



CID : 2327216709  
Name : MRS.REEMA DEVI  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Use a QR Code Scanner  
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Collected : 29-Sep-2023 / 08:47  
Reported : 29-Sep-2023 / 19:45

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



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Collected : 29-Sep-2023 / 12:26  
Reported : 30-Sep-2023 / 15:16

## PAP SMEAR REPORT

### Liquid Based Cytology

**Specimen :** (G/SDC- 8037/23)  
Received Ezi prep vial.

**Adequacy :**  
Satisfactory for evaluation.  
Squamous metaplastic cells are present.

**Microscopic :**  
Smear reveals mainly intermediate and good number of superficial squamous cells along with mild neutrophilic infiltrate.

**Interpretation :**  
Negative for intraepithelial lesion or malignancy.

Report as per " THE BETHESDA SYSTEM" for cervicovaginal reporting.

**Note :** : Pap test is a screening test for cervical cancer with inherent false negative results.

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



**Dr.VRUNDA SHETH**  
MBBS., DNB(Path),  
CHIEF OF HISTOPATHOLOGY &  
CYTOPATHOLOGY

 भारत सरकार  
GOVERNMENT OF INDIA

 रीमा देवी  
Reema Devi  
जन्म वर्ष / Year of Birth : 1981  
महिला / Female



5102 3140 0079

आधार - आम आदमी का अधिकार

Reema Devi

**PHYSICAL EXAMINATION REPORT**

Patient Name	Reema Devi	Sex/Age	F/42
Date	29/9/23.	Location	Thane

**History and Complaints**

C/O - HTN

**EXAMINATION FINDINGS:**

Height (cms):	145	Temp (0c):	Ⓟ
Weight (kg):	55	Skin:	NAD.
Blood Pressure	160/100	Nails:	
Pulse	76/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD

↑ B.P. ↓ Hb.  
↓ HDL., ↑ Non HDL.  
↑ Free T4.  
↑ Alk. phosphatase

USG -  
Bulky uterus  
with fibroids

Inflammatory  
Lymph Nodes  
in R+ Breast

- Physician's Consultation for TBIP

Advice:

- Iron Supplement

- Reg. Exercise

- Gynaec Consultation

Repeat Thyroid Profile after 3 Months

1)	Hypertension:
2)	IHD
3)	Arrhythmia
4)	Diabetes Mellitus
5)	Tuberculosis
6)	Asthama
7)	Pulmonary Disease
8)	Thyroid/ Endocrine disorders
9)	Nervous disorders
10)	GI system
11)	Genital urinary disorder
12)	Rheumatic joint diseases or symptoms
13)	Blood disease or disorder
14)	Cancer/lump growth/cyst
15)	Congenital disease
16)	Surgeries
17)	Musculoskeletal System

Since 4 yrs

Nil

Acidity, Bloating

Nil

Laser, -

For Acid Reflux

Nil

**PERSONAL HISTORY:**

1)	Alcohol
2)	Smoking
3)	Diet
4)	Medication

(No)

(No)

Veg

Dr. Manasee Kulkarni

2005/09/3439

Tab. Atenolo D

*Handwritten signature*

30/9/23

- Pan-D

NAME: - Reema Pavi AGE / SEX :- F/42  
 REGN NO :- REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12 yrs.
- PRESENT MENSTRUAL HISTORY :- Regular, 3/30 days
- PAST MENSTRUAL HISTORY :- Regular (miscarriage)
- OBSTERIC HISTORY: - G3 P2 A1
- PAST HISTORY :- Nil
- PREVIOUS SURGERIES :- Laser for Acid Reflux 2 NVD.
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Nil

022-6170-0000

- DRUG HISTORY :-
- BOWEL HABITS :-
- BLADDER HABITS :-

For HTN

Ⓜ

**PERSONAL HISTORY :-**

TEMPERATURE :-

Ⓜ

RS :-

NAD

CVS :-

76/min

PULSE / MIN :-

160/100

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

NAD.

PRE VAGINAL:-

RECOMMENDATION :-

*(Handwritten signature)*

**Dr. Manasee Kulkarni**  
M.B.B.S

2005/09/3439

022-6170-0000

Date:- 29/9/23 CID: 232721678  
Name:- Reema Devi Sex / Age: F 42

**EYE CHECK UP**

Chief complaints: RCV  
Systemic Diseases: All  
Past history: All  
Unaided Vision: 3/20 8/12 NUBR N.12  
Aided Vision: 3/20 6/6 ONRN 16  
Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Use own Spectacles

MR. PRAKASH KUDVA  
SR OPTOMETRIST





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**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.05	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	92.5	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8950	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.9	20-40 %	
Absolute Lymphocytes	2497.1	1000-3000 /cmm	Calculated
Monocytes	8.2	2-10 %	
Absolute Monocytes	733.9	200-1000 /cmm	Calculated
Neutrophils	60.4	40-80 %	
Absolute Neutrophils	5405.8	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	304.3	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	327000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	17.6	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 -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 39 2-20 mm at 1 hr. Sedimentation

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



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M.D ( Path )  
Pathologist



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Reported : 29-Sep-2023 / 15:20

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	131.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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Reported : 29-Sep-2023 / 15:10

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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	12.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.49	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	121	(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	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.0	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.4	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	135	135-148 mmol/l	ISE
POTASSIUM, Serum	5.2	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	92	98-107 mmol/l	ISE

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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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.

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Collected : 29-Sep-2023 / 08:47  
Reported : 29-Sep-2023 / 17:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Alkaline (7.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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
<b>MICROSCOPIC EXAMINATION</b>			
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	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 inert

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

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

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	125.6	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	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	129.0	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	25.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	36.0	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	2.02	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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

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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)

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**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.73	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	24.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	22.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	126.0	35-105 U/L	PNPP

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist

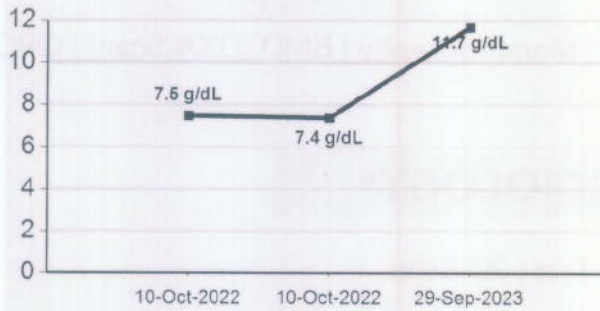
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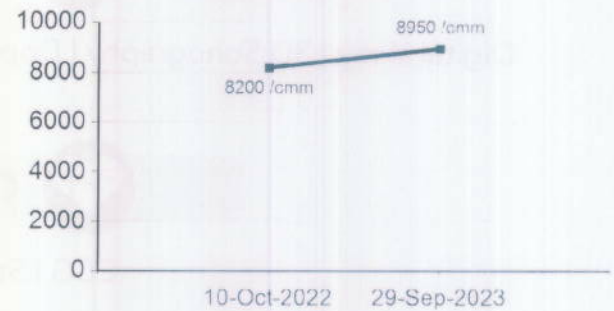
Use a QR Code Scanner Application To Scan the Code

CID : 2327216709  
Name : MRS.REEMA DEVI  
Age / Gender : 42 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

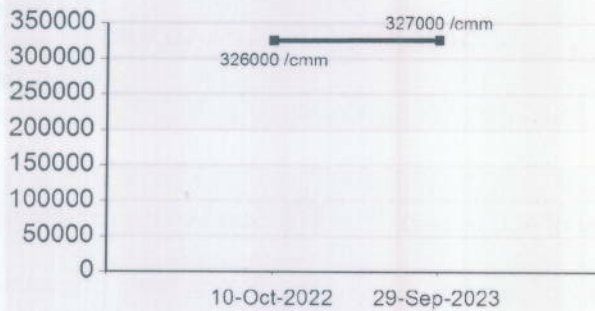
**Haemoglobin**



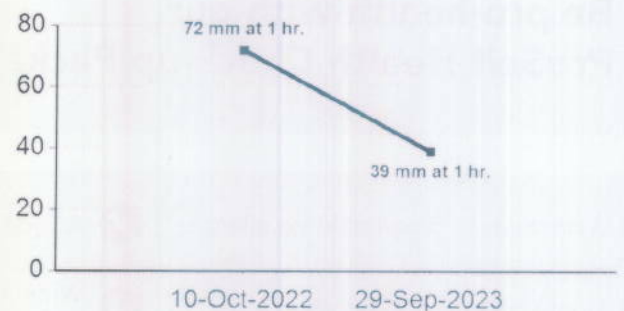
**WBC Total Count**



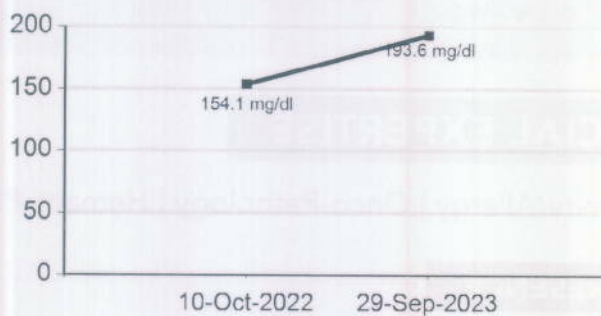
**Platelet Count**



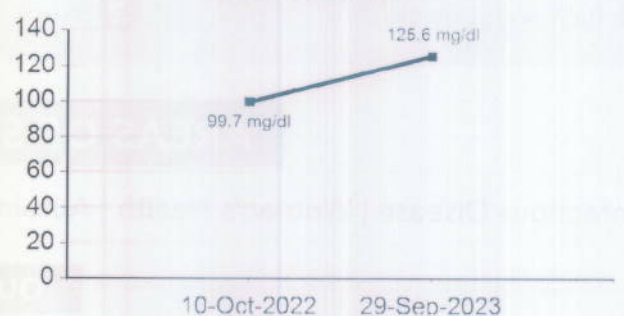
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**



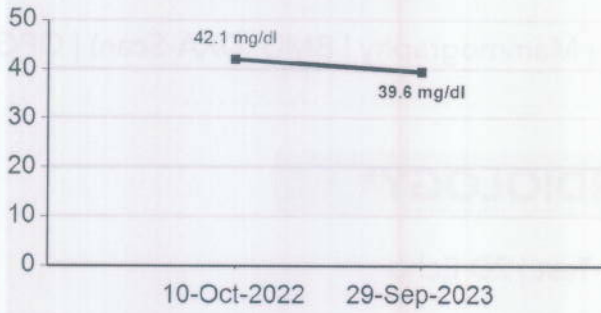
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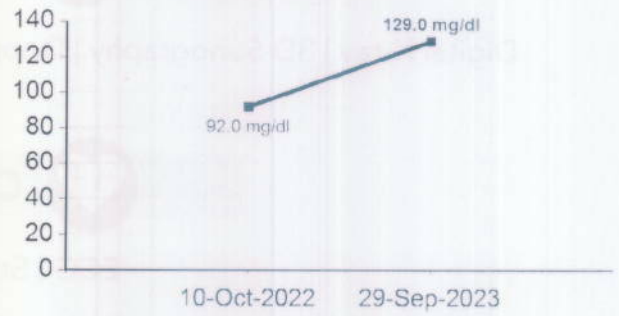
Use a QR Code Scanner Application To Scan the Code

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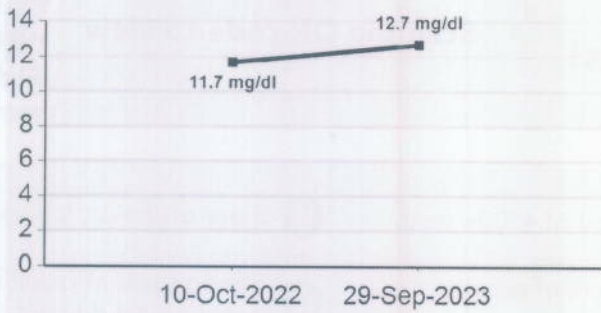
**HDL CHOLESTEROL**



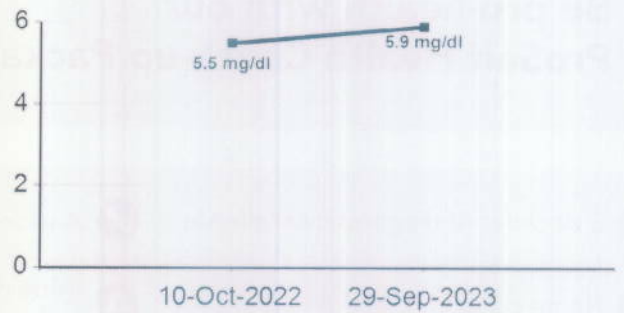
**LDL CHOLESTEROL**



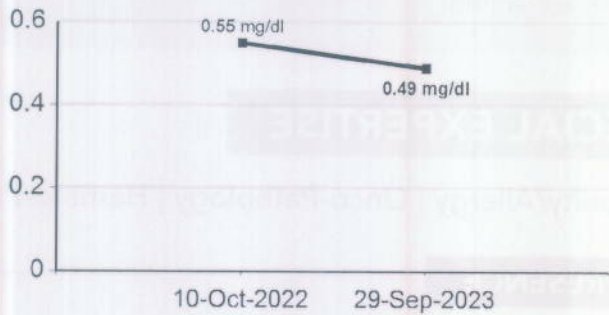
**BLOOD UREA**



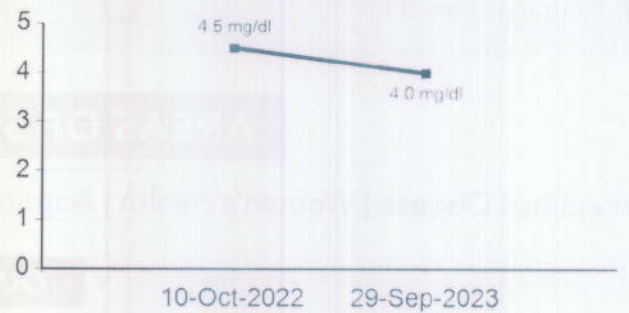
**BUN**



**CREATININE**



**URIC ACID**



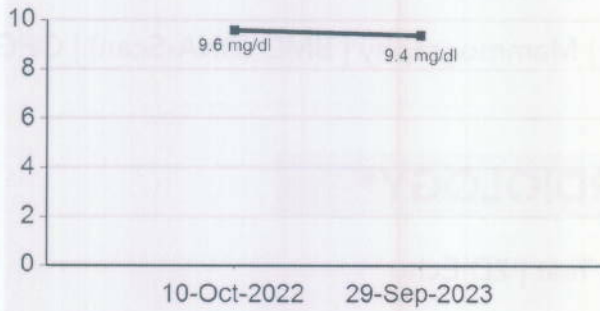
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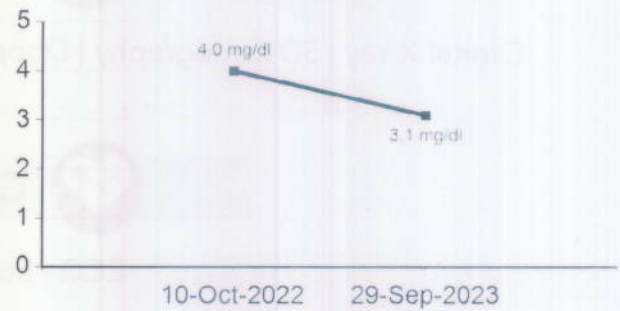
Use a QR Code Scanner Application To Scan the Code

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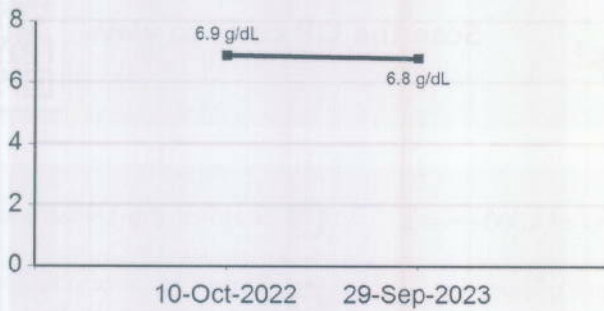
**CALCIUM**



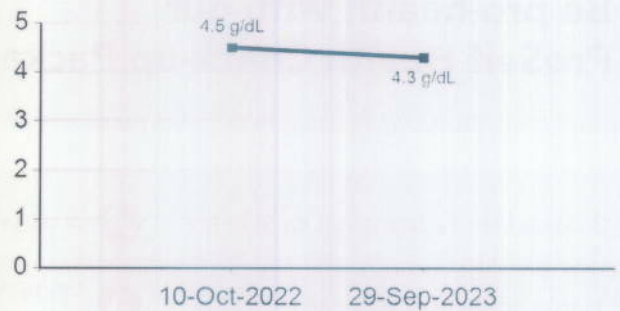
**PHOSPHORUS**



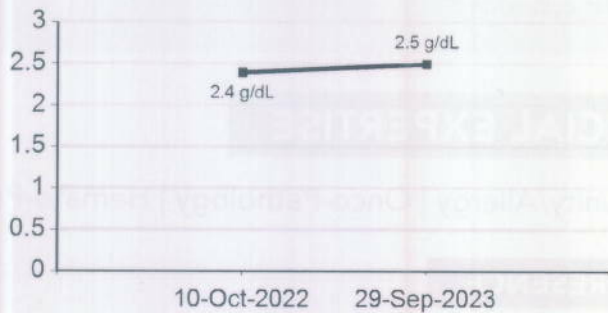
**TOTAL PROTEINS**



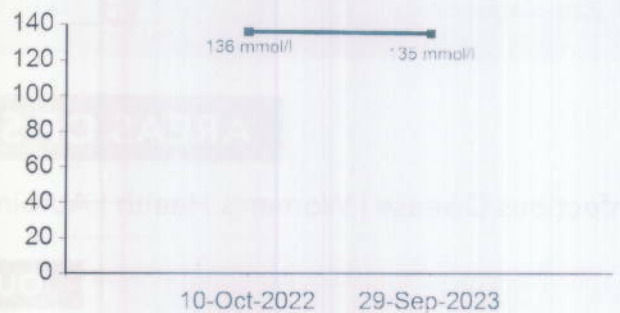
**ALBUMIN**



**GLOBULIN**



**SODIUM**



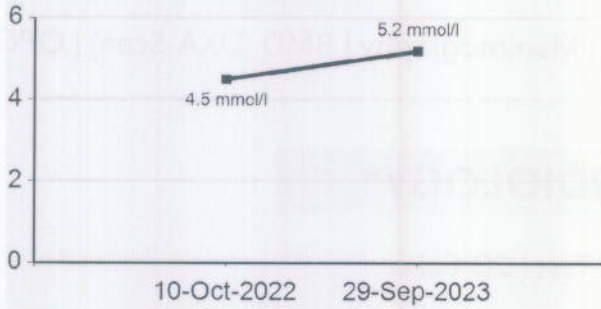
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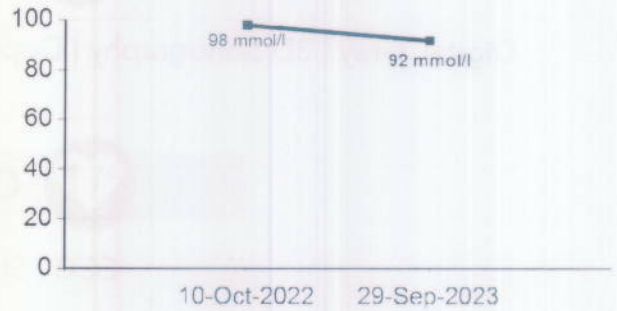
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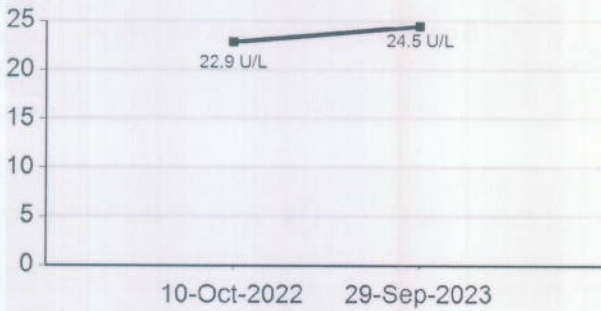
**POTASSIUM**



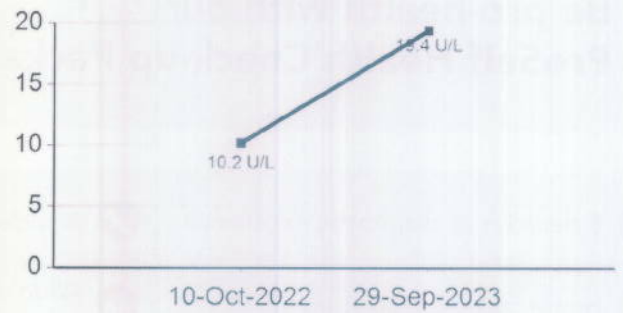
**CHLORIDE**



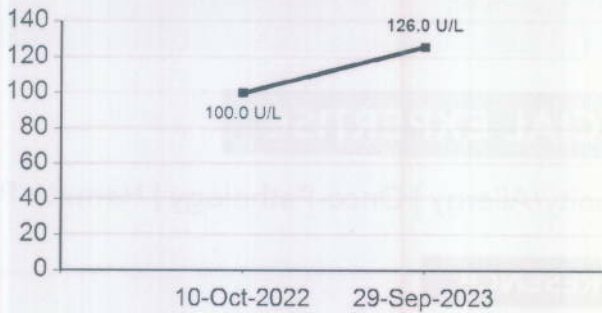
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**



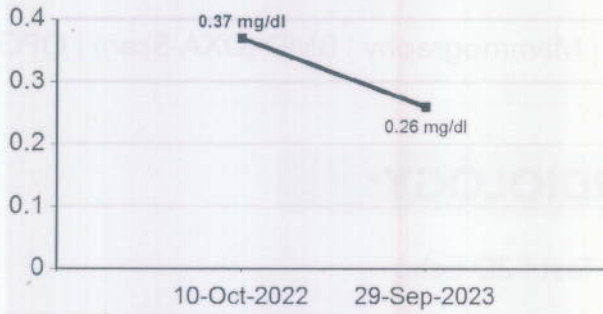
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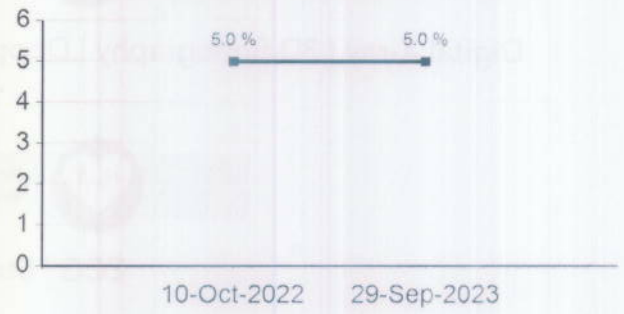
Use a QR Code Scanner Application To Scan the Code

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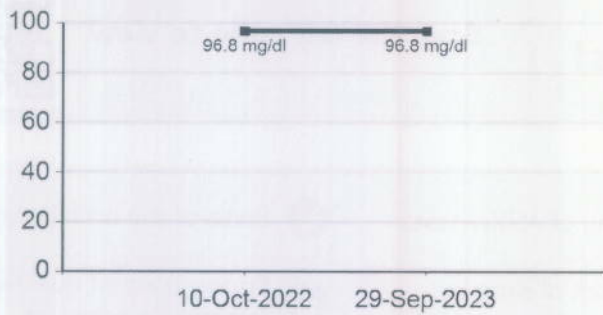
**BILIRUBIN (DIRECT)**



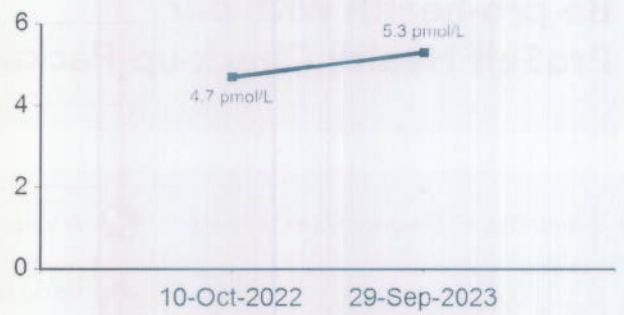
**Glycosylated Hemoglobin (HbA1c)**



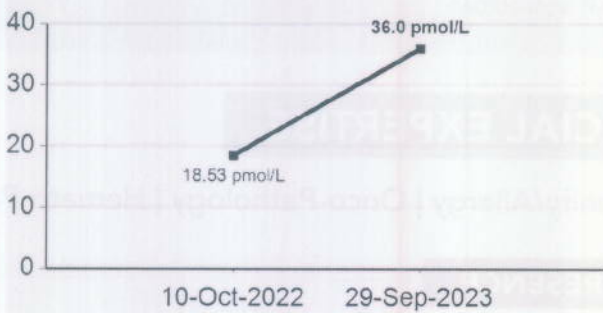
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**



**sensitiveTSH**



022-6170-0000



Authenticity Check



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CID : 2327216709  
Name : Mrs Reema devi  
Age / Sex : 42 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 29-Sep-2023  
Reported : 29-Sept-2023 / 12:16

**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-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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Use a QR Code Scanner  
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**CID** : 2327216709  
**Name** : Mrs Reema devi  
**Age / Sex** : 42 Years/Female  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 29-Sep-2023  
**Reported** : 29-Sept-2023 / 9:35

### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 10.1 x 3.5 cm. Left kidney measures 9.9 x 3.9 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is **Mildly Bulky** anteverted and measures 6.9 x 4.6 x 5.5 cm. **Few subcentimeter sized fibroids are noted.** Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.  
No free fluid or significant lymphadenopathy is seen.

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Page no 1 of 2



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Reg. Date : 29-Sep-2023  
Reported : 29-Sept-2023 / 9:35

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**IMPRESSION:**

- **MILDLY BULKY UTERUS WITH FEW SUBCENTIMETER SIZED FIBROIDS.**

**Advice: Clinical co-relation sos further evaluation and follow up.**

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.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092908440590>

Reg. No. : 2327216709	Sex : FEMALE
NAME : MRS. REEMA DEVI	Age : 42 YRS
Ref. By : -----	Date : 29.09.2023

### SONOMAMMOGRAPHY REPORT

Mixed fibroglandular tissues are seen in both breasts.

**Two intramammary lymph nodes noted in right breast with preserved fatty hilum measuring 9 x 9 mm at 9 o'clock and 7 x 5 mm at 8 o'clock position.**

No cystic mass lesion are seen.

No duct ectasia is seen.

Both retromammary regions appear normal.

No significant axillary lymphadenopathy noted.

#### IMPRESSION:

- **INTRAMAMMARY LYMPH NODES IN RIGHT BREAST.(SIZE IS MINIMALLY REDUCED)**
- **NO SIGNIFICANT ABNORMALITY IS DETECTED IN LEFT BREAST.**

**USG BIRADS II RIGHT BREAST.**

**USG BIRADS I LEFT BREAST.**

***Advice: Clinical co-relation and follow up.***

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.



**DR. GAURI VARMA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**