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CID : 2432016063  
Name : MRS.UMA NAGIN GOHIL  
Age / Gender : 48 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 09:07  
Reported : 15-Nov-2024 / 14:21

**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  | 12.3    | 12.0-15.0 g/dL       | Spectrophotometric |
| RBC  | 4.87    | 3.8-4.8 mil/cmm      | Elect. Impedance   |
| PCV  | 36.9    | 36-46 %              | Measured           |
| MCV  | 76      | 80-100 fl            | Calculated         |
| MCH  | 25.2    | 27-32 pg             | Calculated         |
| MCHC   | 33.2    | 31.5-34.5 g/dL       | Calculated         |
| RDW  | 15.2    | 11.6-14.0 %          | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                       |         |                      |                    |
| WBC Total Count                                    | 5260    | 4000-10000 /cmm      | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b> |         |                      |                    |
| Lymphocytes  | 37.5    | 20-40 %              |                    |
| Absolute Lymphocytes                               | 1972.5  | 1000-3000 /cmm       | Calculated         |
| Monocytes  | 5.5     | 2-10 %               |                    |
| Absolute Monocytes                                 | 289.3   | 200-1000 /cmm        | Calculated         |
| Neutrophils  | 52.5    | 40-80 %              |                    |
| Absolute Neutrophils                               | 2761.5  | 2000-7000 /cmm       | Calculated         |
| Eosinophils  | 3.9     | 1-6 %                |                    |
| Absolute Eosinophils                               | 205.1   | 20-500 /cmm          | Calculated         |
| Basophils  | 0.6     | 0.1-2 %              |                    |
| Absolute Basophils                                 | 31.6    | 20-100 /cmm          | Calculated         |
| Immature Leukocytes                                | -       |                      |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

|                |        |                    |                  |
|----------------|--------|--------------------|------------------|
| Platelet Count | 172000 | 150000-400000 /cmm | Elect. Impedance |
| MPV            | 10.0   | 6-11 fl            | Calculated       |
| PDW            | 18.2   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY**

|              |      |
|--------------|------|
| Hypochromia  | Mild |
| Microcytosis | Mild |



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Reported : 15-Nov-2024 / 14:22

Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 17 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- 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 \*\*\*



*J Thakker*

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



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Age / Gender : 48 Years / Female  
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Reg. Location : Borivali West (Main Centre)

Collected : 15-Nov-2024 / 13:59  
Reported : 15-Nov-2024 / 19:00

**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 | 91.6           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase    |

Note: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

|  |      |   |            |
|--|------|---|------------|
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP | 97.0 | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
|--|------|---|------------|

Note: 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



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Reported : 15-Nov-2024 / 15:40

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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 | 16.5    | 12.8-42.8 mg/dl   | Kinetic    |
| BUN, Serum        | 7.7     | 6-20 mg/dl  | Calculated |
| CREATININE, Serum | 0.70    | 0.51-0.95 mg/dl   | Enzymatic  |
| eGFR, Serum       | 107     | (ml/min/1.73sqm)<br>Normal or High: Above 90<br>Mild decrease: 60-89<br>Mild to moderate decrease: 45-59<br>Moderate to severe decrease: 30-44<br>Severe decrease: 15-29<br>Kidney failure: <15 | Calculated |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

|                       |     |                |              |
|-----------------------|-----|----------------|--------------|
| TOTAL PROTEINS, Serum | 7.0 | 6.4-8.3 g/dL   | Biuret       |
| ALBUMIN, Serum        | 4.3 | 3.5-5.2 g/dL   | BCG          |
| GLOBULIN, Serum       | 2.7 | 2.3-3.5 g/dL   | Calculated   |
| A/G RATIO, Serum      | 1.6 | 1 - 2          | Calculated   |
| URIC ACID, Serum      | 3.6 | 2.4-5.7 mg/dl  | Enzymatic    |
| PHOSPHORUS, Serum     | 3.8 | 2.7-4.5 mg/dl  | Molybdate UV |
| CALCIUM, Serum        | 9.3 | 8.6-10.0 mg/dl | N-BAPTA      |
| SODIUM, Serum         | 141 | 135-148 mmol/l | ISE          |
| POTASSIUM, Serum      | 5.1 | 3.5-5.3 mmol/l | ISE          |
| CHLORIDE, Serum       | 103 | 98-107 mmol/l  | ISE          |

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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 | 5.5     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 111.1   | 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 \*\*\*



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Reported : 15-Nov-2024 / 15:17

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**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                 | -                       |
| Transparency                          | Slight hazy    | Clear                       | -                       |
| <b><u>CHEMICAL EXAMINATION</u></b>    |                |                             |                         |
| Specific Gravity                      | 1.010          | 1.002-1.035                 | Chemical Indicator      |
| Reaction (pH)                         | 5.0            | 5-8                         | pH Indicator            |
| Proteins                              | Absent         | Absent                      | Protein error principle |
| 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             |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |                |                             |                         |
| (WBC)Pus cells / hpf                  | 8-10           | 0-5/hpf                     |                         |
| Red Blood Cells / hpf                 | Absent         | 0-2/hpf                     |                         |
| Epithelial Cells / hpf                | 10-12          | 0-5/hpf                     |                         |
| Hyaline Casts                         | Absent         | Absent                      |                         |
| Pathological cast                     | Absent         | Absent                      |                         |
| Calcium oxalate monohydrate crystals  | Absent         | Absent                      |                         |
| Calcium oxalate dihydrate crystals    | Absent         | Absent                      |                         |
| Triple phosphate crystals             | Absent         | Absent                      |                         |
| Uric acid crystals                    | Absent         | Absent                      |                         |
| Amorphous debris                      | Absent         | Absent                      |                         |
| Bacteria / hpf                        | ++             | 0-20/hpf                    |                         |
| Yeast                                 | Absent         | Absent                      |                         |
| Others                                | -              |                             |                         |



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**M.D. (PATH)**  
**Pathologist**



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Collected : 15-Nov-2024 / 13:03  
Reported : 16-Nov-2024 / 16:30

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

**Specimen** : (G/SDC- 11612/24)  
Received Ezi prep vial.

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

**Microscopic** :  
Smear reveals mainly superficial and fewer intermediate squamous cells along with moderate neutrophilic infiltrate, lactobacilli and coccobacilli.

**Interpretation** :  
Negative for intraepithelial lesion or malignancy.

*Case was reviewed by Dr. Shital Joshi.*

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





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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        | 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  
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*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
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**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               | 211.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 82.6    | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 53.9    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 157.1   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 140.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 17.1    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 3.9     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6     | 0-3.5 Ratio   | Calculated                               |

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Collected : 15-Nov-2024 / 09:07  
Reported : 15-Nov-2024 / 15:28

**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  | ECLIA         |
| Free T4, Serum      | 16.0           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59           | ECLIA         |
| sensitiveTSH, Serum | 3.03           | 0.35-5.5 microU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0<br>microU/ml | ECLIA         |



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



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**Pathologist**



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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    | 0.14           | 0.1-1.2 mg/dl               | Colorimetric     |
| BILIRUBIN (DIRECT), Serum   | 0.08           | 0-0.3 mg/dl                 | Diazo            |
| BILIRUBIN (INDIRECT), Serum | <b>0.06</b>    | 0.1-1.0 mg/dl               | Calculated       |
| TOTAL PROTEINS, Serum       | 7.0            | 6.4-8.3 g/dL                | Biuret           |
| ALBUMIN, Serum              | 4.3            | 3.5-5.2 g/dL                | BCG              |
| GLOBULIN, Serum             | 2.7            | 2.3-3.5 g/dL                | Calculated       |
| A/G RATIO, Serum            | 1.6            | 1 - 2                       | Calculated       |
| SGOT (AST), Serum           | 19.5           | 5-32 U/L                    | NADH (w/o P-5-P) |
| SGPT (ALT), Serum           | 10.7           | 5-33 U/L                    | NADH (w/o P-5-P) |
| GAMMA GT, Serum             | 8.8            | 3-40 U/L                    | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum | 88.1           | 35-105 U/L                  | Colorimetric     |

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



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

Collected : 15-Nov-2024 / 09:07  
 Reported : 15-Nov-2024 / 17:24

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



**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**

CID : 2432016063  
Name : Mrs UMA NAGIN GOHIL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West  
Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 11:40

**SONOMAMMOGRAPHY OF BOTH BREASTS**

Both breasts show normal architecture and echotexture.

The skin subcutaneous tissue, mammary tissue, retromammary fat plane and muscle layer are well delineated and appear normal. Normal internal septations are also seen.

No evidence of any mass lesion seen.

No axillary lymphadenopathy noted.

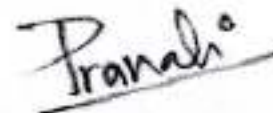
**IMPRESSION:**

- **NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**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. Pranali Mahale**  
MD, Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

[Click here to view images <<ImageLink>>](#)



Use a QR Code Scanner  
Application To Scan the Code

CID : 2432016063  
Name : Mrs UMA NAGIN GOHIL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 12:01

## USG WHOLE ABDOMEN

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

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

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

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

**KIDNEYS:** Right kidney measures 10.4 x 4.2 cm. Left kidney measures 9.0 x 4.5 cm. Renal medullary cyst of size 1.6 x 1.4 cm seen in right kidney. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

**UTERUS:** Uterus is anteverted, normal and measures 6.9 x 2.9 x 3.5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 2.7 mm. Cervix appears normal.

**OVARIES:** Both ovaries are not well visualized post menopausal status. The right ovary obscured due to bowel gases. The left ovary measures 2.6 x 1.4 x 2.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111509032341>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110065 | CIN No.: L74899DL1995PL1005211

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aastan, 2<sup>nd</sup> Floor, Sunderam 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: 022-61700000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2432016063  
Name : Mrs UMA NAGIN GOHIL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 12:01

**Opinion:**

- Right renal medullary cyst.

**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. Pranali Mahale**  
MD, Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

Click here to view images [http://3.111.232.119/IRISViewer/NavradViewer?](http://3.111.232.119/IRISViewer/NavradViewer?Access)

Access  
sionNu-2024111509032341

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1905PL10053000

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HEALTHLINE: 022-61700000 | E-MAIL: [customerservice@suburbandiagnostics.com](mailto:customerservice@suburbandiagnostics.com) | WEBSITE: [www.suburbandiagnostics.com](http://www.suburbandiagnostics.com)

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2432016063  
Name : Mrs UMA NAGIN GOHIL  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 13:14

**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.**

**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-----

*Pranali*

**Dr. Pranali Mahale**  
MD, Radiodiagnosis  
Consultant Radiologist  
Reg no. 2019/07/5682

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Access  
sionNo=2024111509032461

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Name: Uma Gohil  
Age / Gender: 48 / F  
Dr. :  
Date: 15/11/2022

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS : No

MARITAL STATUS : Married

MENSTRUAL HISTORY :

(i) MENARCHE : 12 yrs

(ii) PRESENT MENSTRUAL HISTORY : Post-menopausal.

(iii) PAST MENSTRUAL HISTORY : H/O menorrhagia

OBSTETRIC HISTORY : G.P. A1 L10

PAST HISTORY : (ectopic pregnancy - MTP)

PREVIOUS SURGERIES : 1 MTP - 2018

ALLERGIES : No

FAMILY HISTORY : No

DRUG HISTORY : No

BOWEL HABITS : } (D)

BLADDER HABITS : } (D)

PREC Name: Uma Ghatge Age / Gender: 48 / F  
Dr. : \_\_\_\_\_ Date: 15/11/24

**GYNAEC EXAMINATION REPORTS**

GENERAL EXAMINATION

TEMPERATURE :

RS :

PULSE :

CVs :

BP :

Breasts :

NAD O/E

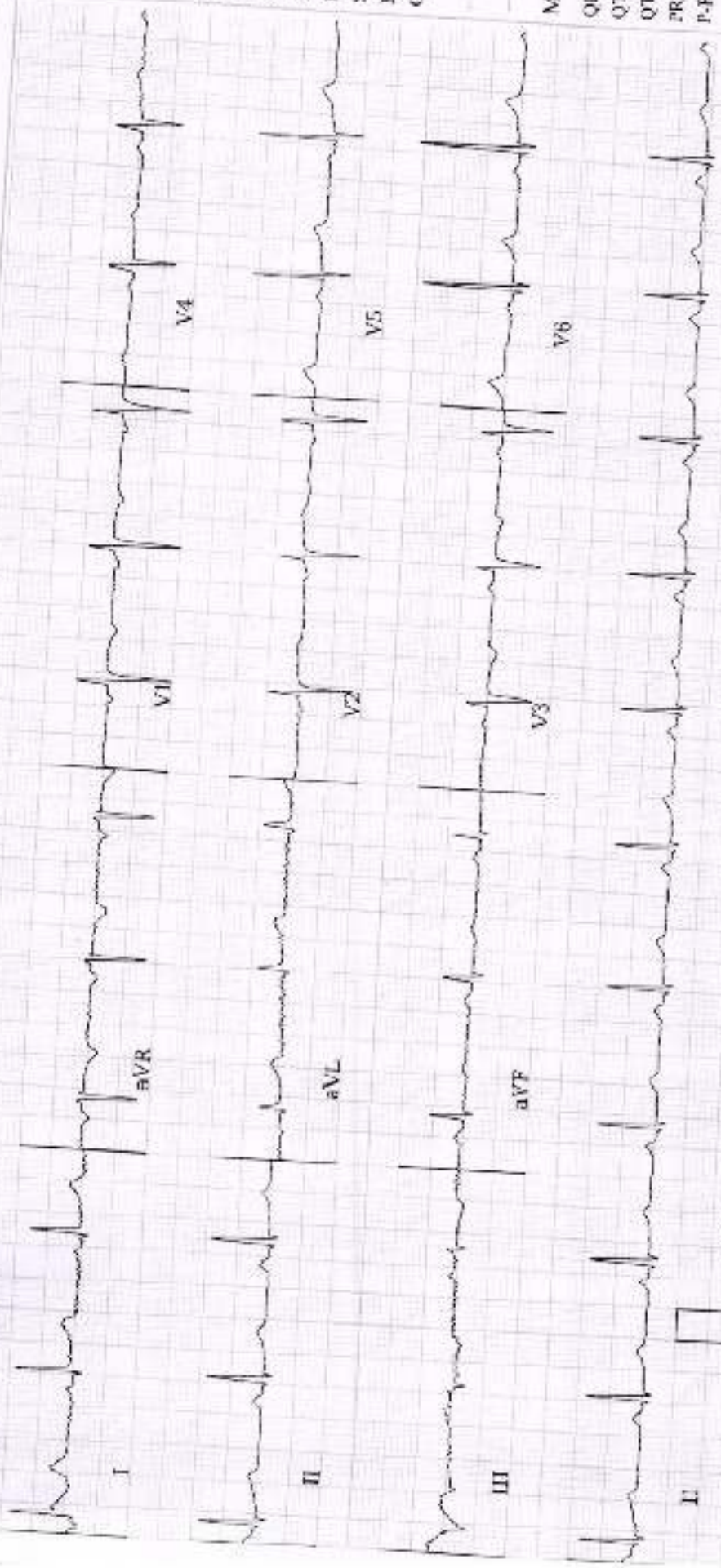
Per Abdomen :

Per vaginal :

RECOMMENDATIONS

ADVISE :

*Monali*  
**DR. MONALI SHAH**  
BHMS, COO  
Certified Clinical Dietitian  
Reg. No. 57282



25.0 mm/s 18.0 mm/mV  
 0.20Hz, 50Hz

tricot

Age **47** years **NA** months **NA** days

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

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

Measurements

QRS: **76ms**  
 QT: **398ms**  
 QTcd: **42ms**  
 PR: **144ms**  
 P-R-T: **71° 22° NA**

©Star Diagnostics in this report is based on ECG alone and should be used in conjunction with clinical history. Diagnosis and results of other laboratory and diagnostic testing may be impacted by a qualified professional.

Date:- 15/11/24  
Name:- Uma Jolvi

CID:  
Sex / Age: 48 / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE      LE  
6/9      6/9

Aided Vision:

M/18      M/18

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.  
301 & 302, 3rd Floor, Vignette Elegance  
Above Tamar, Kurla Road,  
Borivali (West), Mumbai - 400082

# SUBURBAN DIAGNOSTICS PVT. LTD.

**Name: UMA GOHIL**

Date: 15-11-2024 Time: 16:41

Age: 48

Gender: M

Height: 157 cms

Weight: 50 Kg

ID: 2432016063

Clinical History: NIL

Medications: NIL

### Test Details:

Protocol: Bruce

Predicted Max HR: 172

Target HR: 146 (85% of Pr. MHR)

Exercise Time: 0:07:01

Achieved Max HR: 160 (93% of Pr. MHR)

Max BP: 160/80

Max BP x HR: 25600

Max Mets: 7.9

Test Termination Criteria:

### Protocol Details:

| Stage Name        | Stage Time | METS | Speed<br>& Inph | Grade<br>% | Heart Rate<br>bpm | BP<br>mmHg | RPP   | Max ST Level<br>mm | Max ST Slope<br>mV/s |
|-------------------|------------|------|-----------------|------------|-------------------|------------|-------|--------------------|----------------------|
| Supine            | 01:24      | 1    | 0               | 0          | 92                | 120/80     | 11040 | -0.2 aVR           | 0.11                 |
| Standing          | 00:06      | 1    | 0               | 0          | 90                | 120/80     | 10800 | 0.2 V2             | 0.2 aVL              |
| Hyper Ventilation | 00:09      | 1    | 0               | 0          | 89                | 120/80     | 10680 | -0.2 aVR           | 0.2 V3               |
| Pre Test          | 00:09      | 1    | 1.6             | 0          | 107               | 110/80     | 12840 | -1.1 V2            | 0.11                 |
| Stage 1           | 03:00      | 4.2  | 2.7             | 10         | 120               | 120/80     | 14400 | -0.3 II            | 0.2 II               |
| Stage 2           | 03:00      | 7    | 4               | 12         | 138               | 140/80     | 19320 | 0.6 V2             | 0.4 V4               |
| Peak Exercise     | 01:01      | 7.9  | 5.5             | 14         | 160               | 150/80     | 24000 | -1 V5              | 1.2 V3               |
| Recovery1         | 01:00      | 1    | 0               | 0          | 113               | 160/80     | 18080 | 0.8 II             | -0.1 II              |
| Recovery2         | 01:00      | 1    | 0               | 0          | 95                | 140/80     | 13300 | 0.5 V3             | 0.2 V2               |
| Recovery3         | 01:00      | 1    | 0               | 0          | 96                | 120/80     | 11520 | -0.2 II            | 0.2 V2               |
| Recovery4         | 00:01      | 1    | 0               | 0          | 96                | 120/80     | 11520 | -0.2 II            | 0.2 V2               |

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:01 achieving a work level of 7.9 METS.  
Resting Heart Rate, initially 92 bpm rose to a max. heart rate of 160bpm (93% of Predicted Maximum Heart Rate).  
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg.

Moderate Effort tolerance  
Normal HR & BP Response  
No Angina or Arrhythmias  
No Significant ST-T Change Noted During Exercise

#### IMPRESSION:

Stress test Negative for Stress inducible isehnmia.

DISCLAIMER: Negative stress test does not rule out ischemic heart disease and visa versa.  
Clinical correlation is important

Ref. Doctor: \_\_\_\_\_

**SCHILLER**

The Art of Diagnostics

*Dr. Sneha Shetty*  
**Dr. Sneha Shetty**

**MBBS, PGCC**

**Clinical Cardiology**

**Reg. No. 2003/03/0000**

Summary Report edited by User

Cardiovit CS-20 Version 3.6



**UMA GOHIL (48 M)**

**SUBURBAN DIAGNOSTICS PVT. LTD.**

Bruce Protocol  
ST/Segment ST/Slope(mV/s)

ID: 2432016063  
Site: Nupine

Date: 15-11-2024  
Speed: 0 km/h

Exec Time: 0:00:00  
Slope: 0%

Stage Time: 01:24  
THR: 148 bpm

**HR: 92 bpm**  
63% of HR  
B.P.: 120/80 mmHg  
ST/Seg(mv) ST/Slope(mV/s)

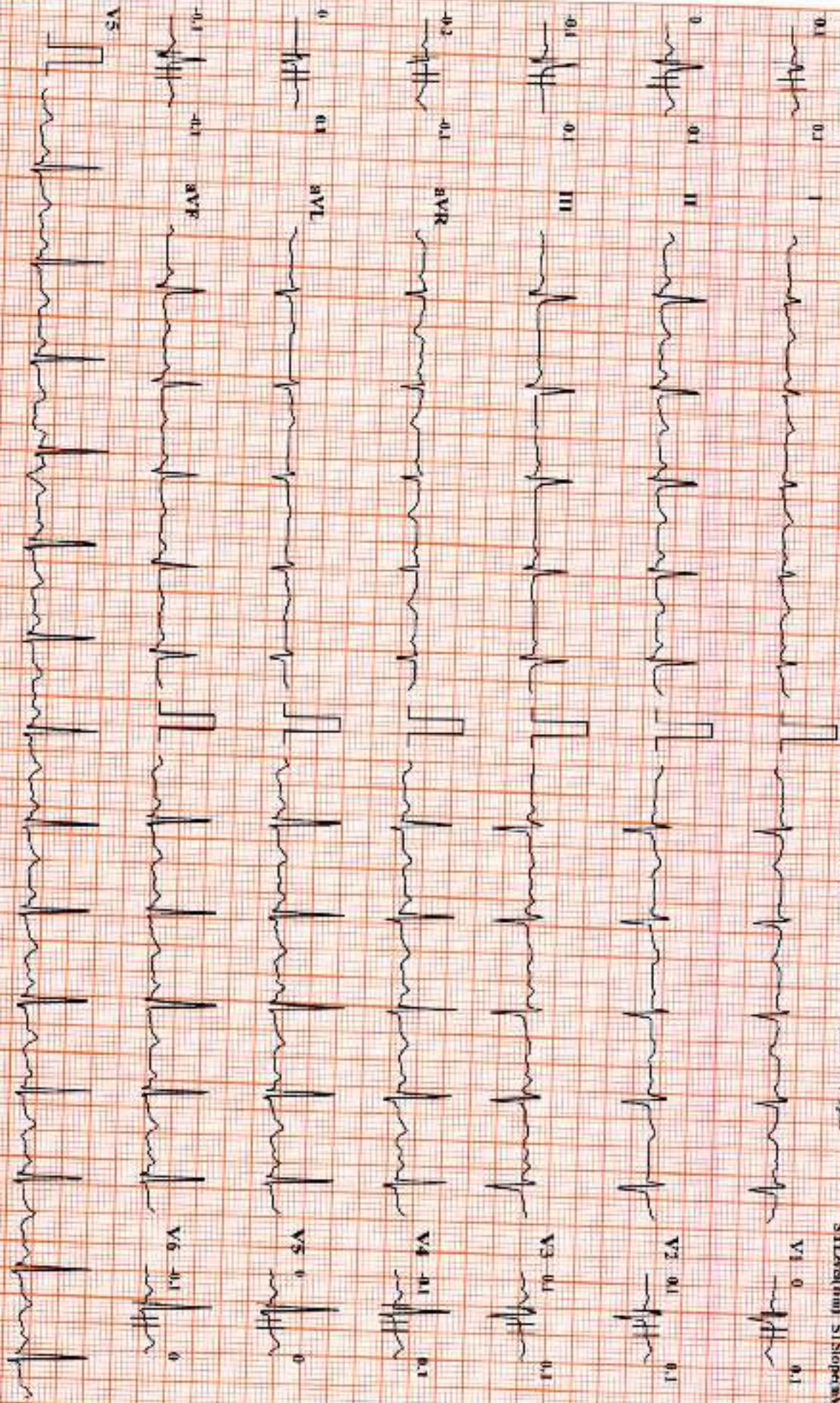


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35-Hz Mainst-filter: ON

FS0 = H - 64 ms, J = H + 69 ms, P16 = J - J + 60 ms

Suburban Cardiovet CS-20 Version: 3.16



UMA GOHIL (48 M)

Brace Protocol  
STLeads(m) STSin(aVF)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 2432016063

Stage: Screening

Date: 15-11-2024

Speed: 0

Exec Time : 0:00:30

Slope: 0%

Stage Time: 00:05

THR: 146 bpm

HR: 90 bpm

62% of THR

Bp: 120/80 mmHg

STLeads(m) STSin(aVF)

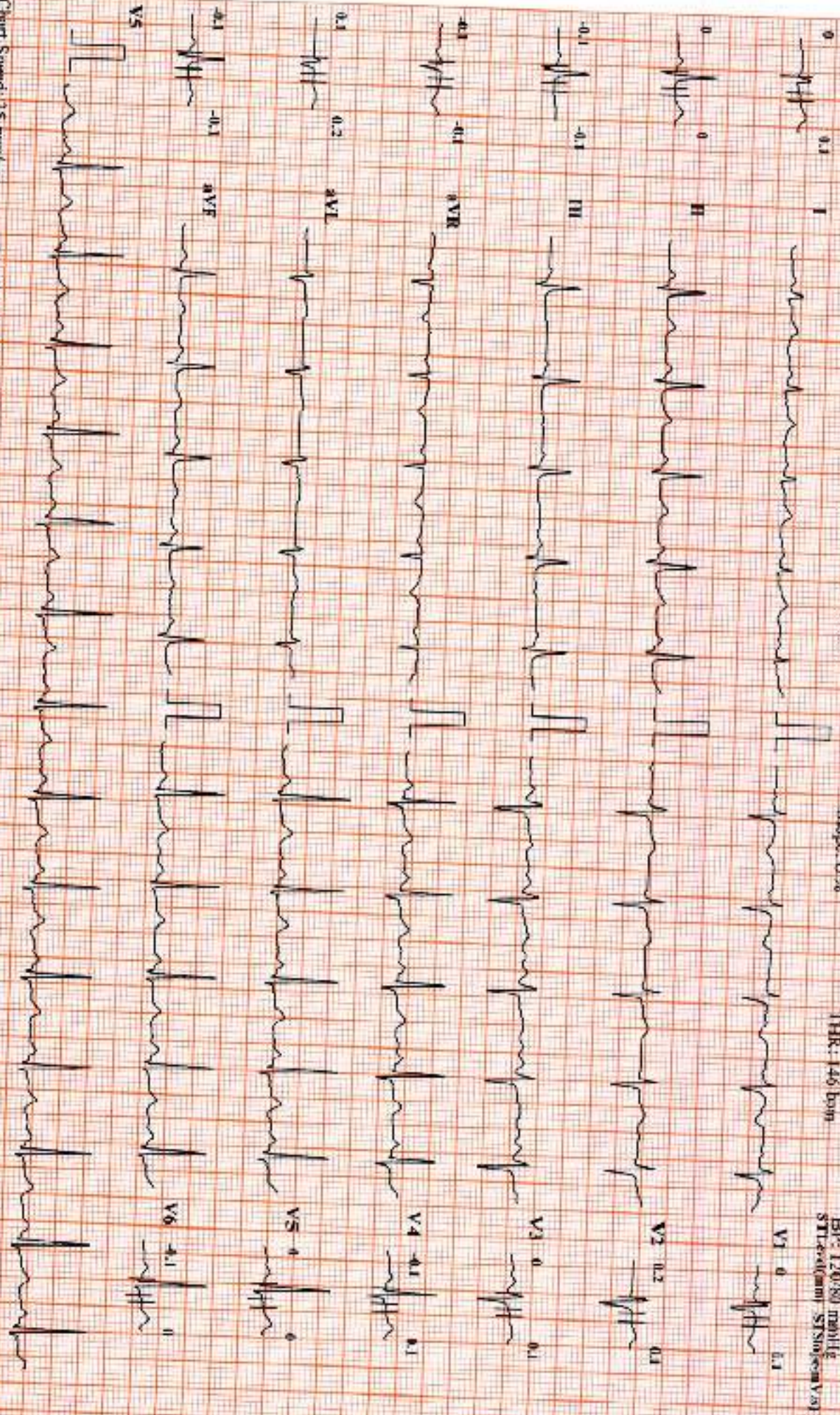


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO - R - 50 ms, J - R + 50 ms, VxJ - J - 60ms

Seattle CardioAll OS-70 Version 2.6



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Reduce Protocol  
SITless(arm) SITStep(mV/9)

ID: 2432015065  
Date: 15-11-2024  
Stage: HyperVentilation Speed: 0

Exec Time: 00:00:00  
Slope: 0%

Stage Time: 00:00  
FHR: 146 bpm

HR: 89 bpm  
61% of rHR  
BP: 120/80 mmHg  
SITless(arm) SITStep(mV/9)

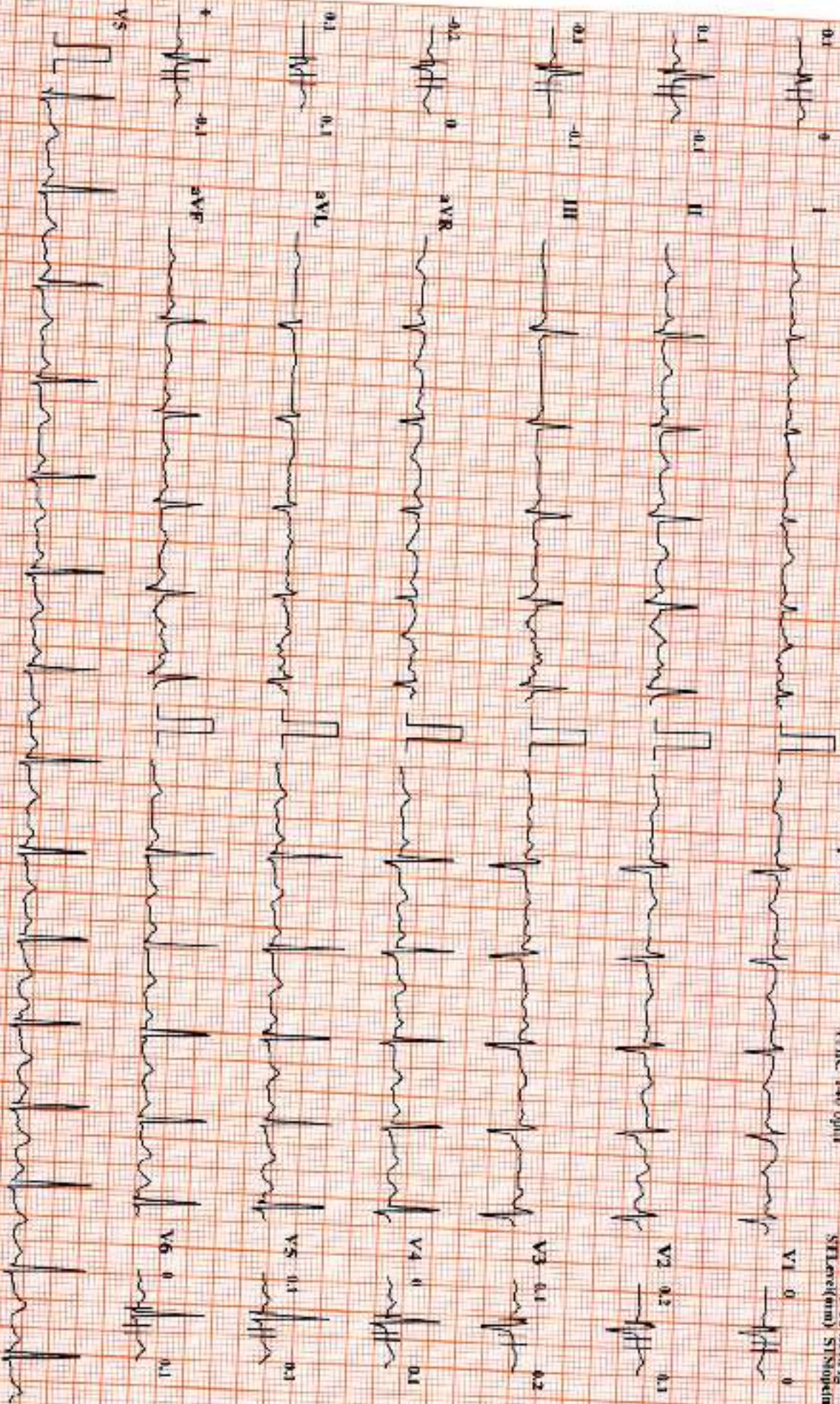


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz - Main Filter: ON

90 - 2 - 60 ms, 1 - R + 40 ms, 2 - 1 - 2 - 60 ms

Schiller Cardiosoft CS-20 Version 3.1

UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Event Protocol  
ST:ave(0mm) ST:Slp(0mV/s)

ID: 2432016063  
Stage: 1

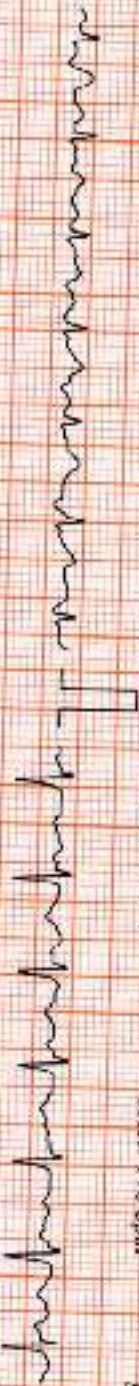
Date: 15-11-2024  
Speed: 2.7 kmph

Event Time: 0:03:00  
Slp(0): 10 %

Stage Time: 03:00  
THR: 146 bpm

HR: 120 bpm  
82% of THR  
BP: 120/80 mmHg  
ST:ave(0mm) ST:Slp(0mV/s)

0.1 6.1 I



V1 0.1 0.1



0.2 0.2 II



V2 0.2 0.1



0.5 0.2 III



V3 0.1 0.1



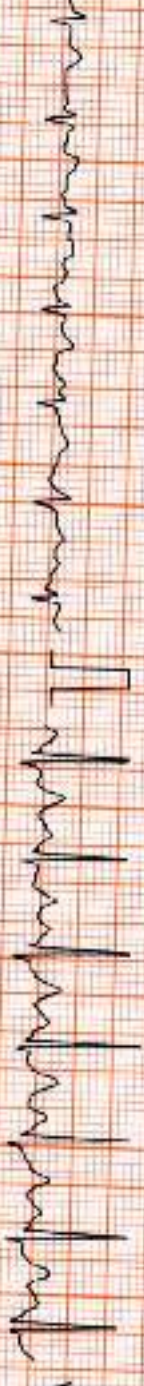
0.1 0.1 aVR



V4 0.1 0.1



0.2 0.1 aVL



V5 0.1 0.1



0.2 0.2 aVF



V6 0.2 0.1



Chart Speed: 25 mm/sec

Amplifier: 10mm/mV

Filter: 35 Hz Main Filter ON

ISO - R - 60 ms, J - R - 40 ms, Post J - J + 6 ms

Suburban Diagnostics Pvt. Ltd. Version 1.6

UMA GOHIL (48 M)

Exame Protocol  
STT(external) STS(external)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 24320 (6063)

Date: 15-11-2024

Stage: 2

Speed: 4 kmph

Exec Time: 0:06:00

Slope: 12%

Stage Time: 03:00

TIME: 1:46:00pm

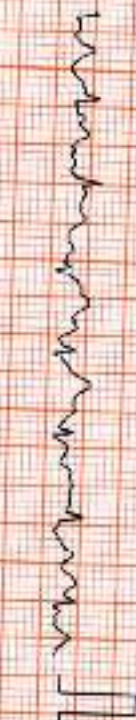
HR: 138 bpm

WSS: 11HR

BP: (40/80) mmHg

STT(external) STS(external)

0.5 0.1 I



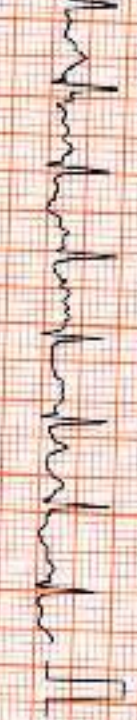
V1 0.2 0

0.1 0.1 II



V2 0.6 0.2

0.3 0.1 III



V3 0.4 0.5

0.4 0.1 aVR



V4 0.3 0.4

0.4 0.1 aVL



V5 0.1 0.4

0.1 0.1 aVF



V6 0 0.4

V5



Chart Speed: 25 mm/sec

Amplitude: (Omni) mV

Filter: 35 Hz; Main Filter: ON

ISO - R - 50 ms; J - R + 50 ms; P - J - J + 60 ms

Seattle Cardiofil GS-20 Ver. 01.14

UMA GOHIL (48 M)

Brace Polsterol

ST Length(mm) ST Slope(mV/s)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 2432016063

Date: 15-11-2024

Stage: 1 Peak Exercise

Speed: 5.5 kmph

Exec Time: 0:07:01

Slope: 14.3%

Stage Time: 01:01

THR: 146 bpm

HR: 160 bpm

109% of THR

HRP: 15.0/80 min/Hg

ST Length(mm) ST Slope(mV/s)

0.1

0.2

I



V1 0

0.2

0.3

0.4

II



V2 -0.1

0.2

0.4

0.5

III



V3 -0.2

0.2

0.1

0.2

aVR



V4 -0.9

0.2

0.2

0.4

aVL



V5 -1.1

0.2

0.3

0.7

aVF



V6 -0.9

0.2

0.1

0.3

V4R



V5 -1.1

0.2

0.2

0.4

V4L



V6 -0.9

0.2

0.3

0.7

V5R



V6 -0.9

0.2

0.1

0.3

V5L



V6 -0.9

0.2

0.2

0.4

V6R



V6 -0.9

0.2

0.3

0.7

V6L



V6 -0.9

0.2

0.1

0.3

V6R



V6 -0.9

0.2

0.2

0.4

V6L



V6 -0.9

0.2

0.3

0.7

V6R



V6 -0.9

0.2

0.1

0.3

V6L



V6 -0.9

0.2

0.2

0.4

V6R



V6 -0.9

0.2

0.3

0.7

V6L



V6 -0.9

0.2

Chart Speed: 25 mm/sec

Amplitude: 10mV/mV

Filter: 35 Hz

Matrix Filter: ON

ISO - R - 60ms, J - R + 60ms, Pch1 = 1 + 60ms

UMA GOHIL (48 M)

Bruce Protocol

ST Level (mm) ST Slope (mV/s)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 2432016063

Stage: Recovery)

Date: 15-11-2024

Speed: 0 kmph

Exec Time: 00:00

Slope: 0 %

Stage Time: 01:00

THR: 146 bpm

HR: 113 bpm

75% aTHR

110 - 150/80 mmHg

ST Level (mm) ST Slope (mV/s)

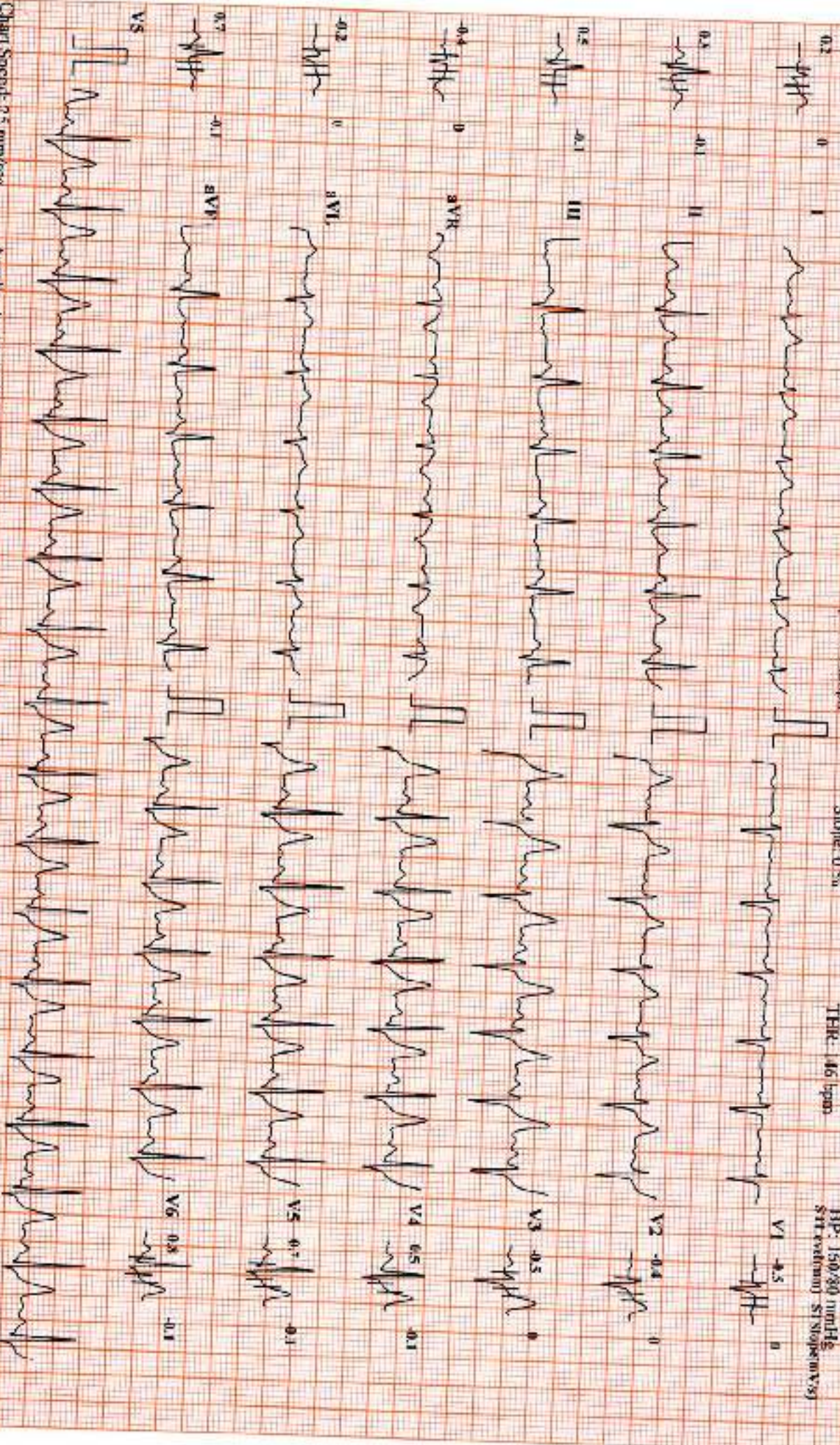


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R + 60 ms, L + 8 + 66 ms, Post U - J + 60 ms

**IMA GOHIL (48 M)**

Ence Protocol  
ST146(0mV) ST510ep(0mV/s)

**SUBURBAN DIAGNOSTICS PVT. LTD.**

ID: 2432016063  
Stage: Recovery2

Date: 15-11-2024  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0 %

Stage Time: 01:00  
THR: 145 bpm

**HR: 95 bpm**  
d5% of HR  
BP: 140/30 mmHg  
ST146(0mV) ST510ep(0mV/s)

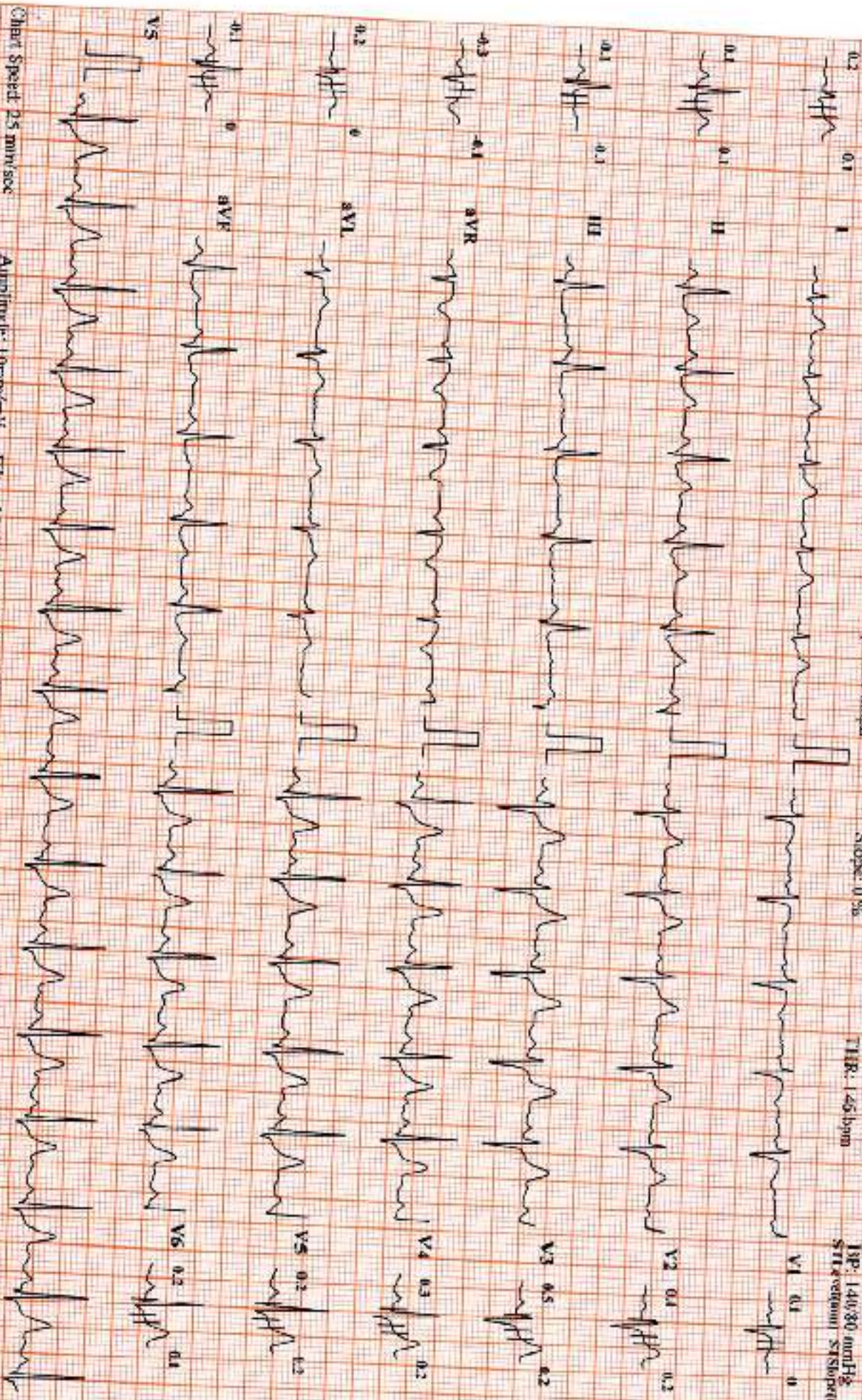


Chart Speed: 25 mm/sec

Amplitude: 10cm/mV

Filter: 35 Hz - Matrix Filter: ON

150 - R - 60 ms; 1 - R + 64 ms; Paced 1 - 1 + 60 ms



UMA GOHIL (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Brucce Protocol  
STLevel(mV) STSlope(mV/s)

ID: 2412016063  
Stage: Recovery?

Date: 15-11-2024  
Speed: 0 kmph

Exec Time: 00:00  
Steps: 0%

Stage Time: 01:00  
TTR: 146 bpm

HR: 96 bpm

66% of TRR  
BP: 120/80 mmHg  
STLevel(mV) STSlope(mV/s)

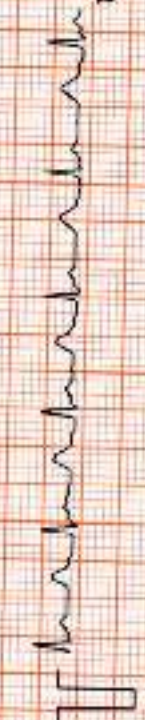
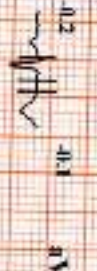
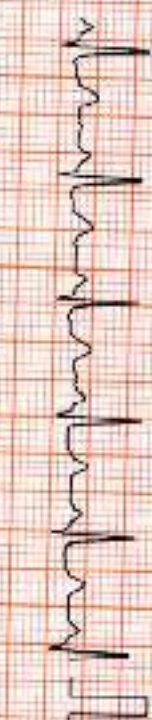


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Matrix Filter: ON

ESG - R - 60 mm, L - R - 60 mm, Pos 1 - 1.1, 60 mm

Scintec Cardioport (SS-20) Version 3.6



UMA GOHIL, (48 M)

SUBURBAN DIAGNOSTICS PVT. LTD.

Printed (Photo)  
ST1evd1mmj ST1Stop1mVx3

ID: 2432016063  
Stage: Recovery4

Date: 15-11-2024  
Speed: 0 kmph

Time: 00:00  
Sleep: 0%

Stage Time: 00:01  
HR: 146 bpm

HR: 96 bpm  
665.47HR  
HR: 120/80 mmHg  
ST1evd1mmj ST1Stop1mVx3

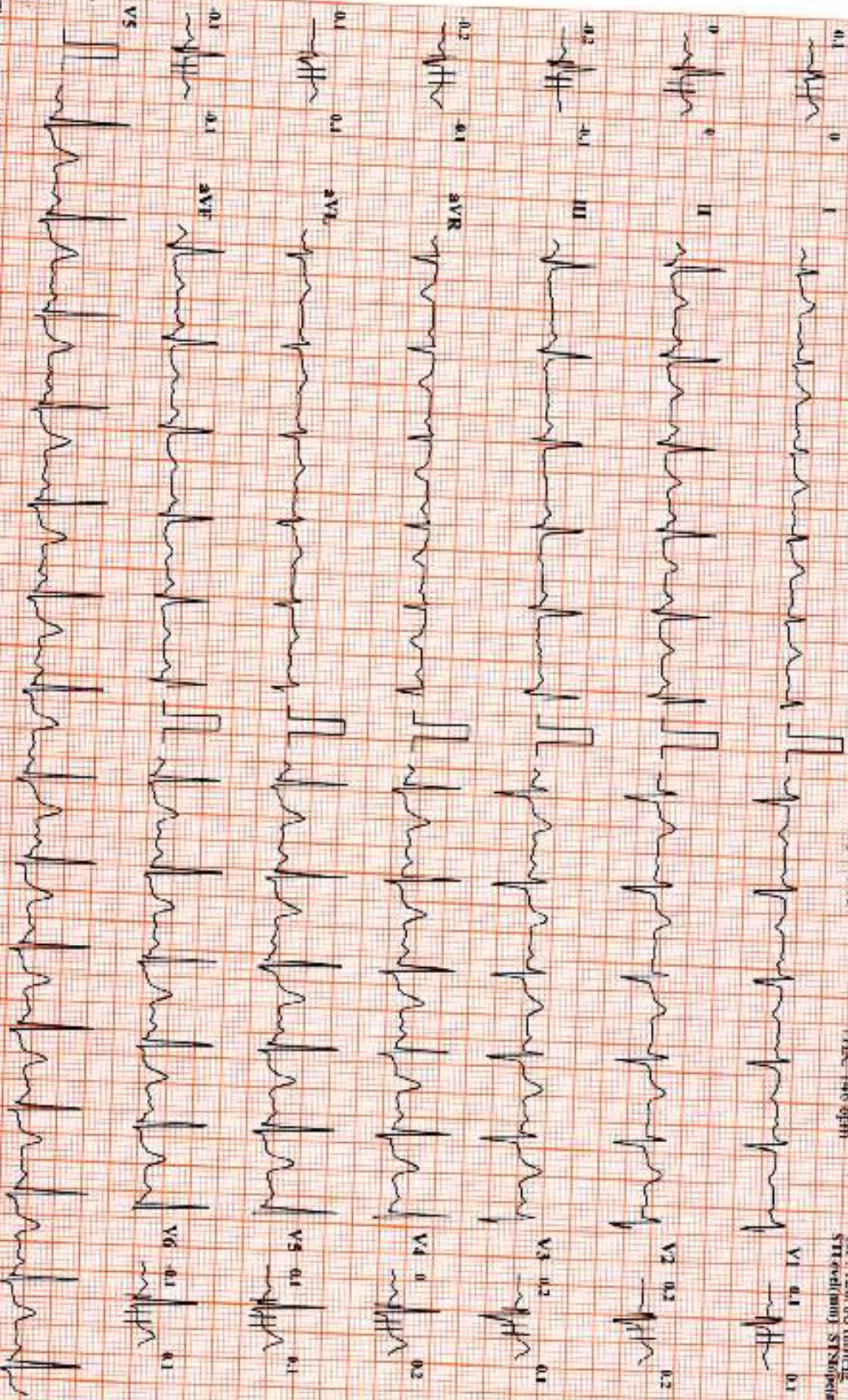


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

1&2 = R - 60 ms, J - R + 60 ms, Post J - J + 60 ms

Schiller Cardiovit C5-2E Version 2.6