



CID : 2432016286
Name : MRS.USHA TULSIAN
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 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	13.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.7	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10090	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.0	20-40 %	
Absolute Lymphocytes	2510.0	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	640.0	200-1000 /cmm	Calculated
Neutrophils	65.5	40-80 %	
Absolute Neutrophils	6580.0	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	300.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	273000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 **41** 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



J Thakker

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.5	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	102.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



Bmhasakar

Dr.KETAKI MHASKAR
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	16.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	(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	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



Bmhasakar

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 Borivali Lab, Borivali 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
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 16-Nov-2024 / 16:34

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

Specimen : (G/SDC- 11609/24)
Received Ezi prep vial.

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

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

Interpretation :
Negative for intraepithelial lesion or malignancy.

Case was reviewed by Dr. Shital Joshi.

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

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

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



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



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Name : MRS.USHA TULSIAN
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Consulting Dr. : -
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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	AB
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

*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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Name : MRS.USHA TULSIAN
Age / Gender : 48 Years / Female
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	166.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	59.3	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	49.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	116.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.0	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	12.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



Bmhasakar

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



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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	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	1.35	0.35-5.5 microIU/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 becuaese 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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
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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	0.58	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	53.6	35-105 U/L	Colorimetric

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist

Name : Mrs. Usha Tulseam Age / Gender 48 / F
Dr. : Date : 15/11/24

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : ~~non~~ Allergic bronchitis & Allergic
MARITAL STATUS : married fresh

MENSTRUAL HISTORY :

(i) MENARCHE : 14 yrs.

(ii) PRESENT MENSTRUAL HISTORY : 22/10/24. Reg.

(iii) PAST MENSTRUAL HISTORY : (NS)

OBSTETRIC HISTORY : G, P, A, L, (RTND)

PAST HISTORY : Dengue, Prolonged infertility Rx

PREVIOUS SURGERIES : ~~none~~ + Laparoscopic internal examination

ALLERGIES : Intolerant to antibiotics + 3-4 D & G

FAMILY HISTORY : M - Asthma, DM, HTN.

DRUG HISTORY : Tetrazepam On anti allergic Rx.

BOWEL HABITS : (P)

BLADDER HABITS :

N/O prolonged pelvic infection for 10-12 yrs

Name : *Usha T.*

Age / Gender *48 / F*

Dr. :

Date *15/6/20*

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE :

RS :

PULSE :

CVs :

BP :

Breasts :

NAD O/G

Per Abdomen :

Per vaginal :

RECOMMENDATIONS

ADVISE :

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

Authenticity Check



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Name : Mrs Usha Tulsian
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

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

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

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

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

Report No: 2024111509310771

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-16, Rohini, New Delhi - 110085. | CIN No.: L74899DL1700015371

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sunderwan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400052.

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

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

CID : 2432016286
Name : Mrs Usha Tulsian
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:57

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal architecture and echotexture.

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

A well defined oval lesion of size 1.3 x 0.5 cm is seen in lower quadrant at 6 O'clock position in left breast parallel to underlying chest wall .F/s/o Left intramammary lymph node.

IMPRESSION:

F/s/o Left intramammary lymph node.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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



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

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



Use a QR Code Scanner Application to Scan the Code

CID : 2432016286
Name : Mrs Usha Tulsian
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:51

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 17.6 cm, with moderate generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.
(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.8 x 3.5 cm. Left kidney measures 9.0 x 3.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted, normal and measures 7.1 x 3.3 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 2.2 x 1.5 x 2.1 cm.
The left ovary measures 2.3 x 1.6 x 1.9 cm.

Bilateral adnexa is clear.
No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access=2024111509310605) sionNo=2024111509310605

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2432016286
Name : Mrs Usha Tulsian
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:51

Opinion:

- Grade II fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

Pranali

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

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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL190001025054

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

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

Age: 48 years NA months NA days

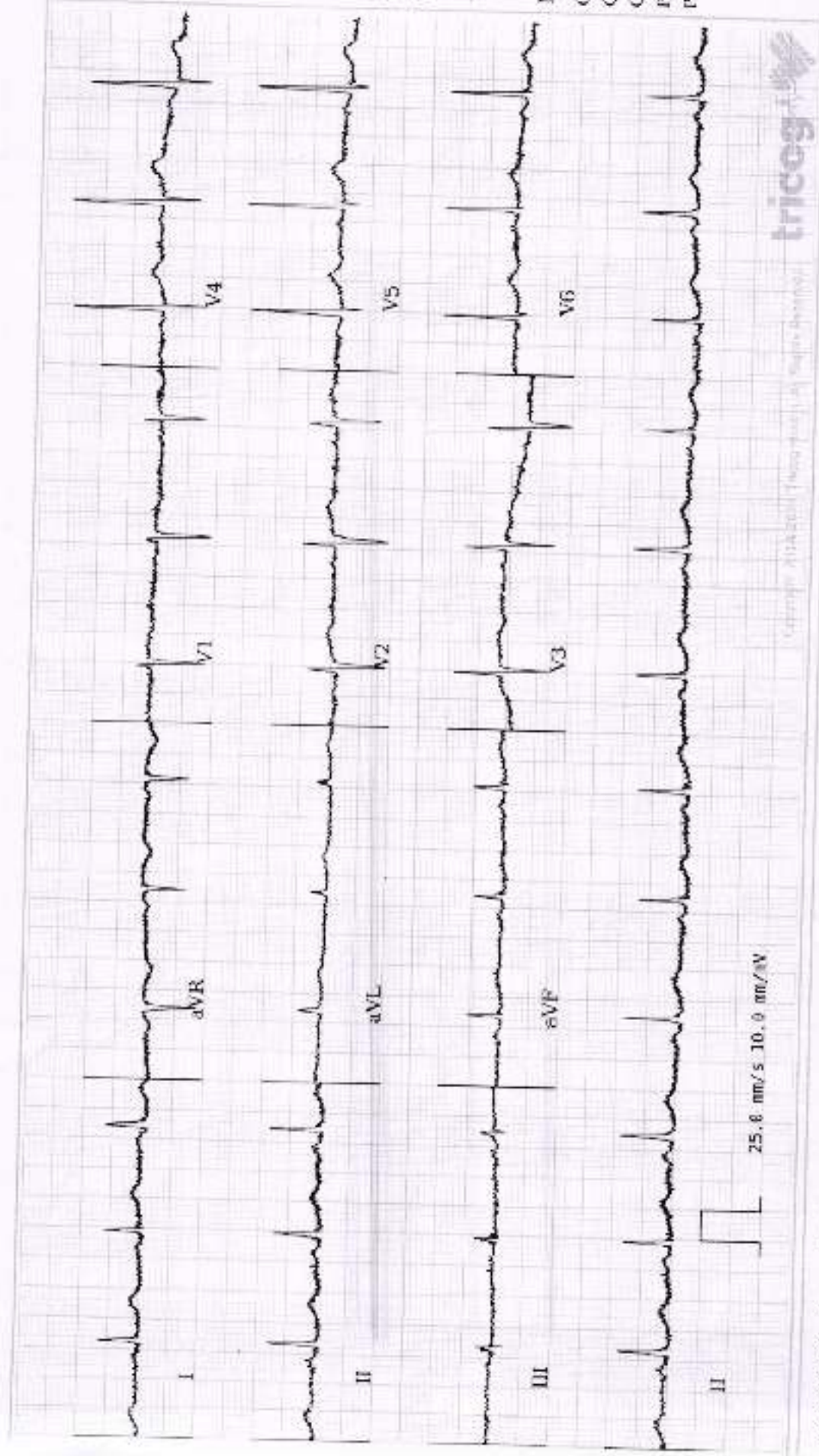
Gender: **Female**
Heart Rate: **78bpm**

Patient Vitals

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

Measurements

QRSD: 58ms
QT: 374ms
QTcB: 426ms
PR: 144ms
P-R-T: 44° 40° 25°



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

REPORTED BY

[Signature]

Dr. Naveen Srinivasan
M.D. B.S. (AF), H.D. (DAB), D.C. (AB)
Consultant, Cardiology
8774

Disclaimer: Analysis in this report is based on ECG wave and should be used as an adjunct to clinical findings only. In cases of clinical findings, and sample of other available and non-ecgographic test with this is interpreted by a qualified physician. All other findings are not included in this report.

Date:-

CID: 2432016286

Name:- Usha Tulsian

Sex / Age: 48 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} Nil

RE LE
6/6 6/6
N/8 N/8

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics Pvt. Ltd.
301 & 302, 3rd Floor, Above Taurus,
Borivali West, Mumbai - 400086
Ph: 022-250002

SUBURBAN DIAGNOSTICS PVT. LTD.

Name: USHA TULSIAN

Date: 15-11-2024 Time: 16:07

Age: 48 Gender: F Height: 155 cms Weight: 75 Kg ID: 2432016286

Clinical History:

Medications:

Test Details:

Protocol: Bruce Predicted Max HR: 172 Target HR: 146 (85% of Pr. MHR)
Exercise Time: 0:05:32 Achieved Max HR: 157 (91% of Pr. MHR)
Max BP: 160/80 Max BP x HR: 25120 Max Mets: 6.5

Test Termination Criteria:

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	87	120/80	10440	0.2 aVF	-3 III
Standing	00:06	1	0	0	94	120/80	11280	-0.3 V3	-2.9 III
Hyper/Ventilation	00:08	1	0	0	89	120/80	10680	0.3 II	-2.8 III
PreTest	00:30	1	1.0	0	93	120/80	11160	0.2 II	-3.2 III
Stage: 1	03:00	4.7	2.7	10	134	130/80	17420	-0.8 V5	-2.4 III
Peak Exercise	03:32	6.5	4	12	157	150/80	23550	-0.8 V4	-2.6 III
Recovery1	01:00	1	0	0	126	160/80	20160	-0.4 V5	-3.4 III
Recovery2	01:00	1	0	0	101	140/80	14140	-0.4 V3	-3.4 III
Recovery3	01:00	1	0	0	94	130/80	12220	-0.5 V3	-3.6 III
Recovery4	00:01	1	0	0	94	130/80	12220	-0.5 V3	-3.6 III

Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:32 achieving a work level of 6.5 METS.
Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 157bpm (91% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg.

Moderate Effort tolerance
Normal HR & BP Response
No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise

IMPRESSION:

Stress test Negative for Stress inducible ischaemia.

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

Ref. Doctor: ACEFOCAMI

Dr. Sacha Shetty
Dr. Sacha Shetty
MBBS, PGCC
Clinical Cardiology
Doctor: DR SACHA SHETTY
Reg. No. 10000000000

SCHILLER
The Art of Diagnostics

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



SUBURBAN DIAGNOSTICS PVT. LTD.

USHA TULSIAN (48 F)

BRUCE Protocol
STLeads(mn) STS(mg)cm V(s)

ID: 2432016286

Date: 15-11-2024

Exec Time : 0:00:00

Stage Time : 00:10

Stage: Sinus

Speed: 4 km/h

Slope: 0%

THR: 146 bpm

HR: 87 bpm

67% STHR
BP: 120/83 mmHg
STLeads(mn) STS(mg)cm V(s)

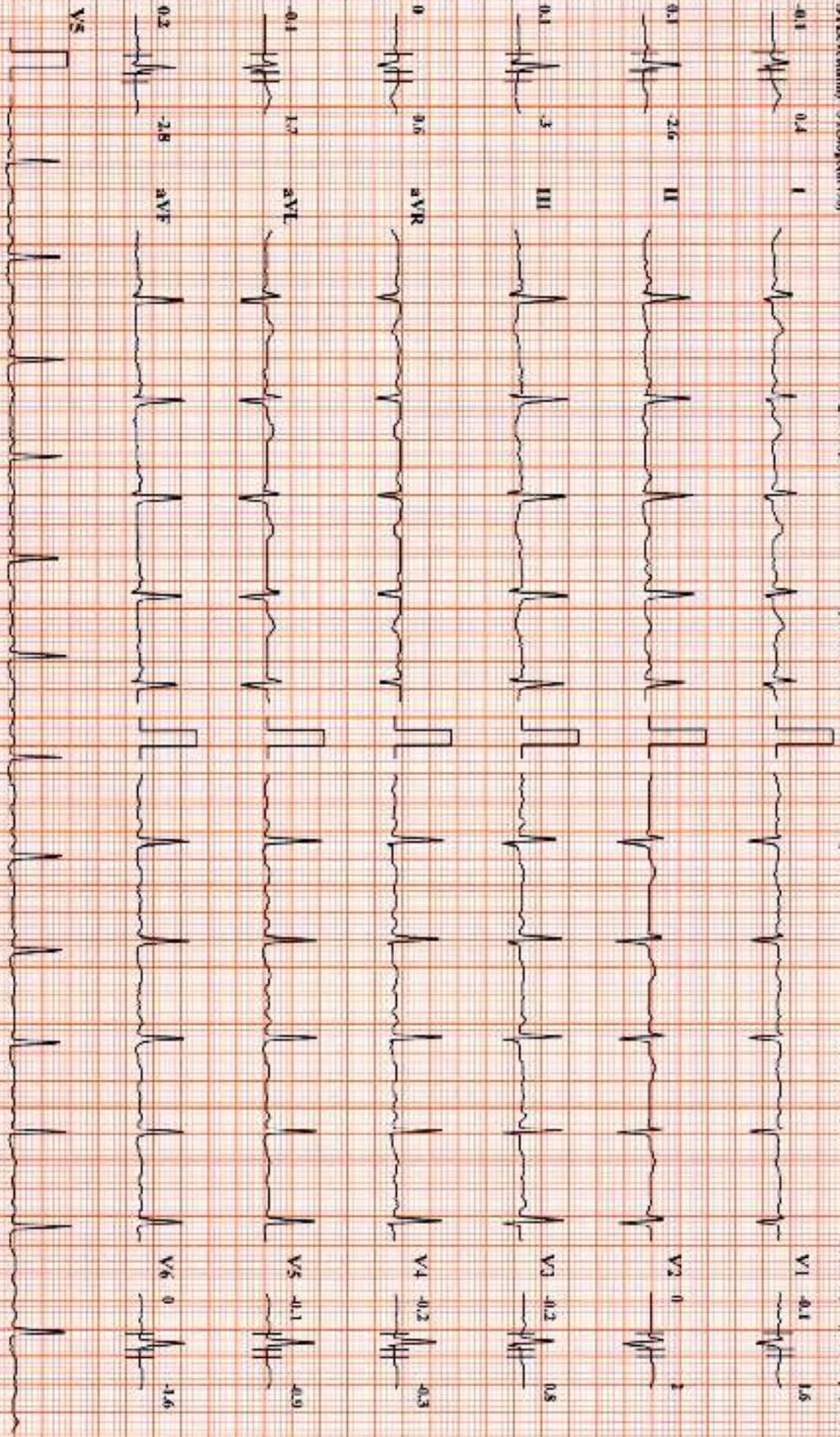


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

CS: R: R: 60 ms, J - R: + 00 ms, P: J - J: + 60 ms

Serial: Cardipal CS-20 Version: 2.6



USHA TULSIAN (48 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Druse Protocol
ST1 (red/limb) ST5 (green/V5a1)

ID: 2432016286
Stage: Standing

Date: 15-11-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:06
THR: 146 bpm

HR: 94 bpm
64% of THR
BP: 120/80 mmHg
ST1 (red/limb) ST5 (green/V5a1)

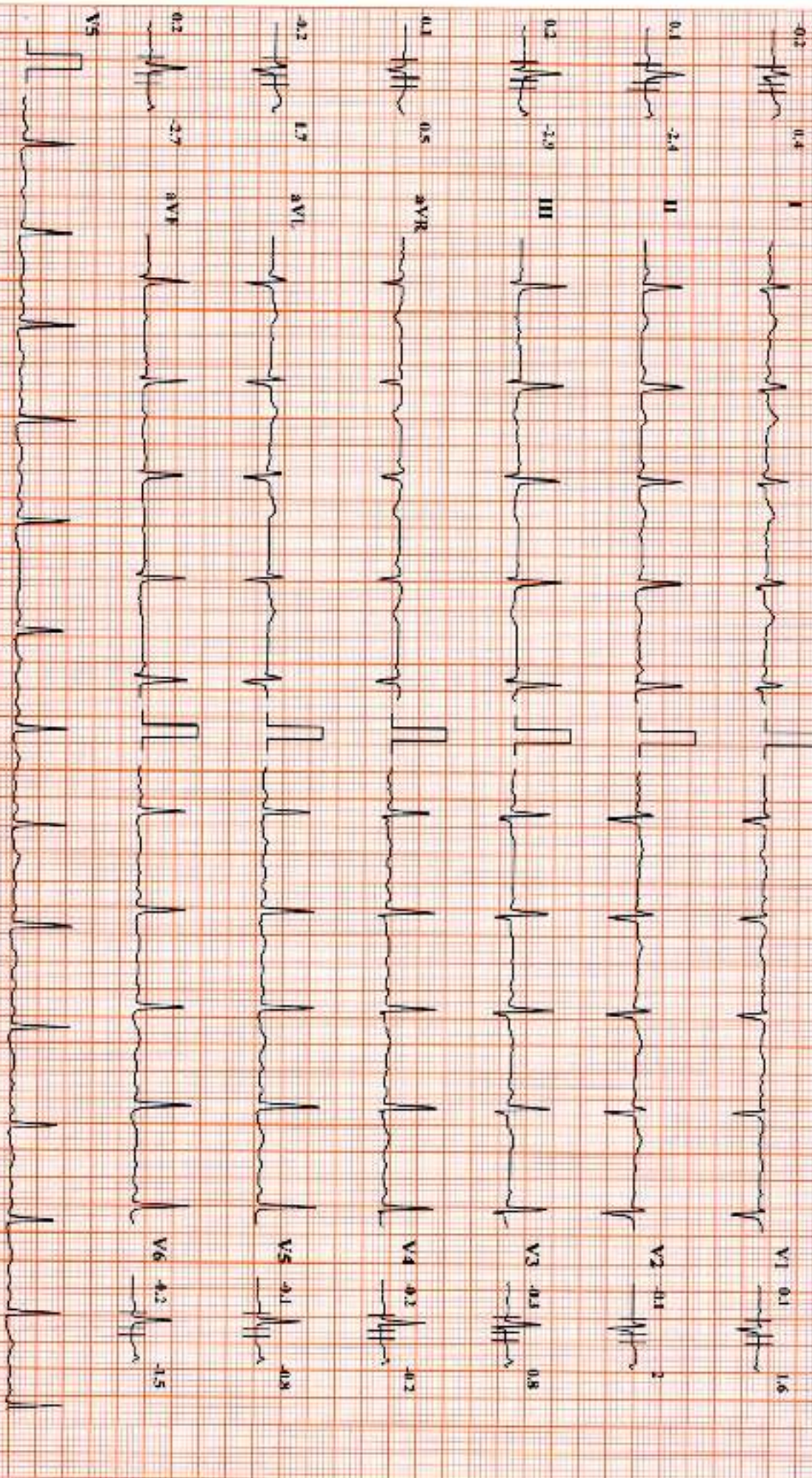


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Matrix Filter: ON

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

Scaltec/Colson/CS-20 Version 2.6



SUBURBAN DIAGNOSTICS PVT. LTD.

USHA TULSIAN (48 F)

Druse Protocol

ST1:rect(mml) ST5:diag(mV/s)

ID: 2432015286

Date: 15.11.2024

Exec Time: 0:00:00

Stage Time: 00:08

HR: 89 bpm

61% of THR

BP: 120/80 mmHg

ST1:rect(mml) ST5:diag(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0%

THR: 146 bpm

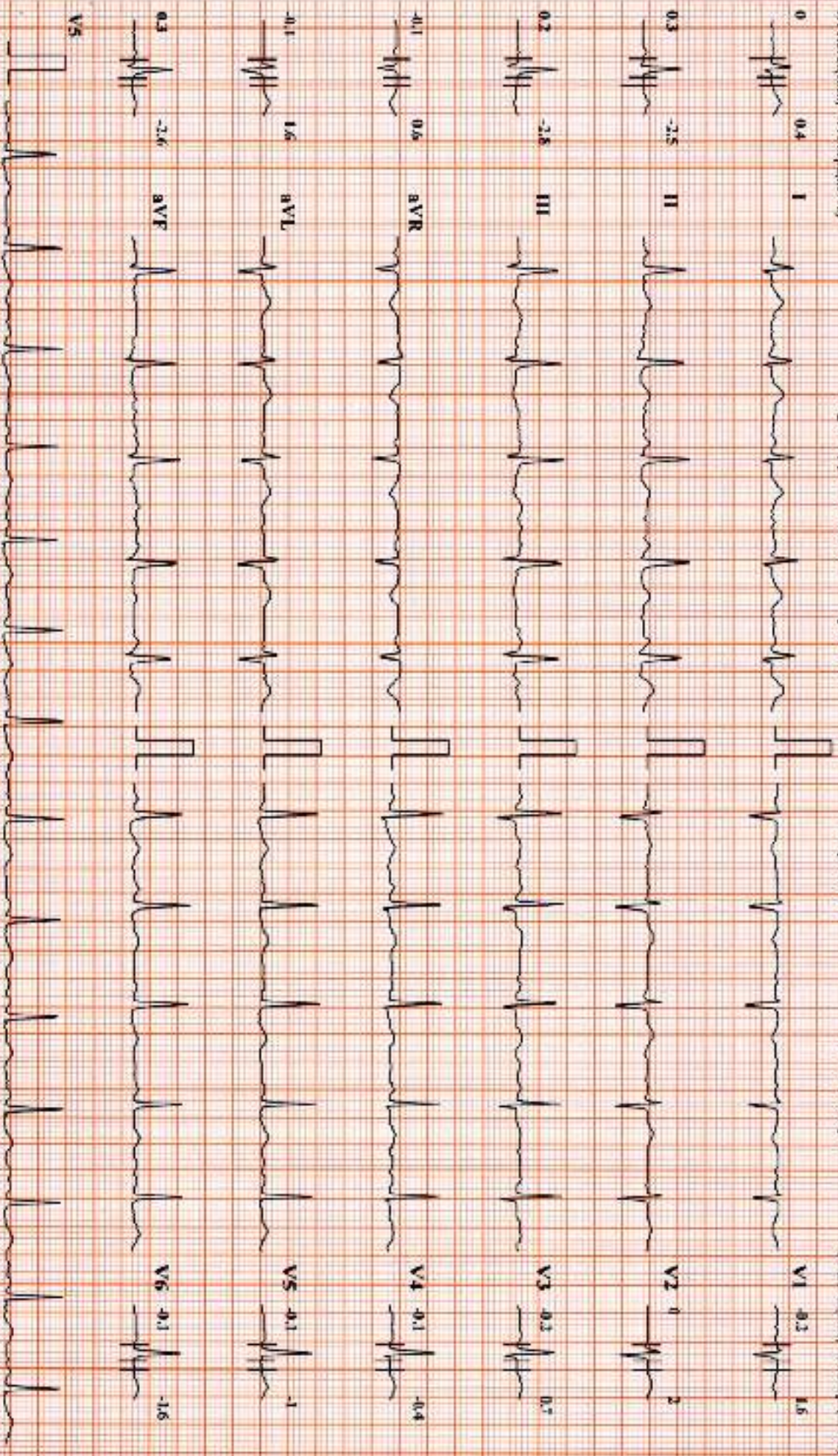


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Main Filter: ON

ECG + R: 60 ms, L+R + 60 ms, V6 L+R + 60 ms

Scale: Cardiac CS-32

SUBURBAN DIAGNOSTICS PVT. LTD.

USHA TEJSIAN (48 F)

Bruc's Protocol
STL (lead III) ST Slope (mV/s)

ID: 2432016286

Date: 15-11-2024

Exec Time: 09:30

Stage Time: 05:00

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 146 bpm

HR: 134 bpm

97% of THR
BP: 130/80 mmHg
STL (lead III) ST Slope (mV/s)

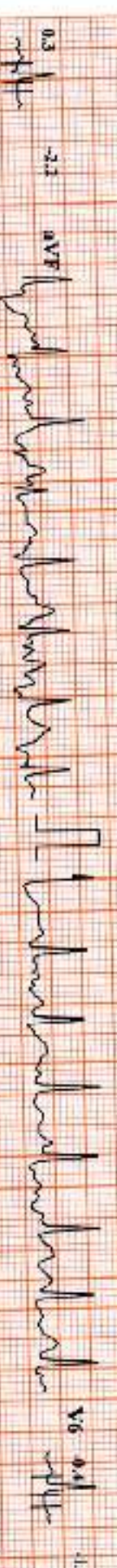


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35Hz; Main Filter: ON

ISO - R -50ms, I - R +50ms, P+T - J + 60ms

Scanner: Grandview (S-2P) Ver: 4.3.5

USHA TULSIAN (48 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Bruce Protocol

ID: 2432016286

Date: 15-11-2024

Exerc Time : 0:05:32

Stage Time: 12:32

HR: 157 bpm

ST1 (Lead II) ST2 (Lead V1)

Stage: 2 Peak Exercise

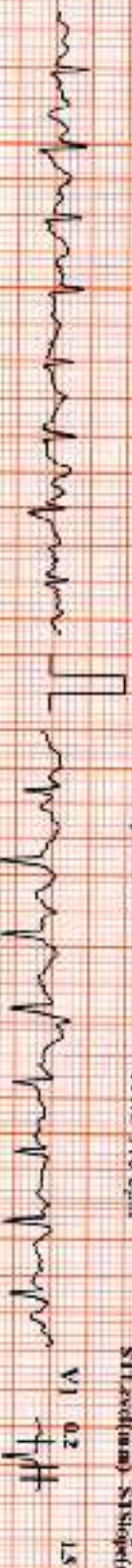
Speed: 4 kmph

Slope: 12 %

THR: 146 bpm

HR: 157 bpm
(65% of THR)
HR: 150/80 mmHg
ST1 (Lead II) ST2 (Lead V1)

0.5 0.4 I



0.4 0.3 II



0.4 0.3 III



0.4 0.4 aVR



0.3 0.2 aVL



0.2 0.2 aVF



VS



Chart Speed: 25 mm/Sec

Amplitude: 10mm/mV

Filter: 33 Hz Main Filter ON

ISO - I - 60mm, J + K + 60 mm, Paper - 1 + 60 mm

Schiller Cardiotec CS-24 Version 2.6

SUBURBAN DIAGNOSTICS PVT. LTD.

USHA TULSIAN (48 F)

Brute Protocol

ID: 24132016286

Date: 15-11-2024

Exam Time: 00:00

Stage Time: 01:00

HR: 126 bpm

ST1 (voltage) ST Slope (mV/s)

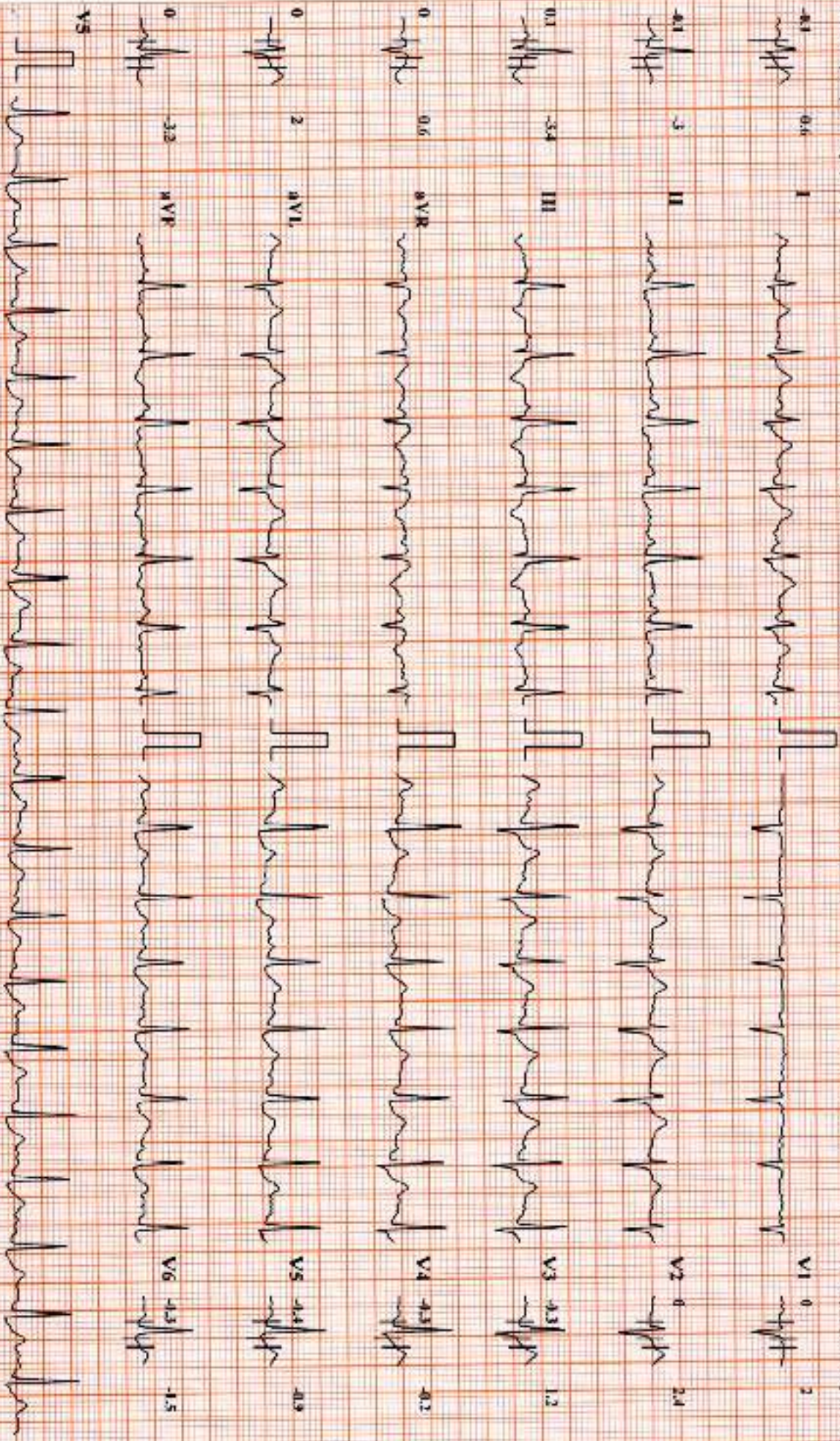
Stage: Recovery 1

Speed: 0 length

Slope: 0 %

THR: 146 bpm

86% of THR
132, 150/80 mmHg
ST1 (voltage), ST Slope (mV/s)



SUBURBAN DIAGNOSTICS PVT. LTD.

USHA TEJESIAN (48 F)

Drive Prasad

ST12evd(arm) ST13imp(mV/s)

ID: 2432016286

Date: 13-11-2024

Exec Time: 00:00

Single Time: 01:30

HR: 101 bpm

69% of TTR

BP: 140/80 mmHg

ST12evd(arm) ST13imp(mV/s)

Stage: Recover12

Speed: 0 kmph

Slope: 0 %

HR: 146 bpm



V1 -0.1 1.8

V2 -0.1 2.2

V3 -0.1 1.2

V4 -0.3 -0.2

V5 -0.3 1

V6 -0.2 1.5

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO + R + 60 ms L - R + 60 ms Pp1 L + J + 60 ms

Seelster Cardio CS-210 Version 3.0

USHA TULSIAN (48 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brush Protocol

ID: 2432016286

Date: 15-11-2024

Exec Time: 00:00

Stage Time: 01:00

STLead(mv) STSegment(V/s)

Stage: Recover/3

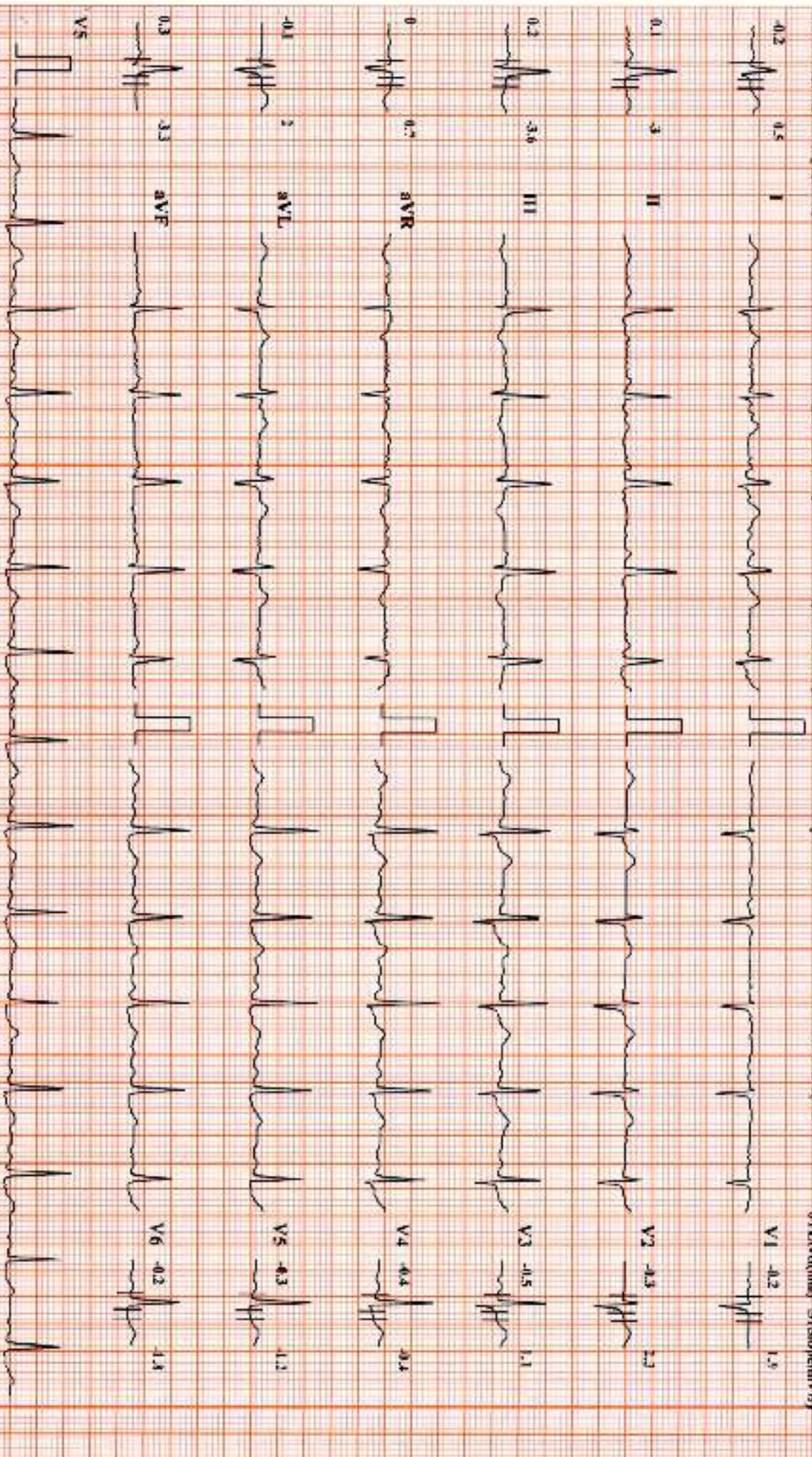
Speed: 0 kmph

Slope: 0 %

THR: 146 bpm

HR: 94 bpm

64% of TRR
BP: 130/80 mmHg
STLead(mv) STSegment(V/s)





USHA TULSIAN (48 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brice Protocol
STave(1mm) STSlope(mV/s)

ID: 2412016246
Stage: Recovery/4

Date: 15-11-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %

Stage Time: (0):01
THR: 146 bpm

HR: 94 bpm
61% of THR
BP: 130/80 mmHg
STave(1mm) STSlope(mV/s)

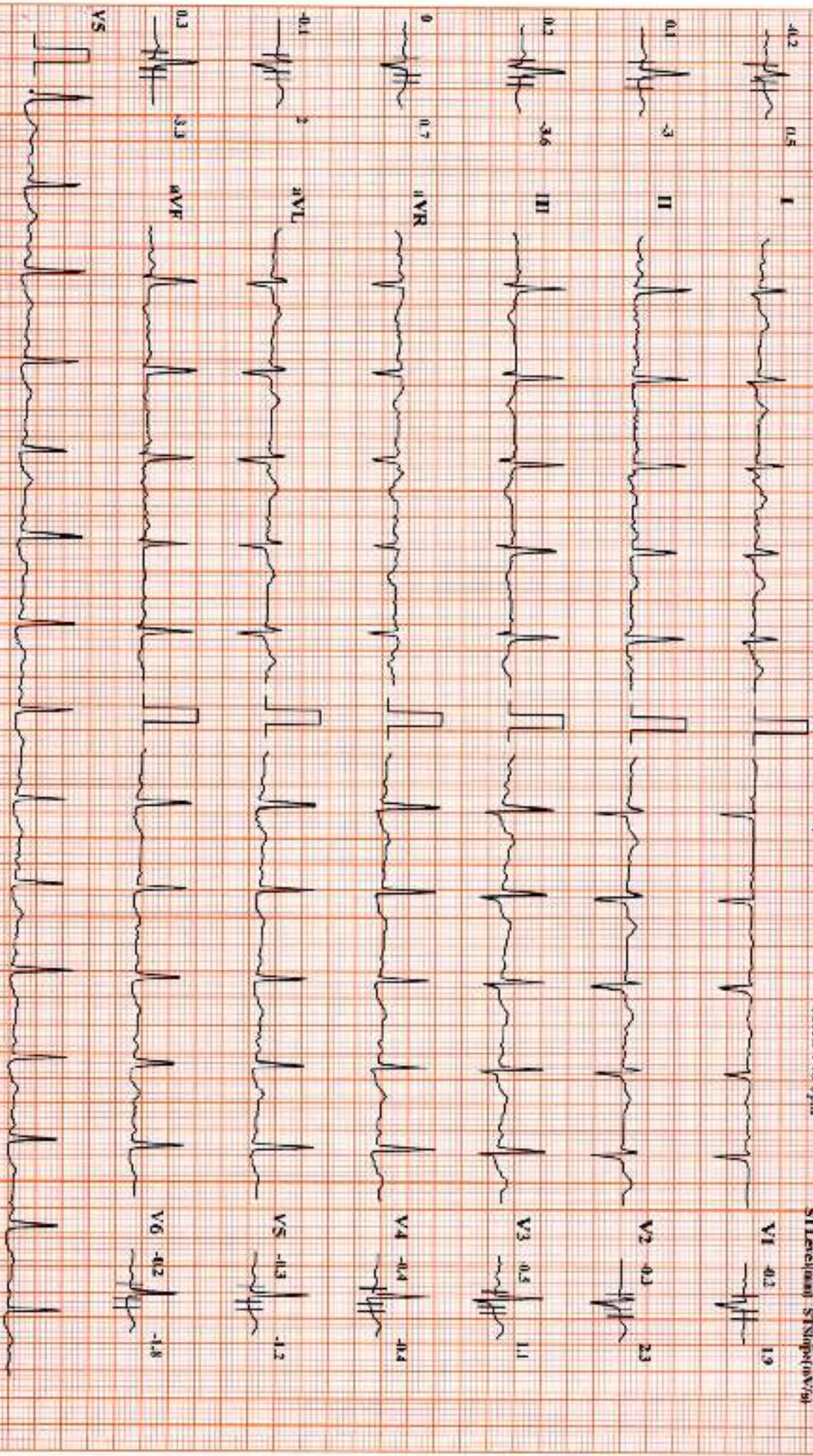


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz

Main Filter: ON

ISO - R - 60 ms, J + K + 60 ms, Post J - 1 + 60 ms