



**LABORATORY REPORT**

**Name** : Mrs. Anitaben Ratnabhai Varli  
**Sex/Age** : Female/31 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100401  
**Reg. Date** : 09-Dec-2023 09:06 AM  
**Collected On** :  
**Report Date** : 09-Dec-2023 02:56 PM

**Medical Summary**

**GENERAL EXAMINATION**

Height (cms) :154

Weight (kgs) :50.4

Blood Pressure : 130/80mmHg

Pulse : 69/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

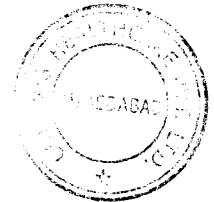
Cardio vascular System - S1,S2 Normal, No Murmur

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



ભારત સરકાર

Government of India



વારલી અનિતાબેન રત્નાભાઈ

Varli Anitaben Ratnabhai

જન્મ તારીખ / DOB : 05/03/1992

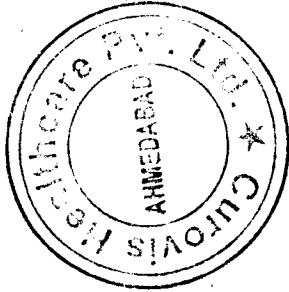
સ્ત્રી / Female



8197 2144 7769

આધાર - સામાન્ય માણસનો અધિકાર

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



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું: ઝરોલી પત્થર ફલીયા, ઝરોલી,  
ધનોલી, ધનોલી, વલસાડ, ગુજરાત, 396105

Address: zaroli pattharfaliya, zaroli,  
Dhanoli, Dhanoli, Valsad, Gujarat, 396105

8197 2144 7769

1947  
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

8469631792



## TEST REPORT

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<b>Age/Sex</b> : 31 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8469631792
<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 12.2	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.00	%	40 - 50
RBC Count (Electrical Impedance)	5.29	million/cmm	4.73 - 5.5
MCV (Calculated)	L 68.0	fL	83 - 101
MCH (Calculated)	L 23.1	Pg	27 - 32
MCHC (Calculated)	34.0	%	31.5 - 34.5
RDW (Calculated)	11.8	%	11.5 - 14.5
WBC Count <small>Flowcytometry with manual Microscopy</small>	6220	/cmm	4000 - 10000
MPV (Calculated)	9.9	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[ % ]		EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Neutrophils (%)	50	%	40 - 80	3110 /cmm	2000 - 7000
Lymphocytes (%)	40	%	20 - 40	2488 /cmm	1000 - 3000
Eosinophils (%)	03	%	0 - 6	435 /cmm	200 - 1000
Monocytes (%)	07	%	2 - 10	187 /cmm	20 - 500
Basophils (%)	00	%	0 - 2	0 /cmm	0 - 100

### PERIPHERAL SMEAR STUDY

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


### PLATELET COUNTS

Platelet Count (Electrical Impedance): 229000 /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. Deep Patel  
MD (Pathology)

Approved On : 09-Dec-2023 09:45 AM

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**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

<b>ABO</b>	"B"
<b>Rh (D)</b>	Positive
<b>Note</b>	-

**ERYTHROCYTE SEDIMENTATION RATE [ESR]**

<b>ESR 1 hour</b> <i>Westergreen method</i>	06	mm/hr	ESR AT 1 hour : 3-12
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**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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Dr. Deep Patel  
MD (Pathology)

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**Age/Sex** : 31 Years / Female      **Pass. No.** :      **Reg. Date** : 09-Dec-2023 09:06 AM  
**Ref. By** :      **Tele No.** : 8469631792  
**Sample Type** : Serum,Flouride PP      **Dispatch At** :  
**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>	105.70	mg/dL	70 - 110
<b>Post Prandial Blood Sugar (PPBS)</b> <i>GOD-POD Method</i>	107.4	mg/dL	70 - 140

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*Deep*  
**Approved By** : Dr. Deep Patel  
MD (Pathology)  
**Approved On** : 09-Dec-2023 02:48 PM  
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<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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### Lipid Profile

Cholesterol	128.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	42.30	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	72.94	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	<b>8.46</b>	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.57		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.75		0 - 5.0
<i>Calculated</i>			

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<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	5.29	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	4.41	g/dL	0 - 4 days: 2.8 - 4.4 4 days - 14 yrs: 3.8 - 5.4 14 - 19 yrs: 3.2 - 4.5 20 - 60 yrs: 3.5 - 5.2 60 - 90 yrs: 3.2 - 4.6 > 90 yrs: 2.9 - 4.5
<i>By Bromocresol Green</i>			
Globulin (Calculated)	0.88	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	5.01		0.8 - 2.0
SGOT	17.80	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	13.70	U/L	0 - 40
<i>UV without P5P</i>			
Alkaline Phosphatase	36.1	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	1.00	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.29	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.71	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	12.70	U/L	< 38
<i>SZASZ Method</i>			

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**Ref. By** :      **Tele No.** : 8469631792  
**Sample Type** : Serum      **Dispatch At** :  
**Location** : CHPL

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

**BIO - CHEMISTRY**


**Uric Acid**      **2.19**      mg/dL      2.6 - 6.0  
*Enzymatic, colorimetric method*

**Creatinine**      **0.66**      mg/dL      0.6 - 1.1  
*Enzymatic Method*

**BUN**      **7.80**      mg/dL      6.0 - 20.0  
*UV Method*

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MD (Pathology)

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<b>Age/Sex</b> : 31 Years / Female	<b>Pass. No.</b> :	<b>Tele No.</b> : 8469631792
<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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MD (Pathology)

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**Age/Sex** : 31 Years / Female      **Pass. No.** :      **Tele No.** : 8469631792  
**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	1.020	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)	Nil	Nil
Erythrocytes (Red Cells)	Nil	Nil
Epithelial Cells	2 - 3/hpf	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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*Deep*  
**Approved By : Dr. Deep Patel**  
MD (Pathology)

**Approved On : 09-Dec-2023 12:27 PM**



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**Sample Type** : Serum      **Location** : CHPL

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

**THYROID FUNCTION TEST**

<b>T3 (Triiodothyronine)</b> <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.24	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>	9.40	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).


In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

**Limitations:**

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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\* This test has been out sourced.

**Approved By** :  **Dr. Deep Patel**  
MD (Pathology)

**Approved On** : 09-Dec-2023 04:26 PM



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**Ref. By** :  
**Sample Type** : Serum

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**Tele No.** : 8469631792  
**Dispatch At** :  
**Location** : CHPL

**TSH**      1.130      µIU/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 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 Eddition. Philadelphia: WB Saunders,2012:2170

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

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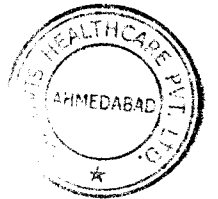
**Reg. No** : 312100401  
**Reg. Date** : 09-Dec-2023 09:06 AM  
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**Report Date** : 09-Dec-2023 02:40 PM

**Electrocardiogram**

**Findings**

Normal Sinus Rhythm.

Within Normal Limit.



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

PNITRBEN  
URRLI

HR 69/min

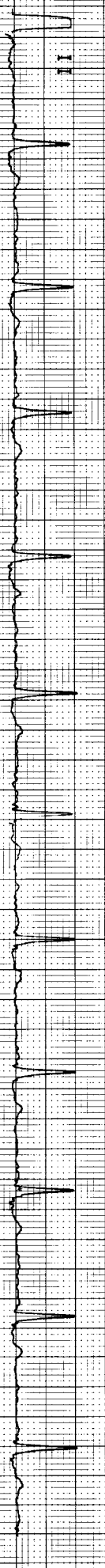
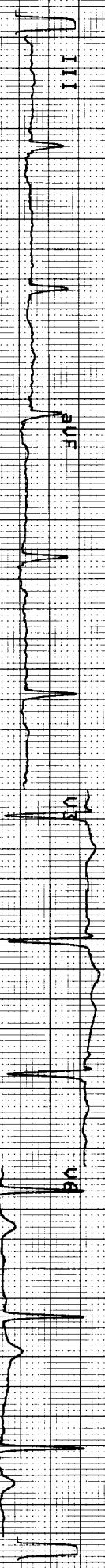
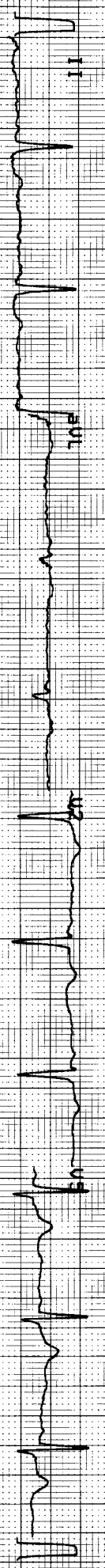
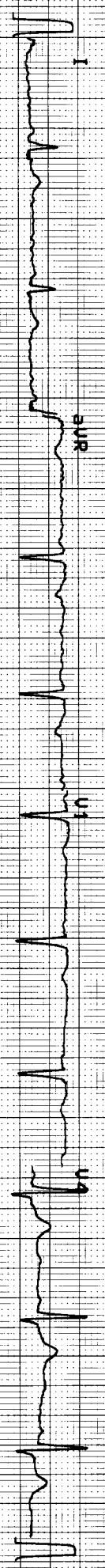
P axis: 0°

31 years / 50 kg  
154 cm / Female

Intervals:  
RR 867 ms  
P 92 ms  
PR 140 ms  
QRS 84 ms  
QT 370 ms  
QTc 399 ms  
(Bazett)

P (II) 0.08 mV  
S (V1) -0.87 mV  
R (V5) 1.03 mV  
Sokol. 2.71 mV

10 mm/mV



*[Handwritten signature]*

25 mm/s

0.05-25 Hz FS0 SSF 585 09.12.2023 09:27:48

CURVVIS MEALTIMEPRE

RT-102PLUS 1.24 C



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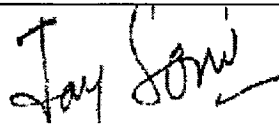
**2D Echo Colour Doppler**

1. No concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Normal LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, Trivial PR, No AR.
8. No PAH, RVSP: 30 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



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

Name: Anitaben Ratnabhai Varli

**M MODE FINDINGS:**

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
<b>TRICUSPID VALVE</b>		<b>LV COMPLIANCE</b>	
Normal		Normal	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	42 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	25 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	11mm				
8. Aortic root	30 mm	22-37 mm			
9. Left Atrium:	36 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Trivial	0.80	3.30
TRICUSPID VALVE	Trivial	0.60	1.40
PULMONARY VALVE	Trivial	0.85	2.25
AORTIC	No	1.20	6.0







**LABORATORY REPORT**

**Name** : Mrs. Anitaben Ratnabhai Varli  
**Sex/Age** : Female/31 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100401  
**Reg. Date** : 09-Dec-2023 09:06 AM  
**Collected On** :  
**Report Date** : 09-Dec-2023 05:51 PM

**X RAY CHEST PA**

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

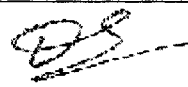
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

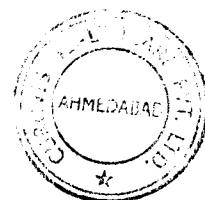
**COMMENT: No significant abnormality is detected.**

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

This is an electronically authenticated report



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





**LABORATORY REPORT**

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**Ref. By** :  
**Client Name** : Mediwheel

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**USG ABDOMEN**

**LIVER:** Liver is normal in size and echotexture.

Intra-hepatic biliary radicals are not dilated.

No focal lesion is seen.

**PORTAL VEIN** is normal in course and caliber. **CBD** appears normal.

**GALL BLADDER:** Distended and normal. No e/o calculus or mass lesion.

**PANCREAS:** Pancreas is normal in size and echopattern.

**SPLEEN:** Spleen is normal in size & echopattern.

**KIDNEYS:**

**Both kidneys** are normal in size and echotexture.

Cortico-medullary differentiation of both kidneys is maintained.

No e/o calculus or hydronephrosis seen on either side.

**URINARY BLADDER:** appears filled & normal. No calculus, wall thickening or mass lesion.

**Uterus** Appears anteverted and shows fibroid of size 14x14mm in anterior wall.

No evidence of adnexal mass lesion seen on either side.

Bowel loops appear normal. No any inflammatory wall thickening or mass lesion is seen.

No lymphadenopathy seen.

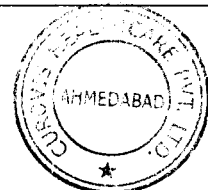
No evidence of free fluid seen in abdomen.

No evidence of collection or mass lesion seen in RIF.

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Consultant Radiologist  
MB,DMRE  
Reg No:0494





**LABORATORY REPORT**

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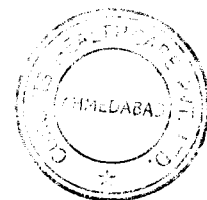
**Reg. No** : 312100401  
**Reg. Date** : 09-Dec-2023 09:06 AM  
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**Report Date** : 09-Dec-2023 05:49 PM

**IMPRESSION:**

➤ **Uterine fibroid.**

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Consultant Radiologist  
MB,DMRE  
Reg No:0494





## LABORATORY REPORT

**Name** : Mrs. Anitaben Ratnabhai Varli  
**Sex/Age** : Female/31 Years  
**Ref. By** :  
**Client Name** : Mediwheel

**Reg. No** : 312100401  
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**Report Date** : 09-Dec-2023 02:45 PM

### Eye Check - Up

No Eye Complaints

#### RIGHT EYE

SP: +0.25

CY: +0.00

AX: 00

#### LEFT EYE

SP : +0.00

CY : +0.00

AX :00

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

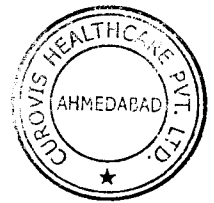
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

ColorVision : Normal

Comments: Normal

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



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M.D, GENERAL MEDICINE

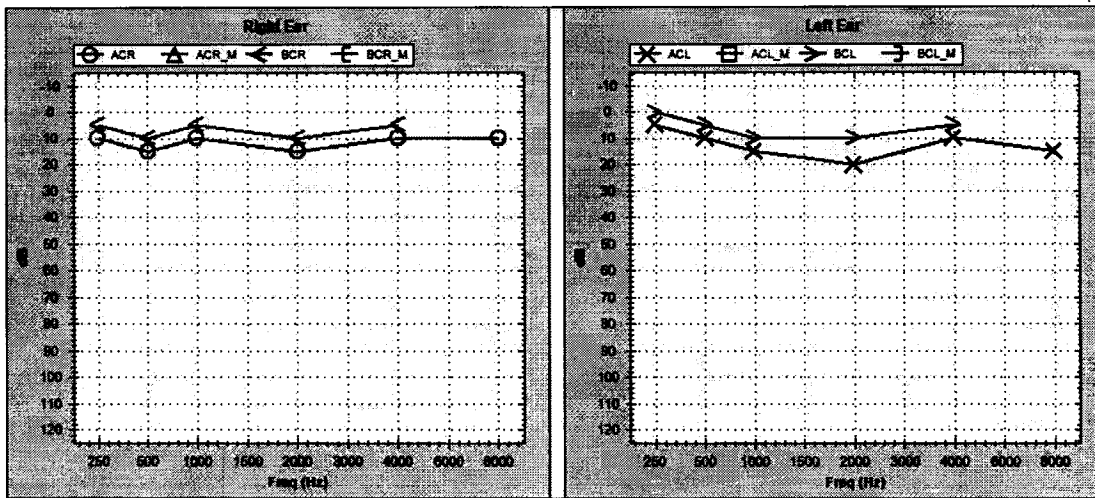


## LABORATORY REPORT

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## AUDIOGRAM



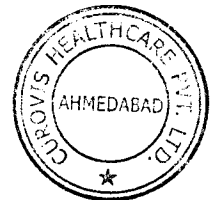
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	∩	>	Blue
RIGHT		△	○	⊔	<	Red

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 -----



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