

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: REETA YADAV
Patient ID: 2233020528

Date and Time: 28th Nov 22 10:43 AM

Age **38** **8** **25**
years months days

Gender **Female**

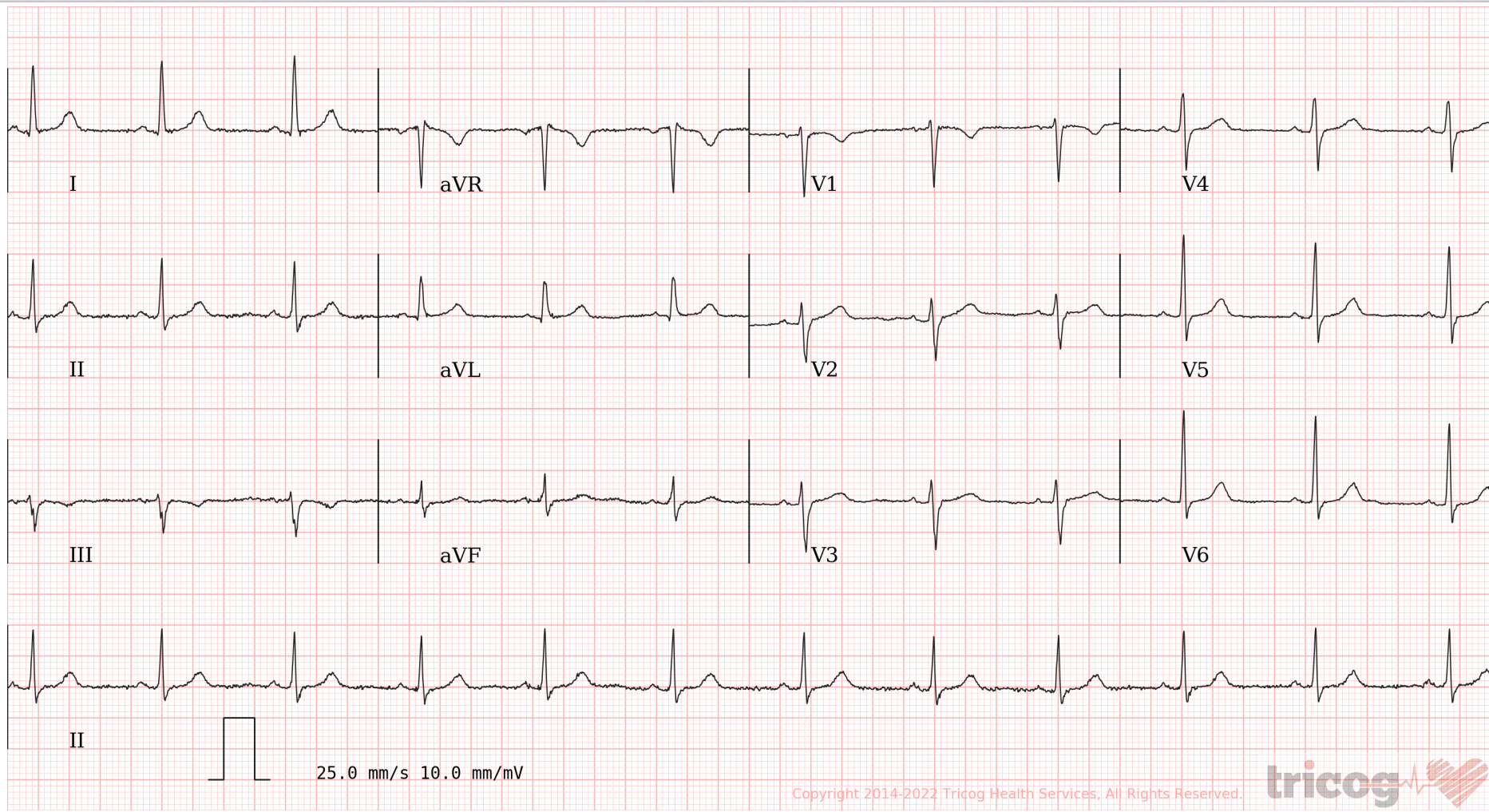
Heart Rate **72bpm**

Patient Vitals

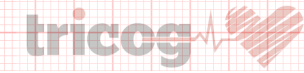
BP: 140/90 mmHg
Weight: 91 kg
Height: 162 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 366ms
QTc: 400ms
PR: 128ms
P-R-T: 33° 8° 16°



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

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date:- 26.11.2022

CID: 2233020528

Name:- Mrs. Recta Yadav

Sex / Age: / 38yrs / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V. $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} NLS$ D.V. $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} 6/9$

Aided Vision: -

Refraction: -

(Right Eye)


(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			N5	—————			N5

Colour Vision: Normal / Abnormal

Remark: WNL

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


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

9702081847

शीता यादव

ई-श्रम कार्ड
e-SHRAM Card

भारत सरकार
GOVT. OF INDIA

 नाम / Name: शीता रविन्द्रकुमार यादव / Reeta Ravindrahumar Yadav
पति का नाम / Husband Name: RAVINDRA BADRIPRASAD YADAV
जन्म तिथि / DOB: 23/03/1984
लिंग / Gender: Female / महिला

Universal Account Number (UAN):
7108 1670 1427

श्रम एवं रोजगार मंत्रालय | MINISTRY OF LABOUR & EMPLOYMENT

श्रम एवं रोजगार मंत्रालय, भारत सरकार
MINISTRY OF LABOUR & EMPLOYMENT, GOVT. OF INDIA

Primary Occupation: Tailor - Fur
Current Address: Room No 6 Thekar Ragnunath Sheth
Chawl, Naupada LK, D's marg Near Maj
Hotel Kura Munkel 400079, Mumbai
Suburban, Maharashtra 400076
Contact Number: 9702081847 (Self)
9819583425 (Emergency)



To report the card and update details visit <https://ashram.gov.in> and to find the nearest CSC centre, visit <https://findmycsc.nic.in>

किसकी मेहनत देश का आधार, सपना उनका हुआ साकार

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Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

Suburban Diagnostics Kalina

Patient Details

Date: 28-Nov-22

Time: 11:34:05 AM

Name: MRS. REETA YADAV ID: 2233020528

Age: 38 y

Sex: F

Height: 162 cms

Weight: 91 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 154 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 51 s

Max. HR: 155 (85% of Pr.MHR) bpm

Max. Mets: 7.00

Max. BP: 180 / 90 mmHg

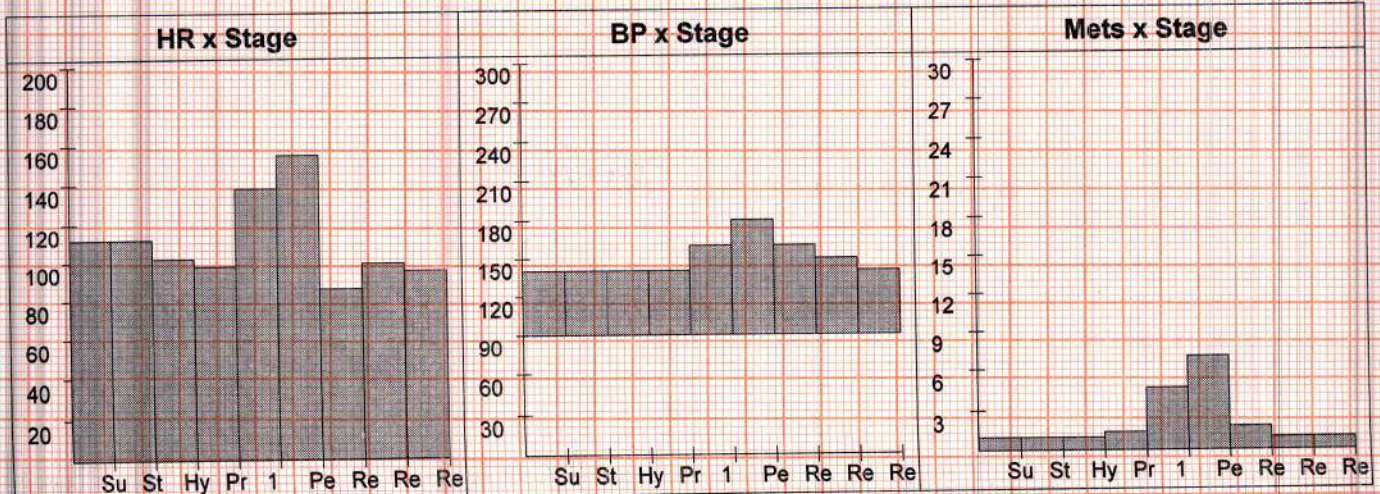
Max. BP x HR: 27900 mmHg/min

Min. BP x HR: 7740 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 12	1.0	0	0	112	140 / 90	-0.42 aVR	1.06 II
Standing	0 : 4	1.0	0	0	112	140 / 90	-0.42 aVR	1.06 II
Hyperventilation	0 : 39	1.0	0	0	102	140 / 90	-0.64 aVR	1.42 II
1	3 : 0	4.6	1.7	10	138	160 / 90	-1.49 aVR	4.60 II
Peak Ex	2 : 51	7.0	2.5	12	155	180 / 90	-1.49 III	4.60 II
Recovery(1)	2 : 0	1.8	1	0	86	160 / 90	-1.91 aVR	3.89 II
Recovery(2)	2 : 0	1.0	0	0	99	150 / 90	-0.64 aVR	2.12 II
Recovery(3)	1 : 6	1.0	0	0	95	140 / 90	-0.42 aVR	1.42 II



Suburban Diagnostics Kalina

Patient Details

Date: 28-Nov-22

Time: 11:34:05 AM

Name: MRS. REETA YADAV ID: 2233020528

Age: 38 y

Sex: F

Height: 162 cms

Weight: 91 Kgs

Interpretation

AVERAGE EFFORT TOLEREANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA


Disclaimer: Negative stress test does not rule out Coronary Artery Disease
Positive stress test is suggestive but not confirmatory of coronary artery disease
Hence clinical correlation is mandatory

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Tel. No. 022-61700000

Ref. Doctor:

(Summary Report edited by user)


DR. SHEIKH NAVEED
MBBS/PGDCC
Clinical Cardiologist
Reg. No. 2016/11/4694
Doctor:

Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 111 bpm (THR: 154 bpm)

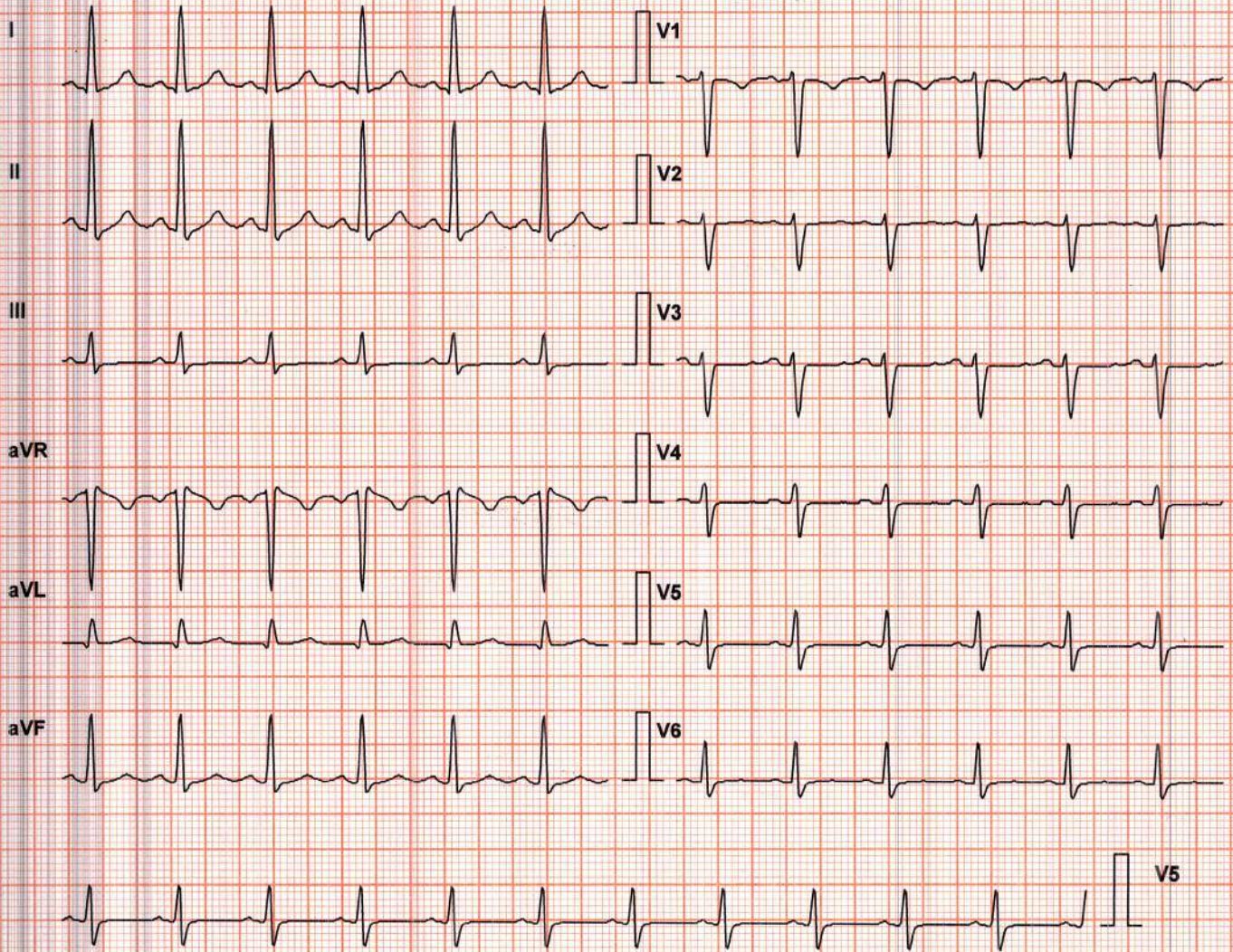


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Standing

Speed: 0 mph

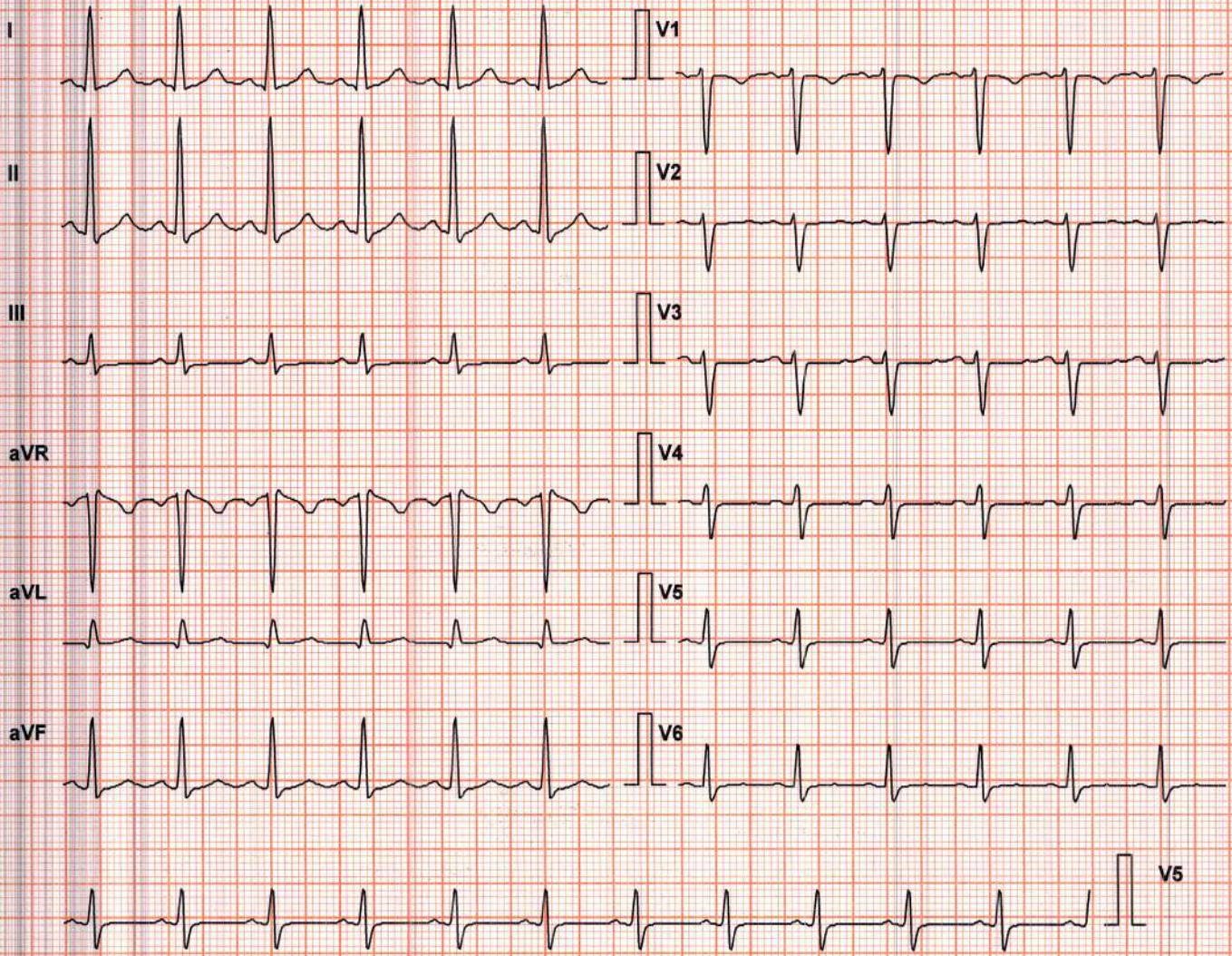
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 111 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	0.4	1.4
III	-0.2	0.0
aVR	-0.4	-1.1
aVL	0.2	0.4
aVF	0.0	0.7
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.4
V5	0.2	0.4
V6	0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

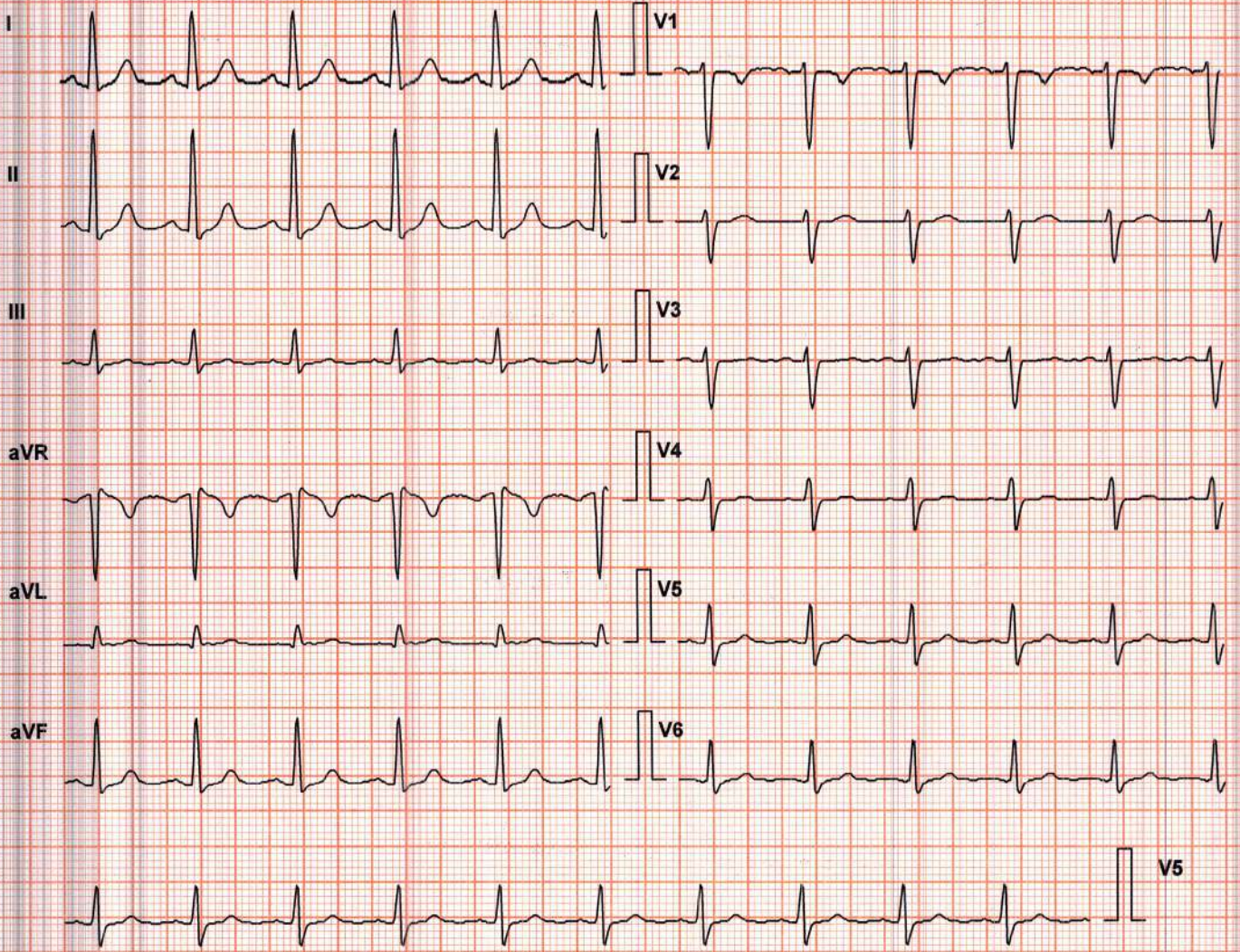
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 33 s

HR: 101 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.4	1.1
III	0.2	0.4
aVR	-0.4	-1.1
aVL	0.2	0.0
aVF	0.4	1.1
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.4
V5	0.2	0.7
V6	0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 160 / 90

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

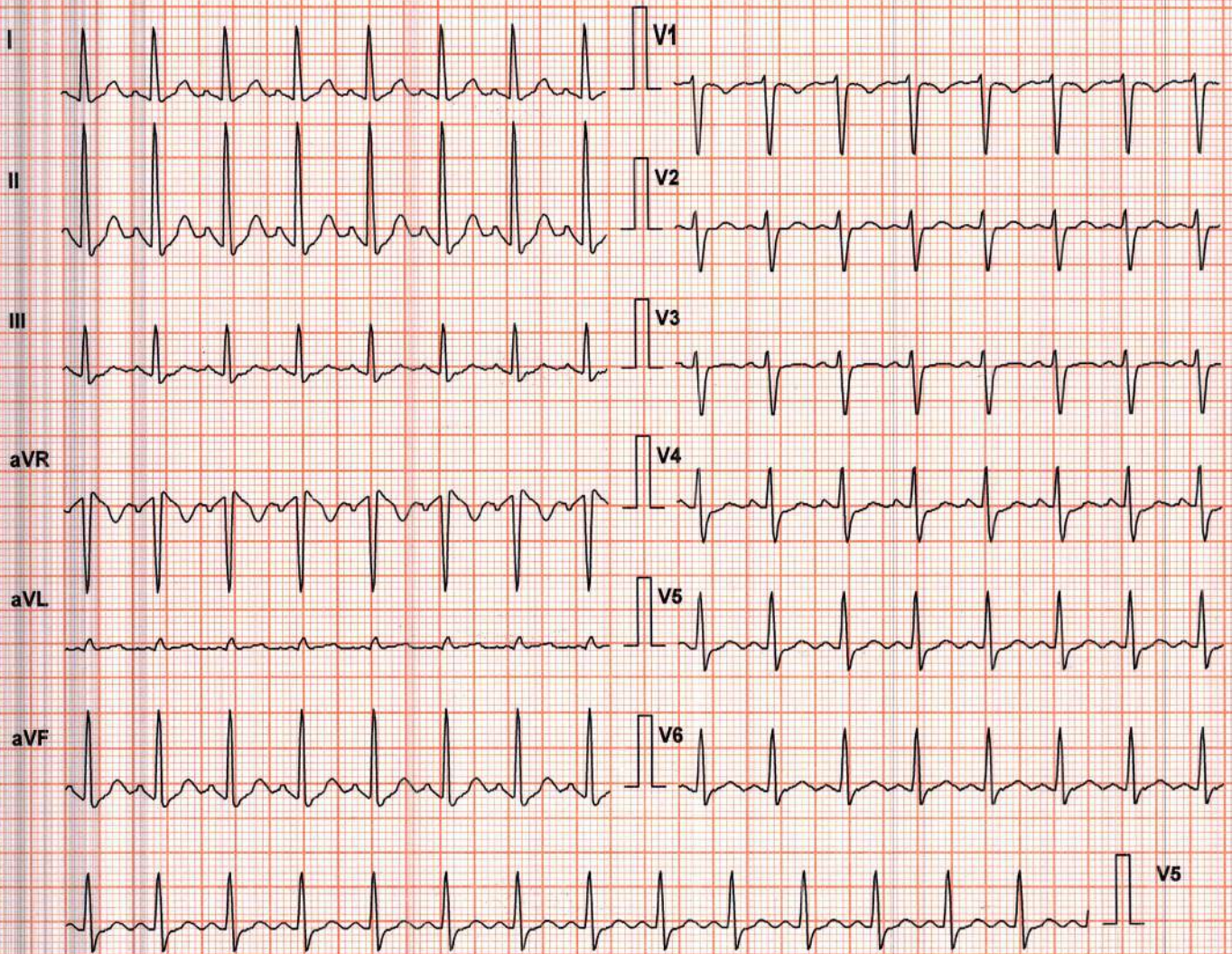
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 140 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.4
II	0.8	2.5
III	0.2	0.7
aVR	-0.6	-2.1
aVL	0.0	0.4
aVF	0.4	1.8
V1	-0.6	-0.7
V2	0.2	0.4
V3	0.2	0.4
V4	-0.2	0.7
V5	0.2	0.7
V6	0.4	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22 B.P: 180 / 90

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

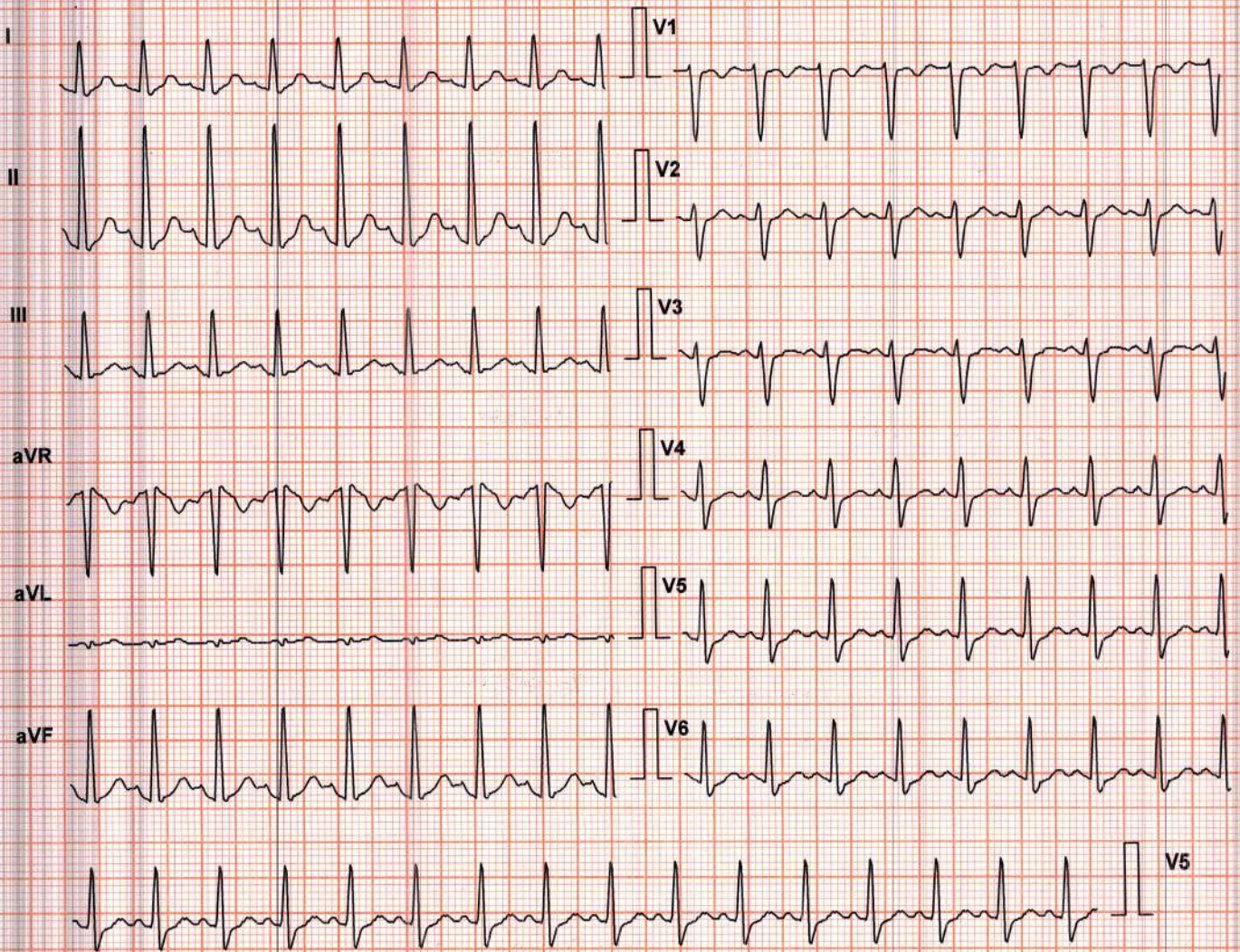
Grade: 12 %

Exec Time : 5 m 45 s

Stage Time : 2 m 45 s

HR: 155 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.4
II	2.3	3.2
III	1.3	1.4
aVR	-1.5	-2.1
aVL	0.0	0.4
aVF	1.7	2.5
V1	-0.2	0.0
V2	0.8	1.4
V3	0.6	1.1
V4	0.4	1.4
V5	0.4	1.4
V6	0.2	1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

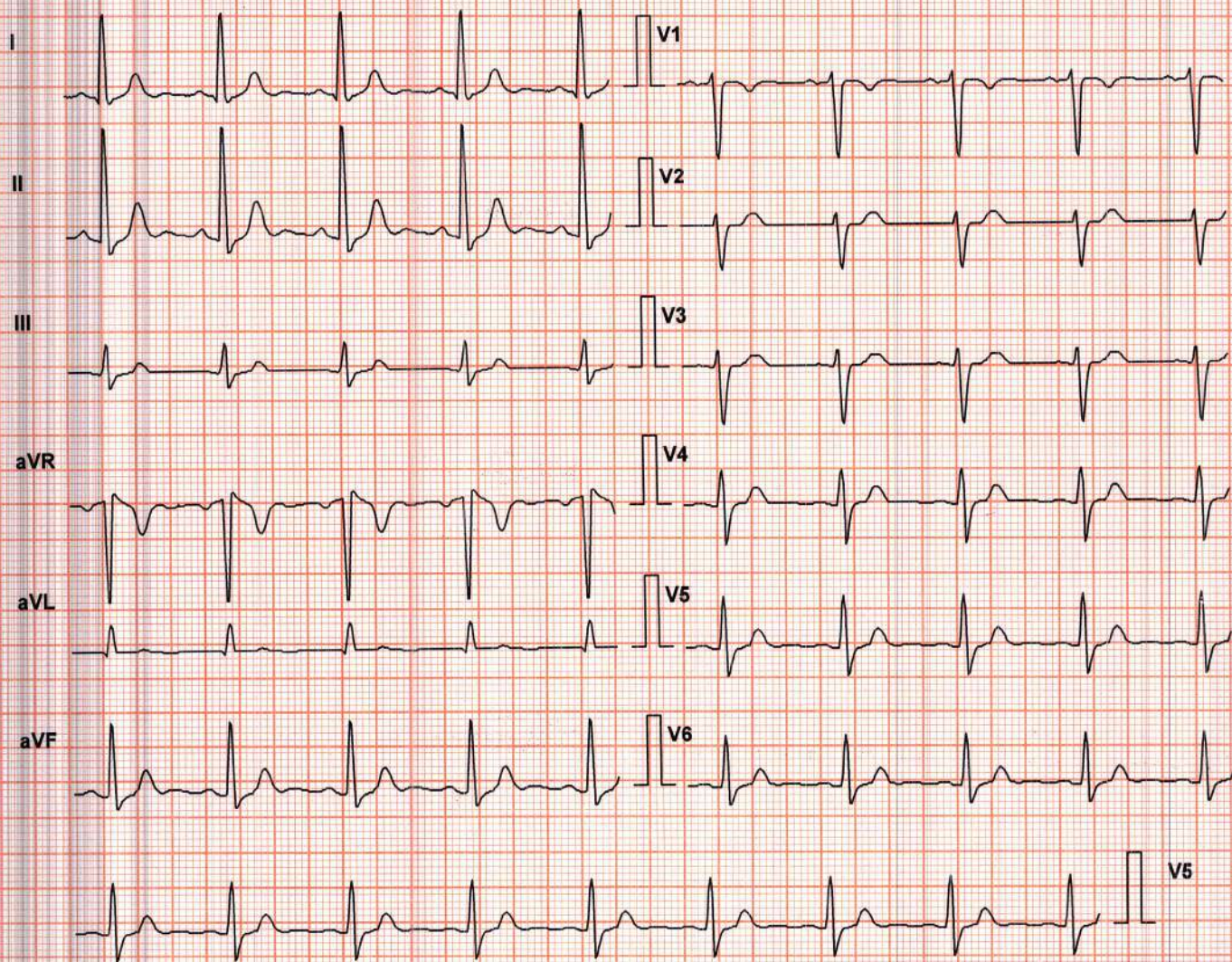
Grade: 0 %

Exec Time : 5 m 51 s

Stage Time : 1 m 54 s

HR: 84 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.4	1.4
III	0.0	0.4
aVR	-0.4	-1.1
aVL	0.0	0.0
aVF	0.4	1.1
V1	0.0	-0.4
V2	0.0	0.0
V3	0.4	0.4
V4	0.4	0.7
V5	0.4	1.1
V6	0.4	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22 B.P: 150 / 90

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

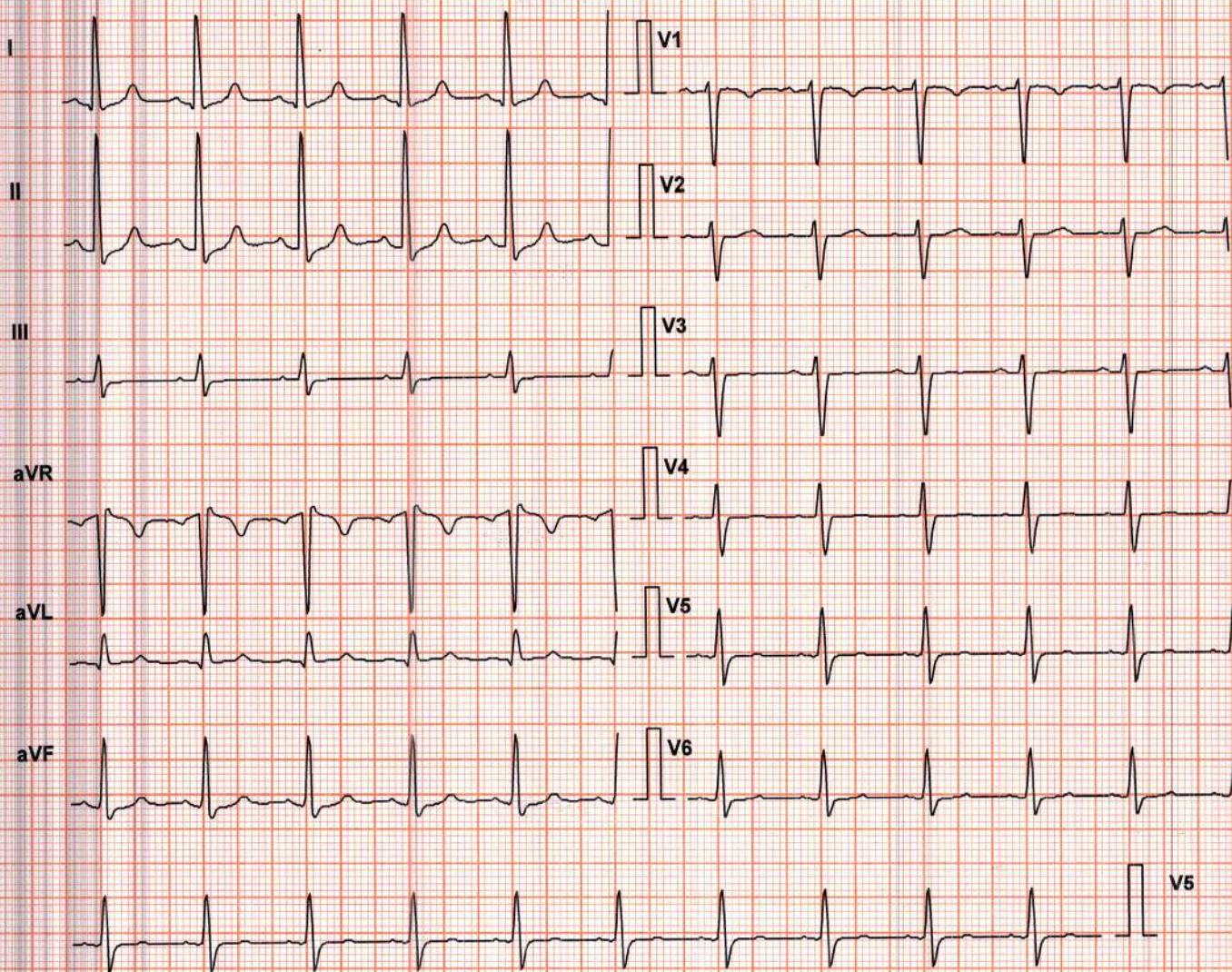
Grade: 0 %

Exec Time : 5 m 51 s

Stage Time : 1 m 54 s

HR: 98 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.0	1.1
III	-0.2	0.0
aVR	0.0	-0.7
aVL	0.2	0.4
aVF	0.0	0.7
V1	0.2	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.0
V5	0.0	0.4
V6	0.0	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MRS. REETA YADAV (38 F)

ID: 2233020528

Date: 28-Nov-22

B.P: 140 / 90

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

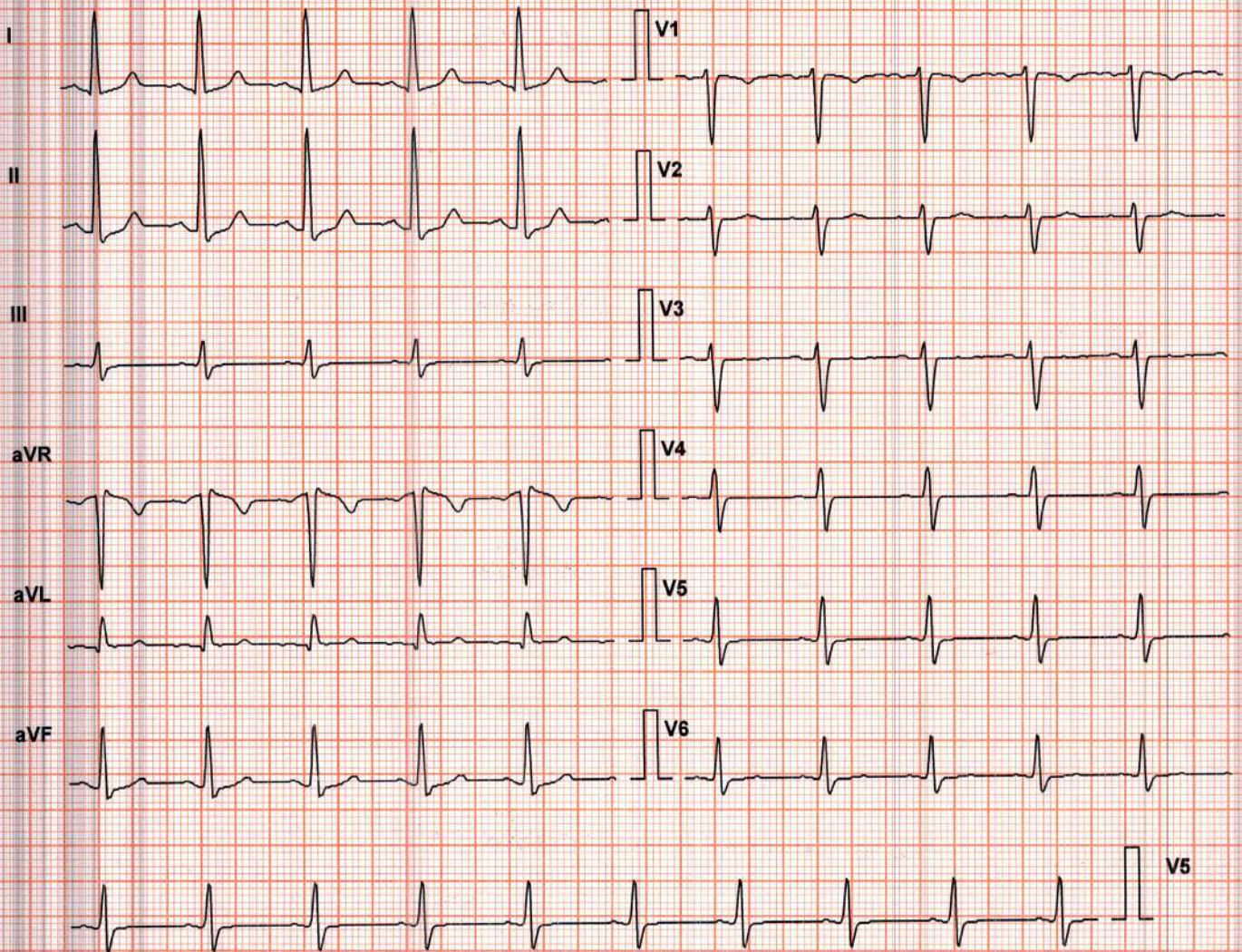
Grade: 0 %

Exec Time : 5 m 51 s

Stage Time : 1 m 0 s

HR: 95 bpm

(THR: 154 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.0	0.7
III	0.0	0.4
aVR	-0.2	-0.7
aVL	0.2	0.0
aVF	0.0	0.4
V1	0.0	-0.4
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.4
V5	0.0	0.7
V6	0.0	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median





Use a QR Code Scanner
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CID : 2233020528
Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 15:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.04	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.6	36-46 %	Calculated
MCV	83.1	80-100 fl	Measured
MCH	26.9	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	19.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7030	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.4	20-40 %	
Absolute Lymphocytes	2418.3	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	414.8	200-1000 /cmm	Calculated
Neutrophils	57.5	40-80 %	
Absolute Neutrophils	4042.3	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	140.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	251000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Measured
PDW	25.6	11-18 %	Calculated



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Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 16:48

RBC MORPHOLOGY

Hypochromia Mild
Microcytosis Occasional
Macrocytosis -
Anisocytosis +
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional

WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 55 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



J. Thakker

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



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CID : 2233020528
Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 16:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
SGOT (AST), Serum	27.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	38.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	106.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	10.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.51	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	143	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	



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

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 16:52

Urine Ketones (Fasting) Absent Absent

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



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



CID : 2233020528
Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 16:10

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



J. Thakker

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



CID : 2233020528
Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 19:01

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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 CPL, Andheri West

*** End Of Report ***



MC-2111

J Thakker

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



CID : 2233020528
Name : MRS.REETA YADAV
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 26-Nov-2022 / 09:13
Reported : 26-Nov-2022 / 17:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert



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

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	172.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	121.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	43.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	24.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.27	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



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Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 26-Nov-2022
Reported : 26-Nov-2022/12:57

USG OF WHOLE ABDOMEN

Clinical profile: for routine checkup. History of increased frequency of urination. Patient denies any health related issues with no history of medical or surgical problems in the past. Comparison done with previous report dated 08 Feb 2020.

Real time ultrasonography of whole abdomen was performed using transabdominal & transvaginal approaches.

Liver:

Liver is prominent in size (15.9 cm) and shows bright echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber. Portal vein is normal in caliber and measures 12.3 mm.

Gallbladder:

Gallbladder is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

CBD is normal in caliber (5.1 mm).

Spleen:

Spleen is normal in size (10.2 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 10.8 x 4.4 cm.

Left Kidney measures: 11.7 x 4.7 cm.

Corticomedullary differentiation appears preserved.

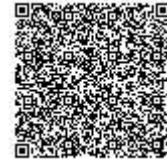
No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

Urinary bladder:

Urinary bladder capacity appears mildly reduced. It shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

Pre void volume measures 150 ml with no significant post void residue.



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Uterus:

Uterus is anteverted, normal in size and shows mildly heterogeneous echotexture.

It measures 7.1 x 4.0 x 3.9 cm (Volume ~ 58.5 cc).

No evidence of focal mass lesion is seen within it.

Endometrium shows normal appearance and thickness measures 8.7 mm.

Tiny nabothian cyst seen in cervix.

Both ovaries:

Both **ovaries** are normal in size and echotexture.

Right ovary measures 2.8 x 1.3 cm.

Left ovary measures 3.3 x 2.5 cm.

There is no evidence of pelvic or adnexal mass seen.

There is no free fluid in pouch of Douglas.

IMPRESSION

Borderline hepatomegaly with fatty infiltration.

Mildly reduced capacity of urinary bladder.

Clinical correlation with SOS further evaluation suggested.

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

This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.

Dr Vaseem Anjum Ansari
Radiologist (MBBS,DMRD)
Reg No. 2003/06/2275

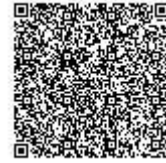
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

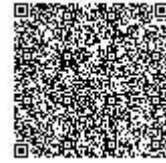
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.

Dr Vaseem Anjum Ansari
Radiologist (MBBS,DMRD)
Reg No. 2003/06/2275

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