

Name : MRS. ROSY SITARAM SHETTY

Age / Gender : 62 Years/Female

Consulting Dr. :

Reg. Location : Andheri West (Main Centre)

Collected : 17-May-2024 / 08:23

Reported : 18-May-2024 / 12:57

**PHYSICAL EXAMINATION REPORT****History and Complaints:**

K/C/O Hypothyroidism on medication since 15 years

**EXAMINATION FINDINGS:**

Height (cms): 160 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg): 170/110 mm of Hg

Pulse: 72/min

Weight (kg): 80 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

**Systems**

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver &amp; Spleen not palpable

CNS: NAD

**IMPRESSION:** FBS - 133 mg%, Uric acid - 6.2, Sr.cretinine- 1.02, HbA1c- 7.4 %, Highly Abnormal lipid profile, TSH - 39.76, T4- 9.8.**ADVICE:** Follow up with family physician with all reports,  
Lifestyle modification, Follow up mammography after 1 year.**CHIEF COMPLAINTS:**

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No
- 4) Diabetes Mellitus: No
- 5) Tuberculosis: No

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- |  |                    |
|--|--------------------|
| 6) Asthama                               | No                 |
| 7) Pulmonary Disease                     | No                 |
| 8) Thyroid/ Endocrine disorders          | Yes, on medication |
| 9) Nervous disorders                     | No                 |
| 10) GI system                            | No                 |
| 11) Genital urinary disorder             | No                 |
| 12) Rheumatic joint diseases or symptoms | No                 |
| 13) Blood disease or disorder            | No                 |
| 14) Cancer/lump growth/cyst              | No                 |
| 15) Congenital disease                   | No                 |
| 16) Surgeries                            | No                 |
| 17) Musculoskeletal System               | No                 |

**PERSONAL HISTORY:**

- |               |                                   |
|---------------|-----------------------------------|
| 1) Alcohol    | No                                |
| 2) Smoking    | No                                |
| 3) Diet       | Veg                               |
| 4) Medication | Tab. Eitroxin 100 mcg on alt days |

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

  
Dr. Sharmila Kothari

Regn Date :

DATE: 17.5.24

NAME: Rosy Shetty

Age / Sex : 62/F

**GYNAECOLOGICAL EXAMINATION REPORT**

EXAMINATION :			
RS.	:	AECB, No added sounds	CVS : S S <sub>2</sub> (N) No murmurs
BREAST EXAMINATION	:	NAD	PER ABDOMEN : Soft LoSoke
PER VAGINAL	:	NAD	

MENSTRUAL HISTORY :			
MEMORABLE MENARCHE	:	At 14 yrs of age	PAST MENSTRUAL HISTORY : 3-4 days / 28 days

OBSTETRIC HISTORY	
G, P, L A 0	

PERSONAL HISTORY :			
ALLERGIES	:	Nil.	BLADDER HABITS : Regular
BOWEL HABITS	:	Regular	DRUG HISTORY : Tab Elixacin 100mg (OD)
PREVIOUS SURGERIES	:	Nil	

FAMILY HISTORY :	
-	

CHIEF GYNAE COMPLAINTS :	
Nil.	

RECOMMENDATIONS :	
Nil	

Date:-

Name:-

CID:

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Nil

Unaided Vision:

Aided Vision:

Refraction:

	(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: vision Normal.



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Reported : 17-May-2024 / 12:34

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.04	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Calculated
MCV	89.4	80-100 fl	Measured
MCH	30.6	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5610	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	26.0	20-40 %	
Absolute Lymphocytes	1450	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	340	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	3630	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	170	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	233000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	15.4	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 17-May-2024 / 10:50

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 46 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
- Brigiden 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 CPL, Andheri West.

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



*J. Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB  
Pathologist & AVP (Medical Services)



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Reg. Location : Andheri West (Main Centre)

Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 16:08

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	133.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	192.4	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	

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Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 13:02

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	25.7	17.1-49.3 mg/dl	Kinetic
BUN, Serum	12.0	8-23 mg/dl	Calculated
CREATININE, Serum	1.02	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	62	(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	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
URIC ACID, Serum	6.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.8	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.8-10.2 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	5.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100	98-107 mmol/l	ISE

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



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Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 12:27

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	165.7	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)

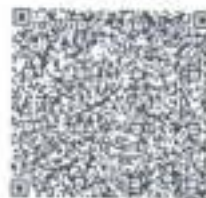
**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 14:26

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	5-8	pH Indicator
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOO-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>MICROSCOPIC EXAMINATION</b>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	0-20/hpf	
Others	-		

Kindly rule out contamination.

Authenticity Check



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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+ = 300 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 insert

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Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 12:42

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

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	POSITIVE

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

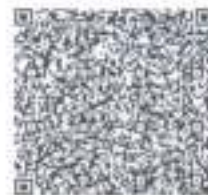
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012, F.A. Davis company, Philadelphia
2. AABB technical manual

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Collected : 17-May-2024 / 08:38  
Reported : 17-May-2024 / 18:34

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	354.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	376.3	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	40.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	314.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	248.6	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	65.4	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	8.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	6.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	2.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	9.8	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	39.76	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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 200%. **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'Kouloun 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 6th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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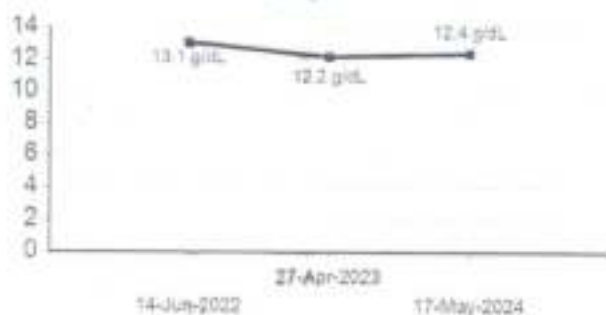
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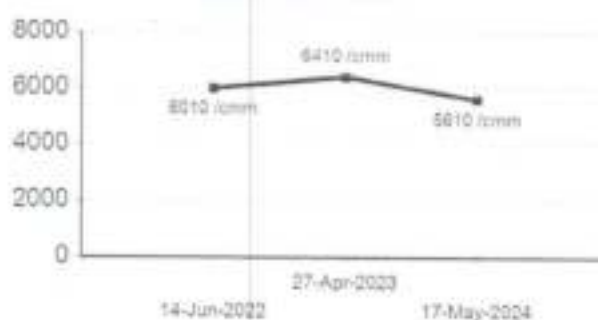


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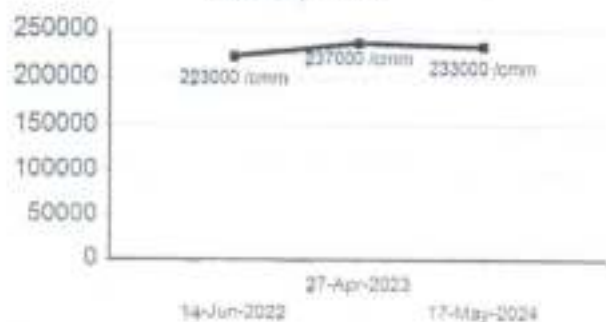
**Haemoglobin**



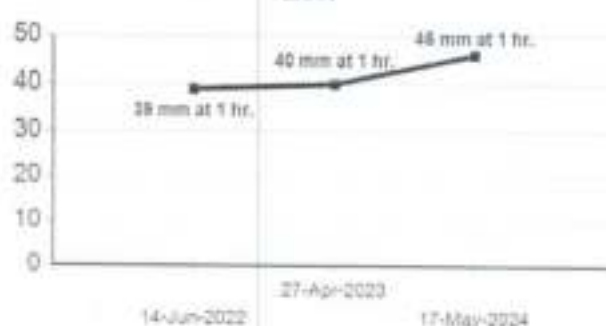
**WBC Total Count**



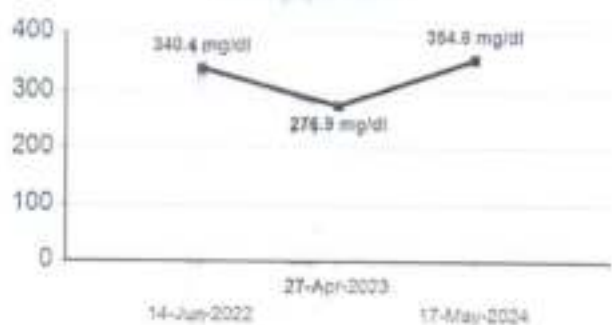
**Platelet Count**



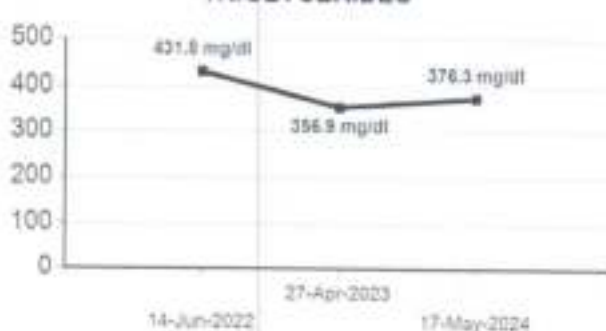
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

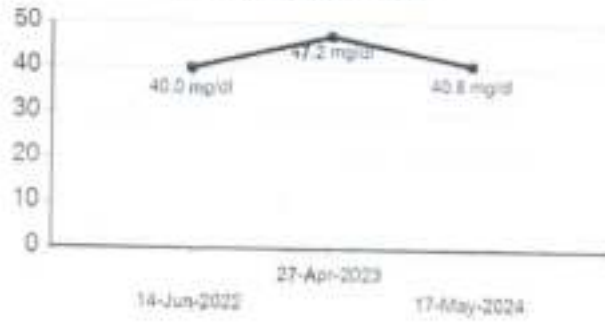






CID : 2413814189  
Name : MRS. ROSY SITARAM SHETTY  
Age / Gender : 62 Years / Female  
Consulting Dr. : -  
Reg. Location : Andheri West (Main Centre)

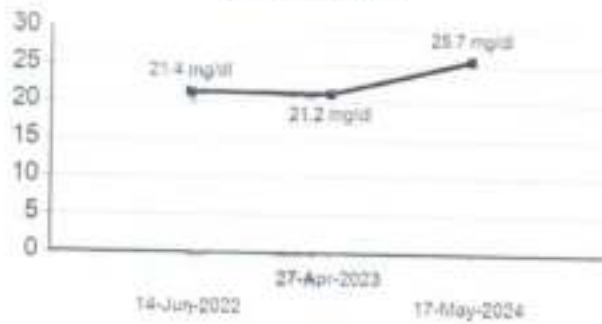
**HDL CHOLESTEROL**



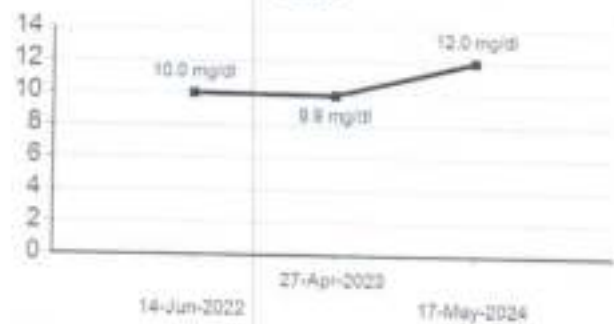
**LDL CHOLESTEROL**



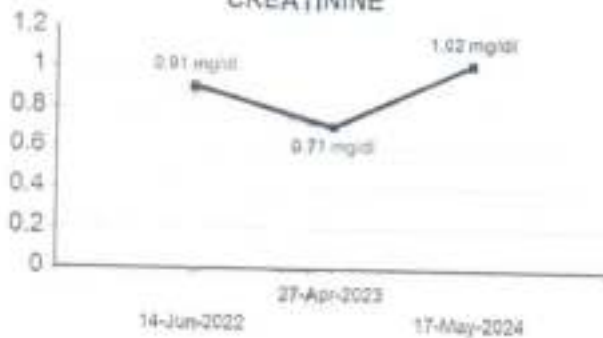
**BLOOD UREA**



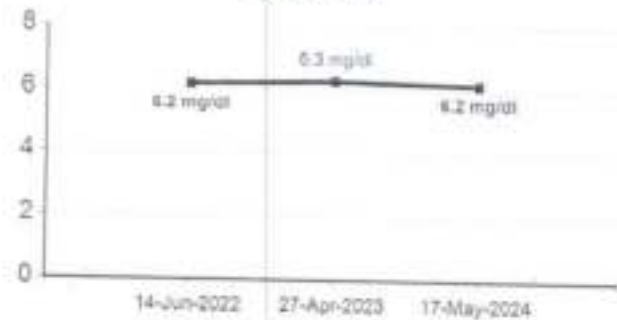
**BUN**



**CREATININE**



**URIC ACID**



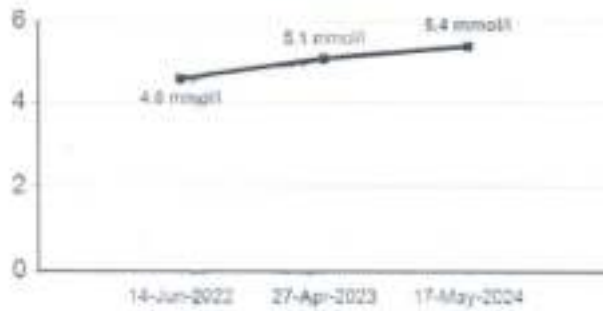
Authenticity Check



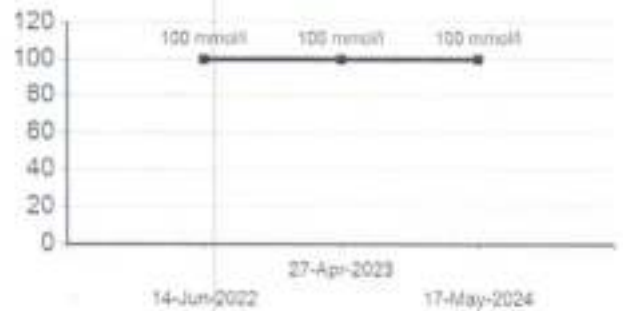
Use a QR Code Scanner Application To Scan the Code

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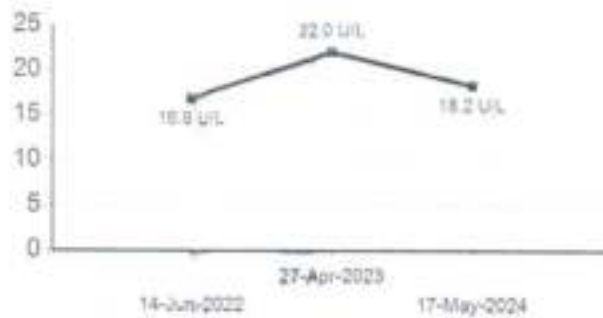
**POTASSIUM**



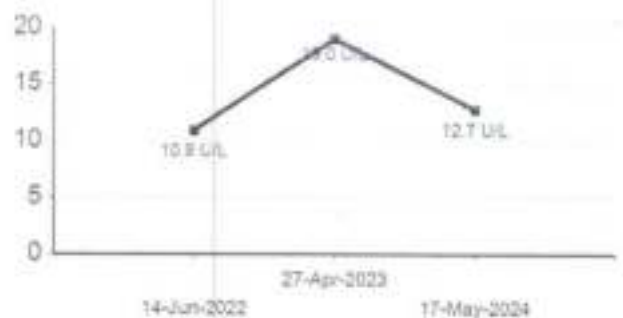
**CHLORIDE**



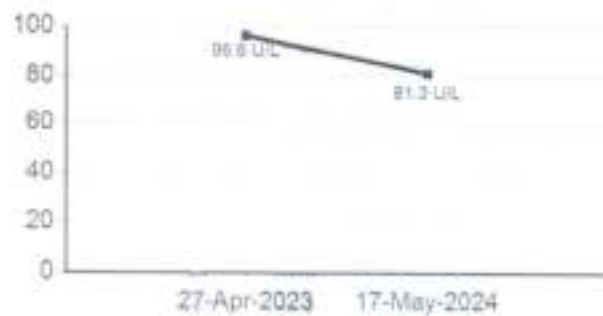
**SGOT (AST)**



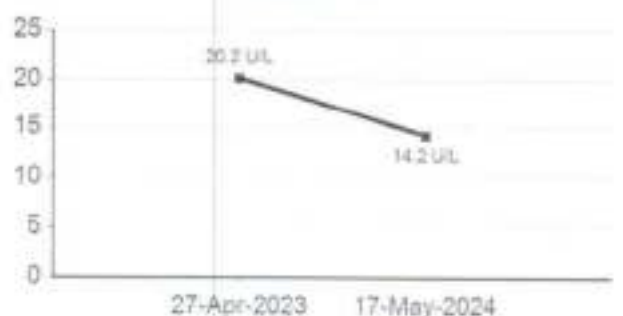
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

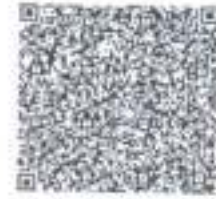


**GAMMA GT**



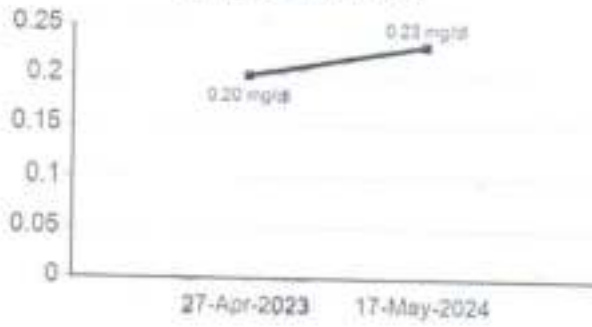
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Authenticity Check

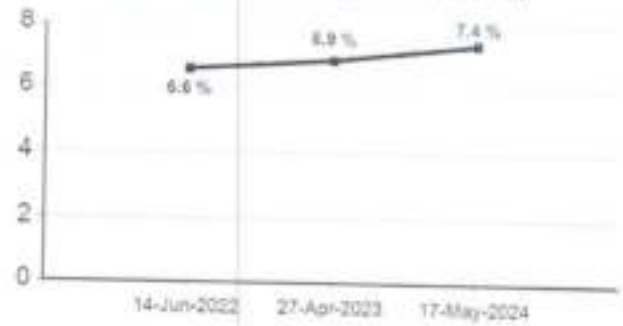


Use a QR Code Scanner Application To Scan the Code

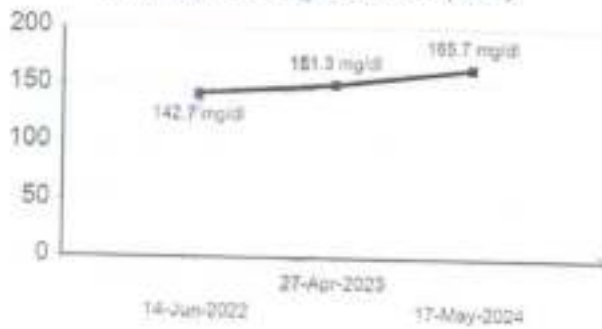
**BILIRUBIN (DIRECT)**



**Glycosylated Hemoglobin (HbA1c)**



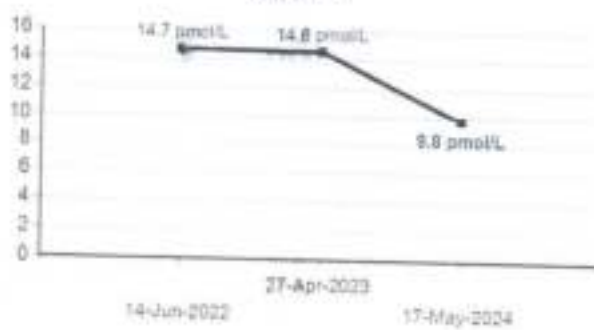
**Estimated Average Glucose (eAG)**



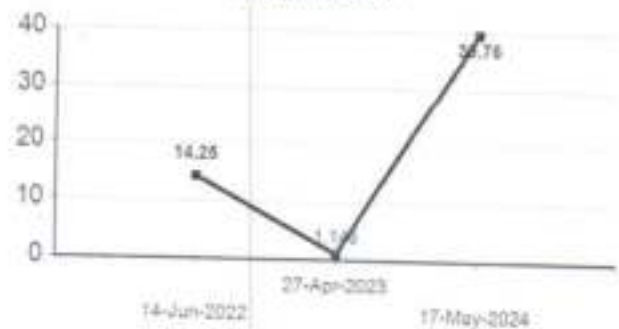
**Free T3**



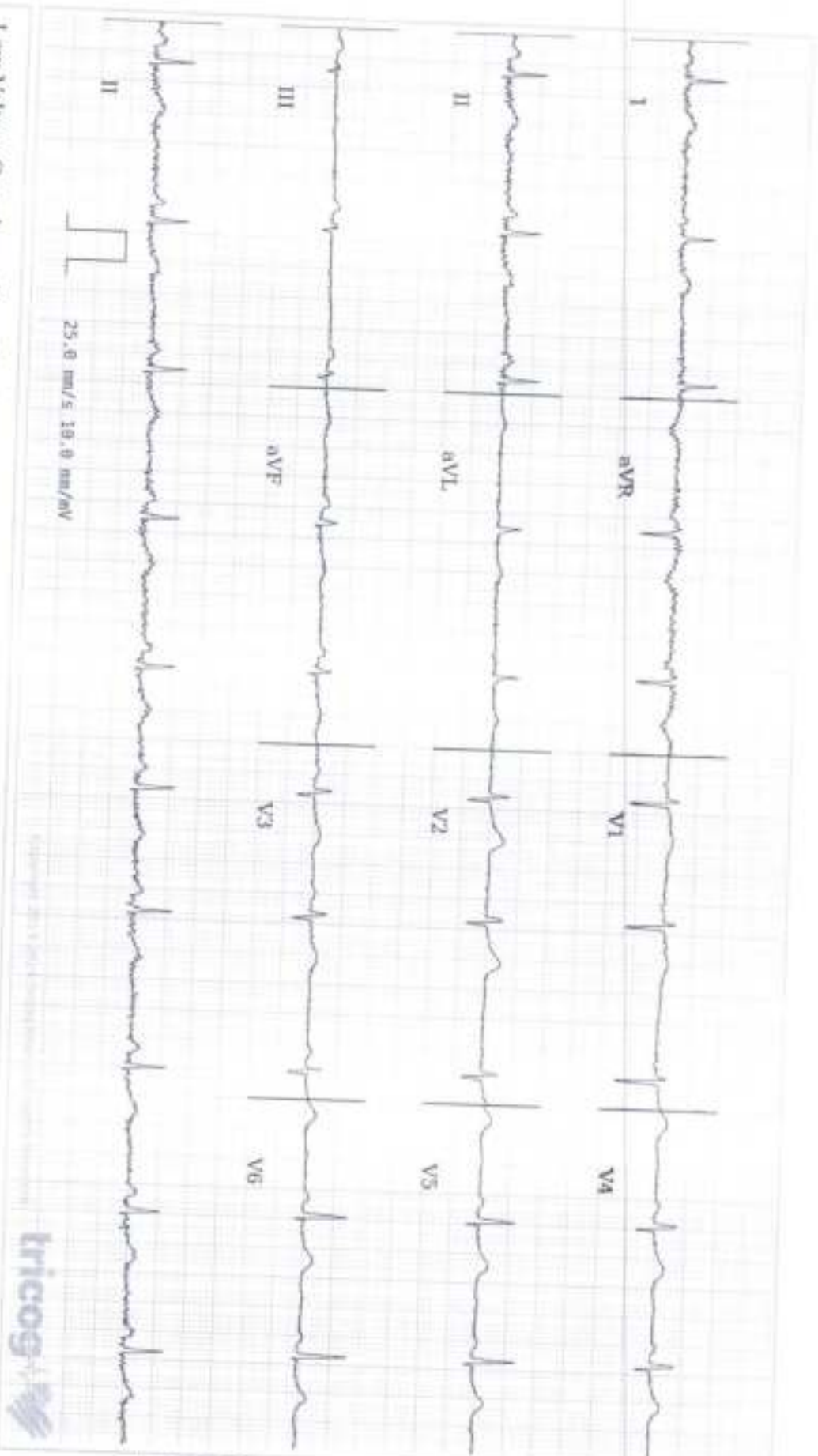
**Free T4**



**sensitive TSH**



**SUBURBAN DIAGNOSTICS - ANDHERI WEST**  
 Patient Name: **ROSY SITARAM SHETTY** Date and Time: **17th May 24 8:47 AM**  
 Patient ID: **2413814189**



Age: **62** NA NA  
 years months days

Gender: **Female**

Heart Rate: **62bpm**

Patient Vitals

BP: **170/110 mmHg**

Weight: **NA**

Height: **NA**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others: **NA**

**Measurements**

QRSd: **62ms**

QT: **439ms**

QTc: **436ms**

PR: **162ms**

P-R-T: **57° 24° 41°**

**Low Voltage Complexes, Sinus Rhythm. Please correlate clinically.**



REPORTED BY

*[Signature]*

DR RAVI CHAVAN  
 MD, D. CARDI. D. DIAGNOSIS  
 Cardiology & Diagnostic  
 280607248

Disclaimer: It is advised to the extent to be used as a guide only and should be used in conjunction with the clinical history. The information and results of these reports and investigations shall not be used for any purpose other than that for which they were intended. The information and results of these reports and investigations shall not be used for any purpose other than that for which they were intended.



CID : 2413814189  
Name : Mrs ROSY SITARAM SHETTY  
Age / Sex : 62 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)

Reg. Date : 17-May-2024  
Reported : 17-May-2024 / 10:00

**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 R K Bhandari  
M D , DMRE  
MMC REG NO. 34078

Click here to view images [http://3.111.232.119/iRISViewer/NeuroadViewer?  
Access](http://3.111.232.119/iRISViewer/NeuroadViewer?Access)

sessionNo=2024051708305139

CID : 2413814189  
Name : Mrs ROSY SITARAM SHETTY  
Age / Sex : 62 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 17-May-2024  
Reported : 17-May-2024 / 15:12

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.5cm) and shows bright echotexture.  
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.

### ALL 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 10.4 x 4.0cm. Left kidney measures 10.5 x 4.9cm.

### SPLEEN:

The spleen is normal in size (8.4cm) and echotexture.  
No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.  
Prevoid volume = 336cc. Postvoid volume = 44cc.

### UTERUS:

Uterus is anteverted, small. The uterine myometrium shows multiple calcifications.  
Periendometrial halo is well maintained. Endometrium measures 4.0mm.  
Cervix appears normal. (Post menopausal status).

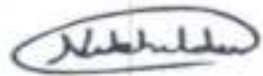
### OVARIES:

Both ovaries are not visualised mostly atrophic (Post menopausal status).

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Reg. Location : Andheri West (Main Center)      Reg. Date : 17-May-2024  
Reported : 17-May-2024 / 15:12

**IMPRESSION:-**  
Grade I fatty liver.

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



DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No - 2014/11/4764  
Consultant Radiologist

CID : 2413814189  
Name : Mrs ROSY SITARAM SHETTY  
Age / Sex : 62 Years/Female  
Ref. Dr :  
Reg. Location : Andheri West (Main Center)  
Reg. Date : 17-May-2024  
Reported : 17-May-2024 / 15:14

**MAMMOGRAPHY AND SONOMAMMOGRAPHY**

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.  
**Bilateral breast density ACR CATEGORY II**

No evidence of focal asymmetric density / spiculated high density mass lesion / retraction/clusters of microcalcification is seen. No abnormal skin thickening is seen.

Sonomammography of both breasts show normal parenchymal echotexture.  
No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.  
**Fat deposition is noted in bilateral axilla.**

**IMPRESSION:**

**NORMAL MAMMOGRAPHY AND SONOMAMMOGRAPHY OF BOTH BREASTS.**  
**RIGHT BREAST - BIRADS CATEGORY I**  
**LEFT BREAST - BIRADS CATEGORY I**

*Suggest: Follow up mammography after one year is suggested.*  
*Please bring all the films for comparison.*

**ACR BIRADS CATEGORY**

[American college of radiology breast imaging reporting and data system].

- Negative
- IV Suspicious (Indeterminate).
- II Benign finding
- V Highly suggestive of malignancy.
- III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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



**DR. NIKHIL DEV**  
**M.B.B.S, MD (Radiology)**  
**Reg No - 2014/11/4764**  
**Consultant Radiologist**



Patient's Name : ROSY SITARAM SHETTY  
Requesting Doctor : --  
CID. No : 2413814189

Age : 62 YRS / FEMALE  
DATE: 17.05.2024

## 2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.  
No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation  
Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.  
PASP by TRjet vel.method = 25 mm Hg.

LV / LA / RA / RV - Normal in dimension.  
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [ LVDD].  
No doppler evidence of raised LVEDP

No regional wall motion abnormality. No thinning / scarring / dyskinesia of LV  
wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.  
No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.  
Normal RV systolic function (by TAPSE)

### IMPRESSION:

**NORMAL LV SYSTOLIC FUNCTION, LVEF = 60 % ,  
NO RWMA, NO PAH, NO LVDD,  
NO LV HYPERTROPHY.**

M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.9	m/s
LVIDd	36	mm	Mitral Valve A velocity	0.6	m/s
LVPWd	10	mm	E/A Ratio	1.4	-
IVSs	16	mm	Mitral Valve Deceleration Time	200	ms
LVIDs	20	mm	E/E'	11	-
LVPWs	16	mm	TAPSE	24	
			<b>Aortic valve</b>		
IVRT	-	ms	AVmax	1	m/s
			AV Peak Gradient	4	mmHg
<b>2D STUDY</b>			LVOT Vmax	0.7	m/s
LVOT	18	mm	LVOT gradient	2	mmHg
LA	36	mm	<b>Pulmonary Valve</b>		
RA	28	mm	PVmax	0.7	m/s
RV [RVID]	22	mm	PV Peak Gradient	2	mmHg
IVC	12	mm	<b>Tricuspid Valve</b>		
			TR jet vel.	2.2	m/s
			PASP	25	mmHg

\*\*\* End of Report \*\*\*



**DR RAVI CHAVAN**

**CARDIOLOGIST**  
**REG.NO.2004/06/2468**

**Disclaimer:** 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.