



- ▶ Advanced 1.5T & 3T Wide Bore MRI ▶ Whole Body Cardiac 128 Slice CT
- ▶ PET CT Scan ▶ MRI Elastography ▶ MRI Cardiac ▶ MRI Breast
- ▶ Digital Mammography ▶ USG, Color Doppler, 3D-4D Sonography ▶ 2D-Echo, Stress test
- ▶ ECG ▶ B.M.D. ▶ EMG ▶ NCV ▶ EEG ▶ Digital X-Ray ▶ OPG ▶ Cephalogram
- ▶ PFT ▶ Pathology ▶ Urodynamic Study ▶ Uroflowmetry ▶ Full body Health Check-up

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Patient Name: Mrs. Rashmi Ranjan **F / 47 Yrs**

Ref. by: MediWheel Health Checkup Plan **Date: 15-04-2023**

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex and transvaginal transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in caliber with hepatopetal flow.

GALL BLADDER: The gall bladder is partially distended. There is no obvious calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 11.1 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11 x 4.3 cm	11.0 x 4.7 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

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



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PELVIS:

The uterus is anteverted. It is mildly bulky and measures 9.3 x 4.7 x 6.2 cm in the longitudinal, antero-posterior and transverse dimensions, respectively. The uterine margins are smooth and do not reveal any contour abnormalities. Myometrium has heterogeneous echotexture.

Intramural fibroid measuring 1.9 x 1.6 cm is seen in the anterior fundal region abutting the endometrium. Few seedling subserosal fibroids are seen.

The endometrial echo is in the midline and measures 6.4 mm.

Multiple Nabothian cysts are seen in the cervix, largest measuring 1.8 cm.

Bilateral ovaries are normal in size and echo pattern.

Right ovary measures 3 x 1.4 cm

Left ovary measures 2.6 x 1.2 cm

No adnexal mass is seen.

There is no free fluid in the cul-de-sac. There is no obvious evidence of significant lymphadenopathy.

Divarication of recti muscles is seen {4.5 cm} with small umbilical hernia having with omentum as content.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Mildly bulky uterus with fibroids as described.
- Divarication of recti muscles with small umbilical hernia having with omentum as content.

Thanks for the reference.

With regards,

Dr. Alok Singhai
Consultant Radiologist

Dr. Bhavesh Gori
Consultant Radiologist

Dr. Saumya Sanghavi
Consultant Radiologist



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Referred By:	MediWheel Health Checkup Plan	Date: 15-04-2023

X-RAY CHEST PA VIEW

The lungs show normal translucency and exhibit normal vasculature.

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

Trachea is central in position.

The cardiac size is normal.

The domes of diaphragm are normal in position and shows smooth outline.

Bony thorax is normal.

IMPRESSION:

- No significant abnormality is seen in the lung fields.

Thanks for the reference,

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Consultant Radiologist

Dr. Tilak Dedhia
Consultant Radiologist

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Centre : MediWheel Health Checkup Plan		

Urine Routine

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
<u>PHYSICAL EXAMINATION</u>		
Quantity	30 ml	30 ml
Colour	Pale Yellow	Pale Yellow .
Appearance	Slightly Hazy	Clear .
Reaction (pH)	Acidic (5.0)	5.0 - 6.5 (Acidic) .
Specific Gravity	1.015	1.010 - 1.030 .
<u>CHEMICAL EXAMINATION</u>		
Proteins	Absent	Absent .
Occult Blood	Negative	Absent .
Glucose	Trace	Absent .
Ketone Bodies	Absent	Absent .
Bile Salts	Absent	Absent .
Bile Pigments	Absent	Absent .
<u>MICROSCOPIC EXAMINATION</u>		
Pus Cells	4 - 5 / hpf	0 - 4 /hpf
Epithelial Cells	5 - 6 / hpf	0 - 4 /hpf
Red Blood Cells	Absent	Absent /hpf
Crystals	Absent	Absent .
Casts	Absent	Absent .
Amorphous Deposits	Absent	Absent .
Spermatozoa	Absent	Absent .
Yeast Cells	Absent	Absent .
Bacteria	Absent	Absent .



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BLOOD GROUP

Test

Value

Normal Range

BLOOD GROUP

"A"Rh Factor: Positive.



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COMPLETE BLOOD COUNT

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
HAEMOGLOBIN	12.8	12 - 16 g/dl
R.B.C. COUNT	4.45	3.5-6.0 millions / cu-mm
PCV	38.6	35-54 percent
MCV	86.7	82-98 fL
MCH	28.8	27-32 pico-grams
MCHC	33.2	30-35 percent
RDW	12.7	10-16 percent
W.B.C. COUNT	8,000	4000-11000 cells/cu.mm
<u>DIFFERENTIAL COUNT</u>		
NEUTROPHILS	69	40-75 percent
LYMPHOCYTES	29	20-45 percent
EOSINOPHILS	01	0-6 percent
BASOPHILS	00	0-1 percent
MONOCYTES	01	0-8 percent
PLATELET COUNT	248,000	150000-450000 cells/cu.mm
PLATELETS ON SMEAR	Adequate	
R.B.C. MORPHOLOGY	Normocytic Normochromic	
W.B.C. MORPHOLOGY	Normal	

PERFORMED ON FULLY AUTOMATED ERBA H 360



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ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
E.S.R (Westergren)	55	0-20 mm/hr



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BIOCHEMISTRY

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Blood Sugar Fasting	313	70 - 110 mg/dl
Urine Sugar	No Sample	
Urine Ketones	No Sample	
Blood Sugar After Meals	393	70-140 mg/dl
Urine Sugar (2 hrs)	No Sample	
Urine Ketones (2 Hrs)	No Sample.	

Urine sugar interpretation :

Trace	: 0.1 g/dl
+	: 0.25 g/dl
++	: 0.5 g/dl
+++	: 1.0 g/dl
++++	: 2.0 g/dl



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GLYCOSYLATED HAEMOGLOBIN (HbA1c)

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Glycosylated Haemoglobin (HbA1c)	10.2	Non - Diabetic: ≤ 5.6 Pre-Diabetic : 5.7 - 6.4 Diabetic ≥ 6.5 . %
Mean Blood Glucose (M.B.G.)	246.0	mg/dl

Method : Performed on MISPA -i2 (Nephelometry)

- 1) HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- 2) HbA1c is falsely low in diabetic with hemolytic disease in these individuals a plasma fructosmine level may be used which evaluates diabetic over 25 day.
- 3) Trends in HbA1c are a better indicator of diabetic control than a soliditary test.
- 4) HbA1c value is used to estimate the mean blood glucose (MBG) level the 60 days.
- 5) HbA1c should not be used to diagnose diabetic mellitus
- 6) In known Diabetic patients, following values can be considered as a tool for monitoring the glycemic control .
Excellent Control : 6 - 7 %
Fair To Good Control : 7 - 8 %
Unsatisfactory Control : 8 - 10%
Poor Control Control : More than 10%



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LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
S.G.O.T	11	5-40 U/L
S.G.P.T	09	5-40 U/L
Bilirubin (Total)	0.5	0-1.2 mg/dl
Bilirubin (Direct)	0.3	0-0.6 mg/dl
Bilirubin (Indirect)	0.2	0-0.7 mg/dl
Alkaline Phosphatase	104	40 - 120 U / L
Total Proteins	6.5	6-8.3 g/dl
Albumin	4.3	2.5-6.0 g/dl
Globulin	2.2	1.5-3.8 g/dl
A/G Ratio	2.0	
GAMMA GT	14	5-55 U/L



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LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Total Cholesterol	182	130-200 mg/dl
Triglycerides	141	25-160 mg/dl
HDL Cholesterol	30	35-80 mg/dl
VLDL Cholesterol	28.2	7-35 mg/dl
LDL Cholesterol	123.8	85 - 150 mg/dl
LDLC/HDLC Ratio	4.13	0-3.5 mg/dl
TC/HDLC Ratio	6.07	3.5-5.5 mg/dl



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RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Blood Urea Nitrogen	07	5-25 mg/dl
Creatinine	0.76	0.6-1.4 mg/dl
Uric Acid	2.1	2.5 - 6.0 mg/dl
Calcium	8.9	8.5-10.5 mg/dl
Total Proteins	6.5	6-8.3 g/dl
Albumin	4.3	2.5-6.0 g/dl
Globulin	2.2	1.5-3.8 g/dl
A/G Ratio	2.0	
Sodium	139	135-155 mEq/L
Potassium	3.9	3.5-5.5 mEq/L
Chlorides	99	99-107 mEq/L



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Stool Routine

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Colour	Brown	
Consistency	Semi Solid	
Mucus	Absent	
Frank Blood	Absent	
Parasites	Absent	

CHEMICAL EXAMINATION

Reaction (pH)	Acidic
Occult Blood	Negative
Reducing Substances	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	Absent	
Pus Cells	2 - 4 / hpf	
Epithelial Cells	Absent	
Flagellates	Absent	
Crystals	Absent	Absent .
Macrophages	Absent	
Cysts	Absent	
Starch	Absent	
Fat globules	Absent	

CONCENTRATION METHOD

OVA	Absent	
Yeast Cells	Absent	Absent .

STOOL: Occult blood in stool can be false positive due to a non-veg. diet or green vegetables. To avoid this the patient should avoid these foods for 2 days before performing this test. A false negative occurs when large quantity of Vitamin C is consumed.



RASHMI RANJAN

PID NO: P832300165737
Age: 47.0 Year(s) Sex: Female



Reference:

Sample Collected At:
Pulse Hitech Health Service Pvt Ltd
Shop No 1-7 Ground Floor Ghokarna Chs
Rm Battard Road Near Kora Kendra Off
Sv Road Borivali West 92 Zone: W-20b
(16)
Processing Location:-
Metropolis, Ganjawalla Elega. Ganjawala
Lane, Borivali W

VID: 230083000183189

Registered On:
15/04/2023 12:22 PM
Collected On:
15/04/2023 12:23PM
Reported On:
15/04/2023 01:55 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Thyroid panel-1 (T3/T4/TSH) (Serum, ECLIA)			
T3 (Total)	73.11	ng/dL	84.6-201.8 First Trimester : 104.8 - 229.8 Second Trimester : 128.9 - 262.3 Third trimesters : 135.4 - 261.7
T4 (Total)	6.37	µg/dL	5.1-14.1 First Trimester : 7.33 - 14.8 Second Trimester : 7.93 - 16.1 Third Trimester : 6.95 - 15.7
TSH(Ultrasensitive)	3.11	µIU/mL	0.54-5.3 First Trimester : 0.33-4.59 Second Trimester : 0.35-4.10 Third trimester : 0.21-3.15

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy, Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

- References: 1. Interpretation of thyroid function tests. Dayan et al. THE LANCET • Vol 357 • February 24, 2001
2. Laboratory Evaluation of Thyroid Function, Indian Thyroid Guidelines, JAPI, January 2011, vol. 59

Bhavna

Dr. Bhavna Vora
MD Pathology



RASHMI RANJAN

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Investigation

Observed Value

Unit

Biological Reference Interval

-- End of Report --



Bhavna

Dr. Bhavna Vora
MD Pathology