




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



TEST REPORT

| | | | |
|--------------|---|---------------|--------------------------|
| Name | : MRS.DEEPA KADGAONKAR | TID/SID | : UMR2191679/ 28586987 |
| Age / Gender | : 49 Years / Female | Registered on | : 19-Nov-2024 / 08:52 AM |
| Ref.By | : - | Collected on | : 19-Nov-2024 / 08:55 AM |
| Req.No | :  BIL4957055 | Reported on | : 19-Nov-2024 / 12:44 PM |
| | | Reference | : Medi Wheel |

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| Colour Method:Physical Examination | Yellow | | Light Yellow |
| Appearance Method:Physical Examination | Clear | | Clear |
| Specific gravity Method:Ion concentration/colour indicator | 1.010 | | 1.003-1.030 |
| Reaction and pH Method:Double Indicator | 6.0 | | 5.0-8.0 |
| Protein Method:Protein Error of pH indicators | Negative | | Negative |
| Glucose Method:Glucose oxidase/Peroxidase | Negative | | Negative |
| Urobilinogen Method:Ehrlich reaction | Negative | | 0.2-1.0 mg% |
| Ketones Method:Sodium Nitroprusside Method | Negative | | Negative |
| Blood Method:Peroxidase | Negative | | Negative |
| Bile Salt Method:Hays Method | Negative | | Negative |
| Bile Pigment Method:Diazo Method | Negative | | Negative |
| Microscopic Examination | | | |
| Pus cells (leukocytes) Method:Microscopy Of Sediment | Occasional | /hpf | 0-5 |
| RBC (erythrocytes) Method:Microscopy Of Sediment | Nil | /hpf | 0-2 |
| Epithelial cells Method:Microscopy Of Sediment | Nil | /hpf | 0-8 |
| Crystals Method:Microscopy Of Sediment | Nil | /lpf | Nil |

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|-------------------------------|
| Casts Method:Microscopy Of Sediment | Nil | /lpf | Nil |
| Others Method:Microscopy Of Sediment | Nil | | Nil |

* Sample processed at Parkline

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DEPARTMENT OF HEMATOPATHOLOGY Blood Grouping ABO And Rh Typing

| Parameter | Results |
|--|----------|
| Blood Grouping (ABO) Method:Forward and Reverse tube agglutination method | O |
| Rh Typing (D) Method:Agglutination | POSITIVE |

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DEPARTMENT OF HEMATOPATHOLOGY
Erythrocyte Sedimentation Rate (ESR)

| Investigation | Observed Value | Units | Biological Reference Intervals |
|-------------------|----------------|---------|--------------------------------|
| ESR 1st Hour | 15 | mm/hour | 0-20 mm/hour |
| Method:Westergren | | | |

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DEPARTMENT OF HEMATOPATHOLOGY

Hemogram

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|---------------------|-------------------------------|
| Hemoglobin Method:Spectrophotometry | 12.5 | g/dL | 12.0-15.0 |
| Erythrocyte Count(RBC) Method:Electrical Impedance | 4.2 | mill /cu.mm | 3.8-4.8 mill /cu.mm |
| PCV/HCT Method:Numeric Integration | 37 | % | 36-46 % |
| MCV Method:Calculated | 89 | fL | 83-101 fL |
| MCH Method:Calculated | 29.5 | pg | 27-32 pg |
| MCHC Method:Calculated | 33.1 | gm/dL | 31.5-34.5 gm/dL |
| RDW (CV) Method:Calculated | 13.4 | % | 11.6-14.0 % |
| Total WBC Count Method:Impedence flowcytometry/Light scattering | 9.1 | 10 ³ /μL | 4-10 10 ³ /μL |
| Differential Count | | | |
| Neutrophils Method:Flowcytometry/Electrical Impedance/Microscopy | 62 | % | 40-80 % |
| Lymphocytes Method:Flowcytometry/Electrical Impedance/Microscopy | 31 | % | 20-40 % |
| Monocytes Method:Flowcytometry/Electrical Impedance/Microscopy | 4 | % | 2-10 % |
| Eosinophils Method:Flowcytometry/Electrical Impedance/Microscopy | 3 | % | 1-6 % |
| Basophils Method:Flowcytometry/Electrical Impedance/Microscopy | 0 | % | 0-2 % |
| Platelet Count Method:Electrical Impedance | 340 | 10 ³ /μL | 150-410 10 ³ /μL |

Peripheral Smear

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DEPARTMENT OF HEMATOPATHOLOGY

Hemogram

| Investigation | Observed Value | Units | Biological Reference Interval |
|--------------------------------|--|-------|-------------------------------|
| RBC Method:Microscopy | Normocytic and normochromic | | |
| WBC Method:Microscopy | Within normal limits. No abnormal cells seen. | | |
| Platelets Method:Microscopy | Discrete and adequate.Normal in morphology | | |

Method: Automated Hematology Cell Counter, Microscopy

Reference: Dacie and Lewis Practical Hematology, 12th Edition
Wallach's interpretation of diagnostic tests, Soth Asian Edition.

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

Note: These results are generated by a fully automated hematology analyzer and the differential count is computed from a total of several thousands of cells. Therefore the differential count appears in decimalised numbers and may not add upto exactly 100. It may fall between 99 and 101.

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| Req.No | :  BIL4957055 | Reported on | : 19-Nov-2024 / 09:31 AM |
| | | Reference | : Medi Wheel |

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

| | |
|---------------------|---|
| Mitral Valve | Normal |
| Aortic valve | Normal |
| Tricuspid valve | Normal |
| Pulmonary valve | Normal |
| Aorta | 2.33 cm |
| Left Atrium | 2.53 cm |
| Left Ventricle | LVDd: 4.15 cm IVSd: 0.9 cm EF: 61 % LVDs: 2.80 cm LVPwd: 1.09 cm FS: 32 % |
| RWMA | Nil |
| Right Atrium | Normal |
| Right Ventricle | Normal |
| Pulmonary Artery | Normal |
| IAS | Intact |
| IVS | Intact |
| Pericardium | Normal |
| Svc / Ivc | Normal |
| Intracardiac Masses | Nil |
| Doppler Study | Mitral flow: E: 0.7 m/sec A: 1.0 m/sec Aortic flow : 1.02 m/sec Pulmonary flow : 0.70 m/sec |
| Colour Doppler | No MR / AR / TR / PR |
| Conclusion | No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 61 %)/ RV function. Grade I diastolic dysfunction. No PE/ clot/ vegetation. |

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Req.No :  Reported on : 19-Nov-2024 / 12:23 PM
Reference : Medi Wheel
BIL4957055

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN)

| Investigation | Observed Value | Units | Biological Reference Interval |
|----------------------|----------------|-------|-------------------------------|
| Blood Urea Nitrogen. | 7.7 | mg/dL | 7-23 mg/dL |
| Method:Calculated | | | |

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

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DEPARTMENT OF CLINICAL CHEMISTRY I

Creatinine, Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|-------------------------|----------------|-------|-------------------------------|
| Creatinine. | 0.79 | mg/dL | 0.50-1.20 mg/dL |
| Method:Alkaline Picrate | | | |

Interpretation: Creatinine is a nitrogenous waste product produced by muscles from creatinine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

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| Name | : MRS.DEEPA KADGAONKAR | TID/SID | : UMR2191679/ 28586990F |
| Age / Gender | : 49 Years / Female | Registered on | : 19-Nov-2024 / 08:52 AM |
| Ref.By | : - | Collected on | : 19-Nov-2024 / 08:55 AM |
| Req.No | :  BIL4957055 | Reported on | : 19-Nov-2024 / 14:11 PM |
| | | Reference | : Medi Wheel |

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS)

| Investigation | Observed Value | Units | Biological Reference Interval |
|-------------------------------------|----------------|-------|---|
| Glucose Fasting Method:GOD - PAP | 123 | mg/dL | Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 |

Reference : American Diabetes Association 2023

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| Name | : MRS.DEEPA KADGAONKAR | TID/SID | : UMR2191679/ 28586990P |
| Age / Gender | : 49 Years / Female | Registered on | : 19-Nov-2024 / 08:52 AM |
| Ref.By | : - | Collected on | : 19-Nov-2024 / 08:55 AM |
| Req.No | :  BIL4957055 | Reported on | : 19-Nov-2024 / 14:11 PM |
| | | Reference | : Medi Wheel |

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS)

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|--|
| Glucose Post Prandial Method:GOD - PAP | 138 | mg/dL | Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : >/=200 |

Reference : American Diabetes Association 2023

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Req.No  Reported on : 19-Nov-2024 / 15:14 PM
Reference : Medi Wheel
BIL4957055

DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C)

| Investigation | Observed Value | Units | Biological Reference Interval |
|---|----------------|-------|---|
| Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC) | 6.0 | % | < 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes |
| Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c | 125 | mg/dL | Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 |

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|-------|--|
| Total Cholesterol Method:CHOD-PAP | 118 | mg/dL | Desirable Level: < 200 Borderline : 200 - 239 High : > 240 |
| HDL Cholesterol Method:Direct Clearance | 33 | mg/dL | <40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease |
| LDL Cholesterol Method:Calculated | 70 | mg/dL | < 100 |
| VLDL Cholesterol Method:Calculated | 15 | mg/dL | 10-55 mg/dL |
| Triglycerides Method:GPO-POD | 75 | mg/dL | Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 |
| Chol/HDL Ratio Method:Calculated | 3.58 | | Normal : <4 Low risk : 4 - 6 High risk : >6 |
| LDL Cholesterol/HDL Ratio Method:Calculated | 2.12 | | Ideal : < 2 Good : 2 – 5 Bad : > 5 |

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|-------|-------------------------------|
| Total Bilirubin. Method:Diazo with sulphanilic acid | 0.79 | mg/dL | 0.3-1.2 mg/dL |
| Direct Bilirubin. Method:Diazo with sulphanilic acid | 0.23 | mg/dL | 0.00-0.40 mg/dL |
| Indirect Bilirubin. Method:Calculated | 0.56 | mg/dL | 0.2-0.8 mg/dL |
| Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P | 21 | U/L | 10-40 U/L |
| Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P | 15 | U/L | 10-40 U/L |
| ALP (Alkaline Phosphatase). Method:AMP-IFCC | 77 | U/L | 30-115 U/L |
| PROTEINS | | | |
| Total Protein. Method:Biuret & Bromocresol Green (BCG) | 6.98 | g/dL | 6.0-8.0 g/dL |
| Albumin. Method:Bromocresol Green (BCG) | 4.25 | g/dL | 3.5-4.8 g/dL |
| Globulin. Method:Calculated | 2.73 | g/dL | 2.3-3.5 g/dL |
| A/GRatio. Method:Calculated | 1.56 | | 0.8-2.0 |
| Gamma GT. Method:IFCC-Enzymatic | 18 | U/L | 7.0-50.0 U/L |

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Req.No  Reported on : 19-Nov-2024 / 11:36 AM
BIL4957055 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

| Investigation | Observed Value | Units | Biological Reference Interval |
|--|----------------|--------|-------------------------------|
| Triiodothyronine Total (T3) Method:Enhanced chemiluminescence | 1.35 | ng/mL | 0.970-1.69 ng/mL |
| Thyroxine Total (T4) Method:Enhanced chemiluminescence | 11.5 | µg/dL | 5.53-11.0 µg/dL |
| Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence | 6.60 | µIU/mL | 0.400-4.049 µIU/mL |

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

* Sample processed at Parkline

--- End Of Report ---



Dr Jyothi Boda
Regd. No: 72498
MD PATHOLOGY




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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



TEST REPORT

Name : **MRS.DEEPA KADGAONKAR** TID/SID : UMR2191679/ 28586989
Age / Gender : 49 Years / Female Registered on : 19-Nov-2024 / 08:52 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:55 AM
Req.No :  Reported on : 19-Nov-2024 / 12:23 PM
Reference : Medi Wheel
BIL4957055

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

| Investigation | Observed Value | Units | Biological Reference Interval |
|----------------|----------------|-------|-------------------------------|
| Uric Acid. | 4.58 | mg/dL | 1.9-7.5 mg/dL |
| Method:Uricase | | | |

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

* Sample processed at Parkline

--- End Of Report ---




Dr Jyothi Boda
Regd. No: 72498
MD PATHOLOGY



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TEST REPORT

Name : **MRS.DEEPA KADGAONKAR** TID/SID : UMR2191679/ 28586987F
Age / Gender : 49 Years / Female Registered on : 19-Nov-2024 / 08:52 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:55 AM
Req.No  Reported on : 19-Nov-2024 / 14:11 PM
Reference : Medi Wheel
BIL4957055

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Urine Fasting

| Investigation | Observed Value |
|--|----------------|
| Urine Glucose Fasting Method:Reagent strip/Reflectance photometry | Nil NIL |

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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TEST REPORT

| | | | |
|--------------|---|---------------|--------------------------|
| Name | : MRS.DEEPA KADGAONKAR | TID/SID | : UMR2191679/ 28586987 |
| Age / Gender | : 49 Years / Female | Registered on | : 19-Nov-2024 / 08:52 AM |
| Ref.By | : - | Collected on | : 19-Nov-2024 / 08:55 AM |
| Req.No | :  BIL4957055 | Reported on | : 19-Nov-2024 / 14:11 PM |
| | | Reference | : Medi Wheel |

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Urine Post Prandial

| |
|--|
| |
|--|

| | | |
|---|-----|-----|
| Urine Glucose Post Prandial | Nil | NIL |
| Method:Reagent strip/Reflectance photometry | | |

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





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NABL Accredited
Certificate No. MC-2566

MEDICAL EXAMINATION REPORT

| | | | | |
|----------------|---|-------------------------------------|--|-----------|
| Name | Ms: Deepa Kadgonkar | | Date | 19/4/24 |
| Company | C/o. Mediwheel | | Reg. No. : | 4957055 |
| Contact No. | 9160429280 | | Sex | F Age: 49 |
| Type | Pre-Emp | | Emp. No.: | |
| | Overseas | | Height | 157cm |
| | Annual | <input checked="" type="checkbox"/> | Weight | 90 kgs |
| Remarks | <p>→ Known case case of Diabetes But Diabetes not under control. Continue the same medication and follow up</p> <p>→ Raised TSH - Advice follow up</p> <p>Mammography shows features suggestive of bilateral ductal ectasia - BIRADS-II Advice follow up with Gynecologist -</p> <p>→ Grade I diastolic dysfunction in ZPE echo Advice follow up</p> | | | |
| Fitness Status | Medically Fit/Unfit | | Physician's Signature Dr. Yennam Sravanthi MBBS Regd. No. 05443 | |

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Deepa Kagaonkar

AGE 49 years

MARITAL STATUS married CHILDREN: (M) (F)

IDENTIFICATION (IF ANY) A mole on right upper eye lid

PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any Personal H/O Major Illness like : Typhoid.....no Jaundice.....no Etc.

Any H/o STD.....no Skin infection.....no

H/o Blood Transfusion.....no Recent Vaccination.....Covered

H/o Epilepsy.....no Giddiness.....no

H/o Surgery.....no Fracture in the past.....no

Any Personal H/O

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt, Loss/Wt. Gain

Present illness / Medication on Diabetes, medicines & Thyroid.

GENERAL EXAMINATION

Conjunctiva:
Skin:
Ears:
Nose:
Throat & Oral Cavity:

Bone, Joints: Normal
Nutritional Status: well nourished
Lymph Nodes: no
Edema Feet: no
Varicose Veins: no
both legs

Normal

Distant Vision: Near Vision

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses/without glasses

Right Eye: N6

With glasses / Without glasses

left Eye : N6

with glasses/without glasses

Colour Vision: BE color

Ophthalmologist's Signature

Dr. KATTA
M.B.B.S., D.O., F.R.F.
M.S. (AMC)

Right Ear

Left Ear

Hearing:

Rinee's Test :

Weber Test :

Discharge :

SYSTEMIC EXAMINATION

Pulse : 82 bpm

B.P. : 130/90 mmHg

Lungs: A. Shape of Chest

Bilateral symmetrical

B. Breath Sounds. BAE (+)

C. Adventitious Sounds. NO

Heart: A. Sounds S₁ S₂ (+)

B. Murmurs NO

Nervous System

Abdomen: A. Liver NPN

B. Spleen NPN

C. Piles NO

D. Any Lump NO

A. Higher Function:

B. Cranial Nerves:

C. Sensory System:

D. Motor System:

E. Jerks :

NAD

General: A. Hernia NO

B. Hydrocele -


C. Varicocele -

Breast: Rt. NAD Lt. NAD

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :



Signature

Place :

Note: General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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NABL Accredited
Certificate No. MC-2566

ENT EXAMINATION

S. No. 4957055

Emp. No. :

Date 19/11/2024

Name Mrs. Deepa Kadgankar

Age 49 Yrs

Sex M/F

EARS :

Right

Left

EAC

: patent, no Cerumen

- db.

TM

: Intact, pearly white.
Core of light ray

- db.

TFT

:

Rinne's +ve

Bonne's +ve

Weber's - central

NOSE

: Septum (N). Bil. Turbinate? (N). polyps (N) - moderate

THROAT

: Oropharynx (N). Bil. Uvula (N) moving.
Anteriorly bil.

NECK

: (N)

IMPRESSION

: Ears clinically NAD.

D. Hari Krishna Reddy

Consultant ENT

Dr. D. Hari Krishna Reddy
MS (ENT)
Head & Neck Surgeon
Reg. No: 88379



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MC-2566

Mr Deefa Kadgaonkar 49 19/11/24

O/S Mid anemia DMT

Ch. 1-2

Bp - 120/80

Attended Menopausal symptoms

CKs }
ES } - NAD

Both breasts normal

No lumps

KR Ushade

M.B.B.S. DGO,
Obstetrician & Gynaecologist
Regd. No. 9885

Dr. USHA M.B.B.S. DGO,
Obstetrician & Gynaecologist
Regd. No. 9885

Name : Deepa Sex : Age : 49

Date : 19/11/24

OPD No : 1986

Ca+++ Sn++

DD int

8 | 8

Adv. op c.

Smilesss 
 MULTI SPECIALITY DENTAL CLINIC

BDS (Harvard USA)
 1-3-1, Padma
 Secy, Hyderabad, Telangana, India

Sowmya

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TEST REPORT

Name : Mrs. DEEPA KADGAONKAR
Age/Gender : 49 Years/Female
Ref By :
Reg.No : BIL4957055
Reference : Medi Wheel

TID : UMR2191679
Registered On : 19-Nov-2024 08:52 AM
Result On : 19-Nov-2024 10:19 AM
Reported On : 19-Nov-2024 10:19 AM

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and echotexture. No focal lesions.
No IHBD /CBD dilatation. Portal vein is normal.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder - Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Normal in size and echotexture. No calcification / sol.
Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 10.7 x 4.3 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.0 x 4.8 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Well distended. Normal in contour.
Wall thickness is normal. No calculus / sol.

UTERUS : Anteverted measuring 6.5 x 2.5 x 3.6 cms - Normal in size and echotexture.
No space occupying lesion is seen.
Cervix is normal in size and echopattern.

ENDOMETRIUM : Normal.

OVARIES : Both ovaries poor window.
No adnexal mass seen.
No fluid in POD.

IMPRESSION : Normal US Abdomen.
Clinical correlation.

*** End Of Report ***


Dr. D.J. MOHAN
MD DMRD
(Reg No. 8995)
Consultant Radiologist

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 2.00 pm
6.00 pm to 8.00 pm
Sundays & Holidays : 7.30 am to 9.30 am

Free Home Visit for Sample Collection.

Call : 7995421787, 7093445852, 9885202212



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TEST REPORT

Name : Mrs . DEEPA KADGAONKAR
Age/Gender : 49 Years/Female
Ref By :
Reg.No : BIL4957055
Reference : Medi Wheel

TID : UMR2191679
Registered On : 19-Nov-2024 08:52 AM
Result On : 19-Nov-2024 12:50 PM
Reported On : 19-Nov-2024 12:50 PM

DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Both breasts show normal fibro-glandular parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.


Ultrasound screening : Few prominent retroareolar ducts bilaterally - S/o duct ectasia.

No axillary lymphnodes seen.

IMPRESSION : Features suggestive of bilateral duct ectasia - BIRADS- II

Advised clinical correlation.

Note: Please bring previous reports on next visit.


Dr. PRAJANTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) 7.30 am to 2.00 pm

6.00 pm to 8.00 pm
Sundays & Holidays : 7.30 am to 9.30 am

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TEST REPORT

Name : Mrs . DEEPA KADGAONKAR
Age/Gender : 49 Years/Female
Ref By :
Reg.No : BIL4957055
Reference : Medi Wheel

TID : UMR2191679
Registered On : 19-Nov-2024 08:52 AM
Result On : 19-Nov-2024 12:50 PM
Reported On : 19-Nov-2024 12:50 PM

BIRADS ASSESSMENT CATEGORIES

- 0 - Needs additional imaging.
- 1 - Negative - There is nothing the comment on.
- 2 - Benign finding.
- 3 - Probably benign finding - followup after 3 months suggested.
- 4 - Suspicious abnormality. Biopsy should be considered
[4A - Low suspicion ,4B - Intermediate suspicion, 4C- Moderate concern]
- 5 - Highly suggestive of malignancy.
- 6 - Known biopsy proven malignancy.

*** End Of Report ***

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
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Radiologists Timings (Weekdays) : 7.30 am to 2.00 pm
6.00 pm to 8.00 pm
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TEST REPORT

Name : **MRS.DEEPA KADGAONKAR** TID/SID : UMR2191679/
Age / Gender : 49 Years / Female Registered on : 19-Nov-2024 / 08:52 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:55 AM
Req.No :  BIL4957055 Reported on : 19-Nov-2024 / 09:31 AM
Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

| | |
|---------------------|---|
| Mitral Valve | Normal |
| Aortic valve | Normal |
| Tricuspid valve | Normal |
| Pulmonary valve | Normal |
| Aorta | 2.33 cm |
| Left Atrium | 2.53 cm |
| Left Ventricle | LVDd: 4.15 cm IVSd: 0.9 cm EF: 61 % LVDs: 2.80 cm LVPwd: 1.09 cm FS: 32 % |
| RWMA | Nil |
| Right Atrium | Normal |
| Right Ventricle | Normal |
| Pulmonary Artery | Normal |
| IAS | Intact |
| IVS | Intact |
| Pericardium | Normal |
| Svc / Ivc | Normal |
| Intracardiac Masses | Nil |
| Doppler Study | Mitral flow: E: 0.7 m/sec A: 1.0 m/sec Aortic flow : 1.02 m/sec Pulmonary flow : 0.70 m/sec |
| Colour Doppler | No MR / AR / TR / PR |
| Conclusion | No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 61 %)/ RV function. Grade I diastolic dysfunction. No PE/ clot/ vegetation. |

* Sample processed at Parkline

--- End Of Report --- **Dr. P. PRASHANT** **MARUTI**
Consultant Interventional Cardiology
Reg. No. 15107/2015/125504

Page 1 of 2

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

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TEST REPORT

Name : Mrs. DEEPA KADGAONKAR
Age/Gender : 49 Years/Female
Ref By :
Reg.No : BIL4957055
Reference : Medi Wheel

TID : UMR2191679
Registered On : 19-Nov-2024 08:52 AM
Result On : 19-Nov-2024 10:29 AM
Reported On : 19-Nov-2024 10:29 AM

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

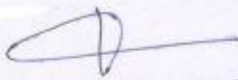
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY

*** End Of Report ***


Dr. KARTHEEK GOJE
Consultant Radiologist
Reg.No.APMC/FMR/84281

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 2.00 pm

6.00 pm to 8.00 pm

Sundays & Holidays : 7.30 am to 9.30 am

HR : 75 bpm
P : 105 ms
PR : 144 ms
QRS : 77 ms
QT/QTc : 393/441 ms
P/QRS/T : 65/38/61 °
RV5/SV1 : 1.072/0.714 mV

Diagnosis Information:

WNL

Dr. P. PRASHANT MARUTI
DM., Cardiology
Consultant Interventional Cardiologist
Reg. No. JMC/FMR/25860

Report Confirmed by:

BPL

