

Name : Ms. ANJU RAI
 Lab No. : 394387502
 Ref By : SELF
 Collected : 8/3/2025 8:09:00AM
 A/c Status : P
 Collected at : WALKIN - G B ROAD LAB, THANE WEST
 Ground Floor, Shop No. 1, 2, 3, Pride Park, Near
 R-Mall Opp. Lawkim Company, Ghodbunder
 Road, Thane West, Maharashtra - 400607

Age : 41 Years
 Gender : Female
 Reported : 8/3/2025 7:30:50PM
 Report Status : Interim
 Processed at : G B ROAD LAB, THANE WEST

**MediWheel Full Body Health Female >40/2D ECHO
 CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.0	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.9	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	39.3	36.0 - 46.0 %	Calculated
MCV	80.7	81.0 - 101.0 fL	Measured
MCH	24.6	27.0 - 32.0 pg	Calculated
MCHC	30.6	31.5 - 34.5 g/dL	Calculated
RDW	13.3	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6920	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.2	20.0 - 40.0 %	
Absolute Lymphocytes	2020.6	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.2	2.0 - 10.0 %	
Absolute Monocytes	498.2	200.0 - 1000.0 /cmm	Calculated
Neutrophils	54.1	40.0 - 80.0 %	
Absolute Neutrophils	3743.7	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	9.4	1.0 - 6.0 %	
Absolute Eosinophils	650.5	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	6.9	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		



Name	: Ms. ANJU RAI	Age	: 41 Years
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**MediWheel Full Body Health Female >40/2D ECHO
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	212000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.1	6.0 - 11.0 fL	Measured
PDW	13.7	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		
COMMENT	Eosinophilia		

Specimen: EDTA whole blood



Name	: Ms. ANJU RAI	Age	: 41 Years
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A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
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**MediWheel Full Body Health Female >40/2D ECHO
ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	30.00	2.00 - 20.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.



Name	: Ms. ANJU RAI	Age	: 41 Years
Lab No.	: 394387502	Gender	: Female
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MediWheel Full Body Health Female >40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	109.55	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	93.77	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition



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MediWheel Full Body Health Female >40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
BLOOD UREA, Serum	14.54	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	6.79	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.77	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	98.47	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
TOTAL PROTEINS, Serum	7.54	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.44	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.10	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.43	1.00 - 2.00	Calculated
URIC ACID, Serum	4.59	2.40 - 5.70 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.52	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.59	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	138.10	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	3.9	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	101.75	98.00 - 107.00 mmol/L	Indirect ISE

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation



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MediWheel Full Body Health Female >40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	116.9	mg/dL	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.



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FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	



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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	174	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	37	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	119	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	18	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.



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THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	5.06	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	15.49	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH Serum	3.50	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.



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MediWheel Full Body Health Female >40/2D ECHO

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
High High High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.		

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



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MediWheel Full Body Health Female >40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.49	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.54	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.44	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.10	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.43	1.00 - 2.00	Calculated
SGOT (AST), Serum	17.16	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.13	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.73	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.02	35.00 - 105.00 U/L	Colorimetric



Name	: Ms. ANJU RAI	Age	: 41 Years
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MediWheel Full Body Health Female >40/2D ECHO
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
EXAMINATION OF FAECES	. Sample Not Received		
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



Name	: Ms. ANJU RAI	Age	: 41 Years
Lab No.	: 394387502	Gender	: Female
Ref By	: SELF	Reported	: 8/3/2025 7:31:27PM
Collected	: 8/3/2025 8:09:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
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**MediWheel Full Body Health Female >40/2D ECHO
BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh Typing	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

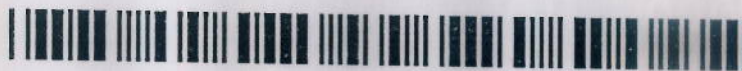
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia



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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple Phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	0-20/hpf	
Yeast	Absent	Absent	
OTHERS	-		



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URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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Vandana Kulkarni

Dr, Vandana Kulkarni
 MD Pathology
 Consultant Pathologist



Result/s to follow:
 CYTOLOGY(PAP SMEAR), GENITAL, FEMALE, CONVENTIONAL

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.
 (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.
 Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <mailto:customerservice@suburbandiagnosics.com>
 West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



PHYSICAL EXAMINATION REPORT

Patient Name	Mrs Anju Rai	Sex/Age	41 / F
Date	8-3-25	Location	Thane

History and Complaints

H/O (Rt) Shoulder trauma (c muscle tear) →
 H/O Dust allergy
 Rt Shoulder

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	(N)
Weight (kg):	65	Skin:	NAD
Blood Pressure	170/90	Nails:	NAD
Pulse	84	Lymph Node:	N/A

Systems :

Cardiovascular:	except B.P- 170/90 .	
Respiratory:		
Genitourinary:		NAD
GI System:		
CNS:		

Impression:

Advice:

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	H/O B# (L) knee pain on/off.
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	H/O trauma (R) shoulder + muscle tear 14yr. back

NI except ? allergic Rhinitis.

H/O B# (L) knee pain on/off.

Nil.

H/O trauma (R) shoulder + muscle tear 14yr. back

PERSONAL HISTORY:

1)	Alcohol	Nil.
2)	Smoking	Nil.
3)	Diet	Balanced diet.
4)	Medication	Nil.

Date:- 21/8/25
Name:- Anju. Rai

CID: 9843875-02
Sex / Age: F 41

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil.

Unaided Vision: 13E/6 NV/5c/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

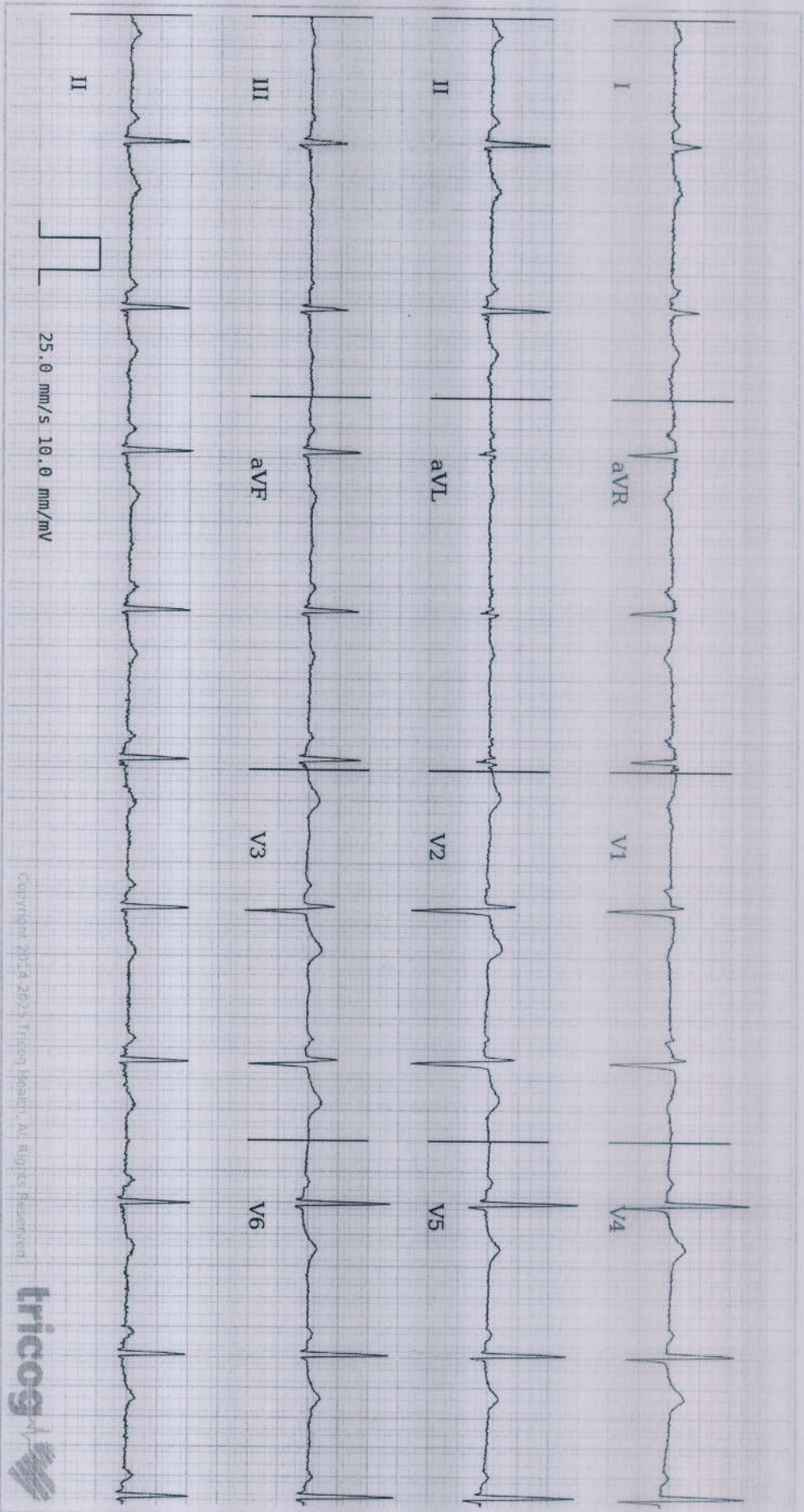
Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
Prakash Kudva
SR. OPTOMETRIST

Patient Name: ANJU RAJ
Patient ID: 394387502

Date and Time: 8th Mar 25 8:42 AM



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Age: 41 years
months: NA
days: NA

Gender: Female

Heart Rate: 62bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 78ms
QT: 414ms
QTcB: 420ms
PR: 140ms
P-R-T: 39° 63° 46°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

CID : 394387502
Name : Ms. ANJU RAI
Age / Sex : 41 Years/Female
Ref. Dr : self
Reg. Date : 08-Mar-2025
Reg. Location : G B Road, Thane West Main Centre
Reported : 08-Mar-2025 / 13:36

X-RAY CHEST PA VIEW

There is evidence of minimally increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

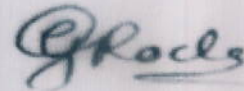
The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinical co-relation.

-----End of Report-----



Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2025030808102003>

Reg. No. : 394387502	Sex : FEMALE
NAME : MRS. ANJU RAI	Age : 41 YRS
Ref. By : -----	Date :08.03.2025

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (14.7 cm) and shows increased echoreflexivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus. No evidence of pericholecystic fluid collection/fat strandings. No evidence of sludge.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.2 x 4.0 cm. Left kidney measures 9.3 x 4.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is borderline enlarged in size (12.5 cm), and shows normal echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 7.5 x 4.4 x 4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.1 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.


Reg. No. : 394387502	Sex : FEMALE
NAME : MRS. ANJU RAI	Age : 41 YRS
Ref. By : -----	Date :08.03.2025

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**
- **BORDERLINE SPLENOMEGALY.**

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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further imaging evaluation if indicated.


DR. SHIVANGINI V. INGOLE
M.B.B.S., DMRE
(CONSULTANT RADIOLOGIST)
REG NO. 2018/12/6130