

**PHYSICAL EXAMINATION REPORT**

Patient Name	Sunita Singh	Sex/Age	F / 47
Date	8/3/25	Location	Thane

**History and Complaints**

B. Asthama

**EXAMINATION FINDINGS:**

Height (cms):	159	Temp (0c):	Afe
Weight (kg):	92.8	Skin:	NAD
Blood Pressure	110/74	Nails:	NAD
Pulse	104 / -	Lymph Node:	NP

**Systems :**

Cardiovascular:	S1, S2 (N)
Respiratory:	clear
Genitourinary:	NAD
GI System:	—
CNS:	—

**Impression:**

**Advice:**

1)	Hypertension:	<input type="checkbox"/>
2)	IHD	<input type="checkbox"/>
3)	Arrhythmia	<input type="checkbox"/>
4)	Diabetes Mellitus	<input type="checkbox"/>
5)	Tuberculosis	<input type="checkbox"/>
6)	Asthama	Yes ↓ R Inhaler Since <u>4yo</u>
7)	Pulmonary Disease	<input type="checkbox"/>
8)	Thyroid/ Endocrine disorders	<input type="checkbox"/>
9)	Nervous disorders	<input type="checkbox"/>
10)	GI system	NAD
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	<input type="checkbox"/>
13)	Blood disease or disorder	<input type="checkbox"/>
14)	Cancer/lump growth/cyst	<input type="checkbox"/>
15)	Congenital disease	<input type="checkbox"/>
16)	Surgeries	Tubectomy
17)	Musculoskeletal System	NAD

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	mixed
4)	Medication	↓ Inhalers / Budamate (2yo) NAD I

NAME: - Mrs. Sumita Singh, AGE / SEX :- 47 / F

REGN NO :-

REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :- Nil.

MARITAL STATUS :- Married.

MENSTRUAL HISTORY :- Menopause 3 yrs. back.

• MENARCHE :- 15 yrs.

• PRESENT MENSTRUAL HISTORY :-

• PAST MENSTRUAL HISTORY :-

• OBSTETRIC HISTORY :- ~~FTND~~ 2 Kids

• PAST HISTORY :- Nil.

• PREVIOUS SURGERIES :- LSCS 20 yrs. back.

• ALLERGIES :- KIC/O Asthma.

• FAMILY HISTORY :- F/H/O HT, DM, Asthma, Hypo-  
th.

25 yrs.  
FTND  
20 yrs.  
LSCS.

- DRUG HISTORY :- Taking Inhalers ~~and~~ Reg. for Asthma.
- BOWEL HABITS :- (N)
- BLADDER HABITS :- (N)

**PERSONAL HISTORY :-**

TEMPERATURE :- (N)

RS :-  
CVS :- | NAD

PULSE / MIN :- 84

BP ( mm of hg):- 140/90 .

BREAST EXAMINATION:- (N)

PER ABDOMEN :- NAD .

PRE VAGINAL:-

RECOMMENDATION :-

Date:- 2/3/25  
Name:- Gourta Singh

CID: 38 4389 572  
Sex / Age: M. 47

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: Nil

Past history: NA

Unaided Vision: BE 6/18 ~~6/18~~ NUBE 2/18

Aided Vision: BE 6/6 NUBE 6/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Use own Spectacles

MR. PRAKASH KUDVA  
*Prakash*  
SR. OPTOMETRIST

Name	: Ms. SUNITA SINGH	Age	: 47 Years
Lab No.	: 394387572	Gender	: Female
Ref By	: SELF	Reported	: 8/3/2025 9:08:29PM
Collected	: 8/3/2025 8:05:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
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		

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.2	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.5	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	40.9	36.0 - 46.0 %	Calculated
MCV	90.1	81.0 - 101.0 fL	Measured
MCH	29.2	27.0 - 32.0 pg	Calculated
MCHC	32.4	31.5 - 34.5 g/dL	Calculated
RDW	12.3	11.6 - 14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5640	4000 - 10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.3	20.0 - 40.0 %	
Absolute Lymphocytes	1483.3	1000.0 - 3000.0 /cmm	Calculated
Monocytes	9.4	2.0 - 10.0 %	
Absolute Monocytes	530.2	200.0 - 1000.0 /cmm	Calculated
Neutrophils	61.0	40.0 - 80.0 %	
Absolute Neutrophils	3440.4	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.2	1.0 - 6.0 %	
Absolute Eosinophils	180.5	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	5.6	20.0 - 100.0 /cmm	Calculated
Immature Leukocytes	--		



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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	131000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.7	6.0 - 11.0 fL	Measured
PDW	21.3	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others	Normocytic
	Normochromic
PLATELET MORPHOLOGY	Megaplatelet seen on smear
COMMENT	Result rechecked. Kindly correlate clinically.

Specimen: EDTA whole blood



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 Road, Thane West, Maharashtra - 400607

Age : 47 Years  
 Gender : Female  
 Reported : 8/3/2025 9:08:34PM  
 Report Status : Interim  
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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	24.00	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. SUNITA SINGH	Age	: 47 Years
Lab No.	: 394387572	Gender	: Female
Ref By	: SELF	Reported	: 8/3/2025 9:08:39PM
Collected	: 08/03/2025 08:05:00AM	Report Status	: Interim
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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	98.12	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	115.08	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



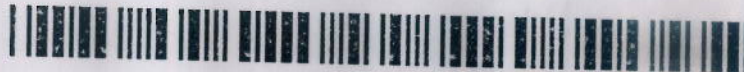
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 R-Mall Opp. Lawkim Company, Ghodbunder Road,  
 Thane West, Maharashtra - 400607

Age : 47 Years  
 Gender : Female  
 Reported : 8/3/2025 9:08:45PM  
 Report Status : Interim  
 Processed at : G B ROAD LAB, THANE WEST

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
BLOOD UREA, Serum	19.43	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	9.07	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.81	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	90.51	(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	7.79	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.73	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.06	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.55	1.00 - 2.00	Calculated
URIC ACID, Serum	7.01	2.40 - 5.70 mg/dL	Enzymatic
PHOSPHORUS, Serum	3.76	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.42	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	138.90	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.6	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	99.24	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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	102.5	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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**MediWheel Full Body Health Female >40/2D ECHO**  
**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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<b>Ref By</b> : SELF	<b>Reported</b> : 8/3/2025 9:08:52PM
<b>Collected</b> : 08/03/2025 08:05:00AM	<b>Report Status</b> : Interim
<b>A/c Status</b> : P	<b>Processed at</b> : G B ROAD LAB, THANE WEST
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**MediWheel Full Body Health Female >40/2D ECHO**  
**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	133	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76	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	49	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	69	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	15	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1	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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**MediWheel Full Body Health Female >40/2D ECHO**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	4.92	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	13.20	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	5.13	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 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 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	1.55	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.65	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.90	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.79	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.73	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.06	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.55	1.00 - 2.00	Calculated
SGOT (AST), Serum	37.04	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	41.65	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.24	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	103.87	35.00 - 105.00 U/L	Colorimetric





Name	: Ms. SUNITA SINGH	Age	: 47 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  
 EXAMINATION OF FAECES**

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



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 R-Mall Opp. Lawkim Company, Ghodbunder  
 Road, Thane West, Maharashtra - 400607  
 Age : 47 Years  
 Gender : Female  
 Reported : 8/3/2025 9:09:02PM  
 Report Status : Interim  
 Processed at : G B ROAD LAB, THANE WEST

**MediWheel Full Body Health Female >40/2D ECHO**  
**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.

**References:**

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



Name	: Ms. SUNITA SINGH	Age	: 47 Years
Lab No.	: 394387572	Gender	: Female
Ref By	: SELF	Reported	: 8/3/2025 9:09:05PM
Collected	: 8/3/2025 8:05:00AM	Report Status	: Interim
A/c Status	: P	Processed at	: G B ROAD LAB, THANE WEST
Collected at	: WALKIN - G B ROAD LAB, THANE WEST Ground Floor, Shop No. 1, 2, 3, Pride Park, Near R-Mall Opp. Lawklm Company, Ghodbunder Road, Thane West, Maharashtra - 400607		

**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.01	1.002-1.035	Chemical Indicator
Reaction (pH)	5.5	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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(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	--		



Name	: Ms. SUNITA SINGH	Age	: 47 Years
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**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

*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.

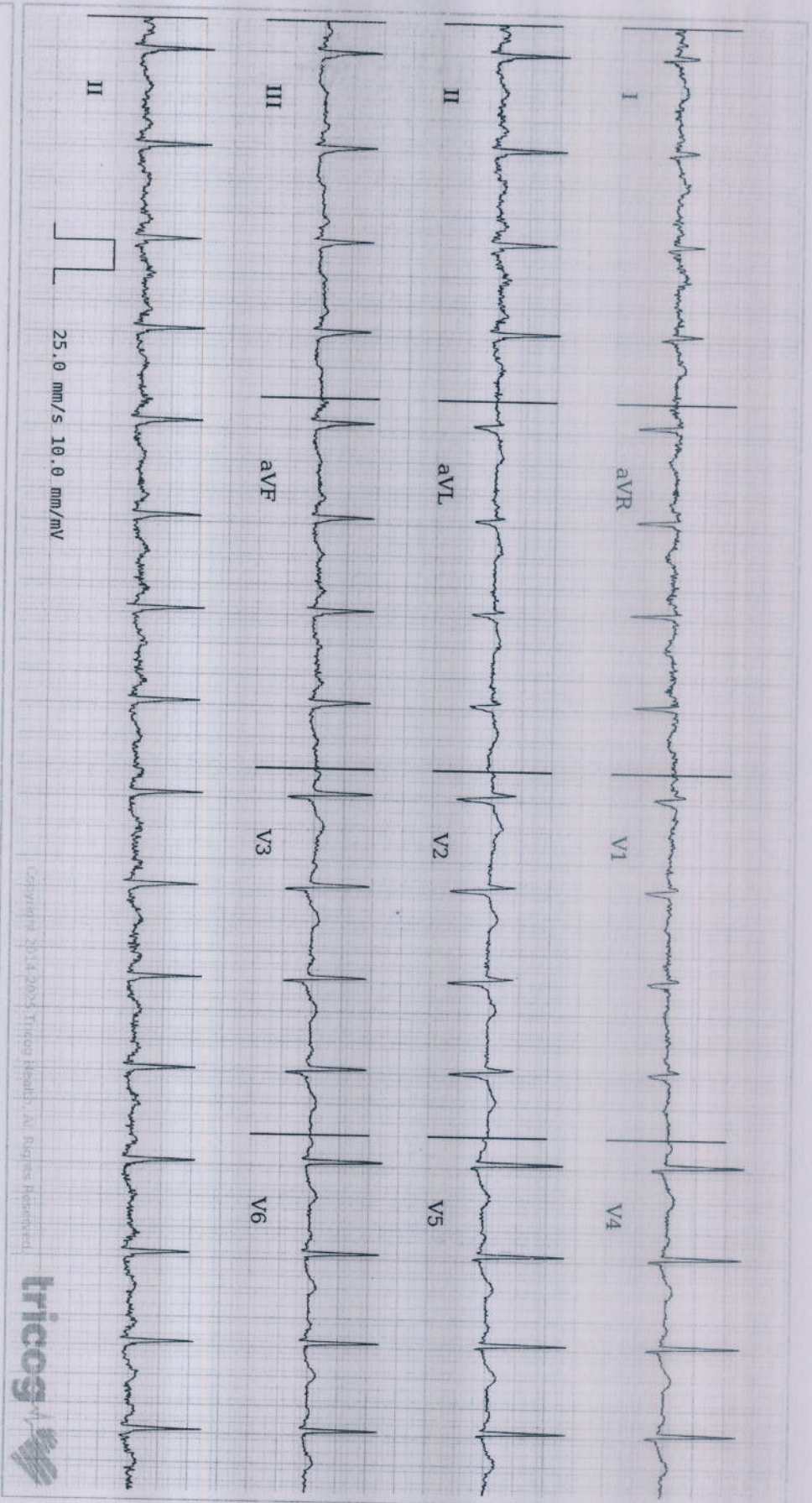
Tel: 022-61700000, Email: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



Patient Name: **SUNITA SINGH**  
Patient ID: **394387572**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **8th Mar 25 8:37 AM**



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

Gender: **Female**

Heart Rate: **100bpm**

Patient Vitals

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

Measurements

QRSD: **68ms**  
QT: **340ms**  
QTcB: **438ms**  
PR: **126ms**  
P-R-T: **52° 76° 25°**

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

REPORTED BY

**DR. SHAILAJA PILLAI**  
MBBS, MD Physician  
49972

Disclaimer: This analysis 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. Patient vitals are as entered by the clinician and not derived from the ECG.

CID : 394387572  
Name : Ms. Sunita singh  
Age / Sex : 47 Years/Female  
Ref. Dr : self  
Reg. Date : 08-Mar-2025  
Reg. Location : G B Road, Thane West Main Centre  
Reported : 08-Mar-2025 / 13:38

**X-RAY CHEST PA VIEW**

**There is evidence of mildly 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 clinico pathological 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=2025030808062922>

**REGD. OFFICE:** Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995F1C05E036

**MUMBAI OFFICE:** Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> 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

Lab. No. : 394387572	Sex : FEMALE
Name : MRS. SUNITA SINGH	Age : 47 YRS
Ref. By : -----	Date :08.03.2025

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

**LEFT VENTRICLE :**

LVIDD	41.3	mm
LVIDS	21.7	mm
LVEF	64	%
FS	34	%
IVS	10.9	mm
PW	10.4	mm

**AORTIC VALVE :**

LADd	24.2	mm
AODd	30.4	mm
ACS	16.1	mm

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal  
Regional wall motion abnormality : Absent.  
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal  
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – artrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : **1.INSIGNIFICANT TR ESTIMATED RVSP=22mmHG.**  
**2.INSIGNIFICANT MR.**  
3.Normal Flow and gradient across other valves.  
4. No shunt / coarctation.  
5. No pulmonary hypertension.

**IMPRESSION :**

- **ALL CHAMBER DIMANSIONS ARE NORMAL.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF= 64 %**
- **NORMAL RV SYSTOLIC FUNCTION.**
- **NO PULMONARY HYPERTENSION.**
- **.INSIGNIFICANT TR ESTIMATED RVSP=22mmHG.**
- **INSIGNIFICANT MR.**
- **ALL VALVES ARE NORMAL.**

*S.D.*

**DR. S.C. DEY**  
**M.D, D.M.**  
**(CARDIOLOGIST)**



Lab. No. : 394387572	Sex : FEMALE
NAME : MRS. SUNITA SINGH	Age : 47 YRS
Ref. By : -----	Date : 08.03.2025

**MAMMOGRAPHY**

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

**Calcifications are noted in both breasts.**

**Accessory breast noted on both sides ( RIGHT > LEFT ).**

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.

**Accessory breast noted on both sides ( RIGHT > LEFT ).**

**IMPRESSION:**

**CALCIFICATIONS ARE NOTED IN BOTH BREASTS.**

**ACCESSORY BREAST NOTED ON BOTH SIDES( RIGHT > LEFT ).**

**ACR BIRADS CATEGORY II BOTH BREASTS.**

**SUGGEST 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.



**DR.GAURI VARMA**  
**MBBS,DMRE**  
**(CONSULTANT RADIOLOGIST)**

Reg. No. : 394387572	Sex : FEMALE
NAME : MRS. SUNITA SINGH	Age : 47 YRS
Ref. By : -----	Date :08.03.2025

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears mildly enlarged in size (17.8 cm) and shows increased echoreflectivity and obscuring the periportal echogenicity. 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 9.4 x 4.4 cm. Left kidney measures 9.9 x 3.9 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 (11.2 cm), shape and echotexture. No focal lesion is seen.

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

**UTERUS :** Uterus appears atrophic (post-menopausal status). History given by patient.

**OVARIES:** Both ovaries not visualised, likely atrophied.

No free fluid or significant lymphadenopathy is seen.

**Gaseous distention of bowel loops. Visualized bowel show normal forward peristaltic movements.**

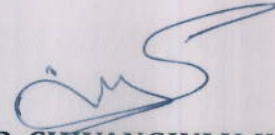
Reg. No. : 394387572	Sex : FEMALE
NAME : MRS. SUNITA SINGH	Age : 47 YRS
Ref. By : -----	Date :08.03.2025

**IMPRESSION:**

- **MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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**