



सत्यमेव जयते
भारत सरकार



आधार

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भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Enrollment No. : 0648/03004/01039

To
Srungaram Srivani

C/O: Srungaram Venkata Ramana Murthy,
1201 C-3 HYDE PARK,
SECTOR-35G,
NAVI MUMBAI,
KHARGHAR,
VTC: Kharghar, PO: Kharghar,
Sub District: Panvel, District: Raigarh,
State: Maharashtra, PIN Code: 410210.
Mobile: 8341177046

73414131



KF7341413131FI



SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 22, Ground Floor, Ratkar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547, 27864548

Dr. Alka Patil
M.B.B.S., C.G.O. Nagar Reg. No. 75157
Dip. Psysextherapy-U.K. Reg. No. 01395

आपका आधार क्रमांक / Your Aadhaar No. :

6856 9051 3070

मेरा आधार, मेरी पहचान



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आधार

Issue Date: 24/11/2011



Srungaram Srivani
DOB: 30/04/1974
Female

6856 9051 3070

मेरा आधार, मेरी पहचान

शिव

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs Srungaram Sonani	Sex/Age	48/F
Date	21/10/22	CID	2229520389

History and Complaints

No Complaints

EXAMINATION FINDINGS:

Height (cms):	165cm	Temp (0c):	NAD
Weight (kg):	70.1kg	Skin:	NAD (Pallor +)
Blood Pressure	120/80mm	Nails:	NAD
Pulse	60/min	Lymph Node:	NP
BMI	25.7		

Systems :

Cardiovascular:	S ₁ , S ₂ Loud, no murmur
Respiratory:	AR Equal on both side, no sound
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

Impression: Blood Report show deranged lipid profile
Mammography shows simple cyst in left breast

Advice:
- Balanced, Healthy diet.
- Followup with physician and gynaecologist for further opinion and management


CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	H/o TB (Anulla LN) false Ht to formant 8 to 5-6
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	+ 7-8 yr. Thyronomy 2.5mg -
9)	Nervous disorders	Beddmen (+)
10)	GI system	NAD
11)	Genital urinary disorder	NAD
12)	Rheumatic joint diseases or symptoms	Knee joint pain (+)
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Veg
4)	Medication	Thyrenom (+)

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

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Date:- 24/10/22

CID: 2229520389

Name:- Mm. Srungarom Sonani

Sex / Age: F / 48 yr

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision: Yes

Aided Vision: NO

Refraction: Normal for both eyes

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/9				6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark:

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NAME: - Mrs Srungaram Srinani - AGE / SEX :- 48 / F

REGN NO :- 2229520389

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- Dysmenorrhoea

MARITAL STATUS :- married

MENSTRUAL HISTORY :-

- MENARCHE :- 13 yr
- PRESENT MENSTRUAL HISTORY :- 28-30 day cycle, 5 day Aene
Lmp - 13/10/22
- PAST MENSTRUAL HISTORY :- Normal
- OBSTERIC HISTORY :- G2 P2 A0. Normal del 1
- PAST HISTORY :- NO
- PREVIOUS SURGERIES :- NO
- ALLERGIES :- NO
- FAMILY HOSTORY :- Normal

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- DRUG HISTORY :- NO
- BOWEL HABITS :- Normal
- BLADDER HABITS :- Normal

PERSONAL HISTORY :-

TEMPERATURE :- NAD

RS :- AE Equal on both side

CVS :- S₁, S₂ Loud.

PULSE / MIN :- 60/min

BP (mm of hg):- 120/80 mm

BREAST EXAMINATION:- NAD

PER ABDOMEN :- NAD

PRE VAGINAL:- NAD

RECOMMENDATION :- NIL

for Anwar

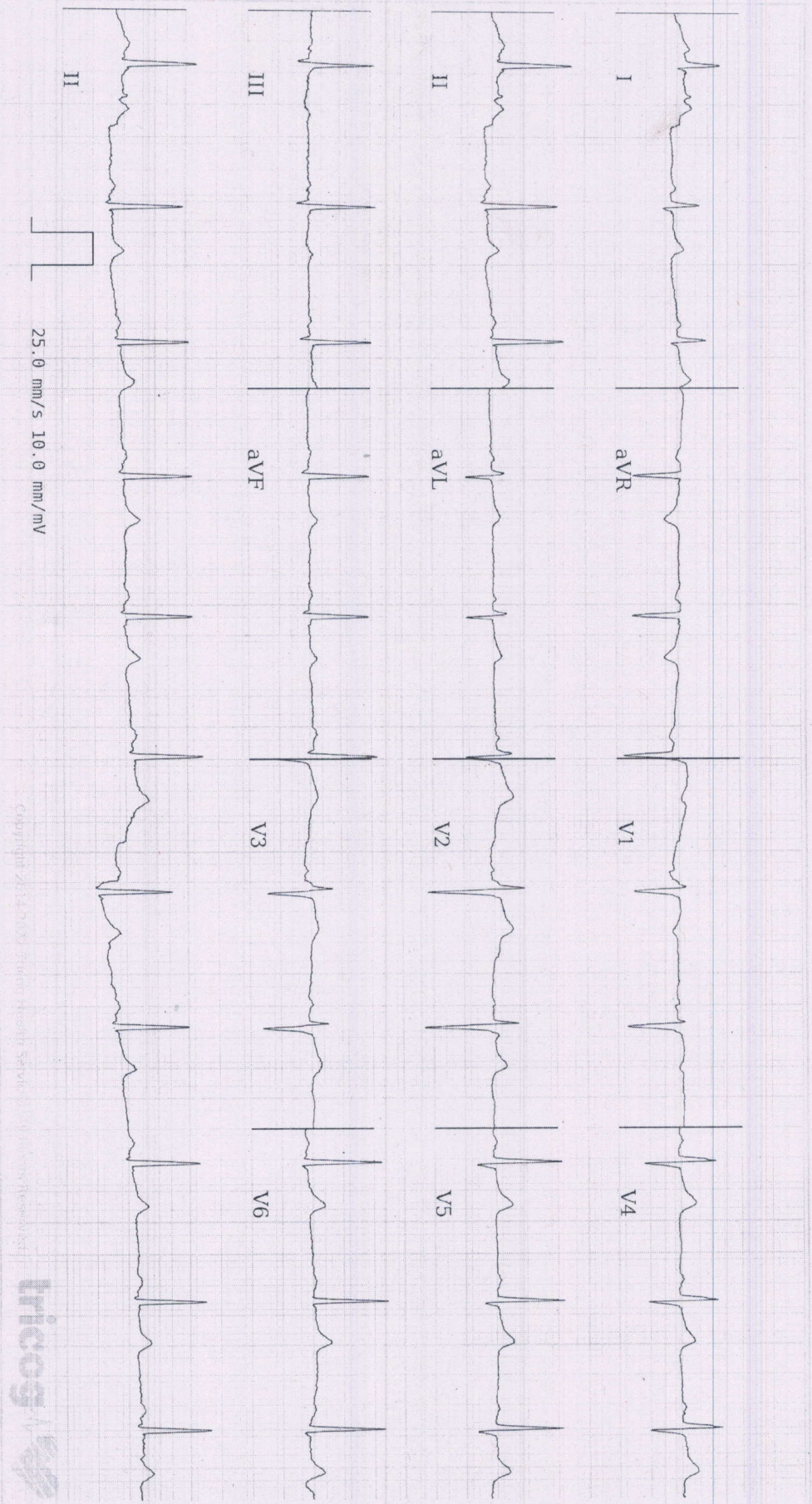
Dr. Alka Patnaik
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25.0 mm/s 10.0 mm/mV

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Age 48 5 23
years months days

Gender Female

Heart Rate 68bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 70 kg

Height: 165 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 384ms

QTc: 408ms

PR: 136ms

P-R-T: 42° 72° 29°

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

REPORTED BY

Arundhan

Dr. Anand N Morwani
M.D (General Medicine)
Reg No 39329 M.M.C

Disclaimer: 1) Analysis and interpretation of ECG above and should be used as an adjunct to clinical history, symptoms, and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. 2) Patient's name and ID are derived from the clinical and not derived from the ECG.

NAME :- SRUNGARAM SRIVANI	AGE :- 48 YRS
SEX :- FEMALE	DATE :- 22/10/2022
CID NO :- 2229520389	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension

No obvious resting regional wall motion abnormalities (RWMA)

Interatrial and Interventricular septum – Appears Normal

Valves – Structurally normal

Good biventricular function.

IVC is normal.

Pericardium is normal.

Great vessels - Origin and visualized proximal part are normal.

No coarctation of aorta.

Doppler study

Normal flow across all the valves.

No pulmonary hypertension.

No diastolic dysfunction.

Measurements

Aorta annulus	21 mm
Left Atrium	37 mm
LVID(Systole)	19 mm
LVID(Diastole)	40 mm
IVS(Diastole)	9 mm
PW(Diastole)	9 mm
LV ejection fraction.	55-60%

Conclusion

Good biventricular function

No RWMA

Valves – Structurally normal
Mild MR, trivial TR.

No diastolic dysfunction

No PAH

Dasgupta

Dr. Anirban Dasgupta
MBBS DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

Authenticity Check



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CID : 2229520389
Name : Mrs SRUNGARAM SRIVANI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Oct-2022
Reported : 27-Oct-2022 / 10:40

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.

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

Right kidney measures 9.9 x 3.5 cm. Left kidney measures 9.2 x 4.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

Gaseous distention of bowel loops is noted.

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. It measures 9.2 x 4.3 x 6.5 cm in size. The endometrial thickness is 5.9 mm.

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OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 3.2 cm. Left ovary = 2.5 x 2.1 cm.

IMPRESSION:-

No significant abnormality is seen.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

Authenticity Check



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Name : Mrs SRUNGARAM SRIVANI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Oct-2022
Reported : 27-Oct-2022 / 10:38

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts.

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

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

The left breast shows a simple cyst of size 3.6 mm in the 1-2 o clock position.

No focal solid or cystic mass lesion is seen in the right breast.

No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

Left breast simple cyst.

ACR BIRADS Category- II.

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.

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ACR BIRADS CATEGORY

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

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



CID : 2229520389
Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
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Reg. Location : Vashi (Main Centre)

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.52	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.7	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	1817.2	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	436.6	200-1000 /cmm	Calculated
Neutrophils	58.0	40-80 %	
Absolute Neutrophils	3422.0	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	165.2	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	59.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	237000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated



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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 17 2-20 mm at 1 hr. Westergren

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



Sonia Kher
Dr.SONIA KHER
M.D (PATH)
Pathologist



CID : 2229520389
Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	77.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	133.7	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 Panvel Lab, Panvel East
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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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	16.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.7	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	6.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Panvel Lab, Panvel East

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40 ml	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	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	

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



Sonia Kher
Dr.SONIA KHER
M.D (PATH)
Pathologist



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Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 22-Oct-2022 / 14:11

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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.

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 SDRL, Vidyavihar Lab

*** End Of Report ***



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



CID : 2229520389
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Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	266.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	292.3	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	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	213	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	175.4	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	37.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

Note : LDL measurement is done by Direct method.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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CID : 2229520389
Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.1	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	5.51	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

Kindly correlate clinically.



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Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Oct-2022 / 09:11
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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)

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



Sonia Kher

Dr.SONIA KHER
M.D (PATH)
Pathologist



CID : 2229520389
Name : MRS.SRUNGARAM SRIVANI
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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

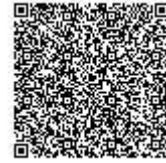
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	68.2	35-105 U/L	Colorimetric

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*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2229520389
Name : Mrs SRUNGARAM SRIVANI
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Oct-2022
Reported : 22-Oct-2022/14:53

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR R K BHANDARI before dispatch.

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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