

Sabira

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

SABIRA PARVEZ SHAIKH
SULEMAN MALIK SHAIKH

07/06/1981

Permanent Account Number

DSJPS2457D

Signature

Sabira



15102011

Date:

To,

Suburban Diagnostics (India) Private Limited

Shop No.6, Fenkin Belleza, Ghodbunder Rd,

opp. M.K. Plaza, Kasarvadavali,

Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Sabira Shaikh
don't want to performed the following tests:

- 1) Stool Routine
- 2) Mammography
- 3) Pap smear , Gynac chk-up.
- 4) _____
- 5) _____
- 6) _____

CID No. & Date

: 2431004832 / 05.11.24

Corporate/ TPA/ Insurance Client Name :

Mediwheel

Thanking you.

** Sabira*

Yours sincerely,

(Mr/Mrs/Ms. Sabira Parvez Shaikh)

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Sabira P. Shaikh	Sex/Age	Female / 43 yrs.
Date	05.11.24	Location	KASARVADAVALI

History and Complaints

Nil

EXAMINATION FINDINGS:

Height	153 cm	Temp (0c):	Normal
Weight	91 kg	Skin:	Normal
Blood Pressure	120/80	Nails:	Normal
Pulse	68/4	Lymph Node:	Normal

Systems :

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

Impression:

1) Obesity 2) Hypertension 3) Bulky uterus 4) Mild, PLEURAL CONG ↑
5) Dyslipidemia

ADVICE :

To reduce weight, to get low BP & sugar levels
rechecked, to follow up with physiotherapy, hematology &
cardiology

CHIEF COMPLAINTS :

Anand
DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)



1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	Nil
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	C-Section in 2002, 2010, 2014 Gallbladder removed in 2020 Abdominal Hernia op ⁿ in 2022 14/2019

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Non-veg.
4)	Medication	Nil

Date : 05.11.24

CID : 2431004682

Name : Mrs. Sabira P. Shaikh

Sex/Age : ~~Male~~
Female/43yrs

EYE CHECK UP

Chief Complaints : Nil

Systemic Diseases : Nil

Past History : Nil

Unaided Vision : -

Aided Vision : Rt - 6/9 , N8
Lt - 6/9 , N8

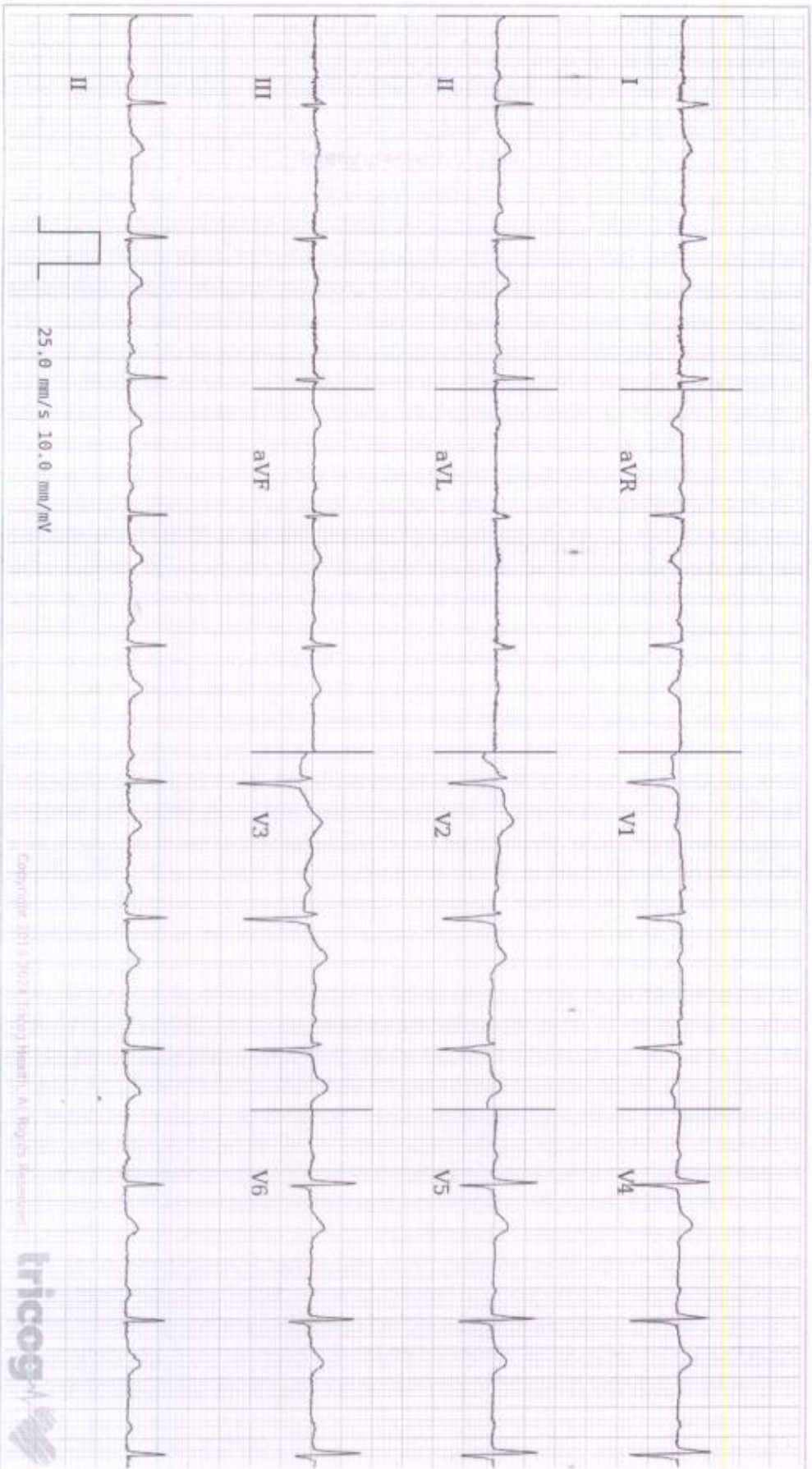
Refraction : -

Colour Vision : Normal

Remarks : -

Patient Name: **SABIRA PARVEZ SHAIKH**
Patient ID: **2431004632**

Date and Time: **5th Nov 24 10:19 AM**



Age **43** NA NA
years months days

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **91 kg**

Height: **153 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**

QT: **424ms**

QTcB: **448ms**

PR: **184ms**

P-R-T: **41° 35' 53°**

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

REPORTED BY

Aravind

Dr. Anand N. Mohanram
M.D. (General Medicine)
Reg No. 39329 M.M.C.

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details Date: 05-Nov-24 Time: 10:36:27 AM
Name: MRS. SABIRA PARVEZ SHAIKH ID: 2431004632
Age: 43 y **Sex:** F **Height:** 153 cms **Weight:** 91 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 177 bpm **THR:** 150 (85 % of Pr.MHR) bpm
Total Exec. Time: 2 m 30 s **Max. HR:** 130 (73% of Pr.MHR)bpm **Max. Mets:** 4.60
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 20800 mmHg/min **Min. BP x HR:** 5520 mmHg/min
Test Termination Criteria: FATIGUE & BREATHLESSNESS

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 22	1.0	0	0	69	120 / 80	-0.21 aVR	0.71 I
Standing	0 : 23	1.0	0	0	70	120 / 80	-0.42 aVR	0.71 I
Hyperventilation	0 : 39	1.0	0	0	75	120 / 80	-0.42 aVR	0.71 V5
Peak Ex	2 : 30	4.6	1.7	10	130	160 / 80	-2.76 III	5.31 V2
Recovery(1)	1 : 0	1.8	1	0	112	160 / 80	-0.42 aVR	2.12 V3
Recovery(2)	1 : 0	1.0	0	0	88	160 / 80	-0.42 aVR	2.12 V6
Recovery(3)	1 : 0	1.0	0	0	73	150 / 80	-0.64 aVF	1.06 V5
Recovery(4)	0 : 16	1.0	0	0	74	140 / 80	-0.42 III	0.71 V5

Interpretation

POOR EFFORT TOLERANCE
 NORMAL HEART RATE AND BP RESPONSE
 NO ARRHYTHMIAS NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST


IMPRESSION

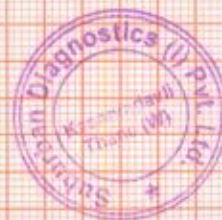
STRESS TEST IS NEGATIVE / INCONCLUSIVE FOR STRESS INDUCIBLE MYOCARDIAL ISCHAEMIA IN VIEW OF SHORT DURATION OF THE TEST

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: SELF
 (Summary Report edited by user)

Doctor: Dr. Anand Motwani
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7


DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 39329 (M.M.C)





MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632

Date: 05-Nov-24 Exec Time: 0 m 0 s Stage Time: 0 m 16 s HR: 72 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 150 bpm)

R.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.4 0.4

0.0 -0.7

0.4 0.4

0.0 -0.7

0.2 0.4

0.2 0.4

0.0 0.0

0.0 0.0

-0.2 0.0

0.2 0.4

0.0 0.0

0.2 0.4

0.0 0.0

0.2 0.4

0.0 0.0

0.4 0.7

0.0 0.0

0.4 0.7

Chart Speed: 25 mm/sec
Schluter Spawden V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Linked Median





SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632

Date: 05-Nov-24 Exec Time : 0 m 0 s Stage Time : 0 m 17 s **HR: 72 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 150 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schlier Spandin V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632

Date: 05-Nov-24 Exec Time : 0 m 0 s Stage Time : 0 m 33 s HR: 75 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 % (THR: 150 bpm)

B.P.: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

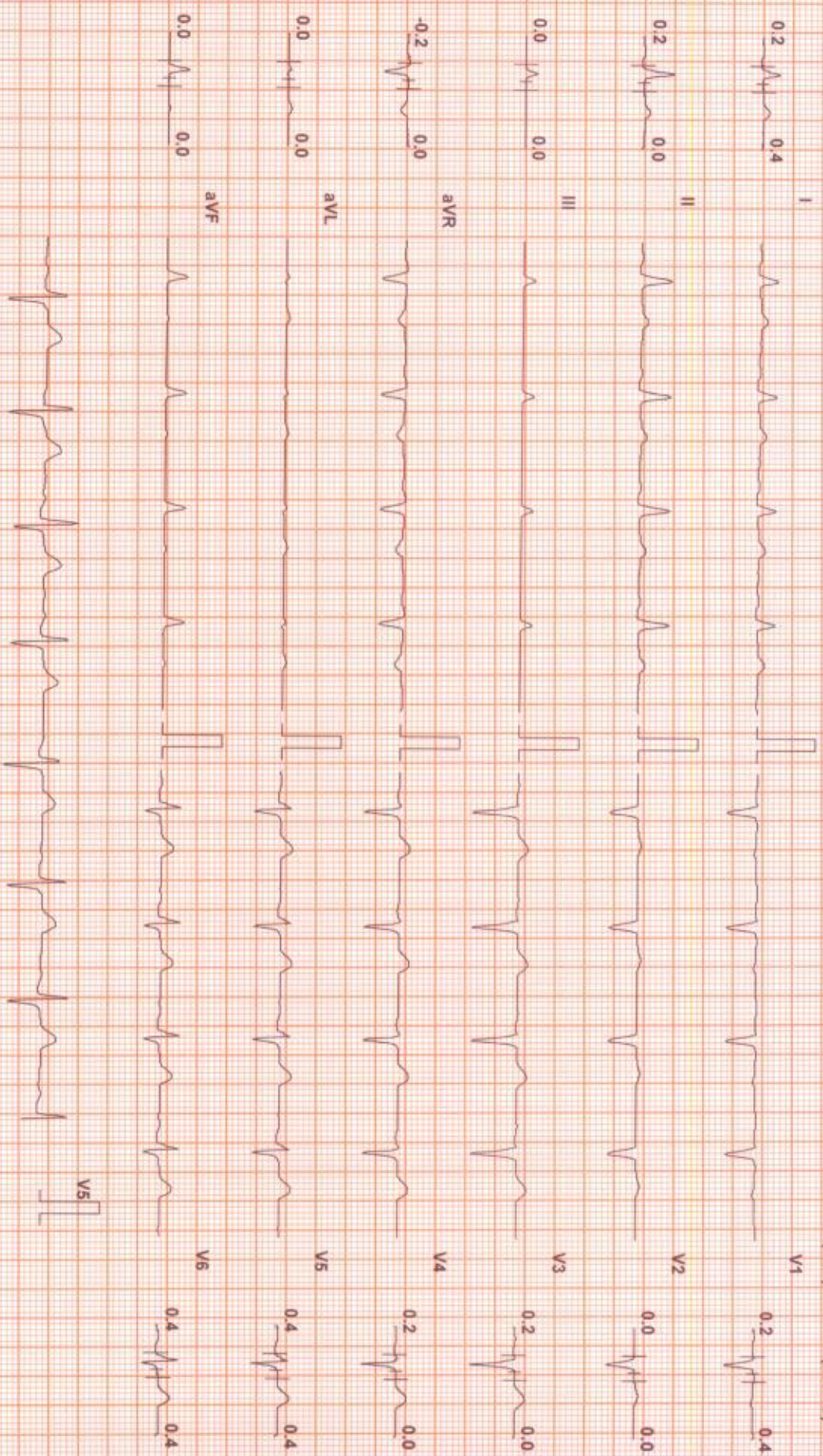


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post. L = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632 Date: 05-Nov-24 Exec Time : 2 m 24 s Stage Time : 2 m 24 s HR: 130 bpm

Protocol: Bruce Stage: Peak Ex Speed: 1.7 mph Grade: 10 % (THR: 150 bpm) B.P: 160 / 80

Lead	ST Level (mm)	ST Slope (mV/s)	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7	V1	0.2
II	0.4	0.7	V2	0.4
III	-0.2	0.0	V3	1.1
aVR	-0.4	-0.7	V4	1.1
aVL	0.2	0.0	V5	0.8
aVF	0.0	0.4	V6	0.8

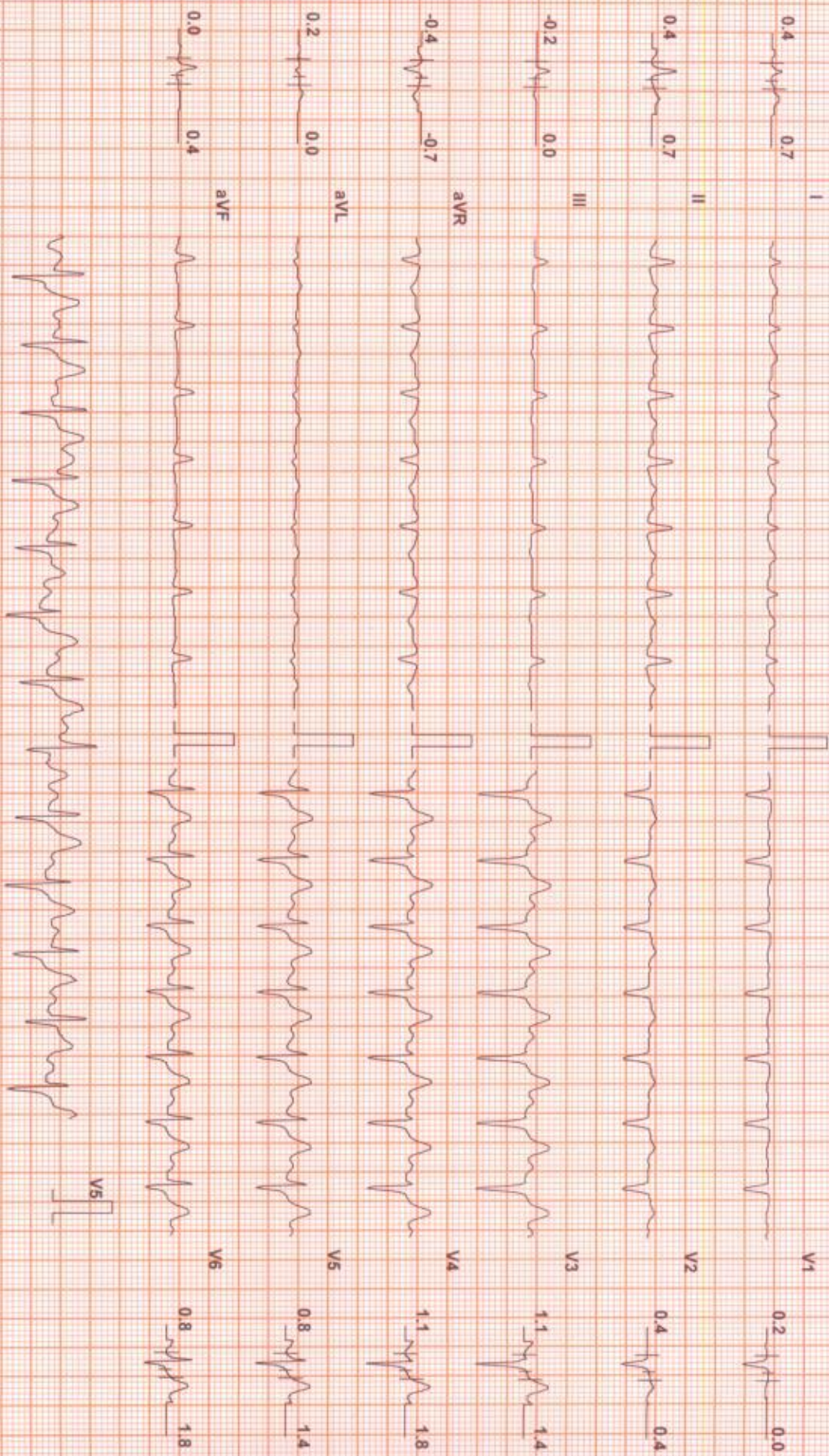


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 m/s J = R + 60 ms Pos: J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632 Date: 05-Nov-24 Exed Time : 2 m 30 s Stage Time : 0 m 54 s **HR: 109 bpm**

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % (THR: 150 bpm) B.P: 160 / 80

ST Level (mm)	ST Slope (mV/s)	ST Level (mm)	ST Slope (mV/s)
0.4	0.7	0.4	0.0

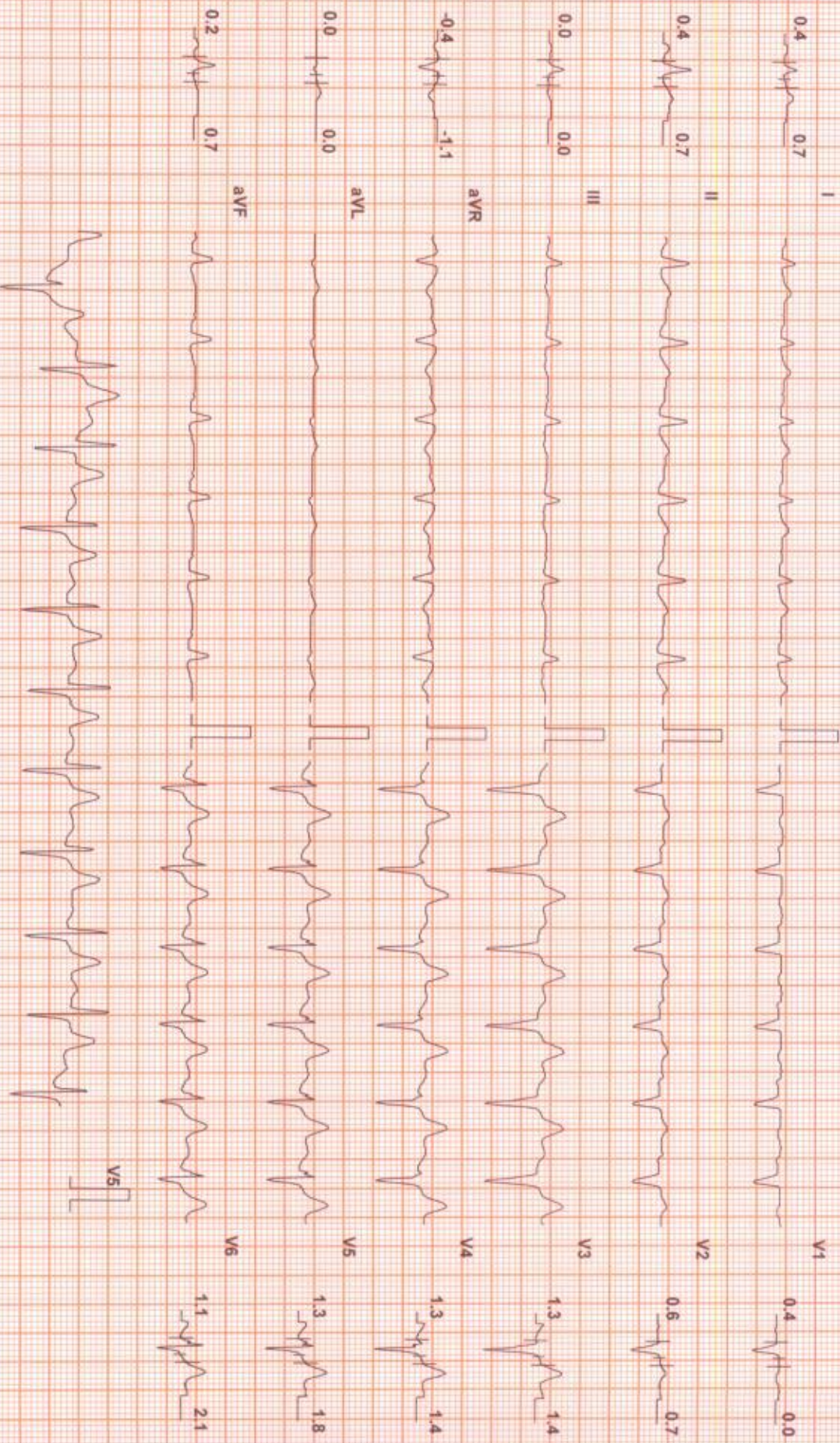


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller-Standard V4.7

Linked Median



MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632

Date: 05-Nov-24 Exec Time : 2 m 30 s Stage Time : 0 m 54 s HR: 85 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 150 bpm)

B.P: 160 / 80

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

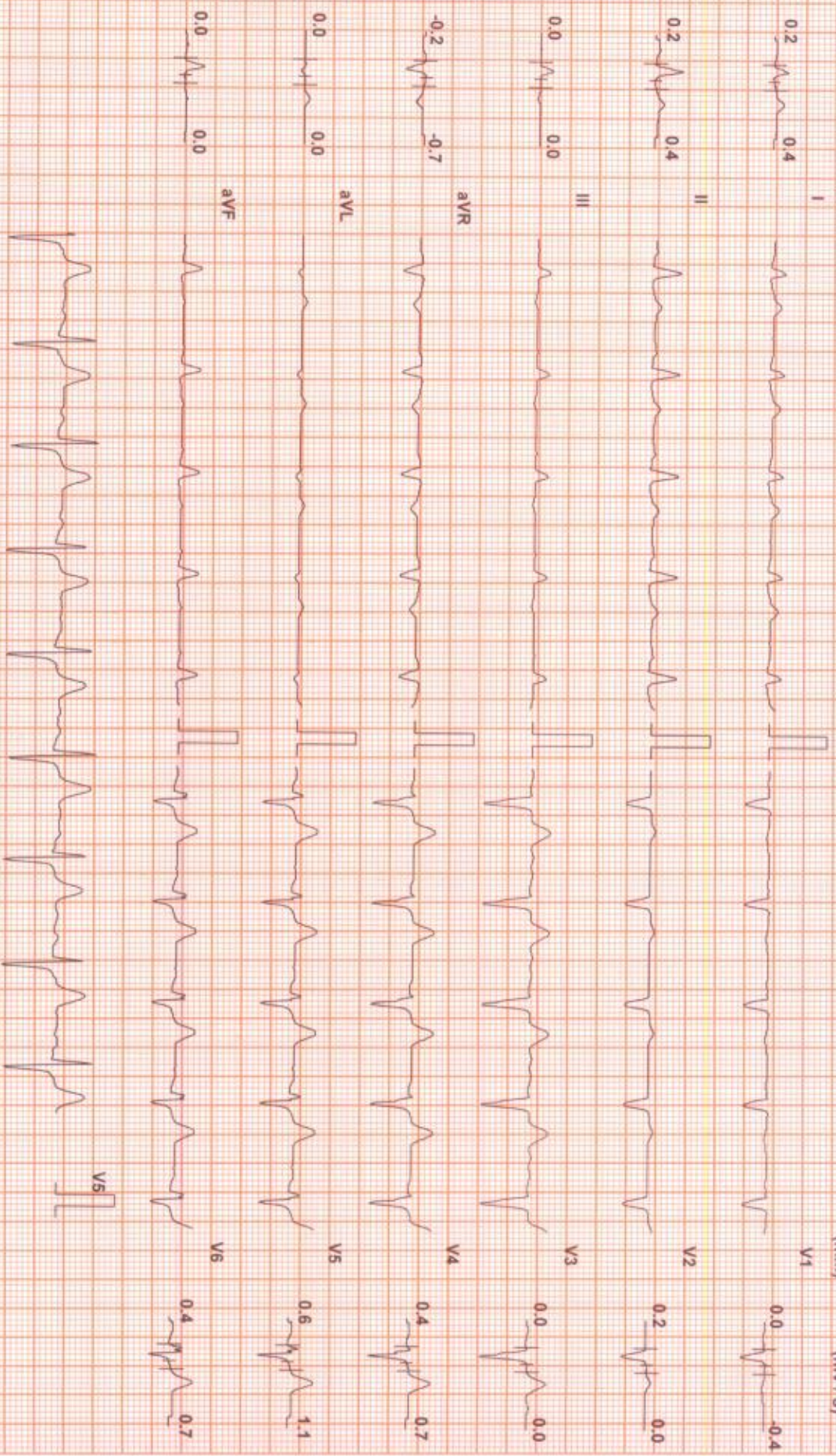


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO + R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

MRS. SABIRA PARVEZ SHAIKH (43 F) ID: 2431004632 Date: 05-Nov-24 Exec Time : 2 m 30 s Stage Time : 0 m 54 s HR: 74 bpm

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 150 bpm) B.P.: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

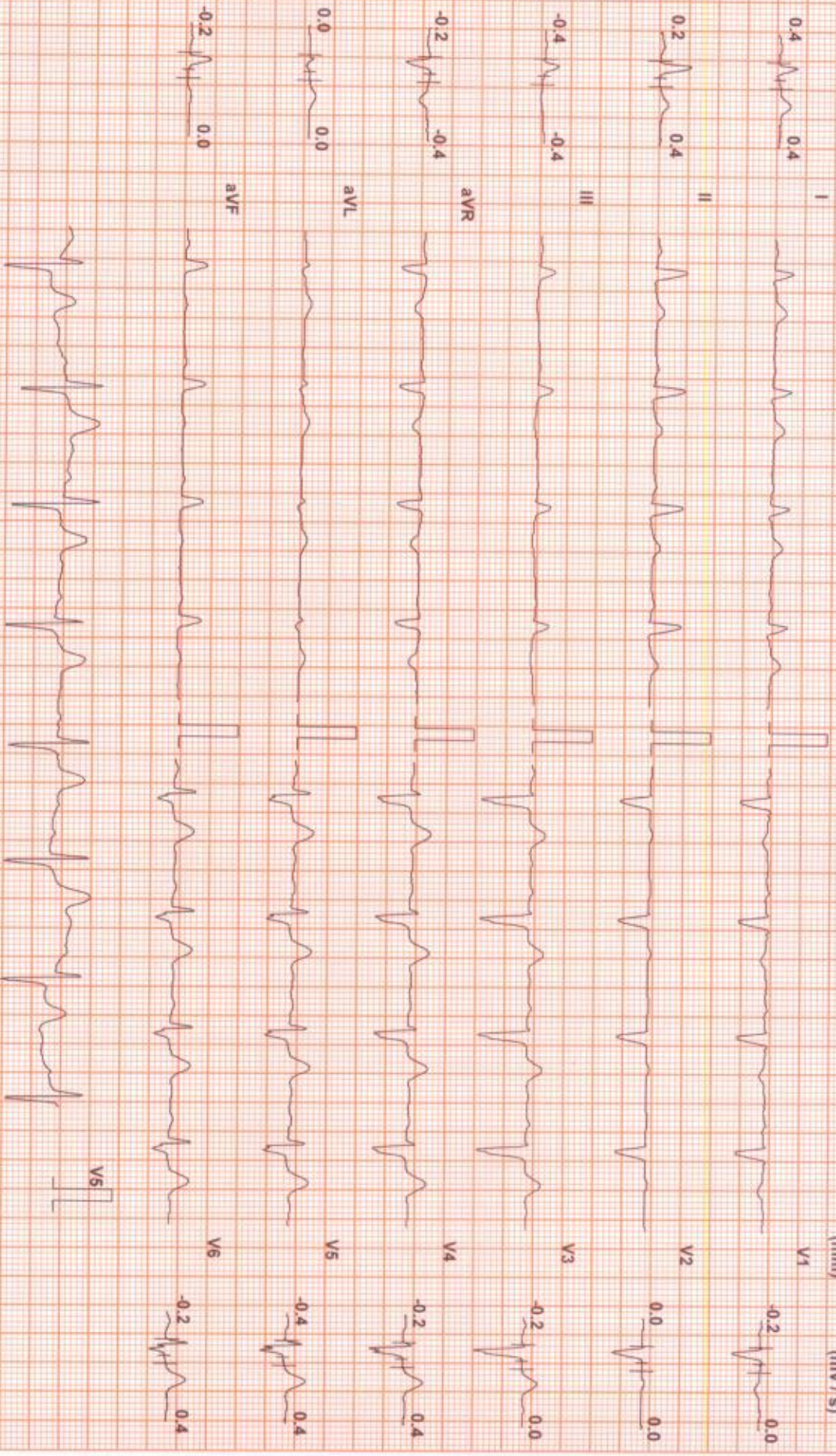


Chart Speed: 25 mm/sec
Schliper Spander V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

MRS. SABIRA PARVEZ SHAIKH (43 F)

ID: 2431004632

Date: 05-Nov-24

Exec Time : 2 m 30 s Stage Time : 0 m 0 s

HR: 74 bpm

Protocol: Bruce

Stage-Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 150 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schluter Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





CID : 2431004632
Name : Mrs Sabira Parvez Shaikh
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 12:04

USG ABDOMEN AND PELVIS

LIVER: Liver is enlarged in size (17.4 cm) and shows normal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is not visualised (post cholecystectomy status)

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

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

KIDNEYS: Right kidney measures 10.8 x 4.1 cm. Left kidney measures 10.9 x 4.6 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 normal in size, shape and 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 10.1 x 4.9 x 5.0 cm (**bulky in size**). Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.2 mm. Cervix appears normal.

OVARIES:Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509330144>



Use a QR Code Scanner
Application To Scan the Code

CID : 2431004632
Name : Mrs Sabira Parvez Shaikh
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 12:04

IMPRESSION:
HEPATOMEGALY.
BULKY UTERUS.

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.

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

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509330144>

Page no 2 of 2

Authenticity Check



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CID : 2431004632
Name : Mrs Sabira Parvez Shaikh
Age / Sex : 43 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 05-Nov-2024
Reported : 05-Nov-2024 / 10:13

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110509330211>



CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 13:00

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	8.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	26.9	36-46 %	Measured
MCV	54.7	80-100 fl	Calculated
MCH	16.7	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5350	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.0	20-40 %	
Absolute Lymphocytes	1819.0	1000-3000 /cmm	Calculated
Monocytes	9.4	2-10 %	
Absolute Monocytes	502.9	200-1000 /cmm	Calculated
Neutrophils	50.6	40-80 %	
Absolute Neutrophils	2707.1	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	299.6	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	582000	150000-400000 /cmm	Elect. Impedance
MPV	6.9	6-11 fl	Calculated
PDW	9.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	+++		



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CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 13:26

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended.Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **30** 2-20 mm at 1 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.



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CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 13:00

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 13:26
Reported : 05-Nov-2024 / 16:54

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	92.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	104.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 14:59

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	116	(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
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation			
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Vandana Kulkarni

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 13:52

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2431004632
Name : MRS.SABIRA PARVEZ SHAIKH
Age / Gender : 43 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 14:06

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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	Slight hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	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	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	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	3-4	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Reported : 05-Nov-2024 / 12:57

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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.

Refernces:

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

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*** End Of Report ***

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Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 14:58

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.5	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	46.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	144.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.0	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	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

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Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 13:46

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	2.75	0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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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 upto15 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 trasiently altered becuae 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 non-thyroidal 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.
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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

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Collected : 05-Nov-2024 / 10:01
Reported : 05-Nov-2024 / 14:28

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.48	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.6	5-32 U/L	UV with P5P IFCC
SGPT (ALT), Serum	12.5	5-33 U/L	UV with P5P IFCC
GAMMA GT, Serum	29.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	102.4	35-105 U/L	PNPP

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
FUS and KETONES

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

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