

Authenticity Check



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CID : 2309717041  
Name : MRS.RUCHIKA CHAWLA SRIVASTAVA  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 07-Apr-2023 / 08:25  
Reported : 12-Apr-2023 / 10:47

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

**PARAMETER**

**RESULT**

EXAMINATION RS : AEBE CVS : S1S2 audible **BREAST EXAMINATION** : Mammography done **PER ABDOMEN** : Liver,Spleen not palapble **PER VAGINAL** : Pap smear done  
**MENSTRUAL HISTORY MENARCHE** : 13 years ( LMP 27/03/2023 ) **PAST MENSTRUAL HISTORY** : Regular  
**OBSTETRIC HISTORY** : G2 P2 A0 L2  
**PERSONAL HISTORY ALLERGIES** : None **BLADDER HABITS** : Normal **BOWEL HABITS** : Regular  
**DRUG HISTORY** : Vitamines **PREVIOUS SURGERIES** : H/O 2 LSCS, Lap cholecystectomy  
**FAMILY HISTORY** :

Both parents are hypertnsive and Diabetes on medication

**CHIEF GYNAE COMPLAINTS** : Asymptomatic  
**RECOMMENDATIONS** :

USG findings are suggestive of bilateral ovarian cysts.

Rest reports appears to be in normal limits.



*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**



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Collected : 07-Apr-2023 / 08:25  
Reported : 07-Apr-2023 / 10:48

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.70	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.9	36-46 %	Calculated
MCV	84.7	80-100 fl	Measured
MCH	27.4	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6820	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	2000	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	570	200-1000 /cmm	Calculated
Neutrophils	58.5	40-80 %	
Absolute Neutrophils	3970	2000-7000 /cmm	Calculated
Eosinophils	3.8	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Measured
PDW	18.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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Reported : 07-Apr-2023 / 09:54

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-ESR 24 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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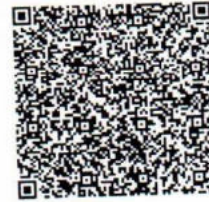


MC-2111

*J. Thakker*

**Dr. JYOT THAKKER**  
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Pathologist & AVP( Medical Services)

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Reported : 07-Apr-2023 / 16:17

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.9	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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*Anupa*  
**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
Consultant Pathologist & Lab Director

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Reported : 07-Apr-2023 / 14:00

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	84	>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	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	132	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	96	98-107 mmol/l	ISE

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Reported : 07-Apr-2023 / 11:38

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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Collected : 07-Apr-2023 / 08:25  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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*M Jain*

**Dr.MILLU JAIN**  
M.D.(PATH)  
Pathologist

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Reported : 07-Apr-2023 / 15:31

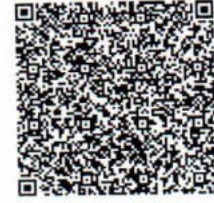
**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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



MC-2111

*M Jain*

**Dr.MILLU JAIN**  
M.D.(PATH)  
Pathologist

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**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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.8	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	50.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	126.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.1	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.96	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.5	35-105 U/L	Colorimetric

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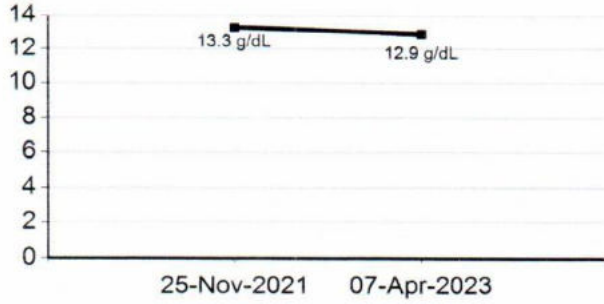
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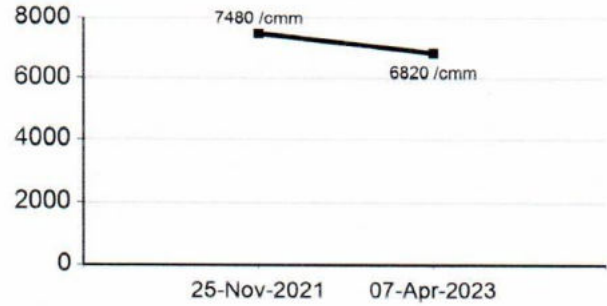
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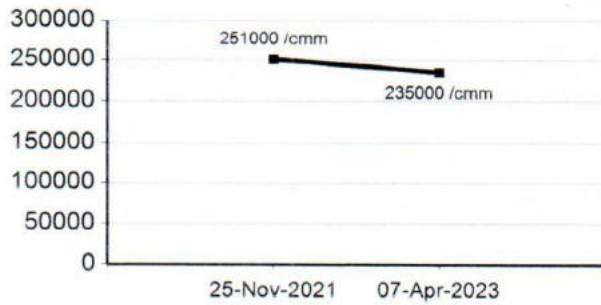
**Haemoglobin**



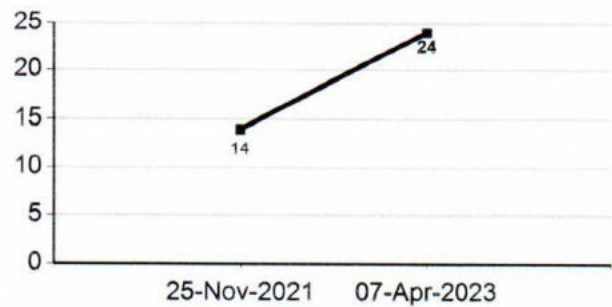
**WBC Total Count**



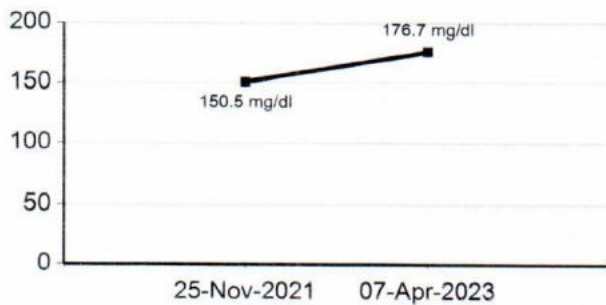
**Platelet Count**



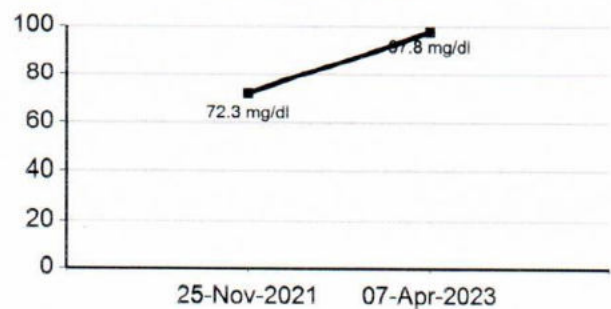
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**



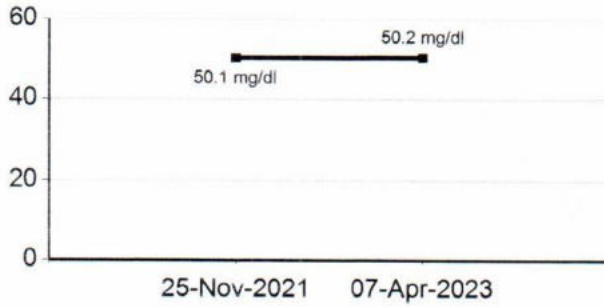
Authenticity Check



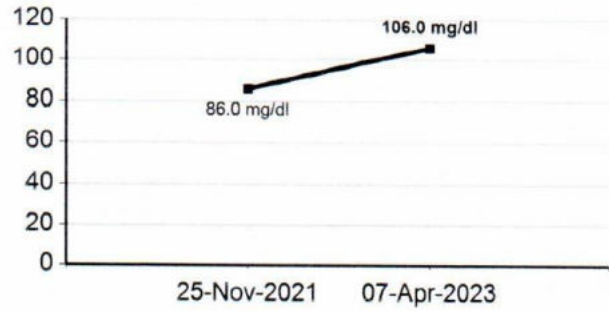
Use a QR Code Scanner Application To Scan the Code

CID : 2309717041  
 Name : MRS.RUCHIKA CHAWLA SRIVASTAVA  
 Age / Gender : 42 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Andheri West (Main Centre)

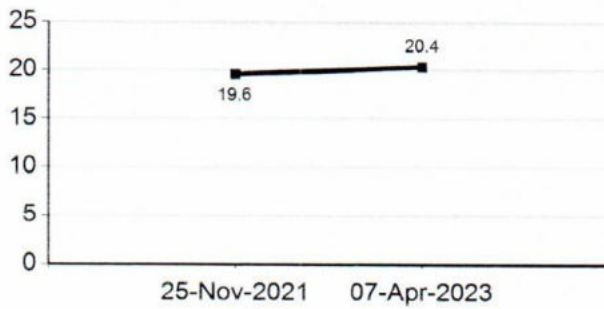
**HDL CHOLESTEROL**



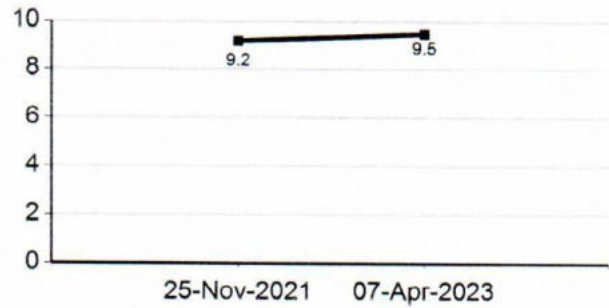
**LDL CHOLESTEROL**



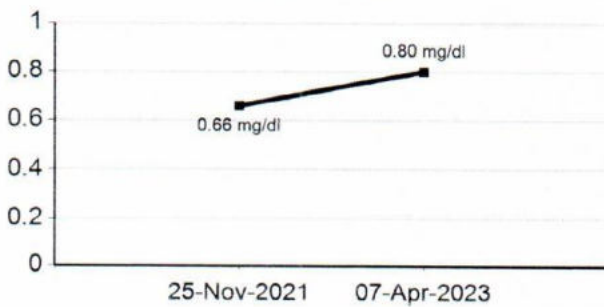
**BLOOD UREA**



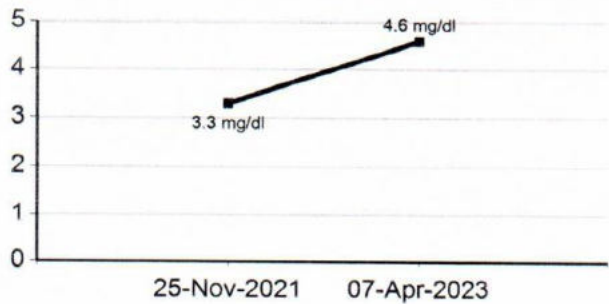
**BUN**



**CREATININE**



**URIC ACID**





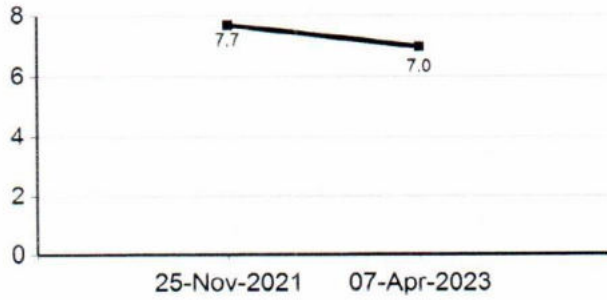
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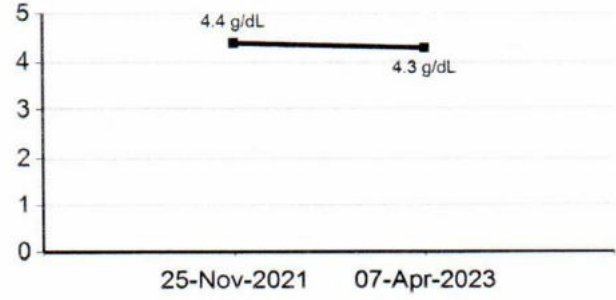
Use a QR Code Scanner Application To Scan the Code

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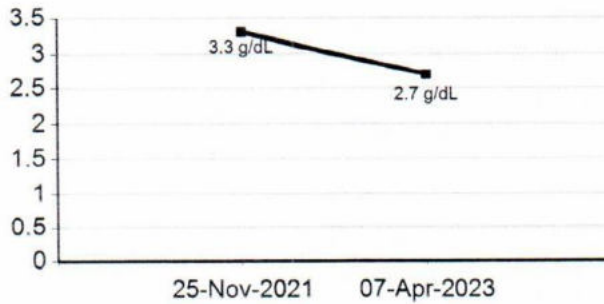
**TOTAL PROTEINS**



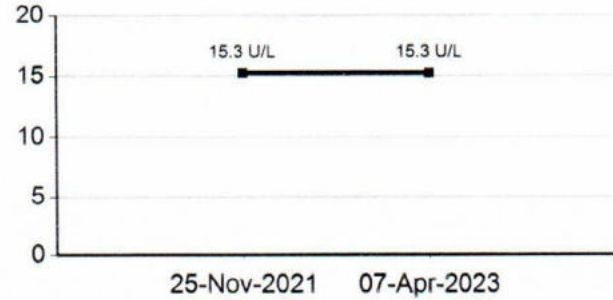
**ALBUMIN**



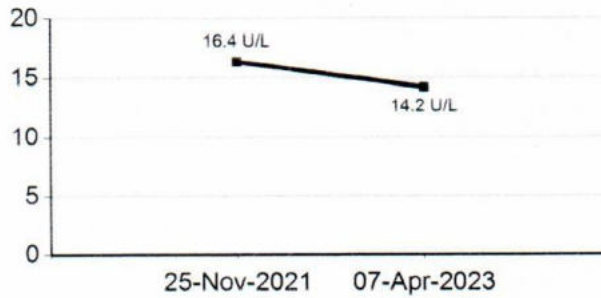
**GLOBULIN**



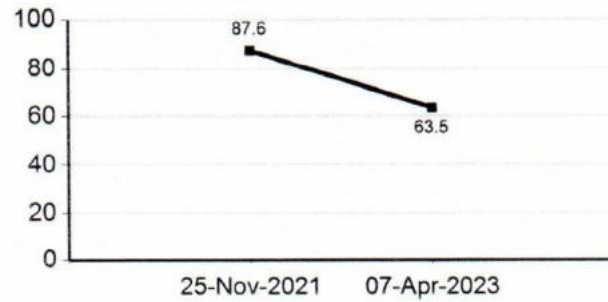
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



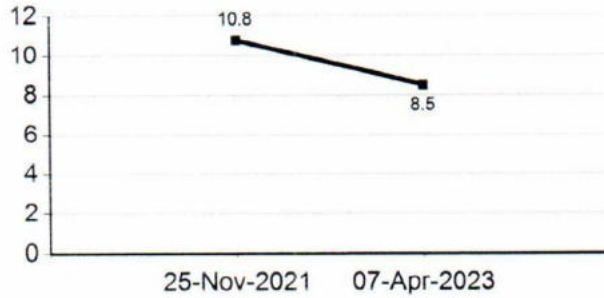
CID : 2309717041  
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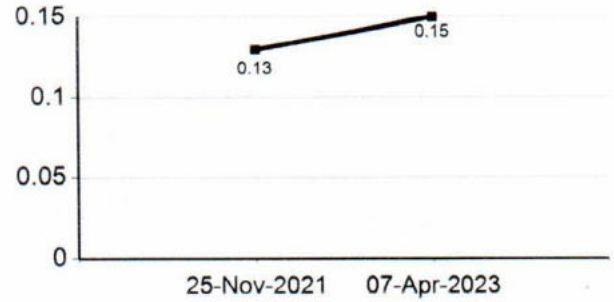


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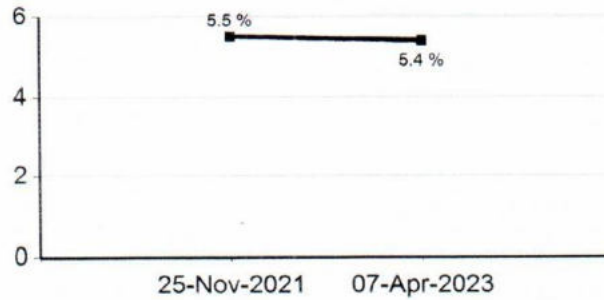
**GAMMA GT**



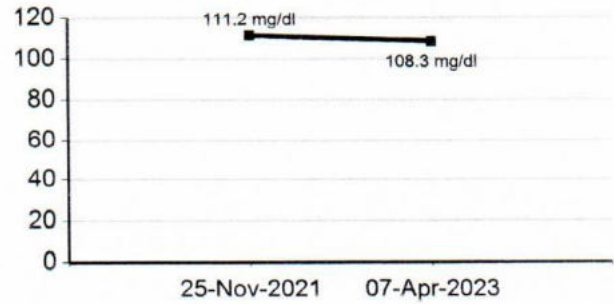
**BILIRUBIN (DIRECT)**



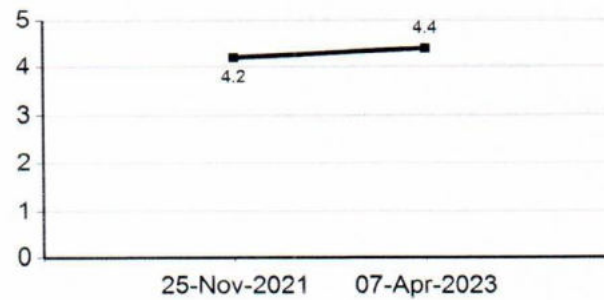
**Glycosylated Hemoglobin (HbA1c)**



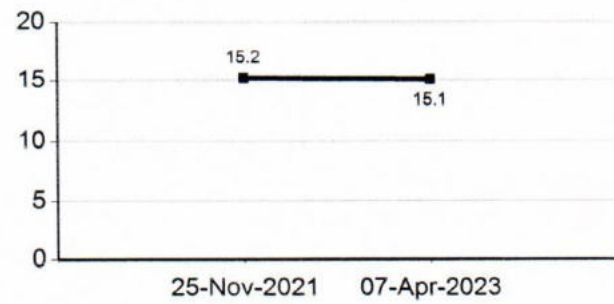
**Estimated Average Glucose (eAG)**



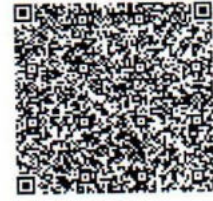
**Free T3**



**Free T4**

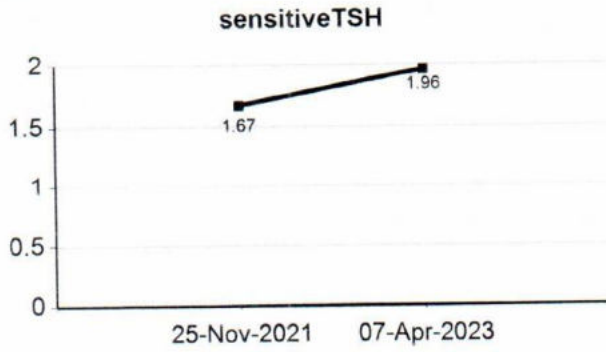


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Application To Scan the Code

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Reg. Location : Andheri West (Main Centre)



Authenticity Check



Use a QR Code Scanner  
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Name : MRS.RUCHIKA CHAWLA SRIVASTAVA  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 07-Apr-2023 / 08:25  
Reported : 10-Apr-2023 / 17:45

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

**Specimen** : - (G/SDC- 3095/23)  
Received SurePath vial.

**Clinical Notes** :

LMP : 27/3/23.

Cervix : Healthy.

**Adequacy** :

Satisfactory for evaluation.  
Transformation zone component absent.

**Microscopic** :

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

**Interpretation** :

**Negative for intraepithelial lesion or malignancy.**

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

**Note** : : Pap test is a screening test for cervical cancer with inherent false negative results.

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



*G. Badkar*

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

Date:- 07/04/2023

CID: 2309717041

Name:- Ruchilaa Srivastava

Sex / Age: 42 Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NS	—	—	—	NS

Colour Vision: Normal / Abnormal

Remark: Normal vision

Authenticity Check  
<<QRCode>>

CID : 2309717041  
Name : Mrs RUCHIKA CHAWLA  
SRIVASTAVA  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 11:47

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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-----



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

Click here to view images <<ImageLink>>

Page no 1 of 1



CID : 2309717041  
Name : Mrs RUCHIKA CHAWLA  
SRIVASTAVA  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 14:10

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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.5cm), 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 not visualised - post cholecystectomy status.

### 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 seen.  
Right kidney measures 9.6 x 3.9cm. Left kidney measures 9.9 x 5.0cm.  
**A 6 x 6mm sized simple cortical cyst is noted in the upper pole of the right kidney.**

### SPLEEN:

The spleen is normal in size (9.6cm) 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 5.7 x 4.8 x 3.3cm in size.  
The endometrial thickness is 3.7 mm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708212016>

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CID : 2309717041  
Name : Mrs RUCHIKA CHAWLA  
SRIVASTAVA  
Age / Sex : 42 Years/Female  
Ref. Dr :  
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Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 14:10

**OVARIES:**

Bilateral ovaries appear bulky with two anechoic cystic lesions noted one each in both the ovaries. These measure 5.7 x 5.2cm in the right ovary and 4.7 x 3.3cm in the left ovary. No evidence of internal echoes / septations / mural nodule is noted. No evidence of vascularity is noted. Features are suggestive of bilateral simple ovarian cysts.

*Kindly correlate clinically and with further investigations.*

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No – 2014/11/4764  
Consultant Radiologist

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CID : 2309717041  
Name : Mrs RUCHIKA CHAWLA  
SRIVASTAVA  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 14:12

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**MAMMOGRAPHY AND SONOMAMMOGRAPHY**

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 breast density ACR CATEGORY II**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen.  
No abnormal skin thickening is 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.

**IMPRESSION:**

**NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.**

**RIGHT BREAST - BIRADS CATEGORY I**

**LEFT BREAST - BIRADS CATEGORY I**

*Suggest: Follow up mammography after one year is suggested.  
Please bring all the films for comparison.*

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].

- I Negative
- II Benign finding
- III Probably benign finding.
- IV Suspicious (Indeterminate).
- V Highly suggestive of malignancy.

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. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708212055>

Page no 1 of 1

Patient Name: RUCHIKA CHAWLA  
Patient ID: 2309717041

**SUBURBAN DIAGNOSTICS - ANDHERI WEST**

Date and Time: 7th Apr 23 8:45 AM

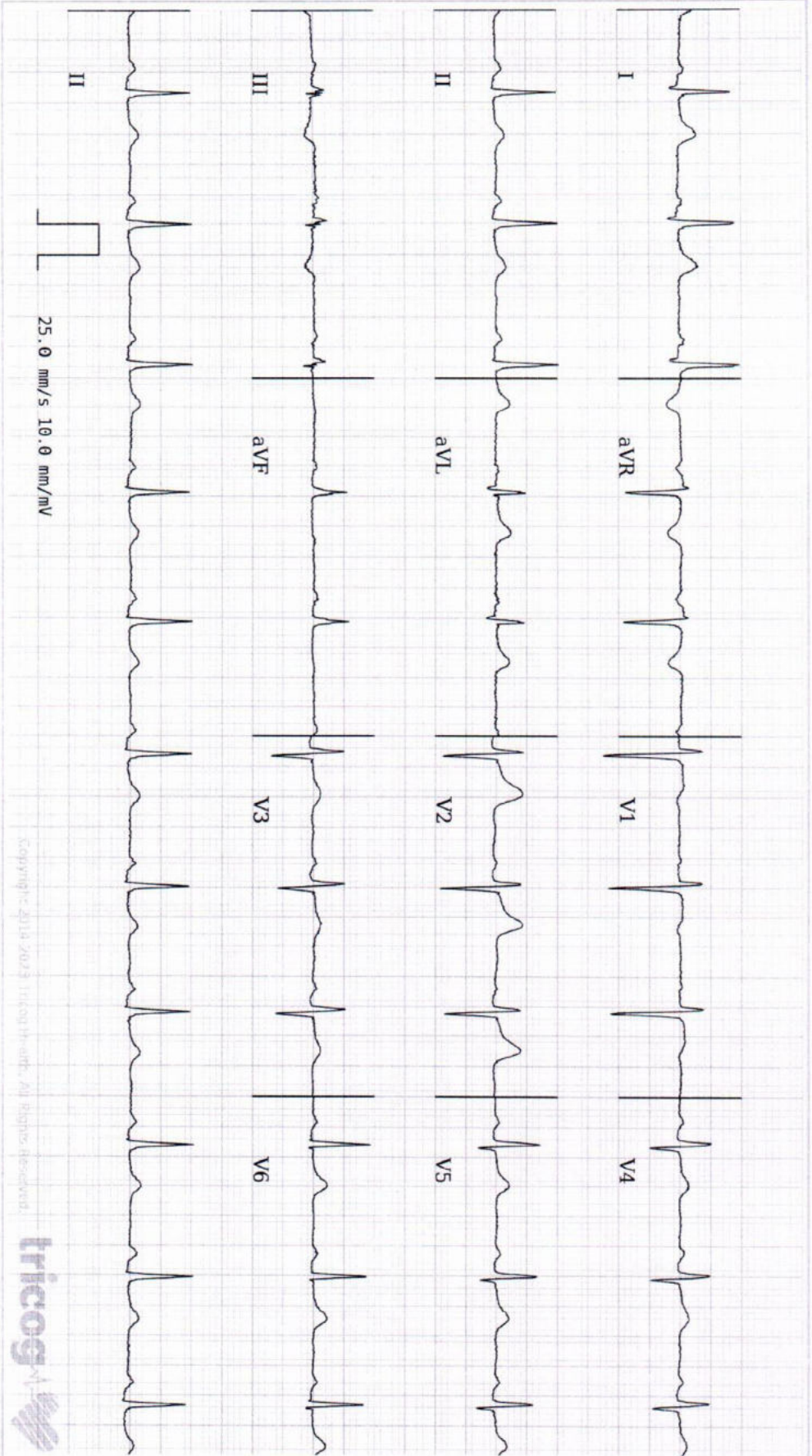
Age 42 2 2  
years months days

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:



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

REPORTED BY

*[Signature]*

DR. RAVI CHAVAN  
MD, D. CARD. D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

Patient's Name :RUCHIKA CHAWLA SRIVASTAVA Age :42 YRS / FEMALE

Requesting Doctor : ---

Date :07.04.2023

CID. No : 2309717041

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TRjet vel.method = 25 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [ LVDD] is Grade III/ IV.  
(Mitral inflow pattern shows  $E > A$  which becomes  $E < A$  on valsalva maneuver confirming Pseudo normalization pattern.)  
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

### Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,  
NO RWMA, NO PAH, GRADE II LVDD,  
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	40	mm	Mitral Valve A velocity	0.6	m/s
LVPWd	10	mm	E/A Ratio	1.3	-
IVSs	16	mm	Mitral Valve Deceleration Time	260	ms
LVIDs	24	mm	E/E'	11	-
LVPWs	16	mm	TAPSE	28	
			<b>Aortic valve</b>		
IVRT	-	ms	AVmax	1.3	m/s
			AV Peak Gradient	8	mmHg
<b>2D STUDY</b>			LVOT Vmax	0.9	m/s
LVOT	18	mm	LVOT gradient	3	mmHg
LA	35	mm	<b>Pulmonary Valve</b>		
RA	28	mm	PVmax	0.7	m/s
RV [RVID]	24	mm	PV Peak Gradient	2	mmHg
IVC	12	mm	<b>Tricuspid Valve</b>		
			TR jet vel.	2.2	m/s
			PASP	25	mmHg

\*\*\* End of Report \*\*\*



**DR RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004 /06/2468**

**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.