



CID : 2325224131
Name : MRS.KALPANA KUMARI
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Sep-2023 / 08:28
Reported : 09-Sep-2023 / 11:33

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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	8.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.17	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.3	36-46 %	Measured
MCV	68	80-100 fl	Calculated
MCH	21.0	27-32 pg	Calculated
MCHC	31.0	31.5-34.5 g/dL	Calculated
RDW	18.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7830	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.3	20-40 %	
Absolute Lymphocytes	3312.1	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	595.1	200-1000 /cmm	Calculated
Neutrophils	45.4	40-80 %	
Absolute Neutrophils	3554.8	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	328.9	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	39.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	218000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Calculated
PDW	25.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	++		



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Features suggestive of Iron deficiency anaemia.
Advice:1.Iron studies, Serum ferritin & Reticulocyte count
2.Stool for occult blood

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **29** 2-20 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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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	113.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.9	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 ***



MC-2111

Bmhasakar

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M.D. (PATH)
Pathologist



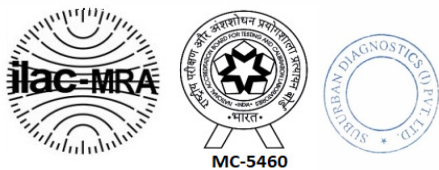
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Reported : 09-Sep-2023 / 13:23

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.45	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	119	(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 w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.6	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
URIC ACID, Serum	5.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.5	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	mg/dl	Calculated

Kindly correlate clinically.

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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*** End Of Report ***



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Pathologist



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Reported : 09-Sep-2023 / 13:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
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)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
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 inert

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MC-2111

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Pathologist



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Reported : 09-Sep-2023 / 13:12

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

PARAMETER	RESULTS
ABO GROUP	AB
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. Vrushi Shroff

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



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Collected : 09-Sep-2023 / 08:28
Reported : 09-Sep-2023 / 14:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	213.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	433.0	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	32.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	181.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.2	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	47.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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*** End Of Report ***



Dr. Vrushi Shroff

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



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Collected : 09-Sep-2023 / 08:28
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.897	0.55-4.78 microIU/ml	CLIA

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)



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	0.42	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.28	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	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	20.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	30.3	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	101.1	46-116 U/L	Modified IFCC

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*** End Of Report ***



Namrata Raul

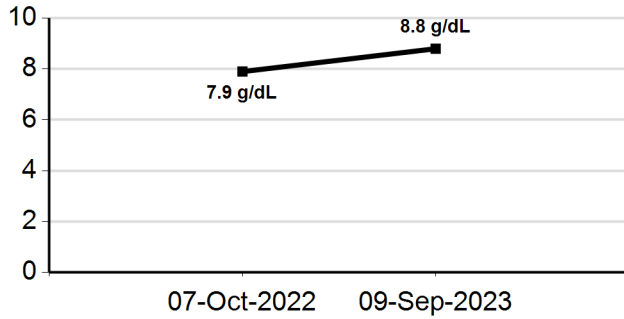
Dr.NAMRATA RAUL
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Biochemist



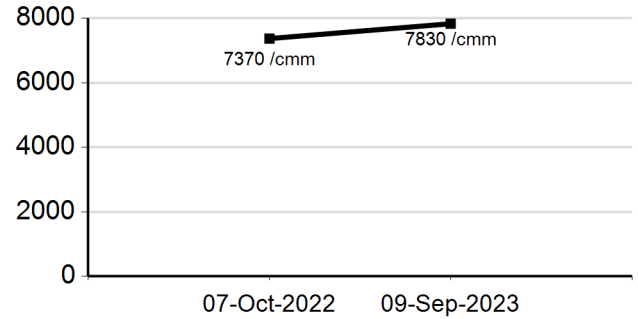
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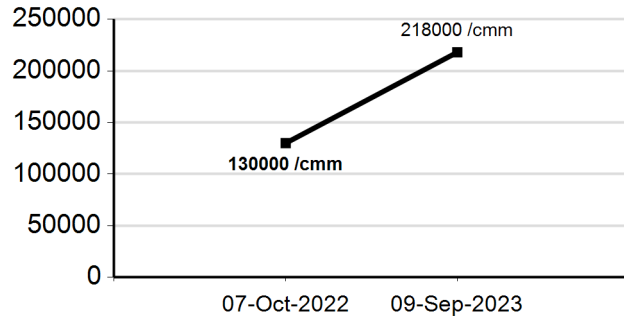
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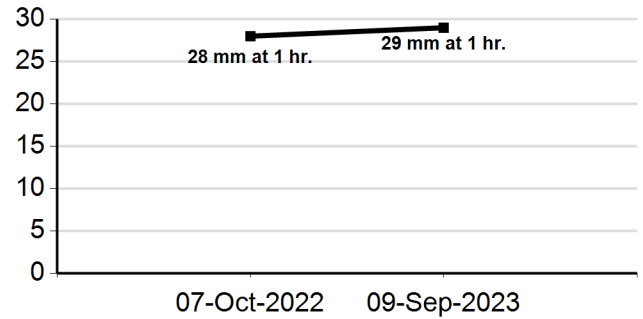
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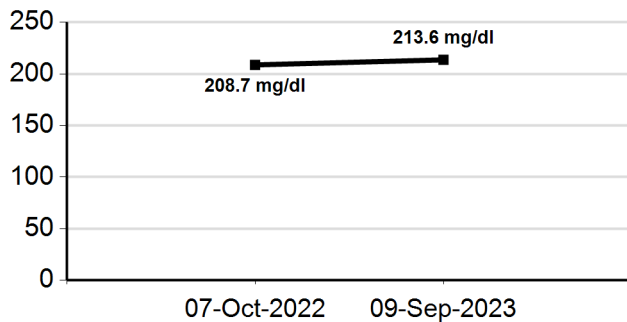
Platelet Count



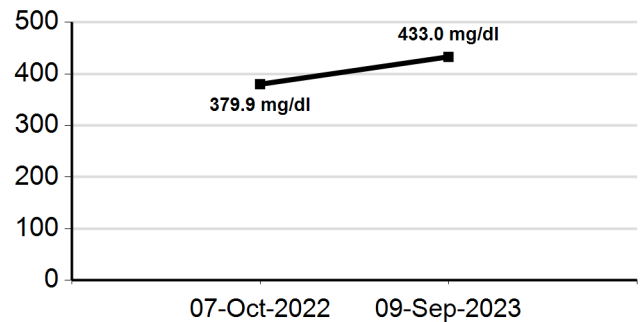
ESR



CHOLESTEROL



TRIGLYCERIDES

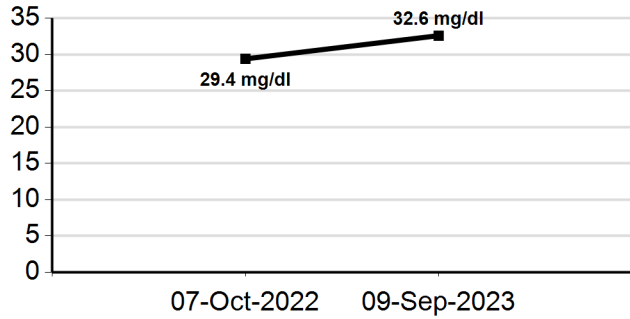




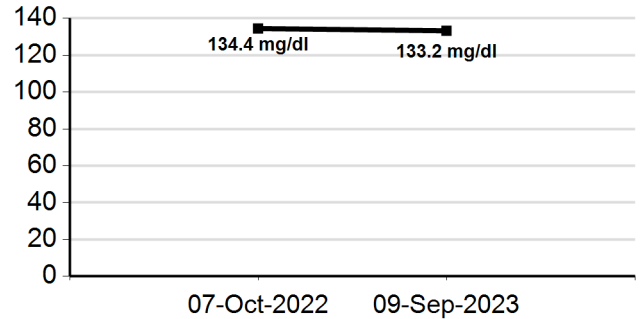
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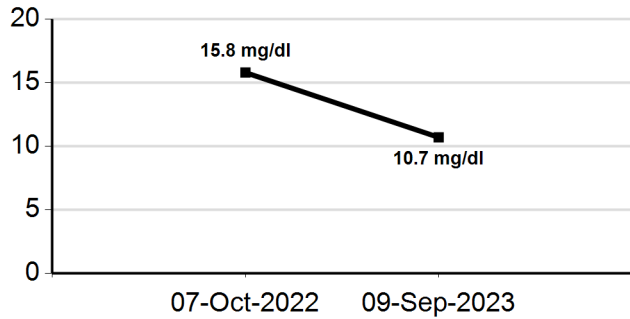
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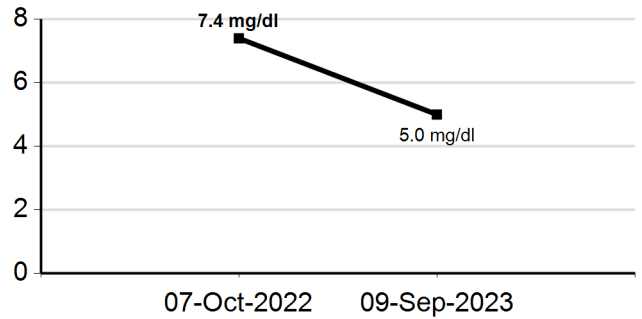
LDL CHOLESTEROL



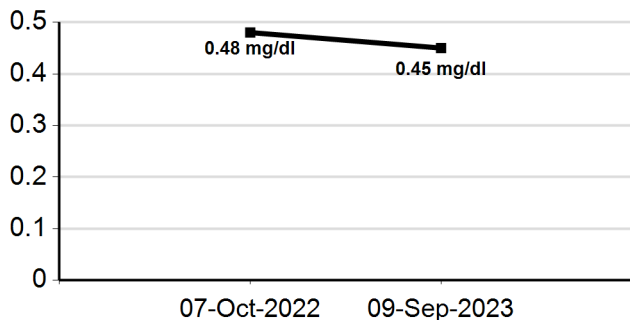
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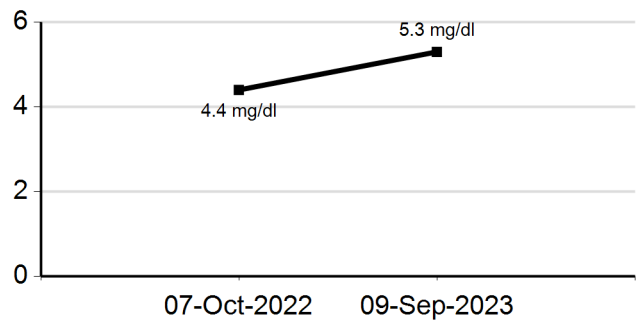
BUN



CREATININE



URIC ACID

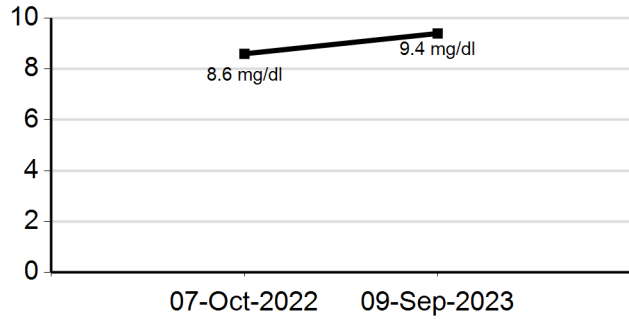




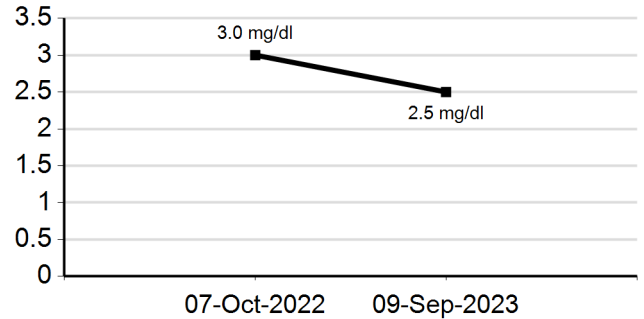
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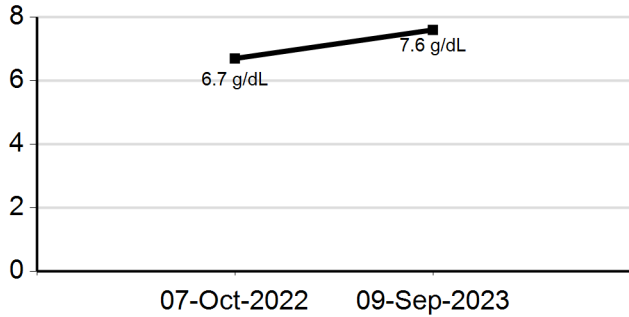
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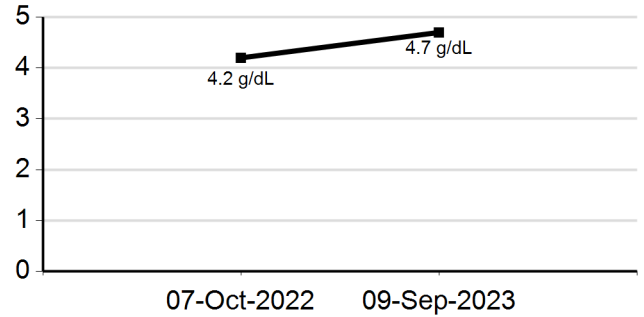
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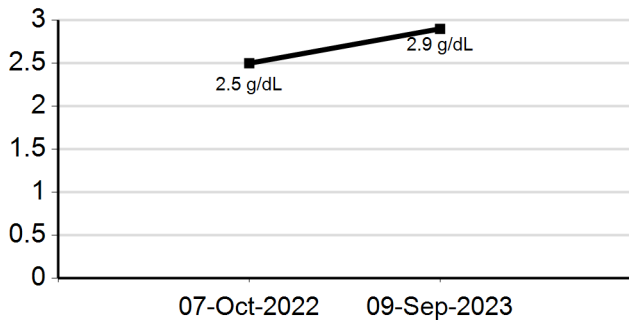
TOTAL PROTEINS



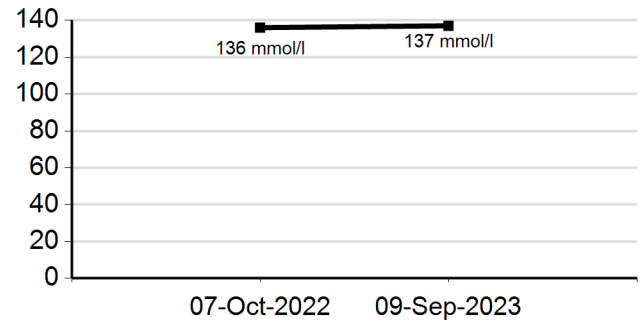
ALBUMIN



GLOBULIN



SODIUM

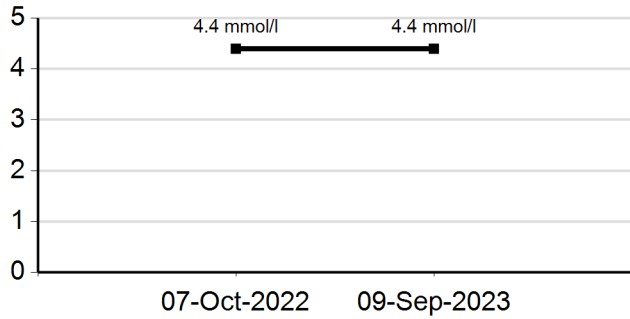




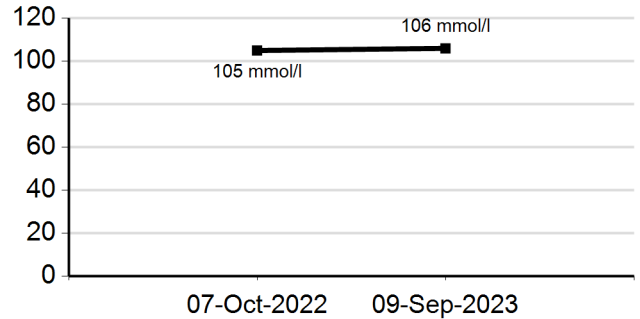
Use a QR Code Scanner
 Application To Scan the Code

CID : 2325224131
Name : MRS.KALPANA KUMARI
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

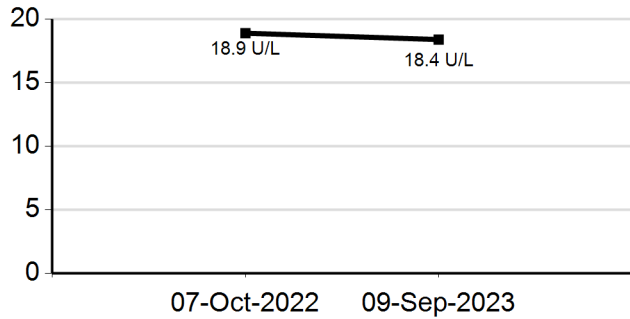
POTASSIUM



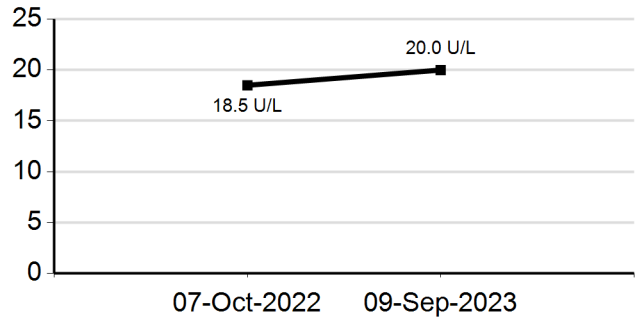
CHLORIDE



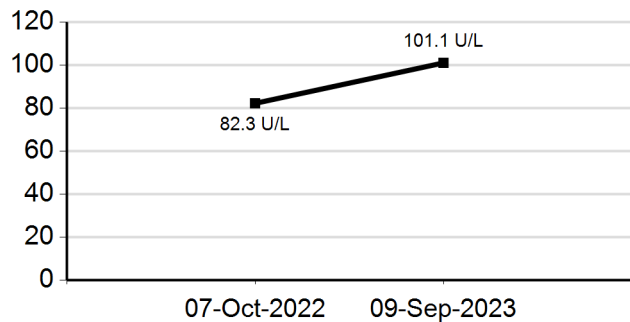
SGOT (AST)



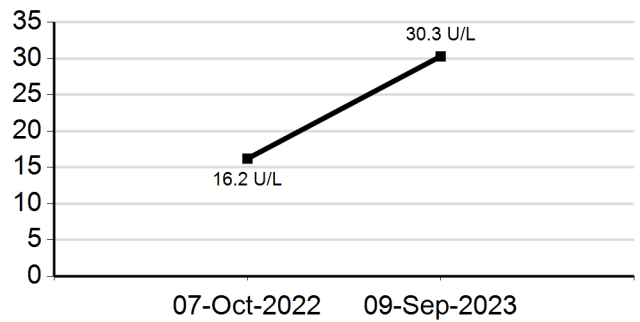
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

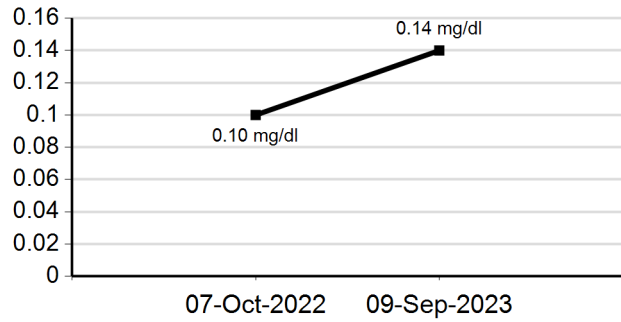




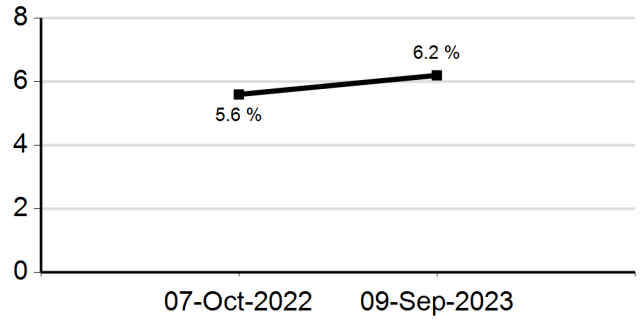
Use a QR Code Scanner Application To Scan the Code

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Name : MRS.KALPANA KUMARI
Age / Gender : 47 Years / Female
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Reg. Location : Kandivali East (Main Centre)

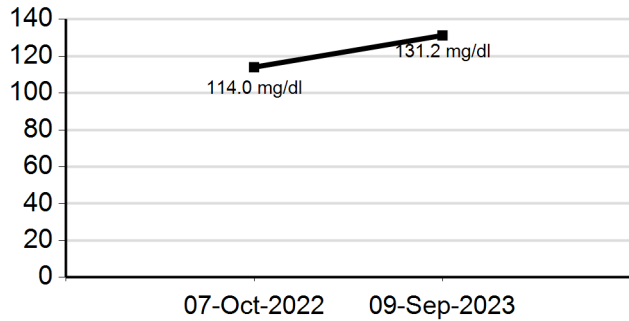
BILIRUBIN (DIRECT)



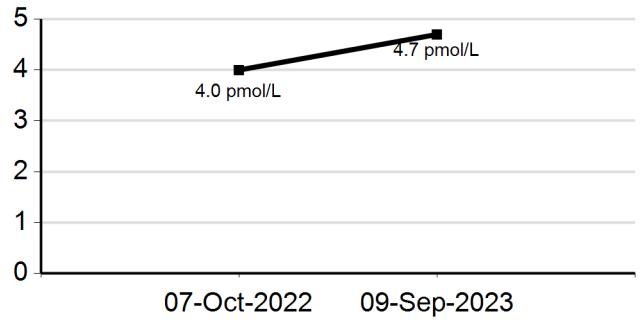
Glycosylated Hemoglobin (HbA1c)



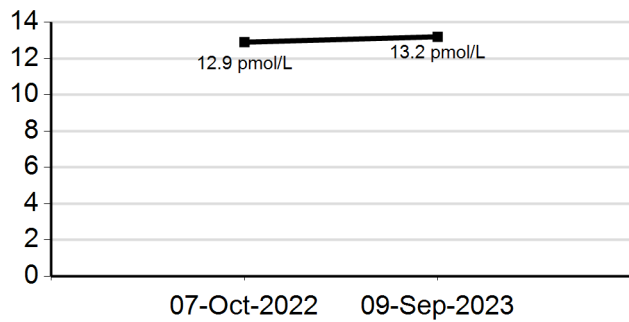
Estimated Average Glucose (eAG)



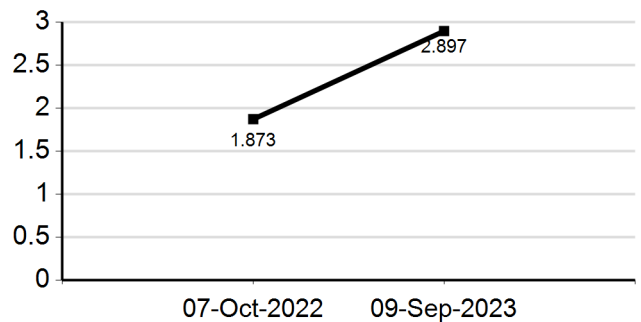
Free T3



Free T4



sensitiveTSH

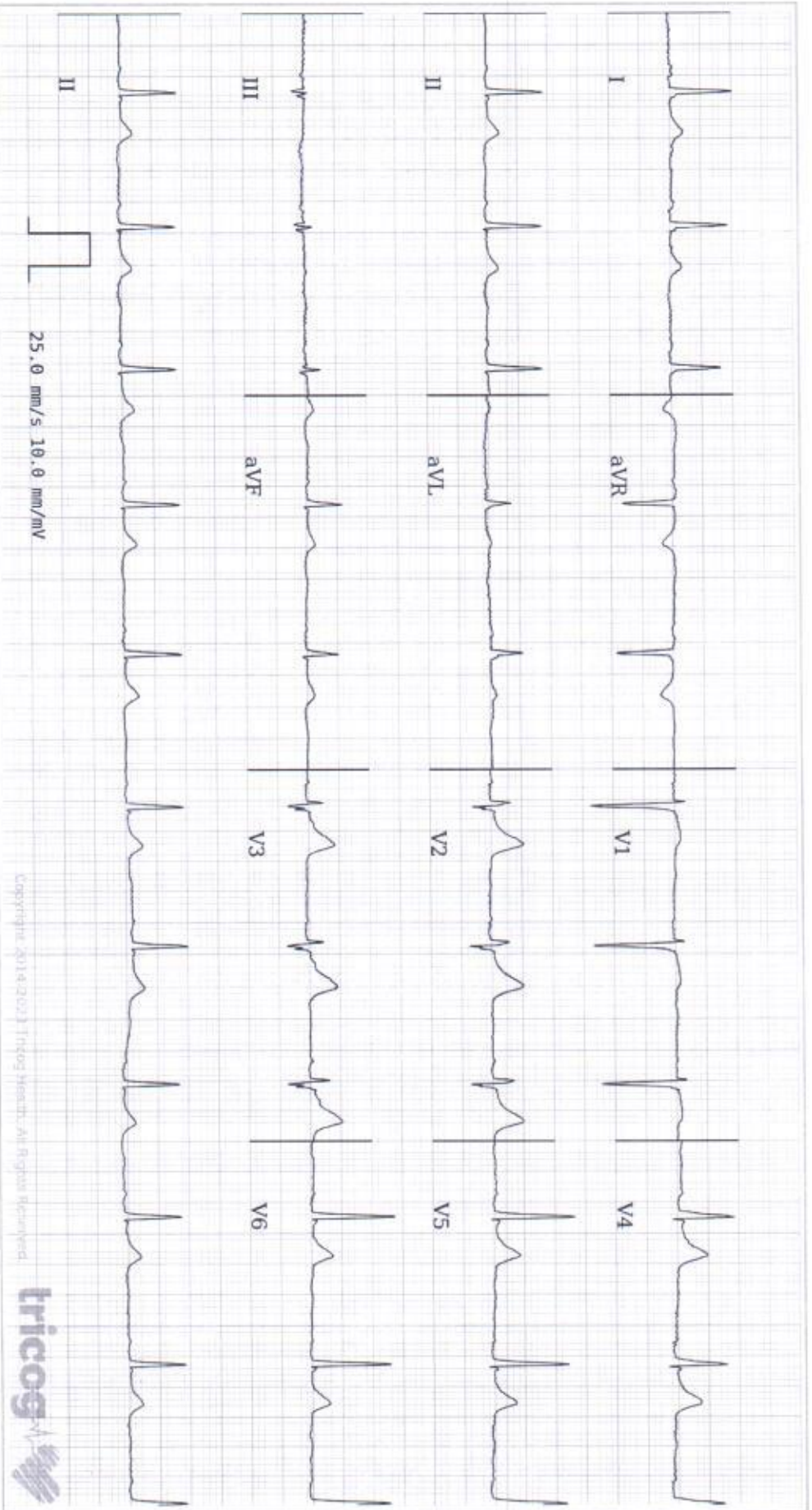


SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: **KALPANA KUMARI**

Patient ID: **2325224131**

Date and Time: **9th Sep 23 8:59 AM**



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Age **47** 7 years months

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: **150/90 mmHg**

Weight: **58 kg**

Height: **157 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **76ms**

QT: **370ms**

QTcB: **387ms**

PR: **138ms**

P-R-T: **2° 31° 45°**

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's name as entered by the clinician and not derived from the ECG.

CID : 2325224131
Name : Mrs KALPANA KUMARI
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 9:31

Use a QR Code Scanner
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14 cm), shape and smooth margins. 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 (10 mm) and CBD (3.1 mm) 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:

Right kidney measures 10.0 x 5.0 cm. Left kidney measures 10.4 x 4.7 cm.
A simple cortical cyst measuring 18 x 16 mm noted at upper pole of left kidney.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis seen.

SPLEEN:

The spleen is normal in size (11.1 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 reveals no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.3 x 5.6 x 3.8 cm in size.
The endometrial thickness is 5.2 mm.

OVARIES:

Both the ovaries are well visualised and appear normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.7 x 1.8 cm Left ovary = 2.5 x 1.9 cm

Click here to view images <<ImageLink>>

• PATIENT NAME : MRS .KALPANA KUMARI	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 47 YEARS
• CID NO : 2325224131	• DATE : 09/09/2023

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

ECHO & DOPPLER FINDINGS :

- 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 18 mm and 15 mm respectively.
- PASP by TR jet measured to 24 mm Hg.
- Visual LVEF of 60 %.

MEASUREMENTS:

IVS d (mm)	10	EDV (ml)	110	Ao (mm)	25
IVS s (mm)	14	ESV (ml)	48	LA (mm)	33
LVIDd (mm)	51	SV (ml)	62	EPSS (mm)	02
LVIDs (mm)	34	FS (mm)	30	EF SLOPE (ml/s)	90
Pwd (mm)	06	EF (%)	60	MV (mm)	19
Pws (mm)	12				

Conti....2

• PATIENT NAME : MRS .KALPANA KUMARI	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 47 YEARS
• CID NO : 2325224131	• DATE : 09/09/2023

DOPPLER: Mitral E / A

Mitral (m/s)	0.5	Aortic (m/s)	1.33
Tricuspid (m/s)	0.6	Pulmonary (m/s)	1.14

TDI

Septal e' = 0.09 m/s

Lateral e' = 0.09 m/s

Septal a' = 0.06m/s

Lateral a' = 0.07 m/s

Septal s' = 0.06 m/s

Lateral s' = 0.06 m/s

Septal E/e'=5.5

Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

Fellowship in 2 D Echo & Doppler StudiesW

Reg. No 68857

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule ou CAD
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 : 2325224131
Name : Mrs KALPANA KUMARI
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Sep-2023
Reported : 09-Sept-2023 / 12:41

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. Akash Chhari
MBBS, MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Name :	Kalpna Kumari	Age / Gender	67IF
Dr. :		Date :	9/9/23

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS :

- NO

MARITAL STATUS :

- married

MENSTRUAL HISTORY :

@ age - 13 yr

(i) MENARCHE :

Reg

(ii) PRESENT MENSTRUAL HISTORY :

(iii) PAST MENSTRUAL HISTORY :

26/8/23

OBSTETRIC HISTORY :

G2 P2 L2 A0

PAST HISTORY :

- NIL

PREVIOUS SURGERIES :

Uter 2001, 2003.

ALLERGIES :

: NO

FAMILY HISTORY :

father - DM, HTN

DRUG HISTORY :

NO

BOWEL HABITS :

BLADDER HABITS :

/ (N.)

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

Name : <i>Kalpana Kumari</i>	Age / Gender
Dr. :	Date : <i>9/9/23</i>

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : *(+) 37.4* RS :
PULSE : *22/mt/ny* CVs : */ NAD*
BP : *150/90* Breasts :
Per Abdomen : *- NAD, Signs of Uter Healthy*
Per vaginal : *- Dis - Cp Healthy*

RECOMMENDATIONS

ADVISE :


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