

PHYSICAL EXAMINATION REPORT

Patient Name	Anchala Rai	Sex/Age	F/45
Date	27/2/24	Location	Thane

History and Complaints

G/O-RA
- Itching (f)

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	Ⓚ
Weight (kg):	70	Skin:	- Pigmentation on face
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	NAD.

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

Impression:

- Need specs for Near Vision.
- ↓ Hb.
- ↓ Total Proteins, ↑ ALG Ratio, ↓ globulin.
LWH (mild).

Advice: - Eye check-up.
- Iron Supplement.
- ↑ Intake of Proteins,
- Low Fat, Low sugar Diet, Reg. Exercise.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	C/O - RA - (2009)
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Nil
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Veg.
4)	Medication	Rx For RA.

Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3439
(Signature)

Date: *27/2/24* CID: *240580 2888*
 Name: *Anchala Rev* Sex / Age: *F 45*

EYE CHECK UP

Chief complaints: *RCU*

Systemic Diseases: *Hyp*

Past history: *All.*

Unaided Vision: *13 2/20 20/20 4/18*

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: *Needs spectacles for RW*

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



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CID : 2405804886
Name : MRS.ANCHALA RAI
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Feb-2024 / 11:52
Reported : 27-Feb-2024 / 13:31

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	10.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.02	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.5	36-46 %	Measured
MCV	83.4	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6250	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.0	20-40 %	
Absolute Lymphocytes	1500.0	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	437.5	200-1000 /cmm	Calculated
Neutrophils	65.4	40-80 %	
Absolute Neutrophils	4087.5	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	200.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	25.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	164000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	21.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 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 ***

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



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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	92.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.0	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	

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J. Mujawar

Dr. IMRAN MUJAWAR
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	20.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	97	(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 w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	5.5	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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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Reported : 27-Feb-2024 / 15:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	Griess 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	2-3	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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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

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.4	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	49.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	96.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	78.0	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	18.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	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	4.77	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



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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 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)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.63	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.39	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	13.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	7.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	5.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	90.6	35-105 U/L	PNPP

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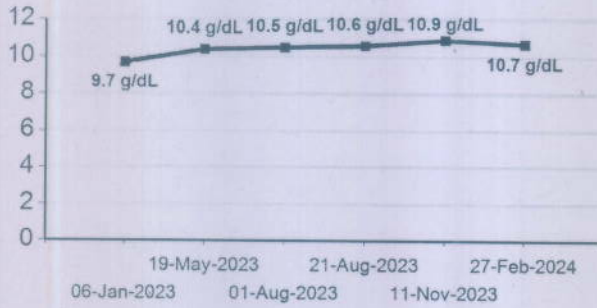
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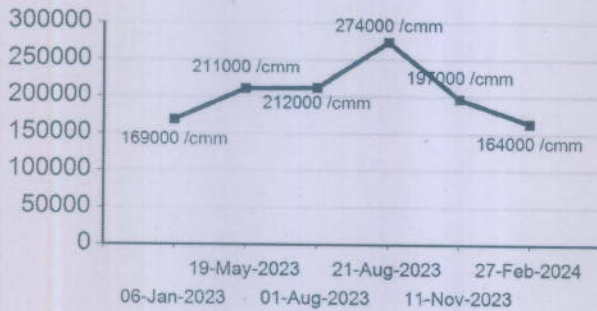
Haemoglobin



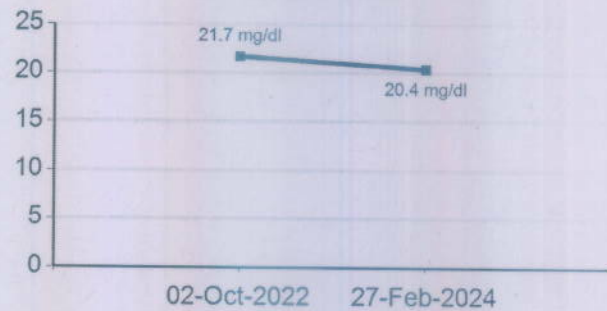
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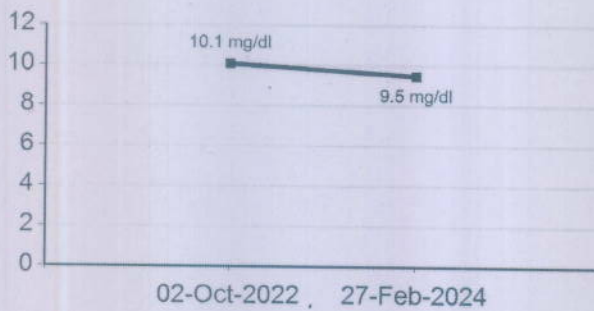
Platelet Count



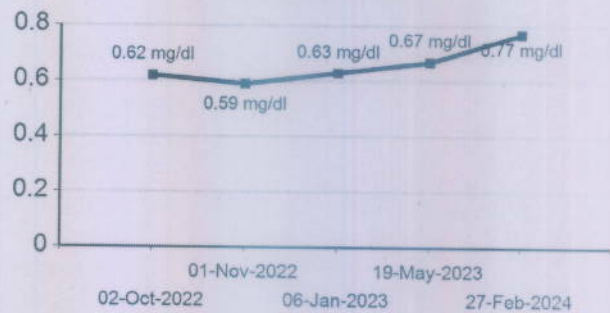
BLOOD UREA



BUN



CREATININE



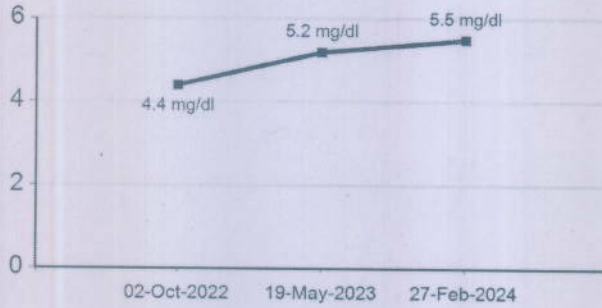
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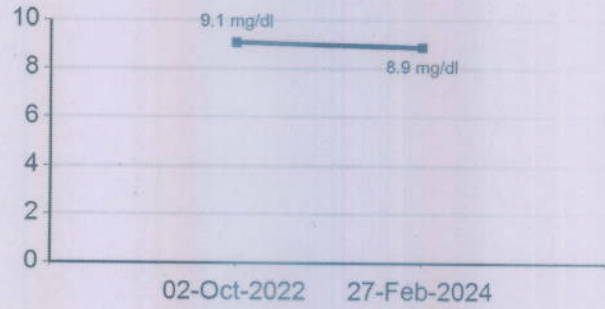
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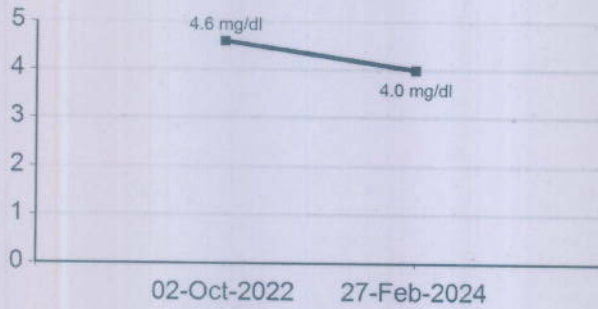
URIC ACID



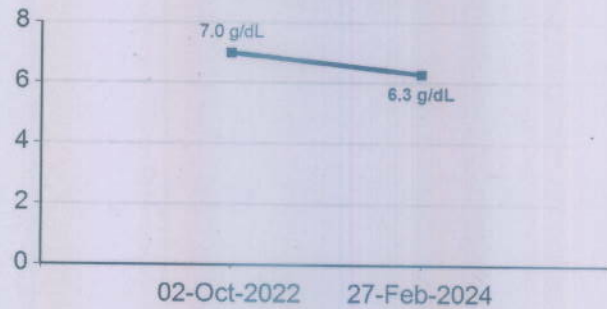
CALCIUM



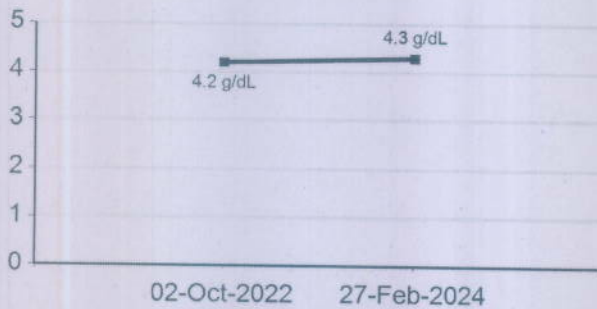
PHOSPHORUS



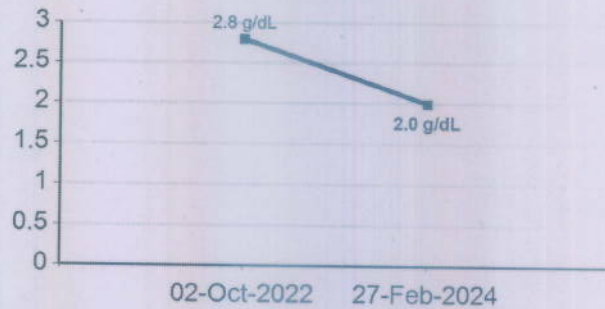
TOTAL PROTEINS



ALBUMIN



GLOBULIN



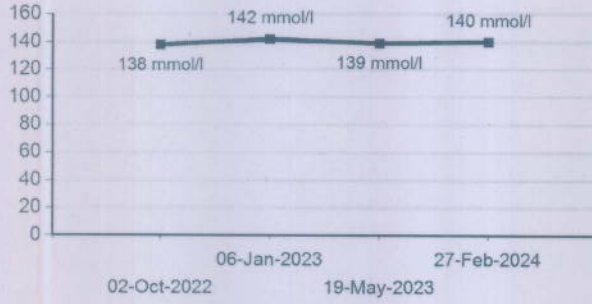
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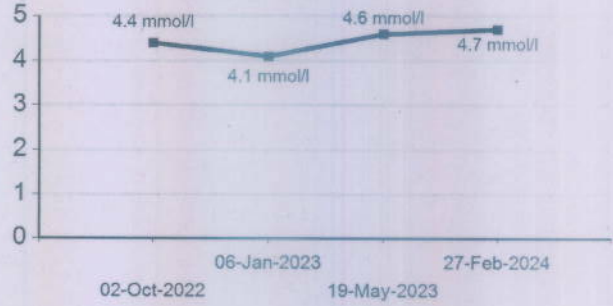
Use a QR Code Scanner Application To Scan the Code

CID : 2405804886
 Name : MRS.ANCHALA RAI
 Age / Gender : 45 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

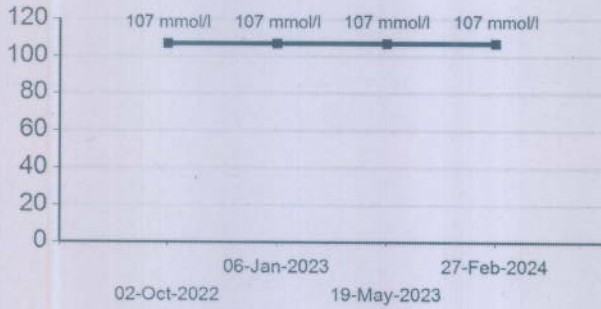
SODIUM



POTASSIUM



CHLORIDE



SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



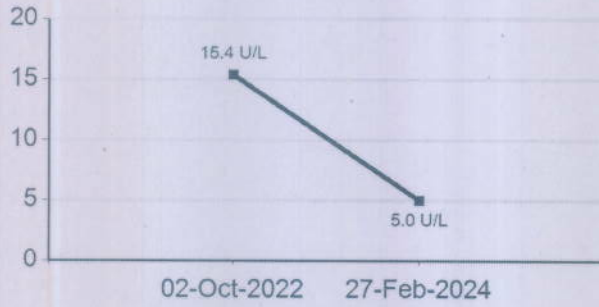
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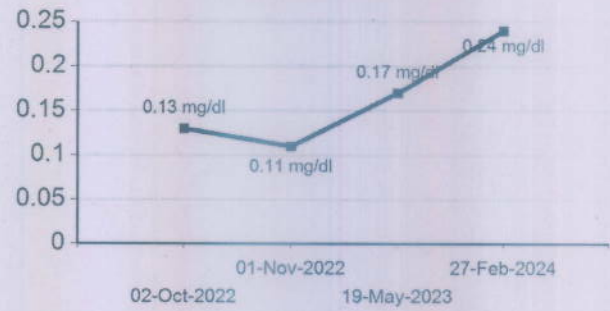
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 Reg. Location : G B Road, Thane West (Main Centre)

GAMMA GT

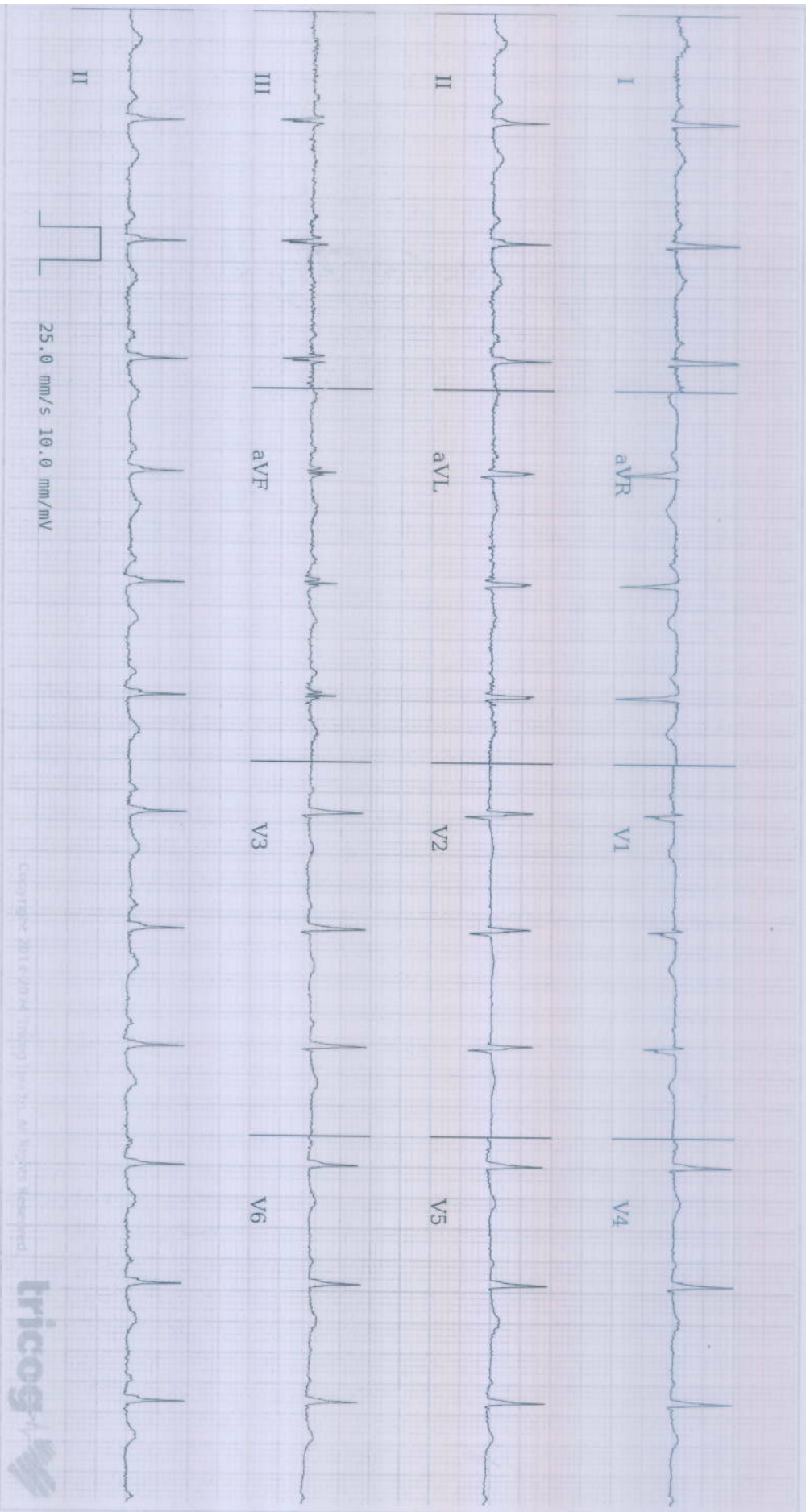


BILIRUBIN (DIRECT)



Patient Name: ANCHALA RAI
Patient ID: 2405804886

Date and Time: 27th Feb 24 11:39 AM



Age 45 NA NA
years months days

Gender Female

Heart Rate 80bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 70 kg

Height: 157 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 72ms

QT: 366ms

QTcB: 422ms

PR: 140ms

P-R-T: 30° 21° 27°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: 1) Analysis is this report is based on ECG alone and should be read in an adjunct to clinical history, symptoms, and results of other tests. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Authenticity Check



Use a QR Code Scanner
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CID : 2405804886
Name : Mrs ANCHALA RAI
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Feb-2024
Reported : 27-Feb-2024 / 15:44

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-----

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Access

sionNo=2024022709272063

REG NO : 2405804886	SEX : FEMALE
NAME : MRS. ANCHALA RAI	AGE : 45 YRS
REF BY DR : -----	DATE : 27.02.2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	47	mm
LVIDS	28	mm
LVEF	60	%
IVS	12	mm
PW	7	mm
AO	15	mm
LA	27	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MRS.ANCHALA RAI

COLOR DOPPLER:

- Mitral valve doppler – E- 1.0 m/s, A 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.5 m/s, PG 9.6 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Reg. No. : 2405804886	Sex : FEMALE
NAME : MRS. ANCHALA RAI	Age : 45 YRS
Ref. By : -----	Date : 27.02.2024

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.

Few oval radioopacities are noted in both breasts.

No evidence of nipple retraction is seen.

No architectural distortion is seen.

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

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

Few subcentimeter sized cysts noted in both breasts.

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

Few lymphnodes are noted in both axillae with preserved fatty hilum largest in right axilla measuring 1.5 x 0.6 cm and largest in left axilla measuring 1.4 x 0.7 cm.

IMPRESSION:

- **FEW OVAL RADIOOPACITIES ARE NOTED IN BOTH BREASTS , WHICH ON SONOMAMMOGRAPHY CORRESPONDS TO FEW SUBCENTIMETER SIZED CYSTS IN BOTH BREASTS .**
- **FEW LYMPHNODES ARE NOTED IN BOTH AXILLAE WITH PRESERVED FATTY HILUM.**

ACR BIRADS CATEGORY II BOTH BREASTS.

SUGGEST 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.

DR. GAURI VARMA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)



CID : 2405804886
Name : Mrs ANCHALA RAI
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Feb-2024
Reported : 27-Feb-2024 / 10:33

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 partially distended . No obvious 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 9.1 x 3.6 cm. Left kidney measures 10.0 x 3.5 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 **Bulky** and measures 7.2 x 5.3 x 6.4 cm. **Few fibroids are noted largest in anterior wall measuring 12 mm.**

Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.4 x 2.0 cm and shows dominant follicle measuring 18 mm.

The left ovary measures 2.0 x 1.8 cm.

No free fluid or significant lymphadenopathy is seen.

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Reg. Date : 27-Feb-2024
Reported : 27-Feb-2024 / 10:33

IMPRESSION:

- **BULKY UTERUS WITH FIBROIDS.**

Advice: Clinical co-relation sos further evaluation 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.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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