SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs Deruben Solanki	Sex/Age	F/50
Date	13/5/23	Location	Thane

History and Complaints

C/o Pain in affected left leg (R) leg / knee pain
H/o # left foot - 1 month back

EXAMINATION FINDINGS:

Height (cms):	151	Temp (0c):	AFEB
Weight (kg):	53	Skin:	NAD
Blood Pressure	110/72	Nails:	
Pulse	88/min	Lymph Node:	NP

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

- HbA1C - PreDiabetic (5.1)
- ↓ Proteins
- ECG - Nonspecific STT changes

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Advice: - Protein Supplement.
- Low sugar Diet.
Repeat sugar profile after (6) Months.

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	NAD
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	Recent h/o # left foot/ arm Eg Pain in (R) knee

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	pure veg
4)	Medication	h/o # or left foot

Dr. Manasee Kulkarni
M.B.B.S.
2005/09/3489

SUBURBAN DIAGNOSTICS
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Authenticity Check

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REPORT

CID	: 2313318551		
Name	: MRS.DEVUBEN K SOLANKI		
Age / Gender	: 49 Years / Female		
Consulting Dr.	: -	Collected	: 13-May-2023 / 08:52
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 13-May-2023 / 11:55

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.72	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.6	36-46 %	Measured
MCV	75.5	80-100 fl	Calculated
MCH	25.5	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8580	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.9	20-40 %	
Absolute Lymphocytes	2565.4	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	471.9	200-1000 /cmm	Calculated
Neutrophils	61.4	40-80 %	
Absolute Neutrophils	5268.1	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	257.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	17.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	363000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	10.9	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-ESR	7	2-20 mm at 1 hr.	Sedimentation

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

*** End Of Report ***

ilac-MRA

MC-5314

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	137.3	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	

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	>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	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	67.1	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	52.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	93.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	12.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitive TSH, Serum	2.39	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	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 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 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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LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	13.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	56.2	35-105 U/L	PNPP

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Age / Sex	: 49 Years/Female		
Ref. Dr	:	Reg. Date	: 13-May-2023
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 13-May-2023 / 10:04

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023051308401480

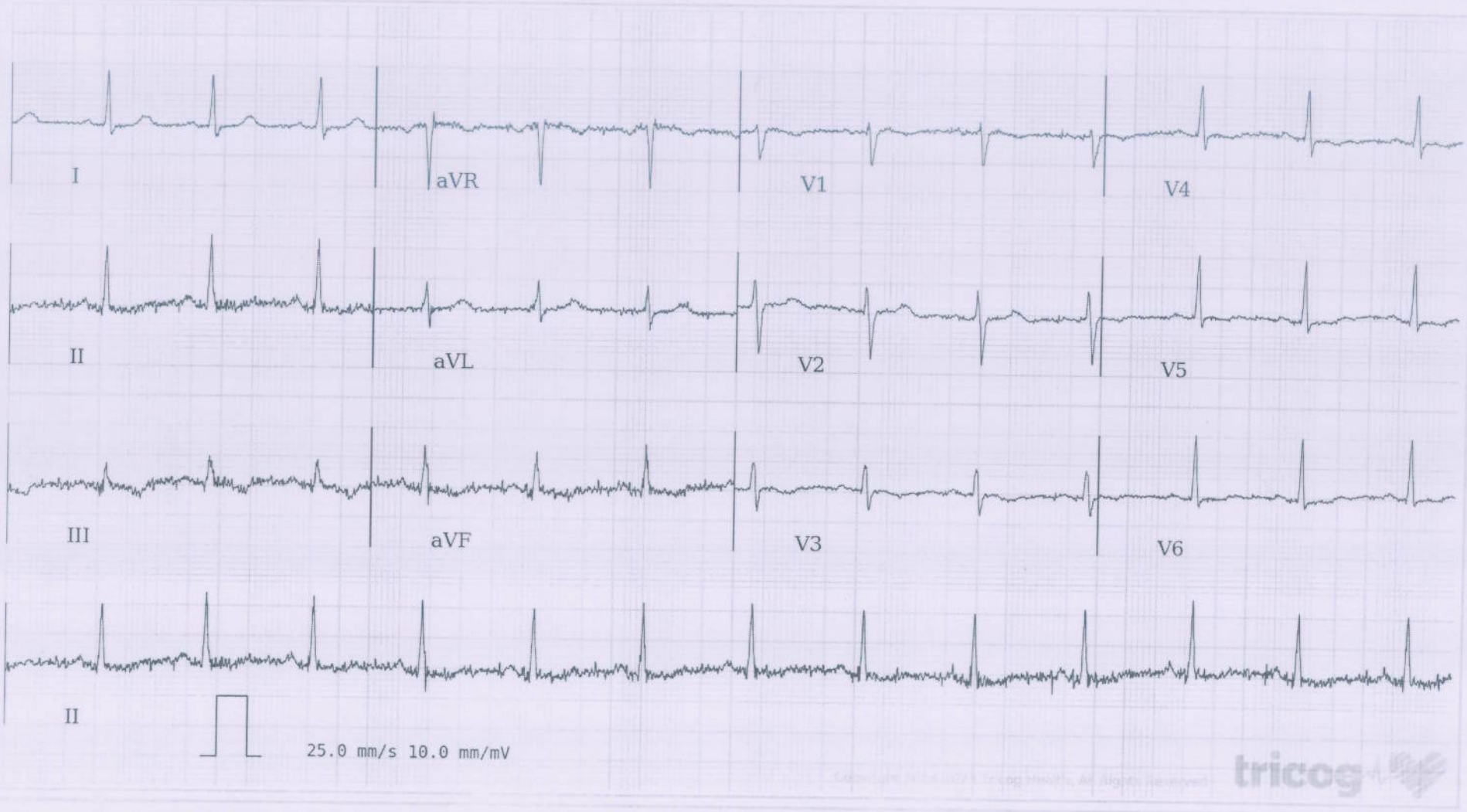
REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., 2nd Flr., Sunshine Bldg., Opp. Shastri Nagar, Nr. Lokhandwala Circle, Andheri (W), Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: DEVUBEN K SOLANKI
Patient ID: 2313318551

Date and Time: 13th May 23 9:43 AM



Age 49 years 4 months 12 days

Gender **Female**

Heart Rate **83bpm**

Patient Vitals

BP:	110/70 mmHg
Weight:	55 kg
Height:	151 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	76ms
QT:	370ms
QTcB:	434ms
PR:	150ms
P-R-T:	75° 50° 19°

Sinus Rhythm. Nonspecific ST T changes, Baseline Artifacts. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Reg. No. : 2313318551	**Sex : FEMALE**
NAME : MRS.DEVUBEN K SOLANKI	**Age : 49 YRS**
Ref. By : ----------	**Date : 13.05.2023**

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size 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 8.3 x 3.6 cm. Left kidney measures 8.3 x 3.5 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 bulky, retroverted and measures 8.8 x 5.4 x 5.6 cm. It shows 2.6 x 3.9 cm sized anterir wall subserosal fibroid.*** Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.2 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Reg. No. : 2313318551	Sex : FEMALE
NAME : MRS.DEVUBEN K SOLANKI	Age : 49 YRS
Ref. By : ----------	Date : 13.05.2023

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.
BULKY UTERUS WITH FIBROID.

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
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

REG NO :2313318551	SEX : FEMALE
NAME : MRS. DEVUBEN K SOLANKI	AGE : 50 YRS
REF BY : ----------	DATE:13 .05.2023

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LVIDD	46	mm
LVIDS	23	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	15	mm
LA	34	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.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT NAME : MRS. DEVUBEN K SALANKI

COLOR DOPPLER:

- Mitral valve doppler – E-1.0 m/s, A- 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.5 m/s, PG 10.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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

DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.