

PHYSICAL EXAMINATION REPORT

Patient Name	Vidyawati Pandey	Sex/Age	F / 47
Date	11/3/23	Location	Thane

History and Complaints

Hypertension

EXAMINATION FINDINGS:

Height (cms):	151	Temp (0c):	Ac
Weight (kg):	66.9	Skin:	NAD
Blood Pressure	120/80	Nails:	TL
Pulse	72-	Lymph Node:	NP

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

ECG -
Non specific
ST/T wave
changes.

↑ ESR (40)
Jaune - Blood (IT)
15-20 pus cells.
↑ TG's, ↑ Chol; LDL

2D Echo -
LVH,
USG -
Fatty
Liver

Advice:

- Low Fat, Low Sugar Diet
- Reg-Exercise
- Drink plenty of liquids

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	no
6)	Asthama	
7)	Pulmonary Disease	
8)	<u>Thyroid/ Endocrine disorders</u>	hypothyroidism - 2008
9)	Nervous disorders	no
10)	GI system	NAD
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	no
15)	Congenital disease	
16)	Surgeries	Tubectomy
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	no
2)	Smoking	no
3)	Diet	pure veg
4)	Medication	T. Thyronorm (100)

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date:- 11/3/23

CID:

Name:- Vidyawati Pandey Sex / Age: F / 47

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: R 12/60 L 20/60 NVA

Aided Vision: R 20/60 L 20/60 NVA

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: b/c see - specks

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2307018476
Name : MRS.VIDYAWATI PANDEY
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 12:01

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.1	36-46 %	Measured
MCV	88.0	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6580	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	37.3	20-40 %	
Absolute Lymphocytes	2454.3	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	414.5	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	3599.3	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	111.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	163000	150000-400000 /cmm	Elect. Impedance
MPV	12.3	6-11 fl	Calculated
PDW	23.8	11-18 %	Calculated
RBC MORPHOLOGY			

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Reported : 11-Mar-2023 / 12:40

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 40 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reported : 11-Mar-2023 / 12:09

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	112.3	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 G B Road Lab, Thane West
*** End Of Report ***

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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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	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	73	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 G B Road Lab, Thane West

*** End Of Report ***



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Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 19:24

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 15:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	15-20	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 insert

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



Dr. Vrushali Shroff

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

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Reported :

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Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 13:55

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2307018476
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Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 12:20

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	232.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	163.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	186.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	153.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	33.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2307018476
Name : MRS. VIDYAWATI PANDEY
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 11:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.93	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Collected : 11-Mar-2023 / 09:04
Reported : 11-Mar-2023 / 11:48

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 upto 15 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 ***



Amit Taori

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.24	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	8.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	57.2	35-105 U/L	PNPP

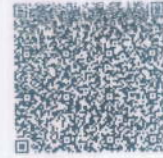
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*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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CID : 2307018476
Name : Mrs VIDYAWATI PANDEY
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 13:42

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 GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108472253>

Reg. No. : 2307018476	Sex : FEMALE
NAME : MRS.VIDYAWATI PANDEY	Age : 47YRS
Ref. By : -----	Date : 11.03.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LVIDD	53	mm
LVIDS	36	mm
LVEF	60	%
IVS	11	mm
PW	6	mm
AO	15	mm
LA	32	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

OUR PRESENCE

022-6170-0000

PATIENT NAME : MRS.VIDYAWATI PANDEY

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A- 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.5 m/s, PG 9.2 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION :

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

022-6170-0000

Reg. No. : 2307018476	Sex : FEMALE
NAME : MRS.VIDYAWATI PANDEY	Age : 47YRS
Ref. By : -----	Date : 11.03.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and *shows increased echorefectivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 8.7 x 3.9 cm. Left kidney measures 10.0 x 3.9 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 5.9 x 2.6 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4.3 mm. Cervix appears normal.

OVARIES: Both ovaries are not well visulised ? Atrophic .Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

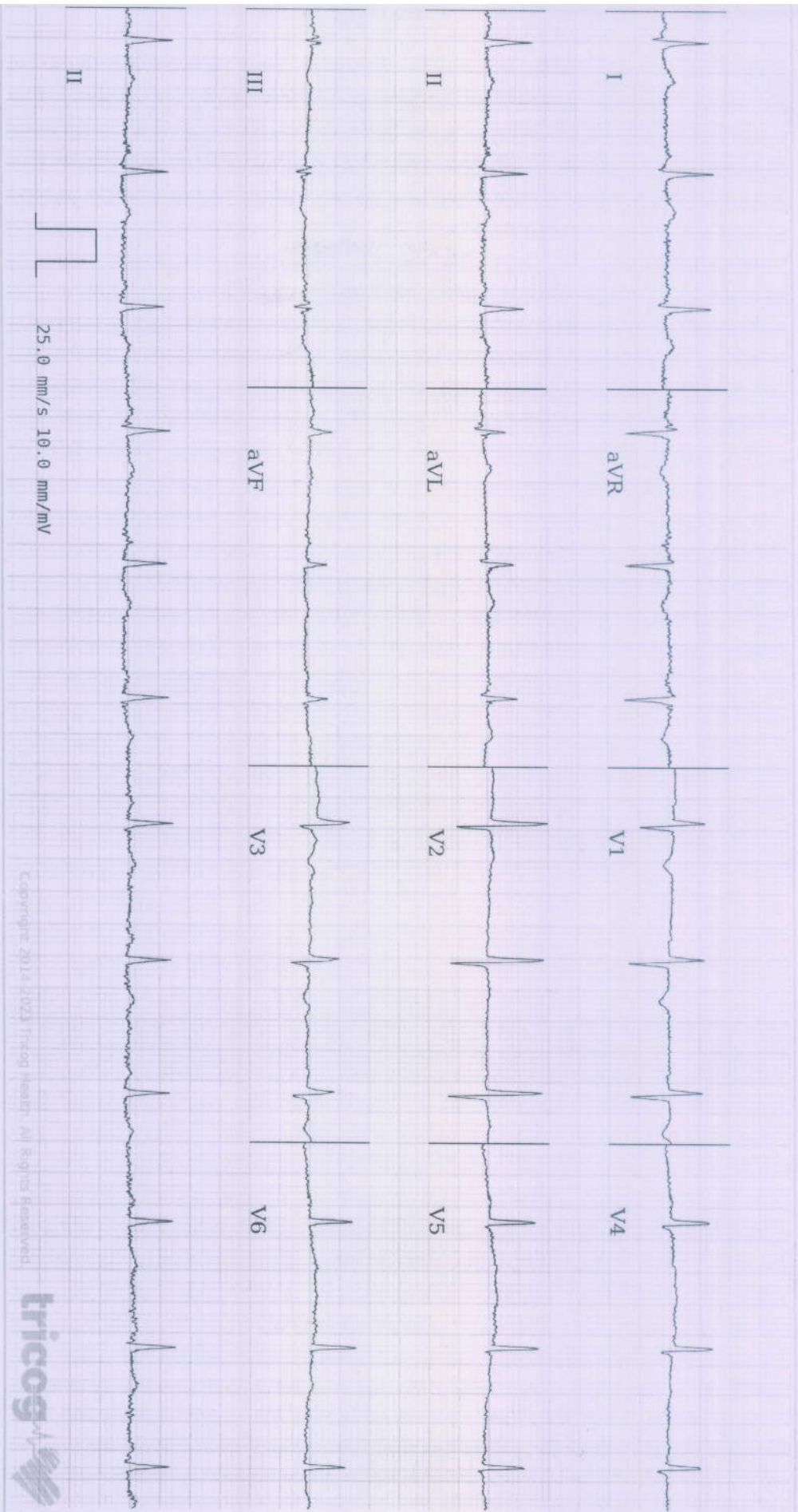
Advice:Clinical co-relation and further evaluation

Dr. Patil
DR.DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)

Patient Name: VIDYAWATI PANDEY

Date and Time: 11th Mar 23 10:50 AM

Patient ID: 2307018476



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Age 47 1 9
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 66 kg
Height: 151 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 74ms
QT: 364ms
QTc: 401ms
PR: 130ms
P-R-T: 50° 28° 2°

Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

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MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

Accessory breast tissue noted in both axillae (RIGHT > LEFT).

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

Accessory breast tissue noted in both axillae (RIGHT > LEFT).

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal. No significant axillary lymphadenopathy is seen.

IMPRESSION:

**ACCESSORY BREAST TISSUE NOTED IN BOTH AXILLAE (RIGHT > LEFT).
ACR BIRADS CATEGORY II BOTH BREASTS.**

Suggest ciinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations.



**DR. GAURI VARMA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)**