



CID : 2308912616
Name : MRS.VANDANA PATIL
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 08:39
Reported : 30-Mar-2023 / 12:26

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

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|----------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 13.5 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.05 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 41.9 | 36-46 % | Measured |
| MCV | 83 | 80-100 fl | Calculated |
| MCH | 26.7 | 27-32 pg | Calculated |
| MCHC | 32.2 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.1 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7430 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 19.9 | 20-40 % | |
| Absolute Lymphocytes | 1478.6 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.6 | 2-10 % | |
| Absolute Monocytes | 564.7 | 200-1000 /cmm | Calculated |
| Neutrophils | 70.9 | 40-80 % | |
| Absolute Neutrophils | 5267.9 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.5 | 1-6 % | |
| Absolute Eosinophils | 111.5 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 7.4 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 219000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.3 | 6-11 fl | Calculated |
| PDW | 16.8 | 11-18 % | Calculated |

RBC MORPHOLOGY



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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 13 2-30 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 30-Mar-2023 / 19:48

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 109.2 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 122.4 | 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 Borivali Lab, Borivali West
*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist





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Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 08:39
Reported : 30-Mar-2023 / 14:12

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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 | 17.6 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.2 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.77 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 84 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.7 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| URIC ACID, Serum | 5.6 | 2.4-5.7 mg/dl | Enzymatic |
| PHOSPHORUS, Serum | 3.9 | 2.7-4.5 mg/dl | Molybdate UV |
| CALCIUM, Serum | 10.0 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 142 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.7 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 103 | 98-107 mmol/l | ISE |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

Dr.KETAKI MHASKAR
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 | 5.4 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 108.3 | mg/dl | Calculated |

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 08:39
Reported : 30-Mar-2023 / 15:42

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------------------------|-------------|----------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 7.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 3-4 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 4-5 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | +(>20/hpf) | Less than 20/hpf | |
| Others | - | | |

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 Borivali Lab, Borivali West

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



MC-2111



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 30-Mar-2023 / 13:10

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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 | B |
| Rh TYPING | Positive |

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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 SDRL, Vidyavihar Lab
*** End Of Report ***

Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist





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Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 08:39
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 198.3 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 115.8 | 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 | 48.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 150.0 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 127.0 | 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 | 23.0 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.1 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



MC-2111



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Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 30-Mar-2023 / 08:39
Reported : 30-Mar-2023 / 13:54

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|---|---------------|
| Free T3, Serum | 4.6 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.5 | 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 | 2.58 | 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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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Reported : 30-Mar-2023 / 13:54

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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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-----------------------------|----------------|-----------------------------|------------------|
| BILIRUBIN (TOTAL), Serum | 0.77 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.33 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.44 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.7 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 20.7 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 19.5 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 20.5 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 137.8 | 35-105 U/L | Colorimetric |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tarisq Jeweller, J. T. Road,
Borivali (West), Mumbai - 400 092.



भारत सरकार
GOVERNMENT OF INDIA



वंदना उदय पाटील
Vandana Uday Patil
जन्म तारीख / DOB: 03/03/1971
शुभिका / FEMALE



3408 9146 3790

माझे आधार, माझी ओळख

(Patil)



CID : 2308912616
Name : Mrs VANDANA PATIL
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 13:54

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033008342228>

Date:- 30/03/2023
Name:- Vandana Patil

CID: 2308912616
Sex / Age: F / 52

EYE CHECK UP

Chief complaints: Nil
Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R/E NG L/E NG
Aided Vision: R/E 6/9 L/E 6/9
Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elevation,
Above Taniso Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

Date 30/3/23

Sex / Age 52 / F

Lab # :

Name : Mrs. Vandana Patel

GYNAEC EXAMINATION REPORT

PERSONAL HISTORY

CHIEF COMPLAINTS

MARITAL STATUS

: Married

MENSTRUAL HISTORY

(1) MENARCHE 13 yrs

(2) PRESENT MENSTRUAL HISTORY

→ Hysterectomy done Apr. 2022

(3) PAST MENSTRUAL HISTORY

OBSTETRIC HISTORY

G₃ P₂ A₁ L₂

→ menorrhagia

(♂ 25 yrs)

(♂ 20 yrs)

PTWA

PAST HISTORY -

PREVIOUS SURGERIES

→ Hysterectomy - 2022 Apr. (C/O fibroids + endo metrisis)

ALLERGIES

no.

→ salivary gland

benign tumour

2012

+ bleeding ⊕ ⊕

FAMILY HISTORY

nil.

DRUG HISTORY

no.

BOWEL HABITS

reg.

BLADDER HABITS

no.

Lab # :

Sex / Age 52 / F.

Date 30/8/23

Name : Mrs. Vandana Patel

GYNAEC EXAMINATION REPORT

GENERAL EXAMINATION

TEMPERATURE : afels
PULSE :
BP :
Per Abdomen : soft, NT.
Per vaginal :

RS : AEBE. Clear.
CVS : S₁S₂ (10)
Breasts : NAD - Both
Breasts

RECOMMENDATIONS

ADVISE :


DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST

| | |
|-----------------------------------|------------------|
| CID NO: 2308912616 | |
| PATIENT'S NAME: MRS.VANDANA PATIL | AGE/SEX: 52 Y/F |
| REF BY: ----- | DATE: 30/03/2023 |

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

| | |
|-----------------------------------|------------------|
| PATIENT'S NAME: MRS.VANDANA PATIL | AGE/SEX: 52 Y/F |
| REF BY: ----- | DATE: 30/03/2023 |

| | |
|------------------------|----------|
| 1. AO root diameter | 3.0 cm |
| 2. IVSd | 1.3 cm |
| 3. LVIDd | 4.5 cm |
| 4. LVIDs | 1.9 cm |
| 5. LVPWd | 1.3 cm |
| 6. LA dimension | 3.6 cm |
| 7. RA dimension | 3.6 cm |
| 8. RV dimension | 3.0 cm |
| 9. Pulmonary flow vel: | 1.0 m/s |
| 10. Pulmonary Gradient | 4.0 m/s |
| 11. Tricuspid flow vel | 1.4 m/s |
| 12. Tricuspid Gradient | 8 m/s |
| 13. PASP by TR Jet | 18 mm Hg |
| 14. TAPSE | 3.0 cm |
| 15. Aortic flow vel | 1.1 m/s |
| 16. Aortic Gradient | 8.8 m/s |
| 17. MV:E | 0.7 m/s |
| 18. A vel | 0.6 m/s |
| 19. IVC | 16 mm |
| 20. E/E' | 10 |


Impression:

Normal 2d echo study.

Disclaimer

Echocardiography may have inter/intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report


DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714



CID : 2308912616
Name : Mrs VANDANA PATIL
Age / Sex : 52 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 11:56

USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 11.2 x 4.3 cm. Left kidney measures 8.2 x 3.6cm. Both kidneys are normal in 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 not seen post operative status.

OVARIES: Both ovaries are not seen post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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Opinion:

Grade I fatty infiltration of liver .
For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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