

 **भारत सरकार**

**माधवी रामदास दोईफोडे**  
Madhavi Ramdas Doifode

जन्म वर्ष / Year of Birth : 1985  
स्त्री / Female

**7612 2043 2565**

**आधार — सामान्य माणसाचा अधिकार**

## PHYSICAL EXAMINATION REPORT

|              |                 |          |           |
|--------------|-----------------|----------|-----------|
| Patient Name | Madhavi Doifode | Sex/Age  | F / 35ys. |
| Date         | 3/12/2024       | Location | Thane     |

### History and Complaints

H/O - HTN  
- Thyroid Disorder

### EXAMINATION FINDINGS:

|                |         |             |       |
|----------------|---------|-------------|-------|
| Height (cms):  | 165     | Temp (0c):  | (100) |
| Weight (kg):   | 75.4    | Skin:       | NAD   |
| Blood Pressure | 160/110 | Nails:      |       |
| Pulse          | 76/114  | Lymph Node: |       |

### Systems :

→ Without Medication

#### Cardiovascular:

#### Respiratory:

#### Genitourinary:

#### GI System:

#### CNS:

NAD

### Impression:

- ↓ Hb. , ECG - 1st degree A+V Block
- Urine Pus cells (12-15/hpf)
- ↑ TG's , ↑ TSH (9.89)

unfolding  
Aorta  
Fatty Liver

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

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**Advice:**

Iron supplement  
- Low Fat, Low sugar Diet.  
- Drink Plenty of Liquids.

|     |                                      |                             |
|-----|--------------------------------------|-----------------------------|
| 1)  | Hypertension:                        | - Since 6y3.                |
| 2)  | IHD                                  | Nil                         |
| 3)  | Arrhythmia                           |                             |
| 4)  | Diabetes Mellitus                    |                             |
| 5)  | Tuberculosis                         |                             |
| 6)  | Asthama                              | - Hypothyroidism (8-10 yrs) |
| 7)  | Pulmonary Disease                    |                             |
| 8)  | Thyroid/ Endocrine disorders         | Nil                         |
| 9)  | Nervous disorders                    |                             |
| 10) | GI system                            |                             |
| 11) | Genital urinary disorder             |                             |
| 12) | Rheumatic joint diseases or symptoms | Nil                         |
| 13) | Blood disease or disorder            |                             |
| 14) | Cancer/lump growth/cyst              |                             |
| 15) | Congenital disease                   | Nil                         |
| 16) | Surgeries                            |                             |
| 17) | Musculoskeletal System               |                             |

**PERSONAL HISTORY:**

|    |            |   |
|----|------------|---|
| 1) | Alcohol    | No  |
| 2) | Smoking    | No  |
| 3) | Diet       | Mixed                                       |
| 4) | Medication | - tab. Thyronorm 50<br>tab. Aurodepine 5ug. |

*[Signature]*  
**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/2429

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CID : 2133729091  
Name : MS.MADHAVI DOIFODE  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Dec-2021 / 15:57  
Reported : 03-Dec-2021 / 17:51

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD SUGAR REPORT**

| <u>PARAMETER</u>                         | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u>   | <u>METHOD</u> |
|--|----------------|---|---------------|
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 126.9          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase    |

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427

*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist





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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Dec-2021 / 09:45  
Reported : 03-Dec-2021 / 11:46

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

| <u>PARAMETER</u>                                   | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>      |
|--|----------------|-----------------------------|--------------------|
| <b><u>RBC PARAMETERS</u></b>                       |                |                             |                    |
| Haemoglobin  | 11.9           | 12.0-15.0 g/dL              | Spectrophotometric |
| RBC  | 4.53           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV  | 35.3           | 36-46 %                     | Measured           |
| MCV  | 78             | 80-100 fl                   | Calculated         |
| MCH  | 26.2           | 27-32 pg                    | Calculated         |
| MCHC   | 33.6           | 31.5-34.5 g/dL              | Calculated         |
| RDW  | 14.4           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                       |                |                             |                    |
| WBC Total Count                                    | 6900           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b> |                |                             |                    |
| Lymphocytes  | 28.0           | 20-40 %                     |                    |
| Absolute Lymphocytes                               | 1932.0         | 1000-3000 /cmm              | Calculated         |
| Monocytes  | 4.4            | 2-10 %                      |                    |
| Absolute Monocytes                                 | 303.6          | 200-1000 /cmm               | Calculated         |
| Neutrophils  | 63.5           | 40-80 %                     |                    |
| Absolute Neutrophils                               | 4381.5         | 2000-7000 /cmm              | Calculated         |
| Eosinophils  | 4.1            | 1-6 %                       |                    |
| Absolute Eosinophils                               | 282.9          | 20-500 /cmm                 | Calculated         |
| Basophils  | 0.0            | 0.1-2 %                     |                    |
| Absolute Basophils                                 | 0.0            | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes                                | -              |                             |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

|                |        |                    |                  |
|----------------|--------|--------------------|------------------|
| Platelet Count | 421000 | 150000-400000 /cmm | Elect. Impedance |
| MPV            | 7.9    | 6-11 fl            | Calculated       |
| PDW            | 12.8   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY**

|              |            |
|--------------|------------|
| Hypochromia  | Mild       |
| Microcytosis | Occasional |
| Macrocytosis | -          |



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Reported : 03-Dec-2021 / 11:09

Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

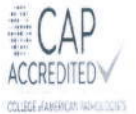
Specimen: EDTA Whole Blood

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

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Pathologist







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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 | 111.0          | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase                                  |
| BILIRUBIN (TOTAL), Serum                 | 0.24           | 0.1-1.2 mg/dl   | Diazo                                       |
| BILIRUBIN (DIRECT), Serum                | 0.12           | 0-0.3 mg/dl   | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum              | 0.12           | 0.1-1.0 mg/dl   | Calculated                                  |
| TOTAL PROTEINS, Serum                    | 7.3            | 6.4-8.3 g/dL  | Biuret                                      |
| ALBUMIN, Serum                           | 4.6            | 3.5-5.2 g/dL  | BCG   |
| GLOBULIN, Serum                          | 2.7            | 2.3-3.5 g/dL  | Calculated                                  |
| A/G RATIO, Serum                         | 1.7            | 1 - 2   | Calculated                                  |
| SGOT (AST), Serum                        | 11.8           | 5-32 U/L  | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum                        | 11.8           | 5-33 U/L  | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum                          | 23.1           | 3-40 U/L  | IFCC  |
| ALKALINE PHOSPHATASE, Serum              | 50.6           | 35-105 U/L  | PNPP  |
| BLOOD UREA, Serum                        | 15.4           | 12.8-42.8 mg/dl   | Urease & GLDH                               |
| BUN, Serum                               | 7.2            | 6-20 mg/dl  | Calculated                                  |
| CREATININE, Serum                        | 0.65           | 0.51-0.95 mg/dl   | Enzymatic                                   |
| eGFR, Serum                              | 110            | >60 ml/min/1.73sqm  | Calculated                                  |
| URIC ACID, Serum                         | 5.2            | 2.4-5.7 mg/dl   | Uricase                                     |
| Urine Sugar (Fasting)                    | Absent         | Absent  |   |
| Urine Ketones (Fasting)                  | Absent         | Absent  |   |
| Urine Sugar (PP)                         | Absent         | Absent  |   |

Authenticity Check



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Urine Ketones (PP)                      Absent                      Absent

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



MC-2427

*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist





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Collected : 03-Dec-2021 / 09:45  
Reported : 03-Dec-2021 / 17:24

**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 | 5.7            | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC          |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9          | 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.

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MC-2111

*Shashi D*  
**Dr.SHASHIKANT DIGHADE**  
**M.D. (PATH)**  
**Pathologist**





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Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 03-Dec-2021 / 09:45  
Reported : 03-Dec-2021 / 12:24

**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                                 | Yellow         | Pale Yellow                 | -                  |
| Reaction (pH)                         | Acidic (6.0)   | 4.5 - 8.0                   | Chemical Indicator |
| Specific Gravity                      | 1.015          | 1.010-1.030                 | Chemical Indicator |
| Transparency                          | Slight hazy    | Clear                       | -                  |
| Volume (ml)                           | 20             | -                           | -                  |
| <b><u>CHEMICAL EXAMINATION</u></b>    |                |                             |                    |
| Proteins                              | Trace          | Absent                      | pH Indicator       |
| Glucose                               | Absent         | Absent                      | GOD-POD            |
| Ketones                               | Absent         | Absent                      | Legals Test        |
| Blood                                 | Trace          | 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             | 12-15          | 0-5/hpf                     |                    |
| Red Blood Cells / hpf                 | Occasional     | 0-2/hpf                     |                    |
| Epithelial Cells / hpf                | 3-4            |                             |                    |
| Casts                                 | Absent         | Absent                      |                    |
| Crystals                              | Absent         | Absent                      |                    |
| Amorphous debris                      | Absent         | Absent                      |                    |
| Bacteria / hpf                        | +(>20/hpf)     | Less than 20/hpf            |                    |

Kindly correlate clinically.

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MC-2427

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Consulting Dr. : -  
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Collected : 03-Dec-2021 / 09:45  
Reported : 03-Dec-2021 / 12:24

**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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**

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

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



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Reported : 03-Dec-2021 / 14:19

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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 193.3   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | Enzymatic                                |
| TRIGLYCERIDES, Serum             | 195.3   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 41.2    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 152.1   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 113.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Homogeneous enzymatic colorimetric assay |
| VLDL CHOLESTEROL, Serum          | 39.1    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 4.7     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.7     | 0-3.5 Ratio   | Calculated                               |

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Collected : 03-Dec-2021 / 09:45  
Reported : 03-Dec-2021 / 11:46

**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      | 4.6            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 14.6           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59 | ECLIA         |
| sensitiveTSH, Serum | 9.89           | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0   | ECLIA         |

Kindly correlate clinically.

Authenticity Check



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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 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)

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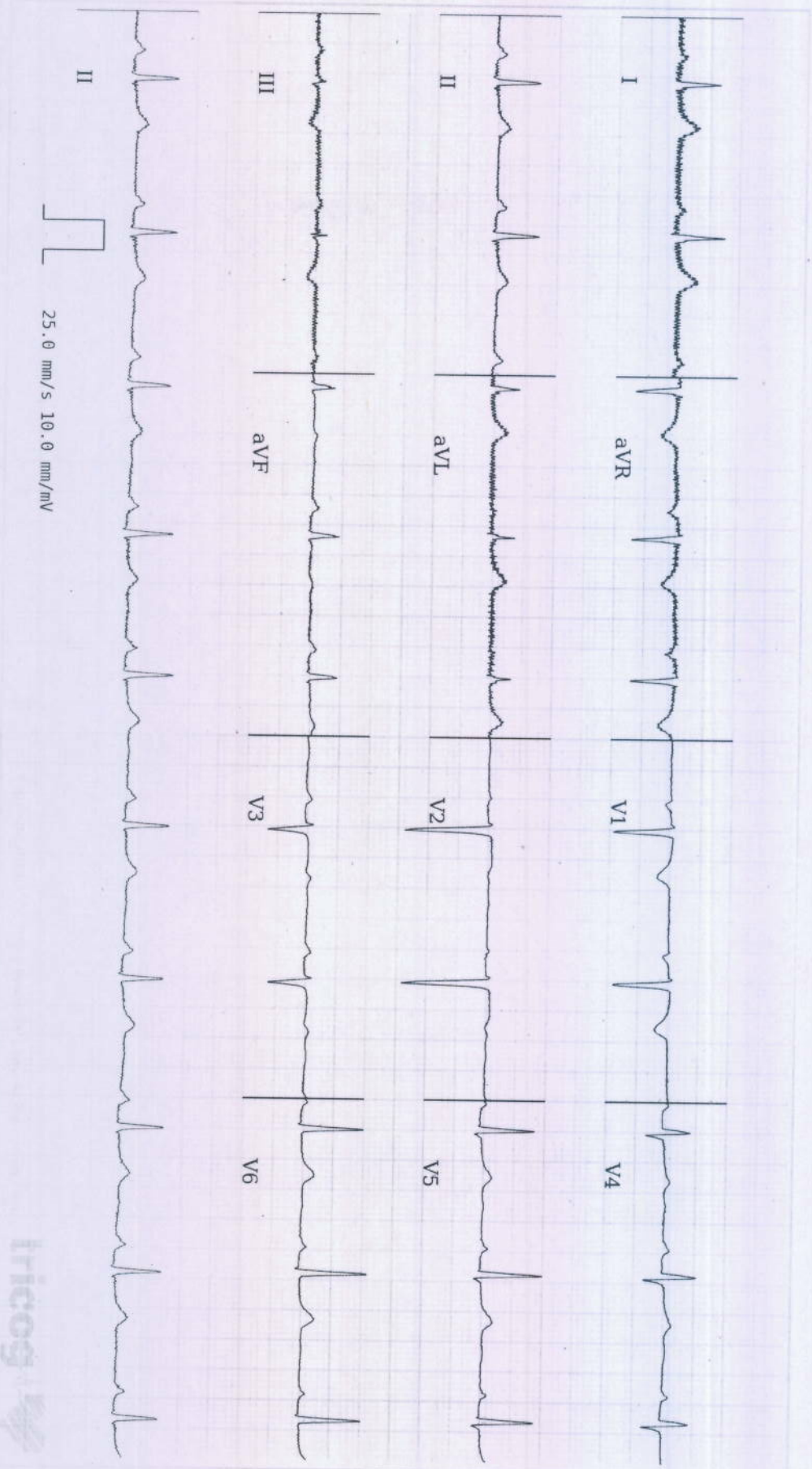
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Patient Name: MADHAVI DOIFODE

Patient ID: 2133729091

Date and Time: 3rd Dec 21 10:41 AM



Sinus Rhythm, Normal Axis, with 1st Degree A-V Block. Baseline artefacts. Please correlate clinically.

Age **35** 11 30  
 years months days

Gender **Female**

Heart Rate **61 bpm**

Patient Vitals

BP: NA

Weight: 75 kg

Height: 164 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QSRD: 74 ms

QT: 424 ms

QTc: 426 ms

PR: 208 ms

P-R-T: 47° 36° 17°

REPORTED BY

**DR SHALAJA PILLAI**

MBBS, MD Physician  
 MD Physician  
 49972



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CID : 2133729091  
Name : Mrs MADHAVI DOIFODE  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg.Location : G B Road, Thane West Main Centre  
Reg. Date : 03-Dec-2021 / 10:45  
Report Date : 03-Dec-2021 / 12:53  
Printed : 03-Dec-2021 / 12:53

**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.

**Unfolding of aorta is noted.**

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT PLEURO-PARNCHYMAL ABNORMALITY IS DETECTED.**

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

*D Patil*

Dr. Devendra Patil  
MBBS, MD ( Radio-Diagnosis)  
Consultan Radiologist  
MMC - 2013/02/0165





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**Name** : Mrs MADHAVI DOIFODE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg.Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 03-Dec-2021 / 11:33  
**Report Date** : 03-Dec-2021 / 11:34  
**Printed** : 03-Dec-2021 / 11:34

**USG WHOLE ABDOMEN**

**LIVER:** *Liver appears mildly enlarged in size(19.4cm )and shows increased echorefectivity.*  
There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 10.1 x 4.0 cm. Left kidney measures 12.6 x 4.1cm.  
Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is retroverted and measures 7.2 x 4.2 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.0 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.



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**IMPRESSION:**

**HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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 cases for confirmation / exclusion of diagnosis.

**Advice: Clinical co-relation and further evaluation.**

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

*D Patil*

Dr. Devendra Patil  
MBBS, MD ( Radio-Diagnosis)  
Consultan Radiologist  
MMC - 2013/02/0165



|                           |                   |
|---------------------------|-------------------|
| Reg. No. : 2133729091     | Sex : FEMALE      |
| Name : MS.MADHAVI DOIFODE | Age : 35YRS       |
| Ref. By : -----           | Date : 04.12.2021 |

**QUANTITATIVE**

| PARAMETER      | VALUE | NORMAL                                       | PARAMETER            | VALUE | NORMAL             |
|----------------|-------|--|----------------------|-------|--------------------|
| IVS (D)        | 11.8  | 6-9 mm<br>(FEMALES)<br>6-10 mm<br>(MALES)    | RV BASAL<br>DIAMETER | 25.4  | 25-41 mm           |
|                |       |  | TAPSE                | 31.3  | ≥17 mm             |
| LVPW (D)       | 11.8  | 6-9 mm<br>(FEMALES)<br>6-10 mm<br>(MALES)    | Aortic annulus:      | 24.3  | 23±2 (F) 26±3 (M)  |
| LVID (ED)      | 45    | 38-52 mm<br>(FEMALES)<br>42-58 mm<br>(MALES) | Aortic root/sinus:   | 27.3  | 30±3 (F) 34±3 (M)  |
| LVID (ES)      | 30.1  | 17-33 mm                                     | Aortic ST Junction:  | 23.9  | 26±3 (F), 29±3 (M) |
| LEFT<br>ATRIUM | 27.8  | 27-38 mm<br>(FEMALES)<br>30-40 mm<br>(MALES) | Ascending Aorta:     |       | 27±4 (F), 30±4 (M) |
| LVEF           | 62    | 55-83%                                       |                      |       |                    |
| FS             | 33    | 28-44%                                       |                      |       |                    |

**SPECTRAL STUDY**

| VALVE     | m/sec          | Pressure Gradient (Max) | Pressure Gradient (Mean) | REGURGITATION                         |
|-----------|----------------|-------------------------|--------------------------|---------------------------------------|
| MITRAL    | E0.93-, A-0.76 |                         |                          | MILD                                  |
| TRICUSPID | 0.61           | 1                       |                          | MILD<br>(PPG 22mmHg)<br>(Vmax 2.3m/s) |
| AORTIC    | 1.44           | 8                       |                          |                                       |
| PULMONIC  | 1.1            | 5                       |                          | MILD ( Vmax1.6m/s)                    |
| PAT -     | 121 msec       |                         |                          |                                       |

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

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**PATIENT: MADHAVI DOIFODE**

**DESCRIPTION:**

**Concentric LVH.**

No Regional Wall Motion Abnormality (RWMA).

Preserved LV Systolic Function.

Chambers are of normal size. MPA 21.6 mm. IVC not dilated.

Valves are normal in structure and motion pattern.

Flow across valves appears to be normal.

IAS/IVS appear to be intact.

Pericardium normal.

No clot in LA/LV

**IMPRESSION:**

No RWMA. Preserved LV systolic function. LVEF ~ 62%

Concentric LVH. Chambers normal. Valves Normal.

Pericardium normal.



**DR. RAKESH AGARWAL**  
**MD, DM (CARDIOLOGY)**  
**CONSULTANT CARDIOLOGIST**

**DR. RAKESH AGARWAL.**

Relative clinical value of echo findings must be interpreted in accordance with the clinical scenario. Doppler measurements may be influenced by hemodynamics and can be erroneous when viewed in isolation. There can be inter and intra-observer variations in echocardiography reporting.

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Date:- 3/12/21 CID:  
Name:- *Madhus Dai Joke* Sex / Age: /  
F-35-

**EYE CHECK UP**

Chief complaints: *200*

Systemic Diseases: *None*

Past history: *NA*

Unaided Vision: *BE 10 feet - NV RL N'6*

Aided Vision: *BE 6/6 NV RL - 6*

**Refraction:**

|          | (Right Eye) |     |      |    | (Left Eye) |     |      |    |
|----------|-------------|-----|------|----|------------|-----|------|----|
|          | Sph         | Cyl | Axis | Vn | Sph        | Cyl | Axis | Vn |
| Distance |             |     |      |    |            |     |      |    |
| Near     |             |     |      |    |            |     |      |    |

Colour Vision: Normal / ~~Abnormal~~

Remark: *use own Spectacles*



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