



भारत सरकार  
Government of India



Uma Munda  
Uma Munda  
जन्म तिथि/DOB: 05/07/1964  
लिंग/ GENDER: FEMALE

4368 3368 7479

UID: 9164 8520 1192 6915

भारत शासनालय, अहमदाबाद



Uma Munda

**PHYSICAL EXAMINATION REPORT**

Patient Name	Mrs. Uma Mundra	Sex/Age	Female / 59yrs
Date	21.06.24	Location	KASARVADAVALI

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height	164	Temp (0c):	Normal
Weight	62 kg	Skin:	Normal
Blood Pressure	150/80	Nails:	Normal
Pulse	60/r	Lymph Node:	Normal

**Systems :**

Cardiovascular:	Normal
Respiratory:	Normal
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

**Impression:**

1) Hypertension, 2) Anemia, 3) Hypercholesterolemia, 4) Dyslipidemia

**ADVICE :**

to Follow up with a physician, cardiologist, gynaecologist & diabetologist

**CHIEF COMPLAINTS :**

*Regd*  
**DR. ANAND N. MOTWANI**  
M.D. (GENERAL MEDICINE)  
Reg. No. 39329 (M.M.C)



1)	Hypertension:	} NO	
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthma		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptom		PAIN IN BOTH KNEE JOINTS
13)	Blood disease or disorder		
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG -
4)	Medication	Nil

Date: 21-06-24

CID: 2417316129

Name: Mrs. Uma Mundra

Sex/Age: Female / 54ys

**EYE CHECK UP**

Chief Complaints: Nil

Systemic Diseases: Nil

Past History: Nil

Unaided Vision: —

Aided Vision: Rt - 6/9, NG  
Lt - 6/9, NG

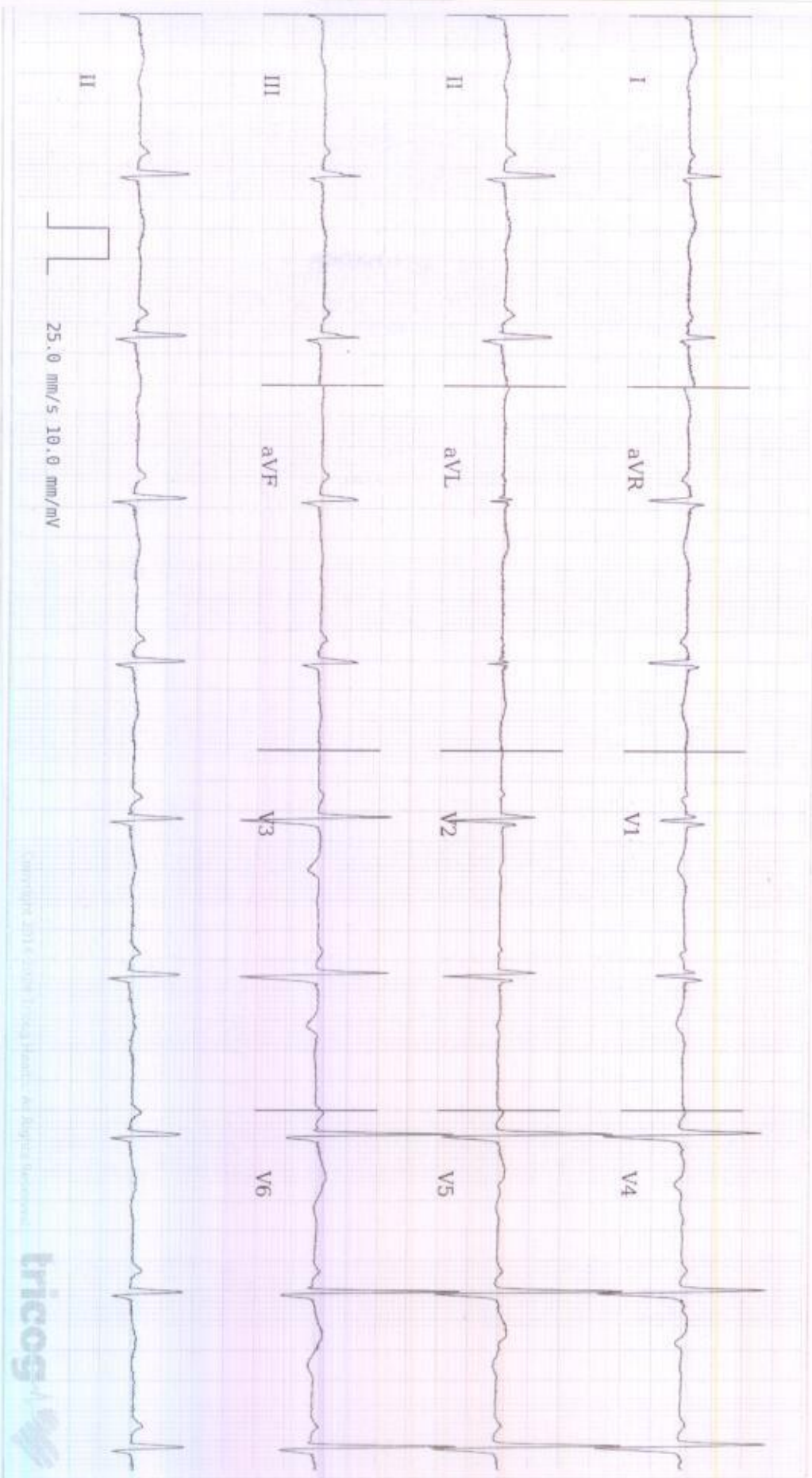
Refraction: —

Colour Vision: Normal

Remarks: —

Patient Name: UMA MUNDRA  
Patient ID: 2417316129

**SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALLI**  
Date and Time: 21st Jun 24 12:17 PM



Age **59** NA NA  
years months days

Gender **Female**

Heart Rate **57bpm**

Patient Vitals

BP: 150/80 mmHg  
Weight: 62 kg  
Height: 164 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 96ms  
QT: 444ms  
QTcB: 432ms  
PR: 152ms  
P-R-T: 60° 59° 24°

REPORTED BY

*Aravind*

Dr. Aravind N. Mohanram  
M.D (General Medicine)  
Reg No 39129 M.M.C

Sinus Bradycardia. Incomplete Right Bundle Branch Block pattern T wave changes in Anterior wall leads S/O ?  
Ischemia Kindly correlate clinically. Please correlate clinically.

Disclaimer: This report is based on ECG information and should be read in conjunction with clinical history, symptoms, and results of other investigations and non-invasive tests and must be interpreted by a qualified physician. Patient safety and accuracy of the information and use derived therefrom are not guaranteed.

Reg. No. : 2417316129	Sex : FEMALE
Name : MRS. UMA MUNDRA	Age : 59 YRS
Ref. By :-----	Date : 21/06/2024

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

LVIDD	47	mm
LVIDS	22	mm
LVEF	60	%
IVS	11	mm
PW	9	mm
AO	15	mm
LA	31	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 - atrial and inter - ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.8 m/s, A - 0.4 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.1 m/s, PG 5.5 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION :**

- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



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



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2417316129  
**Name** : Mrs Uma Mundra  
**Age / Sex** : 59 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Thane Kasarvadavali Main Centre  
**Reg. Date** : 21-Jun-2024  
**Reported** : 21-Jun-2024 / 10:01

### USG ABDOMEN AND PELVIS

#### LIVER:

Liver appears normal in size and 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. There is no evidence of any calculus.

#### PORTAL VEIN:

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

#### PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

#### KIDNEYS:

Right kidney measures 9.0 x 4.1 cm. Left kidney measures 9.6 x 4.8 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:

Uterus is anteverted and measures 5.7 x 4.4 x 4.2 cm. **A 3.2 x 2.6 cm sized subserosal calcified fibroid noted on posterior uterine wall.** Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4.2 mm. Cervix appears normal.

#### OVARIES: Both ovaries appears normal ( atrophic )

No free fluid or significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024062109092354

Page no 1 of 2





Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : Mrs Uma Mundra  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 21-Jun-2024  
Reported : 21-Jun-2024 / 10:01

**IMPRESSION:  
UTERINE FIBROID.**

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

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?  
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024062109092354

Page no 2 of 2



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : Mrs Uma Mundra  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Thane Kasarvadavali Main Centre  
Reg. Date : 21-Jun-2024  
Reported : 21-Jun-2024 / 12:14

**X-RAY CHEST PA VIEW**

**Increased bilateral bronchovascular prominence.**

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.

**TO BE CORRELATED CLINICALLY.**

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

*G. R. Fartade*

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024062109092432>

Page no 1 of 1



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:48

Use a QR Code Scanner  
Application To Scan the Code

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.43	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.8	36-46 %	Measured
MCV	89.9	80-100 fl	Calculated
MCH	27.0	27-32 pg	Calculated
MCHC	30.1	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4950	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.4	20-40 %	
Absolute Lymphocytes	1801.8	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	292.1	200-1000 /cmm	Calculated
Neutrophils	54.3	40-80 %	
Absolute Neutrophils	2687.8	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	163.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	190000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:02

Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                      2-30 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 G B Road Lab, Thane West

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

**Dr. IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 17:06  
Reported : 21-Jun-2024 / 18:52

**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 Fasting	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	115.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:35

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	101	(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
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation			
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	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	4.3	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.3	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 14:51

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 G B Road Lab, Thane West

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 14:35

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	-

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

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 14:35

Use a QR Code Scanner  
Application To Scan the Code

**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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 14:35

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

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:31

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

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
ABO GROUP	B
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 \*\*\*

**Dr. IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:35

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	216.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	50.4	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	70.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	146.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.0	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	10.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2417316129  
 Name : MRS.UMA MUNDRA  
 Age / Gender : 59 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
 Reported : 21-Jun-2024 / 13:35

Use a QR Code Scanner  
 Application To Scan the Code

**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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	10.2	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	4.76	0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA

Kindly correlate clinically.



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:35

Use a QR Code Scanner  
Application To Scan the Code

**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 becuae 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 G B Road Lab, Thane West

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 13:35

Use a QR Code Scanner  
Application To Scan the Code

**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	0.27	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	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	23.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	83.9	35-105 U/L	PNPP

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Use a QR Code Scanner  
Application To Scan the Code

CID : 2417316129  
Name : MRS.UMA MUNDRA  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 21-Jun-2024 / 09:10  
Reported : 21-Jun-2024 / 14:42

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**FUS and KETONES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist