

**PHYSICAL EXAMINATION REPORT**

Patient Name	Aasha. A. Bhigwani	Sex/Age	54 / F
Date	27/3/24	Location	Thane (w)

**History and Complaints**

C/O - Insomnia since  
5-6 Months.

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	⊖
Weight (kg):	58	Skin:	NAD.
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

Impression: - ↓ Hb., ↑ HbA1c, Urine - 8-10 pus cells.

Calcitriol MS - ↑ Chol, TG's, LDL, Non HDL.  
N B/L  
Breasts - 0 Pacities in B/L Para-hilar region  
LBBB, LVVH S/O - 9. Lymph Nodes.

Advice:

- Iron supplement
- Low Fat Diet / Low sugar Diet
- Repeat sugar, Lipid Profile (monthly)
- Chest Physician's cons.

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

Cervical spondylitis -  
Nil

PERSONAL HISTORY:

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

(NO) OCC.

(No)

- mixed
- Multivitaminics.



**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439

NAME :- Asha Bhojwani AGE / SEX :- F/54  
REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal
- PAST MENSTRUAL HISTORY :- Regular
- OBSTERIC HISTORY :- G3 P2 A1
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- Cervical spondylitis
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

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

Nil  
| (N)

**PERSONAL HISTORY :-**

TEMPERATURE :-

(N)

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-

NAD

72 / min

110/80

NAD

**Dr. Manasee Kulkarni**  
M.B.B.S

2006/09/3439

Date:- 27/3/24 CID: 2408.2054477  
Name:- Asha Bhojwan Sex / Age: F 54.

**EYE CHECK UP**

Chief complaints: RAO

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 132/9 N12 N12

Aided Vision: 134/6 N12 N6

**Refraction:**

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

Colour Vision: Normal / Abnormal

Remark: Use own Spectacles

MR. PRAKASH KUDVA  
*(Signature)*  
SR. OPTOMETRIST



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CID : 2408705447  
Name : MRS. AASHA BHOJWANI  
Age / Gender : 55 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:37  
Reported : 27-Mar-2024 / 13:28

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	10.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.8	36-46 %	Measured
MCV	65.9	80-100 fl	Calculated
MCH	20.7	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	3880	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	32.5	20-40 %	
Absolute Lymphocytes	1261.0	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	318.2	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	
Absolute Neutrophils	2207.7	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	89.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	3.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	289000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	+		
Microcytosis	++		



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Reported : 27-Mar-2024 / 12:56

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. Stop for adult blood.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      23                      2-30 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia  
Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack insert
- Bridgen AL. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.



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

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

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Reported : 27-Mar-2024 / 15:01

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

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

*Dr. Imran Mujawar*  
**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



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Reported : 27-Mar-2024 / 15:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	97	(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
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dl	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dl	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dl	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	2.5	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	10.5	8.6-10.0 mg/dl	H-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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

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

*J. Mujawar*  
Dr. IMRAN MUJAWAR  
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Pathologist



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Collected : 27-Mar-2024 / 09:37  
Reported : 27-Mar-2024 / 15:31

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

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 transfusion, 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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**Dr. VANDANA KULKARNI**  
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Mar-2024 / 09:46  
Reported : 27-Mar-2024 / 13:48

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b>CHEMICAL EXAMINATION</b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<b>MICROSCOPIC EXAMINATION</b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West.  
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Collected : 27-Mar-2024 / 09:37  
Reported : 27-Mar-2024 / 13:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	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+ = 300 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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\*\*\* End Of Report \*\*\*

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Collected : 27-Mar-2024 / 09:37  
Reported : 27-Mar-2024 / 13:59

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

PARAMETER	RESULTS
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 Rh 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 \*\*\*

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Collected : 27-Mar-2024 / 09:37  
Reported : 27-Mar-2024 / 15:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	235.2	Desirable: <200 mg/dl Borderline high: 200-239mg/dl High: >=240 mg/dl	CHOD-PGD
TRIGLYCERIDES, Serum	168.9	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	GPO-PGD
HDL CHOLESTEROL, Serum	50.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	185.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	151.0	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	34.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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

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Collected : 27-Mar-2024 / 09:37  
 Reported : 27-Mar-2024 / 16:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	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	1.97	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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Reported : 27-Mar-2024 / 16:58

**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 trauma, 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 200%. Biological variation: 19.7% (with in subject variation)

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

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

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Reported : 27-Mar-2024 / 14:12

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

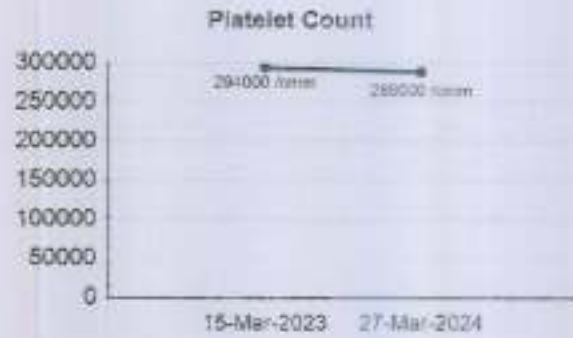
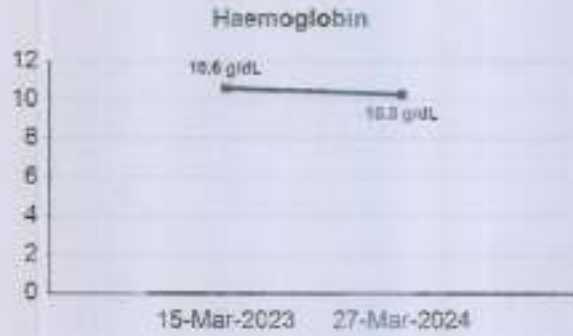
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biauret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	31.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	30.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	16.4	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	79.9	35-105 U/L	PNPP

\*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



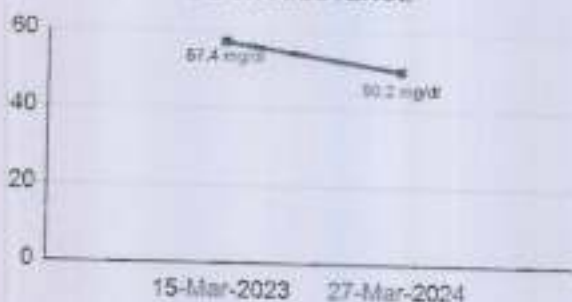
CID : 2408705447  
 Name : MRS. AASHA BHOJWANI  
 Age / Gender : 55 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)





CID : 2408705447  
Name : MRS.AASHA BHOJWANI  
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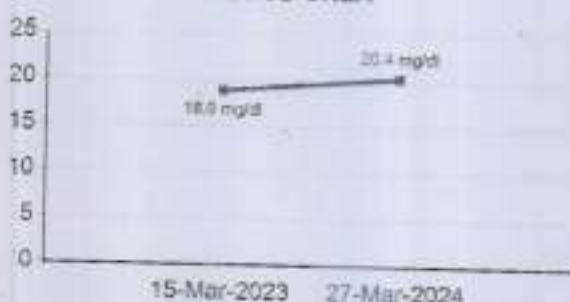
**HDL CHOLESTEROL**



**LDL CHOLESTEROL**



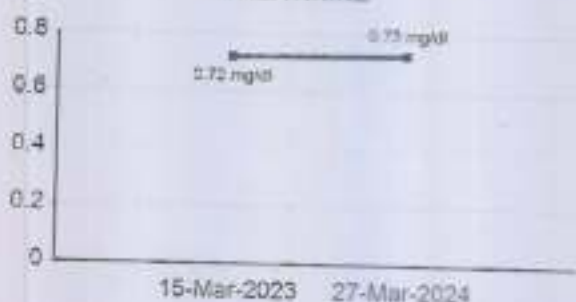
**BLOOD UREA**



**BUN**



**CREATININE**

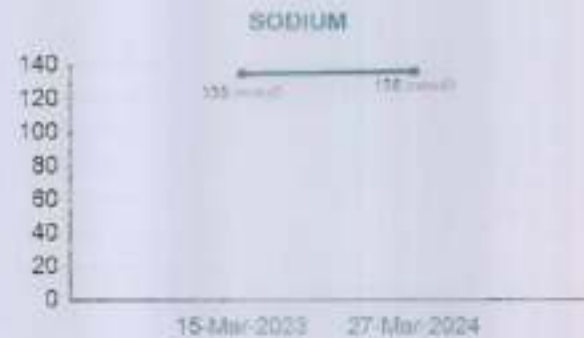
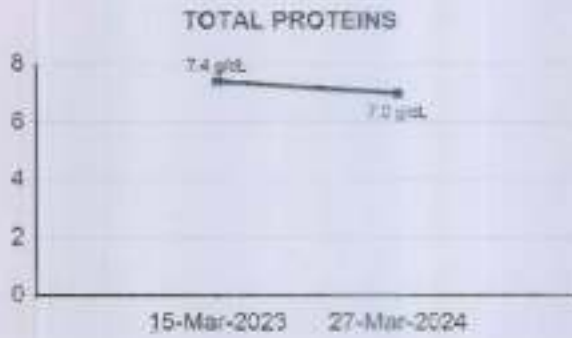
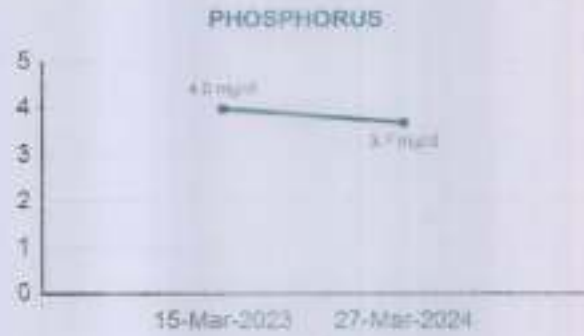
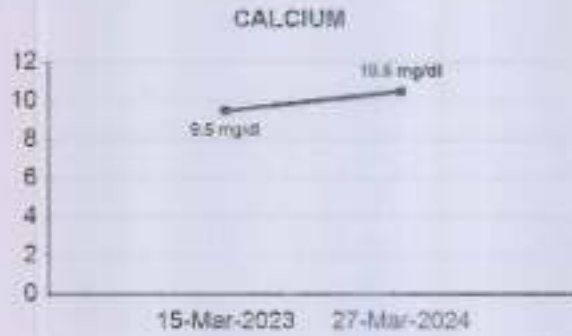


**URIC ACID**



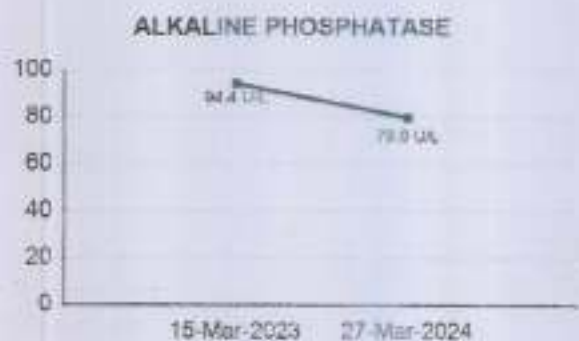
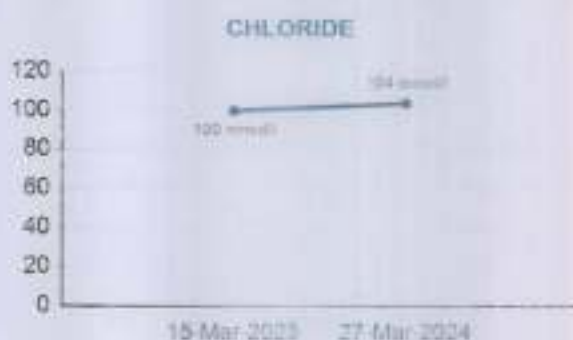
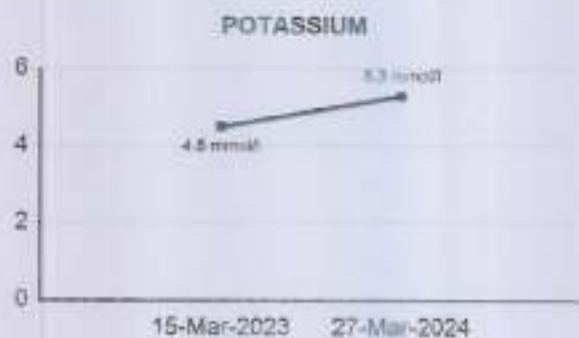


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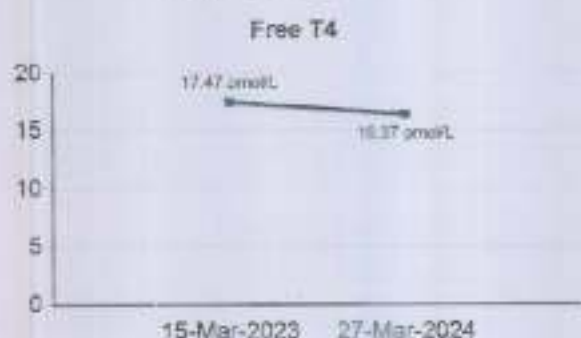
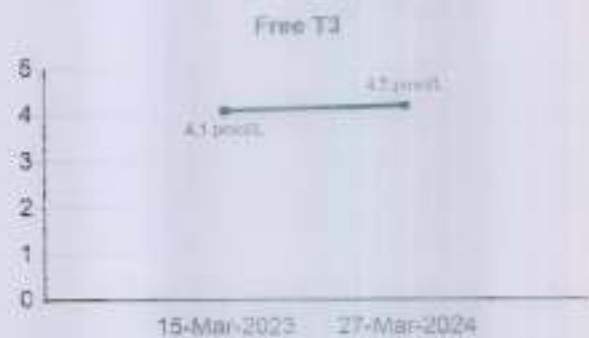
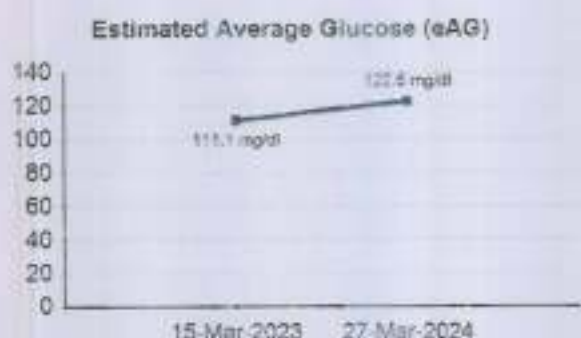
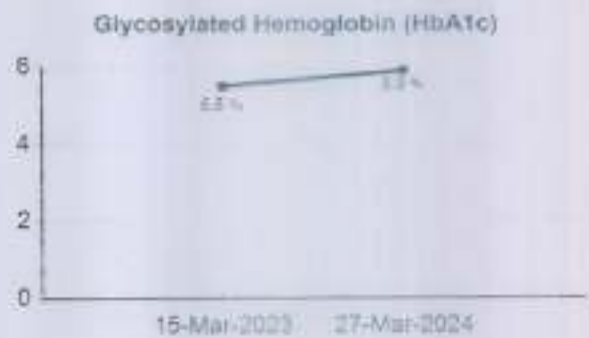


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 Name : MRS. AASHA BHOJWANI  
 Age / Gender : 55 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)



Authenticity Check



Use QR Code Scanner  
Application To Scan the Code

CID : 2408705447  
Name : Mrs Aasha Bhojwani  
Age / Sex : 55 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Mar-2024  
Reported : 27-Mar-2024 / 18:00

**X-RAY CHEST PA VIEW**

Increased bilateral bronchovascular prominence.

Few calcified round opacities noted in blateral para-hilar region s/o ? lymph nodes.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**TO BE CORRELATED CLINICALLY**

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

*G. R. Fartade*

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

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2024032709331926



Age: **55** years  
NA months  
NA days

Gender: **Female**

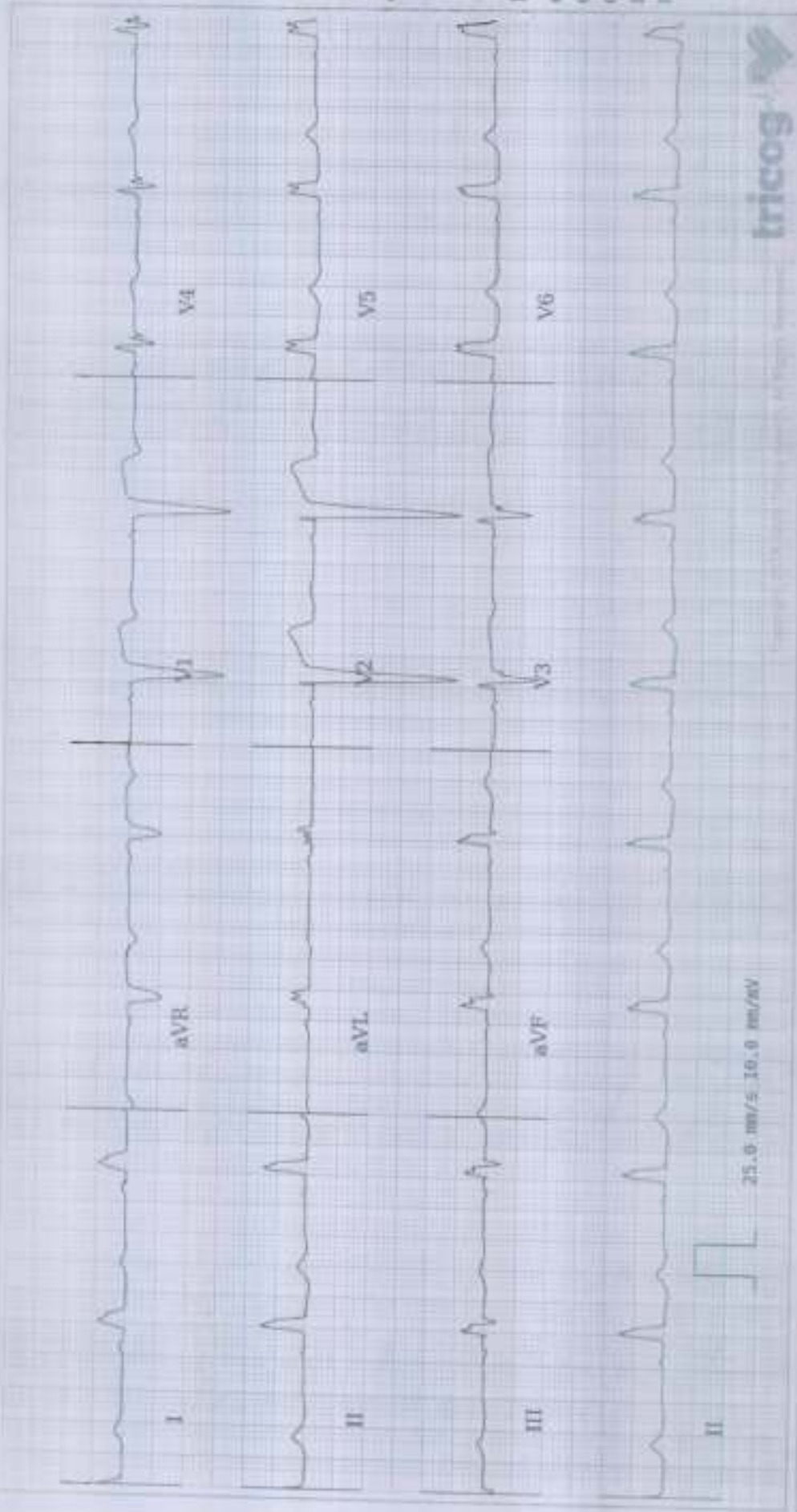
Heart Rate: **56bpm**

Patient Vitals

BP: **110/80 mmHg**  
Weight: **58 kg**  
Height: **160 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

Measurements

QRSD: **146ms**  
QT: **522ms**  
QTcB: **503ms**  
PR: **144ms**  
P-R-T: **-5° 38° 19°**



**Complete Left Bundle Branch Block, Sinus Bradycardia. Please correlate clinically.**

REPORTED BY

*[Signature]*  
DR. SHARADA PILLAI  
MBBS, MD Psychiatry  
300 Psychiatry  
40113

REG NO : 2408705447	SEX : FEMALE
NAME : MRS. AASHA BHOJWANI	AGE : 55 YRS
REF BY DR : -----	DATE : 27.03.2024

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS:**

LVIDD	45	mm
LVIDS	28	mm
LVEF	60	%
IVS	11	mm
PW	7	mm
AO	18	mm
LA	33	mm

**2D ECHO:**

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

**PATIENT NAME : MRS. AASHA BHOJWANI**

**COLOR DOPPLER:**

- Mitral valve doppler - E- 1.1 m/s, A 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.8 m/s, PG 13.4 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION:**

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

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



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

Reg. No. : 2408705447	Sex : FEMALE
NAME : MRS. AASHA BHOJWANI	Age : 55 YRS
Ref. By : -----	Date : 27.03.2024

### 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.  
**Calcifications are noted in both breasts.**

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:

**CALCIFICATIONS ARE NOTED IN BOTH BREASTS.**

**ACR BIRADS CATEGORY II BOTH BREASTS.**

### SUGGEST CLINICAL CORRELATION 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.

**DR. GAURI VARMA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**

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Name : Mrs Aasha Bhojwani  
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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Mar-2024  
Reported : 27-Mar-2024 / 13:40

**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 partially distended . No obvious 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 9.6 x 4.2 cm. Left kidney measures 10.3 x 4.6 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus appears atrophic (post-menopausal status).

Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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

HEALTHLINE: (022-6170-0000) | E-MAIL: [customerservice@suburbandiagnostics.com](mailto:customerservice@suburbandiagnostics.com) | WEBSITE: [www.suburbandiagnostics.com](http://www.suburbandiagnostics.com)

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Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Mar-2024  
Reported : 27-Mar-2024 / 13:40

**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-----

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

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