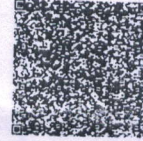




भारत सरकार  
GOVERNMENT OF INDIA



सेहा कुँवर प्रियेश  
Seha Kunwar Priyesh  
जन्म तारीख/DOB: 27/12/1986  
महिला/ FEMALE  
Mobile No: 9768314284



**2870 1537 1685**  
VID : 9162 0695 3867 9137

मेरा आधार, मेरी पहचान

*Seha*  
**Dr. Alka Patnaik**  
M.B.B.S. C.G.O., Nagpur Reg. No.73367  
Dip. Psysextherapy-U.K. Reg. No.OF395  
PGDHM

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

**PHYSICAL EXAMINATION REPORT**

<b>Patient Name</b>	Mrs. Seha Priyesh	<b>Sex/Age</b>	male / 37
<b>Date</b>	23/03/2024	<b>CID</b>	240832692

**History and Complaints**

NO c/c

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	168	<b>Temp (0c):</b>	Normal
<b>Weight (kg):</b>	75	<b>Skin:</b>	Normal
<b>Blood Pressure</b>	130/70	<b>Nails:</b>	Normal.
<b>Pulse</b>	64b	<b>Lymph Node:</b>	NP
<b>BMI</b>	26.6		✓

**Systems :**

<b>Cardiovascular:</b>	S/S Loud no murmur
<b>Respiratory:</b>	ABBS
<b>Genitourinary:</b>	Normal
<b>GI System:</b>	Normal
<b>CNS:</b>	Normal

**Impression:**

All available reports are within normal limit

**Advice:**

Good Health


**CHIEF COMPLAINTS:**

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

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Veg
4)	Medication	NO

SUBURBAN DIAGNOSTIC (I) PVT LTD.  
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Dip. Psysextherapy-U.K. Reg. No.OF395  
PGDHM

Date:- 23/03/2024  
Name:- Mrs. Sneha Priyesh

CID: 2408321692  
Sex / Age: F / 37

**EYE CHECK UP**

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision: Yes

Aided Vision: No

Refraction: without glass

(Right Eye)


(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N/6	—————			N/6

Colour Vision: Normal / Abnormal

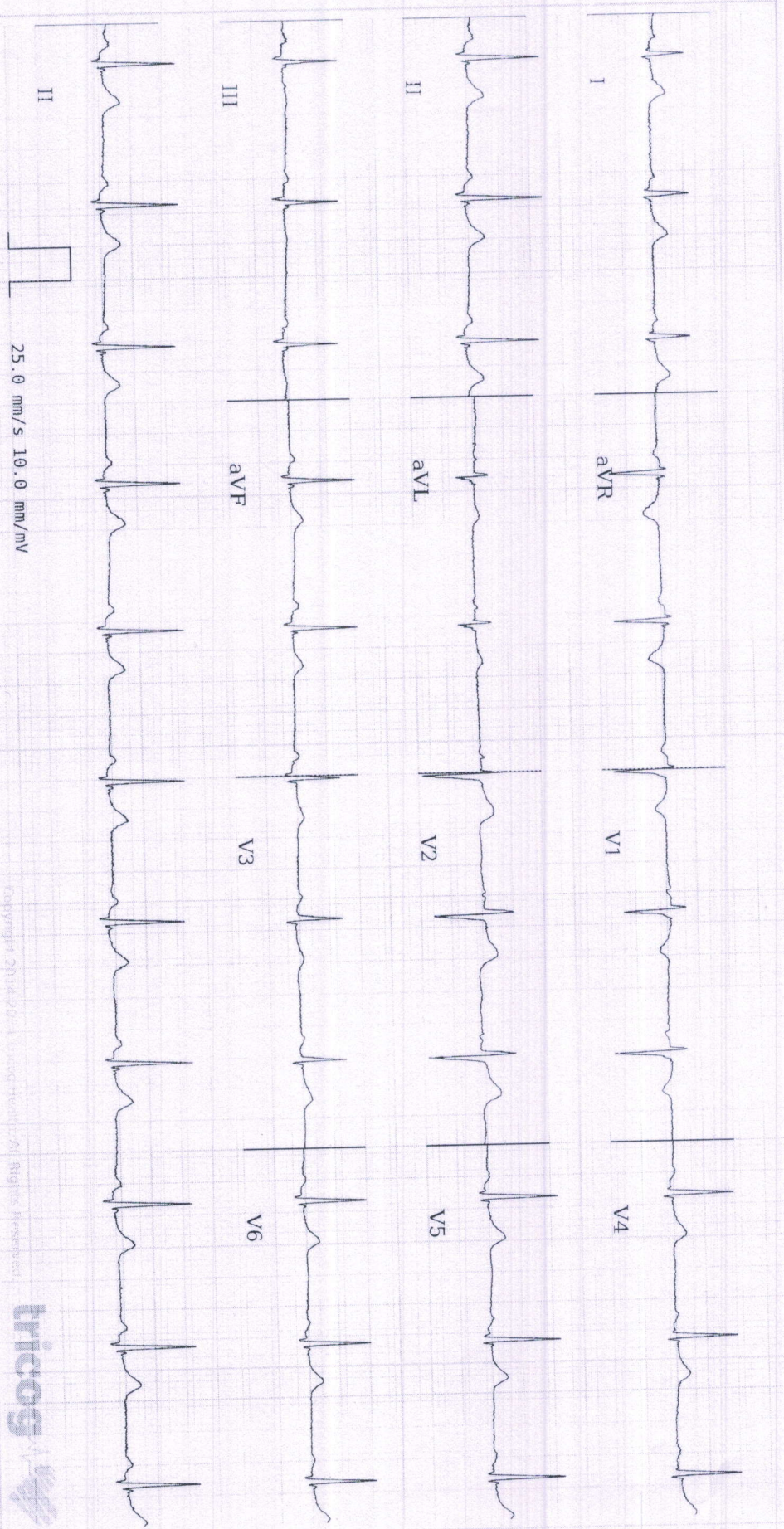
Remark:

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

  
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M.B.B.S. C.G.O., Nagpur Reg. No.73367  
Dip. Psysextherapy-U.K. Reg. No.OF395  
PGDHM

Patient Name: SEHA KUNWAR PRIYESH  
Patient ID: 2408321692

Date and Time: 23rd Mar 24 11:04 AM



Age 37 NA NA  
years months days

Gender Female

Heart Rate 66bpm

Patient Vitals

BP: 130/70 mmHg

Weight: 75 kg

Height: 168 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 84ms  
QT: 378ms  
QTcB: 396ms  
PR: 146ms  
P-R-T: 64° 68° 47°

REPORTED BY

*Dr. Anshu Dasgupta*

Dr. Anshu Dasgupta  
MBBS DNB  
Reg. 2005-02-09-20

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

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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**CID** : 2408321692  
**Name** : Mrs SEHA KUNWAR PRIYESH  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 23-Mar-2024  
**Reported** : 23-Mar-2024 / 12:21

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Application To Scan the Code

**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 Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032309555326>

CID : 2408321692  
Name : Mrs SEHA KUNWAR PRIYESH  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : Vashi Main Centre

Use a QR Code Scanner  
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Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 11:55

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, 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 physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

### PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 8.7 x 3.8 cm.  
Left kidney measures 9.2 x 3.7 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
Gaseous distention of bowel loops is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

Click here to view images <<ImageLink>>

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID : 2408321692  
Name : Mrs SEHA KUNWAR PRIYESH  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : Vashi Main Centre

Use a QR Code Scanner  
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Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 11:55

**UTERUS:**

The uterus is anteverted and appears normal. It measures 8.2 x 4.0 x 5.4 cm in size.  
The endometrial thickness is 7.1 mm.

**OVARIES:**

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.9 x 2.1 cm  
Left ovary = 3.4 x 1.8 cm

**IMPRESSION:-**

**No significant abnormality is seen.**

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



Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

[Click here to view images <<ImageLink>>](#)

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CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 23-Mar-2024 / 13:06  
Reported : 23-Mar-2024 / 16:51

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**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	9.6	12.0-15.0 g/dL	Spectrophotometric
RBC	3.40	3.8-4.8 mil/cmm	Elect. Impedance
PCV	29.1	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6380	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.4	20-40 %	
Absolute Lymphocytes	2003.3	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	389.2	200-1000 /cmm	Calculated
Neutrophils	59.4	40-80 %	
Absolute Neutrophils	3789.7	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	153.1	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	44.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	240000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	22.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 16:58

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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
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 Panvel Lab, Panvel East

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

**Dr. IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 17:29

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	13.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	<b>89</b>	(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



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 23-Mar-2024 / 13:06  
Reported : 23-Mar-2024 / 17:30

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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 18:17

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 17:08

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	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	

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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

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

*Sonia Kher*  
**Dr.SONIA KHER**  
**M.D. (PATH)**  
**Pathologist**



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 19:12

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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 \*\*\*



*Anupa*

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



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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Reported : 23-Mar-2024 / 17:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	120.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.1	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	39.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	70.0	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	10.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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

*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





CID : 2408323137  
 Name : MRS.SEHA KUNWAR PRIYESH  
 Age / Gender : 37 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Vashi (Main Centre)

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 Reported : 23-Mar-2024 / 16:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.5	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	1.19	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



CID : 2408323137  
Name : MRS.SEHA KUNWAR PRIYESH  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

*J. Mujawar*

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**Pathologist**