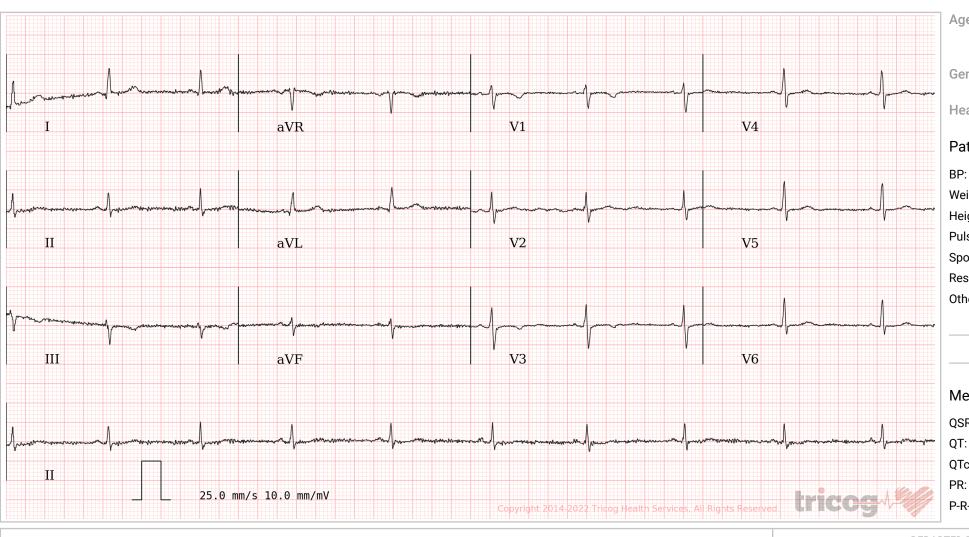
SUBURBAN DIAGNOSTICS PRECISE TESTING HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: MANJU GUPTA Date and Time: 8th Jan 22 8:38 AM

Patient ID: 2200869651



Age 55 5 24 years months days

Gender Female

Heart Rate 60 bpm

Patient Vitals

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

Measurements

QSRD: 76 ms

QT: 386 ms

QTc: 386 ms

PR: 114 ms

P-R-T: 34° NA NA

Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

REPORTED BY

DR AKHIL PARULEKAR MBBS.MD. MEDICINE, DNB Cardiology Cardiologist

2012082483

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 vitals are as entered by the clinician and not derived from the ECG.



Name : Mrs MANJU GUPTA

Age / Sex : 55 Years/Female

Ref. Dr :

Reg. Location : Kandivali East Main Centre

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Reg. Date : 08-Jan-2022 / 15:05 **Reported** : 08-Jan-2022 / 15:49

MAMMOGRAPHY

XRAY MAMMOGRAM:

Both mammograms have been performed with cranio-caudal (CC) and medio-lateral oblique (MLO) views.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

No evidence of spiculated high density mass lesion / retraction is seen on either side.

No evidence of clusters of microcalcification is seen in right breast.

No abnormal skin thickening is seen on either side.

Few well defined rounded radio opacities are seen in the left breast, likely suggestive of benign etiology.

One of the opacity in the inferomedial quadrant of left breast shows benign calcifications within. Tiny clusters of microcalcification is seen in the superior aspect of the left breast.

SONOMAMMOGRAPHY:

There is evidence well defined, circumscribed iso to hypoechoic lesion noted in the left breast measuring $0.8 \times 0.8 \times 0.6$ cm (TR x CC x AP) noted at 2 'O clock position. There is no evidence of calcification within the lesion. No evidence of vascularity in the lesion.

There is evidence well defined, hypoechoic lesion noted in the left breast measuring $0.8 \times 1.0 \times 0.7$ cm (TR x CC x AP) noted at 7/8 'O clock position. There is evidence of calcification within the lesion. No evidence of vascularity in the lesion.

No evidence of focal lesion is noted in the right breast. No evidence of ductal dilatation is noted on either side. No evidence of enlarged axillary lymph node was seen on either side

IMPRESSION:

- Tiny clusters of microcalcification is noted in the superior aspect of left breast.
- · Hypoechoic lesion noted in the left breast.

ACR BIRADS CATEGORY III

SUGGEST:

Follow up mammography after 6 months is suggested.

Please bring all the films for comparison.

Click here to view images http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022010808060663 Page 1of 2

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: Mrs MANJU GUPTA Name

: 55 Years/Female Age / Sex

Ref. Dr

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: 08-Jan-2022 / 15:05

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ACR BIRADS CATEGORY

- I. Negative
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly suggestive of Malignancy.

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. Mammography is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of Mammographic diagnosis. Management of palpable lump should be based on clinical findings in conjunction with Mammography. Mammography has a false negative rate of 10 %. Please interpret accordingly.

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

Dr. Vivek Singh MD Radiodiagnosis

Reg No: 2013/03/0388



Name : MRS.MANJU GUPTA

Age / Gender :55 Years / Female

Consulting Dr.

Reg. Location

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: 08-Jan-2022 / 08:05 :08-Jan-2022 / 10:57

Hexokinase

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **BLOOD SUGAR REPORT**

RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD

GLUCOSE (SUGAR) FASTING, 95.7 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

Reported

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







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

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Age / Gender : 55 Years / Female

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	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	3.48	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



Name : MRS.MANJU GUPTA

Age / Gender : 55 Years / Female

Consulting Dr. : - Collected : 08-Jan-2022 / 08:05

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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 5.5 to 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 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: 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.

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)







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

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Age / Gender : 55 Years / Female

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:08-Jan-2022 / 12:45

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric	
RBC	4.37	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	36.3	36-46 %	Measured	
MCV	83	80-100 fl	Calculated	
MCH	26.9	27-32 pg	Calculated	
MCHC	32.3	31.5-34.5 g/dL	Calculated	
RDW	17.3	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	5690	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	31.3	20-40 %		
Absolute Lymphocytes	1781.0	1000-3000 /cmm	Calculated	
Monocytes	9.9	2-10 %		
Absolute Monocytes	563.3	200-1000 /cmm	Calculated	
Neutrophils	56.2	40-80 %		
Absolute Neutrophils	3197.8	2000-7000 /cmm	Calculated	
Eosinophils	1.8	1-6 %		
Absolute Eosinophils	102.4	20-500 /cmm	Calculated	
Basophils	0.8	0.1-2 %		
Absolute Basophils	45.5	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	21.1	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Mild

Microcytosis Occasional

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Age / Gender : 55 Years / Female

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Macrocytosis

Anisocytosis Mild Poikilocytosis Mild

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Few megaplatelets seen on smear

COMMENT -

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 18 2-30 mm at 1 hr. Westergren

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Hexokinase

Hexokinase

:08-Jan-2022 / 15:53 Reported

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

GLUCOSE (SUGAR) FASTING. 95.7 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Collected

GLUCOSE (SUGAR) PP, Fluoride 93.6 Non-Diabetic: < 140 mg/dl

Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent**

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

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Name : MRS.MANJU GUPTA

Age / Gender : 55 Years / Female

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8-Jan-2022 / 08:05

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGlycosylated Hemoglobin
(HbA1c), EDTA WB - CC5.8Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %HPLCEstimated Average Glucose119.8mg/dlCalculated

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:

(eAG), EDTA WB - CC

- 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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT **EXAMINATION OF FAECES**

RESULTS BIOLOGICAL REF RANGE PARAMETER

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

Reaction (pH) Acidic (5.5)

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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Bmhaskar Dr.KETAKI MHASKAR M.D. (PATH) **Pathologist**

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Name : MRS.MANJU GUPTA

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	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	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION	<u> </u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	0-1		

Casts Absent Absent Absent Crystals **Absent** Amorphous debris Absent Absent

Bacteria / hpf 5-6 Less than 20/hpf

Others









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Name : MRS.MANJU GUPTA

Age / Gender :55 Years / Female

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

RESULTS PARAMETER

ABO GROUP Α

Rh TYPING **POSITIVE**

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

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.

Refernces:

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

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	134.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	97.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	51.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	82.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	64.0	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	18.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	1.2	0-3.5 Ratio	Calculated

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Name : MRS.MANJU GUPTA

:55 Years / Female Age / Gender

Consulting Dr.

Reg. Location

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	23.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	101	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	4.3	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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Name : MRS.MANJU GUPTA

Age / Gender : 55 Years / Female

Consulting Dr. :

Reg. Location

: Kandivali East (Main Centre)

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Collected

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	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	3.48	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



Name : MRS.MANJU GUPTA

Age / Gender : 55 Years / Female

Consulting Dr. : - Collected : 08-Jan-2022 / 08:05

Reg. Location : Kandivali East (Main Centre) Reported :08-Jan-2022 / 10:51

Interpretation

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 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 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: 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.

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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Authenticity Check

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Application To Scan the Code

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Page 11 of 12

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Name : MRS.MANJU GUPTA

:55 Years / Female Age / Gender

Consulting Dr.

Reg. Location : Kandivali East (Main Centre)



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:08-Jan-2022 / 08:05 :08-Jan-2022 / 11:27 Reported

Collected

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	25.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	30.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	95.8	35-105 U/L	Colorimetric

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*** End Of Report ***









Page 12 of 12

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