

PHYSICAL EXAMINATION REPORT

Patient Name	Sharda Upadhyay	Sex/Age	F / 40
Date	6/11/23	Location	Thane

History and Complaints

G+B Calculus
Sleepiness

EXAMINATION FINDINGS:

Height (cms):	152	Temp (0c):	ACB
Weight (kg):	71.0	Skin:	MAD
Blood Pressure	140/80	Nails:	HL
Pulse	76	Lymph Node:	NP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

2D EHO
LVH.

BSL < 100 - Impaired
↓ HDL
↑ TG's
USG - Cholelithiasis w/o-
cholecystitis.

HbA1c -
Pre Diabetic

Advice:

Low Fat, Low sugar Diet.
Reg. Exercise.
Repeat Sugar Profile, Lipid Profile after 6 months.

Flu- USG (6 months)

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
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	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

o/o CAB coronary
NO

NAD

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

NO
NO
Pure veg
NO

Manasee

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

NAME: - Sharda Upadhyay AGE / SEX :- F/40
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Premenstrual Mastalgia
Urgency of Urine, Incontinence on pressure

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :-

12

• PRESENT MENSTRUAL HISTORY :-

Regular

LMP-8/3/23

• PAST MENSTRUAL HISTORY :-

Regular

• OBSTETRIC HISTORY :-

G₅ P₂ A₂

2 miscarriage
1- Postnatal death.

• PAST HISTORY :-

Nil

• PREVIOUS SURGERIES :-

Nil

• ALLERGIES :-

Nil

• FAMILY HISTORY :-

Nil

0000 6170 0000

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

MM
10

PERSONAL HISTORY :-

TEMPERATURE :-

2

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

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

022-6170-0000

Date:- 11/03/25

CID:

Name:- Sneha Spadhyay Sex / Age: F 39

EYE CHECK UP

Chief complaints: REU

Systemic Diseases: All

Past history: All

Unaided Vision: 32 6/6 NUBC X1.6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2307018335
Name : MRS.SHARDA UPADHYAY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 08:55
Reported : 11-Mar-2023 / 12:25

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.53	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.1	36-46 %	Measured
MCV	86.2	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4880	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	1385.9	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	258.6	200-1000 /cmm	Calculated
Neutrophils	64.9	40-80 %	
Absolute Neutrophils	3167.1	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	68.3	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.			
PLATELET PARAMETERS			
Platelet Count	147000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	21.5	11-18 %	Calculated
RBC MORPHOLOGY			



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Reported : 11-Mar-2023 / 11:16

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

29

2-20 mm at 1 hr.

Sedimentation

*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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Collected : 11-Mar-2023 / 11:26
Reported : 11-Mar-2023 / 13:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	119.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	136.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Collected : 11-Mar-2023 / 08:55
Reported : 11-Mar-2023 / 12:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	9.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	115	>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	4.4	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	3.8	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	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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Collected : 11-Mar-2023 / 08:55
Reported : 11-Mar-2023 / 13:59

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

PARAMETER	RESULTS
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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	171.8	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	39.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	34.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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Reported : 11-Mar-2023 / 11:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	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	2.93	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 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 at least 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 ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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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	0.66	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.41	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	18.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	16.1	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	11.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	90.3	35-105 U/L	PNPP

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*** End Of Report ***



J. Mujawar

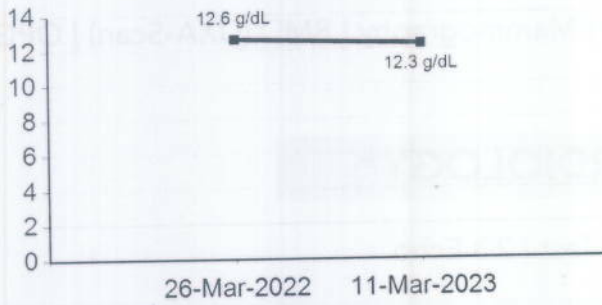
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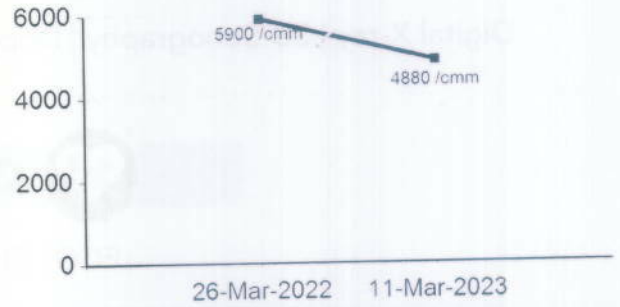
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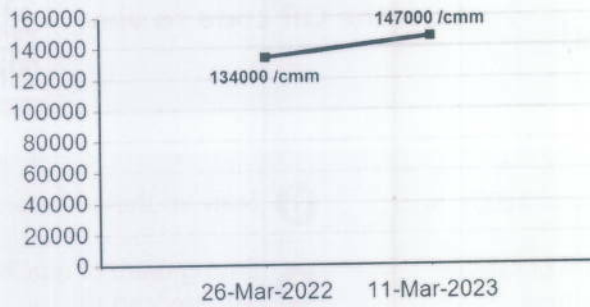
Haemoglobin



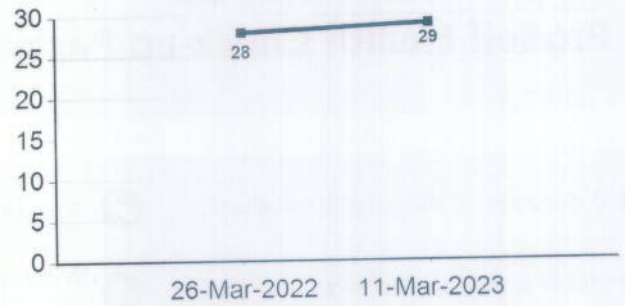
WBC Total Count



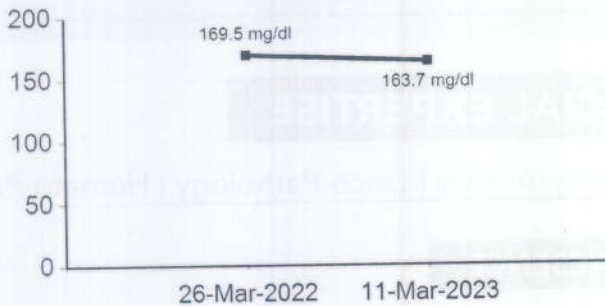
Platelet Count



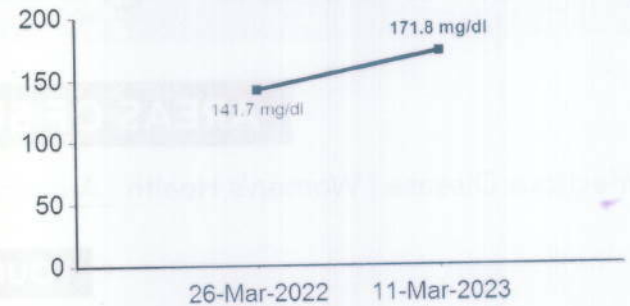
ESR



CHOLESTEROL



TRIGLYCERIDES

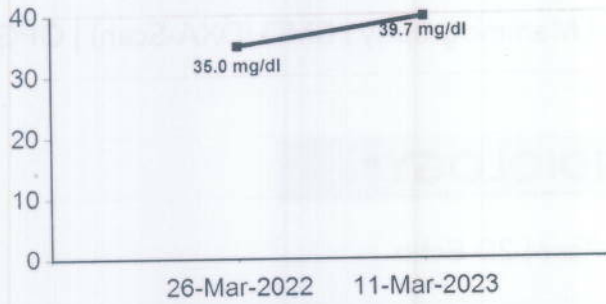




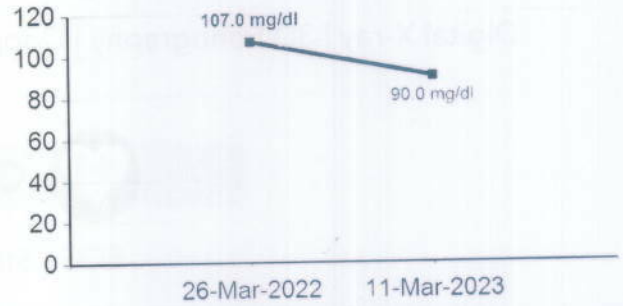
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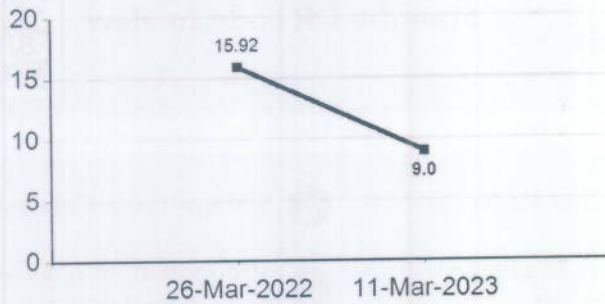
HDL CHOLESTEROL



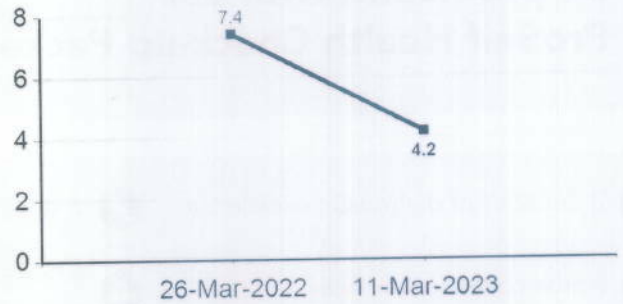
LDL CHOLESTEROL



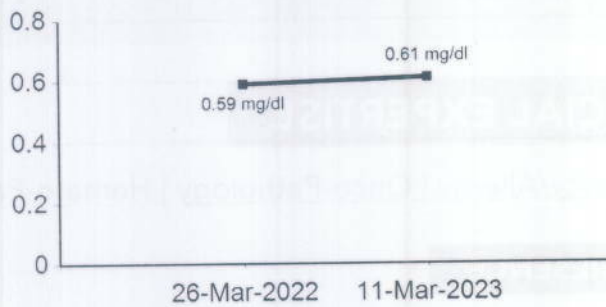
BLOOD UREA



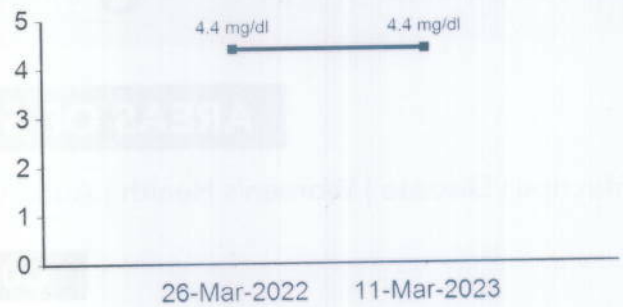
BUN



CREATININE



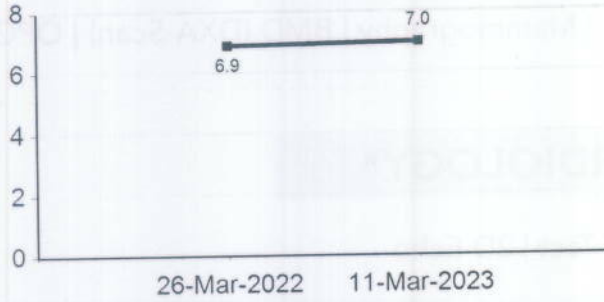
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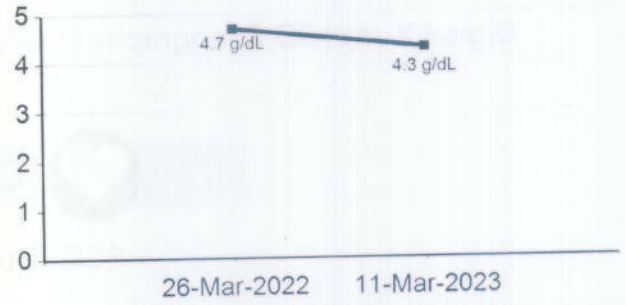


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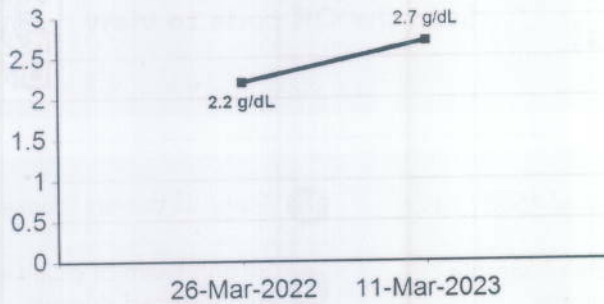
TOTAL PROTEINS



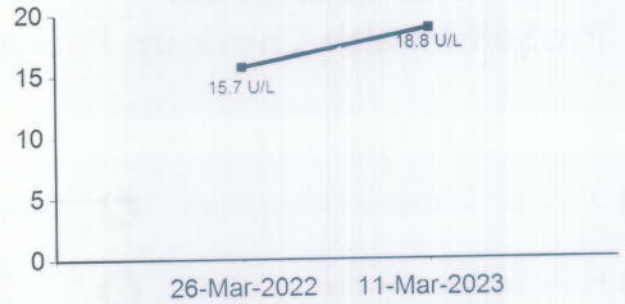
ALBUMIN



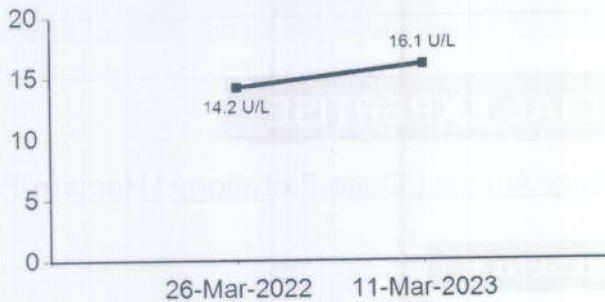
GLOBULIN



SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE





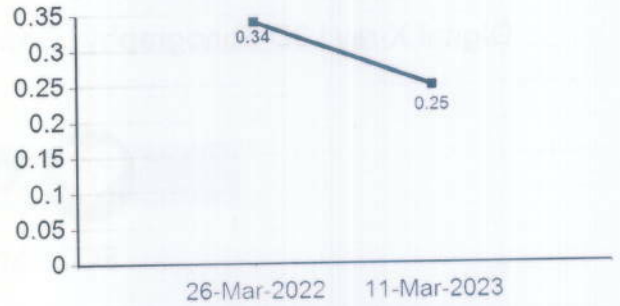
Use a QR Code Scanner Application To Scan the Code

CID : 2307018335
 Name : MRS.SHARDA UPADHYAY
 Age / Gender : 40 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

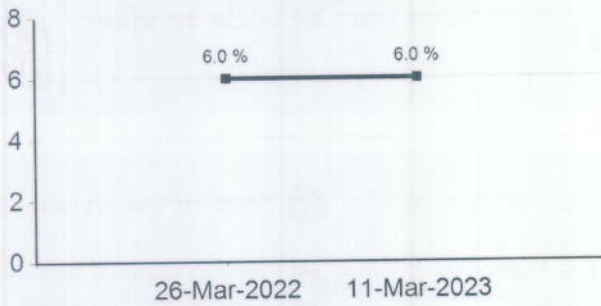
GAMMA GT



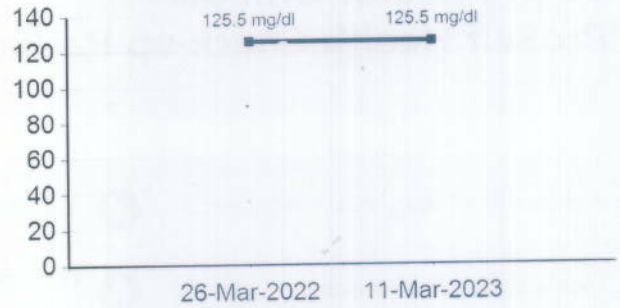
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



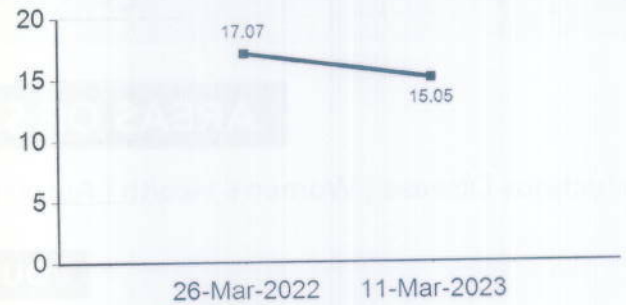
Estimated Average Glucose (eAG)



Free T3



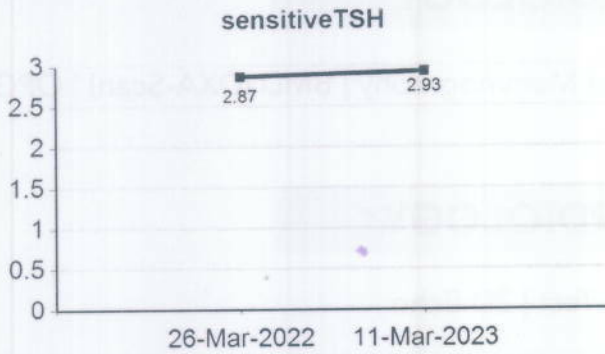
Free T4



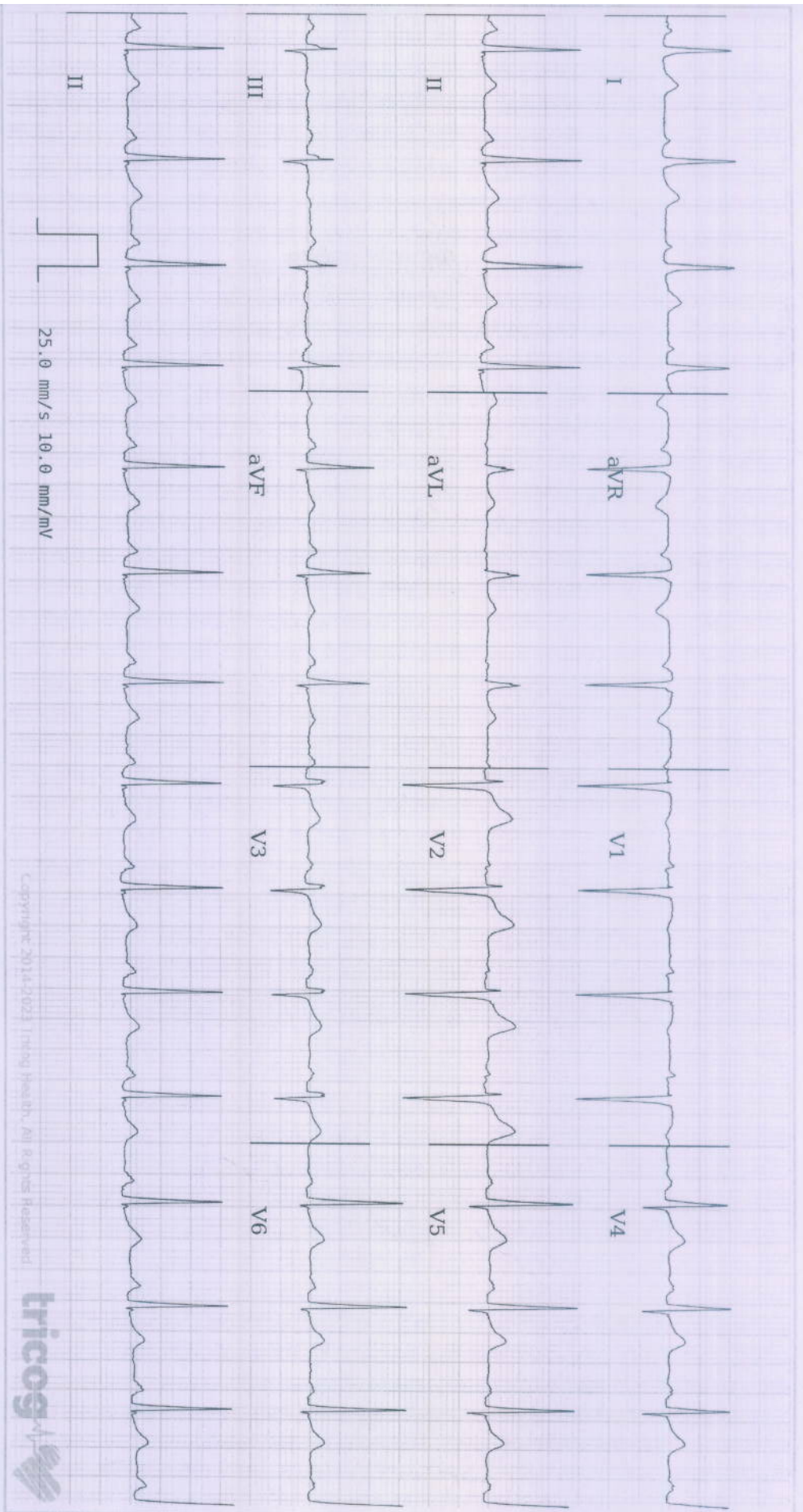


Use a QR Code Scanner Application To Scan the Code

CID : 2307018335
 Name : MRS.SHARDA UPADHYAY
 Age / Gender : 40 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: SHARDA UPADHYAY
 Patient ID: 2307018335
 Date and Time: 11th Mar 23 10:45 AM



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Age **40** **10** **17**
 years months days

Gender **Female**

Heart Rate **90bpm**

Patient Vitals

BP: 140/80 mmHg
 Weight: 71 kg
 Height: 152 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 82ms
 QT: 352ms
 QTc: 430ms
 PR: 154ms
 P-R-T: 65° 40° 34°

ECG Within Normal Limits: Sinus Rhythm. 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's vitals are as entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307018335
Name : Mrs SHARDA UPADHYAY
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 13:43

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 GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108360539>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307018335
Name : Mrs SHARDA UPADHYAY
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 10:08

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

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 partially distended shows calculus measuring 17 to 18 mm.* No peri-cholecystic collection seen.

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 9.0 x 4.4 cm. Left kidney measures 9.5 x 4.1 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 5.4 x 2.8 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 3 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108360488>

Authenticity Check



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Application To Scan the Code

CID : 2307018335
Name : Mrs SHARDA UPADHYAY
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 10:08

IMPRESSION:

- **CHOLELITHIASIS WITHOUT CHOLECYSTITIS.**

Advice: Clinical co-relation sos 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 GAURI VARMA before dispatch.

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

AREAS OF SPECIAL EXPERTISE

022-6170-0000

022-6170-0000

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108360488>

REG NO. : 2307018335	SEX : FEMALE
NAME : MRS. SHARDA UPADHYAY	AGE : 40 YRS
REF BY : -----	DATE: 11.03.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	38	mm
LVIDS	22	mm
LVEF	60	%
IVS	11	mm
PW	6	mm
AO	19	mm
LA	39	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.SHARDA UPADHYAY

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A-0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.7 m/s, PG 11.7 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.