

Age **45** **5** **8**
years months days

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

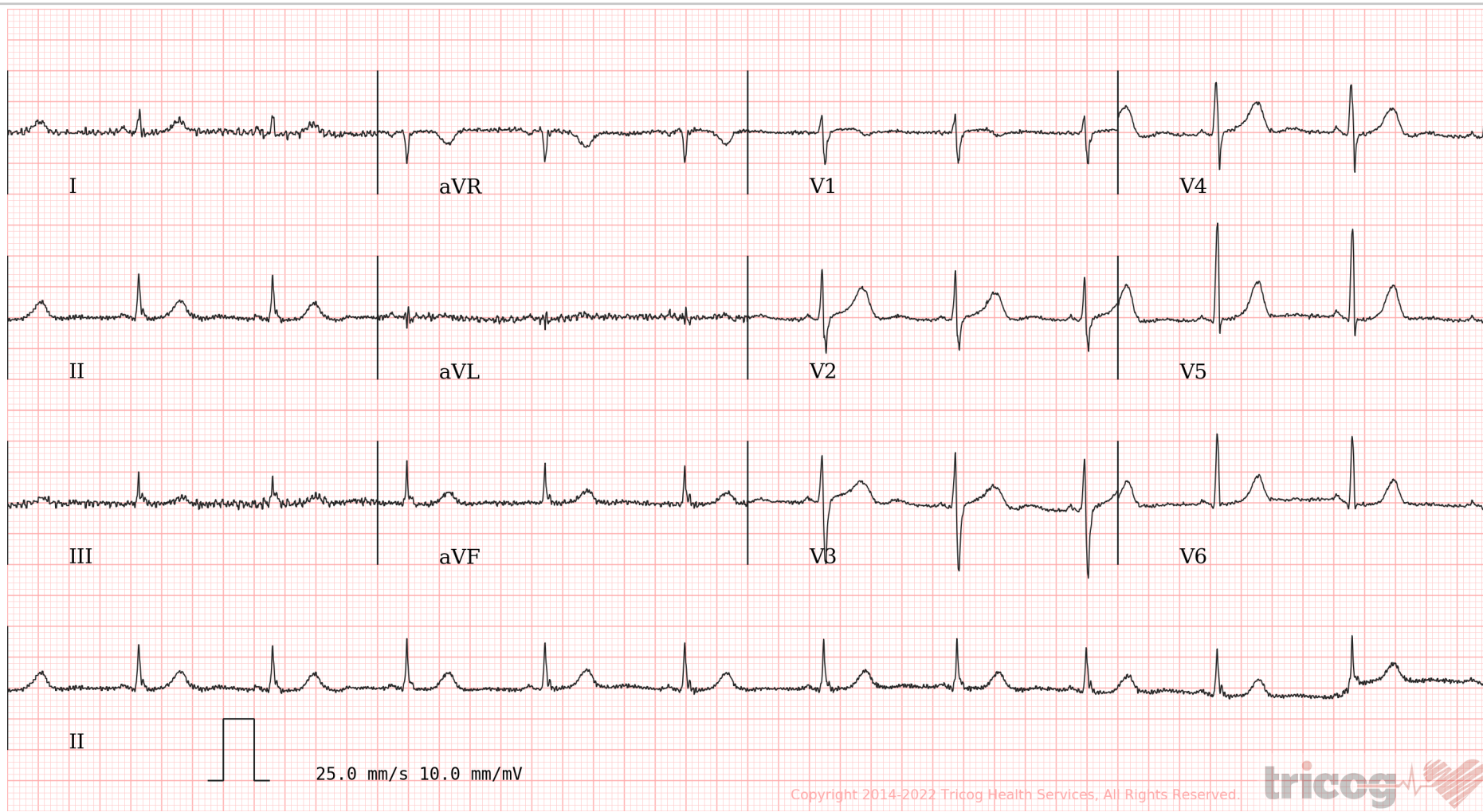
QRSD: 80ms

QT: 392ms

QTc: 420ms

PR: 98ms

P-R-T: 19° 69° 50°



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

REPORTED BY

Dr. Girish Agarwal

Dr. Girish Agarwal
MD Medicine
2002/02/478



CID : 2234420214
Name : Ms ARCHANA A SAVE
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/13:55

USG ABDOMEN AND PELVIS

LIVER:

Liver is normal in size (measures 9.5cm), shape 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. No pericholecystic free fluid is seen. There is no evidence of any obvious calculus.

PORTAL VEIN:

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

PANCREAS:

Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 9.8 x 3.8cm. Left kidney measures 9.7 x 4.1cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN:

Spleen is normal in size (7.5cm) 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 5.7 x 5.4 x 3.7cm. Uterine myometrium shows heterogeneous echotexture with a few subserosal fibroids measuring about 2.2 x 1.9cm in fundal(pedunculated with vascular stalk) and 3.3 x 2.8cm in posterior wall. Endometrial echo is in midline and measures 7mm. Cervix is mildly bulky and shows multiple tiny nabothian cysts. A thin vascular pedicle is seen coursing towards the external os ?polyp.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121009470982>



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OVARIES:

Both ovaries appear normal.
The right ovary measures 2.4 x 2.0 x 1.0cm and ovarian volume is 3cc.
The left ovary measures 2.4 x 2.4 x 1.7cm and ovarian volume is 5cc.
No free fluid or significant lymphadenopathy is seen.
Bowel loops are grossly normal.

IMPRESSION:

- **UTERINE SUBSEROUSAL FIBROIDS.**
- **?CERVICAL POLYP.**

SUGGEST: CLINICAL CORRELATION.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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

This report is prepared and physically checked by DR Chirag desai before dispatch.

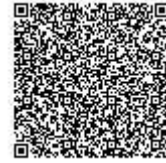
Dr CHIRAG DESAI
MBBS, DNB
2014/08/3610
Consultant Radiologist



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Reported : 10-Dec-2022/15:00

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.

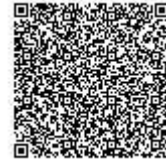
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR Chirag desai before dispatch.

Dr CHIRAG DESAI
MBBS, DNB
2014/08/3610
Consultant Radiologist



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CID : 2234420214
 Name : MS.ARCHANA A SAVE
 Age / Gender : 45 Years / Female
 Consulting Dr. : -
 Reg. Location : Juhu, Vile Parle West (Main Centre)

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

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.33	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.1	36-46 %	Calculated
MCV	87.9	80-100 fl	Measured
MCH	29.3	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5950	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	1810	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	570	200-1000 /cmm	Calculated
Neutrophils	56.5	40-80 %	
Absolute Neutrophils	3350	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	160	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	312000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Measured
PDW	16.8	11-18 %	Calculated



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Collected : 10-Dec-2022 / 09:50
Reported : 10-Dec-2022 / 18:38

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	111.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	139.9	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 CPL, Andheri West
*** End Of Report ***



Anupa

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	19.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.52	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	136	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	3.7	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.3	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	3.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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*** End Of Report ***



Anupa

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Consultant Pathologist & Lab
Director



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	137.0	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 CPL, Andheri West

*** End Of Report ***



M Jain

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



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Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 10-Dec-2022 / 09:50
Reported : 10-Dec-2022 / 18:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	8-10	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 insert



MC-2111

M. Jain

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



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*** End Of Report ***



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Age / Gender : 45 Years / Female

Consulting Dr. : -

Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 10-Dec-2022 / 12:08

Reported : 12-Dec-2022 / 16:24

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
PAP SMEAR REPORT**

Specimen:- (G/SDC - 10047/22)

Received LBC vial.

Adequacy:-

Satisfactory for evaluation.

Endocervical cells are present.

Microscopic:-

Smear reveals mainly superficial and fewer intermediate squamous cells along with intense neutrophilic infiltrate. The background shows clue cells and coccobacilli consistent with shift in vaginal flora.

Interpretation:-

1. Negative for intraepithelial lesion or malignancy
2. Inflammatory smear
3. Coccobacilli consistent with shift in vaginal flora

Advised : Repeat PAP smear evaluation after control of local inflammation with HPV testing.

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

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

LBC samples will be retained for a period of one month after release of report. Any further tests required (eg HPV testing- test code PATH007131) may be ordered within this period.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



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Name : MS.ARCHANA A SAVE
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 10-Dec-2022 / 09:47
Reported : 12-Dec-2022 / 10:47

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

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



P. R. Wadhvani
Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services



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Collected : 10-Dec-2022 / 09:50

Reported : 10-Dec-2022 / 16:18

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	41.7	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	61.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	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	8.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Thakker

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	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	0.813	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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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	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	13.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	35.3	35-105 U/L	Colorimetric

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



Anupa

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

CID# : 2234420214
Name : MS.ARCHANA A SAVE
Age / Gender : 45 Years/Female
Consulting Dr. : -
Reg.Location : Juhu, Vile Parle West (Main Centre)

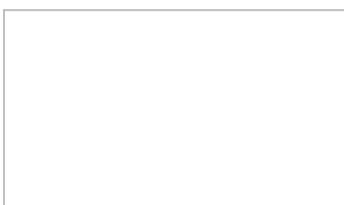
SID# : 177804515977
Registered : 10-Dec-2022 / 09:45
Collected : 10-Dec-2022 / 09:45
Reported : 12-Dec-2022 / 10:47
Printed : 12-Dec-2022 / 10:52

GYNAECOLOGICAL CONSULTATION

PARAMETER

EXAMINATION			
RS	: AEBE Clear	CVS	: S1S2 audible, no murmurs.
BREAST EXAMINATION	: ---	PER ABDOMEN	: Normal
PER VAGINAL	: Pap done		
MENSTRUAL HISTORY			
MENARCHE	: 14 yrs.		
PAST MENSTRUAL HISTORY	: Regular cycle		
OBSTETRIC HISTORY : MS 21 yrs			
2 FTND			
PERSONAL HISTORY			
ALLERGIES	: None	BLADDER HABITS	: Normal
BOWEL HABITS	: Normal	DRUG HISTORY	: None
PREVIOUS SURGERIES	: polypectomy 2018 & LAP TL		
FAMILY HISTORY :			
Father & Mother - Diabetic ,2 Sister- Good Health.			
CHIEF GYNAE COMPLAINTS :			
h/o polyp			
RECOMMENDATIONS :			
None			

*** End Of Report ***



P.R. Wadhvani
Dr.PRIYANKA WADHWANI
M.B.B.S
Consultant - Corporate Services