



भारत सरकार
GOVERNMENT OF INDIA



प्रतिक्षा शैलेंद्रा चुरी
Pratiksha Shailendra Churi
जन्य वर्ष / Year of Birth : 1969
स्त्री / Female



7765 0130 9751

आधार - सामान्य माणसाचा अधिकार

Prakash

PHYSICAL EXAMINATION REPORT

Patient Name	Ms. Pratiksha S. Churi	Sex/Age	Female / 54 yrs
Date	29.03.24	Location	KASARVADAVALI

History and Complaints

H/O DM :- 7-8 yrs ↓ Rf

EXAMINATION FINDINGS:

Height	157 cm	Temp (0c):	Notable
Weight	70 kg	Skin:	Notable
Blood Pressure	140/80	Nails:	Notable
Pulse	66/2	Lymph Node:	Notable

Systems :

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

Impression:

1) Overweight 2) PBS ↑ PPS ↑, UGAC ↑ 3) Dyslipidemia 4) Fatty liver

ADVICE :

To reduce weight, to eat low fat & carb diet & to follow up with physician & diabetologist.

CHIEF COMPLAINTS :

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

DR. ANAND N. MOTWANI
M.B. (GENERAL MEDICINE)
Reg. No. 39328 (M.M.C.)

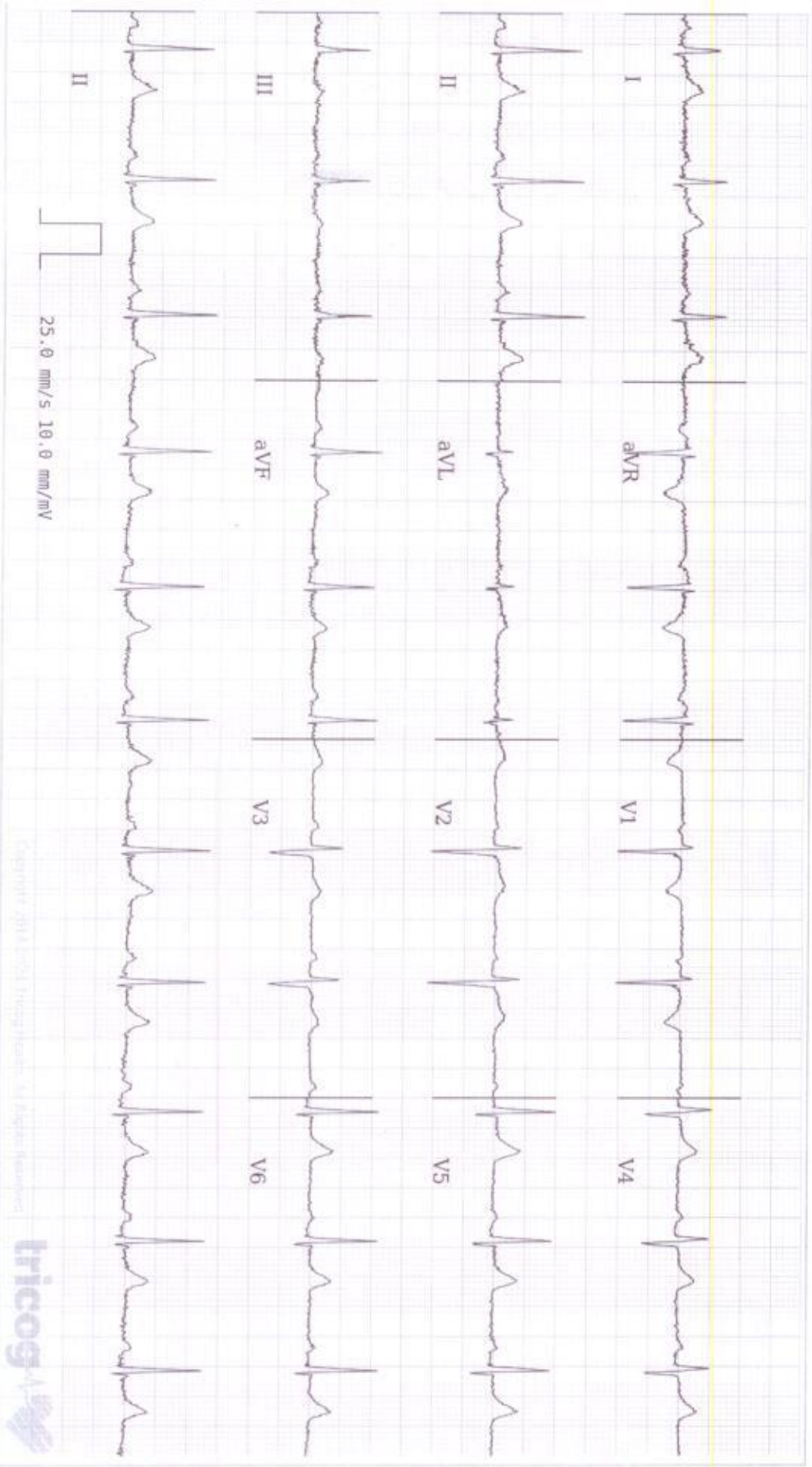


PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed.
4)	Medication	Medicines for Diabetes.

Patient Name: **PRATIKSHA S CHURI**
Patient ID: **2408912656**

Date and Time: **29th Mar 24 9:16 AM**



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Age **54** **NA**
years months

Gender **Female**

Heart Rate **68bpm**

Patient Vitals

BP: **140/80 mmHg**

Weight: **70 kg**

Height: **157 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **76ms**

QT: **396ms**

QTcB: **421ms**

PR: **166ms**

P-R-T: **38° 62° 36°**

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

REPORTED BY

Aravind

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

Disclaimer: This analysis is for informational purposes only and should not be used as a substitute for clinical judgment. Symptoms and results of other tests and non-invasive tests and must be interpreted by a qualified physician. This report is not intended to be used for legal purposes and is not a contract.

Date: 29.03.24

CID: 2408912656

Name: Mrs. Pratiksha Churi

Sex/Age: male / 54yrs.

EYE CHECK UP

Chief Complaints: Nil

Systemic Diseases: Nil

Past History: Nil

Unaided Vision: Rt Nil

Aided Vision: Rt - 6/6, MG
Lt - 6/6, MG

Refraction: -

Colour Vision: Normal

Remarks: -

CID No. : 2408912656	Sex : FEMALE
Name : MS. PRATIKSHA CHURI	Age : 54YRS
Ref. By : -----	Date : 29.03.2024

2D ECHOCARDIOGRAPHY

M – MODE FINDINGS :

LVIDD	38	mm
LVIDS	20	mm
LVEF	60	%
IVS	9	mm
PW	5	mm
AO	14	mm
LA	27	mm

2D ECHO:

- All cardiac chambers are normal in size.
- Left ventricular contractility : Normal.
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal.
- Inter – arterial and inter – ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

COLOR DOPPLER:

- Mitral valve doppler – E- 1.2 m/s, A - 0.8 m/s.
- Mild TR. Mild PAH RVSP 30 MMHG
- No aortic / mitral regurgitation. Aortic velocity 1.5 m/s, PG 9.7 mmHg
- No significant gradient across aortic valve.
- NO diastolic dysfunction.

IMPRESSION :

- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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



DR. YOGESH KHARCHE
DNB (MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Authenticity Check



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CID : 2408912656
Name : Ms Pratiksha S Churi
Age / Sex : 54 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 10:16

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size (18.6 cm) and shows mild fatty infiltrations. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.8 x 3.8 cm. Left kidney measures 10.3 x 4.5 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, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is 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. **Bowel gas ++**

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 Age / Sex : 54 Years/Female
 Ref. Dr :
 Reg. Location : Thane Kasarvadavali Main Centre
 Reg. Date : 29-Mar-2024
 Reported : 29-Mar-2024 / 10:16

IMPRESSION:**HEPATOMEGALY WITH MILD FATTY LIVER.**

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.

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

G. R. Fartade

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

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CID : 2408912656
Name : Ms Pratiksha S Churi
Age / Sex : 54 Years/Female
Ref. Dr :
Reg. Date : 29-Mar-2024
Reg. Location : Thane Kasarvadavali Main Centre
Reported : 29-Mar-2024 / 12:54

R
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X-RAY CHEST PA VIEW

Mild haziness noted in left lower zone.

Cardiomegaly noted.

Both costo-phrenic angles are clear.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Kindly correlate clinically and suggest further evaluation.

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

G. R. Fartade

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

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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,

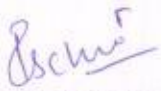
This is to inform you that I, Myself Mr/ Mrs/ Ms. Pratiksha churi
don't want to performed the following tests:

- 1) Stool
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

CID No. & Date : 24089125656 / 29.03.24

Corporate/ TPA/ Insurance Client Name : Mediwheel

Thanking you.



Yours sincerely,

(Mr/Ms/Ms. Mrs. Pratiksha churi)



CID : 2408912656
Name : MS.PRATIKSHA S CHURI
Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 29-Mar-2024 / 11:31

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.2	36-46 %	Measured
MCV	82.7	80-100 fl	Calculated
MCH	25.2	27-32 pg	Calculated
MCHC	30.5	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7690	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	44.7	20-40 %	
Absolute Lymphocytes	3437.4	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	361.4	200-1000 /cmm	Calculated
Neutrophils	46.9	40-80 %	
Absolute Neutrophils	3606.6	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	276.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	272000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	12.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 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
M.D (Path)
Pathologist



CID : 2408912656
Name : MS.PRATIKSHA S CHURI
Age / Gender : 54 Years / Female
Consulting Dr. : -
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	171.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	251.4	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

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



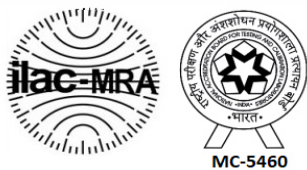
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Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 29-Mar-2024 / 15:53

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	18.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.58	0.55-1.02 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	107	(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	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	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	3.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.7	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	137	136-145 mmol/l	IMT
POTASSIUM, Serum	4.9	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	103	98-107 mmol/l	IMT

*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 : 2408912656
Name : MS.PRATIKSHA S CHURI
Age / Gender : 54 Years / Female
Consulting Dr. : -
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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	8.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	208.7	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 ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2408912656
Name : MS.PRATIKSHA S CHURI
Age / Gender : 54 Years / Female
Consulting Dr. : -
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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	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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

*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 : Thane Kasarvadavali (Main Centre)

Collected : 29-Mar-2024 / 08:15
Reported : 29-Mar-2024 / 13:36

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 ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2408912656
Name : MS.PRATIKSHA S CHURI
Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	199.8	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	42.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	156.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	115.8	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	40.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	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



CID : 2408912656
 Name : MS.PRATIKSHA S CHURI
 Age / Gender : 54 Years / Female
 Consulting Dr. : -
 Reg. Location : Thane Kasarvadavali (Main Centre)

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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	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.649	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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Age / Gender : 54 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.42	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.28	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	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	14.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	24.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	114.1	46-116 U/L	Modified IFCC

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



Anupa

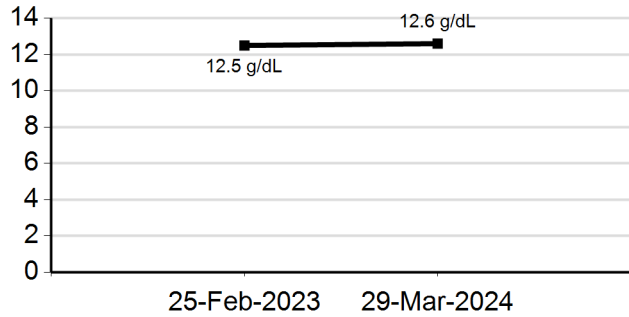
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



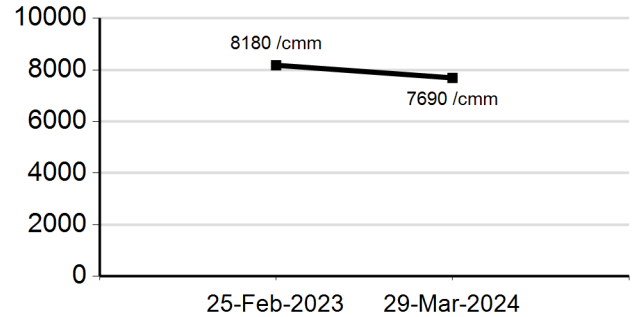
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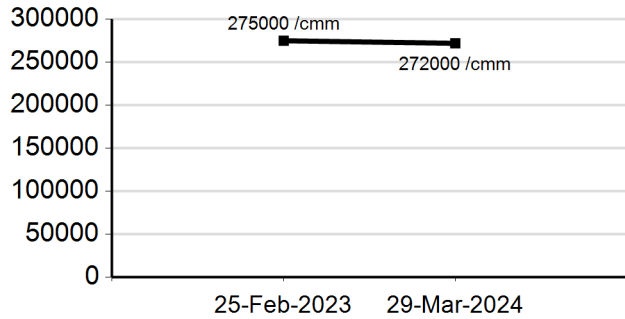
Haemoglobin



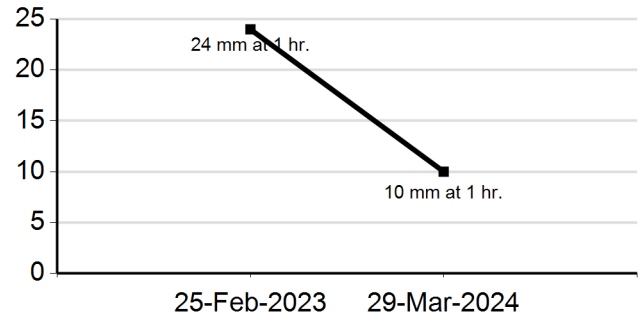
WBC Total Count



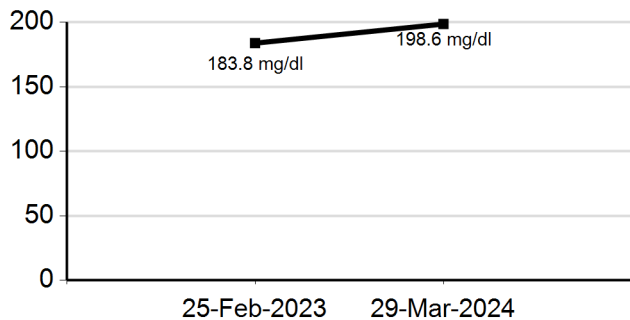
Platelet Count



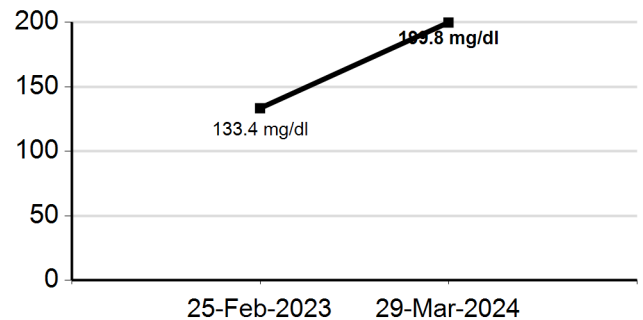
ESR



CHOLESTEROL



TRIGLYCERIDES

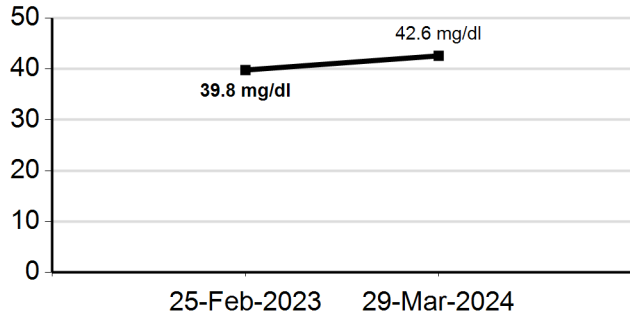




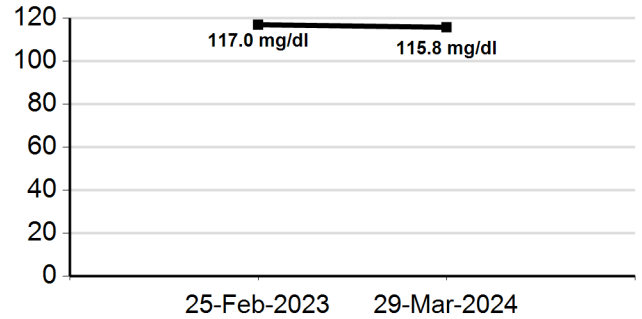
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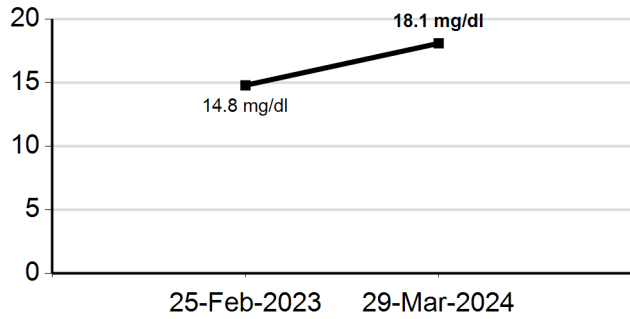
HDL CHOLESTEROL



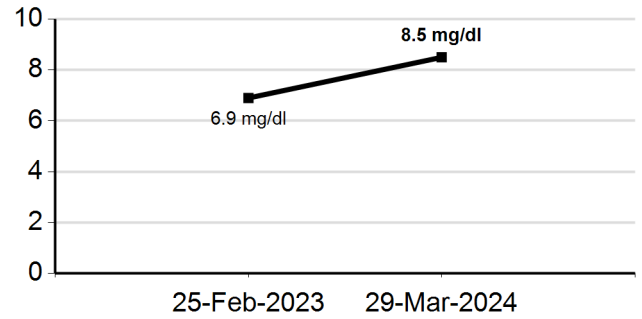
LDL CHOLESTEROL



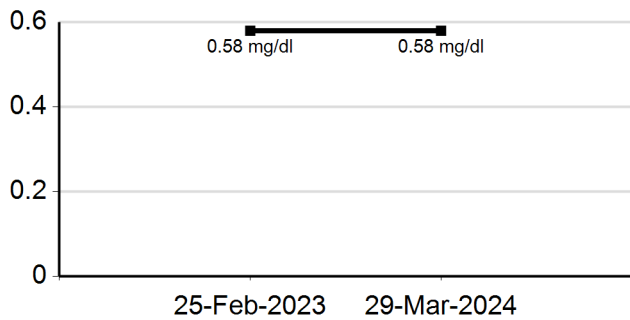
BLOOD UREA



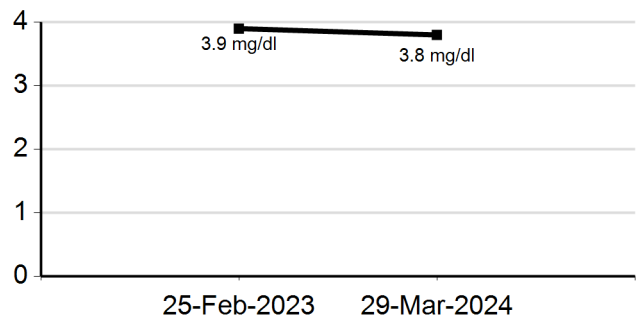
BUN



CREATININE



URIC ACID

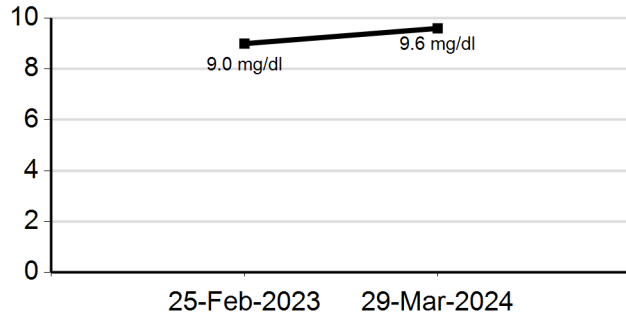




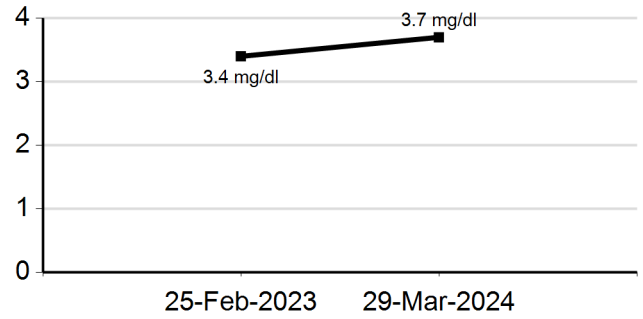
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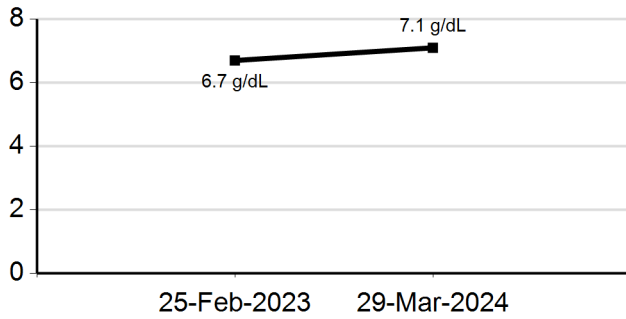
CALCIUM



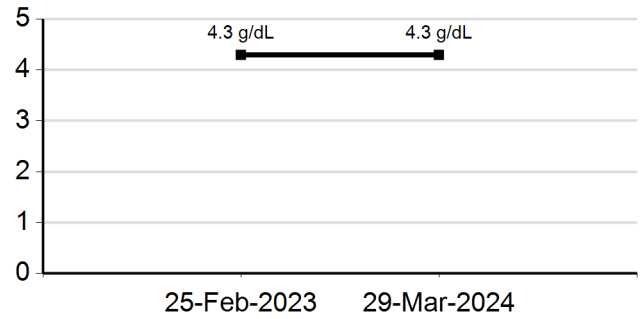
PHOSPHORUS



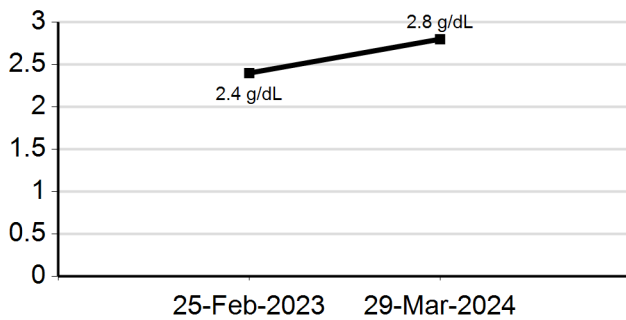
TOTAL PROTEINS



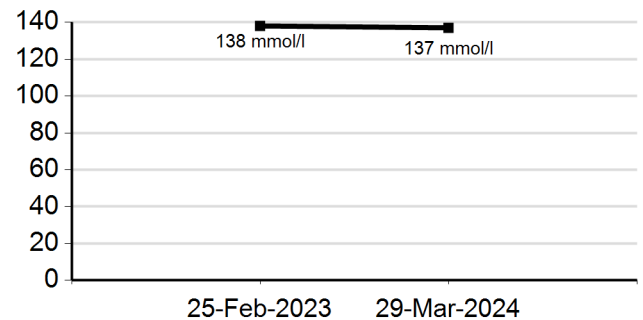
ALBUMIN



GLOBULIN



SODIUM

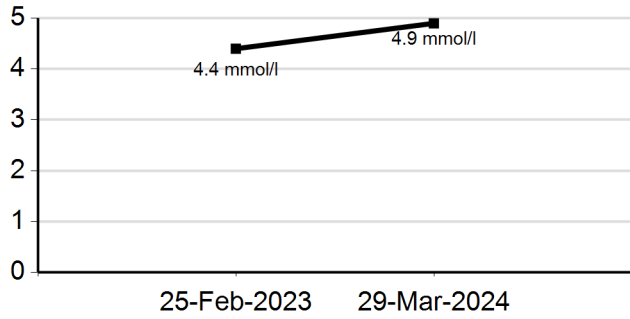




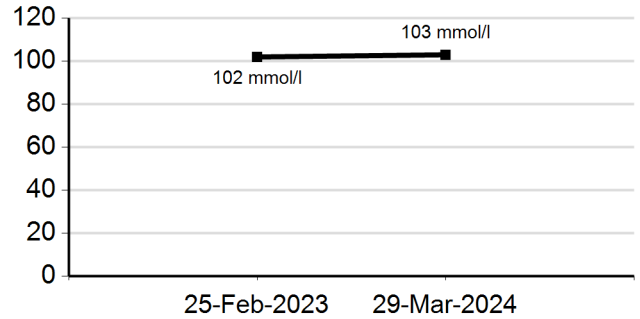
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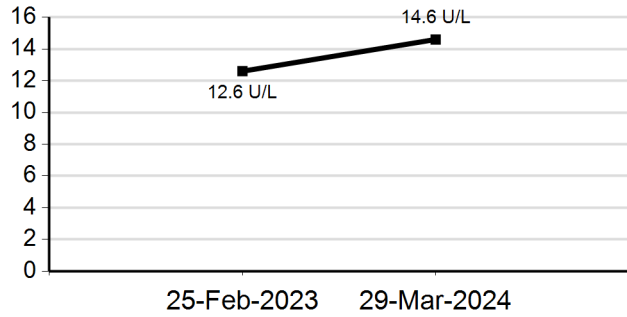
POTASSIUM



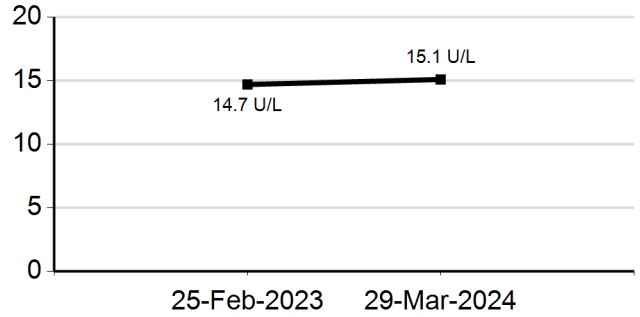
CHLORIDE



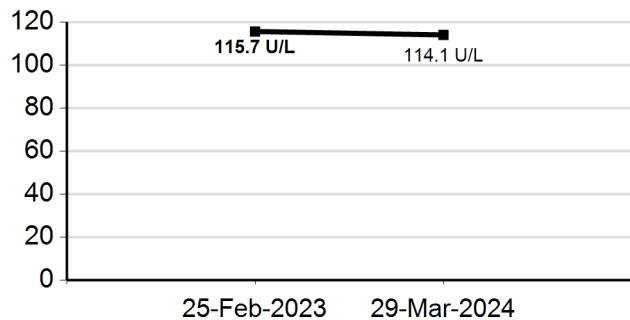
SGOT (AST)



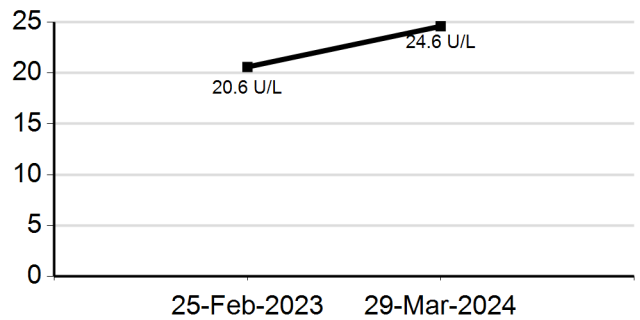
SGPT (ALT)



ALKALINE PHOSPHATASE



GAMMA GT

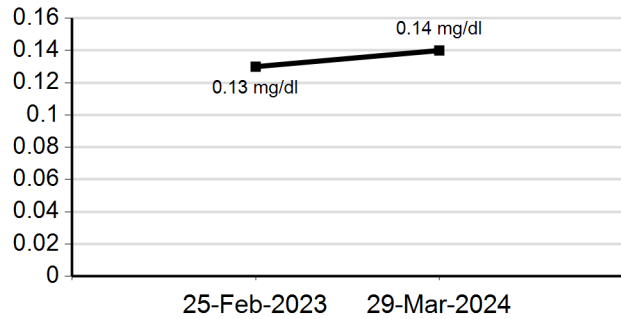




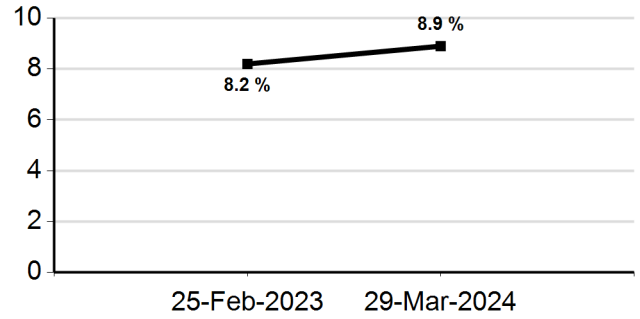
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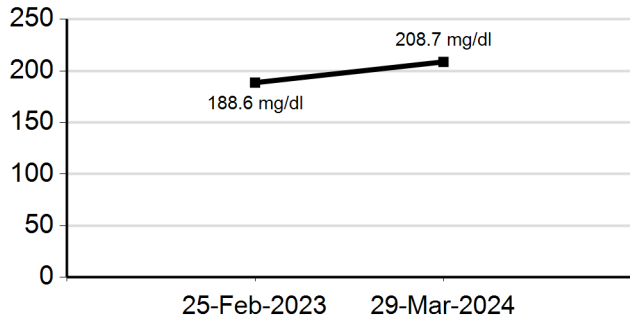
BILIRUBIN (DIRECT)



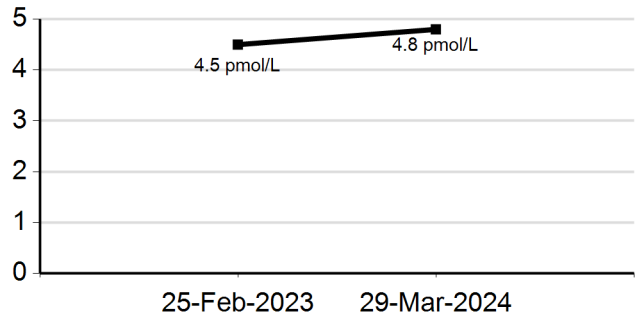
Glycosylated Hemoglobin (HbA1c)



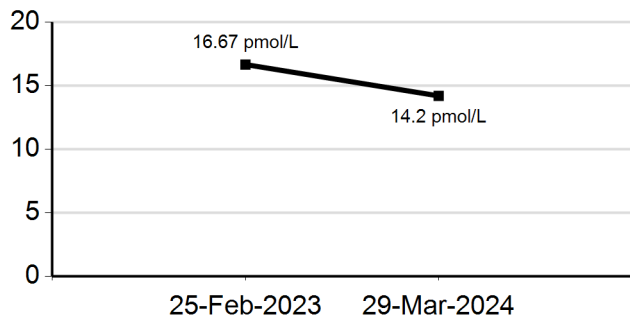
Estimated Average Glucose (eAG)



Free T3



Free T4



sensitiveTSH

