



CID : 2305621075  
Name : MRS.KUSUMLATA YADAV  
Age / Gender : 44 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 08:46  
Reported : 25-Feb-2023 / 14:07

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.40	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.8	36-46 %	Measured
MCV	100	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	3960	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.1	20-40 %	
Absolute Lymphocytes	1350.4	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	273.2	200-1000 /cmm	Calculated
Neutrophils	56.0	40-80 %	
Absolute Neutrophils	2217.6	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	87.1	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	31.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	302000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	16.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Reported : 25-Feb-2023 / 15:08

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Leucopenia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 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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Collected : 25-Feb-2023 / 11:53  
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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	96.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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\*\*\* End Of Report \*\*\*

*Bmhaskar*

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





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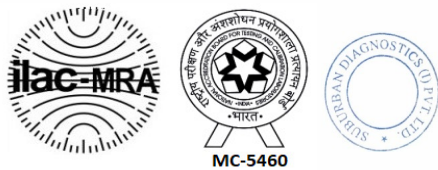
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	3.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	2.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.4	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.2	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	103	98-107 mmol/l	IMT

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*

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





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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 Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

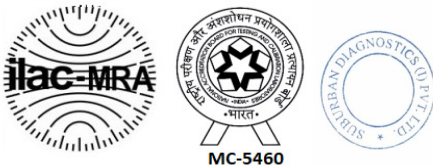
**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

- 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	214.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	116.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	42.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	172.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	148.8	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	23.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Consulting Dr. : -  
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Collected : 25-Feb-2023 / 08:46  
Reported : 25-Feb-2023 / 13:47

**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	4.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	18.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.024	0.55-4.78 microIU/ml	CLIA





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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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

\*\*\* End Of Report \*\*\*

*Anupa*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.56	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.39	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	24.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	15.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	67.5	46-116 U/L	Modified IFCC

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\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023  
Reported : 25-Feb-2023 / 14:58

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### X-RAY CHEST PA VIEW

- Fibrotic opacity noted in right upper and middle zone s/o old infective changes.
- Rest lung fields are clear.
- Heart & aortic shadows appears normal.
- Both costo & cardio phrenic angles are clear.
- Both domes of diaphragms are normal in position & contour.
- Visualized thoracic soft tissue & bony cage are normal.

#### SUGGEST: CLINICAL CORRELATION

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

*Khilji Faizur*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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sionNo=2023022507540972

• PATIENT NAME : MRS .KUSUMLATA YADAV	• SEX : FEMALE
• REFERRED BY : ARCOFEMI HEALTHCARE LIMITED	• AGE : 44 YEARS
• CID NO : 2305621075	• DATE : 25/02/2023

**2D & M-MODE ECHOCARDIOGRAM REPORT**  
**COLOR FLOW DOPPLER REPORT**

**ECHO & DOPPLER FINDINGS :**

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 20 mm and 18 mm respectively.
- PASP by TR jet measured to 20 mm Hg.
- Visual LVEF of 65 %.

**MEASUREMENTS:**

IVS d (mm)	07	EDV (ml)	90	Ao (mm)	28
IVS s (mm)	10	ESV (ml)	24	LA (mm)	29
LVIDd (mm)	44	SV (ml)	66	EPSS (mm)	01
LVIDs ( mm)	26	FS (mm)	33	EF SLOPE (ml/s)	110
Pwd (mm)	07	EF (%)	65	MV (mm)	17
Pws (mm)	10				

Conti....2

• PATIENT NAME : MRS .KUSUMLATA YADAV	• SEX : FEMALE
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**DOPPLER: Mitral E / A**

Mitral (m/s)	0.8	Aortic (m/s)	1.43
Tricuspid (m/s)	0.7	Pulmonary (m/s)	0.5

**TDI**

Septal e' = 0.1 m/s

Lateral e' = 0.1 m/s

Septal a' = 0.09m/s

Lateral a' = 0.08 m/s

Septal s' = 0.07 m/s

Lateral s' = 0.07 m/s

Septal E/e' = 08



**Dr. P. Bhatjiwale, M.D**

**PG cert in Clinical Cardiology,**

**Cert in 2 D Echo & Doppler Studies**

**Reg. No 68857**

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.**

**Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.**

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



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Reported : 25-Feb-2023 / 9:38

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.1 cm) shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD appears measures 3.7 mm .  
The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.6 x 4.0 cm. Left kidney measures 10.8 x 4.9 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (9.1 cm) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

Uterus is anteverted, Bulky in size and measures 11.3 x 9.1 x 5.6 cm. (Volume is 305 cc).  
It shows heterogenous echotexture with mild loss of endometrial-myometrial junction with few myometrial calcifications ---- suggestive of Adenomyosis.

Multiple variable sized intramural fibroids are noted in the uterus , largest ones measuring 3.8 x 2.8 cm at fundus of the uterus , 3.5 x 3.0 cm at the anterior wall and 3.0 x 2.8 cm at the posterior wall.

The endometrial thickness is 6.2 mm.

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**OVARIES:**

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.9 x 1.9 cm      Left ovary = 3.1 x 1.6 cm

**IMPRESSION:-**

**BULKY UTERUS WITH FEATURES OF ADENOMYOSIS.**  
**MULTIPLE INTRAMURAL UTERINE FIBROIDS AS DESCRIBED.**

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

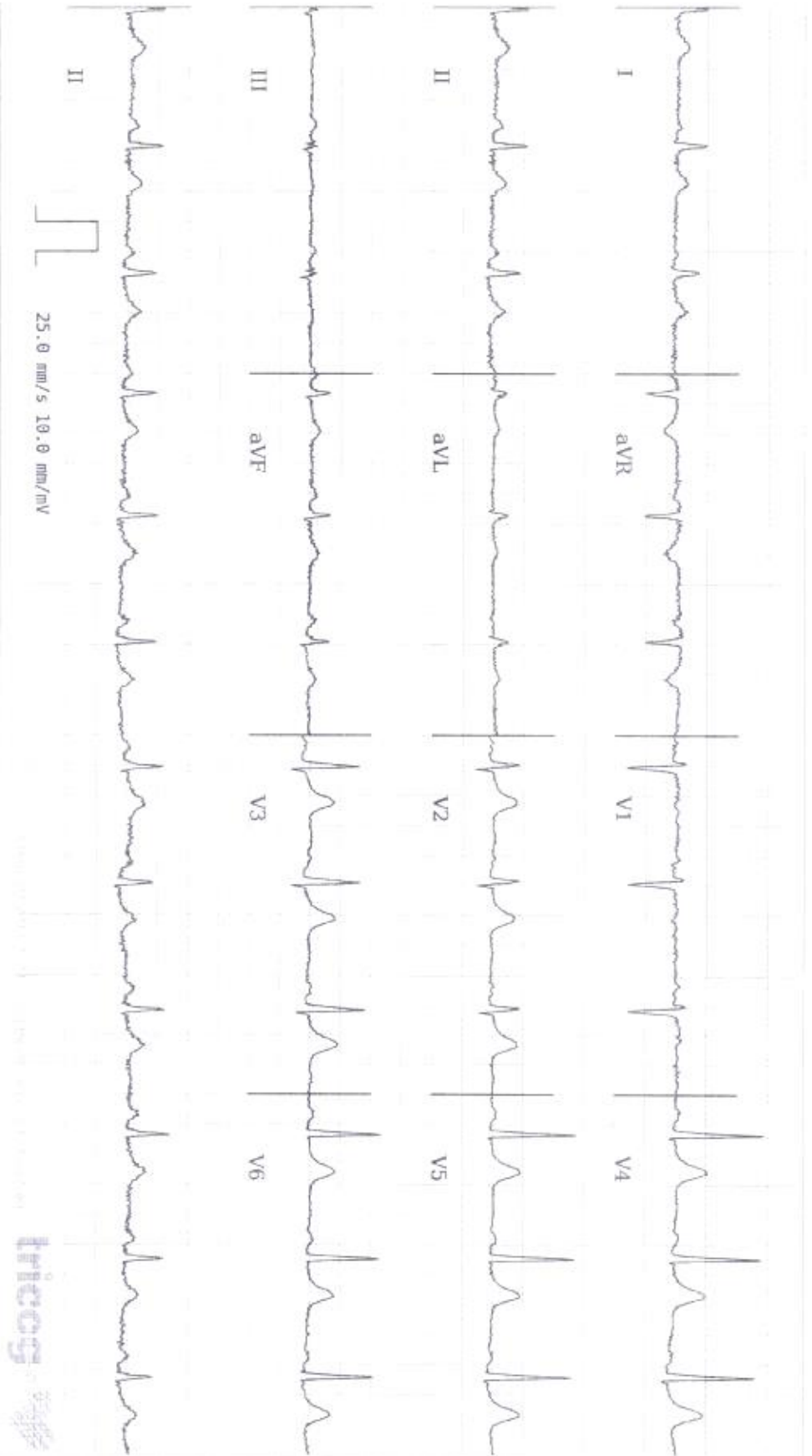
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sionNo=2023022507540912

Patient Name: KUSUMLATA YADAV

Date and Time: 25th Feb 23 9:19 AM

Patient ID: 2305621075



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

Age **44** **5** **1**  
years months days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 69 kg

Height: 167 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 384ms

QTc: 426ms

PR: 140ms

P-R-T: 67° 34° 43°

REPORTED BY

*[Signature]*

DR. ARCHI PARULKAR  
Cardiologist

2012003001

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
PLOT NO. 30, SECTOR 10, GATEWAY, THANE, WEST, MAHARASHTRA, INDIA.

THANE, WEST, MAHARASHTRA, INDIA.  
KANDIVALI EAST, MAHARASHTRA, INDIA.

Tel : 977009800





Name : Kesumlati yadav  
Dr. :

Age / Gender - 44 / F  
Date :

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS :

MARITAL STATUS :

MENSTRUAL HISTORY :

(i) MENARCHE :

(ii) PRESENT MENSTRUAL HISTORY :

(iii) PAST MENSTRUAL HISTORY :

Married - 8-94v

married

@ age - 16 4v

Reg

3rd day of mc

OBSTETRIC HISTORY :

PAST HISTORY :

PREVIOUS SURGERIES :

ALLERGIES :

FAMILY HISTORY :

DRUG HISTORY :

BOWEL HABITS :

BLADDER HABITS :

G2 P1 L1 A1

Hypothyroid

LSCS - 2010

NO

father - DM, HTN, mother - HTN  
IMD

T. H. E / broman (feeding)

1 ⊕

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548

Name :

Age / Gender

Dr. :

Date :

## GYNAEC EXAMINATION REPORTS

### GENERAL EXAMINATION

TEMPERATURE :

98

RS :

PULSE :

72/min

CVs :

1/1

BP :

110/70

Breasts :

1/1

Per Abdomen :

- 1/1, scar of US, (+) Healed

Per vaginal

PLS - Pending  
(3rd day of m e)

### RECOMMENDATIONS

ADVISE :

  
**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548

**DENTAL CHECK - UP**

Name:- *Madhumata Yadav*

CID: *2305621075* Sex / Age: *F 144*

Occupation:-

Date: *25 / 2 / 2023*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- c) Calculus: + in lower anterior }  
Stains: +

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: *a) scaling & Polishing [cleaning]*

Provisional Diagnosis:-

*-NIL-*

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Tel : 61700800

**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

*Dr. Bhumik Patel*

*[Signature]*

Date:- 25/2/23

CID: 2305-62/075

Name:- Mrs. Kusumleela Jadhav

Sex/Age: F/44

**EYE CHECK UP**

Chief complaints: Routine check-up

Systemic Diseases: No H/O S/D

Past history: No H/O Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction: EOMS: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Plano			6/6	Plano			6/6
Near	+1.25			6/6	+1.25			6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
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