SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check
<<QRCode>>

REPORT

CID	**: 2422323733**		
Name	**: Mrs Seema Arora**		
Age / Sex	**: 52 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 10-Aug-2024**
Reg. Location	**: Kandivali East Main Centre**	**Reported**	**: 13-Aug-2024 / 18:00**

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MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular and fatty pattern is noted in both breasts (Type B).

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral few reactive centimeter sized axillary lymphnodes with intact hilum are seen.

Click here to view images <<ImageLink>>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC068356
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-61700000 | **E-MAIL:** customerservice@suburbandiagnostics.com | **WEBSITE:** www.suburbandiagnostics.com

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Reg. Location	**: Kandivali East Main Centre**	**Reported**	**: 13-Aug-2024 / 18:00**

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IMPRESSION:

Normal Mammography and Sonomammography of both breasts.
Bilateral few reactive centimeter sized axillary lymphnodes with intact hilum are seen.
ACR BIRADS Category- I (Negative).

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.

ACR BIRADS CATEGORY

I. **Negative**
II. **Benign.**
III. **Probably benign.**
IV. **Suspicious / Indeterminate.**
V. **Highly Suggestive of malignancy.**

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

Click here to view images <<ImageLink>>

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REPORT

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 12:18

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.32	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	**14.2**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5640	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	1870.0	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	370.0	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	3160.0	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	220.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	**10.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	**117000**	150000-400000 /cmm	Elect. Impedance
MPV	**13.7**	6-11 fl	Calculated
PDW	**35.3**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 11:02

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	**34**	2-30 mm at 1 hr.	Sedimentation

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

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

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

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

Reference:

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

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

*** End Of Report ***

ilac-MRA

MC-6201

Bmhaskar

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

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REPORT

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 12:56
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 17:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	89.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	102.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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MC-6201

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 15:02

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	27.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	97	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.6	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	**2.2**	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	10.1	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	4.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	**110**	98-107 mmol/l	IMT

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

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MC-5460

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

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 10:42

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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

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

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

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

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

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

*** End Of Report ***

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MC-6201

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

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 15:56

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

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	**6-8**	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Yeast	Absent	Absent	

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Others -

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

*** End Of Report ***

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MC-6201

Bmhaskar

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 16:55

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

Refernces:

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

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*** End Of Report ***

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MC-5460

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 14:04

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**219.7**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	**169**	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	50.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	**168.9**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**135.1**	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	**33.8**	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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*** End Of Report ***

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Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 16:43

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	**11.4**	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.453	0.55-4.78 microU/ml	CLIA

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Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 16:43

Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

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

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

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

*** End Of Report ***

ilac-MRA
MC-5460

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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 14:04

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.63	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.42	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	19.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	95.7	46-116 U/L	Modified IFCC

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

*** End Of Report ***

ilac-MRA

MC-5460

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

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REPORT

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 08:59
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 10-Aug-2024 / 18:35

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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 ***

ilac-MRA

MC-6201

Bmhaskar

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

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

CID	: 2422323733		
Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 13:39
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 12-Aug-2024 / 15:03

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

Specimen : (G/SDC - 8633/24)

Received EziPrep vial.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly parabasal and fewer intermediate squamous cells along with moderate neutrophilic infiltrate.

Few cells show mild nuclear enlargement likely reactive changes.

Reactive cellular changes associated with inflammation are seen.

Interpretation :

1. Negative for intraepithelial lesion or malignancy.

2. Atrophic, inflammatory smear.

Recommended : Repeat testing after inflammation subsides.

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.

ilac-MRA

MC-5460

Dr.HARINI RAJU
M.D. (PATH)
HISTOPATHOLOGIST &
CYTOPATHOLOGIST

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

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Name	: MRS.SEEMA ARORA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Aug-2024 / 13:39
Reg. Location	: Kandivali East (Main Centre)	**Reported**	: 12-Aug-2024 / 15:03

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

*** End Of Report ***

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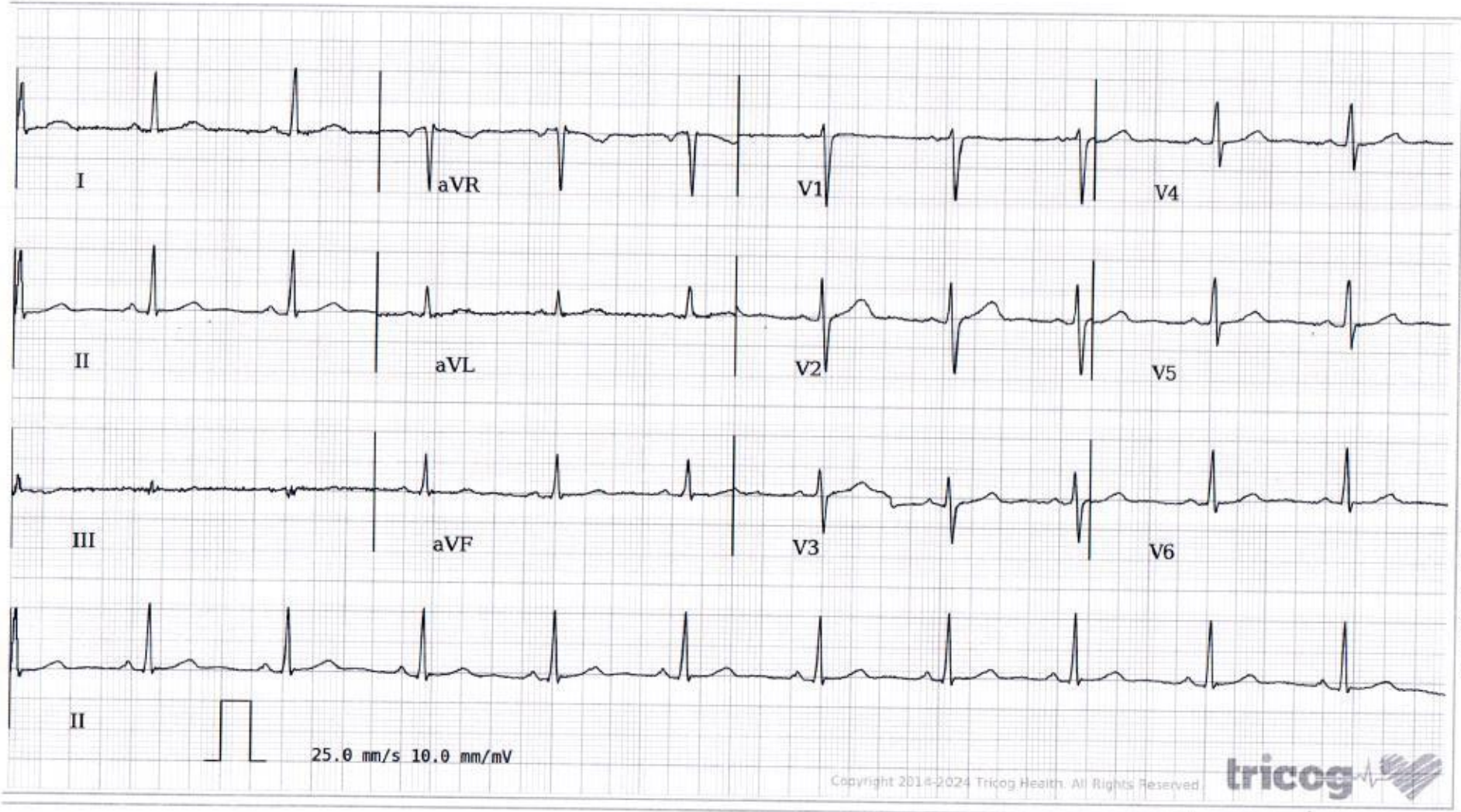
SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: SEEMA ARORA
Patient ID: 2422323733

Date and Time: 10th Aug 24 12:02 PM



tricog

Age **52** years **NA** months **NA** days

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP:	150/90 mmHg
Weight:	83 kg
Height:	161 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	86ms
QT:	414ms
QTcB:	437ms
PR:	156ms
P-R-T:	43° 35° 33°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

SUBURBAN DIAGNOSTICS
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REPORT

CID	**: 2422323733**		
Name	**: Mrs Seema Arora**		
Age / Sex	**: 52 Years/Female**		
Ref. Dr	:		
Reg. Location	**: Kandivali East Main Centre**	**Reg. Date**	**: 10-Aug-2024**
		Reported	**: 10-Aug-2024 / 10:12**

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (16.2 cm) normal in shape and smooth margins. It shows bright parenchymal echo pattern .The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD measures 3.8 mm . The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 6.9 x 3.4 cm.
Right Kidney Is Small And Atrophic In Size.

Left kidney measures 13.2 x 5.3 cm. Compensatory hypertrophy
Left kidney is normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen in left kidney.

SPLEEN:

The spleen is normal in size (10 cm) and echotexture.No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS AND OVARIES :

Small and atrophic, post menopausal status.

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REPORT

CID	: 2422323733		
Name	: Mrs Seema Arora		
Age / Sex	: 52 Years/Female		
Ref. Dr	:		
Reg. Location	: Kandivali East Main Centre	Reg. Date	: 10-Aug-2024
		Reported	: 10-Aug-2024 / 10:12

IMPRESSION:-

HEPATOMEGALY WITH GRADE II FATTY LIVER.

SMALL AND ATROPHIC RIGHT KIDNEY.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

• PATIENT NAME : MRS. SEEMA ARORA	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 52 YEARS
• CID NO : 2422323733	• DATE : 10/08/2024

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- Grade I diastolic dysfunction seen at present.
- Mild concentric left ventricular hypertrophy present
- No regional wall motion abnormality seen at rest at present
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 17 mm and 15 mm respectively.
- Mild TR jet. PASP by TR jet measured to 25 mm Hg
- Visual estimation of LVEF of 60 %.

MEASUREMENTS:

IVS d (mm)	10	Ao (mm)	28
IVS s (mm)	16	LA (mm)	13
LVIDd (mm)	46	EPSS (mm)	02
LVIDs (mm)	26	EF SLOPE (ml/s)	70
Pwd (mm)	10	MV (mm)	12
Pws (mm)	16		

Conti....2

SUBURBAN DIAGNOSTICS
PRECISE TESTING. HEALTHIER LIVING

REPORT

• PATIENT NAME : MRS. SEEMA ARORA	• SEX : FEMALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 52 YEARS
• CID NO : 2422323733	• DATE : 10/08/2024

DOPPLER: Mitral E / A

Mitral (m/s)	0.7	Aortic (m/s)	1.40
Tricuspid (m/s)	0.8	Pulmonary (m/s)	0.9

TDI

Septal e' =0.06 m/s

Septal a' = 0.08m/s

Septal s' = 0.06 m/s

Lateral e' = 0.06 m/s

Lateral a' = 0.09m/s

Lateral s' = 0.07 m/s

Dr. P. Bhatjiwale, M.D
PG cert in Clinical Cardiology,
Fellowship in 2 D Echo & Doppler Studies
Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 10/8/24

CID: 242232333

Name:- Seema Arora

Sex/Age: 52/F

EYE CHECK UP

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision: 6/6 6/6

Refraction: N/6 N/6

(Right Eye) (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: —

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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REPORT

CID	**: 2422323733**		
Name	**: Mrs Seema Arora**		
Age / Sex	**: 52 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 10-Aug-2024**
Reg. Location	**: Kandivali East Main Centre**	**Reported**	**: 10-Aug-2024 / 12:58**

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name : Seema Arora	Age / Gender 52/F
Dr. :	Date : 10/8/24

GYNAEC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : white discharge

MARITAL STATUS : : married

MENSTRUAL HISTORY :

(i) MENARCHE : @ age 15yr

(ii) PRESENT MENSTRUAL HISTORY : | Postmenopausal : 6yr

(iii) PAST MENSTRUAL HISTORY :

OBSTETRIC HISTORY : $G_3P_2L_2A_1$

PAST HISTORY : HTN

PREVIOUS SURGERIES : Spine Surgery

ALLERGIES : ND

FAMILY HISTORY : father - DM

DRUG HISTORY : : T Losacar H

BOWEL HABITS : Constipation off & on

BLADDER HABITS : (N)

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name : Seema Arora Age / Gender

Dr. :

Date : 10/8/24

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE : (N)

PULSE : 72/m

BP : 130/90

RS :

CVs : NAD

Breasts :

Per Abdomen : NAD

Per vaginal :

PVS - Cx mild erosion (+)
- fungal infection in groin ++

RECOMMENDATIONS

ADVISE :

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