

PHYSICAL EXAMINATION REPORT

Patient Name	<i>Avupti Thote</i>	Sex/Age	<i>F/39</i>
Date	<i>9/3/24</i>	Location	Thane Ghodbundar road

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	<i>160</i>	Temp (0c):	<i>AB</i>
Weight (kg):	<i>70</i>	Skin:	<i>MAD</i>
Blood Pressure	<i>110/70</i>	Nails:	<i>IL</i>
Pulse	<i>92</i> /min	Lymph Node:	<i>MP</i>

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

]
MAD

Impression:

↑ TSH (8.52), Fatty Liver.

Advice:

*Low Fat, Low sugar Diet, Reg. Exercise.
Physician's consultation for ↑ TSH.*

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	
10)	GI system	not
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	not

PERSONAL HISTORY:

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

Dr. Mansee Kulkarni
M.B.B.S
2005/09/3439

(Signature)
12/3/24

NAME :- Trupti Thate . AGE / SEX :- F/39
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

Leucorrhoea

CHIEF COMPLAINTS :-

Pelvic Pain in Abdo
on goff

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Reg. 13/30
- PAST MENSTRUAL HISTORY :- R-reg.
- OBSTERIC HISTORY :-
- PAST HISTORY :-
- PREVIOUS SURGERIES :-
- ALLERGIES :-
- FAMILY HISTORY :-

Gr. P. L. A. 0
INVD
Dust
Nil

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

M /
| (P)

PERSONAL HISTORY :-

TEMPERATURE :-

(P)

RS :-

CVS :-

PULSE / MIN :-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

MAD

(Signature)

Dr. Mansee Kulkarni
M.B.B.S
2005/09/1439

Date: 9/12/24 CID: 240692192
 Name: Teuph Thate Sex / Age: M / 39

EYE CHECK UP

Chief complaints: *pcv*

Systemic Diseases: *nil*

Past history: *NA*

Unaided Vision: *132/24 HV RC +12/2*

Aided Vision: *132/6 HV RC +6*

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: *use on Spots*

MR. PRAKASH KUDVA
[Signature]
 SR. OPTOMETRIST



CID : 2406922382
Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 13:01

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.72	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.0	36-46 %	Measured
MCV	82.5	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8630	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	26.1	20-40 %	
Absolute Lymphocytes	2252.4	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	457.4	200-1000 /cmm	Calculated
Neutrophils	63.5	40-80 %	
Absolute Neutrophils	5480.1	2000-7000 /cmm	Calculated
Eosinophils	4.9	1-6 %	
Absolute Eosinophils	422.9	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	17.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	300000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	12.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

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

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 12:18

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 34 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 Inert
- Ergden 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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Application To Scan the Code

CID : 2406922382
Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 16:20

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: ≥ 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.5	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 ***

I. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

CID : 2406922382
Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 21:23

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.58	0.55-1.02 mg/dl	Enzymatic

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

eGFR, Serum	118	(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	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	3.2	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.0	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	138	136-145 mmol/l	IMT
POTASSIUM, Serum	4.2	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	104	98-107 mmol/l	IMT

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



Jyot Thakker

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

Authenticity Check



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Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 16:51

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >7- 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Note : Variant window detected (36.0%)
Advice : Fructosamine and Hb electrophoresis for con

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/coplate 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 ***

V. Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist

CID : 2406922382
Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Collected : 09-Mar-2024 / 10:58
Reported : 09-Mar-2024 / 13:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	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	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. JMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



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 Name : MRS. TRUPTI THATE
 Age / Gender : 39 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
 Reported : 09-Mar-2024 / 14:42

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Negative

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 isagglutinins 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 Hb 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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Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 21:23

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	145.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.0	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	47.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	98.2	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.6	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	16.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



Dr. Jyot Thakker

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

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2406922382
Name : MRS. TRUPTI THATE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 16:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.6	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	8.52	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

Kindly correlate clinically

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



Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 16:20

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 microUnits 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, hydatidiform 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.

Durnal 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 in the order of 50 to 200%. 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 Kouloum 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-Calkin G Fraser (AACF Press)

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

Dr. VANDANA KULKARNI
M.D (Path)
Pathologist

Additionaly Check



Use a QR Code Scanner Application To Scan the Code

CID : 2406922382
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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Mar-2024 / 10:24
Reported : 09-Mar-2024 / 21:23

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.78	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.53	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Buret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	17.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	89.3	46-116 U/L	Modified IFCC

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



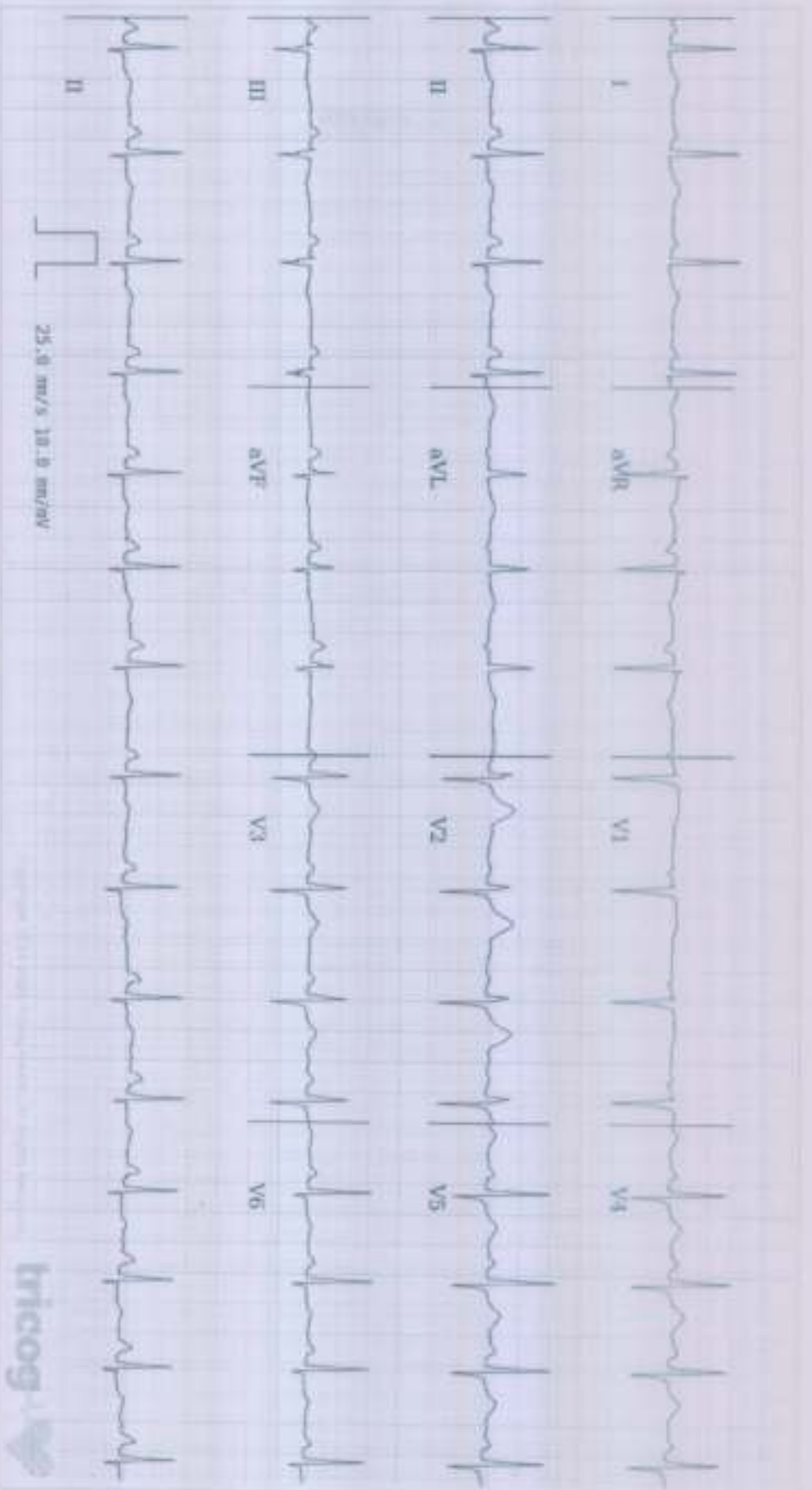
Jyoti Thakker

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

Patient Name: TRUPTI THATE
Patient ID: 2406922382

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Date and Time: 9th Mar 24 10:15 AM



ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

Age: 39 NA NA
years months days

Gender: Female

Heart Rate: 91bpm

Patient Vitals

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

Measurements

QRS-D: 84ms
QT: 368ms
QTc: 447ms
PR: 144ms
P-R-T: 72° 6° NA



REPORTED BY

[Signature]

DR ANJALIA PILLAI
MBBS, MD Physician
MD Physician
(2007)

Performance of this service is dependent on the quality of the data provided by the client. The client is responsible for the accuracy and completeness of the data provided. The client is responsible for the accuracy and completeness of the data provided. The client is responsible for the accuracy and completeness of the data provided.

Reg. No. : 2308109437	Sex : FEMALE
NAME : MRS. TRUPTI THATE	Age : 38 YRS
Ref. By :	Date : 22.03.2023

SONOMAMMOGRAPHY REPORT

Mixed fibroglandular tissues are seen in both breasts.

No solid or cystic mass lesion are seen.

No duct ectasia is seen.

Both retromammary regions appear normal.

No significant axillary lymphadenopathy noted.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY IS DETECTED.
USG BIRADS I BOTH BREASTS.**

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. GAURI VARMA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2406921925	Sex : FEMALE
NAME : MRS. TRUPTI THATE	Age : 39 YRS
Ref. By :	Date : 09.03.2024

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and **shows increased echorefectivity**. 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 10.7 x 3.4 cm. Left kidney measures 10.2 x 4.4 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 7.0 x 3.2 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.6 x 1.9 cm.

The left ovary measures 2.5 x 1.9 cm.

No free fluid or significant lymphadenopathy is seen.

Reg. No. : 2406921925	Sex : FEMALE
NAME : MRS. TRUPTI THATE	Age : 39 YRS
Ref. By : -----	Date : 09.03.2024

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

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.



DR. GAURAV FARTADE
DMRE
(CONSULTANT RADIOLOGIST)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

1108 (2406922382) / TRUPTI THATE / 39 Yrs / F / 160 Cms / 70 Kg
 Date: 09 / 03 / 2024 10:47:30 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	HR	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	088	48%	120/70	103	00	
Standing	00:16	0:12	00.0	00.0	01.0	088	49%	120/70	105	00	
HV	00:28	0:12	00.0	00.0	01.0	084	46%	120/70	100	00	
ExStart	00:38	0:10	00.0	00.0	01.0	094	46%	120/70	100	00	
BRUCE Stage 1	03:36	3:00	01.7	10.0	04.7	129	71%	130/80	157	00	
PeakEX	06:54	2:18	02.5	12.0	06.5	160	88%	150/80	240	00	
Recovery	08:54	1:00	00.0	00.0	01.0	126	70%	130/80	163	00	
Recovery	07:54	2:00	00.0	00.0	01.0	113	62%	130/80	146	00	
Recovery	07:58	2:06	00.0	00.0	01.0	113	62%	130/80	146	00	

FINDINGS :

Exercise Time : 05:16
 Initial HR (ExStrt) : 84 bpm 46% of Target 181
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 6.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.7 mm in PeakEX
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 160 bpm 88% of Target 181
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN. MED)
 R.NO. 43372

Doctor : DR. SHAILAJA PILLAI



EMail: **1108 / TRUPTI THATE / 39 Yrs / F / 160 Cms / 70 Kg** Date: 09 / 03 / 2024 10:47:30 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 181.0. The BP increased at the time of generating report as 150/80/0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

- 1. Stress test is negative for ischemia
- 2. Minor ST T changes seen
- 3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

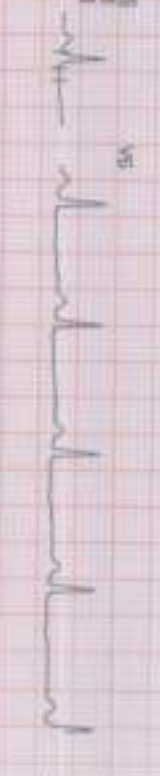
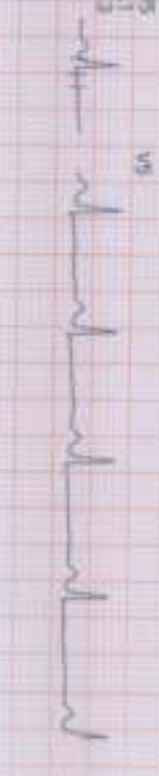
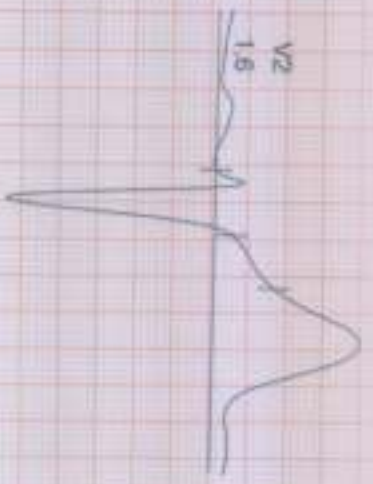
M.D.(GEN.MED.)

PRO. 40372

Doctor : **DR. SHAILAJA PILLAI**



EC Time: 00:00:00 min, 0.0%
25 seconds, 1.00 mV/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1108 (XXXXXXXXXX) / TRUPTI THATE / 30 Yrs / F / 160 Cms / 70 Kg / HR: 88

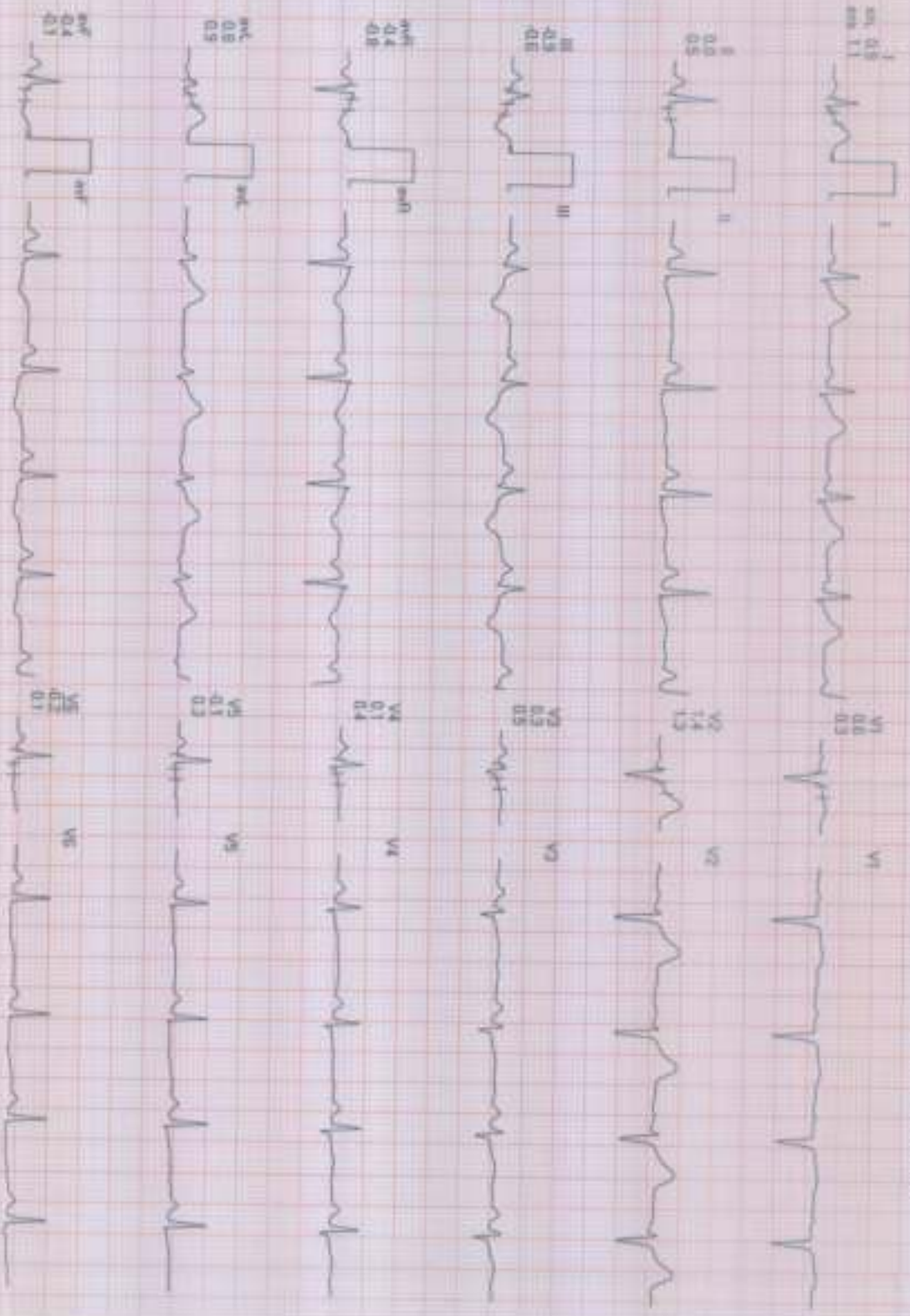
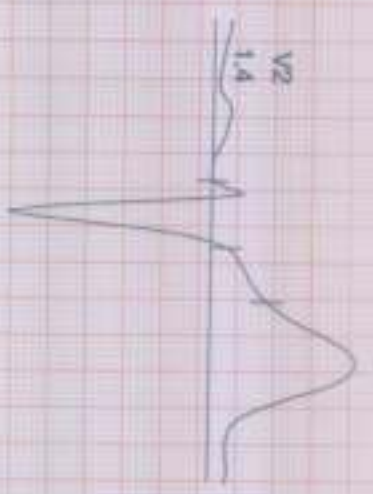
Date: 08/03/2024 10:47:30 AM METS: 1.02 (88 bpm, 48% of THR) SP: 120/70 mmHg Raw ECG/BLC ON/Neck ON/AF 0.05 Hz LF 25 Hz
DX: Sinus Bradycardia

STANDING (00:00)



Extreme 80.00 0.0 mV, 0.0%

25 mm/Sec, 1.0 mV

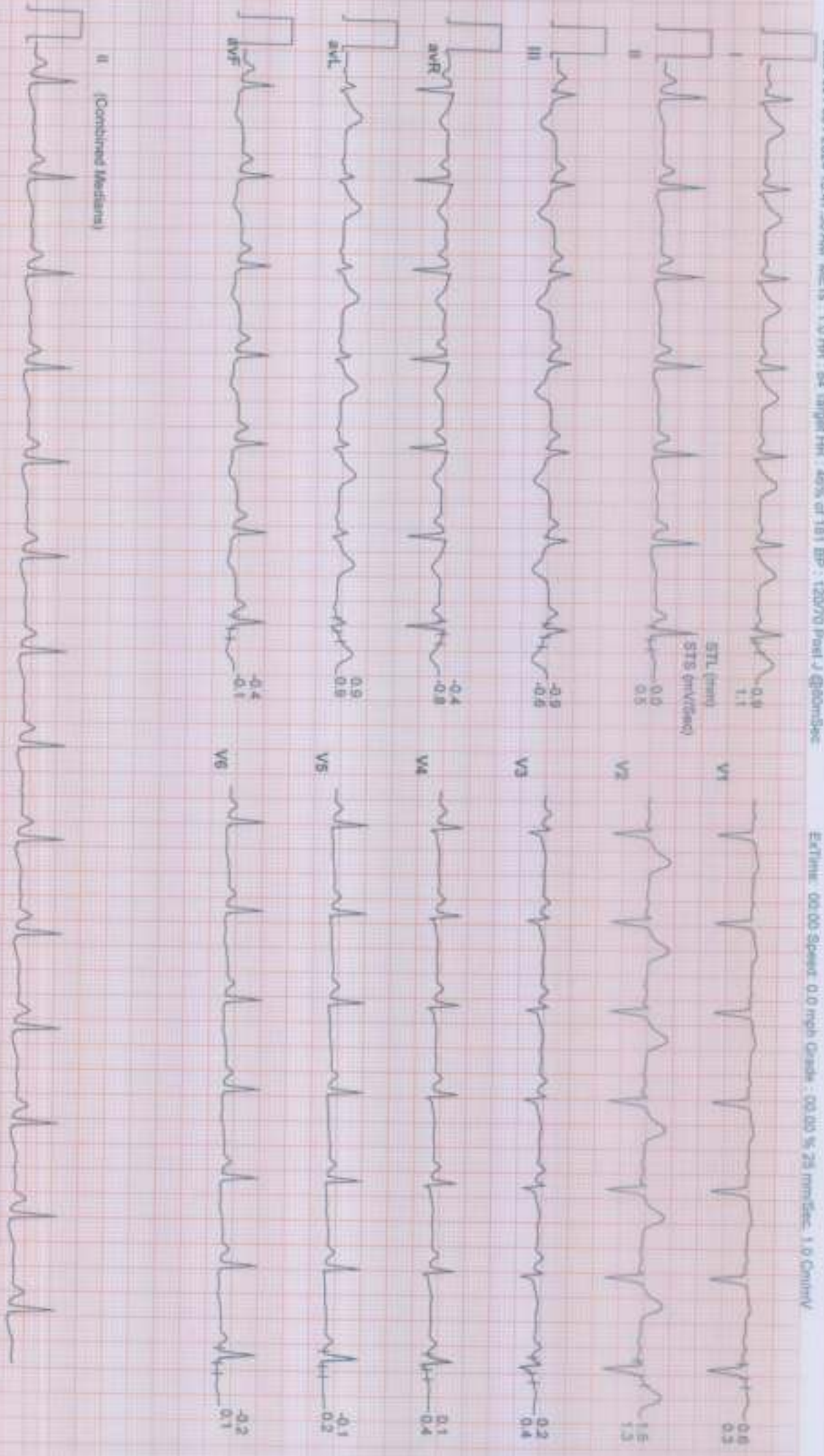


SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

Date: 09 / 03 / 2024 10:47:30 AM METS : 1.0 HR : 64 Target HR : 40% of 161 BP : 120/70 Post J @com-3ec

EXTIME: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV



II (Combined Medians)

6X2 Combine Medians + 1 Rhythm
HV (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

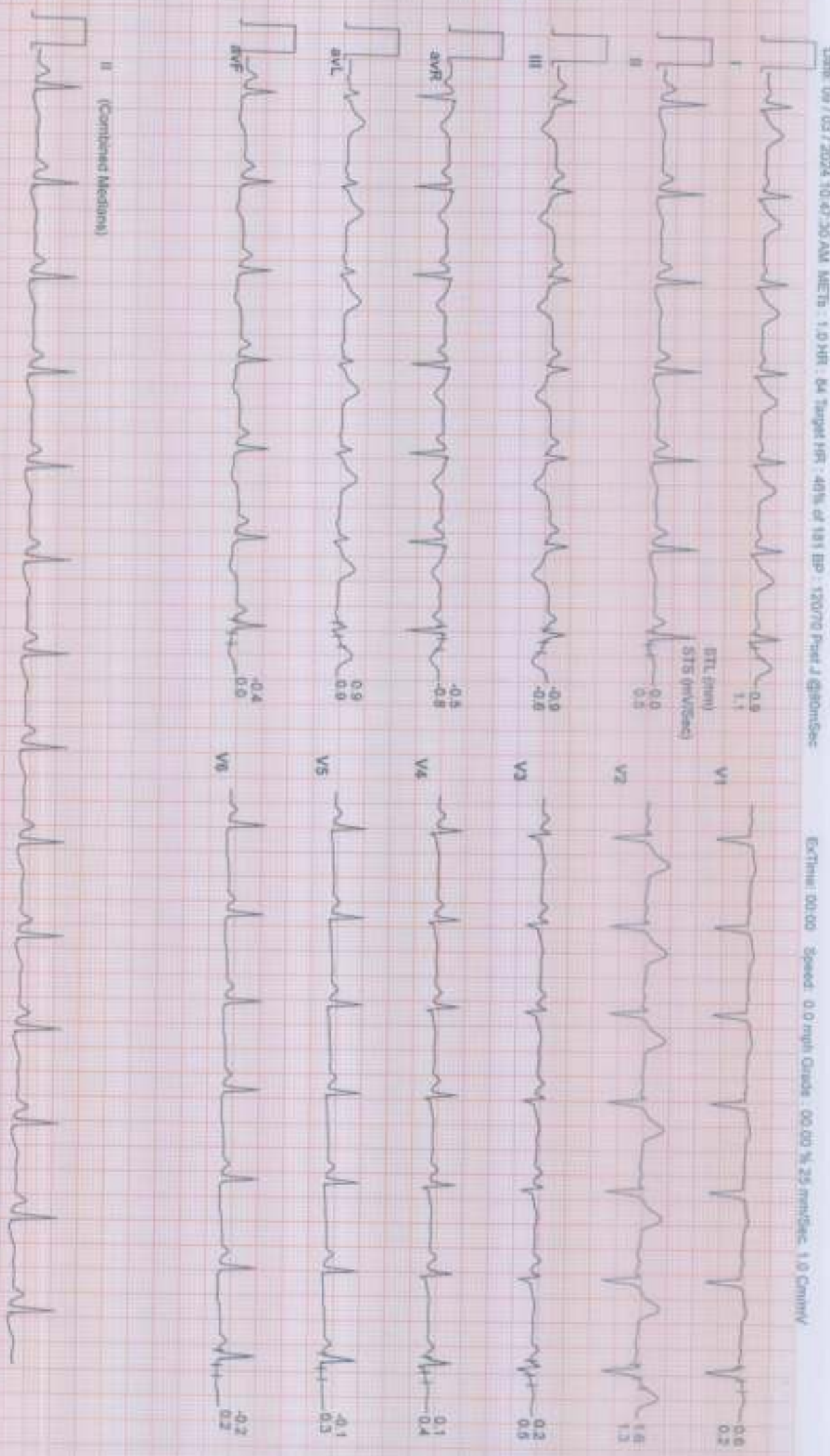
1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

Date: 09 / 03 / 2024 10:47:30 AM METB : 1.0 HR : 64 Target HR : 48% of 181 BP : 120/70 Pwd J GibsonSec

External 00:00 Speed 0.0 mph Grade 00.05 % 25 mm/Sec 1.0 Cm/IV

6X2 Combine Medians + 1 Rhythm

ExStir



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

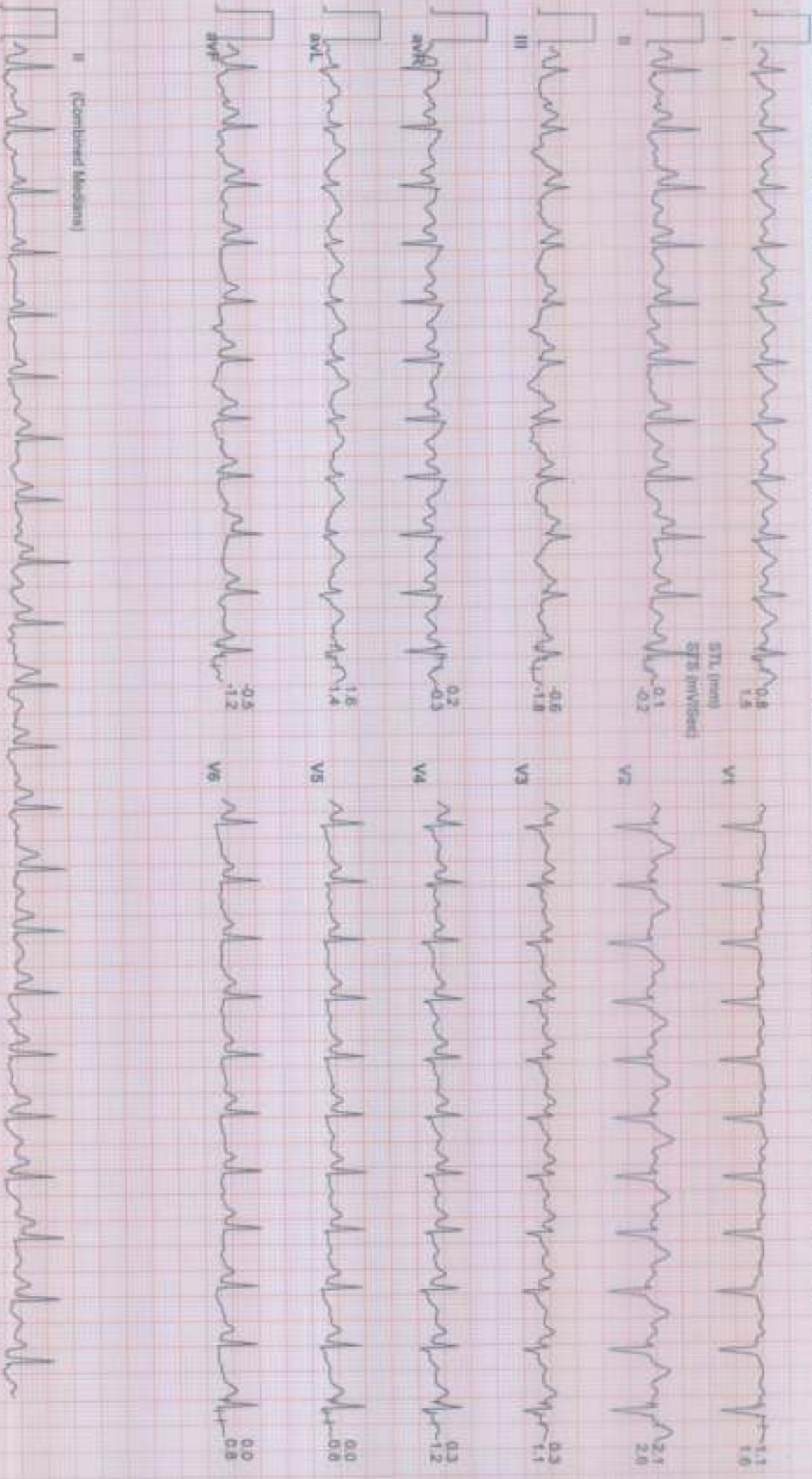
1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

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



Date: 09 / 03 / 2024 10:47:30 AM METs : 4.7 HR : 129 Target HR : 71% of 161 BP : 130/80 Post J @ScomSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

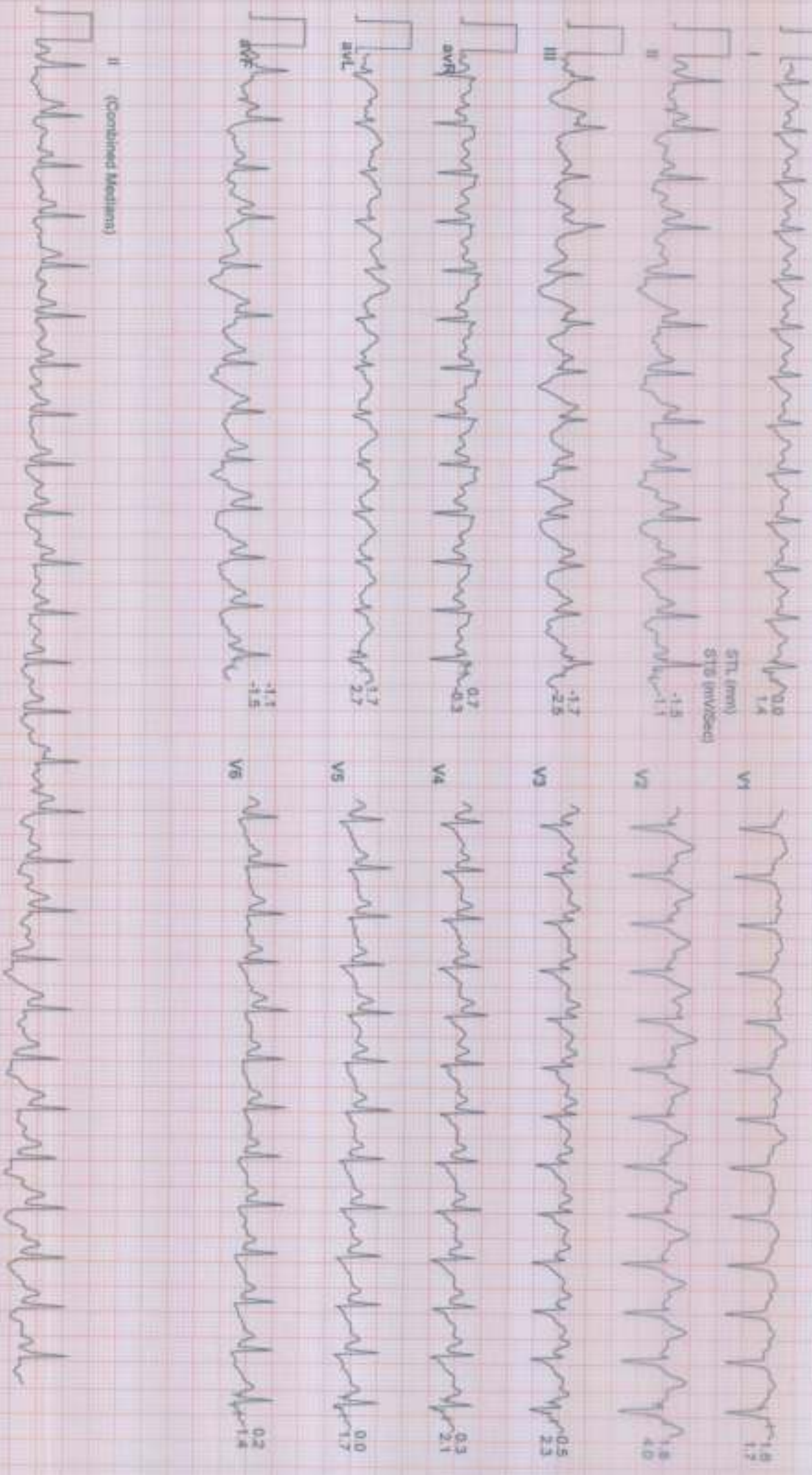
1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 09 / 03 / 2024 10:47:30 AM METR : 6.5 HR : 160 Target HR : 68% of 161 BP : 150/90 Post J @60mSec

Extreme: 06:18 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Chk/IV



II (Continued Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

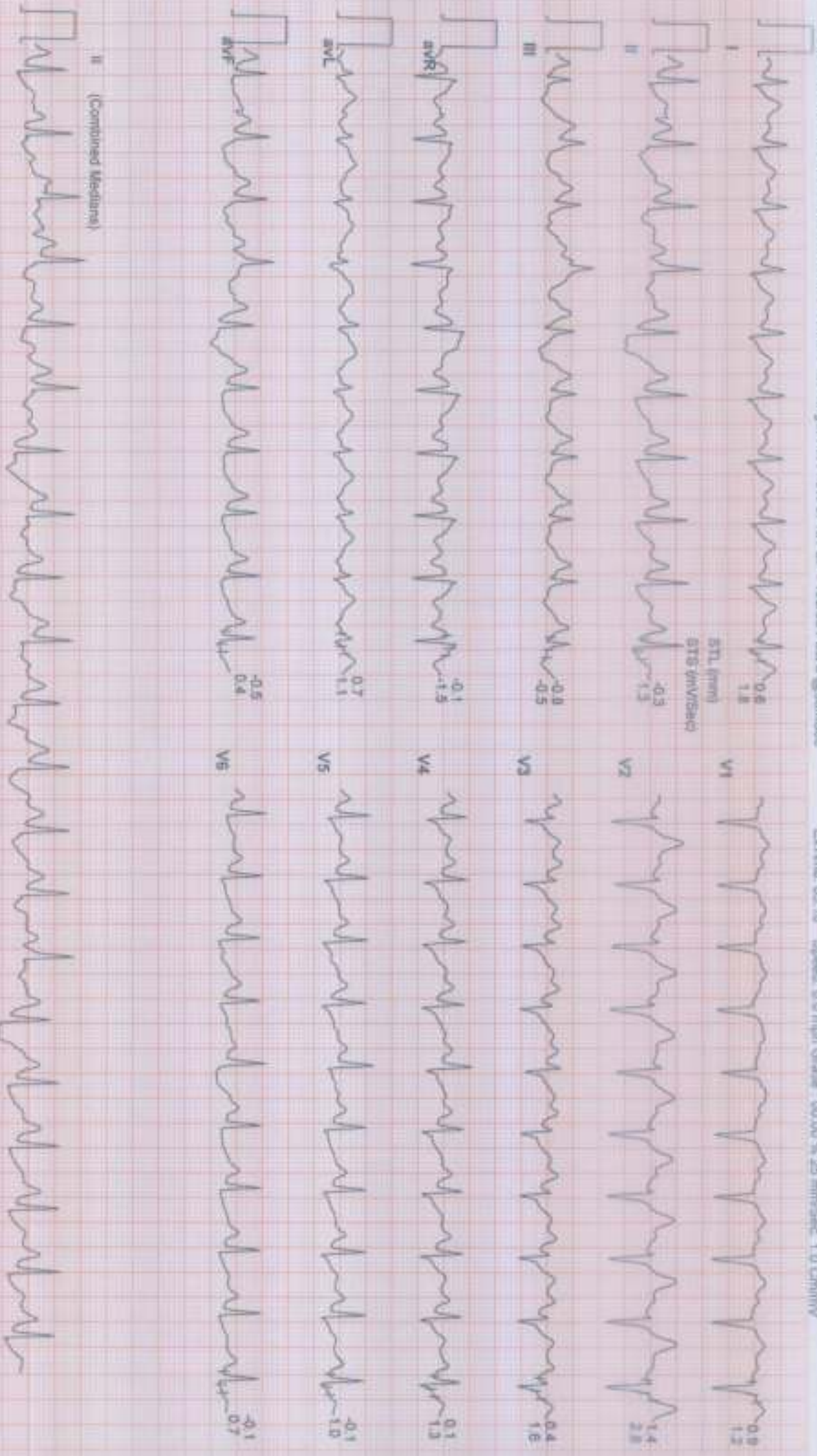
1102 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 09 / 03 / 2024 10:47:20 AM METR : 1.0 HR : 120 Target HR : 70% of 181 BP : 130/80 Post J @Klonidac

Extime: 05:18 Speed: 0.0 High Grade: 00.00 % 25 mm/Sec 1.0 Cm/IV



II (Continued Medians)

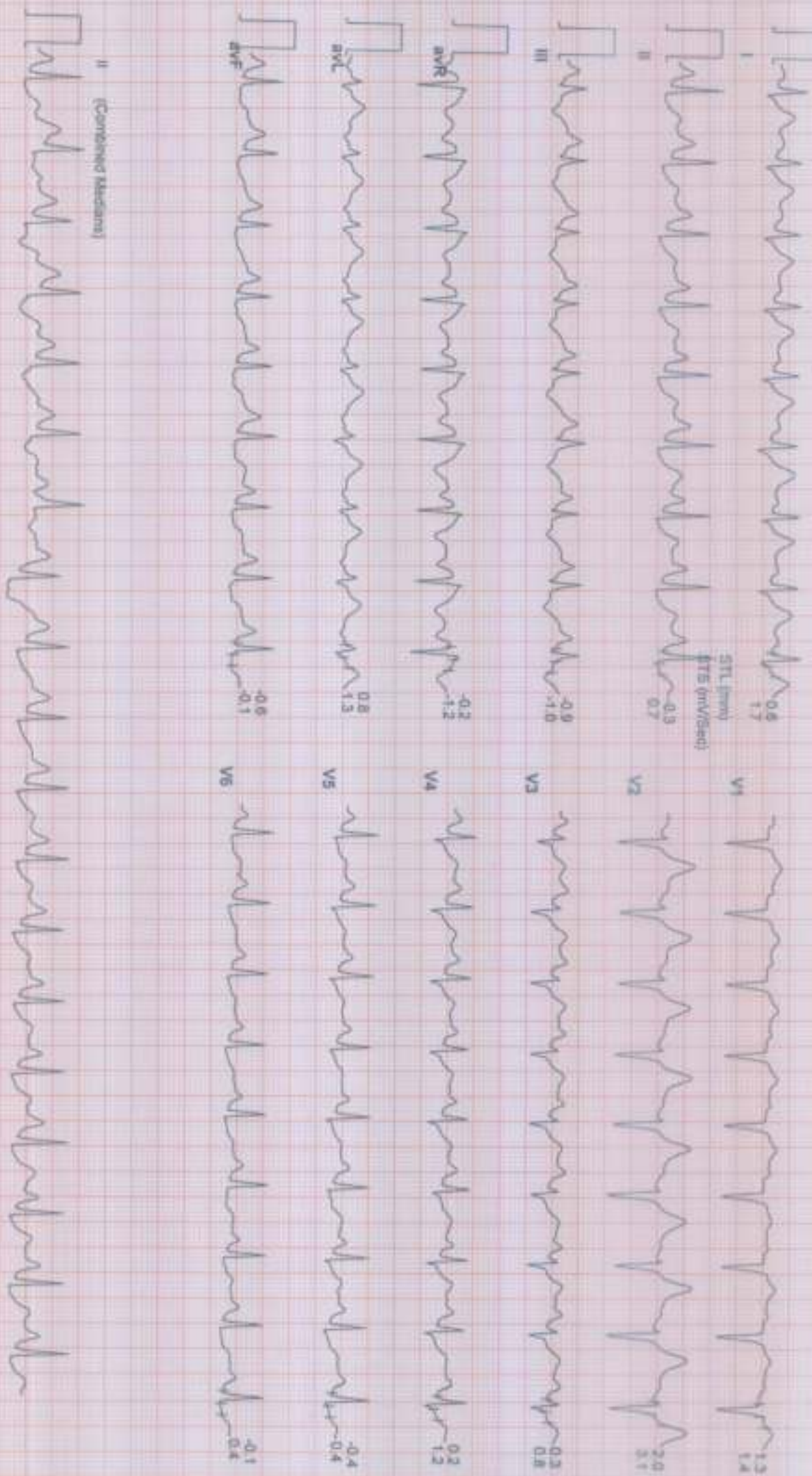
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

Date: 09 / 03 / 2024 10:47:30 AM METN : 1.0 HR : 113 Target HR : 43% of 181 BP : 130/80 Post J @GulmSec

EstTime: 06:18 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm Recovery : (02:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1108 / TRUPTI THATE / 39 Yrs / Female / 160 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:04)



Date: 09 / 03 / 2024 10:47:30 AM METs : 1.0 HR : 113 Target HR : 62% of 181 BP : 130/80 Post J @sdhSec

ExTime: 06:18 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

