

Date:

To, Suburban Diagnostics (India) Private Limited 301, 302 3rd Floor, Vini Eligance, Above Tanishq Jewellers, Borivali (W), Mumbai- 400092

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to informed you that I, Myself Mf, Mrs/ Mf. Palign Pathledon't want to performed the following tests:

1) Stol	
2)	
3)	
4)	
5)	
6)	

CID No. & Date | 10 | 2003 :

Corporate/ TPA/ Insurance Client Name :

madj whey

Thanking you.

Felletti Frack Yours sincerely,

(Mr/Mrs/Ms. Pallani Panh.



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PHYSICAL EXAMINATION REPORT

Patient Name	Pallavi	Patode	Sex/Age 4		35
Date	No.	14/10/23	Location		Than

History and Complaints

MIL

EXAMINATION	FINDINGS:		Α.
Height (cms):	1,0	Temp (0c):	ACS
Weight (kg):	65.8	Skin:	MAS
Blood Pressure	120/80	Nails:	MA
Pulse	Joh.	Lymph Node:	NP
Systems :		0	

Pulse

Systems:

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

Lymph Node:

Lymph Node:

JHb.
BSL(PP)- Furpaeired
JHDL.
1 B/VPromisence.



Advice: Hypertension: 1) THD 2) Arrhythmia 3) **Diabetes Mellitus** 4) **Tuberculosis** 5) Asthama 6) **Pulmonary Disease** 7) Thyroid/ Endocrine disorders 8) Nervous disorders 9) GI system 10) Genital urinary disorder 11) Rheumatic joint diseases or symptoms 12) Blood disease or disorder 13) Cancer/lump growth/cyst 14) 15) Congenital disease Surgeries 16) Musculoskeletal System 17) PERSONAL HISTORY: 1) Alcohol 2) Smoking 3) Diet Medication Dr. Manasee Kulkarni R

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Andrews Kall

REPO

e AGE/SEX:- 135

REGN NO: -

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

Mari Patod

TEST DONE

CHIEF COMPLANTS:

MARITAL STATUS:-

Marrice

MENSTRUAL HISTORY:-

• MENARCHE :-

(zyrs.

Regular, 3/30

PRESENT MENSTRUAL HISTORY :

PAST MENSTRUAL HISTORY :-

OBSTERIC HISTORY: -

1:1

• PAST HISTORY :-

• PREVIOUS SURGERIES :-

· ALLERGIES :-

FAMILY HOSTORY:-

2 (5(5)

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• DRUG HISTORY :-

DRUG HISTORY :-

BLADDER HABITS :-

BOWEL HABITS:-



PERSONAL HISTORY:-

TEMPRATURE:-



RS :-

CVS:-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN:-

PRE VAGINAL:-

RECOMMENDATION:-

NAP

Dr. Manasee Kulkarni M.B.B.S 2005/09/3439 10年度10年度 200570

2008/09

6221 3536 4079 ND: 9128 0463 3804 3873 ugidi aicilu viidilè Pallavi Sandeep Patode %on didiv/DOB: 16/02/1988 eall/FEMALE सारत सरधार Government of India



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Date: - 14/10/23
Name: Palose Sex/Age: 35

EYE CHECK UP

Chief complaints:

Systemic Diseases:),
Past history: or he Es AUBUAL

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance		I de la	азчха					
Near		al solute lu	LA MILITA					

Remark: Seed William



: MS.PALLAVI PATODE Name

: 35 Years / Female Age / Gender

Consulting Dr.

: G B Road, Thane West (Main Centre) Reg. Location

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Use a QR Code Scanner oplication To Scan the Code

: 14-Oct-2023 / 09:19 Collected :14-Oct-2023 / 13:34 Reported

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

	CBC (Complet	e Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			e . L. L. L. matri
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometri
RBC	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.0	36-46 %	Measured
MCV	79.1	80-100 fl	Calculated
MCH	24.8	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
WBC PARAMETERS			Flat Impedance
WBC Total Count	9510	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	21.1	20-40 %	
Absolute Lymphocytes	2006.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	542.1	200-1000 /cmm	Calculated
Neutrophils	71.8	40-80 %	
Absolute Neutrophils	6828.2	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	123.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	e to lored
Absolute Basophils	9.5	20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Ab	sorbance & Impedance meth	od/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	342000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	10.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

Page 1 of 11



: MS.PALLAVI PATODE Name

: 35 Years / Female Age / Gender

Consulting Dr.

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: 14-Oct-2023 / 09:19 Collected :14-Oct-2023 / 14:20 Reported

Macrocytosis

Mild Anisocytosis Mild Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Elliptocytes-occasional Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-20 mm at 1 hr.

Sedimentation

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





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Page 2 of 11



CID : 2328724792

Name : MS.PALLAVI PATODE

Age / Gender : 35

: 35 Years / Female

Consulting Dr. Reg. Location : -

: G B Road, Thane West (Main Centre)



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Hexokinase

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO BIOLOGICAL REF RANGE METHOD

PARAMETER RESULTS

GLUCOSE (SUGAR) FASTING, Fluoride Plasma

98.0

Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 149.2

Plasma PP/R

Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

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

AS OF SPECIAL EXPERTISE





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Page 3 of 11



: MS.PALLAVI PATODE Name

: 35 Years / Female Age / Gender

Consulting Dr.

: G B Road, Thane West (Main Centre) Reg. Location



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:14-Oct-2023 / 13:11

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

	RESULTS	BIOLOGICAL REF RANGE	METHOD
PARAMETER	Carrier and Company of the Company o	12.8-42.8 mg/dl	Urease & GLDH
BLOOD UREA, Serum	15.0	6-20 mg/dl	Calculated
BUN, Serum	7.0		Enzymatic
CREATININE, Serum	0.81	0.51-0.95 mg/dl	
eGFR, Serum	97	59	
		Moderate to severe decrease: 3 -44 Severe decrease: 15-29 Kidney failure: < 15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

Note: eGFR estimation is calcula		6.4-8.3 g/dL	Biuret
TOTAL PROTEINS, Serum	7.0	3.5-5.2 g/dL	BCG
ALBUMIN, Serum	4.2		Calculated
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	
URIC ACID, Serum	5.0	2.4-5.7 mg/dl	Unicase
	3.0	2.7-4.5 mg/dl	Ammonium molybdate
PHOSPHORUS, Serum		8.6-10.0 mg/dl	N-BAPTA
CALCIUM, Serum	8.8	135-148 mmol/l	ISE
SODIUM, Serum	135	3,5-5.3 mmol/l	ISE
POTASSIUM, Serum	4.5		ISE
CHLORIDE, Serum	107	98-107 mmol/l	150

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







Mujawar Dr.IMRAN MUJAWAR

M.D (Path) Pathologist

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: MS.PALLAVI PATODE Name

Age / Gender : 35 Years / Female

Consulting Dr. : -Reg. Location

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c)

BIOLOGICAL REF RANGE METHOD RESULTS PARAMETER HPLC Non-Diabetic Level: < 5.7 %

5.4 Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

mg/dl 108.3 Estimated Average Glucose (eAG), EDTA WB - CC

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.

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Test Interpretation: 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.

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 G B Road Lab, Thane West *** End Of Report ***

Mujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: MS.PALLAVI PATODE Name

: 35 Years / Female Age / Gender

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT OGICAL REE RANGE METHOD

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION Color Reaction (pH) Specific Gravity Transparency Volume (ml) CHEMICAL EXAMINATION Proteins Glucose Ketones Blood Bilirubin Urobilinogen	Pale yellow Acidic (6.0) 1.025 Slight hazy 50 Absent Absent Absent Absent Absent Absent Absent Absent Absent	Pale Yellow 4.5 - 8.0 1.010-1.030 Clear - Absent Absent Absent Absent Absent Normal Absent	Chemical Indicator Chemical Indicator PH Indicator GOD-POD Legals Test Peroxidase Diazonium Salt Diazonium Salt Griess Test
MICROSCOPIC EXAMINATION Leukocytes(Pus cells)/hpf Red Blood Cells / hpf Epithelial Cells / hpf Casts Crystals Amorphous debris	1-2 Absent 2-3 Absent Absent Absent	0-5/hpf 0-2/hpf Absent Absent Absent	
Bacteria / hpf	5-6	Less than 20/hpf	F-11

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

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





Nujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: MS.PALLAVI PATODE Name

Age / Gender

: 35 Years / Female

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

PARAMETER

ABO GROUP

Rh TYPING

Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

ABO system is most important of all blood group in transfusion medicine

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin. Limitations:
 - 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 Z 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.

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012, F.A. Davis company. Philadelphia Refernces:
 - AABB technical manual 2.

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





Mujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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CID

: 2328724792

Name

: MS.PALLAVI PATODE

Age / Gender

: 35 Years / Female

Consulting Dr.

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Reg. Location

: G B Road, Thane West (Main Centre)

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

	RESULTS	BIOLOGICAL REF RANGE	METHOD
PARAMETER	and the same of th		CHOD-POD
CHOLESTEROL, Serum	156.0	Borderline High: 200-239mg/dl High: >/=240 mg/dl	
TRIGLYCERIDES, Serum	113.3	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	99.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl	Calculated
		High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	
- THE FOTEROL SORIES	23.1	< /= 30 mg/dl	Calculated
VLDL CHOLESTEROL, Serum CHOL / HDL CHOL RATIO,	4.6	0-4.5 Ratio	Calculated
Serum LDL CHOL / HDL CHOL RATIO,	2.9	0-3.5 Ratio	Calculated
Serum			

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





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: MS.PALLAVI PATODE Name

Age / Gender

: 35 Years / Female

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

	RESULTS	BIOLOGICAL REF RANGE	METHOD
PARAMETER	A A DO LOUIS AND A STATE OF THE	3.5-6.5 pmol/L	ECLIA
Free T3, Serum	5.1		ECLIA
Free T4, Serum	14.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	
sensitiveTSH, Serum	2.19	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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: MS.PALLAVI PATODE Name

: 35 Years / Female Age / Gender

Consulting Dr. : -

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A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders. Interpretation:

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

traume	and surgery	1	Interpretation 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TSH	FT4/T4	FT3/T3	ampliance with thyroxine, drugs like amiodarone, Recovery phase of horizontal
High	Normal	110000000000000000000000000000000000000	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance. Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroid tumors & congenital hypothyroidism.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectorry, Anti tryyothyroidism. Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectorry, Anti tryyothyroidism. kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High		Hyperthyroidism, Graves disease, toxic multinodular goller, toxic multinodu
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, diago may
Low	Low	Low	illness. Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti-
High		High	Interfering anti TPO antibodies, Drug interference. Antibodies 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

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours Limitations:
- 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.
- 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 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -
- 4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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





Mujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: MS.PALLAVI PATODE Name

Age / Gender

: 35 Years / Female

Consulting Dr.

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:14-Oct-2023 / 09:19

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:14-Oct-2023 / 12:36

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

MEDITION	-	BIOLOGICAL REF RANGE	METHOD
PARAMETER	RESULTS	0.1-1.2 mg/dl	Diazo
BILIRUBIN (TOTAL), Serum	0.37		Diazo
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Calculated
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
	4.2	3.5-5.2 g/dL	BCG
ALBUMIN, Serum	2.8	2.3-3.5 g/dL	Calculated
GLOBULIN, Serum		1 - 2	Calculated
A/G RATIO, Serum	1.5	5-32 U/L	IFCC without pyridoxal
SGOT (AST), Serum	14.2		phosphate activation
SGPT (ALT), Serum	14.1	5-33 U/L	IFCC without pyridoxal phosphate activation
	40.2	3-40 U/L	IFCC
GAMMA GT, Serum	18.2	35-105 U/L	PNPP
ALKALINE PHOSPHATASE,	66.4	33.100 2.12	

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



Serum



Mujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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SUBURBAN

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 14th Oct 23 9:51 AM

Patient Name: PALLAVI PATODE Patient ID: 2328724792

III = 25.0 mm/s 10.0 mm/mV aVR aVF aVL V3 V2 V4 ν6 V5 tricog Resp: Spo2: Pulse: Height: Weight: QRSD: P-R-T: QTcB: QT: Others: Patient Vitals Measurements years 35 88ms Female -9° 33° 15° 414ms 366ms X X 122ms months NA NA days

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

REPORTED BY

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972



: Ms PALLAVI PATODE Name

: 35 Years/Female Age / Sex

Ref. Dr

: G B Road, Thane West Main Centre Reg. Location

Reg. Date

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: 14-Oct-2023

: 14-Oct-2023 / 15:29

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

-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=2023101409051512



Reg. No.: 2328724792 NAME: MRS.PALLAVI PATODE Ref. By:	Sex : FEMALE
	Age: 35 YRS
	Date: 14.10.2023

SONOMAMMOGRAPHY REPORT

Mixed fibroglandular tissues are seen in both breasts.

No solid or cystic mass lesion are seen.

No duct ectasia is seen.

Both retromammary regions appear normal.

No significant axillary lymphadenopathy noted.

IMPRESSION:

 NO SIGNIFICANT ABNORMALITY IS DETECTED. USG BIRADS I BOTH BREASTS.

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.

DR.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)

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CID : 2328724792

Name : Ms PALLAVI PATODE

Age / Sex : 35 Years/Female

Ref. Dr

Reg. Location : G B Road, Thane West Main Centre

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USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

<u>LIVER:</u>Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended and shows few calculi average measuring 5-6 mm. No peri-cholecystic collection seen.

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

<u>PANCREAS:</u> Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

 $\overline{\text{KIDNEYS}}$: Right kidney measures 9.4 x 4.0 cm. Left kidney measures 10.1 x 4.3 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.

<u>UTERUS:</u>Uterus is *mildly bulky* anteverted and measures 6.6 x 3.9 x 5.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

OVARIES:Both ovaries are normal.

The right ovary measures 2.5 x 1.8 cm . The left ovary measures 2.1 x 1.2 cm .

No free fluid or significant lymphadenopathy is seen.

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: Ms PALLAVI PATODE Name

: 35 Years/Female Age / Sex

Ref. Dr

: G B Road, Thane West Main Centre Reg. Location

Reg. Date

Reported

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IMPRESSION:

- CHOLELITHIASIS WITHOUT CHOLECYSTITIS.
- MILDLY BULKY UTERUS.

Advice: Clinical co-relation sos further evaluation and follow up.

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.

-End of Report-

PRods

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

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REG NO : 2328724792	SEX : FEMALE
NAME : MRS. PALLAVI PATODE	AGE: 35 YRS
REF BY:	DATE: 14.10.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	41	mm
LVIDS	24	mm
LVEF	60	%
IVS	11 9/0	mm
PW	7	mm
AO	14	mm
LA	22	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.



PATIENT NAME: MRS. PALLAVI PATODE

E P O R

COLOR DOPPLER:

- Mitral valve doppler E- 1.0 m/s, A- 0.7 m/s.
- Mild TR.
- · No aortic / mitral regurgition. Aortic velocity 1.2 m/s, PG 6.1 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.