



CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 11:29

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**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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.35	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Calculated
MCV	82.1	80-100 fl	Measured
MCH	27.2	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8480	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2700.0	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	640.0	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	4930.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	200.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	315000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	12.7	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-





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Reported : 28-Sep-2024 / 17:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	96.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	77.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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



*J. Thakker*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	(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	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.9	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



*J. Thakker*

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

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

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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



*J. Thakker*

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Pathologist and AVP ( Medical  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.012	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.4	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	11.0	0-29.5/hpf	
Yeast	Absent	Absent	
Others	-		



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

**Dr.SWATI ARORA**  
**M.D. (PATH)**  
**Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J Thakker*

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Reported : 28-Sep-2024 / 14:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.5	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	42.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	9.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.24	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.4	35-105 U/L	Colorimetric

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**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	

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*Swati*

**Dr.SWATI ARORA**  
M.D. (PATH)  
Pathologist



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**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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.35	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Calculated
MCV	82.1	80-100 fl	Measured
MCH	27.2	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8480	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.8	20-40 %	
Absolute Lymphocytes	2700.0	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	640.0	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	4930.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	200.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	315000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	12.7	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-





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PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	96.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	77.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	(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	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.9	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



*J Thakker*

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



CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 11:14

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

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

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



*J. Thakker*

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



CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 12:12

Use a QR Code Scanner  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.012	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.4	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	11.0	0-29.5/hpf	
Yeast	Absent	Absent	
Others	-		



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CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 12:12

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

**Dr.SWATI ARORA**  
**M.D. (PATH)**  
**Pathologist**





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CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 11:31

**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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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



CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 14:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.5	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	42.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	9.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



*J Thakker*

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



Use a QR Code Scanner  
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CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 12:18

**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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.24	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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**CID** : 2427223235  
**Name** : MRS.UJWALA BHUPESH BHALA  
**Age / Gender** : 49 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Andheri West (Main Centre)

**Collected** : 28-Sep-2024 / 09:01  
**Reported** : 28-Sep-2024 / 12:18

**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 CPL, Andheri West

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



*J Thakker*

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





CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 12:18

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.4	35-105 U/L	Colorimetric

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



*J Thakker*

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



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CID : 2427223235  
Name : MRS.UJWALA BHUPESH BHALA  
Age / Gender : 49 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 28-Sep-2024 / 09:01  
Reported : 28-Sep-2024 / 12:43

**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Swati*

**Dr.SWATI ARORA**  
M.D. (PATH)  
Pathologist



Use a QR Code Scanner  
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CID : 2427223235  
Name : Mrs UJWALA BHUPESH BHALA  
Age / Sex : 49 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 28-Sep-2024  
Reported : 28-Sept-2024 / 11:54

**X-RAY CHEST PA VIEW**

**Post operative status right side noted .**

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:**

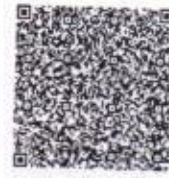
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Dr R K Bhandari  
M D , DMRE  
MMC REG NO. 34078



Authenticity Check



Use a QR Code Scanner  
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CID : 2427223235  
Name : Mrs UJWALA BHUPESH BHALA  
Age / Sex : 49 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 28-Sep-2024  
Reported : 28-Sept-2024 / 15:08

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (12.1cm), shape and smooth margins.  
It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal.  
No evidence of any intra hepatic cystic or solid lesion seen.  
The main portal vein and CBD appears normal.

### ALL BLADDER:

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

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any hydronephrosis or mass lesion seen.  
Right kidney measures 9.7 x 4.7cm. Left kidney measures 10.0 x 3.6cm.  
**A 4.8mm sized calculus is noted in the mid pole of the left kidney.**

### SPLEEN:

The spleen is normal in size (9.1cm) and echotexture.  
No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.  
Prevoid volume = 331cc. Postvoid volume is negligible.

### UTERUS:

Uterus is not visualized (post hysterectomy status).  
No obvious adnexal pathology is seen.

### OVARIES:

Both ovaries are not visualised ? Atrophic / ? postooophorectomy status.



Authenticity Check



Use a QR Code Scanner  
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CID : 2427223235  
Name : Mrs UJWALA BHUPESH BHALA  
Age / Sex : 49 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 28-Sep-2024  
Reported : 28-Sept-2024 / 15:08

**IMPRESSION:-**

Left renal calculus as described above.

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist

Patient's Name : UJWALA BHUPESH BHALA

Age : 49 YRS / FEMALE

Requesting Doctor :---

DATE: 28.09.2024

CID. No : 2427223235

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Mild Mitral Regurgitation, Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation,

Mild Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TR jet vel.method = 30 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS appears aneurysmal, bulging in RA- no flow. IVS is Intact.

No Left Ventricular Diastolic Dysfunction [ LVDD].  
No Doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV  
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

### IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,  
NO RWMA, MILD MR, MILD TR, NO PAH,  
NO LVDD, NO LV HYPERTROPHY,  
IAS APPEARS ANEURYSMAL.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	45	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	10	mm	E/A Ratio	1.1	-
IVSs	15	mm	Mitral Valve Deceleration Time	190	ms
LVIDs	28	mm	E/E'	9	-
LVPWs	15	mm	TAPSE	20	
			<b>Aortic valve</b>		
IVRT	-	ms	AVmax	1.8	m/s
			AV Peak Gradient	13	mmHg
<b>2D STUDY</b>			LVOT Vmax	0.8	m/s
LVOT	18	mm	LVOT gradient	2.4	mmHg
LA	36	mm	<b>Pulmonary Valve</b>		
RA	26	mm	PVmax	0.7	m/s
RV [RVID]	24	mm	PV Peak Gradient	2	mmHg
IVC		mm	<b>Tricuspid Valve</b>		
			TR jet vel.	2.5	m/s
			PASP	30	mmHg

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



**DR. RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004 /06/2468**

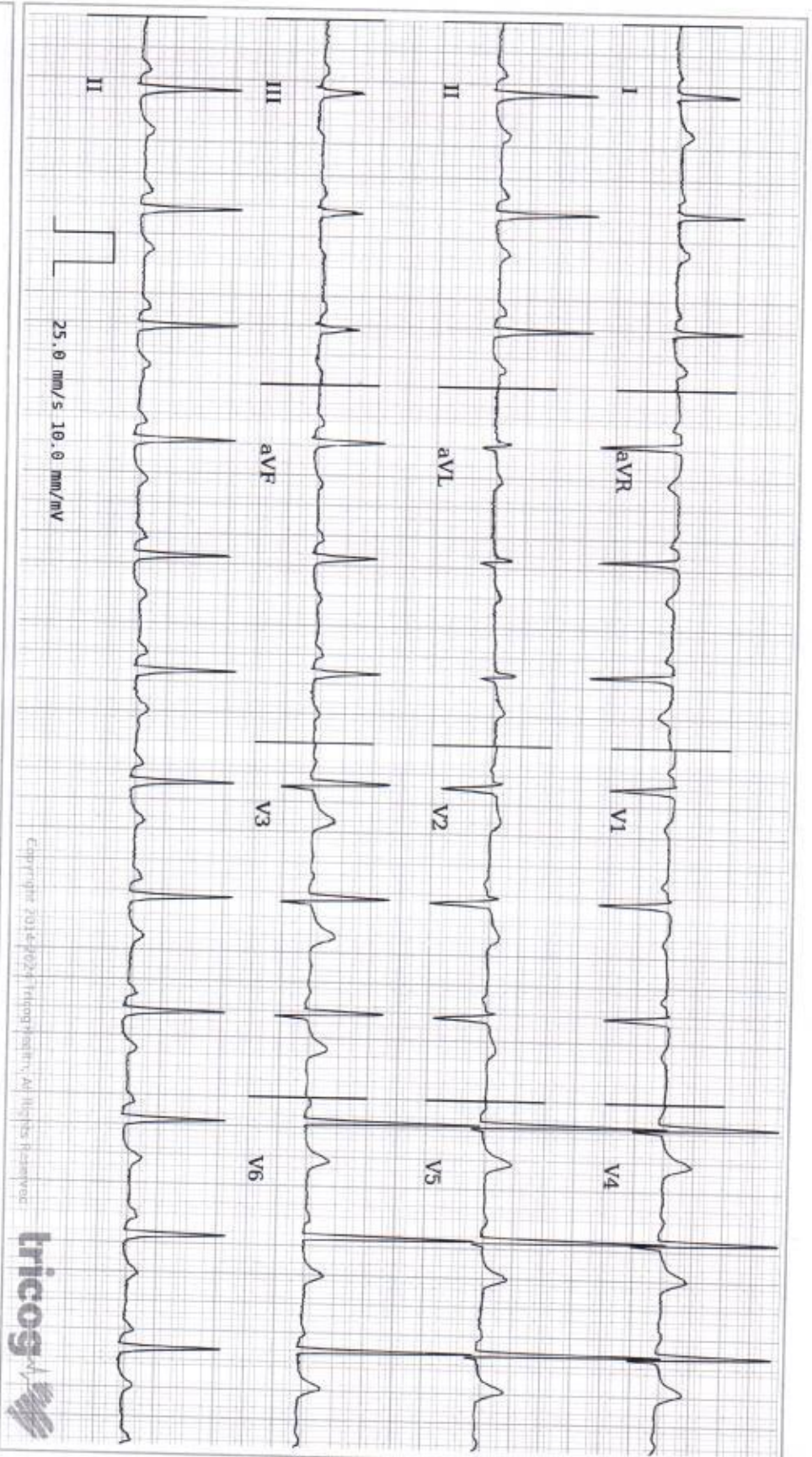
**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.



Patient Name: UJWALA BHUPESH BHALLA  
Patient ID: 2427223235

Date and Time: 28th Sep 24 9:30 AM

**SUBURBAN DIAGNOSTICS - ANDHERI WEST**



**Sinus Rhythm, Left Ventricular Hypertrophy. Please correlate clinically.**

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient visits are as structured by the clinician and not derived from the ECG.

REPORTED BY

*[Signature]*

DR. RAVI CHAVAN  
MD, D.CARD, D. DIABETES  
Cardiologist & Diabetologist  
2004/06/2468

Age: \_\_\_\_\_ y  
Gender: \_\_\_\_\_  
Heart R: \_\_\_\_\_  
Patient: \_\_\_\_\_  
BP: \_\_\_\_\_  
Weight: \_\_\_\_\_  
Height: \_\_\_\_\_  
Pulse: \_\_\_\_\_  
Spo2: \_\_\_\_\_  
Resp: \_\_\_\_\_  
Others: \_\_\_\_\_

Measure  
QRSD: \_\_\_\_\_  
QT: \_\_\_\_\_  
QTcB: \_\_\_\_\_  
PR: \_\_\_\_\_  
P-R-T: \_\_\_\_\_



## SUBURBAN DIAGNOSTICS

**Patient Details**      Date: 28-Sep-24      Time: 10:46:20  
**Name:** UJWALA BHUPESH BHALA ID: 2427223235  
**Age:** 49 y      **Sex:** F      **Height:** 146 cms.      **Weight:** 62 Kg.  
**Clinical History:** HTN, DYSLIPIDEMIA

**Medications:** YES

### Test Details

**Protocol:** Bruce      **Pr.MHR:** 171 bpm      **THR:** 145 (85% of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 2 s      **Max. HR:** 148 (87% of Pr.MHR) bpm      **Max. Mets:** 10.20  
**Max. BP:** 210 / 90 mmHg      **Max. BP x HR:** 31080 mmHg/min      **Min. BP x HR:** 6030 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	67	150 / 90	-0.42 III	0.71 II
Standing	0 : 10	1.0	0	0	67	150 / 90	-0.64 III	0.71 II
Hyperventilation	0 : 7	1.0	0	0	69	150 / 90	-0.64 III	0.71 V3
1	3 : 0	4.6	1.7	10	118	160 / 90	-1.91 III	1.77 I
2	3 : 0	7.0	2.5	12	142	170 / 90	-3.40 III	3.89 V2
Peak Ex	1 : 2	10.2	3.4	14	148	210 / 90	-2.55 II	4.95 V4
Recovery(1)	1 : 0	1.8	1	0	132	190 / 90	-2.34 III	4.60 V2
Recovery(2)	1 : 0	1.0	0	0	110	170 / 90	-1.49 III	4.60 V2
Recovery(3)	1 : 0	1.0	0	0	99	160 / 90	-3.61 V5	-4.60 aVL
Recovery(4)	1 : 0	1.0	0	0	96	150 / 90	-5.94 I	-3.54 III
Recovery(5)	0 : 25	1.0	0	0	96	150 / 90	-1.27 III	1.06 II

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 EXAGGERATED INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 BASELINE SUBTLE ST DEPRESSIONS IN INFEROLATERAL LEADS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease.  
 Positive stress test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

**Dr. Ravi Chavan**  
 MD: D Card  
 Consultant Cardiologist  
 Reg. No.: 2004/06/2468





# SUBURBAN DIAGNOSTICS

## Test Report

U. JYWALA BHUPESH BHALA (49 F)

ID: 2427223236

Date: 28-Sep-24

Exec Time: 0 m 0 s

Stage Time: 0 m 11 s

HR: 67 bpm

Pt. Colocci: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 150 / 90

ST Level (mV/s)

ST Slope (mV/s)

0.4

0.6

0.4

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0.4

Chart Speed: 25 mm/sec  
Schiller Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

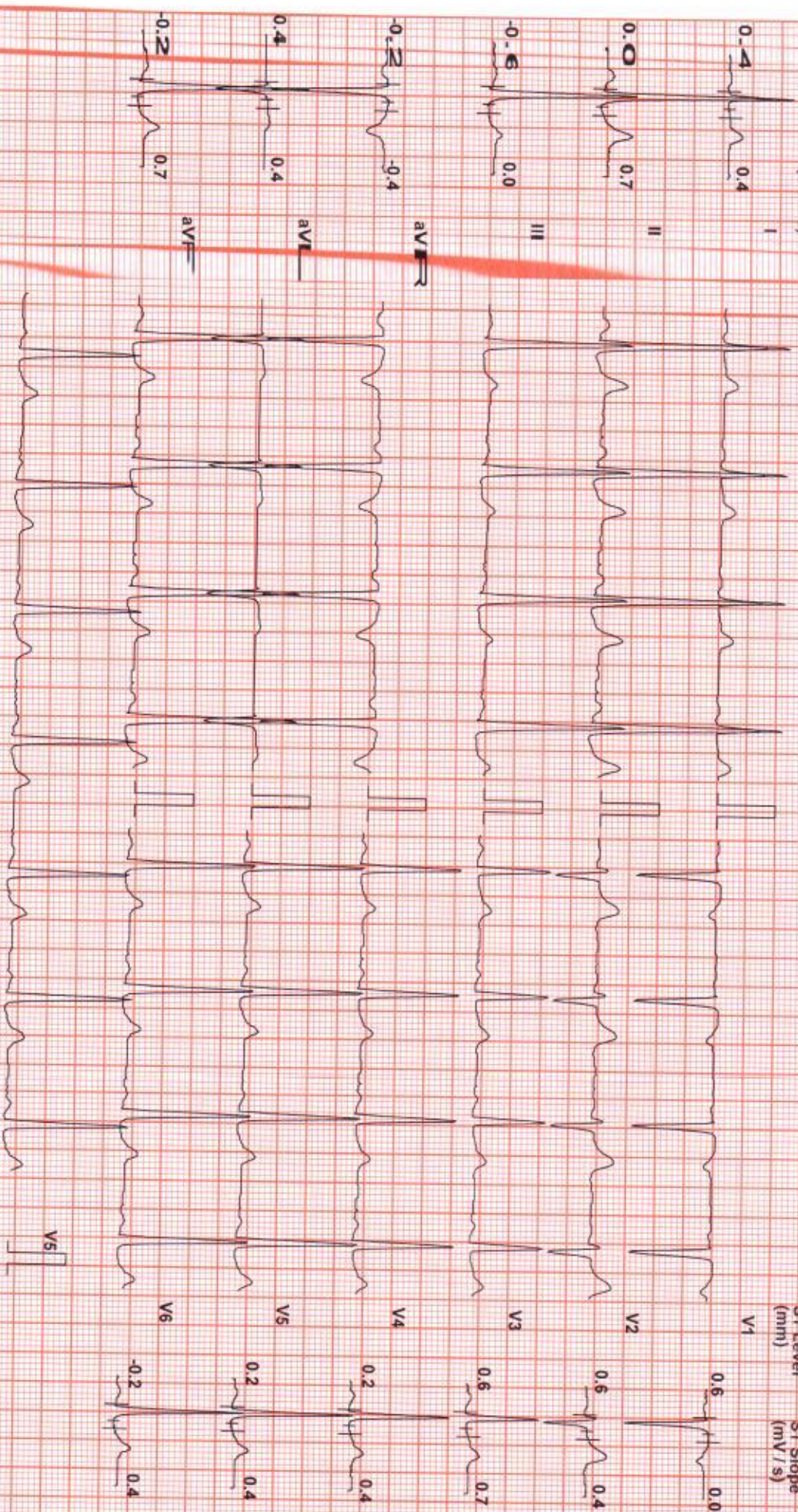
Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median







**UJWAL A BHUPESH BHALA (49 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: **Bruce**

ST Level (mm)      ST Slope (mV/s)

ID: 2427223235  
Stage: Standing

Date: 28-Sep-24  
Speed: 0 mph

Exec Time: 0 m 0 s  
Grade: 0 %

Stage Time: 0 m 4 s  
(THR: 145 bpm)

HR: 68 bpm  
B.P: 150 / 90

ST Level (mm)      ST Slope (mV/s)

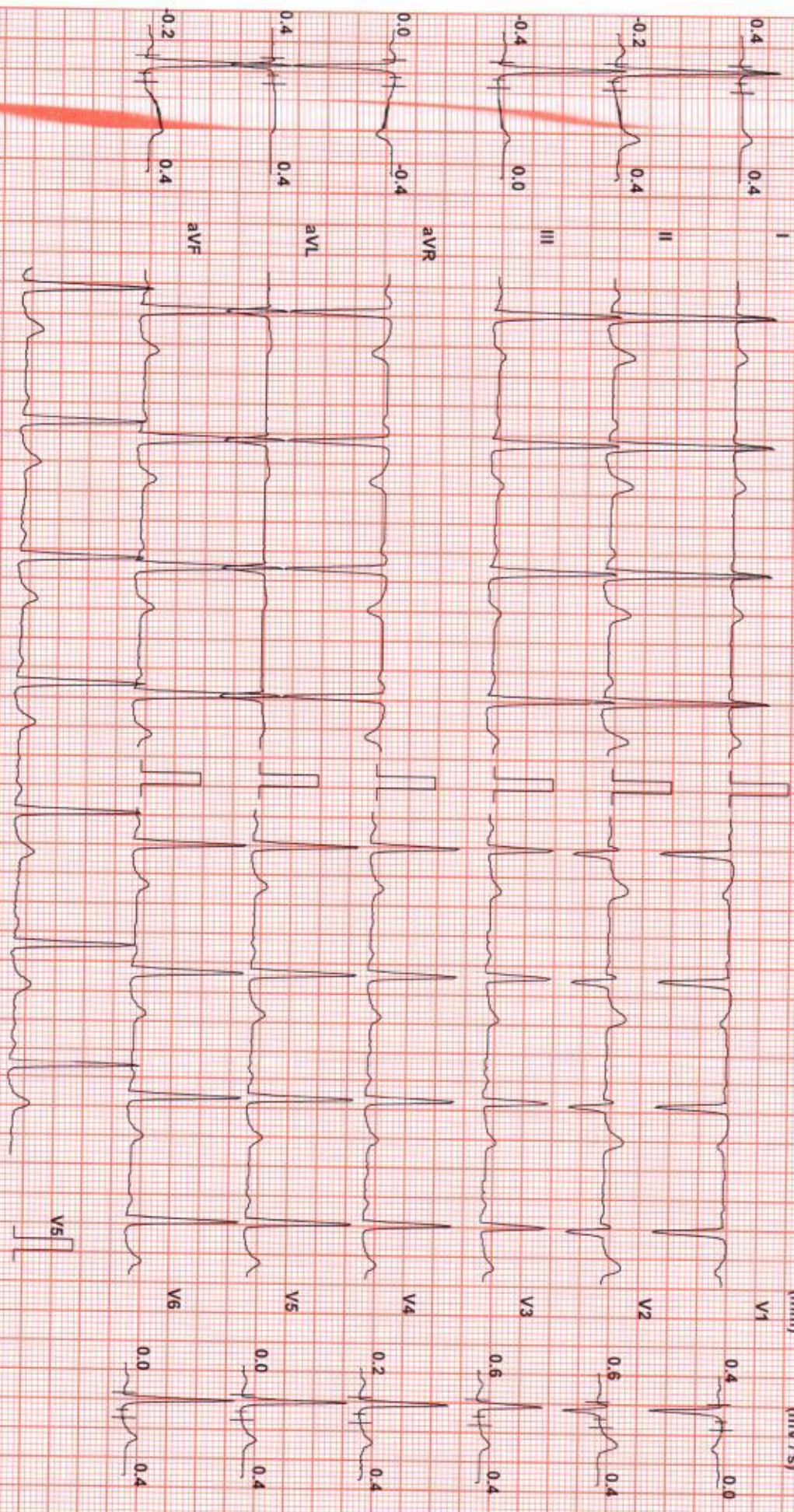


Chart Speed: 25 mm/sec  
Schiller Standard

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R : 60 ms

J = R \* 60 ms

Post J = J + 60 ms

Linked Median





**UJWALA BHITUPESH BHALA (49 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2427223235

Date: 28-Sep-24

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 68 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 150 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

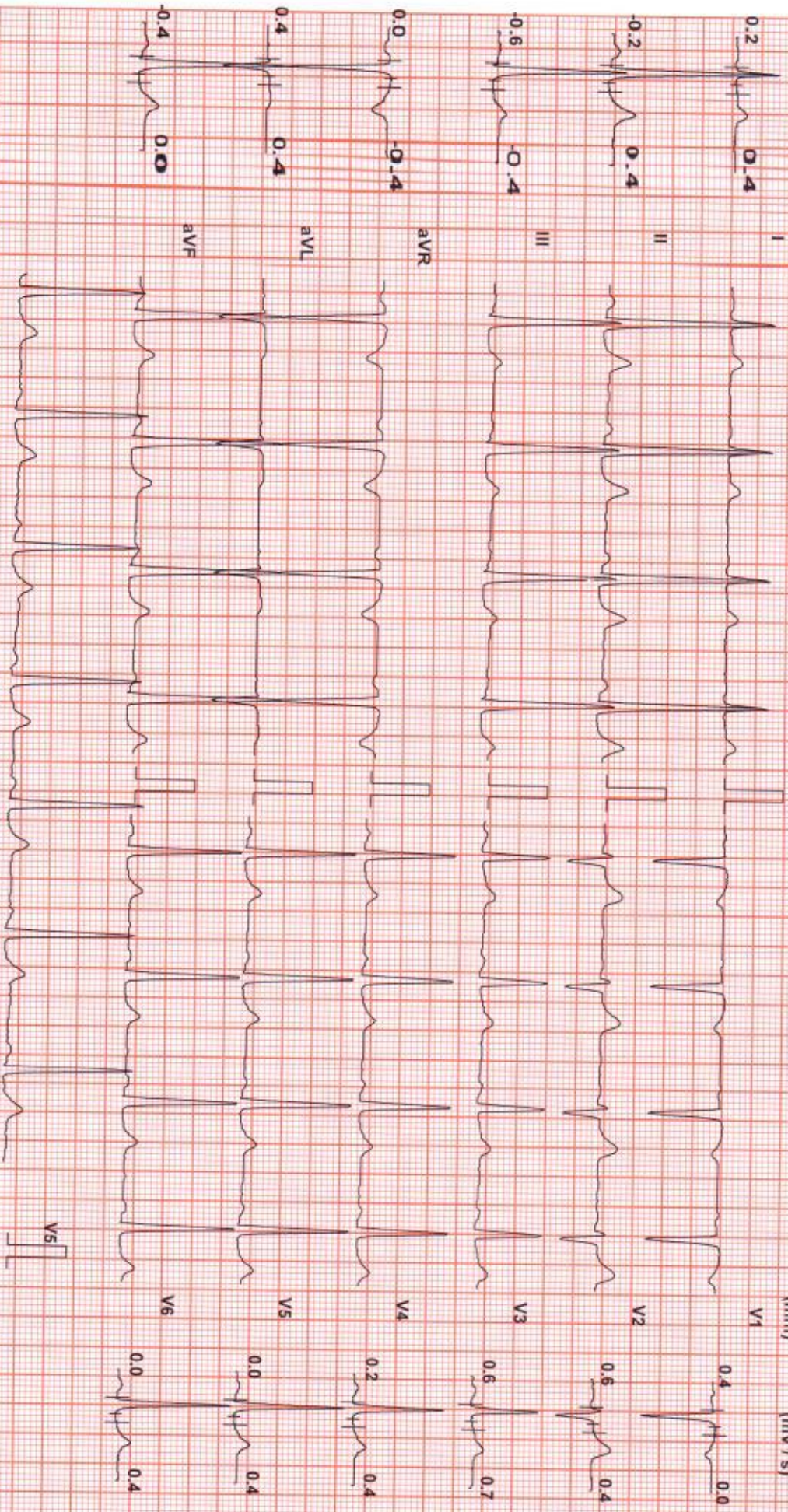


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

POST L = J + 60 ms

Linked Median

Schiller Spandan V 4.7





**UJWALA BHUPESH BHALA (49 F)**

ID: 2427223236

Date: 28-Sep-24

Exec Time: 2 m 54 s

Stage Time: 2 m 54 s

**Test Report**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 145 bpm)

B.P: 160 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

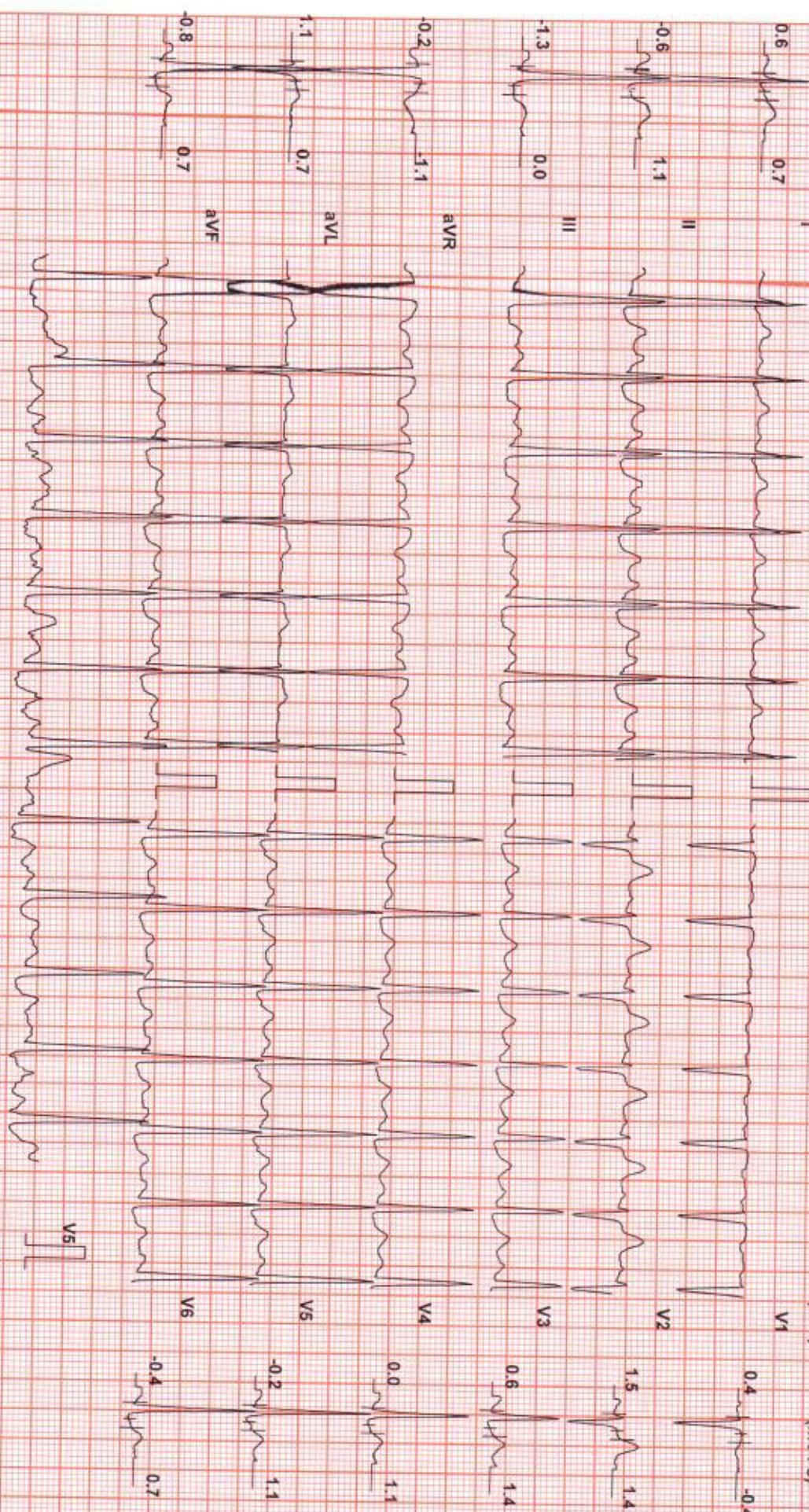


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardian V4.7

Linked Median





# SUBURBAN DIAGNOSTICS

UJWALA BHUPESH BHALA (49 F)

ID: 2427223235

Date: 28-Sep-24

Exec Time : 5 m 38 s Stage Time : 2 m 38 s

HR: 142 bpm

Protocol: BRUCE

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 145 bpm)

B.P: 170 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

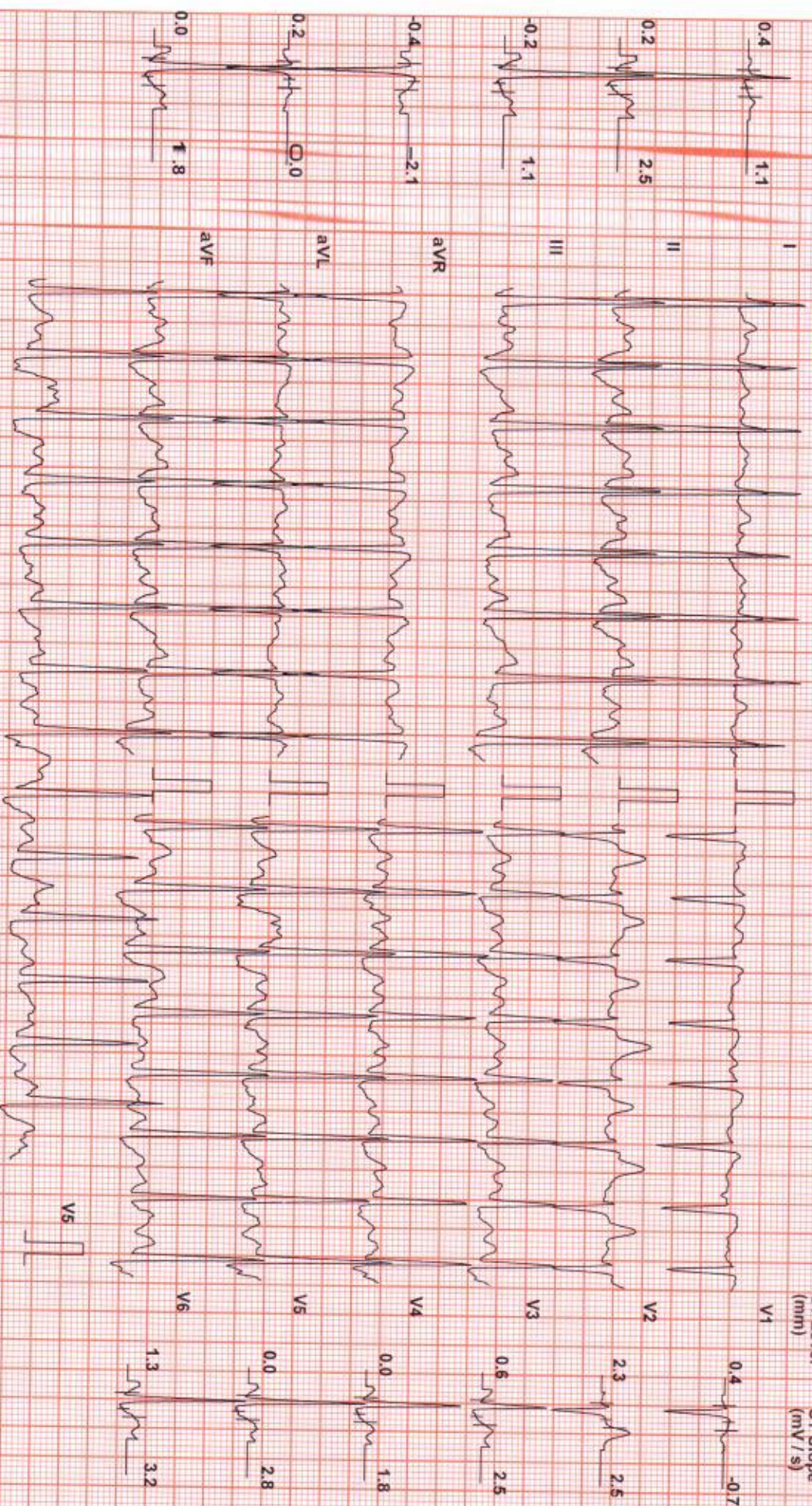


Chart Speed: 25 mm/sec  
Schiller Speeden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms





# SUBURBAN DIAGNOSTICS

UJWALA BHUPESH BHALA (49 F)

ID: 2427223235

Date: 26-Sep-24

Exec Time: 6 m 6 s

Stage Time: 0 m 6 s

HR: 142 bpm

Protocol: Bruce

Stage: Peak EX

Speed: 3.4 mph

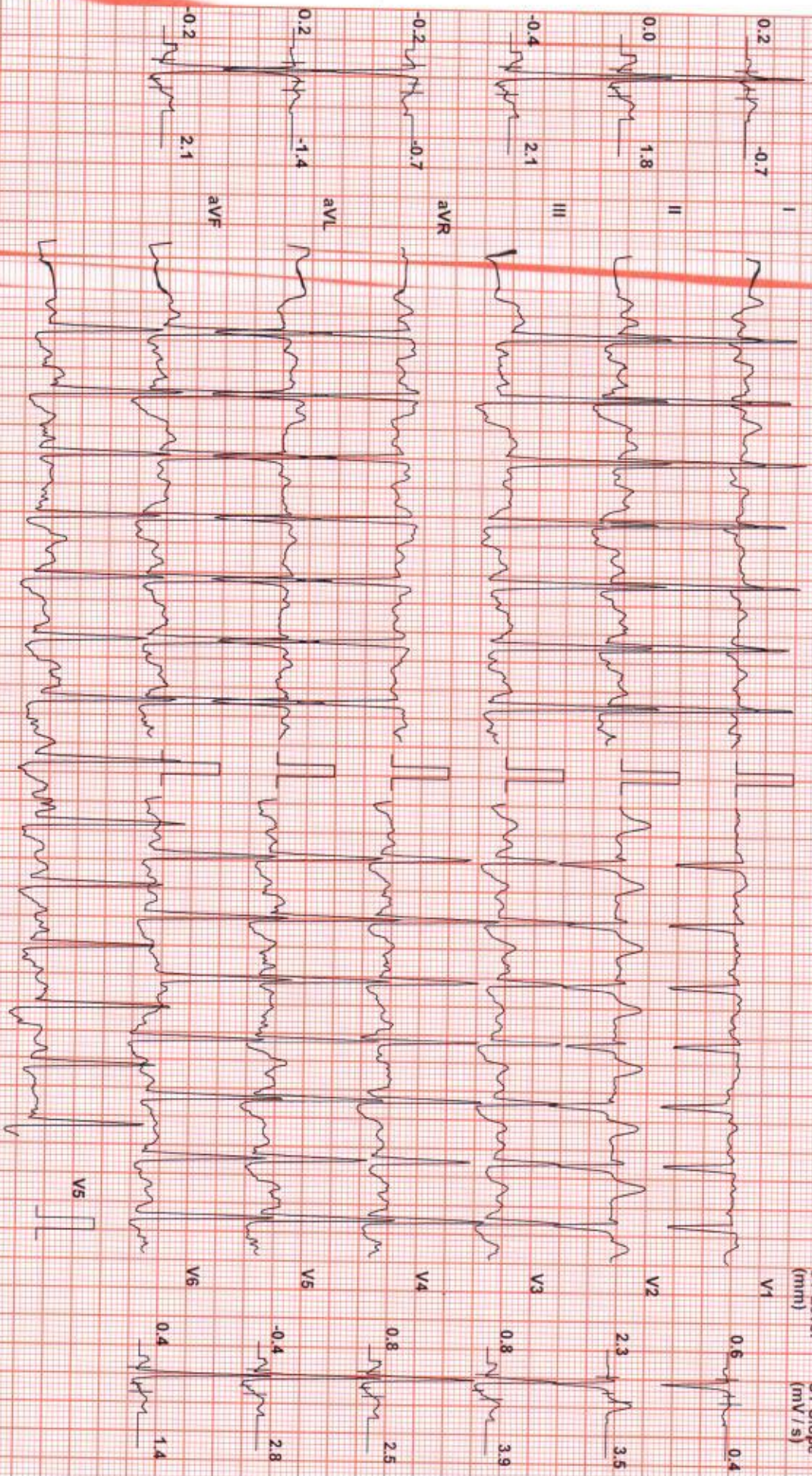
Grade: 14 %

(THR: 145 bpm)

B.P: 210 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Heart Speed: 25 mm/sec  
Miller Spandani V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





# SUBURBAN DIAGNOSTICS

UJWALA BHUPESH BHALA (49 F)

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 54 s HR: 138 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 190 / 90

## Test Report

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

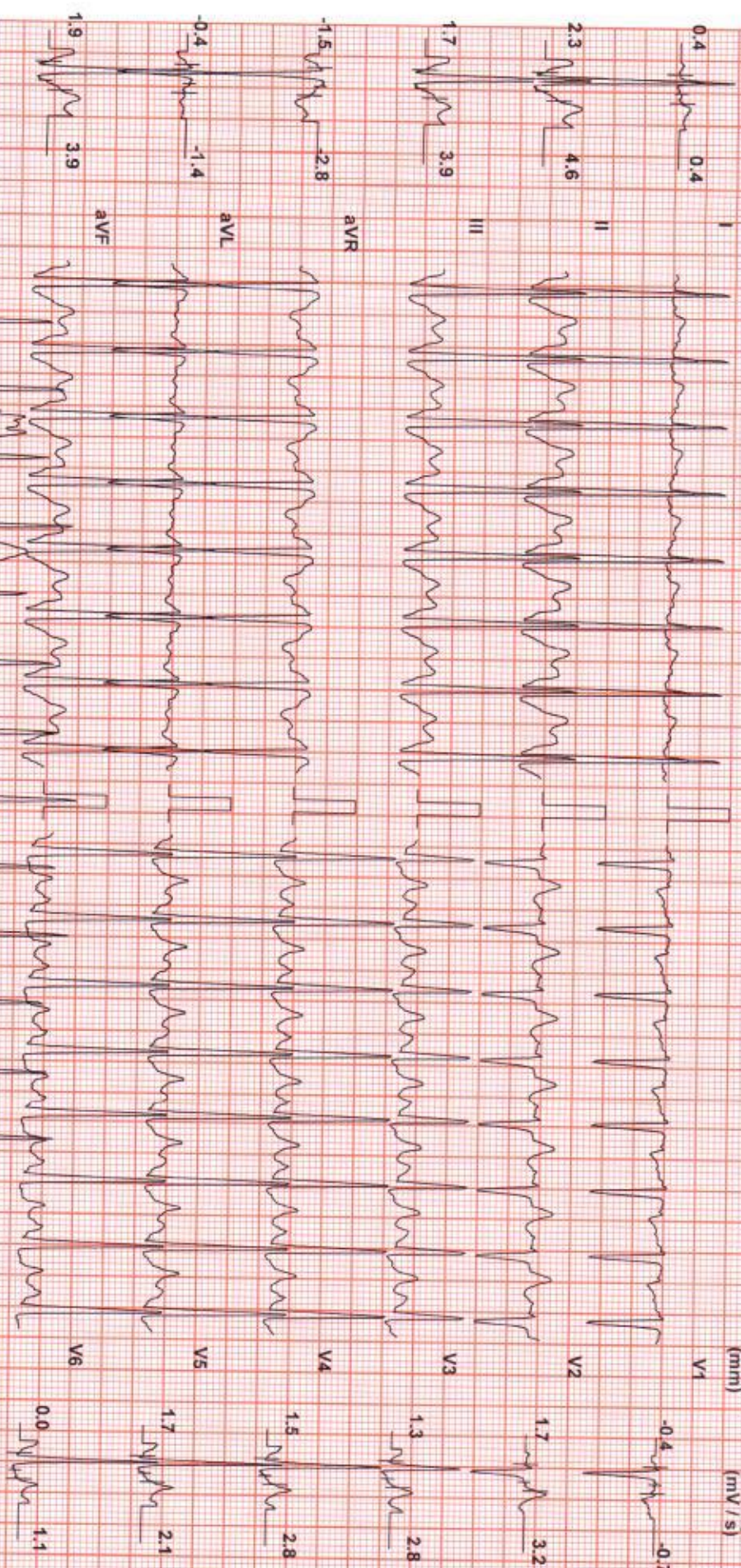


Chart Speed: 25 mm/sec  
Schlier Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median





# SUBURBAN DIAGNOSTICS

UJWALA BHUPESH BHALA (49 F)

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 54 s

HR: 113 bpm

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 170 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

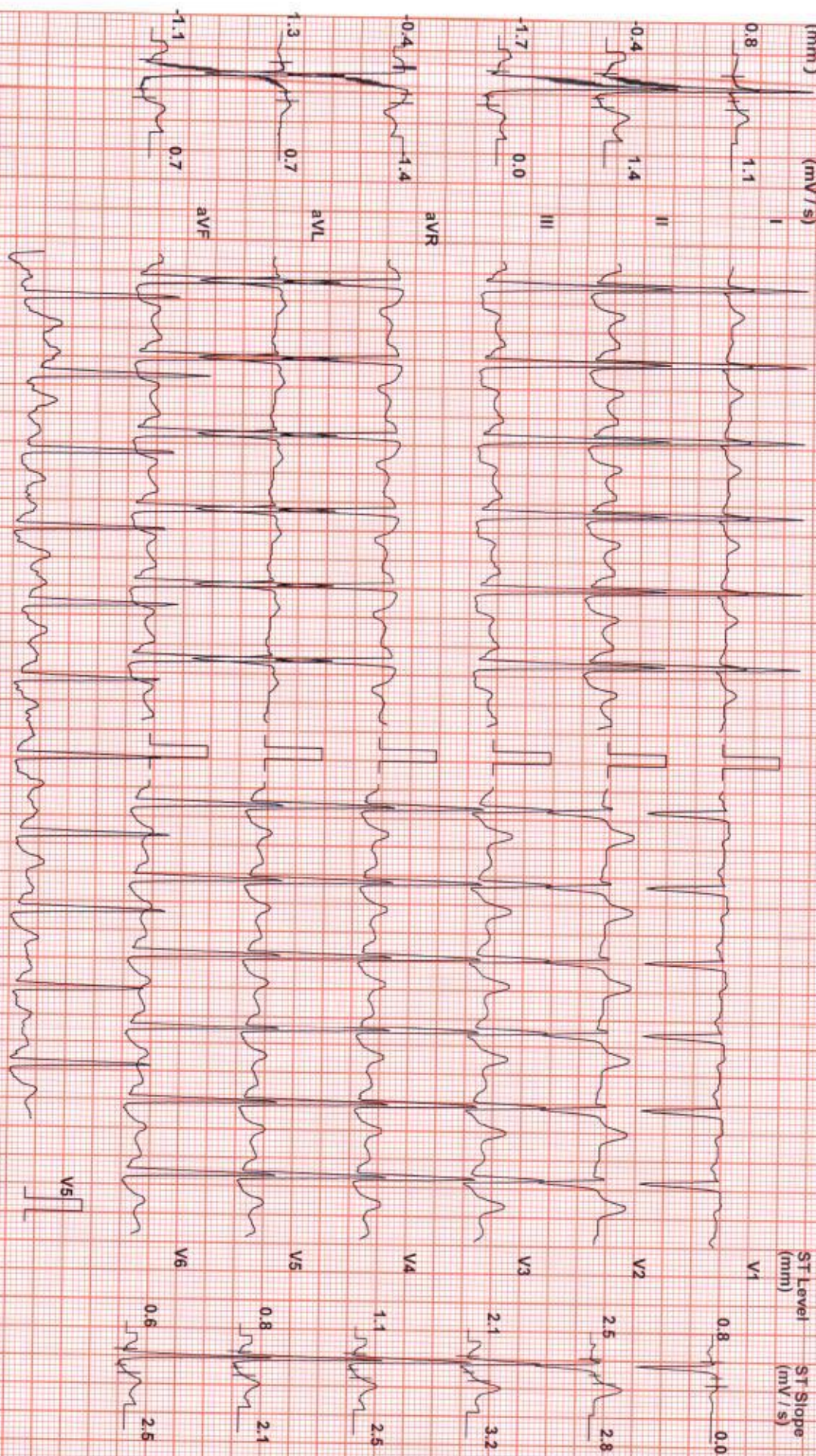


Chart Speed: 25 mm/sec  
Schlier Span: dan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





USWALA BHUPESH BHALA (49 F)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 53 s HR: 101 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 160 / 90

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

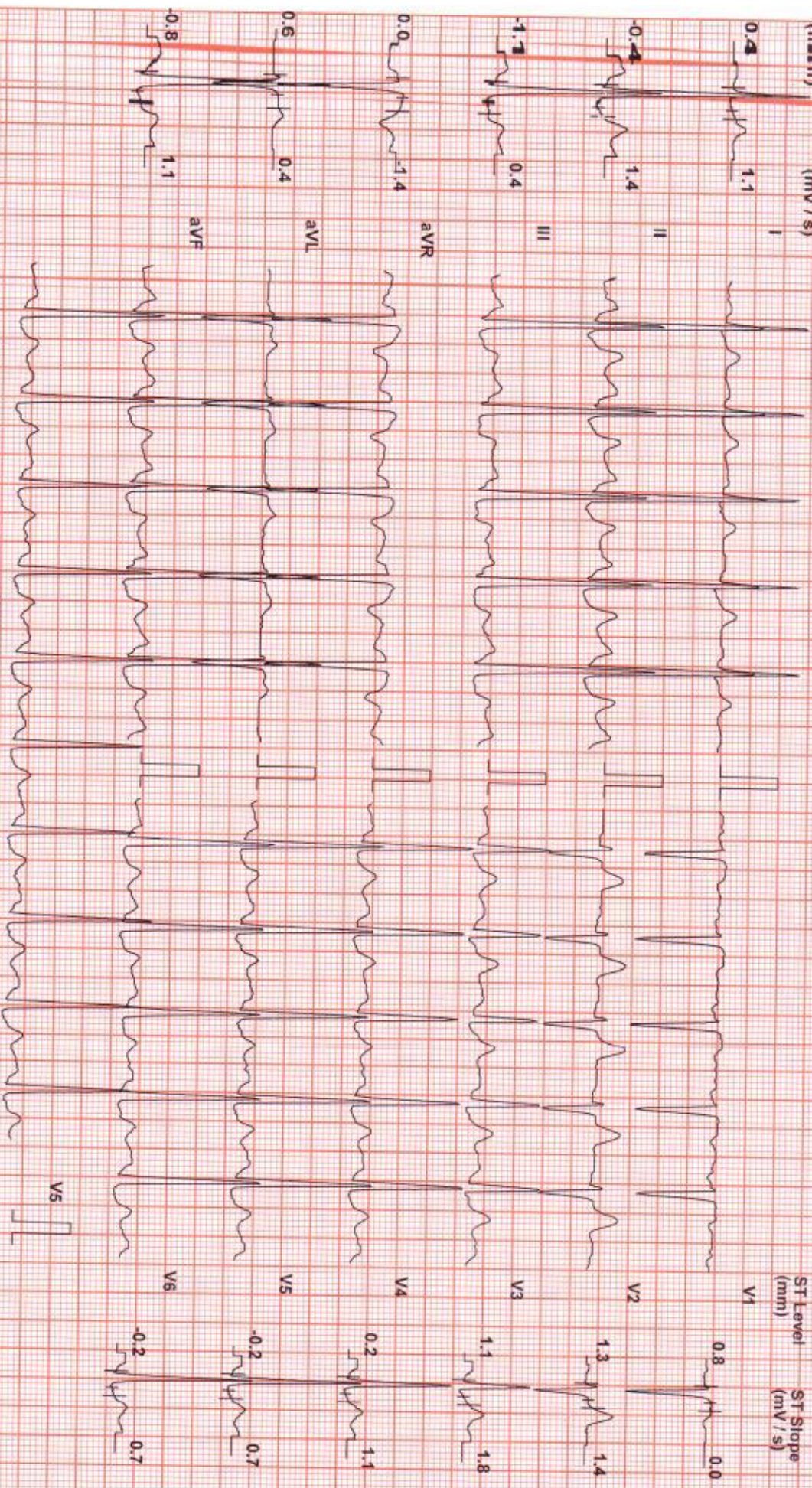


Chart Speed: 25 mm/sec  
Schlitz Standard V47

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





# SUBURBAN DIAGNOSTICS

UJWAL A BHUPESH BHALA (49 F)

ID: 2427223235

Date: 28-Sep-24

Exec Time : 7 m 2 s

Stage Time : 0 m 54 s HR: 101 bpm

## Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 160 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

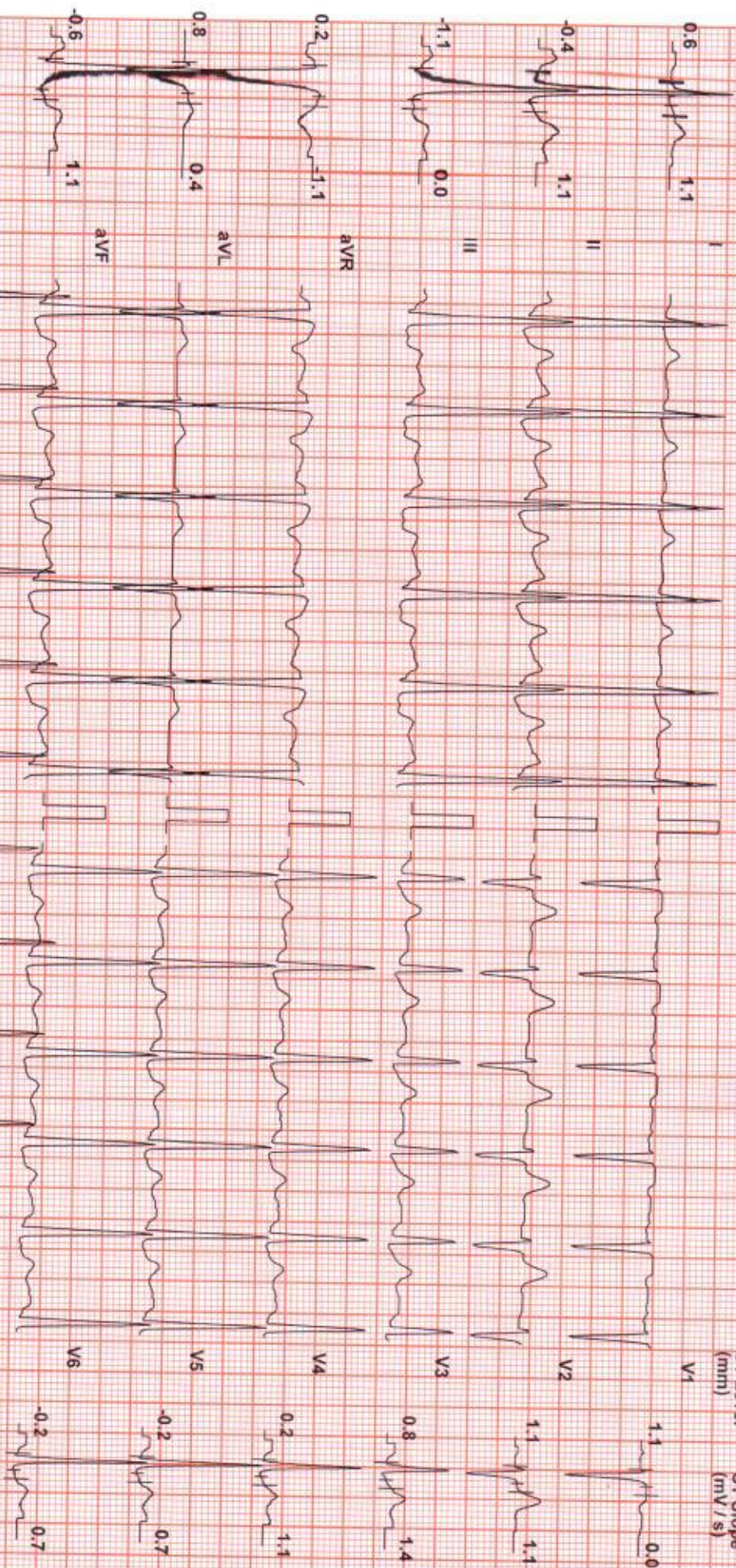


Chart Speed: 25 mm/sec  
Schlier Standard V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





# SUBURBAN DIAGNOSTICS

**JWALA BHUPESH BHALA (49 F)**

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 47 s **HR: 95 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 150 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

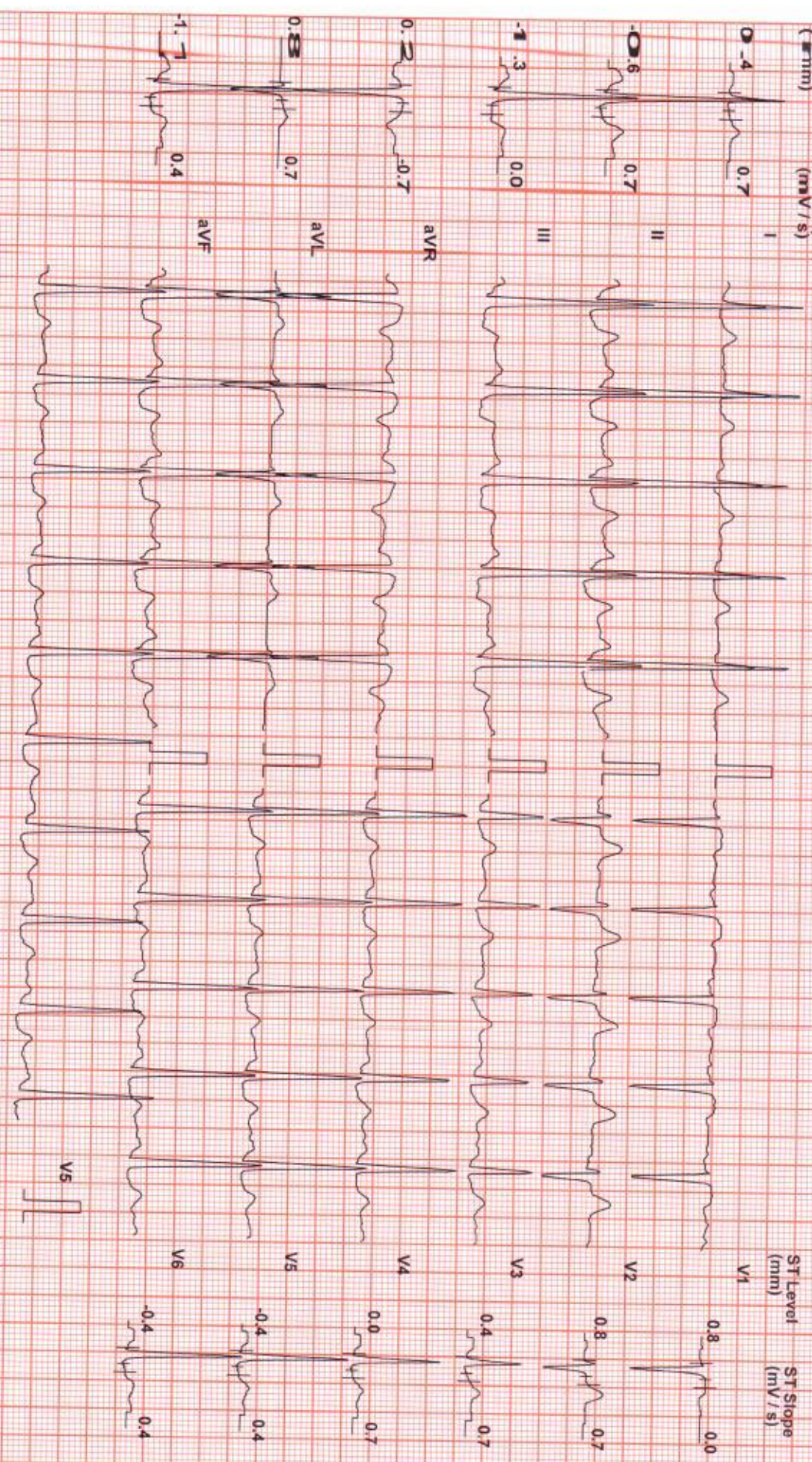


Chart Speed: 25 mm/sec  
Schiller Spardan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





# SUBURBAN DIAGNOSTICS

UNV JALA BHUPESH BHALA (49 F)

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 54 s

HR: 95 bpm

Protocol: col: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 150 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

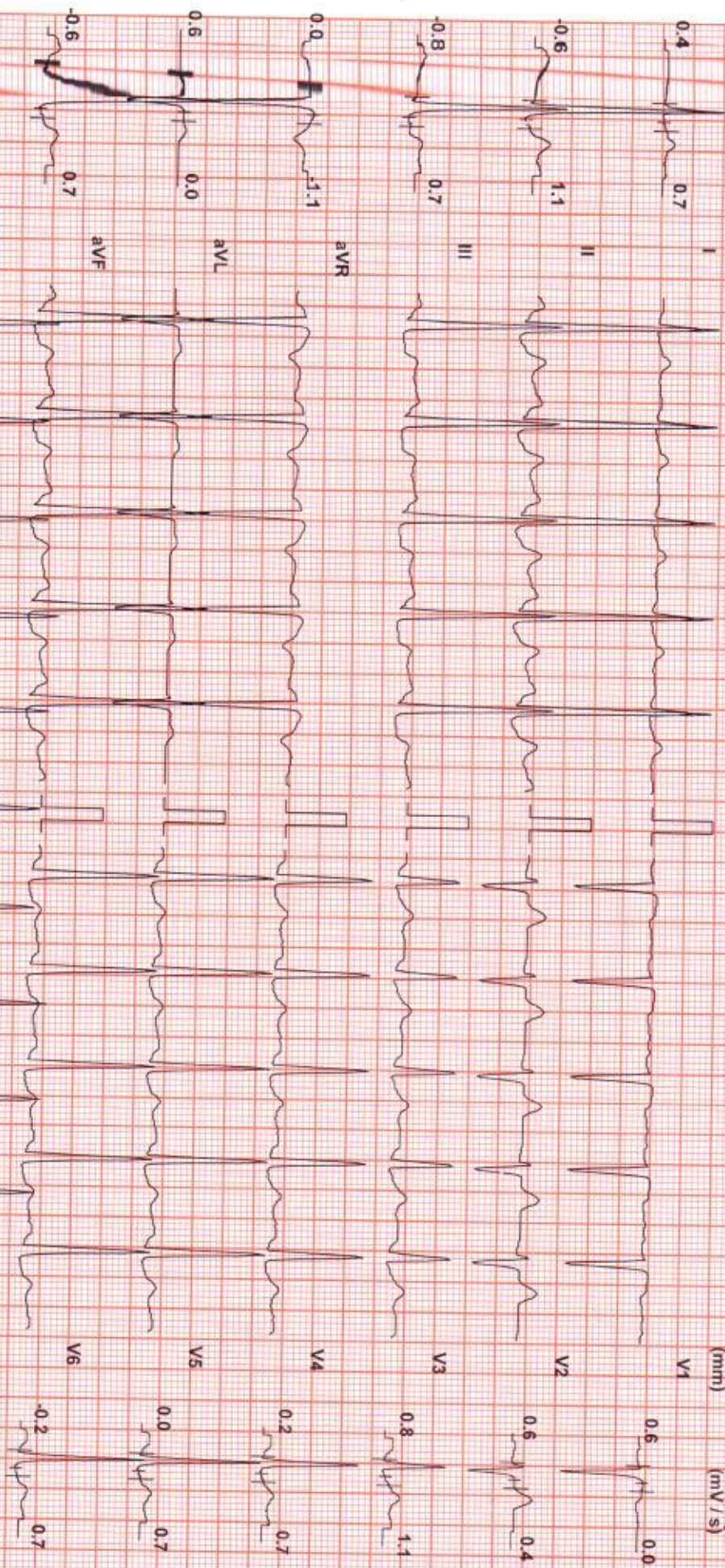


Chart speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R \* 60 ms

Post J = J + 60 ms

Linked Median

Schiller Sp rda V 4.7





**UJWALA BHUPESH H BHALA (49 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2427223235

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 19 s

HR: 96 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P.: 150 / 90

ST Level (mm)      ST Slope (mV/s)

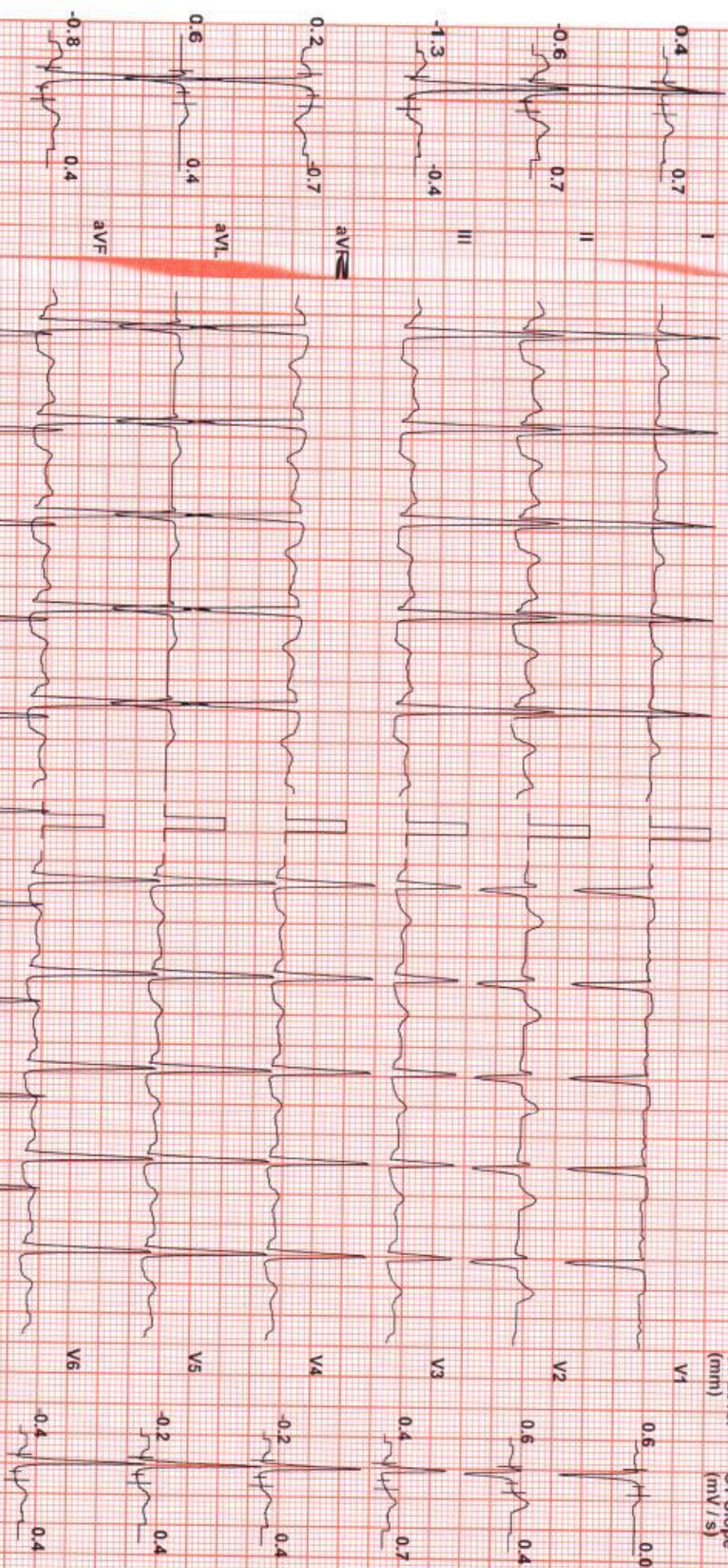


Chart Speed: 25 mm/sec  
Schiller Spandari V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Linked Median





**UJWALA BE HUPESH BHALA (49 F)**

ID: 242722335

Date: 28-Sep-24

Exec Time: 7 m 2 s

Stage Time: 0 m 31 s **HR: 94 bpm**

**SUBURBAN DIAGNOSTICS**

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 145 bpm)

B.P: 150 / 90

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

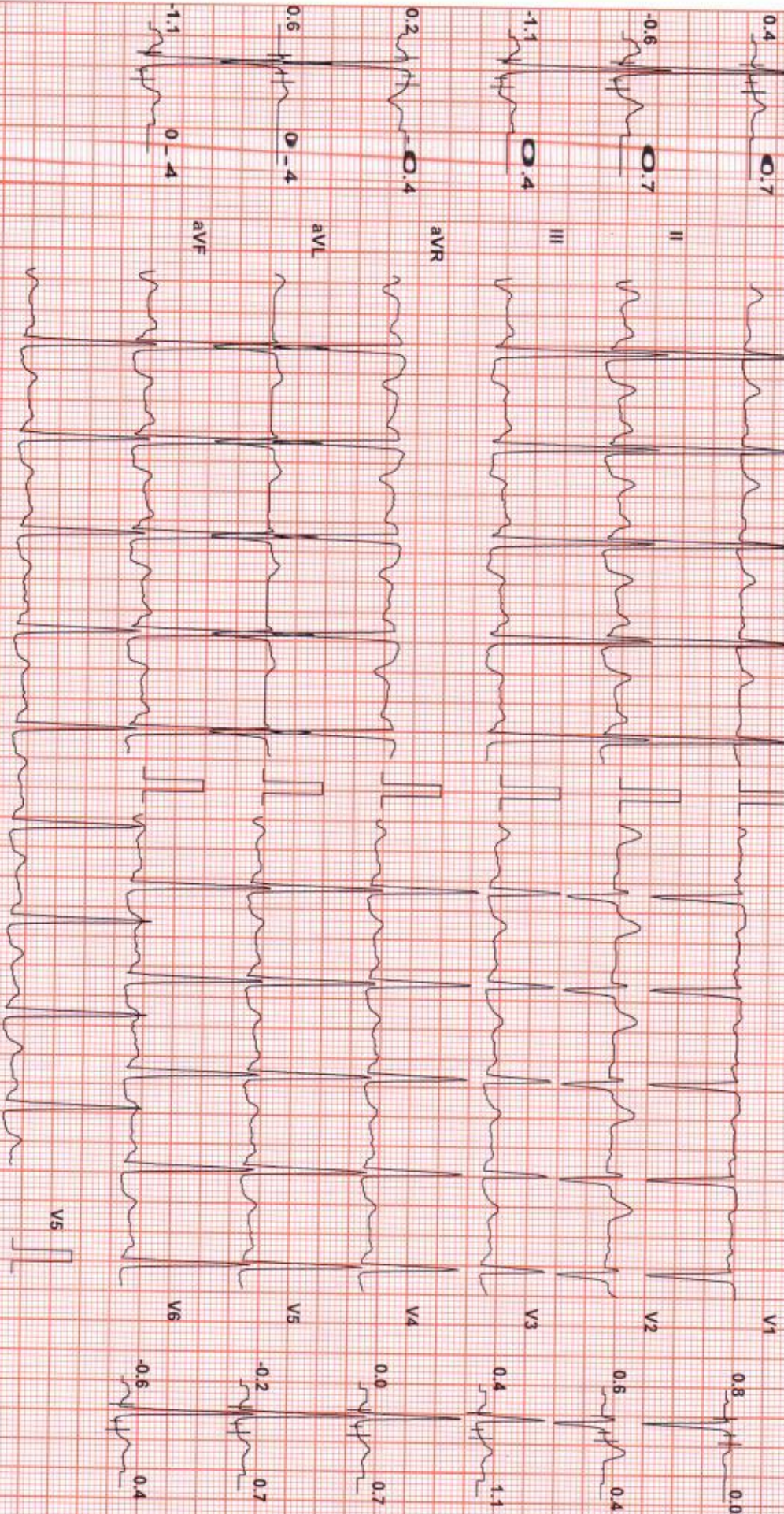


Chart Speed: 25 mm/sec  
Schiller Spanion V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Regn Date :  
Name : Mrs. Ujwala Bhupesh  
Regn No : Bhala

Age / Sex : 49y Male  
Rpt Date/Time :  
Ref Dr :

R  
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**GYNAECOLOGICAL EXAMINATION REPORT**

EXAMINATION :					
RS	:	AEBE	CVS	:	S1S2 audible
BREAST EXAMINATION	:	Not done.	PER ABDOMEN	:	Soft, Non tender.
PER VAGINAL	:	Pap smear done			

MENSTRUAL HISTORY :			
MENARCHE	:	13 years.	MM = h/o hysterectomy in 2022 due to uterine fibroids
PAST MENSTRUAL HISTORY	:	Regular	

OBSTETRIC HISTORY	
G2 P2 L0 A0	

PERSONAL HISTORY :					
ALLERGIES	:	NO	BLADDER HABITS	:	
BOWEL HABITS	:	NO	DRUG HISTORY	:	Yes, for HTN & Dyslipidemia.
PREVIOUS SURGERIES	:	h/o Ca Breast (R) side. Imperceptible done +t. by chemotherapy & radiation in 2008			

FAMILY HISTORY :	
Not significant	

CHIEF GYNAE COMPLAINTS	
h/o (R) Breast CA (operated)	

RECOMMENDATIONS :	
<p>Suburban Diagnostics (I) Pvt. Ltd. Aston, 2nd Floor, Opp. Sunshine Building Sundervan Complex, Andheri (West) Mumbai - 400 053. Tel.: 022-40274527</p>	