

<ul style="list-style-type: none"> PATIENT NAME : MRS.NIRMALA RAMESHCHANDRA SOLANKI 	<ul style="list-style-type: none"> SEX : FEMALE
<ul style="list-style-type: none"> REFERRED BY : DR. --- 	<ul style="list-style-type: none"> AGE : 58 YEARS
<ul style="list-style-type: none"> CID NO : 2406818324 	<ul style="list-style-type: none"> DATE : 08/03/2024

2D-Echocardiogram & Doppler Report

Cardiac Evaluation:

DIMENSIONS:

IVSd	10.4	mm
IVSs	10.4	mm
LVIDd	34.6	mm
LVIDs	20.0	mm
LVPWd	10.7	mm
LVPWS	12.1	mm
LVEF	60	%
AO	28.2	mm
LA	37.6	mm
AVC	14.9	mm

MORPHOLOGICAL DATA

Mitral Valve	MAC+, PML densely calcified
Aortic Valve	Sclerotic valves
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

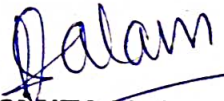
DOPPLER DATA:

Mitral E velocity	0.90	cm/s	
Mitral A velocity	1.08	cm/s	
Mitral E/A	0.83		
AV max	1.57	cm/s	PG 9.9 mmhg
PV max	1.00	cm/s	PG 4.0 mmhg
TR max	1.91	cm/s	PG 30 mmhg

IMPRESSION:

- Sclerotic valves.
- Normal dimensions of all cardiac chambers.
- Good LV systolic Function. LVEF = 60 %.
- No RWMA.
- Grade I LVDD.
- Trivial AR, MR, TR.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 30 mm Hg).

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


DR. SMITA VALANI
M.B.B.S., D. Cardiology
Reg. No. 2011/03/0587
CONSULTANT CARDIOLOGIST



CID : 2406818324
Name : MRS.NIRMALA RAMESHCHANDRA SOLANKI
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 08-Mar-2024 / 09:57
Reported : 08-Mar-2024 / 13:09

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	8.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	26.8	36-46 %	Measured
MCV	66	80-100 fl	Calculated
MCH	21.3	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	16.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	2901.4	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	894.9	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	5425.9	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	197.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	413000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	++		



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

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **32** 2-30 mm at 1 hr. Sedimentation



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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*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	113.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	127.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	107	(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	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
URIC ACID, Serum	5.5	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

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



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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	7.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	154.2	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.

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



J Thakker

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



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Reported : 08-Mar-2024 / 14:01

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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	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	1-2	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	-		

Note:Sample quantity less than 12ml.



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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 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
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 ***



Dr. Vrushi Shroff

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	228.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.0	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	35.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	192.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	167.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	25.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.1	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.32	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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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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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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	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	37.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	34.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	179.0	35-105 U/L	Colorimetric

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*** End Of Report ***



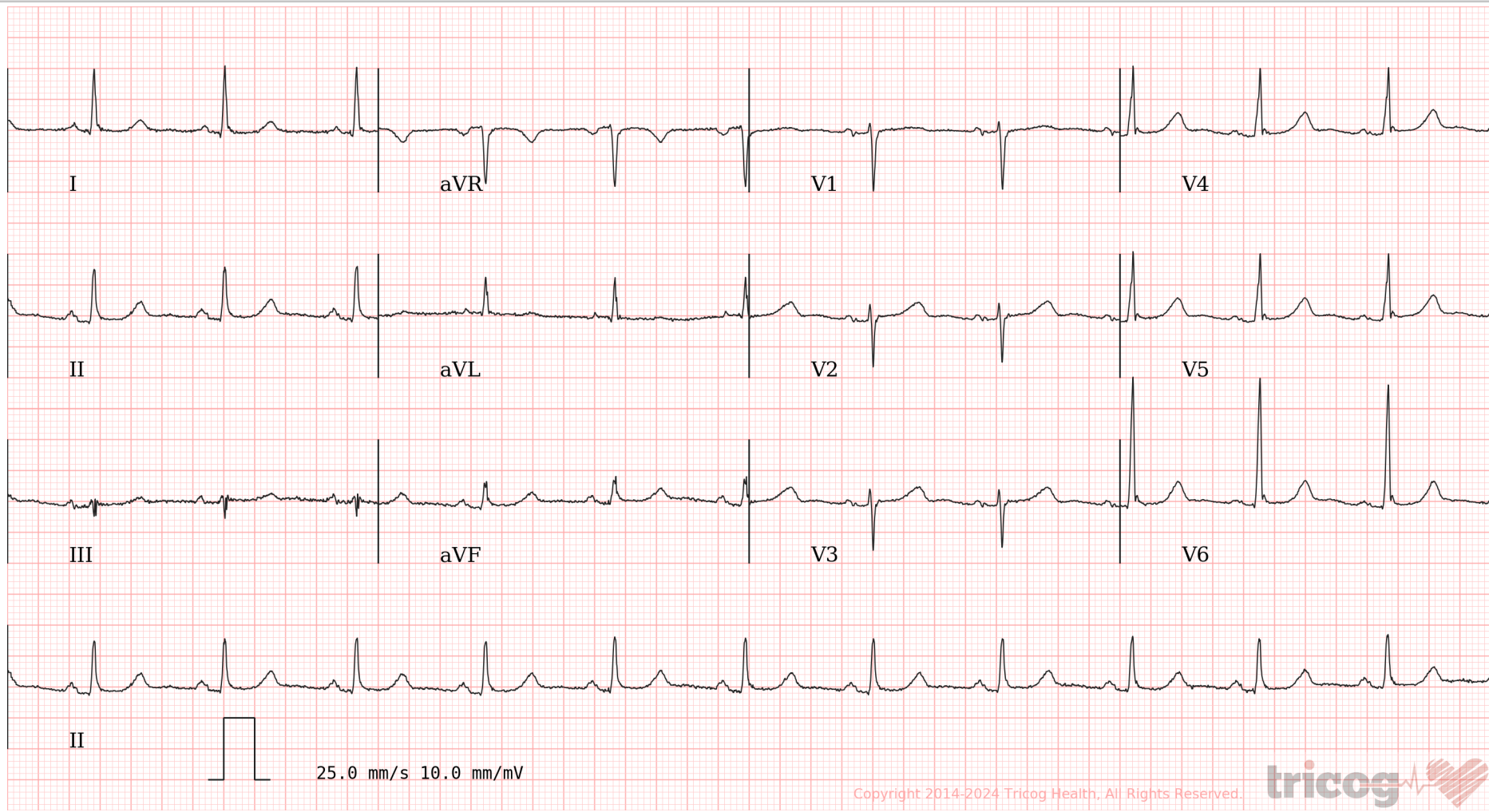
Bmhasakar

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

SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: NIRMALA RAMESHCHANDRA SOLANKI
Date and Time: 8th Mar 24 11:26 AM
Patient ID: 2406818324



Age **58** NA NA
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 416ms
QTcB: 455ms
PR: 150ms
P-R-T: 52° 24° 63°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

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.

CID : 2406818324
 Name : Mrs NIRMALA RAMESHCHANDRA SOLANKI
 Age / Sex : 58 Years/Female
 Ref. Dr :
 Reg. Location : Bhayander East Main Centre
 Reg. Date : 08-Mar-2024
 Reported : 08-Mar-2024 / 14:37

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in (13.2 cm) size, shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radical appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 8.6 x 3.6 cm. Left kidney measures 9.5 x 4.1 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (10.0 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

Prevoid vol:-350.0 cc

Postvoid vol:- Nil

UTERUS:-

The uterus is not visualised - h/o surgical removal.

Click here to view images <<ImageLink>>

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OVARIES:-

Both ovaries are atrophic :- post menopause status.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- No significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

Khilji Faizur

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

Pap smear/ Gynaecology checkup

Name: Men. Nirmala R. Solanki

Age: 57 yrs

Marital status: MS - 40 yrs.

History: NAD

Menarche: - 15y

Menstrual History:

LMP: - Menopausal - 17y

Obstetric History:

P₃
3 FTND BLD - 35y

Gynecologic history:

clmth → Hysterectomy done in 2012
Prolapse Uterus.

Previous pap: - Yes, done 2012

On examination: P/A- Ascd - top -

[Signature]

Date:- 7/8/24
 Name:- Nirmala Salank.

CID: 2406818324
 Sex / Age: 58/1r

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

} NO

Unaided Vision:

RE LE

Aided Vision:

6/6 6/6

Refraction:

N/G N/G

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Shop No. 101, 1st Floor,
 Kshitij Estate, Above Reymond,
 Near Thung's Hospital, Mira-Bhy. Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone . 022 - 61700000

भारत सरकार
 INCOME TAX DEPARTMENT
 SOLANKI NIRMALA R
 CHUNILAL SOLANKI

24/01/1986
 Permanent Account Number
 CSNPS0438R

सुखी २. सोलंकी
 Signatures

भारत सरकार
 GOVT. OF INDIA



06052010

सुखी २, २०११/१५

DR. ANITA CHANDREARY
 CONSULTANT PHYSICIAN
 Reg. No. 2017/12/5553

BUREAU DIAGNOSTICS (I) PVT. LTD.
 5th Floor, 101, The Raymond,
 New Town, Kolkata - 700016
 4th Floor, 101, The Raymond,
 New Town, Kolkata - 700016



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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.FAIZUR KHILJI
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Reg No-74850
Consultant Radiologist



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