



CID : 2427119372
Name : Mrs Babitha Shaji
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 27-Sep-2024
Reported : 27-Sep-2024/16:03

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ TV / PV./AV

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, ALL VALVES NORMAL
NO PAH, NO LVDD.
IVC NORMAL



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LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.70	cm/s
LVIDd	42	mm	Mitral Valve A velocity	0.4	cm/s
LVPWd	10	mm	E/A Ratio	>1	-
IVSs	17	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	22	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
LA /AO	N	--	Aortic valve		
			AVmax	1.3	cm/s
			AV Peak Gradient	5	mmHg
2D STUDY			<i>LVOT</i> Vmax	1.1	cm/s
LVOT	20	mm	<i>LVOT</i> gradient	3	mmHg
LA	30	mm	Pulmonary Valve		
RA	24	mm	PVmax	--	cm/s
RV [RVID]	26	mm	PV Peak Gradient	--	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2.2	cm/s
			PASP	24	mmHg

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

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

DR. DINESH ROHIRA
 DNB MEDICINE
 ECHO CARDIOLOGIST
 REG. No. 2008/04/0837



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CID : 2427119372
Name : MRS.BABITHA SHAJI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 27-Sep-2024 / 10:34
Reported : 27-Sep-2024 / 13:32

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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	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.45	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.7	36-46 %	Calculated
MCV	84.7	81-101 fl	Measured
MCH	28.5	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5310	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	1800.0	1000-3000 /cmm	Calculated
Monocytes	10.1	2-10 %	
Absolute Monocytes	540.0	200-1000 /cmm	Calculated
Neutrophils	52.8	40-80 %	
Absolute Neutrophils	2800.0	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	110.0	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	60.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	289000	150000-410000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Measured
PDW	14.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 22 2-20 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- Sick 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Reported : 27-Sep-2024 / 18:28

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 Fasting	90.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
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Reported : 27-Sep-2024 / 18:25

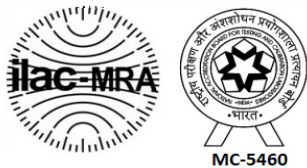
**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	22.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.48	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	117	(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

TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.3	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.5	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	4.4	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	104	98-107 mmol/l	IMT

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



J Thakker

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



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Collected : 27-Sep-2024 / 10:34
Reported : 27-Sep-2024 / 14:56

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VITAMIN B12

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	301	211-911 pg/ml	CLIA

Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

Interpretation:

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

Reference: Vitamin B12 Pack insert

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
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Collected : 27-Sep-2024 / 10:34
Reported : 27-Sep-2024 / 18:15

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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*** End Of Report ***



J. Thakker

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M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Reported : 27-Sep-2024 / 14:48

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VITAMIN D TOTAL (25-OH VITAMIN D)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
25-hydroxy Vitamin D, Serum	21.3	Deficiency: < 20 ng/ml Insufficiency: 20 - < 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	CLIA

Intended Use:

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

Interpretation:

Increased In- D intoxication & Excessive exposure to sunlight

Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

Limitation:

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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



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Reported : 27-Sep-2024 / 16:34

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>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Refractive index
Reaction (pH)	6.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present (+)	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	40.2	0-5/hpf	
Red Blood Cells / hpf	3.0	0-2 /hpf	
Epithelial Cells / hpf	15.9	0-5/hpf	
Hyaline Casts	0.1	0-1/hpf	
Pathological cast	0.1	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.1	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	41.6	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 30-Sep-2024 / 13:34
Reported : 02-Oct-2024 / 11:40

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

Liquid based cytology

Specimen : (G/SDC- 10301/24)

Received Ezi prep vial.

Adequacy :

Satisfactory for evaluation.

Endocervical and squamous metaplastic cells are present.

Microscopic :

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

Interpretation :

Negative for intraepithelial lesion or malignancy.

Case reviewed by Dr. Pooja Gajaria.

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 ***



Dr.VRUNDA SHETH
MBBS,DNB(Path),Dip.FRCP.
CHIEF OF HISTOPATHOLOGY &
CYTOPATHOLOGY



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Reported : 27-Sep-2024 / 15:54

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 ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist



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Reported : 27-Sep-2024 / 14:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	178	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	43.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	132.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	96.7	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	35.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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*** End Of Report ***



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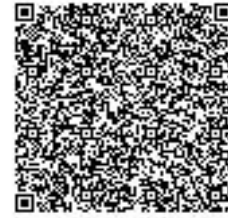


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 Reported : 27-Sep-2024 / 14:56

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	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.469	0.55-4.78 microU/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 trasiently altered becuae 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



CID : 2427119372
Name : MRS.BABITHA SHAJI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Use a QR Code Scanner
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Collected : 27-Sep-2024 / 10:34
Reported : 27-Sep-2024 / 18:22

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	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	17.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	61.0	46-116 U/L	Modified IFCC

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



J. Thakker

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



CID : 2427119372
Name : MRS.BABITHA SHAJI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

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Collected : 27-Sep-2024 / 10:34
Reported : 27-Sep-2024 / 17:54

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



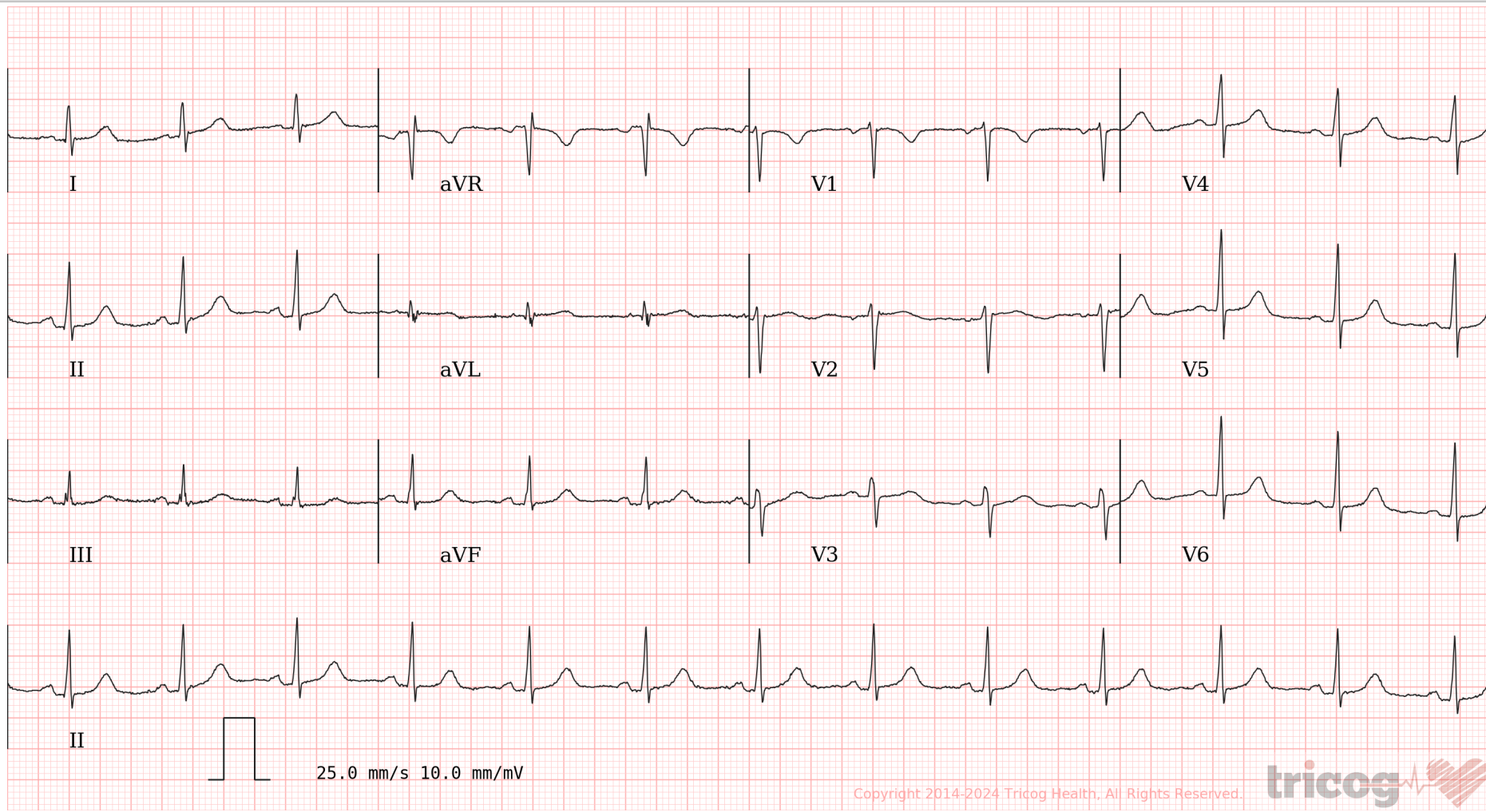
Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist

SUBURBAN DIAGNOSTICS - KHAR WEST

Patient Name: BABITHA SHAJI
Patient ID: 2427119372

Date and Time: 27th Sep 24 11:20 AM



Age **48** **NA** **NA**
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 74ms
QT: 378ms
QTcB: 435ms
PR: 144ms
P-R-T: 60° 69° 48°

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

REPORTED BY

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



CID : 2427119372
Name : Mrs Babitha Shaji
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 27-Sep-2024
Reported : 28-Sep-2024/09:12

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 14.9 cm). **Liver shows bright echotexture suggestive of grade I fatty infiltration.** There is no intra-hepatic biliary radical dilatation. **Approx. 5 x 4 mm illdefined hypoechoic area is noted in segment V of liver suggestive of possibility of ?focal area of fat sparing.**

GALL BLADDER: Gall bladder is distended. **Minimal sludge is noted in gallbladder lumen.** Wall thickness is within normal limits.

Wall

PORTAL VEIN: Portal vein is normal. **CBD:**CBD appears normal.

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

Rest

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Right kidney measures 10.1 x 4.4 cm.

Left kidney measures 11.4 x 5.9 cm.

SPLEEN: Spleen is normal in size (measures 10 cm) and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended. Wall thickness is within normal limits.

UTERUS: Uterus is retroverted and appears **borderline bulky** and measures 8.3 x 5.6 x 4.2 cm. **Uterine myometrium shows mildly heterogeneous echotexture.**

Approx. 12 x 10 mm anterior partly intramural and partly subserosal uterine fibroid is noted.

Approx. 5 x 3 mm anterior intramural uterine fibroid is noted.

Approx. 15 x 11 mm posterior intramural uterine fibroid is noted.

Approx. 9 x 7 mm posterior intramural uterine fibroid is noted.

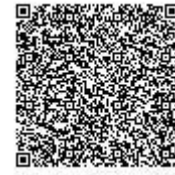
Approx. 4 x 4 mm posterior intramural uterine fibroid is noted.

Approx. 12 x 11 mm fundal intramural uterine fibroid is noted.

Approx. 9 x 6 mm right lateral wall intramural uterine fibroid is noted.

Endometrial echo is in midline and endometrium thickness is 7.5 mm.(LMP - 08-09-2024).

Approx. 4 x 3 mm small hyperechoic area with minimal vascularity within and vascular pedicle is noted in endometrial cavity suggestive of possibility of ?endometrial polyp.



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OVARIES :Both ovaries are visualized.

The right ovary measures 3.5 x 2.0 x 1.5 cm and ovarian volume is 5.6 cc.

The left ovary measures 2.8 x 2.3 x 1.1 cm and ovarian volume is 3.8 cc.

Approx. 10 x 9 mm dominant follicle is noted in left ovary.

Minimal free fluid is noted in pouch of douglas.

No significant abdominal lymphadenopathy is noted at present scan.

IMPRESSION:

- **Fatty liver(grade I).**
- **Minimal sludge is noted in gallbladder lumen.**
- **Uterus appears borderline bulky and shows mildly heterogeneous echotexture with uterine fibroids.**
- **Approx. 4 x 3 mm small hyperechoic area with minimal vascularity within and vascular pedicle is noted in endometrial cavity suggestive of possibility of ?endometrial polyp.**
- **Minimal free fluid is noted in pouch of douglas.**

Suggest follow-up scan.

Suggest clinicopathological correlation.

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 explain 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. Please interpret accordingly.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



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CID : 2427119372
Name : Mrs Babitha Shaji
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 27-Sep-2024
Reported : 27-Sep-2024/16:00

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



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Name : Mrs Babitha Shaji
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Ref. Dr :
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Reg. Date : 27-Sep-2024
Reported : 27-Sep-2024/16:00