



Name : Ms. KAJAL KUMARI
 Lab No. : 393786861
 Ref By : SELF
 Collected : 8/3/2025 9:02:00AM
 A/c Status : P
 Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 27 Years
 Gender : Female
 Reported : 8/3/2025 8:33:18PM
 Report Status : Interim
 Processed at : ANDHERI LAB

**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>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.4	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.4	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	41.4	36.0 - 46.0 %	Calculated
MCV	94.9	81.0 - 101.0 fL	Measured
MCH	30.6	27.0 - 32.0 pg	Calculated
MCHC	32.3	31.5 - 34.5 g/dL	Calculated
RDW	16.2	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7670	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20.0 - 40.0 %	
Absolute Lymphocytes	2538.8	1000.0 - 3000.0 /cmm	Calculated
Monocytes	8.5	2.0 - 10.0 %	
Absolute Monocytes	652.0	200.0 - 1000.0 /cmm	Calculated
Neutrophils	56.1	40.0 - 80.0 %	
Absolute Neutrophils	4302.9	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.9	1.0 - 6.0 %	
Absolute Eosinophils	145.7	20.0 - 500.0 /cmm	Calculated
Basophils	0.4	0.1 - 2.0 %	
Absolute Basophils	30.7	20.0 - 100.0 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	160000	150000 - 410000 /cmm	Elect. Impedance
MPV	13.3	6.0 - 11.0 fL	Measured
PDW	26.7	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Microcytosis	Mild
Anisocytosis	Mild
Poikilocytosis	Mild
Others	Elliptocytes-occasional

Specimen: EDTA whole blood





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Age : 27 Years
Gender : Female
Reported : 8/3/2025 8:33:34PM
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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	18.00	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	96.30	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	77.00	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition			
CREATININE, Serum	0.64	0.51 - 0.95 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	123.53	(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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Age : 27 Years
Gender : Female
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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.51	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.11	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.40	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	8.20	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.50	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.70	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.22	1.00 - 2.00	Calculated
SGOT (AST), Serum	17.80	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	12.90	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	13.60	<38.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	117.40	30.00 - 120.00 U/L	IFCC AMP buffer
BLOOD UREA, Serum	21.00	17.00 - 43.00 mg/dL	Urease
BUN, Serum	9.81	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.50	2.60 - 6.00 mg/dL	Uricase





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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	108.3	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.



Name : Ms. KAJAL KUMARI	Age : 27 Years
Lab No. : 393786861	Gender : Female
Ref By : SELF	Reported : 8/3/2025 8:34:32PM
Collected : 08/03/2025 09:02:00AM	Report Status : Interim
A/c Status : P	Processed at : ANDHERI LAB
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	

Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	151	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	53	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	49	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	91	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	11	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0 - 4.50 RATIO	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0 - 3.50 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	4.63	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	12.50	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH Serum	2.43	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 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 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.



Name : Ms. KAJAL KUMARI	Age : 27 Years
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Collected : 08/03/2025 09:02:00AM	Report Status : Interim
A/c Status : P	Processed at : ANDHERI LAB
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	

Aerfocami Healthcare Below 40 Male/Female
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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 400064

Age : 27 Years
Gender : Female
Reported : 8/3/2025 8:34:45PM
Report Status : Interim
Processed at : ANDHERI LAB

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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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





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 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 27 Years
Gender : Female
Reported : 8/3/2025 8:34:55PM
Report Status : Interim
Processed at : ANDHERI LAB

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	Light scattering
Transparency	SLIGHTLY HAZY	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.009	1.002-1.035	Refractive index
Reaction (pH)	5.5	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
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	3.8	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	5.3	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	32.20	0-29.5/hpf	
Yeast	Absent	Absent	

Kindly rule out contamination.

Note: Microscopic examination is 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 they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.



Name : Ms. KAJAL KUMARI	Age : 27 Years
Lab No. : 393786861	Gender : Female
Ref By : SELF	Reported : 8/3/2025 8:35:07PM
Collected : 8/3/2025 9:02:00AM	Report Status : Interim
A/c Status : P	Processed at : WALKIN - MALAD WEST (MAIN CENTRE)
Collected at : WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064	102, Bhoomi Castle, Opp. Goregaon Sports Club, Link Road, Malad West, Mumbai, Maharashtra - 400064

Aerfocami Healthcare Below 40 Male/Female
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
EXAMINATION OF FAECES	Sample Not Received		
<u>CHEMICAL EXAMINATION</u>			
<u>MICROSCOPIC EXAMINATION</u>			



Result/s to follow:
 FUS and KETONES, 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>

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



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



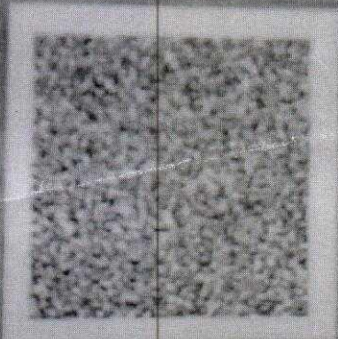
स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KWHPK2490F

नाम / Name
KAJAL KUMARI

पिता का नाम / Mother's Name
DURGA DEVI

जन्म तिथि / Date of Birth
22/05/1997



Handwritten signature
Kajal Kumari
Signature

23821

Kajal Kumari

PHYSICAL EXAMINATION FORM

Patient Name: <u>Kajal Kumari</u>	Sex/Age :
Lab No : <u>393786861</u>	Date :

History and Complaints:

EXAMINATION FINDINGS:

Height: <u>156</u>	Temp: <u>Afebrile</u>
Weight: <u>69</u>	Skin: <u>Normal</u>
Blood Pressure: <u>110/80</u>	Nails: <u>Normal</u>
Pulse: <u>74/min</u>	Lymph Node: <u>Not Palpable</u>

Systems

Cardiovascular:	<u>NAD</u>
Respiratory:	<u>NAD</u>
Genitourinary:	<u>NAD</u>
GI System:	<u>NAD</u>
CNS:	<u>NAD</u>

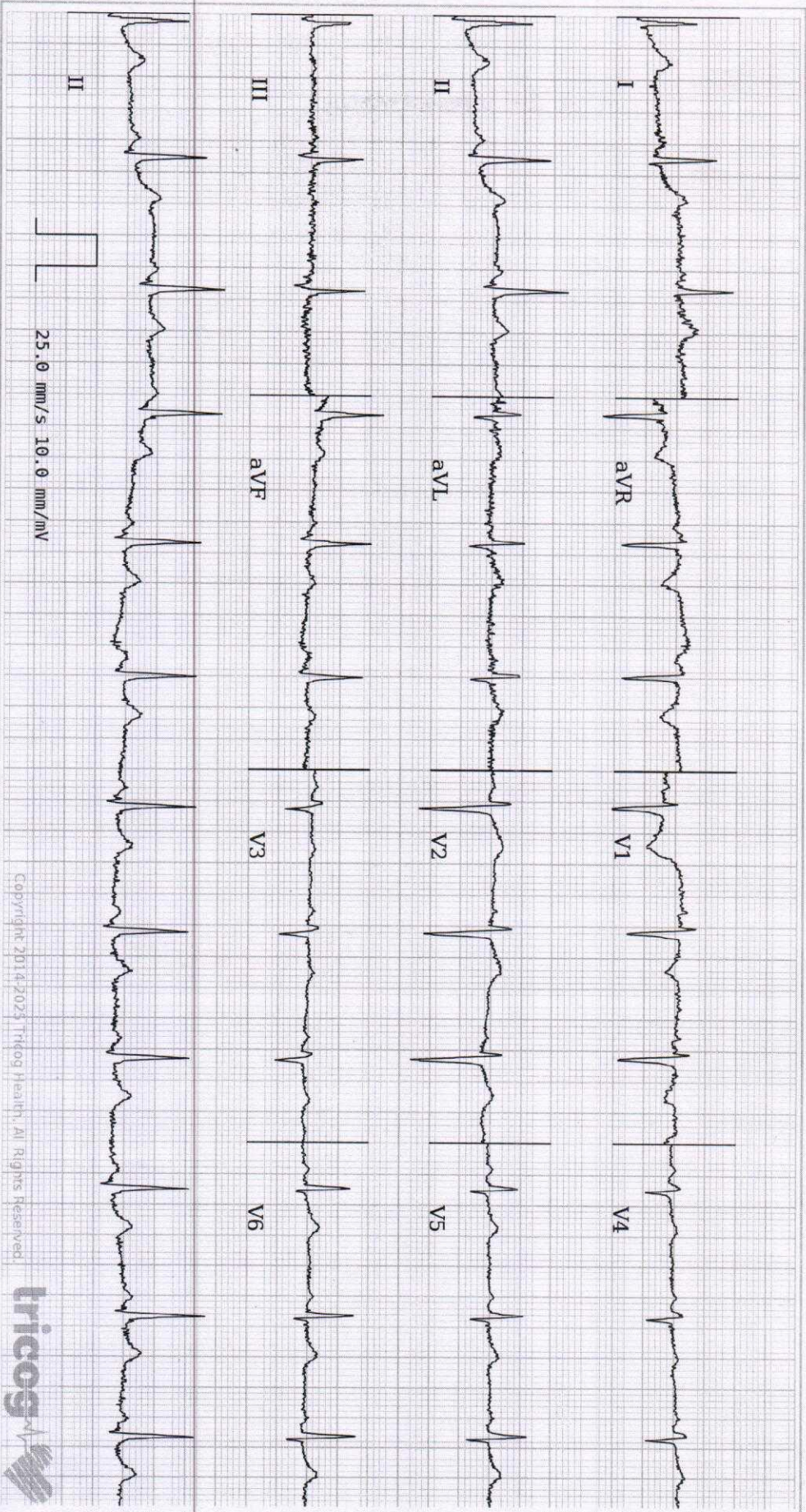
IMPRESSION:

ADVICE:

Regular exercis

Patient Name: **KAJAL KUMARI**
Patient ID: **393786861**

Date and Time: **8th Mar 25 10:01 AM**



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Age **27** 9
years months

Gender **Female**

Heart Rate **73bp**

Patient Vitals

BP: **110/80 mm**

Weight: **69 kg**

Height: **156 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QT: **384ms**

QTcB: **423ms**

PR: **120ms**

P-R-T: **57° 56° 20°**

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 08/03/25
 Name:- Kajal Kumari

CID: 393786861
 Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE - 6/6 NV-RE - N/6
 LE - 6/6 LE - N/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-103, Sakinaka Centre,
 Opp. Panchsheel Sports Club,
 Link Road, Sakinaka (W), Mumbai - 400 064.

CID : 393786861
Name : Ms. KAJAL KUMARI
Age / Sex : 27 Years/Female
Ref. Dr :
Reg. Date : 08-Mar-2025
Reg. Location : Malad West Main Centre
Reported : 08-Mar-2025 / 17:05

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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

CID : 393786861
Name : Ms. KAJAL KUMARI
Age / Sex : 27 Years/Female
Ref. Dr : unknown
Reg. Location : Malad West Main Centre

Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:29

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 physiologically distended. Solitary mobile calculus measuring 16 mm is seen. Wall appears normal. No evidence of 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 10.5 x 4.2 cm.
Left kidney measures 11.0 x 4.8 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. The endometrial thickness is 4.6 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.3 x 1.6 cm. Left ovary = 4.5 x 1.3 cm.

CID : 393786861
Name : Ms. KAJAL KUMARI
Age / Sex : 27 Years/Female
Ref. Dr : unknown
Reg. Location : Malad West Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:29

IMPRESSION:-
CHOLELITHIASIS. NO EVIDENCE OF CHOLECYSTITIS.

Suggestion: Clinicopathological correlation.

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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

EXERCISE STRESS TEST REPORT

Patient Name: KAJAL, KUMARI
 Patient ID: 393786861
 Height: 156 cm
 Weight: 69 kg

DOB: 20.05.1997
 Age: 27yrs
 Gender: Female
 Race: Asian

Study Date: 08.03.2025
 Test Type: --
 Protocol: BRUCE

Referring Physician: --
 Attending Physician: DR SONALI HONRAO
 Technician: --

Medications:
 --

Medical History:
 --

Reason for Exercise Test:
 --

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00			
	STANDING	00:05	0.00	0.00	84	110/80	
	HYPERV.	00:11	0.00	0.00	84	110/80	
EXERCISE	WARM-UP	00:12	0.00	0.00	84	110/80	
	STAGE 1	03:00	1.00	0.00	84	110/80	
	STAGE 2	03:00	1.70	10.00	125	120/80	
	STAGE 3	01:46	2.50	12.00	141	130/80	
RECOVERY		01:46	3.40	14.00	173		
		03:07	0.00	0.00	86	130/80	

The patient exercised according to the BRUCE for 7:46 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 83 bpm rose to a maximal heart rate of 176 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
 Functional Capacity: normal.
 HR Response to Exercise: appropriate.
 BP Response to Exercise: normal resting BP - appropriate response.
 Chest Pain: none.
 Arrhythmias: none.
 ST Changes: none.
 Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted.
 Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician

Soni P.

Technician

Dr. SONALI HONRAC
MD PHYSICIAN
R.G. NO. 2001/04/1032

SONALI HONRAC CONSULTANTS LTD.
104, B...
G...
...

KAJAL, KUMARI
 Patient ID: 393786861
 08.03.2025
 11:15:53am

83 bpm
 110/80 mmHg

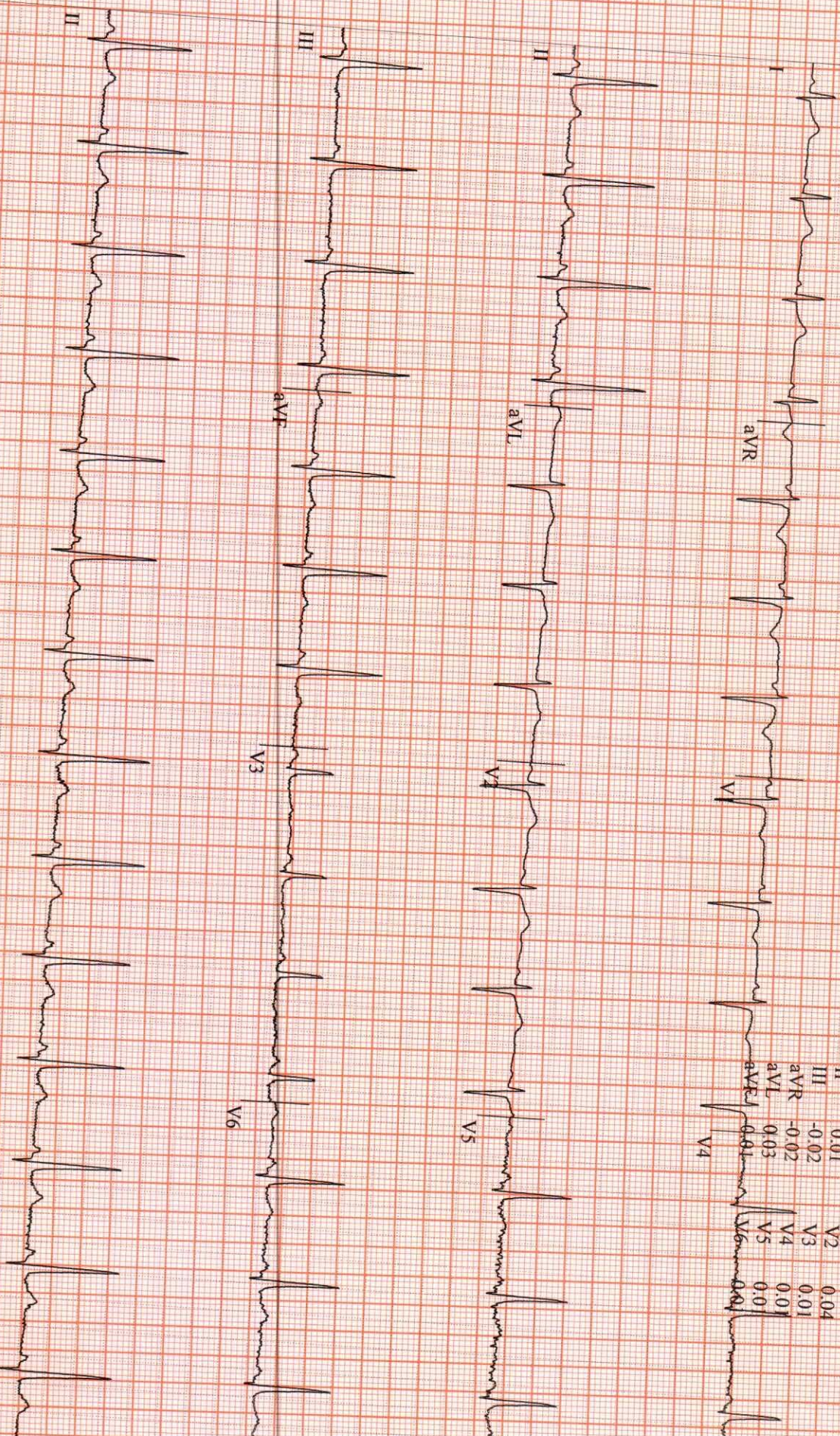
12-Lead Report
 PRETEST
 SUPINE
 00:14

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNO

Lead	ST(mV)	Lead	ST(mV)
I	0.03	V1	0.01
II	0.01	V2	0.04
III	-0.02	V3	0.01
aVR	-0.02	V4	0.01
aVL	0.03	V5	0.0
aVF	0.01	V6	0.0



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HRTI.V5

Start of Test: 11:15:34am

KAJAL, KUMARI
 Patient ID 393786861
 08.03.2025
 11:15:59am

84 bpm
 110/80 mmHg

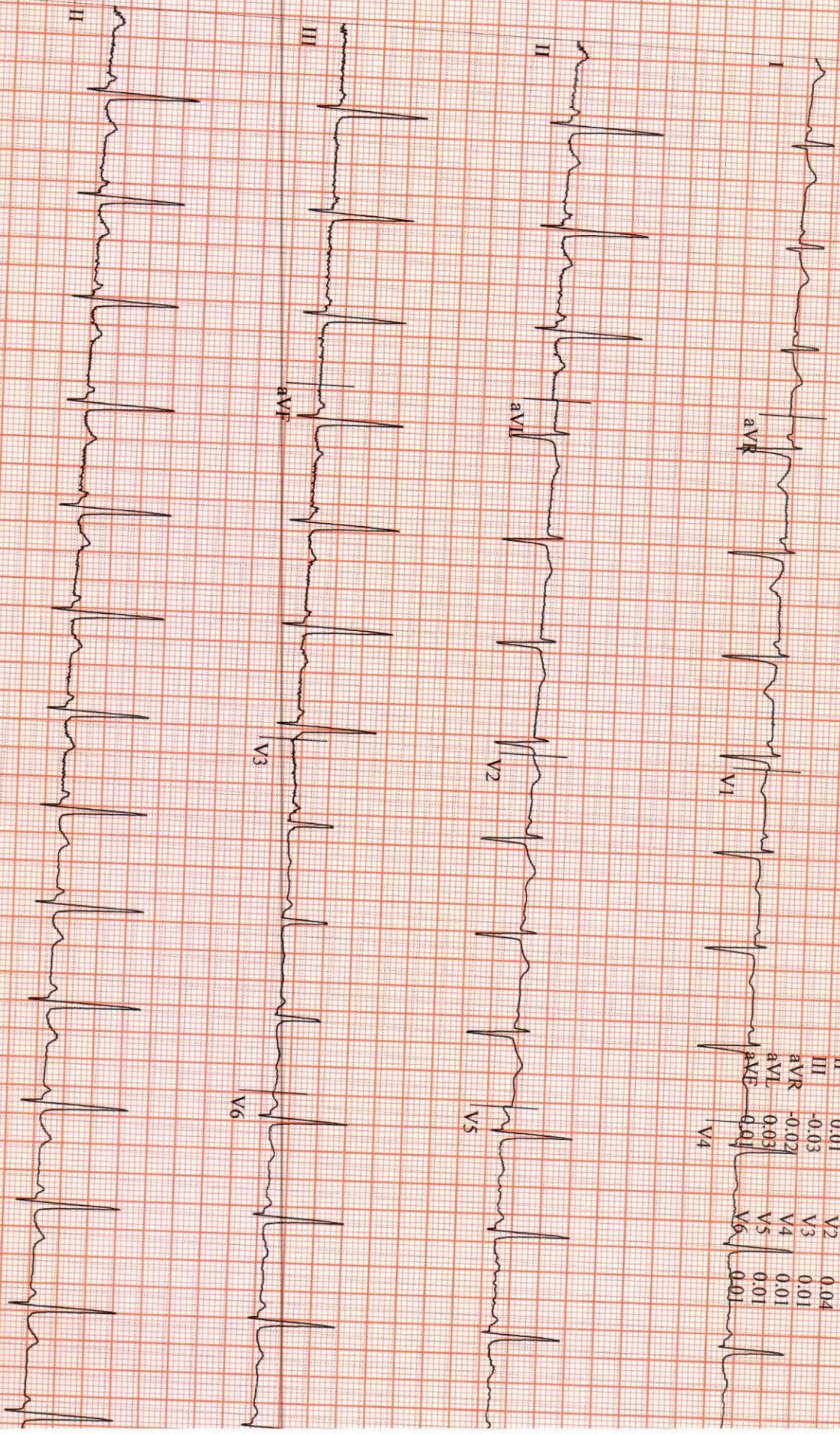
12-Lead Report
 PRETEST
 STANDING
 00:19

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNO

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.01
II	0.01	V2	0.04
III	-0.03	V3	0.01
aVR	-0.02	V4	0.01
aVL	0.03	V5	0.01
aVF	0.01	V6	0.01
V4			



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:15:34am

KAJAL, KUMARI
 Patient ID 393786861
 08.03.2025
 11:16:04am

85 bpm
 110/80 mmHg

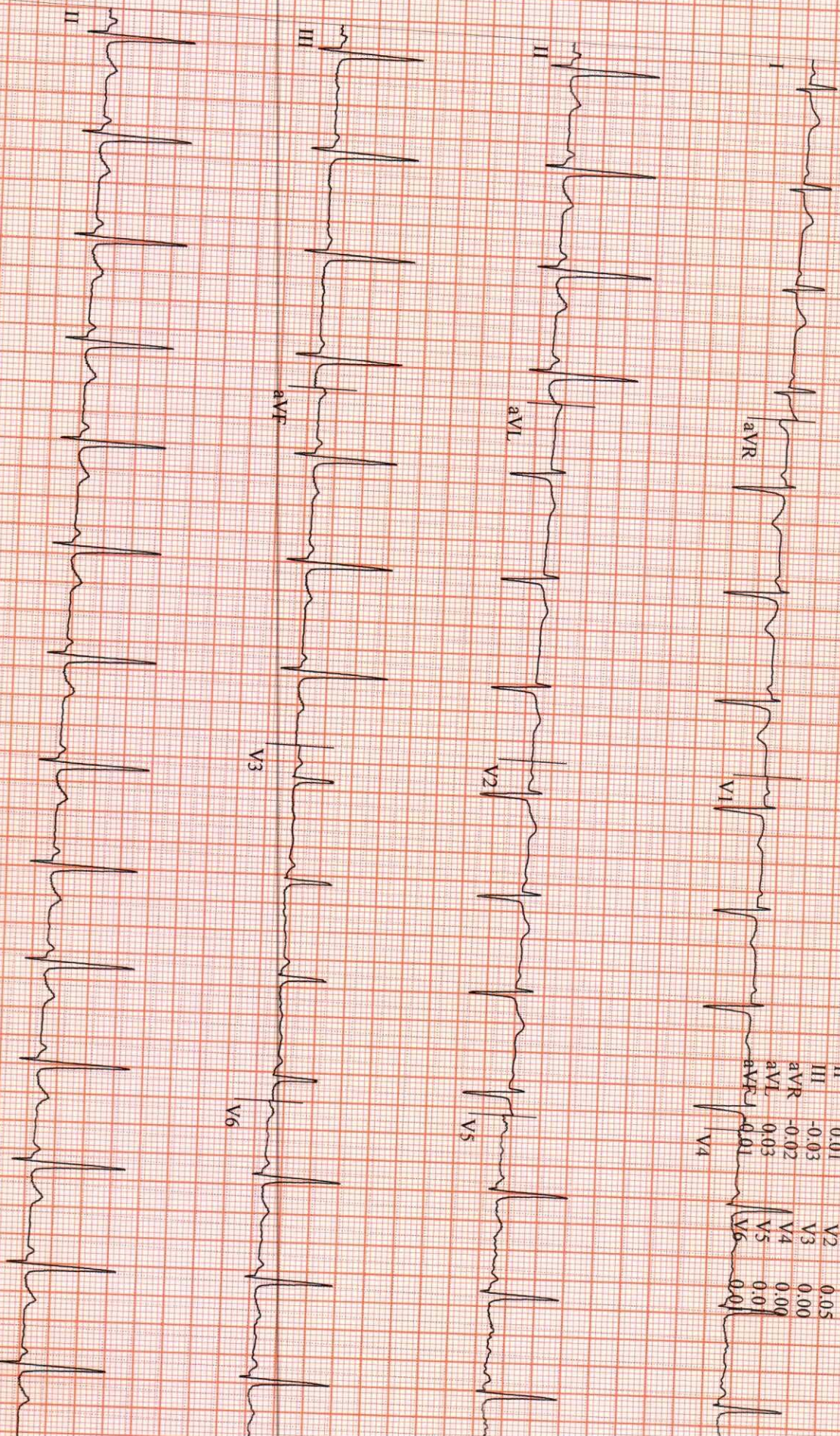
12-Lead Report
 PRETEST
 HYPERTV.
 00:24

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNO

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.01
II	0.01	V2	0.05
III	-0.03	V3	0.00
aVR	-0.02	V4	0.00
aVL	0.03	V5	0.01
aVF	0.01	V6	0.00



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:15:34am

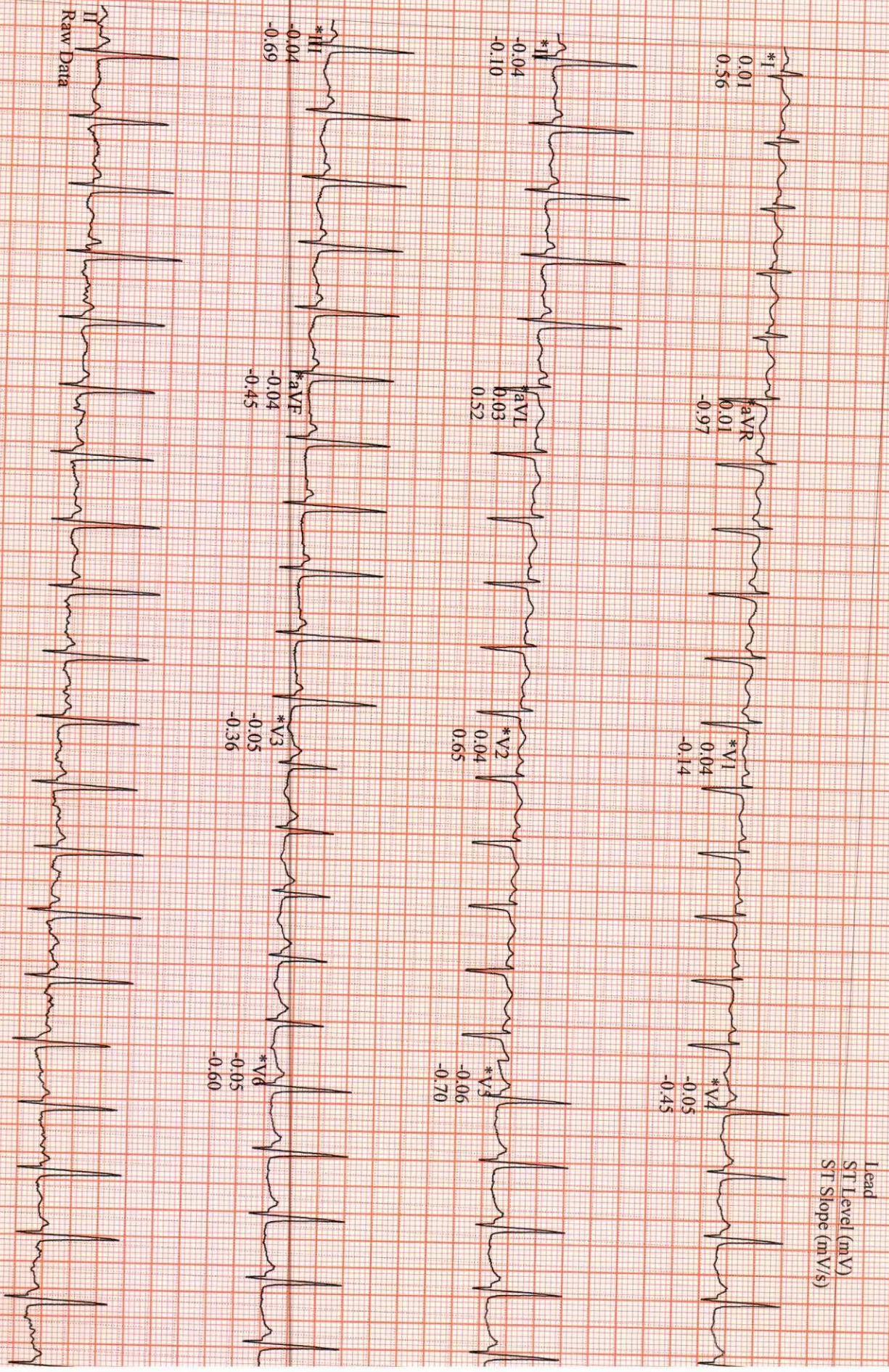
KAJAL, KUMARI
Patient ID 393786861
08.03.2025
11:19:05am

126 bpm
120/80 mmHg

Linked Medians
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNO:



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:15:34am

*Computer Synthesized Rhythms

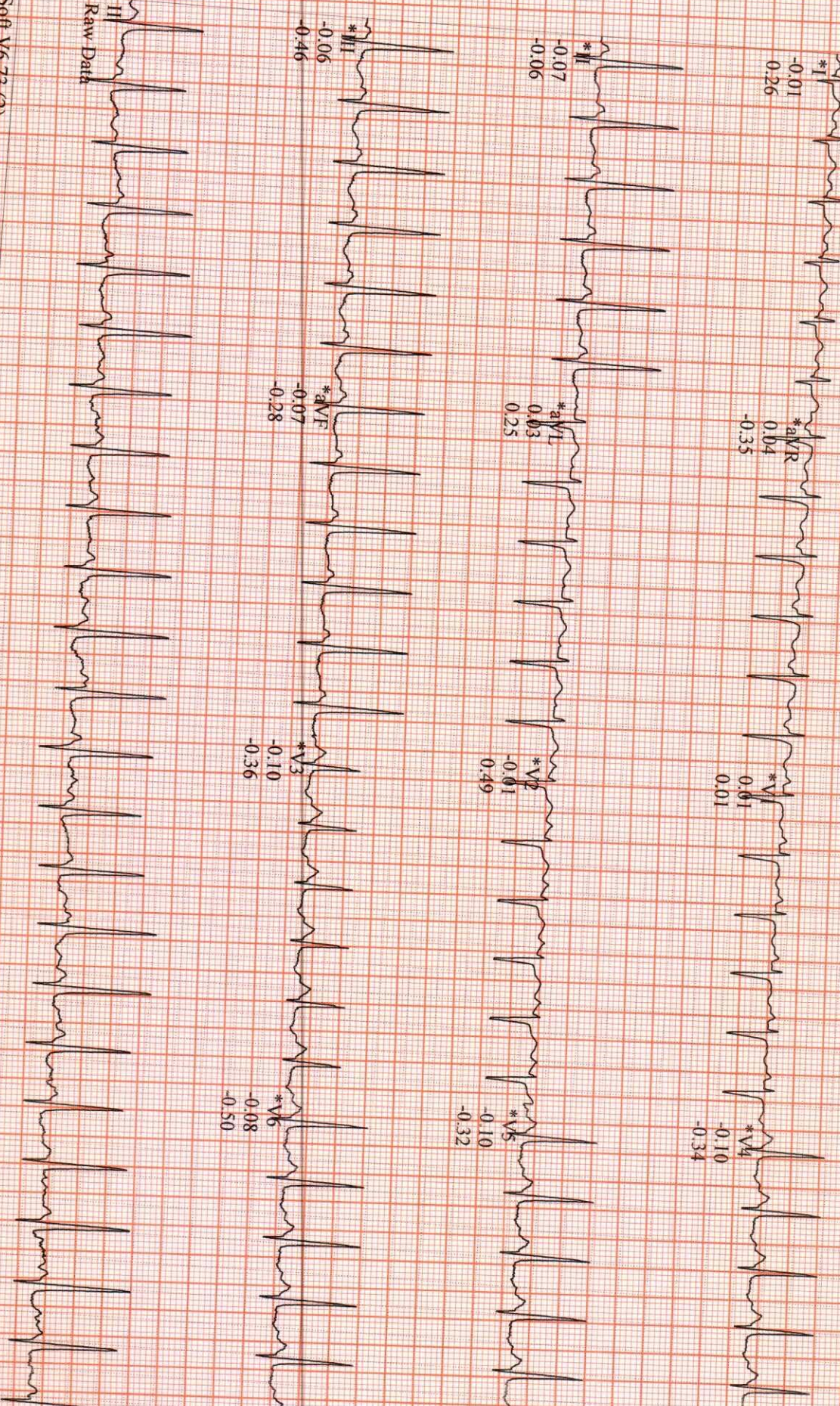
142 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNO

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(I,V5)

Start of Test: 11:15:34am

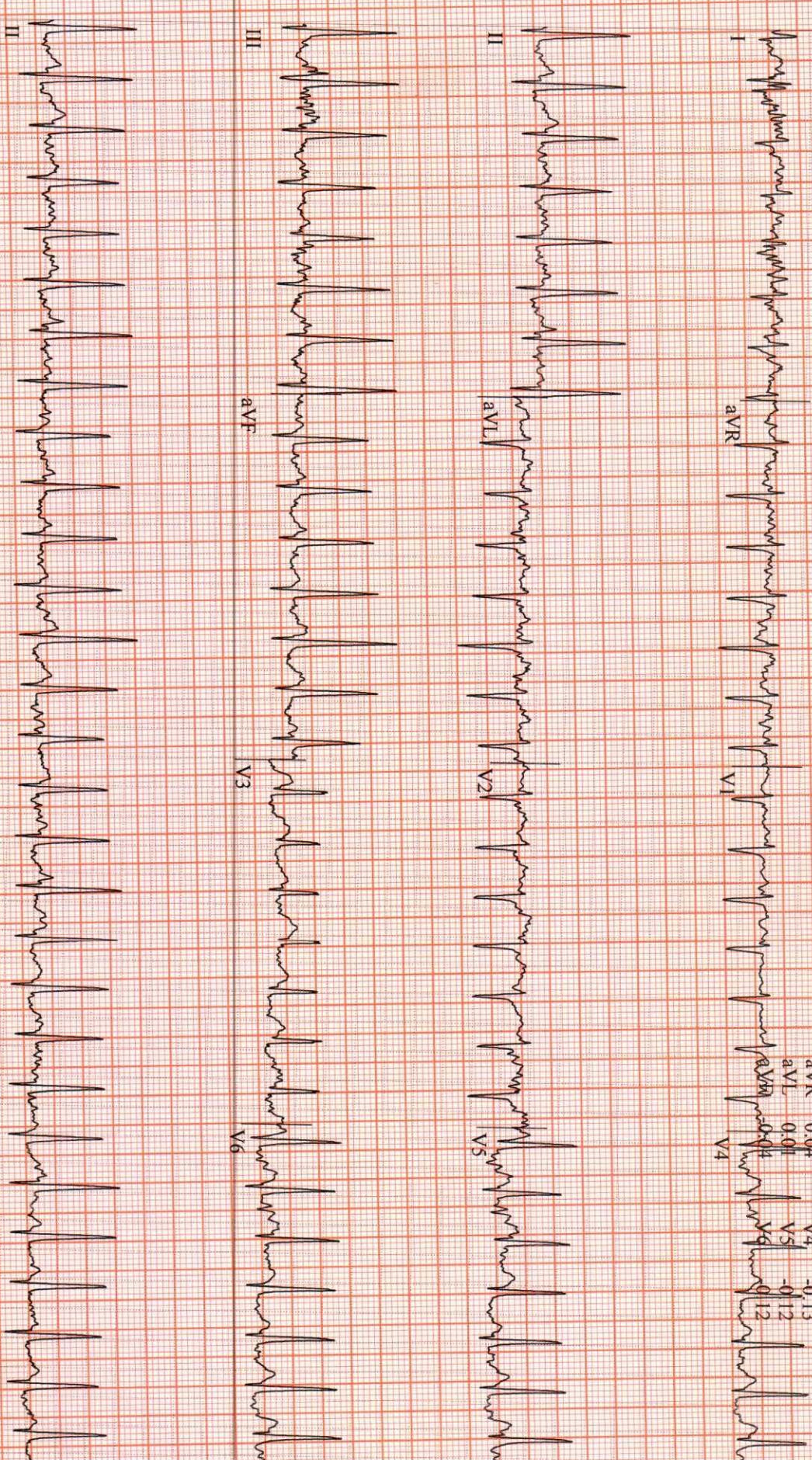
*Computer Synthesized Rhythms

KAJAL, KUMARI
 Patient ID 393786861
 08.03.2025
 11:24:06am

12-Lead Report (PEAK EXERCISE)
 EXERCISE
 STAGE 3
 07:46
 BRUCE
 3.4 mph
 14.0 %

SUBURBAN DIAGNOSTIC
 Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.02	V1	0.01
II	-0.06	V2	-0.03
III	-0.04	V3	-0.12
aVR	0.04	V4	-0.13
aVL	0.01	V5	-0.12
aVF	0.04	V6	-0.12



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

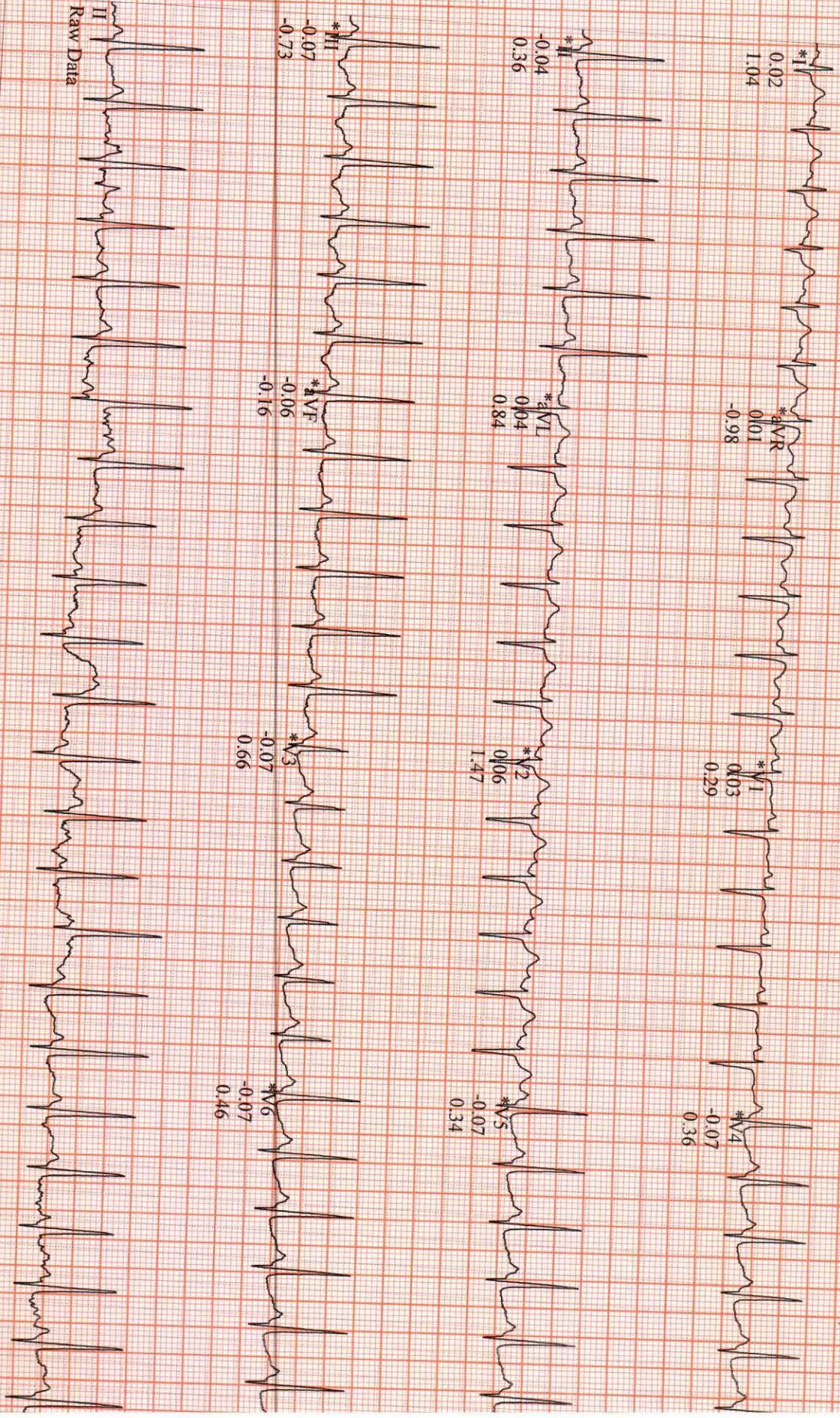
Start of Test: 11:15:34am

144 bpm

Linked Medians
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSIS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(II,V5)

Start of Test: 11:15:34am

*Computer Synthesized Rhythms

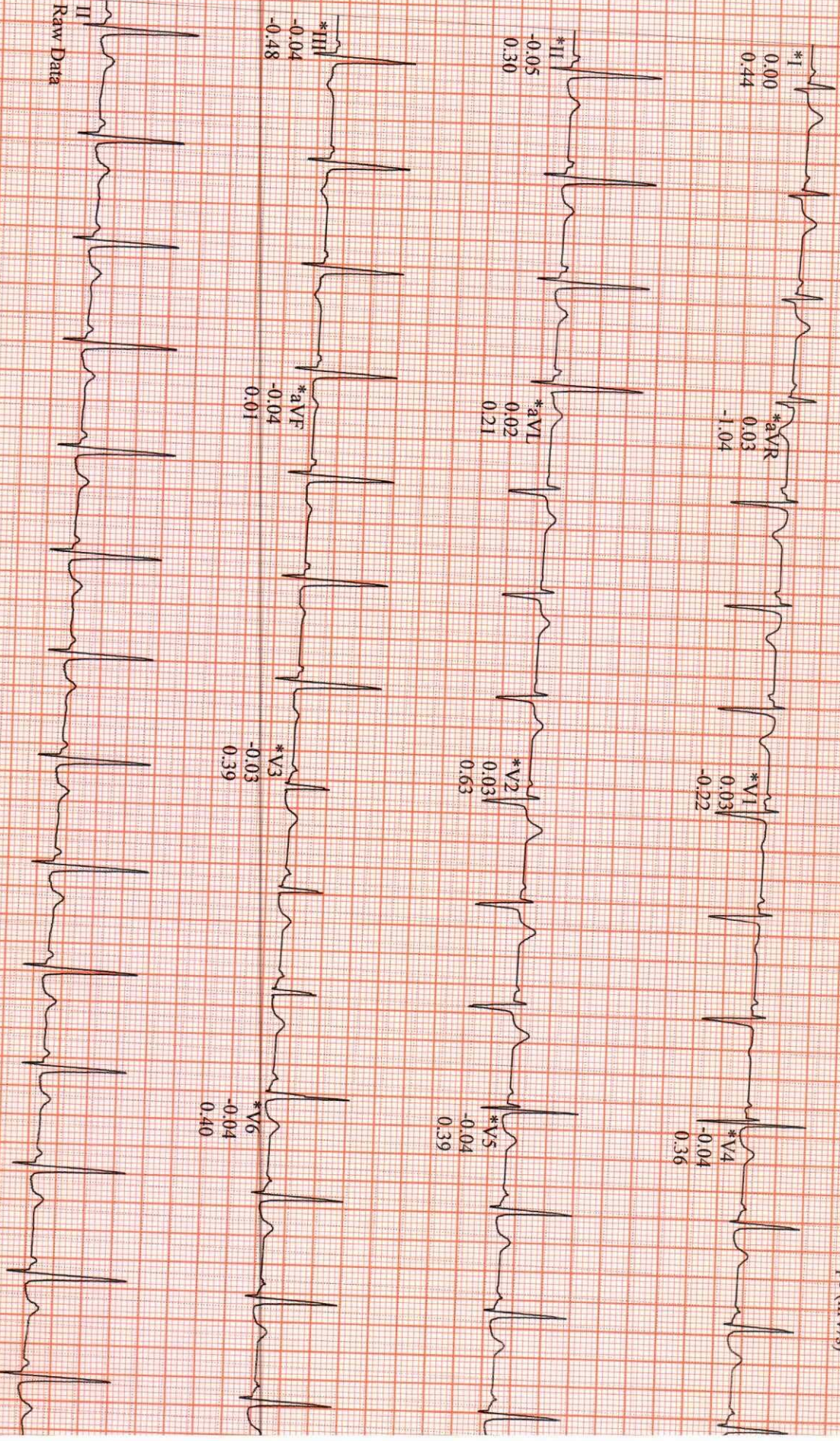
Aravali, KUMARI
Patient ID 393786861
08.03.2025
11:26:01am

83 bpm

Linked Medians
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNO:



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:15:34am

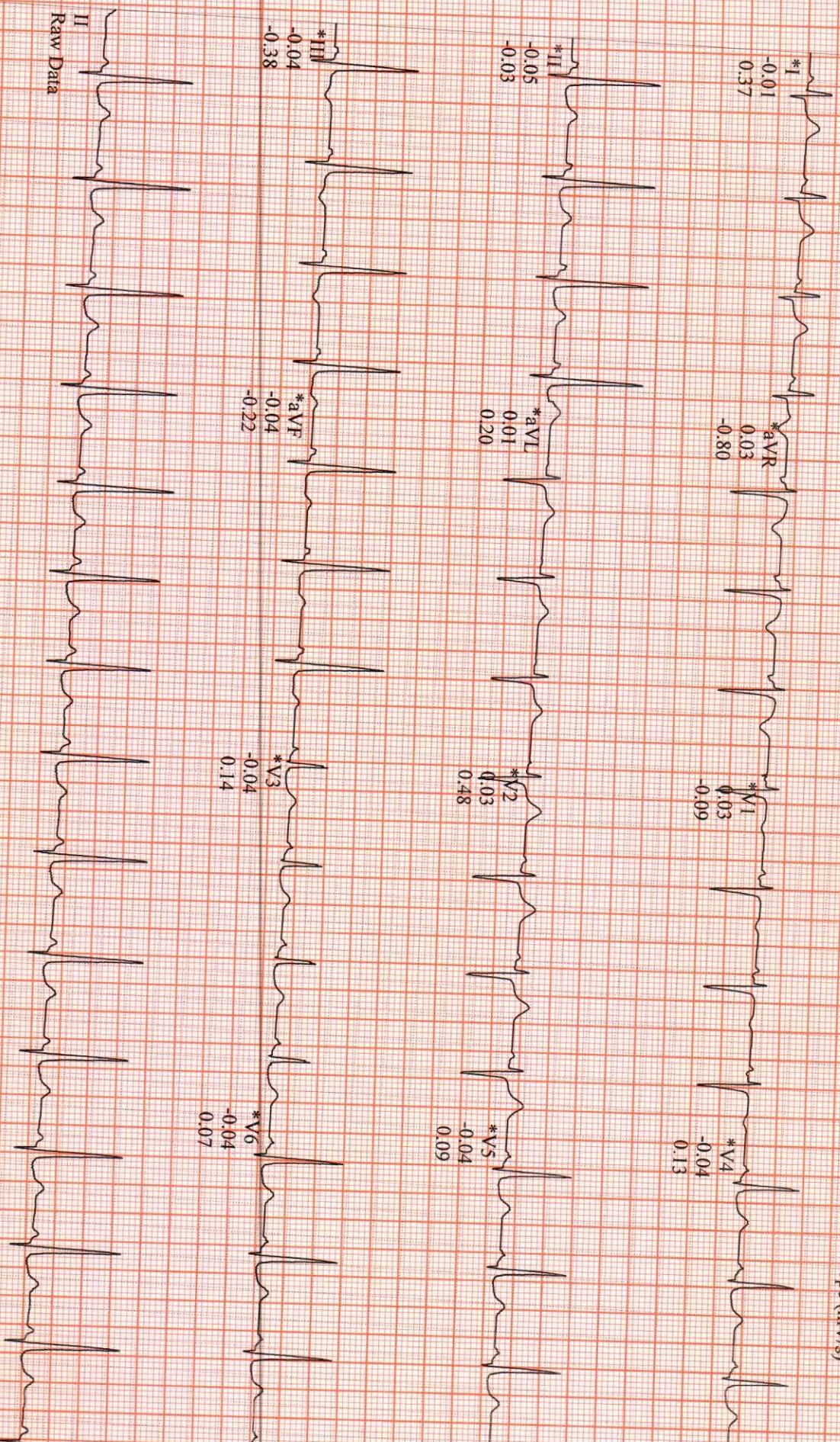
*Computer Synthesized Rhythms

86 bpm
130/80 mmHg

Linked Medians
RECOVERY #1
03:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNO:



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 11:15:34am

*Computer Synthesized Rhythms