

Date: - 10.12.2022

CID: 2234414477

Name: - Ms. Eluvathingal Carmel
Jay.

Sex / Age: 1 25yrs / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V. $\left. \begin{matrix} RL \\ LL \\ BL \end{matrix} \right\} NS$

D.V. $\left. \begin{matrix} RL \\ LL \\ BL \end{matrix} \right\} 6/6$

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			NS	—————			NS

Colour Vision: Normal / Abnormal

Remark: WNL



Dr. D.G. HATAKAR
R.No. 61087 M.D. (Ob.Gy)

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000



सत्यमेव जयते
भारत सरकार



आधार

भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

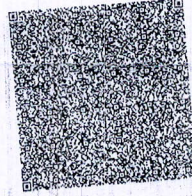
नामांकन क्रम / Enrollment No. : 0102/02989/19937

To
Eluvathingal Carmel Joy
एलुवतिन्गल कार्मेल जोय
C/O Bandra,
23/1220, mhb colony khernagar,
VTC: Bandra (East),
District: Mumbai,
State: Maharashtra, PIN Code: 400051,
Mobile: 8082573884

73535759



KF735357596F1



आपका आधार क्रमांक / Your Aadhaar No. :

6444 2959 1697

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



आधार

Issue Date: 15/12/2011



एलुवतिन्गल कार्मेल जोय
Eluvathingal Carmel Joy
जन्म तिथि / DOB: 03/04/1997
महिला / Female

(Signature)

Dr. D.G. HATAALKAR
R.No. 61067 M.D. (9b.Gy)

6444 2959 1697

मेरा आधार, मेरी पहचान

Carmel

Suburban Diagnostics (I) Pvt. Ltd
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Tel. No. 022-61700000

Carmel Joy Elovathingal
X-ray tests & Tread-mill tests not
performed.
Reason: My pregnancy.

Carmel

CARMEL JOY ELUVATHINGAL

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

CID# : 2234419477
 Name : MS. ELUVATHINGAL CARMEL JOY
 Age / Gender : 25 Years/Female
 Consulting Dr. :-
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:22
 Reported : 12-Dec-2022 / 13:36

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	158 cms	Weight (kg):	57.7 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	Normal
Pulse:	80 bpm	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible, No murmur
 Respiratory: AEBE
 Genitourinary: NAD
 GI System: Liver and Spleen not palpable
 CNS: NAD

IMPRESSION:

Hb-11.9, ESR-30

ADVICE:

Refer to Physician for treatment of Anemia

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

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- | | |
|--|----|
| 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 ***

D. Hatakalkar
Dr. Dhanwanti Hatakalkar
PHYSICIAN

Dr. D.G. HATAKALKAR
R.No. 61067 M.D. (Ob.Gy)

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Tel. No. 022-61700000



CID : 2234419477
 Name : MS.ELUVATHINGAL CARMEL JOY
 Age / Gender : 25 Years / Female
 Consulting Dr. : -
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
 Reported : 10-Dec-2022 / 14:42

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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	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	3.92	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.6	36-46 %	Calculated
MCV	90.8	80-100 fl	Measured
MCH	30.2	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9010	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	17.5	20-40 %	
Absolute Lymphocytes	1576.8	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	450.5	200-1000 /cmm	Calculated
Neutrophils	75.0	40-80 %	
Absolute Neutrophils	6757.5	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	216.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	257000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	12.5	11-18 %	Calculated



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Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:54

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 30 2-20 mm at 1 hr. Sedimentation

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



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



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Reg. Location : Kalina, Santacruz East (Main Centre)

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Reported : 10-Dec-2022 / 15:28

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	62.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	63.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	19.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	58.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	8.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.43	0.51-0.95 mg/dl	Enzymatic



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Age / Gender : 25 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 11:57
Reported : 10-Dec-2022 / 17:59

eGFR, Serum	190	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.0	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 CPL, Andheri West
*** End Of Report ***



M. Jain

Dr. MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2234419477
Name : MS.ELUVATHINGAL CARMEL JOY
Age / Gender : 25 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 16:44

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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	4.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	91.1	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 CPL, Andheri West

*** End Of Report ***



J. Thakker

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



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CID : 2234419477
Name : MS.ELUVATHINGAL CARMEL JOY
Age / Gender : 25 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:52

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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)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:52

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Name : MS.ELUVATHINGAL CARMEL JOY
Age / Gender : 25 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:24

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2234419477
Name : MS.ELUVATHINGAL CARMEL JOY
Age / Gender : 25 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:27

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	170.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.6	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	59.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	16.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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



M. Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



CID : 2234419477
 Name : MS.ELUVATHINGAL CARMEL JOY
 Age / Gender : 25 Years / Female
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 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Dec-2022 / 08:28
 Reported : 10-Dec-2022 / 15:12

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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	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	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	0.827	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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Consulting Dr. : -
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Collected : 10-Dec-2022 / 08:28
Reported : 10-Dec-2022 / 15:12

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)

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



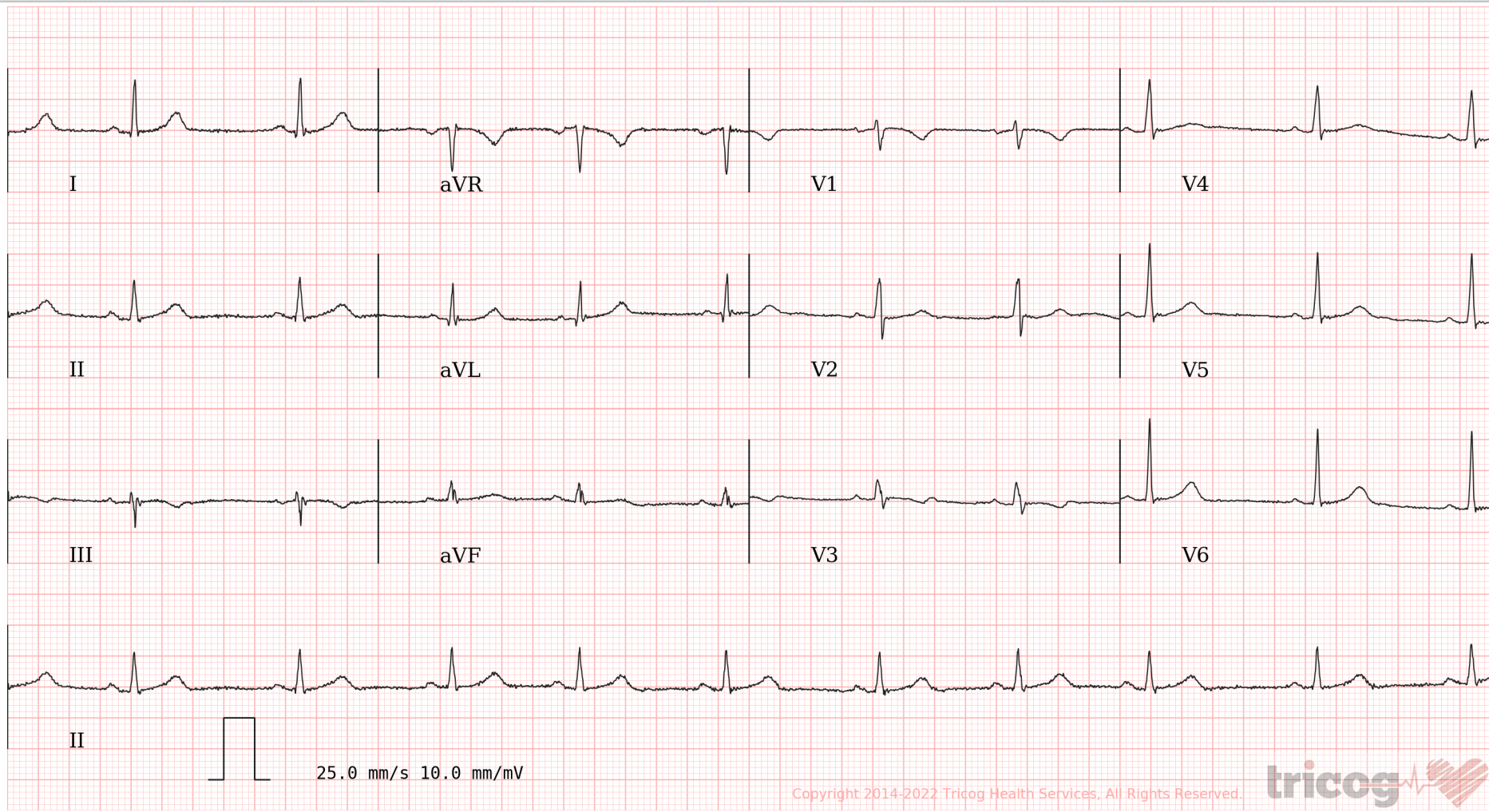
Anupa

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

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: ELUVATHINGAL CARMEL JOY Date and Time: 10th Dec 22 8:48 AM
Patient ID: 2234419477



Age **25** **8** **2**
years months days

Gender **Female**

Heart Rate **62bpm**

Patient Vitals

BP: 90/50 mmHg
Weight: 57 kg
Height: 158 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 84ms
QT: 412ms
QTc: 418ms
PR: 156ms
P-R-T: 39° 15° 19°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478

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.