

CID# : 2231622624

Name : MRS.PRIYA KANE

Age / Gender : 56 Years/Female

Consulting Dr. : -

Reg.Location : Juhu, Vile Parle West (Main Centre)

Collected : 12-Nov-2022 / 09:22

Reported : 14-Nov-2022 / 09:57

GYNAECOLOGICAL CONSULTATION

PARAMETER

EXAMINATION			
RS	: AEBE clear	CVS	: S1S2 audible
BREAST EXAMINATION	: ---	PER ABDOMEN	: Normal
PER VAGINAL	: pap not done		
MENSTRUAL HISTORY			
MENARCHE	: 12 yrs.		
PAST MENSTRUAL HISTORY	: Regular cycle		
OBSTETRIC HISTORY :			
2 FTND			
PERSONAL HISTORY			
ALLERGIES	: None	BLADDER HABITS	: Normal
BOWEL HABITS	: Normal	DRUG HISTORY	: Telma AM
PREVIOUS SURGERIES	: Hysterectomy		
FAMILY HISTORY :			
Father- Exp-HTN ,prostate cancer ,Mother-Exp-diabetic			
CHIEF GYNAE COMPLAINTS :			
None			
RECOMMENDATIONS :			
None			

*** End Of Report ***

Dr. (Mrs.) PRIYANKA WADHWANI

M.B.B.S.(MUM)

Reg. No 82507

Dr.PRIYANKA WADHWANI

M.B.B.S

Consultant - Corporate Services

Suburban Diagnostics (India) Pvt. Ltd.
"Ambika" Plot No. 81, 82, 83, CHC
NS Road, 10 Juhu Centre,
Vile Parle (W), Mumbai - 400 049.
Tel.: 26705076 / 26705075

Date:- 12. Nov. 22

CID: 2231622624

Name:- Priya Kane

Sex / Age: F / 56

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: K/U/O HTN on medication

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N8	—————			N6

Colour Vision: Normal / Abnormal

Remark: Continue same specs

Dr. (Mrs.) PRIYANKA WADHWANI
M.B.B.S.(MUM)
Reg No 82507

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"Ambika" Plot No. 54, Jai Hind CHS,
NS Road, 17 Juhu Scheme,
Vile Parle (W), Mumbai - 400 049.
Tel.: 26705076 / 26705015

ADDRESS: 2nd 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 : 12-Nov-2022 / 09:34
Reported : 12-Nov-2022 / 15:46

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.14	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.3	36-46 %	Calculated
MCV	85.2	80-100 fl	Measured
MCH	27.2	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	12.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6050	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.5	20-40 %	
Absolute Lymphocytes	1900	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	520	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	3380	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	200	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	306000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	13.0	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 27 2-30 mm at 1 hr. Westergren

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

*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



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Reported : 12-Nov-2022 / 18:10

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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	96.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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



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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	25.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	6.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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



M. Jain

Dr. MILLU JAIN
M.D.(PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Name : MRS.PRIYA KANE
Age / Gender : 56 Years / Female
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Collected : 12-Nov-2022 / 11:39
Reported : 12-Nov-2022 / 17:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



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Collected : 12-Nov-2022 / 09:34

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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	NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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

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*** End Of Report ***



M Jain

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M.D.(PATH)
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	225.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	149.4	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	43.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	182.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	152.0	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	30.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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*** End Of Report ***



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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 Reg. Location : Juhu, Vile Parle West (Main Centre)

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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	3.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	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	2.12	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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*** End Of Report ***



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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	0.61	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	29.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	134.7	35-105 U/L	Colorimetric

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*** End Of Report ***



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

CID : 2231622271
Name : Mrs Priya Kane
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre
Reg. Date : 12-Nov-2022
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USG ABDOMEN AND PELVIS

Excess bowel gases are noted.

LIVER:

Liver is normal in size (measures 13.8cm), shape and bright in echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. No pericholecystic free fluid is seen. There is no evidence of any obvious calculus.

PORTAL VEIN:

Portal vein is normal. **CBD:** CBD is normal.

PANCREAS:

Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 9 x 4.5cm. Left kidney measures 9.8 x 4.8cm.
Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained.
There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN:

Spleen is normal in size (7.5cm) and echotexture. No focal lesion is seen.

URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS AND OVARIES NOT SEEN -

Post hysterectomy-oophorectomy/atrophic status. No obvious pelvic pathology detected. Vaginal echo is normal.

No free fluid or significant lymphadenopathy is seen.

Bowel loops are grossly normal.

[Click here to view images <<ImageLink>>](#)

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Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre
Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 12:48

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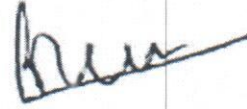
IMPRESSION:
GRADE I/II FATTY LIVER.

SUGGEST: CLINICAL CORRELATION.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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

This report is prepared and physically checked by DR Chirag desai before dispatch.



Dr CHIRAG DESAI
MBBS, DNB
2014/08/3610
Consultant Radiologist

Click here to view images <<ImageLink>>

Patient's Name : Mrs. Priya Kane

Age : 56 Yrs/ Female

Requesting Doctor :

Date : 12/11/2022

Indication : Routine check up.

CID No :2231622624

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ AV / TV / PV.
No valvular pathology.

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

Type 1 Left Ventricular Diastolic Dysfunction [LVDD].

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

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, NO VALVULAR PATHOLOGY.
TRIVIAL MR,TR+
NO PAH,PASP=22mmHg.
TYPE 1 LVDD.
IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	11	mm	Mitral Valve E velocity	0.55	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.65	cm/s
LVPWd	11	mm	E/A Ratio	<1	-
IVSs	16	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	14	-
AO	22	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	8	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	6	mmHg
LA	32	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2	cm/s
			PASP	22	mmHg

End Of Report



DR. DINESH ROHIRA
MBBS, DNB (Int. Medicine)
Cons. Physicians, Echocardiologist
REG. NO. 2008/04/0837

DR. DINESH ROHIRA
ECHOCARDIOLOGIST

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.

CID : 2231622624
Name : Mrs Priya Kane
Age / Sex : 56 Years/Female
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre
Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 12:29

Use a QR Code Scanner
Application To Scan the Code

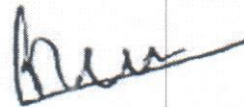
X-RAY CHEST PA VIEW

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-----

This report is prepared and physically checked by DR Chirag desai before dispatch.



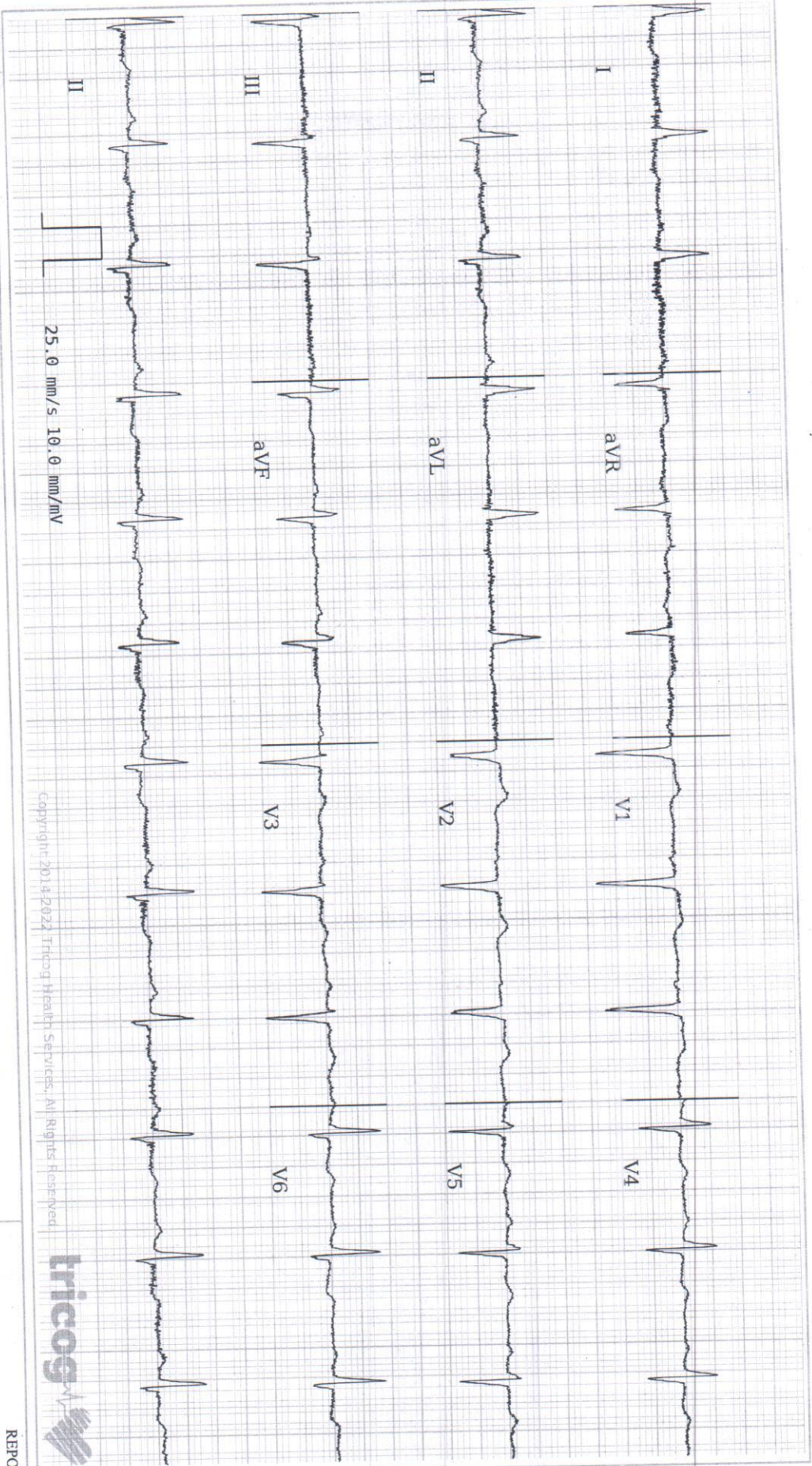
Dr CHIRAG DESAI
MBBS, DNB
2014/08/3610
Consultant Radiologist

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS - JUHU, VILE PARLE WEST

Patient Name: **PRIYA KANE**
Patient ID: **2231622624**

Date and Time: **12th Nov 22 11:15 AM**



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Age **56** **2** **1**
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: **140/100 mmHg**
Weight: **86 kg**
Height: **155 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **94ms**
QT: **416ms**
QTc: **458ms**
PR: **178ms**
P-R-T: **52° -11° 250°**

REPORTED BY

[Signature]

Dr. Girish Agrawal
MD Medicine
2002/02/478

Sinus Rhythm, Septal Infarction, possibly old. Compare with old ECG, if any. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Suburban Diagnostics (I) Pvt. Ltd.
"Ambika" Plot No. 54, Jai Hind CHS,
NS Road, 10 Juhu Scheme,
Vile Parle (W), Mumbai - 400 049.
Tel.: 26705076 / 26705015



भारत सरकार
Government of India



प्रिया प्रसाद काणे
Priya Prasad Kane
जन्म तारीख/DOB: 11/09/1966
महिला/ FEMALE

Dr. (Mrs.) PRIYANKA WADHWANI
M.B.B.S. (MUM)
Reg No 82507



5196 6537 8624
VID : 9114 6173 0499 9076

माझे आधार, माझी ओळख

Priya Kane