

PHYSICAL EXAMINATION REPORT

Patient Name	Priya Post	Sex/Age	49 yrs
Date	19-10-24	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	1.49	Temp (0c):	⊙
Weight (kg):	57.1	Skin:	Pigmentation on Face
Blood Pressure	150/90	Nails:	NAD
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:
 ↑ B.P.
 Mammography - Rt. Breast - simple cyst
 ECG - int. Ischemia
 ↑ B/L BV Protrusion

Advice:

- Monitor B.P.
- Cardiologist's Consultation
- Gynaec / Breast surgeon consultation

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

Nil

Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

(veg) = High fiber
 No
 No
 No

[Signature]
21/10/24

Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439

NAME: - Priya Pant AGE / SEX :- F/49
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal (6 Months)
- PAST MENSTRUAL HISTORY :- Reg.
- OBSTETRIC HISTORY :- G4 P2 A2
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- LSCS
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

N.I.
N

PERSONAL HISTORY :-

TEMPERATURE :-

N

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD
150/90
76/min
NAD

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date: 18/10/24

CID: 2428331860

Name: Pooja Pant

Sex / Age: F 49-

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13 E 6/60 XNBLX

Aided Vision: 13 E 6/6 XNBLX/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

[Signature]
 SR. OPTOMETRIST



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CID : 2429331360
Name : MRS.PANT PRIYA PRASHANT
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 12:13

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.39	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Measured
MCV	86.9	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4290	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	23.9	20-40 %	
Absolute Lymphocytes	1025.3	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	261.7	200-1000 /cmm	Calculated
Neutrophils	67.1	40-80 %	
Absolute Neutrophils	2878.6	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	103.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	21.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	213000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 12:30

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 18 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

000005 4 550



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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 12:43
Reported : 19-Oct-2024 / 15:34

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	67.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MRS.PANT PRIYA PRASHANT
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 14:07

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.71	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	104	(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	6.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	3.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.4	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	143	136-145 mmol/l	IMT
POTASSIUM, Serum	4.3	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	109	98-107 mmol/l	IMT

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



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 14:07

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 17:40

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr. Vandana Kulkarni
Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

Reg. No. :2429331360	Sex : FEMALE
NAME : MRS. PRIYA PRASHANT PANT	Age : 49 YRS
Ref. By : -----	Date : 19.10.2024

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.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts.

No evidence of any abnormal nipple retraction is seen.

Small round opacity noted in supero-lateral quadrant of right breast.

No architectural distortion is seen.

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

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

A 5 x 4 mm sized simple cyst at 10 o'clock position in right breast.

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

IMPRESSION:

SIMPLE CYST IN RIGHT BREAST.

NO SIGNIFICANT ABNORMALITY IN LEFT BREAST.

ACR BIRADS CATEGORY II RIGHT BREAST.

ACR BIRADS CATEGORY I LEFT BREAST.

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.

G.R. Fartade
DR. GAURAV FARTADE
MBBS, DMRE
(CONSULTANT RADIOLOGIST)



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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 14:09

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	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	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5	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	10-12	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 14:09

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



Authenticity Check
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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 14:53

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

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M.D (Path)
Pathologist



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Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 13:48

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	51.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.7	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	11.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



[Signature]

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Consulting Dr. : -
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Collected : 19-Oct-2024 / 08:44
Reported : 19-Oct-2024 / 13:45

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	4.018	0.55-4.78 microU/ml	CLIA



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Reported : 19-Oct-2024 / 13:45

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 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)

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



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M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.37	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.23	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	18.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	103.8	46-116 U/L	Modified IFCC

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



[Signature]
Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



Authenticity Check
 Use a QR Code Scanner Application To Scan the Code

CID : 2429331360
 Name : MRS.PANT PRIYA PRASHANT
 Age / Gender : 49 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 19-Oct-2024 / 08:44
 Reported : 19-Oct-2024 / 13:29

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
FUS and KETONES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
 *** End Of Report ***

Vandana Kulkarni
Dr.VANDANA KULKARNI
 M.D (Path)
 Pathologist

REG NO. :2429331360	SEX : FEMALE
NAME : MRS.PRIYA PANT	AGE : 39 YRS
REF BY : -----	DATE: 19.10.2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	35.1	mm
LVIDS	23.7	mm
LVEF	61	%
FS	32	%
IVS	10	mm
PW	9.5	mm

AORTIC VALVE :

LADd	19.5	mm
AODd	26.6	mm
ACS	11.9	mm

Pulmonary valve study : Normal

1. RA.RV.LA.IV. 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 - arterial 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. Normal Flow and gradient across all the valves.
2. No shunt / coarctation.
3. No pulmonary hypertension.

IMPRESSION :

- ALL CHAMBER DIMANSIONS ARE NORMAL.
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC AND DIASTOLIC FUNCTION.LVEF=61%
- NORMAL RV SYSTOLIC FUNCTION.
- NO PULMONARY HYPERTENSION.
- ALL VALVE ARE NORMAL.



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

Authenticity Check



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Application To Scan the Code

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 Name : Mrs PANT PRIYA PRASHANT
 Age / Sex : 49 Years/Female
 Ref. Dr :
 Reg. Location : G B Road, Thane West Main Centre
 Reg. Date : 19-Oct-2024
 Reported : 19-Oct-2024 / 14:26

X-RAY CHEST PA VIEW

Rotation+

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=2024101908400176>



CID : 2429331360
Name : Mrs PANT PRIYA PRASHANT
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 19-Oct-2024
Reported : 19-Oct-2024 / 9:39

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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 9.2 x 3.8 cm. Left kidney measures 9.7 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, shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and measures 4.6 x 2.5 x 2.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 19-Oct-2024
Reported : 19-Oct-2024 / 9:39

IMPRESSION:

USG ABDOMEN IS WITHIN NORMAL LIMITS.

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.

-----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=2024101908400113>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC005306

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

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