

ભારતીય વિશિષ્ટ ઓળખ પ્રાધિકરણ  
Unique Identification Authority of India

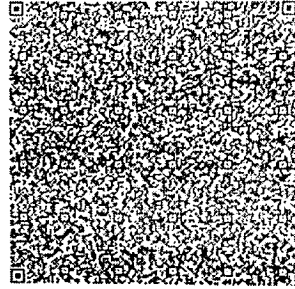
નામાંકન ક્રમ સંખ્યા / Enrollment No.: 0648/58530/01338

To  
કલ્લલ જ્યોત્સના મગનલાલ  
Kalal Jyotsana Maganlal  
A-104, vibrant silver-2,  
bh jain derasar, near tejas school,  
VTC: Bopal,  
PO: Bopal,  
Sub District: Daskroi, District: Ahmedabad,  
State: Gujarat,  
PIN Code: 380058,  
Mobile: 9724342858

112846034



MG128460340F1



આપનો આધાર નંબર / Your Aadhaar No. :

**8554 0336 0479**

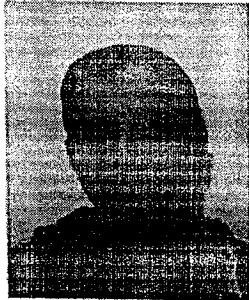
મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



Issue Date : 06/06/2015



કલ્લલ જ્યોત્સના મગનલાલ  
Kalal Jyotsana Maganlal  
જન્મ તારીખ / DOB : 18/09/1983  
સ્ત્રી / Female

*Signature*

9724342857

**8554 0336 0479**

મારો આધાર, મારી ઓળખ



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Jyotsana M Kalal	<b>Reg. No</b> :	403101840
<b>Sex/Age</b> :	Female/40 Years	<b>Reg. Date</b> :	29-Mar-2024 09:05 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	29-Mar-2024 04:40 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) : 144

Weight (kgs) : 40.9

Blood Pressure : 108/68mmHg

Pulse : 84/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

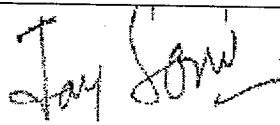
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



This is an electronically authenticated report



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

**DR. MUKESH LADDHA**

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**TEST REPORT**

<b>Reg. No</b> : 403101840	<b>Ref Id</b> :	<b>Collected On</b> : 29-Mar-2024 09:05 AM
<b>Name</b> : Mrs. Jyotsana M Kalal		<b>Reg. Date</b> : 29-Mar-2024 09:05 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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 9.1	g/dL	12.5 - 16
Hematocrit (Calculated)	L 27.70	%	40 - 50
RBC Count (Electrical Impedance)	L 4.02	million/cmm	4.73 - 5.5
MCV (Calculated)	L 68.9	fL	83 - 101
MCH (Calculated)	L 22.7	Pg	27 - 32
MCHC (Calculated)	32.9	%	31.5 - 34.5
RDW (Calculated)	14.1	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	8530	/cmm	4000 - 10000
MPV (Calculated)	9.3	fL	6.5 - 12.0

<b>DIFFERENTIAL WBC COUNT</b>	<b>[ % ]</b>		<b>EXPECTED VALUES</b>	<b>[ Abs ]</b>	<b>EXPECTED VALUES</b>
Neutrophils (%)	58.70	%	40 - 80	5007 /cmm	2000 - 7000
Lymphocytes (%)	31.00	%	20 - 40	2644 /cmm	1000 - 3000
Eosinophils (%)	1.80	%	0 - 6	691 /cmm	200 - 1000
Monocytes (%)	8.10	%	2 - 10	154 /cmm	20 - 500
Basophils (%)	0.40	%	0 - 2	34 /cmm	0 - 100


**PERIPHERAL SMEAR STUDY**

RBC Morphology Mild Microcytic and Hypochromic.  
 WBC Morphology Normal

**PLATELET COUNTS**

Platelet Count (Electrical Impedance)H **546000** /cmm 150000 - 450000  
 Electrical Impedance  
 Platelets **Platelets are increased on smear.**  
 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 : 29-Mar-2024 10:12 AM**  
 Page 1 of 10

**TEST REPORT**

Reg. No	: 403101840	Ref Id	:	Collected On	: 29-Mar-2024 09:05 AM
Name	: Mrs. Jyotsana M Kalal			Reg. Date	: 29-Mar-2024 09:05 AM
Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	:
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	"O"
Rh (D)	Positive
Note	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**


<b>ESR 1 hour</b> <i>Westergreen method</i>	05	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 (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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\* This test has been out sourced.

Approved By :   
Dr. Purvish Darji  
MD (Pathology)Approved On : 29-Mar-2024 03:29 PM  
Page 2 of 10

**TEST REPORT**

Reg. No	: 403101840	Ref Id	:	Collected On	: 29-Mar-2024 09:05 AM
Name	: Mrs. Jyotsana M Kalal			Reg. Date	: 29-Mar-2024 09:05 AM
Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	:
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>	90.10	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	97.3	mg/dL	70 - 140

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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

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**TEST REPORT**


Reg. No : 403101840      Ref Id :      Collected On : 29-Mar-2024 09:05 AM  
Name : Mrs. Jyotsana M Kalal      Reg. Date : 29-Mar-2024 09:05 AM  
Age/Sex : 40 Years / Female      Pass. No. :      Tele No. :  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**Parameter      Result      Unit      Biological Ref. Interval**

**Lipid Profile**

Cholesterol	136.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	124.00	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	30.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	80.70	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	24.80	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	2.65		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	4.46		0 - 5.0
<i>Calculated</i>			

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Approved By :  Dr. Purvish Darji  
MD (Pathology)  
Approved On : 29-Mar-2024 10:49 AM  
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**TEST REPORT**

<b>Reg. No</b> : 403101840	<b>Ref Id</b> :	<b>Collected On</b> : 29-Mar-2024 09:05 AM
<b>Name</b> : Mrs. Jyotsana M Kalal		<b>Reg. Date</b> : 29-Mar-2024 09:05 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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	7.19	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	4.40	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.79	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.58		0.8 - 2.0
SGOT	28.80	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	11.80	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	93.8	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.33	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.09	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.24	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	10.80	U/L	< 38
<i>SZASZ Method</i>			

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Dr. Purvish Darji  
MD (Pathology)

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**TEST REPORT**


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<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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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**BIO - CHEMISTRY**

<b>Uric Acid</b> <i>Enzymatic, colorimetric method</i>	<b>1.66</b>	mg/dL	2.6 - 6.0
<b>Creatinine</b> <i>Enzymatic Method</i>	<b>0.37</b>	mg/dL	0.6 - 1.1
<b>BUN</b> <i>UV Method</i>	<b>10.60</b>	mg/dL	6.0 - 20.0

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**Approved By** : Dr. Purvish Darji  
MD (Pathology)  
**Approved On** : 29-Mar-2024 10:45 AM  
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**TEST REPORT**

<b>Reg. No</b> : 403101840	<b>Ref Id</b> :	<b>Collected On</b> : 29-Mar-2024 09:05 AM
<b>Name</b> : Mrs. Jyotsana M Kalal		<b>Reg. Date</b> : 29-Mar-2024 09:05 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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	5.5	% 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	111.15	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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Dr. Purvish Darji  
MD (Pathology)

Approved On : 30-Mar-2024 04:29 PM  
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**TEST REPORT**

Reg. No	: 403101840	Ref Id	:	Collected On	: 29-Mar-2024 09:05 AM
Name	: Mrs. Jyotsana M Kalal			Reg. Date	: 29-Mar-2024 09:05 AM
Age/Sex	: 40 Years / Female	Pass. No.	:	Tele No.	:
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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Approved By :   
Dr. Purvish Darji  
MD (Pathology)

Approved On : 29-Mar-2024 12:53 PM  
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**TEST REPORT**

<b>Reg. No</b> : 403101840	<b>Ref Id</b> :	<b>Collected On</b> : 29-Mar-2024 09:05 AM
<b>Name</b> : Mrs. Jyotsana M Kalal		<b>Reg. Date</b> : 29-Mar-2024 09:05 AM
<b>Age/Sex</b> : 40 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> :
<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>	0.97	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>	6.40	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.

This is an electronically authenticated report.

\* This test has been out sourced.

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

**Approved On :** 29-Mar-2024 11:48 AM  
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**TEST REPORT**

Reg. No : 403101840      Ref Id :      Collected On : 29-Mar-2024 09:05 AM  
Name : Mrs. Jyotsana M Kalal      Reg. Date : 29-Mar-2024 09:05 AM  
Age/Sex : 40 Years / Female      Pass. No. :      Tele No. :  
Ref. By :      Dispatch At :  
Sample Type : Serum      Location : CHPL

**TSH**      2.070      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

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

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Dr. Purvish Darji  
MD (Pathology)

Approved On : 29-Mar-2024 11:48 AM  
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LABORATORY REPORT

Name : Mrs. Jyotsana M Kalal  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101840  
Reg. Date : 29-Mar-2024 09:05 AM  
Collected On :  
Report Date : 29-Mar-2024 03:42 PM

Electrocardiogram

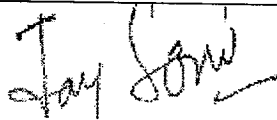
Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

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JYOTSANA  
KARNAL

8

Female

40 years / 144 cm / 41 kg

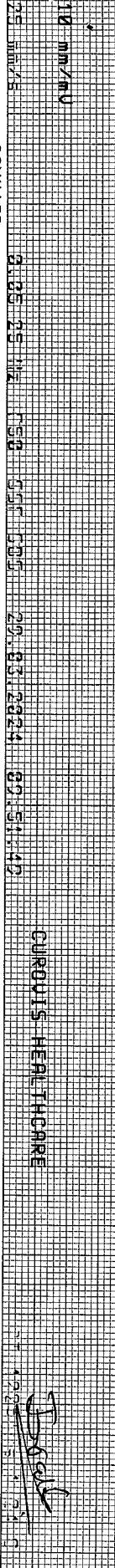
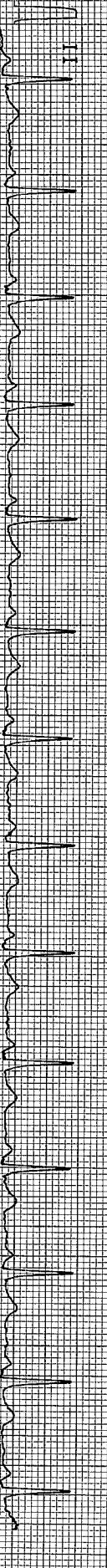
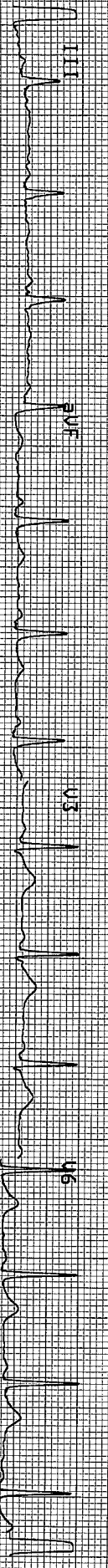
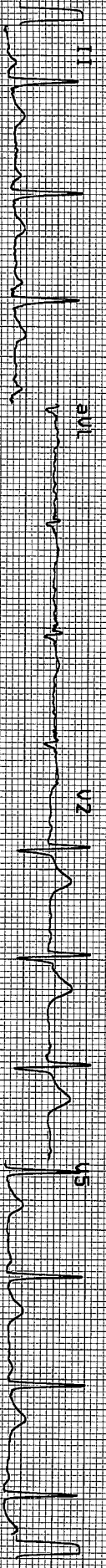
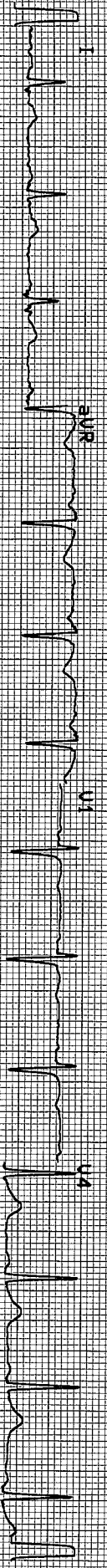
HR 84/min

P axis: 51°  
QRS 57°  
T 42°

Intervals:  
RR 718 ms  
P 92 ms  
PR 130 ms  
QRS 80 ms  
QT 352 ms  
QTc 419 ms  
(Bazett)  
10 mm/mV

P (II) 0.16 mV  
S (V1) -0.92 mV  
R (V5) 1.42 mV  
Sokol. 2.34 mV

10 mm/mV



25 mm/s  
0.05 25 50 75 100 125 150 175 200 225 250 275 300 325 350 375 400 425 450 475 500 525 550 575 600 625 650 675 700 725 750 775 800 825 850 875 900 925 950 975 1000

CURIOUS HEALTHCARE

*Dr. Gaur*

Part No.2.157017M © 0123 R88



LABORATORY REPORT

Name	: Mrs. Jyotsana M Kalal	Reg. No	: 403101840
Sex/Age	: Female/40 Years	Reg. Date	: 29-Mar-2024 09:05 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 29-Mar-2024 03:42 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: 18 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.



This is an electronically authenticated report

Dr. Jay Soni  
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 5



**LABORATORY REPORT**

Name : Mrs. Jyotsana M Kalal  
Sex/Age : Female/40 Years  
Ref. By :  
Client Name : Mediwheel

Reg. No : 403101840  
Reg. Date : 29-Mar-2024 09:05 AM  
Collected On :  
Report Date : 29-Mar-2024 04:26 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.

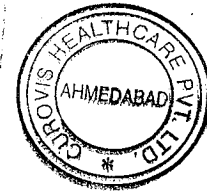
Both domes of diaphragm appear normal.

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

This is an electronically authenticated report



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







**LABORATORY REPORT**

<b>Name</b> :	Mrs. Jyotsana M Kalal	<b>Reg. No</b> :	403101840
<b>Sex/Age</b> :	Female/40 Years	<b>Reg. Date</b> :	29-Mar-2024 09:05 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	29-Mar-2024 04:26 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.*

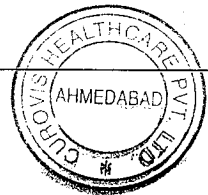
**COMMENTS :**

**NO SIGNIFICANT ABNORMALITY DETECTED.**

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**DR DHAVAL PATEL**  
Consultant Radiologist  
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Reg No:0494



Page 1 of 3



**LABORATORY REPORT**

<b>Name</b> :	Mrs. Jyotsana M Kalal	<b>Reg. No</b> :	403101840
<b>Sex/Age</b> :	Female/40 Years	<b>Reg. Date</b> :	29-Mar-2024 09:05 AM
<b>Ref. By</b> :		<b>Collected On</b> :	
<b>Client Name</b> :	Mediwheel	<b>Report Date</b> :	29-Mar-2024 04:27 PM

**BILATERAL BREAST SONO GRAPHY :-**

Normal breast parenchyma is seen on either side. No evidence of solid or cystic mass lesion is seen.

No evidence of mass or architectural distortion is seen.

No evidence of skin thickening or nipple retraction is noted.

No evidence of axillary lymphadenopathy.

Vasculature appears normal.

No evidence of abnormal collection or mass lesion seen.

**COMMENT :**

- No significant abnormality detected (BI-RADS- I).
- No direct or indirect sign of malignancy seen.

**BIRADS Categories :**

- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

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

This is an electronically authenticated report



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





**LABORATORY REPORT**

**Name** : Mrs. Jyotsana M Kalal  
**Sex/Age** : Female/40 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 403101840  
**Reg. Date** : 29-Mar-2024 09:05 AM  
**Collected On** :  
**Report Date** : 29-Mar-2024 03:29 PM

**Eye Check - Up**

	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.

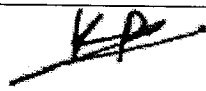
ColorVision : Normal

Comments: Normal

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



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MB,DO(Ophth)

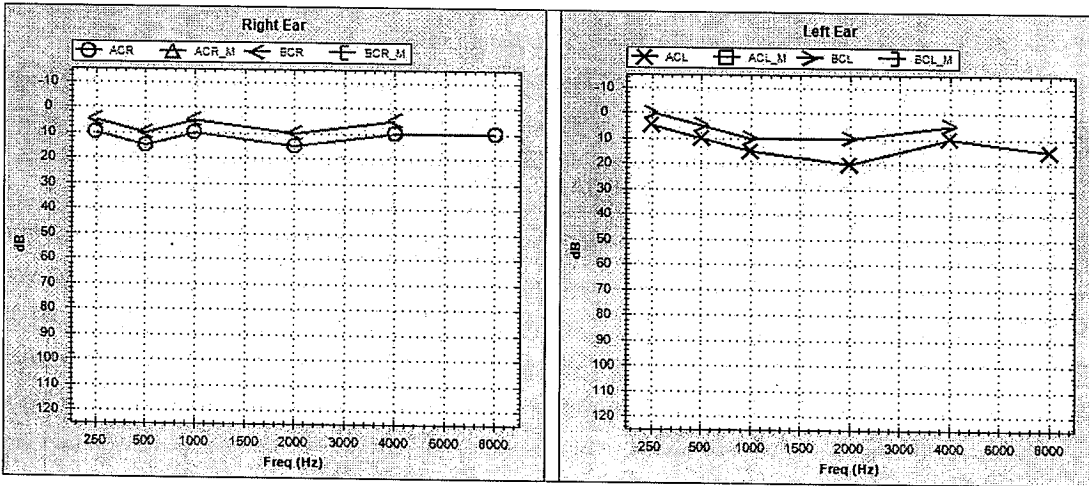


## LABORATORY REPORT

Name : Mrs. Jyotsana M Kalal  
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## 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	11.5	11.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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



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