

Name : Ms . SONAL BADHAN Reg Date : 07-Apr-2023 09:30
VID : 2309717610 Age/Gender : 35 Years
Ref By : Arcofemi Healthcare Limited Regn Centre : Kalina, Santacruz East (Main Centre)

-
- 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 Cholecystectomy done 2021 feb
Adrenal Hyperplasia
17) Musculoskeletal System No

PERSONAL HISTORY:

- 1) Alcohol No
2) Smoking No
3) Diet Mixed
4) Medication Tab. Dexona 0.2mg

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


Dr. Dhanwanti Hatakhar
PHYSICIAN

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2309717610
Name : Ms SONAL BADHAN
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 10:21

USG OF WHOLE ABDOMEN

Clinical profile: for routine checkup. On Dexon for hormonal imbalance. Past history of gall stones - operated. Patient denies any health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study. Real time ultrasonography of whole abdomen was performed using transabdominal approach only.

Liver:

Liver is prominent in size (15.7 cm) and shows normal 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 10.5 mm.

Gallbladder is not visualized - consistent with post cholecystectomy status.
CBD is normal in caliber (4.8 mm).

Spleen:

Spleen is normal in size (8.2 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: 11.1 x 3.9 cm.

Left Kidney measures: 9.8 x 4.5 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 is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040709332342>

Authenticity Check



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Reg. Date : 07-Apr-2023
Reported : 07-Apr-2023 / 10:21

Uterus:

Uterus is anteverted, normal in size and echotexture.

It measures 8.1 x 4.0 x 3.1 cm (Volume ~ 54.4 cc).

No evidence of focal mass lesion is seen within it.

Endometrium shows normal appearance and thickness measures 5.3 mm.

Both ovaries:

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

Right ovary measures: 2.7 x 2.4 x 1.6 cm (volume~ 5.8 cc) .

Left ovary measures: 2.6 x 2.2 x 1.2 cm (volume~ 3.7 cc).

There is no evidence of pelvic or adnexal mass seen.

There is no free fluid in pouch of Douglas.

IMPRESSION

Borderline hepatomegaly. No focal lesion.

Post cholecystectomy status.

No other significant abnormality detected in abdomen and pelvis.

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

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

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040709332342>

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There is no free fluid in pouch of Douglas.

IMPRESSION

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Post cholecystectomy status.

No other significant abnormality detected in abdomen and pelvis.

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

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

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Use a QR Code Scanner
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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.

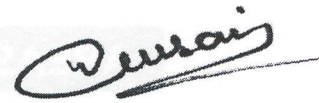
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



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

Click here to view images <<ImageLink>>

 भारत सरकार
GOVERNMENT OF INDIA



सोनल बघान
Sonal Badhan
जन्म तिथि/ DOB: 03/10/1988
महिता / FEMALE

4061 7901 4512



आधार-आम आदमी का अधिकार

Sonal
9867009992

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HBL Bank,
Opp. Nara Petrol Pump, Kalina, CSI Road,
Santa Cruz (East),
Tel. No. 022-61700000

Suburban Diagnostics Kalina

Patient Details

Date: 01-Jan-23

Time: 10:29:26 AM

Name: MS. SONAL BADHAN ID: 2309717610

Age: 34 y

Sex: F

Height: 141 cms

Weight: 76 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 186 bpm

THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 25 s

Max. HR: 161 (87% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 170 / 70 mmHg

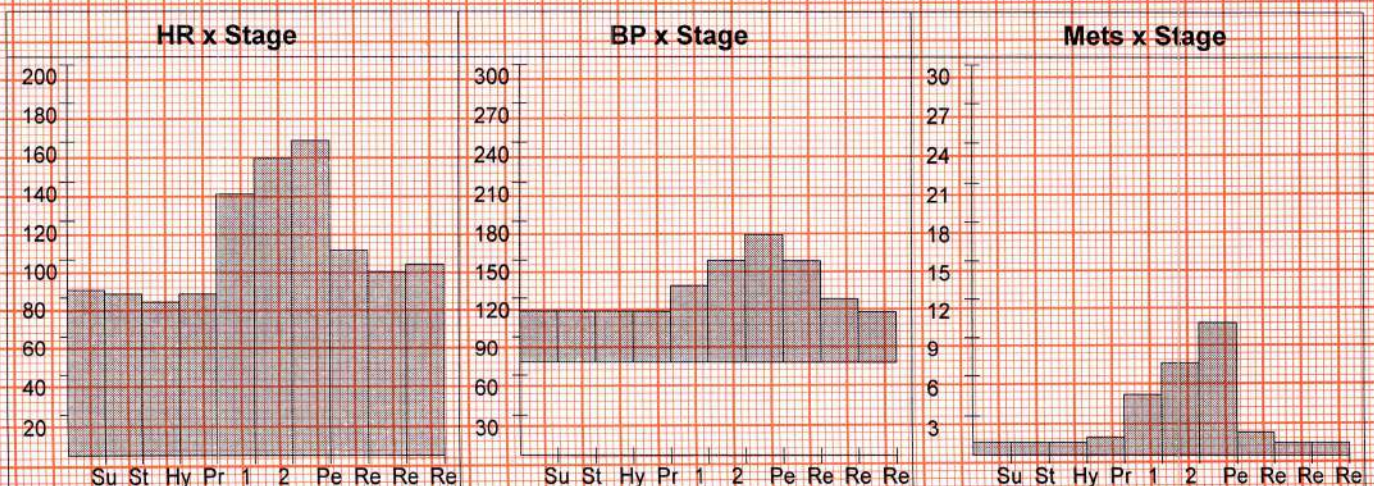
Max. BP x HR: 27370 mmHg/min

Min. BP x HR: 5460 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 : 55 | 1.0 | 0 | 0 | 84 | 110 / 70 | -1.06 III | 1.06 I |
| Standing | 0 : 9 | 1.0 | 0 | 0 | 82 | 110 / 70 | -0.42 aVR | 1.06 II |
| Hyperventilation | 0 : 7 | 1.0 | 0 | 0 | 78 | 110 / 70 | -0.42 aVR | 1.06 II |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 134 | 130 / 70 | -1.91 III | 2.12 II |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 152 | 150 / 70 | -3.40 V3 | 2.48 II |
| Peak Ex | 0 : 25 | 10.2 | 3.4 | 14 | 161 | 170 / 70 | -0.85 V3 | -2.12 aVR |
| Recovery(1) | 2 : 0 | 1.8 | 1 | 0 | 105 | 150 / 70 | -1.06 aVR | 2.83 II |
| Recovery(2) | 2 : 0 | 1.0 | 0 | 0 | 94 | 120 / 70 | -0.42 II | 1.77 II |
| Recovery(3) | 1 : 39 | 1.0 | 0 | 0 | 98 | 110 / 70 | -0.42 II | 1.06 I |



Suburban Diagnostics Kalina

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Name: MS. SONAL BADHAN ID: 2309717610

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Sex: F

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Weight: 76 Kgs

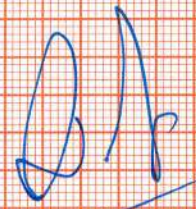
Interpretation

AVERAGE EFFORT TOLEREANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS
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



DR. SHEIKH NAVEED

MBBS/PGDCC

Clinical Cardiologist

Reg. No. 2016/11/4694

Ref. Doctor:

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

Suburban Diagnostics Kalina

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 110 / 70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

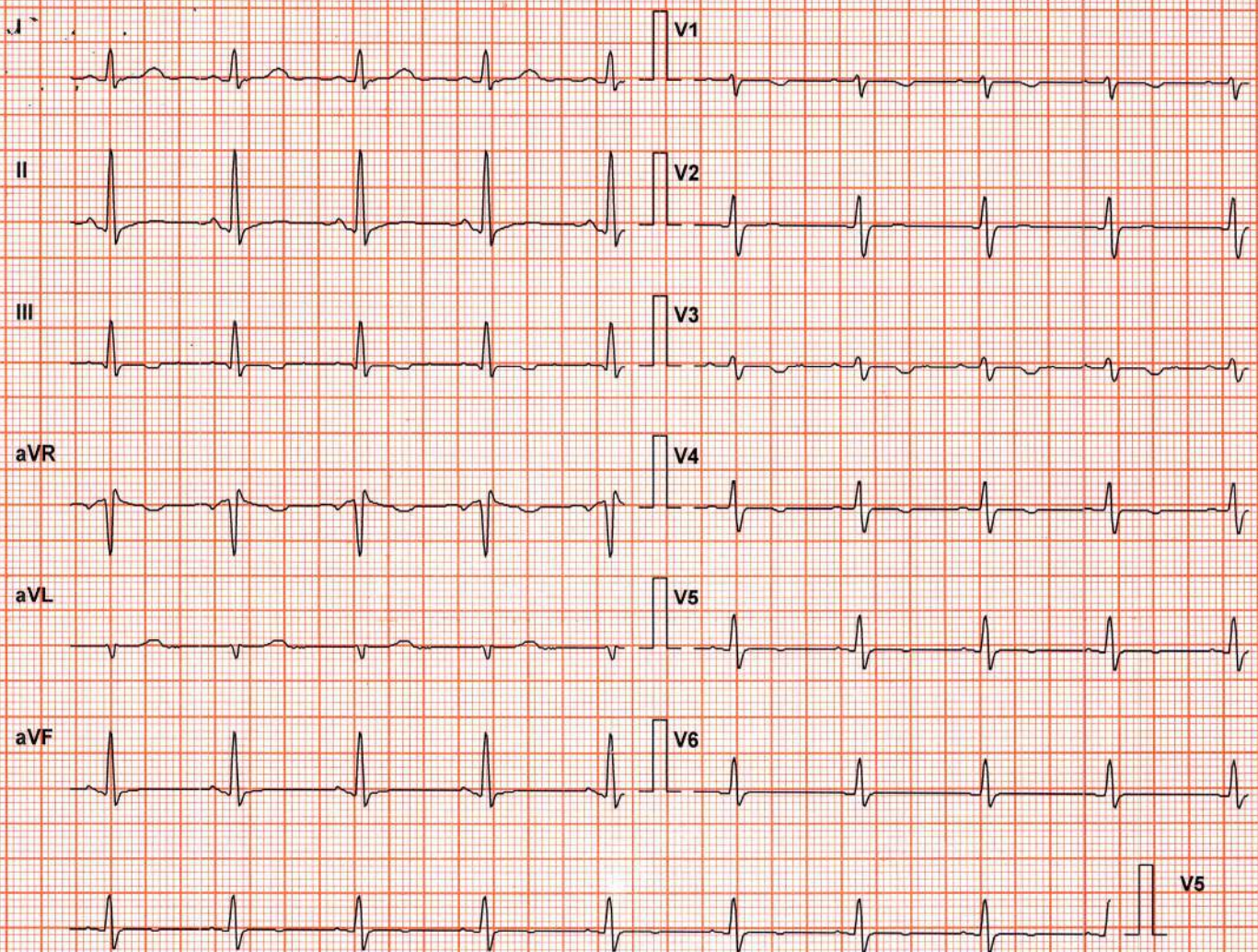
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 49 s

HR: 82 bpm

(THR: 158 bpm)



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

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

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P. 110 / 70

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 79 bpm

(THR: 158 bpm)



| Lead | ST Level (mm) | ST Slope (mV/s) |
|------|---------------|-----------------|
| I | 0.6 | 0.7 |
| aVR | -0.4 | -0.7 |
| V1 | 0.0 | 0.0 |
| V4 | 0.0 | 0.0 |
| II | 0.4 | 0.7 |
| aVL | 0.0 | 0.0 |
| V2 | 0.2 | 0.0 |
| V5 | 0.2 | 0.4 |
| III | -0.2 | 0.0 |
| aVF | 0.2 | 0.4 |
| V3 | 0.0 | 0.0 |
| 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

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 110 / 70

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

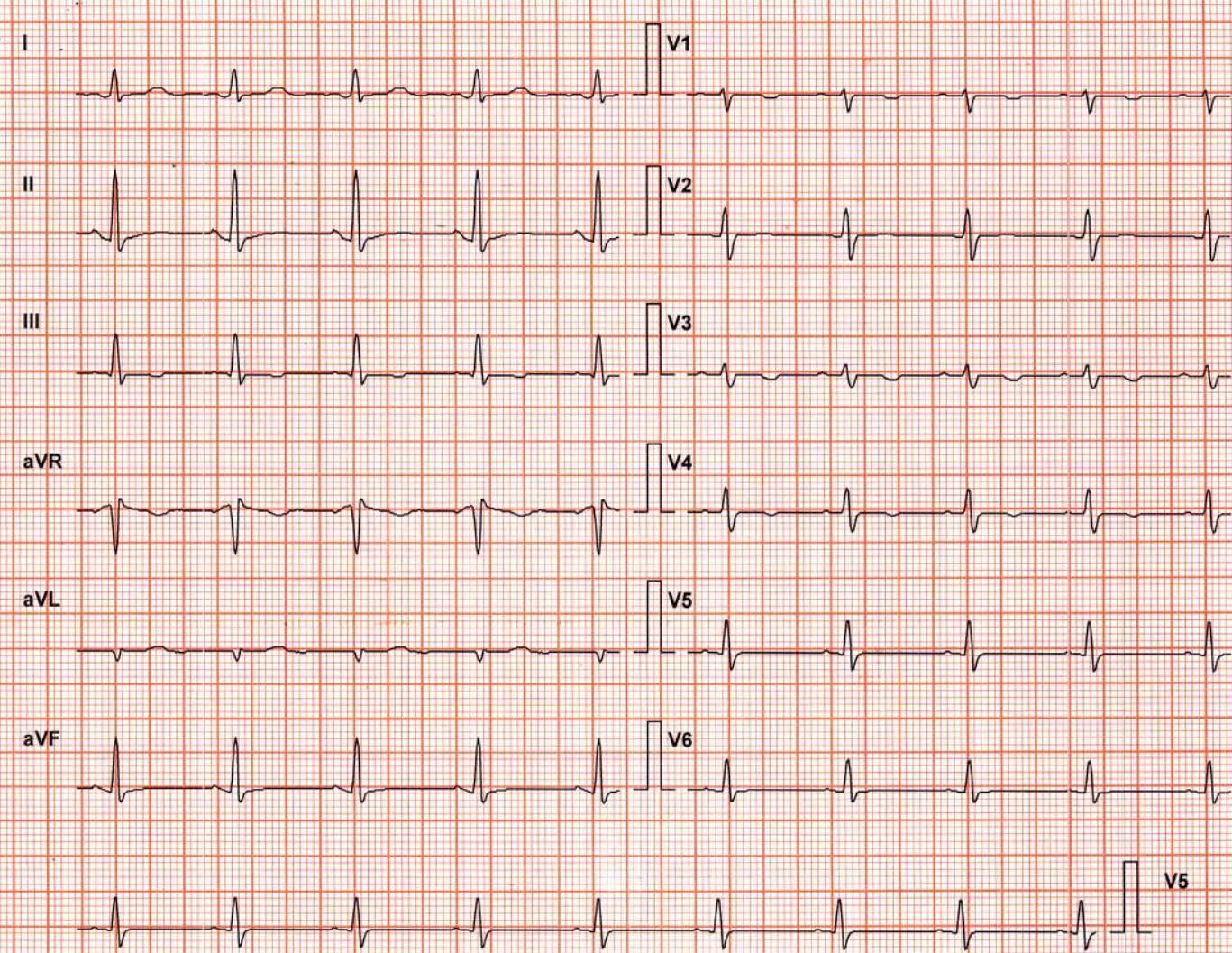
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 83 bpm

(THR: 158 bpm)



| Lead | ST Level (mm) | ST Slope (mV/s) |
|------|---------------|-----------------|
| I | 0.6 | 0.4 |
| II | 0.4 | 0.4 |
| III | -0.2 | 0.0 |
| aVR | -0.4 | -0.4 |
| aVL | 0.0 | 0.0 |
| aVF | 0.2 | 0.4 |
| V1 | 0.0 | 0.0 |
| V2 | 0.0 | 0.0 |
| V3 | 0.0 | 0.4 |
| V4 | 0.0 | 0.0 |
| V5 | 0.2 | 0.4 |
| V6 | 0.0 | 0.4 |

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 130 / 70

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

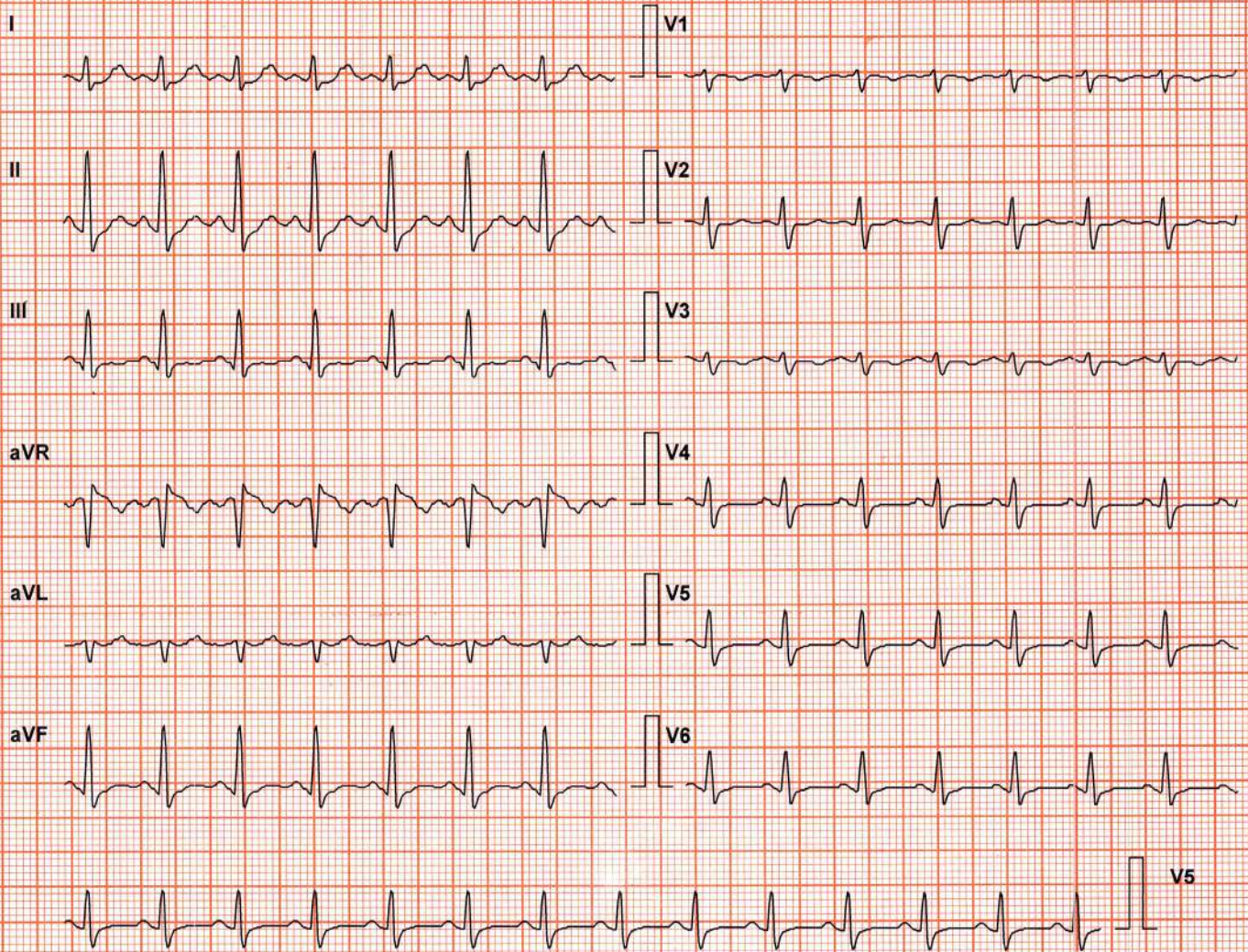
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 134 bpm

(THR: 158 bpm)



| Lead | ST Level (mm) | ST Slope (mV/s) |
|------|---------------|-----------------|
| I | 0.2 | 1.1 |
| aVR | -0.2 | -1.4 |
| V1 | -0.2 | -0.4 |
| V4 | 0.0 | 0.7 |
| II | 0.2 | 2.1 |
| aVL | 0.0 | 0.0 |
| V2 | 0.0 | 0.0 |
| V5 | 0.0 | 0.7 |
| III | 0.0 | 0.7 |
| aVF | 0.0 | 1.4 |
| V3 | 0.0 | 0.0 |
| V6 | 0.2 | 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

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 150 / 70

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

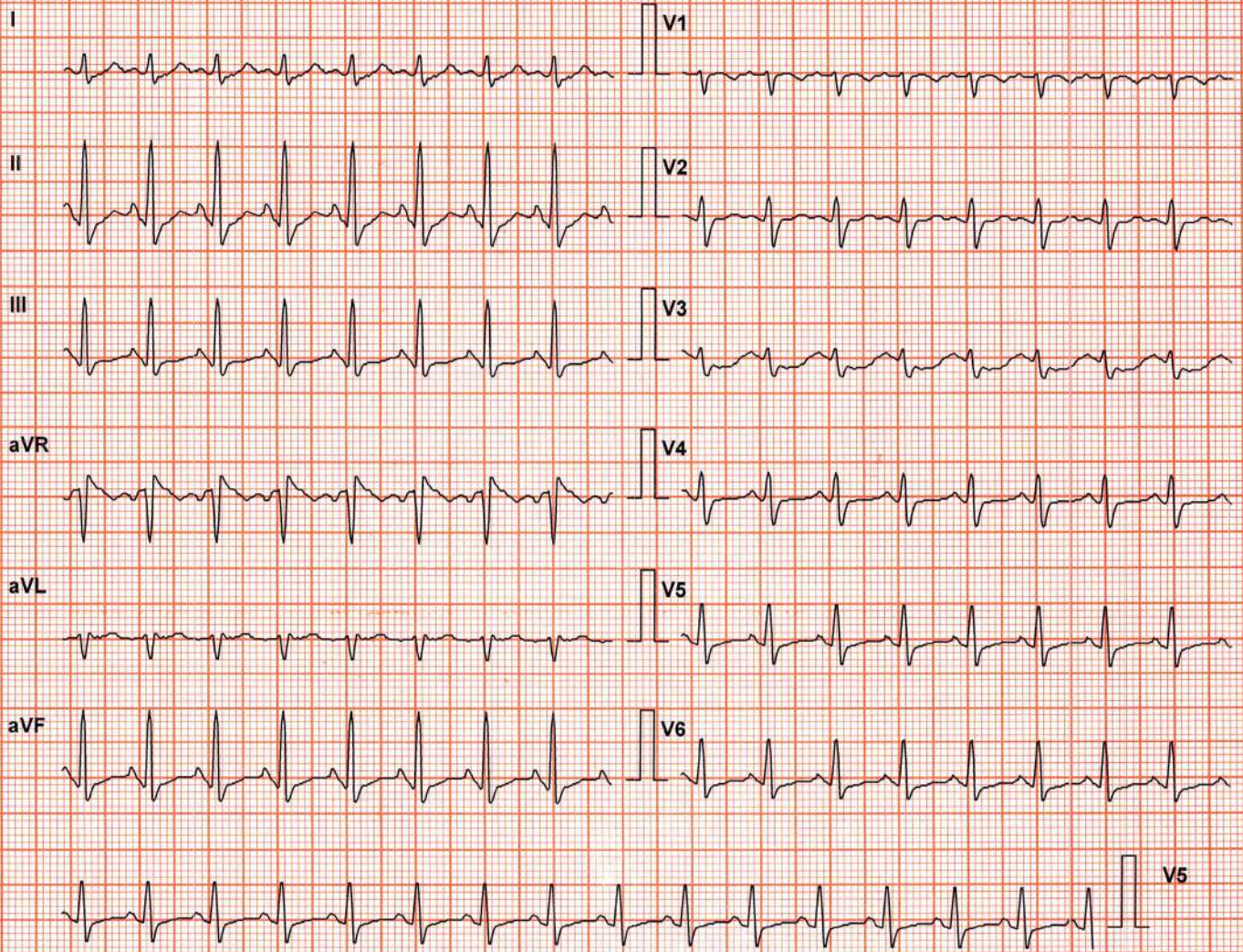
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 151 bpm

(THR: 158 bpm)



| Lead | ST Level (mm) | ST Slope (mV/s) |
|------|---------------|-----------------|
| I | 0.4 | 1.1 |
| aVR | -0.4 | -1.4 |
| V1 | 0.0 | 0.0 |
| V4 | 0.0 | 0.7 |
| II | 0.2 | 1.8 |
| aVL | 0.2 | 0.4 |
| V2 | 0.0 | 0.4 |
| V5 | 0.2 | 1.1 |
| III | -0.4 | 0.4 |
| aVF | -0.2 | 1.1 |
| V3 | -1.1 | -0.4 |
| V6 | -0.4 | 0.4 |

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

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 170 / 70

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

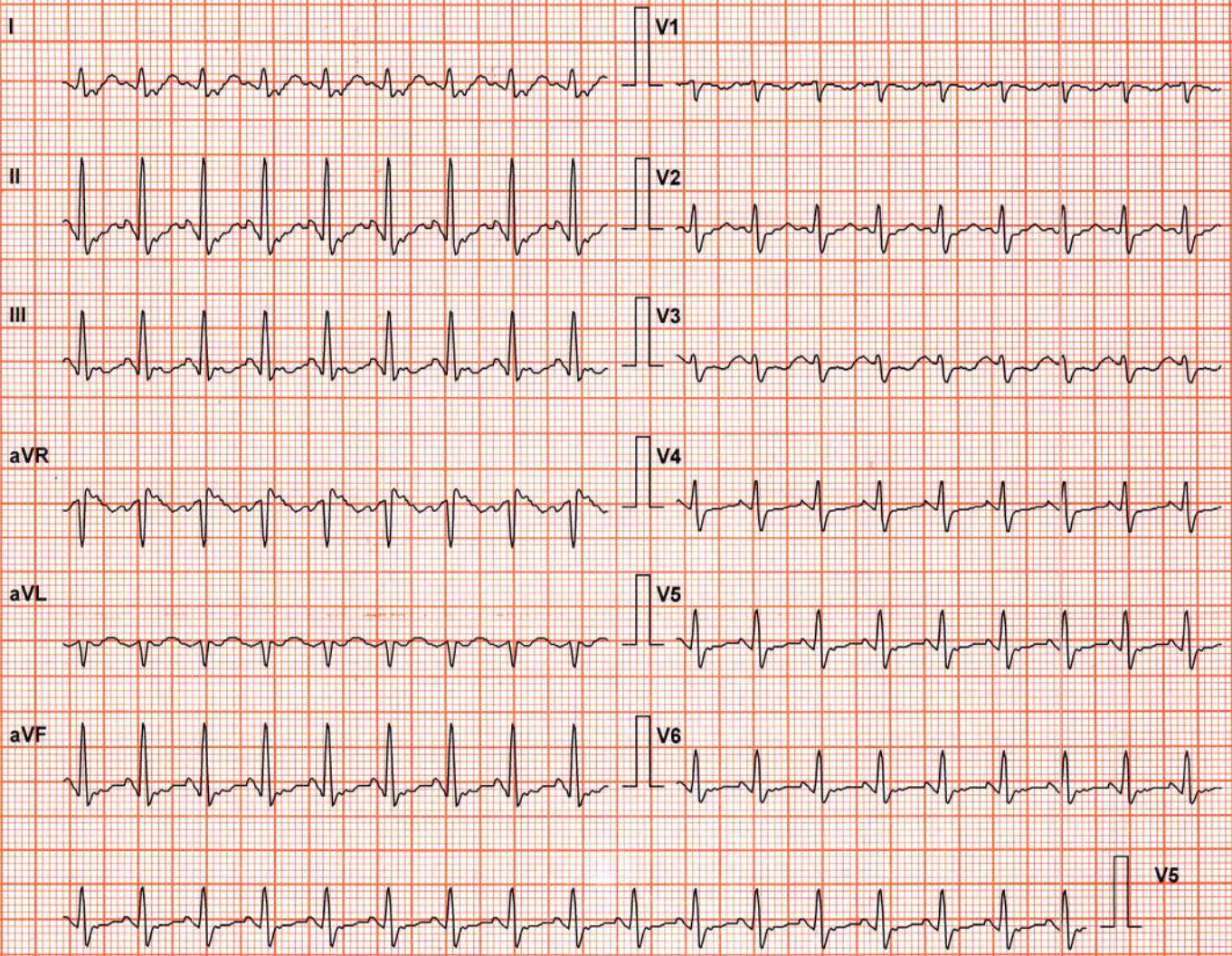
Grade: 14 %

Exec Time : 6 m 19 s

Stage Time : 0 m 19 s

HR: 163 bpm

(THR: 158 bpm)



| Lead | ST Level (mm) | ST Slope (mV/s) |
|------|---------------|-----------------|
| I | 0.2 | 1.1 |
| aVR | 0.0 | -1.1 |
| V1 | -0.2 | -0.4 |
| V4 | -0.2 | 0.0 |
| II | -0.6 | 0.7 |
| aVL | 0.4 | 0.7 |
| V2 | 0.2 | 1.1 |
| V5 | -0.2 | 0.4 |
| III | -0.8 | -0.7 |
| aVF | -0.8 | 0.0 |
| V3 | -0.6 | 0.0 |
| V6 | -0.2 | 0.0 |

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandah V 4.51

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

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 150 / 70

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

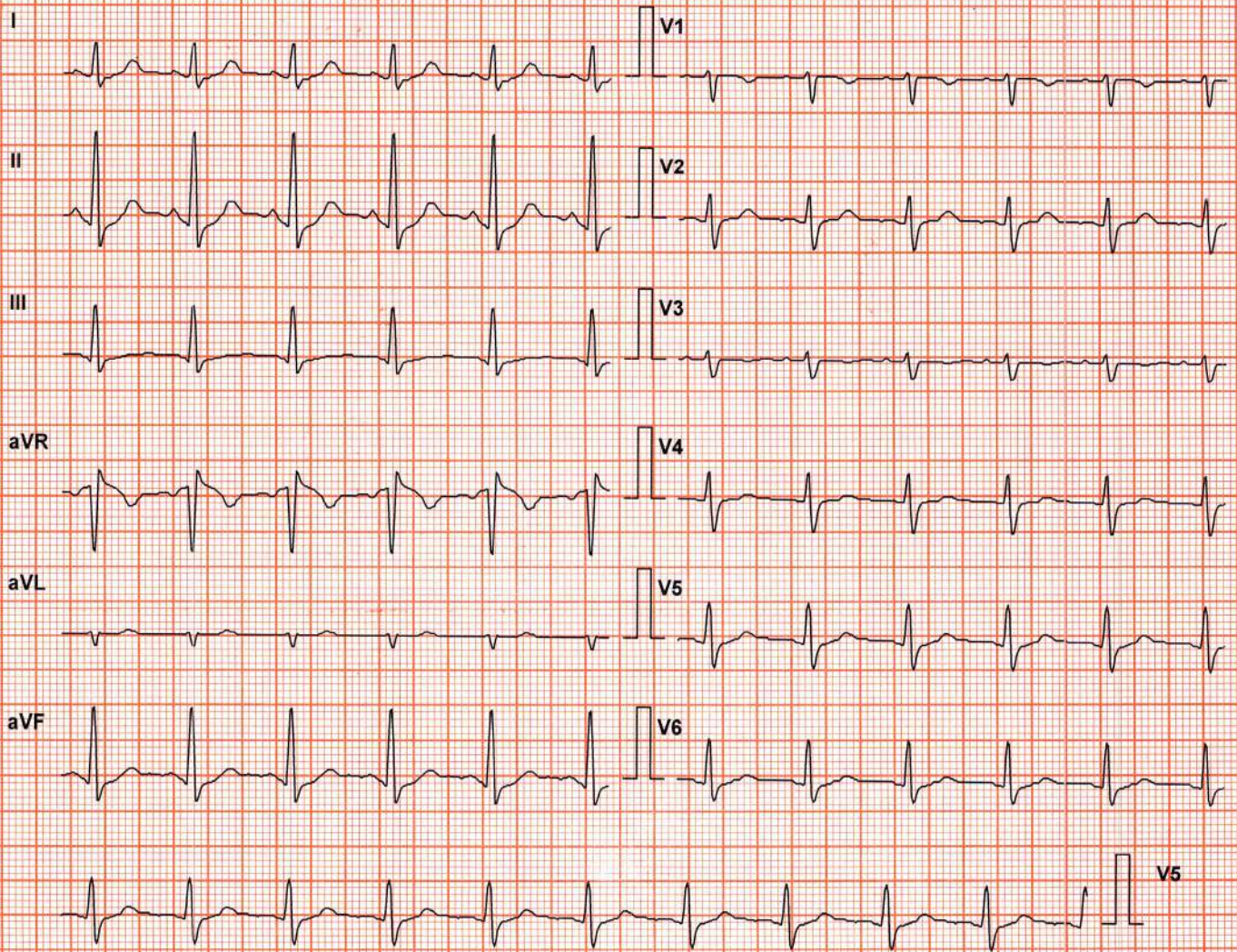
Grade: 0 %

Exec Time : 6 m 25 s

Stage Time : 1 m 54 s

HR: 102 bpm

(THR: 158 bpm)



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

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 120 / 70

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

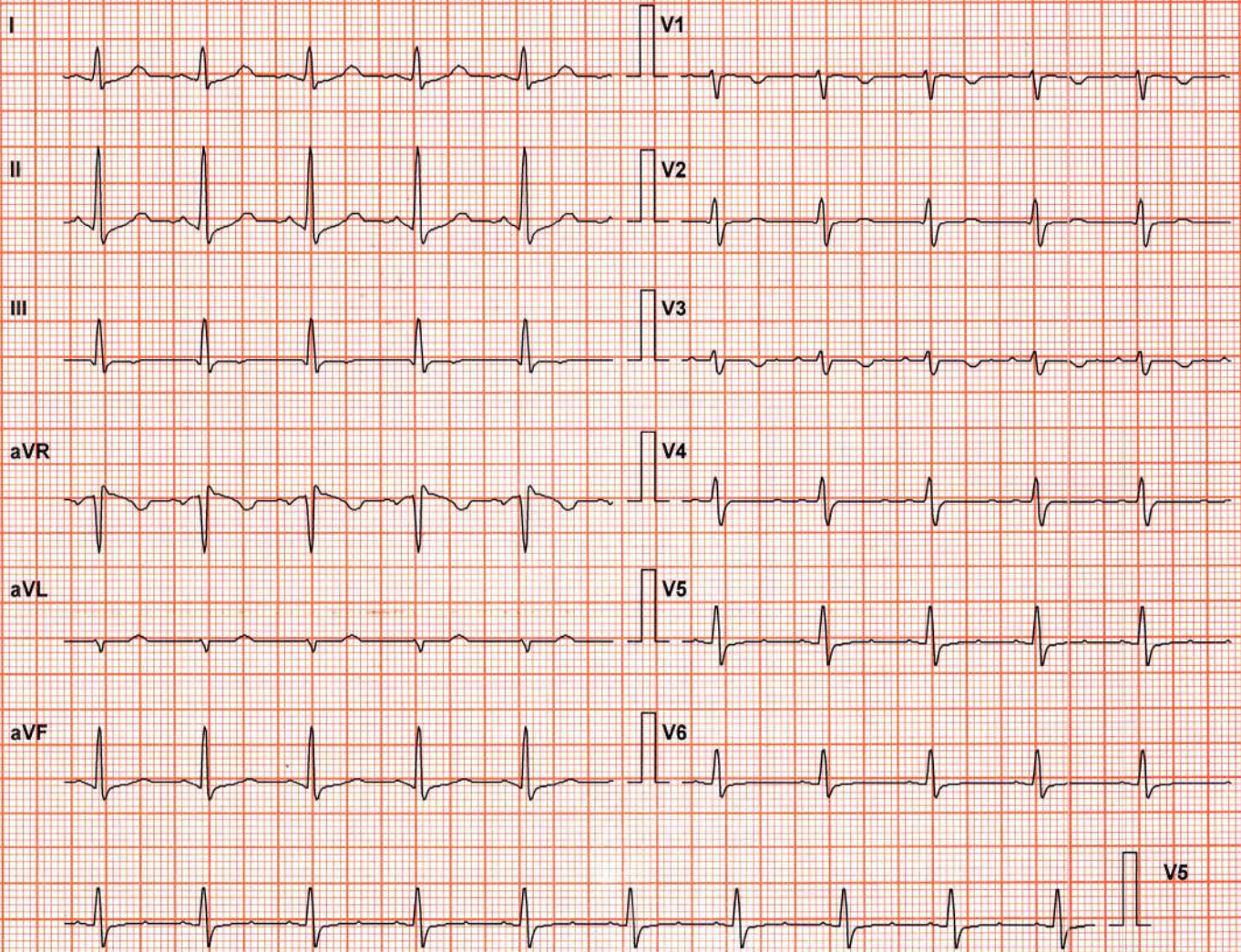
Grade: 0 %

Exec Time : 6 m 25 s

Stage Time : 1 m 54 s

HR: 94 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

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

Post J = J + 60 ms

Linked Median



Suburban Diagnostics Kalina

MS. SONAL BADHAN (34 F)

ID: 2309717610

Date: 01-Jan-23

B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

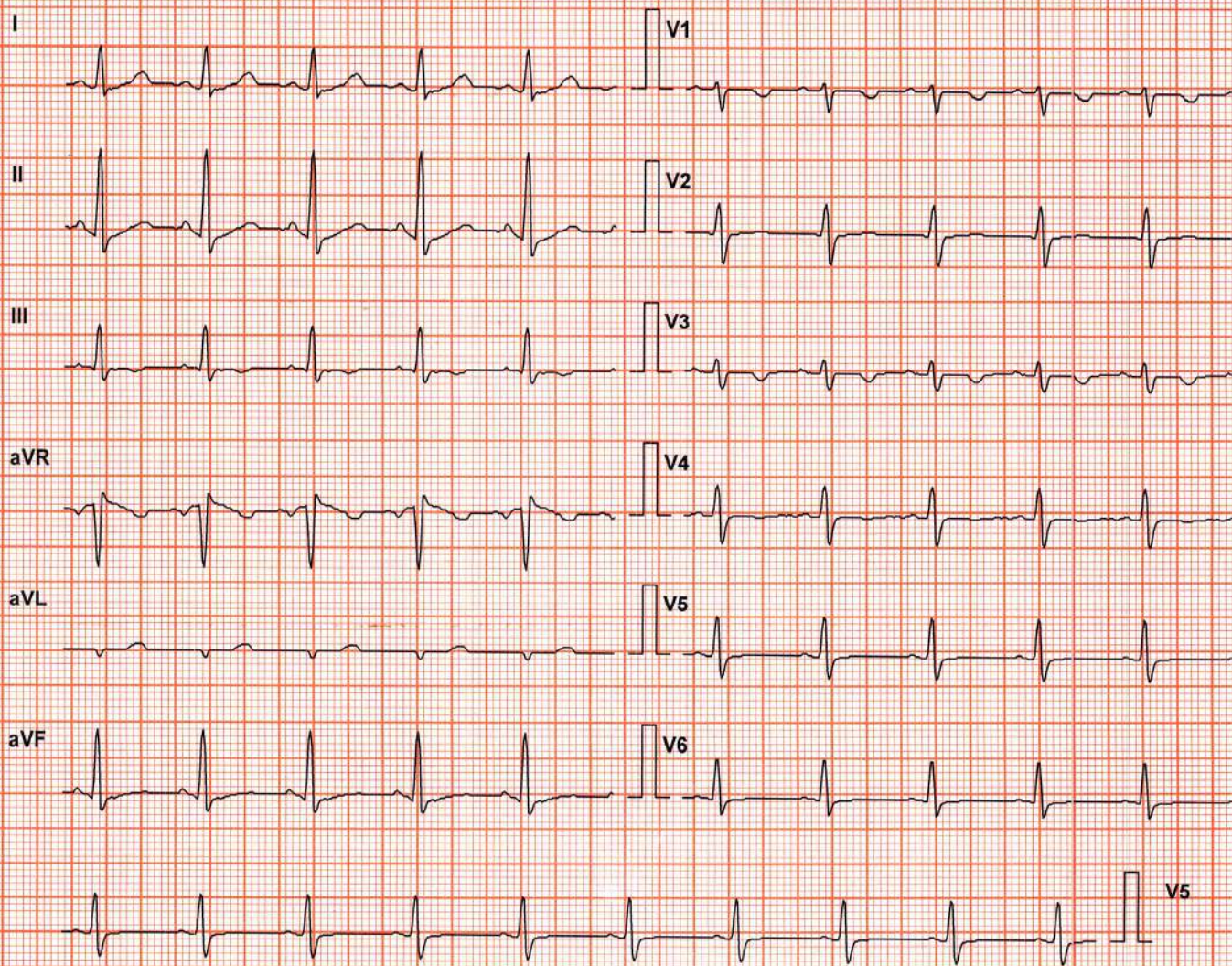
Grade: 0 %

Exec Time : 6 m 25 s

Stage Time : 1 m 33 s

HR: 96 bpm

(THR: 158 bpm)



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

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked-Median





CID : 2309717610
Name : MS.SONAL BADHAN
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 07-Apr-2023 / 09:35
Reported : 07-Apr-2023 / 15:16

Use a QR Code Scanner
Application To Scan the Code

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 | 11.8 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.86 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 35.3 | 36-46 % | Calculated |
| MCV | 72.7 | 80-100 fl | Measured |
| MCH | 24.3 | 27-32 pg | Calculated |
| MCHC | 33.4 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.9 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 9350 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 24.4 | 20-40 % | |
| Absolute Lymphocytes | 2281.4 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.2 | 2-10 % | |
| Absolute Monocytes | 486.2 | 200-1000 /cmm | Calculated |
| Neutrophils | 67.4 | 40-80 % | |
| Absolute Neutrophils | 6301.9 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.9 | 1-6 % | |
| Absolute Eosinophils | 271.1 | 20-500 /cmm | Calculated |
| Basophils | 0.1 | 0.1-2 % | |
| Absolute Basophils | 9.3 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 394000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.7 | 6-11 fl | Measured |
| PDW | 17.5 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



CID : 2309717610
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Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

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| | |
|----------------------|------|
| Hypochromia | Mild |
| Microcytosis | Mild |
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | - |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | - |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | - |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 55 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 : 35 Years / Female
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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 | 84.1 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.48 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.19 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.29 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 8.0 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 3.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.1 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 15.9 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 12.2 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 11.2 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 92.1 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 26.0 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 12.1 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.73 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 96 | >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 | 4.9 | 2.4-5.7 mg/dl | Enzymatic |

Anupa

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



MC-2111



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*** End Of Report ***



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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 | 5.3 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 105.4 | 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 ***

M Jain

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



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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | B |
| 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.

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

M Jain

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| CHOLESTEROL, Serum | 173.6 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 82.8 | 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 | 54.3 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 119.3 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 102.0 | 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 | 17.3 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.2 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.9 | 0-3.5 Ratio | Calculated |

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

M Jain

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M.D.(PATH)
Pathologist



MC-2111



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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 | 4.3 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.8 | 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 | 1.26 | 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 microU/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 ***

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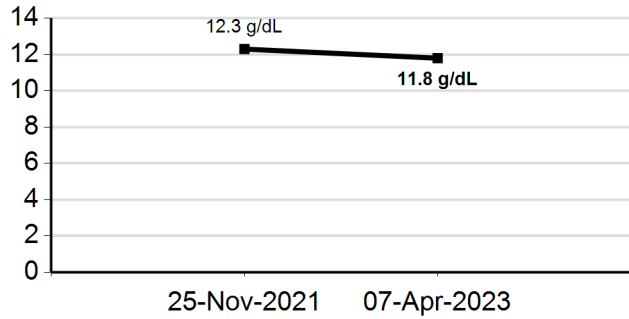




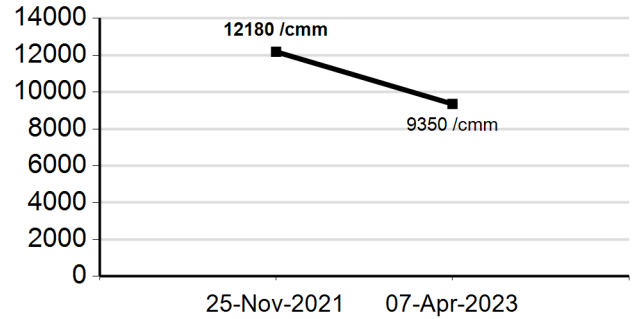
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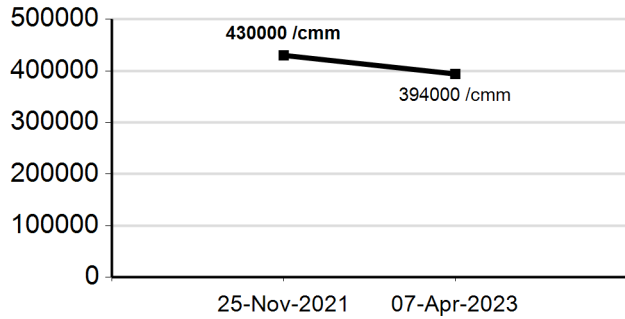
Haemoglobin



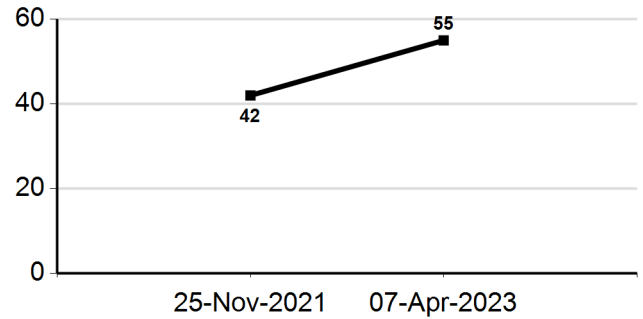
WBC Total Count



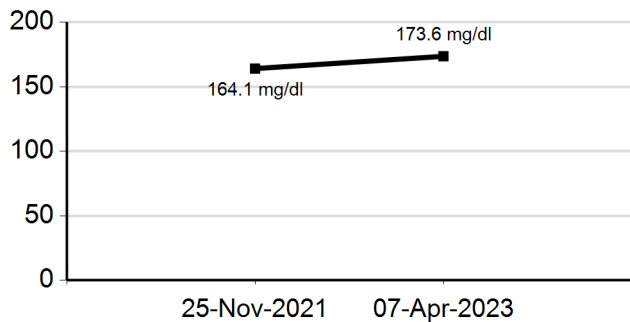
Platelet Count



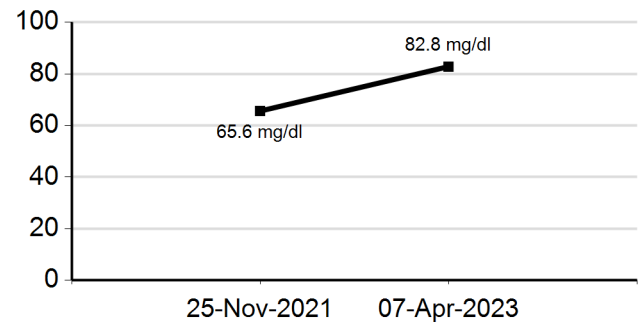
ESR



CHOLESTEROL



TRIGLYCERIDES

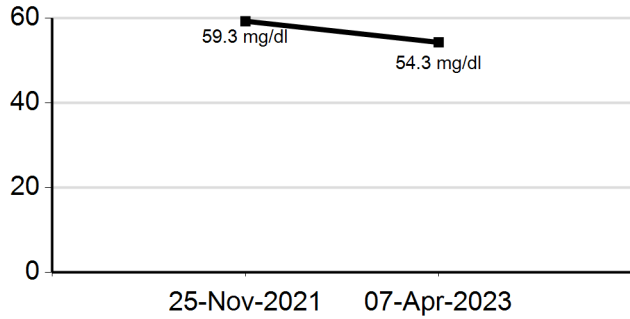




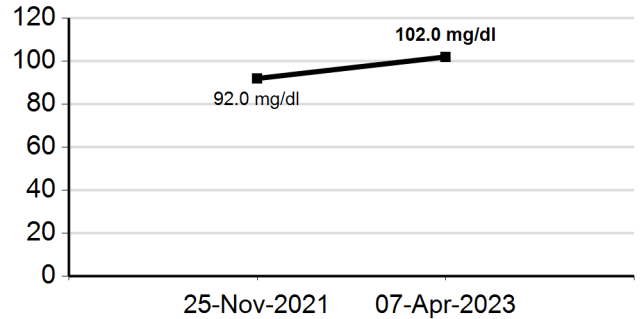
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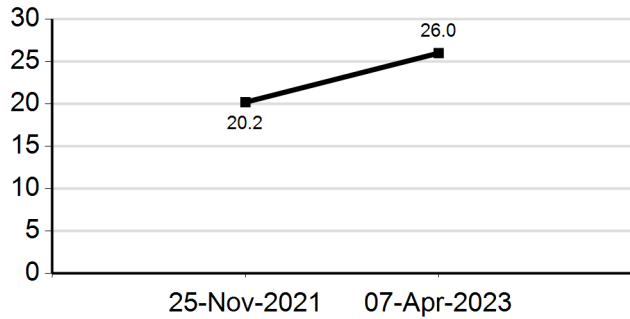
HDL CHOLESTEROL



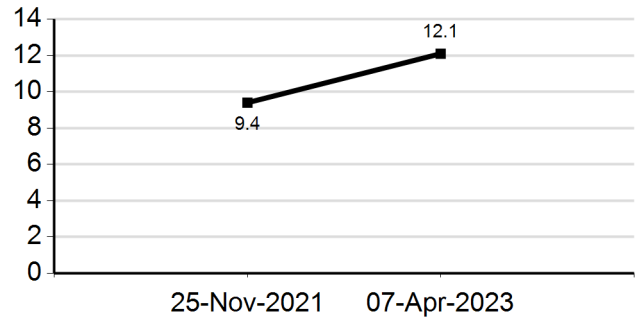
LDL CHOLESTEROL



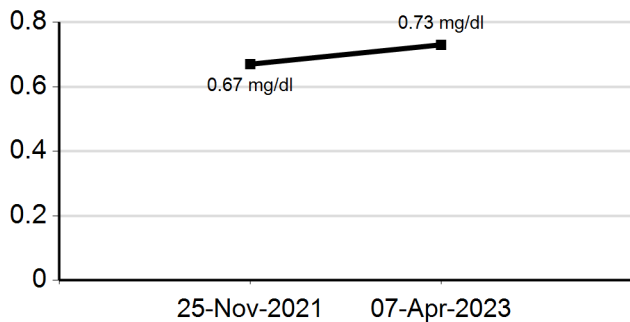
BLOOD UREA



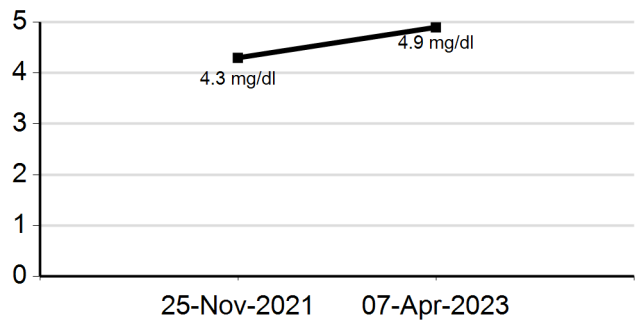
BUN



CREATININE



URIC ACID

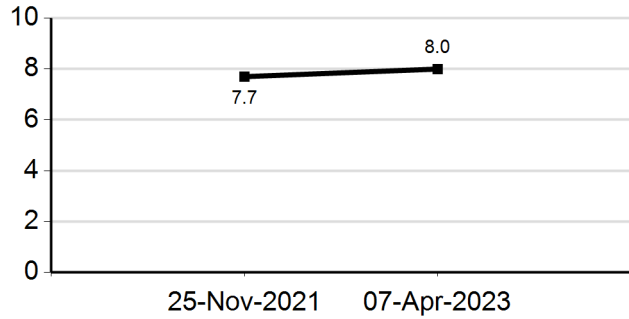




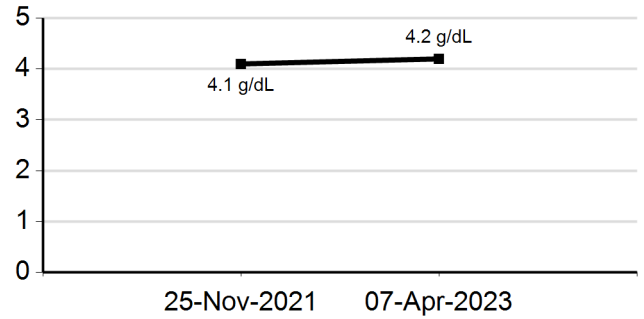
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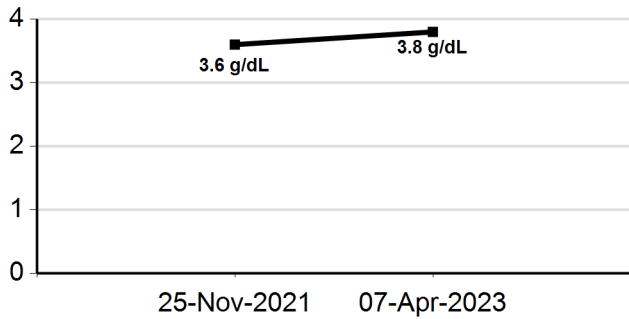
TOTAL PROTEINS



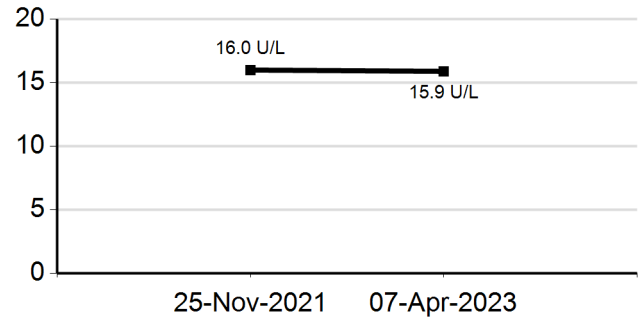
ALBUMIN



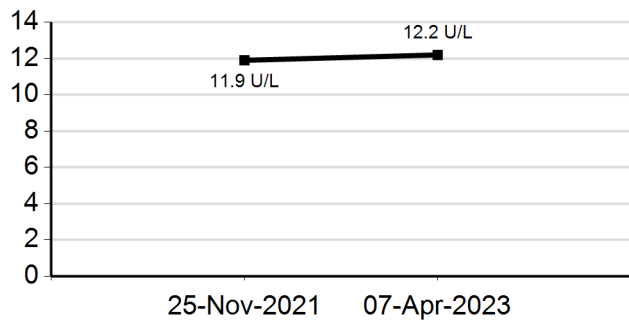
GLOBULIN



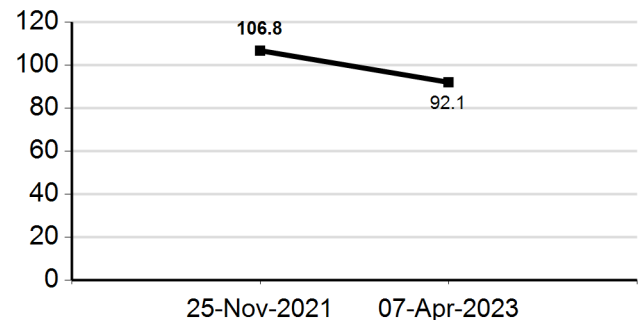
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

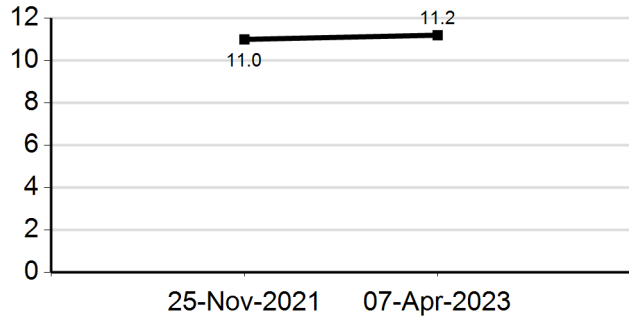




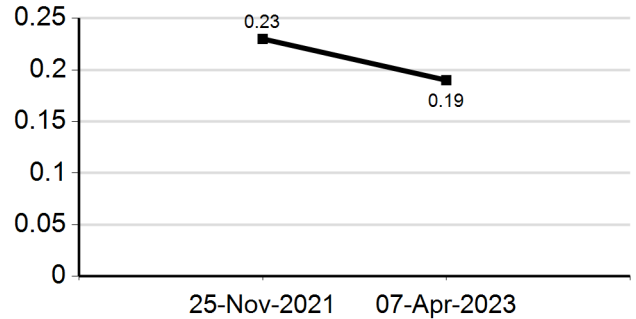
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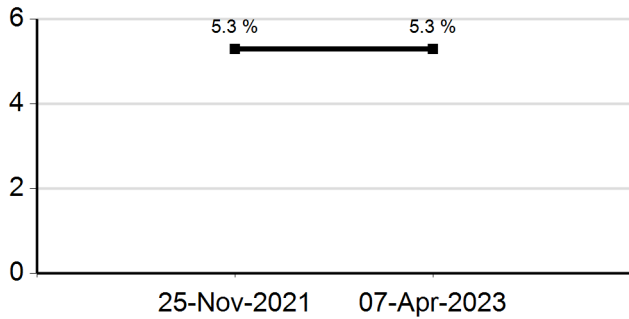
GAMMA GT



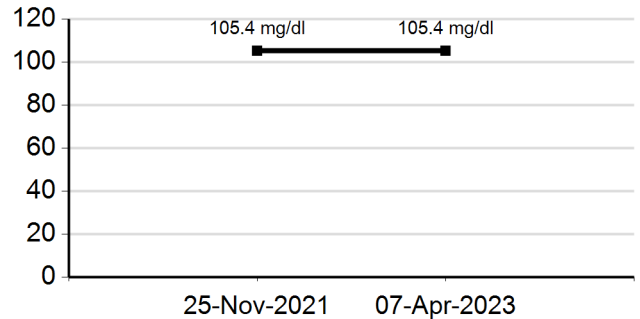
BILIRUBIN (DIRECT)



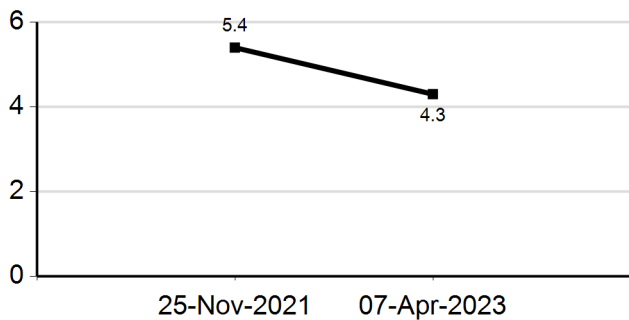
Glycosylated Hemoglobin (HbA1c)



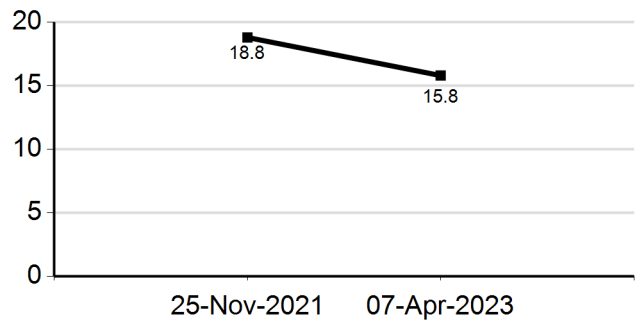
Estimated Average Glucose (eAG)



Free T3



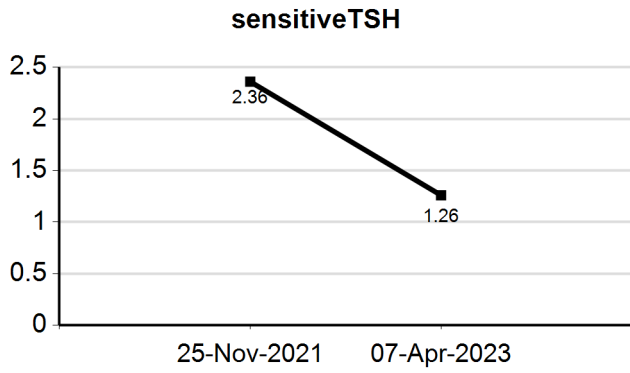
Free T4





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

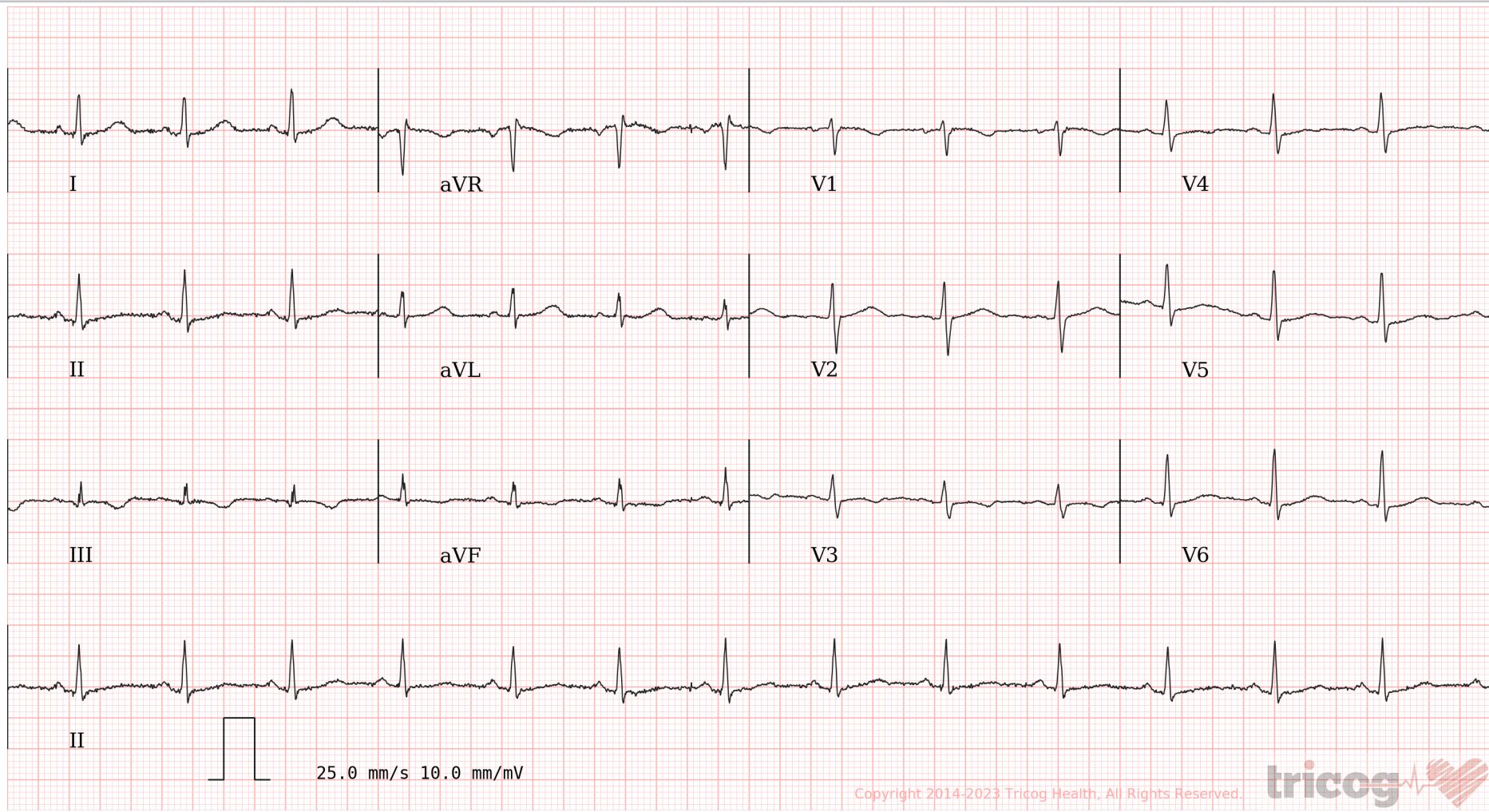


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SONAL BADHAN
Patient ID: 2309717610

Date and Time: 7th Apr 23 9:54 AM



Age **35** **0** **28**
years months days

Gender **Female**

Heart Rate **85bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 76 kg
Height: 141 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 82ms
QT: 390ms
QTcB: 464ms
PR: 150ms
P-R-T: 40° 45° 11°

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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

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.