



CID : 2305622217
Name : MRS.SOLANKI PUSHABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 10:08
Reported : 25-Feb-2023 / 12:31

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Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.0	20-40 %	
Absolute Lymphocytes	2292.4	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	541.8	200-1000 /cmm	Calculated
Neutrophils	70.0	40-80 %	
Absolute Neutrophils	7294.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	270.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	463000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated

RBC MORPHOLOGY



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	146.9	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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	10.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.44	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	170	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 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	3.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	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

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*** End Of Report ***

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Reported : 25-Feb-2023 / 14:26

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	159.9	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 ***



Bmhasakar

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Kindly rule out contamination		

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 Borivali Lab, Borivali West

NR Jain

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



MC-2111



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Reported :

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Reported : 25-Feb-2023 / 17:41

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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

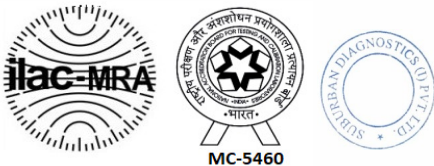
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

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





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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.6	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	51.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	103.0	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	11.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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*** End Of Report ***

Bmhaskar

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





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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	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	2.06	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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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 ***

Bmhaskar

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 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	13.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.2	35-105 U/L	Colorimetric

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Reported : 02-Mar-2023 / 11:38

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
PAP SMEAR REPORT**

Liquid based cytology

Specimen : (G/SDC - 1537/23)

Received SurePath vial.

Adequacy :

Satisfactory for evaluation.

Transformation zone component absent.

Microscopic :

Smear reveals mainly intermediate and fewer superficial squamous cells along with mild neutrophilic infiltrate.

Interpretation :

Negative for intraepithelial lesion or malignancy.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : : Pap test is a screening test for cervical cancer with inherent false negative results.

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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*** End Of Report ***

G Badkar

Dr.GAUTMI BADKAR
M.D. (PATH), DNB (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
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MCV	85	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10420	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	22.0	20-40 %	
Absolute Lymphocytes	2292.4	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	541.8	200-1000 /cmm	Calculated
Neutrophils	70.0	40-80 %	
Absolute Neutrophils	7294.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	270.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	463000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated

RBC MORPHOLOGY



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GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	146.9	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	

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*** End Of Report ***

Bmhaskar

Dr.KETAKI MHASKAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	10.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.44	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	170	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 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	3.0	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	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 Borivali Lab, Borivali West
*** End Of Report ***

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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
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Reported : 25-Feb-2023 / 14:26

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	159.9	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 ***



Bmhasakar

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



CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 10:08
Reported : 25-Feb-2023 / 21:17

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Kindly rule out contamination		

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 Borivali Lab, Borivali West

V R Jain

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



MC-2111



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CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 10:08
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	166.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.6	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	51.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	103.0	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	11.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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

Bmhaskar

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



MC-2111





CID : 2305622217
 Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
 Age / Gender : 38 Years / Female
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

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 Collected : 25-Feb-2023 / 10:08
 Reported : 25-Feb-2023 / 15:29

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	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	2.06	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



CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 10:08
Reported : 25-Feb-2023 / 15:29

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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)

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

*** End Of Report ***

Bmhaskar

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



MC-2111





CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 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	13.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.2	35-105 U/L	Colorimetric

*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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CID : 2305622217
Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 14:32
Reported : 02-Mar-2023 / 11:38

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
PAP SMEAR REPORT**

Liquid based cytology

Specimen : (G/SDC - 1537/23)

Received SurePath vial.

Adequacy :

Satisfactory for evaluation.

Transformation zone component absent.

Microscopic :

Smear reveals mainly intermediate and fewer superficial squamous cells along with mild neutrophilic infiltrate.

Interpretation :

Negative for intraepithelial lesion or malignancy.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : : Pap test is a screening test for cervical cancer with inherent false negative results.

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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



G Badkar

Dr.GAUTMI BADKAR
M.D. (PATH), DNB (PATH)
Pathologist

आयकर विभाग
INCOME TAX DEPARTMENT



नाम / Name
 PUSHPA NANU SOLANKI

रिश्ता का-पिता / Father's Name
 BHIKHA MANGAL SOLANKI

जन्म की तारीख /
 Date of Birth
 29/11/1975

स्थायी लेखा संख्या कार्ड
 Permanent Account Number Card
CVIPS7940E

भारत सरकार
GOVT. OF INDIA



13022023

सहस्रनामा संख्या
 फसलानांक / Signature

युवा नागरी आवासिका

५

Suburban Diagnostics (I) Pvt. Ltd.
 301& 302, 3rd Floor, Vini Elegance,
 Above Tanisq Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092.



CID : 2305622217
Name : Mrs SOLANKI PUSHPABEN
BHIKHABHAI
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 17:54

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

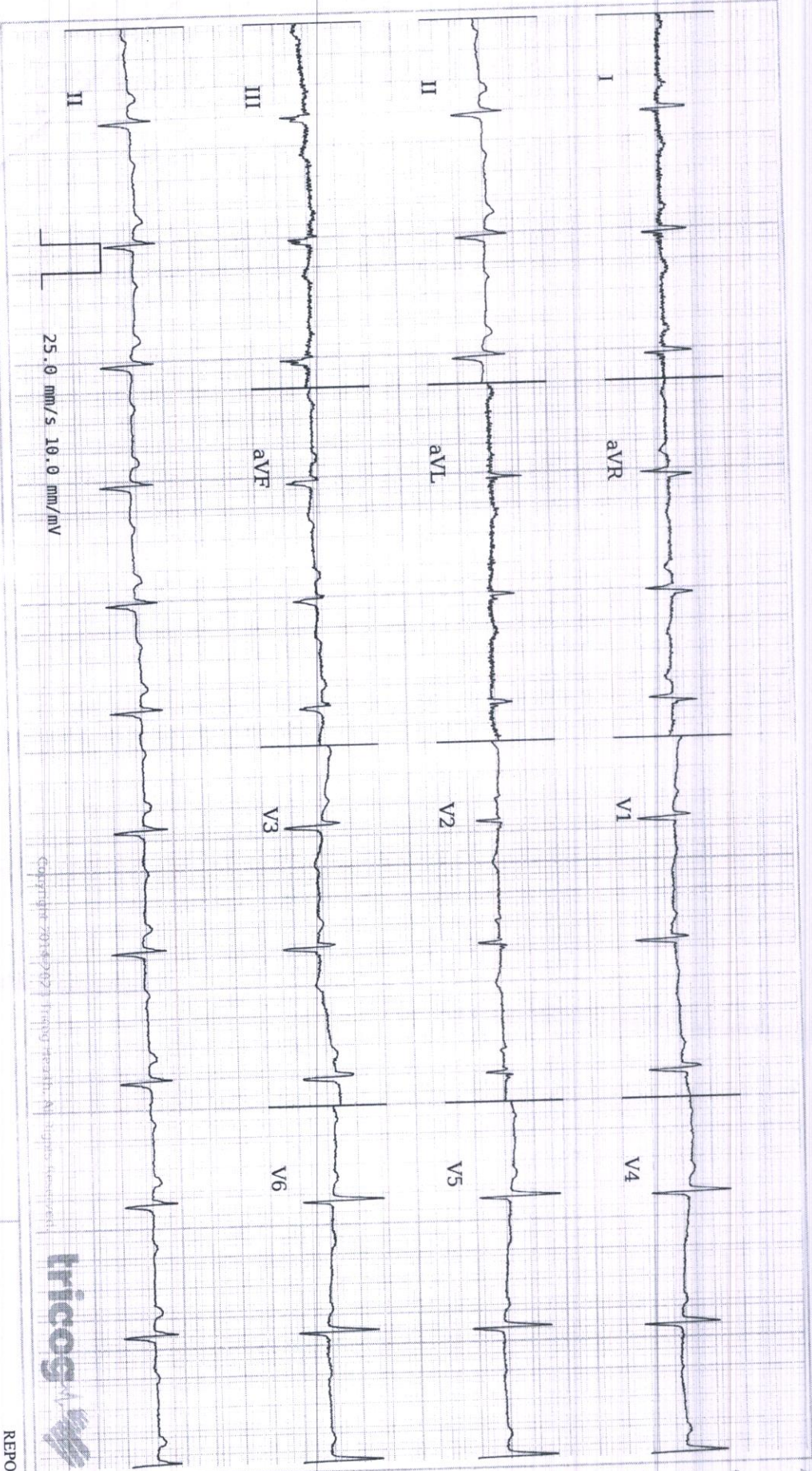
DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

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Page no 1 of 1

Patient Name: SOLANKI PUSHPABEN
BHIKHABHAI
Patient ID: 2305622217

SUBURBAN DIAGNOSTICS - BORIVALI WEST
Date and Time: 25th Feb 23 11:06 AM



25.0 mm/s 10.0 mm/mV

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Age 38 1 NA
years months days

Gender Female

Heart Rate 74bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: NA

Measurements

QRSD: 78ms
QT: 388ms
QTc: 430ms
PR: 162ms
P-R-T: 55° -48° -6°

REPORTED BY

Dr. Nitin Sonawane
M.B.B.S. AFH, D.DIAB, D.C.CARD
Consultant Cardiologist
8714

Sinus Rhythm, Left Axis Deviation, Non-specific ST/T wave abnormality. Please correlate clinically.

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.

Date:- 25/2/2023

CID: 230562242

Name:- Solanki pushpaben

Sex / Age: 38 / F

EYE CHECK UP

Chief complaints:

NIL

Systemic Diseases:

Past history:

NIL

Unaided Vision:

R/E L/E
6/12 6/12

Aided Vision:

Refraction:

N/18 N/18

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

II

Remark:

R/E
J

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Borivli (West), Mumbai - 400 092.

Mrs. Pushpa Solanki
48/P.

25/2/23

GYNAECOLOGICAL CONSULTATION

PARAMETER:

EXAMINATION:

RS: } (N)

CVS: }

BREAST EXAMINATION: NAD.

PER ABDOMEN: }

PER VAGINAL: } (N)

MENSTRUAL HISTORY: 20/2/23 ← Reg 30 days

MENARCHE: 13 yrs.

PAST MENSTRUAL HISTORY: (N) 5 days (N) flow

OBSTETRIC HISTORY: G₂ P₂ A₀ L₂ (↑ 27) (↑ 25) } PTND.

PERSONAL HISTORY: DM :: 4 yrs

ALLERGIES: No

BLADDER:

BOWEL HABITS: } (N)

DRUG HISTORY: On Rx DM

PREVIOUS SURGERIES: No.

FAMILY HISTORY: No.

CHIEF GYNAE COMPLAINTS: - -

RECOMMENDATIONS:

Monali Shah
DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST

CID : 2305622217
Name : Mrs SOLANKI PUSHPABEN
BHIKHABHAI
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:07

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MAMMOGRAPHY

Bilateral mammograms have been obtained 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.

Bilateral breasts are symmetrical with dense fibroglandular pattern is noted.

No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.

No abnormal skin thickening is seen.

Skin and nipple shadows are normal.

No axillary lymph nodes seen.

Sonomammography of both breasts show normal parenchymal echotexture.

No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

Opinion:

No significant abnormality detected in mammography and sonomammography of both breasts, ACR BIRADS CATEGORY I.

*Suggest: Follow up mammography after one year is suggested.
Please bring all the films for comparison.*

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CID : 2305622217
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Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:07

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ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

- I Negative
- II Benign finding
- III Probably benign finding.
- IV Suspicious (Indeterminate).
- V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Disclaimer:-

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.



DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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CID : 2305622217
Name : Mrs SOLANKI PUSHPABEN
BHIKHABHAI
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:03

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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.

KIDNEYS: Right kidney measures 10.5 x 4.2 cm. Left kidney measures 9.7 x 4.5 cm. Both kidneys are normal in 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, normal and measures 5.6 x 3.6 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.3 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.1 x 1.7 cm.

The left ovary measures 1.7 x 1.7 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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CID : 2305622217
Name : Mrs SOLANKI PUSHPABEN
BHIKHABHAI
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:03

Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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CID# : 2305622217
 Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
 Age / Gender : 38 Years/Female
 Consulting Dr. :
 Reg.Location : Borivali West (Main Centre)
 Collected : 25-Feb-2023 / 09:38
 Reported : 01-Mar-2023 / 17:22

PHYSICAL EXAMINATION REPORT

History and Complaints: Not Complaint

EXAMINATION FINDINGS:

Height (cms):	148 ¹⁵¹	Weight (kg):	50 64 kg
Temp (0c):	Afebrile	Skin: Normal	Normal
Blood Pressure (mm/hg):	140/90	Nails:	Healthy
Pulse:	88/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

IMPRESSION:

— R. E. Correction.
 — Bl-sugar

ADVICE:

Diabetosis redx

CHIEF COMPLAINTS:

- | | |
|------------------------|----|
| 1) Hypertension: | No |
| 2) IHD: | No |
| 3) Arrhythmia: | No |
| 4) Diabetes Mellitus : | No |
| 5) Tuberculosis : | No |
| 6) Asthama: | No |

CID# : 2305622217
 Name : MRS.SOLANKI PUSHPABEN BHIKHABHAI
 Age / Gender : 38 Years/Female
 Consulting Dr. :
 Reg.Location : Borivali West (Main Centre)

Collected : 25-Feb-2023 / 09:38
 Reported : 01-Mar-2023 / 17:22

- | | |
|--|----|
| 7) Pulmonary Disease : | No |
| 8) Thyroid/ Endocrine disorders : | No |
| 9) Nervous disorders : | No |
| 10) GI system : | No |
| 11) Genital urinary disorder : | No |
| 12) Rheumatic joint diseases or symptoms : | No |
| 13) Blood disease or disorder : | No |
| 14) Cancer/lump growth/cyst : | No |
| 15) Congenital disease : | No |
| 16) Surgeries : | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mix |
| 4) Medication | No |

*** End Of Report ***

Suburban Diagnostics (I) Pvt. Ltd.
 3015, 3016, 3017, 3018, Elmanance,
 Above Tansa, Borivali, L. S. Road,
 Borivali (West), Mumbai - 400 092.


Dr.NITIN SONAVANE
PHYSICIAN

DR. NITIN SONAVANE
 M.B.B.S.AFLH, D.D.A.S, D.CARD.
 CONSULTANT-CARDIOLOGIST
 REGD. NO. : 67714

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI



Name: PUSHPABEN SOLANKI

Age: 38 **Gender:** F

Height: 151 cms

Weight: 64 Kg

Date: 25-02-2023 **Time:** 12:08

Clinical History: NIL

ID: 2305622217

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 182

Target HR: 154

Exercise Time: 0:04:04

Achieved Max HR: 163 (90% of Predicted MHR)

Max BP: 150/70

Max BP x HR: 24450

Max Mets: 4.8

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	82	110/70	9020	-0.4 aVR	0.2 II
Standing	00:40	1	0	0	95	110/70	10450	0.4 V4	0.3 V4
Hyper Ventilation	00:14	1	0	0	88	110/70	9680	-0.5 aVR	0.2 I
Pre Test	00:09	1	1.6	0	89	110/70	9790	-1.5 aVR	-0.4 aVR
Stage: 1	03:00	4.7	2.7	10	155	130/70	20150	-2 V2	-0.7 V2
Peak Exercise	01:04	4.8	4	12	163	140/70	22820	-1.7 aVR	1.1 V4
Recovery 1	01:00	1	0	0	130	150/70	19500	0.3 V3	0.5 V4
Recovery 2	01:00	1	0	0	112	130/70	14560	0.7 V3	0.4 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:04 achieving a work level of 4.8 METS.
 Resting Heart Rate, initially 82 bpm rose to a max. heart rate of 163bpm (90% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
 Good Effort tolerance Normal HR & BP Response
 No Angina or Arrhythmias No Significant ST-T Change Noted During Exercise
 Stress test Negative for Stress inducible ischaemia.

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 291 & 302, 3rd Floor, Vini Elegance,
 Above Tanishq Jeweller, L. T. Road,
 Borivali (West), Mumbai - 400 092

Ref. Doctor: ----

Doctor: **DR. NITIN SONAVANE**

SCHILLER
 The Art of Diagnostics

(Summary Report edited by User)
 Spandan CS-20 Version:2.14.0

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305622217

STLevel(mm) STSlope(mV/s)

Stage: Supine

Date: 25-02-2023

Exec Time: 0:00:00

Stage Time: 00:10

HR: 82 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

THR: 154 bpm

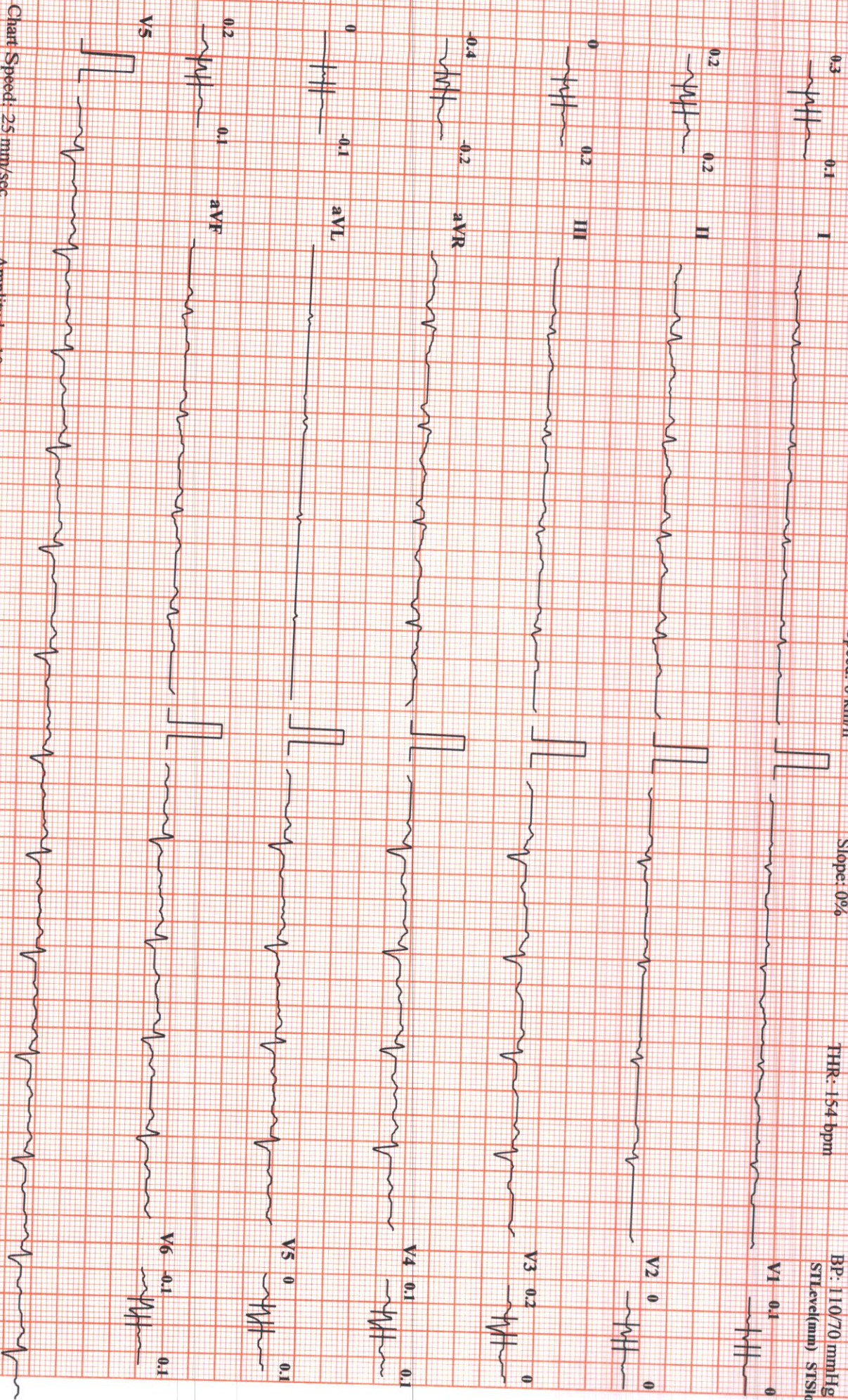


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos1 J = J + 60 ms

PUSHPABEN SOLANKI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2305622217

Stage: Standing

Date: 25-02-2023

Speed: 0

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:40

THR: 154 bpm

HR: 95 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

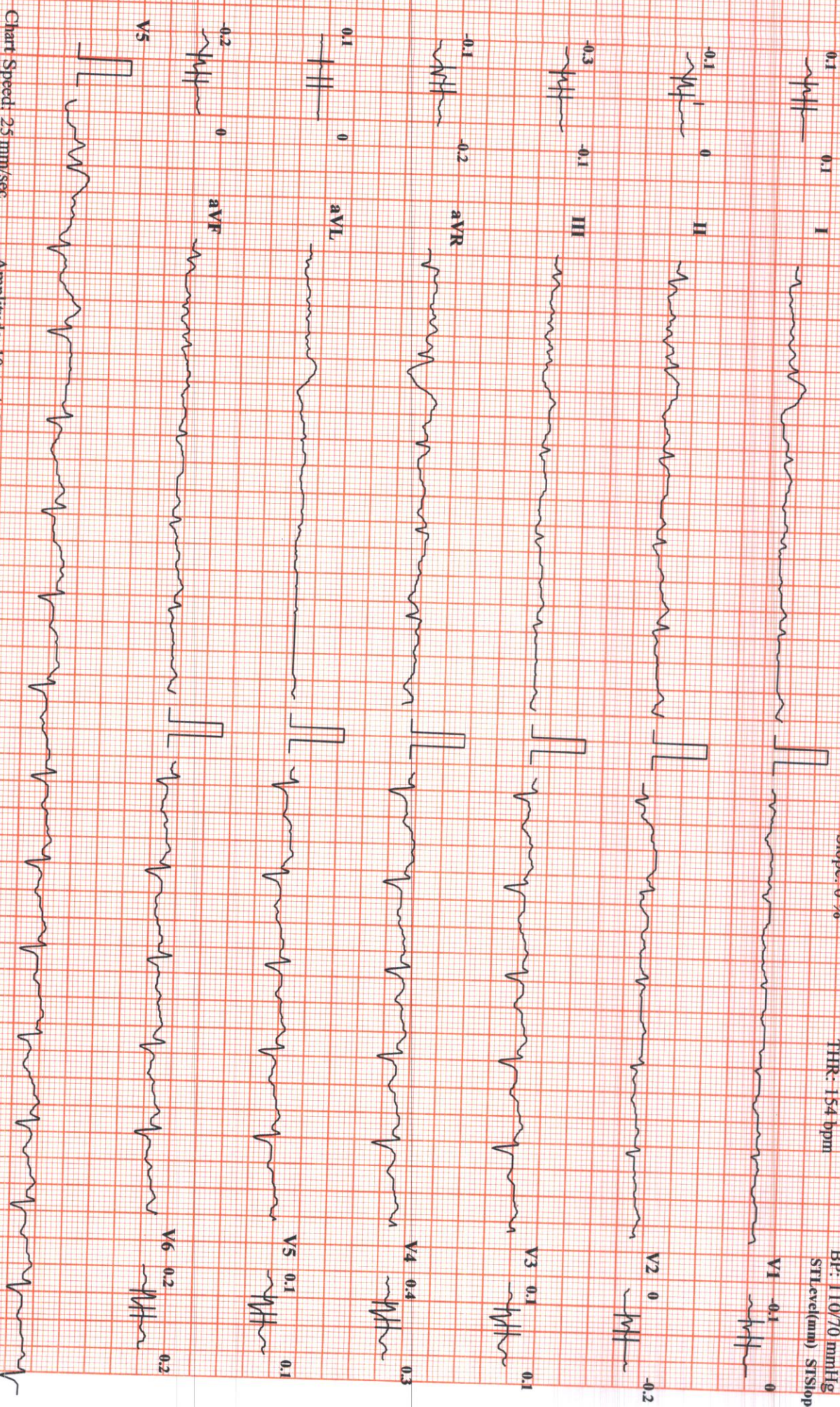


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305622217
Date: 25-02-2023
Stage: Hyper Ventilation
Speed: 0

Exec Time: 0:00:00
Slope: 0 %
Stage Time: 00:14
THR: 154 bpm

HR: 88 bpm
BP: 110/70 mmHg
STLevel(mm) STSlope(m

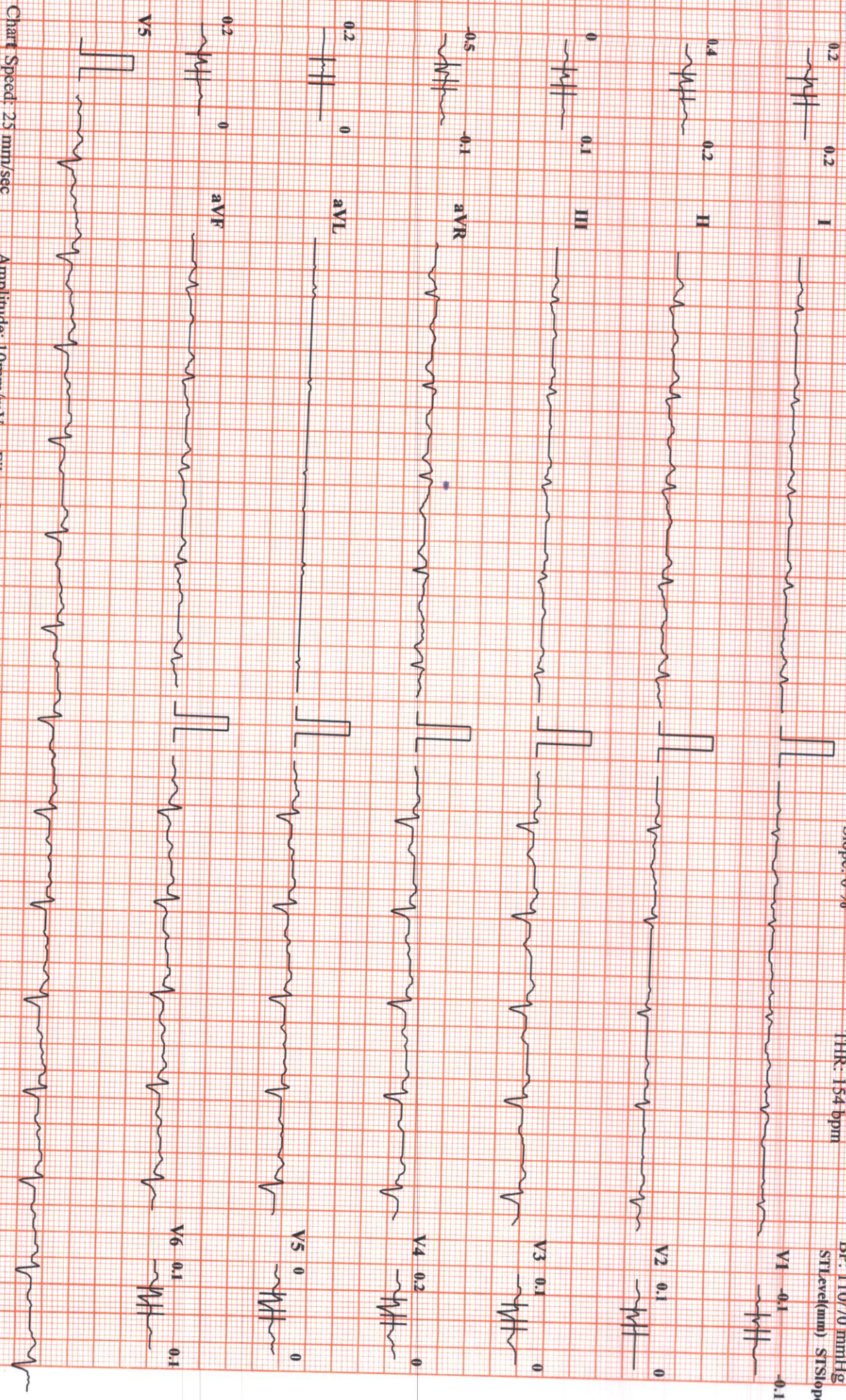


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms
Schiller Spandian GS-20 Version: 2.14

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2305622217
Stage: 1

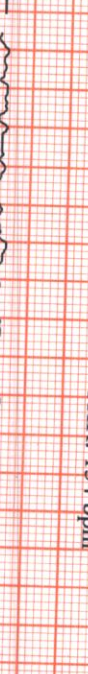
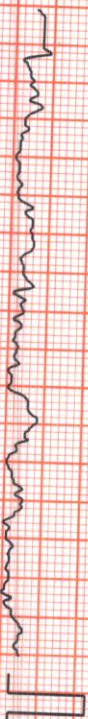
Date: 25-02-2023
Speed: 2.7 kmph

Exec Time : 0:03:00
Slope: 10%

Stage Time: 03:00
THR: 154 bpm

HR: 155 bpm
BP: 130/70 mmHg
STLevel(mm) STISlope(mV/s)

0.3 I



V1 0.1

0.6 II



V2 2

0.3 III



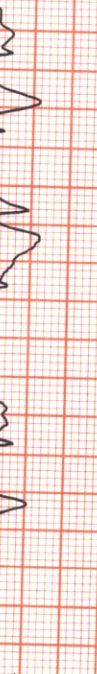
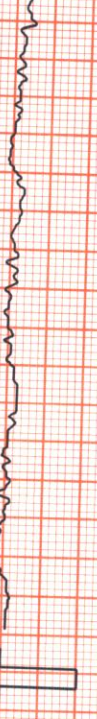
V3 -0.2

-0.7 aVR



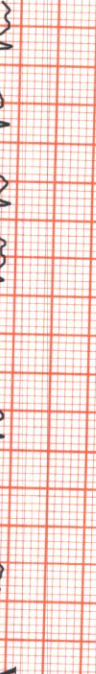
V4 -1.7

0 aVL



V5 0.5

0.4 aVF



V6 0

V5



0.6

Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, I = R + 60 ms, Post J = J + 60 ms

PUSHPABEN SOLANKI

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Brice Protocol
STLevel(mm) STSlope(mV/s)

ID: 2305622217
Stage: 2 Peak Exercise
Date: 25-02-2023
Speed: 4 kmph

Exec Time : 0:04:04
Slope: 12 %
Stage Time: 01:04
THR: 154 bpm

HR: 163 bpm
BP: 140/70 mmHg
STLevel(mm) STSlope(mV/s)

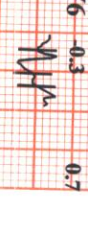
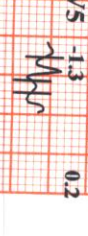
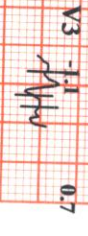
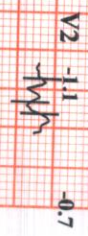
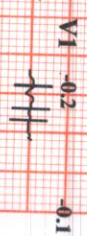
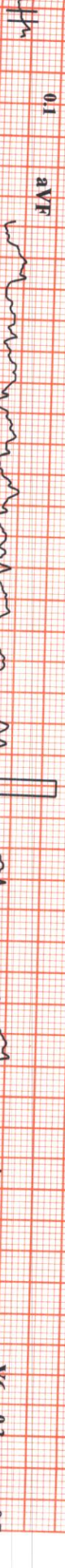


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305622217

Date: 25-02-2023

STLevel(mm) STSlope(mV/s)

Stage: Recovery/1

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 01:00

THR: 154 bpm

HR: 130 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

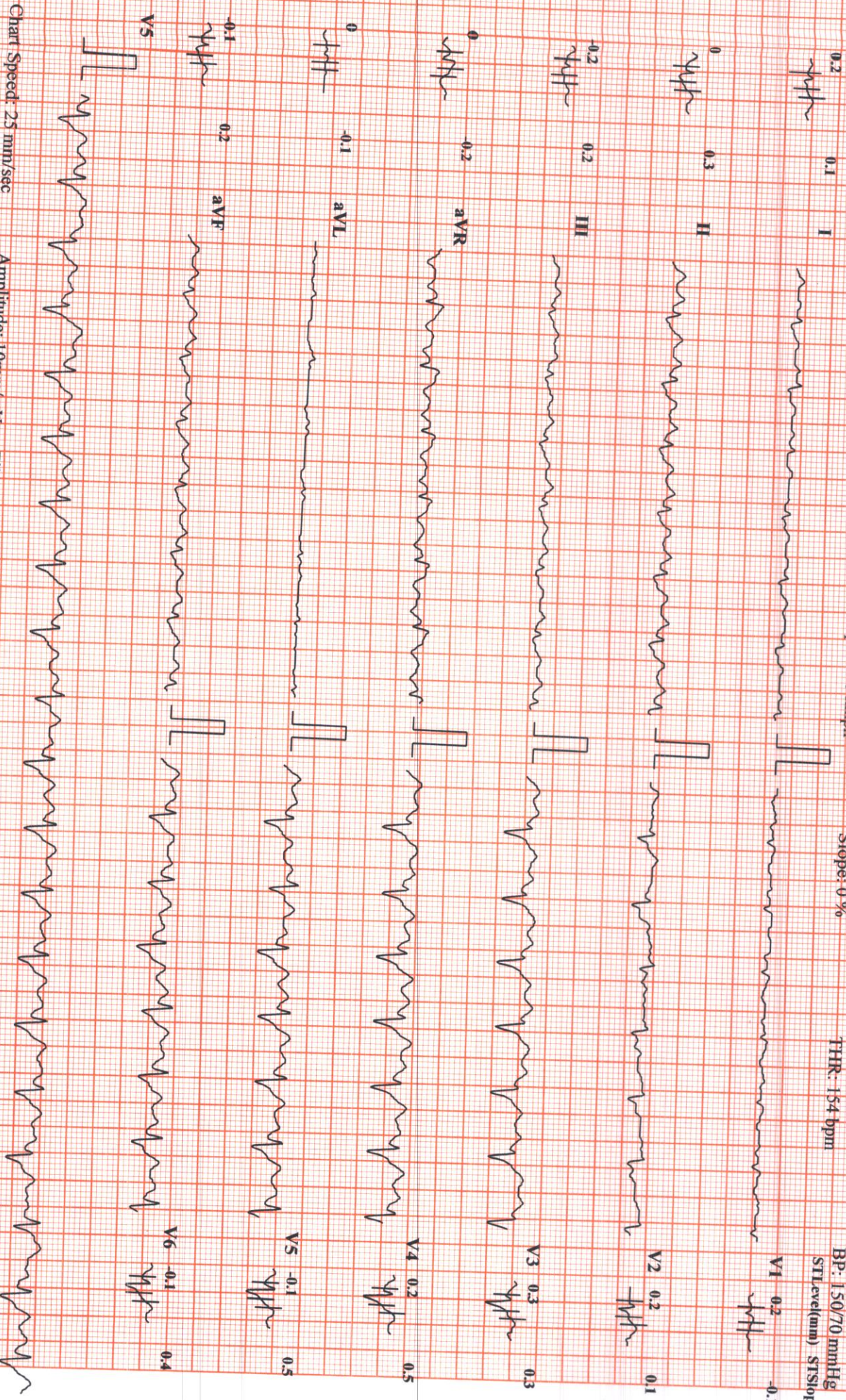


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305622217

Date: 25-02-2023

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Exec Time : 00:00

Stage Time: 01:00

THR: 154 bpm

HR: 112 bpm
BP: 130/70 mmHg
STLevel(mm) STSlope(mV/s)

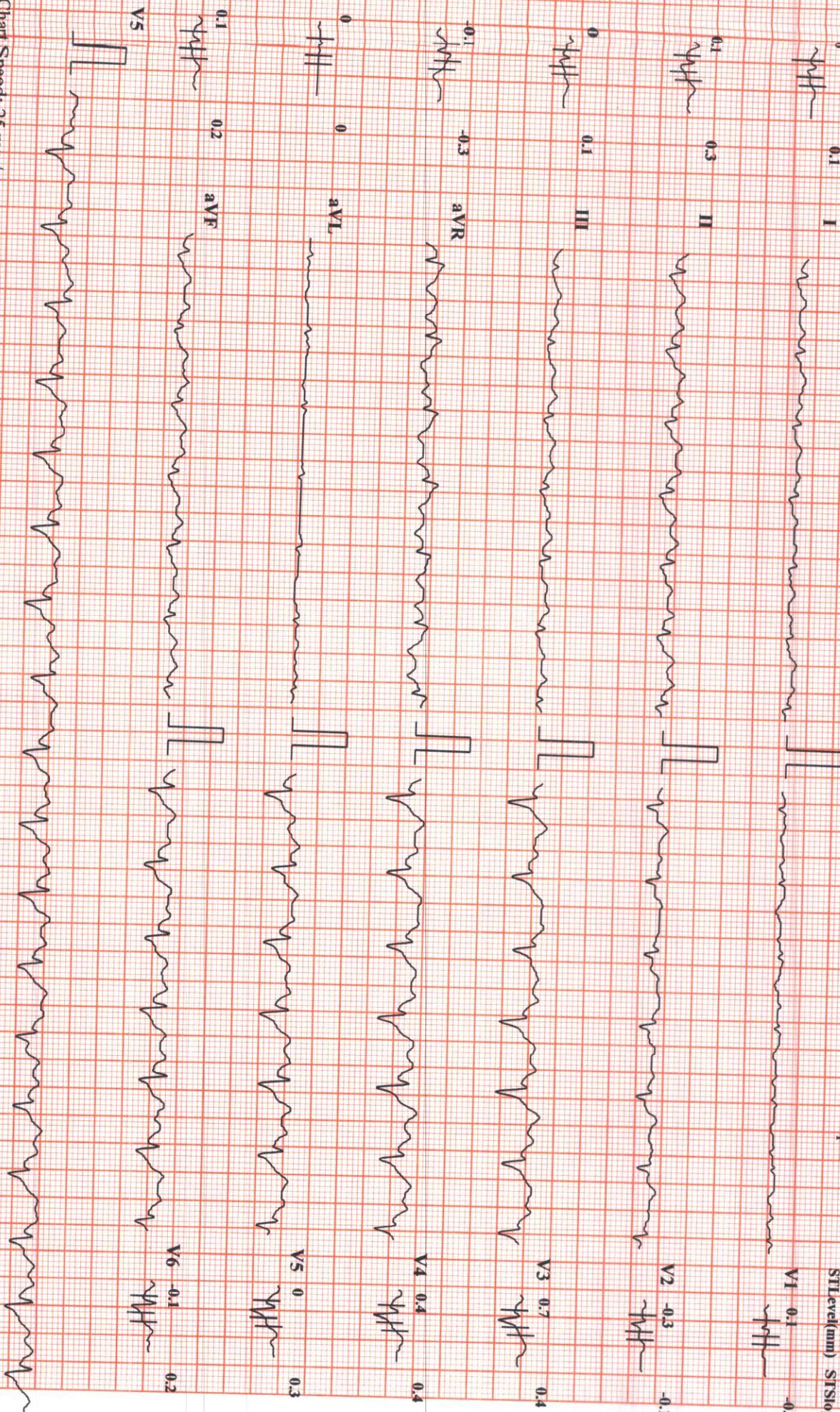


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

PUSHPABEN SOLANKI

SUBRBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305622217

Date: 25-02-2023

Exec Time : 00:00

Stage Time: 00:11

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 154 bpm

HR: 98 bpm

BP: 120/70 mmHg

STLevel(mm) STSlope(m

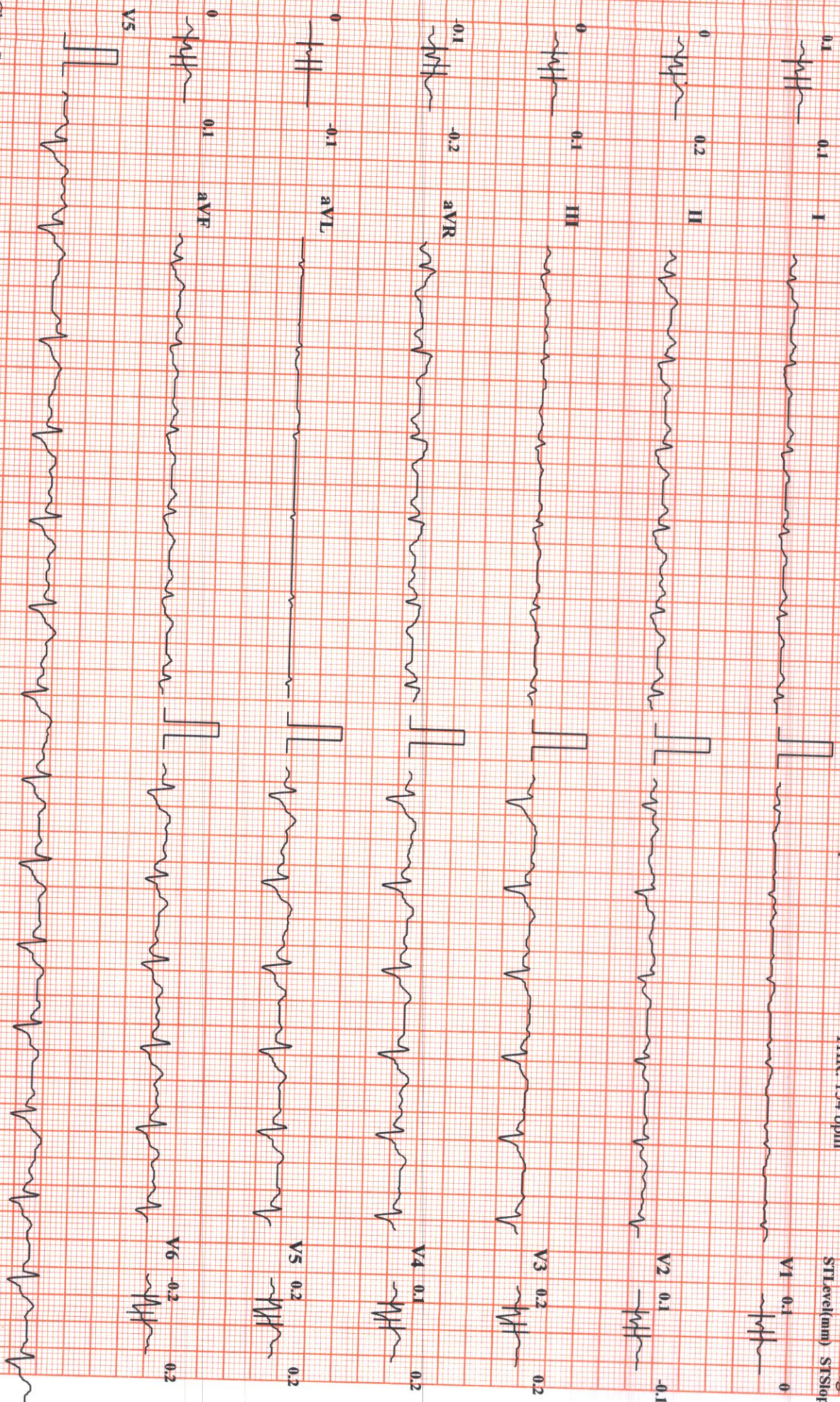


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version: 2.14

PUSHPABEN SOLANKI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2305622217

STLevel(mm) STISlope(mV/s)

Stage: Recovery3

Date: 25-02-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:18

THR: 154 bpm

HR: 98 bpm

BP: 120/70 mmHg

STLevel(mm) STISlope(mV/s)

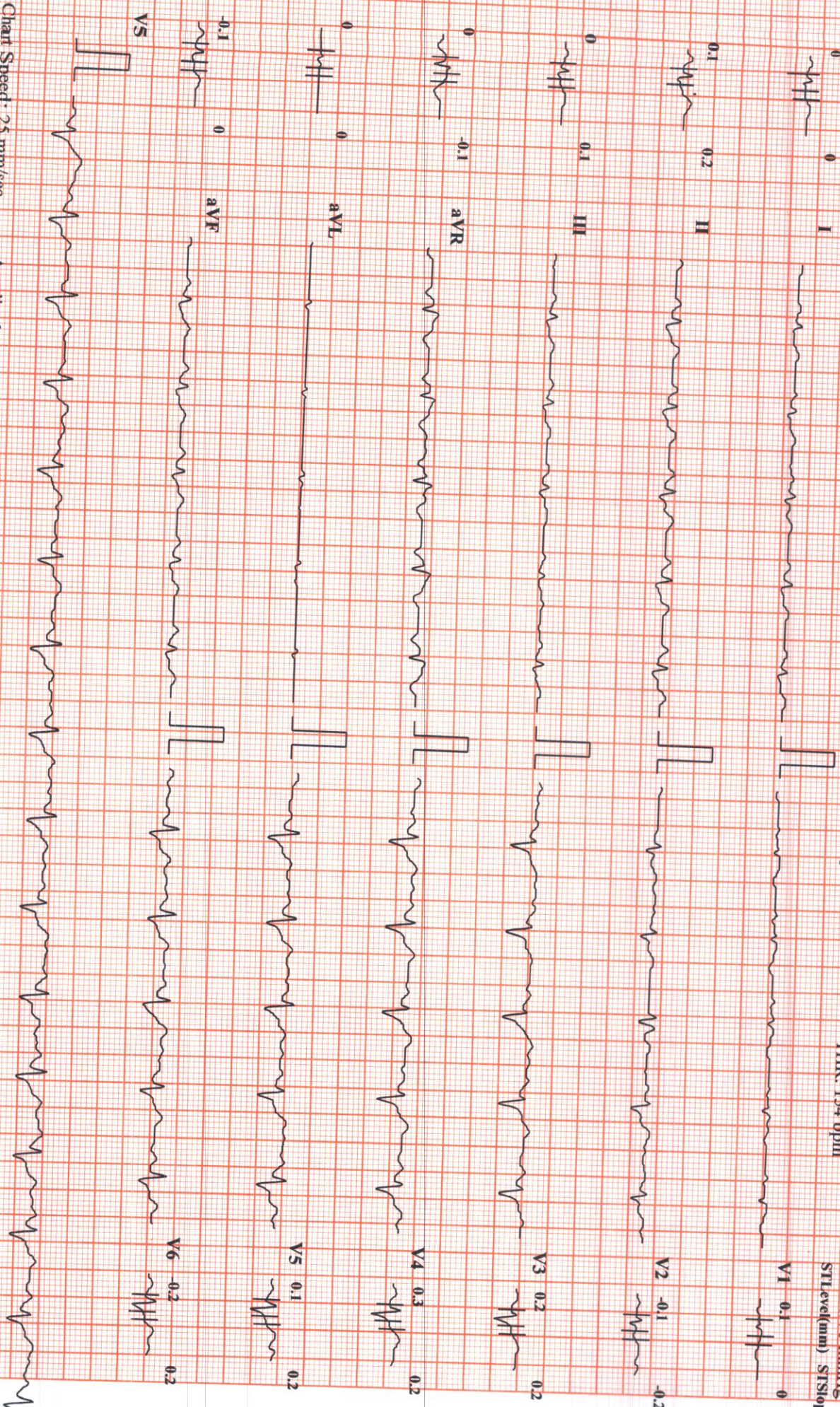


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post-J = J + 60 ms