

आयकर विभाग

INCOME TAX DEPARTMENT

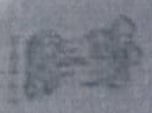
RITIKA RAJU THASANI

SHARAD SHANTHARAMI KHEDEKAR

16/07/1981

Permanent Account Number

ASZPT8602J



भारत सरकार
GOVT. OF INDIA



23052013

Ritikaj

Signature

PHYSICAL EXAMINATION REPORT

Patient Name	Ritika Raju Thase	Sex/Age	42/F
Date	6/2/2023	Location	Thane -

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	150	Temp (0c):	Ⓜ
Weight (kg):	54.4	Skin:	NAD.
Blood Pressure	130/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: - ↓ Hb (10.8), ↑ ESR (44)
 - Urine - (Trace) Blood
 - Need spectacles for Near vision 50.

Advice:

- Iron Supplement
- Eye check-up.
- Drink Plenty of Liquids.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	H/o - Anemia (2 months back)
14)	Cancer/lump growth/cyst	H/o - Lump in L. Breast
15)	Congenital disease	Nil
16)	Surgeries	For Lump in L. Breast (Lys Back)
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

022-6170-0000

NAME: → Ritika Raju Thasal AGE / SEX :- 42
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :- 12

• PRESENT MENSTRUAL HISTORY :-

• PAST MENSTRUAL HISTORY :-

• OBSTERIC HISTORY :-

• PAST HISTORY :-

• PREVIOUS SURGERIES :-

• ALLERGIES :-

• FAMILY HOSTORY :-

Regular, LMP - 1/2/2023
2NVD.

Regular

G2 P2 A0
Lump in Lt. Breast (4 yrs' Back)

Lump in left Breast

- Nil

- Nil

0000-0770-5507

- DRUG HISTORY :- For Anemia (2 Months Back)
- BOWEL HABITS :- (N)
- BLADDER HABITS :-

PERSONAL HISTORY :-

- TEMPERATURE :- (N)
- RS :-
- CVS :- NAD 72/min
- PULSE / MIN :-
- BP (mm of hg):- 130/80
- BREAST EXAMINATION:-
- PER ABDOMEN :- NAD.
- PRE VAGINAL:-
- RECOMMENDATION :-

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439



022-6170-0000

Authenticity Check



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CID : 2303700840
Name : MRS.RITIKA RAJU THASAL
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 06-Feb-2023 / 09:27
Reported : 06-Feb-2023 / 12:33

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	10.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.86	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.1	36-46 %	Measured
MCV	72	80-100 fl	Calculated
MCH	22.3	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	22.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5300	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.0	20-40 %	
Absolute Lymphocytes	1696.0	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	397.5	200-1000 /cmm	Calculated
Neutrophils	55.8	40-80 %	
Absolute Neutrophils	2957.4	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	249.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	296000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	21.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	Mild		

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Macrocytosis	-
Anisocytosis	++
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 44 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Collected : 06-Feb-2023 / 09:27
Reported : 06-Feb-2023 / 14:02

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.9	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	

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Reported : 06-Feb-2023 / 13:14

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	96	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	2.9	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	5.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 G B Road Lab, Thane West
*** End Of Report ***



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 06-Feb-2023 / 09:27
Reported : 06-Feb-2023 / 12:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	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	4-5	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	6-8		
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 G B Road Lab, Thane West
*** End Of Report ***



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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 Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West
*** End Of Report ***



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Collected : 06-Feb-2023 / 09:27
Reported : 06-Feb-2023 / 14:02

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	157.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.9	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	52.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	84.0	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	21.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Name : MRS.RITIKA RAJU THASAL
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 06-Feb-2023 / 09:27
Reported : 06-Feb-2023 / 12:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.84	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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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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	0.26	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	13.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	63.1	35-105 U/L	PNPP

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*** End Of Report ***

AREA OF SPECIAL EXPERTISE

OUR SERVICES



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date:- 6/1/23

CID:

Name:- Ritika Thasal.

Sex / Age: F 42.

EYE CHECK UP

Chief complaints: ACO

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 3/20 6/6 X1V32 X102

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

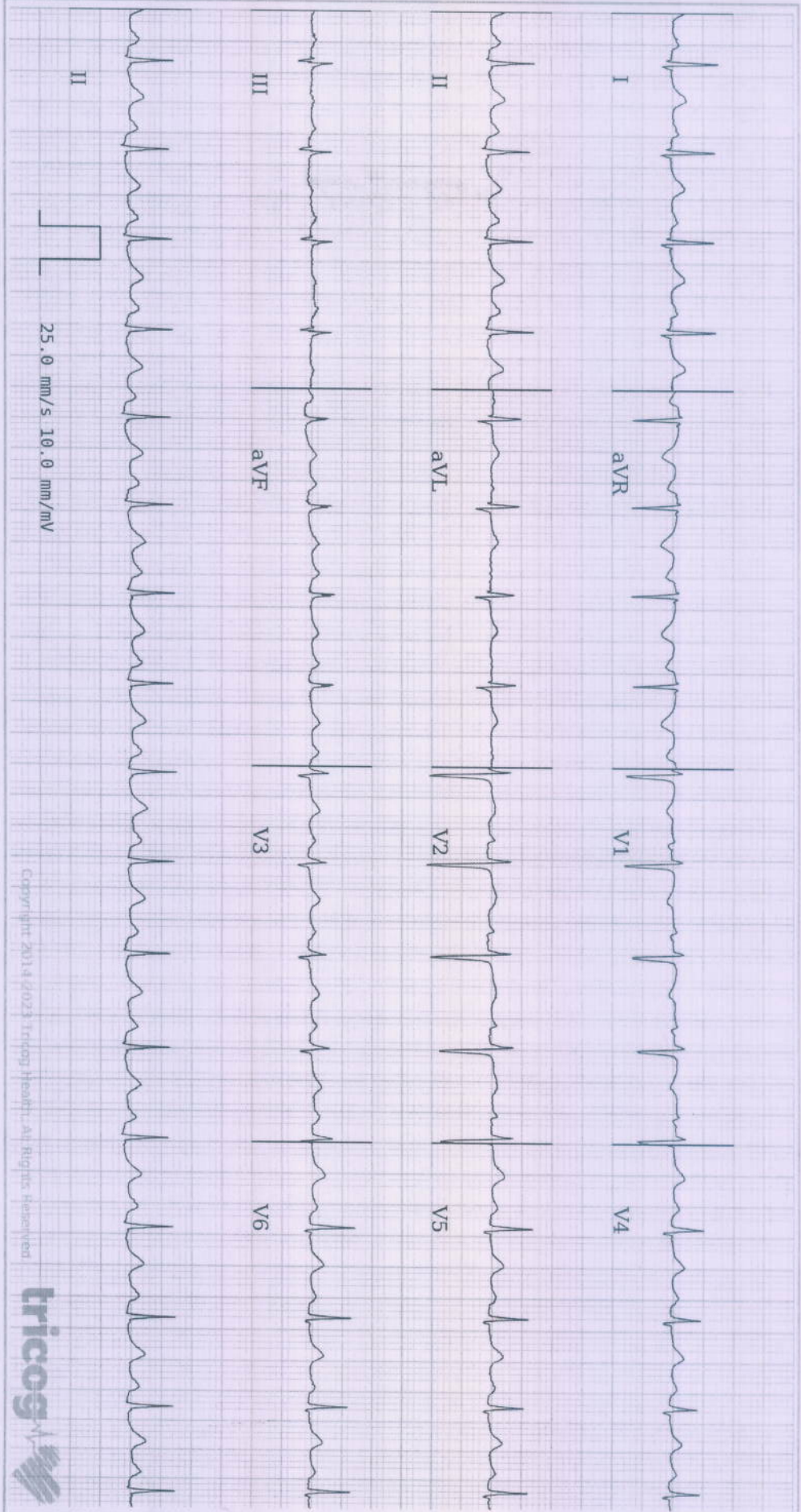
Remark: Needs spectacles for 1V

MR. PRAKASH KUDVA
SR. OPTOMETRIST

Patient Name: **RITIKA RAJU THASAL**

Date and Time: **6th Feb 23 11:00 AM**

Patient ID: **2303700840**



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Age **41** **6** **21**
years months days

Gender **Female**

Heart Rate **105bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **54 kg**

Height: **150 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **70ms**

QT: **354ms**

QTc: **467ms**

PR: **166ms**

P-R-T: **51° 42° 41°**

ECG Within Normal Limits: Sinus Tachycardia. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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 invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

REG NO. : 2303700840	SEX : FEMALE
NAME : MRS.RITIKA RAJU THASAL	AGE : 41 YRS
REF BY : -----	DATE: 06.02.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	37	mm
LVIDS	24	mm
LVEF	60	%
IVS	10	mm
PW	6	mm
AO	14	mm
LA	34	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MRS.RITIKA RAJU THASAL

COLOR DOPPLER:

- Mitral valve doppler – E- 0.9 m/s, A-0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.5 m/s, PG 9.6 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.



CID : 2303700840
Name : Mrs RITIKA RAJU THASAL
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 06-Feb-2023
Reported : 06-Feb-2023 / 10:41

USG WHOLE ABDOMEN

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 8.9 x 3.3 cm. Left kidney measures 9.5 x 4.0 cm. Both kidneys are normal in size, 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 anteverted and measures 7.2 x 3.8 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.8 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023020609251954>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2303700840
Name : Mrs RITIKA RAJU THASAL
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 06-Feb-2023
Reported : 06-Feb-2023 / 10:41

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Advice: Clinical co-relation, further evaluation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

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Use a QR Code Scanner
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CID : 2303700840
Name : Mrs RITIKA RAJU THASAL
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 06-Feb-2023
Reported : 06-Feb-2023 / 10:47

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. Devendra Patil before dispatch.

D Patil

Dr. Devendra Patil
MBBS, MD (Radio-Diagnosis)
Consultant Radiologist
MMC - 2013/02/0165

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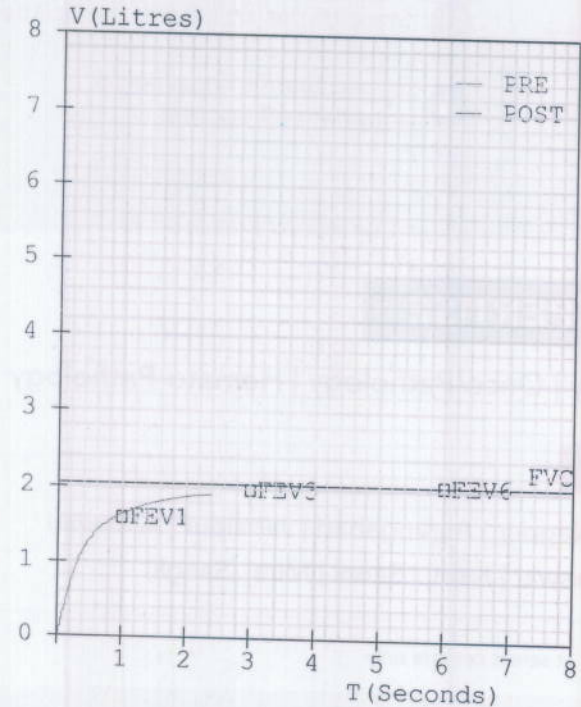
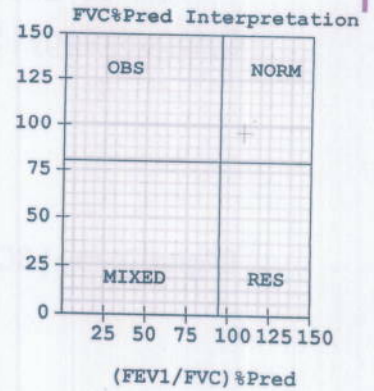
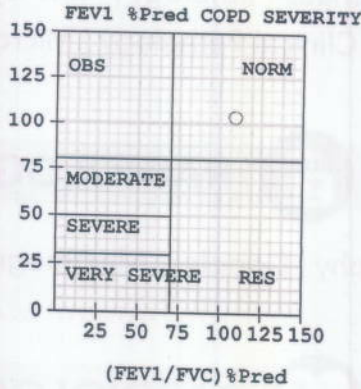
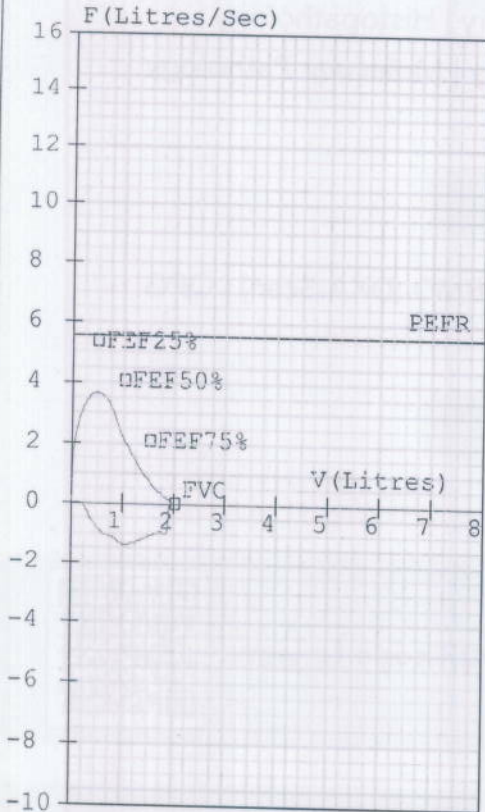
Page no 1 of 1

PRECISE TESTING. HEALTHIER LIVING

Patient: RITIKA THASAL
Refd. By:
Pred. Eqns: RECORDERS
Date : 06-Feb-2023 11:56 AM

Age : 42 Yrs
Height : 149 Cms
Weight : 54 Kgs
ID : 3700840

Gender : Female
Smoker : No
Eth. Corr: 100
Temp :



Parameter	Pred	M.Pre %Pred	M.Post %Pred	%Imp
FVC (L)	02.04	01.95	096	---
FEV1 (L)	01.61	01.67	104	---
FEV1/FVC (%)	78.92	85.64	109	---
FEF25-75 (L/s)	02.29	01.87	082	---
PEFR (L/s)	05.54	03.65	066	---
FIVC (L)	---	01.72	---	---
FEV.5 (L)	---	01.32	---	---
FEV3 (L)	01.98	01.95	098	---
PIFR (L/s)	---	01.38	---	---
FEF75-85 (L/s)	---	00.57	---	---
FEF.2-1.2 (L/s)	04.32	02.71	063	---
FEF 25% (L/s)	05.38	03.64	068	---
FEF 50% (L/s)	04.07	02.23	055	---
FEF 75% (L/s)	02.09	00.84	040	---
FEV.5/FVC (%)	---	67.69	---	---
FEV3/FVC (%)	97.06	100.00	103	---
FET (Sec)	---	02.66	---	---
ExptTime (Sec)	---	00.12	---	---
Lung Age (Yrs)	042	040	095	---
FEV6 (L)	02.04	---	---	---
FIF25% (L/s)	---	00.96	---	---
FIF50% (L/s)	---	01.22	---	---
FIF75% (L/s)	---	01.28	---	---

Pre Test COPD Severity
Test within normal limits

Pre Medication Report Indicates
Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80



PRECISE TESTING. HEALTHIER LIVING

Patient: RITIKA THASAL

Refd. By:

Pred. Eqns: RECORDERS

Date : 06-Feb-2023 11:58 AM

Age : 42 Yrs

Height : 149 Cms

Weight : 54 Kgs

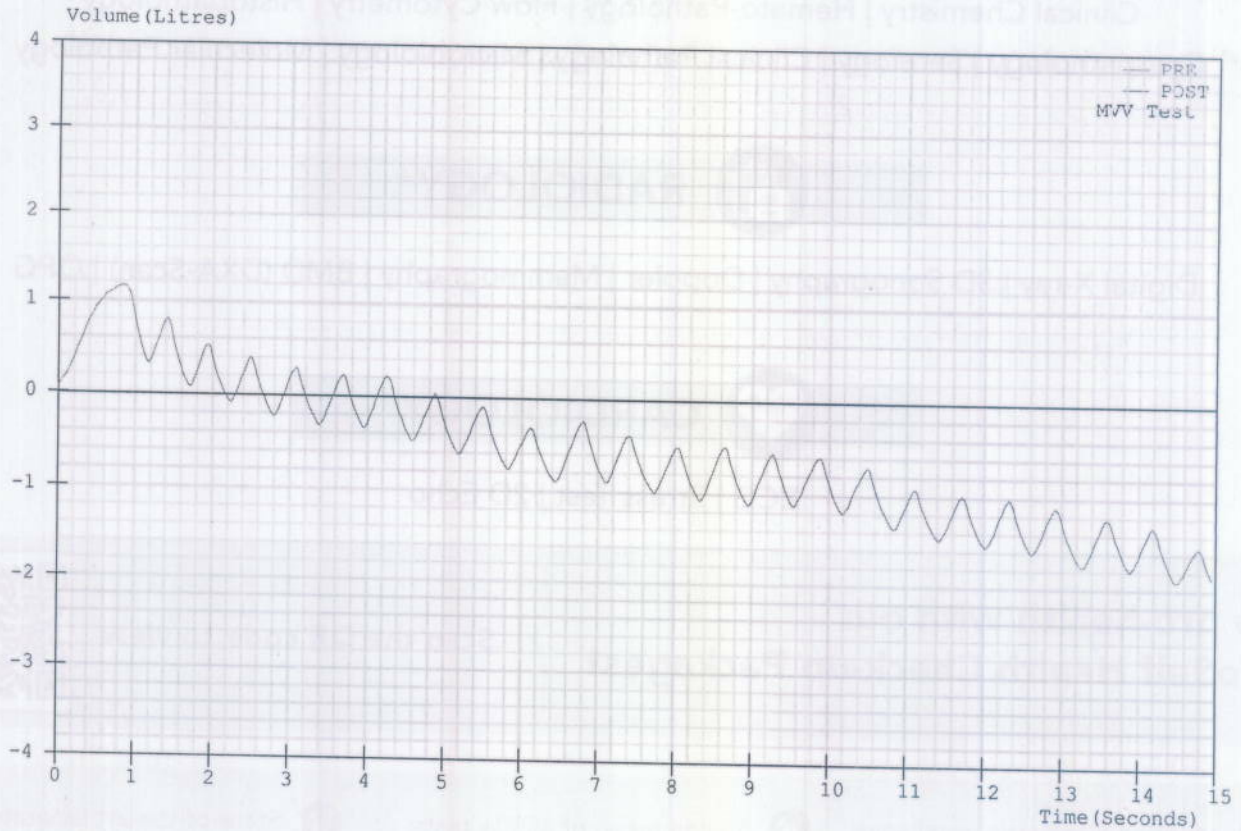
ID : 3700840

Gender : Female

Smoker : No

Eth. Corr: 100

Temp :



MVV Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
MVV (L/min)	092	059	064	----	---	---
MRf (l/min)	----	96.16	---	----	---	---
MVT (L)	----	00.61	---	----	---	---



REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

The contents of this report require clinical co-relation before any clinical action.