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CID : 2432016063
Name : MRS.UMA NAGIN GOHIL
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 09:07
Reported : 15-Nov-2024 / 14:21

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.87	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	25.2	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5260	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.5	20-40 %	
Absolute Lymphocytes	1972.5	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	289.3	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	2761.5	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	205.1	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	31.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	172000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	18.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 17 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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J Thakker

Dr. JYOT THAKKER..
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 15-Nov-2024 / 13:59
Reported : 15-Nov-2024 / 19:00

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.6	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	97.0	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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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Age / Gender : 48 Years / Female
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	107	(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	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	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	Enzymatic
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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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Collected : 15-Nov-2024 / 09:07
Reported : 15-Nov-2024 / 15:17

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
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	1.010	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12	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	++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 13:03
Reported : 16-Nov-2024 / 16:30

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
PAP SMEAR REPORT

Specimen : (G/SDC- 11612/24)
Received Ezi prep vial.

Adequacy :
Satisfactory for evaluation.
Endocervical and squamous metaplastic cells are present.

Microscopic :
Smear reveals mainly superficial and fewer intermediate squamous cells along with moderate neutrophilic infiltrate, lactobacilli and coccobacilli.

Interpretation :
Negative for intraepithelial lesion or malignancy.

Case was reviewed by Dr. Shital Joshi.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : : Pap test is a screening test for cervical cancer with inherent false negative results.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr.VRUNDA SHETH
MBBS,DNB(Path),Dip.FRCP.
CHIEF OF HISTOPATHOLOGY &
CYTOPATHOLOGY



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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
2. AABB technical manual

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Dr. Vrushi Shroff

Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	211.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.6	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	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	157.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.0	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	17.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 09:07
Reported : 15-Nov-2024 / 15:28

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	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	3.03	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)

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Reported : 15-Nov-2024 / 15:40

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.14	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.08	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.06	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.1	35-105 U/L	Colorimetric

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
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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*** End Of Report ***



Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist

CID : 2432016063
Name : Mrs UMA NAGIN GOHIL
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 11:40

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal architecture and echotexture.

The skin subcutaneous tissue, mammary tissue, retromammary fat plane and muscle layer are well delineated and appear normal. Normal internal septations are also seen.

No evidence of any mass lesion seen.

No axillary lymphadenopathy noted.

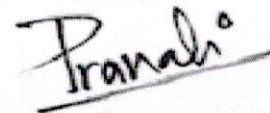
IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY IS DETECTED.**

For clinical correlation and follow up.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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



Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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Name : Mrs UMA NAGIN GOHIL
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:01

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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.

KIDNEYS: Right kidney measures 10.4 x 4.2 cm. Left kidney measures 9.0 x 4.5 cm.

Renal medullary cyst of size 1.6 x 1.4 cm seen in right kidney.

Both kidneys are normal in 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, normal and measures 6.9 x 2.9 x 3.5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 2.7 mm. Cervix appears normal.

OVARIES: Both ovaries are not well visualized post menopausal status.

The right ovary obscured due to bowel gases.

The left ovary measures 2.6 x 1.4 x 2.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2024111509032341

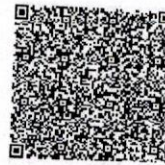
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC045383

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2432016063
Name : Mrs UMA NAGIN GOHIL
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:01

Opinion:

- Right renal medullary cyst.

For clinical correlation and follow up.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024111509032341

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1905PLC035268

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HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2432016063
Name : Mrs UMA NAGIN GOHIL
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 13:14

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.

Kindly correlate clinically.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

Pranali
Dr. Pranali Mahale
MD, Radiodiagnosis
Consultant Radiologist
Reg no. 2019/07/5682

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024111509032461

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1

Page no. 1 of 1

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HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Name : Uma Gehni
Age / Gender : 48 / F
Dr. :
Date : 15/11/20

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : no
MARITAL STATUS : married
MENSTRUAL HISTORY :
(i) MENARCHE : 12 yrs
(ii) PRESENT MENSTRUAL HISTORY : Post-menopausal
(iii) PAST MENSTRUAL HISTORY : H/O menorrhagia
OBSTETRIC HISTORY : G.P. A1 L10
PAST HISTORY : (ectopic pregnancy - MTP)
PREVIOUS SURGERIES : 1 MTP - 2018
ALLERGIES : no
FAMILY HISTORY : no
DRUG HISTORY : no
BOWEL HABITS : }
BLADDER HABITS : } (D)



Name: Uma Golit Age / Gender: 48 / F
Dr. : _____ Date: 15 / 11 / 24


GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : _____ RS : _____
PULSE : _____ CVs : _____
BP : _____ Breasts : NAD O/E
Per Abdomen : _____
Per vaginal : _____

RECOMMENDATIONS

ADVISE :


DR. MONALI SHAH
BHMS, CGO
Certified Clinical Dietitian
Reg. No. 57282

Age **47** years **NA** months **NA** days

Gender **Female**

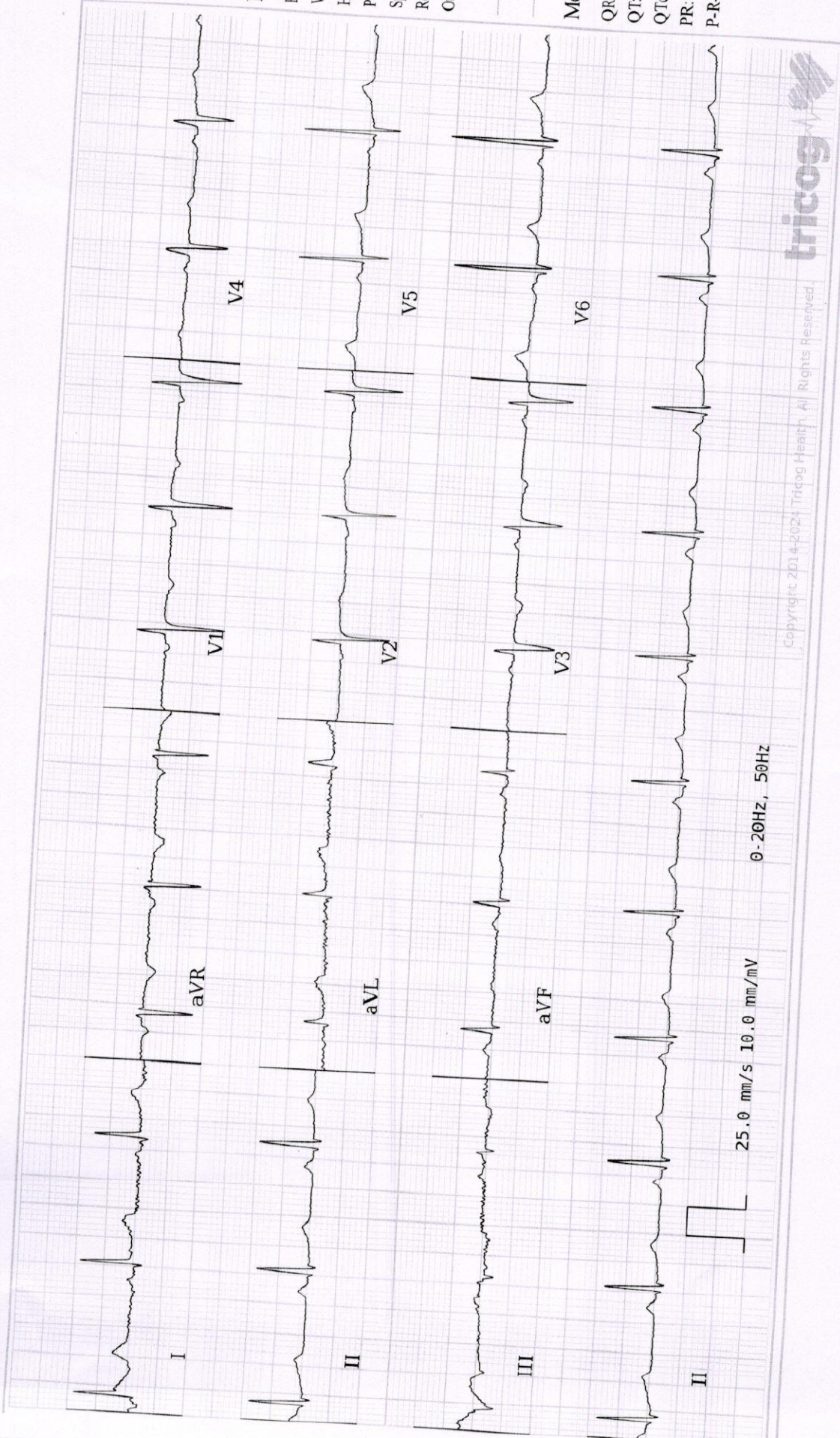
Heart Rate **69bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 398ms
QTcB: 426ms
PR: 144ms
P-R-T: 71° 22° NA



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.

Date:- 15/11/24
Name:- Uma Gohil

CID:
Sex / Age: 48 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE LE

Aided Vision:

6/9 6/9

Refraction:

M/18 M/18

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vast Elegance
Above Tanishq Jeweller, L.T. Road,
Borivali (West), Mumbai - 400 092

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: UMA GOHIL

Date: 15-11-2024 Time: 16:41

Age: 48

Gender: M

Height: 157 cms

Weight: 50 Kg

ID: 2432016063

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 172

Target HR: 146 (85% of Pr. MHR)

Exercise Time: 0:07:01

Achieved Max HR: 160 (93% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 25600

Max Mets: 7.9

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	01:24	1	0	0	92	120/80	11040	-0.2 aVR	0.1 I
Standing	00:06	1	0	0	90	120/80	10800	0.2 V2	0.2 aVL
HyperVentilation	00:09	1	0	0	89	120/80	10680	-0.2 aVR	0.2 V3
Prctest	00:09	1	1.6	0	107	120/80	12840	-1.1 V2	0.1 I
Stage: 1	03:00	4.7	2.7	10	120	120/80	14400	-0.3 III	0.2 II
Stage: 2	03:00	7	4	12	138	140/80	19320	0.6 V2	0.4 V4
Peak Exercise	01:01	7.9	5.5	14	160	150/80	24000	-1 V5	1.2 V3
Recovery1	01:00	1	0	0	113	160/80	18080	0.8 II	-0.1 II
Recovery2	01:00	1	0	0	95	140/80	13300	0.5 V3	0.2 V2
Recovery3	01:00	1	0	0	96	120/80	11520	-0.2 III	0.2 V2
Recovery4	00:01	1	0	0	96	120/80	11520	-0.2 III	0.2 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:01 achieving a work level of 7.9 METS.
Resting Heart Rate, initially 92 bpm rose to a max. heart rate of 160bpm (93% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg. rose to a maximum Blood Pressure of 160/80 mmHg

Moderate Effort tolerance
Normal HR & BP Response
No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise
IMPRESSION:
Stress test Negative for Stress inducible ischaemia.

DISCLAIMER: Negative stress test does not rule out ischemic heart disease and visa versa.
Clinical correlation is important

Ref. Doctor: ---

SCHILLER

The Art of Diagnostics

Suburban Diagnostics Pvt. Ltd.
3018 302
Above 3018
Bommalur
30092

Sneha Shetty
Dr. Sneha Shetty
MBBS, PGDCC
Clinical Cardiology
Reg. No. 2003703/0000

(Summary Report edited by User)
Cardiovit CS-20 Version 3.6



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432016063

Date: 15-11-2024

Exec Time : 0:00:00

Stage Time: 01:24

HR: 92 bpm

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 146 bpm

63% of THR
BP: 120/80 mmHg
STLevel(mm) STSlope(mV/s)

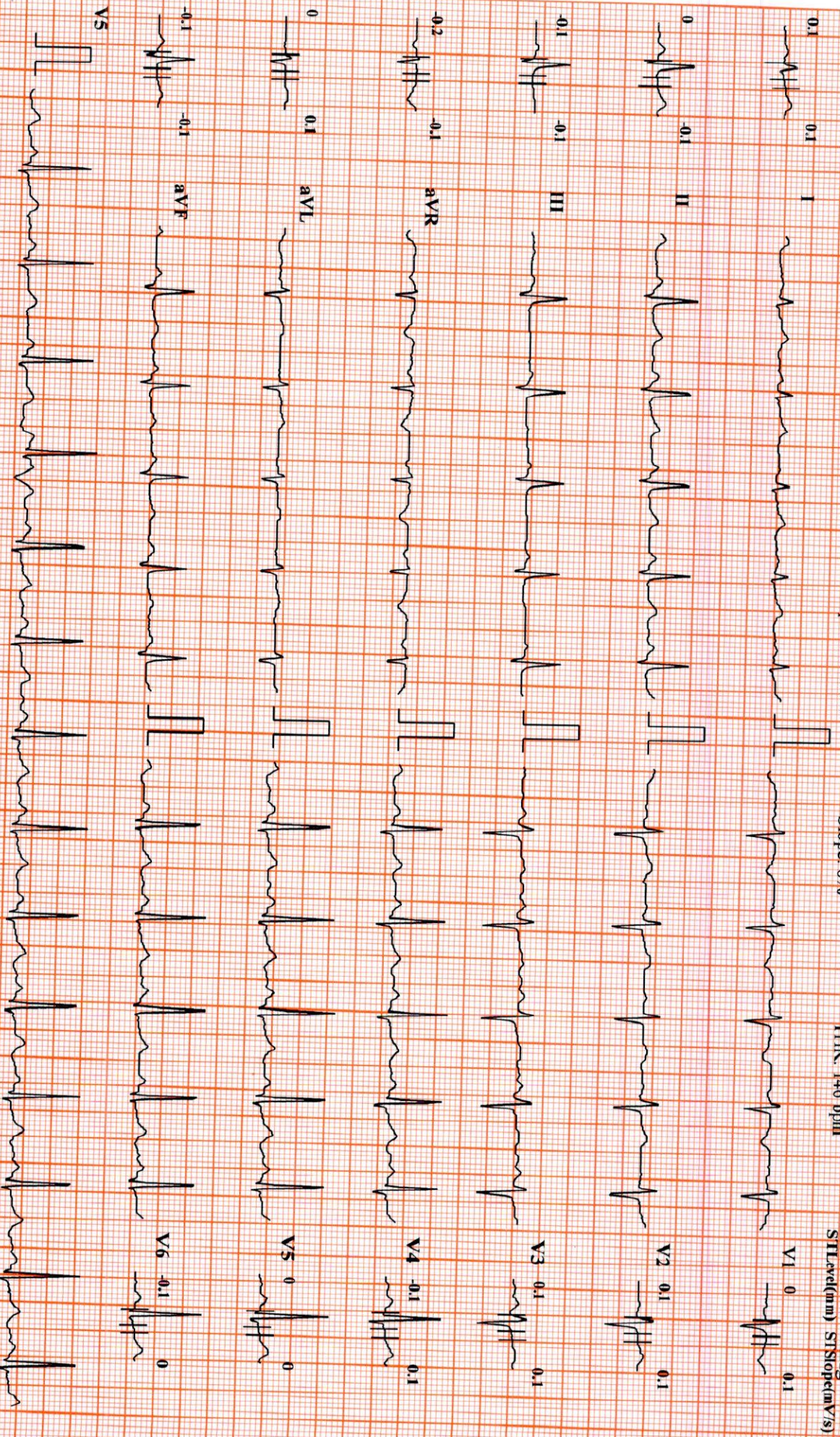


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Cardiovit CS-20 Version:3.6



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432016063

Stage: Standing

Date: 15-11-2024

Speed: 0

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:06

THR: 146 bpm

HR: 90 bpm

62% of THR

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)



V1 0 0.1



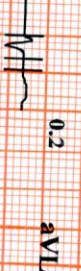
V2 0.2 0.1



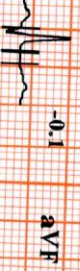
V3 0 0.1



V4 -0.1 0.1



V5 0 0



V6 -0.1 0



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432016063

Date: 15-11-2024

Exec Time : 0:00:00

Stage Time: 00:09

HR: 89 bpm
61% of THR

STLevel(mm) STISlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 146 bpm

BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

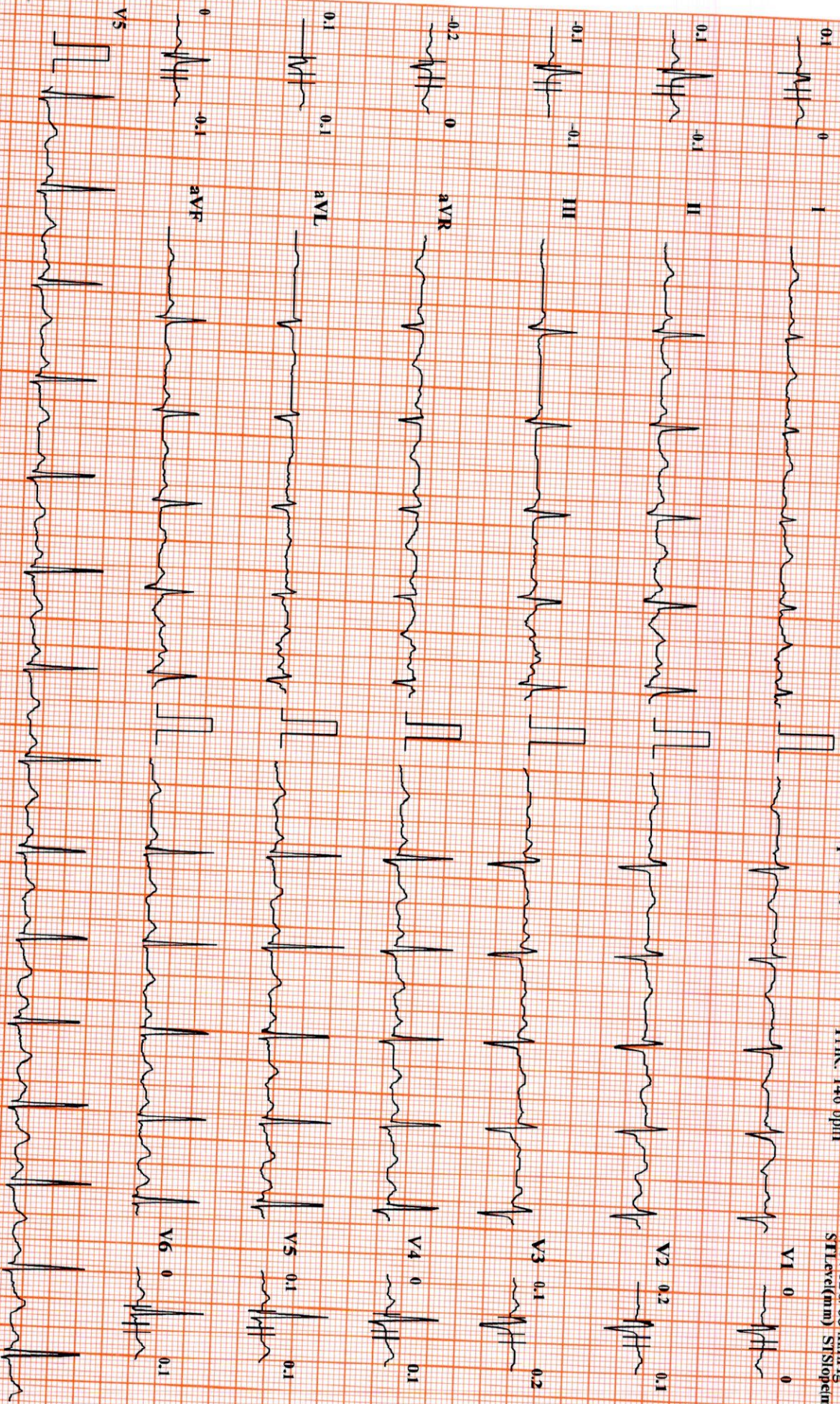


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432016063
Stage: 1

Date: 15-11-2024
Speed: 2.7 kmph

Exec Time: 0:03:00
Slope: 10 %

Stage Time: 03:00
THR: 146 bpm

HR: 120 bpm
82% of THR
BP: 120/80 mmHg
ST Level (mm) ST Slope (mV/s)

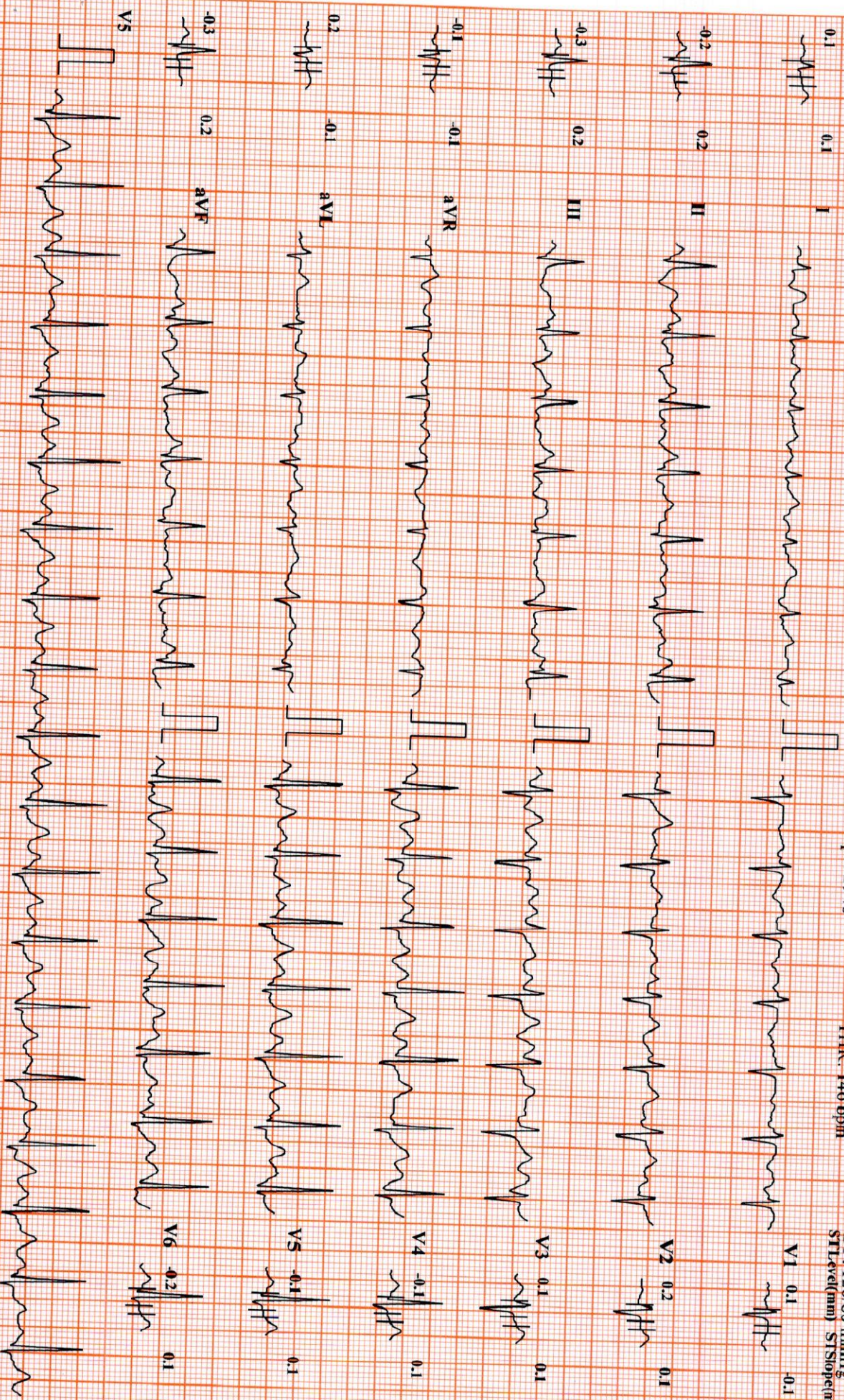


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms Post J = J + 60 ms

UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2432016063
Stage: 2

Date: 15-11-2024
Speed: 4 kmph

Exec Time: 0:06:00
Slope: 12 %

Stage Time: 03:00
THR: 146 bpm

HR: 138 bpm
95% of THR
BP: 140/80 mmHg
STLevel(mm) STSlope(mV/s)

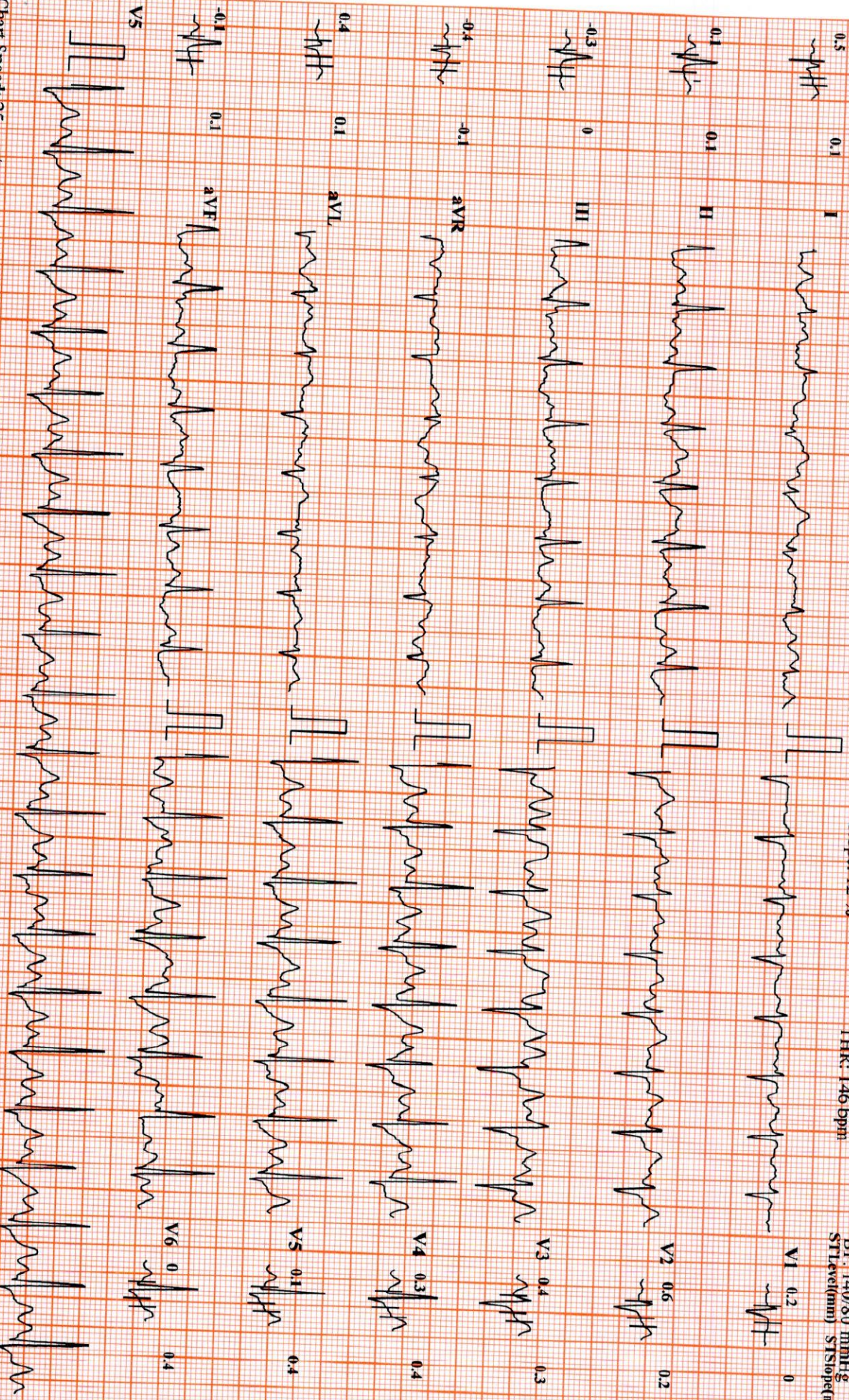


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432016063

Date: 15-11-2024

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Exec Time: 0:07:01

Slope: 14%

Stage Time: 01:01

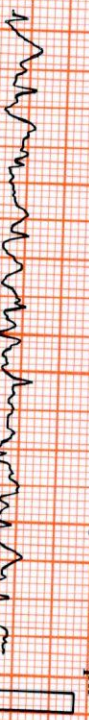
THR: 146 bpm

HR: 160 bpm

110% of THR
BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

0.1

0.2



V1 0

0.4

-0.3

-0.6

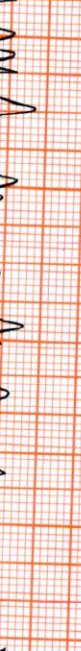


V2 -0.1

0.7

-0.4

-0.8



V3 -0.7

1.2

-0.1

0.2



V4 -0.9

0.2

0.2

0.4



V5 -1

0

-0.3

-0.7



V6 -0.8

-0.2

V5

0.2

0.4



V6 -0.8

-0.2

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.6



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

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

ID: 2432016063
Stage: Recovery1

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 146 bpm

HR: 113 bpm
77% of THR
BP: 160/80 mmHg
ST Level(mm) ST Slope(mV/s)

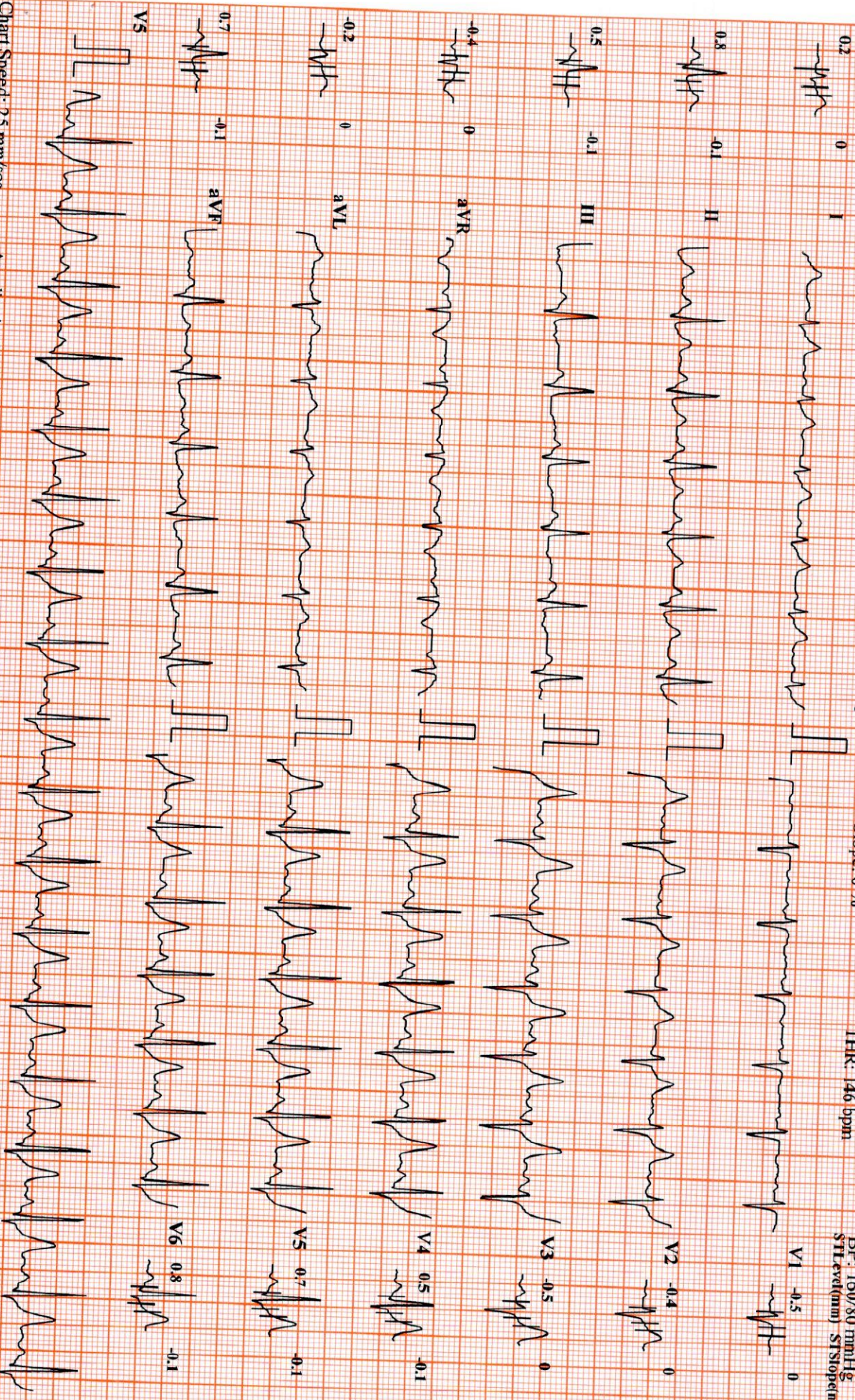


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2432016063

Stage: Recovery2

Date: 15-11-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

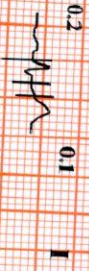
THR: 146 bpm

HR: 95 bpm

65% of THR

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



V1 0.1

0



II

V2 0.4

0.2



III

V3 0.5

0.2



aVR

V4 0.3

0.2



aVL

V5 0.2

0.2



aVF

V6 0.2

0.1



V5

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2432016063
Stage: Recovery3

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 146 bpm

HR: 96 bpm
66% of THR
BP: 120/80 mmHg
STLevel(mm) STISlope(mV/s)

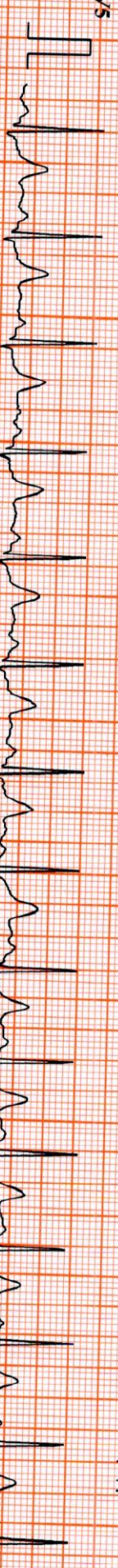
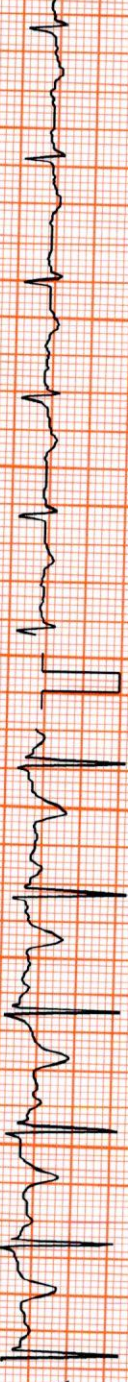
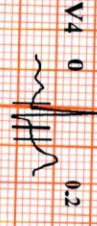
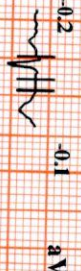
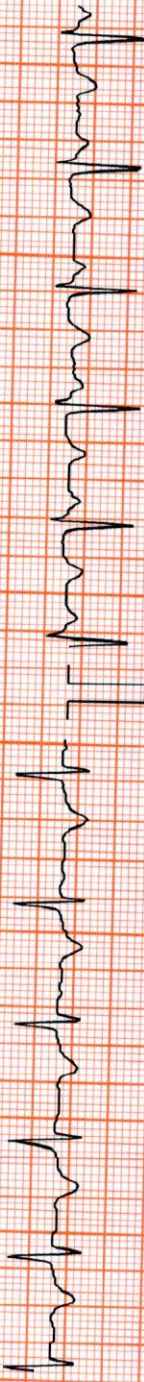
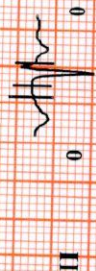
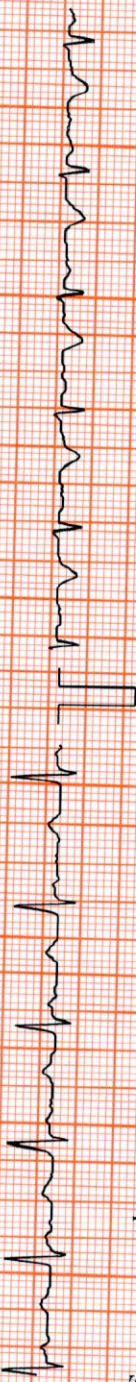
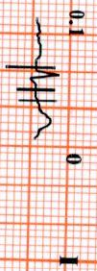


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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UMA GOHIL (48 M)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 2432016063

Stage: Recovery4

Date: 15-11-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 00:01

THR: 146 bpm

HR: 96 bpm

66% of THR

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

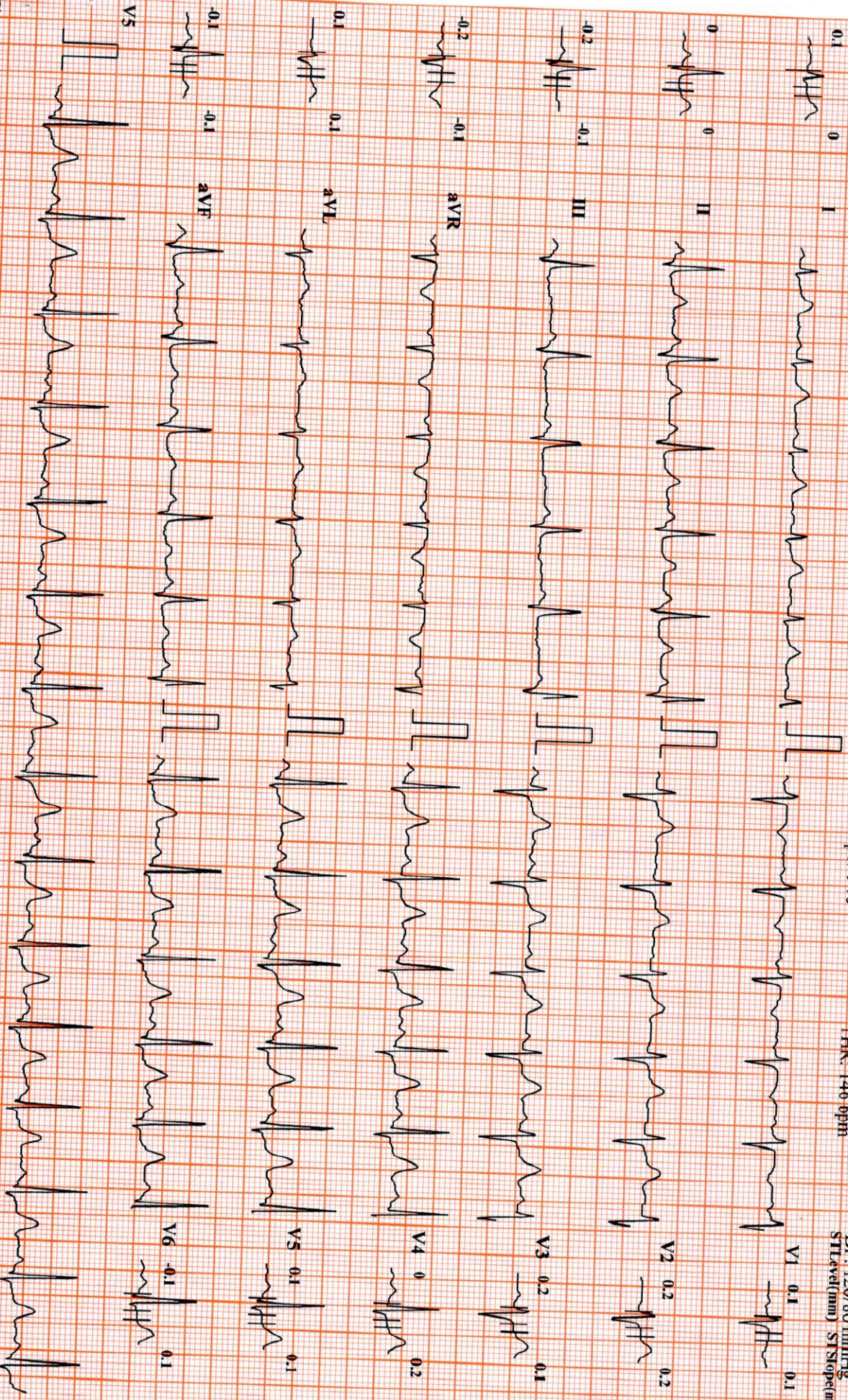


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R . 60 ms. J = R + 60 ms. Post J = J + 60 ms