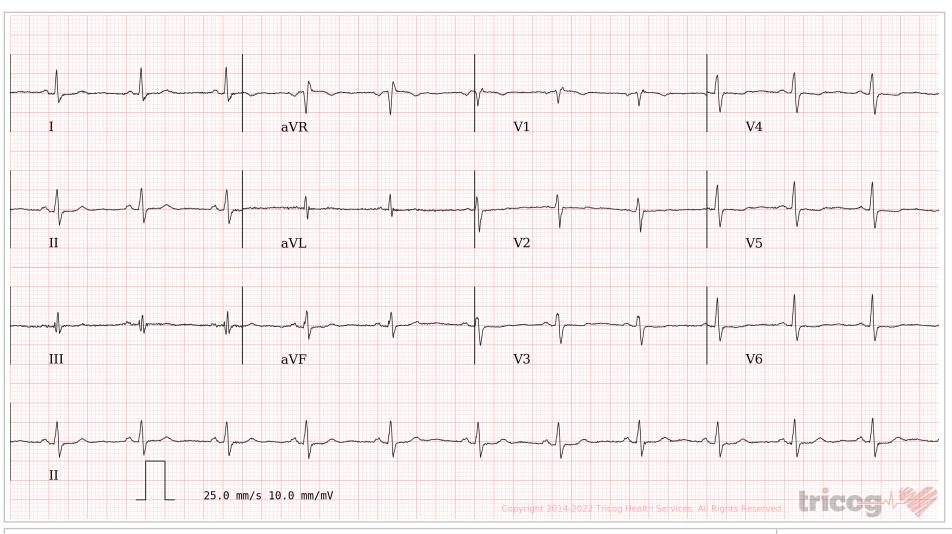
# SUBURBAN DIAGNOSTICS PRECISE TESTING HEALTHIER LIVING

## SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: VEENA VIJAY SHETTY Date and Time: 12th Feb 22 12:21 PM

Patient ID: 2204331985



Age 44 6 3 years months days

Gender Female

Heart Rate 71 bpm

#### **Patient Vitals**

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

#### Measurements

QSRD: 106 ms
QT: 384 ms
QTc: 417 ms
PR: 134 ms
P-R-T: 44° 35° 61°

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

REPORTED BY

8

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 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.



Name : Mrs VEENA VIJAY SHETTY

Age / Sex : 44 Years/Female

Ref. Dr :

Reg. Location : G B Road, Thane West Main Centre

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**Reported** : 12-Feb-2022 / 11:34

USG WHOLE ABDOMEN

Reg. Date

<u>LIVER:</u> *Liver appears enlarged in size(17.1cm) and shows increased echoreflectivity.* There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is contracted. (Not evaluated)

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

**PANCREAS**: Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures  $10.1 \times 3.8 \text{ cm}$ . Left kidney measures  $10.1 \times 4.4 \text{ cm}$ . 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.

<u>UTERUS:</u> Uterus is anteverted and measures  $6.7 \times 4.6 \times 4.5$  cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.9 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

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## **IMPRESSION:**

• MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION.

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 interobserver variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

<u> Advice:Clinical co-relation and </u>	<u>further evaluation.</u>
•	
	End of Report

Dr. Devendra Patil MBBS, MD ( Radio-Diagnosis) Consultan Radiologist MMC - 2013/02/0165

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: 12-Feb-2022 / 10:42

## X-RAY CHEST PA VIEW

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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.

Dr. Devendra Patil MBBS, MD ( Radio-Diagnosis) Consultan Radiologist MMC - 2013/02/0165

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

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.26	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.2	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8300	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	2631.1	1000-3000 /cmm	Calculated
Monocytes	4.3	2-10 %	
Absolute Monocytes	356.9	200-1000 /cmm	Calculated
Neutrophils	61.0	40-80 %	
Absolute Neutrophils	5063.0	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	249.0	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	294000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

### **RBC MORPHOLOGY**

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

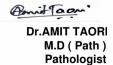
ESR, EDTA WB 2-20 mm at 1 hr. Westergren

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Name : MRS. VEENA VIJAY SHETTY

Age / Gender : 44 Years / Female

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**METHOD** 

Hexokinase

Hexokinase

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## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **BIOLOGICAL REF RANGE**

GLUCOSE (SUGAR) FASTING.

GLUCOSE (SUGAR) PP, Fluoride 104.5

Fluoride Plasma

Plasma PP/R

**PARAMETER** 

101.7

**RESULTS** 

Non-Diabetic: < 100 mg/dl

Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Non-Diabetic: < 140 mg/dl

Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent** 

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**Dr.AMIT TAORI** M.D (Path) **Pathologist** 

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## :12-Feb-2022 / 18:55

## MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

Diabetic Level: >/= 6.5 %

#### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD Glycosylated Hemoglobin **HPLC** 5.8 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Estimated Average Glucose 119.8 mg/dl Calculated

(eAG), EDTA WB - CC

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	0-2/hpf	

Absent

Crystals **Absent Absent** Amorphous debris Absent Absent

Absent

2-3

Bacteria / hpf 3-4 Less than 20/hpf

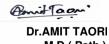


Epithelial Cells / hpf

Casts







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## :12-Feb-2022 / 13:11

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

PARAMETER RESULTS

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.

#### Refernces:

- 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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Dr.AMIT TAORI M.D ( Path )

**Pathologist** 

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	163.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	98.6	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	48.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	20.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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

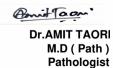
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	23.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.3	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	4.1	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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Age / Gender : 44 Years / Female

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

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	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	6.89	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

Kindly correlate clinically.

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Name : MRS. VEENA VIJAY SHETTY

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:12-Feb-2022 / 13:36 Reg. Location : G B Road, Thane West (Main Centre) Reported



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

#### Clinical Significance:

- 1)TSH Values between 5.5 to 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 trasiently altered becuase 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 no thyroidal illness, TSH Resistance.	
High	Low	Low	ypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosin nase 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 int pregnancy related (hyperemesis gravidarum, hydatiform mole)	
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroida 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: 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.

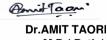
#### Reference:

- 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**

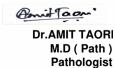
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.18	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.08	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	11.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	11.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	75.3	35-105 U/L	PNPP

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









ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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