



CID : 2228119405
Name : MRS.PRITI KUMARI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 08-Oct-2022 / 08:48
Reported : 08-Oct-2022 / 14:06

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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>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.49	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.3	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5730	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.9	20-40 %	
Absolute Lymphocytes	1827.9	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	446.9	200-1000 /cmm	Calculated
Neutrophils	58.6	40-80 %	
Absolute Neutrophils	3357.8	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	74.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	22.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	161000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	21.5	11-18 %	Calculated



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RBC MORPHOLOGY

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 13 2-20 mm at 1 hr. Westergren

*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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	108.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.6	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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

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



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Collected : 08-Oct-2022 / 08:48
Reported : 08-Oct-2022 / 15:02

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	22.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	10.4	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.72	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	4.6	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.1	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.5	8.3-10.6 mg/dl	CPC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SODIUM, Serum	137	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum 4.0 3.5-5.1 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum 102 98-107 mmol/l IMT

Kindly note change in Ref range and method w.e.f.11-07-2022

*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



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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



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**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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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 ***



J. Thakker

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



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Reported : 08-Oct-2022 / 15:31

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	227.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	323.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	34.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	192.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	145.8	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	Colorimetric
VLDL CHOLESTEROL, Serum	46.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Reg. Location : Kandivali East (Main Centre)

Collected : 08-Oct-2022 / 08:48
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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	5.5	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.0	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.479	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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



Anupa

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



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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	0.41	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.27	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	22.2	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	26.6	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	21.0	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	70.8	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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Anupa

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

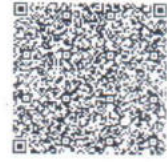


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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 12:21

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. FAIZUR KHILJI** before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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Authenticity Check



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Reg. Location : Kandivali East Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 9:47

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.1 x 3.6 cm. Left kidney measures 10.8 x 5.3 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.6 x 5.4 x 4.0 cm in size. The endometrial thickness is 7.5 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 3.1 x 2.2 x 1.9 cm (volume-7.3 cc)

Left ovary = 3.0 x 2.6 x 2.4 cm (volume-10.0 cc)

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Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 9:47

IMPRESSION:-

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

**Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist**

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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• PATIENT NAME : MRS PRITI KUMARI	• SEX : FEMALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 41 YEARS
• CID NO : 2228119405	• DATE : 08/10/2022

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- Trivial aortic regurgitation present
- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 24 mm and 20 mm respectively.
- PASP by TR jet measured to 18 mm Hg.
- Visual LVEF of 70 %.

MEASUREMENTS:

IVS d (mm)	08	EDV (ml)	97	Ao (mm)	31
IVS s (mm)	14	ESV (ml)	28	LA (mm)	36
LVIDd (mm)	46	SV (ml)	69	EPSS (mm)	01
LVIDs (mm)	27	FS (mm)	35	EF SLOPE (ml/s)	99
Pwd (mm)	08	EF (%)	70	MV (mm)	22
Pws (mm)	13				

Conti....2

• PATIENT NAME : MRS PRITI KUMARI	• SEX : FEMALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 41 YEARS
• CID NO : 2228119405	• DATE : 08/10/2022

DOPPLER: Mitral E / A

Mitral (m/s)	0.6	Aortic (m/s)	1.17
Tricuspid (m/s)	0.7	Pulmonary (m/s)	1.01

TDI

Septal e' = 0.1 m/s

Lateral e' = 0.1 m/s

Septal a' = 0.06 m/s

Lateral a' = 0.06 m/s

Septal s' = 0.05 m/s

Lateral s' = 0.06 m/s

Septal E/e' = 06



Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

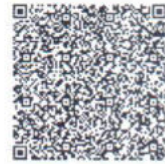
Cert in 2 D Echo & Doppler Studies

Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2228119405
Name : Mrs PRITI KUMARI
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 16:56

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation (Type D).

No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category - I (Negative).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

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Use a QR Code Scanner
Application To Scan the Code

CID : 2228119405
Name : Mrs PRITI KUMARI
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 16:56

ACR BIRADS CATEGORY

- I. Negative.
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have interobserver variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the Mammography findings and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2022100808382295
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DENTAL CHECK - UP

Name:- *Prati Kumari*

CID : *2228119405* Sex / Age : *F / 40*

Occupation:-

Date: *8 / 10 / 2022*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral Symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
 - b) Hard Tissue Examination: *- . sts Impacted*
 - c) Calculus: *Incipient Caries on molars 7/6*
- Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) *Filling for incipient caries*

Provisional Diagnosis:-

- NIL-

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (East),
Mumbai - 400101.
Tel : 61700000

DR. BHUMIK PATEL
(B.D.S) A - 23378

DR Bhunik Patel
[Signature]

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Date:- 8/10/22

CID: 222819405

Name:- Mrs. Parthi Kumari

Sex/Age: F/40

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: NO H/O S/I

Past history: NO H/O Diabetes Mellitus

H/O gl not biogical

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction:

COMS! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Plano	→	→	6/6	Plano	→	→	6/6
Near	+2.0	→	→	6/6	+2.0	→	→	6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Agreed Pt.

KAJAL NAGRECHA
OPTOMETRIST
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
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Name : Pooja Kumari Age / Gender - 41/F
Dr. : Date : - 8/10/22

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS :

MARITAL STATUS :

(N)
married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ - 13/14 yrs

(ii) PRESENT MENSTRUAL HISTORY :

Reg

(iii) PAST MENSTRUAL HISTORY :

: 27/9/22

OBSTETRIC HISTORY :

G3 P2 L2 A1

PAST HISTORY :

: NO

PREVIOUS SURGERIES :

Uterus - 2011, Lap. T.L. 2014

ALLERGIES :

: NO

FAMILY HISTORY :

: Father - HAN, DM, mother - HAN

DRUG HISTORY :

- (N)

BOWEL HABITS :

BLADDER HABITS :

1 (N)

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

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

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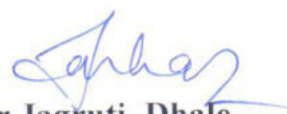
Name :	Age / Gender
Dr. :	Date :

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

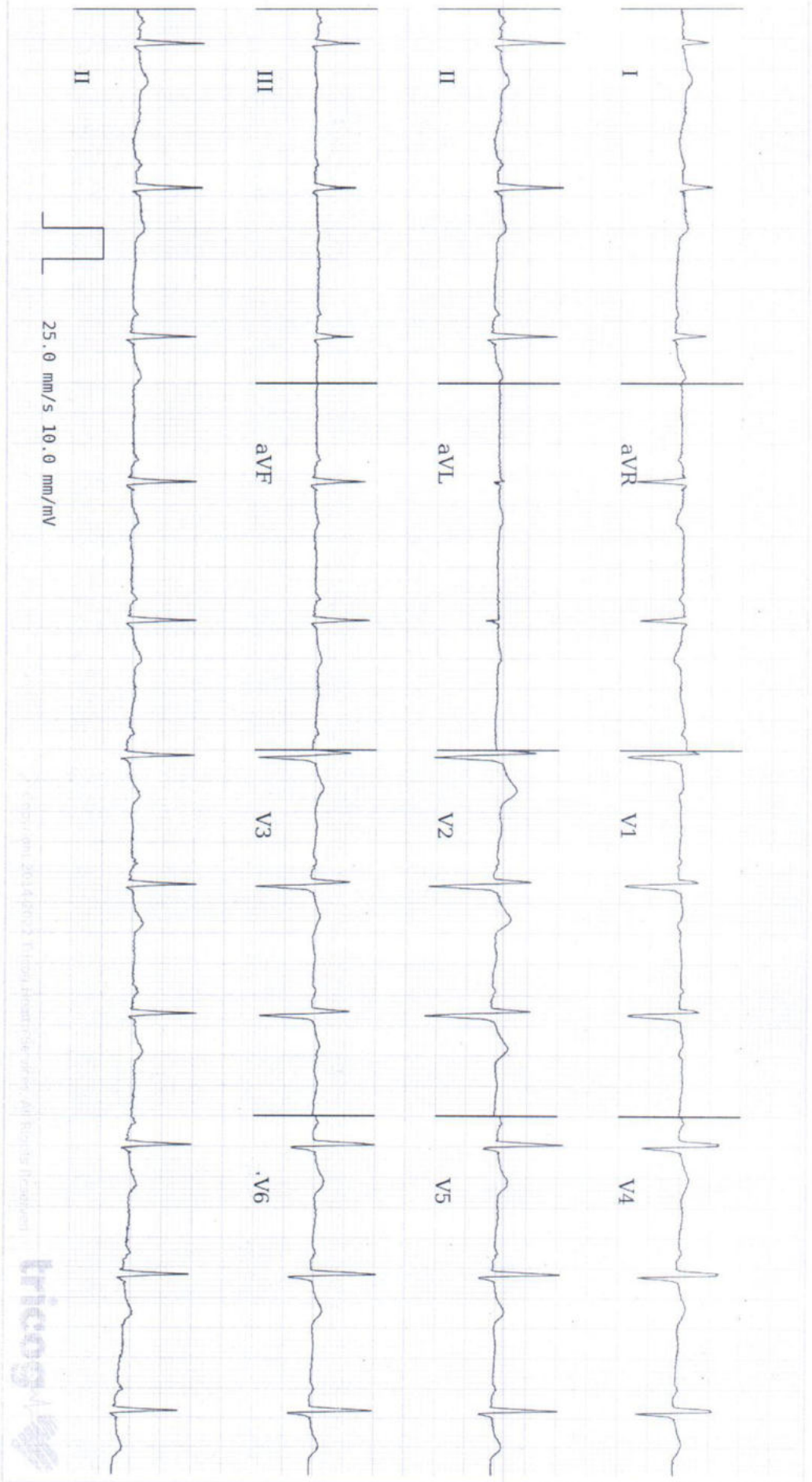
TEMPERATURE : (P)
PULSE : 72/mt
BP : - 140/80
RS :
CVs : (MAD)
Breasts : - MAD
Per Abdomen : - MAD, scan of liver healthy, umbilical hernia (P)
Per vaginal
Pls - Co Healthy
- white discharge (P)
RECOMMENDATIONS

ADVISE :


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

Patient Name: **PRITI KUMARI**
Patient ID: **2228119405**

Date and Time: **8th Oct 22 10:08 AM**



Age **41** **8** **3**
years months day

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP: **140/80 mmHg**
Weight: **67 kg**
Height: **168 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **92ms**
QT: **386ms**
QTc: **407ms**
PR: **144ms**
P-R-T: **58° 66° 35°**

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

REPORTED BY

[Signature]

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Tel : 61700690

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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) Significant vitals are as entered by the clinician and not derived from the ECG.