

Issue Date - 24/02/2012



Bhawana Sinha
DOB : 14/12/1974
Female

जन्तु चरित्र अरु सतत क संतुष्टि अरु मीठी
Asterisk is a proof of identity, not of citizenship.

8111 1174 5148

मेरा आधार, मेरी पहचान

B.S. Sinha

Date:
To,
Subj
Shop
opp. P
Than

Dear

don't

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

nhq

CID No. & Date

: 2334320596 / 9/12/23

Corporate/ TPA/ Insurance Client Name

: Arcofemi Healthcare Limited

Thanking you.



Yours sincerely,

PHYSICAL EXAMINATION REPORT

Patient Name	Bhawana sinha	Sex/Age	Female / 48
Date	09/12/2023	Location	KASARVADAVALI

History and Complaints

EXAMINATION FINDINGS:

Height	171.	Temp (0c):	NORMAL
Weight	85.2	Skin:	NORMAL
Blood Pressure	130/84	Nails:	NORMAL
Pulse	68/min	Lymph Node:	NORMAL

Systems :

Cardiovascular:	NORMAL
Respiratory:	NORMAL
Genitourinary:	NORMAL
GI System:	NORMAL
CNS:	NORMAL

Impression:

1) OVERWEIGHT 2) Hb ↓ ESR ↑ 3) PPT ↑, PPT ↑ 3) S CALCIUM ↑
4) ABNORMAL ECG 5) RENAL CYST BILATERAL ^{Hb also ↑} FATTY LIVER

ADVICE :

TO REDUCE WEIGHT TO MAINTAIN BLOOD SUGAR & BLOOD PRESSURE & TO FOLLOW UP WITH PRIMARY PHYSICIAN & DIABETOLOGIST & CARDIOLOGIST & NEUROLOGIST

Attn: DR. ANAND N. MOTWANI
M.D. (GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

CHIEF COMPLAINTS :

1)	Hypertension:	YES. Since > 20 yrs old
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	Yes. Since > 14 yrs old
5)	Tuberculosis	No
6)	Asthma	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	Yes. Since > 20 yrs old
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptom	No
13)	Blood disease or disorder	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	ASD. 11 years old. Gall Bladder Remove - Sp. for HPT, R. UPPER ARM H/O LSCS



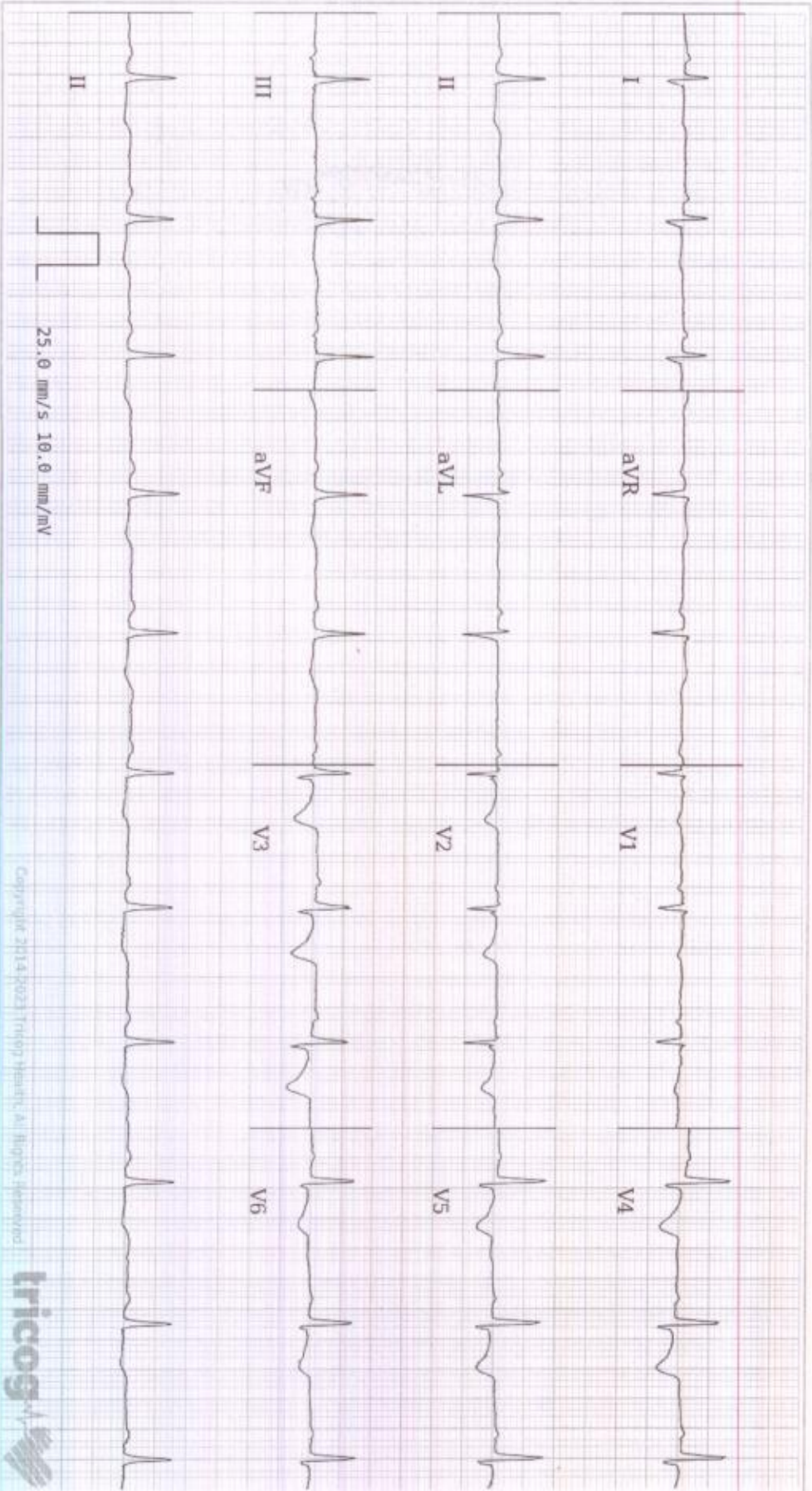
PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	No
4)	Medication	For DM & THYROID & HT

Patient Name: BHAWANA SINHA
Patient ID: 2334320596

SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALLI

Date and Time: 9th Dec 23 9:20 AM



Age 48 NA NA
years months days

Gender Female

Heart Rate 67bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 86ms
QT: 422ms
QTcB: 445ms
PR: 170ms
P-R-T: 37° 90° 207°

Sinus Rhythm. ST & T wave changes in Inferior and Lateral wall leads S/O Inferior and Lateral wall Ischemia. QS pattern with T wave changes in leads VI & V2 S/O ?Anteroseptal wall Infarction. Kindly correlate clinically. Please correlate clinically.

REPORTED BY

Aravind

Dr. Aravind N Mohan
M.D (General Medicine)
Reg No 39320 M.M.C

Disclaimer: 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. All patient results are as entered by the clinician and not derived from the ECG.





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CID : 2334320596
Name : Mrs BHAWANA SINHA
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 09-Dec-2023
Reported : 09-Dec-2023 / 10:03

USG ABDOMEN AND PELVIS

LIVER:

Liver is enlarged in size (17.8 cm) and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER:

Gall bladder is not visualised (post cholecystectomy status)

PORTAL VEIN:

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

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.8 x 4.0 cm. A 2.2 x 2.0 cm sized well circumscribed, anechoic area noted at upper pole in right kidney s/o simple cortical cyst.

Left kidney measures 10.7 x 3.8 cm. A 1.6 x 1.3 cm sized well circumscribed, anechoic area noted at lower pole in left kidney s/o simple cortical cyst.

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 & OVARIES:

Uterus and ovaries appears atrophic (post- menopausal status)

No free fluid or significant lymphadenopathy is seen.

Bowel gas ++

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Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 09-Dec-2023
Reported : 09-Dec-2023 / 10:03

IMPRESSION:

**BILATERAL RENAL SIMPLE CORTICAL CYSTS.
HEPATOMEGALY WITH MILD FATTY LIVER.**

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-----

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 09-Dec-2023
Reported : 09-Dec-2023 / 9:46

X-RAY CHEST PA VIEW

Increased bilateral bronchovascular prominence.

Right humerus post-operative status.

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.

TO BE CORRELATED CLINICALLY.

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

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 1 of 1



CID : 2334320596
Name : MRS.BHAWANA SINHA
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 13:21

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.19	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.1	36-46 %	Measured
MCV	88.5	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	29.5	31.5-34.5 g/dL	Calculated
RDW	18.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7460	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	47.2	20-40 %	
Absolute Lymphocytes	3521.1	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	470.0	200-1000 /cmm	Calculated
Neutrophils	43.5	40-80 %	
Absolute Neutrophils	3245.1	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	223.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	20.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		

Authenticity Check



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 13:30

Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 36 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*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

Authenticity Check



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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 19:39

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	152.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	195.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

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M.D (Path)
Pathologist

CID : 2334320596
Name : MRS.BHAWANA SINHA
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 18:41

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	84	(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	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.0	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	10.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	141	135-148 mmol/l	ISE
POTASSIUM, Serum	5.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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

J. Mujawar

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M.D (Path)
Pathologist

CID : 2334320596
Name : MRS.BHAWANA SINHA
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Consulting Dr. : -
Reg. Location : Thane Kasarvadaivali (Main Centre)



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 15:41

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	8.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	188.6	mg/dl	Calculated

Kindly correlate clinically.

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 G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

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M.D (Path)
Pathologist

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Reg. Location : Thane Kasarvadaivali (Main Centre)



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 18:06

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	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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

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

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Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 14:54

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

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

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Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	120.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.0	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	57.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	63.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	41.0	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	22.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.7	0-3.5 Ratio	Calculated

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

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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Name : MRS.BHAWANA SINHA
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)



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Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 19:39

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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	23.7	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	3.76	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2334320596
Name : MRS. BHAWANA SINHA
Age / Gender : 48 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 09-Dec-2023 / 09:09
Reported : 09-Dec-2023 / 17:58

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.26	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.42	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	21.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	20.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	24.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	92.6	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

Date:

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

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

- 1) Stool - R.
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 2334320596 / 9/12/23
Corporate/ TPA/ Insurance Client Name : Arcofemi Healthcare Limited

Thanking you.



Yours sincerely,

(Mr/Mrs/Ms. Bhawana Sinha)