# SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI



Patient Name: RICHA SRIVASTAVA

Patient ID: 2205031046 Date and Time: 19th Feb 22 11:50 AM



#### Gender Female

## Heart Rate 76 bpm

#### **Patient Vitals**

110/70 mmHg BP:

Weight: 94 kg

161 cm Height:

NA

Spo2: NA

Resp:

Others:

Measurements

QSRD: 78 ms

350 ms

393 ms QTc:

136 ms

P-R-T: 27° 56° 46°

Pulse: V5 II aVL V6 IIIaVF QT: Η PR: 25.0 mm/s 10.0 mm/mV

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

REPORTED BY

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

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 RICHA SRIVASTAVA

Age / Sex : 33 Years/Female

Ref. Dr :

Reg. Location: Thane Kasarvadavali Main Centre

 $\mathbf{E}$ 

R

Т

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

: 19-Feb-2022 / 10:50

: 19-Feb-2022 / 11:17

# **USG WHOLE ABDOMEN**

Reg. Date

Reported

<u>LIVER:</u> Liver is normal in size and shows mild fatty infiltrations. 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. There is no evidence of any calculus.

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

<u>PANCREAS</u>: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS</u>: Right kidney measures 10.3 x 4.1 cm. Left kidney measures 9.6 x 4.5 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.

<u>UTERUS</u>: Uterus is anteverted and measures 7.4 x 3.5 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.4 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images

http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021910120899

Page 1of



Name : Mrs RICHA SRIVASTAVA

Age / Sex : 33 Years/Female

Ref. Dr :

Reg. Location: Thane Kasarvadavali Main Centre

Authenticity Check

R

 $\mathbf{E}$ 

R

T

Use a QR Code Scanner Application To Scan the Code

: 19-Feb-2022 / 10:50

Reg. Date

Reported

: 19-Feb-2022 / 11:17

IMPRESSION: MILD FATTY LIVER.

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 interobserver 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.

Click here to view images

http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021910120899

Page 2of



: Mrs RICHA SRIVASTAVA Name

: 33 Years/Female Age / Sex

Ref. Dr

Reg. Location: Thane Kasarvadavali Main Centre



 $\mathbf{E}$ 

R

T

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

: 19-Feb-2022 / 10:37

: 19-Feb-2022 / 10:51

# X-RAY CHEST PA VIEW

Reg. Date

Reported

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 Re | port |
|-----------|------|

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

> G. R. F-1 Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786

**Consultant Radiologist** 

Click here to view images

http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021910120907



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. Collected

Reported Reg. Location : Thane Kasarvadavali (Main Centre)



Use a OR Code Scanner Application To Scan the Code

:19-Feb-2022 / 10:14

:19-Feb-2022 / 13:38

# **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                       | 11.0           | 12.0-15.0 g/dL              | Spectrophotometric |
| RBC                               | 4.13           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV                               | 32.9           | 36-46 %                     | Measured           |
| MCV                               | 80             | 80-100 fl                   | Calculated         |
| MCH                               | 26.6           | 27-32 pg                    | Calculated         |
| MCHC                              | 33.3           | 31.5-34.5 g/dL              | Calculated         |
| RDW                               | 14.9           | 11.6-14.0 %                 | Calculated         |
| WBC PARAMETERS                    |                |                             |                    |
| WBC Total Count                   | 10100          | 4000-10000 /cmm             | Elect. Impedance   |
| WBC DIFFERENTIAL AND A            | BSOLUTE COUNTS |                             |                    |
| Lymphocytes                       | 22.0           | 20-40 %                     |                    |
| Absolute Lymphocytes              | 2222.0         | 1000-3000 /cmm              | Calculated         |
| Monocytes                         | 4.1            | 2-10 %                      |                    |
| Absolute Monocytes                | 414.1          | 200-1000 /cmm               | Calculated         |
| Neutrophils                       | 68.0           | 40-80 %                     |                    |
| Absolute Neutrophils              | 6868.0         | 2000-7000 /cmm              | Calculated         |
| Eosinophils                       | 5.9            | 1-6 %                       |                    |
| Absolute Eosinophils              | 595.9          | 20-500 /cmm                 | Calculated         |
| Basophils                         | 0.0            | 0.1-2 %                     |                    |
| Absolute Basophils                | 0.0            | 20-100 /cmm                 | Calculated         |
|                                   |                |                             |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

| Platelet Count | 167000 | 150000-400000 /cmm | Elect. Impedance |
|----------------|--------|--------------------|------------------|
| MPV            | 12.2   | 6-11 fl            | Calculated       |
| PDW            | 23.8   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY** 

Immature Leukocytes

Hypochromia Mild

Microcytosis Occasional

Page 1 of 10

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



Name : MRS.RICHA SRIVASTAVA

: 33 Years / Female Age / Gender

Consulting Dr. Collected : 19-Feb-2022 / 10:14

Reported :19-Feb-2022 / 12:21 : Thane Kasarvadavali (Main Centre) Reg. Location

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY Megaplatelets seen on smear

**COMMENT** Eosinophilia

Specimen: EDTA Whole Blood

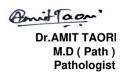
ESR, EDTA WB 42 2-20 mm at 1 hr. Westergren

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









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

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

For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : - Collected : 19-Feb-2022 / 10:14

Reg. Location : Thane Kasarvadavali (Main Centre) Reported :19-Feb-2022 / 15:11

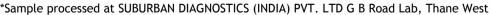
Authenticity Check

Use a QR Code Scanner Application To Scan the Code

• 19-Feb-2022 / 10-1

Feb-2022 / 15:11

| AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE   |                |  |   |
|---|----------------|--|---|
| <u>PARAMETER</u>                            | <u>RESULTS</u> | BIOLOGICAL REF RANGE   | <u>METHOD</u>                               |
| GLUCOSE (SUGAR) FASTING,<br>Fluoride Plasma | 99.8           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose:<br>100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase                                  |
| BILIRUBIN (TOTAL), Serum                    | 1.07           | 0.1-1.2 mg/dl  | Diazo                                       |
| BILIRUBIN (DIRECT), Serum                   | 0.36           | 0-0.3 mg/dl  | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum                 | 0.71           | 0.1-1.0 mg/dl  | Calculated                                  |
| TOTAL PROTEINS, Serum                       | 7.4            | 6.4-8.3 g/dL   | Biuret                                      |
| ALBUMIN, Serum                              | 4.6            | 3.5-5.2 g/dL   | BCG   |
| GLOBULIN, Serum                             | 2.8            | 2.3-3.5 g/dL   | Calculated                                  |
| A/G RATIO, Serum                            | 1.6            | 1 - 2  | Calculated                                  |
| SGOT (AST), Serum                           | 20.9           | 5-32 U/L   | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum                           | 27.3           | 5-33 U/L   | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum                             | 21.2           | 3-40 U/L   | IFCC  |
| ALKALINE PHOSPHATASE,<br>Serum              | 83.7           | 35-105 U/L   | PNPP  |
| BLOOD UREA, Serum                           | 14.2           | 12.8-42.8 mg/dl  | Urease & GLDH                               |
| BUN, Serum                                  | 6.6            | 6-20 mg/dl   | Calculated                                  |
| CREATININE, Serum                           | 0.77           | 0.51-0.95 mg/dl  | Enzymatic                                   |
| eGFR, Serum                                 | 92             | >60 ml/min/1.73sqm   | Calculated                                  |
| URIC ACID, Serum                            | 7.2            | 2.4-5.7 mg/dl  | Uricase                                     |
| Urine Sugar (Fasting)                       | Absent         | Absent   |   |
| Urine Ketones (Fasting)                     | Absent         | Absent   |   |









Don't Taon

Dr.AMIT TAORI M.D ( Path ) Pathologist

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

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



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : -

Reg. Location : Thane Kasarvadavali (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected: Reported:

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

:

Page 4 of 10

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



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : - Collected : 19-Feb-2022 / 10:14

Reg. Location: Thane Kasarvadavali (Main Centre): Reported: 19-Feb-2022 / 18:56

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Glycosylated Hemoglobin 5.8 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 %

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Estimated Average Glucose 119.8 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 CPL, Andheri West
\*\*\* End Of Report \*\*\*







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

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

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

For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

Page 5 of 10



Name : MRS.RICHA SRIVASTAVA

: 33 Years / Female Age / Gender

Consulting Dr. Collected : 19-Feb-2022 / 10:14

Reported :19-Feb-2022 / 15:00 : Thane Kasarvadavali (Main Centre) Reg. Location



Use a OR Code Scanner

Application To Scan the Code

# **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)               | Acidic (5.0)   | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity            | 1.010          | 1.010-1.030          | 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                       | 1+             | Absent               | Peroxidase         |
| Bilirubin                   | Absent         | Absent               | Diazonium Salt     |
| Urobilinogen                | Normal         | Normal               | Diazonium Salt     |
| Nitrite                     | Absent         | Absent               | Griess Test        |
| MICROSCOPIC EXAMINATION     |                |                      |                    |
| Leukocytes(Pus cells)/hpf   | 2-3            | 0-5/hpf              |                    |
| Red Blood Cells / hpf       | 1-2            | 0-2/hpf              |                    |

Epithelial Cells / hpf 5-6

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 5-6 Less than 20/hpf

Kindly correlate clinically







Amit Taon **Dr.AMIT TAORI** M.D (Path)

**Pathologist** 

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

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

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



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : - Collected : 19-Feb-2022 / 10:14

Reg. Location: Thane Kasarvadavali (Main Centre): Reported: 19-Feb-2022 / 13:14

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE 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:

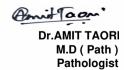
- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- 2. AABB technical manual

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









Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

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

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



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : - Collected : 19-Feb-2022 / 10:14

Reg. Location : Thane Kasarvadavali (Main Centre) Reported :19-Feb-2022 / 15:11

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

pplication To Scan the Code

Feb-2022 / 10:14 Feb-2022 / 15:11

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

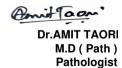
| <u>PARAMETER</u>                    | RESULTS | BIOLOGICAL REF RANGE   | <u>METHOD</u>                                  |
|-------------------------------------|---------|--|--|
| CHOLESTEROL, Serum                  | 150.7   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl   | Enzymatic                                      |
| TRIGLYCERIDES, Serum                | 172.1   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199<br>mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD  |
| HDL CHOLESTEROL, Serum              | 38.1    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl  | Homogeneous<br>enzymatic<br>colorimetric assay |
| NON HDL CHOLESTEROL,<br>Serum       | 112.6   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/d<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                       | Calculated<br>l                                |
| LDL CHOLESTEROL, Serum              | 79.0    | 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 | Homogeneous<br>enzymatic<br>colorimetric assay |
| VLDL CHOLESTEROL, Serum             | 33.6    | < /= 30 mg/dl  | Calculated                                     |
| CHOL / HDL CHOL RATIO,<br>Serum     | 4.0     | 0-4.5 Ratio  | Calculated                                     |
| LDL CHOL / HDL CHOL RATIO,<br>Serum | 2.1     | 0-3.5 Ratio  | Calculated                                     |

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









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

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



Name : MRS.RICHA SRIVASTAVA

:33 Years / Female Age / Gender

Consulting Dr. Collected Reported

Reg. Location : Thane Kasarvadavali (Main Centre)



Use a OR Code Scanner Application To Scan the Code

:19-Feb-2022 / 10:14

:19-Feb-2022 / 13:03

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

| <u>PARAMETER</u>    | <u>RESULTS</u> | <b>BIOLOGICAL REF RANGE</b>   | <u>METHOD</u> |
|---------------------|----------------|---|---------------|
| Free T3, Serum      | 4.1            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 15.2           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59 | ECLIA         |
| sensitiveTSH, Serum | 3.48           | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0   | ECLIA         |



Name : MRS.RICHA SRIVASTAVA

Age / Gender : 33 Years / Female

Consulting Dr. : - Collected :19-Feb-2022 / 10:14

Reg. Location : Thane Kasarvadavali (Main Centre) Reported :19-Feb-2022 / 13:03



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

### Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

#### Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)









Dr.AMIT TAORI M.D ( Path ) Pathologist

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

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

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

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