

ಭಾರತ ಸರ್ಕಾರ  
Government of India

ಇನುಮೆಲ್ಲಾ ಶ್ರೀರೇಖಾ  
Inumella Sirekha  
ಜನ್ಮ ದಿನಾಂಕ / DOB : 11/04/1976  
ಸ್ತ್ರೀ / Female

2486 5926 0948

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

*I. Sirekha*

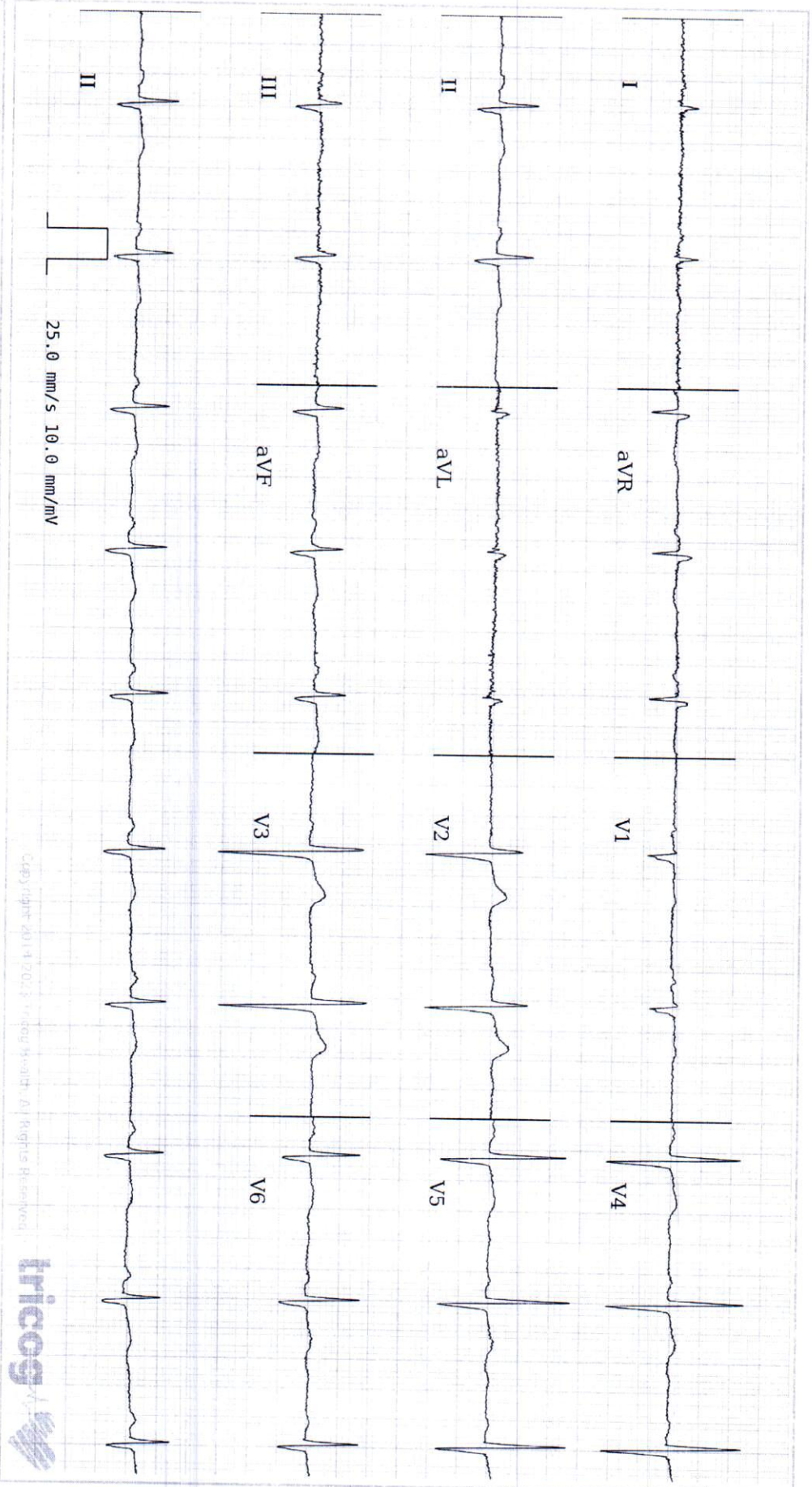


*Rafat M Parkar*  
Dr. Rafat M Parkar  
M.B.B.S.  
Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.  
8th Floor, Gupta Building,  
81, S.V. Road, Khar (W), Mumbai - 400 052.  
Tel.: 26484805 / 26484807

Patient Name: INUMELLA SRIREKHA  
Patient ID: 2304609143

Date and Time: 15th Feb 23 8:37 AM



Age **46** **10** **4**  
years months days

Gender **Female**

Heart Rate **61bpm**

**Patient Vitals**

BP: 138/84 mmHg  
Weight: 64 kg  
Height: 161 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 92ms  
QT: 426ms  
QTc: 428ms  
PR: 164ms  
P-R-T: 54° 26° 72°

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

REPORTED BY

*[Signature]*

Dr. Girish Agarwal  
MD Medicine  
200202/478

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 charts are as entered by the clinician and not derived from the PPG.

I don't want the X-Ray.

I. S. Rikles  
15/2

**DENTAL CHECK - UP**

Name:- Mrs. Inumella.  
Occupation:- Housewife.  
Chief complaints:- Nil  
Medical / dental history:- K/c/o D.M.

CID : 2304609143 Sex / Age : 46 / F  
Date: 15/02/2023  
15/02/2023

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: (N)
- b) Facial Symmetry: (N)

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: (N)
- b) Hard Tissue Examination: (N)
- c) Calculus: No
- Stains: No

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
entire caries						Abnormal alignment										entire caries
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

**Advised:** consult dentist in view of abnormal alignment

**Provisional Diagnosis:-**

Dr. Rajat M Parkar  
M.B.B.S.  
Regn. No. 072366

CID : 2304609143  
Name : Mrs Inumella Sreirekha  
Age / Sex : 46 Years/Female  
Ref. Dr :  
Reg. Location : Khar West Main Centre

Reg. Date : 15-Feb-2023  
Reported : 16-Feb-2023 / 1:53

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### USG WHOLE ABDOMEN

**LIVER:** Liver is mildly enlarged in size (measures 15.2 cm). Liver shows bright echotexture suggestive of grade I fatty infiltration. There is no intra-hepatic biliary radical dilatation. Approx. 12 x 8 mm illdefined hypoechoic area is noted in segment V of liver suggestive of possibility of ?focal area of fat sparing.

**GALL BLADDER:** Gall bladder is distended. Minimal sludge is noted within gallbladder lumen. Wall thickness is within normal limits.

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

**PANCREAS:** Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

**KIDNEYS:** Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

**Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).**

Right kidney measures 11.1 x 4.2 cm.

Left kidney measures 9.9 x 4.8 cm.

**SPLEEN:** Spleen is normal in size (measures 9.2 cm) and echotexture. No focal lesion is seen.

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

Prevoid volume measures - 461 cc

Postvoid residue measures - 13 cc(insignificant)

**UTERUS:** Uterus is retroverted and measures 7.9 x 5.6 x 4.2 cm.

Uterine myometrium shows mildly heterogenous echotexture.

Approx. 4 x 3 mm small myometrial cyst is noted at fundus of uterus.

**F1 - Approx. 10 x 8 mm anterior intramural uterine fibroid is noted.**

**F2 - Approx. 19 x 9 mm posterior intramural uterine fibroid is noted.**

**F3 - Approx. 34 x 28 mm anterior intramural uterine fibroid is noted.**

Endometrial echo is in midline and endometrium thickness is 8 mm.

(In view of post menopausal status endometrium appears mildly thickened).

Click here to view images <<ImageLink>>

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Age / Sex : 46 Years/Female  
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**OVARIES** :Both ovaries are visualized.

The right ovary measures 3.1 x 1.9 cm. **Approx. 13 x 12 mm dominant follicle is noted in right ovary. Small hyperechoic calcific area is noted in right ovary.**

The left ovary measures 2.4 x 1.3 cm. **Approx. 10 x 6 mm dominant follicle is noted in left ovary.**

**Minimal free fluid is noted in pouch of douglas.**

No significant abdominal lymphadenopathy is noted at present scan.

**IMPRESSION:**

- Mild hepatomegaly with fatty liver (grade I).
- Minimal sludge is noted within gallbladder lumen.
- Minimal fullness of bilateral pelvicalyceal system(Both ureters are obscured by bowel gases).
- Uterus shows mildly heterogenous echotexture with uterine fibroids.
- Approx. 4 x 3 mm small myometrial cyst is noted at fundus of uterus.
- Endometrial echo is in midline and endometrium thickness is 8 mm. (In view of post menopausal status endometrium appears mildly thickened).
- Minimal free fluid is noted in pouch of douglas.
- Insignificant postvoid residue.

**Suggest clinicopathological correlation.**

*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 explain 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. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vishal Mulchandani before dispatch.

*Vishal K.M.*

Dr. Vishal Kumar Mulchandani  
MD DMRE  
REG No : 2006/03/1660  
Consultant Radiologist

Click here to view images <<ImageLink>>

Authenticity Check



Use a QR Code Scanner  
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CID : 2304609143  
Name : Mrs Inumella Srirekha  
Age / Sex : 46 Years/Female  
Ref. Dr :  
Reg. Location : Khar West Main Centre

Reg. Date : 15-Feb-2023  
Reported : 16-Feb-2023 / 1:30

### MAMMOGRAPHY

#### X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts limiting optimal evaluation.

No evidence of any spiculated high density mass lesion / retraction is seen.

**Few small benign calcifications are noted in both breasts.**

No abnormal skin thickening is seen bilaterally.

#### SONOMAMMOGRAPHY:

**Prominent ducts are noted in retroareolar region of both breasts, the ducts on the right side measures approx. 3 mm in diameter and the ducts on the left side measures approx. 2 mm in diameter.**

**Approx. 5 x 3 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 1 'o' clock position of left breast about 2 cm from nipple suggestive of possibility of ?small fibroadenoma.**

**Right axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 10 x 6 mm(ML x AP).**

**Left axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 13 x 6 mm(ML x AP).**

#### IMPRESSION:

- Prominent ducts are noted in retroareolar region of both breasts.
- Approx. 5 x 3 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 1 'o' clock position of left breast about 2 cm from nipple suggestive of possibility of ?small fibroadenoma.
- Few small benign calcifications are noted in both breasts.
- Right axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 10 x 6 mm(ML x AP).
- Left axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 13 x 6 mm(ML x AP).

**ACR BIRADS Category- II (Benign).**

**Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.**

#### ACR BIRADS CATEGORY

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021508152166>

Authenticity Check



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Name : Mrs Inumella Srirekha  
Age / Sex : 46 Years/Female  
Ref. Dr :  
Reg. Location : Khar West Main Centre

Reg. Date : 15-Feb-2023  
Reported : 16-Feb-2023 / 1:30

- I Negative
- II Benign.
- III Probably benign.
- IV Suspicious / Indeterminate.
- V Highly suggestive of Malignancy.
- VI Known biopsy proven malignancy.

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 cases for confirmation / exclusion of Mammographic diagnosis. Management of palpable lump should be based on clinical findings in conjunction with Mammography. Mammography has a false negative rate of 10 %. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vishal Mulchandani before dispatch.

Dr. Vishal Kumar Mulchandani  
MD DMRE  
REG No : 2006/03/1660  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021508152166>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | WEBSITE: [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)





CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:15  
Reported : 17-Feb-2023 / 12:00

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

**PARAMETER**

**RESULT**

EXAMINATION RS : AEBE clear CVS : S1 S2 audible, No murmurs BREAST EXAMINATION : ----- PER  
ABDOMEN : Normal PER VAGINAL : \_\_\_ -  
MENSTRUAL HISTORY MENARCHE : Menopause PAST MENSTRUAL HISTORY : Regular  
OBSTETRIC HISTORY : G2 P2 A0  
PERSONAL HISTORY ALLERGIES : No BLADDER HABITS : Regular BOWEL HABITS : Regular DRUG  
HISTORY : For DM PREVIOUS SURGERIES : 2 LSCS  
FAMILY HISTORY : Father was DM, Mother HTN  
CHIEF GYNAE COMPLAINTS : K/c/o DM on medication  
RECOMMENDATIONS : ABNORMAL USG AND ABNORMAL MAMOGRAPHY FINDINGS ARE NOTED  
REPORT ATTACHED ) , ADV TO CONSULT GYNAECOLOGIST IN VIEW OF THESE ABNORMAL  
FINDINGS , ALSO CONSULT FAMILY PHYSICIAN IN VIEW OF UNCONTROLLED BLOOD SUGAR  
LEVELS.



**Dr. RAFAT PARKAR**  
MBBS  
CONSULTANT  
PHYSICIAN



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 11:28

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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
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.2	36-46 %	Calculated
MCV	85.2	81-101 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7920	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.1	20-40 %	
Absolute Lymphocytes	2690	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	650	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	4420	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	120	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	200000	150000-410000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	15.6	11-18 %	Calculated

**RBC MORPHOLOGY**



CID : 2304609143  
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Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 11:18

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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 3 2-20 mm at 1 hr. Sedimentation

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



MC-5460



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 16-Feb-2023 / 13:20

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**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	142.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	233.9	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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 13:39

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.55	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
URIC ACID, Serum	4.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.3	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	138	136-145 mmol/l	IMT
POTASSIUM, Serum	5.1	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	103	98-107 mmol/l	IMT

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



MC-5460



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 12:51

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**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	7.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	171.4	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 SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*



MC-5460



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 15:05

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 15-Feb-2023 / 08:20  
Reported : 15-Feb-2023 / 16:17

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	+++	Less than 20/hpf	
Others	-		

Kindly rule out contamination.





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Reg. Location : Khar West (Main Centre)

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

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

Reference: Pack insert

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI  
SHROFF  
M.D.(PATH)  
Pathologist**



CID : 2304609143  
Name : MRS.INUMELLA SRIREKHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

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

**PARAMETER**

**RESULT**

EXAMINATION RS : AEBE clear CVS : S1 S2 audible, No murmurs BREAST EXAMINATION : ----- PER  
ABDOMEN : Normal PER VAGINAL : \_\_\_\_ -  
MENSTRUAL HISTORY MENARCHE : Menopause PAST MENSTRUAL HISTORY : Regular  
OBSTETRIC HISTORY : G2 P2 A0  
PERSONAL HISTORY ALLERGIES : No BLADDER HABITS : Regular BOWEL HABITS : Regular DRUG  
HISTORY : For DM PREVIOUS SURGERIES : 2 LSCS  
FAMILY HISTORY : Father was DM, Mother HTN  
CHIEF GYNAE COMPLAINTS : K/c/o DM on medication  
RECOMMENDATIONS : ABNORMAL USG AND ABNORMAL MAMOGRAPHY FINDINGS ARE NOTED ( REPORT ATTACHED ) , ADV TO CONSULT GYNACOLOGIST IN VIEW OF THESE ABNORMAL FINDINGS ,ALSO CONSULT FAMILY PHYSICIAN IN VIEW OF UNCONTROLLED BLOOD SUGAR LEVELS.



  
**Dr. RAFAT PARKAR**  
MBBS  
CONSULTANT  
PHYSICIAN



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

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

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

\*\*\* End Of Report \*\*\*



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**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	102.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	33.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	96.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	76.1	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	20.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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MC-5460



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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**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	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.391	0.55-4.78 microu/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.68	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.44	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	30.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	49.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	26.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	70.5	46-116 U/L	Modified IFCC

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