SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Regn Date :
Name : Mrs. Pinki Kumari
Regn No :

Age / Sex : 46 yr female.
Rpt Date/Time :
Ref Dr :

GYNAECOLOGICAL EXAMINATION REPORT

EXAMINATION :					
RS	:	AE BE	CVS	:	S1S2 audible
BREAST EXAMINATION	:	Not done.	PER ABDOMEN	:	Soft, Non tender
PER VAGINAL	:	Not done.			

MENSTRUAL HISTORY :			
MENARCHE	:	12 years.	H/O: Hysterectomy due to heave P/V bleeding due to Uterine fibroids in 2018.
PAST MENSTRUAL HISTORY	:	Regular	

OBSTETRIC HISTORY
$G_5 P_2 A_3 L_2$

PERSONAL HISTORY :					
ALLERGIES	:	Not known.	BLADDER HABITS	:	Regular.
BOWEL HABITS	:	Regular.	DRUG HISTORY	:	H/o Taking medication for Pulmonary hypertension
PREVIOUS SURGERIES	:	H/o 2 LSCS in 2001, 2003. H/o Hysterectomy in 2018.			

FAMILY HISTORY :
father is hypertensive & hypothyroid on medication.

CHIEF GYNAE COMPLAINTS :
None.

RECOMMENDATIONS :
K/C/O Hypothyroid on medication ; TSH = 6.71 micro IU/ml. - USG shows Cholelithiasis Kindly consult your treating Physician with all your reports

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2410004032
Name	: MRS.PINKI KUMARI
Age / Gender	: 46 Years / Female
Consulting Dr.	: -
Reg. Location	: Andheri West (Main Centre)
Collected	: 09-Apr-2024 / 08:27
Reported	: 09-Apr-2024 / 12:14

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Calculated
MCV	96.4	80-100 fl	Measured
MCH	29.8	27-32 pg	Calculated
MCHC	**30.9**	31.5-34.5 g/dL	Calculated
RDW	**15.4**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	**3560**	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	27.0	20-40 %	
Absolute Lymphocytes	**961.2**	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	313.3	200-1000 /cmm	Calculated
Neutrophils	63.2	40-80 %	
Absolute Neutrophils	2249.9	2000-7000 /cmm	Calculated
Eosinophils	**0.6**	1-6 %	
Absolute Eosinophils	21.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	**14.2**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	**82000**	150000-400000 /cmm	Elect. Impedance
MPV	**14.9**	6-11 fl	Measured
PDW	**38.1**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	Megaplatelets seen on smear		
COMMENT	Bicytopenia		

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	9	2-20 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 CPL, Andheri West

*** End Of Report ***

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MC-2111

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

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Reg. Location	: Andheri West (Main Centre)	Reported	: 09-Apr-2024 / 13:42

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.1	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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Collected	: 09-Apr-2024 / 08:27
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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	17.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	(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	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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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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)	10	-	-
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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

Note : Sample quantity less than 12 ml.

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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

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	NEGATIVE

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

Refernces:

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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Reg. Location	: Andheri West (Main Centre)	**Reported**	: 09-Apr-2024 / 11:56

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	147.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.6	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	44.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.0	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	**30.1**	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.9	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	**6.71**	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 becuase 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)

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.07	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	17.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	128.8	35-105 U/L	Colorimetric

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SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

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<<QRCode>>

CID	: 2410004032		
Name	: Mrs PINKI KUMARI		
Age / Sex	: 46 Years/Female	Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 09-Apr-2024
Reg. Location	: Andheri West (Main Center)	Reported	: 09-Apr-2024 / 11:30

X-RAY CHEST PA VIEW

Prominent left atrium and fullness in hilar region seen .

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.

ADVICE CLINICAL CORRELATION .

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Patient's Name : PINKI KUMARI Age :46 YRS / FEMALE

Requesting Doctor :----- DATE: 09.04.2024

CID. No : 2410004032

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV. No significant valvular stenosis.
Mild Mitral Regurgitation , Trivial Aortic Regurgitation

Mild Tricuspid regurgitation. Severe Pulmonary arterial hypertension.
PASP by TRjet vel.method = 60+ 15 = 75 mm Hg.

Grossly Dilated Pulmonary Trunk (MPA 60mm ; LPA 20mm ; RPA 28mm)
Mild Pulmonary Regurgitation ,

RA & RV dilated (RA 42X58mm ; RV 38mm)

IVC dilated (19mm) with more than 50% inspiratory collapse.
Normal RV systolic function (by TAPSE)

LA dilated (42x48mm), IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [LVDD] is Grade II / IV.
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 55-60 % by visual estimation.

No e/o thrombus in LA /LV. No e/o Pericardial effusion.

Impression:

FOLLOW UP C/O PRIMARY PULMONARY HYPERTENSION,
GROSSLY DILATED PULMONARY TRUNK, RA/RV DILATED,
MILD TR, SEVERE PAH, PASP = 75 MM HG,
IVC DILATED WITH > 50% INPSIRATORY COLLAPSE,
NORMAL RV SYSTOLLIC FUNCTION,
NORMAL LV SYSTOLIC FUNCTION, LVEF = 55-60 % ,
NO RWMA, MILD MR, LA DILATED,
LA DILATED, GRADE II LVDD,
NO LV HYPERTROPHY.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	1	m/s
LVIDd	35	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	10	mm	E/A Ratio	1.2	-
IVSs	14	mm	Mitral Valve Deceleration Time	190	ms
LVIDs	24	mm	E/E'	9	-
LVPWs	15	mm	TAPSE	26	
			Aortic valve		
IVRT	-	ms	AVmax	1.5	m/s
			AV Peak Gradient	9	mmHg
2D STUDY			*LVOT* Vmax	1	m/s
LVOT	22	mm	*LVOT* gradient	4	mmHg
LA	42X48	mm	**Pulmonary Valve**		
RA	42X58	mm	PVmax	2	m/s
RV [RVID]	38	mm	PV Peak Gradient	15	mmHg
IVC	19	mm	**Tricuspid Valve**		
			TR jet vel.	3.8	m/s
			PASP	75	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	: 2410004032		
Name	: Mrs PINKI KUMARI		
Age / Sex	: 46 Years/Female		
Ref. Dr	:	Reg. Date	: 09-Apr-2024
Reg. Location	: Andheri West (Main Center)	Reported	: 09-Apr-2024 / 13:30

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (13.9cm), shape and smooth margins.
It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal.
No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein appears normal.

GALL BLADDER:
Multiple calculi are noted in the lumen of the Gall bladder largest of size 5.1mm.
The gall bladder is otherwise normal in size, shape and is well distended with anechoic lumen.
Gall bladder wall is normal in thickness.
Features are suggestive of Cholelithiasis.

CBD appears prominent measuring 5.4mm.

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

KIDNEYS:
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.2 x 3.8cm. Left kidney measures 9.4 x 4.3cm.

SPLEEN:
The spleen is normal in size (10.3cm) 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:
Uterus is not visualized (post hysterectomy status). No obvious adnexal pathology is seen.

OVARIES:
Both ovaries are not visualised however adenxa is clear.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024040908162246

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	**: 2410004032**		
Name	**: Mrs PINKI KUMARI**		
Age / Sex	**: 46 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 09-Apr-2024**
Reg. Location	**: Andheri West (Main Center)**	**Reported**	**: 09-Apr-2024 / 13:30**

IMPRESSION:-

Cholelithiasis as described above.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

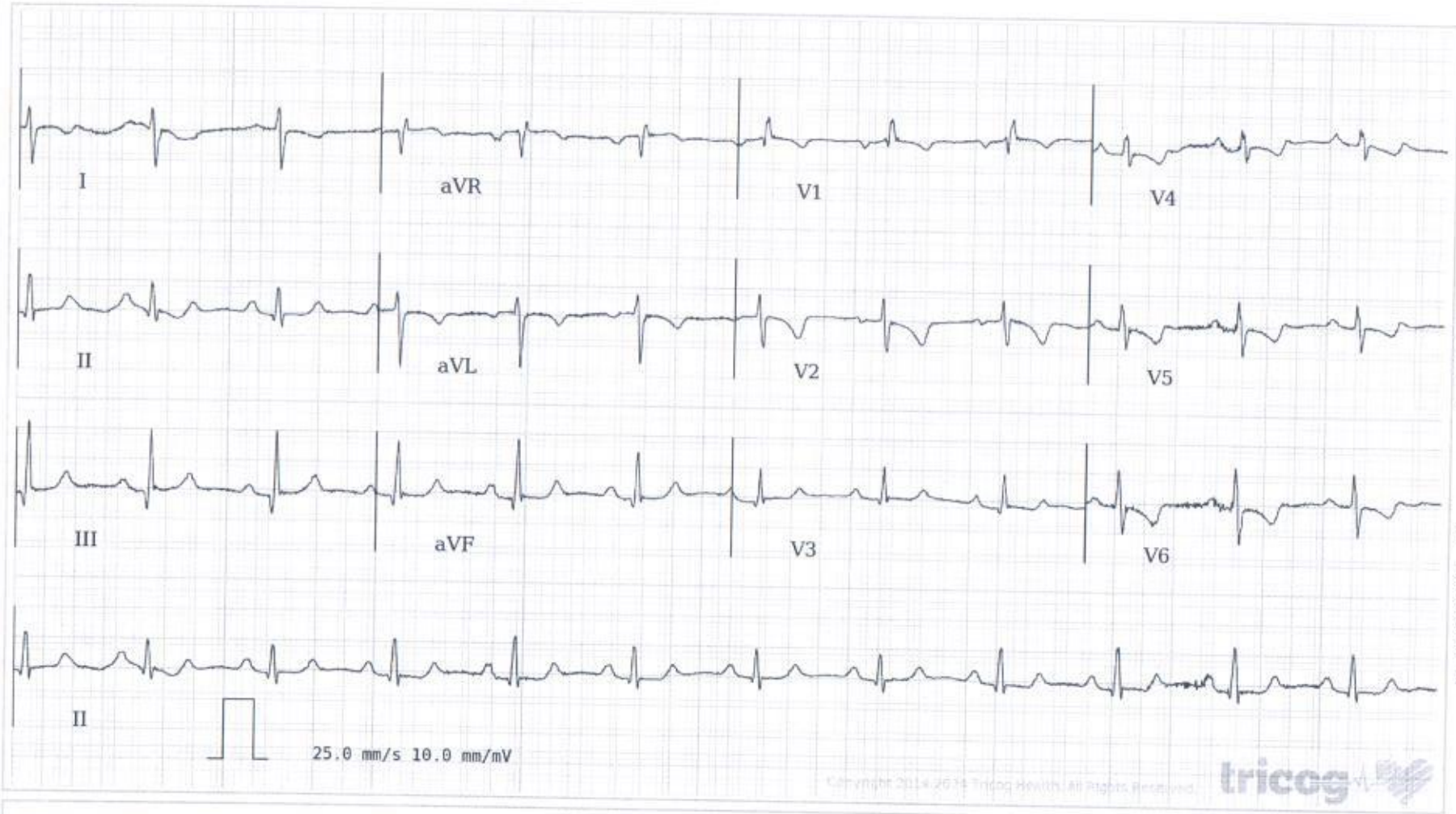
Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024040908162246

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: PINKI KUMARI
Patient ID: 2410004032

Date and Time: 9th Apr 24 8:46 AM



Age 46 years NA months
Gender **Female**
Heart Rate **74bpm**

Patient Vitals

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

Measurements

QRSD:	82ms
QT:	382ms
QTcB:	424ms
PR:	180ms
P-R-T:	75° 112° 114°

Low Voltage Complexes, Sinus Rhythm, Right Axis Deviation, Incomplete RBBB, T wave abnormality in Anterolateral leads. Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 09/04/24 CID: 241000404082

Name:- pinki kumari Sex / Age: / M/46.

EYE CHECK UP

Chief complaints:

Systemic Diseases: Nil

Past history:

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N·5	—	—	—	N·5

Colour Vision: Normal / Abnormal

Remark: Normal Vision.