



CID : 2309404993
Name : MRS.SNEHALATA SAWANT
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	3.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.3	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.5	20-40 %	
Absolute Lymphocytes	1742.0	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	327.6	200-1000 /cmm	Calculated
Neutrophils	54.5	40-80 %	
Absolute Neutrophils	2834.0	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	
Absolute Eosinophils	296.4	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	363000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	10.5	11-18 %	Calculated

RBC MORPHOLOGY



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 37 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	139.8	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	

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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

Bmhaskar

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M.D. (PATH)
Pathologist



MC-2111





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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	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	137.0	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 Borivali Lab, Borivali West

*** End Of Report ***



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

Bmhasakar

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M.D. (PATH)
Pathologist



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Reported : 04-Apr-2023 / 14:16

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

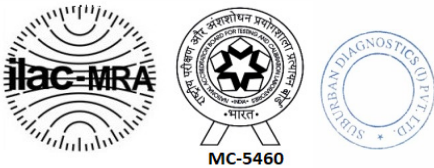
Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- 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 SDRL, Vidyavihar Lab
*** End Of Report ***

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	124.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	155.0	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	41.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	83.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	52.0	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	31.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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*** End Of Report ***

Bmhaskar

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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.2	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	5.67	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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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 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:

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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*** End Of Report ***

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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	0.24	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.4	35-105 U/L	Colorimetric

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*** End Of Report ***

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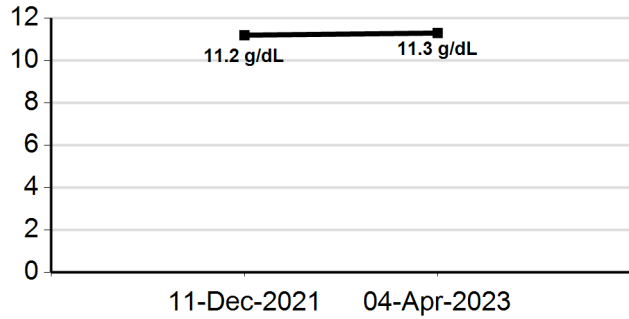




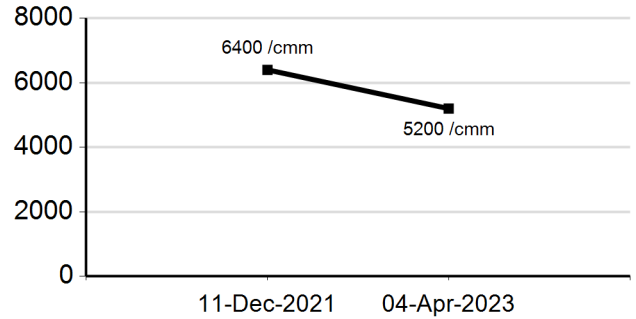
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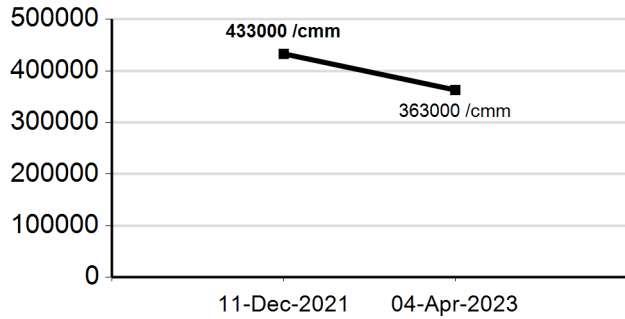
Haemoglobin



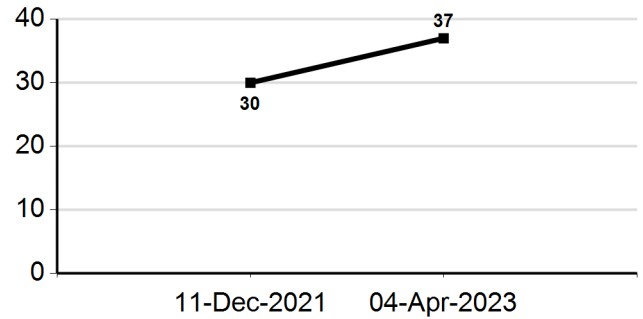
WBC Total Count



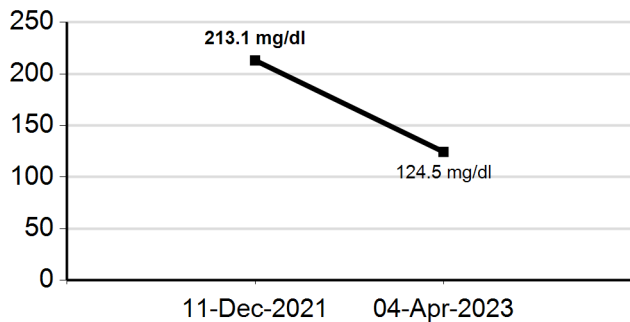
Platelet Count



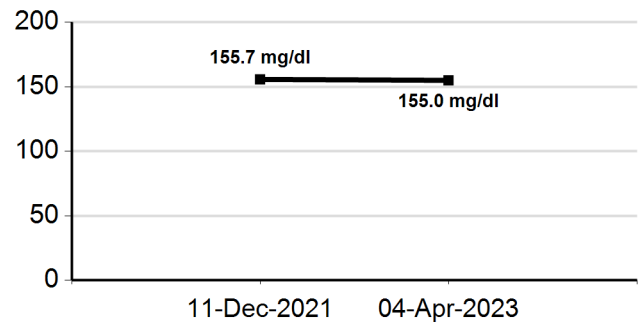
ESR



CHOLESTEROL



TRIGLYCERIDES

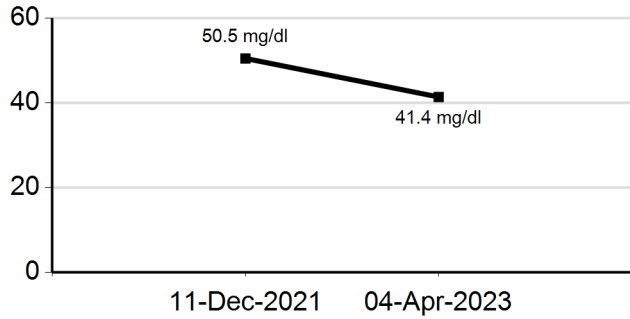




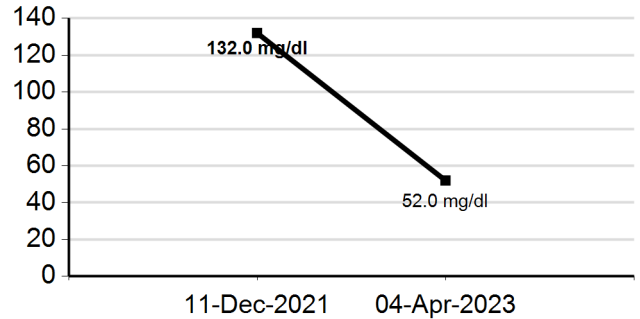
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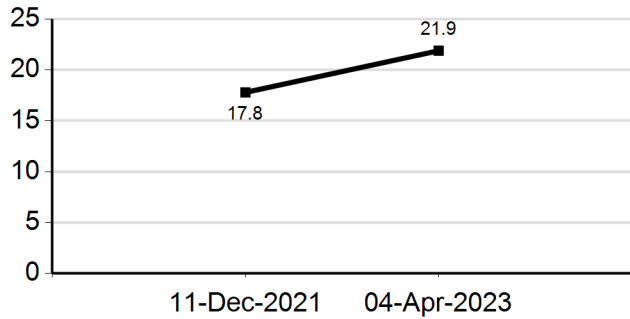
HDL CHOLESTEROL



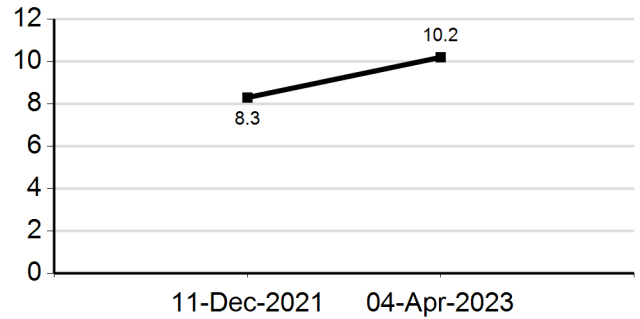
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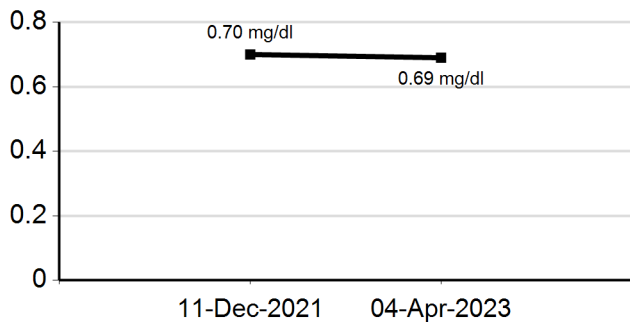
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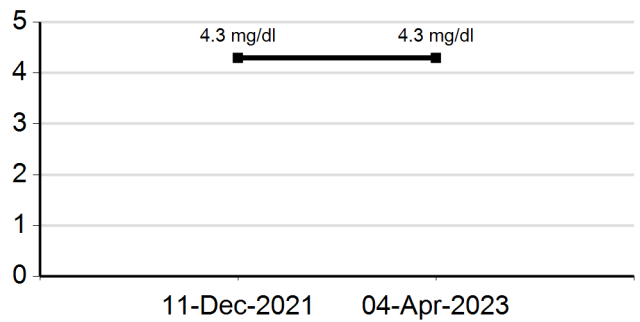
BUN



CREATININE



URIC ACID

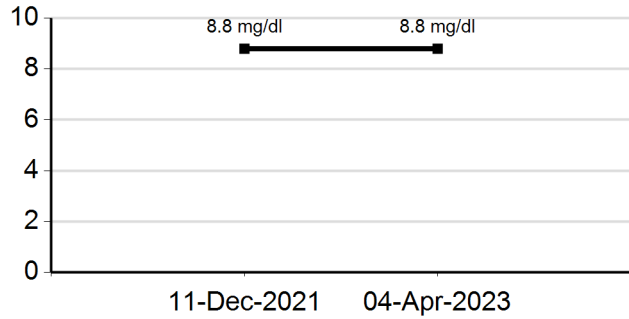




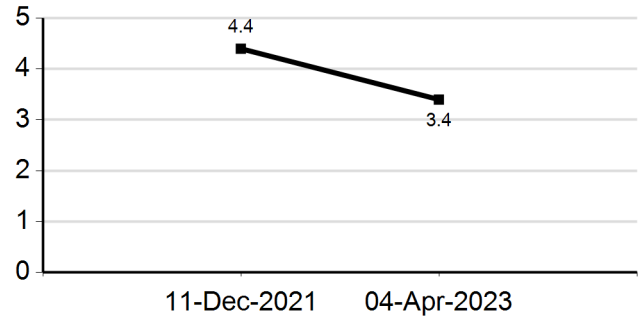
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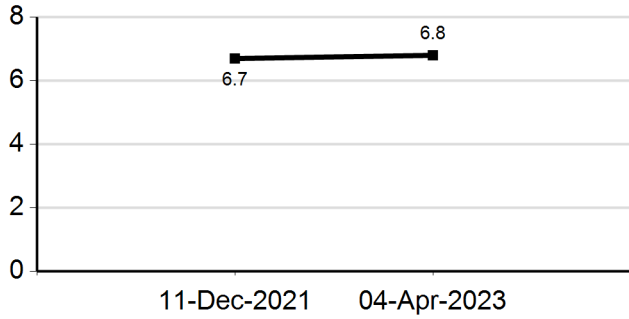
CALCIUM



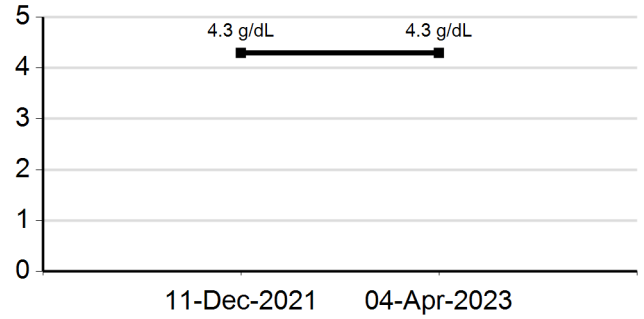
PHOSPHORUS



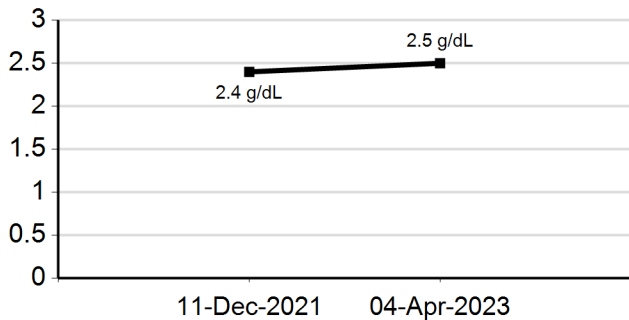
TOTAL PROTEINS



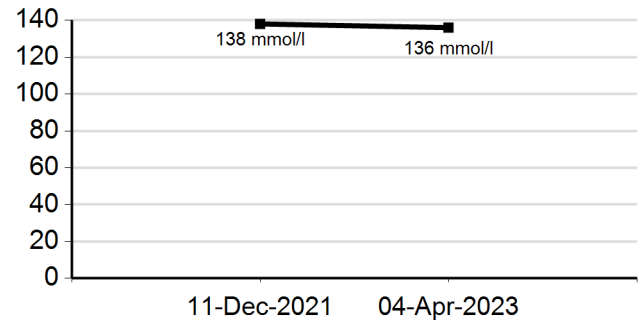
ALBUMIN



GLOBULIN



SODIUM

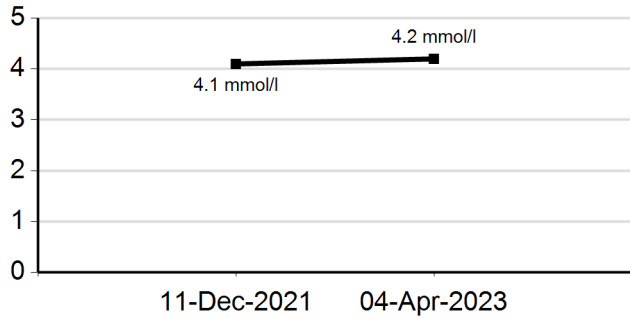




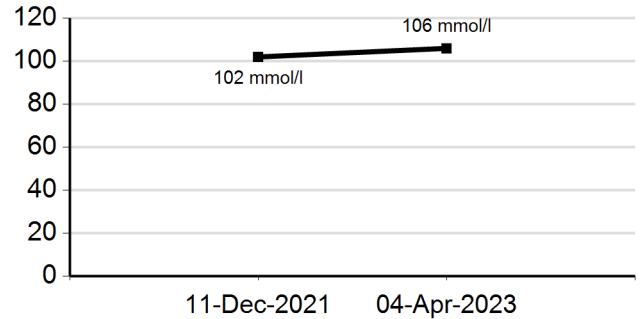
Use a QR Code Scanner Application To Scan the Code

CID : 2309404993
 Name : MRS.SNEHALATA SAWANT
 Age / Gender : 48 Years / Female
 Consulting Dr. : -
 Reg. Location : Borivali West (Main Centre)

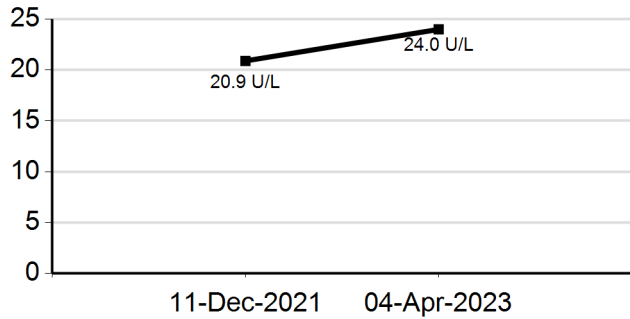
POTASSIUM



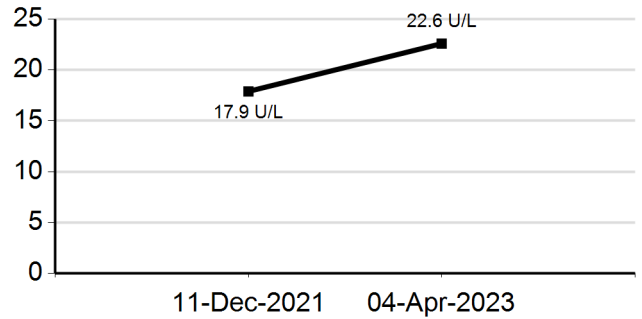
CHLORIDE



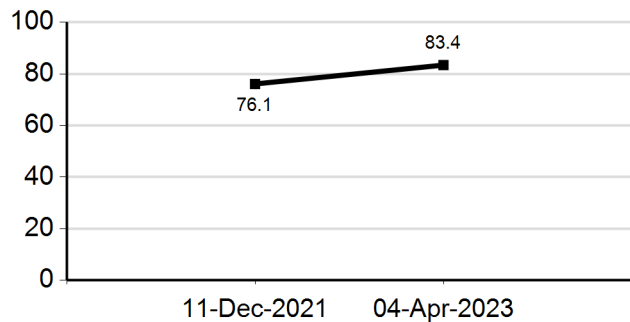
SGOT (AST)



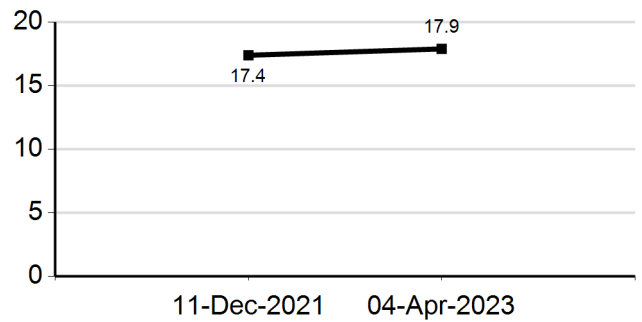
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

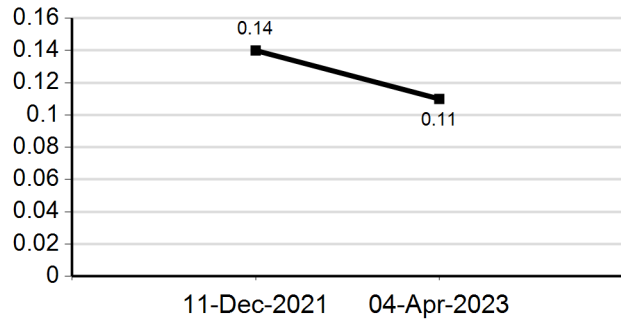




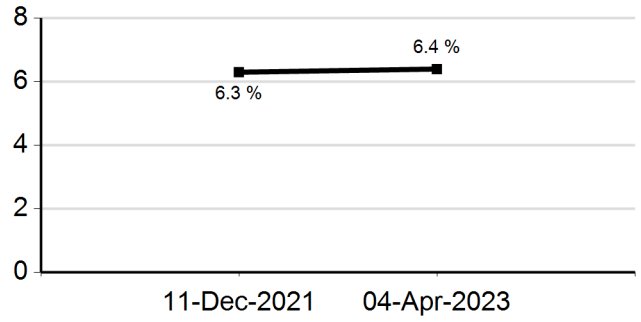
Use a QR Code Scanner Application To Scan the Code

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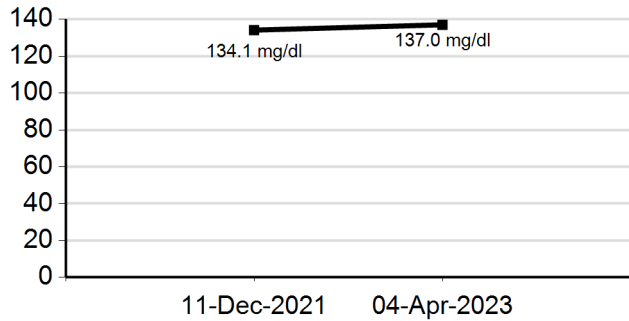
BILIRUBIN (DIRECT)



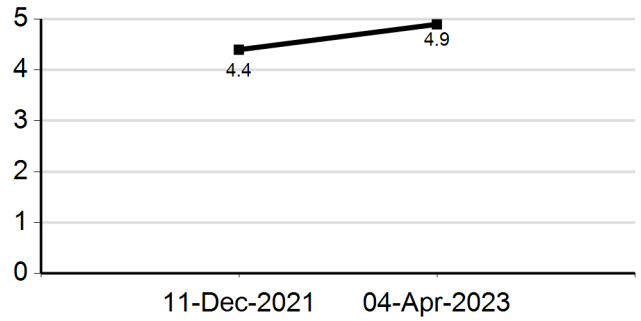
Glycosylated Hemoglobin (HbA1c)



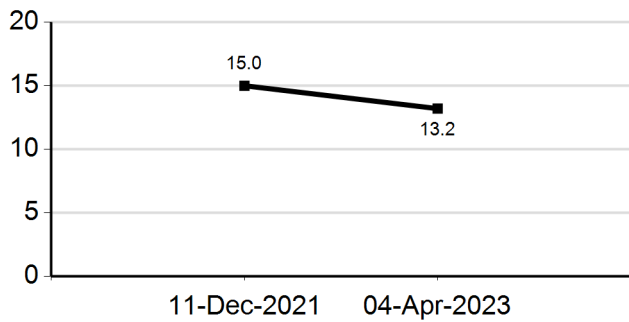
Estimated Average Glucose (eAG)



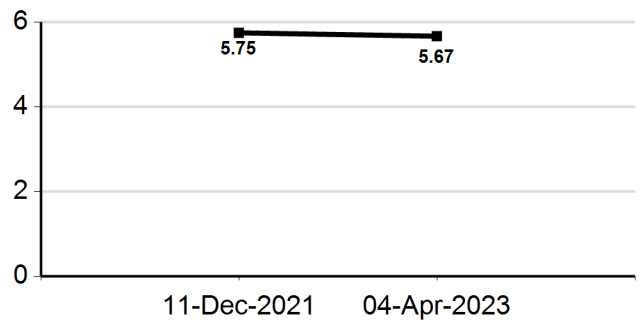
Free T3



Free T4



sensitiveTSH





भारत सरकार
Government of India

स्वच्छता स्वच्छता स्वच्छता

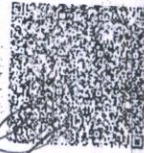
Snehalata Swarnil Sawant

जन्म तारीख / DOB : 21/12/1974

स्त्री / Female

7112 2480 5056

भाई अण्णर, भाई अण्णर



*See Health check up
Snehalata Swarnil Sawant*

Suburban Diagnostics (I) Pvt. Ltd.
3rd Floor, Vini Elegance,
A. T. Road,
Borivli - 400 092.

Name :- SNEHALATA SAWANT CID:- 2309405095

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):150cm

Temp (0c): Afebrile

Blood Pressure (mm/hg): 130/80 mmhg

Pulse: 74/min

Weight (kg): 66kg

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems:

Cardiovascular:- S1S2 audible

Respiratory:- AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

ADVICE:

2p Echo. / cardiolonit & f4.

CHIEF COMPLAINTS:

- 1) Hypertension:-HTN
- 2) IHD:- No
- 3) Arrhythmia:- No
- 4) Diabetes Mellitus:- No
- 5) Tuberculosis:- No

- 6) Asthama:- No
- 7) Pulmonary Disease:- No
- 8) Thyroid/ Endocrine disorders:- No
- 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:- Mix
- 4) Medication:-No

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanishq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.


Dr. Nitin Sonavane

PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 197719

CID : 2309404993
Name : Mrs SNEHALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West
Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023 / 11:25

Use a QR Code Scanner
Application To Scan the Code

MAMMOGRAPHY

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 breasts are symmetrical with mixed fibroglandular pattern is noted.

No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.

No abnormal skin thickening is seen.

Skin and nipple shadows are normal.

No axillary lymph nodes 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.

Opinion:

No significant abnormality detected in mammography and sonomammography of both breasts, ACR BIRADS CATEGORY I.

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

Click here to view images <<ImageLink>>

CID : 2309404993
Name : Mrs SNEHALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

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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.

Disclaimer:-

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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



DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <<ImageLink>>



CID : 2309404993
Name : Mrs SNEHALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023 / 11:19

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 16.1 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 10.4 x 3.7 cm. Left kidney measures 11 x 4.6 cm. 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, 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, normal and measures 5.9 x 5.7 x 4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4.3 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 1.8 x 1.9 cm.
The left ovary measures 1.8 x 1.6 cm

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040409031135>



CID : 2309404993
Name : Mrs SNEHALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023 / 11:19

Opinion:

- **Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.**

For clinical correlation and follow up.

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-----

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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CID NO: 2309404993	
PATIENT'S NAME: MRS.SNEHALATA SAWANT	AGE/SEX: 48 Y/F
REF BY: -----	DATE: 04/ 04/2023

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral valves normal.Mild TR.
6. Great arteries: Aorta: Normal
 - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic dysfunction. No Doppler evidence of raised LVEDP.

PATIENT'S NAME: MRS.SNEHALATA SAWANT	AGE/SEX: 48 Y/F
REF BY: -----	DATE: 04/ 04/2023

1. AO root diameter 2.9 cm
2. IVSd 1.3 cm
3. LVIDd 4.2 cm
4. LVIDs 2.1 cm
5. LVPWd 1.3 cm
6. LA dimension 3.5 cm
7. RA dimension 3.5 cm
8. RV dimension 3.0 cm
9. Pulmonary flow vel: 0.9 m/s
10. Pulmonary Gradient 4.4 m/s
11. Tricuspid flow vel 2.6 m/s
12. Tricuspid Gradient 27 m/s
13. PASP by TR Jet 37 mm Hg
14. TAPSE 3.0 cm
15. Aortic flow vel 1.2 m/s
16. Aortic Gradient 6.0 m/s
17. MV:E 0.8 m/s
18. A vel 0.6 m/s
19. IVC 16 mm


Impression:

Mild TR, Mild PH, PASP by TR Jet 37 mm Hg.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report


DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714

Date:- 4/4/23

CID: 2309404993.

Name:- Snehalata Sawant

Sex / Age: female. 48 yrs

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

R/E
G/G
N/G

L/E
G/G
N/G
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Normal

J

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Above Tarang Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

Lab # :

Sex / Age 48 / F

Date 4/4/23

Name : Snehalata Sawant

GYNAEC EXAMINATION REPORT

GENERAL EXAMINATION

TEMPERATURE	:	afeb.	RS	:	AEBE. clear.
PULSE	:		CVS	:	S ₁ S ₂ (R)
BP	:		Breasts	:	no palpable mass felt O/E.
Per Abdomen	:	Soft, NT.			
Per vaginal	:				

RECOMMENDATIONS

ADVISE :


DR. MONALI SHAH
REG. NO. 57282
CONSULTING HOMOEOPATH
DIETITIAN & NUTRITIONIST



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CID : 2309404993
Name : Mrs SNEHALATA SAWANT
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023 / 12:03

X-RAY CHEST PA VIEW

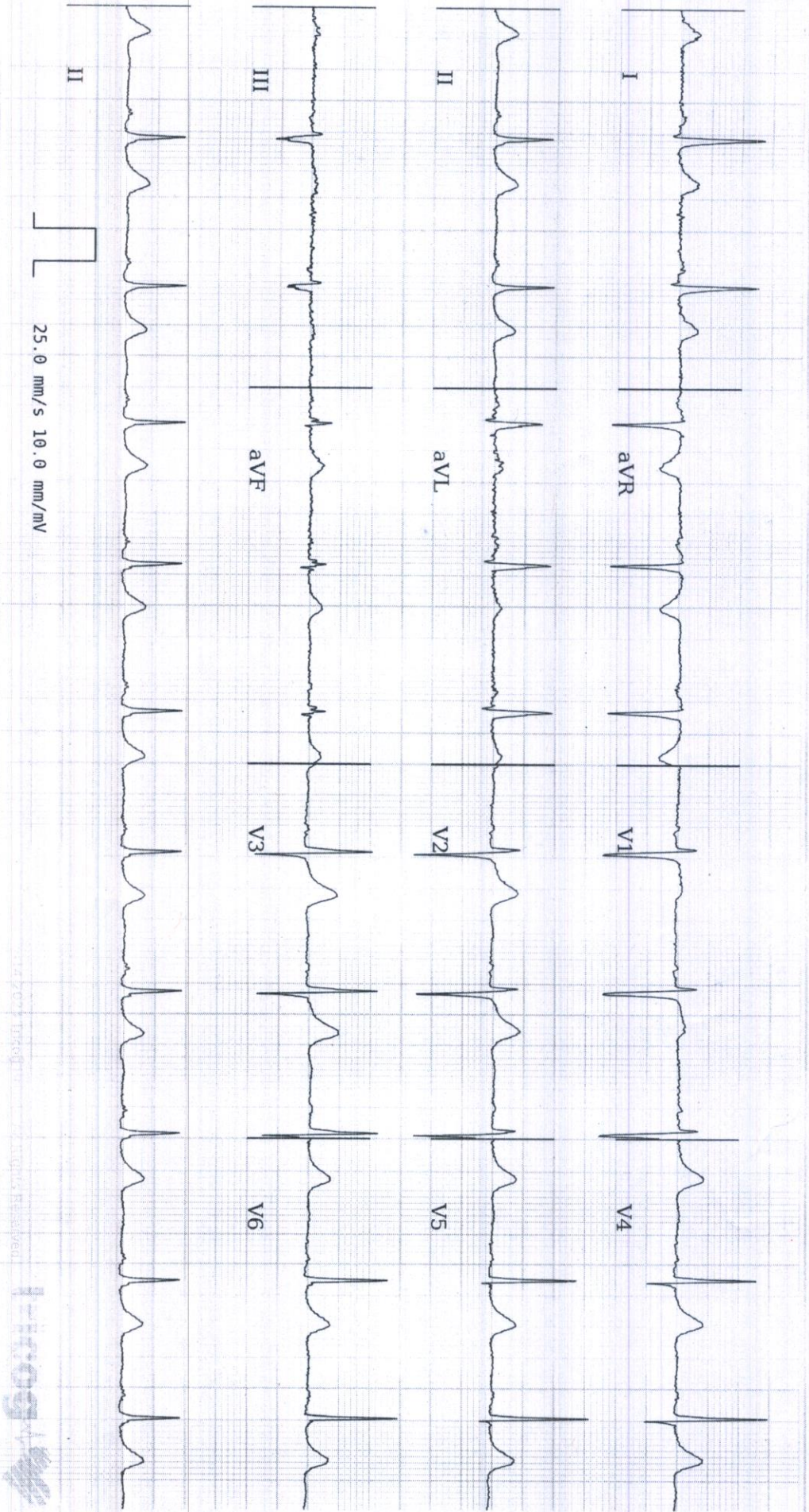
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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

Age 48 3 14
years months day

Gender Female

Heart Rate 66bpm

Patient Vitals

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

Measurements

QRSD: 80ms
QT: 406ms
QTcB: 425ms
PR: 146ms
P-R-T: 22° 17° 34°

REPORTED BY

[Signature]

Dr. Nitin Sawant
M.B.S., A.F.H., D.D.I.A.B.D.C.A.R.D
Consultant Cardiologist
87714

Disclaimer: This analysis is the property of the reporting physician and should not be used as a substitute for clinical history. Comparisons and results of other tests should be reviewed in conjunction with the active tests and must be interpreted by a qualified physician. This report is not intended to be a diagnosis and may be derived from a single lead ECG.