

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: SHITAL PATEL
Patient ID: 2220425571

Date and Time: 23rd Jul 22 11:52 AM

Age **44** **3** **19**
years months days

Gender **Female**

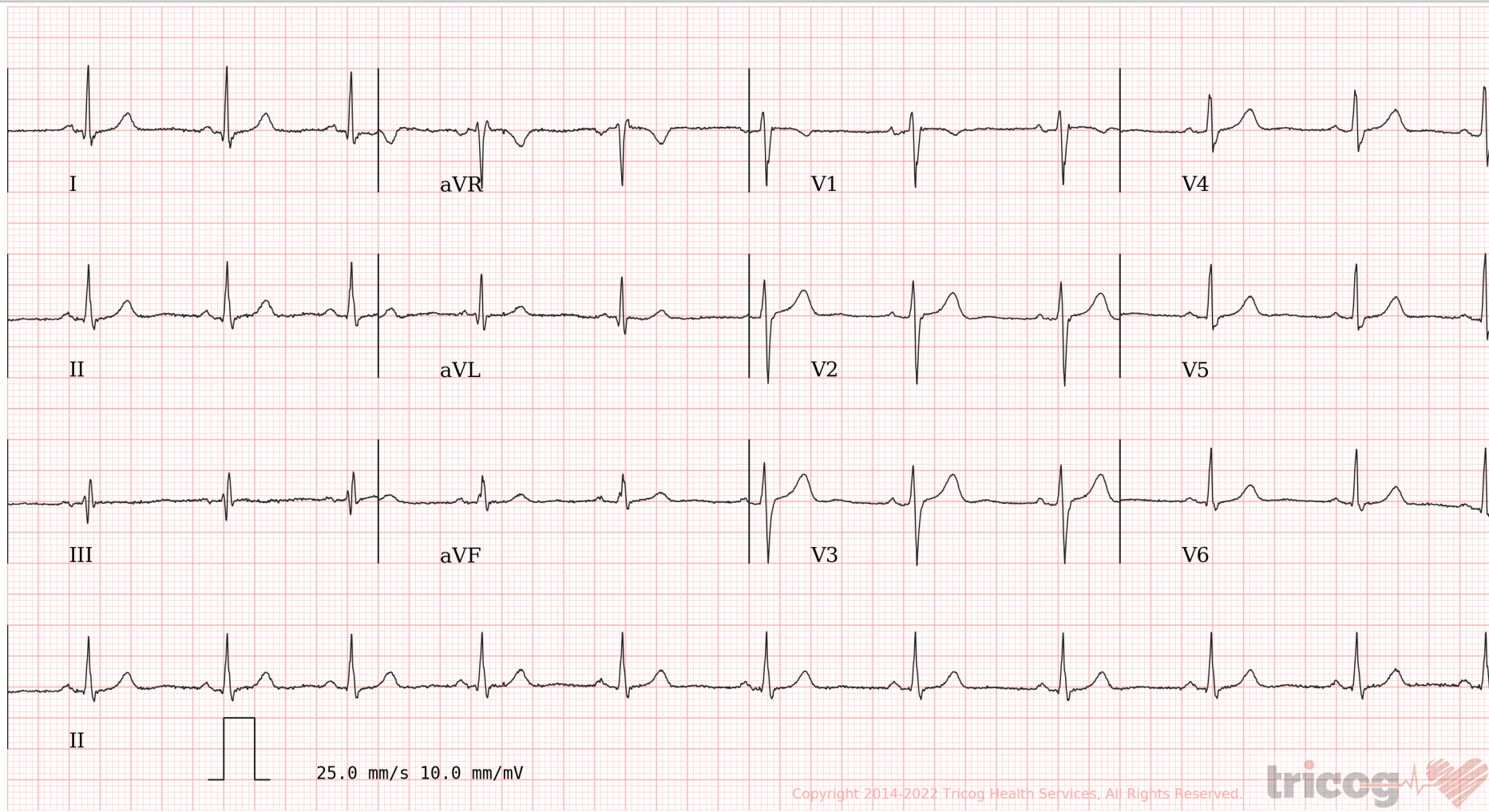
Heart Rate **66bpm**

Patient Vitals

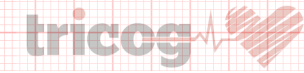
BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 94ms
QT: 374ms
QTc: 392ms
PR: 134ms
P-R-T: 31° 33° 32°



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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714



CID : 2220425571
Name : Mrs SHITAL PATEL
Age / Sex : 44 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 23-Jul-2022
Reported : 23-Jul-2022/12:57

MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.
No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.
No architectural distortion is seen.
No abnormal skin thickening is seen.
Skin and nipple shadows are normal.
Few axillary lymph nodes seen.

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

No significant axillary lymphadenopathy is seen.

Opinion:

- **No significant abnormality detected in mammography and sonomammography of both breasts.**

ACR BIRADS CATEGORY I.



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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.

Disclaimer:-

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

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

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



Dr. VIKRANT S. PATIL
M. D. Radio Diagnosis
Reg No 2014052421



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USG WHOLE ABDOMEN

LIVER:

Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER:

Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS:

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS:

Uterus is anteverted, normal and measures 3.7 x 4.5 x 6.0 cm. Uterine myometrium shows homogenous echotexture. Coper T seen in situ. Cervix appears normal.



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OVARIES:

Both ovaries appear normal in size and echotexture.

The right ovary measures 3.0 x 2.0 cm

The left ovary measures 3.0 x 1.5 cm

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Opinion:

- **No significant abnormality is detected.**

For clinical correlation and follow up.

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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Dr. VIKRANT S. PATIL
M. D. Radio Diagnosis
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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.

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

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



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Name : MRS.SHITAL PATEL
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 23-Jul-2022 / 10:38
Reported : 23-Jul-2022 / 15:34

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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 | 11.8 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.14 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 36.2 | 36-46 % | Measured |
| MCV | 70 | 80-100 fl | Calculated |
| MCH | 23.0 | 27-32 pg | Calculated |
| MCHC | 32.6 | 31.5-34.5 g/dL | Calculated |
| RDW | 16.0 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 8310 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 29.8 | 20-40 % | |
| Absolute Lymphocytes | 2476.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.4 | 2-10 % | |
| Absolute Monocytes | 531.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 61.2 | 40-80 % | |
| Absolute Neutrophils | 5085.7 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.5 | 1-6 % | |
| Absolute Eosinophils | 207.8 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 8.3 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 264000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.3 | 6-11 fl | Calculated |
| PDW | 18.2 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|---|
| Hypochromia | + |
| Microcytosis | + |



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Reported : 23-Jul-2022 / 17:49

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 | 88.6 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 104.8 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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



MC-2111

Anupa

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

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

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

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------|---------|----------------------|--------------|
| BLOOD UREA, Serum | 18.2 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.5 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.79 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 84 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 3.9 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 3.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.2 | 1 - 2 | Calculated |
| URIC ACID, Serum | 5.6 | 2.4-5.7 mg/dl | Enzymatic |
| PHOSPHORUS, Serum | 3.4 | 2.7-4.5 mg/dl | Molybdate UV |
| CALCIUM, Serum | 8.9 | 8.6-10.0 mg/dl | N-BAPTA |
| SODIUM, Serum | 137 | 135-148 mmol/l | ISE |
| POTASSIUM, Serum | 5.0 | 3.5-5.3 mmol/l | ISE |
| CHLORIDE, Serum | 101 | 98-107 mmol/l | ISE |

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*** End Of Report ***



MC-2111



Bmhaskar

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

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

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

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Reported : 23-Jul-2022 / 19:19

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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 | 6.1 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 128.4 | mg/dl | Calculated |

Note: Variant window (29.3%) detected. Advice: Hb electrophoresis for confirmation of

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



MC-2111

J. Thakker

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

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

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Reported : 25-Jul-2022 / 14:21

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

PARAMETER **RESULTS** **BIOLOGICAL REF RANGE**

PHYSICAL EXAMINATION

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

CHEMICAL EXAMINATION

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

MICROSCOPIC EXAMINATION

| | | |
|--------------------------------|-----------------|--------|
| Protozoa | Absent | Absent |
| Flagellates | Absent | Absent |
| Ciliates | Absent | Absent |
| Parasites | Absent | Absent |
| Macrophages | Absent | Absent |
| Mucus Strands | Absent | Absent |
| Fat Globules | Absent | Absent |
| RBC/hpf | Absent | Absent |
| WBC/hpf | Absent | Absent |
| Yeast Cells | Absent | Absent |
| Undigested Particles | Present + | - |
| Concentration Method (for ova) | No ova detected | Absent |
| Reducing Substances | - | Absent |

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

*** End Of Report ***



MC-2111



Bmhaskar

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

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Reported : 23-Jul-2022 / 16:11

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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) | 6.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 25 | - | - |
| <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 | 2-3 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 1-2 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | +(>20/hpf) | Less than 20/hpf | |
| Others | - | | |

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Pathologist

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Collected : 23-Jul-2022 / 10:38
Reported : 23-Jul-2022 / 17:06

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.

Refernces:

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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M Jain

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

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

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 222.7 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 122.9 | 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 | 51.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 171.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 147.0 | 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 | 24.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.4 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.9 | 0-3.5 Ratio | Calculated |

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|---|---------------|
| Free T3, Serum | 4.0 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 14.1 | 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 | 2.1 | 0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | ECLIA |



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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 Borivali Lab, Borivali West
 *** End Of Report ***



Anupa Dixit

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

ADDRESS: 2nd 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**



CID : 2220425571
Name : MRS.SHITAL PATEL
Age / Gender : 44 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 23-Jul-2022 / 10:38
Reported : 23-Jul-2022 / 15:38

Use a QR Code Scanner
Application To Scan the Code

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|-------------|----------------------|------------------|
| BILIRUBIN (TOTAL), Serum | 0.3 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.11 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.19 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 3.9 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 3.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.2 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 24.1 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 36.0 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 22.9 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 69.6 | 35-105 U/L | Colorimetric |

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



MC-2111



Bmhaskar

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

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

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

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