SUB	IDF	NAS	
SUD	Uni		
JIAG	NOS	TICS	LIVING

TING. HEALTHE		SEX : FEMALE
ATIENT NAME : MRS. SHOB	HA SEHGAL	AGE : 41 YEARS
ATIENT NAME : MKS. SHOP		DATE: 19/02/2024
EFERRED DR : 2405001360		2
CID NO : 2405001300		BSA:1.56 m ²
Height: 152 cm	Weight: 60.6 Kg	ECG: Sinus Rhythm
Indication: Annual health check	a wp	
Indication: Annual Reasons	ARDIOGRAPHY REPORT:	State Street of Street Street
Summary : • LV and RV are norma • Mild AR. No any othe • IVC is normal in size	l in size and function. r significant valvular pathology. with good collapse. No significant PA	AH (SPAP~23mmHg).
LV assessment: Size and thick	ness: Normal.	
DWMA: NO.		
Function: Normal systolic fun	ction.	
LVEF(estimated): 55-60%		
Mass/Thrombus: Nil.		
RV assessment:		
Size: Normal.		
Function. Normal.		
Mass/Thrombus: Nil.		
Atria:		
Size: Normal.		
Mass/Thrombus: Nil.		
Mitral Valve:		
Structure: Normal.		
Cusp separation: Normal.		
Regurgitation: Nil.		
Tricuspid Valve:		
Structure: Normal.		
Cusp separation: Normal	The Constant of the second	
Regurgitation: Nil.	and the second second second	

NAME:MRS. SHOBHA SEHGAL

CID NO: 2405001360

R E P

0



Aortic Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Mild.

Pulmonary Valve:

Structure: Normal.

Cusp separation: Normal.

Regurgitation: Nil.

Suprasternal view: Aortic arch: Normal.

Subcostal view: IVC- Normal. Pericardium: No evidence of pericardial effusion.

Pericardium. IS	0 0 1 10						
	3.2	E's(cm	/s)		E'L		
LA(cm)	5.2				E/E'L		
AoA(cm)	1.8	E/E's					
	0.9	Evel(m/s)	0.9	E'TV		
IVSd(cm)	0.5			0.5	STV		
LVIDd(cm)	4.5	Avel(m/s)	0.0			
	0.8	MVI	т	172	TRVmax		
PWd(cm)	0.0			0.7	TR max(mmHg)	18	
LA vol(ml)		E/A			LVEDP(mmHg)		
		MA	PSE(cm)		LVEDP(mmrg)		
RA vol(ml)			PSE(cm)		MPA		
IVC(cm)	0.6	TAI	PSE(CIII)		SPAP(mmHg)	23	
	1.7	PH	AD(WU)		SPAr(mmrg)		2
LVOTd(cm)					Mean PG mmHg	VTI	Valve area(cm ²)
	Max ve	m/s	Max PG	mmHg	Ivican r G mine e		

	Max vel m/s	Max PO mining			
AV	1.2	6			
PV	1	4			
MV					
TV		3	1.9	32	
LVOT	0.9	5			
RVOT					

DR. AJITA BHOSALE.

R

E P

0

R

Т

Disclaimer: 2d echocardiography is an observer dependent investigation. Minor variation in reports are possible when done by two different examiners or even by same examiner done on two different occasions. These variations may not necessarily indicate change in the underlying cardiac condition. Previous reports must be provided to improve clinical correlation. CID NO: 2405001360

NAME: MRS. SHOBHA SEHGAL

*** End Of Report ***



CID : 2405001360 Name : MRS.SHOBHA SEHGAL Age / Gender : 41 Years / Female Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Authenticity Check

R

E

P

0

R

т

Use a QR Code Scanner Application To Scan the Code

Collected

Reported

:19-Feb-2024 / 10:33 :19-Feb-2024 / 16:43

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

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric	
RBC	4.21	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	35.8	36-46 %	Calculated	
MCV	85.1	81-101 fl	Measured	
MCH	29.2	27-32 pg	Calculated	
MCHC	34.3	31.5-34.5 g/dL	Calculated	
RDW	14.3	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6160	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS			
Lymphocytes	30.2	20-40 %		
Absolute Lymphocytes	1860	1000-3000 /cmm	Calculated	
Monocytes	8.1	2-10 %		
Absolute Monocytes	500	200-1000 /cmm	Calculated	
Neutrophils	59.3	40-80 %		
Absolute Neutrophils	3650	2000-7000 /cmm	Calculated	
Eosinophils	2.0	1-6 %		
Absolute Eosinophils	120	20-500 /cmm	Calculated	
Basophils	0.4	0.1-2 %		
Absolute Basophils	30	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count MPV PDW	324000 7.1 11.9	150000-410000 /cmm 6-11 fl 11-18 %	Elect. Impedance Measured Calculated
RBC MORPHOLOGY Hypochromia	-		calculated
Microcytosis	-		

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



CID	: 2405001360			C
Name	: MRS.SHOBHA SEHGAL			R
Age / Gender	: 41 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:19-Feb-2024 / 10:33	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:19-Feb-2024 / 17:12	

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-
Specimen: EDTA Whole Blood	

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

2-20 mm at 1 hr.

Interpretation:

ESR, EDTA WB-ESR

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

19

Limitations:

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

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

Reference:

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

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





Sedimentation

Authenticity Check

R

Е

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

Page 2 of 12



CID :2405001360 Name : MRS. SHOBHA SEHGAL Use a QR Code Scanner Application To Scan the Code Age / Gender : 41 Years / Female Collected Consulting Dr. : -: 19-Feb-2024 / 10:33 :19-Feb-2024 / 18:34 : Mahavir Nagar, Kandivali West (Main Centre) Reported Reg. Location MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD GLUCOSE (SUGAR) FASTING, 75.6 Non-Diabetic: < 100 mg/dl Hexokinase Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

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



Anopa

Authenticity Check

R

Е

P

o

R

т

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

Page 3 of 12



:2405001360

: -

: MRS.SHOBHA SEHGAL

: Mahavir Nagar, Kandivali West (Main Centre)

: 41 Years / Female

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check

E P о R

R

т

Use a QR Code Scanner Application To Scan the Code

Collected Reported

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	17.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.56	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in refere	ence range w.e.f. 07-09-2023		
eGFR, Serum	118	(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 equatio	n w.e.f 16-08-2023	
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
URIC ACID, Serum	2.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.1	8.7-10.4 mg/dl	Arsenazo
	107		

SODIUM, Serum 137 136-145 mmol/l IMT POTASSIUM, Serum 3.5-5.1 mmol/l 4.6 IMT CHLORIDE, Serum 103 98-107 mmol/l IMT

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



sa for 8=

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

Page 4 of 12



:2405001360

: -

: MRS. SHOBHA SEHGAL

: 41 Years / Female

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check

R

Е

Use a QR Code Scanner Application To Scan the Code

Collected Reported : 19-Feb-2024 / 10:33 :19-Feb-2024 / 16:49

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c) **BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 105.4 mg/dl Calculated (eAG), EDTA WB - CC

Intended use:

In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

: Mahavir Nagar, Kandivali West (Main Centre)

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



June Sund

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

Page 5 of 12



:2405001360

: MRS.SHOBHA SEHGAL

:41 Years / Female

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Consulting Dr. : -

Age / Gender

CID

Name

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Collected Reported

R

E

P

0

R

т

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

	UNINE EXAMINAT		
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others			

Kindly rule out contamination.



DIAGNOSTI	C S			E
PRECISE TESTING . HEAL	THIER LIVING			Р
CID	: 2405001360			0
Name	: MRS.SHOBHA SEHGAL			R
Age / Gender	: 41 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:19-Feb-2024 / 10:33	
Reg. Location	: Mahavir Nagar, Kandivali West (Main Centre)	Reported	:19-Feb-2024 / 20:57	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

• Protein (1+ = 25 mg/dl, 2+ =75 mg/dl, 3+ = 150 mg/dl, 4+ = 500 mg/dl)

• Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)

• Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



June Kinnet

Authenticity Check

R

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

Page 7 of 12



CID :2405001360 Name : MRS. SHOBHA SEHGAL Age / Gender : 41 Years / Female Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected Reported

Application To Scan the Code

: 19-Feb-2024 / 10:33 :19-Feb-2024 / 15:40

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

PARAMETER

RESULTS

ABO GROUP AB

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.

Refernces:

- 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

*** End Of Report ***



June Sunsit

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

Page 8 of 12



CID

Name

Age / Gender

Consulting Dr.

Authenticity Check

:19-Feb-2024 / 16:49

R

E

P

0

R

т

Use a QR Code Scanner Application To Scan the Code Collected :19-Feb-2024 / 10:33

Reported

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

:2405001360

: -

: MRS.SHOBHA SEHGAL

:41 Years / Female

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

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>			
CHOLESTEROL, Serum	218.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD			
TRIGLYCERIDES, Serum	95.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric			
HDL CHOLESTEROL, Serum	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase			
NON HDL CHOLESTEROL, Serum	164.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated			
LDL CHOLESTEROL, Serum	145.6	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	19.0	< /= 30 mg/dl	Calculated			
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated			
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated			
*Sample processed at SURURRAN DIACNOSTICS (INDIA) DVT LTD SDRL Vidvavibar Lab						

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



June Sumal

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

Page 9 of 12



E P 0 CID :2405001360 Name : MRS.SHOBHA SEHGAL R Use a QR Code Scanner Application To Scan the Code :41 Years / Female Age / Gender т Consulting Dr. Collected : -:19-Feb-2024 / 10:33 Reported :19-Feb-2024 / 16:24 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Authenticity Check

R

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

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.404	0.55-4.78 microIU/ml mIU/ml	CLIA

Page 10 of 12



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 becuase 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, tyros 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 Hyperthyroidi illness.		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 ***



drate.

Authenticity Check

R

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

Page 11 of 12

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Omart, Premier Road, Vidyavihar (W), Mumbai - 400086.

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



CID : 2405001360 Name : MRS.SHOBHA SEHGAL Age / Gender : 41 Years / Female Consulting Dr. : -Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



R

E

P

0

R

т

Use a QR Code Scanner Application To Scan the Code : 19-Feb-2024 / 10:33

Collected

Reported

:19-Feb-2024 / 16:49

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	22.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	25.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	113.7	46-116 U/L	Modified IFCC

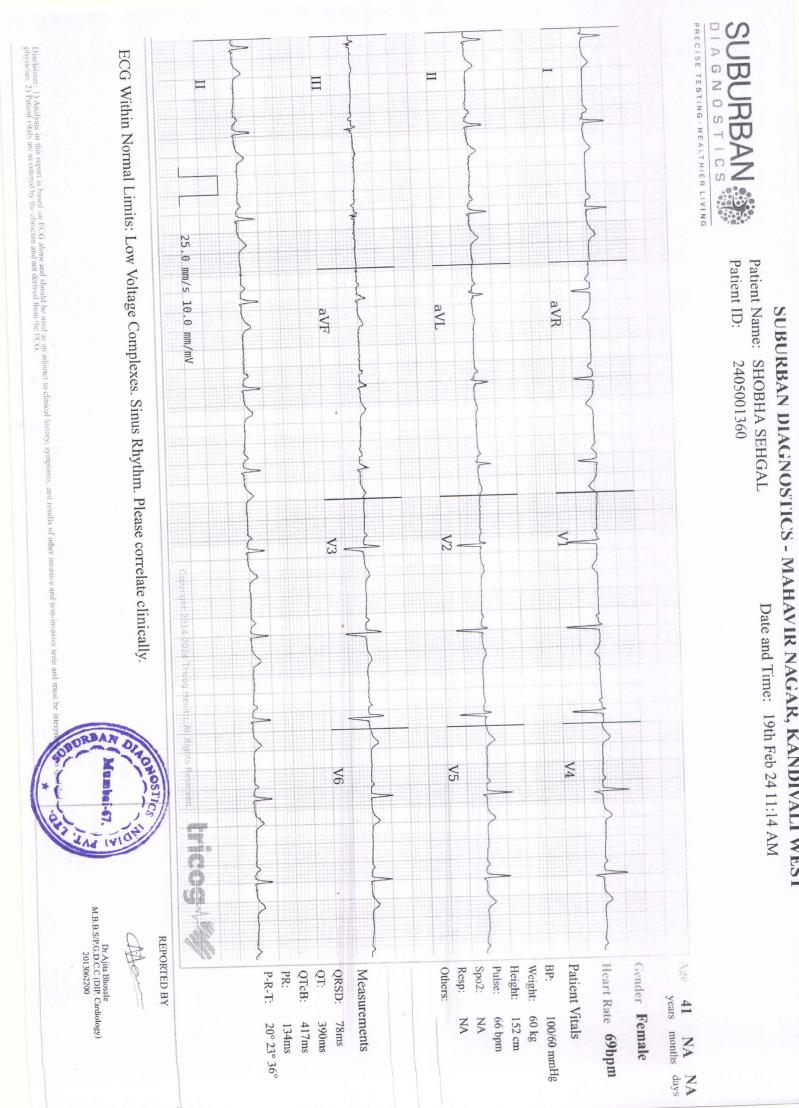
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab *** End Of Report ***



si fin 8-

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

Page 12 of 12





ate:- 19/02/24 CID: 2405001360
ame:-Mrs Shobha Schgal Sex/Age: F141yrs
EYE CHECK UP
hief complaints: — No
ystemic Diseases: — NO
Past history:
Inaided Vision:No
Aided Vision:
Refraction: $\textcircled{\begin{array}{c} \end{array}} & \textcircled{\begin{array}{c} \end{array}} & \textcircled{\end{array}} & \hline \end{array} & \hline \end{array} & \textcircled{\end{array}} & \hline \end{array} & \hline \end$
(Loff Eve)

	(Right Ey	ve)			(Left Lye	-)		
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				66				6/6
Near				NIG	6			N16

Colour Vision: Normal / Abnormal

Remark: Noemal Vision.



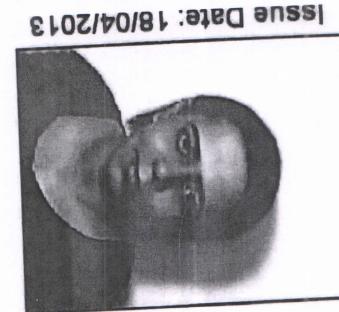
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE; www.suburbandiagnostics.com

R E P 0 R Т



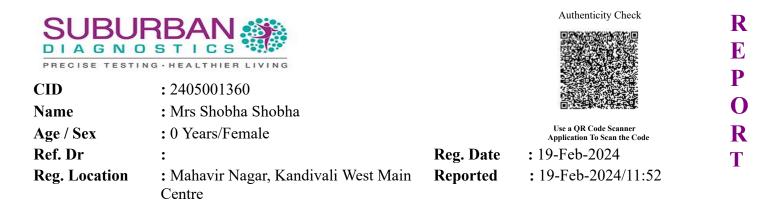




शोमा म घाकान Shobha M Dhaakan जन्म तारीख / DOB: 21/12/1982 महिला / FEMALE Mobile No.: 9930650703

3792 0798 3970 VID : 9104 1251 5855 0184

माझ आधार, माझा आळख



USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.0 cm), shape and smooth margins. It shows normal echogenicity. 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.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. Two echoreflective calculi noted within the lumen of Gall Bladder, measuring approx. 5-6 mm- s/o cholelithiasis.

PANCREAS:

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

KIDNEYS:

Right kidney measures $10.1 \times 3.7 \text{ cm}$. Left kidney measures $9.8 \times 4.4 \text{ cm}$. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (7.5 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

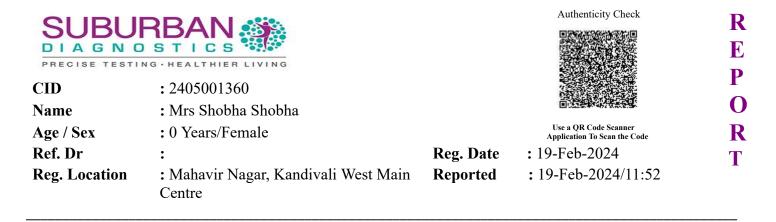
UTERUS:

The uterus is anteverted and appears normal. It measures $6.2 \times 4.4 \times 3.2$ cm in size. The endometrial thickness is 6.7 mm.

OVARIES:

Right ovary = $2.5 \times 2.1 \times 1.9 \text{ cm}$ (volume 5.3 cc) Left ovary = $2.4 \times 2.1 \times 1.3 \text{ cm}$ (volume 3.5 cc) Both the ovaries are well visualised and appears normal.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021910201428



There is no evidence of any ovarian or adnexal mass seen.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis. There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

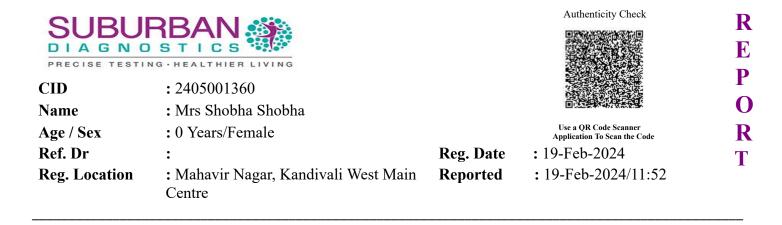
• Cholelithiasis

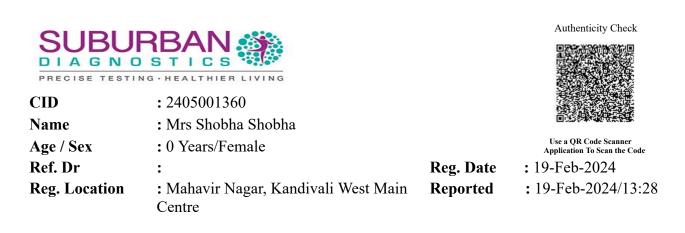
ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319





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.

<u>IMPRESSION:</u> NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319 R

E

Р

0

R

Т

