



Name : Ms. ANITA PRASAD
Lab No. : 393915506
Ref By : SELF
Collected : 7/3/2025 9:31:00AM
A/c Status : P
Collected at : WALKIN - KANDIVALI EAST (MAIN CENTRE)
Row House No. 3, Aangan, Opp. Thakur College,
Thakur Village, Kandivali East, Mumbai,
Maharashtra - 400101
Age : 44 Years
Gender : Female
Reported : 7/3/2025 9:06:46PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

MediWheel Full Body Health Female >40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
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

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist





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Age : 44 Years
Gender : Female
Reported : 7/3/2025 9:07:52PM
Report Status : Interim
Processed at : BORIVALI LAB, BORIVALI WEST

**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>RBC PARAMETERS</u>			
Haemoglobin	12.8	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.3	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	38.7	36.0 - 46.0 %	Calculated
MCV	89.6	81.0 - 101.0 fL	Measured
MCH	29.7	27.0 - 32.0 pg	Calculated
MCHC	33.2	31.5 - 34.5 g/dL	Calculated
RDW	15.3	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6160	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	38.9	20.0 - 40.0 %	
Absolute Lymphocytes	2396.2	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.5	2.0 - 10.0 %	
Absolute Monocytes	462.0	200.0 - 1000.0 /cmm	Calculated
Neutrophils	52.1	40.0 - 80.0 %	
Absolute Neutrophils	3209.4	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.4	1.0 - 6.0 %	
Absolute Eosinophils	86.2	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	6.2	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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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>
Platelet Count	160000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.9	6.0 - 11.0 fL	Measured
PDW	26.7	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Others Normocytic
Normochromic

Specimen: EDTA whole blood





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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	11.00	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.





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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	93.48	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	113.40	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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Reported : 7/3/2025 9:08:01PM
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MediWheel Full Body Health Female >40/2D ECHO
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	15.40	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	7.19	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.81	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	91.02	(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	7.20	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.44	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.76	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.61	1.00 - 2.00	Calculated
URIC ACID, Serum	3.80	2.40 - 5.70 mg/dL	Enzymatic
PHOSPHORUS, Serum	2.99	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.42	8.60 - 10.00 mg/dL	N-BAPTA
SODIUM, Serum	141.90	135.00 - 148.00 mmol/L	Indirect ISE
POTASSIUM, Serum	4.5	3.50 - 5.30 mmol/L	Indirect ISE
CHLORIDE Serum	103.30	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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	111.2	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 at	: WALKIN - KANDIVALI EAST (MAIN CENTRE) Row House No. 3, Aangan, Opp. Thakur College, Thakur Village, Kandivali East, Mumbai, Maharashtra - 400101		



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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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	160	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98	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	37	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	103	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	20	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.40	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	11.20	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	4.25	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.





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THYROID FUNCTION TESTS

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	0.43	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.20	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.44	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.76	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.61	1.00 - 2.00	Calculated
SGOT (AST), Serum	16.90	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.40	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.00	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.00	35.00 - 105.00 U/L	Colorimetric





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.012	1.002-1.035	Chemical Indicator
Reaction (pH)	5.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.3	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	3.4	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.00	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	35.20	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar mandal Choupal
DNB Pathology
Consultant Pathologist

Dr. Nehal Dubey
MD Pathology
Chief of Lab





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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Result/s to follow:

CYTOLOGY(PAP SMEAR), GENITAL, FEMALE, CONVENTIONAL, EXAMINATION OF FAECES

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report. (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

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



Patient Name: Anita Prasad

Age/Sex: 44/F

CID:

DATE: 7/3/25

History and Complaints:

ND

EXAMINATION FINDINGS:

Height (cms):	155 cms	Weight (kg):	66 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	80 /min	Lymph Node:	Not palpable

Systems

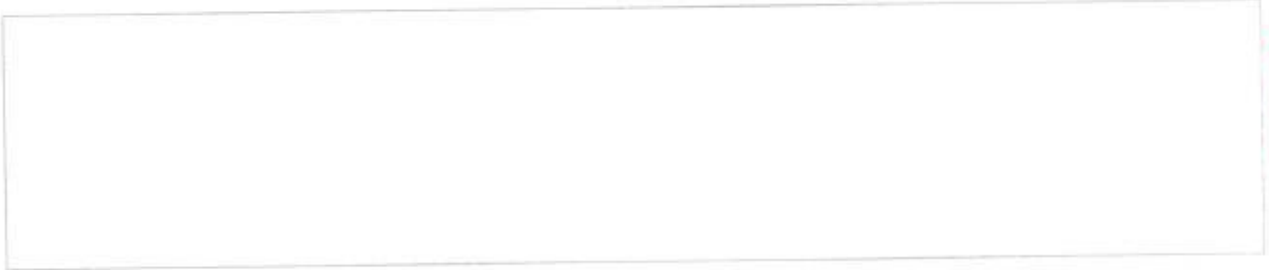
Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal umbilical hernia (+)
CNS:	Normal

IMPRESSION:

USG - umbilical Hernia

ADVICE:

Surgeon opinion



HIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	Lap Cholecystomy
17)	Musculoskeletal System	No

PERSONAL HISTORY:

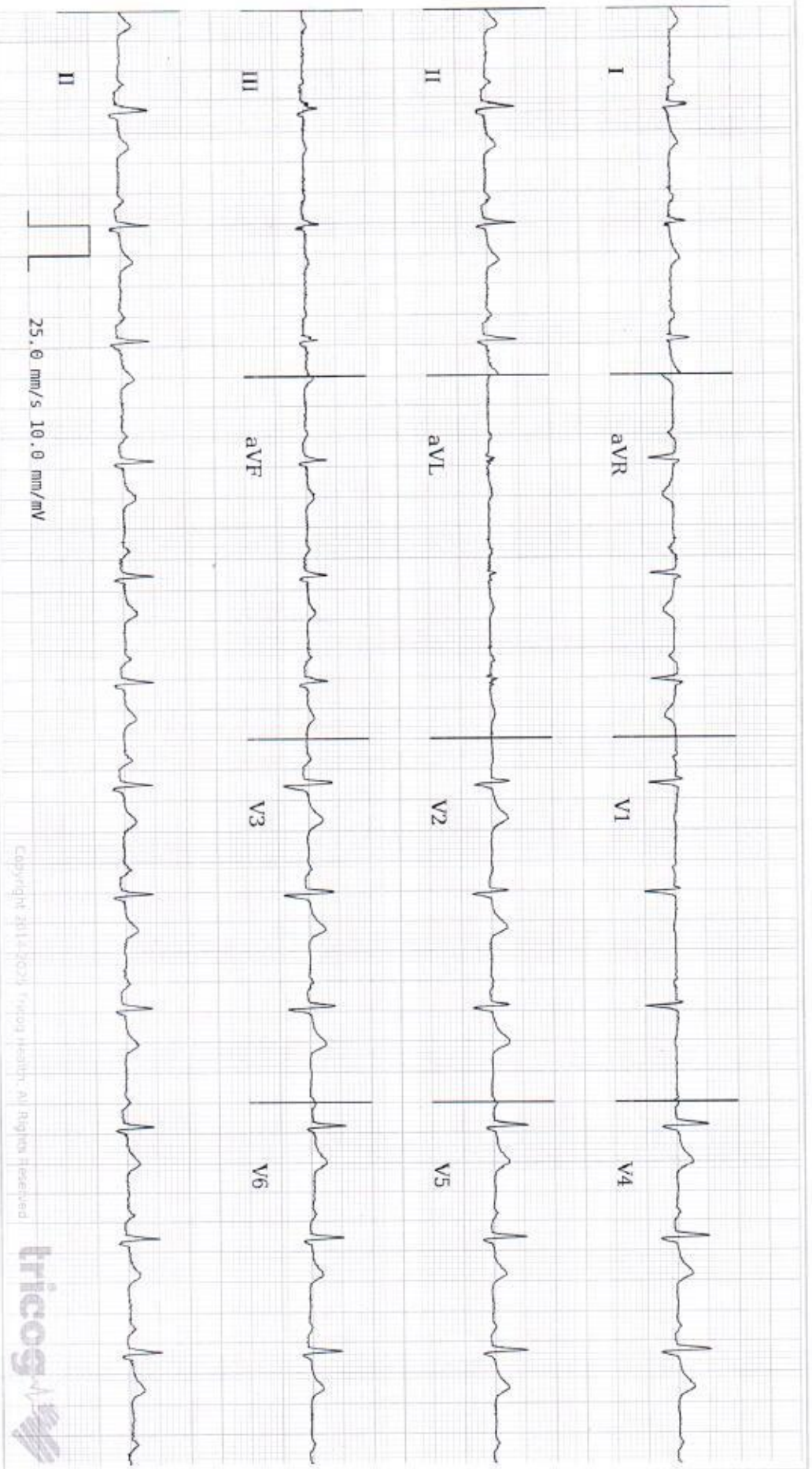
1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Milk
4)	Medication	No

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No.3, Aangan
Thakur Village, Kandivali (East)
Mumbai - 400101
Tel : 61700000

Patient Name: ANITA PRASAD
Patient ID: 393915506

Date and Time: 7th Mar 25 10:43 AM



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Age **44** **9** **16**
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 66 kg

Height: 155 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 358ms

QTcb: 412ms

PR: 164ms

P-R-T: 40° 51° 49°

REPORTED BY

DR AKHIL PARULKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

Date:- 7/3/25

CID: 393915506

Name:- Anitha Prasad

Sex/Age: 44/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near				N/G				N/G

Colour Vision: Normal / Abnormal

Remark:

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Mumbai - 400101
Tel : 61700000

CID : 393915506
Name : Ms. ANITA PRASAD
Age / Sex : 44 Years/Female
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 12:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.0 cm) 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:

Gall bladder not visualised, Post cholecystectomy status.

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 10.2 x 3.7 cm. Left kidney measures 10.8 x 5.2 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. It measures 8.0 x 4.4 x 3.8 cm in size. The endometrial thickness is 6.2 mm.

OVARIES:

Both the ovaries are obscured.

A 3 cm defect is noted in anterior abdominal wall in umbilical region with omentum herniating through the defect.

[Click here to view images <<ImageLink>>](#)

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

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.

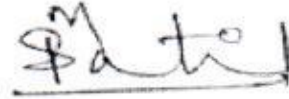
HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

CID : 393915506
Name : Ms. ANITA PRASAD
Age / Sex : 44 Years/Female
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 12:38

IMPRESSION:-

UMBILICAL HERNIA AS DESCRIBED ABOVE.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <<ImageLink>>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388

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

CID : 393915506
Name : Ms. ANITA PRASAD
Age / Sex : 44 Years/Female
Ref. Dr : self
Reg. Location : Kandivali East Main Centre
Reg. Date : 07-Mar-2025
Reported : 07-Mar-2025 / 13:21

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

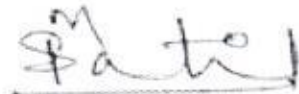
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

[Click here to view images <<ImageLink>>](#)

Name :	Anita prasad	Age / Gender
Dr. :		Date :

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : RS :
PULSE : CVs : | MAD
BP : 120/80 Breasts :
Per Abdomen : NAD
Per vaginal : Pus - (9th day of m.c)

RECOMMENDATIONS

ADVISE :


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548



EMail: **ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg** Date: 07 - 03 - 2025 11:53:16 AM Refd By : **MEDIWHEEL**

REPORT :

Heart Rate 91.0 bpm Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 04:04 Mins. METS 5.6
 Test End Reason , Heart Rate Achieved Target Heart Rate 176.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

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Thakur Village, Kandivali (East)

Mumbai - 400101

Tel : 61700000

DR. AKHIL P. PARULEKAR

MD, MRCP, MRCP (C), MRCP (E), MRCP (G), MRCP (IM), MRCP (N), MRCP (P), MRCP (S), MRCP (T), MRCP (U), MRCP (V), MRCP (W), MRCP (X), MRCP (Y), MRCP (Z)

Cardiologist

Thakur Village, Kandivali (East)

Mumbai - 400101

Tel : 61700000

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



Email:

1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg
 Date: 07 - 03 - 2025 11:53:16 AM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	082	47 %	120/80	098	00	
Standing	00:33	0:24	00.0	00.0	01.0	091	52 %	120/80	109	00	
HV	00:52	0:19	00.0	00.0	01.0	090	51 %	120/80	108	00	
ExStart	01:09	0:17	00.0	00.0	01.0	105	60 %	120/80	125	00	
BRUCE Stage 1	04:09	3:00	02.7	10.0	04.7	161	91 %	120/80	193	00	
PeakEx	05:13	1:04	04.0	12.0	05.6	172	98 %	150/80	258	00	
Recovery	06:13	1:00	00.0	00.0	01.0	149	85 %	150/80	223	00	
Recovery	06:22				00.0	000	0 %	---	000	00	

FINDINGS :

Exercise Time : 04:04
 Initial HR (ExStrt) : 105 bpm 60% of Target 176
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 5.6 Fair response to induced stress
 Duke Treadmill Score : 11.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 172 bpm 98% of Target 176
 Max BP Attained 150/80 (mm/Hg)

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No.3, Aangan
 Thakur Village, Kandivali (East)
 Mumbai - 400101
 Tel : 61700000

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:09)



1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 82

Date: 07 - 03 - 2025 11:53:16 AM METS: 1.0/82 bpm 47% of THR BP: 120/80 mmHg Raw ECG/BLOOn/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



SI 0.3
SR 0.4

V1 -0.4
-0.4

V1

II 1.2
0.8

II

V2 0.1
0.2

V2

III 0.9
0.4

III

V3 1.0
0.5

V3

aVR -0.7
-0.6

aVR

V4 1.2
0.7

V4

aVL -0.3
0.0

aVL

V5 1.0
0.6

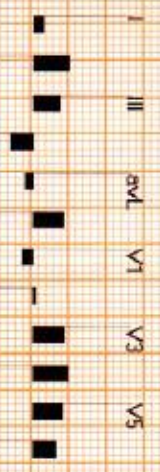
V5

aVF 1.0
0.6

aVF

V6 0.8
0.5

V6



I aVF1 aVF V2 V4 V6
REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:24)



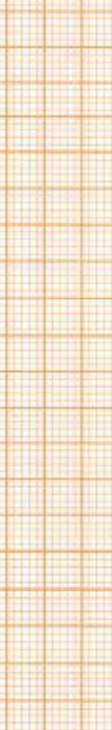
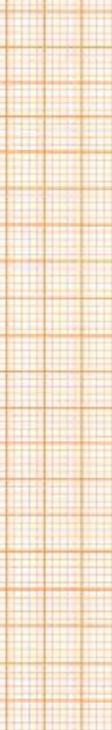
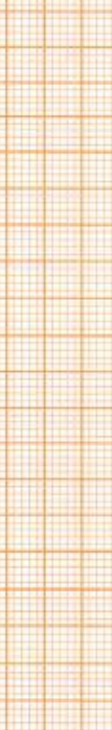
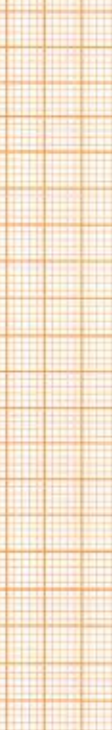
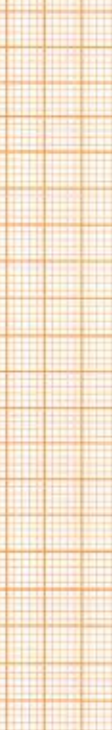
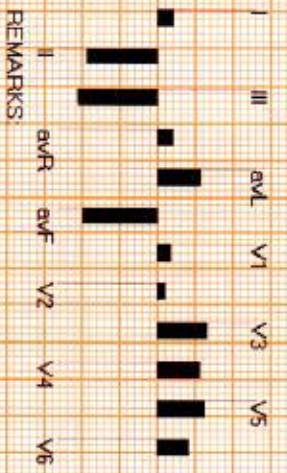
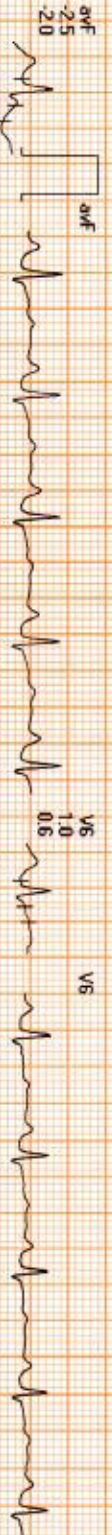
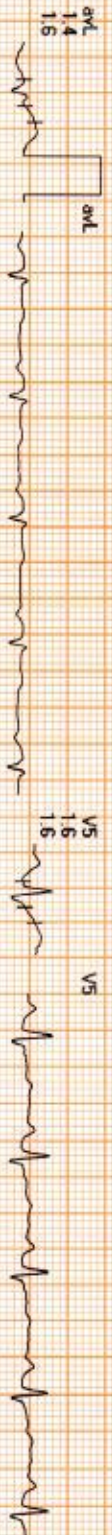
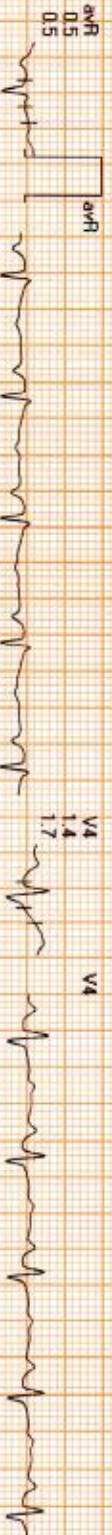
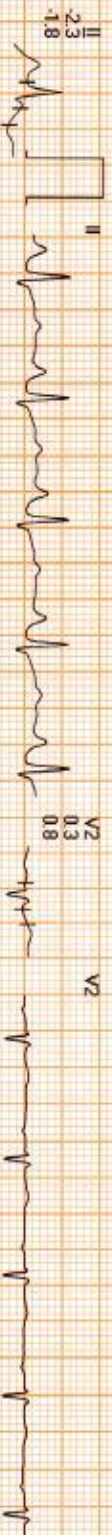
1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 91

Date: 07 - 03 - 2025 11:53:16 AM METS: 1.0/ 91 bpm 52% of THR BP: 120/80 mmHg Raw ECG/BL/C On/Noch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 90 mS Post J

25 mm/Sec. 1.0 Div/Div



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:19)



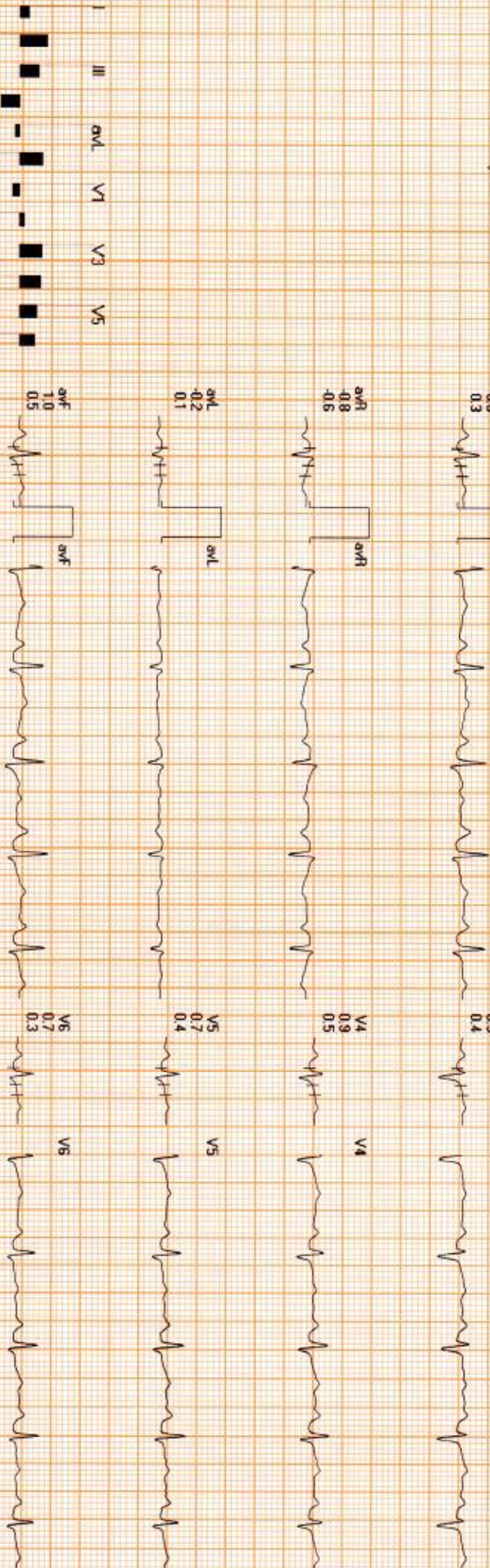
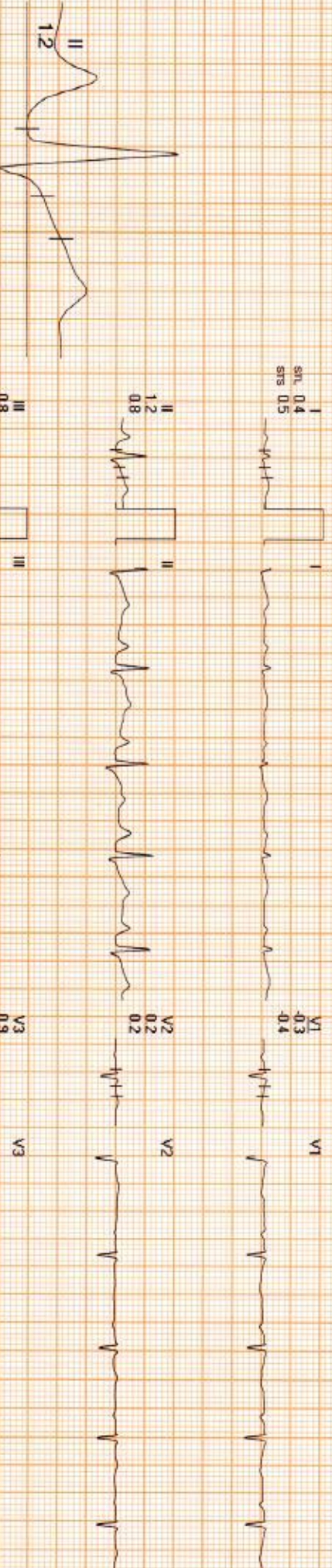
1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 90

Date: 07 - 03 - 2025 11:53:16 AM METS: 1.0/90 bpm 51% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 90 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

ExStt



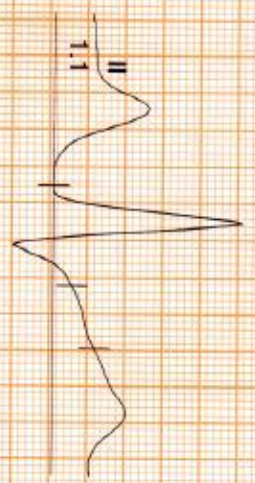
1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 105

Date 07 - 03 - 2025 11:53:16 AM METS: 1.0/105 bpm 80% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



sn. 0.3
strs 0.5

V1 -0.2
-0.3

V1

II 1.1
0.7

V2 0.1
0.2

V2

III 0.8
0.3

V3 0.9
0.5

V3

avR -0.7
-0.6

V4 0.9
0.6

V4

avL -0.2
0.1

V5 0.7
0.5

V5

avF 0.9
0.5

V6 0.6
0.4

V6



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 161

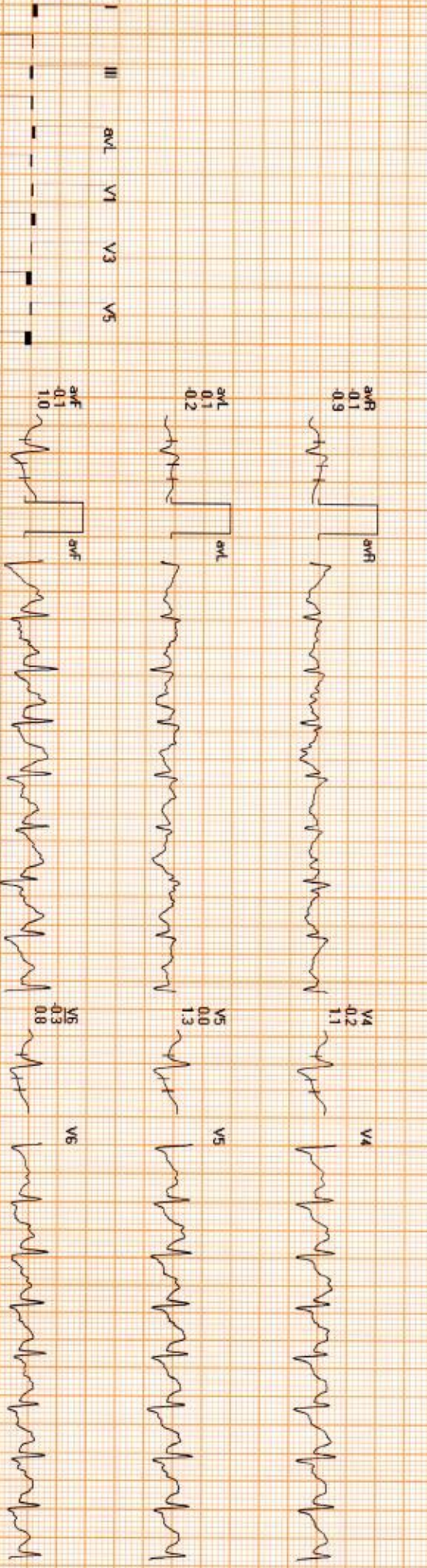
Date: 07 - 03 - 2025 11:53:16 AM

METS: 4.7 / 161 bpm 91% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph 10.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakX



1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 172

Date: 07 - 03 - 2025 11:53:16 AM

METS: 5.6 / 172 bpm 98% of THR BP: 150/80 mmHg Raw ECG/BLC On/Naich On/HF 0.05 HzALF 35 Hz

EXTime: 04:04 40 Kmph, 12.0%

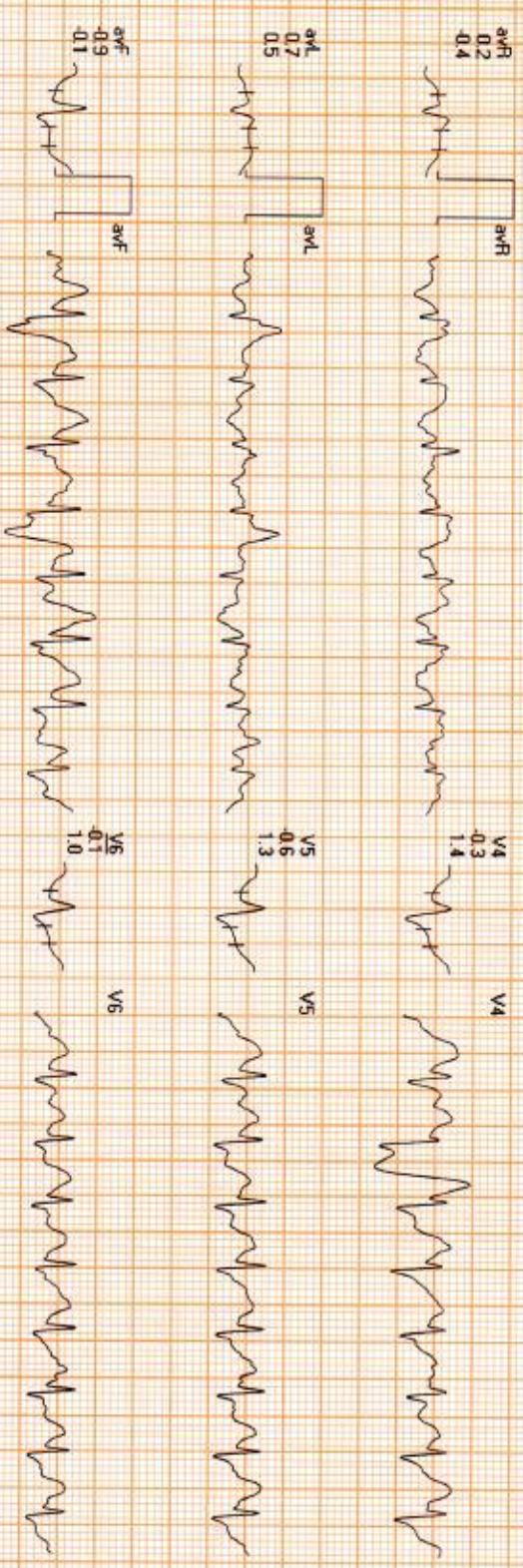
4X 60 ms Peak J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

I II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:00)



1171 (3333915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR : 147

Date: 07-03-2025 11:53:16 AM

METS: 1.0/147 bpm 84% of THR

BP: 150/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 04:04 0.0 Kmph 0.0%

4X

50 ms Post 1

25 mm/Sec 1.0 Cm/mV

I
STL 0.1
STB 0.4

V1
-0.3
-0.6

V1

II
1.1
1.1
1.9

V2
-0.1
-0.2

V2

III
1.0
1.0
1.6

V3
1.4
1.9

V3

avR
-0.6
-1.2

V4
1.1
1.1
1.9

V4

avL
-0.4
-0.6

V5
0.9
1.7

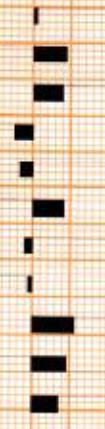
V5

avF
1.0
1.0
1.7

V6
0.7
1.3

V6

I III avL V1 V3 V5



II avR avF V2 V4 V6



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:09)



1171 (393915506) / ANITA PRASAD / 44 Yrs / F / 155 Cms / 66 Kg / HR 149

Date: 07 - 03 - 2025 11:53:16 AM METS: 1.0 / 149 bpm 85% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 35 Hz

ExTime: 04:04 0.0 Km/h, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: