

Age **42 10 6**  
years months days

Gender **Female**

Heart Rate **57bpm**

**Patient Vitals**

BP: 150/90 mmHg

Weight: 69 kg

Height: 160 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

**Measurements**

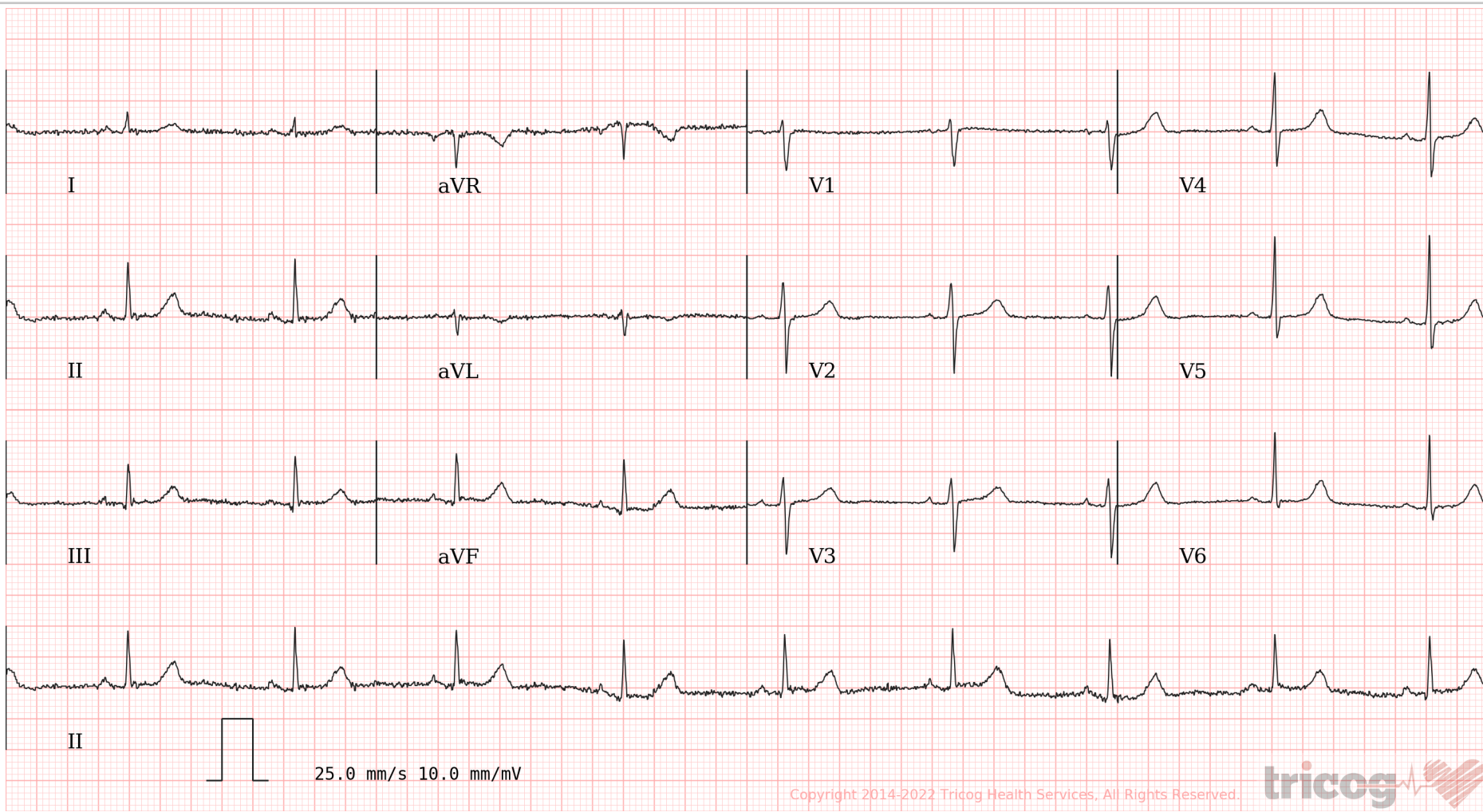
QSRD: 76ms

QT: 420ms

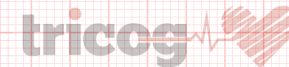
QTc: 408ms

PR: 144ms

P-R-T: 45° 73° 72°



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ECG Within Normal Limits: Sinus Bradycardia. Otherwise. Please correlate clinically.

REPORTED BY

*Dr. Anand N Motwani*

Dr. Anand N Motwani  
M.D (General Medicine)  
Reg No 39329 M.M.C



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**CID** : 2207127593  
**Name** : Ms Siddhi kumari  
**Age / Sex** : 42 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 12-Mar-2022 / 11:37  
**Reported** : 12-Mar-2022 / 13:00

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## MAMMOGRAPHY

Both mammograms have been performed with cranio-caudal (CC) and medio-lateral oblique (MLO) views. Mixed fibrofatty and fibroglandular pattern is noted in both breasts. No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen. No abnormal skin thickening is seen. Sonomammography of both breasts show normal parenchymal echotexture. The right breast shows simple cystic lesions of sizes 4.2 mm in the 10-11 O'clock position and 4.2 mm in the 6 O'clock position. The left breast shows simple cysts of sizes 3.2 mm in the 2-3 O'clock position and 2.6 mm in the 6 O'clock position. Bilateral reactive axillary lymphadenopathy is seen.

### IMPRESSION :

BILATERAL BREAST SIMPLE CYSTS.  
ACR BIRADS CATEGORY II.

### SUGGEST :

Follow up mammography after one year is suggested.  
Please bring all the films for comparison.

### ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

I Negative \_\_\_\_\_ IV Suspicious (Indeterminate).  
II Benign finding \_\_\_\_\_ V Highly suggestive of malignancy.  
III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

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Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

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**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 12-Mar-2022 / 12:23  
**Reported** : 12-Mar-2022 / 12:57

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## USG WHOLE ABDOMEN

### LIVER :

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. The main portal vein and CBD appears normal. The left lobe of the liver shows simple cystic lesion measuring 12.7 mm. The right lobe of the liver shows a simple cystic lesion measuring 22 x 19 mm.

### GALL BLADDER :

The gall bladder fossa is empty, consistent with the history of cholecystectomy

### PANCREAS :

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

### KIDNEYS :

Both the kidneys are normal in size shape and echotexture. Upper pole of the right kidney shows simple cyst of size 12.7 mm and the lower pole simple cortical cyst of size 8.1 mm and 9.6 mm. Midpole of the right kidney shows a simple cyst of size 16.4 mm. Lower pole of the left kidney shows simple cyst of sizes 10.9 mm, 6.7 mm and 6.9 mm and midpole of left kidney shows simple cyst of size 4.2 mm.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.6 x 4.3 cms. Left kidney measures 10.4 x 4.4 cms.

### SPLEEN :

The spleen is normal in size and shape and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascitis

### URINARY BLADDER :

The urinary bladder is well distended. It shows thin walls and sharp mucosa.

No evidence of calculus is noted. No mass or diverticulum is seen.

### UTERUS :

The Uterus is anteverted and appears normal. It measures 8.6 x 3.1 x 5.3 cm in size.

The endometrial thickness is 4.8 mm.

### OVARIES :

Both the ovaries are well visualised and appears normal.

Right ovary measures- 2.2 x 1.4 cms Left ovary measures- 2.8 x 1.6 cms

There is no evidence of any ovarian or adnexal mass seen

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**Reg. Location** : Vashi Main Centre

**Reg. Date** : 12-Mar-2022 / 12:23  
**Reported** : 12-Mar-2022 / 12:57

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**IMPRESSION :**

Grade I fatty infiltration of liver with simple hepatic cysts.  
Bilateral renal simple cysts.

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

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**Reg. Location** : Vashi Main Centre

**Reg. Date** : 12-Mar-2022 / 13:50  
**Reported** : 12-Mar-2022 / 19:21

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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-----

**This report is prepared and physically checked by Dr Jamila Johar Fani before dispatch.**

Dr Jamila Johar Fani  
MD Radiologist  
Reg No 2018/01/0007  
Consultant Radiologist

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CID : 2207127593  
Name : MS.SIDDHI KUMARI  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 12-Mar-2022 / 11:06  
Reported : 12-Mar-2022 / 14:41

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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	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.30	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.5	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5690	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.0	20-40 %	
Absolute Lymphocytes	1650.1	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	290.2	200-1000 /cmm	Calculated
Neutrophils	63.0	40-80 %	
Absolute Neutrophils	3584.7	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	108.1	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	56.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	17.4	11-18 %	Calculated

**RBC MORPHOLOGY**

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 30 2-20 mm at 1 hr. Westergren

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



*Tejaswini Dhoté*

Dr. TEJASWINI DHOTE  
M.D. (PATH)  
Pathologist





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Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 12-Mar-2022 / 11:06  
Reported : 12-Mar-2022 / 18:45

**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	97.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.6	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	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East  
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**Dr. TEJASWINI DHOTE**  
M.D. (PATH)  
Pathologist



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Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 12-Mar-2022 / 11:06  
Reported : 12-Mar-2022 / 15:12

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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 Panvel Lab, Panvel East

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**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
**Pathologist**



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Reported : 12-Mar-2022 / 17:44

**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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30 ml	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	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	4-6	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	18-20	Less than 20/hpf	

Kindly correlate clinically.

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



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Pathologist



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Reported : 12-Mar-2022 / 21:54

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

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

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**


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

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

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



MC-2111

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	232.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	103.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	184.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	164.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	20.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	24.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



*Tejaswini Dhoté*

**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
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Reported : 12-Mar-2022 / 14:09

**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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.59	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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**Reg. Location** : Vashi (Main Centre)

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**Reported** : 12-Mar-2022 / 14:09

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**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.

**Reference:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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



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Reported : 12-Mar-2022 / 15:33

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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	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.8	35-105 U/L	Colorimetric

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



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