

PHYSICAL EXAMINATION REPORT

Patient Name	Gouri V. Kulkarni	Sex/Age	49 YRS./F
Date	29/3/2024	Location	Thane

History and Complaints

do - thalasemia minor.

EXAMINATION FINDINGS:

Height (cms):	- 158	Temp (0c):	Ⓣ
Weight (kg):	- 58	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

} NAD .

↓ Hb
↑ Chol; Non HDL chol.
Umbilical Hernia .

Advice:

- Iron Supplement
- Low Fat Diet
- Surgeon's consultation
- Repeat Lipid Profile (6 Months)

- 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~~ Thalassemia minor

LSCS, Nil

PERSONAL HISTORY:

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

No No
Veg
No



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

NAME: - Geeta Kulkarni AGE / SEX :- F/59
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- Dry Vagina
PIV Itching

MARITAL STATUS :-
Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Irregular
- PAST MENSTRUAL HISTORY :- Regular
- OBSTETRIC HISTORY :- G2 P2 A0.
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- LSCS.
- ALLERGIES :- Tab Steemetil
- FAMILY HISTORY :- Nil

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

M
1
Ⓟ

PERSONAL HISTORY :-

TEMPERATURE :-

Ⓟ

RS :-

NAD

CVS :-

PULSE / MIN :-

72/min

BP (mm of hg):-

120/80

BREAST EXAMINATION:-

PER ABDOMEN :-

NAD

PRE VAGINAL:-

RECOMMENDATION :-

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

Date:- 29/3/24 CID: 2408212816
Name:- Carri / Kulkekar Sex / Age: F 49.

EYE CHECK UP

Chief complaints: RCW

Systemic Diseases: Hb.

Past history: Hb.

Unaided Vision: BC 6/6 NV 6/12

Aided Vision: BC 6/6 NV 6/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Use own Spectacles

MR. PRAKASH KUDVA
[Signature]
SR. OPTOMETRIST



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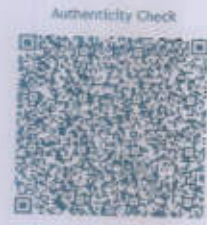
CID : 2408912816
Name : MRS.GOURI KULKARNI
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 08:45
Reported : 29-Mar-2024 / 11:51

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	8.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.3	36-46 %	Measured
MCV	62.9	80-100 fl	Calculated
MCH	19.7	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4740	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.1	20-40 %	
Absolute Lymphocytes	1474.1	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	289.1	200-1000 /cmm	Calculated
Neutrophils	61.2	40-80 %	
Absolute Neutrophils	2900.9	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	75.8	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	259000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	18.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	++		
Microcytosis	++		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
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 9 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
- Brigen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.



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

J. Mujawar

Dr.EMRAN MUJAWAR
M.D (Path)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.9	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	

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.55-1.02 mg/dl	Enzymatic

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

eGFR, Serum	108	(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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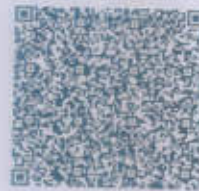
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	3.9	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	140	136-145 mmol/l	IMT
POTASSIUM, Serum	4.3	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	105	98-107 mmol/l	IMT

*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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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

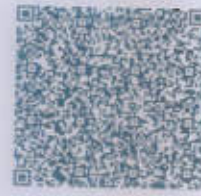
Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

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

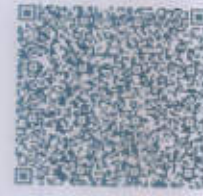
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	3-4	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	3-4	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

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Collected : 29-Mar-2024 / 08:45
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**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.

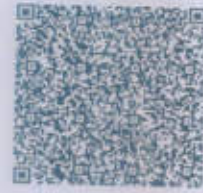
References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

LIPID PROFILE

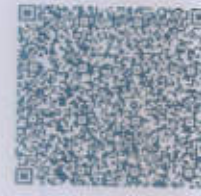
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	200.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	54.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	145.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.6	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	17.2	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



Dr. VRUSHALI SHROFF

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



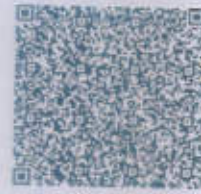
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.4	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	3.43	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 microU/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.

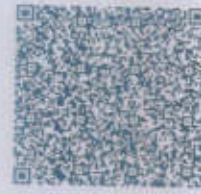
Reference:

- 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)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.04	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.70	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	26.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	26.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	21.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	53.6	46-116 U/L	Modified IFCC

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*** End Of Report ***



J. Thakker

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



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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 29-Mar-2024 / 11:53
Reported : 30-Mar-2024 / 14:49

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
PAP SMEAR REPORT

Liquid Based Cytology

Specimen : (G/SDC- 3869/24)

Received Ezi prep vial.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveal mainly intermediate and good number of superficial squamous cells along with mild neutrophilic infiltrate.

Interpretation :

Negative for intraepithelial lesion or malignancy.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note: Pap test is a screening test for cervical cancer with inherent false negative results.

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



Harini R.
Dr. HARINI RAJU
M.D. (PATH)
HISTOPATHOLOGIST &
CYTOPATHOLOGIST

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: **GOURI KULKARNI**
 Patient ID: **2408912816**
 Date and Time: **29th Mar 24 9:12 AM**

Age **49** NA NA
 years months days

Gender **Female**

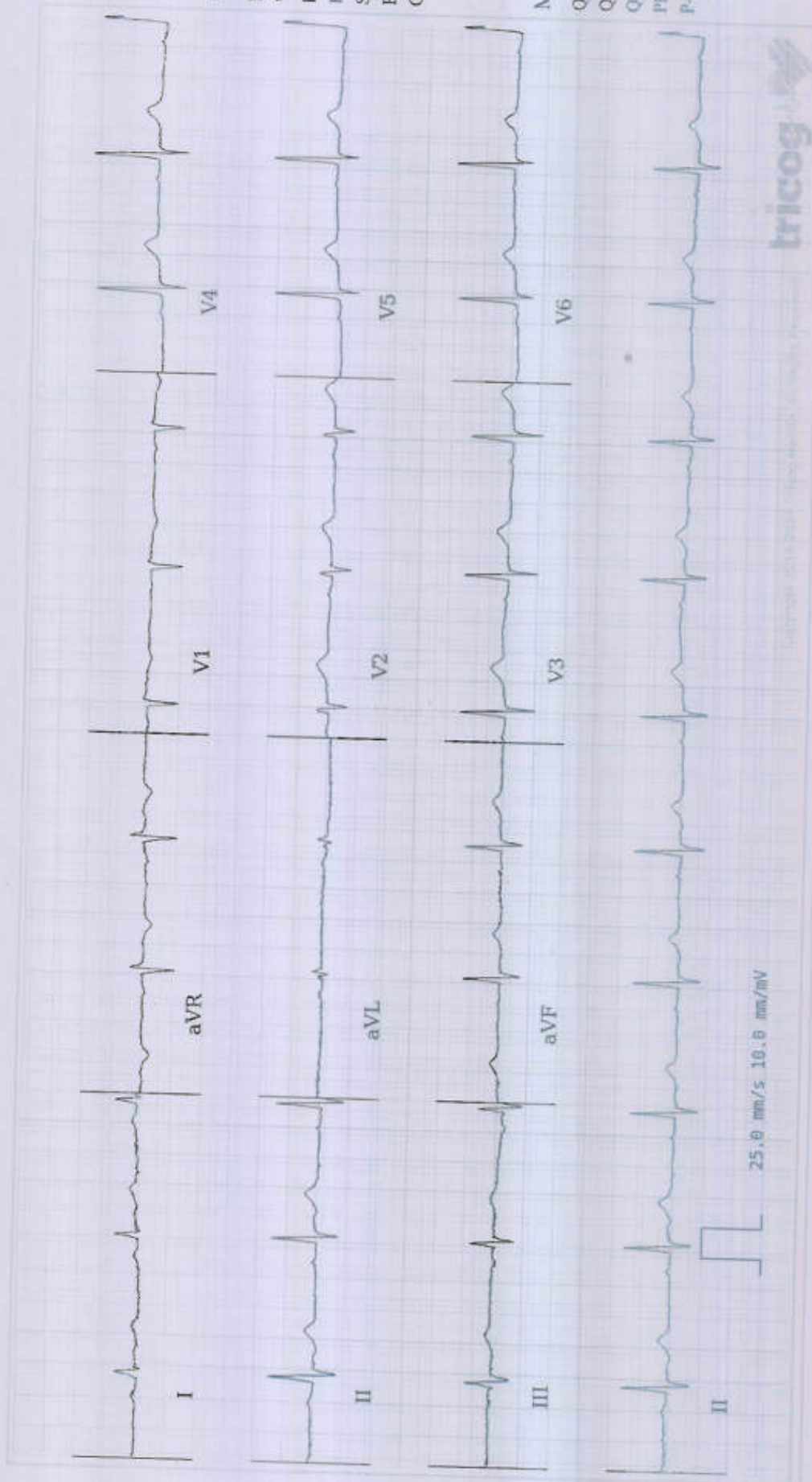
Heart Rate **66bpm**

Patient Vitals

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

Measurements

QRSD: 78ms
 QT: 420ms
 QTcB: 440ms
 PR: 146ms
 P-R-T: NA 47° 68°



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

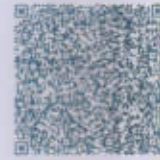
REPORTED BY

[Signature]

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

This device is for diagnostic purposes only. It is not intended to be used for the diagnosis, treatment, or monitoring of any disease. The results of this device should be used in conjunction with other diagnostic tests and should not be used as a substitute for a physician's diagnosis. The results of this device should be used in conjunction with other diagnostic tests and should not be used as a substitute for a physician's diagnosis.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408912816
Name : Mrs GOURI KULKARNI
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 15:11

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-----

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

ReportNo: 2024032908351235

Page no 1 of 1

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sunderban 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@suburbandiagnositics.com | WEBSITE: www.suburbandiagnositics.com



CID : 2408912816
Name : Mrs GOURI KULKARNI
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 13:07

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 9.2 x 3.6 cm. Left kidney measures 9.7 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 5.9 x 2.5 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 3 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

There is a 10 mm defect in the anterior abdominal wall at umbilical region with herniation of fat within, suggestive of umbilical hernia.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908351216>

Authenticity Check



Use a QR Code Scanner
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CID : 2408912816
Name : Mrs GOURI KULKARNI
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 13:07

IMPRESSION:

- UMBILICAL HERNIA.

Advice: Clinical co-relation sos further evaluation and follow up.

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

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908351216>

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

Reg. No. : 2408912816	Sex : FEMALE
NAME : MRS.GOURI KULKARNI	Age : 49 YRS
Ref. By : -----	Date : 29.03.2024

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.

Heterogeneously dense fibroglandular pattern is noted in both breasts limiting optimal visualization .

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. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen .

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:

NO SIGNIFICANT ABNORMALITY IN BOTH BREASTS.

ACR BIRADS CATEGORY 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)

1346 (2...J12816) / GOURI KULKARNI / / / / / 158 Cms / 58 Kg
 Date: 29 / 03 / 2024 01:15:07 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	077	45%	120/70	092	00	
Standing	00:16	0:11	00.0	00.0	01.0	077	45%	120/70	092	00	
HV	00:27	0:11	00.0	00.0	01.0	076	44%	120/70	091	00	
ExStart	00:39	0:12	00.0	00.0	01.0	077	45%	120/70	092	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	133	78%	140/80	186	00	
PeakEX	05:20	1:41	02.5	12.0	06.1	146	85%	150/80	219	00	
Recovery	06:20	1:00	00.0	00.0	01.0	123	72%	130/80	159	00	
Recovery	06:29				00.0	000	0%	129/80	000	00	

FINDINGS :

Exercise Time : 04:41
 Initial HR (ExStrt) : 77 bpm 45% of Target 171
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 6.1 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -1.1 mm in PeakEX
 History : No
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 146 bpm 85% of Target 171
 Max BP Attained 150/80 (mm/Hg)

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

Doctor : DR. SHAILAJA PILLAI

1346 (2408912816) / GOURI KULKARNI / 49 Yrs / F / 158 Cms / 58 Kg
 Date: 29 / 03 / 2024 01:15:07 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	077	45%	120/70	092	00	
Standing	00:16	0:11	00.0	00.0	01.0	077	45%	120/70	092	00	
HV	00:27	0:11	00.0	00.0	01.0	076	44%	120/70	091	00	
ExStart	00:39	0:12	00.0	00.0	01.0	077	45%	120/70	092	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	133	78%	140/80	186	00	
PeakEX	05:20	1:41	02.5	12.0	06.1	146	85%	150/80	219	00	
Recovery	06:20	1:00	00.0	00.0	01.0	123	72%	130/80	159	00	
Recovery	06:29	1:08	00.0	00.0	01.0	120	70%	130/80	156	00	

FINDINGS :

Exercise Time : 04:41
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 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 RNO. 49972

Dr. SHAILAJA PILLAI



EMail: 1346 / GOURI KULKARNI / 49 Yrs / F / 158 Cms / 58 Kg Date: 29 / 03 / 2024 01:15:07 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 77.0 bpm, and the maximum predicted Target Heart Rate 171.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of , , Heart Rate Achieved.

- CONCLUSIONS:**
- 1. Stress test is negative for ischemia
 - 2. Minor ST T changes seen in recovery. K/C of Thalassemia Minor and Anemia.
 - 3. HR and Blood pressure response to exercise is normal.

Signature of Dr. Gauri Kulkarni

ASPL

1346 (2408912816) / GOURI KULKARNI / 49 Yrs / F / 158 Cms / 58 Kg
 Date: 29 / 03 / 2024 01:15:07 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	PPp	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	077	45 %	120/70	092	00	
Standing	00:16	0:11	00.0	00.0	01.0	077	45 %	120/70	092	00	
HV	00:27	0:11	00.0	00.0	01.0	076	44 %	120/70	091	00	
ExStart	00:39	0:12	00.0	00.0	01.0	077	45 %	120/70	092	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	133	78 %	140/80	186	00	
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Recovery	06:20	1:00	00.0	00.0	01.0	123	72 %	130/80	159	00	
Recovery	06:29	1:08	00.0	00.0	01.0	120	70 %	130/80	156	00	

FINDINGS :

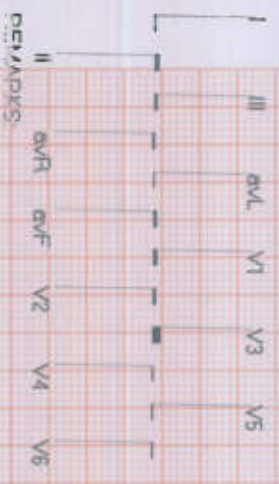
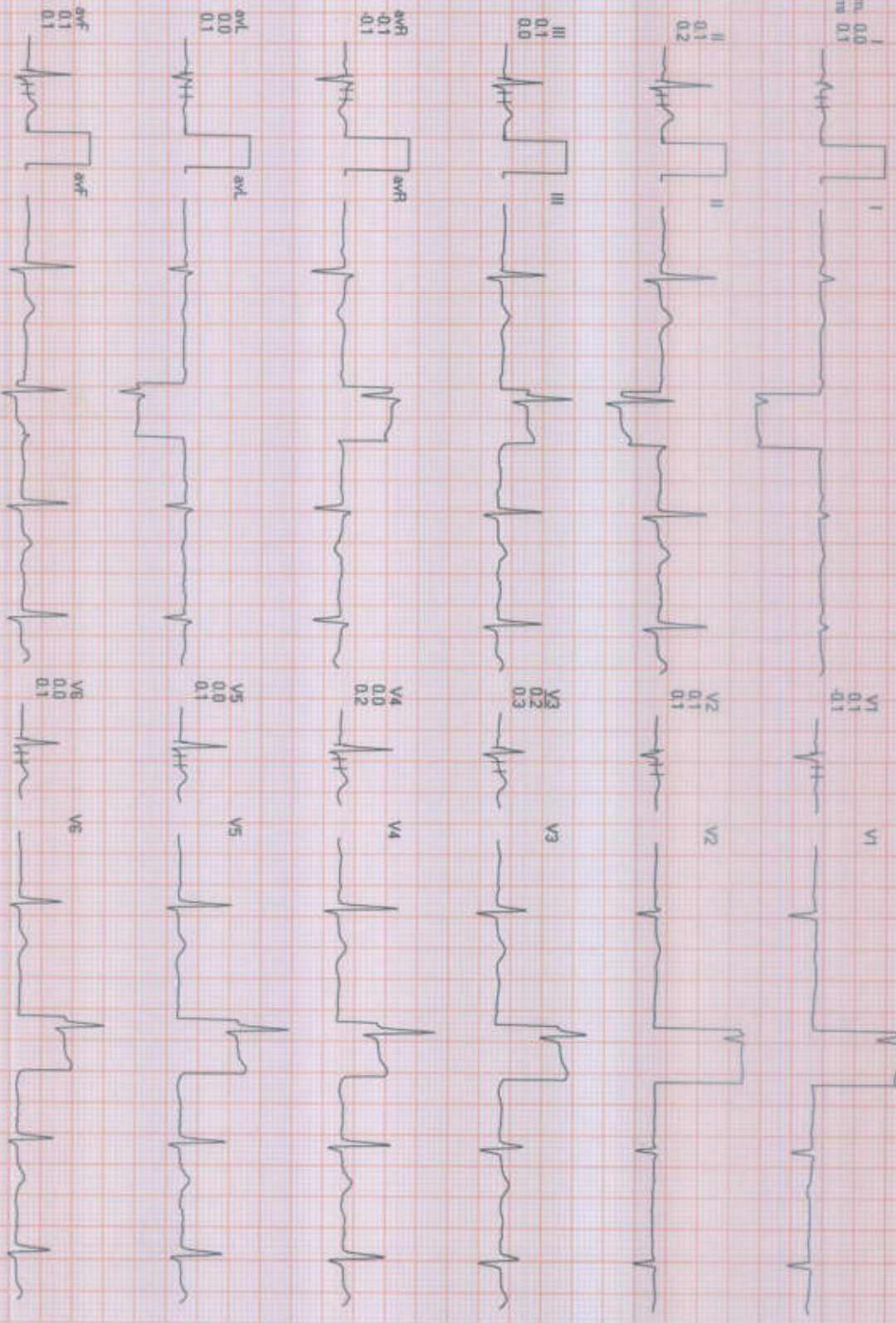
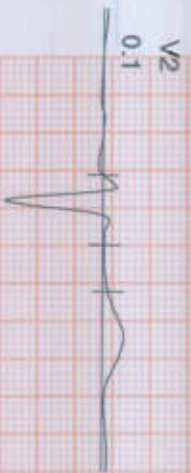
Exercise Time : 04:41
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 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 6.1 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -1.1 mm in PeakEX
 History : No
 Test End Reasons : No, Heart Rate Achieved

Max HR Attained 146 bpm 85% of Target 171
 Max BP Attained 150/80 (mm/Hg)

1346 (24.5...), 3091/KULKARNI / 49 Yrs., 150 Cms / 58 Kg / HR: 78

Date: 29 / 03 / 2024 01:15:02 PM METS: 1.0/ 78 bpm/ 46% of THR BP: 120/70 mmHg Row 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



1346 (2408912876)

ARNI / 49 Yrs / F / 158

HR : 77

Date: 29 / 03 / 2024 01:15:07 PM

METS: 1.0 / 77 bpm 45% of THR BP: 120/70 mmHg Pww ECG/ BLC-ON/ Natch ON/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

25 mm/Sec, 1.0 Cm/Div

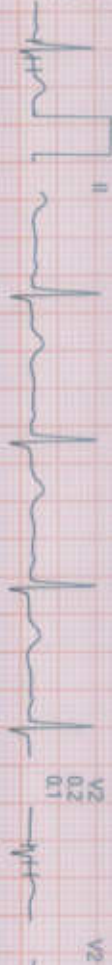
4X 90 ms Pul J



avr 0.1
avR 0.1



II 0.0
III 0.2



III -0.1
III 0.1



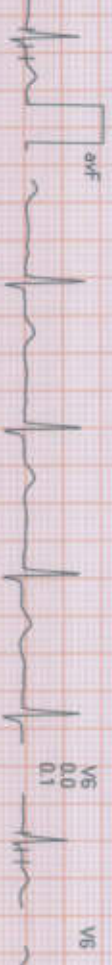
avR 0.0
avL 0.2



avL 0.1
avR 0.0



avF 0.1
avR 0.1



REMARKS:

I II III avR avL avF V1 V2 V3 V4 V5 V6

ACI

SUBURR

STICS (THAN

D)

1346 / GOUR

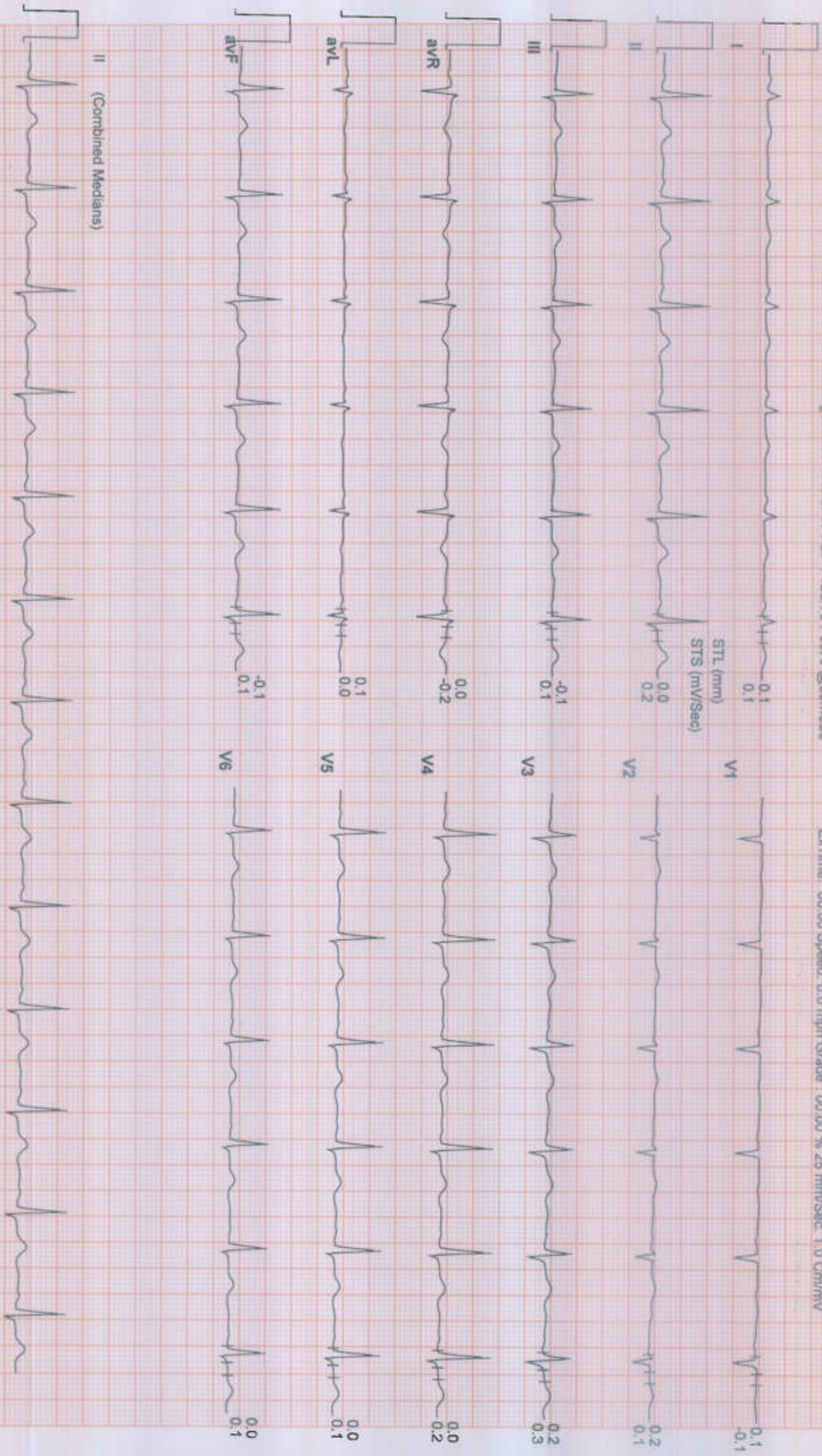
49 Yrs / Female / 158

ombine Me
HV (00:00

hythm

Date: 29 / 03 / 2024 01:15:07 PM METs : 1.0 HR : 76 Target HR : 44% of 171 BP : 120/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mpt Grade : 00:00 % 25 mm/Sec 1.0 Cm/mV





DIAGNOSTIC

GB ROAD

6X2 Cont

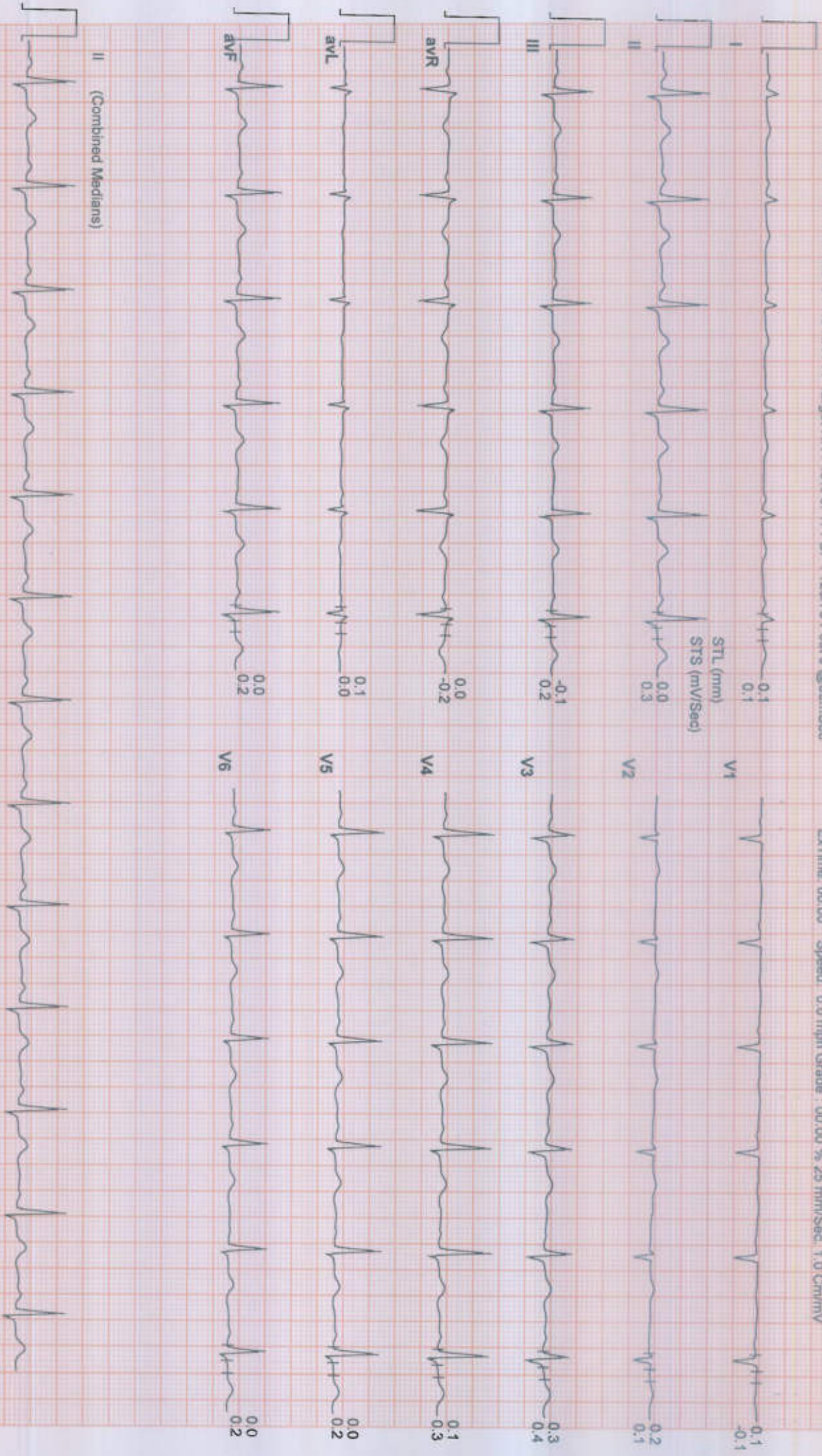
is + 1 Rhythm

KULKARNI / 49 Yrs /

5m / 58 Kg

Date: 29 / 03 / 2024 01:15:07 PM METs : 1.0 HR : 77 Target HR : 45% of 171 BP : 120/70 Post J @80mSec

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



IBUKBAN DI

(ITHANE GP

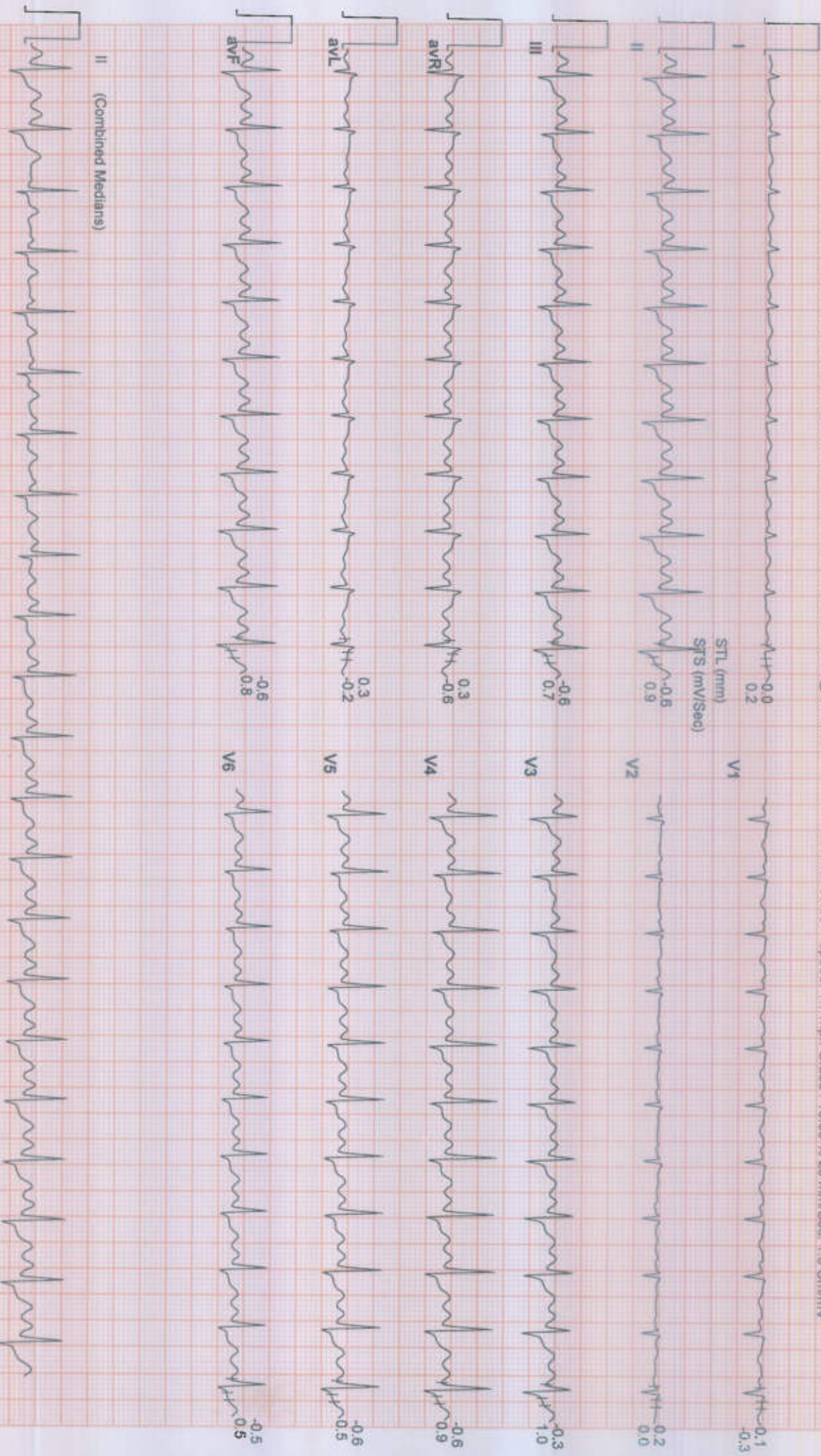
346 / GOURI KULKA

Female / 158 Cm / 56

Date: 29 / 03 / 2024 01:15:07 PM METs : 4.7 HR : 133 Target HR : 78% of 171 BP : 140/88 Post J @60mSec

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

1e Medians
BRUCE : Stage 1



SUBJ: 1346 /

INOSTICS (T

OAD)

NI / 49 Yrs / Female

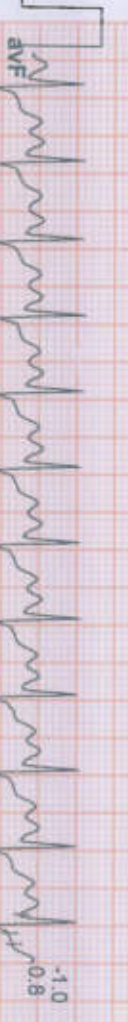
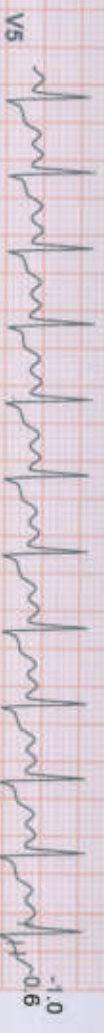
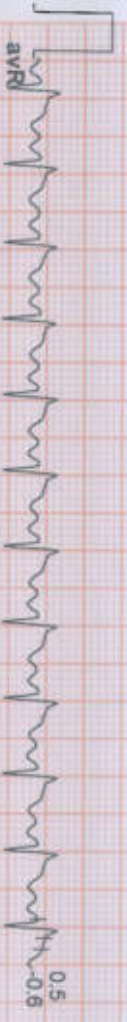
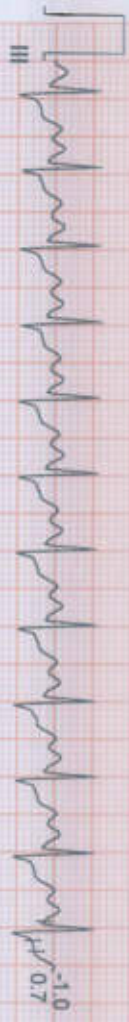
kg

2 Combine Peak

Rhythm

Date: 29 / 03 / 2024 01:15:07 PM METS : 6.1 HR : 148 Target HR : 87% of 171 BP : 150/80 Post J @60mSec

ExTime: 04:41 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





BRAN DIAGN

VANE GB RD

6X

adians + 1
very : (01:00)



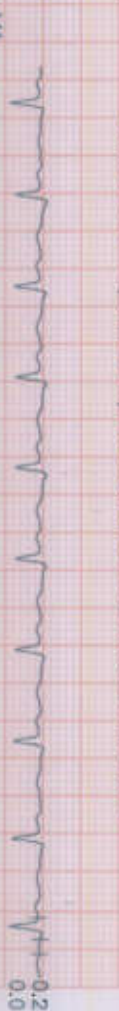
ACHPL

JOURI KULKARNI

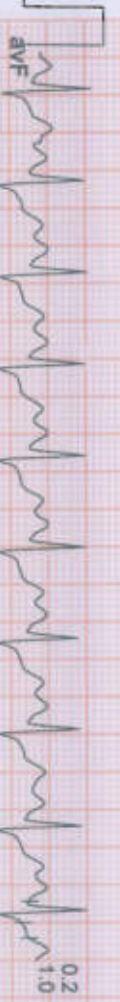
/ 158 Cm / 58 Kg

Date: 29 / 03 / 2024 01:15:07 PM METs : 1.0 HR : 123 Target HR : 72% of 171 BP : 130/80 Post J @80mmSec

ExTime: 04:41 Speed: 0.0 mph Grade : 00.00 % 25 mmv/Sec. 1.0 Cm/mv



STL (mm)
STS (mV/Sec)



II (Combined Medians)



Date: 29 / 03 / 2024 01:15:07 PM METs : 1.0 HR : 120 Target HR : 70% of 171 BP : 130/80 Post J @80mSec

ExTime: 04:41 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

