

Name : MRS.RENU PARDEEP KUMAR

Age / Gender : 40 Years/Female

Consulting Dr. :

Collected : 17-Oct-2024 / 08:05

Reg.Location : Kandivali East (Main Centre)

Reported : 18-Oct-2024 / 08:14

PHYSICAL EXAMINATION REPORT

History and Complaints:

Hypothyroid since 10 yrs,varicose veins.

EXAMINATION FINDINGS:

Height (cms): 163 cms

Weight (kg): 66 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 100/70

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

9784
USG - fatty liver gr I

ADVICE:

- low fatty diet
endocrinologist opinion

Name : MRS.RENU PARDEEP KUMAR

Age / Gender : 40 Years/Female

Consulting Dr. :

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CHIEF COMPLAINTS:

- | | |
|--|----------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | T.L 2019 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Yes |

*** End Of Report ***

Dr. Jagruti Dhale

MBBS

Consultant Physician

Reg. No. 69548

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

Jagruti Dhale
Dr.JAGRUTI DHALE

Date: - 19/10/2024

CID: 2429113342

Name: - Mrs. Renu kumar

Sex/Age: 40/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/9	-	-	-	6/12
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

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Thakur Village, Kandivall (east),
Mumbai - 400101.
Tel : 61700068

CID : 2429113347
Name : Mrs Renu pardeep kumar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 17-Oct-2024
Reported : 17-Oct-2024 / 15:32

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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 speculated 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.

[Click here to view images <<ImageLink>>](#)

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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.

ACR BIRADS CATEGORY

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

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


DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

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 inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

[Click here to view images <<ImageLink>>](#)



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Name : Mrs Renu pardeep kumar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 17-Oct-2024
Reported : 17-Oct-2024 / 14:16

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. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024101708061182>

Authenticity Check
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CID : 2429113347
Name : Mrs Renu pardeep kumar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 17-Oct-2024
Reported : 17-Oct-2024 / 9:36

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USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size, (17cm). It shows bright 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 11.0 x 3.8 cm. Left kidney measures 11.4 x 4.9 cm.

SPLEEN:

The spleen is normal in size (10 cm) 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 8.2 x 5.1 x 6.4 cm in size.
The endometrial thickness is 4 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.6 x 1.6 cm Left ovary = 3.0 x 1.8 cm

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Name : Mrs Renu pardeep kumar
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

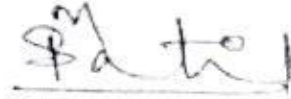
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IMPRESSION:-

Mild hepatomegaly with grade I fatty liver.

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



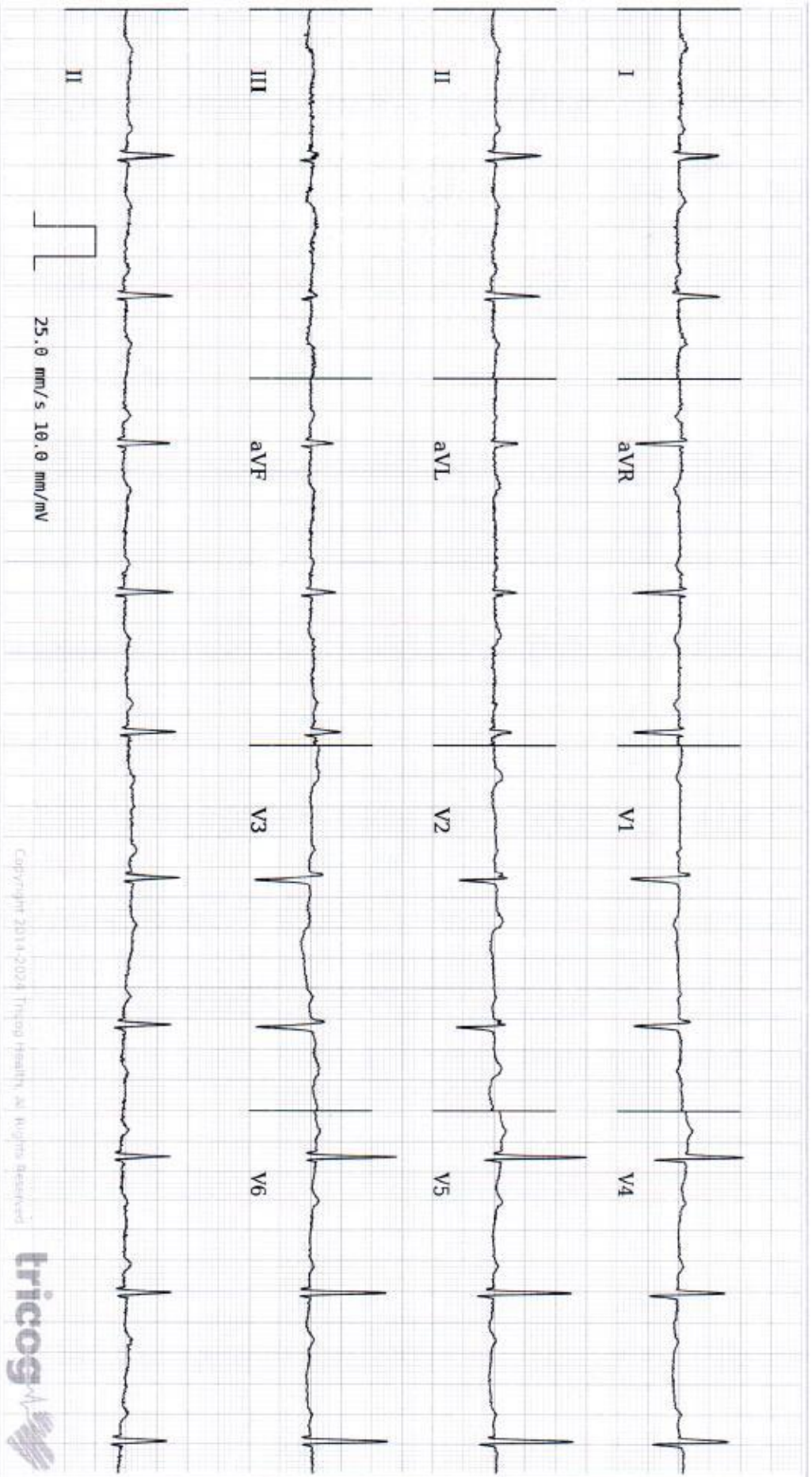
DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

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Patient Name: RENU PARDEEP KUMAR

Date and Time: 17th Oct 24 8:35 AM

Patient ID: 2429113347



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Age **40** NA NA
years months days

Gender **Female**

Heart Rate **64bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 66 kg

Height: 163 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 412ms

QTcB: 425ms

PR: 186ms

P-R-T: 48° 28° 27°

REPORTED BY

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

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

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 : Renu Kumar	Age / Gender : 40/F
Dr. :	Date : - 17/07/24

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : - frequency of menses
MARITAL STATUS : - married
MENSTRUAL HISTORY :
(i) MENARCHE : @ age - 14yr
(ii) PRESENT MENSTRUAL HISTORY : Reg
(iii) PAST MENSTRUAL HISTORY : : 5/10/24
OBSTETRIC HISTORY : : G3 P2 A1
PAST HISTORY : : Hypothyroid
PREVIOUS SURGERIES : : T2
ALLERGIES : : NO
FAMILY HISTORY : : Mother - DM, father liver cancer
DRUG HISTORY : : Ayurvedic for hypothyroid
BOWEL HABITS :
BLADDER HABITS : : (A)

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

Name : <i>Leek Kumar</i>	Age / Gender : <i>60/F</i>
Dr. :	Date : <i>- 17/10/24</i>

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : *(N)*
PULSE : *72/entry*
BP : *100/70*
Per Abdomen : *- MAD*
Per vaginal : *PUS - Co healthy*
RS :
CVs : */ MAD*
Breasts :

RECOMMENDATIONS

ADVISE :

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



EMail: 222 / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg Date: 15 - 10 - 2024 06:22:33 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 83.0 bpm Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 06:47 Mins. METS 7.9
 Test End Reason Heart Rate Achieved Target Heart Rate 180.0

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NO
ACTIVITY	MODERATE ACTIVE
MEDICATION	NO
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease. Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.

M.D., M.D. Medicine

DNB Cardiology

Reg. No. 2012082433

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Bokur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



Email:

222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg
 Date: 15 - 10 - 2024 06:22:33 PM Refd By : MEDIWHEEL Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	01:01	1:01	00.0	00.0	01.0	075	42%	110/70	082	00	
Standing	01:42	0:41	00.0	00.0	01.0	083	46%	110/70	091	00	
HV	01:52	0:10	00.0	00.0	01.0	087	48%	110/70	095	00	
ExStart	02:29	0:37	00.0	00.0	01.0	096	53%	110/70	105	00	
BRUCE Stage 1	05:29	3:00	02.7	10.0	04.7	119	66%	110/70	130	00	
BRUCE Stage 2	08:29	3:00	04.0	12.0	07.1	142	79%	110/70	156	00	
PeakX	09:16	0:47	05.5	14.0	07.9	162	90%	150/80	243	00	
Recovery	10:16	1:00	00.0	00.0	01.2	116	64%	150/80	174	00	
Recovery	10:30	1:14	00.0	00.0	01.0	108	60%	150/80	162	00	

FINDINGS :

Exercise Time : 06:47
Initial HR (ExStrt) : 96 bpm 53% of Target 180
Initial BP (ExStrt) : 110/70 (mm/Hg)
Max Workload Attained : 7.9 Fair response to induced stress
Duke Treadmill Score : 05.9
Test End Reasons : Heart Rate Achieved

Max HR Attained 162 bpm 90% of Target 180
Max BP Attained 150/80 (mm/Hg)

Dr. Akhil P. Parulekar
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 Mumbai - 400101.
 Tel : 617 00000

Dr. Akhil P. Parulekar
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012062493

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (01:01)



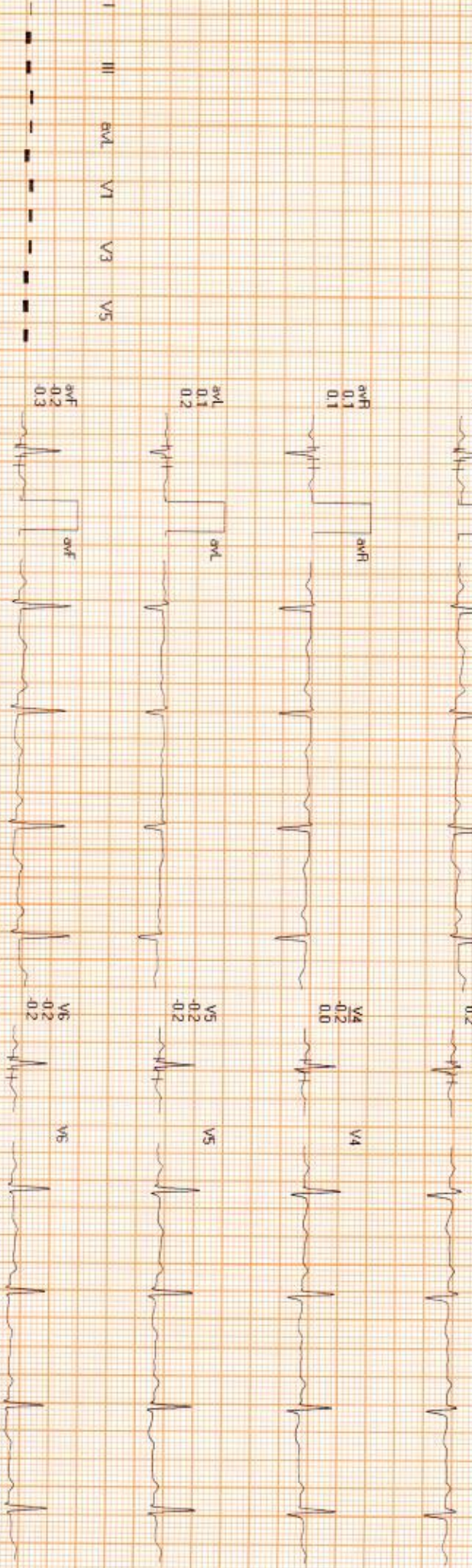
222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 75

Date: 15 - 10 - 2024 06:22:33 PM METS: 1.0/ 75 bpm 42% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz ALF 35 Hz

ExTime: 00:00 0.0 Kmph. 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:41)



222 (242913347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 83

Date: 15 - 10 - 2024 06:22:33 PM METS: 1.0/83 bpm 46% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

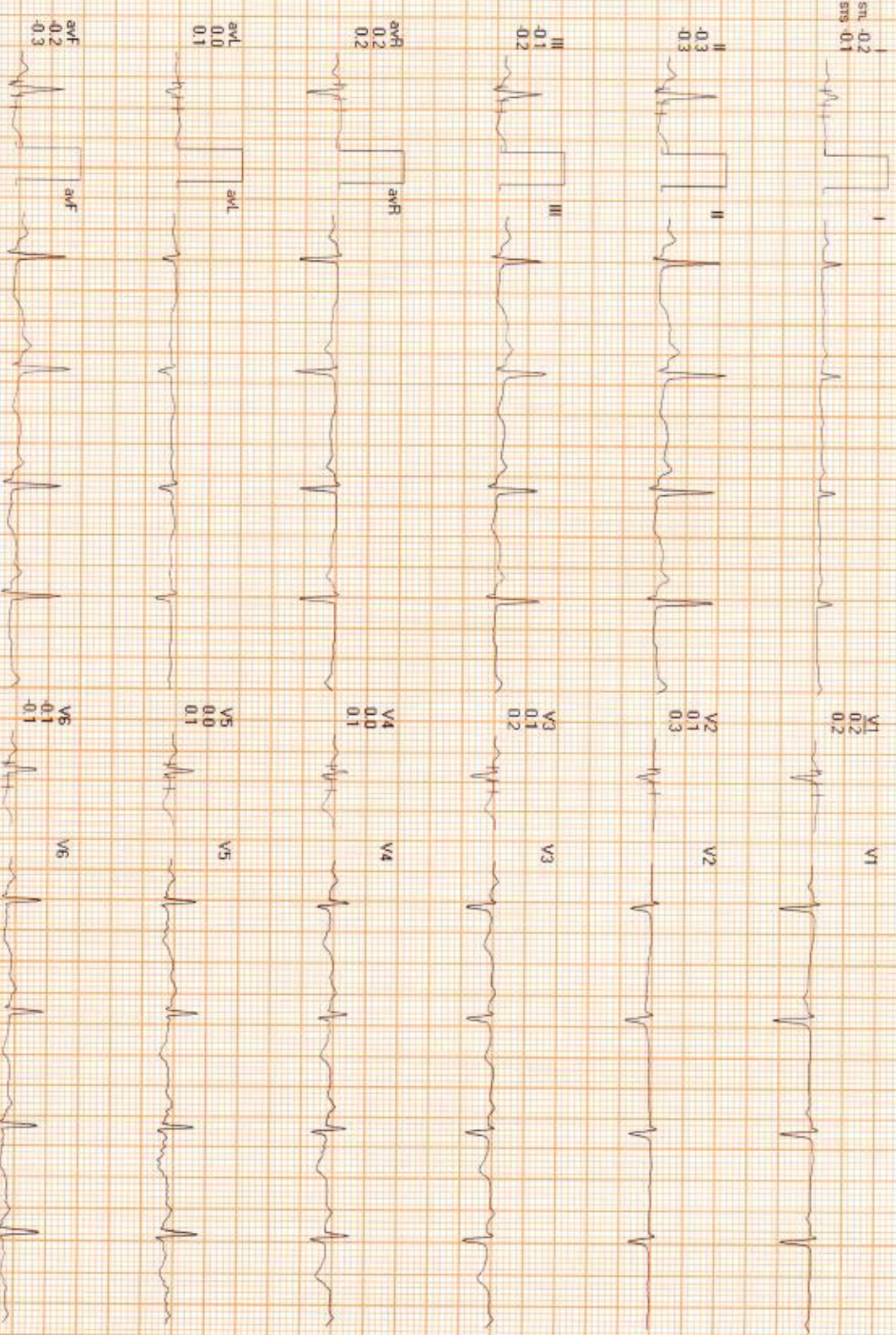
EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTIC KANDIVALI EAST

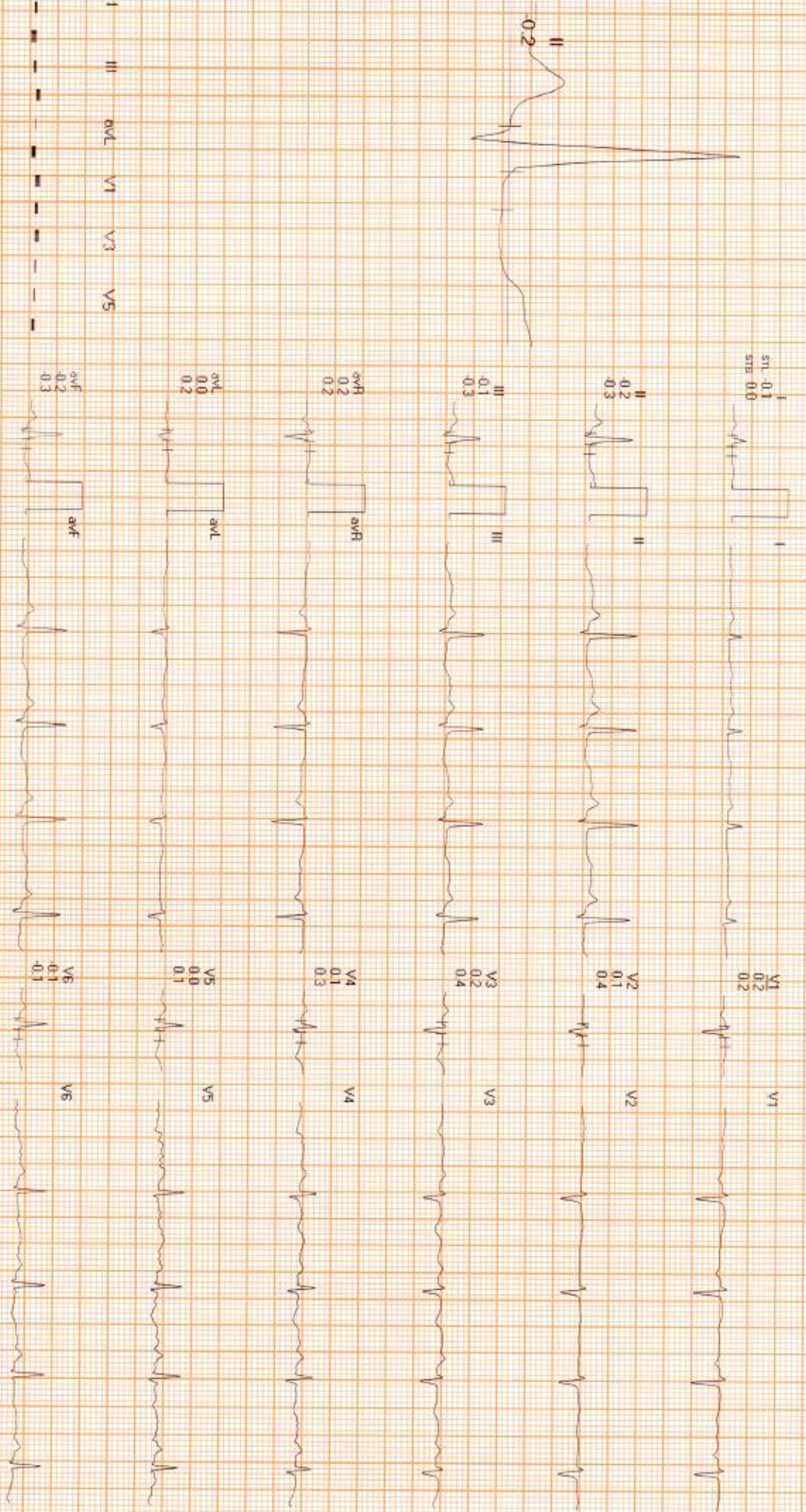
HV (00:10)



222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 87

Date: 15 - 10 - 2024 06:22:33 PM METS: 1.0/87 bpm 48% of THR BP: 110/70 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 uS Post J 25 mm/5 sec 1.0 Cm/mV ExTime: 00:00 0.0 Kmpt, 0.0%



REMARKS
I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXSirt



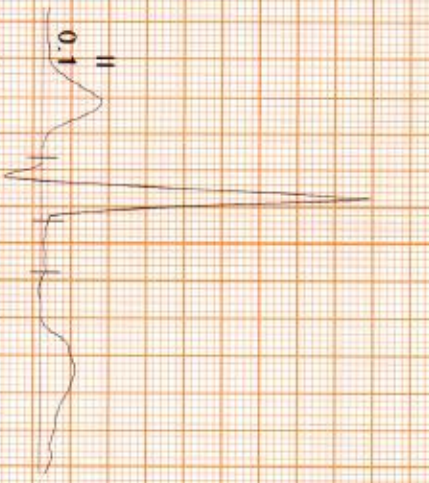
222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 kg / HR : 96

Date: 15-10-2024 06:22:33 PM METS: 1.0/96 bpm 53% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KmPl 0.0%

4X 80 mV Post J

25 mm/Sec 1.0 cm/mV



SVL 0.3
SRS 0.2

V1 0.2
V2 0.0

V1

II 0.1
-0.1

V2 0.2
0.1

V2

III -0.3
-0.3

V3 0.1
0.4

V3

aVR -0.2
0.0

V4 0.3
0.3

V4

aVL 0.3
0.2

V5 0.3
0.2

V5

aVF -0.1
-0.2

V6 -0.4
0.1

V6



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 119

Date: 15-10-2024 06:22:33 PM METS: 47/119 bpm 66% of THR BP: 110/70 mmHg Raw ECG/BLC On/ North On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

4X 70 ms Peak J

25 mm/Sec 1.0 Cm/mV

STa 0.1
STb 0.0

V1 0.6
V2 0.2

II -1.5
III -1.5
aVR -0.8

V2 0.4
V3 0.3

III -1.6
aVL -1.1

V3 0.5
V4 0.4

aVR 0.7
aVL 0.3

V4 0.4
V5 0.3

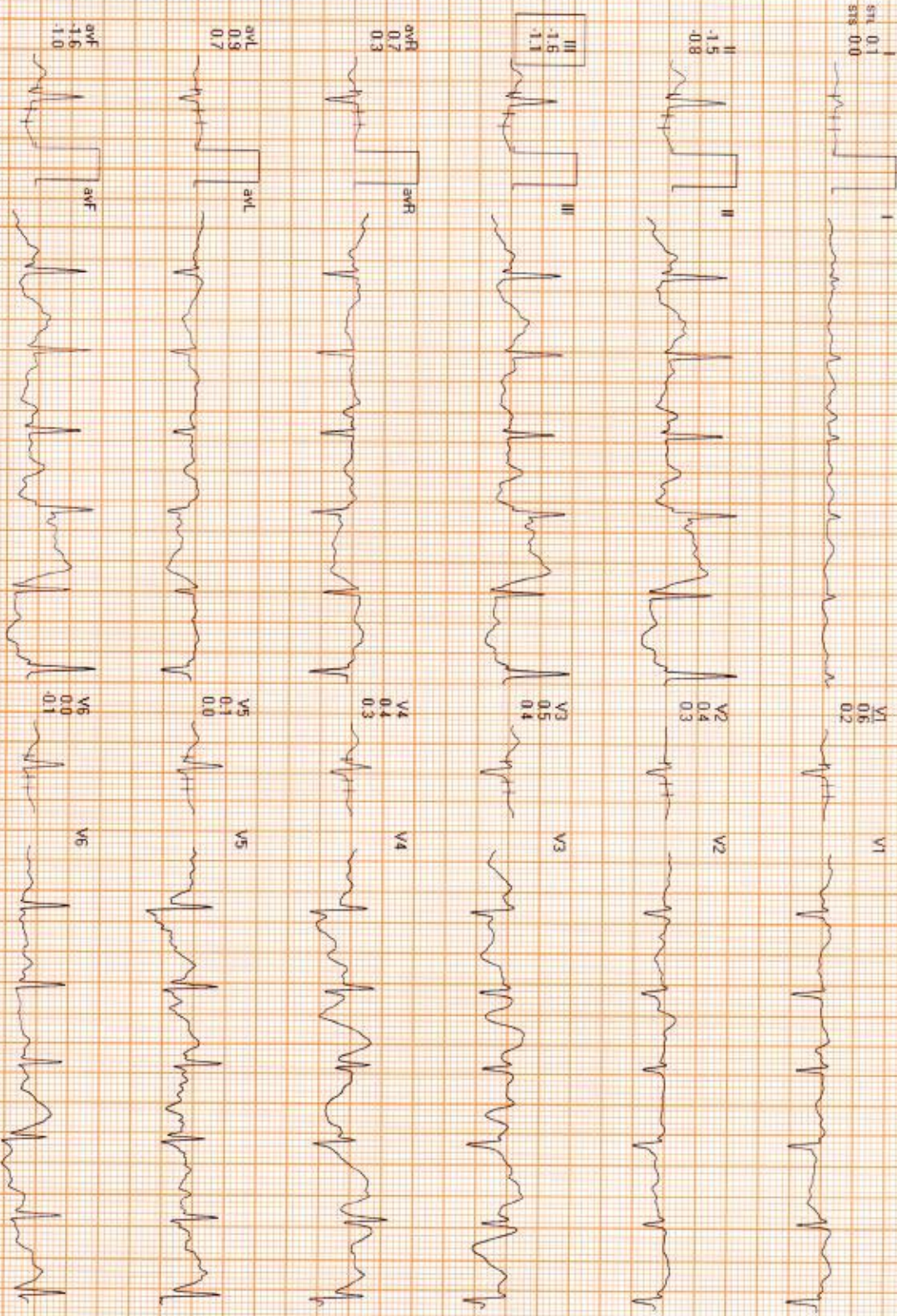
aVL 0.9
aVF 0.7

V5 0.1
V6 0.0

aVF -1.6
V6 -1.0



REMARKS:



SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 (03:00)

222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 142



Date: 15 - 10 - 2024 06:22:33 PM

METS: 7.1/142 bpm 79% of THR

BP: 110/70 mmHg Raw ECG/BLC Orig/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmpt, 12.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV

SNL -0.1
SNR 0.2

V1 0.6
0.6
0.2



II -1.4
-0.8

V2 0.7
0.7
0.6



III 1.6
1.1
-1.1

V3 0.4
0.4
0.5



aVR 0.7
0.3

V4 -0.2
-0.2
0.9



aVL 0.8
0.8
0.8

V5 0.1
0.1
0.8



aVF -1.4
-1.4
-0.9

V6 -1.1
-1.1
0.3



REMARKS: II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakEX



222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 162

Date: 15-10-2024 06:22:33 PM

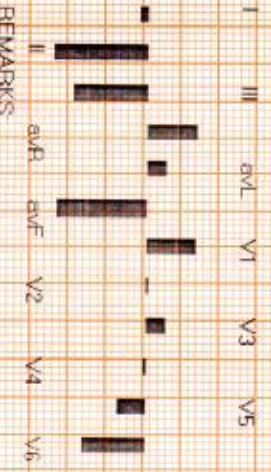
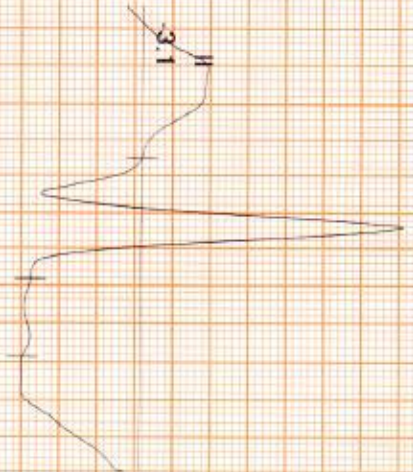
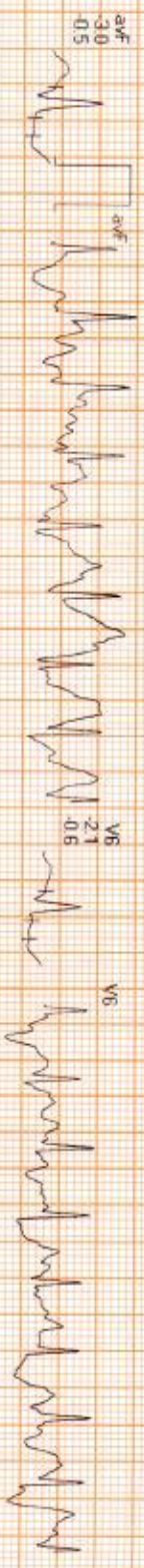
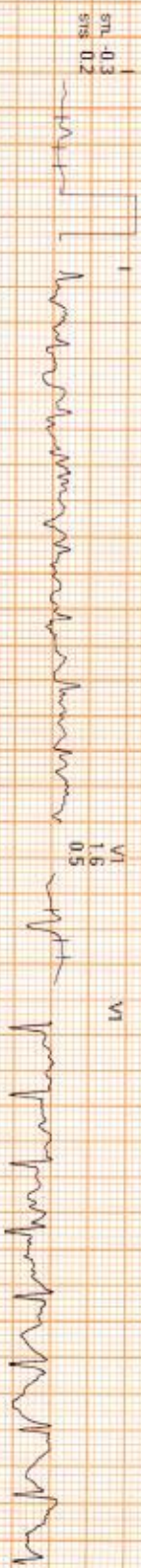
METS: 7.9/162 bpm 90% of THR BP: 150/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:47 5.5 Kmph 14.0%

4X 60 mg Post J

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:00)



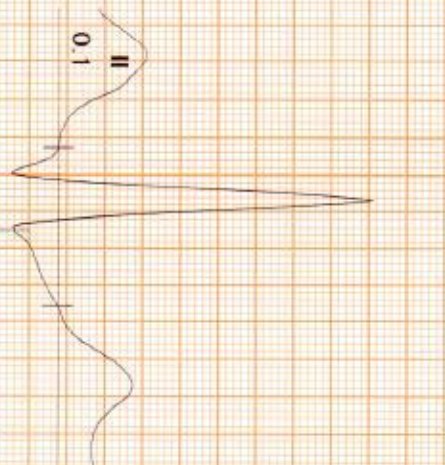
222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 Kg / HR : 116

Date: 15 - 10 - 2024 06:22:33 PM METS: 1.1/116 bpm 64% of THR BP-150/80 mmHg Raw ECG/ BLC On/ Naich On/ HF-0.05 Hz/LF 35 Hz

EXTIME: 06:47 0.0 KmPh 0.0%

4X 80 ms Post A

25 mm/Sec 1.0 Cm/mV



REMARKS: I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:14)



222 (2429113347) / RENU KUMAR / 40 Yrs / F / 163 Cms / 66 kg / HR 108

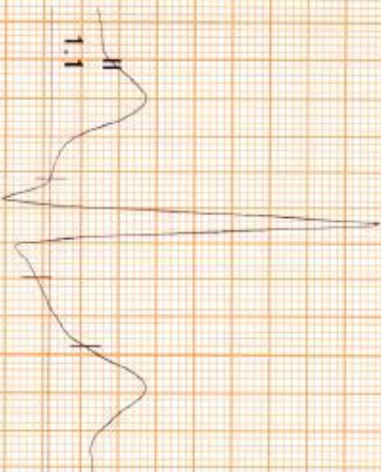
Date: 15 - 10 - 2024 06:22:33 PM

METS: 1.0 / 108 bpm 60% of THR BP: 150/80 mmHg Raw ECG/BLD On/Notch On/HF 0.05 Hz/AF 35 Hz

EXTime: 06:47 0.0 Km/h 0.0%

4X 80 mS Print J

25 mm/Sec 1.0 Cm/mV



STL 0.6
STd 0.8

II 1.1
III 1.7

III 0.5
aVF 0.9

aVR -0.9
aVL 1.3

aVL 0.0
aVF 0.1

aVF 0.8
V5 1.3

V1 0.4
V2 0.7

V2 0.6
V3 0.5

V3 1.2
V4 0.9

V4 1.2
V5 1.4

V5 0.7
V6 1.1

V6 0.7
V5 1.0



REMARKS: aVR aVL aVF V1 V2 V3 V4 V5 V6



CID : 2429113347
Name : MRS.RENU PARDEEP KUMAR
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 17-Oct-2024 / 08:08
Reported : 17-Oct-2024 / 10:56

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.86	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.3	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7660	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2430.0	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	400.0	200-1000 /cmm	Calculated
Neutrophils	58.6	40-80 %	
Absolute Neutrophils	4470.0	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	320.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 17-Oct-2024 / 16:10

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	93.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	109.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



Bmhasakar

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



CID : 2429113347
Name : MRS.RENU PARDEEP KUMAR
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 17-Oct-2024 / 08:08
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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	13.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.57	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	118	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.8	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	4.8	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



CID : 2429113347
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Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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Bmhasakar

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



CID : 2429113347
Name : MRS.RENU PARDEEP KUMAR
Age / Gender : 40 Years / Female
Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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>			
(WBC)Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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Bmhasakar

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



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Collected : 17-Oct-2024 / 08:08
Reported : 17-Oct-2024 / 13:14

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
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

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*** End Of Report ***



Dr. Vrushi Shroff

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



CID : 2429113347
Name : MRS.RENU PARDEEP KUMAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	62	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	51.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	103.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.9	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	12.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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	CLIA
Free T4, Serum	11.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	11.174	0.55-4.78 microU/ml	CLIA



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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 becuae 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 ***



(Signature)

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.40	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.24	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	9.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	19.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.7	46-116 U/L	Modified IFCC

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Anupa

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M.D.(PATH)
Consultant Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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M.D. (PATH)
Pathologist