



CID : 2310416824
Name : MRS.DIVYA THAKUR
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 14-Apr-2023 / 08:39
Reported : 14-Apr-2023 / 11:15

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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 | 11.5 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.46 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 36.7 | 36-46 % | Measured |
| MCV | 82 | 80-100 fl | Calculated |
| MCH | 25.8 | 27-32 pg | Calculated |
| MCHC | 31.3 | 31.5-34.5 g/dL | Calculated |
| RDW | 16.8 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5930 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 35.9 | 20-40 % | |
| Absolute Lymphocytes | 2128.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.1 | 2-10 % | |
| Absolute Monocytes | 361.7 | 200-1000 /cmm | Calculated |
| Neutrophils | 54.8 | 40-80 % | |
| Absolute Neutrophils | 3249.6 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.1 | 1-6 % | |
| Absolute Eosinophils | 183.8 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 5.9 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 214000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 11.3 | 6-11 fl | Calculated |
| PDW | 23.1 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 48 2-20 mm at 1 hr. Sedimentation

Result rechecked.
Kindly correlate clinically.

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical Services)



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Collected : 14-Apr-2023 / 08:39
Reported : 14-Apr-2023 / 16:52

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 | 86.0 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 124.2 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |

*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 : 14-Apr-2023 / 13:15

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|---------------------|
| BLOOD UREA, Serum | 14.6 | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | 6.8 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.65 | 0.50-0.80 mg/dl | Enzymatic |
| eGFR, Serum | 105 | >60 ml/min/1.73sqm | Calculated |
| Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation | | | |
| TOTAL PROTEINS, Serum | 7.2 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 3.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| URIC ACID, Serum | 3.5 | 3.1-7.8 mg/dl | Uricase/ Peroxidase |
| PHOSPHORUS, Serum | 3.3 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 9.2 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 139 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 4.8 | 3.5-5.1 mmol/l | IMT |
| CHLORIDE, Serum | 106 | 98-107 mmol/l | IMT |

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



Dr. Vrushi Shroff

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



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Reported : 14-Apr-2023 / 12:55

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 | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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Reported : 14-Apr-2023 / 13:30

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| 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.

Refernces:

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. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(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 | 166.9 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 111.1 | 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 | 48.5 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 118.4 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 96.2 | 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 | 22.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.4 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.0 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Reported : 14-Apr-2023 / 12:56

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|----------------------|--------|
| Free T3, Serum | 4.3 | 3.5-6.5 pmol/L | CLIA |
| Free T4, Serum | 13.1 | 11.5-22.7 pmol/L | CLIA |
| sensitiveTSH, Serum | 2.257 | 0.55-4.78 microIU/ml | CLIA |

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)



Anupa

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



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*** End Of Report ***



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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 | 0.32 | 0.3-1.2 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.11 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.21 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 3.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 25.9 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 29.0 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 12.4 | <38 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 94.2 | 46-116 U/L | Modified IFCC |

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



Dr. Vrushi Shroff

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

NAME : MRS DIVYA THAKUR
REF BY : --

DATE : 14/04/2023
AGE / SEX : 44 / F

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation (Type D).

Tiny benign calcification is seen in both the 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.

Two well defined hypoechoic lesions with clear margins and no abnormal vascularity or calcification suggestive of fibroadenomas are seen in the right breast measuring 1.0 x 0.9 x 0.8 cm (Volume 0.4 cc) at 7'o clock and 0.8 x 0.7 x 0.7 cm (Volume 0.2 cc) at 10'o clock position respectively.

A 1.3 x 1.1 x 0.9 cm (Volume 0.7 cc) sized simple cyst is also seen in the right breast in the retroareolar region.

A 1.1 x 0.9 x 0.8 cm (Volume 0.4 cc) sized well defined hypoechoic lesion with clear margins and no abnormal vascularity or calcification suggestive of fibroadenoma is seen in the left breast at 2'o clock.

Multiple simple cysts are seen in the left breast, largest at 3'o clock measuring 1.4 x 1.2 x 0.9 cm (Volume 0.8 cc).

Bilateral axillae appear normal.

| | | | |
|---------------|---------------------------|------------------|---------------------|
| NAME | : MRS DIVYA THAKUR | DATE | : 14/04/2023 |
| REF BY | : -- | AGE / SEX | : 44 / F |

IMPRESSION:

Tiny benign calcification is seen in both the breasts.

Findings suggestive of fibroadenomas and cysts in both the breasts as described above.

ACR BIRADS Category- II (Benign).

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.**


DR SHRIKANT BODKE
CONSULTANT RADIOLOGIST

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Khilji Faizur

Dr. FAIZUR KHILJI
MBBS, RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <<ImageLink>>

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Name : Mrs DIVYA THAKUR
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 14-Apr-2023
Reported : 14-Apr-2023 / 10:10

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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 is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

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 9.5 x 3.6 cm. Left kidney measures 10.0 x 4.7cm.

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:

The uterus is anteverted and appears normal. It measures 8.3 x 6.1 x 4.1 cm in size.
The endometrial thickness is 8.0 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.5 x 2.4 x 1.9 cm and volume is 6.4 cc
Left ovary = 2.6 x 2.4 x 1.9 cm and volume is 6.6 cc

[Click here to view images <<ImageLink>>](#)

Authenticity Check
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IMPRESSION:-

No significant abnormality is seen.

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

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

[Click here to view images <<ImageLink>>](#)

| | |
|--|--------------------------|
| PATIENT NAME : Mrs DIVYA THAKUR | SEX : FEMALE |
| REFERRED BY : Arcofemi Healthcare Limited | AGE : 44 YEARS |
| CID NO : 2310416824 | DATE : 14/04/2023 |

2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality .
Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.
Trivial TR / No PH. 22 mmhg

Thin rim of pericardial effusion.

IMP : **Normal LV systolic function. EF-60%.**
 Thin rim of pericardial effusion.
 Normal other chambers and valves.
 No regional wall motion abnormality/ scar.
 No clot / vegetation / thrombus

M- MODE :

| | |
|------------|-----|
| LA (mm) | 25 |
| AORTA (mm) | 18 |
| LVDD (mm) | 45 |
| LVSD (mm) | 30 |
| IVSD (mm) | 11 |
| 11PWD (mm) | 11 |
| EF10 | 60% |
| E/A | 1.1 |



DR AKHIL PARULEKAR

DNB CARDIOLOGIST

REG. NO 2012082483

Date:- 14/04/21

CID: 2310416824

Name:- Divya Thakur

Sex/Age: 44/F

EYE CHECK UP

Chief complaints:

Routine eye checkup

Systemic Diseases:

NIL

Past history:

NIL

Unaided Vision:

6/6B

6/9⁺2

Aided Vision:

6/6

6/6

Refraction:

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|-----|------------|-----|------|-----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | 0.5D | — | — | 6/6 | 0.75 | — | — | 6/6 |
| Near | +1.25 | — | — | N6 | +1.25 | — | — | N6 |

Colour Vision: Normal / Abnormal

Remark:

widhi
KAJAL NAGRECHA
OPTOMETRIST

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Thakur Village, Kandivoli (east),
Mumbai - 400101.
Tel : 61700000

DENTAL CHECK - UP

Name:- *Divya Thakur.*

CID : *2310416824* Sex / Age : *F / 44*

Occupation:-

Date: *14/04/2023*

Chief complaints:- *Grossly decayed.*

Medical / dental history:- *No relevant history.*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements.*
- b) Facial Symmetry: *Bilateral symmetrical.*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *S/S Delayed*
- c) Calculus: *+*
- Stains: *-* *+6 Deep proximal cavity.*

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

| | | | |
|-----------------------|-----------------|-----|----------------------|
| <input type="radio"/> | Missing | # | Fractured |
| <input type="radio"/> | Filled/Restored | RCT | Root Canal Treatment |
| <input type="radio"/> | Cavity/Caries | RP | Root Piece |

Advised: a) *+6* Root Canal Treatment.
b) *S/S* Extraction.

DR. BHUMIK PATEL
(B.D.S.)

Provisional Diagnosis:-

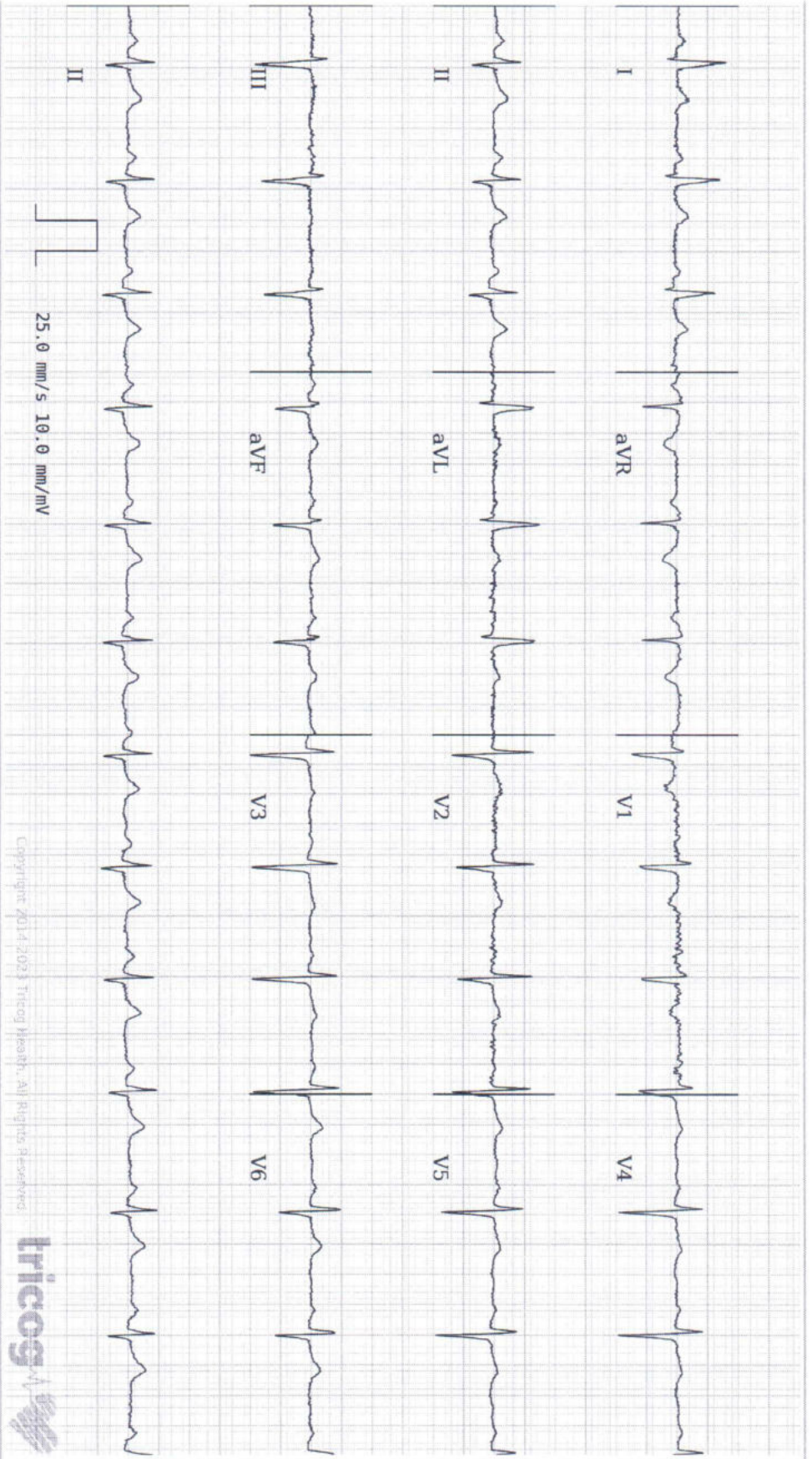
- Pulpitis -

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 69700900

Dr Bhumik Patel
Patel

Patient Name: DIVYA THAKUR
Patient ID: 2310416824

Date and Time: 14th Apr 23 9:28 AM



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Age **44** **3** **9**
years months days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 71 kg

Height: 158 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 368ms

QTcB: 419ms

PR: 158ms

P-R-T: 50° -22° 34°

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

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.

Name : Mrs. Divya Thakur
Dr. :

Age / Gender - 41/2

Date :- 14/4/23

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS :

- Irregular

MARITAL STATUS :

: married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ - 12 yr

(ii) PRESENT MENSTRUAL HISTORY :

- Irregular

(iii) PAST MENSTRUAL HISTORY :

- 4th day

OBSTETRIC HISTORY :

: G4 P2 L2 A2

PAST HISTORY :

- NO

PREVIOUS SURGERIES :

US - 2004, 2008

ALLERGIES :

: NO

FAMILY HISTORY :

: NO

DRUG HISTORY :

: NO

BOWEL HABITS :

1 ⊙

BLADDER HABITS :

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

Name : _____ Age / Gender _____
Dr. : _____ Date : _____

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : (N) RS : (NAD)
PULSE : 72 /nt reg CVs : (NAD)
BP : 120/80 Breasts : - NAD
Per Abdomen : NAD, USG - Scar Healthy
Per vaginal :
PLS - Pap Pending
(1st day of m.c.)

RECOMMENDATIONS

ADVISE :


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548



सत्यमेव जयते
भारत सरकार



आधार

भारतीय विशिष्ट आयुक्त प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1018/22002/00902

To,
दिव्या दिनेश ठाकूर
Divya Dinesh Thakur
W/O: Dinesh Thakur
E/2, Shanti Nagar
Datta Mandir Road
Near Dada Dadi Garden Malad
Mumbai
Malad East Mumbai Mumbai
Maharashtra 400097
9769003007

27/01/2013

Ref: 308 / 17B / 459547 / 459855 / P



SH199746779DF



आपला आधार क्रमांक / Your Aadhaar No. :

2477 7814 9378

आधार — सामान्य माणसाचा अधिकार



भारत सरकार



दिव्या दिनेश ठाकूर
Divya Dinesh Thakur 05/01/79.
जन्म वर्ष / Year of Birth : 1979
स्त्री / Female



2477 7814 9378

आधार — सामान्य माणसाचा अधिकार

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

J. Dhale

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