



बैंक ऑफ बरोडा  
Bank of Baroda



वसुधा नारायण शिंदे  
Shradha Nara Shinde

198479

*Shinde*

*Shinde*  
22-3-2023

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

Date:- 22/3/23

CID: 2308108860

Name:- Shradha Shinde Sex/Age: F/37

**EYE CHECK UP**

Chief complaints: NO.

Systemic Diseases: NO.

Past history: NO

Unaided Vision:

Aided Vision: Both eye - NV - NB.  
DV - 6/6.

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NB	—	—	—	NB

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



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CID : 2308108860  
Name : Mrs SHRADDHA NITIN SHINDE  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023  
Reported : 22-Mar-2023 / 13:24

### 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.**

**Kindly correlate 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-----

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208220561>

NAME:- Mrs. Shraddha Nitin Shinde AGE/SEX:-  
REGN NO.:- REF DR.:-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS:-

PCOD, Fibroid

MARITAL STATUS:-

Married

MENSTRUAL HISTORY:-

- MENARCHE:- 14 yrs of age
- PRESENT MENSTRUAL HISTORY:- LMP - 16/3/2023
- PAST MENSTRUAL HISTORY:- Regular
- OBSTERIC HISTORY:- P, L, A0
- PAST HISTORY:- NM
- PREVIOUS SURGERIES:- Nil
- ALLERGIES:- NM
- FAMILY HISTORY:-  
Father - DM, HTN, IHD.  
Mother - DM, HTN, IHD.

- DRUG HISTORY:- Nil
- BOWEL HABITS:- 10
- BLADDER HABITS:- 10

**PERSONAL HISTORY:-**

- TEMPERATURE:- Afebrile
- RS:- 10
- CVS:- 10
- PULSE / MIN:-
- BP (mm of hg):- 130/90
- BREAST EXAMINATION:- —
- PER ABDOMEN:- (2)
- PER VAGINAL:- —
- RECOMMENDATION:-

*[Handwritten Signature]*

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Reported : 22-Mar-2023 / 11:37

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.9 cm), shape and smooth margins. **It shows normal 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 partially distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 12.4 x 4.6 cm.  
Left kidney measures 10.3 x 6.5 cm.

### SPLEEN:

The spleen is normal in size (9.1 cm), 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(TAS):

The uterus is anteverted. It measures 9.3 x 5.2 x 3.8 cm in size. The endometrial thickness is 4.5 mm. **There is evidence of mixed echogenic lesion noted in the anterior myometrium of uterus (Intramural) measuring 3.0 x 1.9 cm.**

### OVARIES(TAS):

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 3.0 x 1.5 cm. Left ovary = 2.4 x 1.7 cm.

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Page no 1 of 2

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**IMPRESSION:-**

- Grade I / II fatty infiltration of liver.
- Uterine fibroid.

**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-----

Dr. Vivek Singh  
MD Radiodiagnosis  
Reg No: 2013/03/0388

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208220515>

Page no 2 of 2

PATIENT NAME : MRS. SHRADDHA NITIN SHINDE	AGE : 37 YRS
CID NO : 2308108860	SEX : FEMALE
REF DR NAME : -----	DATE : 22/03/2023

## 2D-ECHOCARDIOGRAPHY REPORT

**INDICATION:** Cardiac Evaluation

**SUMMARY:** Normal LV and RV systolic function. EF= 60 %  
No gross regional wall motion abnormality seen.  
E/A 1.46. Intact septae.  
No obvious pulmonary hypertension.  
No pericardial effusion.  
No LA/LV/LAA clot seen.

### **CHAMBERS:**

**LV:** Normal size and thickness  
Normal LV systolic function, EF =60 %  
No regional wall motion abnormality seen.  
No clot/ thrombus

**RV:** Normal size and thickness  
Normal RV systolic function  
No clot/thrombus



**LA:** Normal size  
No clot / thrombus

**RA:** Normal size  
No clot / thrombus

**VALVES:**

**MITRAL :** Thin and mobile  
No stenosis / regurgitation seen.

**AORTIC:**  
No stenosis / regurgitation seen.  
Normal aortic root size

**TRICUSPID:** Thin and mobile  
No stenosis.  
No regurgitation.  
No pulmonary hypertension seen.

**PULMONARY:** Thin and mobile.  
No stenosis / regurgitation.  
Normal sized pulmonary artery and branches.

**SEPTAE:** IAS / IVS are Intact.

No e/o coarctation of aorta.  
No e/o LA/LV/LAA clot / thrombus.  
No pericardial effusion seen.

M-MODE STUDY	Value	Unit	DOPPLER STUDY	Value	Unit
LVIDd	4.24	cm	<b>Mitral Valve</b>		
LVIDs	3.02	cm	Mitral Valve E velocity	0.99	m/s
IVSd	0.90	cm	Mitral Valve A velocity	0.68	m/s
LVPWd	0.82	cm	E/A	1.46	
			Mitral Valve DT	-	ms
MV M Mode	N		E/e'	-	
DE amplitude	-				
EF SLOPE	-		<b>Aortic Valve</b>		
EPSS	-		V max	1.17	m/s
AV M Mode	N		Mean gradient	3.32	mmHg
AV opening	-	cm	Peak gradient	5.45	mmHg
			VTI	27.93	
2D study			<b>Tricuspid valve</b>		
RVOT	2.49	cm	Tr jet velocity	-	m/s
AO	2.12	cm	PASP	-	mmHg
LA	1.89	cm			
IVC	-	cm	TAPSE	-	
			LVEF	60	%

\*\*\*END OF REPORT\*\*\*

**Dr. MADHUKAR GARODIYA**  
M.D. (Medicine)  
Reg. No.: 079527

DR. MADHUKAR GARODIYA  
M.D. MEDICINE  
REG. NO.: 079527

Age **37** years  
**9** months  
**21** days

Gender **Female**

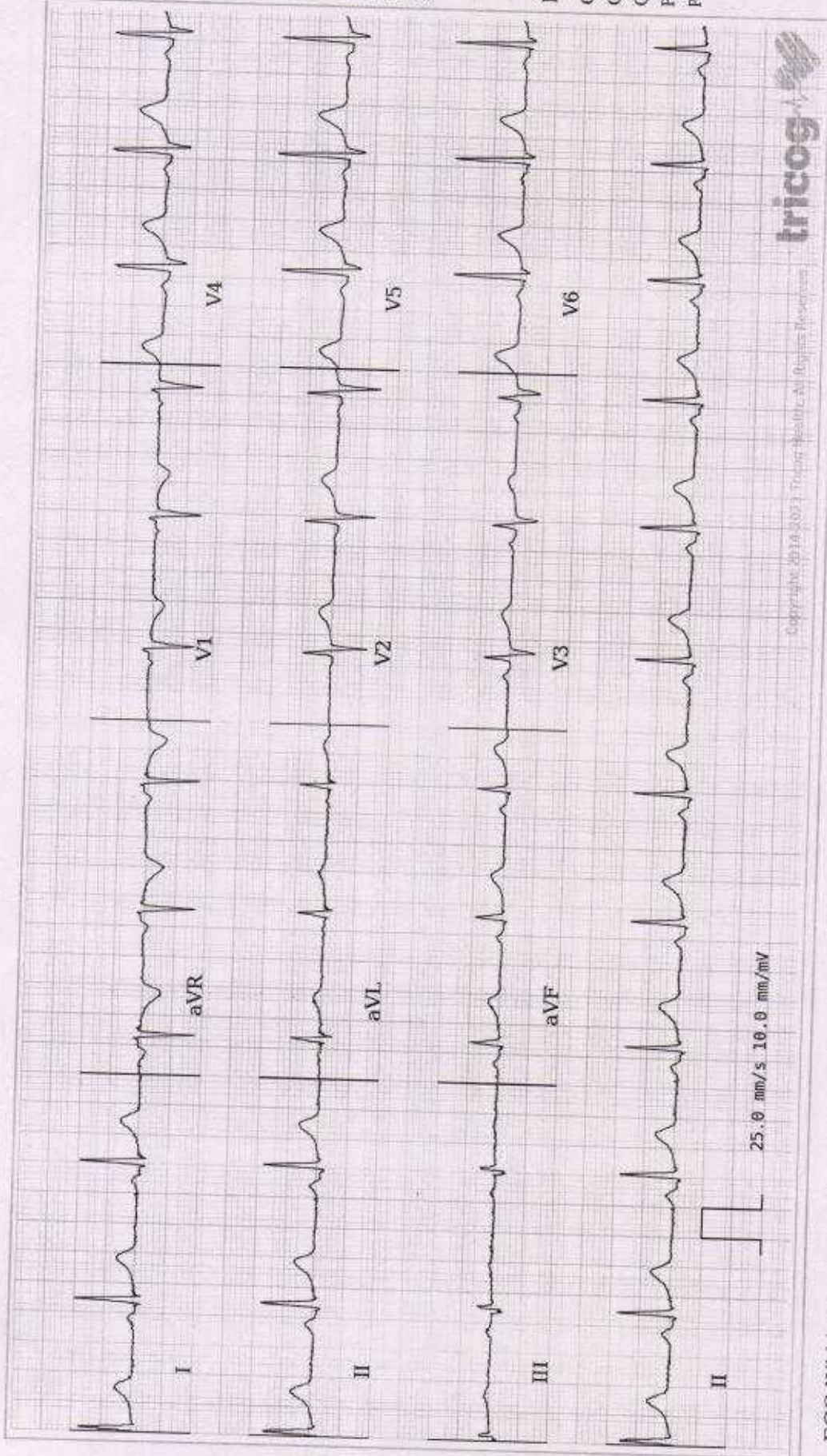
Heart Rate **70bpm**

**Patient Vitals**

BP: NA  
Weight: 77 kg  
Height: 157 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 88ms  
QT: 408ms  
QTc: 440ms  
PR: 140ms  
P-R-T: 48° 34° 41°



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

REPORTED BY

*Sonali*

DR SONALI HONRAO  
MD (General Medicine)  
Physician  
2001/09/1852

Disclaimer: 1) Analysis in this report is based on ECG alone, and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



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Collected : 22-Mar-2023 / 08:53  
Reported : 22-Mar-2023 / 10:48

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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	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Calculated
MCV	83.6	80-100 fl	Measured
MCH	26.2	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	15.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8360	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.1	20-40 %	
Absolute Lymphocytes	2930	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	680	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	4580	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	170	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	435000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	14.1	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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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                                    23                                    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



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Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:53  
Reported : 22-Mar-2023 / 15:59

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**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	127.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	160.9	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 \*\*\*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





CID : 2308108860  
Name : MRS.SHRADDHA NITIN SHINDE  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:53  
Reported : 22-Mar-2023 / 13:02

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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	24.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	133	135-148 mmol/l	ISE
POTASSIUM, Serum	4.9	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	96	98-107 mmol/l	ISE

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

*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**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	7.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	157.1	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 \*\*\*

*M Jain*

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



MC-2111







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Reported : 22-Mar-2023 / 12:15

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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
Reducing Substances	-	Absent

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

*M Jain*

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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	Brownish	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	1+	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	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	4-5	0-5/hpf	
Red Blood Cells / hpf	120-130	0-2/hpf	
Epithelial Cells / hpf	15-20		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	+	Absent	
Bacteria / hpf	+(>20/hpf)	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 CPL, Andheri West

*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
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Collected :  
Reported :

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

<b>PARAMETER</b>	<b>RESULTS</b>
ABO GROUP	O
Rh TYPING	POSITIVE

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 \*\*\*

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	128.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.6	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	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	88.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	64.0	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	24.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	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**



MC-2111



CID : 2308108860  
Name : MRS.SHRADDHA NITIN SHINDE  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	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	1.10	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*

*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**





CID : 2308108860  
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Age / Gender : 37 Years / Female  
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Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:53  
Reported : 22-Mar-2023 / 13:02

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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	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	29.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	<b>46.5</b>	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.1	35-105 U/L	Colorimetric

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

*M Jain*

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

