

SUBURBAN DIAGNOSTICS - VASHI

Patient Name: BHAWANA SINHA

Date and Time: 10th Dec 22 1:26 PM

Patient ID: 2234419848

Age **47** **11** **27**
years months days

Gender **Female**

Heart Rate **77bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

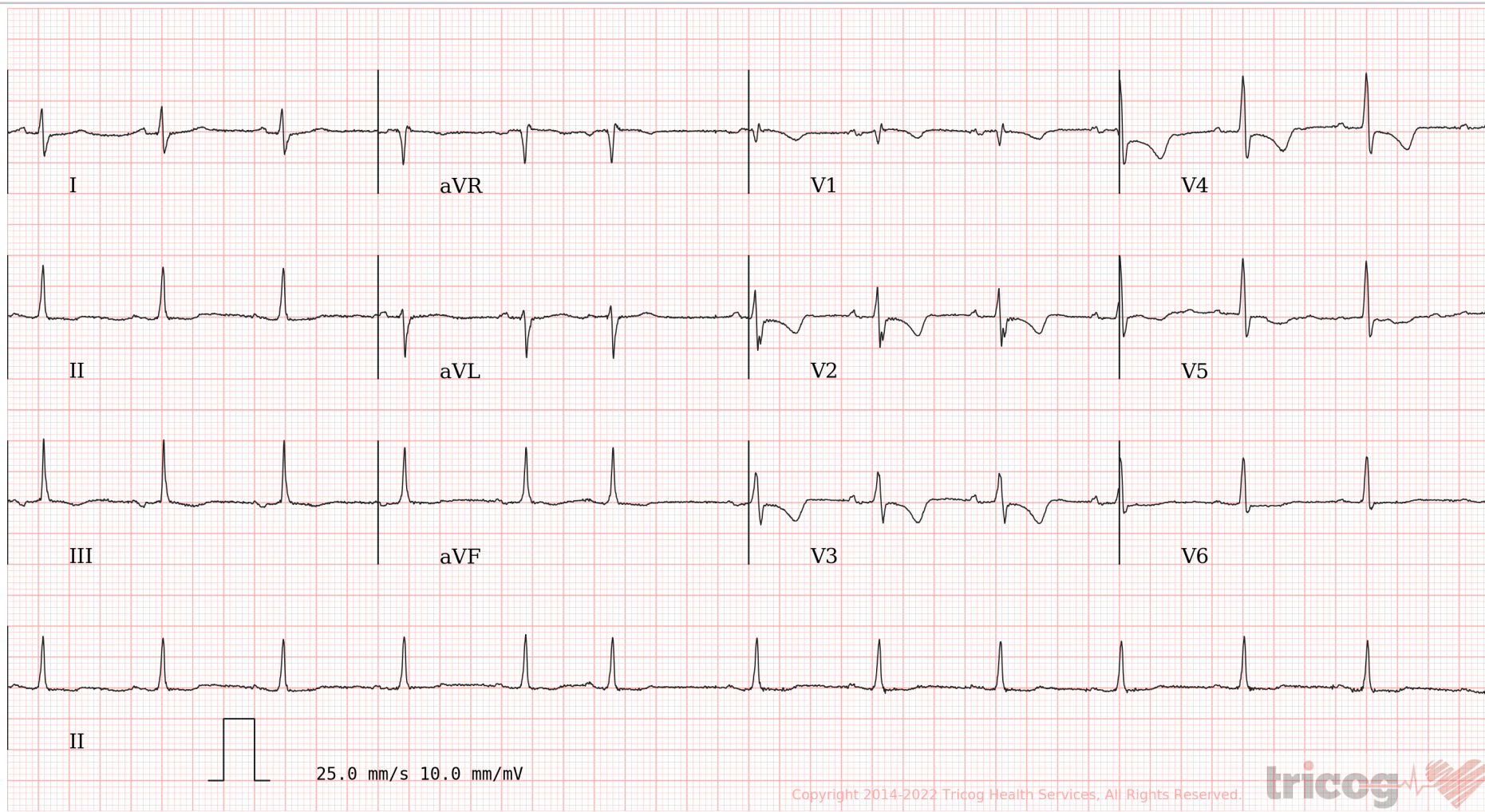
QRSD: 86ms

QT: 374ms

QTc: 423ms

PR: 158ms

P-R-T: 5° 91° -10°



Sinus Rhythm, Normal Axis, with, Premature Atrial Ectopics, T waves changes seen in Anterior and Lateral wall leads suggestive of Anterior and Lateral wall Ischemia. ST changes seen in Inferior wall leads. Kindly correlate clinically. Please correlate clinically.

REPORTED BY

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



CID : 2234419848
Name : Mrs BHAWANA SINHA
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/10:37

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.

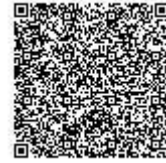
No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category- I (Negative).



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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**

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

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



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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 fossa is empty, consistent with the history of cholecystectomy.

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 10.5 x 3.8 cm. Left kidney measures 10.1 x 4.0 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 AND ADNEXA :

The Uterus is small in size (Post menopausal status) and appears normal.
The endometrial thickness is 2.3 mm. Both the adnexa appears normal.

IMPRESSION:-

No significant abnormality is seen.

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

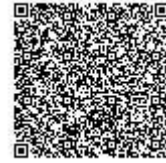
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X-RAY CHEST PA VIEW

Post operative status right humerus is seen.

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.

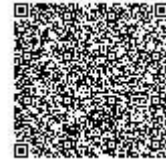
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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CID : 2234419848
Name : MRS.BHAWANA SINHA
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:05
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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	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.6	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	49.8	20-40 %	
Absolute Lymphocytes	3754.9	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	573.0	200-1000 /cmm	Calculated
Neutrophils	39.3	40-80 %	
Absolute Neutrophils	2963.2	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	158.3	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	90.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	165000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Calculated
PDW	24.4	11-18 %	Calculated



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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	133.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	183.3	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 ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	19.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	76	>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	4.7	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	10.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	111	98-107 mmol/l	ISE

Result rechecked
Kindly correlate clinically.

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*** 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
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	168.6	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.

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*** End Of Report ***



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Dr. IMRAN MUJAWAR
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<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	Clear	Clear	-
Volume (ml)	50 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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	

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 Panvel Lab, Panvel East



J. Mujawar
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported :

*** End Of Report ***



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Reported : 13-Dec-2022 / 13:22

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
PAP SMEAR REPORT**

Liquid based cytology

Specimen : (G/SDC - 10079/22)

Received SurePath vial.

Clinical Note :

Postmenopausal.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly intermediate with few superficial and parabasal squamous cells along with mild neutrophilic infiltrate.

Interpretation :

1. Negative for intraepithelial lesion or malignancy.
2. Atrophic smear.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : : Pap test is a screening test for cervical cancer with inherent false negative results. LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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



G Badkar
Dr.GAUTMI BADKAR
M.D. (PATH), DNB (PATH)
Pathologist



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

PARAMETER	RESULTS
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.

References:

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

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*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (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	130.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.2	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	58.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	71.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	46.0	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	25.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.8	0-3.5 Ratio	Calculated

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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	3.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.1	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	4.35	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 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)

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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	0.63	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	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	25.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	46.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.9	35-105 U/L	Colorimetric

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



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