

CID# : 2408321084  
 Name : Mrs Charu pati  
 Age / Gender : 60 / F  
 Consulting Dr. :-  
 Reg. Location : Khar West (Main Centre)  
 Collected : 23/3/24  
 Reported :

**GYNAECOLOGICAL CONSULTATION**

**PARAMETER**

EXAMINATION			
RS	:	NAD	CVS
BREAST EXAMINATION	:	NAD	PER ABDOMEN
PER VAGINAL	:		
MENSTRUAL HISTORY LMP : Menopause			
MENARCHE	:	14y.	
PAST MENSTRUAL HISTORY	:	Regular	
OBSTETRIC HISTORY : 2 FTND			
PERSONAL HISTORY			
ALLERGIES	:	Allergy to <sup>steroid</sup>	BLADDER HABITS
BOWEL HABITS	:	Regular	DRUG HISTORY
PREVIOUS SURGERIES	:	Nil	
FAMILY HISTORY : Nil			
CHIEF GYNAE COMPLAINTS : Nil			
RECOMMENDATIONS : USG abd with done, Mammography with done			

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

*Charu*  
 Dr. Charu K. Patil  
 M.B.B.S.  
 Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.  
 6th Floor, Gupta House,  
 31, S.V. Road, Khar (W), Mumbai - 400 052  
 Tel. 26484805 / 26484307

Date:- 23/03/2024

CID: 2408321084

Name:- Mrs. Charni Patil

Sex / Age: F / 60y

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V - N 48 (Blurred) } Blurred  
 (Nil) - Rt N 48 }  
 - Lt N 48 }

Aided Vision: D.V - 6/60 (Nil) - Rt 6/6 } Blurred  
 - Lt 6/60 }

Refraction: N.V - N 8 (Nil) - Rt N 8 }  
 - Lt N 14 }  
 D.V - 6/12 (Nil) - Rt 6/12 }  
 - Lt 6/12 }

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/12	—	—	—	6/12
Near	—	—	—	N 8	—	—	—	N 14

Colour Vision: Normal / Abnormal

Remark: Need correction of glasses for bifocal vision

*RP*  
**Dr. Rafat M. Parkar**  
 M.B.B.S.  
 Regn. No. 072366

**DENTAL CHECK - UP**

Name:- Mrs. Charu Patil

CID : 2408321084 Sex / Age : F / 60y.

Occupation:- Service

Date: 23/03/2024

Chief complaints:- Nil

Medical / dental history:- h/o denture.

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

a) TMJ: (N)

b) Facial Symmetry: (N)

**2) Intra Oral Examination:**

a) Soft Tissue Examination: (N)

b) Hard Tissue Examination: (N)

c) Calculus: (N)

Stains: (N)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
extracted				All permanent Denture implanted												Caries extracted	
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: consult dentist in view of caries & extracted teeth.

Provisional Diagnosis:-

*Dr. Rafat M. Parkar*  
**Dr. Rafat M. Parkar**  
M.B.B.S.

Regn. No. 072366

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

<b>CID</b>	: 2408321084		
<b>Name</b>	: Mrs PATIL CHARUTA		
<b>Age / Sex</b>	: 60 Years/Female		
<b>Ref. Dr</b>	:	<b>Reg. Date</b>	: 23-Mar-2024
<b>Reg. Location</b>	: Khar West Main Centre	<b>Reported</b>	: 23-Mar-2024 / 13:34

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### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits. Aortic knuckle calcification is noted.

The domes of diaphragm are normal in position and outlines.

**Hyperplastic C7 transverse processes are noted.**

Rest of the visualized bony thorax appears normal.

#### **IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**SUGGEST CLINICAL CORRELATION.**

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

*Vishal K. M.*

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

60 NA NA  
years months days

Female

Heart Rate: 71bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 78 kg

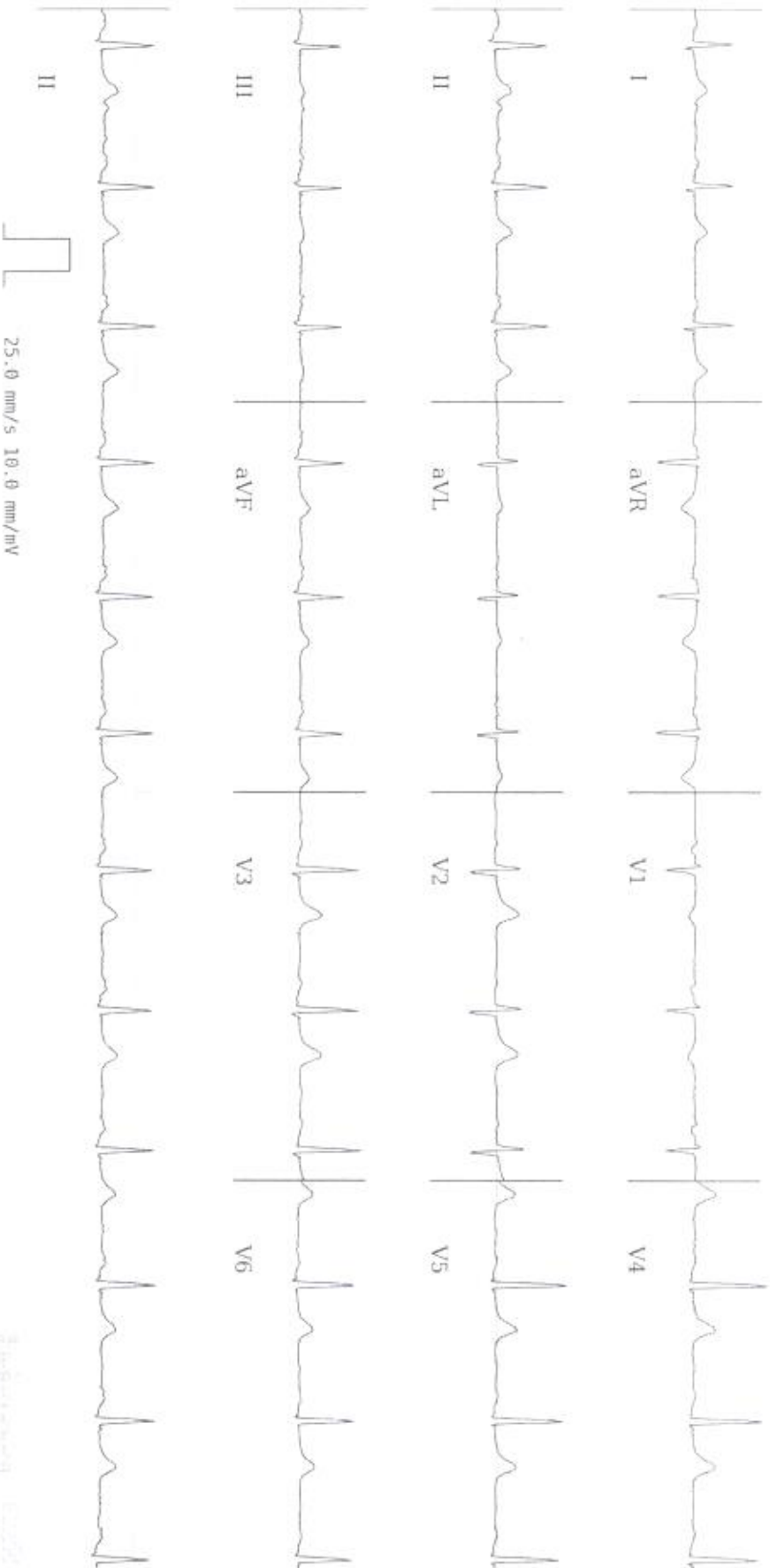
Height: 156 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:



**Measurements**

QRSD: 74ms  
QT: 406ms  
QTcB: 441ms  
PR: 164ms  
P-R-T: 54° 64° 46°

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

REPORTED BY

*[Signature]*

Dr. Girish Agrawal  
MD Medicine  
200202478

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भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India  
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1104/20549/00224

To,  
चारुता चंद्रशेखर पाटील  
Charuta Chandrashekhar Patil  
W/O: Chandrashekhar Patil  
A/401, Mahim Causway Machhimar CHS Ltd  
Mahim Causway  
Near S V Garden Mahim  
Mahim  
Mahim Mumbai Mumbai  
Maharashtra-400016  
9867400482

Ref 3 / 21G / 4303 / 5985 / P



SH047208618FT



आपला आधार क्रमांक / Your Aadhaar No. :

**3557 9941 2322**

आधार - सामान्य माणसाचा अधिकार

*Dr. Parkar*  
**Dr. Ravi M. Parkar**  
M.B.B.  
Regn. No. 072366

भारत सरकार

Government of India

चारुता चंद्रशेखर पाटील  
Charuta Chandrashekhar Patil  
जन्म वर्ष / Year of Birth : 1964  
स्त्री / Female



**Suburban Diagnostic Pvt. Ltd.**  
6th Floor, Gupte House,  
81, S.V. Road, Khar (W), Mumbai - 400 052  
Tel.: 26484850 / 26484807

**3557 9941 2322**

आधार - सामान्य माणसाचा अधिकार

*C.C. Patil*  
*23/3/24*

*for Annual  
Medical checkup*



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

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.92	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Calculated
MCV	79.8	81-101 fl	Measured
MCH	25.4	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5570	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.4	20-40 %	
Absolute Lymphocytes	1804.7	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	378.8	200-1000 /cmm	Calculated
Neutrophils	48.0	40-80 %	
Absolute Neutrophils	2673.6	2000-7000 /cmm	Calculated
Eosinophils	12.0	1-6 %	
Absolute Eosinophils	668.4	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	44.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	223000	150000-410000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	15.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      6                      2-30 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

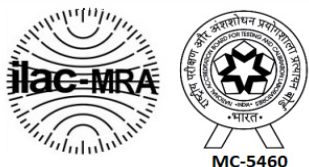
**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*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





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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
BLOOD SUGAR REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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



*Anupa*

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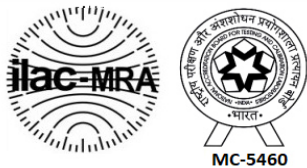
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	23.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.68	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	100	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.6	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.1	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist



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Name : MRS.CHARUTA PATIL  
Age / Gender : 60 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 SDRL, Vidyavihar Lab

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



*Signature*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	267.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	101.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	63.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	203.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	183.4	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	20.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
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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	4.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.496	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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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 becuae 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

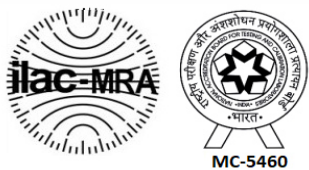
**Limitations:**

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 SDRL, Vidyavihar Lab  
\*\*\* 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**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.47	0.2-1.1 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	22.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	25.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	35.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	89.1	46-116 U/L	Modified IFCC

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



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