

PHYSICAL EXAMINATION REPORT

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Patient Name	10 November Rolling	Т
Date	Manisha Pradla Sex/Age #53 28 (10) 23 Location Ware	,
History and Co	mplaints	
	C/O-PM.	
	- MTN.	
EVAMINATION		
EXAMINATION Height (cms):	FINDINGS: Temp (0c):	
Weight (kg):	Skin:	
Blood Pressure Pulse	130/80 Nails:	
	72 Winh Node:	
Systems : Cardiovascular:	A TOTAL OF THE PROPERTY OF THE	
Respiratory:	NAD	
Genitourinary:	Prosthesis in 22. Breast	

GI System: CNS: Impression:

Chest xray - 1 B/L BV frominence.
- Post - Operative states. USGO. FATTY Liver. 2DEHO- WH (muild) (Diabetic) & Nacl.

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.



P - Low Fat, Low sugar Diet 0 Advice: - Reg. Exercuise R Physician's Constor Control of DM, Fosinophulia. T Since 3 Months. Hypertension: 1) IHD 2) Arrhythmia 3) since loys **Diabetes Mellitus** 4)

Pulmonary Disease

Thyroid/Endocrine disorders

Nervous disorders

GI system

Genital urinary disorder

Rheumatic joint diseases or symptoms

Blood disease or disorder

Cancer/lump growth/cyst

Congenital disease

Surgeries - Left sector Mastectory, Cholecy steeting

PERSONAL HISTORY:

Tuberculosis

Asthama

5)

6)

7)

8)

9)

10)

11)

12)

13)

14)

15)

16)

17)

1)	Alcohol		
2)	Cmaking		

- 2) Smoking
- 3) Diet

Medication Dr. Manasee Kulkarni M.B.B.S

Musculoskeletal System

No Po Nuixed Tab Casdace 25 Tab Zeetto purg tab Avastored

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NAME: -

REGN NO:

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SERRE

AGE/SEX:- (53

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS:-

MARITAL STATUS:-

Marricel

MENSTRUAL HISTORY:-

· MENARCHE :-

PRESENT MENSTRUAL HISTORY :-

• PAST MENSTRUAL HISTORY:- Re

OBSTERIC HISTORY: -

• PREVIOUS SURGERIES:

PAST HISTORY :- (

• ALLERGIES :-

· FAMILY HOSTORY :-

Mastectomy, Choleystectom

Aunt - CA Breast



FOR DM, HTM/Nostectano

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• DRUG HISTORY :-

• BOWEL HABITS :-

BLADDER HABITS :-

PERSONAL HISTORY:-

TEMPRATURE:-

RS:-

CVS:-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION:-

12/00

Lt. Breast Rosthes 13 (+

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



R E R

Date: 28/10/55
Name: Name: Public Sex/Age: 33011922S ESS-

EYE CHECK UP

Chief complaints: Rel

Systemic Diseases: > ///
Past history:

Unaided Vision:

Aided Vision:

1326/8 210/12 ×10/12 ×156.

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Gyl	Axis	
Distance		11 32 11		ADE	- FO E A			
Near	meH No	blartm9-ec	no ligadi	Algorithmen	Some Thurs			

Colour Vision: Normal / Abnormal

Remark: Voc our Spreaks.

MR. PRAKASHKUDVA OPTOMETRIST



: 2330119225

Name

: MRS.MANISHA HEMANT PRADHAN

Age / Gender

: 53 Years / Female

Consulting Dr. Reg. Location

Hypochromia

Microcytosis

: -

: G B Road, Thane West (Main Centre)

Mild

Mild

Authenticity Check

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

	CBC (Complet	e Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometr
RBC	4.99	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.8	36-46 %	Measured
MCV	73.7	80-100 fl	Calculated
MCH	25.5	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7640	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymchocytes	32.0	20-40 %	
Absolute Lymphocytes	2444.8	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	626.5	200-1000 /cmm	Calculated
Neutrophils	50.2	40-80 %	
Absolute Neutrophils	3835.3	2000-7000 /cmm	Calculated
Eosinophils	9.4	1-6 %	
Absolute Eosinophils	718.2	20-500 /cmm	Calculated
Bascphils	0.2	0.1-2 %	
Absolute Basophils	15.3	20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Abs	orbance & Impedance metho	od/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	369000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	10.7	11-18 %	Calculated
RBC MORPHOLOGY			

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: 2330119225

Name

: MRS. MANISHA HEMANT PRADHAN

Age / Gender

:53 Years / Female

Consulting Dr.

: -

Reg. Location

: G B Road, Thane West (Main Centre)

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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Eosinophilia

Specimen: EDTA Whole Blood

ESR. EDTA WB-ESR

33

2-30 mm at 1 hr.

Sedimentation

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







Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: 2330119225

Name

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. . -

GLUCOSE (SUGAR) FASTING,

GLUCOSE (SUGAR) PP, Fluoride 241.4

Reg. Location : G B Road, Thane West (Main Centre)



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METHOD

Hexokinase

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

PARAMETER

Fluoride Plasma

Plasma PP/R

RESULTS

165.5

BIOLOGICAL REF RANGE Non-Diabetic: < 100 mg/dl

Hexokinase

Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Non-Diabetic: < 140 mg/dl

Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

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







Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: -

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.68	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in	reference range w.e.f. 07-09-2	023	
eGFR, Serum	104	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45- 59 Moderate to severe decrease:30 -44	
		Severe decrease: 15-29 Kidney failure:<15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	3.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.2	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.5	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	131	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	96	98-107 mmol/l	IMT

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







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

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Reg. Lucation

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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

151.3

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Calculated

Estimated Average Glucose (eAG), EDTA WB - CC Kindly correlate clinically.

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 **

Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Mujawar

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: 2330119225

Name

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Age / Gender

: 53 Years / Female

Consulting Dr. Reg. Location

r. :

: G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	
Volume (ml)	40		
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketories	Absent	Absent	Legals Test
Blocd	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrito	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	141 -		

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 inert

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





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: G B Road, Thane West (Main Centre)

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: 28-Oct-2023 / 08:45 :28-Oct-2023 / 16:22

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

PARAMETER

ABO GROUP

Rh TYPING

Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using ;H lectin

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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







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

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: 53 Years / Female

Consulting Dr.

Reg. Location

: G B Road, Thane West (Main Centre)

Authenticity Check

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Collected Reported

: 28-Oct-2023 / 08:45 :28-Oct-2023 / 18:41

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRICLYCERIDES, Serum	102.0	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	44.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	101.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	20.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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







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

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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	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	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	2.07	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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:28-Oct-2023 / 14:26

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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 faisely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

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)

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

Limitations:

 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 ***







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

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Reg. Location : G

: G B Road, Thane West (Main Centre)

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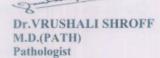
MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.53	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	15.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	23.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	74.7	46-116 U/L	Modified IFCC

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







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SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: MANISHA HEMANT PRADHAN Date and Time: 28th Oct 23 9:06 AM

Patient ID: 2330119225



years months

NA days

Gender Female

Patient Vitals

150 cm 50 kg 130/80 mmHg

NA NA NA

Measurements

68ms 348ms

416ms

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

REPORTED BY

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972



: 2330119225

Name

: Mrs MANISHA HEMANT PRADHAN

Age / Sex

: 53 Years/Female

Ref. Dr

*

Reg. Location

: G B Road, Thane West Main Centre

Reg. Date

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: 28-Oct-2023

Authenticity Check

: 28-Oct-2023 / 10:00

X-RAY CHEST PA VIEW

Rotation +

Post operative status.

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

-- End of Report-

Proces

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102808401128

Corporate Identity Number (CIN): U85110MH2002PTC136144



Reg. Location

CID : 2330119225

Name : Mrs MANISHA HEMANT PRADHAN

Age / Sex : 53 Years/Female

Ref. Dr :

: G B Road, Thane West Main Centre

Reg. Date

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: 28-Oct-2023

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: 28-Oct-2023 / 10:28

USG WHOLE ABDOMEN

<u>LIVER:</u>Liver appears normal in size(13.1 cm) and *shows increased echoreflectivity.* There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is not visualised (post cholecystectomy status)

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

<u>PANCREAS</u>: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS:</u> Right kidney measures 9.2 x 3.9 cm. Left kidney measures 9.8 x 3.8 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.

<u>URINARY BLADDER:</u> Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS:Post-menopausal.</u> measures 4.3 x 2.2 x 3.9 cm. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

OVARIES: Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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: 2330119225

Name

: Mrs MANISHA HEMANT PRADHAN

Age / Sex

: 53 Years/Female

Ref. Dr

Reg. Location

: G B Road, Thane West Main Centre

Reg. Date

Reported

Authenticity Check

Use a QR Code Scanner Application To Scan the Code R

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IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos 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-

Proces

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

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REG NO: 2330119225	SEX : FEMALE
NAME : MRS. MANISHA HEMANT PRADHAN	AGE: 53 YRS
REF BY :	DATE: 28.10.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	38	mm
LVIDS	23	mm
LVEF	60	%
IVS	12	mm
PW	7	mm
AO	15	mm
LA	21	mm

2D ECHO:

- · All cardiac chambers are normal in size
- · Left ventricular contractility: Normal
- Regional wall motion abnormality: Absent.
- Systolic thickening: Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are: Normal.
- Great arteries: Aorta and pulmonary artery are: Normal.
- Inter artrial and inter ventricular septum are intact.
- · Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion. No intracardiac clots or vegetation.



PATIENT NAME: MRS.MANISHA HEMANT PRADHAN

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COLOR DOPPLER:

- Mitral valve doppler E- 0.8 m/s, A- 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.2 m/s, PG 5.7 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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

DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.