

Alud. Gluh



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# PHYSICAL EXAMINATION REPORT

Patient Name	Mrs - Stuti	Ghosh	Sex/Age	female 1 53
Date	25-11-2	3	Location	KASARVADAVALI
History and	l Complaints			
EXAMINAT	ION FINDINGS:			
Height	152 cm	Temp (0c):	Herne	
Weight	68/69	Skin:	MORNA	1
<b>Blood Pressure</b>	(35/80	Nails:	NORMA	2
Pulse	Soln	Lymph Node:	Hopins	
Systems :				
Cardiovascular	Horna			
Respiratory:	Hopular			
Genitourinary:	NoRuska			
GI System:	peopula			
CNS:	horman			
Impression:		8 6		
1) our weg	1 2) Hb 4 +	EXEM 31 tz	ns A pons	14) Ca OXALATE
crysmus 14	WELLE 5] Sylve	PIDEMIA 6	15 RIK PE	1051
1.00	8 00			



### ADVICE:

TO RESULE WEIGHT & TO PRIEW UP WHEN PAMITY ANY SIGHT CHIEF COMDI AINTE .

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CHIEF COMPLAINTS:		Reg. No. 39329 (M.M.C)		
1)	Hypertension:	No		
2)	IHD	No		
3)	Arrhythmia	No		
4)	Diabetes Mellitus	No		
5)	Tuberculosis	No		
6)	Asthma	No		
7)	Pulmonary Disease	Mo		
8)	Thyroid/ Endocrine disorders	No		
9)	Nervous disorders	No		
10)	GI system	NO		
11)	Genital urinary disorder	No		
12)	Rheumatic joint diseases or symptom	NO-HE BROWN VER KINGE		
13)	Blood disease or disorder	No		
14)	Cancer/lump growth/cyst	No		
15)	Congenital disease	No		
16)	Surgeries	C-Setion in 1995, Tumour operate Hysterectomy in 2014 in 2008		

PERSONAL HISTORY:				
1)	Alcohol	No		
2)	Smoking	No		
3)	Diet	Mon-veg		
4)	Medication	Mil		



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Date: 25.11.23

CID: 2332920787

Name: Mrs. Stuti Ghosh Sex/Age: Female / 53+5

## EYE CHECK UP

Chief complaints:

Mil

Systematic Diseases: Mi)

Past History : Nil

Unaided Vision: Rt -6/24

L+ -6/18

Rt- 616, MG Aided Vision:

Lt - 616 , MG.

Refraction:

Colour Vision: Hormal

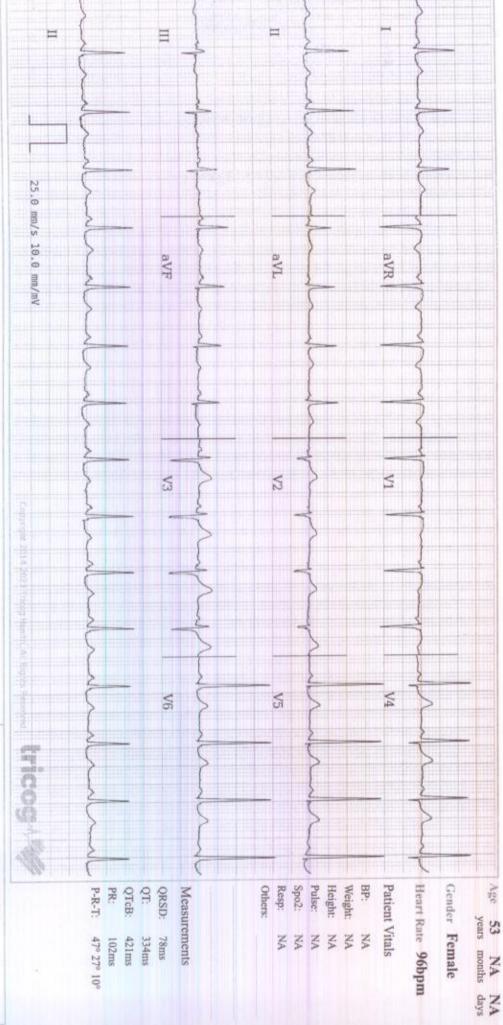
Remarks:

# SUBURBAN STICS

# SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI

Date and Time: 25th Nov 23 12:54 PM

Patient Name: STUTI GHOSH Patient ID: 2332920787



ECG Within Normal Limits: Sinus Rhythm, Short PR Interval. Otherwise. Please correlate clinically.

REPORTED BY

Aumen

Dr.Astand N Motwani M.D (General Medicine) Reg No 39329 M.M.C



: 2332920787

Name

: Mrs STUTI GHOSH

Age / Sex

Reg. Location

: 53 Years/Female

Ref. Dr

- 3

: Thane Kasarvadavali Main Centre

Reg. Date

eg. Date

Reported

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: 25-Nov-2023 / 15:15

### 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-----

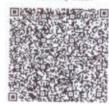
Dr.JITENDRA GIRI DMRD,FELLOWSHIP IN USG & COLOUR DOPPLER(MUHS) Reg No -2011/06/2160

CONSULTANT RADIOLOGIST

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: 2332920787

Name : MRS.STUTI GHOSH Age / Gender :53 Years / Female

Consulting Dr.

Reg. Location

CID

: Thane Kasarvadavali (Main Centre)

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

	CBC (Complet	te Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			METHOD
Haemoglobin	11.1	12.0-15.0 g/dL	Constrantationatal
RBC	3.95	3.8-4.8 mil/cmm	Spectrophotometric Elect. Impedance
PCV	34.7	36-46 %	Measured
MCV	87.7	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
WBC PARAMETERS		11.0 11.0 %	Catculated
WBC Total Count	6820	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		eveet impedance
Lymphocytes	30.2	20-40 %	
Absolute Lymphocytes	2059.6	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	outcottacco
Absolute Monocytes	375.1	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	outcoluced
Absolute Neutrophils	4071.5	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	- Garage Co
Absolute Eosinophils	300.1	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	13.6	20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Abso	orbance & Impedance method	d/Microscopy.	

### PLATELET PARAMETERS

Platelet Count	338000	150000-400000 /cmm	Elect. Impedance
MPV	10.1	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated

### RBC MORPHOLOGY

Hypochromia Microcytosis





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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

106

2-30 mm at 1 hr.

Sedimentation

Result Rechecked.

\*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 40/2D ECHO

PARAMETER

Plasma PP/R

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

RESULTS

BIOLOGICAL REF RANGE

METHOD

GLUCOSE (SUGAR) FASTING. Fluoride Plasma

GLUCOSE (SUGAR) PP, Fluoride 141.7

: 2332920787

: MRS.STUTI GHOSH

: 53 Years / Female

103.9

: Thane Kasarvadavali (Main Centre)

Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

Hexokinase

Hexokinase

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Non-Diabetic: < 140 mg/dl

Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting)

Absent

Absent

Urine Ketcnes (Fasting)

Absent

Absent-

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, There West \*\*\* End Of Report \*\*\*



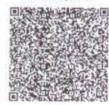
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Reg. Location

: Thane Kasarvadavali (Main Centre)

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/20 ECHO KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enżymatic
eGFR, Serum	108	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89	Calculated
	7 S. II N	Mild to moderate decrease: 45- 59	
		Moderate to severe decrease: 30 -44 Severe decrease: 15-29 Kidney failure: <15	1

Note: eGFR estimation is calculated using 2021 CKD-EFI GFR equation w.e.f 16-03-2023

TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUNIN, Serum	4.4	3.5-5.2 g/dL	ECG
GLOBULIN, Serum	3.0	2.3-3.5 g/GL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/di	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Şerum	4.6	3.5-5.3 mmol/l	15F
CHLORIDE, Serum	104	98-107 mnigt/t	ISE

<sup>\*</sup>Samplé processed at SUBURBAN DIAGNOSTICS (INLIA) PVT, LTD G B Road Lab, Thane West \*\*\* End Of Report \*\*\*



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: 2332920787

Name

: MRS.STUTI GHOSH

Age / Gender

: 53 Years / Female

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# MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

5.1

99.7

BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

Estimated Average Glucose

(eAG), EDTA WB - CC

Non-Diabetic Level: < 5.7 %

Collected

Reported

HPLC

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

mg/dl

Calculated

Manager Angel Transport of State 1

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 G B Road Lab, Thane West
\*\*\* End Of Report \*\*\*



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**BIOLOGICAL REF RANGE** 

: 25-Nov-2023 / 09:16 :25-Nov-2023 / 14:23

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

PHYSICAL EXAMINATION

Colour

Form and Consistency

PARAMETER

Mucus

Blood

CHEMICAL EXAMINATION

Semi Solid

Absent Absent

Brown

RESULTS

Acidic (6.0) Absent

Absent

MICROSCOPIC EXAMINATION

Protozoa Flagellates Ciliates Parasites

Reaction (pH)

Occult Blood

Macrophages Mucus Strands Fat Globules RBC/hpf WBC/hpf

Yeast Cells **Undigested Particles** 

Concentration Method (for ova) Reducing Substances

Absent Absent

Absent Absent Absent Absent

Absent Absent Absent

Absent Present +

No ova detected

Absent Absent Absent

Brown

Absent

Absent

Absent

Absent

Absent

Absent

Absent

Absent

Absent

Semi Solid

Absent Absent

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: 2332920787

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: 25-Nov-2023 / 09:16 :25-Nov-2023 / 17:41

### MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO URINE EXAMINATION REPORT

	OMITE EAT	MINATION REPORT	
PARAMETER	RESULTS	<b>BIOLOGICAL REF RANGE</b>	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	¥
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	•
Volume (ml)	10		*
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normat	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATIO	N .		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Ca-oxalate +	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others			

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl, 2+ =75 mg/dl, 3+ = 150 mg/dl, 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl, 2+ = 15 mg/dl, 3+= 50 mg/dl, 4+ = 150 mg/dl)

Reference: Pack inert

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



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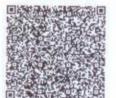
Age / Gender

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

PARAMETER

RESULTS

ABO GROUP

B

Rh TYPING

Positive

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

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
- AABB technical manual

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



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

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: 2332920787

Name

: MRS.STUTI GHOSH

Age / Gender

:53 Years / Female

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	207.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	132.8	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	47.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	160.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.0	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	27.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West



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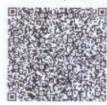
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:25-Nov-2023 / 13:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	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	1.57	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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: 53 Years / Female

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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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological

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 lodine 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.

Diumal 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.

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 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 G B Road Lab, Thane West \*\*\* End Of Report \*\*\*

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: 2332920787

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:53 Years / Female

Consulting Dr. Reg. Location

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: Thane Kasarvadavali (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	24.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	11.4	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	123.8	35-105 U/L	PNPP

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



Dr.IMRAN MUJAWAR M.D ( Path ) Pathologist

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