

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|-----------|----------|-------|
| Patient Name | Rupa Koli | Sex/Age | F/58 |
| Date | 30/3/23 | Location | Thane |

History and Complaints

C/O - knee pain
- Shoulder pain

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|------|
| Height (cms): | 156 | Temp (0c): | Ⓢ |
| Weight (kg): | 61.6 | Skin: | NAD. |
| Blood Pressure | 120/80 | Nails: | |
| Pulse | 72/min | Lymph Node: | |

Systems :

| | |
|-----------------|------|
| Cardiovascular: | NAD. |
| Respiratory: | |
| Genitourinary: | |
| GI System: | |
| CNS: | |

Impression:

↓ Hb.
BSL (F) - Impaired
Jatue - Pus cells (10-15/hpf)
Jsc - Fatty Liver

Advice:

- Iron Supplement
- Low Fat, Low sugar Diet
- Drink Plenty of Liquids

Repeat sugar profile after 6 Months.

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

PERSONAL HISTORY:

| | | |
|----|------------|-------|
| 1) | Alcohol | NO |
| 2) | Smoking | NO |
| 3) | Diet | Mixed |
| 4) | Medication | NO |



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

0000-0573-5507

Date:- 30/8/23

CID:

Name:- Rupa Koti

Sex / Age: F 53.

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil.

Unaided Vision: 02 IOL.

Aided Vision: 02 6/6 RWD 4/6

Refraction:

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2308913203
Name : MRS.RUPA DAYANESHWAR KOLI
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Mar-2023 / 10:08
Reported : 30-Mar-2023 / 13:17

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| RBC PARAMETERS | | | |
| Haemoglobin | 11.8 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.20 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 36.1 | 36-46 % | Measured |
| MCV | 85.9 | 80-100 fl | Calculated |
| MCH | 28.2 | 27-32 pg | Calculated |
| MCHC | 32.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.2 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 5080 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND ABSOLUTE COUNTS | | | |
| Lymphocytes | 34.2 | 20-40 % | |
| Absolute Lymphocytes | 1737.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.7 | 2-10 % | |
| Absolute Monocytes | 289.6 | 200-1000 /cmm | Calculated |
| Neutrophils | 54.1 | 40-80 % | |
| Absolute Neutrophils | 2748.3 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.8 | 1-6 % | |
| Absolute Eosinophils | 294.6 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 10.2 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 215000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 10.7 | 6-11 fl | Calculated |
| PDW | 18.5 | 11-18 % | Calculated |

RBC MORPHOLOGY

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| | |
|----------------------|--------------------------|
| 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 31 2-30 mm at 1 hr. Sedimentation

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

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 105.5 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 99.1 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |

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Collected : 30-Mar-2023 / 10:08
Reported : 30-Mar-2023 / 15:06

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| BLOOD UREA, Serum | 18.9 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 8.8 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.69 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 95 | >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 | 7.0 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| URIC ACID, Serum | 3.1 | 2.4-5.7 mg/dl | Uricase |
| PHOSPHORUS, Serum | 4.2 | 2.7-4.5 mg/dl | Ammonium molybdate |
| CALCIUM, Serum | 8.8 | 8.6-10.0 mg/dl | N-BÁPTA |
| SODIUM, Serum | 139 | 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
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Reported : 30-Mar-2023 / 14:31

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.2 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 102.5 | 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.

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*** End Of Report ***

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Pathologist



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Collected : 30-Mar-2023 / 10:08
Reported : 30-Mar-2023 / 16:13

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|--------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| 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) | 30 | - | - |
| CHEMICAL EXAMINATION | | | |
| 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 |
| MICROSCOPIC EXAMINATION | | | |
| Leukocytes(Pus cells)/hpf | 10-15 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 10-12 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | +(>20/hpf) | 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

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

| PARAMETER | RESULTS |
|-----------|----------|
| ABO GROUP | A |
| Rh TYPING | Positive |

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

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

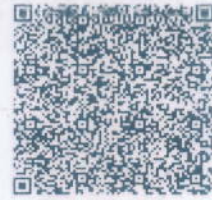
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Reported : 30-Mar-2023 / 15:06

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 189.6 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 70.2 | 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 | 59.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 129.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 116.0 | 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 | 13.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.2 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.9 | 0-3.5 Ratio | Calculated |

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OUR PRESENCE



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Reported : 30-Mar-2023 / 14:00

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---------------------|---------|---|--------|
| Free T3, Serum | 4.5 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.8 | 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 | 1.89 | 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 |

AREAS OF SPECIAL EXPERTISE

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Collected : 30-Mar-2023 / 10:08
Reported : 30-Mar-2023 / 14:00

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)

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*** End Of Report ***



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Collected : 30-Mar-2023 / 10:08
Reported : 30-Mar-2023 / 14:54

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|---------|----------------------|---|
| BILIRUBIN (TOTAL), Serum | 0.32 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.13 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.19 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.0 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.5 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 16.0 | 5-32 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 18.1 | 5-33 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 11.7 | 3-40 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 74.9 | 35-105 U/L | PNPP |

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*** End Of Report ***



Amit Taori

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Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 14:28

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X-RAY CHEST PA VIEW

Rotation +

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

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033009373577>



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 11:46

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echorefectivity*. 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 9.0 x 3.8 cm. Left kidney measures 9.0 x 3.6 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 appears atrophic (post-menopausal status)

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=2023033009373556>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308913203
Name : Mrs RUPA DAYANESHWAR KOLI
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 11:46

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-----

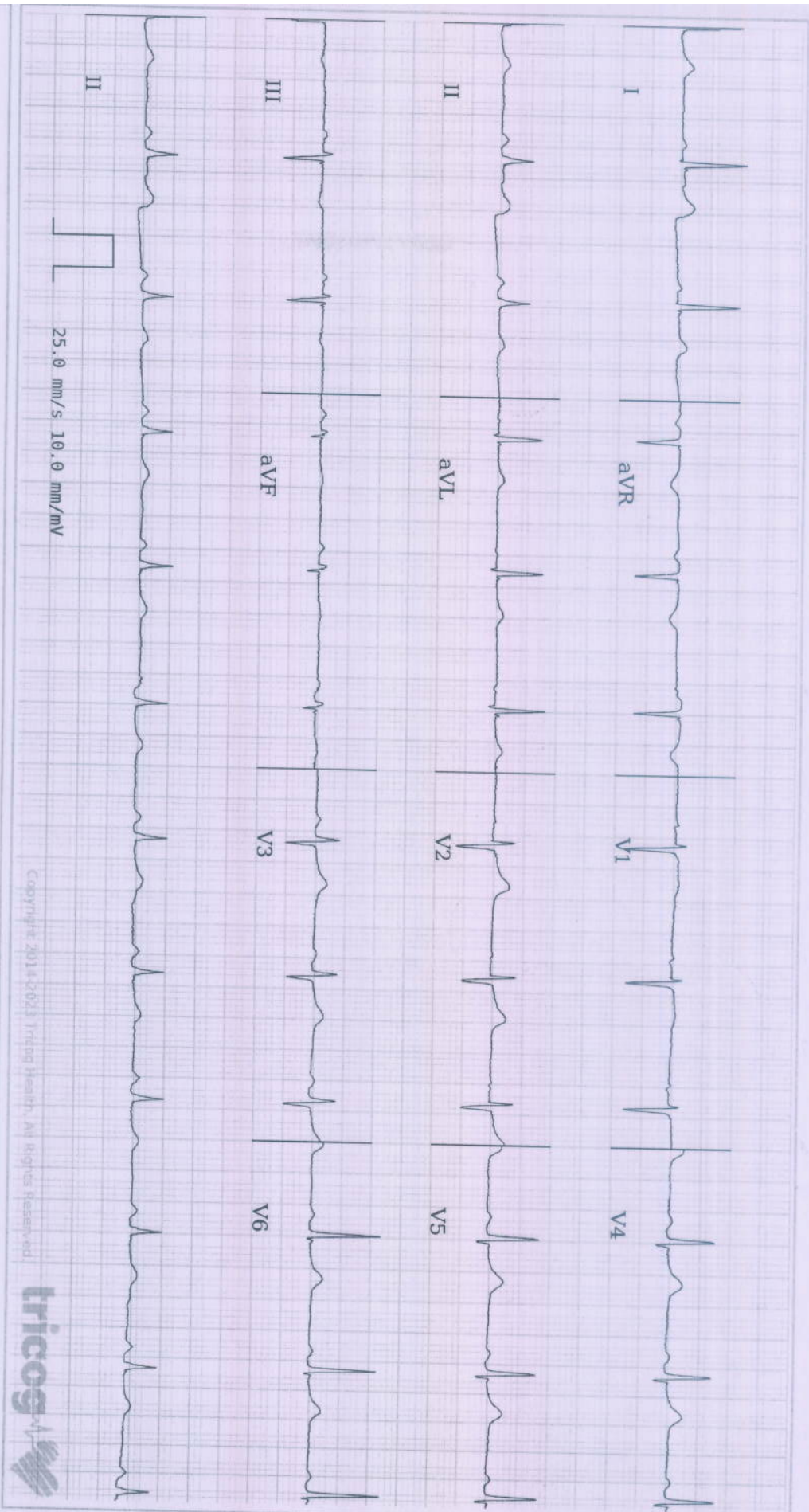
Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033009373556>



Patient Name: RUPA DAYANESHWAR KOLI
Patient ID: 2308913203

Date and Time: 30th Mar 23 9:51 AM



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Age **53** **2** **28**
years months days

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: 130/90 mmHg
Weight: 61 kg
Height: 146 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 72ms
QT: 394ms
QTc: 422ms
PR: 140ms
P-R-T: 65° 1° 10°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, 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 entered by the clinician and not derived from the PEG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

791 (2308913203) / RUPA KOLI / 53 Yrs / F / 146 Cms / 61 Kg
 Date: 30 / 03 / 2023 12:08:00 PM



| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine | 00:04 | 0:04 | 00.0 | 00.0 | 01.0 | 092 | 55 % | 130/80 | 119 | 00 | |
| Standing | 00:10 | 0:06 | 00.0 | 00.0 | 01.0 | 092 | 55 % | 130/80 | 119 | 00 | |
| HV | 00:15 | 0:05 | 00.0 | 00.0 | 01.0 | 092 | 55 % | 130/80 | 119 | 00 | |
| ExStart | 00:18 | 0:03 | 01.7 | 10.0 | 01.1 | 088 | 53 % | 130/80 | 114 | 00 | |
| BRUCE Stage 1 | 03:18 | 3:00 | 01.7 | 10.0 | 04.7 | 155 | 93 % | 150/80 | 232 | 00 | |
| PeakEx | 03:43 | 0:25 | 02.5 | 12.0 | 05.0 | 165 | 99 % | 160/80 | 264 | 00 | |
| Recovery | 04:43 | 1:00 | 00.0 | 00.0 | 01.0 | 126 | 75 % | 160/80 | 201 | 00 | |
| Recovery | 05:43 | 2:00 | 00.0 | 00.0 | 01.0 | 101 | 60 % | 160/80 | 161 | 00 | |
| Recovery | 06:52 | 3:00 | 00.0 | 00.0 | 00.0 | 000 | 0 % | 130/80 | 000 | 00 | |

FINDINGS :

Exercise Time : 03:25
 Initial HR (ExStrt) : 88 bpm 53% of Target 167
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V3 & -1.6 mm in PeakEx
 Test End Reasons : , Heart Rate Achieved , Fatigue,

Max HR Attained 165 bpm 99% of Target 167
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972
 Doctor : DR SHAILAJA PILLAI



EMail: 791/RUPA KOLI / 53 Yrs / F / 146 Cms / 61 Kg Date: 30 / 03 / 2023 12:08:00 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 92.0 bpm, and the maximum predicted Target Heart Rate 167.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.1, 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Heart Rate Achieved , Fatigue.,

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

RNO. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

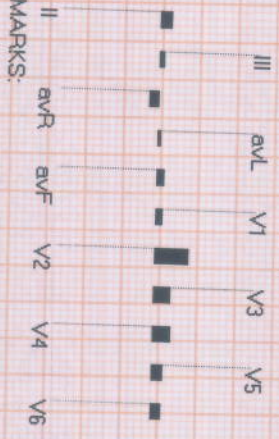
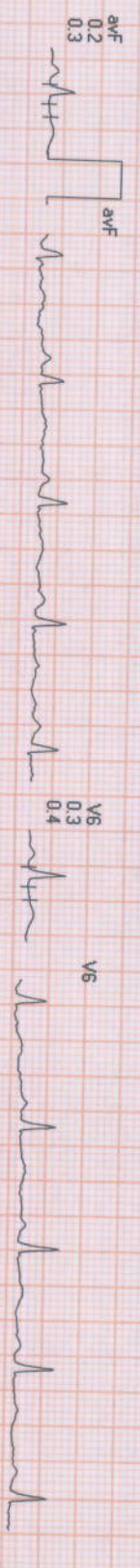
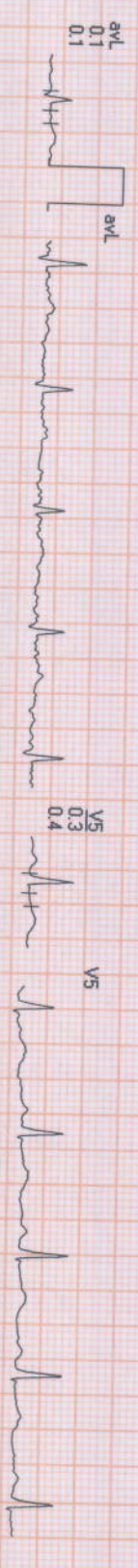
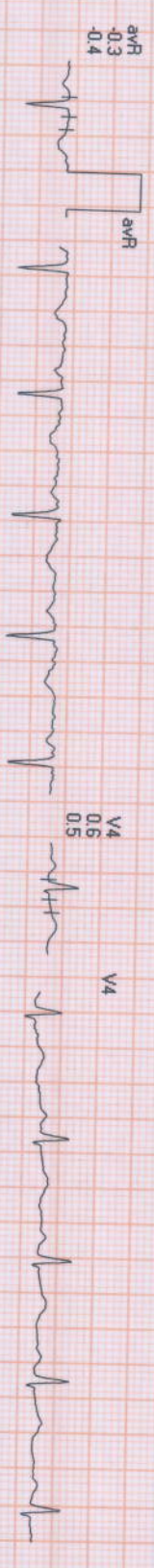
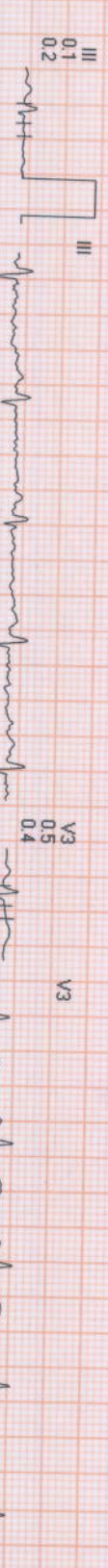
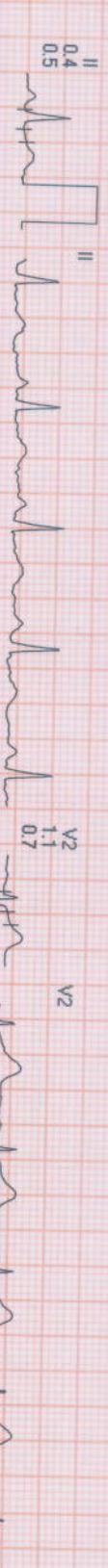
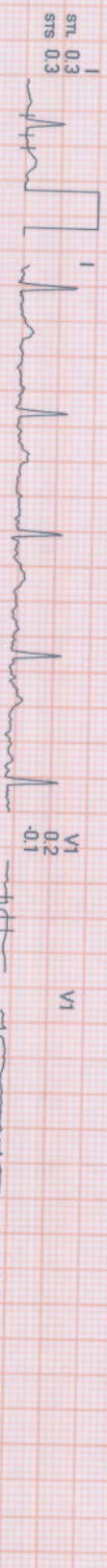
791 (2308913203) / RUPA KOLI / 53 Yrs / F / 146 Cms / 61 Kg / HR : 82

Date: 30 / 03 / 2023 12:08:00 PM METS: 1.0/82 bpm 49% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

4X 80 ms Post J

SUPINE (00:01)



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING (00:00)

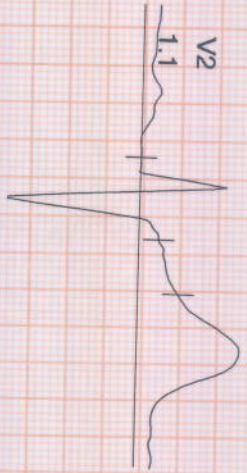


791 (2308913209) / RUPA KOLI / 53 Yrs / F / 146 Cms / 61 Kg / HR : 92

Date: 30 / 03 / 2023 12:08:00 PM METS: 1.0/92 bpm 55% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



V1
0.2
-0.1

V1



V2
1.1
0.7

V2



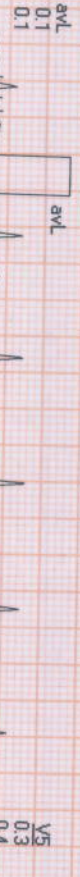
V3
0.5
0.4

V3



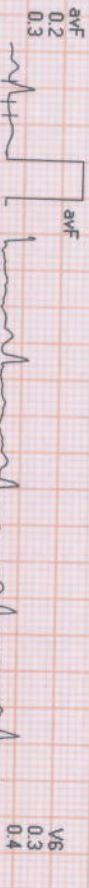
V4
0.6
0.5

V4



V5
0.3
0.4

V5



V6
0.3
0.4

V6



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

HV (00:00)



791 (2308913203) / RUPA KOLI / 53 Yrs / F / 146 Cms / 61 Kg / HR : 92

Date: 30 / 03 / 2023 12:08:00 PM METS: 1.0 / 92 bpm 55% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

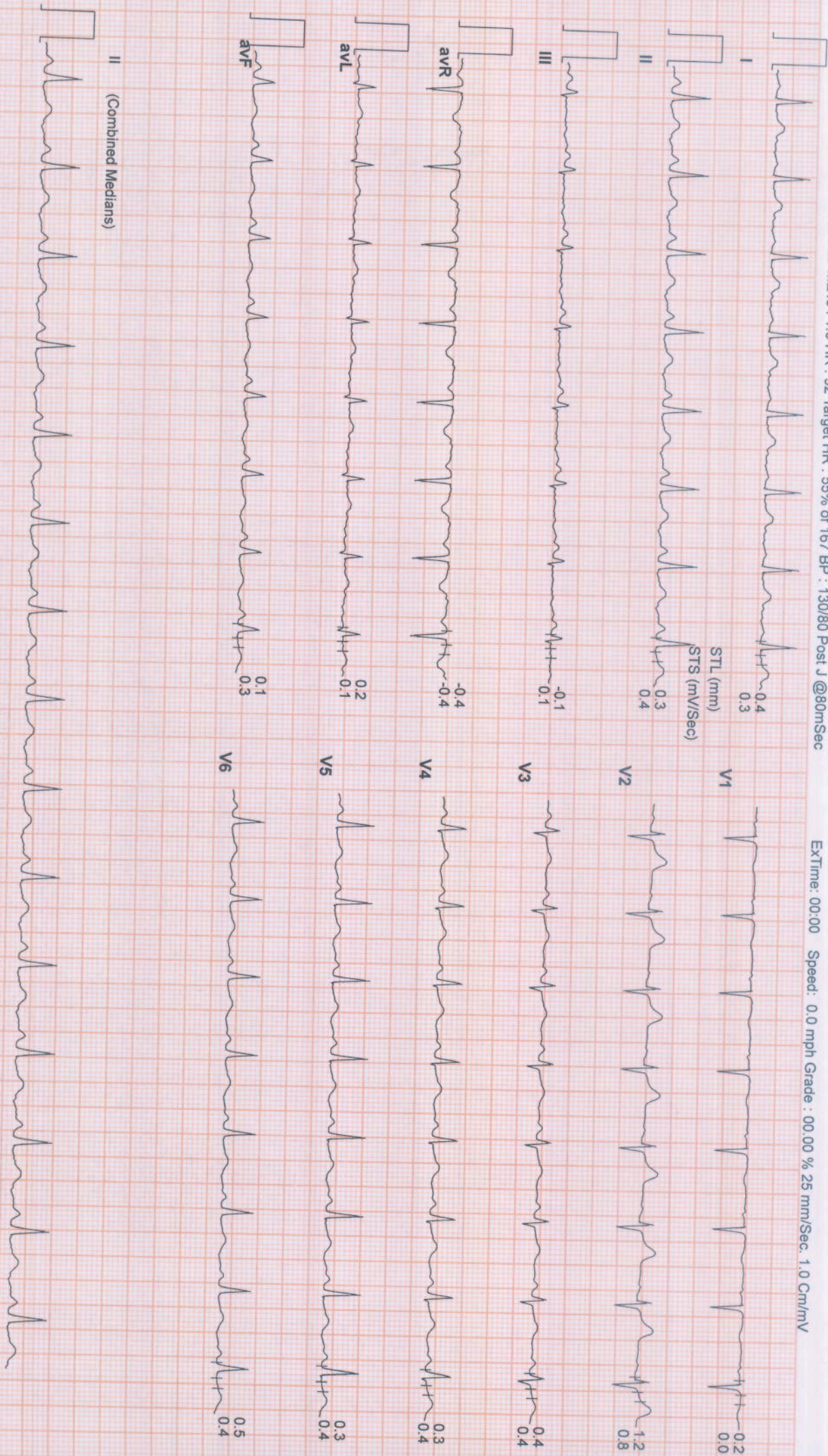
791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

Date: 30 / 03 / 2023 12:08:00 PM METs : 1.0 HR : 92 Target HR : 55% of 167 BP : 130/80 Post J @80mSec

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

6X2 Combine Medians + 1 Rhythm

EXStt



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

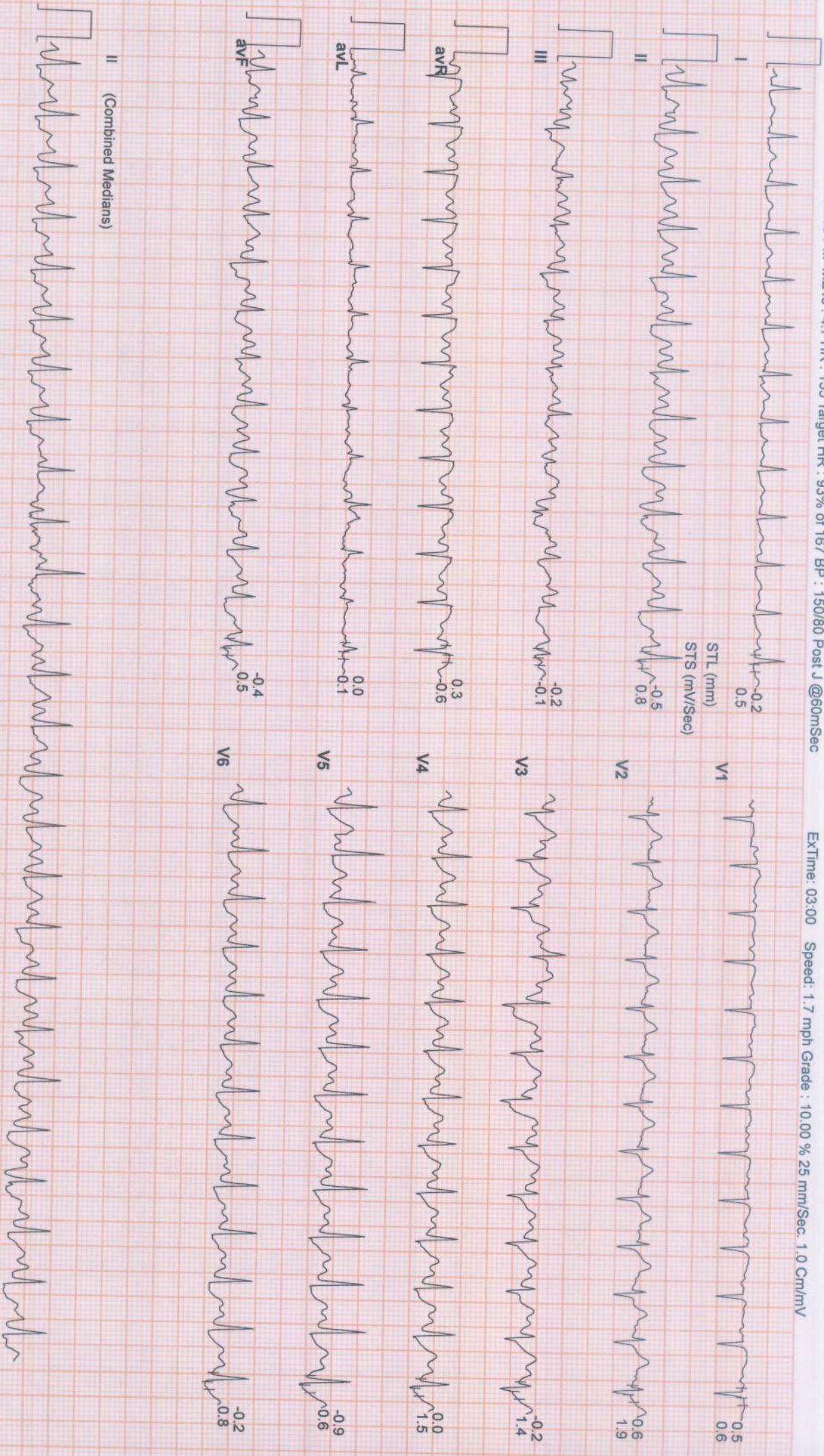
Date: 30 / 03 / 2023 12:08:00 PM METs : 4.7 HR : 155 Target HR : 93% of 167 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

Date: 30 / 03 / 2023 12:08:00 PM METs : 5.0 HR : 165 Target HR : 99% of 167 BP : 160/80 Post J @60mSec

ExTime: 03:25 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

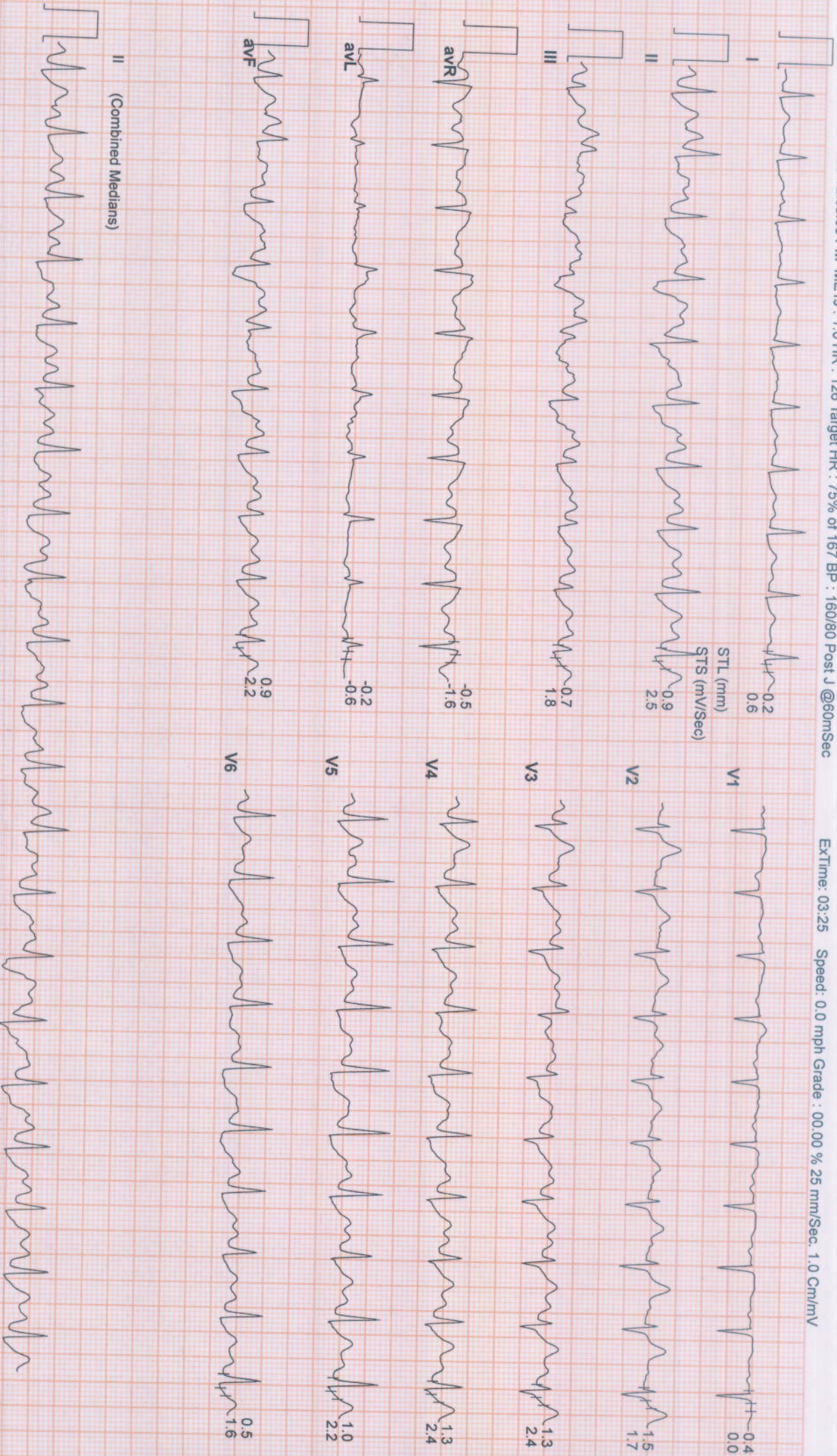
791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

Date: 30 / 03 / 2023 12:08:00 PM METs : 1.0 HR : 126 Target HR : 75% of 167 BP : 160/80 Post J @60mSec

EXTime: 03:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

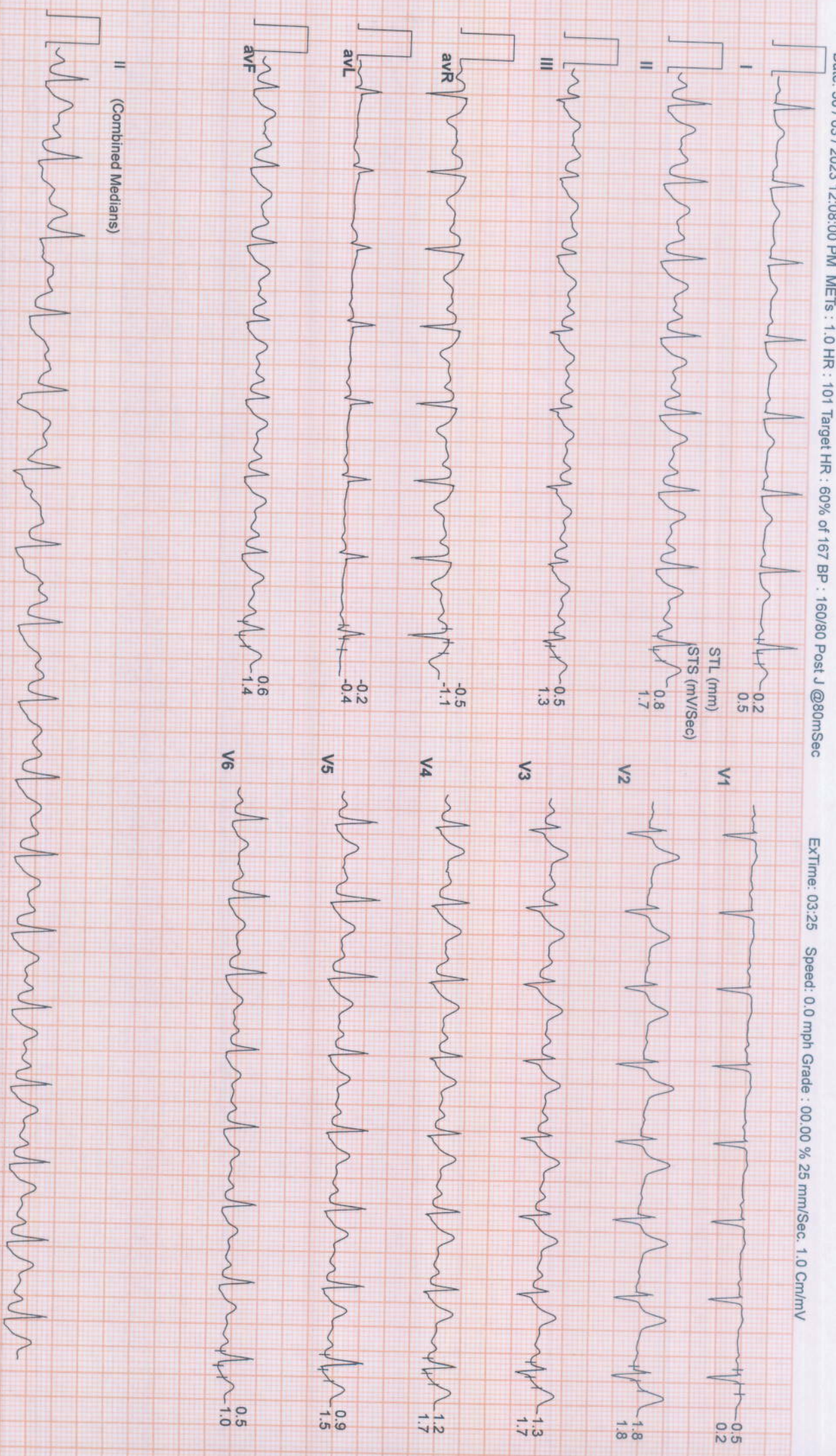
Date: 30 / 03 / 2023 12:08:00 PM METs : 1.0 HR : 101 Target HR : 60% of 167 BP : 160/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



ExTime: 03:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

791 / RUPA KOLI / 53 Yrs / Female / 146 Cm / 61 Kg

Date: 30 / 03 / 2023 12:08:00 PM METs : 1.0 HR : 96 Target HR : 57% of 167 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (03:09)



EXTime: 03:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

