

SUBURBAN DIAGNOSTICS - KHAR WEST

Patient Name: PURNIMA BHAGOLIWAL
Patient ID: 2231622990

Date and Time: 12th Nov 22 12:13 PM

Age **53** **11** **18**
years months days

Gender **Female**

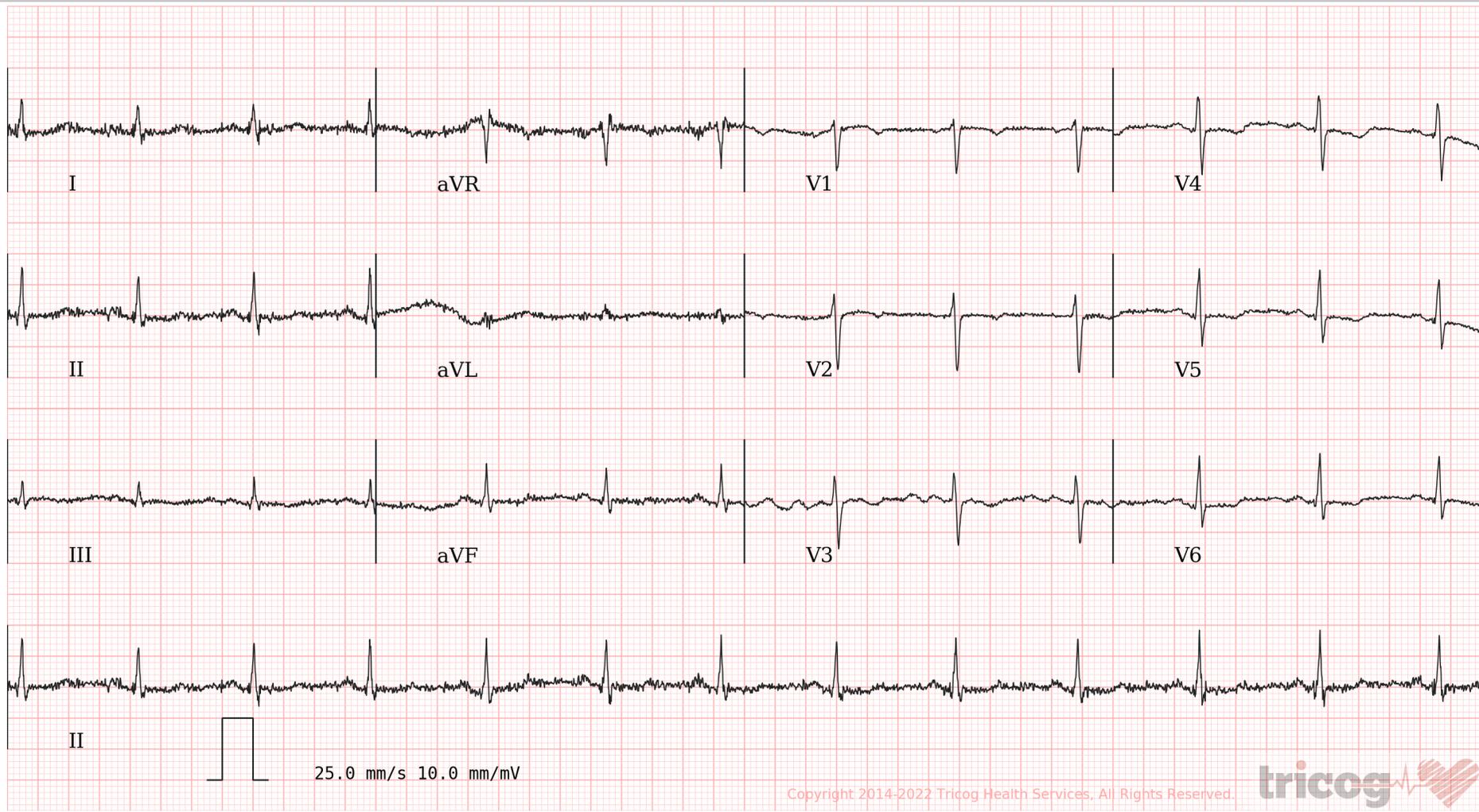
Heart Rate **78bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 382ms
QTc: 435ms
PR: 148ms
P-R-T: 68° 56° -3°



Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478



CID : 2231622990
Name : Mrs Purnima Bhagoliwal
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 13-Nov-2022/16:18

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views
Mixed fibroglandular pattern is noted in both breasts limiting optimal evaluation.
No evidence of any spiculated high density mass lesion / retraction/clusters of microcalcification is seen.
No abnormal skin thickening is seen bilaterally.

SONOMAMMOGRAPHY:

Mildly prominent ducts are noted in retroareolar region of both breasts, the ducts on the right side measures approx. 1.3 mm in diameter and the ducts on the left side measures approx. 1.5 mm in diameter.

Approx. 4 x 2 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 11 'o' clock position of right breast suggestive of possibility of ?small fibroadenoma.

Approx. 1.5 x 1.2 mm small simple cyst is noted at 8 o' clock position of left breast.

Approx. 4 x 2 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 8 'o' clock position of left breast suggestive of possibility of ?small fibroadenoma.

Right axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 10 x 7 mm(ML x AP).

Left axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx.11 x 9 mm(ML x AP).



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622990
Name : Mrs Purnima Bhagoliwal
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 13-Nov-2022/16:18

IMPRESSION:

- Mildly prominent ducts are noted in retroareolar region of both breasts.
- Approx. 4 x 2 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 11 'o' clock position of right breast suggestive of possibility of ?small fibroadenoma.
- Approx. 4 x 2 mm(ML x AP) well defined hypoechoic area which is wider than taller with no vascularity within is noted at 8 'o' clock position of left breast suggestive of possibility of ?small fibroadenoma.
- Small simple cyst is noted in left breast.
- Right axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx. 10 x 7 mm(ML x AP).
- Left axilla shows few subcentimeter to centimeter sized lymph nodes with maintained fatty hilum with largest measuring approx.11 x 9 mm(ML x AP).

ACR BIRADS Category- II (Benign).

Follow-up Mammography after 1 year is suggested. Please bring all the films for comparison.

ACR BIRADS CATEGORY

1. Negative
2. Benign.
3. Probably benign.
4. Suspicious / Indeterminate.
5. Highly suggestive of Malignancy.
6. Known biopsy proven malignancy.

Note: 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. Mammography is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of Mammographic diagnosis. Management of palpable lump should be based on clinical findings in conjunction with Mammography. Mammography has a false negative rate of 10 %. Please interpret accordingly.

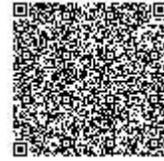
Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622990
Name : Mrs Purnima Bhagoliwal
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 13-Nov-2022/16:18



CID : 2231622990
Name : Mrs Purnima Bhagoliwal
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/10:44

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.

SUGGEST CLINICAL CORRELATION.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622990
Name : Mrs Purnima Bhagoliwal
Age / Sex : 53 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/10:44



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 17:16

Use a QR Code Scanner
Application To Scan the Code

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	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.41	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.8	36-46 %	Calculated
MCV	88.1	80-100 fl	Measured
MCH	29.5	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7340	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	2290	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	460	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	4240	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	310	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	340000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Measured
PDW	11.2	11-18 %	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 17:49

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 69 2-30 mm at 1 hr. Westergren

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



J. Thakker

Dr. JYOT THAKKER

Pathologist & AVP(Medical
Services)



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:21

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	118.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	203.4	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



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:21

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	24.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	88	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	7.1	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.2	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

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



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:21

Use a QR Code Scanner
Application To Scan the Code

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	6.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	145.6	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 ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 17:49

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	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	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	6-8	Less than 20/hpf	
Others	-		

*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)



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 17:49

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 ***



MC-2111

J. Thakker

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



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 19:29

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	233.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	250.1	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	52.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	181.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.7	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	Colorimetric
VLDL CHOLESTEROL, Serum	40.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

*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)



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:09

Use a QR Code Scanner
Application To Scan the Code

**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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	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	3.69	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



CID : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:09

Use a QR Code Scanner
Application To Scan the Code

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)

*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 : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 12-Nov-2022 / 10:54
Reported : 12-Nov-2022 / 18:21

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	21.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	23.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	80.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.7	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)
Pathologist

CID# : 2231622990
Name : MRS.PURNIMA BHAGOLIWAL
Age / Gender : 53 Years/Female
Consulting Dr. : -
Reg.Location : Khar West (Main Centre)

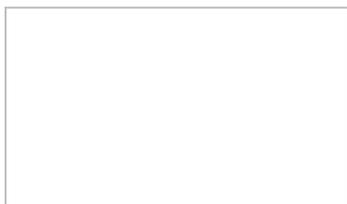
SID# : 177805623974
Registered : 12-Nov-2022 / 09:55
Collected : 12-Nov-2022 / 09:55
Reported : 14-Nov-2022 / 11:49
Printed : 14-Nov-2022 / 11:53

GYNAECOLOGICAL CONSULTATION

PARAMETER

EXAMINATION			
RS	: LUNGS CLEAR , AEBE	CVS	: S1 S2 (+) , NO MURMUR
BREAST EXAMINATION	: NORMAL	PER ABDOMEN	: SOFT , NON TENDER , Lo So
PER VAGINAL	: NOT DONE		
MENSTRUAL HISTORY			
MENARCHE	: 13 YRS		
PAST MENSTRUAL HISTORY	: REGULAR		
OBSTETRIC HISTORY : 1 FTND			
PERSONAL HISTORY			
ALLERGIES	: NIL	BLADDER HABITS	: REGULAR
BOWEL HABITS	: REGULAR	DRUG HISTORY	: ANTI H.T , ORAL HYP
PREVIOUS SURGERIES	: NIL		
FAMILY HISTORY : PARENTS H.T & D.M			
CHIEF GYNAE COMPLAINTS : NIL			
RECOMMENDATIONS : USG ABD - MULTIPLE UTERINE FIBROID , MAMOGRAPHY - ACR BIRADS CAT II , PAP SMEAR IS PENDING CONSULT GYNAECOLOGIST IN VIEW OF USG FINDINGS AND MAMOGRAPHY FINDINGS.			

*** End Of Report ***



Rafat
Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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