

**PHYSICAL EXAMINATION REPORT**

Patient Name	Meelan Pednekar	Sex/Age	F / 44
Date	11/3/23	Location	Thane

**History and Complaints**

Dm Since - 2022  
fatty liver

**EXAMINATION FINDINGS:**

Height (cms):	157	Temp (0c):	Afebr
Weight (kg):	57	Skin:	MAO
Blood Pressure	110/32	Nails:	-ll
Pulse	92/4	Lymph Node:	NP

**Systems :**

Cardiovascular:	] MAO
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

↑ ESR (39)  
HbA1c - Pre Diabetic  
↓ HDL ; ↑ LDL  
↑ GammaGt

USG - Fatty Liver

2D EHO  
mild  
LVH.

**Advice:**

- Low Fat, Low sugar Diet  
- Reg. Exercise  
- Repeat Sugar Profile after 6 Months.

1)	Hypertension:	
2)	IHD	NO
3)	Arrhythmia	
4)	Diabetes Mellitus	Yes Since 2022
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	
10)	GI system	h/o fatty liver / no ang C/o
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	NO
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	Breast fibroadenoma removed in 2010
17)	Musculoskeletal System	NAD

**PERSONAL HISTORY:**

1)	Alcohol	M
2)	Smoking	NO
3)	Diet	mixed
4)	Medication	T. Glucomeal (Ayunreic)

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



NAME: - Meelan Pednekar  
AGE / SEX :- F / 55  
REGN NO :-  
REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Regular, LMP 15/2
- PAST MENSTRUAL HISTORY :- Regular
- OBSTETRIC HISTORY :- G<sub>3</sub> P<sub>2</sub> A<sub>1</sub>
- PAST HISTORY :- Ca-T insertion (4 yrs back) 2 NVD
- PREVIOUS SURGERIES :- Nil
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

H/O -  
(milk Accumulation)  
Lumps in  
Rt. Breast

For Lumps in Rt. Breast

0000-0118 5500

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

For DM

| (2)

**PERSONAL HISTORY :-**

TEMPERATURE :-

(2)

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

- Tenderness / lump in Lt. Breast(?)

PER ABDOMEN :-

| NAD

PRE VAGINAL:-

RECOMMENDATION :-

- Mammography

**Dr. Manasa Karni**  
**M.B.B.S**  
**2005/09/3439**



022-6170-0000



Date:- 11/10/23 CID:  
Name:- Meelan Pednekar Sex / Age: F / 44

**EYE CHECK UP**

Chief complaints: RCO

Systemic Diseases: xcl

Past history: Hll.

Unaided Vision: BC 9/6 NV 12N.18

Aided Vision: BC 6/6 NV 12N.6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: isc over specks

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



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CID : 2307018102  
Name : MS.MEELAN GIRISH PEDNEKAR  
Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 08:19  
Reported : 11-Mar-2023 / 12:02

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.2	36-46 %	Measured
MCV	86.3	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5470	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.7	20-40 %	
Absolute Lymphocytes	1679.3	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	382.9	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	3210.9	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	191.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	324000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	9.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Reported : 11-Mar-2023 / 11:48

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 39 2-20 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*J. Mujawar*

Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist

022-6170-0000

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Reported : 11-Mar-2023 / 14:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.6	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  
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*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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Reported : 11-Mar-2023 / 12:10

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	107	>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	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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Pathologist





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Collected : 11-Mar-2023 / 08:19  
Reported : 11-Mar-2023 / 19:29

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



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

0000-6170-0000

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Collected : 11-Mar-2023 / 08:19  
Reported : 11-Mar-2023 / 13:53

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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\*\*\* End Of Report \*\*\*

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*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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	185.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.4	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	35.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	149.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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OUR PRESENCE



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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	1.39	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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*Amit Taori*

**Dr.AMIT TAORI**  
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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	0.28	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	46.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	61.9	35-105 U/L	PNPP

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\*\*\* End Of Report \*\*\*

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OUR PRESENCE



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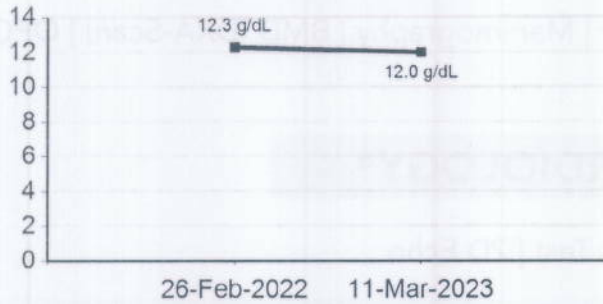
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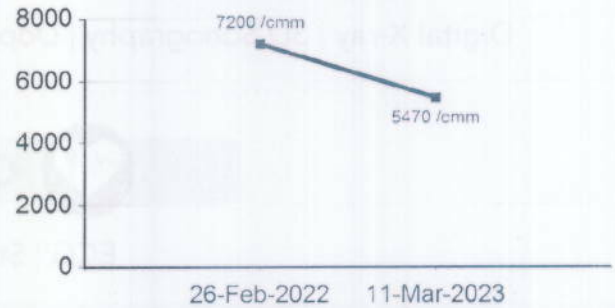


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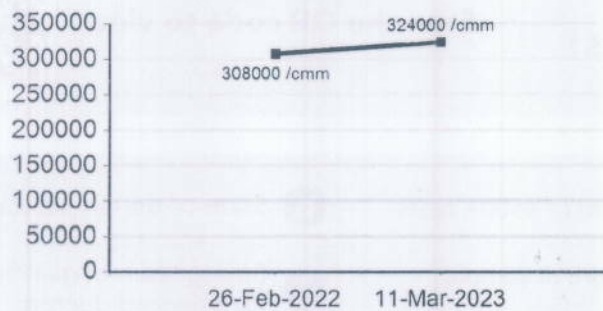
**Haemoglobin**



**WBC Total Count**



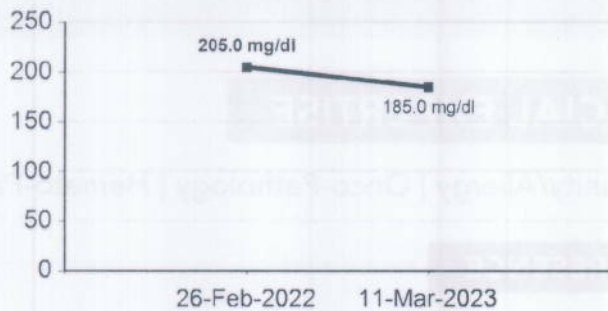
**Platelet Count**



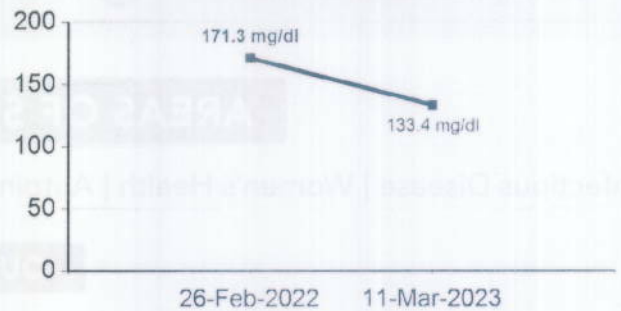
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**





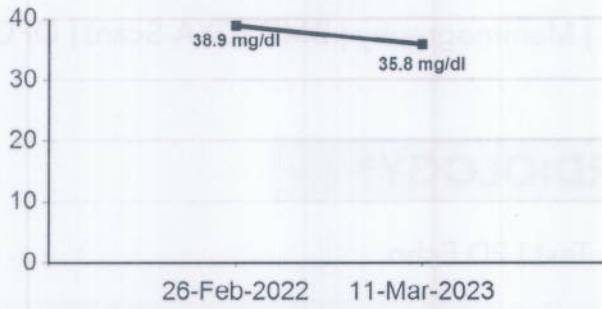
Authenticity Check



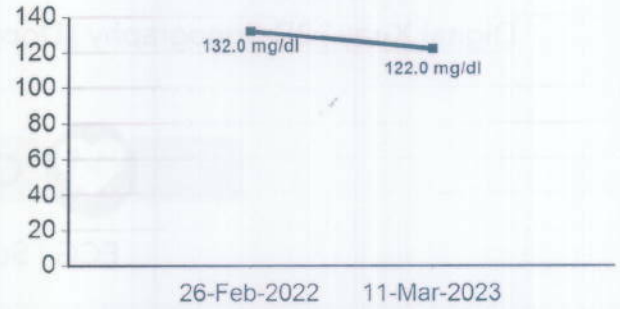
Use a QR Code Scanner Application To Scan the Code

CID : 2307018102  
 Name : MS.MEELAN GIRISH PEDNEKAR  
 Age / Gender : 44 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

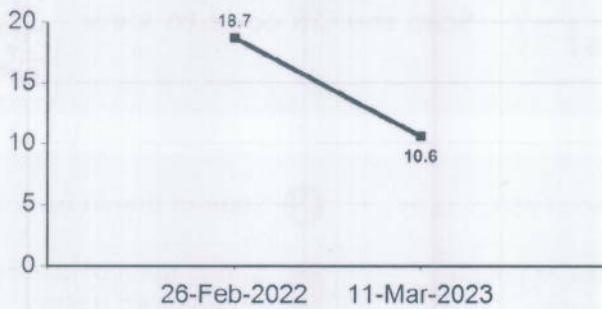
**HDL CHOLESTEROL**



**LDL CHOLESTEROL**



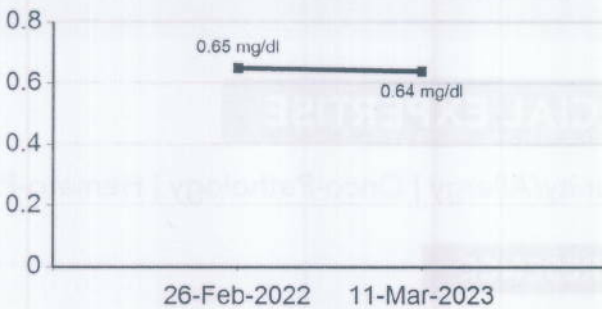
**BLOOD UREA**



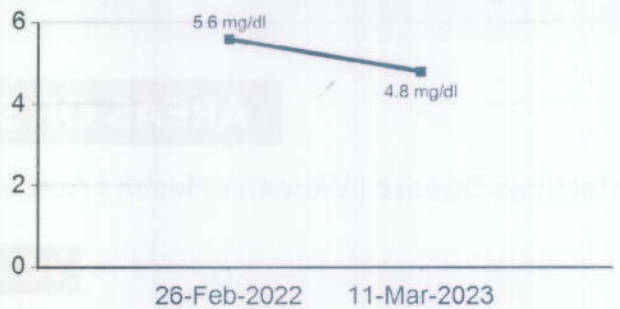
**BUN**



**CREATININE**



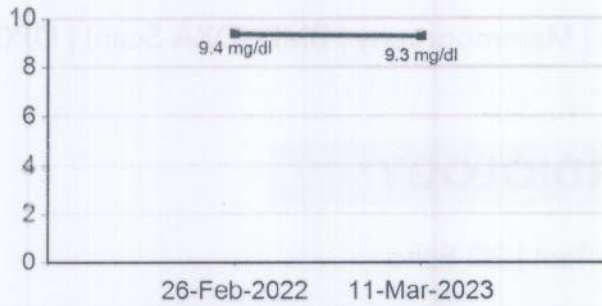
**URIC ACID**



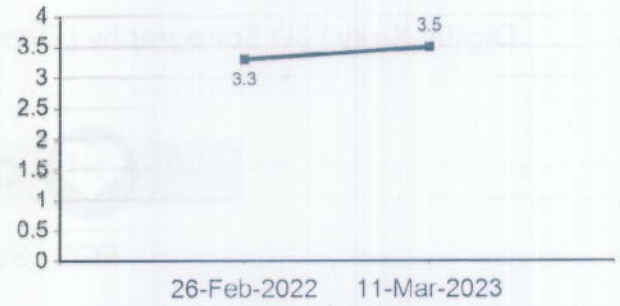


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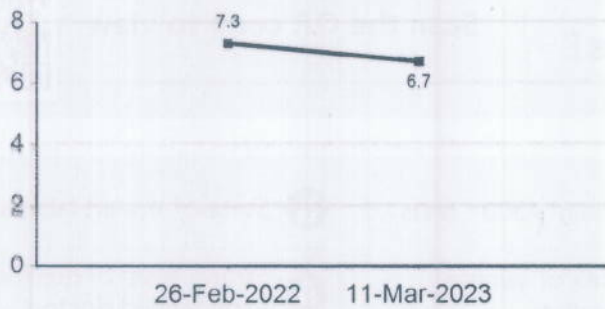
**CALCIUM**



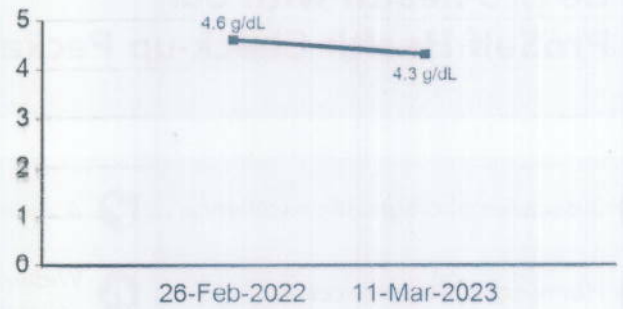
**PHOSPHORUS**



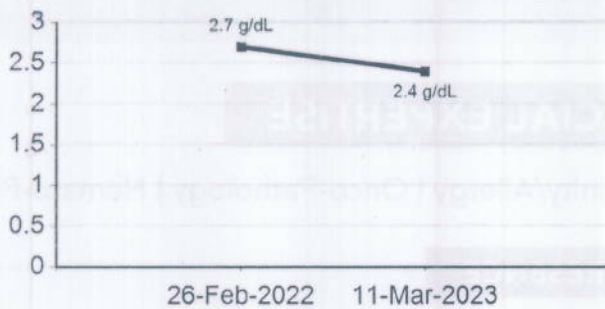
**TOTAL PROTEINS**



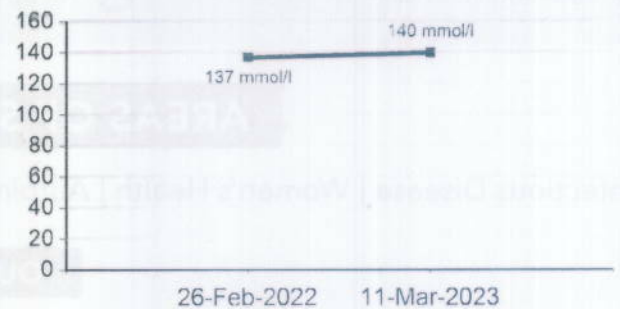
**ALBUMIN**



**GLOBULIN**



**SODIUM**





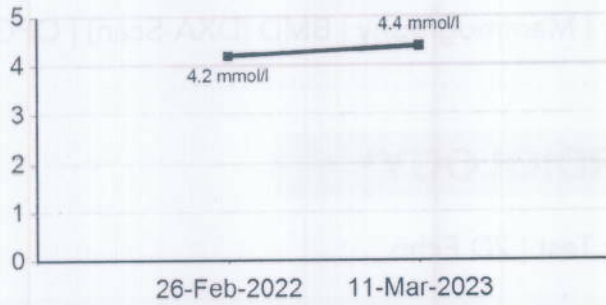
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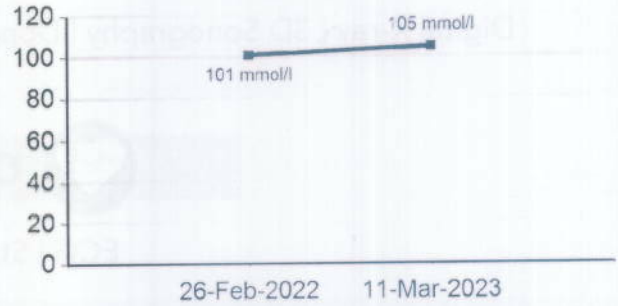
Use a QR Code Scanner Application To Scan the Code

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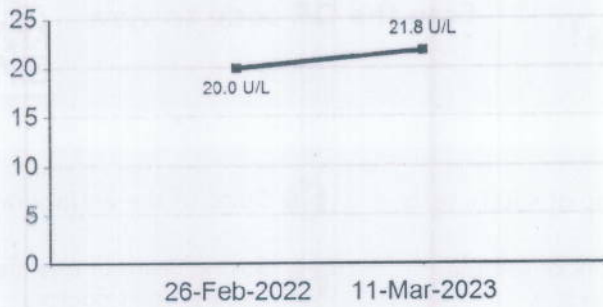
**POTASSIUM**



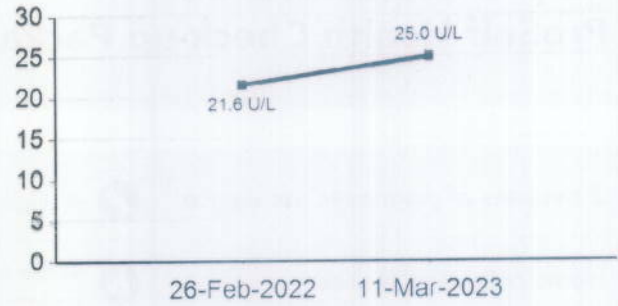
**CHLORIDE**



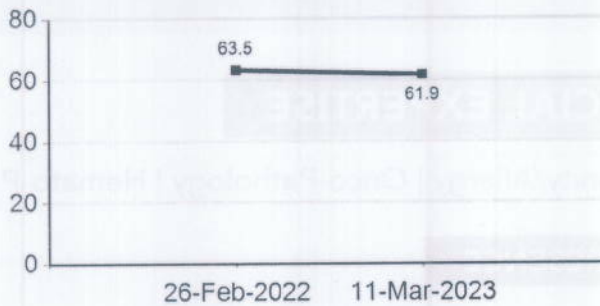
**SGOT (AST)**



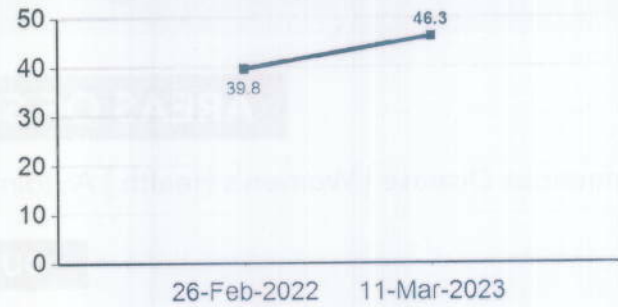
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**



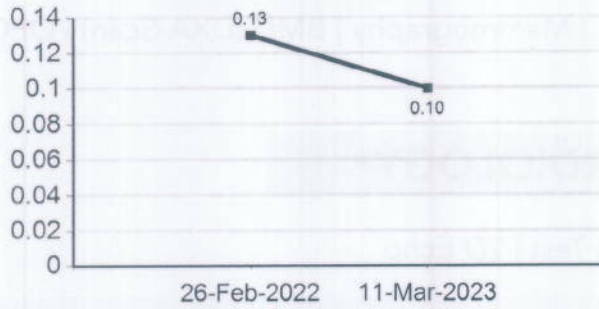
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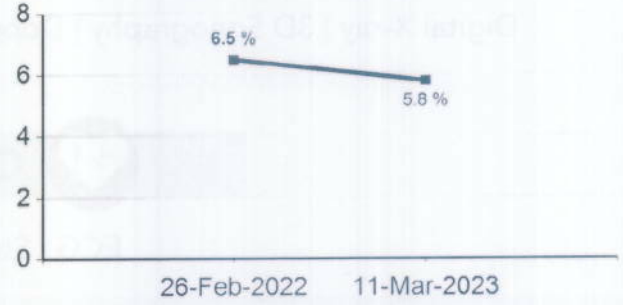
Use a QR Code Scanner Application To Scan the Code

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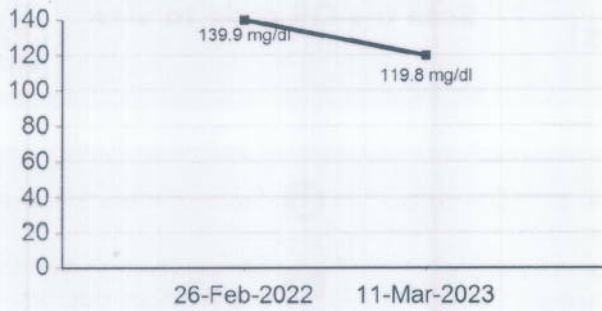
**BILIRUBIN (DIRECT)**



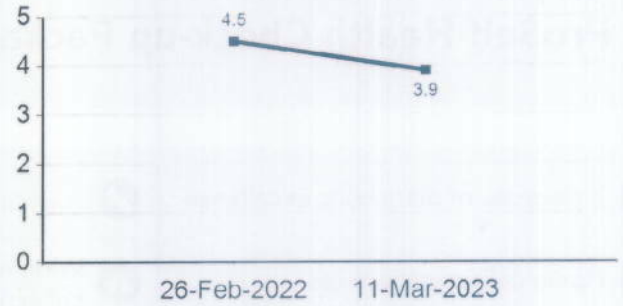
**Glycosylated Hemoglobin (HbA1c)**



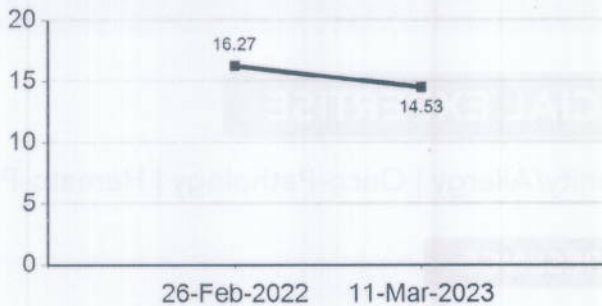
**Estimated Average Glucose (eAG)**



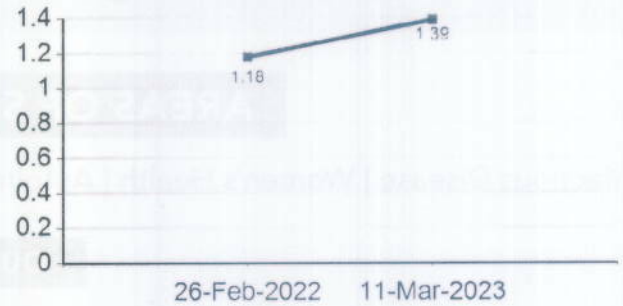
**Free T3**



**Free T4**



**sensitiveTSH**







Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2307018102  
**Name** : Ms MEELAN GIRISH PEDNEKAR  
**Age / Sex** : 44 Years/Female  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 11-Mar-2023  
**Reported** : 11-Mar-2023 / 14:05

**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-----

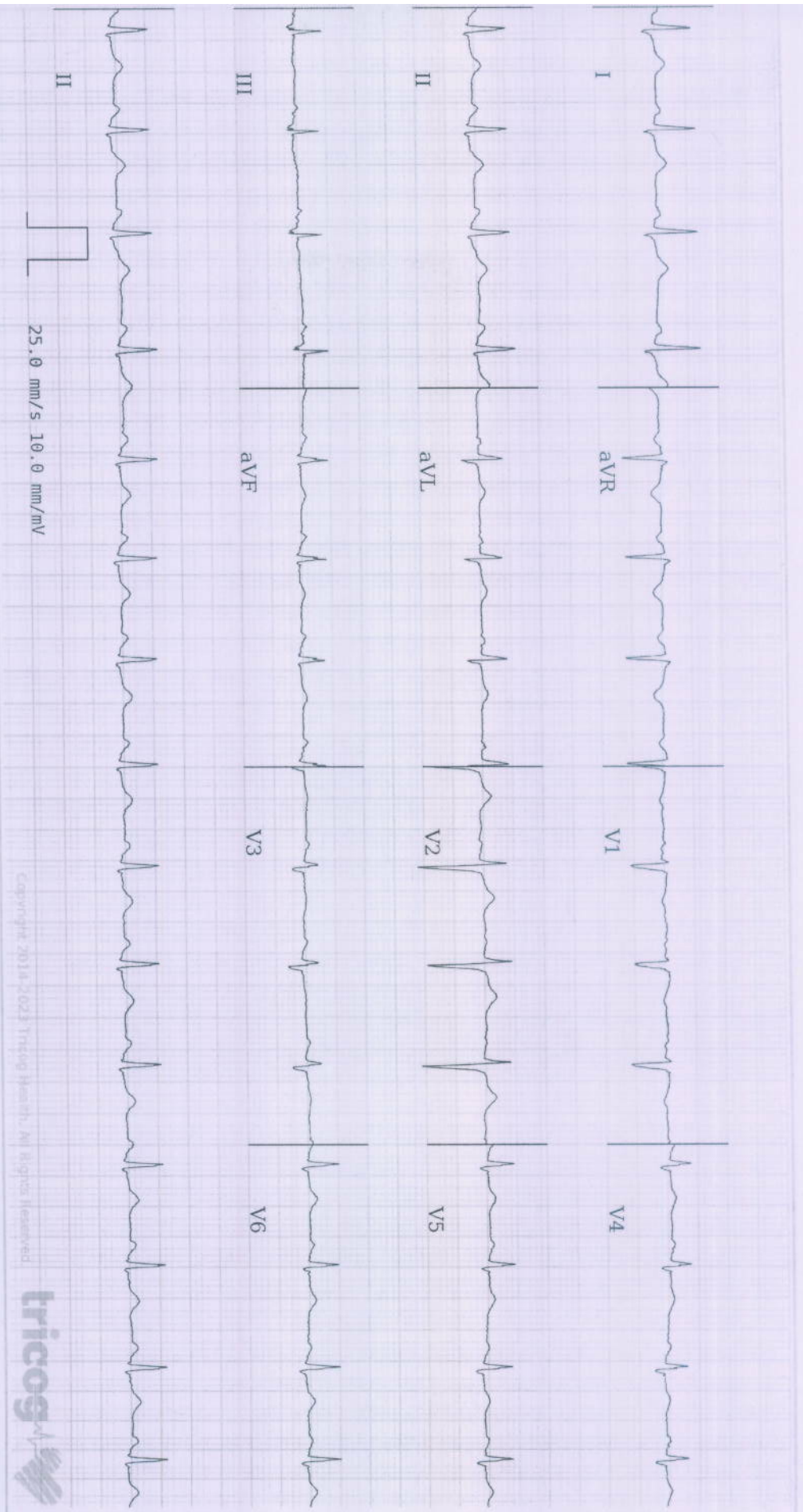
**This report is prepared and physically checked by DR GAURI VARMA before dispatch.**

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

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108151442>

Page no 1 of 1

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
 Patient Name: **MEELAN GIRISH PEDNEKAR** Date and Time: **11th Mar 23 9:24 AM**  
 Patient ID: **2307018102**



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Age **44** 3 24  
 years months days

Gender **Female**

Heart Rate **92bpm**

Patient Vitals

BP: 110/70 mmHg  
 Weight: 57 kg  
 Height: 157 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others:

Measurements

QRSD: 92ms  
 QT: 360ms  
 QTc: 445ms  
 PR: 128ms  
 P-R-T: 45° 48° 31°

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

REPORTED BY

DR SHAILAMA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Reg. No. : 2829709377	Sex : FEMALE
NAME : MRS.MEELAN PEDNEKAR	Age : 44YRS
Ref. By : -----	Date : 11.03.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears enlarged in size (16.5 cm) and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.4 x 3.4 cm. Left kidney measures 9.6 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 8.2 x 3.9 x 4.3 cm. Uterine myometrium shows homogenous echotexture. IUCD seen in situ. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:**

**HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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.

**Advice:** Clinical co-relation and further evaluation.

*Dr. Devendra Patil*  
**DR. DEVENDRA PATIL**  
**MD (RADIO DIAGNOSIS)**  
**(CONSULTANT RADIOLOGIST)**

Reg. No. : 2829709377	Sex : FEMALE
NAME : MRS.MEELAN PEDNEKAR	Age : 44 YRS
Ref. By : -----	Date :11.03.2023

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

LVIDD	42	mm
LVIDS	23	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	14	mm
LA	22	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 - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

OUR PRESENCE

022-6170-0000



PATIENT NAME : MRS.MEELAN PEDNEKAR

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.9 m/s, A- 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.2 m/s, PG 5.7 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.**

Reg. No. : 2307018102	Sex : FEMALE
NAME : MRS.MEELAN GIRISH PEDNEKAR	Age : 44 YRS
Ref. By : -----	Date : 11.03.2023

**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.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts.

**Calcifications are noted in both breast.**

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. No significant axillary lymphadenopathy is seen.


**IMPRESSION:**

**CALCIFICATIONS ARE NOTED IN BOTH BREAST.**

**ACR BIRADS CATEGORY II BOTH BREASTS.**

**Suggest ciinical 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)**