



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2207819679  
**Name** : Ms POURNIMA BALU JAWALE  
**Age / Sex** : 40 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 19-Mar-2022 / 11:42  
**Reported** : 19-Mar-2022 / 12:37

R  
E  
P  
O  
R  
T

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, 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 is well visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.7 x 3.1 cm. Left kidney measures 10.0 x 3.7 cm.

### SPLEEN:

The spleen is normal in size 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:

The uterus is retroflexed and appears normal. It measures 8.6 x 3.9 x 5.8 cm in size.

The endometrial thickness is 9.4 mm.

### OVARIES:

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 3.1 x 1.3 cm Left ovary = 3.2 x 1.6 cm

### IMPRESSION:-

**No significant abnormality is seen.**

[Click here to view images](#)

<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022031909071789>

Page 1 of 2

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2207819679  
**Name** : Ms POURNIMA BALU JAWALE  
**Age / Sex** : 40 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 19-Mar-2022 / 11:42  
**Reported** : 19-Mar-2022 / 12:37

R  
E  
P  
O  
R  
T

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

[Click here to view images](#)

<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022031909071789>

Page 2 of 2

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2207819679  
**Name** : Ms POURNIMA BALU JAWALE  
**Age / Sex** : 40 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 19-Mar-2022 / 10:32  
**Reported** : 19-Mar-2022 / 12:21

R  
E  
P  
O  
R  
T

## 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 Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist

[Click here to view images](#)

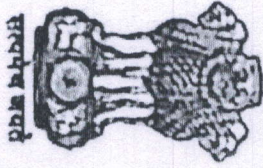
<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022031909071799>

Page 1 of 1

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - [customerservice@suburbandiagnosics.com](mailto:customerservice@suburbandiagnosics.com) | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)



भारत सरकार

GOVERNMENT OF INDIA

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Shop No 22, Ground Floor, Raikar Bhavan,  
Sector-17, Vashi, Navi Mumbai - 400 703  
Tel 27884547 / 27864548.

जावळे पौर्णिमा बाळू

Jawale Pournima Balu

जन्म तिथि / DOB: 04/07/1981

महिना / FEMALE

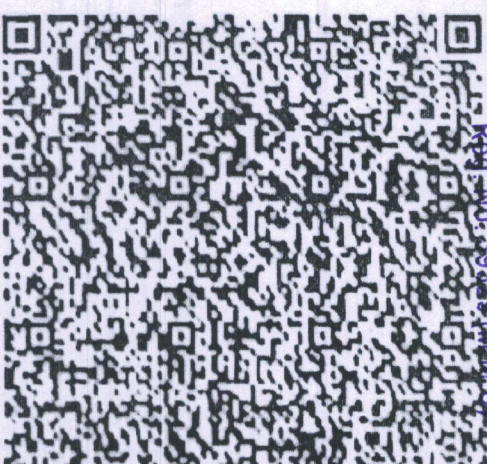
Mobile No.: 7506078048

7981 4540 8502

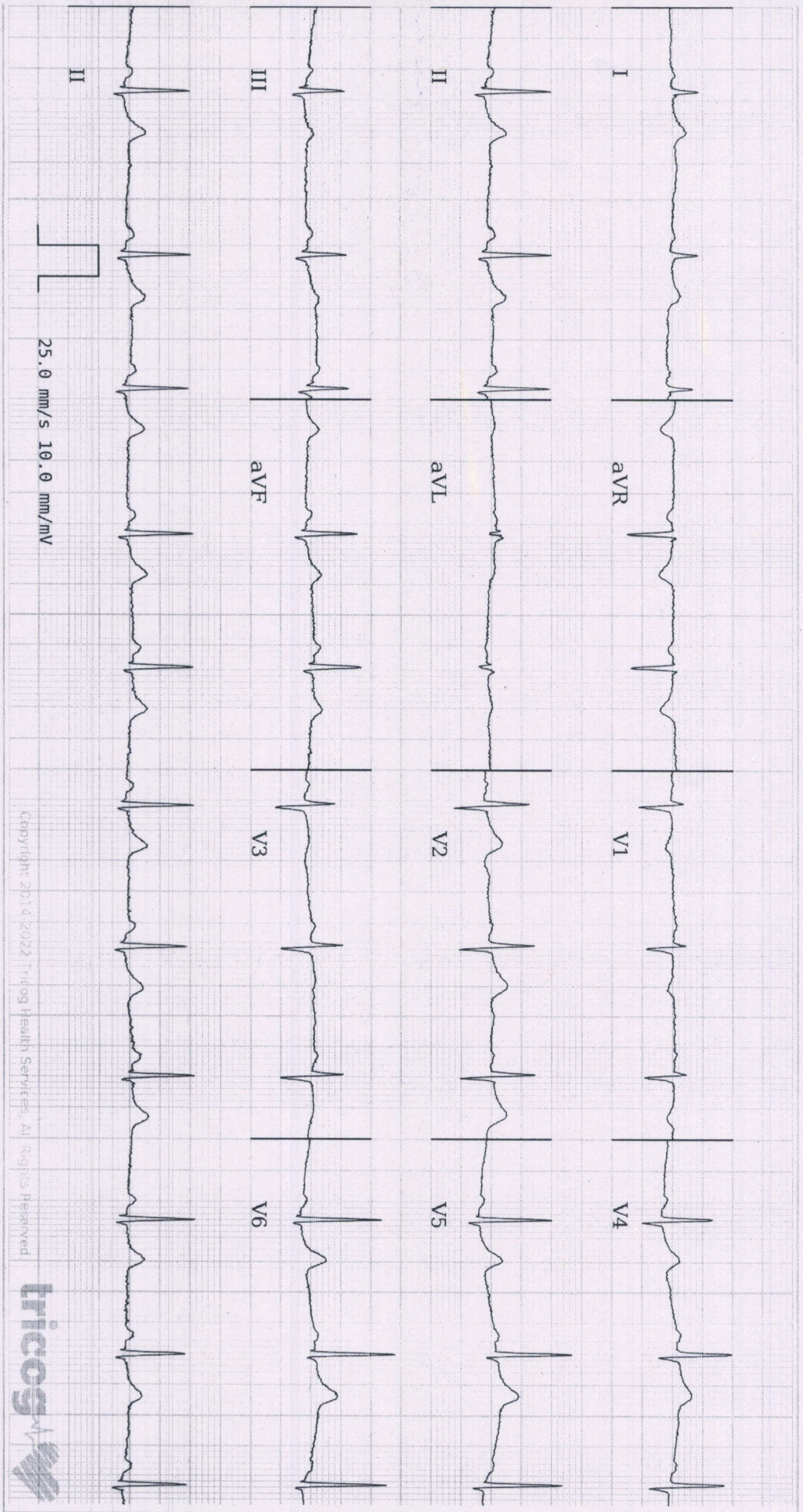


DR. ANAND N. MOTWANI  
M.D. (GENERAL MEDICINE)

Reg. No. 39329 (M.M.C.)



मेरा आधार, मेरी पहचान



Copyright 2014-2022 Tricog Health Services. All Rights Reserved



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

REPORTED BY

*Anand N Motwani*

**Dr. Anand N Motwani**  
M.D (General Medicine)  
Reg No 39329 M.M.C

Age **40** 8 1  
years months d

Gender **Female**

Heart Rate **67bpm**

**Patient Vitals**

BP: **110/80 mmHg**

Weight: **57 kg**

Height: **161 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QSRD: **76ms**

QT: **388ms**

QTc: **409ms**

PR: **134ms**

P-R-T: **65° 60° 51°**

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

Date:- 19/03/2022

CID: 2207819679

Name:- Mrs. Pournima  
Jawale

Sex / Age: F / 40

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision: without Glass  
Both Eye - 6/6

Aided Vision: Right Eye - 6/6

Refraction: Left Eye - 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			NO	—————			NO

Colour Vision: Normal / Abnormal



Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
Shop No 22, Ground Floor, Raikar Bhavan,  
Sector-17, Vashi, Navi Mumbai - 400 703  
Tel: 27884547 / 27864548.



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 12:14

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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.90	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.3	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.5	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7040	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.6	20-40 %	
Absolute Lymphocytes	1591.0	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	492.8	200-1000 /cmm	Calculated
Neutrophils	65.3	40-80 %	
Absolute Neutrophils	4597.1	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	323.8	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	35.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### **PLATELET PARAMETERS**

Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated

### **RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2207819679  
**Name** : MRS.POURNIMA BALU JAWALE  
**Age / Gender** : 40 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Vashi (Main Centre)

**Collected** : 19-Mar-2022 / 09:12  
**Reported** : 19-Mar-2022 / 12:21

R  
E  
P  
O  
R  
T

Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 31 2-20 mm at 1 hr. Westergren

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



  
**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
**Pathologist**





CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 13:42

Use a QR Code Scanner  
Application To Scan the Code

**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	92.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.32	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	13.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	25.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic



Use a QR Code Scanner  
Application To Scan the Code


**CID** : 2207819679  
**Name** : MRS.POURNIMA BALU JAWALE  
**Age / Gender** : 40 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Vashi (Main Centre)

**Collected** : 19-Mar-2022 / 13:50  
**Reported** : 19-Mar-2022 / 18:45

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

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



  
**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
**Pathologist**



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 13:50

Use a QR Code Scanner  
Application To Scan the Code

**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 Panvel Lab, Panvel East

\*\*\* End Of Report \*\*\*



**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
**Pathologist**



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 16:24

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30 ml	-	-
<b><u>CHEMICAL EXAMINATION</u></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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	4-6	Less than 20/hpf	

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



*Dr. Tejaswini Dhoté*

**Dr. TEJASWINI DHOTE**  
**M.D. (PATH)**  
**Pathologist**



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 15:25

Use a QR Code Scanner  
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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 \*\*\*



MC-2111



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

Page 7 of 10

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 13:44

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	153.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	60.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	111.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	11.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



**Dr. TEJASWINI DHOTE**  
M.D. (PATH)  
Pathologist



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 12:27

Use a QR Code Scanner  
Application To Scan the Code

**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	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.18	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



CID : 2207819679  
Name : MRS.POURNIMA BALU JAWALE  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 19-Mar-2022 / 09:12  
Reported : 19-Mar-2022 / 12:27

Use a QR Code Scanner  
Application To Scan the Code

**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.


**Reference:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

\*\*\* End Of Report \*\*\*



  
**Dr. TEJASWINI DHOTE**  
M.D. (PATH)  
Pathologist



## SUBURBAN DIAGNOSTICS

### Patient Details

Date: 19-Mar-22

Time: 11:17:49 AM

Name: POURNIMA JAWALE ID: 2207819679

Age: 40 Y

Sex: F

Clinical History: NIL

Height: 161 cms

Weight: 57 Kgs

Medications: NIL

### Test Details

Protocol: Bruce

Pr.MHR: 180 bpm

Total Exec. Time: 6 m 34 s

Max. HR: 157 ( 87% of Pr.MHR ) bpm

Max. BP: 140 / 84 mmHg

Max. BP x HR: 21980 mmHg/min

Test Termination Criteria: THR ACHIEVED

THR: 152 (85 % of Pr.MHR) bpm  
 Max. Mets: 10.20  
 Min. BP x HR: 6000 mmHg/min

### 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	1 : 14	1.0	0	0	75	110 / 80	-0.64 aVR	1.06 II
Standing	0 : 15	1.0	0	0	75	110 / 80	-0.42 aVR	1.06 II
Hyperventilation	0 : 19	1.0	0	0	76	110 / 80	-0.64 aVR	1.06 II
1	3 : 0	4.6	1.7	10	121	120 / 80	-1.06 aVR	2.12 III
2	3 : 0	7.0	2.5	12	147	130 / 80	-1.27 III	2.12 II
Peak Ex	0 : 34	10.2	3.4	14	157	140 / 84	-1.91 III	2.12 V4
Recovery(1)	1 : 0	1.8	1	0	135	140 / 84	-1.27 II	2.83 V4
Recovery(2)	1 : 0	1.0	0	0	111	140 / 84	-0.64 aVR	2.48 II
Recovery(3)	1 : 0	1.0	0	0	106	130 / 84	-0.64 aVR	2.12 II
Recovery(4)	1 : 0	1.0	0	0	97	120 / 80	-0.42 I	1.42 II
Recovery(5)	1 : 0	1.0	0	0	94	120 / 80	-0.21 I	1.42 II
Recovery(6)	0 : 15	1.0	0	0	90	120 / 80	-0.21 II	1.06 II

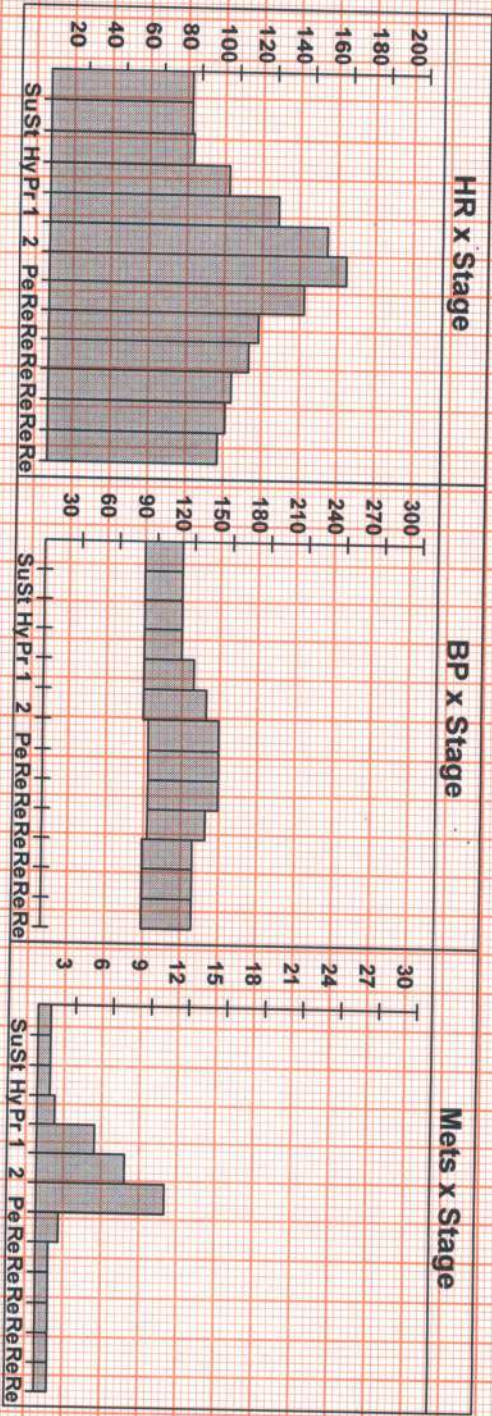
# SUBURBAN DIAGNOSTICS

**Patient Details**

Name: **POURNIMA JAWALE** ID: 2207819679  
 Date: 19-Mar-22  
 Age: 40 y Sex: F

Time: 11:17:49 AM  
 Height: 161 cms

Weight: 57 Kgs



**Interpretation**

FAIR EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC AND IONOTROPIC RESPONSE  
 NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

**IMPRESSION:**  
 STRESS TEST IS NEGATIVE FOR STRESS 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.

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No 22, Ground Floor, Raikar Bhavan,  
 Sector-17, Vashi, Navi Mumbai - 400 703  
 Tel. 27884547 / 27864548.

**DR. ANAND N. MOTWANI**

M.D. (GENERAL MEDICINE)  
 Reg. No. 39329 (M.M.C)

Doctor: Dr. Anand Motwani

Ref. Doctor: ...  
 ( Summary Report edited by user )



**POLURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Proto col: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 0 m 0 s

Stage Time : 1 m 8 s

HR: 77 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 152 bpm)

B.P: 110 / 80

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

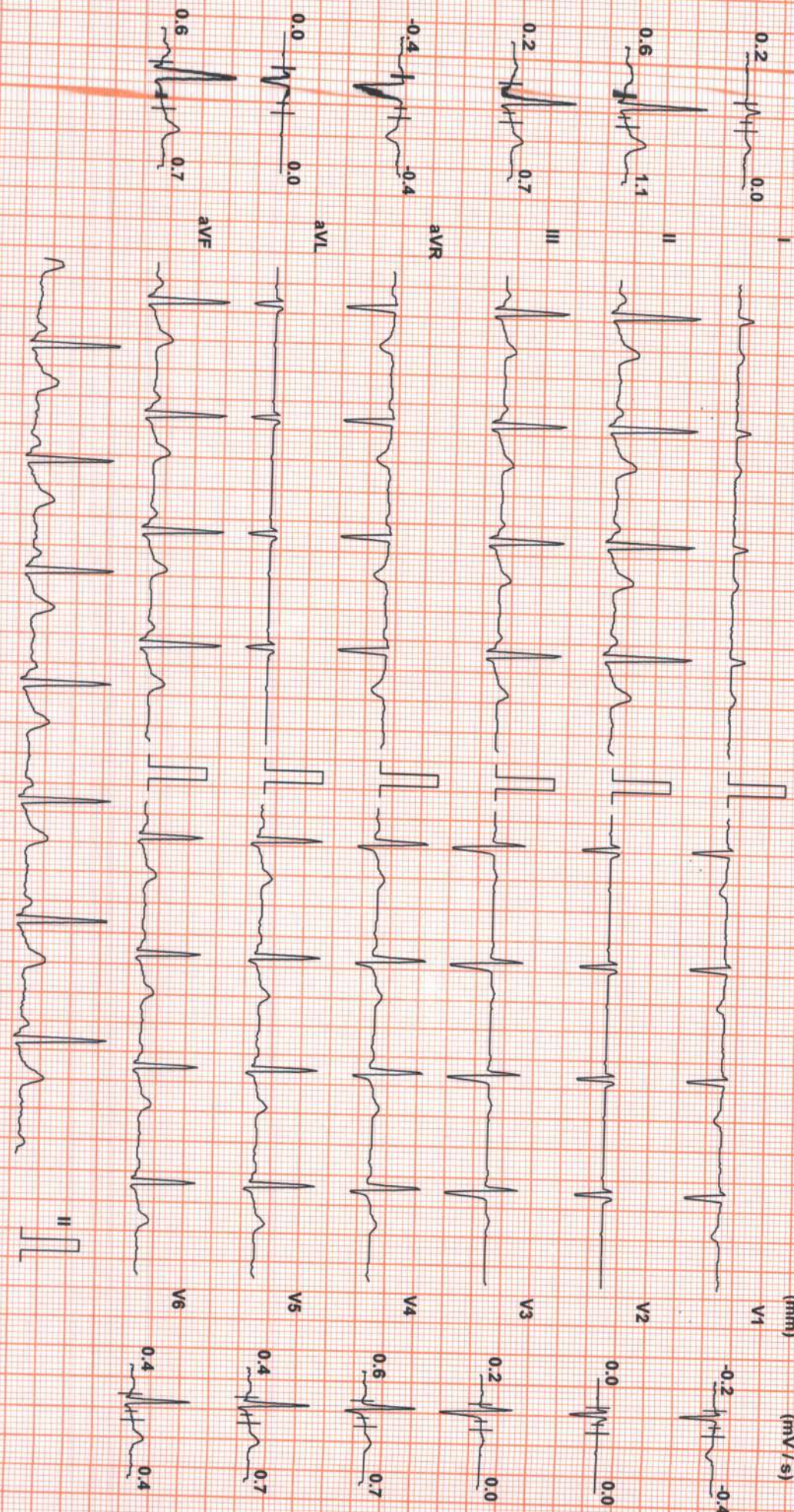


Chart Speed: 25 mm/sec  
Schiller SparcScan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 79 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 80

ST Level (mm)      ST Slope (mV/s)

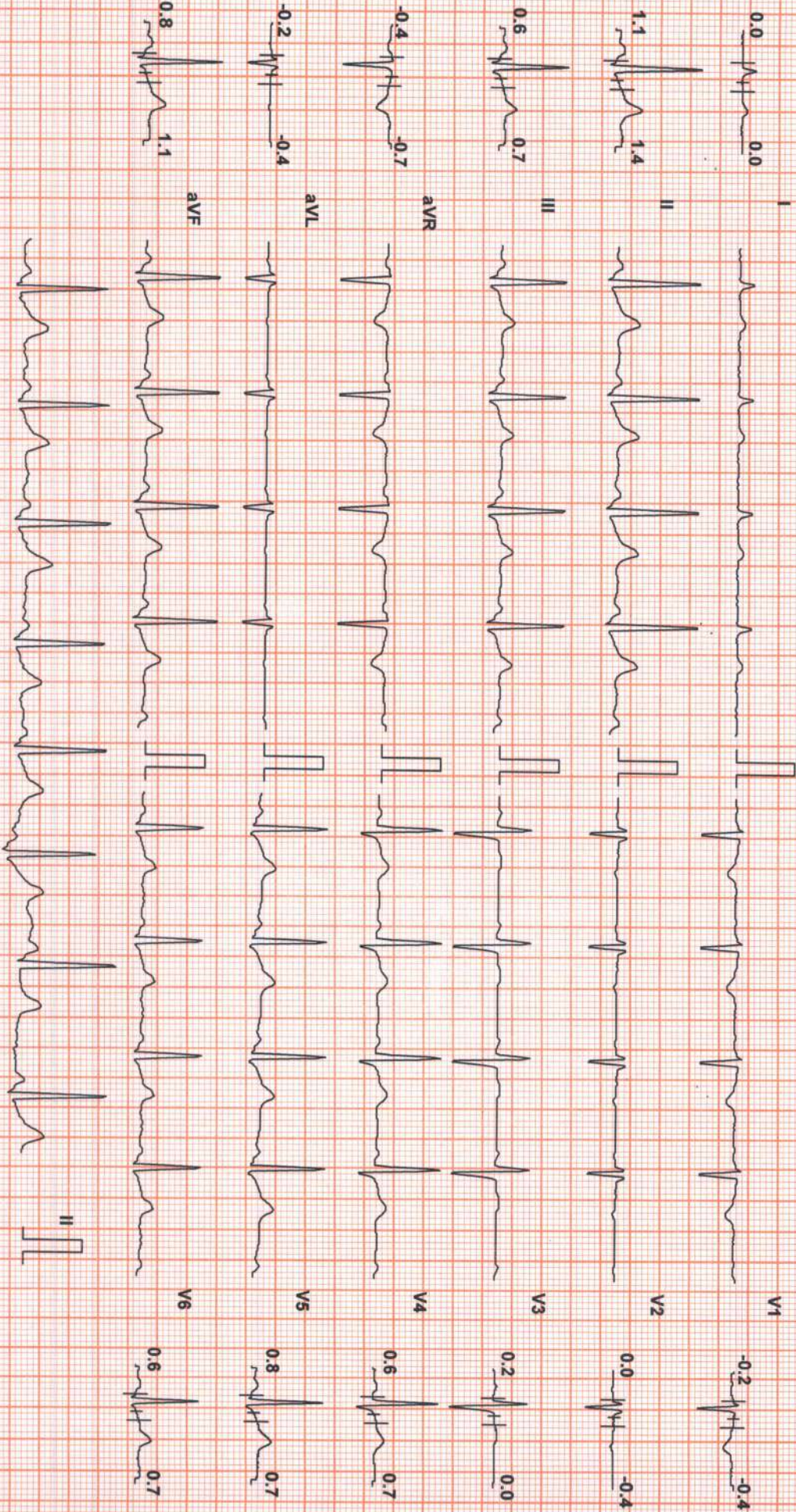


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

160 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s HR: 78 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 110 / 80

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

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

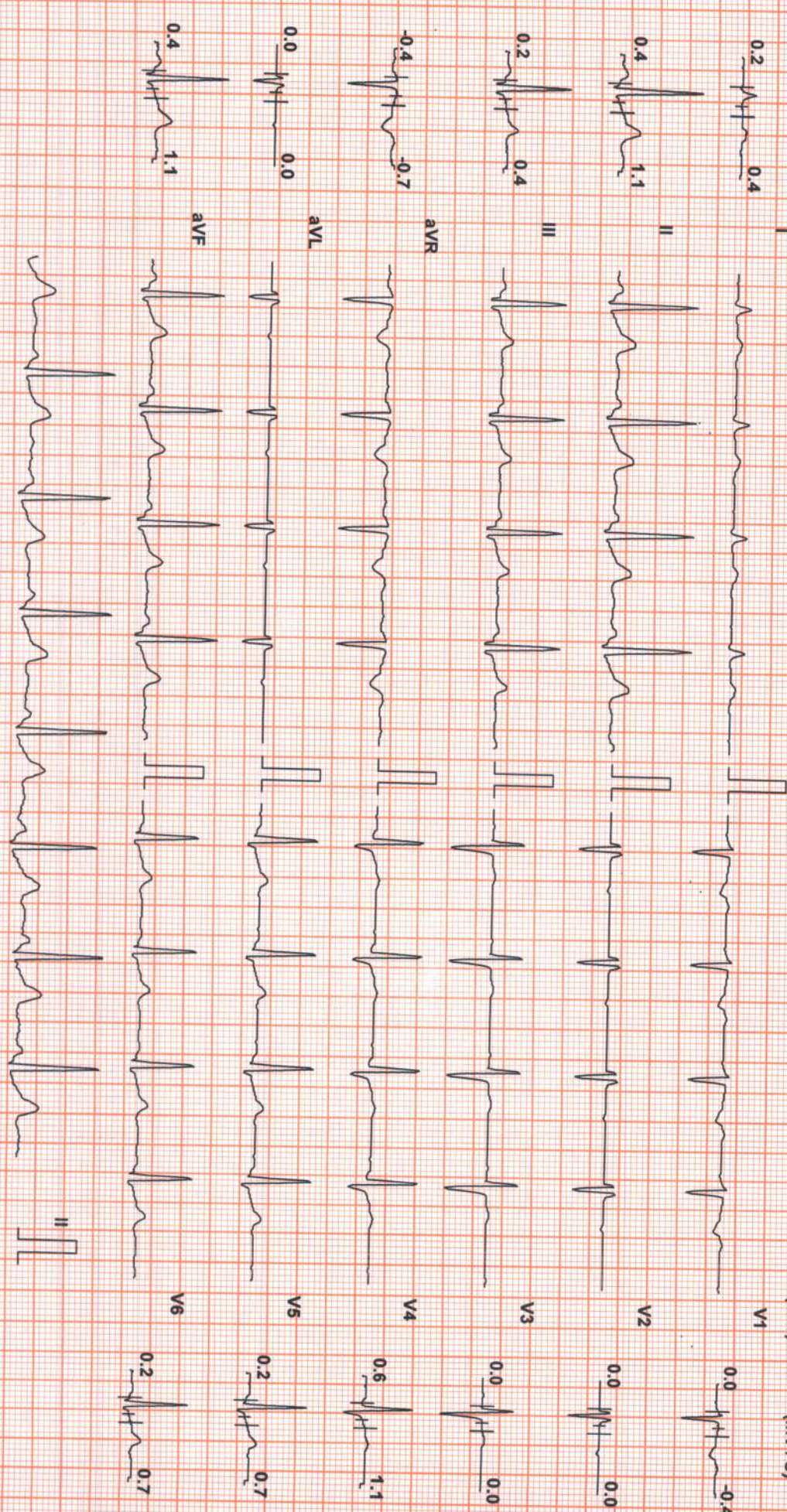


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

ID: 2207819679

Date: 19-Mar-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

**Test Report**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 152 bpm)

B.P: 120 / 80

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

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

0.0 0.0



V1

0.2 -0

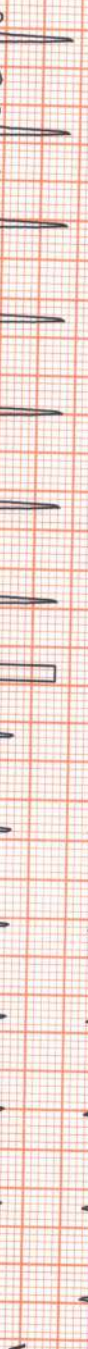
0.2 0.7



V2

0.4 0.4

0.2 1.1



V3

0.2 0.4

0 0.4



V4

0.2 0.7

0 0.4



V5

0.2 1.1

0.2 1.1



V6

0.2 1.1

Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

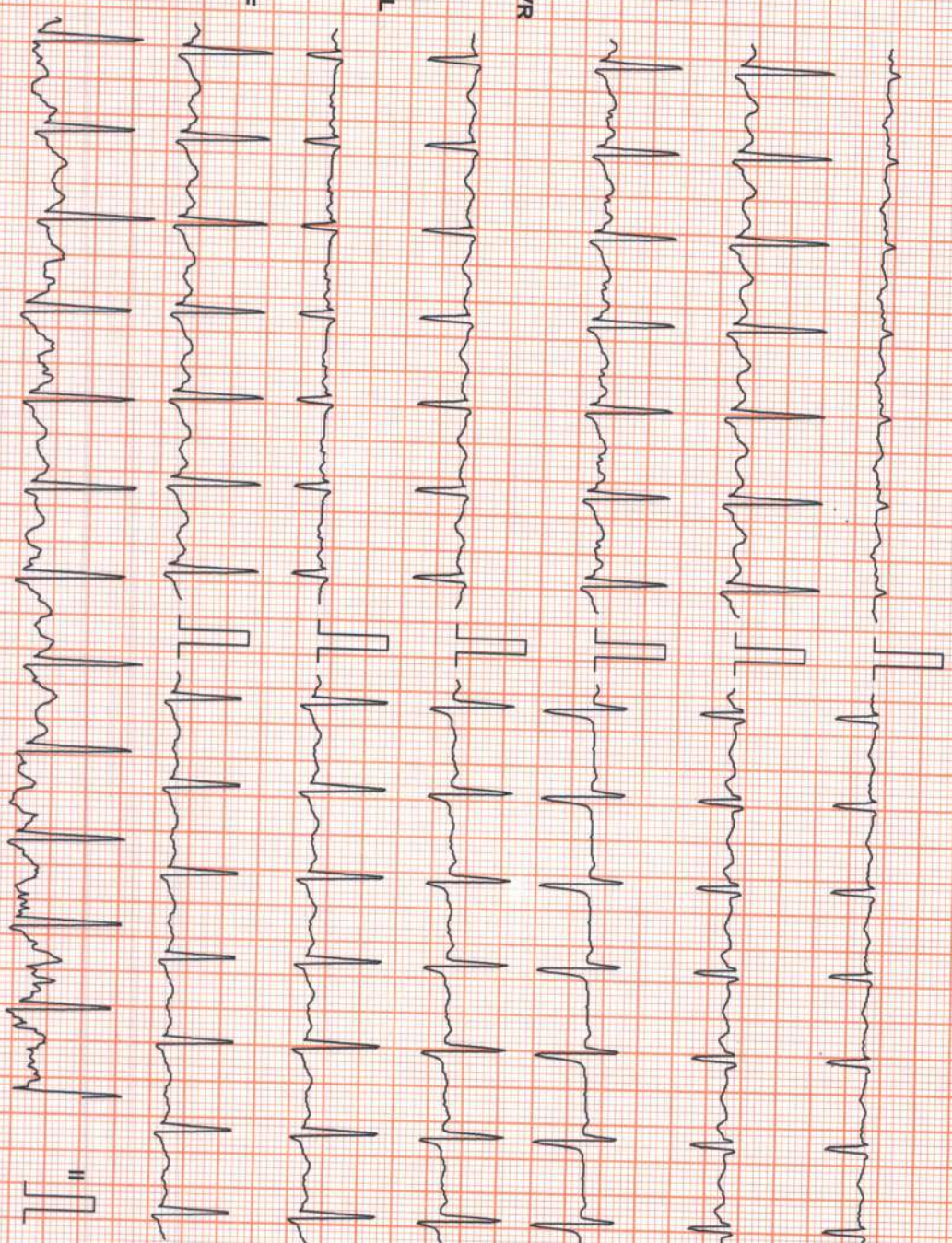
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 147 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 152 bpm)

B.P: 130 / 80

ST Level (mm)      ST Slope (mV/s)

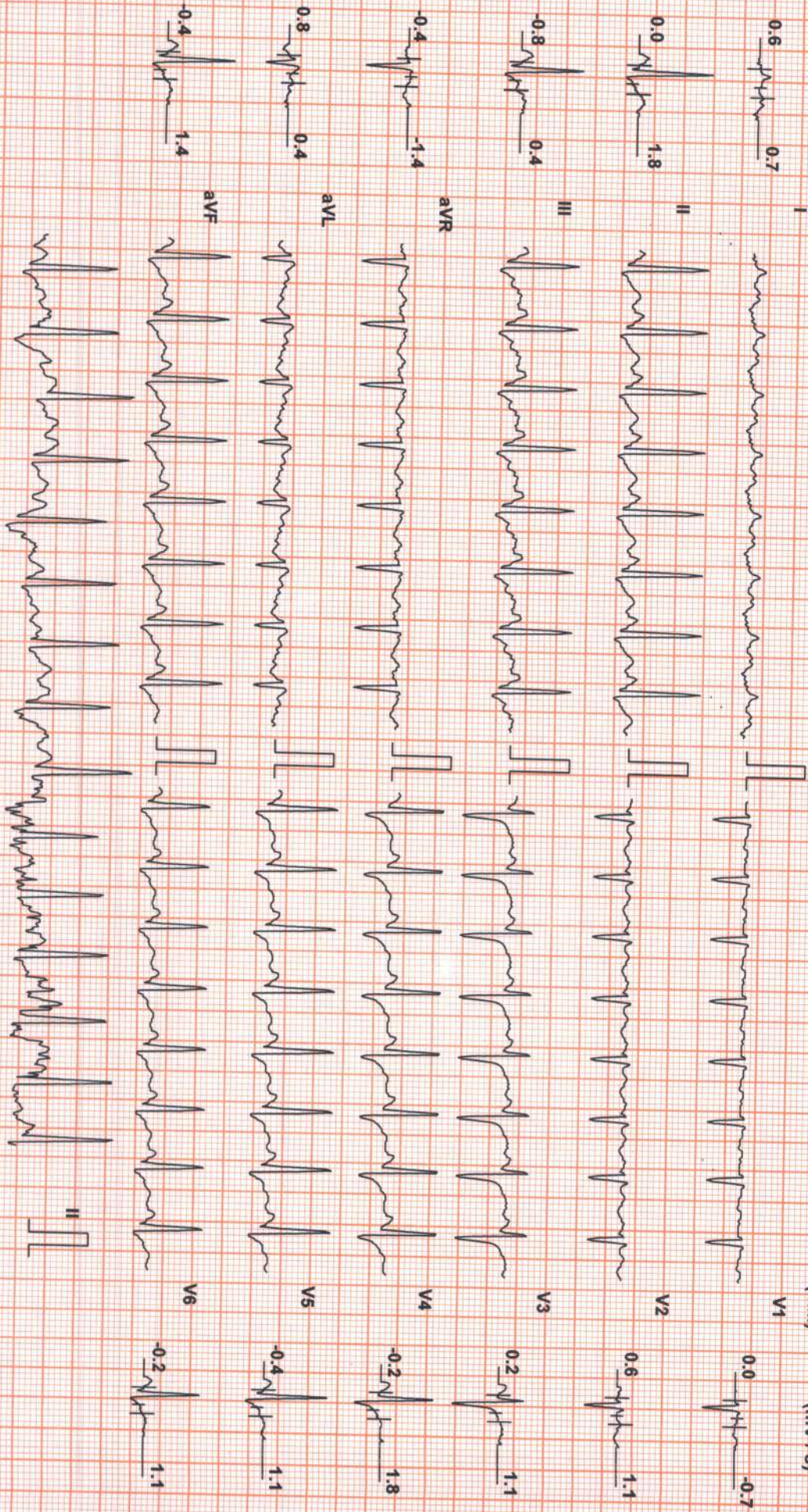


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS

**POURNIMA JAWALE (40 F)**

ID: 2207819679

Date: 19-Mar-22 Exec Time : 6 m 31 s Stage Time : 0 m 31 s HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 % (THR: 152 bpm) B.P: 140 / 84

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

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

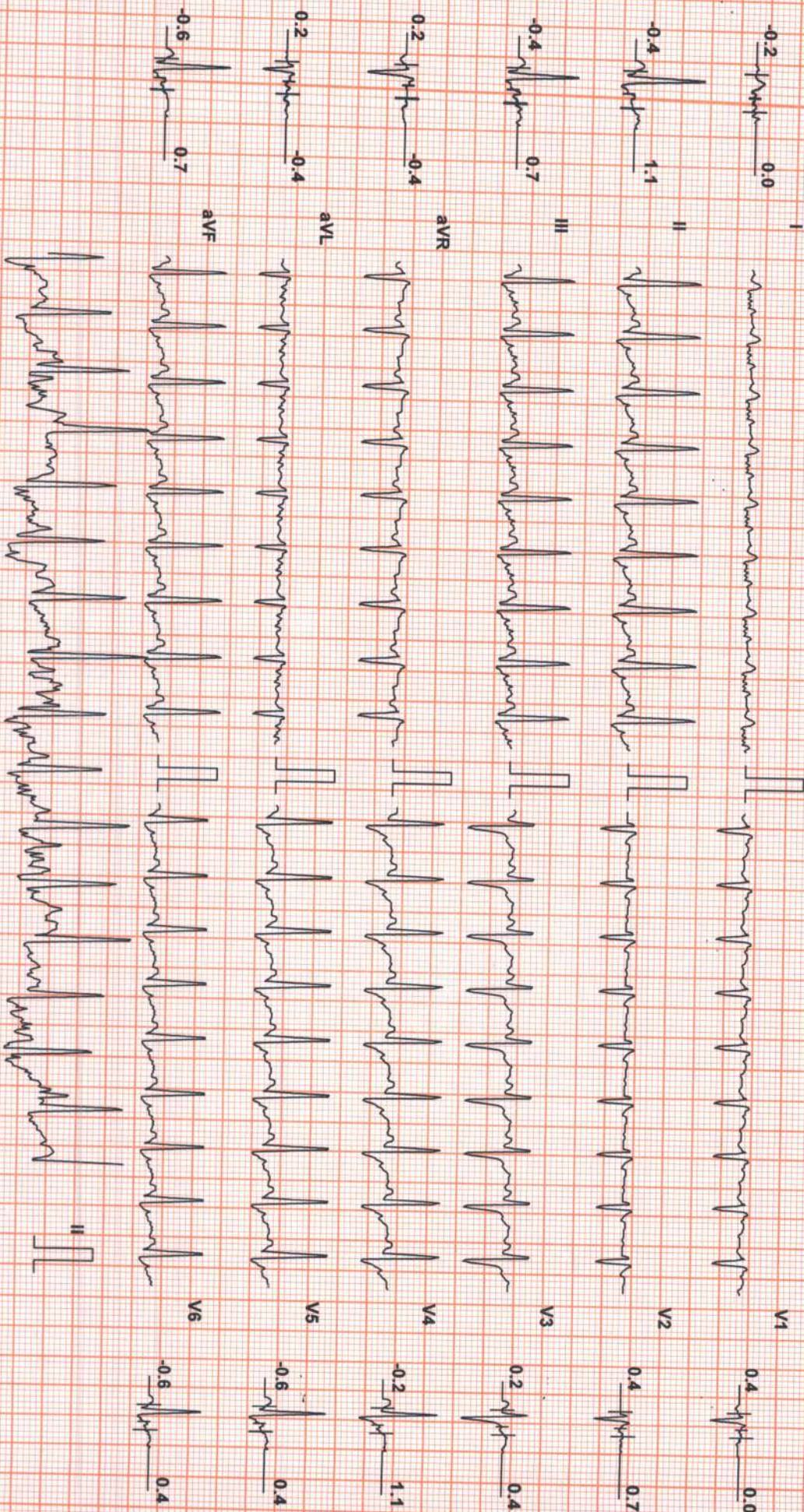


Chart Speed: 25 mm/sec  
Schiller Spandern V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s

Stage Time : 0 m 54 s

HR: 127 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 140 / 84

ST Level (mm)    ST Slope (mV/s)

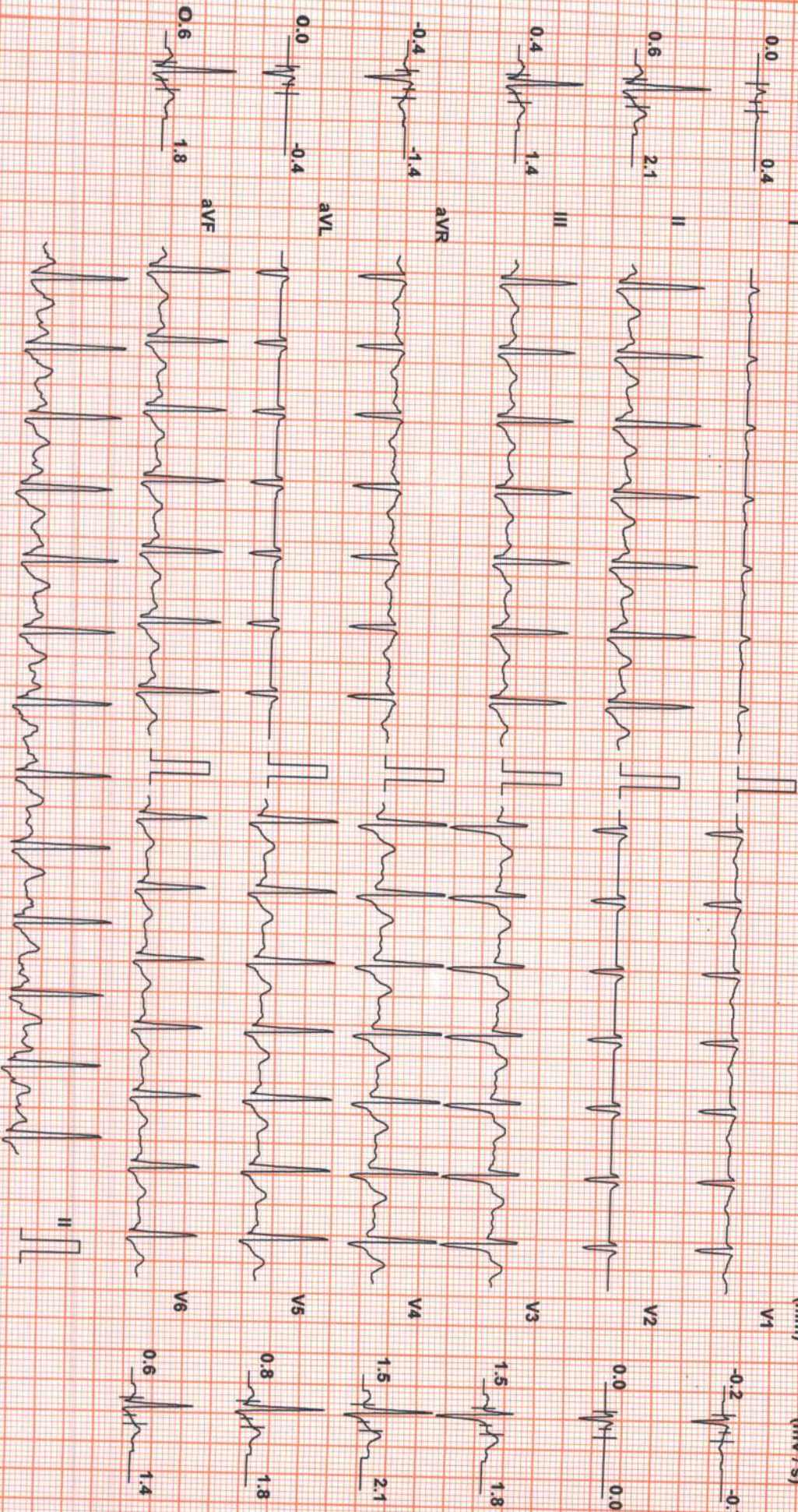


Chart Speed: 25 mm/sec  
Schlitter Spandau V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s Stage Time : 0 m 54 s HR: 113 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 140 / 84

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

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

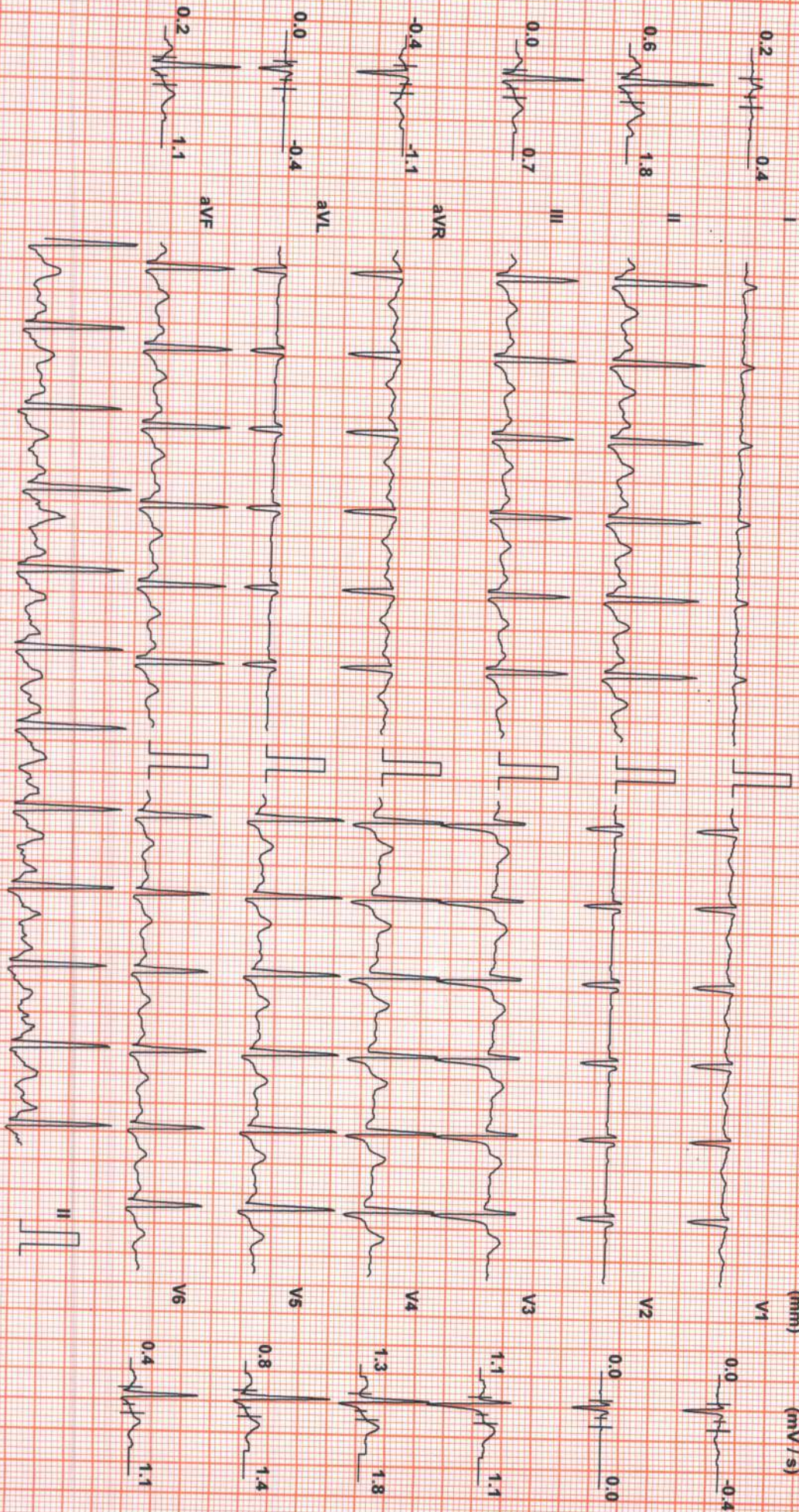


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s Stage Time : 0 m 54 s HR: 108 bpm

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

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 152 bpm)

B.P: 130 / 84

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

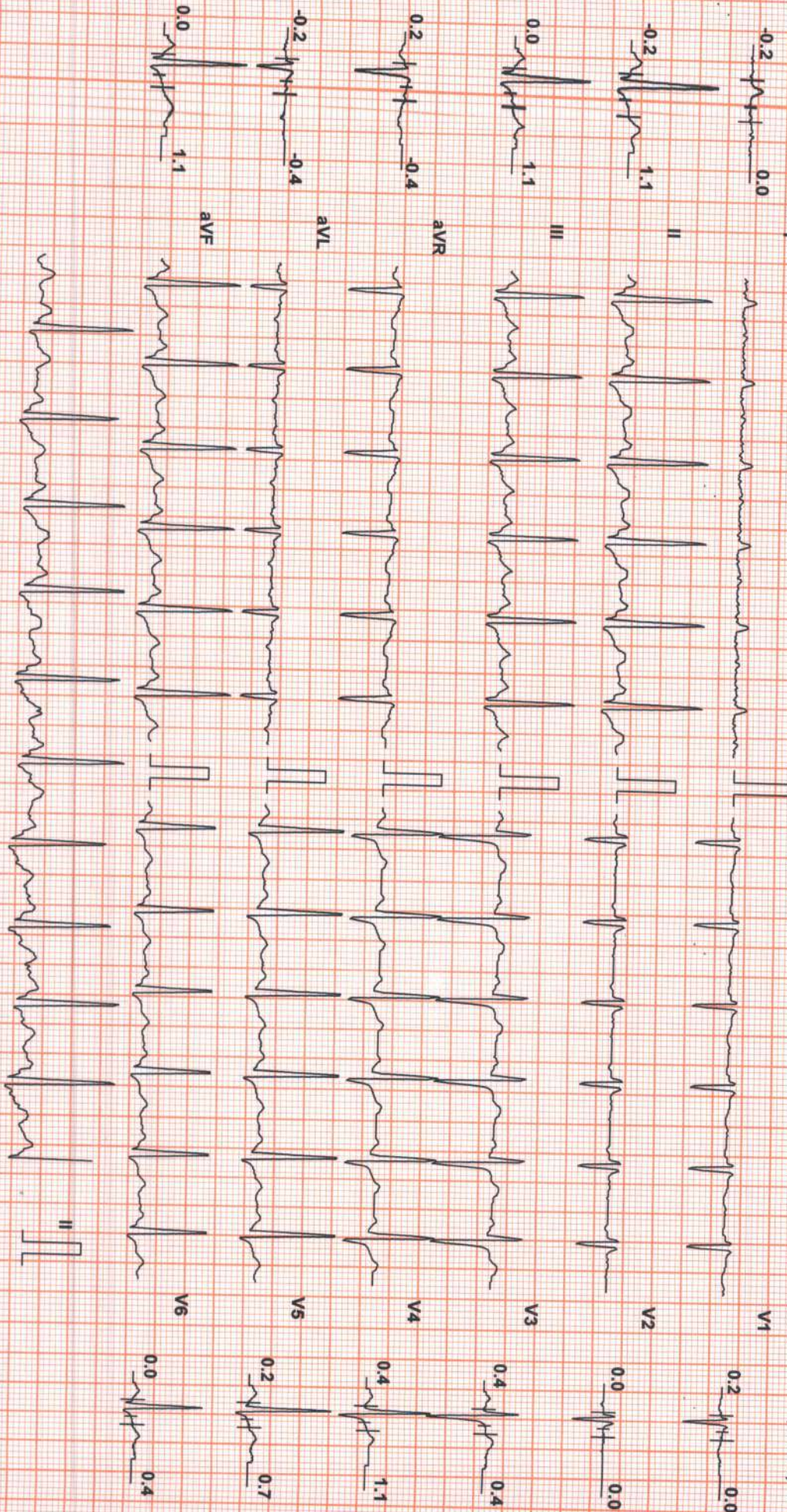


Chart Speed: 25 mm/sec  
Schiller Spandam V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s Stage Time : 0 m 54 s

HR: 97 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 120 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

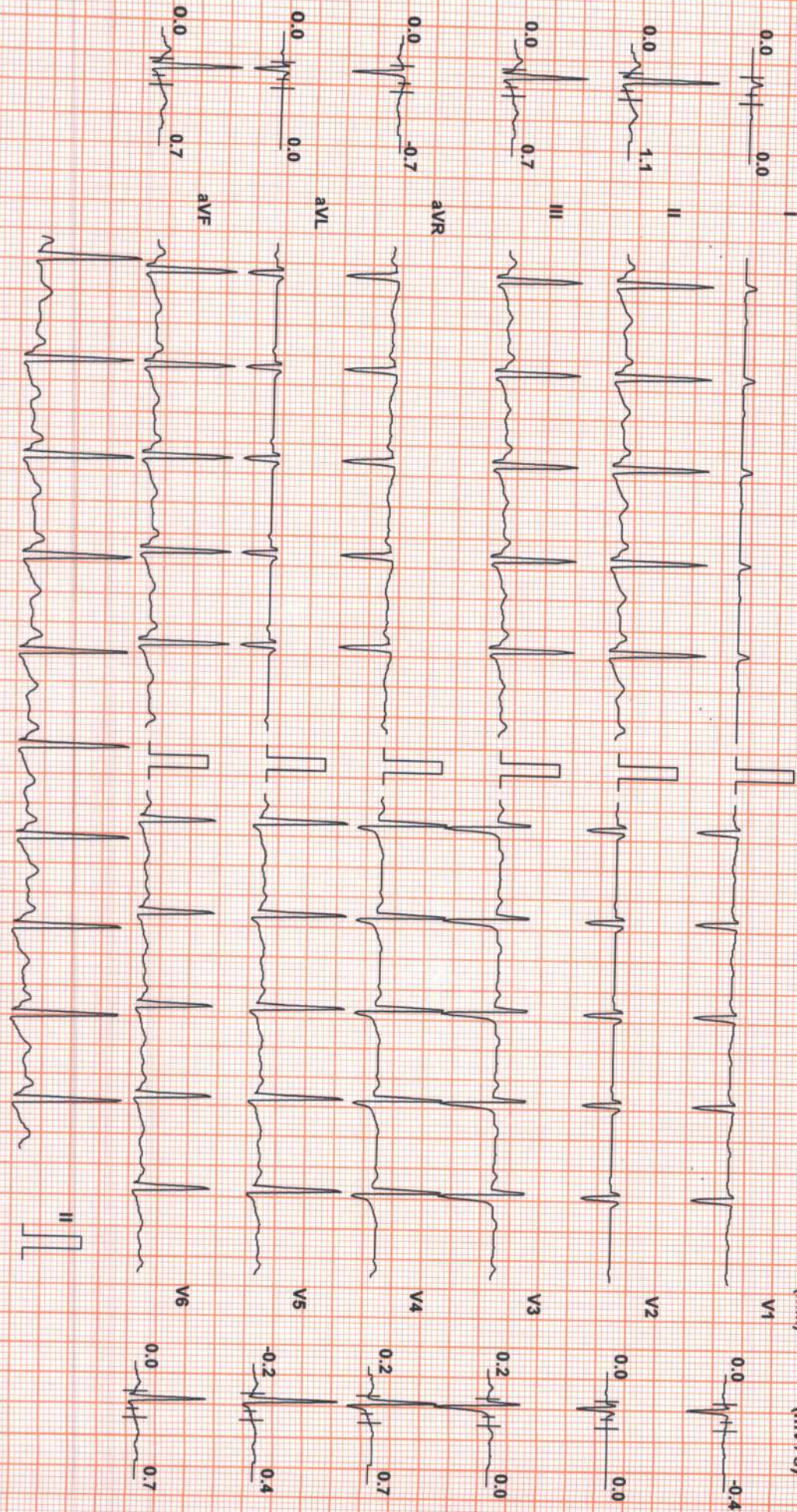


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s

Stage Time : 0 m 54 s

HR: 89 bpm

ST Level (mm)      ST Slope (mV/s)

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 120 / 80

ST Level (mm)      ST Slope (mV/s)

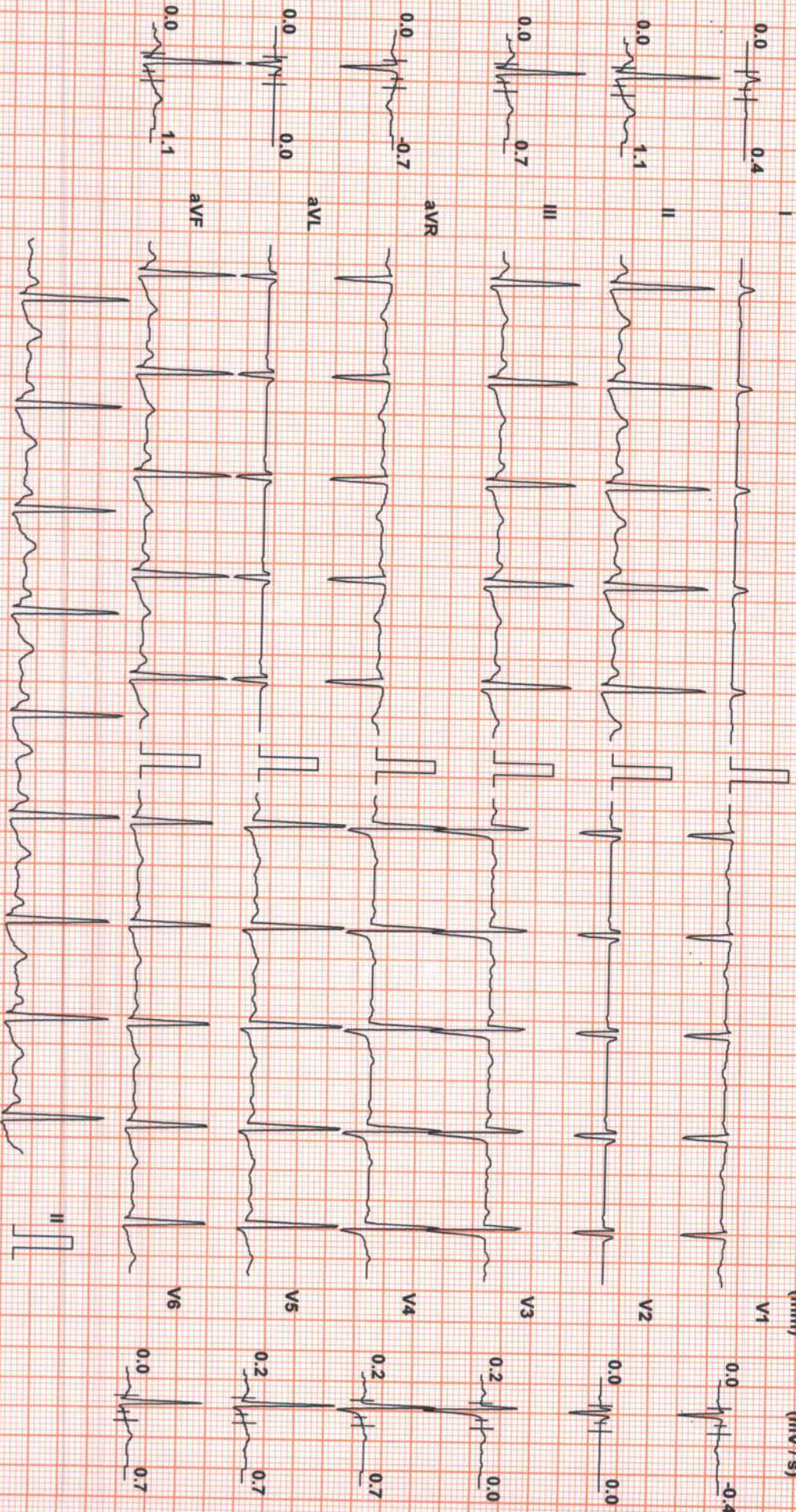


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO-R-60ms

J-R+60ms

Post-J=J+60ms

Linked Median



**POURNIMA JAWALE (40 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2207819679

Date: 19-Mar-22

Exec Time : 6 m 34 s Stage Time : 0 m 54 s HR: 89 bpm

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 120 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

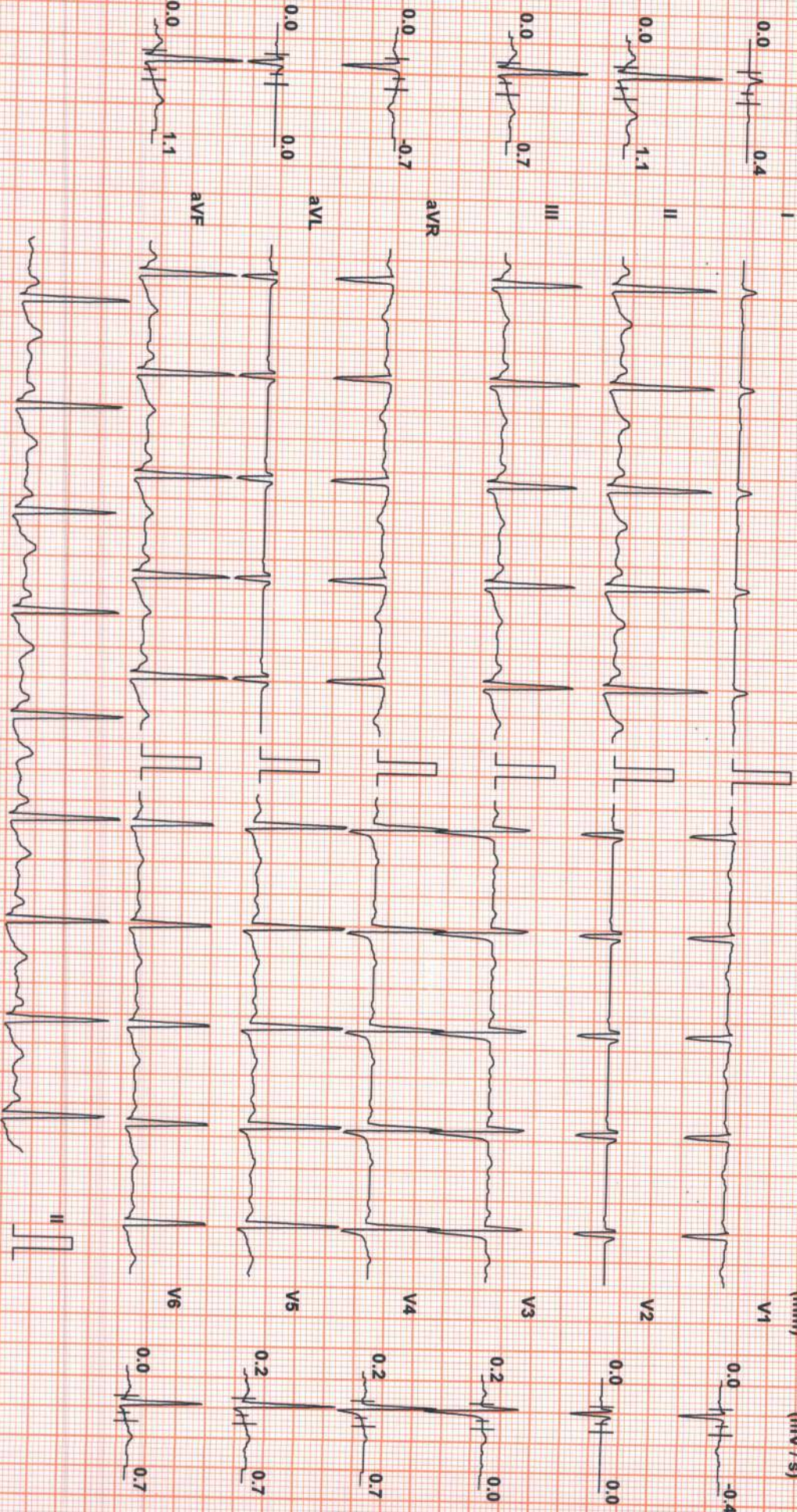


Chart Speed: 25 mm/sec  
Schiller Spandian V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median