



CID : 2310104755  
Name : MRS.SONALI TOPPO  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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

**CBC (Complete Blood Count), Blood**

| <u>PARAMETER</u>  | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>      |
|---|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>  |                |                             |                    |
| Haemoglobin   | 10.1           | 12.0-15.0 g/dL              | Spectrophotometric |
| RBC   | 4.60           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV   | 32.8           | 36-46 %                     | Measured           |
| MCV   | 71             | 80-100 fl                   | Calculated         |
| MCH   | 22.0           | 27-32 pg                    | Calculated         |
| MCHC  | 30.8           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | 16.3           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 5530           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 30.0           | 20-40 %                     |                    |
| Absolute Lymphocytes  | 1659.0         | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 6.4            | 2-10 %                      |                    |
| Absolute Monocytes  | 353.9          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 60.8           | 40-80 %                     |                    |
| Absolute Neutrophils  | 3362.2         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 2.6            | 1-6 %                       |                    |
| Absolute Eosinophils  | 143.8          | 20-500 /cmm                 | Calculated         |
| Basophils   | 0.2            | 0.1-2 %                     |                    |
| Absolute Basophils  | 11.1           | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes   | -              |                             |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 186000         | 150000-400000 /cmm          | Elect. Impedance   |
| MPV   | 10.7           | 6-11 fl                     | Calculated         |
| PDW   | 29.2           | 11-18 %                     | Calculated         |

**RBC MORPHOLOGY**



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|                      |                         |
|----------------------|-------------------------|
| Hypochromia          | +                       |
| Microcytosis         | +                       |
| Macrocytosis         | -                       |
| Anisocytosis         | Mild                    |
| Poikilocytosis       | Mild                    |
| Polychromasia        | -                       |
| Target Cells         | -                       |
| Basophilic Stippling | -                       |
| Normoblasts          | -                       |
| Others               | Elliptocytes-occasional |
| WBC MORPHOLOGY       | -                       |
| PLATELET MORPHOLOGY  | -                       |
| COMMENT              | -                       |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **28**                      2-20 mm at 1 hr.                      Sedimentation

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

*Bmhasakar*

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



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

| <u>PARAMETER</u>                         | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u>   | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 138.7          | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase    |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 200.3          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase    |
| Urine Sugar (Fasting)                    | Absent         | Absent  |               |
| Urine Ketones (Fasting)                  | Absent         | Absent  |               |

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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     | 14.8    | 12.8-42.8 mg/dl      | Kinetic      |
| BUN, Serum            | 6.9     | 6-20 mg/dl           | Calculated   |
| CREATININE, Serum     | 0.58    | 0.51-0.95 mg/dl      | Enzymatic    |
| eGFR, Serum           | 118     | >60 ml/min/1.73sqm   | Calculated   |
| TOTAL PROTEINS, Serum | 7.1     | 6.4-8.3 g/dL         | Biuret       |
| ALBUMIN, Serum        | 4.5     | 3.5-5.2 g/dL         | BCG          |
| GLOBULIN, Serum       | 2.6     | 2.3-3.5 g/dL         | Calculated   |
| A/G RATIO, Serum      | 1.7     | 1 - 2                | Calculated   |
| URIC ACID, Serum      | 5.4     | 2.4-5.7 mg/dl        | Enzymatic    |
| PHOSPHORUS, Serum     | 3.6     | 2.7-4.5 mg/dl        | Molybdate UV |
| CALCIUM, Serum        | 9.2     | 8.6-10.0 mg/dl       | N-BAPTA      |
| SODIUM, Serum         | 142     | 135-148 mmol/l       | ISE          |
| POTASSIUM, Serum      | 3.8     | 3.5-5.3 mmol/l       | ISE          |
| CHLORIDE, Serum       | 103     | 98-107 mmol/l        | ISE          |

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

*Bmhaskar*

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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 | 7.1     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 157.1   | 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.

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

\*\*\* End Of Report \*\*\*



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

| PARAMETER                             | RESULTS     | BIOLOGICAL REF RANGE | METHOD             |
|---------------------------------------|-------------|----------------------|--------------------|
| <b><u>PHYSICAL EXAMINATION</u></b>    |             |                      |                    |
| Color                                 | Pale yellow | Pale Yellow          | -                  |
| Reaction (pH)                         | 5.0         | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity                      | 1.005       | 1.001-1.030          | Chemical Indicator |
| Transparency                          | Clear       | Clear                | -                  |
| Volume (ml)                           | 40          | -                    | -                  |
| <b><u>CHEMICAL EXAMINATION</u></b>    |             |                      |                    |
| 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        |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |             |                      |                    |
| Leukocytes(Pus cells)/hpf             | 0-1         | 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                        | 6-8         | 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 SDRL, Vidyavihar Lab

**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist





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Reported :

\*\*\* End Of Report \*\*\*



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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        | A              |
| Rh TYPING        | Positive       |

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**Refernces:**

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

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

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 150.4   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 138.7   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 37.4    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 113.0   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 85.0    | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 28.0    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 4.0     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.3     | 0-3.5 Ratio   | Calculated                               |

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\*\*\* End Of Report \*\*\*

*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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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      | 3.9            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 17.3           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59 | ECLIA         |
| sensitiveTSH, Serum | 3.98           | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>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 trasiently altered becuae 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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\*\*\* End Of Report \*\*\*

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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    | 0.45           | 0.1-1.2 mg/dl               | Colorimetric     |
| BILIRUBIN (DIRECT), Serum   | 0.17           | 0-0.3 mg/dl                 | Diazo            |
| BILIRUBIN (INDIRECT), Serum | 0.28           | 0.1-1.0 mg/dl               | Calculated       |
| TOTAL PROTEINS, Serum       | 7.1            | 6.4-8.3 g/dL                | Biuret           |
| ALBUMIN, Serum              | 4.5            | 3.5-5.2 g/dL                | BCG              |
| GLOBULIN, Serum             | 2.6            | 2.3-3.5 g/dL                | Calculated       |
| A/G RATIO, Serum            | 1.7            | 1 - 2                       | Calculated       |
| SGOT (AST), Serum           | 12.4           | 5-32 U/L                    | NADH (w/o P-5-P) |
| SGPT (ALT), Serum           | 9.5            | 5-33 U/L                    | NADH (w/o P-5-P) |
| GAMMA GT, Serum             | 12.2           | 3-40 U/L                    | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum | 88.0           | 35-105 U/L                  | Colorimetric     |

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\*\*\* End Of Report \*\*\*

*Bmhaskar*

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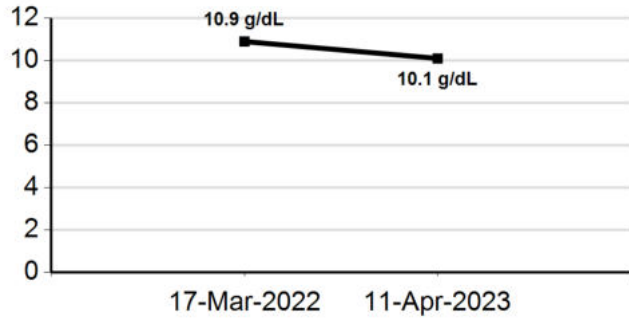




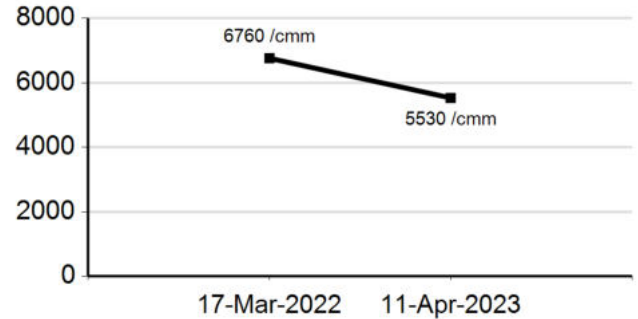
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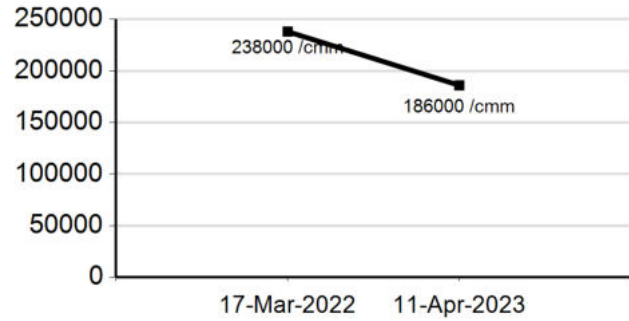
**Haemoglobin**



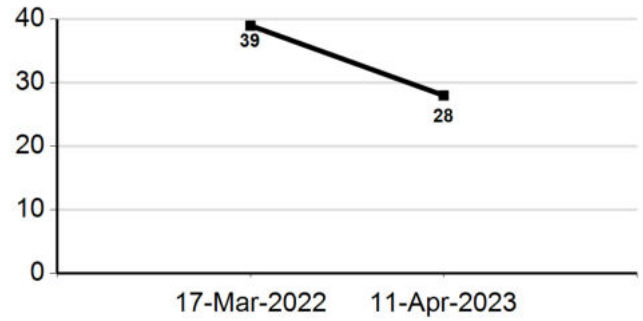
**WBC Total Count**



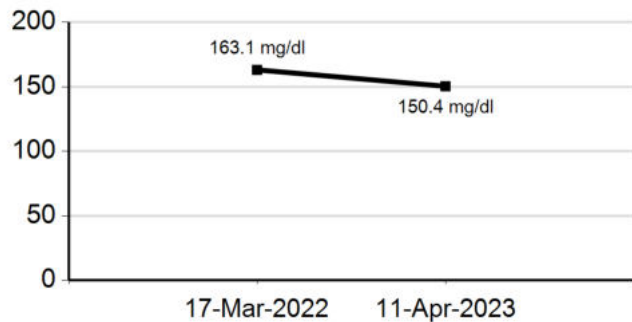
**Platelet Count**



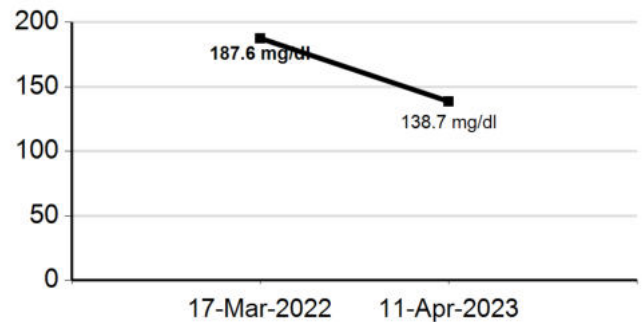
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

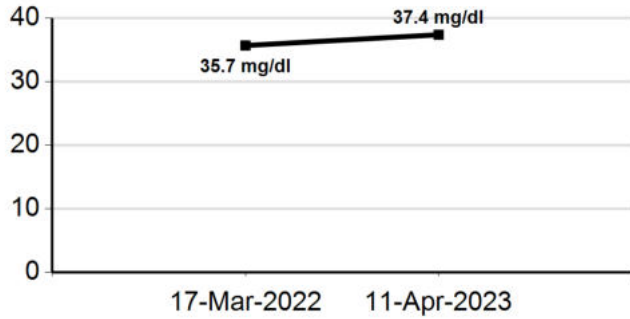




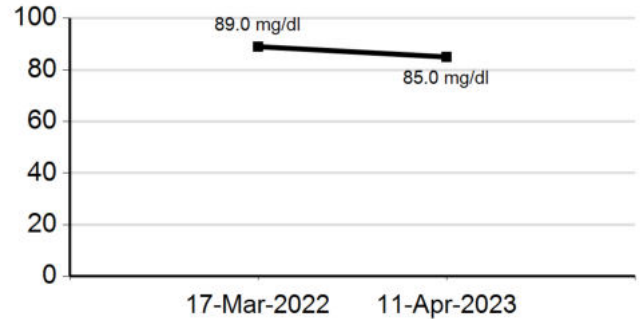
Use a QR Code Scanner  
 Application To Scan the Code

CID : 2310104755  
 Name : MRS.SONALI TOPPO  
 Age / Gender : 47 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

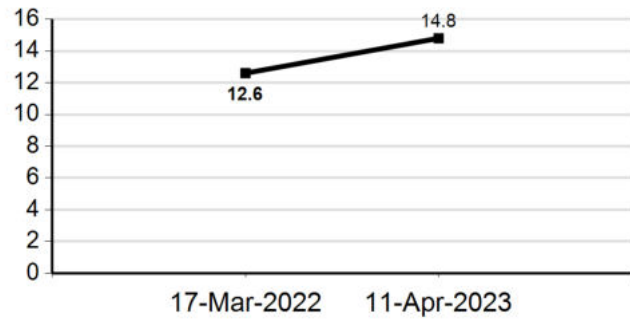
**HDL CHOLESTEROL**



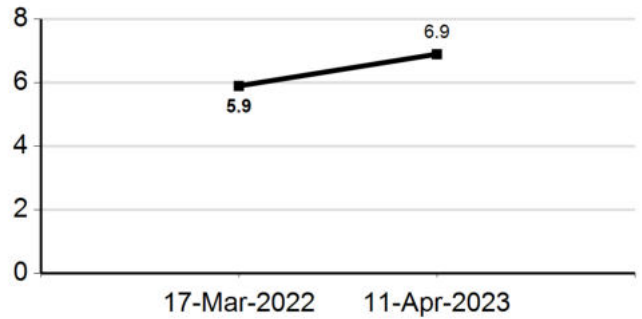
**LDL CHOLESTEROL**



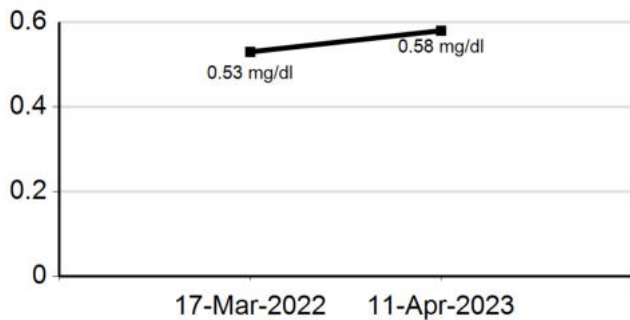
**BLOOD UREA**



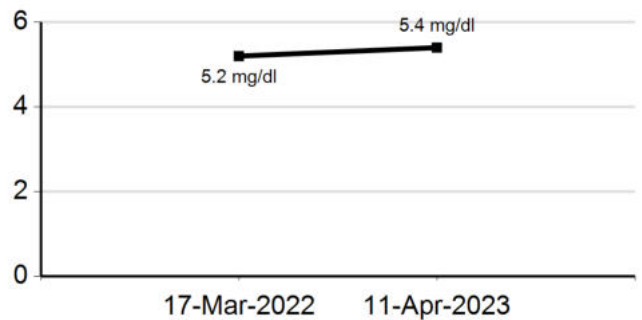
**BUN**



**CREATININE**



**URIC ACID**

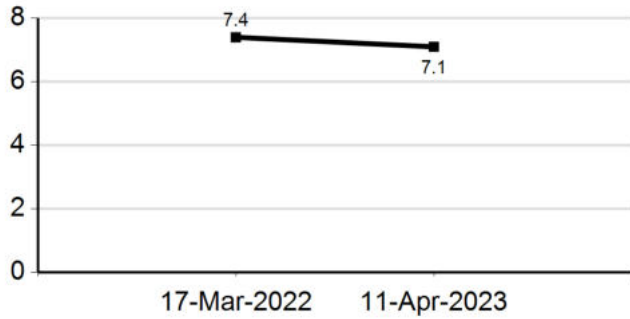




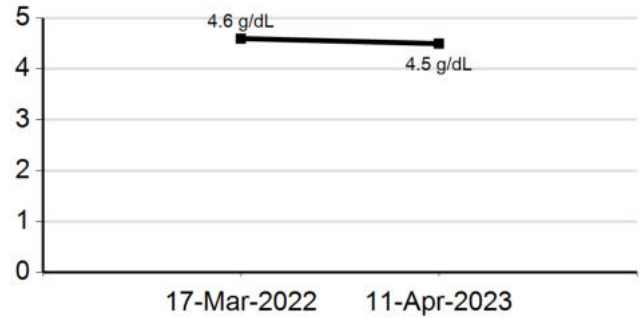
Use a QR Code Scanner Application To Scan the Code

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 Name : MRS.SONALI TOPPO  
 Age / Gender : 47 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

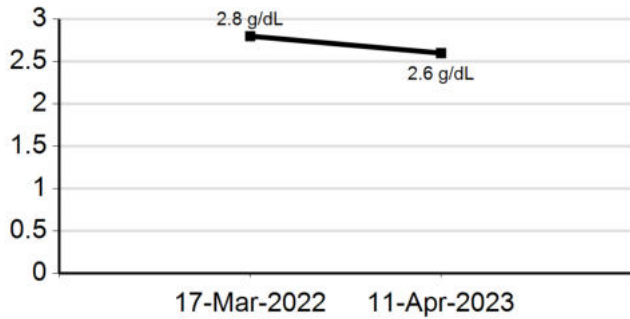
**TOTAL PROTEINS**



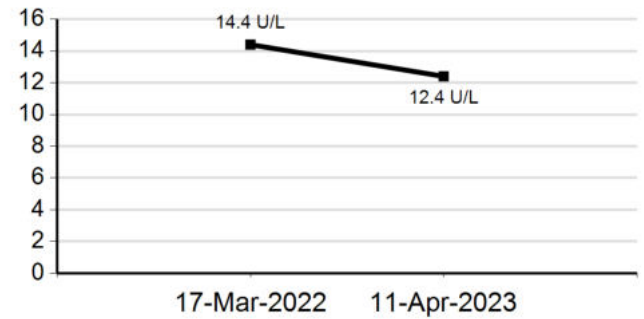
**ALBUMIN**



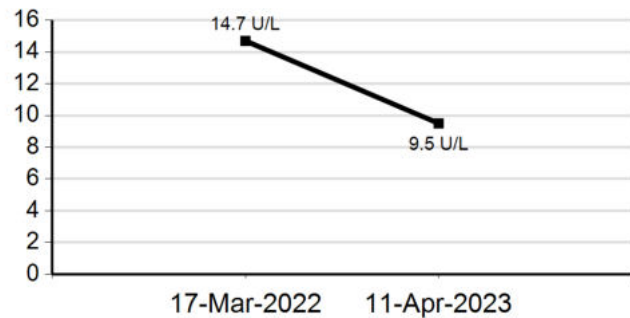
**GLOBULIN**



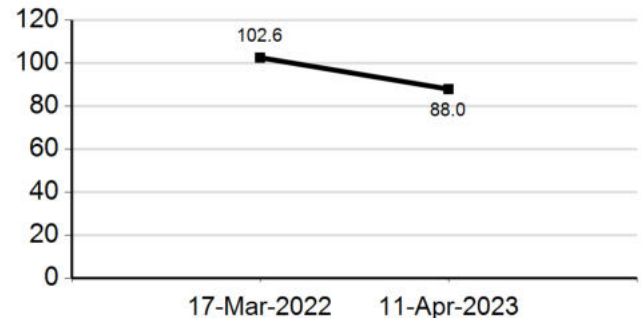
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

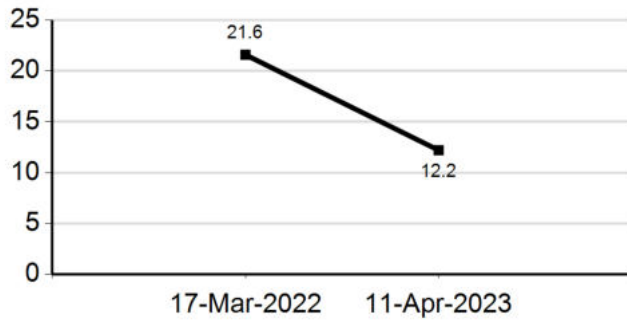




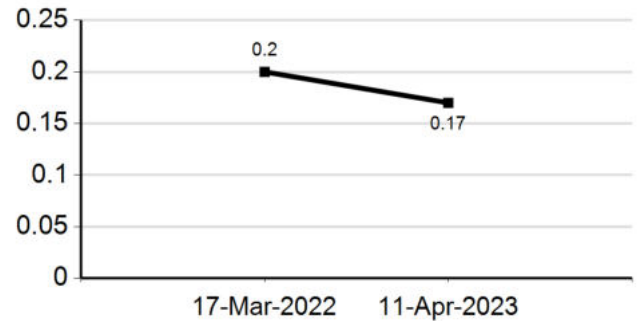
Use a QR Code Scanner Application To Scan the Code

CID : 2310104755  
 Name : MRS.SONALI TOPPO  
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 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

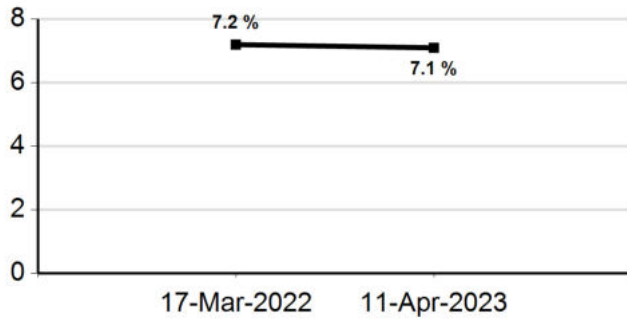
**GAMMA GT**



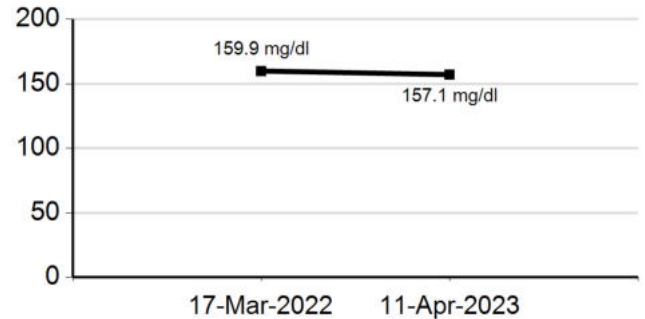
**BILIRUBIN (DIRECT)**



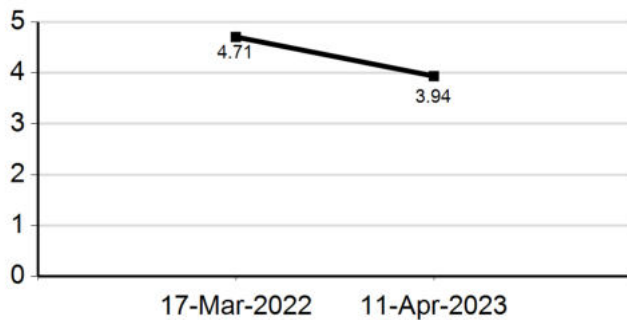
**Glycosylated Hemoglobin (HbA1c)**



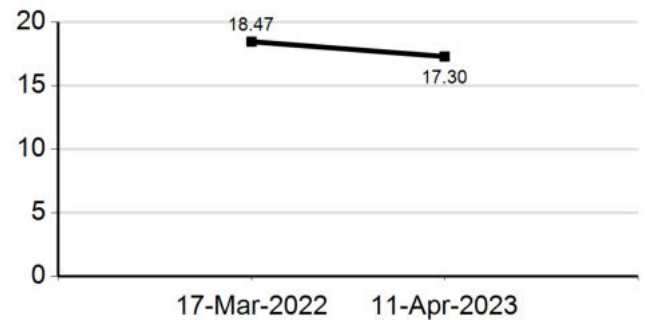
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

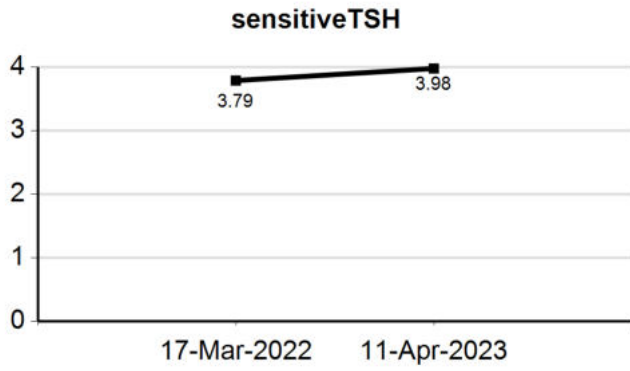






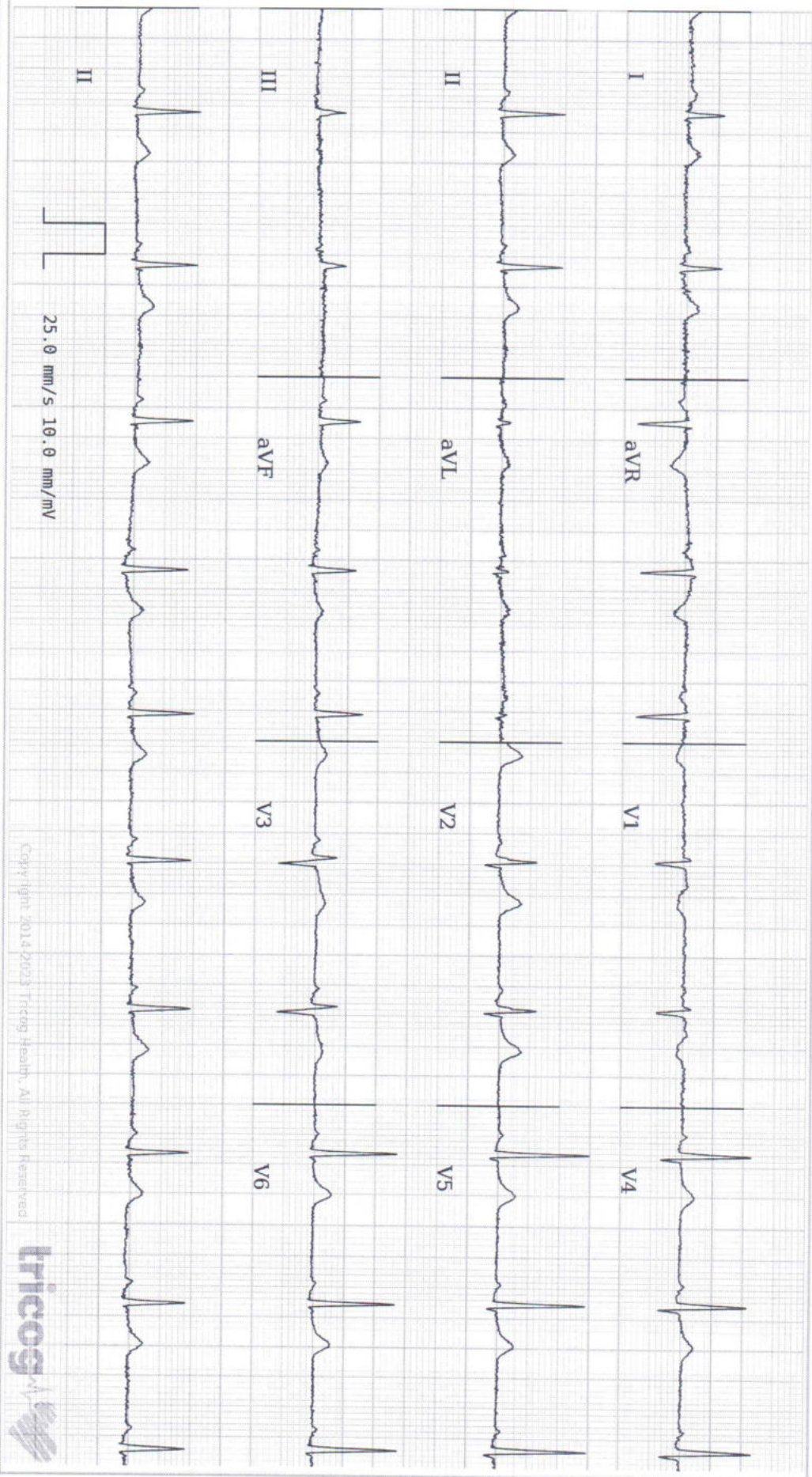
Use a QR Code Scanner  
Application To Scan the Code

CID : 2310104755  
Name : MRS.SONALI TOPPO  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)



Patient Name: SONALI TOPPO  
Patient ID: 2310104755

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**  
Date and Time: 11th Apr 23 10:07 AM



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Age **47** **1** **9**  
years months days

Gender **Female**

Heart Rate **61bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 70 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 408ms

QTcB: 410ms

PR: 122ms

P-R-T: 38° 54° 36°

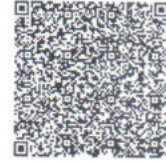
ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR AKHIL PARULEKAR  
MBBS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

Disclaimer: 1) Analysis in this report is based on ECG above and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





**CID** : 2310104755  
**Name** : Mrs SONALI TOPPO  
**Age / Sex** : 47 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 11-Apr-2023  
**Reported** : 11-Apr-2023 / 12:31

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### 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-----

*KWILJI*

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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

sionNo=2023041108461665

|   |                     |
|---|---------------------|
| • PATIENT NAME : MRS .SONALI TOPPO          | • SEX : FEMALE      |
| • REFERRED BY : ARCOFEMI HEALTHCARE LIMITED | • AGE : 47 YEARS    |
| • CID NO : 2310104755                       | • DATE : 11/04/2023 |

**2D & M-MODE ECHOCARDIOGRAM REPORT**  
**COLOR FLOW DOPPLER REPORT**

**ECHO & DOPPLER FINDINGS :**

- Grade I diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 18 m and 16 mm respectively.
- PASP by TR jet measured to 25 mm Hg.
- Visual LVEF of 60 %.

**MEASUREMENTS:**

|             |    |          |     |                 |     |
|-------------|----|----------|-----|-----------------|-----|
| IVS d (mm)  | 10 | EDV (ml) | 100 | Ao (mm)         | 32  |
| IVS s (mm)  | 14 | ESV (ml) | 43  | LA (mm)         | 31  |
| LVIDd (mm)  | 48 | SV (ml)  | 57  | EPSS (mm)       | 02  |
| LVIDs ( mm) | 32 | FS (mm)  | 30  | EF SLOPE (ml/s) | 107 |
| Pwd (mm)    | 10 | EF (%)   | 60  | MV (mm)         | 20  |
| Pws (mm)    | 13 |          |     |                 |     |

Conti....2



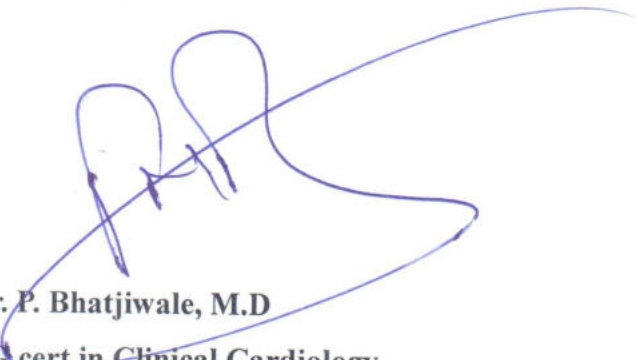
|   |                     |
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| • PATIENT NAME : MRS .SONALI TOPPO          | • SEX : FEMALE      |
| • REFERRED BY : ARCOFEMI HEALTHCARE LIMITED | • AGE : 47 YEARS    |
| • CID NO : 2310104755                       | • DATE : 11/04/2023 |

**DOPPLER: Mitral E / A**

|                 |     |                 |      |
|-----------------|-----|-----------------|------|
| Mitral (m/s)    | 0.5 | Aortic (m/s)    | 1.14 |
| Tricuspid (m/s) | 0.6 | Pulmonary (m/s) | 0.8  |

**TDI**

Septal e' = 0.05 m/s                      Lateral e' = 0.06 m/s  
 Septal a' = 0.06 m/s                      Lateral a' = 0.09 m/s  
 Septal s' = 0.05 m/s                      Lateral s' = 0.05 m/s  
 Septal E/e' = 10



**Dr. P. Bhatjiwale, M.D**  
 PG cert in Clinical Cardiology,  
 Fellowship in 2 D Echo & Doppler Studies  
 Reg. No 68857

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.**

**Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.**

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

**DENTAL CHECK - UP**

Name:- *Sonali Toppo.*

CID : *2310104955* Sex / Age : *F / 47*

Occupation:-

Date: *11/04/2023*

Chief complaints:- *NO complaints.*

Medical / dental history:- *No relevant medical history.*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements -*
- b) Facial Symmetry: *Bilateral asymmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- 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: *a) Vantaj toothpaste.*

**DR. BHUMIK PATEL**  
**(B.D.S) A - 23378**

Provisional Diagnosis:-

*- NIL -*

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Row House No. 3, 2nd floor,  
Thakur Village, Kandivli (east),  
Mumbai - 400101.  
Tel : 61700800

*DR. Bhumik Patel*  
*[Signature]*

|        |              |              |         |
|--------|--------------|--------------|---------|
| Name : | Senali Toppo | Age / Gender | 47/F    |
| Dr. :  |              | Date :       | 11/4/23 |

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS :

NO

MARITAL STATUS :

Married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ age - 13yr

(ii) PRESENT MENSTRUAL HISTORY :

Hysterectomy - 2018

(iii) PAST MENSTRUAL HISTORY :

G.P.L.A.O

OBSTETRIC HISTORY :

PAST HISTORY :

Dm, Hypothyroid, Dyslipidemia

PREVIOUS SURGERIES :

Abdo. Hysterectomy 2018, myomectomy 2010, US - 2009

ALLERGIES :

NO

FAMILY HISTORY :

father - Dm

DRUG HISTORY :

T. Thyronorm - (37.5mg)

BOWEL HABITS :

| ⊙

BLADDER HABITS :

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548



|        |              |
|--------|--------------|
| Name : | Age / Gender |
| Dr. :  | Date :       |

**GYNAEC EXAMINATION REPORTS**

GENERAL EXAMINATION

TEMPERATURE : (T)  
PULSE : 72/nt reg  
BP : 120/80  
RS :  
CVs : (NAD)  
Breasts : - NAD

Per Abdomen : - NAD, scan of USG R/Hysterectomy Heavy  
umbilical Hernia (T)  
Per vaginal :  
PLS - skip  
(pt not willing)

RECOMMENDATIONS

ADVISE :

  
**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548

Date:- 11/04/23

CID: 2310104785

Name:- Sonali Toppo

Sex/Age: 47/F

**EYE CHECK UP**

Chief complaints: For check up

Systemic Diseases: Thyroid ↓ Rx : 3 years  
cholesterol ↓ Rx : 1 year

Past history: Nil

Unaided Vision: 6/6 6/6

Aided Vision: 6/6, N6 6/6, N6

Refraction:

|          | (Right Eye) |       |      |     | (Left Eye) |       |      |     |
|----------|-------------|-------|------|-----|------------|-------|------|-----|
|          | Sph         | Cyl   | Axis | Vn  | Sph        | Cyl   | Axis | Vn  |
| Distance | —           | Plano | —    | 6/6 | —          | Plano | —    | 6/6 |
| Near     | +1.75       | —     | —    | N6  | +1.75      | —     | —    | N6. |

Colour Vision: Normal / Abnormal

Remark: Glasses only for near

**KAJAL NAGRECHA**  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
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Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

**CID** : 2310104755  
**Name** : Mrs SONALI TOPPO  
**Age / Sex** : 47 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

Use a QR Code Scanner  
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**Reported** : 11-Apr-2023 / 10:17

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.3 x 5.0 cm. Left kidney measures 10.5 x 5.0 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

The uterus is not seen post surgery status.

### OVARIES:

Both the ovaries are not visualized probably atrophic / surgery.

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



Authenticity Check  
<<QRCode>>

CID : 2310104755  
Name : Mrs SONALI TOPPO  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

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**IMPRESSION:-**

No significant abnormality is seen.

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

*Khilji Faizur*

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

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