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11-2-23

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istory ar	1 Complaints:		
***************************************	nd Complaints:		
1	Mu		
XAMIN	IATION FINDINGS:	Weight (kg):	68 BMI
leight (c		Skin: Normal	
	essure (mm/hg): 90 70	Nails: Healthy	THE THE
NAMES OF THE OWNER OWN		Lymph Node: N	Not Palpable
ulse:	68		
ystems	ascular: S1,S2 Normal No Murmurs		
Doenirat	ory: Air Entry Bilaterally Equal		
	rinary: Normal		The state of the s
GI Syste	m: Soft non tender No Organomegaly		
CNS: No			L L
IMPRES	SSION:		
	CY W		
ADVIC	E: ~ ~ \(\) \ .		
	E: ~ MV. COMPLAINTS:		
	E: ~ ~ \(\) \ .		
CHIEF	E: ~ MV. COMPLAINTS:		
CHIEF 1)	E: ~ M L . COMPLAINTS: Hypertension:		4
CHIEF 1) 2)	E: ~ MV. COMPLAINTS: Hypertension: IHD:		
1) 2) 3)	E: ~ M \ . COMPLAINTS: Hypertension: IHD: Arrhythmia:		
CHIEF 1) 2) 3) 4)	E: ~ ~ ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
1) 2) 3) 4) 5)	E: ~ M L COMPLAINTS: Hypertension: IHD: Arrhythmia: Diabetes Mellitus: Tuberculosis:		



9)	Nervous d	sorders:	
10)	GI system		
11)	Genital ur	inary disorder :	
12)	Rheumati	e joint diseases or symptoms :	
13)	Blood dise	ase or disorder :	TNN
14)	Cancer/lu	mp growth/cyst:	
15)	Congenita	l disease :	
16)	Surgeries		
PERS	ONAL HISTO	DRY:	
1)		Alcohol) W
2)		Smoking	
3)		Diet	Mixa
4)		Medication	mu

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA) MMC Regd - 2012 103018



REGN DATE: 11 | 2 | 23
AGE / Gender: 36 | F

NAME: Stan Svidevi Hair

CID:

GYNAEC CHECK - UP

N).(

History:

MH - Past

Present:

Obs. History -

Prev Lillness:

Pre Op -

Drugs -

Breasts:

R-

L-

PA -

PS -

PV -

Impression -

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Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA) MMC Regd - 2012 103018



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E.N.T EXAMINATION SHEET

	Sex/Age:	Date:
•		
ME		
	Pre-History	H/O-Recent
istory F- History	PND PH/	ARYNGITIS
pat :T		
mark	nos	
	Bil - Turb	
se Mucosa Discharge	F-B/Mass	
emark	Б)	kt Canal
AR : PINNA		Lt.
	Rt.	
M		
Discharge		(AN)
Discridige	NAD	
R		
W		
F-B/Mass		
Remark : NT		h

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA) MMC Regd - 2012 103018



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DENTAL CHECK - UP

Name:-

Occupation:-

Chief complaints:-

Medical / dental history:-

GENERAL EXAMINATION:

- 1) Extra Oral Examination:
 - a) TMJ:
 - b) Facial Symmetry:
- 2) Intra Oral Examination:
 - a) Soft Tissue Examination:
 - b) Hard Tissue Examination:

16

46

45

c) Calculus:

Stains:

18

48

CID:

Date:

Sex / Age

27 26 25 23 24 12 11 21 13 36 34 33 31 32 41

	Missing	#	Fractured
0	Filled/Restored	RCT	Root CanalTreatment
	Cavity/Carles	RP	Root Piece

Advised:

14

Provisional Diagnosis:-

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA) MMC Regd - 2012 103018

Central Processing Lab: Aston, 2rd floor, Sundervan Complex, Opp. Union Bank, Above Mercedes Showroom, Andheri West, Mumbai - 400053



: 2304222202

Name

: Mrs SRIDEVI VINOD NAIR

Age / Sex

: 36 Years/Female

Ref. Dr

. .

Reg. Location

: Pimple Saudagar, Pune Main Centre

Reg. Date

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: 11-Feb-2023

: 11-Feb-2023 / 17:39

X-RAY CHEST PA_VIEW

Trachea is central.

Slightly prominent bronchovascular markings are noted bilaterally.

Visualized bilateral lung fields otherwise appear grossly normal.

Both hila appear normal.

Cardiac silhouette has grossly normal appearance for age.

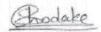
Bilateral costophrenic and cardiophrenic angles appear grossly normal.

Visualized bony thorax and soft-tissues are grossly normal for age.

IMPRESSION:

No other significant abnormality detected

Advice – Clinical correlation and further evaluation if clinically indicated.



Dr. SATYAJEET S. GHODAKE MBBS, MD, DNB, MNAMS. Regd. No. 2013/05/1417 Consultant Radiologist

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

This report is prepared and physically checked by DR SATYAJEET before dispatch.

Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?
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Page no 1 of 1

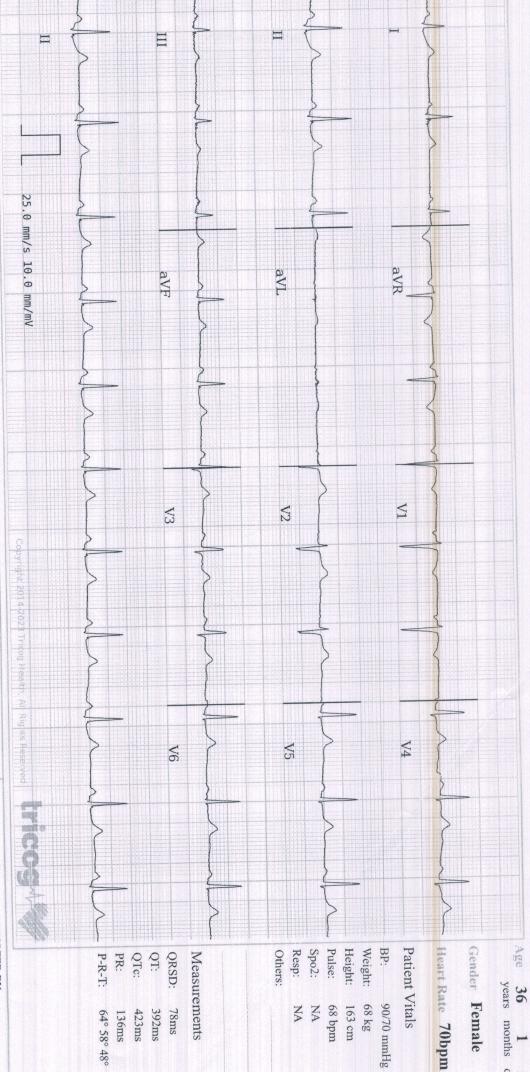
DUBUKBAN DIAGNUDI ICD - FIMIFLE DAUDAGAK, FUNE

PAECISE TESTING . HEALTHIER LIVING

Patient ID: Patient Name: SRIDEVI VINOD NAIR 2304222202

Date and Time: 11th Feb 23 9:34 AM

36 1 25 years months days



68 bpm

78ms

392ms 423ms

64° 58° 48° 136ms 68 kg 90/70 mmHg

163 cm

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

REPORTED BY

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



2D ECHO / COLOUR DOPPLER

NAME: MRS SRIDEVI NAIR REF BY:CORP

CID NO:2304222202

Age: 36/Y MALE DATE: 11.02.2023

REG LOC: PIMPLE SAUDAGAR PUNE

M - Mode values

Doppler Values

R

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AORTIC ROOT (mm)	24	PULMONARY VEL (m/sec)	0.8
LEFT ATRIUM (mm)	28	PG (mmHg)	2
RV (mm)	28	AORTIC VALVE M/SEC	0.9
IVS – D (mm)	10	PG (mmHg)	4
LVID – D (mm)	42	MITRAL E VEL (m/sec)	0.9
LVID – S (mm)	22	A VEL (m/ sec)	0.6
LVPW – D (mm)	10	TRICUSPID VEL. (m/sec)	1.7
EJECTION FRACTION (%)	60	PG (mmHg)	13

OBSERVATION:

All four cardiac valves are structurally normal.

All four cardiac chambers normal in dimensions.

Normal left ventricle size with Good ventricle systolic function .(LVEF-65%)

No Regional wall motion abnormality.

Left atrium, Right atrium & Right ventricle are normal in size.

No pulmonary artery hypertension. RVSP = 25 mmHg.

Interatrial septum & Interventricular septum are intact.

No clot/vegetation /pericardial effusion.

Doppler study revealed mild mitral regurgitation, mild tricuspid regurgitation.

IVC 1.5 cm, more than 50% pulsatile.

Left sided aortic arch, No coarctation of aorta.

No diastolic dysfunction.

CONCLUSION:

Normal left ventricle size with Good ventricle systolic function .(LVEF-65%) No pulmonary artery hypertension. RVSP = 25 mmHg.

DR SONAM SHAH
MD DM CARDIOLOGY
INTERVENTIONAL CARDIOLOGIST

Dr. Sonam Shah MBBS MD DM Cardiology Interventional Cardiologist MMC 2010 / 06 / 2218

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

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

HEALTHLINE MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 | For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com



: 2304222202

Name

: Mrs SRIDEVI VINOD NAIR

Age / Sex

: 36 Years/Female

Ref. Dr Reg. Location

: Pimple Saudagar, Pune Main Centre

Reg. Date

Reported

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: 11-Feb-2023 / 10:50

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size (14.2 cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder— partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen - Appears normal in size (8.2cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney -9.7 x 3.5cm, Left kidney -9.8 x 4.2cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

<u>Uterus & Ovaries</u> The uterus-73 x 36 x 39 mm is anteverted and appears normal. The endometrial thickness is 10.1mm .Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen. Right ovary =35.8 x 21.4 mm MSF. Left ovary =40.6 x 21.1 mm, MSF No free fluid in abdomen and pelvis. Visualized bowel loops are distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

No significant sonological abnormality detected.

Advice – Clinical correlation and further evaluation if clinically indicated.

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

Dr. Divya Chaudhary

MBBS, M.D. RADIODIAGNOSIS,

DNB, RADIOLOGIST MMC Reg - 2016/01/0064

CHUNE LAU ADDRESS: Seriaph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2rd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Murrosin 409253 of 1

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 | For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com



: 2304222202

Name

: MRS.SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	te Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			METHOD
Haemoglobin	12.2	12.0-15.0 g/dL	Coostroobstssst
RBC	4.30	3.8-4.8 mil/cmm	Spectrophotometric
PCV	38.3	36-46 %	Elect. Impedance Measured
MCV	89	80-100 fl	Calculated
MCH	28.3	27-32 pg	Calculated
MCHC	31.7	31,5-34.5 g/dL	Calculated
RDW	11.7	11.6-14.0 %	Calculated
WBC PARAMETERS			catedated
WBC Total Count	6420	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS	1000 10000 7 (11111)	Liect, impedance
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	2176.4	1000-3000 /cmm	Caladatad
Monocytes	5.4	2-10 %	Calculated
Absolute Monocytes	346.7	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	Calculated
Absolute Neutrophils	3653.0	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	catcutated
Absolute Eosinophils	192.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	catcutated
Absolute Basophils	51.4	20-100 /cmm	Calculated
Immature Leukocytes			Catediated
WBC Differential Count by Abso	orbance & Impedance method	d/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	319000	150000-400000 /cmm	Floot Impodence
MPV	11.2	6-11 fl	Elect. Impedance Calculated
PDW	23.7	11-18 %	Calculated
RBC MORPHOLOGY		11 10 %	calculated
Hypochromia			
Microcytosis			

Page 1 of 10



: 2304222202

Name

: MRS. SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-20 mm at 1 hr.

Sedimentation

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

> Dr.PRACHI KHANDEKAR MBBS M.D (Pathology)

> > Page 2 of 10



: 2304222202

Name

: MRS.SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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AERFO	CAMI HEALTHCARE BE	LOW 40 MALE/FEMALE	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.26	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	35.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	11.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.5	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.72 97	0.51-0.95 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID, Serum	3.4	2.4-5.7 mg/dl	Enzymatic



: 2304222202

Name

: MRS. SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

. .

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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Collected Reported

: 11-Feb-2023 / 13:19 :11-Feb-2023 / 21:35

H

Absent

Absent

Urine Ketones (Fasting)

Urine Sugar (Fasting)

Absent

Absent

Urine Sugar (PP)
Urine Ketones (PP)

Absent Absent Absent Absent

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

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

Trickline IN

Page 4 of 10



: 2304222202

Name

: MRS. SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

٠.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE METHOD

Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

mg/dl

Calculated

HPLC

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Estimated Average Glucose (eAG), EDTA WB - CC

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

105.4

5.3

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- · In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- · HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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





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

Page 5 of 10



: 2304222202

Name

: MRS.SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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Collected

Less than 20/hpf

: 11-Feb-2023 / 09:21 Reported :11-Feb-2023 / 22:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color Reaction (pH) Specific Gravity	Pale yellow 6.0	Pale Yellow 4.5 - 8.0	- Chemical Indicator
Transparency Volume (ml)	1.015 Hazy 30	1.001-1.030 Clear	Chemical Indicator
CHEMICAL EXAMINATION	30		
Proteins Glucose Ketones Blood Bilirubin Urobilinogen Nitrite MICROSCOPIC EXAMINATION	Absent Absent Absent Absent Normal Absent	Absent Absent Absent Absent Absent Absent Normal Absent	pH Indicator GOD-POD Legals Test Peroxidase Diazonium Salt Diazonium Salt Griess Test
Leukocytes(Pus cells)/hpf Red Blood Cells / hpf Epithelial Cells / hpf	1-2 Absent 3-4	0-5/hpf 0-2/hpf	ator
Casts Crystals Amorphous debris	Absent Absent	Absent Absent Absent	

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)

6-8

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

Reference: Pack insert

Bacteria / hpf

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

> Dr.PRACHI KHANDEKAR MBBS M.D (Pathology)

> > Page 6 of 10



: 2304222202

Name

: MRS. SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)



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: 11-Feb-2023 / 09:21 Reported :11-Feb-2023 / 16:45

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

PARAMETER

RESULTS

ABO GROUP

0

Rh TYPING

Positive

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

"This sample has been tested for Bombay group /Bombay phenotype /Oh using antiH Lectin".

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

- 1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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



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

Page 7 of 10



: 2304222202

Name

: MRS.SRIDEVI VINOD NAIR

Age / Gender

: 36 Years / Female

Consulting Dr.

Reg. Location

: Pimple Saudagar, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	137.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	90.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	74.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	16.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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

Dr.PRACHI KHANDEKAR MBBS M.D (Pathology)

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