



ભારત સરકાર
Government of India

નિતલ નરેન્દ્ર પરમાર
Nital Narendra Parmar

જન્મ તારીખ / DOB : 07/11/1983
સ્ત્રી / Female



- 2878 5296 6746

આધાર - સામાન્ય માણસનો અધિકાર

(Handwritten signature)

Mo. 9537308327



ભારતીય વિશિષ્ટ ઓળખણા પ્રાધિકરણ
Unique Identification Authority of India

સરનામું: W/O: નરેન્દ્ર પરમાર, 23 બલદેવ
નગર, 132 ફીટ રિંગ રોડ, રણચોડરાઈ મંદિર
પાસે, જીવરાજ પાર્ક, અહમદાબાદ શહેર,
જીવરાજ પાર્ક, અમદાવાદ, અમદાવાદ સિટી,
ગુજરાત, 380051

Address: W/O: Narendra Parmar, 23
baldev nagar part 2, 132 feet ring Road,
near ranchodrai temple, jivaraj park,
Ahmadabad City, Jivaraj Park, Ahmedabad,
Ahmadabad City, Gujarat, 380051

2878 5296 6746

1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in


Nital N. Parmar.
A No. 169751
Bank of Baroda.
Dt. 17/08/2024.

To,
The Incharge,

Sub: To skip the Sonography test.

Sir/Ma'am.

This is to inform you that today on 17th August 2024, I have booked an appointment for complete Body checkup. As today doctors are on strike, I have been informed to visit the lab during 20th Aug'2024 to 23rd Aug'2024 for Sonography test. As I am presently posted at Junagadh, it is not possible for me to visit during working days for specially Sonography test. So I would like to skip the Sonography test for myself.


No. 9537308329.
17/8/2024.



LABORATORY REPORT

Name : Mrs. Nital Narendra Parmar
Sex/Age : Female/40 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408100883
Reg. Date : 17-Aug-2024 09:00 AM
Collected On :
Report Date : 17-Aug-2024 01:29 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 150

Weight (kgs) : 50.85

Blood Pressure : 110/70mmHg

Pulse :81 /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. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA


TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
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 8.0	g/dL	12.5 - 16
Hematocrit (Calculated)	L 24.60	%	40 - 50
RBC Count (Electrical Impedance)	L 3.89	million/cmm	4.73 - 5.5
MCV (Calculated)	L 63.2	fL	83 - 101
MCH (Calculated)	L 20.4	Pg	27 - 32
MCHC (Calculated)	32.4	%	31.5 - 34.5
RDW (Calculated)	H 16.0	%	11.5 - 14.5
WBC Count Flowcytometry with manual Microscopy	9600	/cmm	4000 - 10000
MPV (Calculated)	10.2	fL	6.5 - 12.0

<u>DIFFERENTIAL WBC COUNT</u>	[%]		<u>EXPECTED VALUES</u>	[Abs]	<u>EXPECTED VALUES</u>
Neutrophils (%)	41.70	%	40 - 80	4003 /cmm	2000 - 7000
Lymphocytes (%)	H 49.60	%	20 - 40	4762 /cmm	1000 - 3000
Eosinophils (%)	1.90	%	0 - 6	634 /cmm	200 - 1000
Monocytes (%)	6.60	%	2 - 10	182 /cmm	20 - 500
Basophils (%)	0.20	%	0 - 2	19 /cmm	0 - 100

PERIPHERAL SMEAR STUDY

RBC Morphology RBCs are microcytic and hypochromic with anisopoikilocytosis. Elliptocytes and target cells are seen

WBC Morphology Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance) H 517000 /cmm 150000 - 450000

Electrical Impedance

Platelets Platelets are increased on smear.


Parasites Malarial parasite is not detected.

Comment -

We/Laboratory hereby declare that we may require to place some information in the public domain/available publicly because of regulatory/statutory requirements.

This is an electronically authenticated report.

* This test has been out sourced.

Approved By :  Dr. Purvish Darji
MD (Pathology)

Approved On : 17-Aug-2024 07:13 PM
Page 1 of 12



TEST REPORT

Reg. No : 408100883 Ref Id : Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female Pass. No. : Tele No. : 9537308327
Ref. By : Dispatch At :
Sample Type : EDTA Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY

BLOOD GROUP & RH

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

ABO	"A"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

ESR 1 hour 05 mm/hr ESR AT 1 hour : 3-12
Westergreen method


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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Approved By : 
Dr. Purvish Darji
MD (Pathology)

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TEST REPORT

Reg. No : 408100883 Ref Id : Collected On : 17-Aug-2024 11:48 AM
Name : Mrs. Nital Narendra Parmar Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female Pass. No. : Tele No. : 9537308327
Ref. By : Dispatch At :
Sample Type : Flouride F, Flouride PP Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	95.60	mg/dL	70 - 110
Post Prandial Blood Sugar (PPBS) <i>GOD-POD Method</i>	100.5	mg/dL	70 - 140

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 17-Aug-2024 01:51 PM
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TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	158.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	44.90	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High : > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	66.60	mg/dL	Low : <40 High : >60
<i>Accelerator selective detergent method</i>			
LDL	82.42	mg/dL	Optimal: <100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	8.98	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	1.24		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	2.37		0 - 5.0
<i>Calculated</i>			

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Approved By : 
 Dr. Purvish Darji
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TEST REPORT


Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
LFT WITH GGT			
Total Protein	6.17	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	4.33	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>By Bromocresol Green</i>			
Globulin (Calculated)	1.84	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	2.35		0.8 - 2.0
SGOT	26.10	U/L	0 - 31
<i>UV without P5P</i>			
SGPT	36.30	U/L	0 - 34
<i>UV without P5P</i>			
Alakaline Phosphatase	58.1	IU/l	42 - 98
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			

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MD (Pathology)

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TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM	
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM	
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327	
Ref. By :		Dispatch At :	
Sample Type : Serum		Location : CHPL	
Total Bilirubin	0.30	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
<i>Vanadate Oxidation</i> Direct Bilirubin	0.06	mg/dL	0.0 - 0.4
<i>Vanadate Oxidation</i> Indirect Bilirubin	0.24	mg/dL	0.0 - 1.1
<i>Calculated</i> GGT	24.30	U/L	< 38
<i>SZASZ kinetic Method</i>			

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TEST REPORT


Reg. No : 408100883 Ref Id : Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female Pass. No. : Tele No. : 9537308327
Ref. By : Dispatch At :
Sample Type : Serum Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	2.22	mg/dL	2.6 - 6.0
Creatinine <i>Enzymatic Method</i>	0.58	mg/dL	0.6 - 1.1
BUN <i>UV Method</i>	25.20	mg/dL	6.0 - 20.0

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MD (Pathology)

Approved On : 17-Aug-2024 01:57 PM
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TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
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
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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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Approved By : Dr. Purvish Darji
 MD (Pathology)

Approved On : 17-Aug-2024 07:10 PM
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**TEST REPORT**

Reg. No	: 408100883	Ref Id	:	Collected On	: 17-Aug-2024 01:19 PM
Name	: Mrs. Nital Narendra Parmar	Reg. Date	: 17-Aug-2024 09:00 AM	Tele No.	: 9537308327
Age/Sex	: 40 Years / Female	Pass. No.	:	Dispatch At	:
Ref. By	:	Location	:	CHPL	
Sample Type	: Urine Spot				

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION**PHYSICAL EXAMINATION**

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Slight Turbid	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5	4.6 - 8.0
Sp. Gravity	1.030	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	Nil
Nitrite	Nil	Nil
Blood	Trace	Nil


MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	2 - 4/hpf	Nil
Erythrocytes (Red Cells)	4 - 6/hpf	Nil
Epithelial Cells	Occasional	Nil
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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MD (Pathology)

Approved On : 17-Aug-2024 02:04 PM
Page 9 of 12



TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine) <small>CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY</small>	1.13	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>	5.80	µg/dL	3.2 - 12.6
---	------	-------	------------

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.


Limitations:

1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
2. F T4 values may be decreased in patients taking carbamazepine.
3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Approved By : 
Dr. Purvish Darji
MD (Pathology)

Approved On : 17-Aug-2024 07:12 PM
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TEST REPORT

Reg. No : 408100883	Ref Id :	Collected On : 17-Aug-2024 01:19 PM
Name : Mrs. Nital Narendra Parmar		Reg. Date : 17-Aug-2024 09:00 AM
Age/Sex : 40 Years / Female	Pass. No. :	Tele No. : 9537308327
Ref. By :		Dispatch At :
Sample Type : Serum		Location : CHPL

TSH 4.370 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


Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Sounders,2012:2170

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

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Approved By : **Dr. Purvish Darji**
MD (Pathology)

Approved On : 17-Aug-2024 07:12 PM

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LABORATORY REPORT

Name : Mrs. Nital Narendra Parmar
Sex/Age : Female/40 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 408100883
Reg. Date : 17-Aug-2024 09:00 AM
Collected On :
Report Date : 17-Aug-2024 03:07 PM

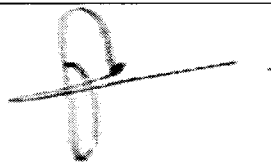
Electrocardiogram

Findings

Missing leads.

Advice 2d echo.

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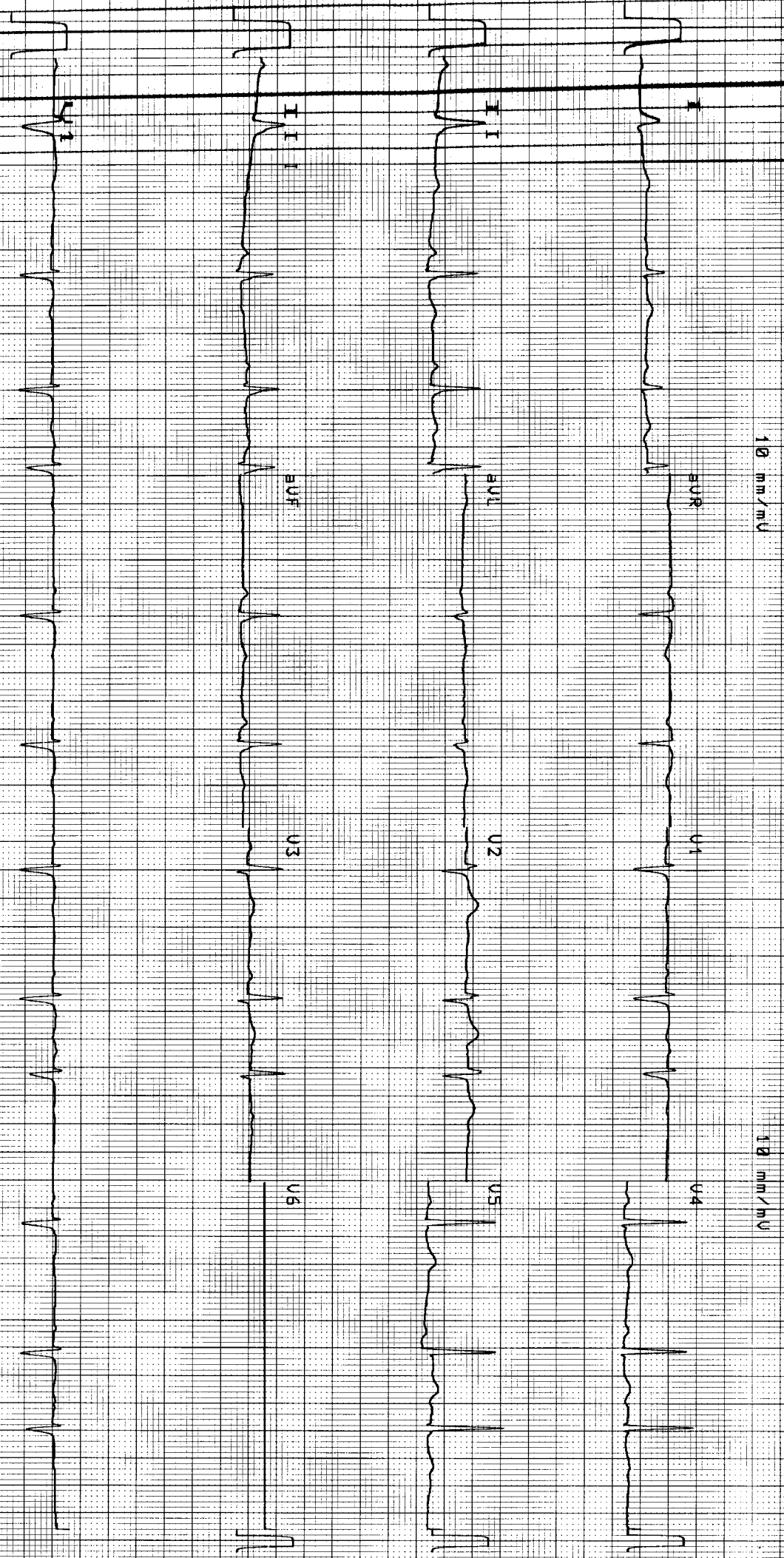
Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA

CARDIOPHYSICIAN: [REDACTED]
** CHEST LEAD(S) MISSING! **

MI 1
P-R-T / F
Interval: RR 742 ms, P 88 ms, PR 164 ms, QRS 80 ms, QT 390 ms, QTc 453 ms
P (II) 0.09 mV, S (V1) -0.57 mV, R (V5) 1.37 mV, Sokol. 1.94 mV
10 mm/mV

miss prep
Wach
Abu Ke
20 echo



leadoff 06

SCHILLER

Part No. 2.157048M

CC 0123

08C



LABORATORY REPORT

Name	: Mrs. Nital Narendra Parmar	Reg. No	: 408100883
Sex/Age	: Female/40 Years	Reg. Date	: 17-Aug-2024 09:00 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 17-Aug-2024 04:34 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, Trivial PR, Trivial AR.
7. No PAH, RVSP: 22 mmHg, AOVP: 1.31 m/s, PVP: 0.71 m/s
8. IAS/IVS: Intact.
9. No clot/vegetation/pericardial effusion.
10. No coarctation of aorta.

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

DR.MUKESH LADDHA



LABORATORY REPORT

Name	: Mrs. Nital Narendra Parmar	Reg. No	: 408100883
Sex/Age	: Female/40 Years	Reg. Date	: 17-Aug-2024 09:00 AM
Ref. By	:	Collected On	:
Client Name	: Mediwheel	Report Date	: 20-Aug-2024 05:09 PM

X RAY CHEST PA

Both lung fields shows 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.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

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.

This is an electronically authenticated report



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

Page 1 of 2



LABORATORY REPORT

Name :	Mrs. Nital Narendra Parmar	Reg. No :	408100883
Sex/Age :	Female/40 Years	Reg. Date :	17-Aug-2024 09:00 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	20-Aug-2024 05:11 PM

BILATERAL MAMMOGRAM:-

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

- Inhomogenously dense fibro glandular breast parenchyma noted on either side.
- No evidence of clustered micro calcification.
- No evidence of mass or architectural distortion is seen.
- No evidence of skin thickening or nipple retraction is seen.
- No evidence of axillary lymphadenopathy.

COMMENT :

- Dense breast parenchyma on either side on mammogram.
BI-RADS- I

Suggest : USG correlation .

- No direct or indirect sign of malignancy on present study.

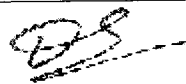
- **BIRADS Categories :**

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

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 is 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 -----

This is an electronically authenticated report



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



LABORATORY REPORT

Name : Mrs. Nital Narendra Parmar **Reg. No** : 408100883
Sex/Age : Female/40 Years **Reg. Date** : 17-Aug-2024 09:00 AM
Ref. By : **Collected On** :
Client Name : Mediwheel **Report Date** : 17-Aug-2024 02:31 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: -1.25

CY: +0.00

AX: 00

LEFT EYE

SP : -0.50

CY : -0.25

AX :1

	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

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

This is an electronically authenticated report



Dr. Parth S Patel
MBBS. MD. FNB

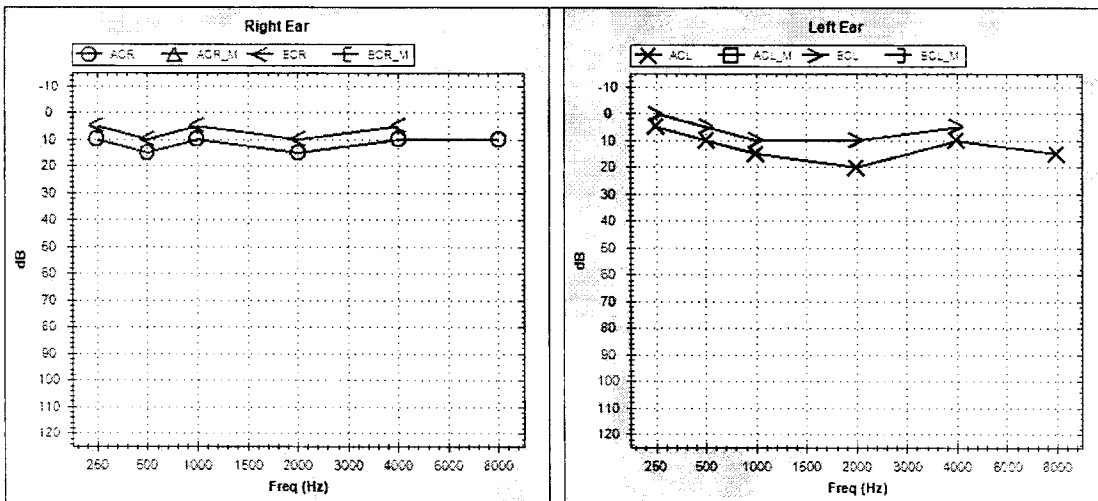


LABORATORY REPORT

Name : Mrs. Nital Narendra Parmar
 Sex/Age : Female/40 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 408100883
 Reg. Date : 17-Aug-2024 09:00 AM
 Collected On :
 Report Date : 17-Aug-2024 02:31 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	11.5	11.0
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.

This is an electronically authenticated report

Dr. Parth S Patel
 MBBS. MD. FNB