



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 11:08

Use a QR Code Scanner  
Application To Scan the Code

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.3	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9920	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.2	20-40 %	
Absolute Lymphocytes	2103.0	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	555.5	200-1000 /cmm	Calculated
Neutrophils	71.4	40-80 %	
Absolute Neutrophils	7082.9	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	178.6	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	289000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



**CID** : 2405209140  
**Name** : MRS.SNEHA PRAKASH PINGALE  
**Age / Gender** : 54 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Borivali West (Main Centre)

**Collected** : 21-Feb-2024 / 08:25  
**Reported** : 21-Feb-2024 / 10:38

Use a QR Code Scanner  
Application To Scan the Code

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      29                      2-30 mm at 1 hr.                      Sedimentation

**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.

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

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 14:47

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 11:15

Use a QR Code Scanner  
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	41.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	19.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	77	(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

TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:13

Use a QR Code Scanner  
Application To Scan the Code

**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	8.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	185.8	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 \*\*\*



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 14:39

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:25

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

Result rechecked  
Kindly correlate clinically.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:25

**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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*J Thakker*

**Dr.JYOT THAKKER..**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**





CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 12:14  
Reported : 22-Feb-2024 / 17:21

Use a QR Code Scanner  
Application To Scan the Code

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

**Liquid Based Cytology**

**Specimen** : (G/SDC- 2172/24)  
Received Ezi prep vial.

**Adequacy** :  
Satisfactory for evaluation.  
Endocervical and squamous metaplastic cells are present.

**Microscopic** :  
Smear reveals mainly parabasal and fewer intermediate squamous cells along with moderate neutrophilic infiltrate.  
Reactive cellular changes associated with inflammation.

**Interpretation** :  
1. Negative for intraepithelial lesion or malignancy.  
2. Inflammatory smear.

**Recommended** : Repeat PAP 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.

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



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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:08

Use a QR Code Scanner  
Application To Scan the Code

**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. Vrushi Shroff*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 11:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	110.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.0	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	69.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	40.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	19.0	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	21.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	1.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.3	0-3.5 Ratio	Calculated

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:02

**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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.9	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	4.43	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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 13:02

Use a QR Code Scanner  
Application To Scan the Code

**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 Borivali Lab, Borivali West

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



*Bmhasakar*

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



CID : 2405209140  
Name : MRS.SNEHA PRAKASH PINGALE  
Age / Gender : 54 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 21-Feb-2024 / 08:25  
Reported : 21-Feb-2024 / 11:08

Use a QR Code Scanner  
Application To Scan the Code

**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	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.10	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	58.8	35-105 U/L	Colorimetric

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



*Bmhasakar*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SNEHA PRAKASH PINGALE

Date and Time: 21st Feb 24 9:07 AM

Patient ID: 2405209140

Age **54** **NA** **NA**  
years months days

Gender **Female**

Heart Rate **79bpm**

### Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

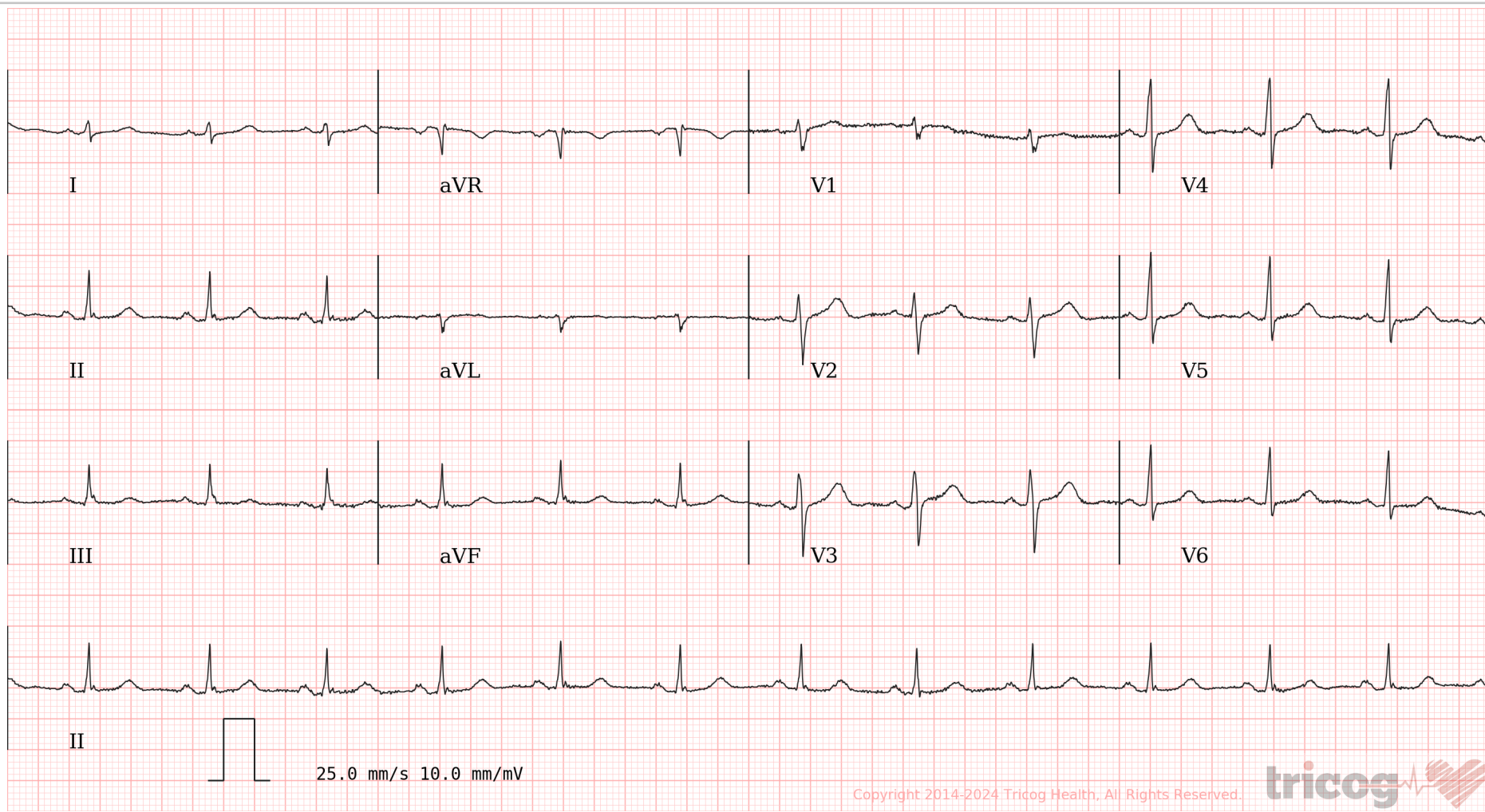
QRSD: 76ms

QT: 382ms

QTcB: 438ms

PR: 152ms

P-R-T: 60° 88° 59°



Copyright 2014-2024 Tricog Health, All Rights Reserved.



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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

Name : Mrs. Sneha Pungate  
Dr. :

Age / Gender 54/F.

Date : 21/2/24.

## GYNAEC EXAMINATION REPORTS

### PERSONAL HISTORY

CHIEF COMPLAINTS : DM + Asthama

MARITAL STATUS : married

MENSTRUAL HISTORY :

(i) MENARCHE : normal menarcheal age.

(ii) PRESENT MENSTRUAL HISTORY : Post-menopausal.

(iii) PAST MENSTRUAL HISTORY : (10)

OBSTETRIC HISTORY : G<sub>2</sub>. P<sub>1</sub> A<sub>2</sub> L<sub>1</sub> (29 yrs) FTMD.

PAST HISTORY : no (MTP).

PREVIOUS SURGERIES : nil.

ALLERGIES : Some medicine, does not remember name.

FAMILY HISTORY : M - DM, HTN.

DRUG HISTORY : on Rx DM.

BOWEL HABITS : Occasional constipation.

BLADDER HABITS : C/O itching at urethra?

**Dr. MONALI SHAH**  
REG NO .57282  
Consultant HOMOEOPATH  
DIETITIAN & NUTRITIONIST



Name : Sneha P Age / Gender 54 / F  
Dr. : Date : 21/2/24

**GYNAEC EXAMINATION REPORTS**

GENERAL EXAMINATION

TEMPERATURE : RS :  
PULSE : CVs :  
BP : Breasts :  
Per Abdomen :  
Per vaginal :

*NAD O/E of  
either  
breast*

RECOMMENDATIONS

ADVISE :

*Shrove*

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

**DR. MONALI SHAH**  
REG NO .57282  
Consultant HOMOEOPATH  
DIETITIAN & NUTRITIONIST

<b>CID NO: 2405209140</b>	
<b>PATIENT'S NAME: MRS.SNEHA PRAKASH PINGALE</b>	<b>AGE/SEX: 54 Y/F</b>
<b>REF BY: -----</b>	<b>DATE: 21/02/2024</b>

**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, Tricuspid valves normal.
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.SNEHA PRAKASH PINGALE	AGE/SEX: 54 Y/F
REF BY: -----	DATE: 21/02/2024

1. AO root diameter	3.0 cm
2. IVSd	0.9 cm
3. LVIDd	4.2 cm
4. LVIDs	2.1 cm
5. LVPWd	0.9 cm
6. LA dimension	3.4 cm
7. RA dimension	3.4 cm
8. RV dimension	2.7 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.4 m/s
12. Tricuspid Gradient	8 m/s
13. PASP by TR Jet	18 mm Hg
14. TAPSE	3.0 cm
15. Aortic flow vel	1.1 m/s
16. Aortic Gradient	5 m/s
17. MV:E	0.8 m/s
18. A vel	0.7 m/s
19. IVC	16 mm
20. E/E'	10


**Impression:**

**Normal 2d echo study.**

**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**



**CID** : 2405209140  
**Name** : Mrs Sneha prakash pingale  
**Age / Sex** : 54 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 21-Feb-2024  
**Reported** : 21-Feb-2024/10:15

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is enlarged in size 15.3 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 well distended with two calculi are seen measuring 15 mm & 14.9 mm No obvious wall thickening is noted.

**PORTAL VEIN:** Portal vein is 8.2 mm normal. **CBD:** CBD is 2.7 mm normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 8.7 x 3.6 cm. Left kidney measures 8.6 x 4.4 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, small in size and atrophic and measures 3.9 x3.1 x4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 3.4 mm. Cervix appears normal.

**OVARIES:** Both ovaries are not well visualized post menopausal status.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405209140  
**Name** : Mrs Sneha prakash pingale  
**Age / Sex** : 54 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 21-Feb-2024  
**Reported** : 21-Feb-2024/10:15

**Opinion:**

- **Grade I fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.**
- **Cholelithiasis without cholecystitis.**

**For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

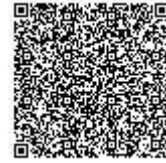
**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405209140  
**Name** : Mrs Sneha prakash pingale  
**Age / Sex** : 54 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 21-Feb-2024  
**Reported** : 21-Feb-2024/10:15



**CID** : 2405209140  
**Name** : Mrs Sneha prakash pingale  
**Age / Sex** : 54 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 21-Feb-2024  
**Reported** : 21-Feb-2024/12:30

**X-RAY CHEST PA VIEW**

Prominent bronchovascular markings are seen bilaterally in both lower zones.

Rest of the 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.

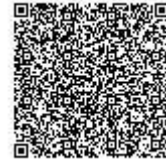
The skeleton under review appears normal.

**Kindly correlate clinically.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

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



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405209140  
**Name** : Mrs Sneha prakash pingale  
**Age / Sex** : 54 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 21-Feb-2024  
**Reported** : 21-Feb-2024/12:30