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ભારત સરકાર  
Government of India

આધાર

નરેન્દ્ર પર્માર  
Narendra Parmar  
જન્મ તારીખ/DOB: 27/03/1981  
પુલક/ MALE

Issue Date: 30/10/2013



8893 5489 2247

VID : 9192 8212 7582 2527

મારી આધાર, મારી ઓળખ.

9879667714

*N. N. Parmar*

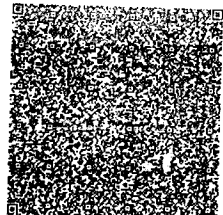
ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
Unique Identification Authority of India

આધાર

સરનામું :  
S/O: નરસિંહભાઈ, 23, બલદેવ નગર સોસાયટી, જગદંબા ફ્લેટ, 132 ફૂટ રિંગ રોડ, વેજાપુર, અહમદાબાદ શહેર, અમદાવાદ, ગુજરાત - 380051

Address:  
S/O: Narsinhbhai, 23, baldev nagar society, jagdamba flat, 132 ft ring road, vejaipur, Ahmadabad City, Ahmedabad, Gujarat - 380051

Download Date: 08/02/2022



8893 5489 2247

VID : 9192 8212 7582 2527



**LABORATORY REPORT**

Name : Mr. Narendra Parmar  
Sex/Age : Male/43 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 408100884  
Reg. Date : 17-Aug-2024 09:09 AM  
Collected On :  
Report Date : 17-Aug-2024 02:07 PM

**Medical Summary**

GENERAL EXAMINATION

Height (cms) : 161

Weight (kgs) : 57.70

Blood Pressure : 122/72mmHg

Pulse : 72/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

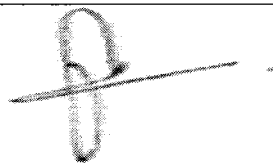
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

This is an electronically authenticated report



Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA


**TEST REPORT**

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<b>Name</b> : Mr. Narendra Parmar		<b>Reg. Date</b> : 17-Aug-2024 09:09 AM
<b>Age/Sex</b> : 43 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9879667714
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

Parameter	Results	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (CBC)</b>			
Hemoglobin (Colorimetric method)	14.5	g/dL	13.5 - 18
Hematocrit (Calculated)	43.40	%	40 - 50
RBC Count (Electrical Impedance)	L 4.47	million/cmm	4.73 - 5.5
MCV (Calculated)	97.1	fL	83 - 101
MCH (Calculated)	H 32.6	Pg	27 - 32
MCHC (Calculated)	33.5	%	31.5 - 34.5
RDW (Calculated)	H 14.6	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	4690	/cmm	4000 - 10000
MPV (Calculated)	10.3	fL	6.5 - 11.5

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>	<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	49.50 %	40 - 80	2322 /cmm	2000 - 7000
Lymphocytes (%)	39.40 %	20 - 40	1848 /cmm	1000 - 3000
Eosinophils (%)	4.00 %	0 - 6	314 /cmm	200 - 1000
Monocytes (%)	6.70 %	2 - 10	188 /cmm	20 - 500
Basophils (%)	0.40 %	0 - 2	19 /cmm	0 - 100

**PERIPHERAL SMEAR STUDY**

RBC Morphology Normocytic and Normochromic.  
 WBC Morphology Normal


**PLATELET COUNTS**

Platelet Count (Electrical Impedance) 210000 /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets Platelets are adequate with normal morphology.  
 Parasites Malarial parasite is not detected.  
 Comment -

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**Approved By :**   
 Dr. Purvish Darji  
 MD (Pathology)

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Name	: Mr. Narendra Parmar			Reg. Date	: 17-Aug-2024 09:09 AM
Age/Sex	: 43 Years / Male	Pass. No.	:	Tele No.	: 9879667714
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	"A"
Rh (D)	Negative
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	06	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 (0-1mm) 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. Narendra Parmar      Reg. Date : 17-Aug-2024 09:09 AM  
Age/Sex : 43 Years / Male      Pass. No. :      Tele No. : 9879667714  
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>	104.10	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	116.4	mg/dL	70 - 140

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<b>Name</b> : Mr. Narendra Parmar		<b>Reg. Date</b> : 17-Aug-2024 09:09 AM
<b>Age/Sex</b> : 43 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9879667714
<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	225.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	69.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	47.60	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	163.50	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>13.90</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	3.43		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.73		0 - 5.0
<i>Calculated</i>			

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<b>Age/Sex</b> : 43 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9879667714
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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**LFT WITH GGT**

Total Protein	6.53	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	4.82	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs : 3.5 - 5.2 60 - 90 yrs : 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	1.71	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.82		0.8 - 2.0
SGOT	20.20	U/L	0 - 35
<i>UV without P5P</i>			
SGPT	19.20	U/L	0 - 45
<i>UV without P5P</i>			
Alakaline Phosphatase	75.1	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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**TEST REPORT**

Reg. No : 408100884      Ref Id :  
Name : Mr. Narendra Parmar  
Age/Sex : 43 Years / Male      Pass. No. :  
Ref. By :  
Sample Type : Serum

Collected On : 17-Aug-2024 09:11 AM  
Reg. Date : 17-Aug-2024 09:09 AM  
Tele No. : 9879667714  
Dispatch At :  
Location : CHPL

Total Bilirubin      0.66      mg/dL

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

*Vanadate Oxidation*

Direct Bilirubin      0.15      mg/dL      0.0 - 0.4

*Vanadate Oxidation*

Indirect Bilirubin      0.51      mg/dL      0.0 - 1.1

*Calculated*


GGT      20.50      U/L      < 55

*SZASZ kinetic Method*

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Age/Sex : 43 Years / Male      Pass. No. :      Tele No. : 9879667714  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**Parameter      Result      Unit      Biological Ref. Interval**

**BIO - CHEMISTRY**

**Uric Acid**  
*Enzymatic, colorimetric method*      3.73      mg/dL      3.5 - 7.2


**Creatinine**  
*Enzymatic Method*      0.98      mg/dL      0.7 - 1.3

**BUN**  
*UV Method*      13.20      mg/dL      6.0 - 20.0

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Age/Sex	: 43 Years / Male	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	: CHPL		
Sample Type	: EDTA				

Parameter	Result	Unit	Biological Ref. Interval
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**HEMOGLOBIN A1 C ESTIMATION**

Specimen: Blood EDTA

*Hb A1C	5.6	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

*Boronate Affinity with Fluorescent Quenching*

Mean Blood Glucose	114.02	mg/dL
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*Calculated*
**Degree of Glucose Control Normal Range:**

Poor Control &gt;7.0% \*

Good Control 6.0 - 7.0 %\*\*Non-diabetic level &lt; 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>Age/Sex</b> : 43 Years / Male	<b>Pass. No.</b> :	<b>Tele No.</b> : 9879667714
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Urine Spot		<b>Location</b> : CHPL

<b>Test</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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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	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	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
---	------	-------	-------------

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>	7.60	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Pass. No. :      Tele No. : 9879667714  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**TSH**      4.130      µIU/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 µIU/mL

Second Trimester : 0.2 to 3.0 µIU/mL


Third trimester : 0.3 to 3.0 µIU/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>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**

<b>TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)</b> <small>CMA</small>	2.10	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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Name : Mr. Narendra Parmar  
Sex/Age : Male/43 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 408100884  
Reg. Date : 17-Aug-2024 09:09 AM  
Collected On :  
Report Date : 17-Aug-2024 04:33 PM

**Electrocardiogram**

**Findings**

LBBB.

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Dr. Parth S Patel  
MBBS. MD. FNB

DR.MUKESH LADDHA

Patient Name: **Parman, Narendra**  
Age: **42 Year** Sex: **M** Date: **10/27/18**

Intervals:  
PR **98 ms**  
P-R **146 ms**  
QR5 **90 ms**  
QT **360 ms**  
QTc **396 ms**

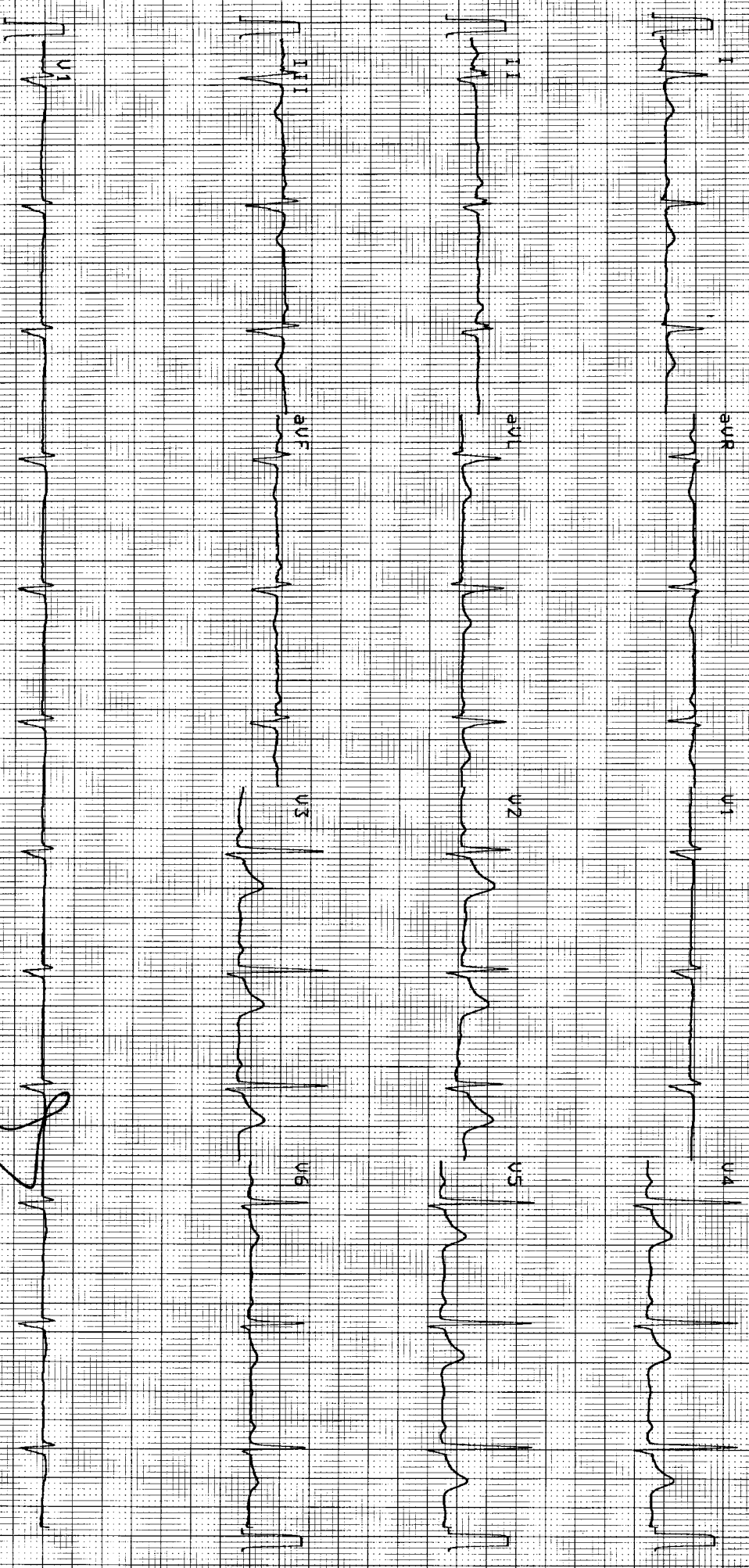
P (I1) **0.11 mV**  
S (U1) **-0.42 mV**  
R (U5) **1.69 mV**  
Sokol **2.11 mV**

ECG Diagnosis:  
**LEFTWARD AXIS**  
**ABNORMALITY IN INFERIOR LEADS**  
**UNCONFIRMED REPORT**

**2BBB**

10 mm/mV

10 mm/mV



*Handwritten signature*





**LABORATORY REPORT**

Name : Mr. Narendra Parmar  
Sex/Age : Male/43 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 408100884  
Reg. Date : 17-Aug-2024 09:09 AM  
Collected On :  
Report Date : 17-Aug-2024 04:33 PM

**2D Echo Colour Doppler**

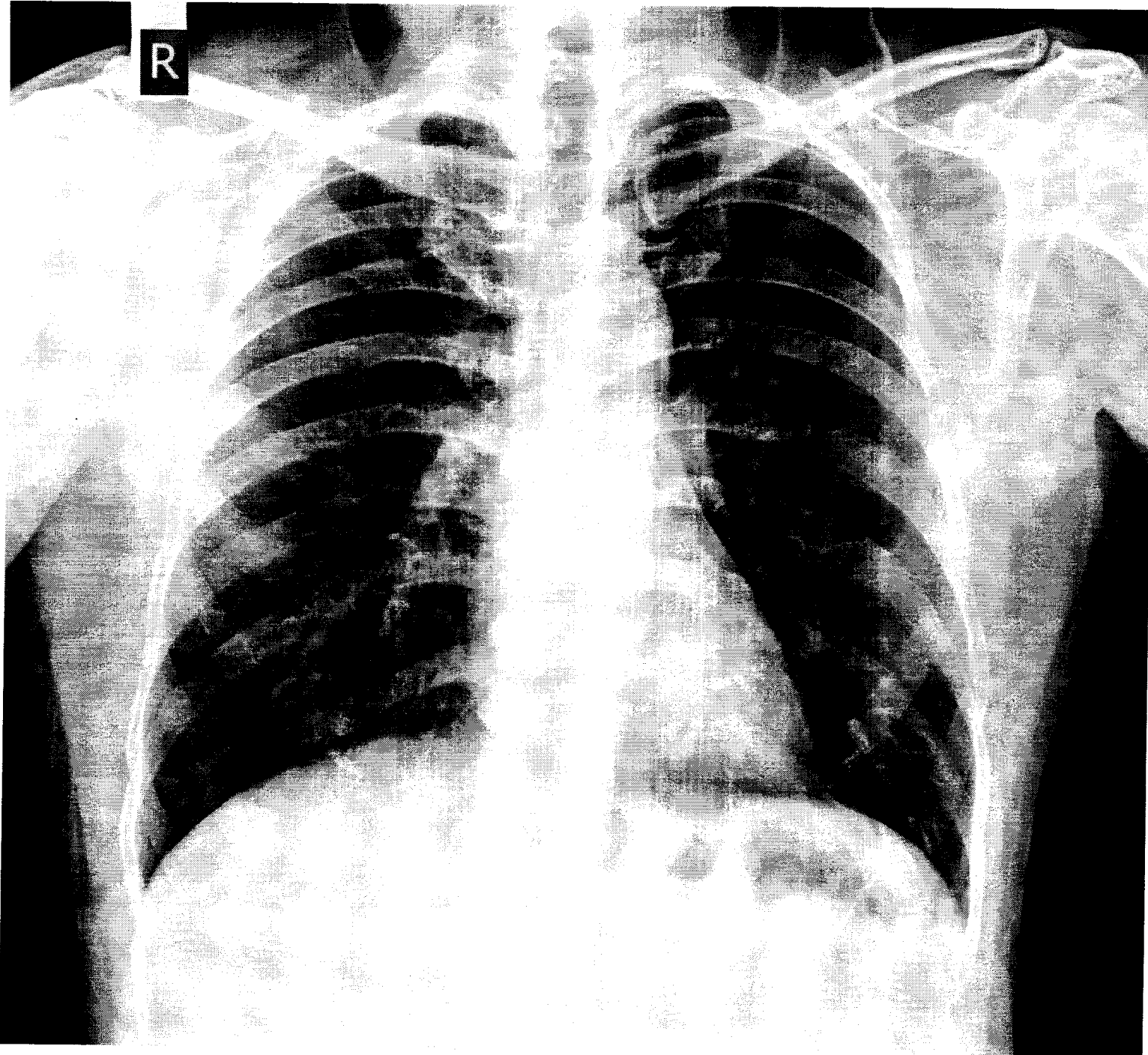
1. Normal sized LA, LV, RA, RV.
2. Fair LV systolic function, LVEF: 55 %.
3. No RWMA.
4. Normal LV compliance.
5. All cardiac valves are structurally normal.
6. Trivial MR, Trivial TR, Trivial PR, Trivial AR.
7. No PAH, RVSP: 24 mmHg, AOVP: 0.92 m/s, PVP: 0.61 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report

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

**DR.MUKESH LADDHA**

R



**NARENDRA PARMAR 42Y/M**

**17/08/2024**

**CUROVIS HEALTHCARE**



**LABORATORY REPORT**

**Name** : Mr. Narendra Parmar **Reg. No** : 408100884  
**Sex/Age** : Male/43 Years **Reg. Date** : 17-Aug-2024 09:09 AM  
**Ref. By** : **Collected On** :  
**Client Name** : Mediwheel **Report Date** : 17-Aug-2024 04:00 PM

**Eye Check - Up**

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -0.75

AX: 77

LEFT EYE

SP : +0.25

CY : -0.75

AX :101

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

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

Color Vision : Normal

Comments: Normal

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

This is an electronically authenticated report



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

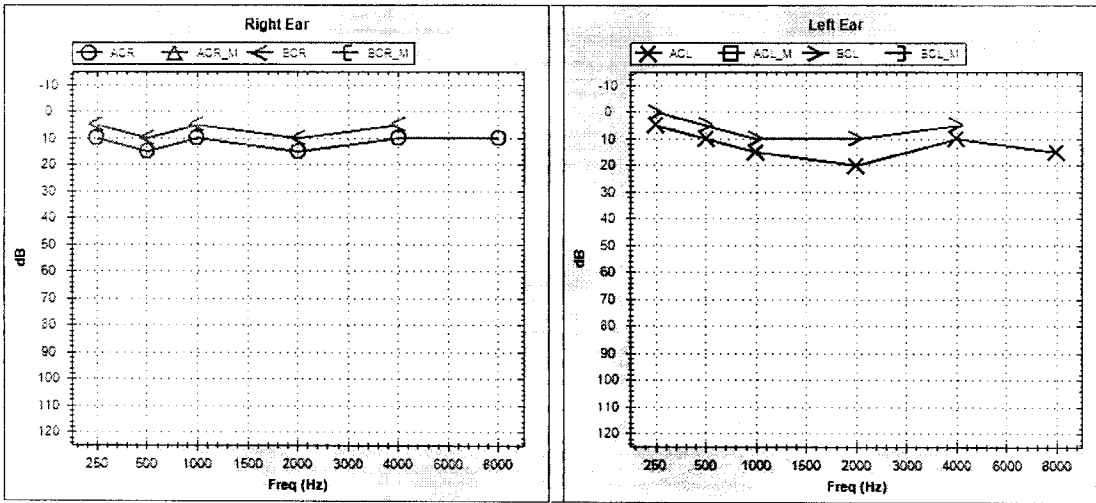


## LABORATORY REPORT

Name : Mr. Narendra Parmar  
 Sex/Age : Male/43 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 408100884  
 Reg. Date : 17-Aug-2024 09:09 AM  
 Collected On :  
 Report Date : 17-Aug-2024 04:00 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	11.0	11.0
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

This is an electronically authenticated report

  
 Dr Kejal Patel  
 MB,DO(Ophth)