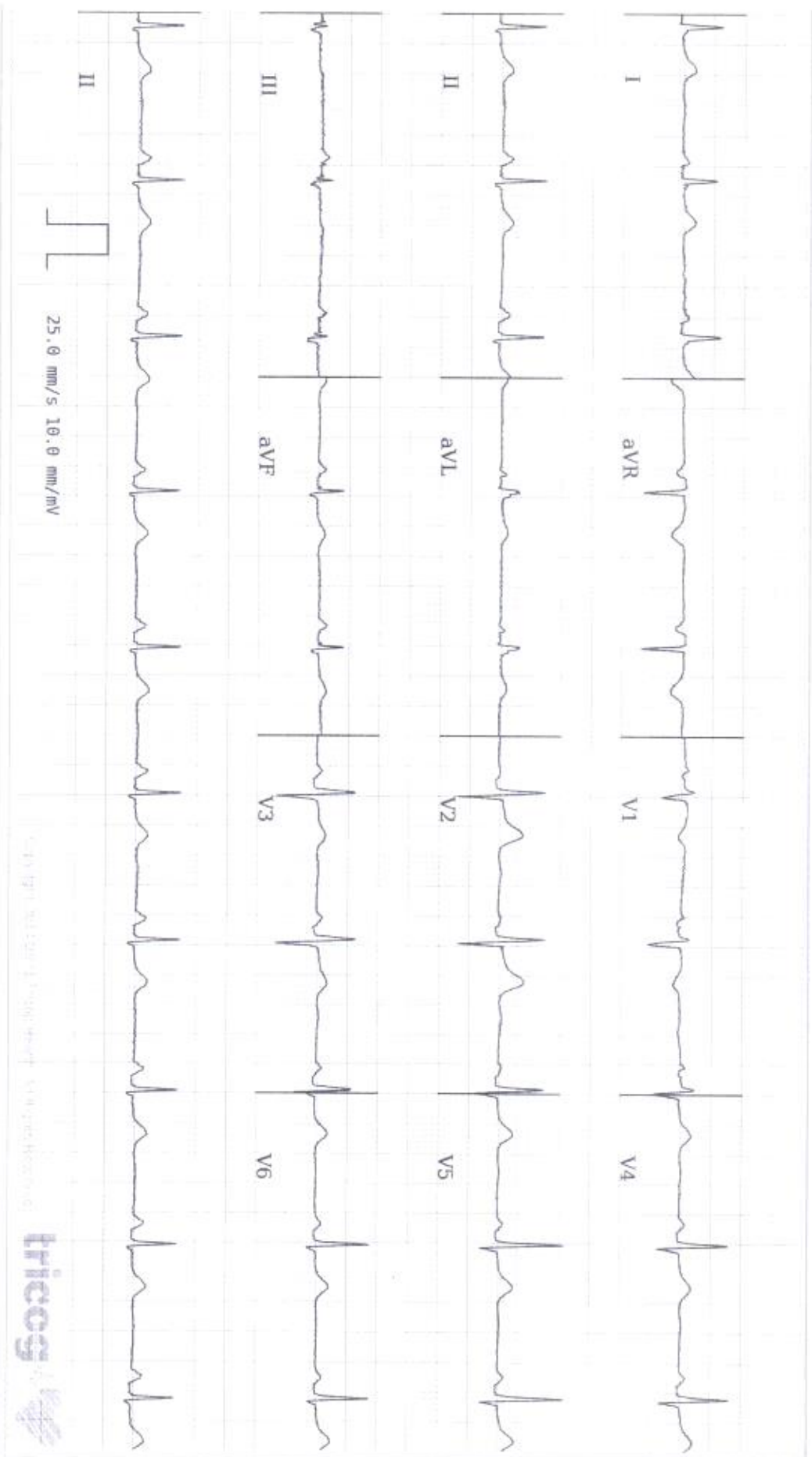


Patient Name: SONAL AGRAWAL  
Patient ID: 2304221963

Date and Time: 11th Feb 23 10:02 AM

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**



Age **47** **9** **21**  
years months days

Gender **Female**

Heart Rate **59bpm**

Patient Vitals

BP: 110/70 mmHg  
Weight: 64 kg  
Height: 154 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements

QRSD: 82ms  
QT: 428ms  
QTc: 423ms  
PR: 154ms  
P-R-T: 54° 26° 27°



Sinus Bradycardia. Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Plot: House No. 3, Azadganj,  
Thakur Vihar, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700066

REPORTED BY

DR AKHIL PARULEKAR  
MBBS MD MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

Disclaimer: This analysis is the report is based on ECG done 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. This site is edited by the clinician and not derived from the ECG.

Date:- 11/2/23

CID: 2304221963

Name:- Mrs. Sonal Agrawal

Sex/Age: F/47

**EYE CHECK UP**

Chief complaints: Routine checkup

Systemic Diseases: NO H/O STI

Past history: LE cat sx '2012

nlogf ~~1000~~  
← -3.25  
-0.50-0.50

Unaided Vision: 6/60 6/9

Aided Vision: 6/18, N/6 6/6p, N/6

Refraction:

Coms: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal K.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Floor: 4th Floor, 101 to 105,  
Thakur Vinayak Chawl (Jesit),  
Mumbai - 400101.  
Tel : 61700880

**DENTAL CHECK - UP**

Name:- *Sonal Agrawal*

CID: *2304271963* Sex / Age: *F / 47*

Occupation:-

Date: *11/02/2023*

Chief complaints:- *NO complaints*

Medical / dental history:- *NO relevant history.*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral asymmetrical.*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- c) Calculus: *-*
- Stains: *+*

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

○ Missing # Fractured  
○ Filled/Restored RCT Root Canal Treatment  
○ Cavity/Caries RP Root Piece

Advised: *a) Scaling & Polishing (cleaning)*

Provisional Diagnosis:-

*- NIL -*

**DR. BHUMIK PATEL**  
**(B.D.S) A - 23378**  
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
New Breeze No. 3, Aastan,  
Trakur Village, Andhivau (East),  
Mumbai - 400101.  
Tel : 61700800

*Dr. Bhumik Patel*

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2304221963  
**Name** : Mrs SONAL AGRAWAL  
**Age / Sex** : 47 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 11-Feb-2023  
**Reported** : 11-Feb-2023 / 10:15

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, 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 visualized 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 9.0 x 4.0 cm. Left kidney measures 10.5 x 4.9 cm.

### SPLEEN:

The spleen is normal in size 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:

The uterus is anteverted and appears normal. It measures 8.2 x 5.1 x 3.7 cm in size.  
The endometrial thickness is 8 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 3.1 x 2.3 x 2.1 cm and volume is 8.3 cc  
Left ovary = 2.3 x 2.0 x 1.8 cm and volume is 4.6 cc

**Umbilical hernia is seen. Defect measuring 0.5 cm**

[Click here to view images](http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023021108551267) <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023021108551267>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2304221963  
Name : Mrs SONAL AGRAWAL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 10:15

**IMPRESSION:-**

Umbilical hernia as described above.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108551267>

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 - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | WEBSITE: [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

Corporate Identity Number (CIN): U85110MH2002PTC136144

• PATIENT NAME : MRS .SONAL AGRAWAL	• SEX : FEMALE
• REFERRED BY : -	• AGE : 47 YEARS
• CID NO : 2304221963	• DATE : 11/02/2023

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

**ECHO & DOPPLER FINDINGS :**

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 20 mm and 18 mm respectively.
- PASP by TR jet measured to 25 mm Hg.
- Visual LVEF of 60 %.

**MEASUREMENTS:**

IVS d (mm)	08	EDV (ml)	83	Ao (mm)	33
IVS s (mm)	12	ESV (ml)	23	LA (mm)	34
LVIDd (mm)	36	SV (ml)	60	EPSS (mm)	01
LVIDs ( mm)	23	FS (mm)	30	EF SLOPE (ml/s)	90
Pwd (mm)	07	EF (%)	60	MV (mm)	21
Pws (mm)	12				

Conti....2

• PATIENT NAME : MRS .SONAL AGRAWAL	• SEX : FEMALE
• REFERRED BY : -	• AGE : 47 YEARS
• CID NO : 2304221963	• DATE : 11/02/2023

**DOPPLER: Mitral E / A**

Mitral (m/s)	0.8	Aortic (m/s)	1.20
Tricuspid (m/s)	0.6	Pulmonary (m/s)	0.9

**TDI**

Septal e' = 0.09 m/s

Lateral e' = 0.1 m/s

Septal a' = 0.08m/s

Lateral a' = 0.08 m/s

Septal s' = 0.06 m/s

Lateral s' = 0.05 m/s

Septal E/e' = 08



**Dr. P. Bhatjiwale, M.D**

**PG cert in Clinical Cardiology,**

**Cert in 2 D Echo & Doppler Studies**

**Reg. No 68857**

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.**

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

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2304221963  
Name : Mrs SONAL AGRAWAL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 14:25

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

*Khilji Faizur*

**Dr.FAIZUR KHILJI  
MBBS,RADIO DIAGNOSIS  
Reg No-74850  
Consultant Radiologist**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108551318>



Name : Sonal Agrawal

Age / Gender

Dr. :

Date :

## GYNAEC EXAMINATION REPORTS

### PERSONAL HISTORY

CHIEF COMPLAINTS : Nil

MARITAL STATUS : married.

MENSTRUAL HISTORY :

(i) MENARCHE : at 13 yrs of age

(ii) PRESENT MENSTRUAL HISTORY : LMP - 6<sup>th</sup> day 2 days / 30 days

(iii) PAST MENSTRUAL HISTORY : 3 / 30 days

OBSTETRIC HISTORY : G, P, 1

PAST HISTORY : Nil

PREVIOUS SURGERIES : Nil

ALLERGIES : Nil

FAMILY HISTORY : Father - Diabetic & Hypertension

Mother - Arthritis

DRUG HISTORY : Nil

BOWEL HABITS : N

BLADDER HABITS : N

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

Name :	Age / Gender
Dr. :	Date :

## GYNAEC EXAMINATION REPORTS

### GENERAL EXAMINATION

TEMPERATURE : *N*  
PULSE : *78/w*  
BP : *110/70 w*  
Per Abdomen : *Soft*  
Per vaginal :  
RS :  
CVs : */ NAD*  
Breasts : *Soft no mass palpable*

### RECOMMENDATIONS

ADVISE :

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



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 14:27

Use a QR Code Scanner  
Application To Scan the Code

**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	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.12	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.7	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.0	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6750	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.6	20-40 %	
Absolute Lymphocytes	1930.5	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	533.3	200-1000 /cmm	Calculated
Neutrophils	61.9	40-80 %	
Absolute Neutrophils	4178.3	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	87.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



Use a QR Code Scanner  
Application To Scan the Code

CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 14:13

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 12 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**



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 20:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 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 \*\*\*



*Bmhasakar*

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



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 16:40

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	28.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	3.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.5	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

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



MC-5460



*Dr. Vrushi Shroff*

**Dr.VRUSHALI  
SHROFF  
M.D.(PATH)  
Pathologist**



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 18:13

Use a QR Code Scanner  
Application To Scan the Code

**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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 SDRL, Vidyavihar Lab

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



*Anupa*

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



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 18:07

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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

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



MC-2111



*VIPUL JAIN*

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





CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 16:49

Use a QR Code Scanner  
Application To Scan the Code

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
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 \*\*\*



MC-5460



*Dr. Vrushi Shroff*

**Dr.VRUSHALI  
SHROFF  
M.D.(PATH)  
Pathologist**



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 16:40

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	110.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	19.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 16:40

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.776	0.55-4.78 microIU/ml	CLIA

**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)



*Dr. Vrushi Shroff*

**Dr.VRUSHALI**  
**SHROFF**  
**M.D.(PATH)**  
**Pathologist**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2304221963  
**Name** : MRS.SONAL AGRAWAL  
**Age / Gender** : 47 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 11-Feb-2023 / 08:57  
**Reported** : 11-Feb-2023 / 16:40

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



CID : 2304221963  
Name : MRS.SONAL AGRAWAL  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 08:57  
Reported : 11-Feb-2023 / 16:40

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.49	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	<b>40.4</b>	<34 U/L	Modified IFCC
SGPT (ALT), Serum	<b>49.4</b>	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	62.1	46-116 U/L	Modified IFCC

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



MC-5460



*Dr. Vrushi Shroff*

**Dr.VRUSHALI  
SHROFF  
M.D.(PATH)  
Pathologist**