

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: NILAM SHELKE

Date and Time: 22nd Oct 22 8:52 AM

Patient ID: 2229520103

Age **32** **4** **16**
years months days

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

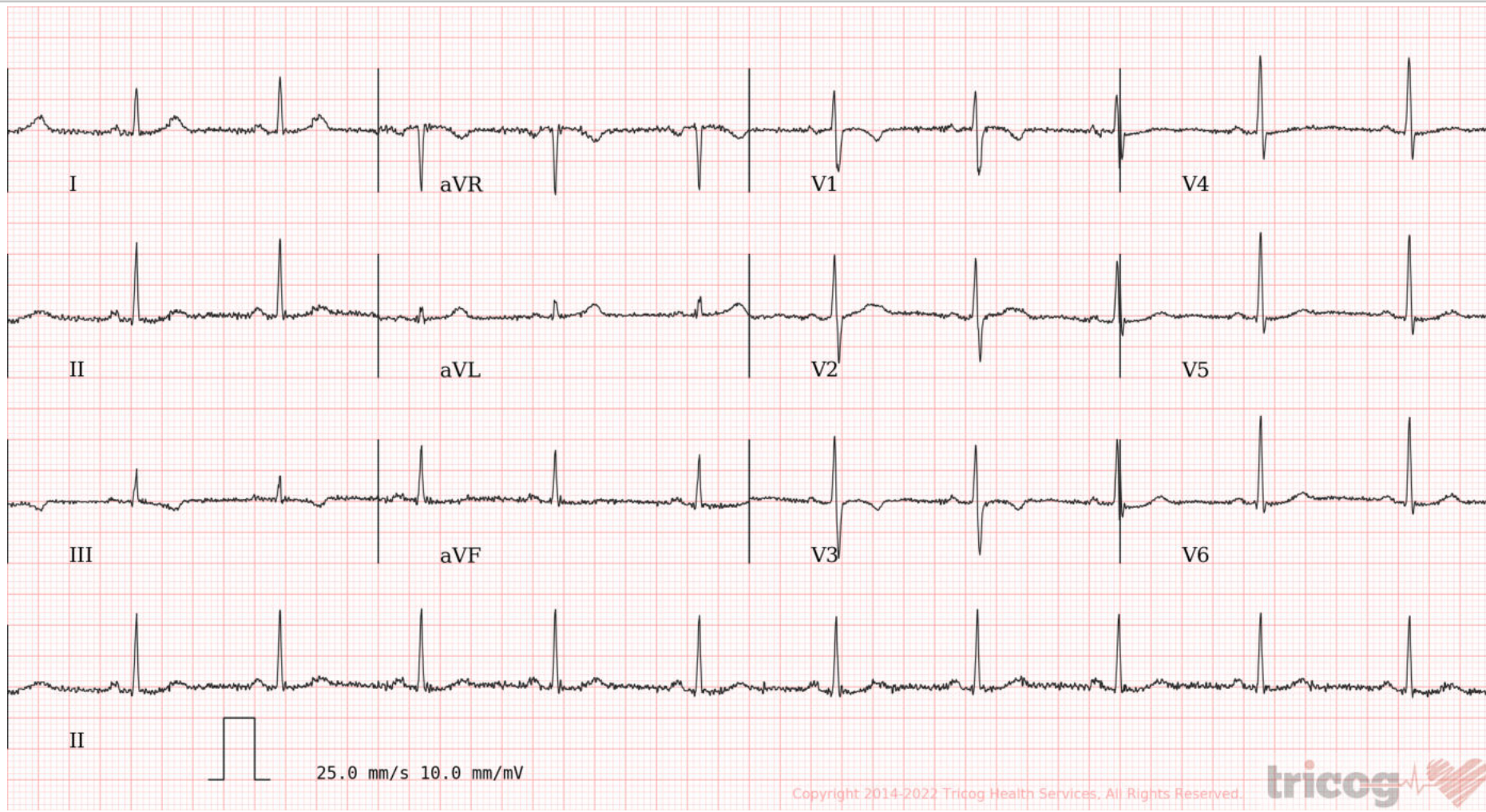
QRSD: 72ms

QT: 396ms

QTc: 415ms

PR: 154ms

P-R-T: 44° 49° 19°



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. T wave inversion in lead III, aVF (non specific).Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



CID : 2229520103
Name : Mrs NILAM SHELKE
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 22-Oct-2022
Reported : 22-Oct-2022/14:35

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15.0 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 11.7 x 3.6 cm. Left kidney measures 10.9 x 4.9 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.4 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS :

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022102208131725>



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The uterus is anteverted and appears normal. It measures 7.4 x 4.5 x 3.3 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 5.5 mm.

OVARIES:

Right ovary : 4.2 x 1.7 x 1.6 cm, Vol : 6.3 cc.
Left ovary : 4.1 x 1.8 x 1.8 cm, Vol : 7.4 cc.
Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 12.1 mm follicular cyst is seen in the left ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **No significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Name : Mrs NILAM SHELKE
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X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

Cardiomegaly with unfolded aorta.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

Kindly correlate clinically.

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

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Reg No -65470
Consultant Radiologist



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Name : Mrs NILAM SHELKE
Age / Sex : 32 Years/Female
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Reg. Date : 22-Oct-2022
Reported : 22-Oct-2022/14:42



CID : 2229520103
Name : MRS.NILAM SHELKE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 22-Oct-2022 / 08:23
Reported : 22-Oct-2022 / 12:41

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.0	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8270	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	48.8	20-40 %	
Absolute Lymphocytes	4035.8	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	744.3	200-1000 /cmm	Calculated
Neutrophils	40.4	40-80 %	
Absolute Neutrophils	3341.1	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	124.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	365000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	17.4	11-18 %	Calculated



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Reg. Location : Bhayander East (Main Centre)

Collected : 22-Oct-2022 / 08:23
Reported : 22-Oct-2022 / 13:00

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	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.23	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.1	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	13.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	119	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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Reg. Location : Bhayander East (Main Centre)

Collected : 22-Oct-2022 / 08:23
Reported : 22-Oct-2022 / 16:58

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 & Lab
Director



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Reported : 22-Oct-2022 / 15:33

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	12-15	Less than 20/hpf	
Others	-		

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*** End Of Report ***



Bmhaskar

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



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Collected : 22-Oct-2022 / 08:23
Reported : 22-Oct-2022 / 14:31

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

<u>PARAMETER</u>	<u>RESULTS</u>
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
2. AABB technical manual

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*** End Of Report ***



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



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Name : MRS.NILAM SHELKE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	191.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	81.1	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	149.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134.0	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	15.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



Bmhaskar

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



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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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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	13.8	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	10.57	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal 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 becuase 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 ***



Bmhaskar

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

CID#	: 2229520103	SID#	: 177801505277
Name	: MRS.NILAM SHELKE	Registered	: 22-Oct-2022 / 08:12
Age / Gender	: 32 Years/Female	Collected	: 22-Oct-2022 / 08:12
Consulting Dr.	: -	Reported	: 22-Oct-2022 / 16:23
Reg.Location	: Bhayander East (Main Centre)	Printed	: 22-Oct-2022 / 16:27

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	153	Weight (kg):	56
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	79/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

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

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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CID# : **2229520103**
 Name : MRS.NILAM SHELKE
 Age / Gender : 32 Years/Female
 Consulting Dr. : -
 Reg.Location : Bhayander East (Main Centre)

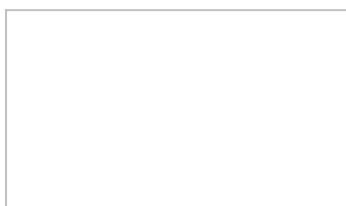
SID# : 177801505277
 Registered : 22-Oct-2022 / 08:12
 Collected : 22-Oct-2022 / 08:12
 Reported : 22-Oct-2022 / 16:23
 Printed : 22-Oct-2022 / 16:27

- | | |
|--|----|
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

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



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