

**PHYSICAL EXAMINATION REPORT**

Patient Name	Jyanti	Sex/Age	43/F
Date	8/3/24	Location	Thane.

**History and Complaints**

C/O - Irregular Menses

**EXAMINATION FINDINGS:**

Height (cms):	152	Temp (0c):	Ⓟ
Weight (kg):	57.6	Skin:	NAD
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:	NAD	
Respiratory:		
Genitourinary:		NAD - Hard mass in Lt. Breast cysts in Rt. B/L Breasts.
GI System:		NAD.
CNS:		

**Impression:**  
 ↓ calcium ; urine - 2+ Blood, 15-18 pus cells.  
 ↓ T4, Mammography - Mass Lesion in Lt. Breast  
 Fibroadenomas in Both Breasts.  
 +MT - Equivocal

- Calcium Supplement

**Advice:**

- Cardiologist's consultation

- Breast Surgeon's consultation

- Drink Plenty of Liquids

Thyroid Profile after 6 Months

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	Nil
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Irregular Menses
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	Nil
15)	Congenital disease	
16)	Surgeries	TL
17)	Musculoskeletal System	

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	No

*Manasee Kulkarni*  
M.B.B.S  
2005/09/3439  
9/3/24

NAME: - Jayant

AGE / SEX :- 43 / (F)

REGN NO :-

REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Irregular Menses  
Since 1yr.

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :-

12 yrs.

• PRESENT MENSTRUAL HISTORY :-

Irregular.

• PAST MENSTRUAL HISTORY :-

Regular

• OBSTETRIC HISTORY :-

G 2 P 2 A 0

• PAST HISTORY :-

Nil | 2 NVD

• PREVIOUS SURGERIES :-

Nil | TL

• ALLERGIES :-

Nil | dust

• FAMILY HISTORY :-

Nil

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

M |  
| ⊙

**PERSONAL HISTORY :-**

TEMPERATURE :-

⊙

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD 72/min

110/80

Mass in Lt. Breast, Irregular  
marginus, No tenderness,  
Immobile.

NAD

Lumps in BIL  
Breast (?)  
Fibroadenomas

Mammography

*(Signature)*

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



CID : 2406818762  
Name : MRS.. JAYANTI  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Mar-2024 / 10:49  
Reported : 08-Mar-2024 / 11:47

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.0	36-46 %	Measured
MCV	96.4	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	29.9	31.5-34.5 g/dL	Calculated
RDW	16.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	4990	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	36.0	20-40 %	
Absolute Lymphocytes	1796.4	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	284.4	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	2734.5	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	174.7	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	152000	150000-400000 /cmm	Elect. Impedance
MPV	11.4	6-11 fl	Calculated
PDW	22.6	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -  
Anisocytosis Mild  
Poikilocytosis Mild  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Elliptocytes-occasional  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY Megaplatelets seen on smear  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 31 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 G B Road Lab, Thane West

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

*J. Mujawar*

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



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Reported : 08-Mar-2024 / 12:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.6	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  
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Collected : 08-Mar-2024 / 10:49  
Reported : 08-Mar-2024 / 12:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	111	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	8.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Dr. Imran Mujawar*

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



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

Collected : 08-Mar-2024 / 10:49  
Reported : 08-Mar-2024 / 13:10

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**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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	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	15-18	0-5/hpf	
Red Blood Cells / hpf	4-5	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	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 \*\*\*

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

Collected : 08-Mar-2024 / 10:49  
Reported : 08-Mar-2024 / 13:36

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

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

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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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Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Mar-2024 / 10:49  
Reported : 08-Mar-2024 / 12:37

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	67.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	103.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	28.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

\*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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 Age / Gender : 45 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 08-Mar-2024 / 10:49  
 Reported : 08-Mar-2024 / 16:25

**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	3.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.12	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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

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



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Reported : 08-Mar-2024 / 13:33

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.5	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	7.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	93.7	35-105 U/L	PNPP

\*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

Date:- 21/3/24  
 Name:- Joyanti

CID: 2406818762  
 Sex / Age: F 43

**EYE CHECK UP**

Chief complaints: PCV

Systemic Diseases: All.

Past history: M.I.

Unaided Vision: 13/20 R/O 20/20 L/O 20/24

Aided Vision: 13/20 R/O 20/20 L/O

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

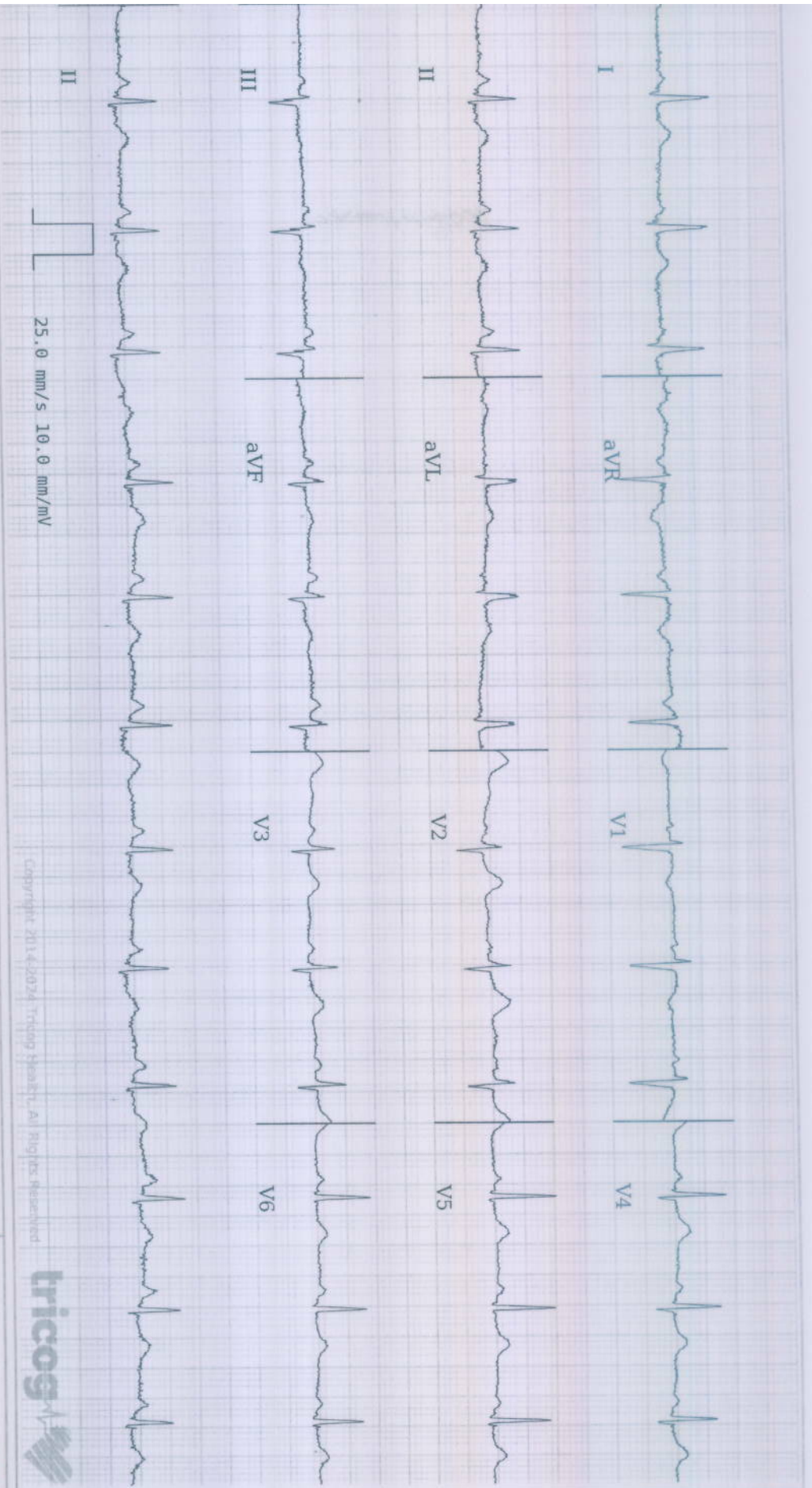
Remark: USC on Spectacles

MR. PRAKASH KUDVA  




Patient Name: . JAYANTI  
Patient ID: 2406818762

Date and Time: 8th Mar 24 12:03 PM



25.0 mm/s 10.0 mm/mV

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Age 45 NA NA  
years months days

Gender Female

Heart Rate 77bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 47 kg

Height: 152 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 370ms

QTcB: 418ms

PR: 126ms

P-R-T: 63° 6° 7°

REPORTED BY

DR. SHAILAM PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

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's photo are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner  
Application To Scan the Code

CID : 2406818762  
Name : Mrs . JAYANTI  
Age / Sex : 45 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Mar-2024  
Reported : 08-Mar-2024 / 15:09

**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 9.7 x 2.9 cm. Left kidney measures 9.3 x 4.3 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 7.7 x 3.3 x 3.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 3.3 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.  
The right ovary measures 2.9 x 2.1 cm.  
The left ovary measures 2.8 x 2.0 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030810343191>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2406818762  
Name : Mrs . JAYANTI  
Age / Sex : 45 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 08-Mar-2024  
Reported : 08-Mar-2024 / 15:09

**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=2024030810343191>

Reg. No. : 2406818762	Sex : FEMALE
NAME : MRS.JAYANTI	Age : 45 YRS
Ref. By : -----	Date : 08.03.2024

### 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.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.  
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 21 x 16 mm sized irregular,spiculated,taller than wide,hypoechoic mass lesion with mild internal vascularity is noted at 12 o'clock position in left breast.**

**Five oval,hypoechoic areas noted in right breast measuring 5 x 4 and 8 x 5 mm at 12 o'clock position,5 x 3 mm at 1 o'clock position.6 x 5 mm at 3 o'clock position and 8 x 4 mm at 6 o'clock position in left breast s/o fibroadenomas.**

**A 9 x 5 mm sized well circumscribed, oval, hypoechoic area is noted at 1 o'clock position in right breast s/o fibroadenoma.**

No duct ectasia is seen. Both retromammary regions appear normal.**Multiple lymph nodes noted in both axilla with preserved fatty hilum largest measuring 20 x 6 mm in left axilla.**

Reg. No. : 2406818762	Sex : FEMALE
NAME : MRS.JAYANTI	Age : 45 YRS
Ref. By : -----	Date : 08.03.2024

**IMPRESSION:**

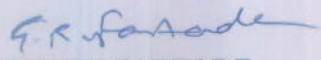
- MASS LESION IN LEFT BREAST( ? NEOPLASTIC ).SUGGEST FURTHER EVALUATION WITH BIOPSY TO RULE OUT NEOPLASTIC ETIOLOGY.
- FIBROADENOMAS IN BOTH BREASTS AS DESCRIBED ABOVE.
- LYMPH NODES AS DESCRIBED ABOVE.

**ACR BIRADS CATEGORY IV/V.**

**Advice:Clinical co-relation,further evaluation**

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.

Thank you for the reference

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

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report




1096 (2406818762) / JAYANTI / 43 Yrs / F / 152 Cms / 47 Kg  
 Date: 08 / 03 / 2024 01:08:12 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	087	49 %	130/80	113	00	
Standing	00:14	0:11	00.0	00.0	01.0	087	49 %	130/80	113	00	
HV	00:26	0:12	00.0	00.0	01.0	086	49 %	130/80	111	00	
ExStart	00:37	0:11	00.0	00.0	01.0	087	49 %	130/80	113	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	124	70 %	140/80	173	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	146	82 %	150/90	219	00	
PeakEx	06:50	0:13	03.4	14.0	07.3	151	85 %	160/90	241	00	
Recovery	07:50	1:00	00.0	00.0	01.1	118	67 %	160/90	188	00	
Recovery	08:50	2:00	00.0	00.0	01.0	101	57 %	160/90	161	00	
Recovery	09:50	3:00	00.0	00.0	01.0	104	59 %	140/80	145	00	
Recovery	10:50	4:00	00.0	00.0	01.0	092	52 %	140/80	128	00	
Recovery	10:52	4:03	00.0	00.0	01.0	092	52 %	140/80	128	00	

## FINDINGS :

Exercise Time : 06:13  
 Initial HR (ExStrt) : 87 bpm 49% of Target 177  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max Workload Attained : 7.3 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -2.6 mm in Stage 1  
 History : No  
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 151 bpm 85% of Target 177  
 Max BP Attained 160/90 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI



EMail: 1096 / JAYANTI / 43 Yrs / F / 152 Cms / 47 Kg Date: 08 / 03 / 2024 01:08:12 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 87.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 160.0/90.0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.  
The Test was completed because of , Heart Rate Achieved.

**CONCLUSIONS:**

1. Stress test is Equivocal for ischemia.
2. Basic ECG Minor STT changes inferolateral leads. Accentuation of those changes seen during test and recovery.
3. HR and Blood pressure response to exercise is normal.
4. Adv Cardiologist s opinion.

**Dr. SHAILAJA PILLAI**  
M.D. (GEN. MED)

**PINO 43972**

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE ( 00:01 )

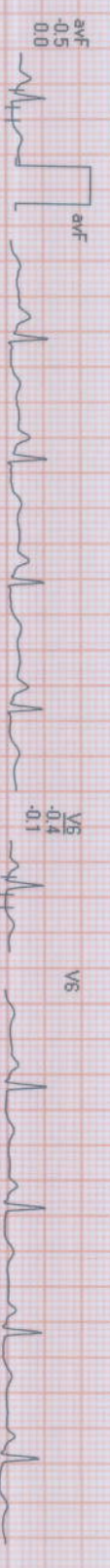
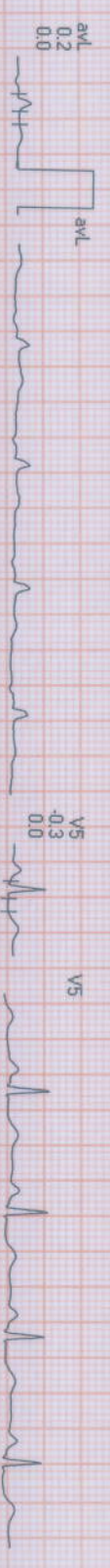
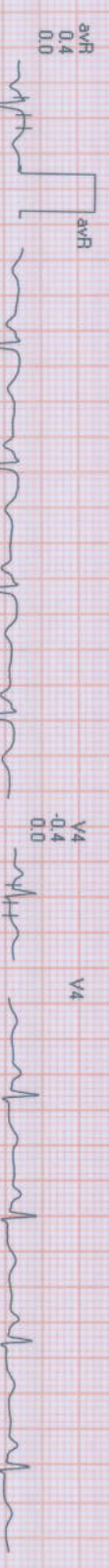
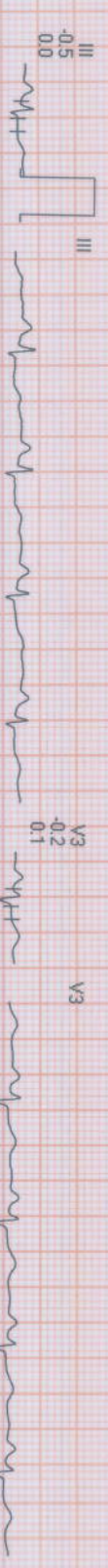
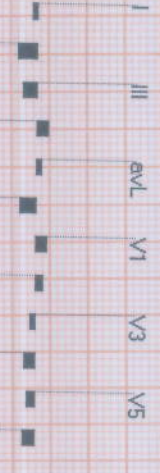
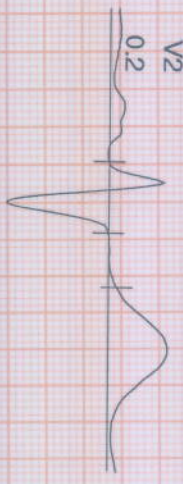


1096 (2406818762) / JAYANTI / 43 Yrs / F / 152 Cms / 47 Kg / HR : 86

Date: 08 / 03 / 2024 01:08:12 PM METS: 1.0 / 86 bpm 49% of THR BP: 130/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



V1 0.4 0.3

V2 0.2 0.3

V3 -0.2 0.1

V4 -0.4 0.0

V5 -0.3 0.0

V6 -0.4 -0.1





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING ( 00:00 )



1096 (2406818762) / JAYANTI / 43 Yrs / F / 152 Cms / 47 Kg / HR : 87

Date: 08 / 03 / 2024 01:08:12 PM

METS: 1.0 / 87 bpm 49% of THR BP: 130/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

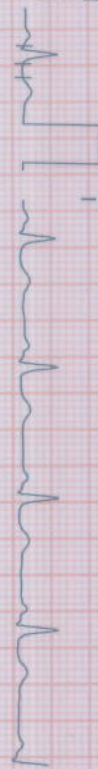
EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X

90 r/s Post J

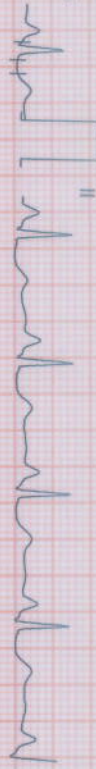
STL -0.1  
SNS 0.1



V1

V1

II -0.5  
0.1



V2

V2

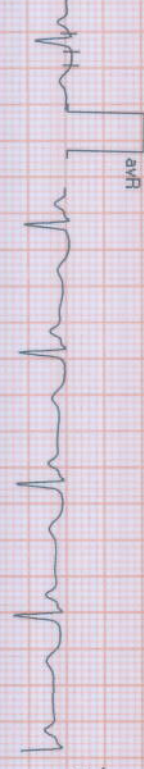
III -0.4  
0.0



V3

V3

aVR 0.3  
-0.1



V4

V4

aVL 0.1  
0.0



V5

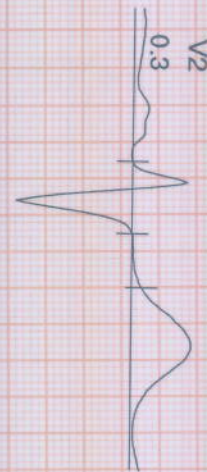
V5

aVF -0.5  
0.0

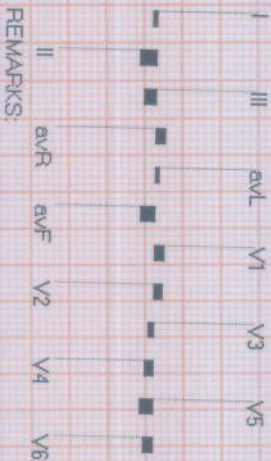


V6

V6



V2

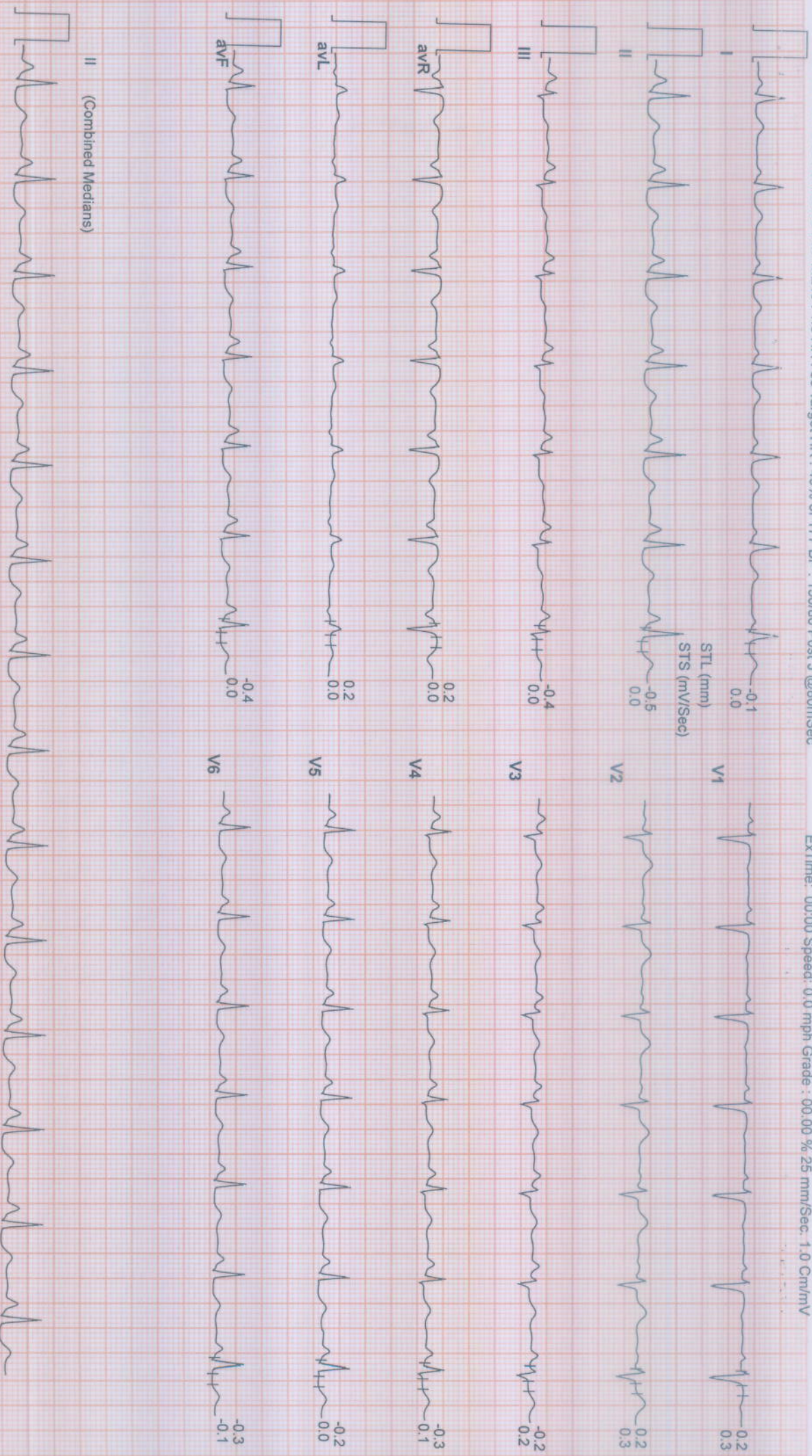


REMARKS:



Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 86 Target HR : 49% of 177 BP : 130/80 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

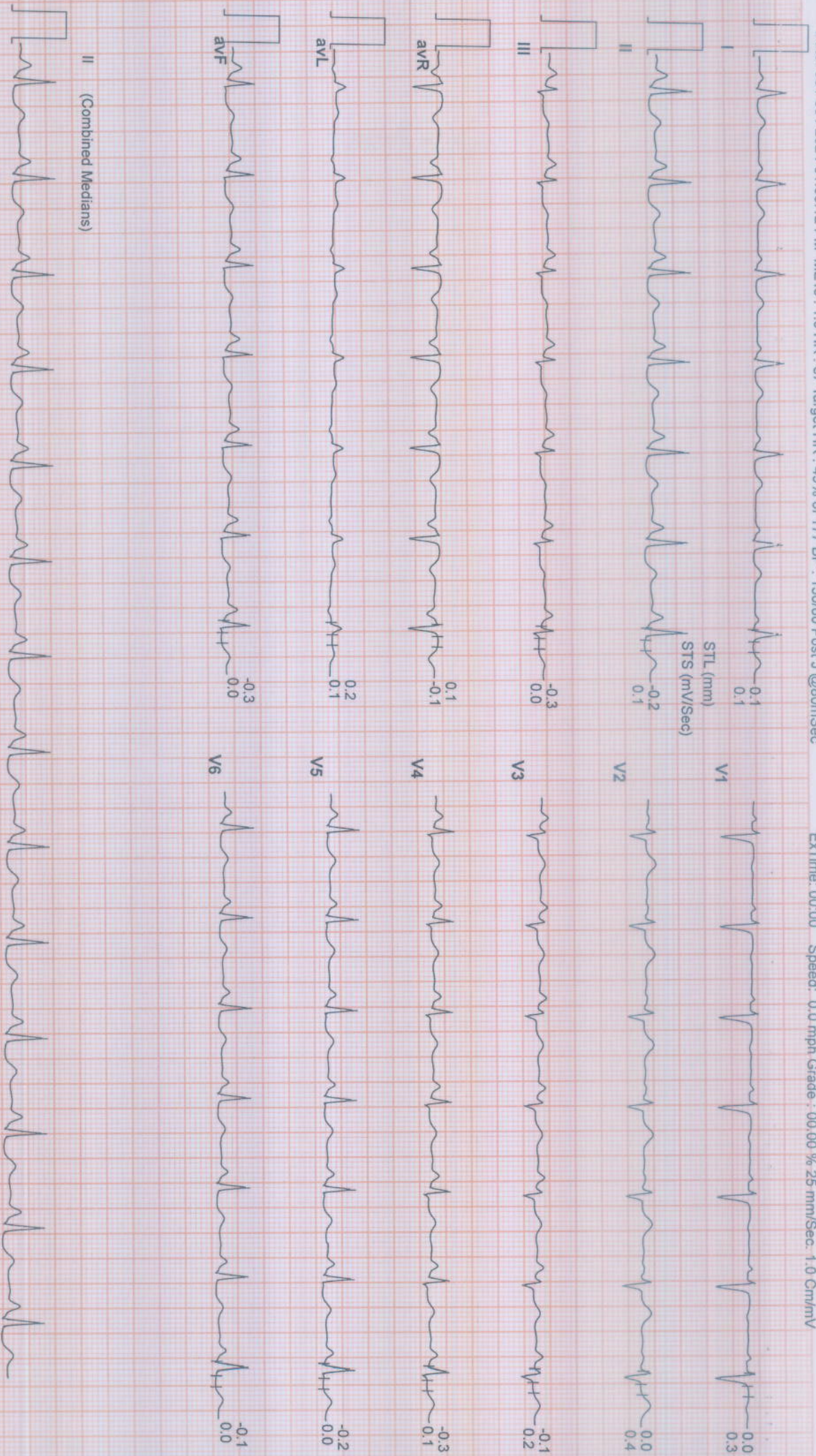


II (Combined Medians)

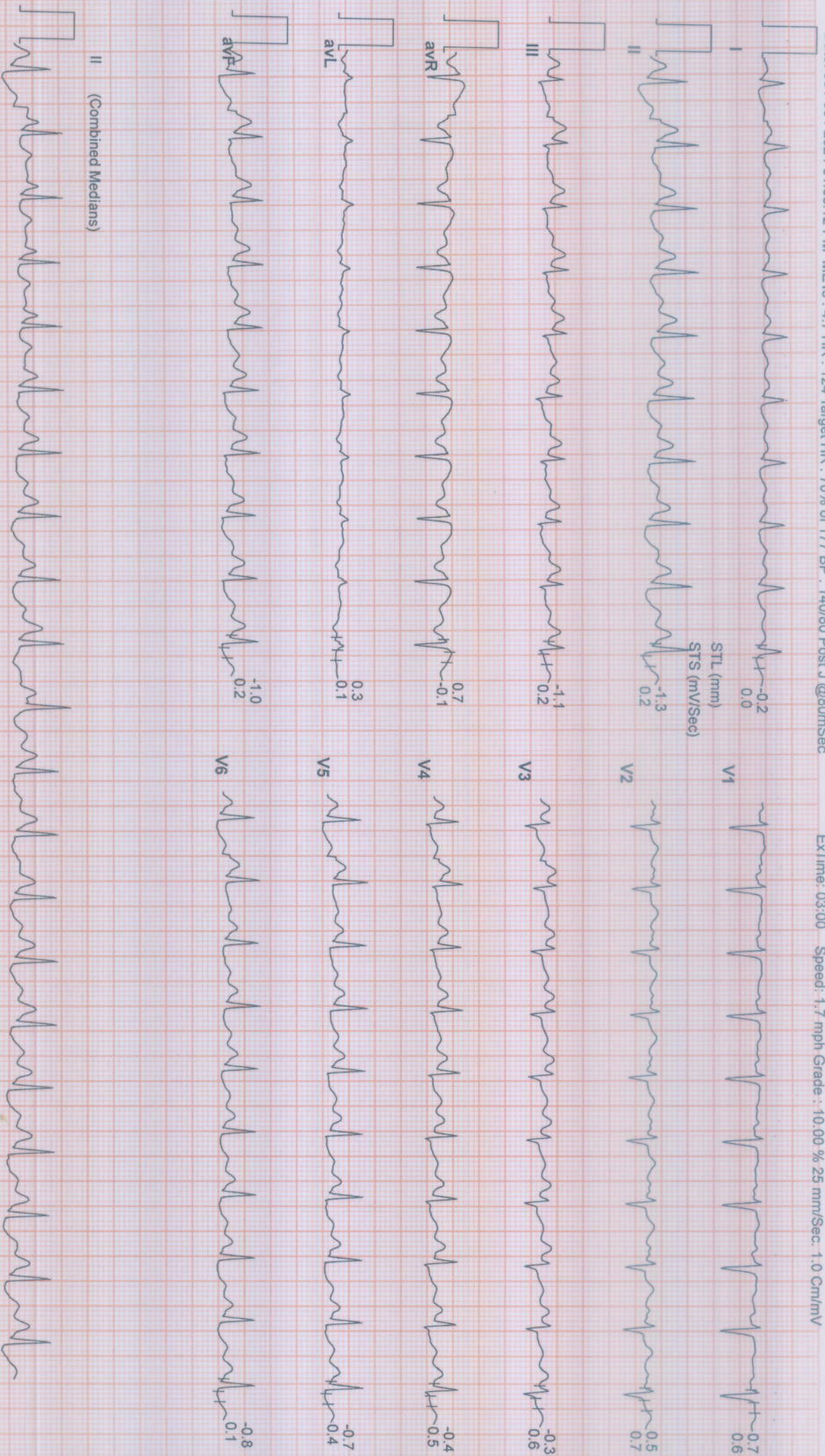


Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 87 Target HR : 49% of 177 BP : 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )

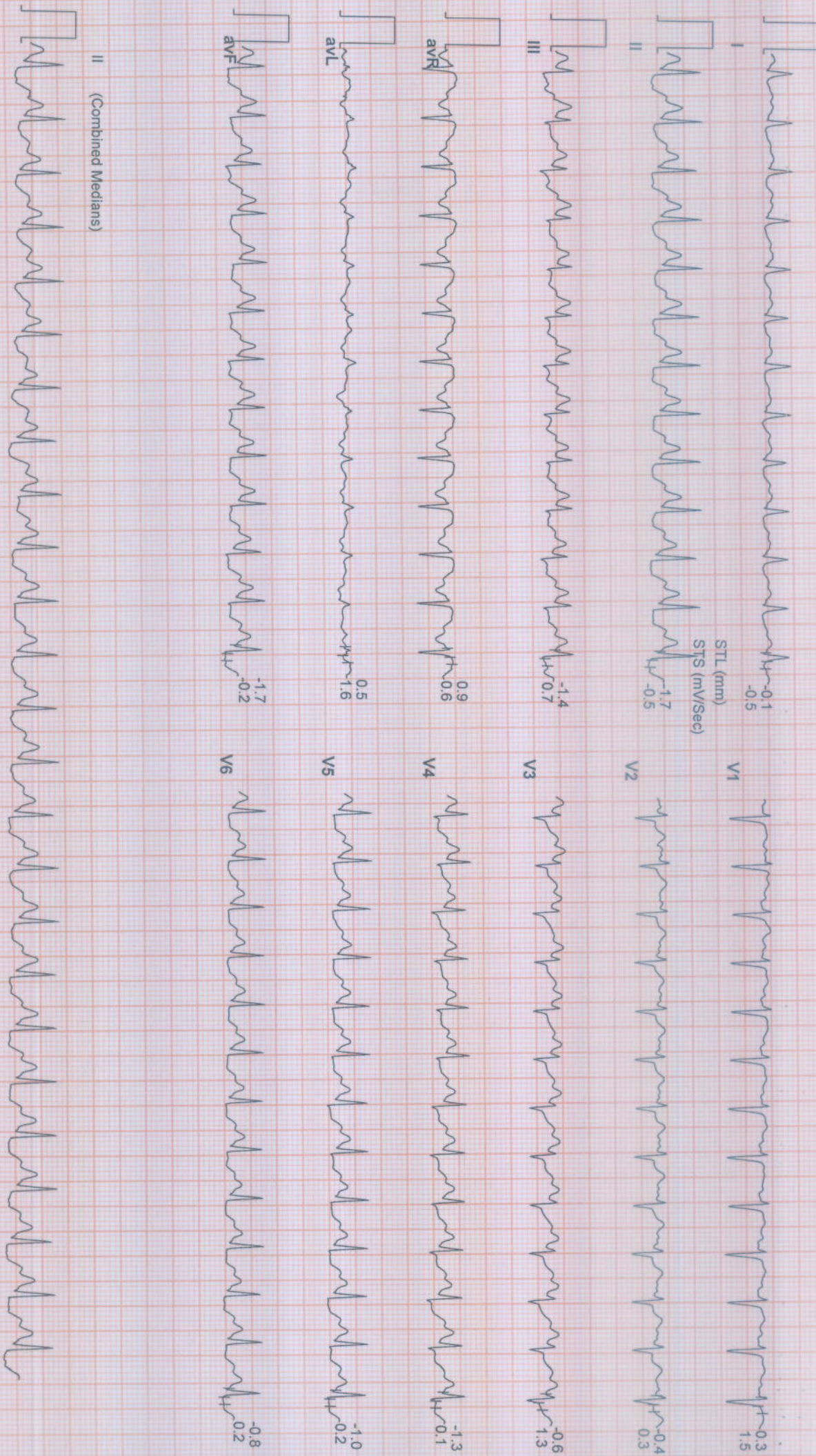


6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



Date: 08 / 03 / 2024 01:08:12 PM METs : 7.3 HR : 151 Target HR : 85% of 177 BP : 160/90 Post J @60mSec

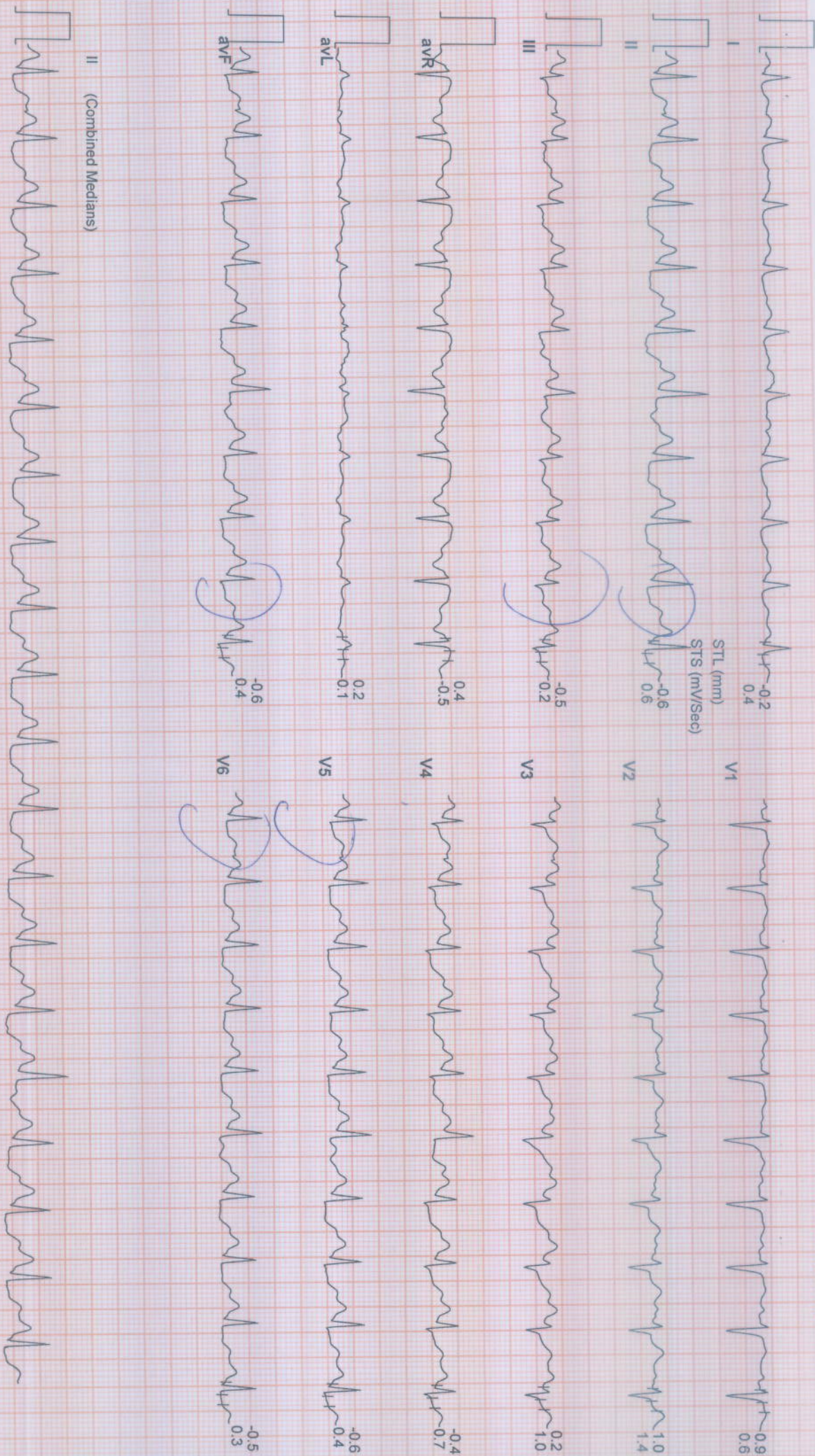
ExTime: 06:13 Speed: 3.4 mph Grade: 14.06 % 25 mm/Sec: 1.0 Cm/mV





Date: 08 / 03 / 2024 01:08:12 PM METs : 1.1 HR : 118 Target HR : 67% of 177 BP : 160/90 Post J @80mSec

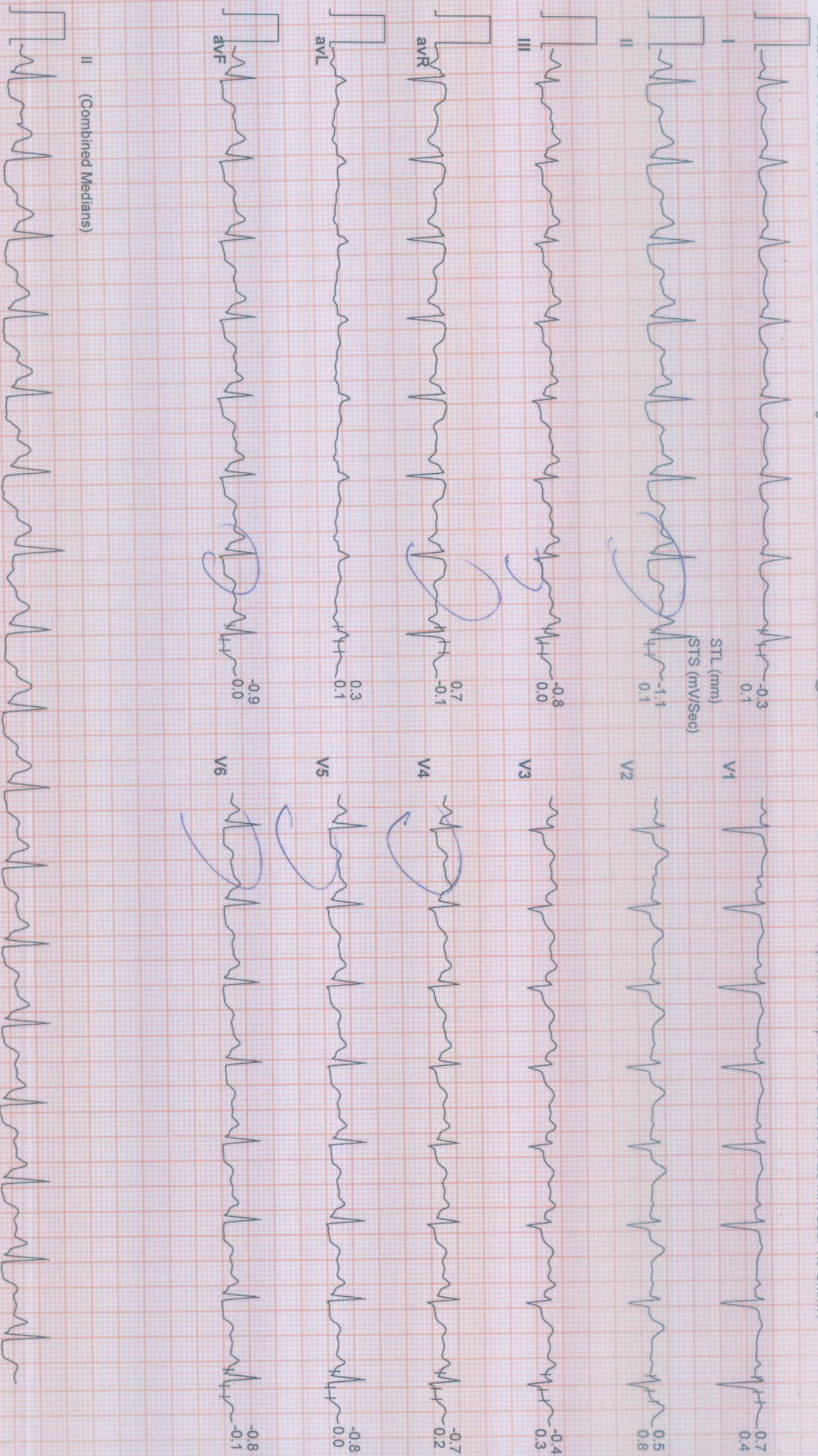
EXTime: 06:13 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV





Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 101 Target HR : 57% of 177 BP : 160/90 Post J @80mSec

ExTime: 06:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

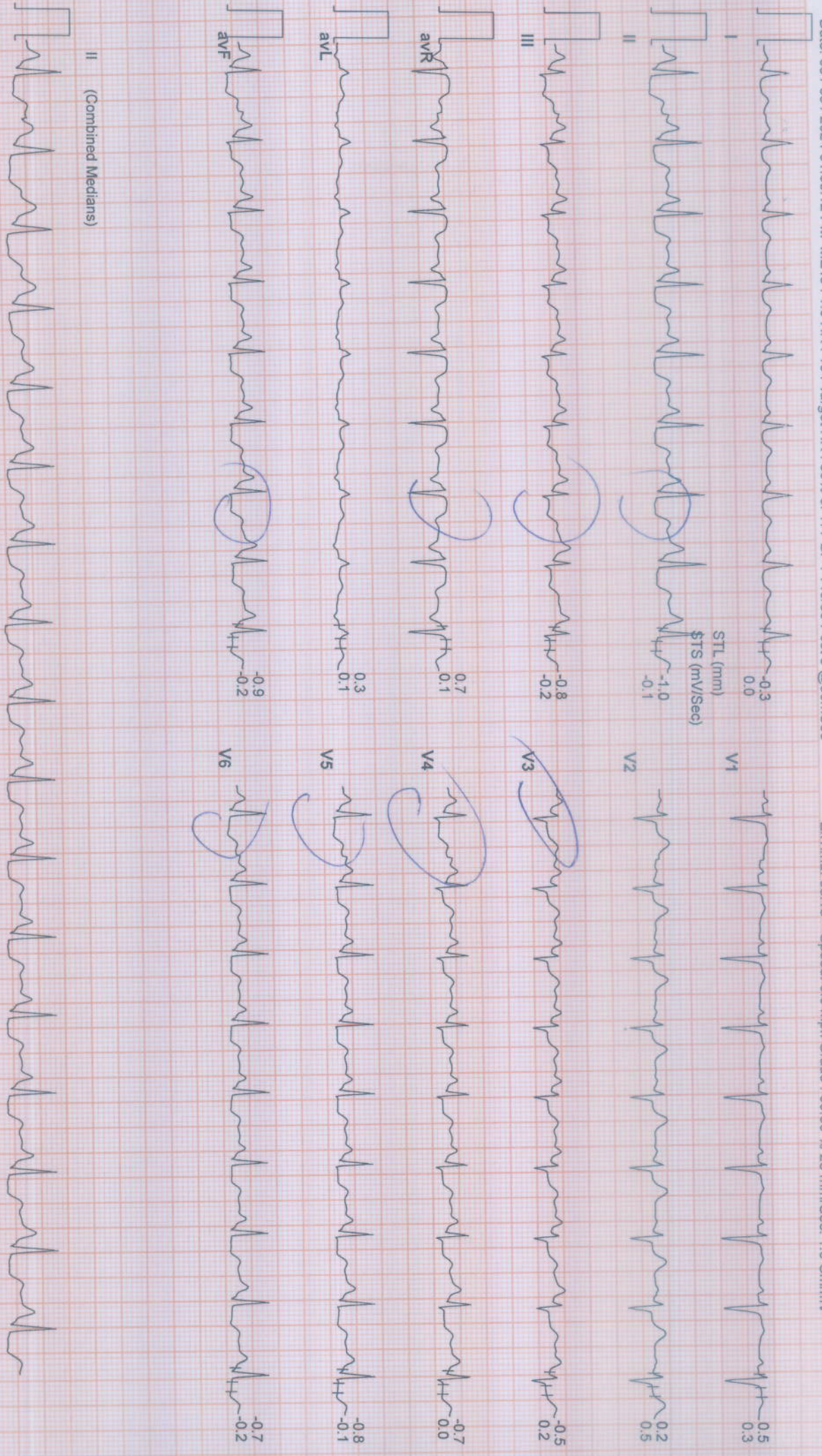






Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 104 Target HR : 59% of 177 BP : 140/80 Post J @80mSec

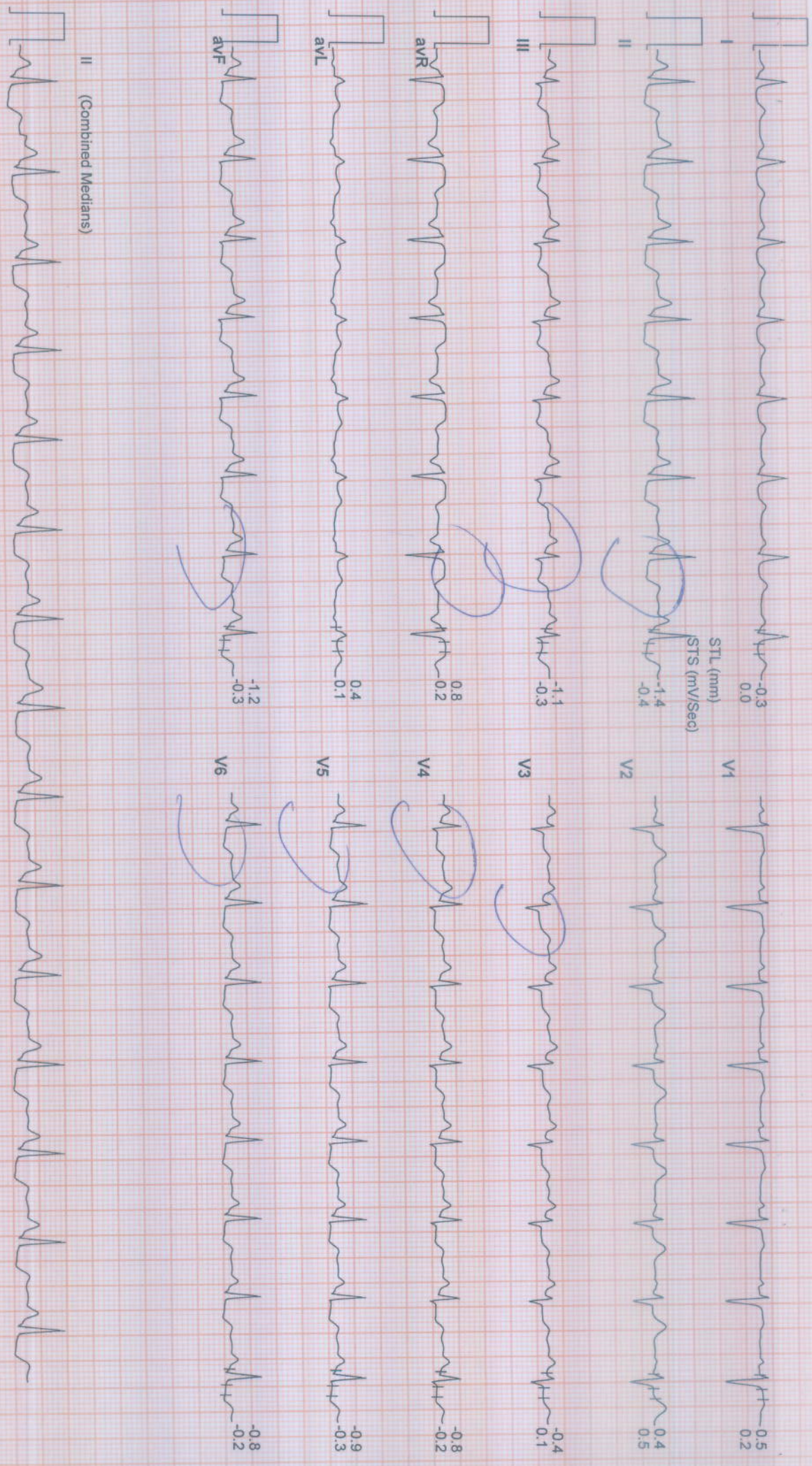
ExTime: 06:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 92 Target HR : 52% of 177 BP : 140/80 Post J @80mSec

ExTime: 06:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 08 / 03 / 2024 01:08:12 PM METs : 1.0 HR : 92 Target HR : 52% of 177 BP : 140/80 Post J @90mSec

ExTime: 06:13 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

