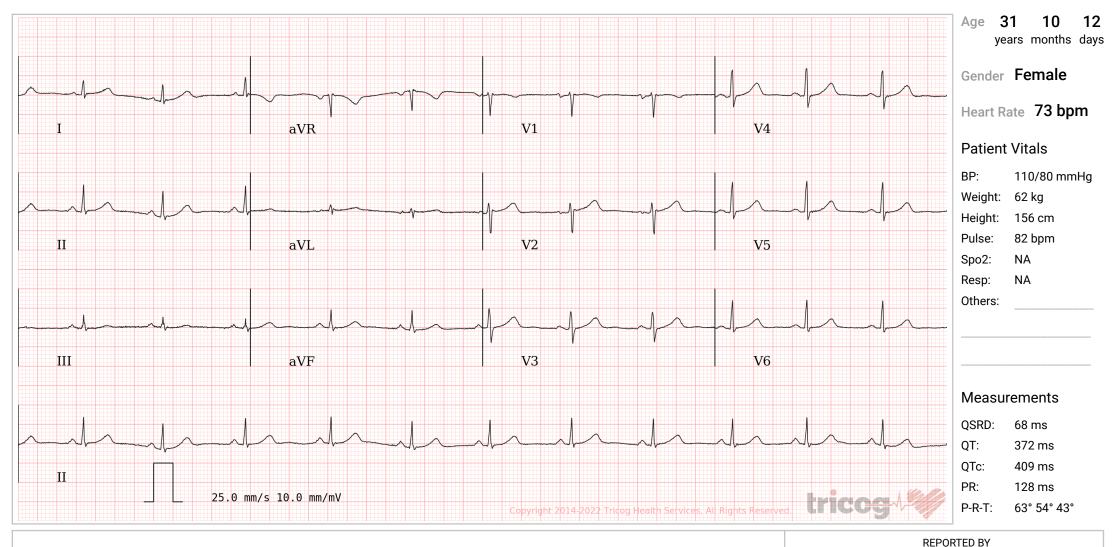
# SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE



Patient Name: PRIYANKA VAIBHAV CHAVAN Date and Time: 15th Feb 22 9:25 AM Patient ID: 2204606743



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

HAL-

Dr. Krutika Ingle MBBS, D.DM, PG in Diabetology (USA) 2012103018

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.



CID	: 2204606743
Name	: MS.PRIYANKA VAIBHAV CHAVAN
Age / Gender	: 31 Years / Female
Consulting Dr.	: -
Reg. Location	: Pimple Saudagar, Pune (Main Centre)



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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
<b>RBC PARAMETERS</b>				
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric	
RBC	4.34	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	38.8	36-46 %	Measured	
MCV	89	80-100 fl	Calculated	
MCH	29.3	27-32 pg	Calculated	
MCHC	32.8	31.5-34.5 g/dL	Calculated	
RDW	11.2	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6040	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	31.9	20-40 %		
Absolute Lymphocytes	1926.8	1000-3000 /cmm	Calculated	
Monocytes	5.6	2-10 %		
Absolute Monocytes	338.2	200-1000 /cmm	Calculated	
Neutrophils	57.9	40-80 %		
Absolute Neutrophils	3497.2	2000-7000 /cmm	Calculated	
Eosinophils	3.4	1-6 %		
Absolute Eosinophils	205.4	20-500 /cmm	Calculated	
Basophils	1.2	0.1-2 %		
Absolute Basophils	72.5	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	306000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	10.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Reported	:15-Feb-2022 / 13:06	т

Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	Normocytic,Normochromic		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	-		
Specimen: EDTA Whole Blood			
ESR, EDTA WB	11	2-20 mm at 1 hr.	Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab \*\*\* End Of Report \*\*\*



K.S. Wadgaankar

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Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), Consultant Pathologist

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R E P O R T

CID	: 2204606743	
Name	: MS.PRIYANKA VAIBHAV CHAVAN	
Age / Gender	: 31 Years / Female	
Consulting Dr. Reg. Location	: - : Pimple Saudagar, Pune (Main Centre)	Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.4	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	0.1	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.6	1 - 2	Calculated	
SGOT (AST), Serum	15.9	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	12.6	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	11.5	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	79.2	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	13.0	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	6.1	6-20 mg/dl	Calculated	
CREATININE, Serum eGFR, Serum	0.74 97	0.51-0.95 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated	
URIC ACID, Serum	4.4	2.4-5.7 mg/dl	Enzymatic	

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DIAGNOSTI PRECISE TESTING - HEAL	C S			E
CID	: 2204606743			Ρ
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Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	:-	Collected	:15-Feb-2022 / 14:04	
Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Reported	:15-Feb-2022 / 17:09	т
Lirine Sugar (E	acting) Absent	Absent		

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab \*\*\* End Of Report \*\*\*



K.S. Wadgaankar

Authenticity Check

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Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), Consultant Pathologist

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

## Intended use:

PARAMETER

- 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 Pune Lab, Pune Swargate \*\*\* End Of Report \*\*\*





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Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - : Pimple Saudagar, Pune (Main Centre)

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	<u>1</u>		
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	6-8	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab \*\*\* End Of Report \*\*\*



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

## PARAMETER

# <u>RESULTS</u>

ABO GROUP O Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay group/Bombay Phenotype/OH Using Anti-H Lectin.

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

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

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Consulting Dr. Reg. Location	: - :Pimple Saudagar, Pune (Main Centre)

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	197.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	84.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	37.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	160.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	143	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	Colorimetric
VLDL CHOLESTEROL, Serum	17	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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Authenticity Check R F :2204606743 Name : MS. PRIYANKA VAIBHAV CHAVAN Use a OR Code Scanner Age / Gender : 31 Years / Female Application To Scan the Code Consulting Dr. Collected : -:15-Feb-2022 / 09:08 : Pimple Saudagar, Pune (Main Centre) Reported :15-Feb-2022 / 14:42 Reg. Location **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS BIOLOGICAL REF RANGE** RESULTS PARAMETER METHOD Free T3, Serum 3.8 CMIA 2.6-5.7 pmol/L

Kindly note change in reference range and method w.e.f. 16/08/2019

Free T4, Serum 11.0 9-19 pmol/L CMIA Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 Kindly note change in reference range and method w.e.f. 16/08/2019 sensitiveTSH, Serum 0.35-4.94 microIU/ml 1.56 CMIA Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

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 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 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: 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.

#### 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 \*\*



mashield

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

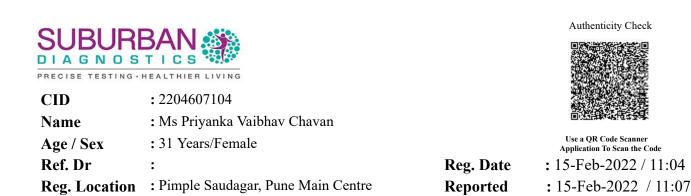
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Page 10 of 10

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# **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 and appears normal.No evidence of gall stones or 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-10.1 x 3.5 cm. Left kidney measures-10.5 x 4.2 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.It measures in size.The endometrial thickness is 6.8 mm.

## **OVARIES:**

Both the ovaries are well visualised and appears normal. There is no evidence of any ovarian or adnexal mass seen.

**IMPRESSION:**-

No significant abnormality is seen.

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DR. RUJUTA SAWANT MBBS DMRE Regd. No. 2011/11/3329 Consultant Radiologist

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

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PRECISE TESTING .	HEALTHIER LIVING			-
CID	: 2204607104			Р
Name	: Ms Priyanka Vaibhav Chavan			0
Age / Sex	: 31 Years/Female		Use a QR Code Scanner Application To Scan the Code	Ŭ
Ref. Dr	:	Reg. Date	: 15-Feb-2022 / 11:04	R
<b>Reg.</b> Location	: Pimple Saudagar, Pune Main Centre	Reported	: 15-Feb-2022 / 11:07	Т

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