

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

Handwritten signature
21/01/2011

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.



CID# : 2302818800
Name : MRS.YOGITA ARVIND SOLANKI
Age / Gender : 48 Years/Female
Consulting Dr. :-
Reg.Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:41
Reported : 28-Jan-2023 / 15:00

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	151cm	Weight (kg):	66kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80mmhg	Nails:	Normal
Pulse:	72min	Lymph Node:	Normal

Systems

Cardiovascular: S1S2
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

obesity
w+ reduction 15 kg.

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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- | | |
|--|----------------------------|
| 6) Asthama | No |
| 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 13 years back |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | mix |
| 4) Medication | No |

*** End Of Report ***

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REGD. NO. 87714
Dr.NITIN SONAVANE
PHYSICIAN

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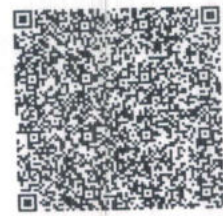
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Collected : 28-Jan-2023 / 08:45
Reported : 28-Jan-2023 / 11:56

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.92	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.5	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7210	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.4	20-40 %	
Absolute Lymphocytes	2480.2	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	425.4	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	
Absolute Neutrophils	4102.5	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	144.2	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	57.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated



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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, EDTA WB-ESR 8

2-20 mm at 1 hr.

Sedimentation

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



Bm haskar

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



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Reported : 28-Jan-2023 / 13:27

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	114.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	128.9	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
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M.D. (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	22.0	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	10.3	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.84	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	77	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	6.7	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	143	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum 4.5 3.5-5.1 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum 107 98-107 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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Reported : 28-Jan-2023 / 13:08

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	-		

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



Bmhaskar
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Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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Reported : 28-Jan-2023 / 12:21

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	159.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	157.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.8	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	31.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.092	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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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*** End Of Report ***



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Reported : 28-Jan-2023 / 12:26

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.30	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.20	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	16.4	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	22.5	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	46.4	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	104.5	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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Reg. Location : Borivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***

Date:- 28/04/23

CID: 2302818800

Name:- Yogitaa Solanki

Sex / Age: 48 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

N12

Past history:

N12

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark:

Normal y

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Reported : 28-Jan-2023 / 12:22

USG WHOLE ABDOMEN

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

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.8 x 3.9 cm. Left kidney measures 9.0 x 4.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, 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 seen post operative status.

OVARIES: Both ovaries appear normal in size.

The right ovary measures 1.6 x 1.4 cm .

The left ovary measures 1.5 x 1.6 cm .

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808421462>



CID : 2302818800
Name : Mrs YOGITA ARVIND SOLANKI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 12:22

Opinion:

- No significant abnormality is detected.

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-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808421462>

CID : 2302818800
Name : Mrs YOGITA ARVIND SOLANKI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 13:21

Use a QR Code Scanner
Application To Scan the Code

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.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.

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.

No axillary lymph nodes seen.

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:

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.*

Click here to view images <<ImageLink>>

CID : 2302818800
Name : Mrs YOGITA ARVIND SOLANKI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 13:21

Use a QR Code Scanner
Application To Scan the Code

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-----

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.



DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <<ImageLink>>



CID : 2302818800
Name : Mrs YOGITA ARVIND SOLANKI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 14:46

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-----

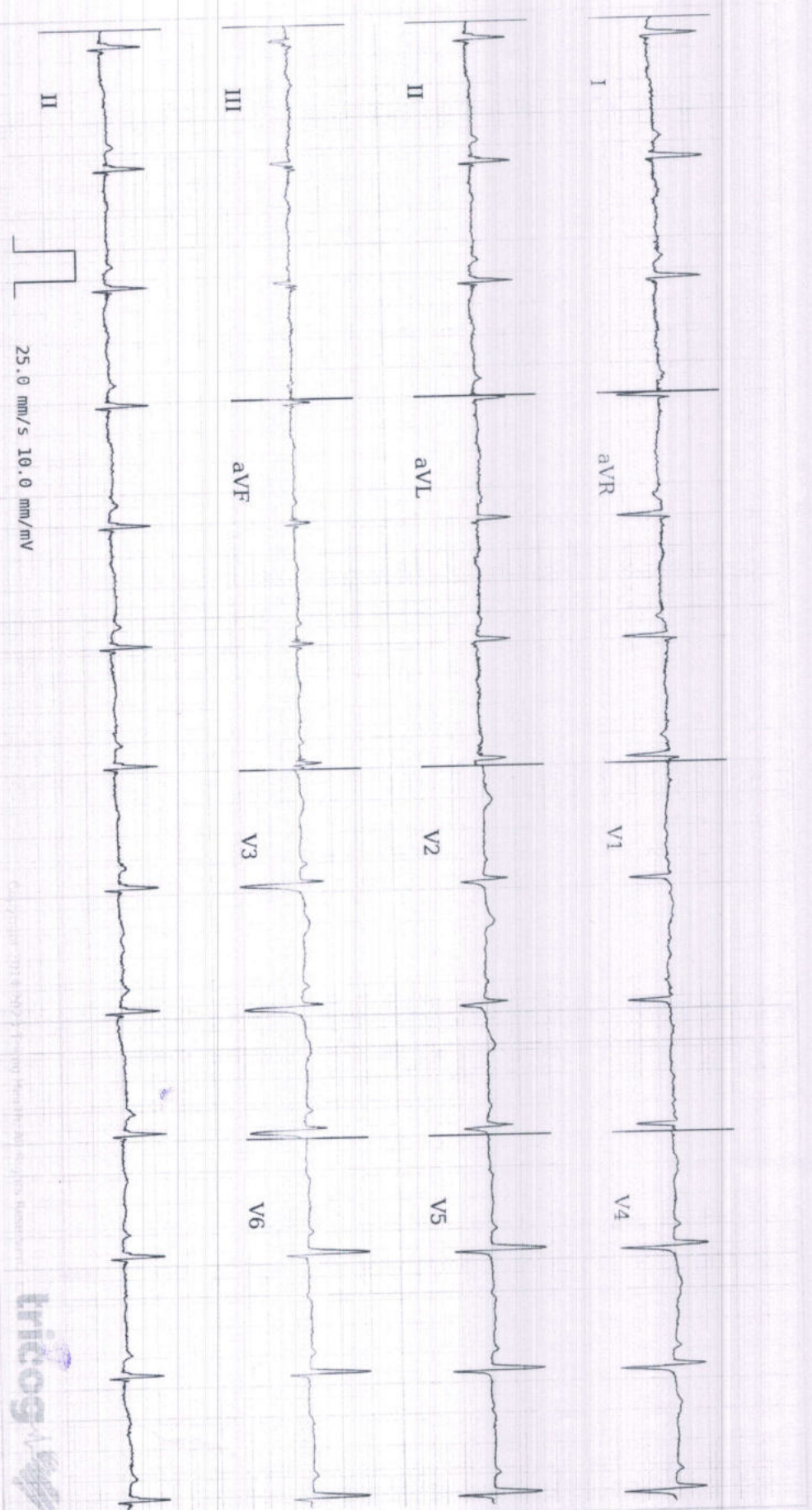
This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012808421477>

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: YOGITA ARVIND SOLANKI Date and Time: 28th Jan 23 9:41 AM
 Patient ID: 2302818800



25.0 mm/s 10.0 mm/mV



Age 48 5 29
 years months days

Gender Female

Heart Rate 76bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 66 kg

Height: 151 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 374ms

QTc: 420ms

PR: 142ms

P-R-T: 41° 13° 60°

REPORTED BY

Dr. Nitin Somanve
 M.B.B.S.A.F.L.H., D.D.I.A.H.D.C.A.R.D
 Consultant Cardiologist
 87714

Sinus Rhythm, Non-specific ST-T wave abnormality. Please correlate clinically.

DR. NITIN SOMANVE
 M.B.B.S.A.F.L.H., D.D.I.A.H.D.C.A.R.D.
 CONSULTANT-CARDIOLOGIST
 REGD. NO.: 87714

000004-400053
 (West) Mumbai
 2nd Floor, Aston, Sundervan Complex,
 Wadgaon Road, Andheri (West), Mumbai
 SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
 REGD. NO. 87714

Disclaimer: 1) Analysis in this report is based on ECG above and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by this clinician and not derived from the ECG.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Date: 28-01-2023 Time: 11:36

Name: **YOGITA SOLANKI**

Age: 48

Gender: F

Height: 151 cms

Weight: 66 Kg

ID: 2302818800

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 172

Target HR: 146

Exercise Time: 0:06:20

Achieved Max HR: 159 (92% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 25440

Max Mets: 7.1

Test Termination Criteria: TEST COMPLETE

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:14	1	0	0	94	130/80	12220	1 V6	-0.2 I
Standing	00:11	1	0	0	94	130/80	12220	-0.4 I	0.2 V4
Hyper-Ventilation	00:12	1	0	0	89	130/80	11570	0.4 V2	0.2 II
Pre-Test	00:11	1	1.6	0	103	130/80	13390	-4.3 aVR	-2.3 aVR
Stage: 1	03:00	4.7	2.7	10	120	130/80	15600	-2.6 II	0.8 I
Stage: 2	03:00	7	4	12	139	160/80	22240	2.6 III	1.1 II
Peak Exercise	00:20	7.1	5.5	14	146	160/80	23360	3.1 V2	0.9 V2
Recovery 1	01:00	1	0	0	159	140/80	22260	24.6 aVR	27.8 aVR

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:20 achieving a work level of 7.1 METS.
Resting Heart Rate, initially 94 bpm rose to a max. heart rate of 159bpm (92% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 30244

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ---

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-20 Version:2.14.0



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818800

Stage: Supine

Date: 28-01-2023

Speed: 0 km/h

Exec Time: 0:00:00

Slope: 0%

Stage Time: 00:14

THR: 146 bpm

HR: 94 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

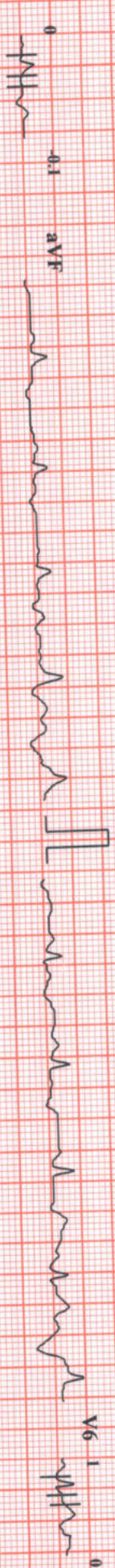
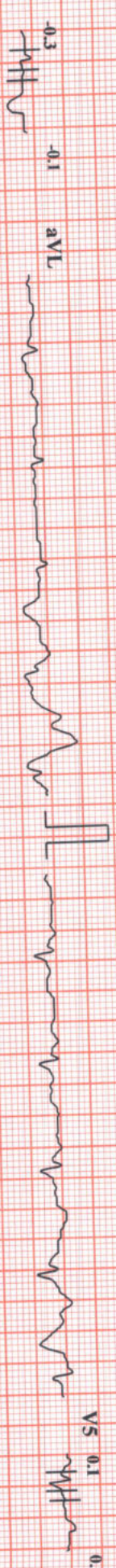
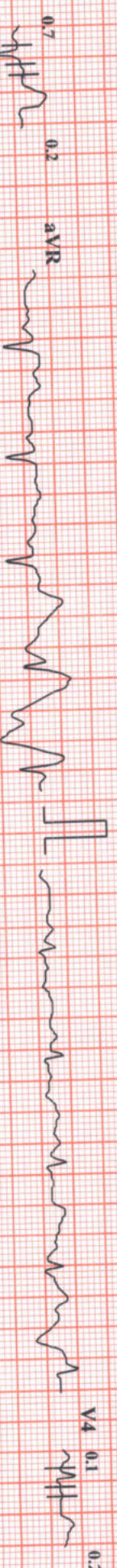
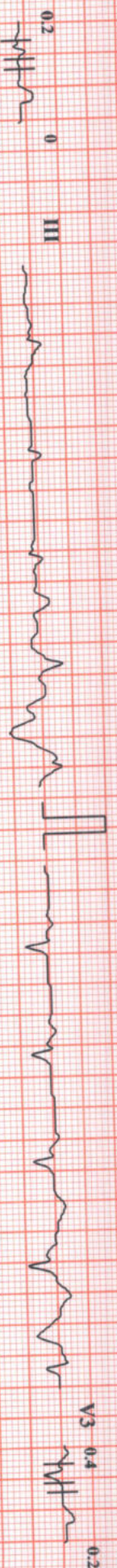
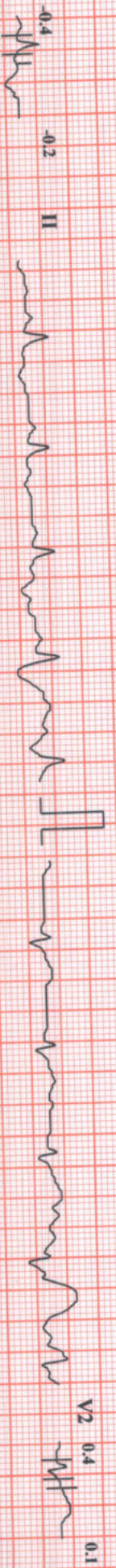
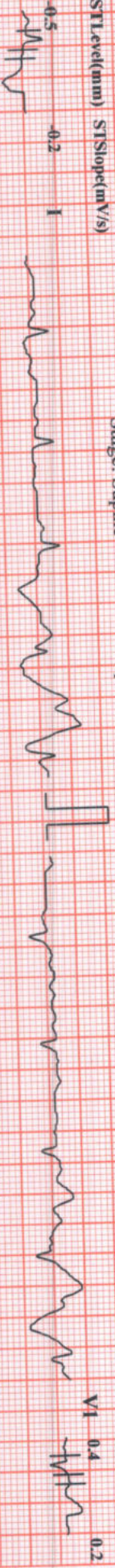


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

HR: 94 bpm

YOGITA SOLANKI

ID: 2302818800

Date: 28-01-2023

Exec Time : 0:00:00

Stage Time: 00:11

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0%

THR: 146 bpm

STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 146 bpm

V1 0.3 0.1

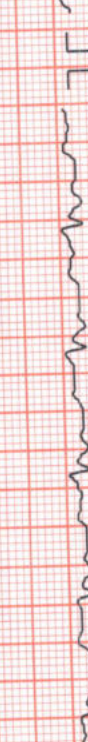
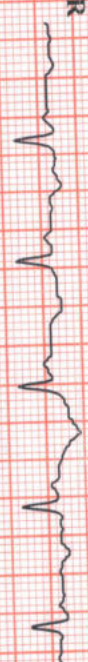
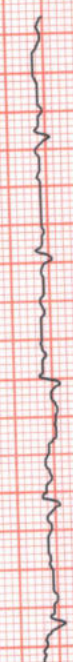


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



YOGITA SOLANKI

Bruce Protocol

ST1:ave(mmm) ST1Slope(m V/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2302818800

Date: 28-01-2023

Stage: HyperVentilation

Speed: 0

Exec Time: 0:00:00

Stage Time: 00:12

THR: 146 bpm

HR: 89 bpm

Bp: 130/80 mmHg

ST1:ave(mmm) ST1Slope(m V/s)

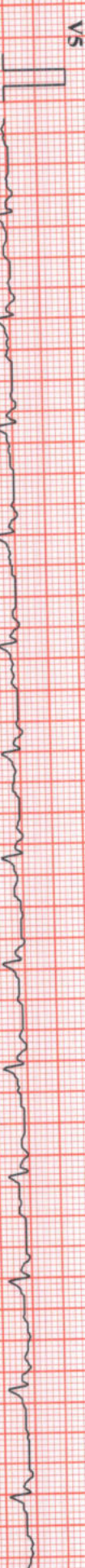
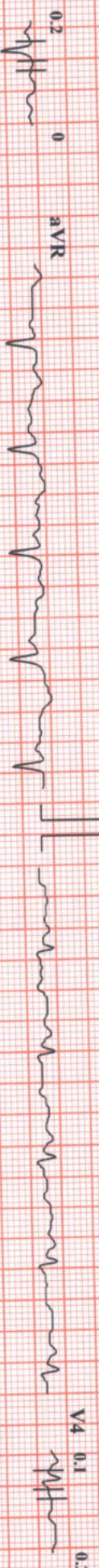
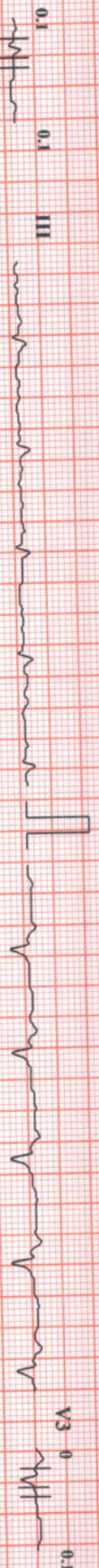
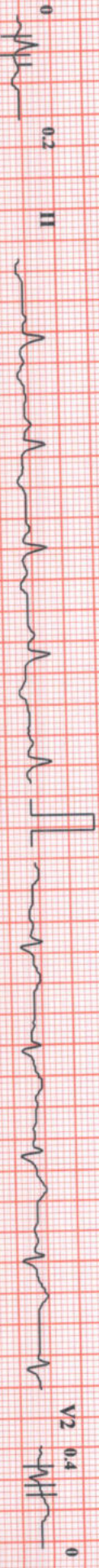
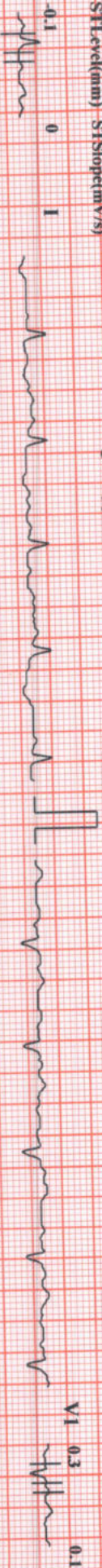


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818800

Date: 28-01-2023

Exec Time : 0:03:00

HR: 120 bpm

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 146 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope(mV/s)

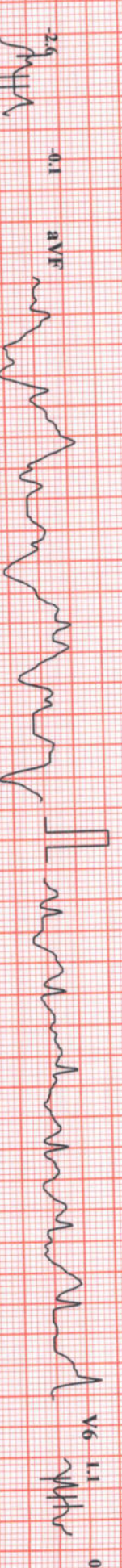
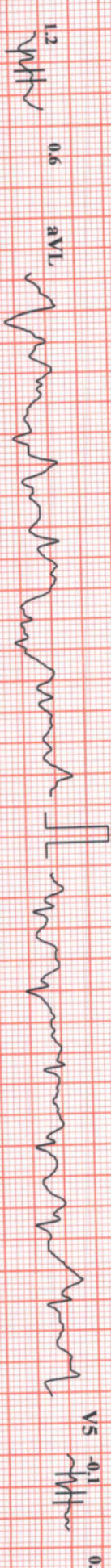
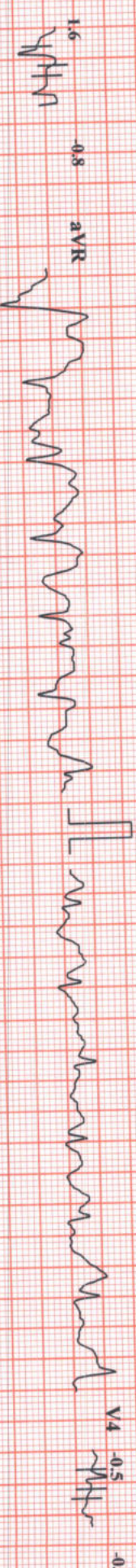
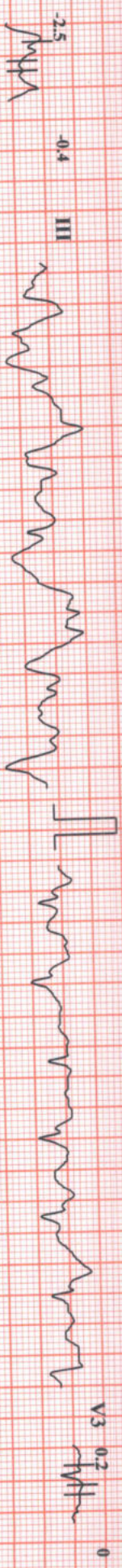
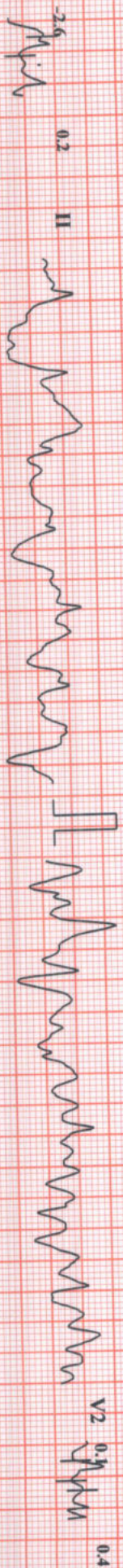
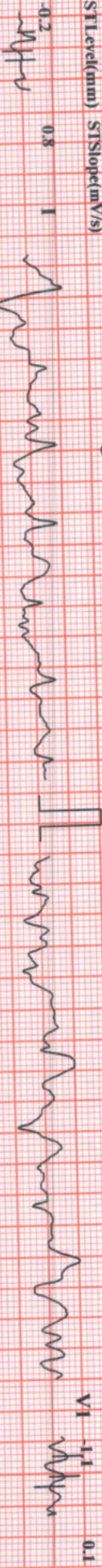


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2302818800

Stage: 2

Date: 28-01-2023

Speed: 4 kmph

Exec Time: 0:06:00

Slope: 12%

Stage Time: 03:00

THR: 146 bpm

HR: 139 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

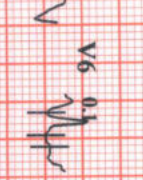
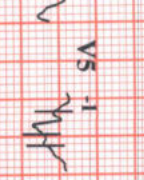
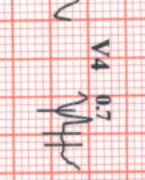
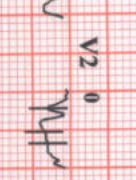
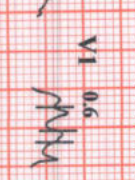
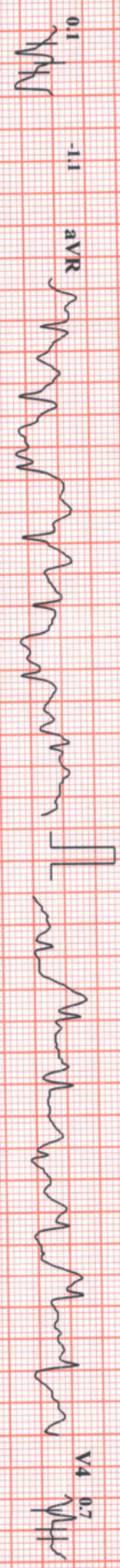


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schittler Spandau CS-29 Version 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2302818800

Date: 28-01-2023

Exec Time: 0:06:20

Stage Time: 00:20

HR: 146 bpm

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14%

THR: 146 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

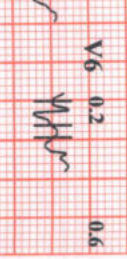
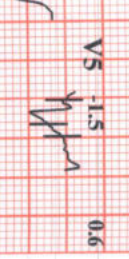
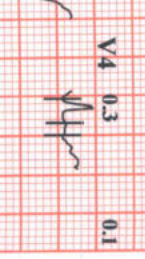
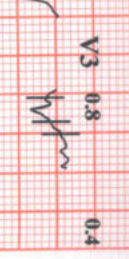
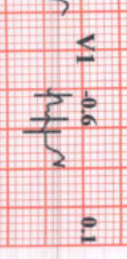
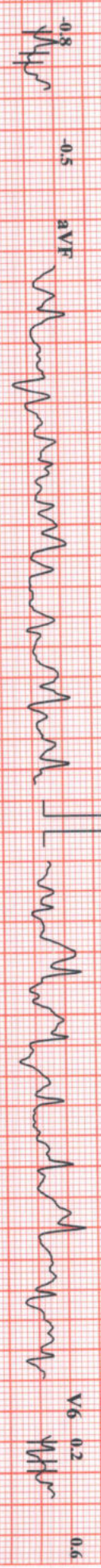
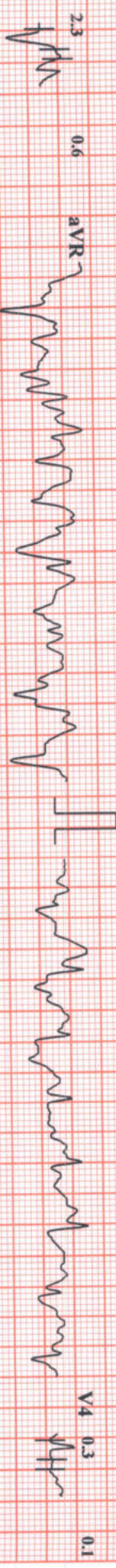
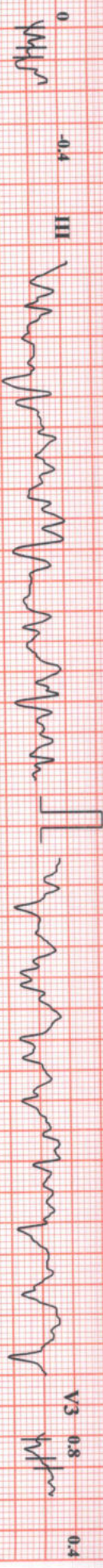
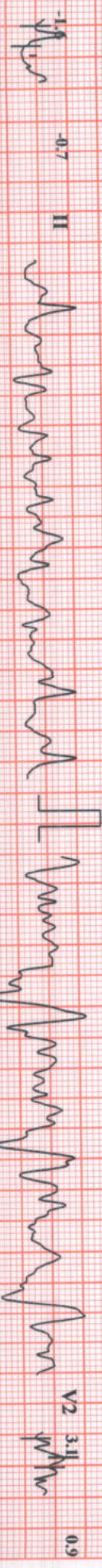
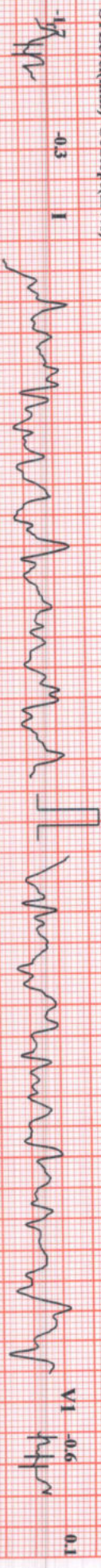


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Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller-Spandau CS-20 Version 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

ID: 2362818800

Date: 28-01-2023

Exec Time: 00:00

Stage Time: 00:07

HR: 150 bpm

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 146 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

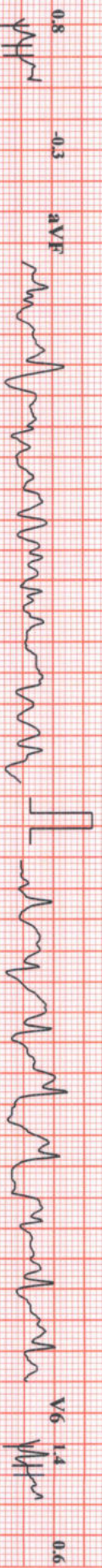
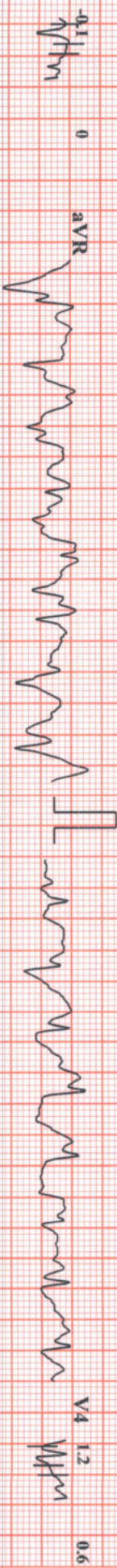
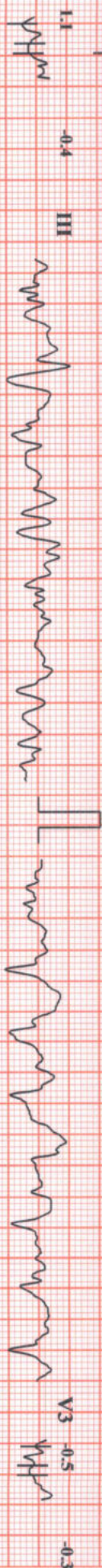
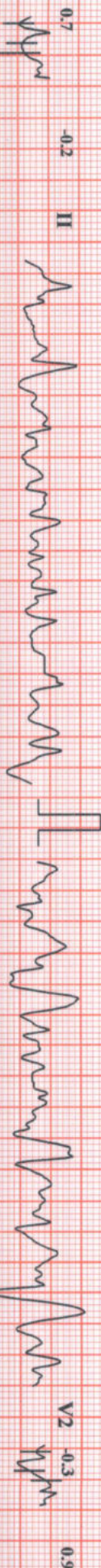


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spanlan CS-20 Version: 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818800

Stage: Recovery2

Date: 28-01-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0%

Stage Time: 00:11

THR: 146 bpm

HR: 115 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

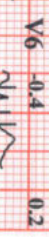
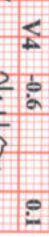
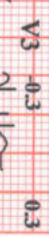
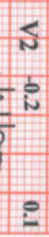
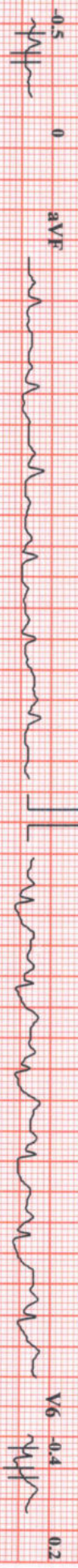
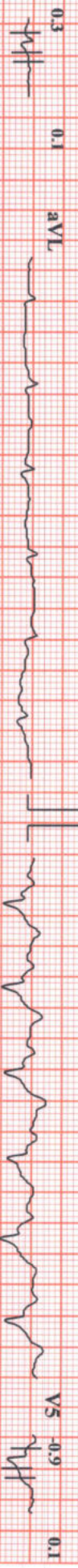
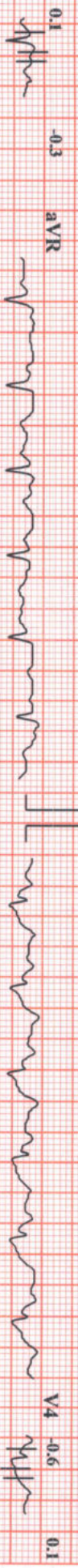
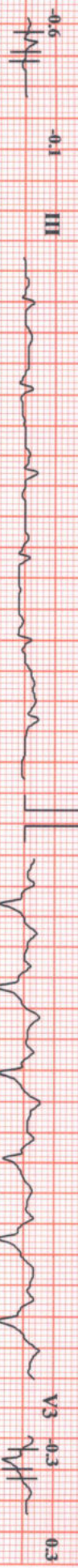


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-20 Version: 2.14



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

YOGITA SOLANKI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818800

Date: 28-01-2023

Exec Time: 00:00

Stage Time: 00:26

HR: 113 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

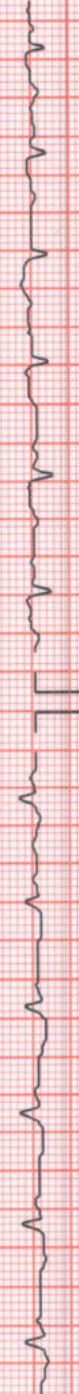
Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

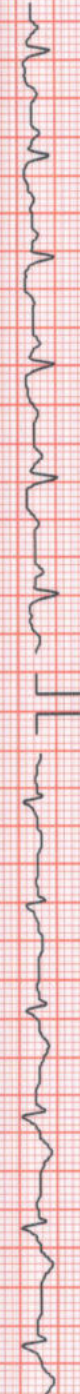
THR: 146 bpm

0.1 0.1 I



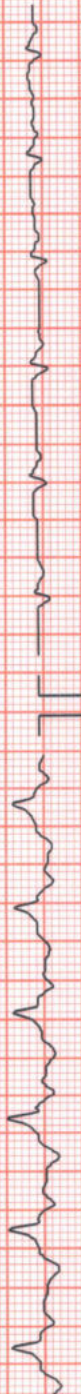
V1 0.5 0.2

0.4 0.1 II



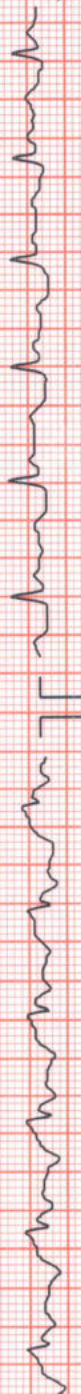
V2 -0.2 0.1

0.3 -0.1 III



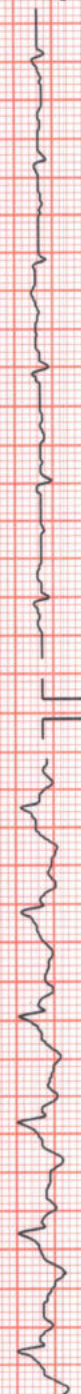
V3 -0.3 0.2

0.3 -0.2 aVR



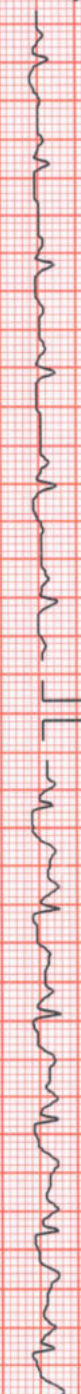
V4 0.1 0.3

0.1 0.2 aVL



V5 -0.4 0.2

0.4 -0.1 aVF



V6 -0.5 0.2



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau GS-20 Version: 2.14