



CID : 2308212865
Name : MRS.SARITA MISHRA
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Mar-2023 / 09:18
Reported : 23-Mar-2023 / 12:47

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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	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.05	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.5	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.7	20-40 %	
Absolute Lymphocytes	1150.9	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	496.9	200-1000 /cmm	Calculated
Neutrophils	65.2	40-80 %	
Absolute Neutrophils	3305.6	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	96.3	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	467000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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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-ESR 14 2-30 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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Reported : 23-Mar-2023 / 21:07

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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	80.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***

Bmhaskar

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Reported : 23-Mar-2023 / 13:03

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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	12.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.59	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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Collected : 23-Mar-2023 / 09:18
Reported : 23-Mar-2023 / 16:23

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	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	+(>20/hpf)	Less than 20/hpf	
Others	-		

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 insert

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

Bmhaskar

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



MC-2111



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Collected :
Reported :

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Mar-2023 / 09:18
Reported : 23-Mar-2023 / 13:58

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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	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist





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Reg. Location : Kandivali East (Main Centre)

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Reported : 23-Mar-2023 / 12:33

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.8	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	63.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	91.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	80.0	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	11.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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

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Reg. Location : Kandivali East (Main Centre)

Collected : 23-Mar-2023 / 09:18
Reported : 23-Mar-2023 / 13:46

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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	1.37	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 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:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

*** End Of Report ***

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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	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	50.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	58.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.4	35-105 U/L	Colorimetric

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*** End Of Report ***

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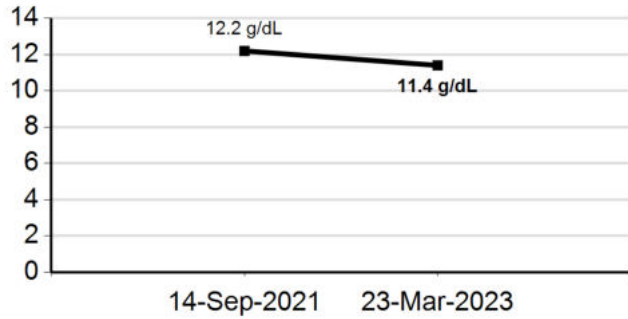




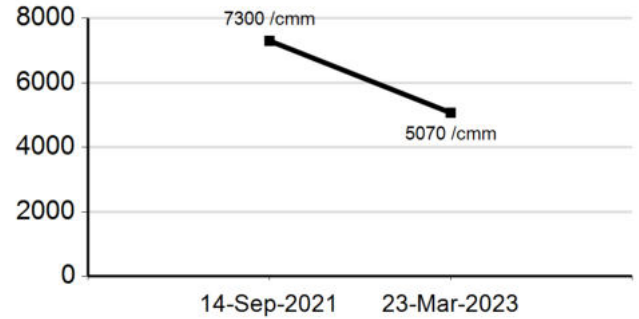
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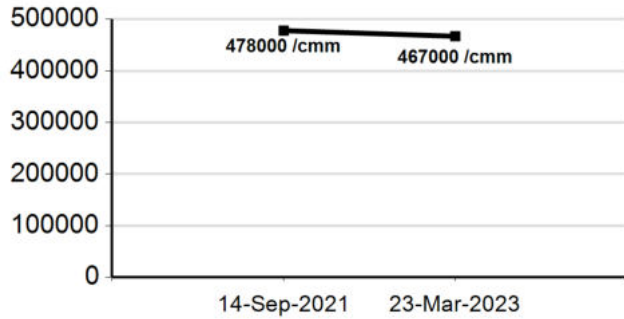
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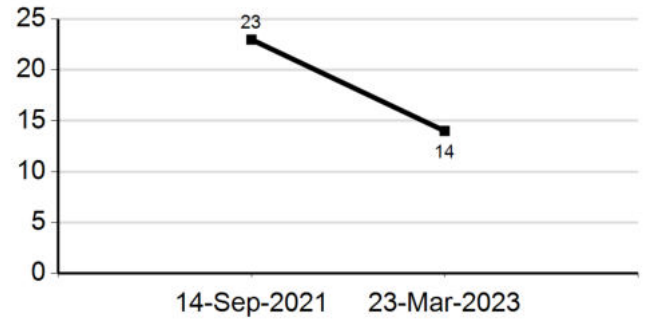
WBC Total Count



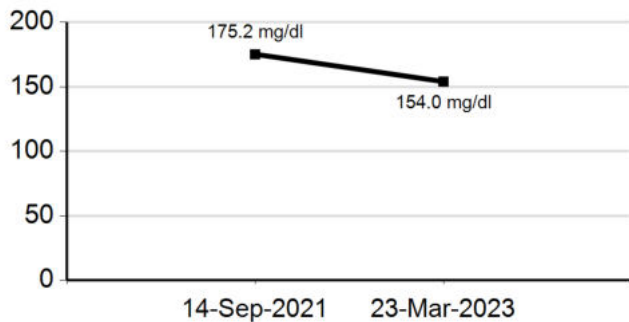
Platelet Count



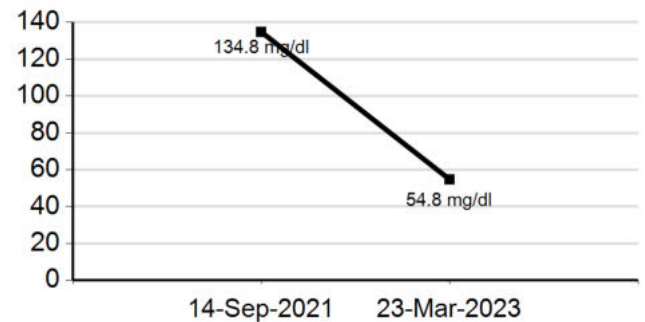
ESR



CHOLESTEROL



TRIGLYCERIDES

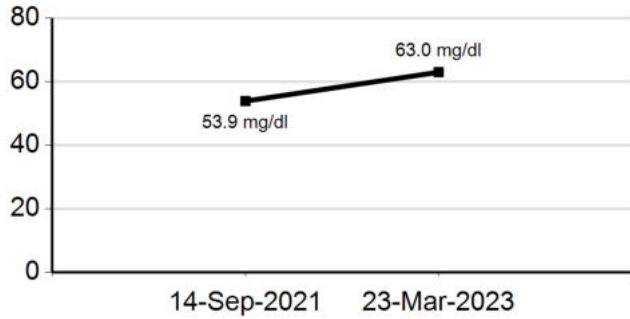




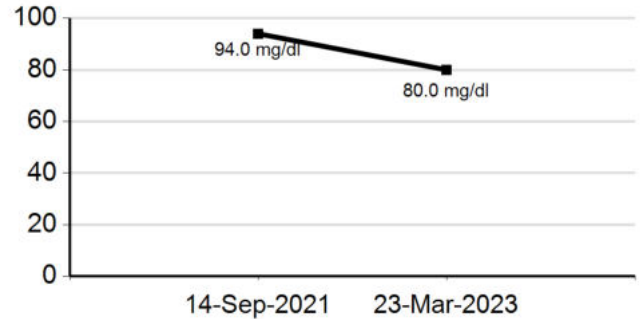
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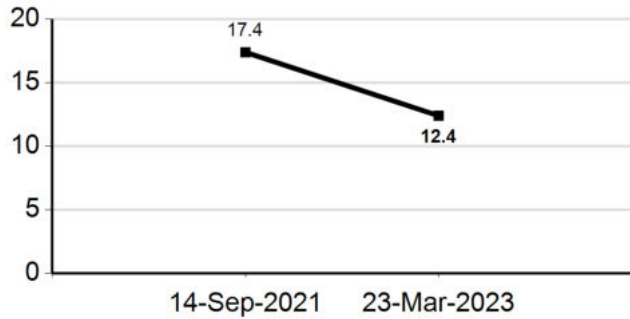
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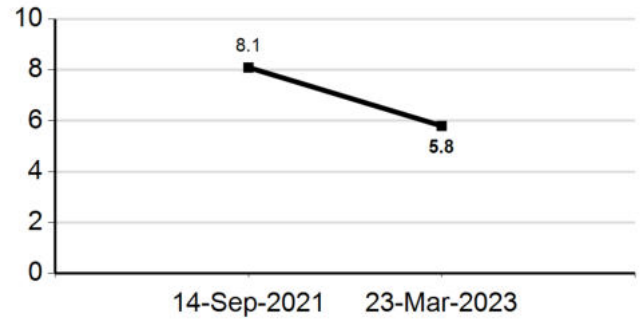
LDL CHOLESTEROL



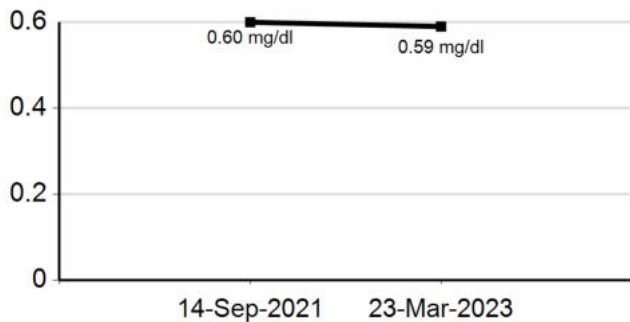
BLOOD UREA



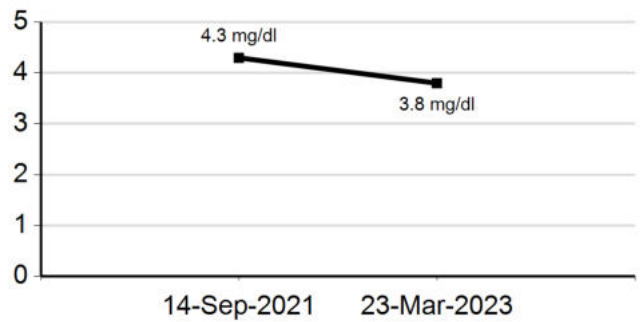
BUN



CREATININE



URIC ACID

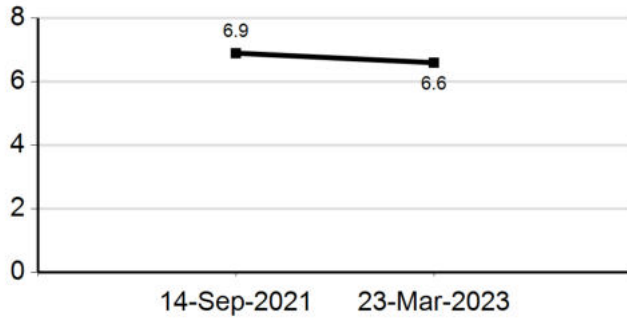




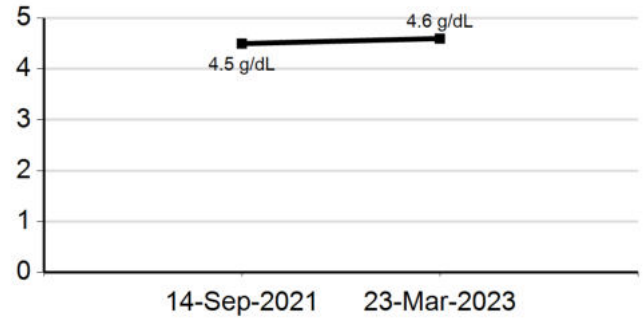
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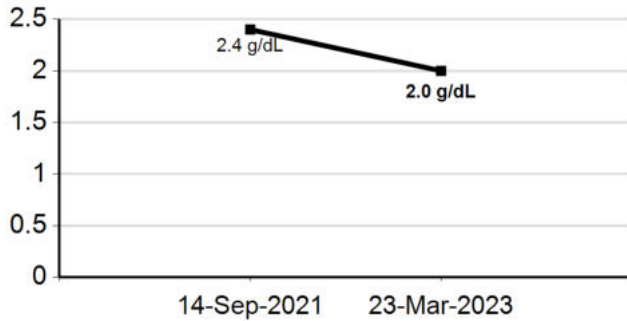
TOTAL PROTEINS



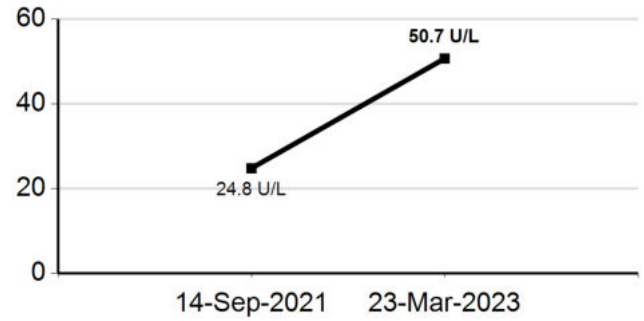
ALBUMIN



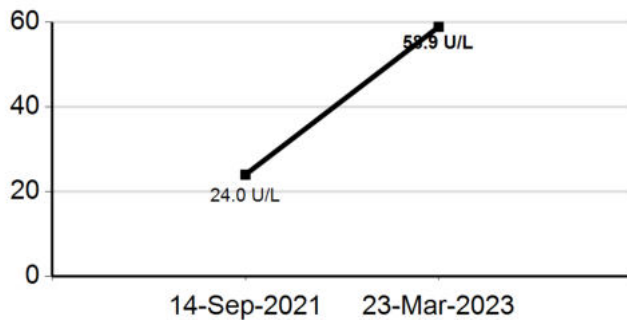
GLOBULIN



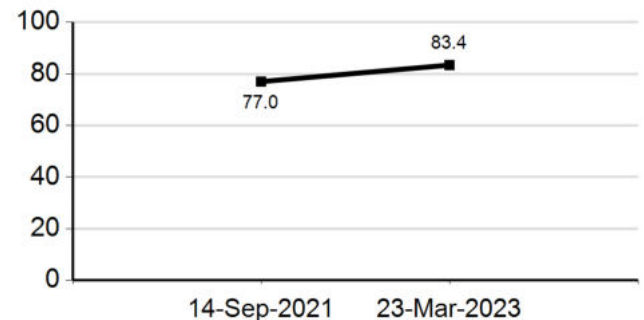
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

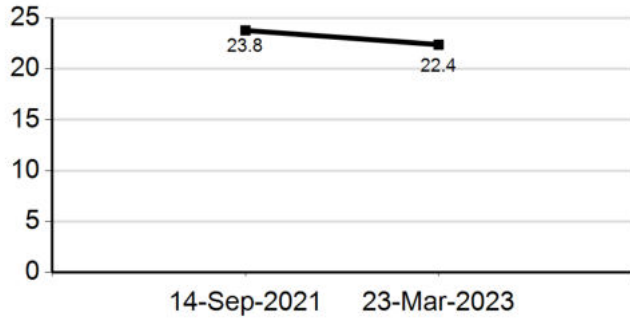




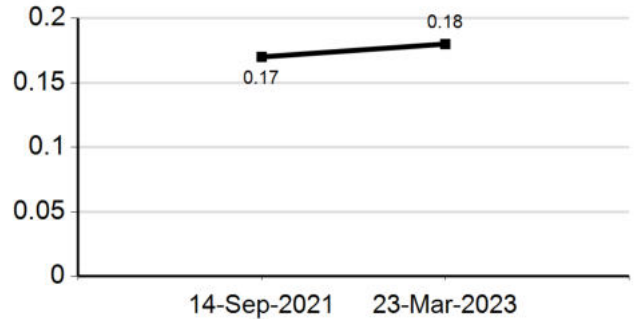
Use a QR Code Scanner
 Application To Scan the Code

CID : 2308212865
 Name : MRS.SARITA MISHRA
 Age / Gender : 53 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

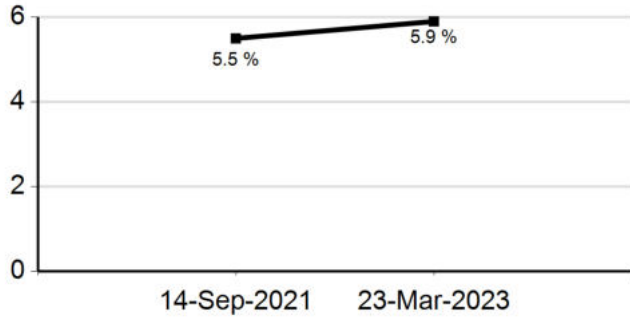
GAMMA GT



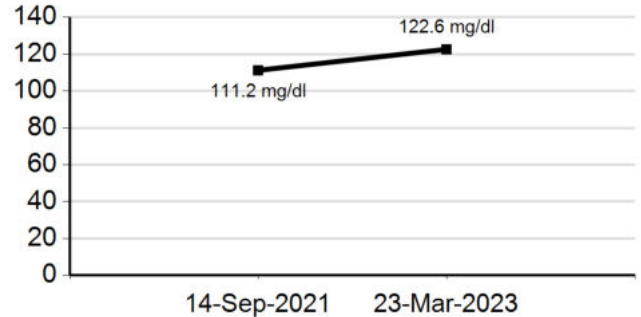
BILIRUBIN (DIRECT)



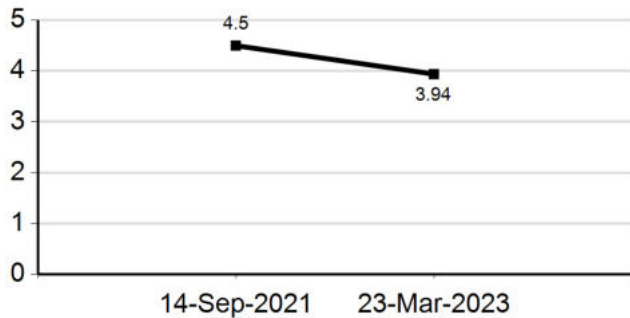
Glycosylated Hemoglobin (HbA1c)



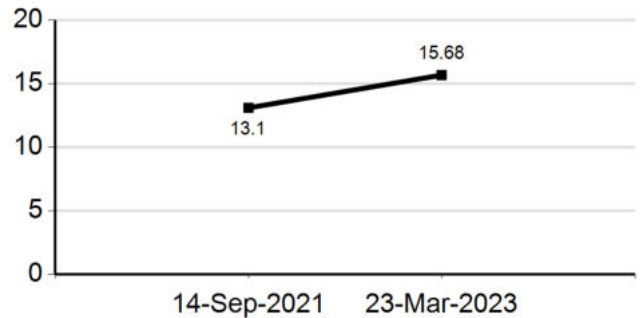
Estimated Average Glucose (eAG)



Free T3



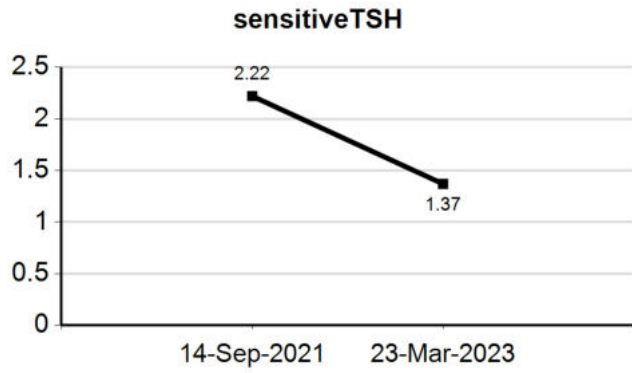
Free T4





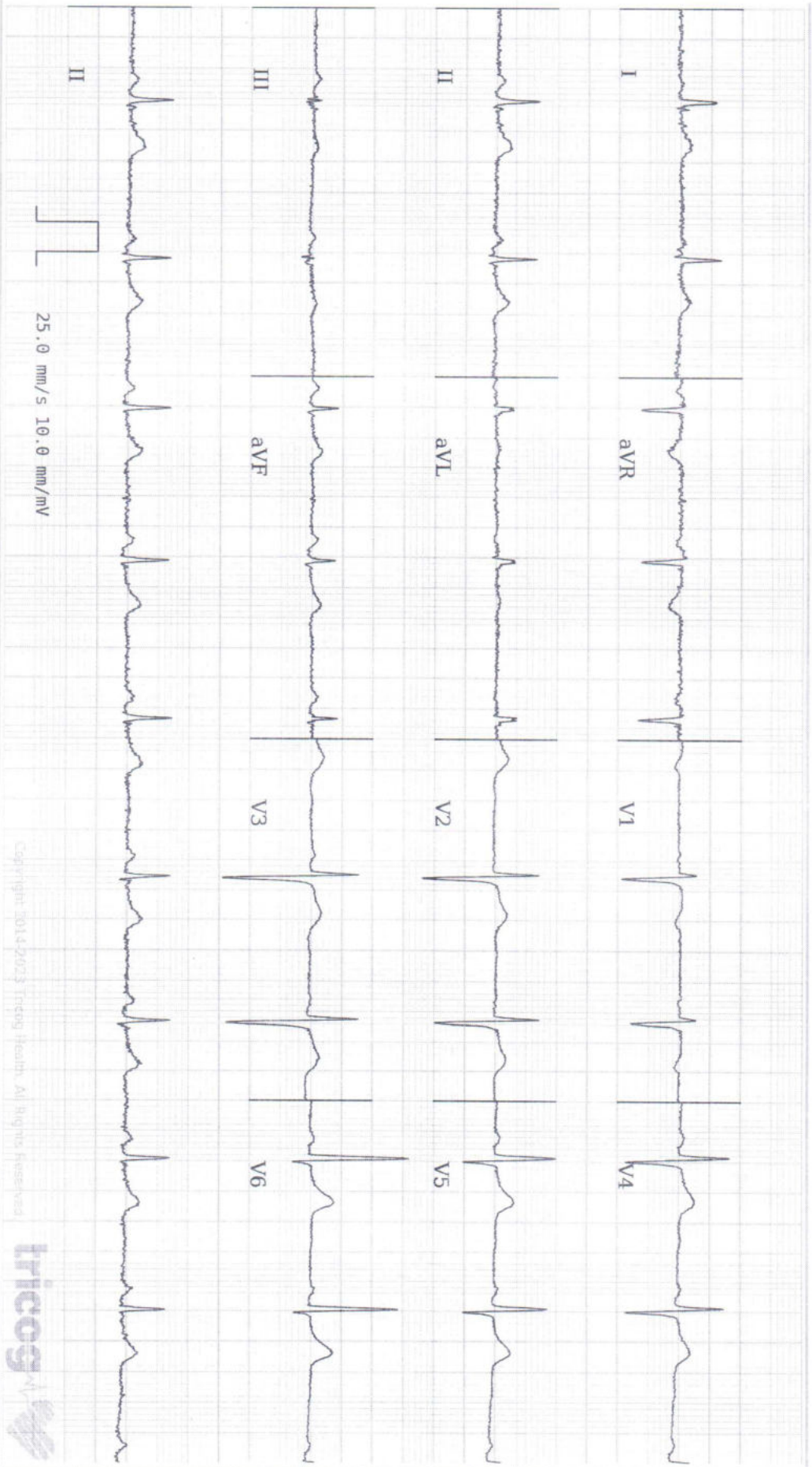
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CID : 2308212865
Name : MRS.SARITA MISHRA
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)



Patient Name: SARITA MISHRA
Patient ID: 2308212865

Date and Time: 23rd Mar 23 10:03 AM



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Age **53** 9 22
years months days

Gender **Female**

Heart Rate **60bpm**

Patient Vitals

BP: 150/90 mmHg
Weight: 58 kg
Height: 148 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 84ms
QT: 414ms
QTc: 414ms
PR: 142ms
P-R-T: 62° 33° 48°

REPORTED BY

[Signature]

DR AKHIL PAVAN EKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012/82483

ECG Within Normal Limits: Sinus Rhythm. 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.

Date: 28/3/23

CID: 2308212865

Name: Mrs. Savita Mishra

Sex/Age: F/53

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: HT 08 yr 2017

Past history: No h/o Ocular surgery

Unaided Vision: 6/6bw 6/6bw

Aided Vision:

Refraction:

Coms! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+	0.50	180	6/6	+	0.50	90°	6/6
Near	+2.0	0.50	180	10/6	+2.0	0.50	90°	10/6

Colour Vision: Normal / Abnormal

Remark: Vm within normal limit

Kajal H.

KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 9, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

DENTAL CHECK - UP

Name:- *Surata Mishra*

CID : *2308212865* Sex / Age : *F / 53*

Occupation:-

Date: *23/03/2023*

Chief complaints:- *NO complaints*

Medical / dental history:- *NO relevant history*

GENERAL EXAMINATION: *B.P to medication*

1) Extra Oral Examination:

a) TMJ: *Normal movements*

b) Facial Symmetry: *Bilateral Symmetrical.*

2) Intra Oral Examination:

a) Soft Tissue Examination: *Normal*

b) Hard Tissue Examination: *Normal*

c) Calculus: *Generalized loss of interdental bone*

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: *a) Flossing*

DR. BHUMIK PATEL
(B.D.S) A - 23378

Provisional Diagnosis:-

- NIL -

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Dr. Bhumik Patel
[Signature]

CID : 2308212865
Name : Mrs Sarita Mishra
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 10:50

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 cm) 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 measures 10 mm and CBD appears measures 3.8 mm .
The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.6 x 5.1 cm. Left kidney measures 10.5 x 5.5 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.3 cm) 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: Post Menopausal Status.

The uterus is anteverted and appears normal. It measures 7.3 x 4.2 x 4.9 cm in size.
The endometrial thickness is 5.3 mm.

OVARIES: Post Menopausal Status.

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.4 x 1.4 cm Left ovary = 2.4 x 1.5 cm

Click here to view images <<ImageLink>>

CID : 2308212865
Name : Mrs Sarita Mishra
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 10:50

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IMPRESSION:-

NO SIGNIFICANT ABNORMALITY IS SEEN.

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



DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

• PATIENT NAME : MRS .SARITA MISHRA	• SEX : FEMALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 53 YEARS
• CID NO : 2308212865	• DATE : 23/03/2023

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 20 mm and 18 mm respectively.
- PASP by TR jet measured to 25 mm Hg.
- Visual LVEF of 65 %.

MEASUREMENTS:

IVS d (mm)	08	EDV (ml)	97	Ao (mm)	26
IVS s (mm)	12	ESV (ml)	20	LA (mm)	32
LVIDd (mm)	46	SV (ml)	77	EPSS (mm)	01
LVIDs (mm)	23	FS (mm)	33	EF SLOPE (ml/s)	80
Pwd (mm)	07	EF (%)	65	MV (mm)	17
Pws (mm)	14				

Conti....2

• PATIENT NAME : MRS .SARITA MISHRA	• SEX : FEMALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 53 YEARS
• CID NO : 2308212865	• DATE : 23/03/2023

DOPPLER: Mitral E / A

Mitral (m/s)	0.8	Aortic (m/s)	1.43
Tricuspid (m/s)	0.7	Pulmonary (m/s)	0.8

TDI

Septal e' = 0.1 m/s

Lateral e' = 0.1 m/s

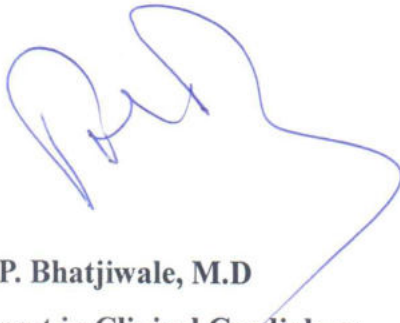
Septal a' = 0.05 m/s

Lateral a' = 0.06 m/s

Septal s' = 0.06 m/s

Lateral s' = 0.06 m/s

Septal E/e' = 0.8



Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

Fellowship in 2 D Echo & Doppler Studies

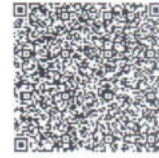
Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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

Authenticity Check



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CID : 2308212865
Name : Mrs Sarita Mishra
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 15:04

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Previous Mammograms dated 15.09.2021 are available for comparison.

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation (Type D).

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?sessionNo=2023032308520525>

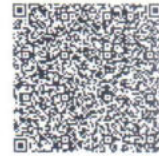
REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyapeetha, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



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CID : 2308212865
Name : Mrs Sarita Mishra
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 15:04

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.

ACR BIRADS CATEGORY

- I. Negative
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. 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 Mammography findings 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. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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Corporate Identity Number (CIN): U85110MH2002PTC136144

Name : - Sautra Mishra Age / Gender 53/F
Dr. : Date : - 23/2/23

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS :

: NB

MARITAL STATUS :

- married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ - 15/4/23

(ii) PRESENT MENSTRUAL HISTORY :

(Postmenopausal) - Aug 2022

(iii) PAST MENSTRUAL HISTORY :

OBSTETRIC HISTORY :

G2P2L2A0

PAST HISTORY :

: HCN

PREVIOUS SURGERIES :

USG - 1996, 2000

ALLERGIES :

: NB

FAMILY HISTORY :

: Mother - DM, HCN

DRUG HISTORY :

T Sautel - (Leom) & Rozak - (sm)

BOWEL HABITS :

~~1 (K) Constipation~~

BLADDER HABITS :

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

Name : Age / Gender
Dr. : Date :

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : \textcircled{R}
PULSE : 72/min
BP : 150/90
RS :
CVs : / MAD
Breasts : - MAD
Per Abdomen : - MAD, vertical scar of US healthy
Per vaginal : NS - ex healthy

RECOMMENDATIONS

ADVISE :


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548



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Name : Mrs Sarita Mishra
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 23-Mar-2023
Reported : 23-Mar-2023 / 17:00

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.

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 cases for confirmation / exclusion of diagnosis.Please interpret accordingly.In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
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