



CID : 2231623143
Name : MRS.DHRUTI PINAL DESAI
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:22
Reported : 12-Nov-2022 / 13:41

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.56	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.1	36-46 %	Measured
MCV	75	80-100 fl	Calculated
MCH	24.7	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7620	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2545.1	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	602.0	200-1000 /cmm	Calculated
Neutrophils	56.1	40-80 %	
Absolute Neutrophils	4274.8	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	182.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	487000	150000-400000 /cmm	Elect. Impedance
MPV	6.8	6-11 fl	Calculated
PDW	10.6	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB 27 2-20 mm at 1 hr. Westergren

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



Bmhasakar

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



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Reported : 12-Nov-2022 / 15:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.5	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhaskar

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



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Reg. Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 10:22
Reported : 12-Nov-2022 / 17:32

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	17.5	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.2	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.67	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	5.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
Kindly note change in Ref range and method w.e.f.11-07-2022			
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
Kindly note change in Ref range and method w.e.f.11-10-2022			
SODIUM, Serum	139	136-145 mmol/l	IMT
Kindly note change in Ref range and method w.e.f.11-07-2022			



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POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
------------------	-----	----------------	-----

Kindly note change in Ref range and method w.e.f.11-07-2022

CHLORIDE, Serum	104	98-107 mmol/l	IMT
-----------------	-----	---------------	-----

Kindly note change in Ref range and method w.e.f.11-07-2022

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



J. Thakker

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



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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 ***



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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	-		

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



Bmhaskar

Dr.KETAKI MHASKAR
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

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*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	186.0	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	39.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	143.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.7	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	37.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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Collected : 12-Nov-2022 / 10:22
Reported : 12-Nov-2022 / 14:54

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	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.7	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.991	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Collected : 12-Nov-2022 / 10:22
Reported : 12-Nov-2022 / 14:54

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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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**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	0.44	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	27.5	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	33.3	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	20.3	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	106.5	46-116 U/L	Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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J. Thakker

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*** End Of Report ***

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CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

P. Desai

भारत सरकार
Government of India

ध्रुती पिनल देसाई
Dhruiti Pinal Desai
जन्म तारीख / DOB : 16/01/1980
स्त्री / Female



3183 0817 1532
आधार - सामान्य माणसाचा अधिकार

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
10. No LV clot.
11. No Pericardial Effusion
12. No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

CID NO: 2231623143	PATIENT'S NAME: MRS.DHRUTI PINAL DESAI	REF BY: -----
	AGE/SEX:42 Y/F	DATE: 12 /11/2022

T R O P

PATIENT'S NAME: MRS.DHRUTI PINAL DESAI	REF BY: ----
AGE/SEX:42 Y/F	DATE: 12/11/2022


1. AO root diameter 2.8 cm
2. IVSD 1.2 cm
3. LVIDD 4.8 cm
4. LVIDS 1.9 cm
5. LVPWd 1.2 cm
6. LA dimension 3.6 cm
7. RA dimension 3.6 cm
8. RV dimension 3.0 cm
9. Pulmonary flow vel: 1.1 m/s
10. Pulmonary Gradient 5.0 m/s
11. Tricuspid flow vel 1.6 m/s
12. Tricuspid Gradient 10 m/s
13. PASP by TR Jet 20 mm Hg
14. TAPSE 3.0 cm
15. Aortic flow vel 1.5 m/s
16. Aortic Gradient 9 m/s
17. Mean aortic PG 5 mm of Hg
18. MV:E 0.8 m/s
19. A vel 0.7 m/s
20. IVC 16 mm
21. E/E' 8

Impression:
Normal 2d echo study.

Disclaimer

Echo may have inter/intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

DR. S. NITIN

Consultant Cardiologist
 Reg. No. 87714

GYNAECOLOGICAL CONSULTATION

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PARAMETER:

EXAMINATION:

RS:

CVS:

BREAST EXAMINATION:

PER ABDOMEN:

PER VAGINAL:

MENSTRUAL HISTORY: 3/11/22

MENARCHE: 15 yrs

PAST MENSTRUAL HISTORY:

OBSTETRIC HISTORY: G₃P₁ A₂

PERSONAL HISTORY: L₁ (15 yrs) LSCS - amniotic

ALLERGIES: No

BLADDER:

BOWEL HABITS:

DRUG HISTORY: On Rx HTN, cholesterol

PREVIOUS SURGERIES:

FAMILY HISTORY: P - phar - kasho - patris

CHIEF GYNAE COMPLAINTS:

RECOMMENDATIONS:

[Handwritten signature]

DR. MOHAMED SHAH

REG. NO. 5712
CORRECTING
DIETITIAN
ST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Ancheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.DIAB, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO.: 87714
 Regd. Office:-
 SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
 2nd Floor, Aston, Sundervan Complex,
 Lokhandwala Road, Andheri (West),
 Mumbai-400053.

Colour Vision: Normal / Abnormal
 Remark: *Normal*

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

(Right Eye) (Left Eye)

Chief complaints: *NIL*
 Systemic Diseases: *NIL*
 Past history: *NIL*
 Unaided Vision:
 Aided Vision:
 Refraction:
 RT *N/g*
 LT *N/g*

EYE CHECK UP

Date:- *Dhruva*
 Name:- *Deena*
 CID: *2231623142*
 Sex / Age: */*

Use a QR Code Scanner Application To Scan the Code



Reported : 12-Nov-2022 / 18:32
Reg. Date : 12-Nov-2022

CID : 2231623143
Name : Mrs DHRUTI PINAL DESAI
Age / Sex : 42 Years/Female
Ref. Dr :
Reg. Location : Borivalli West

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-----
This report is prepared and physically checked by Dr Rohit before dispatch.

Rohit

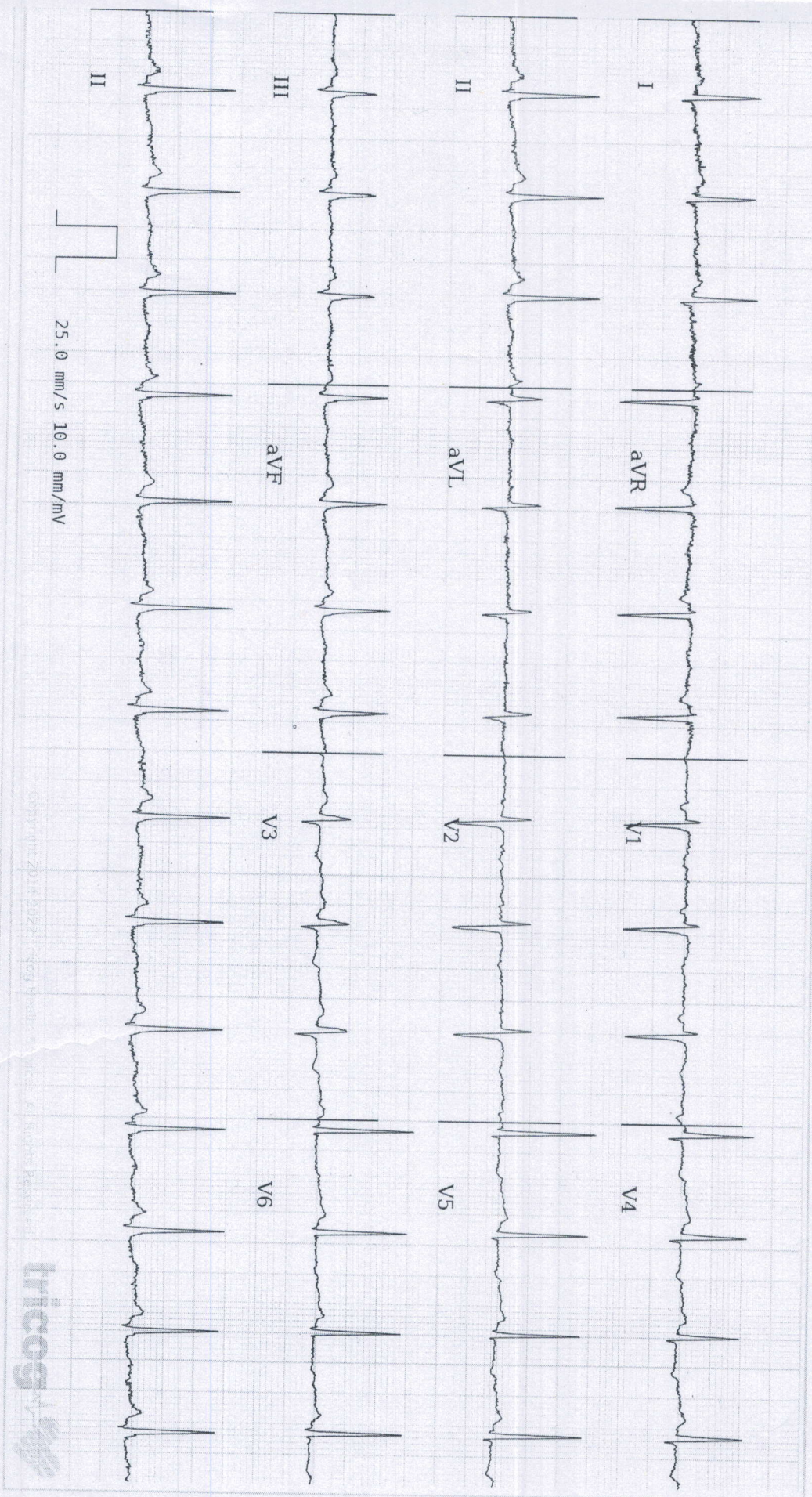
DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

Click here to view images <http://3.111.232.119/RISViewer/NeoradViewer?AccessionNo=2022111210131799>

SUBURBAN DIAGNOSTICS - BOKRIWALI WEST I

Patient Name: DHRUTI PINAL DESAI
Patient ID: 2231623143

Date and Time: 12th Nov 22 1:36 PM



Sinus Rhythm, Normal Axis. T inversion in anterior lateral lead adv 2d Echo. Please correlate clinically.

Age	42
Gender	Fem
Heart Rate	88
Patient Vitals	
BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
SpO2:	NA
Resp:	NA
Others:	
Measurements	
QRSD:	72ms
QT:	338ms
QTc:	411ms
PR:	150ms
P-R-T:	58° 54°

REPORTED BY

[Signature]

To,
Suburban Diagnostics (India) Private Limited
301, 302 3rd Floor, Vini Elligance,
Above Tanushq Jewellers,
Borivali (W), Mumbai-400092

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr./Mrs/ Ms. Dhruvi Desai don't want to performed the following tests:

- 1) Stool-R
- 2)
- 3)
- 4)
- 5)
- 6)

CID No. & Date

: 22316231213

Corporate/ TPA/ Insurance Client Name

: Medi Cheel

Thanking you.

Yours sincerely,

(Mr./Mrs./Ms. D. P. Desai)