

Name :Mr AMIT V AGRAWAL

Age / Sex :42 Years/Male

Ref. Dr :

**Reg.Location** :Vasai Main Centre



Reg.Date :19-Oct-2021 / 11:33

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Reported :19-Oct-2021 / 12:32

Printed :19-Oct-2021 / 12:32

# **USG WHOLE ABDOMEN**

## **LIVER:**

The liver is normal in size (15 cms), shape and smooth margins. It shows altered parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

## **GALL BLADDER:**

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

## **PANCREAS:**

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 5.0 cm. Left kidney measures 10.5 x 5.5 cm.

### **SPLEEN:**

The spleen is normal in size (9.5 cms) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveal no intraluminal abnormality.

## **PROSTATE:**

The prostate is normal in size and it measures 4.2 x 3.1 x 2.5 cms volume is 18.1 cc.

http://202.143.96.162/Suburban/Viewer?ViewerType=4&AccessionNo=2021101909492109&ReportID=a4ab09ea-c4a5-44a6-aace-a3522d870055

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

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



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## **IMPRESSION:**

## Early signs of fatty liver.

NOTE: USG FINDINGS ARE TO BE CORELATED WITH CLINICAL, LABORATORY AND OTHER INVESTIGATION FINDINGS FOR FINAL DIAGNOSIS AND FOR THEIR MANAGEMENT.

----End of Report----

Dr.FAIZUR KHILJI MBBS, RADIO DIAGNOSIS Reg No-74850 **Consultant Radiologist** 

http://202.143.96.162/Suburban/Viewer?ViewerType=4&AccessionNo=2021101909492109&ReportID=a4ab09ea-c4a5-44a6-aacea3522d870055

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# 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----

KLIM FRA

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

http://202.143.96.162/Suburban/Viewer?ViewerType=4&AccessionNo=2021101909492106&ReportID=d2d0bc50-030d-4a24-8a34-4361ae153080

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: 2129210451

: MR.AMIT V AGRAWAL

: 42 Years / Male

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

MEDIWITELL	TOLL BODT TILALITI	CHECKOL MALL ADOVE	10/ 1/ <u>11</u>	
	CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.69	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	40.3	40-50 %	Measured	
MCV	86	80-100 fl	Calculated	
MCH	28.8	27-32 pg	Calculated	
MCHC	33.4	31.5-34.5 g/dL	Calculated	
RDW	15.3	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance	
NBC DIFFERENTIAL AND ABSOLUTE COUNTS				
Lymphocytes	28.6	20-40 %		
Absolute Lymphocytes	2116.4	1000-3000 /cmm	Calculated	
Monocytes	5.6	2-10 %		
Absolute Monocytes	414.4	200-1000 /cmm	Calculated	
Neutrophils	61.8	40-80 %		
Absolute Neutrophils	4573.2	2000-7000 /cmm	Calculated	
Eosinophils	3.3	1-6 %		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

244.2

0.7

51.8

## **PLATELET PARAMETERS**

Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

20-500 /cmm

20-100 /cmm

0.1-2 %

## **RBC MORPHOLOGY**

Absolute Eosinophils

Absolute Basophils

Immature Leukocytes

Basophils

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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Anisocytosis

Poikilocytosis

Polychromasia

**Target Cells** 

**Basophilic Stippling** 

Normoblasts

Others Normocytic, Normochromic

**WBC MORPHOLOGY** 

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*









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Name : MR.AMIT V AGRAWAL

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GLUCOSE (SUGAR) FASTING.

Consulting Dr. :

Fluoride Plasma

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Hexokinase

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

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

100-125 mg/dl

Diabetic: >/= 126 mg/dl

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

95.8

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*







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

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION	<u>l</u>		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absont	Absort	

Casts Absent Absent Crystals Absent A

Bacteria / hpf 4-5 Less than 20/hpf

Others -









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: MR.AMIT V AGRAWAL

: 2129210451

: 42 Years / Male Age / Gender

: -Consulting Dr.

CID

Name

Reg. Location : Vasai (Main Centre)

## MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	4.69	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.3	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7400	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	28.6	20-40 %	
Absolute Lymphocytes	2116.4	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	414.4	200-1000 /cmm	Calculated
Neutrophils	61.8	40-80 %	
Absolute Neutrophils	4573.2	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	244.2	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	51.8	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

## **RBC MORPHOLOGY**

Immature Leukocytes

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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: 19-Oct-2021 / 10:21 :19-Oct-2021 / 16:09

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-15 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Hexokinase

Hexokinase

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT

**BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD** 

GLUCOSE (SUGAR) FASTING. 95.8 Non-Diabetic: < 100 mg/dl Fluoride Plasma Impaired Fasting Glucose:

100-125 mg/dl

Diabetic: >/= 126 mg/dl

GLUCOSE (SUGAR) PP, Fluoride 126.1 Non-Diabetic: < 140 mg/dl Plasma PP/R

Impaired Glucose Tolerance:

140-199 mg/dl

Diabetic: >/= 200 mg/dl

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) **Absent Absent** 

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*







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

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**HPLC** 

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT GLYCOSYLATED HEMOGLOBIN (HbA1c)

## PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

6.1 Non-Diabetic Level: < 5.7 %

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

Collected

Estimated Average Glucose 128.4 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
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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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TOTAL PSA, Serum

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT PROSTATE SPECIFIC ANTIGEN (PSA)

0.03-2.5 ng/ml

PARAMETER RESULTS

BIOLOGICAL REF RANGE METHOD

1. PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

- The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer.
- Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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0.673







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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	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 4-5 Less than 20/hpf

Others









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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT BLOOD GROUPING & Rh TYPING

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING POSITIVE

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

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West
\*\*\* End Of Report \*\*\*







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

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Consulting Dr. :

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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	233.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	185.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	47.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	186.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
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	37.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  $^{***}$  End Of Report  $^{***}$ 







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Name : MR.AMIT V AGRAWAL

Age / Gender : 42 Years / Male

Consulting Dr. :

**Reg. Location**: Vasai (Main Centre)



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**Reported** :19-Oct-2021 / 18:38

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	7.5	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
\*\*\* End Of Report \*\*\*









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Name : MR.AMIT V AGRAWAL

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Consulting Dr. : - Collected : 19-Oct-2021 / 10:21

Reg. Location: Vasai (Main Centre) Reported: 19-Oct-2021 / 18:18

# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.29	0.35-5.5 microIU/ml	ECLIA

#### Interpretation:

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)

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







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# MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/TMT LIVER FUNCTION TESTS

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.40	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	22.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	51.9	40-130 U/L	Colorimetric

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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