

PHYSICAL EXAMINATION REPORT

Patient Name	Vidyaavati Pandey.	Sex/Age	46 / F
Date	26/01/2023.	Location	Thane Orb Road.

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	153	Temp (0c):	Not Present
Weight (kg):	66.0	Skin:	Not Present
Blood Pressure	150/90	Nails:	Not Present
Pulse	72h	Lymph Node:	Not Present

Systems :

Cardiovascular:	Not Present
Respiratory:	Not Present
Genitourinary:	Not Present
GI System:	Not Present
CNS:	Not Present

Impression:

↓ Hb,
 Urine - (trace) Blood. ↑ Non HDL
 Fatty Liver mild LVH.

Advice:

Iron Supplement
Low Fat, Low sugar Diet
Monitor B.P.

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	Yes
9)	Nervous disorders	Yes
10)	GI system	Old acidity & pain in epigastric Region
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	TL Sp Bone
17)	Musculoskeletal System	No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Yes
4)	Medication	Ref. attached

(Signature)
Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Patient Name: VIDYAWATI PANDEY
Patient ID: 2402615042

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 26th Jan 24 9:08 AM



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

Age: 47 years
Gender: Female

Heart Rate: 63bpm

Patient Vitals

BP: 150/80 mmHg
Weight: 66 kg
Height: 153 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 380ms
QTcB: 388ms
PR: 138ms
P-R-T: 37° 36° 12°

REPORTED BY

[Signature]

DR. SHALAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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Date:- 26/1/24 CID: 2402615042
Name:- Vidyawati Panley Sex / Age: F 46

EYE CHECK UP

Chief complaints: acv

Systemic Diseases: nil

Past history: UH

Unaided Vision: 20/80 40/60 20/100 N12

Aided Vision: 20/30 20/40 N6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: use over spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



CID : 2402615042
Name : MRS.VIDYAWATI PANDEY
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Use a QR Code Scanner
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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 13:42

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.1	36-46 %	Calculated
MCV	82.7	81-101 fl	Measured
MCH	27.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5120	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	41.9	20-40 %	
Absolute Lymphocytes	2145.3	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	404.5	200-1000 /cmm	Calculated
Neutrophils	42.5	40-80 %	
Absolute Neutrophils	2176.0	2000-7000 /cmm	Calculated
Eosinophils	6.9	1-6 %	
Absolute Eosinophils	353.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	41.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	150000	150000-410000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Measured
PDW	27.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 36 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



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



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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 14:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	70.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	117.6	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 SDRL, Vidyavihar Lab
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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



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



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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 13:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	30.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	14.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.91	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	78	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	6.7	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.3	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.7	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 13:37

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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



J. Thakker

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



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Age / Gender : 47 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 13:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
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	Benedicts

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	10-15		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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 inert

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*** End Of Report ***



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



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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 12:54

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

PARAMETER	RESULTS
ABO GROUP	A
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

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*** End Of Report ***



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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	184.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	116.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	135.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.1	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	23.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 12:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	19.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.052	0.55-4.78 microIU/ml mIU/ml	CLIA



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Collected : 26-Jan-2024 / 08:45
Reported : 26-Jan-2024 / 12:44

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)

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*** End Of Report ***



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Reported : 26-Jan-2024 / 13:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.52	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	27.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	32.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.9	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	73.8	46-116 U/L	Modified IFCC

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*** End Of Report ***

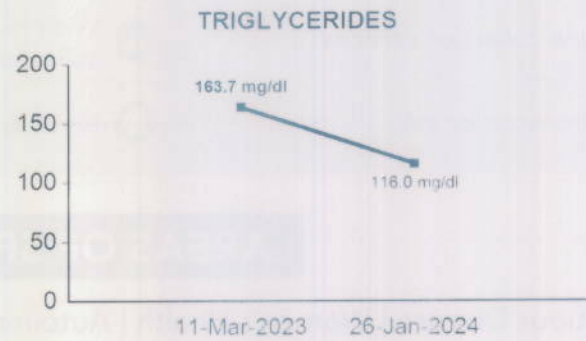
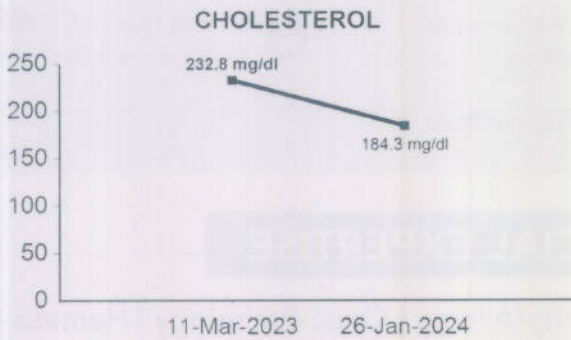
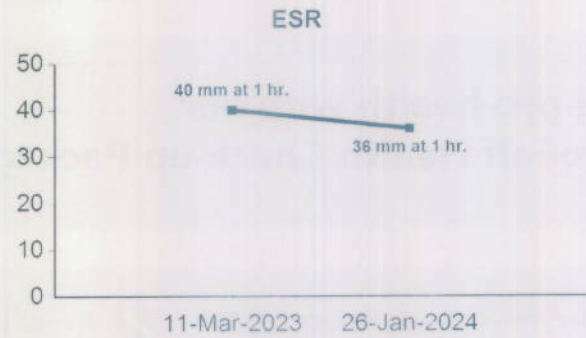
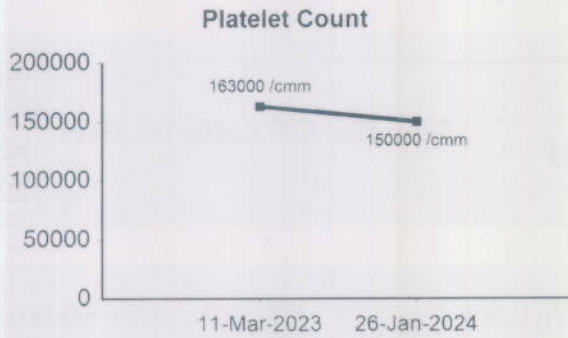
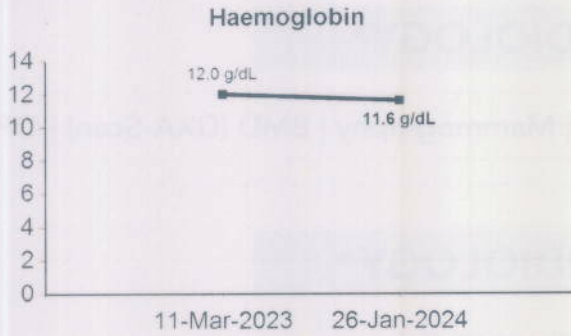


Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

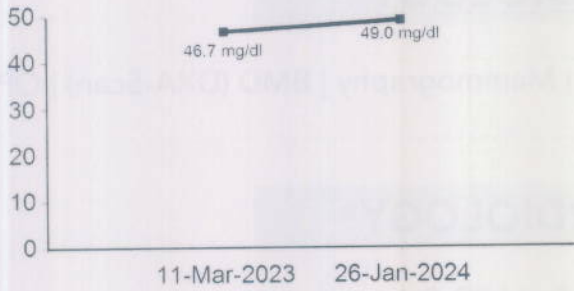




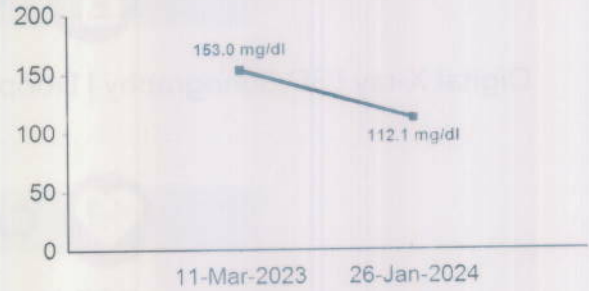
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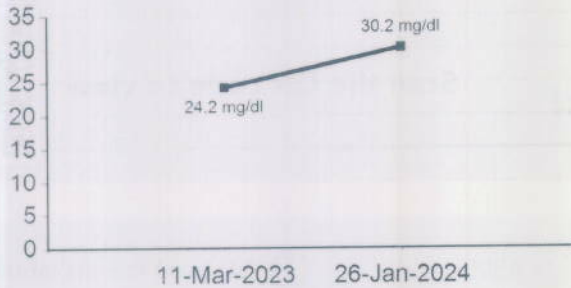
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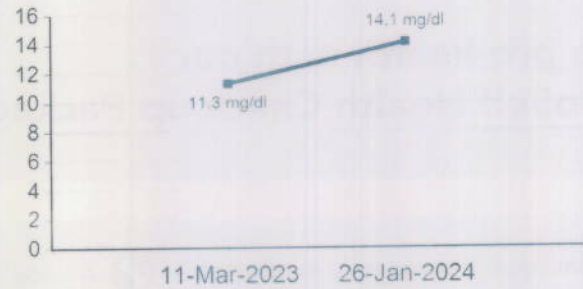
LDL CHOLESTEROL



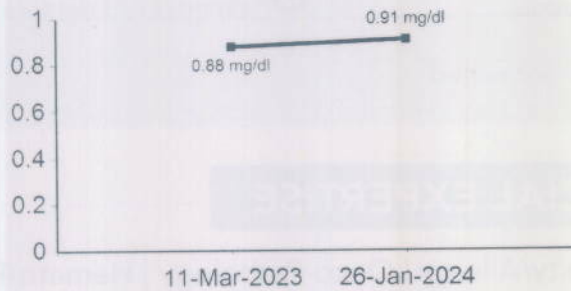
BLOOD UREA



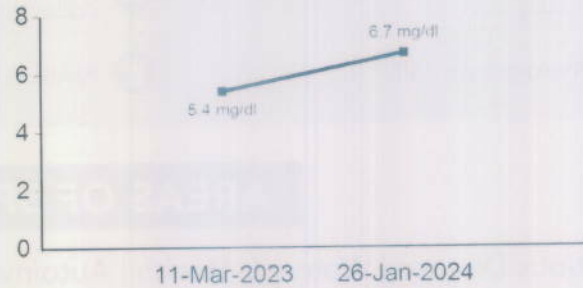
BUN



CREATININE



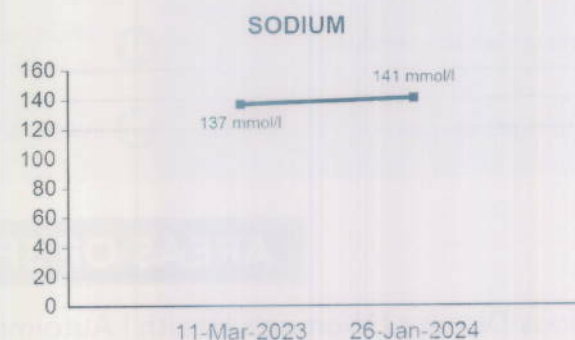
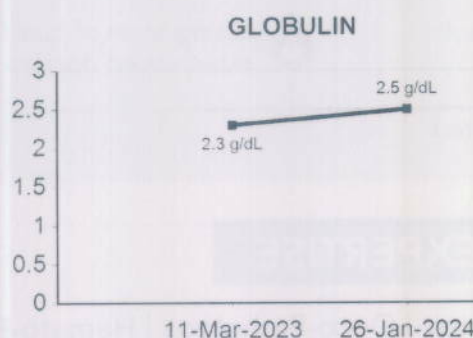
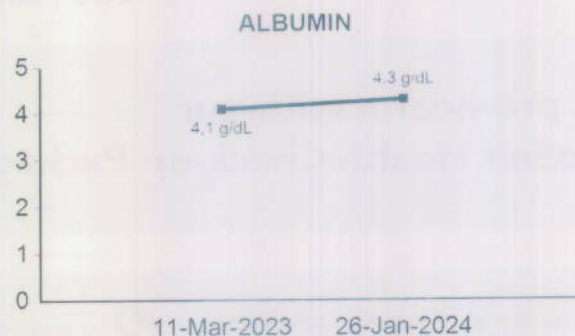
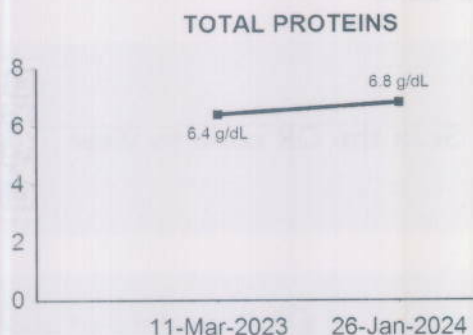
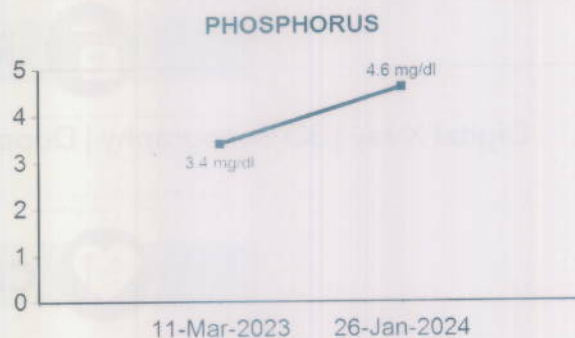
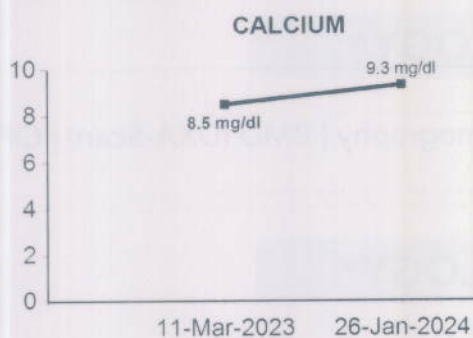
URIC ACID





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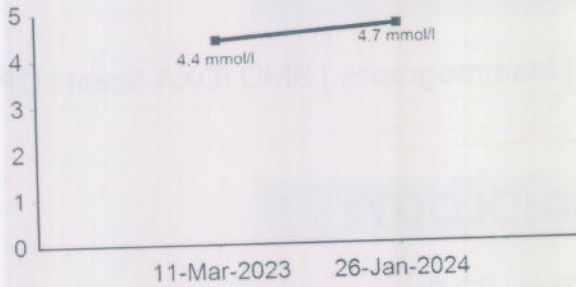




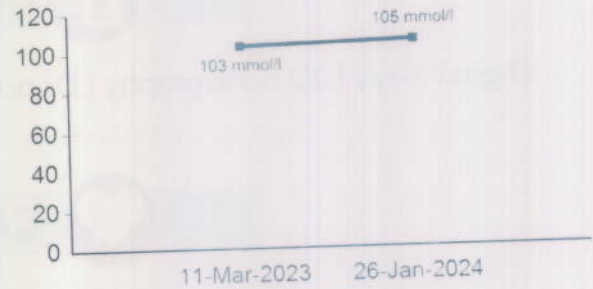
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POTASSIUM



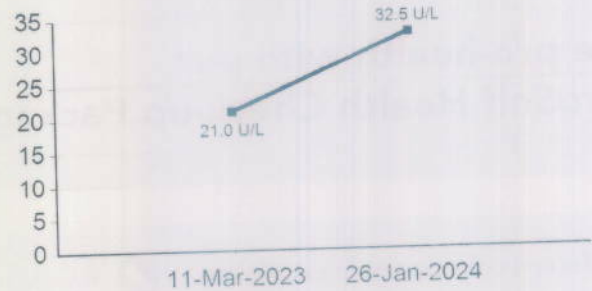
CHLORIDE



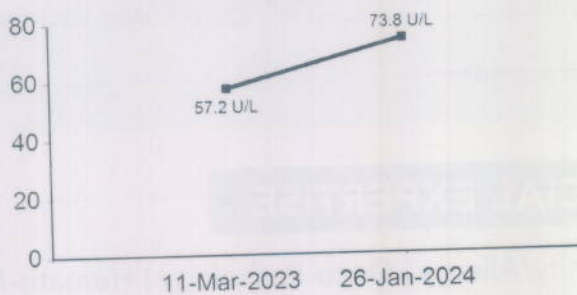
SGOT (AST)



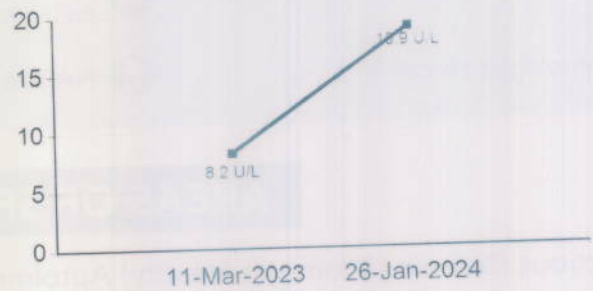
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

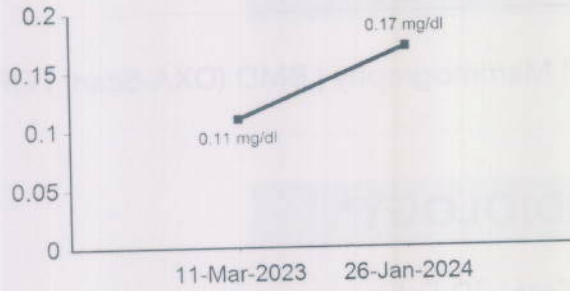




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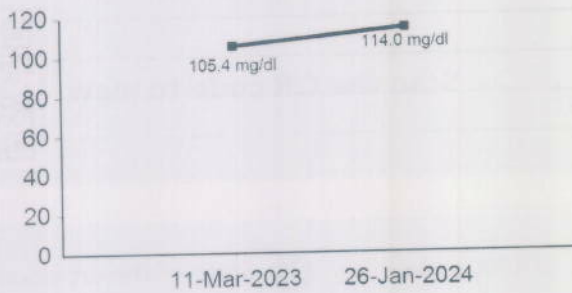
BILIRUBIN (DIRECT)



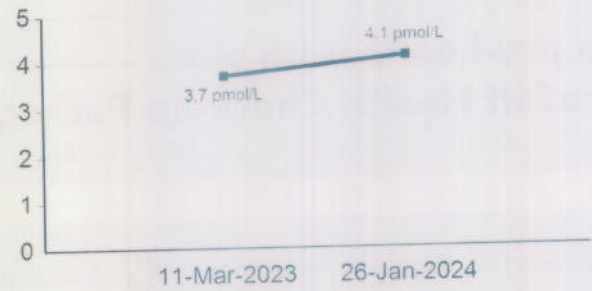
Glycosylated Hemoglobin (HbA1c)



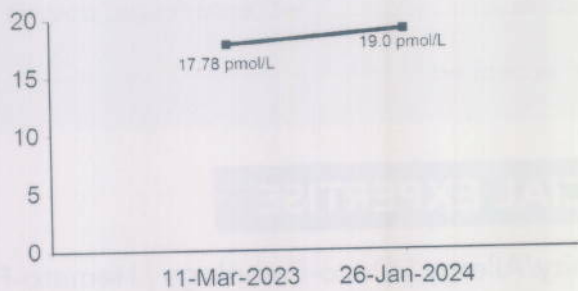
Estimated Average Glucose (eAG)



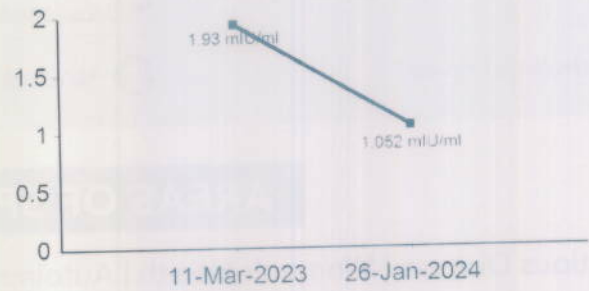
Free T3



Free T4



sensitiveTSH



Authenticity Check



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Name : Mrs VIDYAWATI PANDEY
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Jan-2024
Reported : 26-Jan-2024 / 10:32

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-----

G. R. Fartade

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

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

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

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

REG NO : 24026015042	SEX : FEMALE
NAME : MRS. VIDYAWATI PANDEY	AGE : 47 YRS
REF BY : -----	DATE : 26 .01.2024

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	85	mm
LVIDS	30	mm
LVEF	60	%
IVS	12	mm
PW	5	mm
AO	20	mm
LA	35	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MRS. VIDYAWATI PANDEY

COLOR DOPPLER:

- Mitral valve doppler – E- 0.8 m/s, A 0.6 .m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.4 m/s, PG 8.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



DR. YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Authenticity Check



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Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Jan-2024
Reported : 26-Jan-2024 / 9:59

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 9.6 x 3.7 cm. Left kidney measures 9.7 x 4.3 cm. 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 AND OVARIES : Uterus and ovaries appears atrophic (post-menopausal status)

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:
GRADE I FATTY INFILTRATION OF LIVER.

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-----

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

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