

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Dhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

भारत सरकार
Government of India

वैशाली सिंघल
Vaishali Singhal
जन्म तिथि / DOB : 14/08/1993
महिला / Female



4667 1945 4465

आधार - आम आदमी का अधिकार

Vaishali Singhal

CID# : 2308109518
Name : MRS.VAISHALI SINGHAL
Age / Gender : 29 Years/Female
Consulting Dr. :
Reg.Location : Malad West (Main Centre)
Collected : 22-Mar-2023 / 09:44
Reported : 22-Mar-2023 / 18:14

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	155	Weight (kg):	62.8
Temp (0c):	afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/70	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: NAD
Respiratory: NAD
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION: WNL.

ADVICE: Regular Exercise

CHIEF COMPLAINTS:

1) Hypertension: NO

CID# : 2308109518
Name : MRS.VAISHALI SINGHAL
Age / Gender : 29 Years/Female
Consulting Dr. :
Reg.Location : Malad West (Main Centre)

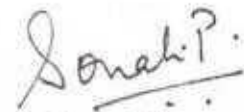
Collected : 22-Mar-2023 / 09:44
Reported : 22-Mar-2023 / 18:14

- | | |
|--|----------------|
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | since 5 yrs |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | D and C in Nov |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|--------------------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Vegetarian |
| 4) Medication | B12 Supplement , Eltrosin 50mg |

*** End Of Report ***



Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Date:- 22/3/23.

CID: 2308109459

Name:- Vaishali Singhal

Sex / Age: F / 29.

EYE CHECK UP

Chief complaints: NO.

Systemic Diseases: NO

Past history: NO.

Unaided Vision:

Aided Vision: Both eye - NV - NG.

Refraction: DV - 6/9.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/9	—————			6/9
Near	—————			NG.	—————			NG.

Colour Vision: Normal / Abnormal

Remark:

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Authenticity Check



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Application To Scan the Code

CID : 2308109518
Name : Mrs VAISHALI SINGHAL
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 14:20

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032209391228>



CID : 2308109518
Name : Mrs VAISHALI SINGHAL
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 12:41

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.1 cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.5 x 3.8 cm.
Left kidney measures 9.7 x 5.2 cm.

SPLEEN:

The spleen is normal in size (9.0 cm), and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS(TAS):

The uterus is anteverted and appears normal. It measures 8.6 x 5.5 x 4.0 cm in size. The endometrial thickness is 7.1 mm.

OVARIES(TAS):

Both ovaries are bulky in size and show multiple peripherally arranged immature follicles with central echogenic stroma.

Right ovary = 4.5 x 4.0 x 2.2 cm (Volume is 20.7 cc).

Left ovary = 3.9 x 3.8 x 1.8 cm (Volume is 14.1 cc).

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032209451134>

Page no 1 of 2

Age 29 years 7 months 8 days

Gender Female

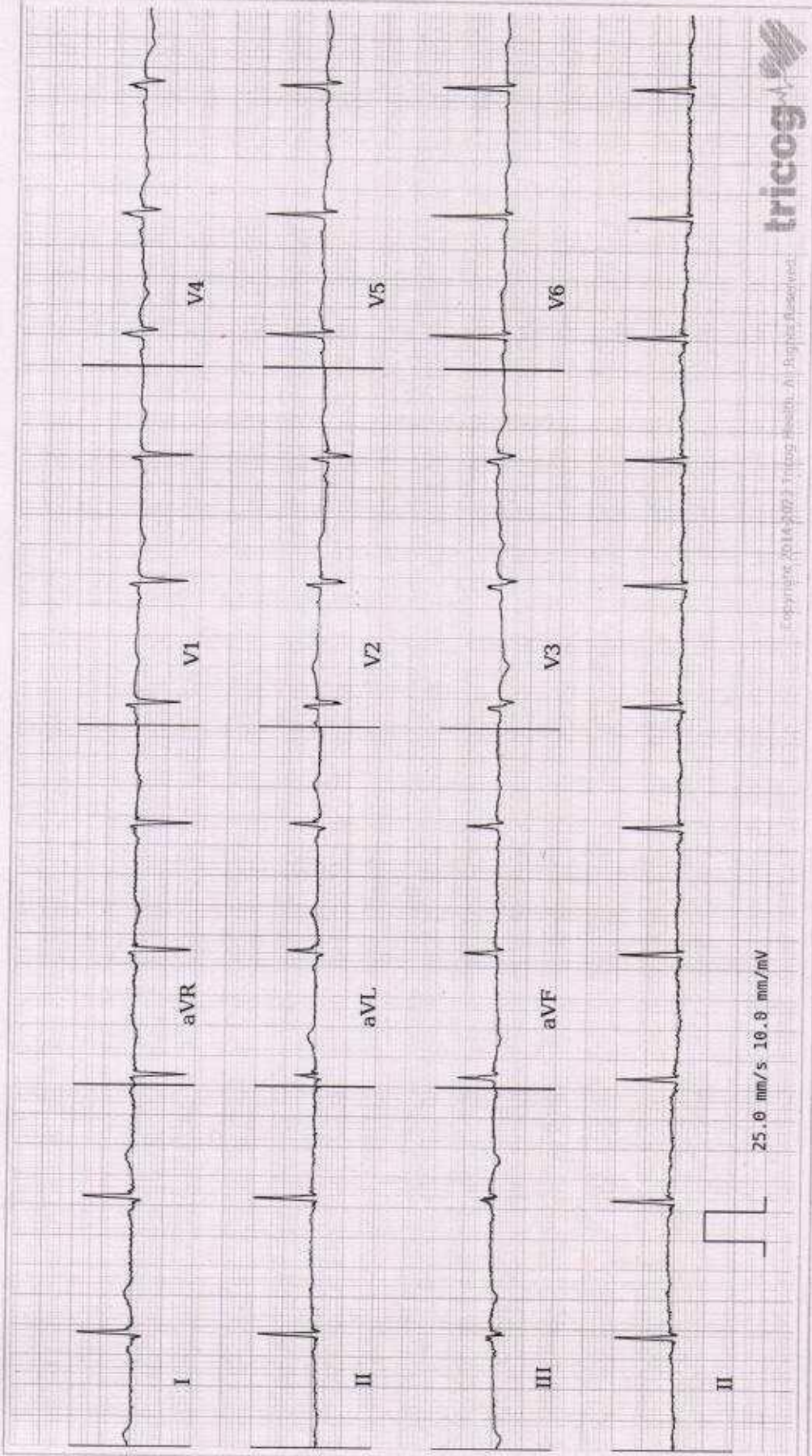
Heart Rate 72bpm

Patient Vitals

BP: NA 110/70
Weight: 62 kg
Height: 155 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSd: 80ms
QT: 398ms
QTc: 435ms
PR: 136ms
P-R-T: 11° 35° -8°



ECG Within Normal Limits: Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

REPORTED BY

Soni

DR SONALI HONRAO
MD (General Medicine)
Physician
2007/04/1982

Disclaimer: 1) Analyze 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.

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: VAISHALI, SINGHAL

DOB: 14.08.1993

Patient ID: 2308109459

Age: 29yrs

Height: 155 cm

Gender: Female

Weight: 62.8 kg

Race: Asian

Study Date: 22.03.2023

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

Technician: --

Medications:

Medical History:

Reason for Exercise Test:Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:38	0.00	0.00	73	110/70	
	STANDING	00:24	0.00	0.00	81	110/70	
	HYPERV.	00:20	0.00	0.00	81	110/70	
	WARM-UP	00:23	1.00	0.00	88		
EXERCISE	STAGE 1	03:00	1.70	10.00	113	120/70	
	STAGE 2	03:00	2.50	12.00	144	136/70	
	STAGE 3	01:05	3.40	14.00	153		
RECOVERY		03:06	0.00	0.00	100	136/70	

The patient exercised according to the BRUCE for 7:05 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 76 bpm rose to a maximal heart rate of 155 bpm. This value represents 81 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 136/70 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

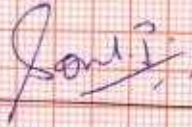
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

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

Physician



Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

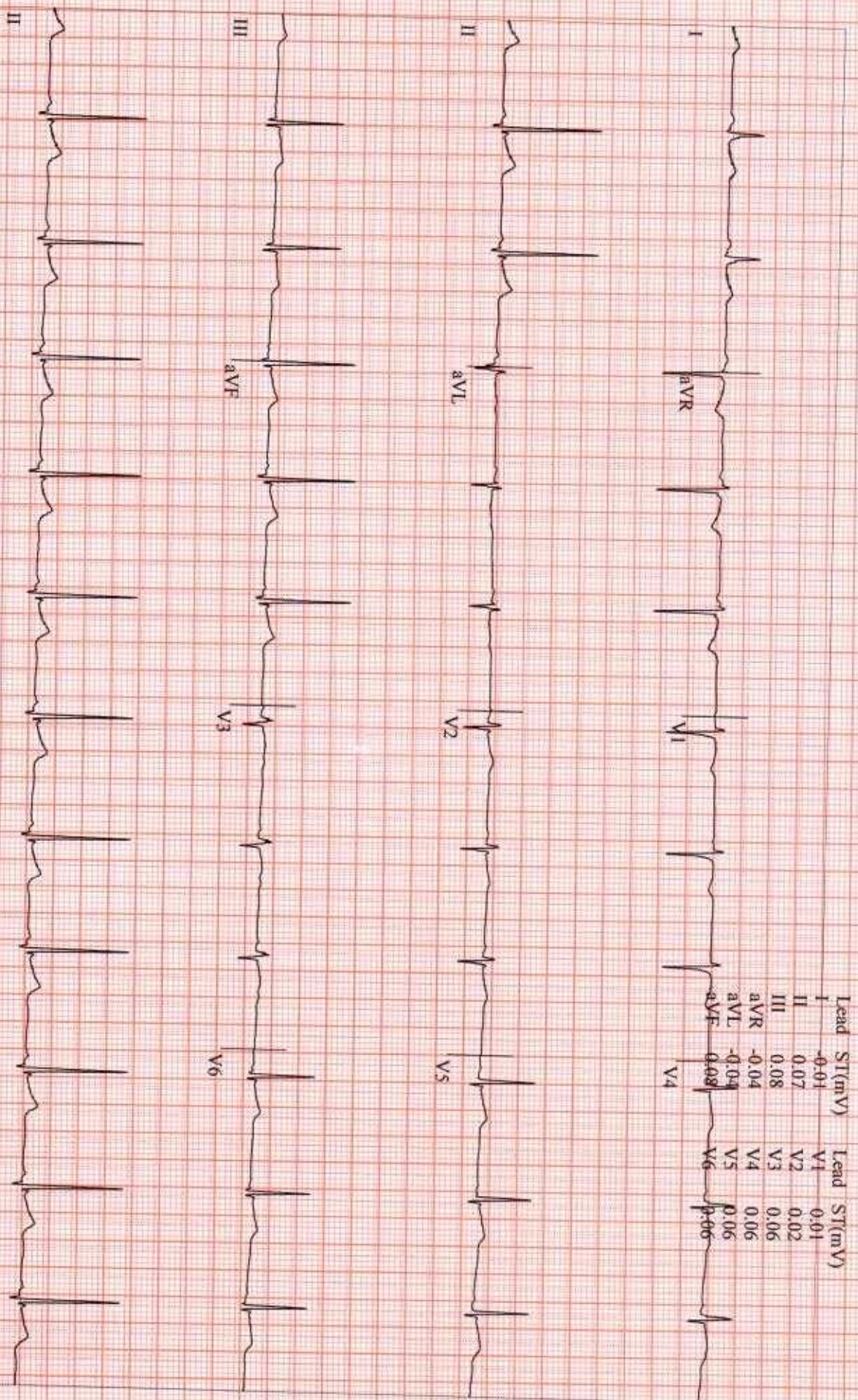
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71 bpm
110/70 mmHg

PRETEST
SUPINE
00:27

BRUCE
0.0 mph
0.0%

Measured at 60ms Post J
Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.01
II	0.07	V2	0.02
III	0.08	V3	0.06
aVR	-0.04	V4	0.06
aVL	-0.04	V5	0.06
aVF	0.08	V6	0.06

GE CardioSoft V6:73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V1)

Start of Test: 11:40:17am

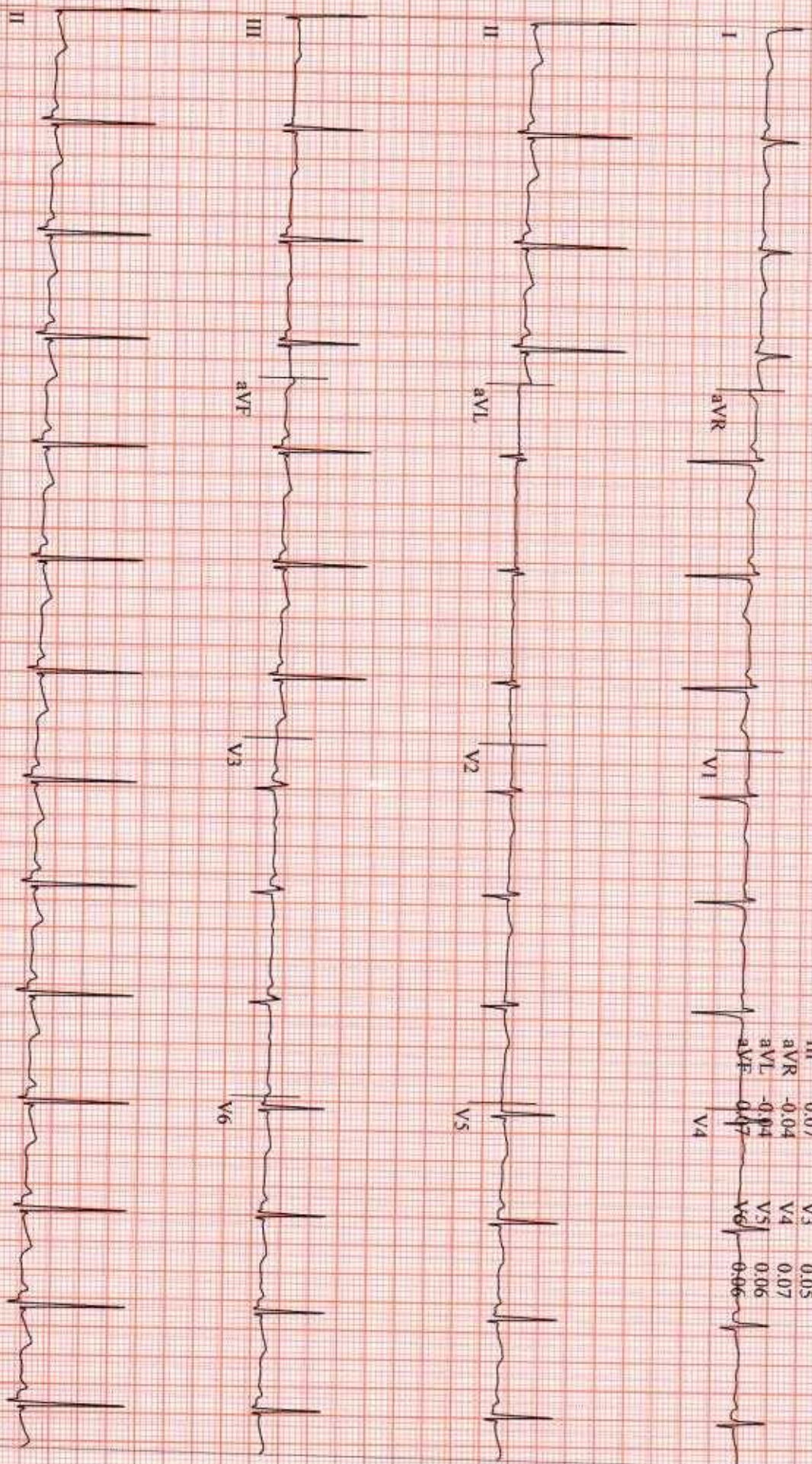
73 bpm
110/70 mmHg

PRETEST
STANDING
00:50

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.00	V1	-0.01
II	0.08	V2	0.01
III	0.07	V3	0.05
aVR	-0.04	V4	0.07
aVL	-0.04	V5	0.06
aVF	0.07	V6	0.06



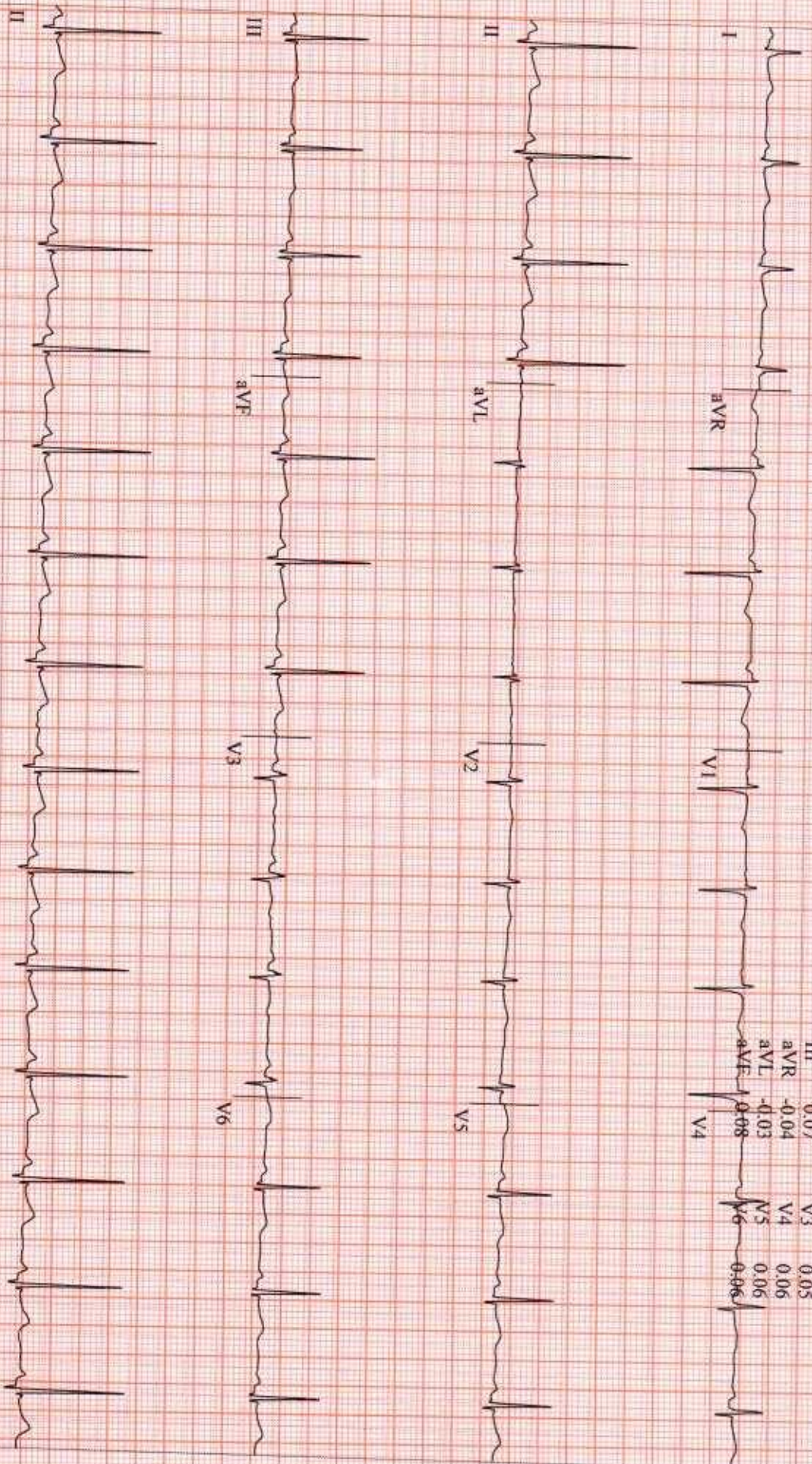
81 bpm
 110/70 mmHg

PRETEST
 HYPERV.
 01:14

BRUCE
 0.0 mph
 0.0%

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOSTICS



Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.01
II	0.09	V2	0.02
III	0.07	V3	0.05
aVR	-0.04	V4	0.06
aVL	-0.03	V5	0.06
aVF	0.08	V6	0.06

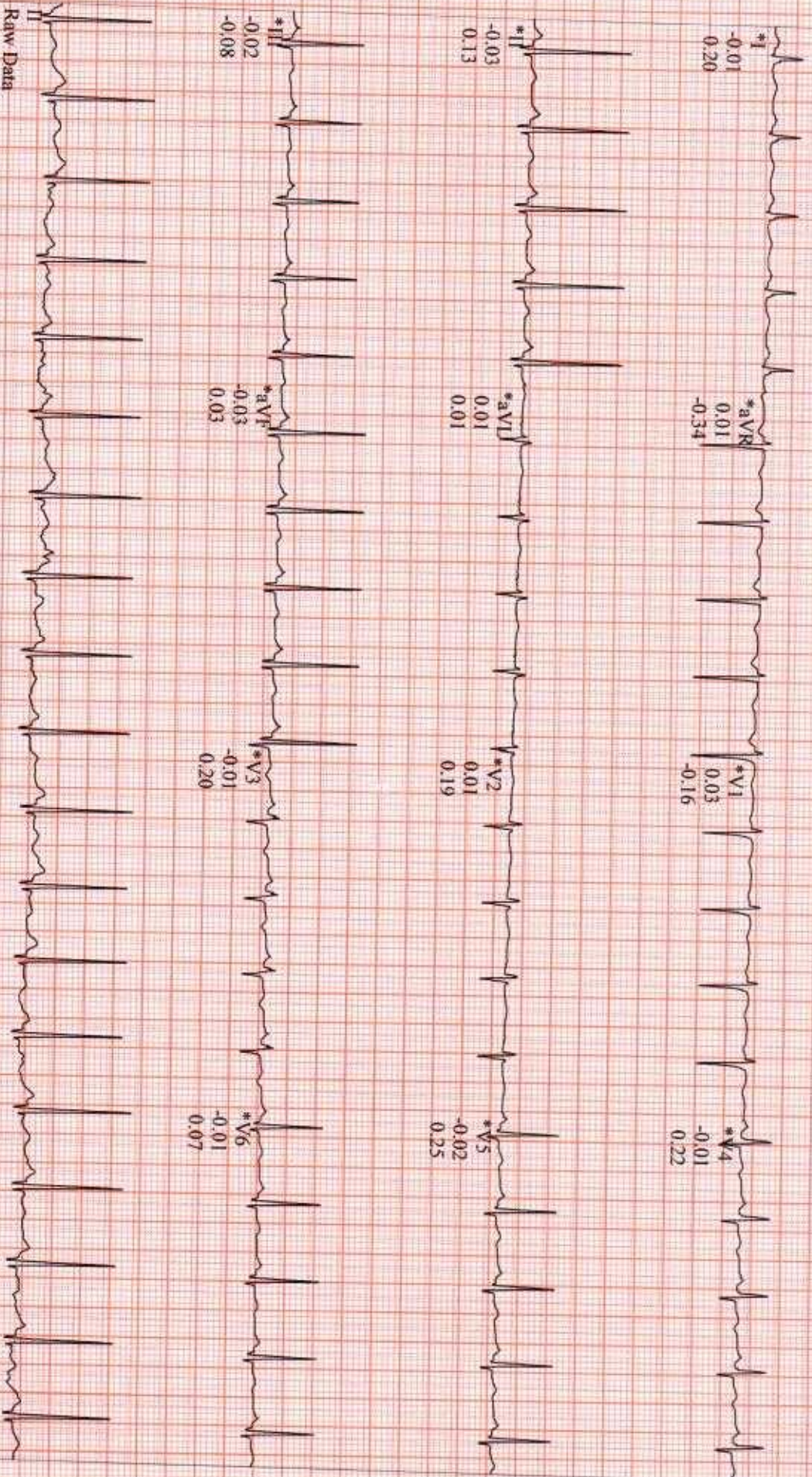
113 bpm
120/70 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s, 10 mm/mV, 50Hz, 0.01Hz FRF+, HR(Q, V1)

Start of Test: 11:40:17am

*Computer Synthesized Rhythms

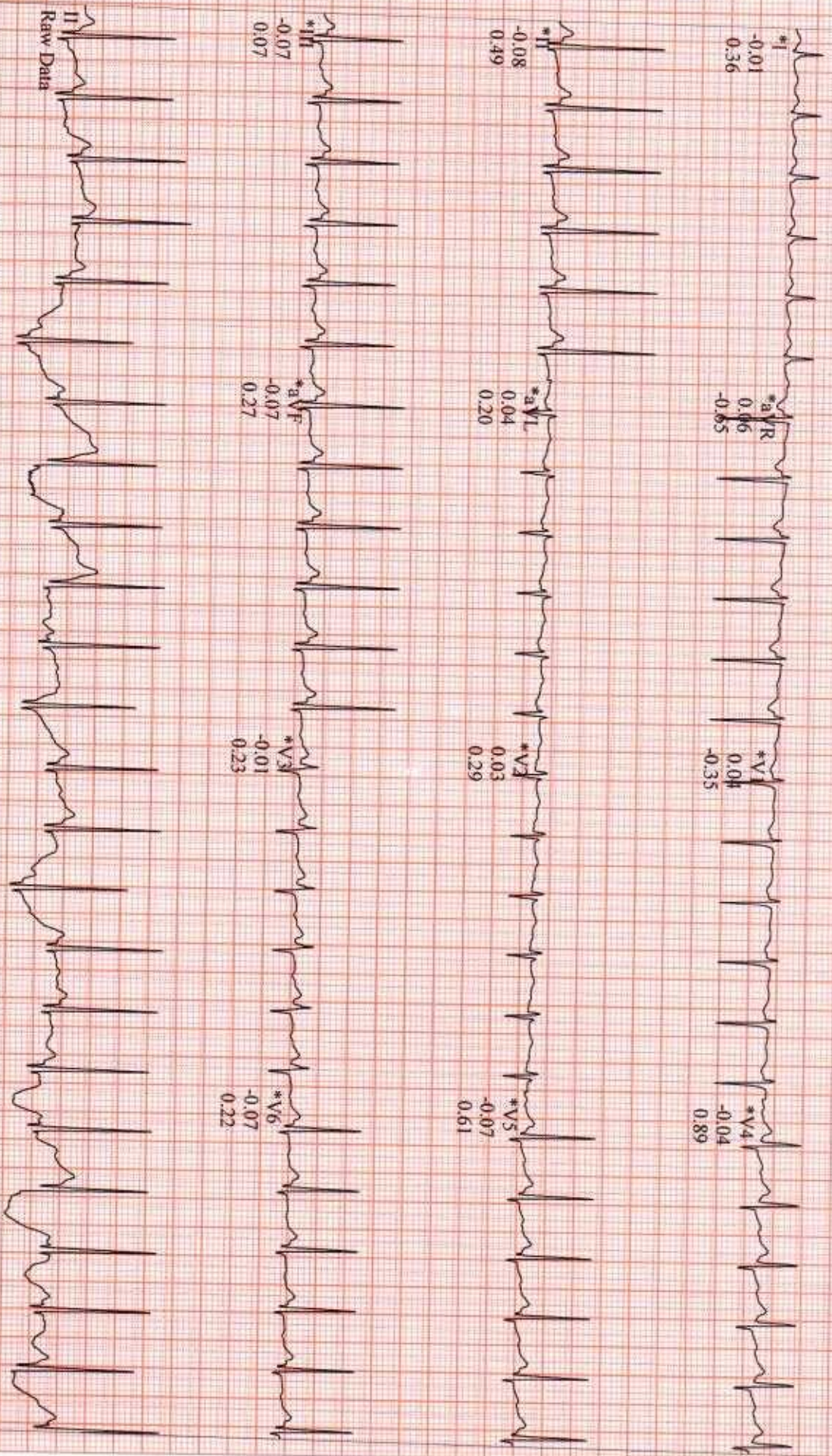
141 bpm
136/70 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test . . :40:17am

*Computer Synthesized Rhythms

153 bpm

EXERCISE
 STAGE 3
 07:05

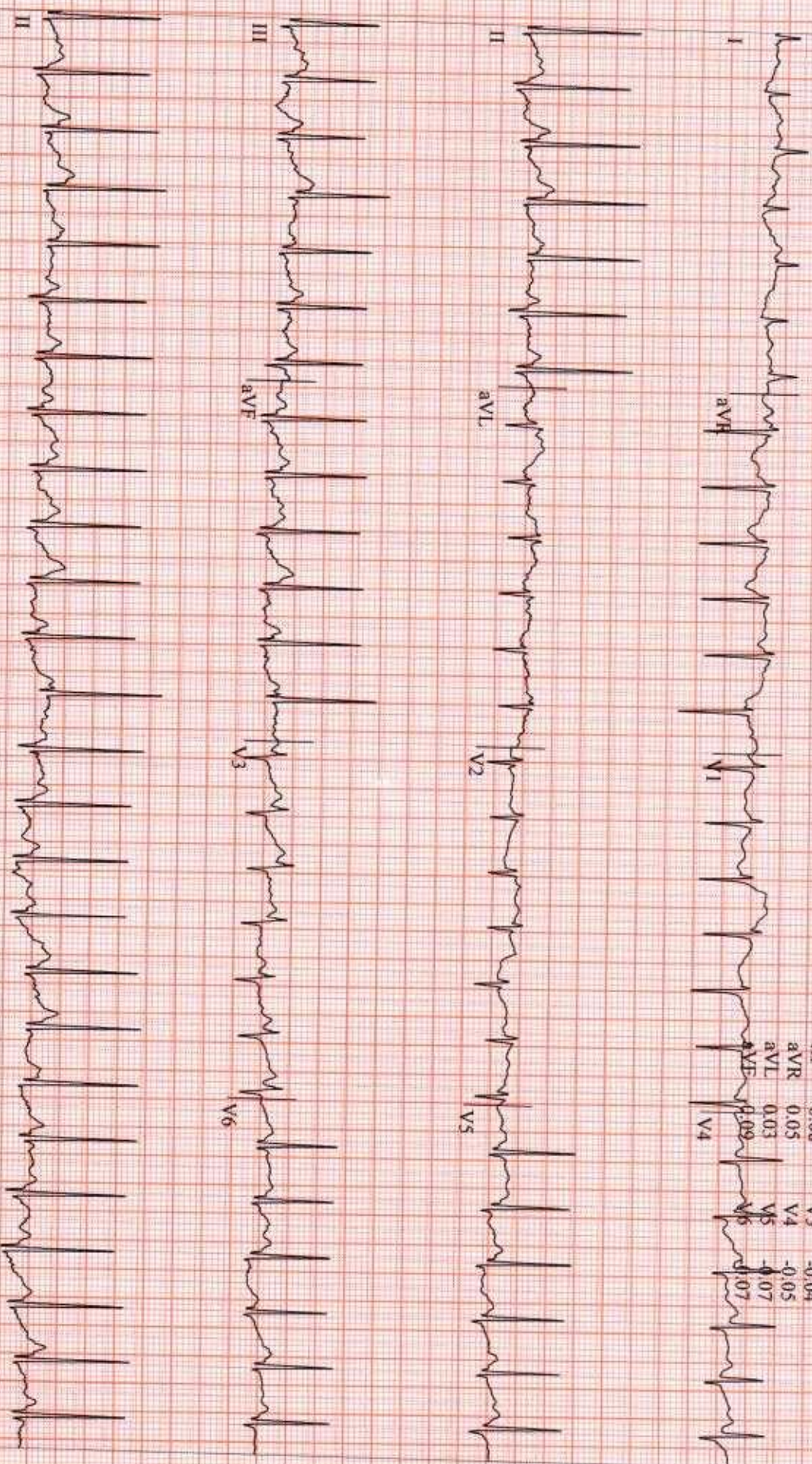
BRUCE
 3.4 mph
 14.0 %

12-lead Report (PEAK EXERCISE)

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.05
II	-0.10	V2	0.03
III	-0.08	V3	-0.04
aVR	0.05	V4	-0.05
aVL	0.03	V5	-0.07
aVF	0.09	V6	-0.07
V4			



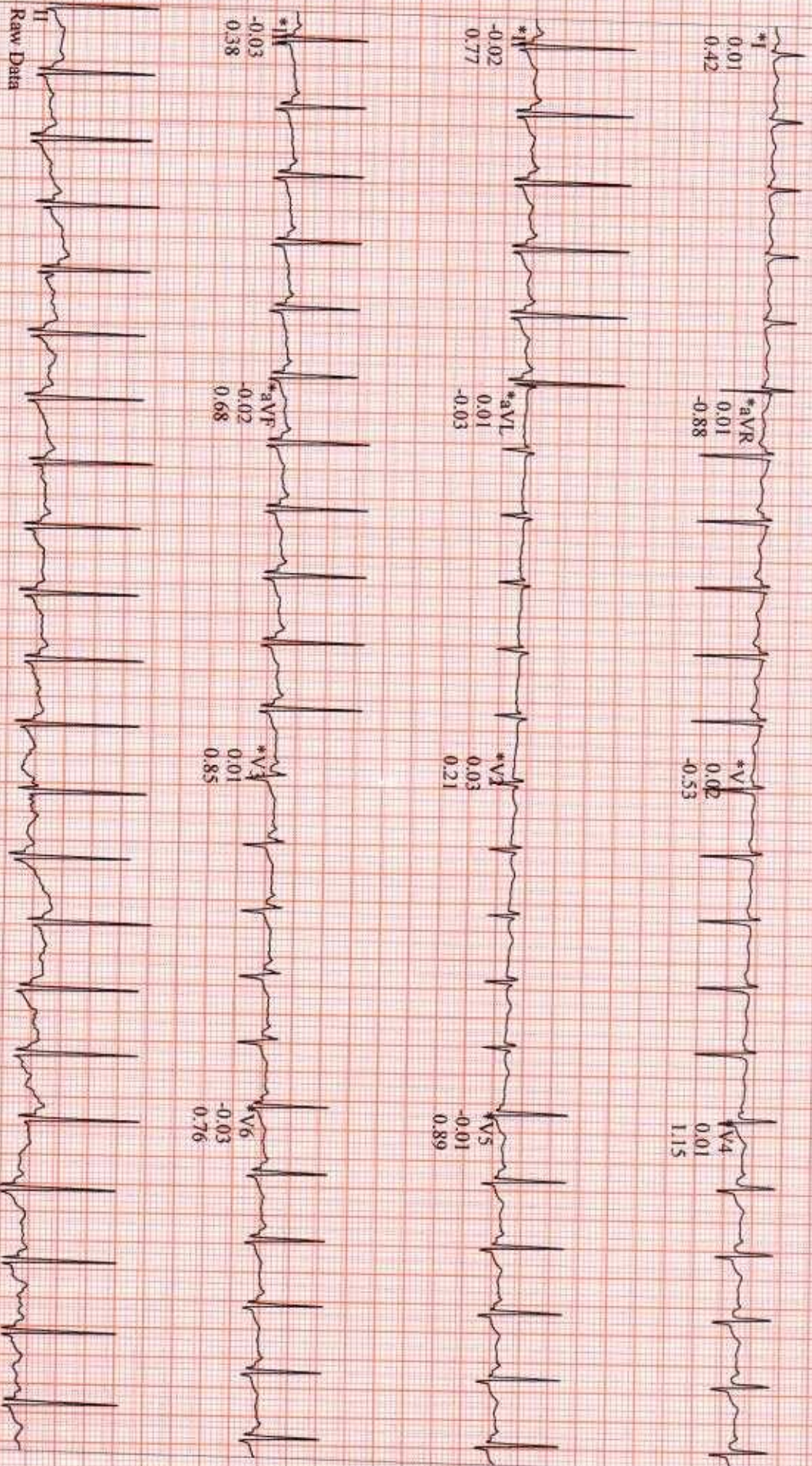
130 bpm

RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s, 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test ...:40:17am

*Computer Synthesized Rhythms

100 bpm

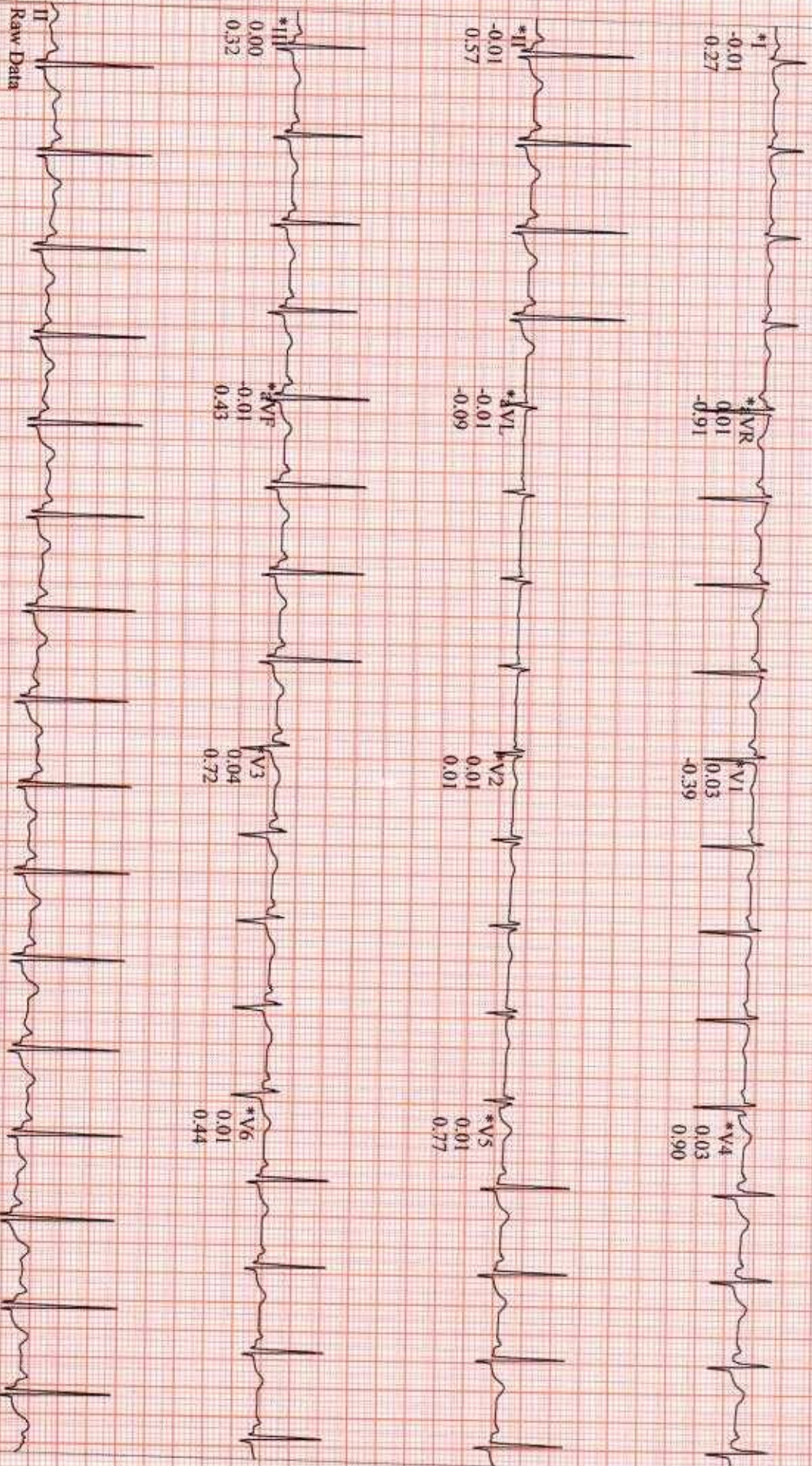
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Linked Medians

Lead
ST Level (mV)
ST Slope (mV/s)

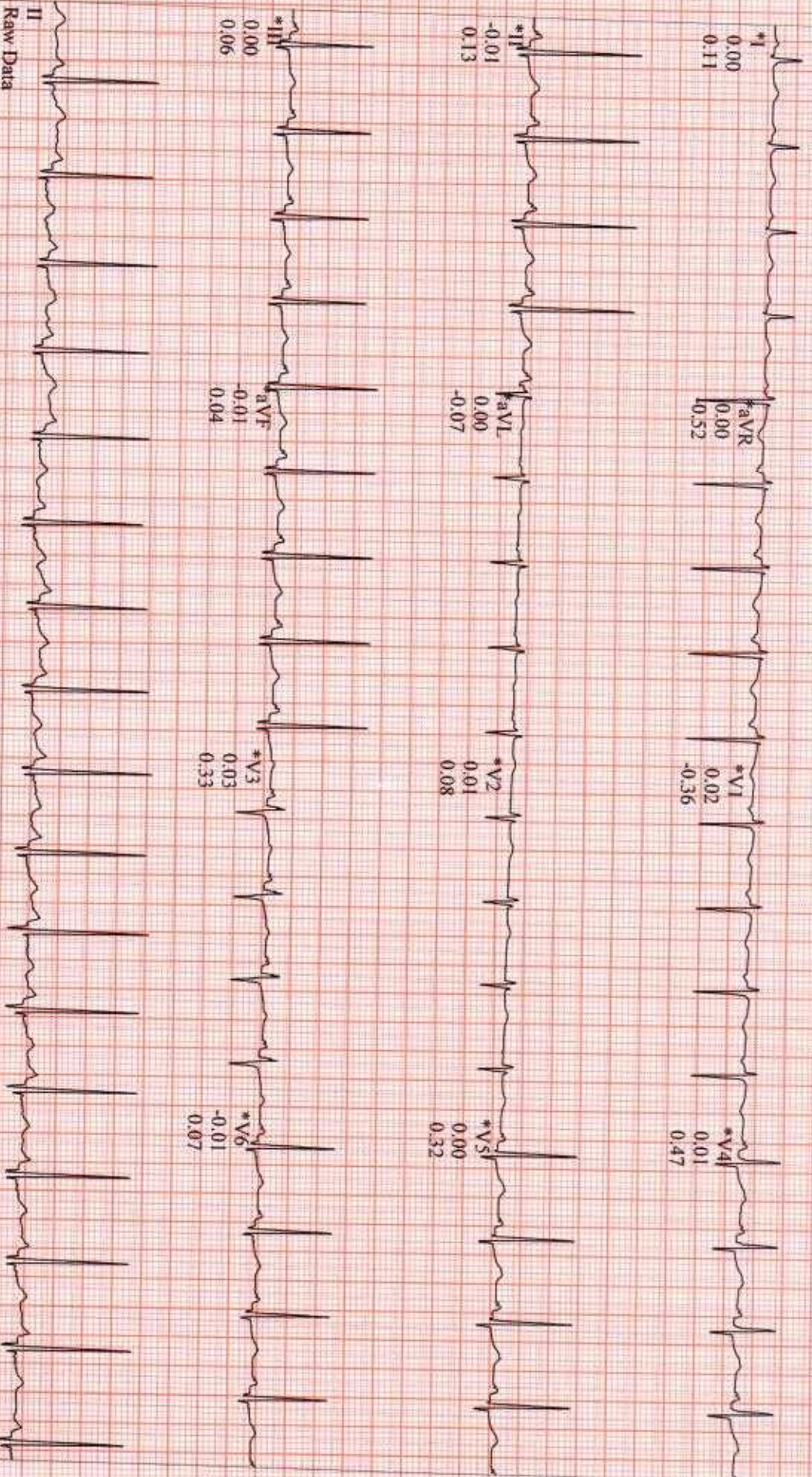


GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 11:40:17am

*Computer Synthesized Rhythms

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRP+ HR(V5,II)

Start of Test: 11:40:17am

*Computer Synthesized Rhythms



CID : 2308109518
Name : MRS.VAISHALI SINGHAL
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 09:49
Reported : 22-Mar-2023 / 10:58

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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	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.27	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.9	36-46 %	Calculated
MCV	91.0	80-100 fl	Measured
MCH	28.2	27-32 pg	Calculated
MCHC	31.0	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4880	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.9	20-40 %	
Absolute Lymphocytes	2090	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	410	200-1000 /cmm	Calculated
Neutrophils	45.8	40-80 %	
Absolute Neutrophils	2240	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	120	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	259000	150000-400000 /cmm	Elect. Impedance
MPV	10.3	6-11 fl	Measured
PDW	19.1	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia	-
Microcytosis	-
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 13 2-20 mm at 1 hr. Sedimentation

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

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 09:49
Reported : 22-Mar-2023 / 13:10

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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	97.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.19	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.10	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	44.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	51.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	23.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.79	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum 91 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 5.3 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent

Urine Ketones (Fasting) Absent Absent

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



MC-2111

Anupa

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



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Reg. Location : Malad West (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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)



MC-2111



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Collected : 22-Mar-2023 / 09:49
Reported : 22-Mar-2023 / 16:07

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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 ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111





CID : 2308109518
Name : MRS.VAISHALI SINGHAL
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 09:49
Reported : 22-Mar-2023 / 17:08

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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

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

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 09:49
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

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

References:

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 CPL, Andheri West
*** End Of Report ***

J. Thakker

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



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Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 22-Mar-2023 / 13:10

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	60.5	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	47.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111



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Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.4	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	1.90	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 transiently altered because 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)

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

Anupa

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



MC-2111

