



LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta
Sex/Age : Male/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100642
Reg. Date : 09-Mar-2024 09:04 AM
Collected On :
Report Date : 09-Mar-2024 04:17 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 186

Weight (kgs) : 108.1

Blood Pressure : 130/90mmHg

Pulse : 78/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

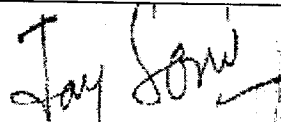
Central Nervous System - No FND

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 4



भारत सरकार



आधार

भारत सरकार
Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No.: 2050/20514/12898

To
अंकुर घनश्याम गुप्ता
Ankur Ghanshyam Gupta
S/O: Ghanshyam Ramjilal Gupta
Flat No 24, Ratnakar Apartment
Ramnagar, Sabarmati
Ahmedabad City
Sabarmati
Ahmedabad City Ahmedabad
Gujarat 380005
9687265347

01/05/2014
140026702



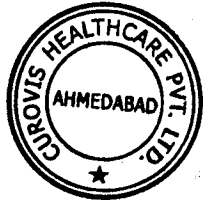
ML400267027FT



आपला आधार क्रमांक / Your Aadhaar No. :

3393 8446 9916

आधार - सामान्य माणसाचा अधिकार



~~अंकुर घनश्याम गुप्ता~~
~~Govt of India~~



अंकुर घनश्याम गुप्ता
Ankur Ghanshyam Gupta
जन्म तारीख / DOB : 04/08/1988
पुरुष / Male



3393 8446 9916

आधार - सामान्य माणसाचा अधिकार

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

8390034692


TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Results	Unit	Biological Ref. Interval
-----------	---------	------	--------------------------

COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	15.5	g/dL	13.5 - 18
Hematocrit (Calculated)	46.10	%	40 - 50
RBC Count (Electrical Impedance)	H 5.52	million/cmm	4.73 - 5.5
MCV (Calculated)	83.4	fL	83 - 101
MCH (Calculated)	28.1	Pg	27 - 32
MCHC (Calculated)	33.7	%	31.5 - 34.5
RDW (Calculated)	13.3	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	7160	/cmm	4000 - 10000
MPV (Calculated)	10.1	fL	6.5 - 11.5

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	53 %	40 - 80	3795 /cmm	2000 - 7000
Lymphocytes (%)	34 %	20 - 40	2434 /cmm	1000 - 3000
Eosinophils (%)	05 %	0 - 6	573 /cmm	200 - 1000
Monocytes (%)	08 %	2 - 10	358 /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) 303000 /cmm 150000 - 450000
 Electrical Impedance
 Platelets Platelets are adequate with normal morphology.
 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 : 09-Mar-2024 09:31 AM

Page 1 of 12



TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
------------------	---------------	-------------	---------------------------------

HEMATOLOGY

BLOOD GROUP & RH

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

ABO "B"

Rh (D) Positive

Note -

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour <i>Westergreen method</i>	04	mm/hr	ESR AT 1 hour : 1-7
--	----	-------	---------------------

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 of the red cells such as poikilocytosis, spherocytosis or sickle cells.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 11:58 AM
Page 2 of 12



TEST REPORT

Reg. No : 403100642 **Ref Id** :
Name : Mr. Ankur Dhanshyam Gupta **Collected On** : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male **Pass. No.** : **Reg. Date** : 09-Mar-2024 09:04 AM
Ref. By : **Tele No.** : 8390234692
Sample Type : Serum, Flouride PP **Dispatch At** :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	97.60	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	103	mg/dL	70 - 140

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 07:57 PM
Page 3 of 12


TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

Lipid Profile

Cholesterol	210.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	130.40	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	35.80	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	148.12	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >190.0
<i>Calculated</i>			
VLDL	26.08	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	4.14		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.87		0 - 5.0
<i>Calculated</i>			

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 11:11 AM
Page 4 of 12



TEST REPORT

Reg. No : 403100642 **Ref Id** :
Name : Mr. Ankur Dhanshyam Gupta **Collected On** : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male **Pass. No.** : **Reg. Date** : 09-Mar-2024 09:04 AM
Ref. By : **Tele No.** : 8390234692
Sample Type : Serum **Dispatch At** :
Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

LFT WITH GGT

Total Protein	7.45	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	4.87	g/dL	
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.58	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.89		0.8 - 2.0
SGOT	21.10	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	23.70	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	59.0	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.87	mg/dL	0.3 - 1.2
<i>Vanadate Oxidation</i>			
Direct Bilirubin	0.19	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i>			
Indirect Bilirubin	0.68	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	16.40	U/L	< 55
<i>SZASZ Method</i>			

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 11:11 AM



TEST REPORT

Reg. No : 403100642 **Ref Id** : **Collected On** : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta **Reg. Date** : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male **Pass. No.** : **Tele No.** : 8390234692
Ref. By : **Dispatch At** :
Sample Type : Serum **Location** : CHPL

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


BIO - CHEMISTRY

Uric Acid
Enzymatic, colorimetric method 5.55 mg/dL 3.5 - 7.2

Creatinine
Enzymatic Method 0.71 mg/dL 0.9 - 1.3

BUN
UV Method 6.80 mg/dL 6.0 - 20.0

This is an electronically authenticated report.
* This test has been out sourced.

Approved By :  Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 11:09 AM
Page 6 of 12


TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : EDTA		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
---------	-----	---------------	--

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	96.80	mg/dL
--------------------	-------	-------

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)

This is an electronically authenticated report.

* This test has been out sourced.


Approved By : Dr. Purvish Darji
 MD (Pathology)

Approved On : 09-Mar-2024 04:37 PM
 Page 7 of 12


TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : Urine Spot		Location : CHPL

Test	Result	Unit	Biological Ref. Interval
------	--------	------	--------------------------

URINE ROUTINE EXAMINATION
PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	7.0	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	-	

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
 MD (Pathology)

Approved On : 09-Mar-2024 11:21 AM


TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY
THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	0.99	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>	10.30	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 : 09-Mar-2024 11:14 AM
 Page 9 of 12



TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 1.150 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

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 11:14 AM
Page 10 of 1



TEST REPORT

Reg. No : 403100642	Ref Id :	Collected On : 09-Mar-2024 09:04 AM
Name : Mr. Ankur Dhanshyam Gupta		Reg. Date : 09-Mar-2024 09:04 AM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
------------------	---------------	-------------	---------------------------------

IMMUNOLOGY

TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CMIA</small>	0.67	ng/mL	0 - 4
---	------	-------	-------


Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

This is an electronically authenticated report.

* This test has been out sourced.


Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 10:39 AM
Page 11 of 1



TEST REPORT

Reg. No : 403100671	Ref Id :	Collected On : 09-Mar-2024 12:02 PM
Name : Mr. Ankur G Gupta		Reg. Date : 09-Mar-2024 12:02 PM
Age/Sex : 35 Years / Male	Pass. No. :	Tele No. : 8390234692
Ref. By : SELF		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
-----------	--------	------	--------------------------

IMMUNOLOGY

VITAMIN B12 <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	1778.00	pg/mL	Deficient Range: < 145 Normal value: 180-914 pg/mL
--	----------------	-------	--

Vitamin B-12, also called cobalamin, is a water-soluble vitamin with a key role in the normal functioning of the brain and nervous system, and for the formation of blood. It is normally involved in the metabolism of every cell of the human body, especially affecting DNA synthesis and regulation, but also fatty acid metabolism and amino acid metabolism.

Vitamin B12 deficiency is most commonly caused by low intakes, but can also result from mal-absorption, certain intestinal disorders, low presence of binding proteins, and using of certain medications. Vitamin B12 is rare from plant sources, so vegetarians will be the vulnerable populations most likely to suffer from vitamin B12 deficiency. Infants are at a higher risk of vitamin B12 deficiency if they were born to vegetarian mothers. The elderly who have diets with limited meat or animal products are vulnerable populations as well. Vitamin B12 deficiency can manifest itself as anemia and in some cases cause permanent neurological damage. At levels only slightly lower than normal, a range of symptoms such as fatigue, depression, and poor memory may be experienced

*25 HYDROXY VITAMIN D3 <small>CMIA</small>	21.21	ng/mL	Deficiency: <10 Insufficiency: 10-30 Sufficiency: 30-100 Toxicity: >100
--	--------------	-------	--

Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) and carried to the liver. In the liver it is transformed in to 25 hydroxy-vitamin D (calcidiol), which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed in to 1,25 dihydroxy-vitamin D (calcitriol), which is the biologically active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children and osteomalacia in adults. Long term insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes, and autoimmune diseases.

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

This is an electronically authenticated report.

* This test has been out sourced.

Approved By : Dr. Purvish Darji
MD (Pathology)

Approved On : 09-Mar-2024 02:26 PM
Page 1 of 1



LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta
Sex/Age : Male/35 Years
Ref. By :
Client Name : Mediwheel

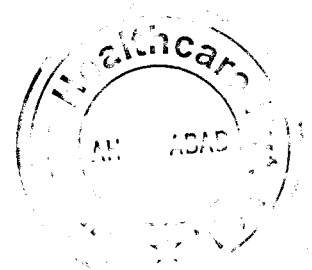
Reg. No : 403100642
Reg. Date : 09-Mar-2024 09:04 AM
Collected On :
Report Date : 09-Mar-2024 04:26 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

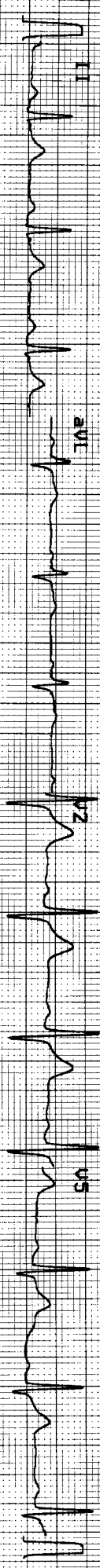
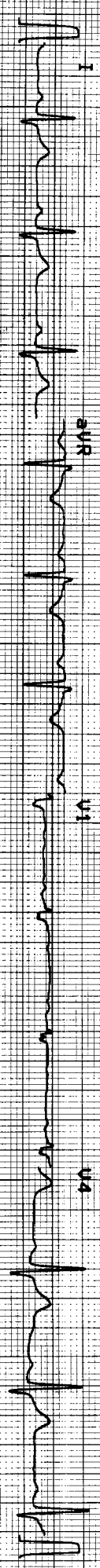
DR. MUKESH LADDHA

RANKUR
 GUPTA
 11
 35 years
 186 cm / 108 kg
 Male

HR 78/min
 RR 772 ms
 P 112 ms
 PR 164 ms
 QRS 90 ms
 QT 350 ms
 QTc 402 ms
 (Bazett)
 10 mm/mV

Axis:
 P 44°
 QRS 51°
 T 41°

P (II) 0.14 mV
 S (V1) -0.20 mV
 R (V5) 1.12 mV
 Sokol. 2.04 mV



10 mm/mV

25 mm/s
 0.25 25 50 75
 02.03.2023 02:45:54

CURIOUS HEALTCARE

RT 102103 1.24 C

SCHILLER

Part No.2.157017M © 0123

R.88



LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta	Reg. No : 403100642
Sex/Age : Male/35 Years	Reg. Date : 09-Mar-2024 09:04 AM
Ref. By :	Collected On :
Client Name : Mediwheel	Report Date : 09-Mar-2024 04:26 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, Trivial TR, No PR, No AR.
7. No PAH, RVSP: 23 mm Hg.
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

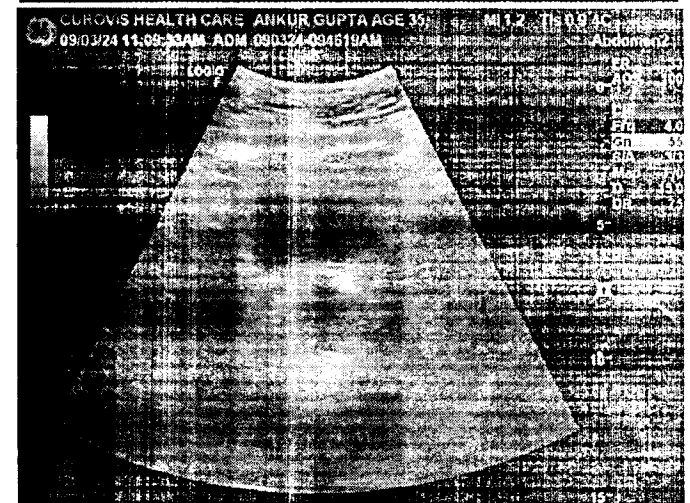
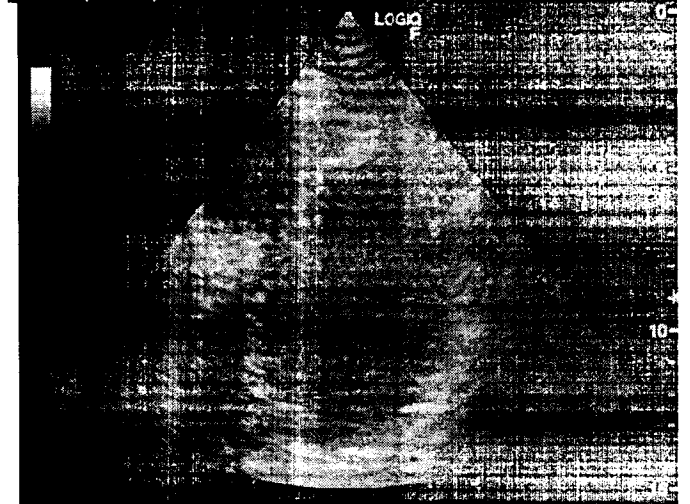
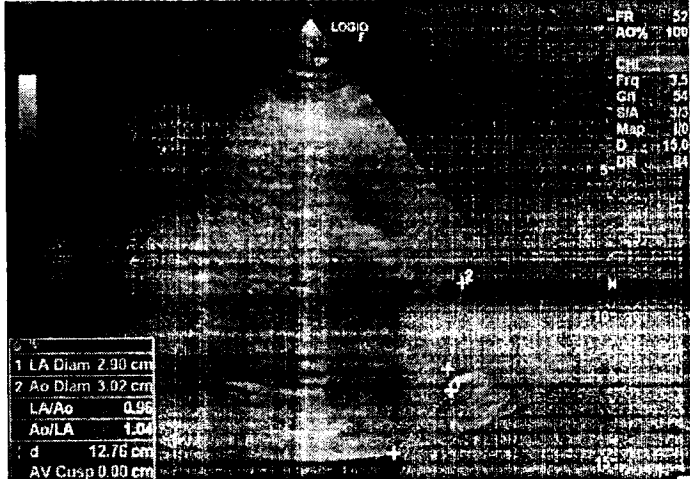
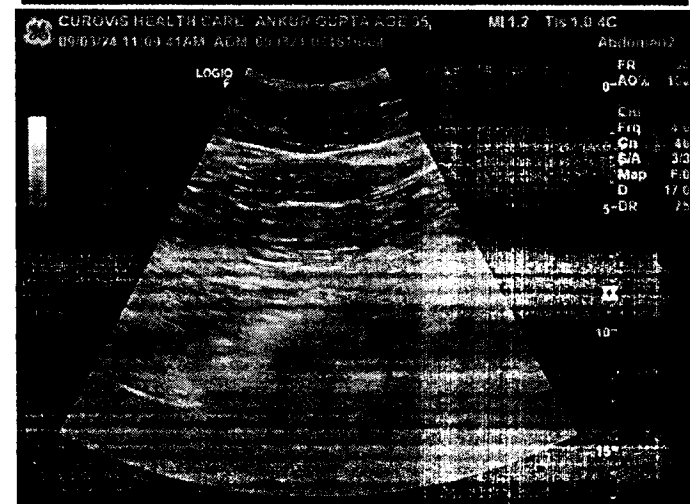
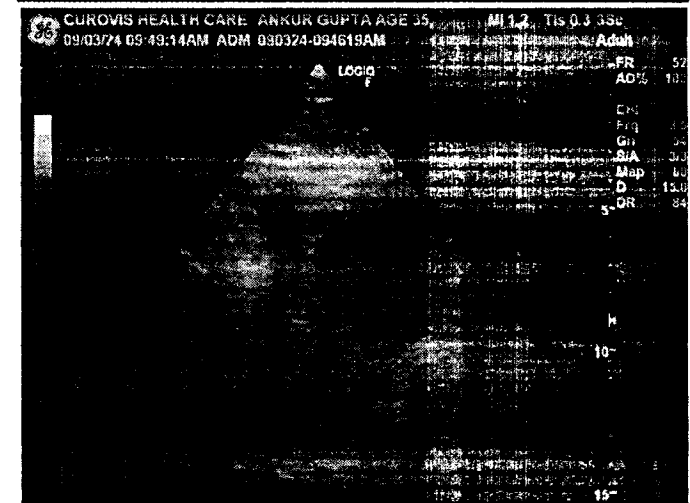
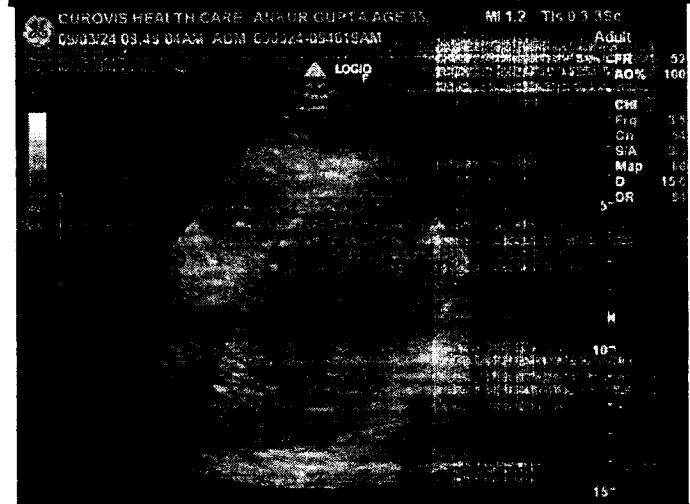
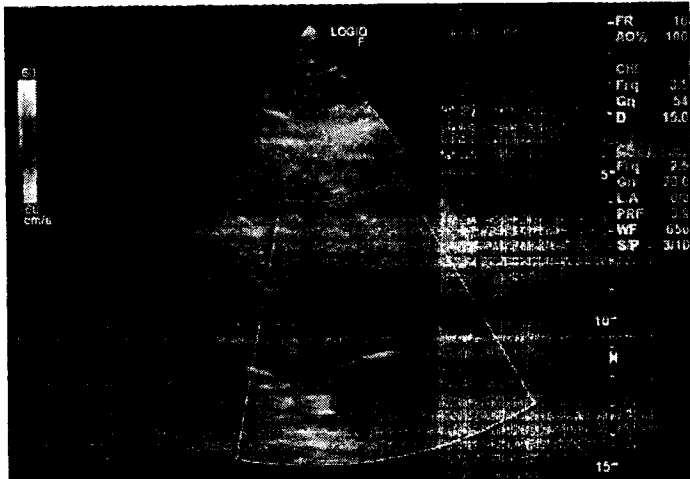


This is an electronically authenticated report

Dr. Jay Soni
M.D, GENERAL MEDICINE

DR. MUKESH LADDHA

Page 2 of 4



ANKUR GUPTA AGE 35 090324-094619AM

09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta
Sex/Age : Male/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100642
Reg. Date : 09-Mar-2024 09:04 AM
Collected On :
Report Date : 09-Mar-2024 04:28 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 DHAIVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



Page 2 of 2

R

ANKUR GUPTA 35Y/M

09/03/2024

CUROVIS HEALTHCARE



LABORATORY REPORT

Name :	Mr. Ankur Dhanshyam Gupta	Reg. No :	403100642
Sex/Age :	Male/35 Years	Reg. Date :	09-Mar-2024 09:04 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	09-Mar-2024 04:28 PM

USG ABDOMEN

Liver appears normal in size & **increased 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. No evidence of focal lesions.

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.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

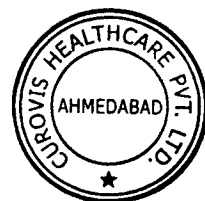
COMMENTS :

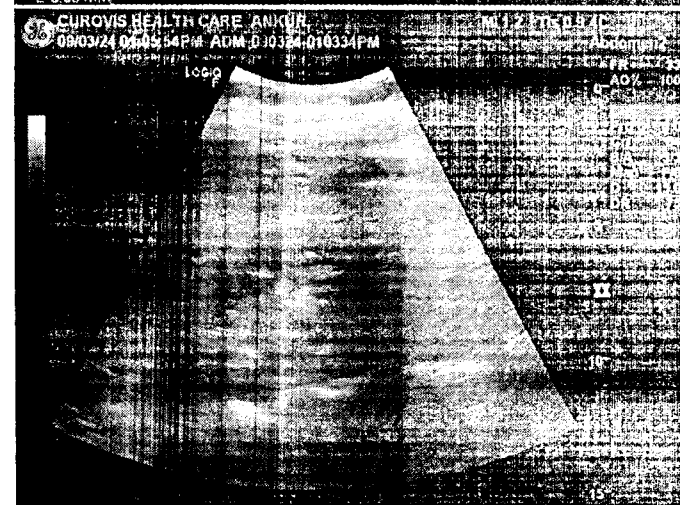
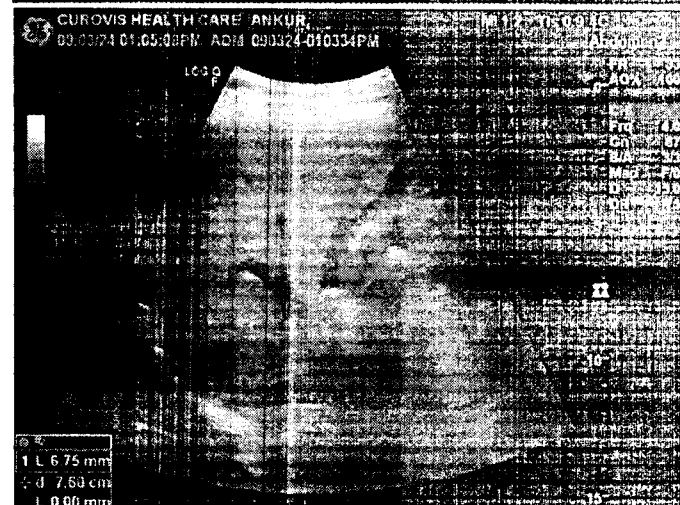
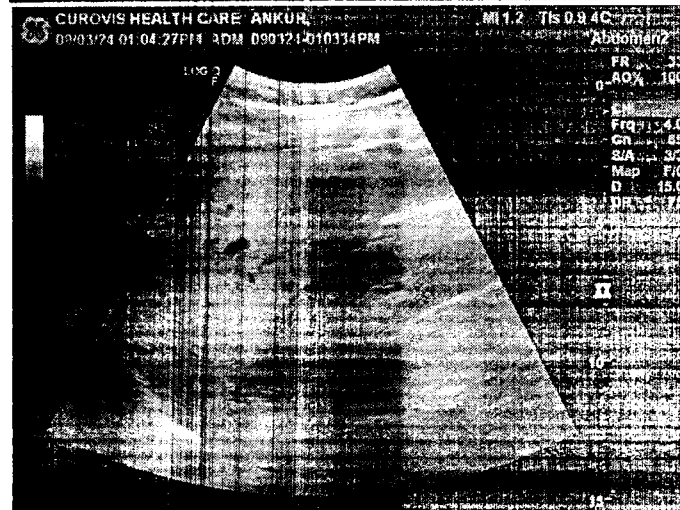
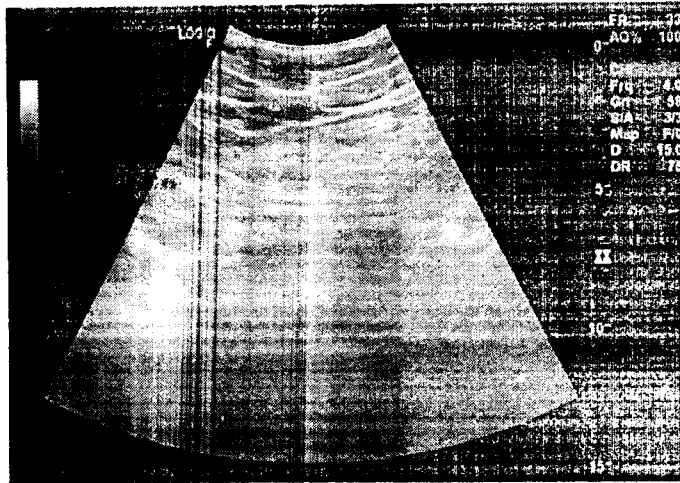
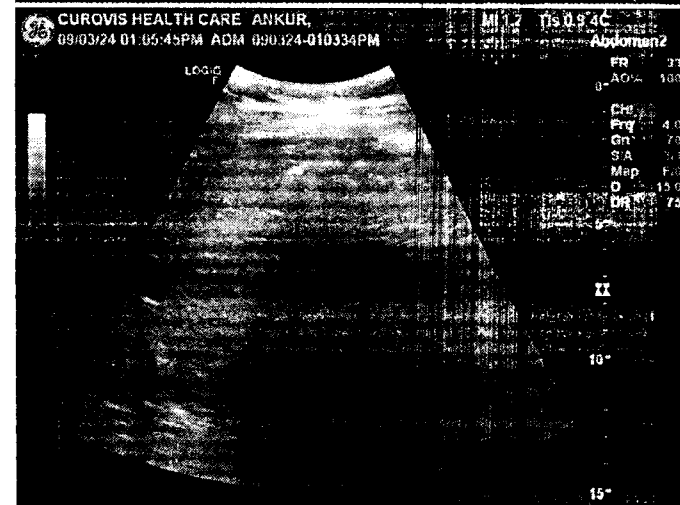
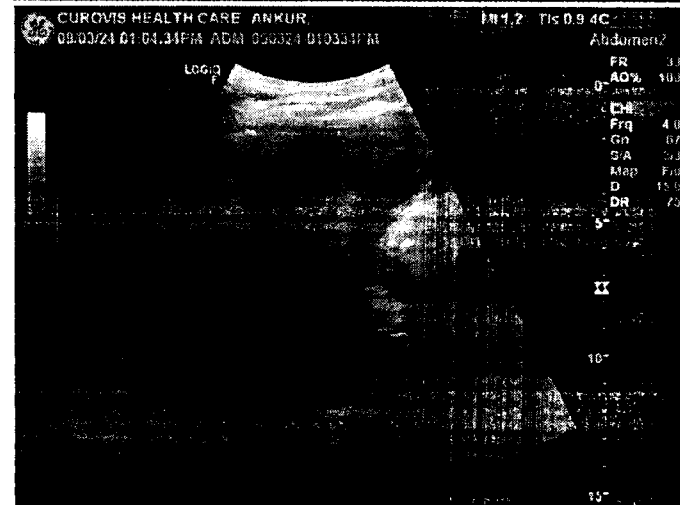
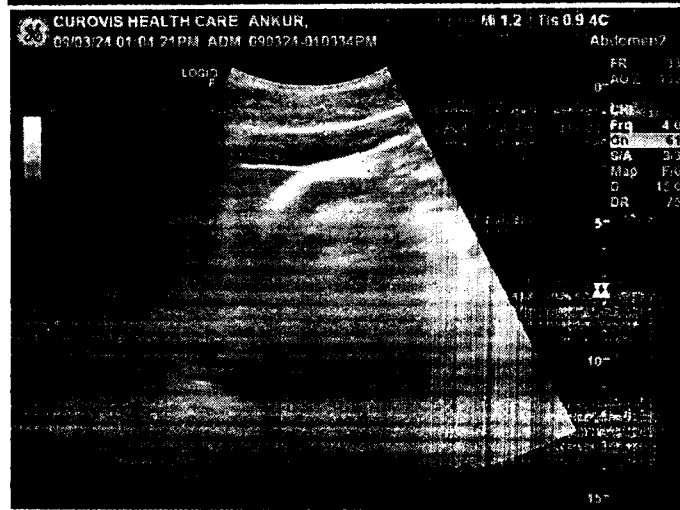
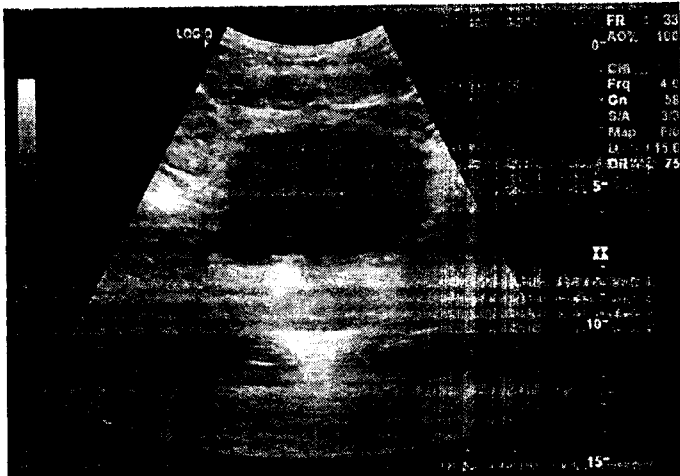
Grade I fatty liver.

This is an electronically authenticated report



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





ANKUR 090324-010334PM 09/03/2024

CUROVIS HEALTH CARE



LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta
 Sex/Age : Male/35 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 403100642
 Reg. Date : 09-Mar-2024 09:04 AM
 Collected On :
 Report Date : 09-Mar-2024 03:20 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -0.50

CY: -0.50

AX: 05

LEFT EYE

SP : -0.25

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.

Color Vision : Normal

Comments: Normal

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



This is an electronically authenticated report

Dr Kejal Patel
 MB,DO(Ophth)

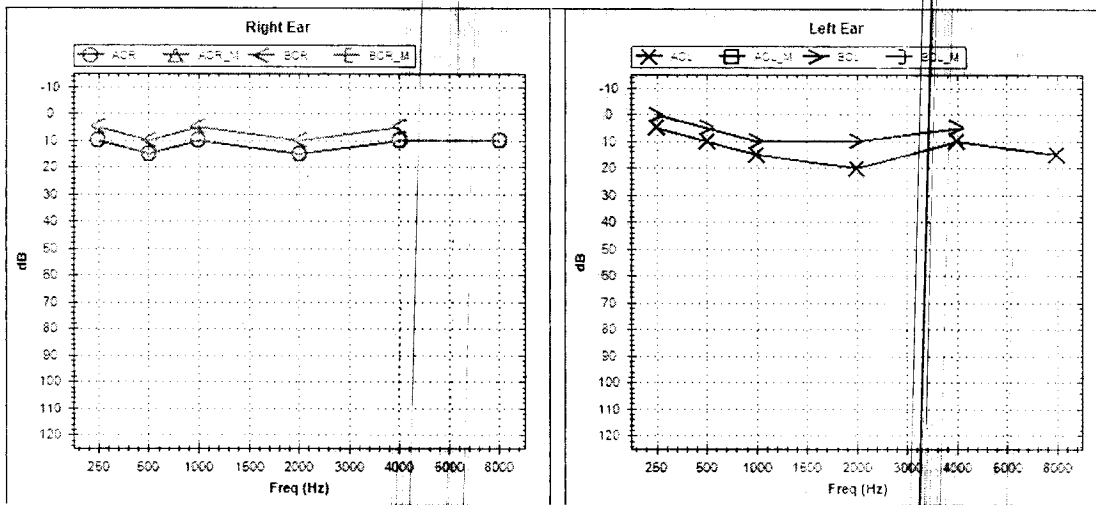


LABORATORY REPORT

Name : Mr. Ankur Dhanshyam Gupta
Sex/Age : Male/35 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 403100642
Reg. Date : 09-Mar-2024 09:04 AM
Collected On :
Report Date : 09-Mar-2024 04:37 PM

AUDIOGRAM



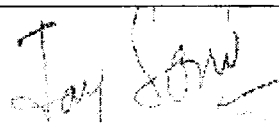
EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	□	>	Blue
RIGHT		△	○	□	<	Red
NO RESPONSE : Add ↓ below the respective symbols						

Threshold in dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: -Bilateral Hearing Sensitivity Within Normal Limits

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

This is an electronically authenticated report



Dr. Jay Soni
M.D, GENERAL MEDICINE