

CID

: 2331802471

Name

: Mrs Shashwati Soumya

Age / Sex

: 33 Years/Female

Ref. Dr

.

Reg. Location

: Borivali West

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Reg. Date

: 14-Nov-2023

Reported

: 14-Nov-2023 / 13:54

# 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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis)

RegNo .MMC 2016061376.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?

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Reg. Date : 14-Nov-2023

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# USG WHOLE ABDOMEN

LIVER: Liver is normal in size 13.7 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is not seen post operative status.

: 2331802471

: 33 Years/Female

: Borivali West

: Mrs Shashwati Soumya

PORTAL VEIN: Portal vein is 9.3 mm normal. CBD: CBD is 3.4 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or

KIDNEYS: Right kidney measures 11.1 x 4.2 cm.A non obstructive calculus of size 3 mm is seen in mid pole of right kidney.

Left kidney measures 10.9 x 4.5 cm. Mild fullness of left pelvicalyceal system is noted.

A non obstructive calculus of size 2.3 mm is seen in mid pole of left kidney,

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained.

SPLEEN: Spleen is normal in size 9.4 cm , shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits. Pre void volume- 415 cc , Post void volume- 28 cc.

UTERUS: Uterus is anteverted, normal and measures 6.2 x 4.8 x 5.5cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.4 mm. Cervix appears

OVARIES: Both ovaries appear normal in size and echotexture. The right ovary measures 3.0 x 2.1 x 1.6 cm (volume 5.5 cc). The left ovary measures 2.7 x 1.9 x 2.2 cm (volume 6.3 cc).

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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### Opinion:

- Mild fullness of left pelvicalyceal system.
- Bilateral renal calculi.

### For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some any typographical error in the report, patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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R E

CID: 2331802471

Date: 14/1/2023.
Name: Shashwall Soumya.

Sex / Age: 33/ F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

**Unaided Vision:** 

Aided Vision:

D: 616 N: N6

N6.

Refraction:

(Right Eye)

(Left Eye)

	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	2							-
Near								

Colour Vision: Normal / Abnormal

Remark:



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Age / Gender : 33 Years / Female

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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: 14-Nov-2023 / 09:18 : 14-Nov-2023 / 12:46 E

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (	(Complete	Blood	Count).	Blood
-------	-----------	-------	---------	-------

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	9.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.66	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.9	36-46 %	Measured
MCV	66	80-100 fl	Calculated
MCH	21.3	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	17.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5420	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	22.1	20-40 %	
Absolute Lymphocytes	1197.8	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	395.7	200-1000 /cmm	Calculated
Neutrophils	67.8	40-80 %	
Absolute Neutrophils	3674.8	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	130.1	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	235000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	24.8	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia +
Microcytosis ++



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Macrocytosis

Anisocytosis Mild

Poikilocytosis Mild Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Elliptocytes-occasional

WBC MORPHOLOGY PLATELET MORPHOLOGY -

COMMENT -

Features suggestive of Iron deficiency anaemia. Advice: 1. Iron studies, Serum ferritin & Reticulocyte count

2.Stool for occult blood

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 22 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*











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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	100.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	15.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.47	0.51-0.95 mg/dl	Enzymatic



Name : MRS.SHASHWATI SOUMYA

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Consulting Dr. :

eGFR, Serum

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:14-Nov-2023 / 19:11

Calculated

Collected : 14-Nov-2023 / 13:33

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(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89

Reported

Mild to moderate decrease: 45-

59

Moderate to severe decrease:30

-44

Severe decrease: 15-29 Kidney failure:<15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 3.1 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

129

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*





Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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

**BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD** 

Glycosylated Hemoglobin 5.1 (HbA1c), EDTA WB - CC

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

Collected

**HPLC** 

Diabetic Level: >/= 6.5 %

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 Borivali Lab, Borivali West \*\*\* End Of Report \*\*\*



BMhaskar Dr.KETAKI MHASKAR M.D. (PATH) **Pathologist** 

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REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.



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Name : MRS.SHASHWATI SOUMYA

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### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West \*\*\* End Of Report \*\*







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

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Name : MRS.SHASHWATI SOUMYA

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:14-Nov-2023 / 03:18

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

PARAMETER RESULTS

ABO GROUP 0

Rh TYPING Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab
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Dr.TRUPTI SHETTY M. D. (PATH) Pathologist

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	162.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	155.6	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	37.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.0	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	31.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Name : MRS.SHASHWATI SOUMYA

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:14-Nov-2023 / 05:16

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	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	2.32	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



Name : MRS.SHASHWATI SOUMYA

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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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*







Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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Name : MRS.SHASHWATI SOUMYA

Age / Gender : 33 Years / Female

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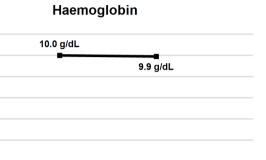
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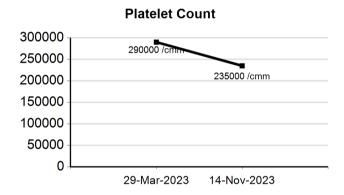


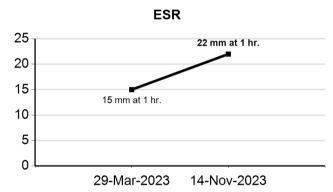
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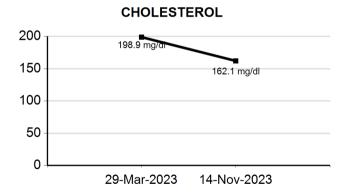


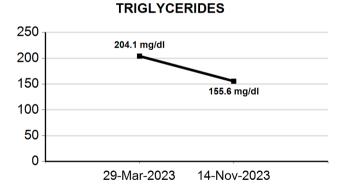














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Name : MRS.SHASHWATI SOUMYA

:33 Years / Female Age / Gender

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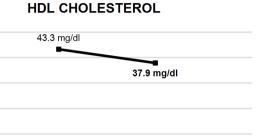
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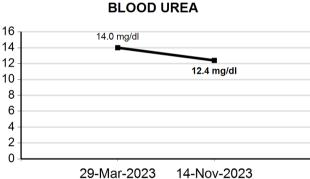
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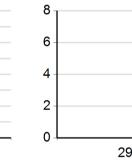
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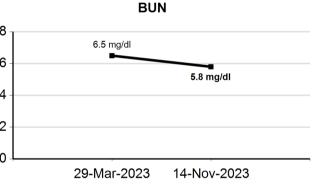


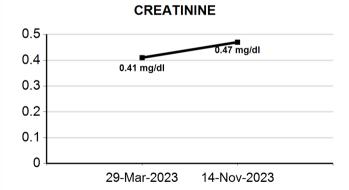


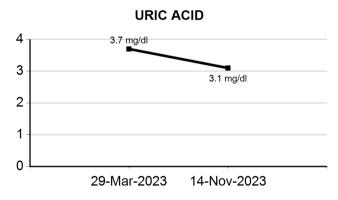
### LDL CHOLESTEROL 140 128.9 mg/dl 120 100 93.0 mg/dl 80 60 40 20 0 29-Mar-2023 14-Nov-2023













Name : MRS.SHASHWATI SOUMYA

Age / Gender : 33 Years / Female

Consulting Dr. :

**Reg. Location**: Borivali West (Main Centre)

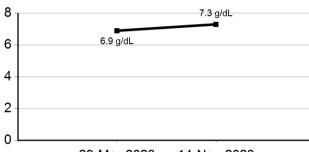


R

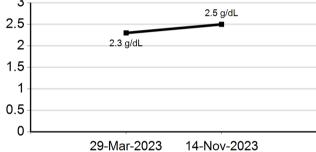
E

Use a QR Code Scanner Application To Scan the Code

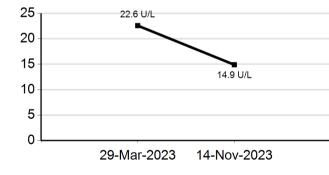




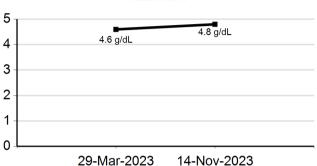




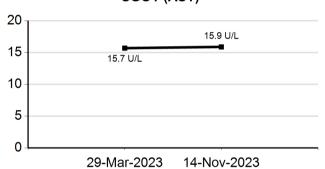
### SGPT (ALT)



### **ALBUMIN**



### SGOT (AST)



### **ALKALINE PHOSPHATASE**





Name : MRS.SHASHWATI SOUMYA

Age / Gender : 33 Years / Female

Consulting Dr. :

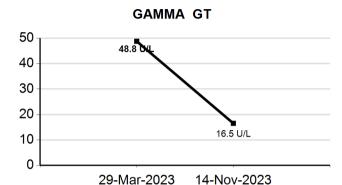
**Reg. Location**: Borivali West (Main Centre)



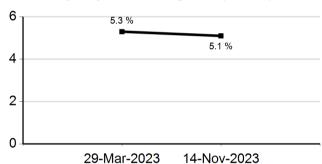
R

E

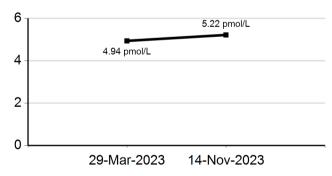
Use a QR Code Scanner Application To Scan the Code



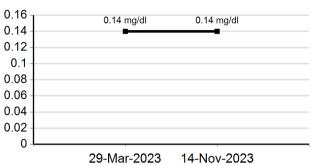
### Glycosylated Hemoglobin (HbA1c)



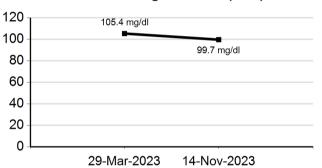
Free T3



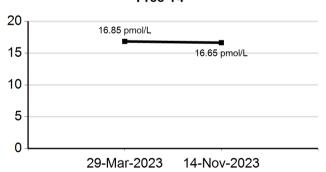
### **BILIRUBIN (DIRECT)**



### **Estimated Average Glucose (eAG)**



Free T4





Name : MRS.SHASHWATI SOUMYA

Age / Gender : 33 Years / Female

Consulting Dr. :

**Reg. Location**: Borivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

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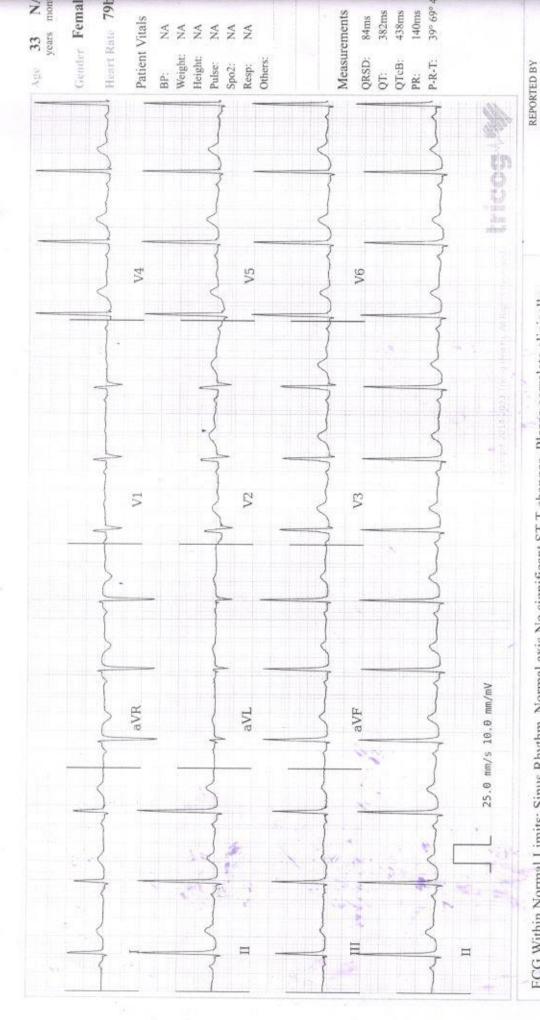
# 2.5 2 1.5 1 0.5 0 29-Mar-2023 14-Nov-2023

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

SHASHWATI SOUMYA 2331802471 Patient Name: Patient ID:

PRECISE TESTING . H

Date and Time: 16th Nov 23 3:23 PM



X NA X X

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.



140ms

Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587



R

0

T

Name

: Mrs . Shashwati Soumya

Reg Date

: 14-Nov-2023 09:11

VID

: 2331802471

Age/Gender

: 33 Years

Ref By

: Arcofemi Healthcare Limited

Regn Centre

: Borivali West (Main Centre)

### **History and Complaints:**

NIL

### **EXAMINATION FINDINGS:**

Height (cms):

160 cm

Weight (kg):

55.3 KG

Temp (0c):

**AFEBRILE** 

Skin:

NORMAL

Blood Pressure (mm/hg):

120/80

Nails:

NORMAL

Pulse:

72 bmp

Lymph Node:

NOT PALPABLE

Systems

Cardiovascular: NAD

Respiratory:

CHEST CLEAR

Genitourinary:

NAD

GI System: CNS:

NAD NAD

IMPRESSION:

TMT | Cardiologist ref.

Hold | physician Ref.

ADVICE:

### CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO
6)	Asthama	NO
7)	Pulmonary Disease	NO
8)	Thyroid/ Endocrine disorders	NO
9)	Nervous disorders	NO



Name

: Mrs . Shashwati Soumya

Reg Date

: 14-Nov-2023 09:11

VID

: 2331802471

Age/Gender

: 33 Years

Ref By

: Arcofemi Healthcare Limited

Regn Centre

: Borivali West (Main Centre)

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

GALL BLADDER REMOVAL IN 2014

17) Musculoskeletal System

NO

## PERSONAL HISTORY:

1) Alcohol NO 2) Smoking NO 3) Diet MIX Medication NO

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST RECD. NO.: 87714



# SUBURBAN DIANOSTICS PVT. LTD. BORIVA

Name: SHASHWATI SOUMYA

Date: 14-11-2023 Time: 10:34

Age: 33

Gender: F

Height: 160 cms

Weight: 55 Kg

ID: 2331802471

Clinical History:

NIL

Medications:

NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 187

Target HR: 158 (85% of Pr. MHR)

**Exercise Time:** 

0:09:01

Achieved Max HR:

163 (87% of Pr. MHR)

Max BP:

160/80

Max BP x HR:

26080

Max Mets: 10.1

Test Termination Criteria:

DRYNESS IN THROAT.

### **Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:41	1	0	0	81	120/80	9720	0.4 V2	-1.8 III
Standing	00:14	1	0	0	68	120/80	8160	0.7 V2	-1.8 111
HyperVentilation	00:11	1	0	0	66	120/80	7920	0.5 V2	-1.4 III
PreTest	00:21	1	1.6	0	74	120/80	8880	0.6 V2	-1.6 III
Stage: 1	03:00	4.7	2.7	10	124	120/80	14880	-0.7 V5	-1.6 III
Stage: 2	03:00	7	4	12	136	150/80	20400	-1 11	-1.8 III
Stage: 3	03:00	10.1	5.5	14	163	160/80	26080	-1.1 V4	-1.6 III
Peak Exercise	00:01	10.1	6.8	16	163	160/80	26080	-1.1 V4	-1.6 III
Recoveryl	01:00	1	0	0	128	160/80	20480	-0.7 II	-1.8 III
Recovery2	01:00	1	0	0	113	140/80	15820	-0.6 III	-1.8 III
Recovery3	01:00	1	0	0	100	140/80	14000	-0.4 II	-2 III
Recovery4	01:00	1	0	0	99	120/80	11880	-0.5 III	-2 III
Recovery5	00:22	1	0	0	111	120/80	13320	-0.6 II	-1.5 III

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:09:01 achieving a work level of 10.1 METS. Resting Heart Rate, initially 81 bpm rose to a max, heart rate of 163bpm (87% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias ST-T DEPRESSION IN INFERIOR LATERAL LEAD FROM BASELINE Noted During Exercise Stress test BORDERLINE POSITIVE for Stress inducible ischaemia. ADV. CARDIOLOGIST REF.

> Subsuban Diagnostics (j) Pvt. Ltd. 8918 302, 2nd Pleer, Viri Eleganonee Above Tanks Jwelter, L. T. Road, Borivati (West), Mumbai - 400 092.

Ref. Doctor: -

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CAN CONSULTANT-CARDIOLO RESD. NO.: 87714

Doctor: DR. NITIN SONAVANE

(Summary Report edited by User) Cardiovit CS-20 Version: 3 4



