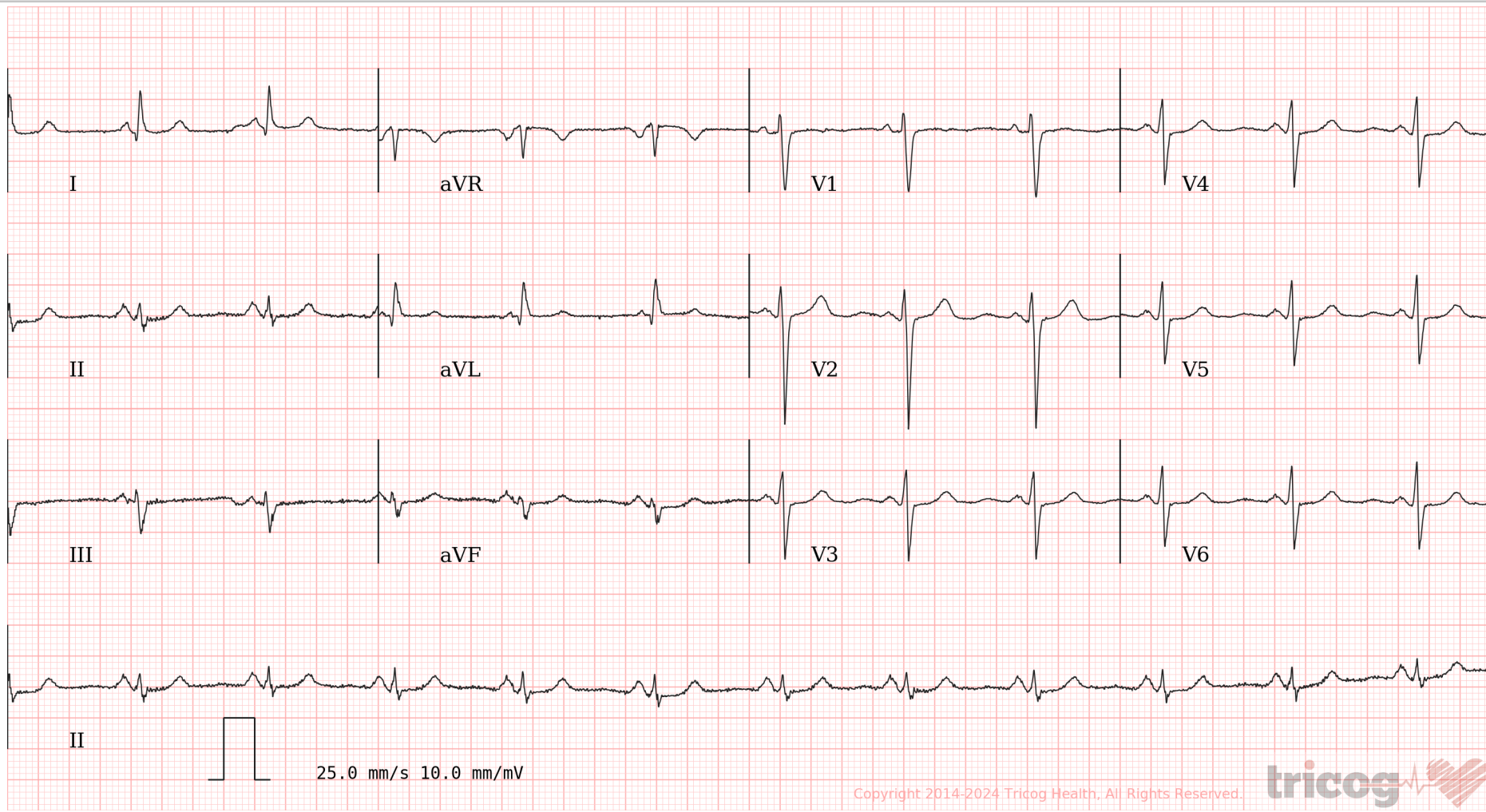


# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: FARZANA CUTLERIWALA  
Patient ID: 2401321588

Date and Time: 13th Jan 24 9:23 AM



Age **52** **NA** **NA**  
years months days

Gender **Female**

Heart Rate **73bpm**

### Patient Vitals

BP: 120/80 mmHg  
Weight: 62 kg  
Height: 153 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 376ms  
QTcB: 414ms  
PR: 124ms  
P-R-T: 58° -10° 39°

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ECG Within Normal Limits: Sinus Rhythm, LAD No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587



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**CID** : 2401321588  
**Name** : Mrs FARZANA CUTLERIWALA  
**Age / Sex** : 52 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre  
**Reg. Date** : 13-Jan-2024  
**Reported** : 13-Jan-2024 / 10:23

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in (12.3 cm) size, shape and shows smooth margins. It shows **bright** parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radical appear normal. The main portal vein appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

### COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

### KIDNEYS:

Right kidney measures 8.5 x 4.0 cm. Left kidney measures 9.5 x 5.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus or mass lesion seen on both sides.

### SPLEEN:

The spleen is normal in size (8.0 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

### URINARY BLADDER:

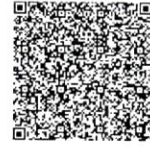
The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

Click here to view images [http://3.111.232.1:9/iRISViewer/NeoradViewer?](http://3.111.232.1:9/iRISViewer/NeoradViewer?Access)  
Access

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Page no 1 of 2



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**CID** : 2401321588  
**Name** : Mrs FARZANA CUTLERIWALA  
**Age / Sex** : 52 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 13-Jan-2024  
**Reported** : 13-Jan-2024 / 10:23

Prevoid vol :- 350 cc

Postvoid vol :- Nil.

**UTERUS AND BOTH OVARIES ARE ATROPHIC:POST MENOPAUSE**

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION:**

- **Grade I Fatty liver.**
- **No significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

*Khilji*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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**CID** : 2401321588  
**Name** : Mrs FARZANA CUTLERIWALA  
**Age / Sex** : 52 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 13-Jan-2024  
**Reported** : 13-Jan-2024/17:57

**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.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**



Use a QR Code Scanner  
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**CID** : 2401321588  
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**Age / Sex** : 52 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 13-Jan-2024  
**Reported** : 13-Jan-2024/17:57



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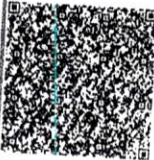


भारत सरकार  
GOVERNMENT OF INDIA



फरजाना मोहम्मद शब्बीर कटलेरीवाला  
Farzana Mohd Shabbir Cutleriwala  
जन्म तारीख / DOB: 24/09/1971  
संज्ञा / FEMALE  
Mobile No.: 9004047450

6460 8771 0273



माझे आधार, माझी ओळख

SUBURBAN DIAGNOSTICS (P) PVT. LTD.  
Shop No. 101/102, Keshavnagar, Mira Road,  
Near Thane Road, Mira Road (East), Mira District, Maharashtra - 401 105  
Phone : 022 - 61700000

Date:- 13/1/24  
 Name:- Farzana Cutleriwala  
 CID: 2401321588  
 Sex / Age: 52/M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO  
 RE      LE  
 N18      N18  
 6/12      6/12

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

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No. 101 to 105, 1st Floor,  
 Kshiti Park, Skyline Wealth Space Building,  
 Near Dmart, Premier Road, Vidyavihar Road,  
 Mira Road (East), District Thane - 401 105  
 Phone : 022 - 61700000

• PATIENT NAME : MRS.FARZANA CUTLERIWALA	• SEX : FEMALE
• REFERRED BY : DR. -----	• AGE : 52 YEARS
• CID NO : 2401321588	• DATE : 13/01/2024

## 2D-Echocardiogram & Doppler Report

### Cardiac Evaluation:

#### DIMENSIONS:

IVSd	10.4	mm
IVSs	13.8	mm
LVIDd	34.0	mm
LVIDs	22.3	mm
LVPWd	9.8	mm
LVPWS	15.0	mm
LVEF	55	%
AO	29.0	mm
LA	31.8	mm
AVC	14.9	mm

#### MORPHOLOGICAL DATA

Mitral Valve	Sclerotic valves
Aortic Valve	Sclerotic valves
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal



**DOPPLER DATA:**

Mitral E velocity	0.53	cm/s	
Mitral A velocity	0.76	cm/s	
Mitral E/A	0.70		
AV max	1.18	cm/s	PG 5.6 mmhg
PV max	0.93	cm/s	PG 3.6 mmhg
TR max	1.89	cm/s	PG 35 mmhg

**IMPRESSION:**

- Sclerotic valves.
- Normal dimensions of all cardiac chambers.
- Good LV systolic Function. LVEF = 55 %.
- No RWMA.
- Grade I LVDD.
- Mild TR, Trivial TR, AR.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 35 mm Hg).

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

*Salam*

**DR. SMITA VALANI**  
**M.B.B.S., D. Cardiology**  
**Reg. No. 2011/03/0587**  
**CONSULTANT CARDIOLOGIST**



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 08:50  
Reported : 13-Jan-2024 / 14:59

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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
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.59	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.4	36-46 %	Measured
MCV	74	80-100 fl	Calculated
MCH	24.1	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	31.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6110	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.0	20-40 %	
Absolute Lymphocytes	1955.2	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	409.4	200-1000 /cmm	Calculated
Neutrophils	57.6	40-80 %	
Absolute Neutrophils	3519.4	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	152.8	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	73.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	362000	150000-400000 /cmm	Elect. Impedance
MPV	7.5	6-11 fl	Calculated
PDW	14.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	++		



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**Name** : MRS.FARZANA CUTLERIWALA  
**Age / Gender** : 52 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

**Collected** : 13-Jan-2024 / 08:50  
**Reported** : 13-Jan-2024 / 12:38

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

Result rechecked  
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      16                      2-30 mm at 1 hr.                      Sedimentation



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Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 08:50  
Reported : 13-Jan-2024 / 14:59

**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 Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**





CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 13-Jan-2024 / 17:23

**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	91.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.0	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 08:50  
Reported : 13-Jan-2024 / 15:29

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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	15.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.48	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

eGFR, Serum	114	(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	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	6.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	1.8	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.9	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	143	136-145 mmol/l	IMT
POTASSIUM, Serum	4.6	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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



*J. Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 13-Jan-2024 / 13:12

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	73.8	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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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

**Dr. JYOT THAKKER..**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 12:29  
Reported : 13-Jan-2024 / 20:36

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<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 (5.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<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	Benedicts

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**





CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 08:50  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

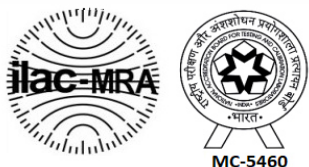
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	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	20-25	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>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 inert

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



*Dr. Leena Salunkhe*  
**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 13-Jan-2024 / 15:13

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



CID : 2401321588  
Name : MRS.FARZANA CUTLERIWALA  
Age / Gender : 52 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	193.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	342.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	38.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	155.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	45.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



*J. Thakker*

**Dr.JYOT THAKKER**  
**M.D. (PATH), DPB**



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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	6.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	7.137	0.55-4.78 microIU/ml mIU/ml	CLIA





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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

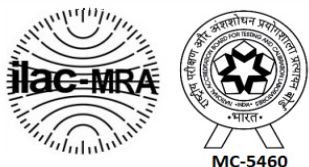
**Limitations:**

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)

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



*Anupa*

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



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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	0.24	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.14	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	18.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	11.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	34.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	106.5	46-116 U/L	Modified IFCC

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