

PHYSICAL EXAMINATION REPORT

Patient Name	Sarita Sarawane	Sex/Age	F/54
Date	29/6/23	Location	Thane

History and Complaints

c/o Back Pain
- Knee Pain
- ↑ chol. (on diet) since 1yr.

EXAMINATION FINDINGS:

Height (cms):	- 158	Temp (0c):	(N)
Weight (kg):	- 62.2	Skin:	NAD.
Blood Pressure	140/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

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

Impression:

↑ uric Acid (6.2)
↓ protein

Mammography
↓
Calcifications in B/L Breasts.
Fibroadenoma in Rt. Breast.

ECG - Bradycardia, Short PR interval.
USG - GB Polyps.

Advice:

Breast Surgeon's Consultation

- ↑ Intake of Proteins
- Low sugar Diet
- Repeat Physician's consultation for ↑ Uric Acid H/O - USA (6 Months)

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

H/O - Piles

Multiple Lipomas

For Piles: sinus surgery, TL

Appendicectomy, Back Pain, Knee Pain

PERSONAL HISTORY:

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

No No

- veg.

- ↑ Cholesterol (on & off)



Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

Tab. Rosedey

Reg. No. : 2318012373	Sex : FEMALE
NAME : MRS. SARITA SONAWANE	Age : 53 YRS
Ref. By : -----	Date : 29.06.2023

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.

Calcifications are noted in both breasts.

Suspicious oval lobulated radio opacity is noted in right breast upper inner quadrant .

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 .

A 8 x 4 mm sized oval,lobulated hypoechoic area is noted at 1 o'clock position in right breast most probably fibroadenoma.

No solid mass lesion is seen in left breast.

No focal cystic mass lesion is seen in both breasts.

No duct ectasia is seen. Both retromammary regions appear normal.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

CALCIFICATIONS ARE NOTED IN BOTH BREASTS.

SUSPICIOUS OVAL LOBULATED RADIO OPACITY IS NOTED IN RIGHT BREAST UPPER INNER QUADRANT WHICH ON SONOMAMMOGRAPHY CORRESPONDS TO 8 x 4 MM SIZED , OVAL,LOBULATED HYPOECHOIC AREA AT 1 O'CLOCK POSITION IN RIGHT BREAST MOST PROBABLY FIBROADENOMA.

ACR BIRADS CATEGORY III RIGHT BREASTS.

ACR BIRADS CATEGORY II LEFT BREASTS.

SUGGEST CLINICAL CORRELATION ,SOS BIOPSY AND SHORT TERM 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 : 2318012373
Name : Mrs Sarita Sonawane
Age / Sex : 0 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date Reported : 29-Jun-2023
: 29-Jun-2023 / 12:28

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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 , Shows few echogenic lesions attached to wall, largest measuring 4-5 mm most likely polyps. No peri-cholecystic collection seen.

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 4.4 cm. Left kidney measures 10.1 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 appears atrophic (post- menopausal status).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <<ImageLink>>

Page no 1 of 2

NAME: - *Saxita Saraware* AGE / SEX :- *F/54*
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Sarita Sarawane	Sex/Age	F/54
Date	29/6/23	Location	Thane

History and Complaints

C/O Back Pain
 - Knee Pain
 - ↑ Chol. (on diet) since 1yr.

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	Ⓜ
Weight (kg):	62.2	Skin:	NAD.
Blood Pressure	140/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD	
Respiratory:		
Genitourinary:		Tenderness in B/L Breasts
GI System:		NAD
CNS:		NAD

Impression: ↑ uric Acid (6.2)

↓ proteinus
 ECG - Bradycardia, Short PR interval
 USG - GeB Polyps

Mammography
 ↓
 Calcifications in B/L Breasts.
 Fibroadenoma in Rt. Breast.

- ↑ Intake of Proteins
- Low sugar Diet
- Repeat Physician's consultation for ↑ Uric Acid
H/O - UGA (6 months)

Breast Surgeon's Consultation

Advice:	
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

H/O - Piles.

Nil Multiple Lipomas.

For Piles: Sinus surgery, TL

Appendicectomy, Back Pain, Knee Pain

PERSONAL HISTORY:

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

No No

veg.
↑ Cholesterol (on & off)



Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

Tab. Rosedey

NAME: - Saitha Sawawane AGE / SEX :- F/54
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal
- PAST MENSTRUAL HISTORY :- Regular
- OBSTETRIC HISTORY :- G₃ P₁₂ A₀
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- TL, Appendicectomy, death. Piles, sinus.
- ALLERGIES :- Dust
- FAMILY HISTORY :- Nil

022-6170-0000

- DRUG HISTORY :-
 - BOWEL HABITS :-
 - BLADDER HABITS :-
- For cholesterol (only off)
- Ⓟ

PERSONAL HISTORY :-

TEMPERATURE : Ⓟ

RS :-

CVS :- NAD

PULSE / MIN :- 76/min

BP (mm of hg):- 140/90

BREAST EXAMINATION:- Tenderness in B/L Breasts

PER ABDOMEN :- NAD.

PRE VAGINAL:-

RECOMMENDATION :-



022-6170-0000

Date:- 29/6/23 CID:
Name:- Santa Sonavane Sex / Age: F 53.

EYE CHECK UP

Chief complaints: RCO
Systemic Diseases: Nil
Past history: Nil.
Unaided Vision: 20/24 LR 6/18 NUBR N36
Aided Vision: 32/6 NUBR N6
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
SR. OPTOMETRIST

0000-0570-0000



CID : 2318012373
Name : MRS.SARITA SONAWANE
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 12:53

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.37	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.6	36-46 %	Measured
MCV	86.1	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5730	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	37.3	20-40 %	
Absolute Lymphocytes	2137.3	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	424.0	200-1000 /cmm	Calculated
Neutrophils	52.1	40-80 %	
Absolute Neutrophils	2985.3	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	177.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	285000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	12.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

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Reported : 29-Jun-2023 / 13:02

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 33 2-30 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Thakker

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

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Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 16:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.1	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 G B Road Lab, Thane West
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J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000



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Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 14:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	6.2	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Dr. JYOT THAKKER
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Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 14:18

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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 14:21

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	1.020	1.010-1.030	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	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 13:31

**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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*** End Of Report ***



J. Thakker

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Reported : 29-Jun-2023 / 14:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.9	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	59.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	22.2	< /= 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

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



J. Thakker

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M.D. (PATH), DPB
Pathologist and AVP(Medical Services)



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CID : 2318012373
Name : MRS.SARITA SONAWANE
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 12:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	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	1.32	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

AREAS OF SPECIAL EXPERTISE

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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)

*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



CID : 2318012373
Name : MRS.SARITA SONAWANE
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Collected : 29-Jun-2023 / 11:15
Reported : 29-Jun-2023 / 14:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	12.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	19.5	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	73.9	35-105 U/L	PNPP

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

AREAS OF SPECIAL EXPERTISE

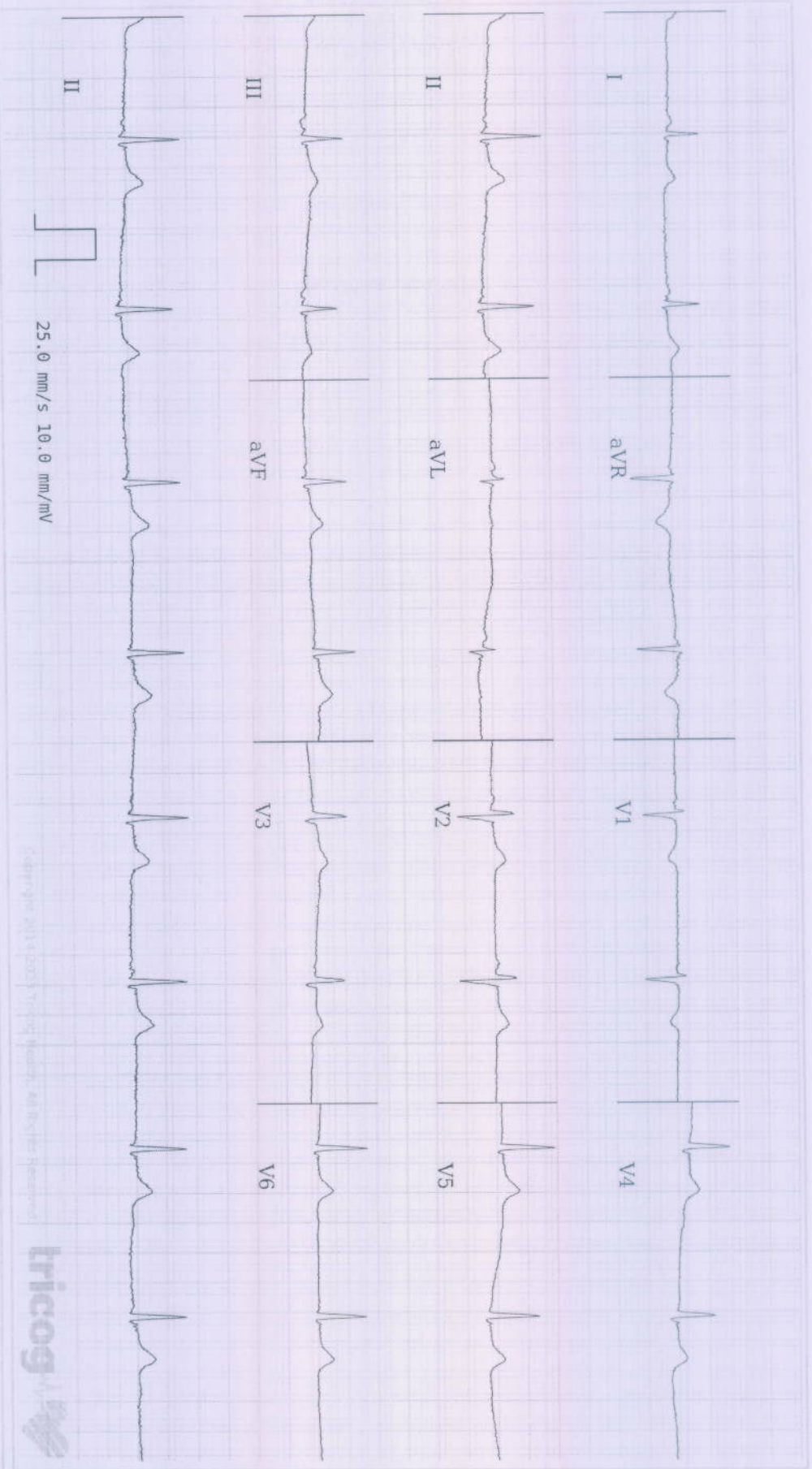
OUR PRESENCE



J. Thakker

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

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: SARITA SONAWANE
 Patient ID: 2318012373
 Date and Time: 29th Jun 23 11:04 AM



ECG tracing with a 10.0 mm/mV scale. The paper speed is 25.0 mm/s. All leads are recorded.



Age 53 NA NA
 years months days
 Gender Female
 Heart Rate 54bpm
 Patient Vitals
 BP: 140/90 mmHg
 Weight: 62 kg
 Height: 158 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements
 QRSD: 88ms
 QT: 422ms
 QTcB: 400ms
 PR: 82ms
 P-R-T: -15° 63° 64°

REPORTED BY

[Signature]

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

Sinus Bradycardia, Short PR Interval. Please correlate clinically.

The findings in this report are based on ECG tracing and should be used in conjunction with clinical history, symptoms, and results of other tests and investigations. Tests and results should be interpreted by a qualified professional. Patient safety is our priority. All test results are available on the Tricog app.



Use a QR Code Scanner Application To Scan the Code

CID : 2318012373
 Name : Mrs Sarita Sonawane
 Age / Sex : 0 Years/Female
 Ref. Dr :
 Reg. Location : G B Road, Thane West Main Centre
 Reg. Date : 29-Jun-2023
 Reported : 29-Jun-2023 / 11:51

R
E
P
O
R
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CID : 2318012373
 Name : MRS.SARITA SONAWANE
 Age / Gender : 53 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)
 Collected : 29-Jun-2023 / 11:15
 Reported : 29-Jun-2023 / 12:48

R
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P
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R
T

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 at least 8 hours following the last biotin administration.
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- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
 *** End Of Report ***

Reg. No. : 2318012373	Sex : FEMALE
NAME : MRS. SARITA SONAWANE	Age : 53 YRS
Ref. By : -----	Date : 29.06.2023

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.

Calcifications are noted in both breasts.

Suspicious oval lobulated radio opacity is noted in right breast upper inner quadrant .

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 .

A 8 x 4 mm sized oval,lobulated hypoechoic area is noted at 1 o'clock position in right breast most probably fibroadenoma.

No solid mass lesion is seen in left breast.

No focal cystic mass lesion is seen in both breasts.

No duct ectasia is seen. Both retromammary regions appear normal.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

CALCIFICATIONS ARE NOTED IN BOTH BREASTS.

SUSPICIOUS OVAL LOBULATED RADIO OPACITY IS NOTED IN RIGHT BREAST UPPER INNER QUADRANT WHICH ON SONOMAMMOGRAPHY CORRESPONDS TO 8 x 4 MM SIZED , OVAL,LOBULATED HYPOECHOIC AREA AT 1 O'CLOCK POSITION IN RIGHT BREAST MOST PROBABLY FIBROADENOMA.

ACR BIRADS CATEGORY III RIGHT BREASTS.

ACR BIRADS CATEGORY II LEFT BREASTS.

SUGGEST CLINICAL CORRELATION ,SOS BIOPSY AND SHORT TERM 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 : 2318012373
Name : Mrs Sarita Sonawane
Age / Sex : 0 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Jun-2023
Reported : 29-Jun-2023 / 12:28

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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 , Shows few echogenic lesions attached to wall, largest measuring 4-5 mm most likely polyps. No peri-cholecystic collection seen.

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 4.4 cm. Left kidney measures 10.1 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 appears atrophic (post-menopausal status).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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