



Name : Ms. ARCHANA TIWARI
 Lab No. : 393775872
 Ref By : SELF
 Collected : 11/3/2025 9:21:00AM
 A/c Status : P
 Collected at : WALKIN - CPL, ANDHERI WEST
 2nd Floor, Aston Building, Sundervan Complex,
 Opp. Union Bank, Above Mercedes Benz
 Showroom, Andheri West, Mumbai,
 Maharashtra - 400053

Age : 54 Years
 Gender : Female
 Reported : 11/3/2025 4:58:34PM
 Report Status : Interim
 Processed at : ANDHERI LAB

**MediWheel Full Body Health Checkup Female >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	12.2	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.3	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	37.0	36.0 - 46.0 %	Calculated
MCV	86.4	81.0 - 101.0 fL	Measured
MCH	28.5	27.0 - 32.0 pg	Calculated
MCHC	33.0	31.5 - 34.5 g/dL	Calculated
RDW	13.3	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6560	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.7	20.0 - 40.0 %	
Absolute Lymphocytes	2866.7	1000.0 - 3000.0 /cmm	Calculated
Monocytes	6.9	2.0 - 10.0 %	
Absolute Monocytes	452.6	200.0 - 1000.0 /cmm	Calculated
Neutrophils	47.4	40.0 - 80.0 %	
Absolute Neutrophils	3109.4	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.9	1.0 - 6.0 %	
Absolute Eosinophils	124.6	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	6.6	20.0 - 100.0 /cmm	Calculated

PLATELET PARAMETERS





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CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	184000	150000 - 410000 /cmm	Elect. Impedance
MPV	12.2	6.0 - 11.0 fL	Measured
PDW	29.0	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others Normocytic
 Normochromic

Specimen: EDTA whole blood





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MediWheel Full Body Health Checkup Female >40/TMT
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	31.00	2.00 - 30.00 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.





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MediWheel Full Body Health Checkup Female >40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	236.10	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	314.80	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 Checkup Female >40/TMT
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	14.50	17.00 - 43.00 mg/dL	Urease
BUN, Serum	6.77	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.64	0.51 - 0.95 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	104.49	(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	7.10	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.30	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.80	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.54	1.00 - 2.00	Calculated
URIC ACID, Serum	4.90	2.60 - 6.00 mg/dL	Uricase
PHOSPHORUS, Serum	3.30	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	8.90	8.80 - 10.60 mg/dL	Arsenazo III
SODIUM, Serum	138.00	136.00 - 146.00 mmol/L	ISE Indirect
POTASSIUM, Serum	4.0	3.50 - 5.10 mmol/L	Indirect ISE
CHLORIDE Serum	103.00	101.00 - 109.00 mmol/L	Indirect ISE

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





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MediWheel Full Body Health Checkup Female >40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	9.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	228.8	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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LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.60	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.12	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.48	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.10	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.30	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.80	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.54	1.00 - 2.00	Calculated
SGOT (AST), Serum	33.70	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	24.70	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	32.70	<38.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	85.60	30.00 - 120.00 U/L	IFCC AMP buffer



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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	239	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	123	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	62	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	177	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	152	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	25	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	0 - 4.50 RATIO	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0 - 3.50 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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	3.41	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	13.50	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	9.43	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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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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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Reported : 11/3/2025 5:00:00PM
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MediWheel Full Body Health Checkup Female >40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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





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Age : 54 Years
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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	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Refractive index
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	6.00	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	3.1	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	12.80	0-29.5/hpf	
Yeast	Absent	Absent	

Note: Microscopic examination is performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.





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URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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Dr Jyot Thakker
MD,DPB Pathology
Head - Lab Operations



Result/s to follow:

CYTOLOGY, GENITAL FEMALE; PAP SMEAR, FUS and KETONES, EXAMINATION OF FAECES

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

NAME : Mrs. ARCHANA TIWARI **AGE / GENDER :** 54y / Female
CID : **DATE:** 11.03.2025

History and Complaints: Asymptomatic
 K(40 DM on medication since 2 years

EXAMINATION FINDINGS:-

Height (cms): 152 cms	Weight (kg): 65 kg
Temp (0c): Afebrile	Skin: Normal
Blood Pressure (mm/hg): 140/80	Nails:
Pulse: 66/min	Lymph Node: NP

Systems:

Cardiovascular:	S ₁ S ₂ audible
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver, spleen not palpable
CNS:	NAD

IMPRESSION: ESR = 31.00 mm/hr. (elevated)
 • K(40 DM on medication, (poor control)
 • Borderline high Dyslipidemia, HbA1c = 9.6%
 • TSH = 9.43 microIU/ml, Hypothyroidism,
 • USG shows Grade 1 fatty liver.

ADVICE:

- Kindly consult your treating physician with all your reports for optimal control of sugar,
- Treatment for Hypothyroidism
- Anti thyroid antibodies
- Therapeutic life style modification.

CHIEF COMPLAINTS:		
1) Hypertension:	No	
2) IHD:	No	
3) Arrhythmia:	No	
4) Diabetes Mellitus:	Yes on medication	
5) Tuberculosis:	No	
6) Asthama:	NO	
7) Pulmonary Disease:		
8) Thyroid/ Endocrine disorders:] nil	
9) Nervous disorders:		
10) GI system:		
11) Genital urinary disorder:		
12 Rheumatic joint diseases or symptoms:		
12) Blood disease or disorder:		
13) Cancer/lump growth/cyst:		
14) Congenital disease:		
15) Surgeries:		W/O LSCS in 2003.
16) Musculoskeletal System:		

PERSONAL HISTORY:	
1) Alcohol:	no.
2) Smoking:	
3) Diet:	veg
4) Medication:	T. Sildenafil 5/50 OD.

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd.
Aston, 2nd Floor, Opp. Sunshine Building
Sundevan Complex, Ancheri (West)
Mumbai - 400 053, Tel.: 022-40274527

Sangeeta Manwani
Dr. Sangeeta Manwani
M.B.B.S. Reg.No.71083

Dr. (Mrs.) SANGEETA M. MANWANI
M.B.B.S.
Reg. No. 71083.

Regn Date :
Name : *Mr. Archans Tiwari*
Regn No :

Age / Sex : *54 / female*
Rpt Date/Time :
Ref Dr :

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :					
RS	:	<i>AEBE</i>	CVS	:	<i>S₁ S₂ audible</i>
BREAST EXAMINATION	:	<i>Mammography done</i>	PER ABDOMEN	:	<i>Soft, Non tender</i>
PER VAGINAL	:	<i>Pap Smear done</i>			

MENSTRUAL HISTORY :			
MENARCHE	:	<i>12 years</i>	<i>Menopause - Since 2 1/2 years</i>
PAST MENSTRUAL HISTORY	:	<i>Regular</i>	

OBSTETRIC HISTORY	
<i>G₄P₁L₁A₃</i>	

PERSONAL HISTORY :					
ALLERGIES	:	<i>Soframycin L. Ibuprofen</i>	BLADDER HABITS	:	<i>Regular</i>
BOWEL HABITS	:	<i>Normal / Regular</i>	DRUG HISTORY	:	<i>T. Siaglide</i>
PREVIOUS SURGERIES	:	<i>LSCS</i>			

FAMILY HISTORY :	
<i>Father had Diabetes Mellitus, father had died at the age of 79. Mother had heart valvular problem died at the age of 73</i>	

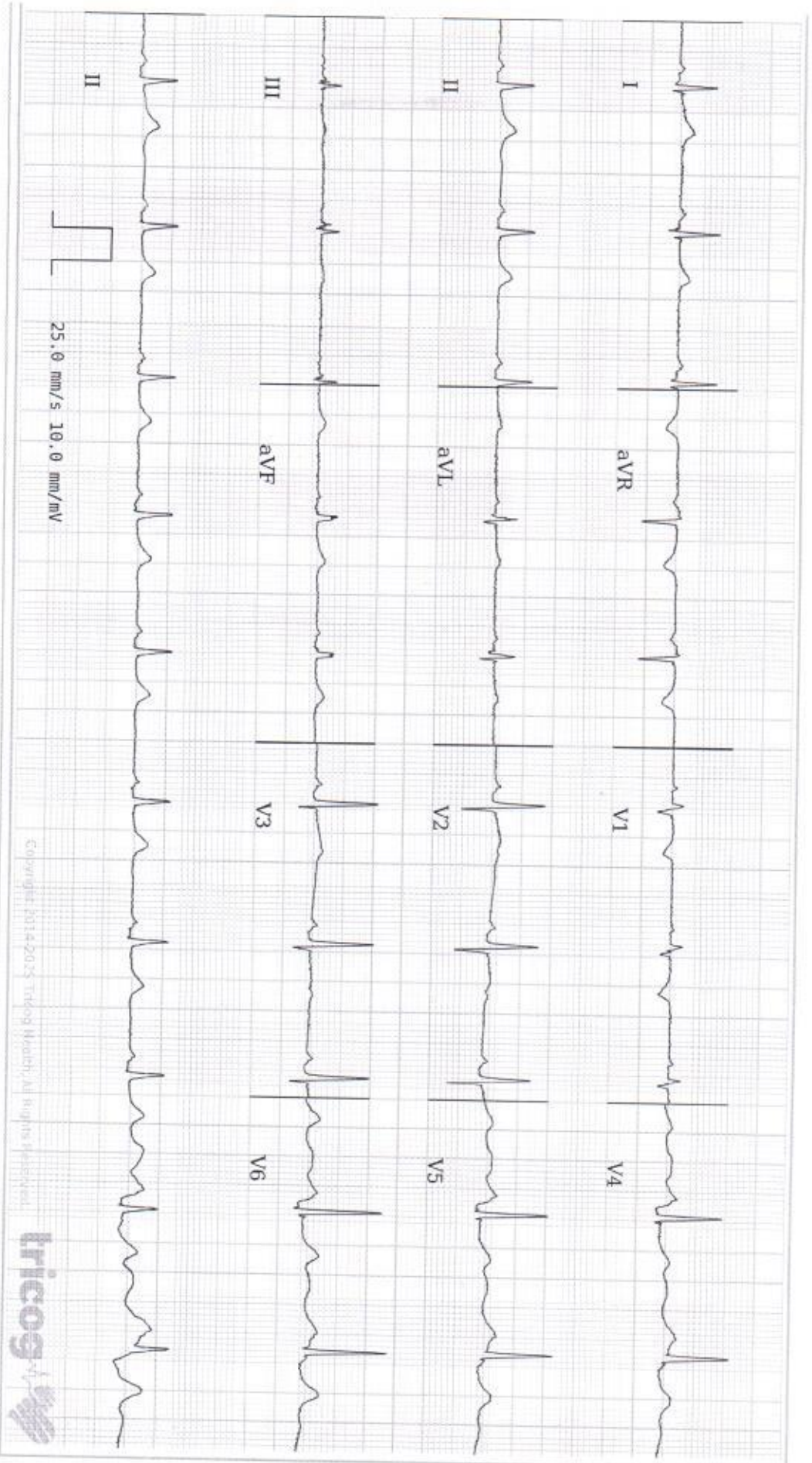
CHIEF GYNAE COMPLAINTS :	
<i>None</i>	

RECOMMENDATIONS :	
<i>None</i>	Suburban Diagnostics (I) Pvt. Ltd. Aston, 2nd Floor, Opp. Sunshine Building Sundarvan Complex, Andheri (West) Mumbai - 400 053, Tel.: 022-40274527

Patient Name: ARCHANA TIWARI
Patient ID: 393775872

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Date and Time: 11th Mar 25 9:54 AM



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Age **54** years
Gender **Fe**
Heart Rate
Patient Vital:
BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurement
QRSD: 86ms
QT: 430r
QTcB: 443m
PR: 146m
P-R-T: 38° 3

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

REPORTED BY

Dr. Ravi Chavan

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/062468

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 photos are generated by the clinician and not derived from the ECG.

LAB. No. : 393775872	Age : 54 YRS
Name : ARCHANA TIWARI	Sex : FEMALE
Ref. Dr. : --	Date : 11.03.2025

USG ABDOMEN AND PELVIS

Previous ultrasound reports- Not available at time of scan.

LIVER: Liver is normal in size (measures 12 cm), shape and bright in echotexture. 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 pericholecystic free fluid is seen.

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

PANCREAS: Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10 x 3 cm. Left kidney measures 9.3 x 4 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 (7 cm) and echotexture. No focal lesion is seen.

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

POSTMENOPAUSAL STATUS:

UTERUS: Uterus is anteverted, atrophic and measures 4 x 3.6 x 2.9 cm. Uterine myometrium shows heterogenous echotexture. Endometrial echo is in midline and measures 2 mm. Cervix appears normal.

VARIES: Both ovaries appear atrophic and featureless. Bilateral adnexa are normal. No free fluid is seen.

The retroperitoneum is unremarkable.

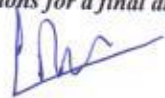
A tiny umbilical defect measuring about 5mm is seen with with reducible herniation of fat content on coughing impulse.

IMPRESSION: GRADE I FATTY LIVER.

SUGGEST: CLINICAL CORRELATION.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

END OF REPORT


DR. CHIRAG DESAI
DNB, RADIOLOGIST

Patient's Name : ARCHANA TIWARI

Age : 54YRS / FEMALE

Requesting Doctor : --

DATE: 11.03.2025

CID. No : 393775872

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.

No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation

Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.

PASP by TR jet vel.method = 28 mm Hg.

LV / LA / RA / RV - Normal in dimension.

IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [LVDD] is Grade I / IV.

No Doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.

No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.

Normal RV systolic function (by TAPSE)

IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, GRADE I LVDD,
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	8	mm	Mitral Valve E velocity	0.6	m/s
LVIDd	40	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	8	mm	E/A Ratio	0.8	-
IVSs	13	mm	Mitral Valve Deceleration Time	200	ms
LVIDs	25	mm	E/E'	10	-
LVPWs	14	mm	TAPSE	18	
			Aortic valve		
IVRT	-	ms	AVmax	1.2	m/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	0.7	m/s
LVOT	20	mm	LVOT gradient	2	mmHg
LA	36	mm	Pulmonary Valve		
RA	28	mm	PVmax	0.6	m/s
RV [RVID]	24	mm	PV Peak Gradient	1.2	mmHg
IVC	13	mm	Tricuspid Valve		
			TR jet vel.	2.4	m/s
			PASP	28	mmHg

*** End of Report **



DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.