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CID : 2309016592  
Name : MRS.RASHMI REEJHSINGHANI  
Age / Gender : 61 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 31-Mar-2023 / 08:34  
Reported : 04-Apr-2023 / 15:51

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

**Specimen :** (G/SDC- 2820/23)

Received surepath vial.

**Clinical Notes :**

Postmenopausal.

Cervix : Healthy.

**Adequacy :**

Satisfactory for evaluation.

Endocervical and squamous metaplastic cells are present.

**Microscopic :**

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

**Interpretation :**

- 1) Negative for intraepithelial lesion or malignancy.
- 2) Atrophic, inflammatory smear.

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

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

\*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**



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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 12:36

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>CBC (Complete Blood Count), Blood</u></b>			
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.4	36-46 %	Calculated
MCV	88.3	80-100 fl	Measured
MCH	28.7	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	11.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6950	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.2	20-40 %	
Absolute Lymphocytes	1890	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	410	200-1000 /cmm	Calculated
Neutrophils	63.6	40-80 %	
Absolute Neutrophils	4420	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	210	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Measured
PDW	16.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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Reported : 31-Mar-2023 / 13:04

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

Normocytic, Normochromic

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 2-30 mm at 1 hr. Sedimentation  
\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

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

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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 17:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	236.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



MC-2111

*Anupa*

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

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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 13:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	42.3	17.1-49.3 mg/dl	Kinetic
BUN, Serum	19.8	8-23 mg/dl	Calculated
CREATININE, Serum	0.93	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	65	>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	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.9	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Anupa*  
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M.D.(PATH)  
Pathologist

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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 15:17

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*  
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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 13:48

**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 column agglutination technology (CAT) 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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Anupa*  
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Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	194.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.4	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	71.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	17.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 15:52

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.9	11.5-22.7 pmol/L First Trimester: 9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59	ECLIA
sensitiveTSH, Serum	1.53	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 \*\*\*



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	19.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	47.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	92.9	35-105 U/L	Colorimetric

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\*\*\* End Of Report \*\*\*



MC-2111

*Anupa*  
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Pathologist

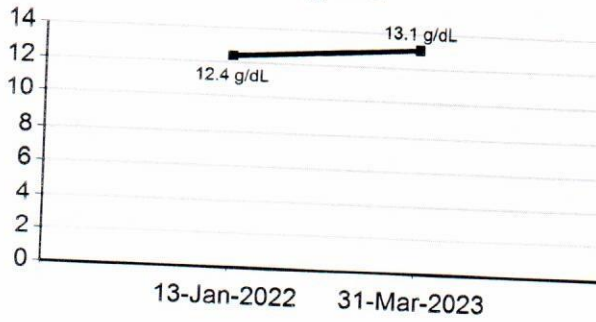
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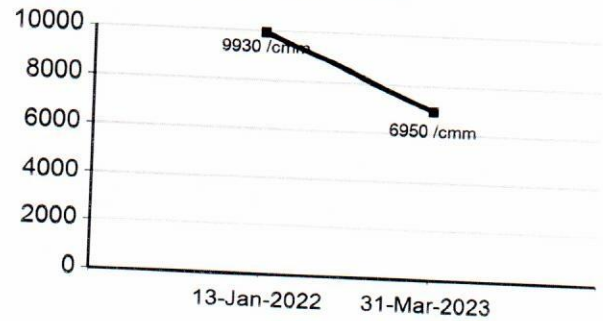


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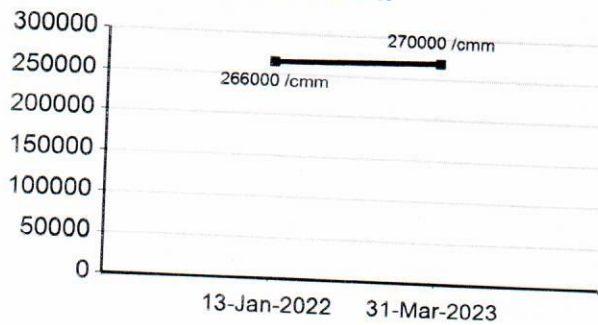
**Haemoglobin**



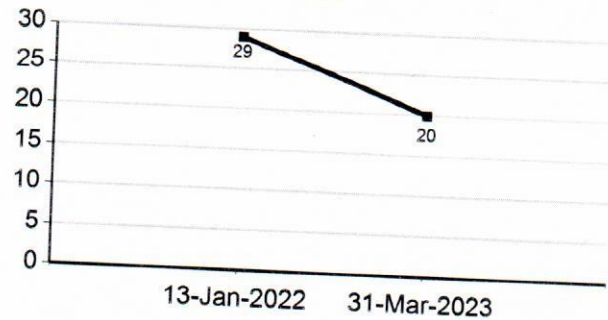
**WBC Total Count**



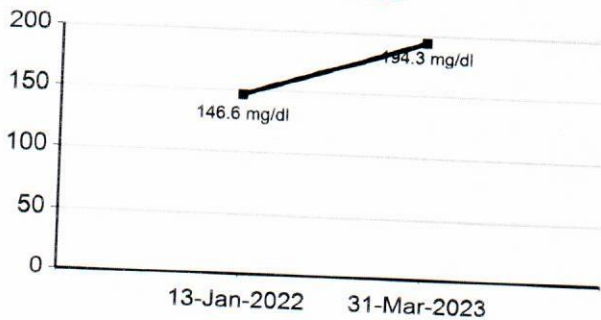
**Platelet Count**



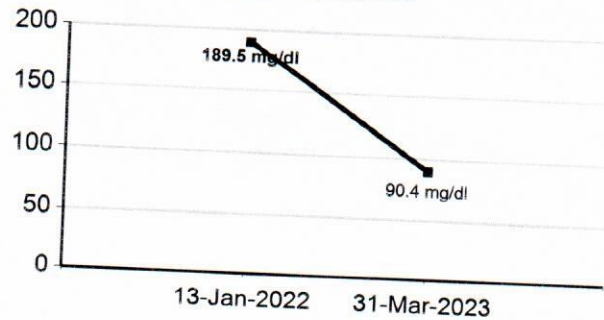
**ESR**



**CHOLESTEROL**



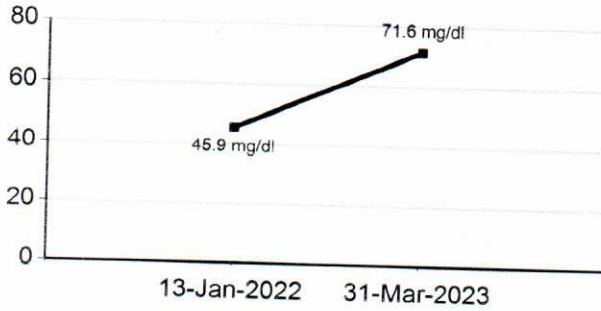
**TRIGLYCERIDES**



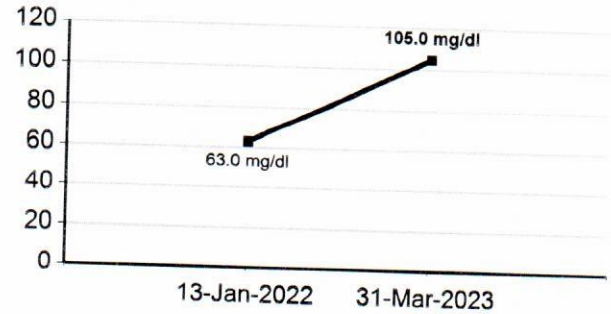
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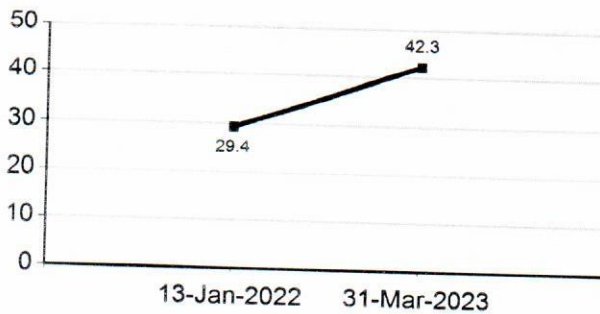
**HDL CHOLESTEROL**



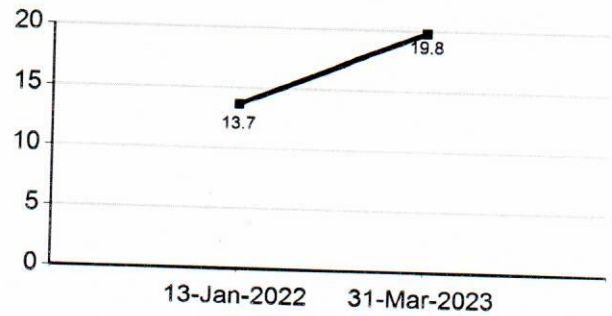
**LDL CHOLESTEROL**



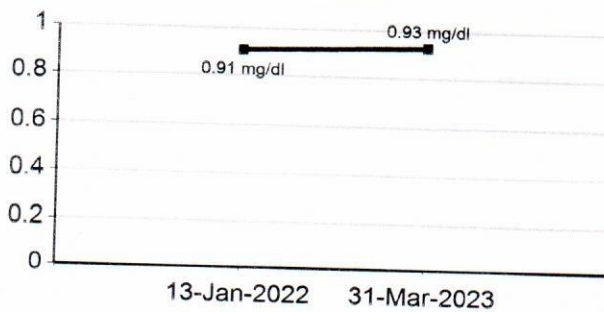
**BLOOD UREA**



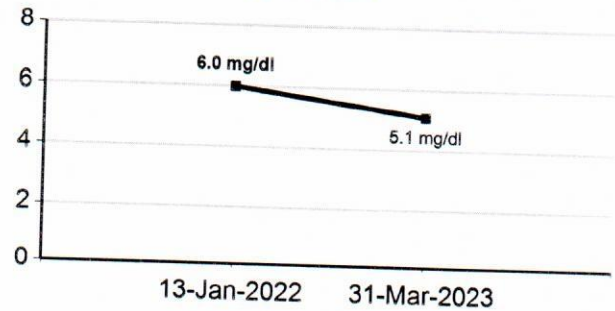
**BUN**



**CREATININE**



**URIC ACID**



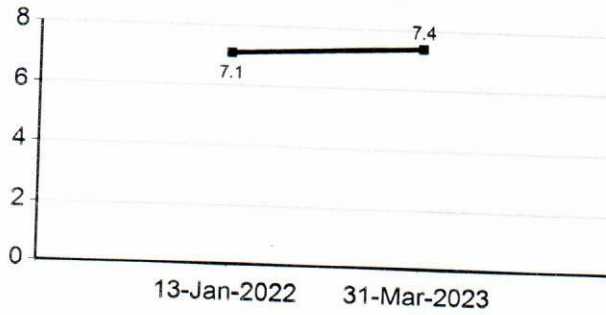
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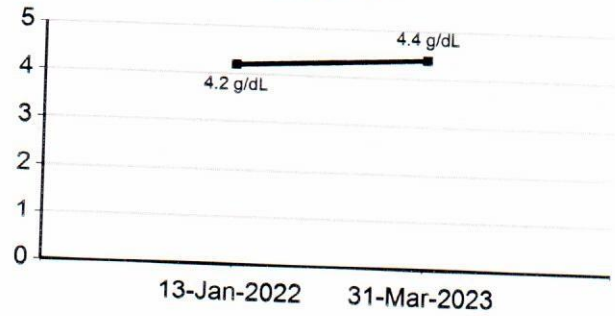
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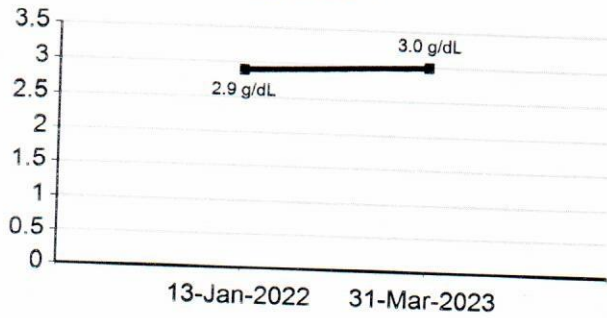
**TOTAL PROTEINS**



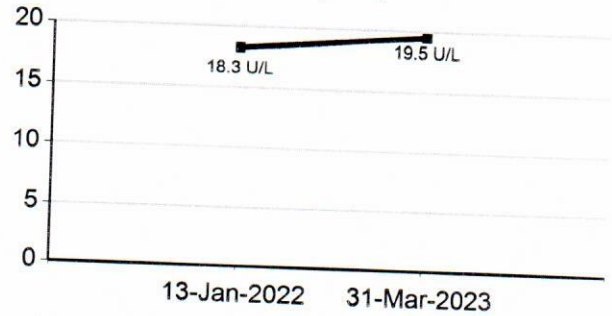
**ALBUMIN**



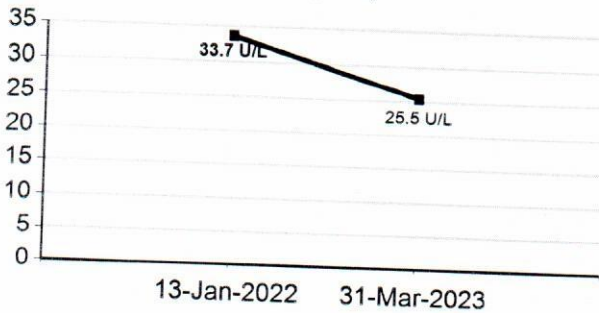
**GLOBULIN**



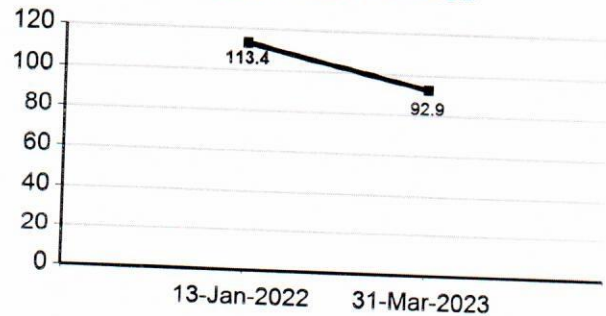
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



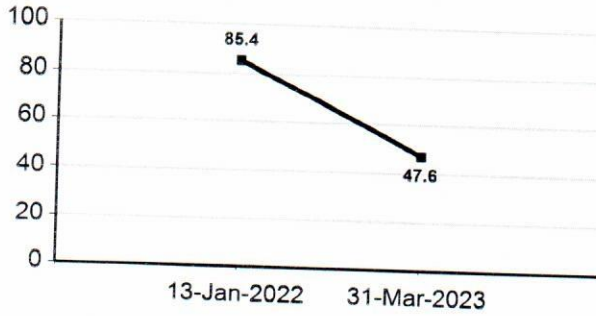
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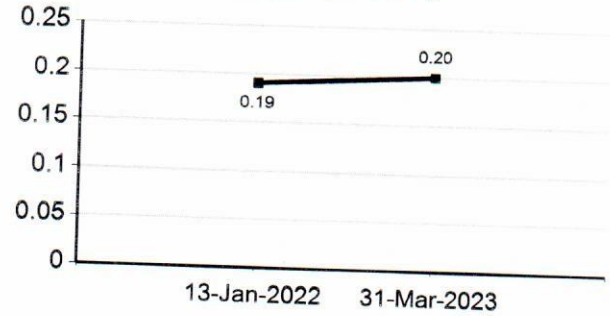
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CID : 2309016592  
Name : MRS. RASHMI REEJHSINGHANI  
Age / Gender : 61 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

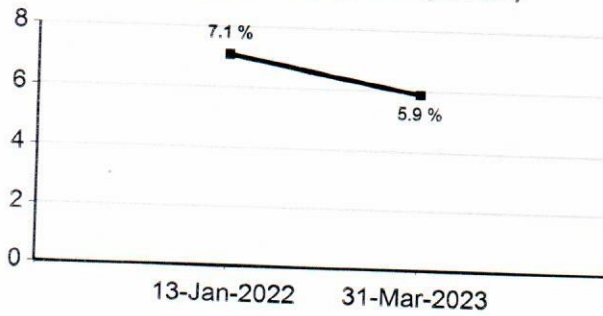
**GAMMA GT**



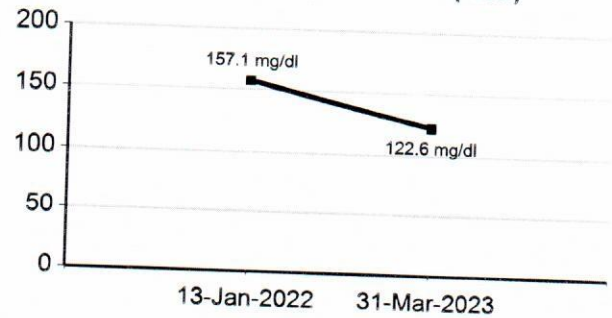
**BILIRUBIN (DIRECT)**



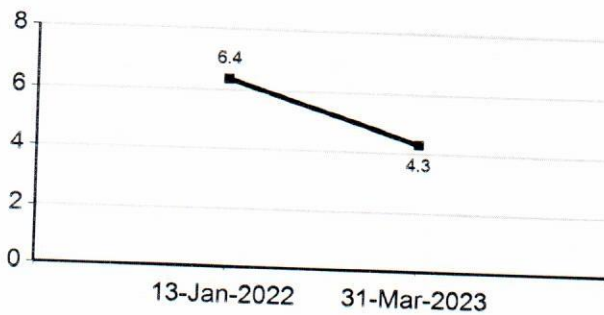
**Glycosylated Hemoglobin (HbA1c)**



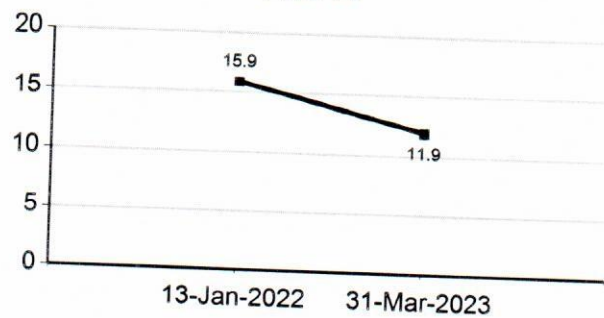
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**



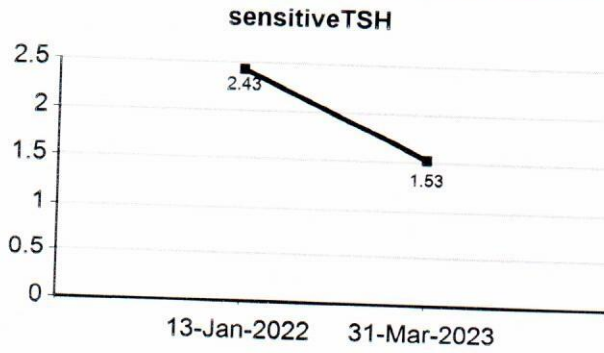


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Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)



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Collected : 31-Mar-2023 / 08:34  
Reported : 31-Mar-2023 / 13:52

CID : 2309016592  
Name : MRS.RASHMI REEJHSINGHANI  
Age / Gender : 61 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	4-5	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	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West



MC-2111

*Anupa*

**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Pathologist

Age **61** years **8** months **15** days

Gender **Female**

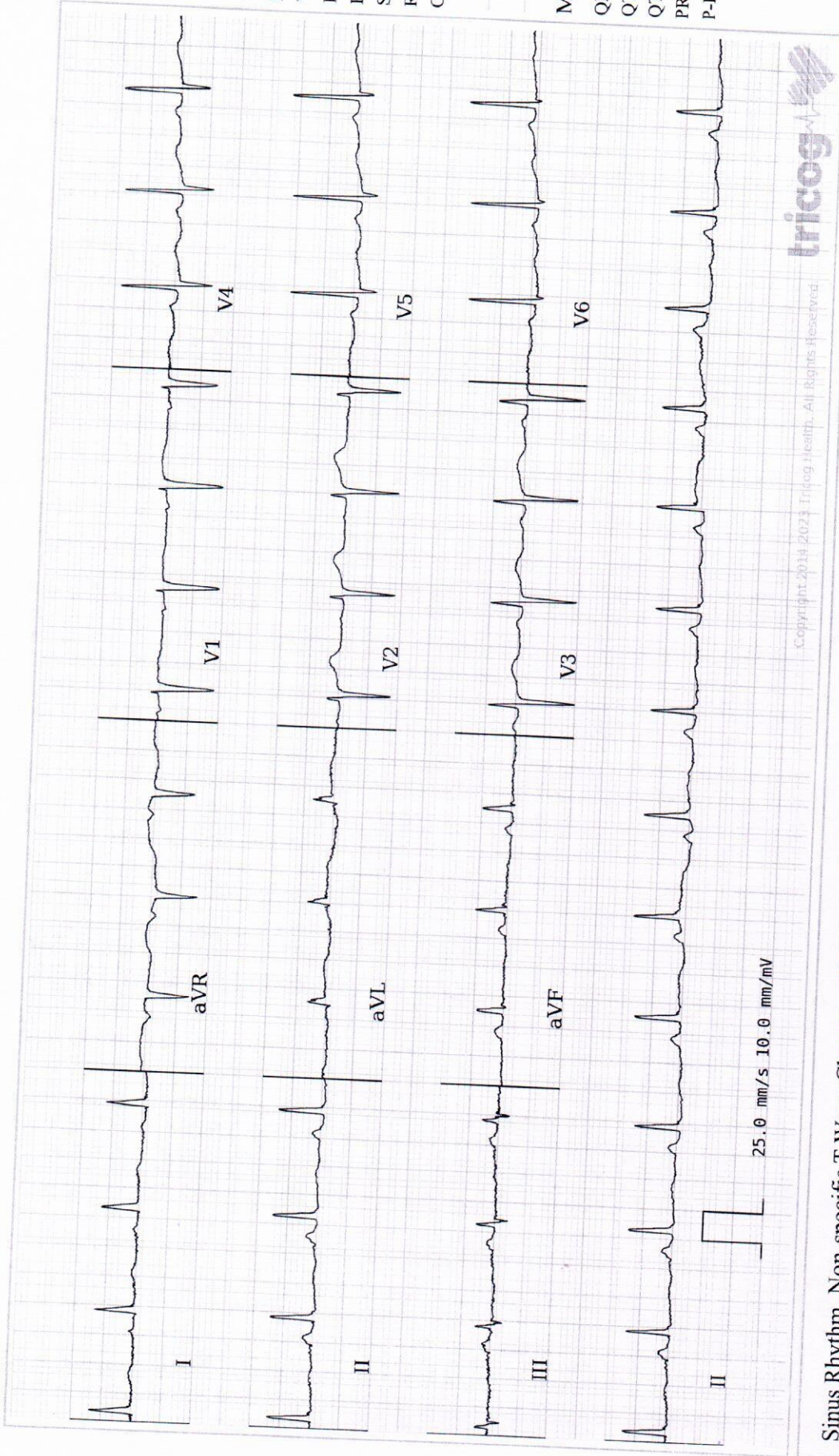
Heart Rate **86bpm**

**Patient Vitals**

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

**Measurements**

QRSD: 78ms  
 QT: 386ms  
 QTcB: 461ms  
 PR: 156ms  
 P-R-T: 77° 36° 15°



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

REPORTED BY

DR RAVI CHAVAN  
 MD, D.CARD, D.DIABETES  
 Cardiologist & Diabetologist  
 2004/06/2468

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.

Patient's Name : RASHMI REEJHSINGHANI

Age: 61 YRS / FEMALE

Requesting Doctor : ---

Date: 31.03.2023

CID. No : 2309016592

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Mild Mitral Regurgitation , Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TR jet vel. method = 22 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS / IVS is Intact.

Left Ventricular Diastolic Dysfunction [ LVDD] is Grade I / IV.  
No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall  
noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

**Impression: S/P PTCA (4 YRS AGO)**

**NORMAL LV SYSTOLIC FUNCTION, LVEF= 60 % ,  
NO RWMA, MILD MR, NO PAH, GRADE I LVDD,  
NO LV HYPERTROPHY.**

*Note : Sinus Tachycardia Noted During Study*



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**CID** : 2309016592  
**Name** : Mrs RASHMI REEJHSINGHANI  
**Age / Sex** : 61 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Andheri West (Main Center)

**Reg. Date** : 31-Mar-2023  
**Reported** : 31-Mar-2023 / 15:16

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (12.1cm), shape and smooth margins. It shows normal 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 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 visualised and appears normal.  
No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.1 x 3.5cm. Left kidney measures 8.8 x 4.0cm.

### SPLEEN:

The spleen is normal in size (7.8cm) 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:

Uterus is anteverted. The uterine myometrium shows multiple calcifications.  
Periendometrial halo is well maintained.  
Endometrium measures 3.5mm. (Post menopausal status).

### OVARIES:

Both ovaries are not visualised mostly atrophic (Post menopausal status).

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Page no 1 of 2

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CENTRAL REFERENCE

H

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> 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 - 400084

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

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CID : 2309016592  
Name : Mrs RASHMI REEJHSINGHANI  
Age / Sex : 61 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 31-Mar-2023  
Reported : 31-Mar-2023 / 15:17

**MAMMOGRAPHY AND SONOMAMMOGRAPHY**

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 breast density ACR CATEGORY II**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen. No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture.

**Two well defined rounded anechoic lesions are noted one each in both the breasts measuring 5.1 x 4.8mm at 9 O'clock position in the right breast and 4.9 x 4.7mm at 8 O'clock position in the left breast. These have smooth margins. No evidence of any solid component, calcification or abnormal vascularity seen within. Findings are suggestive of simple cysts.**

No significant axillary lymphadenopathy is seen.

**IMPRESSION:**

Simple cysts in both the breasts as described above.

**RIGHT BREAST - BIRADS CATEGORY II**

**LEFT BREAST - BIRADS CATEGORY II**

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

**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.

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist

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CID : 2309016592  
Name : Mrs RASHMI REEJHSINGHANI  
Age / Sex : 61 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 31-Mar-2023  
Reported : 31-Mar-2023 / 11:33


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**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 R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

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CID : 2309016592  
Name : MRS.RASHMI REEJHSINGHANI  
Age / Gender : 61 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 31-Mar-2023 / 08:34  
Reported : 05-Apr-2023 / 11:57

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

**PARAMETER**

**RESULT**

EXAMINATION RS : AEBE CVS : S1S2 audible **BREAST EXAMINATION** : Mamography done **PER ABDOMEN** : Liver & Spleen not palpable **PER VAGINAL** : Pap smear done  
**MENSTRUAL HISTORY MENARCHE** : 13 years ( Menopause ) **PAST MENSTRUAL HISTORY** : Regular  
**OBSTETRIC HISTORY** : G1 P1 A1 L0  
**PERSONAL HISTORY ALLERGIES** : Not Known **BLADDER HABITS** : Normal **BOWEL HABITS** : Regular  
**DRUG HISTORY** : Yes, HTN & Dyslipidemia **PREVIOUS SURGERIES** : H/O Angioplasty 5 years back  
**FAMILY HISTORY** : Both parents had cardiac problem  
**CHIEF GYNAE COMPLAINTS** : Asymptomatic  
**RECOMMENDATIONS** :

Atrophic, inflammatory pap smear,

Simple cysts in both breasts,

PPBS=236 mg/dl.,Urine sugar==++,

Kindly consult your treating physician with all your reports.

Consult your gynaecologist with all your reports.



*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**



Patient's Name : RASHMI REEJHSINGHANI

Age: 61 YRS / FEMALE

Requesting Doctor : ---

Date: 31.03.2023

CID. No : 2309016592

## 2D-ECHO & COLOUR DOPPLER REPORT

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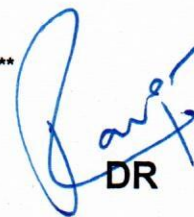
**Impression: S/P PTCA (4 YRS AGO)**

**NORMAL LV SYSTOLIC FUNCTION, LVEF= 60 % ,  
NO RWMA, MILD MR, NO PAH, GRADE I LVDD,  
NO LV HYPERTROPHY.**

*Note : Sinus Tachycardia Noted During Study*

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	9	mm	Mitral Valve E velocity	0.6	m/s
LVIDd	40	mm	Mitral Valve A velocity	0.8	m/s
LVPWd	9	mm	E/A Ratio	0.8	-
IVSs	14	mm	Mitral Valve Deceleration Time	260	ms
LVIDs	20	mm	E/E'	8	-
LVPWs	14	mm	TAPSE	26	
			<b>Aortic valve</b>		
			AVmax	1.1	m/s
			AV Peak Gradient	5	mmHg
<b>2D STUDY</b>			LVOT Vmax	0.8	m/s
LVOT	18	mm	LVOT gradient	3	mmHg
LA	35	mm	<b>Pulmonary Valve</b>		
RA	28	mm	PVmax	0.9	m/s
RV [RVID]	24	mm	PV Peak Gradient	3	mmHg
IVC	10	mm	<b>Tricuspid Valve</b>		
			TR jet vel.	2	m/s
			PASP	22	mmHg

\*\*\* End of Report \*\*\*



**DR RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004 /06/2468**

**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.