



Patient Name: MRS. MARIA CASTELINO

Age/Sex : 60 Yrs. / F

LCID No : 10638052

UID No : LCL58179552 200424 Reference: mediwheel

Organization: Direct Registered On: 20/04/2024 14:21:26

Collected On : 20/04/2024 15:35:44

Reported On : 20/04/2024 17:56:48

Lipid Profile

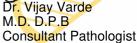
	Result	Unit	Biological Reference Interval
:	71.0	mg/dl	Less than 150
:	125.0	mg/dl	UPTO 200
:	59.0	mg/dl	40 - 60
:	14.2	mg/dl	6 - 38
:	51.8	mg/dl	Upto 100
:	2.12		Upto 5.0
:	0.88		Upto 4.0
	: : : : : : : : : : : : : : : : : : : :	: 71.0 : 125.0 : 59.0 : 14.2 : 51.8 : 2.12	: 71.0 mg/dl : 125.0 mg/dl : 59.0 mg/dl : 14.2 mg/dl : 51.8 mg/dl : 2.12

Total Cholesterol :	HDL-Cholesterol:		
Desirable : Less than 200 mg%	Desirable : More than 40 mg%		
Borderline High: 200 - 239 mg% High: More than 239 mg%	Low : Less than 40 mg%		
LDL-Cholesterol (Non-protective cholesterol) :	Triglycerides :		
Optimal : Less than 100 mg%	diagnostics		
NearOptimal: 100 - 129 mg%	Normal : Less than 150 mg%		
Borderline High: 130 - 159 mg%	Borderline : 150 - 199 mg%		
High: 160 - 189 mg%	High: 200 - 499 mg%		
Very High : More than 189 mg%	Very High : More than 499 mg%		

Tests done on Siemens Fully Automated Analyser.

----- End Of Report -----













Patient Name: MRS. MARIA CASTELINO

: 60 Yrs. / F Age/Sex LCID No : 10638056

UID No : LCL58179552 200424 Reference mediwheel

Organization: Direct Registered On: 20/04/2024 14:21:26

Collected On : 20/04/2024 15:35:44 Reported On : 20/04/2024 17:56:48

Glycosylated HbA1c

Test Unit Result Biological Reference Interval

Glycosylated HbA1C 5.7 %

By HPLC method

Average Blood Glucose Level 116.9 mg/dl

Comment

Reference Values : Glyco HbA1c Non Diabetic: 4.0 - 6.0 Good Diabetic Control: 6.0 - 7.0 Fair Diabetic Control: 7.0 - 8.0 Poor Diabetic Control: > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

INFORMATION: Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient's diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

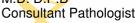
OR

Random Blood Glucose: >= 200 mg/dl

----- End Of Report -----



Dr. Vijay Varde M.D. D.P.B







Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895





Patient Name: MRS. MARIA CASTELINO

Age/Sex : 60 Yrs. / F

: 10638055 UID No : LCL58179552 200424 Reference mediwheel

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Blood Sugar Fasting

Test Result Unit Biological Reference Interval

Blood Sugar Fasting 97.00 mg/dl 60-110

By Hexokinase method

LCID No

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose: >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

Random Blood Glucose : >= 200 mg/dl

Test done on Fully Automated Siemens Analyser.

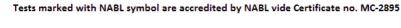
-- End Of Report

Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist













Patient Name: MRS. MARIA CASTELINO

Age/Sex : 60 Yrs. / F LCID No

: 10638056 UID No : LCL58179552 200424 Reference mediwheel

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Collected On : 20/04/2024 15:35:44

Reported On : 20/04/2024 17:19:10

Complete Blood Count

Test		Result	Unit	Biological Refe	rence Interval
HEMATOLOGY					
Haemoglobin	:	11.3	gms%	11.5-16.5	
(Mod.Cyanmethemoglobin)					
R.B.C Count (Impedence)	:	3.97	x10^6/cmm	3.8 - 4.8	
PCV (Conductivity)	:	33.6	%	36 - 46	
MCV (Calculated)	:	84.63	fL	83 - 101	
MCH (Calculated)	:	28.46	Pg	27 - 32	
MCHC (Calculated)	:	33.63	gms%	31.5 - 34.5	
W.B.C. Count (Impedence)	:	6.86	x10^3/cmm	4 - 10	
RDW (Calculated)	:	13.3	%	11.6 - 14.0	
MPV (Calculated)	:	9.3	fL	6 - 11	
Platelet Count (Impedence)	:	3.77	x10^5/cmm	1.50 - 4.10	

DIFFERENTIAL COUNT (Impedence, Light Absorbance)

Neutrophils 62 % 27 % Lymphocytes Eosinophils 03 % 80 0 - 10Monocytes % 0 - 2 Basophils 00 %

RBC Morphology Normocytic normochromic

Staining & Microscopy

WBC Morphology Normal

Staining & Microscopy

Adequate on smear. **Platelets**

Staining & Microscopy

Test done on Fully Automated Horiba Analyser.

----- End Of Report -----



Dr. Vijay Varde M.D. D.P.B Consultant Pathologist









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Collected On : 20/04/2024 15:35:44

Reported On : 20/04/2024 18:36:08

T3 T4 TSH

10 14 1011					
Test		Result	Unit	Biological Reference Interval	
T3 By CLIA Method	:	106.07	ng/dl	60-181	
T4 By CLIA Method	:	10.30	ug/dl	3.2-12.6	
T.S.H (Ultrasensitive)	:	1.41	uIU/mI	0.55 - 4.78 1 Trimester : 0.10 - 2.50 2 Trimester : 0.2 - 3.00	

3 Trimester: 0.3 - 3.00

By CLIA Method

NOTE:

- 1. Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
- 2. Total T3 and T4 values may also be altered in other conditions due to change in serum proteins or binding sites e.g. pregnancy, Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nephrosis etc. In such cases free T3 and free T4 give corrected values.
- 3.TSH is secreted from the pituitary gland and this is controlled by Hypothalamic TRH and a negative feedback effect from the free circulating t hyroid hormones. so there is an inverse correlation between free thyroid hormones and TSH levels in serum.

TSH is very sensitive indicator of thyroid reserve and is used for Diagnosis of Hypo and Hyperthyroidism.

TSH is increased in Primary Hypothyroidism, iodide deficiency goitre, Hashimotos thyroiditis.

TSH is decreased in toxic goitre, Grave's disease, overreplacement of thyroid harmone.

TSH values may be transiently altered because of non thyrodial illness like severe infections, liver disease, renal and heart failure, severe burns, trauma and surgery etc

Drugs that decrease TSH values e.g.L-dopa, Glucocorticoids. Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron

Tests done on Fully Automated Siemens Analyser.

----- End Of Report ------



M.D. D.P.B Consultant Pathologist







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Reported On : 20/04/2024 18:36:08

Vitamin B12

Test Result Unit Biological Reference Interval

IMMUNOASSAY

VITAMIN B12 : 272.0 pg/mL 211 - 911

By CMIA

Age/Sex

LCID No

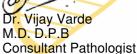
1. Vitamin B12 levels are decreased in megaloblastic anemia, partial/total gastrectomy, pernicious anemia, peripheral neuropathies, chronic alcoholism, senile dementia, and treated epilepsy. 2.Increased Vit B12 levels are seen in renal faliure, liver disease and myeloproliferative disease. 3.An associated increase in homocystine levels is an independent risk marker for cardiovascular disease and deep vein thrombosis.

4. Holo Transcobalamin II levels are a more accurate marker of active VitB12 component.

Test done on Abbott Architect i1000.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd







BIORAD



Tests marked with NABL symbol are accredited by NABL vide Certificate no. MC-2895

ears of Service





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UID No : LCL58179552 200424

Reference : mediwheel

Organization: Direct

Registered On: 20/04/2024 14:21:26

Collected On : 20/04/2024 15:35:44 Reported On : 22/04/2024 11:22:14

MAMMOGRAPHY

Clinical history: Routine screening.

X-RAY MAMMOGRAPHY OF BOTH BREASTS

Mammograms of both breasts were obtained using a low dose radiation technique. The medio-lateral oblique and cranio-caudal views of the breasts were done using appropriate compression.

Findings:

Breast composition: Both breasts show scattered areas of fibro-glandular density on either side.

Few benign calcifications are noted in left breast.

There is no evidence of any spiculated mass lesion or architectural distortion seen on either side.

No evidence of any asymmetry noted on either side.

No evidence of any skin thickening/nipple retraction on either side.

No evidence of any lymphadenopathy noted in either axilla.

SONOGRAPHY OF BOTH BREASTS

Both breasts show fibro-glandular parenchyma and uniform echotexture.

No evidence of any abnormal mass or cyst is seen on either side.

No evidence of retromammary pathology is seen on either side.

Bilateral axillary tails are normal.

Lymph nodes with preserved hilum are noted in both axillary regions.

CONCLUSION:

- Few benign calcifications noted in left breast.
- No other significant abnormality detected in both breasts. (ACR BIRADS CATEGORY -1).

Routine screening mammogram is recommended after 1 year.

Kindly, always bring all previous x-ray mammography/sonomammography films & reports with you for comparison. BIRADS CATEGORY [Grade 0 - Needs further Evaluation, Grade 1- Negative Finding, Grade 2- Benign Finding, Grade 3- Probably Benign Finding, Grade 4- Probably Suspicious Abnormality (4a: low suspicion for malignancy (2-9%), 4b: moderate suspicion for malignancy (10-49%), 4C: high suspicion for malignancy (50-94%), Grade -5 Highly Suggestive of Malignancy]

----- End Of Report -----



Dr. Smita Dudhal DNB DMRD MBBS Consultant Radiologist













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Reference : mediwheel

Organization: Direct

Registered On: 20/04/2024 14:21:26 Collected On: 20/04/2024 14:21:26

Reported On : 21/04/2024 08:51:26

X-RAY CHEST PA

REPORT:

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Heart and aortic shadow appear normal.

Both domes of diaphragm are normal.

Visualised bones appear normal.

IMPRESSION:

No significant abnormality detected.

Correlate clinically.

----- End Of Report -----















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Collected On : 20/04/2024 14:21:26

Reported On : 22/04/2024 10:33:41

SONOGRAPHY OF FULL ABDOMEN & PELVIS

LIVER: Liver appears normal in size (15.1 cm), shape and echotexture. No abnormal focal lesion is seen.Intrahepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein appear normal in caliber.

GALL BLADDER: Gall bladder appears contracted with evidence of a calculus measuring 9.5 mm within. The wall thickness is normal. No pericholecystic fluid collection is noted.

SPLEEN & PANCREAS: Spleen (8.6 cm) and visualized pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 11.1 x 4.8 cm and 10.3 x 4.6 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

URINARY BLADDER: Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal.

<u>UTERUS:</u> Uterus is retroverted, normal in size and measures 8.6 x 4.3 x 2.9 cm. (Post menopausal status). The myometrial echotexture appears homogenous with no focal solid / cystic lesion. Endometrium is normal and measures 2.2 mm in thickness. Cervix appears normal.

OVARIES: Both ovaries are not visulized-likely atrophic.

No evidence of lymphadenopathy or ascites is noted.

Visualized bowel loops are normal in caliber and show normal peristalsis.

IMPRESSION:

- Solitary gall bladder calculus without any overt changes of acute cholecystitis.
- No other significant abnormality detected.

------ End Of Report ------



Dr. Smita Dudhal DNB DMRD MBBS Consultant Radiologist











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Erythrocyte Sedimentation Rate (E.S.R)

Test Result Unit Biological Reference Interval

E.S.R. 14 0 - 15 mm

By Whole Blood Modified Westergren Method

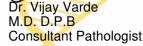
Interpretation:

ESR is elevated in infections, anaemia, vasculitis, inflammatory conditions. ESR is decreased in Polycythemia vera, sickle cell anaemia.

ESR done on fully Automated Easyrate Analyzer.















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Vitamin D (25- Hydroxy cholecalciferol)

Test Unit Result Biological Reference Interval

IMMUNOASSAY

Deficiency < 20 ng/mL Vitamin D (25-Hydroxy 39.5 ng/ml

cholecalciferol)

Insufficiency 20 - < 30 ng/mL

Sufficiency 30 -100 ng/mL

CMIA

Interpretation:

- 1. Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources. Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin D in liver.
- 2. Testing for 25(OH)vitamin D is recommended as it is the best indicator of vitamin D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline
- 3. During monitoring of oral vitamin D therapy- suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 mths of treatment.

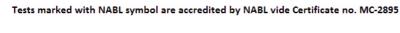
Test done on Fully Automated Abbott Analyser.

End Of Report ---

. Vijay Varde M.D. D.P.B













Patient Name: MRS. MARIA CASTELINO

Age/Sex : 60 Yrs. / F LCID No : 10638058

UID No : LCL58179552 200424

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Organization: Direct

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Collected On : 20/04/2024 15:35:44

Reported On : 20/04/2024 17:56:48

Blood sugar Post Prandial

Test Result Unit Biological Reference Interval

Blood sugar Post Prandial : 81.00 mg/dl 70-140

By Hexokinase Method

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : >= 126 mg/dl

OR

2 Hr Post Glucose : >= 200 mg/dl

OR

HbA1c >= 6.5 %

OR

Random Blood Glucose: >= 200 mg/dl

Test done of Fully Automated Siemens Analyser.

--- End Of Report -

Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist













Patient Name: MRS. MARIA CASTELINO

Age/Sex : 60 Yrs. / F LCID No : 10638056

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Reference : mediwheel

Organization: Direct

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Reported On : 20/04/2024 20:41:51

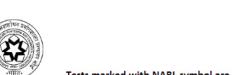
Blood Group

ABO Group : "AB"

Rh Factor (D) : "Positive"

Method : Forward and Reverse Agglutination





BIORAD





Medin







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Organization: Direct

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Reported On : 20/04/2024 17:56:48

Calcium

Test Result Unit Biological Reference Interval

Calcium : 9.60 mg/dl 8.5-10.1

By Serum Cresolphtaleine complexona Method

Tests done on Fully Automated Analyser.

----- End Of Report -----





Dr. Vijay Varde M.D. D.P.B

Consultant Pathologist



BIORAD











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Electrolytes

Test Result Unit Biological Reference Interval Serum Sodium 139 mEq/L 135-145 By Direct ISE method Serum Potassium 4.70 3.5-5.5 mEq/L By Direct ISE Method Serum Chlorides 98 mEq/L 96-109

By Direct ISE method



diagnostics





Dr. Vijay Varde M.D. D.P.B Consultant Pathologist



rears of Service





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Liver Function Test (LFT)

			` '	
Test		Result	Unit	Biological Reference Interval
Serum Bilirubin (Total) By Diazo Method	:	0.48	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) By Diazo Method	:	0.26	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect)	:	0.22	mg/dl	Upto 0.9
S.G.O.T . By Enzymatic Method IFCC	:	28.0	U/L	15 - 37
S.G.P.T. By Enzymatic Method	:	31.0	U/L	16 - 63
GGTP By Enzymatic Method	:	20.0	U/L	15-85
Alkaline Phosphatase	:	38.0	U/L	30-300
Serum Proteins By Biuret Method	:	7.5	g/dl	6.4 - 8.2
Serum Albumin By Bromocresol purple Method	:	3.9	g/dl	3.4 - 5.0
Serum Globulin	:	3.6	g/dl	1.8-3.6
A/G Ratio	:	1.1		1.5-3.5
Remark	:	-		

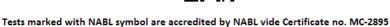
Tests done on Fully Automated Siemens Analyser.

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Dr. Vijay Varde M.D. D.P.B Consultant Pathologist











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Phosphorus

Test Result Unit Biological Reference Interval

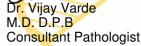
Serum Phosphorus 3.90 mg/dl 2.5-4.9

By Phosphomolybdate - UV Method

Test done on Fully Automated Siemens Analyser.















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Renal Function Test

Test		Result	Unit	Biological Reference Interval
				40.00.5
Urea	:	30.39	mg/dl	10-38.5
Calculated				
BUN	:	14.2	mg/dl	5-18
By Urease with GLDH				0.55.4.00
S. Creatinine	:	0.83	mg/dl	0.55-1.02
Kinetic Alkaline Picrate (Jaffe Reaction)		0.0	/ 11	0.000
Uric Acid	:	3.2	mg/dl	2.6-6.0
By Uricase Method		0.00	/ -l l	0.5.10.1
Calcium	:	9.60	mg/dl	8.5-10.1
By Serum Cresolphtaleine complexona Method		3.9	ma/dl	2.5-4.9
Phosphorus By Phosphomolybdate		3.9	mg/dl	2.5-4.9
Sodium	:	139	mEq/L	135-145
By ISE direct				
Potassium	:	4.7	mEq/I	3.5-5.5
By ISE Direct				
Chloride	:	98	mEq/L	96-109
By ISE Direct				
Serum Proteins	:	7.5	g/dl	6.4 - 8.2
By Biuret Method				
Serum Albumin	:	3.9	g/dl	3.4 - 5.0
By Bromocresol purple Method				
Serum Globulin	:	3.6	g/dl	1.8-3.6
Calculated				
A/G Ratio	:	1.1		1.5-3.5
Calculated				

Tests done on Siemens Fully Automated Analyser.

----- End Of Report -----



Dr. Vijay Varde M.D. D.P.B Consultant Pathologist











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Reported On : 20/04/2024 17:19:10

Urine Routine Examination

Test Result Unit Reference Range

Physical Examination

Quantity 20 ml

Colour Pale yellow Slightly hazy **Appearance**

Specific Gravity 1.020 1.000 - 1.035

By Ion Concentration / Color Indicator

Reaction (pH) 6.5 5.0 - 8.0

By Color Indicator

Chemical Examination

Absent **Proteins** Absent

By Sulphosalicylic acid ppt Method

Absent Absent Bile salts

By Diazo/ Fouchet

Absent Bile Pigments Absent

By Diazo/ Fouchet

Absent Occult Blood Absent

By Oxidation

Absent Absent Glucose

By Enzymatic, GOD-POD & Benedicts Test

Ketones Absent Absent

By Rothera method

Normal Urobilinogen

By Diozo/p-amino Benzaldehyde

Microscopic Examination (per H.P.F.)

Epithelial Cells 1 - 2 /hpf 0 - 10 2 - 3 0 - 5 Leucocytes /hpf Red Blood Cells Absent Absent Casts Absent Absent **Absent** Absent Crystals

Yeast Absent

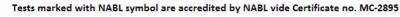
----- End Of Report -----



M.D. D.P.B Consultant Pathologist

Dr. Vijay Varde















Please note the following health check-up booking summary on 20/04/2024

Customer Care: Mediwheel: New Delhi < customercare@mediwheel.in> Fri, Apr 19, 2024 at 6:01 PM To: "crm.lokhandwala@lifecarediagnostics.com" < crm.lokhandwala@lifecarediagnostics.com>

Members Name	Members Age	Emp. Mobile	Package Name
Mrs Maria Castellino	60 year	9004570632	Mediwheel Full Body Platinum Plus Advanced Female

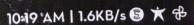
Thanks & Regards



Arcofemi Health Care Ltd. | F-701 A, Lado Sarai, Mehrauli | New Delhi – 110 030 Ph No. 011-41195959

Email: customercare@mediwheel.in; | Web: www.mediwheel.in

Mastoolino /



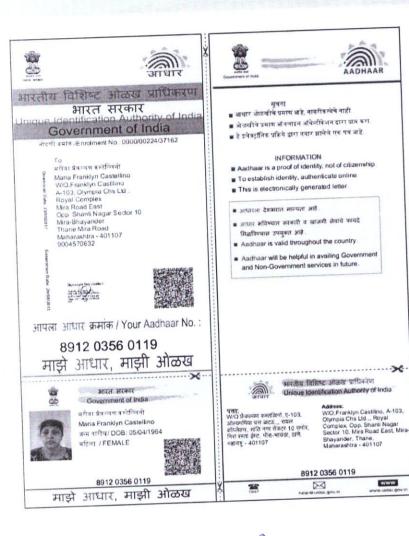




October 22, 2022

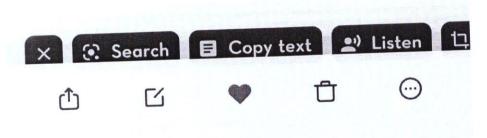
15:30 | Photos

























MEDICAL EXAMINATION REPORT

Nai	me: mania castellina	2		Date:	1-2	y
Dat	e of Birth 5-4 1969 Age	e:	(66 Sex: Flmer)	
Ref	Ferred by: medo Cerrey		Pro	oof of Identification:	y	
			_			
	PLEASE TICK THE RELEVANT BOXES	Yes No		PLEASE TICK THE RELEVANT BOXES	Yes	No
1)	GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?		7)	RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease		
1)	DETAILS OF PHYSICAL EXAMINATION : a. Height b. Weight kg.			of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?		2
	c. Blood Pressure : 126(76 mm Hg. d. Pulse Rate /min		8)	CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep.		4
3)	WHETHER IN THE PAST THE EXAMINEE			b. History of any peripheral vascular disorder?		a
	a. Has been hospitalized? (If YES, please give details)b. Was involved in any accident?c. Underwent Surgery?			c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis.		
	d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?		H	d. Any history of CABG, Open Heart Surgery, Angiography PTCA, other intervention.		
4)	FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental		9	 SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? 		
	illness or any hereditary disease? (please specify)			b. Any history of allergy?		4
5)	a. Are there any abnormalities in oral cavity?			a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines?		0
	b. Are there any tobacco stains?c. Is there any history or evidence of abnormality in eyes		<u>.</u>	b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis?		9
	error of refraction etc.? d. Is there any abnormality found on history/examination		2	c. Any history of plies or fistula?		
	on ears? (Ear discharge, perforation, impaired hearing)			d. Any history of Jaundice		
	e. Is there any abnormality found on examination of nose and throat? Active nose bleed		1	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/		
6) NERVOUS SYSTEM:			Ureter / Bladder disease / Stones or any other urinary disease?	,	
	a. Is there any evidence/histroy of disease of Central or		1	12) MUSCULOSKELETAL SYSTEM:		
	Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures		- /	a. Is there any back, spine, joint muscle or bone disorder?		
	(focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc?			b. Any history of bone fracture or joint replacement or gout? if yes, give details?		
	c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?					

DI EAGE TIME					
PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	
 13) OTHERS a. Is the examinee on treatment for Hypertension/diabetes If yes, mention medication and duration of P; b. Is there any enlargement of Thyroid? 	9?		15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD eg. syphils, gonorrhoea)		
c. Is there any suspicion of any other Endocrine disorder?d. Is hernia present? If yes, give details.e. Are there any abnormalities in testes? If yes, give details			The state of	_	Г
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst? g. Was the examinee treated for any psychiatric ailment? If so, give details about meditation given.			b. Have you suffered from irregular or painful or unusually heavy mensturation, fibroids, cysts or any other disorder of the female organs?		
h. History of anxiety / stress / depression / sleep disorder. 14) HABITS & ADDICTIONS		4	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?		0
Does the examinee consume tobacco/alcohol.drugs/ narcotics in any form? If yes, please ascertain the type. quantity, duration and frequency of consumption.		4	d. Are you now pregnant? If yes, how many months?		
Please mention details:					_
Q. NO. Please provide details of all answers ma	arked a	S 'V6	oe'		
= Tab Pozeut F-C	The contract of the contract o	1-			
= Faths - Dm		(29h.		
= D-8 A (4) = 1 / 4					
= 1 PS Mirch - 10 20 C	-				-
Gell Dicer Steel -1	En				_
Remarks on present health status :			VO mus		
Recommendations (if any):					-
Lifecare Diagnostics & Research Center Pvt. Ltc. 100 Toor, a marking Oppi Shashtri Naga Name & Signature of Doctor, Andheri (VV), Mumbai- 400053.			above statements and answers made to the medical examiner(s) are complete	and tru	e.
Widhibar 400000.					
NOTES:			Date 20-4-W Place Muh	12	
	fec	Codiag	lre nostics		
Main Centre: 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andhe entral Laboratory: 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, An ersova Branch: 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road Vorli Branch: B-101,Trade World, Kamala Mills, Senapati Bapat Marg, Mumbai: Versova Lokhandwala Goregaon Kandivali Da -mail: admin@lifecarediagnostics.com feedback@lifecaredi	idheri (W d, Versova Lower Pa), Mui a, And arel W	nbai. Tel.: 26372527 heri (W), Mumbai. Tel.: 26399210 'est, Lower Parel, Mumbai- 400013, Tel: 9167233844		
OTE: General physical examination & investigation included in the health check ymptomatic disease. Hence any new symptoms arising after the medical check					
				1	

LIFECARE DIAGNOSTIC

ANDHERI WEST

: 200045

Patient: MRS MARIA CASTELLINO

Refd.By:

Pred.Eqns: RECORDERS

: 20-04-2024 10:28 AM Date

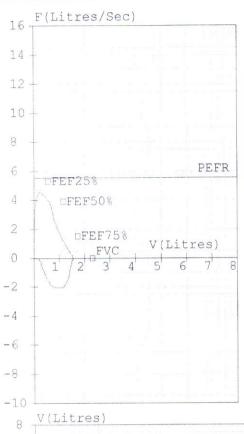
: 61 Yrs Age Height: 160 Cms Weight: 71 Kgs

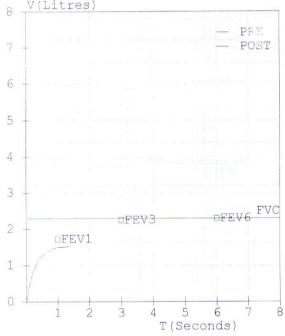
Gender : No Smoker Eth. Corr: 100

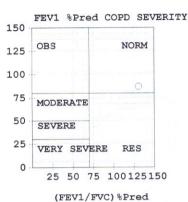
: Female

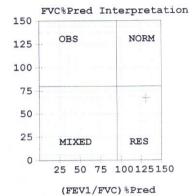
Temp











FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	02.31	01.54	067			ANNA TONE YOUR
FEV1	(L)	01.72	01.50	087			2014 4000 WWW
FEV1/FVC	(%)	74.46	97.40	131			seed alone store
FEF25-75	(L/s)	01.94	02.40	124			**** ***** *****
PEFR	(L/s)	05.56	04.56	082			seen some som
FIVC	(L)		01.34				come pass with
FEV.5	(L)		01.26				***************************************
FEV3	(L)	02.24	01.54	069			nove some notes
PIFR	(L/s)		02.06				NAMES AND STREET
FEF75-85	(L/s)		00.92				2000 12000 10000
FEF.2-1.2	(L/s)	03.75	02.50	067			sonne stenen denne
FEF 25%	(L/s)	05.31	04.29	081			course some name
FEF 50%	(L/s)	03.90	02.84	073			NEW MICH WITH
FEF 75%	(L/s)	01.52	01.21	080			SAME MARK AND
FEV.5/FVC	(%)		81.82				0000 5000 WWW
FEV3/FVC	(%)	96.97	100.00	103			water stores seems
FET	(Sec)		01.32				WANT SERVICE ARREST
ExplTime	(Sec)		00.06	-			A664 1000 1000
Lung Age	(Yrs)	061	069	113			state some
FEV6	(L)	02.31		-			4000 NON 6000
FIF25%	(L/s)		01.08				ANA 5000 WIP
FIF50%	(L/s)		02.04	-			****
FIF75%	(L/s)		01.97				NOR THE THE

Pre Test COPD Severity

Test within normal limits

Lifecare Dia stics & Research Center Pvt. Lto. Inshin, Opp. Shashtri Nagar, andwala Complex, Andheri (W), Mumbai- 400053

Pre Medication Report Indicates Mild Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <80



20/4/24

Maria Castellino.

60 female.

Munopausal: 10-11 years

No thyroid disorders.

G2P2Aolz - 4-07-29 yes FTND.

No 410 ab@ pr bleed Cohilé d'ge

PAD smear doing annually.

Lifecare Diagnostics & Research Center Pvt. Lto.
1st Floor, Sunshine, Opp. Shashtri Nagar,
Lokhandwala Complex, Andheri (W),
Mumbai- 400053.



OPHTHALMIC REPORT

NAME: Masia Castellino

AGE: 601 Femele

DATE: 2all-24

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	6134	6/6	604
With Glasses	- (, ,	

Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	21.6	P16	P.9
With Glasses	/		

	Right Eye	Left Eye
Colour Vision		
Anterio Segment		
External Eye Exam	(2)	P
Intra ocular tension		***************************************
Fundus		

Advise:

OPTOMETRIST 400053





NAME: MRS MARIA CASTELLINO REQUESTING DOCTOR :MEDWHEEL

AGE: 61Y / F DATE: 20/04/2024

2D-ECHO & COLOUR DOPPLER STUDIES REPORT

IMPRESSION: Normal LV & RV Systolic Function,

LVEF-57 % (Modified Simpson)

No LVDD . LV Filling Pressure not raised

No Suggestion of PAH.

No E/O Fibrodegenerative calcific valve involvement of AV, MV. No E/O Specs of calcium on AML, PML, AVL, AV annulus & MAC.

No Significant MR, AR. Trivial TR & PR

2D ECHO & CFL,

LV - Normal Chamber Size. Normal LV systolic function. No RWMA. Preserved LV thickness No LVH /BSH.

RV- Normal chamber size. Normal RV systolic function

LA Normal size. And function.

RA Normal size. And function.

Mitral Valve - Normal size, mobility.

Aortic Valve - Normal Size, mobility, opening Av Tricuspid.

Tricuspid Valve - Normal size, mobility, Trivial TR

Pulmonary Valve- Normal size and function. Trivial PR

IAS- Intact. No Shunt. IVS - Intact. No Shunt.

Grate Arteries - Aorta & Pulmonary Arteries Normal.

LA/LAA/LV Valves. -No Clot, Or Vegetation or mass. IVC- Normal Size . Collapsing> 50%. Pericardium - Normal. No Effusion





MRS MARIA CASTELLINO		AGE:61Y/F		
2D Echo, M Mode		Doppler Measurements		
LA mm	35	MV E Velo	m/sec	0.8
AO mm	29	DCT	msec	155
LVOT mm	23	\mathbf{E}/\mathbf{A}		1.3
RVIDD mm	28.6	e'(Med)	cm/sec	9.86
IVSD mm	8	E/E'		8.3
LVIDD mm	47.6	E' (Lat)	cm/sec	11.6
LVPWD mm	7.9	E/e'		7
LVIDS mm	32	E/e' (Ave)		
Mid RV mm		MVPG/MG	mmhg	
MID RA mm		MV(PHT)	msec	
		MVA(PHT)	sqcm	
EPSS mm		AV Velocity	m/sec	1.07
TAPSE mm	23	AV PG	mmhg	5
MAPSE mm		AV VTI	mm	
MVA sqcm		AVA(VTI)	sq cm	
AVA sqcm	4.2	AIPHT	msec	
LAES Vol		LVOTVel	m/sec	.96
(BP) A-L ml		LVOTPG	mm/hg	4
LAESVol Index		LVOT VTI	mm	
(BP) ml/sqcm				
LV ED Vol ml				
LVESVol ml				
IVC mm	20	TV vel	m/sec	
		TRPG	mmhg	30
		RAP	mmhg	
		PASP	mmhg	
		PVPG	mmhg	3

DR. KAVERI . V

M.B.B.S. D.N.B Medicine

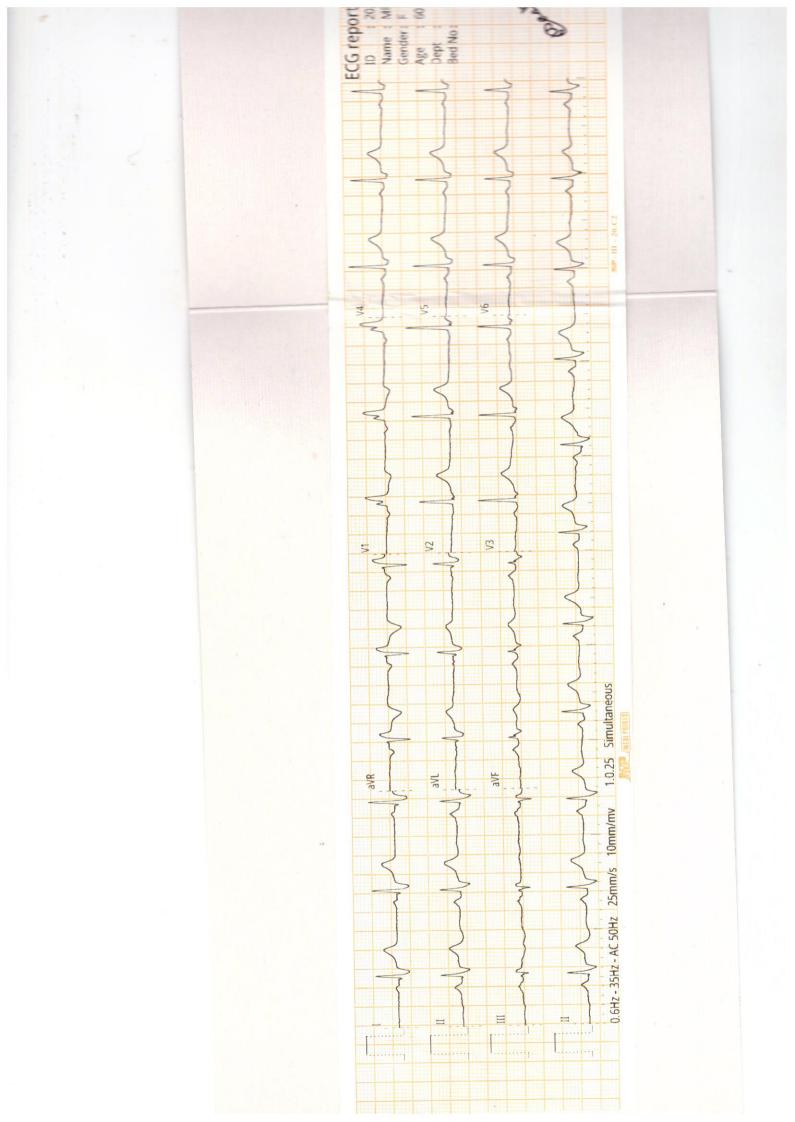
Consultant Non Invasive Cardiology IAE Accredited Echocardiographer

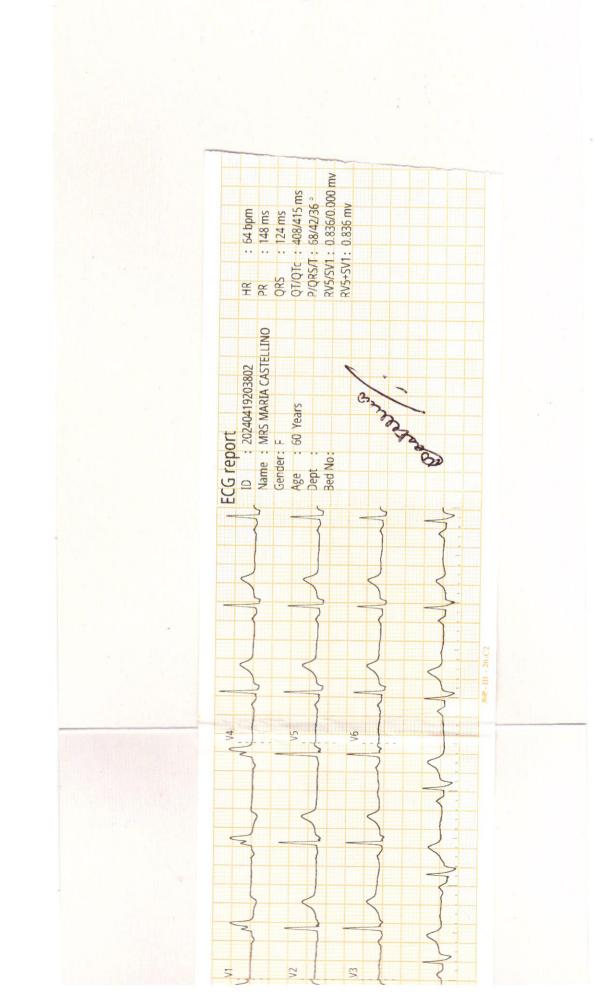
Life Member IAE-L 1373

MMC Reg No- 65845









REPORT

- Sinus phythum Vormul Ecg.

Worli Branch

Kamala Mills,

Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013 Tel.: 9167223844 B-101, Trade World,

10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W),

Central Laboratory 206, Cosmos Plaza, Opp. Indian Oil Nagar, J. P. Road, Andheri (W),

Mumbai Tel.: 26399210

Tel.: 26372527 Mumbai

Versova Branch

Hecale Diagnostics & Research Center Mcdady CARDIOLOGIST Khandwala Commiss. Andheri (M)

For Home visits call: 9167117755 / 9167223838