

Age **49** **11** **12**
 years months days

Gender **Female**

Heart Rate **56bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QSRD: 76ms

QT: 414ms

QTc: 399ms

PR: 128ms

P-R-T: 37° 30° 4°

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physican
 MD Physican
 49972



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CID : 2206006700
Name : Mrs MEERA VISHWANATHAN
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 01-Mar-2022 / 16:03
Reported : 01-Mar-2022 / 16:06

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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and shows increased echoreflectivity. 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. There is no evidence of any calculus.

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

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

KIDNEYS: Right kidney measures 9.9 x 3.9 cm.

Left kidney measures 10.2 x 4.8 cm. **A simple cortical cyst measuring 2.7 x 2.5 cm is noted at mid pole in left kidney.**

Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 10.3 x 6.0 x 6.3 cm (**Bulky**). **A 3.3 x 2.6 cm sized mural fibroid noted on anterior uterine wall.** Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 11.6 mm. (**Thickened**) Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.3 x 1.8 cm

The left ovary measures 2.0 x 1.8 cm

No free fluid or significant lymphadenopathy is seen.

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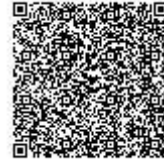
<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022030109401061>

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

Reg. Date : 01-Mar-2022 / 16:03
Reported : 01-Mar-2022 / 16:06

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IMPRESSION:

- **BULKY UTERUS WITH UTERINE FIBROID.**
- **THICKENED ENDOMETRIUM.**
- **GRADE I FATTY INFILTRATION OF LIVER.**
- **LEFT RENAL SIMPLE CORTICAL CYST.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by **DR GAURAV FARTADE** before dispatch.

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Name : Mrs MEERA VISHWANATHAN
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 01-Mar-2022 / 10:10
Reported : 01-Mar-2022 / 14:06

R
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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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

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Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Name : MRS.MEERA VISHWANATHAN
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 01-Mar-2022 / 11:43

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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 | 9.5 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.37 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 30.4 | 36-46 % | Measured |
| MCV | 70 | 80-100 fl | Calculated |
| MCH | 21.7 | 27-32 pg | Calculated |
| MCHC | 31.2 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.6 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 7000 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 32.1 | 20-40 % | |
| Absolute Lymphocytes | 2247.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.7 | 2-10 % | |
| Absolute Monocytes | 399.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 57.8 | 40-80 % | |
| Absolute Neutrophils | 4046.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 4.4 | 1-6 % | |
| Absolute Eosinophils | 308.0 | 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 | 269000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.6 | 6-11 fl | Calculated |
| PDW | 18.5 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | + | | |
| Microcytosis | + | | |



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Reported : 01-Mar-2022 / 11:51

| | |
|----------------------|---|
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | Mild |
| Polychromasia | Mild |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Elliptocytes-occasional |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | Features suggest iron deficiency anemia |

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB 9 2-20 mm at 1 hr. Westergren

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 49 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 01-Mar-2022 / 09:39
Reported : 01-Mar-2022 / 12:20

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 | 108.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 76.6 | 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 G B Road Lab, Thane West
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MC-2427



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Age / Gender : 49 Years / Female
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Collected : 01-Mar-2022 / 09:39
Reported : 01-Mar-2022 / 15:13

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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 | 6.6 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 142.7 | 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

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Age / Gender : 49 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 01-Mar-2022 / 12:44

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**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) | Acidic (5.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.020 | 1.010-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 20 | - | - |
| <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 | 5-6 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 6-8 | Less than 20/hpf | |

Kindly correlate clinically.

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

*** End Of Report ***



MC-2427

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Reported : 01-Mar-2022 / 13:25

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | AB |
| Rh TYPING | Positive |

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

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 G B Road Lab, Thane West

*** End Of Report ***



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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 199.2 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 104.2 | 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 | 39.1 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 160.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 139.0 | 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 | Homogeneous enzymatic colorimetric assay |
| VLDL CHOLESTEROL, Serum | 21.1 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 5.1 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.6 | 0-3.5 Ratio | Calculated |

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Reported : 01-Mar-2022 / 13:25

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-----------------------|----------------|-----------------------------|--------------------|
| BLOOD UREA, Serum | 11.7 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 5.5 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.85 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 76 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 6.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| URIC ACID, Serum | 5.2 | 2.4-5.7 mg/dl | Uricase |
| PHOSPHORUS, Serum | 3.5 | 2.7-4.5 mg/dl | Ammonium molybdate |
| CALCIUM, Serum | 9.1 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 139 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.3 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 104 | 98-107 mmol/l | ISE |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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M.D (Path)
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Collected : 01-Mar-2022 / 09:39
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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 | 3.3 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 10.9 | 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 | 12.79 | 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 |

Result rechecked.
Kindly correlate clinically.



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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 G B Road Lab, Thane West

*** End Of Report ***



MC-2427

Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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

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CID : 2206006700
Name : MRS.MEERA VISHWANATHAN
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 01-Mar-2022 / 09:39
Reported : 01-Mar-2022 / 13:25

**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 | 0.47 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.19 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.28 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.5 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 12.7 | 5-32 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 12.8 | 5-33 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 18.2 | 3-40 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 42.0 | 35-105 U/L | PNPP |

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