

DIAGNOS	TICS			Ε
PRECISE TESTING .	HEALTHIER LIVING			Ľ
CID	: 2135132303			P
Name	: Mrs SUNANDA MALI			0
Age / Sex	: 39 Years/Female		Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	:	Reg. Date	: 17-Dec-2021 / 11:49	R
Reg. Location	: Pimple Saudagar, Pune Main Centre	Reported	: 17-Dec-2021 / 14:20	Т

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Ref. Dr	:	Reg. Date	: 17-Dec-2021 / 12:30	R
Reg. Location	: Pimple Saudagar, Pune Main Centre	Reported	: 17-Dec-2021 / 13:06	Т

X-RAY CHEST PA VIEW

Obliquity seen

There is no evidence of any parenchymal lesion in either lung.

Both lung fields are clear.

Cardio-aortic silhouette has a normal appearance.

Diaphragmatic domes have normal contours and positions.

There is no evidence of any pleural effusion.

Bony thorax and soft-tissues are normal.

CONCLUSION:

NORMAL CHEST X-RAY.

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

Rujutta & Saword

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

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.63	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.6	36-46 %	Calculated
MCV	93	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4500	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	1489.5	1000-3000 /cmm	Calculated
Monocytes	3.1	2-10 %	
Absolute Monocytes	139.5	200-1000 /cmm	Calculated
Neutrophils	61.7	40-80 %	
Absolute Neutrophils	2776.5	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	94.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Consulting Dr. Reg. Location	: - : Pimple Saudagar, Pune (Main Centre)	Collected Reported	:17-Dec-2021 / 10:24 :17-Dec-2021 / 13:57	т

Macrocytosis	-		
Anisocytosis	Mild		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	-		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT			
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	17	2-20 mm at 1 hr.	Westergren

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



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Dr.GOURAV AGRAWAL DCP, DNB (Path) Pathologist

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:2135132303

: MRS.SUNANDA MALI

: 39 Years / Female

Collected Reported :17-Dec-2021 / 10:24 :17-Dec-2021 / 14:30 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.03	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	6.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	38.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	123	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Enzymatic
*Consultant and a stand of CUDUDDAN DI			

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



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Collected Reported

Non-Diabetic Level: < 5.7 %

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

:17-Dec-2021 / 10:24 :17-Dec-2021 / 14:30

METHOD

Calculated

HPLC

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>GLYCOSYLATED HEMOGLOBIN (HbA1c)</u> RESULTS BIOLOGICAL REF RANGE

mg/dl

PARAMETER

Glycosylated Hemoglobin 5.1 (HbA1c), EDTA WB - CC

Estimated Average Glucose 99.7 (eAG), EDTA WB - CC

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

PARAMETER

<u>RESULTS</u>

ABO GROUP A Rh TYPING Positive

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	181.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	54.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	60.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	121.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	110.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated
*Sample processed at SUBUPBAN DI		a Lab Rupa Swargata	

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Kindly note change in reference range and method w.e.f. 16/08/2019 sensitiveTSH, Serum 3.4

0.35-4.94 microlU/ml CMIA Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

Third Trimester: 6.4-20.59

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

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Reg. Location	: Pimple Saudagar, Pune (Main Centre)	Reported	:17-Dec-2021 / 15:30	т

Interpretation:

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

Clinical Significance:

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns. trauma and surgery etc.

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

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

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

Limitations: Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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