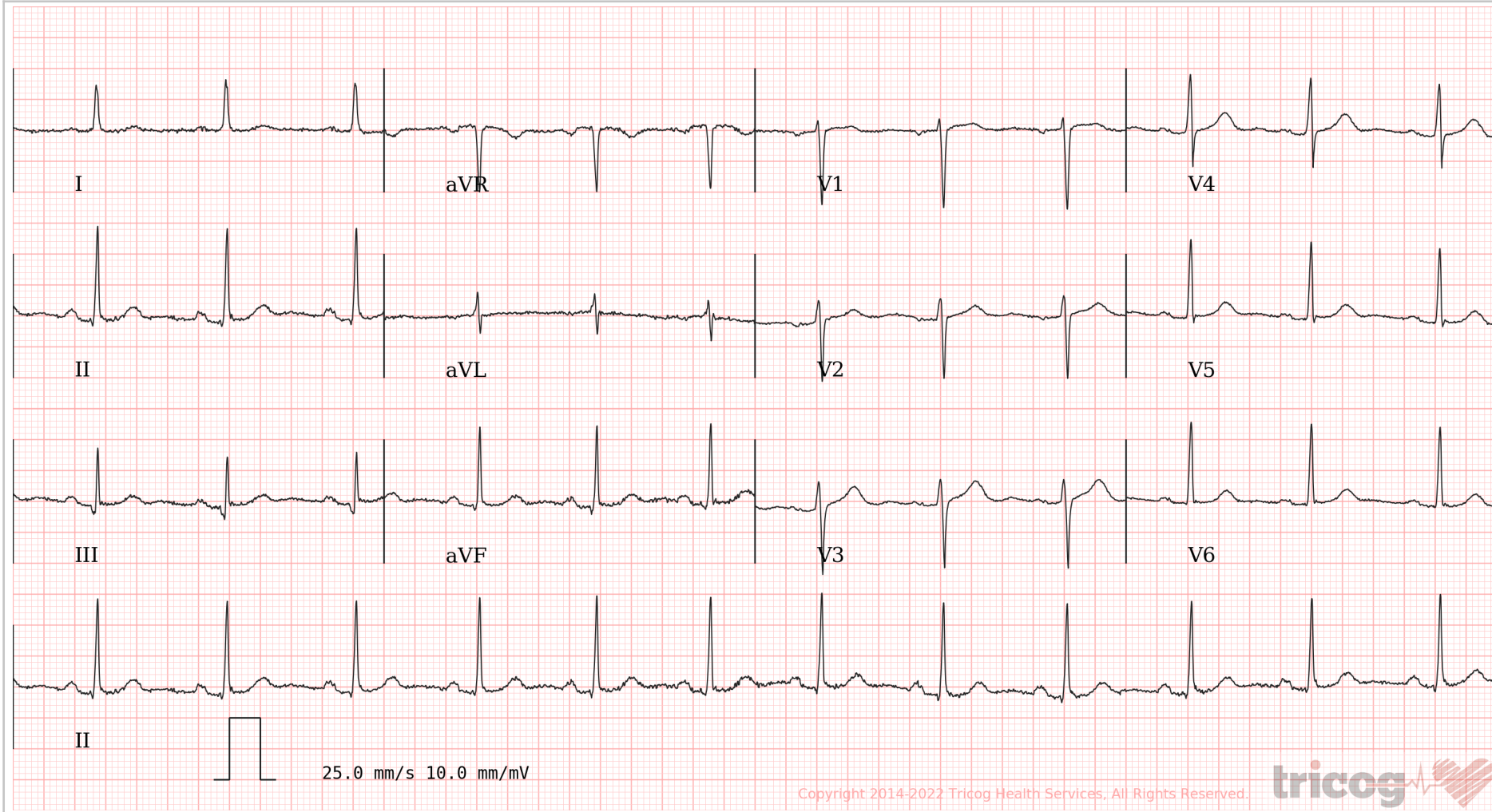


Patient Name: SHINDE VANITA SANJAY

Date and Time: 12th Feb 22 12:00 PM

Patient ID: 2204332070



Age **53** **3** **23**
years months days

Gender **Female**

Heart Rate **76 bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QSRD: 76 ms

QT: 368 ms

QTc: 414 ms

PR: 166 ms

P-R-T: 73° 60° 79°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882



CID : 2204332070
Name : Mrs SHINDE VANITA SANJAY
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 12-Feb-2022 / 10:34
Reported : 12-Feb-2022 / 13:21

MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and medio lateral oblique projections.

Both breasts shows fatty and fibroglandular tissue parenchyma .

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

No abnormal skin thickening is seen.

Multiple tiny calcifications seen in right breast .

Sonomammography of both breasts was done .

Both breasts shows fatty and fibroglandular tissue parenchyma .

There is single small 5.0 x 4.2 mm size hypoechoic lesion seen in right breast inferior outer quadrant at 7 o' clock position .

There is single small 6.0 x 4.2 mm size hypoechoic lesion seen in left breast at 7 o' clock position.

**There is another small 4.0 x 2.4 mm size cyst noted in left breast at 4 o' clock position .
Bilateral retroareolar ducts appears normal .**

There are few small axillary lymphnodes seen bilaterally .

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Name : Mrs SHINDE VANITA SANJAY
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 12-Feb-2022 / 10:34
Reported : 12-Feb-2022 / 13:21

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IMPRESSION:

Multiple small benign calcifications seen in right breast .
Multiple small hypoechoic lesions seen in both breasts could s/o benign etiology /
Fibroadenomas .
Single small benign cyst noted in left breast .
Few small axillary lymphnodes seen bilaterally .
BIRADS category - II .

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

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-----

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Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 12-Feb-2022 / 10:34
Reported : 12-Feb-2022 / 13:21

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Aroshavan

Dr. Asha Rajendra Dhavan
MBBS, DMRE
Reg No: 2489
Consultant Radiologist

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Name : Mrs SHINDE VANITA SANJAY
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 12-Feb-2022 / 11:04
Reported : 12-Feb-2022 / 13:19

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USG WHOLE ABDOMEN

LIVER: The liver is normal in size, shape and smooth margins. It shows bright 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 10.6 x 5.3 cm. Left kidney measures 9.8 x 4.1 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.
There is small 1.3 cm size hernial defect noted at umbilical region .

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

UTERUS: The uterus is not seen (post hysterectomy status)

OVARIES: Both the ovaries are not well visualised .

IMPRESSION:-
Mild fatty Liver .
Small umbilical hernia .
SUG -Clinical correlation .

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

Dr. Asha Rajendra Dhavan
MBBS, DMRE
Reg No: 2489
Consultant Radiologist

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Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 12-Feb-2022 / 10:04
Reported : 12-Feb-2022 / 12:54

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X-RAY CHEST PA VIEW

There are multiple small calcific nodular opacities seen at both mid and lower zones .

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:

To rule out old infective etiology /old calcific granulomas .

SUG -Clinical correlation .

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

This report is prepared and physically checked by Dr Asha Dhavan before dispatch.

Dr. Asha Rajendra Dhavan
MBBS, DMRE
Reg No: 2489
Consultant Radiologist

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 Name : MRS.SHINDE VANITA SANJAY
 Age / Gender : 53 Years / Female
 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 12-Feb-2022 / 09:41
 Reported : 12-Feb-2022 / 13:16

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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 | 12.1 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.56 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 38.1 | 36-46 % | Measured |
| MCV | 83.6 | 80-100 fl | Calculated |
| MCH | 26.5 | 27-32 pg | Calculated |
| MCHC | 31.7 | 31.5-34.5 g/dL | Calculated |
| RDW | 16.5 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 6720 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 29.6 | 20-40 % | |
| Absolute Lymphocytes | 1980 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.1 | 2-10 % | |
| Absolute Monocytes | 340 | 200-1000 /cmm | Calculated |
| Neutrophils | 63.6 | 40-80 % | |
| Absolute Neutrophils | 4260 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.5 | 1-6 % | |
| Absolute Eosinophils | 100 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 20 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 264000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.4 | 6-11 fl | Calculated |
| PDW | 13.4 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | Mild | | |
| Microcytosis | - | | |



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Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 21 2-30 mm at 1 hr. Westergren

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



Amar Dasgupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Jyot Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
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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 | 106.9 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 146.3 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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*** End Of Report ***



MC-2111



Anupa

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Reported : 12-Feb-2022 / 13:50

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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 | 6.4 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 137.0 | 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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MC-2111



J. Thakker

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|-------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale 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) | 40 | - | - |
| CHEMICAL EXAMINATION | | | |
| 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 |
| MICROSCOPIC EXAMINATION | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 2-3 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | +(>20/hpf) | Less than 20/hpf | |
| Others | - | | |

Kindly rule out contamination.

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

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MC-2111



Shashi D

Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

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Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 12-Feb-2022 / 09:41
Reported : 12-Feb-2022 / 14:29

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | A |
| 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.

References:

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

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*** End Of Report ***



J. Thakker

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|
| CHOLESTEROL, Serum | 221.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 112.7 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 55.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | 165.2 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 142.0 | 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 | 23.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.0 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.5 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



MC-2111



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Reg. Location : Kalina, Santacruz East (Main Centre)

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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 | 22.8 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 10.6 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.78 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 82 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 7.1 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.9 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| URIC ACID, Serum | 3.8 | 2.4-5.7 mg/dl | Enzymatic |
| PHOSPHORUS, Serum | 3.7 | 2.7-4.5 mg/dl | Molybdate UV |
| CALCIUM, Serum | 9.0 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 141 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 4.5 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 103 | 98-107 mmol/l | ISE |

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*** End Of Report ***



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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 | 3.6 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.2 | 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 | 3.45 | 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 |



Use a QR Code Scanner Application To Scan the Code

CID : 2204332070
Name : MRS.SHINDE VANITA SANJAY
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 12-Feb-2022 / 09:41
Reported : 12-Feb-2022 / 13:30

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 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: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)

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



Anupa

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



CID : 2204332070
Name : MRS.SHINDE VANITA SANJAY
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 12-Feb-2022 / 09:41
Reported : 12-Feb-2022 / 13:30

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 | 0.31 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.14 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.17 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.1 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.9 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 12.2 | 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 | 15.3 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 94.2 | 35-105 U/L | Colorimetric |

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



MC-2111



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| | | | |
|----------------|----------------------------------------|------------|-----------------------|
| CID# | : 2204332070 | SID# | : 177804900858 |
| Name | : MRS.SHINDE VANITA SANJAY | Registered | : 12-Feb-2022 / 09:34 |
| Age / Gender | : 53 Years/Female | Collected | : 12-Feb-2022 / 09:34 |
| Consulting Dr. | : - | Reported | : 14-Feb-2022 / 15:32 |
| Reg.Location | : Kalina, Santacruz East (Main Centre) | Printed | : 14-Feb-2022 / 15:39 |

GYNAECOLOGICAL CONSULTATION

PARAMETER

| | | | |
|--------------------------------------------------------------------------------|--------------------|----------------|---------------------------|
| EXAMINATION | | | |
| RS | : AEBE | CVS | : S1S2 audible, No murmur |
| BREAST EXAMINATION | : NAD | PER ABDOMEN | : NAD |
| PER VAGINAL | : NAD | | |
| MENSTRUAL HISTORY | | | |
| MENARCHE | : 13 YEARS | | |
| PAST MENSTRUAL HISTORY | : Hystrectomy done | | |
| OBSTETRIC HISTORY : | | | |
| 2 FND | | | |
| PERSONAL HISTORY | | | |
| ALLERGIES | : NIL | BLADDER HABITS | : NIL |
| BOWEL HABITS | : NIL | DRUG HISTORY | : NIL |
| PREVIOUS SURGERIES | : Hystrectomy done | | |
| FAMILY HISTORY : | | | |
| Mother(Diabetic, thyroid, HTN), Father is Diabetic, Elder brother is diabetic | | | |
| CHIEF GYNAE COMPLAINTS : | | | |
| NIL | | | |
| RECOMMENDATIONS : | | | |
| NIL | | | |

*** End Of Report ***



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