

# Health Check up Booking Request(bobE52253), Beneficiary Code-33409

Mediwheel <wellness@mediwheel.in> To: insurancedckc234@gmail.com Cc: customercare@mediwheel.in

5 December 2023 at 13:38



011-41195959 Email:wellness@mediwheel.in

Sujata 594@gmail.10m

Dear Dr. Charu Kohli Cilnic,

City : Delhi . Address : A C-234, Block C, Defence Colony, ,

We have received the confirmation for the following booking :

Name

: MS. NAROLIA SUJATA

Age

: 26

Gender

: Female

Package Name

: Medi-Wheel Metro Full Body Health Checkup Female Below 40

Contact Details

: 9783354493

**Booking Date** 

: 05-12-2023

Appointment Date: 09-12-2023

	Member Inform	mation	
Booked Member Name	Age	Gender	Cost(In INR)
MS. NAROLIA SUJATA	26	Female	Cashless
	Total amount to be paid	Cashlese	Pasmess

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name

Medi-Wheel Metro Full Body Health Checkup Female Below 40 - Includes (37)Tests

Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, : GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP (ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total &

2024 Archan Healthcare Limited.

Direct and Indirect, Albumin, Globulin

Tests included in this Package



# Dr.Charu Kohli s Clinic

C-234 Defence Colony, New Delhi-110024 Ph 41550792 ,24336960, 24332759 E- mail: drcharukohli@yahoo.com

NAME

: SUJATA NAROLIA

AGE/SEX

: 29Y/F

DATE

: 23.12.2023

HEIGHT	WEIGHT	BMI	BP
165 cm	56 kg	20.6	110/70 mmHg
2 1 777	SMOKING : NO		
HABITS	ALCOHOL : NO		
	DRUGS : NO		

#### Family History:

: NO

Asthma Diabetes

: MOTHER HAS DM

Heart Disease : NO

Eye / /ision : MOTHER HAS BP

Cancer

: NO

THYROID

: NO

### Personal History:

TB : NO Heart Disease : NO Acquired deformity : NO Operated for : NO Diabetes : NO THYROID : NO : NO Asthma : NO ACCIDENT : NO

DISTAN	CE VISION	NEAR	VISION		
RT Eye	LT Eye	RT Eye	LT Eye	COLOUR VISION	GLASSES
6/6	6/6	N/6	N/6	NORMAL'	YES

Signature of Medical Examiner HARLI-KOHLI CONSULTANT MBBS DMC-8388



### Dr. Charu Kohli's Clinic

C-234 Defence Colony, New Delhi-110024 Ph 41550792 ,24336960, 24332759

E- mail: drcharukohli@yahoo.com

Name: SUJATA NAROLIA Date: Saturo

ate: Saturday, December 23, 2023

#### WHOLE ABDOMEN SCAN

Liver is normal in size (10.9 cm) and shows echotexture is normal. Normal intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is distended and shows echofree lumen CBD: not dilated; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal pelvicalyceal systems and corticomedullary differentiation.

RK: 9.6 x 4.0 cm LK: 9.7 x 4.9 cm

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and wall-thickness. No calculus or mass noted.

Uterus measures  $5.8 \times 4.1$  cm in a.p.Endometrial lining is regular and maintained and is 1.5 mm thick. Endometrial cavity is clear. Myometrial echoes are maintained with a regular serosal outline.

Cervix is normal in length and mucosal pattern. Echopattern is homogenous.

Bilateral ovaries and adnexae are normal

No free fluid is seen in cul de sac.

IMPRESSION: Sonological study is normal.

DR KOMAL JAIN

MBBS MD DMC 29939 DR. KOMAL JAIN M D RADIODIAGNOSIS DMC-29939

IMPORTANT: Owing to technical limitations, in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature, and this report is not valid for any Medico-legal aspect.











C-234, DEFENGE COLONY, NEW DELHI

Ms. NAROLIA SUJATA

Age: 29/F

Recorded: 23-12-2023 12:36

Ref. by : Indication : ... ID: 998 Ht/Wt: 165/56

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE History: Medication : ,.

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	11	ST LEVEL (mm)	V5	METS
SUPINE										Və	
HYPERVENT VALSALVA	0.16	0:16			75 70 77	110/75 110/75	82 77 84	0.2	1.4 1.5	0.2	
STAGE 1	2:59	2:59			60	110/75	84	0.0	1,4	0.1	
STAGE 2 STAGE 3	5:59 7:44	2:59 1:44	2.70 4.00 5.40	10.00 12.00 14.00	123 156 178	110/75 110/75	135 171	-1.4 -2.6	0.0	-0.8 -1.0	4,80
PEAK EXERCISE	7:52	1:52		2.73		120/78	213	-1.0	0.1	-12	7.10 8.78
RECOVERY	2.59	2:59			178	120/78	213	-0.4	0.6	-0.6	8.91
RESULTS	5:59	5:59	0.00	0.00	108 98	120/78 110/70	129 107	0.4	1.5	0.1	0.91
Exercise Duration Max Heart Rate Max Blood Press Max Work Load Reason of Termi	lure	7:52 Minutes 178 bpm 93: 120/78 mmHg 8:91 METS	6 of target heart	rate 191 bpm						V.5	

- naporne for PME worm Parmetens of Exercise

DR. D. R. RAJIV MBBS. MD DMC-48748 CONSULTANT CARDIOLOGIST

Cardiologist

Ms. NAROLIA SUJATA

I.D. 998 AGE/SEX 29/F

RECORDED : 23-12-2023 12:36

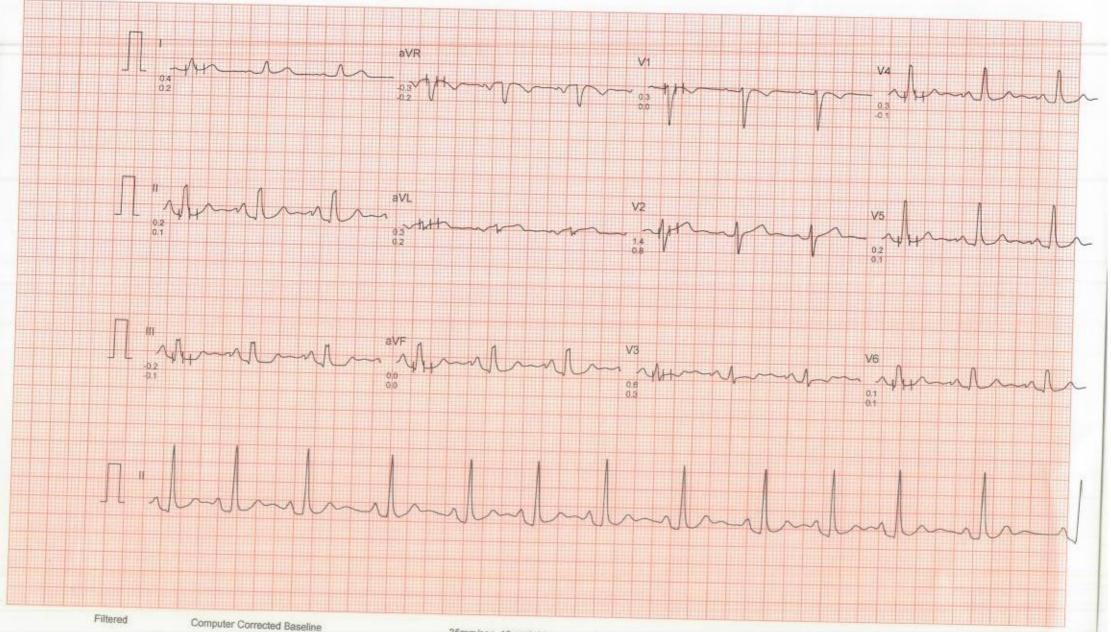
RATE: 75 BPM

B.P. : 110/75 mmHg DR. D. R. RAJIV MBBS, MD

DMC-46748 CONSULTANT CARDIOLOGIST

PRETEST

ST @ 10mm/mV 80ms PostJ



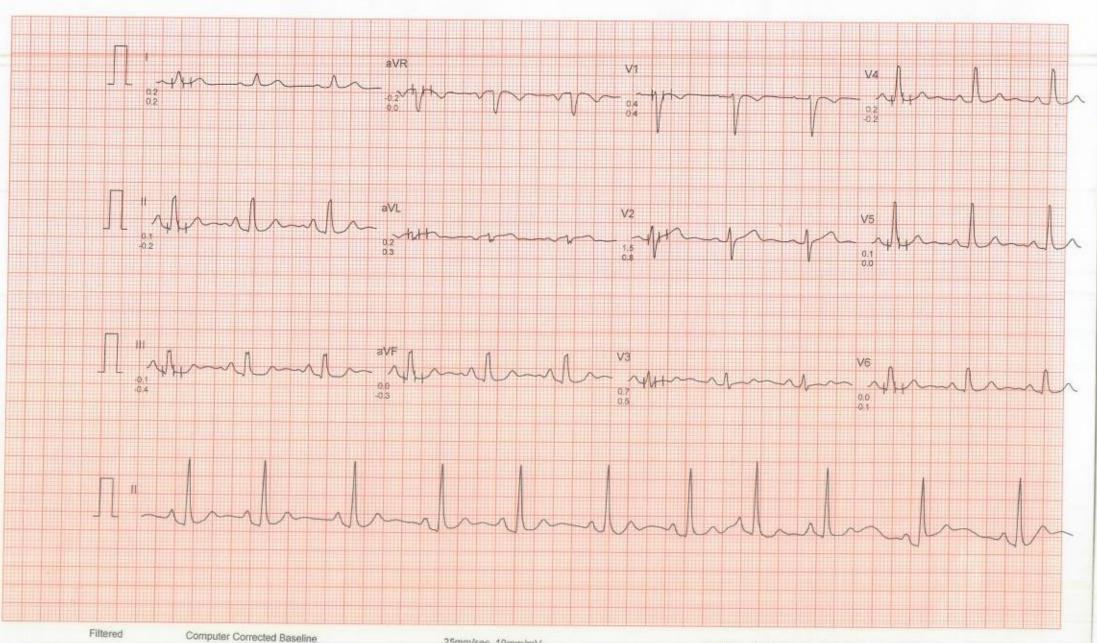
Ms. NAROLIA SUJATA I.D. 998

AGE/SEX : 29/F RECORDED: 23-12-2023 12:36

RATE: 70 BPM B.P.: 110/75 mmHg HYPERVENTILATION PRETEST

STAGE TIME: 0:16

ST @ 10mm/mV 80ms PostJ

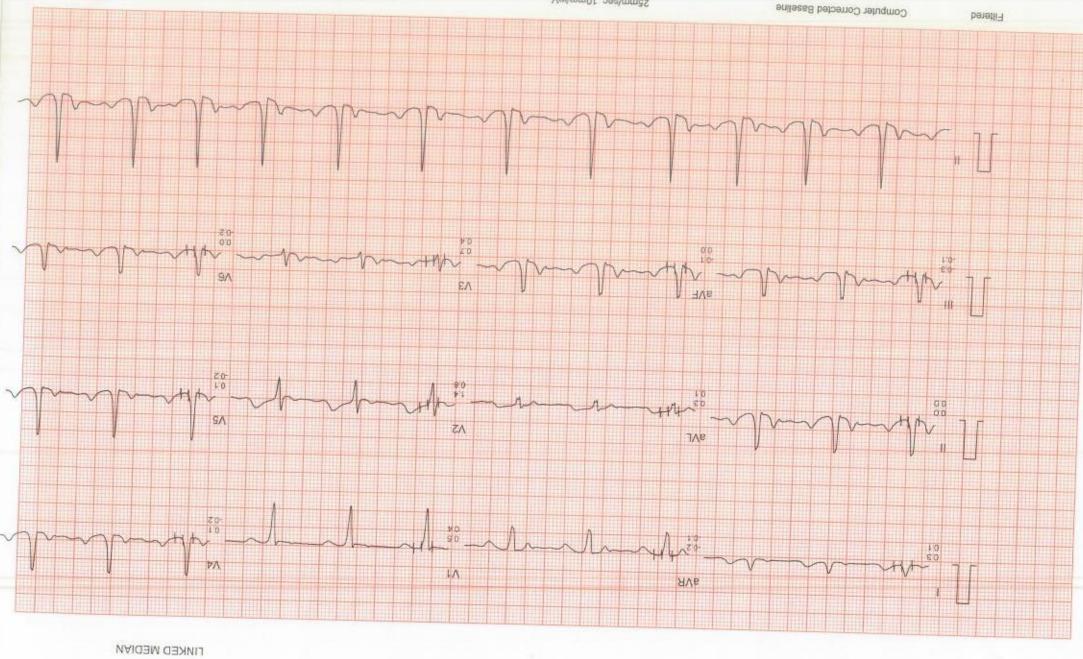


VALSALVA

B.P. 110/75 mmHg

RECORDED: 23-12-2023 12:36 MS. WAROLIA SUJATA 1.D. 998 AGE/SEX 29/F

Utao9 am08 Vm\mm01 @ T2



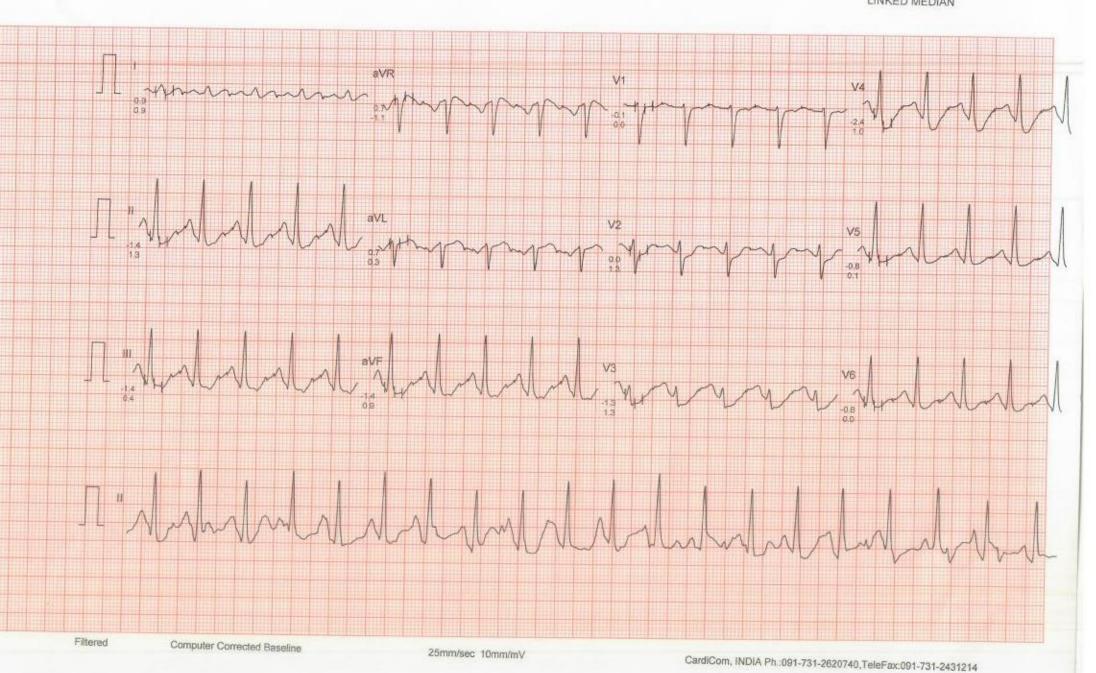
Ms. NAROLIA SUJATA

AGE/SEX 29/F

RECORDED: 23-12-2023 12:36

RATE : 123 BPM B.P. : 110/75 mmHg BRUCE EXERCISE 1 PHASE TIME

PHASE TIME: 2:59 STAGE TIME: 2:59 ST @ 10mm/mV 80ms PostJ SPEED : 2.7 Km./Hr. GRADE : 10.0 %



Ms. NAROLIA SUJATA ID : 998

AGE/SEX : 29/F

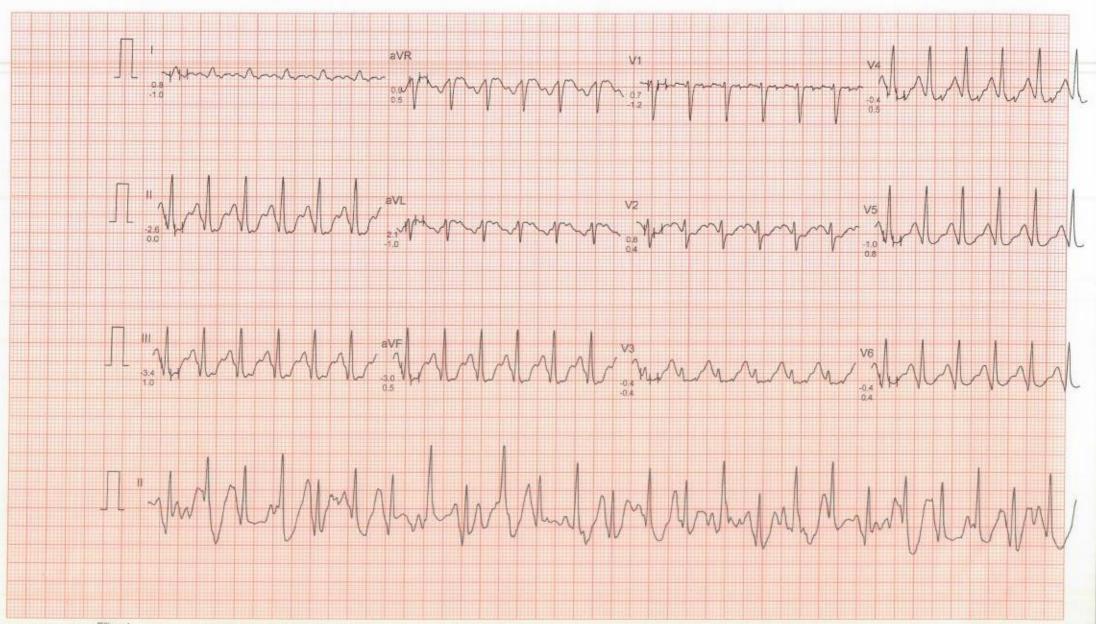
RECORDED : 23-12-2023 12:36

RATE: 156 BPM B.P. : 110/75 mmHg

BRUCE EXERCISE 2 PHASE TIME: 5:59

STAGE TIME: 2:59

ST @ 10mm/mV 80ms PostJ SPEED: 4.0 Km./Hr. GRADE: 12.0 %



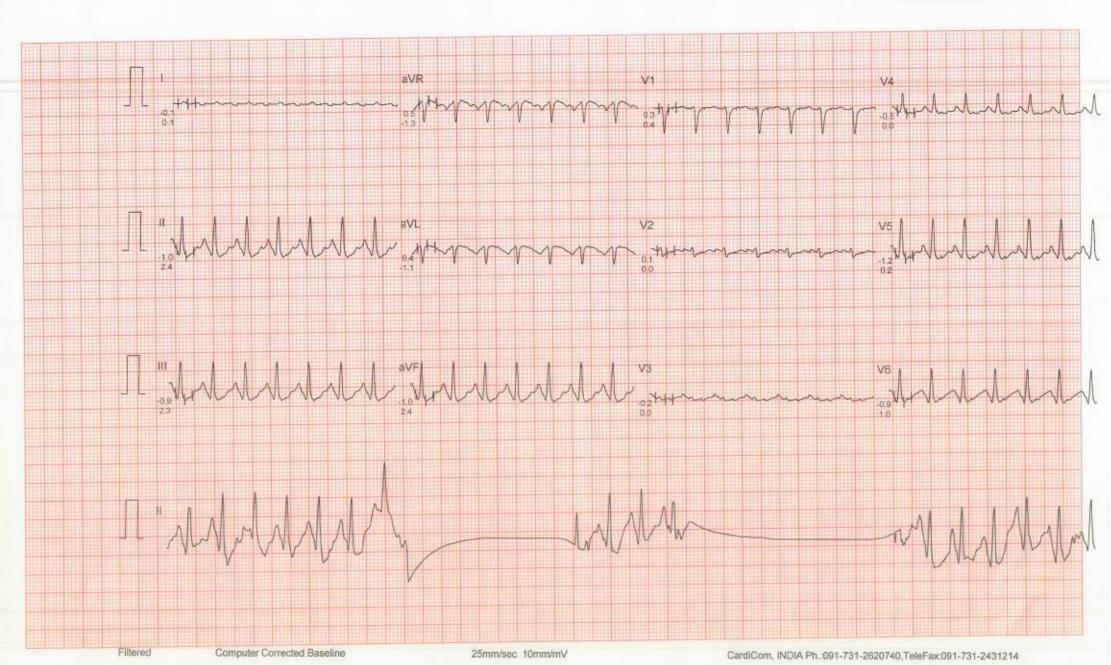
Ms. NAROLIA SUJATA

I.D.: 998 AGE/SEX: 29/F

RECORDED: 23-12-2023 12:36

RATE: 178 BPM B.P.: 120/78 mmHg BRUCE EXERCISE 3 PHASE TIME 7.4

PHASE TIME 7:44 STAGE TIME: 1:44 ST @ 10mm/mV 80ms PostJ SPEED: 5.4 Km./Hr GRADE: 14.0 %



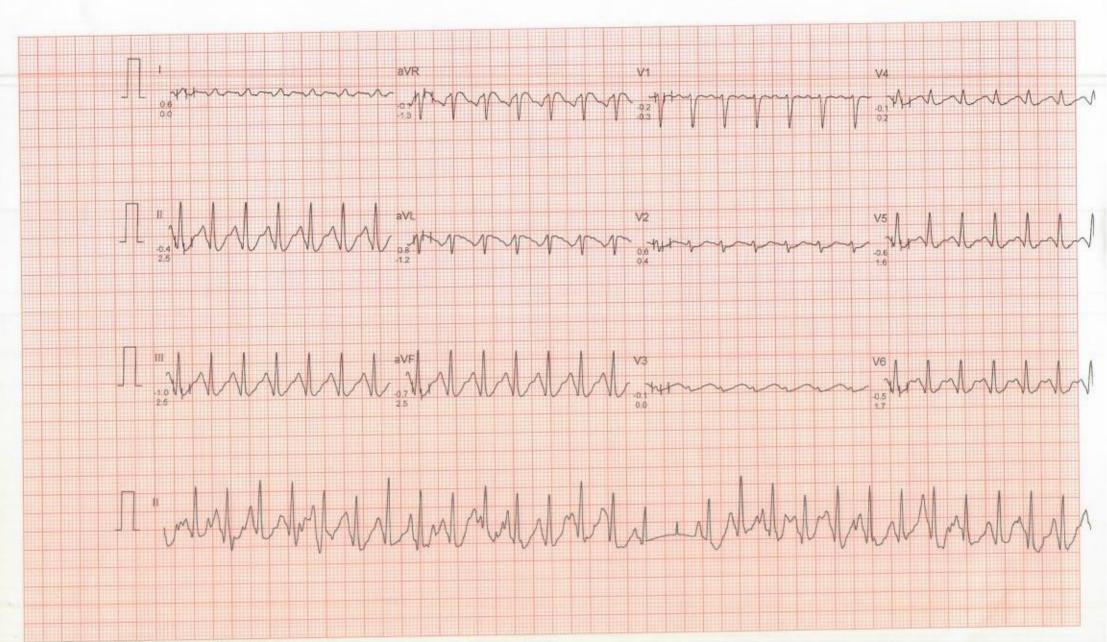
Ms. NAROLIA SUJATA

I.D. 998 AGE/SEX 29/F

RECORDED: 23-12-2023 12:36

RATE 178 BPM B.P. : 120/78 mmHq BRUCE PEAK EXERCISE PHASE TIME: 7:52 STAGE TIME: 1:52

ST @ 10mm/mV 80ms PostJ SPEED: 5.4 Km./Hr. GRADE: 14.0 %



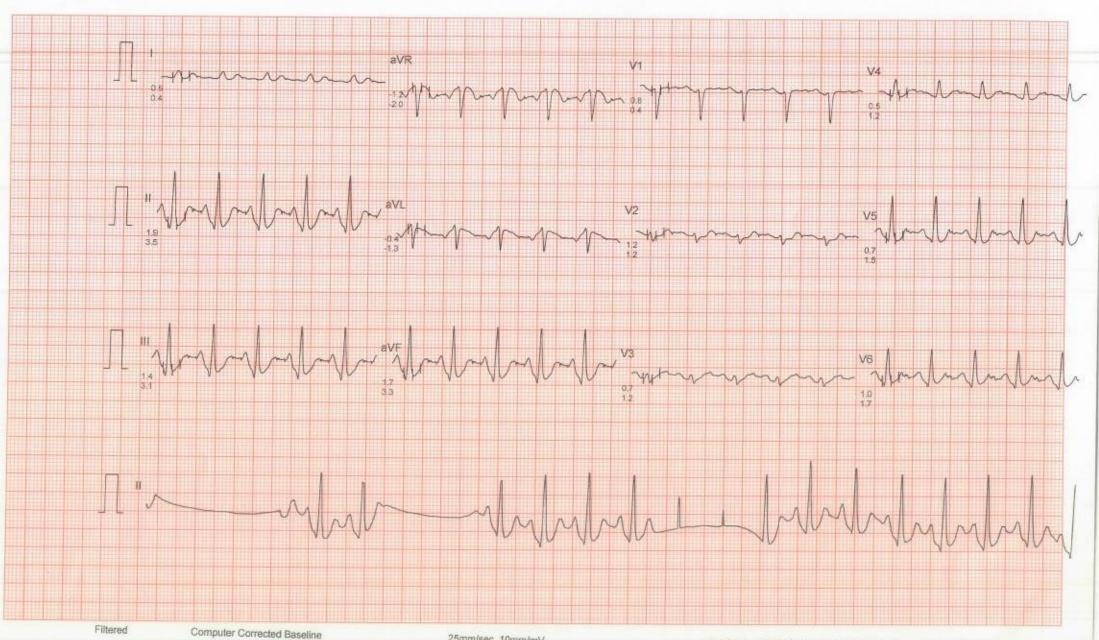
Ms. NAROLIA SUJATA AGE/SEX : 29/F

RECORDED: 23-12-2023 12:36

RATE: 129 BPM B.P.: 120/78 mmHg

BRUCE RECOVERY PHASE TIME: 0:59

ST@ 10mm/mV 60ms PostJ SPEED: 0.0 Km./Hr. GRADE: 0.0 %



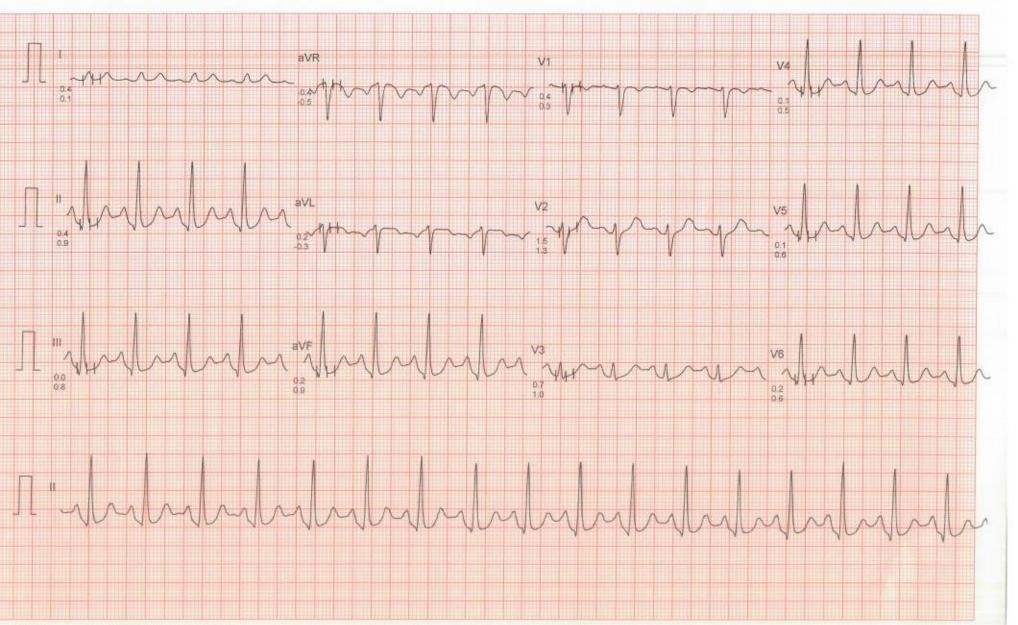
Ms. NAROLIA SUJATA

I.D. : 998 AGE/SEX : 29/F

RECORDED: 23-12-2023 12:36

RATE: 108 BPM B.P.: 120/78 mmHg BRUCE RECOVERY PHASE TIME: 2.59

ST @ 10mm/mV 80ms PostJ SPEED = 0.0 Km/Hr GRADE = 0.0 %

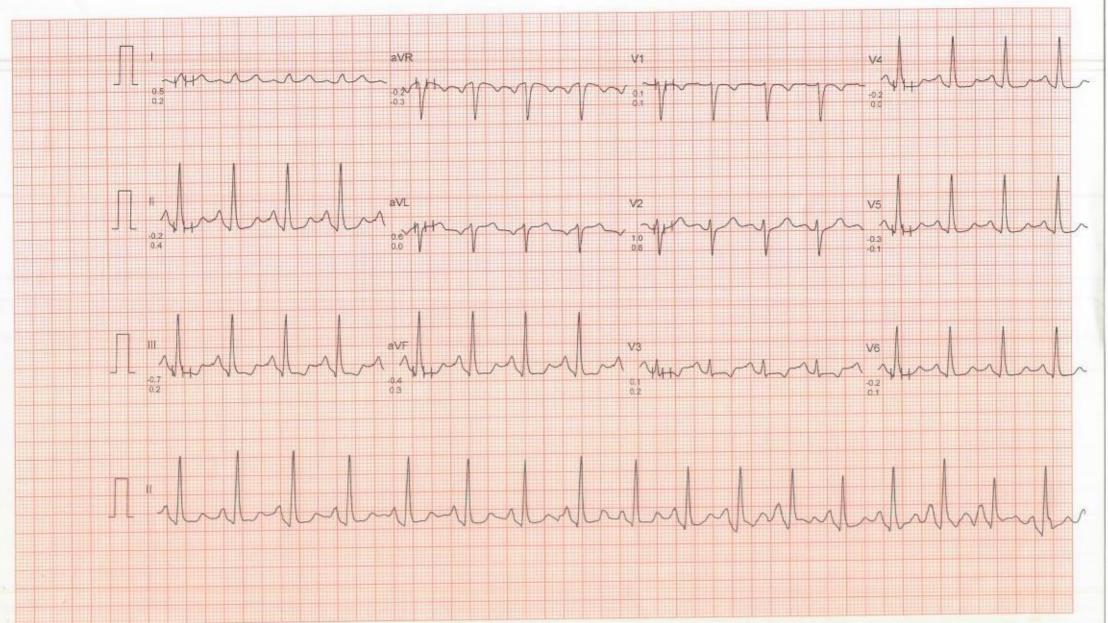


Ms. NAROLIA SUJATA

I.D. : 998 AGE/SEX : 29/F

RECORDED: 23-12-2023 12:36

RATE: 98 BPM B.P.: 110/70 mmHg BRUCE RECOVERY PHASE TIME 5 59 ST @ 10mm/mV 80ms PostJ SPEED: 0.0 Km./Hr GRADE: 0.0 %







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E-mail: drcharukohli@yahoo.com

Facebook.com/Dr.Charukohli

Registration No.	102316050	Mobile No.	9783354493
Patient Name	Ms. SUJATA NAROLIA	Registration Date/Time	23/12/2023 11:09:15
Age / Sex	29 Yrs Female	Sample Collected Date/Time	23/12/2023 12:52:04
Ref By / Hospital	MEDIWHEEL	Report Date/Time	23/12/2023 16:14:01
Collected At	DCKC	Printed Date/Time	23/12/2023 17:54:56

Test Name Value Unit Biological Ref Interval

#### **HAEMATOLOGY**

Complete	Blood	Count	(CBC)
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Haemoglobin (Hb) ,EDTA Method : Colorimetric	11.4	g/dL	12.0 - 15.0
Total Leucocyte Count (TLC) ,EDTA Method : Electric impedence	08.4	10^9 /L	04.0 - 11.0
Red Blood Cell (RBC) ,EDTA  Method : Electric impedence	4.20	10^6 /uL	3.80 - 4.80
Hematocrit (HCT /PCV) ,EDTA  Method: Pulse height detection	36.2	%	36.0 - 46.0
Mean Corp Volume (MCV) ,EDTA Method : Calculated	86.2	fL	83.0 - 101.0
Mean Corp Hb (MCH) ,EDTA  Method: Calculated	27.1	pg	27.0 - 32.0
Mean Corp Hb Conc (MCHC) ,EDTA  Method: Calculated	31.4	g/dL	31.5 - 34.5
Platelet Count(PLT) ,EDTA  Method: Electric impedence/Microscopy	150.00	10^3 /uL	150.00 - 410.00
	150.00 <b>14.3</b>	10^3 /uL %	150.00 - 410.00 11.6 - 14.0
Method : Electric impedence/Microscopy			
Method : Electric impedence/Microscopy  RDW- CV% ,EDTA  Differential Leucocyte Count			
Method: Electric impedence/Microscopy  RDW- CV% ,EDTA  Differential Leucocyte Count  Method: Microscopy	14.3	%	11.6 - 14.0
Method: Electric impedence/Microscopy  RDW- CV% ,EDTA  Differential Leucocyte Count  Method: Microscopy  Neutrophil ,EDTA	<b>14.3</b> 70.0	%	11.6 - 14.0 40.0 - 80.0
Method: Electric impedence/Microscopy  RDW- CV% ,EDTA  Differential Leucocyte Count  Method: Microscopy  Neutrophil ,EDTA  Lymphocyte ,EDTA	70.0 22.0	% % %	11.6 - 14.0 40.0 - 80.0 20.0 - 45.0
Method: Electric impedence/Microscopy  RDW- CV% ,EDTA  Differential Leucocyte Count  Method: Microscopy  Neutrophil ,EDTA  Lymphocyte ,EDTA  Eosinophil ,EDTA	70.0 22.0 3.0	% % % %	11.6 - 14.0 40.0 - 80.0 20.0 - 45.0 1.0 - 6.0

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DR.NEELU CHHABRA





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Registration No.	102316050	Mobile No.	9783354493
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**Patient Name** Ms. SUJATA NAROLIA Registration Date/Time 23/12/2023 11:09:15 Age / Sex 29 Yrs Female Sample Collected Date/Time 23/12/2023 12:52:04 Ref By / Hospital **MEDIWHEEL** Report Date/Time 23/12/2023 17:34:58 Collected At **DCKC** Printed Date/Time 23/12/2023 17:54:56

Test Name Value Unit Biological Ref Interval

Blood Group ABO ,EDTA "B"

Method: Forward Grouping

Rh Typing ,EDTA POSITIVE Method : Forward Grouping

**HbA1c** ,EDTA 4.9 %

Method: Photometric method

#### INTERPRETATIONS:-

NORMAL RANGE 4.00 - 5.60 %

Pre Diabetic/ Higher chance of getting diabetes	5.70	- 6.20	%
Good Diabetic Control	6.20 -	6.80	%
Fair Diabetic Control	6.80 -	7.60	%
Uncontrolled Diabetes -action suggested	>7.6		%

#### Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.

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**DCKC** 



Printed Date/Time

#### DR. CHARU KOHLI'S CLINIC

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23/12/2023 17:54:56

E-mail: drcharukohli@yahoo.com

Facebook.com/Dr.Charukohli

Registration No.	102316050	Mobile No.	9783354493
Patient Name	Ms. SUJATA NAROLIA	Registration Date/Time	23/12/2023 11:09:15
Age / Sex	29 Yrs Female	Sample Collected Date/Time	23/12/2023 12:52:04
Ref By / Hospital	MEDIWHEEL	Report Date/Time	23/12/2023 15:10:39

Test Name Value Unit Biological Ref Interval

#### **BIOCHEMISTRY**

#### LIPID PROFILE

Collected At

Total Lipids ,Serum Plain	361	mg/dl	400 - 700
Serum Cholesterol ,Serum Plain Method : CHOD-POD	139	mg/dl	0 - 200
Serum Triglycerides ,Serum Plain Method : GPO-POD	83	mg/dl	40 - 140
Serum HDL Cholesterol ,Serum Plain Method : Direct Method	29	mg/dl	40 - 70
Serum LDL Cholesterol ,Serum Plain Method : Calculated	93.4	mg/dl	30.0 - 100.0
Serum VLDL Cholesterol ,Serum Plain Method : Calculated	16.6	mg/dl	24.0 - 45.0
Total CHO/HDLCholesterol Ratio ,Serum Plain Method : Calculated	4.79		
LDL/HDL Cholesterol Ratio ,Serum Plain Method : Calculated	3.22		

Guidelines for Total Blood Cholestrol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C: High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

 Triglycerides
 Female
 40 - 140

 Male
 60 - 165

 Adult levels:
 0ptimal
 <100 mg/dL</td>

 Near Optimal/ above optimal
 100 -129 mg/dL

 Borderline high
 130 - 159 mg/dL

 High
 160 - 189 mg/dL

 Very High
 >=190 mg/dL

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Registration No.	102316050	Mobile No.	9783354493
Patient Name	Ms. SUJATA NAROLIA	Registration Date/Time	23/12/2023 11:09:15
Age / Sex	29 Yrs Female	Sample Collected Date/Time	23/12/2023 12:52:04
Ref By / Hospital	MEDIWHEEL	Report Date/Time	23/12/2023 15:10:39
Collected At	DCKC	Printed Date/Time	23/12/2023 17:54:56

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE / LFT			
Serum Bilirubin (Total) ,Serum Plain Method : DSA Method	0.45	mg/dl	0.00 - 1.20
Serum Bilirubin (Direct) ,Serum Plain Method : DSA Method	0.18	mg/dl	0.00 - 0.30
Serum Bilirubin (Indirect) ,Serum Plain Method : Calculated Parameter	0.27	mg/dl	0.00 - 0.60
SGOT ,Serum Plain Method : IFCC/KINETIC	17.0	IU/l	Males : Upto 46 IU/l Females : Upto 40 IU/l
SGPT ,Serum Plain  Method : IFCC/KINETIC	17.2	IU/l	Upto 49 IU/l
Serum Alkaline Phosphatase ,Serum Plain Method : DEA Method	80.0	IU/l	30.0 - 120.0
SerumTotal Protein ,Serum Plain Method : Biuret Method	7.57	gm/dl	6.00 - 8.50
Serum Albumin ,Serum Plain  Method: BCG Method	4.35	gm/dl	3.20 - 5.50
Globulin ,Serum Plain  Method : Calculated	3.22	gm/dl	2.00 - 4.10
A/G Ratio ,Serum Plain  Method : Calculated	1.35		1.00 - 2.10

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Registration No.	102316050	Mobile No.	9783354493
Patient Name	Ms. SUJATA NAROLIA	Registration Date/Time	23/12/2023 11:09:15
Age / Sex	29 Yrs Female	Sample Collected Date/Time	23/12/2023 12:52:04
Ref By / Hospital	MEDIWHEEL	Report Date/Time	23/12/2023 17:38:04
Collected At	DCKC	Printed Date/Time	23/12/2023 17:54:56

Test Name	Value	Unit	Biological Ref Interval
Blood Sugar (Fasting) ,Plasma F Method : GOD POD	84.2	mg/dl	70.0 - 110.0
Blood Sugar (PP) ,Plasma PP Method : GOD POD	90.6	mg/dl	70.0 - 140.0
Serum Uric Acid ,Serum Plain  Method: Uricase- POD	4.56	mg/dl	2.40 - 5.70
Blood Urea Nitrogen ,Serum Plain Method : Calculated	14.1	mg/dl	0.0 - 20.0
Serum GGTP ,Serum Plain Method: G-Glutamyl Transferase	18.0	U/L	0.0 - 50.0
BUN/CREATININE RATIO ,Serum Plain  Method: Tech:FerroZine/Cobas6000	18.00	ug/dL	

Iron is transported as Fe (III)bound to the plasma protien apotransferrin. The apotransferrin-Fe(III) complex is called transferrin. Normally only about one third of the iron-binding sites of transferrin are occupied by Fe(III). The additional amount of iron that can be bound is the unsaturated (or latent) iron-binding capacity(UIBC). The sum of the serum iron and UIBC represents total iron-binding capacity (TIBC). TIBC is a measurement for the maximum iron concentration that transferrin can bind.

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Mobile No.	9783354493
	Mobile No.

**Patient Name** Ms. SUJATA NAROLIA Registration Date/Time 23/12/2023 11:09:15 Sample Collected Date/Time Age / Sex 29 Yrs Female 23/12/2023 12:52:04 Ref By / Hospital **MEDIWHEEL** Report Date/Time 23/12/2023 16:29:16 Collected At **DCKC** Printed Date/Time 23/12/2023 17:54:56

Test Name Value Unit Biological Ref Interval

#### **IMMUNOASSAY**

#### TOTAL THYROID PROFILE

Total T3 ,Serum	n Plain	1.12	ng/mL	0.69 - 2.15
Total T4 ,Serum	n Plain	6.14	ug/dl	5.20 - 12.70
TSH		4.49	uIU/ml	0.30 - 4.50

Comment	•
COMMITTEE	•

Age Group	Biological Reference Rang		
1-2 Days	3.2-3.43	uIU/ml	
3-4 Days	0.7-15.4	uIU/ml	
15 Days - 5 Months	1.7-9.1	uIU/ml	
5 Months - 2 Years	0.7-6.4	uIU/ml	
2 Years - 12 Years	0.64-6.27	uIU/ml	
12 Years - 18 Years	0.51-4.94	uIU/ml	
> 18 Years	0.35-5.50	uIU/ml	

#### Adults

Note: TSH levels are subject to circadian variation, rising several hoursbefore the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the dayhas influence on the measured serum TSH concentration Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.

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9783354493

**Patient Name** Ms. SUJATA NAROLIA Registration Date/Time 23/12/2023 11:09:15 Sample Collected Date/Time 23/12/2023 12:52:04 Age / Sex 29 Yrs Female Ref By / Hospital **MEDIWHEEL** Report Date/Time 23/12/2023 13:03:54 Collected At **DCKC** Printed Date/Time 23/12/2023 17:54:56

Test Name Value Unit Biological Ref Interval

#### **CLINICAL PATHOLOGY**

#### **URINE ROUTINE EXAMINATION**

#### URE PHYSICAL EXAMINATION

Colour ,URINE	Pale Yellow		Pale Yellow	
Volume ,URINE	15	mL		
Appearance ,URINE	Clear		Clear	
URE CHEMICAL EXAMINATION				
Reaction ,URINE	Acidic		Acidic	
Ph (Strip Method) ,URINE	5.5		5.0	
Specific Gravity ,URINE	1.025		1.000	
Protein (Strip Method) ,URINE	Nil	Nil		
Glucose (Strip Method) ,URINE	Nil		Nil	
URE MICROSCOPY EXAMINATION				
Pus Cells ,URINE	1 - 2	/HPF	0 - 1	
Epithelial Cells ,URINE	2 - 3	/HPF	0 - 1	
RBC's ,URINE	Nil	/HPF	Nil	
Casts ,URINE	Nil			
Crystals ,URINE	Nil			
Bacteria ,URINE	Absent		Absent	
Mucus Thread ,URINE	Nil		Nil	
Other ,URINE	Nil			

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Printed Date/Time

#### DR. CHARU KOHLI'S CLINIC

C-234, Defence Colony, New Delhi - 110024 Phone: 011-41550792, 24332759, 24336960

23/12/2023 17:54:56

E-mail: drcharukohli@yahoo.com

[] Facebook.com/Dr.Charukohli

**Registration No.** 102316050 Mobile No. 9783354493

Patient NameMs. SUJATA NAROLIARegistration Date/Time23/12/2023 11:09:15Age / Sex29 YrsFemaleSample Collected Date/Time23/12/2023 12:52:04Ref By / HospitalMEDIWHEELReport Date/Time23/12/2023 13:03:54

Test Name Value Unit Biological Ref Interval

#### **STOOL ANALYSIS**

Collected At

STOOL MICROSCOPIC EXAMINATION

**DCKC** 

OTHERS ,STOOL SNR Nil

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**Registration No. 102316050** Mobile No. 9783354493

**Patient Name** Ms. SUJATA NAROLIA Registration Date/Time 23/12/2023 11:09:15 Sample Collected Date/Time 23/12/2023 12:52:04 Age / Sex 29 Yrs Female Ref By / Hospital **MEDIWHEEL** Report Date/Time 23/12/2023 17:44:54 Collected At **DCKC** Printed Date/Time 23/12/2023 17:54:56

Test Name Value Unit Biological Ref Interval

URE SUGAR (FASTING) ,URINE

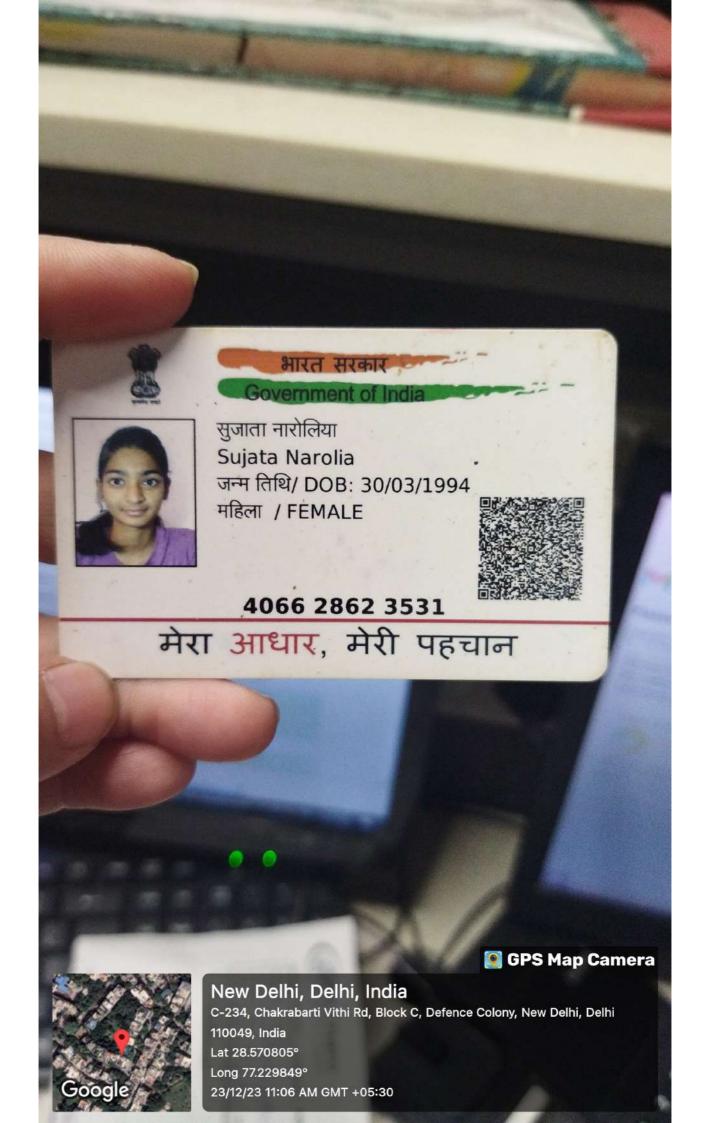
NIL

\*\*\* End of Report \*\*\*

Page No: 9 of 9

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### Dr.Charu Kohli s Clinic

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NAME : SUJATA NAROLIA

AGE/SEX: 29Y/F

DATE : 23.12.2023

### X - RAY CHEST PA VIEW:

Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

**IMPRESSION**: Normal chest skiagram

DR. CHARU KOHLI MBBS, DMRD

Cham Kohli

**Consultant Radiologist** 

**IMPORTANT:** Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.