

JSGE - Fatty Liver

Advice:

- Iron Supplement
- Low Fat, Low sugar Diet
- Reg. Exercise
- Drink plenty of Liquids
- Cardiologist's consultation

Repeat
sugar
profile after
6 months

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

Nil

Nil

H/o fibroids

fibroids, IVF

PERSONAL HISTORY:

- | | |
|----|------------|
| 1) | Alcohol |
| 2) | Smoking |
| 3) | Diet |
| 4) | Medication |

No No
- No
- No

Manasee Kulkarni

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

NAME: - Manisha Pusane AGE / SEX :- F/34
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Scanty menses.
Irregular Menses

MARITAL STATUS :-

Married.

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Irregular LMP - 13/3/23
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- H10 G2 P1 A1
- PAST HISTORY :- fibroids.
- PREVIOUS SURGERIES :- fibroids, IVF
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

022-6170-0000

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

Mil
| (N)

PERSONAL HISTORY :-

TEMPERATURE :-

(N)

RS :-

NAD

CVS :-

76/min

PULSE / MIN :-

BP (mm of hg):-

130/80

BREAST EXAMINATION:-

Scar on R2 Breast

PER ABDOMEN :-

NAD

PRE VAGINAL:-

RECOMMENDATION :-

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 11:58

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.36	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.7	36-46 %	Measured
MCV	82.0	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5480	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	1687.8	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	339.8	200-1000 /cmm	Calculated
Neutrophils	61.6	40-80 %	
Absolute Neutrophils	3375.7	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	76.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	179000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	14.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 13:24

Hypochromia -
Microcytosis -
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 11 2-20 mm at 1 hr. Sedimentation

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 14:41

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Toierance: 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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:53

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	122	>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	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	2.6	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:29

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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 14:17

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	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	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	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	

Kindly correlate clinically.

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 14:17

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 13:05

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Negative

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti 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.

References:

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

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



Amrit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:53

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	137.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	69.0	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	48.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.86	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



Use a QR Code Scanner Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:22

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. **Biological variation:** 19.7%(with in subject variation)

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : MRS.DUSANE MANISHA
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Mar-2023 / 09:50
Reported : 20-Mar-2023 / 12:53

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	111.5	35-105 U/L	PNPP

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Date: 20/3/23 CID:
Name: Mansha Disane Sex / Age: F 44

EYE CHECK UP

Chief complaints: Red

Systemic Diseases: All

Past history: All

Unaided Vision: 13/2 6/6 NVA BH 12

Aided Vision: 13/2 6/6 NVA BH 6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

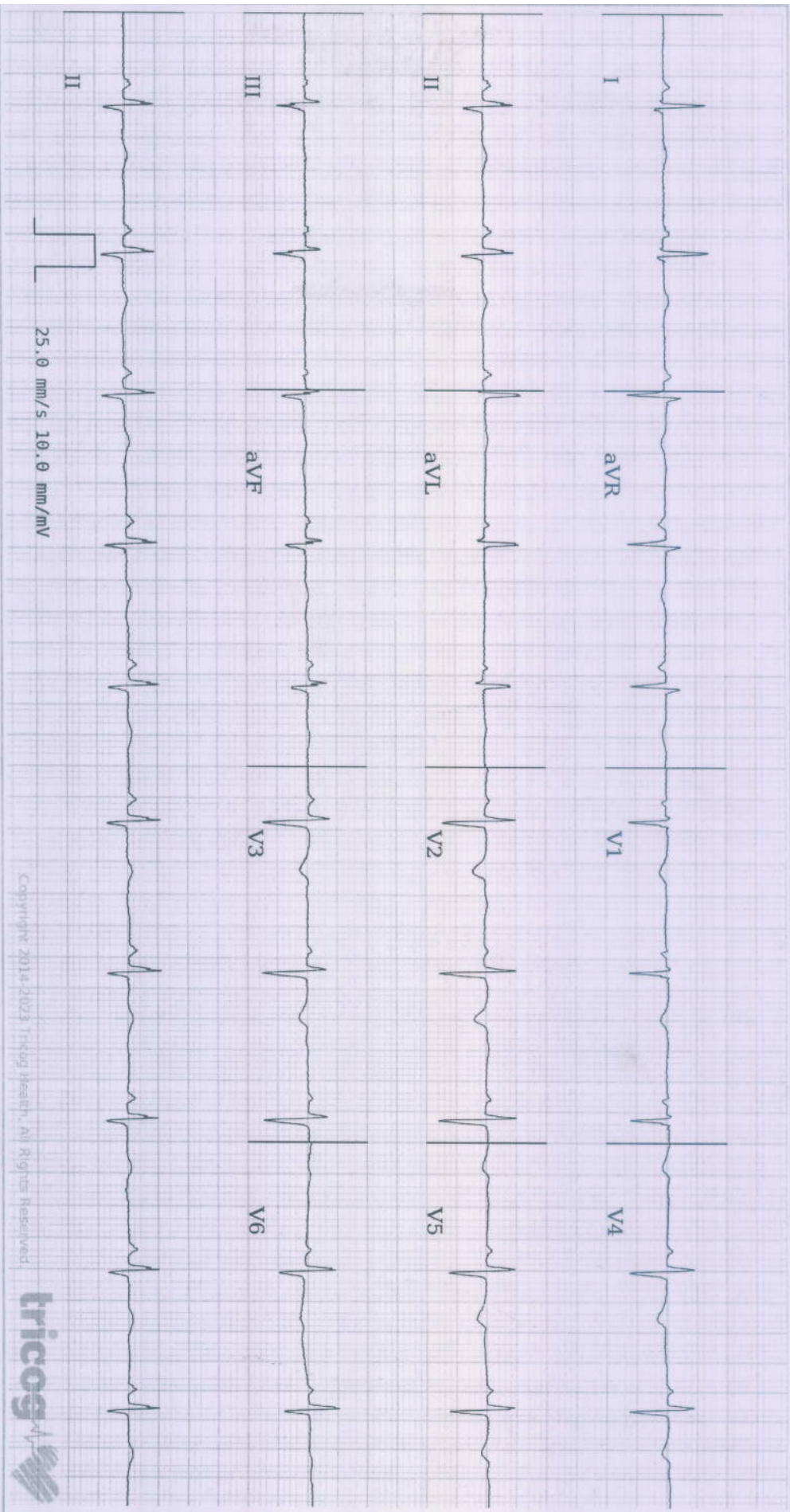
Colour Vision: Normal / ~~Abnormal~~

Remark: OC on spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST

Patient Name: DUSANE MANISHA
Patient ID: 2307901108

Date and Time: 20th Mar 23 12:30 PM



Copyright 2014-2023 Tricog Health, All Rights Reserved



Age **44** **10** **8**
years months days

Gender **Female**

Heart Rate **65bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 57 kg

Height: 153 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 424ms

QTc: 440ms

PR: 132ms

P-R-T: 41° -10° -7°

Sinus Rhythm, ST T changes suggestive of Anterolateral Ischemia. Please correlate clinically.

REPORTED BY

DR. SHAIK A.A. PILLAI
MBBS, MD Physician
MD Physician
49972

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.

REG NO. :2307901108	SEX :FEMALE
NAME : MRS. DUSANE MANISHA	AGE :44YRS
REF BY : -----	DATE: 20.03.2023

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LVIDD	43	mm
LVIDS	24	mm
LVEF	60	%
IVS	11	mm
PW	8	mm
AO	15	mm
LA	25	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. DUSANE MANISHA

COLOR DOPPLER:

- Mitral valve doppler - E- 1.1 m/s, A- 0.8 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.7 m/s, PG 12.6 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)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

022-6170-0000



CID : 2307901108
Name : Mrs DUSANE MANISHA
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 20-Mar-2023
Reported : 20-Mar-2023 / 11:58

USG WHOLE ABDOMEN

LIVER: Liver appears mildly enlarged in size (16.2cm) and shows increased echoreflectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

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

KIDNEYS: Right kidney measures 9.8 x 3.5 cm. Left kidney measures 10.6 x 4.3 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 5.9 x 3.4 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032009482328>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2307901108
Name : Mrs DUSANE MANISHA
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 20-Mar-2023
Reported : 20-Mar-2023 / 11:58

IMPRESSION:

- MILD HEPATOMEGALY WITH 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-----

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

AREA OF SPECIAL EXPERTISE

OUR MESSAGE

022-6170-0000

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032009482328>

CID : 2307901108
Name : Mrs DUSANE MANISHA
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 20-Mar-2023
Reported : 20-Mar-2023 / 13:52

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

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-----



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

Click here to view images <<ImageLink>>

Page no 1 of 1