

**PHYSICAL EXAMINATION REPORT**

Patient Name	Nilime Mnella	Sex/Age	F / 153
Date	23/03/2024	Location	Tamil

**History and Complaints**

HT 2007

**EXAMINATION FINDINGS:**

Height (cms):	152	Temp (0c):	~
Weight (kg):	57	Skin:	~
Blood Pressure	150/90	Nails:	~
Pulse	70/1-4	Lymph Node:	mp

**Systems :**

Cardiovascular:	SI TS 2+ NO mur
Respiratory:	lung clear
Genitourinary:	nm
GI System:	LJNT
CNS:	mp

**Impression:** ↓ Hb, BSL (F (Impaired)), ↑ HbA1c  
 Urine - (Trace) Blood, ↓ HDL  
 Rt. Tubercular Lymph Node  
 LVH.

Advice: - Iron Supplement.  
- Low Fat, Low sugar Diet, <sup>Ray's</sup> Exercise.  
- Repeat sugar Profile (6 Months)  
- Breast Surgeon's consultation.

1)	Hypertension:	2007
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	no
17)	Musculoskeletal System	no

PERSONAL HISTORY: Dyslipidemia - 3mts

1)	Alcohol	no
2)	Smoking	no
3)	Diet	Normal
4)	Medication	T metoprolol XL 25 T. Etoricoxib 20 T. Atenolol 40

*[Signature]*  
**Dr. Manasee Kulkarni**  
M.B.B.S.  
2005/09/3439  
T. Avani



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

NIL  
~  
~

**PERSONAL HISTORY :-**

- TEMPERATURE :-
- RS :-
- CVS :-
- PULSE / MIN :-
- BP ( mm of hg):-
- BREAST EXAMINATION:-
- PER ABDOMEN :-
- PRE VAGINAL:-
- RECOMMENDATION :-

~  
1kg clu  
51 + 52f norm  
701 f  
140/90  
~  
USNT

Dr. SHAILAJA PILLAI  
M.D. (GEN.MED)  
R.NO. 49972

Date:- 23/3/24 CID: 2408229470  
 Name:- Mihra Nambal Sex / Age: M / 53

**EYE CHECK UP**

Chief complaints: bcv

Systemic Diseases: nil

Past history: nil

Unaided Vision: BCV/36 NVN 12/36

Aided Vision: BCV/6 ADD 1/6

**Refraction:**

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

Colour Vision: Normal / Abnormal

Remark: usc on Spect

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**



CID : 2408321563  
Name : MRS.NILIMA NIMBALKAR  
Age / Gender : 53 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 15:49

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.2	12.0-15.0 g/dL	Spectrophotometric
RBC	3.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.8	36-46 %	Measured
MCV	88.2	80-100 fl	Calculated
MCH	29.1	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6960	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.8	20-40 %	
Absolute Lymphocytes	1865.3	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	424.6	200-1000 /cmm	Calculated
Neutrophils	64.9	40-80 %	
Absolute Neutrophils	4517.0	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	153.1	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	295000	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	8.2	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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**Reported** : 23-Mar-2024 / 14:48

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 47 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 G B Road Lab, Thane West  
 \*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
 M.D ( Path )  
 Pathologist

Authenticity Check



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Collected : 23-Mar-2024 / 13:15  
Reported : 23-Mar-2024 / 17:08

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	101.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	159.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*I. Mujawar*

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Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 15:28

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	32.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	15.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.67	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	104	(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
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	6.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	143	136-145 mmol/l	IMT
POTASSIUM, Serum	4.9	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



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



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Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 21:30

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: ≥ 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

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

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

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



*J. Thakker*

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



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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 11:56

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack insert

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 15:51

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the Isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 09:53  
Reported : 23-Mar-2024 / 15:28

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	115.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.0	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	34.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	81.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	55.0	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	26.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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



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



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**Reg. Location** : G B Road, Thane West (Main Centre)

**Collected** : 23-Mar-2024 / 09:53  
**Reported** : 23-Mar-2024 / 15:16

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.815	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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**Reported** : 23-Mar-2024 / 15:16

**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 Hypertthyroidism.
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 \*\*\*



*[Signature]*  
**Dr. ANUPA DIXIT**  
**M.D.(PATH)**

Consultant Pathologist & Lab Director



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Reported : 23-Mar-2024 / 16:56

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.53	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	18.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.6	10-49 U/L	Modified IFCC
GAMMA GT, Serum	26.7	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	95.3	46-116 U/L	Modified IFCC

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



*Dr. Vrushi Shroff*

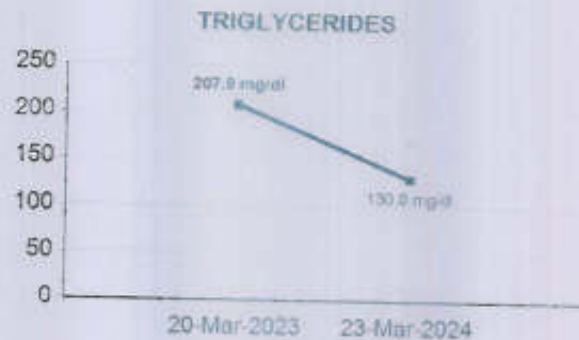
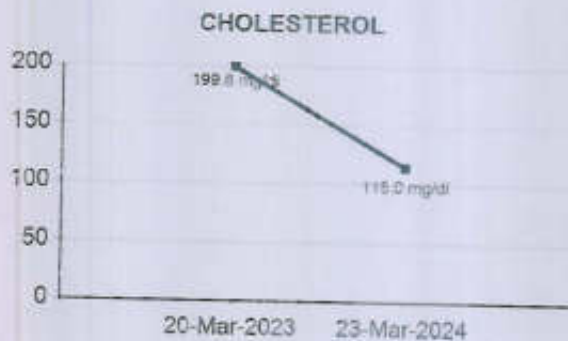
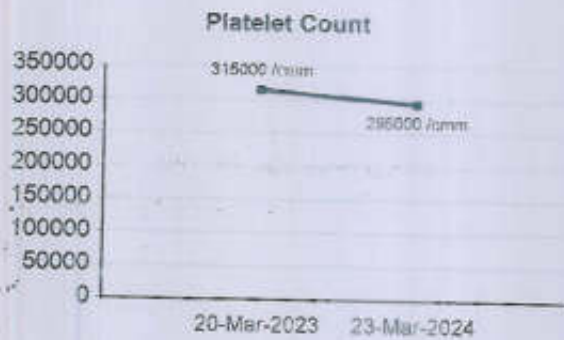
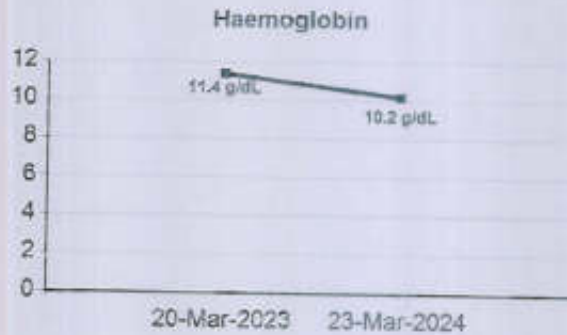
**Dr. VRUSHALI SHROFF**  
**M.D.(PATH)**  
Pathologist





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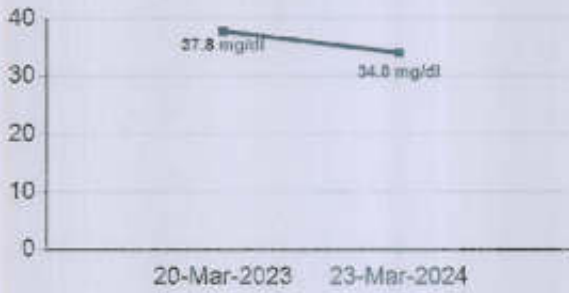
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**Consulting Dr.** : -  
**Reg. Location** : G B Road, Thane West (Main Centre)

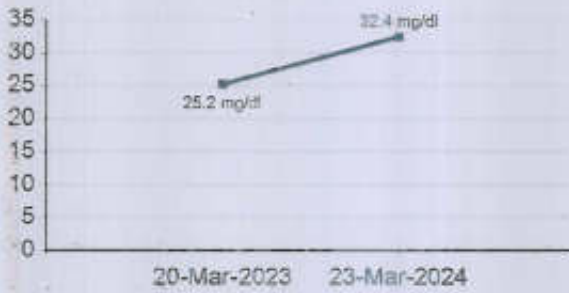
**HDL CHOLESTEROL**



**LDL CHOLESTEROL**



**BLOOD UREA**



**BUN**



**CREATININE**



**URIC ACID**



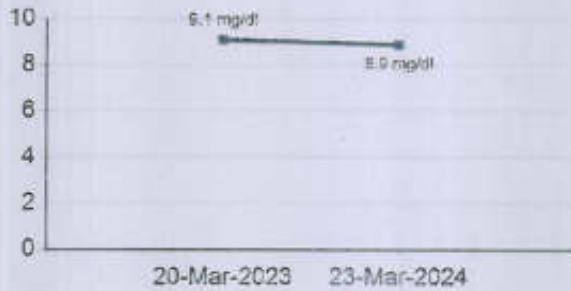
Authenticity Check



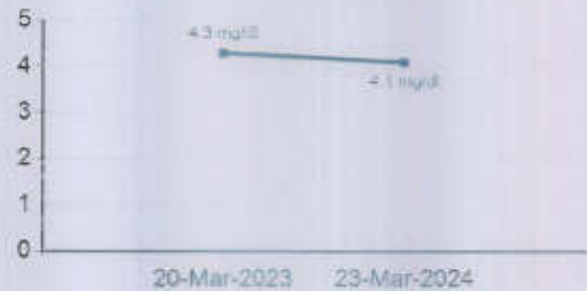
Use a QR Code Scanner application To Scan the Code

CID : 2408321563  
Name : MRS. NILIMA NIMBALKAR  
Age / Gender : 53 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

**CALCIUM**



**PHOSPHORUS**



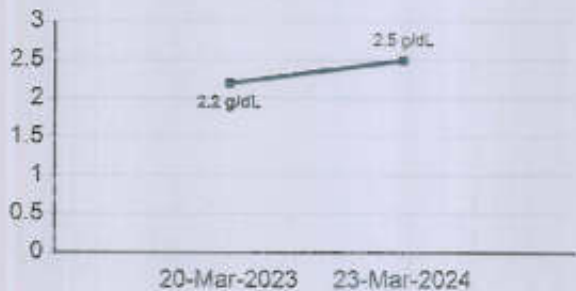
**TOTAL PROTEINS**



**ALBUMIN**



**GLOBULIN**



**SODIUM**



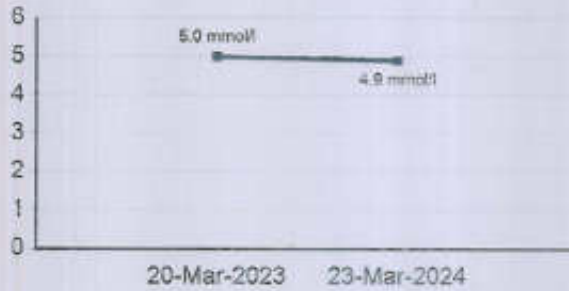
CID : 2408321563  
Name : MRS. NILIMA NIMBALKAR  
Age / Gender : 53 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

**POTASSIUM**



**CHLORIDE**



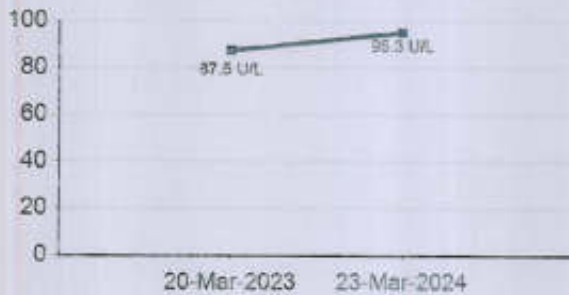
**SGOT (AST)**



**SGPT (ALT)**

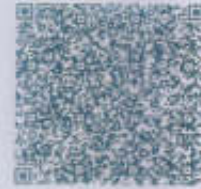


**ALKALINE PHOSPHATASE**



**GAMMA GT**





CID : 2408321563  
 Name : MRS.NILIMA NIMBALKAR  
 Age / Gender : 53 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

**BILIRUBIN (DIRECT)**



**Glycosylated Hemoglobin (HbA1c)**



**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**



**sensitiveTSH**



CID : 2408321470  
Name : Mrs NILIMA NIMBALKAR  
Age / Sex : 53 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 17:57

Use a QR Code Scanner  
Application To Scan the Code

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

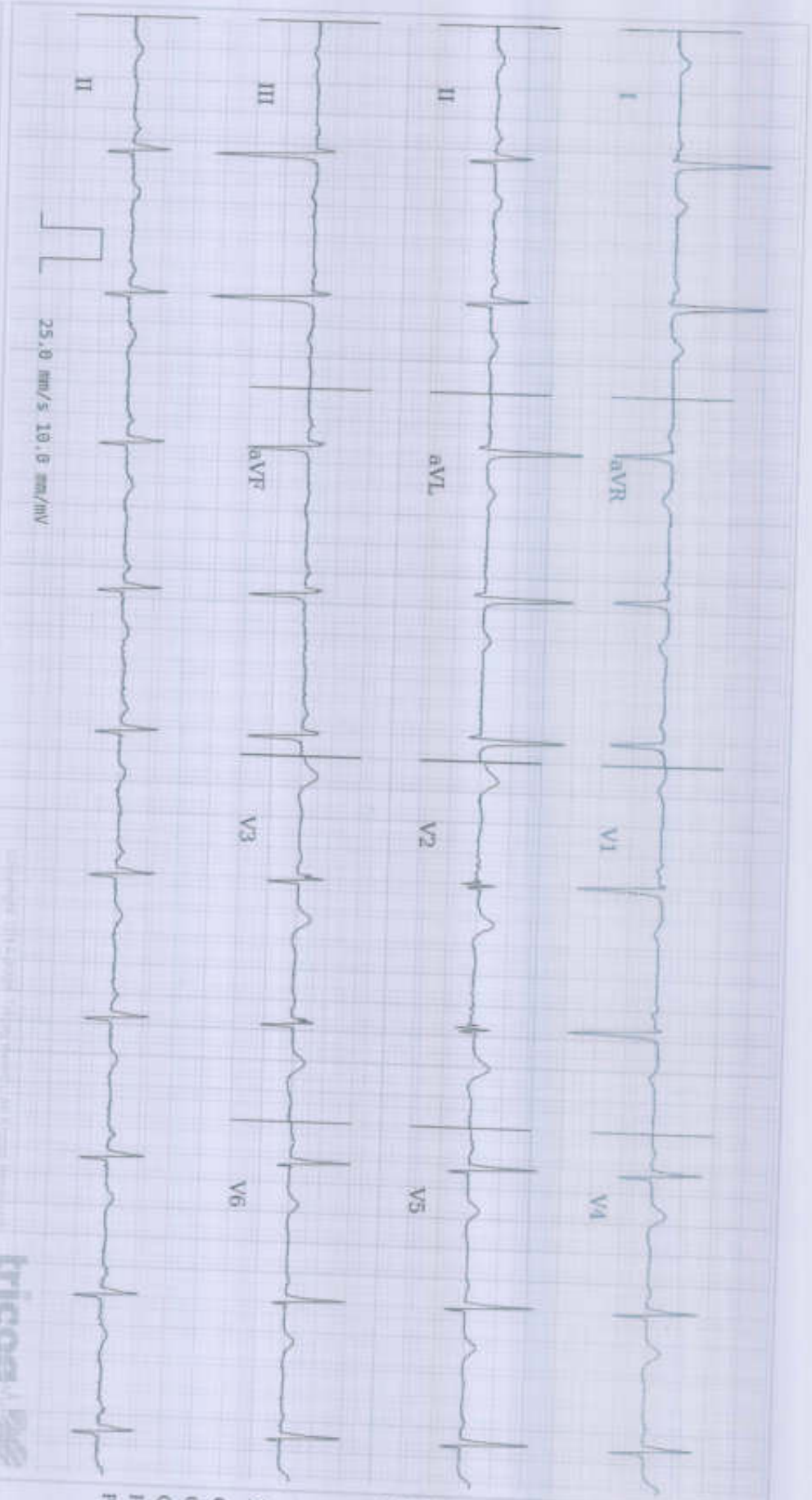
-----End of Report-----

*G. R. Fartade*

Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Patient Name: **NILIMA NIMBALKAR**  
Patient ID: **2408321563**  
Date and Time: **23rd Mar 24 11:47 AM**



voltage wise LVH. Sinus Rhythm. Please correlate clinically.

Age **53** NA NA  
years months days

Gender **Female**

Heart Rate **64bpm**

**Patient Vitals**

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

**Measurements**

QRSd: 82ms  
QT: 408ms  
QTcB: 470ms  
PR: 154ms  
P-R-T: 50° -25° 1°



REPORTED BY

*[Signature]*

DR. SHARADA PILLAI  
MBBS, MD (Physian)  
MD (Physian)  
40072

Disclaimer: V1 Analysis is only report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other laboratory and non-laboratory tests and may be restricted by a qualified physician. V1 Patient's name may be distorted by the physician and not derived from the ECG.

CID : 2408321563  
Name : Mrs NILIMA NIMBALKAR  
Age / Sex : 53 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 12:54

Use a QR Code Scanner  
Application To Scan the QR Code

### USG WHOLE ABDOMEN

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

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.3 x 4.3 cm. Left kidney measures 9.6 x 4.1 cm. Both kidneys are normal in size, 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 and measures 6.6 x 2.8 x 3.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 3.5 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.(Atrophic)

No free fluid or significant lymphadenopathy is seen.

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



CID : 2408321563  
Name : Mrs NILIMA NIMBALKAR  
Age / Sex : 53 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 12:54

Use a QR Code Scanner Application To Scan the Code

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <<ImageLink>>

Reg. No. : 2408321563	Sex : FEMALE
NAME : MRS.NILIMA NIMBALKAR	Age : 53 YRS
Ref. By : -----	Date : 23.03.2024

### MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Predominantly fatty with few scattered heterogenous fibroglandular densities is noted in the both breasts.

**Tiny opacity noted in supero-lateral quadrant of right breast.**

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

**A 5 x 3 mm sized lymph node noted at 10 o'clock position in right breast with preserved fatty hilum.**

No focal solid or cystic mass lesion is seen in both breasts. No duct ectasia is seen. Both retromammary regions appear normal. No significant axillary lymphadenopathy is seen.

#### IMPRESSION:

**RIGHT INTRAMAMMARY LYMPH NODE.**

**NO SIGNIFICANT ABNORMALITY IN LEFT BREAST.**

**ACR BIRADS CATEGORY II RIGHT BREAST.**

**ACR BIRADS CATEGORY I LEFT BREAST.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations.

*Dr. Gaurav Fartade*

**DR. GAURAV FARTADE**  
**DMRE**  
**(CONSULTANT RADIOLOGIST)**

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

1292 (2408321563) / NILIMA NIMBALKAR / 53 Yrs / F / 152 Gms / 57 Kg

Date: 23 / 03 / 2024 01:15:08 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	067	40%	140/90	093	00	
Standing	00:12	0:09	00.0	00.0	01.0	067	40%	140/90	093	00	
HV	00:25	0:13	00.0	00.0	01.0	066	40%	140/90	092	00	
ExStart	00:47	0:22	00.0	00.0	01.0	062	37%	140/90	086	00	
BRUCE Stage 1	03:47	3:00	01.7	10.0	04.7	144	86%	150/90	216	00	
PeakEx	03:59	0:12	02.5	12.0	04.9	147	88%	160/90	235	00	
Recovery	04:59	1:00	00.0	00.0	01.0	115	69%	160/90	184	00	
Recovery	05:59	2:00	00.0	00.0	01.0	097	58%	150/90	145	00	
Recovery	06:59	3:00	00.0	00.0	01.0	087	52%	150/90	130	00	
Recovery	07:02	3:04	00.0	00.0	01.0	093	56%	150/90	139	00	

## FINDINGS :

Exercise Time : 03:12  
 Initial HR (ExStrt) : 62 bpm 37% of Target 167  
 Initial BP (ExStrt) : 140/90 (mm/Hg)  
 Max Workload Attained : 4.9 Poor response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -1.1 mm in PeakEx  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 147 bpm 88% of Target 167  
 Max BP Attained 160/90 (mm/Hg)

DR. SHAILAJA PILLAI  
 M.D. (GEN. MED)  
 R.NO. 49970

Doctor : DR. SHAILAJA PILLAI



EMail: 12927NILIMA NIMBALKAR / 53 Yrs / F / 152 Cms / 57 Kg Date: 23 / 03 / 2024 01:15:08 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 67.0 bpm, and the maximum predicted Target Heart Rate 167.0. The BP increased at the time of The Test was completed because of . Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia
2. No significant ST T changes seen. Minor ST T changes seen. Basic ECG LVH.
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Doctor : DR. SHAILAJA PILLAI

Dr. SHAILAJA PILLAI  
M.B.B.S (GEN.MED)  
R.NO. 49972

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1292 (2408221503) / NILIMA NIMBALKAR / 53 Yrs / F / 152 Cms / 57 Kg / HR : 67

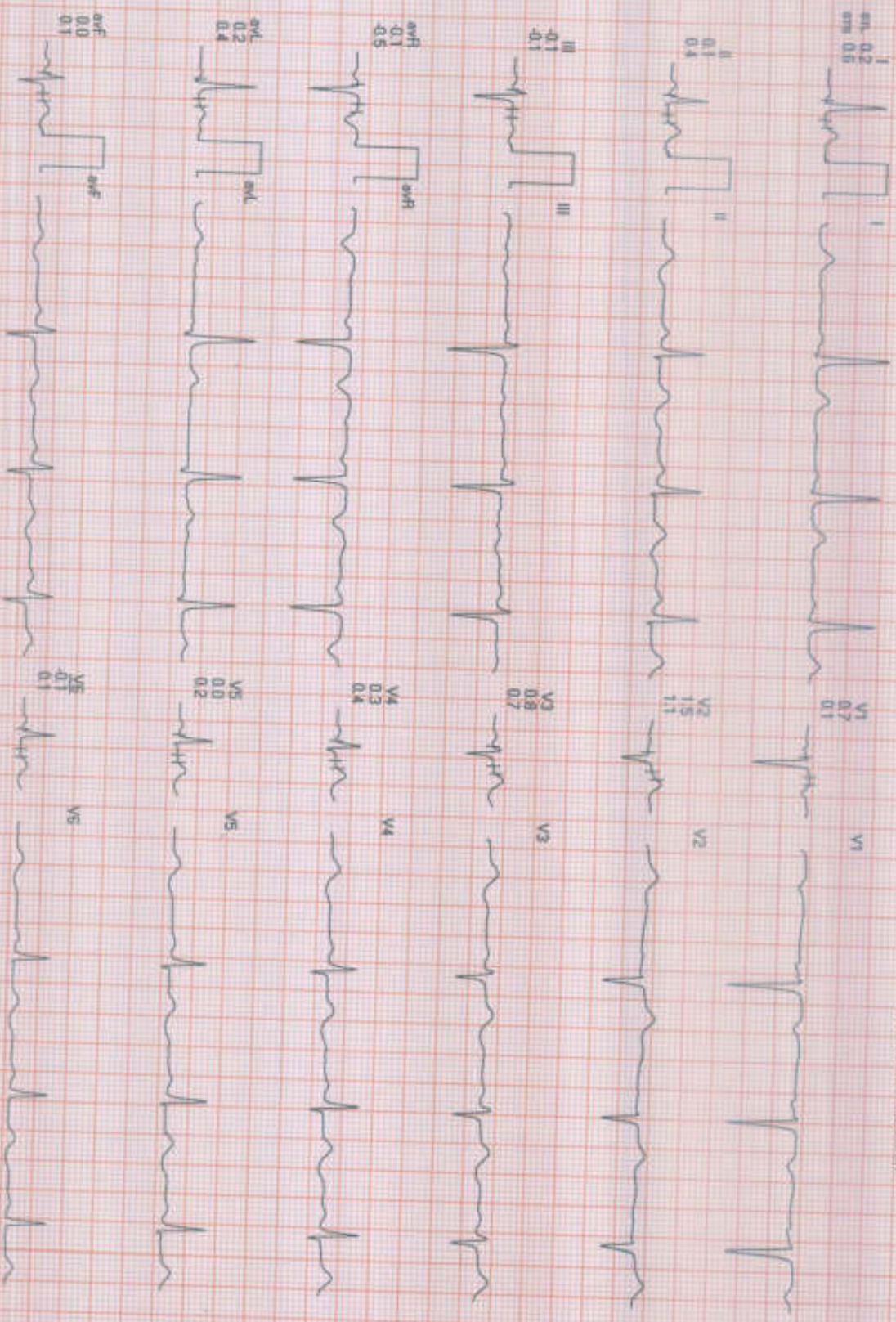
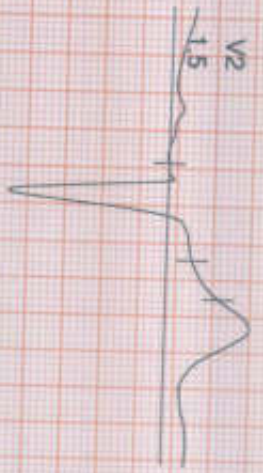
Date: 23 / 03 / 2024 01:15:00 PM

AX TMI5 Post J METS: 1.0/57 bpm 40% of THR BP: 140/90 mmHg Raw ECG/EIC On/Notch On/HR 0.05 Hz/AF: 35 Hz

SUPINE ( 00:01 )



ExTime: 00:00 0.0 mph 0.0%  
25 mm/Sec 1.0 Deriv



REMARKS:  
I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1292 (P4108321563) / NILIMA NIMBALKAR / 59 Yrs / F / 152 Cms / 57 Kg / HR : 67

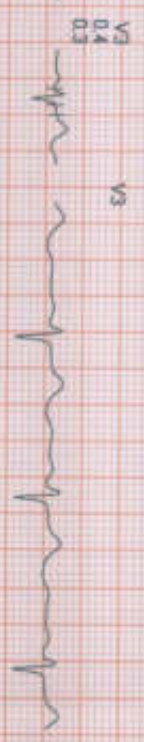
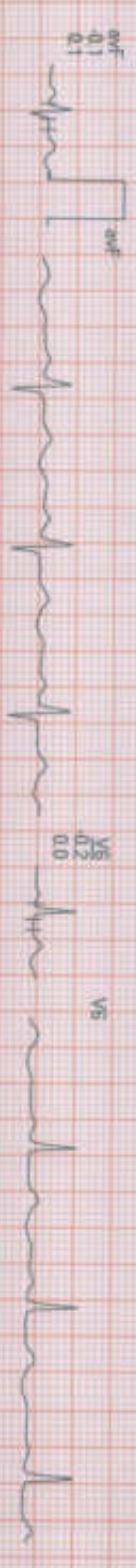
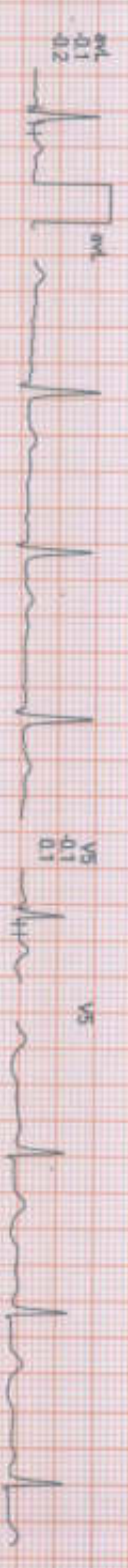
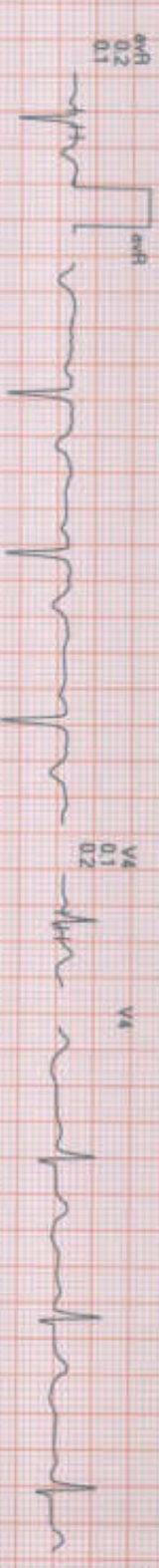
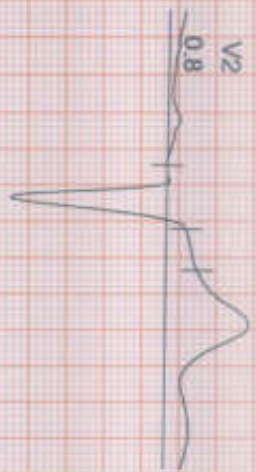
Date: 23 / 03 / 2024 01:15:08 PM  
4X 80 ms Paper I

METS: 1.0/87 bpm 40% of THR BP: 140/90 mmHg Flow ECG/ ELC ON/ Notch ON/ HF 0.05 Hz/ AF 35 Hz

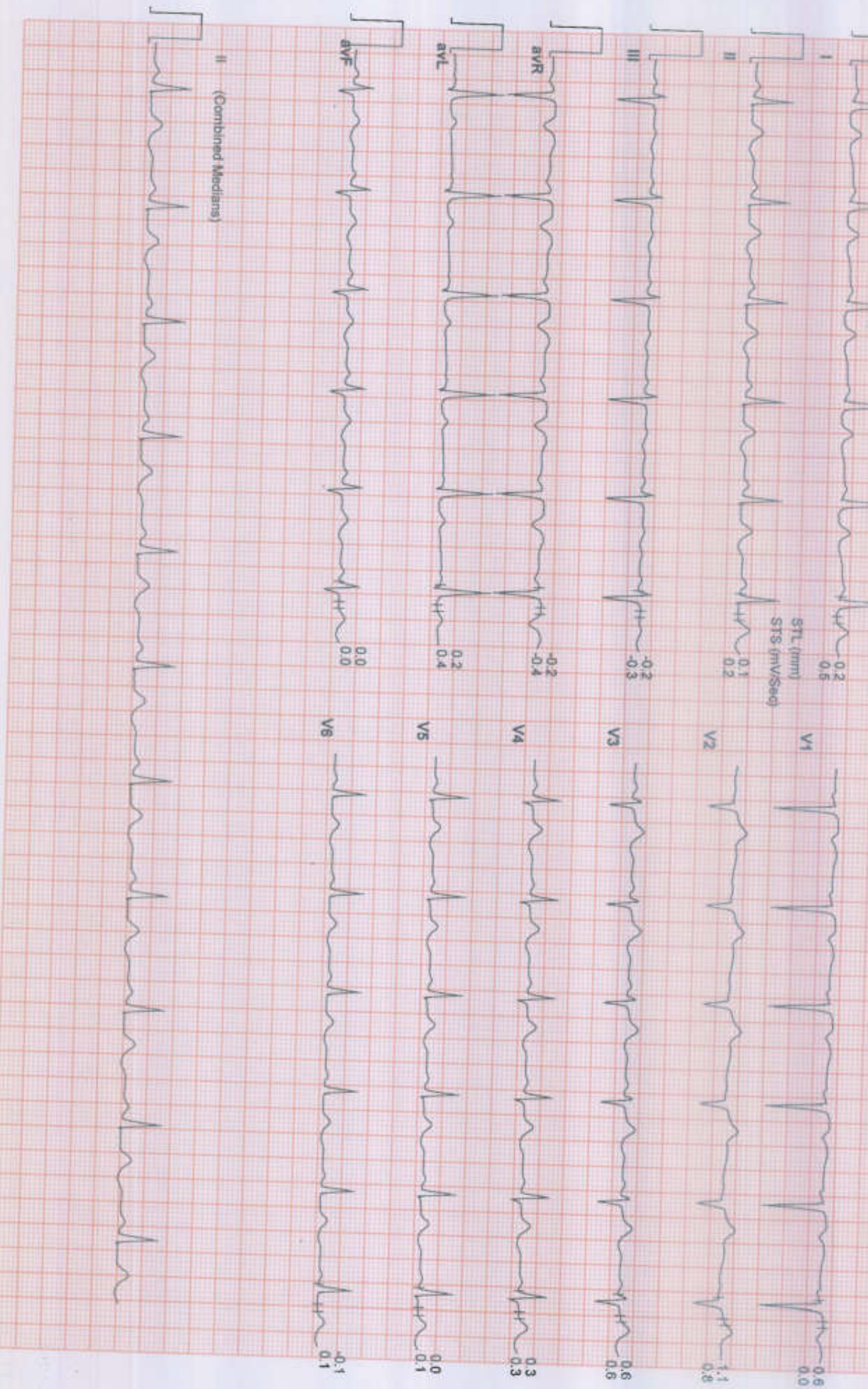
STANDING ( 00:00 )

EXTIME: 00:00 0.0 mph. 0.0%

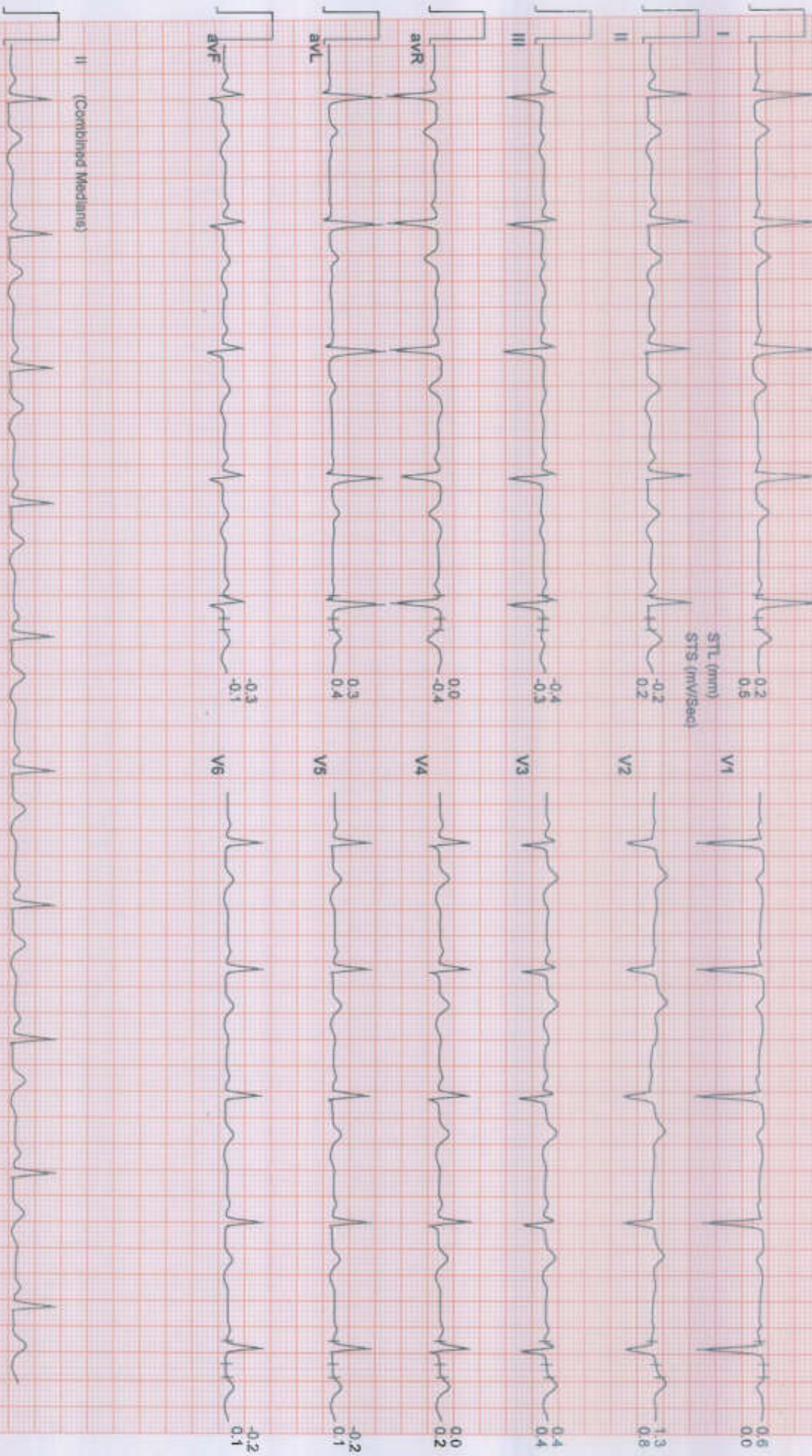
25 mm/s Sec. 1.0 cm/mV



REMARKS:



II (Combined Medians)

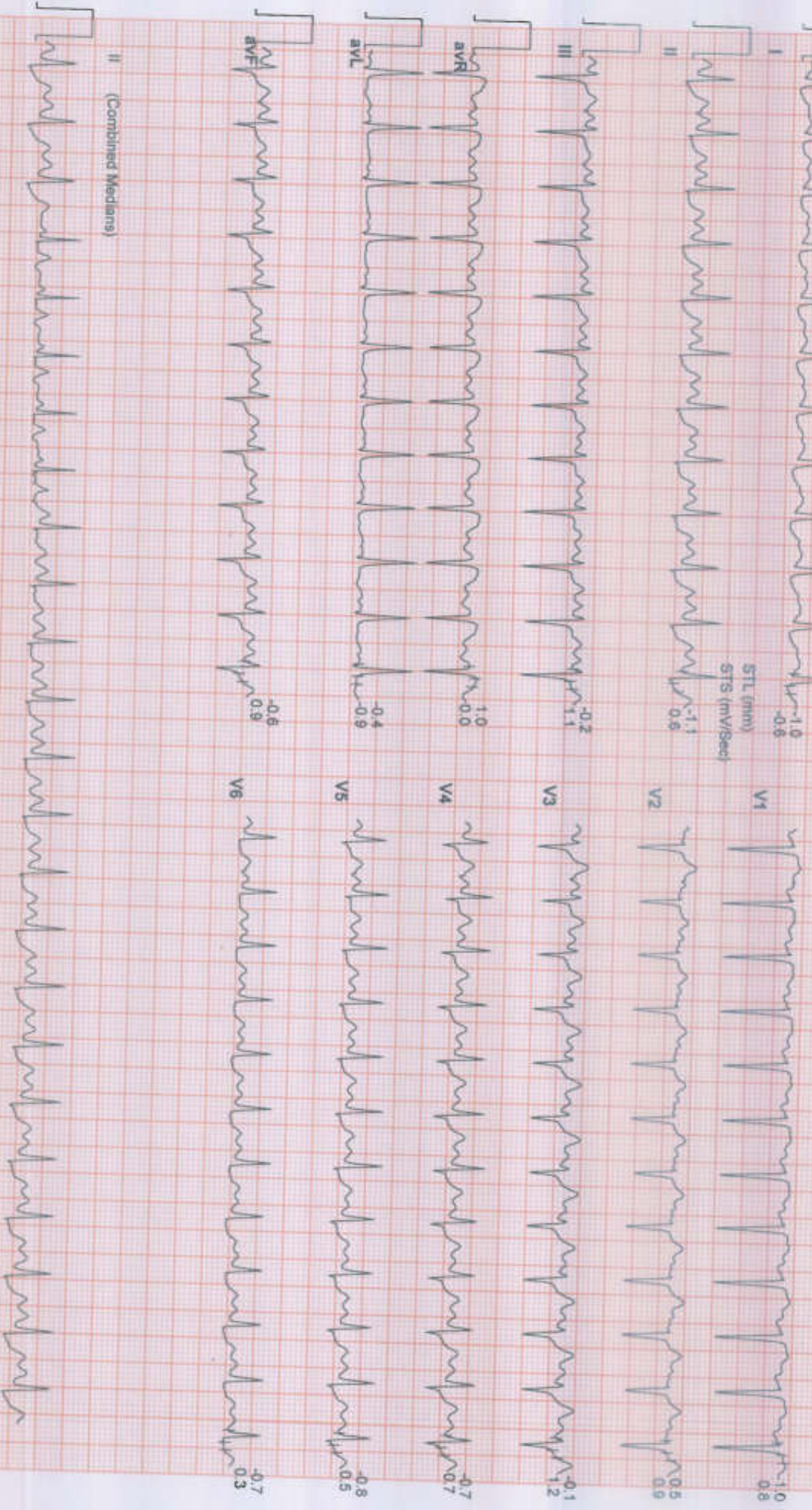




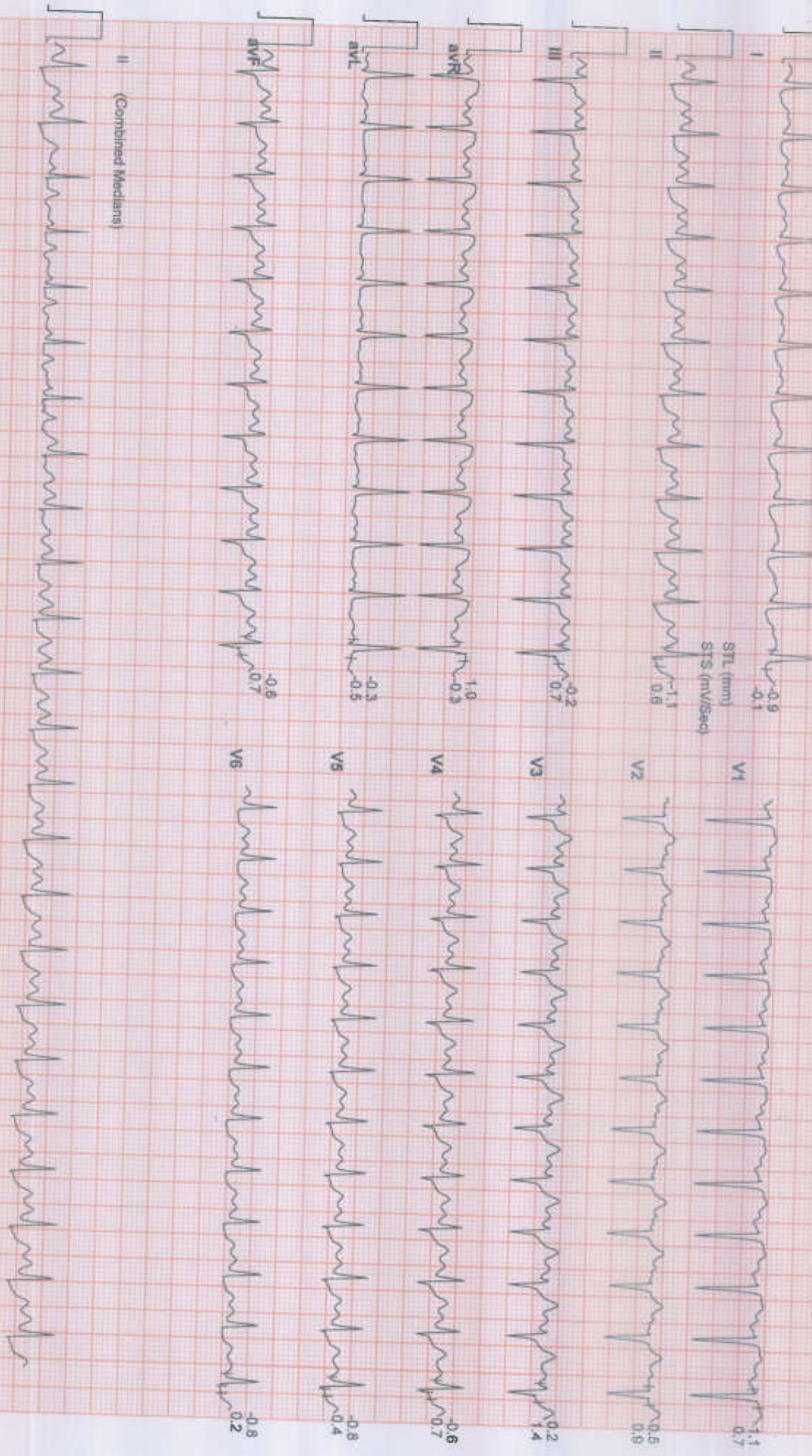


Date: 23 / 03 / 2024 01:15:08 PM METs : 4.7 HR : 144 Target HR : 80% of 167 BP : 150/90 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec 1.0 Cm/mV



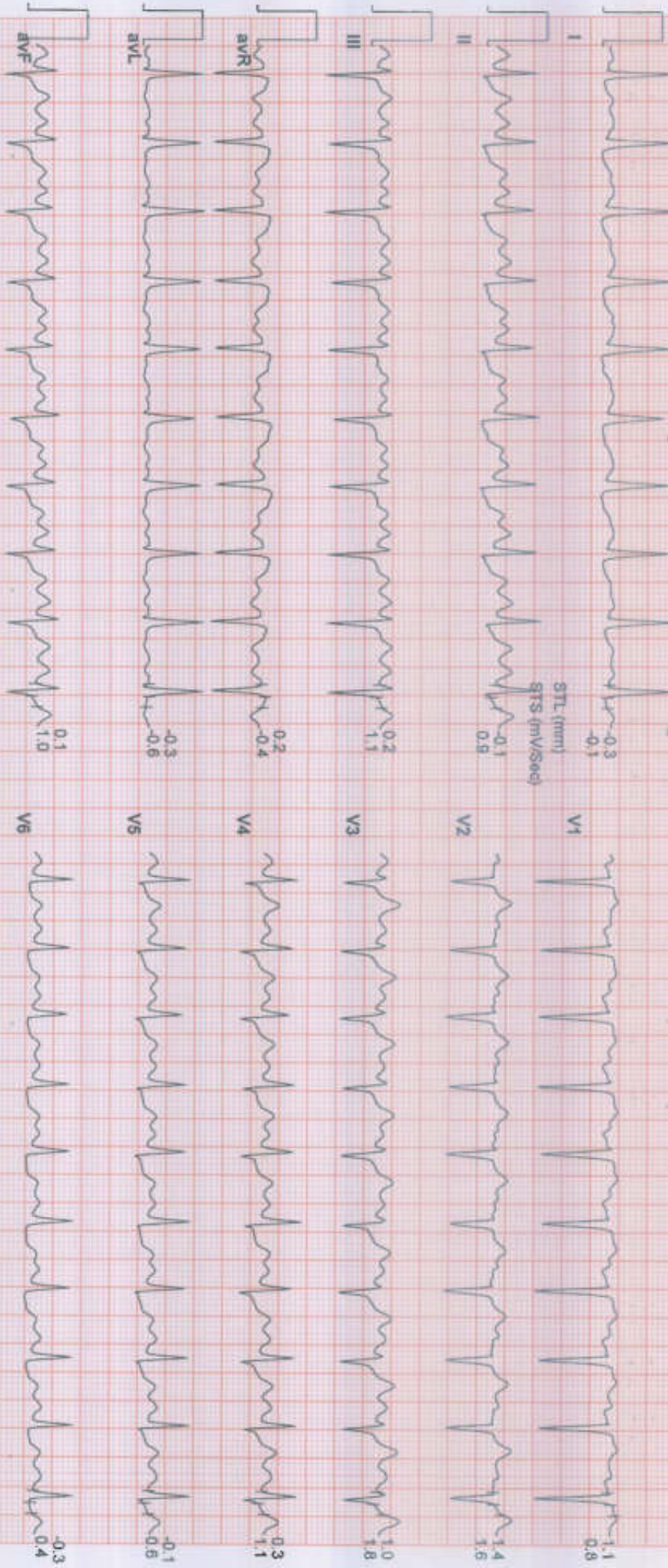
6X2 Combine Medians + 1 Rhythm PeakEx



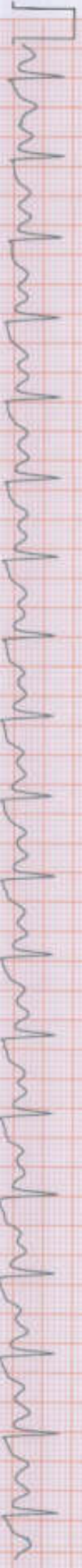


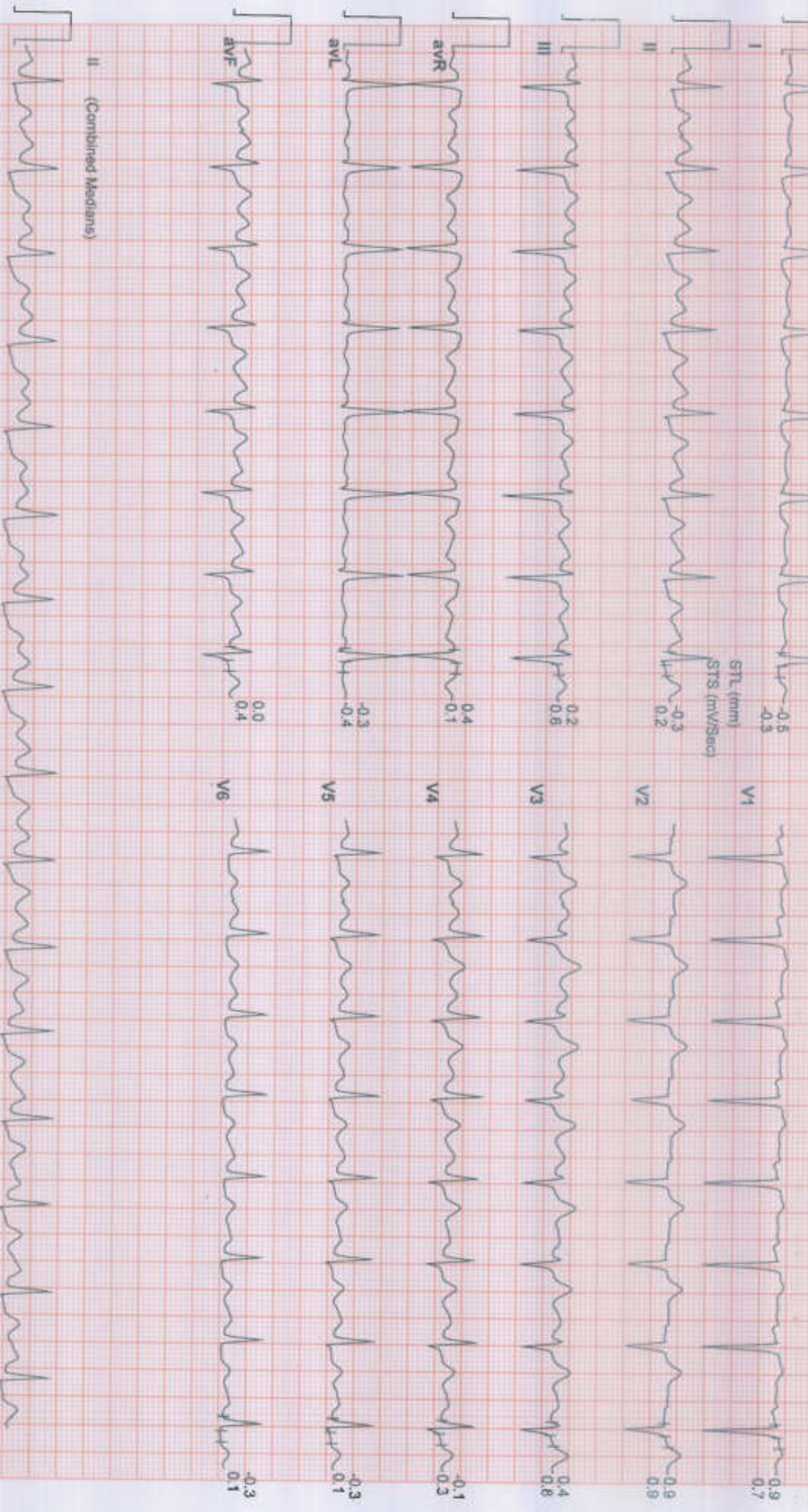
Date: 23 / 03 / 2024 01:15:08 PM METs : 1.0 HR : 115 Target HR : 69% of 167 BP : 150/90 Ppal J @80mSec

ExTime: 03:12 Speed: 0.0 mph Grade : 00:00 % 25 min/Sec 1.0 GmmV



II (Combined Medians)

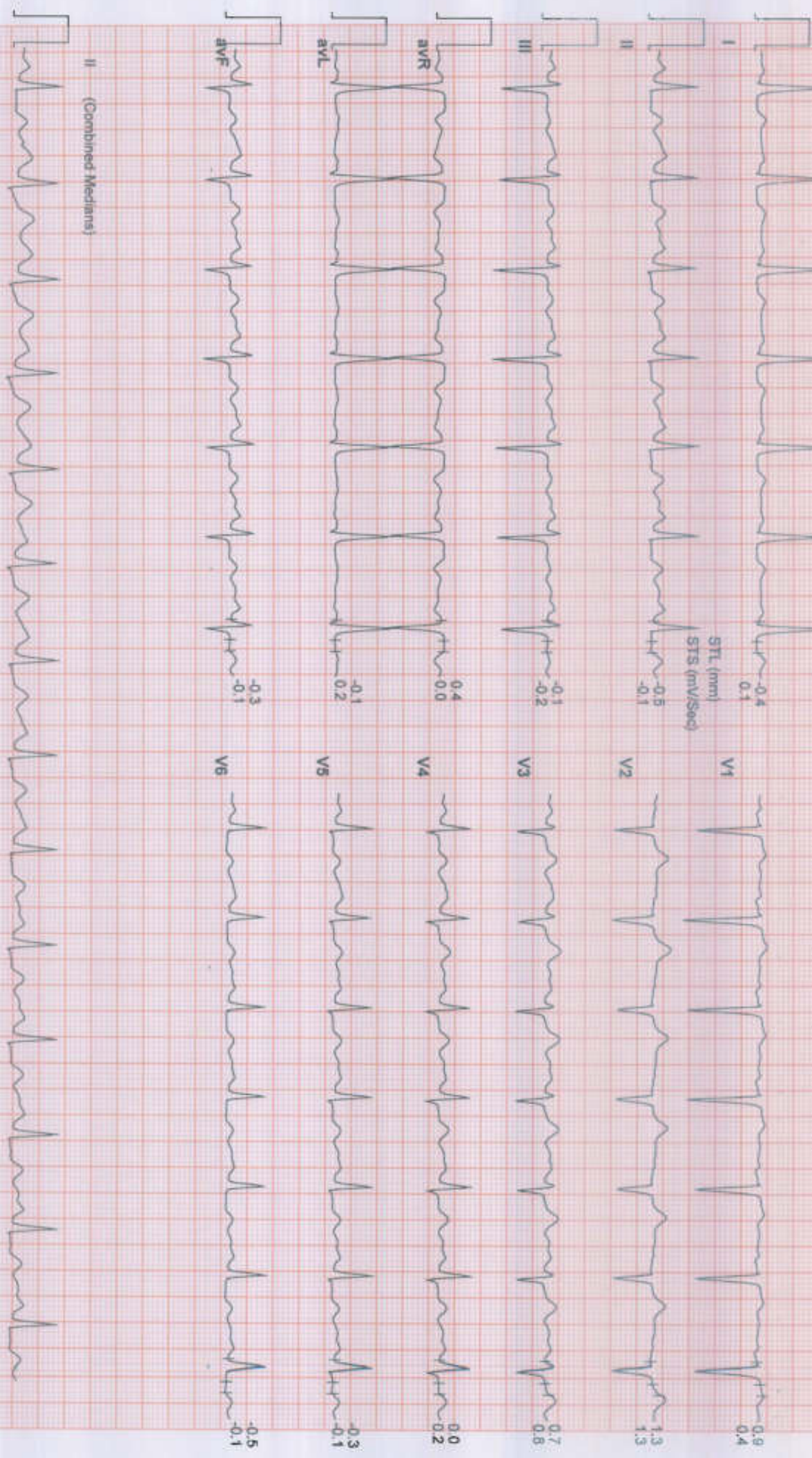






Date: 23 / 03 / 2024 01:15:08 PM METS : 1.0 HR : 97 Target HR : 52% of 167 SP : 150/90 Ppt J @80mSec

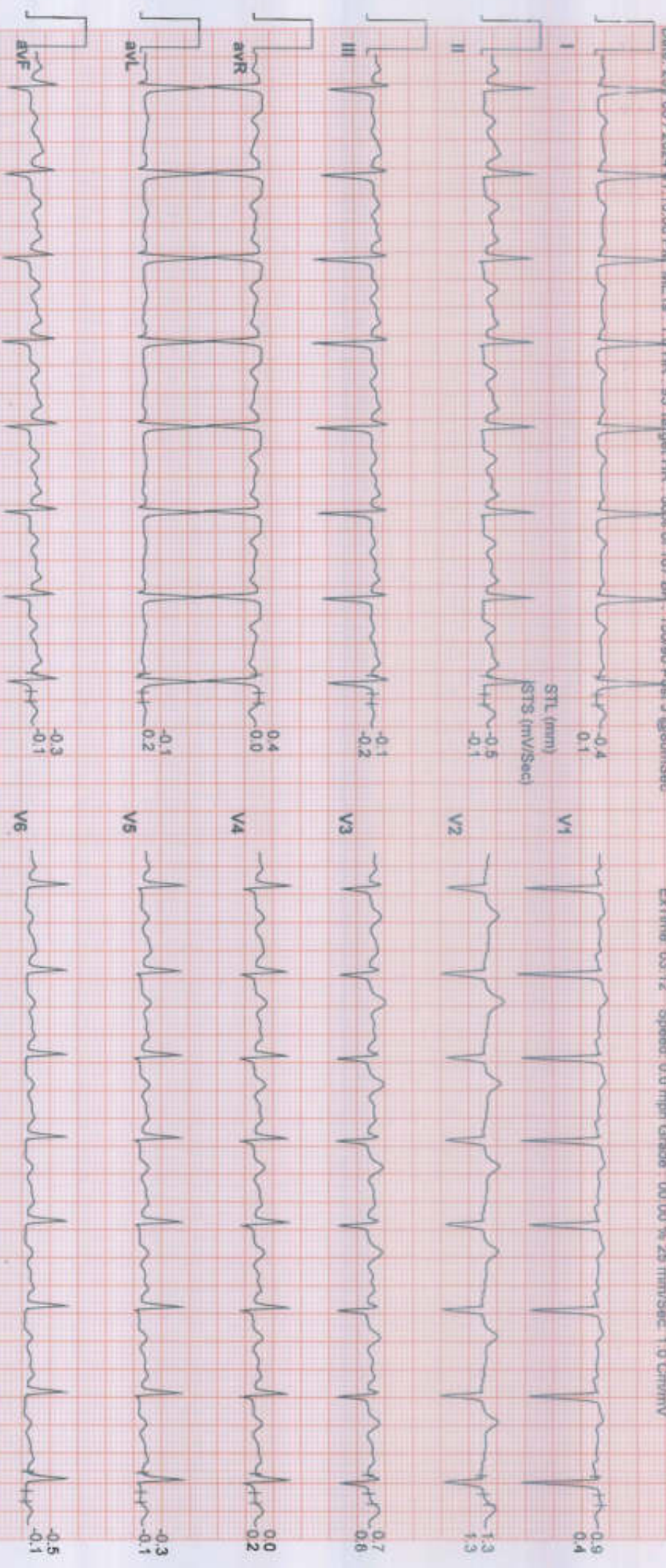
ExTime: 03:12 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV





Date: 23 / 03 / 2024 @ 11:50:08 PM METs : 1.0 HR : 93 Target HR : 96% of 167 BPM : 150/90 Post J @80mSec

ExTime: 03:12 Speed: 0.0 mph Grade: 00.00 % 25 mmv/Sec 1.0 Cm/IV



II (Combined Medians)

