



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

CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:22
Reported : 08-Nov-2022 / 15:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CONSULTATION PHYSICIAN	Height 152cm	Weight 65kg	BP 150/100mmHg

Hypertension - ↑ triglyceride - healthy liver

- Consult family physician
- low carb diet
- low fat diet
- 2D-Echo (pending)

Dr. I U BAMB

Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:41

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.89	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.7	36-46 %	Calculated
MCV	83	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8400	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.3	20-40 %	
Absolute Lymphocytes	2881.2	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	420.0	200-1000 /cmm	Calculated
Neutrophils	58.4	40-80 %	
Absolute Neutrophils	4905.6	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	193.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	244000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	18.5	11-18 %	Calculated



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:39

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 14 2-20 mm at 1 hr. Westergren

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



Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2231205353
Name : MRS.VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 14:14

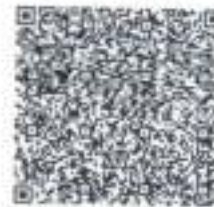
MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	116.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	142.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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



Dr. SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:51

Use a QR Code Scanner
Application To Scan the Code

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	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	137.0	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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 14:14

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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	Griss Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:41

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:41

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	188.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	34.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	37.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 12:48

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.8	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.7	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.8	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.



CID : 2231205353
Name : MRS. VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 12:48

Use a QR Code Scanner Application To Scan the Code

Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of 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.kouloun 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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



CID : 2231205353
Name : MRS.VIDHYA TAWAR
Age / Gender : 50 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 08-Nov-2022 / 09:25
Reported : 08-Nov-2022 / 11:30

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 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	10.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.0	35-105 U/L	Colorimetric

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



Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

DENTAL CHECK - UP

Name:- Mrs. Vidhya Tawar

CID :

Sex / Age : /

Occupation:-

Date: / /

Chief complaints:-

Routine Checkup

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ:

b) Facial Symmetry:

N.A.D.

2) Intra Oral Examination:

a) Soft Tissue Examination:

b) Hard Tissue Examination:

c) Calculus:

Stains: ↗

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: O.P.

Provisional Diagnosis:-


Dr. Mukund Kothawale
M.D.S (Bom.)

Reg. No. A2321

Name: Mrs Vidhya Towar

Sex / Age: 50+ / F

CID: 2231205353

Date: 8/11/22

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye N16	Left Eye N16
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

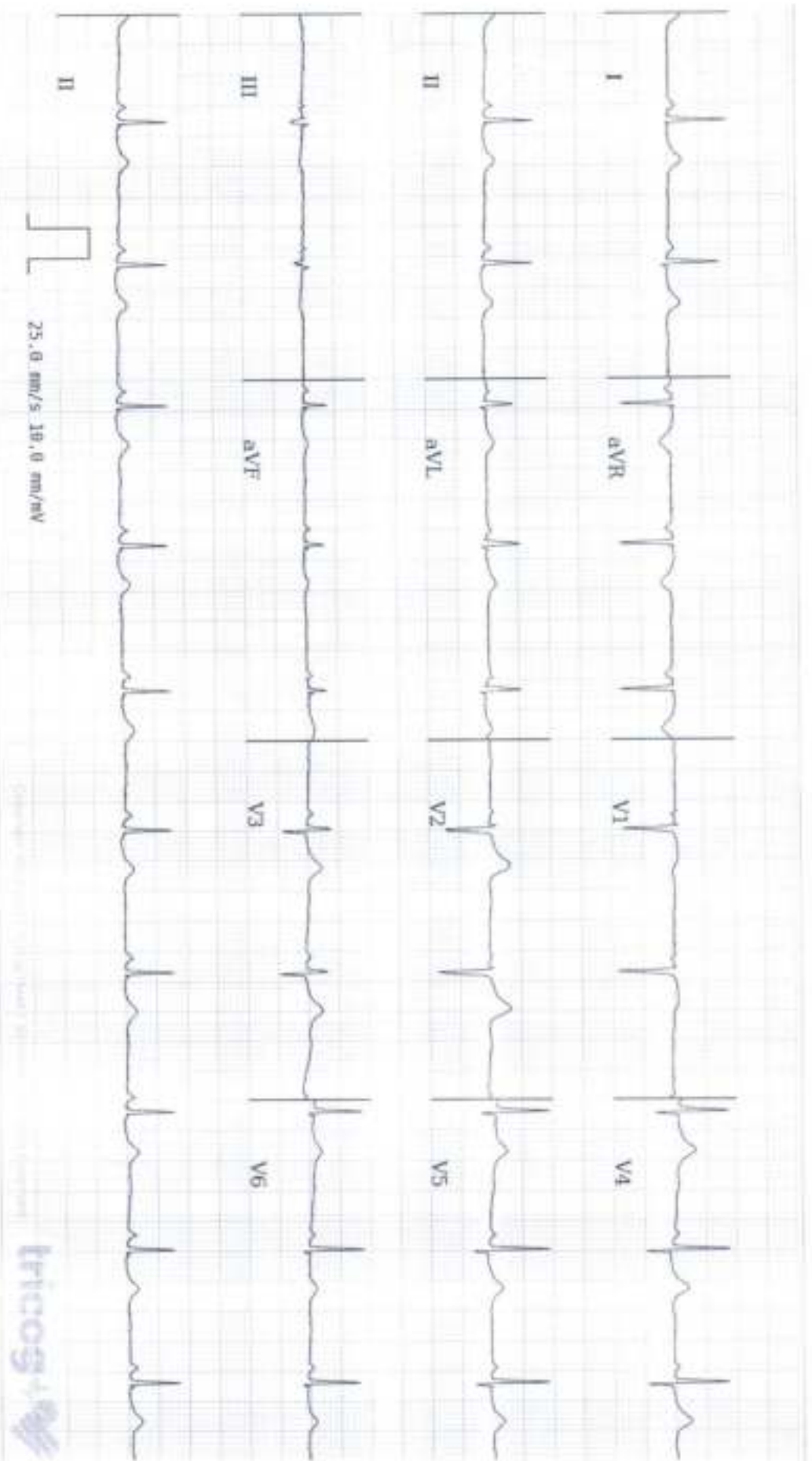
LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

/ 2

DR L.U. BAMB

M.B.B.S MD (Medicine)

Reg No 39452



Age **50** 3 5
years months days

Gender **Female**

Heart Rate **65bpm**

Patient Vitals

BP: 150/100 mmHg
Weight: 65 kg
Height: 152 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 62ms
QT: 386ms
QTc: 401ms
PR: 108ms
P-R-T: 32° 25° 9°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Within Normal Limit except Short PR. Please correlate clinically.

REPORTED BY



DR. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39459

DR. ISHWARLAL DABAR
M.B.B.S. MD (MEDICINE)
cardiologist
39459

Disclaimer: This document is the property of the hospital and should be used for all patients in clinical history, diagnosis, and treatment. All data provided are for informational purposes only and should not be used for any other purpose. The hospital and its staff are not responsible for any errors or omissions in this document and are not liable for any damages or losses resulting from its use.

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2231205353	SID	: 177805604732	P
Name	: MRS.VIDHYA TAWAR	Registered	: 08-Nov-2022 / 09:19	R
Age / Gender	: 50 Years/Female	Collected	: 08-Nov-2022 / 09:19	T
Ref. Dr	: -	Reported	: 08-Nov-2022 / 11:00	
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 08-Nov-2022 / 11:00	

USG WHOLE ABDOMEN

LIVER: Normal in size (measures 13.4 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal.Portal vein and common bile duct show normal caliber.

GALL BLADDER: Partially distended. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 9.1 x 3.8 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 9.8 x 4.2 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitoneum and flanks obscured due to bowel gas. Prominent bowel loops seen in the abdomen.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal.

UTERUS: Not visualised -post operative status.

Both the ovaries grossly appear to be normal.

No obvious abnormal ovarian or adnexal mass lesion.

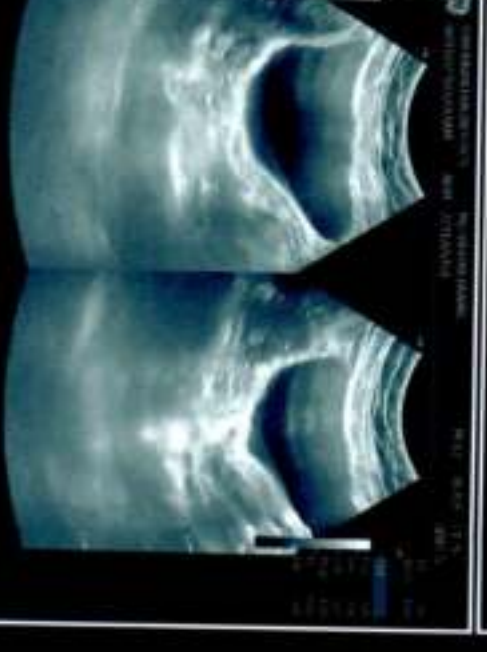
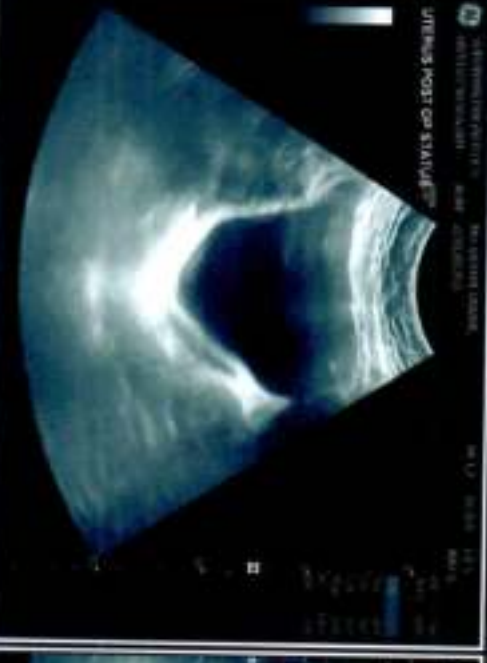
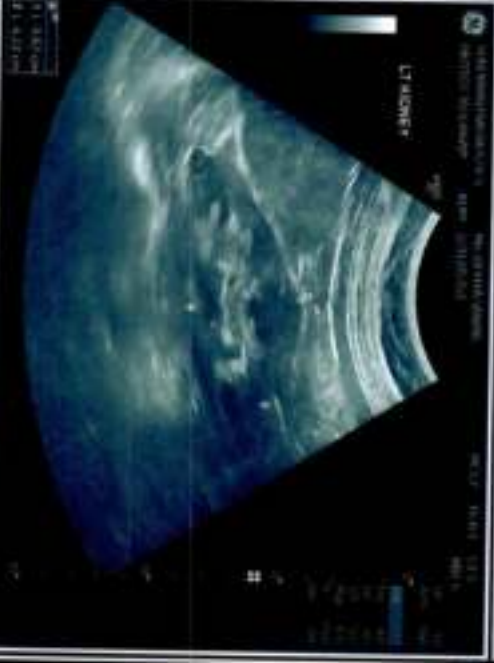
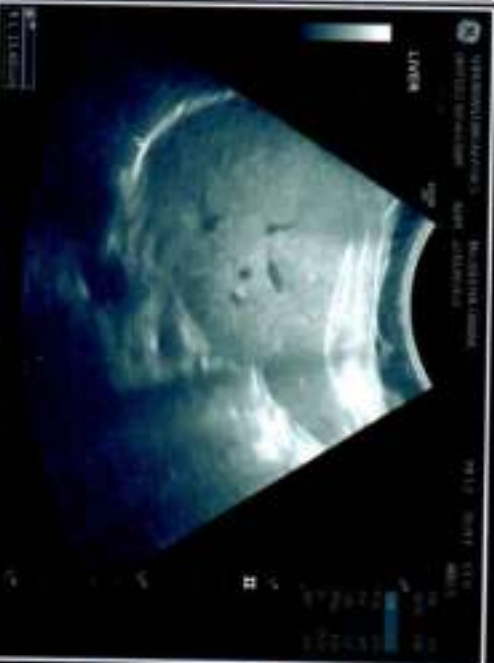
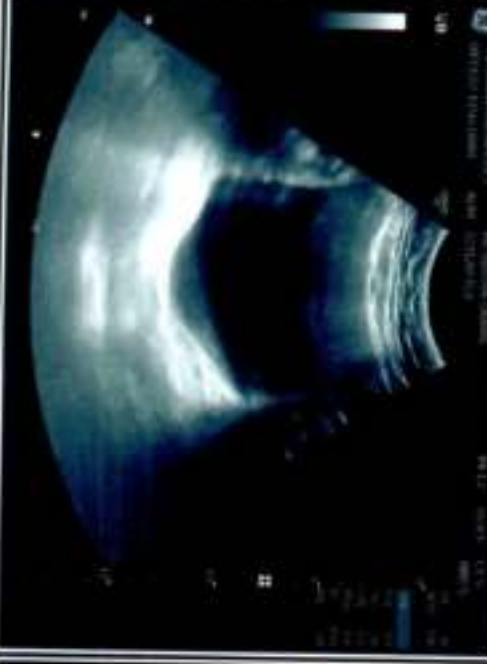
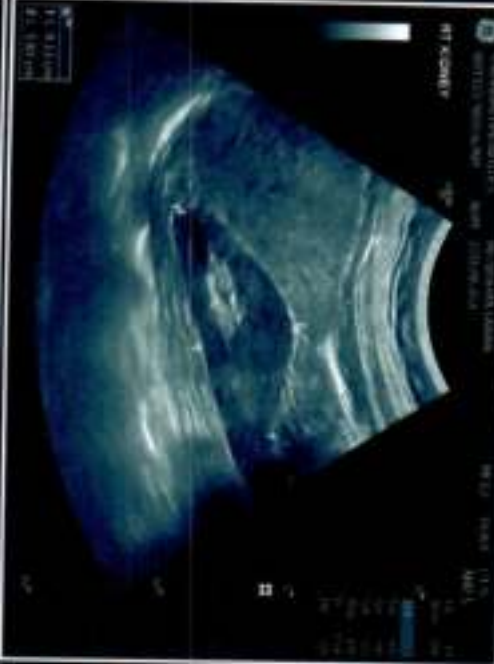
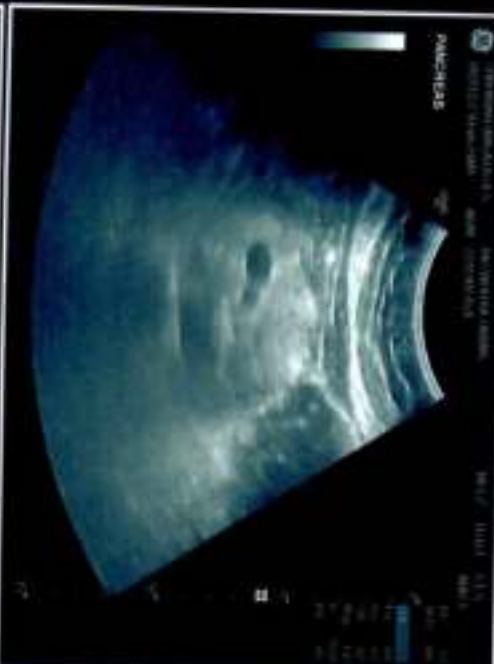
IMPRESSION: Normal size liver with grade I fatty changes.

Clinical correlation is indicated.

*** End Of Report ***



(Signature)
Dr.NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST



UTERUS POST OP STATUS



Wm

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall
Near Panchajani Hotel
Mukhi College Road, Pune-411 006.
Tel: (020) 47094509

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : 2231205353
Name : MRS.VIDHYA TAWAR
Age / Gender : 50 Years/Female
Ref. Dr : -
Reg.Location : Swargate, Pune (Main Centre)

SID : 177805604732
Registered : 08-Nov-2022 / 09:19
Collected : 08-Nov-2022 / 09:19
Reported : 08-Nov-2022 / 12:36
Printed : 08-Nov-2022 / 12:37

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical correlation is indicated.

*** End Of Report ***



Nikhil Joshi
Dr. NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST