

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: KAVITA VYAS

Date and Time: 10th Dec 22 10:24 AM

Patient ID: 2234419754

Age **47** **5** **6**
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

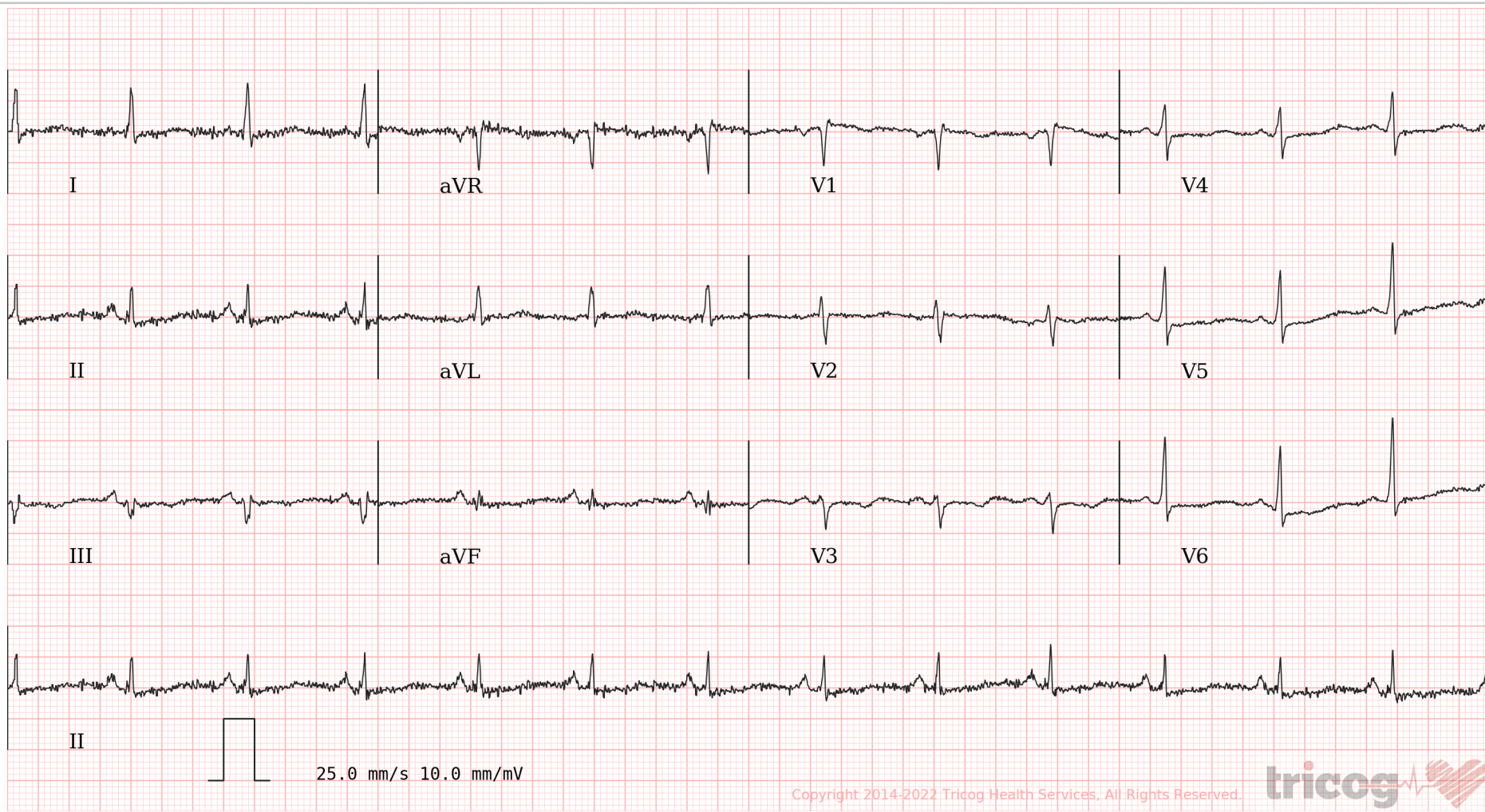
QRSD: 78ms

QT: 422ms

QTc: 490ms

PR: 120ms

P-R-T: 62° 12° -39°



Copyright 2014-2022 Tricog Health Services, All Rights Reserved.



Sinus Rhythm, Normal Axis, Nonspecific T wave Abnormality. Please correlate clinically.

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882



CID : 2234419754
Name : Mrs Kavita vyas
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/09:52

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged (18.6 cm), It shows diffuse bright parenchymal echo pattern suggest **fatty liver**. 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 8.8 x 3.9 cm.
Left kidney measures 10.4 x 4.4 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 not seen-status hystrectomy.

OVARIES:

Both the ovaries are not seen likely atrophic.
There is no evidence of any ovarian or adnexal mass seen.



CID : 2234419754
Name : Mrs Kavita vyas
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/09:52

IMPRESSION:-

Mild hepatomegaly with fatty liver.

Suggestion: Clinicopathological correlation.

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

This report is prepared and physically checked by DR SUNIL before dispatch.

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : Mrs Kavita vyas
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/09:52



CID : 2234419754
Name : Mrs Kavita vyas
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/17:54

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.

To be correlated clinically

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : Mrs Kavita vyas
Age / Sex : 47 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 10-Dec-2022
Reported : 10-Dec-2022/17:54



CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 11:25

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.65	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.8	36-46 %	Calculated
MCV	85.6	80-100 fl	Measured
MCH	28.6	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	12.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7580	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.7	20-40 %	
Absolute Lymphocytes	1940	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	550	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	4880	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	190	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	224000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Measured
PDW	18.5	11-18 %	Calculated



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 11:18

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 11 2-20 mm at 1 hr. Sedimentation

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 18:38

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	175.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	211.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	+++	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 : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 12:45

Use a QR Code Scanner
Application To Scan the Code

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	22.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.44	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	163	>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	3.5	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	8.8	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 13:25

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	8.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	200.1	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 CPL, Andheri West

*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)



CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 14:58

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Trace	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	0-1	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	3-4	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



MC-2111

M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 14:58

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 14:55

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	NEGATIVE

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 ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 14:31

Use a QR Code Scanner
Application To Scan the Code

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	246.4	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	89.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	62.2	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	27.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2234419754
 Name : MRS.KAVITA VYAS
 Age / Gender : 47 Years / Female
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
 Reported : 10-Dec-2022 / 11:42

Use a QR Code Scanner
 Application To Scan the Code

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
 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	ECLIA
Free T4, Serum	13.3	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	2.43	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



Use a QR Code Scanner
Application To Scan the Code

CID : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 11:42

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 : 2234419754
Name : MRS.KAVITA VYAS
Age / Gender : 47 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 10-Dec-2022 / 09:11
Reported : 10-Dec-2022 / 12:45

Use a QR Code Scanner
Application To Scan the Code

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	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	22.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	105.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.3	35-105 U/L	Colorimetric

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



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)