



CID : 2405521535
Name : MRS.RANJANA SINGH
Age / Gender : 55 Years / Female
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 24-Feb-2024 / 09:11
Reported : 24-Feb-2024 / 13:45

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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
<u>RBC PARAMETERS</u>			
Haemoglobin	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.21	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.3	36-46 %	Calculated
MCV	86.1	81-101 fl	Measured
MCH	27.2	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.9	20-40 %	
Absolute Lymphocytes	2724.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	572.2	200-1000 /cmm	Calculated
Neutrophils	59.9	40-80 %	
Absolute Neutrophils	5115.5	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	102.5	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	25.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	87000	150000-410000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Measured
PDW	29.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelet count may not be representative due to presence of megaplatelets seen on smear
COMMENT	Thrombocytopenia

Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-30 mm at 1 hr. Sedimentation



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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



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



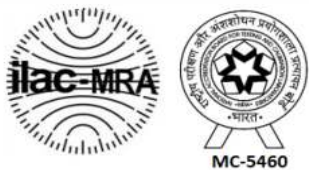
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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



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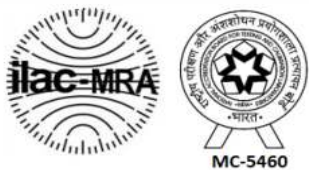
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.60	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	106	(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 w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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

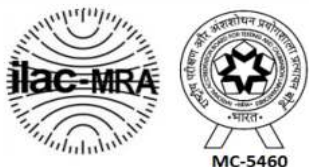
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
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	3-4	Less than 20/hpf	
Others	-		

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

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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 Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



Dr. Vrushi Shroff

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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	111.0	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	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	163.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.1	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	18.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.885	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

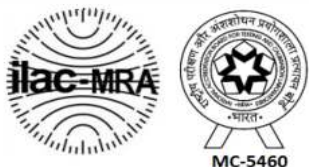
Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Anupa

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



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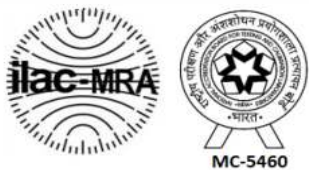
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.45	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.32	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	18.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	9.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	68.2	46-116 U/L	Modified IFCC

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*** End Of Report ***



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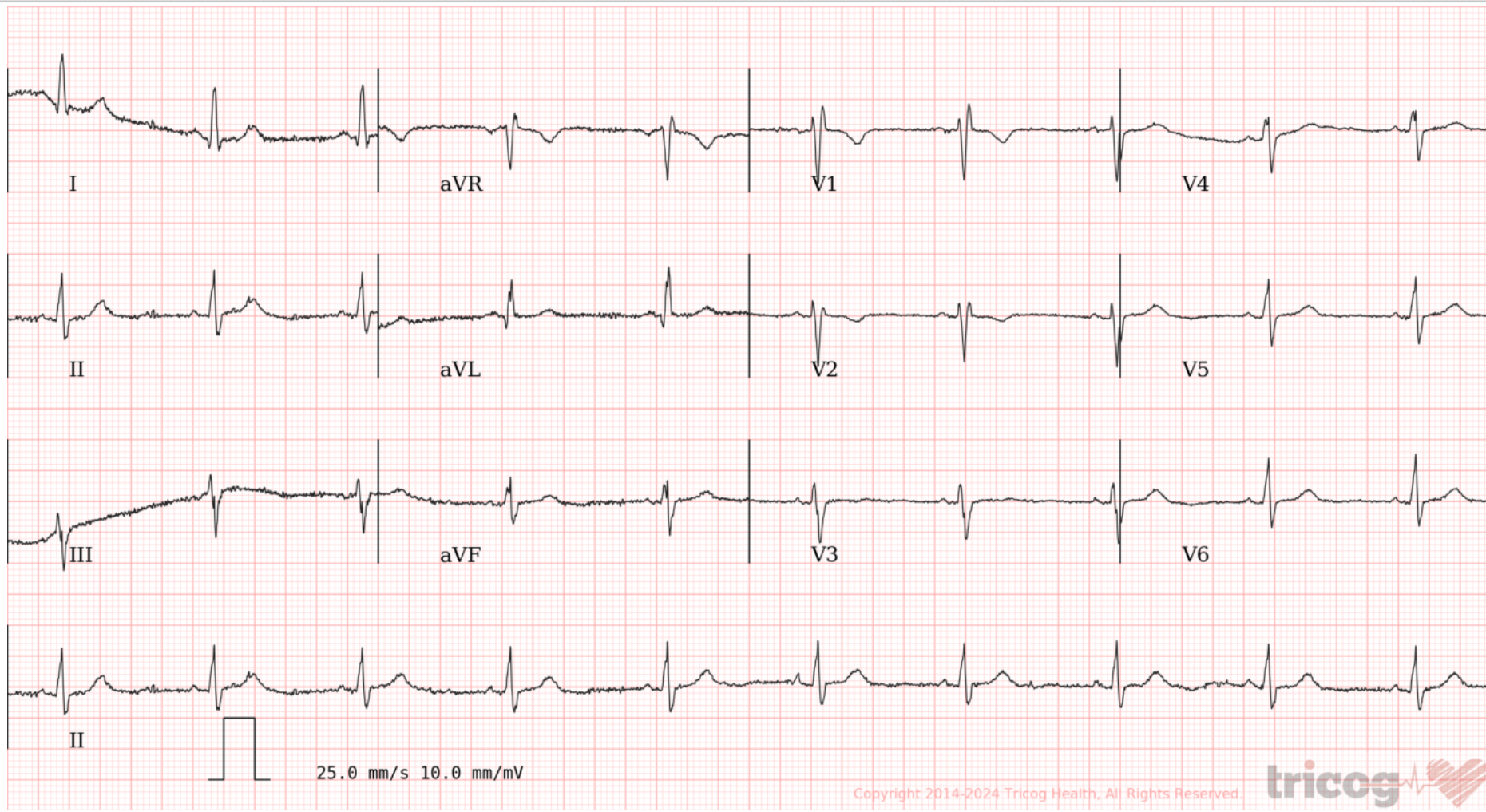
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: RANJANA SINGH
Patient ID: 2405521535

Date and Time: 24th Feb 24 9:59 AM



Age **55** **NA** **NA**
years months days

Gender **Female**

Heart Rate **62bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 90 kg
Height: 166 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 96ms
QT: 404ms
QTcB: 410ms
PR: 122ms
P-R-T: 42° NA 33°

ECG Within Normal Limits: Sinus Rhythm. Incomplete Right Bundle Branch Block,. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S. , MD (Medicine)
59997



भारत सरकार
GOVERNMENT OF INDIA



रंजना सिंह
Ranjana Singh
जन्म वर्ष / Year of Birth : 1968
महिला / Female



7437 0851 6263

आधार – आम आदमी का अधिकार

DOB. 08-08-1968

Ranjana Singh

9826103478

Suburban Diagnostics India Pvt Ltd
Shop No. 9/10/13/20, Wing -A, Bonanza Building,
Sahar Plaza, Near Khar Road, Andheri East,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Date:- 24-2-24

CID: 2405521535

Name:- Mrs Ranjane Singh

Sex / Age: F / 55

EYE CHECK UP

Chief complaints: .

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: Distance $\left\{ \begin{array}{l} 6/12 \\ 6/12 \end{array} \right.$

Aided Vision: Distance $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$ Near $\left\{ \begin{array}{l} M 8 \\ M 8 \end{array} \right.$

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	M 8	—	—	—	M 8

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics India Pvt Ltd
Shop No. 9/10/19/20, Vring -A, Bonanza Building,
Sahar Plaza, Near Koninor,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai -400059

Patient Name : MRS. RANJANA SINGH

Age: 55 Yrs

Sex :-FEMALE

REF.BY:-

DATE:-24.02.2024

CID.NO.2405521535

2 D ECHO DOPPLER

Summary:

1. Normal LV size with normal LV systolic function(LVEF 60%)
2. No diastolic dysfunction.
3. No RWMA
4. No obvious valvular pathology.
5. IVC normal.
6. No pericardial effusion.
7. No pulmonary hypertension. PASP= 22 mm HG

Left Ventricular assessment:

Size and thickness: normal
RWMA: None obvious
Function: Normal systolic function, No diastolic dysfunction.
LVEF (Estimated): 60%
Mass/Thrombus: Nil.

Right Ventricular assessment:

Size and thickness: Normal.
Systolic function: Normal.
Mass/Thrombus: Nil.

Atria:

Size: Appears normal.
Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Trivial

Tricuspid Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: trivial

Aortic Valve:
Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.
Aortic root: Normal.

Pulmonary Valve:
Structure: Normal.
Cusp separation: Normal.
Regurgitation: Nil.

Sub costal view:
IVC – Normal.

Supra sternal view:
Aortic arch: Normal.

Pericardium: No obvious pericardial effusion.

Dimensions & Doppler measurements:

LA	28	mm	E's		cm/s	E'L	--	cm/s	E'TV	--	cm/s
AoA	22	mm	E/E's	4		E/E'L	--		E/E'TV	--	
IVSd	11	mm	Ss		cm/s	SL	--	cm/s	STV	--	cm/s
LVIDd	45	mm	Evel	0.95	m/s	RV EDA	--	cm ²	SPAP	22	mmHg
PWd	11	mm	Avel	0.5	m/s	RV ESA	--	cm ²	DPAP	--	mmHg
LVIDs	24	mm	MVDT		ms	RV FAC	--	%	MPAP	--	mmHg
LA vol		ml	E/A	>1		LVOTd		cm	ATPV	--	ms
RA vol		ml	MAPSE	N	cm	RVOTd	--	cm	PH _{A/D}	--	Wu
IVC	10	mm	TAPSE	N	cm	ARPHT	--	ms	LVEDP	--	mmHg

	Max Vel m/s	Max PG mmHg	Mean PG mmHg	VTI	Valve area cm ²
AV	1.3	5			N
PV					N
MV					N
LVOT	1.2	4			N
RVOT					N

.....End of Report.....

DR. DINESH ROHIRA
ECHO CARDIOLOGIST

Dr Dinesh Rohira
MBBS, DNB (Cardiology)
Registration No 2008040837



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CID : 2405521535
Name : Mrs RANJANA SINGH
Age / Sex : 55 Years/Female
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 24-Feb-2024
Reported : 24-Feb-2024/09:49

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.9 cm), shape and smooth margins. It shows **raised** 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.

GALL 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 calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.6 x 4.2 cm.
Left kidney measures 9.7 x 3.8 cm.

SPLEEN:

The spleen is normal in size (10.7 cm) 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.

UTERUS: Post menopausal status.

The uterus is retroverted and appears grossly normal. It measures 5.6 x 2.4 x 3.1 cm in size. The endometrial thickness is 4.5 mm.

OVARIES:

Both the ovaries are not visualised, probably atrophied.



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No free fluid in POD.

IMPRESSION:-

- Grade I fatty liver.

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

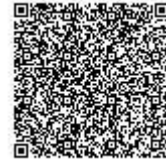
Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

Evidence of mild cardiomegaly with straightening of left heart border noted.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

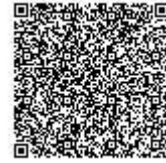
IMPRESSION:

Mild cardiomegaly with straightening of left heart border noted.

ADVICE : Clinical correlation.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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