

Date: 13/05/2022

CD: 2216924619

Name: Mrs. Sanjivani Patil

Age: F / 48

EYE CHECK UP

Chief complaint: N/D

Systemic Disease: N/D

Real history: N/D

Unaided vision: N/D


Aided vision: N/D

Remarks: N/D

Color Vision: N/D

Remarks: N/D

भारत सरकार
Government of India



संजीवनी धोंडबा पाटील
SANJIVANI DHONDBA PATIL
जन्म तारीख / DOB : 01/06/1974
महिला / FEMALE

8822 2136 7332

माझे आधार, माझी ओळख

04/05/2012

DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 22, Ground Floor, Raikar Bhawan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel: 27884547 / 27864548.

S.D. Patil

Date:- 18/06/2022

CID: 2216924619

Name:- Mrs. Sanjivani Patil

Sex / Age: F / 48

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

with Glass
Both Eye - 6/9

Aided Vision:

Right Eye - 6/18

Refraction:

Left eye - 6/9

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/18	_____			6/9
Near	_____				_____			

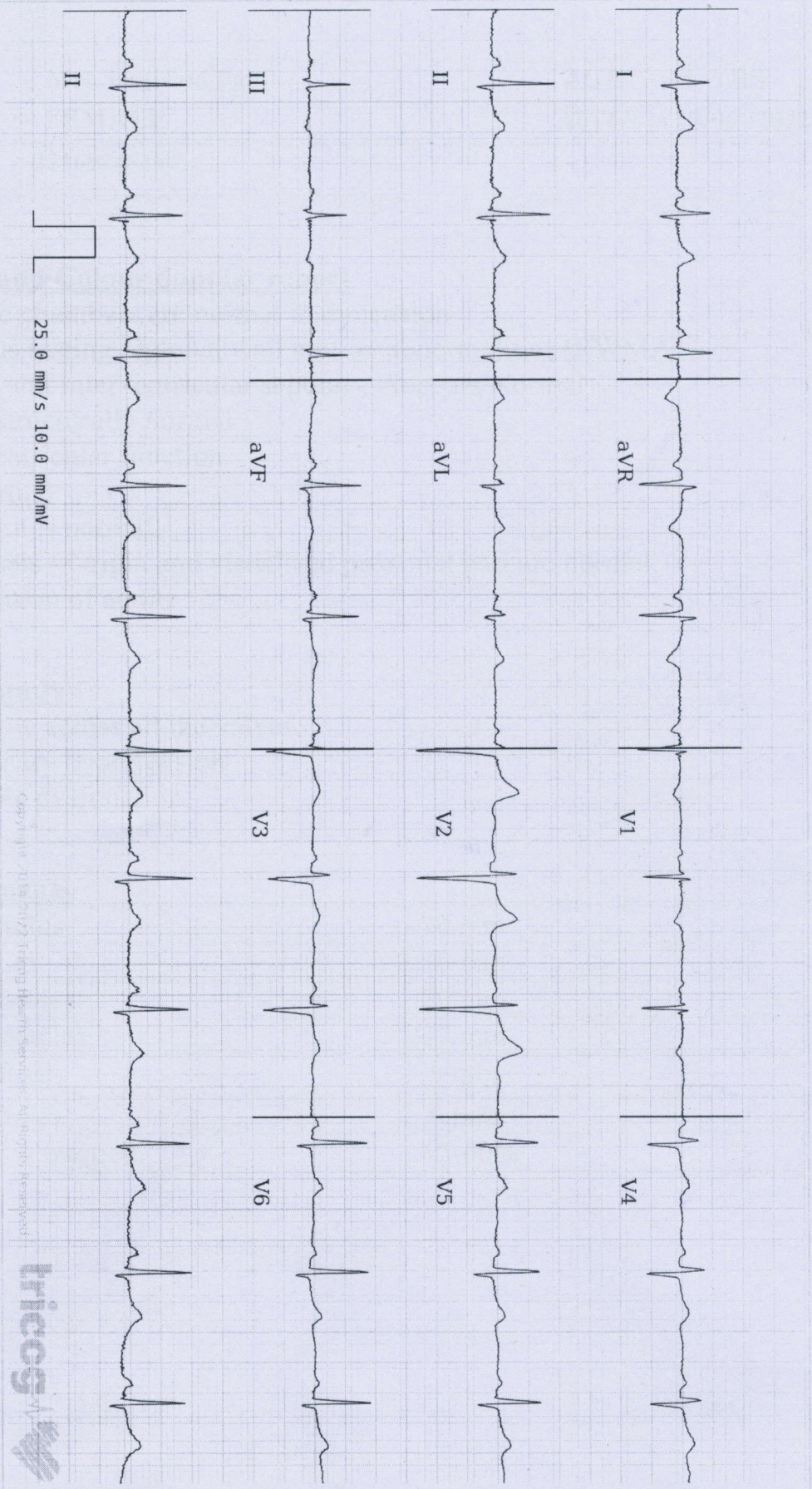
Colour Vision: Normal / Abnormal

Remark:

Amur DR. ANAND N. MOTWANI
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Age 48 NA 17
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: NA

Weight: 68 kg

Height: 155 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 406ms

QTc: 438ms

PR: 144ms

P-R-T: 46° 70° 31°

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

REPORTED BY

Dr. Anand N Motwani

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

NAME :- Mrs.Sanjivani Patil	AGE :- 48 YRS
SEX :- FEMALE	DATE :- 18/06 /2022
CID NO :- 2216924619	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves – Structurally normal
 Good biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 No diastolic dysfunction.

Measurements

Aorta annulus	20 mm
Left Atrium	30 mm
LVID(Systole)	20 mm
LVID(Diastole)	47 mm
IVS(Diastole)	9 mm
PW(Diastole)	9 mm
LV ejection fraction.	55-60%

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

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Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal
Trivial TR.

No diastolic dysfunction

No PAH

Dasgupta

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

Dr. Anirban Dasgupta
MBBS DNB,
Reg. No. 2005/02/0920
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CID : 2216924619
Name : MRS.SANJIVANI PATIL
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 18-Jun-2022 / 08:48
Reported : 18-Jun-2022 / 14:24

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	5.18	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.1	36-46 %	Calculated
MCV	67.8	80-100 fl	Measured
MCH	21.0	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	27.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6150	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.5	20-40 %	
Absolute Lymphocytes	2306.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	412.1	200-1000 /cmm	Calculated
Neutrophils	52.9	40-80 %	
Absolute Neutrophils	3253.4	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	153.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	24.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	325000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Measured
PDW	16.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	+



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Collected : 18-Jun-2022 / 08:48
Reported : 18-Jun-2022 / 16:10

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	99.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	119.7	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
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 18-Jun-2022 / 08:48
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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	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.7	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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*** End Of Report ***



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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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

*** End Of Report ***



Sonia Kher

Dr.SONIA KHER
M.D (PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 18-Jun-2022 / 08:48
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	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)	40 ml	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	

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



Sonia Kher
Dr.SONIA KHER
M.D (PATH)
Pathologist



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Reg. Location : Vashi (Main Centre)

Collected : 18-Jun-2022 / 08:48
Reported : 18-Jun-2022 / 13:15

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.


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 SDRL, Vidyavihar Lab

*** End Of Report ***




Dr. TRUPTI SHETTY
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	164.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	157.4	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	35.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.0	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	31.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



Sonia Kher
Dr.SONIA KHER
M.D (PATH)
Pathologist



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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	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	4.33	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 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)

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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	0.14	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.03	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.8	35-105 U/L	Colorimetric

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Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 18-Jun-2022
Reported : 18-Jun-2022/13:21

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

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

Predominantly fibrofatty pattern is noted in both breasts.

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.

Mild prominence of ductal system is seen in the retroareolar region on both sides.

Bilateral axillae show reactive enlarged lymph nodes .

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**



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

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



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USG WHOLE ABDOMEN

TRANSVAGINAL SCAN WAS DONE.

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 11.5 x 3.9 cm. Left kidney measures 11.6 x 4.8 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 .It measures 8.1 x 6.0 x 6.9 cm in size. At least three tiny posterior wall fibroids are noted of average size 4-5 mm. The endometrial thickness is 8.3 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 1.9 x 1.9 cm Left ovary = 2.5 x 2.0 cm



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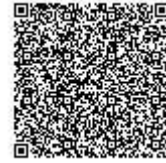
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IMPRESSION:-

Uterine fibroids.

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

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



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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.

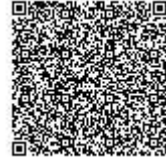
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr Shilpa Beri
MBBS DMRE
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