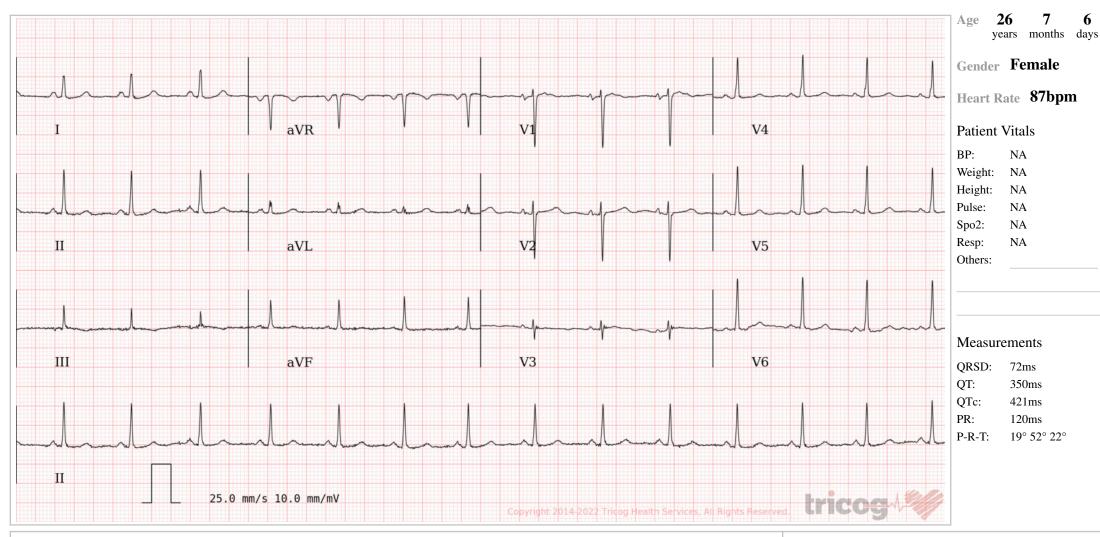
# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST



Patient Name: PRANJALI ROHIT KAMBLE

Date and Time: 8th Oct 22 10:18 AM

Patient ID: 2228119545



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

REPORTED BY

Dr.Ajita Bhosale M.B.B.S/P.G.D.C.C (DIP. Cardiology) 2013062200

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 Pranjali Rohit Kamble

Age / Sex : 26 Years/Female

Ref. Dr : Reg. Date : 08-Oct-2022

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 08-Oct-2022/15:26

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# **USG WHOLE ABDOMEN**

# LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appears normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

# **GALL BLADDER:**

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

# **PANCREAS:**

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 7.8 x 3.1 cm. Left kidney measures 9.0 x 3.3 cm.

# **SPLEEN:**

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

# **URINARY BLADDER:**

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

# **UTERUS & OVARIES:**

It is anteverted and appears normal in size and echotexture. It measures **5.6** x **4.4** x **3.6** cms in size. No focal lesion is seen. Endometrial thickness is **5.9** mm. No evidence of abnormal endometrial vascularity is seen.

Both ovaries appears normal in size and echotexture.

Right ovary measures 2.7 x 2.3 x 2.6 cm, Volume: 8.9 cc.

Left ovary measures 2.2 x 2.5 x 1.4 cm, Volume: 4.2 cc.

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

No evidence of free fluid in pouch of douglas.

No evidence of significant abdominal lymphadenopathy seen. No evidence of free fluid in abdomen and pelvis.

| <u>IMPRESSION</u> :              |               |
|----------------------------------|---------------|
| No significant abnormality seen. |               |
|                                  | End of Report |



: Mrs Pranjali Rohit Kamble Name

Age / Sex : 26 Years/Female

Ref. Dr Reg. Date : 08-Oct-2022

: Mahavir Nagar, Kandivali West Main Reg. Location Reported

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: 08-Oct-2022/15:26

DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



Name : Mrs Pranjali Rohit Kamble

Age / Sex : 26 Years/Female

Ref. Dr : Reg. Date : 08-Oct-2022

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 08-Oct-2022/12:15

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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.

| <br>End of I | Report |  |
|--------------|--------|--|

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



: 2228119545 **CID** 

: Mrs Pranjali Rohit Kamble Name

Age / Sex : 26 Years/Female

Reg. Date Ref. Dr : 08-Oct-2022

: 08-Oct-2022/12:15 Reg. Location : Mahavir Nagar, Kandivali West Main Reported

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Name : MRS.PRANJALI ROHIT KAMBLE

: 26 Years / Female Age / Gender

Consulting Dr. Collected

Reported :08-Oct-2022 / 13:15 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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:08-Oct-2022 / 08:55

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

| CBC (Complete Blood Count), Blood |                |                             |                    |  |
|-----------------------------------|----------------|-----------------------------|--------------------|--|
| <u>PARAMETER</u>                  | <u>RESULTS</u> | <b>BIOLOGICAL REF RANGE</b> | <u>METHOD</u>      |  |
| RBC PARAMETERS                    |                |                             |                    |  |
| Haemoglobin                       | 13.5           | 12.0-15.0 g/dL              | Spectrophotometric |  |
| RBC                               | 4.48           | 3.8-4.8 mil/cmm             | Elect. Impedance   |  |
| PCV                               | 41.7           | 36-46 %                     | Measured           |  |
| MCV                               | 93             | 80-100 fl                   | Calculated         |  |
| MCH                               | 30.0           | 27-32 pg                    | Calculated         |  |
| MCHC                              | 32.3           | 31.5-34.5 g/dL              | Calculated         |  |
| RDW                               | 16.7           | 11.6-14.0 %                 | Calculated         |  |
| WBC PARAMETERS                    |                |                             |                    |  |
| WBC Total Count                   | 4610           | 4000-10000 /cmm             | Elect. Impedance   |  |
| WBC DIFFERENTIAL AND ABSO         | LUTE COUNTS    |                             |                    |  |
| Lymphocytes                       | 26.0           | 20-40 %                     |                    |  |
| Absolute Lymphocytes              | 1198.6         | 1000-3000 /cmm              | Calculated         |  |
| Monocytes                         | 7.0            | 2-10 %                      |                    |  |
| Absolute Monocytes                | 322.7          | 200-1000 /cmm               | Calculated         |  |
| Neutrophils                       | 58.0           | 40-80 %                     |                    |  |
| Absolute Neutrophils              | 2673.8         | 2000-7000 /cmm              | Calculated         |  |
| Eosinophils                       | 8.4            | 1-6 %                       |                    |  |
| Absolute Eosinophils              | 387.2          | 20-500 /cmm                 | Calculated         |  |
| Basophils                         | 0.6            | 0.1-2 %                     |                    |  |
| Absolute Basophils                | 27.7           | 20-100 /cmm                 | Calculated         |  |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

# **PLATELET PARAMETERS**

Immature Leukocytes

| Platelet Count | 287000 | 150000-400000 /cmm | Elect. Impedance |
|----------------|--------|--------------------|------------------|
| MPV            | 8.6    | 6-11 fl            | Calculated       |
| PDW            | 14.5   | 11-18 %            | Calculated       |

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



Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected

Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported

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: 08-Oct-2022 / 08:55 : 08-Oct-2022 / 13:00

# **RBC MORPHOLOGY**

Hypochromia -

Microcytosis -

Macrocytosis -

Anisocytosis Mild Poikilocytosis Mild

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB 4 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343



**PARAMETER** 

CID : 2228119545

Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Collected Consulting Dr.

:08-Oct-2022 / 14:10 : Mahavir Nagar, Kandivali West (Main Centre) Reported Reg. Location

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**METHOD** 

Hexokinase

Hexokinase

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE RESULTS BIOLOGICAL REF RANGE**

GLUCOSE (SUGAR) FASTING, 87.1 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 123.9 Non-Diabetic: < 140 mg/dl Plasma PP/R Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

BILIRUBIN (TOTAL), Serum 0.70 0.3-1.2 mg/dl Vanadate oxidation

Kindly note change in Ref range and method w.e.f.11-07-2022

BILIRUBIN (DIRECT), Serum 0.26 0-0.3 mg/dl Vanadate oxidation

Kindly note change in Ref range and method w.e.f.11-07-2022

BILIRUBIN (INDIRECT), Serum 0.44 <1.2 mg/dl Calculated

TOTAL PROTEINS, Serum 7.4 5.7-8.2 g/dL Biuret

Kindly note change in Ref range and method w.e.f.11-07-2022

ALBUMIN, Serum **BCG** 4.4 3.2-4.8 g/dL GLOBULIN, Serum 3.0 2.3-3.5 g/dL Calculated

A/G RATIO, Serum 1.5 1 - 2 Calculated

SGOT (AST), Serum 13.5 <34 U/L Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

SGPT (ALT), Serum 14.7 10-49 U/L Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

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ALKALINE PHOSPHATASE,

Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported

76.0

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:08-Oct-2022 / 18:43

Modified IFCC

GAMMA GT, Serum 17.2 <38 U/L Modified IFCC

46-116 U/L

Kindly note change in Ref range and method w.e.f.11-07-2022

Serum

Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum 16.7 19.29-49.28 mg/dl Calculated

Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum 7.8 9.0-23.0 mg/dl Urease with GLDH

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum 0.56 0.50-0.80 mg/dl Enzymatic

Kindly note change in Ref range and method w.e.f.11-07-2022

eGFR, Serum 139 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 4.5 3.1-7.8 mg/dl Uricase/ Peroxidase

Kindly note change in Ref range and method w.e.f.11-07-2022

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 \*\*\*





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

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Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected : 08-Oct-2022 / 08:55

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.1 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 99.7 mg/dl Calculated

(eAG), EDTA WB - CC

# 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 SDRL, Vidyavihar Lab
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M.D.(PATH)
Consultant Pathologist & Lab
Director

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Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT**

| <u>PARAMETER</u>            | <u>RESULTS</u> | BIOLOGICAL REF RANGE | <u>METHOD</u>      |
|-----------------------------|----------------|----------------------|--------------------|
| PHYSICAL EXAMINATION        |                |                      |                    |
| Color                       | Pale yellow    | Pale Yellow          | -                  |
| Reaction (pH)               | 5.0            | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity            | 1.010          | 1.001-1.030          | Chemical Indicator |
| Transparency                | Slight hazy    | Clear                | -                  |
| Volume (ml)                 | 40             | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b> |                |                      |                    |
| Proteins                    | Absent         | Absent               | pH Indicator       |
| Glucose                     | Absent         | Absent               | GOD-POD            |
| Ketones                     | Absent         | Absent               | Legals Test        |
| Blood                       | Absent         | Absent               | Peroxidase         |
| Bilirubin                   | Absent         | Absent               | Diazonium Salt     |
| Urobilinogen                | Normal         | Normal               | Diazonium Salt     |
| Nitrite                     | Absent         | Absent               | Griess Test        |
| MICROSCOPIC EXAMINATION     |                |                      |                    |
| Leukocytes(Pus cells)/hpf   | 1-2            | 0-5/hpf              |                    |
| Red Blood Cells / hnf       | Abcont         | 0-2/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 Less than 20/hpf

Others Kindly rule out contamination

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*





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

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Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected : 08-Oct-2022 / 08:55

Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported: 08-Oct-2022 / 15:36

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE 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.

# Refernces:

- 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
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Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. Collected :08-Oct-2022 / 08:55

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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

| <u>PARAMETER</u>                    | RESULTS | BIOLOGICAL REF RANGE   | <u>METHOD</u>             |
|-------------------------------------|---------|--|---------------------------|
| CHOLESTEROL, Serum                  | 184.4   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl   | CHOD-POD                  |
| TRIGLYCERIDES, Serum                | 79.9    | Normal: <150 mg/dl<br>Borderline-high: 150 - 199<br>mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | Enzymatic<br>colorimetric |
| HDL CHOLESTEROL, Serum              | 38.6    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl  | Elimination/ Catalase     |
| NON HDL CHOLESTEROL,<br>Serum       | 145.8   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                      | Calculated                |
| LDL CHOLESTEROL, Serum              | 129.8   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159<br>mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                |
| VLDL CHOLESTEROL, Serum             | 16.0    | < /= 30 mg/dl  | Calculated                |
| CHOL / HDL CHOL RATIO,<br>Serum     | 4.8     | 0-4.5 Ratio  | Calculated                |
| LDL CHOL / HDL CHOL RATIO,<br>Serum | 3.4     | 0-3.5 Ratio  | Calculated                |

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Free T3, Serum

CID : 2228119545

Name : MRS.PRANJALI ROHIT KAMBLE

:26 Years / Female Age / Gender

Consulting Dr. Collected

Reported :08-Oct-2022 / 14:47 : Mahavir Nagar, Kandivali West (Main Centre) Reg. Location

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CLIA

# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS**

3.5-6.5 pmol/L

**RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD** 

Kindly note change in Ref range and method w.e.f.11-07-2022

5.1

Free T4, Serum 11.5-22.7 pmol/L **CLIA** 

Kindly note change in Ref range and method w.e.f.11-07-2022

sensitiveTSH, Serum 2.705 0.55-4.78 microIU/ml CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022

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Name : MRS.PRANJALI ROHIT KAMBLE

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected : 08-Oct-2022 / 08:55

Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported: 08-Oct-2022 / 14:47

## 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 SDRL, Vidyavihar Lab
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Name

R

CID# : **2228119545** SID# : 177805544202

: MRS.PRANJALI ROHIT KAMBLE

: 08-Oct-2022 / 08:50

Age / Gender : 26 Years/Female Collected : 08-Oct-2022 / 08:50

Consulting Dr. : - Reported : 10-Oct-2022 / 09:14

Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Printed : 10-Oct-2022 / 09:15

# **PHYSICAL EXAMINATION REPORT**

Registered

| History and Complaints: NIL        |               |              |          |
|------------------------------------|---------------|--------------|----------|
|                                    |               |              |          |
|                                    |               |              |          |
| EXAMINATION FINDINGS:              |               |              |          |
| Height (cms):                      | 151           | Weight (kg): | 55       |
| Temp:                              | Afebrile      | Skin:        | Normal   |
| Blood Pressure (mm/Hg):            | 100/70        | Nails:       | Healthy  |
| Pulse:                             | 86/MIN        | Lymph Node:  | Not      |
|                                    |               |              | Palpable |
| Systems                            |               |              |          |
| Cardiovascular: S1,S2 Normal No    | Murmurs       |              |          |
| Respiratory: Air Entry Bilaterally | Equal         |              |          |
| Genitourinary: NAD                 |               |              |          |
| GI System: Soft non tender No O    | rganomegaly   |              |          |
| CNS: NAD                           |               |              |          |
| IMPRESSION: HEALTHY.               |               |              |          |
|                                    |               |              |          |
|                                    |               |              |          |
|                                    |               |              |          |
| ADVICE: REGULAR EXERCISE. H        | HEALTHY DIET. |              |          |
|                                    |               |              |          |
|                                    |               |              |          |
|                                    |               |              |          |

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

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



CID# SID# : 2228119545 : 177805544202

: 08-Oct-2022 / 08:50

: MRS.PRANJALI ROHIT KAMBLE

: 08-Oct-2022 / 08:50

Age / Gender : 26 Years/Female

Reported : 10-Oct-2022 / 09:14

Registered

Collected

Consulting Dr.

Reg.Location

Name

Printed : Mahavir Nagar, Kandivali West (Main Centre)

: 10-Oct-2022 / 09:15

| CHIE | F COMPLAINTS:                          |       |  |
|------|--|-------|--|
| 1)   | Hypertension:                          | NO    |  |
| 2)   | IHD:                                   | NO    |  |
| 3)   | Arrhythmia:                            | NO    |  |
| 4)   | Diabetes Mellitus :                    | NO    |  |
| 5)   | Tuberculosis :                         | NO    |  |
| 6)   | Asthama:                               | NO    |  |
| 7)   | Pulmonary Disease :                    | NO    |  |
| 8)   | Thyroid/ Endocrine disorders :         | NO    |  |
| 9)   | Nervous disorders :                    | NO    |  |
| 10)  | GI system :                            | NO    |  |
| 11)  | Genital urinary disorder :             | NO    |  |
| 12)  | Rheumatic joint diseases or symptoms : | NO    |  |
| 13)  | Blood disease or disorder :            | NO    |  |
| 14)  | Cancer/lump growth/cyst :              | NO    |  |
| 15)  | Congenital disease :                   | NO    |  |
| 16)  | Surgeries : NC                         |       |  |
| PERS | SONAL HISTORY:                         | ·     |  |
| 1)   | Alcohol                                | NO    |  |
| 2)   | Smoking                                | NO    |  |
| 3)   | Diet                                   | MIXED |  |
| 4)   | Medication                             |       |  |

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

**Dr.Ajita Bhosale PHYSICIAN** 

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Name

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: MRS.PRANJALI ROHIT KAMBLE Registered Age / Gender : 26 Years/Female

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