jairam
MD (Path)
Reg.No.76516

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Report

VRX HEALTH CARE PVT. LTD.

			Id	:	VRX-39973
Name	:	MS. JYOTI .	Registered On	:	11/05/2024 10:01
Age / Gender	:	26 Years 5 Months /F	Collected Time	:	11/05/2024 10:04
Referred By	:	MEDIWHEEL	Reported On	:	11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE			
Lipid Test			
TOTAL CHOLESTEROL	177.0	130 - 200 mg/dl	
TRIGLYCERIDES	94.5	25 - 160 mg/dl	
HDL CHOLESTEROL	42.0	35 - 80 mg/dl	
LDL CHOLESTEROL	***116.1***	< 100 mg/dl	
VLDL CHOLESTEROL	18.9	7 - 35 mg/dl	
LDL-HDL RATIO	2.76	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	***4.21***	2.5 - 4.0 mg/dl	

INTERPRETATION
SAMPLE : SERUM,PLAIN
Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.
**VLDL and LDL Calculated.*
*(References : **Interpretation of Diagnostic Tests by Wallach's)***
*Technique : Fully Automated **Pentra C-200** Biochemistry Analyzer.*
***All Test Results are subjected to stringent International External and Internal Quality Control Protocols.*

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .		Id	: VRX-39973
Age / Gender	: 26 Years 5 Months /F		Registered On	: 11/05/2024 10:01
Referred By	: MEDIWHEEL		Collected Time	: 11/05/2024 10:04
			Reported On	: 11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE			
LIVER FUNCTION TEST			
SGOT	29.5	< 34 U/L	
SGPT	38.6	10 - 49 U/L	
TOTAL BILIRUBIN	0.35	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	***0.25***	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.1	< 1.2 mg/dl	
TOTAL PROTEINS	7.98	6.0 - 8.3 g/dl	
ALBUMIN	4.43	3.5 - 5.2 g/dl	
GLOBULIN	***3.55***	2.0 - 3.5 g/dl	
A/G RATIO	1.25	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	83.8	42 - 98 U/L	
GGT	27.2	< 38 U/L	

REMARKS
SAMPLE : SERUM,PLAIN
*PERFORMED ON FULLY AUTOMATED **PENTRA C-200** BIOCHEMISTRY ANALYZER.*

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .	Id	:	VRX-39973
Age / Gender	: 26 Years 5 Months /F	Registered On	:	11/05/2024 10:01
Referred By	: MEDIWHEEL	Collected Time	:	11/05/2024 10:04
		Reported On	:	11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE			
ALKALINE PHOSPHATASE ALP	83.8	42 - 98 U/L	IFCC

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G

APPROVED BY

Report

VRX HEALTH CARE PVT. LTD.

Name	: MS. JYOTI .		Id	: VRX-39973
Age/Gender	: 26 Years 5 Months /F		Registered On	: 11/05/2024 10:01
Referred By	: MEDIWHEEL		Collected Time	: 11/05/2024 10:04
			Reported On	: 11/05/2024 15:17

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE			
URIC ACID	4.9	2.6 - 6.0 mg/dl	URICASE
BUN			
UREA	20.9	15 - 40 mg/dl	
BLOOD UREA NITROGEN	9.8	7.3 - 18.8 mg/dl	
CREATININE	0.59	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	9.8	7.3 - 18.8 mg/dL	
Creatinine	0.59	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	16.61	5.0 - 23.5	

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD.

Name	:	MS. JYOTI .	Id	:	VRX-39973
Age/Gender	:	26 Years 5 Months /F	Registered On	:	11/05/2024 10:01
Referred By	:	MEDIWHEEL	Collected Time	:	11/05/2024 10:04
			Reported On	:	11/05/2024 15:17

MEDIWHEEL FULL BODY COMPREHENSIVE PLUS VITAMINS FEMALE

URINE ROUTINE

Investigations	Observed Value	Bio. Ref. Interval	METHOD
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	2-4	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	***Present (++)***		
SPERMATOZOA	Absent		

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

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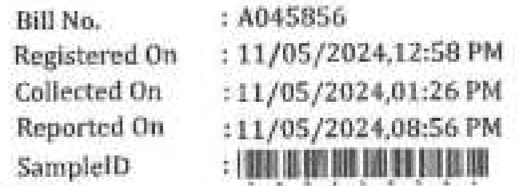

VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A045856
Patient Name	: MS. JYOTI	Registered On	: 11/05/2024,12:58 PM
Age	: 26 Yrs 5 Month	Collected On	: 11/05/2024,01:26 PM
Gender	: FEMALE	Reported On	: 11/05/2024,08:56 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	99.8	ng/dL	58-159
Total T4 Method : ECLIA	9.2	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.023	uIU/ml	0.2-5.7

Trimester Ranges

T3- 1st Trimester - 138-278 ng.dl
2nd Trimester- 155-328 ng/dl
3rd Trimester - 137-324 ng/dl

T4- 1st Trimester - 7.31-15.0 mcg/dl
2nd Trimester- 8.92-17.38 mcg/dl
3rd Trimester - 7.98-17.7 mcg/dl

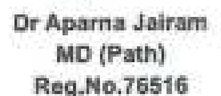
TSH- 1st Trimester - 0.04-3.77 uIU/ml
2nd Trimester- 0.30-3.21 uIU/ml
3rd Trimester - 0.6-4.5 uIU/ml

Scan to Validate

Entered By

Verified By

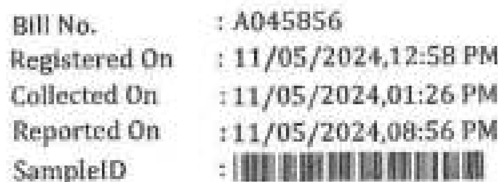
Dr Suvarna Deshpande
MD (Path)
Reg.No.83385



Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Report



VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A045856
Patient Name	: **MS. JYOTI**	Registered On	: 11/05/2024,12:58 PM
Age	: 26 Yrs 5 Month	Collected On	: 11/05/2024,01:26 PM
Gender	: FEMALE	Reported On	: 11/05/2024,08:56 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval

1.Total T3(Total Tri- ido- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver),and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism,but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyrrodism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotrpin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy. Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

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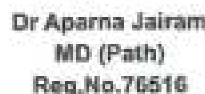
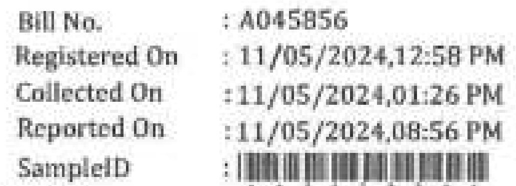
"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385



Dr Aparna Jairam
MD (Path)
Reg.No.76516

Report



UHID	: AM10.24000000001	Bill No.	: A045856
Patient Name	: **MS. JYOTI**	Registered On	: 11/05/2024,12:58 PM
Age	: 26 Yrs 5 Month	Collected On	: 11/05/2024,01:26 PM
Gender	: FEMALE	Reported On	: 11/05/2024,08:56 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Vitamin B12	245.0	pg/mL	191-946

Method : Fully Automated Chemiluminescence System

Interpretation :

Vitamin B12 is a cofactor for conversion of methylmalonyl Coenzyme A to succinoyl CoA . Vitamin B12 is implicated in the formation of myelin and along with folate is required for DNA synthesis . Causes of Vitamin B12 deficiency can be divided in to three classes: Nutritional deficiency, Malabsorption syndromes & other Gastrointestinal causes. B12 deficiency can cause megaloblastc anaemia(MA),nerve damage & degeneration of spinal cord.Lack of B12 can cause mild deficiencies,damage to the myelin sheath that surrounds & protects nerves, which may lead to peripheral neuropathy. People with intrinsic factor defects may develop a MA called as pernicious anaemia. Other conditions associated with low B12 levels are Iron deficiency anaemia, Celiac disease, parasitic infection,pancreatic deficiency & advancing age.Disorders associated with elevated B12 levels include renal failure, liver disease, myeloproliferative disease and external administration of Vitamin B12

Immunology

Test Name	Result	Unit	Biological Reference Interval
25-OH Vitamin D	**8.0**	ng/mL	Deficiency : Less than 12 Insufficiency : 12-30 Sufficiency : 30-70 Toxicity : More than 70.

Method : ECLIA

INTERPRETATION : Vitamin D is a fat-soluble steroid hormone precursor that is mainly produced in the skin by exposure to sunlight or it is supplied via dietary sources (mainly egg yolk, fish oil and plants). Vitamin D is biologically inert and must undergo two successive hydroxylations in the liver and kidney to become the biologically active 1,25 dihydroxyvitamin D. The two most important forms of vitamin D are vitamin D3 (cholecalciferol) and vitamin D2 (ergocalciferol). 25-OH vitamin D is the metabolite that should be measured in blood to determine the overall vitamin D status because it is the major storage form of vitamin D in the human body. This primary circulating form of vitamin D is biologically inactive with levels approximately 1000-fold greater than the circulating 1,25 (OH)2 vitamin D. CAUSES OF VITAMIN D DEFICIENCY ARE: *Very low dietary intake *Malabsorption *Liver disease *Drugs such as phenytoin,phenobarbitone *Less exposure to sunlight *Age A high global prevalence of Vit D insufficiency/ deficiency is seen presently & is related to *Impaired bone metabolism (rickets/ osteoporosis) Secondary Hyperparathyroidism, *Cancers *Autoimmune disorders, *Cardiovascular problems. Kindly correlate all result clinically. Repeat with fresh sample if indicated clinically.

--------------- End of Report ---------------

Results are to be correlated clinically

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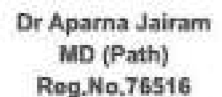


Dr Aparna Jairam
MD (Path)
Reg.No.76516

JYOTI 11/05/24

DR.

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER:- appear normal in size, shape, position & echotexture. No evidence of any focal or diffuse parenchymal abnormality.

GALL BLADDER:- Few, tiny, echogenic, non-shadowing, freely mobile densities are seen in a thin wall of gall bladder.

PANCREAS:- appear normal in size, shape, position & echotexture. No focal lesion is seen.

SPLEEN:- appear normal in size, shape, position & echotexture.

BOTH KIDNEYS:- appear normal in size, shape, position & echotexture. No evidence of any focal or diffuse parenchymal abnormality. No evidence of hydronephrosis or renal calculi either side.

Right kidney measures = 9.1 x 3.5 cms.

Left kidney measures = 10.0 x 3.6 cms.

URINARY BLADDER:- Shows normal physiological distension. No evidence of any vesical calculi or intravesical neoplasm.

UTERUS:- is well visualized and measures 6.8 x 3.4 cms.in size. No evidence of any focal or diffuse parenchymal abnormality.

Endometrium thickness is 5.5 mms.

BOTH OVARIES:- are well visualized and appear normal.

Right ovary measures = 3.8 x 2.3 cms.

Left ovary measures = 3.6 x 2.0 cms.

IMPRESSION:- TINY, ECHOGENIC BUT NON-SHADOWING DENSITIES IN THIN WALL GALL BLADDER SUGGESTIVE OF CHOLESTEROSIS.

REST OF THE ABDOMEN IS NORMAL.

DR.CHETAN SHETH, MD,DMRD,DMRE.

Patient Name: - MS. JYOTI **Date: - 11/05/2024**
Ref.:- MEDIWHEEL **Age: - 26 YRS/F**

ECHO CARDIOGRAM AND COLOUR DOPPLER REPORT.

SUMMARY:

* Normal LV systolic and diastolic function. LVEF = 0.55-.60.

* Normal cardiac valves.

* Trivial TR.

* No regional wall motion abnormality at rest.

* No PH.

* Intact septae.

* Normal aortic arch.

* IVC is collapsing and not dilated

COMMENTS

* The LV size, wall thickness and contractility are normal.

* The LV systolic function is normal. LVEF = 0.55-0.60.

* There is no LV diastolic dysfunction.

* The cardiac valves are structurally and functionally normal.

* Trivial tricuspid regurgitation

* PAP as estimated by the TR jet is 23mmHg.There is No PH.

* There are no clots, vegetation's or pericardial effusion

* The cardiac septae are intact.

* The aortic arch is normal. There is no coarctation.

P.T.O

...PAGE 2.... MS. JYOTI

* IVC collapsing and not dilated

MEASUREMENTS

Dimensions :

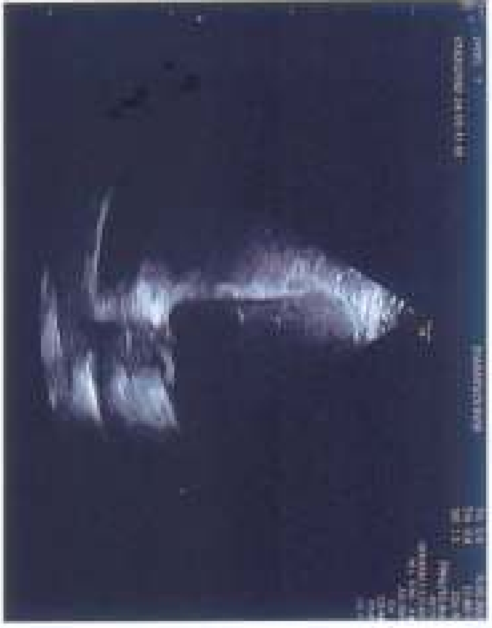
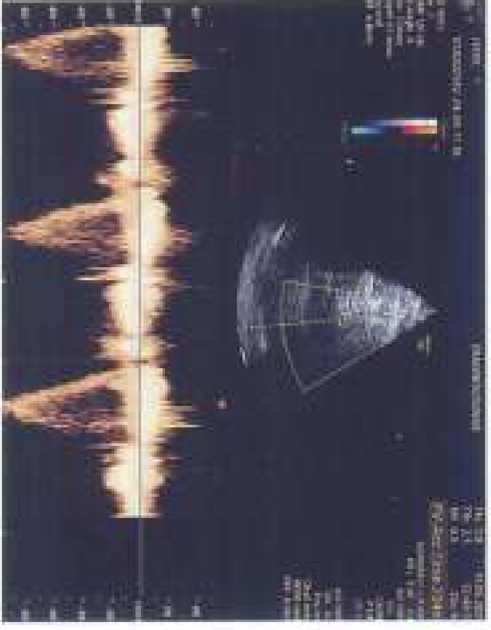
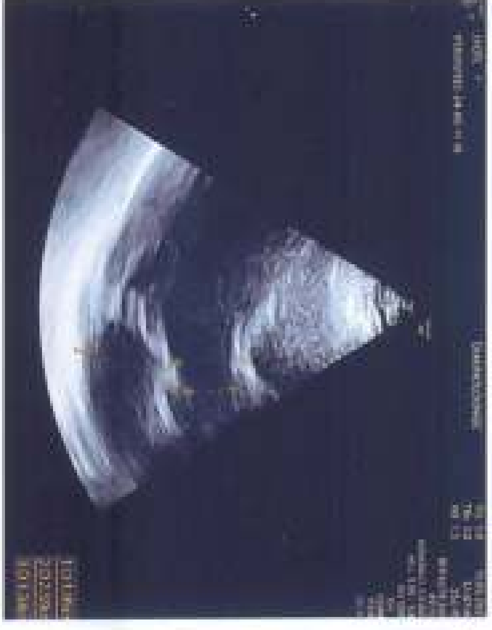
LA	: 2.6 cm
AO	: 2.0 cm
AO (Sep)	: 13 mm
EF Slope	: 95 mm/sec
EPPS	: 5 mm
LVID(s)	: 2.9 cm
LVID(d)	: 4.0 cm
IVS(d)	: 0.8 cm
PW(d)	: 0.7 cm
RVID(d)	: 1.1 cm
LVEF	: 0.55-0.60.

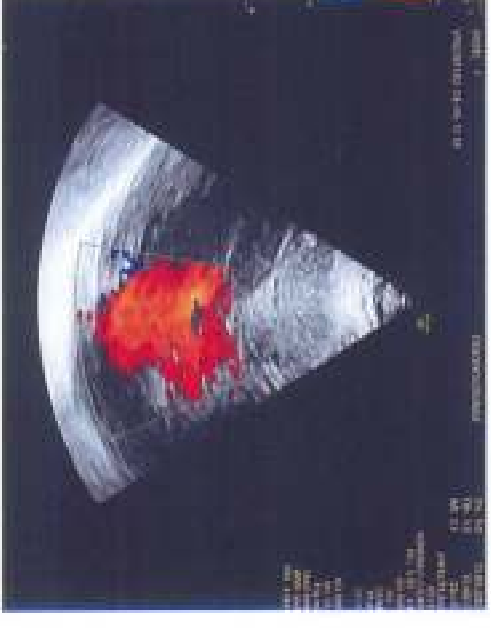
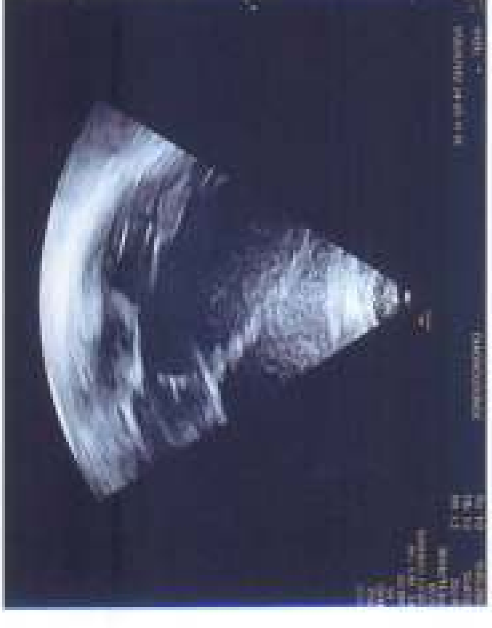
DOPPLER

	MITRAL	AORTIC	TRICUSPID	PULMONARY
GRADE of regurgitation	NIL	NIL	TRIVIAL	TRIVIAL

DR. SHILPA SINGH
D. CARD
MD PHYSICIAN (Russia)

Disclaimer- 2 D Echo is a machine dependent and observer dependent study. Inter observer and inter machine variations can occur. It shows the condition of the heart at the given time only. It should not be the sole investigation to make clinical decision.

NAME : **MS. JYOTI** **DATE: 11/05/2024**
REF. BY : **DR. MEDIWHEEL** **AGE: 20YRS/F**
EXAMINATION : **X-RAY CHEST PA VIEW**

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:
No pleuro parenchymal abnormality noted.

DR. SHRIKANT BODKE
(CONSULTANT RADIOLOGIST).

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.