

Date:

To,  
**Suburban Diagnostics (India) Private Limited**  
1,2,3, Pride Park, Opp Lawkim Company,  
Near R Mall, Ghodbander Road,  
Thane (W), Mumbai- 400607

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. <sup>✓</sup>  
Nibedita Sahu  
don't want to performed the following tests:

- 1) Mammography
- 2) pap smear
- 3) Urine
- 4) stool
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date 23/04/2019 :

Corporate/ TPA/ Insurance Client Name :

BOB

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. <sup>✓</sup> Nibedita )

**PHYSICAL EXAMINATION REPORT**

Patient Name	Nibedita Saha	Sex/Age	F/52
Date	14/4/23	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	150	Temp (0c):	37.5
Weight (kg):	66	Skin:	NAD
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

**Impression:**

USG - Fatty Liver  
 - Bulky uterus  
 - Rt. Renal cyst with calcification.  
 ECG - Non specific ST/T wave changes.  
 Short PR interval.

TMT - Equivocal.  
 Need glass for N/V

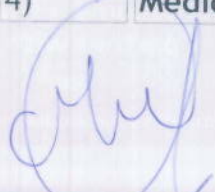
**Advice:**

- Low Fat, low sugar Diet -  
- Reg. Exercise  
- Eye check-up  
- ~~Cayenne Co~~  
- Cardiologist's consultation

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS
17)	Musculoskeletal System	Nil

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO



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

NAME: - Nivedita Sahu AGE / SEX :- F / 42  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :-

12

• PRESENT MENSTRUAL HISTORY :-

Regular; LMP - 13/4/23

• PAST MENSTRUAL HISTORY :-

Regular

• OBSTETRIC HISTORY :-

G3 P1 A2

• PAST HISTORY :-

f Nil  
LSCS

• PREVIOUS SURGERIES :-

• ALLERGIES :-

f Nil

• FAMILY HISTORY :-

f Nil

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

M/I  
| (N)

**PERSONAL HISTORY :-**

TEMPERATURE :-

(N)

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD  
72/min  
130/80  
NAD

**Dr. Manasee Kulkarni**  
M.B.B.S.  
2605/09/3439

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Date:- 12/4/23

CID:

Name:- Medita Sashu

Sex / Age: F 42

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 32/60 R VBC N 12

Aided Vision: 32/60 R VBC N 18

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: ~~at present~~ of loss. refer RLV

MR. PRAKASH KUDVA

SR. OPTOMETRIST

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:51

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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	83.5	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5530	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.3	20-40 %	
Absolute Lymphocytes	1620.3	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	353.9	200-1000 /cmm	Calculated
Neutrophils	56.8	40-80 %	
Absolute Neutrophils	3141.0	2000-7000 /cmm	Calculated
Eosinophils	7.0	1-6 %	
Absolute Eosinophils	387.1	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	27.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	300000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	14.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:44

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 21 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



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 15:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	81	>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	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	143	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	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

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:48

**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

Note : Variant window detected (36.7%)  
Advice : Fructosamine and Hb electrophoresis for confirmation of Hemo

**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 \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:12

**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 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

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:48

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

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	185.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	138.4	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	46.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	139.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	111.0	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	28.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

\*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

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.6	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	2.57	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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:16

**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)

\*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

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : MRS.NIBEDITA SAHU  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:34  
Reported : 14-Apr-2023 / 13:32

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	25.9	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	31.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	58.8	35-105 U/L	PNPP

\*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



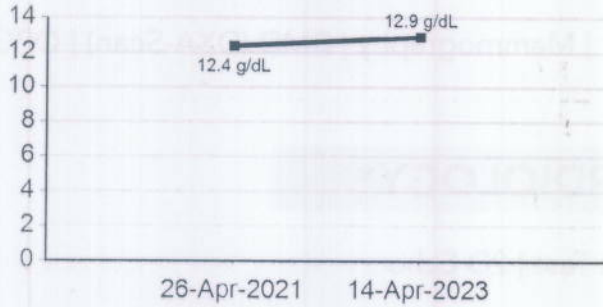
CID : 2310417859  
 Name : MRS.NIBEDITA SAHU  
 Age / Gender : 41 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

Authenticity Check

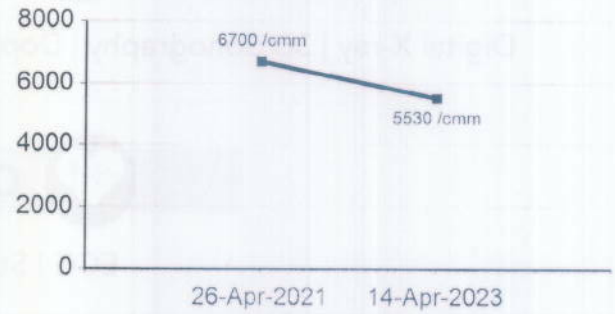


Use a QR Code Scanner Application To Scan the Code

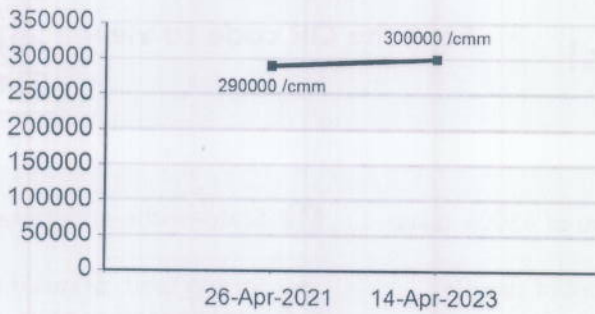
**Haemoglobin**



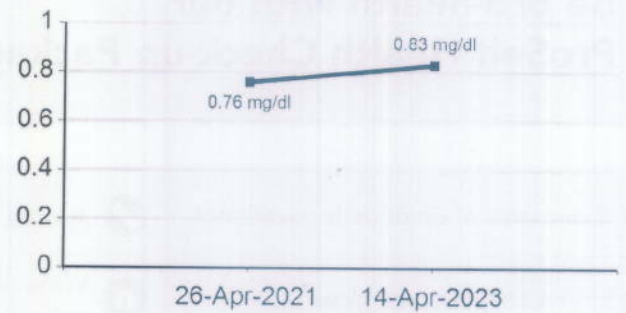
**WBC Total Count**



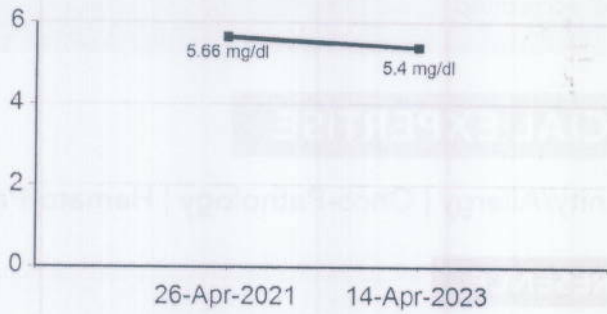
**Platelet Count**



**CREATININE**



**URIC ACID**



**SGOT (AST)**

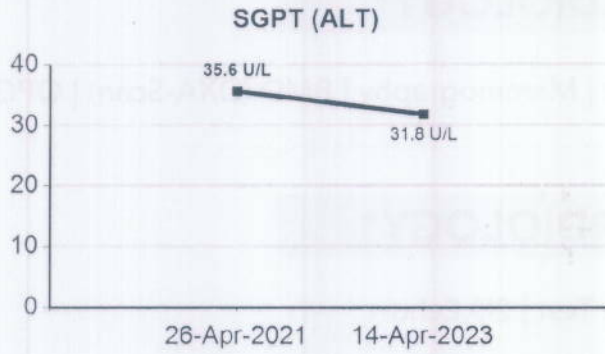


Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2310417859  
 Name : MRS.NIBEDITA SAHU  
 Age / Gender : 41 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)



AREAS OF SPECIAL EXPERTISE

OUR MESSAGE

022-6170-0000



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : Mrs NIBEDITA SAHU  
Age / Sex : 41 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 13:35

### USG ABDOMEN AND PELVIS

**LIVER:** Liver appears mildly enlarged in size (16.3cm) and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is contracted. No obvious 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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.1 x 3.6 cm. **1.1 cm cortical cyst with calcification is noted at the mid pole in right kidney.** Left kidney measures 9.4 x 4.7 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, mildly bulky and measures 7.5 x 5.0 x 5.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041410321980>

Page no 1 of 2



Use a QR Code Scanner  
Application To Scan the Code

CID : 2310417859  
Name : Mrs NIBEDITA SAHU  
Age / Sex : 41 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 14-Apr-2023  
Reported : 14-Apr-2023 / 13:35

R  
E  
P  
O  
R  
T

**IMPRESSION:**

**MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.  
RIGHT RENAL CORTICAL CYST WITH CALCIFICATION.  
MILDLY BULKY UTERUS.**

**Advice: Clinical co-relation, further evaluation 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. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041410321980>

Page no 2 of 2



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2310417859  
**Name** : Mrs NIBEDITA SAHU  
**Age / Sex** : 41 Years/Female  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 14-Apr-2023  
**Reported** : 14-Apr-2023 / 12:15

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041410322046>

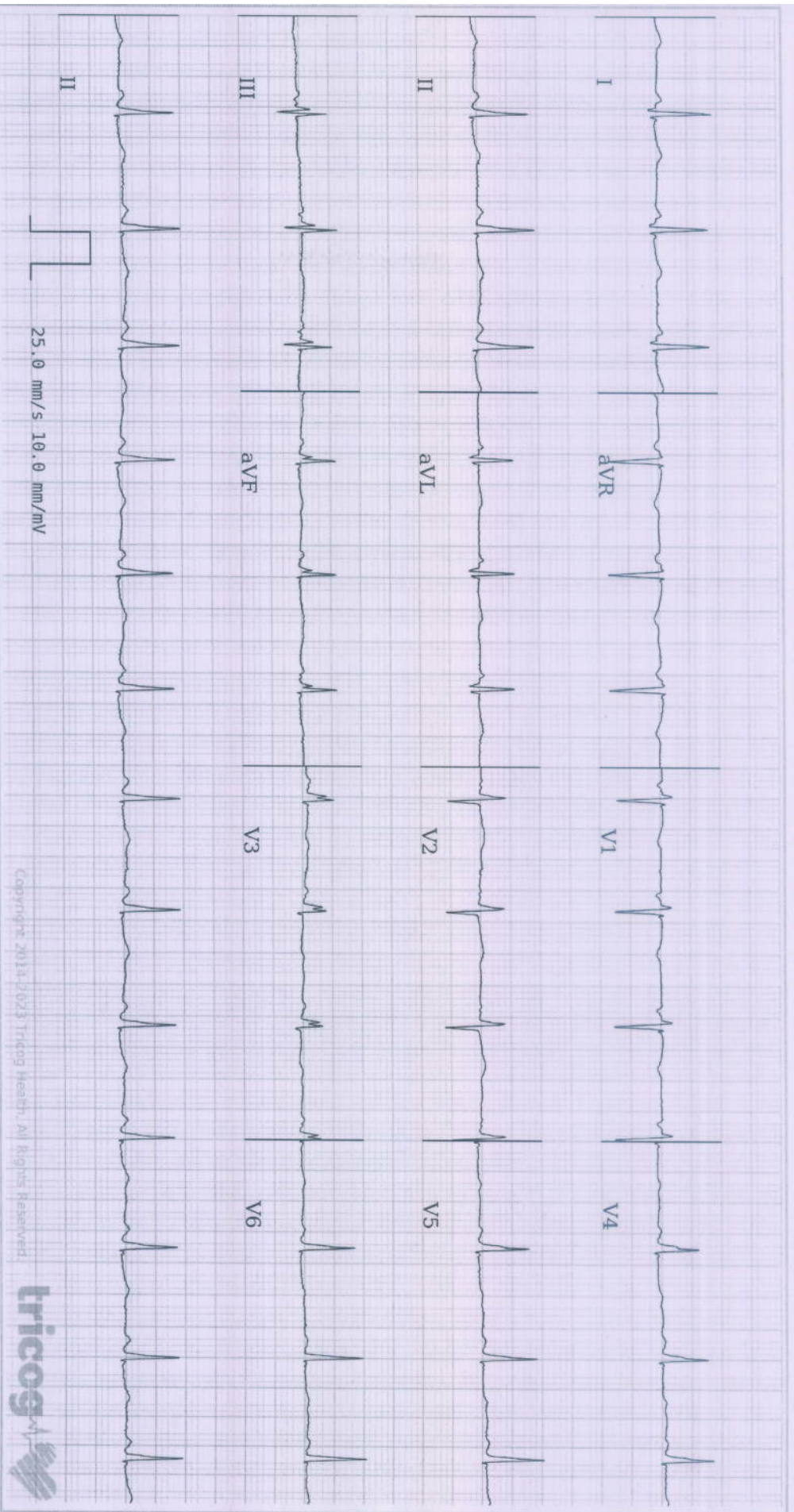
Page no 1 of 1



**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**

Patient Name: NIBEDITA SAHU  
Patient ID: 2310417859

Date and Time: 14th Apr 23 11:48 AM



Copyright 2014-2023 Tricog Health. All Rights Reserved



Age **41** 9 2  
years months days

Gender **Female**

Heart Rate **83bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 66 Kg

Height: 150 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 74ms

QT: 390ms

QTcB: 458ms

PR: 112ms

P-R-T: 37° 38° 28°

REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

**Sinus Rhythm, Short PR Interval, Non-specific ST/T Wave Changes. Please correlate clinically.**

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

895 (2310417859) / NIBEDITA SAHU / 42 Yrs / F / 150 Cms / 66 Kg  
 Date: 14 / 04 / 2023 12:46:46 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	093	52 %	130/70	120	00	
Standing	00:21	0:09	00.0	00.0	01.0	085	48 %	130/70	110	00	
HV	00:31	0:10	00.0	00.0	01.0	088	49 %	130/70	114	00	
ExStart	00:40	0:09	00.0	00.0	01.0	088	49 %	130/70	114	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	136	76 %	140/80	190	00	
PeakEx	05:15	1:35	02.5	12.0	06.0	154	87 %	150/80	231	00	
Recovery	06:15	1:00	00.0	00.0	01.0	115	65 %	150/80	172	00	
Recovery	07:15	2:00	00.0	00.0	01.0	104	58 %	150/80	156	00	
Recovery	09:15	4:00	00.0	00.0	01.0	096	54 %	130/80	124	00	
Recovery	09:39				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 04:35  
 Initial HR (ExStrt) : 88 bpm 49% of Target 178  
 Initial BP (ExStrt) : 130/70 (mm/Hg)  
 Max Workload Attained : 6 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -2.8 mm in PeakEX  
 Test End Reasons : Fatigue , Fatigue, Heart Rate Achieved

Max HR Attained 154 bpm 87% of Target 178  
 Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**

M.D. (PHYSICIAN)

R.N.V. 10372

Doctor : DR SHAILAJA PILLAI



REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test

**STRESS ECG RESULTS:** The Initial HR was recorded as 85.0 bpm, and the maximum predicted Target Heart Rate 178.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is Equivocal for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. ST T changes seen inferolateral leads during test and recovery.
4. Adv Cardiologist s opinion.

Disclaimer : Equivocal stress test is suggestive but not confirmatory of CAD. Hence overall cardioclinical correlation is mandatory.

**Dr. SHAILAJA PILLAI**  
M.D. (GEN.MED)  
R.N.C. 49972

Doctor : DR SHAILAJA PILLAI



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

895 (2310417859) / NIBEDITA SAHU / 42 Yrs / F / 150 Cms / 66 Kg / HR : 93

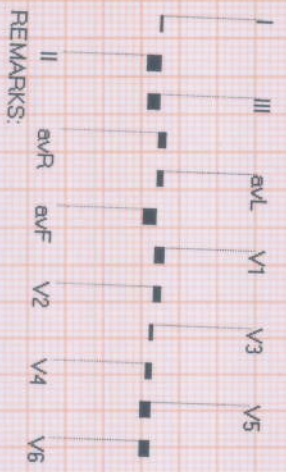
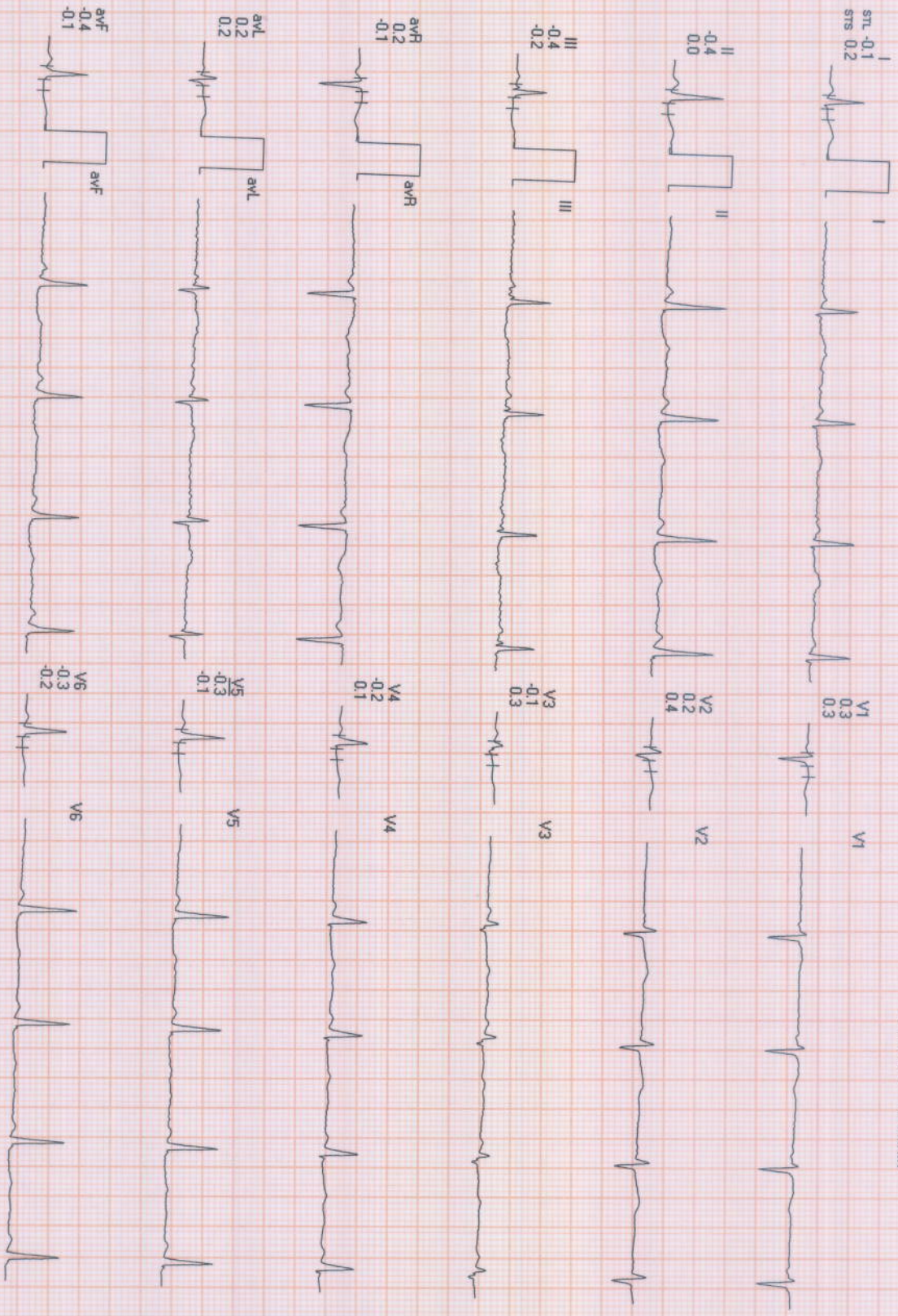
Date: 14/04/2023 12:46:46 PM METS: 1.0/ 93 bpm 52% of THR BP: 130/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ F 100 Hz

EXTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



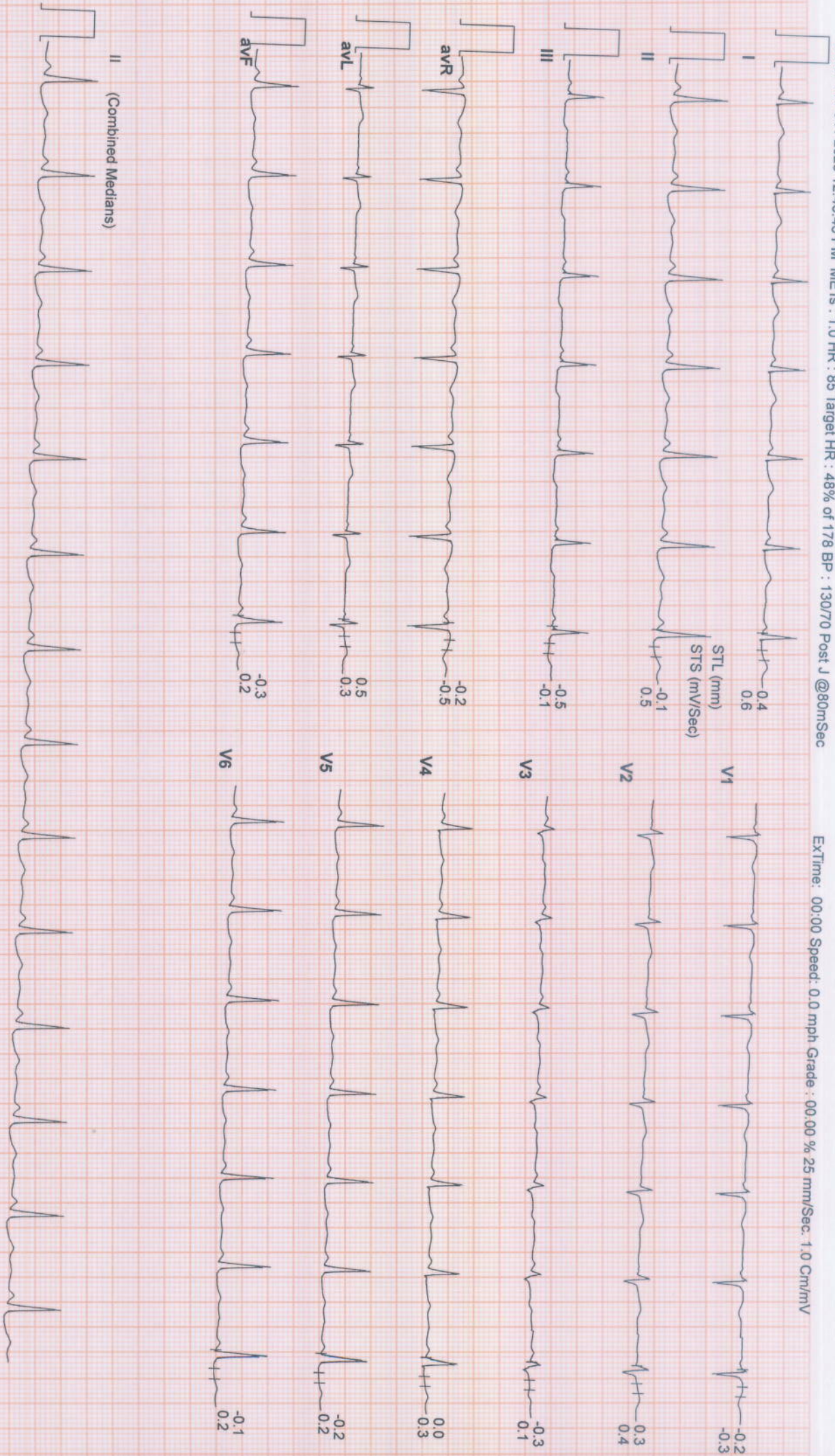
SUPINE ( 00:01 )

4X 80 ms Post J



REMARKS:





II  
(Combined Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

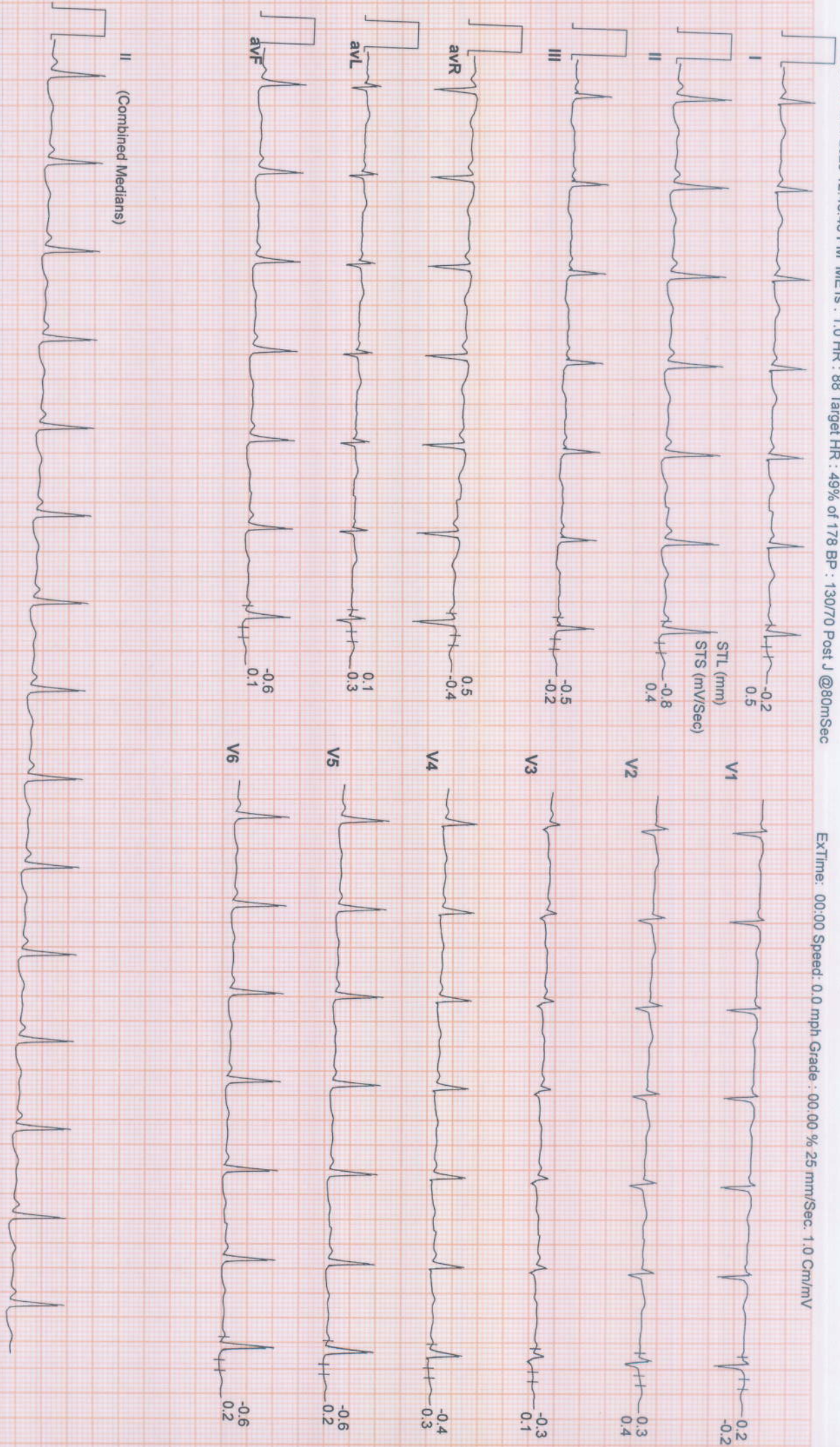
895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METs : 1.0 HR : 88 Target HR : 49% of 178 BP : 130/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)



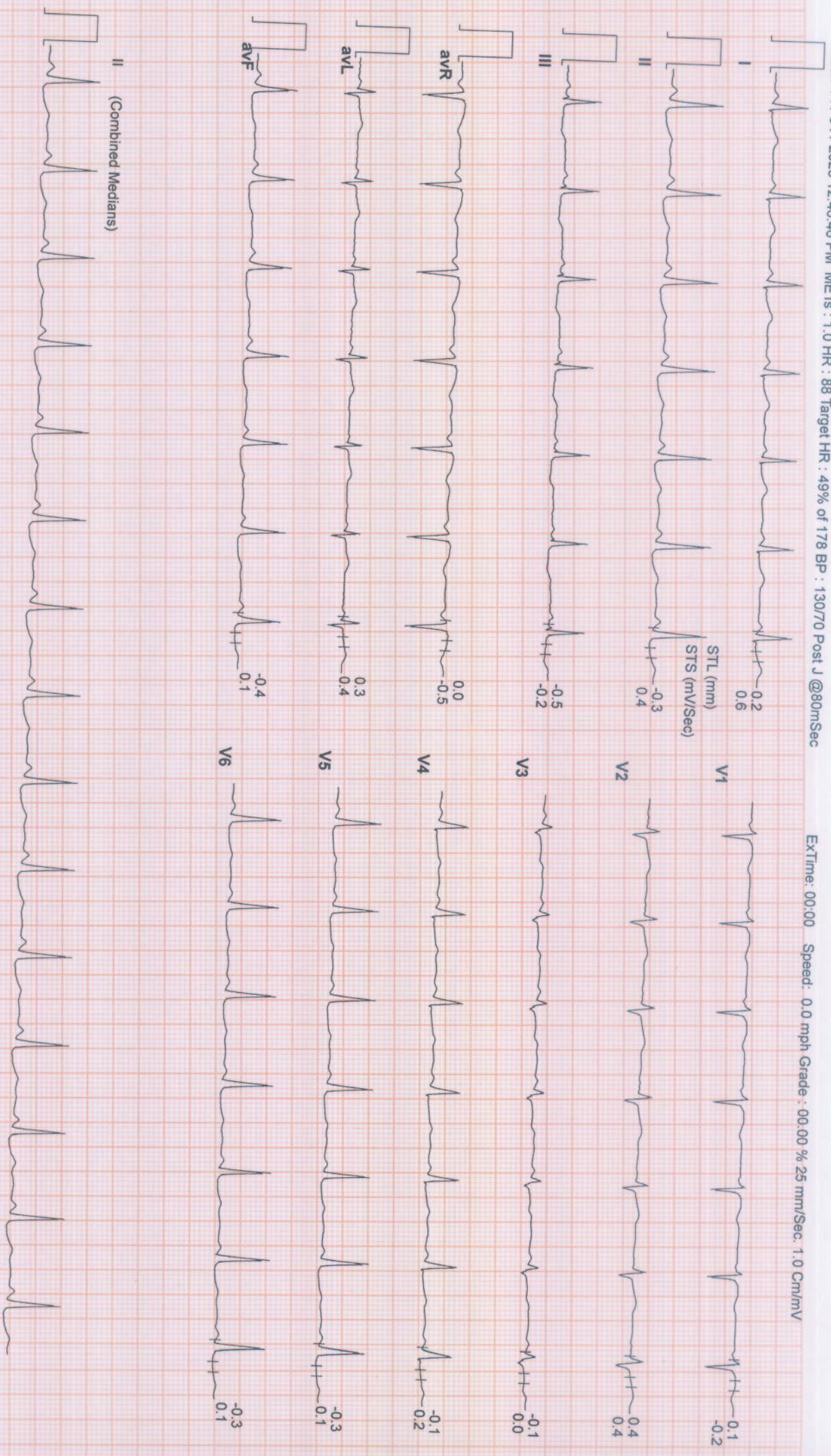
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METs : 1.0 HR : 88 Target HR : 49% of 178 BP : 130/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm ExStrt



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

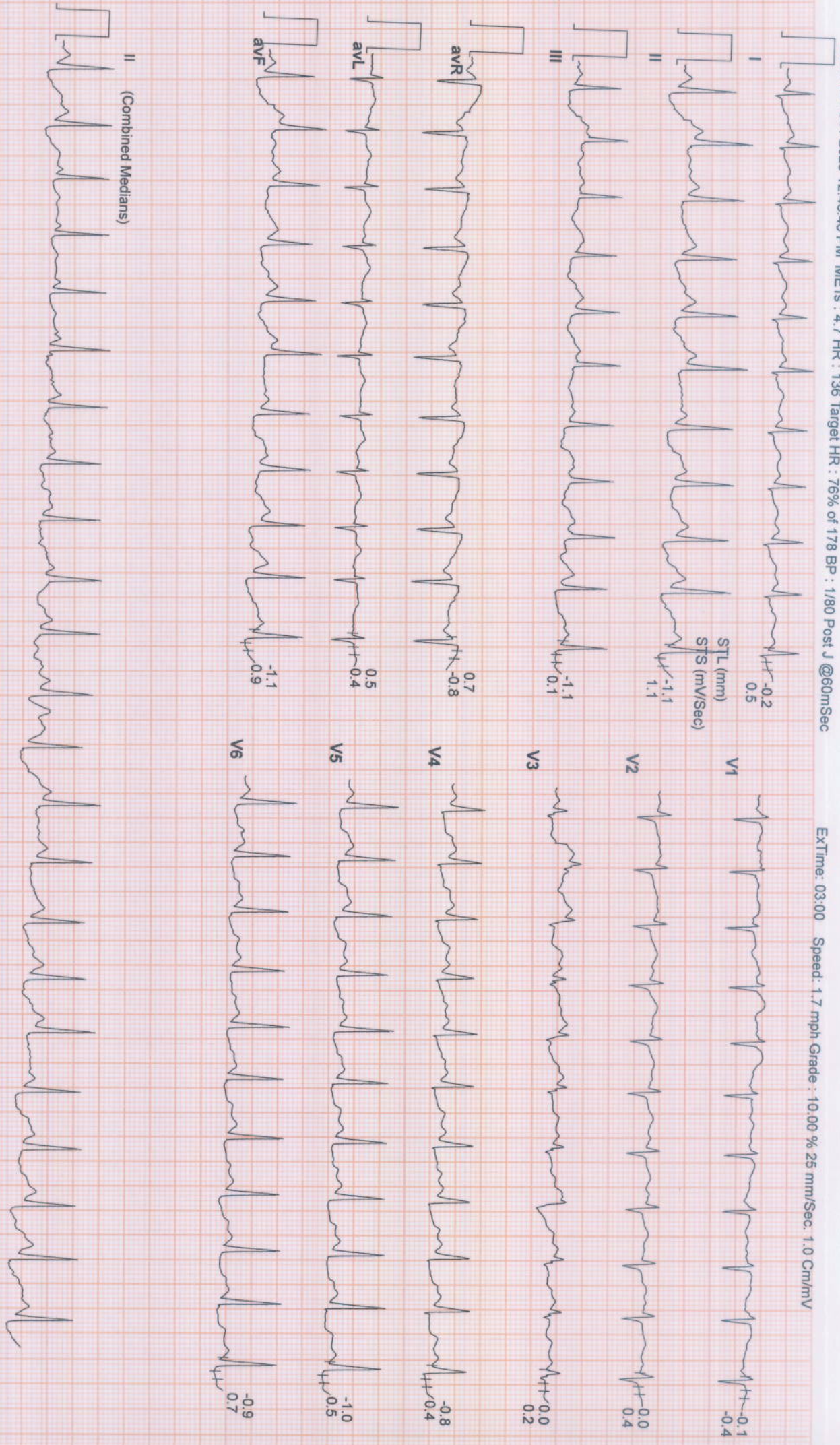
895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METs : 4.7 HR : 136 Target HR : 76% of 178 BP : 1/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )



ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV



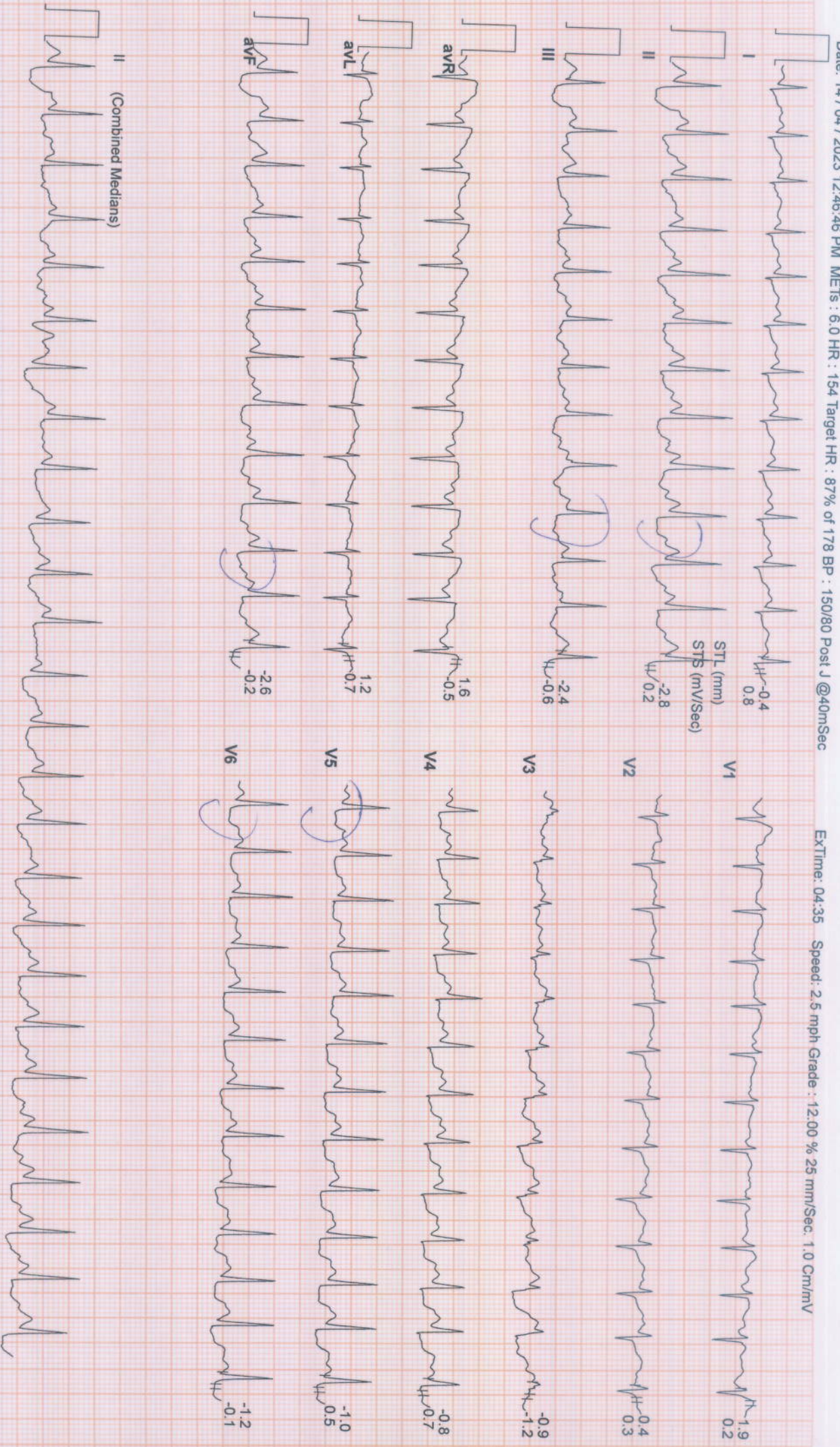
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METs : 6.0 HR : 154 Target HR : 87% of 178 BP : 150/80 Post J @40mSec

EXTime: 04:35 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEx



II (Combined Medians)

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

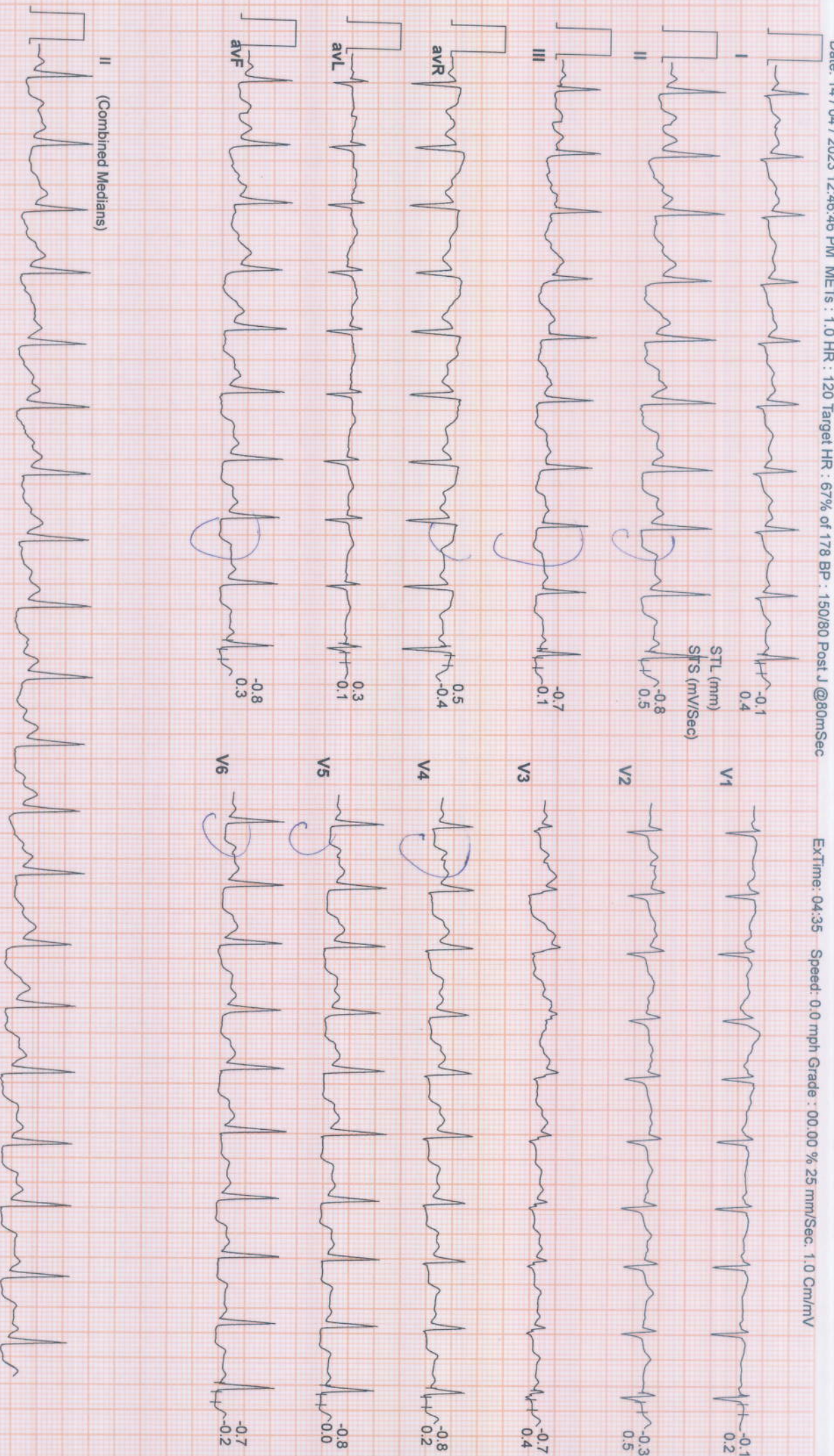
895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METS : 1.0 HR : 120 Target HR : 67% of 178 BP : 150/80 Post J @80mSec

ExTime: 04:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

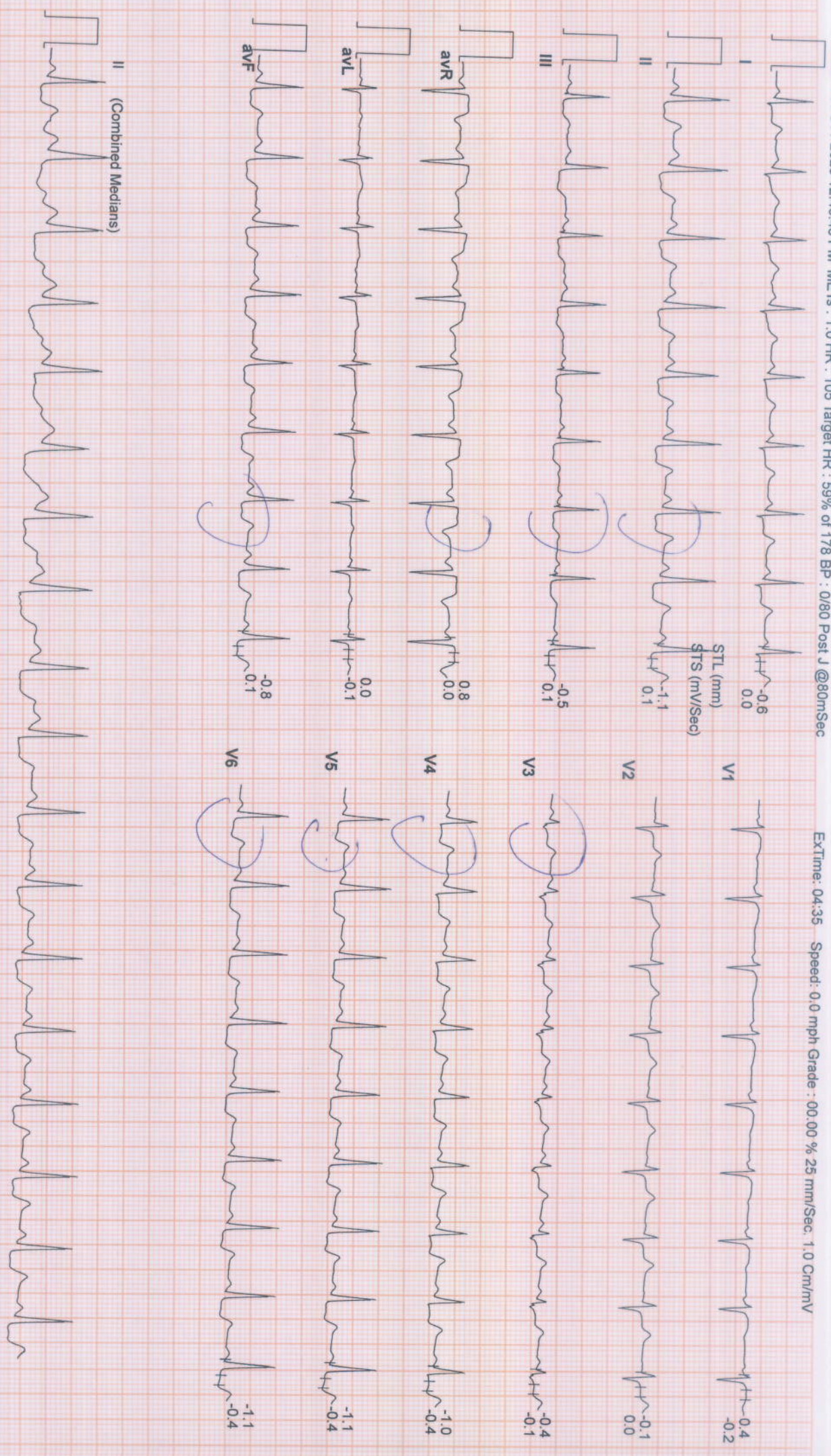
Date: 14 / 04 / 2023 12:46:46 PM METs : 1.0 HR : 105 Target HR : 59% of 178 BP : 0/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



ExTime: 04:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

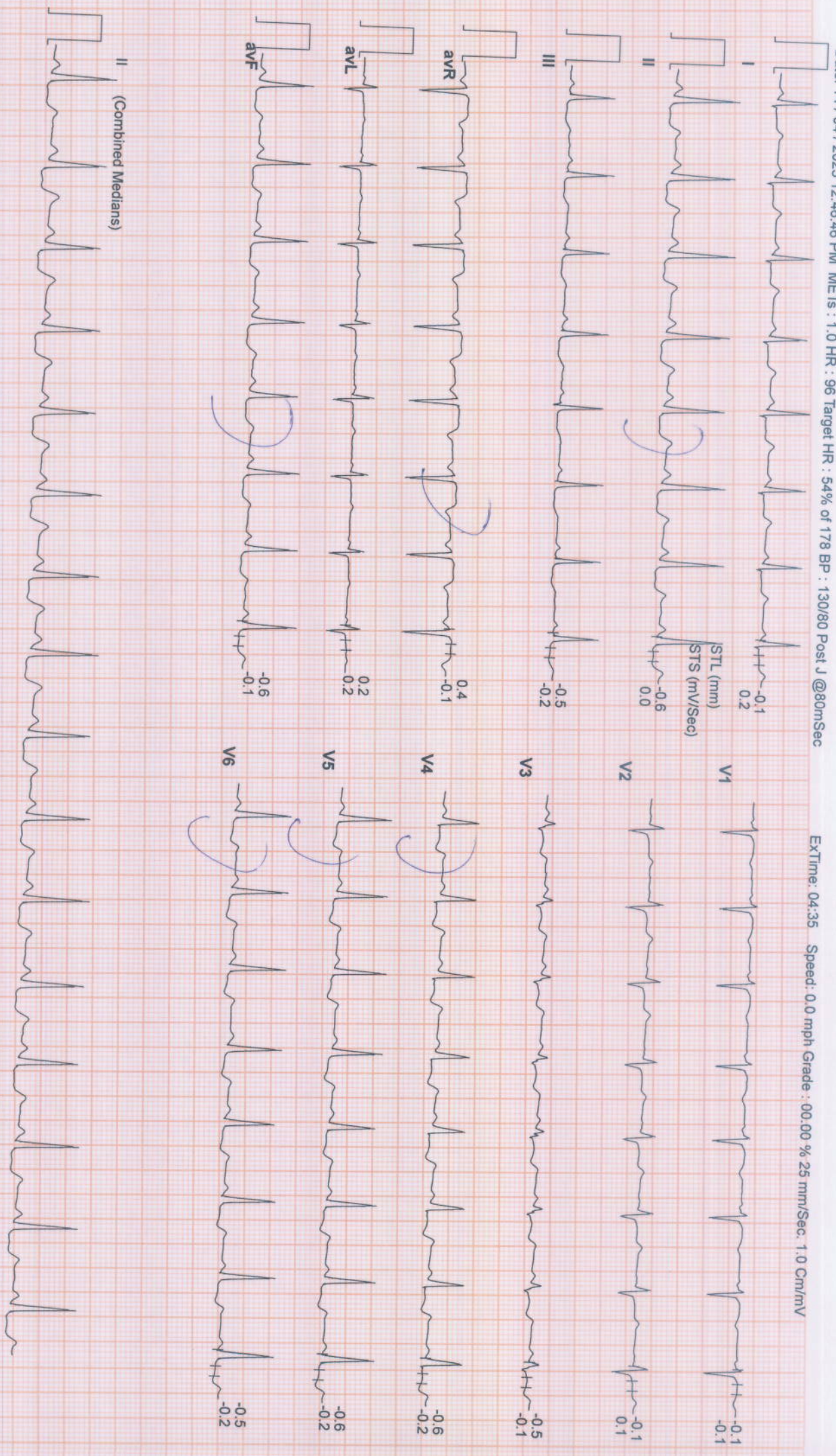
895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METs : 1.0 HR : 96 Target HR : 54% of 178 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:00 )



ExTime: 04:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

895 / NIBEDITA SAHU / 42 Yrs / Female / 150 Cm / 66 Kg

Date: 14 / 04 / 2023 12:46:46 PM METS : 1.0 HR : 106 Target HR : 60% of 178 BP : 130/80 Post J @90mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:24 )

EXTime: 04:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

