SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2432507910		
Name	: MRS.SHAILEJA DUBEY		
Age / Gender	: 42 Years / Female		
Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 09:06
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 13:58

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**11.6**	12.0-15.0 g/dL	Spectrophotometric
RBC	4.33	3.8-4.8 mil/cmm	Elect. Impedance
PCV	**35.1**	36-46 %	Measured
MCV	81	80-100 fl	Calculated
MCH	**26.7**	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	**15.8**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5940	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	27.9	20-40 %	
Absolute Lymphocytes	1650.0	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	450.0	200-1000 /cmm	Calculated
Neutrophils	62.2	40-80 %	
Absolute Neutrophils	3680.0	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	120.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	343000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

CID	: 2432507910		
Name	: MRS.SHAILEJA DUBEY		
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Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 09:06
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 14:14

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	11	2-20 mm at 1 hr.	Sedimentation

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 Borivali Lab, Borivali West

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ilac-MRA MC-6201

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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REPORT

CID	: 2432507910		
Name	: MRS.SHAILEJA DUBEY		
Age / Gender	: 42 Years / Female		
Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 13:56
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 18:40

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	85.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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

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MC-6201

Bmhaskar

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

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REPORT

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Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 09:06
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 16:01

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	112	(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	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.2	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.7	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	**111**	98-107 mmol/l	IMT

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

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MC-5480

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist

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Consulting Dr.	: -	**Collected**	: 20-Nov-2024 / 09:06
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 14:27

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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

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

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

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

*** End Of Report ***

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MC-6201

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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 15:42

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

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

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ilac-MRA MC-5480

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

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	185.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	88	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	68.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	117.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.4	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	17.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

Reference:

- Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- Pack Insert.

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MC-5480

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 15:48

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.772	0.55-4.78 microU/ml	CLIA

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 15:48

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, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

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

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

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

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

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

*** End Of Report ***

ilac-MRA MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 20-Nov-2024 / 16:01

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.3	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	12.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	83.5	46-116 U/L	Modified IFCC

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

*** End Of Report ***

ilac-MRA

MC-5480

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist

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SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

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REPORT

CID	: 2432507910		
Name	: Mrs shaileja dubey		
Age / Sex	: 42 Years/Female		
Ref. Dr	:	**Reg. Date**	: 20-Nov-2024
Reg. Location	: Kandivali East Main Centre	**Reported**	: 20-Nov-2024 / 13:41

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

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CID	**: 2432507910**		
Name	**: Mrs shaileja dubey**		
Age / Sex	**: 42 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 20-Nov-2024**
Reg. Location	**: Kandivali East Main Centre**	**Reported**	**: 20-Nov-2024 / 10:20**

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2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality . Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.
NO TR / PH.

No pericardial effusion.

IMP : Normal LV systolic function. EF-60%.
Normal other chambers and valves.
No regional wall motion abnormality/ scar.
No clot / vegetation / thrombus / pericardial effusion.

Click here to view images <<ImageLink>>

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, 2nd 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: 022-61700000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com

CID	: 2432507910		
Name	: Mrs shaileja dubey		
Age / Sex	: 42 Years/Female		
Ref. Dr	:		
Reg. Location	: Kandivali East Main Centre	**Reg. Date**	: 20-Nov-2024
		Reported	: 20-Nov-2024 / 10:20

Use a QR Code Scanner Application To Scan the Code

M- MODE :

LA (mm)	26
AORTA (mm)	20
LVDD (mm)	40
LVSD (mm)	27
IVSD (mm)	10
PWD (mm)	11
EF	60%
E/A	1.8

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

Dr. Akhil Parulekar
DNB CARDIOLOGIST
Reg. No- 2012082483

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

NAME	: MRS SHAILAJA DUBEY	DATE	20/11/2024
REF BY	: BOB	AGE / SEX	: 42 YR / F
CID NO	:		

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size (13.9 cm) 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.

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 visualized and appears normal.No evidence of solid or cystic mass lesion.

KIDNEYS:
Right kidney measures 11.1 x 4.1 cm. Left kidney measures 11.6 x 5.0 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 (7.1 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:
The uterus is **mildly bulky** anteverted and it measures 8.7 x 5.9 x 7.1 cm in size.

A well-defined, round shaped intramural fibroid of size 5.3 x 4.7 cm noted in the predominantly fundal region.

The endometrial thickness is 7.9mm.

OVARIES:
Left ovary is well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen on left side.
Right ovary is obscured. Left ovary = 2.5 x 1.4 cm.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

IMPRESSION:

Uterus is mildly bulky with fundal intramural fibroid as described above.

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

D r SUMIT M PATIL
MD Radio diagnosis
Reg.no.2019/01/0135

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name : Shailaja	Age / Gender 42/F
Dr. :	Date : 20/11/24

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : - NO

MARITAL STATUS : - married

MENSTRUAL HISTORY :

(i) MENARCHE : @ age - 13 yr

(ii) PRESENT MENSTRUAL HISTORY : Reg

(iii) PAST MENSTRUAL HISTORY : 5th day of m.c

OBSTETRIC HISTORY : : $G_5P_2L_2A_3$

PAST HISTORY : NO

PREVIOUS SURGERIES : Twice LSCS

ALLERGIES : : NO

FAMILY HISTORY : Mother - HTN, father - DM HTN

DRUG HISTORY : : NO

BOWEL HABITS : N

BLADDER HABITS : N

Dr.Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name : Shaikza	Age / Gender
Dr. :	Date : 20/11/24

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : (N)
PULSE : Fairly
BP : 130/80
RS :
CVs : NAD
Breasts :

Per Abdomen : - NAD, vertical, Horizontal scar of LSCS healed

Per vaginal :

P/S - pending (5th day done)

RECOMMENDATIONS

ADVISE :

Dhale

Dr.Jagruti Dhale
MBBS
Consultant Physician
Reg.No.69548

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 20/11/24 CID: 243250791

Name:- Shaileja dubey Sex/Age: 42/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6 6/6

Refraction: N6 N6

(Right Eye) (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: ~~Normal~~ / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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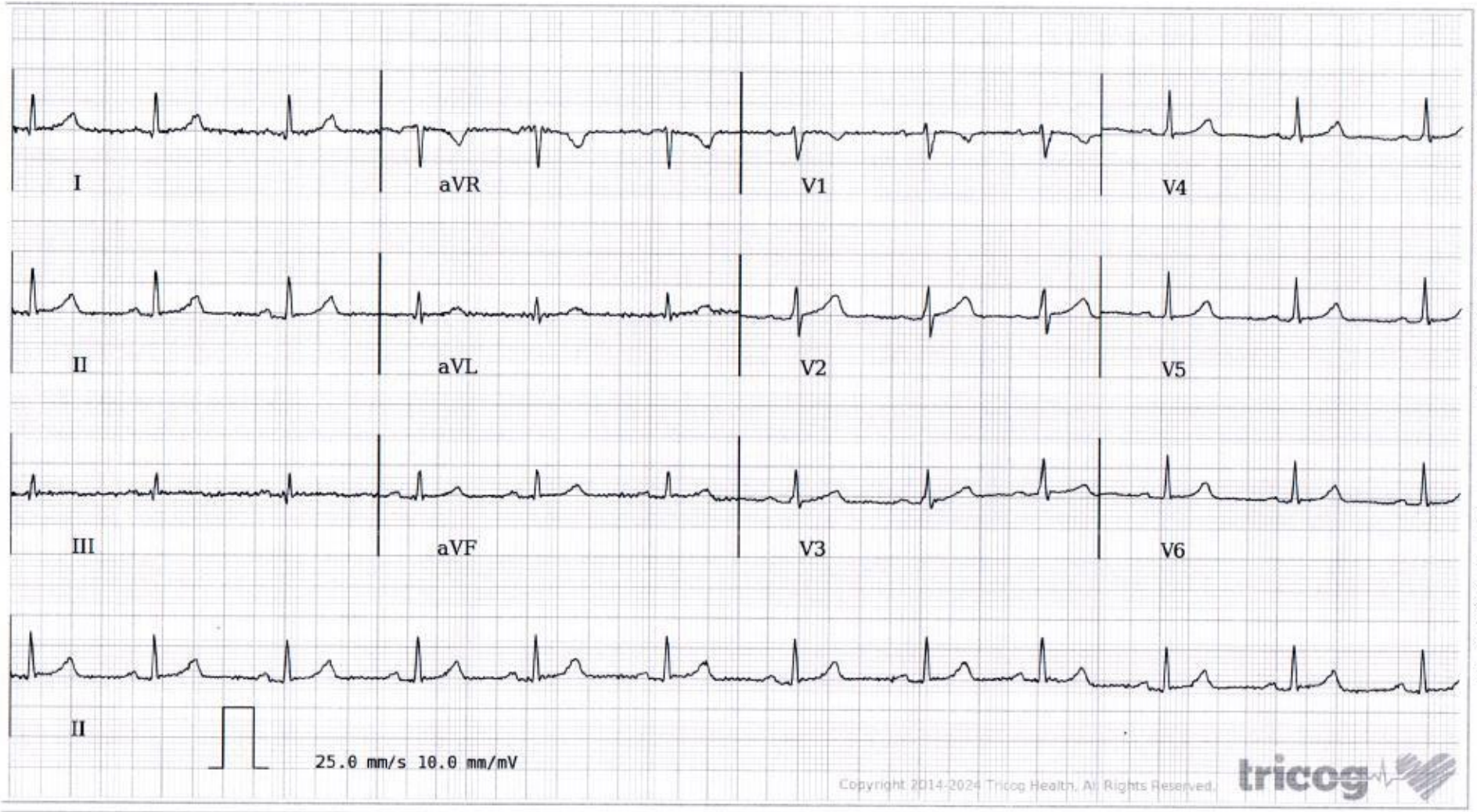
Mumbai - 400101.
Tel : 61700000

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

Patient Name: SHAILEJA DUBEY
Patient ID: 2432507910

Date and Time: 20th Nov 24 9:54 AM



tricog

Age **42** years **NA** months **NA** days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP:	130/80 mmHg
Weight:	73 kg
Height:	158 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	86ms
QT:	378ms
QTcB:	410ms
PR:	158ms
P-R-T:	61° 45° 35°

Sinus Rhythm, Low Voltage Complexes. Please correlate clinically.

REPORTED BY

DR AKHIL PARULEKAR
MBBS MD. MEDICINE, DNB Cardiology
Cardiologist
2012082483