

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

MEERA ANKUSH BOBLE  
RATILAL LAVJI PARMAR

28/04/1977  
Permanent Account Number  
AXJPB1976A

  
Signature

  
14/06/2010

*Meera.*

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.  
102-104, Bhcomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

NAME: - Boble Meera Ankush

AGE / SEX :- 45 / F

REGN NO :- 2233019702

REF DR :-

**GYANECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :-
- PRESENT MENSTRUAL HISTORY :-
- PAST MENSTRUAL HISTORY :-
- OBSTERIC HISTORY :- P<sub>2</sub>L<sub>2</sub>A<sub>0</sub>
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- TL
- ALLERGIES :- Nil
- FAMILY HISTORY :- Nil

menopause x 1 1/2 yrs

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

- DRUG HISTORY :- Nil
- BOWEL HABITS :- Constipation
- BLADDER HABITS :- Burning on and off

**PERSONAL HISTORY :-**

TEMPERATURE :- Afebrile

RS :- | 0

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:- —

PER ABDOMEN :- (R)

PRE VAGINAL:- —

RECOMMENDATION :-

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

  
**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG. NO.2001/04/1882

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Date:-

CID: 2233019702

Name:- Boble Meera Ankush

Sex / Age: F / 45

**EYE CHECK UP**

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision: 6/10 @ 6/6 @ 6/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			M/10	_____			M/10

✓  
Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.



CID : 2233019702  
Name : Mrs BOBLE MEERA ANKUSH  
Age / Sex : 45 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 26-Nov-2022  
Reported : 26-Nov-2022 / 14:42

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### 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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**



DR. Akash Chhari  
MBBS, MD, Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

Page no 1 of 1

PATIENT NAME : MRS..BOBLE MEERA ANKUSH	AGE : 45 YRS
CID NO : 2233019702	SEX : FEMALE
REF DR NAME : -----	DATE : 26/11/2022

## 2D-ECHOCARDIOGRAPHY REPORT

**INDICATION:** Cardiac Evaluation

**SUMMARY:** Normal LV and RV systolic function. EF= 60 %  
No gross regional wall motion abnormality seen.  
E/A 1.66, Intact septae.  
No obvious pulmonary hypertension.  
No pericardial effusion.  
No LA/LV/LAA clot seen.

### CHAMBERS:

**LV:** Normal size and thickness  
Normal LV systolic function, EF =60 %  
No regional wall motion abnormality seen.  
No clot/ thrombus

**RV:** Normal size and thickness  
Normal RV systolic function  
No clot/thrombus

**LA:** Normal size  
No clot / thrombus

**RA:** Normal size  
No clot / thrombus

**VALVES:**

**MITRAL :** Thin and mobile  
No stenosis / regurgitation seen.

**AORTIC:**  
No stenosis / regurgitation seen.  
Normal aortic root size

**TRICUSPID:** Thin and mobile  
No stenosis.  
No regurgitation.  
No pulmonary hypertension seen.

**PULMONARY:** Thin and mobile.  
No stenosis / regurgitation.  
Normal sized pulmonary artery and branches.

**SEPTAE:** IAS / IVS are Intact.

No e/o coarctation of aorta.  
No e/o LA/LV/LAA clot / thrombus.  
No pericardial effusion seen.



M-MODE STUDY	Value	Unit	DOPPLER STUDY	Value	Unit
LVIDd	4.07	cm	<b>Mitral Valve</b>		
LVIDs	3.13	cm	Mitral Valve E velocity	1.19	m/s
IVSd	0.69	cm	Mitral Valve A velocity	0.72	m/s
LVPWd	0.74	cm	E/A	1.66	
			Mitral Valve DT	-	ms
MV M Mode	N		E/e'	-	
DE amplitude	-				
EF SLOPE	-		<b>Aortic Valve</b>		
EPSS	-		V max	1.17	m/s
AV M Mode	N		Mean gradient	2.65	mmHg
AV opening	-	cm	Peak gradient	5.48	mmHg
			VTI	22.36	
2D study			<b>Tricuspid valve</b>		
RVOT	1.63	cm	Tr jet velocity	-	m/s
AO	1.58	cm	PASP	-	mmHg
LA	1.86	cm			
IVC	-	cm	TAPSE	-	
			LVEF	60	%

\*\*\*END OF REPORT\*\*\*

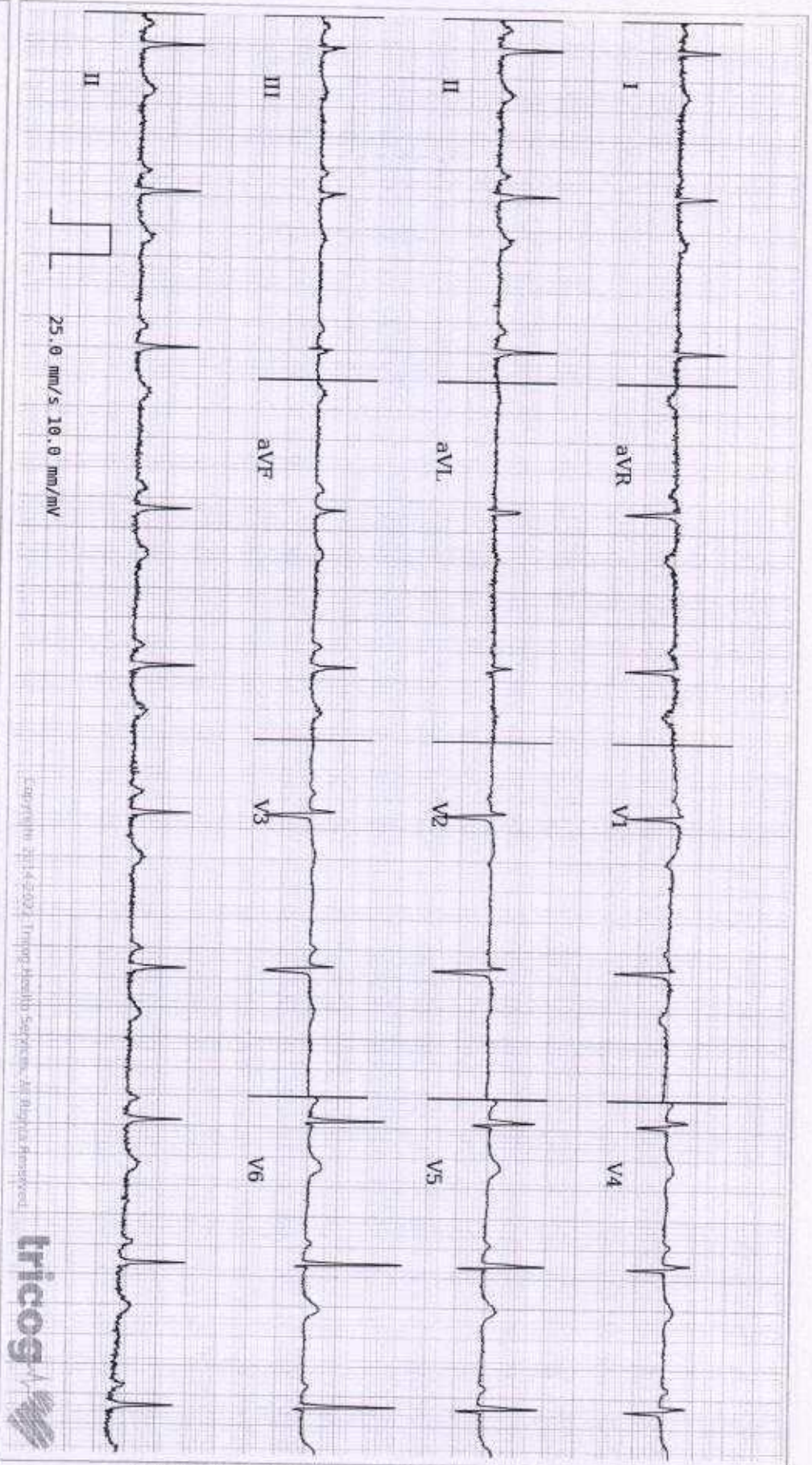
**Dr. MADHUKAR GARODIYA**  
M.D. (Medicine)  
Regd. No.: 079527

DR. MADHUKAR GARODIYA  
M.D. MEDICINE  
REG. NO.: 079527



Patient Name: **BOBLE MEERA ANKUSH**  
Patient ID: **2233019702**

Date and Time: **26th Nov 22 8:38 AM**



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

Age **45** years 6 months 29 days

Gender **Female**

Heart Rate **60bpm**

Patient Vitals

BP: **150/90 mmHg**

Weight: **58 kg**

Height: **142 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **67ms**

QT: **428ms**

QTc: **428ms**

PR: **144ms**

P-R-T: **65° 50° 62°**

REPORTED BY

*[Signature]*

DR SONALI HONKAO  
MD (General Medicine)  
Physician  
20101-05-1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vital are as entered by the clinician and not derived from the ECG.



CID : 2233019702  
Name : MRS.BOBLE MEERA ANKUSH  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 07:51  
Reported : 26-Nov-2022 / 10:40

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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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.03	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.6	36-46 %	Calculated
MCV	86.0	80-100 fl	Measured
MCH	29.3	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9270	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.6	20-40 %	
Absolute Lymphocytes	3010	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	500	200-1000 /cmm	Calculated
Neutrophils	60.6	40-80 %	
Absolute Neutrophils	5600	2000-7000 /cmm	Calculated
Eosinophils	1.4	1-6 %	
Absolute Eosinophils	130	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	330000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Measured
PDW	14.7	11-18 %	Calculated





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Age / Gender : 45 Years / Female  
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Reg. Location : Malad West (Main Centre)

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**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 50 2-20 mm at 1 hr. Westergren

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



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





CID : 2233019702  
Name : MRS. BOBLE MEERA ANKUSH  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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Reported : 26-Nov-2022 / 16:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	98.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.9	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	

\*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 : 2233019702  
Name : MRS.BOBLE MEERA ANKUSH  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 07:51  
Reported : 26-Nov-2022 / 10:48

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	24.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

\*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 : 2233019702  
Name : MRS. BOBLE MEERA ANKUSH  
Age / Gender : 45 Years / Female  
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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	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

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

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*M Jain*

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





CID : 2233019702  
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Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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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	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	05	-	-
<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	<b>6-8</b>	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Note : Sample quantity less than 12 ml.



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**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*M Jain*

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



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Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 07:51  
Reported : 26-Nov-2022 / 10:45

**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

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

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



*J. Thakker*

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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**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	82.5	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.0	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	17.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



*M. Jain*

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



CID : 2233019702  
 Name : MRS.BOBLE MEERA ANKUSH  
 Age / Gender : 45 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Malad West (Main Centre)

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 Reported : 26-Nov-2022 / 10:48

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	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	4.04	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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**Consulting Dr.** : -  
**Reg. Location** : Malad West (Main Centre)

**Collected** : 26-Nov-2022 / 07:51  
**Reported** : 26-Nov-2022 / 10:48

**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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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



*Anupa*

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





CID : 2233019702  
Name : MRS. BOBLE MEERA ANKUSH  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 26-Nov-2022 / 07:51  
Reported : 26-Nov-2022 / 10:48

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**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	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	101.0	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** : 2233019702  
**Name** : Mrs BOBLE MEERA ANKUSH  
**Age / Sex** : 45 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 26-Nov-2022  
**Reported** : 26-Nov-2022/10:16

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size, 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.

**Small simple cyst measuring 1.7 x 1.4 cm is seen at mid pole of left kidney.**

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

Right kidney measures 9.7 x 3.4 cm.

Left kidney measures 10.6 x 4.6 cm.

### **SPLEEN:**

The spleen is normal in size 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.

### **UTERUS:**

The uterus is anteverted and small atrophic-post menopausal status. The endometrial echoes are thinned out.

### **OVARIES:**

Both the ovaries are not seen likely atrophic.

There is no evidence of any ovarian or adnexal mass seen.



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**Ref. Dr** :  
**Reg. Location** : Malad West Main Centre

**Reg. Date** : 26-Nov-2022  
**Reported** : 26-Nov-2022/10:16

**IMPRESSION:-**

**Small simple cyst in left kidney.  
No other significant abnormality is seen.**

**Suggestion: Clinicopathological correlation.**

**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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

**This report is prepared and physically checked by DR SUNIL before dispatch.**

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101





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