



CID : 2432015987
Name : MRS.KAVITA ROHAN TENDULKAR
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:08
Reported : 15-Nov-2024 / 12:41

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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	8.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.15	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.2	36-46 %	Calculated
MCV	67.9	80-100 fl	Measured
MCH	20.1	27-32 pg	Calculated
MCHC	29.6	31.5-34.5 g/dL	Calculated
RDW	19.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5450	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.4	20-40 %	
Absolute Lymphocytes	2092.8	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	392.4	200-1000 /cmm	Calculated
Neutrophils	53.0	40-80 %	
Absolute Neutrophils	2888.5	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	60.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	16.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	438000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Measured
PDW	19.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	++



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Note : Features are suggestive of iron deficiency anemia.
 Advice : Reticulocyte count, iron studies & ferritin.
 Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **25** 2-20 mm at 1 hr. Sedimentation



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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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	87.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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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	11.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.52	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	120	(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	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	12.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	135	135-148 mmol/l	ISE
POTASSIUM, Serum	5.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

Note : Result rechecked.
Kindly correlate clinically.



J. Thakker

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Pathologist and AVP (Medical Services)



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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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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*** End Of Report ***



MC-2111

J. Thakker

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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	Yellow	Pale Yellow	Light scattering
Transparency	Slight Hazy	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.015	1.002-1.035	Refractive index
Reaction (pH)	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	17.2	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	5.5	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	82.1	0-29.5/hpf	
Yeast	Present	Absent	



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Note: Microscopic examination 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 the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	47.8	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	49.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



J Thakker

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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	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	0.997	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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*** End Of Report ***



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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	0.90	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.70	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	101.6	35-105 U/L	Colorimetric

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M Jain

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Pathologist



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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 ***



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भारत सरकार
Government of India



Issue Date: 30/05/2013



कविता रोहन तेंडुलकर
Kavita Rohan Tendulkar
जन्म तारीख/DOB: 17/10/1984
महिला/ FEMALE
Mobile No: 9922807082

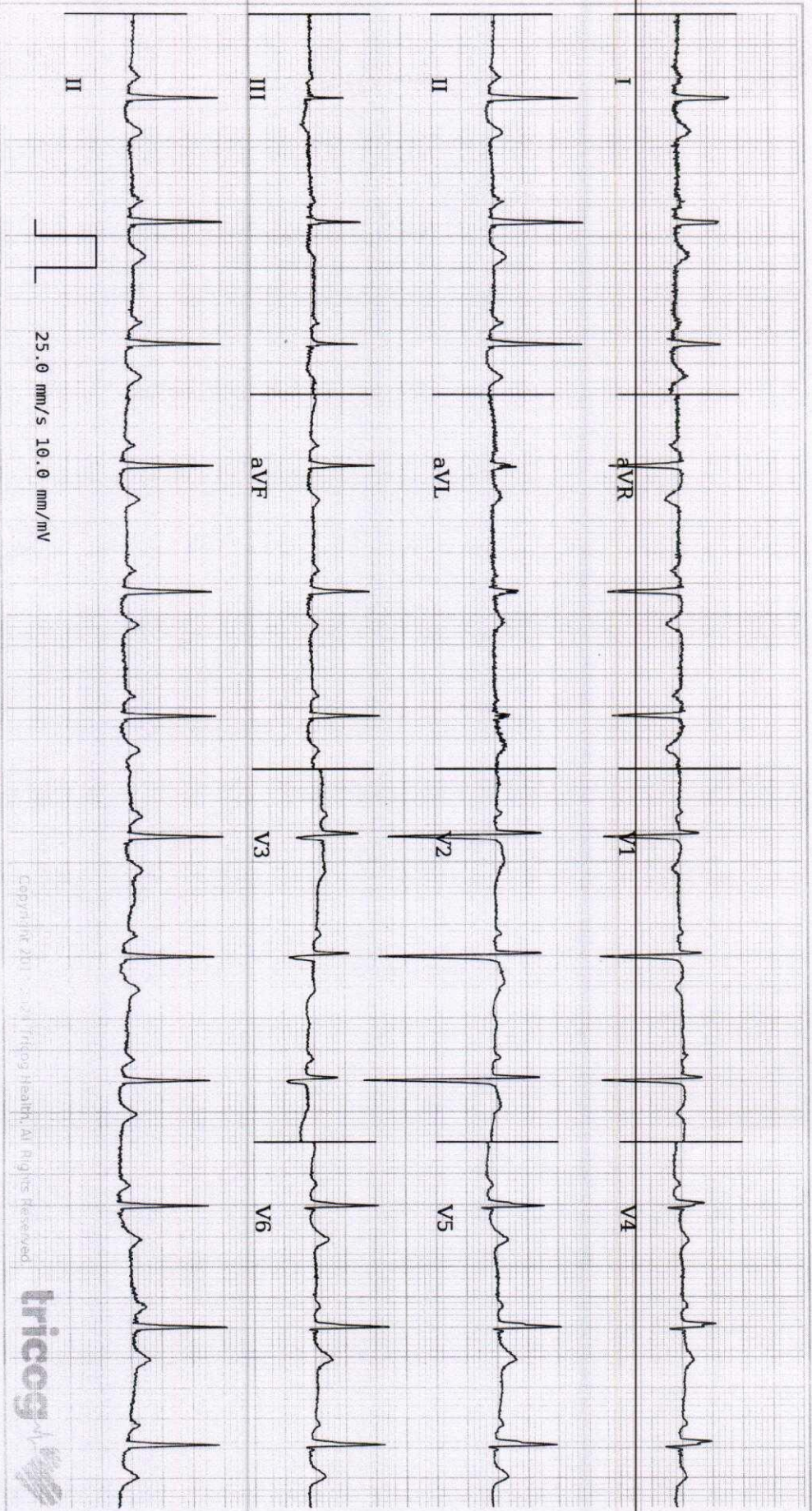
4938 4481 1659
VID : 9101 0046 5426 9628

मेरा आधार, मेरी पहचान

[Handwritten signature in blue ink]

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: KAVITA ROHAN TENDULKAR Date and Time: 15th Nov 24 10:05 AM
Patient ID: 2432015987



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

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.

Age 40 NA
years months

Gender Female

Heart Rate 76bpm

Patient Vitals

BP: 110/80 mm
Weight: 62 kg
Height: 155 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 334ms
QTcB: 375ms
PR: 134ms
P-R-T: 82° 55° 16°

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882



NAME:- Kausha. Jondupkar AGE/SEX:-
REGN NO.:- REF DR.:-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS:-

Nil

MARITAL STATUS:-

Married

MENSTRUAL HISTORY:-

MENARCHE:- 1 1/2 yrs. of age.

PRESENT MENSTRUAL HISTORY:- LMP - 26/10/24.

PAST MENSTRUAL HISTORY:- Regular.

OBSTETRIC HISTORY:- P, L, A, 1

PAST HISTORY:- Nil.

PREVIOUS SURGERIES:- ~~Nil~~ Ovarian cyst in 2008-09.

ALLERGIES:- NO.

FAMILY HISTORY:-

Mother - DM -
Father - HTN.

DRUG HISTORY:- *Nml -*

BOWEL HABITS:- *p.*

BLADDER HABITS:-

PERSONAL HISTORY:-

TEMPERATURE:- *Apelante*

RS:- *p.*

CVS:-

PULSE / MIN:-

BP (mm of hg):-

BREAST EXAMINATION:- *—*

PER ABDOMEN:- *⊙*

PER VAGINAL:- *—*

RECOMMENDATION:-

Dr. SONALI HONRAC
MD PHYSICIAN
REG. NO. 2001/04/1882

[Signature]

Date:- 15/11/24
 Name:- Kavita Tendulkare

CID:
 Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

DV-RE - 6/6 NV-RE - N/6
 LE - 6/6 LE - N/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 1st Floor, Suburban Castle,
 Opp. Suburban Sports Club,
 Link Road, Marol (W), Mumbai - 400 064.

CID : 2432015987
Name : Mrs Kavita Rohan Tendulkar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:46

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5 x 3.2 cm.
Left kidney measures 10.8 x 5.3 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The endometrial thickness is 8.7 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

Click here to view images <<ImageLink>>

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Reported : 15-Nov-2024 / 10:46

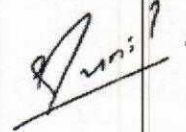
IMPRESSION:-

No significant abnormality is seen.

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>



Use a QR Code Scanner
Application To Scan the Code

CID : 2432015987
Name : MRS.KAVITA ROHAN TENDULKAR
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 12:11
Reported : 16-Nov-2024 / 16:41

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

Liquid based cytology

Specimen : (G/SDC- 11584/24)
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 and fungal yeast forms.

Interpretation :
1. Negative for intraepithelial lesion or malignancy.
2. Fungal organisms consistent with Candida species.

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

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KAVITA, TENDULKAR

Patient ID: 2432015987

Height: 155 cm

Weight: 62 kg

DOB: 17.10.1984

Age: 40yrs

Gender: Female

Race: Asian

Study Date: 15.11.2024

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	81	110/80	
	STANDING	00:15	0.00	0.00	77	110/80	
	HYPERV.	00:05	0.00	0.00	79	110/80	
EXERCISE	WARM-UP	00:05	1.00	0.00	80		
	STAGE 1	03:00	1.70	10.00	142	120/80	
	STAGE 2	02:18	2.50	12.00	169	140/80	
RECOVERY		03:06	0.00	0.00	97	140/80	

The patient exercised according to the BRUCE for 5:18 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 91 bpm rose to a maximal heart rate of 171 bpm. This value represents 95 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Dr. SONALI HONRAO
MD PHYSICIAN
REG NO. 2001/04/1362

Conclusions

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102-104, Bhornli Camp,
Opp. Gargeon Sports
Link Road, Malad (W), Mumbai - 400 064.

Fair effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

KAVITA, TENDULKAR
 Patient ID 2432015987

15-11-2024
 11:08:58am

12-lead Report

82 bpm
 110/80 mmHg

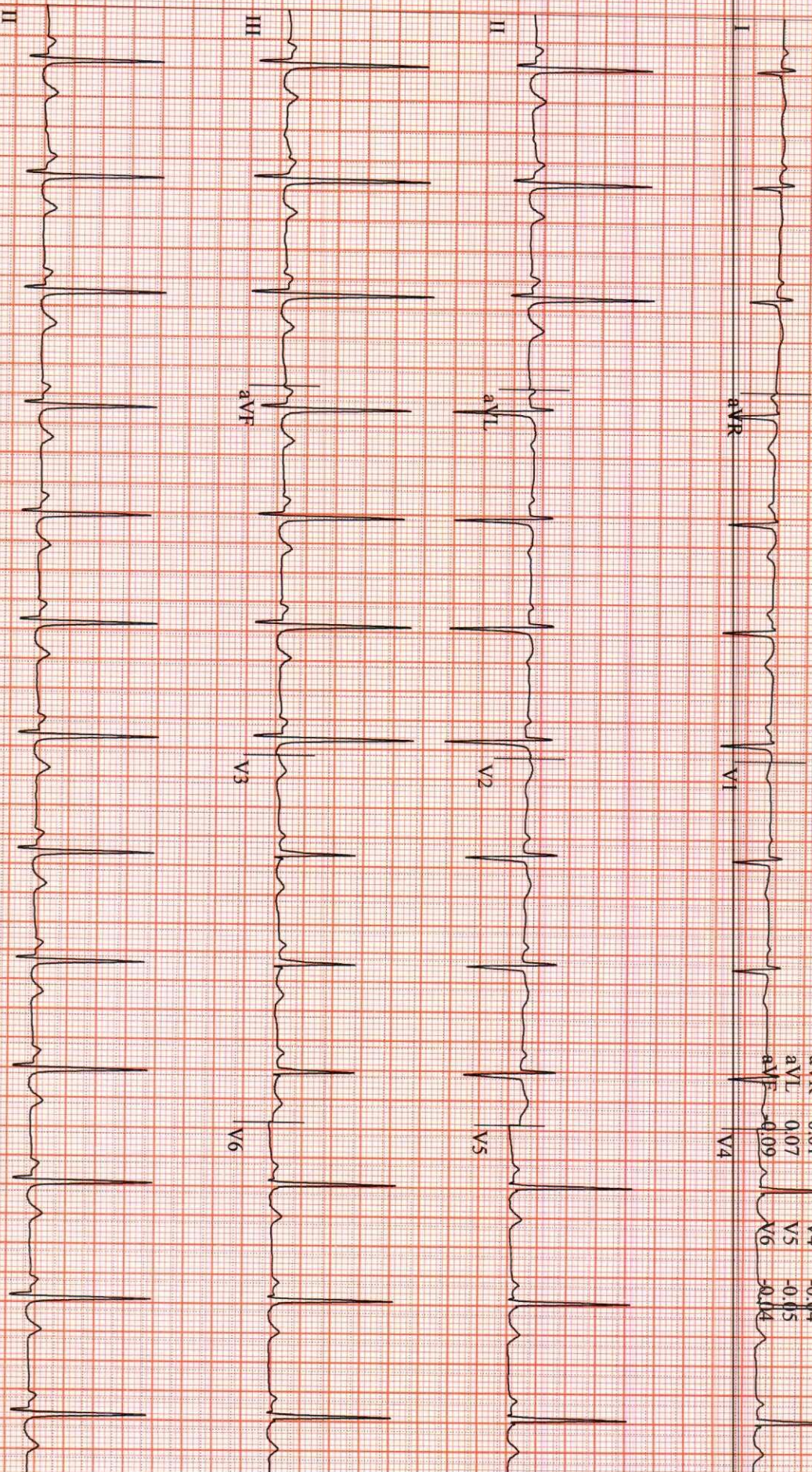
PRETEST
 SUPINE
 00:12

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60mins Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.01
II	-0.06	V2	-0.07
III	-0.10	V3	-0.04
aVR	0.01	V4	-0.04
aVL	0.07	V5	-0.05
aVF	-0.09	V6	-0.04
		IV4	



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FR+ HR(V2,V6)

Start of Test: 11:08:40am

KAVITA, TENDULKAR

Patient ID: 2432015987

15.11.2024

11:09:03am

12-Lead Report

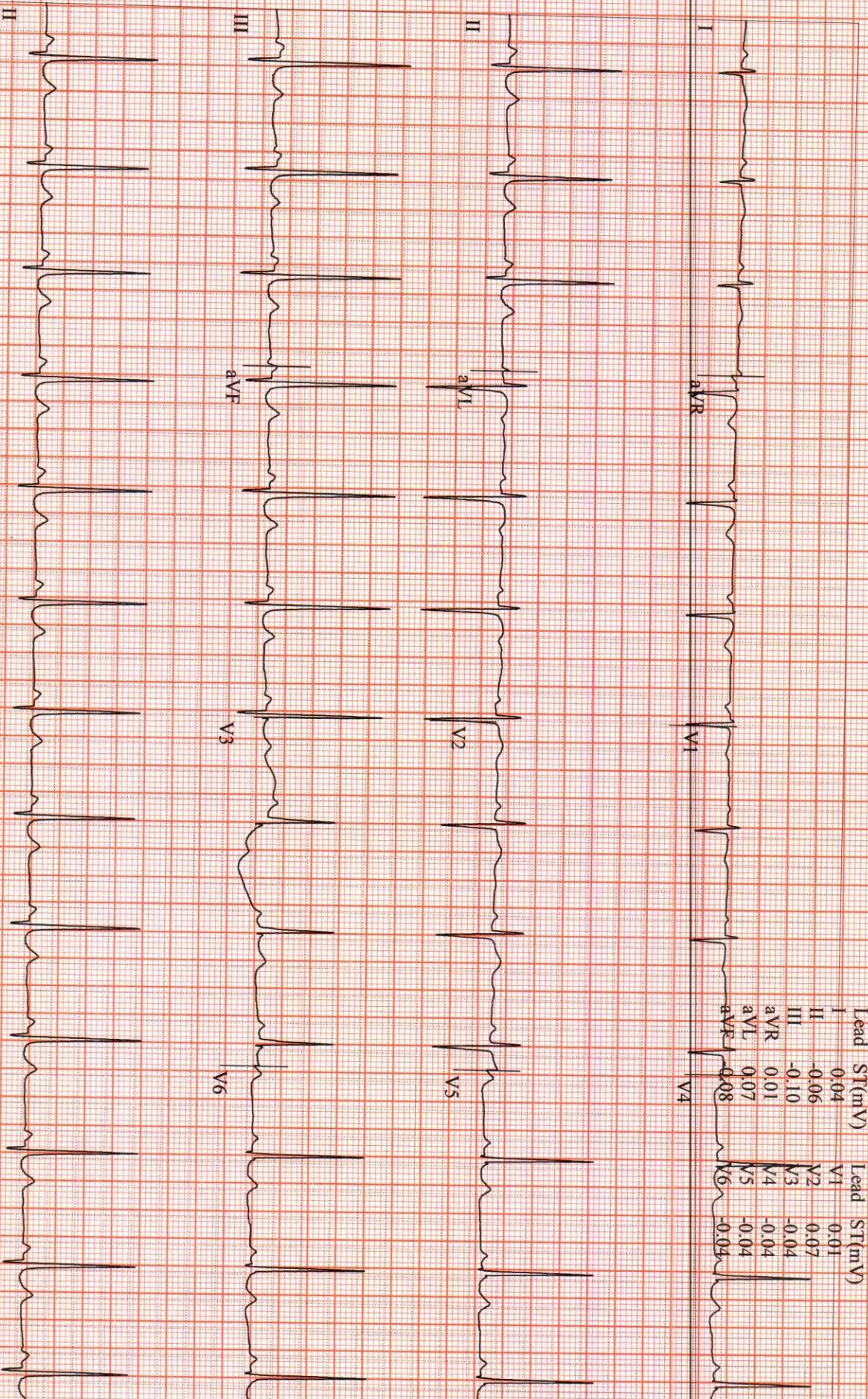
79 bpm
110/80 mmHg

PRETEST
STANDING
00:17

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V6)

Start of Test: 11:08:40am

KAVITA, TENDULKAR
Patient ID 2432015987
15.11.2024
11:09:18am

78 bpm
110/80 mmHg

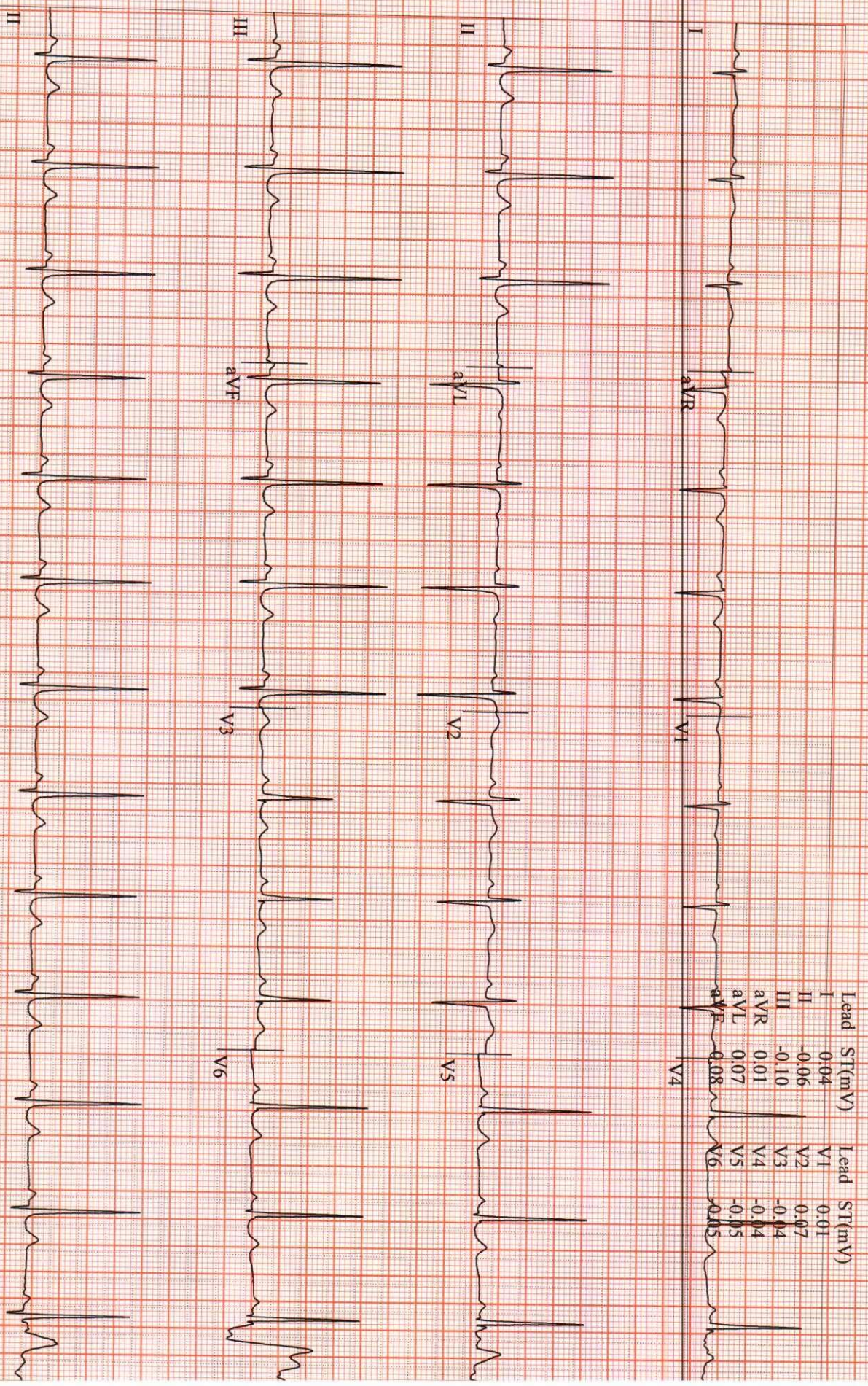
PRETEST
HYPERV.
00:32

BRUCE
0.0 mph
0.0%

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC

12-Lead Report



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V6)

Start of Test: 11:08:40am

KAVITA, TENDULKAR

Patient ID 2432015987

15.11.2024

11:12:09am

Linked Medians

142 bpm

120/80 mmHg

EXERCISE
STAGE 1

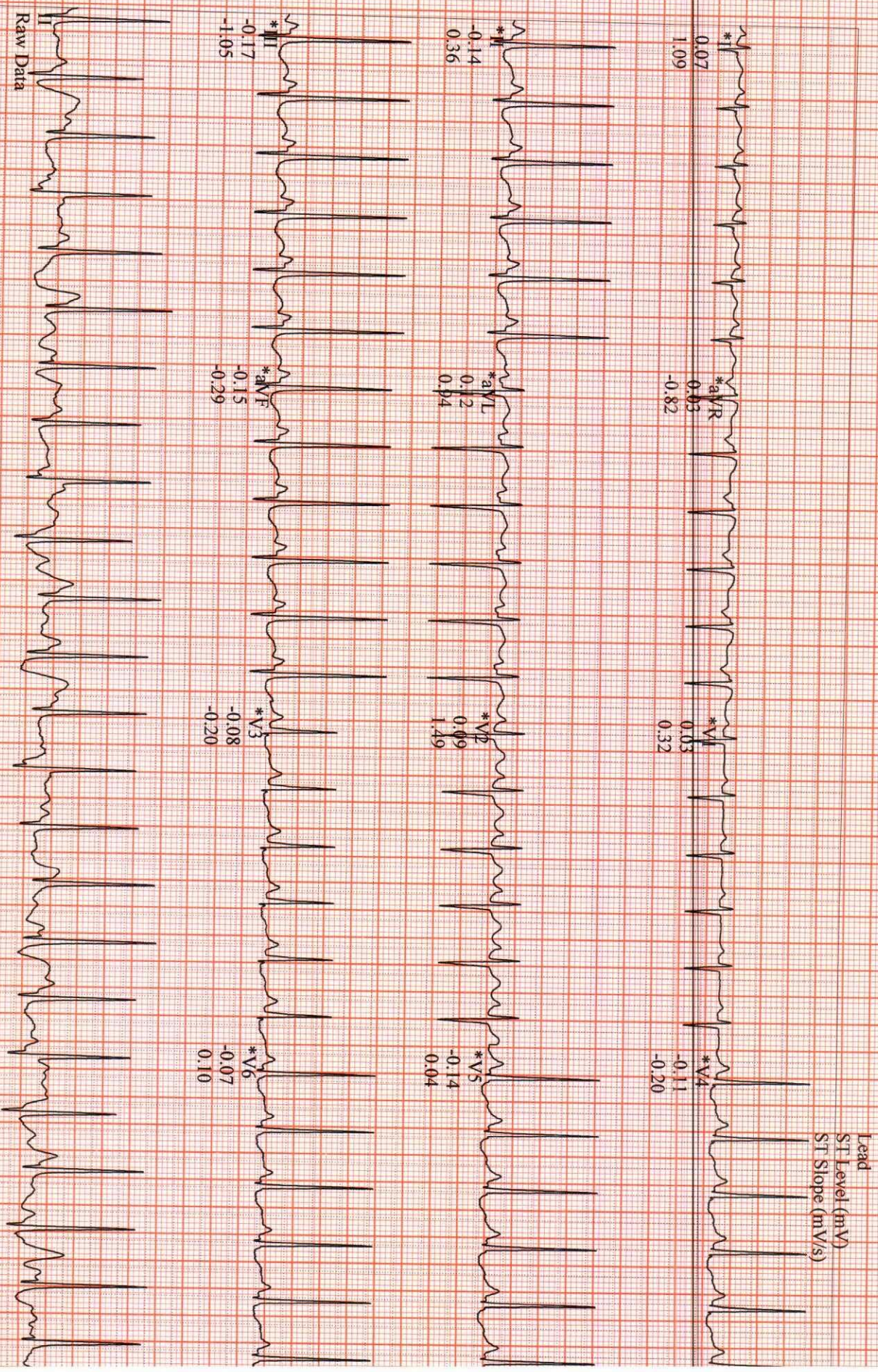
02:50

BRUCE

1.7 mph

10.0%

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 11:08:40am

*Computer Synthesized Rhythms

KAVITA, TENDULKAR

Patient ID 2432015987

15.11.2024

11:14:42am

169 bpm
140/80 mmHg

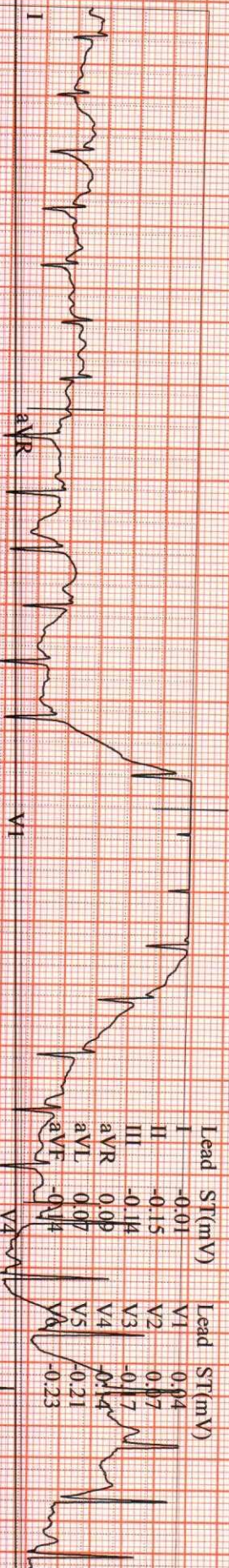
EXERCISE
STAGE 2
05:18

BRUCE
2.5 mph
12.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC

12-Lead Report (PEAK EXERCISE)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V6)

Start of Test: 11:08:40am

KAVITA, TENDULKAR

Patient ID 2432015987

15.11.2024

11:15:37am

Linked Medians

RECOVERY

#1

01:00

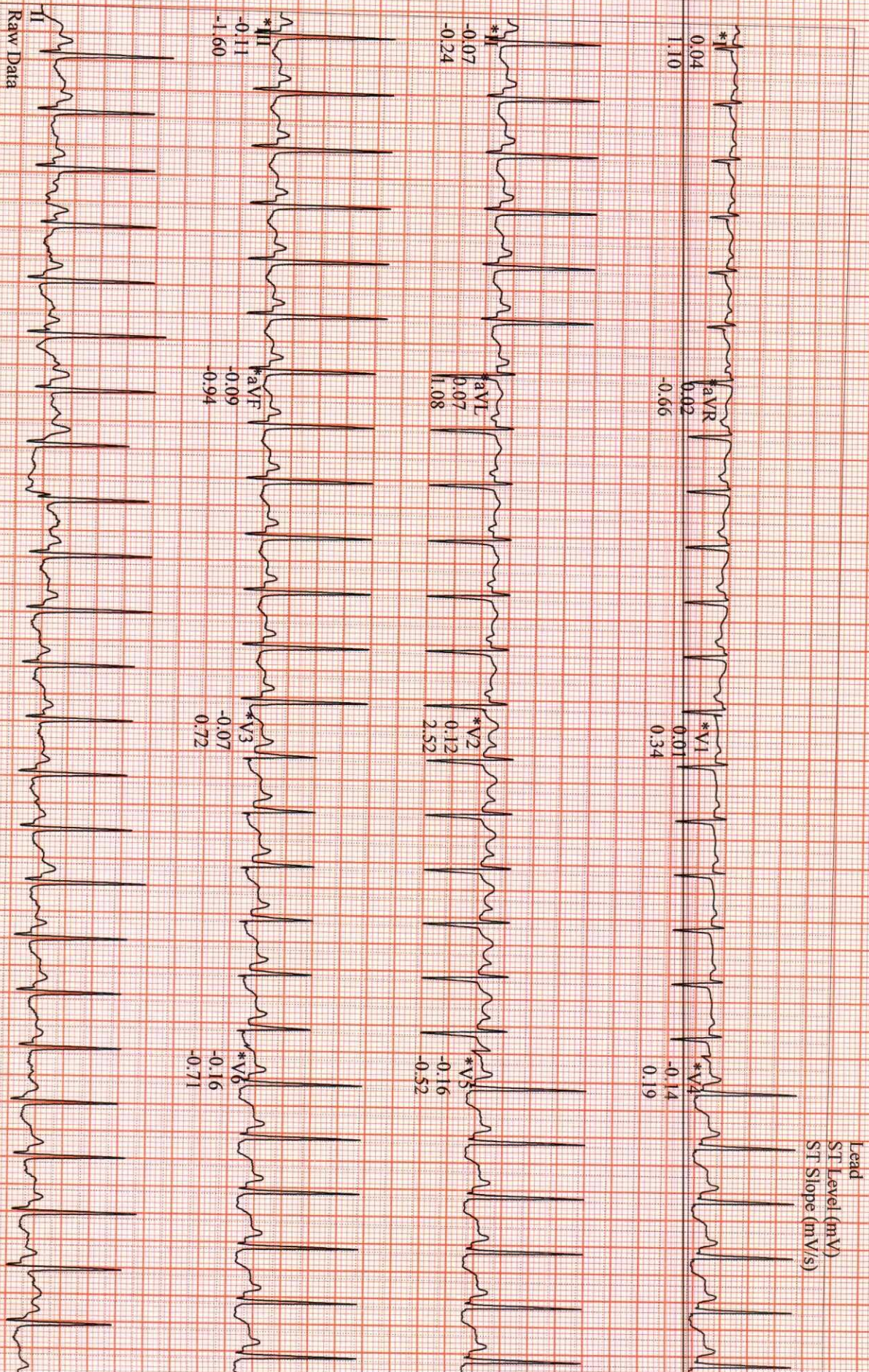
SUBURBAN DIAGNOSTIC

BRUCE

0.0 mph

0.0%

150 bpm



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,II)

Start of Test: 11:08:40am

KAVITA, TENDULKAR

Patient ID 2432015987

15.11.2024

11:16:37am

Linked Medians

RECOVERY #1

02:00

BRUCE

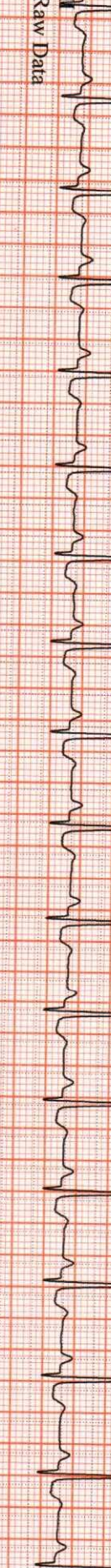
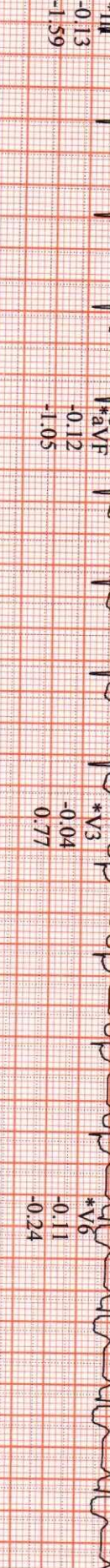
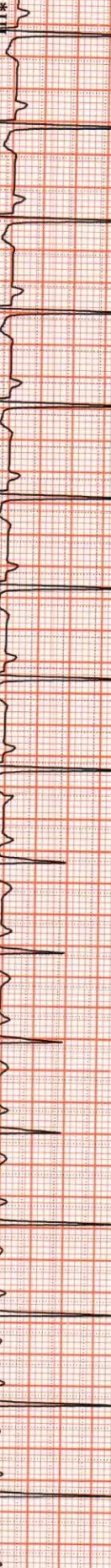
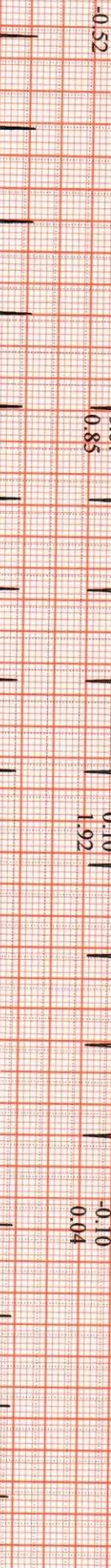
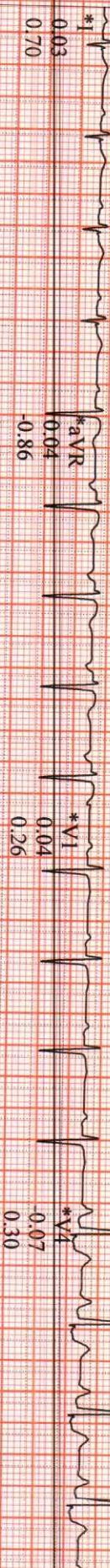
0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

105 bpm

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V6)

*Computer Synthesized Rhythms

Start of Test: 11:08:40am

KAVITA, TENDULKAR

Patient ID 2432015987

15.11.2024

11:17:37am

Linked-Medians

RECOVERY

#1

03:00

SUBURBAN DIAGNOSTIC

BRUCE

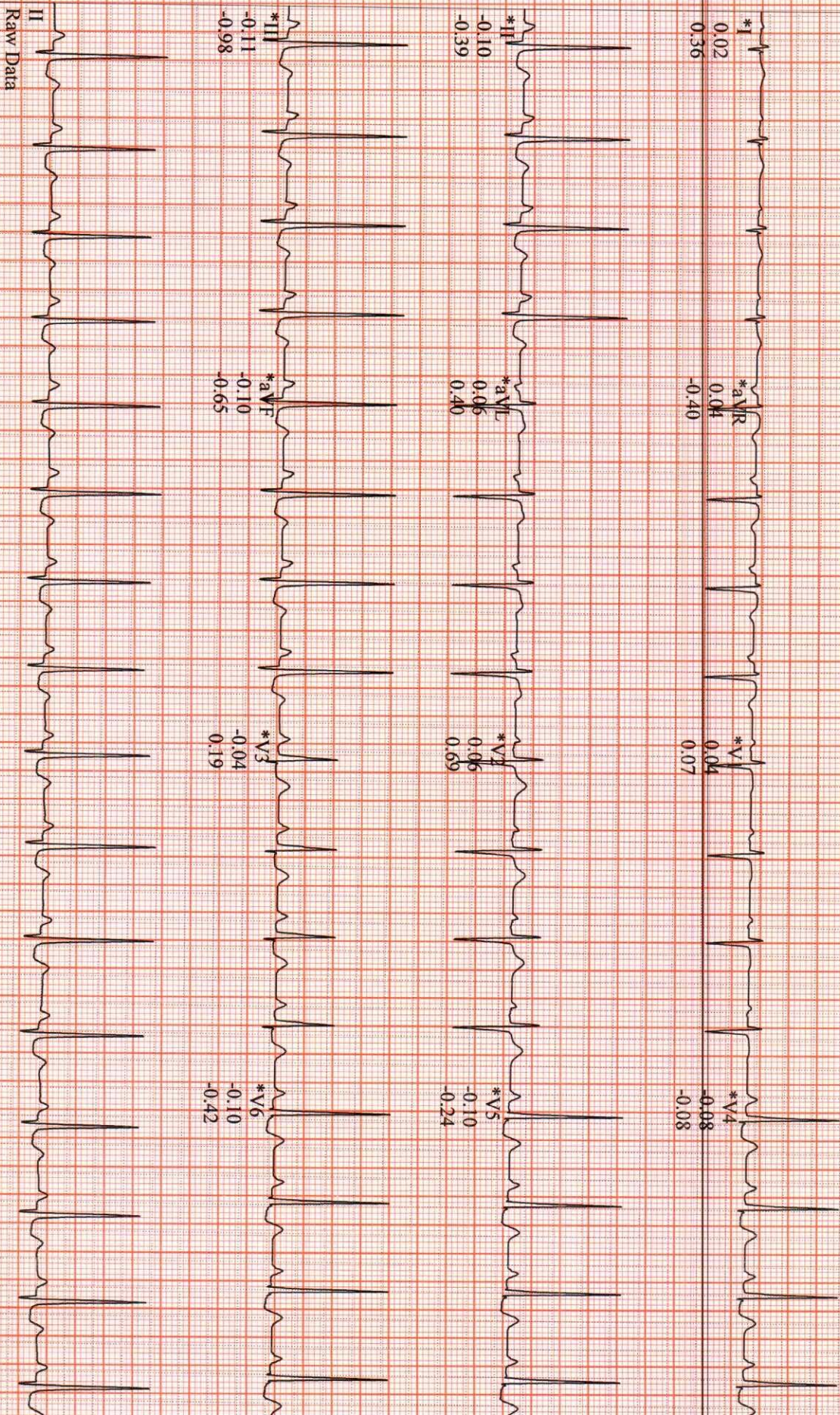
0.0 mph

0.0 %

96 bpm

140/80 mmHg

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

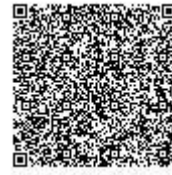


Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5, V6)

Start of Test: 11:08:40am



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Name : Mrs Kavita Rohan Tendulkar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024/13:49

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

Bilateral cervical ribs seen.

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:

BILATERAL CERVICAL RIBS SEEN.

NO SIGNIFICANT PLEURO-PARENCHYMAL ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101



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