



CID : 2132328772  
Name : Ms VICHARE PRACHI P  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Mahavir Nagar, Kandivali West Main Centre

Reg. Date : 19-Nov-2021 / 11:43  
Report Date : 19-Nov-2021 / 11:53  
Printed : 19-Nov-2021 / 11:53

### X-RAY CHEST PA VIEW

#### FINDINGS AND IMPRESSION :-

- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardiophrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

**No significant pleuro-parenchymal abnormality seen.**

**Advice:-** Clinical correlation.

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. X ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

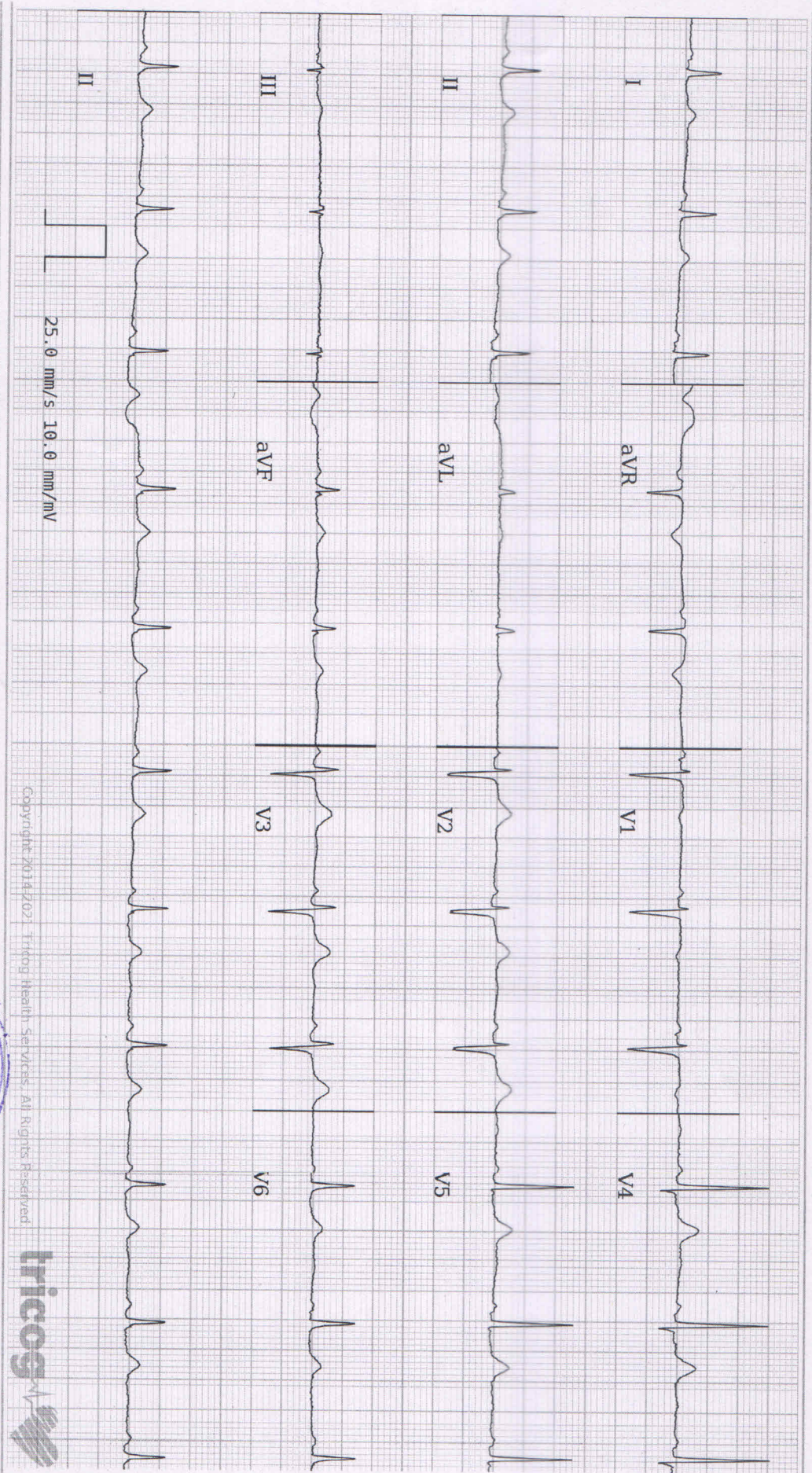
-----End of Report-----

DR. MAHESH KADAM  
MBBS, DMRD  
Reg No - 2011/08/2693  
Consultant Radiologist

Patient Name: VICHARE PRACHI P

Date and Time: 19th Nov 21 12:09 PM

Patient ID: 2132328772



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Age **59** 1 20  
years months days

Gender **Female**

Heart Rate **66 bpm**

**Patient Vitals**

BP: 120/80 mmHg

Weight: 72 kg

Height: 155 cm

Pulse: 65 bpm

Spo2: NA

Resp: NA

Others:

**Measurements**

QSQRD: 84 ms

QT: 412 ms

QTc: 431 ms

PR: 134 ms

P-R-T: 44° 30° 55°

REPORTED BY

Dr. Ajita Bhosale  
M.B.B.S./P.G.D.C.C (DIP Cardiology)  
2013062200

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.

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





बैंक ऑफ बड़ौदा  
Bank of Baroda



नाम  
Name Mrs. PRACHI PRAKASH VICHARE

कर्मचारी कूट क्र.  
E. C. No. 153687

*alt*  
जारीकर्ता प्राधिकारी  
Issuing Authority

*Prichare*  
धारक के हस्ताक्षर  
Signature of Holder

*Prichare*

# SUBURBAN DIAGNOSTIC CENTRE

**Patient Details**                      **Date:** 19-Nov-21                      **Time:** 12:30:59 PM  
**Name:** PRACHI VICHARE    **ID:** 2132328772  
**Age:** 59 y                                      **Sex:** F                                      **Height:** 155 cms                                      **Weight:** 72 Kgs  
**Clinical History:** ANNUAL CHECK UP, K/C/O HYPOTHYROIDISM

**Medications:** TAB. THYRONORM 100MCG

## Test Details

**Protocol:** Bruce                                      **Pr.MHR:** 161 bpm                                      **THR:** 136 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 4 m 7 s                                      **Max. HR:** 139 (86% of Pr.MHR) bpm                                      **Max. Mets:** 7.00  
**Max. BP:** 170 / 80 mmHg                                      **Max. BP x HR:** 23630 mmHg/min                                      **Min. BP x HR:** 6400 mmHg/min  
**Test Termination Criteria:** THR ACHIEVED

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 27	1.0	0	0	83	120 / 80	-0.85 II	2.48 V4
Standing	0 : 52	1.0	0	0	84	120 / 80	-0.64 II	0.71 I
Hyperventilation	0 : 16	1.0	0	0	80	120 / 80	-0.64 II	-0.71 III
1	3 : 0	4.6	1.7	10	124	150 / 80	-1.27 V5	1.06 I
Peak Ex	1 : 7	7.0	2.5	12	139	170 / 80	-1.49 V5	1.42 V5
Recovery(1)	3 : 0	1.8	1	0	94	140 / 80	-1.91 V4	1.42 V4
Recovery(2)	2 : 1	1.0	0	0	91	120 / 80	-0.85 V5	0.71 I

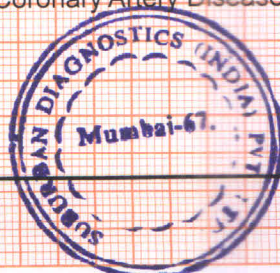
## Interpretation

FAIR EFFORT TOLERANCE.  
 LOW WORKLOAD ACHIEVED.  
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.  
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.  
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.  
 NO ARRHYTHMIAS NOTED.

**IMPRESSION:** THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.  
 Positive test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI HEALTHCARE LIMITED  
 ( Summary Report edited by user )



Doctor: DR AJITA BHOSALE  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

**Dr. AJITA BHOSALE**  
**Reg. No. 2013/062200**  
**MBBS. D. Cardiology**

# SUBURBAN DIAGNOSTIC CENTRE

# Test Report

**PRACHI VICHARE (59 F)**

ID: 2132328772

Date: 19-Nov-21 Exec Time: 0 m 0 s Stage Time: 1 m 21 s **HR: 81 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 136 bpm)

B.P.: 120 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

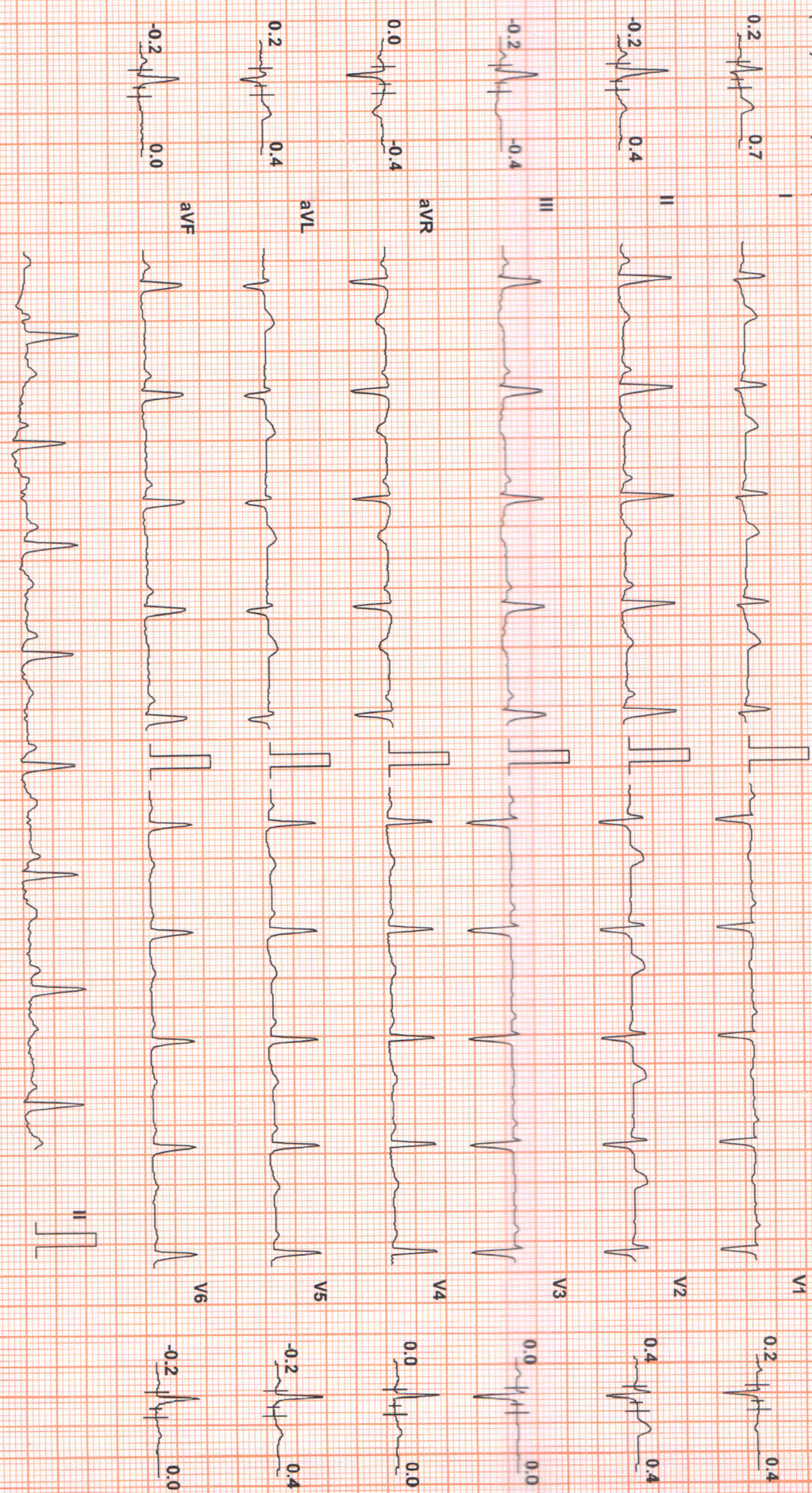


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTIC CENTRE

Test Report

PRACHI VICHARE (59 F)

ID: 2132328772

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 46 s

HR: 80 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 136 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

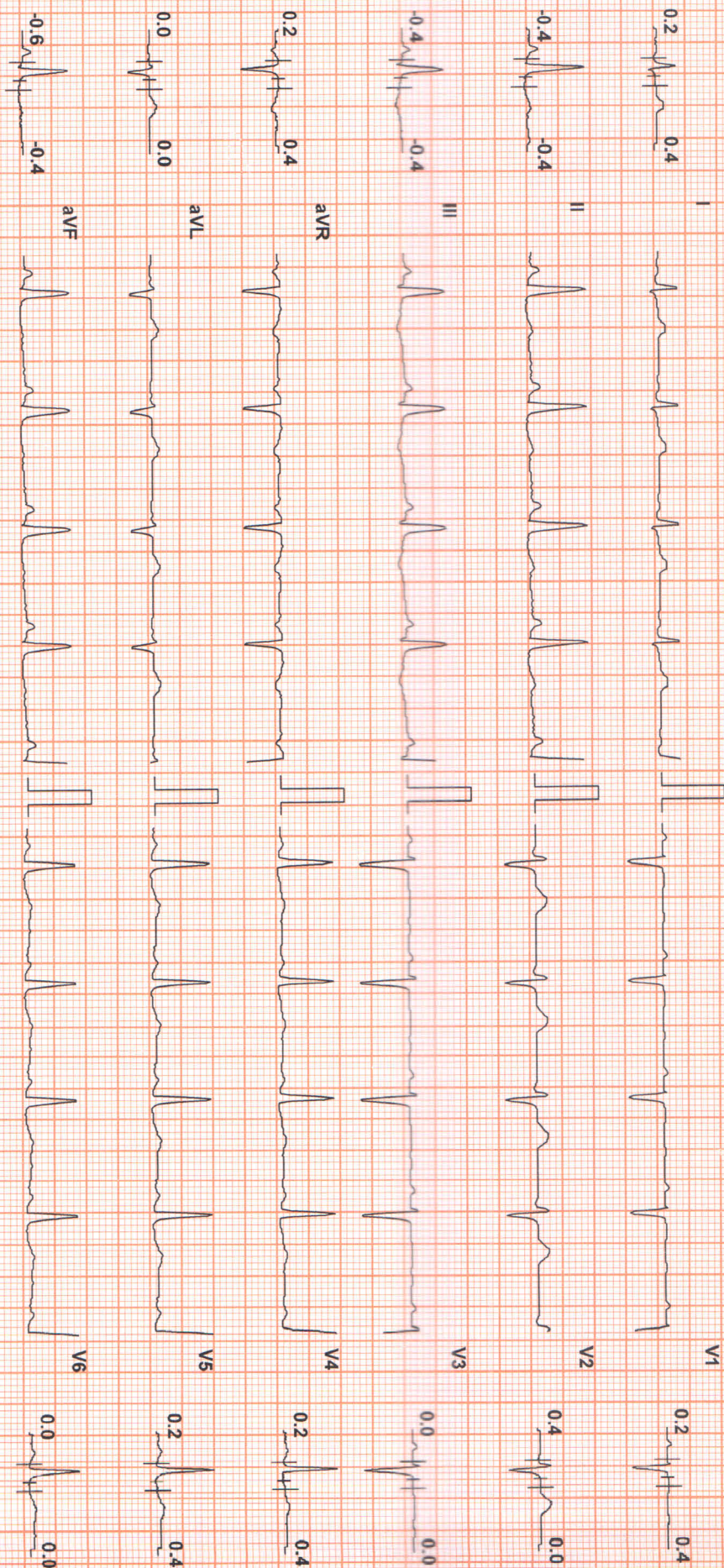


Chart Speed: 25 mm/sec  
Schiller Spandian V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTIC CENTRE

# Test Report

PRACHI VICHARE (59 F)

ID: 2132328772

Date: 19-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 86 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 136 bpm)

B.P: 120 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

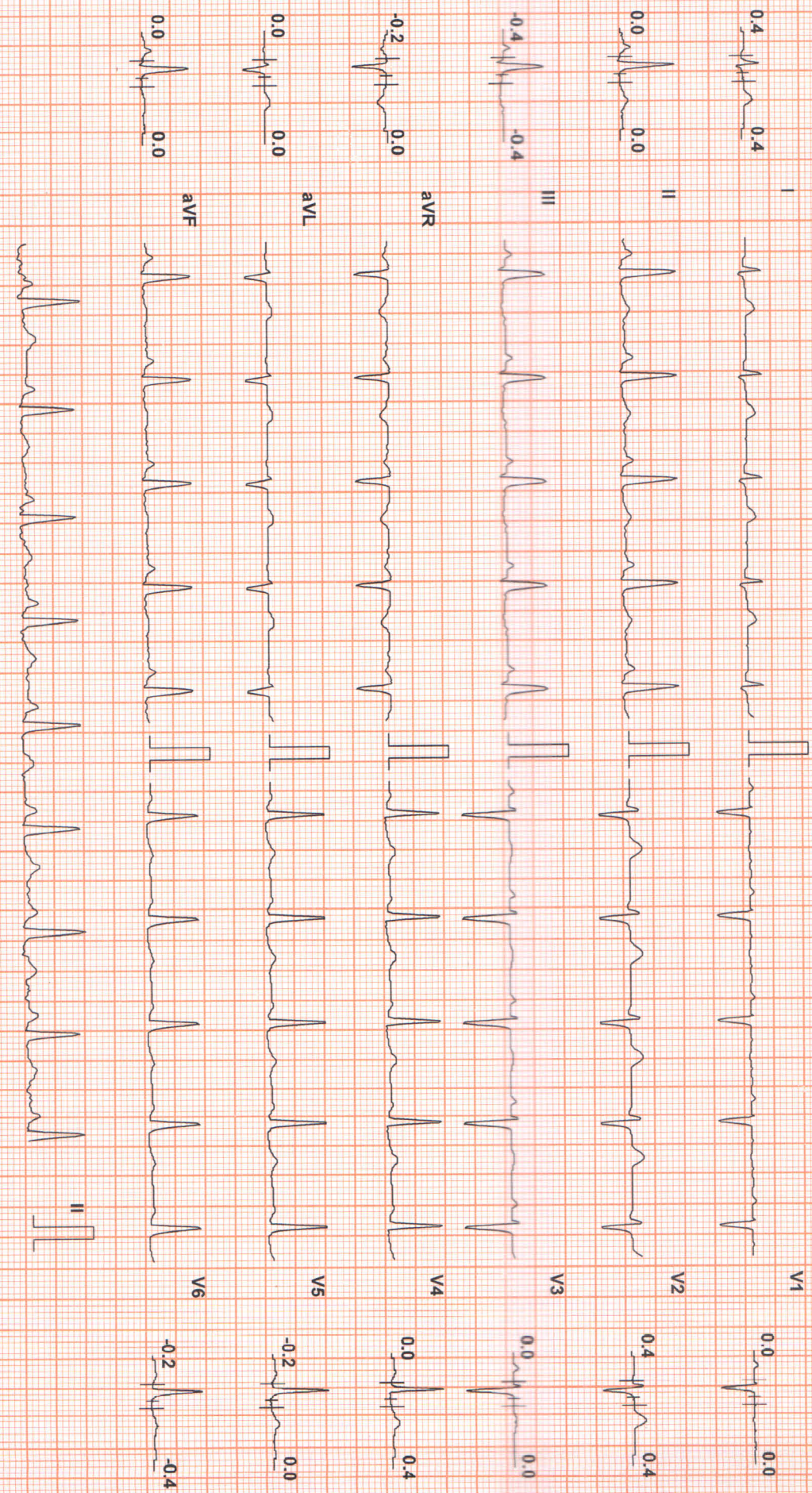


Chart Speed: 25 mm/sec  
Schiller Spandari V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median

# SUBURBAN DIAGNOSTIC CENTRE

# Test Report

**PRACHI VICHARE (59 F)**

ID: 2132328772

Date: 19-Nov-21 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 136 bpm)

B:P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.4

0.4 0.0

-1.3 -0.4

0.4 0.7

-1.1 -0.7

0.0 0.0

0.4 -0.4

-0.2 0.7

0.2 0.4

-0.4 0.4

-1.3 -0.7

-0.2 0.4

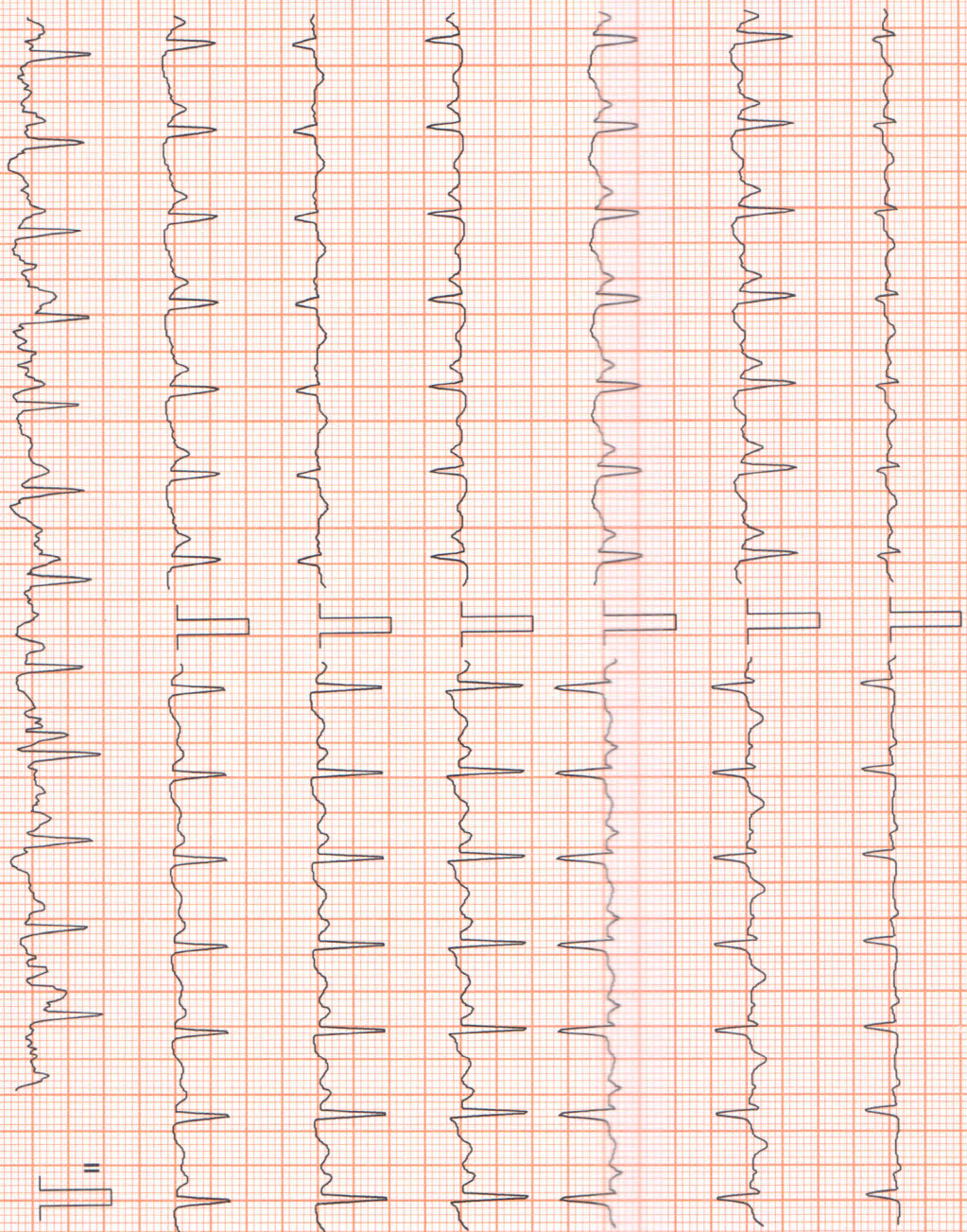


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.52

Linked Median



**SUBURBAN DIAGNOSTIC CENTRE**

**Test Report**

**PRAACHI VICHARE (59 F)**

ID: 2132328772

Date: 19-Nov-21

Exec Time : 4 m 1 s

Stage Time : 1 m 1 s

HR: 139 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 136 bpm)

B:P: 170 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

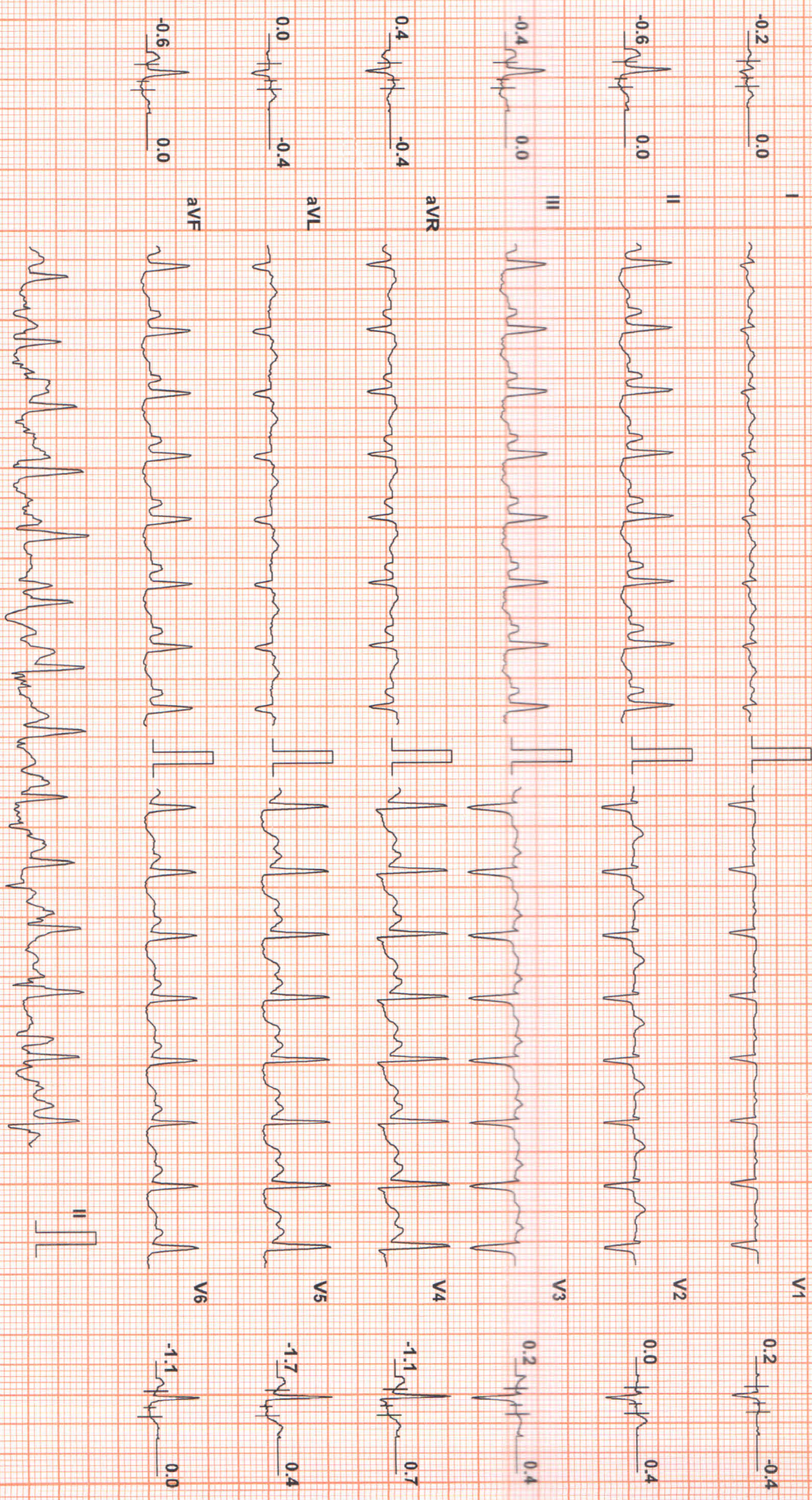


Chart Speed: 25 mm/sec      Filter: 35 Hz      Mains Fil: ON      Amp: 10 mm      Iso = R - 60 ms      J = R + 60 ms      Post J = J + 60 ms

Schiller Sparden V 4.52      Linked Median

**SUBURBAN DIAGNOSTIC CENTRE**

**Test Report**

**PRACHI WICHARE (59 F)**

ID: 2132328772

Date: 19-Nov-21

Exec Time : 4 m 7 s

Stage Time : 2 m 54 s

HR: 94 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 136 bpm)

B:P: 140 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

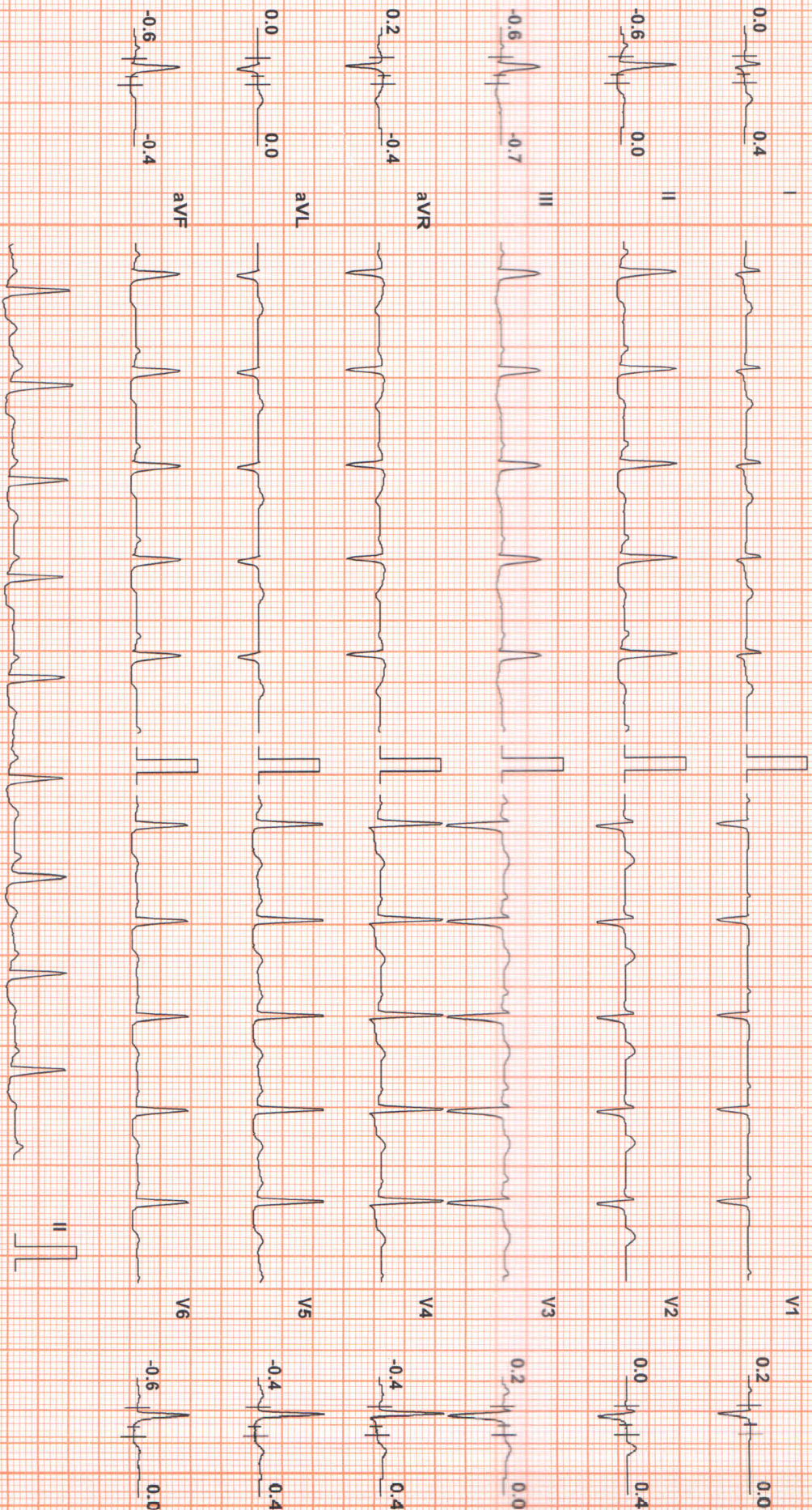


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

**SUBURBAN DIAGNOSTIC CENTRE**

**Test Report**

**PRACHI VICHARE (59 F)**

ID: 2132328772

Date: 19-Nov-21

Exec Time : 4 m 7 s

Stage Time : 1 m 55 s

HR: 90 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 136 bpm)

B.P: 120 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

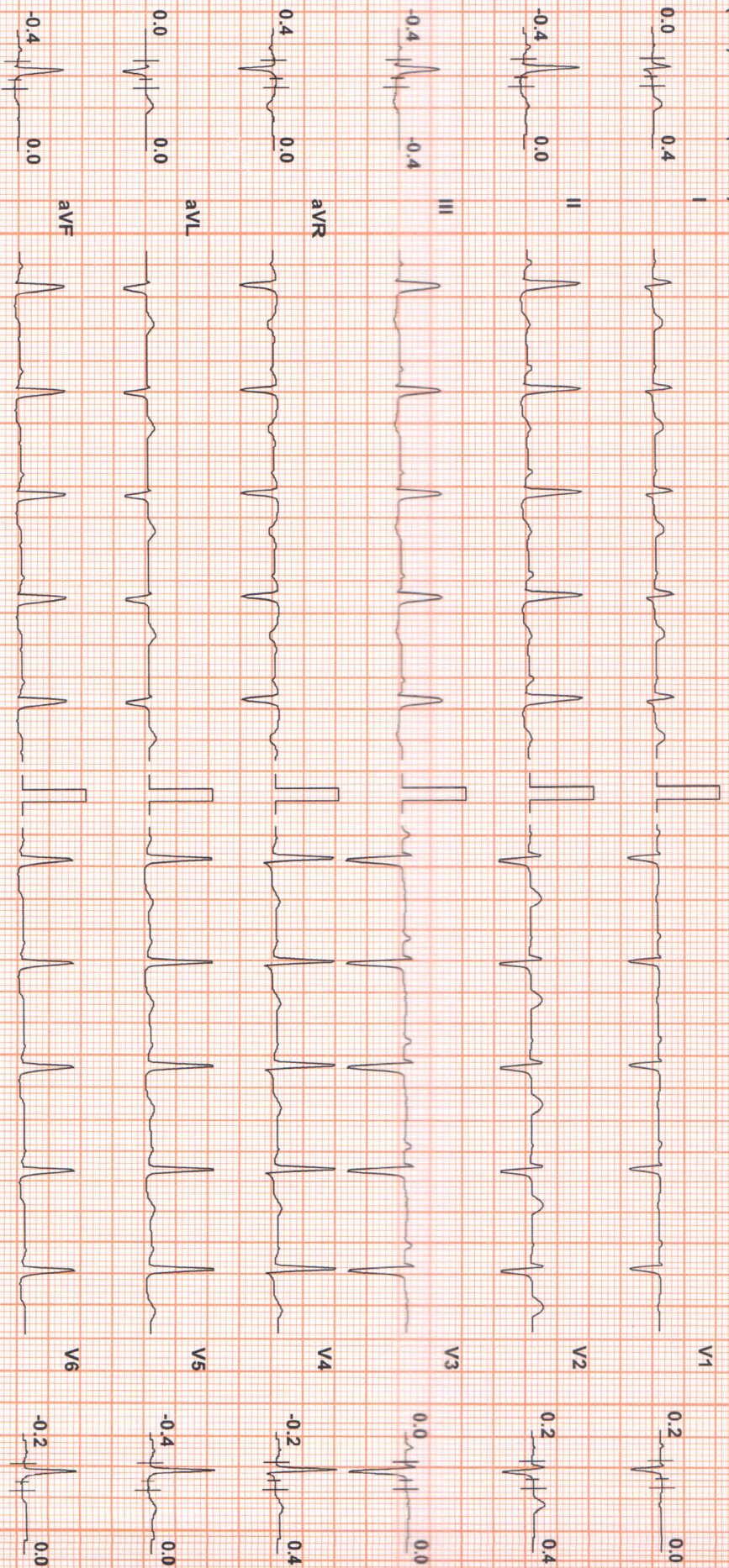


Chart Speed: 25 mm/sec  
Schiller Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms  
Linked Median



CID : 2132328772  
Name : MS.VICHARE PRACHI P  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 11:26  
Reported : 19-Nov-2021 / 16:40

Use a QR Code Scanner  
Application To Scan the Code

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9800	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.8	20-40 %	
Absolute Lymphocytes	3312.4	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	666.4	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	5546.8	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	205.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	68.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	380000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	16.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-
Macrocytosis	-



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**CID** : 2132328772  
**Name** : MS.VICHARE PRACHI P  
**Age / Gender** : 59 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Mahavir Nagar, Kandivali West (Main Centre)

**Collected** : 19-Nov-2021 / 11:26  
**Reported** : 19-Nov-2021 / 14:24

Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 23 2-30 mm at 1 hr. Westergren

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



MC-2111



*Rashmi Monteiro*

**Dr.RASHMI MONTEIRO**  
**M.D. (PATH)**  
**Pathologist**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



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Collected : 19-Nov-2021 / 11:26  
Reported : 19-Nov-2021 / 17:54

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.5	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



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**

**Consultant Pathologist & Lab Director**

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 11:26  
Reported : 19-Nov-2021 / 18:31

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

\*\*\* End Of Report \*\*\*



MC-2111

*J. Thakker*

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

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 11:26  
Reported : 20-Nov-2021 / 11:46

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
------------------	----------------	-----------------------------

**PHYSICAL EXAMINATION**

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

**CHEMICAL EXAMINATION**

Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent

**MICROSCOPIC EXAMINATION**

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

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

\*\*\* End Of Report \*\*\*



MC-2111



*Bm haskar*

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

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT  
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	<b>8-10</b>	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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



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*Rashmi Monteiro*

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Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 11:26  
Reported : 19-Nov-2021 / 20:29

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	POSITIVE

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.

**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 CPL, Andheri West

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MC-2111

*Shashi D*

**Dr.SHASHIKANT DIGHADE**  
**M.D. (PATH)**  
**Pathologist**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



CID : 2132328772  
Name : MS.VICHARE PRACHI P  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 19-Nov-2021 / 11:26  
Reported : 19-Nov-2021 / 18:31

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	84.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	46.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	159.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.0	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	17.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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MC-2111

*J. Thakker*

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

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	79	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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Pathologist & AVP (Medical Services)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.9	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	2.68	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 5.5 to 15 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:**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.

**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.30	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	<b>3.8</b>	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.8	35-105 U/L	Colorimetric

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MC-2111

*J. Thakker*

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

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• PATIENT NAME : MRS. VICHARE PRACHI P	• SEX : FEMALE
• REFERRED BY : -----	• AGE : 59 YEARS
• CID NO : 2132328772	• DATE : 19.11.2021

**USG WHOLE ABDOMEN**

**LIVER:**

It is normal in size, shape and smooth margins. It shows diffusely increased parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

**GALL BLADDER:**

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

**PANCREAS:**

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 9.7 x 4.6 cm. Left kidney measures 8.9 x 3.8 cm.

**SPLEEN:**

It is normal in size and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:**

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

**UTERUS:**

It is anteverted and appears atrophic. It measures 5.5 x 2.7 x 2.6 cm, in size. Endometrial thickness is 4.0 mm. No evidence of abnormal endometrial vascularity is seen.

Both the ovaries are not well visualised (post-menopausal atrophy).

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

No evidence of significant abdominal lymphadenopathy or ascites.

**IMPRESSION:**

**Fatty liver (Grade I).**

**Rest of the study shows no significant abnormality.**

Advice - clinical correlation

**DR. MAHESH S. KADAM.**  
CONSULTANT RADIOLOGIST

MME REG NO -2011/08/2693

**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 case for confirmation of findings. Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

\*\*\* End Of Report \*\*\*

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