



CID : 2305621457
Name : MRS.AMBEKAR KRISHNI RAMESH
Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 25-Feb-2023 / 09:28
Reported : 25-Feb-2023 / 15:24

Use a QR Code Scanner
Application To Scan the Code

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	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.2	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9250	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.1	20-40 %	
Absolute Lymphocytes	2321.8	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	619.8	200-1000 /cmm	Calculated
Neutrophils	66.9	40-80 %	
Absolute Neutrophils	6188.3	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	111.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	226000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	17.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 25-Feb-2023 / 21:11

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.3	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
M.D. (PATH)
Pathologist





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Use a QR Code Scanner Application To Scan the Code
Collected : 25-Feb-2023 / 09:28
Reported : 25-Feb-2023 / 15:58

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	20.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.60	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	2.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.1	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	142	136-145 mmol/l	IMT
POTASSIUM, Serum	4.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

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



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 25-Feb-2023 / 09:28
Reported : 25-Feb-2023 / 18:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 ***



VIPUL JAIN

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



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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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 SDRL, Vidyavihar Lab
*** End Of Report ***



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



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Collected : 25-Feb-2023 / 09:28
Reported : 25-Feb-2023 / 19:16

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

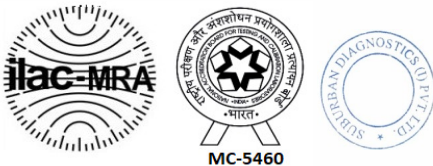
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

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





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Collected : 25-Feb-2023 / 09:28
Reported : 25-Feb-2023 / 16:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92.7	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	38.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	104.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.2	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	18.5	< /= 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 ***



Namrata

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Biochemist



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Collected : 25-Feb-2023 / 09:28
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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	3.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.957	0.55-4.78 microIU/ml	CLIA



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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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Reported : 25-Feb-2023 / 16:30

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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	0.38	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.24	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.0	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	16.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.9	46-116 U/L	Modified IFCC

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*** End Of Report ***



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: AMBEKAR KRISHNI RAMESH Date and Time: 25th Feb 23 9:23 AM
Patient ID: 2305621457

Age **51** **8** **9**
 years months days

Gender **Female**

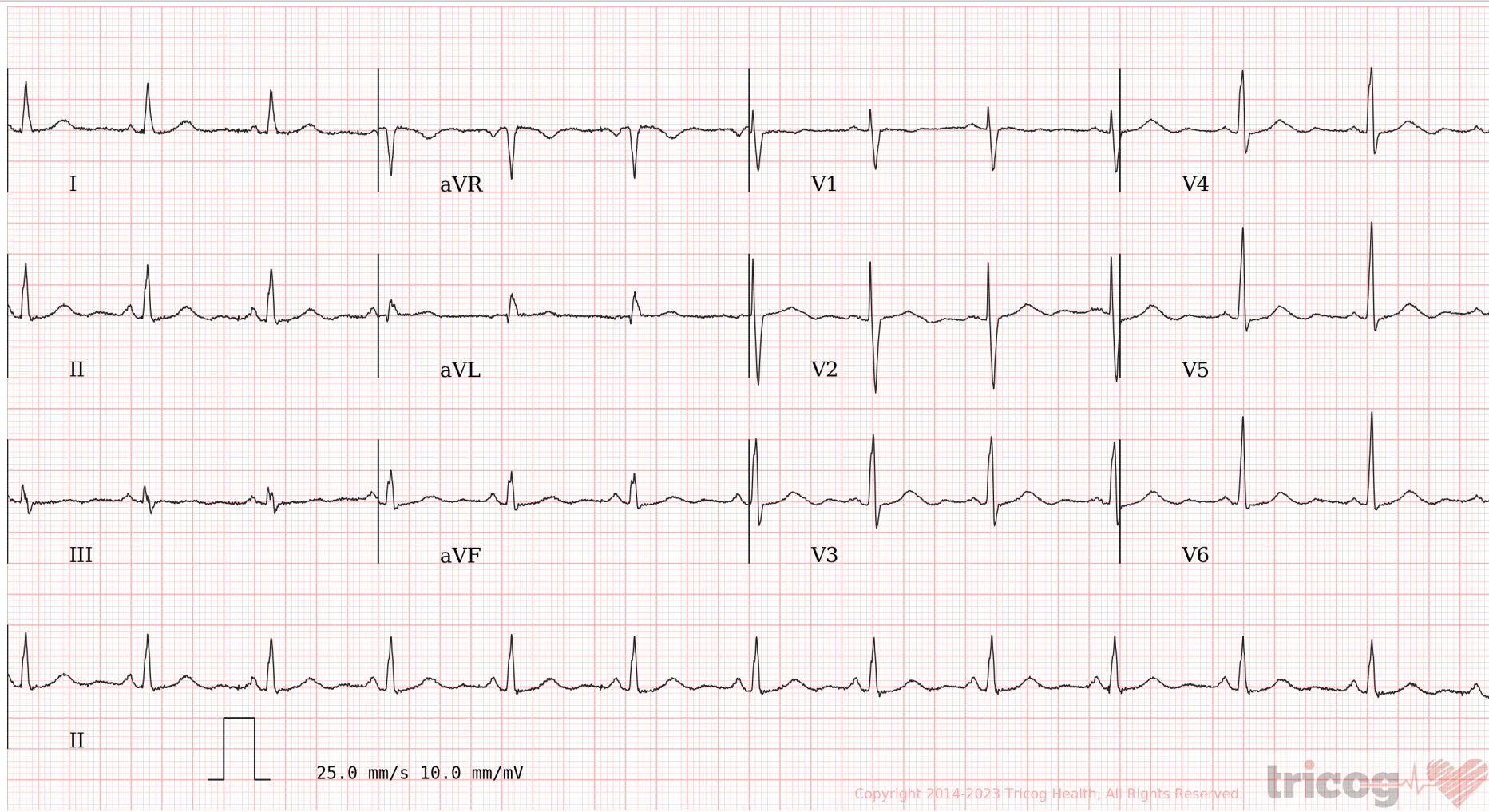
Heart Rate **76bpm**

Patient Vitals

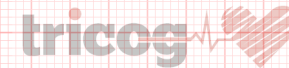
BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 82ms
QT: 400ms
QTc: 450ms
PR: 130ms
P-R-T: 65° 35° 39°



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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

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.

भारत सरकार
GOVERNMENT OF INDIA

कृष्णी रमेश आंबेकर
Krishni Ramesh Ambekar
DOB: 16-06-1971
Gender: Female

9675 7069 1955

आधार - आम आदमी का अधिकार

कृष्णी रमेश आंबेकर
।

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/6553

CID# : 2305621457
 Name : MRS.AMBEKAR KRISHNI RAMESH
 Age / Gender : 51 Years/Female
 Consulting Dr. :
 Reg.Location : Bhayander East (Main Centre)
 Collected : 25-Feb-2023 / 08:33
 Reported : 27-Feb-2023 / 09:22

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaints

EXAMINATION FINDINGS:

Height (cms):	149	Weight (kg):	43
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	100/70	Nails:	NAD
Pulse:	78/min	Lymph Node:	Not palpable

Systems

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

(A+ve)

IMPRESSION: ECG, CBC, Biochemistry are normal

R/E. Advise: ^{WBC} is 110. Bacteria + (>20 / hpf)

Expert Consultation.

CHIEF COMPLAINTS:

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

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- | | |
|--|----|
| 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 ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building,
Above Reymond, Near Thunga Hospital,
Mira - Bhayander Road, Bhaynader (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/553

Aw

Date:- 25/2/23
Name:- Ambekar

CID: 230562/45R
Sex / Age: 81/M

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:



RE CE
6/G 6/G
N/G N/G

	(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, Kshitij Building,
Above Reymond, Near Hospital,
Mira - Bhayander Road, Bynader (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

DENTAL CHECK - UP

Name:- *Krishni Ramesh*

CID :

Sex / Age : *M / 51*

Occupation:-

Date: *27/2/23*

Chief complaints:- *Routine checkup*

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *No clicking sound present*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:

Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<i>RP</i>	<i>RP</i>	<i>RP</i>	<i>RP</i>	<i>RP</i>	<i>RP</i>									<i>RP</i>	
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised:

Extractions 76543 / 8765 7

Provisional Diagnosis:-



Dr. Vikas V. Singh
Dental Surgeon (D.D.S.)
Reg. No. 14557

SUBURBAN DIAGNOSTICS BHAYANDER

EMail:

12345856 (2305621457) / AMBEKAR KRISHNI RAMESH / 51 Yrs / F / 149 Cms / 43 Kg
 Date: 25 / 02 / 2023 01:21:26 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THIR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	077	46%	100/80	077	00	
Standing	00:12	0:07	00.0	00.0	01.0	077	46%	100/80	077	00	
HV	00:17	0:05	00.0	00.0	01.0	081	48%	100/80	081	00	
ExStart	00:33	0:16	00.0	00.0	01.0	080	47%	100/80	080	00	
BRUCE Stage 1	03:33	3:00	01.7	10.0	04.7	139	82%	110/80	152	00	
BRUCE Stage 2	06:33	3:00	02.5	12.0	07.1	138	82%	120/80	165	00	
PeakEX	07:03	0:30	03.4	14.0	07.6	149	88%	120/80	178	00	
Recovery	08:03	1:00	01.1	00.0	01.1	122	72%	140/80	170	00	
Recovery	09:03	2:00	00.0	00.0	01.0	093	55%	130/80	120	00	
Recovery	11:03	4:00	00.0	00.0	01.0	096	57%	110/80	105	00	
Recovery	11:13	4:11	00.0	00.0	01.0	088	52%	110/80	096	00	

FINDINGS :

Exercise Time : 06:30
 Initial HR (ExStrt) : 80 bpm 47% of Target 169
 Initial BP (ExStrt) : 100/80 (mm/Hg)
 Max Workload Attained : 7.6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V5 & -1.6 mm in Stage 2
 Duke Treadmill Score : 07.2
 Test End Reasons : Test Complete

Max HR Attained 149 bpm 88% of Target 169
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTICS
 Shop No. 101-A
 Above Reytram
 Mira - Bhayander
 Dist. Thane - 401 370000
 Phone No. 022 3700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY

Doctor : **DR. SMITA VALANI**

SUBURBAN DIAGNOSTICS BHAYANDER

Email: 123456789 / AMBEKAR KRISHNI RAMESH / 51 Yrs / F / 149 Cms / 43 Kg

Date: 25 / 02 / 2023 01:21:26 PM

REPORT



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

DR. SMITA VALANI
MBBS, D. CAR, RADIOLOGY
Zc. 1/03/0587

SUBURBAN DIAGNOSTICS (I) PVT. LTU
Shop No. 101-A, 1st Floor, Kshiti Building
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Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.
Phone No: 022 - 61700000

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

12345856 (2305621457) / AMBEKAR KRISHN/ RAMESH / 51 Yrs / F / 149 Cms / 43 Kg / HR : 80

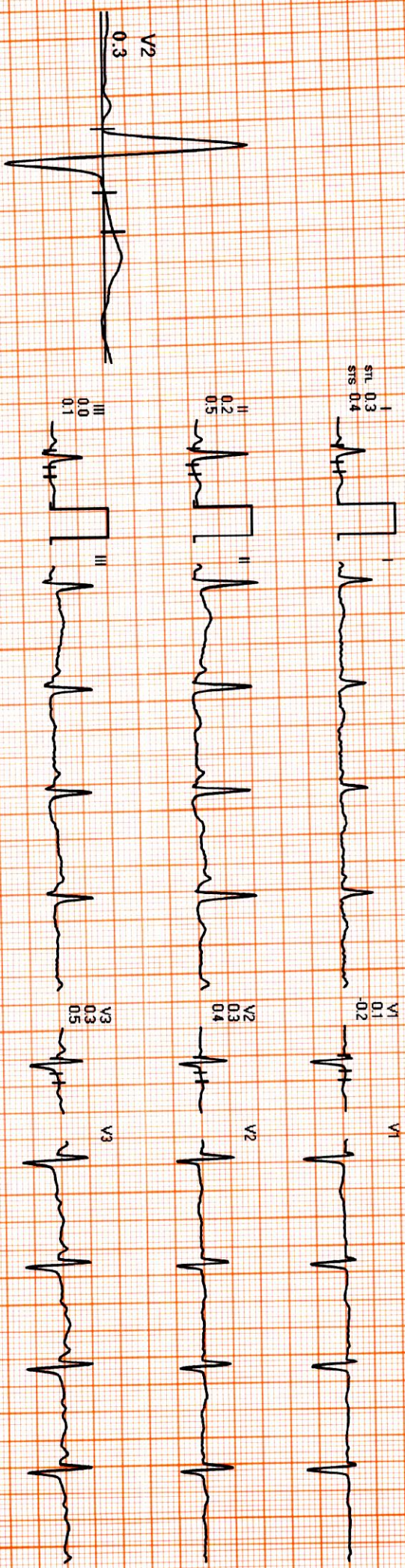
Date: 25 / 02 / 2023 01:21:26 PM

METS: 1.0/80 bpm 47% of THR BP: 100/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 cm/mV



REMARKS:



12345856 (2305621457) / AMBEKAR KRISHNI/RAAMESH / 51 Yrs / F / 149 Cms / 43 Kg / HR : 77

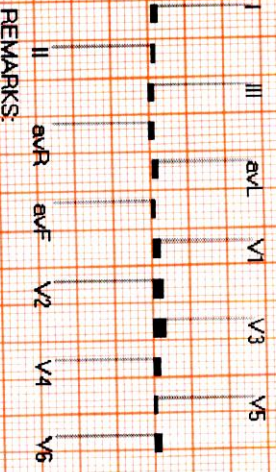
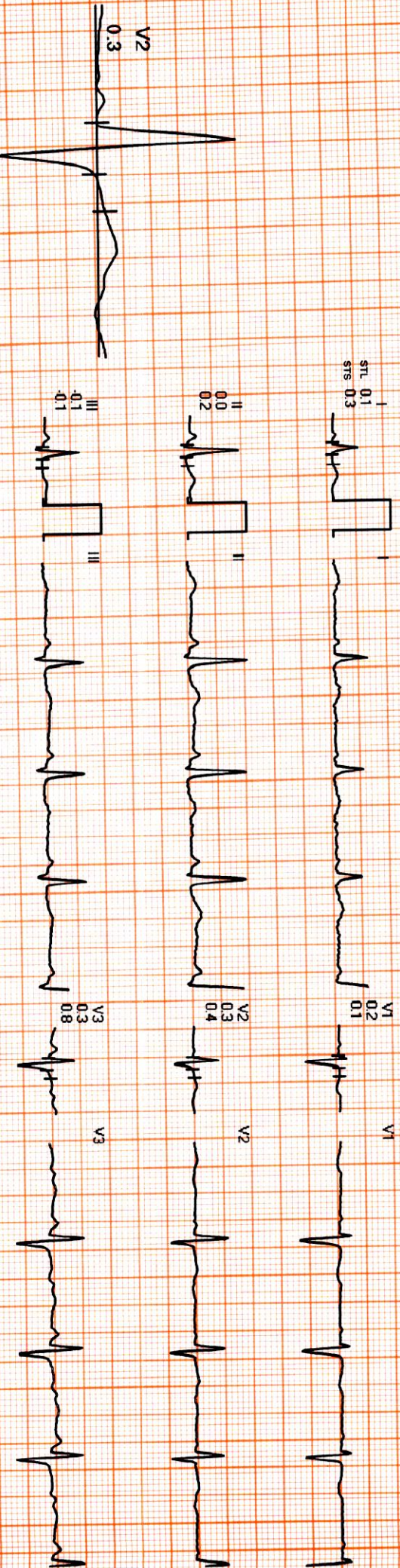
Date: 25 / 02 / 2023 01 : 21 : 26 PM

METS: 1.07/77 bpm 46% of THR BP: 100/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 cm/mV



REMARKS:



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HV (00:00)

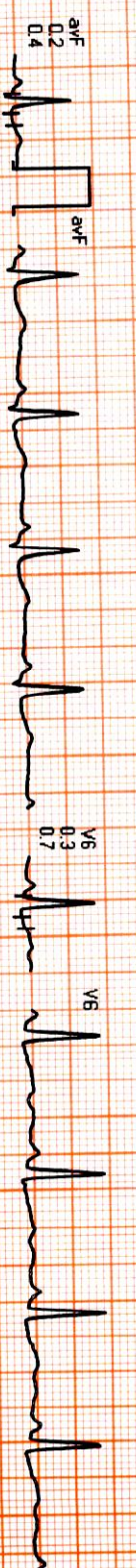
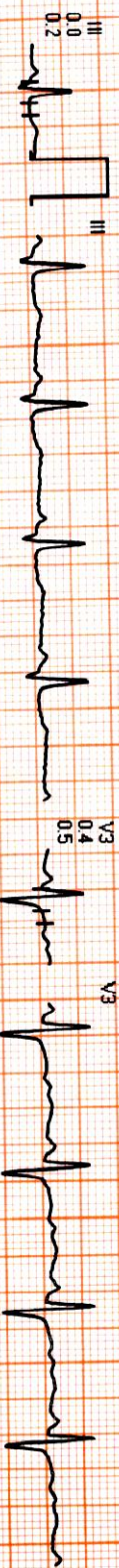
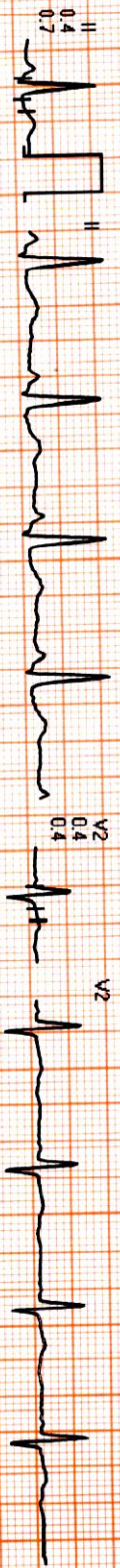
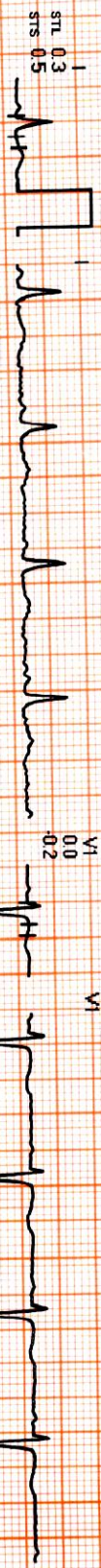


12345856 (2305821457) / AMBEKAR KRISHNI RAMESH / 51 Yrs / F / 149 Cms / 43 Kg / HR : 77

Date: 25 / 02 / 2023 01:21:26 PM METS: 1.0/ 77 bpm 46% of THR BP: 100/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



V1 0.0
V1 0.0
V1 0.2

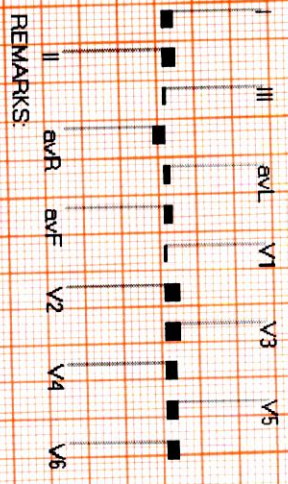
V2 0.4
V2 0.4
V2 0.4

V3 0.4
V3 0.4
V3 0.5

V4 0.3
V4 0.3
V4 0.5

V5 0.3
V5 0.3
V5 0.8

V6 0.3
V6 0.3
V6 0.7



REMARKS:



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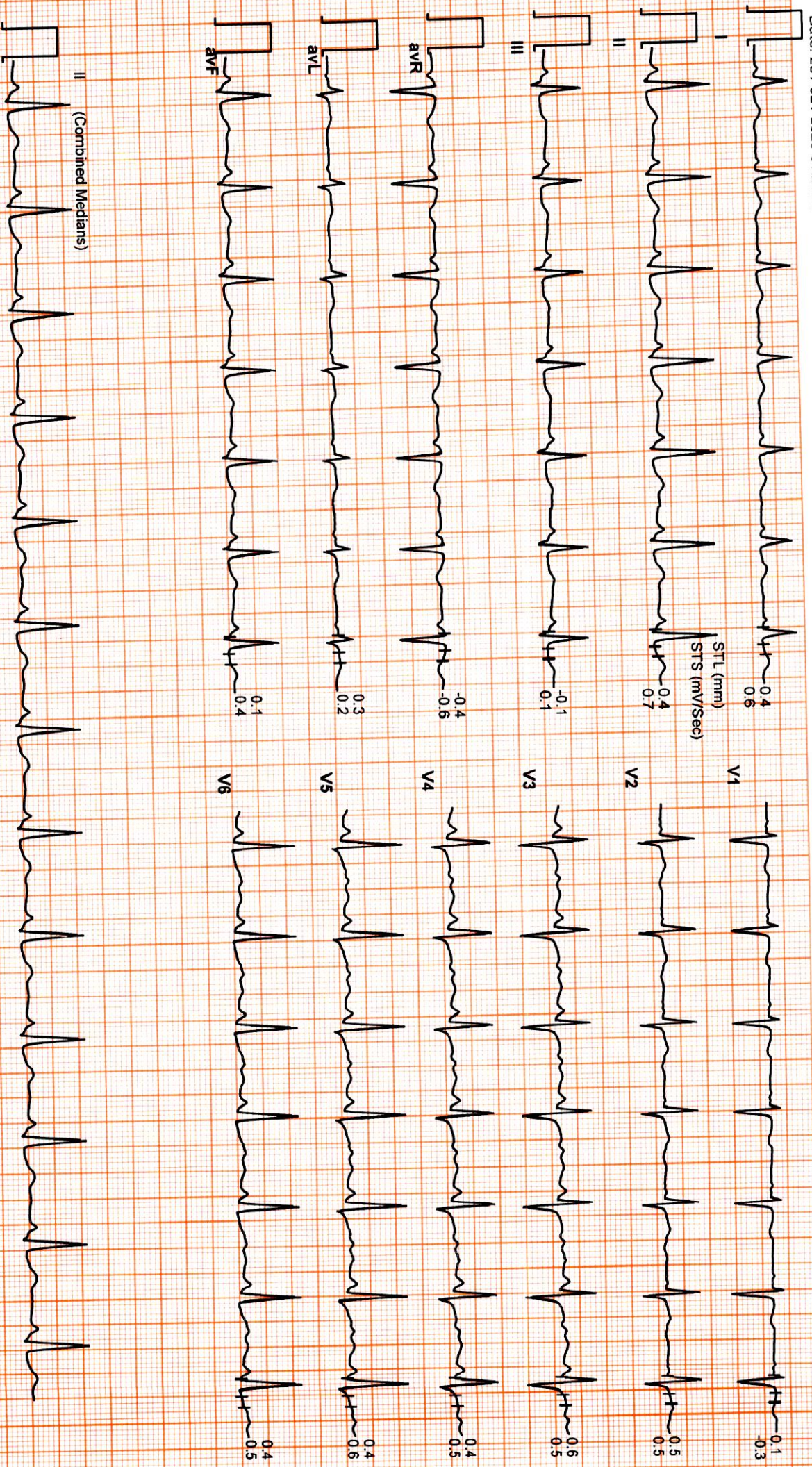
Date: 25 / 02 / 2023 01:21:26 PM METs : 1.0 HR : 80 Target HR : 47% of 169 BP : 100/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExStit



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



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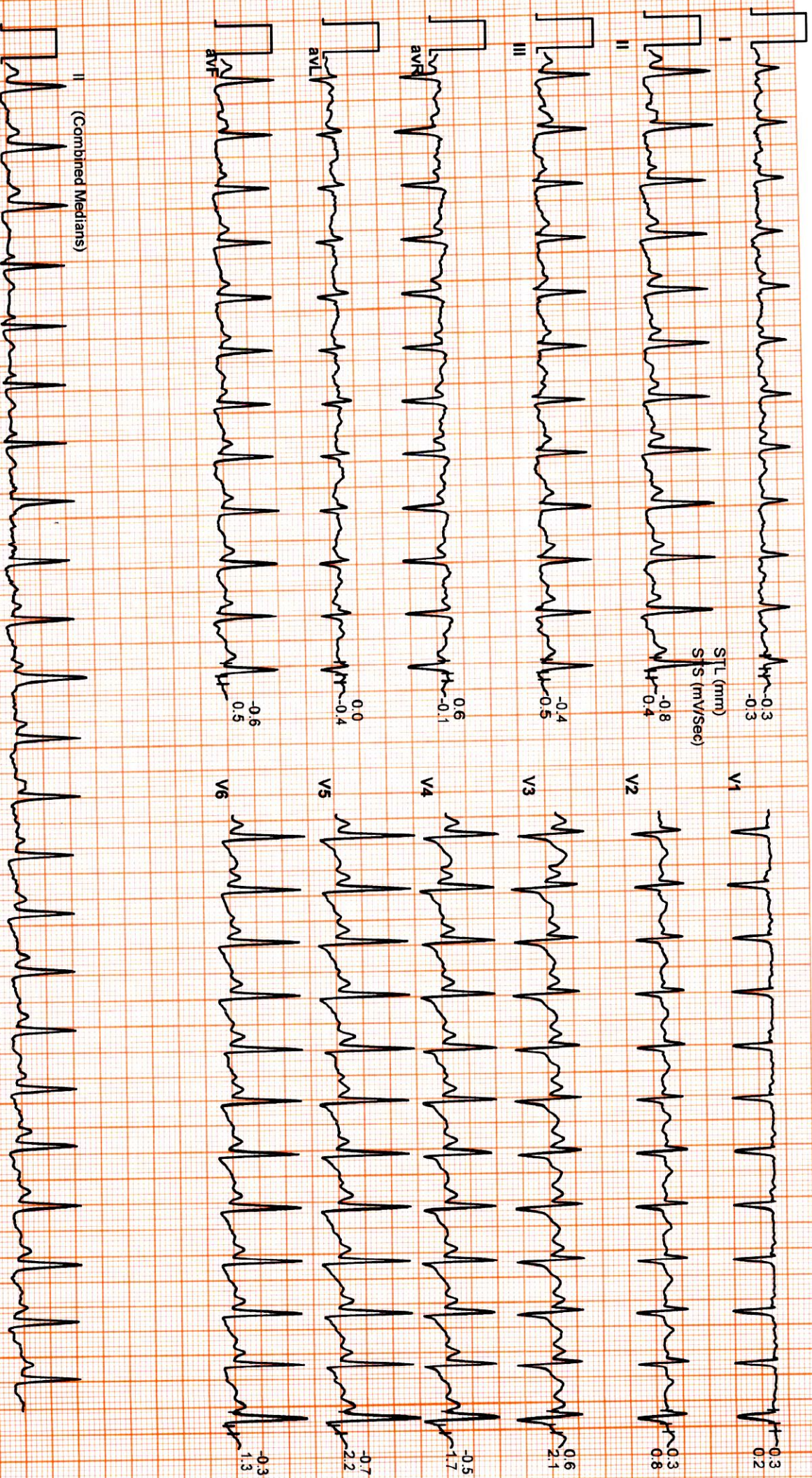
12345856 / AMBEKAR KRISHNI RAMESH / 51 Yrs / Female / 149 Cm / 43 Kg

Date: 25 / 02 / 2023 01:21:26 PM METs : 4.7 HR : 139 Target HR : 82% of 169 BP : 110/80 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



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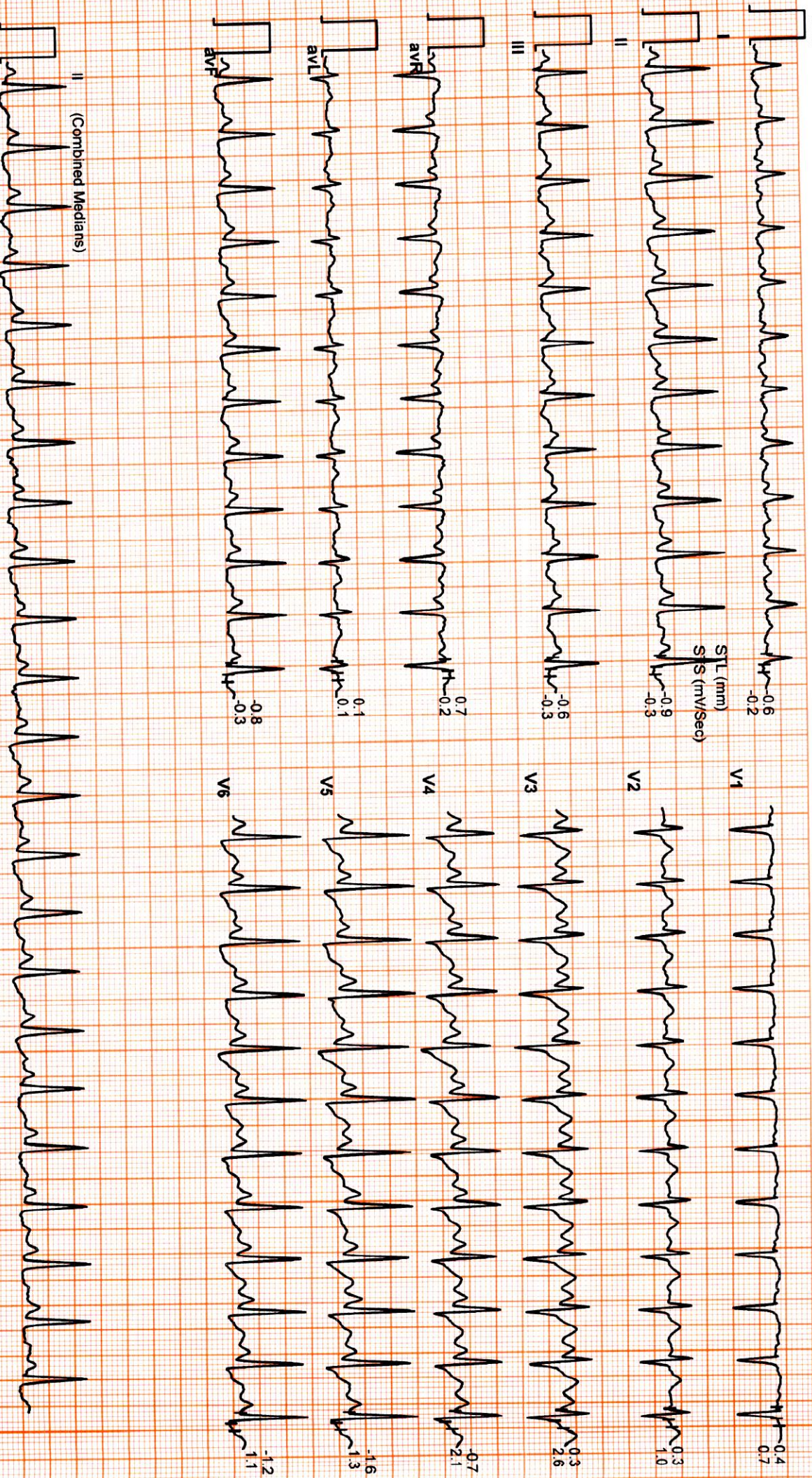
Date: 25 / 02 / 2023 01:21:26 PM METs : 7.1 HR : 138 Target HR : 82% of 169 BP : 120/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



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



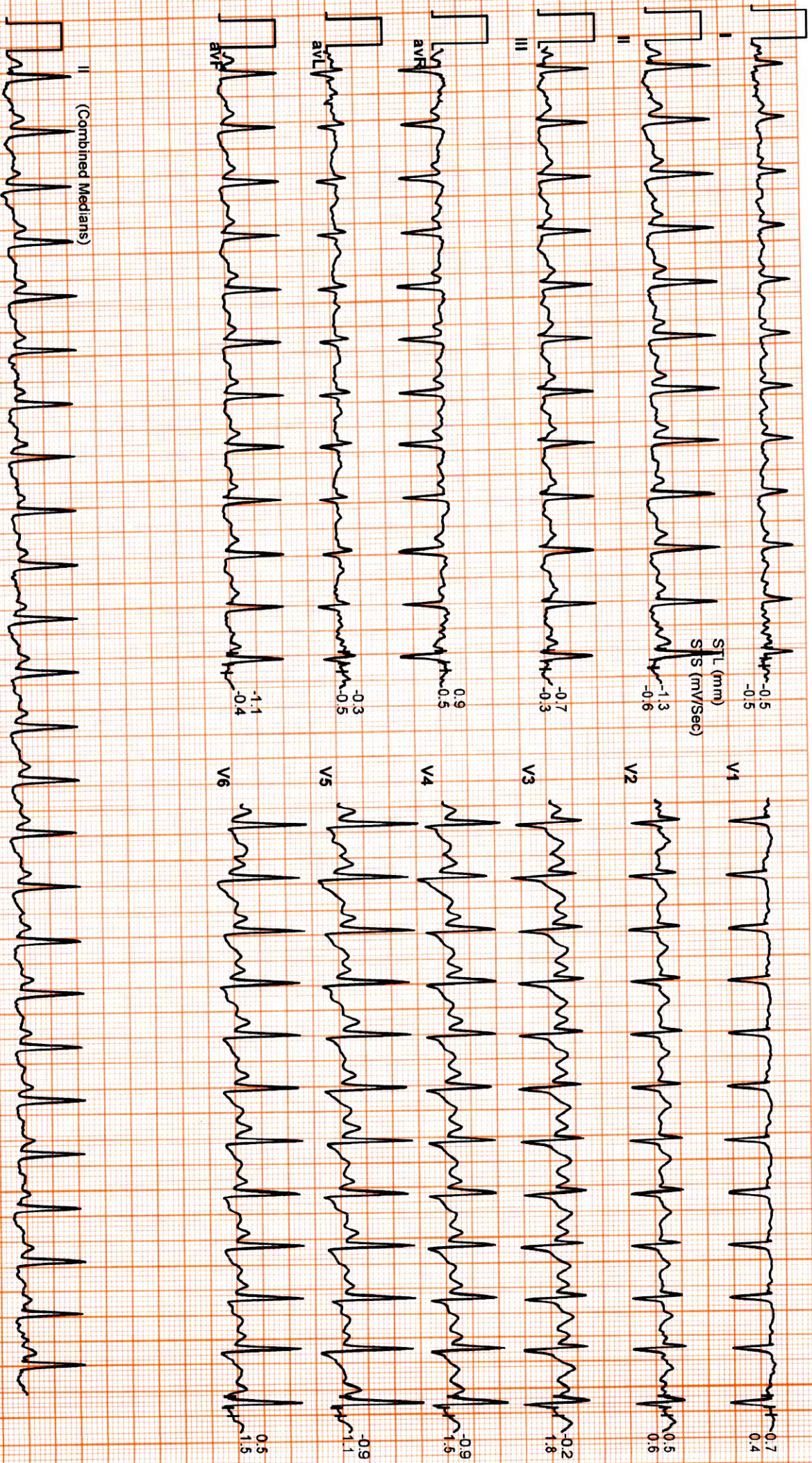
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12345856 / AMBEKAR KRISHNI RAMESH / 51 Yrs / Female / 149 Cm / 43 Kg

Date: 25 / 02 / 2023 01:21:26 PM METs : 7.6 HR : 149 Target HR : 88% of 169 BP : 120/80 Post J @60mSec

ExTime: 06:30 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



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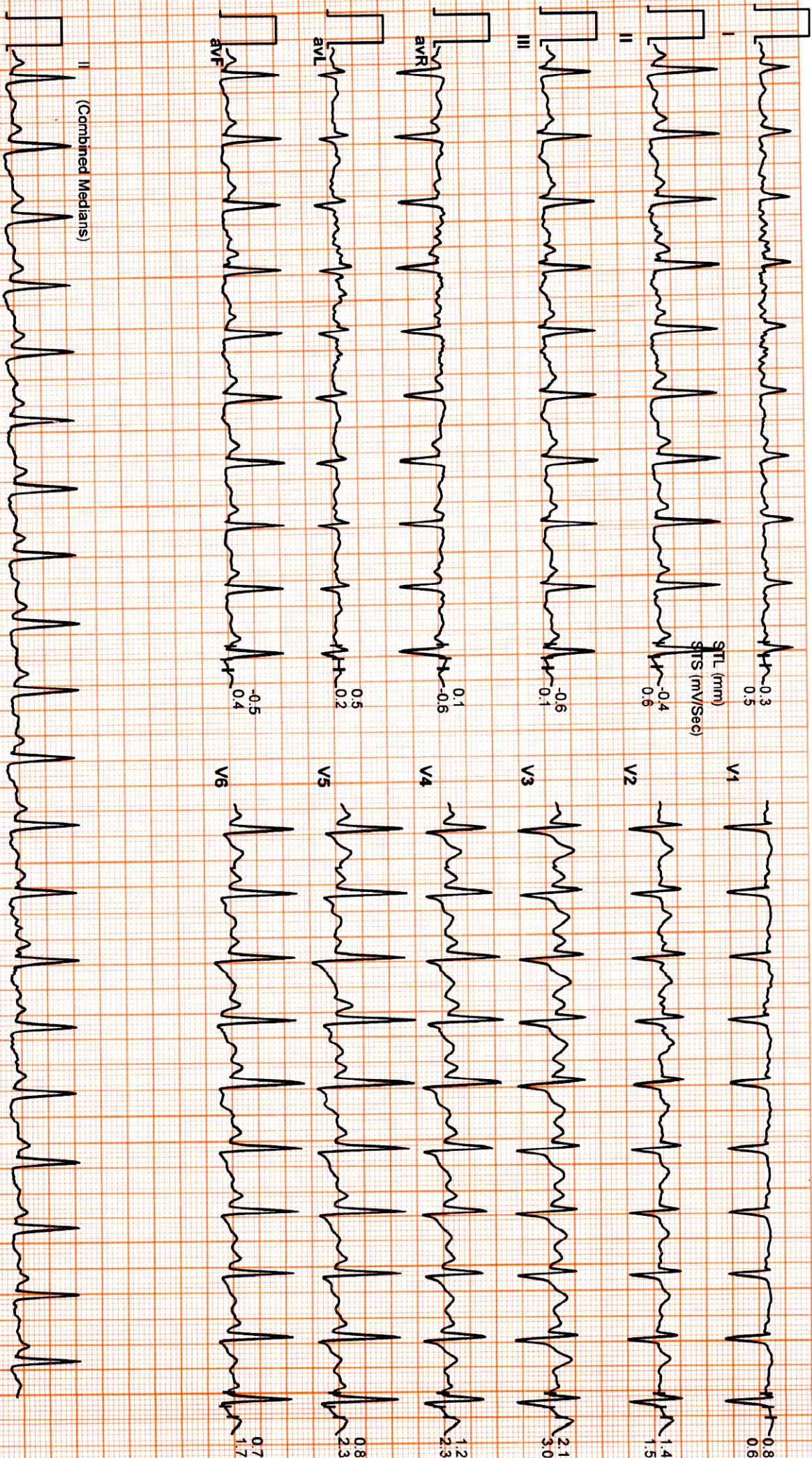
12345856 / AMBEKAR KRISHNI RAMESH / 51 Yrs / Female / 149 Cm / 43 Kg

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



Date: 25 / 02 / 2023 01:21:26 PM METs : 1.1 HR : 122 Target HR : 72% of 169 BP : 140/80 Post J @80mSec

EXTime: 06:30 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

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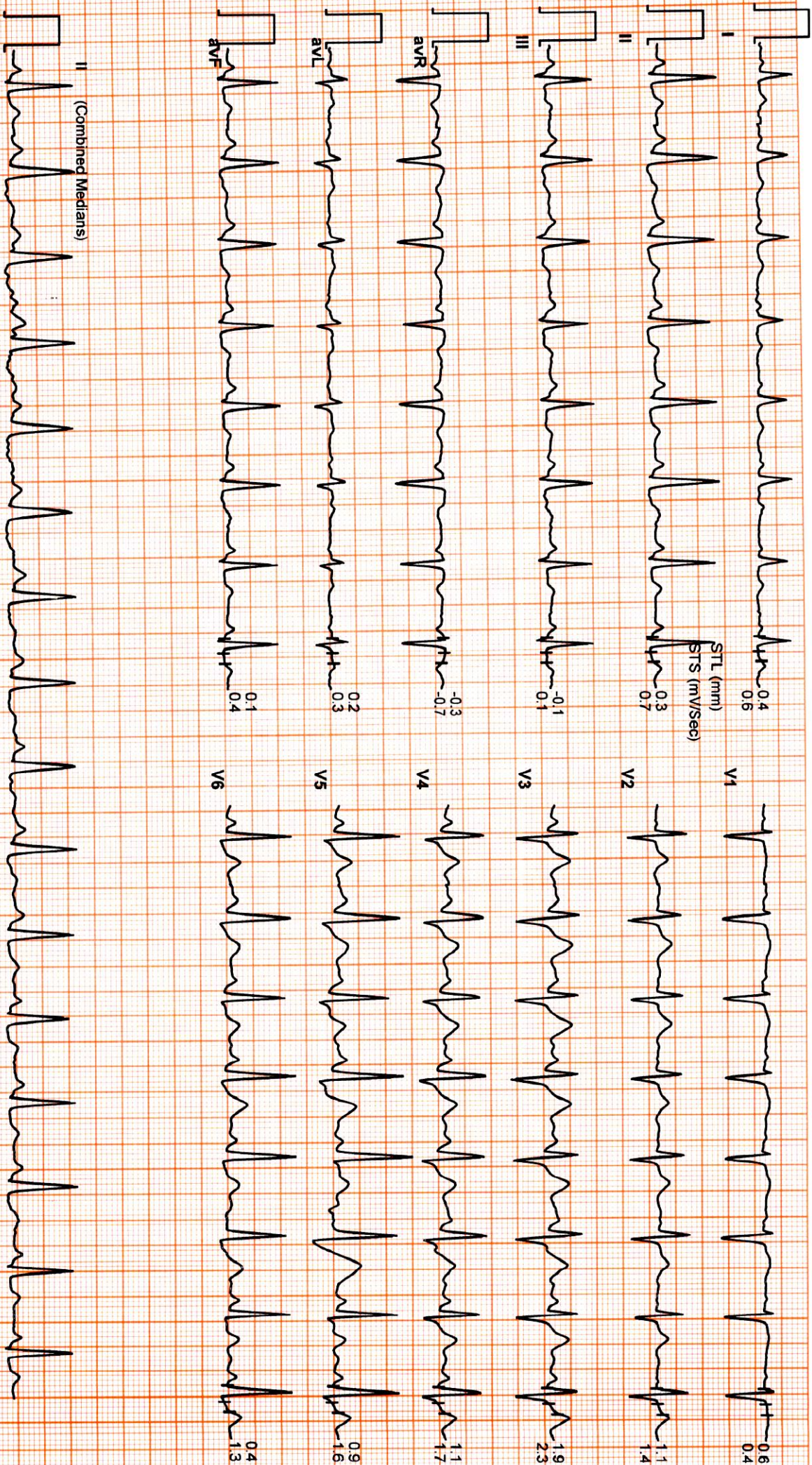
Date: 25 / 02 / 2023 01:21:26 PM METs : 1.0 HR : 93 Target HR : 55% of 169 BP : 130/80 Post J @70mSec

ExTime: 06:30

Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



SUBURBAN DIGNOSTICS BHAYANDER

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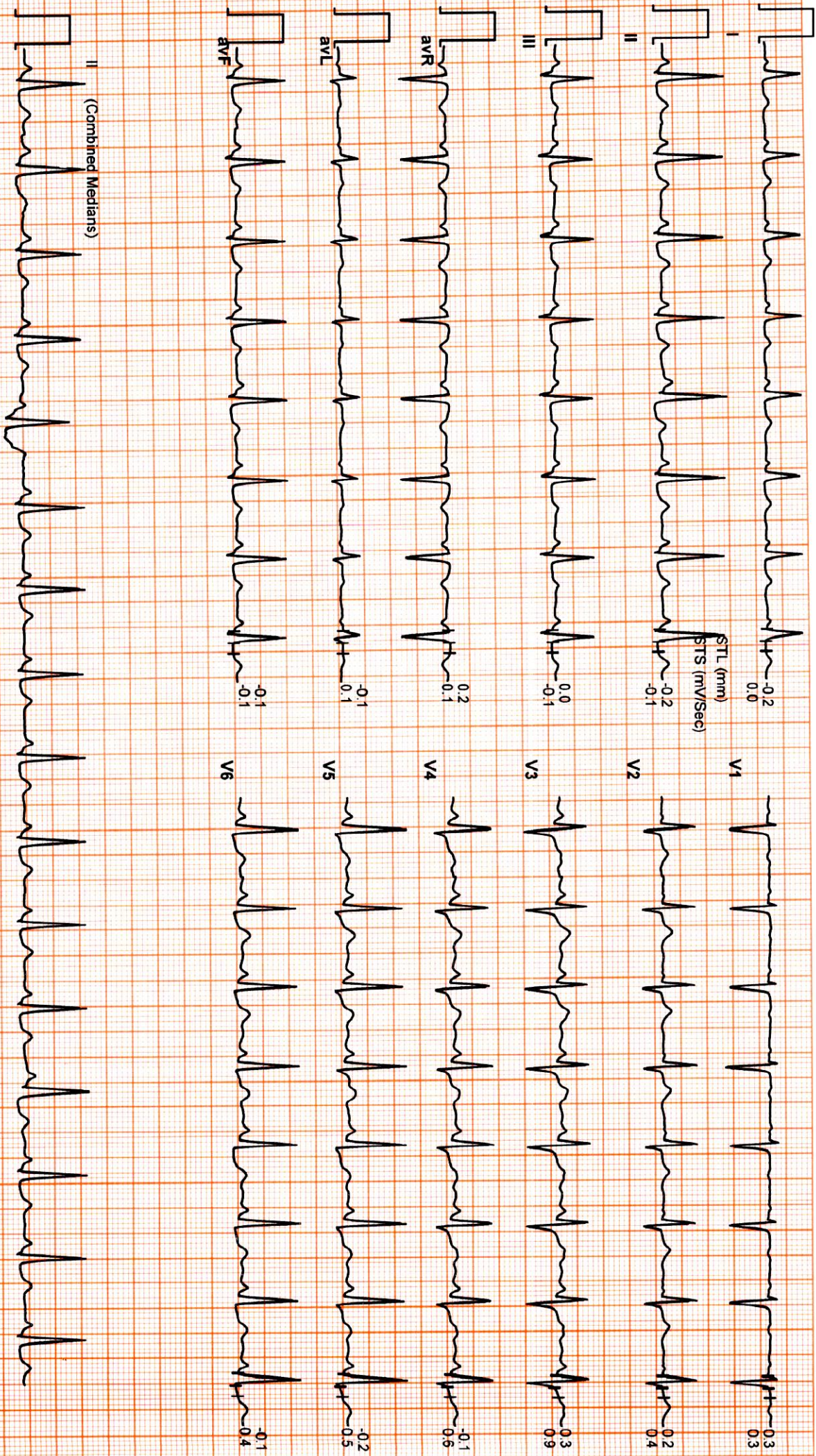
6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



Date: 25 / 02 / 2023 01:21:26 PM METs : 1.0 HR : 96 Target HR : 57% of 169 BP : 110/80 Post J @80mSec

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

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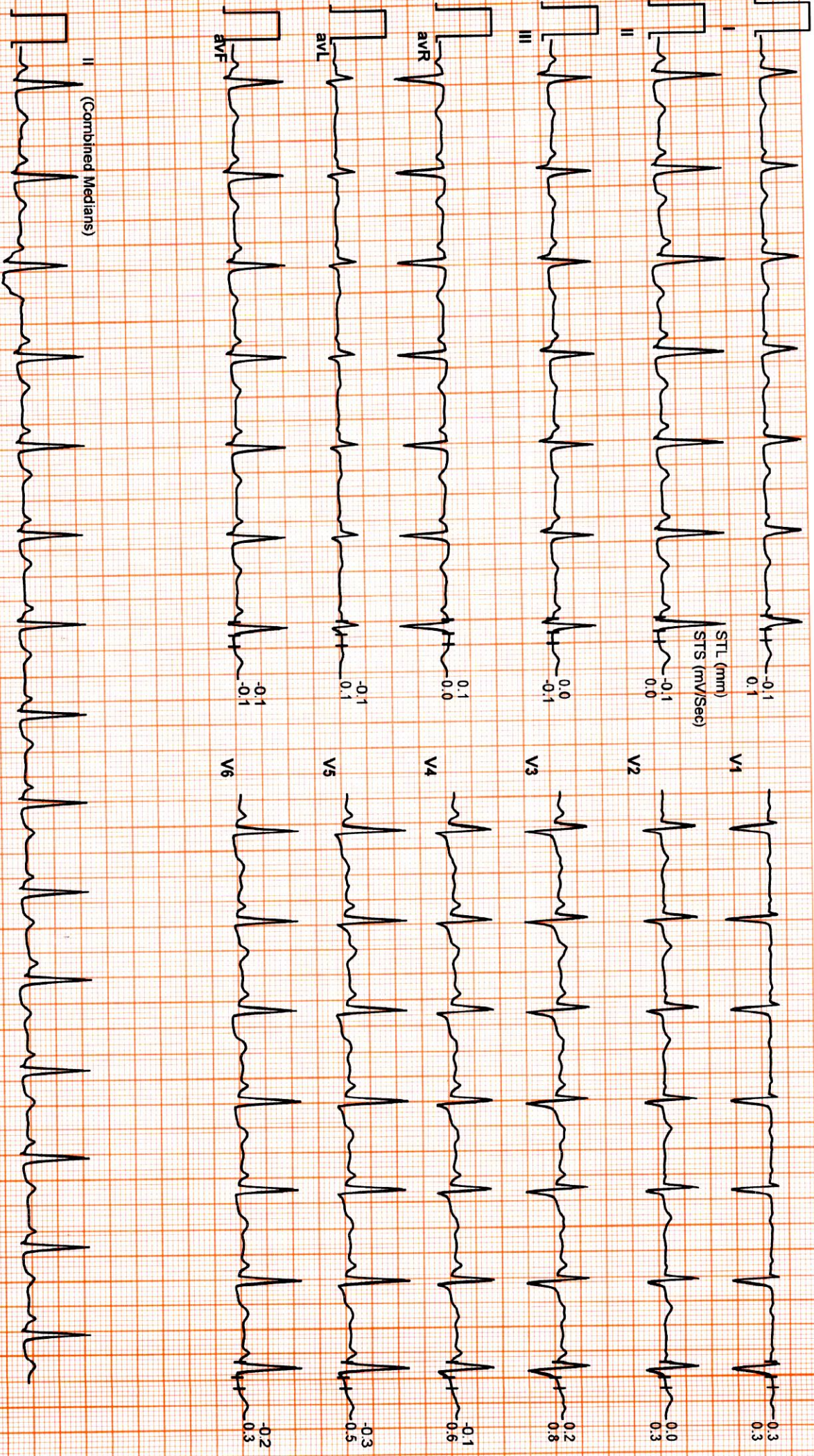
6X2 Combine Medians + 1 Rhythm

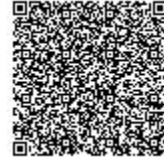
Recovery : (04:10)



Date: 25 / 02 / 2023 01:21:26 PM METs : 1.0 HR : 88 Target HR : 52% of 169 BP : 110/80 Post J @60mSec

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





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CID : 2305621457
Name : Mrs AMBEKAR KRISHNI RAMESH
Age / Sex : 51 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 15:44

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.4 cm), shape and shows smooth margins. It shows normal 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, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

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

KIDNEYS:

Right kidney measures 9.1 x 3.3 cm. Left kidney measures 9.2 x 4.2 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 (8.6 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

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.

UTERUS : POST MENOPAUSAL:

The uterus is anteverted and appears normal. It measures 4.8 x 3.1 x 3.4 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 2.8 mm and appears normal.



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Reported : 25-Feb-2023 / 15:44

OVARIES: POST MENOPAUSAL

Right ovary : 3.1 x 2.9 x 1.6 cm, Vol : 5.1 cc.

It is normal in size, shape and position. Parenchyma appears hypoechoic. No obvious abnormal vascularity made out.

Left ovary is not visualised – possibly atrophic.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **No 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-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

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



CID : 2305621457
Name : Mrs AMBEKAR KRISHNI
RAMESH
Age / Sex : 51 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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Reported : 25-Feb-2023/16:36

X-RAY CHEST PA VIEW

Positional rotation seen.

The lung fields are clear with no active parenchymal lesion.

Calcific opacities are seen in the left upper and mid zones - s/o old healed lesions.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

Unfolded aorta.

Right diaphragmatic hump seen.

Left dome of the diaphragm and both hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

➤ **No significant active parenchymal abnormality made out.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

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



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