

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



GUNJAN CHAUHAN
YOGENDRA SINGH CHAUHAN

13/06/1990
Permanent Account Number
AUSPC6867D

Signature

04072014

Medical Examination

Name : Gunjan Chauhan

Date : 27/4/24

Age/ Gender : 33 | F

Family History :

FHIO HTN & DM.

Personal History : PIHIO Covid in Jan 2022 & Sep 2022
 was home quarantine
 No HIO Sx/Trauma. No Allergy to
 any known medication. Non smoker.
 Alcohol occasionally (once in a month)
 LMP - 25/4/24 Reg. Heavy Flow

Current complaints :

No current complaints

General Examination : Fair.

Height : 161 cms

SpO2 : 98%

Pulse-Rate : 75/min

Heart Sounds : S1S2 (M)

BMI : 20.8 kg/m² (Normal)

HIP TO WAIST RATIO: 0.84

Investigations :

ECG :

X-RAY :

FAST. ACCURATE. RELIABLE

Weight : 54 kg

Blood Pressure : 110/80 mm Hg

Eye Colour Vision : Normal

Desai
 Dr. RUPALI DESAI
 Dr. Signature: M.B.B.S.
 Rupali Desai Reg. No. 2005/04/2498

MANIPAL TRUSTEST

Best Report

GUNJAN CHAUHAN (33 F)

ID: 911

Date: 27-04-2024

Height: 161 cms

Ethnic: Asian

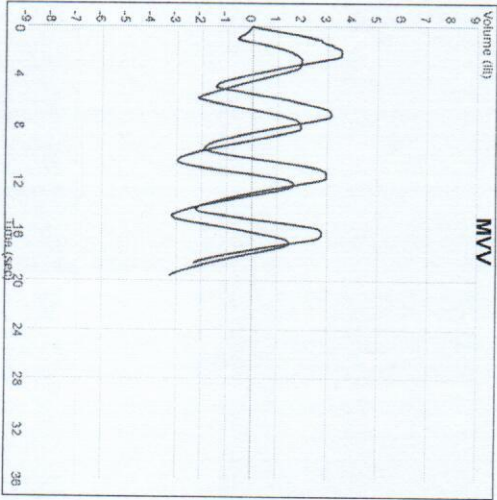
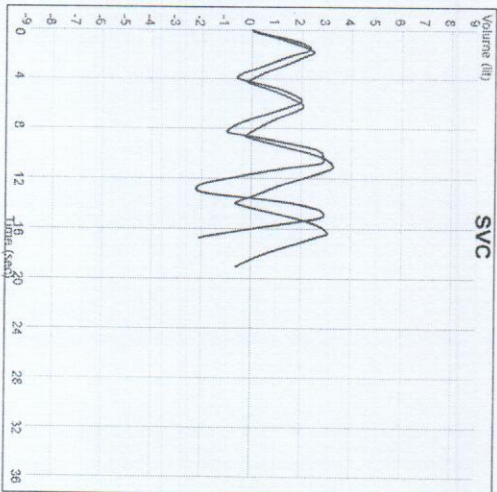
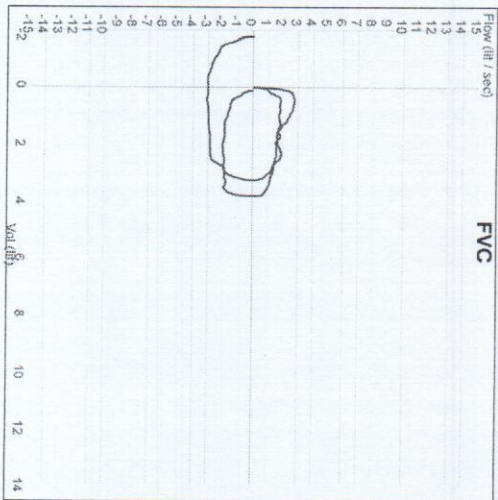
Clinical History : NIL

Time: 09:50:01

Weight: 54 Kgs

Norm: Indian

Medications : NIL



Params	Pred	Pre			Post			% Change
		Best Effort	Best Value	% Pred	Best Effort	Best Value	% Pred	
FVC (L)	3.27	3.19	3.19	97.6	3.74	3.74	114.4	17.2
FEV0.5 (L)	—	1.2	1.2	—	0.65	0.65	—	-45.8
FEV1.0 (L)	2.58	2.08	2.08	80.6	1.53	1.53	59.3	-26.4
FEV3.0 (L)	3.07	0	0	0.0	0	0	0.0	—
FEV0.5 / FVC (%)	—	37.69	37.69	—	17.35	17.35	—	-54.0
FEV1.0 / FVC (%)	82.97	65.18	65.18	78.6	40.74	40.74	49.1	-37.5
FEV3.0 / FVC (%)	—	0	0	—	0	0	—	—
FEF 25% - 75% (L/s)	3.05	1.92	1.92	63.0	1.6	1.6	52.5	-16.7
FEF 75% - 85% (L/s)	—	1.62	1.62	—	1.28	1.28	—	-21.0
FEF 25% (L/s)	—	2.62	2.62	—	1.73	1.73	—	-34.0
FEF 50% (L/s)	3.67	1.75	1.75	47.7	1.64	1.64	44.7	-6.3
FEF 75% (L/s)	1.46	1.84	1.84	126.0	1.38	1.38	94.5	-25.0
FEF 0.2 - 1.2 (L/s)	—	2.57	2.57	—	1.72	1.72	—	-33.1
PEF (L/s)	6.86	2.75	2.75	40.1	1.82	1.82	26.5	-33.8
FMFT (s)	—	0.84	0.84	—	1.18	1.18	—	40.5
FVC (L)	—	5.34	5.34	—	3.91	3.91	—	-26.8
FM1 (L)	—	2.37	2.37	—	1.94	1.94	—	-18.1
FM1/FVC (%)	—	44.3	44.3	—	49.51	49.51	—	11.8
PIF (L/s)	—	74.26	74.26	—	51.7	51.7	—	-30.4
FF 50% (L/s)	—	3.11	3.11	—	2	2	—	-35.7
SVC (L)	3.17	5.12	5.12	161.5	3.89	3.89	122.7	-24.0
ERV (L)	—	1.3	1.30	—	0.38	0.38	—	-70.8
RV (L)	—	0.37	0.37	—	0.56	0.56	—	51.4
TV(SVC) (L)	—	3.45	3.45	—	2.96	2.96	—	-14.2
MVV (L)	99.74	56.99	56.99	57.1	60.43	60.43	60.6	6.0
RR(MVV) (per min)	—	12.75	12.75	—	18.96	18.96	—	48.7
TV(MVV) (L)	—	4.47	4.47	—	3.19	3.19	—	-28.6

Interpretation : Pre Effort indicates Obstructive, Post Effort indicates Obstructive

DR. RUPALI DESAI

Reg. No. 2005104/2498
DR RUPALI DESAI



Gunjan Chauhan:-

I was not informed by the Medimed team that no female doctor is available at the centre to do Sonography and radiography. I'm not comfortable getting it done with a male doctor and thus I'm skipping the 'radiography test',

Papsmear

I'm on my periods currently and I wasn't informed that 'urine test' and 'Papsmear' cannot be done if I'm on my periods. ~~the~~ Please get these 2 tests or by Medimed and thus I haven't been able to get these 2 tests done as well.

Dr. RUPALI DESAI
M.B.B.S.
Reg. No. 2005/04/2498

NAME: GUNJAN CHAUHAN	AGE/GENDER: 33Y/F
REF.: SELF	DATE: 27.04.2024

X-RAY CHEST PA VIEW

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

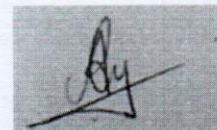
The domes of diaphragm are normal in position & show smooth outline.

The bony parts are normal.

Impression:

- **No obvious significant abnormality is seen.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.



NAME :	GUNJAN CHAUHAN	AGE :	33 YRS
SEX :	FEMALE	DATE :	27-04-2024
REFERRED BY :	MEDIWHEEL		

2DECHO & COLOUR DOPPLER

FINAL IMPRESSION:

- ALL CHAMBERS ARE GROSSLY NORMAL IN SIZE.
- NO REGIONAL WALL MOTION ABNORMALITY PRESENT AT REST.
- NO E/O SIGNIFICANT PULMONARY ARTERIAL HYPERTENSION.
- GOOD LV/RV SYSTOLIC FUNCTION. LVEF = 60%.

FINDINGS:

• Chambers:

All chambers are grossly normal in size.

Good LV/RV systolic function. LVEF = 60%.

Both interatrial and interventricular septae are intact.

No e/o of intracardiac clot or vegetation.

• Valves:

All valves are grossly normal in structure and function.

• Great vessels:

Aorta and Pulmonary arteries are normal in size, structure and connections.

NAME :	GUNJAN CHAUHAN	AGE :	33 YRS
SEX :	FEMALE	DATE :	27-04-2024
REFERRED BY :	MEDIWHEEL		

No e/o significant pulmonary arterial hypertension. PA Pressure by TR Jet- 26mm of Hg.

IVC is normal in size and collapsing well with inspiration.

- Pericardium:

Pericardium is grossly normal with no e/o pericardial effusion.

COLOUR FLOW & DOPPLER MEASUREMENTS:

Valve	Gradient (Peak, in mmHg)	Regurgitation
Mitral	Normal	Nil
Tricuspid	Normal	TRIVIAL
Aortic	5.2	Nil
Pulmonary	Normal	Nil

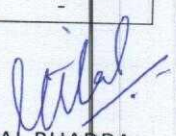
Others: Mitral valve E vel. 83cm/s, A vel. 52cm/s ; E/A >1

M MODE MEASUREMENTS:

	Diastole (mm)	Systole (mm)
LVID	38	25
IVS	09	10
PW	09	11

EDV(ml)	63
ESV(ml)	22
FS (%)	30
LVEF (%)	60

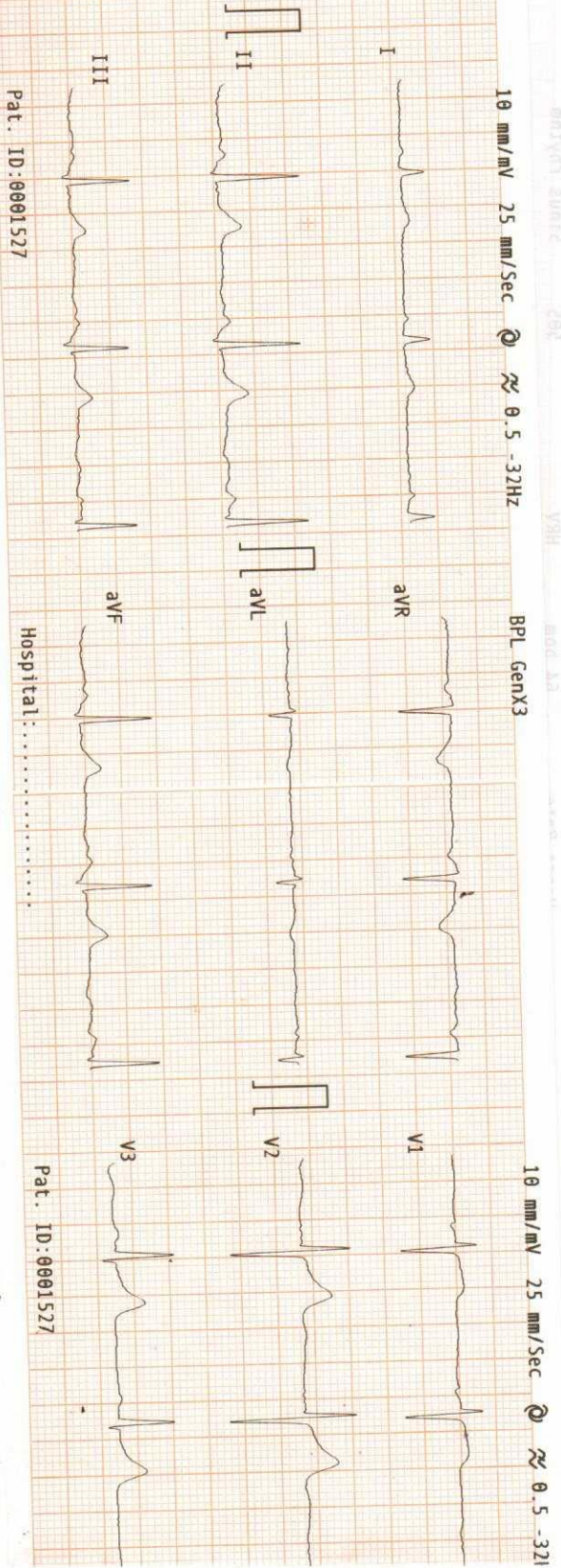
LA (mm)	30
Aorta(mm)	19
AV Cusp	-
LA/Ao	-


 DR. MITAL BHADRA
 DNB MEDICINE, DNB CARDIOLOGY.
 CONSULTANT AND INTERVENTIONAL CARDIOLOGIST

DISCLAIMER: Echocardiography's sensitivity & specificity are high but not 100% and underestimation or overestimation of any finding is possible (although rare). Hence clinical correlation is strongly recommended in every case for all findings.

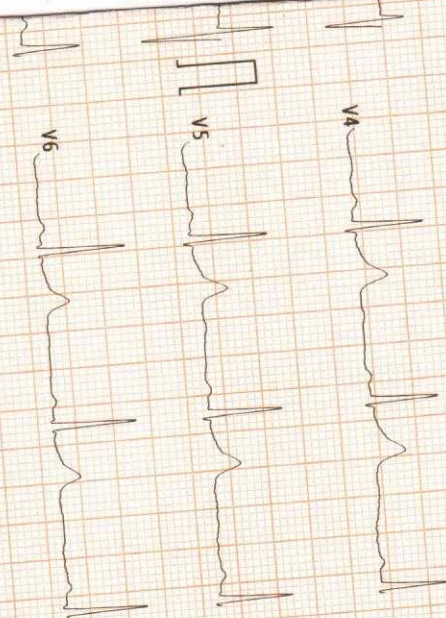
54kg/161cm

Pat. Name : GUNJAN
Pat. ID : 0001527
Referred By :
Consultant :
Age / Sex : 33years / Female
Date / Time : 27-04-24/09:29:32
Pacemaker : No
BP Sys / Dia: 0/0 mmHg
HT / WT : 0cm / 0kg
Race : Indian
Drug 1 : No Medication
Drug 2 : No Medication
Clin. Diag : Normal



BPL GenX3

Hospital:.....



Heart Rate 64 bpm

HRV

505

Sinus rhythm

Normal ECG

- T wave inversion in aVL.

ST Frontal Axis 64 deg.
 ST Duration 136 ms
 Q-T Interval 396 ms
 QT Dispersion 62 ms
 P Terminal Force 0 ms.uv

T Frontal Axis
 PR Interval
 QTc Hodges

Duration(ms)

Average beat fiducial point sample number
 Onset 310
 Termination 408
 P 454
 QRS 656
 T 850

98
 66
 194

Disclaimer: This report does not replace the diagnosis of a trained physician

DR. MICHAEL A. MADRA
 REG. IN MEDICINE
 DNB CARDIOLOGY

11/27/2008 01:36:9

NAME: GUNJAN CHAUHAN	AGE/GENDER: 33 Y/F
REF.BY: MEDIWHEEL	DATE: 27.04.2024

ULTRASOUND OF ABDOMEN & PELVIS (TAS)

The liver is normal in size and shows normal echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. There is no evidence of any biliary calculi. No gallbladder wall thickening or pericholecystic fluid is noted. The CBD is not dilated.

The pancreas shows normal lobulations. There is no calcification or duct dilatation. Spleen is normal in size, shape and echotexture.

Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis, cortical scarring and calculus in either kidney.

There is no evidence of ascites.
Gas filled bowel loops are noted in lower abdomen.
The urinary bladder is distended and shows normal contours.


The uterus is anteverted and normal in size. The endometrial thickness is normal.

Both ovaries are normal in size, shape and echotexture.
There is no evidence of any adnexal mass or free fluid in the pouch of Douglas.

Impression:

- **No obvious significant abnormality noted in present scan.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consulting Radiologist

(Investigations have their limitations. Solitary pathological/ Radio-logical and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:39 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087316

Test Description	Value(s)	Reference Range
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Liver Function Test 2**Total Protein, Serum**

Total Protein*	6.6	g/dL	6.6 - 8.3
(Serum, Biuret, reagent blank end point)			
Albumin*	4.26	g/dL	Adults: 3.5 - 5.2
(Serum, Bromocresol Green)			
Globulin*	2.34	g/dL	1.8 - 3.6
(Serum, Calculated)			
A/G Ratio*	1.82		1.2 - 2.2
(Serum, Calculated)			

Bilirubin Profile

Bilirubin - Total*	0.36	mg/dL	Adults: 0.3 - 1.2
(Serum, DPD)			
Bilirubin - Direct*	0.04	mg/dL	Adults and Children: < 0.2
(Serum, Diazotization)			
Bilirubin - Indirect*	0.32	mg/dL	0.1 - 1.0
(Serum, Calculated)			
SGOT*	18	U/L	< 35
(Serum, UV with P5P, IFCC 37 degree)			
SGPT*	12.5	U/L	< 35
(Serum, UV with P5P, IFCC 37 degree)			
GGT-Gamma Glutamyl Transpeptidase*	10	U/L	<38
(Serum, Enzymatic Colorimetric Assay)			
Alkaline Phosphatase-ALP*	79	U/L	35 - 104
(Serum, PNPP, AMP Buffer, IFCC 37 degree)			
SGOT / SGPT Ratio	1.44		
(Calculated)			



MC-2684

END OF REPORT

Dr. Preeti Jain
 (Consultant Pathologist)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:39 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087316

Test Description	Value(s)	Reference Range
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Kidney Function Test 2-Mini (KFT)

Blood Urea Nitrogen-BUN* (Calculated)	6.76	mg/dL	7 - 18
Creatinine* (Serum, Jaffe IDMS)	0.63	mg/dL	0.51 - 0.95
Uric Acid* (Serum, Uricase/POD)	4.7	mg/dL	3.5 - 7.2
Urea * (Serum,Urease)	14.46	mg/dL	Adults: 17- 43

Electrolytes-Serum (Serum, Indirect ISE)

Sodium*	137.1	mmol/L	136 - 146
Potassium*	4.4	mmol/L	3.5 - 5.1
Chloride*	105.1	mmol/L	101 - 109



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:28 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087309

Test Description	Value(s)	Reference Range
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Complete Blood Count; CBC (EDTA whole blood)

Erythrocytes (Whole Blood)

Hemoglobin (Hb)* (NonCyanmethemoglobin Photometric Measurement)	12.6	gm/dL	12.0 - 15.0
Erythrocyte (RBC) Count* (Electrical Impedence)	4.82	mil/cu.mm	3.8 - 4.8
Packed Cell Volume (PCV)* (Calculated)	40.1	%	36 - 46
Mean Cell Volume (MCV)* (Electrical Impedence)	83.1	fL	83 - 101
Mean Cell Haemoglobin (MCH)* (Calculated)	26.2	pg	27 - 32
Mean Corpuscular Hb Conc. (MCHC)* (Calculated)	31.5	gm/dL	31.5 - 34.5
Red Cell Distribution Width (RDW)-CV* (Electrical Impedence)	14.7	%	11.6 - 14.0
Red Cell Distribution Width (RDW)-SD	43.3	fL	40.0 - 55.0

RBC Morphology

Remarks: Normocytic hypochromic, mild anisocytosis

Leucocytes (Whole, Blood)

Total Leucocytes (WBC) Count* (Electrical Impedence)	6100	cell/cu.mm	4000-10000
Neutrophils* (VCSn Technology)	63	%	40 - 80
Lymphocytes* (VCSn Technology)	28	%	20 - 40
Monocytes* (VCSn Technology)	6	%	2 - 10
Eosinophils* (VCSn Technology)	3	%	1 - 6
Basophils* (VCSn Technology)	0	%	1-2

Absolute Count



Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

ID : 14784	Collection : Apr 27, 2024, 12:30 p.m.	Client Name : Arcofemi
Name : GUNJAN CHAUHAN	Received : Apr 27, 2024, 04:21 p.m.	Healthcare Pvt. Ltd - PANI017
DOB/Age : 30 years	Reported : Apr 27, 2024, 09:28 p.m.	Client Address : GHATKOPAR
Gender : Female	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
Absolute Neutrophil Count* (Calculated)	3.84	* 10 ⁹ /L 2.0 - 7.0
Absolute Lymphocyte Count* (Calculated)	1.71	* 10 ⁹ /L 1-3
Absolute Monocyte Count* (Calculated)	0.37	* 10 ⁹ /L 0.2-1.0
Absolute Eosinophil Count* (Calculated)	0.18	* 10 ⁹ /L 0.0-0.5
Absolute Basophils Count* (Calculated)	0	* 10 ⁹ /L 0.1-0.2
WBC	Within normal limits	
Platelets (Whole, Blood)		
Platelet Count* (Electrical Impedence)	321	10 ³ /ul 150 - 410
Mean Platelet Volume (MPV)* (Electrical Impedence)	7.5	fL 7.2 - 11.7
Platelet Morphology	Adequate on smear	
PCT* (Calculated)	0.241	% 0.2 - 0.5
PDW* (Calculated)	16.7	% 9.0 - 17.0

Tests done on Automated Five Part Cell Counter. (WBC, RBC, Platelet count by impedance method, colorimetric method for Hemoglobin, WBC differential by flow cytometry using laser technology other parameters are calculated). All Abnormal Haemograms are reviewed confirmed microscopically.



MC-2684

END OF REPORT



Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 10:07 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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ESR; Erythrocyte Sedimentation Rate .

Erythrocyte Sedimentation Rate (EDTA Whole blood, modified westergren)	13	mm/hr	<20
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Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.



MC-2684

END OF REPORT

Dr. Suyash Vishwaroop
(MBBS,MD Pathology)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:32 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087312

Test Description	Value(s)	Reference Range
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Glucose, Post Prandial (PP), 2 hours

Blood Glucose-Post Prandial* (Plasma - P, Hexokinase)	92	mg/dL	70-140
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MC-2684

END OF REPORT

Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:59 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087309

Test Description	Value(s)	Reference Range
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HbA1c (Glycosylated Haemoglobin)

Glyco Hb (HbA1C) (EDTA Whole blood,HPLC)	5.1	%	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
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Estimated Average Glucose : 99.67

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glyated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemc control.

Excellent control-6-7 %

Fair to Good control – 7-8 %

Unsatisfactory control – 8 to 10 %

Poor Control – More than 10 %



MC-2684

END OF REPORT

Dr. Preeti Jain
(Consultant Pathologist)

ID : 14784	Collection : Apr 27, 2024, 12:30 p.m.	Client Name : Arcofemi
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DOB/Age : 30 years	Reported : Apr 27, 2024, 09:32 p.m.	Client Address : GHATKOPAR
Gender : Female	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
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Glucose Fasting (F)

Glucose Fasting* (Plasma, Hexokinase)	79	mg/dL	Normal: 70-100 Impaired Fasting Glucose (IFG): 100-125 Diabetes Mellitus: >= 126 (On more than one occasion) (American Diabetes Association guidelines 2017)
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MC-2684

END OF REPORT

Dr. Suyash Vishwaroop
(MBBS,MD Pathology)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:46 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Blood Group ABO & RH Factor

Blood Group (EDTA whole blood & Serum, Forward and Reverse By Tube Method)	"B"	
RH Factor	Positive	

Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).



MC-2684

END OF REPORT

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DOB/Age : 30 years	Reported : Apr 27, 2024, 09:39 p.m.	Client Address : GHATKOPAR
Gender : Female	Ref. Doctor : SELF	



Test Description	Value(s)	Reference Range
Lipid Profile 2, Basic		
Cholesterol-Total* (Serum, Cholesterol oxidase esterase, peroxidase)	207	mg/dL Desirable: <= 200 Borderline High: 201-239 High: > 240 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides* (Serum ,GOD-POD)	151	mg/dL Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct* (Serum, Direct measure-ImmunoInhibition)	45	mg/dL Normal: > 40 Major Heart Risk: < 40
LDL Cholesterol* (Serum,calculated)	131.80	mg/dL Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
VLDL Cholesterol* (Serum, calculated)	30.20	mg/dL 6 - 38
CHOL/HDL RATIO* (Serum, calculated)	4.60	3.5 - 5.0
LDL/HDL RATIO* (Serum, calculated)	2.93	2.5 - 3.5
Non HDL Cholesterol	162	
HDL/LDL Cholesterol Ratio	0.34	



MC-2684

END OF REPORT



Dr. Preeti Jain
(Consultant Pathologist)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 09:55 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
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Thyroid Profile, Total (T3,T4,TSH)

T3-Total* (Serum,CLIA)	137.33	ng/dL	70 - 204
T4-Total* (Serum,CLIA)	12.51	ug/dL	5.93-13.29
TSH-Ultrasensitive* (Serum,CLIA)	1.372	uIU/mL	0.38-5.33

Interpretation

It is recommended to interpret serum TSH levels with thyroid hormone levels (especially T4 levels) taking into consideration the clinical status of patient. Pitfalls in the interpretation of the serum TSH alone are in patients with recent treatment for thyrotoxicosis, non-thyroidal illness(acute severe illness or chronic illness), central hypothyroidism, confounding medications.

For TSH :

1st trimester - 0.3-4.5, 2nd trimester - 0.5-4.6, 3rd trimester - 0.8-5.2

Condition	TSH	T4	T3
Primary Hypothyroidism	Increased	Low	Normal /Low
Subclinical Hypothyroidism	Increased	Normal	Normal
Primary Hyperthyroidism	Decreased	Increased	Increased
T3 Toxicosis	Decreased	Normal	Increased
Subclinical Hyperthyroidism	Decreased	Normal	Normal
Central Hyperthyroidism/ Thyroid Hormone Resistance	Increased /Normal	Increased	Increased
Central Hypothyroidism / Non Thyroidal Illness	Increased /Normal	Decreased	Decreased



MC-2684

****END OF REPORT****

Dr. Suyash Vishwaroop
(MBBS,MD Pathology)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 10:00 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



Test Description	Value(s)	Reference Range
<u>Vitamin B12; Cyanocobalamin</u>		
Vitamin B12-Cyanocobalamin* (Serum, CLIA)	123	pg/ml 120 - 914

Interpretation:

Vitamin B12, also known as cyanocobalamin, is a water soluble vitamin that is required for the maturation of erythrocytes and coenzyme form for more than 12 different enzyme systems. Groups at risk for vitamin B12 deficiency include those

(1) older than 65 years of age (2) with malabsorption (3) who are vegetarians (4) with autoimmune disorders (5) taking prescribed medication known to interfere with vitamin absorption or metabolism, including nitrous oxide, phenytoin, dihydrofolate reductase inhibitors, metformin, and proton pump inhibitors (6) infants with suspected metabolic disorders.

The most common cause of Vitamin B12 deficiency is pernicious anemia. Deficiency of Vitamin B12 is associated with megaloblastic anemia and neuropathy. Excess Vitamin B12 is excreted in urine. No adverse effects have been associated with excess vitamin B12 intake from food or supplements in healthy people.



MC-2684

****END OF REPORT****

Dr. Preeti Jain
(Consultant Pathologist)

ID : 14784 Collection : Apr 27, 2024, 12:30 p.m. Client Name : Arcofemi
 Name : GUNJAN CHAUHAN Received : Apr 27, 2024, 04:21 p.m. Healthcare Pvt. Ltd - PANI017
 DOB/Age : 30 years Reported : Apr 27, 2024, 10:08 p.m. Client Address : GHATKOPAR
 Gender : Female Ref. Doctor : SELF



MT00087315

Test Description	Value(s)	Reference Range
<u>Vitamin D, 25 - Hydroxy</u>		
Vitamin D (25 - Hydroxy)* (Serum, CLIA)	33.05	ng/mL Deficiency: < 20 Insufficiency: 20 - 30 Sufficiency: 30 - 100

Interpretation:

Useful for :

Diagnosis of vitamin D deficiency .

Differential diagnosis of causes of rickets and Osteomalacia . Monitoring vitamin D replacement therapy . Diagnosis of hypervitaminosis D . Vitamin D levels may vary according to factors such as geography, season, or the patient's health, diet, age, ethnic origin, use of vitamin D supplementation or environment.

Some potential interfering substances like rheumatoid factor, endogenous alkaline phosphatase, fibrin, and proteins capable of binding to alkaline phosphatase in the patient sample may cause erroneous results in immunoassays. Carefully evaluate the results of patients suspected of having these types of interferences.



MC-2684

****END OF REPORT****

Dr. Suyash Vishwaroop
(MBBS, MD Pathology)

NAME: GUNJAN CHAUHAN	AGE/GENDER: 33Y/F
REF. : SELF	DATE: 27.04.2024

X-RAY CHEST PA VIEW

Both lung fields show equal translucency and vasculature.

Pleural spaces are clear.

The cardiac size is normal.

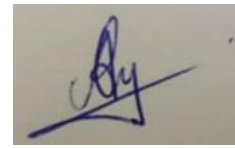
The domes of diaphragm are normal in position & show smooth outline.

The bony parts are normal.

Impression:

- **No obvious significant abnormality is seen.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. Further/ follow up imaging may be needed in some cases for confirmation/ exclusion of diagnosis. Not all fractures may be visible in given X-ray views; hence a clinical correlation is suggested in cases of injury with swelling and restricted movements. Please interpret accordingly.

NAME: GUNJAN CHAUHAN	AGE/GENDER: 33 Y/F
REF.BY: MEDIWHEEL	DATE: 27.04.2024

ULTRASOUND OF ABDOMEN & PELVIS (TAS)

The liver is normal in size and shows normal echotexture. There is no evidence of any focal hepatic lesion. The hepatic and portal veins are normal. There is no intrahepatic biliary dilatation.

The gall bladder is adequately distended. There is no evidence of any biliary calculi. No gallbladder wall thickening or pericholecystic fluid is noted. The CBD is not dilated.

The pancreas shows normal lobulations. There is no calcification or duct dilatation. Spleen is normal in size, shape and echotexture.

Both kidneys are normal in size, shape and echotexture. There is no evidence of hydronephrosis, cortical scarring and calculus in either kidney.

There is no evidence of ascites.
Gas filled bowel loops are noted in lower abdomen.
The urinary bladder is distended and shows normal contours.


The uterus is anteverted and normal in size. The endometrial thickness is normal.

Both ovaries are normal in size, shape and echotexture.
There is no evidence of any adnexal mass or free fluid in the pouch of Douglas.

Impression:

- **No obvious significant abnormality noted in present scan.**

Suggest: Clinical correlation.



Dr. Abhishek Yadav
Consulting Radiologist

(Investigations have their limitations. Solitary pathological/ Radio-logical and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.)