



CID : 2223925215  
Name : MRS.SAVITA ARORA  
Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Aug-2022 / 09:38  
Reported : 27-Aug-2022 / 13:32

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**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	9.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.43	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.8	36-46 %	Measured
MCV	65	80-100 fl	Calculated
MCH	20.7	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	18.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8450	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.1	20-40 %	
Absolute Lymphocytes	2205.5	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	760.5	200-1000 /cmm	Calculated
Neutrophils	59.8	40-80 %	
Absolute Neutrophils	5053.1	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	405.6	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	25.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.



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**PLATELET PARAMETERS**

Platelet Count	<b>522000</b>	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.4	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	+
Microcytosis	++
Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional

WBC MORPHOLOGY

PLATELET MORPHOLOGY Platelets increased on smear.

COMMENT

Feature suggestive of iron deficiency anemia.  
Advice : 1.Iron studies, Serum ferritin & Reticulocyte count.  
2.Stool for occult blood.

Specimen: EDTA Whole Blood



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ESR, EDTA WB 22 2-20 mm at 1 hr. Westergren

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



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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Anupa*

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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	80	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	2.9	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



*Bmhaskar*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated



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**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

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



*Anupa*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	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	3-4	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	-		

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*Bmhasakar*

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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**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.

**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 CPL, Andheri West

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



*J. Thakker*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.6	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	73.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	111	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.0	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	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**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	17.4	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	1.83	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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.23	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	<b>0.08</b>	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	14.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.0	35-105 U/L	Colorimetric

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**PPUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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## PHYSICAL EXAMINATION REPORT

### History and Complaints:

HTN since 5 yrs, Hypothyroid 15-16 yrs, Epilepsy since 2 yrs.

### EXAMINATION FINDINGS:

Height (cms): 154 cms

Weight (kg): 77 kgs

Temp (0c): Afebrile

Skin: Pigmentation on face

Blood Pressure (mm/hg): 180/90

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

### IMPRESSION:

*↑ BP  
& Hb, ↑ platelets*

### ADVICE:

*Monitor BP  
Cap ferro-21  
1 x 2 months*

ADDRESS: 2<sup>nd</sup> 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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### CHIEF COMPLAINTS:

- |  |     |
|--|-----|
| 1) Hypertension:                         | Yes |
| 2) IHD                                   | No  |
| 3) Arrhythmia                            | No  |
| 4) Diabetes Mellitus                     | No  |
| 5) Tuberculosis                          | No  |
| 6) Asthama                               | No  |
| 7) Pulmonary Disease                     | No  |
| 8) Thyroid/ Endocrine disorders          | Yes |
| 9) Nervous disorders                     | Yes |
| 10) GI system                            | No  |
| 11) Genital urinary disorder             | No  |
| 12) Rheumatic joint diseases or symptoms | No  |
| 13) Blood disease or disorder            | No  |
| 14) Cancer/lump growth/cyst              | No  |
| 15) Congenital disease                   | No  |
| 16) Surgeries                            | No  |
| 17) Musculoskeletal System               | No  |

### PERSONAL HISTORY:

- |               |         |
|---------------|---------|
| 1) Alcohol    | No      |
| 2) Smoking    | No      |
| 3) Diet       | Veg+egg |
| 4) Medication | Yes     |

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
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Mumbai - 400101,  
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*Dr. Jagruti Dhale*  
MBBS

Consultant Physician

Reg. No. 69548

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

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Name : Savita Ahoza	Age / Gender : 24/F
Dr. :	Date : - 27/8/22

**GYNAEC EXAMINATION REPORTS**

**PERSONAL HISTORY**

CHIEF COMPLAINTS : Pcod → 2-3 yrs ago

MARITAL STATUS : married

MENSTRUAL HISTORY :

(i) MENARCHE : @ age - 16 yr

(ii) PRESENT MENSTRUAL HISTORY : Reg

(iii) PAST MENSTRUAL HISTORY : 1st week of August

OBSTETRIC HISTORY : G2L2A0

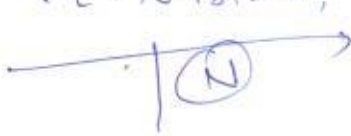
PAST HISTORY : HTN, Epilepsy, Hypothyroid

PREVIOUS SURGERIES : NO

ALLERGIES : NO

FAMILY HISTORY : father - HTN, DM

DRUG HISTORY : C.N Block, Lipinil, Thyronorm (75mcg)

BOWEL HABITS :  Constipation off 2 yr

BLADDER HABITS :

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

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

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

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Name :	Age / Gender
Dr. :	Date :

**GYNAEC EXAMINATION REPORTS**

**GENERAL EXAMINATION**

TEMPERATURE :  $\odot$   
PULSE : 72/min  
BP : 180/90  
RS :  
CVs : / NAD  
Breasts : NAD  
Per Abdomen : NAD  
Per vaginal : PLS - cx healthy

**RECOMMENDATIONS**

ADVISE :

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

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

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CID : 2223925215  
Name : Mrs SAVITA ARORA  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 27-Aug-2022  
Reported : 27-Aug-2022 / 11:27

## 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 visualised 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 9.7 x 4.0 cm. Left kidney measures 10.0 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 anteverted and appears normal. It measures 7.0 x 4.4 x 3.7 cm in size. The endometrial thickness is 6 mm.

### OVARIES:

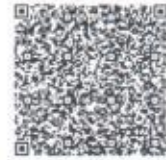
Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 3.0 x 1.9 x 2.3 cm (Volume is 7.3 cc).  
Left ovary = 3.0 x 2.2 x 3.0 cm (Volume is 10.0 cc).

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022082709331234>

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CID : 2223925215  
Name : Mrs SAVITA ARORA  
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Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 27-Aug-2022  
Reported : 27-Aug-2022 / 11:27

**IMPRESSION:-**

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*Khilji FA*

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

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CID : 2223925215  
Name : Mrs SAVITA ARORA  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Aug-2022  
Reported : 27-Aug-2022 / 14:51

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## MAMMOGRAPHY

### X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts limiting optimal evaluation (**Type A**).

No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

### SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

### IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022082709331238>

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Page no 1 of 2





CID : 2223925215  
Name : Mrs SAVITA ARORA  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Aug-2022  
Reported : 27-Aug-2022 / 14:51

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**ACR BIRADS CATEGORY**

- I. **Negative.**
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have interobserver variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the Mammography findings 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.

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

**This report is prepared and physically checked by Dr Vivek Singh before dispatch.**

**Dr. Vivek Singh**  
**MD Radiodiagnosis**  
**Reg No: 2013/03/0388**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022082709331238>

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CID : 2223925215  
Name : Mrs SAVITA ARORA  
Age / Sex : 44 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 27-Aug-2022  
Reported : 27-Aug-2022 / 13:38

**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-----

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

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

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**DENTAL CHECK - UP**

Name:- *Savita Aruna*

CID: *2223475215* Sex / Age: *F / 44*

Occupation:-

Date: *27/08/2022*

Chief complaints:- *Cavity*

Medical / dental history:- *Extraction*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

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

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *T<sub>6</sub> deep occlusal cavity*
- 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

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

Advised: a) *T<sub>6</sub> Excavate & evaluate for filling*

b) *Scaling & Polishing [cleaning]*

Provisional Diagnosis:-

*- Nil*

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Mumbai - 400101.

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

*DR Bhumik Patel*

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

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

Date: 27/8/22

CID: 0223925215

Name: Mrs. Savita Anora

Sex/Age: F/44

**EYE CHECK UP**

Chief complaints: Routine checkup

Systemic Diseases: HT 00 years

Past history: no glo cluwa skling

Unaided Vision: 6/6br 6/6br

Aided Vision: — —

Refraction: Ge MSR. Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.50	0.75	40°	6/6	0.50	0.50	40°	6/6
Near	0.20	0.75	40°	6/6	0.50	0.50	40°	6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit  
Adv. ciliated refraction

*Kajal N.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

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Tel : 61700060

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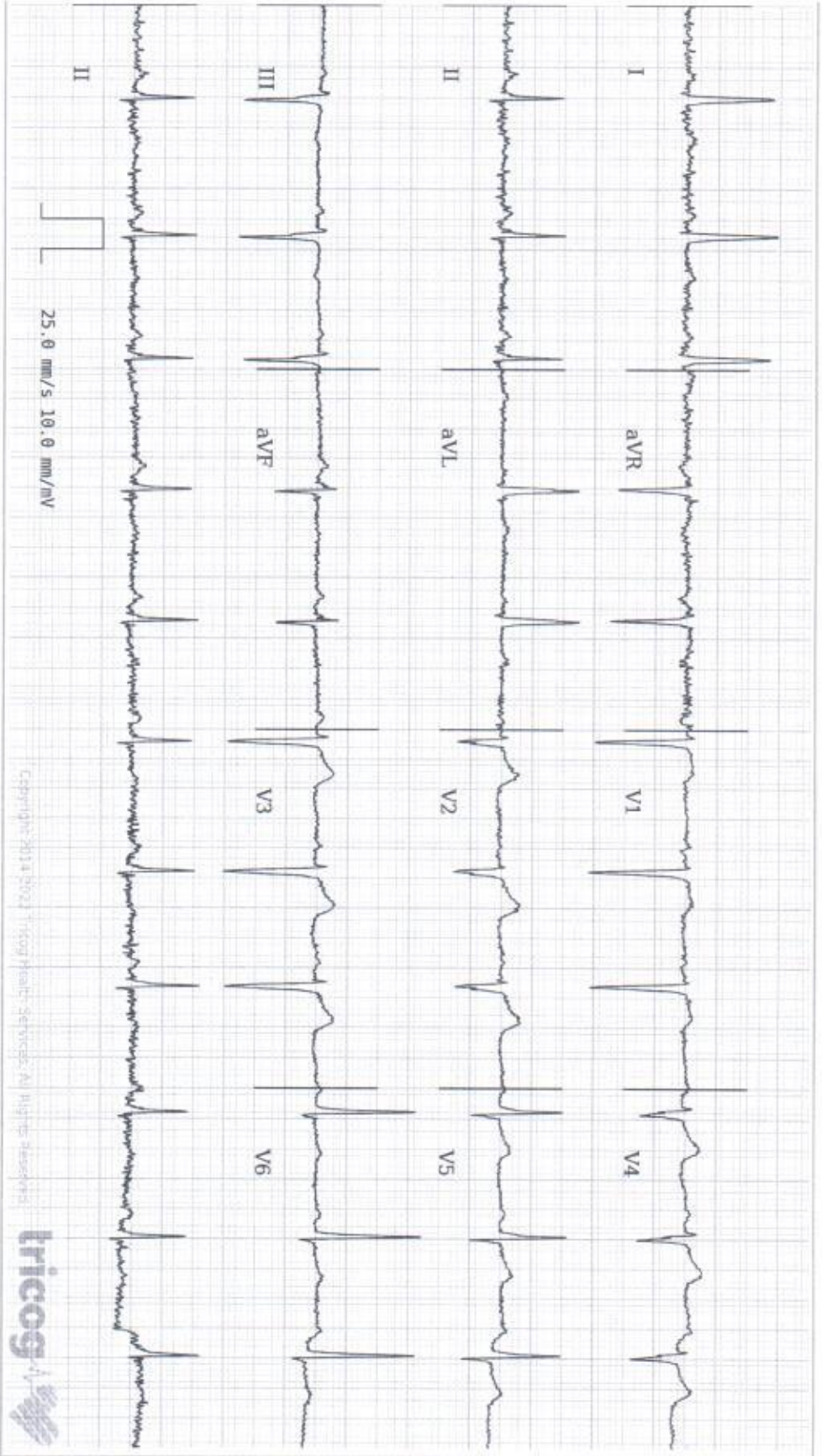




**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Patient Name: SAVITA ARORA  
Patient ID: 2223925215

Date and Time: 27th Aug 22 10:32 AM



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Age **44** 7 26  
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: 180/90 mmHg

Weight: 77 kg

Height: 154 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 84ms

QT: 376ms

QTc: 408ms

PR: 156ms

P-R-T: 51° -7° -21°

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

REPORTED BY

DR ANHIL PARULEKAR  
MBBS MD MEDICINE, DNB Cardiology  
Cardiologist  
2012062483

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Tel : 6179999000

Disclaimer: 1) Analysis in this report is based on ECG alone 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 vital signs are entered by the clinician and not derived from the ECG.





**भारत सरकार**  
**Unique Identification Authority of India**  
**Government of India**

नामांकन क्रम / Enrollment No.: 1104/50043/08612

To  
 सविता अरोडा  
 Savita Arora  
 W/O Deepak Arora  
 1007 SHORA KOTHI GALI SAGAR CHAND  
 CLOCK TOWER SUBZI MANDI Malka Garj S.O  
 North Delhi  
 Delhi 110007

31/01/2012



UG157326912IN



आपका आधार क्रमांक / Your Aadhaar No. :

**5820 3196 3909**

आधार – आम आदमी का अधिकार



भारत सरकार  
 GOVERNMENT OF INDIA



सविता अरोडा  
 Savita Arora  
 जन्म वर्ष / Year of Birth : 1978  
 महिला / Female



**5820 3196 3909**

आधार – आम आदमी का अधिकार

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*JagruTi Dhale*

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