



CID : 2310416729  
Name : MRS.MONA RANE  
Age / Gender : 48 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:28  
Reported : 14-Apr-2023 / 11:19

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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	13.9	12.0-15.0 g/dL	Spectrophotometric
RBC	5.37	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.1	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	25.9	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.5	20-40 %	
Absolute Lymphocytes	1656.0	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	441.6	200-1000 /cmm	Calculated
Neutrophils	52.6	40-80 %	
Absolute Neutrophils	2524.8	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	158.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	19.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	282000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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 6 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali 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 40/2D ECHO**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	121.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Bm haskar*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.79	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	83	>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	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	4.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.8	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	5.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

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



*Dr. Vrushi Shroff*

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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

\*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**  
**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	1.020	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	8-10	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 Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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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. Vrushi Shroff*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	208.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	52.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	156.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	139.3	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	16.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



*Dr. Vrushi Shroff*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.335	0.55-4.78 microIU/ml	CLIA

**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)



*Anupa*

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



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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	0.57	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	23.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	13.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.7	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	77.2	46-116 U/L	Modified IFCC

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



*Dr. Vrushi Shroff*

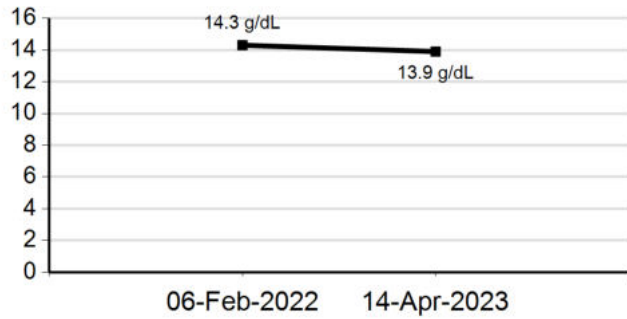
**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



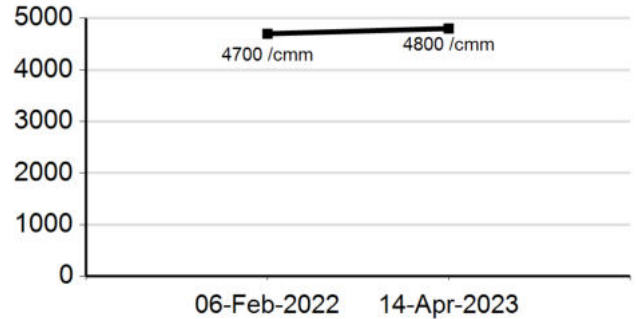
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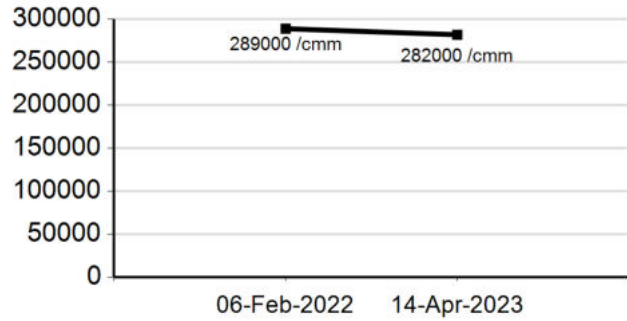
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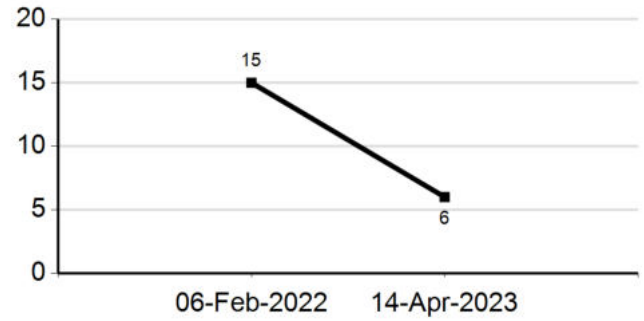
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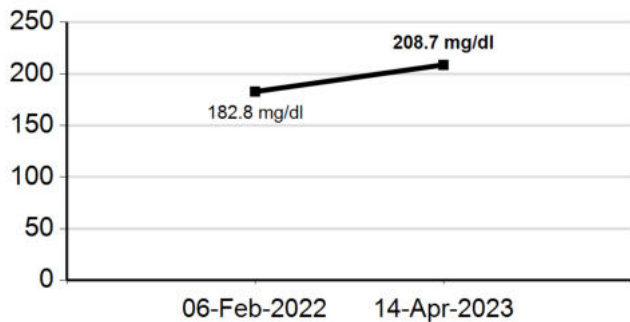
**Platelet Count**



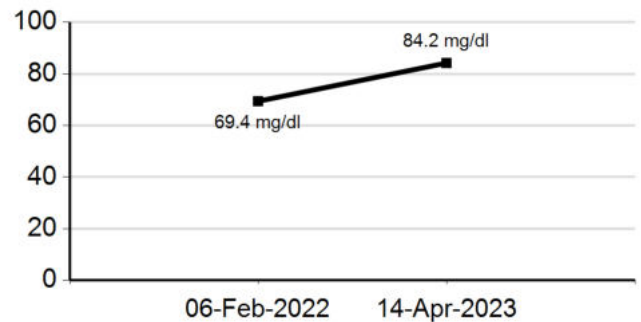
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**



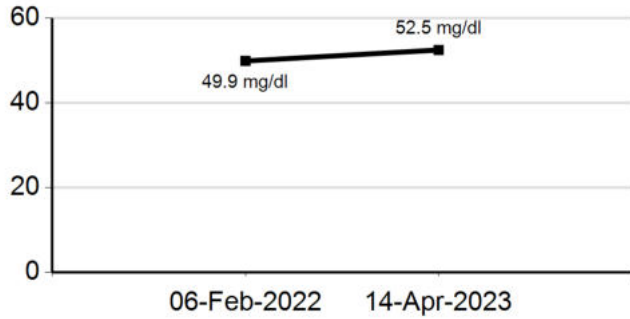




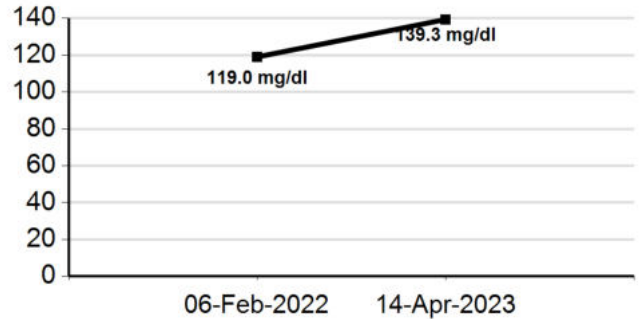
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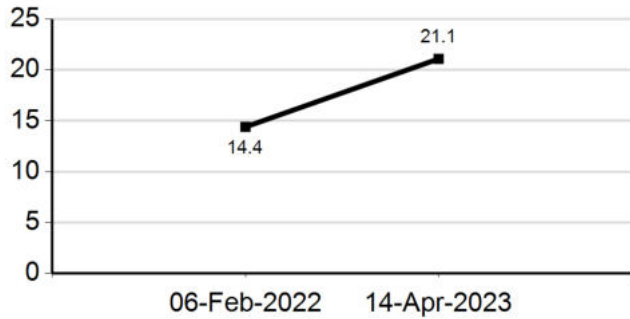
**HDL CHOLESTEROL**



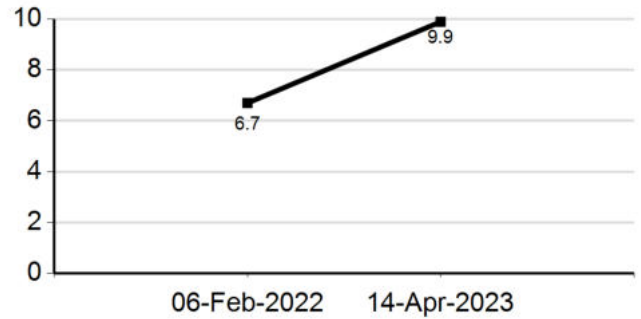
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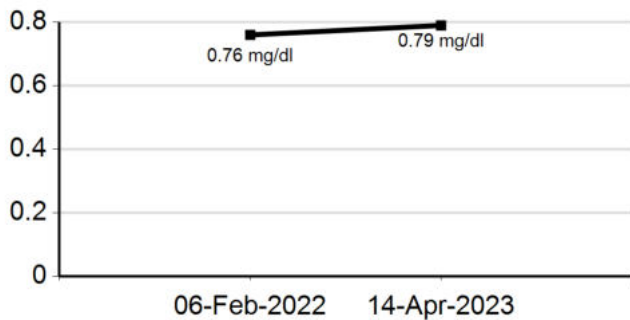
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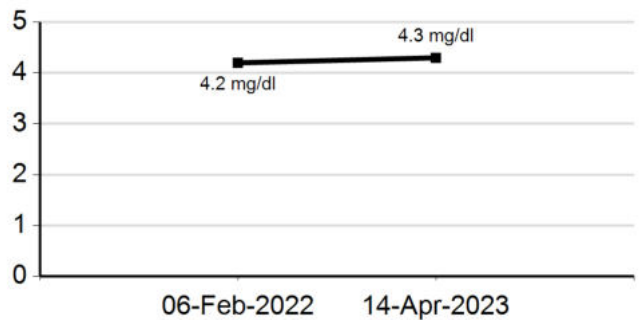
**BUN**



**CREATININE**



**URIC ACID**

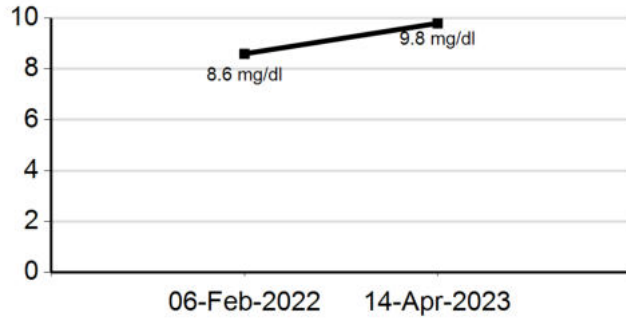




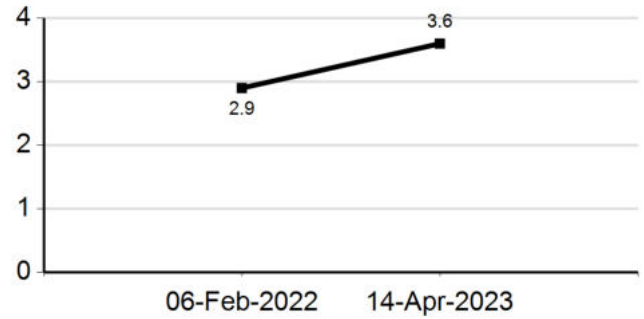
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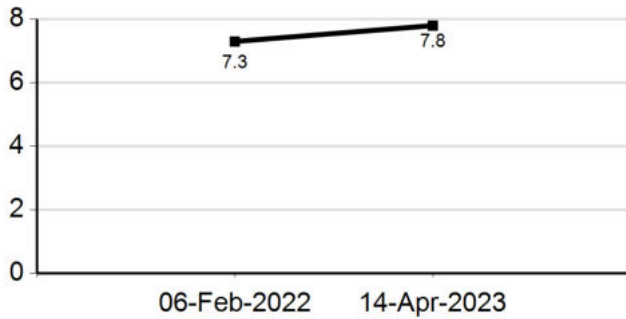
**CALCIUM**



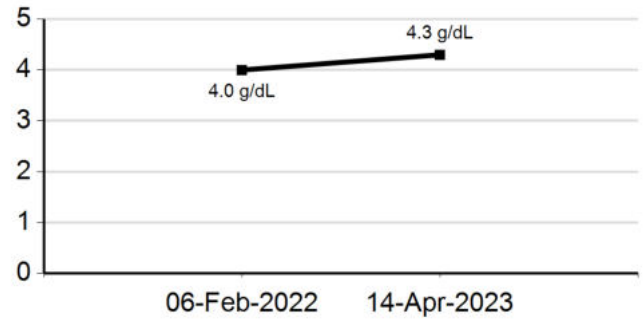
**PHOSPHORUS**



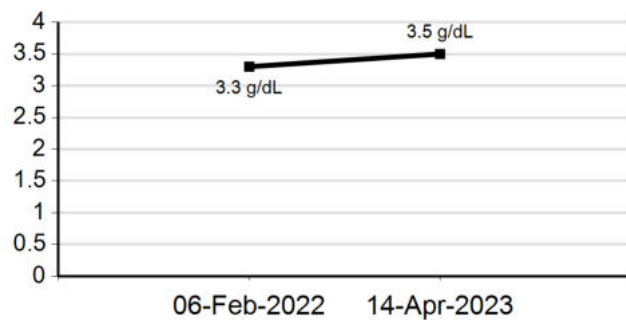
**TOTAL PROTEINS**



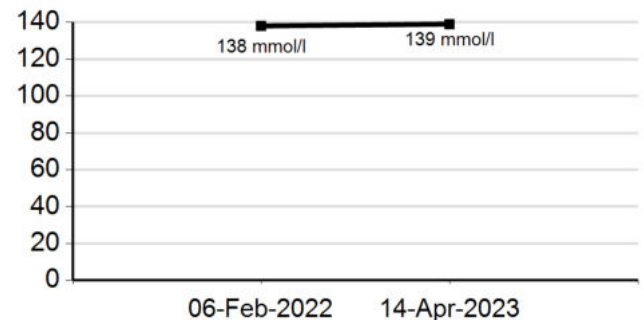
**ALBUMIN**



**GLOBULIN**



**SODIUM**

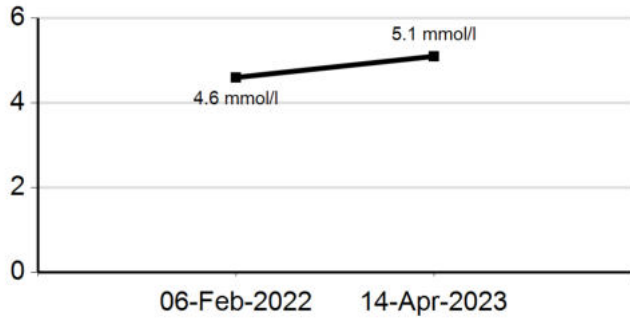




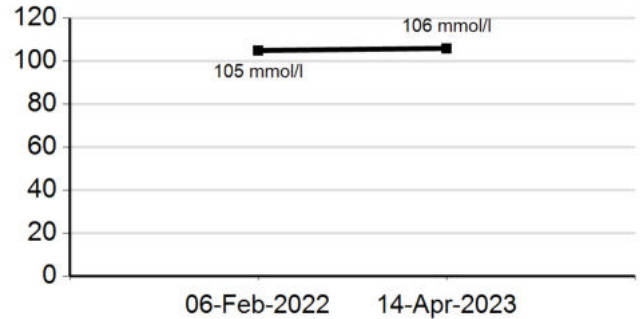
Use a QR Code Scanner Application To Scan the Code

CID : 2310416729  
 Name : MRS.MONA RANE  
 Age / Gender : 48 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

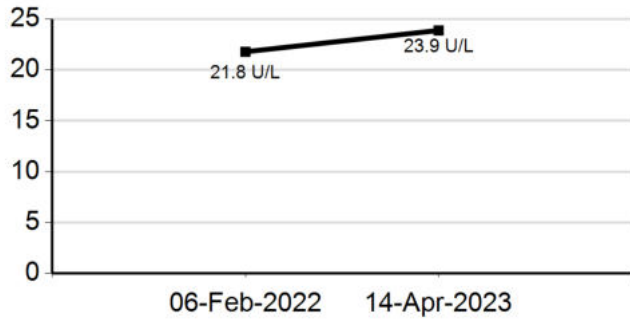
**POTASSIUM**



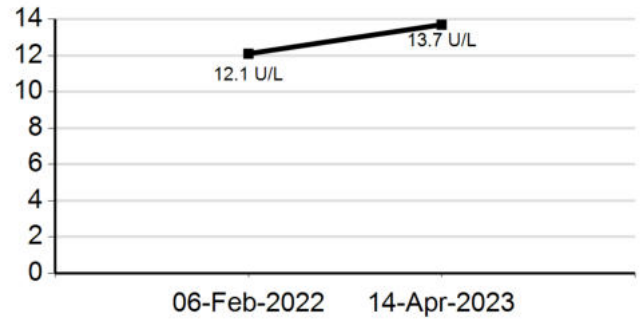
**CHLORIDE**



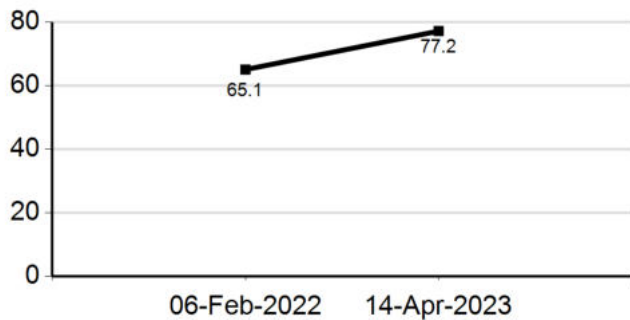
**SGOT (AST)**



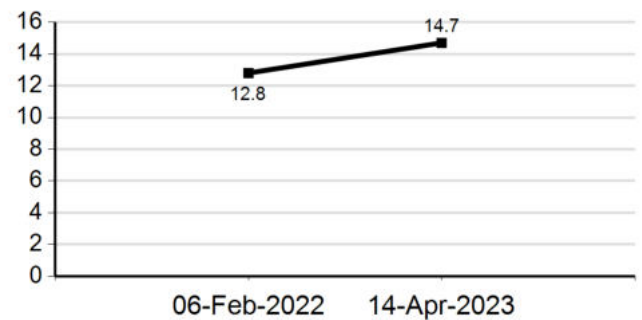
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

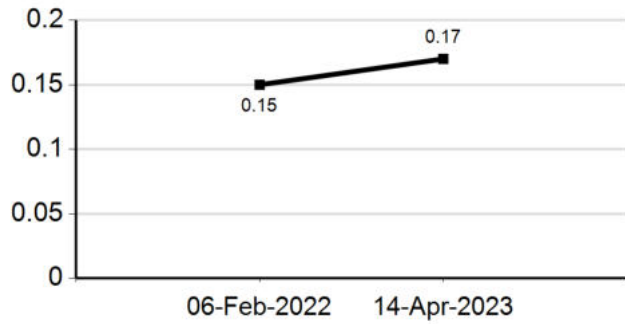




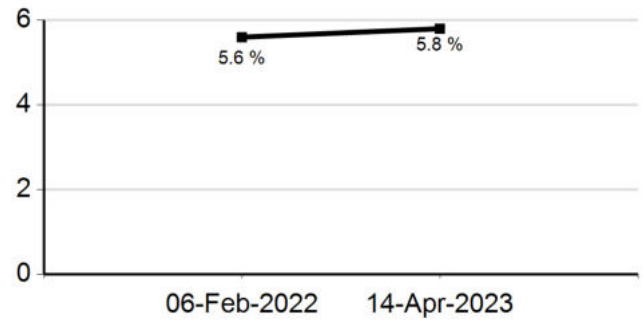
Use a QR Code Scanner Application To Scan the Code

CID : 2310416729  
 Name : MRS.MONA RANE  
 Age / Gender : 48 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

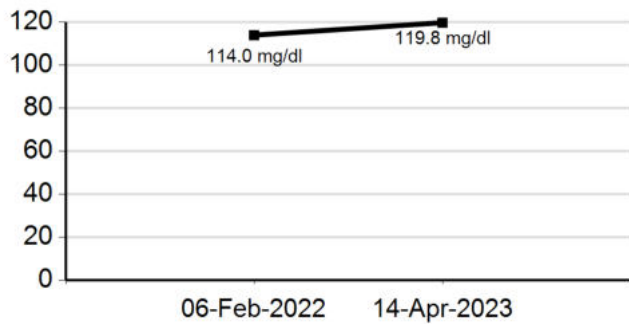
**BILIRUBIN (DIRECT)**



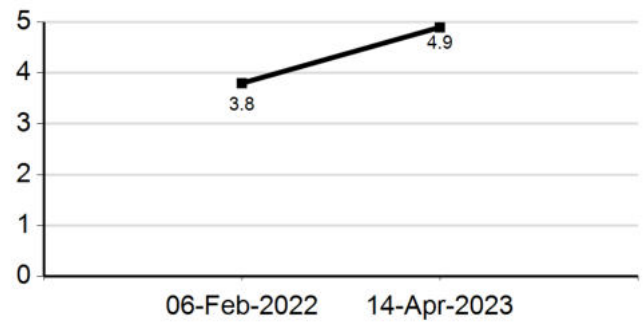
**Glycosylated Hemoglobin (HbA1c)**



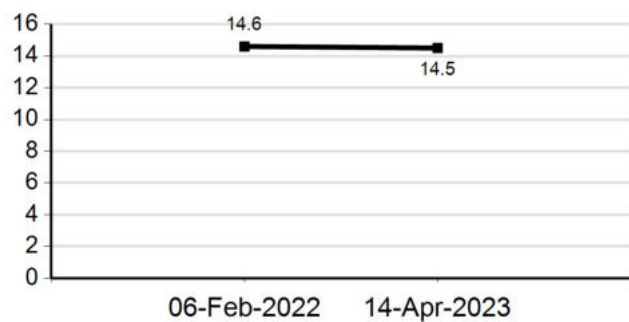
**Estimated Average Glucose (eAG)**



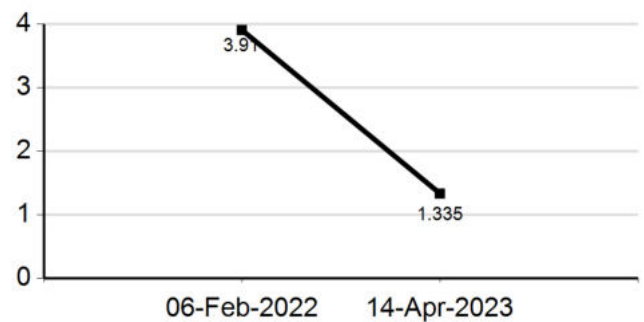
**Free T3**



**Free T4**



**sensitiveTSH**





CID : 2310416729  
Name : Mrs MONA RANE  
Age / Sex : 48 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 13:56

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Application To Scan the Code

### 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:

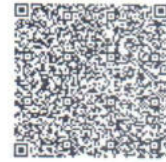
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*Khilji Faizur*

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

Click here to view images <<ImageLink>>



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2310416729  
**Name** : Mrs MONA RANE  
**Age / Sex** : 48 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023 / 9:18

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.5 cm) 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 measures 12 mm and CBD appears measures 4.3 mm .  
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:

Right kidney measures 10.5 x 4.0 cm. Left kidney measures 11.1 x 4.5 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (9 cm) 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:

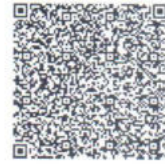
The uterus is anteverted, Bulky in size. It measures 7.8 x 6.0 x 4.8 cm in size. (volume is 119 cc).  
It shows heterogenous echotexture with mild loss of endometrial-myometrial junction with few myometrial calcifications ----suggestive of Adenomyosis.  
F1 - 2.5 x 2.5 cms sized intra-mural fibroid is noted at the posterior wall.  
F2 - 1.9 x 1.6 cms sized intra-mural fibroid is noted at the posterior wall.  
The endometrial thickness is 6.3 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.6 x 1.3 cm                      Left ovary = 2.4 x 1.5 cm

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)      sionNo=2023041408260887





**CID** : 2310416729  
**Name** : Mrs MONA RANE  
**Age / Sex** : 48 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023 / 9:18

Use a QR Code Scanner  
Application To Scan the Code

**IMPRESSION:-**

**BULKY UTERUS WITH FEATURES OF ADENOMYOSIS.**

**UTERINE FIBROIDS AS DESCRIBED.**

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

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2023041408260887

**DENTAL CHECK - UP**

Name:- *Mona Rane*

CID : *2310416729* Sex / Age : *F / 48*

Occupation:-

Date: *14/04/2023*

Chief complaints:- *Grossly decayed*

Medical / dental history:- *NO relevant medical history*

GENERAL EXAMINATION: *RCT, crown, fillings*

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:
- c) Calculus: *7/4 Root pieces*
- Stains: *Carious upper molar*

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) *Extraction*

b) *Filling*

Provisional Diagnosis:-

*Pulp necrosis*

*7/4*  
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, 1st Floor,  
Thakur Village, Khar West (east),  
Mumbai - 400101.  
Tel : 61700900

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

*DR Bhumik Patel*



Date:- 14/04/23

CID: 2310416729

Name:- Mona Rane

Sex/Age: 48/F

**EYE CHECK UP**

Chief complaints:

Routine eye checkup

Systemic Diseases:

NPL

Past history:

NLL

Unaided Vision:

Right Eye 6/6

6/6

Aided Vision:

6/6, No

6/6, No

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	Plaw	6/6	—	Plaw	—	6/6
Near	1.50	—	—	No	1.50	—	—	6/6

Add as W.D.

Colour Vision: ~~Normal~~ / Abnormal

Remark:

Glasses for near

Vidhi

**KAJAL NAGRECHA**  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700800

Name : <i>Mana Rave</i>	Age / Gender : <i>48/F</i>
Dr. :	Date : - <i>14/4/23</i>

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS :

: *Irregular - Permenopausal*

MARITAL STATUS :

: *married*

MENSTRUAL HISTORY :

(i) MENARCHE :

: *@ age - 14 yrs*

(ii) PRESENT MENSTRUAL HISTORY :

: *Irregular, scanty*

(iii) PAST MENSTRUAL HISTORY :

: *8 days ago*

OBSTETRIC HISTORY :

: *G, P, L, A, 0*

PAST HISTORY :

- *NO*

PREVIOUS SURGERIES :

: *Lap. ov. cyst excision, 2006, CES - 2008*

ALLERGIES :

- *NO*

FAMILY HISTORY :

: *mother - HTN, DM, father - DM*

DRUG HISTORY :

- *NO*

BOWEL HABITS :

: *1/2*

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/ny  
BP : 120/80  
RS :  
CVs : (NAD)  
Breasts : - NAD

Per Abdomen :- NAD, scan of lap & uterus healthy  
Per vaginal :  
pls. skip  
(pt not willing)

RECOMMENDATIONS

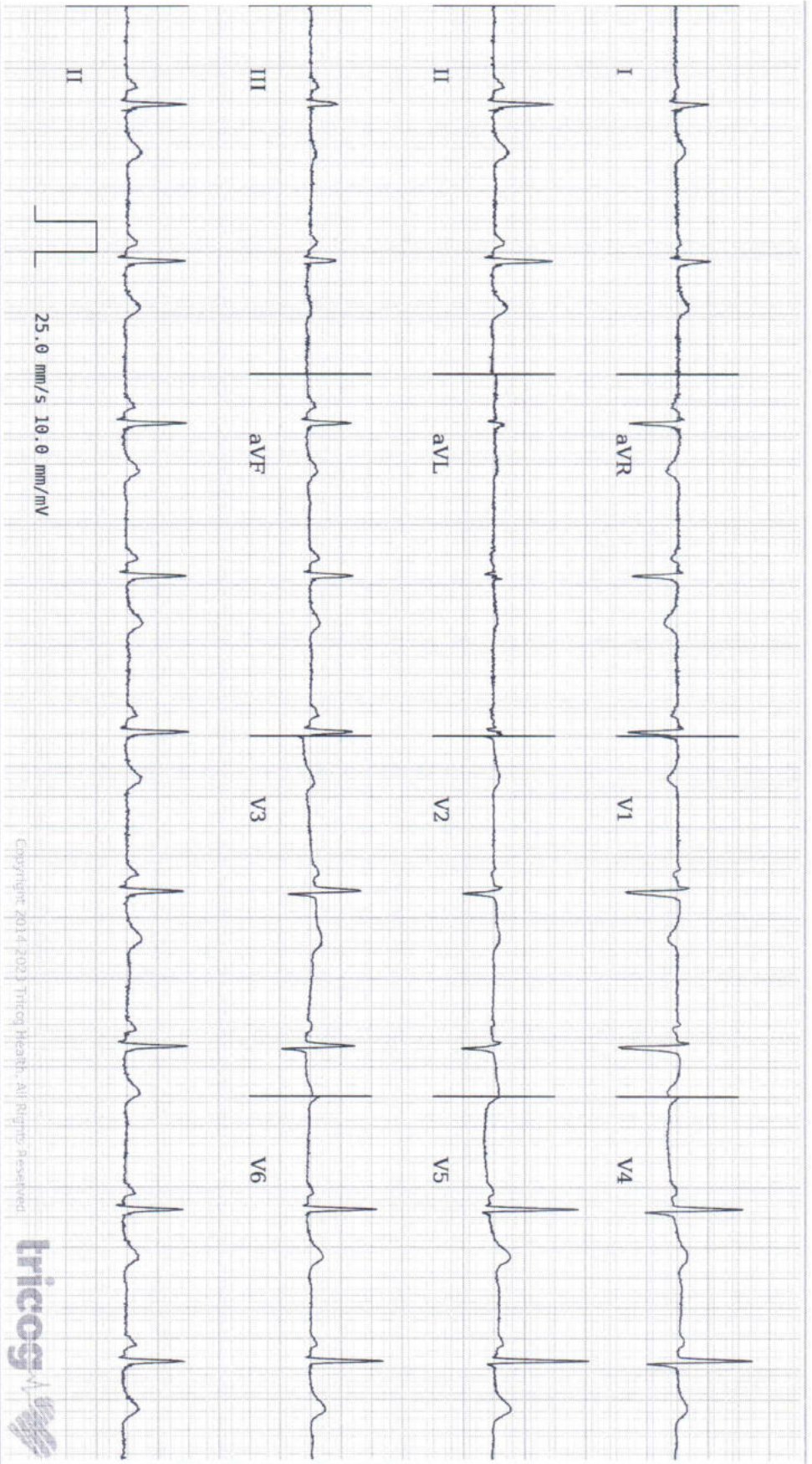
ADVISE :

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



Patient Name: MONA RANE  
Patient ID: 2310416729

Date and Time: 14th Apr 23 9:48 AM



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Age **48** **2** **8**  
years months days

Gender **Female**

Heart Rate **58bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 61 kg

Height: 165 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 80ms

QT: 446ms

QTcB: 437ms

PR: 148ms

P-R-T: 70° 55° 44°

REPORTED BY

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

Sinus Bradycardia. Please correlate clinically.

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 vitals are as entered by the clinician and not derived from the ECG.



**NAME** : MRS MONA RANE  
**REF BY** : --

**DATE** : 14/04/2023  
**AGE / SEX** : 48 / F

**MAMMOGRAPHY**

**X RAY MAMMOGRAPHY:**

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

Dense fibroglandular pattern is noted in both breasts partly limiting optimal evaluation (Type C). No evidence of any speculated 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.

**ACR BIRADS CATEGORY**

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

  
**DR SHRIKANT BODKE**  
**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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.