

Patient Name: SUSHILA DEVI

Date and Time: 22nd Oct 22 9:56 AM

Patient ID: 2229520640

Age **41** **11** **8**
 years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

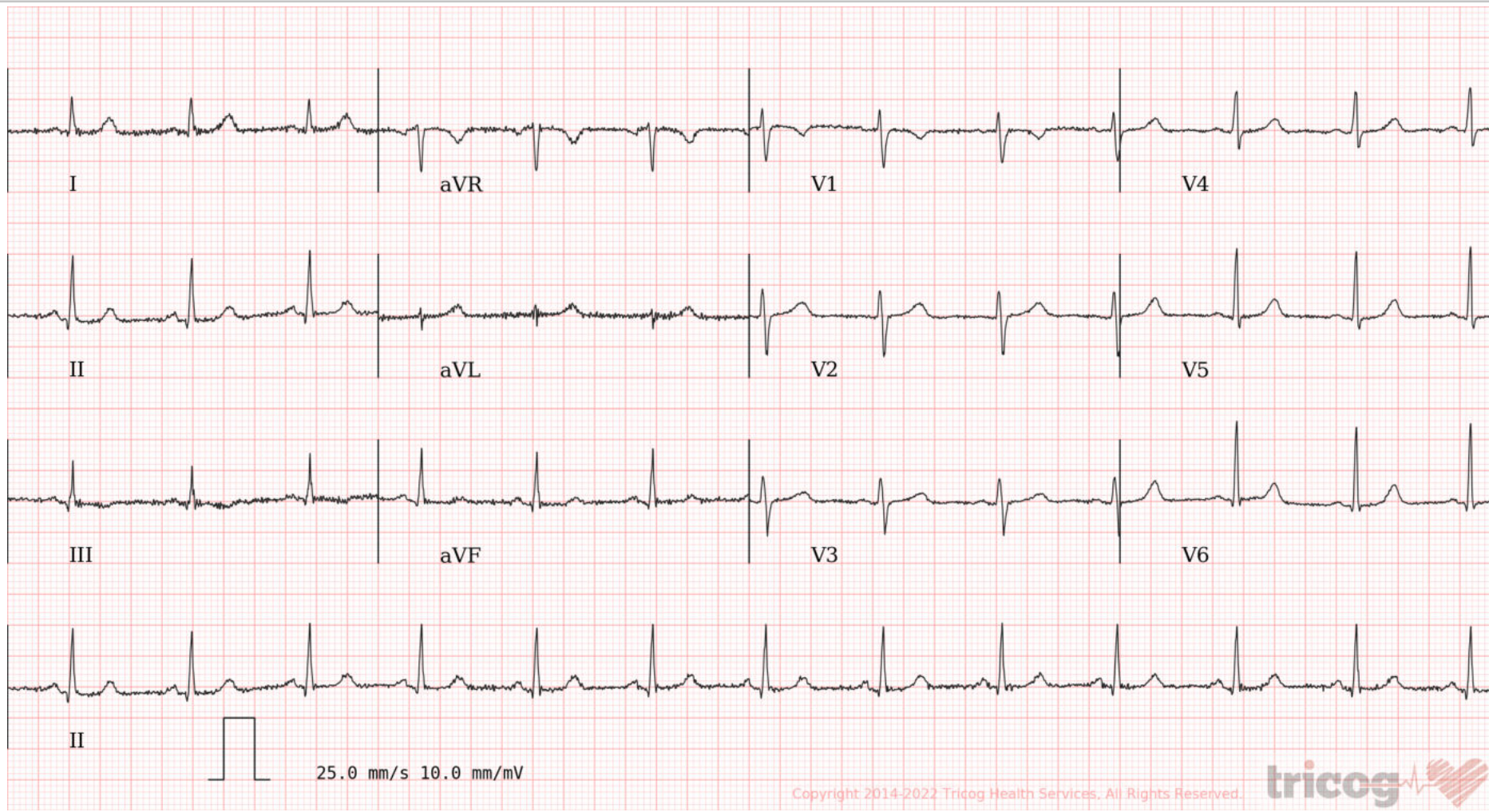
QRSD: 70ms

QT: 358ms

QTc: 412ms

PR: 128ms

P-R-T: 70° 64° 17°



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

REPORTED BY

Dr Kavin Shah
 MBBS, D.CARD
 2009/10/3488



CID : 2229520640
Name : Mrs Sushila devi
Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 22-Oct-2022
Reported : 22-Oct-2022/10:24

USG ABDOMEN AND PELVIS

LIVER:

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

GALL BLADDER:

Gall bladder is distended and appears normal. Wall thickness is within normal limits. **Multiple calculi noted in GB lumen measuring 3-5 mm.**

PORTAL VEIN:

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

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.0 x 3.8 cm. Left kidney measures 10.2 x 3.7 cm. Both kidneys are normal in size, 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 and measures 8.6 x 3.4 x 5.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.4 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.



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IMPRESSION:
CHOLELITHIASIS.

Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

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Age / Sex : 41 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 22-Oct-2022
Reported : 22-Oct-2022/10:06

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.

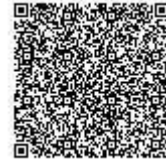
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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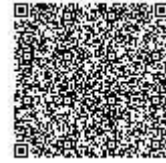
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Reported : 22-Oct-2022/10:06



CID : 2229520640
 Name : MRS.SUSHILA DEVI
 Age / Gender : 41 Years / Female
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
 Reported : 22-Oct-2022 / 12:25

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 10.4 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.35 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 34.0 | 36-46 % | Measured |
| MCV | 64 | 80-100 fl | Calculated |
| MCH | 19.4 | 27-32 pg | Calculated |
| MCHC | 30.5 | 31.5-34.5 g/dL | Calculated |
| RDW | 17.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 8000 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 33.9 | 20-40 % | |
| Absolute Lymphocytes | 2712.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.6 | 2-10 % | |
| Absolute Monocytes | 368.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 58.0 | 40-80 % | |
| Absolute Neutrophils | 4640.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.4 | 1-6 % | |
| Absolute Eosinophils | 272.0 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 8.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 337000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.8 | 6-11 fl | Calculated |
| PDW | 16.5 | 11-18 % | Calculated |



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Reported : 22-Oct-2022 / 12:30

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RBC MORPHOLOGY

Hypochromia ++
Microcytosis ++
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Features suggest thalassemia trait.

Advice : Hb Electrophoresis & Reticulocyte count estimation recommended.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 45 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 17:46

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 99.6 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 110.6 | 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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2229520640
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Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|---------------------|
| BLOOD UREA, Serum | 12.8 | 19.29-49.28 mg/dl | Calculated |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| BUN, Serum | 6.0 | 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 | 0.54 | 0.50-0.80 mg/dl | Enzymatic |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| eGFR, Serum | 132 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 5.7-8.2 g/dL | Biuret |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| URIC ACID, Serum | 2.9 | 3.1-7.8 mg/dl | Uricase/ Peroxidase |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| PHOSPHORUS, Serum | 2.6 | 2.4-5.1 mg/dl | Phosphomolybdate |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| CALCIUM, Serum | 8.4 | 8.7-10.4 mg/dl | Arsenazo |
| Kindly note change in Ref range and method w.e.f.11-10-2022 | | | |
| SODIUM, Serum | 138 | 136-145 mmol/l | IMT |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |



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Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

POTASSIUM, Serum 4.1 3.5-5.1 mmol/l IMT

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

CHLORIDE, Serum 108 98-107 mmol/l IMT

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

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



Dr. Vrushi Shroff

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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 19:05

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.4 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 108.3 | 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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



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Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 16:07

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 20 | - | - |
| <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 | 0-1 | 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 | - | | |

Kindly rule out contamination

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



J. Thakker

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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 13:12
Reported : 26-Oct-2022 / 13:19

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
PAP SMEAR REPORT**

Specimen : - (G/SDC- 8801/22)

Received SurePath vial.

Clinical Notes :

LMP : 1/10/22.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly intermediate and fewer superficial squamous cells along with dense neutrophilic infiltrate.

Interpretation :

1. Negative for intraepithelial lesion or malignancy.

2. Inflammatory smear.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : Pap test is a screening test for cervical cancer with inherent false negative results.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



G Badkar
Dr.GAUTMI BADKAR
M.D. (PATH), DNB (PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 13:16

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| Rh TYPING | Positive |

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin .

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 G B Road Lab, Thane West

*** End Of Report ***



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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum | 146.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 106.3 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum | 34.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 111.8 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 90.6 | 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 | 21.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

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



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



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Reported : 22-Oct-2022 / 15:18

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|---------------|
| Free T3, Serum | 4.4 | 3.5-6.5 pmol/L | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| Free T4, Serum | 11.8 | 11.5-22.7 pmol/L | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| sensitiveTSH, Serum | 2.251 | 0.55-4.78 microu/ml | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |



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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 SDRL, Vidyavihar Lab
 *** End Of Report ***



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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| BILIRUBIN (TOTAL), Serum | 0.76 | 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 | 0.27 | 0-0.3 mg/dl | Vanadate oxidation |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| BILIRUBIN (INDIRECT), Serum | 0.49 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 5.7-8.2 g/dL | Biuret |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 26.0 | <34 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| SGPT (ALT), Serum | 25.0 | 10-49 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| GAMMA GT, Serum | 20.9 | <38 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALKALINE PHOSPHATASE, Serum | 68.8 | 46-116 U/L | Modified IFCC |

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab



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



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CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 12:25

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 10.4 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.35 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 34.0 | 36-46 % | Measured |
| MCV | 64 | 80-100 fl | Calculated |
| MCH | 19.4 | 27-32 pg | Calculated |
| MCHC | 30.5 | 31.5-34.5 g/dL | Calculated |
| RDW | 17.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 8000 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 33.9 | 20-40 % | |
| Absolute Lymphocytes | 2712.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 4.6 | 2-10 % | |
| Absolute Monocytes | 368.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 58.0 | 40-80 % | |
| Absolute Neutrophils | 4640.0 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.4 | 1-6 % | |
| Absolute Eosinophils | 272.0 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 8.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 337000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.8 | 6-11 fl | Calculated |
| PDW | 16.5 | 11-18 % | Calculated |



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 12:30

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RBC MORPHOLOGY

Hypochromia ++
Microcytosis ++
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT Features suggest thalassemia trait.

Advice : Hb Electrophoresis & Reticulocyte count estimation recommended.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 45 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 17:46

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 99.6 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 110.6 | 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 G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2229520640
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Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|---------------------|
| BLOOD UREA, Serum | 12.8 | 19.29-49.28 mg/dl | Calculated |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| BUN, Serum | 6.0 | 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 | 0.54 | 0.50-0.80 mg/dl | Enzymatic |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| eGFR, Serum | 132 | >60 ml/min/1.73sqm | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 5.7-8.2 g/dL | Biuret |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| URIC ACID, Serum | 2.9 | 3.1-7.8 mg/dl | Uricase/ Peroxidase |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| PHOSPHORUS, Serum | 2.6 | 2.4-5.1 mg/dl | Phosphomolybdate |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| CALCIUM, Serum | 8.4 | 8.7-10.4 mg/dl | Arsenazo |
| Kindly note change in Ref range and method w.e.f.11-10-2022 | | | |
| SODIUM, Serum | 138 | 136-145 mmol/l | IMT |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

POTASSIUM, Serum 4.1 3.5-5.1 mmol/l IMT

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

CHLORIDE, Serum 108 98-107 mmol/l IMT

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

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



Dr. Vrushi Shroff

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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 19:05

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.4 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 108.3 | 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 26-Oct-2022 / 10:31
Reported : 26-Oct-2022 / 15:05

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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 G B Road Lab, Thane West

*** End Of Report ***



J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 16:07

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 20 | - | - |
| <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 | 0-1 | 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 | - | | |

Kindly rule out contamination

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



J. Thakker

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



CID : 2229520640
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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 13:12
Reported : 26-Oct-2022 / 13:19

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
PAP SMEAR REPORT**

Specimen : - (G/SDC- 8801/22)

Received SurePath vial.

Clinical Notes :

LMP : 1/10/22.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly intermediate and fewer superficial squamous cells along with dense neutrophilic infiltrate.

Interpretation :

1. Negative for intraepithelial lesion or malignancy.

2. Inflammatory smear.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

Note : Pap test is a screening test for cervical cancer with inherent false negative results.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



G Badkar

Dr.GAUTMI BADKAR
M.D. (PATH), DNB (PATH)
Pathologist



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CID : 2229520640

Name : MRS.SUSHILA DEVI

Age / Gender : 41 Years / Female

Consulting Dr. : -

Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26

Reported : 22-Oct-2022 / 13:16

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | O |
| Rh TYPING | Positive |

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin .

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 G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2229520640
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Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum | 146.1 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 106.3 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic colorimetric |
| HDL CHOLESTEROL, Serum | 34.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 111.8 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 90.6 | 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 | 21.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6 | 0-3.5 Ratio | Calculated |

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



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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
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Reg. Location : Thane Kasarvadavali (Main Centre)

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Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|---------------|
| Free T3, Serum | 4.4 | 3.5-6.5 pmol/L | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| Free T4, Serum | 11.8 | 11.5-22.7 pmol/L | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| sensitiveTSH, Serum | 2.251 | 0.55-4.78 microu/ml | CLIA |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |



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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

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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 SDRL, Vidyavihar Lab
 *** End Of Report ***



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



CID : 2229520640
Name : MRS.SUSHILA DEVI
Age / Gender : 41 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 22-Oct-2022 / 09:26
Reported : 22-Oct-2022 / 15:18

Use a QR Code Scanner
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| BILIRUBIN (TOTAL), Serum | 0.76 | 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 | 0.27 | 0-0.3 mg/dl | Vanadate oxidation |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| BILIRUBIN (INDIRECT), Serum | 0.49 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 5.7-8.2 g/dL | Biuret |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 26.0 | <34 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| SGPT (ALT), Serum | 25.0 | 10-49 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| GAMMA GT, Serum | 20.9 | <38 U/L | Modified IFCC |
| Kindly note change in Ref range and method w.e.f.11-07-2022 | | | |
| ALKALINE PHOSPHATASE, Serum | 68.8 | 46-116 U/L | Modified IFCC |

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab



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*** End Of Report ***