



CID : 2330119409
Name : MR.ARCHANA SINHA
Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Collected : 28-Oct-2023 / 09:25
Reported : 31-Oct-2023 / 17:34

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
PAP SMEAR REPORT

Liquid based cytology

Specimen : (G/SDC - 8874/23)

Received EziPrep vial.

Adequacy :

Satisfactory for evaluation.

Squamous metaplastic cells are present.

Microscopic :

Smear reveals mainly intermediate and good number of parabasal squamous cells along with moderate neutrophilic infiltrate.

Reactive cellular changes associated with inflammation are seen.

Interpretation :

- 1. Negative for intraepithelial lesion or malignancy.**
- 2. Inflammatory smear.**

Recommended : Repeat testing after inflammation subsides.

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

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

LBC samples will be retained for a period of one month after release of report. Any further tests required eg. HPV testing (test code: PATH007131) may be ordered within this period.

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



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



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*** End Of Report ***

Download Date: 15/06/2023



भारत सरकार
GOVERNMENT OF INDIA



अर्चना सिन्हा

Archana Sinha

जन्म तारीख/DOB: 20/01/1972

लिंग/ GENDER: FEMALE

Mobile No: 8758331150

4690 7955 0992

VID : 9123 7125 5757 1483

Issue Date: 14/02/2015

MERA AADHAAR , MERI PEHCHAN

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703

Mohant Sule

Dr. Vikas Patnaik

M.B.B.S., C.G.O.-Nagpur Reg. No. 73957

Dip. Physiotherapy-U.K. Reg. No. OFS935

DATE :- 28/10/23

R
E
P
O
R
T

To,

Suburban Diagnostics (India) Private Limited

101 ANAND SAGAR CHS

NEAR BY RAJKAMAL HANDLOOM HOUSE

SECTOR 17 VASHI NAVI MUMBAI 400703

Phone No :- 022 6170 0000

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Archana Sinha
could not able to
don't want to performed the following tests:

- 1) The test (Mammography) has not been conducted due to smaller machine available at Vashi Centre hence it has been rescheduled for 11th Nov. 2023 at Andheri Suburban Diag Centre. (2:00 pm)
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2330119409
Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare

Thanking you.

Yours sincerely,

(Mr/Mrs/Ms. Archana Sinha)

PHYSICAL EXAMINATION REPORT

Patient Name	Areehana Sinha	Sex/Age	5yr / f
Date	28/10/24	CID	233019409

History and Complaints

No symptoms.

EXAMINATION FINDINGS:

Height (cms):	163	Temp (0c):	Afebr
Weight (kg):	76	Skin:	No clubbing/leucation
Blood Pressure	110/70	Nails:	No clubbing
Pulse	62/min	Lymph Node:	No lymphadenopathy
BMI	28.6		

Systems :

Cardiovascular:	sin br
Respiratory:	Afebr
Genitourinary:	NAD
GI System:	Ⓢ
CNS:	EUM6V5

Impression: 2D Echo! → Grade I Diastolic Dysfunction,
↑ ESR Ⓢ ↓ T3 -

Advice: Physician Rheumat has further evaluation

CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO
10)	GI system	NO
11)	Genital urinary disorder	NO
12)	Rheumatic joint diseases or symptoms	YES.
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	Appendectomy, Thyroidectomy, Hysterectomy
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	veg.
4)	Medication	TAB. FOLICAC 5mg Table

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 79887
Dip. Psychotherapy-U.K. Reg. No. OF535

-NAME :-MRS. ARCHANA SINHA	AGE :- 51 YRS
SEX :- FEMALE	DATE :-28/10/2023
CID NO :- 2330119409	

2D Echo and Colour doppler report

All cardiac chambers are normal in dimension
 No obvious resting regional wall motion abnormalities (RWMA)
 Interatrial and Interventricular septum – Appears Normal
 Valves – Structurally normal
 Preserved biventricular function.
 IVC is normal.
 Pericardium is normal.
 Great vessels - Origin and visualized proximal part are normal.
 No coarctation of aorta.

Doppler study

Normal flow across all the valves.
 No pulmonary hypertension.
 Grade I diastolic dysfunction.

Measurements

Aorta annulus	19 mm
Left Atrium	31 mm
LVID(Systole)	21 mm
LVID(Diastole)	38 mm
IVS(Diastole)	9 mm
PW(Diastole)	10 mm
LV ejection fraction.	Around 55%

022-6170-0000

Conclusion

Preserved biventricular function

No RWMA

Valves – Structurally normal
Trivial TR.

Grade I diastolic dysfunction

No PAH

* END OF THE REPORT *

Dasgupta **Dr. Anirban Dasgupta**
MBBS DNB
Reg. No. 2005/02/0920
Suburban Diagnostics (Vashi)

Performed by: Dr. Anirban Dasgupta
D.N.B. Internal Medicine, Diploma Cardiology (PGDCC-IGNOU).

NAME: - *Aarhara Saha*

AGE / SEX :- *57yrs / F*

REGN NO :- *2330119409*

REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

No

MARITAL STATUS :-

married.

MENSTRUAL HISTORY :-

menopausal.

• MENARCHE :-

• PRESENT MENSTRUAL HISTORY :- -

• PAST MENSTRUAL HISTORY :- -

• OBSTETRIC HISTORY: - -

• PAST HISTORY :- *Rheumatoid Arthritis.*

• PREVIOUS SURGERIES :- *Hysterectomy, Thyroidectomy*

• ALLERGIES :- *N.K. Appendectomy*

• FAMILY HISTORY :- *Asthma - mother.*

- DRUG HISTORY :- ✓
- BOWEL HABITS :- (N)
- BLADDER HABITS :- (N)

PERSONAL HISTORY :-

TEMPERATURE :- Afebr

RS :- Afebr

CVS :- Sns. S. S.

PULSE / MIN :- 62/min

BP (mm of hg):- 110/70 mmHg

BREAST EXAMINATION:- (N)

PER ABDOMEN :- (S)

PRE VAGINAL:- watery discharge

RECOMMENDATION :-

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703



Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 72817
Dip. Psychotherapy-U.K. Reg. No. 02115

Date:- 28/10/23.

CID: 2330119409

Name:- Areehana Shuha.

Sex / Age: 51 years / F

EYE CHECK UP

Chief complaints: No complaints

Systemic Diseases: NAD

Past history: Rheumatoid Arthritis

Unaided Vision: Aided

R	6/6	NG
L	6/6	NG

Aided Vision:


Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			NG	_____			No

Colour Vision: Normal / Abnormal

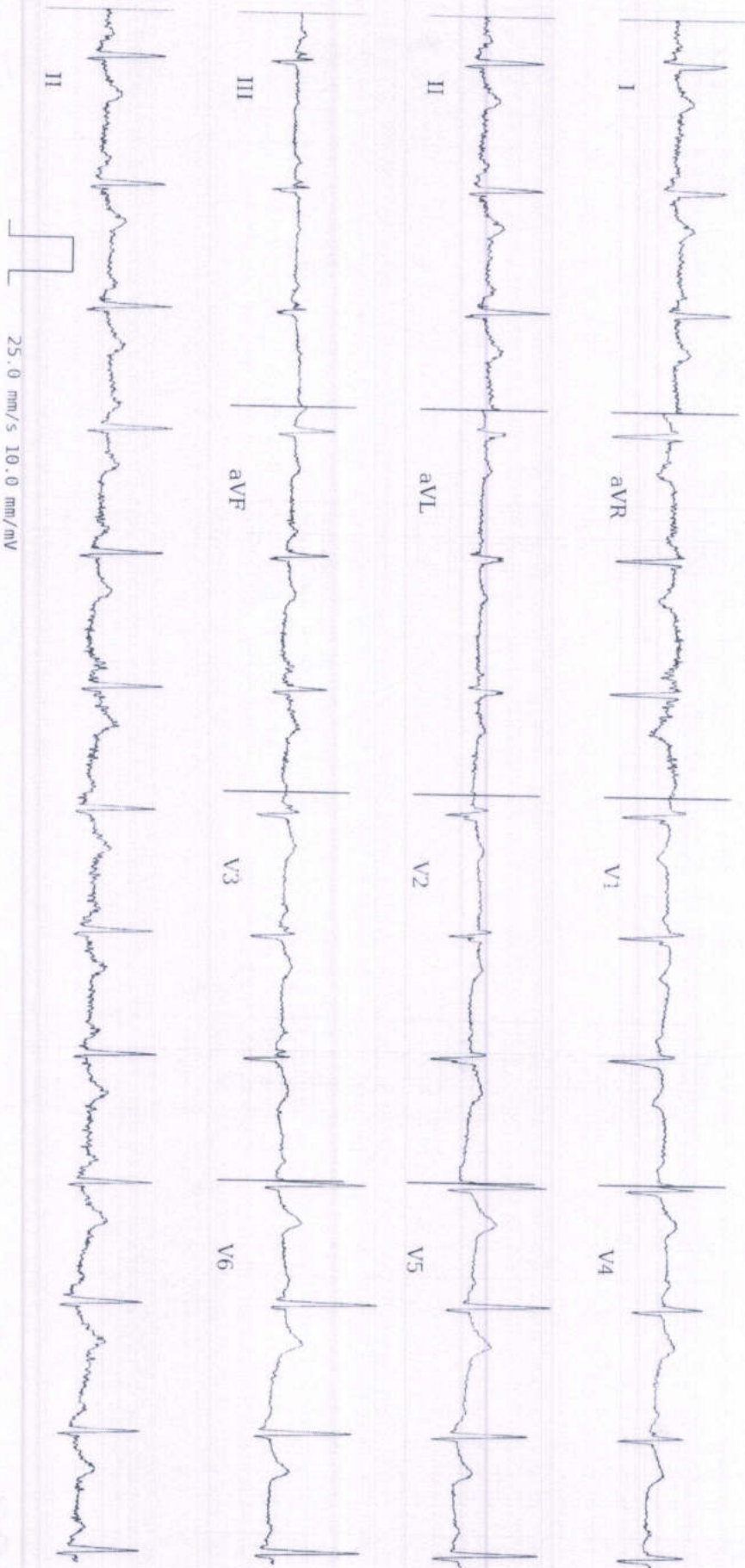
Remark:

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 7
Dip. Physiotherapy-U.K. Reg. No. C

Patient Name: ARCHANA SINHA
Patient ID: 2330119409

Date and Time: 28th Oct 23 9:16 AM



Age: **51** years
Months: **NA**
Days: **NA**

Gender: **Male**

Heart Rate: **78bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 76 kg
Height: 163 cm
Pulse: NA
SpO2: NA
Resp: NA

Others:

Measurements
QRSd: 82ms
QT: 364ms
QTcB: 414ms
PR: 134ms
P-R-T: 58° 30° 42°

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

REPORTED BY

Dr. Anshu Dasgupta

Dr. Anshu Dasgupta
MBBS, DNB
Reg. 2005-02-0930



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Reg. Location : Vashi (Main Centre)

Collected : 28-Oct-2023 / 09:06
Reported : 28-Oct-2023 / 14:57

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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
<u>RBC PARAMETERS</u>			
Haemoglobin	11.2	13.0-17.0 g/dL	Spectrophotometric
RBC	3.46	4.5-5.5 mil/cmm	Elect. Impedance
PCV	33.0	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.3	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7090	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	2467.3	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	453.8	200-1000 /cmm	Calculated
Neutrophils	48.6	40-80 %	
Absolute Neutrophils	3445.7	2000-7000 /cmm	Calculated
Eosinophils	9.3	1-6 %	
Absolute Eosinophils	659.4	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	63.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	272000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	18.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
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 40 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 51 Years / Male
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Collected : 28-Oct-2023 / 09:06
Reported : 28-Oct-2023 / 15:48

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.9	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	

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*** End Of Report ***



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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	12.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	115	(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	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	3.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	134	135-148 mmol/l	ISE
POTASSIUM, Serum	3.7	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	99	98-107 mmol/l	ISE

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
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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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Neutral (7.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

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Reported : 28-Oct-2023 / 15:30

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	45	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	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	4-5	Less than 20/hpf	

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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

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	192.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	88.7	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	63.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	111.0	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	18.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2330119409
 Name : MR.ARCHANA SINHA
 Age / Gender : 51 Years / Male
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)

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 Collected : 28-Oct-2023 / 09:06
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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	2.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.02	0.35-5.5 microIU/ml	ECLIA

Result rechecked .

Kindly correlate clinically .



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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 Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	109.0	40-130 U/L	Colorimetric

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

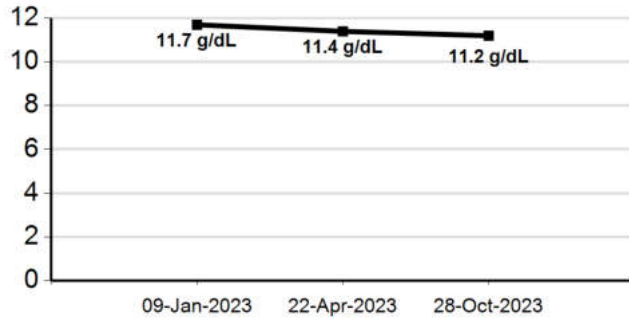
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



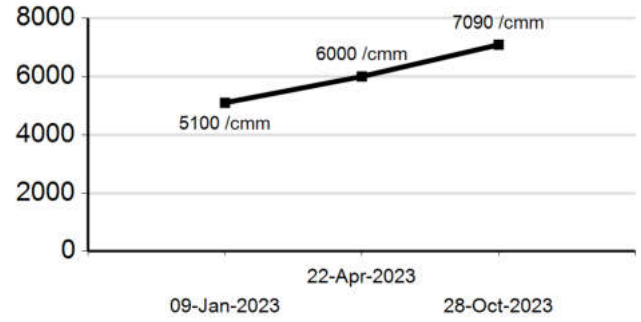
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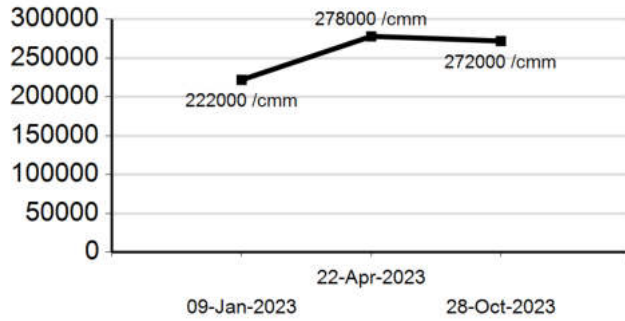
Haemoglobin



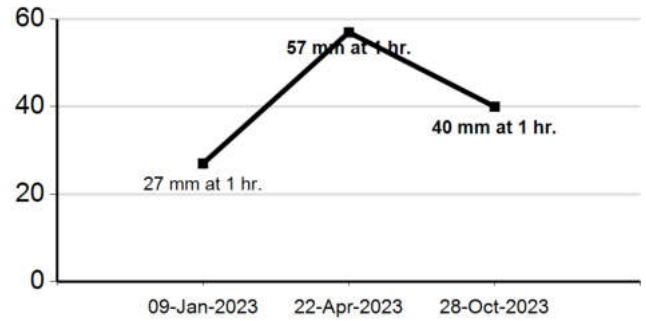
WBC Total Count



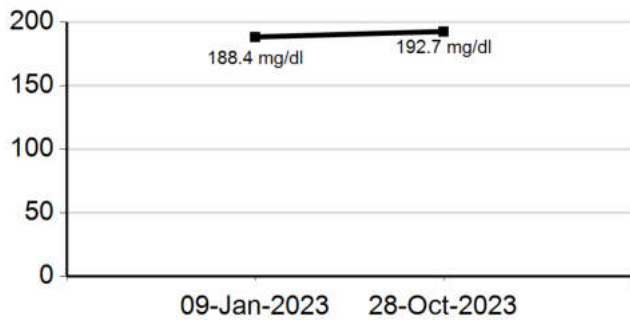
Platelet Count



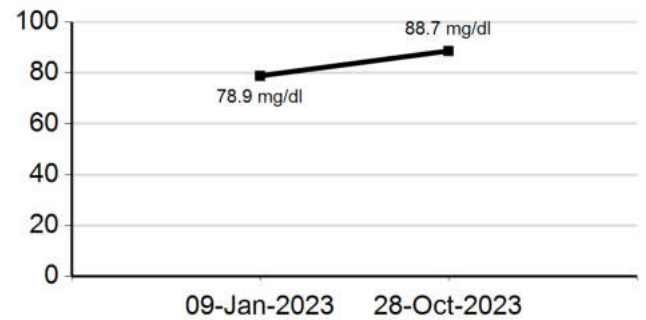
ESR



CHOLESTEROL



TRIGLYCERIDES

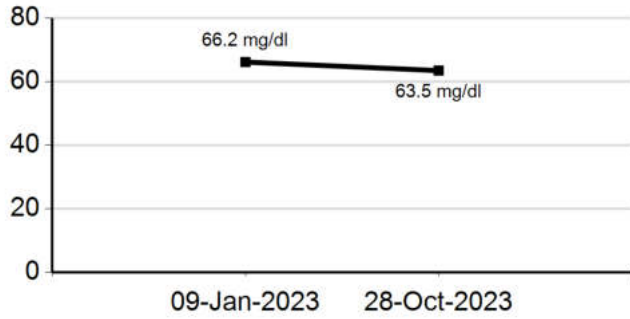




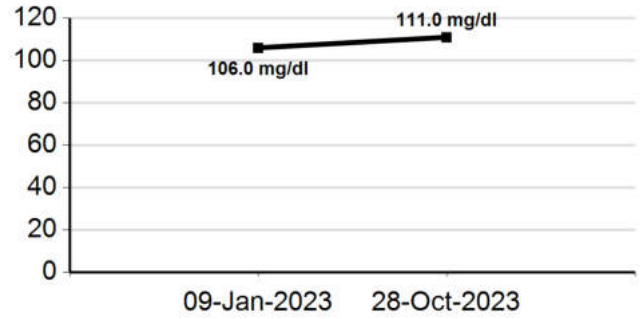
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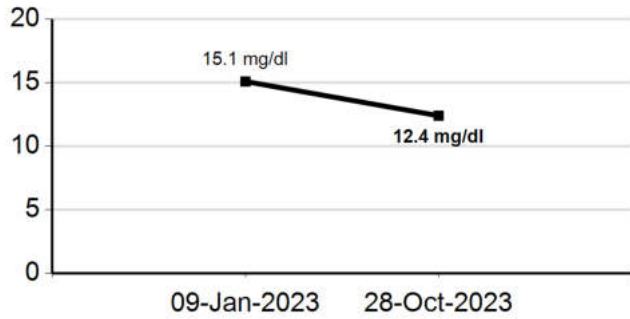
HDL CHOLESTEROL



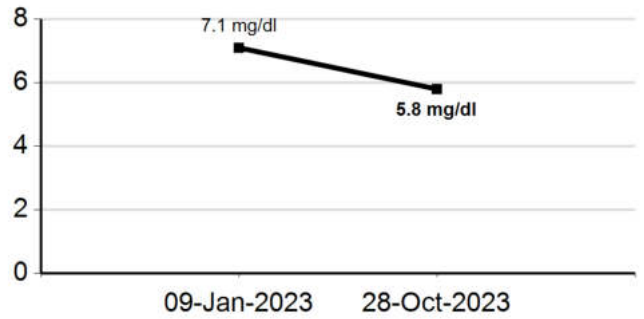
LDL CHOLESTEROL



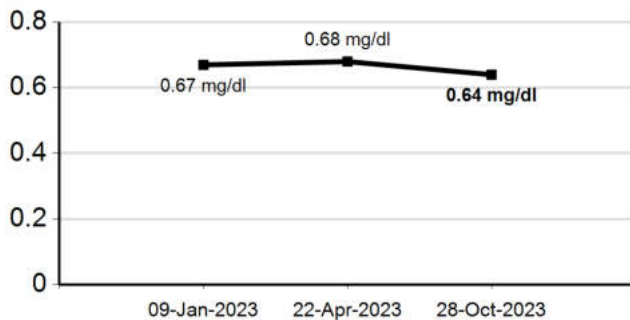
BLOOD UREA



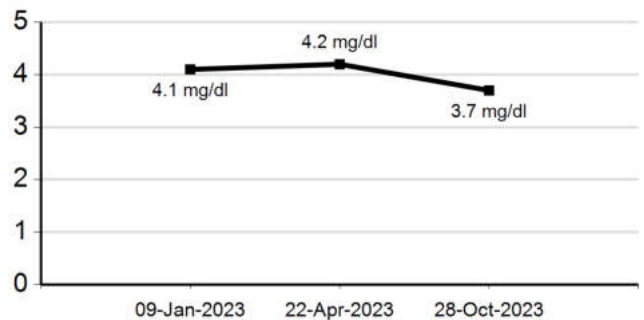
BUN



CREATININE



URIC ACID

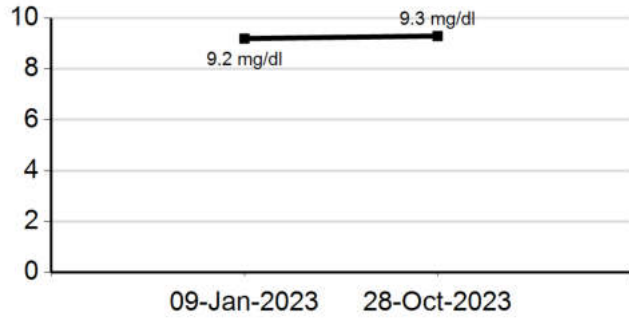




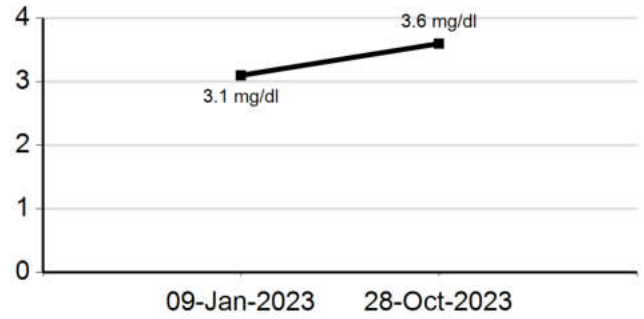
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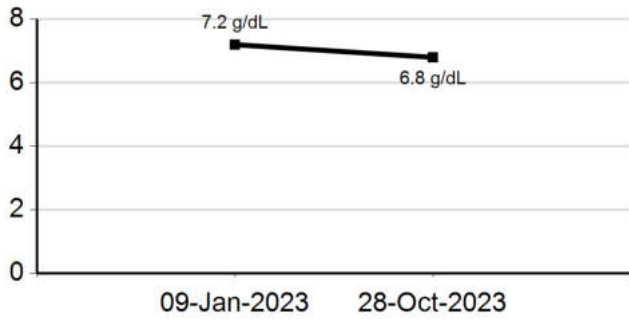
CALCIUM



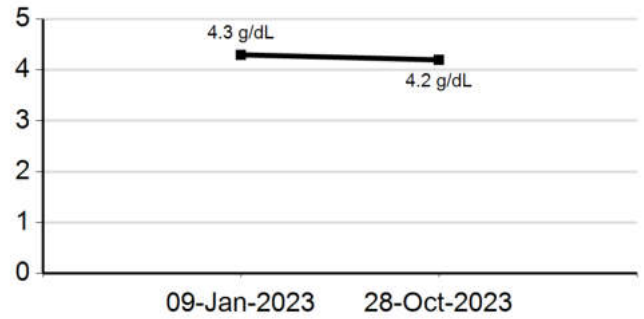
PHOSPHORUS



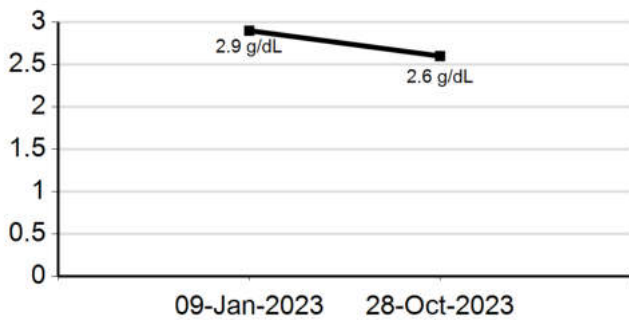
TOTAL PROTEINS



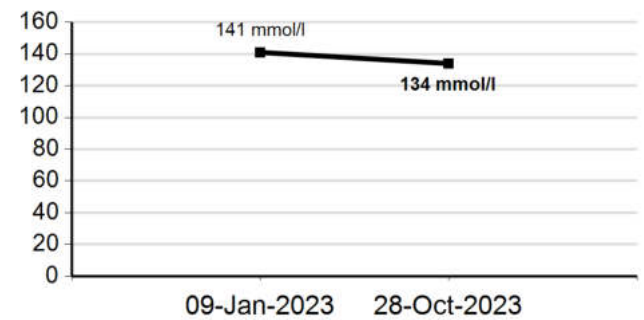
ALBUMIN



GLOBULIN



SODIUM

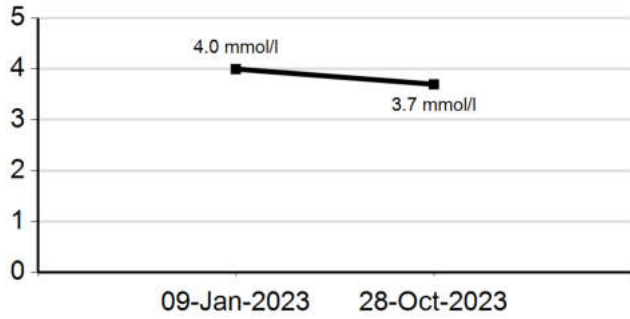




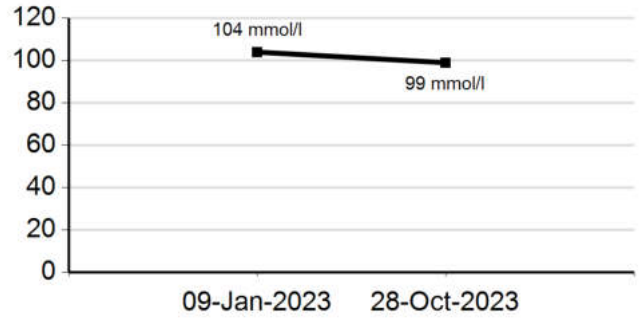
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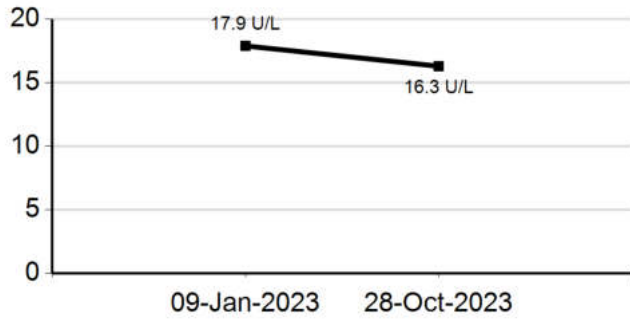
POTASSIUM



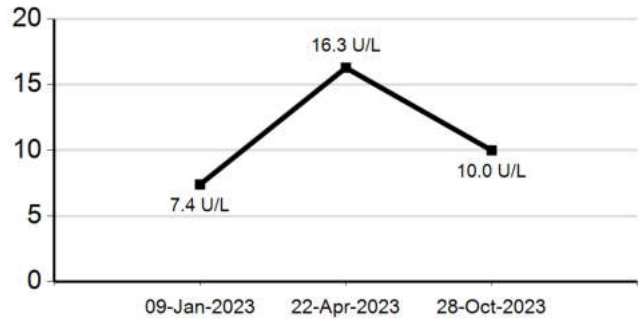
CHLORIDE



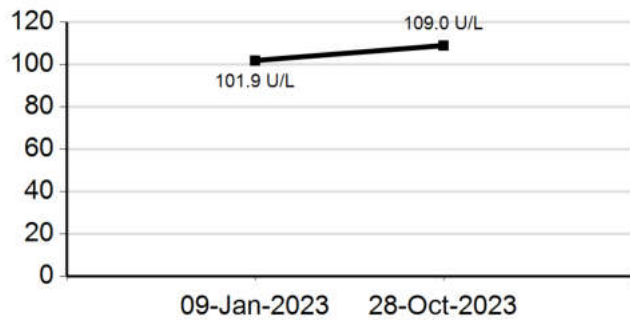
SGOT (AST)



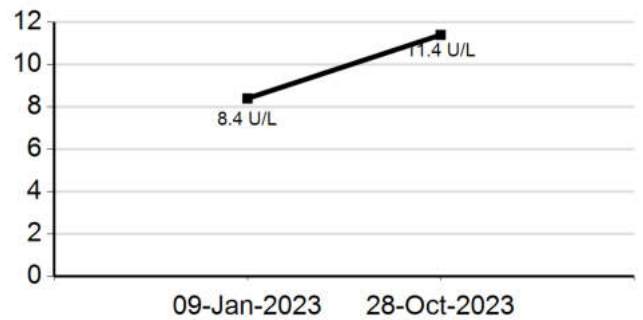
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

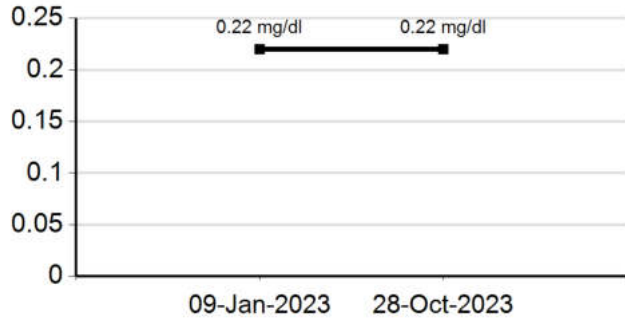




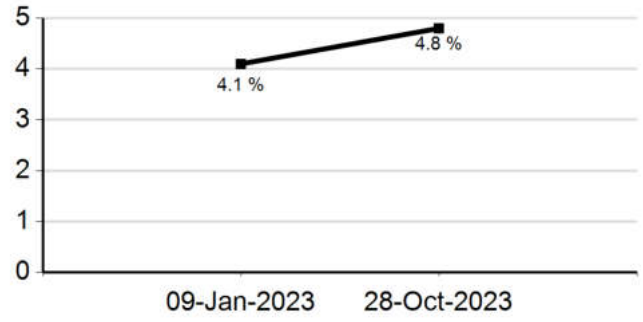
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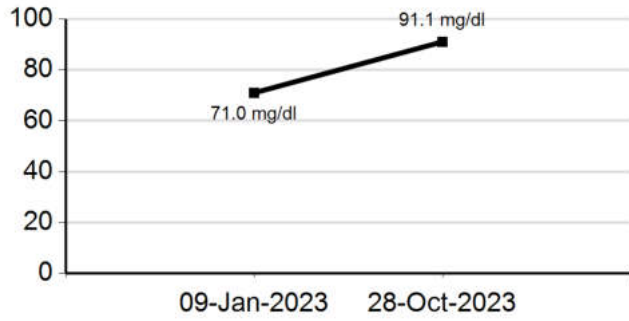
BILIRUBIN (DIRECT)



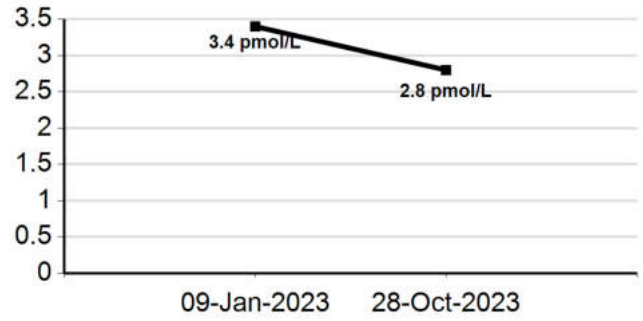
Glycosylated Hemoglobin (HbA1c)



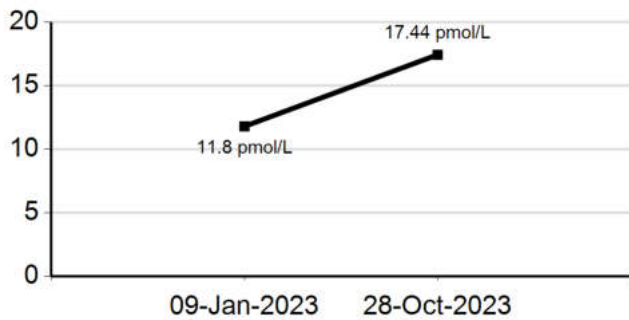
Estimated Average Glucose (eAG)



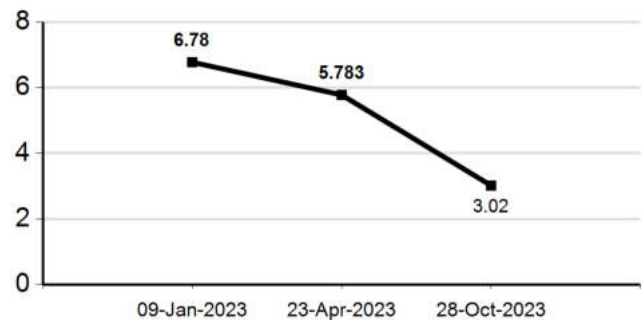
Free T3



Free T4



sensitiveTSH





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Reg. Location : Vashi Main Centre

Reg. Date : 28-Oct-2023
Reported : 28-Oct-2023/17:23

X-RAY CHEST PA VIEW

Note : Suboptimal radiograph due to inadequate inspiration.

Both lung fields grossly appear normal.

Both costo-phrenic angles grossly appear normal.

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. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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