



Priyanka
9980134494



LABORATORY REPORT

Name : Mrs. Priyanka Kumari
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 404100099
Reg. Date : 02-Apr-2024 09:09 AM
Collected On :
Report Date : 03-Apr-2024 09:14 AM

Medical Summary

GENERAL EXAMINATION

Height (cms) :166

Weight (kgs) :70.0

Blood Pressure : 132/88mmHg

Pulse : 75/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

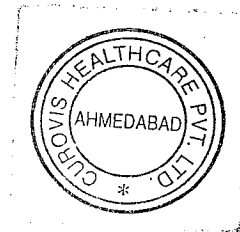
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

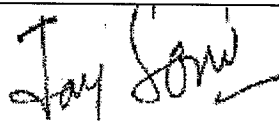
Central Nervous System - No FND

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 : 404100099	Ref Id :	Collected On : 02-Apr-2024 09:09 AM
Name : Mrs. Priyanka Kumari		Reg. Date : 02-Apr-2024 09:09 AM
Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9980134494
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
COMPLETE BLOOD COUNT (CBC)			
Hemoglobin (Colorimetric method)	L 12.2	g/dL	12.5 - 16
Hematocrit (Calculated)	L 38.10	%	40 - 50
RBC Count (Electrical Impedance)	L 4.69	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.3	fL	83 - 101
MCH (Calculated)	L 26.0	Pg	27 - 32
MCHC (Calculated)	32.0	%	31.5 - 34.5
RDW (Calculated)	11.5	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	9440	/cmm	4000 - 10000
MPV (Calculated)	11.5	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	68.70	%	40 - 80	6485 /cmm	2000 - 7000
Lymphocytes (%)	20.60	%	20 - 40	1945 /cmm	1000 - 3000
Eosinophils (%)	5.10	%	0 - 6	510 /cmm	200 - 1000
Monocytes (%)	5.40	%	2 - 10	481 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 2	19 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

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

PLATELET COUNTS

Platelet Count (Electrical Impedance): 193000 /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 : 03-Apr-2024 09:17 AM



TEST REPORT

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Age/Sex : 33 Years / Female Pass. No. : Tele No. : 9980134494
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 : "B"

Rh (D) : Positive

Note : -

ERYTHROCYTE SEDIMENTATION RATE [ESR]


ESR 1 hour : 02 mm/hr ESR AT 1 hour : 3-12
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 (<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)

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TEST REPORT


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Name : Mrs. Priyanka Kumari Reg. Date : 02-Apr-2024 09:09 AM
Age/Sex : 33 Years / Female Pass. No. : Tele No. : 9980134494
Ref. By : Dispatch At :
Sample Type : Flouride F,Flouride PP Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	100.00	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	110.9	mg/dL	70 - 140

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Approved By :  **Dr. Purvish Darji**
MD (Pathology)
Approved On : 02-Apr-2024 01:51 PM
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TEST REPORT

Reg. No : 404100099 **Ref Id** :
Name : Mrs. Priyanka Kumari
Age/Sex : 33 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum


Collected On : 02-Apr-2024 09:09 AM
Reg. Date : 02-Apr-2024 09:09 AM
Tele No. : 9980134494
Dispatch At :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	151.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i> Triglyceride	83.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i> HDL Cholesterol	47.10	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i> LDL	87.20	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i> VLDL	16.70	mg/dL	15 - 35
<i>Calculated</i> LDL / HDL RATIO	1.85		0 - 3.5
<i>Calculated</i> Cholesterol /HDL Ratio	3.21		0 - 5.0
<i>Calculated</i>			

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Dr. Purvish Darji
MD (Pathology)

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TEST REPORT

Reg. No : 404100099	Ref Id :	Collected On : 02-Apr-2024 09:09 AM
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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9980134494
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	6.46	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	4.06	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.40	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.69		0.8 - 2.0
SGOT	18.20	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	12.50	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	100.4	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.31	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	0.21	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	17.70	U/L	< 38
<i>SZASZ Method</i>			

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TEST REPORT

Reg. No : 404100099 **Ref Id** :
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Age/Sex : 33 Years / Female **Pass. No.** :
Ref. By :
Sample Type : Serum

Collected On : 02-Apr-2024 09:09 AM
Reg. Date : 02-Apr-2024 09:09 AM
Tele No. : 9980134494
Dispatch At :
Location : CHPL

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


BIO - CHEMISTRY

Uric Acid
Enzymatic, colorimetric method 3.90 mg/dL 2.6 - 6.0

Creatinine
Enzymatic Method 0.58 mg/dL 0.6 - 1.1

BUN
UV Method 5.10 mg/dL 6.0 - 20.0

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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	5.3	% 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	105.41	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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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9980134494
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	1.005	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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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9980134494
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>	0.99	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) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	9.20	µg/dL	3.2 - 12.6
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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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MD (Pathology)

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TEST REPORT


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Age/Sex : 33 Years / Female Pass. No. : Tele No. : 9980134494
Ref. By : Dispatch At :
Sample Type : Serum Location : CHPL

TSH 0.850 µIU/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 µIU/mL
Second Trimester : 0.2 to 3.0 µIU/mL
Third trimester : 0.3 to 3.0 µIU/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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MD (Pathology)
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TEST REPORT

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Age/Sex : 33 Years / Female	Pass. No. :	Tele No. : 9980134494
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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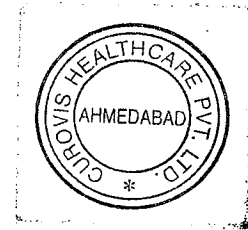
LABORATORY REPORT

Name : Mrs. Priyanka Kumari
Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

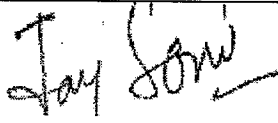
Reg. No : 404100099
Reg. Date : 02-Apr-2024 09:09 AM
Collected On :
Report Date : 02-Apr-2024 12:51 PM

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, Trivial AR.
7. No PAH, RVSP: 18 mmHg , AOVP : 1.56 m/s , PVP : 0.8 m/s
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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Client Name : Mediwheel

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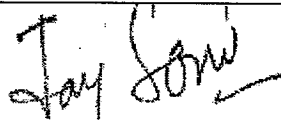
Electrocardiogram

Findings

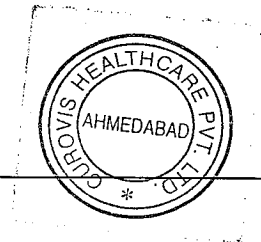
Normal Sinus Rhythm.

Within Normal Limit.

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Dr. Jay Soni
M.D, GENERAL MEDICINE



DR. MUKESH LADDHA

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PREYANKA

KUMARI

14

Female

33 years

166 cm / 70 kg

HR 75/min

Axis: P 31°

QR5 54°

T 30°

Intervals:

RR 802 ms

P 90 ms

PR 122 ms

QRS 80 ms

QT 350 ms

QTc 393 ms

(Bazett)

10 mm/mV

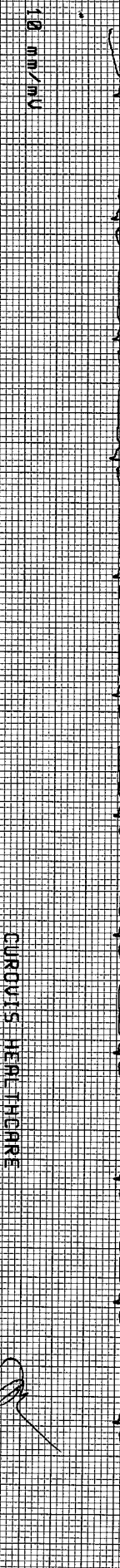
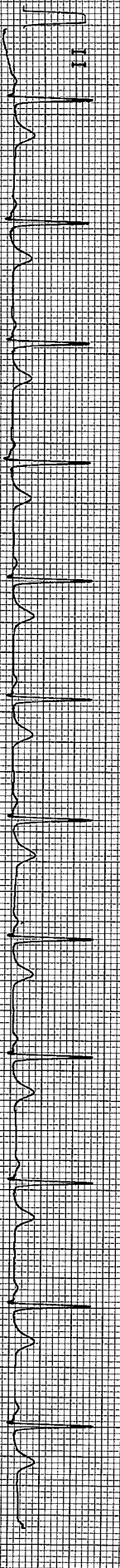
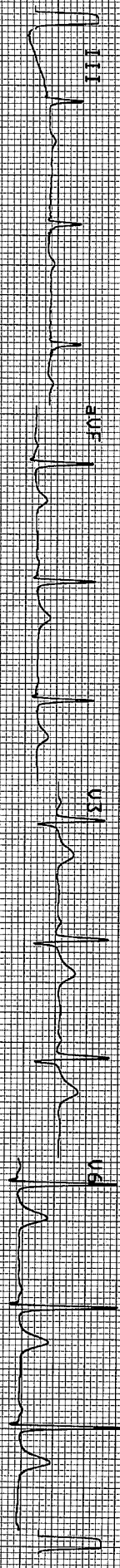
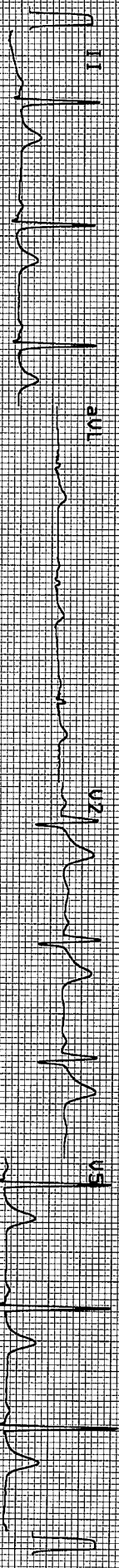
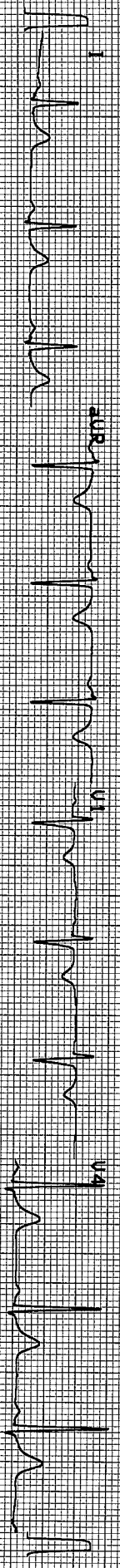
P (II) 0.08 mV

S (V1) 0.188 mV

R (V5) 2.17 mV

Sokol. 3.05 mV

10 mm/mV



CURIOUS HEALTHCARE



LABORATORY REPORT

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Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 404100099
Reg. Date : 02-Apr-2024 09:09 AM
Collected On :
Report Date : 02-Apr-2024 04:46 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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LABORATORY REPORT

Name :	Mrs. Priyanka Kumari	Reg. No :	404100099
Sex/Age :	Female/33 Years	Reg. Date :	02-Apr-2024 09:09 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	02-Apr-2024 04:46 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.

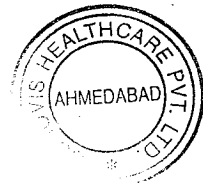
COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

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





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Sex/Age : Female/33 Years
Ref. By :
Client Name : Mediwheel

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Reg. Date : 02-Apr-2024 09:09 AM
Collected On :
Report Date : 03-Apr-2024 02:00 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.25

CY: -1.50

AX: 65

LEFT EYE

SP : +0.00

CY : -0.25

AX :123

	Without Glasses	With Glasses
Right Eye	6/12	N.A
Left Eye	6/5	N.A

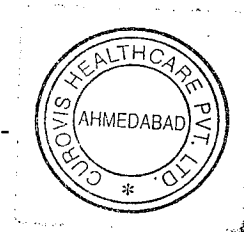
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



This is an electronically authenticated report

Dr Kejal Patel
MB,DO(Ophth)

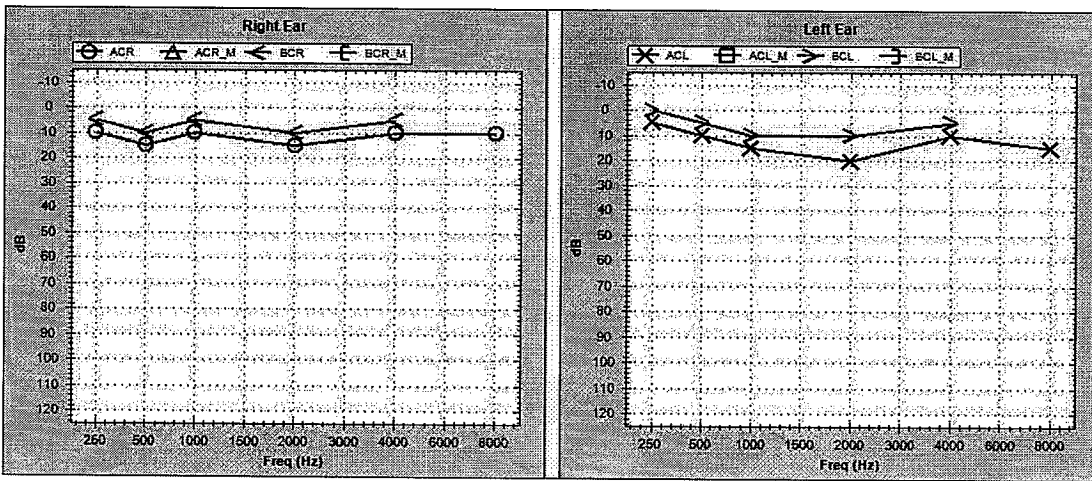


LABORATORY REPORT

Name : Mrs. Priyanka Kumari
 Sex/Age : Female/33 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 404100099
 Reg. Date : 02-Apr-2024 09:09 AM
 Collected On :
 Report Date : 03-Apr-2024 02:00 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	11	11.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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