

07/11/2022

R
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P
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T

Sangeeta Prasad

I don't want to do Pepsman test

Sangeeta

Date:- 07/11/2022 CID: 2231102694
 Name:- Sangeeta Praway Sex/Age 51/ F

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: D.M on med

Past history: Nil

Unaided Vision: -N.V - N20 (Both) - Rt N24
 - Lt N24

Aided Vision: D.V - 6/12 (Both) - Rt 6/12
 - Lt 6/18
 - N.V - N5 (Both) - Rt N5
 - Lt N5

Refraction: D.V - 6/6 (Both) - Rt 6/6
 - Lt 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N5				N5

Colour Vision: Normal / Abnormal

Remark: Nil

Rafat M Parkar
 Dr. Rafat M Parkar
 M.B.B.S.
 Regn. No. 072366

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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DENTAL CHECK - UP

Name:- Sangeeta
 Occupation:- Housewife
 Chief complaints:- Nil
 Medical / dental history:- K/C/O D.M

CID: 2231102694 Sex / Age: 152
 Date: 07/11/22

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: (N)
- b) Facial Symmetry: (N)

2) Intra Oral Examination:

- a) Soft Tissue Examination: (N)
- b) Hard Tissue Examination: (N)
- c) Calculus: yes
 Stains: yes

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

	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: Consult Dentist in view of
Provisional Diagnosis:- caries & cavity, stains, calculus

Dr. Rishi P. Parkar
 D.D.S.

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Date:- 07/11/2022

CID:- 2231102694

Name:- Sangeeta Pranay

Sex / Age:- S/F

ENT BASIC CHECK UP

HISTORY: Nil

EXAMINATION:

RIGHT: (N)

LEFT: (N)

EXTERNAL EAR:

(N)

MIDDLE EARS:

(Tympanic membrane, Eustachean Tube, Mastoid)

RINNES , WEBERS :

NOSE AND PARANASAL SINUSES – (Airway, Septum, Polyp) NAD

THROAT:

NAD

SPEECH:

(N)

AUDIOMETRY (WHEN DONE):

NAD done
Dr. Rafat M Parikh
M.B.B.S
Regn. No. 072366

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CID : 2231102694
Name : Mrs SANGEETA PRANAY
Age / Sex : 51 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 07-Nov-2022
Reported : 07-Nov-2022 / 19:26

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.



Dr. Manisha Munde
D.M.R.E.
REG No : 2005/09/3673
Consultant Radiologist

Click here to view images <<ImageLink>>

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Reported : 07-Nov-2022 / 22:50

USG WHOLE ABDOMEN

LIVER: Liver is **mildly enlarged** in size (measures 15.5 cm). Liver shows normal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at present scan.

GALL BLADDER: Gall bladder is distended. **Two calculi measuring approx. 2.3 cm and 1.5 cm respectively are noted within gallbladder lumen. Echogenic sludge is noted within gallbladder lumen.** Wall thickness is within normal limits.

PORTAL VEIN: Portal vein is normal.

CBD: CBD measures 5.2 mm at porta (prominent). Distal CBD is obscured by bowel gases).

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Mild fullness of bilateral pelvicalyceal system (Both ureters are obscured by bowel gases).

Right kidney measures 9.7 x 4.2 cm.

Left kidney measures 10.8 x 5.1 cm.

SPLEEN: Spleen is normal in size (measures 9.4 cm) and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and measures 7.4 x 4.6 x 2.9 cm. **Uterine myometrium shows mildly heterogenous echotexture.**

Approx. 3 x 3 mm small posterior intramural uterine fibroid is noted.

Endometrial echo is in midline and endometrium thickness is 4.8 mm.

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

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OVARIES :

Both ovaries are visualized.

The right ovary measures 2.6 x 1.9 x 1.1 cm and ovarian volume is 3 cc.

The left ovary measures 2.3 x 2.0 x 1.4 cm and ovarian volume is 3.2 cc.

Minimal free fluid is noted in pouch of douglas.

No significant abdominal lymphadenopathy is noted at present scan.

IMPRESSION:

- Mild hepatomegaly
- Cholelithiasis.
- Echogenic sludge is noted within gallbladder lumen.
- CBD measures 5.2 mm at porta(prominent). Distal CBD is obscured by bowel gases).
- Mild fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).
- Uterus shows mildly heterogenous echotexture with small uterine fibroid.
- Minimal free fluid is noted in pouch of douglas.

Suggest SOS X-ray KUB/CT KUB for further evaluation.

Suggest clinicopathological correlation.

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 explain 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. Please interpret accordingly.

Vishal & Mr

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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

Patient's Name :Mrs.SANGEETA PRANAY

Age : 51 Yrs / Male

Requesting Doctor :-----

Date : 07/11/2022

Indication : Routine check up.

CID No: 2231102694

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.

Normal LV systolic function. LVEF = 55-60 %.

Good RV function.

Structurally Normal MV/ TV / PV./AV

LV / LA / RA / RV Normal in dimension.

IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.

No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %

NO RWMA,NORMAL CHAMBER SIZE

ALL VALVES NORMAL

NO PAH, TYPE 1 LVDD.

IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	11	mm	Mitral Valve E velocity	0.55	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.65	cm/s
LVPWd	11	mm	E/A Ratio	<1	-
IVSs	18	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	14	-
LA /AO	N	--	Aortic valve		
			AVmax	1.4	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			LVOT Vmax	1.2	cm/s
LVOT	20	mm	LVOT gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

End Of Report



DR. DINESH ROHIRA
ECHOCARDIOLOGIST

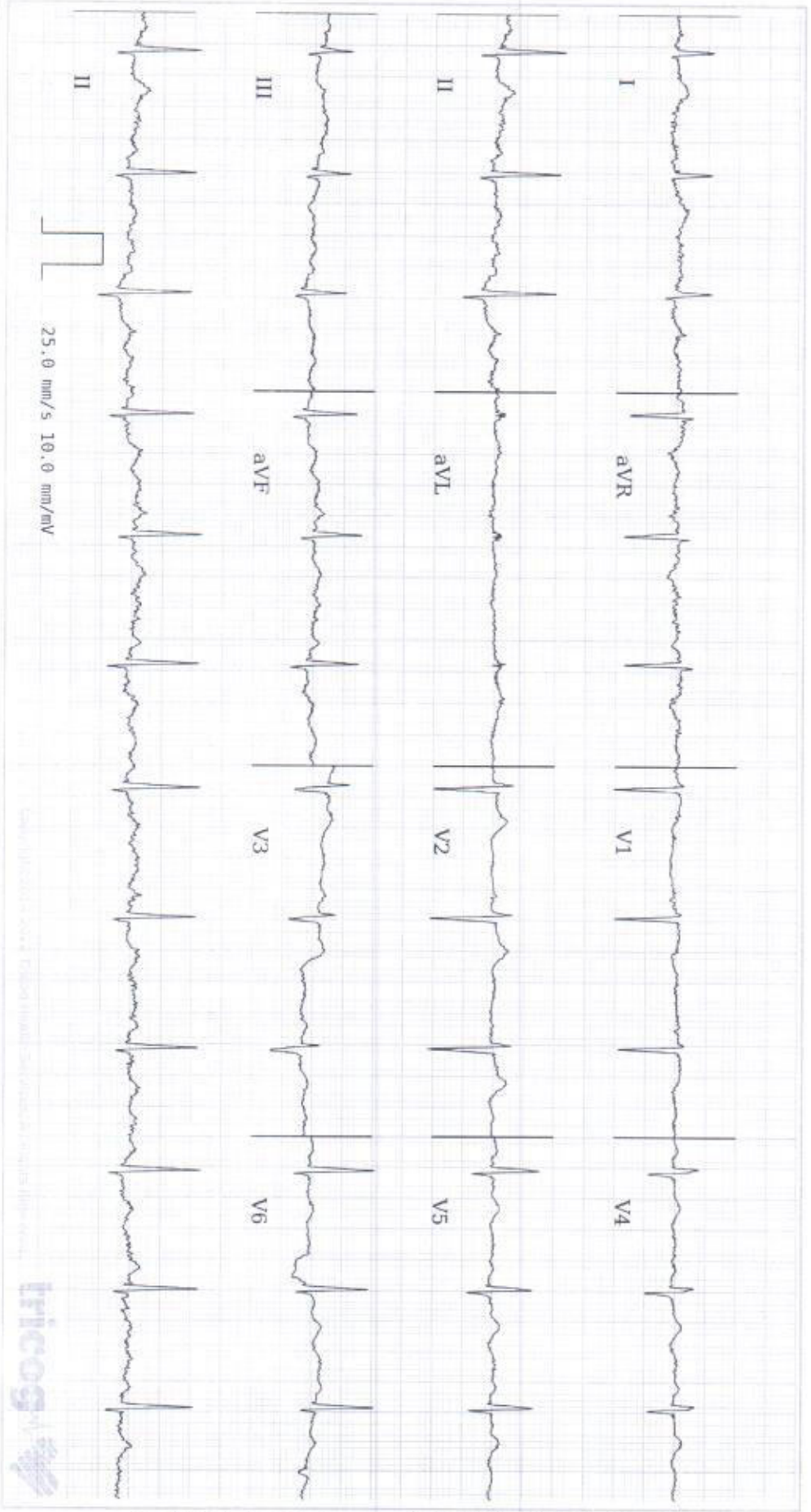
***Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.*



SUBURBAN DIAGNOSTICS - KHAR WEST

Patient Name: **SANGEETA PRANAY**
Patient ID: **2251102694**

Date and Time: **7th Nov 22 12:16 PM**



25.0 mm/s 10.0 mm/mV



Age **51** NA NA
years months days

Gender **Female**

Heart Rate **76bpm**

Patient Vitals

BP: **130/80 mmHg**
Weight: **61 kg**
Height: **152 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **72ms**
QT: **380ms**
QTc: **427ms**
PR: **144ms**
P-R-T: **64° 53° 26°**

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

REPORTED BY

[Signature]

Dr. Garita Agrawal
MD Medicine
2002020478

Disclaimer: This analysis is the report is based on ECG strips and should be used in an adjunct to clinical history, symptoms, and results of other tests and from intensive A&P and must be interpreted by a qualified physician. All patient vitals are generated by the instrument and not derived from the ECG.

CID# : 2231102694
Name : MRS.SANGEETA PRANAY
Age / Gender : 51 Years/Female
Consulting Dr. : -
Reg.Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:06
Reported : 08-Nov-2022 / 10:58

GYNAECOLOGICAL CONSULTATION

PARAMETER

EXAMINATION			
RS	: AEBE clear	CVS	: S1S2 audible, No murmurs
BREAST EXAMINATION	: Normal	PER ABDOMEN	: Normal
PER VAGINAL	: --		
MENSTRUAL HISTORY			
MENARCHE	: 13yrs		
PAST MENSTRUAL HISTORY	: Regular		
OBSTETRIC HISTORY : 2 LSCS			
PERSONAL HISTORY			
ALLERGIES	: Nil	BLADDER HABITS	: Regular
BOWEL HABITS	: Regular	DRUG HISTORY	: Anti diabetes
PREVIOUS SURGERIES	: 2 LSCS		
FAMILY HISTORY : Father DM			
CHIEF GYNAE COMPLAINTS : NIL			
RECOMMENDATIONS : USG ABD - SMALL UTERINE FIBROID , CONSULT GYNAECOLOGIST IN VIEW OF USG FINDINGS.			

*** End Of Report ***

Rafat
Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:09
Reported : 07-Nov-2022 / 18:08

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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	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.9	36-46 %	Calculated
MCV	78.7	80-100 fl	Measured
MCH	25.7	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	19.9	20-40 %	
Absolute Lymphocytes	1408.9	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	523.9	200-1000 /cmm	Calculated
Neutrophils	61.9	40-80 %	
Absolute Neutrophils	4382.5	2000-7000 /cmm	Calculated
Eosinophils	10.4	1-6 %	
Absolute Eosinophils	736.3	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.3	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	11.3	6-11 fl	Measured
PDW	22.4	11-18 %	Calculated



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Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:09
Reported : 08-Nov-2022 / 16:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	120.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	204.3	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 CPL, Andheri West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



CID : 2231102694
Name : MRS.SANGEETA PRANAY
Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:09
Reported : 07-Nov-2022 / 18:30

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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	14.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.52	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	132	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	107	98-107 mmol/l	ISE

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



MC-2111

J. Thakker

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



CID : 2231102694
Name : MRS.SANGEETA PRANAY
Age / Gender : 51 Years / Female
Consulting Dr. : -
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Collected : 07-Nov-2022 / 14:09
Reported : 07-Nov-2022 / 19:13

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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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	mg/dl	Calculated

Note: Variant window (29.0%) detected. Advice: Hb electrophoresis for confirmation of

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 CPL, Andheri West



Anupa

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M.D.(PATH)
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Reported :

*** End Of Report ***



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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	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
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Pathologist & AVP(Medical
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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	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2231102694
Name : MRS.SANGEETA PRANAY
Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

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Reported : 07-Nov-2022 / 18:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.2	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	53.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	135.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	23.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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



CID : 2231102694
Name : MRS.SANGEETA PRANAY
Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 07-Nov-2022 / 14:09
Reported : 07-Nov-2022 / 18:24

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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	3.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.5	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	3.09	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 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.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 CPL, Andheri West
 *** End Of Report ***



Anupa

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Collected : 07-Nov-2022 / 14:09
Reported : 07-Nov-2022 / 18:30

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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	0.71	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	15.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	211.9	35-105 U/L	Colorimetric

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