

**PHYSICAL EXAMINATION REPORT**

Patient Name	Nisha Desai.	Sex/Age	F / 47 yrs.
Date	20/4/24	Location	Thane

**History and Complaints**

C/o - Headache on Goff.  
 - Weakness  
 - sweating (Excessive)  
 - Vantrose veins.

**EXAMINATION FINDINGS:**

Height (cms):	155	Temp (0c):	⊖
Weight (kg):	61.2	Skin:	Pigmentation on legs, Face.
Blood Pressure	140/90	Nails:	NAD.
Pulse	76/min	Lymph Node:	NAD.

**Systems :**

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	Tenderness in Lt. Breast.
GI System:	NAD.
CNS:	
Impression:	n B/L BV Prominence - chest xray. LVH ↓ H/b.

Advice:

- Monitor B.P.  
- Iron supplement.

- Low Fat, Low sugar Diet, Reg. Exercise

1)	Hypertension:
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
17)	Musculoskeletal System

Nil

Nil

- H/o fibroids (2017)

(2017) - Hysterectomy, TL

Nil

PERSONAL HISTORY:

1)	Alcohol
2)	Smoking
3)	Diet
4)	Medication

1) No  
2) No  
- mixed  
3) No

*[Signature]*  
22/4/24

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



NAME: - Nisha Desai. AGE / SEX :- F/57.  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Tenderness / Pain in Lt. Breast.

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs
- PRESENT MENSTRUAL HISTORY :- Post-Hysterectomy
- PAST MENSTRUAL HISTORY :- Reg.
- OBSTETRIC HISTORY :- G3 P2 A1 2 NVD.
- PAST HISTORY :- Fibroids.
- PREVIOUS SURGERIES :- Hysterectomy, TL.
- ALLERGIES :- All climate change.
- FAMILY HISTORY :- Nil

**Dr. Manasee Kulkarni**  
M.B.B.S  
2006/09/3439

Authenticity Check



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CID : 2411121924  
Name : Mrs NISHA DESAI  
Age / Sex : 47 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 20-Apr-2024  
Reported : 20-Apr-2024 / 14:23

**X-RAY CHEST PA VIEW**

**Mild increase in bilateral bronchovascular prominence.**

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.

**TO BE CORRELATED CLINICALLY**

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

*G. R. Fartade*

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024042010092998>

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

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



REG NO : 23411121924	SEX : FEMALE
NAME : MRS. NISHA DESAI	AGE : 47 YRS
REF BY DR : -----	DATE : 20.04.2024

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS:**

LVIDD	39	mm
LVIDS	24	mm
LVEF	60	%
IVS	12	mm
PW	9	mm
AO	16	mm
LA	32	mm

**2D ECHO:**

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

**PATIENT NAME : MRS. NISHA DESAI**

**COLOR DOPPLER:**

- Mitral valve doppler – E- 1.1 m/s, A 0.6 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.6 m/s, PG 11.3mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION:**

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

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



**DR.YOGESH KHARCHE**  
**DNB(MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST.**



Date:- 20/11/24  
Name:- Alpha Desai

CID: 2411121 324  
Sex / Age: F 48

**EYE CHECK UP**

Chief complaints: R CV

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 3E6/10 SURR N/12

Aided Vision: 3E5/6 A'V/R2 N/11

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: USC on spectacles.

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

# SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: NISHA DESAI  
Patient ID: 2411121924

Date and Time: 20th Apr 24 11:20 AM



PRECISE TESTING • HEALTHIER LIVING

Age 47 years NA months NA days

Gender Female

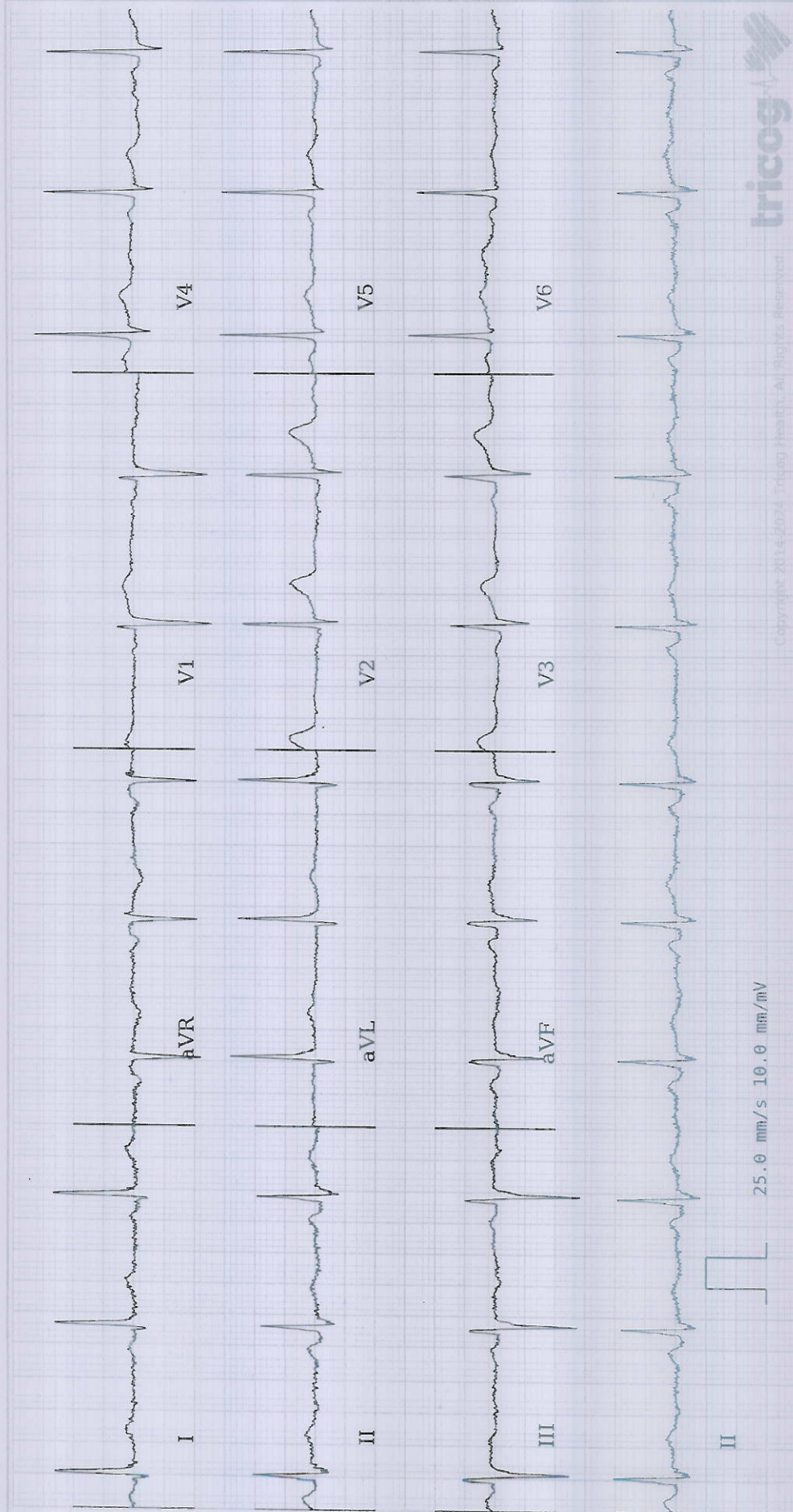
Heart Rate 66bpm

### Patient Vitals

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

### Measurements

QRSD: 82ms  
QT: 396ms  
QTcB: 415ms  
PR: 170ms  
P-R-T: 60° -4° 26°



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

REPORTED BY

DR. SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

Disclaimer: (1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. (2) Patient vitals are as entered by the clinician and not derived from the ECG.





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CID : 2411121924  
Name : MRS.NISHA DESAI  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 13:20

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	9.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.9	36-46 %	Measured
MCV	64.8	80-100 fl	Calculated
MCH	19.8	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5100	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	34.3	20-40 %	
Absolute Lymphocytes	1749.3	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	341.7	200-1000 /cmm	Calculated
Neutrophils	49.7	40-80 %	
Absolute Neutrophils	2534.7	2000-7000 /cmm	Calculated
Eosinophils	9.3	1-6 %	
Absolute Eosinophils	474.3	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>PLATELET PARAMETERS</b>			
Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	15.1	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	++		
Microcytosis	++		



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Reported : 20-Apr-2024 / 12:46

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

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.





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Reported : 20-Apr-2024 / 13:20

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

Collected : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 11:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*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 : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 18:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	11.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.51	0.55-1.02 mg/dl	Enzymatic
eGFR, Serum	116	(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	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	3.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.2	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	106	98-107 mmol/l	IMT

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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Dr. ANUPA DIXIT  
M.D.(PATH)  
Consultant Pathologist & Lab Director





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Collected : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 13:52

**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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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. Mujawar*

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





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

Collected : 20-Apr-2024 / 12:38  
Reported : 20-Apr-2024 / 16:13

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	Less than 20/hpf	
Others	-		

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

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

**Reference:** Pack inert

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

*N. Kulkarni*  
**Dr.VANDANA KULKARNI**  
M.D ( Path )  
Pathologist





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Collected : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 13:42

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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**  
M.D ( Path )  
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	157.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.0	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	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	107.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.1	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	16.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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

Collected : 20-Apr-2024 / 10:20  
 Reported : 20-Apr-2024 / 18:41

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.987	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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**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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine). Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies, USG Thyroid, TSH receptor Antibody, Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET, Vol 357
3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



*Anupa Dixit*  
**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director





Use a QR Code Scanner Application To Scan the Code

CID : 2411121924  
Name : MRS.NISHA DESAI  
Age / Gender : 47 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 20-Apr-2024 / 10:20  
Reported : 20-Apr-2024 / 18:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	7.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	100.6	46-116 U/L	Modified IFCC

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



*Anupa Dixit*  
**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director





**CID** : 2411121924  
**Name** : Mrs NISHA DESAI  
**Age / Sex** : 47 Years/Female  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 20-Apr-2024  
**Reported** : 20-Apr-2024 / 15:42

**USG WHOLE ABDOMEN**

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

**GALL BLADDER:** Gall bladder is 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 10.3 x 4.3 cm. Left kidney measures 10.3 x 4.6 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 :** Post hysterectomy status. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024042010092932>



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2411121924  
**Name** : Mrs NISHA DESAI  
**Age / Sex** : 47 Years/Female  
**Ref. Dr** :  
**Reg. Date** : 20-Apr-2024  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reported** : 20-Apr-2024 / 15:42

**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 <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024042010092932>



Reg. No. : 24111121924	Sex : FEMALE
NAME : MRS. NISHA DESAI	Age : 47 YRS
Ref. By : -----	Date : 20.04.2024

### 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.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

No evidence of any abnormal 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. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

**A 10 x 7 mm sized well circumscribed, round cystic area with internal echoes noted at 2 o'clock position in left breast s/o hemorrhagic/complex cyst.**

**Multiple simple cysts noted in left breast measuring 8 x 5 mm at 6 o'clock position, 5 x 4 mm at 9 o'clock position, 3 x 3 mm at 10 o'clock position and 4 x 2 mm at 12 o'clock position.**

No duct ectasia is seen. Both retromammary regions appear normal.

#### **IMPRESSION:**


**HEMORRHAGIC/COMPLEX CYST IN LEFT BREAST.**

**SIMPLE CYSTS IN LEFT BREAST.**

**NO SIGNIFICANT ABNORMALITY IN RIGHT BREAST.**

#### **ACR BIRADS CATEGORY III**

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**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**