

सत्यमेव जयते



भारत सरकार
Government of India

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Enrollment No.: 0648/00386/59883

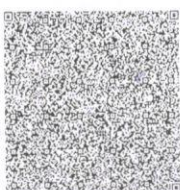
To

Scarlet Paul Fernandes
D/502, Anand Garden CHSL,
New link Road,
Kandarpada Dahisar West,
VTC, Mumbai, PO: Dahisar,
Sub District: Mumbai, District: Mumbai,
State: Maharashtra,
PIN Code: 400068,
Mobile: 983689676

85354028



KC853540287FL



आपका आधार क्रमांक / Your Aadhaar No. :

7897 7722 3455

मेरी आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 04/04/2013



Scarlet Paul Fernandes
DOB - 10/02/1966

Female

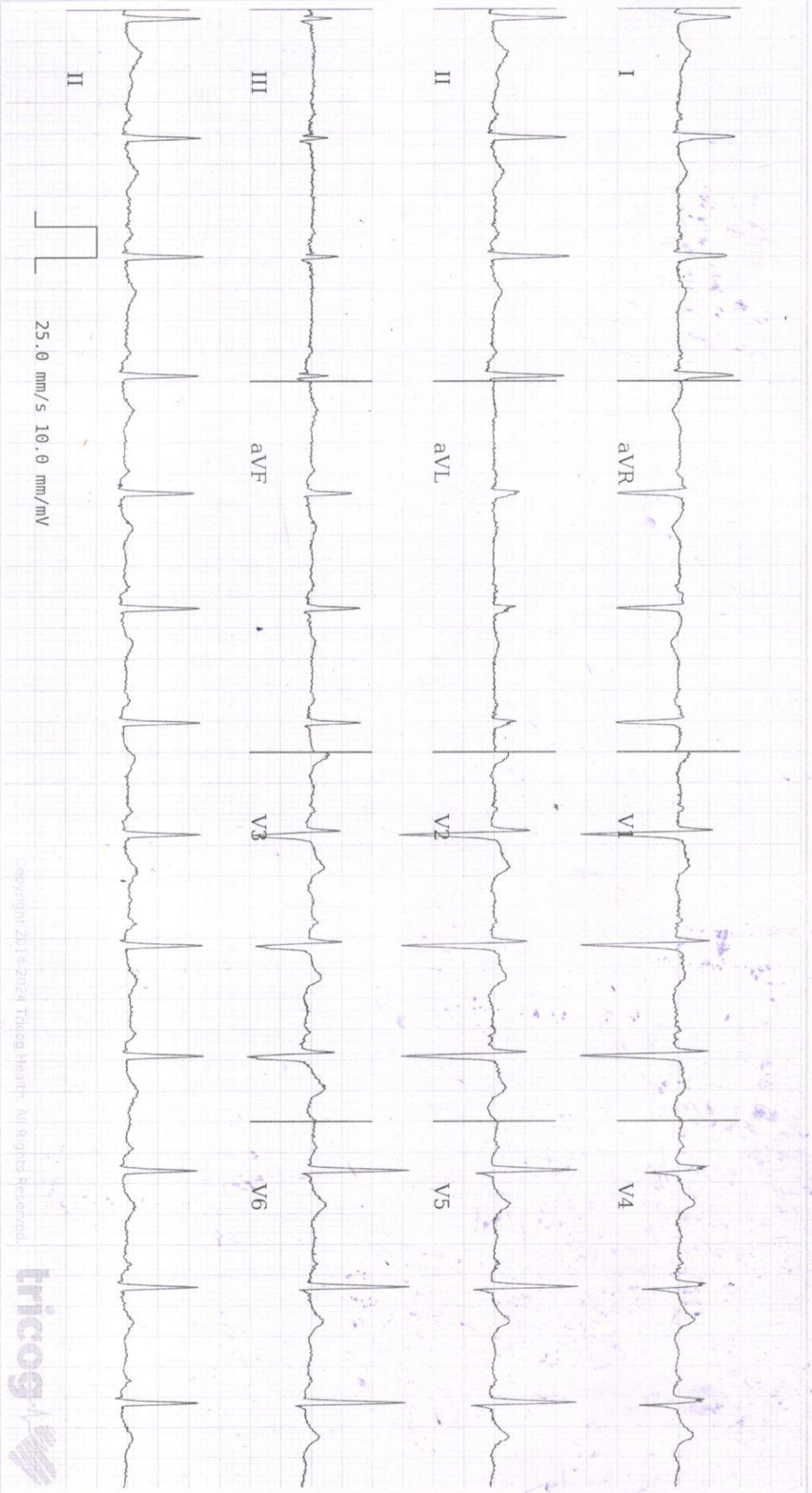
आधार पहचान का प्रमाण है, नागरिकता या जनसंख्या का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण), या क्यूआर कोड/
ऑनलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।

Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

7897 7722 3455

Scarlet Paul Fernandes

Submitted to
30/10/2013
At
Mumbai - 400 092



Age **58** NA NA
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: 140/70 mmHg

Weight: 76 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 350ms

QTcB: 403ms

PR: 144ms

P-R-T: 49° 44° 47°

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

REPORTED BY

Dr Nitin Sonavane
M.B.S.A.F.L.H. D.DIAB. D.CARD
Consultant Cardiologist
87714

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.

CID NO: 2408216808	
PATIENT'S NAME: MRS. FERNANDES SCARLET PAUL	AGE/SEX: 58 Y/ F
REF BY: -----	DATE:22/03/2024

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic disfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MRS. FERNANDES SCARLET PAUL	AGE/SEX: 58 Y/ F
REF BY: -----	DATE:22/03/2024

1. AO root diameter	3.0 cm
2. IVSd	1.0 cm
3. LVIDd	4.6 cm
4. LVIDs	2.1 cm
5. LVPWd	1.0 cm
6. LA dimension	3.4 cm
7. RA dimension	3.5 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.5 m/s
12. Tricuspid Gradient	9 m/s
13. PASP by TR Jet	19 mm Hg
14. TAPSE	3.0 cm
15. Aortic flow vel	1.4 m/s
16. Aortic Gradient	8 m/s
17. Mean aortic PG	4 mm of Hg
18. MV:E	0.7 m/s
19. A vel	0.6 m/s
20. IVC	15 mm
21. E/E'	10


Impression:

Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report


DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714

Date:- 22/3/2024

CID: 2408216808

Name:- Fernandes. Paul

Sex / Age: 58 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO
RE LE
6/6 6/6
N/6 N/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
3018, 302, 3rd Floor, Anandnagar
Above Tropic Showroom, L. T. Road,
Borivali (West), Mumbai - 400 092.

Suburban Diagnostics (I) Pvt. Ltd.
3018, 302, 3rd Floor, Anandnagar
Above Tropic Showroom, L. T. Road,
Borivali (West), Mumbai - 400 092.

Name : <i>Scarlet Fernandes</i>	Age / Gender <i>58 / F</i>
Dr. :	Date : <i>22/3/24</i>

GYNÆC EXAMINATION REPORTS

PERSONAL HISTORY

CHIEF COMPLAINTS : *no*

MARITAL STATUS : *Married*

MENSTRUAL HISTORY :

(i) MENARCHE : *12 yrs*

(ii) PRESENT MENSTRUAL HISTORY : *Post-menopausal*

(iii) PAST MENSTRUAL HISTORY : *H/O (10) menstrual cycle. Lately heavy menstruation due to heavy bulky uterus*

OBSTETRIC HISTORY : *G₂ P₂ A₀ L₂ (PTNS)*

PAST HISTORY :

PREVIOUS SURGERIES : *Hysterectomy + Oophorectomy (Apr. 2015)*

ALLERGIES : *no*

FAMILY HISTORY : *nil*

DRUG HISTORY : *no*

BOWEL HABITS : *} no*

BLADDER HABITS :

H/O bulky uterus + ovarian cyst + Renal Calculi - laser surgery - 2021

Dr. MONALI SHAH
REG NO .57282
Consultant HOMOEOPATH
DIETITIAN & NUTRITIONIST

Name : *Scarlet F.*

Age / Gender *58 / F*

Dr. :

Date : *22/8/24,*

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE :

RS :

PULSE :

CVs :

BP :

Breasts :

Per Abdomen :

Per vaginal :

NAD o/e of both breasts.

RECOMMENDATIONS

ADVISE :

DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST

Dr. MONALI SHAH
REG NO .57282
Consultant HOMOEOPATH
DIETITIAN & NUTRITIONIST

Name : *Scarlet F.*

Age / Gender *58 / F*

Dr. :

Date : *22/8/24,*

GYNAEC EXAMINATION REPORTS

GENERAL EXAMINATION

TEMPERATURE :

RS :

PULSE :

CVs :

BP :

Breasts :

Per Abdomen :

Per vaginal :

NAD o/e of both breasts.

RECOMMENDATIONS

ADVISE :

Shah

DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST

Dr. MONALI SHAH
REG NO .57282
Consultant HOMOEOPATH
DIETITIAN & NUTRITIONIST



CID : 2408216808
Name : Mrs FERNANDES SCARLET PAUL
Age / Sex : 58 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 22-Mar-2024
Reported : 22-Mar-2024 / 9:28

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 18.4 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended with two calculi are seen measuring 10 mm and 8.4 mm No obvious wall thickening is noted.

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.

KIDNEYS: Right kidney measures 10.6 x 3.6 cm. Left kidney measures 10.3 x 4.7 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

UTERUS: Uterus is not seen post operative status.

OVARIES: Both ovaries are not well visualized post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032208321839>



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CID : 2408216808
Name : Mrs FERNANDES SCARLET PAUL
Age / Sex : 58 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 22-Mar-2024
Reported : 22-Mar-2024 / 9:28

Opinion:

- Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.
- Cholelithiasis without cholecystitis.

For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its 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. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032208321839>



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 11:51

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.2	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6860	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	2215.8	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	473.3	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	4068.0	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	89.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	186000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Calculated
PDW	21.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 12:04

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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 23 2-30 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 19:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	129.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	152.1	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 ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 12:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	104	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	8.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	5.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 12:39

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 16:32

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 17:19

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP (Medical Services)



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 12:07

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	237.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	136.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	193.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	167.0	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	26.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2408216808
Name : MRS.FERNANDES SCARLET PAUL
Age / Gender : 58 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 22-Mar-2024 / 08:35
Reported : 22-Mar-2024 / 12:04

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	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	2.14	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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 trasiently altered becuae 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Name : MRS.FERNANDES SCARLET PAUL
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	31.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	31.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	101.0	35-105 U/L	Colorimetric

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



Bmhasakar

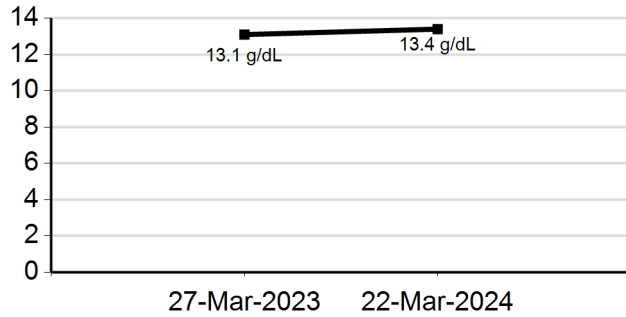
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



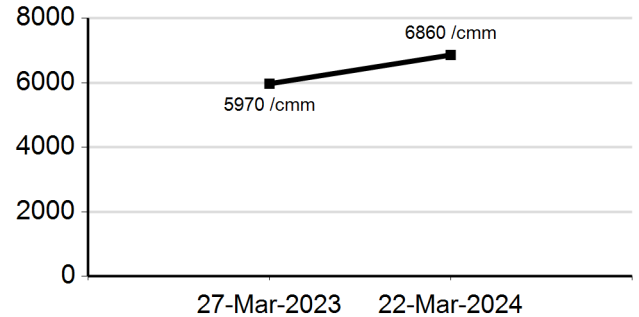
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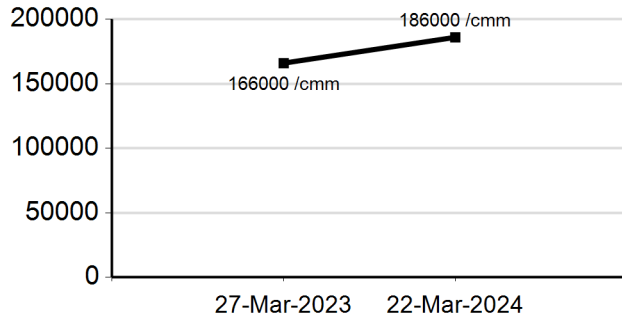
Haemoglobin



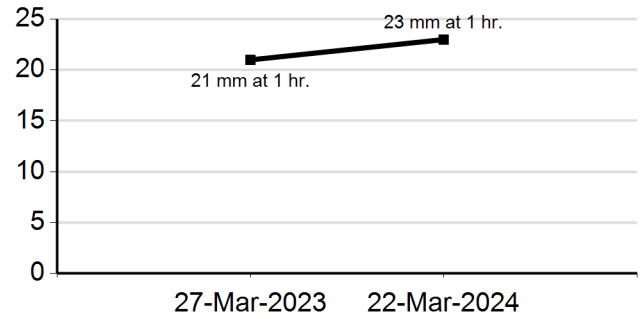
WBC Total Count



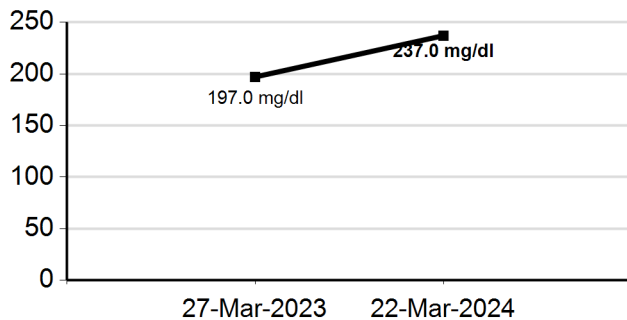
Platelet Count



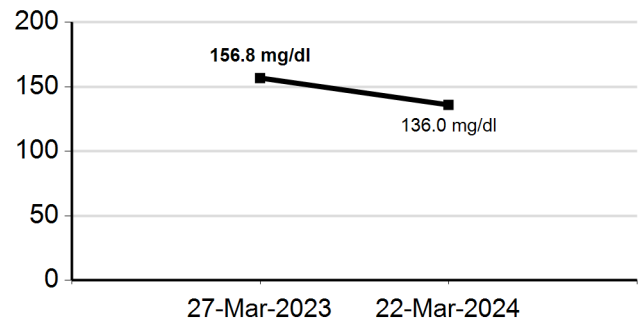
ESR



CHOLESTEROL



TRIGLYCERIDES

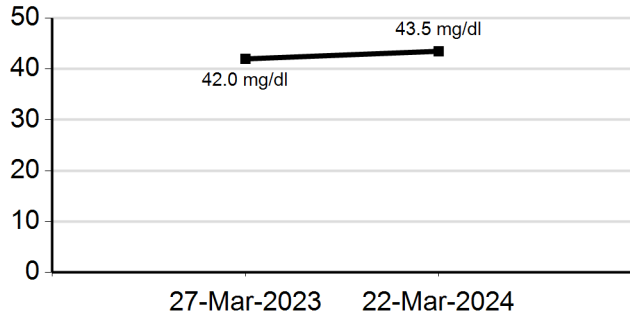




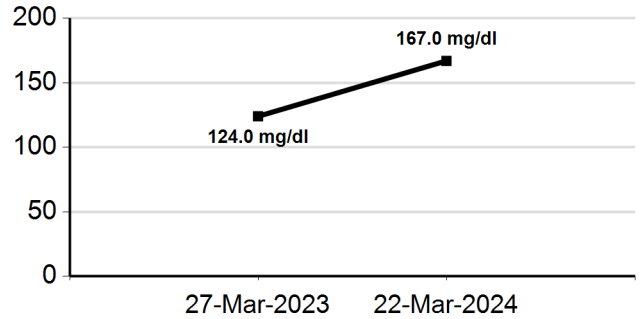
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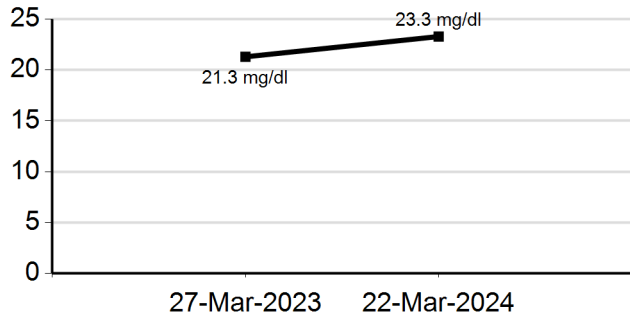
HDL CHOLESTEROL



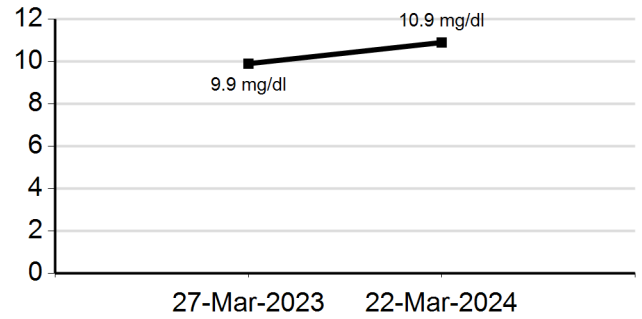
LDL CHOLESTEROL



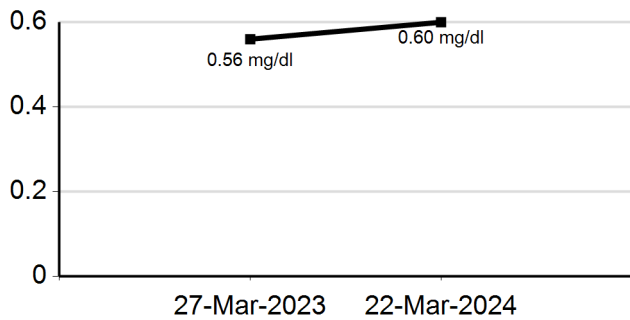
BLOOD UREA



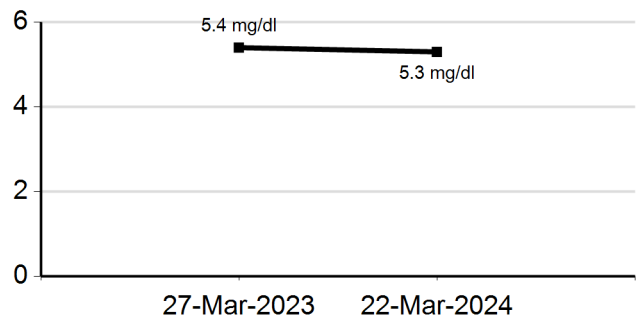
BUN



CREATININE



URIC ACID

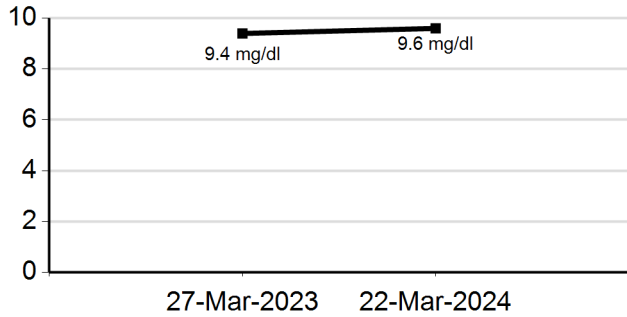




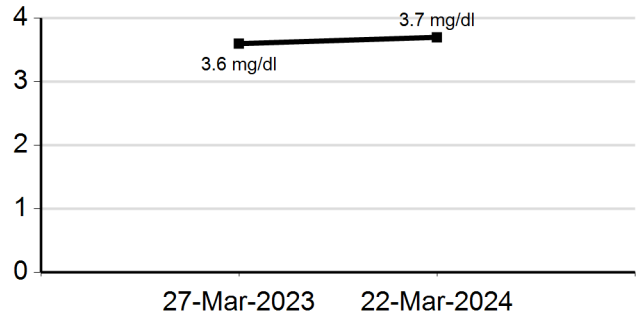
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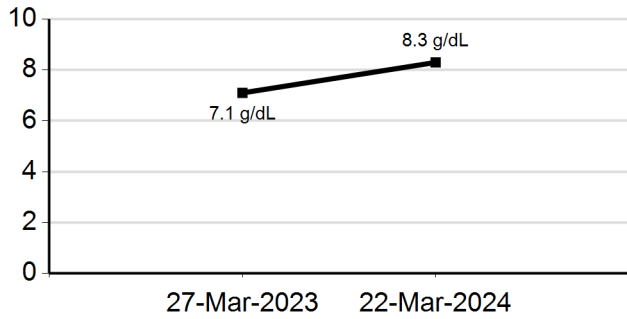
CALCIUM



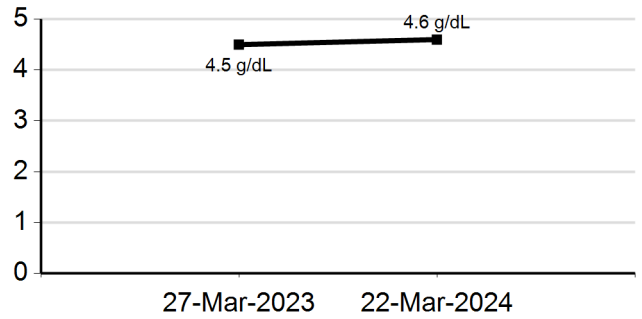
PHOSPHORUS



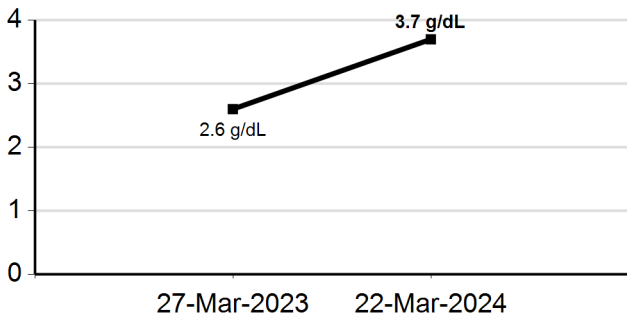
TOTAL PROTEINS



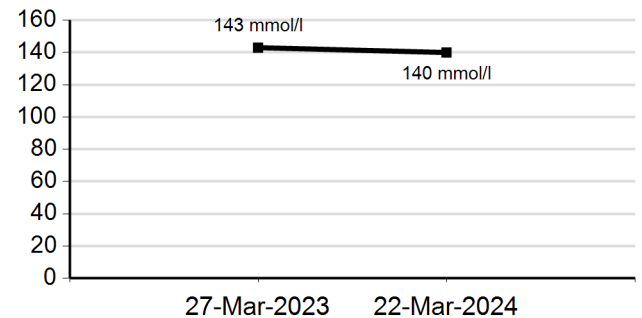
ALBUMIN



GLOBULIN



SODIUM

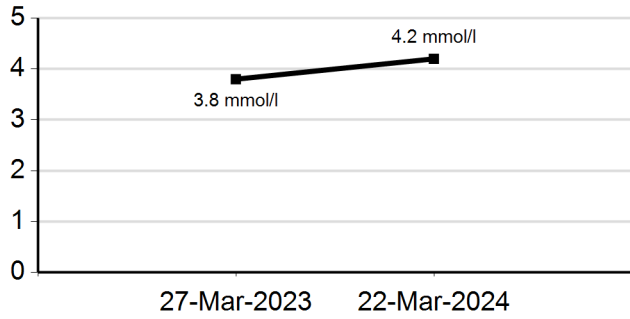




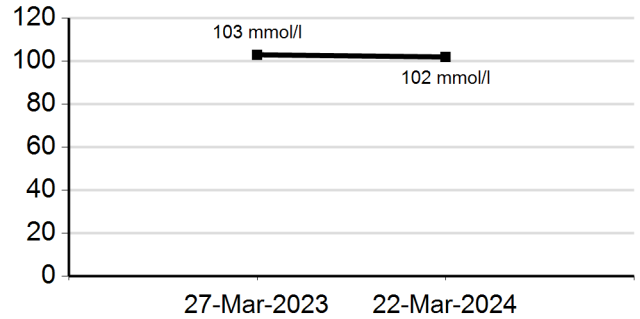
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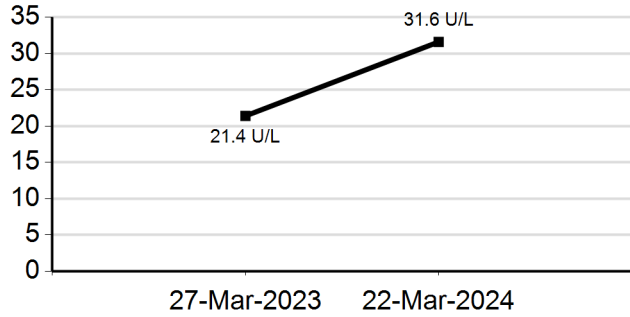
POTASSIUM



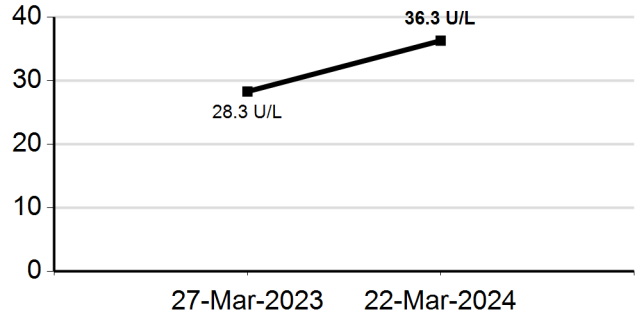
CHLORIDE



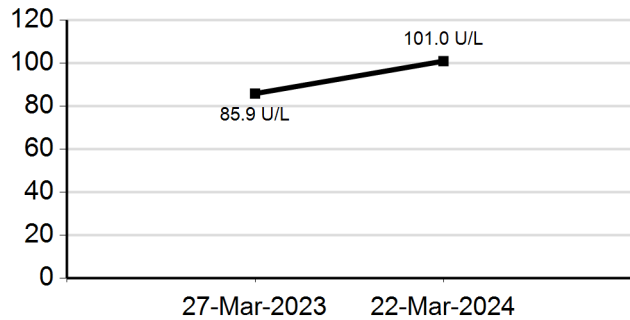
SGOT (AST)



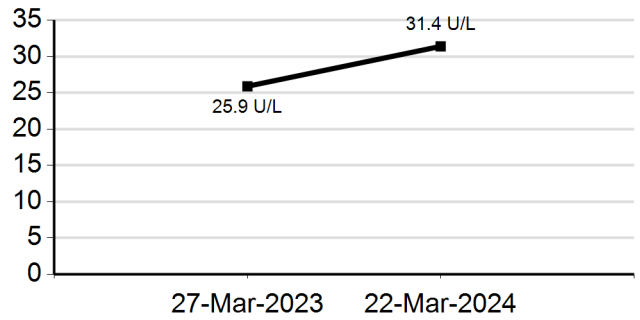
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

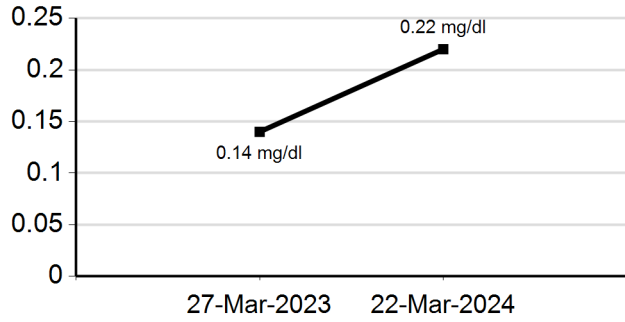




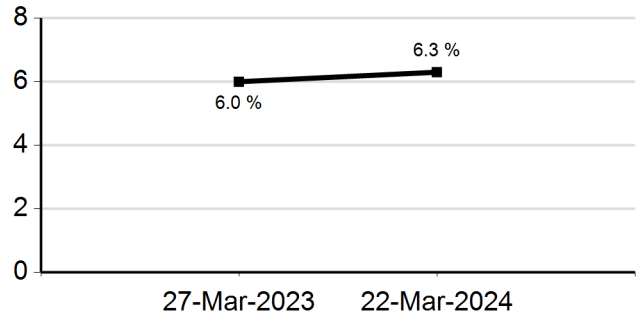
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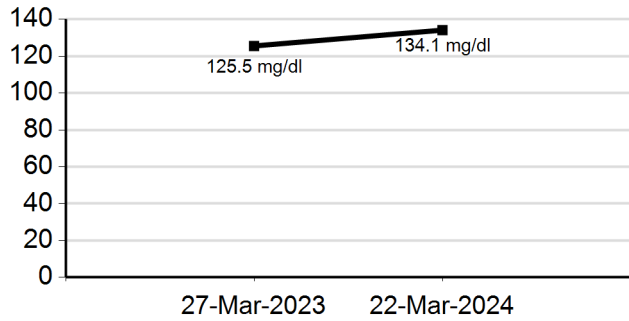
BILIRUBIN (DIRECT)



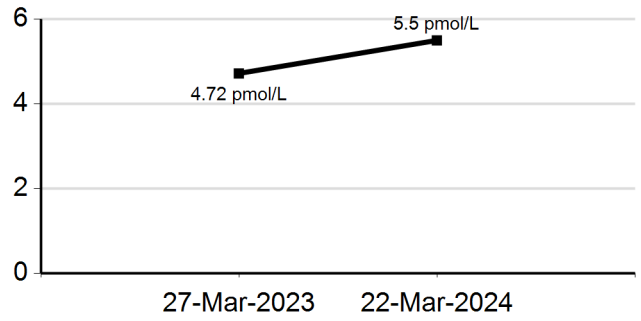
Glycosylated Hemoglobin (HbA1c)



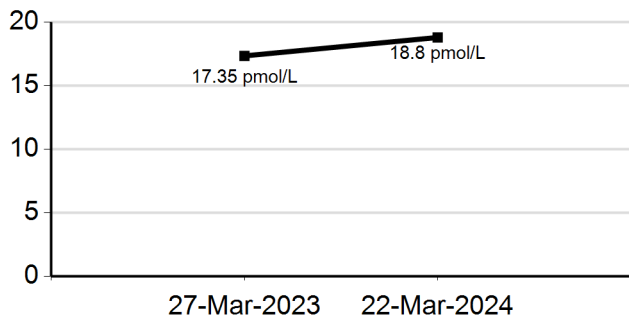
Estimated Average Glucose (eAG)



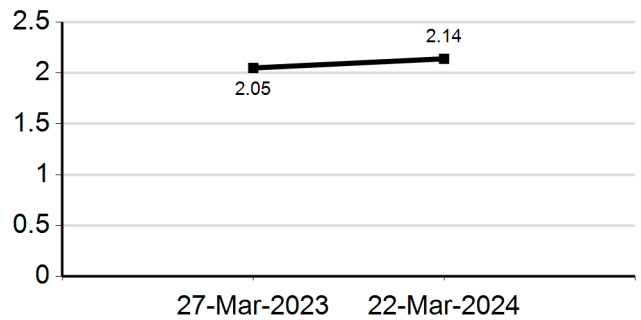
Free T3



Free T4



sensitiveTSH



SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: FERNANDES SCARLET PAUL

Date and Time: 22nd Mar 24 9:05 AM

Patient ID: 2408216808

Age **58** **NA** **NA**
years months days

Gender **Female**

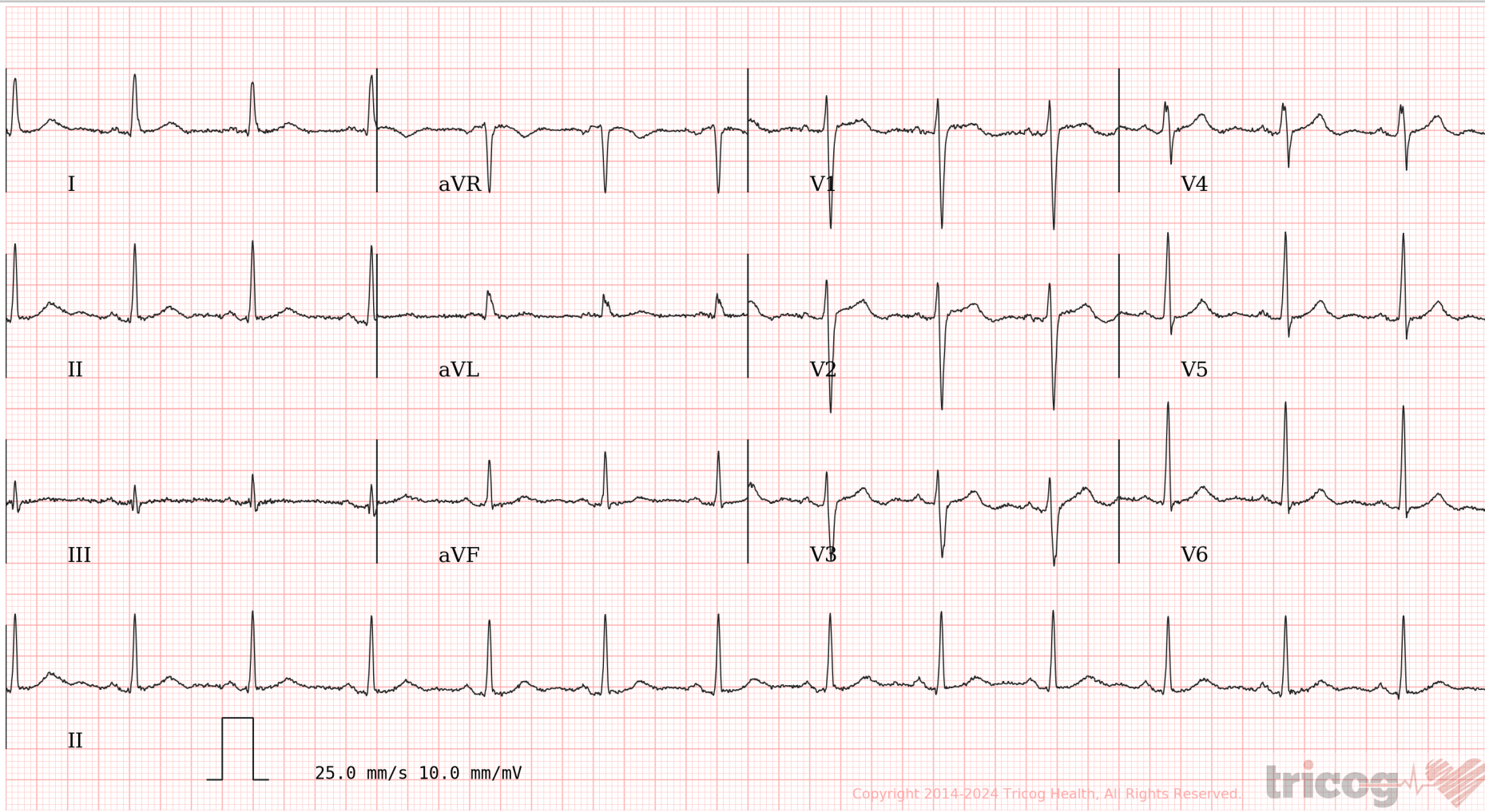
Heart Rate **80bpm**

Patient Vitals

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

Measurements

QRSD: 88ms
QT: 350ms
QTcB: 403ms
PR: 144ms
P-R-T: 49° 44° 47°



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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

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.

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: FERNANDES SCARLET PAUL

Date and Time: 22nd Mar 24 9:05 AM

Patient ID: 2408216808

Age **58** **NA** **NA**
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: 140/70 mmHg

Weight: 76 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

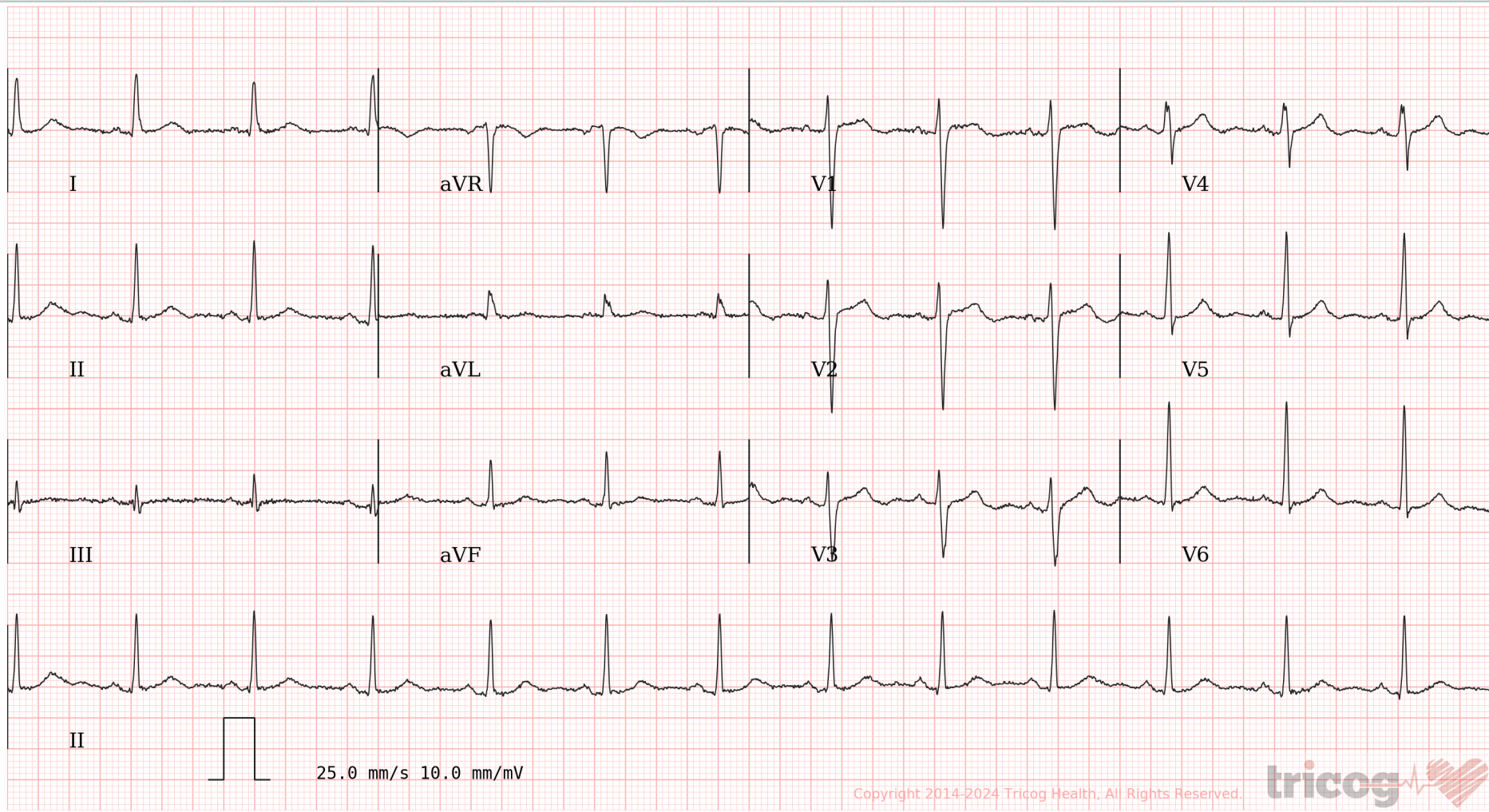
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ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

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87714



CID : 2408216808
Name : Mrs FERNANDES SCARLET PAUL
Age / Sex : 58 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 22-Mar-2024
Reported : 22-Mar-2024/09:29

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 18.9 with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended with two calculi are seen measuring 10 m and 8.4 mm No obvious wall thickening is noted.

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.

KIDNEYS: Right kidney measures 10.6 x3.6 cm. Left kidney measures 10.3 x 4.7 cm.
Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

UTERUS: Uterus is not seen post operative status.

OVARIES: Both ovaries are not well visualized post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



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Opinion:

- **Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.**
- **Cholelithiasis without cholecystitis.**

For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its 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. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



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Reg. Location : Borivali West

Reg. Date : 22-Mar-2024
Reported : 22-Mar-2024/13:38

X-RAY CHEST PA VIEW

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.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



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