SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Hemlata	Sex/Age	52/F
Date	30/1/24.	Location	Thane.

History and Complaints

H/o - Angioplasty (2011).
- ↑ Sr. Creatinine.
- Thyroid disorder.

EXAMINATION FINDINGS:

Height (cms):	141	Temp (0c):	(N).
Weight (kg):	49.2	Skin:	Hyperpigmented spots on face, legs (+) skin tags.
Blood Pressure	160/100	Nails:	NAD.
Pulse	76/min	Lymph Node:	

→ w/o Medication.

Systems :

Cardiovascular:
Respiratory:
Genitourinary:
GI System:
CNS:

NAD

Impression:
- Eosinophilia, ↑ ESR, ↑ Alk. phosph.
- BSL F/PP (Impaired)
- ↑ Blood Urea, BUN, Creat. ↓ eGFR.
- Urine- (+) Proteins
- LVH.

USG - Medical Renal Disease

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388
Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

R E P O R T

NAME: - Hemlata AGE / SEX :- 52

REGN NO : - REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLANTS :- Nil

MARITAL STATUS :- Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs
- PRESENT MENSTRUAL HISTORY :- Post Menopausal
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY: - $G_6 P_{L2} A_4$ 2 Abortions 2 Miscarriages.
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- Angioplasty ; Rod Insert in Rt. forearm
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

Vastat.

SUBURBAN DIAGNOSTICS
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For Thyroid, Post-Angioplasty

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

PERSONAL HISTORY :- ⊡

TEMPRATURE :-

RS :- NAD

CVS :- NAD

PULSE / MIN :- 76/min

BP (mm of hg):- 160/100

BREAST EXAMINATION:- Tenderness in Rt. Breast

PER ABDOMEN :- NAD

PRE VAGINAL:- NAD

RECOMMENDATION :- NAD

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

SUBURBAN DIAGNOSTICS
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Advice: - Nephrologist's consultation.
- Low sugar Diet
- Repeat sugar Profile (6 Months)

1)	**Hypertension:**	Yes (2011)
2)	**IHD**	(2011)
3)	**Arrhythmia**	
4)	**Diabetes Mellitus**	Nil
5)	**Tuberculosis**	Nil
6)	**Asthama**	Nil
7)	**Pulmonary Disease**	Nil
8)	**Thyroid/ Endocrine disorders**	- Hypothyroidism (8yrs.)
9)	**Nervous disorders**	Nil
10)	**GI system**	Nil
11)	**Genital urinary disorder**	Nil
12)	**Rheumatic joint diseases or symptoms**	Nil
13)	**Blood disease or disorder**	Nil
14)	**Cancer/lump growth/cyst**	Nil
15)	**Congenital disease**	Nil
16)	**Surgeries**	Angioplasty. Rod Insertion in Rt forearm
17)	**Musculoskeletal System**	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	- Veg.
4)	Medication	- tab. Calcicar; tab. Fevi; tab. Sanvoldomac; Tab. Thyroxine; Tab. Ecobiv Tab No

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 30/1/24 CID: 2408004751

Name:- Hemlata ~~[illegible]~~ Sex / Age: F 52

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: [illegible]

Past history: [illegible]

Unaided Vision: BE 6/9 N.V BE N/12

Aided Vision: BE 6/6 NV BE N6.

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: use own specs

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

R E P O R T

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID : 2403004751
Name : MRS.. HEMLATA
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Jan-2024 / 09:19
Reported : 30-Jan-2024 / 11:57

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.33	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Measured
MCV	91.5	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5130	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	1626.2	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	405.3	200-1000 /cmm	Calculated
Neutrophils	47.5	40-80 %	
Absolute Neutrophils	2436.8	2000-7000 /cmm	Calculated
Eosinophils	**12.8**	1-6 %	
Absolute Eosinophils	**656.6**	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	**5.1**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PLATELET PARAMETERS			
Platelet Count	158000	150000-400000 /cmm	Elect. Impedance
MPV	**12.0**	6-11 fl	Calculated
PDW	**24.9**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	46	2-30 mm at 1 hr.	Sedimentation

Result Rechecked.

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:
Factors that increase ESR: Old age, Pregnancy,Anemia
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check

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Name : MRS.. HEMLATA
Age / Gender : 52 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Jan-2024 / 09:19
Reported : 30-Jan-2024 / 16:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	103.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	187.0	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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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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R E P O R T

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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	**64.8**	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	**30.3**	6-20 mg/dl	Calculated
CREATININE, Serum	**1.47**	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	43	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	**10.5**	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	**5.4**	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 30-Jan-2024 / 13:39

Result rechecked.
Repeat estimation on fresh sample, if clinically indicated.
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

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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.

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SUBURBAN DIAGNOSTICS

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R E P O R T

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Collected	: 30-Jan-2024 / 09:19
Reported	: 30-Jan-2024 / 16:37

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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	1+	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	2-3	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	4-5	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 inert

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

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
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.

Refernces:

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

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	136.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.1	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	59.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	76.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	57.0	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.0	0-3.5 Ratio	Calculated

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Pathologist

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MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

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PRECISE TESTING · HEALTHIER LIVING

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R E P O R T

CID : 2403004751
Name : MRS.. HEMLATA
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Jan-2024 / 09:19
Reported : 30-Jan-2024 / 11:24

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	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	1.48	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

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R E P O R T

CID	: 2403004751
Name	: MRS.. HEMLATA
Age / Gender	: 52 Years / Female
Consulting Dr.	: -
Reg. Location	: G B Road, Thane West (Main Centre)
Collected	: 30-Jan-2024 / 09:19
Reported	: 30-Jan-2024 / 11:24

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 becuase 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 G B Road Lab, Thane West

*** End Of Report ***

F Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | **CIN No.:** L74899DL1995PLC065388
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R E P O R T

CID : 2403004751
Name : MRS.. HEMLATA
Age / Gender : 52 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 30-Jan-2024 / 09:19
Reported : 30-Jan-2024 / 12:57

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

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	28.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	**151.8**	35-105 U/L	PNPP

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

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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R E P O R T

CID	: 2403004751		
Name	: Mrs HEMLATA		
Age / Sex	: 52 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Jan-2024
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Jan-2024 / 11:51

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

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REG NO : 2403004751	SEX : FEMALE
NAME : MRS. HEMLATA	AGE : 52 YRS
REF BY : ---------------------------	DATE : 30.01.2024

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS:

LVIDD	42	mm
LVIDS	27	mm
LVEF	60	%
IVS	11	mm
PW	6	mm
AO	15	mm
LA	29	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter – artrial and inter – ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MRS. HEMLATA

COLOR DOPPLER:

- Mitral valve doppler – E- 1.1 m/s, A 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.6 m/s, PG 10.5 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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

DR.YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANAT INTERVENTIONAL CARDIOLOGIST.

Reg. No. :2403004751	Sex : FEMALE
NAME : MRS. HEMLATA VIMAL	Age : 52 YRS
Ref. By : -------------	Date : 30.01.2024

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 few scattered heterogenous fibroglandular densities is noted in the both breasts.
No evidence of any abnormal density mass lesion / nipple retraction is seen.
No architectural distortion is seen.
Both nipple shadows and subcutaneous soft tissue shadows appear normal .No abnormal skin thickening is seen.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .
No focal soild or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal.No siginificant axillary lymphadenopathy is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IN BOTH BREASTS.
ACR BIRADS CATEGORY I 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.GAURI VARMA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)

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CID	: 2403004751		
Name	: Mrs HEMLATA VIMAL		
Age / Sex	: 52 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Jan-2024
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Jan-2024 / 11:42

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is minimally distended . No obvious 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: Both kidneys are slightly small in size with raised echotexture , altered corticomedullary differentiation.
Right kidney measures 8.2 x 3.3 cm , shows cyst in mid-lower pole parapelvic region measuring 2.9 x 1.9 cm.
Left kidney measures 8.4 x 3.1 cm.
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 appears atrophic (post- menopausal status).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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R E P O R T

CID	: 2403004751		
Name	: Mrs HEMLATA VIMAL		
Age / Sex	: 52 Years/Female		
Ref. Dr	:	Reg. Date	: 30-Jan-2024
Reg. Location	: G B Road, Thane West Main Centre	Reported	: 30-Jan-2024 / 11:42

IMPRESSION:

- **BOTH KIDNEYS ARE ,SLIGHTLY SMALL IN SIZE WITH RAISED ECHOTEXTURE , ALTERED CORTICOMEDULLARY DIFFERENTIATION AND CYST IN RIGHT KIDNEY , S/O MEDICAL RENAL DISEASE, CO-RELATE WITH RENAL FUNCTION TEST .**

Advice:Clinical co-relation,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-----------------------

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

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REPORT

CID	: 2403004751		
Name	: MRS.. HEMLATA		
Age / Gender	: 52 Years / Female		
Consulting Dr.	: -	Collected	: 30-Jan-2024 / 11:54
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 31-Jan-2024 / 17:41

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

Liquid based cytology

Specimen : (G/SDC - 1092/24)

Received EziPrep vial.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly parabasal and fewer intermediate squamous cells along with moderate neutrophilic infiltrate.

Interpretation :

1. Negative for intraepithelial lesion or malignancy.

2. Atrophic, inflammatory smear.

Recommended : Repeat testing after inflammation subsides.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : : Pap test is a screening test for cervical cancer with inherent false negative results.

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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

*** End Of Report ***

MC-5460

Dr.HARINI RAJU
M.D. (PATH)
HISTOPATHOLOGIST &
CYTOPATHOLOGIST

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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