

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|-----------------|----------|-------|
| Patient Name | Mauisha Pradhan | Sex/Age | F/54 |
| Date | 14/9/24 | Location | Thane |

History and Complaints

H/o - CA Breast (2015)
 C/o - DM (12 yrs)
 - Allergic skin Rashes
 (Urticaria)

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|------|
| Height (cms): | 151 | Temp (0c): | NAD. |
| Weight (kg): | 50.3 | Skin: | |
| Blood Pressure | 140/90 | Nails: | |
| Pulse | 76/min | Lymph Node: | |

Systems :

| | |
|-----------------|-------------------------------------|
| Cardiovascular: | NAD Tenderness in Rt. Breast (+) |
| Respiratory: | |
| Genitourinary: | |
| GI System: | |
| CNS: | |

Impression:

Borderline High B/P.
 BSL < F (PP) (CPM) & Sodium
 ↑ HbA1c
 Chest Xray - ↑ B/L
 Post operative. BV Prominence.

- Monitor B.P.

Advice:

- Physician's cons. For DM

| | | |
|-----|--------------------------------------|------------------------------|
| 1) | Hypertension: | - 1 yr. |
| 2) | IHD | Nil |
| 3) | Arrhythmia | Nil |
| 4) | Diabetes Mellitus | - yes. (12 yrs.) |
| 5) | Tuberculosis | |
| 6) | Asthama | |
| 7) | Pulmonary Disease | |
| 8) | Thyroid/ Endocrine disorders | Nil |
| 9) | Nervous disorders | |
| 10) | GI system | H/O - GB stones. |
| 11) | Genital urinary disorder | |
| 12) | Rheumatic joint diseases or symptoms | |
| 13) | Blood disease or disorder | Nil |
| 14) | Cancer/lump growth/cyst | H/O - CA Breast (Lt.) |
| 15) | Congenital disease | |
| 16) | Surgeries | Mastectomy, cholecystectomy. |
| 17) | Musculoskeletal System | Nil |

PERSONAL HISTORY:

| | | |
|----|------------|--------|
| 1) | Alcohol | ⊖ |
| 2) | Smoking | ⊖ |
| 3) | Diet | mixed. |
| 4) | Medication | OHA's |

tab. Allegra
tab. Alaspa
Dr. Manasee Kulkarni
M.B.B.S.

- tab. Cardace
- Tab. Anastrozole

Date:- 14/8/24
 Name:- Mansha Bhandari
 CID: 2425821576
 Sex / Age: F 54

EYE CHECK UP

Chief complaints: *RCU*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *BR 6/18 NV 18/36*

Aided Vision: *BR 6/6 NV 18/46*

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: *use own spectacles*

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

NAME: - Manisha Radhan AGE / SEX :- F/54
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

- MENARCHE :- 12yrs
- PRESENT MENSTRUAL HISTORY :- Post-Menopausal
- PAST MENSTRUAL HISTORY :- Reg.
- OBSTERIC HISTORY :- G₄ P₄ A₃ 1NVD
- PAST HISTORY :- CA Breast (L₊) 2015
- PREVIOUS SURGERIES :- Cholecystectomy
Mastectomy (L₊) 2015
- ALLERGIES :- Nil
- FAMILY HOSTORY :- Mother - CA Breast
Maternal Aunt →

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

DM, HTN, CA Breast,
Anti Allergic Rx.

| (NAD)

PERSONAL HISTORY :-

TEMPERATURE :-

(NAD)

RS :-

| NAD

CVS :-

PULSE / MIN :-

76/min

BP (mm of hg):-

140/90

BREAST EXAMINATION:-

Lt. Breast - Mastectomy
Tenderness in Rt. Breast (+)

PER ABDOMEN :-

PRE VAGINAL:-

| NAD.

RECOMMENDATION :-

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439



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CID : 2425821576
Name : MRS.MANISHA PRADHAN
Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 12:13

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

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| RBC PARAMETERS | | | |
| Haemoglobin | 12.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.05 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 37.1 | 36-46 % | Measured |
| MCV | 73.5 | 80-100 fl | Calculated |
| MCH | 24.1 | 27-32 pg | Calculated |
| MCHC | 32.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.1 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 6050 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND ABSOLUTE COUNTS | | | |
| Lymphocytes | 32.7 | 20-40 % | |
| Absolute Lymphocytes | 1978.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.4 | 2-10 % | |
| Absolute Monocytes | 447.7 | 200-1000 /cmm | Calculated |
| Neutrophils | 54.7 | 40-80 % | |
| Absolute Neutrophils | 3309.3 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.2 | 1-6 % | |
| Absolute Eosinophils | 314.6 | 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.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 348000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.3 | 6-11 fl | Calculated |
| PDW | 9.8 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|------|
| Hypochromia | Mild |
| Microcytosis | Mild |



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Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 10:36

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **36** 2-30 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 ***

Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 11:23
Reported : 14-Sep-2024 / 14:56

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting | 135.8 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP | 228.5 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |

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*** End Of Report ***

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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 15:49

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-------------------|---------|---|------------------|
| BLOOD UREA, Serum | 19.4 | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | 9.1 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.64 | 0.55-1.02 mg/dl | Enzymatic |
| eGFR, Serum | 105 | (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

| | | | |
|-----------------------|-----|----------------|---------------------|
| TOTAL PROTEINS, Serum | 7.4 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.3 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 3.1 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| URIC ACID, Serum | 3.8 | 3.1-7.8 mg/dl | Uricase/ Peroxidase |
| PHOSPHORUS, Serum | 3.5 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 9.8 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 128 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 5.1 | 3.5-5.1 mmol/l | IMT |
| CHLORIDE, Serum | 98 | 98-107 mmol/l | IMT |

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



Namrata Raul
Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 12:01

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 | 6.9 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 151.3 | 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 ***

Dr. Imran Mujawar

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Pathologist



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Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 16:03

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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Transparency | Clear | Clear | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Specific Gravity | 1.025 | 1.010-1.030 | Chemical Indicator |
| Reaction (pH) | Acidic (5.5) | 4.5 - 8.0 | Chemical Indicator |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| (WBC)Pus cells / hpf | 2-3 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 1-2 | 0-5/hpf | |
| Hyaline Casts | Absent | Absent | |
| Pathological cast | Absent | Absent | |
| Calcium oxalate monohydrate crystals | Absent | Absent | |
| Calcium oxalate dihydrate crystals | Absent | Absent | |
| Triple phosphate crystals | Absent | Absent | |
| Uric acid crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 3-4 | 0-20/hpf | |
| Yeast | Absent | Absent | |
| Others | Absent | | |



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Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 16:03

Note:

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

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

Vandana Kulkarni

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 14:27

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 Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin

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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 15:49

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum | 171.2 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 87 | 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 | 47.5 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 123.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 106.3 | 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 | 17.4 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.6 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.2 | 0-3.5 Ratio | Calculated |

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



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Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 14:04

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 | 5.3 | 3.5-6.5 pmol/L | CLIA |
| Free T4, Serum | 16.6 | 11.5-22.7 pmol/L | CLIA |
| sensitiveTSH, Serum | 1.662 | 0.55-4.78 microU/ml | CLIA |



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Reported : 14-Sep-2024 / 14:04

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa Dixit
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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-----------------------------|---------|----------------------|--------------------|
| BILIRUBIN (TOTAL), Serum | 0.60 | 0.3-1.2 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.21 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.39 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.4 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.3 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 3.0 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.4 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 15.3 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 11.9 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 17.8 | <38 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 82.0 | 46-116 U/L | Modified IFCC |

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



Dr. NAMRATA RAUL
M.D (Biochem)
Biochemist



Authenticity Check
Use a QR Code Scanner
Application To Scan the Code

CID : 2425821576
Name : MRS.MANISHA PRADHAN
Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Sep-2024 / 08:41
Reported : 14-Sep-2024 / 12:56

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

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

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

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2425821576
Name : Mrs MANISHA PRADHAN
Age / Sex : 54 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 14-Sep-2024
Reported : 14-Sept-2024 / 11:37

X-RAY CHEST PA VIEW

Post operative status.

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024091408311209>

| | |
|-----------------------------|-------------------|
| Reg. No. : 2425821576 | Sex : FEMALE |
| NAME : MRS. MANISHA PRADHAN | Age : 54 YRS |
| Ref. By : ----- | Date : 14.09.2024 |

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size (12.0 cm) and echotexture. 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: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.1 x 3.5 cm. Left kidney measures 8.2 x 3.8 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (7.3 cm) shape and echotexture. No focal lesion is seen.

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

UTERUS & OVARIES : Uterus and ovaries appears atrophic (post- menopausal status)

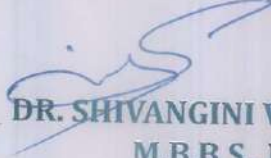
No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS NOTED AT PRESENT SCAN.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

Advice: Clinical co-relation and further imaging evaluation if indicated.


DR. SHIVANGINI V. INGOLE
M.B.B.S., DMRE
(CONSULTANT RADIOLOGIST)
REG NO. 2018/12/6130

| | |
|-----------------------------|------------------|
| REG NO. : 2425821576 | SEX : FEMALE |
| NAME : MRS. MANISHA PRADHAN | AGE : 54 YRS |
| REF BY : ----- | DATE: 14.09.2024 |

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS :

LEFT VENTRICLE :

| | | |
|-------|------|----|
| LVIDD | 38.5 | mm |
| LVIDS | 25.6 | mm |
| LVEF | 62 | % |
| FS | 33 | % |
| IVS | 8.1 | mm |
| PW | 8.5 | mm |

AORTIC VALVE :

| | | |
|------|------|----|
| LADd | 21.8 | mm |
| AODd | 28 | mm |
| ACS | 11.9 | mm |

Pulmonary valve study : Normal

1. RA.RV.LA.LV. Sizes are :Normal
2. Left ventricular contractility : Normal
Regional wall motion abnormality : Absent.
Systolic thickening : Normal
3. Mitral, tricuspid , aortic , pulmonary valves are : Normal
No significant mitral valve prolapse.
4. Great arteries : Aorta and pulmonary artery are : Normal
5. Inter – atrial and inter – ventricular septum are intact normal.
6. Pulmonary veins , IVC , hepatic veins are normal.
7. No pericardial effusion . No intracardiac clots or vegetation.
8. No evidence of pulmonary hypertension.
9. CD/PWd/CWd studies : 1. Normal Flow and gradient across all the valves.
2. No shunt / coarctation.
3. No pulmonary hypertension.

IMPRESSION :

Normal 2D / M- Mode /Doppler study of the heart.



DR. S.C. DEY
M.D, D.M.
(CARDIOLOGIST)