



DENA BANK

(A Government of India Enterprise)



प. पत्र संख्या / : 03669
I Card No.
नाम / Name : PRAVEENA P SHETTY
पिता का नाम / : PRABHAKAR
Father's Name
भ. नि. क्र. / PF No. : K - 3393
रक्त समूह / BG : B +ve
जारी करने की तिथि / Date Of Issue : 10/03/2014

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कर्मचारी के हस्ताक्षर
Signature of Staff

[Handwritten signature]

जारीकर्ता अधिकारी के हस्ताक्षर
Signature of Issuing Authority

[Handwritten signature]
Dr. Manasse Kulkarni

M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Praveena Shetty	Sex/Age	F / 60
Date	26/12/22	Location	Thane

History and Complaints

DM & HTN / 3-4 yrs

EXAMINATION FINDINGS:

Height (cms):	164	Temp (0c):	Axill
Weight (kg):	76	Skin:	MO
Blood Pressure	120/80	Nails:	IL
Pulse	74/1-	Lymph Node:	Not Palpable

Systems :

Cardiovascular:] MO
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

2DE/Ho - LVH Diastolic dysfunction
 - ↓ Hb (12.2)
 - Leukocytosis (+)
 - ↑ ESR (40)
 - BSL / F (DM)
 - HbA_{1c} - Diabetic.
 ↓ HDL, ↑ chol., ↑ TG's, High Non HDL, ↑ LDL.

Mammography - Benign vascular calcifications.
USG - Fatty Liver.

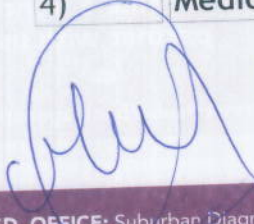
Advice:

- Iron supplement.
- Low Fat, low sugar Diet.
physician's consultation.

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

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	pure veg
4)	Medication	Anti HTN Anti DM



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

NAME: - Praveena Shetty. AGE / SEX :- F / 50.
 REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil. P/V Itching on & off.

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal.
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- C₃ P₂ A₁
- PAST HISTORY :- Nil 2NVD.
- PREVIOUS SURGERIES :- TL
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

For DM (SINCE 2015)

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

(N)

PERSONAL HISTORY :-

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

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

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CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 11:34

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	12.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.50	4.5-5.5 mil/cmm	Elect. Impedance
PCV	36.9	40-50 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	12600	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.1	20-40 %	Calculated
Absolute Lymphocytes	4296.6	1000-3000 /cmm	Calculated
Monocytes	4.0	2-10 %	Calculated
Absolute Monocytes	504.0	200-1000 /cmm	Calculated
Neutrophils	48.6	40-80 %	Calculated
Absolute Neutrophils	6123.6	2000-7000 /cmm	Calculated
Eosinophils	13.2	1-6 %	Calculated
Absolute Eosinophils	1663.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	Calculated
Absolute Basophils	12.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	295000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	18.3	11-18 %	Calculated

Authenticity Check



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Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 11:06

CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Leukocytosis

Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 40 2-20 mm at 1 hr. Sedimentation

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

022-6170-0000

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Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 13:55

CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	156.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	322.7	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 ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 13:08

CID : 2236000496
Name : MR.SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Uricase
PHOSPHORUS, Serum	4.2	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	5.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	101	98-107 mmol/l	ISE

Result rechecked.

Kindly correlate clinically.

Note: In view of high potassium value kindly rule out preanalytic variables that can cause pseudo-hyperkalemia.

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:03

**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	7.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	171.4	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 ***



Amrit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:47

CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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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)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-4	Less than 20/hpf	

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:58

CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Amid Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
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CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 13:34

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	236.5	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	35.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	170.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	139.1	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	31.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.0	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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CID : 2236000496
Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:00

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.84	0.35-5.5 microIU/ml	ECLIA



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Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:00

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 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.
- 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:

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

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

Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



Authenticity Check



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Name : MR. SHETTY PRAVEENA P
Age / Gender : 60 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Dec-2022 / 08:54
Reported : 26-Dec-2022 / 12:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.40	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	30.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	22.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	72.2	40-130 U/L	PNPP

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

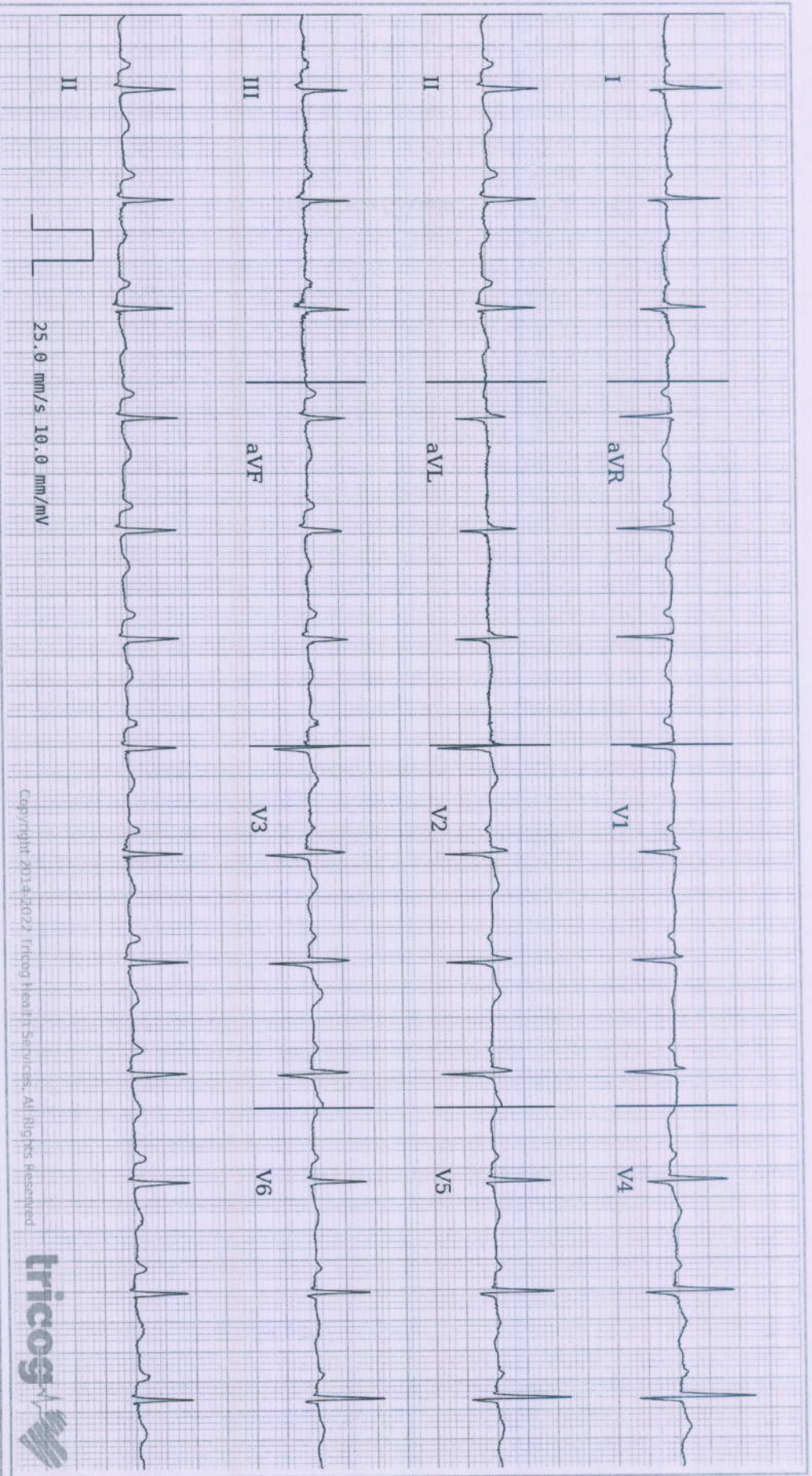


Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Patient Name: SHETTY PRAVEENA P
Patient ID: 2236000496

STURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 26th Dec 22 11:49 AM



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Age 60 NA 6
years months days

Gender Female

Heart Rate 83bpm

Patient Vitals

BP: 170/80 mmHg

Weight: 76 kg

Height: 164 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 372ms

QTc: 437ms

PR: 170ms

P-R-T: 70° 65° 49°

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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

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



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CID : 2236000496
Name : Mrs SHETTY PRAVEENA P
Age / Sex : 60 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Dec-2022
Reported : 26-Dec-2022 / 18:24

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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 GAURAV FARTADE before dispatch.

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1



CID : 2236000496
Name : Mrs SHETTY PRAVEENA P
Age / Sex : 60 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Dec-2022
Reported : 26-Dec-2022 / 15:52

USG WHOLE ABDOMEN

LIVER: Liver appears enlarged in size (18.9 cm) and shows increased echorefectivity. 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 4.3 cm. Left kidney measures 10.5 x 4.3 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 & OVARIES: Uterus and ovaries appears atrophic (post-menopausal status)

No free fluid or significant lymphadenopathy is seen.

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CID : 2236000496
Name : Mrs SHETTY PRAVEENA P
Age / Sex : 60 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 26-Dec-2022
Reported : 26-Dec-2022 / 15:52

R
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IMPRESSION:

HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.

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 GAURAV FARTADE before dispatch.

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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REG NO. : 2236000496	SEX : FEMALE
NAME : MRS. PRAVEENA SHETTY	AGE : 60 YRS
REF BY : -----	DATE: 26.12.2022

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LEFT VENTRICLE :

LVIDD	48.4	mm
LVIDS	32.8	mm
LVEF	60	%
FS	32	%
IVS	15.2	mm
PW	15.2	mm

AORTIC VALVE :

LADd	24.7	mm
AODd	33.7	mm
ACS	15.2	mm

Pulmonary valve study : Normal


NAME : MRS. PRAVEENA SHETTY

1. RA.RV.LA. Sizes are :Normal.**CONCENTRIC HYPERTROPHY OF LV.**
2. Left ventricular contractility : Normal
Regional wall motion abnormality : Absent.
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. **GRADE I DIASTOLIC DYSFUNCTION.**
2. Normal Flow and gradient across other valves.
3. No shunt / coarctation.
4. No pulmonary hypertension.

IMPRESSION :

- **CONCENTRIC HYPERTROPHY OF LV.**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**
- **GRADE I DIASTOLIC DYSFUNCTION.**

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


DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)

022-6170-0000

Reg. No. :2236000496	Sex : FEMALE
NAME : MRS. PRAVEENA SHETTY	Age : 60 YRS
Ref. By :-----	Date : 26.12.2022

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.

Predominantly fatty with scattered symmetrical heterogenous fibroglandular densities is noted in both breasts.

No evidence of any abnormal density mass lesion / nipple retraction is seen.

Linear, discontinuous calcifications noted in both breasts s/o vascular calcifications.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen. Multiple lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.

IMPRESSION:

BENIGN VASCULAR CALCIFICATIONS IN BOTH BREASTS.

NO OTHER SIGNIFICANT ABNORMALITY DETECTED IN BOTH BREASTS.

ACR BIRADS CATEGORY II BOTH BREASTS.

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.



DR. GAURAV FARTADE
DMRE
(CONSULTANT RADIOLOGIST)

Date: 26/12/22

CID:

Name: Paveena Shetty

Sex / Age: F 60

EYE CHECK UP

Chief complaints: P ed

Systemic Diseases: Nil

Past history: 1 Yr

Unaided Vision: 3E 9/18 NUB2 N. 12

Aided Vision: 3E 6/6 NUBK N. 6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: OSC over Spectes.

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST