



Name : Ms. AVASTHI NISHI RAJENDRA  
Lab No. : 393915374  
Ref By : SELF  
Collected : 8/3/2025 8:25:00AM  
A/c Status : P  
Collected at : WALKIN - KANDIVALI EAST (MAIN CENTRE)  
Row House No. 3, Aangan, Opp. Thakur College,  
Thakur Village, Kandivali East, Mumbai,  
Maharashtra - 400101  
Age : 37 Years  
Gender : Female  
Reported : 8/3/2025 7:21:35PM  
Report Status : Interim  
Processed at : SDRL, VIDYAVIHAR

**Aerfocami Healthcare Below 40 Male/Female**  
**BLOOD GROUPING & Rh TYPING**

**PARAMETER**

**RESULTS**

ABO GROUP

A

Rh Typing

Positive

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

**Specimen:** EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

Dr Trupti Shetty  
MD Pathology  
Deputy HOD

Dr Priyanka Sunil Pagare  
MD Pathology  
Sr. Pathologist

Dr Vrushali Shroff  
MD Pathology  
Sr. Pathologist





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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	13.2	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.7	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	38.4	36.0 - 46.0 %	Calculated
MCV	82.3	81.0 - 101.0 fL	Measured
MCH	28.2	27.0 - 32.0 pg	Calculated
MCHC	34.3	31.5 - 34.5 g/dL	Calculated
RDW	<b>14.6</b>	11.6 - 14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8520	4000 - 10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	24.2	20.0 - 40.0 %	
Absolute Lymphocytes	2061.8	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.0	2.0 - 10.0 %	
Absolute Monocytes	596.4	200.0 - 1000.0 /cmm	Calculated
Neutrophils	65.3	40.0 - 80.0 %	
Absolute Neutrophils	5563.6	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.3	1.0 - 6.0 %	
Absolute Eosinophils	281.2	20.0 - 500.0 /cmm	Calculated
Basophils	0.2	0.1 - 2.0 %	
Absolute Basophils	<b>17.0</b>	20.0 - 100.0 /cmm	Calculated
<b><u>PLATELET PARAMETERS</u></b>			





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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>
Platelet Count	281000	150000 - 410000 /cmm	Elect. Impedance
MPV	8.3	6.0 - 11.0 fL	Measured
PDW	13.3	11.0 - 18.0 %	Calculated

**RBC MORPHOLOGY**

Others Normocytic  
Normochromic

**Specimen:** EDTA whole blood





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**Aerfocami Healthcare Below 40 Male/Female**  
**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	17.00	2.00 - 20.00 mm/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.





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**Aerfocami Healthcare Below 40 Male/Female**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	94.44	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	100.04	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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**Note** : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.62	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	117.40	(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





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**Aerfocami Healthcare Below 40 Male/Female**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>	<b><u>BIOLOGICAL REF RANGE</u></b>	<b><u>METHOD</u></b>
BILIRUBIN (TOTAL), Serum	0.40	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	6.99	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.17	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.82	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.48	1.00 - 2.00	Calculated
SGOT (AST), Serum	14.90	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.70	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.30	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.80	35.00 - 105.00 U/L	Colorimetric
BLOOD UREA, Serum	21.10	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	9.85	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.40	2.40 - 5.70 mg/dL	Enzymatic





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**Aerfocami Healthcare Below 40 Male/Female**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	119.8	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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<b>Collected at</b>	: WALKIN - KANDIVALI EAST (MAIN CENTRE) Row House No. 3, Aangan, Opp. Thakur College, Thakur Village, Kandivali East, Mumbai, Maharashtra - 400101		



**Aerfocami Healthcare Below 40 Male/Female**  
**FUS and KETONES**

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







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**Aerfocami Healthcare Below 40 Male/Female**  
**LIPID PROFILE**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>	<b><u>BIOLOGICAL REF RANGES</u></b>	<b><u>METHOD</u></b>
CHOLESTEROL, Serum	143	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72	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	41	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	102	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	88	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	14	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

**Reference:**

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.





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**Aerfocami Healthcare Below 40 Male/Female**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.64	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	15.20	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	1.71	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

**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 nonthyroidal 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.





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**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
High   High   High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.		

**Diurnal Variation:** TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

**Reflex Tests:** Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)





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**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.004	1.002-1.035	Chemical Indicator
Reaction (pH)	7.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.5	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	3.2	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.00	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	20.00	0-20/hpf	
Yeast	0.00	Absent	

Dr. Jageshwar Mandal Choupal  
DNB Pathology  
Consultant Pathologist

Dr. Nehal Dubey  
MD Pathology  
Chief of Lab





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**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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Result/s to follow:  
EXAMINATION OF FAECES, Glucose & Ketones, Urine

**IMPORTANT INSTRUCTIONS**

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



Patient Name: *Avasthi nishi*

Age/Sex: *37/F*

CID:

DATE: *8/3/25*

History and Complaints:

*NO*

**EXAMINATION FINDINGS:**

Height (cms):	<i>145 cms</i>	Weight (kg):	<i>62 kgs</i>
Temp (0c):	<i>Afebrile</i>	Skin:	<i>Normal</i>
Blood Pressure (mm/hg):	<i>100/70</i>	Nails:	<i>Normal</i>
Pulse:	<i>71 /min</i>	Lymph Node:	<i>Not palpable</i>

**Systems**

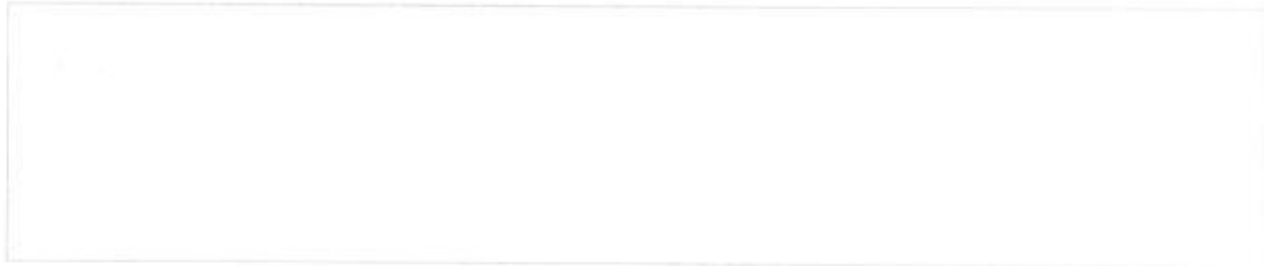
Cardiovascular:	<i>Normal</i>
Respiratory:	<i>Normal</i>
Genitourinary:	<i>Normal</i>
GI System:	<i>Normal</i>
CNS:	<i>Normal</i>

**IMPRESSION:**

*Pulse 5.81.*

**ADVICE:**

*Low cardio diet*



**HIEF COMPLAINTS:**

1)	<b>Hypertension:</b>	No
2)	<b>IHD</b>	No
3)	<b>Arrhythmia</b>	No
4)	<b>Diabetes Mellitus</b>	No
5)	<b>Tuberculosis</b>	No
6)	<b>Asthama</b>	No
7)	<b>Pulmonary Disease</b>	No
8)	<b>Thyroid/ Endocrine disorders</b>	No
9)	<b>Nervous disorders</b>	No
10)	<b>GI system</b>	No
11)	<b>Genital urinary disorder</b>	No
12)	<b>Rheumatic joint diseases or symptoms</b>	No
13)	<b>Blood disease or disorder</b>	No
14)	<b>Cancer/lump growth/cyst</b>	No
15)	<b>Congenital disease</b>	No
16)	<b>Surgeries</b>	NO
17)	<b>Musculoskeletal System</b>	No

**PERSONAL HISTORY:**

1)	<b>Alcohol</b>	No
2)	<b>Smoking</b>	No
3)	<b>Diet</b>	veg
4)	<b>Medication</b>	No

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

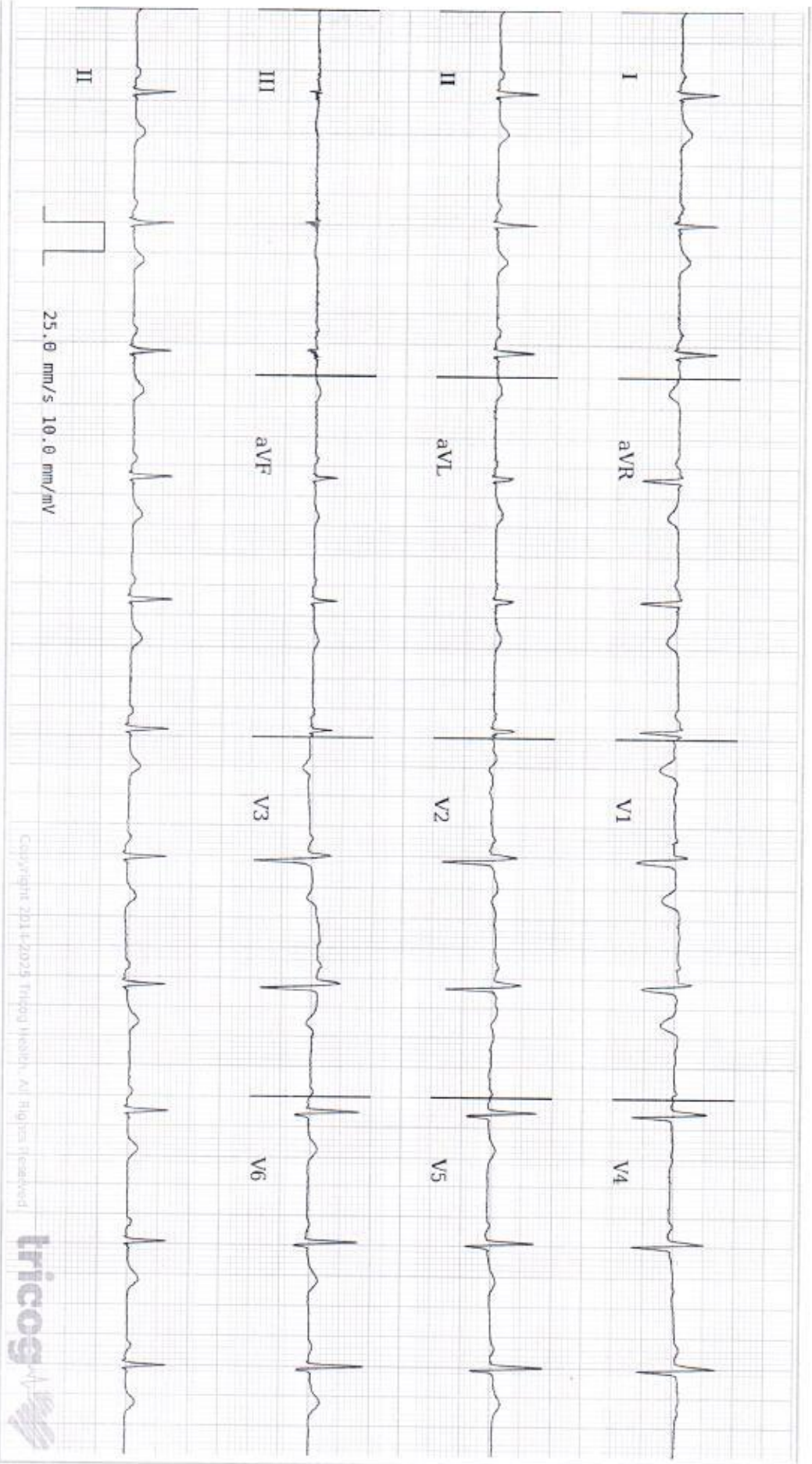
*Jagdish*

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No.3, Aangan  
Thakur Village, Kandivali (East)  
Mumbai - 400101  
Tel : 61700000

Patient Name: AVASTHI NISHI RAJENDRA

Date and Time: 8th Mar 25 9:20 AM

Patient ID: 393915374



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Age **37** **1** **NA**  
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 62 kg

Height: 145 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 84ms

QT: 380ms

QTcB: 412ms

PR: 126ms

P-R-T: 35° 25° 23°

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

REPORTED BY

DR AKHIL PARULEKAR  
MBBS MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082487



Date:- 8/3/2025

CID: 393915374

Name:- Nishi Avasthi

Sex/Age: 37/F

**EYE CHECK UP**

Chief complaints: Routine

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/9	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: -

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Mumbai - 400101  
Tel: 51700000

**CID** : 393915374  
**Name** : Ms. AVASTHI NISHI RAJENDRA  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** : self  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 08-Mar-2025  
**Reported** : 08-Mar-2025 / 10:27

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.1 cm) shape and smooth margins. It shows normal parenchymal echo pattern. 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.

### GALL BLADDER:

The gall bladder is moderately distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

The pancreas is well visualized 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 9.8 x 3.6 cm. Left kidney measures 9.6 x 4.5 cm.

### SPLEEN:

The spleen is normal in size 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.

### UTERUS:

The uterus is anteverted and appears normal. It measures 8.3 x 4.3 x 2.7 cm in size.  
The endometrial thickness is 6.7 mm.

### OVARIES:

Left ovary appears normal size and shape,  
There is no evidence of any ovarian or adnexal mass seen.

Right ovary is obscured.

Left ovary = 2.6 x 1.4 cm

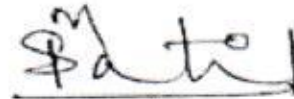
[Click here to view images <<ImageLink>>](#)

**CID** : 393915374  
**Name** : Ms. AVASTHI NISHI RAJENDRA  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** : self  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 08-Mar-2025  
**Reported** : 08-Mar-2025 / 10:27

**IMPRESSION:-**

**No significant abnormality is seen.**

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



**DR. SUMIT M PATIL**  
**MD Radio diagnosis**  
**Reg no.2019/01/0135**

[Click here to view images <<ImageLink>>](#)

**CID** : 393915374  
**Name** : Ms. AVASTHI NISHI RAJENDRA  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** : self  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 08-Mar-2025  
**Reported** : 08-Mar-2025 / 21:41

**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.**

Note: 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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification

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



**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

[Click here to view images <<ImageLink>>](#)

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Bandra West, Mumbai - 400053. Page no: 1 of 1

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com



EMail: 178/NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg Date: 08 - 03 - 2025 09:34:45 AM Refd By : AERFOCAMI

REPORT :

Heart Rate 71.0 bpm Systolic BP 140.0 mmHg Diastolic BP 70.0 mmHg  
 Exercise Time 06:45 Mins. METS 7.9  
 Test End Reason Heart Rate Achieved Target Heart Rate 183.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

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 Thakur Village, Kandivali (East)  
 Mumbai - 400101  
 Tel : 61700000

Doctor : DR AKHIL PARULEKAR

  
 Dr. Akhil Parulekar  
 MBBS, MD, Fellowship  
 PFD Cardiology  
 Reg. No. 2012082493

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



Email:

1178 (393915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg

Date: 08 - 03 - 2025 09:34:45 AM Refd By : AERFOCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	079	43%	100/70	079	00	
Standing	00:15	0:08	00.0	00.0	01.0	071	39%	100/70	071	00	
HV	00:25	0:10	00.0	00.0	01.0	073	40%	100/70	073	00	
ExStart	00:54	0:29	00.0	00.0	01.0	095	52%	100/70	095	00	
BRUCE Stage 1	03:54	3:00	02.7	10.0	04.7	132	72%	100/70	132	00	
BRUCE Stage 2	06:54	3:00	04.0	12.0	07.1	158	86%	100/70	158	00	
PeakEx	07:39	0:45	05.5	14.0	07.9	170	93%	140/70	238	00	
Recovery	08:39	1:00	00.0	00.0	01.2	162	89%	140/70	226	00	
Recovery	08:48	1:09	00.0	00.0	01.0	152	83%	140/70	212	00	

## FINDINGS :

Exercise Time : 06:45  
 Initial HR (ExStrt) : 95 bpm 52% of Target 183  
 Initial BP (ExStrt) : 100/70 (mm/Hg)  
 Max Workload Attained : 7.9 Fair response to induced stress  
 Duke Treadmill Score : 06.7  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 170 bpm 93% of Target 183  
 Max BP Attained 140/70 (mm/Hg)

**Dr. Akhil P. Parulekar,**  
 MBBS. MD. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
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 Thakur Village, Kandivali (East)  
 Mumbai - 400101  
 Tel : 61700000

  
 Doctor : DR AKHIL PARULEKAR

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE ( 00:07 )



1178 (393915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 79

Date: 08 - 03 - 2025 09:34:45 AM METS: 1.0 / 79 bpm 43% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 m/s Post J

25 mm/Sec 1.0 Cm/mV

I  
STL 0.3  
STS 0.2

V1  
0.2  
0.1

V1

II  
0.4  
0.2

V2  
0.1  
0.1

V2

III  
0.1  
0.0

V3  
0.0  
0.1

V3

aVR  
-0.4  
-0.2

V4  
0.0  
0.1

V4

aVL  
0.1  
0.1

V5  
0.1  
0.2

V5

aVF  
0.3  
0.1

V6  
0.1  
0.0

V6



REMARKS:  
I aVR aVL V1 V2 V3 V4 V5 V6

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING ( 00:08 )



1178 (393915374) / NISHI, AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 71

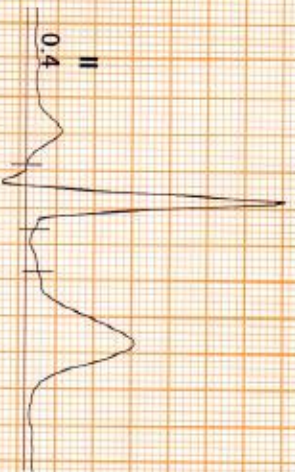
Date: 08 - 03 - 2025 09:34:45 AM

METS: 1.0 / 71 bpm 39% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph. 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



STL 0.4  
STC 0.1



STL 0.4  
STC 0.1



STL 0.4  
STC 0.2



STL 0.4  
STC 0.0



STL 0.0  
STC 0.1



STL 0.1  
STC 0.1



STL 0.4  
STC 0.2



STL 0.1  
STC 0.1



STL 0.2  
STC 0.0



STL 0.2  
STC 0.1



STL 0.2  
STC 0.2



STL 0.1  
STC 0.0



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





# SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:10)



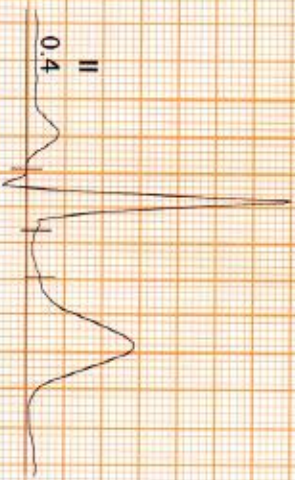
1178 (393913374) / NSH/AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 73

Date: 08 - 03 - 2025 09:34:45 AM METS: 1.0/73 bpm 40% of THR BP: 100/70 mmHg Raw ECG/BLC Ony/Notch Ony/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph. 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I  
STL 0.3  
STB 0.2



V1  
-0.2  
-0.1



II  
0.4  
0.2



V2  
0.1  
0.0



III  
0.1  
0.1



V3  
0.0  
0.0



avR  
-0.4  
-0.2



V4  
0.1  
0.1



avL  
0.1  
0.1



V5  
0.1  
0.1



avF  
0.2  
0.1



V6  
0.1  
0.1



I  
II  
III  
avR  
avL  
avF  
V1  
V2  
V3  
V4  
V5  
V6

REMARKS:

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXStt



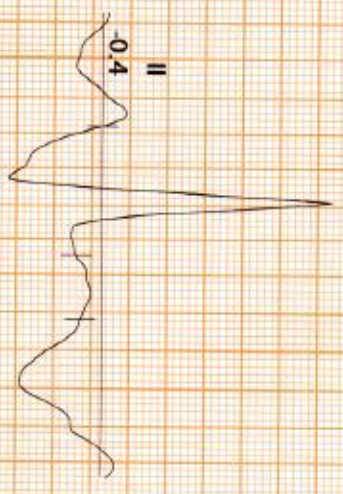
1178 (393915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 95

Date: 08 - 03 - 2025 09:34:45 AM METS: 1.0/ 95 bpm 52% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 0.0 Kmph 0.0%

4X 30 mS Paper

25 mm/Sec 1.0 Cm/mV



I  
sr 0.7  
sis 0.5

V1  
1.5  
0.2

V1

II  
-0.4  
0.1

V2  
0.2  
0.2  
0.6

V2

III  
-1.0  
0.2

V3  
0.2  
0.2  
0.3

V3

avR  
-0.1  
-0.2

V4  
0.6  
0.6  
1.5

V4

avL  
0.8  
0.2

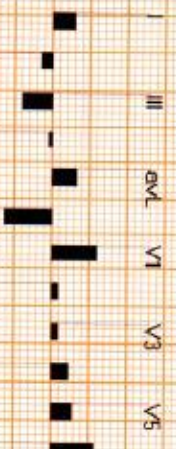
V5  
0.7  
0.7  
1.7

V5

avF  
-1.6  
-0.1

V6  
1.4  
1.4  
0.3

V6



REMARKS:

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



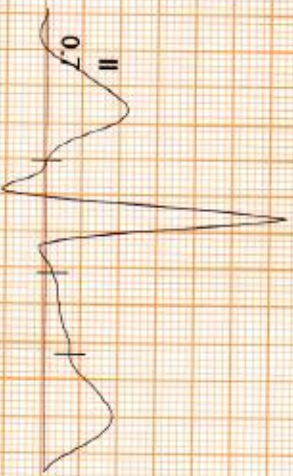
1178 (333915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 132

Date : 08 - 03 - 2025 09:34:45 AM METS: 4.7/132 bpm 72% of THR BP: 100/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

4X 80 mS Post-4

25 mm/Sec 1.0 Cm/mV



II  
0.5  
0.5  
0.5

III  
0.3  
0.3  
0.0

II  
0.7  
0.6

III  
0.3  
0.0

II  
0.7  
0.6

III  
0.3  
0.0

avR  
-0.6  
-0.5

avL  
0.1  
0.2

avF  
0.5  
0.3

V1  
-0.4  
-0.5

V2  
-0.2  
-0.5

V3  
-0.2  
-0.1

V4  
-0.4  
-0.2

V5  
-0.2  
0.0

V6  
0.2  
0.0

V1  
-0.4  
-0.5

V2  
-0.2  
-0.5

V3  
-0.2  
-0.1

V4  
-0.4  
-0.2

V5  
-0.2  
0.0

V6  
0.2  
0.0

V1  
-0.4  
-0.5

V2  
-0.2  
-0.5

REMARKS:  
I III avL V1 V3 V5  
II avR avF V2 V4 V6

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 ( 03:00 )

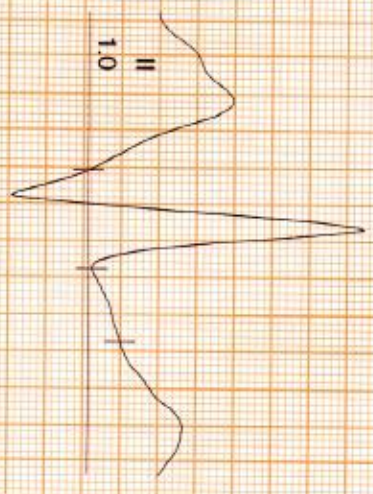


1178 (393915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 158

Date: 08 - 03 - 2025 09:34:45 AM METS: 7.1 / 158 bpm 86% of THR BP: — / — mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

90 mS Post J

ExtTime: 06:00 4.0 Kmpl, 120%  
25 mm/Sec. 1.0 Cm/mV



STL 1.4  
STs 1.5

I

V1  
1.4  
1.4  
1.0

V1

II  
1.0  
1.2

II

V2  
1.4  
1.4  
2.2

V2

III  
1.4  
0.6

III

V3  
0.2  
0.2  
2.4

V3

avR  
0.8  
1.4

avR

V4  
0.0  
0.0  
1.4

V4

avL  
2.6  
1.3

avL

V5  
0.2  
0.2  
1.2

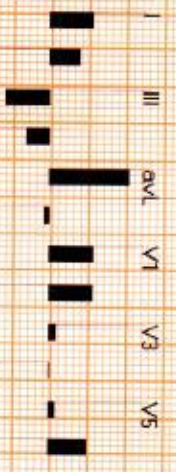
V5

avF  
0.2  
0.3

avF

V6  
1.3  
1.3  
1.5

V6



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeakEX



1178 (393915374) / NISHI/AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 170

Date: 08 - 03 - 2025 09:34:45 AM

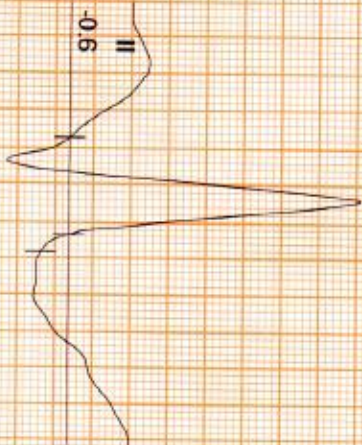
METS: 7.9 / 170 bpm 93% of THR BP: 140/70 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:45 5.5 Kmph 14.0%

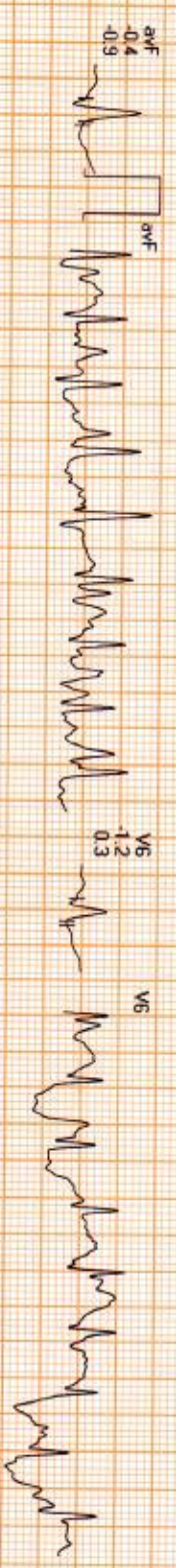
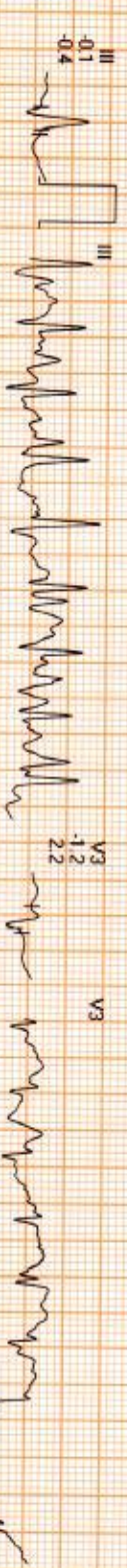
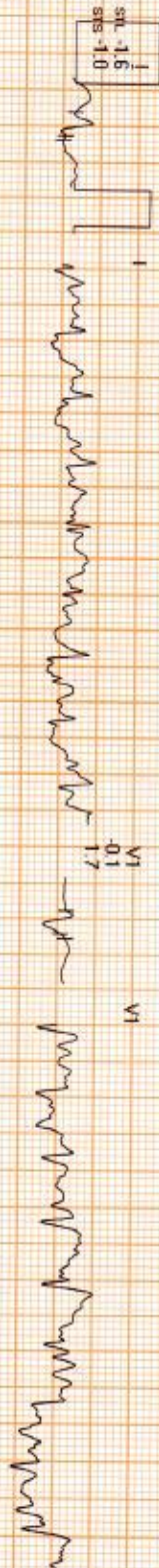
4X

10 mS Post J

25 mm/Sec. 1.0 Cm/mV



PR 0.16  
QRS 0.10



REMARKS  
I avR avL V1 V2 V3 V4 V5  
II avR avF V2 V4 V6

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : ( 01:00 )



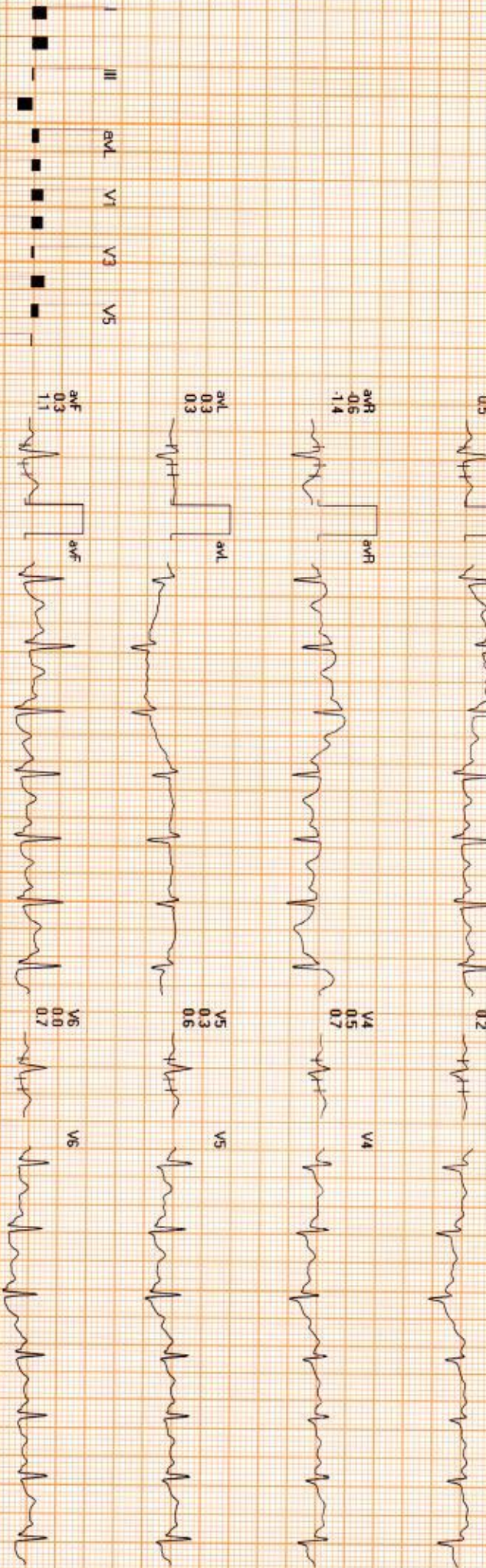
1178 (3939915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR : 162

Date: 08 - 03 - 2025 09:34:45 AM METS: 1.1 / 162 bpm 89% of THR BP: 140/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:45 0.0 Kmph, 0.0%

AX 60 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS

I aVR aVL V1 V2 V3 V4 V5 V6

II aVF

III aVF

IV aVF

V1 aVF

V2 aVF

V3 aVF

V4 aVF

V5 aVF

V6 aVF

V1 aVF

V2 aVF

V3 aVF

V4 aVF

V5 aVF

V6 aVF

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : ( 01:09 )



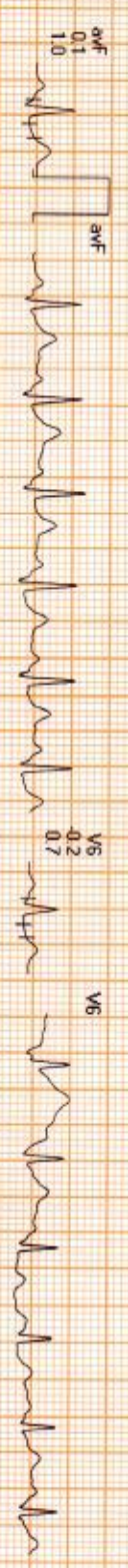
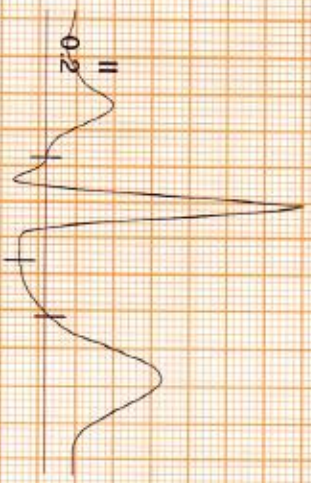
1178 (393915374) / NISHI AVASTHI / 37 Yrs / F / 145 Cms / 62 Kg / HR 152

Date: 08 - 03 - 2025 09:34:45 AM METS: 1.0 / 152 bpm 83% of THR BP: 140/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 06:45 0.0 KmPh, 0.0%

4X 50 m/s Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS

II aVR aVF V2 V4 V6