

Name : MRS.VAISHALI KUMAR

Age / Gender : 24 Years/Female

Consulting Dr. :

Collected : 15-Jan-2024 / 09:20

Reg.Location : Kandivali East (Main Centre)

Reported : 16-Jan-2024 / 09:13

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/o abortion 1 month back, Bleeding pv off and on since 1 month.

EXAMINATION FINDINGS:

Height (cms): 161 cms

Weight (kg): 61 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/80

Nails: Normal

Pulse: 80/min

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

Anaemia +

ADVICE:

Iron & Vit-B12 Supplements .

Name : MRS.VAISHALI KUMAR

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CHIEF COMPLAINTS:

- | | |
|--|-----------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS 9 Nov 2022 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

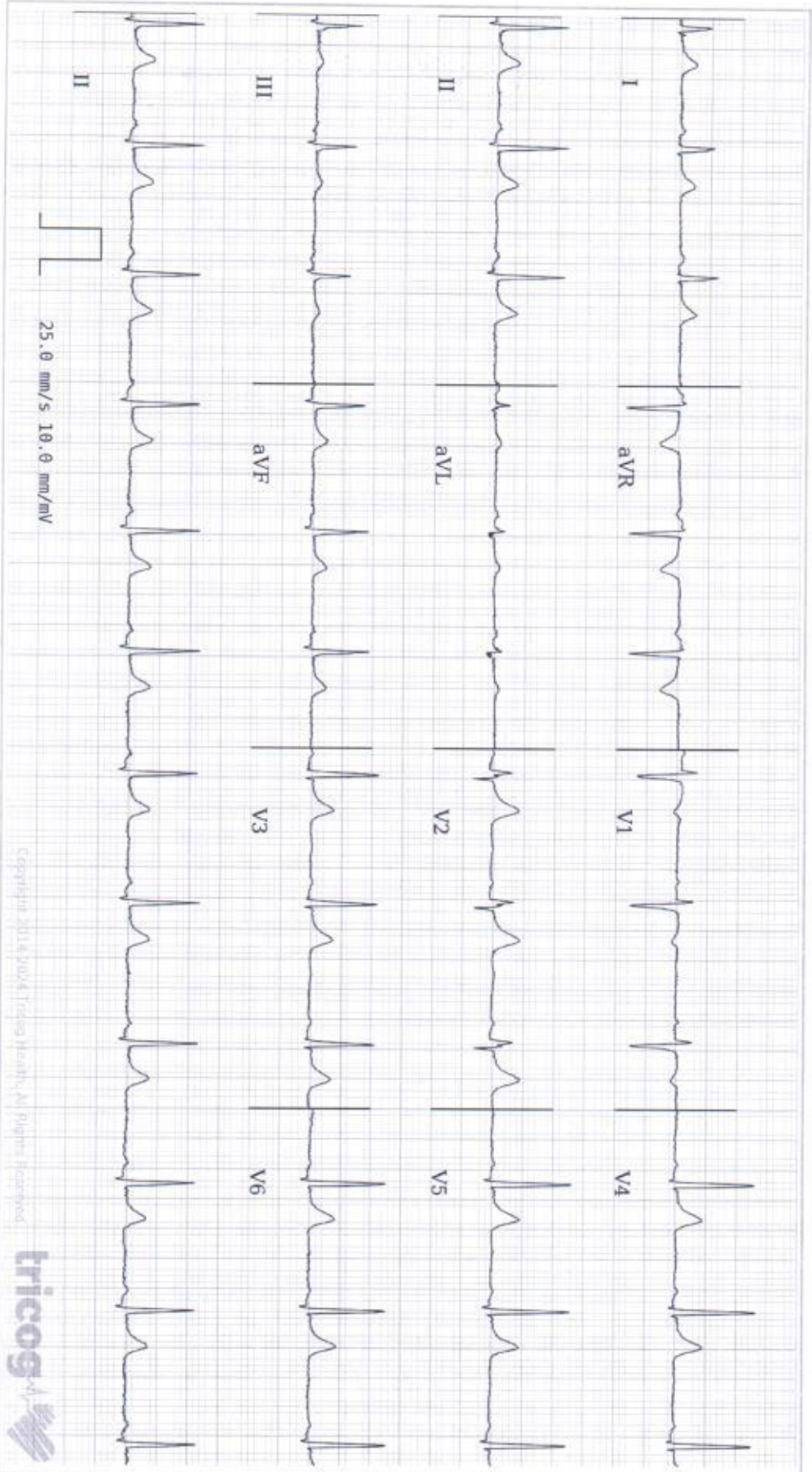
Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548
Pruhi

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

Dr.JAGRUTI DHALE

Patient Name: VAISHALI KUMAR
Patient ID: 2401500645

Date and Time: 15th Jan 24 10:32 AM



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Age **24** NA
years months

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 61 kg

Height: 161 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 358ms

QTcB: 386ms

PR: 132ms

P-R-T: 19° 60° 49°

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology,
Cardiologist
2012082483

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

Disclaimer: This analysis in this report is based on ECG alone and should be read as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. All vital values are entered by the clinician and not derived from the ECG.

Date: - 15/1/2024

CID: 2401500645

Name: - Vaishali kumar

Sex/Age: 24/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

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Thakur Village, Kandivalli (east),
Mumbai - 400101.
Tel: 61700000

CID : 2401500645
Name : Mrs VAISHALI KUMAR
Age / Sex : 24 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Jan-2024
Reported : 15-Jan-2024 / 13:19

Use a QR Code Scanner
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>



Email:
 2688 / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg Date: 15 / 01 / 2024 10:37:08 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 169.0 bpm
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 06:56 Mins Ectopic Beats 0.0
 METS 8.1 Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 196

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
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 STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

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.

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

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 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 617000000

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg
 Date: 15 / 01 / 2024 10:37:08 AM Refd By : AERCOFEMI Examined By: DRAKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	073	37%	120/80	087	00	
Standing	00:34	0:25	00.0	00.0	01.0	090	46%	120/80	108	00	
HV	00:51	0:17	00.0	00.0	01.0	077	39%	120/80	092	00	
ExStart	01:10	0:19	00.0	00.0	01.0	085	43%	120/80	102	00	
BRUCE Stage 1	04:10	3:00	02.7	10.0	04.7	124	63%	120/80	148	00	
BRUCE Stage 2	07:10	3:00	04.0	12.0	07.1	152	78%	130/80	197	00	
PeakEx	08:06	0:56	05.5	14.0	08.1	169	86%	150/80	253	00	
Recovery	09:06	1:00	00.0	00.0	01.1	129	66%	140/80	180	00	
Recovery	09:15				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 06:56
 Initial HR (ExStrt) : 85 bpm 43% of Target 196
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.1 Fair response to induced stress
 Duke Treadmill Score : 07.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 169 bpm 86% of Target 196
 Max BP Attained 150/80 (mm/Hg)

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

Doctor : DR.AKHIL PARULEKAR

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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:09)



2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 73

Date : 15 / 01 / 2024 10:37:08 AM METS : 1.0 / 73 bpm 37% of THR BP : 120/80 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 Pk3 J

25 mm/Sec 1.0 Cm/mV

I 0.5
aVL 0.5
STs 0.3

V1 -0.3
V2 0.4

II 1.2
aVF 0.5

V2 0.4
V3 0.6

III 0.8
aVR -0.3
STs 0.3

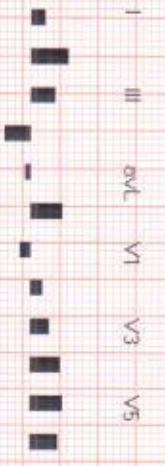
V3 0.6
V4 1.0

aVR -0.9
aVL -0.2
STs 0.0

V4 1.0
V5 1.1

aVF 1.0
aVR -0.5

V5 0.9
V6 0.5



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 90

STANDING (00:25)



Date: 15 / 01 / 2024 10:32:08 AM METS: 1.0/90 bpm 46% of THR BP: 120/80 mmHg Pgw/ECG/BLC/On/Noich/On/HF 0.05 Hz/LF 35 Hz
80 ms Post J
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 77

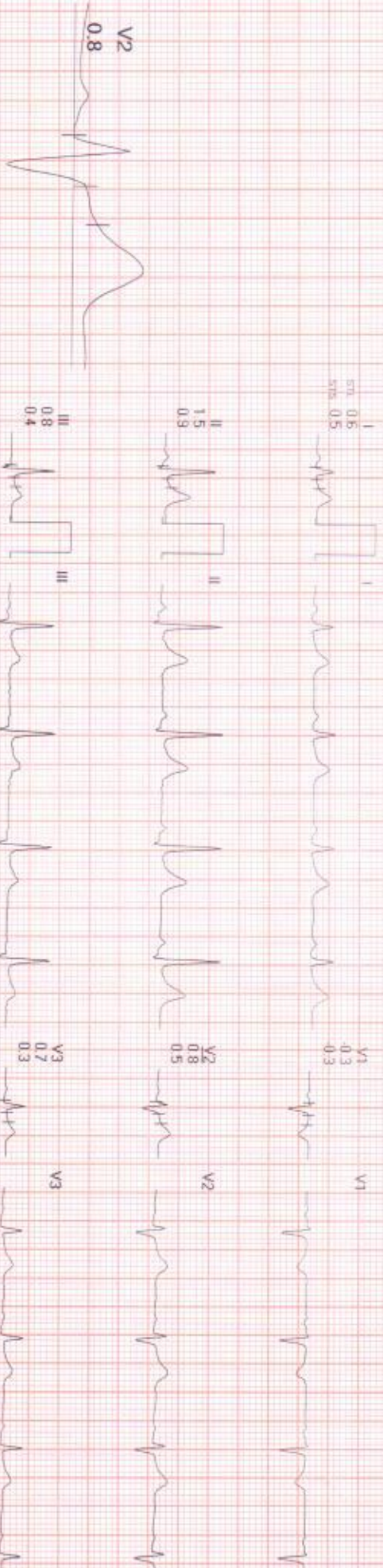
HV (00:17)



Date: 15/01/2024 10:37:08 AM METS: 1.0/77 bpm 39% of THR BP: 120/80 mmHg Row ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz
4X 80 ms/Port 3

ExTime: 00:00:0.0 kmph, 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStt

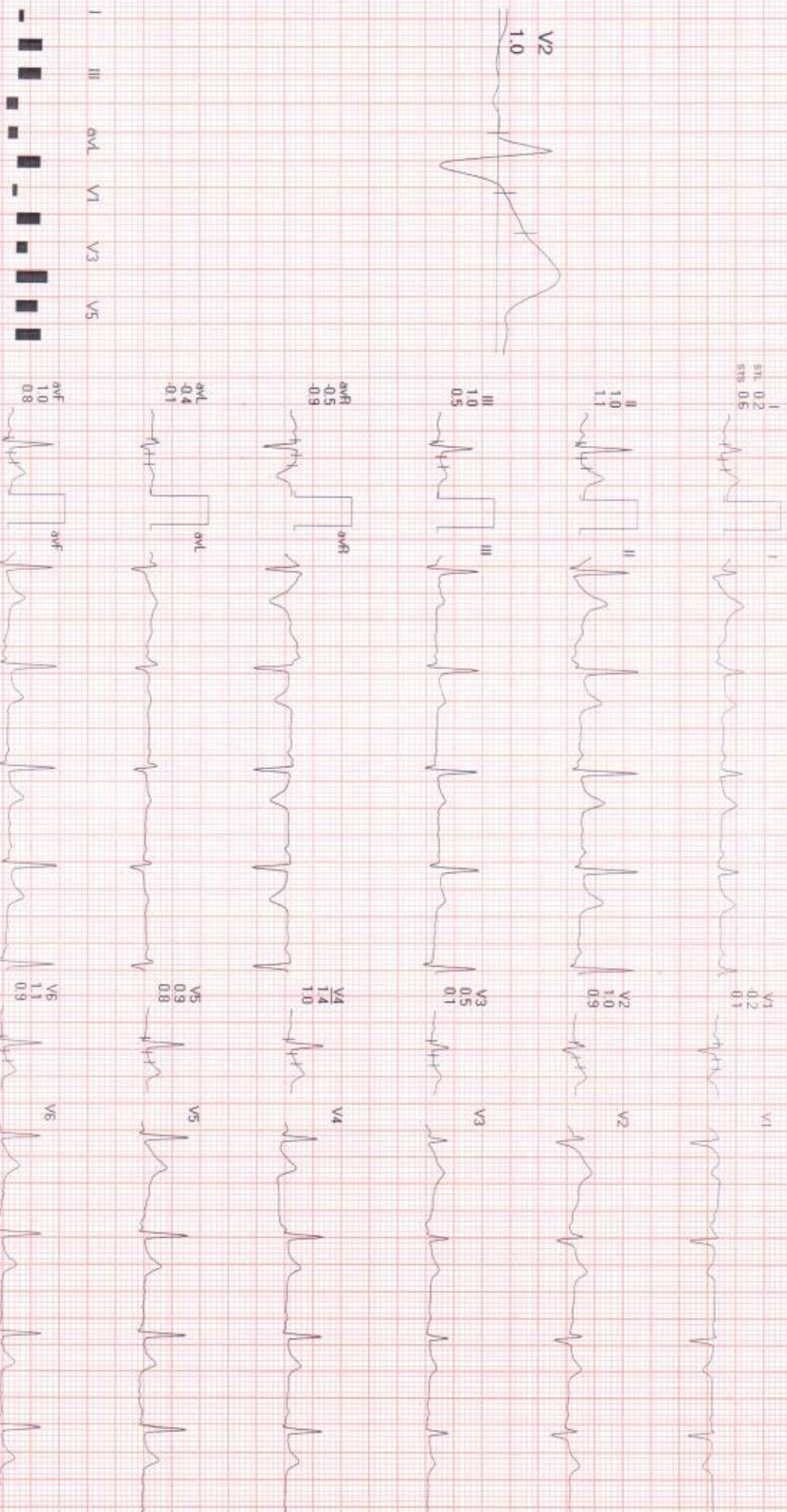


2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 85

Date: 15 / 01 / 2024 10:37:08 AM METS: 1.0/85 bpm 43% of THR BP: 120/80 mmHg Pwv ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz
4X 90 ms Post J

ExTime: 00:00 0.0 kmph, 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS: avR avF V2 V4 V6

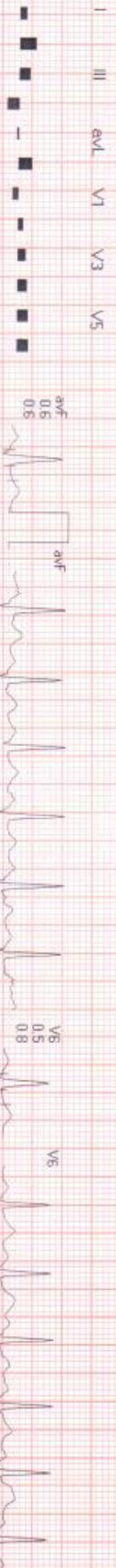
SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 124



Date: 15/01/2024 10:37:08 AM METS: 47/124 bpm 63% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Nunch On/ HF 0.05 Hz/LF 35 Hz
4X 80 ms Post J 25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)

2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 152



Date: 15 / 01 / 2024 10:37:08 AM METS: 7.1 / 152 bpm 78% of THR EP: 130/80 mmHg Raw ECG/BLC On/Naich On/HF 0.05 Hz/LF 35 Hz 4X

ExtTime: 06:00 4.0 Kmph, 12.0%

25 mm/Sec 1.0 Cm/mV



REMARKS: II gVR gVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKex



2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR 169

Date 15 / 01 / 2024 10:37:08 AM METS 8 / 1 / 169 bpm 86% of THR BP 150/80 mmHg Flow ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 4X

E-Time 06:56 5.5 kmph 14.0%

60 ms Post J

25 mm/Sec 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



2688 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR : 129

Date: 15 / 01 / 2024 10:37:08 AM METS: 1 / 1 / 129 bpm 66% of THR BP: 140/80 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz
4X 60 ms Post-1

Ex Time: 06:55 0.0 kmph 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

2698 (2401500645) / VAISHALI KUMAR / 24 Yrs / F / 161 Cms / 61 Kg / HR 123

Date: 15/01/2024 10:37:08 AM METS: 1.0/123 bpm 63% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:56 0.0 Km/h 0.0%

4X 80 ms Print J

25 mm/Sec 1.0 Cm/mV



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6





CID : 2401500645
Name : MRS.VAISHALI KUMAR
Age / Gender : 24 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Jan-2024 / 09:27
Reported : 15-Jan-2024 / 13:46

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.42	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.3	36-46 %	Measured
MCV	73	80-100 fl	Calculated
MCH	23.8	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4680	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.6	20-40 %	
Absolute Lymphocytes	1338.5	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	276.1	200-1000 /cmm	Calculated
Neutrophils	60.9	40-80 %	
Absolute Neutrophils	2850.1	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	201.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	14.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	345000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	31.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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Collected : 15-Jan-2024 / 09:27
Reported : 15-Jan-2024 / 13:16

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **22** 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



CID : 2401500645
Name : MRS.VAISHALI KUMAR
Age / Gender : 24 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Jan-2024 / 09:27
Reported : 15-Jan-2024 / 14:44

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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	93.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	4.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	88.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.52	0.51-0.95 mg/dl	Enzymatic



CID : 2401500645
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Age / Gender : 24 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Jan-2024 / 09:27
Reported : 15-Jan-2024 / 20:34

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eGFR, Serum	133	(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 w.e.f 16-08-2023

URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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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 Borivali Lab, Borivali West

*** End Of Report ***

Bmhasakar

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M.D. (PATH)
Pathologist



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Age / Gender : 24 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Jan-2024 / 09:27
Reported : 15-Jan-2024 / 13:30

Use a QR Code Scanner
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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 ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2401500645
Name : MRS.VAISHALI KUMAR
Age / Gender : 24 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	157.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	143.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	35.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	0.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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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	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	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	2.55	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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*** End Of Report ***



J Thakker

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