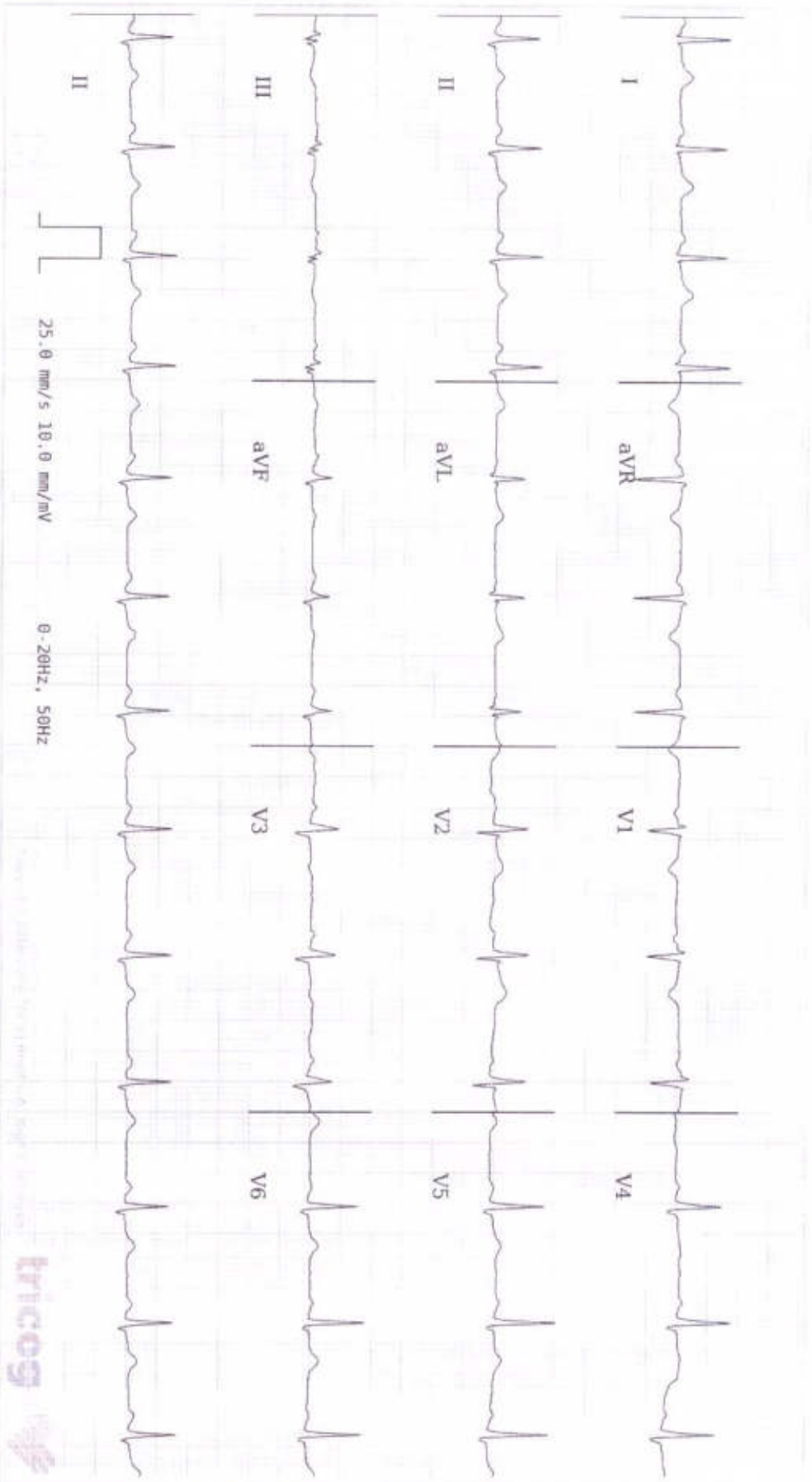


Patient Name: NAGHMA AMIRALI KHOJA  
Patient ID: 2431808846

**SUBURBAN DIAGNOSTICS - KHAR WEST**

Date and Time: 13th Nov 24 9:59 AM



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

Age **31** NA NA  
years months days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 69 kg

Height: 146 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 90ms

QT: 386ms

QTcB: 440ms

PR: 134ms

P-R-T: 47° 23° 11°

REPORTED BY

Dr. Praba Vinayakumar Sheth  
MBBS, DNB Medicine  
Consultant Physician & Diabetologist  
Reg. no. 2017084116

Disclaimer: This document is for informational purposes only and should be read in conjunction with the clinical history, symptoms, and results of other diagnostic and laboratory tests and must be interpreted by a qualified physician. A formal report will be generated by the clinician and will be available on the ECG.


**THE UNION OF INDIA**  
**MAHARASHTRA STATE MOTOR DRIVING LICENCE**


DL No. MH02 20160010818      DOI: 18-04-2016  
 Valid Till: 17-04-2036 (NT)

AUTHORISATION TO DRIVE FOLLOWING CLASS  
 OF VEHICLES THROUGHOUT INDIA  
 COV      DOI  
 MCWG    18-04-2016

FORM 1  
 RULE 16 (2)




DOB: 28-03-1993    BG:

Name: NAGHMA KHOJA  
 S/D/W of AMIR ALI KHOJA  
 Add: BHD DUKESH RESTAURENT DANGO HOUSE 402,  
 33C, CHAPEL RD, BANDRA (W)  
 MUMBAI  
 PIN: 400050

Signature & ID of Issuing Authority: MH02 2016479

Signature/Thumb Impression of Holder

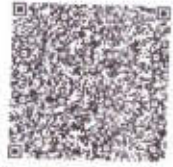
Suburban Diagnostics (I) Pvt. Ltd.  
 6th Floor, Gupte House,  
 81, S.V. Road, Khar (W), Mumbai - 400 052  
 Tel.: 26484805 / 26484807

*Rafat M. Parkar*

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



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2431808846  
Name : Mrs Naghma Amirali Khoja  
Age / Sex : 31 Years/Female  
Ref. Dr :  
Reg. Location : Khar West Main Centre

Reg. Date : 13-Nov-2024  
Reported : 13-Nov-2024 / 16:05

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 is within normal limits.

The domes of diaphragm are normal in position and outlines.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111309344742>



CID : 2431808846  
Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:02

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	<b>4.96</b>	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.1	36-46 %	Calculated
MCV	86.9	81-101 fl	Measured
MCH	28.2	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	<b>15.2</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5390	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.0	20-40 %	
Absolute Lymphocytes	2050.0	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	340.0	200-1000 /cmm	Calculated
Neutrophils	51.6	40-80 %	
Absolute Neutrophils	2770.0	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	200.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	325000	150000-410000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	13.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Age / Gender : 31 Years / Female  
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Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 11:40

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                      8                      2-20 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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



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



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CID : 2431808846  
Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:24

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	90.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.28	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	25.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	52.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	53.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	101.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	33.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	15.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.59	0.55-1.02 mg/dl	Enzymatic



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Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:21

eGFR, Serum	123	(ml/min/1.73sqm)	Calculated
		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	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	4.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant - Pathologist





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Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:27

**VITAMIN B12**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	1359	211-911 pg/ml	CLIA

**Intended Use:**

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

**Clinical Significance:**

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

**Interpretation:**

Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.  
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

**Reflex Tests:** Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

**Limitations:** Preservatives, such as fluoride and ascorbic acid may cause interference

**Reference:** Vitamin B12 Pack insert

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



*Anupa*

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M.D.(PATH)  
Consultant - Pathologist



CID : 2431808846  
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Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 \*\*\*



*Anupa*

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



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CID : 2431808846  
Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:24

**VITAMIN D TOTAL (25-OH VITAMIN D)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
25-hydroxy Vitamin D, Serum	27.4	Deficiency: < 20 ng/ml Insufficiency: 20 - < 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	CLIA

**Intended Use:**

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

**Clinical Significance:** Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

**Interpretation:**

Increased In- D intoxication & Excessive exposure to sunlight  
Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

**Reflex Tests:** Serum Calcium, PTH and BMD

**Limitation:**

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

**Reference:**

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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



*Anupa*

**Dr. ANUPA DIXIT**  
M.D.(PATH)  
Consultant - Pathologist



CID : 2431808846  
Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 15:00

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.024	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.1	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	4.3	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.3	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.2	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	<b>39.2</b>	0-29.5/hpf	
Yeast	Absent	Absent	



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Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 15:00

Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

Kindly rule out contamination.

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

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



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Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:02

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

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

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



*Anupa*

**Dr.ANUPA DIXIT**  
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**Consultant Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	123.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	104.4	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	19.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



*Anupa*

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Collected : 13-Nov-2024 / 09:55  
 Reported : 13-Nov-2024 / 12:30

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.823	0.55-4.78 microU/ml	CLIA





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Age / Gender : 31 Years / Female  
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Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 09:55  
Reported : 13-Nov-2024 / 12:30

**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 becuaese 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**



Use a QR Code Scanner  
Application To Scan the Code

CID : 2431808846  
Name : MRS.NAGHMA AMIRALI KHOJA  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 13-Nov-2024 / 14:14  
Reported : 13-Nov-2024 / 17:27

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Anupa*

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

## SUBURBAN DIAGNOSTICS KHAR-W

**Name: MS NAGHMA A KHOJA** **Date: 13-11-2024 Time: 10:14**  
**Age: 31**      **Gender: F**      **Height: 146 cms**      **Weight: 69 Kg**      **ID: 9167642705**  
**Clinical History: NIL**  
**Medications: NONE**

**Test Details:**  
**Protocol: Bruce**      **Predicted Max HR: 189**      **Target HR: 160 (85% of Pr. MHR)**  
**Exercise Time: 0:07:16**      **Achieved Max HR: 182 (96% of Pr. MHR)**  
**Max BP: 150/80**      **Max BP x HR: 27300**      **Max Mets: 8.1**  
**Test Termination Criteria: Target HR attained**

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	90	120/80	10800	-0.3 II	0.2 II
Standing	00:14	1	0	0	110	122/80	13420	-0.4 V4	0.3 II
HyperVentilation	00:17	1	0	0	111	128/80	14208	-0.4 V3	0.2 II
PreTest	00:09	1	1.6	0	103	130/80	13390	-0.3 III	0.4 II
Stage: 1	03:00	4.7	2.7	10	128	140/80	17920	-1.9 II	0.2 I
Stage: 2	03:00	7	4	12	163	146/80	23798	-1.4 II	0.9 II
Peak Exercise	01:16	8.1	5.5	14	182	150/80	27300	-1.3 II	0.9 II
Recovery1	01:00	1	0	0	148	140/80	20720	-0.6 III	1.2 II
Recovery2	01:00	1	0	0	132	136/80	17952	0.3 aVR	0.8 II
Recovery3	01:00	1	0	0	115	130/80	14950	-0.4 aVF	0.6 II
Recovery4	00:21	1	0	0	115	120/80	13800	-0.4 II	0.5 II

**Interpretation**  
 GOOD EFFORT TOLERANCE  
 ACCELERATED CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE

**IMPRESSION:**  
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

**DISCLAIMER:**  
 NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE  
 POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE  
 HENCE CLINICAL CORRELATION IS MANDATORY.

**Ref. Doctor: ---** **Doctor: DR DISHA SHETH**

**SCHILLER**  
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**Suburban Diagnostics (I) Pvt. Ltd**  
 6th Floor, Gupte House,  
 81, S.V. Road, Khar (W), Mumbai - 400 052.  
 Tel.: 26484805 / 26484807

(Summary Report edited by User)  
 Cardiovit CS-20 Version:3.4  
**Dr. Disha Sheth**  
 MBBS, DNB MEDICINE  
 Consultant Physician and  
 Diabetologist  
 Reg. No. 2017084116







# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:00:00

Stage Time: 00:14

**HR: 110 bpm**

BP: 122/80 mmHg

STLevel(mm) STSlope(mV/s)

Bruce Protocol

Stage: Standing

Speed: 0 kmph

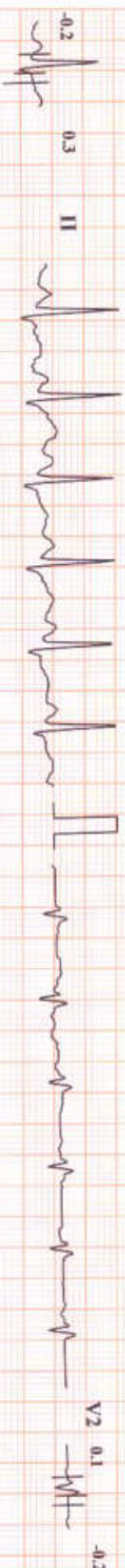
Grade: 0%

THR: 160 bpm

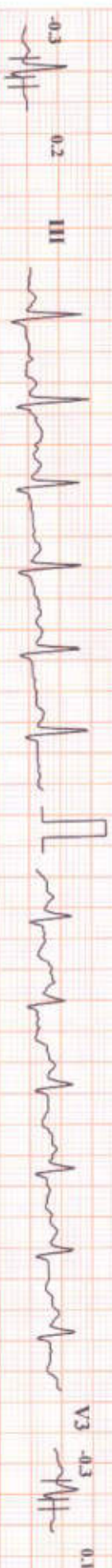
V1 0 -0.2



V2 0.1 -0.2



V3 -0.3 0.1



V4 -0.4 0.1



V5 -0.3 0.1



V6 -0.3 0.2



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardioit CS-20 Version:3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**M/S NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:00:00

Stage Time: 00:17

Bruce Protocol

Stage: HyperVentilation Speed: 0 kmph

Grade: 0%

THR: 160 bpm

**HR: 111 bpm**

BP: 128/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

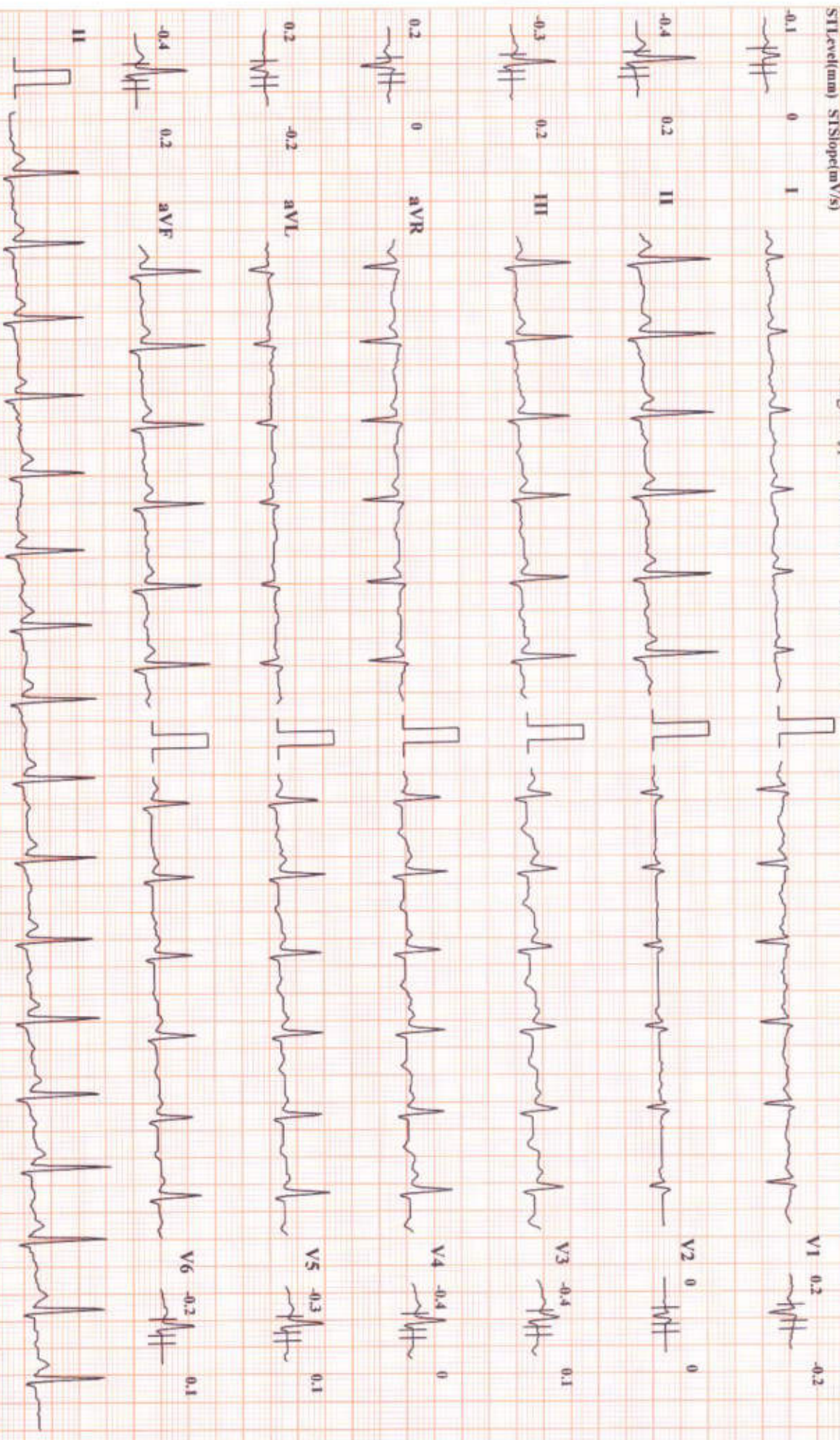


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Stage: PreTest

Date: 13-11-2024

Speed: 1.6 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 00:09

THR: 160 bpm

**HR: 103 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-209 Version:3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 9167642705

Stage: 1

Date: 13-11-2024

Speed: 2.7 kmph

Exec Time : 0:03:00

Grade: 10%

Stage Time: 03:00

THR: 160 bpm

**HR: 128 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:06:00

Stage Time: 03:00

**HR: 163 bpm**

BP: 146/80 mmHg

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

Stage: 2

Speed: 4 kmph

Grade: 12%

THR: 160 bpm

STLevel(mm) STSlope(mV/s)

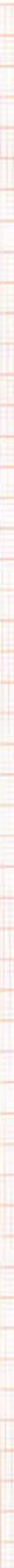
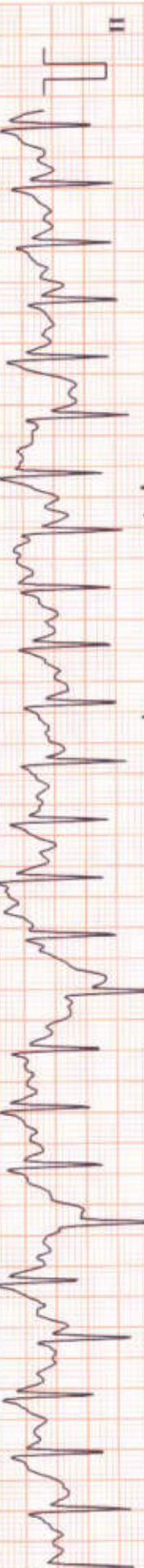
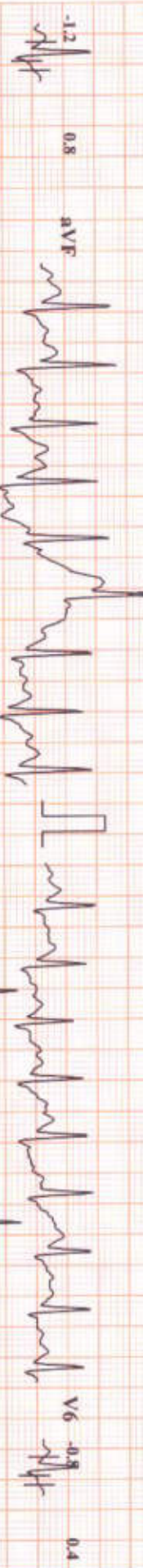
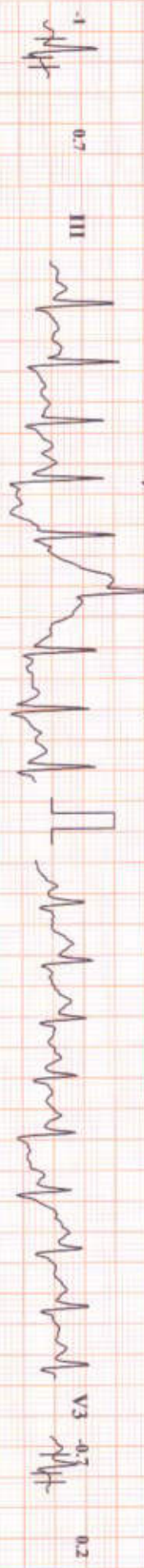
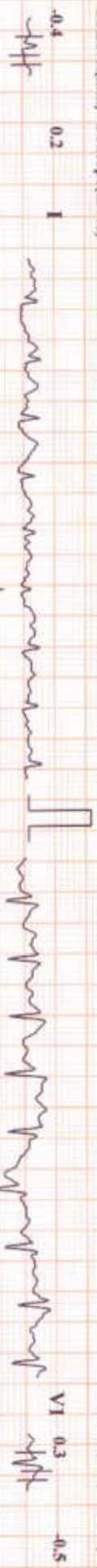


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Pos J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4

# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time: 0:07:16

Stage Time: 01:16

**HR: 182 bpm**

BP: 150/80 mmHg

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

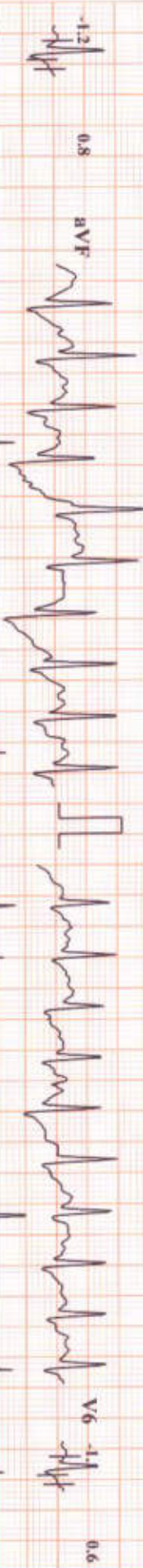
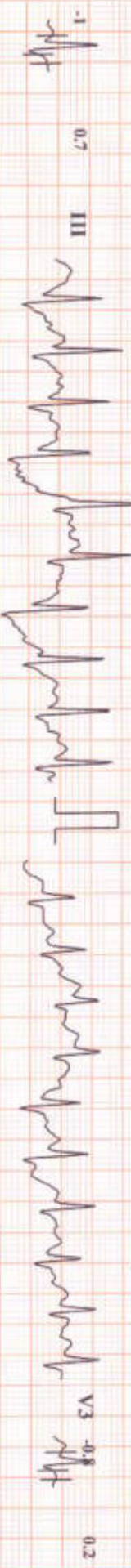
Stage: Peak Exercise

Speed: 5.5 kmph

Grade: 14%

THR: 160 bpm

STLevel(mm) STSlope(mV/s)





# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:08:16

Stage Time: 01:00

**HR: 148 bpm**

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Grade: 0%

THR: 160 bpm

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, I = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:09:16

Stage Time: 01:00

**HR: 132 bpm**

BP: 136/80 mmHg

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 160 bpm

STLevel(mm) STSlope(mV/s)

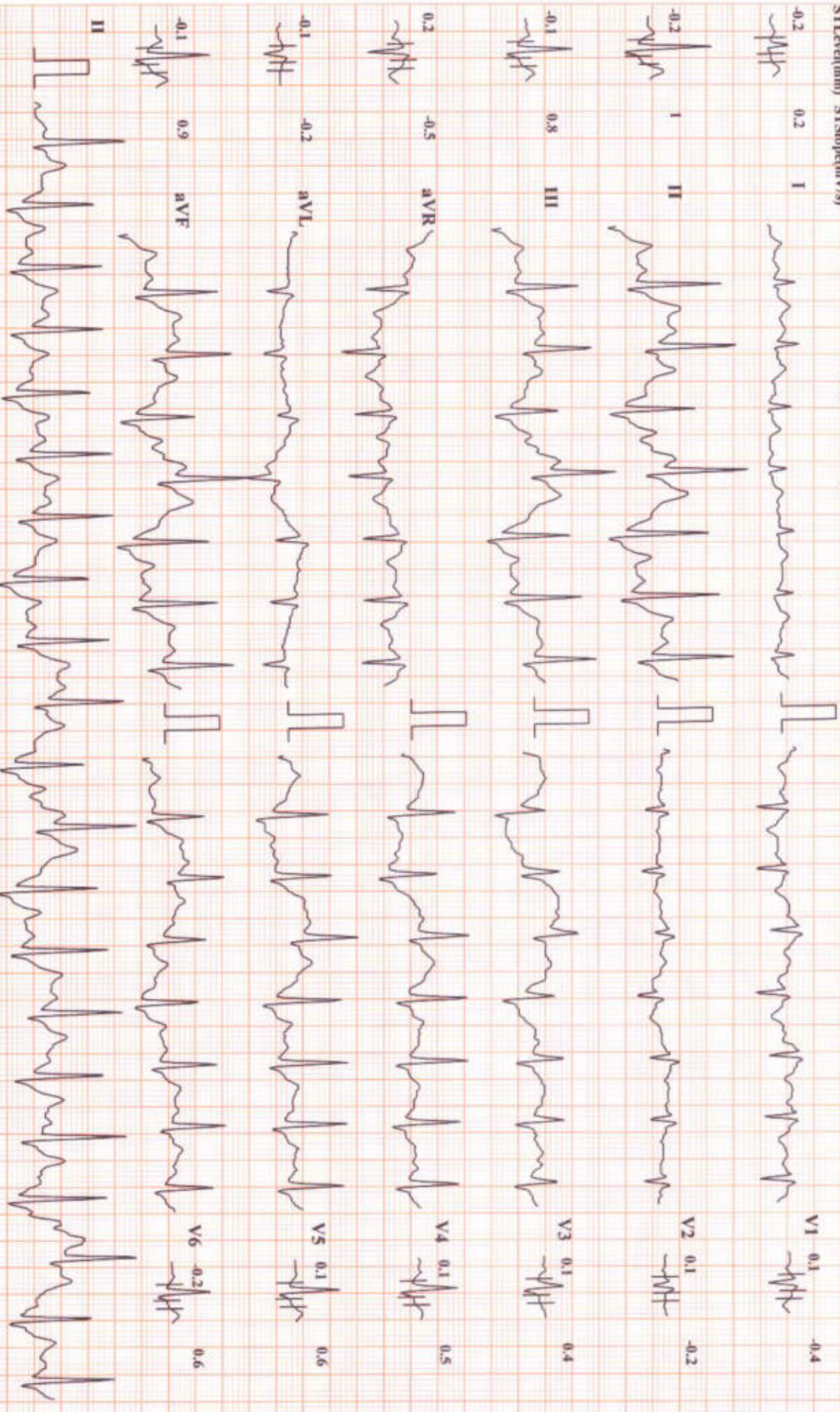


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller CardioTric CS-20 Version:3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:10:16

Stage Time: 01:00

Bruce Protocol

Stage: Recovery 3

Speed: 0 kmph

Grade: 0%

THR: 160 bpm

**HR: 115 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

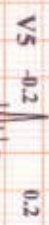
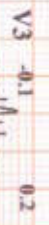
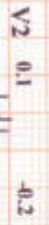
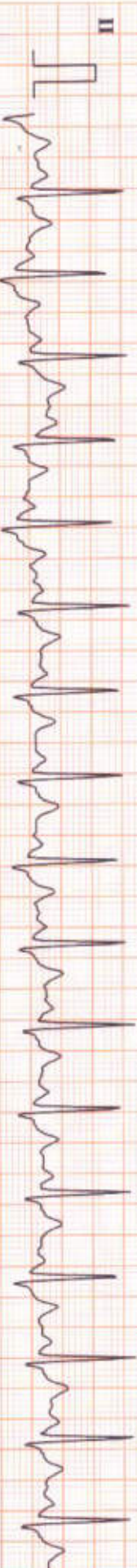
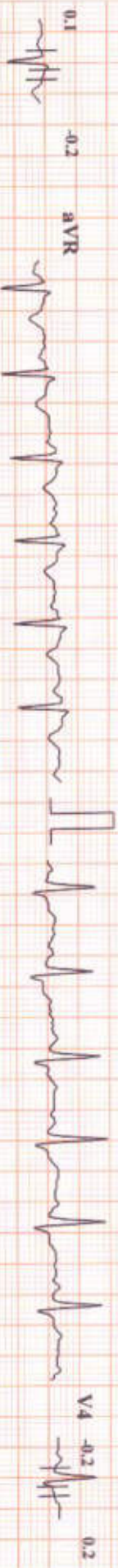


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller CardioTric CS-20 Version:3.4



# SUBURBAN DIAGNOSTICS KHAR-W

**MS NAGHMA A KHOJA (31 F)**

ID: 9167642705

Date: 13-11-2024

Exec Time : 0:10:37

Stage Time: 00:21

Bruce Protocol

Stage: Recovery 4

Speed: 0 kmph

Grade: 0%

THR: 160 bpm

**HR: 115 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

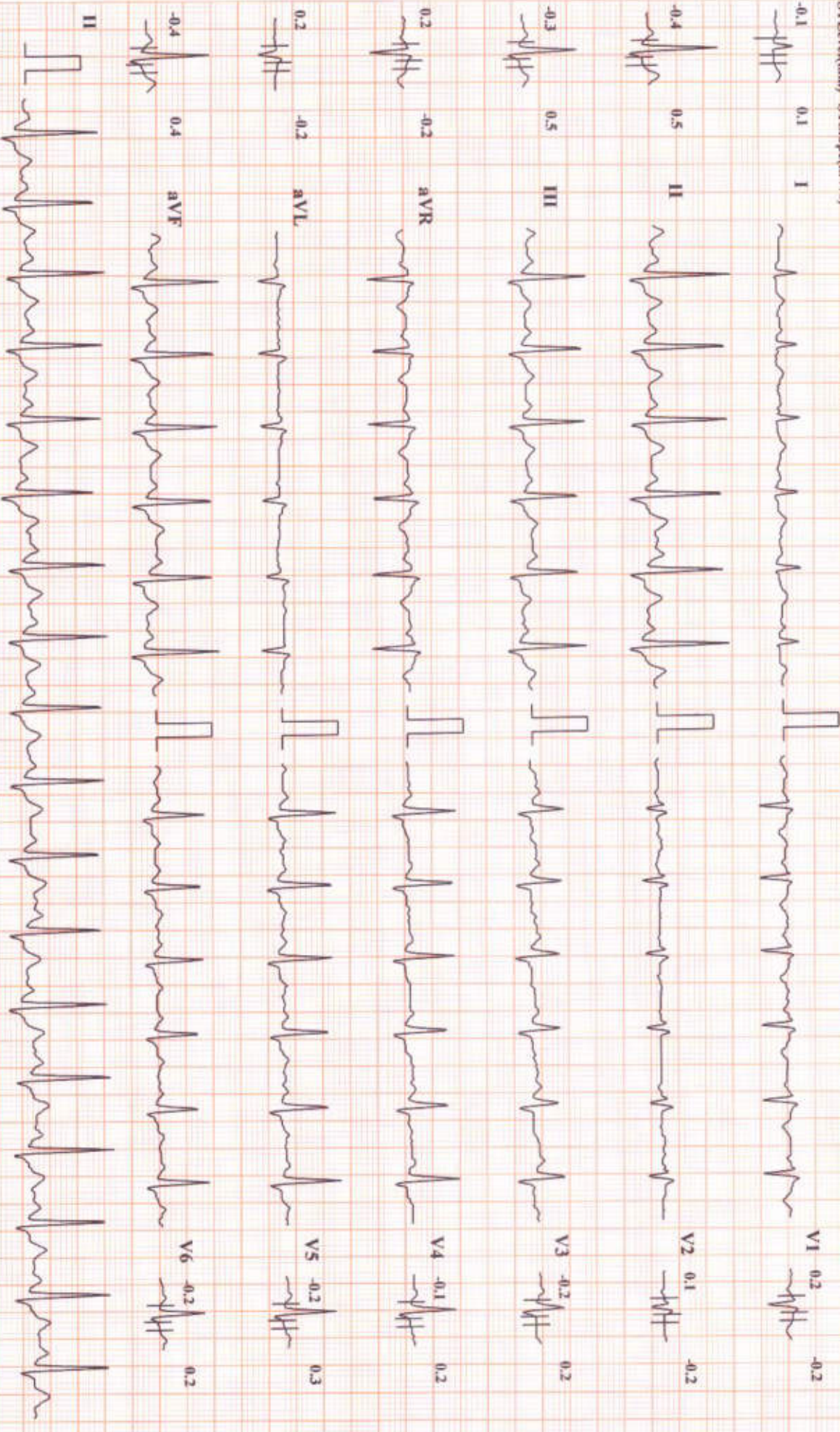


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3-4



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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

**MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Naghma Amirali Khoja** aged, **31yr.** Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: Mumbai

Date: 13/11/2024

Dr. Nitesh Kumar  


Name & Signature of

Medical officer