



**Advice:**

- Iron supplement  
- Low sugar Diet, Low Fat Diet  
- Physician's consultation for control of DM.  
Repeat thyroid profile (6 months)

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

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Mixed
4)	Medication	- Tab. Amlod MV2.2 - Tab. Papaverin 120 forte - Tab. Thyronorm 62.5

*[Signature]*  
**Dr. Manasee Kulkarni**  
M.D.B.S.  
2005/09/3439

NAME: — ARCHANA GRANOLIA AGE / SEX :- 41/F  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12
- PRESENT MENSTRUAL HISTORY :- Regular, LMP - 1/02/2023
- PAST MENSTRUAL HISTORY :- Regular
- OBSTETRIC HISTORY :- G2 P2 A0
- PAST HISTORY :- Nil INVD.
- PREVIOUS SURGERIES :- 1 LSCS
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

For DM & Hypothyroidism

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

(N)

**PERSONAL HISTORY :-**

TEMPERATURE :-

(N)

RS :-

NAD

CVS :-

72/min

PULSE / MIN :-

BP ( mm of hg):-

120/80

BREAST EXAMINATION:-

PER ABDOMEN :-

NAD

PRE VAGINAL:-

RECOMMENDATION :-

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



022-6170-0000

Date:- 11/2/23

CID:

Name:- *Aachara Ganolia*

Sex / Age: *F 41*

**EYE CHECK UP**

Chief complaints: *REU*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *OS - 6/60 N.V. 12 N 24*

Aided Vision: *RR 6/6 L12 6/12 N.V. 12 N 6*

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*  
**SR. OPTOMETRIST**



CID : 2304221339  
Name : MRS.GANOLIA ARCHANA  
Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 13:26

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	9.6	12.0-15.0 g/dL	Spectrophotometric
RBC	5.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.2	36-46 %	Measured
MCV	60	80-100 fl	Calculated
MCH	17.3	27-32 pg	Calculated
MCHC	29.1	31.5-34.5 g/dL	Calculated
RDW	21.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.0	20-40 %	
Absolute Lymphocytes	2695.0	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	385.0	200-1000 /cmm	Calculated
Neutrophils	57.3	40-80 %	
Absolute Neutrophils	4412.1	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	207.9	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	422000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	-----	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	++
Microcytosis	++



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Age / Gender : 41 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 18:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	137.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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Reported : 11-Feb-2023 / 16:14

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.50	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	145	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.9	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	135	135-148 mmol/L	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/L	ISE
CHLORIDE, Serum	100	98-107 mmol/L	ISE

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*J. Mujawar*

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

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Consulting Dr. : -  
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Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 14:10

**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	7.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	165.7	mg/dl	Calculated

Kindly correlate clinically.

**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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*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

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Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 17:29

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	Yeast cells : Occasional		

Kindly correlate clinically.

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)
- Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

**Reference:** Pack insert

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



*J. Mujawar*

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

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Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 13:09

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

PARAMETER	RESULTS
ABO GROUP	AB
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

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Reported : 11-Feb-2023 / 16:14

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

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74.1	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	45.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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*J. Mujawar*

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

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Age / Gender : 41 Years / Female  
Consulting Dr. : -  
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Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 12:27

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	20.4	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	3.45	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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Collected : 11-Feb-2023 / 07:52  
Reported : 11-Feb-2023 / 12:27

**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 upto15 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 trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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*Amit Taori*

**Dr.AMIT TAORI**  
M.D ( Path )  
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Reported : 11-Feb-2023 / 16:14

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	51.5	35-105 U/L	PNPP

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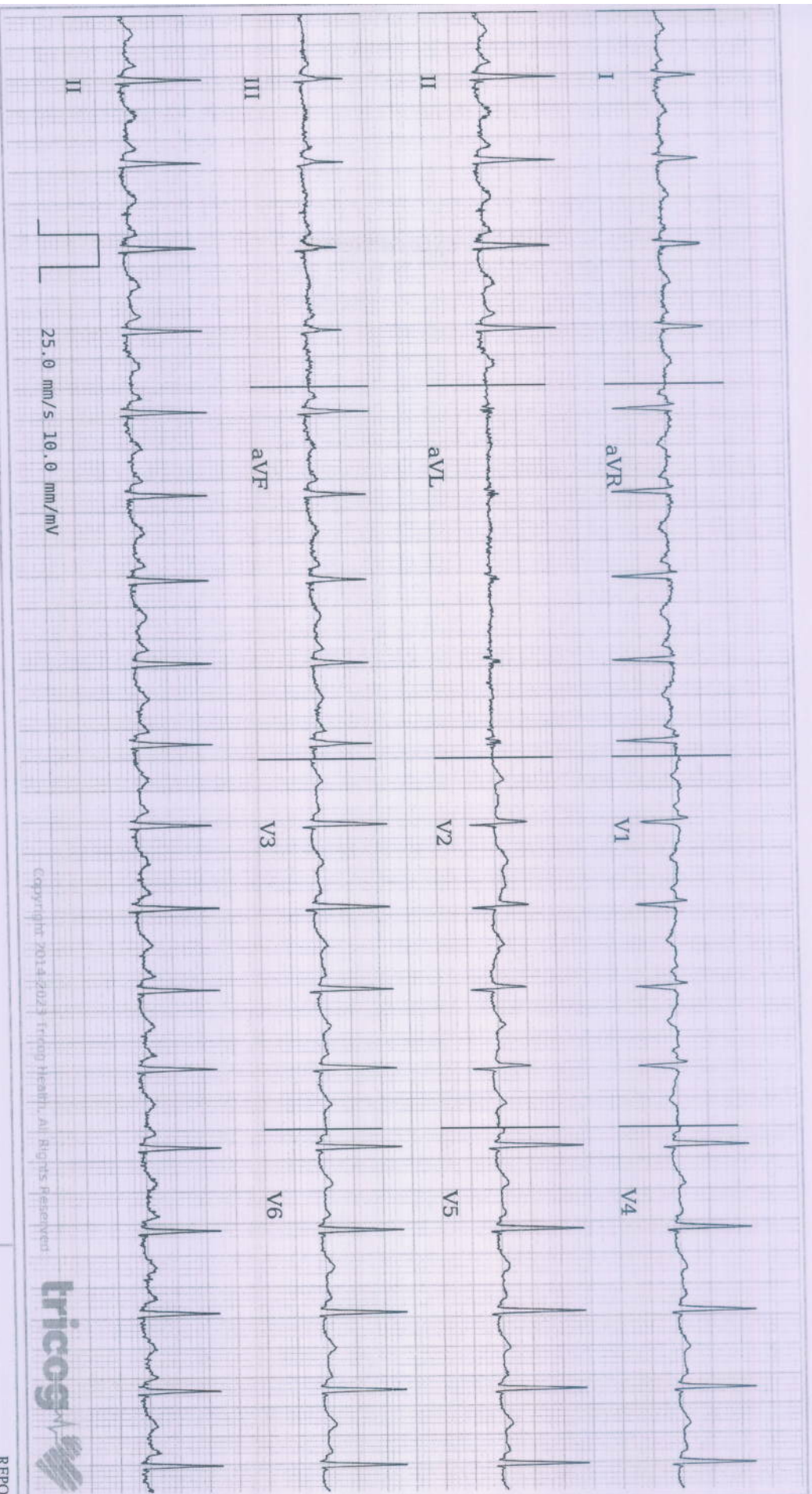
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**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



25.0 mm/s 10.0 mm/mV

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Age 41 7 10  
years months days

Gender Female

Heart Rate 113bpm

Patient Vitals

BP: NA  
Weight: 61 kg  
Height: 152 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

Measurements

QRSD: 72ms  
QT: 342ms  
QTc: 469ms  
PR: 94ms  
P-R-T: 63° 61° 65°

REPORTED BY

DR. SHALAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

Disclaimer: (1) Analysis on this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. (2) Patient Vitals are as entered by the clinician and not derived from the ECG.

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Name : Mrs GANOLIA ARCHANA  
Age / Sex : 41 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 8:56

## USG WHOLE ABDOMEN

**LIVER:** Liver appears enlarged in size (15.6 cm) and normal echotexture. A 1.5 x 1.3 cm hypoechoic to isoechoic lesion with hyperechoic rim noted in right lobe of liver without significant vascularity. There is no intra-hepatic biliary radical dilatation.

**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 10.2 x 3.8 cm. Left kidney measures 10.5 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

**UTERUS:** Uterus is anteverted and measures 6.0 x 4.5 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. **IUCD seen in situ.** Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021107511154>

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Age / Sex : 41 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 8:56

**IMPRESSION:**

**MILD HEPATOMEGALY.**

**A HYPOECHOIC TO ISOECHOIC LESION WITH HYPERECHOIC RIM NOTED IN RIGHT LOBE OF LIVER WITHOUT SIGNIFICANT VASCULERTY,NEEDS FURTHER EVALUATION.**

Advice: Clinical co-relation needs 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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

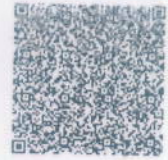
**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

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CID : 2304221339  
Name : Mrs GANOLIA ARCHANA  
Age / Sex : 41 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 10:00

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

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