

# SUBURBAN DIAGNOSTICS - ANDHERI WEST

Patient Name: RAPOSE PADMA

Date and Time: 13th Sep 22 10:03 AM

Patient ID: 2225606241

Age **60** **NA** **10**  
years months days

Gender **Female**

Heart Rate **69bpm**

### Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

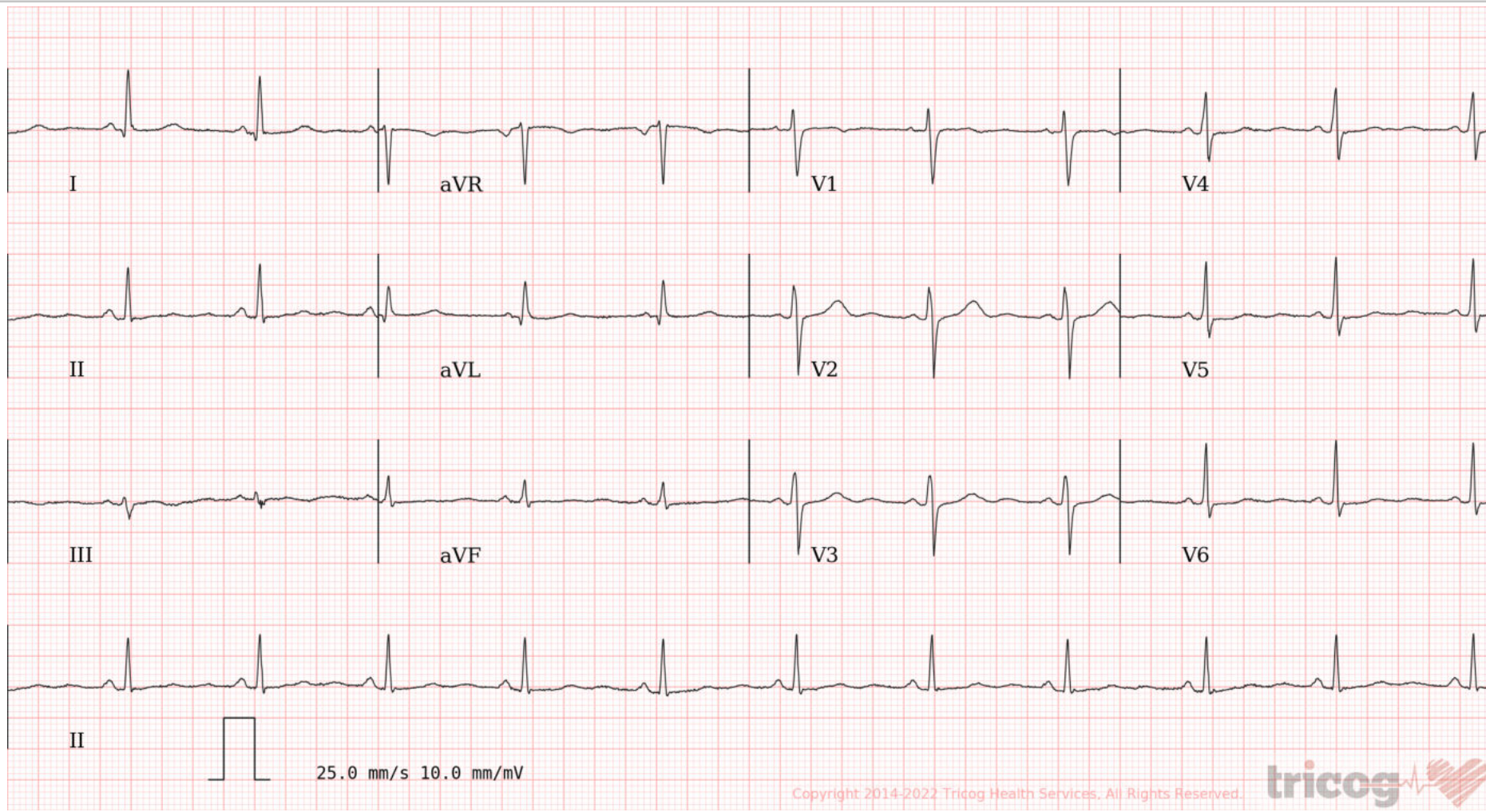
QRSD: 84ms

QT: 426ms

QTc: 456ms

PR: 128ms

P-R-T: 44° 25° 26°



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

REPORTED BY

Dr. Ajita Bhosale  
M.B.B.S/PG.D.C.C (DIP. Cardiology)  
2013062200



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**CID** : 2225606241  
**Name** : Mrs RAPOSE PADMA  
**Age / Sex** : 60 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Andheri West (Main Center)

**Reg. Date** : 13-Sep-2022  
**Reported** : 13-Sep-2022/11:42

**MAMMOGRAPHY AND SONOMAMMOGRAPHY**

Bilateral mammograms have been obtained 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.  
**Bilateral breast density ACR CATEGORY II**

**Few tiny calcifications are noted in the right breast.**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen.

No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture.  
No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

**IMPRESSION:**

**Few tiny calcifications in the right breast.**

**Normal mammography and sonomammography of the left breast.**

**RIGHT BREAST - BIRADS CATEGORY II**

**LEFT BREAST - BIRADS CATEGORY I**

*Suggest: Follow up mammography after one year is suggested.  
Please bring all the films for comparison.*

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].

- I Negative
- II Benign finding
- III Probably benign finding.
- IV Suspicious (Indeterminate).
- V Highly suggestive of malignancy.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**DR. NIKHIL DEV**  
**M.B.B.S, MD (Radiology)**  
**Reg No – 2014/11/4764**  
**Consultant Radiologist**



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## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (14.2cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.

The main portal vein and CBD appears normal.

### **GALL BLADDER:**

The gall bladder is physiologically distended and appears normal.

No evidence of gall stones or mass lesions seen

### **PANCREAS:**

The pancreas is well visualised and appears normal.

No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.6 x 3.1cm. Left kidney measures 9.1 x 4.6cm.

### **SPLEEN:**

The spleen is normal in size (8.6cm) and echotexture.

No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

Prevoid volume = 233cc. Postvoid volume = 31cc.

### **UTERUS:**

Uterus is anteverted. The uterine myometrium shows multiple calcifications.

**Few small fibroids are noted.**

Periendometrial halo is well maintained. Endometrium measures 4.6mm.

Cervix appears normal. (Post menopausal status).



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**OVARIES:**

Both ovaries are not visualised mostly atrophic (Post menopausal status).

*Kindly correlate clinically.*

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Reported : 13-Sep-2022 / 15:55

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

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.11	3.8-4.8 mil/cmm	Elect. Impedance
PCV	31.9	36-46 %	Calculated
MCV	77.5	80-100 fl	Measured
MCH	25.3	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	19.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4850	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	39.0	20-40 %	
Absolute Lymphocytes	1891.5	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	325.0	200-1000 /cmm	Calculated
Neutrophils	49.0	40-80 %	
Absolute Neutrophils	2376.5	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	232.8	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	24.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	258000	150000-400000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Measured
PDW	11.3	11-18 %	Calculated







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	111.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	269.8	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 CPL, Andheri West

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



*Anupa*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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**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	7.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	162.8	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. Thakker*

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



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Reported : 13-Sep-2022 / 18:47

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

**PARAMETER RESULTS BIOLOGICAL REF RANGE**

**PHYSICAL EXAMINATION**

Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent

**CHEMICAL EXAMINATION**

Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent

**MICROSCOPIC EXAMINATION**

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
Reducing Substances	-	Absent

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



*M Jain*

**Dr.MILLU JAIN  
M.D.(PATH)  
Pathologist**





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	25-30	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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



*Anupa*

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**M.D.(PATH)**  
**Pathologist**





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Collected : 13-Sep-2022 / 12:16  
Reported : 16-Sep-2022 / 18:17

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

**Specimen** : - (G/SDC- 7911/22)

Received SurePath vial.

**Clinical Notes** :

Menopausal.

Cervix : Healthy, white discharge.

**Adequacy** :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

**Microscopic** :

Smear reveals mainly intermediate with few superficial and parabasal squamous cells along with dense neutrophilic infiltrate.

Intermediate and superficial cells show reactive atypia in form of mildly increased nucleo-cytoplasmic ratio, nuclei having fine chromatin and prominent nucleoli.

**Interpretation** :

1. Negative for intraepithelial lesion or malignancy.

2. Inflammatory smear.

**Advised** : Repeat PAP smear after control of local inflammation.

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 \*\*\*



*G Badkar*  
**Dr.GAUTMI BADKAR**  
**M.D. (PATH), DNB (PATH)**  
**Pathologist**



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

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	67.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	12.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.9	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	5.23	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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



MC-2111

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Age / Gender : 60 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

Collected : 13-Sep-2022 / 10:41  
Reported : 13-Sep-2022 / 13:54

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	13.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	104.2	35-105 U/L	Colorimetric

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*Anupa*

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

CID#	: 2225606241	SID#	: 177805489693
Name	: MRS.RAPOSE PADMA	Registered	: 13-Sep-2022 / 09:37
Age / Gender	: 60 Years/Female	Collected	: 13-Sep-2022 / 09:37
Consulting Dr.	: -	Reported	: 13-Sep-2022 / 13:17
Reg.Location	: Andheri West (Main Centre)	Printed	: 13-Sep-2022 / 13:24

### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

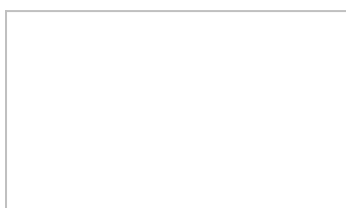
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

#### **IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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



**Dr.R K BHANDARI**  
**M.D.,D.M.R.E**  
**CONSULTANT RADIOLOGIST**

CID# : 2225606241  
Name : MRS.RAPOSE PADMA  
Age / Gender : 60 Years/Female  
Consulting Dr. : -  
Reg.Location : Andheri West (Main Centre)

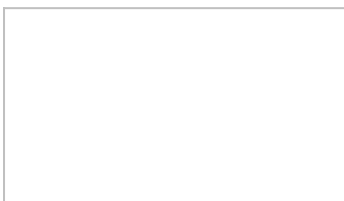
SID# : 177805489693  
Registered : 13-Sep-2022 / 09:37  
Collected : 13-Sep-2022 / 09:37  
Reported : 17-Sep-2022 / 09:35  
Printed : 17-Sep-2022 / 09:36

## GYNAECOLOGICAL CONSULTATION

### PARAMETER

<b>EXAMINATION</b>			
RS	: AEBE	CVS	: S1S2 audible
BREAST EXAMINATION	: Mammography done	PER ABDOMEN	: Liver,Spleen not palpable
PER VAGINAL	: pap smear done		
<b>MENSTRUAL HISTORY</b>			
MENARCHE	: 14 years ( Menopause )		
PAST MENSTRUAL HISTORY	: Regular		
<b>OBSTETRIC HISTORY :</b>			
G2P2			
<b>PERSONAL HISTORY</b>			
ALLERGIES	: None	BLADDER HABITS	: Normal
BOWEL HABITS	: Regular	DRUG HISTORY	: Tab. Glyciphase,Tab. Thyronorm 50 mcg
PREVIOUS SURGERIES	: D & C for vesicular moles		
<b>FAMILY HISTORY :</b>			
NOt Significant			
<b>CHIEF GYNAE COMPLAINTS :</b>			
Asymptomatic			
<b>RECOMMENDATIONS :</b>			
Inflammatory pap smear,Kindly consult your gynaecologist with all your reportsRepeat pap smear after treatment.			

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



*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**