

PHYSICAL EXAMINATION REPORT

Patient Name	Kavita Singh	Sex/Age	F/44
Date	25/3/23	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	Ac
Weight (kg):	64.5	Skin:	MAD
Blood Pressure	96/70	Nails:	IL
Pulse	72/1-	Lymph Node:	NP

Systems :

Cardiovascular:	} MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

↑ ATGe Ratio.
 urine - pus cells (5-6/hpf)
 Mamography - Calcifications
 1st Lt. Breast.

- Drink plenty of liquids.
 - Reg. Exercise!

Advice:

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

NO
 NAD
 NO
 Low Back pain

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

no
 no
 no
 no

022-6170-0000

NAME: - Kavita Singh AGE / SEX :- F/44
 REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- Nil
 MARITAL STATUS :- Married.

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Regular, LMP - 16/3/23.
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- G3. P2 A1
- PAST HISTORY :- 2 NVD.
- PREVIOUS SURGERIES :- Nil
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

• DRUG HISTORY :- Nil

• BOWEL HABITS :-

• BLADDER HABITS :-

PERSONAL HISTORY :-

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-



ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Date: 25/3/23

CID:

Name: Kavita Singh

Sex / Age: F 44

EYE CHECK UP

Chief complaints: REU

Systemic Diseases: All

Past history: All

Unaided Vision: DR 6/6 NV 12 12

Aided Vision: B 12 6/6 NV 12 12

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: use own spectacles.

MR. PRAKASH KUDVA
 SR. OPTOMETRIST



Use a QR Code Scanner
Application To Scan the Code

CID : 2308420699
Name : Mrs Kavita singh
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Date : 25-Mar-2023
Reg. Location : G B Road, Thane West Main Centre
Reported : 25-Mar-2023 / 11:57

R
E
P
O
R
T

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032507581297>

Page no 1 of 1

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

E-Mail:

739 (2308420699) / KAVITA SINGH / 44 Yrs / F / 150 Cms / 64 Kg
 Date: 25 / 03 / 2023 10:23:56 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	070	40 %	110/70	077	00	
Standing	00:18	0:09	00.0	00.0	01.0	067	38 %	110/70	073	00	
HV	00:26	0:08	00.0	00.0	01.0	067	38 %	110/70	073	00	
ExStart	00:36	0:10	00.0	00.0	01.0	072	41 %	110/70	079	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	135	77 %	120/70	162	00	
PeakEx	04:39	1:03	02.5	12.0	05.6	149	85 %	140/80	208	00	
Recovery	05:39	1:00	00.0	00.0	01.0	104	59 %	140/80	145	00	
Recovery	06:39	2:00	00.0	00.0	01.0	092	52 %	120/70	110	00	
Recovery	06:59	2:21	00.0	00.0	01.0	088	50 %	120/70	105	00	

FINDINGS :

Exercise Time : 04:03
 Initial HR (ExStrt) : 72 bpm 41% of Target 176
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max WorkLoad Attained : 5.6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.8 mm in PeakEX
 Test End Reasons : Heart Rate Achieved , Fatigue.

Max HR Attained 149 bpm 85% of Target 176
 Max BP Attained 140/80 (mm/Hg)

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

Doctor : DR SHAILAJA PILLAI





REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 67.0 bpm, and the maximum predicted Target Heart Rate 176.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.6. 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. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

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

Doctor : DR SHAILAJA PILLAI





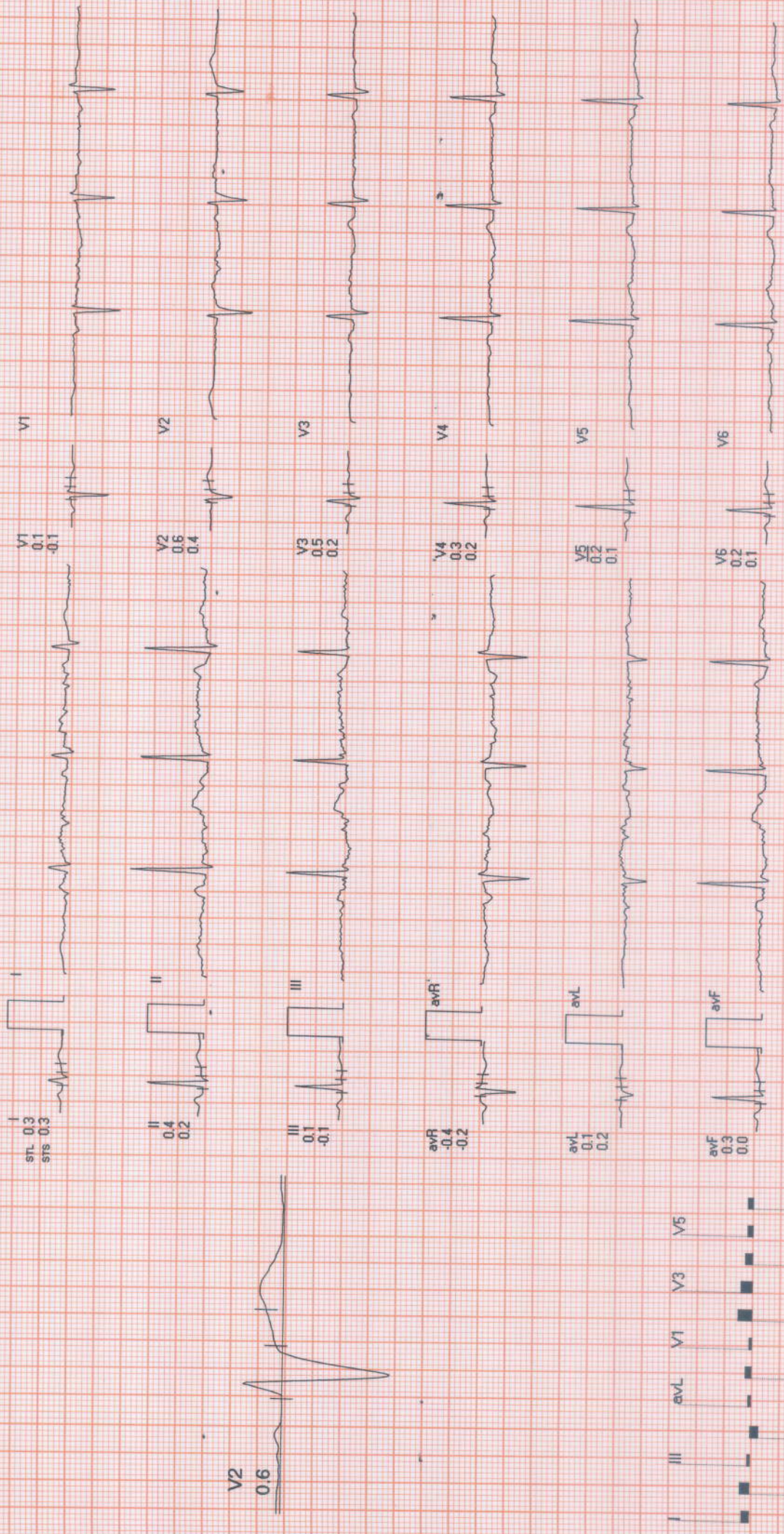
Date: 25 / 03 / 2023 10:23:56 AM

METS: 1.0/ 70 bpm 40% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

739 (2308420699) / KAVITA SINGH / 44 Yrs / F / 150 Cms / 64 Kg / HR : 67

STANDING (00:00)



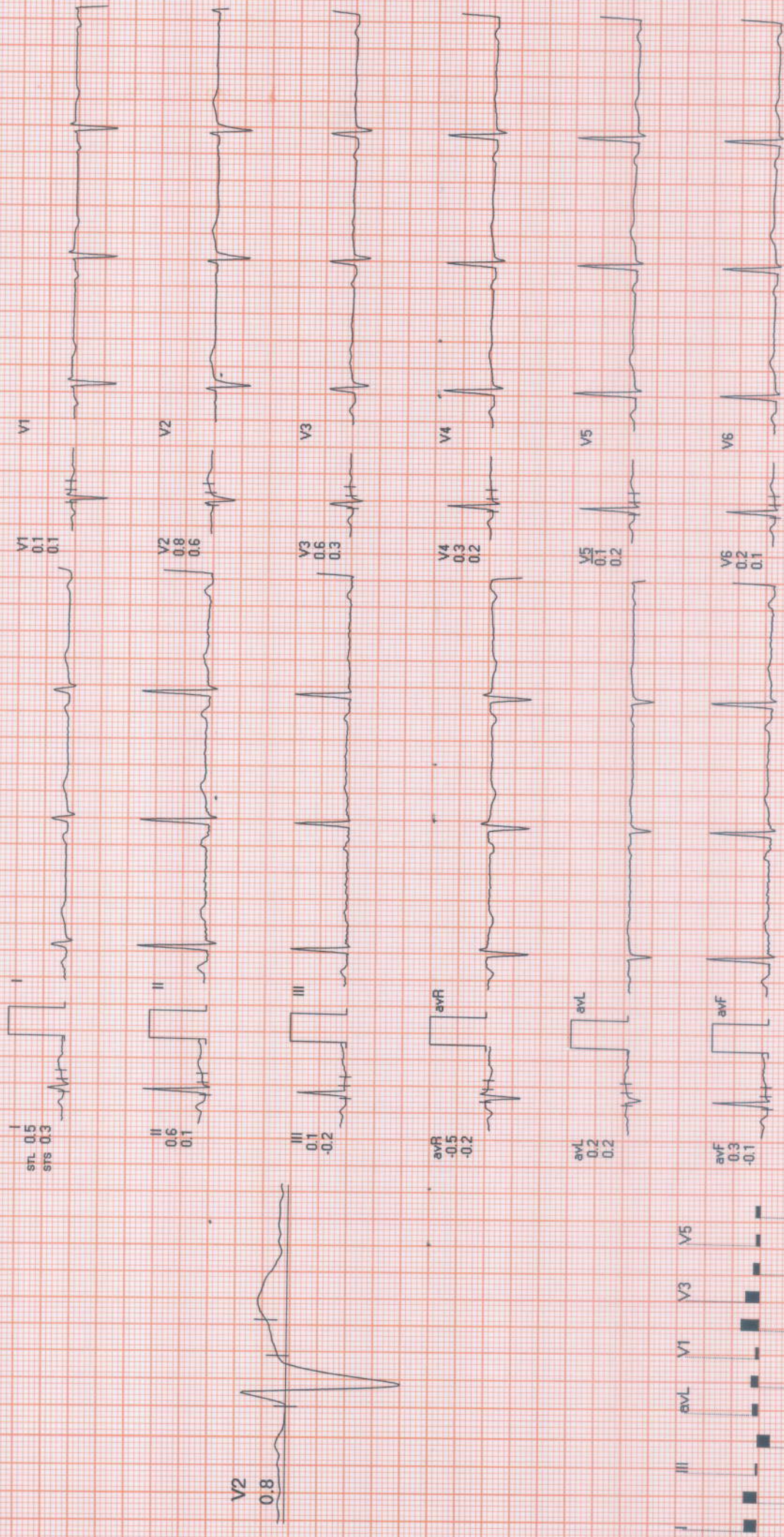
Date: 25 / 03 / 2023 10:23:56 AM

METS: 1.0 / 67 bpm 38% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



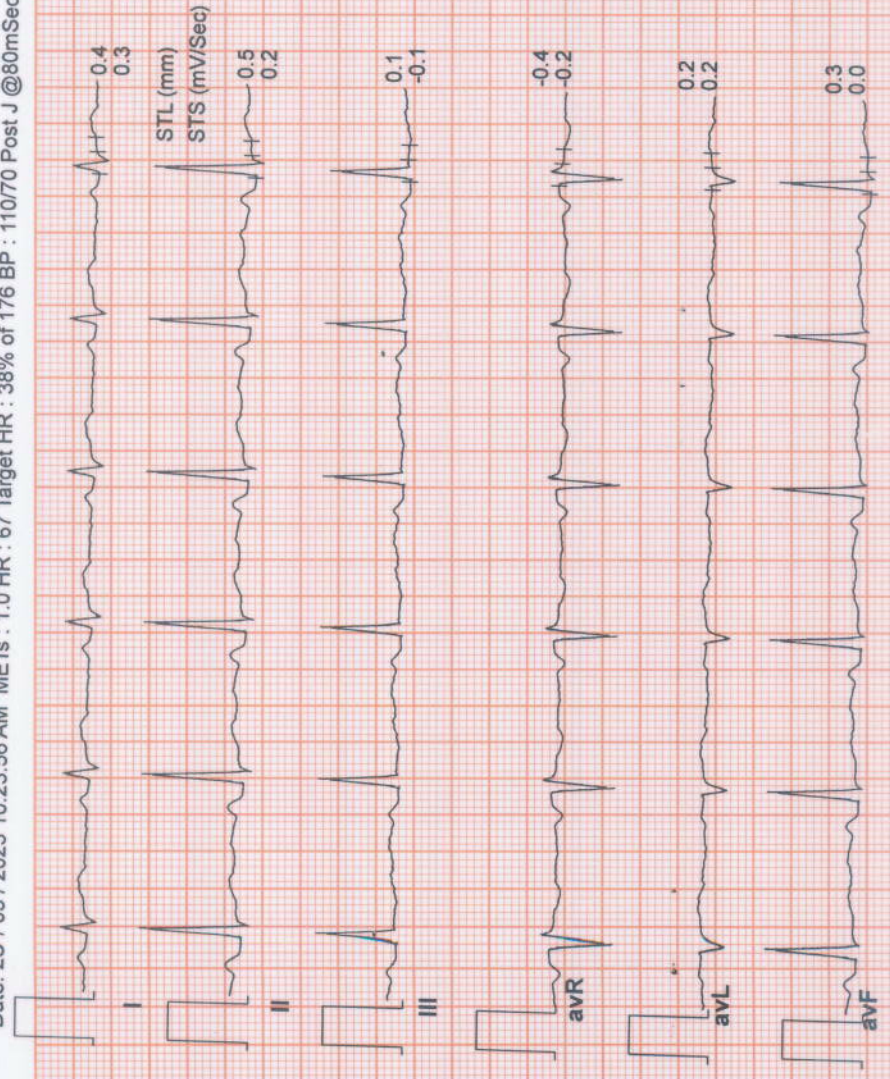
REMARKS:





Date: 25 / 03 / 2023 10:23:56 AM METs : 1.0 HR : 67 Target HR : 38% of 176 BP : 110/70 Post J @80mSec

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



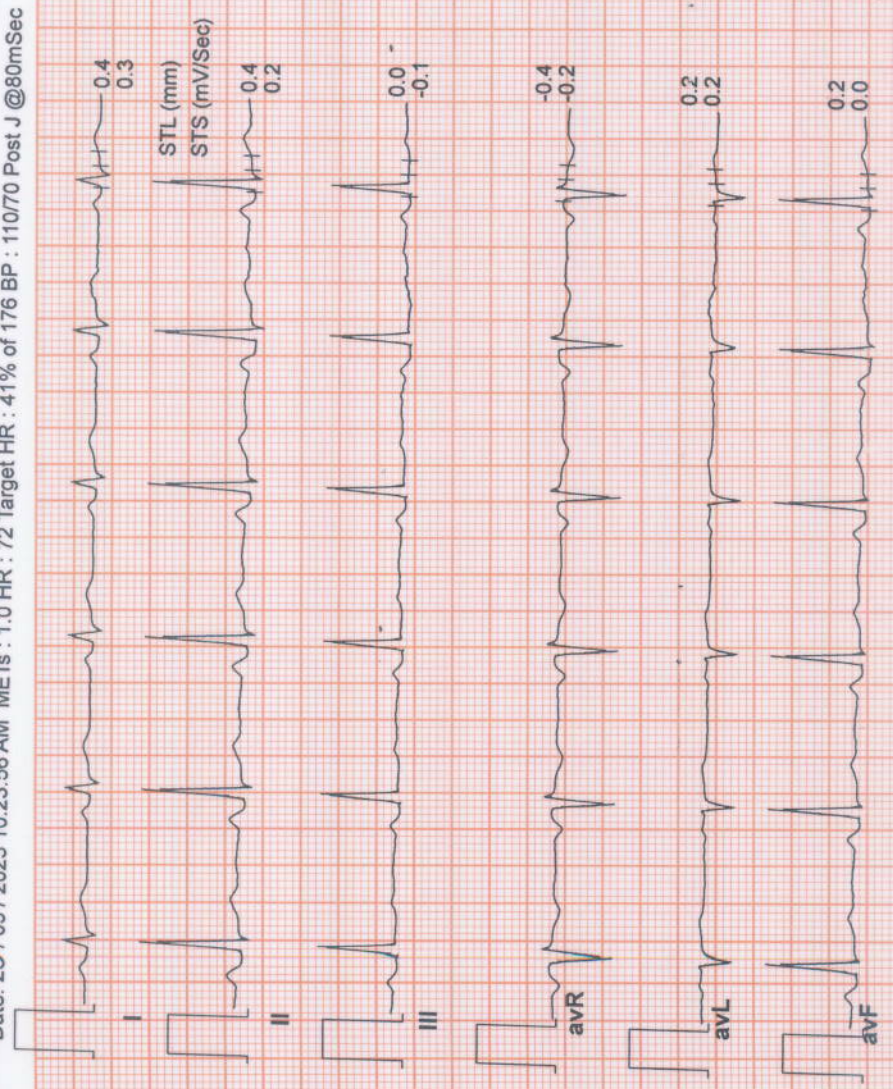
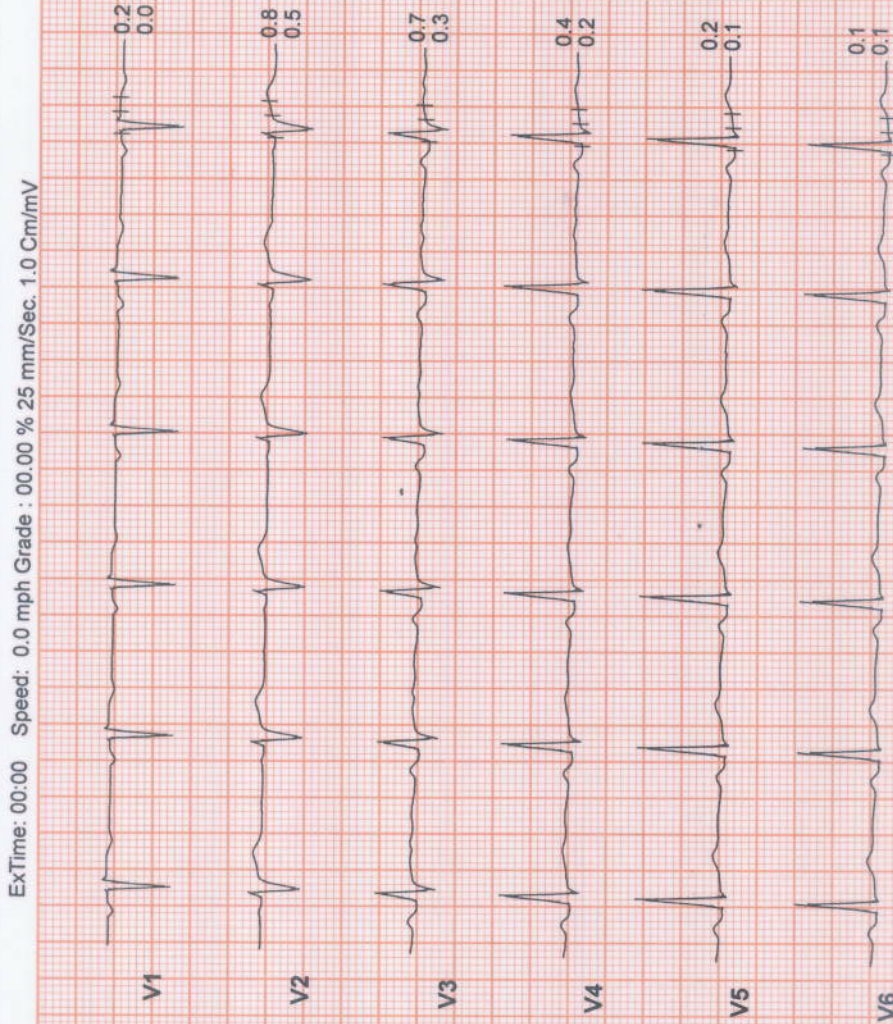
II (Combined Medians)





Date: 25 / 03 / 2023 10:23:56 AM METs : 1.0 HR : 72 Target HR : 41% of 176 BP : 110/70 Post J @80mSec

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



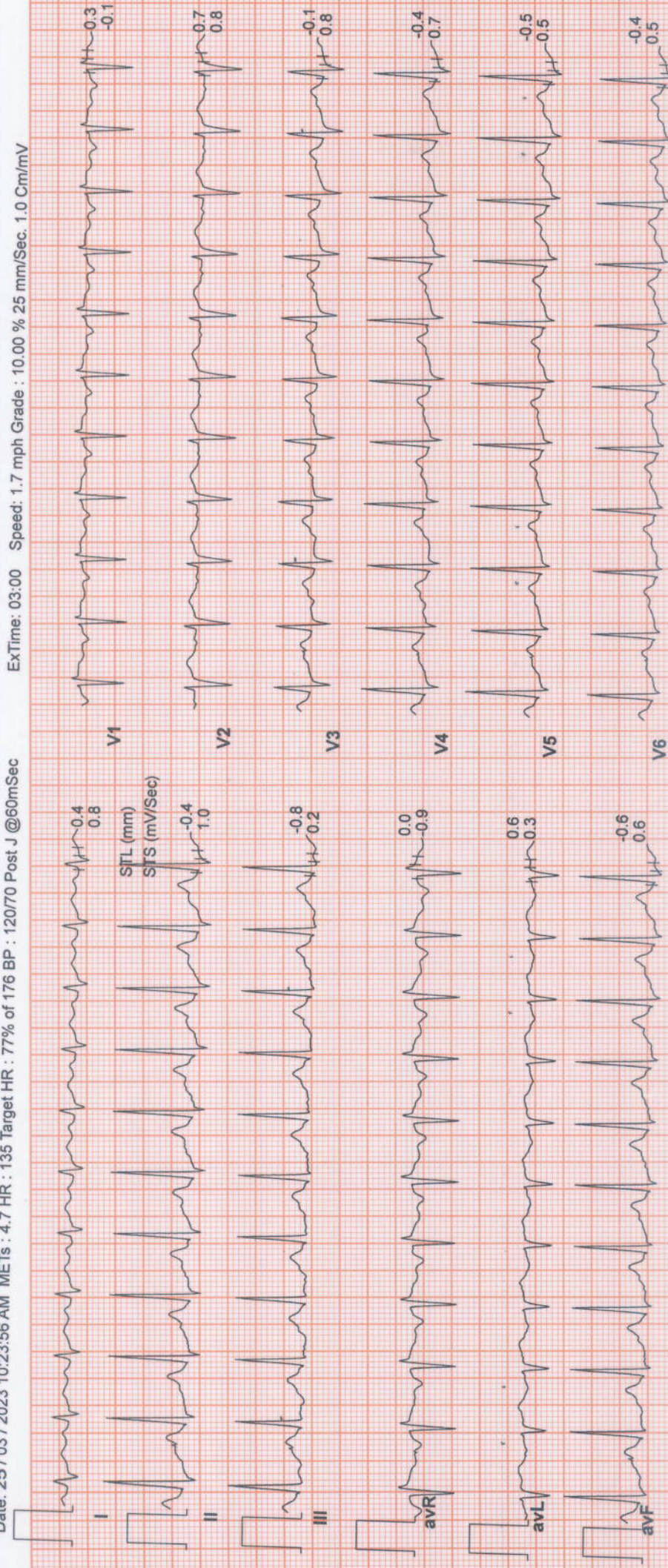
II (Combined Medians)





Date: 25 / 03 / 2023 10:23:56 AM METs : 4.7 HR : 135 Target HR : 77% of 176 BP : 120/70 Post J @60mSec

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

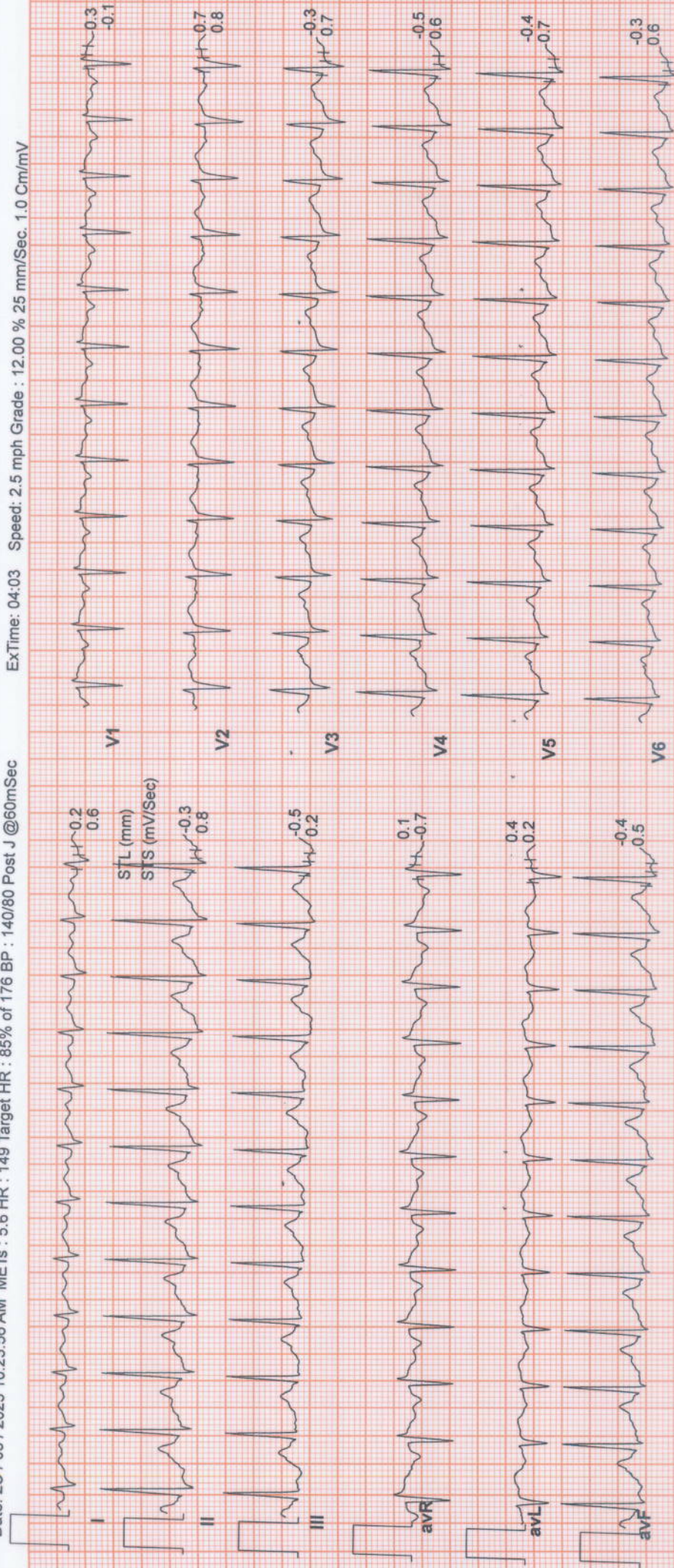


II (Combined Medians)



Date: 25 / 03 / 2023 10:23:56 AM METs : 5.6 HR : 149 Target HR : 85% of 176 BP : 140/80 Post J @60mSec

ExTime: 04:03 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



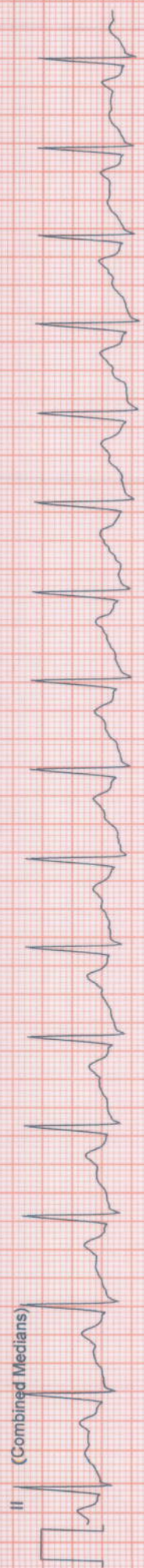
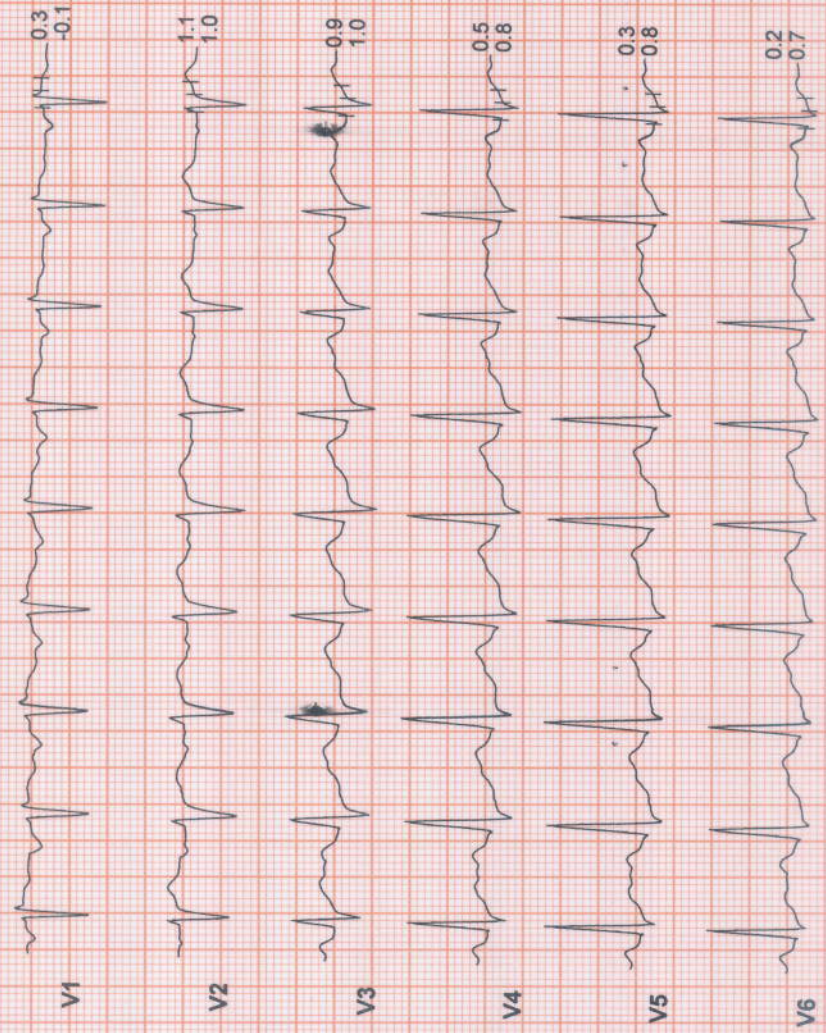
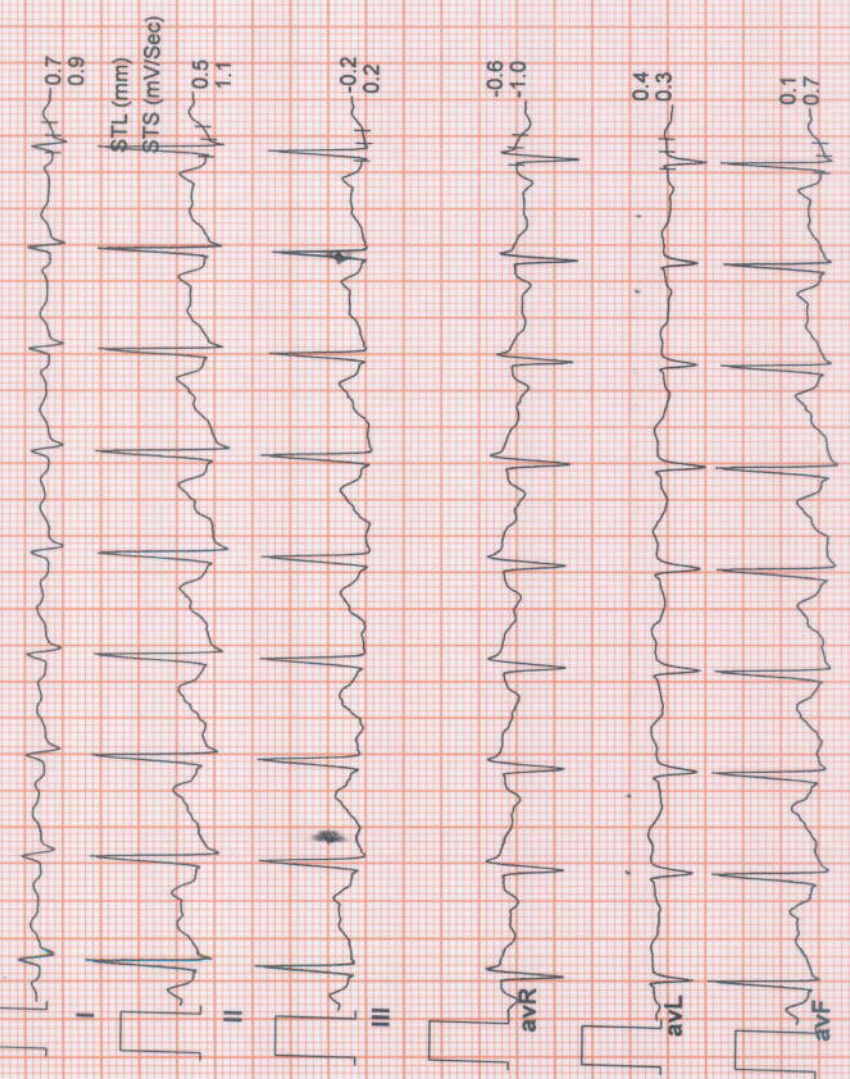
II_r (Combined Medians)





Date: 25 / 03 / 2023 10:23:56 AM METs : 1.0 HR : 104 Target HR : 59% of 176 BP : 1/80 Post J @80mSec

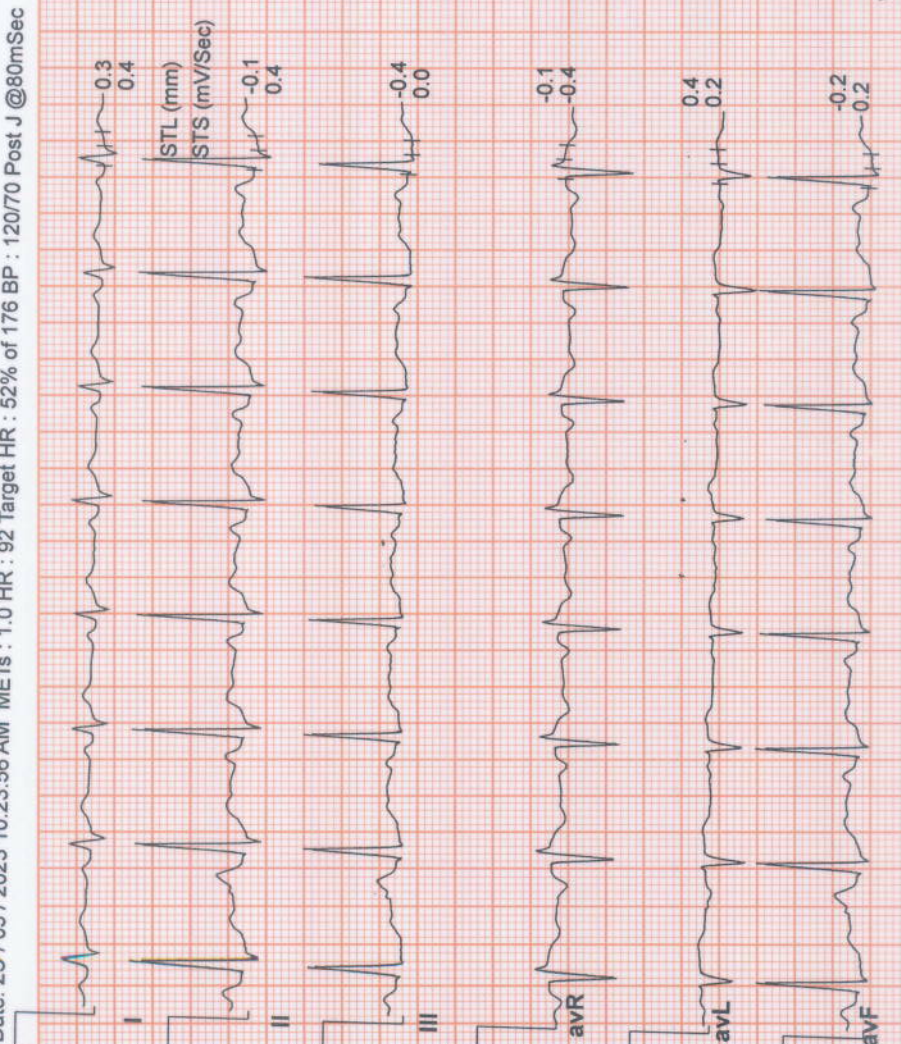
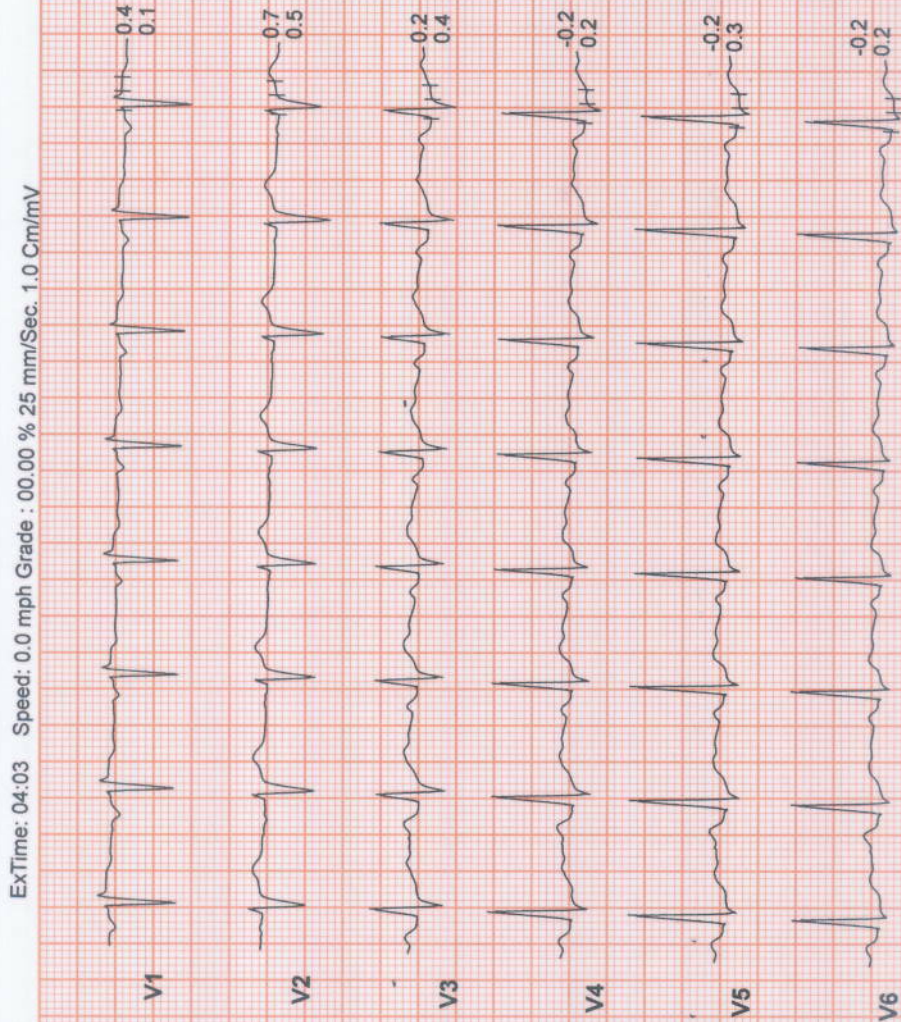
ExTime: 04:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



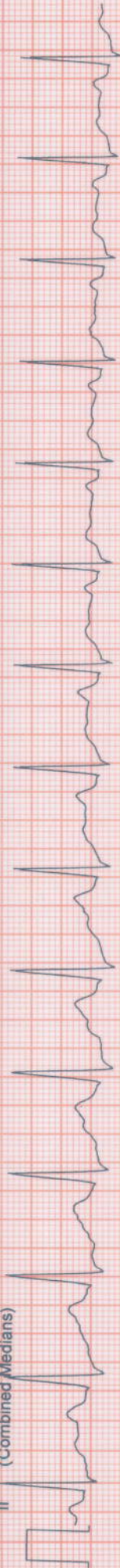


Date: 25 / 03 / 2023 10:23:56 AM METs : 1.0 HR : 92 Target HR : 52% of 176 BP : 120/70 Post J @80mSec

ExTime: 04:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



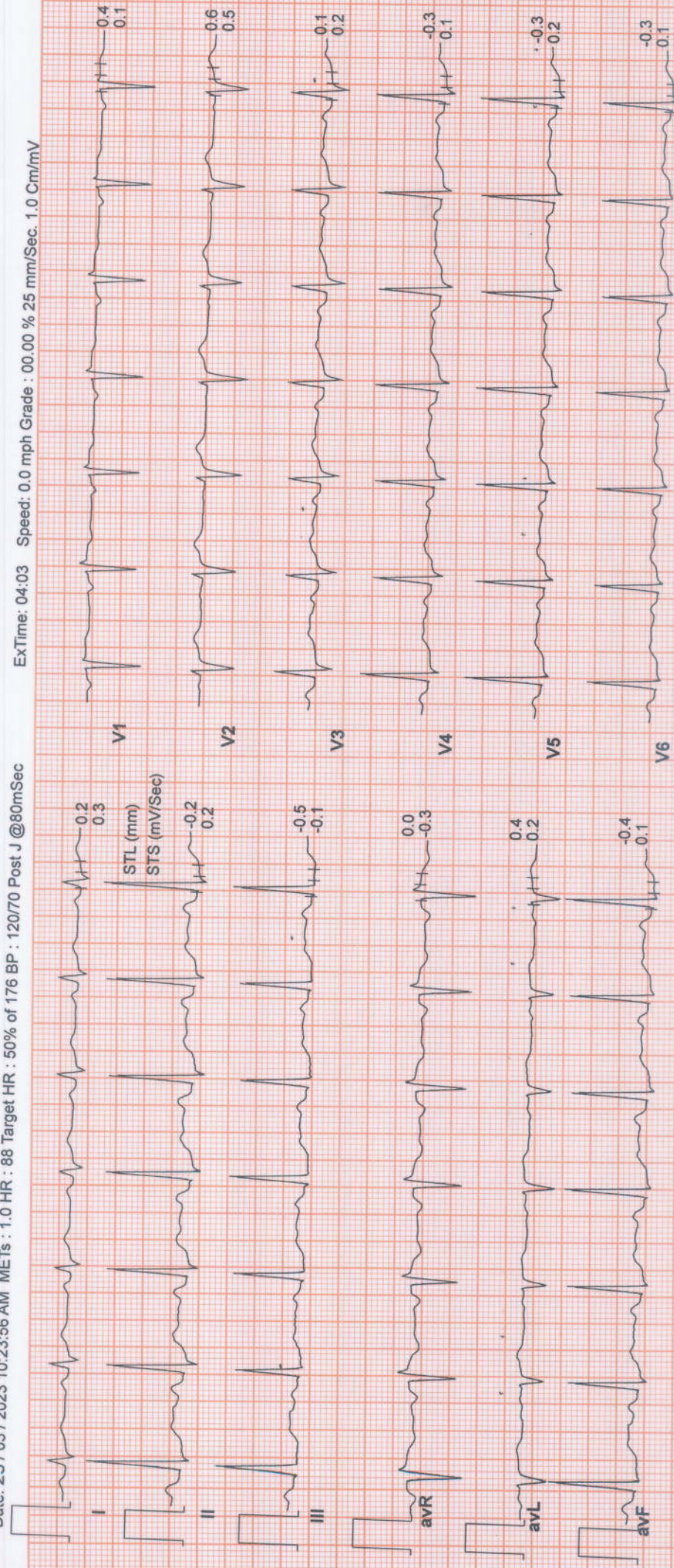
II (Combined Medians)





Date: 25 / 03 / 2023 10:23:56 AM METs : 1.0 HR : 88 Target HR : 50% of 176 BP : 120/70 Post J @80mSec

ExTime: 04:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



Use a QR Code Scanner Application To Scan the Code

CID : 2308420699
Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 11:13

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.9	36-46 %	Measured
MCV	91.0	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	30.2	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5790	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	1858.6	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	335.8	200-1000 /cmm	Calculated
Neutrophils	60.3	40-80 %	
Absolute Neutrophils	3491.4	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	104.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	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	11.0	6-11 fl	Calculated
PDW	18.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

Authenticity Check



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Application To Scan the Code

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Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 11:06

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-20 mm at 1 hr. Sedimentation

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 11:45

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	78.7	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 G B Road Lab, Thane West
*** End Of Report ***



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Pathologist

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Name : MRS.KAVITA SINGH

Age / Gender : 44 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00

Reported : 25-Mar-2023 / 11:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	120	>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	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 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	3.5	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.7	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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

*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

CID : 2308420699
Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 11:13

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2308420699
Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 12:02

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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)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50		-
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	5-6	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	12-15	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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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 12:02

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

CARDIOLOGY

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



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Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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CID : 2308420699

Name : MRS.KAVITA SINGH

Age / Gender : 44 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00

Reported : 25-Mar-2023 / 13:43

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

PARAMETER RESULTS

ABO GROUP O
Rh TYPING Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308420699

Name : MRS.KAVITA SINGH

Age / Gender : 44 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00

Reported : 25-Mar-2023 / 11:20

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	158.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	96.7	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	53.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	86.0	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	19.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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

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Collected : 25-Mar-2023 / 08:00

Reported : 25-Mar-2023 / 10:36

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	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	4.42	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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Name : MRS.KAVITA SINGH
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00
Reported : 25-Mar-2023 / 10:36

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)

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Name : MRS.KAVITA SINGH

Age / Gender : 44 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 08:00

Reported : 25-Mar-2023 / 11:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 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	15.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	7.5	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	68.6	35-105 U/L	PNPP

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

*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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CID : 2308420699
Name : Mrs Kavita singh
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 9:27

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. 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 10.3 x 4.0 cm. Left kidney measures 10.5 x 4.8 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 measures 5.5 x 5.0 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. 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=2023032507581285>

Authenticity Check



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CID : 2308420699
Name : Mrs Kavita singh
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Date : 25-Mar-2023
Reg. Location : G B Road, Thane West Main Centre
Reported : 25-Mar-2023 / 9:27

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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=2023032507581285>

Reg. No. : 2308420699	Sex : FEMALE
NAME : MRS. KAVITA SINGH	Age : 44 YRS
Ref. By : -----	Date : 25.03.2023

MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts.

Calcifications are noted in left breast.

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal. No significant axillary lymphadenopathy is seen.

IMPRESSION:

CALCIFICATIONS ARE NOTED IN LEFT BREAST.

ACR BIRADS CATEGORY II LEFT BREAST.

ACR BIRADS CATEGORY I RIGHT BREAST.

Suggest 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.



DR. GAURI VARMA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

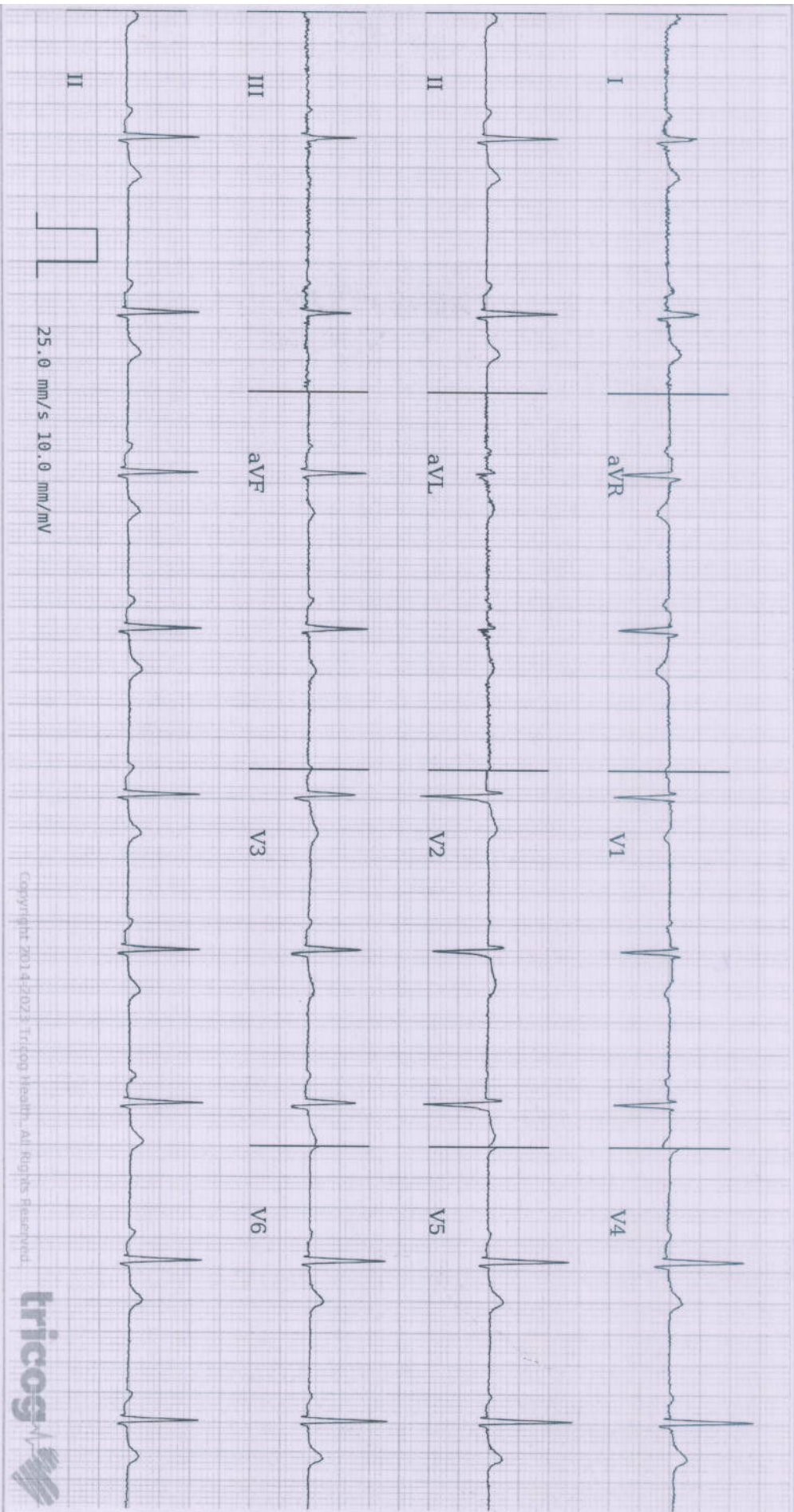


SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: KAVITA SINGH

Date and Time: 25th Mar 23 8:41 AM

Patient ID: 2308420699



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Age **44** **2** **10**
years months days

Gender **Female**

Heart Rate **59bpm**

Patient Vitals

BP: 100/70 mmHg
Weight: 64 kg
Height: 150 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 76ms
QT: 374ms
QTc: 370ms
PR: 174ms
P-R-T: 44° 69° 37°

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

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.