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CID : 2307200822  
Name : Mrs Bharti Sharan  
Age / Sex : 45 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 13-Mar-2023  
Reported : 13-Mar-2023 / 13:23

### 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-----

*Khilji Faizur*

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031309170994>

**CID** : 2307200822  
**Name** : Mrs Bharti Sharan  
**Age / Sex** : 45 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 13-Mar-2023  
**Reported** : 14-Mar-2023 / 10:12

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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows **bright** 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 9.5 x 4.5 cm. Left kidney measures 10.5 x 5.1 cm.

### SPLEEN:

The spleen is normal in size 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.

### UTERUS:

The uterus is anteverted and normal in size. It measures 8.7 x 4.7 x 4.4cm in size.  
The endometrial thickness is 7mm.

**Multiple fibroids are noted , largest measuring 1.9 x 1.7 cm at anterior wall subserosal and 1.6 x 1.6 cm at posterior wall intramural.**

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.3 x 2.3 x 2.1 cm and volume is 6.3 cc  
Left ovary = 2.8 x 2.8 x 1.8 cm and volume is 7.7 cc

[Click here to view images <<ImageLink>>](#)

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**IMPRESSION:-**

Grade I fatty liver.

Uterine fibroids as described above.

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

*Khilji FA*

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**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly.

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

Corporate Identity Number (CIN): U85110MH2002PTC136144

PATIENT NAME : Mrs BHARTI SHARAN	SEX : FEMALE
REFERRED BY :	AGE : 45 YEARS
CID NO : 2307200822	DATE : 13/03/2023

## 2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion.  
No mitral regurgitation .

AORTIC VALVE : has three thin leaflets with normal opening  
No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality .  
Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal.  
**NO TR / PH.**

No pericardial effusion.

**IMP :**                      **Normal LV systolic function. EF-60%.**  
Normal other chambers and valves.  
No regional wall motion abnormality/ scar.  
**No clot / vegetation / thrombus / pericardial effusion.**

### M- MODE :

LA (mm)	20
AORTA (mm)	20
LVDD (mm)	48
LVSD (mm)	30
IVSD (mm)	10
PWD (mm)	10
EF	60%
E/A	1.2



DR AKHIL PARULEKAR

DNB CARDIOLOGIST

REG. NO 2012082483

**DENTAL CHECK - UP**

Name:- *Bharti Sharan*

CID: *2307200522* Sex / Age: *F / 45*

Occupation:-

Date: *12.3.2023*

Chief complaints:- *Multiple missing teeth*


Medical / dental history:- *Extraction, fillings*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
  - b) Hard Tissue Examination: *Root pieces* 
  - c) Calculus:
- Stains: *multiple missing teeth.*

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

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

**Advised:** a) *Extraction of root pieces*  
 b) *Replacement of missing teeth*

**Provisional Diagnosis:-**

*- NIL -*

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 Row House No. 3, Aaugan,  
 Thaker Village, Kandivail (east),  
 Mumbai - 400101.  
 Tel : 61700600

*o.p.g. Xray for R plan*  
**DR. BHUMIK PATEL**  
 (B.D.S) A - 23378  
*Dr Bhumik Patel*

Date:- 13/3/22

CID: 2307200822

Name:- Mrs Bharti Sharon

Sex/Age: F/45

**EYE CHECK UP**

Chief complaints: Routine check up

Systemic Diseases: DM of 4 yrs  
HT of 2 yrs

Past history: no h/o Ocular surgery

Unaided Vision: 6/24 B/W 6/12 B/W

Aided Vision: - -

Refraction: EOMS : Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.50	10	100	6/6	0.75	-	-	6/6
Near	0.75	10	100	N/B	0.50	-	-	N/B

Colour Vision: Normal / Abnormal

Remark: in within normal limit  
Adv. dilated evaluation as h/o DM

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 2, Aagha,  
Thakur Village, Khandivda (east),  
Mumbai - 400101.  
Tel : 61700890

Name : Bhara Sharan Age / Gender : 45/F  
Dr. : \_\_\_\_\_ Date : - 13/8/23

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS :

: fibroad. : 4-5yr

MARITAL STATUS :

: married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ age 13 yr

(ii) PRESENT MENSTRUAL HISTORY :

Reg

(iii) PAST MENSTRUAL HISTORY :

: 7th day of m e

OBSTETRIC HISTORY :

: G<sub>3</sub> P<sub>2</sub> L<sub>2</sub> A<sub>2</sub>

PAST HISTORY :

DM, HTN, knee jt Arthritis

PREVIOUS SURGERIES :

NO

ALLERGIES :

NO

FAMILY HISTORY :

Parents - HTN

DRUG HISTORY :

Telmisartan - 40mg Glutagrelm (500mg) . HCG

BOWEL HABITS :

1 (N) - Constipation off 2 or + Saaz


BLADDER HABITS :

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg. No. 69548

Name :	Age / Gender
Dr. :	Date :

**GYNAEC EXAMINATION REPORTS**

GENERAL EXAMINATION

TEMPERATURE :   
PULSE : 72/mf  
BP : 110/70  
RS :  
CVs : (NAD)  
Breasts : (NAD)  
Per Abdomen : NAD  
Per vaginal :  
P/S (Paralytic  
(gm deg of me))

RECOMMENDATIONS

ADVISE :

  
**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548



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Reg. Date : 13-Mar-2023  
Reported : 13-Mar-2023 / 18:54

## MAMMOGRAPHY

### X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views

Mixed fibroglandular pattern is noted in both breasts (Type C).

A small well defined radio-opacity is seen in the central quadrant of the right breast - likely suggestive of a benign etiology.

No evidence of any speculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

### SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

A 0.6 x 0.5 x 0.3 cm ( Volume 0.06 cc) sized small well defined oval wider than tall hypoechoic lesion with clear margins and no abnormal vascularity or calcification is seen in the right breast at 6'o clock position - likely suggestive of a small fibroadenoma.

No focal solid or cystic mass lesion is seen on the left breast.

No ductal dilatation is seen.

Bilateral axillae appear normal.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031309170985>

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Reg. Date : 13-Mar-2023  
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**IMPRESSION:**

Findings likely suggestive of a small fibroadenoma in the right breast.

ACR BIRADS Category- II (Benign).

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

**ACR BIRADS CATEGORY**

- I. Negative
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy

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

**DR. SHRIKANT M. BODKE**  
D.M.R.E., M.B.B.S.  
Reg. No. 2006/04/2376

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. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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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	11.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.18	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.4	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6220	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	2071.3	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	566.0	200-1000 /cmm	Calculated
Neutrophils	55.6	40-80 %	
Absolute Neutrophils	3458.3	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	68.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	56.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	12.9	6-11 fl	Calculated
PDW	29.6	11-18 %	Calculated

**RBC MORPHOLOGY**



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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-ESR    25    2-20 mm at 1 hr.    Sedimentation

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

*Bmhasakar*

Dr. KETAKI MHASKAR  
M.D. (PATH)  
Pathologist



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Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 13-Mar-2023 / 09:22  
Reported : 13-Mar-2023 / 19:05

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	148.6	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhaskar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



MC-2111



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Collected : 13-Mar-2023 / 09:22  
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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	13.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	93	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
URIC ACID, Serum	4.9	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	3.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	106	98-107 mmol/l	ISE

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

*Bmhasakar*

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**Pathologist**



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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 Borivali Lab, Borivali West

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



*Bmhaskar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



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Collected : 13-Mar-2023 / 09:22  
Reported : 13-Mar-2023 / 17:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
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	-	-
<b><u>CHEMICAL EXAMINATION</u></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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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

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

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**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
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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	O
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.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





CID : 2307200822  
Name : MRS.BHARTI SHARAN  
Age / Gender : 45 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 13-Mar-2023 / 09:22  
Reported : 13-Mar-2023 / 13:51

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.2	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	43.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	21.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhaskar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



MC-2111





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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	3.4	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	4.25	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 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 Borivali Lab, Borivali West

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

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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	0.48	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	19.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.6	35-105 U/L	Colorimetric

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

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