

	Vaidahi Patil	Date	28/9/2024
Age	50	UHID No	
Sex	Female	Ref By	
Occupation		Phone No	9259408929
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	Mgpothroid :: 3 months back. NONE				
MEDICAL HISTORY	HYPERTENSION	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No	No	No	No	No
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No	No	No	No	No
	Other History		NONE		
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No	No	No	No	No
	Other Surgical History : operated for tumor(?) in abdomen in April 2020				
GYNECOLOGICAL HISTORY	AGE MENOPAUSE	MENARCHE AT YEARS OF AGE	Regularity	Duration	OTHER
		14 yrs	Regular	3 day	-
	Other Gynecological History				
BREAST EXAMINATION		RIGHT	LEFT		
	Skin	No		No	
	Nodule				
	Nipple				
	Pain				
	Other Remarks				
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	

T. Etorixin 100mg once daily.

NAME	Vaideshi Palaw.	Weight	45kg
BP	134/90mm	Height	144cm
Pulse	82b/min	SPO2	
Temperature	Afebrile	Peripheral Pulses	palpable
Oedema	0	Breath Sound	ACBE
Heart Sound	AC heard		

BMI-21.7

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	y	Frequency of urine	y
Chills	NO	Blood in urine	y
Recent weight gain	y	Incomplete empty of bladder	NO
EYES		Nycturia	
Eye pain	y	Dysuria	y
Spots before eyes	y	Urge Incontinence	y
Dry eyes	y	OBS/GYNE.	
Wearing glasses	y	Abnormal bleed	y
Vision changes	y	Vaginal Discharge	NO
Itchy eyes	y	Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	y	MUSCULOSKELETAL	
Nose bleeds	y	Joint swelling	y
Sore throat	NO	Joint pain	y
Loss of hearing	y	Limb swelling	y
Sinus problems	y	Joint stiffness	y
Dental problems	y	INTEGUMENTARY(SKIN)	
CARDIOVASCULAR		Acne	y
Chest pain	y	Breast pain	y
Heart rate is fast/slow	NO	Change in mole	y
Palpitations	y	Breast	y
Leg swelling	y	NEUROLOGICAL	
RESPIRATORY		Confused	y
Shortness of breath	y	Sensation in limbs	y
Cough	y	Migraines	NO
Orthopnoea	y	Difficulty walking	y
Wheezing	y	PSYCHIATRIC	
Dyspnoea	y	Suicidal	y
Respiratory distress in sleep	y	Change in personality	y
GASTROINTESTINAL		Anxiety	y
Abdominal pain	y	Sleep Disturbances	y
Constipation	y	Depression	y
Heartburn	NO	Emotional	y
Vomiting	y		
Diarrhoea	y		
Melena	y		



Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 18:36

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	14.2	12.0 - 15.0 gm/dl	
RBC COUNT	5.33	3.8 - 4.8 Millions/Cmm	
PACKED CELL VOLUME	45.4	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	85.18	83.0 - 101.0 fl	
MEAN CORP HB (MCH)	26.64	27.0 - 32.0 pg	
MEAN CORP HB CONC (MCHC)	31.28	31.5 - 34.5 g/dl	
RDW	14.8	11.6 - 14.0 %	
WBC COUNT	9.5	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	74	40 - 80 %	
LYMPHOCYTES	17	20 - 40 %	
EOSINOPHILS	4	1 - 6 %	
MONOCYTES	5	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	355	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.5	6.78 - 13.46 %	
PDW	16.0	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS

EDTA Whole Blood - Tests done on Fully Automated Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)

All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

NR Jain

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age / Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 18:36

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u>			
ESR	11	< 20 mm at the end of 1Hr.	WESTERGREN
INTERPRETATION <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies. Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia. Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	O POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---



N. Jain

Dr. Vipul Jain
M.D.(PATH)
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Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u>			
FASTING BLOOD SUGAR			
FBS	114.3	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD
INTERPRETATION SAMPLE : FLUORIDE, PLASMA Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl Diabetic : \geq 126 mg/dl Pre-Diabetic : 100 – 125 mg/dl Plasma Glucose Post Lunch : Non-Diabetic : < 140 Diabetic : \geq 200 mg/dl Pre-Diabetic : 140- 199 mg/dl. Random Blood Glucose : Diabetic : \geq 200 mg/dl References : ADA(American Diabetic Association Guidelines 2016) Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser . **All Test Results are subjected to stringent international External and Internal Quality Control Protocols			

--- End of the Report ---



NRJain

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M.D.(PATH)
APPROVED BY

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Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 10:55
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE

PPBS			
PPBS	117.9	< 140 mg/dl	GODPOD
URINE SUGAR	PRESENT *+)		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : >= 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : >= 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >= 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols

--- End of the Report ---



NRS

Dr. Vipul Jain
M.D.(PATH)

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UHID : AM10.24000000001
Patient Name : MRS. VAIDEHI PALAV
Age : 50 Yrs
Gender : FEMALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A077534
Registered On : 28/09/2024,02:28 PM
Collected On : 28/09/2024,02:30 PM
Reported On : 29/09/2024,02:31 AM
SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	6.0	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 125.5 mg/dL

Method : Calculated

Note Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.


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Verified By

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"





UHID : AM10.24000000001
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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Corelation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels corelate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled daibetics.
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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 MD (Path)
 Reg.No.76516

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Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE

Lipid Test

TOTAL CHOLESTEROL	273.0	130 - 200 mg/dl	
TRIGLYCERIDES	116.6	25 - 160 mg/dl	
HDL CHOLESTEROL	48.7	35 - 80 mg/dl	
LDL CHOLESTEROL	200.98	< 100 mg/dl	
VLDL CHOLESTEROL	23.32	7 - 35 mg/dl	
LDL-HDL RATIO	4.13	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	5.61	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM,PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics,Hypertension .With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols.

--- End of the Report ---



NRS Jain

Dr. Vipul Jain
M.D.(PATH)

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ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u>			
LIVER FUNCTION TEST			
SGOT	25.7	< 34 U/L	
SGPT	14.0	10 - 49 U/L	
TOTAL BILIRUBIN	0.33	0.3 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.12	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.21	< 1.2 mg/dl	
TOTAL PROTEINS	7.30	6.0 - 8.3 g/dl	
ALBUMIN	4.00	3.5 - 5.2 g/dl	
GLOBULIN	3.3	2.0 - 3.5 g/dl	
A/G RATIO	1.21	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	63.6	42 - 98 U/L	
GGT	18.3	< 38 U/L	
REMARKS SAMPLE : SERUM, PLAIN PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.			

--- End of the Report ---



N. Jain

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY





Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE</u>			
TOTAL PROTEINS			
TOTAL PROTEINS	7.30	6.0 - 7.8 g/dl	BIURET
ALBUMIN	4.00	3.5 - 5.2 g/dl	BIURET
GLOBULIN	3.3	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.21	1.0 - 2.0 g/dl	BIURET

--- End of the Report ---

NREJA

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G





Name	: MS. VAIDEHI PALAV	UHID	: VRX-44488
Age/Gender	: 50 Years 6 Months /F	Registered On	: 28/09/2024 08:17
Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 14:50

Investigations	Observed Value	Blo. Ref. Interval	METHOD
MEDIWHEEL FULL BODY ANNUAL PLUS CHECK ADVANCED FEMALE			
URIC ACID	3.20	2.6 - 6.0 mg/dl	URICASE
CREATININE	0.75	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picroate
BUN			
UREA	19.7	15 - 40 mg/dl	
BLOOD UREA NITROGEN	9.23	7.3 - 18.8 mg/dl	
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	9.23	7.9 - 21.1 mg/dL	
Creatinine	0.75	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	12.31	5.0 - 23.5	



--- End of the Report ---

NRS Jain

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Referred By	: MEDIWHEEL	Collected On	: 28/09/2024 08:19
		Reported On	: 28/09/2024 18:36

Investigations	Observed Value	Bio. Ref. Interval	METHOD
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.005		
REACTION (PH)	5.5		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	Absent		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

--- End of the Report ---

NRJain

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UHID : AM10.24000000001
 Patient Name : MRS. VAIDEHI PALAV
 Age : 50 Yrs
 Gender : FEMALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON

Bill No. : A077534
 Registered On : 28/09/2024,02:28 PM
 Collected On : 28/09/2024,02:30 PM
 Reported On : 29/09/2024,02:31 AM
 SampleID :

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	95.0	ng/dL	58-159
Total T4 Method : ECLIA	8.1	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	1.528	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng/dl		
	2nd Trimester- 155-328 ng/dl		
	3rd Trimester - 137-324 ng/dl		
	T4- 1st Trimester - 7.31-15.0 mcg/dl		
	2nd Trimester- 8.92-17.38 mcg/dl		
	3rd Trimester - 7.98-17.7 mcg/dl		
	TSH- 1st Trimester - 0.04-3.77 uIU/ml		
	2nd Trimester- 0.30-3.21 uIU/ml		
	3rd Trimester - 0.6-4.5 uIU/ml		

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Aparna
 Dr Aparna Jairam
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 SampleID :

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
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1.Total T3(Total Tri- ido- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)is one of the bound form of thyroid hormones produced by thyroid gland .its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyroidism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotprin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.

End of Report

Results are to be correlated clinically

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Verified By

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 Reg.No.83385

Dr Aparna Jalram
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"



Female

QRS : 78 ms
QT / QTcBaz : 340 / 397 ms
PR : 138 ms
P : 100 ms
RR / PP : 734 / 731 ms
P / QRS / T : 40 / 54 / 46 degrees

Normal sinus rhythm
Normal ECG

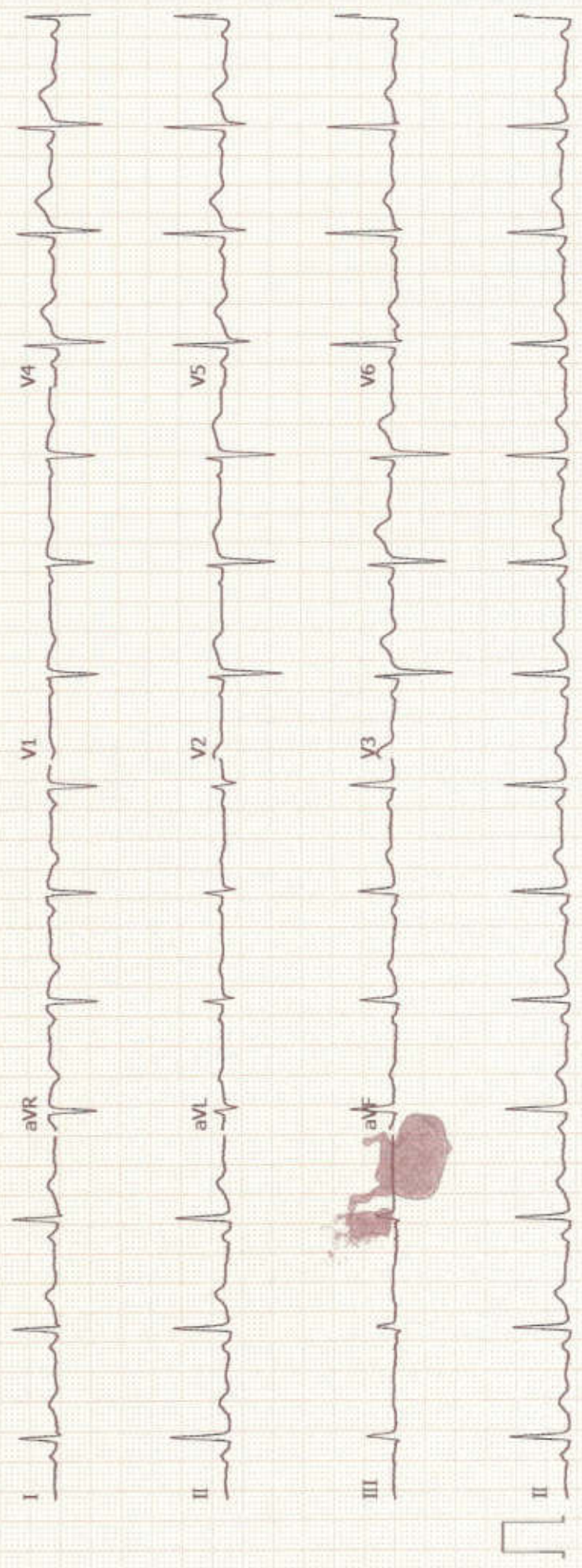
Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Sino Rhythm

QNL

Consult Oncology.

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

Name: MS VAIDEHI R PALAV **Height:** 144 cms **Weight:** 45 Kg **Date:** 28-09-2024 **Time:** 11:31
Age: 50 **Gender:** F **ID:** 2879

Clinical History: HYPOTHYROID
Medications: ELTROXIN 100MCG

Test Details:

Protocol: Bruce **Predicted Max HR:** 170 **Target HR:** 144 (85% of Pr. MHR)
Exercise Time: 0:07:15 **Achieved Max HR:** 164 (96% of Pr. MHR)
Max BP: 194/90 **Max BP x HR:** 31816 **Max Mets:** 8.1
Test Termination Criteria: Target HR attained

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	ST Level mm	ST Slope mV/S
Supine	00:12	1	0	0	98	134/90	13132	-0.5 II	0.4 I
Standing	00:08	1	0	0	98	134/90	13132	-0.5 III	0.4 V5
HyperVentilation	00:07	1	0	0	96	134/90	12864	-0.4 III	0.3 V4
PreTest	00:41	1	1.6	0	103	134/90	13802	-1.5 II	0.3 I
Stage: 1	03:00	4.7	2.7	10	128	170/90	21760	-0.8 II	0.5 II
Stage: 2	03:00	7	4	12	143	170/90	24310	1.6 aVR	0.8 II
Peak Exercise	01:15	8.1	5.5	14	164	194/90	31816	-2 II	-0.7 aVR
Recovery1	03:00	1	0	0	101	168/90	16968	-0.6 III	0.4 II
Recovery2	00:21	1	0	0	102	150/90	15300	-0.7 II	-0.4 aVR
Recovery3	00:10	1	0	0	103	150/90	15450	1 aVR	0.2 II

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA OR ARRHYTHMIA
 NO SIGNIFICANT ST-T CHANGES AS COMPARED TO BASELINE ECG

CONCLUSION:- STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA AT MODERATE WORK LOAD

DR. SHILPA SINGH
 MD (Physician), FRCG, FRCR
 Reg No. M.M.C. 2143123099

Ref. Doctor: MEDIWHEEL

Doctor: DR. SHILPA SINGH

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2879

Stage: Standing

Date: 28-09-2024

Speed: 0

Exec Time: 0:00:00

Slope: 0 %

Stage Time: 00:04

THR: 144 bpm

HR: 96 bpm

BP: 134/90 mmHg

STLevel(mm) STSlope(mV/s)

0.2 0.2 I



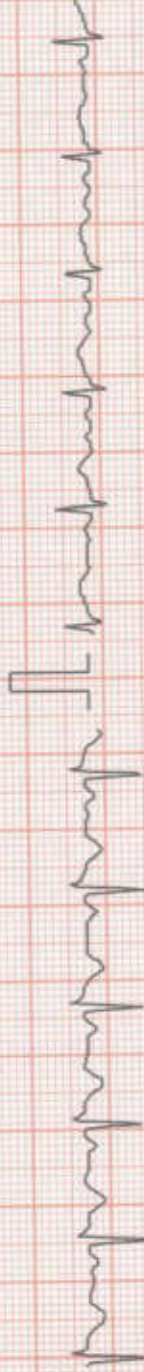
-0.2 0.2 II



-0.4 0 III



-0.1 -0.2 aVR



0.3 0.1 aVL



-0.3 0.1 aVF



V5



V1 0.2 -0.2



V2 0.5 0.2



V3 0.5 0.2



V4 0.4 0.2



V5 0.2 0.3



V6 0 0.3



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

ID: 2879

Date: 28-09-2024

Exce Time: 0:00:00

Stage Time: 00:02

HR: 98 bpm

Bruce Protocol

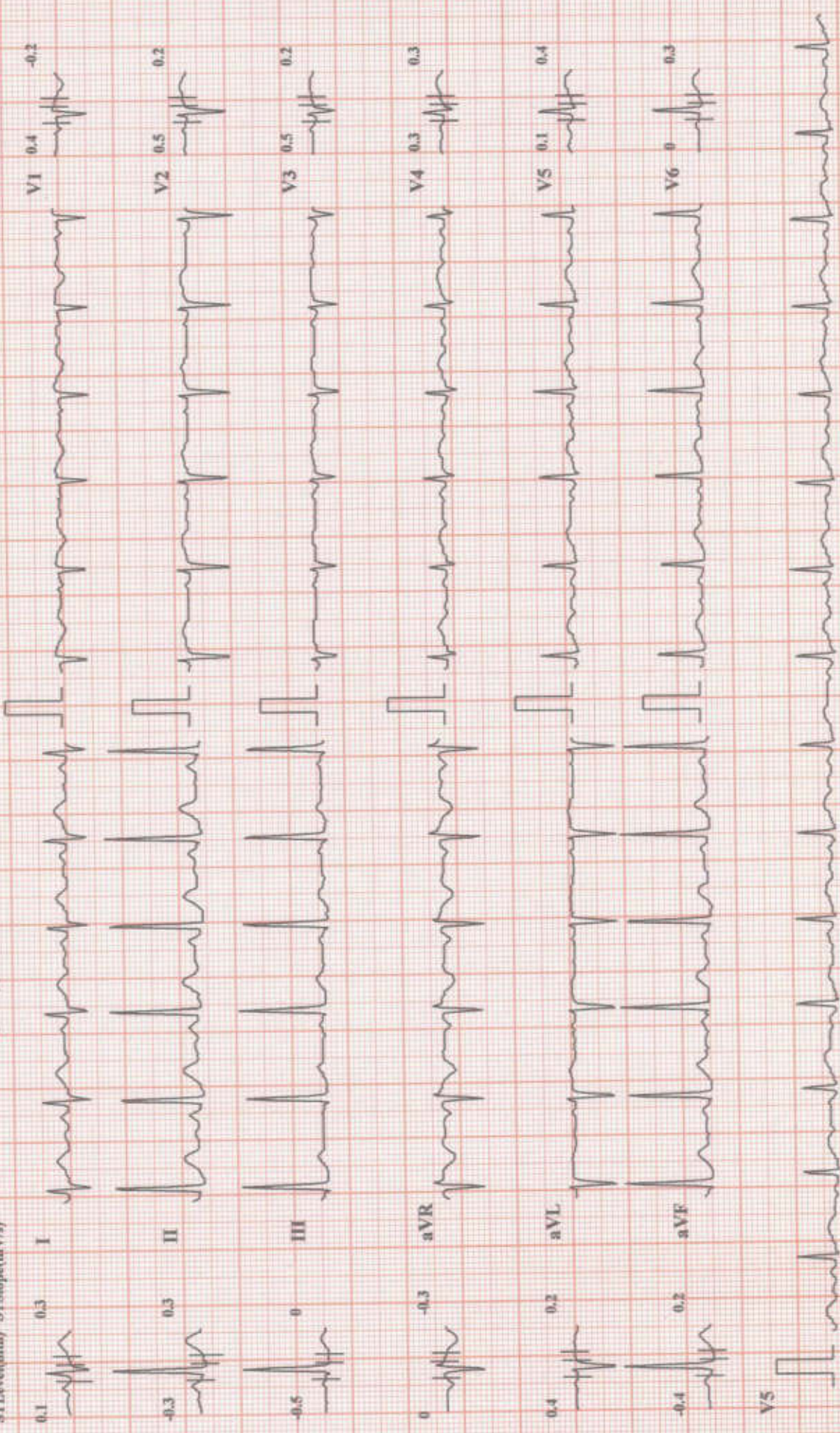
STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Slope: 0 %

THR: 144 bpm

BP: 134/90 mmHg
STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

ID: 2879

Date: 28-09-2024

Exec Time: 0:02:40

Stage Time: 02:40

HR: 125 bpm

Bruce Protocol

Speed: 2.7 kmph

Slope: 10 %

THR: 144 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

V1 0.4 -0.2



V2 0.4 0.4



V3 0.3 0.4



V4 0.1 0.3



V5 0 0.2



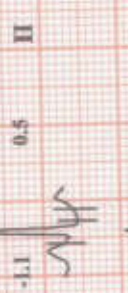
V6 -0.5 0.3



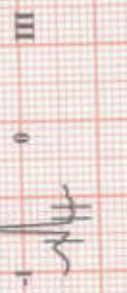
I 0.5



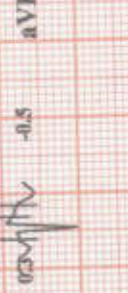
II -1.1 0.5



III 0



aVR -0.5



aVL 0.2



aVF -1.1 0.2



V5



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

ID: 2879

Bruce Protocol

Stage: 2

STLevel(mm) STSlope(mV/s)

Date: 28-09-2024

Speed: 4 kmph

Exer: Time: 0:05:56

Slope: 12.2%

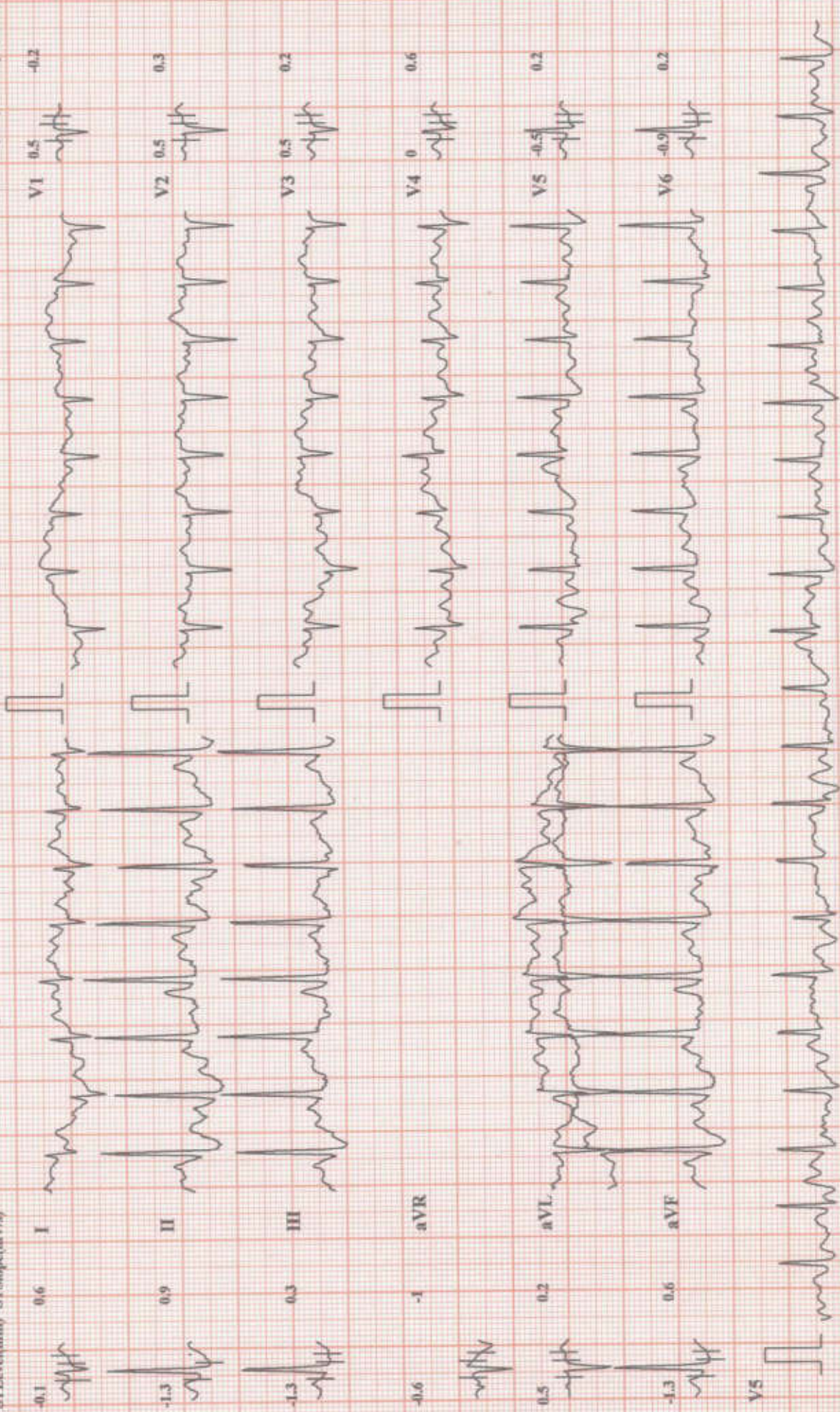
Stage Time: 02:56

THR: 144 bpm

HR: 142 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2879

Stage: 3

Date: 28-09-2024

Speed: 5.5 kmph

Exec Time: 0:06:44

Slope: 14 %

Stage Time: 00:44

THR 144 bpm

HR: 156 bpm

BP: 170/90 mmHg

STLevel(mm) STSlope(mV/s)

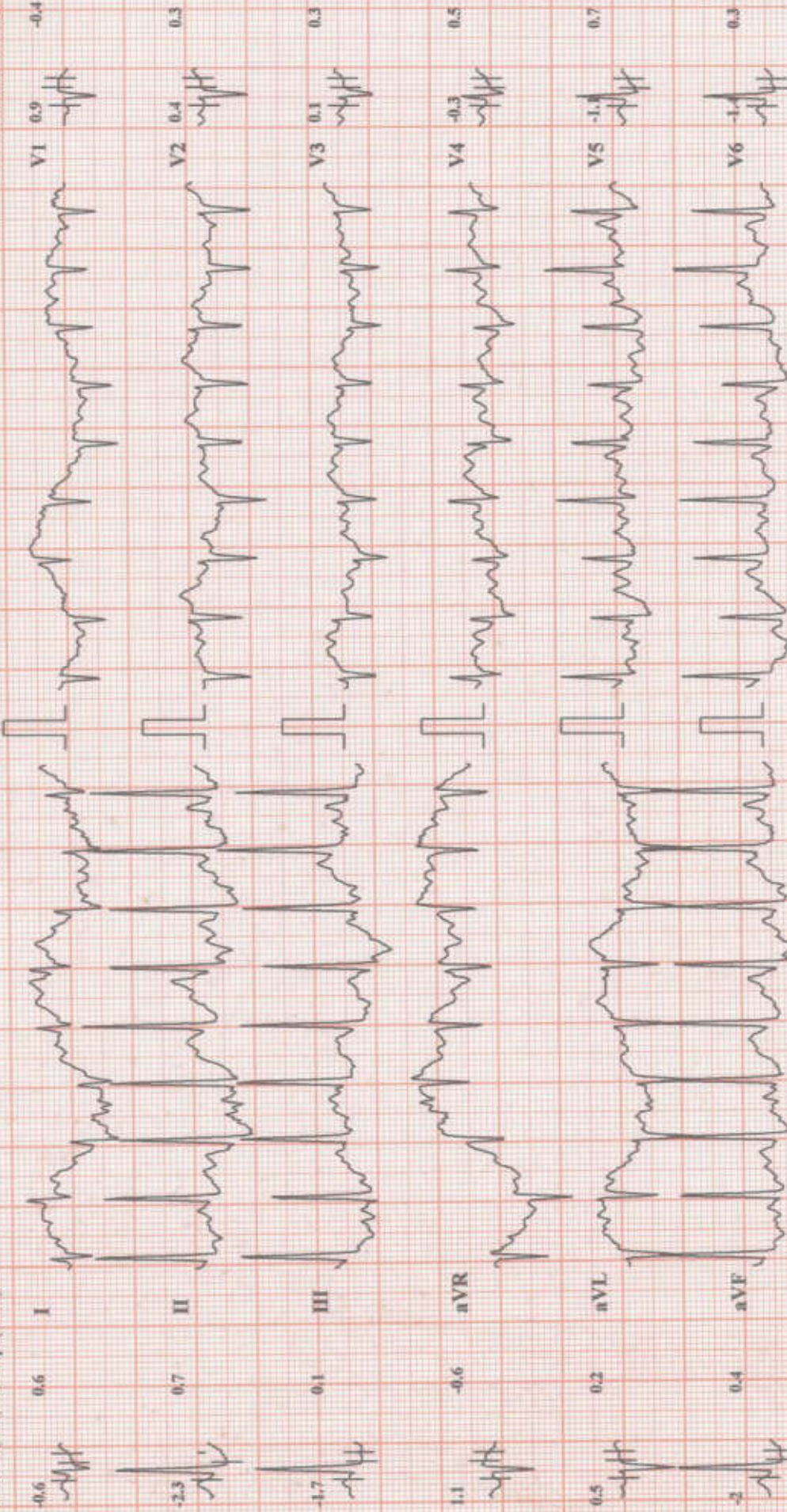


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-10 Version: 3.4

CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

ID: 2879

Date: 28-09-2024

Exec Time : 0:07:09

Stage Time: 01:09

HR: 162 bpm

Bruce Protocol

Stage: 3

Speed: 5.5 kmph

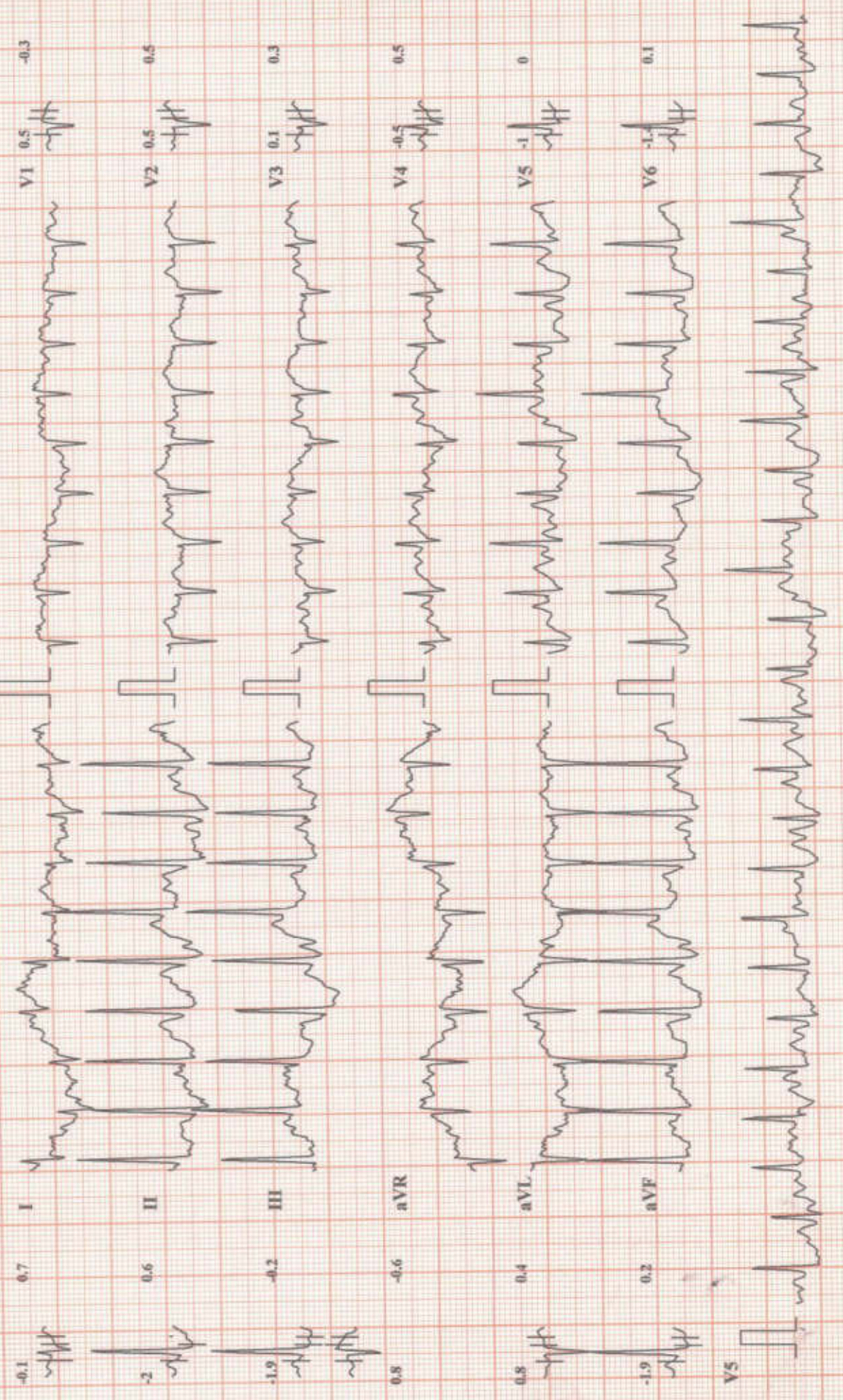
Slope: 14%

THR: 144 bpm

BP: 194/90 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHIR PALAV (50 F)

ID: 2879

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Date: 28-09-2024

Exec Time: 0:07:15

Slope: 14 %

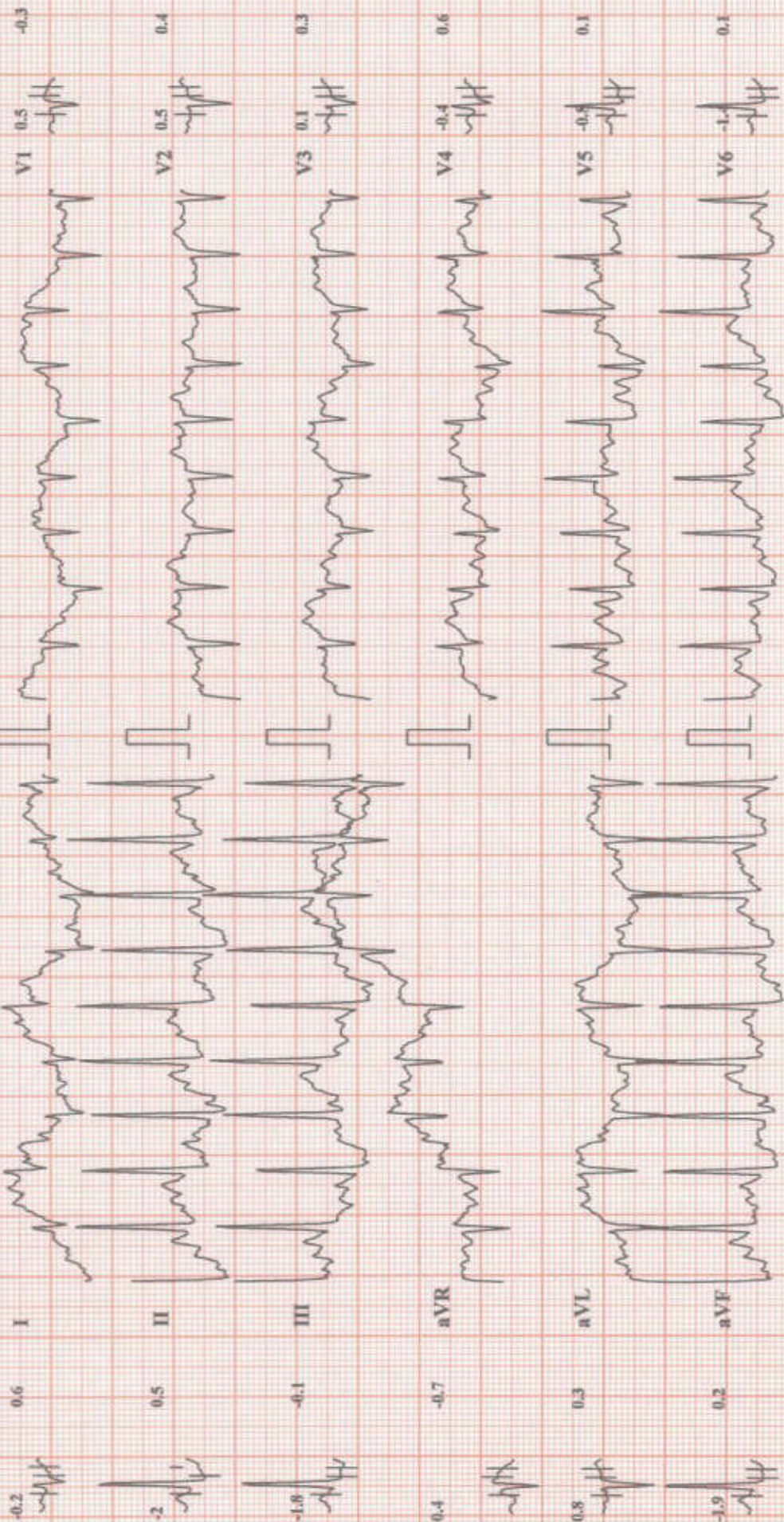
Stage Time: 01:15

THR: 144 bpm

HR: 164 bpm

BP: 194/90 mmHg

STLevel(mm) STSlope(mV/s)



CARDIO BEATS

VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

HR: 119 bpm

Bruce Protocol

Stage Time: 01:27

BP: 194/90 mmHg

Exec Time: 00:00

THR: 144 bpm

Date: 28-09-2024

Slope: 0 %

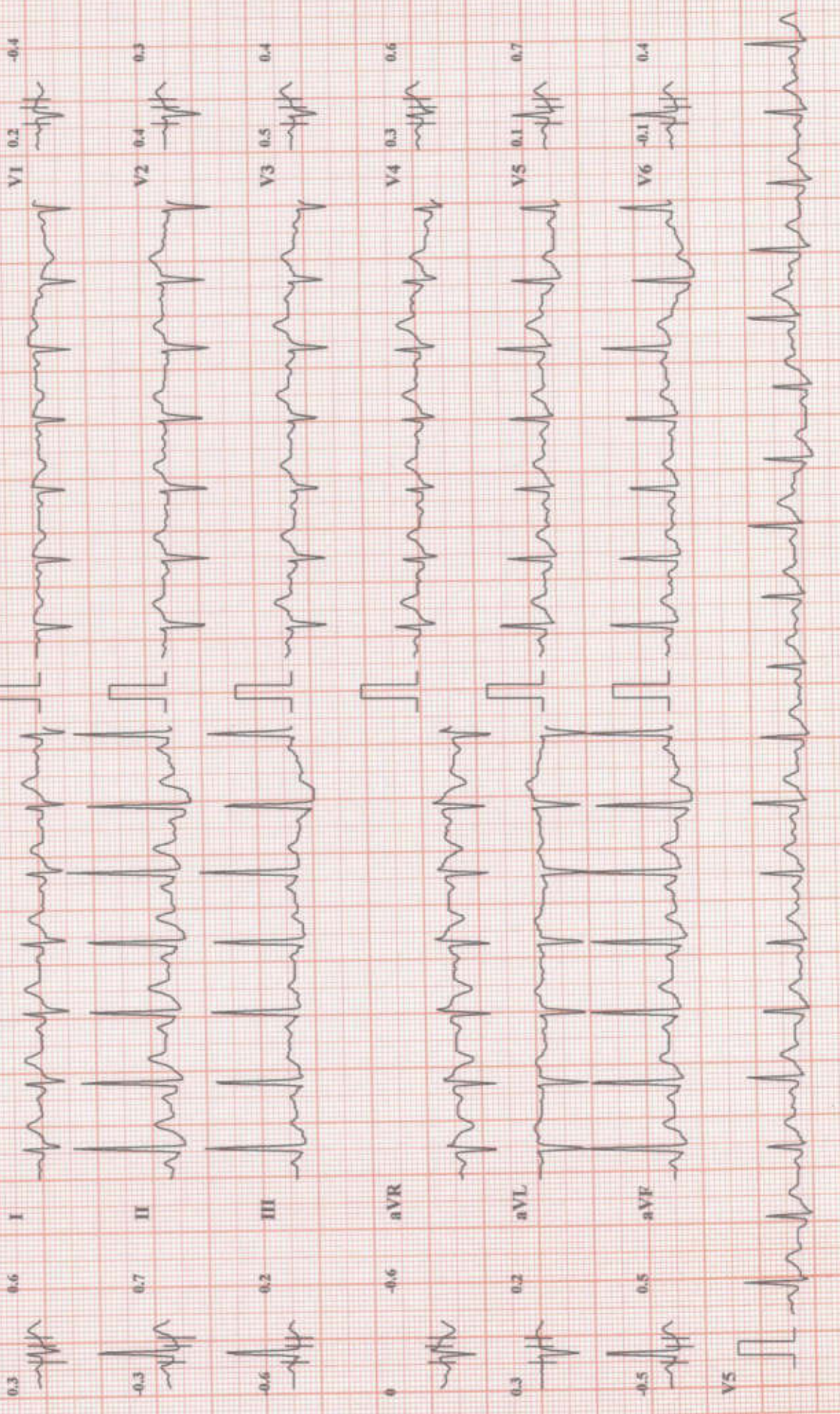
Stage: Recovery I

ID: 2879

Speed: 0 kmph

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



VRX HEALTHCARE PVT LTD (PHYSIO LOUNGE & DIAGNO LOUNGE)

MS VAIDEHI R PALAV (50 F)

Bruce Protocol

ID: 2879

HR: 102 bpm

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Date: 28-09-2024

Exec Time: 00:00

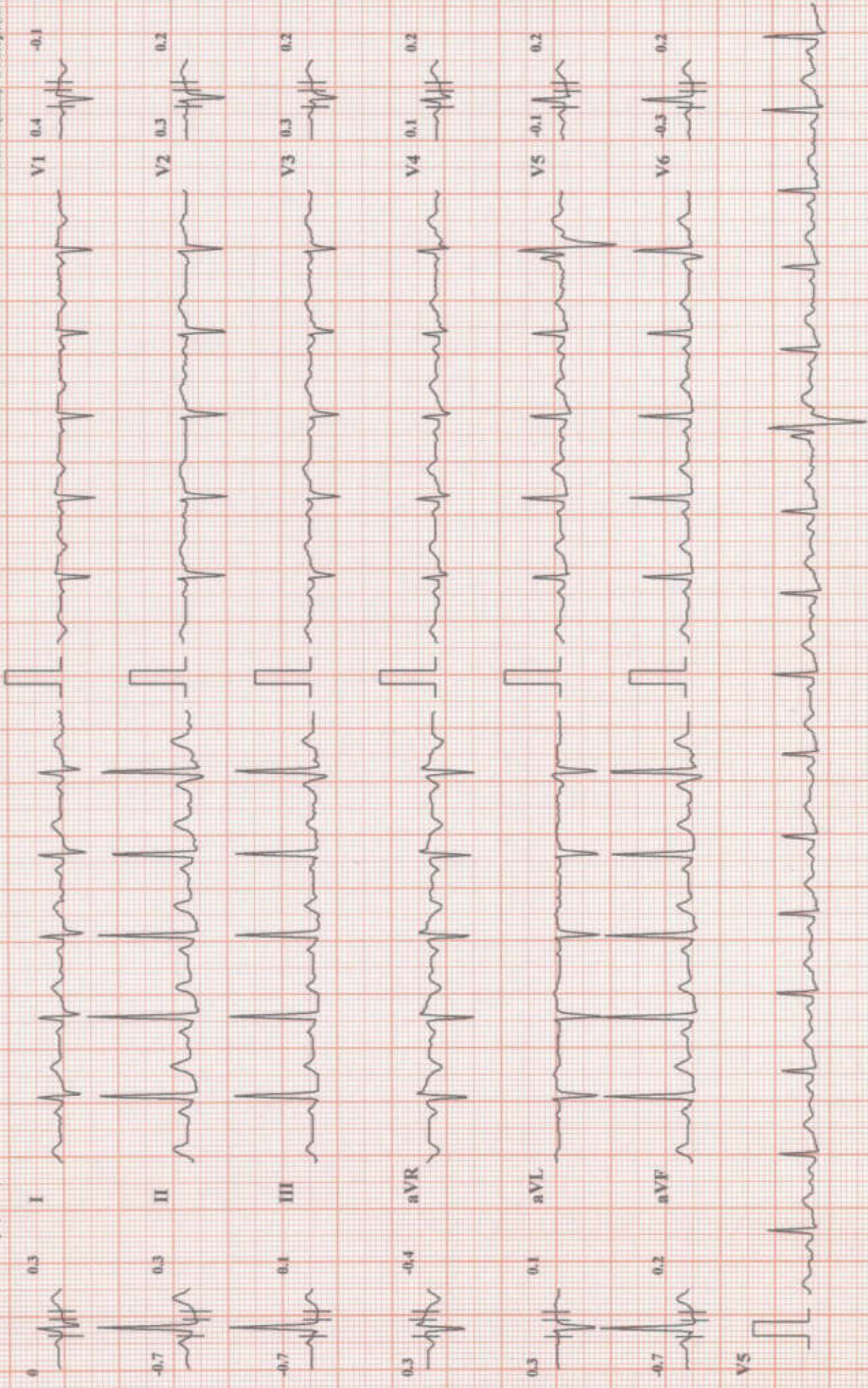
Stage Time: 00:01

STLevel(mm) STSlope(mV/s)

Slope: 0 %

THR: 144 bpm

BP: 150/90 mmHg
STLevel(mm) STSlope(mV/s)





PATIENT NAME : MS. VAIDEHI PALAV	AGE : 50 YEARS
LAB NO :	SEX : FEMALE
REF DR NAME : MEDIWHEEL	DATE : 28/09/2024

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:

Gall bladder is well distended and shows TINY 3.3 mm polyp within the lumen. No obvious edematous wall.

PANCREAS:

The pancreas is well visualized and 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 8.5 x 3.4 cm. Left kidney measures 8.3 x 4.4 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.
Pre – 10 cc

UTERUS:

Uterus is normal in size, shape and echotexture. Measures 4.3 x 2.6 x 6.2 cms.
ET; 7.2 MM

IMPRESSION:

Tiny GB polyp.
No obvious abnormality is seen at the abdomen.


DR. FORAM AJMERA
(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 case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.



PATIENT NAME : MS. VAIDEHI PALAV	AGE : 50YEARS
LAB NO :	SEX : FEMALE
REF DR NAME : MEDIWELL	DATE : 28/09/2024

SONOMAMMOGRAPHY

Sonomammography of both breasts show normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen in both breasts.

Bilateral axilla appear normal.

IMPRESSION :

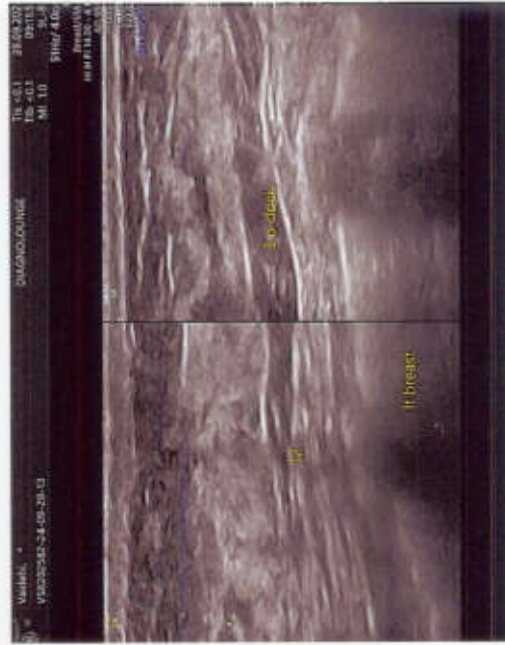
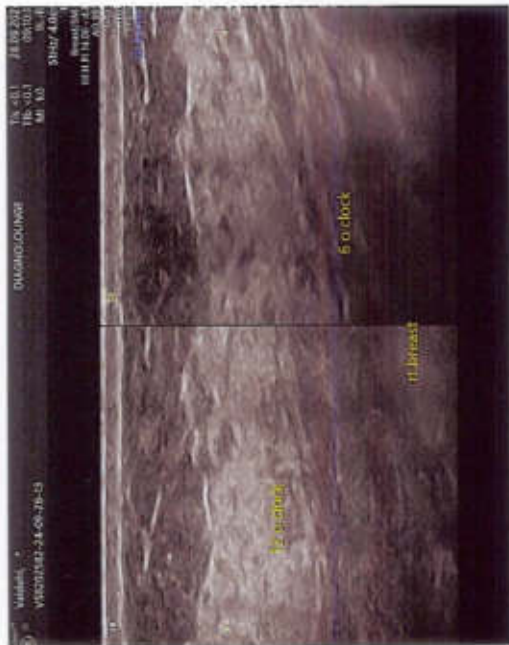
Normal sonomammography of both breasts.


DR. FORAN AJMERA
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. Mammography is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.









NAME : MS. VAIDEHI PALAV
REF. BY : DR. MEDIWHEEL
EXAMINATION : X-RAY CHEST PA VIEW

DATE: 28/09/2024

AGE: 50YRS/F

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.


Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:

No pleuro parenchymal abnormality noted.


DR. SHEKANT BODKE
(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. X RAY is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.