

PHYSICAL EXAMINATION REPORT

Patient Name	Souja Nair	Sex/Age	F/52
Date	27/12/23	Location	Thane

History and Complaints

G.O. - Acidity.

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	⊙
Weight (kg):	70.9	Skin:	NAD.
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD.

USG - see attached report  
Adv Gynecologist opinion

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

mammography - fibroadenoma  
by chat & A - see report Adv Chat Physian

**Advice:**

1)	Hypertension:	Nil
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	Nil
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	H/o - fibroids
14)	Cancer/lump growth/cyst	
15)	Congenital disease	Hysterectomy, LSCS.
16)	Surgeries	
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	No	
2)	Smoking		No
3)	Diet		Mixed.
4)	Medication		No.

NAME:- Souha Naik AGE / SEX :- F/42  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Post - Hysterectomy
- PAST MENSTRUAL HISTORY :- Reg; A.
- OBSTERIC HISTORY :- Ge p, A.
- PAST HISTORY :- H/o - Abortions (2022)
- PREVIOUS SURGERIES :- 1 LSCS, Hysterectomy.
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

0000018-SNOJ

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

Nil  
/ (P)

**PERSONAL HISTORY :-**

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

(P)

NAD

72/min

110/80

NAD

(Signature)

27/12/23

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

9099 0718 5221

Date:- 27/11/23  
Name:- Soma Hans

CID: 2336106446  
Sex / Age: F 42

**EYE CHECK UP**

Chief complaints: 12 CO

Systemic Diseases: All

Past history: All

Unaided Vision: 13/20 6/6 N/A 20/20 N.R.

Aided Vision: 13/20 6/6 N/A 20/20 N.R.

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**  
*Prakash Kudva*  
**SR. OPTOMETRIST**

CID : 2336106446  
Name : MRS. SONIA P NAIR  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



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Collected : 27-Dec-2023 / 08:19  
Reported : 27-Dec-2023 / 11:24

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.41	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.2	36-46 %	Measured
MCV	95.6	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	29.5	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.4	20-40 %	
Absolute Lymphocytes	2180.4	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	303.2	200-1000 /cmm	Calculated
Neutrophils	53.3	40-80 %	
Absolute Neutrophils	3107.4	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	239.0	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.

**PLATELET PARAMETERS**

Platelet Count	282000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	10.2	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-

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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 33 2-20 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
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(3):1443-50.

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

*J. Mujawar*  
Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist

Appetizing Clicks



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Reported : 27-Dec-2023 / 12:37

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.3	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 \*\*\*

*J. Mujawar*  
**Dr. IMRAN MEJAWAR**  
M.D ( Path )  
Pathologist



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Reported : 27-Dec-2023 / 13:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	12.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	113	(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
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

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

*J. Mujawar*

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Collected : 27-Dec-2023 / 08:19  
Reported : 27-Dec-2023 / 12:00

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / > 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G-B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
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Collected : 27-Dec-2023 / 08:19  
Reported : 27-Dec-2023 / 15:56

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Alkaline (7.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Dr. Vandana Kulkarni*  
**Dr.VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



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Collected : 27-Dec-2023 / 08:19  
Reported : 27-Dec-2023 / 13:30

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

<u>PARAMETER</u>	<u>RESULTS</u>
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 isagglutinins 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 Rh 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 \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	48.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	47.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	91.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	9.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	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	2.06	0.35-5.5 microIU/ml First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0 mIU/ml	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 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 5 pm and 10 pm. The variation is on the order of 50 to 200%. 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. Kodouri 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-Cellum G Fraser (AACCC Press)

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

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Reported : 27-Dec-2023 / 11:32

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

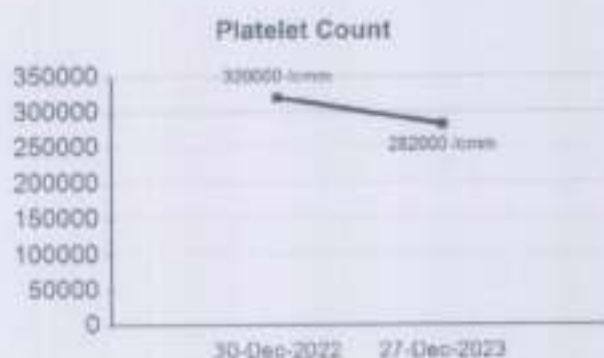
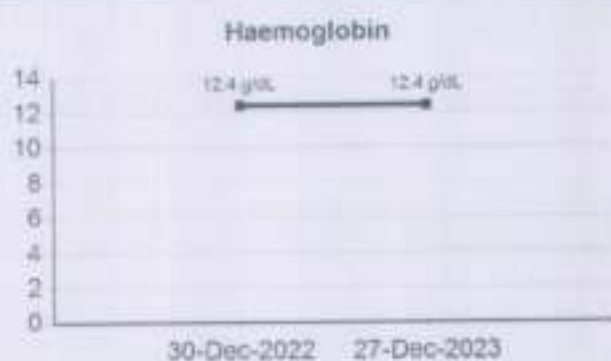
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	19.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	23.5	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	10.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	61.7	35-105 U/L	PNPP

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

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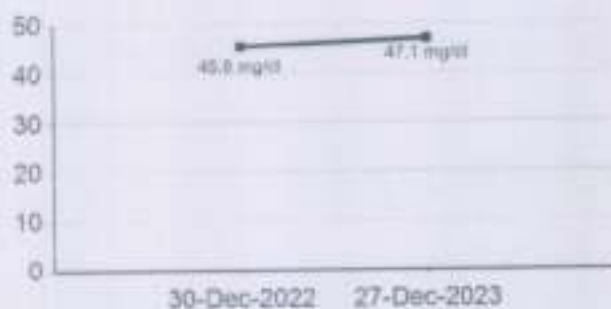
CID : 2336106446  
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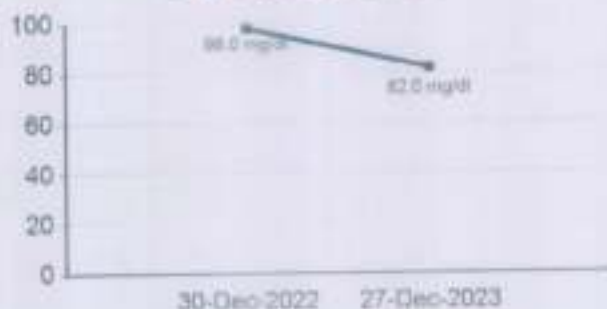
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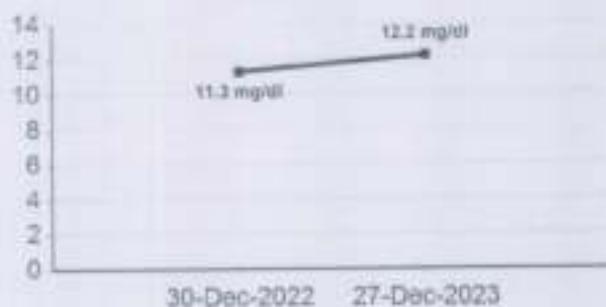
**HDL CHOLESTEROL**



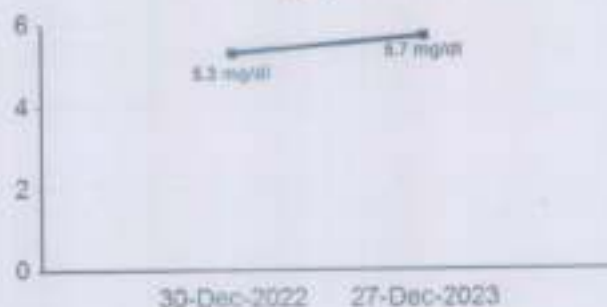
**LDL CHOLESTEROL**



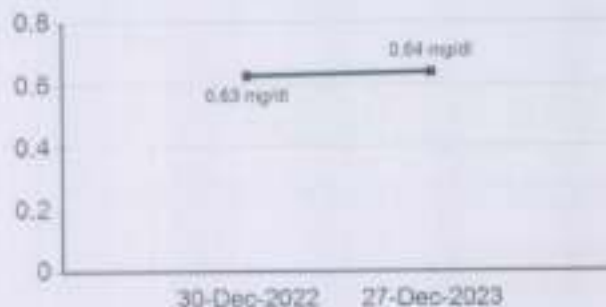
**BLOOD UREA**



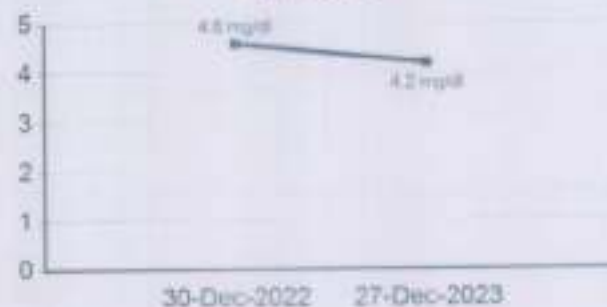
**BUN**



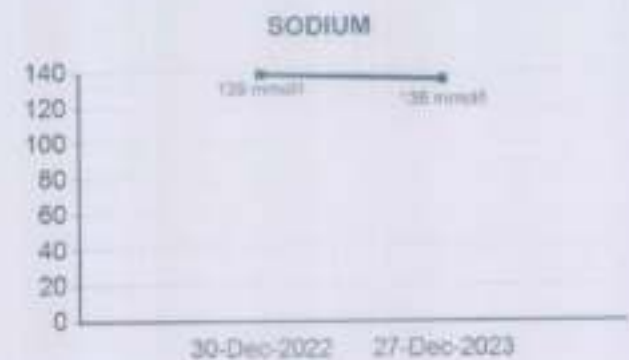
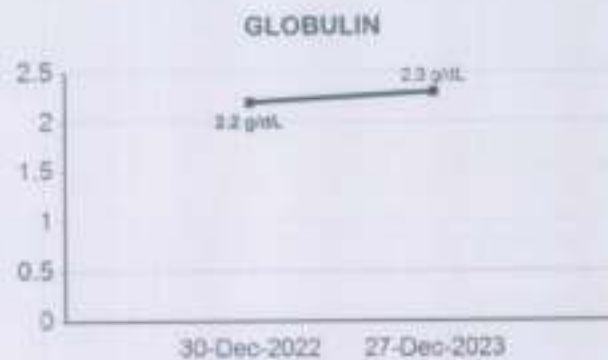
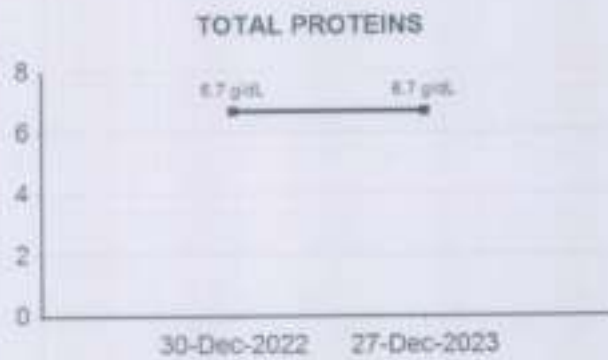
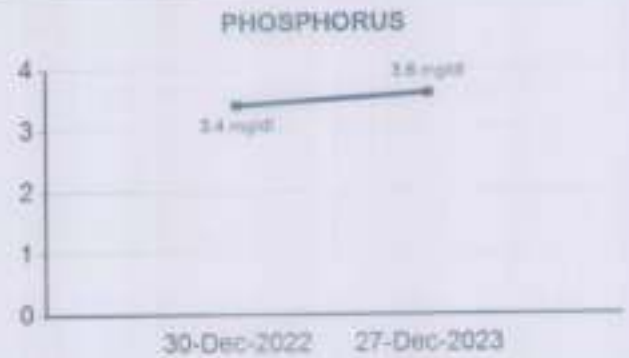
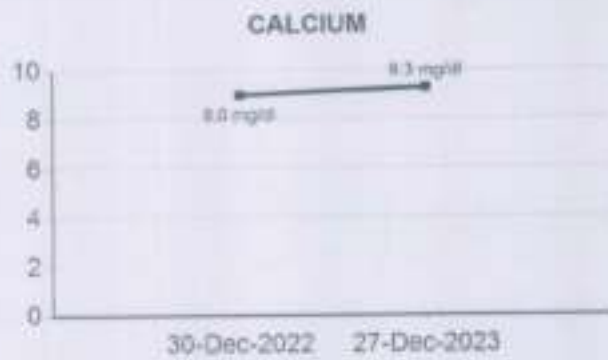
**CREATININE**



**URIC ACID**



CID : 2336106446  
 Name : MRS. SONIA P NAIR  
 Age / Gender : 42 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

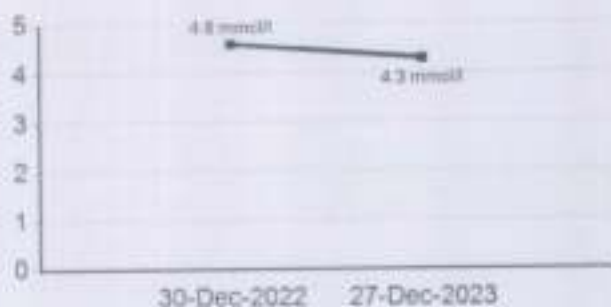


CID : 2336106446  
 Name : MRS. SONIA P NAIR  
 Age / Gender : 42 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner application To Scan the Code

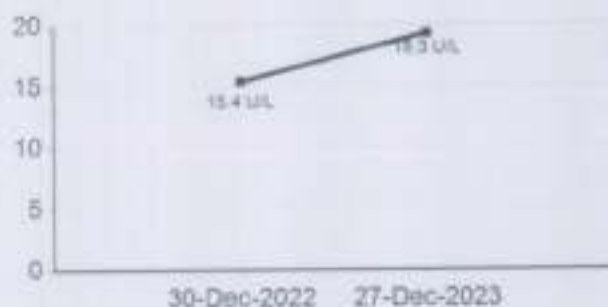
**POTASSIUM**



**CHLORIDE**



**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

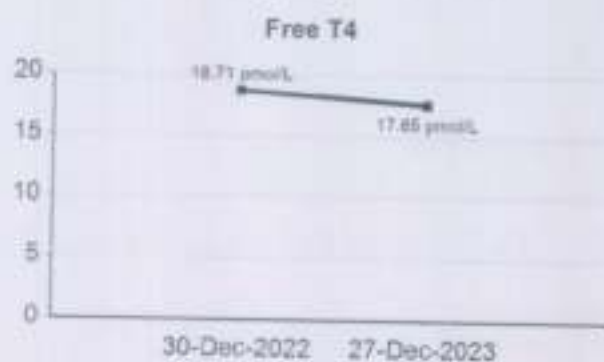
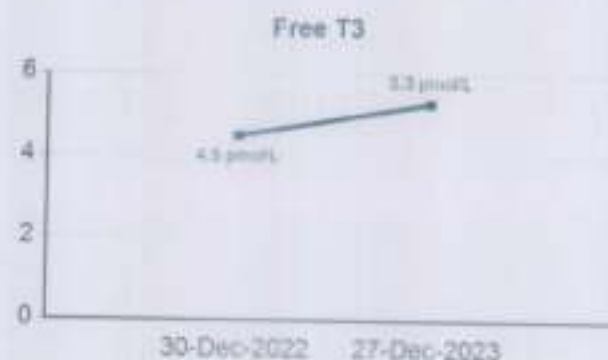
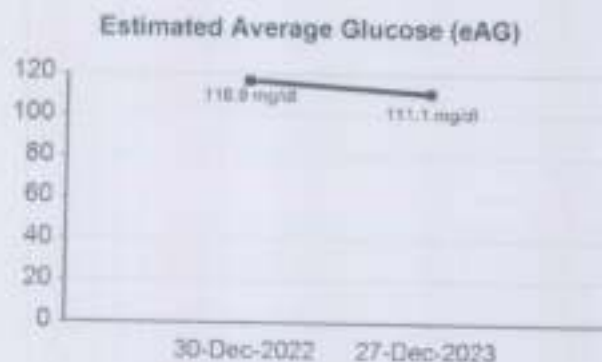
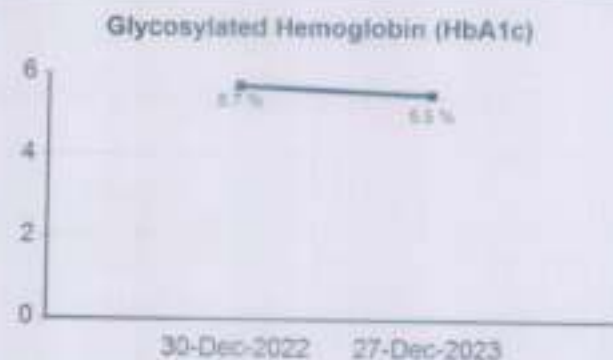
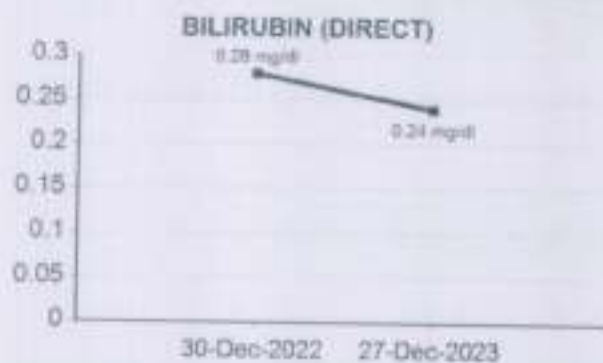


Authenticity Check



Use a QR Code Scanner Application To Scan the Code

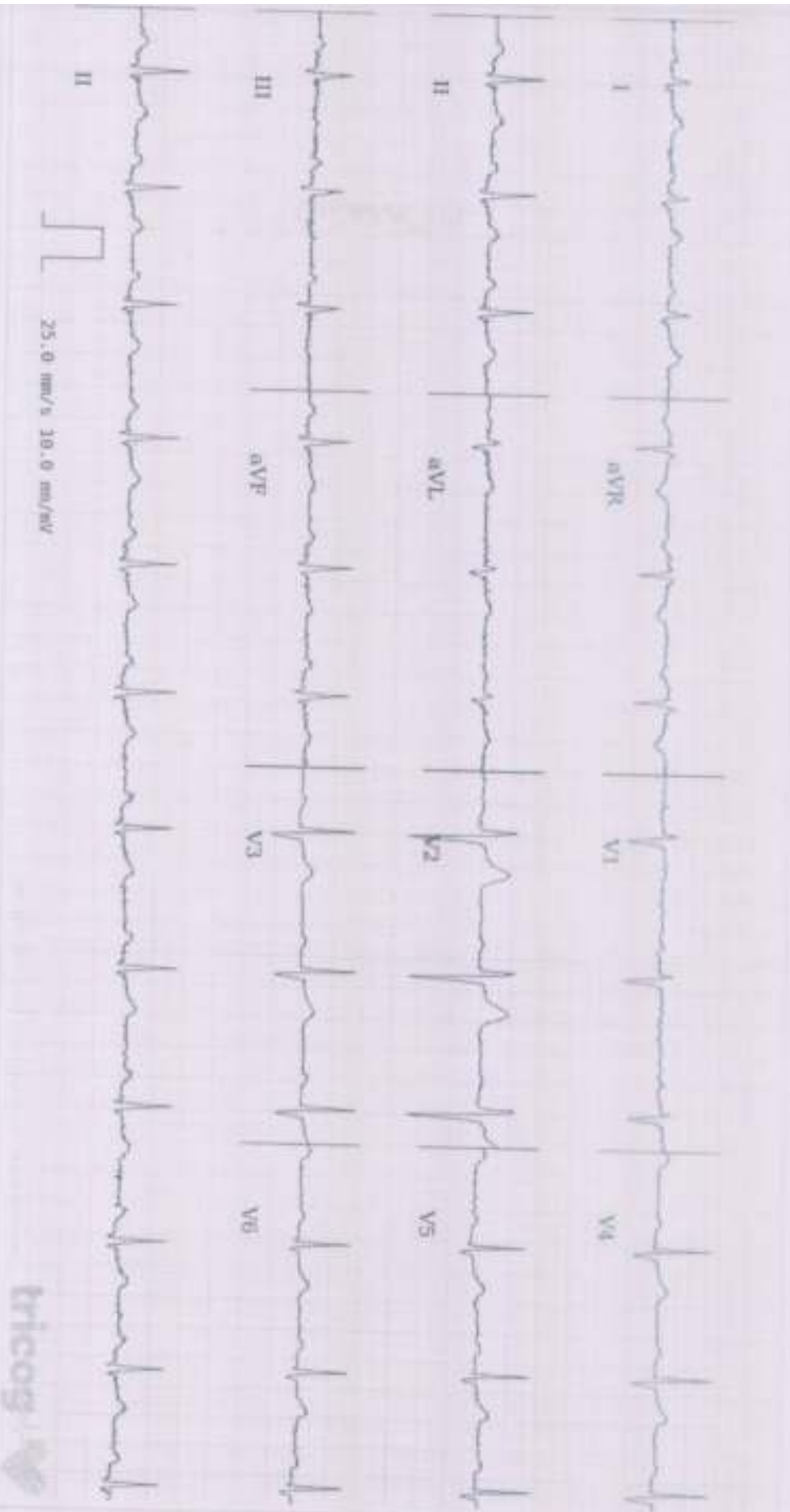
CID : 2336106446  
Name : MRS.SONIA P NAIR  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



Patient Name: SONIA P NAIR

Patient ID: 2336106446

Date and Time: 27th Dec 23 9:11 AM



25.0 mm/s 10.0 mV

Age: 42 years  
Sex: Female

Heart Rate: 73bpm

Patient Vitals  
BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

Measurements  
QRSd: 92ms  
QT: 384ms  
QTc: 423ms  
PR: 168ms  
P-R-T: 72° 73° 46°

ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR. SONIA P. NAIR  
MD, MBBS, DNB  
Cardiology



CID : 2336106446  
Name : Mrs SONIA P NAIR  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Dec-2023  
Reported : 27-Dec-2023 / 13:12

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Application To Scan the Code

**X-RAY CHEST PA VIEW**

Suspicious radio opacity is noted in right mid zone.

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation sos further evaluation.

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



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

Click here to view images <<ImageLink>>

Reg. No. : 2336106446	Sex : FEMALE
NAME : MRS. SONIA P NAIR	Age : 42 YRS
Ref. By : -----	Date : 27.12.2023

**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.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation. 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. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen . Multiple well circumscribed , oval,hypoechoic areas are noted , largest measuring 11 x 5 mm at 3 o'clock position in right breast s/o fibroadenomas. Multiple well circumscribed , oval,hypoechoic areas are noted , largest measuring 6 x 5 mm at 3 o'clock position in left breast s/o fibroadenomas.

Right breast:-Few cysts are noted largest measuring - 7 x 4 mm at 3 o' clock postion.  
Left breast:-Few cysts are noted largest measuring - 7 x 4 mm at 6 o' clock postion.

No duct ectasia is seen. Both retromammary regions appear normal. No significant axillary lymphadenopathy is seen.



CID : 2336106446  
Name : Mrs SONIA P NAIR  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Dec-2023  
Reported : 28-Dec-2023 / 9:37

Use a QR Code Scanner  
Application To Scan the Code!

### 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 10.0 x 3.7 cm. Left kidney measures 10.3 x 4.2 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 :** Post hysterectomy status.

No free fluid or significant lymphadenopathy is seen.

Cystic structure with internal echoes and septae noted in right adnexa measuring 5.1 x 4.0 x 5.2 cm, Volume 56 cc, another cystic structure with internal echoes and septae noted in left adnexa measuring 5.5 x 4.9 x 4.9 cm, Volume 70 cc, Both ovaries are not visualized separately.

[Click here to view images <<ImageLink>>](#)

CID : 2336106446  
Name : Mrs SONIA P NAIR  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Dec-2023  
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**IMPRESSION:**

CYSTIC STRUCTURE WITH INTERNAL ECHOES AND SEPTAE NOTED IN RIGHT ADNEXA MEASURING 5.1 X 4.0 X 5.2 CM ,VOLUME 56 CC, ANOTHER CYSTIC STRUCTURE WITH INTERNAL ECHOES AND SEPTAE NOTED IN LEFT ADNEXA MEASURING 5.5 X 4.9 X 4.9 CM ,VOLUME 70 CC,BOTH OVARIES ARE NOT VISUALIZED SEPARATELY ? LEFT ADNEXAL HEMORRHAGIC CYSTS.

*Advice: Clinical co-relation further evaluation and follow up.*

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

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

Click here to view images <<ImageLink>>

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

450 (2336106446) / SONIA P NAIR / 42 Yrs / F / 164 Cms / 70 Kg  
 Date: 27 / 12 / 2023 09:14:18 AM



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:28	0:28	00.0	00.0	01.0	103	58%	130/80	133	00	
Standing	00:37	0:09	00.0	00.0	01.0	112	63%	130/80	145	00	
HV	00:47	0:10	00.0	00.0	01.0	095	53%	130/80	123	00	
ExStart	00:56	0:09	00.0	00.0	01.0	100	56%	130/80	130	00	
PeakEx	03:31	2:36	01.7	10.0	04.2	160	90%	140/80	224	00	
Recovery	04:31	1:00	00.0	00.0	04.2	108	61%	140/80	151	00	
Recovery	05:31	2:00	00.0	00.0	04.2	100	56%	140/80	140	00	
Recovery	06:31	3:00	00.0	00.0	04.2	108	61%	140/80	151	00	
Recovery	07:31	4:00	00.0	00.0	04.2	107	60%	130/80	139	00	
Recovery	07:41	4:11	00.0	00.0	04.2	114	64%	130/80	148	00	

## FINDINGS :

Exercise Time : 02:36  
 Initial HR (ExStrt) : 100 bpm 56% of Target 178  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max Workload Attained : 4.2 Poor response to induced stress  
 Max ST Dep Lead & Avg ST Value: III & -0.7 mm in HV  
 History : No  
 Test End Reasons : Heart Rate Achieved, Feeling Uncomfortable

Max HR Attained 160 bpm 90% of Target 178  
 Max BP Attained 140/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**

M.D. (GEN.MED)

R.NO. 49972

2166V ONR

(GEN.MED) D.W

17711D V7V71VHS 1JG

Doctor : DR KAVIN SHAH



EMail: 450780NIA P NAIR / 42 Yrs / F / 164 Cms / 70 Kg Date: 27 / 12 / 2023 09:14:18 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill  
PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 112.0 bpm, and the maximum predicted Target Heart Rate 178.0. The BP increased at the time of generating report as 140/0/80.0 mmHg The Max Dep went upto 0.2, 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. ~~and~~ Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Dr. SHAILAJA PILLAI

M.D. (GEN MED)

Doctor : DR.RAVIN SHAIH

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

449 (23306106446) / SONIA P NAIK / 42 Yrs / F / 161 Cms / 70 Kg / HR : 93

Date: 27 / 12 / 2023 09:10:57 AM

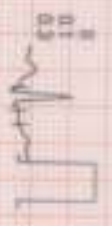
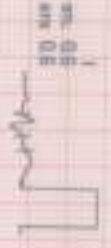
HEETS: 1.0/ 93 bpm 82% of THR BP: 110/70 mmHg Pw/ECG/BLD/OW/NATCH/OW/HF/3.05 Hdlc/F 35.7%

4X 100 ml Paper J

ExStm



ExTime: 00:50, 0.0 mpa, 0.0%  
25 mm/Sec, 1.0 Div/Div



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

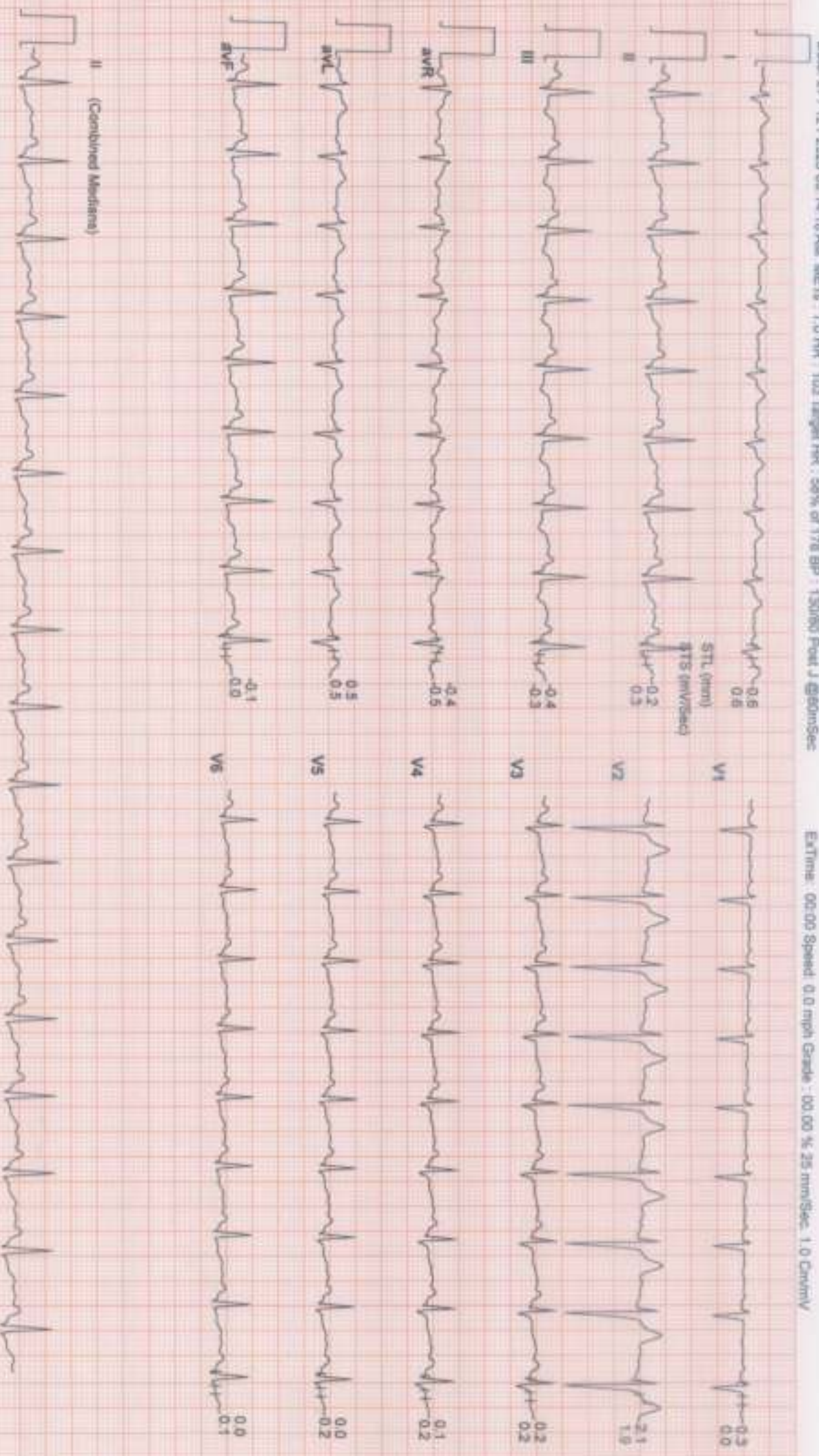
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 08:14:18 AM METs : 1.0 HR : 102 Target HR : 98% of 178 BP : 130/80 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

SUPINE ( 00:01 )



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

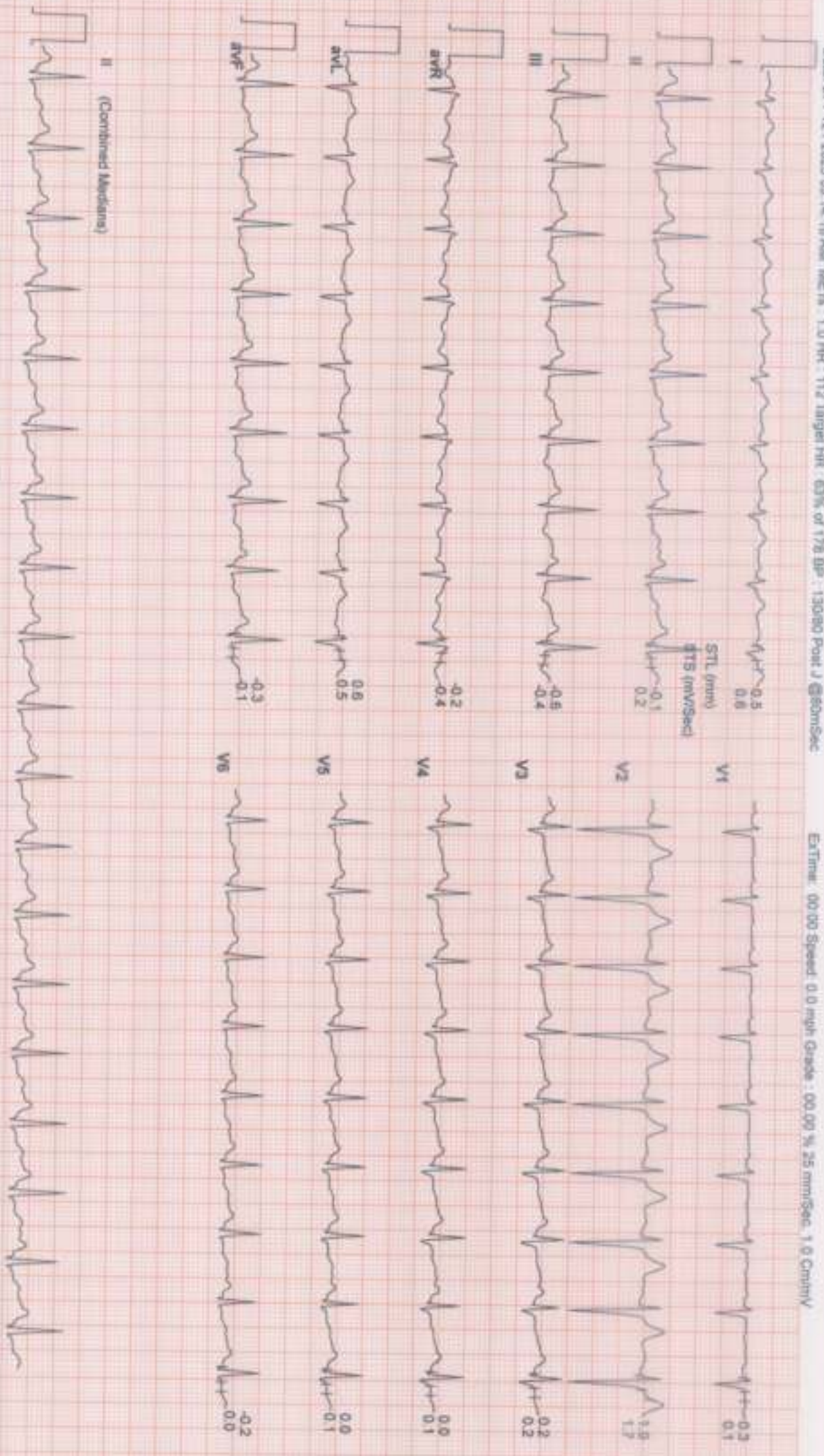
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 09:14:18 AM METs : 1.0 HR : 112 Target HR : 63% of 178 BP : 130/90 Post J @ComSec

**6X2 Combine Medians + 1 Rhythm**  
STANDING ( 00:00 )



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



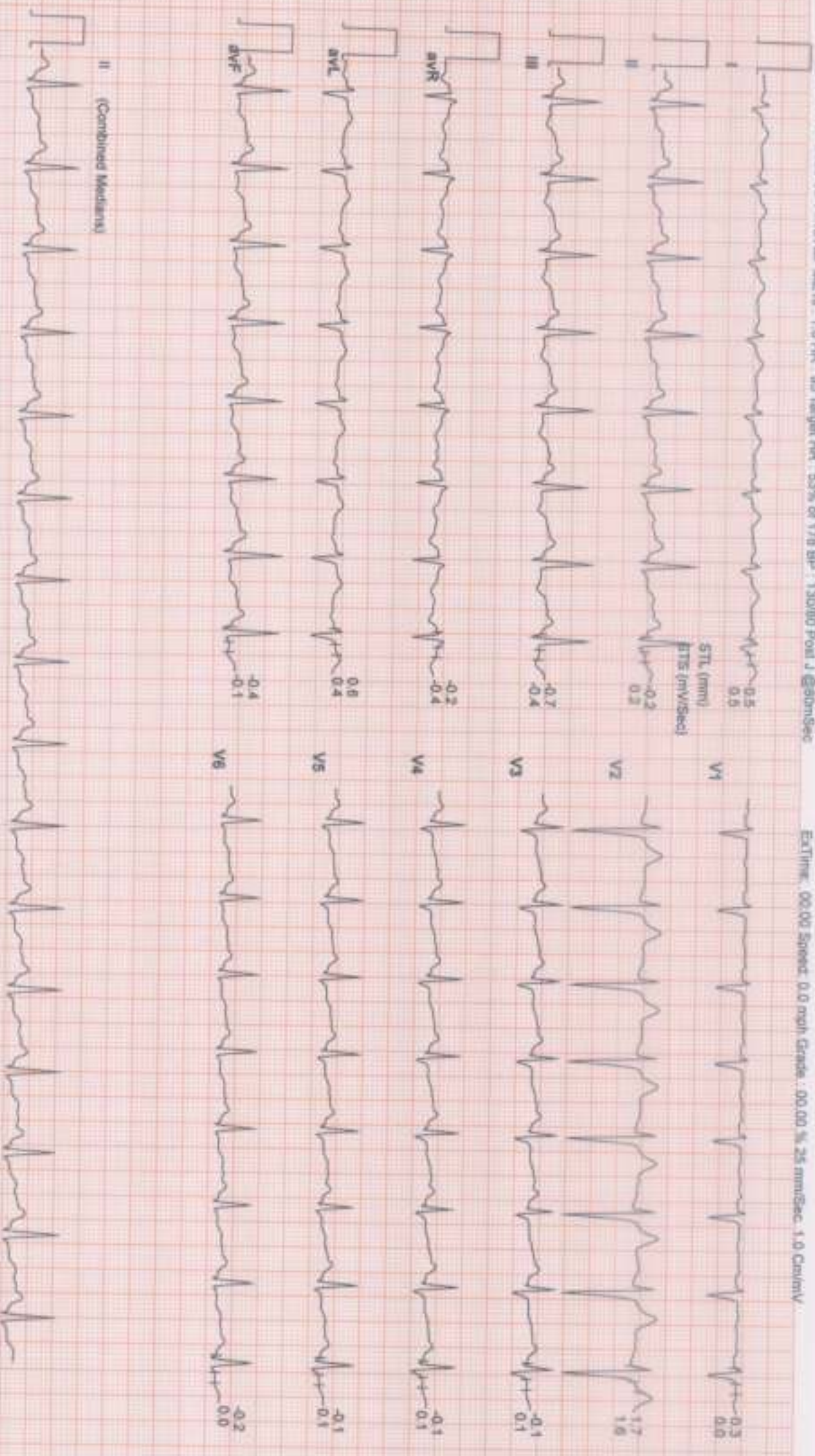
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 09:14:18 AM METs : 1.0 HR : 85 Target HR : 53% of 178 BP : 130/80 Pwd J @50ms/Sec

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

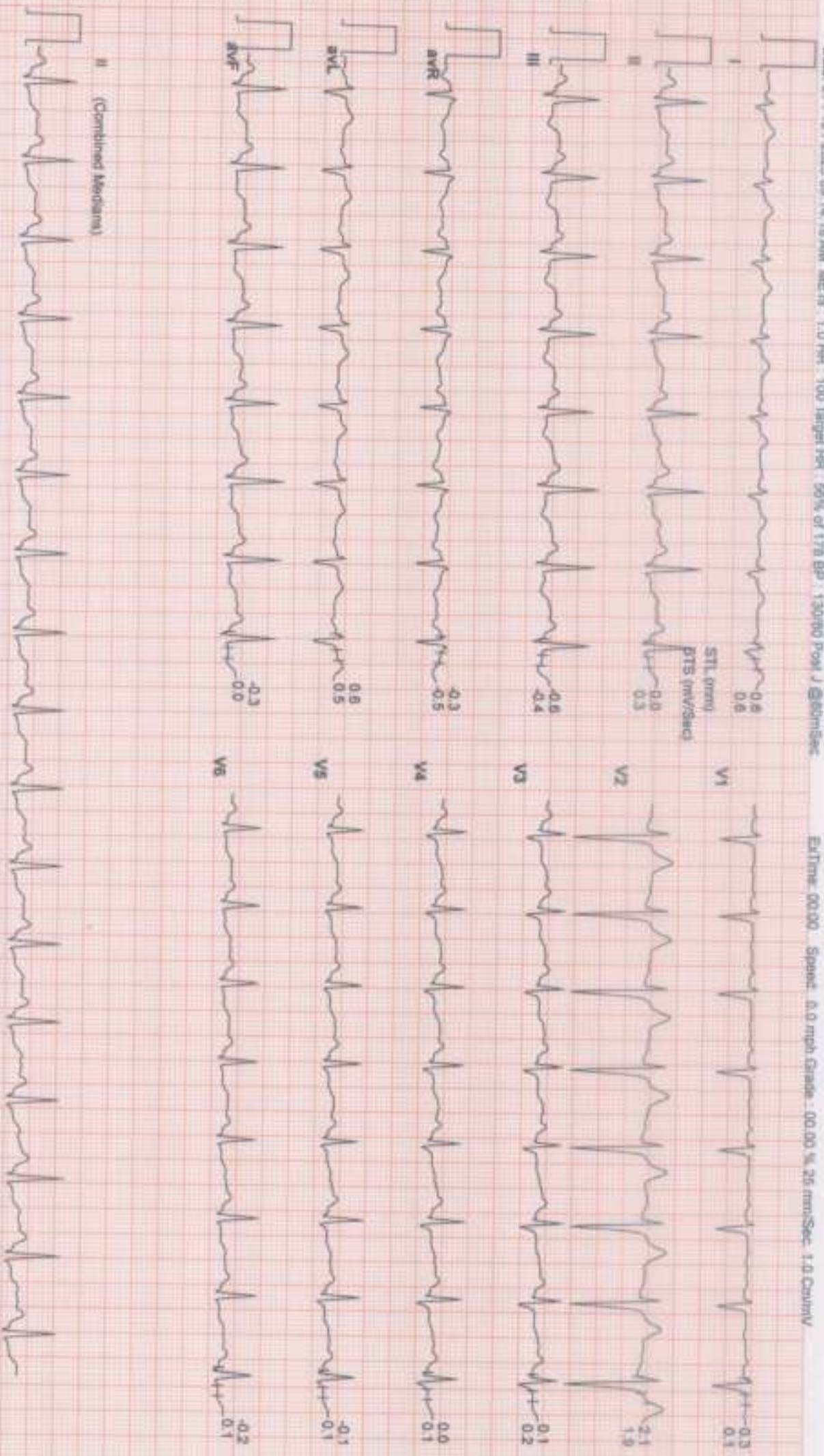
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 09:14:16 AM METs : 1.0 HR : 100 Target HR : 95% of 178 BP : 130/90 PwM J @60mmSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 26 mm/Sec 1.0 Count/V

## 6X2 Combine Medians + 1 Rhythm

ExStt



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

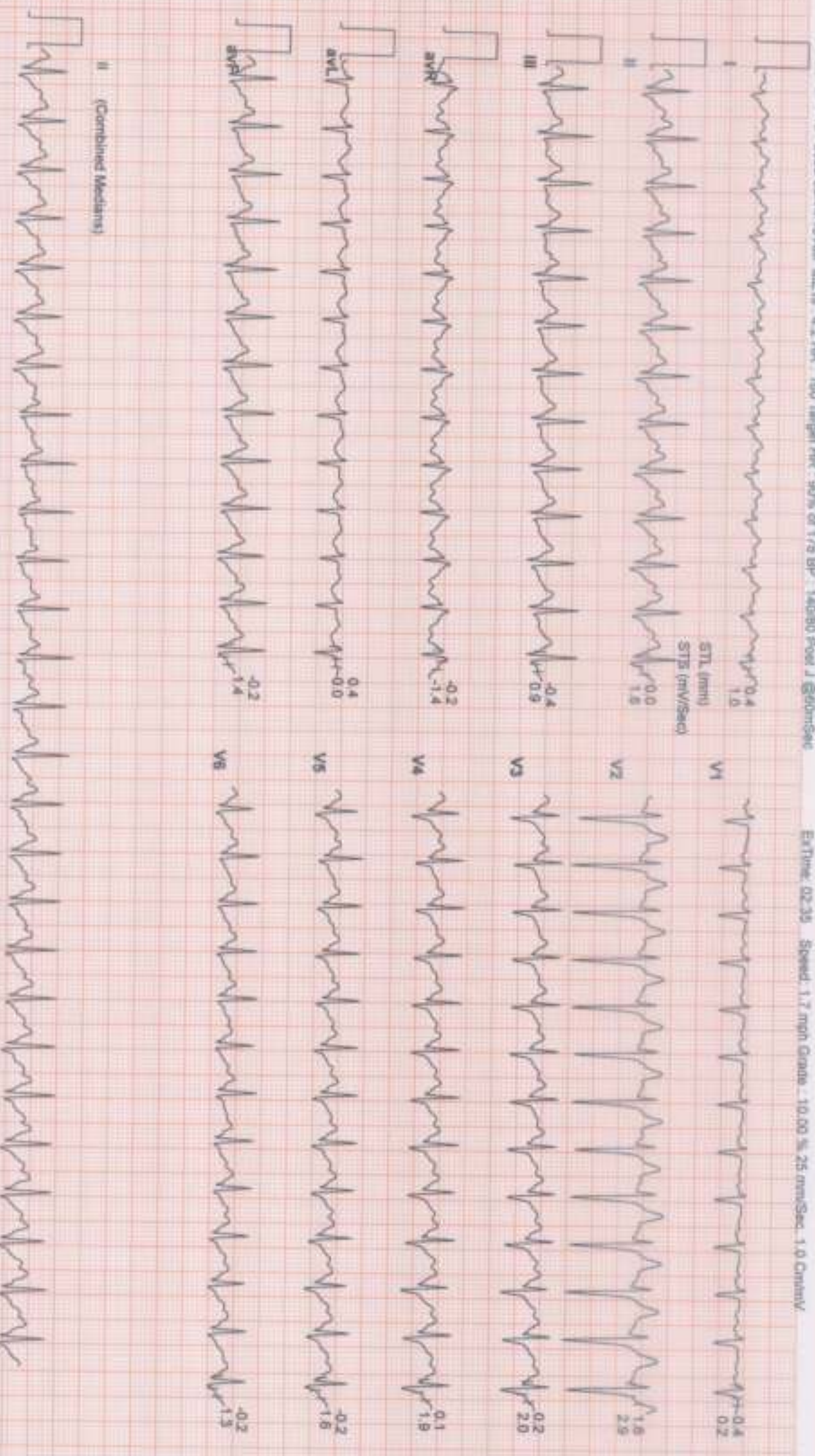
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 02:14:16 AM MEETs : 4.2 HR : 160 Target HR : 90% of 175 BP : 140/80 Pwd J @60mmSec

ExTime: 02:35 Speed: 1.7 mm/Grate : 10.00 % 25 mm/Sec 1.0 Cm/Div

**6X2 Combine Medians + 1 Rhythm**

PeakEx



II (Combined Medians)

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

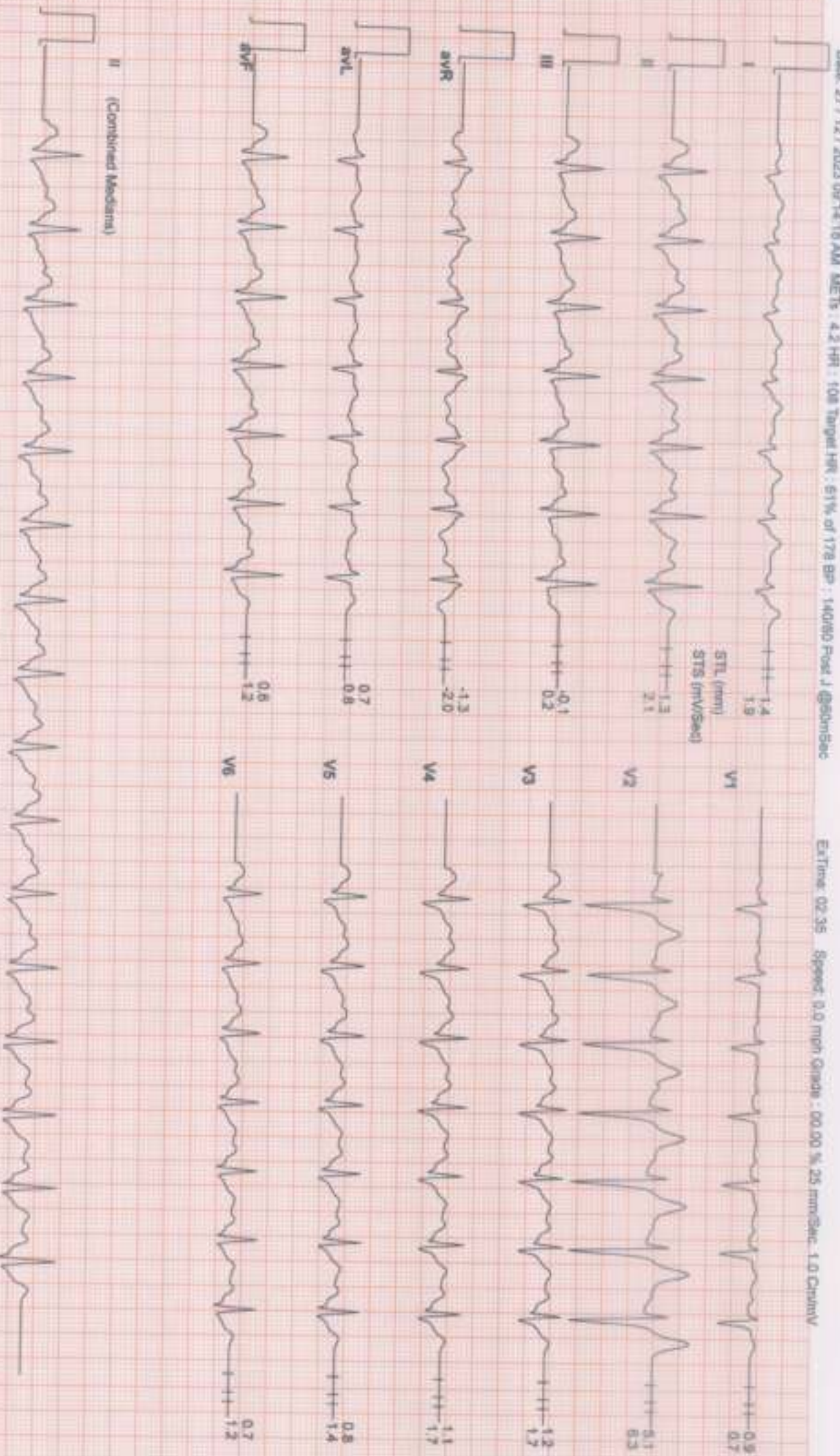
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 09:14:16 AM METS : 4.2 HR : 108 Target HR : 61% of 178 BP : 140/80 Pwd J @sonDac

ExTime: 02:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/Div

## 6X2 Combine Medians + 1 Rhythm

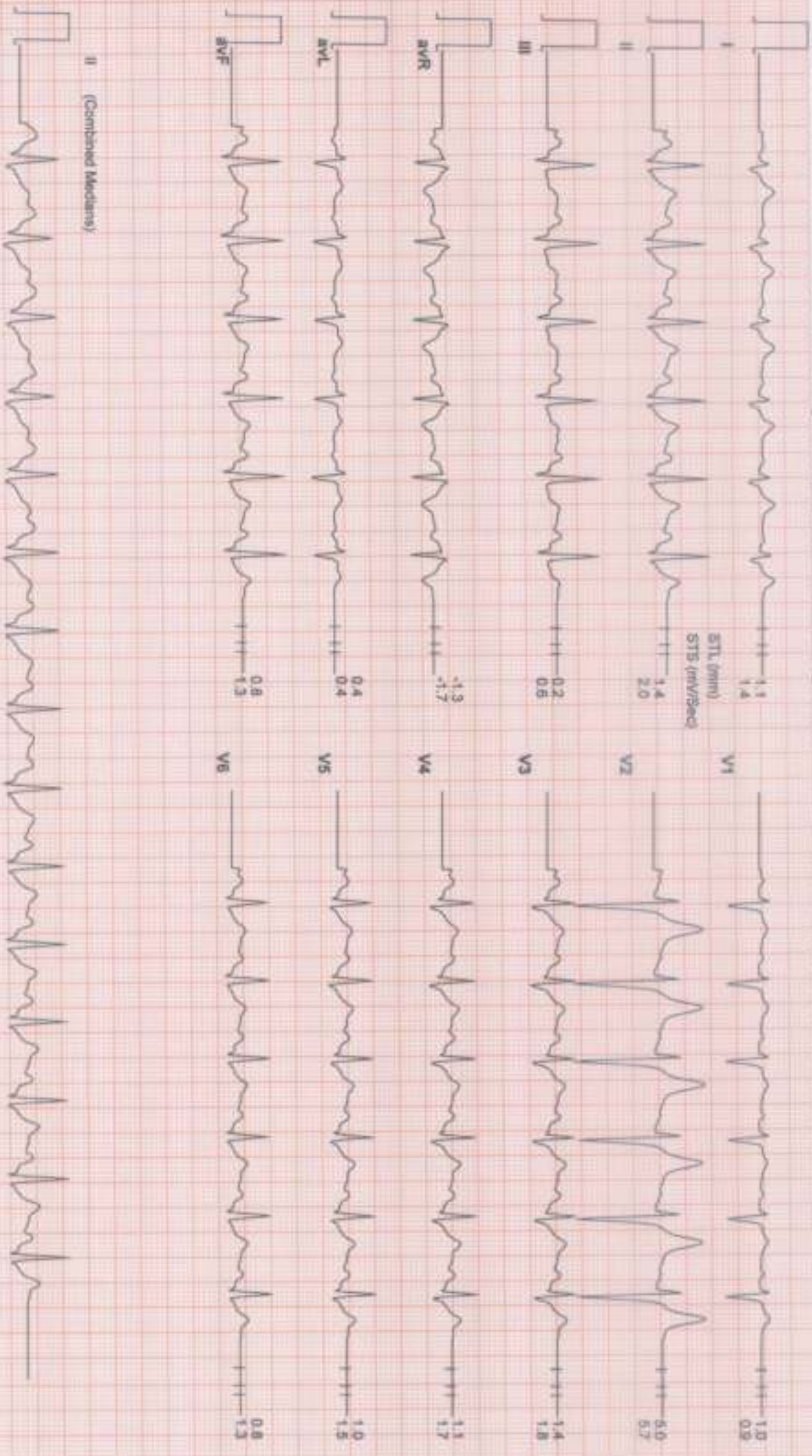
Recovery : ( 01:00 )





Date: 27 / 12 / 2023 09:14:18 AM METS : 4.2 HR : 100 Target HR : 96% of 178 BP : 140/80 Post J @ 370mSec

ExTime: 02:35 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec: 1.0 Cal/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

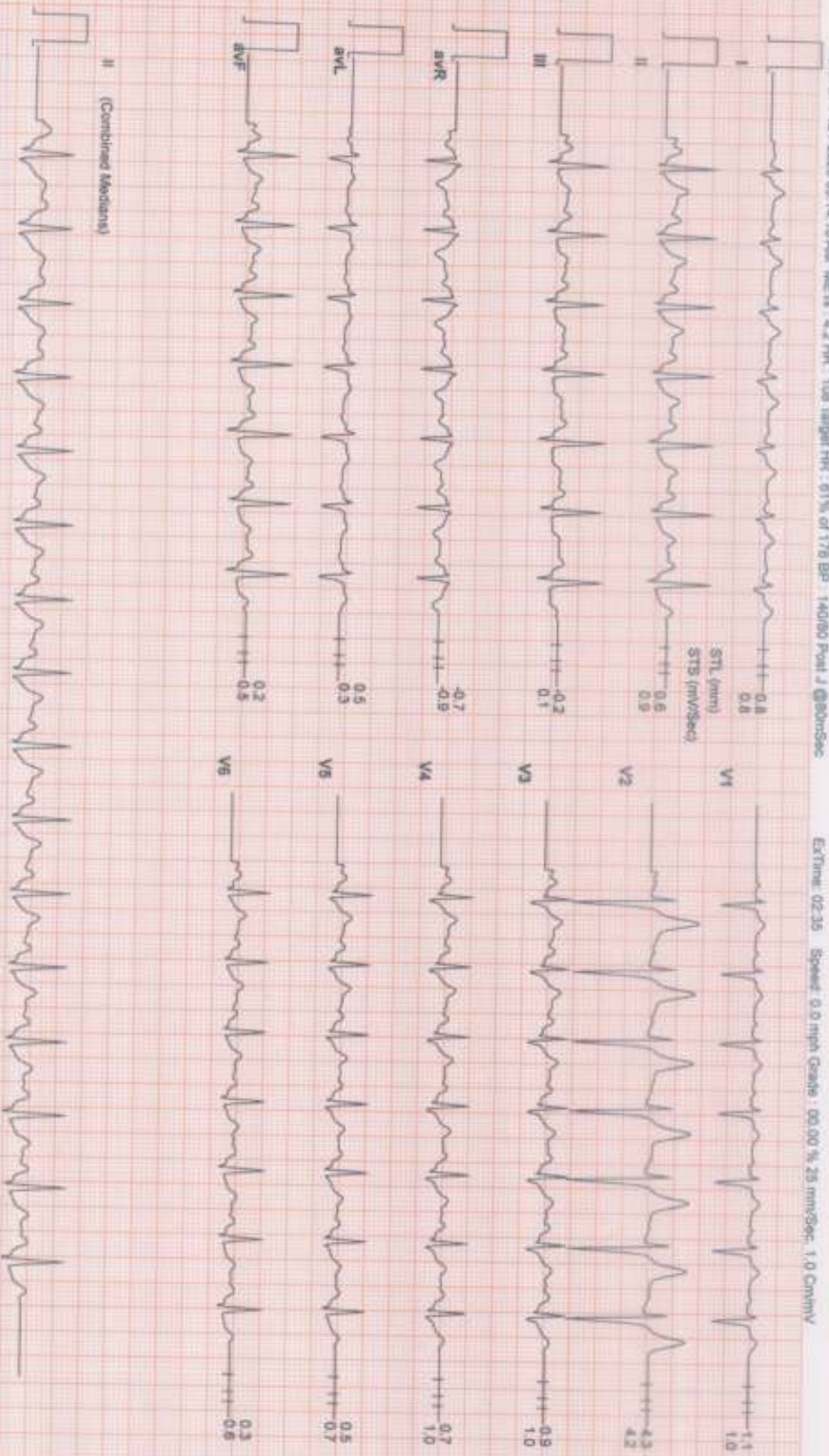
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

Date: 27 / 12 / 2023 09:14:18 AM METs : 4.2 HR : 108 Target HR : 61% of 178 BP : 140/80 Post J @80bpm

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 03:00 )



ExTime: 02:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec, 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

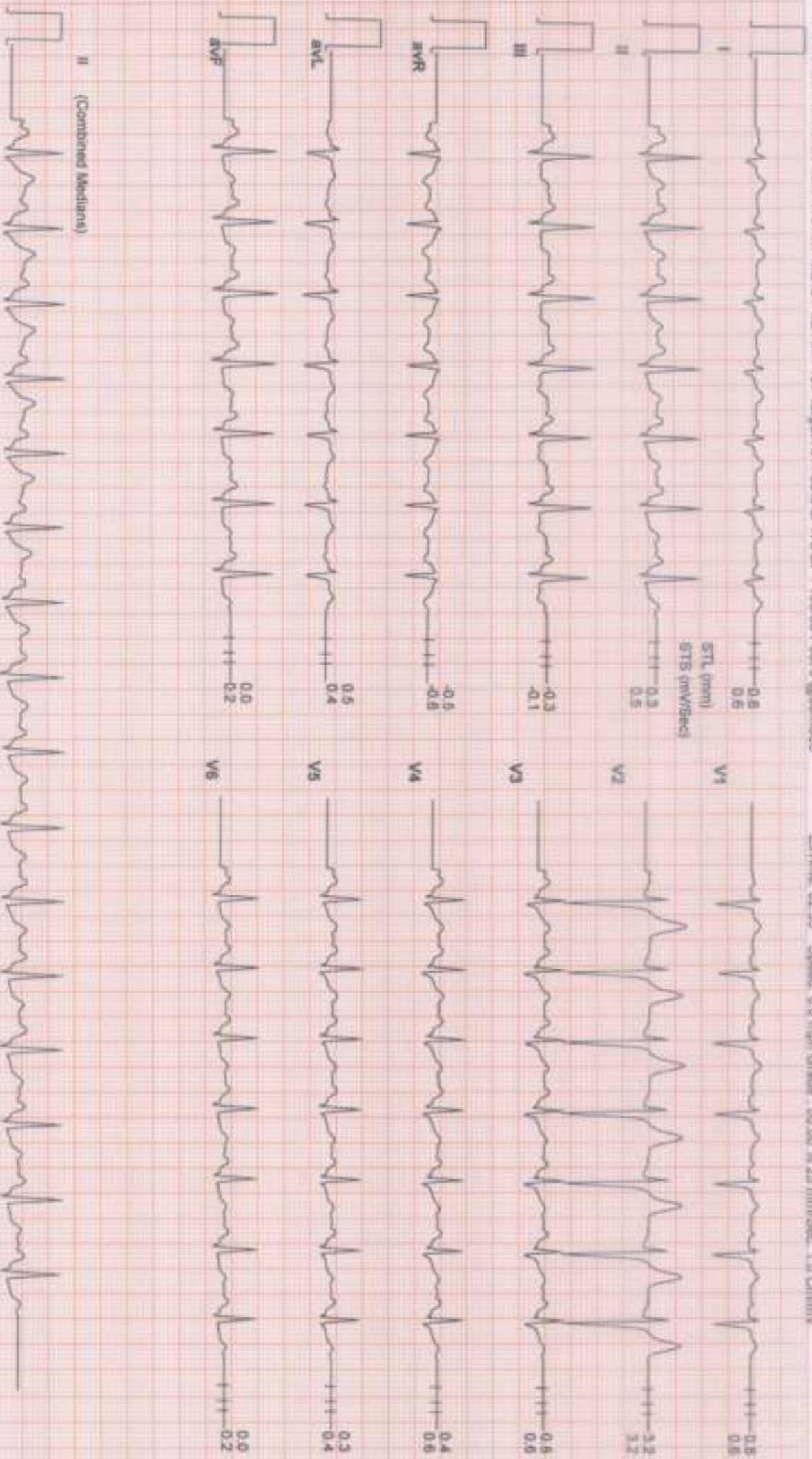
450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:00 )



Date: 27 / 12 / 2023 09:14:18 AM METs : 4.2 HR : 107 Target HR : 80% of 178 BP : 130/80 Post J @BomDec

EXTime: 02:35 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec: 1.0 Ch/min



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

450 / SONIA P NAIR / 42 Yrs / Female / 164 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:10 )



Date: 27 / 12 / 2023 09:14:18 AM METS : 1.0 HR : 114 Target HR : 64% of 178 BP : 130/80 Post J @80R/Sec

EXTime: 02:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Drive/ly

