



भारत सरकार
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Enrollment No.: 0664/10101/64734

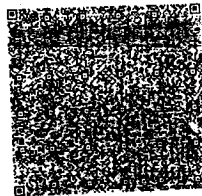
To,
Sanchana Kumari
C/O Rakesh Kumar Singh
A/901, Vrundavan Complex
Gurukul Road
Near Highland Park Restaurant Memnagar Ahmedabad City
Memnagar Ahmadabad City Ahmedabad
Gujarat 380052
9806437123

25/11/2014

Ref: 2398 / 02P / 390245 / 390407 / P



SB910959919FH



आपका आधार क्रमांक / Your Aadhaar No. :

3962 9940 6306

मेरा आधार, मेरी पहचान



Sanchana Kumari
DOB : 02/12/1977
Female



3962 9940 6306

मेरा आधार, मेरी पहचान

DR. J. S. SONI
M.D. (General Medicine)
Reg. No.: G-23695

9806437123

Sanchana

Bleu 10 Aes

11:00 FBS

PBS

11:00



LABORATORY REPORT

Name : Mrs. Sanchana Kumari
Sex/Age : Female/46 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100804
Reg. Date : 10-Feb-2024 04:47 PM
Collected On :
Report Date : 10-Feb-2024 06:21 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 160

Weight (kgs) : 70.3

Blood Pressure : 110/70mmHg

Pulse : 95/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

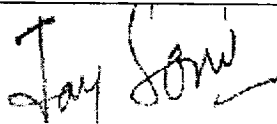
Central Nervous System - No FND

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

Page 3 of 6



TEST REPORT

Reg. No : 402100804 **Ref Id** : **Collected On** : 10-Feb-2024 10:48 AM
Name : Mrs. Sanchana Kumari **Reg. Date** : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female **Pass. No.** : **Tele No.** : 9806437123
Ref. By : **Dispatch At** :
Sample Type : EDTA **Location** : CHPL

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

Hemoglobin (Colorimetric method)	L 11.8	g/dL	12.5 - 16
Hematocrit (Calculated)	L 36.90	%	40 - 50
RBC Count (Electrical Impedance)	L 4.31	million/cmm	4.73 - 5.5
MCV (Calculated)	85.5	fL	83 - 101
MCH (Calculated)	27.5	Pg	27 - 32
MCHC (Calculated)	32.1	%	31.5 - 34.5
RDW (Calculated)	12.5	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	9540	/cmm	4000 - 10000
MPV (Calculated)	11.5	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	67	% 40 - 80	6392 /cmm	2000 - 7000
Lymphocytes (%)	23	% 20 - 40	2194 /cmm	1000 - 3000
Eosinophils (%)	02	% 0 - 6	763 /cmm	200 - 1000
Monocytes (%)	08	% 2 - 10	191 /cmm	20 - 500
Basophils (%)	0	% 0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY


RBC Morphology : Normocytic and Normochromic.
WBC Morphology : Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) : 207000 /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 : 10-Feb-2024 07:33 PM
Page 1 of 10

**TEST REPORT**

Reg. No	: 402100804	Ref Id	:	Collected On	: 10-Feb-2024 10:48 AM
Name	: Mrs. Sanchana Kumari			Reg. Date	: 10-Feb-2024 04:47 PM
Age/Sex	: 46 Years / Female	Pass. No.	:	Tele No.	: 9806437123
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]


ESR 1 hour <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 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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Dr. Purvish Darji
MD (Pathology)

Approved On : 12-Feb-2024 09:41 AM

Page 2 of 10



TEST REPORT


Reg. No : 402100804 **Ref Id** : **Collected On** : 10-Feb-2024 01:00 AM
Name : Mrs. Sanchana Kumari **Reg. Date** : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female **Pass. No.** : **Tele No.** : 9806437123
Ref. By : **Dispatch At** :
Sample Type : Serum, 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>	123.70	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	262.8	mg/dL	70 - 140

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Page 3 of 10



TEST REPORT

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Name : Mrs. Sanchana Kumari		Reg. Date : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	159.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	157.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	46.50	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	81.08	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	31.42	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.74		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	3.42		0 - 5.0
<i>Calculated</i>			

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Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	8.00	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	4.84	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	3.16	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.53		0.8 - 2.0
SGOT	57.00	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	65.3	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	224.4	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.49	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.13	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.36	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	134.40	U/L	< 38
<i>SZASZ Method</i>			

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Dr. Purvish Darji
MD (Pathology)

Approved On : 10-Feb-2024 09:11 PM



TEST REPORT

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Name : Mrs. Sanchana Kumari		Reg. Date : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL


Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	4.43	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.62	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	6.90	mg/dL	6.0 - 20.0

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Page 6 of 10



TEST REPORT

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Name : Mrs. Sanchana Kumari		Reg. Date : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
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	7.7	% 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	174.29	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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Page 7 of 10


TEST REPORT

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Name : Mrs. Sanchana Kumari		Reg. Date : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
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	1.005	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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 MD (Pathology)

 Approved On : 10-Feb-2024 07:28 PM
 Page 8 of 10



TEST REPORT

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Name : Mrs. Sanchana Kumari		Reg. Date : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female	Pass. No. :	Tele No. : 9806437123
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>	1.20	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>	13.80	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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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 12-Feb-2024 10:38 AM



TEST REPORT


Reg. No : 402100804 **Ref Id** : **Collected On** : 10-Feb-2024 10:48 AM
Name : Mrs. Sanchana Kumari **Reg. Date** : 10-Feb-2024 04:47 PM
Age/Sex : 46 Years / Female **Pass. No.** : **Tele No.** : 9806437123
Ref. By : **Dispatch At** : **Location** : CHPL
Sample Type : Serum

TSH **6.460** μ IU/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 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/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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MD (Pathology)

Approved On : 12-Feb-2024 10:38 AM
Page 10 of 1



LABORATORY REPORT

Name : Mrs. Sanchana Kumari
Sex/Age : Female/46 Years
Ref. By :
Client Name : Mediwheel

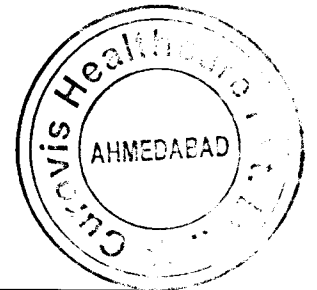
Reg. No : 402100804
Reg. Date : 10-Feb-2024 04:47 PM
Collected On :
Report Date : 10-Feb-2024 04:55 PM

Electrocardiogram

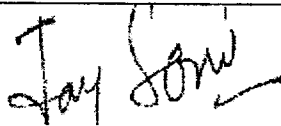
Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 1 of 6

SANJAYAN
KUMARI

38

46 years / 70 kg

Female

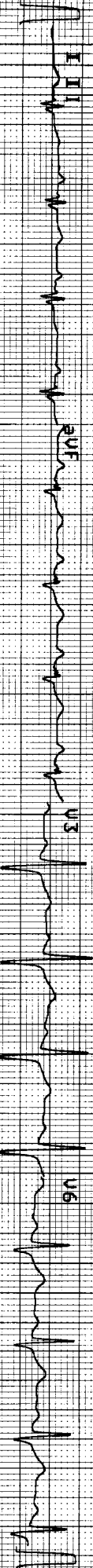
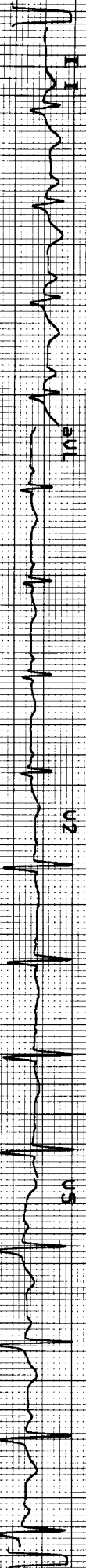
HR 95/min

PRIS: P 52 °
QRS 2 °
T 30 °

Intervals:
RR 634 ms
P 108 ms
PR 142 ms
QR5 88 ms
QT 348 ms
QTc 441 ms
(Bazett)
10 mm/mV

P (II) 0.19 mV
S (V1) -0.10 mV
R (V5) 0.97 mV
Sokol, 1.65 mV

10 mm/mV



Sanjay

10 mm/mV
25 mm/s

0.05 s/mV 5 Hz FS0 SSF 505 10.02.2024 12:05:51

CURIOUS HEALTHCARE

RT-1028105 1.24



LABORATORY REPORT

Name : Mrs. Sanchana Kumari
Sex/Age : Female/46 Years
Ref. By :
Client Name : Mediwheel

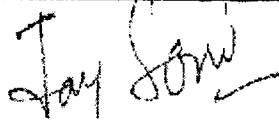
Reg. No : 402100804
Reg. Date : 10-Feb-2024 04:47 PM
Collected On :
Report Date : 10-Feb-2024 04:55 PM

2D Echo Colour Doppler

1. No LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 65%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Trivial MR, Trivial TR, No PR, No AR.
8. No PAH, RVSP: 25 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.



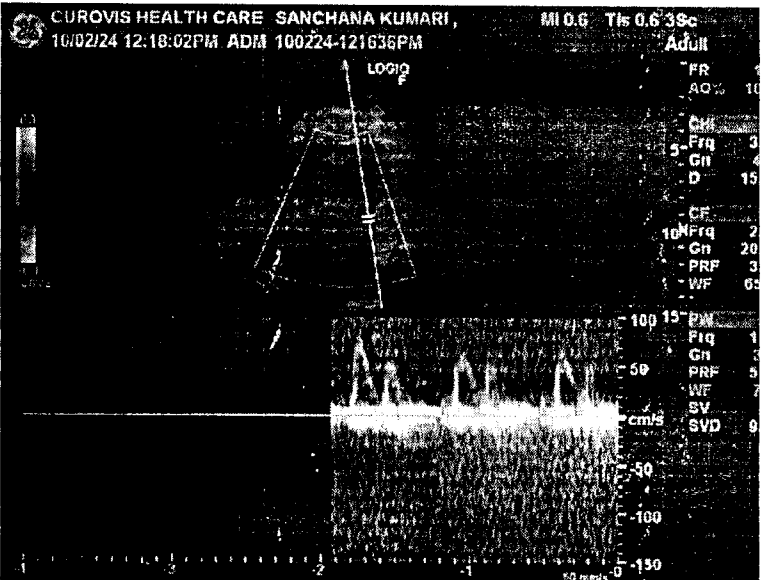
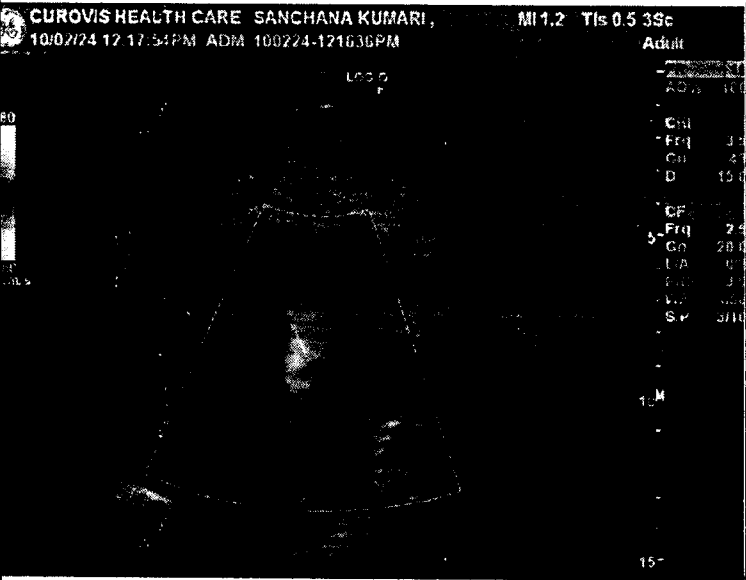
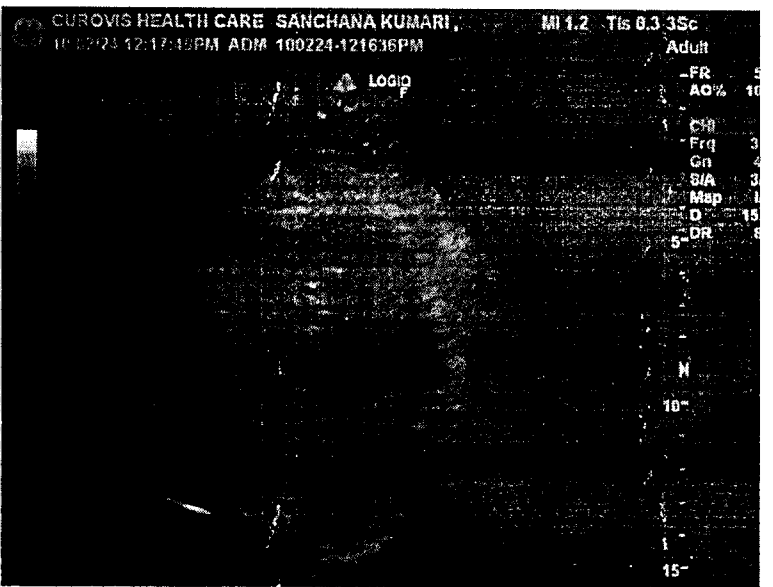
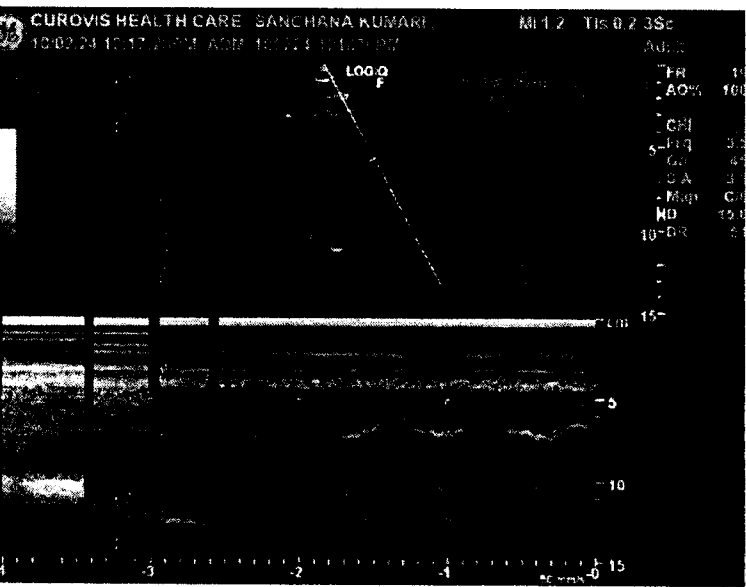
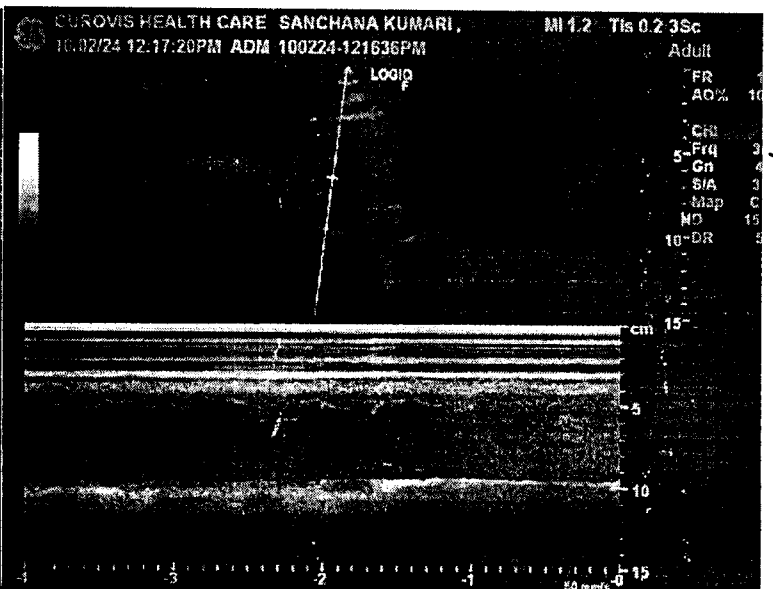
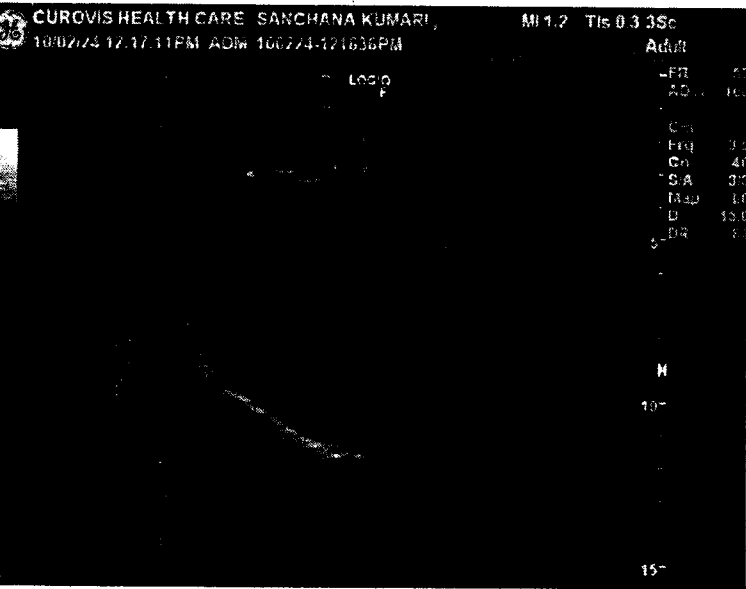
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M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 6



SANCHANA KUMARI 100224-121636PM

10/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mrs. Sanchana Kumari
Sex/Age : Female/46 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100804
Reg. Date : 10-Feb-2024 04:47 PM
Collected On :
Report Date : 10-Feb-2024 06:30 PM

X RAY CHEST PA

Few patchy hazy areas noted in left lung parenchyma p/o infective etiology

(suggest follow up X-ray)

Rest both lung fields appear clear.

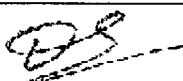
No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

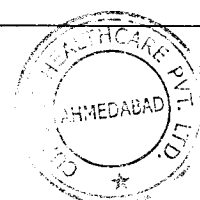
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

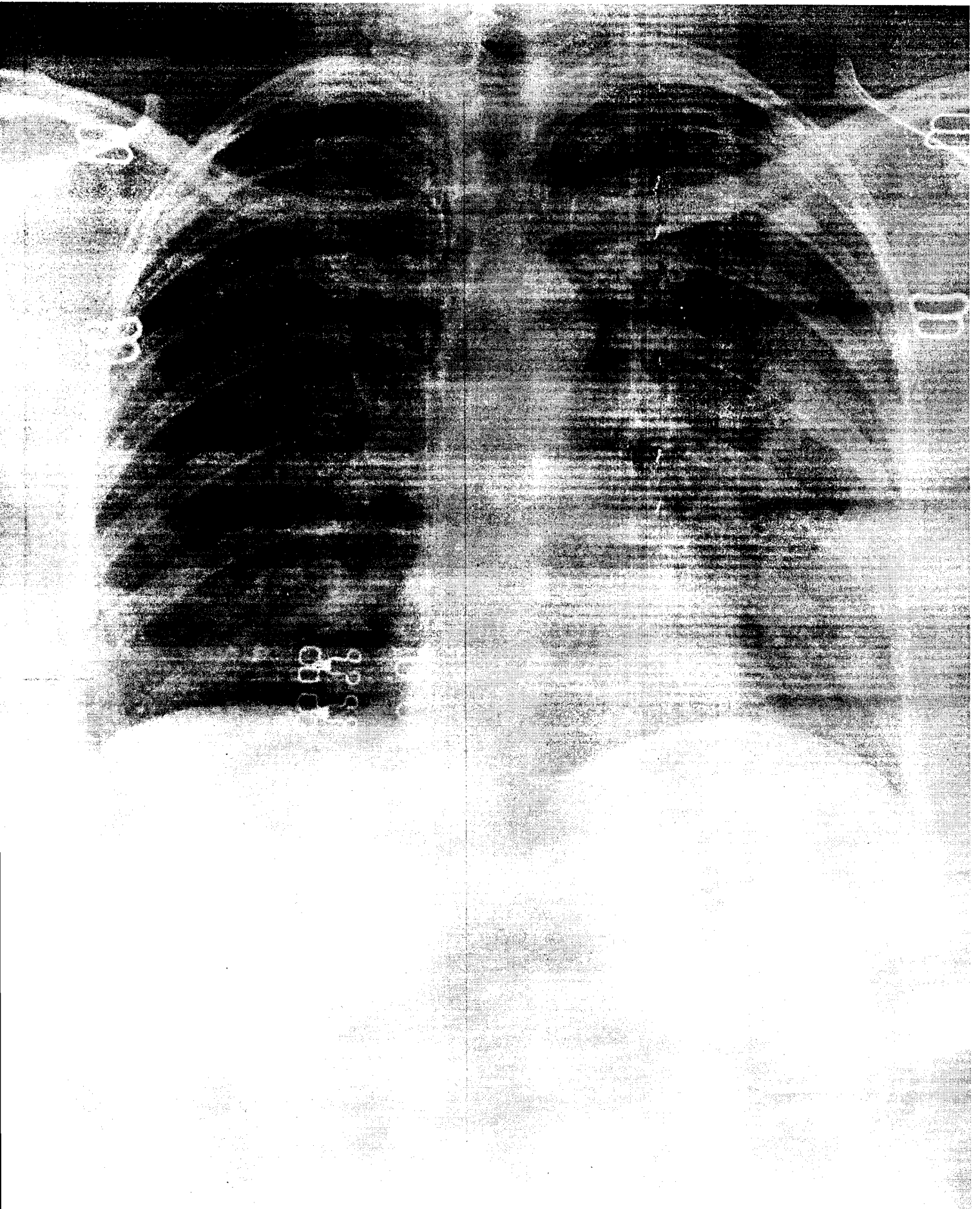
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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



Page 2 of 3



SANCHANA KUMARI 46/Y

10/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name	: Mrs. Sanchana Kumari	Reg. No	: 402100804
Sex/Age	: Female/46 Years	Reg. Date	: 10-Feb-2024 04:47 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Feb-2024 08:27 PM

USG ABDOMEN

Liver appears normal in size & increased 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.

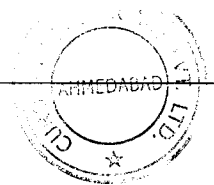
COMMENTS :

Grade I fatty liver.

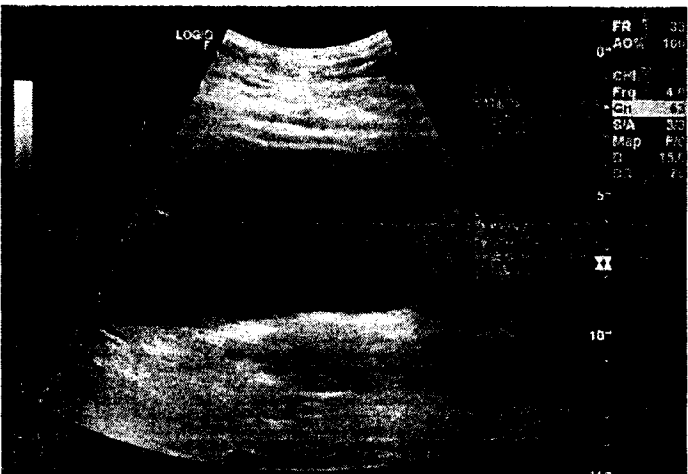
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Consultant Radiologist
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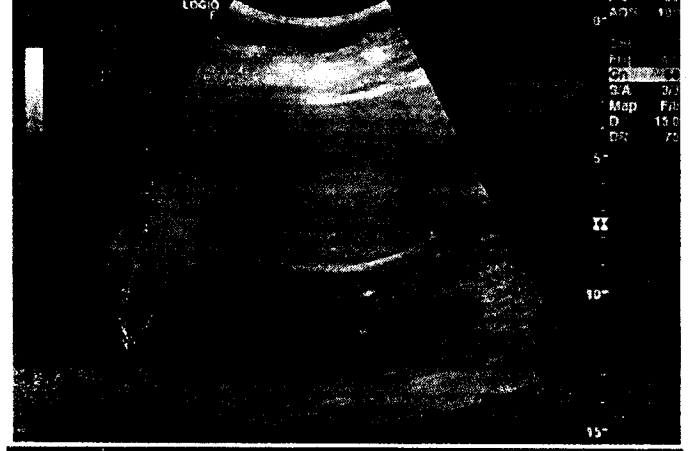
Page 1 of 3



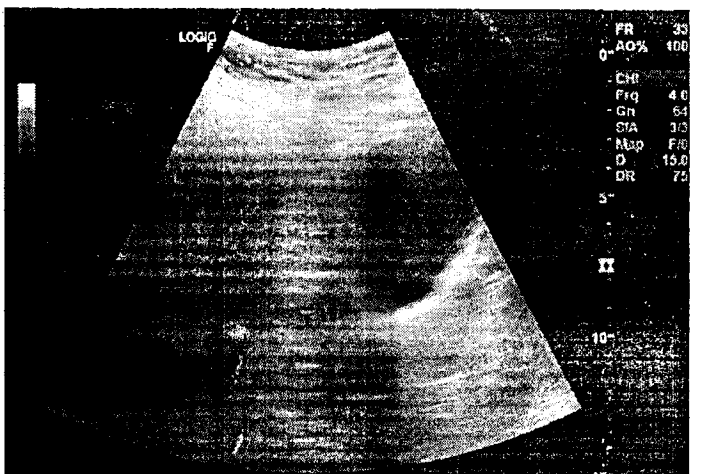
CUROVIS HEALTH CARE SACHANA KUMARI
10/02/24 12:45:30PM ADM 100224-124406PM



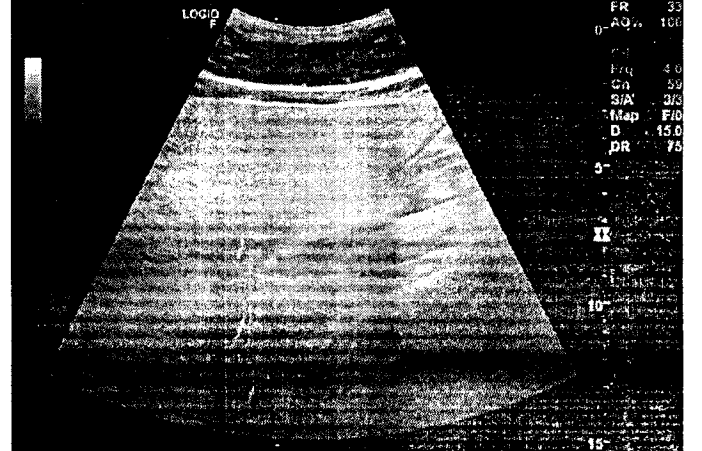
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10/02/24 12:45:37PM ADM 100224-124406PM



CUROVIS HEALTH CARE SACHANA KUMARI
10/02/24 12:45:10PM ADM 100224-124406PM



CUROVIS HEALTH CARE SACHANA KUMARI
10/02/24 12:45:41PM ADM 100224-124406PM



CUROVIS HEALTH CARE SACHANA KUMARI
10/02/24 12:45:52PM ADM 100224-124406PM



CUROVIS HEALTH CARE SACHANA KUMARI
10/02/24 12:46:16PM ADM 100224-124406PM



SACHANA KUMARI 100224-124406PM 10/02/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name	: Mrs. Sanchana Kumari	Reg. No	: 402100804
Sex/Age	: Female/46 Years	Reg. Date	: 10-Feb-2024 04:47 PM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 10-Feb-2024 08:29 PM

BILATERAL MAMMOGRAM :-

(Dedicated digital mammography with Craniocaudal and media lateral oblique view was performed.)

- Normal fibroglandular breast parenchyma is noted in breast on either side.
- No evidence of clustered micro calcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

COMMENT :

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

BIRADS Categories:

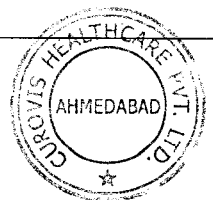
- 0 Need imaging evaluation.
- I Negative
- II Benign finding
- III probably benign finding.
- IV Suspicious abnormality.
- V Highly suggestive of malignancy.

The false negative mammography is approximately 10%. Management of a palpable abnormality must be based upon clinical grounds

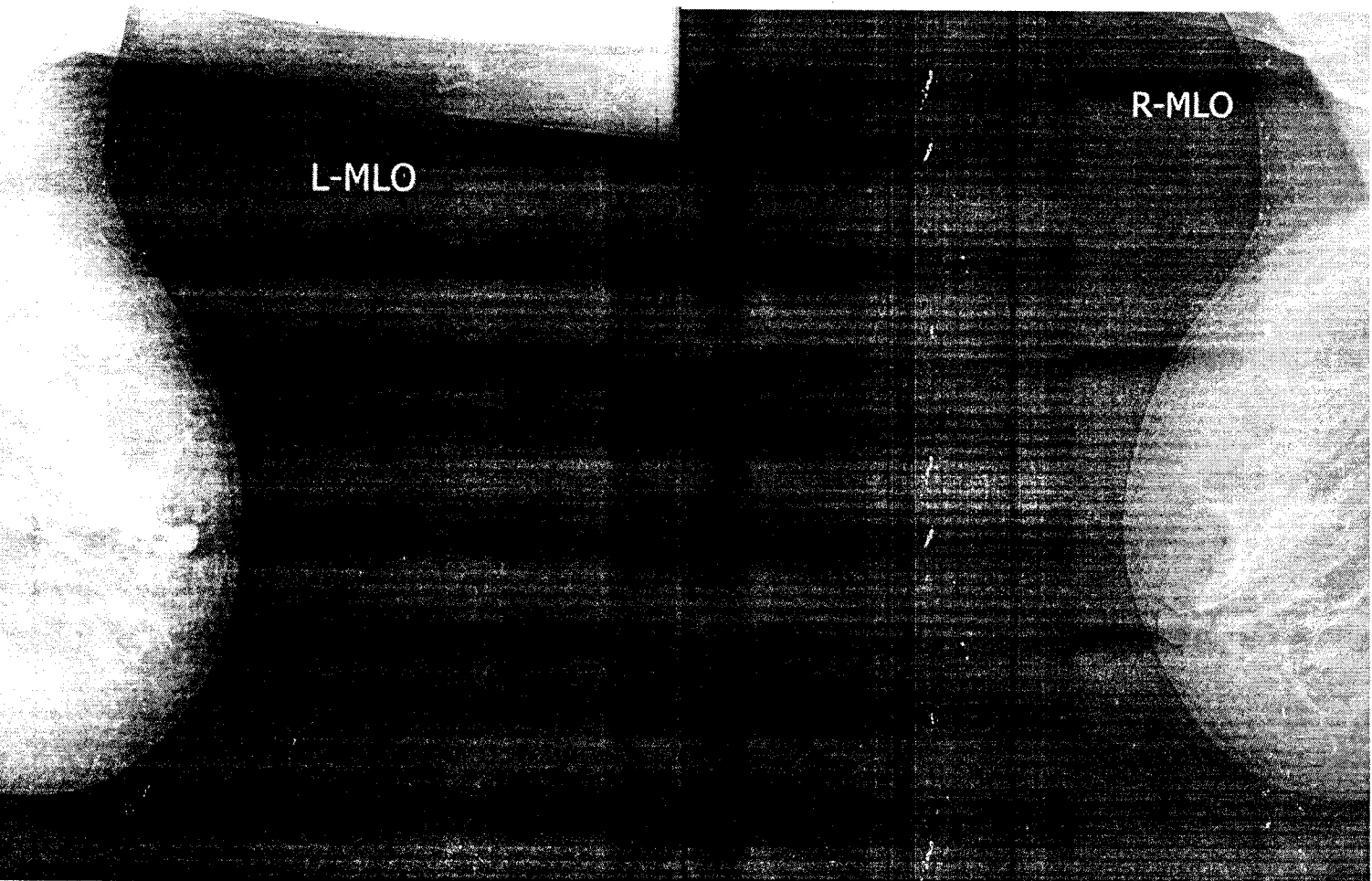
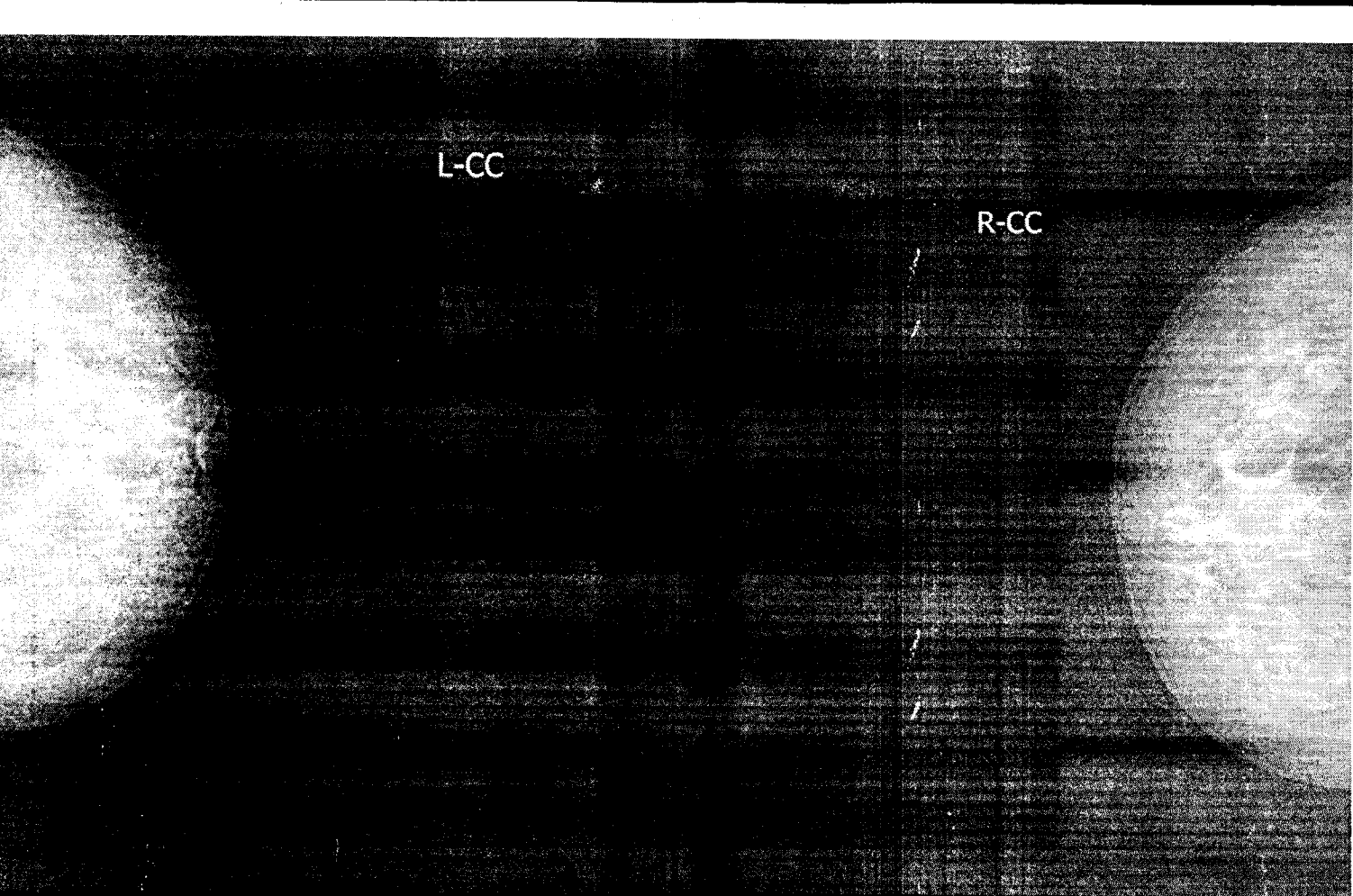
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Page 1 of 1



SANCHANA KUMARI 46/Y

10/02/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name : Mrs. Sanchana Kumari
Sex/Age : Female/46 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 402100804
Reg. Date : 10-Feb-2024 04:47 PM
Collected On :
Report Date : 10-Feb-2024 06:58 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.50

CY: -0.75

AX: 83

LEFT EYE

SP : -0.25

CY : -1.00

AX :90

	Without Glasses	With Glasses
Right Eye	6/5	N.A
Left Eye	6/9	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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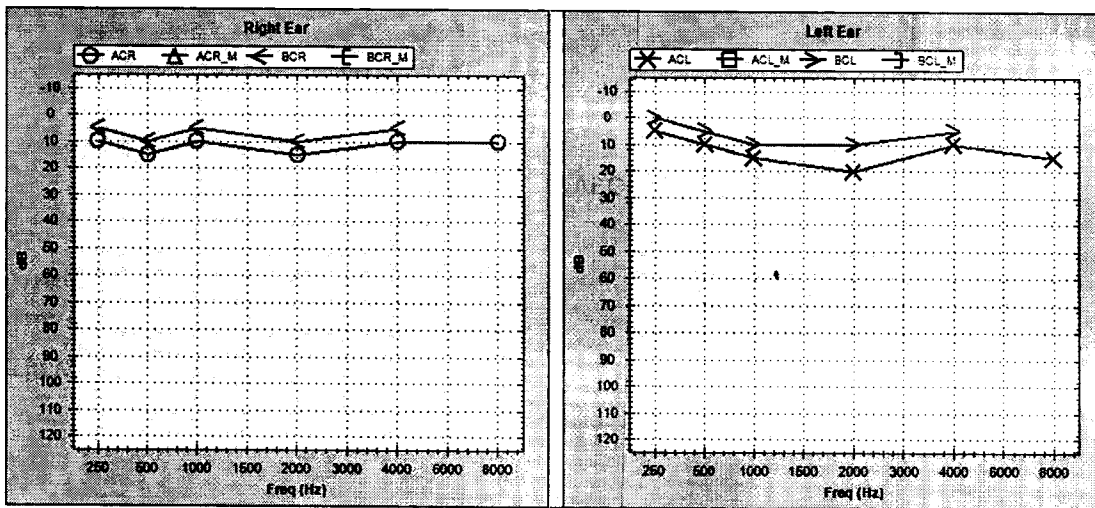


LABORATORY REPORT

Name : Mrs. Sanchana Kumari
 Sex/Age : Female/46 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 402100804
 Reg. Date : 10-Feb-2024 04:47 PM
 Collected On :
 Report Date : 10-Feb-2024 06:58 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	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits.



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