

भारत सरकार
Government of India

राहुल
Rahul
जन्म तिथि/DOB: 10/05/1992
पुरुष/ MALE

Issue Date: 24/09/2013

8808 3076 1252
VID : 2146 7806 2687 3625

भारत आभार, मेरी पहचान

9467793811

218m



LABORATORY REPORT

Name : Mr. Rahul
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101612
Reg. Date : 23-Mar-2024 06:35 PM
Collected On :
Report Date : 26-Mar-2024 04:15 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :160

Weight (kgs) :66.9

Blood Pressure : 128/70mmHg

Pulse : 64/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



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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TEST REPORT

Reg. No	: 403101612	Ref Id	:	Collected On	: 23-Mar-2024 10:36 AM
Name	: Mr. Rahul	Pass. No.	:	Reg. Date	: 23-Mar-2024 06:35 PM
Age/Sex	: 31 Years / Male			Tele No.	: 9467793811
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)	15.3	g/dL	13.5 - 18
Hematocrit (Calculated)	45.50	%	40 - 50
RBC Count (Electrical Impedance)	5.09	million/cmm	4.73 - 5.5
MCV (Calculated)	89.4	fL	83 - 101
MCH (Calculated)	30.0	Pg	27 - 32
MCHC (Calculated)	33.6	%	31.5 - 34.5
RDW (Calculated)	12.1	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7040	/cmm	4000 - 10000
MPV (Calculated)	10.8	fL	6.5 - 11.5

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	54.50	%	40 - 80	3837 /cmm	2000 - 7000
Lymphocytes (%)	38.20	%	20 - 40	2689 /cmm	1000 - 3000
Eosinophils (%)	1.00	%	0 - 6	422 /cmm	200 - 1000
Monocytes (%)	6.00	%	2 - 10	70 /cmm	20 - 500
Basophils (%)	0.30	%	0 - 2	21 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology	Normocytic and Normochromic.
WBC Morphology	Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance)	104000	/cmm	150000 - 450000
Electrical Impedance			
Platelets	Platelets are decreased on smear.		
Parasites	Malarial parasite is not detected.		
Comment	-		

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Approved By : 
 Dr. Purvish Darji
 MD (Pathology)

Approved On : 25-Mar-2024 11:09 AM
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TEST REPORT

Reg. No : 403101612 Ref Id :
Name : Mr. Rahul Collected On : 23-Mar-2024 10:36 AM
Age/Sex : 31 Years / Male Pass. No. : Reg. Date : 23-Mar-2024 06:35 PM
Ref. By : Tele No. : 9467793811
Sample Type : EDTA Dispatch At :
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) : Positive
Note : -

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour : 04 mm/hr ESR AT 1 hour : 1-7
Westergreen method

ERYTHRO SEDIMENTATION RATE, BLOOD -
Erythrocyte sedimentation rate (ESR) is a non-specific phenomenon 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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TEST REPORT

Reg. No : 403101612 Ref Id :
Name : Mr. Rahul Collected On : 23-Mar-2024 02:00 AM
Age/Sex : 31 Years / Male Pass. No. : Reg. Date : 23-Mar-2024 06:35 PM
Ref. By : Tele No. : 9467793811
Sample Type : Flouride F, Flouride PP Dispatch At :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	90.10	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	85.8	mg/dL	70 - 140

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Name	: Mr. Rahul	Pass. No.	:	Reg. Date	: 23-Mar-2024 06:35 PM
Age/Sex	: 31 Years / Male			Tele No.	: 9467793811
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
Lipid Profile			
Cholesterol	182.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	304.20	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	38.40	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	82.76	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	60.84	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.16		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.74		0 - 5.0
<i>Calculated</i>			

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Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	7.36	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	5.33	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.03	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.63		0.8 - 2.0
SGOT	22.20	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	34.90	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	46.7	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	2.55	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.45	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	2.10	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	26.20	U/L	< 55
<i>SZASZ Method</i>			

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Name : Mr. Rahul		Reg. Date : 23-Mar-2024 06:35 PM
Age/Sex : 31 Years Male	Pass. No. :	Tele No. : 9467793811
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.76	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.77	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	10.70	mg/dL	6.0 - 20.0

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Age/Sex	: 31 Years / Male	Pass. No.	:	Tele No.	: 9467793811
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	5.0	% 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	96.80	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 effects 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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Name : Mr. Rahul		Reg. Date : 23-Mar-2024 06:35 PM
Age/Sex : 31 Years / Male	Pass. No. :	Tele No. : 9467793811
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

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

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.0	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	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	: 31 Years / Male	Pass. No.	:	Tele No.	: 9467793811
Ref. By	:			Dispatch At	:
Sample Type	: Serum			Location	: CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</i>	0.99	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.

T4 (Thyroxine) <i>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</i>	8.40	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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Reg. No : 403101612 Ref Id :
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Age/Sex : 31 Years / Male Pass. No. : Reg. Date : 23-Mar-2024 06:35 PM
Ref. By : Tele No. : 9467793811
Sample Type : Serum Dispatch At :
Location : CHPL

TSH 3.240 μ 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 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ 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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TEST REPORT

Reg. No : 403101612 Ref Id :
Name : Mr. Rahul
Age/Sex : 31 Years / Male Pass. No. :
Ref. By :
Sample Type : Serum

Collected On : 23-Mar-2024 10:36 AM
Reg. Date : 23-Mar-2024 06:35 PM
Tele No. : 9467793811
Dispatch At :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.50	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 = $\frac{\text{free PSA}}{\text{total PSA}} \times 100$

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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LABORATORY REPORT

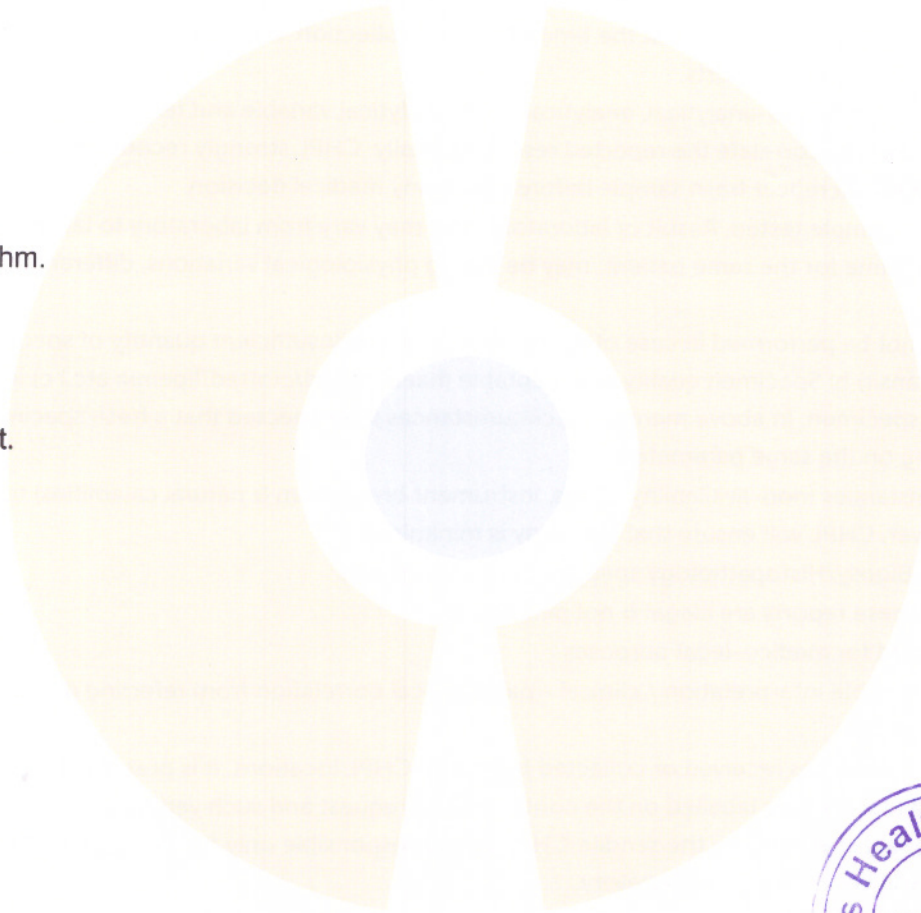
Name : Mr. Rahul	Reg. No : 403101612
Sex/Age : Male/31 Years	Reg. Date : 23-Mar-2024 06:35 PM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 26-Mar-2024 08:26 AM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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RAHUL SHARMA
53

Male

31 years
160 cm / 67 kg

HR 64/min

Axis: 0°

Intervals:

RR 944 ms

P 98 ms

PR 148 ms

QR5 92 ms

QT 358 ms

QTc 369 ms
(Bazett)

T 7°

P (II) 0.08 mV

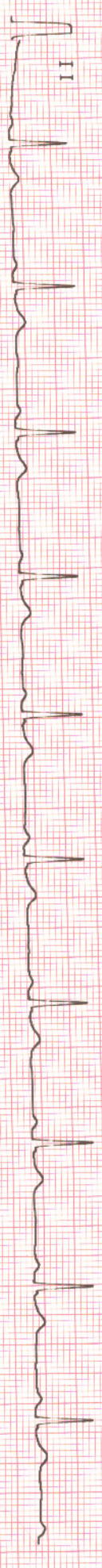
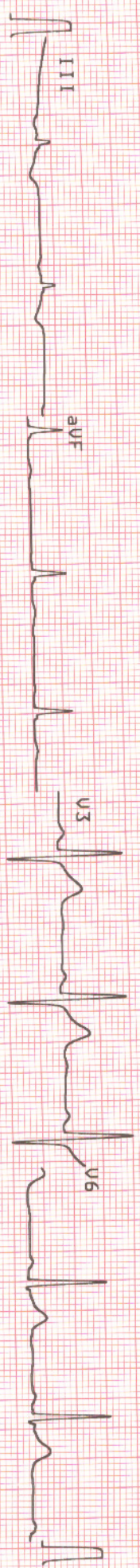
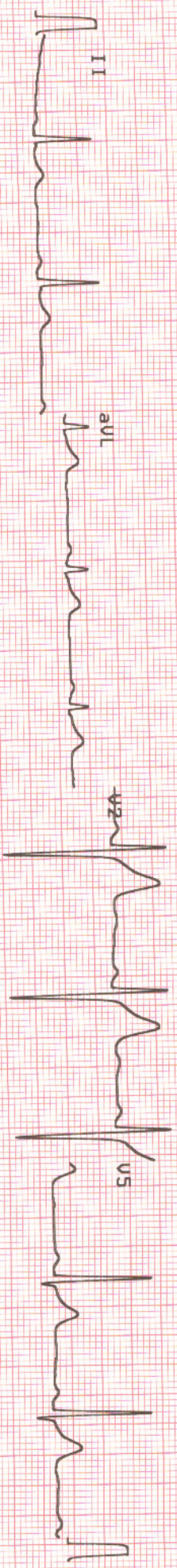
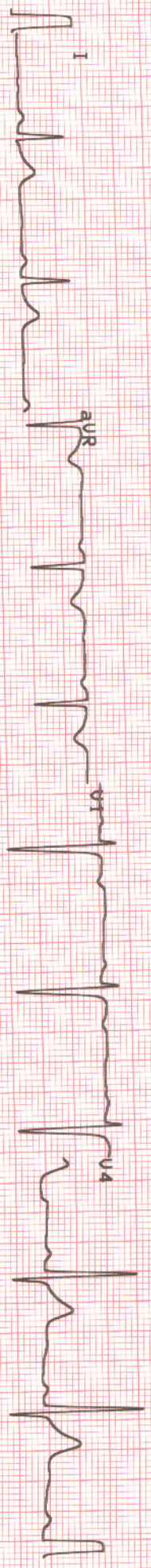
S (V1) -1.61 mV

R (V5) 1.91 mV

Sokol. 3.94 mV

10 mm/mV

10 mm/mV



12 mm/mV

25 mm/s

0.05 25 Hz 50 50 23.03.2024 14.26.08

CURVOVIS HEALTHCARE

RT 1:02 PM 11.24.24
K. J. S. M.



LABORATORY REPORT

Name : Mr. Rahul
Sex/Age : Male/31 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403101612
Reg. Date : 23-Mar-2024 06:35 PM
Collected On :
Report Date : 26-Mar-2024 08:26 AM

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, No TR, No PR, No AR.
7. No PAH, RVSP: 21 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



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Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 26-Mar-2024 06:19 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	Report Date	: 26-Mar-2024 06:23 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 either side.

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 :
NO SIGNIFICANT ABNORMALITY DETECTED.

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



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Consultant Radiologist
MB,DMRE
Reg No:0494



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Client Name : Mediwheel

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Collected On :
Report Date : 26-Mar-2024 10:24 AM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.00
CY: +0.00
AX: 00

LEFT EYE

SP : -0.75
CY : -0.25
AX :170

	Without Glasses	With Glasses
Right Eye	6/9	N. A
Left Eye	6/5	N. A

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

Fundus Examination - Within Normal Limits.

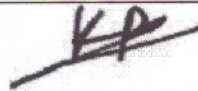
ColorVision : Normal

Comments: Normal

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



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Dr Kejal Patel
MB,DO(Ophth)

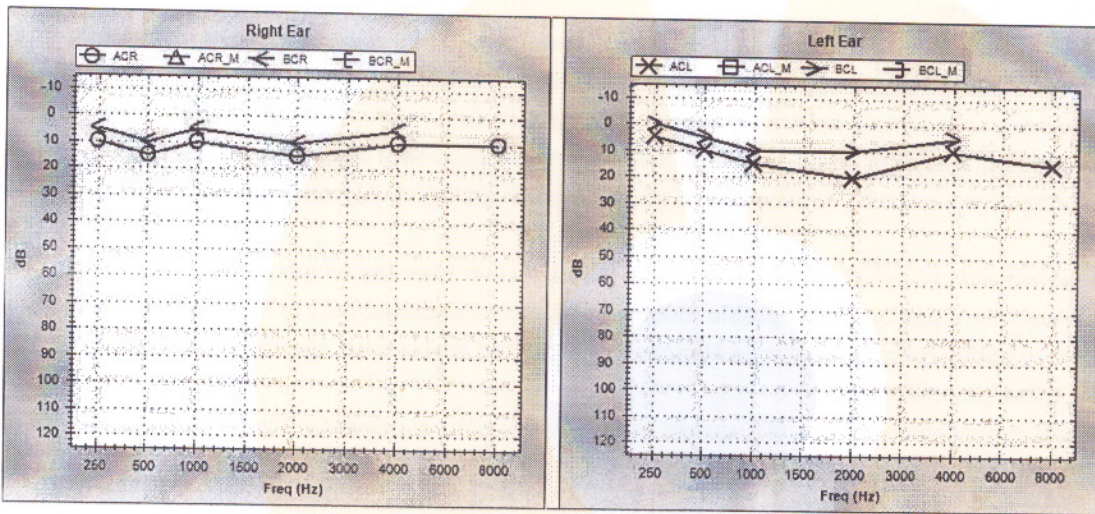


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Name : Mr. Rahul
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Ref. By :
Client Name : Mediwheel

Reg. No : 403101612
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Report Date : 26-Mar-2024 10:24 AM

AUDIOGRAM



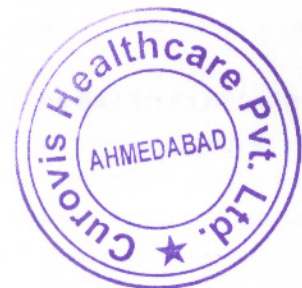
EAR \ MODE	Air Conduction		Bone Conduction		Colour Code
	Masked	UnMasked	Masked	UnMasked	
LEFT	□	X	⊔	>	Blue
RIGHT	Δ	O	⊞	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10	10
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)