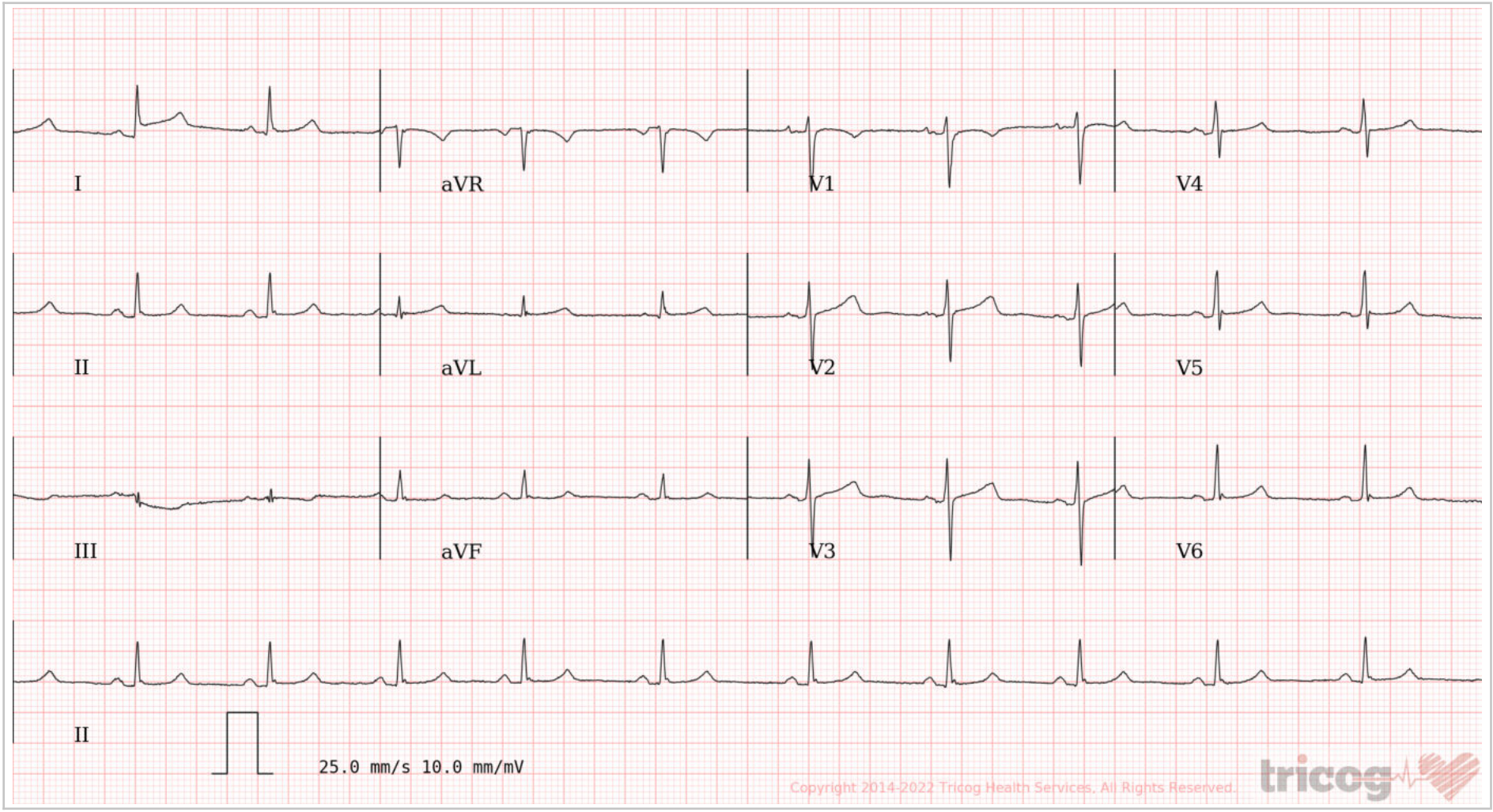
SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: LALITA SHENDGE
Patient ID: 2225322054

Date and Time: 10th Sep 22 9:32 AM



Age 31 years 1 months 25 days

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	76ms
QT:	398ms
QTc:	420ms
PR:	140ms
P-R-T:	55° 38° 23°

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

REPORTED BY

Dr.Milind Shinde
MBBS, DNB Medicine
2011/05/1544

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2225322054		
Name	: Mrs LALITA SHENDGE		
Age / Sex	: 31 Years/Female		
Ref. Dr	:	**Reg. Date**	: 10-Sep-2022
Reg. Location	: Lulla Nagar, Pune Main Centre	**Reported**	: 10-Sep-2022/10:29

USG (ABDOMEN + PELVIS)

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.
The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is well visualised and appears normal.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS : Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa.
No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS : The uterus is anteverted and appears normal. It measures 5.7 x 3.1 x 3.4 cm in size.
The endometrial thickness is 6 mm.

OVARIES : Both the ovaries are obscured due to bowel gases.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

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Reg. Location	: Lulla Nagar, Pune Main Centre	**Reported**	: 10-Sep-2022/10:29

IMPRESSION :

- **No significant abnormality seen.**

Advice - Clinical and lab correlation.

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

This report is prepared and physically checked by Dr Pallavi before dispatch.

R Rawal.
Dr. PALLAVI RAWAL
MBBS, MD Radiology
Reg No 2013/04/1170

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Reg. Location	: Lulla Nagar, Pune Main Centre	**Reported**	: 10-Sep-2022/11:17

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----------

This report is prepared and physically checked by Dr Pallavi before dispatch.

R Rawal.
Dr. PALLAVI RAWAL
MBBS, MD Radiology
Reg No 2013/04/1170

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CID	: 2225322054		
Name	: MRS.LALITA SHENDGE		
Age / Gender	: 31 Years / Female		
Consulting Dr.	: -	**Collected**	: 10-Sep-2022 / 09:18
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Sep-2022 / 13:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.43	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.3	36-46 %	Calculated
MCV	84	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	**14.7**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6800	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	2352.8	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	306.0	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	3848.8	2000-7000 /cmm	Calculated
Eosinophils	4.3	1-6 %	
Absolute Eosinophils	292.4	20-500 /cmm	Calculated
Basophils	**0.0**	0.1-2 %	
Absolute Basophils	**0.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	190000	150000-400000 /cmm	Elect. Impedance
MPV	**11.1**	6-11 fl	Calculated
PDW	**20.3**	11-18 %	Calculated

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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB	**24**	2-20 mm at 1 hr.	Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

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MC-2463

Dr.GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Sep-2022 / 13:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	98.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 10-Sep-2022 / 17:12

eGFR, Serum	113	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.6	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 Pune Lab, Pune Swargate

*** End Of Report ***

MC-2463

Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

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

PARAMETER	RESULTS
ABO GROUP	A
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.

Refernces:

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	124.7	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	**31.7**	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	93	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	76.0	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.3	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.6	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.85	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.

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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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***

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