



**LABORATORY REPORT**

**Name** : Mr. Bhaveshkumar Vaghela  
**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100603  
**Reg. Date** : 13-Jan-2024 09:29 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 03:22 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 166

Weight (kgs) : 80.6

Blood Pressure :128/82 mmHg

Pulse : 92/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

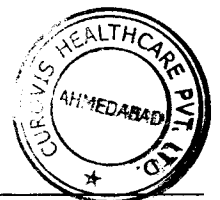
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report

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

**DR. MUKESH LADDHA**

Page 3 of 5

ભારત સરકાર  
GOVERNMENT OF INDIA

વાઘેલા ભાવેશકુમાર  
Vaghela Bhaveshkumar  
જન્મજી વર્ષ / Year of Birth : 1989  
પુરુષ / Male

9307 3348 8443

આધાર - સામાન્ય માણસનો અધિકાર



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

ભારતીય ઇનિડેન્ટિફિકેશન ઓથોરિટી પ્રાધિકરણ  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

સરનામું:  
S/O: રમેશભાઈ, 220, ,  
જનતાનગર, મનમોહ પાર્ક ની સામે,  
ઓઢવ, અમદાવાદ શહેર,  
અમદાવાદ, ઓઢવ ઇન્ડસ્ટ્રીયલ  
એસ્ટેટ, ગુજરાત, 382415

Address:  
S/O: Rameshbhai, 220, ,  
jantanagar, opp maanmohan  
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City, Ahmedabad, Odhav  
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P.O. Box No. 1947,  
Bangalore-560 001

*B. Ghelani*

7567 308573

DOB - 12/08/1989


**TEST REPORT**

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<b>Age/Sex</b> : 34 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 7567308573
<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)	15.4	g/dL	13.5 - 18
Hematocrit (Calculated)	43.20	%	40 - 50
RBC Count (Electrical Impedance)	5.44	million/cmm	4.73 - 5.5
MCV (Calculated)	L <b>79.4</b>	fL	83 - 101
MCH (Calculated)	28.2	Pg	27 - 32
MCHC (Calculated)	H <b>35.5</b>	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7600	/cmm	4000 - 10000
MPV (Calculated)	9.4	fL	6.5 - 11.5

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>		<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	48	%	40 - 80	3648 /cmm	2000 - 7000
Lymphocytes (%)	H <b>46</b>	%	20 - 40	3496 /cmm	1000 - 3000
Eosinophils (%)	02	%	0 - 6	304 /cmm	200 - 1000
Monocytes (%)	04	%	2 - 10	152 /cmm	20 - 500
Basophils (%)	00	%	0 - 2	0 /cmm	0 - 100


**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 368000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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 \* This test has been out sourced.

**Approved By :**   
 Dr. Keyur Patel  
 M.B.DCP

**Approved On :** 13-Jan-2024 03:10 PM  
 Page 1 of 11

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

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

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

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	02	mm/hr	ESR AT 1 hour : 1-7
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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 (<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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**Approved By : Dr. Keyur Patel**  
M.B.DCP**Approved On : 13-Jan-2024 06:25 PM**  
Page 2 of 11



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**Age/Sex** : 34 Years / Male      **Pass. No.** :      **Tele No.** : 7567308573  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : Serum,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>	105.00	mg/dL	70 - 110
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<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	128.6	mg/dL	70 - 140
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Page 3 of 11


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<b>Sample Type</b> : Serum		<b>Location</b> : CHPL


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

Cholesterol	218.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	189.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	45.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	134.94	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>37.96</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.99		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.83		0 - 5.0
<i>Calculated</i>			

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Page 4 of 11



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**Sample Type** : Serum      **Dispatch At** :  
**Location** : CHPL

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

**LFT WITH GGT**

Total Protein	7.04	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	4.47	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.57	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.74		0.8 - 2.0
SGOT	22.40	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	30.00	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	61.1	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.73	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.13	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.60	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	37.30	U/L	< 55
<i>SZASZ Method</i>			

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**Sample Type** : Serum      **Dispatch At** :  
**Location** : CHPL


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

**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	5.06	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.77	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	10.80	mg/dL	6.0 - 20.0

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Page 6 of 11





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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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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	5.3	% 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	105.41	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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M.B.DCP

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## TEST REPORT

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<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : CHPL

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

#### PHYSICAL EXAMINATION

Quantity	30 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

#### CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	6.0	4.6 - 8.0
Sp. Gravity	1.020	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

#### MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	1 - 2/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Page 8 of 11



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

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

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.24	ng/mL	0.86 - 1.92
---	------	-------	-------------

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

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

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

<b>T4 (Thyroxine)</b> <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	9.80	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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M.B.DCP

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Page 9 of 11



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<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

**TSH** 4.570  $\mu$ IU/ml 0.35 - 5.50  
*CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY*

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

TSH levels During Pregnancy :

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


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

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

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

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Page 10 of 1



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<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

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

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMIA</small>	0.46	ng/mL	0 - 4
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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 -----

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Page 11 of 1



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Sex/Age : Male/34 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 401100603  
Reg. Date : 13-Jan-2024 09:29 AM  
Collected On :  
Report Date : 13-Jan-2024 01:53 PM

**Electrocardiogram**

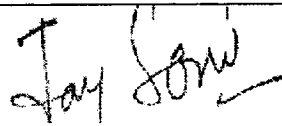
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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Page 1 of 5

BHAVESHKUMAR  
URGHELA

28

34 years

166 cm / 81 kg

Male

HR 92/min

Axis:

P 36

QRS 72

T 45

Intervals:

RR 650 ms

P 112 ms

PR 144 ms

QRS 82 ms

QT 340 ms

QTc 425 ms  
(Bazett)

P (II) 0.11 mV

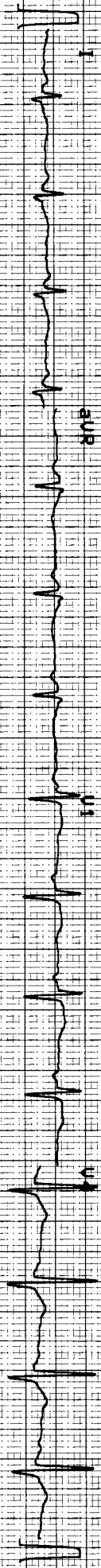
S (V1) -0.72 mV

R (V5) 1.05 mV

Sokol. 2.76 mV

10 mm/mV

10 mm/mV



10 mm/mV

25 mm/s

0.05-25 Hz FSQ 55F 585 13.01.2024 10:57:35

CURPUIS HEALTHCARE

*[Handwritten signature]*

Part No. 2.157025M © 0123 RT-102PLUS 1.24 C R 8D



LABORATORY REPORT

Name : Mr. Bhaveshkumar Vaghela  
Sex/Age : Male/34 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 401100603  
Reg. Date : 13-Jan-2024 09:29 AM  
Collected On :  
Report Date : 13-Jan-2024 04:26 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.

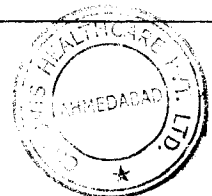
**COMMENT: No significant abnormality is detected.**

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

This is an electronically authenticated report



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







**LABORATORY REPORT**

**Name** : Mr. Bhaveshkumar Vaghela  
**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100603  
**Reg. Date** : 13-Jan-2024 09:29 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 04:25 PM

**USG ABDOMEN**

**Liver** appears normal in size & **increased 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. No evidence of focal lesions.

**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 right side.

6.0 mm sized calculus in mid calyx of left kidney.

**Urinary bladder** is partially distended. No evidence of calculus or mass.

**Prostate** appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

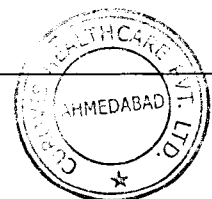
**COMMENTS :**

- **Grade II fatty liver.**
- **Non obstructive calculus in mid calyx of left kidney.**

This is an electronically authenticated report



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





**LABORATORY REPORT**

**Name** : Mr. Bhaveshkumar Vaghela  
**Sex/Age** : Male/34 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 401100603  
**Reg. Date** : 13-Jan-2024 09:29 AM  
**Collected On** :  
**Report Date** : 13-Jan-2024 02:45 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: -0.50

CY: -0.25

AX: 32

**LEFT EYE**

SP : +0.00

CY : -0.75

AX :170

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

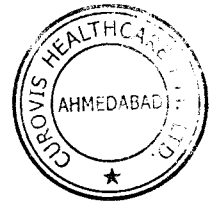
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report



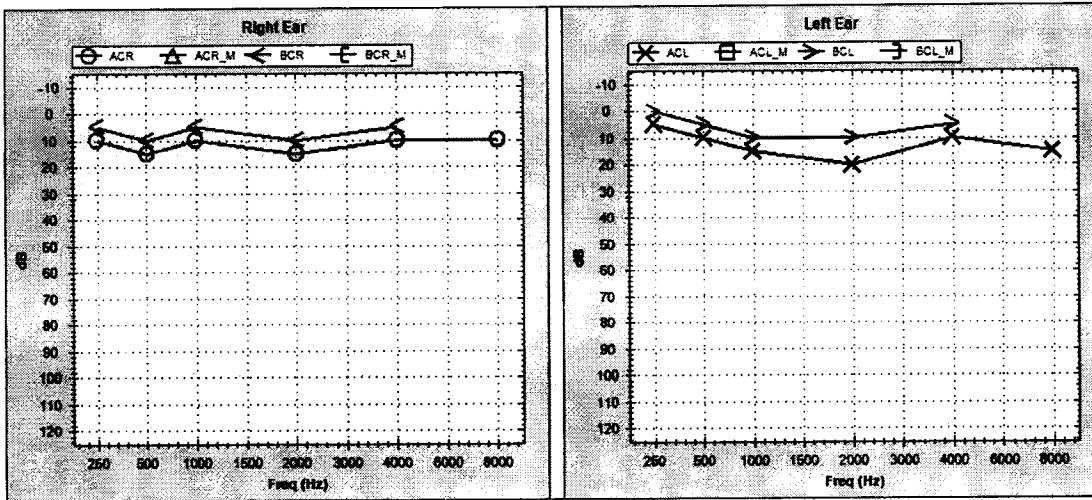
**Dr Kejal Patel**  
MB,DO(Ophth)

LABORATORY REPORT

Name : Mr. Bhaveshkumar Vaghela  
 Sex/Age : Male/34 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 401100603  
 Reg. Date : 13-Jan-2024 09:29 AM  
 Collected On :  
 Report Date : 13-Jan-2024 02:45 PM

## AUDIOGRAM



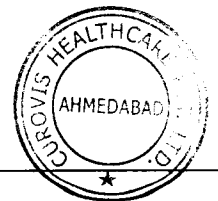
EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	◻	×	◁	▷	Blue
RIGHT	△	○	◻	◁	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

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

*Handwritten signature*

**Curovis Healthcare Pvt Ltd, Ahmedabad**

**BHAVESHKUMAR VAGHELA (34 M)**

Bruc Protocol  
Sitra(tem) S1S10p(kt)w/9

ID 251

Stage: Supine

Date: 13-01-2024

Speed: 0 kmph

Exec Time: 0:00:00

Grade: 0%

Stage Time: 00:10

THR: 158 bpm

**HR: 96 bpm**

BP: 128/82 mmHg  
Sitra(tem) S1S10p(kt)w/9

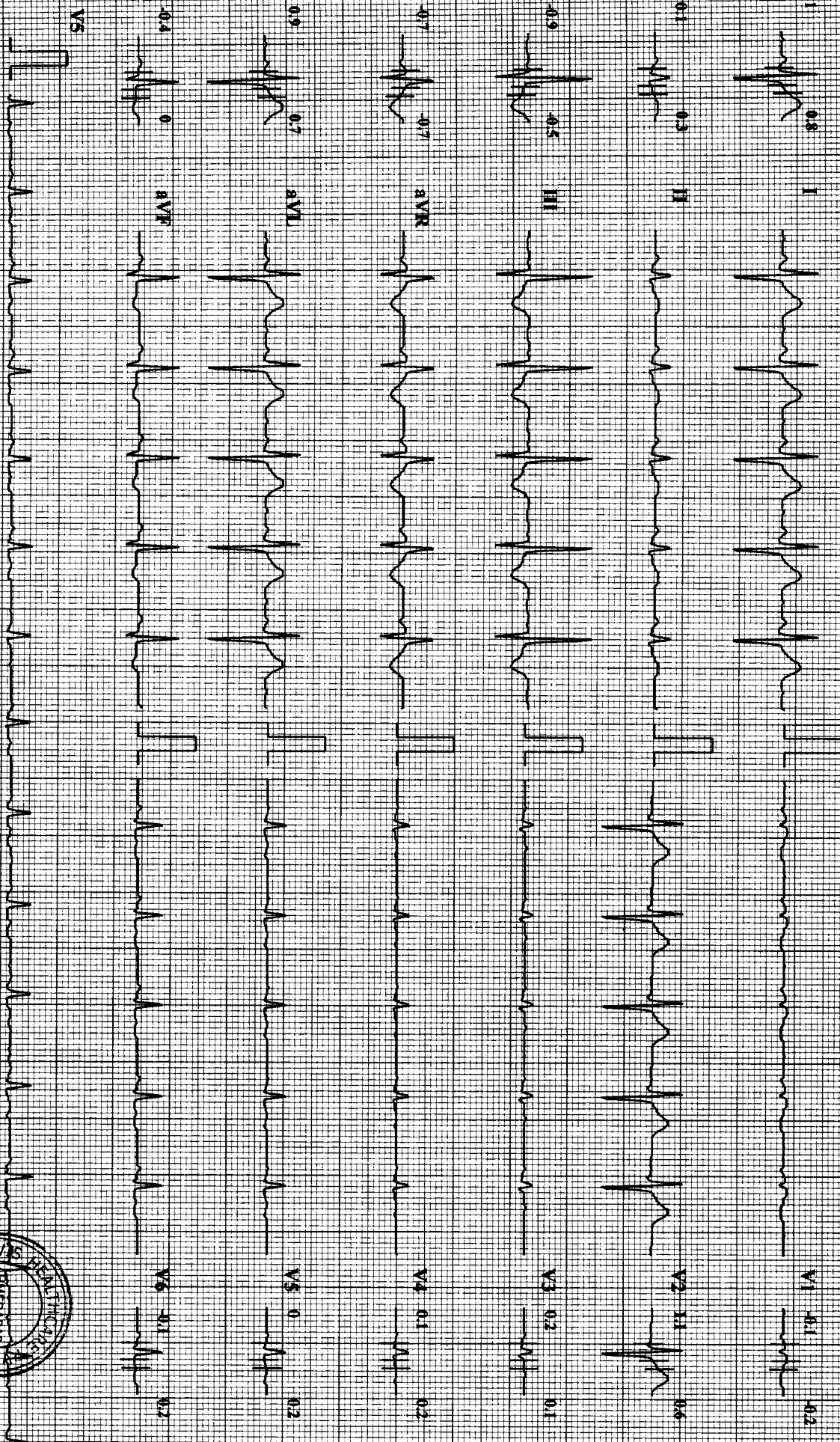


Chart Speed: 25 mm/sec

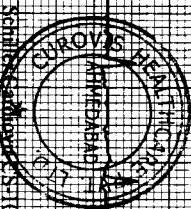
Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Linked Median

Software: CS-11 Version: 3.4



**Curovis Healthcare Pvt Ltd, Ahmedabad**

**BHAVESHKUMAR VAGHELA (34 M)**

Brace Protocol

ID: 25

Date: 13-01-2024

Exec Time: 0:00:00

Stage Time: 00:10

**HR: 98 bpm**

BP: 128/82 mmHg

ST1:avR(stm) ST3:V1(av)19

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

ST1:avR(stm) ST3:V1(av)19

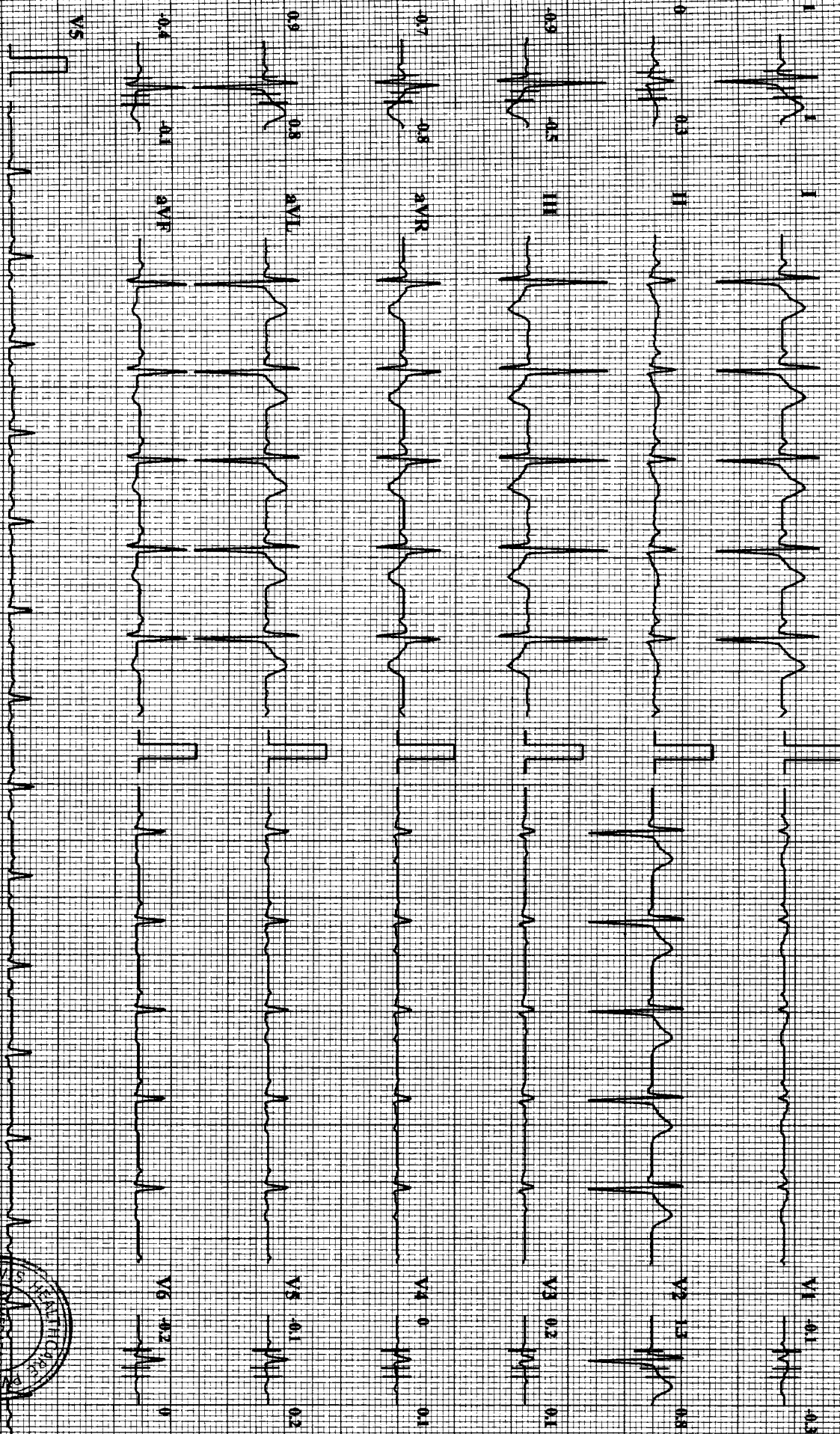


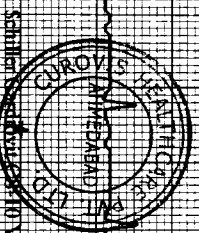
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO = R - 60 ms, J = R + 60 ms, Post J = 14-60 ms

Linked Median



Software: Curovis (Version: 3.4)

VS

# Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VAGHELA (34 M)**

Brush Protocol  
SILEX(km) S1S1opratv(9)

ID: 251

Date: 13-01-2024

Exec Time: 0:00:00

Stage Time: 00:10

Stage: Hypert/Ventilation

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

HR: 103 bpm

Bp: 128/82 mmHg  
SILEX(km) S1S1opratv(9)

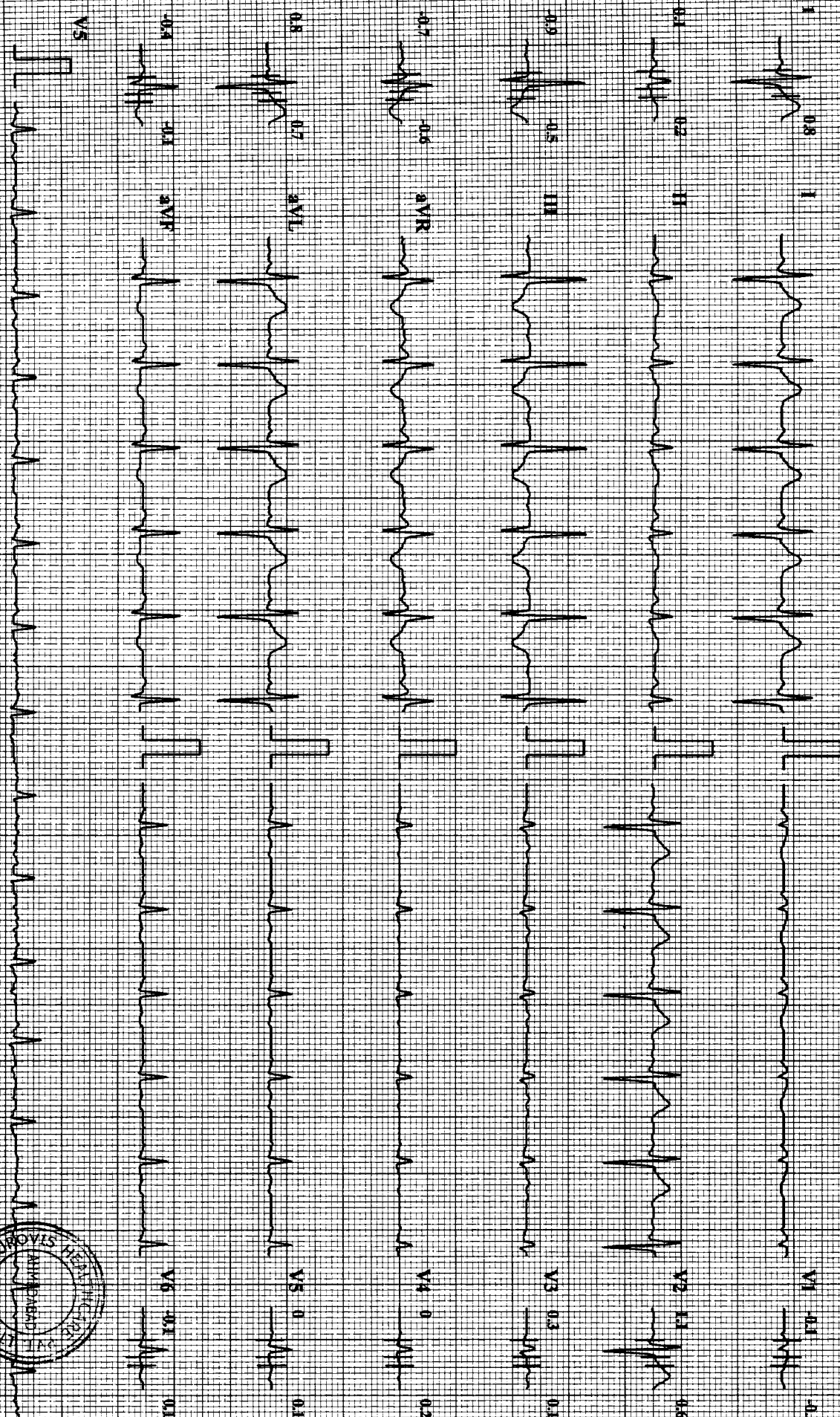


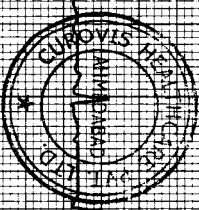
Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO - R : 60 ms, I = R + 60 ms, Pos: J = J + 60 ms

Sanjit Cardiology CS-10 Version:34



VS

# Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VAGHELA (34 M)**

Brice Protocol  
SINUSBRADY (SINUSBRADY)

ID: 251

Stage: PreTest

Date: 13-01-2024

Speed: 1.6 kmph

Exec Time: 0:00:10

Grade: 0%

Stage Time: 00:10

THR: 158 bpm

HR: 114 bpm

BP: 128/82 mmHg  
STUNE(EM) SINUSBRADY

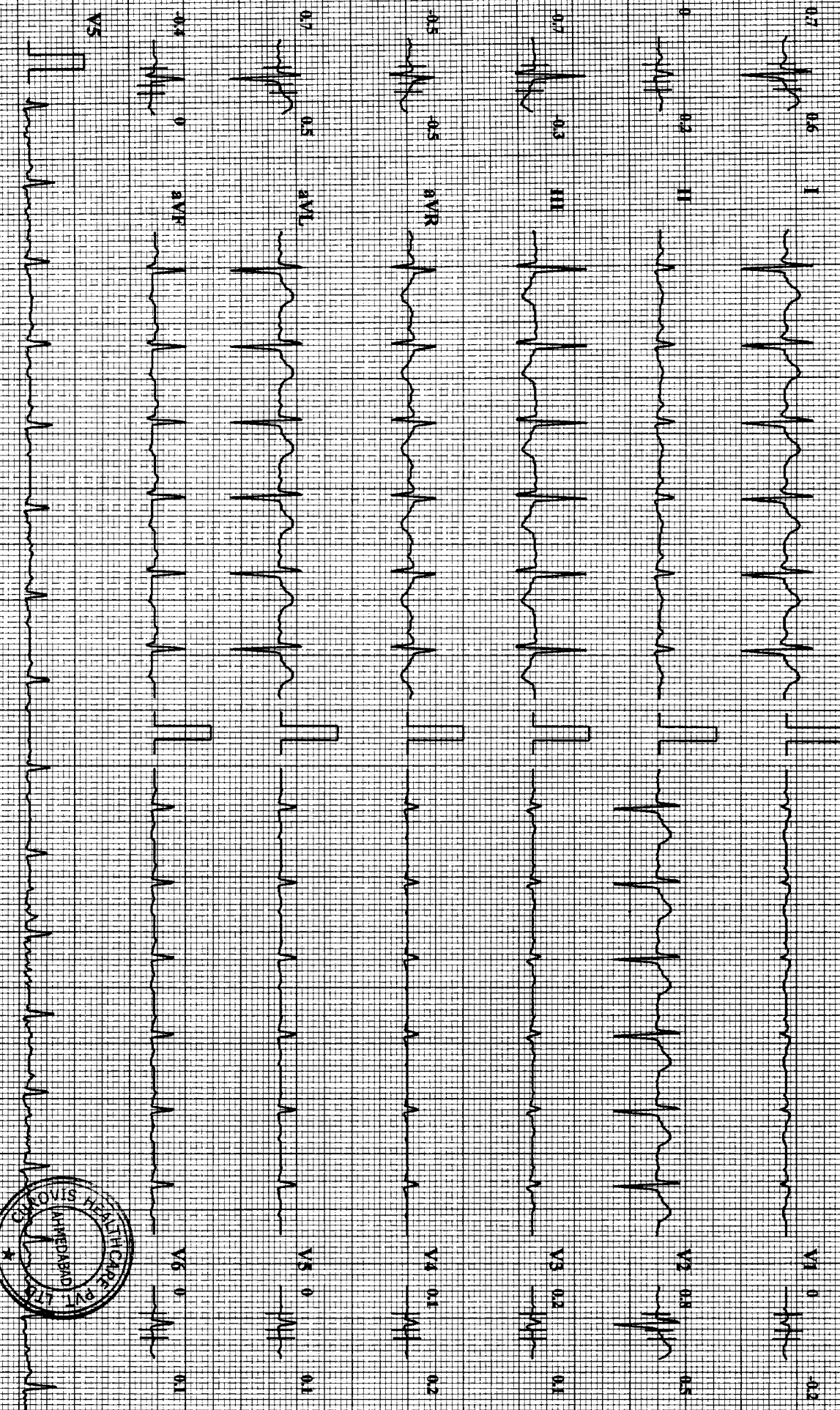


Chart Speed: 25 mm/sec

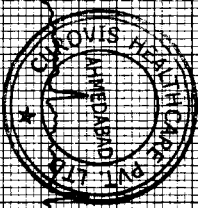
Amplitude: 10mm/mV

Filter: 35 Hz, Main Filter: ON

ISO = K - 60 ms, J = R - 60 ms, Post J = J + 60 ms

Ranked Median

Software: Cardiofit CS-10 Version: 3.4



**Curovis Healthcare Pvt Ltd, Ahmedabad**

**BHAVESHKUMAR VACHHIA (34 M)**

ID: 251

Date: 13-01-2024

Exec Time: 0:03:00

Stage Time: 03:00

**HR: 134 bpm**

Bp: 156/90 mmHg

STL: (mm) STSlope: (mV/s)

STL: (mm) STSlope: (mV/s)

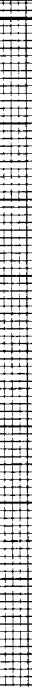
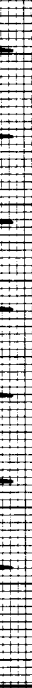
Stage: 1

Speed: 2.7 kmph

Grade: 10%

THR: 158 bpm

0.2 0.8 I



V1 0.1 -0.6

0.5 1.4 II



V2 0.9 0.3

0.5 0.7 III



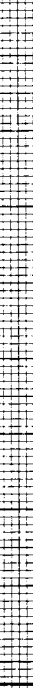
V3 0.4 0.8

0.4 1.1 aVR



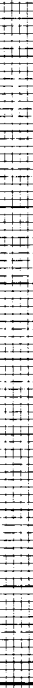
V4 0.3 0.1

0.4 0 aVL



V5 0.1 0.1

0.4 1 aVF



V6 0.1 0.5

V5

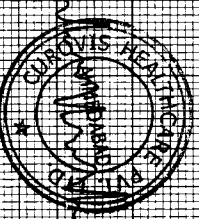


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO - R - 60 ms, J - R - 60 ms, Post J - J - 60 ms

Software: CardioVIT CS-10 Version: 3.4

Linked Median

VS



**Curovis Healthcare Pvt Ltd, Ahmedabad**

**BHAVESHKUMAR VAGHDELA (34 M)**

Brace Protocol  
STIelectrm) STISig(mV/g)

ID: 251

Stage: 2

Date: 13-01-2024

Speed: 4 kmph

Exec Time: 0:06:00

Grade: 12%

Stage Time: 03:00

THR: 158 bpm

**HR: 153 bpm**

BP: 144/98 mmHg  
STIelectrm) STISig(mV/g)

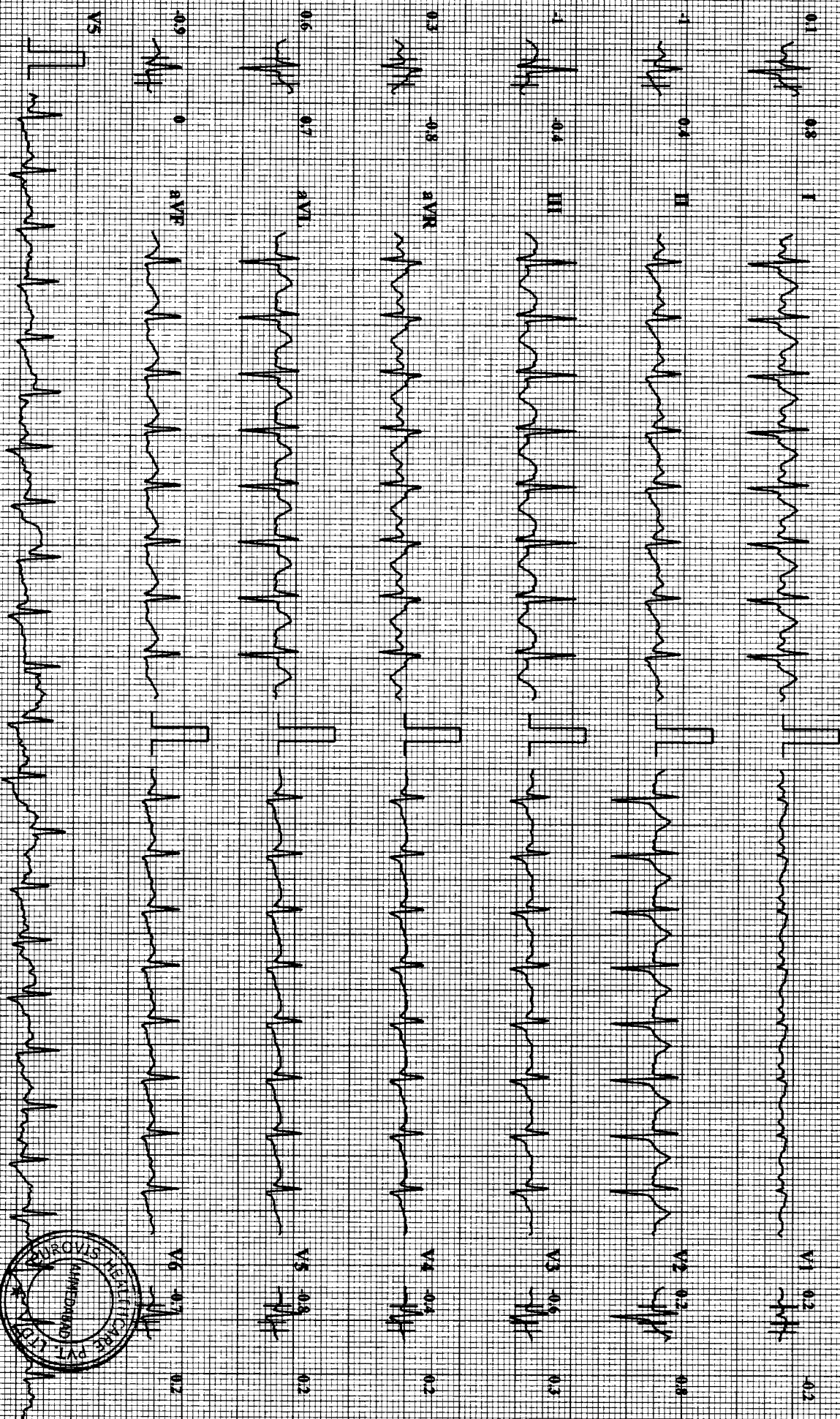


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pcd J = 1 + 60 ms

Sanitar Cardovital CS-10 Version: 3.4



VS

# Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VAGHELA (34 M)**

Bruce Protocol

ID: 251

Date: 13-01-2024

Exec Time: 0:07:00

Stage Time: 0:00

**HR: 163 bpm**

BP: 152/106 mmHg

ST: (Lead I) ST: (Lead aVr)

ST: (Lead aVL) ST: (Lead aVF)

Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 158 bpm

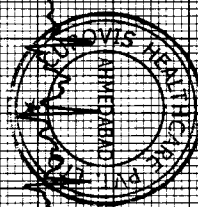
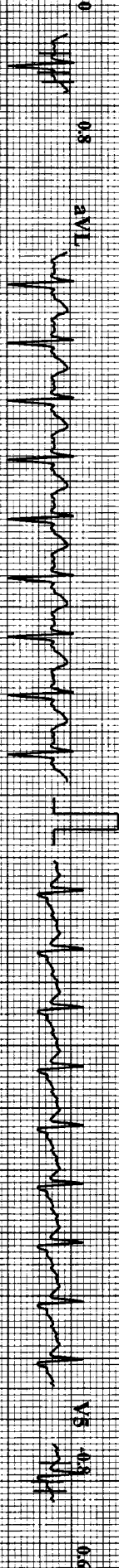
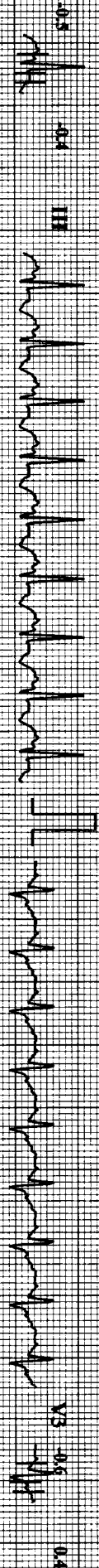
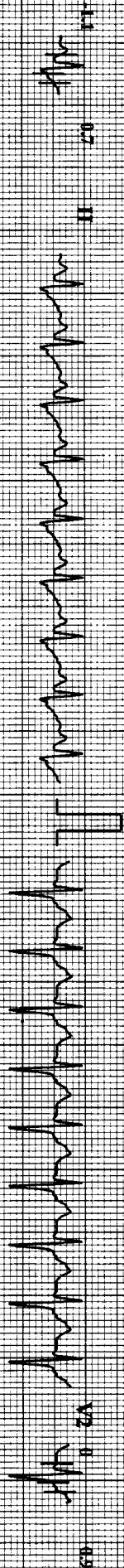
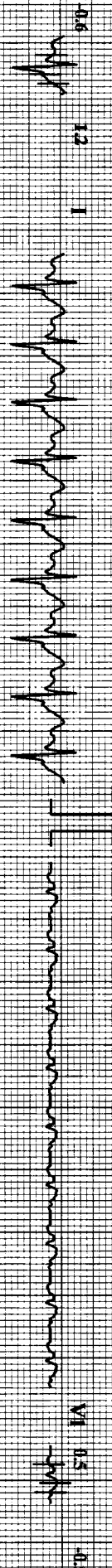


Chart Speed: 25 mm/sec    Amplitude: 10mm/mV    Filter: 35 Hz    Matrix Filter: ON    ISO = I - 60 ms, J = R + 60 ms, Post J = J + 60 ms    Sother Cardiovit ES-10 Version 3.4

VS

Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VACHHIA (34 M)**

Bruce Protocol  
S1Eved(arm) S1S1ocp(mV/s)

ID: 251  
Stage: Recovery/1

Date: 13-01-2024  
Speed: 0 kmph

Exec Time: 0:08:00  
Grade: 0%

Stage Time: 01:00  
THR: 158 bpm

HR: 140 bpm

BP: 146/100 mmHg  
S1Eved(arm) S1S1ocp(mV/s)

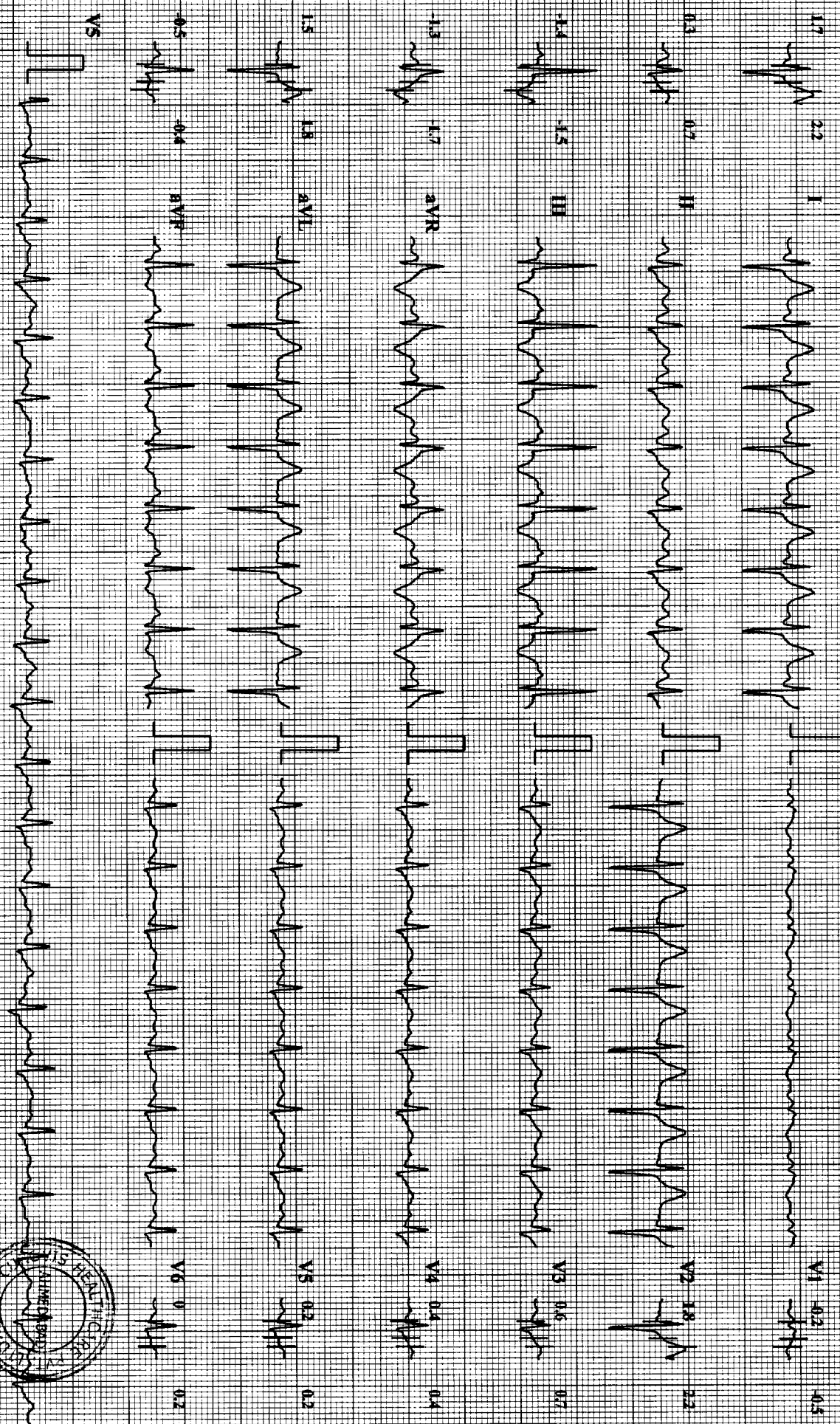


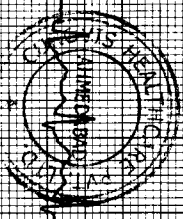
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Salter CardioVitalCS-110 Version 3.4



VS

Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VACHELA (34 M)**

Bruce Protocol  
SIT (cardiomed) ST(Slope(V/s))

ID: 251

Date: 13-01-2024

Exec Time : 0:09:00

Stage Time : 01:00

**HR: 131 bpm**

BP: 140/94 mmHg  
SIT (cardiomed) ST(Slope(V/s))

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 158 bpm

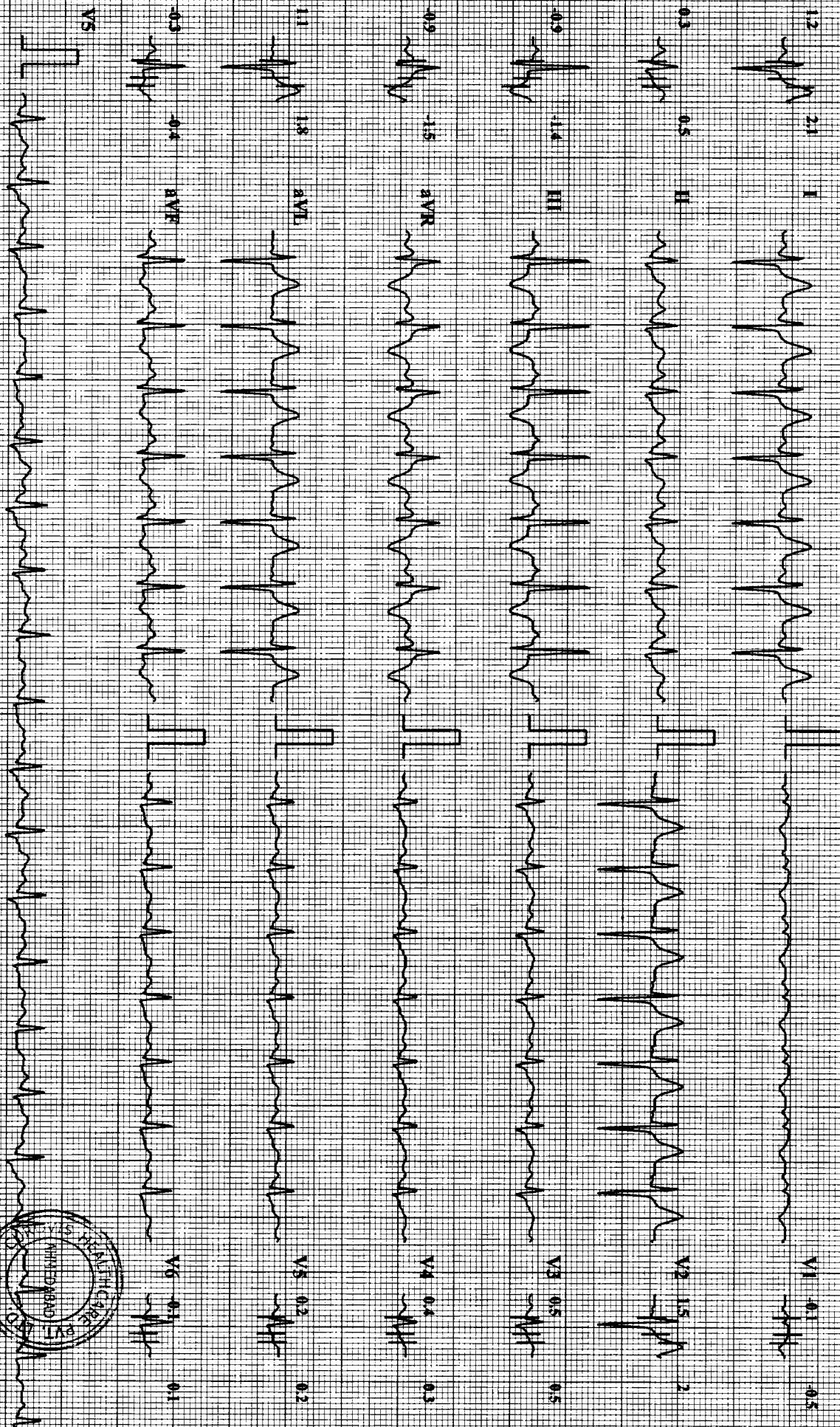


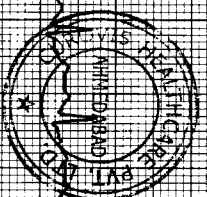
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Matrix Filter ON

ISO - R - 60ms - T - R - 60ms - Post-T - 1 - 60ms

Software: CardioCore CS-10 Version: 3.4



VS

*St. K. V.*

### Curovis Healthcare Pvt Ltd, Ahmedabad

**BHAVESHKUMAR VAGHELA (34 M)**

Bruce Protocol

ID: 251

Date: 13-01-2024

Exec Time: 0:09:24

Stage Time: 00:24

**HR: 134 bpm**

STL: (mm) STS: (mm/V)

Stage: Recovery3

Speed: 0 Km/h

Grade: 0%

THR: 158 bpm

BP: 134/88 mmHg  
STL: (mm) STS: (mm/V)

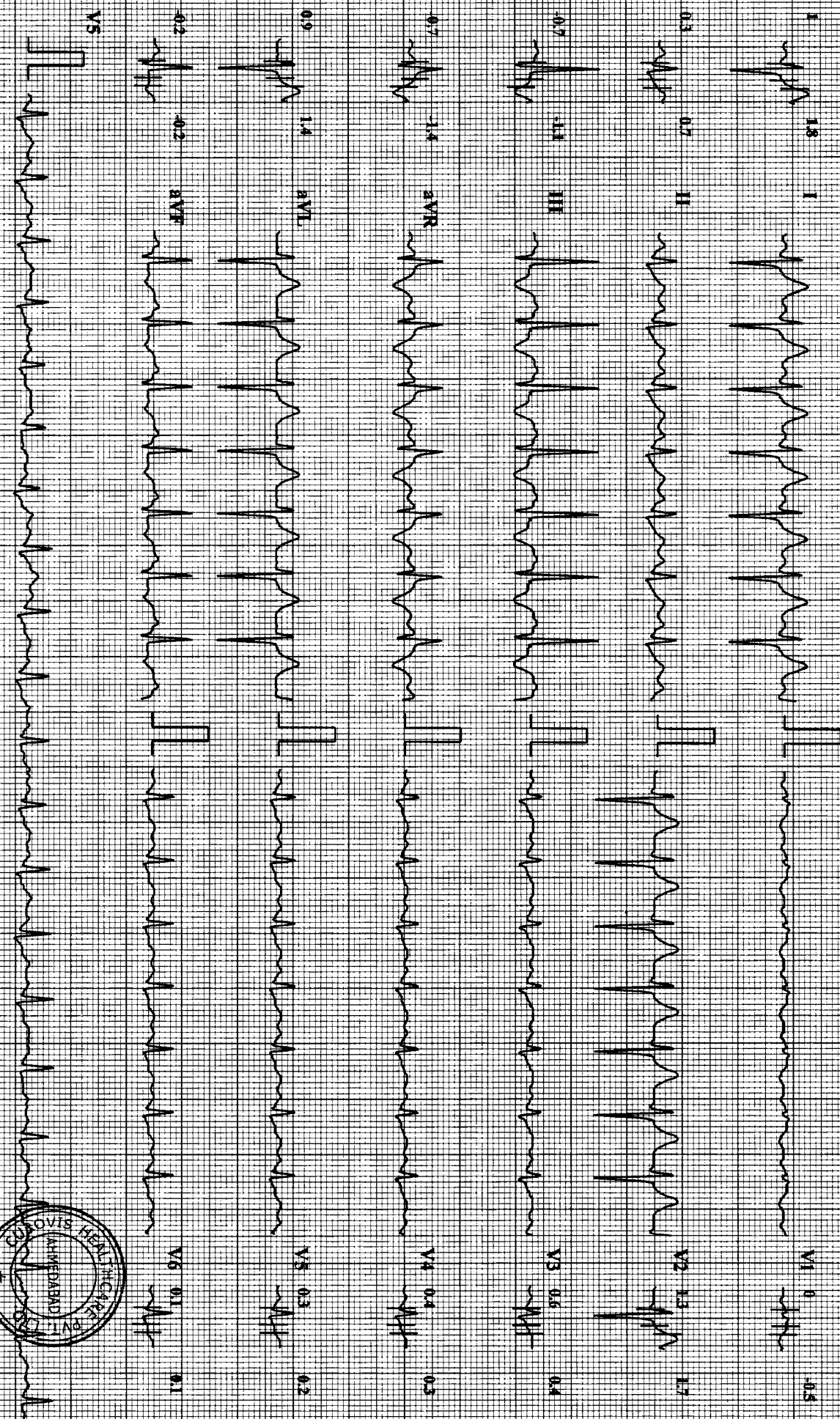


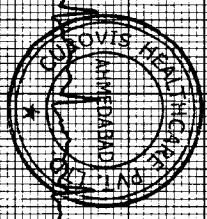
Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, P/Q/T = J + 60 ms

Printer: CardioTEC ES-10 Version: 3.4



VS

## Curovis Healthcare Pvt Ltd, Ahmedabad

**Name:** BHAVESHKUMAR VAGHELA **Date:** 13-01-2024 **Time:** 13:12

**Age:** 34 **Gender:** M **Height:** 166 cms **Weight:** 81 Kg **ID:** 251

**Clinical History:**

**Medications:**

### Test Details:

**Protocol:** Bruce **Predicted Max HR:** 186 **Target HR:** 158 (85% of Pr. MHR)

**Exercise Time:** 0:07:00 **Achieved Max HR:** 163 (88% of Pr. MHR)

**Max BP:** 152/106 **Max BP x HR:** 24776 **Max Mets:** 7.8

**Test Termination Criteria:** Target HR attained.

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	96	128/82	12288	1.1 V2	0.8 I
Standing	00:10	1	0	0	98	128/82	12344	1.3 V2	1 I
HyperVentilation	00:10	1	0	0	103	128/82	13184	1.1 V2	0.8 I
PreTest	00:10	1	1.6	0	114	128/82	14592	0.8 V2	0.6 I
Stage: 1	03:00	4.7	2.7	10	134	136/90	18224	0.9 V2	1.4 II
Stage: 2	03:00	7	4	12	153	144/98	22032	1.1 I	0.8 I
Peak Exercise	01:00	7.8	5.5	14	163	152/106	24776	1.1 II	1.2 I
Recovery1	01:00	1	0	0	140	146/100	20440	1.8 V2	2.2 I
Recovery2	01:00	1	0	0	131	140/94	18340	1.5 V2	2.1 I
Recovery3	00:24	1	0	0	134	134/88	17956	1.3 V2	1.8 I

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:00 achieving a work level of 7.8 METS.  
 Resting Heart Rate, initially 96 bpm rose to a max. heart rate of 163bpm (88% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 128/82 mmHg, rose to a maximum Blood Pressure of 152/106 mmHg.

Negative Stress Test.



**Dr. Jay Somani**  
 Director  
 No. 251

**Ref. Doctor:** Curovis Health checkup

**Doctor:** Curovis Health checkup

**SCHILLER**  
 The Art of Diagnostics

(Summary Report edited by User)  
 Cardiofit CS-10 Version: 3.4