



CID : 2308912998
Name : MRS.PUSHPALATA SAWANT
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 09:22
Reported : 30-Mar-2023 / 16:00

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.90	3.8-4.8 mil/cmm	Elect. Impedance
PCV	45.1	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10710	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	3630.7	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	728.3	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	5783.4	2000-7000 /cmm	Calculated
Eosinophils	5.2	1-6 %	
Absolute Eosinophils	556.9	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	345000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.2	11-18 %	Calculated

RBC MORPHOLOGY



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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Reported : 30-Mar-2023 / 19:32

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	114.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

Bmhaskar

Dr.KETAKI MHASKAR
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Pathologist





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Reg. Location : Bhayander East (Main Centre)

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Reported : 30-Mar-2023 / 18:32

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

Bmhaskar

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Collected : 30-Mar-2023 / 09:22
Reported : 30-Mar-2023 / 15:54

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Bmhasakar

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	30-35	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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

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



MC-2111



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Reported :

*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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.

References:

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

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

Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	226.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	160.3	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	41.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	185.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	153.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	32.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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

Bmhaskar

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Reported : 30-Mar-2023 / 17:52

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	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	2.59	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)

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

*** End Of Report ***

Bmhasakar

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



MC-2111



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	27.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.9	35-105 U/L	Colorimetric

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*** End Of Report ***

Bmhaskar

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



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: PUSHPALATA SAWANT

Date and Time: 30th Mar 23 10:18 AM

Patient ID: 2308912998

Age **48** **1** **30**
years months days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 77 kg

Height: 155 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

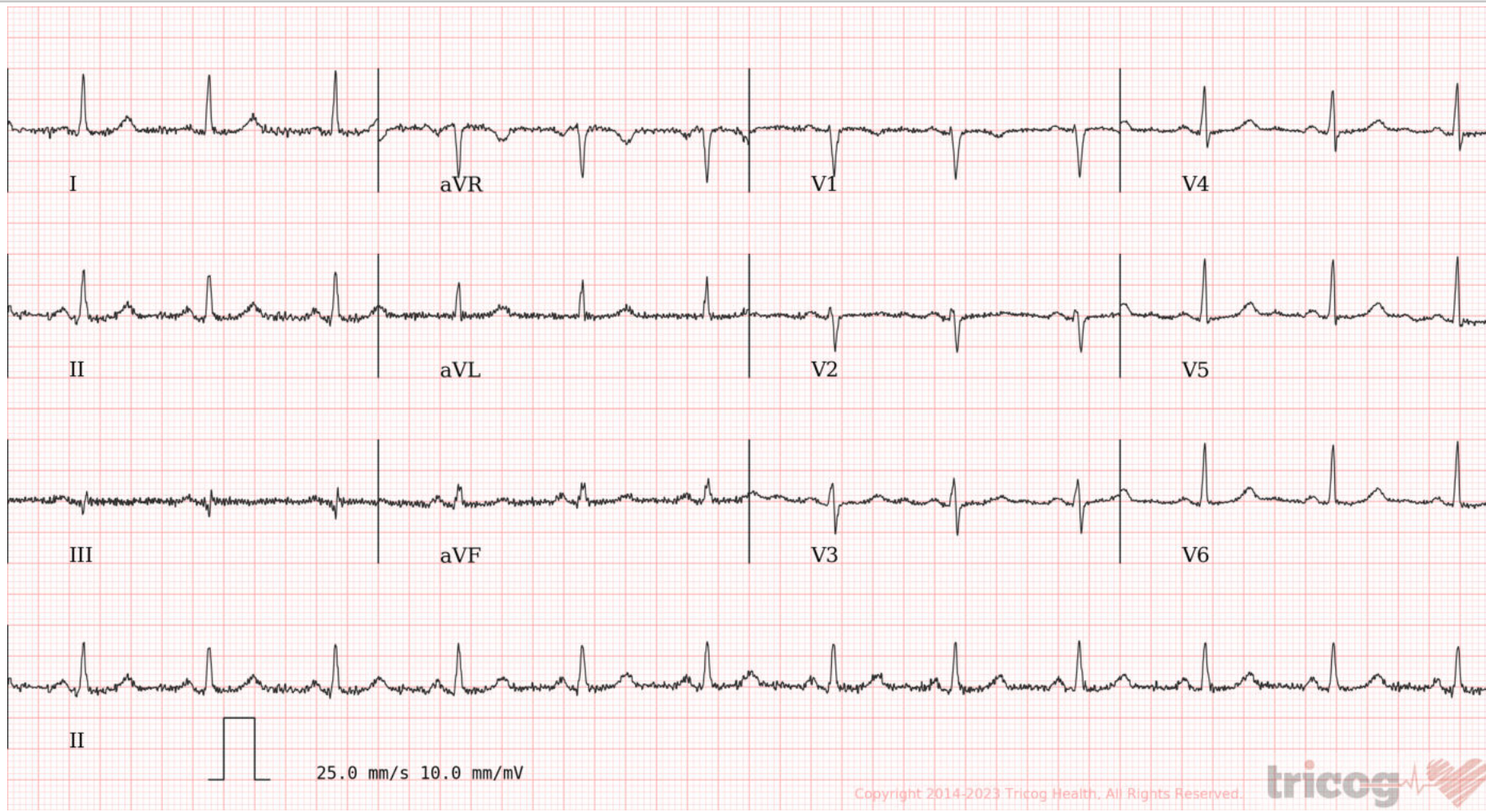
QRSD: 82ms

QT: 400ms

QTcB: 444ms

PR: 146ms

P-R-T: 60° 25° 30°



ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date:- 30/3/23 CID: 2308912998
Name:- Pwshpalata Sawant Sex / Age: 48 / m.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO.
RE LE
6/6 6/6
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 (I) PVT. LTD.
Shop No. 101-A, 1st Floor, Kishitij Building
Above Raymond, Near P. J. Hospital,
Mira - Bhayander East, Phulwadi (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

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Consulting Dr. :
Reg.Location : Bhayander East (Main Centre)
Collected : 30-Mar-2023 / 09:16
Reported : 30-Mar-2023 / 15:29

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	155	Weight (kg):	77
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/80	Nails:	NAD
Pulse:	87/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

(B+M)

IMPRESSION:

ECG, CXR are normal
HbA1C → 6.3%, BGL - 114.7 mg/dl.

ADVICE:

Expert consultation.

CHIEF COMPLAINTS:

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

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Reported : 30-Mar-2023 / 15:29

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

PERSONAL HISTORY:

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

*** End Of Report ***

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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भारत सरकार
GOVERNMENT OF INDIA



पुष्पालता विनायक सावंत
Pushpalata Vinayak Sawant
जन्म तारीख/DOB: 31/01/1975
महिला/ FEMALE



2145 8255 4845

माझे आधार, माझी ओळख

P. V. Sawant.

DR. ANITA CHOUDHARY
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Reg. No. 2017/12/5553

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Dist. Thane-401145.
Phone No : 022 - 61700000

SUBURBAN DIAGNOSTICS BHAYANDER

Report



E-Mail:

12345993 (2308912998) / PUSHPALATA SAWANT / 48 Yrs / F / 155 Cms / 77 Kg
 Date: 30 / 03 / 2023 10:31:56 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	079	46 %	130/80	102	00	
Standing	00:09	0:05	00.0	00.0	01.0	081	47 %	130/80	105	00	
HV	00:17	0:08	00.0	00.0	01.0	081	47 %	130/80	105	00	
ExStart	00:20	0:03	00.0	00.0	01.0	081	47 %	130/80	105	00	
BRUCE Stage 1	03:20	3:00	01.7	10.0	04.7	120	70 %	140/80	168	00	
BRUCE Stage 2	06:20	3:00	02.5	12.0	07.1	142	83 %	150/80	213	00	
PeakEX	07:20	1:00	03.4	14.0	08.2	153	89 %	150/80	229	00	
Recovery	08:20	1:00	01.1	00.0	01.1	135	78 %	160/80	216	00	
Recovery	09:20	2:00	00.0	00.0	01.0	111	65 %	150/80	166	00	
Recovery	11:20	4:00	00.0	00.0	01.0	094	55 %	130/80	122	00	
Recovery	11:29				00.0	000	0 %	130/80	000	00	

FINDINGS :

Exercise Time : 07:00
 Initial HR (ExStrt) : 81 bpm 47% of Target 172
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 8.2 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -3.2 mm in Stage 1
 Duke Treadmill Score : -00.5
 Test End Reasons : Test Complete

Max HR Attained 153 bpm 89% of Target 172
 Max BP Attained 160/80 (mm/Hg)

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 401/2, 1st Floor, Chhatri Building
 Above Rajiv Gandhi Hospital,
 Mira - Bhayander Road, Bhayander (E)
 Dis. Phone-401105,
 Phone No.: 022-61700000

Smita Valani
 Doctor : **DR. SMITA VALANI**



EMail: 12345993 / PUSHPALATA SAWANT / 48 Yrs / F / 155 Cms / 77 Kg Date: 30 / 03 / 2023 10:31:56 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE
FINAL IMPRESSION : GOOD CHRONOTROPIC RESPONSE
: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN Dignostics (I) PVT. LTD
Shop No. 101-A, 1st Floor, Keshav Building
Above Raymonds, Near Iga Hospital
Mira - Bhayander Road, Bhayander (E)
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Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587


Doctor - DR SMITA VALANI

SUBURBAN DIGNOSTICS BHAYANDER

12345993 (2308912998) / PUSHPALATA SAWANT / 48 Yrs / F / 155 Gms / 77 Kg / HR : 79

Date: 30 / 03 / 2023 10:31:56 AM

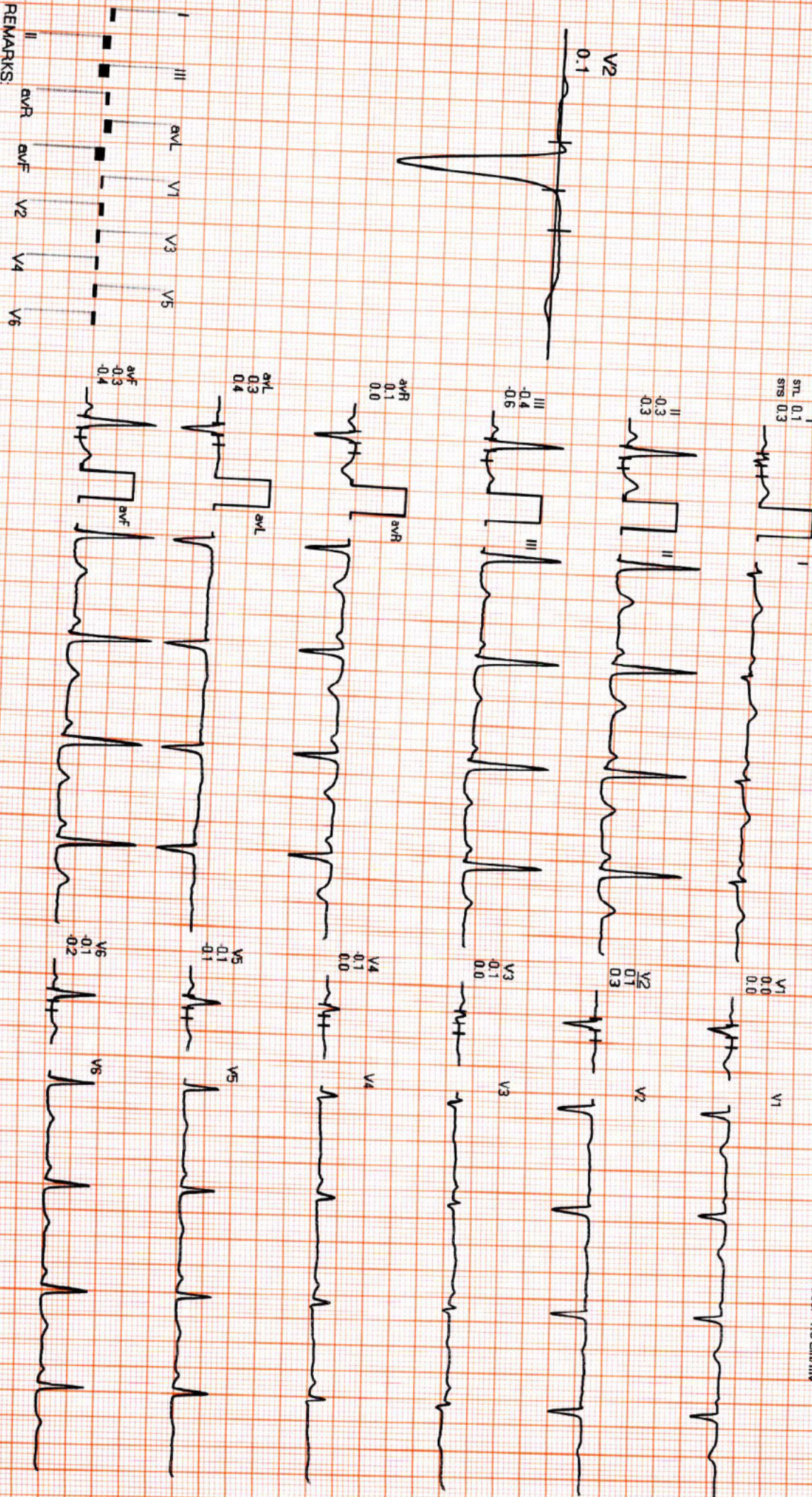
4X 80 mS Post J

METS: 1.0/79 bpm 46% of THR BP: 130/80 mmHg Raw ECG/ ELC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

SUPINE (00:01)



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



REMARKS:



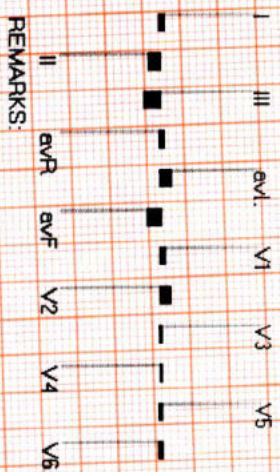
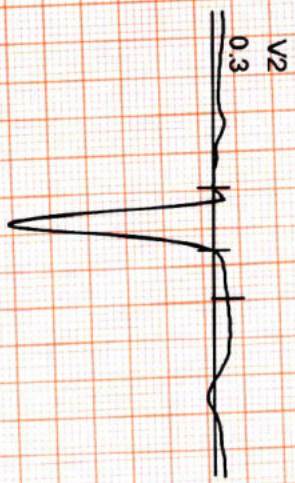
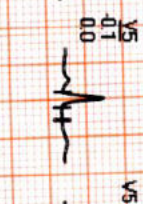
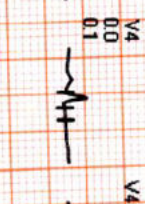
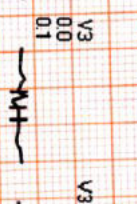
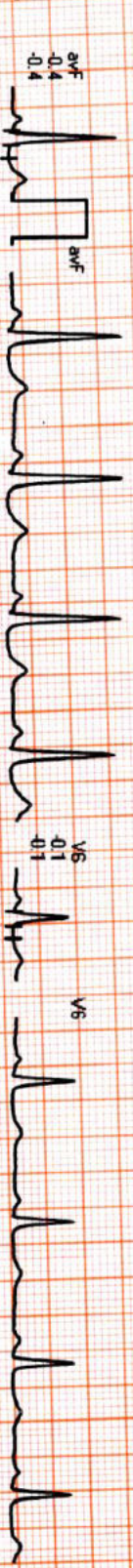
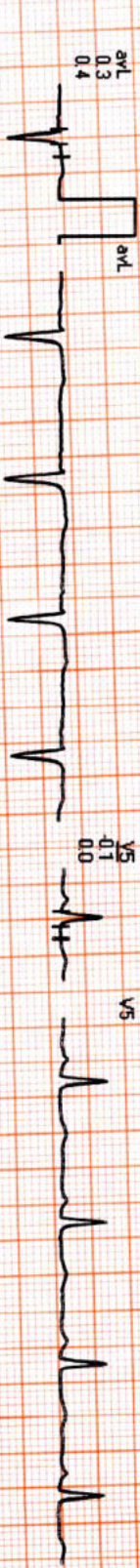
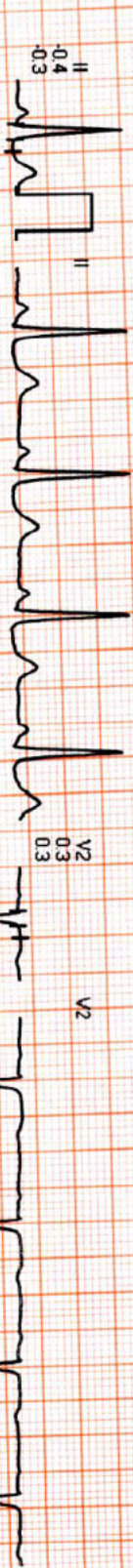
12345993 (2308912998) / PUSHPALATA SAWANT / 48 Yrs / F / 155 Cms / 77 Kg / HR : 79

Date: 30 / 03 / 2023 10:31:56 AM

METS: 1.0/ 79 bpm 46% of THR BP: 130/80 mmHg Raw ECG/ BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

AX 80 ms Post J

ExTime: 09 00 0.0 mpt. 0.0%
25 mm/Sec - 1.0 Cm/mV



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

12345993 (2308912998) / PUSHPALATA SAWANT / 48 Yrs / F / 155 Cms / 77 Kg / HR : 81

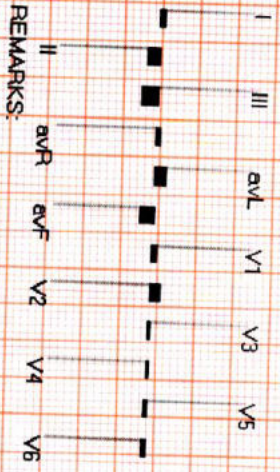
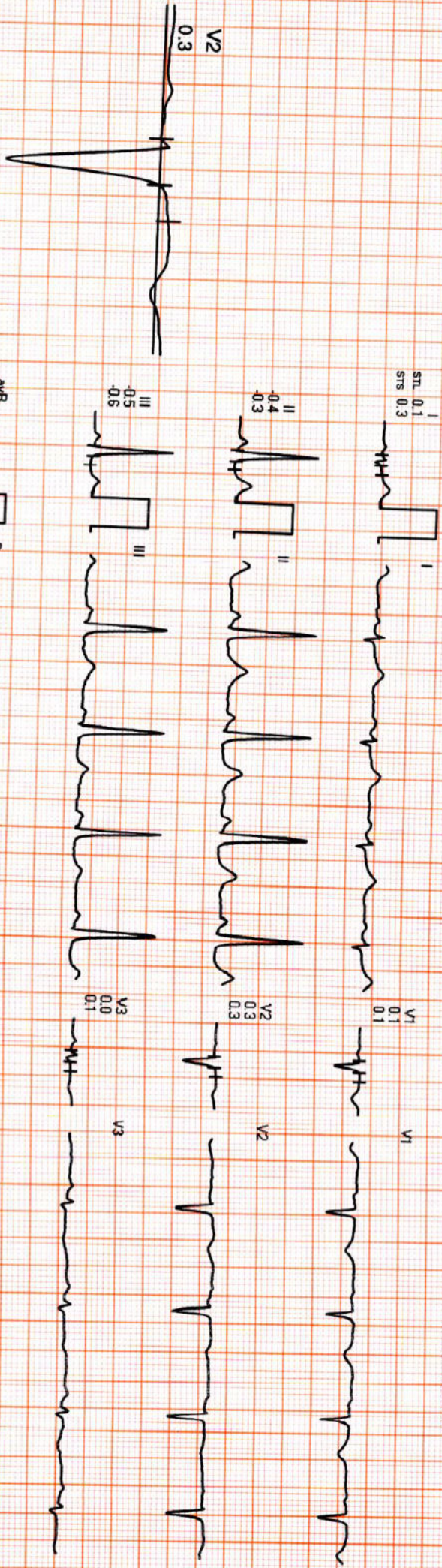
HV (00:00)



Date: 30 / 03 / 2023 10:31:56 AM METS: 1.0 / 81 bpm 47% of THR BP: 130/80 mmHg Rew ECG/BLC On/ Natch On/ HE 0.05 Hz/LF 35 Hz

4X 80 ms PostJ

ExTime: 00:00 0.0 rph. 0.0%
25 mm/5sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

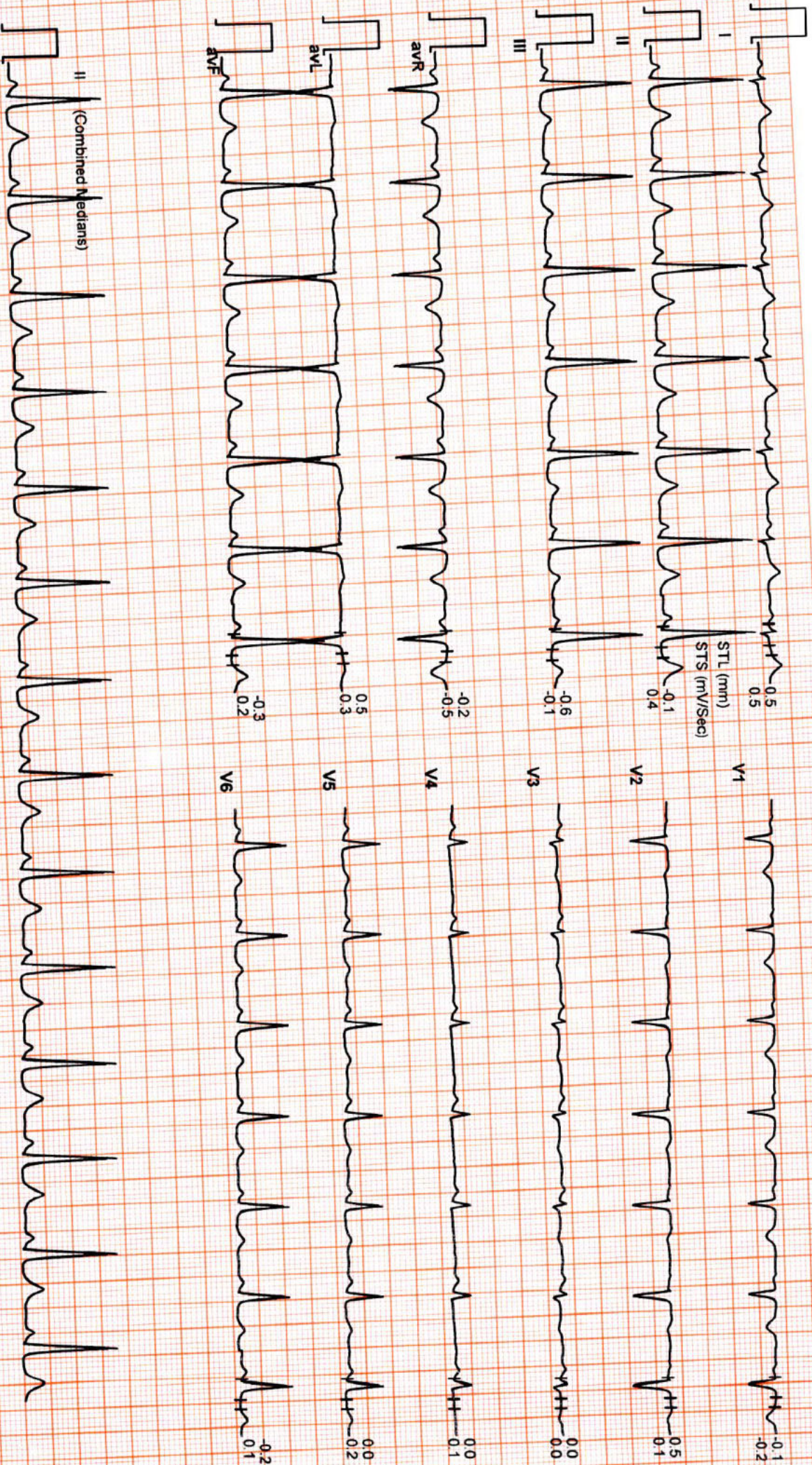
6X2 Combine Medians + 1 Rhythm

EXStt



Date: 30 / 03 / 2023 10:31:56 AM METs : 1.0 HR : 81 Target HR : 47% of 172 BP : 130/80 Post J @80mSec

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



II (Combined Medians)

SUBURBAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

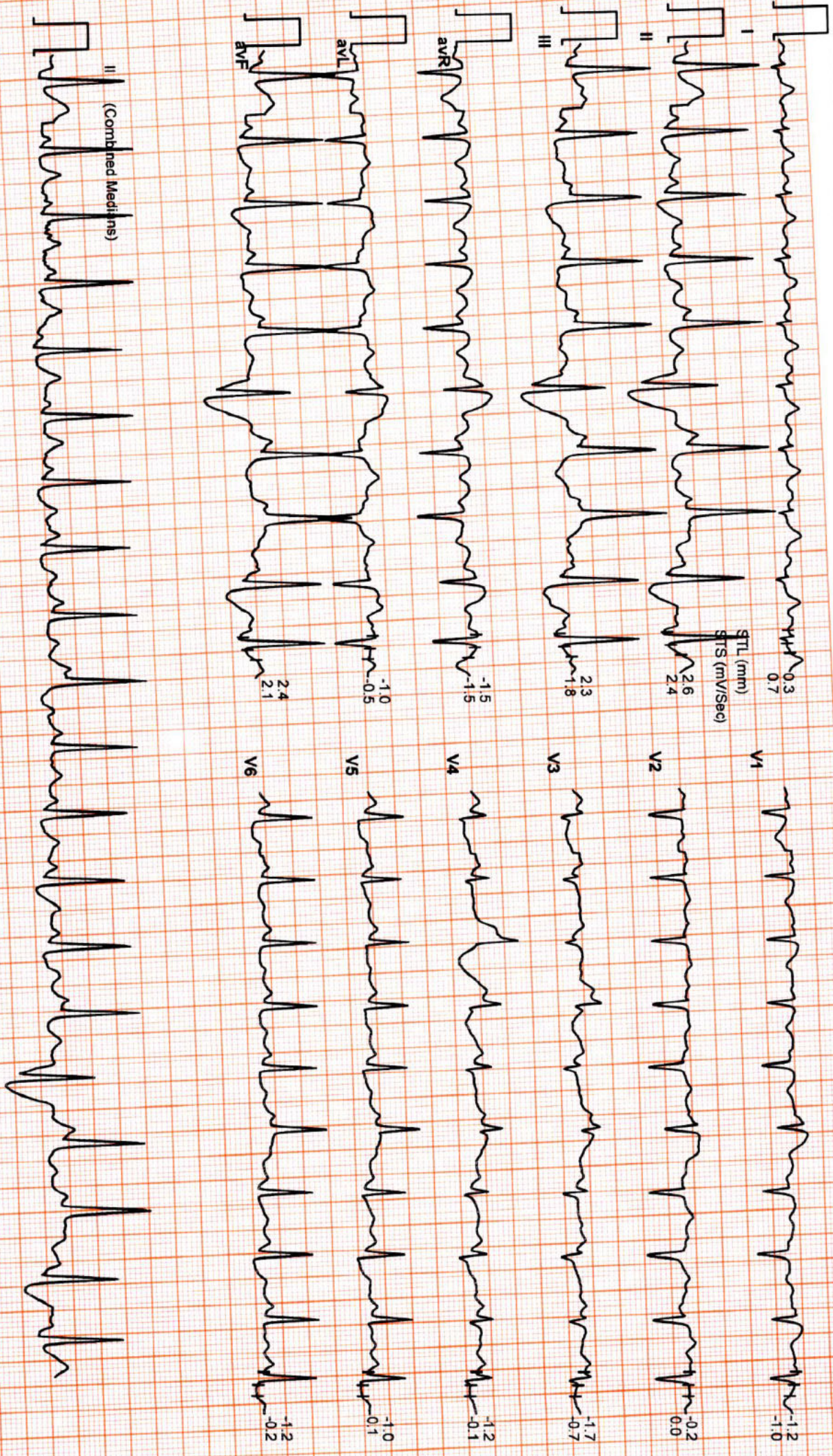
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



Date: 30 / 03 / 2023 10:31:56 AM METS : 4.7 HR : 120 Target HR : 70% of 172 BP : 140/80 Post J @80mSec

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



SUBURBAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

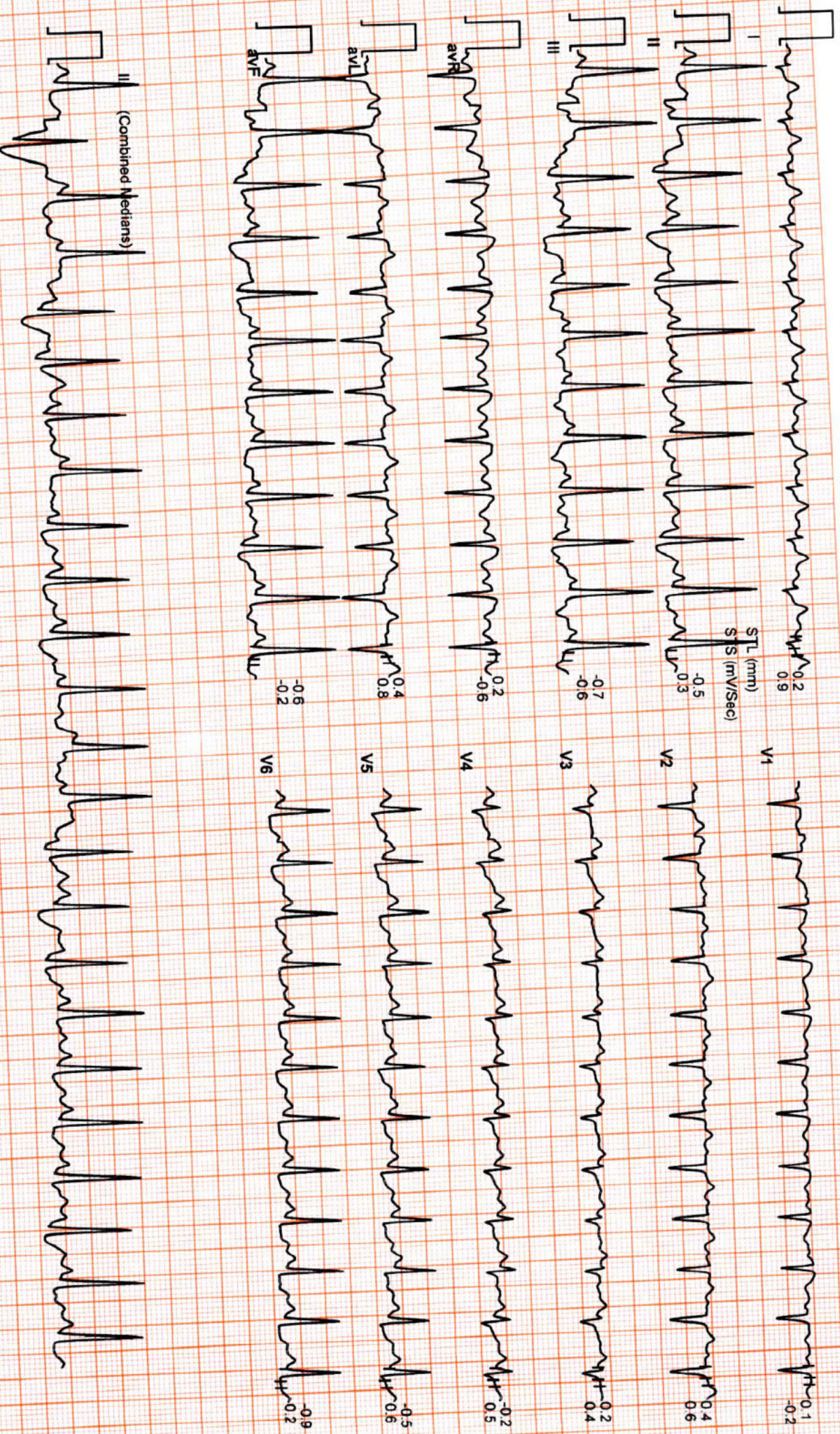
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



Date: 30 / 03 / 2023 10:31:56 AM METs : 7.1 HR : 142 Target HR : 83% of 172 BP : 150/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec - 1.0 Cm/mV



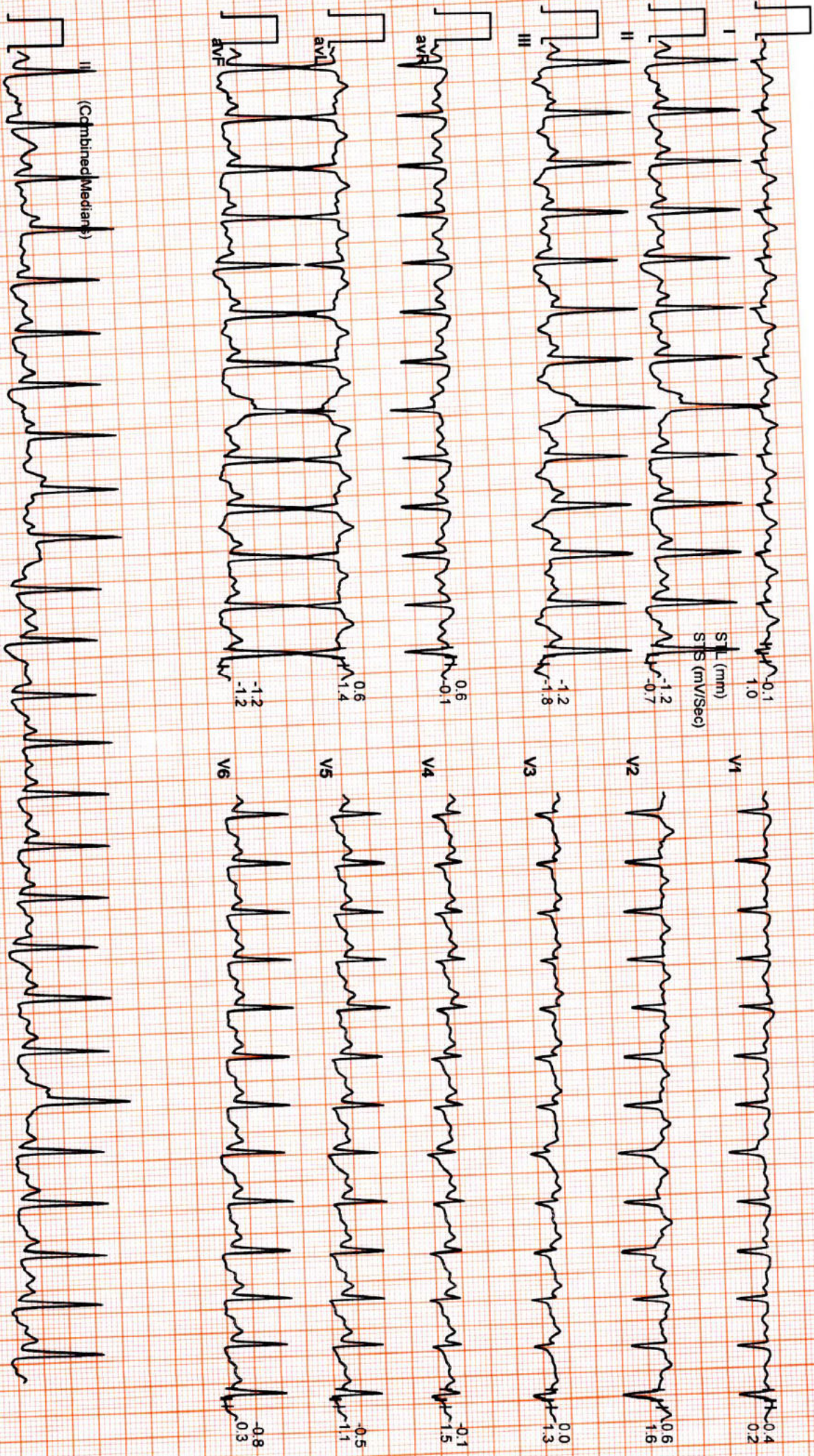
SUBURBAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30 / 03 / 2023 10:31:56 AM METs : 8.2 HR : 153 Target HR : 89% of 172 BP : 150/80 Post J @60mSec

EXTime: 07:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec -1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm



SUBURBAN DIGNOSTICS BHAYANDER

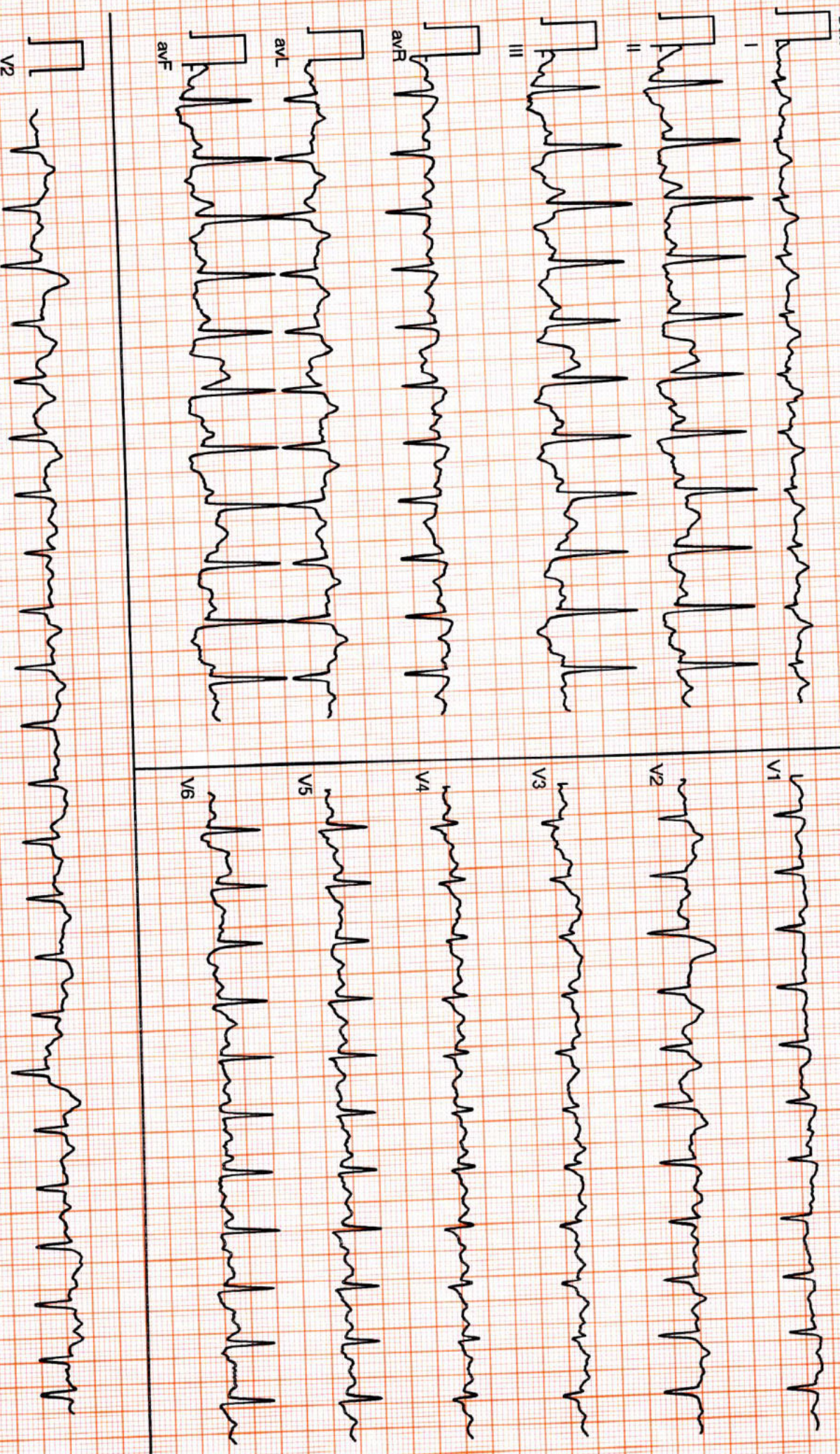
6 x 2 + Rhythm
Recovery : (00:57)



12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30/03/2023 10:31:56 AM METS: -1.3 HR: 136 Target HR: 79% of 172 BP: 160/80

Ex Time: 07:00 1.1 mph: 0.0 % 25 mm/Sec: 1.0 Cm/mV BLC: On/ Notch On/ HF 0.05 Hz/LF 35 Hz



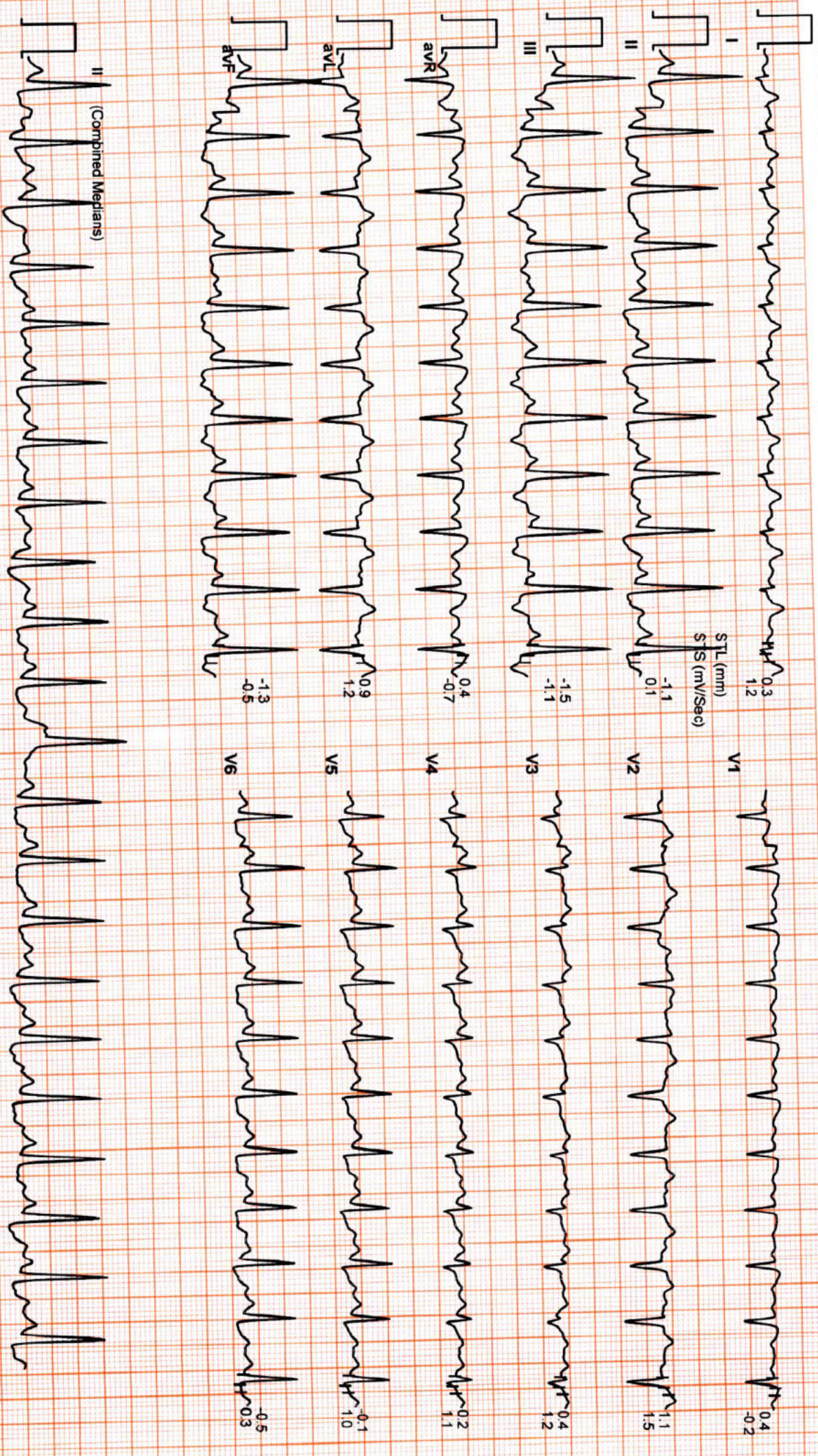
SUBURBAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30 / 03 / 2023 10:31:56 AM METs : 1.1 HR : 135 Target HR : 78% of 172 BP : 160/80 Post J @60mSec

ExTime: 07:00 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm Recovery : (01:00)



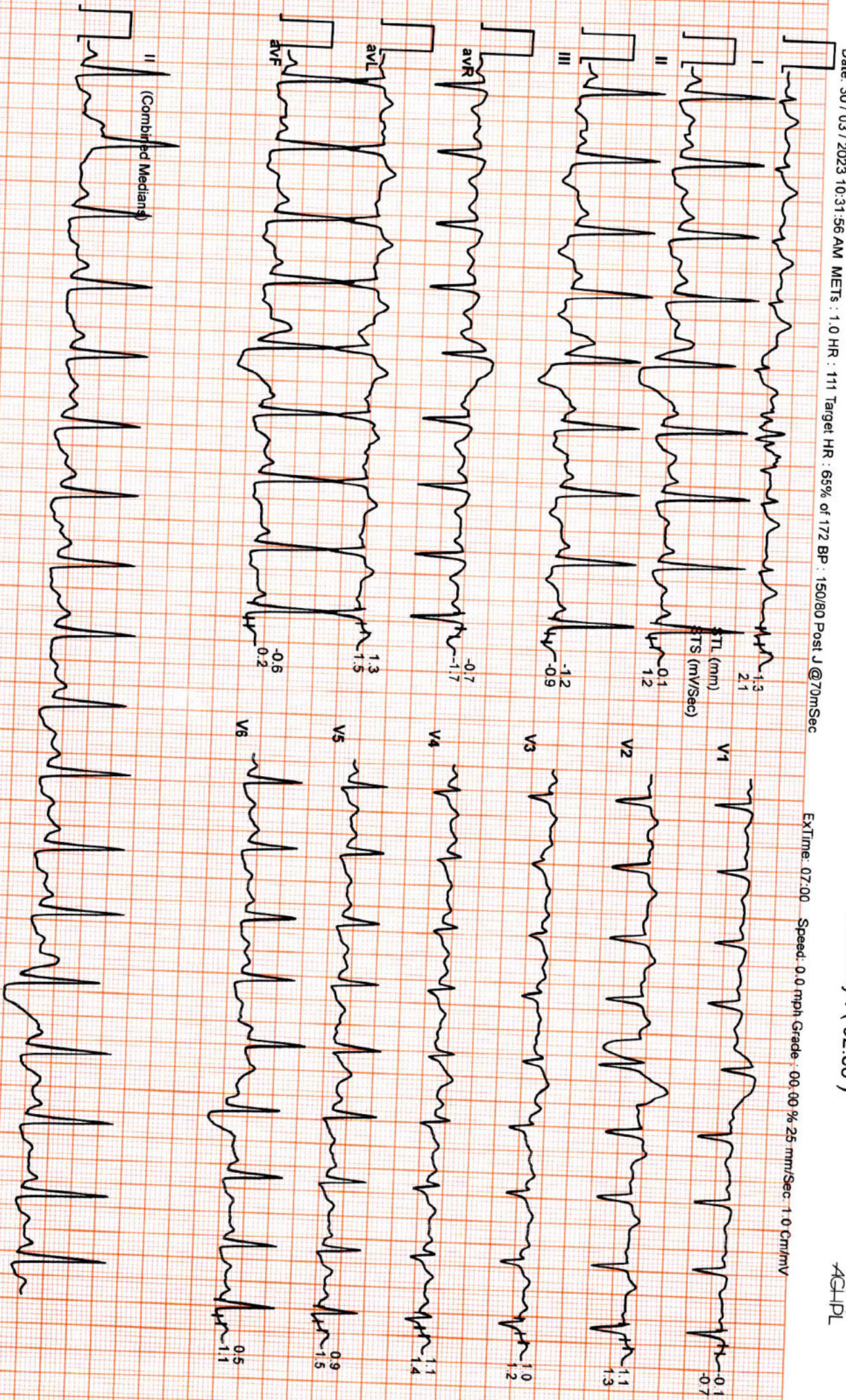
SUBURBAN DIAGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30 / 03 / 2023 10:31:56 AM METs : 1.0 HR : 111 Target HR : 65% of 172 BP : 150/80 Post J @70mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)

ExTime: 07:00 Speed: 0.0 mph Grade: -00.00% 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)



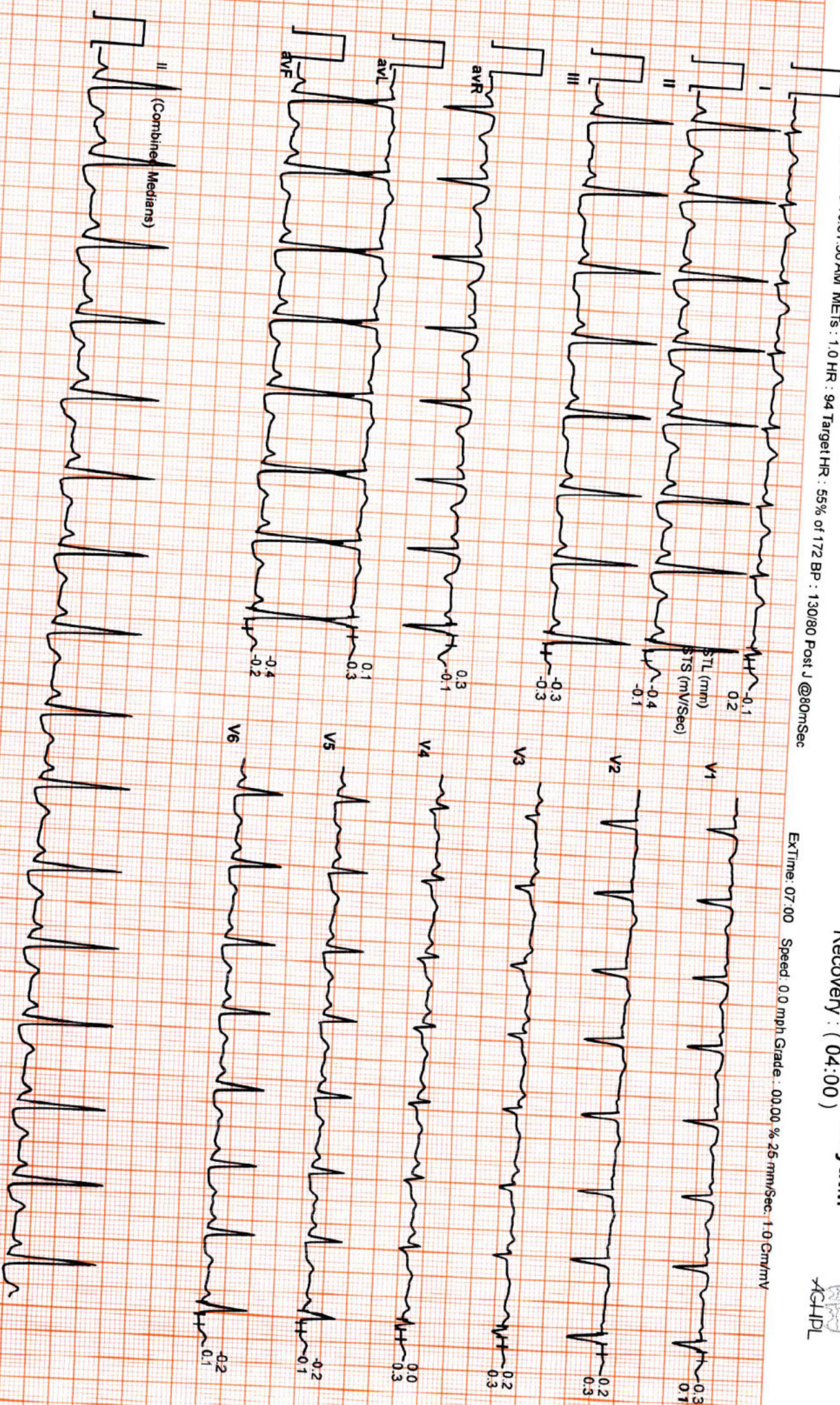
SUBBIRAN DIGNOSTICS BHAYANDER

12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30 / 03 / 2023 10:31:56 AM METs : 1.0 HR : 94 Target HR : 55% of 172 BP : 130/80 Post J @80mSec

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

ExtTime: 07:00 Speed: 0.0 mph Grade: .00:00 % 25 mm/Sec: 1.0 Cm/mV



SURURBAN DIGNOSTICS BHAYANDER

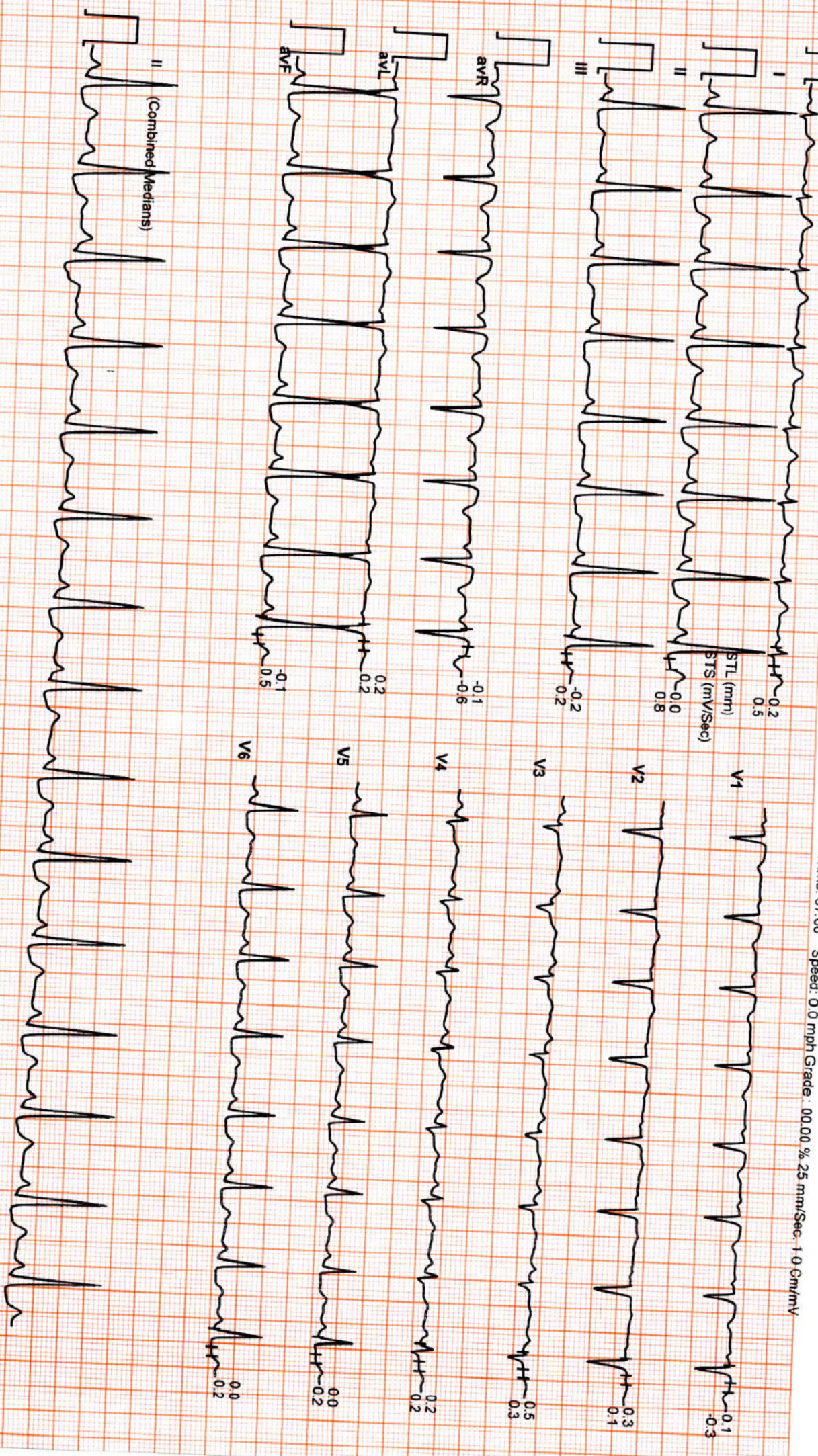
12345993 / PUSHPALATA SAWANT / 48 Yrs / Female / 155 Cm / 77 Kg

Date: 30 / 03 / 2023 10:31:56 AM METs : 1.0 HR : 92 Target HR : 53% of 172 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (04:09)



ExTime: 07:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



CID : 2308912998
Name : Mrs PUSHPALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 31-Mar-2023 / 14:36

Use a QR Code Scanner
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USG WHOLE ABDOMEN (SCREENING)

LIVER:

The liver is normal in size (14.5 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 10.4 x 4.9 cm. Left kidney measures 10.9 x 5.1 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.9 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

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CID : 2308912998
Name : Mrs PUSHPALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Use a QR Code Scanner
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Reg. Date : 30-Mar-2023
Reported : 31-Mar-2023 / 14:36

UTERUS :

The uterus is anteverted and appears normal. It measures 8.1 x 5.0 x 4.3 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 8.9 mm.

OVARIES:

Right ovary : 3.3 x 2.0 x 1.5 cm, Vol : 7.0 cc.

Left ovary : 3.5 x 2.0 x 2.2 cm, Vol : 8.8 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 21.1 mm simple follicular cyst is seen in the left ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist

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CID : 2308912998
Name : Mrs PUSHPALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023/15:43

X-RAY CHEST PA VIEW

positional rotation seen.

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.
unfolded aorta

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Both lung fields are clear.

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

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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CID : 2308912998
Name : Mrs PUSHPALATA SAWANT
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Ref. Dr :
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Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023/15:43