

Form-7  
1012 68574

VALID THROUGHOUT INDIA

GUJARAT STATE  
Driving Licence

Number: GJ01-2004-07/1730  
Issued on: 26-11-2003

Name: SHEETI  
GULSHHA  
KALPESH

Signature of Licensee: 

Address: B-33, GAUNDHI PARK  
BAPUNAGAR  
AHMEDABAD, 380024

DOB: 19-10-1983  
Owe: LMV  
MC/10G

Is licensed to drive from: 26-11-2008 to: 26-11-2009

Valid for other than Transport Vehicles from: to: 26-11-2023

Valid for Transport Vehicles

Holder's Name: 

Issued on: 26-11-2003

Licensing Authority: 

~~Sheeti~~

8128293993

19/10/1983

B-33, Gandhi Park Society,

Vistnagar

Ahmedabad





**LABORATORY REPORT**

Name : Mrs. Gulisha Kalpesh Shete  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101593  
Reg. Date : 23-Mar-2024 05:53 PM  
Collected On :  
Report Date : 26-Mar-2024 04:11 PM

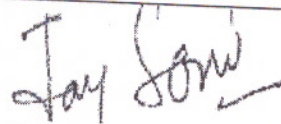
**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :154  
Weight (kgs) :69.8  
Blood Pressure : 130/80mmHg  
Pulse : 78/Min  
No Clubbing/Cynosis/Pallor/PedelOedem  
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**

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**TEST REPORT**

Reg. No : 403101593      Ref Id :  
 Name : Mrs. Gulisha Kalpesh Shete      Collected On : 23-Mar-2024 09:53 AM  
 Age/Sex : 40 Years / Female      Reg. Date : 23-Mar-2024 05:53 PM  
 Ref. By :      Pass. No. :      Tele No. : 8128293993  
 Sample Type : EDTA      Dispatch At :  
 Location : CHPL

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

Hemoglobin (Colorimetric method)	L 11.4	g/dL	12.5 - 16
Hematocrit (Calculated)	L 34.00	%	40 - 50
RBC Count (Electrical Impedance)	L 4.24	million/cmm	4.73 - 5.5
MCV (Calculated)	L 80.3	fL	83 - 101
MCH (Calculated)	27.0	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	13.9	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6100	/cmm	4000 - 10000
MPV (Calculated)	11.0	fL	6.5 - 12.0

**DIFFERENTIAL WBC COUNT**

	[ % ]		EXPECTED VALUES [ Abs ]	EXPECTED VALUES
Neutrophils (%)	60.60	%	40 - 80	3697 /cmm 2000 - 7000
Lymphocytes (%)	30.10	%	20 - 40	1836 /cmm 1000 - 3000
Eosinophils (%)	3.10	%	0 - 6	360 /cmm 200 - 1000
Monocytes (%)	5.90	%	2 - 10	189 /cmm 20 - 500
Basophils (%)	0.30	%	0 - 2	18 /cmm 0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology: Normocytic and Normochromic.  
 WBC Morphology: Normal


**PLATELET COUNTS**

Platelet Count (Electrical Impedance): 263000 /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 : 24-Mar-2024 05:55 PM





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Age/Sex	: 40 Years / Female			Tele No.	: 8128293993
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL
Parameter		Result		Unit	Biological Ref. Interval

**HEMATOLOGY**

**BLOOD GROUP & RH**

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

ABO

"O"

Rh (D)

Positive

Note

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

03

mm/hr

ESR AT 1 hour : 3-12

**ESR 1 hour**  
Westergreen method

**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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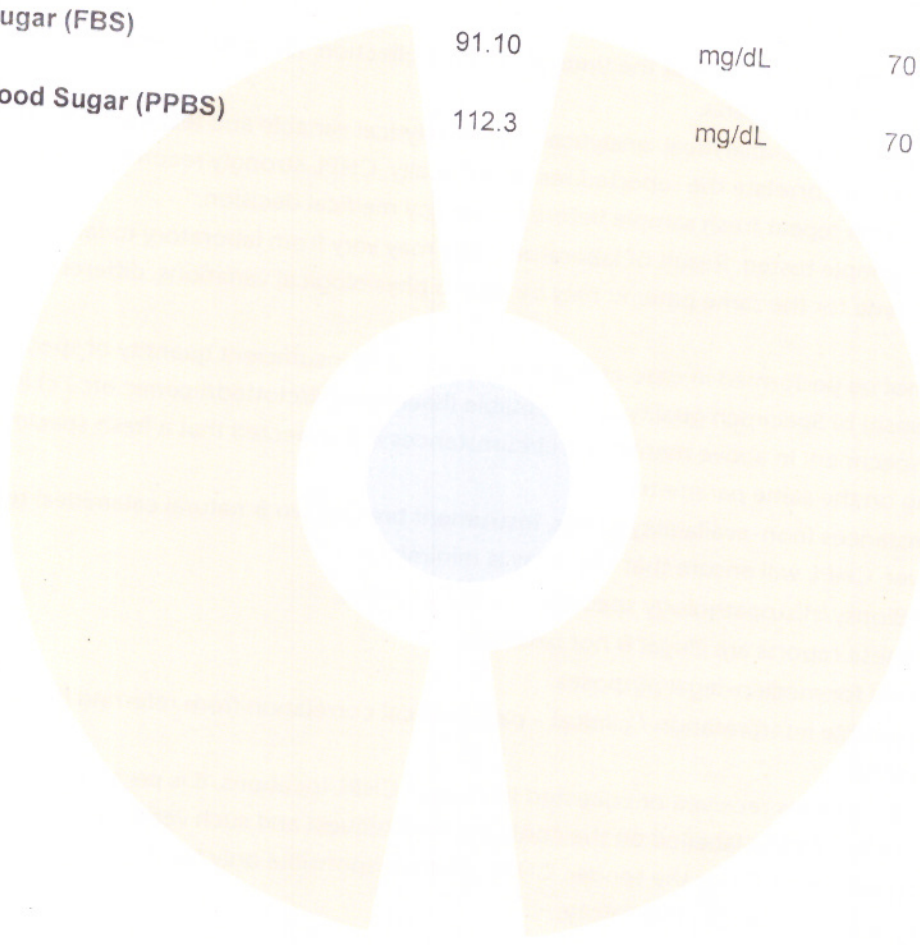
**TEST REPORT**

Reg. No	: 403101593	Ref Id	:	Collected On	: 23-Mar-2024 09:53 AM
Name	: Mrs. Gulisha Kalpesh Shete	Pass. No.	:	Reg. Date	: 23-Mar-2024 05:53 PM
Age/Sex	: 40 Years / Female			Tele No.	: 8128293993
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>	91.10	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	112.3	mg/dL	70 - 140



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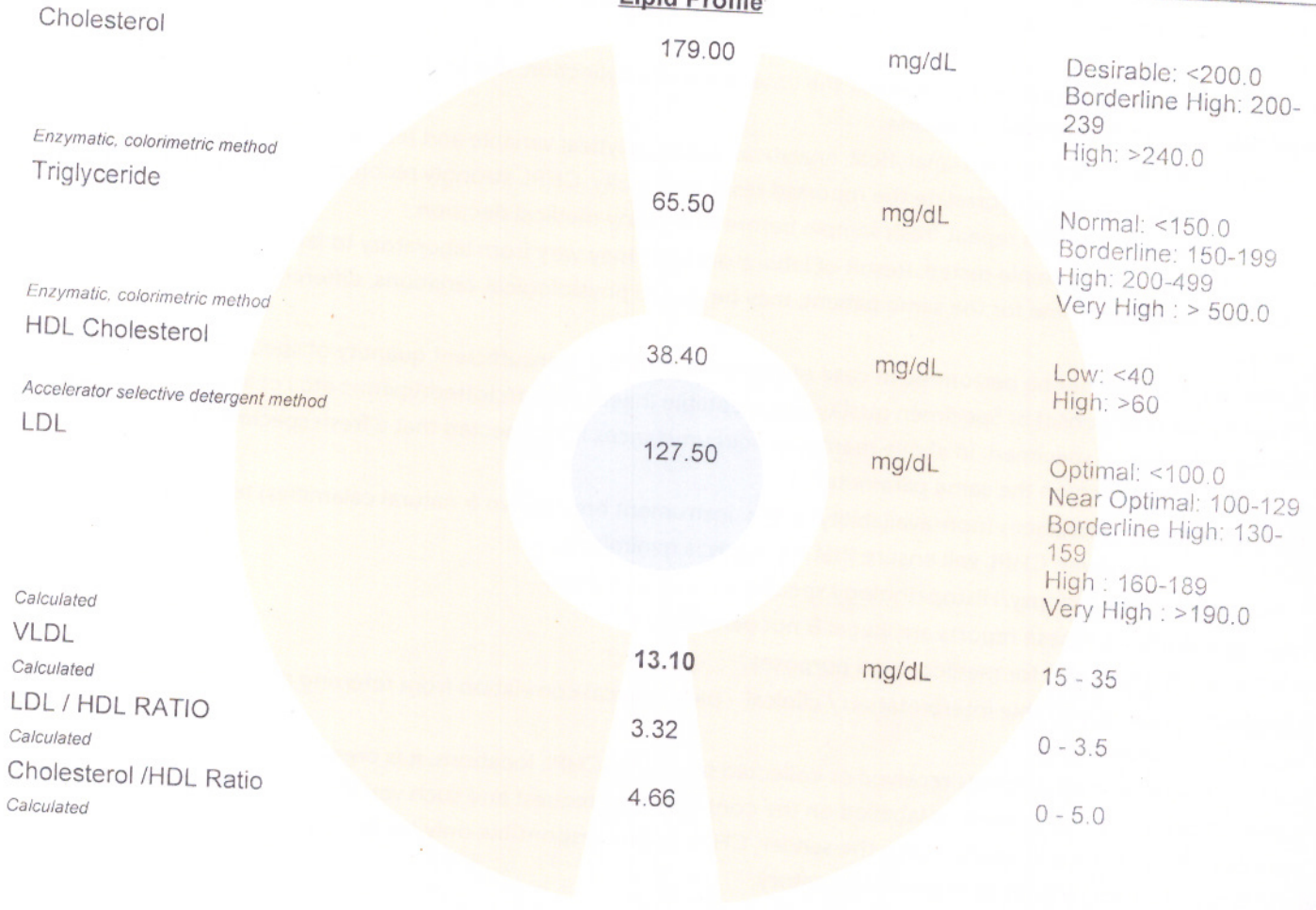


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 Age/Sex : 40 Years / Female      Reg. Date : 23-Mar-2024 05:53 PM  
 Ref. By :      Pass. No. :      Tele No. : 8128293993  
 Sample Type : Serum      Dispatch At :  
 Location : CHPL

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



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 Ref. By :      Pass. No. :      Tele No. : 8128293993  
 Sample Type : Serum      Dispatch At :  
 Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>LFT WITH GGT</b>			
Total Protein	6.86	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	4.66	g/dL	
<i>By Bromocresol Green</i> Globulin (Calculated)	2.20	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.12		0.8 - 2.0
SGOT <i>UV without P5P</i>	13.60	U/L	0 - 40
SGPT <i>UV without P5P</i>	12.30	U/L	0 - 40
Alkaline Phosphatase <i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>	48.6	IU/l	42 - 98
Total Bilirubin <i>Vanadate Oxidation</i>	0.68	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Vanadate Oxidation</i>	0.19	mg/dL	0.0 - 0.4
Indirect Bilirubin <i>Calculated</i>	0.49	mg/dL	0.0 - 1.1
GGT <i>SZASZ Method</i>	17.50	U/L	< 38

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Age/Sex	: 40 Years / Female			Tele No.	: 8128293993
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>BIO - CHEMISTRY</b>			
<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	4.43	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	0.60	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	8.40	mg/dL	6.0 - 20.0

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Age/Sex	: 40 Years / Female			Tele No.	: 8128293993
Ref. By	:			Dispatch At	:
Sample Type	: EDTA			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**  
 Specimen: Blood EDTA

*Hb A1C	5.4	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
<i>Boronate Affinity with Fluorescent Quenching</i> Mean Blood Glucose	108.28	mg/dL	
<i>Calculated</i>			

**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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**TEST REPORT**

<b>Reg. No</b> : 403101593	<b>Ref Id</b> :	<b>Collected On</b> : 23-Mar-2024 09:53 AM
<b>Name</b> : Mrs. Gulisha Kalpesh Shete		<b>Reg. Date</b> : 23-Mar-2024 05:53 PM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8128293993
<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	5.0	4.6 - 8.0
Sp. Gravity	1.010	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	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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Age/Sex	: 40 Years / Female			Tele No.	: 8128293993
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>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	1.20	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>	12.30	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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Age/Sex : 40 Years / Female      Reg. Date : 23-Mar-2024 05:53 PM  
Ref. By :      Pass. No. :      Tele No. : 8128293993  
Sample Type : Serum      Dispatch At :  
Location : CHPL

**TSH**      2.320       $\mu$ 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

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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Age/Sex : 40 Years / Female      Reg. Date : 23-Mar-2024 05:53 PM  
Ref. By :      Pass. No. :      Tele No. : 8128293993  
Sample Type : Body Fluid      Dispatch At :  
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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#### CYTOPATHOLOGY

#### CYTOLOGY REPORT

#### CYTOLOGY REPORT

Specimen :  
Conventional PAP smear

Gross Examination :  
Single unstained slide is received. PAP stain is done.

Microscopic Examination :  
Smear is satisfactory for evaluation.  
Many sheets and clusters of superficial and intermediate squamous epithelial cells are seen.  
No evidence of intraepithelial lesion / malignancy.

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

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

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

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

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**LABORATORY REPORT**

Name : Mrs. Gulisha Kalpesh Shete  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101593  
Reg. Date : 23-Mar-2024 05:53 PM  
Collected On :  
Report Date : 26-Mar-2024 08:33 AM

**Electrocardiogram**

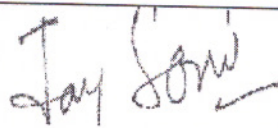
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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BULLISHH  
SHETE

44

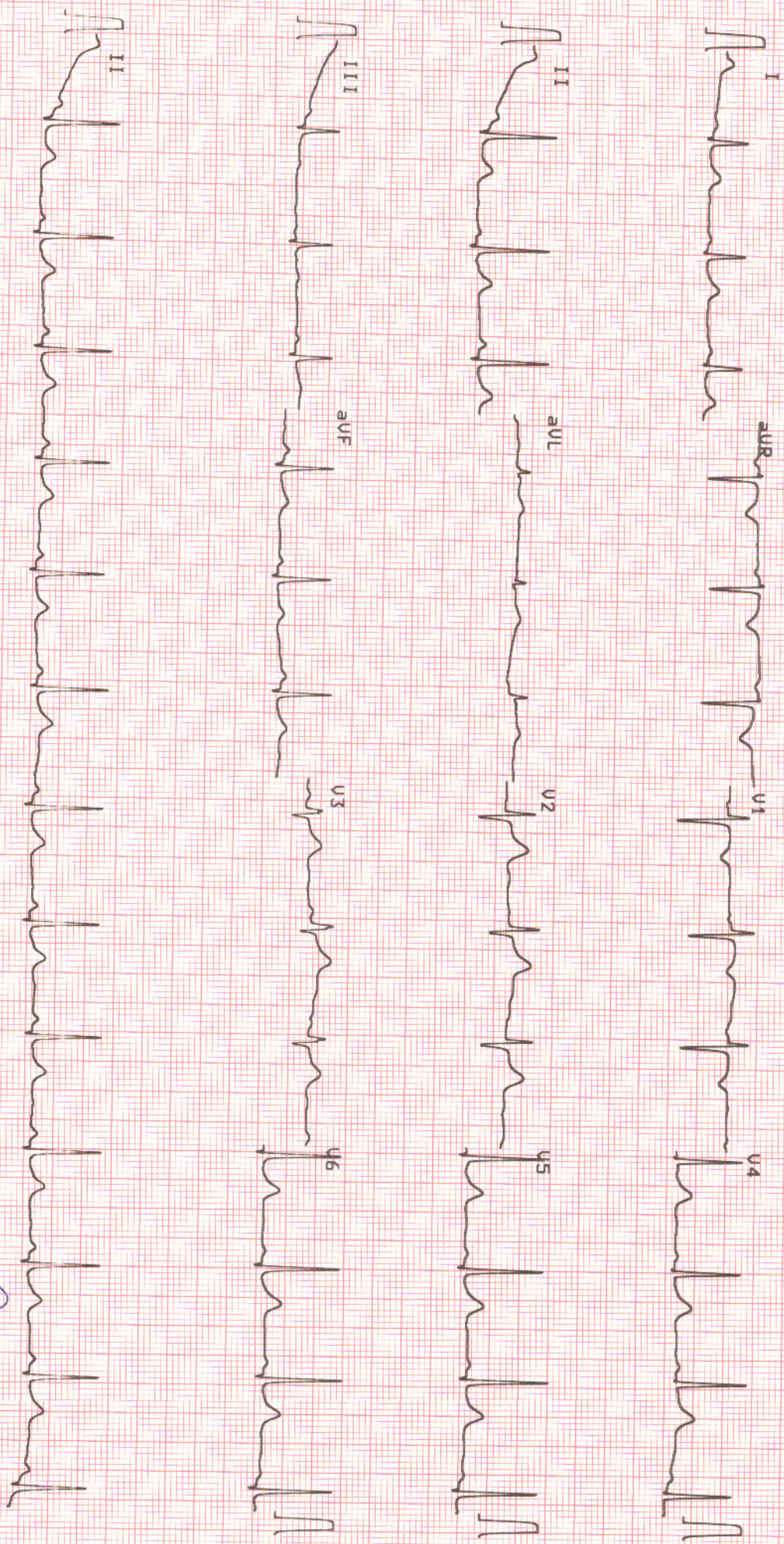
HR 78/min

Axis: P 57°  
QRS 59°  
T 34°

42 years Female  
154 cm / 70 kg

Intervals:  
RR 771 ms  
P 76 ms  
PR 122 ms  
QRS 72 ms  
QT 346 ms  
QTc 398 ms  
(Bazett)

P (II) 0.12 mV  
S (V1) -1.03 mV  
R (V5) 1.71 mV  
Sokol. 2.74 mV



10 mm/mV

10 mm/mV

25 mm/s

SCHILLER

0.25 25 Hz F50 55F 60S 23.03.2024 13:33:31

CURIOUS HEALTHCARE

*[Signature]*

RT 102 p105 1124 0





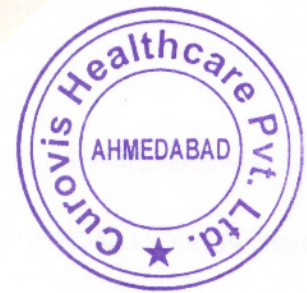
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Name : Mrs. Gulisha Kalpesh Shete  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

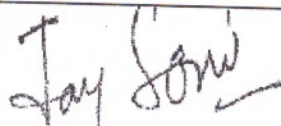
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**2D Echo Colour Doppler**

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, Trivial 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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Collected On :  
Report Date : 23-Mar-2024 06:55 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

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

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

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





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Client Name : Mediwheel

Reg. No : 403101593  
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Collected On :  
Report Date : 23-Mar-2024 06:54 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.

**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.**

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Consultant Radiologist  
MB,DMRE  
Reg No:0494



**LABORATORY REPORT**

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Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101593  
Reg. Date : 23-Mar-2024 05:53 PM  
Collected On :  
Report Date : 26-Mar-2024 03:48 PM

**Eye Check - Up**

No Eye Complaints

**RIGHT EYE**

SP: +0.50

CY: -0.25

AX: 132

**LEFT EYE**

SP : +0.75

CY : +0.00

AX :00

	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)



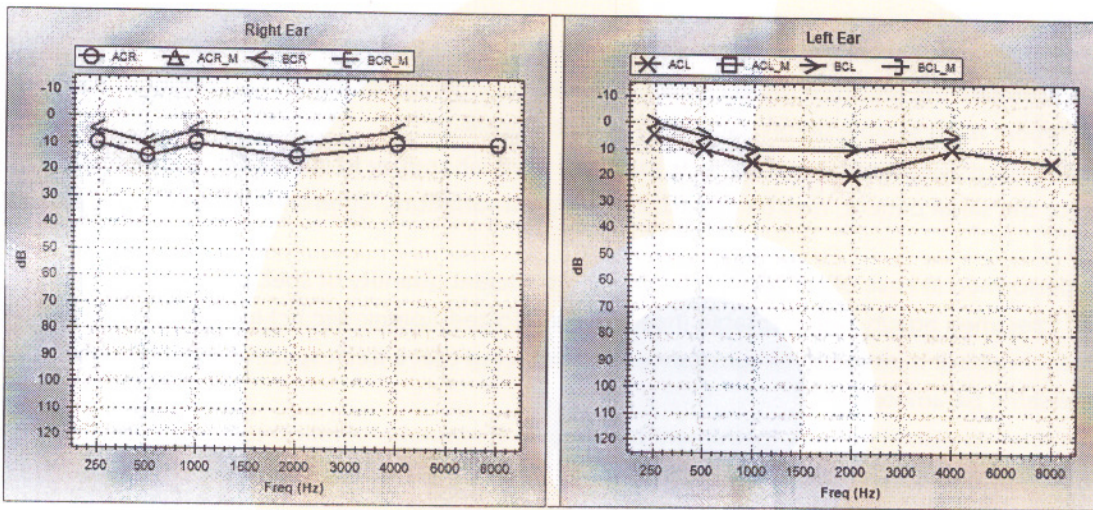


**LABORATORY REPORT**

Name : Mrs. Gulisha Kalpesh Shete  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101593  
Reg. Date : 23-Mar-2024 05:53 PM  
Collected On :  
Report Date : 26-Mar-2024 03:48 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	11
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



This is an electronically authenticated report

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