



ভারত সরকার
Government of India



সোমা মজুমদার
Soma Majumder
পিতা : গোপাল চন্দ্র দাস
Father : GOPAL CHANDRA DAS
জন্মতারিখ / DOB : 10/12/1972
মহিলা / Female



8885 0521 4740

আধার - সাধারণ মানুষের অধিকার

Soma Majumder
28/3/29

Subscriber Diagnostics (India) Private Limited
100, Park Road, Sector 10, Gurgaon, Haryana, India
122001
www.somadiagnostics.com

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Date:

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

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to inform you that I, Myself Mr/ Mrs/ Ms. Soma Majumdar
don't want to perform the following tests:

- 1) Stool Routine
- 2) TMT
- 3) USG
- 4) Dental chk-up
- 5) Gynae chk-up
- 6) _____

CID No. & Date : 2408809077 / 28.03.24

Corporate/ TPA/ Insurance Client Name : Mediwheel

Thanking you.

Soma Majumdar
Yours sincerely,

(Mr/Mrs/Ms. Soma Majumdar)

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Soma Majumdar	Sex/Age	Female / 51yrs
Date	28.03.24	Location	KASARVADAVALI

History and Complaints

H/O Hypothyroidism since 10yrs.
H/O VITILIGO PIGMENTATION

EXAMINATION FINDINGS:

Height	155	Temp (0c):	Notable
Weight	83	Skin:	Notable
Blood Pressure	140/86	Nails:	Notable
Pulse	72/m	Lymph Node:	Notable

Systems :

Cardiovascular:	Notable
Respiratory:	Notable
Genitourinary:	Notable
GI System:	Notable
CNS:	Notable

Impression:

1) Obesity 2) ESR ↑ 3) Dyslipidemia 4) EFT ↑

ADVICE :

TO Reduce weight, to take low fat diet & to Reduce up with physical

CHIEF COMPLAINTS :

1)	Hypertension:	}	No	
2)	IHD			
3)	Arrhythmia			
4)	Diabetes Mellitus			
5)	Tuberculosis			
6)	Asthma			
7)	Pulmonary Disease			
8)	Thyroid/ Endocrine disorders	}	Hypothyroidism :- 10yrs ↓ Rx	
9)	Nervous disorders			
10)	GI system			
11)	Genital urinary disorder			
12)	Rheumatic joint diseases or symptom		}	No
13)	Blood disease or disorder			
14)	Cancer/lump growth/cyst			
15)	Congenital disease			
16)	Surgeries		Appendectomy in 1988 C-section in 2000	

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

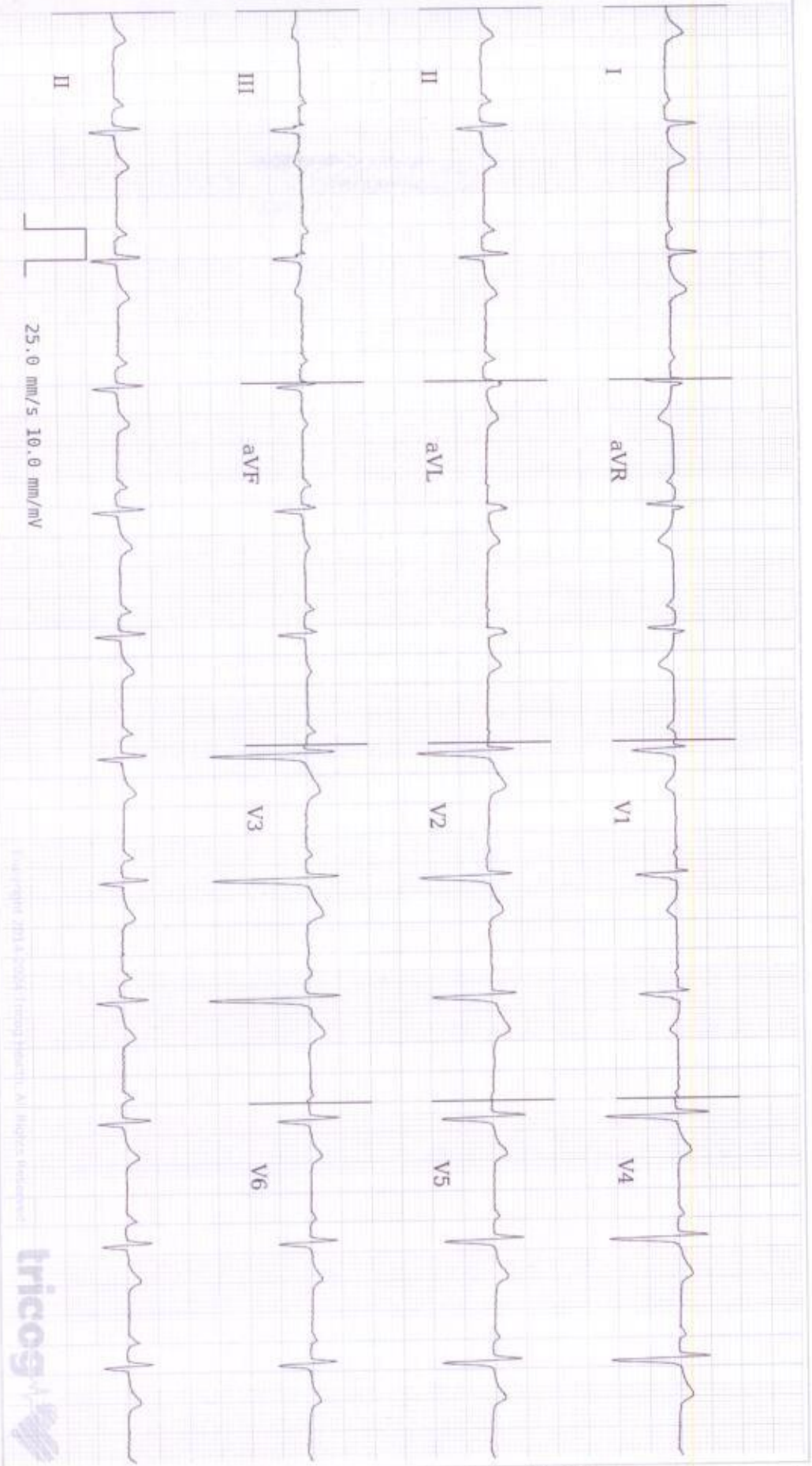


PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Non-Veg.
4)	Medication	HA Tab-Thyronorm 50mcg.

Patient Name: SOMA MAJUMDAR
Patient ID: 2408809077

SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI
Date and Time: 28th Mar 24 8:59 AM



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

Printed on 28/03/2024 10:00 AM. All Rights Reserved.



Age 51 NA
years months

Gender Female

Heart Rate 73bp

Patient Vitals

BP: 140/80 mmHg

Weight: 83 kg

Height: 155 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 368ms

QTcB: 405ms

PR: 164ms

P-R-T: 58° -24° 1

REPORTED BY

Aravind

Dr. Aravind N. Mohan
MD (General Medicine)
Reg No 39329 M.M.C

Disclaimer: 1) Analyses in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other tests and your insurance cover and must be interpreted by a qualified physician. 2) Personal details are not entered by the clinician and not derived from the ECG.



CID : 2408809077
Name : Mrs Soma Majumdar
Age / Sex : 51 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 28-Mar-2024
Reported : 28-Mar-2024 / 10:14

R
E
P
O
R
T

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-----

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032808441669>



CID : 2408809077
Name : MRS.SOMA MAJUMDAR
Age / Gender : 51 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 28-Mar-2024 / 08:46
Reported : 28-Mar-2024 / 13:28

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.39	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.6	36-46 %	Measured
MCV	90.2	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6840	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.2	20-40 %	
Absolute Lymphocytes	1723.7	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	478.8	200-1000 /cmm	Calculated
Neutrophils	65.6	40-80 %	
Absolute Neutrophils	4487.0	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	143.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	193000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	21.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **62** 2-30 mm at 1 hr. Sedimentation

Result Rechecked.

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.



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*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MRS.SOMA MAJUMDAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	133.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

J. Mujawar

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Collected : 28-Mar-2024 / 08:46
Reported : 28-Mar-2024 / 15:50

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	108	(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	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	5.7	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.1	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

*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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

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*** End Of Report ***

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Pathologist



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Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
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	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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>			
Leukocytes(Pus cells)/hpf	0-1	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	2-3	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

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*** End Of Report ***

Vandana Kulkarni

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Collected : 28-Mar-2024 / 08:46
Reported : 28-Mar-2024 / 13:25

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MRS.SOMA MAJUMDAR
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	196.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	130.3	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	32.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	164.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	139.0	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	25.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.3	0-3.5 Ratio	Calculated

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

Vandana Kulkarni

Dr.VANDANA KULKARNI
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CID : 2408809077
 Name : MRS.SOMA MAJUMDAR
 Age / Gender : 51 Years / Female
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	3.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	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	2.49	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



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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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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	11.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.7	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	69.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	121.4	35-105 U/L	PNPP

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

Vandana Kulkarni

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Pathologist