



**LABORATORY REPORT**

<b>Name</b> : Mr. Prabhakar Anand P	<b>Reg. No</b> : 403100708
<b>Sex/Age</b> : Male/39 Years	<b>Reg. Date</b> : 09-Mar-2024 03:50 PM
<b>Ref. By</b> :	<b>Collected On</b> :
<b>Client Name</b> : Mediwheel	<b>Report Date</b> : 09-Mar-2024 04:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 175

Weight (kgs) : 76.4

Blood Pressure : 128/88mmHg

Pulse : 90/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

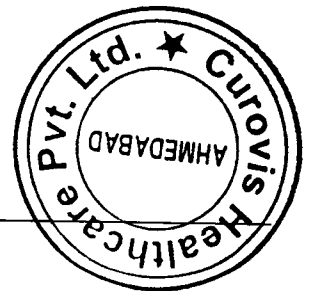
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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



**DR. MUKESH LADDHA**

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आयकर विभाग

INCOME TAX DEPARTMENT

PRABHAKAR ANAND P

PURSHOTTAMBHAI SAVABHAI PARMAR

22/07/1984

Permanent Account Number

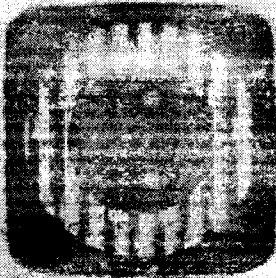
AUOPP6487C

Signature

Signature

भारत सरकार

GOVT. OF INDIA



*Handwritten signature and date: 22/07/84*



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



**TEST REPORT**

**Reg. No** : 403100708      **Ref Id** :      **Collected On** : 09-Mar-2024 10:51 AM  
**Name** : Mr. Prabhakar Anand P      **Reg. Date** : 09-Mar-2024 03:50 PM  
**Age/Sex** : 39 Years / Male      **Pass. No.** :      **Tele No.** : 9687622784  
**Ref. By** :      **Dispatch At** :  
**Sample Type** : EDTA      **Location** : CHPL

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

Hemoglobin (Colorimetric method)	14.2	g/dL	13.5 - 18
Hematocrit (Calculated)	44.00	%	40 - 50
RBC Count (Electrical Impedance)	5.43	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.1	fL	83 - 101
MCH (Calculated)	L 26.2	Pg	27 - 32
MCHC (Calculated)	32.3	%	31.5 - 34.5
RDW (Calculated)	12.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7820	/cmm	4000 - 10000
MPV (Calculated)	10.7	fL	6.5 - 11.5

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	57	% 40 - 80	4457 /cmm	2000 - 7000
Lymphocytes (%)	35	% 20 - 40	2737 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	469 /cmm	200 - 1000
Monocytes (%)	06	% 2 - 10	156 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology      Normocytic and Normochromic.  
WBC Morphology      Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance)      253000      /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. Purvish Darji  
MD (Pathology)

**Approved On** : 09-Mar-2024 08:23 PM  
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Age/Sex	: 39 Years / Male	Pass. No.	:	Tele No.	: 9687622784
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMATOLOGY****BLOOD GROUP & RH**

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

ABO	"B"
Rh (D)	Negative
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	5	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 of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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**Name** : Mr. Prabhakar Anand P  
**Age/Sex** : 39 Years / Male      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum, Flouride PP

**Collected On** : 09-Mar-2024 10:51 AM  
**Reg. Date** : 09-Mar-2024 03:50 PM  
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**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>	72.4	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	83.7	mg/dL	70 - 140

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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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**Lipid Profile**

Cholesterol	181.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	60.00	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	52.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	116.50	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>12.00</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.22		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.45		0 - 5.0
<i>Calculated</i>			

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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
<b>LFT WITH GGT</b>			
Total Protein	6.87	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	4.51	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.36	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.91		0.8 - 2.0
SGOT	15.80	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	14.90	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	89.9	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.75	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.18	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.57	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	24.50	U/L	< 55
<i>SZASZ Method</i>			

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


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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.59	mg/dL	3.5 - 7.2
<b>Creatinine</b> <i>Enzymatic Method</i>	0.91	mg/dL	0.9 - 1.3
<b>BUN</b> <i>UV Method</i>	7.10	mg/dL	6.0 - 20.0

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<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	5.0	% 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	96.80	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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<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	1.030	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)	Occasional/hpf	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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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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**IMMUNOLOGY**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.98	ng/mL	0.86 - 1.92
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Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

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

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

<b>T4 (Thyroxine)</b> <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	10.70	µg/dL	3.2 - 12.6
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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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<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

**TSH** 1.450  $\mu$ IU/ml 0.35 - 5.50  
*CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY*

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

TSH levels During Pregnancy :

First Trimester : 0.1 to 2.5  $\mu$ 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 Saunders,2012:2170

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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>	0.72	ng/mL	0 - 4
---	------	-------	-------

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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**Sex/Age** : Male/39 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100708  
**Reg. Date** : 09-Mar-2024 03:50 PM  
**Collected On** :  
**Report Date** : 11-Mar-2024 02:21 PM

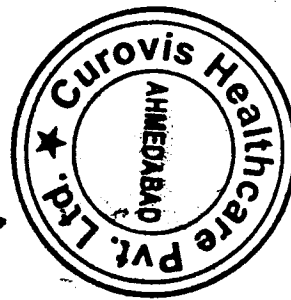
**Electrocardiogram**

**Findings**

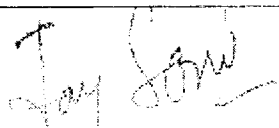
Normal Sinus Rhythm.

Within Normal Limit.

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



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Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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PNRND  
PRBHHKRR

36  
39 years

175 cm / 76 kg

Male

HR 90/min

Intervals:  
RR 663 ms  
P 106 ms  
PR 140 ms  
QR5 82 ms  
QT 316 ms  
QTc 390 ms  
(Bazett)

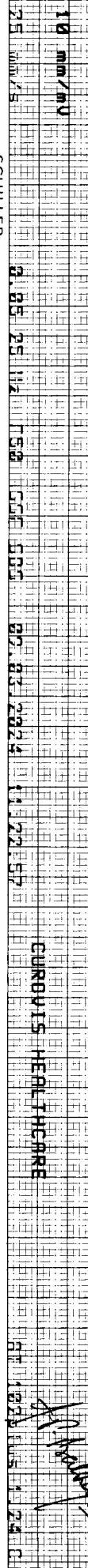
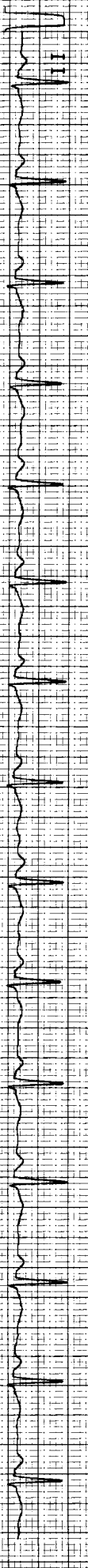
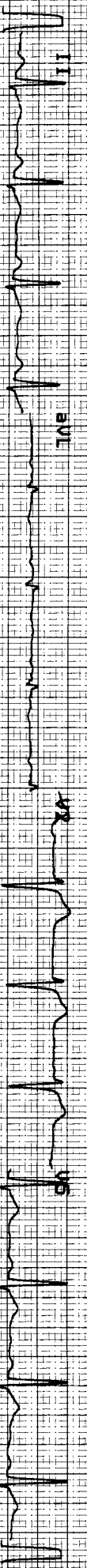
10 mm/mV

Px15: P 56  
QRS 47  
T 65

P (I1) 0.12 mV  
S (V1) -1.13 mV  
R (V5) 1.10 mV  
Sokol. 2.31 mV

10 mm/mV

10 mm/mV



10 mm/mV

SCHILLER

0.05 25 Hz 150 500 02.03.2023 11:22:57

CURVVIS HEALTHCARE

Part No.2.157017M © 0123 R.88

*[Handwritten signature]*



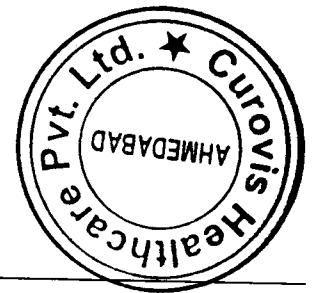
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Client Name : Mediwheel

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Collected On :  
Report Date : 09-Mar-2024 04:27 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, Trivial TR, No PR, No AR.
7. No PAH, RVSP: 24 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



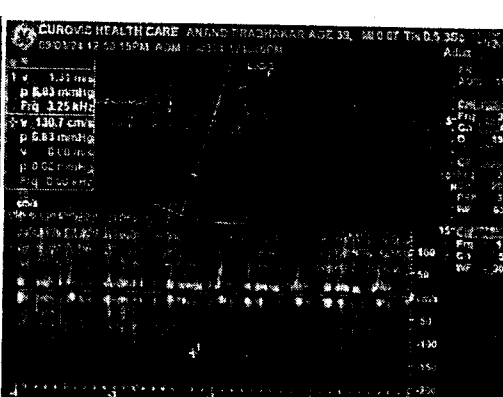
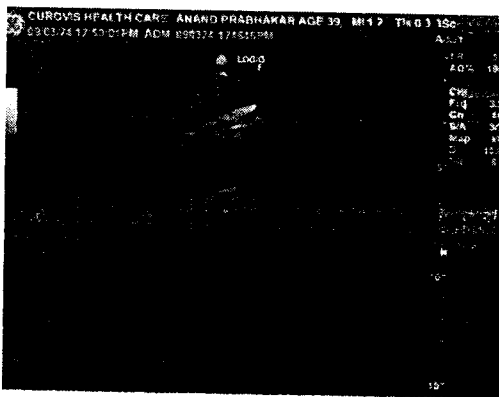
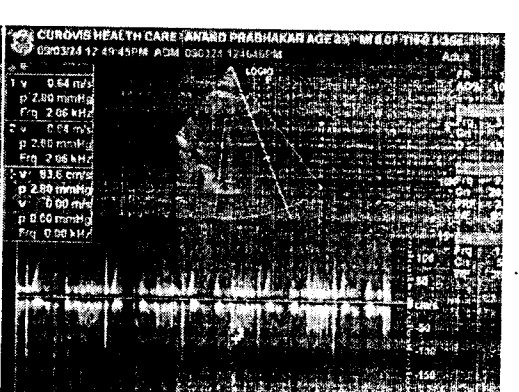
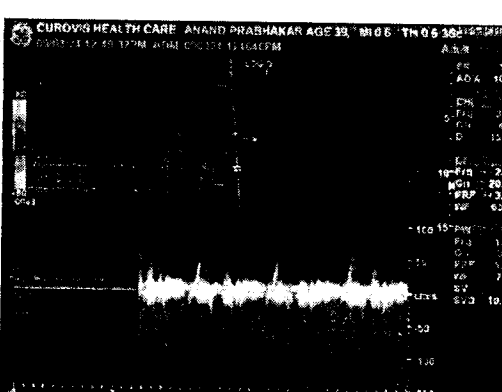
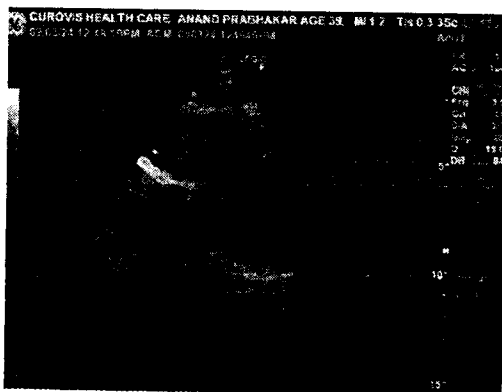
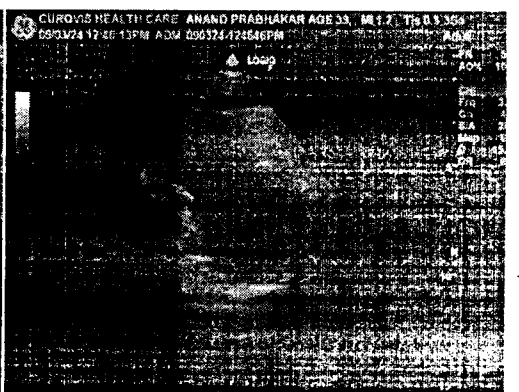
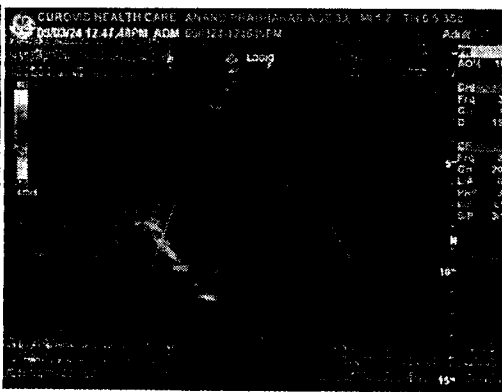
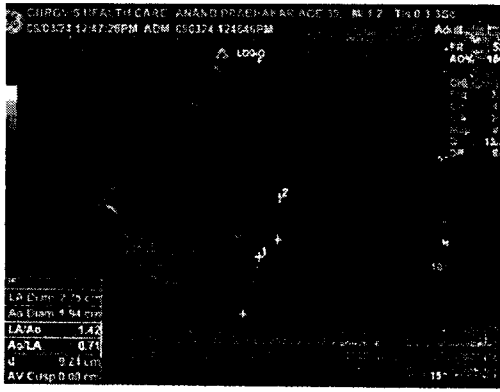
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Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 4





ANAND PRABHAKAR AGE 39 090324-124646PM

09/03/2024

CUROVIS HEALTH CARE



**LABORATORY REPORT**

**Name** : Mr. Prabhakar Anand P  
**Sex/Age** : Male/39 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100708  
**Reg. Date** : 09-Mar-2024 03:50 PM  
**Collected On** :  
**Report Date** : 09-Mar-2024 05:05 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 DHAIVAL PATEL**  
Consultant Radiologist  
MB,DMRE  
Reg No:0494



Page 2 of 2

R

ANAND PRABHAKAR 39Y/M

09/03/2024

CUROVIS HEALTHCARE



**LABORATORY REPORT**

**Name** : Mr. Prabhakar Anand P  
**Sex/Age** : Male/39 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100708  
**Reg. Date** : 09-Mar-2024 03:50 PM  
**Collected On** :  
**Report Date** : 09-Mar-2024 05:04 PM

**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. 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.

**3.5 mm sized calculus in mid calyx 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:**

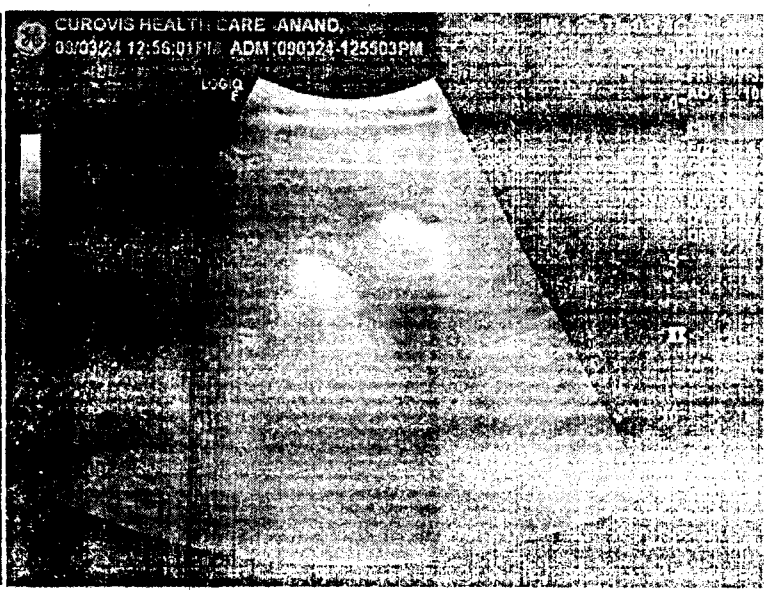
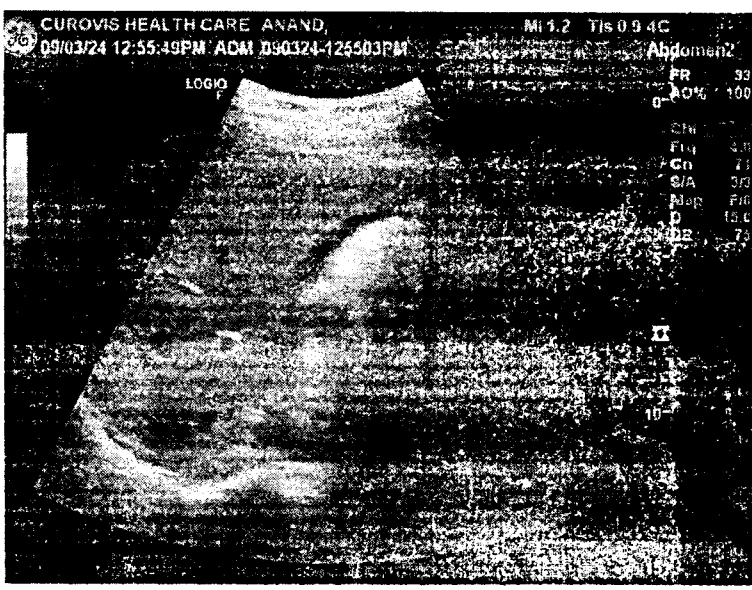
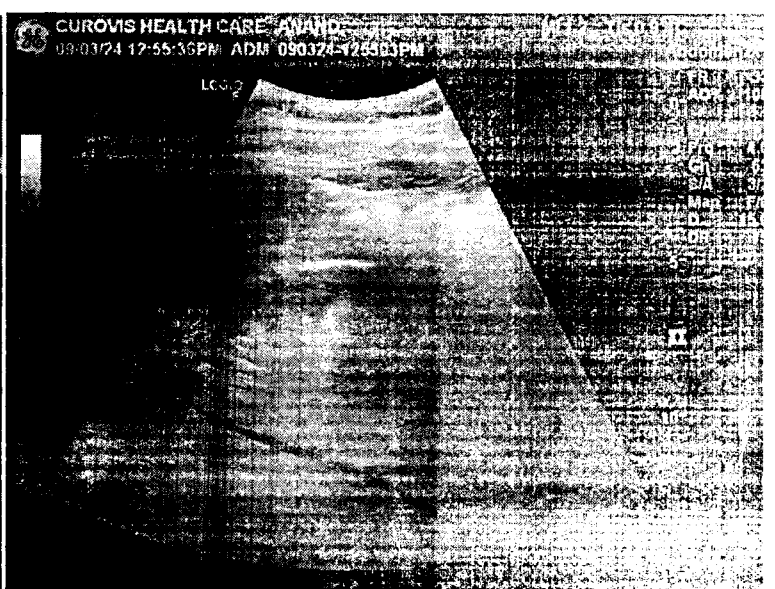
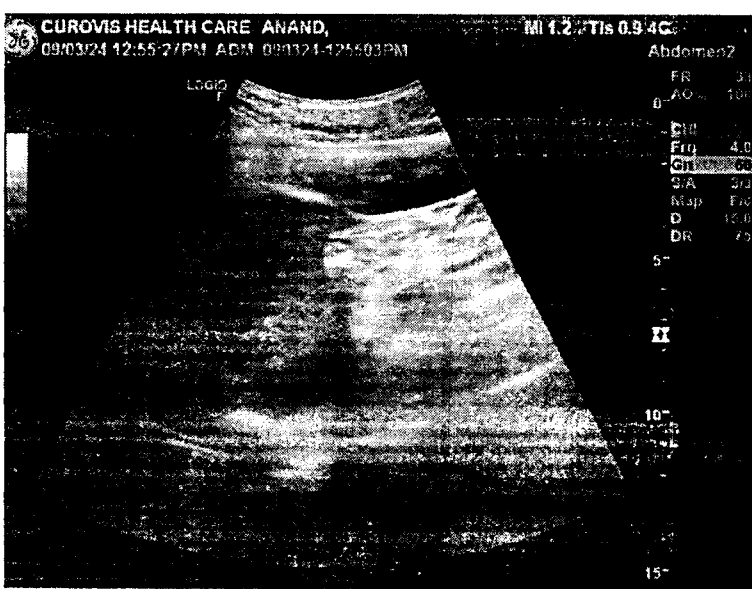
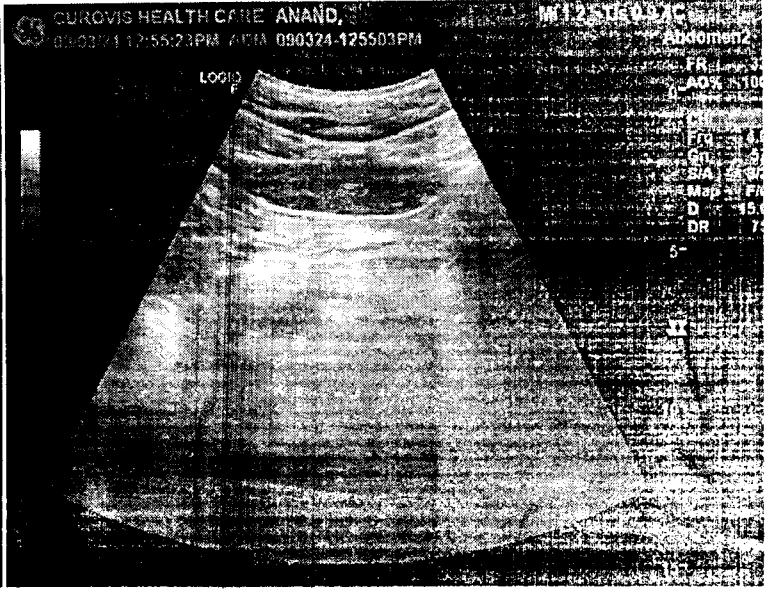
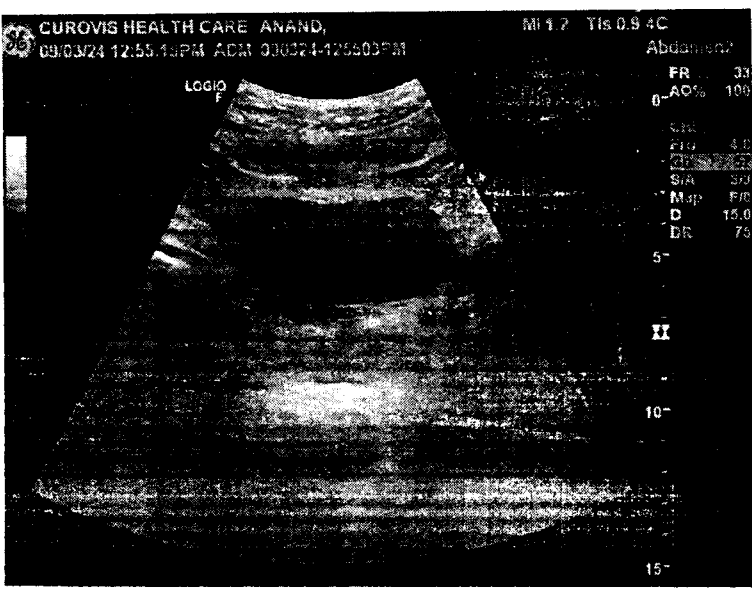
**Non obstructive 3.5 mm sized calculus in mid calyx left kidney.**

This is an electronically authenticated report



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







## LABORATORY REPORT

<b>Name</b> :	Mr. Prabhakar Anand P	<b>Reg. No</b> :	403100708
<b>Sex/Age</b> :	Male/39 Years	<b>Reg. Date</b> :	09-Mar-2024 03:50 PM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	09-Mar-2024 04:33 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: -1.50

CY: -1.75

AX: 32

#### LEFT EYE

SP : -1.75

CY : -1.50

AX :154

	Without Glasses	With Glasses
Right Eye	6/12	6/5
Left Eye	6/12	6/5

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

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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

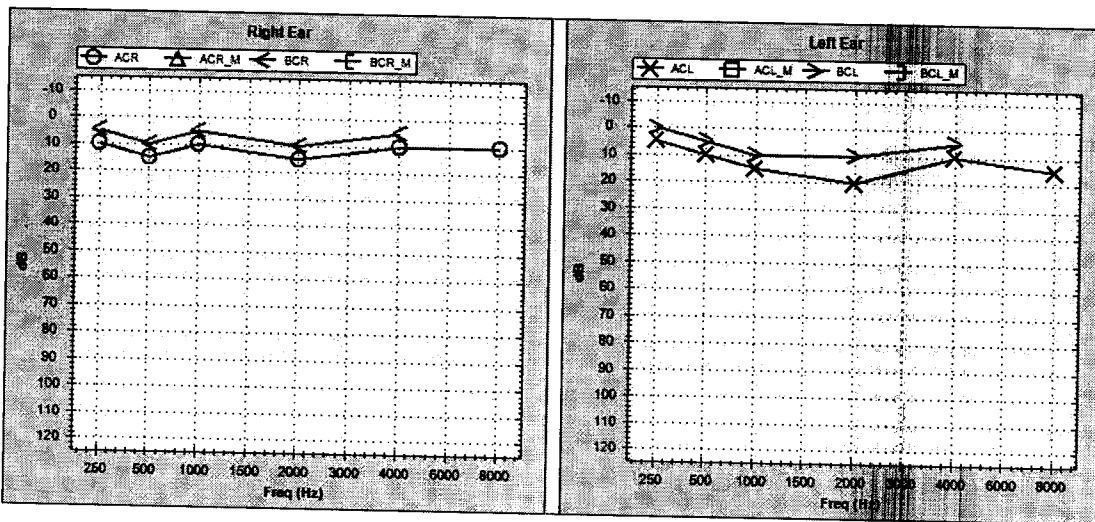


## LABORATORY REPORT

Name : Mr. Prabhakar Anand P  
 Sex/Age : Male/39 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403100708  
 Reg. Date : 09-Mar-2024 03:50 PM  
 Collected On :  
 Report Date : 09-Mar-2024 04:33 PM

## AUDIOGRAM



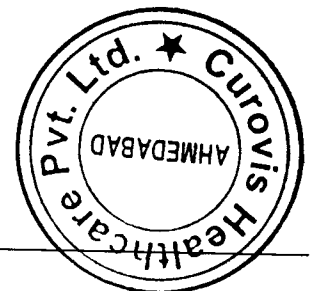
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⊔	>	Blue
RIGHT		△	○	⊔	<	Red

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

*Jay Soni*

Dr. Jay Soni  
 M.D, GENERAL MEDICINE