

Suburban Diagnostics Lullanagar

Patient Details **Date:** 18-Nov-21 **Time:** 9:53:06 AM
Name: SHABANA MUKHTAR AHMED ID: 2132220653
Age: 39 y **Sex:** F **Height:** 147 cms **Weight:** 78 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 181 bpm **THR:** 162 (90 % of Pr.MHR) bpm
Total Exec. Time: 5 m 39 s **Max. HR:** 161 (89% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 138 / 88 mmHg **Max. BP x HR:** 22218 mmHg/min **Min. BP x HR:** 5810 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 12	1.0	0	0	83	120 / 70	-0.64 III	0.71 I
Standing	0 : 13	1.0	0	0	84	120 / 70	-0.64 aVR	0.71 I
Hyperventilation	0 : 9	1.0	0	0	84	120 / 70	-0.64 aVR	0.71 I
1	3 : 0	4.6	1.7	10	141	126 / 74	-1.49 III	1.42 I
Peak Ex	2 : 39	7.0	2.5	12	161	138 / 88	-2.34 V6	-2.48 V6
Recovery(1)	1 : 0	1.8	1	0	138	138 / 88	-3.61 V6	3.18 I
Recovery(2)	1 : 0	1.0	0	0	113	138 / 88	-1.27 II	1.42 I
Recovery(3)	1 : 0	1.0	0	0	107	138 / 88	-1.06 II	1.06 I
Recovery(4)	1 : 0	1.0	0	0	101	138 / 88	-0.85 II	-0.71 II
Recovery(5)	1 : 0	1.0	0	0	100	138 / 88	-0.64 II	-0.35 I
Recovery(6)	0 : 39	1.0	0	0	101	138 / 88	-0.64 aVF	0.35 I

Interpretation

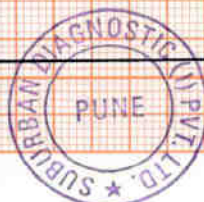
The patient exercised according to the Bruce protocol for 5 m 39 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 83 bpm, rose to a max. heart rate of 161 (89% of Pr.MHR) bpm. Resting blood Pressure 120 / 70 mmHg, rose to a maximum blood pressure of 138 / 88 mmHg.

Good Effort Tolerance.
 No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.
 Stress Test is NEGATIVE for Inducible Myocardial Ischemia .

Disclaimer :
 Negative Stress Test does not rule out Coronary Artery Diseases.
 Positive Test is suggestive but not confirmatory of Coronary Artery Disease.
 Hence clinical correlation is mandatory.

Ref. Doctor: BOB
 (Summary Report edited by user)

Doctor:  DR. MILIND SHINDE
 (c) Schiller Healthcare India Pvt. Ltd. V.4.51



Dr. MILIND SHINDE
 MBBS, DNB Medicine
 Reg. No. 2011/05/1544



Suburban Diagnostics Lullianagar

Test Report

SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 86 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

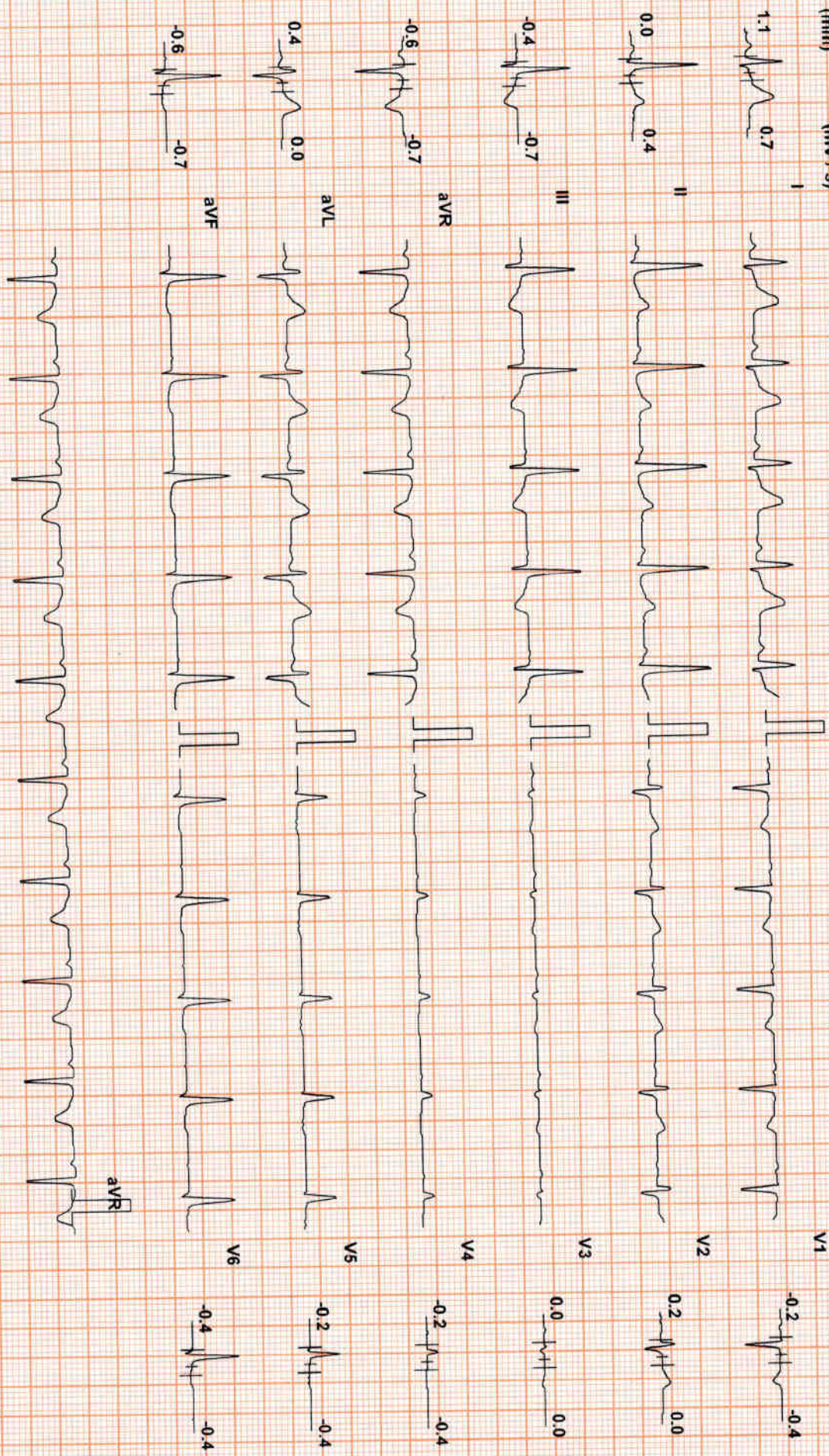


Chart Speed: 25 mm/sec
Schiller Standard V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Subbelle



SHABANA MUKHTAR AHMED (39 F)

ID: 2133220653

Date: 18-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 85 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

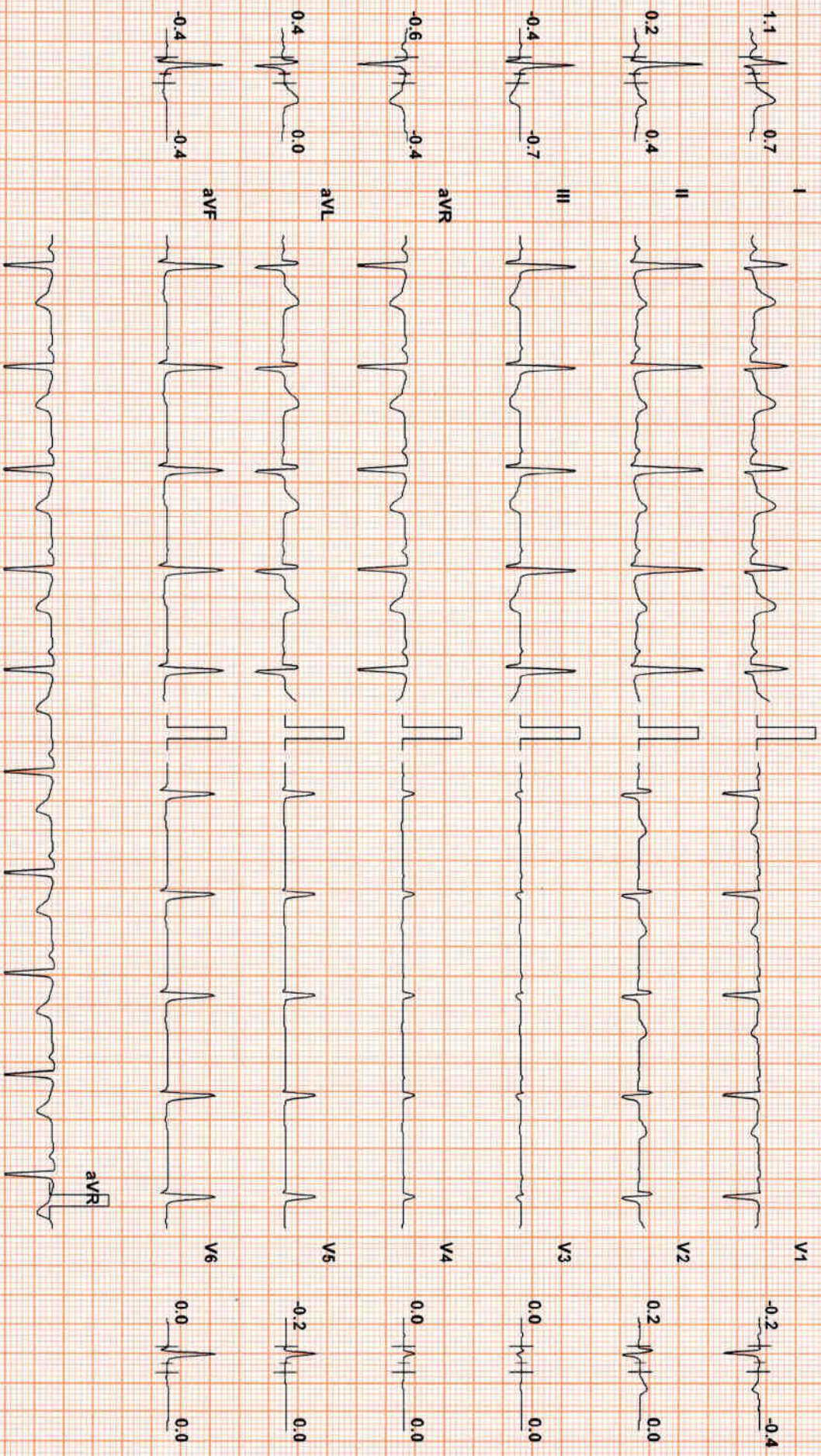


Chart Speed: 25 mm/sec
Schiller Spandax V 4 51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO - R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

Linked Median

Shuballe



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 83 bpm

Suburban Diagnostics Lullianagar

Test Report

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

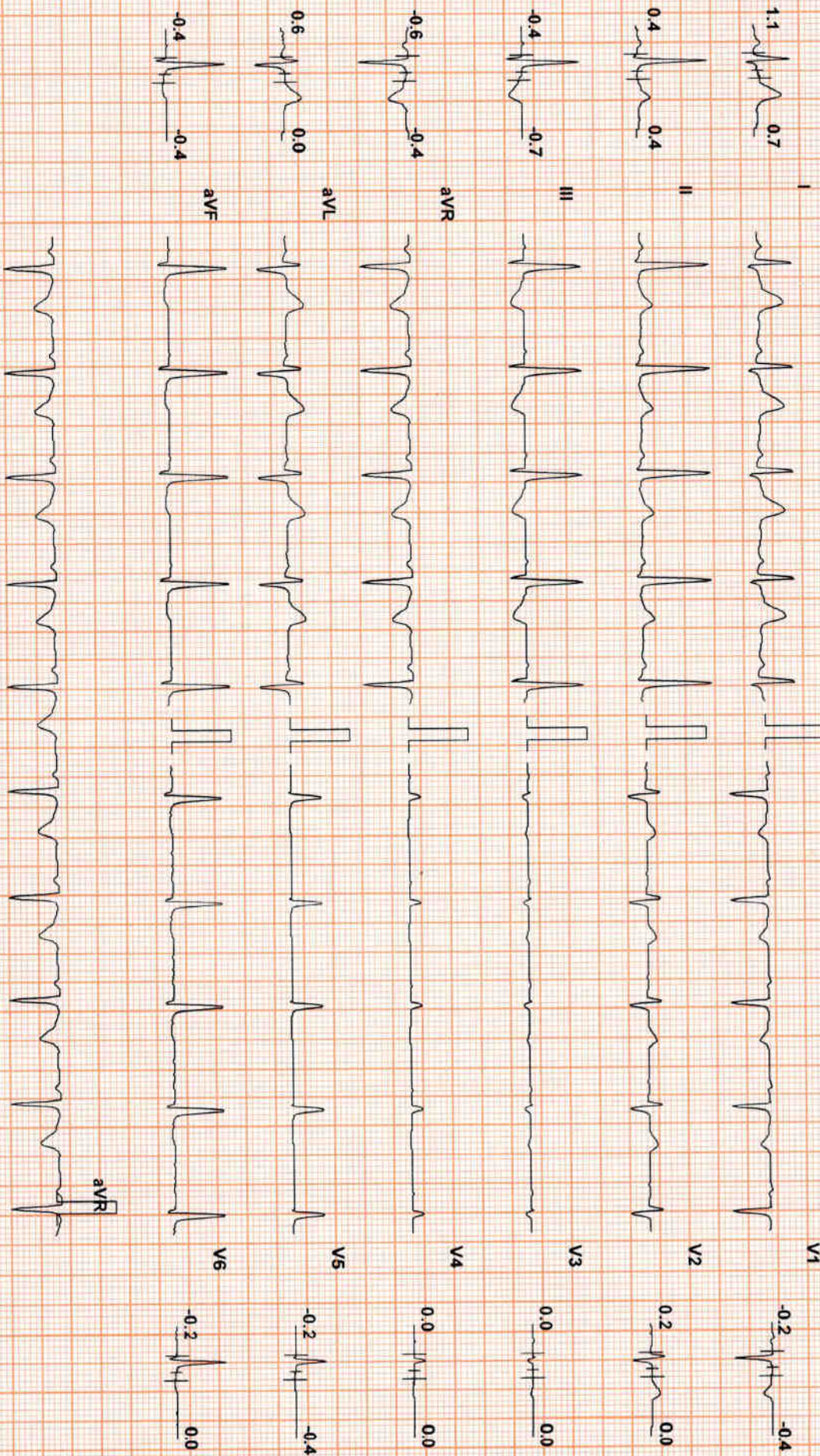


Chart Speed: 25 mm/sec
Schlier Spandien V 4 51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISE = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Shabane



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

HR: 142 bpm

Suburban Diagnostics Lullianagar

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 126 / 74

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

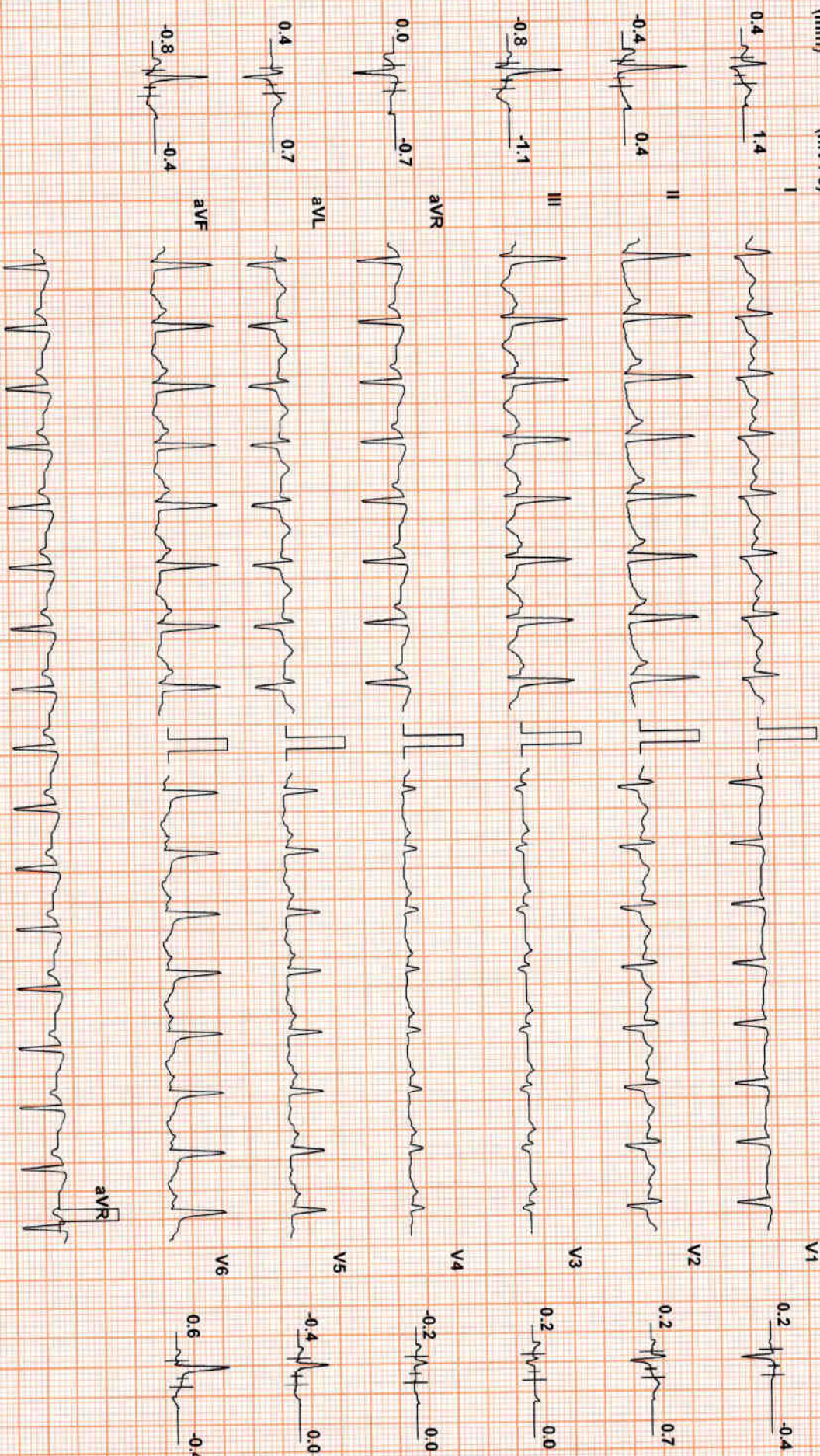


Chart Speed: 25 mm/sec
Schiller Standard V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 33 s Stage Time : 2 m 33 s HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

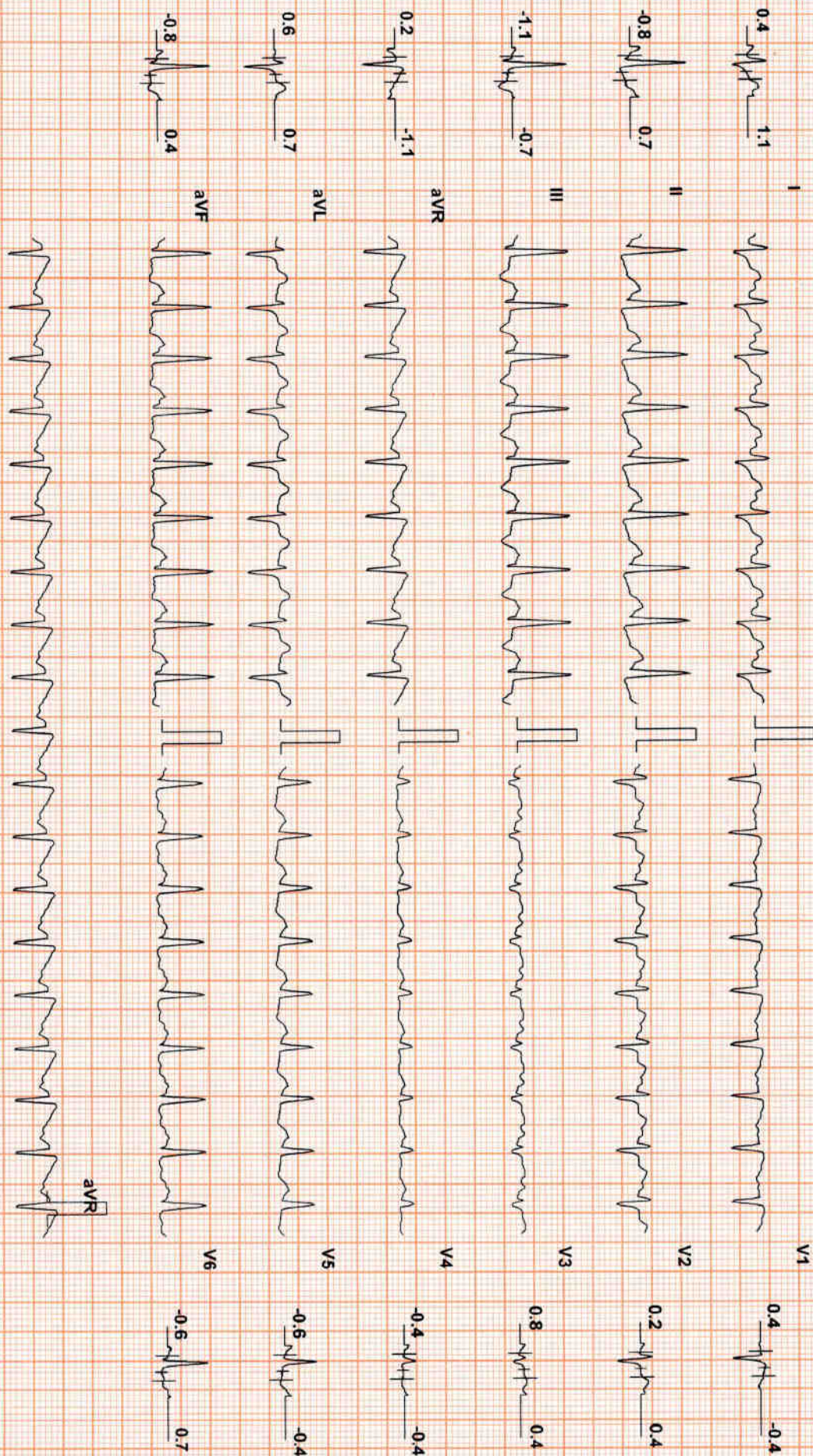


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandax V 4 51

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 39 s Stage Time : 0 m 54 s HR: 139 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 138 / 88

ST Level (mm) ST Slope (mV/s)

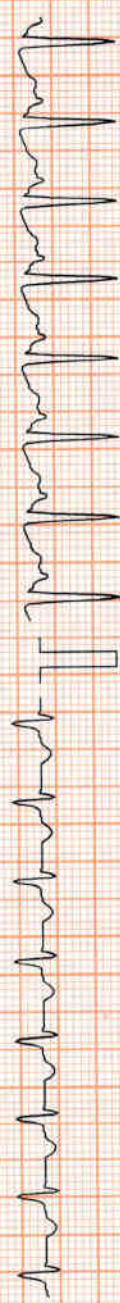
ST Level (mm) ST Slope (mV/s)

0.6 1.4



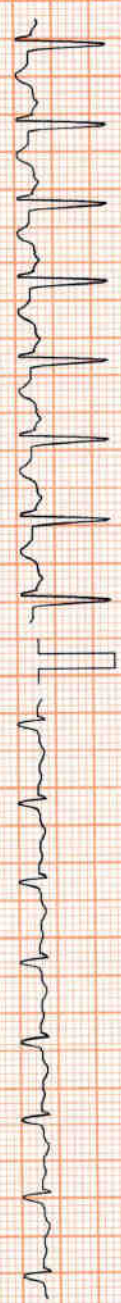
0.2 -0.4

-0.2 1.1



0.4 0.7

-1.1 -0.7



0.4 0.4

-0.2 -1.4



0.4 0.4

0.6 0.7



-0.6 -0.4

-0.6 0.4



-1.1 -0.7



0.2 -0.4



0.4 0.7



0.4 0.4



0.4 0.4



-0.6 -0.4



-1.1 -0.7

Chart Speed: 25 mm/sec
Schiller Standard V 4 51

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

180 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 39 s Stage Time : 0 m 54 s HR: 112 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

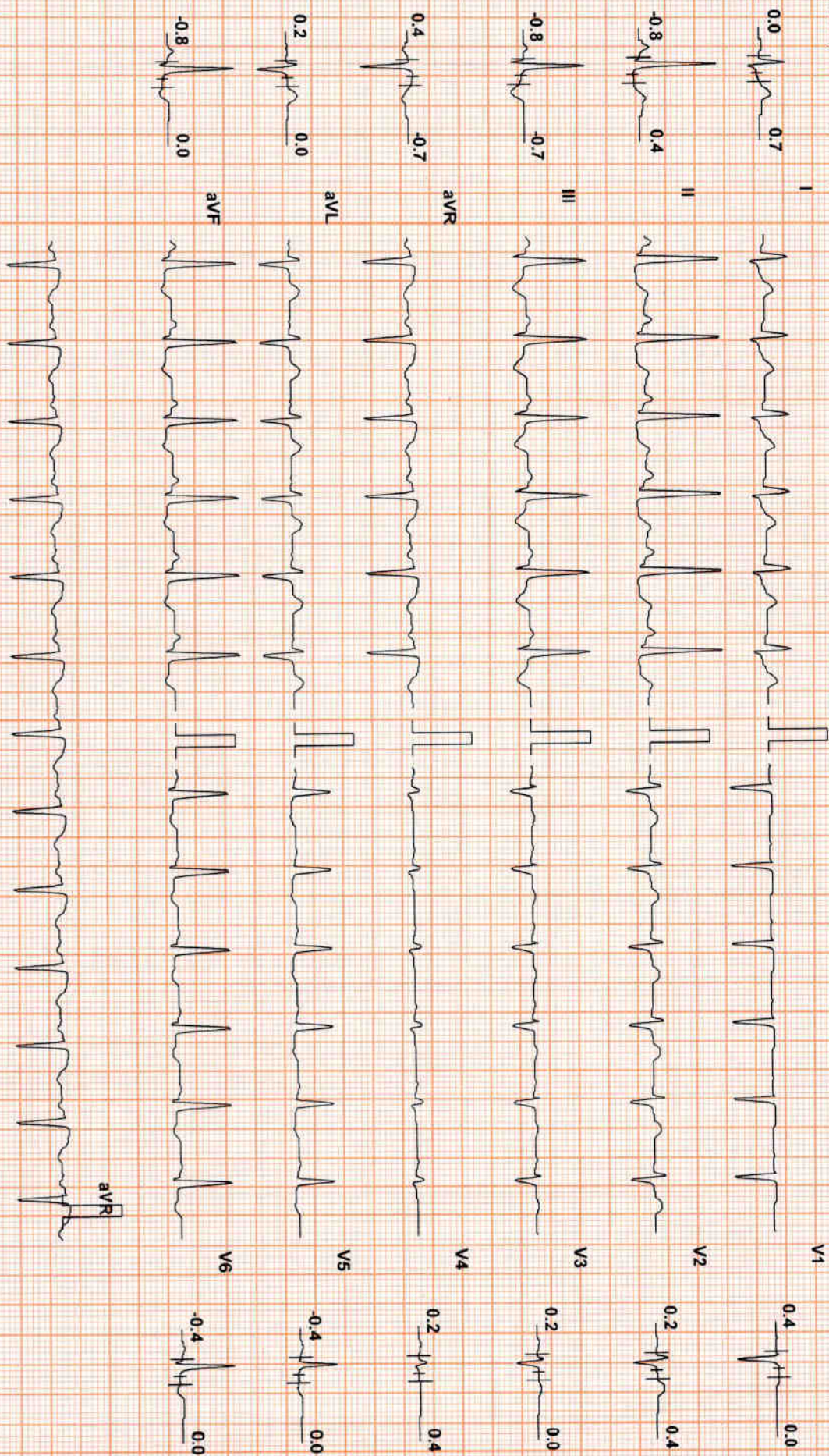


Chart Speed: 25 mm/sec
Schlter Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 39 s Stage Time : 0 m 54 s HR: 104 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

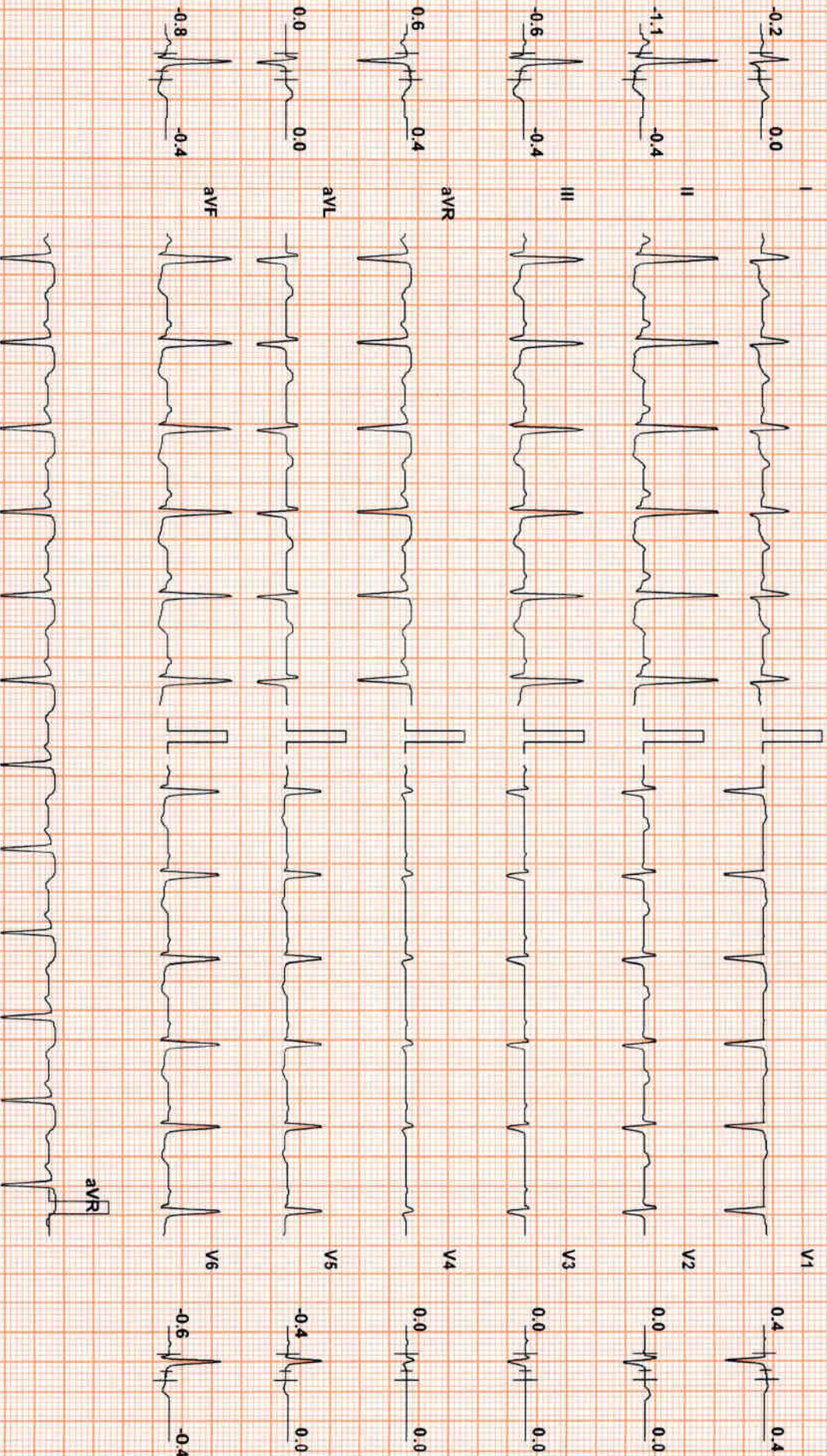


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 39 s Stage Time : 0 m 54 s **HR: 100 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

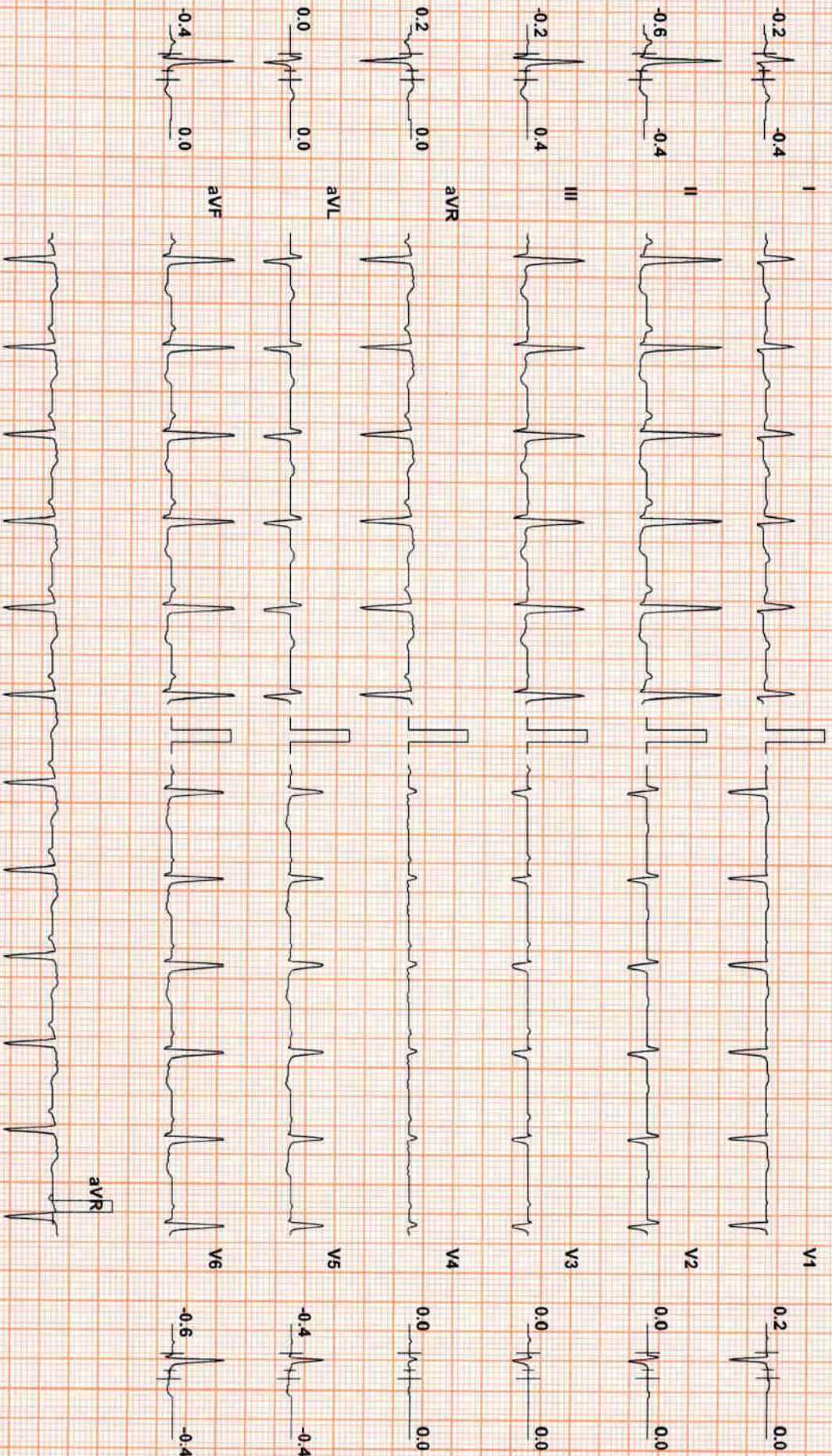


Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 2132220653

Date: 18-Nov-21

Exec Time : 5 m 39 s Stage Time : 0 m 54 s HR: 101 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

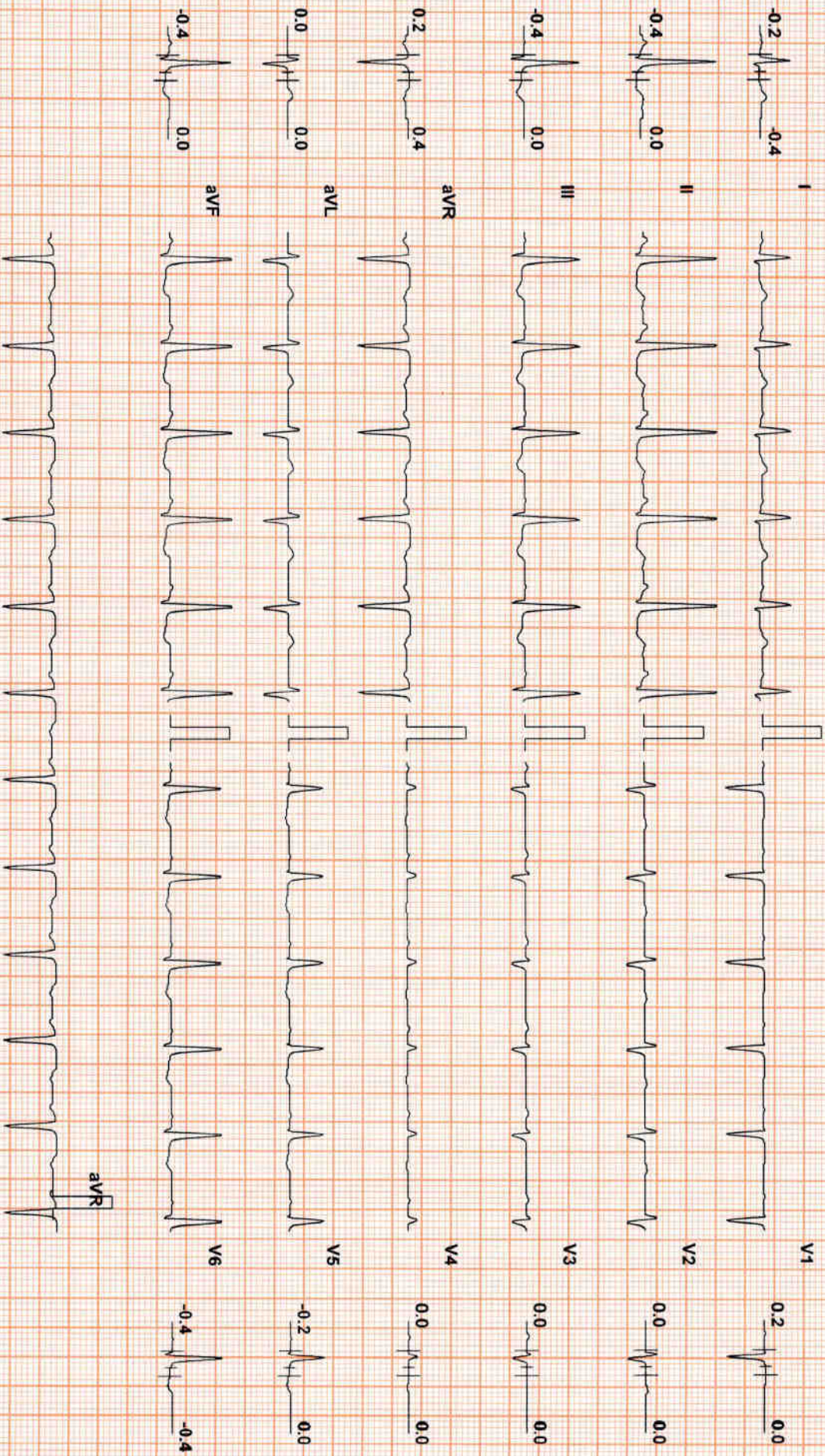


Chart Speed: 25 mm/sec
Schiller Spandari V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA MUKHTAR AHMED (39 F)

ID: 21332220653

Date: 18-Nov-21 Exec Time : 5 m 39 s Stage Time : 0 m 33 s HR: 102 bpm

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 138 / 88

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

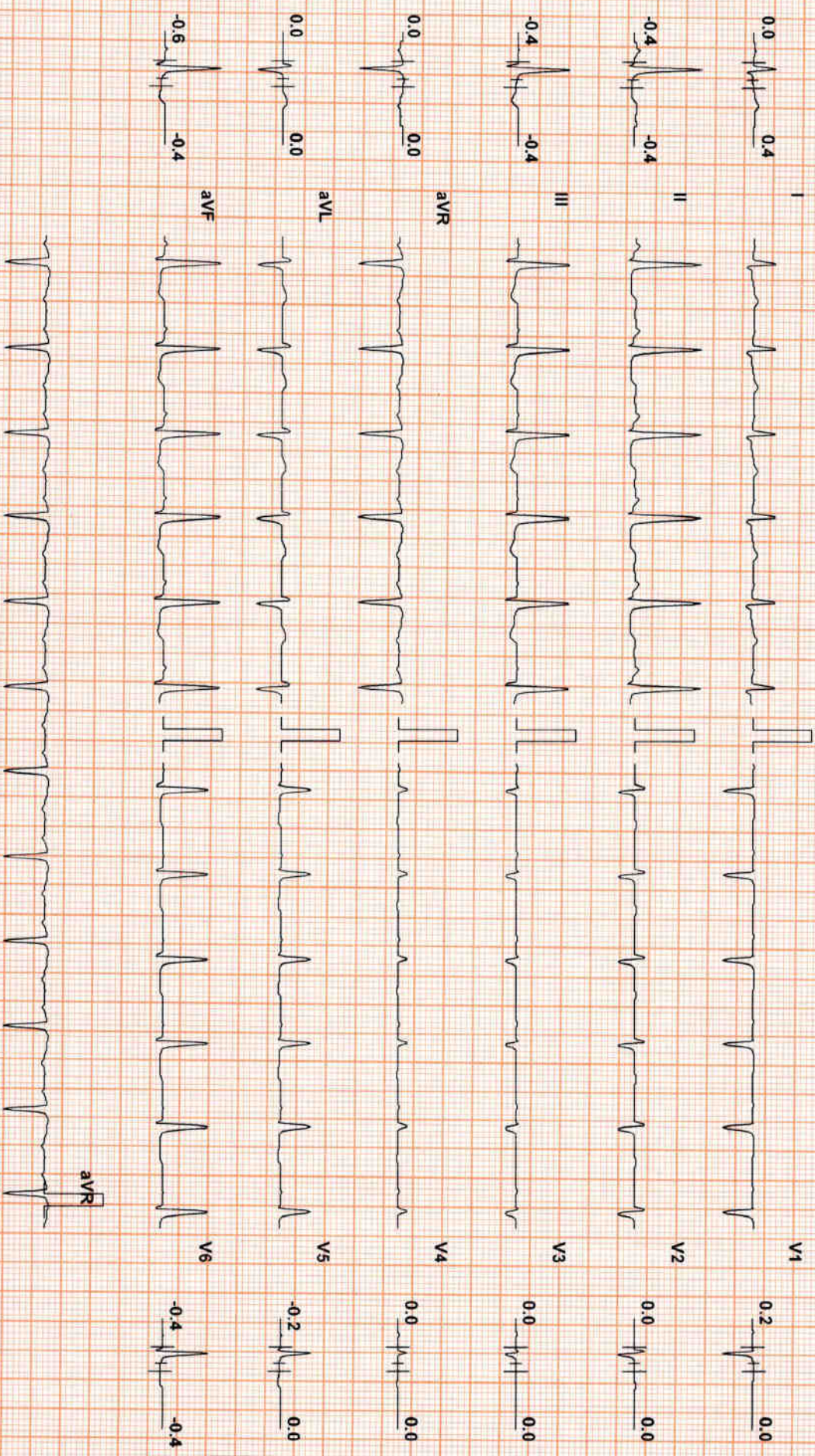


Chart Speed: 25 mm/sec
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

19/1/14

R
E
P
O
R
T

Ms Mukthar Shobana Ahmed

3374/12

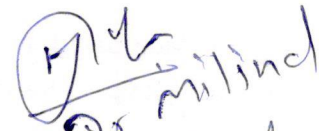
HB: 8.4 MCV: 20
UGT A + V Good ⊕ fatty liver

→

Do Serum Iron
Serum ferritin
TIBC
& Transferrin saturation
Daily Bowin walking
weight reduction.

Tb crater xT x 2 months
| — ○ — ○

follow up with above reports.


Dr. Milind
Shinde



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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NAME : MS. MUKTHAR SHABANA AHMED AGE / SEX: 38 Y - FEMALE

DATE : 18/11/2021

CID : 2132220653

38 yr

GYNAEC CHECK-UP

History

no complaints

MH - Past
Present

LMP → 4/11/2021

Obs. History -

single not sexually active

Prev Illness -

No H/O DM + HT

Prev Op -

Tonsillectomy

Drugs - NS

Breasts:

R -

soft; NAD

L -

PA -

PS -

PV -

Pap smear not taken
as pt is not married neither sexually
active

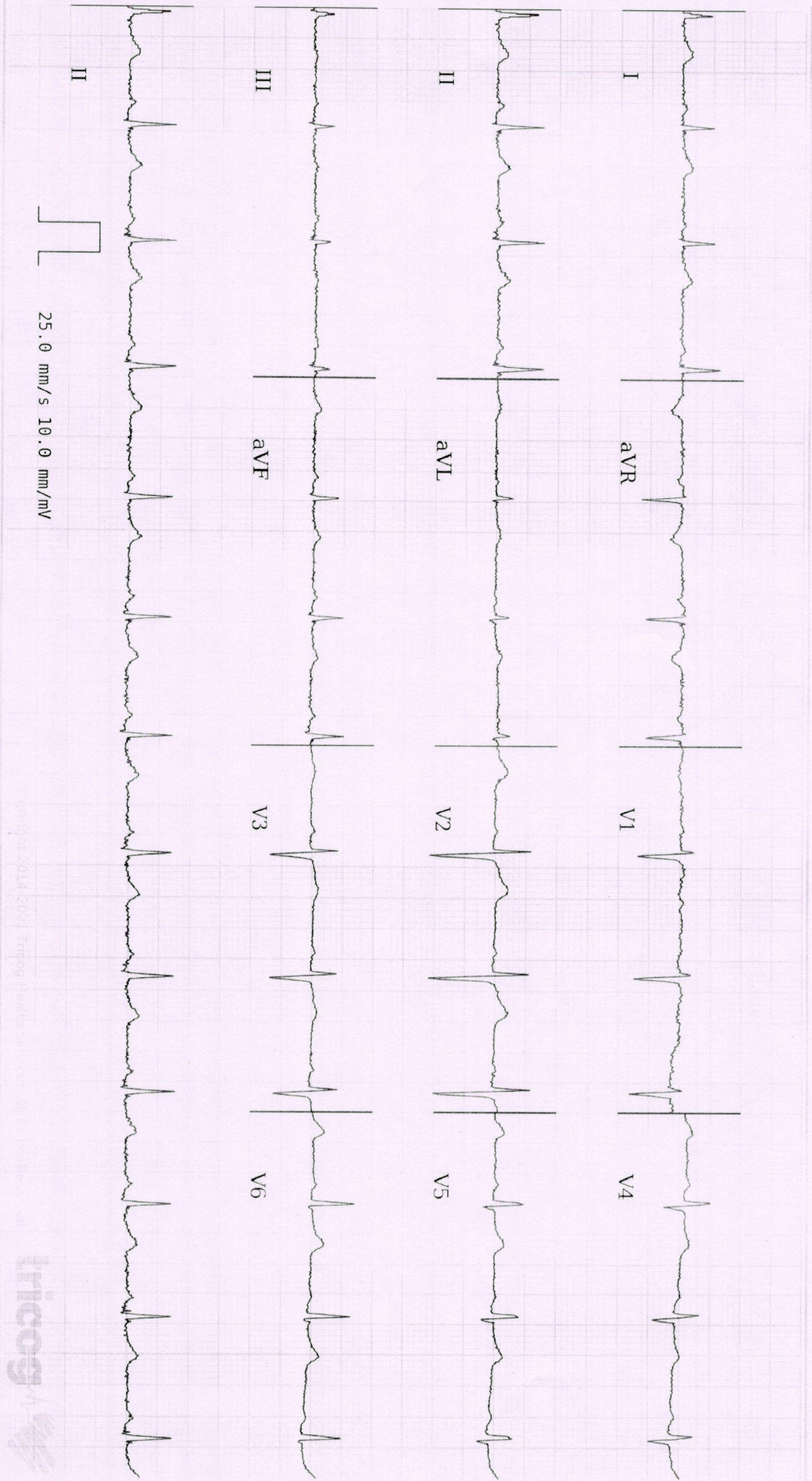
IMPRESSION :

DR. SWATIKA KUMARI
MBBS DGO DNB
Obstetrician & Gynaecologist
Regd. No. 2009/05/2395

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

Patient Name: SHABANA MUKTHAR AHMED Date and Time: 18th Nov 21 9:16 AM

Patient ID: 2132220653



25.0 mm/s 10.0 mm/mV

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Age 39 4 14
years months days

Gender Female

Heart Rate 77 bpm

Patient Vitals

BP: 120/70 mmHg
Weight: 78 kg
Height: 147 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QSRD: 70 ms
QT: 374 ms
QTc: 423 ms
PR: 152 ms
P-R-T: 53° 44° 42°

REPORTED BY

Dr. Milind Shinde
MBBS, DNB Medicine
2011/05/1544

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. 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.



CID : 2132220653
Name : Ms MUKTHAR SHABANA AHMED
Age / Sex : 39 Years/Female
Ref. Dr :
Reg.Location : Lulla Nagar, Pune Main Centre

Reg. Date : 18-Nov-2021 / 10:16
Report Date : 18-Nov-2021 / 10:21
Printed : 18-Nov-2021 / 10:21

USG (ABDOMEN + PELVIS)

Limited scan due to excessive bowel gases.

LIVER : The liver is normal in size, shape and smooth margins. It shows raised parenchymal echo pattern s/o grade I fatty infiltration. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Right kidney measures 9.8 x 3.6 cm. Left kidney measures 9.2 x 5.0 cm. Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS : The uterus is anteverted and appears normal. It measures 8.3 x 3.0 x 4.3 cm in size. The endometrial thickness is 7.7 mm.

OVARIES : Both the ovaries are well visualised and appears normal. There is no evidence of any ovarian or adnexal mass seen.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

- Grade I fatty liver.

Advice - Clinical and lab correlation.

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

R. Rawal
Dr. PALLAVI RAWAL
MBBS, MD Radiology
Reg No 2013/04/1170

CID#	: 2132220653	SID#	: 177804474070
Name	: MS.MUKTHAR SHABANA AHMED	Registered	: 18-Nov-2021 / 08:51
Age / Gender	: 39 Years/Female	Collected	: 18-Nov-2021 / 08:51
Ref. Dr	: -	Reported	: 18-Nov-2021 / 11:27
Reg.Location	: Lulla Nagar, Pune (Main Centre)	Printed	: 18-Nov-2021 / 11:28

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm are normal.

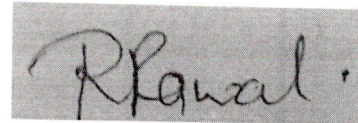
The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

*** End Of Report ***



Dr.Pallavi Rawal
MD. RADIODIAGNOSIS
RADIOLOGIST

ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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Use a QR Code Scanner
Application To Scan the Code

CID : 2132220653
Name : MS.MUKTHAR SHABANA AHMED
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 18-Nov-2021 / 08:52
Reported : 18-Nov-2021 / 14:19

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	8.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.3	36-46 %	Calculated
MCV	70	80-100 fl	Calculated
MCH	20.8	27-32 pg	Calculated
MCHC	29.8	31.5-34.5 g/dL	Calculated
RDW	18.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.7	20-40 %	
Absolute Lymphocytes	2392.7	1000-3000 /cmm	Calculated
Monocytes	3.5	2-10 %	
Absolute Monocytes	248.5	200-1000 /cmm	Calculated
Neutrophils	60.2	40-80 %	
Absolute Neutrophils	4274.2	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	177.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	376000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	+		
Macrocytosis	-		



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CID : 2132220653
Name : MS.MUKTHAR SHABANA AHMED
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 18-Nov-2021 / 08:52
Reported : 18-Nov-2021 / 12:18

Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	Mild
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	ADV : Iron studies, Sr. Ferritin level.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **38** 2-20 mm at 1 hr. Westergren

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



MC-2463



Dr.GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist

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

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Name : MS.MUKTHAR SHABANA AHMED
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 18-Nov-2021 / 08:52
Reported : 18-Nov-2021 / 14:19

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.6	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 Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463



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Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

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Reported : 18-Nov-2021 / 14:19

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	3-4	Less than 20/hpf	

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	74.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	110.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96	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	Colorimetric
VLDL CHOLESTEROL, Serum	15	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	11.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	2.6	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.0	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.34	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.



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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 5.5 to 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: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.

Reference:

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.08	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	14.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	72.9	35-105 U/L	Colorimetric

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PPUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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