



**LABORATORY REPORT**

Name : Mrs. Ujwala Dhanraj Hinwar  
Sex/Age : Female/30 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403100573  
Reg. Date : 08-Mar-2024 09:26 AM  
Collected On :  
Report Date : 08-Mar-2024 02:23 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :158

Weight (kgs) :46.1

Blood Pressure : 100/60mmHg

Pulse : 69/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

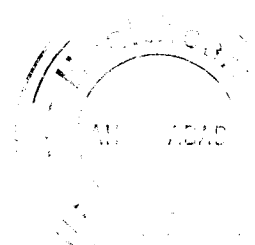
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

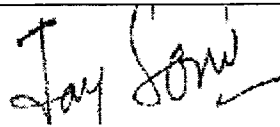
Central Nervous System - No FND

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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Issue Date: 13/01/2020

भारत सरकार  
Government of India

उजवाला धनराज हिन्वार  
Ujwala Dhanraj Hinwar  
जन्म तारीख/DOB: 18/08/1993  
महिला/ FEMALE



Download Date: 27/01/2020

8757 2860 4706

VID : 9140 7182 6989 1946

माझे आयुष्य, माझी ओळख

7020322278

*Handwritten signature*



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



## TEST REPORT

<b>Reg. No</b> : 403100573	<b>Ref Id</b> :	<b>Collected On</b> : 08-Mar-2024 09:26 AM
<b>Name</b> : Mrs. Ujwala Dhanraj Hinwar		<b>Reg. Date</b> : 08-Mar-2024 09:26 AM
<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7020322278
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : EDTA		<b>Location</b> : CHPL

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

Hemoglobin (Colorimetric method)	L 10.8	g/dL	12.5 - 16
Hematocrit (Calculated)	L 34.30	%	40 - 50
RBC Count (Electrical Impedance)	L 4.58	million/cmm	4.73 - 5.5
MCV (Calculated)	L 74.9	fL	83 - 101
MCH (Calculated)	L 23.5	Pg	27 - 32
MCHC (Calculated)	L 31.4	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	5000	/cmm	4000 - 10000
MPV (Calculated)	9.8	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		<u>EXPECTED VALUES</u>	[ Abs ]	<u>EXPECTED VALUES</u>
Neutrophils (%)	66	%	40 - 80	3300 /cmm	2000 - 7000
Lymphocytes (%)	25	%	20 - 40	1250 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	300 /cmm	200 - 1000
Monocytes (%)	06	%	2 - 10	150 /cmm	20 - 500
Basophils (%)	0	%	0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY


RBC Morphology : Mild Microcytic and Hypochromic.  
WBC Morphology : Normal

### PLATELET COUNTS

Platelet Count (Electrical Impedance) : 401000 /cmm 150000 - 450000  
Electrical Impedance  
Platelets : Platelets are adequate with normal morphology.  
Parasites : Malarial parasite is not detected.  
Comment : -

This is an electronically authenticated report.

\* This test has been out sourced.

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

**Approved On :** 08-Mar-2024 10:23 AM





**TEST REPORT**

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<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7020322278
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum,Flouride PP		<b>Location</b> : CHPL


<b>Parameter</b>	<b>Result</b>	<b>Unit</b>	<b>Biological Ref. Interval</b>
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**BIO - CHEMISTRY**

<b>Fasting Blood Sugar (FBS)</b> <i>GOD-POD Method</i>	101.70	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	106.5	mg/dL	70 - 140

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

**Approved On** : 08-Mar-2024 12:59 PM  
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<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7020322278
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Sample Type</b> : Serum		<b>Location</b> : CHPL

Parameter	Result	Unit	Biological Ref. Interval
<b>Lipid Profile</b>			
Cholesterol	157.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	44.60	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	44.40	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	103.68	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	8.92	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.34		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.54		0 - 5.0
<i>Calculated</i>			

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\* This test has been out sourced.

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

**Approved On :** 08-Mar-2024 11:02 AM  
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**TEST REPORT**

<b>Reg. No</b> : 403100573	<b>Ref Id</b> :	<b>Collected On</b> : 08-Mar-2024 09:26 AM
<b>Name</b> : Mrs. Ujwala Dhanraj Hinwar		<b>Reg. Date</b> : 08-Mar-2024 09:26 AM
<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7020322278
<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	6.66	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	3.48	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	3.18	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.09		0.8 - 2.0
SGOT	29.40	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	19.50	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	87.5	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.39	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.10	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.29	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	21.20	U/L	< 38
<i>SZASZ Method</i>			

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\* This test has been out sourced.

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

**Approved On : 08-Mar-2024 11:00 AM**  
 Page 5 of 11



**TEST REPORT**

**Reg. No** : 403100573      **Ref Id** :  
**Name** : Mrs. Ujwala Dhanraj Hinwar  
**Age/Sex** : 30 Years / Female      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Serum

**Collected On** : 08-Mar-2024 09:26 AM  
**Reg. Date** : 08-Mar-2024 09:26 AM  
**Tele No.** : 7020322278  
**Dispatch At** :  
**Location** : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	<b>2.18</b>	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	<b>0.69</b>	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	<b>10.10</b>	mg/dL	6.0 - 20.0

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

**Approved On** : 08-Mar-2024 10:53 AM




**TEST REPORT**

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<b>Name</b> : Mrs. Ujwala Dhanraj Hinwar		<b>Reg. Date</b> : 08-Mar-2024 09:26 AM
<b>Age/Sex</b> : 30 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 7020322278
<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	5.2	% 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	102.54	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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**Approved By :** Dr. Purvish Darji  
MD (Pathology)

**Approved On :** 08-Mar-2024 02:07 PM



**TEST REPORT**

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**Name** : Mrs. Ujwala Dhanraj Hinwar  
**Age/Sex** : 30 Years / Female      **Pass. No.** :  
**Ref. By** :  
**Sample Type** : Urine Spot

**Collected On** : 08-Mar-2024 09:26 AM  
**Reg. Date** : 08-Mar-2024 09:26 AM  
**Tele No.** : 7020322278  
**Dispatch At** :  
**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	
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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Dr. Purvish Darji  
MD (Pathology)

**Approved On** : 08-Mar-2024 11:29 AM  
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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**

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.04	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>	7.70	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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\* This test has been out sourced.

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

**Approved On :** 08-Mar-2024 12:13 PM  
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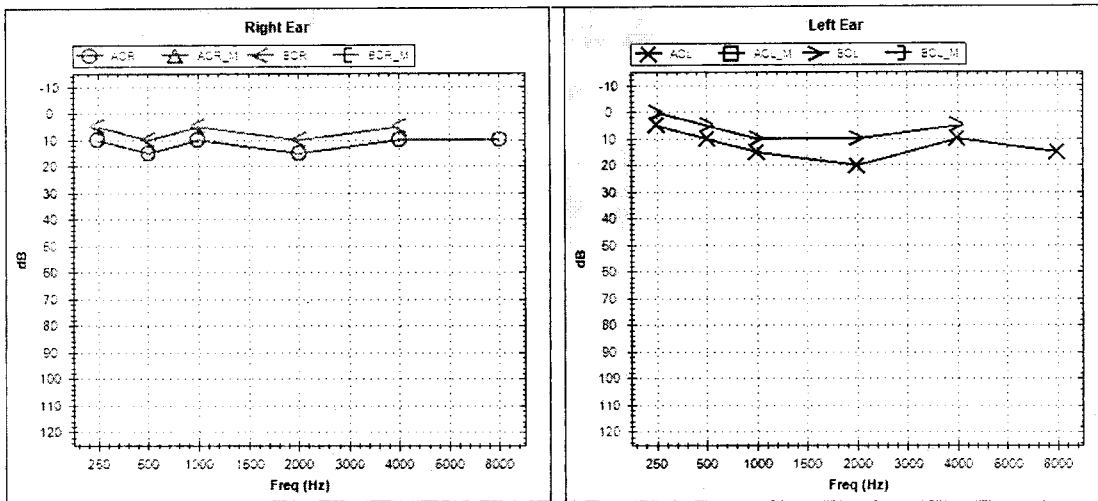


## LABORATORY REPORT

Name : Mrs. Ujwala Dhanraj Hinwar  
 Sex/Age : Female/30 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403100573  
 Reg. Date : 08-Mar-2024 09:26 AM  
 Collected On :  
 Report Date : 08-Mar-2024 01:31 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	10
BONE CONDUCTION		
SPEECH		

**Comments:** -Bilateral Hearing Sensitivity Within Normal Limits

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

This is an electronically authenticated report

Dr. Jay Soni  
 M.D, GENERAL MEDICINE



**LABORATORY REPORT**

Name : Mrs. Ujwala Dhanraj Hinwar  
Sex/Age : Female/30 Years  
Ref. By :  
Client Name : Mediwheel

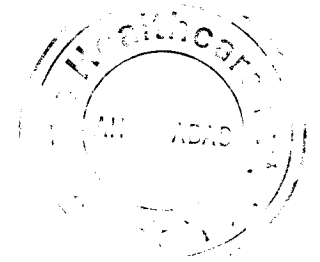
Reg. No : 403100573  
Reg. Date : 08-Mar-2024 09:26 AM  
Collected On :  
Report Date : 08-Mar-2024 11:04 AM

**Electrocardiogram**

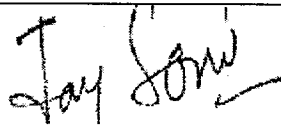
**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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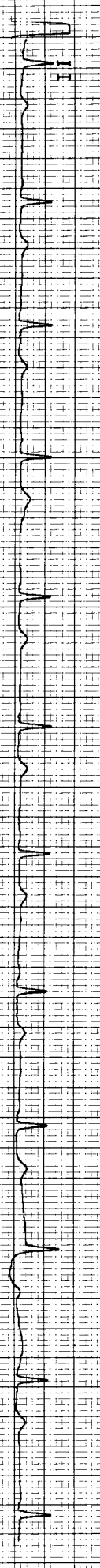
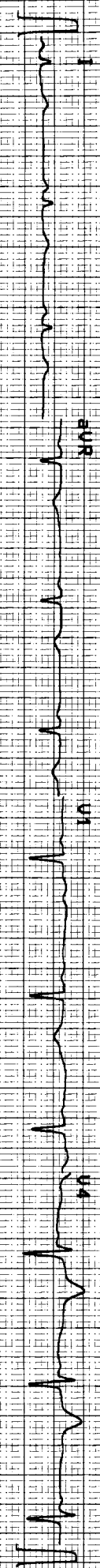
Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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UJWRLB  
 HINWR  
 12  
 10 years  
 159 CM / 46 kg  
 Female

HR 69/min  
 P 68°  
 T 13°  
 PR 76 ms  
 QR5 386 ms  
 QTc 415 ms  
 (Bazett)  
 10 mm/mV



10 mm/mV  
 25 mm/s  
 3.25 35 Hz  
 158  
 20.23.2024  
 09:39:30  
 CURVUS HEALTHCARE  
 Part No. 2.157017M © 0123 R.88

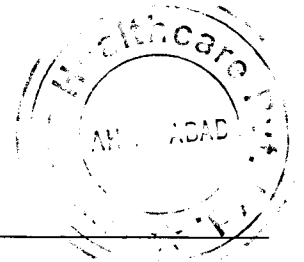


**LABORATORY REPORT**

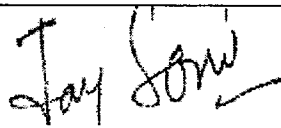
<b>Name</b> :	Mrs. Ujwala Dhanraj Hinwar	<b>Reg. No</b> :	403100573
<b>Sex/Age</b> :	Female/30 Years	<b>Reg. Date</b> :	08-Mar-2024 09:26 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	08-Mar-2024 11:04 AM

**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. Trivial MR, Trivial TR, Trivial PR, No AR.
7. No PAH, RVSP: 22 mmHg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



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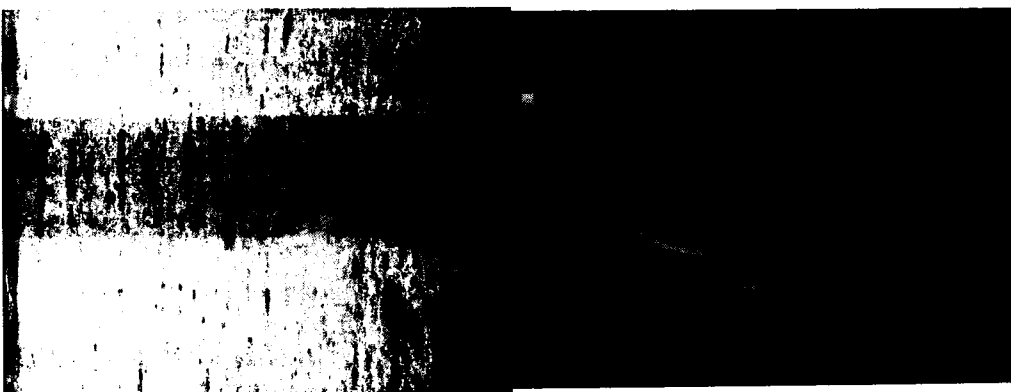
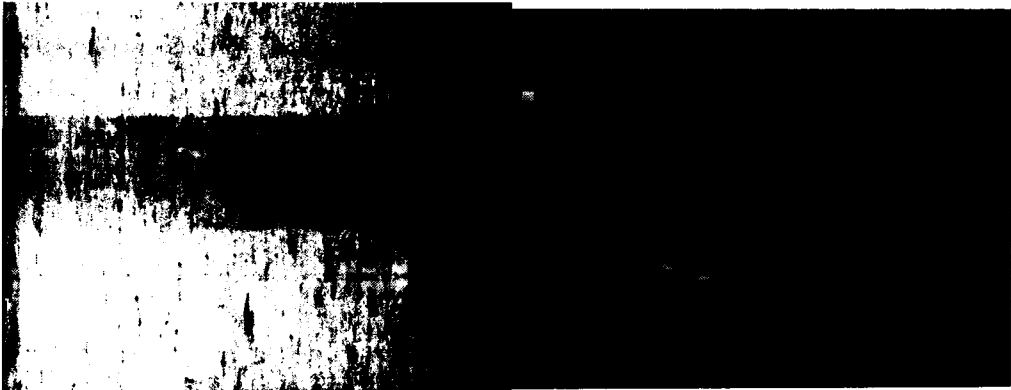
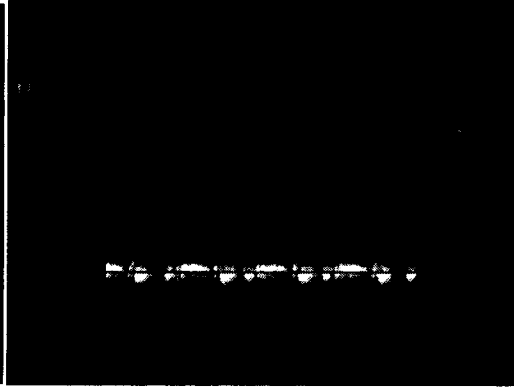
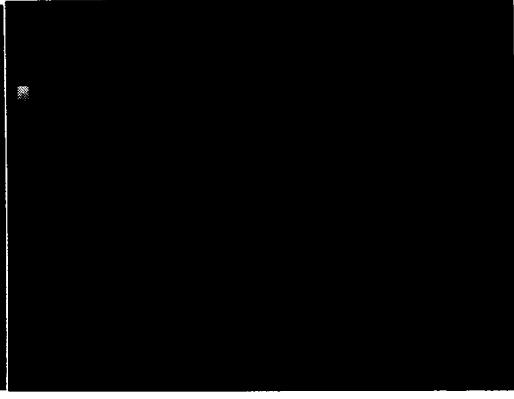


**Dr. Jay Soni**  
M.D, GENERAL MEDICINE

**DR. MUKESH LADDHA**

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**UJWALA AGE 30 080324-100511AM**

**08/03/2024**

**CUROVIS HEALTH CARE**



**LABORATORY REPORT**

**Name** : Mrs. Ujwala Dhanraj Hinwar  
**Sex/Age** : Female/30 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100573  
**Reg. Date** : 08-Mar-2024 09:26 AM  
**Collected On** :  
**Report Date** : 08-Mar-2024 04:18 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

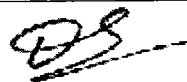
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

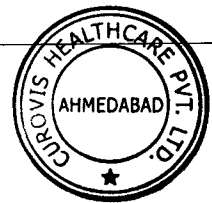
**COMMENT: No significant abnormality is detected.**

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

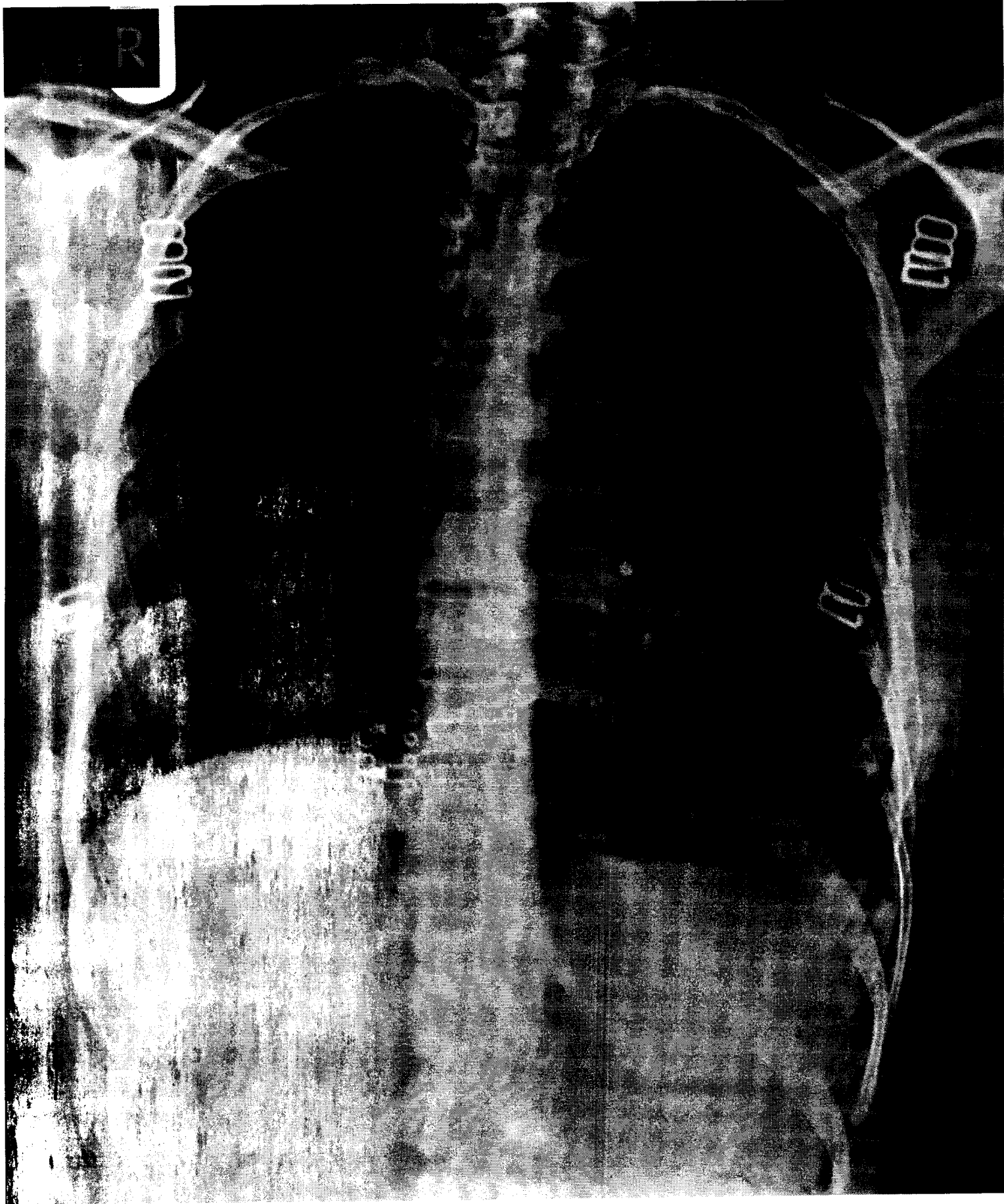
This is an electronically authenticated report



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



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**UJWALA HINWAR 30Y/F**

**08/03/2024**

**CUROVIS HEALTHCARE**



**LABORATORY REPORT**

**Name** : Mrs. Ujwala Dhanraj Hinwar  
**Sex/Age** : Female/30 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403100573  
**Reg. Date** : 08-Mar-2024 09:26 AM  
**Collected On** :  
**Report Date** : 08-Mar-2024 04:18 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. **CU-T noted**

No evidence of ascites.

*No evidence of lymph adenopathy.*

*No evidence of dilated small bowel loops.*

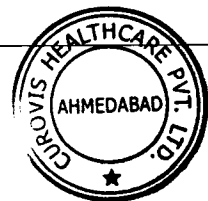
**COMMENTS :**

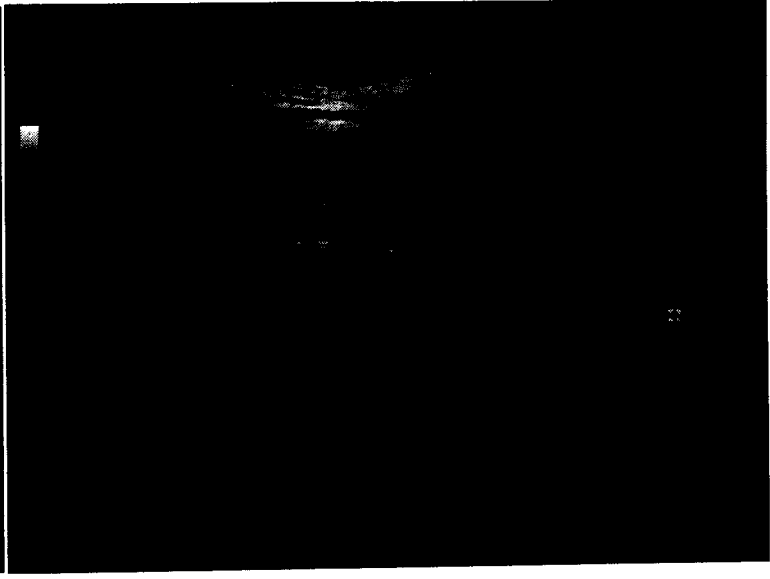
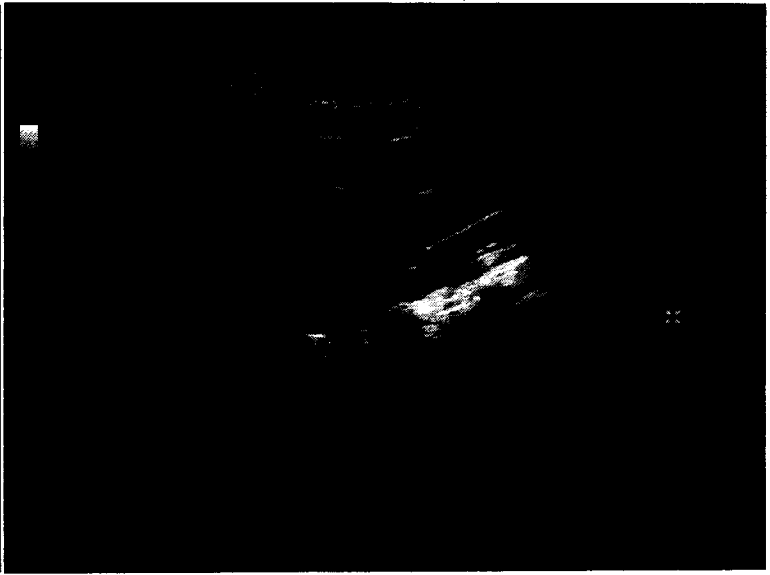
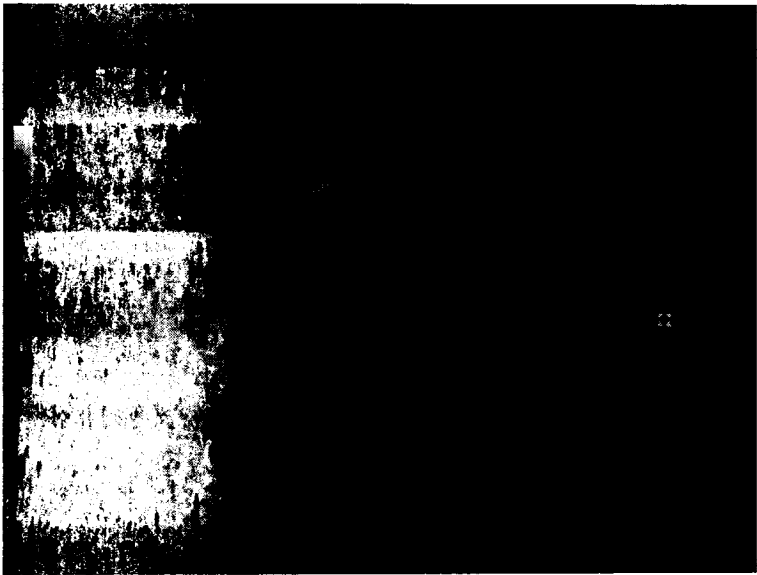
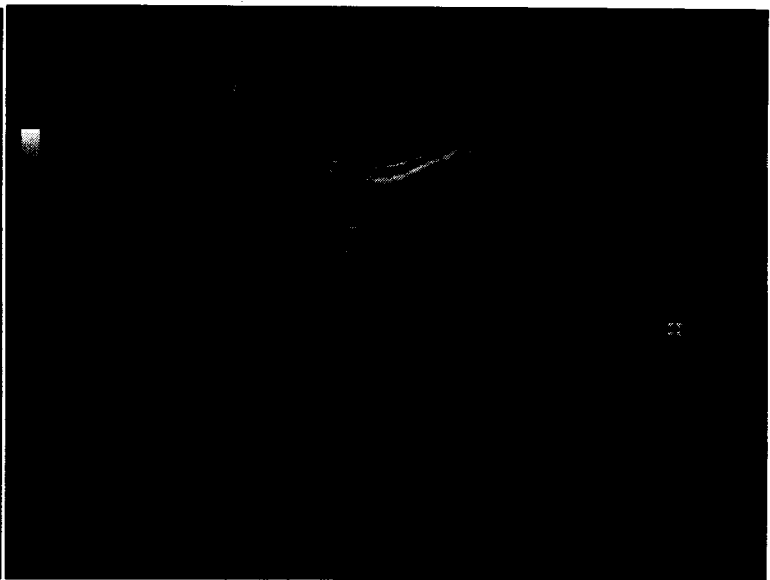
**NO SIGNIFICANT ABNORMALITY DETECTED.**

This is an electronically authenticated report



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





**UJWALA 080324-110644AM**

**08/03/2024**

**CUROVIS HEALTH CARE**



## LABORATORY REPORT

Name : Mrs. Ujwala Dhanraj Hinwar  
 Sex/Age : Female/30 Years  
 Ref. By :  
 Client Name : Mediwheel

Reg. No : 403100573  
 Reg. Date : 08-Mar-2024 09:26 AM  
 Collected On :  
 Report Date : 08-Mar-2024 01:50 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: +0.00

CY: +0.00

AX: 00

#### LEFT EYE

SP : +0.50

CY : -0.25

AX :176

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

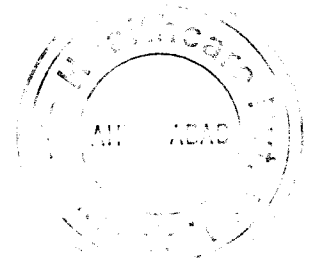
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report



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