



LABORATORY REPORT

Name :	Mrs. Sonal Sahil Shah	Reg. No :	403100585
Sex/Age :	Female/35 Years	Reg. Date :	08-Mar-2024 09:58 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Mar-2024 02:25 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) :153

Weight (kgs) :44.2

Blood Pressure : 90/60mmHg

Pulse : 63/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

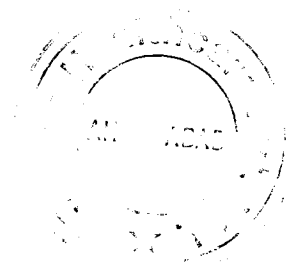
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

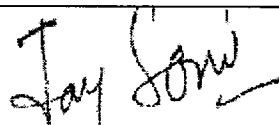
Central Nervous System - No FND

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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Download Date: 25/05/2022



भारत सरकार
INDIA



श्री. सोनल साहिल
Shah Sonal Sahil
જામ શાહીલ/DOB: 12/08/1988
સ્ત્રી FEMALE

3976 4467 1274
VID : 9141 3186 3429 2077

Issue Date: 26/12/2011

મારો માધાર, મારી ઓળખ



Shah Sonal Sahil
9725651057

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


TEST REPORT

Reg. No : 403100585	Ref Id :	Collected On : 08-Mar-2024 09:58 AM
Name : Mrs. Sonal Sahil Shah		Reg. Date : 08-Mar-2024 09:58 AM
Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9725651057
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)	L 11.4	g/dL	12.5 - 16
Hematocrit (Calculated)	L 33.20	%	40 - 50
RBC Count (Electrical Impedance)	L 3.98	million/cmm	4.73 - 5.5
MCV (Calculated)	83.6	fL	83 - 101
MCH (Calculated)	28.8	Pg	27 - 32
MCHC (Calculated)	34.4	%	31.5 - 34.5
RDW (Calculated)	13.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	6240	/cmm	4000 - 10000
MPV (Calculated)	8.8	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	67 %	40 - 80	4181 /cmm	2000 - 7000
Lymphocytes (%)	28 %	20 - 40	1747 /cmm	1000 - 3000
Eosinophils (%)	01 %	0 - 6	250 /cmm	200 - 1000
Monocytes (%)	04 %	2 - 10	62 /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) 450000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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 MD (Pathology)

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**TEST REPORT**

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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)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour <i>Westergreen method</i>	4	mm/hr	ESR AT 1 hour : 3-12
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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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MD (Pathology)**Approved On** : 08-Mar-2024 02:11 PM
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Age/Sex : 35 Years / Female **Pass. No.** : **Reg. Date** : 08-Mar-2024 09:58 AM
Ref. By : **Tele No.** : 9725651057
Sample Type : Serum,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>	82.50	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	106.8	mg/dL	70 - 140

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


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	150.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	80.80	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	46.60	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	87.24	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	16.16	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.87		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.22		0 - 5.0
<i>Calculated</i>			

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 Dr. Purvish Darji
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Age/Sex : 35 Years / Female **Pass. No.** : **Tele No.** : 9725651057
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL


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

LFT WITH GGT

Total Protein	6.48	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	3.58	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.90	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.23		0.8 - 2.0
SGOT	18.40	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	11.80	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	73.6	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.57	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.14	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.43	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	14.20	U/L	< 38
<i>SZASZ Method</i>			

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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>	2.50	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.56	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	9.40	mg/dL	6.0 - 20.0

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Age/Sex : 35 Years / Female Pass. No. : Tele No. : 9725651057
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
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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 A1c 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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Dr. Purvish Darji
MD (Pathology)

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Age/Sex : 35 Years / Female **Pass. No.** : **Tele No.** : 9725651057
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	6.0	4.6 - 8.0
Sp. Gravity	1.015	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	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Age/Sex : 35 Years / Female	Pass. No. :	Tele No. : 9725651057
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) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.96	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) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	10.90	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 : 35 Years / Female	Pass. No. :	Tele No. : 9725651057
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 2.070 μ U/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 μ U/mL


Second Trimester : 0.2 to 3.0 μ U/mL

Third trimester : 0.3 to 3.0 μ U/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	: 35 Years / Female	Pass. No.	:	Tele No.	: 9725651057
Ref. By	:			Dispatch At	:
Sample Type	: Body Fluid			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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Approved By :  **Dr. Purvish Darji**
MD (Pathology)

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LABORATORY REPORT

Name : Mrs. Sonal Sahil Shah
Sex/Age : Female/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100585
Reg. Date : 08-Mar-2024 09:58 AM
Collected On :
Report Date : 08-Mar-2024 02:55 PM

Electrocardiogram

Findings

Non Specific T inversion in II, III, aVF ,V3-V6.

Rest Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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SDMR
SHR
20
35 years
153 cm / 44 kg

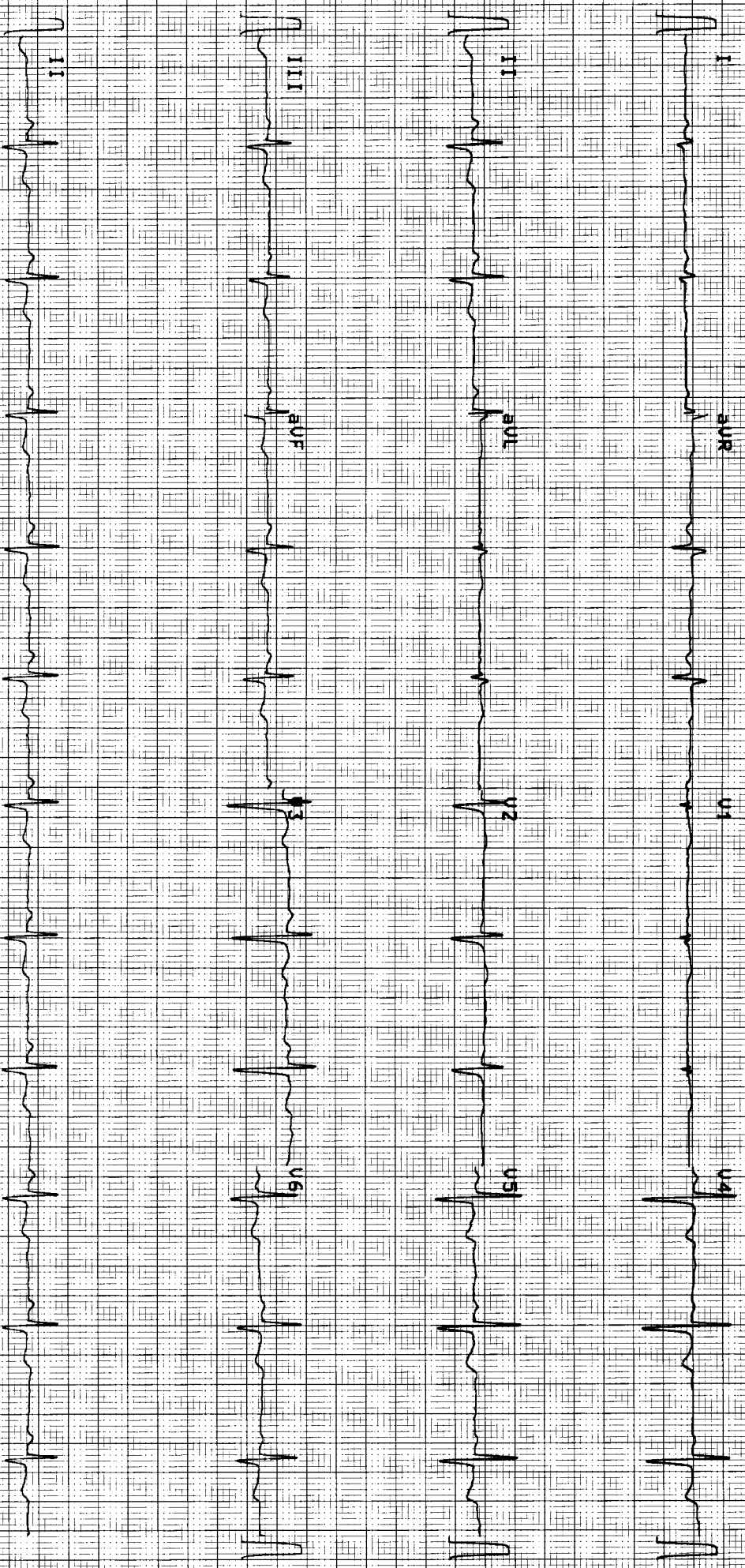
Female

HR 69/min
Intervals:
RR 875 ms
P 88 ms
PR 140 ms
QRS 80 ms
QT 346 ms
QTc 372 ms
(Bazett)

P axis: 45°
QRS 01°
T -76°

P (II) 0.11 mV
S (V1) -0.22 mV
R (V5) 0.95 mV
Sokol. 1.55 mV

Normal T wave
in S.I.II, aVF,
V3-V6



10 mm/mV

10 mm/mV

GURQUIS HEALTHCARE

01.05.25 11:55:52 00.05.2024 10:20:54

SCHILLER

Part No. 2.157017M © 0123

R.88



LABORATORY REPORT

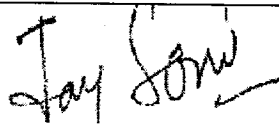
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Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Mar-2024 02:55 PM

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, No TR, No PR, No AR.
7. No PAH, RVSP: 19 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



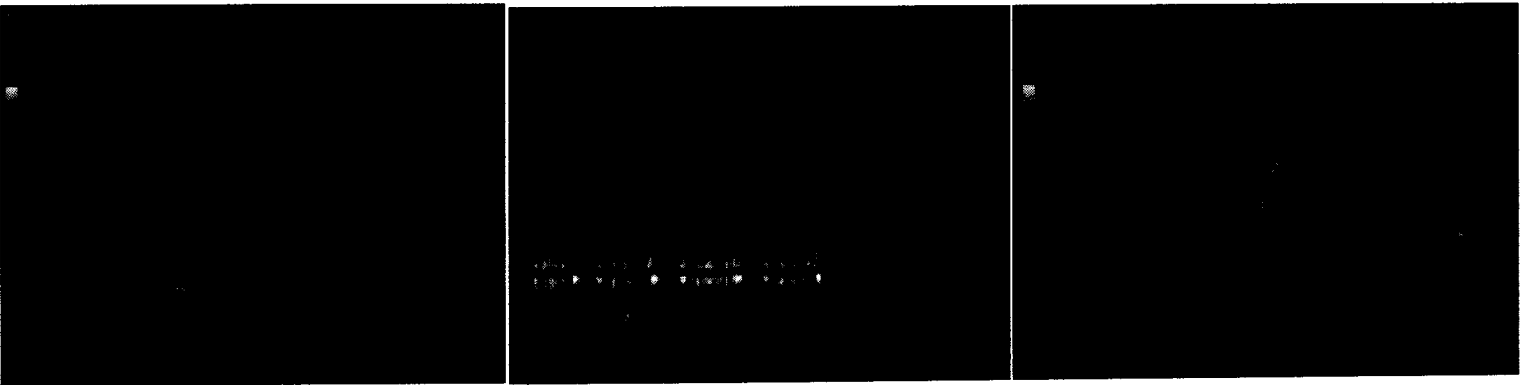
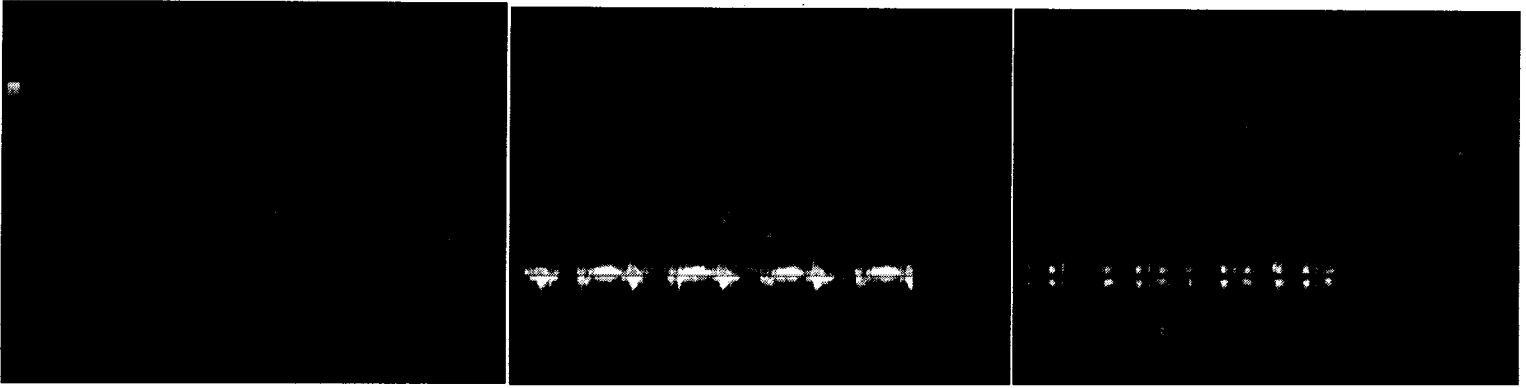
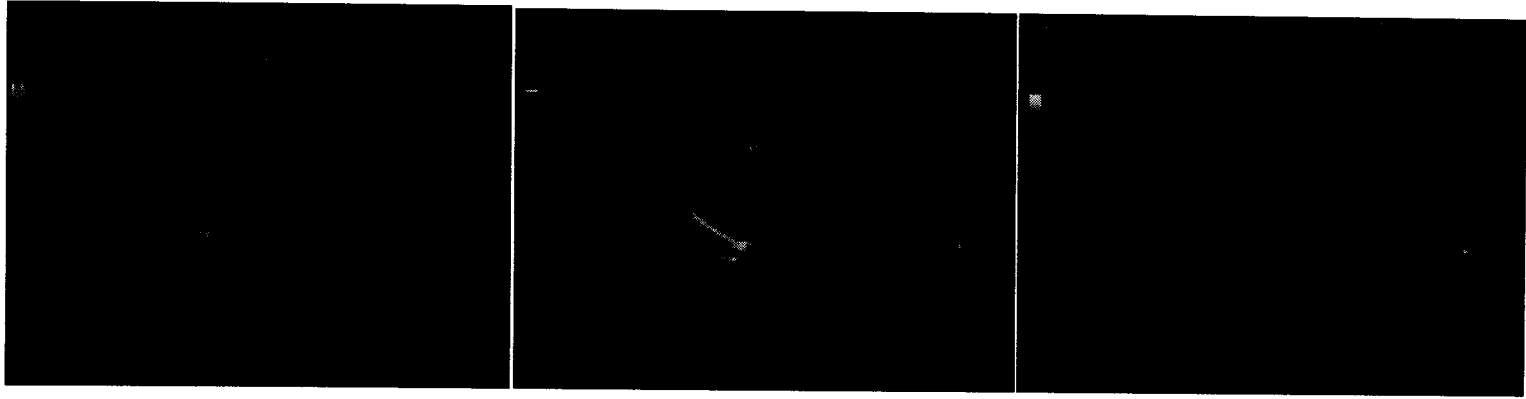
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Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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SONAL SHAH AGE 35 080324-123358PM

08/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mrs. Sonal Sahil Shah
Sex/Age : Female/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100585
Reg. Date : 08-Mar-2024 09:58 AM
Collected On :
Report Date : 08-Mar-2024 04:34 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

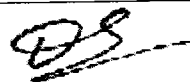
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

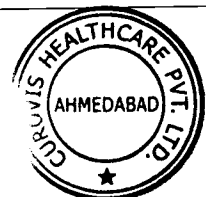
COMMENT: No significant abnormality is detected.

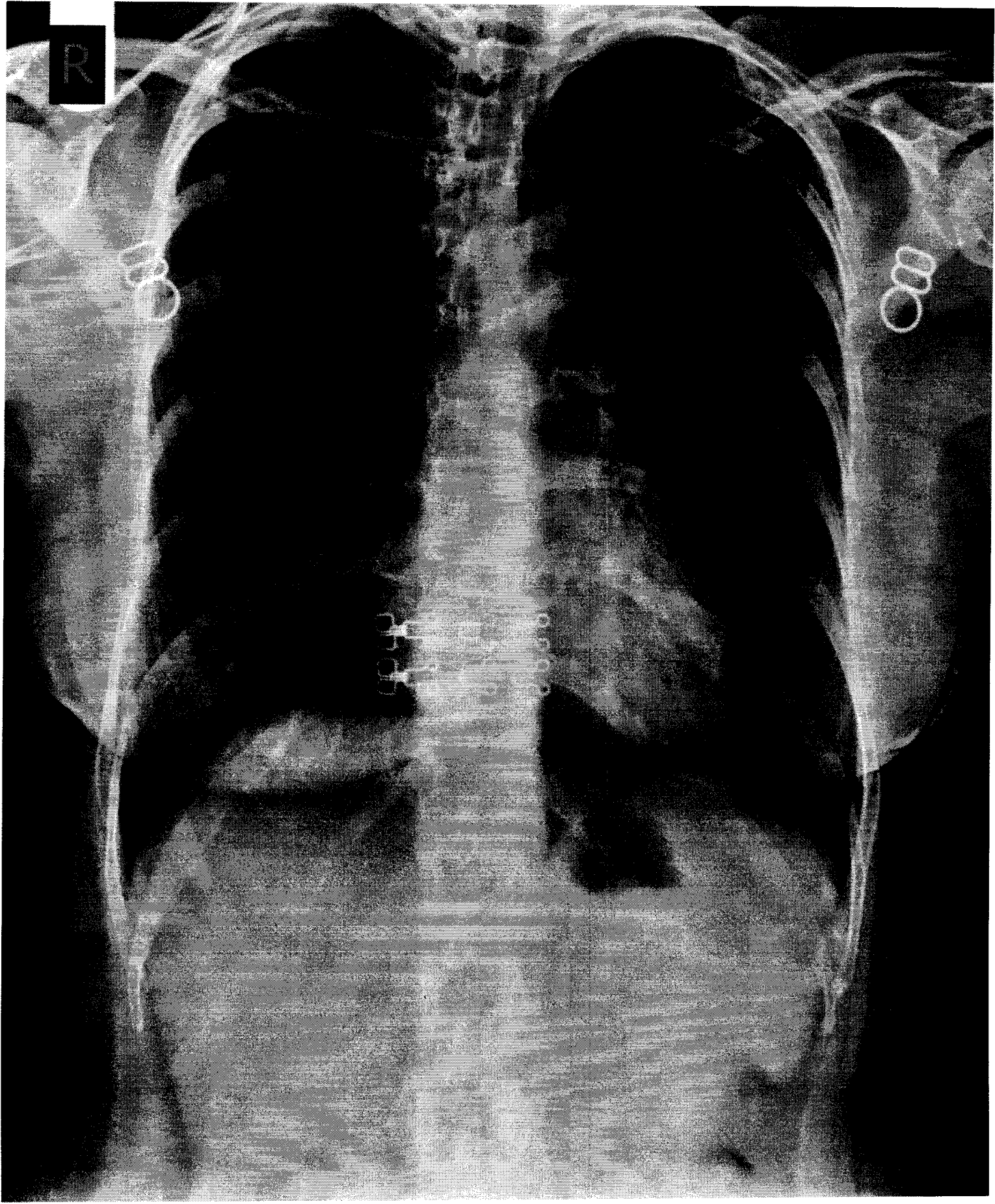
----- End Of Report -----

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





SONAL SHAH 35Y/F

08/03/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

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Sex/Age :	Female/35 Years	Reg. Date :	08-Mar-2024 09:58 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	08-Mar-2024 04:33 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.

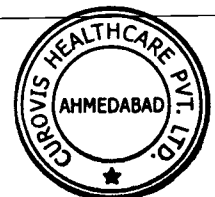
COMMENTS :

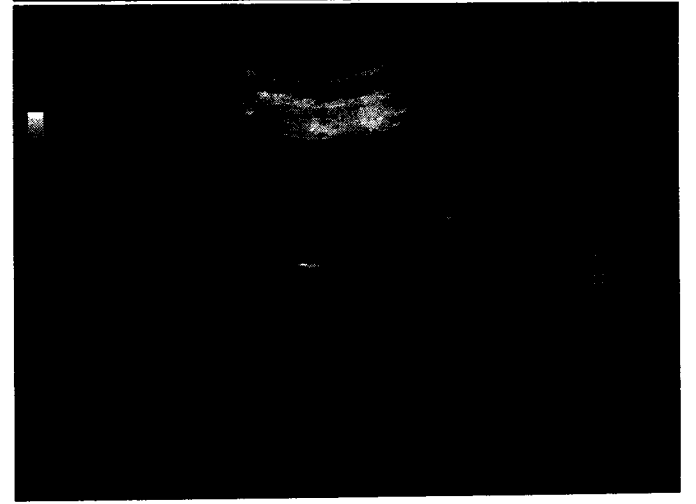
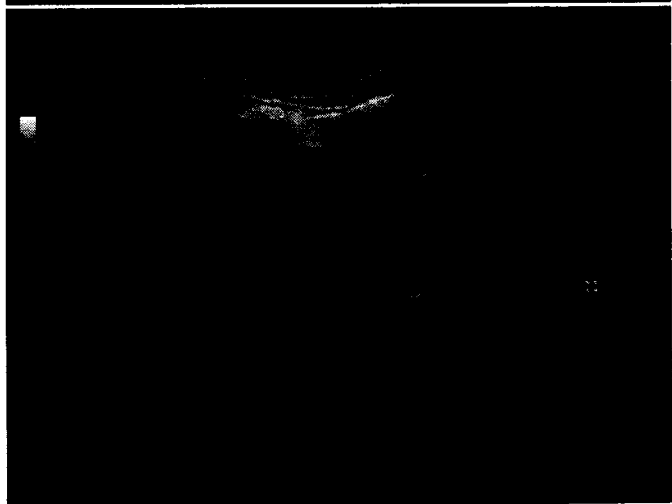
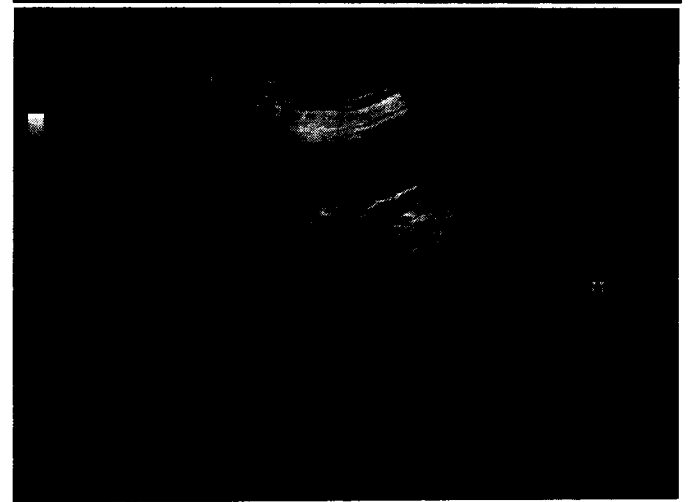
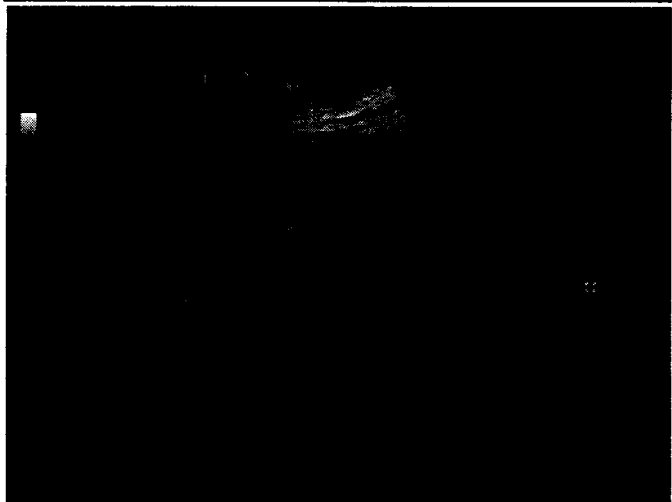
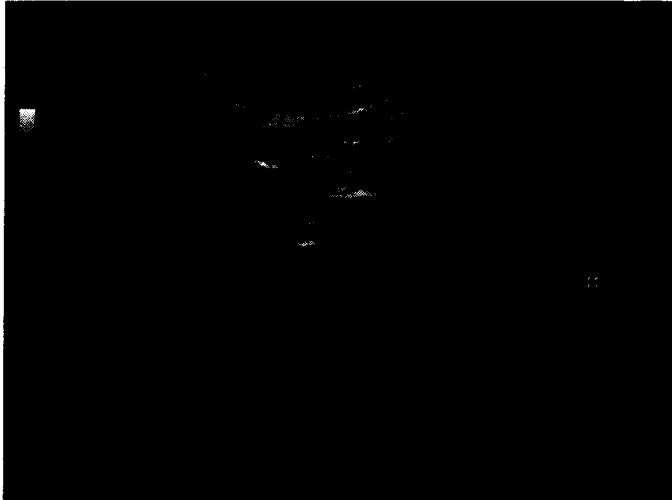
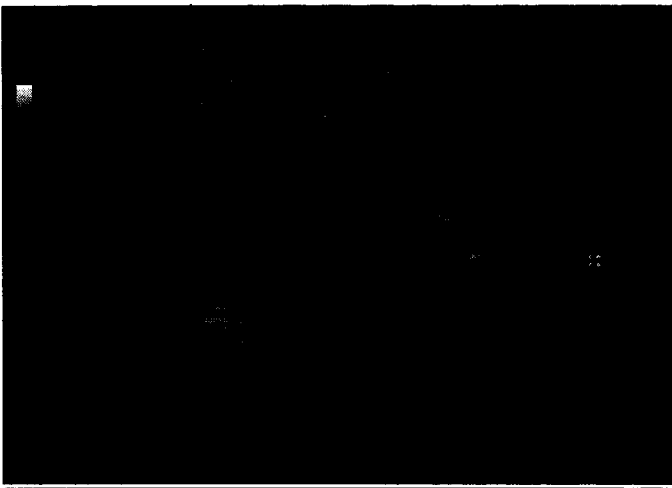
NO SIGNIFICANT ABNORMALITY DETECTED.

This is an electronically authenticated report



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





SONAL 080324-111445AM

08/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mrs. Sonal Sahil Shah	Reg. No : 403100585
Sex/Age : Female/35 Years	Reg. Date : 08-Mar-2024 09:58 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 08-Mar-2024 01:55 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -0.75

AX: 98

LEFT EYE

SP : -0.50

CY : -0.75

AX :60

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

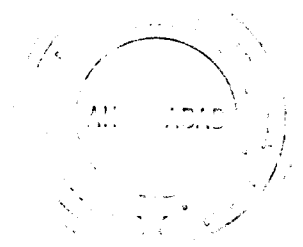
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report



Dr Kejal Patel
MB,DO(Ophth)

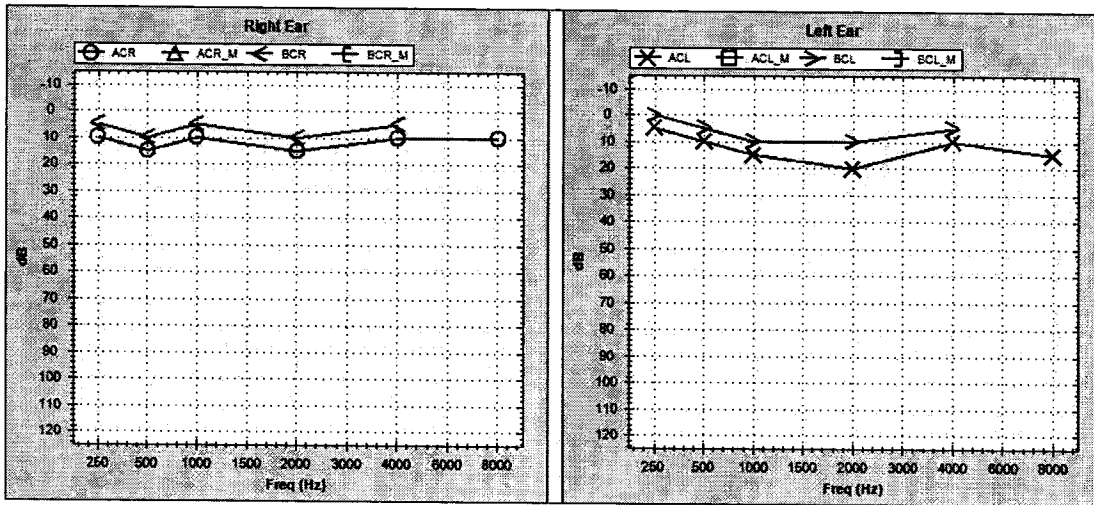


LABORATORY REPORT

Name : Mrs. Sonal Sahil Shah
 Sex/Age : Female/35 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403100585
 Reg. Date : 08-Mar-2024 09:58 AM
 Collected On :
 Report Date : 08-Mar-2024 01:55 PM

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


Dr Kejal Patel
 MB,DO(Ophth)