

CID# : 2208525568
Name : MR.GOVERDHAN C
Age / Gender : 47 Years/Male
Consulting Dr. : -
Reg.Location : Andheri West (Main Centre)

SID# : 177400978373
Registered : 26-Mar-2022 / 09:49
Collected : 26-Mar-2022 / 09:49
Reported : 02-Apr-2022 / 13:48
Printed : 03-Apr-2022 / 12:20

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic
K/C/O Hypothyroid & Diabetes mellitus on Medication since 6 yrs.

EXAMINATION FINDINGS:

Height (cms):	158 cms	Weight (kg):	57 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120 / 80	Nails:	Normal
Pulse:	72 / min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver spleen not palpable
CNS: NAD

IMPRESSION:

K/C/O Diabetes Mellitus and Hypothyroid on medication,
PPBS=241.3 mg/dl., Urine sugar (PP)=+++, HbA1c=6.9%,
Serum Potassium=5.8 mmol/l(elevated),
TSH=8.81 microIU/ml.,
USG shows calculi in both lower pole of kidneys

ADVICE:

Kindly consult your treating physician with all your reports for the proper titration of dosage.

CHIEF COMPLAINTS:

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

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

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- | | |
|--|-------------------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | Yes on Mediacion |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | Yes Hypothyroid on medication |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|---------------------------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | TAB.Thyronom 50 mcg,Tab.Glyciplage BD |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.03	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.5	40-50 %	Measured
MCV	86.5	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7620	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	24.2	20-40 %	
Absolute Lymphocytes	1840	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	560	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	4900	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	230	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	60	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	13.5	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 7 2-15 mm at 1 hr. Westergren

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*** End Of Report ***



Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Jyot Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP (Medical
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Reported : 26-Mar-2022 / 17:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	241.3	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	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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MC-2111

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

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	151.3	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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*** End Of Report ***



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.280	0.03-2.5 ng/ml	ECLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5-α-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.

Reference:

- Wallach's Interpretation of diagnostic tests, 10th Edition
- Pack insert

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

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

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*** End Of Report ***



Shashi D

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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MC-2111

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	88.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	38.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	127.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	18.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.96	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	89	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	3.0	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	5.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	8.81	0.35-5.5 microIU/ml	ECLIA

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 MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	20.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	49.5	40-130 U/L	Colorimetric

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



MC-2111

Anupa

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

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

Page 13 of 13

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

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CID : 2208525568
Name : MR.GOVERDHAN C
Age / Gender : 47 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 15:25

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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



Shashi D
Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

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

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CID#	: 2208525568	SID#	: 177400978373
Name	: MR.GOVERDHAN C	Registered	: 26-Mar-2022 / 09:49
Age / Gender	: 47 Years/Male	Collected	: 26-Mar-2022 / 09:49
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:11
Reg.Location	: Andheri West (Main Centre)	Printed	: 27-Mar-2022 / 12:09

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

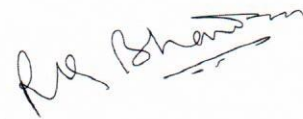
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***



Dr.R K BHANDARI
M.D.,D.M.R.E
CONSULTANT RADIOLOGIST

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

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Date:- 26.03.2022

CID: 2208525568

Name:- Mr. GOVERDHAN C

Sex / Age: M / 47 yr.

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision:

Yes, using corrective glasses.

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N-10	—	—	—	N10

Colour Vision: Normal / Abnormal

Remark:

Normal ^{Distance} vision with glasses. He needs glasses for reading

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Patient Name : MR.GOVERDHAN C

Age : 47 Years / MALE

Ref Dr. : --

Date : 26.03.2022

CID. No : 2208525568

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (12.6cm. cranio-caudal) and **shows bright echotexture (Grade II fatty liver)**. 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 is normal in size however **appears to be heterogeneous in echotexture**. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.7 x 4.3cm. Left kidney measures 8.8 x 4.4cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

A 5.5mm sized calculus is seen in the lower pole of the right kidney.

A 3.5mm sized calculus is seen in the lower pole of the left kidney.

SPLEEN: Spleen is normal in size (10.7cm), shape and echotexture. No focal lesion is seen.

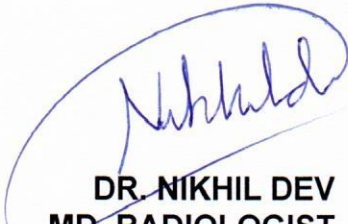
URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate measures 3.7 x 3.1 x 3.0cm. and prostatic weight is 18.8g. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Kindly correlate clinically and with further investigations.

*** End of Report ***


DR. NIKHIL DEV
MD. RADIOLOGIST

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Age **47** **11** **9**
years months days

Gender **Male**

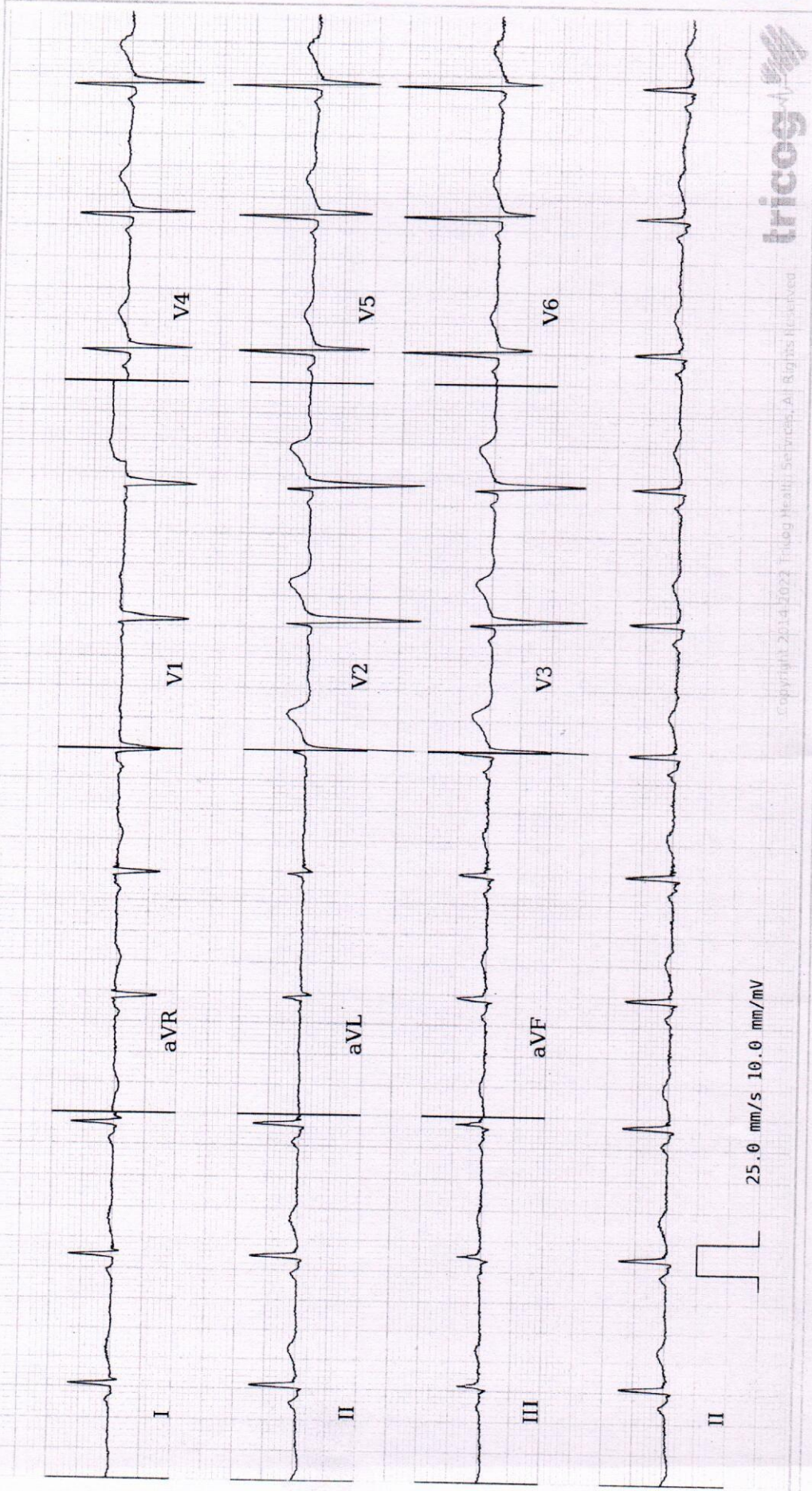
Heart Rate **71bpm**

Patient Vitals

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

Measurements

QSRD: 94ms
QT: 398ms
QTc: 432ms
PR: 120ms
P-R-T: 47° 49° 61°



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

REPORTED BY

[Signature]

Dr. Ajita Bhosale
M.B.S./P.G.D.C.C (DIP. Cardiology)
2013062200

Patient's Name : MALTHI GOVERDHAN

Age : 42 YRS / FEMALE

Requesting Doctor :--

Date : 31.03.2022

CID. No : 2208525553

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.
PASP by TRjet vel.method = 15 mm Hg.

LV / LA / RA / RV - Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].
No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall
noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.
Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,
NO RWMA, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

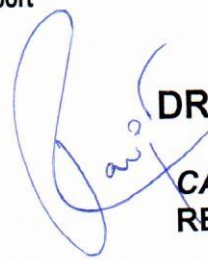
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M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	1.1	m/s
LVIDd	42	mm	Mitral Valve A velocity	0.9	m/s
LVPWd	10	mm	E/A Ratio	1.2	-
IVSs	15	mm	Mitral Valve Deceleration Time	202	ms
LVIDs	26	mm	E/E'	6	-
LVPWs	15	mm	TAPSE	30	
			Aortic valve		
IVRT	-	mm	AVmax	1.3	m/s
			AV Peak Gradient	7	mmHg
2D STUDY			LVOT Vmax	0.9	m/s
LVOT	18	mm	LVOT gradient	3.3	mmHg
LA	35	mm	Pulmonary Valve		
RA	28	mm	PVmax	1	m/s
RV [RVID]	24	mm	PV Peak Gradient	4	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	1.5	m/s
			PASP	15	mmHg

*** End of Report ***

 **DR RAVI CHAVAN**
CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 15:32

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.6	11.1-14.1 g/dL	Spectrophotometric
RBC	6.25	3.9-5.1 mil/cmm	Elect. Impedance
PCV	36.1	30-38 %	Measured
MCV	57.8	72-84 fl	Calculated
MCH	18.5	25-29 pg	Calculated
MCHC	32.1	32-36 g/dL	Calculated
RDW	20.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9750	6000-16000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.2	45-75 %	
Absolute Lymphocytes	2749.5	3500-11000 /cmm	Calculated
Monocytes	6.4	3-7 %	
Absolute Monocytes	624.0	200-1000 /cmm	Calculated
Neutrophils	62.9	15-65 %	
Absolute Neutrophils	6132.8	1000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	224.3	100-1000 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	19.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	433000	200000-550000/cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	19.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+++		
Microcytosis	++		



CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 11:33

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

Note :Features are suggestive of thalassemia trait
Advice :Hemoglobin studies by HPLC, Reticulocyte count
Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-10 mm at 1 hr. Westergren

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



Amar Das Gupta
Dr. AMAR DASGUPTA, MD,PhD
Consultant Hematopathologist
Director - Medical Services

Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Collected : 26-Mar-2022 / 09:50
Reported : 31-Mar-2022 / 15:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	122.6	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 CPL, Andheri West
*** End Of Report ***



MC-2111

Anupa

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Director

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 13:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 CPL, Andheri West
*** End Of Report ***



J. Thakker

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

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 31-Mar-2022 / 13:04

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

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

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



MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

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Collected : 26-Mar-2022 / 09:50
Reported : 31-Mar-2022 / 12:59

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 15:29

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Shashi D
Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

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

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

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Use a QR Code Scanner
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Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	181.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	104.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	140.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	21.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



MC-2111

Anupa

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M.D.(PATH)
Consultant Pathologist & Lab Director

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Page 8 of 11

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 17:42

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	12.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



Shashi D
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Pathologist

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 11:54

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.69-8.46 pmol/L	ECLIA
Free T4, Serum	18.1	12.3-22.8 pmol/L	ECLIA
sensitiveTSH, Serum	1.83	0.70-5.97 microIU/ml	ECLIA

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)

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



MC-2111

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CID : 2208525553
Name : MRS.MALATI GOVARDHAN
Age / Gender : 42 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 26-Mar-2022 / 09:50
Reported : 26-Mar-2022 / 12:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	5.6-7.5 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	31.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.7	<281 U/L	Colorimetric

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



MC-2111

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CID#	: 2208525553	SID#	: 177401013834
Name	: MRS.MALATI GOVARDHAN	Registered	: 26-Mar-2022 / 09:47
Age / Gender	: 42 Years/Female	Collected	: 26-Mar-2022 / 09:47
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:11
Reg.Location	: Andheri West (Main Centre)	Printed	: 02-Apr-2022 / 10:52

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

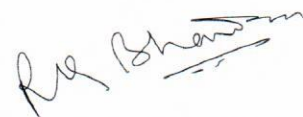
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

*** End Of Report ***

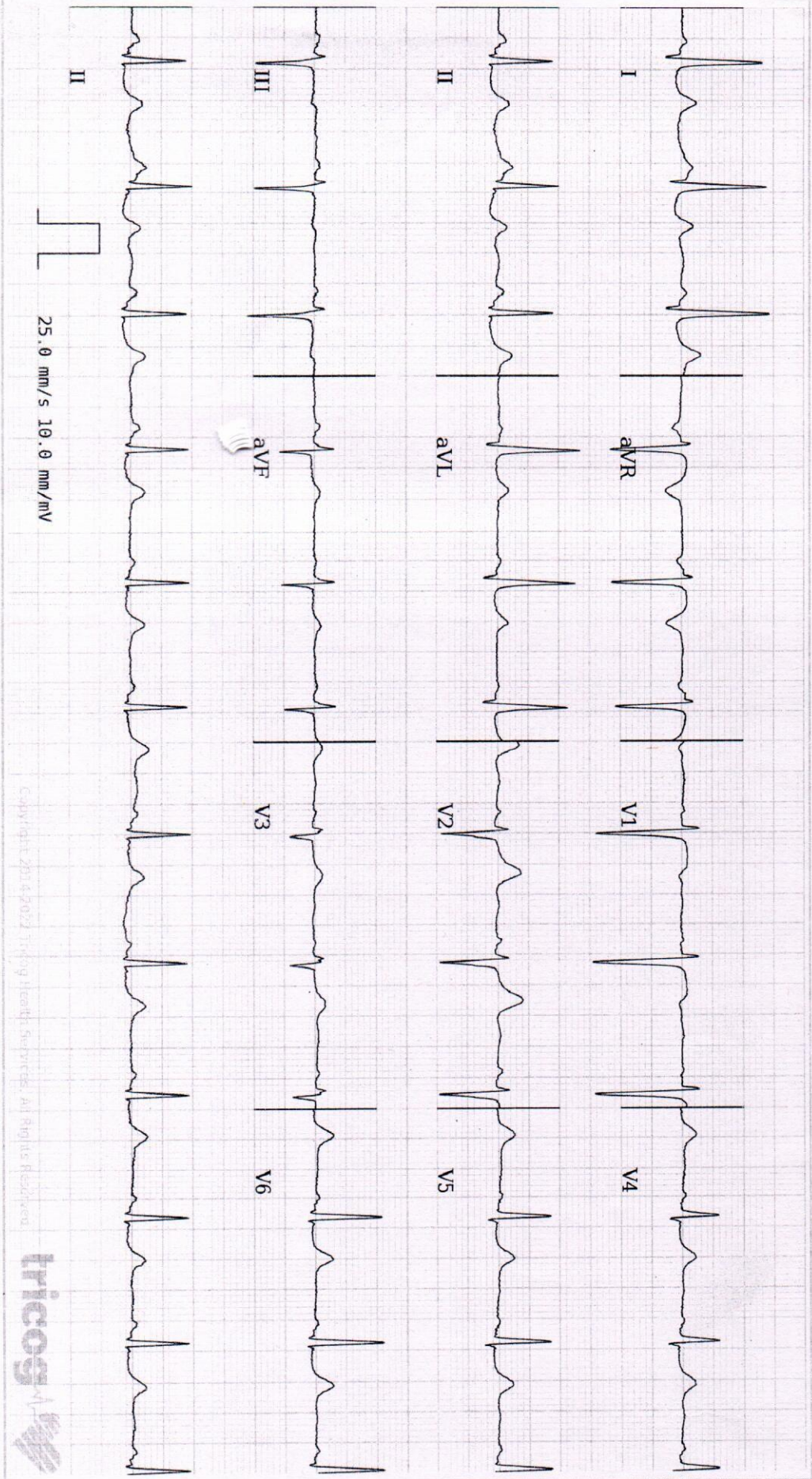


Dr.R K BHANDARI
M.D.,D.M.R.E
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Age 2 NA 15
years months days

Gender Female

Heart Rate 72bpm

Patient Vitals

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

Measurements

QS RD: 90ms
QT: 414ms
QTc: 453ms
PR: 126ms
P-R-T: 36° NA 15°

REPORTED BY

Dr. Ajita Bhosale
M.B.B.S./P.G.D.C.C (DIP, Cardiology)
913062200

Sinus Rhythm, Normal Axis, Nonspecific ST Abnormality. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used in conjunction with clinical history, symptoms and results of other investigative tests. 2) Non-invasive and must be interpreted by a qualified physician. 3) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 26.03.2022

CID: 2208525553

Name:- Mrs. Malati Govardhan Sex / Age: F / 43 yrs.

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: —

Aided Vision: —

Refraction: —

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N8	—————			N8

✓
Colour Vision: Normal / Abnormal

Remark: She needs glasses for reading

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Patient Name : MALATI GOVARDHAN

Age : 43 Years/ FEMALE

Ref Dr. : --

Date : 26.03.2022

CID. No : 2208525553

MAMMOGRAPHY AND SONOMAMMOGRAPHY

Bilateral mammograms have been obtained 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. **Bilateral breast density ACR CATEGORY II**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen.

No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture. No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

IMPRESSION:

NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.
RIGHT BREAST - BIRADS CATEGORY I
LEFT BREAST - BIRADS CATEGORY I

Suggest: Follow up mammography after one year is suggested.
Please bring all the films for comparison.

ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

- | | |
|------------------------------|------------------------------------|
| I Negative | IV Suspicious (Indeterminate). |
| II Benign finding | V Highly suggestive of malignancy. |
| III Probably benign finding. | |

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

*** End of Report ***


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Patient Name : MALATI GOVARDHAN

Age : 43 Years/ FEMALE

Ref Dr. : --

Date : 26.03.2022

CID. No : 2208525553

USG ABDOMEN AND PELVIS

LIVER: Liver is normal in size (12.5cm. cranio-caudal) and **shows bright 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 10.5 x 4.1cm. Left kidney measures 9.7 x 4.6cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (10.6cm), shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and measures 5.4 x 5.2 x 4.7cm. Uterine myometrium shows homogenous echotexture. **A 2.7 x 1.9cm sized fibroid is noted in the posterior wall of the uterus.** Endometrial echo is in midline and measures 4.9mm. Cervix appears normal.

OVARIES: The right ovary is normal. The right ovary measures 2.5 x 1.5cm. **The left ovary is bulky with an anechoic cystic lesion measuring 3.1 x 2.1cm within. No evidence of internal echoes / septations / mural nodule is noted. No evidence of vascularity is noted. Features are suggestive of simple ovarian cyst.**

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

Uterine fibroid as described above.

Left simple ovarian cyst as described above.

Grade I fatty liver.

*** End of Report ***



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