



LABORATORY REPORT

Name :	Ms. Seema Kumari	Reg. No :	409101410
Sex/Age :	Female/36 Years	Reg. Date :	28-Sep-2024 10:12 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	28-Sep-2024 03:55 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 168

Weight (kgs) : 70.75

Blood Pressure : 130/86mmHg

Pulse : 84/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

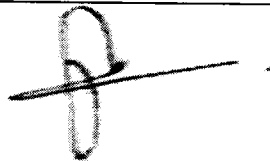
Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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CUROVIS HEALTHCARE PVT. LTD.

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TEST REPORT

Reg. No : 409101410	Ref Id :	Collected On : 28-Sep-2024 10:15 AM
Name : Ms. Seema Kumari		Reg. Date : 28-Sep-2024 10:12 AM
Age/Sex : 36 Years / Female	Pass. No. :	Tele No. : 9693368199
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 11.1	g/dL	12.5 - 16
Hematocrit (Calculated)	L 35.40	%	40 - 50
RBC Count (Electrical Impedance)	L 4.35	million/cmm	4.73 - 5.5
MCV (Calculated)	L 81.5	fL	83 - 101
MCH (Calculated)	L 25.6	Pg	27 - 32
MCHC (Calculated)	L 31.4	%	31.5 - 34.5
RDW (Calculated)	H 15.2	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	H 11960	/cmm	4000 - 10000
MPV (Calculated)	11.5	fL	6.5 - 12.0

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	65 %	40 - 80	7774 /cmm	2000 - 7000
Lymphocytes (%)	25 %	20 - 40	2990 /cmm	1000 - 3000
Eosinophils (%)	03 %	0 - 6	837 /cmm	200 - 1000
Monocytes (%)	07 %	2 - 10	359 /cmm	20 - 500
Basophils (%)	0 %	0 - 2	0 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology Mild Microcytic and Hypochromic.
 WBC Morphology Leucocytosis.


PLATELET COUNTS

Platelet Count (Electrical Impedance) 292000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 Parasites Malarial parasite is not detected.
 Comment -

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HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO
Tube Agglutination (Forward & Reverse grouping) Method

"O"

Rh (D)
Tube Agglutination (Forward & Reverse grouping) Method

Negative

Note

-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour Westergreen method	6	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 (<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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Ref. By : **Dispatch At** :
Sample Type : Flouride F, Flouride PP **Location** : CHPL

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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	108.10	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	120.8	mg/dL	70 - 140

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Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	212.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Cholesterol Oxidase, esterase, peroxidase</i>			
Triglyceride	81.10	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
<i>Glycerol-3-Phosphate Oxidase Peroxidase</i>			
HDL Cholesterol	75.10	mg/dL	Low : <40 High : >60
<i>4-Aminoantipyrine-CHE-Cholesterol Oxidase-POD</i>			
LDL	120.68	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	16.22	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.61		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.82		0 - 5.0
<i>Calculated</i>			

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
LFT WITH GGT

Total Protein	7.95	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	5.24	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>Bromocresol Green</i>			
Globulin (Calculated)	2.71	g/dL	2.3 - 3.5
<i>Calculated</i>			
A/G Ratio (Calculated)	1.93		0.8 - 2.0
SGOT	15.40	U/L	0 - 31
<i>L-Aspartate a - Ketoglutarate</i>			
SGPT	8.20	U/L	0 - 34
<i>Pyruvate to Lactate - IFCC</i>			
Alakaline Phosphatase	108.2	IU/l	42 - 98
<i>4-Nitrophenol phosphate (AMP)</i>			

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Ref. By :
Sample Type : Serum
Collected On : 28-Sep-2024 10:15 AM
Reg. Date : 28-Sep-2024 10:12 AM
Tele No. : 9693368199
Dispatch At :
Location : CHPL

Total Bilirubin 0.49 mg/dL
Cord : Premature & full term : <2.0
0-1 day : Premature : <8.0
0-1 day : Full term : 1.4 - 8.7
1-2 day : Premature : <12
1-2 day : Full term : 3.4 - 11.5
3-5 day : Premature : <16
3-5 day : Full term : 1.5 - 12.0
Adult : 0.3 - 1.2

Vanadate Oxidation

Direct Bilirubin 0.16 mg/dL 0.0 - 0.4

Vanadate

Indirect Bilirubin 0.33 mg/dL 0.0 - 1.1

Calculated


GGT 12.40 U/L < 38

Y-Glutamyltransferase - IFCC

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Sample Type : Serum **Dispatch At** :
Location : CHPL

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BIO - CHEMISTRY

Uric Acid <i>Uricase - Peroxidase</i>	4.02	mg/dL	2.6 - 6.0
Creatinine <i>Sarcosine Oxidase peroxidase</i>	0.63	mg/dL	0.6 - 1.1
BUN <i>Urease - UV Method</i>	9.50	mg/dL	6.0 - 20.0

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Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.3	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	105.41	mg/dL
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Calculated

Degree of Glucose Control Normal Range:

Poor Control >7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

* High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy, etc.

* Some danger of hypoglycemic reaction in Type I diabetics.

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION :-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

*The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels.

*The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.


HbA1c assay Interferences:

*Erroneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS)

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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	6.5	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	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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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <i>CLIA-Sandwich Immunoassay</i>	0.89	ng/mL	0.86 - 1.92
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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) <i>CLIA-Sandwich Immunoassay</i>	9.20	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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Sample Type : Serum
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Tele No. : 9693368199
Dispatch At :
Location : CHPL

TSH 4.450 μ IU/ml 0.35 - 5.50
CLIA-Sandwich 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 Eddition. Philadelphia: WB Sounders,2012:2170

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Sex/Age : Female/36 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 409101410
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Collected On :
Report Date : 28-Sep-2024 01:57 PM

X RAY CHEST PA

Both lung fields show prominent broncho-vascular markings.

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.

Radiological interpretation is professional opinion and not the final diagnosis. Please see your referring doctor for interpretation of these results. Not valid for medico legal purposes. Results are subject to variations due to technical limitations and patient's preparation, hence correlation with clinical findings and other investigation should be carried out to know the nature of illness.

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

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494

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Client Name :	Mediwheel	Report Date :	28-Sep-2024 01:30 PM

USG OF 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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Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -1.00

AX:72

LEFT EYE

SP : -0.25

CY : -0.75

AX :89

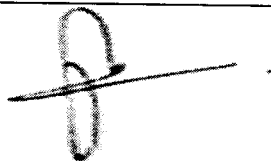
	Without Glasses	With Glasses
Right Eye	6/6	N.A
Left Eye	6/6	N.A

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

ColorVision : Normal

Comments: Normal

This is an electronically authenticated report



Dr. Parth S Patel

MBBS, MD, FNO

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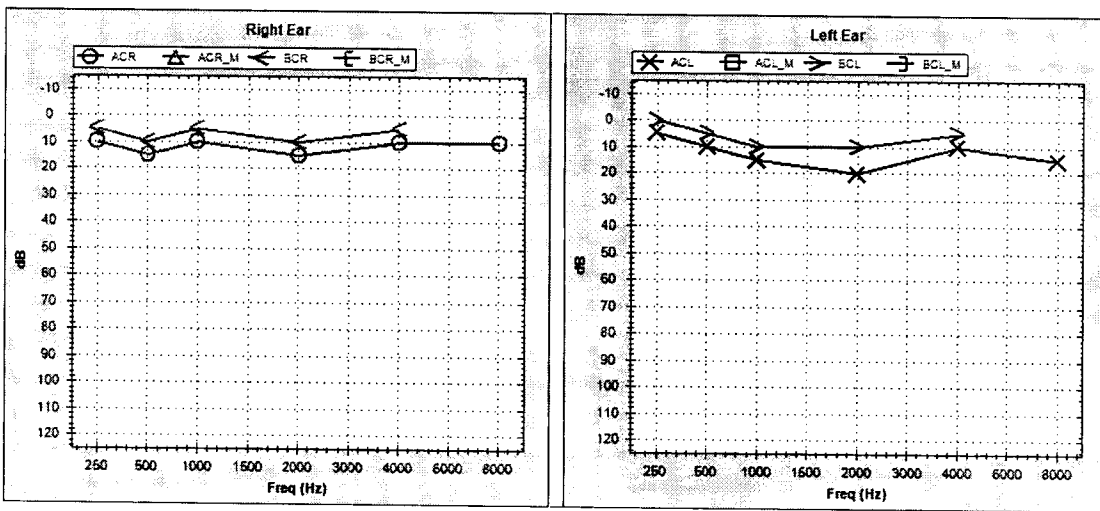


LABORATORY REPORT

Name : Ms. Seema Kumari
 Sex/Age : Female/36 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 409101410
 Reg. Date : 28-Sep-2024 10:12 AM
 Collected On :
 Report Date : 28-Sep-2024 04:29 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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LABORATORY REPORT

Name :	Ms. Seema Kumari	Reg. No :	409101410
Sex/Age :	Female/36 Years	Reg. Date :	28-Sep-2024 10:12 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	30-Sep-2024 03:28 PM

Electrocardiogram

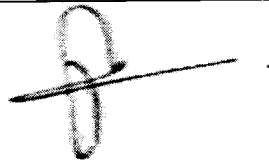
Findings

Normal Sinus Rhythm.

Within Normal Limit.

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

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Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

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