



भारत सरकार
GOVERNMENT OF INDIA



गंगेश गुंजन झा
Gangesh Gunjan Jha
DOB: 12-06-1976
Gender: Male



7069 8438 5100

आधार - आम आदमी का अधिकार

Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No 22, Ground Floor, Raikar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

S/O मदन मोहन झा, 3277, सेक्टर-
ए, पॉकेट-बी, वसंत कुंज, वसंत कुंज,
वसंत विहार, दक्षिण पश्चिमी दिल्ली,
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P.O. Box No.1947,
Bengaluru-560 001

PHYSICAL EXAMINATION REPORT

Patient Name	Mr Ganesh JHA	Sex/Age	M-46yr
Date	10/12/22	CID	2234419957

History and Complaints

Frequency of Urination (+)
Snuant, Headache.

EXAMINATION FINDINGS:

Height (cms):	178cm	Temp (0c):	NAD
Weight (kg):	91kg	Skin:	NAD
Blood Pressure	150/80mm	Nails:	Clubbing (+)
Pulse	64b/m	Lymph Node:	NP
BMI	28.7		

Systems :

Cardiovascular:	S, s, loud, no murmur
Respiratory:	AE Equal, no abnormal sound
Genitourinary:	Frequency of Urination (+)
GI System:	NAD, Gaseous distension.
CNS:	Alertness (+)

Impression: Blood Serum cholesterol increased and altered lipid profile

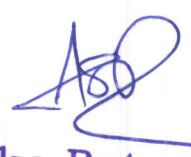
Advice: Dietay self medicine
Exercise in routine

CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NAD
11)	Genital urinary disorder	NAD. Req. formation
12)	Rheumatic joint diseases or symptoms	Low backache
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	MIX
4)	Medication	NO



Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psychotherapy-U.K. Reg. No. OF395

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Shop No. 9, Ground Floor, Raikar Bhavan,
Sector 15, Vashi, Navi Mumbai - 400 703
Tel: 022-2784547 / 27864548.

Date:- 10/12/22
 Name:- Mr Ranesh JHA

CID: 22 399 199 57
 Sex / Age: M / 46 yr

EYE CHECK UP

Chief complaints: — NO

Systemic Diseases: — NO

Past history: — NO

Unaided Vision: — NO

Aided Vision: — Yes

Refraction:

(Right Eye)


(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/9				6/6
Near				N/A				N/A

✓
 Colour Vision: Normal / Abnormal

Remark:

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Dr. Alka Patnaik
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 Dip. Psysextherapy-U.A. Reg. No. OF395

Patient Name: GANGESH GUNJAN JHA
Patient ID: 2234419957

Date and Time: 10th Dec 22 11:35 AM

Age 46 5 29
years months days

Gender Male

Heart Rate 76bpm

Patient Vitals

BP: 150/80 mmHg

Weight: 91 kg

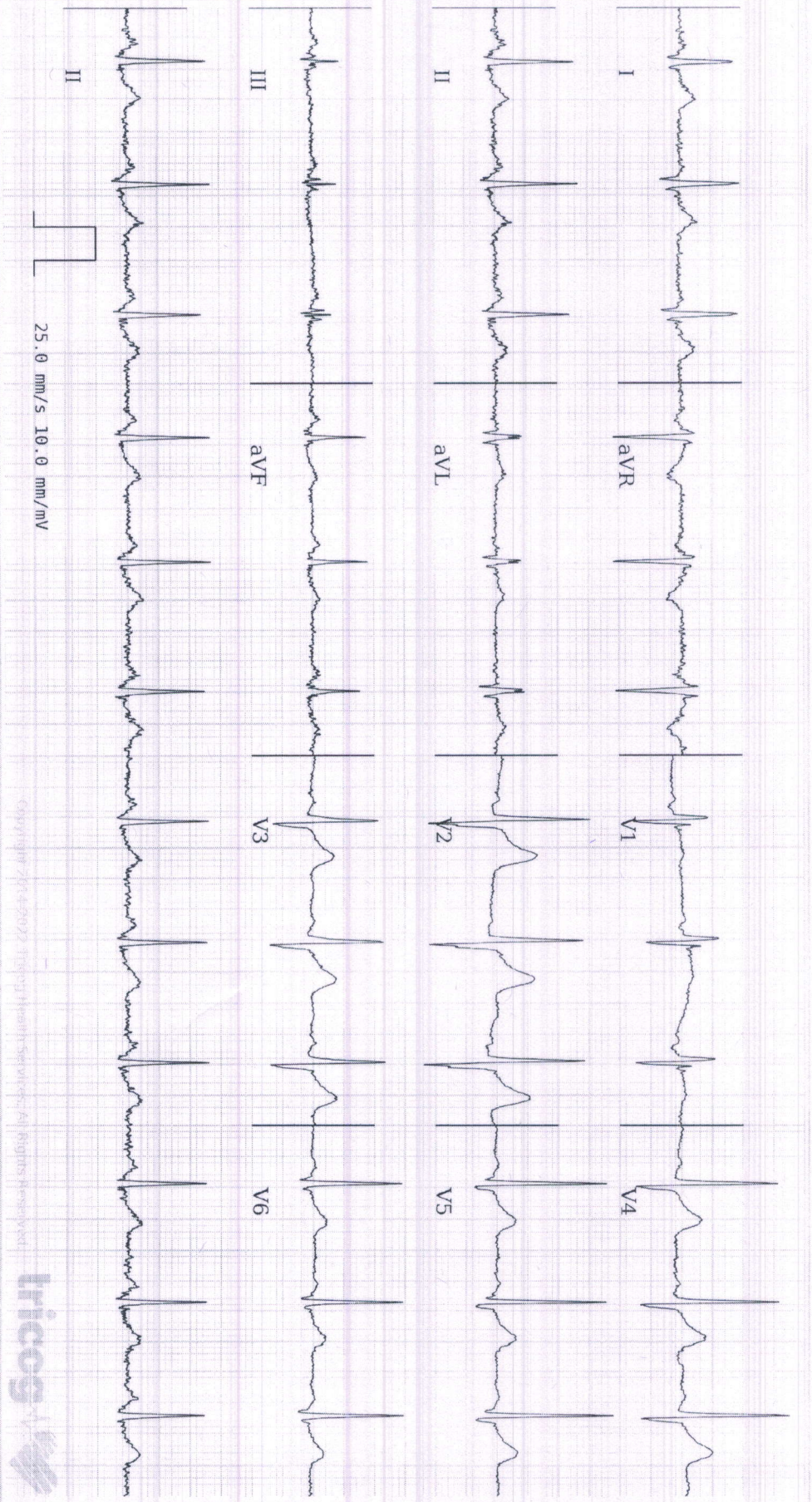
Height: 178 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:



Measurements
 QRSD: 98ms
 QT: 380ms
 QTc: 427ms
 PR: 124ms
 P-R-T: 66° 46° 31°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. rsr' Pattern in V1. Otherwise. Please correlate clinically.

REPORTED BY

Arundh

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

Disclaimer: This 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. *Patient vitals are as entered by the clinician and not derived from the ECG.



CID : 2234419957
Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 13:23

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE 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	14.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.00	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.9	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5940	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	2055.2	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	380.2	200-1000 /cmm	Calculated
Neutrophils	51.1	40-80 %	
Absolute Neutrophils	3035.3	2000-7000 /cmm	Calculated
Eosinophils	6.7	1-6 %	
Absolute Eosinophils	398.0	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	71.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	189000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	24.7	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 21 2-15 mm at 1 hr. Sedimentation

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



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



CID : 2234419957
Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 16:50

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.1	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 Panvel Lab, Panvel East
*** End Of Report ***



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Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MR.GANGESH GUNJAN JHA
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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 20:46

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	15.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	111	>60 ml/min/1.73sqm	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
URIC ACID, Serum	5.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	110	98-107 mmol/l	ISE

Kindly correlate clinically.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



J. Thakker

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



CID : 2234419957
Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 12:41

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
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 Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 12:18

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.438	<4.0 ng/ml	CLIA

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



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Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 12:18

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α ;-reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*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 : 2234419957
Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 15:29

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30 ml	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East



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



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Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 12:56

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE 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 Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Reported : 10-Dec-2022 / 16:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	232.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.9	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	60.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	171.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	149.0	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

Kindly correlate clinically.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



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



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Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 13:12

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.55	0.35-5.5 microIU/ml	ECLIA



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Reg. Location : Vashi (Main Centre)

Collected : 10-Dec-2022 / 09:15
Reported : 10-Dec-2022 / 13:12

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 Panvel Lab, Panvel East
*** End Of Report ***



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



CID : 2234419957
Name : MR.GANGESH GUNJAN JHA
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	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	18.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	25.6	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.9	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.7	40-130 U/L	Colorimetric

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



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



CID : 2234419957
Name : Mr GANGESH GUNJAN JHA
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/15:39

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078



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Reg. Date : 10-Dec-2022
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