

Age **56** **3** **10**
years months days

Gender **Female**

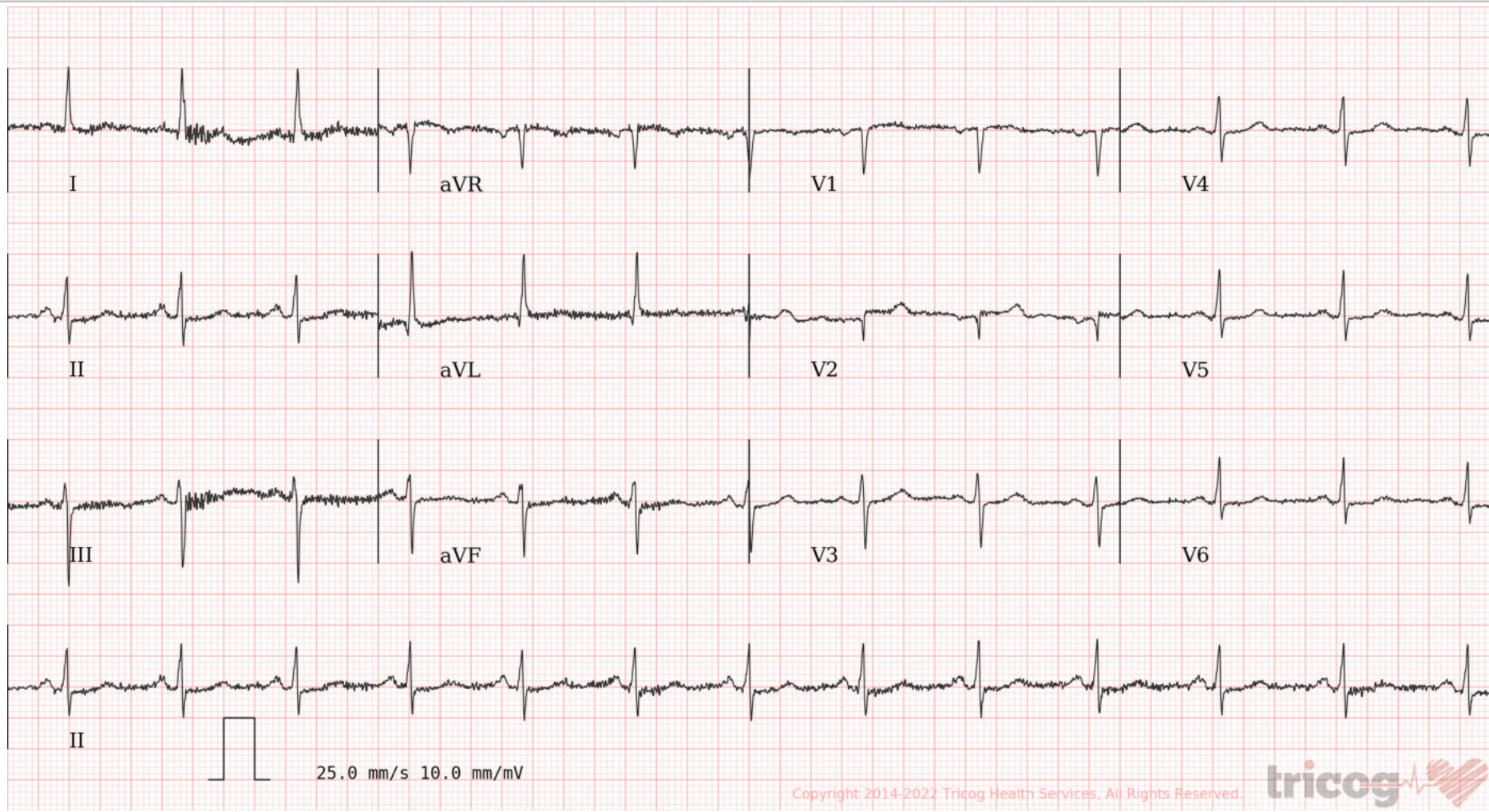
Heart Rate **79bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 68 kg
Height: 160 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 68ms
QT: 378ms
QTc: 433ms
PR: 152ms
P-R-T: 89° -21° 16°



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Sinus Rhythm, Septal Infarction, possibly old. Compare with old ECG, if any. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478



CID : 2226723084
Name : Mrs BIJAPURI NASIMABANU IQBAL
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre

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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 Chirag desai before dispatch.

Dr CHIRAG DESAI
MBBS, DNB
2014/08/3610
Consultant Radiologist



CID : 2226723084
Name : Mrs BIJAPURI NASIMABANU
IQBAL
Age / Sex : 56 Years/Female
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CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.96	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.0	36-46 %	Calculated
MCV	86.7	80-100 fl	Measured
MCH	27.9	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7370	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.3	20-40 %	
Absolute Lymphocytes	2527.9	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	427.5	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	4038.8	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	353.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	22.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	273000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Measured
PDW	18.7	11-18 %	Calculated



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CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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Reported : 24-Sep-2022 / 13:42

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-30 mm at 1 hr. Westergren

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

*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 24-Sep-2022 / 09:02
Reported : 24-Sep-2022 / 19:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	63.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	261.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Anupa

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



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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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	18.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	69	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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



MC-2111

Anupa Dixit

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



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 24-Sep-2022 / 09:02
Reported : 24-Sep-2022 / 18:04

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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	6.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	145.6	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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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	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	10-12	Less than 20/hpf	
Others	-		

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 24-Sep-2022 / 09:02
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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	B
Rh TYPING	NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	78.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.7	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	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	45.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	31.0	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	14.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

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



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	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	2.94	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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Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 24-Sep-2022 / 09:02
Reported : 24-Sep-2022 / 14:27

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)

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



Anupa

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



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Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)


Collected : 24-Sep-2022 / 09:02
Reported : 24-Sep-2022 / 14:30

**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	0.40	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	29.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	39.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	56.5	35-105 U/L	Colorimetric

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



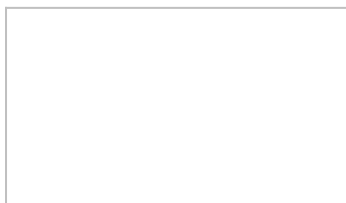

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

CID#	: 2226723084	SID#	: 177805493442
Name	: MRS.NASIMABANU IQBAL BIJAPUR	Registered	: 24-Sep-2022 / 08:57
Age / Gender	: 56 Years/Female	Collected	: 24-Sep-2022 / 08:57
Consulting Dr.	: -	Reported	: 26-Sep-2022 / 11:30
Reg.Location	: Juhu, Vile Parle West (Main Centre)	Printed	: 26-Sep-2022 / 11:35

EYE-GENERAL EXAM

<u>Parameter</u>	<u>Biological Ref Range</u>	<u>Method</u>
-------------------------	------------------------------------	----------------------

*** End Of Report ***



P.R. Wadhvani

Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services

CID# : 2226723084
Name : MRS.NASIMABANU IQBAL BIJAPUR
Age / Gender : 56 Years/Female
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Reg.Location : Juhu, Vile Parle West (Main Centre)

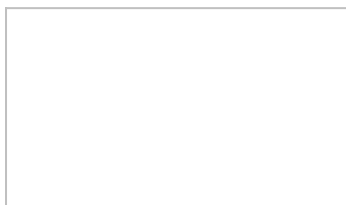
SID# : 177805493442
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Reported : 26-Sep-2022 / 11:30
Printed : 26-Sep-2022 / 11:35

GYNAECOLOGICAL CONSULTATION

PARAMETER

EXAMINATION			
RS	: AEBE , Clear	CVS	: S1S2 audible, no murmurs.
BREAST EXAMINATION	: --	PER ABDOMEN	: Normal
PER VAGINAL	: Pap not done		
MENSTRUAL HISTORY			
MENARCHE	: 18 yrs.		
PAST MENSTRUAL HISTORY	: Regular cycle		
OBSTETRIC HISTORY : MS 30 yrs			
1 LSCS , H/o hysterectomy done in 2014 for fibroids			
PERSONAL HISTORY			
ALLERGIES	: None	BLADDER HABITS	: Normal
BOWEL HABITS	: Normal	DRUG HISTORY	: For diabetic,Hypothyroid,dyslipidemia
PREVIOUS SURGERIES	: hysterectomy		
FAMILY HISTORY :			
h/ o diabetes in family			
CHIEF GYNAE COMPLAINTS :			
None			
RECOMMENDATIONS :			
None			

*** End Of Report ***



P.R. Wadhvani
Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services