

भारत सरकार
Government of India

कल्पना सतीश सुतार
Kalpana Satish Sutar
जन्म वर्ष / Year of Birth : 1974
स्त्री / Female

5887 6618 4609

आधार - सामान्य माणसाचा अधिकार

Handwritten signature

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Viti Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

PHYSICAL EXAMINATION FORM

Patient Name: Mr Kalpana Sutar

CID: 2216224437

Sex/Age : Female / 48yrs

Date : 11/06/2022

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms) :- 160cms

Weight (kg) :- 58.8kg

Temp (0c) : Afebrile

Skin: - Normal

Blood Pressure (mm/hg): 130/90 mm of hg

Nails: - Normal

Pulse: 74/min

Lymph Node: Not palpable

Systems

Cardiovascular: **S1S2 audible**

Respiratory: **AEBE**

Genitourinary: **NAD**

GI System: **Liver & Spleen not palpable**

CNS: **NAD**

IMPRESSION:

CXR
2D Echo | physician Refy.

ADVICE:

CHIEF COMPLAINTS:

- 1) Hypertension :- NO
- 2) IHD :-NO
- 3) Arrhythmia :- NO
- 4) Diabetes Mellitus :-NO
- 5) Tuberculosis :- NO
- 6) Asthama :- NO

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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- 7) Pulmonary Disease :-NO
- 8) Thyroid/ Endocrine disorders :- NO
- 9) Nervous disorders :- NO
- 10) GI system :-NO
- 11) Genital urinary disorder :- NO
- 12) Rheumatic joint diseases or symptoms :- NO
- 13) Blood disease or disorder :- NO
- 14) Cancer/lump growth/cyst :- NO
- 15) Congenital disease :- NO
- 16) Surgeries :- Hysterectomy 6yrs back
- 17) Musculoskeletal System :- NO

PERSONAL HISTORY:

- 1) Alcohol :- NO
- 2) Smoking : NO
- 3) Diet:- Mix
- 4) Medication :- NO

DR. NITIN SONAVANE
M.B.B.S.APLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

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CID : 2216224437
Name : MRS.KALPANA SUTAR
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 11:22

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	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.5	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	30.9	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4520	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.4	20-40 %	
Absolute Lymphocytes	1148.1	1000-3000 /cmm	Calculated
Monocytes	10.5	2-10 %	
Absolute Monocytes	474.6	200-1000 /cmm	Calculated
Neutrophils	60.9	40-80 %	
Absolute Neutrophils	2752.7	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	104.0	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	40.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	210000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Reported : 11-Jun-2022 / 11:12

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-20 mm at 1 hr. Westergren

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

Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 12:29

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.3	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	

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*** End Of Report ***



Anupa Dixit

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

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Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 13:13

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 CPL, Andheri West
*** End Of Report ***



Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 12:39

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	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Bmhasakar

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

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Reg. Location : Borivali West (Main Centre)

Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 18:57

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	POSITIVE

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
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Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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Reg. Location : Borivali West (Main Centre)

Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 12:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.5	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	56.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	97.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.0	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	10.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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



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

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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 12:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	111	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.7	1 - 2	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

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MC-2111

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

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Age / Gender : 48 Years / Female
Consulting Dr. : -
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Collected : 11-Jun-2022 / 08:50
Reported : 11-Jun-2022 / 11:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	1.56	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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*** End Of Report ***



Anupa Dixit

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.13	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.72	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.7	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	51.8	35-105 U/L	Colorimetric

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

*** End Of Report ***



Bmhasakar

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

Date:- 11/06/2022

CID: 221624437

Name:- Mrs Kalpana Sutar

Sex / Age: F / 48

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: ✓

Aided Vision: Nil

Refraction: Nil

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/12				6/9
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark:

R-E
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Mrs. Kalpana Sutar
48/P.

11/6/22

GYNAECOLOGICAL CONSULTATION

PARAMETER:

EXAMINATION:

RS : } (N)

CVS : } (N)

BREAST EXAMINATION:

PER ABDOMEN: } (N)

PER VAGINAL:

MENSTRUAL HISTORY: -

MENARCHE: 14 yrs.

PAST MENSTRUAL HISTORY: H/O Profuse Bleeding

OBSTETRIC HISTORY: G, P, A o L; (72 yrs). PTMD.

PERSONAL HISTORY: No.

ALLERGIES : No

BLADDER : } (N) C/O SUI

BOWEL HABITS:

DRUG HISTORY: No

PREVIOUS SURGERIES: Hysterectomy - 6 yrs ago (C/O Fibroids)

FAMILY HISTORY:

CHIEF GYNAE COMPLAINTS:

RECOMMENDATIONS: C/O Stress Urinary Incontinence

DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID#	: 2216224437	SID#	: 177401473997
Name	: MRS.KALPANA SUTAR	Registered	: 11-Jun-2022 / 08:52
Age / Gender	: 48 Years/Female	Collected	: 11-Jun-2022 / 08:52
Consulting Dr.	: -	Reported	: 11-Jun-2022 / 17:41
Reg.Location	: Borivali West (Main Centre)	Printed	: 11-Jun-2022 / 17:59

X-RAY CHEST PA VIEW

Both lung bases appear hazy due to early bilateral basal pulmonary vascular congestion.

Rest of the lung fields are clear.

The cardiac size and shape are within normal limits.

Both costo-phrenic angles appear normal.

Visualized bony thorax appears unremarkable.

For clinical correlation and follow up.

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 ***

Dr.Rohit Malik
D.N.B.,D.M.R.D(MUM),D.M.R.E.,
Consultant Radiologist & Interventional
Sonologist

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

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Consulting Dr.	: -	Reported	: 13-Jun-2022 / 11:08
Reg.Location	: Borivali West (Main Centre)	Printed	: 13-Jun-2022 / 11:12

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.6 cms, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is partially distended and appears normal.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas head and partial body is visualized appears normal in echotexture. There is no evidence of any focal lesion or calcification. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS: Right kidney measures 10.7 x 4.1 cm. Left kidney measures 10.4 x 4.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis or calculus.

SPLEEN: Spleen is normal in size 8.7 cms, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is not visualized, post hysterectomy status.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.1 x 1.2 cm.

The left ovary measures 2.2 x 1.2 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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Opinion:

· No significant abnormality is detected.

For clinicopathological correlation and follow up.

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 ***



**Dr.VIVEK SINGH
MD.RADIO-DIAGNOSIS
RADIOLOGIST**

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

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Consulting Dr.	: -	Reported	: 13-Jun-2022 / 11:23
Reg.Location	: Borivali West (Main Centre)	Printed	: 13-Jun-2022 / 11:28

MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Both breasts are symmetrical with mixed fibroglandular pattern is noted(**Type C**).

No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.

No abnormal skin thickening is seen.

Skin and nipple shadows are normal.

Sonomammography of both breasts show:

Normal parenchymal echotexture.

No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

Opinion:

Ø No significant abnormality detected in mammography and sonomammography of both breasts.

ACR BIRADS CATEGORY I.

Suggest: Follow up mammography after one year is suggested.

Please bring all the films for comparison.

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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.

Disclaimer:-

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

*** End Of Report ***



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MD.RADIO-DIAGNOSIS
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CID NO: 2216224437	
PATIENT'S NAME: MRS.KALPANA SUTAR	AGE/SEX: 48 Y/F
REF BY: -----	DATE: 11 /06/2022

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral valves normal. Mild TR.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction.

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PATIENT'S NAME: MRS.KALPANA SUTAR	AGE/SEX: 48 Y/F
REF BY: -----	DATE:11 /06/2022

1. IVSd	1.1 cm
2. LVIDd	4.1 cm
3. LVIDs	2.2 cm
4. LVPWd	1.1 cm
5. AO root diameter	3.0 cm
6. LA dimension	3.7 cm
7. RA dimension	2.8 cm
8. RV dimension	2.9 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	2.4 m/s
12. Tricuspid Gradient	23 m/s
13. PASP by TR Jet	33 mm Hg
14. TAPSE	3.0 cm
15. Aortic flow vel	1.0 m/s
16. Aortic Gradient	4 m/s
17. MV:E	0.8 m/s
18. A vel	0.7 m/s
19. IVC	17 mm
20. E/E'	10


Impression:

Mild TR, Mild PH, PASP by TR Jet 33 mm Hg.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

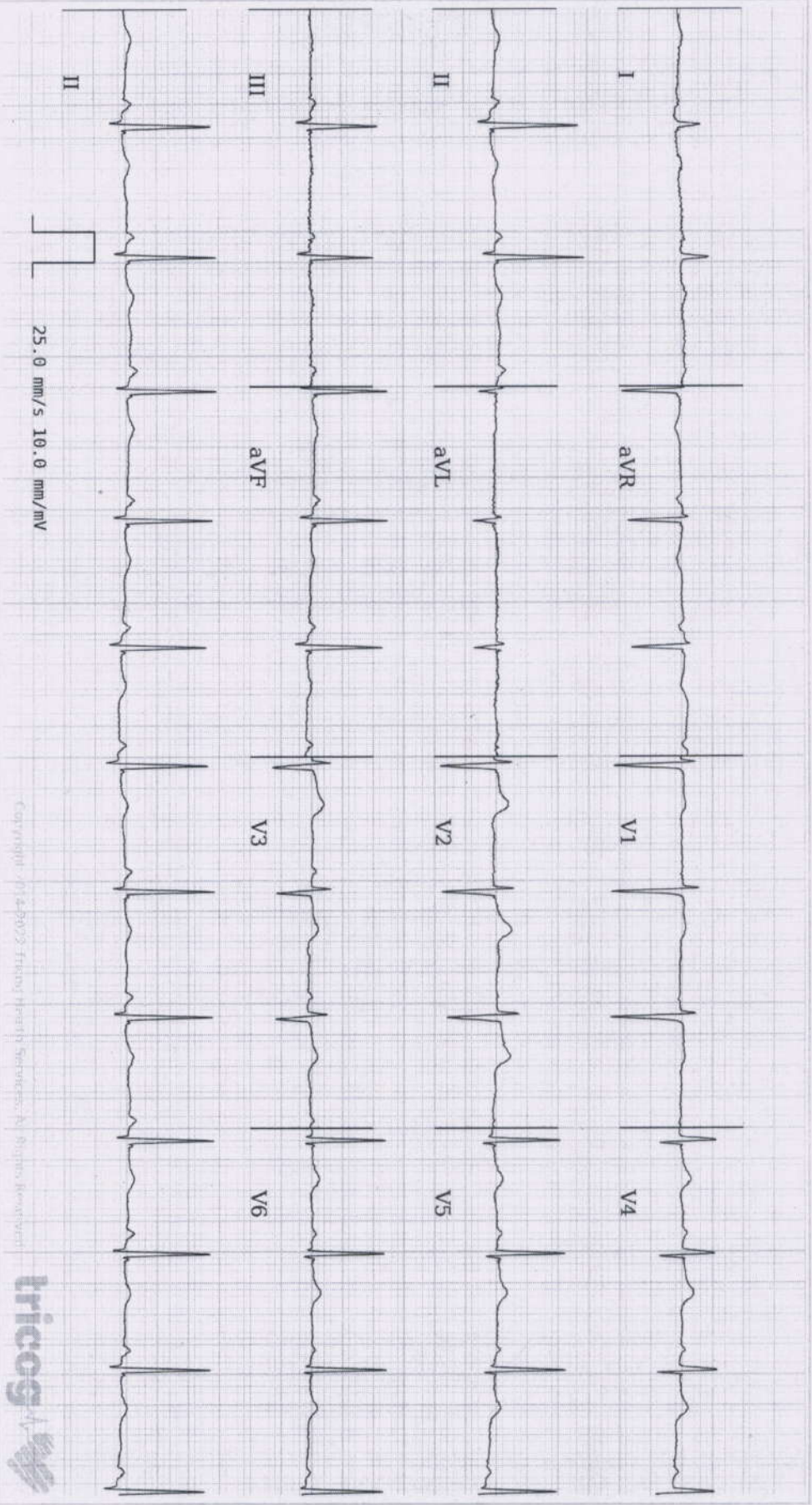

DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Age **48** **4** **1**
years months days

Gender **Female**

Heart Rate **75bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **58 kg**

Height: **160 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QSRD: **82ms**

QT: **380ms**

QTc: **424ms**

PR: **128ms**

P-R-T: **68° 71° 55°**

REPORTED BY

Dr Nitin Sonavane

M.B.S.AFLH, D.DIAB, D.CARD

Consultant Cardiologist

87714

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

Suburban Diagnostics (I) Pvt. Ltd.

301& 302, 3rd Floor, Vmi Elegance,

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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 investigations. 2) Patient vitals are as entered by the clinician and not derived from the ECG.