

**DR. NITIN SONAVANE**  
M.B.B.S AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO.: 87714

*[Handwritten signature]*



Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Astin, Suidarvan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.



Date:

To,  
Suburban Diagnostics (India) Private Limited  
301, 302 3rd Floor, Vini Eligance,  
Above Tanushq Jewellers,  
Borivali (W), Mumbai- 400092

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Sudh<sup>n</sup> Parab  
don't want to performed the following tests:

- 1) Stool - R
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date

: 2230921375

Corporate/ TPA/ Insurance Client Name

: Medi wheel female

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. \_\_\_\_\_)

S. Parab

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SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.





CID : 2230922707  
Name : MRS.SWATI VINAYAK PARAB  
Age / Gender : 59 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 05-Nov-2022 / 11:36  
Reported : 05-Nov-2022 / 15:19

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

PARAMETER	RESULTS	CBC (Complete Blood Count), Blood BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.59	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7410	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	22.1	20-40 %	Calculated
Absolute Lymphocytes	1637.6	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	Calculated
Absolute Monocytes	355.7	200-1000 /cmm	Calculated
Neutrophils	70.4	40-80 %	Calculated
Absolute Neutrophils	5216.6	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	Calculated
Absolute Eosinophils	170.4	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	Calculated
Absolute Basophils	29.6	20-100 /cmm	Calculated
Immature Leukocytes	-	-	-
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	239000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	18.5	11-18 %	Calculated



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**RBC MORPHOLOGY**

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

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 28 2-30 mm at 1 hr. Westergren

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	150.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	259.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Anupa Dixit*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	27.2	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.7	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.76	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	83	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	4.0	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.8	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	137	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			
CHLORIDE, Serum	103	98-107 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			

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



*Dr. VRUSHALI SHROFF*  
**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





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: 05-Nov-2022 / 14:02

**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	9.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	220.2	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 \*\*\*



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





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: 05-Nov-2022 / 13:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	-		

Result rechecked.

Kindly correlate clinically.



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



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

PARAMETER	RESULTS
ABO GROUP	O
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  
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*Dr. Vrushali Shroff*  
Dr.VRUSHALI SHROFF  
M.D.(PATH)  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	163.9	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	34.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	117.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	84.3	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	32.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*J. Thakker*  
**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)





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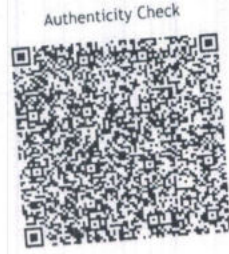
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.8	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.3	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	4.534	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 upto 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:**

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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*  
**Dr. ANUPA DIXIT**  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.45	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	22.3	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	20.1	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	98.5	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022  
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*Dr. Vrushi Shroff*  
**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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



CID NO: 2230922707	
PATIENT'S NAME: MRS. SWATI VINAYAK PARAB	AGE/SEX: 59 Y/ F
REF BY: -----	DATE: 05/11/2022

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. LVEF 50 % by bi-plane
4. LV Apical septum akinetic and thinned, LV apical anterior wall hypokinetic.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.Grade 1 Diastolic disfunction. No Doppler evidence of raised LVEDP.

<b>PATIENT'S NAME: MRS. SWATI VINAYAK PARAB</b>	<b>AGE/SEX: 59 Y/ F</b>
<b>REF BY: -----</b>	<b>DATE: 05/11/2022</b>

1. AO root diameter	3.0 cm
2. IVSd	1.3 cm
3. LVIDd	4.5 cm
4. LVIDs	2.4 cm
5. LVPWd	1.3 cm
6. LA dimension	3.6 cm
7. RA dimension	3.6 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.9 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.5 m/s
12. Tricuspid Gradient	9 m/s
13. PASP by TR Jet	19 mm Hg
14. TAPSE	3.1 cm
15. Aortic flow vel	1.2 m/s
16. Aortic Gradient	6 m/s
17. MV:E	0.8 m/s
18. A vel	0.9 m/s
19. IVC	17 mm
20. E/E'	10
21. IVRT	74
22. LVMPI	0.45


**Impression:**

LVEF 50 % by bi-plane.  
 LV Apical septum akinetic and thinned, LV apical anterior wall hypokinetic.  
 Grade 1 Diastolic disfunction.

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
**Consultant Cardiologist**  
**Reg. No. 87714**



Mrs. Swati Parab  
59/R.

5/11/22

GYNAECOLOGICAL CONSULTATION

PARAMETER:

EXAMINATION:

RS : }   
CVS : }

BREAST EXAMINATION:

PER ABDOMEN:

PER VAGINAL: } 

MENSTRUAL HISTORY: Post-menopausal.

MENARCHE: 13 yrs

PAST MENSTRUAL HISTORY: 

OBSTETRIC HISTORY: G<sub>1</sub> P<sub>1</sub> A<sub>0</sub> L<sub>1</sub> (♂ Boy) LSCS - PIH.

PERSONAL HISTORY: DM, HTN.

ALLERGIES: No.

BLADDER: }

BOWEL HABITS: } 

DRUG HISTORY: On Rx DM, HTN.

PREVIOUS SURGERIES: Nil.

FAMILY HISTORY: Nil.

CHIEF GYNAE COMPLAINTS:

RECOMMENDATIONS:



**DR. MONALI SHAH**  
REG. NO. 57262  
CONSULTING Gynaecologist



CID : 2230921375  
Name : Mrs SWATI VINAYAK PARAB  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 05-Nov-2022  
Reported : 05-Nov-2022 / 10:35

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended. **There is a 5.3 mm calculus seen in gall bladder.** No obvious wall thickening is noted.

**PORTAL VEIN:** Portal vein is (9.8 mm) normal. **CBD:** CBD is (3.4 mm) normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.6 x 4.2 cm. Left kidney measures 9.8 x 3.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, 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, normal and measures 3.5 x 2.8 x 4.4 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 2.6 mm. Cervix appears normal.

**OVARIES:** Both ovaries are not visualized post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2230921375  
**Name** : Mrs SWATI VINAYAK PARAB  
**Age / Sex** : 59 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 05-Nov-2022  
**Reported** : 05-Nov-2022 / 10:35

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**Opinion:**

- Grade I fatty infiltration of liver.
- Cholelithiasis without cholecystitis.

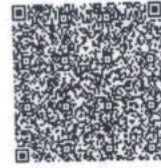
For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



CID : 2230921375  
Name : Mrs SWATI VINAYAK PARAB  
Age / Sex : 59 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 05-Nov-2022  
Reported : 05-Nov-2022 / 14:39

**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 SUDHANSHU SAXENA before dispatch.**

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.



**SUBURBAN DIAGNOSTICS - BOKIVALI WEST I**

Patient Name: **SWATI VINAYAK PARAB**  
Patient ID: **2230921375**

Date and Time: **5th Nov 22 10:31 AM**



STING · HEALTHIER LIVING

Age **59** **11** **4**  
years months days

Gender **Female**

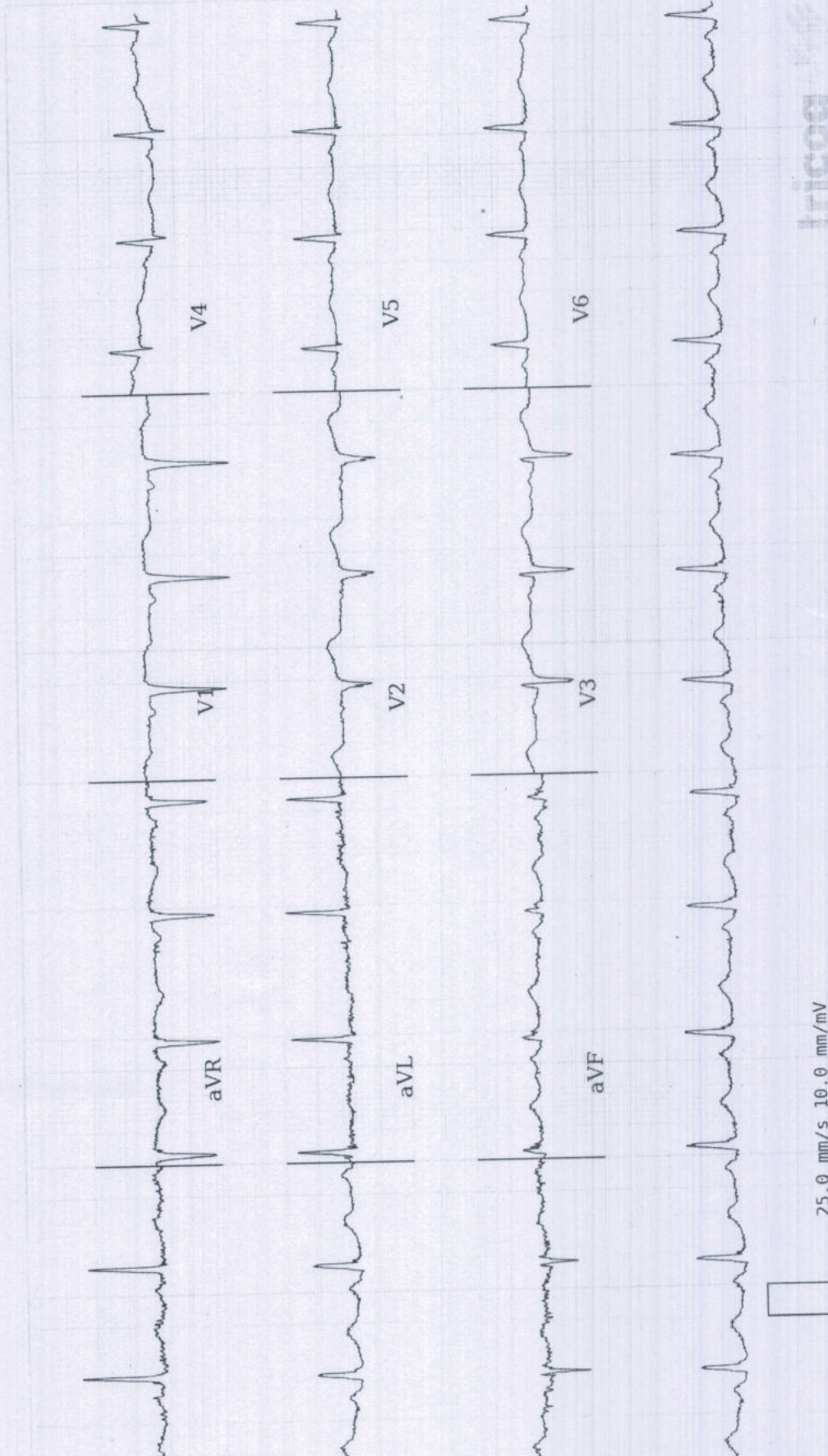
Heart Rate **85bpm**

**Patient Vitals**

BP: **140/90 mmHg**  
Weight: **72 kg**  
Height: **153 cm**  
Pulse: **NA**  
Spo2: **NA**  
Resp: **NA**  
Others:

**Measurements**

QRSD: **72ms**  
QT: **378ms**  
QTc: **449ms**  
PR: **152ms**  
P-R-T: **48° 13° 85°**



REPORTED BY

**Regd. Office:-**  
**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
2nd Floor, Asten, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.

Rhythm, old Septal Infarction. adv. 2d Echo. Please correlate clinically.

Dr Nitin Sonawane  
M.B.B.S.AFLH, D.DIAB.D.CARD  
Consultant Cardiologist  
87714

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