

CID# : 2408321084
 Name : Mrs Charu pati
 Age / Gender : 60 / F
 Consulting Dr. :-
 Reg. Location : Khar West (Main Centre)
 Collected : 23/3/24
 Reported :

GYNAECOLOGICAL CONSULTATION

PARAMETER

| | | | |
|--|---|-------------------------------|----------------|
| EXAMINATION | | | |
| RS | : | NAD | CVS |
| BREAST EXAMINATION | : | NAD | PER ABDOMEN |
| PER VAGINAL | : | | |
| MENSTRUAL HISTORY LMP : Menopause | | | |
| MENARCHE | : | 14y. | |
| PAST MENSTRUAL HISTORY | : | Regular | |
| OBSTETRIC HISTORY : 2 FTND | | | |
| PERSONAL HISTORY | | | |
| ALLERGIES | : | Allergy to ^{steroid} | BLADDER HABITS |
| BOWEL HABITS | : | Regular | DRUG HISTORY |
| PREVIOUS SURGERIES | : | Nil | |
| FAMILY HISTORY : Nil | | | |
| CHIEF GYNAE COMPLAINTS : Nil | | | |
| RECOMMENDATIONS : USG abd with done, Mammography with done | | | |

*** End Of Report ***

Charu
 Dr. Charu K. Patil
 M.B.B.S.
 Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.
 6th Floor, Gupta House,
 31, S.V. Road, Khar (W), Mumbai - 400 052
 Tel. 26484805 / 26484307

Date:- 23/03/2024

CID: 2408321084

Name:- Mrs. Charmanti Patil

Sex / Age: F / 60y

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V - N48 (Blurred) (Bil) } Blurred
Rt N48 }
Lt N48 }

Aided Vision: D.V - 6/60 (Bil) - Rt 6/60 } Blurred
Lt 6/60 }

N.V - N8 (Bil) - Rt N8

Refraction: D.V - 6/12 (Bil) - Rt 6/12
Lt 6/12

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|------|-----|-----|------|------|
| Distance | --- | --- | --- | 6/12 | --- | --- | --- | 6/12 |
| Near | --- | --- | --- | N8 | --- | --- | --- | N14 |

Colour Vision: Normal / Abnormal

Remark: Need correction of glasses for bifocal vision

Rafat
Dr. Rafat M. Parkar
M.B.B.S.
Regn. No. 072366

DENTAL CHECK - UP

Name:- Mrs. Charu Patil

CID : 2408321084 Sex / Age : F / 60y.

Occupation:- Service

Date: 23/03/2024

Chief complaints:- Nil

Medical / dental history:- h/o denture.

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: (N)

b) Facial Symmetry: (N)

2) Intra Oral Examination:

a) Soft Tissue Examination: (N)

b) Hard Tissue Examination: (N)

c) Calculus: (N)

Stains: (N)

| | | | | | | | | | | | | | | | | | |
|-----------|----|----|----|---------------------------------|----|----|----|----|----|----|----|----|----|----|----|------------------|--|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | | |
| extracted | | | | All permanent Denture implanted | | | | | | | | | | | | Caries extracted | |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | | |

| | | | |
|---|-----------------|-----|----------------------|
| | Missing | # | Fractured |
| ○ | Filled/Restored | RCT | Root Canal Treatment |
| ○ | Cavity/Caries | RP | Root Piece |

Advised: consult dentist in view of caries & extracted teeth.

Provisional Diagnosis:-

Dr. Rafat M. Parkar
Dr. Rafat M. Parkar
M.B.B.S.

Regn. No. 072366

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

| | | | |
|---------------|-------------------------|-----------|-----------------------|
| CID | : 2408321084 | Reg. Date | : 23-Mar-2024 |
| Name | : Mrs PATIL CHARUTA | Reported | : 23-Mar-2024 / 13:34 |
| Age / Sex | : 60 Years/Female | | |
| Ref. Dr | : | | |
| Reg. Location | : Khar West Main Centre | | |

Use a QR Code Scanner
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits. Aortic knuckle calcification is noted.

The domes of diaphragm are normal in position and outlines.

Hyperplastic C7 transverse processes are noted.

Rest of the visualized bony thorax appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Age: **60** years
Sex: **Female**
Height: **NA** cm
Weight: **NA** kg

Heart Rate: **71bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 78 kg

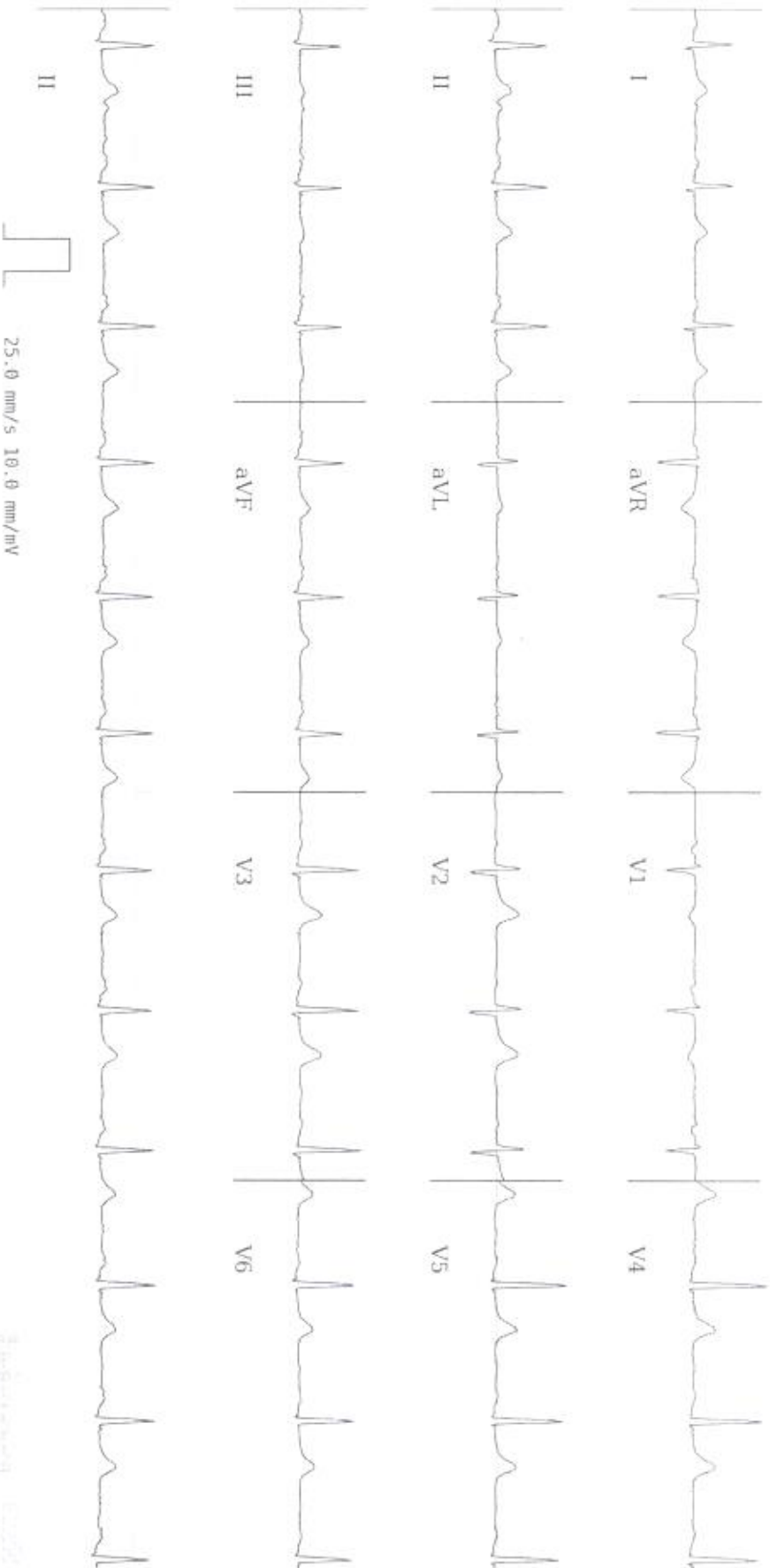
Height: 156 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:



Measurements

QRSD: 74ms
QT: 406ms
QTcB: 441ms
PR: 164ms
P-R-T: 54° 64° 46°

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

REPORTED BY

[Signature]

Dr. Girish Agrawal
MD Medicine
200202478

Printed on: 23/03/2024 10:19 AM. This report is generated by the ECG machine. The ECG machine is calibrated and maintained regularly. The ECG machine is used for the purpose of diagnosis only. The ECG machine is not a substitute for a physician's clinical judgment. The ECG machine is used for the purpose of diagnosis only. The ECG machine is not a substitute for a physician's clinical judgment.



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1104/20549/00224

To,
चारुता चंद्रशेखर पाटील
Charuta Chandrashekhar Patil
W/O: Chandrashekhar Patil
A/401, Mahim Causway Machhimar CHS Ltd
Mahim Causway
Near S V Garden Mahim
Mahim
Mahim Mumbai Mumbai
Maharashtra-400016
9867400482

Ref 3 / 21G / 4303 / 5985 / P



SH047208618FT



आपला आधार क्रमांक / Your Aadhaar No. :

3557 9941 2322

आधार - सामान्य माणसाचा अधिकार

Dr. Parkar
Dr. Ravi M. Parkar
M.B.B.S.
Regn. No. 072366

भारत सरकार

Government of India

चारुता चंद्रशेखर पाटील
Charuta Chandrashekhar Patil
जन्म वर्ष / Year of Birth : 1964
स्त्री / Female



Suburban Diagnostic Pvt. Ltd.
6th Floor, Gupte House,
81, S.V. Road, Khar (W), Mumbai - 400 052
Tel.: 26484850 / 26484807

3557 9941 2322

आधार - सामान्य माणसाचा अधिकार

C.C. Patil
23/3/24

*for Annual
Medical checkup*



CID : 2408321084
Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 23-Mar-2024 / 09:13
Reported : 23-Mar-2024 / 13:54

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

CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|----------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 12.5 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.92 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 39.2 | 36-46 % | Calculated |
| MCV | 79.8 | 81-101 fl | Measured |
| MCH | 25.4 | 27-32 pg | Calculated |
| MCHC | 31.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.5 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5570 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 32.4 | 20-40 % | |
| Absolute Lymphocytes | 1804.7 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.8 | 2-10 % | |
| Absolute Monocytes | 378.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 48.0 | 40-80 % | |
| Absolute Neutrophils | 2673.6 | 2000-7000 /cmm | Calculated |
| Eosinophils | 12.0 | 1-6 % | |
| Absolute Eosinophils | 668.4 | 20-500 /cmm | Calculated |
| Basophils | 0.8 | 0.1-2 % | |
| Absolute Basophils | 44.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 223000 | 150000-410000 /cmm | Elect. Impedance |
| MPV | 9.1 | 6-11 fl | Measured |
| PDW | 15.8 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 23-Mar-2024 / 09:13
Reported : 23-Mar-2024 / 13:18

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| | |
|----------------------|--------------------------|
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | - |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Normocytic, Normochromic |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | Eosinophilia |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 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 SDRL, Vidyavihar Lab

*** End Of Report ***



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



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Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

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Reported : 23-Mar-2024 / 13:00

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD SUGAR REPORT**

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 96.3 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |

*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



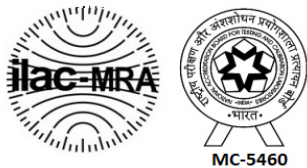
CID : 2408321084
Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 23-Mar-2024 / 09:13
Reported : 23-Mar-2024 / 14:07

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--|---------|---|---------------------|
| BLOOD UREA, Serum | 23.2 | 19.29-49.28 mg/dl | Calculated |
| BUN, Serum | 10.8 | 9.0-23.0 mg/dl | Urease with GLDH |
| CREATININE, Serum | 0.68 | 0.55-1.02 mg/dl | Enzymatic |
| Note: Kindly note in change in reference range w.e.f. 07-09-2023 | | | |
| eGFR, Serum | 100 | (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 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.5 | 1 - 2 | Calculated |
| URIC ACID, Serum | 6.1 | 3.1-7.8 mg/dl | Uricase/ Peroxidase |
| PHOSPHORUS, Serum | 3.6 | 2.4-5.1 mg/dl | Phosphomolybdate |
| CALCIUM, Serum | 9.1 | 8.7-10.4 mg/dl | Arsenazo |
| SODIUM, Serum | 141 | 136-145 mmol/l | IMT |
| POTASSIUM, Serum | 5.0 | 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 ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2408321084
Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

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Reported : 23-Mar-2024 / 15:18

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 | 6.0 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 125.5 | 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Signature

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

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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 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. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2408321084
Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
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Collected : 23-Mar-2024 / 09:13
Reported : 23-Mar-2024 / 14:07

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------------------|
| CHOLESTEROL, Serum | 267.2 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 101.0 | 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 | 63.6 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Elimination/ Catalase |
| NON HDL CHOLESTEROL, Serum | 203.6 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 183.4 | 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 | 20.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.2 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.9 | 0-3.5 Ratio | Calculated |

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------|----------------|--|---------------|
| Free T3, Serum | 4.1 | 3.5-6.5 pmol/L | CLIA |
| Free T4, Serum | 12.5 | 11.5-22.7 pmol/L | CLIA |
| sensitiveTSH, Serum | 2.496 | 0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | 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

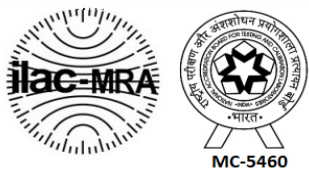
Limitations:

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)

*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 : 2408321084
Name : MRS.CHARUTA PATIL
Age / Gender : 60 Years / Female
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

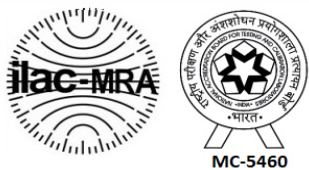
Collected : 23-Mar-2024 / 09:13
Reported : 23-Mar-2024 / 14:07

Use a QR Code Scanner
Application To Scan the Code

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 | 0.47 | 0.2-1.1 mg/dl | Vanadate oxidation |
| BILIRUBIN (DIRECT), Serum | 0.13 | 0-0.3 mg/dl | Vanadate oxidation |
| BILIRUBIN (INDIRECT), Serum | 0.34 | <1.2 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.0 | 5.7-8.2 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.2-4.8 g/dL | BCG |
| GLOBULIN, Serum | 2.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.5 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 22.0 | <34 U/L | Modified IFCC |
| SGPT (ALT), Serum | 25.1 | 10-49 U/L | Modified IFCC |
| GAMMA GT, Serum | 35.4 | <38 U/L | Modified IFCC |
| ALKALINE PHOSPHATASE, Serum | 89.1 | 46-116 U/L | Modified IFCC |

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



Dr. Vrushi Shroff

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Pathologist