

PHYSICAL EXAMINATION REPORT

Patient Name	Veena Dhiman	Sex/Age	F / 57
Date	27/5/23	Location	Home

History and Complaints

Abd discomfort
Pain is left side of
Abd
arthralgia (knee)
Tracheal wheeze

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	Aces
Weight (kg):	70.8	Skin:	MAD
Blood Pressure	110/80	Nails:	IL
Pulse	88/4 110/80	Lymph Node:	NP

Systems :

Cardiovascular:	MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

2D Echo -
LVH
(Mild)

↑ ESR (42)
BSL (F) - Impaired, HbA1c - Pre
Diabetic
↑ Citric Acid
↑ Chol, LDL, Non HDL, ↓ TG

USG - Hydrourephrosis.
Mammography - Few Lymph Nodes
in B/L Axilla

R
E
P
O
R
T

Advice: - Low Fat, low sugar Diet.

Breast Surgeon's consultation. Repeat sugar profile, Lipid Profile & Thyroid Profile after 6 months.

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	Gas/Flatulence / Abdomen left side pain
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	O.A / Knee / Right shoulder pain

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	omni veg
4)	Medication	Tab. Montec 15.0's

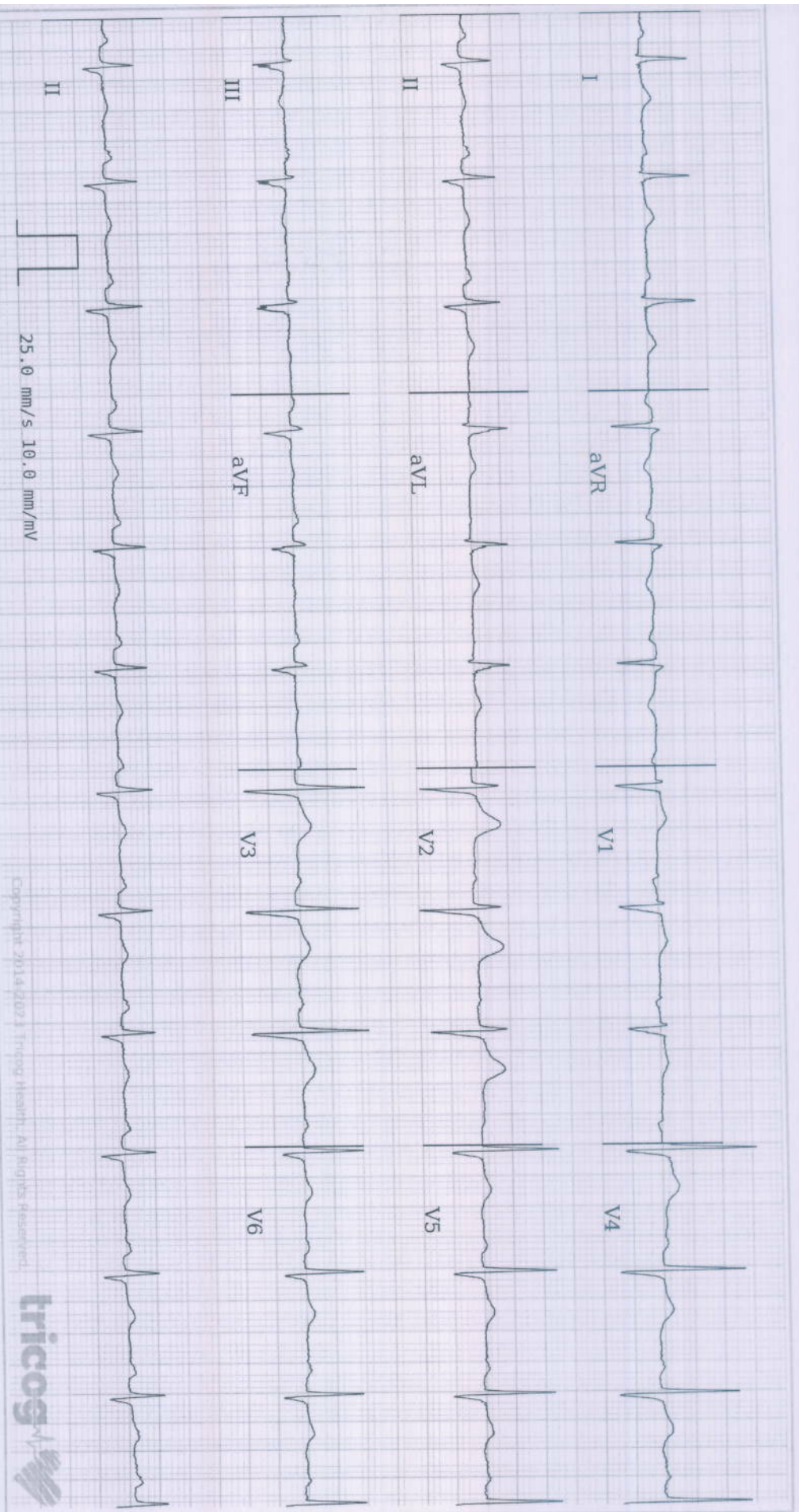
(Signature)

Dr. Manasee Kulkarni
M.B.B.S
2008/09/3439

For Knee pain

Patient Name: VEENA DHIMAN
Patient ID: 2314718211

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 27th May 23 10:45 AM



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Age 57 4 14
years months days

Gender Female

Heart Rate 78bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 70 kg

Height: 157 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 98ms

QT: 394ms

QTcB: 449ms

PR: 182ms

P-R-T: 52° -9° 9°

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: This 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. 23 Patient visits are as certified by the clinician and not derived from the ECG.

NAME: - Veena Phiman AGE / SEX :- F / 57 yrs.
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :-

12

• PRESENT MENSTRUAL HISTORY :-

Post - Menopausal
Regular

• PAST MENSTRUAL HISTORY :-

• OBSTERIC HISTORY :-

• PAST HISTORY :-

Menorrhagia, clots

2 NVD

• PREVIOUS SURGERIES :-

- D&C (5 yrs back)

• ALLERGIES :-

- cold weather

• FAMILY HOSTORY :-

Nil

022-6170-0000

- Tab. Montek (S.O.S.)
- Knee Pain (OA)

• DRUG HISTORY :-

• BOWEL HABITS :-

• BLADDER HABITS :-

(P)

PERSONAL HISTORY :-

TEMPERATURE :-

(P)

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD



Dr. Manasee Kulkarni
M.B.B.S
2008/09/3439

SUBURBAN
DIAGNOSTICS
Shop No. 1/2/3, Ground Floor,
Premier Road, Next To P. mall,
Opp. Lawder Company,
Chedbunder Road, Thane (W).



CID : 2314718211
Name : MRS.VEENA DHIMAN
Age / Gender : 57 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-May-2023 / 09:05
Reported : 27-May-2023 / 11:01

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.47	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.2	36-46 %	Measured
MCV	90.0	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5640	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.5	20-40 %	
Absolute Lymphocytes	1889.4	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	535.8	200-1000 /cmm	Calculated
Neutrophils	53.4	40-80 %	
Absolute Neutrophils	3011.8	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	180.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	22.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	271000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	13.8	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 42 2-30 mm at 1 hr. Sedimentation

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



J. Thakker

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	123.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.0	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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 27-May-2023 / 11:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	87	>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	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 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	6.5	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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*** End Of Report ***



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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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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*** End Of Report ***



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Collected : 27-May-2023 / 09:05
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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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	0-1	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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	217.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	85.7	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	43.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	174.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	157.0	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	17.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Collected : 27-May-2023 / 09:05
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.6	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	3.86	0.35-5.5 microlU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

Kindly correlate clinically.



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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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 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	15.9	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	16.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	89.6	35-105 U/L	PNPP

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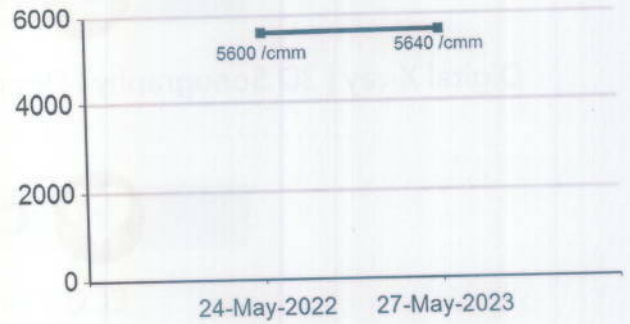
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Haemoglobin



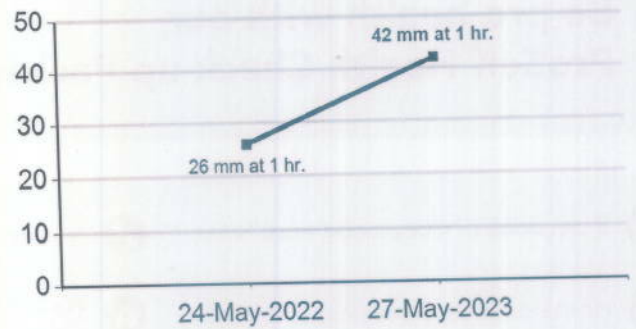
WBC Total Count



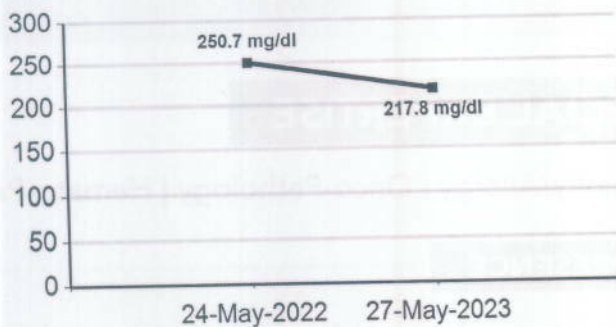
Platelet Count



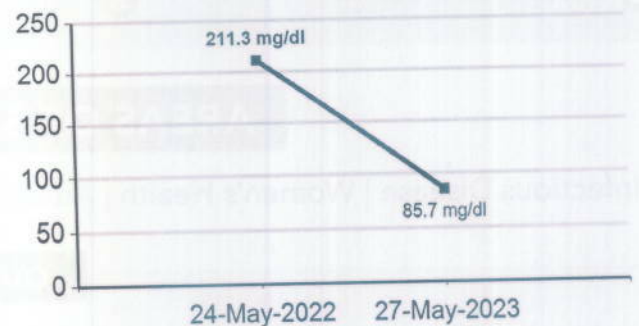
ESR



CHOLESTEROL



TRIGLYCERIDES



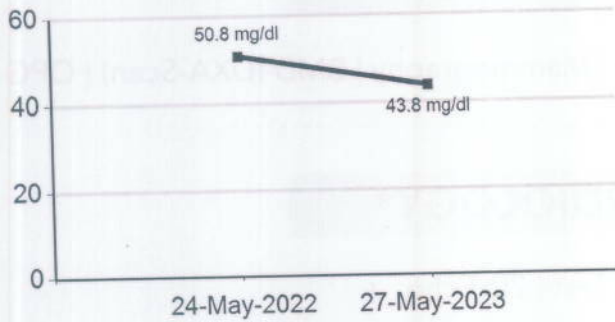
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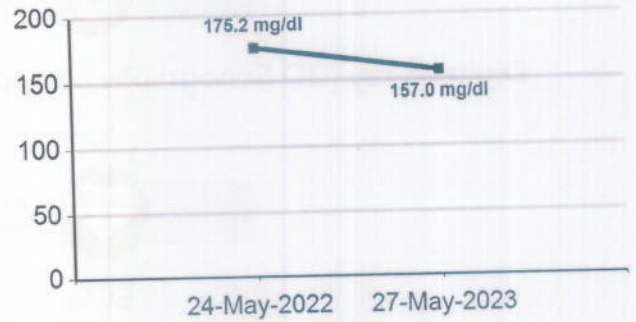
Use a QR Code Scanner
Application To Scan the Code

CID : 2314718211
Name : MRS.VEENA DHIMAN
Age / Gender : 57 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

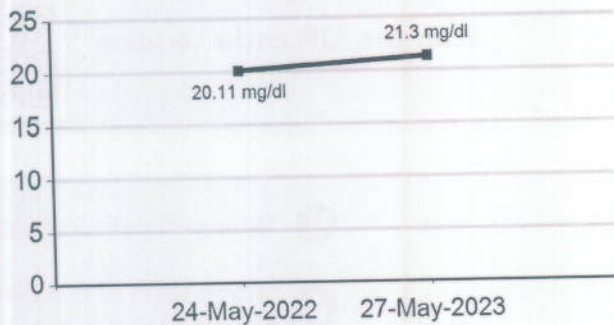
HDL CHOLESTEROL



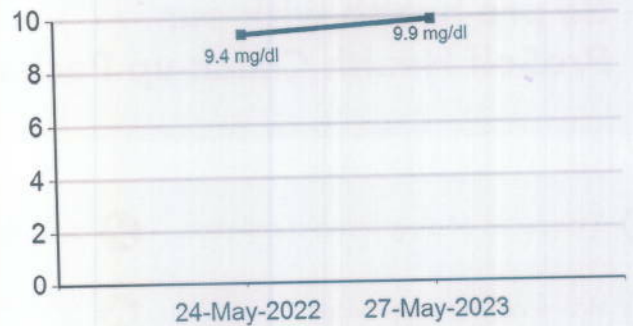
LDL CHOLESTEROL



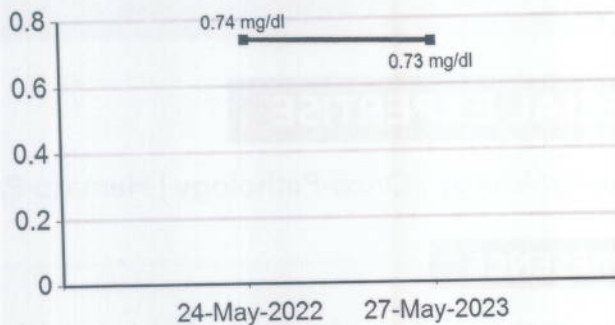
BLOOD UREA



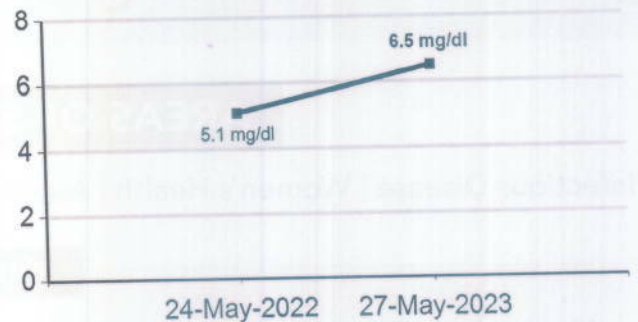
BUN



CREATININE



URIC ACID



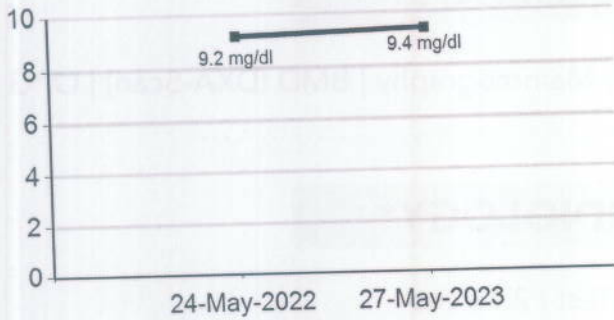
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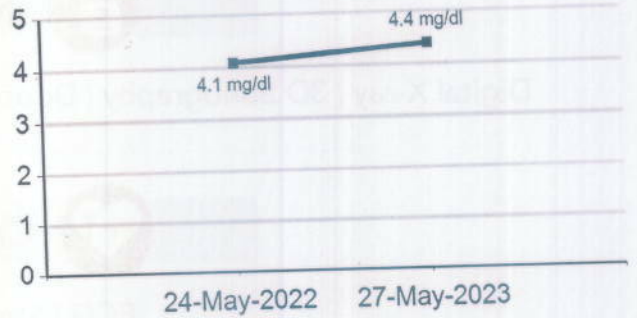
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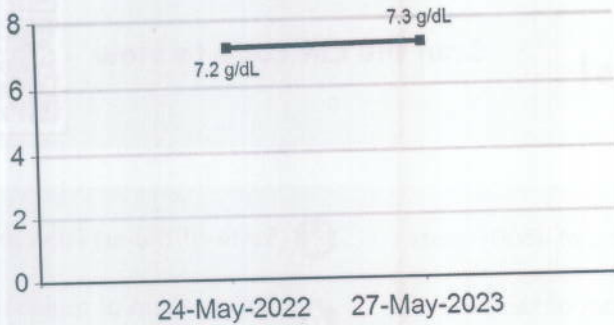
CALCIUM



PHOSPHORUS



TOTAL PROTEINS



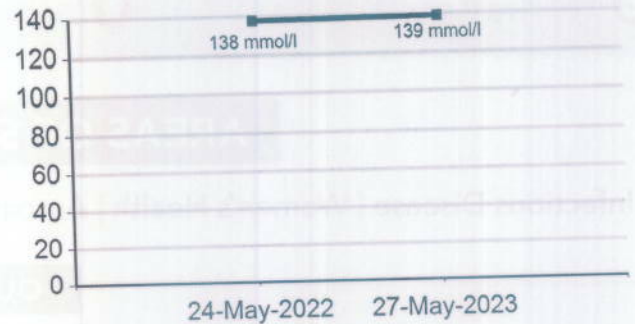
ALBUMIN



GLOBULIN



SODIUM



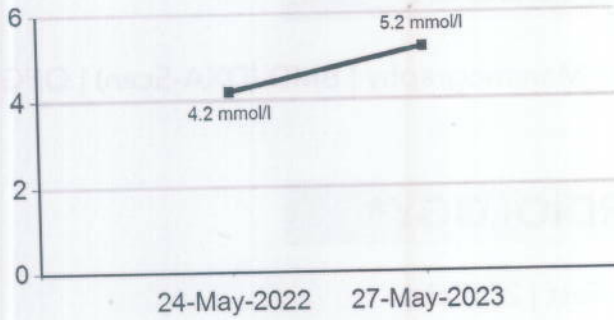
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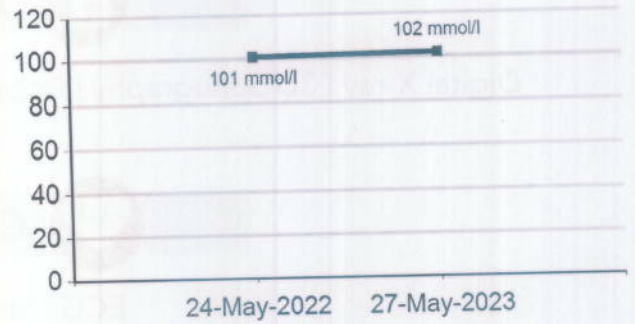
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POTASSIUM



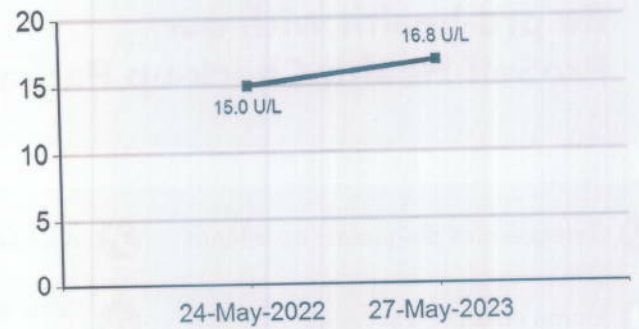
CHLORIDE



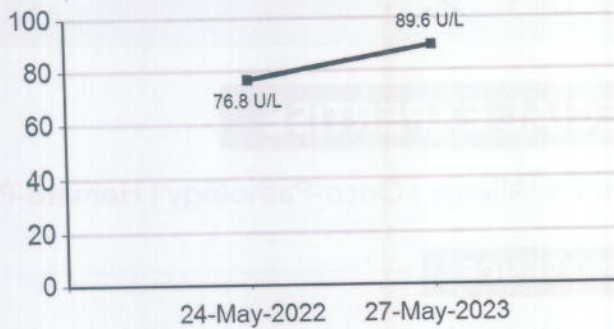
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT



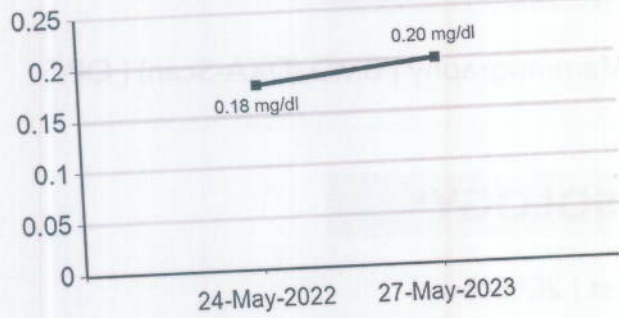
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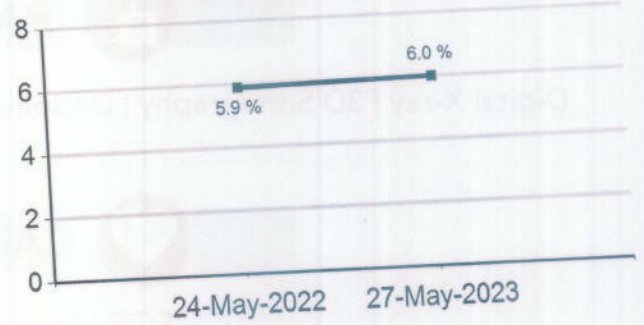
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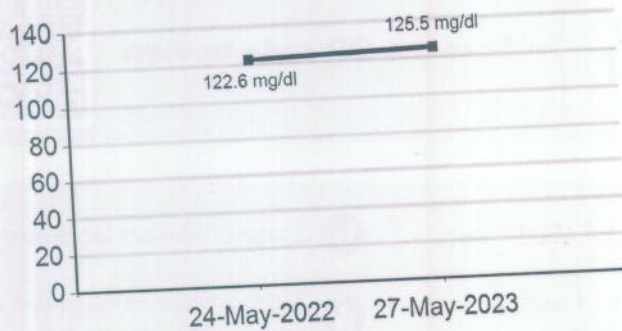
BILIRUBIN (DIRECT)



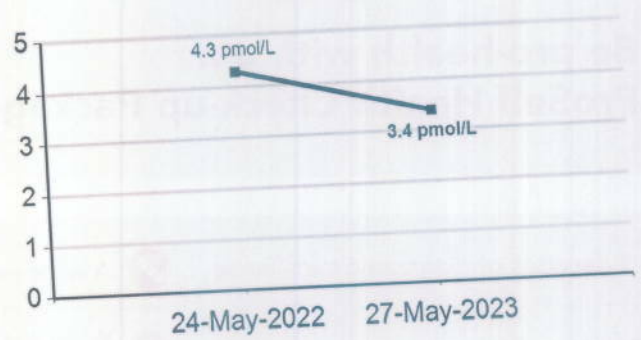
Glycosylated Hemoglobin (HbA1c)



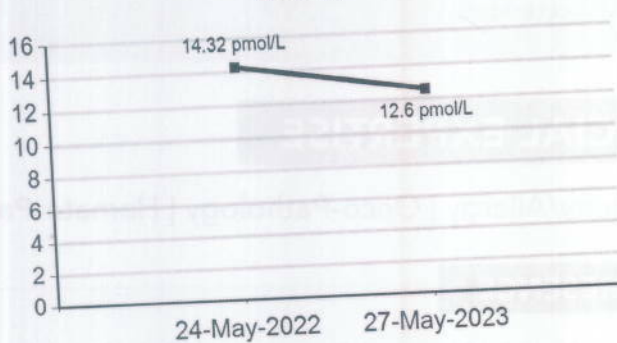
Estimated Average Glucose (eAG)



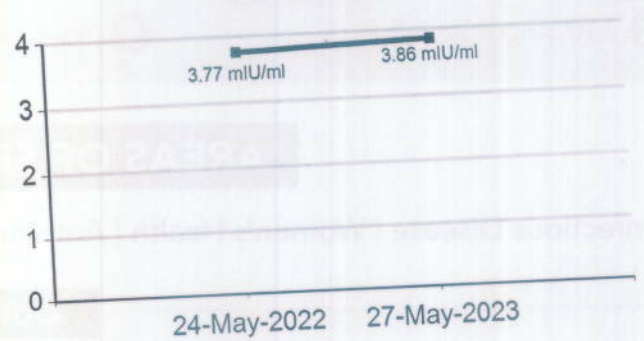
Free T3



Free T4



sensitiveTSH





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CID : 2314718211
Name : Mrs VEENA DHIMAN
Age / Sex : 57 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-May-2023
Reported : 27-May-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-----

G. R. Fartade

Dr. GAURAV FARTADE

MBBS, DMRE

Reg No -2014/04/1786

Consultant Radiologist

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Page no 1 of 1

Date:- 27/5/23

CID:

Name:- Veena Dhanwan

Sex / Age: F 57

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BR 6/12 HVVA N. 24

Aided Vision: BR 6/6 HVVA N. 6.

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: USC over Spectacles

MR. PRAKASH KUDVA
Prakash Kudva
SR. OPTOMETRIST

REG NO :2314718211	SEX : FEMALE
NAME : MRS. VEENA DHIMAN	AGE : 57 YRS
REF BY : -----	DATE: 27.05.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	47	mm
LVIDS	25	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	19	mm
LA	36	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.

BY: _____

022-6170-0000

PATIENT NAME : MRS.VEENA DHIMAN

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 10.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **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.

AREA OF SPECIAL EXPERTISE

022-6170-0000

Reg. No. : 2314718211	Sex : FEMALE
NAME : MRS. VEENA DHIMAN	Age : 57 YRS
Ref. By : -----	Date : 27.05.2023

MAMMOGRAPHY

Bilateral mammograms have been obtained using 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.

Heterogenously dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.

Few lymphnodes are noted in both axillae with preserved fatty hilum largest in right axilla measuring 1.3 x 0.6 cm and largest in left axilla measuring 1.0 x 0.5 cm.

IMPRESSION:

**FEW LYMPHNODES ARE NOTED IN BOTH AXILLAE WITH PRESERVED FATTY HILUM.
ACR BIRADS CATEGORY II BOTH BREASTS.**

SUGGEST CLINICAL CORRELATION 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.



DR.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)



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Reg. Date : 27-May-2023
Reported : 27-May-2023 / 12:59

R
E
P
O
R
T

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size (14.5 cm) 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:

Right kidney measures 10.0 x 3.6cm. Right kidney is normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

LEFT KIDNEY:

Left kidney measures 9.6 x 3.9 cm. Left kidney is normal in shape and echotexture. Corticomedullary differentiation is maintained. ***There is evidence of mild hydronephrosis, ureter not visualised due to excessive bowel gas. No obvious calculus is visualised in present scan.***

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 appears atrophic (post- menopausal status).

No free fluid or significant lymphadenopathy is seen.

Gaseous distension of bowel loops seen.

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Reported : 27-May-2023 / 12:59

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IMPRESSION:

- THERE IS EVIDENCE OF MILD LEFT HYDRONEPHROSIS, URETER NOT VISUALISED DUE TO EXCESSIVE BOWEL GAS. NO OBVIOUS CALCULUS IS VISUALISED IN PRESENT SCAN.
- GASEOUS DISTENSION OF BOWEL LOOPS SEEN.

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-----

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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