

| CID                             | : 2332215411                         |
|---------------------------------|--------------------------------------|
| Name                            | : MRS.B NAGA SNEHA                   |
| Age / Gender                    | : 32 Years / Female                  |
| Consulting Dr.<br>Reg. Location | : -<br>: Borivali West (Main Centre) |

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Collected Reported

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

|                       | <u>CBC (Complet</u> | <u>e Blood Count), Blood</u> |                    |
|-----------------------|---------------------|------------------------------|--------------------|
| PARAMETER             | RESULTS             | <b>BIOLOGICAL REF RANGE</b>  | <u>METHOD</u>      |
| <b>RBC PARAMETERS</b> |                     |                              |                    |
| Haemoglobin           | 12.1                | 12.0-15.0 g/dL               | Spectrophotometric |
| RBC                   | 4.17                | 3.8-4.8 mil/cmm              | Elect. Impedance   |
| PCV                   | 36.1                | 36-46 %                      | Measured           |
| MCV                   | 86                  | 80-100 fl                    | Calculated         |
| MCH                   | 28.9                | 27-32 pg                     | Calculated         |
| MCHC                  | 33.4                | 31.5-34.5 g/dL               | Calculated         |
| RDW                   | 14.1                | 11.6-14.0 %                  | Calculated         |
| WBC PARAMETERS        |                     |                              |                    |
| WBC Total Count       | 6680                | 4000-10000 /cmm              | Elect. Impedance   |
| WBC DIFFERENTIAL AND  | ABSOLUTE COUNTS     |                              |                    |
| Lymphocytes           | 26.9                | 20-40 %                      |                    |
| Absolute Lymphocytes  | 1796.9              | 1000-3000 /cmm               | Calculated         |
| Monocytes             | 6.0                 | 2-10 %                       |                    |
| Absolute Monocytes    | 400.8               | 200-1000 /cmm                | Calculated         |
| Neutrophils           | 63.5                | 40-80 %                      |                    |
| Absolute Neutrophils  | 4241.8              | 2000-7000 /cmm               | Calculated         |
| Eosinophils           | 2.9                 | 1-6 %                        |                    |
| Absolute Eosinophils  | 193.7               | 20-500 /cmm                  | Calculated         |
| Basophils             | 0.7                 | 0.1-2 %                      |                    |
| Absolute Basophils    | 46.8                | 20-100 /cmm                  | Calculated         |
| Immature Leukocytes   | -                   |                              |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### PLATELET PARAMETERS

| Platelet Count<br>MPV | 318000<br>8.2 | 150000-400000 /cmm<br>6-11 fl | Elect. Impedance<br>Calculated |
|-----------------------|---------------|-------------------------------|--------------------------------|
| PDW                   | 13.8          | 11-18 %                       | Calculated                     |
| RBC MORPHOLOGY        |               |                               |                                |
| Hypochromia           | -             |                               |                                |
| Microcytosis          | -             |                               |                                |
|                       |               |                               |                                |

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



| IAGNOSTI                        |                     |                          |                       |                                                       |   |
|---------------------------------|---------------------|--------------------------|-----------------------|-------------------------------------------------------|---|
|                                 |                     |                          |                       |                                                       | P |
| <b>CID</b> : 233221541          |                     | l                        |                       |                                                       | 0 |
| Name                            | : MRS.B NAG         | A SNEHA                  |                       |                                                       | R |
| Age / Gender                    | : 32 Years /        | Female                   |                       | Use a QR Code Scanner<br>Application To Scan the Code | т |
| Consulting Dr.<br>Reg. Location | : -<br>:Borivali We | st (Main Centre)         | Collected<br>Reported | :18-Nov-2023 / 08:51<br>:18-Nov-2023 / 11:08          |   |
| Macrocytosis                    |                     | -                        |                       |                                                       |   |
| Anisocytosis                    |                     |                          |                       |                                                       |   |
| Poikilocytosis                  |                     |                          |                       |                                                       |   |
| Polychromasia                   |                     |                          |                       |                                                       |   |
| Target Cells                    |                     |                          |                       |                                                       |   |
| Basophilic Stipp                | bling               |                          |                       |                                                       |   |
| Normoblasts                     |                     |                          |                       |                                                       |   |
| Others                          |                     | Normocytic, Normochromic |                       |                                                       |   |
| WBC MORPHC                      | LOGY                | -                        |                       |                                                       |   |
| PLATELET MO                     | RPHOLOGY            | -                        |                       |                                                       |   |

Specimen: EDTA Whole Blood

COMMENT

ESR, EDTA WB-ESR 16 2-20 mm at 1 hr. \*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



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

Sedimentation

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Name : MRS.B NAGA SNEHA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

:2332215411



| AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE   |                |                                                                                                      |                  |  |
|---------------------------------------------|----------------|------------------------------------------------------------------------------------------------------|------------------|--|
| <u>PARAMETER</u>                            | <u>RESULTS</u> | BIOLOGICAL REF RANGE                                                                                 | <u>METHOD</u>    |  |
| GLUCOSE (SUGAR) FASTING,<br>Fluoride Plasma | 84.4           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose:<br>100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase       |  |
| GLUCOSE (SUGAR) PP, Fluoride<br>Plasma PP/R | 100.9          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance:<br>140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase       |  |
| BILIRUBIN (TOTAL), Serum                    | 0.42           | 0.1-1.2 mg/dl                                                                                        | Colorimetric     |  |
| BILIRUBIN (DIRECT), Serum                   | 0.23           | 0-0.3 mg/dl                                                                                          | Diazo            |  |
| BILIRUBIN (INDIRECT), Serum                 | 0.19           | 0.1-1.0 mg/dl                                                                                        | Calculated       |  |
| TOTAL PROTEINS, Serum                       | 6.9            | 6.4-8.3 g/dL                                                                                         | Biuret           |  |
| ALBUMIN, Serum                              | 4.3            | 3.5-5.2 g/dL                                                                                         | BCG              |  |
| GLOBULIN, Serum                             | 2.6            | 2.3-3.5 g/dL                                                                                         | Calculated       |  |
| A/G RATIO, Serum                            | 1.7            | 1 - 2                                                                                                | Calculated       |  |
| SGOT (AST), Serum                           | 24.8           | 5-32 U/L                                                                                             | NADH (w/o P-5-P) |  |
| SGPT (ALT), Serum                           | 16.2           | 5-33 U/L                                                                                             | NADH (w/o P-5-P) |  |
| GAMMA GT, Serum                             | 20.5           | 3-40 U/L                                                                                             | Enzymatic        |  |
| ALKALINE PHOSPHATASE,<br>Serum              | 66.5           | 35-105 U/L                                                                                           | Colorimetric     |  |
| BLOOD UREA, Serum                           | 17.6           | 12.8-42.8 mg/dl                                                                                      | Kinetic          |  |
| BUN, Serum                                  | 8.2            | 6-20 mg/dl                                                                                           | Calculated       |  |
| CREATININE, Serum                           | 0.70           | 0.51-0.95 mg/dl                                                                                      | Enzymatic        |  |

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| CID<br>Name<br>Age / Gender<br>Consulting Dr. | : 2332215411<br>: MRS.B NAGA SNEHA<br>: 32 Years / Female<br>: - |                                        | Collected                                                                                                                                                                       | Use a QR Code Scanner<br>Application To Scan the Code<br>: 18-Nov-2023 / 12:11 | E<br>P<br>O<br>R<br>T |
|-----------------------------------------------|------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|
| Reg. Location                                 | : Borivali West (Main (                                          | Centre)                                | Reported                                                                                                                                                                        | :18-Nov-2023 / 20:18                                                           |                       |
| eGFR, Serum                                   | 118                                                              |                                        | (ml/min/1.73sqm)<br>Normal or High: Above<br>Mild decrease: 60-89<br>Mild to moderate decr<br>59<br>Moderate to severe de<br>-44<br>Severe decrease: 15-2<br>Kidney failure:<15 | rease: 45-<br>ecrease: 30                                                      |                       |
| Note: eGFR estir                              | nation is calculated using 20                                    | 21 CKD-EPI GFR equat                   | ion w.e.f 16-08-2023                                                                                                                                                            |                                                                                |                       |
| URIC ACID, Se                                 | rum 3.0                                                          |                                        | 2.4-5.7 mg/dl                                                                                                                                                                   | Enzymatic                                                                      |                       |
| Urine Sugar (Fa                               | asting) Absent                                                   |                                        | Absent                                                                                                                                                                          |                                                                                |                       |
| Urine Ketones (                               | Fasting) Absent                                                  |                                        | Absent                                                                                                                                                                          |                                                                                |                       |
| Urine Sugar (PF                               | P) Absent                                                        |                                        | Absent                                                                                                                                                                          |                                                                                |                       |
| Urine Ketones (                               | PP) Absent                                                       |                                        | Absent                                                                                                                                                                          |                                                                                |                       |
| *Sample process                               | ed at SUBURBAN DIAGNOSTIC                                        | S (INDIA) PVT. LTD Bo<br>*** End Of Re |                                                                                                                                                                                 |                                                                                |                       |



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

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CID :2332215411 Name : MRS.B NAGA SNEHA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

:18-Nov-2023 / 08:51 :18-Nov-2023 / 11:50

Calculated

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

mg/dl

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

Estimated Average Glucose 111.1 (eAG), EDTA WB - CC

### 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 Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



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| CID                             | : 2332215411                         |
|---------------------------------|--------------------------------------|
| Name                            | : MRS.B NAGA SNEHA                   |
| Age / Gender                    | : 32 Years / Female                  |
| Consulting Dr.<br>Reg. Location | : -<br>: Borivali West (Main Centre) |



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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

|                                |                 | V UF FALCES                 |
|--------------------------------|-----------------|-----------------------------|
| PARAMETER                      | <u>RESULTS</u>  | <b>BIOLOGICAL REF RANGE</b> |
| PHYSICAL EXAMINATION           |                 |                             |
| Colour                         | Brown           | Brown                       |
| Form and Consistency           | Semi Solid      | Semi Solid                  |
| Mucus                          | Absent          | Absent                      |
| Blood                          | Absent          | Absent                      |
| <b>CHEMICAL EXAMINATION</b>    |                 |                             |
| Reaction (pH)                  | Acidic (6.0)    | -                           |
| Occult Blood                   | Absent          | Absent                      |
| MICROSCOPIC EXAMINATION        |                 |                             |
| Protozoa                       | Absent          | Absent                      |
| Flagellates                    | Absent          | Absent                      |
| Ciliates                       | Absent          | Absent                      |
| Parasites                      | Absent          | Absent                      |
| Macrophages                    | Absent          | Absent                      |
| Mucus Strands                  | Absent          | Absent                      |
| Fat Globules                   | Absent          | Absent                      |
| RBC/hpf                        | Absent          | Absent                      |
| WBC/hpf                        | Absent          | Absent                      |
| Yeast Cells                    | Absent          | Absent                      |
| Undigested Particles           | Present +       | -                           |
| Concentration Method (for ova) | No ova detected | Absent                      |
| Reducing Substances            | -               | Absent                      |
|                                |                 |                             |

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



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| Name                            | : MRS.B NAGA SNEHA                   |
| Age / Gender                    | : 32 Years / Female                  |
| Consulting Dr.<br>Reg. Location | : -<br>: Borivali West (Main Centre) |

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

| <u>PARAMETER</u>            | <u>RESULTS</u>                | BIOLOGICAL REF RANGE | <u>METHOD</u>      |
|-----------------------------|-------------------------------|----------------------|--------------------|
| PHYSICAL EXAMINATION        |                               |                      |                    |
| Color                       | Pale yellow                   | Pale Yellow          | -                  |
| Reaction (pH)               | 5.0                           | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity            | 1.010                         | 1.001-1.030          | Chemical Indicator |
| Transparency                | Clear                         | Clear                | -                  |
| Volume (ml)                 | 30                            | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b> |                               |                      |                    |
| 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   | 3-4                           | 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              | ++                            | Less than 20/hpf     |                    |
| Others                      | Kindly rule out contamination | n                    |                    |

Kindly rule out contamination

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 inert

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



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

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CID : 2332215411 Name : MRS.B NAGA SNEHA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre) Authenticity Check

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Collected Reported :18-Nov-2023 / 08:51 :18-Nov-2023 / 13:54

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

PARAMETER

## <u>RESULTS</u>

ABO GROUP O 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.

#### 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 SDRL, Vidyavihar Lab

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



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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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| Name           | : MRS.B NAGA SNEHA            |
| Age / Gender   | : 32 Years / Female           |
| Consulting Dr. | : -                           |
| Reg. Location  | : Borivali West (Main Centre) |

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Collected Reported :18-Nov-2023 / 08:51 :18-Nov-2023 / 11:23

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| PARAMETER                           | <u>RESULTS</u> | <b>BIOLOGICAL REF RANGE</b>                                                                                                                      | <u>METHOD</u>                                  |
|-------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| CHOLESTEROL, Serum                  | 157.0          | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl                                                                     | CHOD-POD                                       |
| TRIGLYCERIDES, Serum                | 90.3           | Normal: <150 mg/dl<br>Borderline-high: 150 - 199<br>mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                        |
| HDL CHOLESTEROL, Serum              | 39.3           | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl                                                                  | Homogeneous<br>enzymatic<br>colorimetric assay |
| NON HDL CHOLESTEROL,<br>Serum       | 117.7          | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                      | Calculated                                     |
| LDL CHOLESTEROL, Serum              | 100.0          | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159<br>mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                                     |
| VLDL CHOLESTEROL, Serum             | 17.7           | < /= 30 mg/dl                                                                                                                                    | Calculated                                     |
| CHOL / HDL CHOL RATIO,<br>Serum     | 4.0            | 0-4.5 Ratio                                                                                                                                      | Calculated                                     |
| LDL CHOL / HDL CHOL RATIO,<br>Serum | 2.5            | 0-3.5 Ratio                                                                                                                                      | Calculated                                     |

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



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

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| CID                             | : 2332215411                         |
|---------------------------------|--------------------------------------|
| Name                            | : MRS.B NAGA SNEHA                   |
| Age / Gender                    | : 32 Years / Female                  |
| Consulting Dr.<br>Reg. Location | : -<br>: Borivali West (Main Centre) |

Use a QR Code Scanner Application To Scan the Code

Collected Reported

Third Trimester: 0.3-3.0

:18-Nov-2023 / 08:51 :18-Nov-2023 / 14:04

#### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** RESULTS PARAMETER **BIOLOGICAL REF RANGE METHOD** Free T3, Serum 4.5 3.5-6.5 pmol/L **ECLIA** Free T4, Serum 14.6 **ECLIA** 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 2.11 0.35-5.5 microIU/ml **ECLIA** First Trimester:0.1-2.5 Second Trimester: 0.2-3.0

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144



Е CID :2332215411 Name : MRS.B NAGA SNEHA Use a OR Code Scanner Age / Gender : 32 Years / Female Application To Scan the Code Consulting Dr. : -Collected :18-Nov-2023 / 08:51 Reported Reg. Location : Borivali West (Main Centre) :18-Nov-2023 / 14:04

#### 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-<br>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 Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



Bmhaskar

Authenticity Check

R

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

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Corporate Identity Number (CIN): U85110MH2002PTC136144

# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: B NAGA SNEHA Patient ID: 2332215411 Date and Time: 18th Nov 23 10:19 AM

32 Age NA NA months days years Gender Female Heart Rate 57bpm V1 aVR V4Patient Vitals BP: NA Weight: NA Height: NA Pulse: NA Spo2: NA V2V5 Resp: NA Π aVL Others: Measurements V3 V6 III aVF QRSD: 94ms QT: 378ms QTcB: 367ms PR: 122ms 33° 59° 41° P-R-T: Π tricog 25.0 mm/s 10.0 mm/mV Copyright 2014-2023 Tricog Health, All Rights Reser

ECG Within Normal Limits: Sinus Bradycardia. Normal axis. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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.





Name

VID

: Mrs . B Naga Sneha

: 2332215411

7

R P O R

Т

: 18-Nov-2023 08:45

: 32 Years

Reg Date

Age/Gender

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                       | Age/Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | : Borivali West (Main Centre) |                     |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------|--|--|
| Ref By : Arc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ofemi Healthcare Lim     | ated                  | Regn Centre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - Borivan wes                 | a (Main Cenue)      |  |  |
| History and Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nplaints:                |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
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| EXAMINATION F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | INDINGS:                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| Height (cms):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          | 163                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weight (kg):                  | 59                  |  |  |
| Temp (0c):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | Afebrile              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Skin:                         | NAD                 |  |  |
| Blood Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (mm/hg):                 | 110/70                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nails:                        | NAD                 |  |  |
| Pulse:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | 76/min                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lymph Node:                   | Not Palpable        |  |  |
| Systems                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| Cardiovascular:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S1S2-Normal              |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| Respiratory:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Chest-Clear              |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| Genitourinary:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAD                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| GI System:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAD                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| CNS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NAD                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| ono.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TW/D                     |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| IMPRESSION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1 Count                  | 0                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
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| ADVICE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | ~                   |  |  |
| <ol> <li>Hypertensic</li> <li>IHD</li> <li>Arrhythmia</li> <li>Diabetes Me</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | llitus                   | No<br>No<br>No        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 5) Tuberculosi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s                        | No                    | 82                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                     |  |  |
| 6) Asthama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 7) Pulmonary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *                             |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | docrine disorders        |                       | N. Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                     |  |  |
| <ol> <li>Nervous dis</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | orders                   | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 10) GI system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | an all a suday           | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - 5.                          |                     |  |  |
| 11) Genital urin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | No<br>No              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| <ol> <li>Rneumatic J</li> <li>Blood disea</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oint diseases or s       | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 14) Cancer/lum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 15) Congenital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 방법 귀엽에 다 다 다 다 다 가지 않는 것 | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 16) Surgeries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | alocdoe                  | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| 17) Musculoske                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | letal System             | No                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| and the second se | -2023011(c23ndia) Pvt. L |                       | nde Raue Charles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ava Marradar Shawraa          | n Andhori West Ma   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BORATORY: Shop No. 9,    |                       | THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY |                               |                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                     |  |  |
| HEALIHLIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E: 022-6170-0000   E-MA  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | noanoiagnostics.com |  |  |
| and the second se | Corp                     | orate Identity Number | (Ciny: 065110/01/200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2110130144                    |                     |  |  |



E P O R T

R

| Age/Gender  | : 32 Years                    |
|-------------|-------------------------------|
| Regn Centre | : Borivali West (Main Centre) |
|             | U U                           |

### PERSONAL HISTORY:

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

# DAL NITRA COMAVANE MARS CONSULTANCARDIOLOGIST NECO. NO. : 87714 Dr.Nitin Sonavane PHYSICIAN

Suburban Diannostics (i) Pvt. Ltd. 3018 302 Above Taras Borivali (West), mumbar - 400 092.

REGI2: THE Date Su20-NovO2023: Shir: 25 dia) Pvt. Ltd., Aston, 2<sup>---</sup> Floor, Sunder Rage 2nd fe2, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): U85110MH2002PTC136144



Date:-

Name: B. naga . Snehu

CID: 2332215411

R

E

P

0

R

т

Sex / Age: 32/ F

# EYE CHECK UP

AM

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    | 14  |     |      |    |

RE LE 616 616 1416 146

Colour Vision: Normal/ Abnormal

Remark:

Subusban Disgnostics (i) Pvt. Ltd. 3018-302, 2rd Fledir Vini Elesenence Above Tardse Jweller L. T. Road, Borivali (West), Multiplet - 400-092.

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

| Name: NAC         | GASNEHA BA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | THULA             |          |        | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18-11-2023  | Time: 10:44 |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Age: 32           | Gender: F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Height: 163 cms   | Weight:  | 59 Kg  | ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 233221541   |             |
| Clinical History: | NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |
| Medications:      | NIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |
| Test Details      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |
| Protocol: Bruc    | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Predicted Max HR: | 188      |        | Target H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R: 159 (85% | of Pr. MHR) |
| Exercise Time:    | 0:07:24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Achieved Max HR:  | 167 (89% | of Pr. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |             |
|                   | THE REPORT OF TH |                   |          |        | and the second se |             |             |

| Stage Name       | Stage Time | METS | Speed<br>kmph | Grade<br>% | Heart Rate | BP<br>mmHg | RPP   | Max ST Level | Max ST Slope |
|------------------|------------|------|---------------|------------|------------|------------|-------|--------------|--------------|
| Supine           | 00:39      | 1    | 0             | 0          | 85         | 110/70     | 9350  | -3.8 II      | 0.3 11       |
| Standing         | 00:14      | 1    | 0             | 0          | 82         | 110/70     | 9020  | 1.5 11       | 0.2 11       |
| HyperVentilation | 00:14      | 1    | 0             | 0          | 77         | 110/70     | 8470  | 1.3 11       | -1.3 11      |
| PreTest          | 00:14      | 1    | 1.6           | 0          | 78         | 110/70     | 8580  | 1.5 0        | 0.2 11       |
| Stage: 1         | 03:00      | 4.7  | 2.7           | 10         | 124        | 110/70     | 13640 | -2.7 11      | 0.2 11       |
| Stage: 2         | 03:00      | 7    | 4             | 12         | 154        | 130/70     | 20020 | -4.3 11      | 0.3 11       |
| Peak Exercise    | 01:24      | 8.3  | 5.5           | 14         | 167        | 150/70     | 25050 | -3 11        | 0.2 11       |
| Recovery1        | 01.00      | 1    | 0             | 0          | 125        | 160/70     | 20000 | 0.6 aVF      | 0.3 11       |
| Recovery2        | 01:00      | 1    | 0             | 0          | 116        | 140/70     | 16240 | 0.8 []       | 0.2 11       |
| Recovery3        | 01:00      | 1    | 0             | 0          | 100        | 120/70     | 12000 | 0.6 11       | 0.2 11       |
| Recovery4        | 00:20      | 1    | 0             | 0          | 95         | 110/70     | 10450 | -5.5 11      | 0.2 11       |

# Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:24 achieving a work level of 8.3 METS. Resting Heart Rate, initially 85 bpm rose to a max, heart rate of 167bpm (89% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 160/70 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

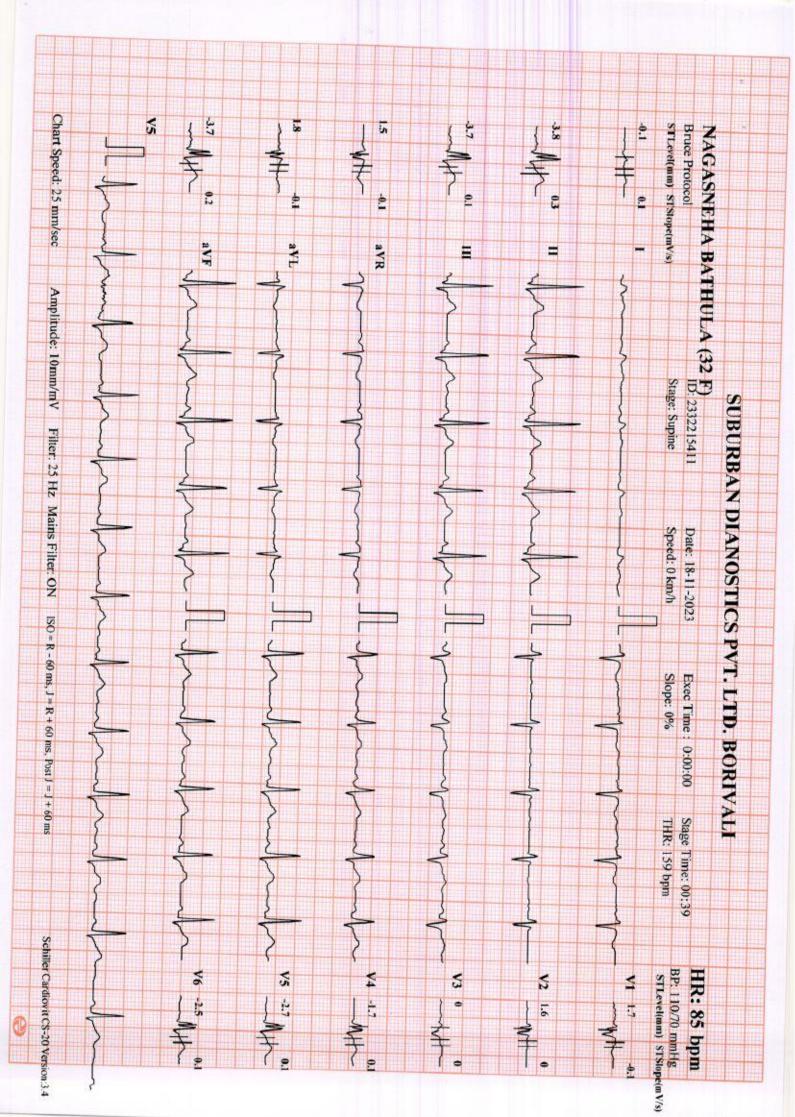
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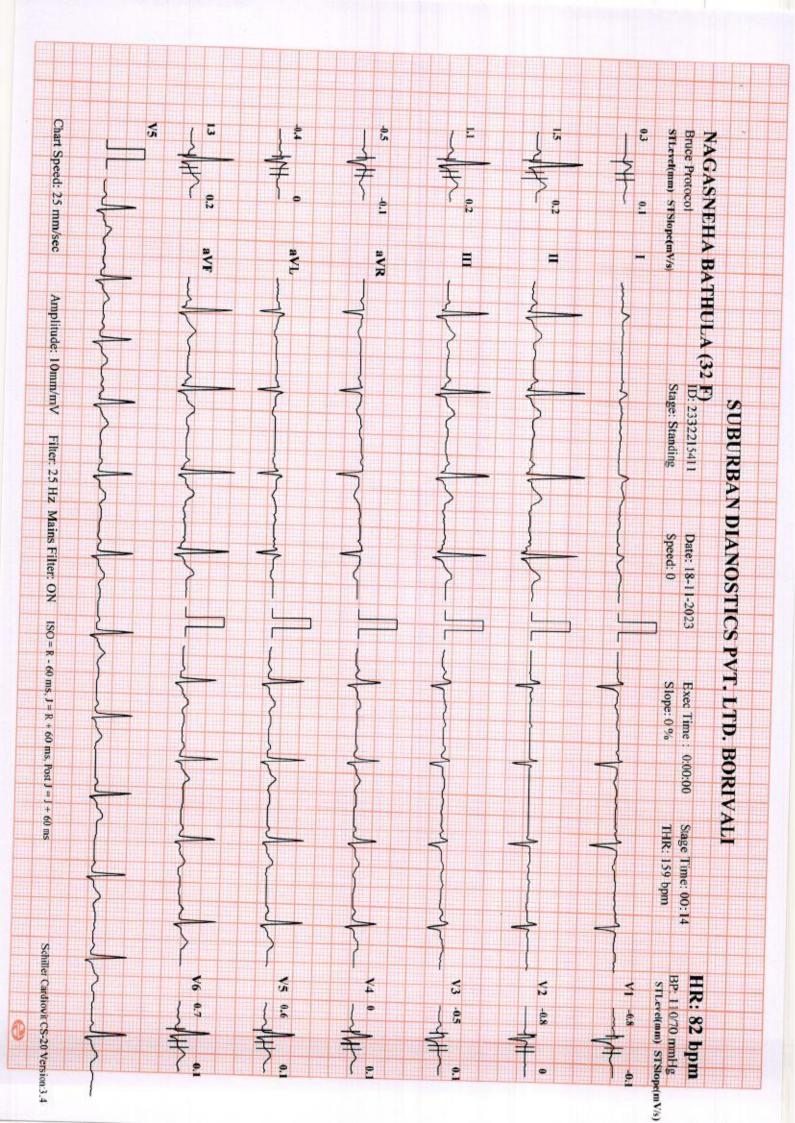
Suburban Diagnostics () Pvt. Ltd. 301& 302. 3rd Plator, Vin Elegenence Above Taniso Jweitzr, L. T. Road, Borivali (West), Mumbai - 400 092.

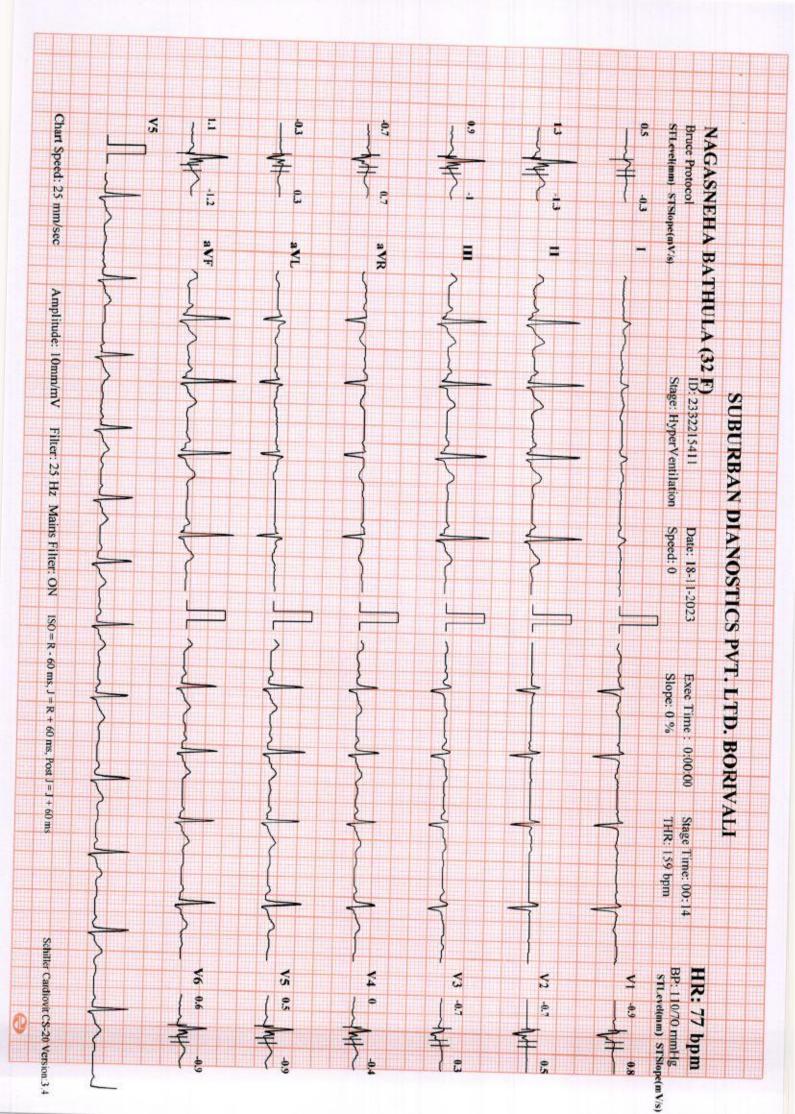


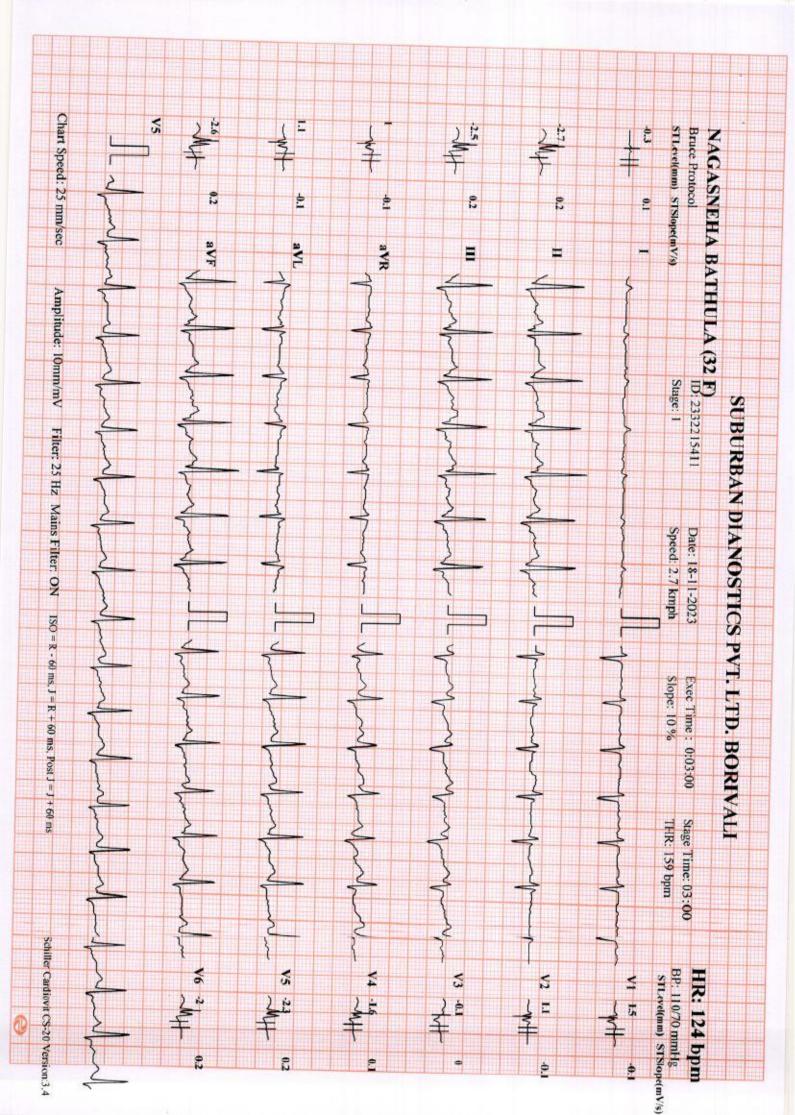
CONSUL A CARDIOLOGISTION: DR. NITIN SONAVANE

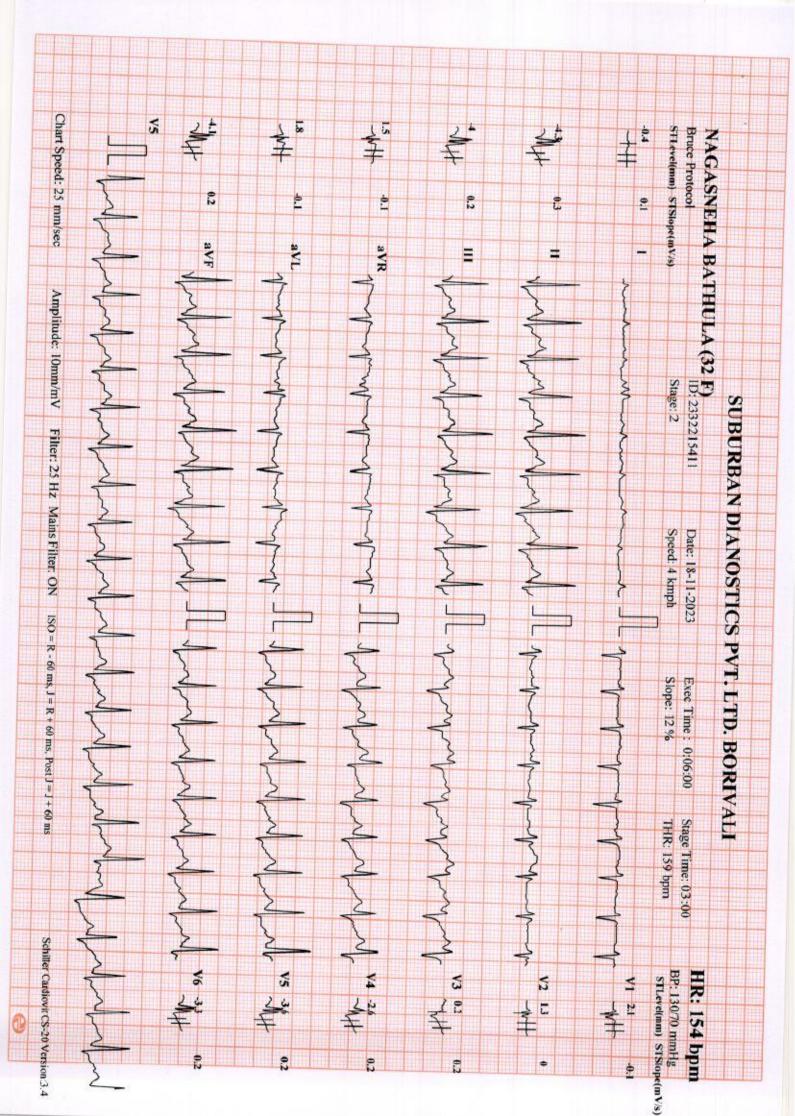
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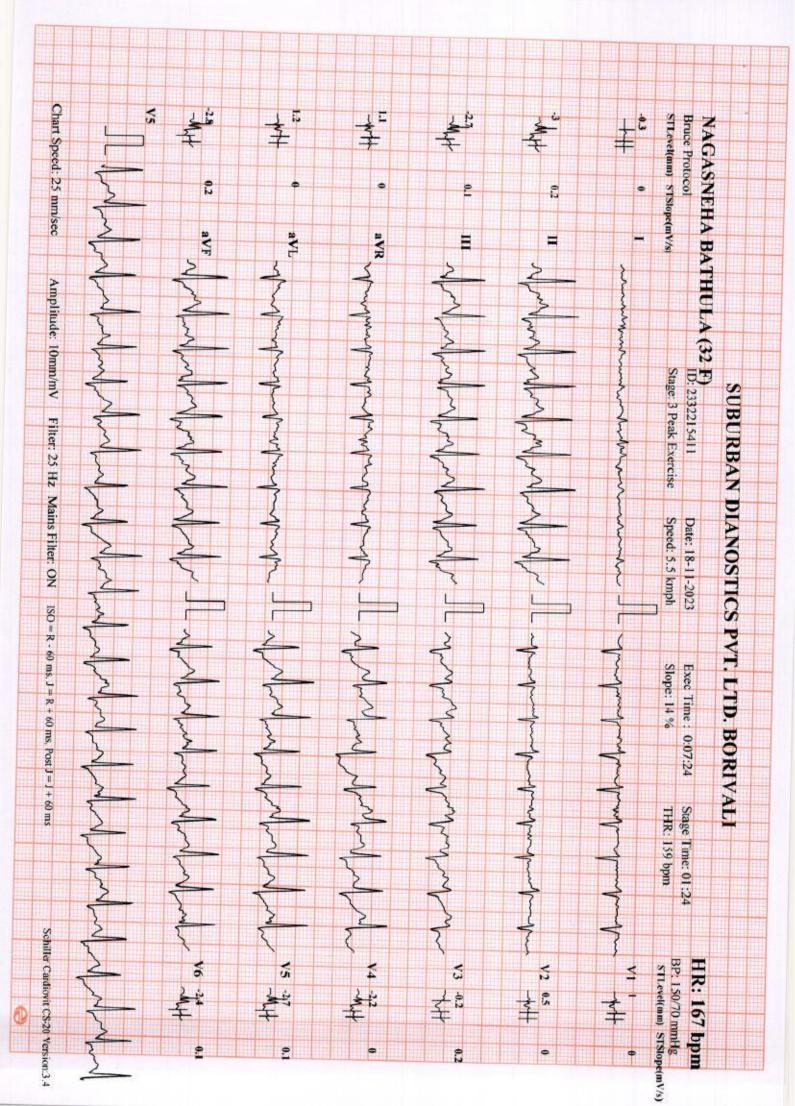


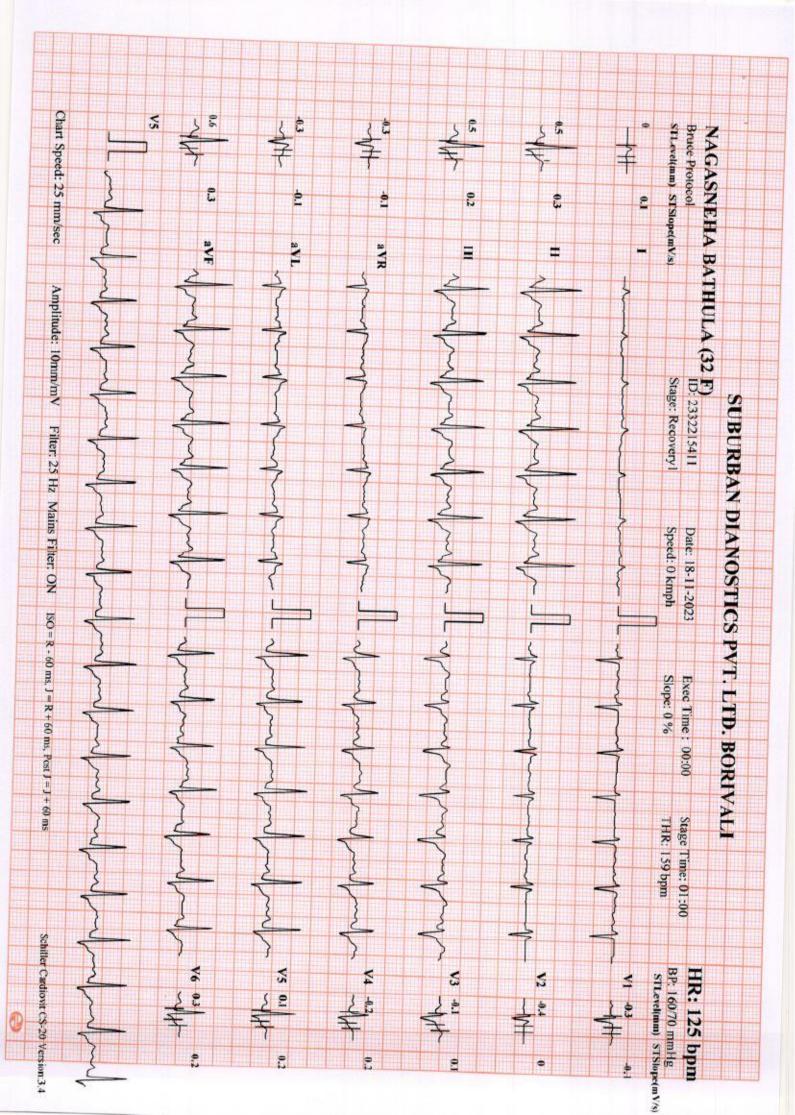


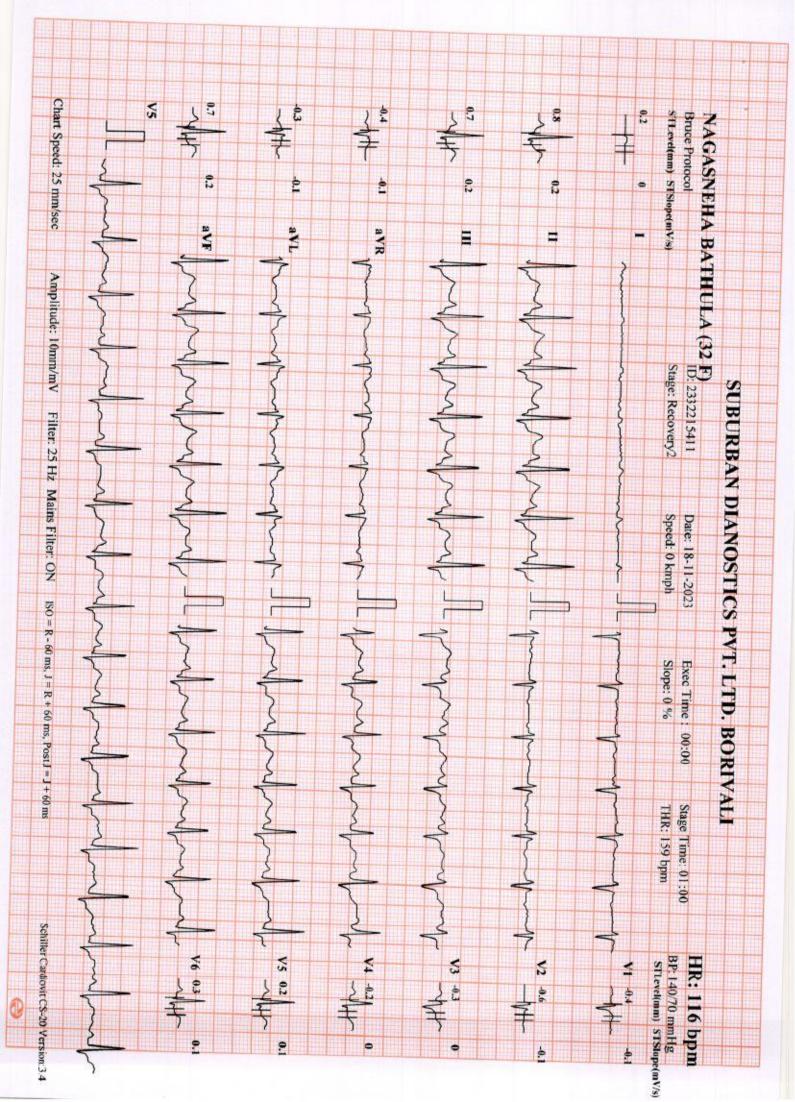


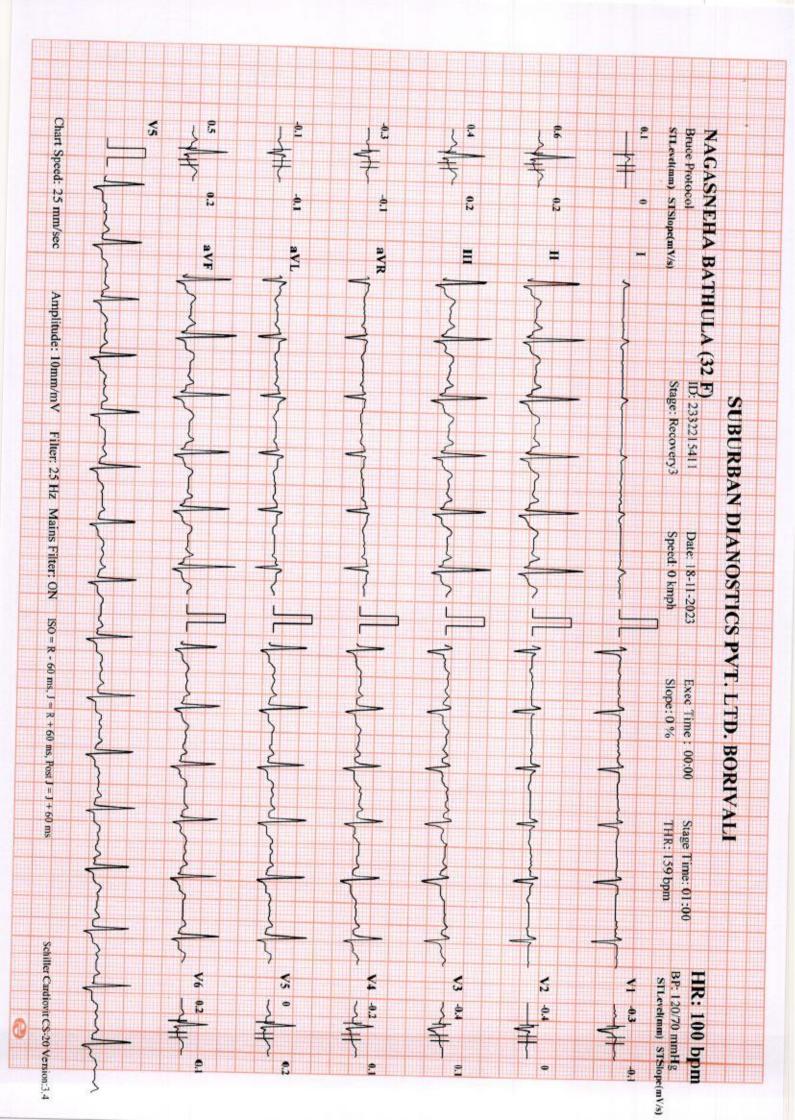


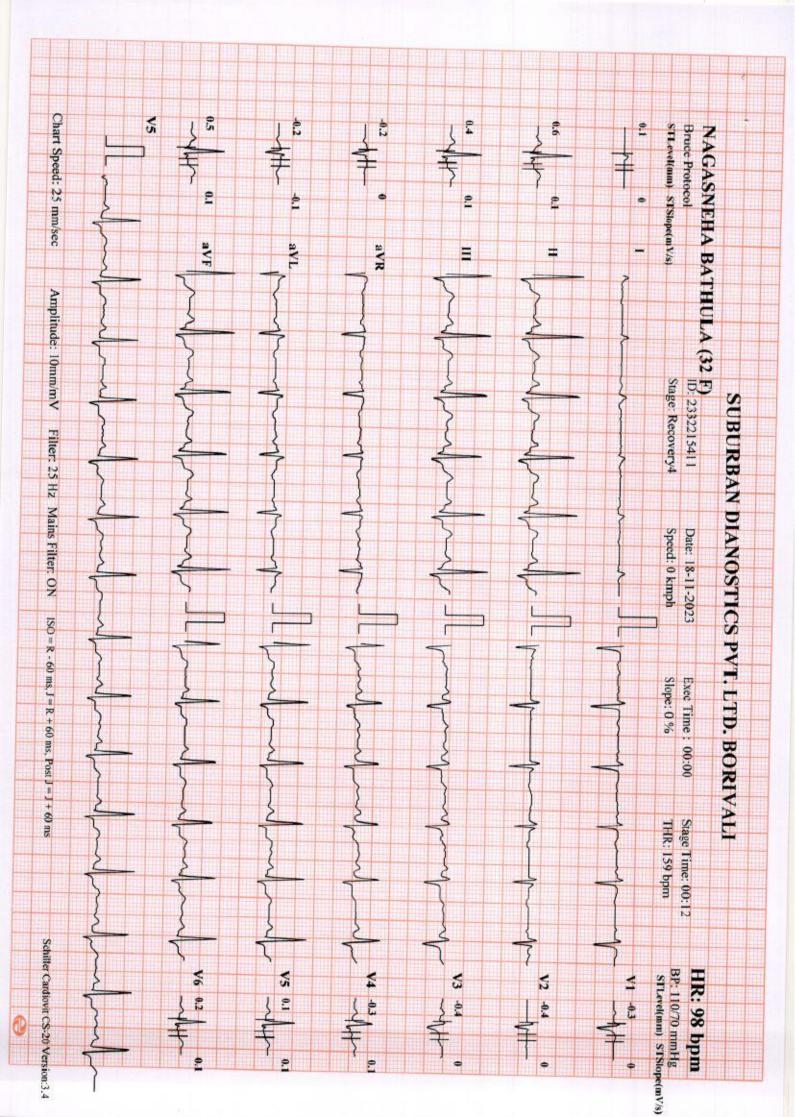


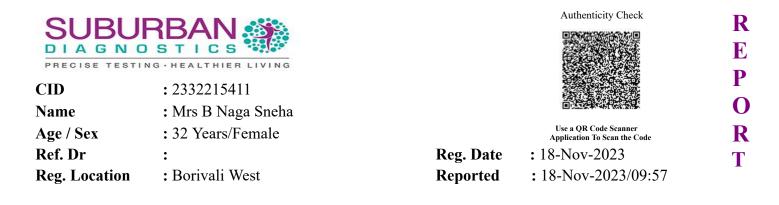












# **USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size 13.7 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**<u>GALL BLADDER</u>**: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is 10.6 mm normal. **CBD:** CBD is 2.6 mm normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**<u>KIDNEYS</u>**: Right kidney measures 9.9 x 3.9 cm. Left kidney measures 9.2 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

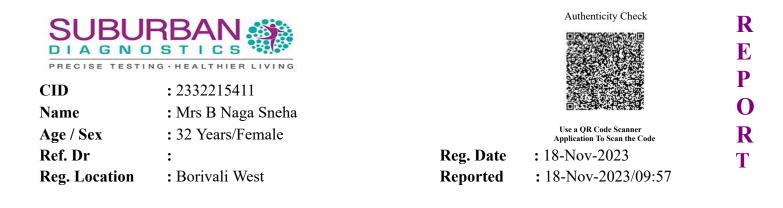
SPLEEN: Spleen is normal in size 7.9 cm , shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS</u>: Uterus is retroverted, normal and measures 5.2 x 3.5 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture. The right ovary measures  $1.1 \times 1.1$  cm. The left ovary measures  $1.4 \times 1.1$  cm.

Bilateral adnexa is clear. No free fluid or obvious significant lymphadenopathy is seen.



### **Opinion:**

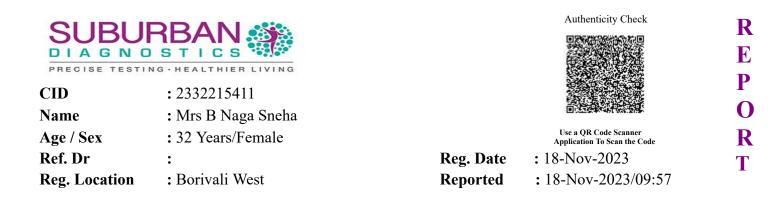
### • No significant abnormality is detected.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.





CID: 2332215411Name: Mrs B Naga SnehaAge / Sex: 32 Years/FemaleRef. Dr:Reg. Location: Borivali West



Authenticity Check

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Reg. Date Reported : 18-Nov-2023 : 18-Nov-2023/11:41

# 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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

