

Name : Mrs . NEETU KANWAR  
VID : 2309300240  
Ref By :

Reg Date : 03-Apr-2023 08:06  
Age/Gender : 32 Years  
Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

No

**EXAMINATION FINDINGS:**

Height (cms): 162 cms  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 110/70  
Pulse: 72/min

Weight (kg): 64 kgs  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

**Systems**

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

**IMPRESSION:**

7 T5L  
ECG - Short PR interval

**ADVICE:**

- Endocrinologist opinion

Name : Mrs . NEETU KANWAR

Reg Date : 03-Apr-2023 08:06

VID : 2309300240

Age/Gender : 32 Years

Ref By :

Regn Centre : Kandivali East (Main Centre)

**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 |
| 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                            | No |
| 17) Musculoskeletal System               | No |

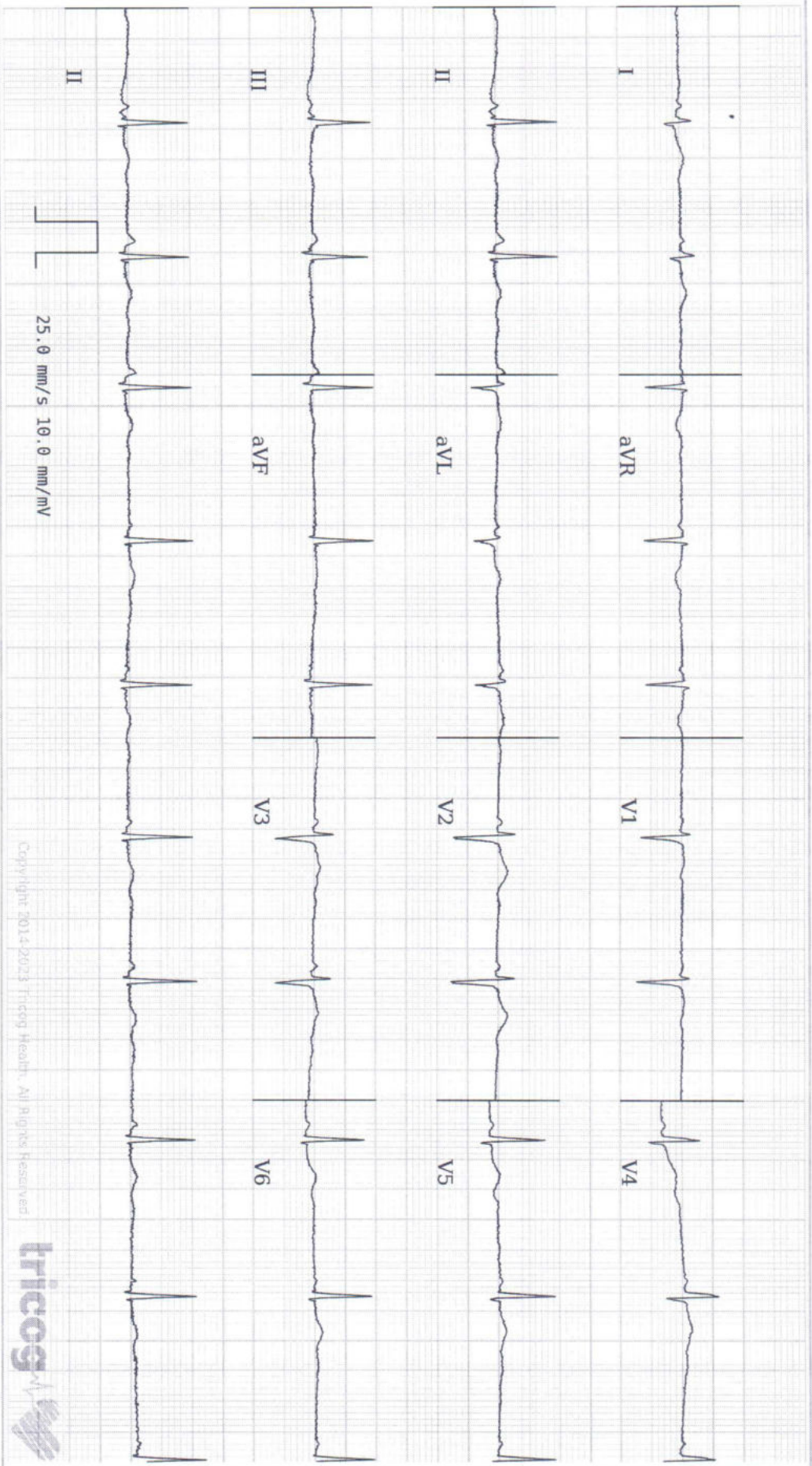
**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

  
Dr. Jagruti Dhale

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700580



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Age **32** 10 30  
years months days

Gender **Female**

Heart Rate **61bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **64 kg**

Height: **162 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSd: **74ms**

QT: **380ms**

QTcB: **382ms**

PR: **96ms**

P-R-T: **17° 84° 39°**

REPORTED BY

DR AKHIL PARULEKAR  
MBBS MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

Sinus Rhythm, Sinus Arrhythmia Seen, Short PR Interval. Please correlate clinically.

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:- 3/4/23

CID: 2309300240

Name:- Mrs Neetu Kanwar

Sex/Age: F/33

**EYE CHECK UP**

Chief complaints: Routine ch-up

Systemic Diseases: NO H/O S/I

Past history: NO H/O Ocular symptoms

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction:

COMS! Normal

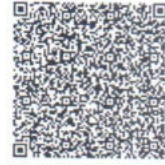
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	0.50	180°	6/6	±	0.50	180°	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H*  
**KAJAL NAGRECHA**  
OPTOMETRIST

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Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700960



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2309300240  
**Name** : Mrs NEETU KANWAR  
**Age / Sex** : 32 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 03-Apr-2023  
**Reported** : 03-Apr-2023 / 9:17

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14 cm) shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD appears measures 4.3 mm . 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:

Right kidney measures 10.1 x 4.4 cm. Left kidney measures 10.4 x 4.6 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (8.5 cm) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

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

### UTERUS:

The uterus is anteverted and appears normal. It measures 7.6 x 5.5 x 4.4 cm in size.  
The endometrial thickness is 8.2 mm.

### OVARIES:

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.9 x 2.0 cm Left ovary = 3.1 x 1.9 cm

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Access

sionNo=2023040308071398



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**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 03-Apr-2023  
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**IMPRESSION:-**

**NO SIGNIFICANT ABNORMALITY IS SEEN.**

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

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

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023040308071398



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Use a QR Code Scanner  
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**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

*Khilji Faizur*

**Dr. FAIZUR KHILJI**  
**MBBS, RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Access

sionNo=2023040308071404

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg

Date: 03 / 04 / 2023 11:08:04 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	057	30%	110/70	062	00	
Standing	00:33	0:20	00.0	00.0	01.0	065	35%	110/70	071	00	
HV	00:42	0:09	00.0	00.0	01.0	064	34%	110/70	070	00	
ExStart	01:03	0:21	00.0	00.0	01.0	069	37%	110/70	075	00	
BRUCE Stage 1	04:03	3:00	02.7	10.0	04.7	108	57%	110/70	118	00	
BRUCE Stage 2	07:03	3:00	04.0	12.0	07.1	144	77%	110/70	158	00	
PeakEx	08:09	1:06	05.5	14.0	08.3	169	90%	150/80	253	00	
Recovery	09:09	1:00	00.0	00.0	01.1	118	63%	150/80	176	00	
Recovery	09:19	1:11	00.0	00.0	01.0	108	57%	150/80	162	00	

## FINDINGS :

Exercise Time : 07:06  
 Initial HR (ExStrt) : 69 bpm 37% of Target 188  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 8.3 Fair response to induced stress  
 Duke Treadmill Score : 03.4  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 169 bpm 90% of Target 188  
 Max BP Attained 150/80 (mm/Hg)

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 Row House No. 3, Aaragat,  
 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel: 61700800

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Medicine  
 Reg. No. 2012082493

Doctor : DR.AKHIL PARULEKAR





Email:

1418 / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg Date: 03 / 04 / 2023 11:08:04 AM Refd By : AERCOFEMI

## REPORT :

Heart Rate 169.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 07:06 Mins Ectopic Beats 0.0

METs 8.3 Test End Reason , Heart Rate Achieved Target Heart Rate 91% of 188

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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Mumbai - 400101.  
Tel : 61790899

Dr. Akhil P. Parulekar

M.B.B.S. (D). Medicine  
DNB Cardiology  
Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



1418 (2309300240) / NEETUKANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 57

Date: 03/04/2023 11:08:04 AM METS: 1.0/57 bpm 30% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Kmpt. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6





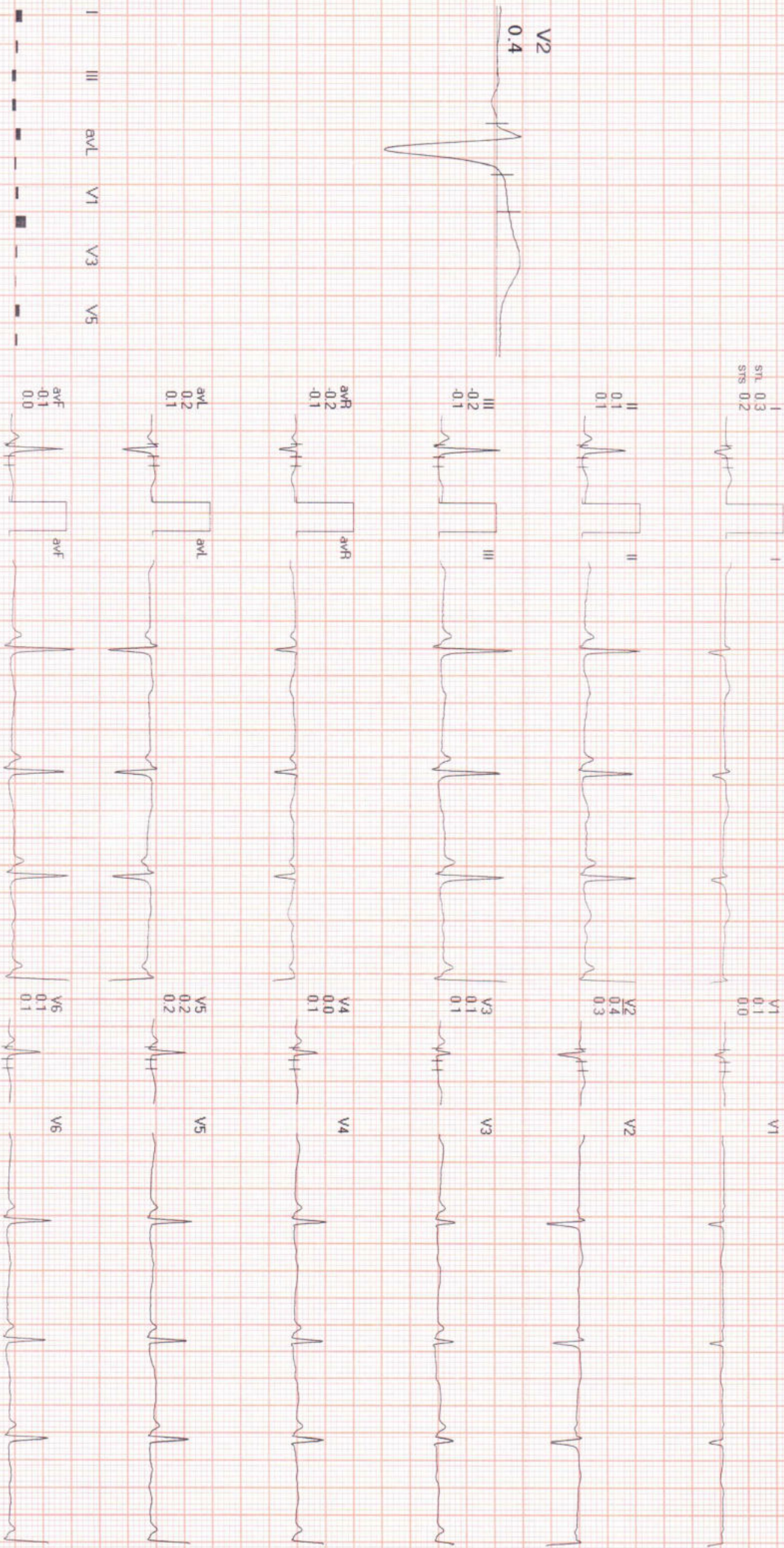
1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 65

Date: 03/04/2023 11:08:04 AM METS: 1 0/65 bpm 35% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:09 )



1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 64

Date: 03 / 04 / 2023 11:08:04 AM METS 1 0/64 bpm 34% of THR BP 110/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Km/h, 0.0%

STL 0.3  
STS 0.2

V1 0.1  
V1 0.0

V1

II 0.3  
0.2

V2 0.3  
0.2

V2

V2 0.3

V3 0.3  
0.2

V3

III 0.0  
0.0

V4 0.3  
0.2

V4

aVR -0.3  
-0.2

V5 0.1  
0.2

V5

aVL 0.1  
0.1

V6 0.1  
0.1

V6

I III aVL V1 V3 V5

aVF 0.2  
0.1

V6 0.1  
0.1

V6

II aVR aVF V2 V4 V6

REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStnt



1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 69

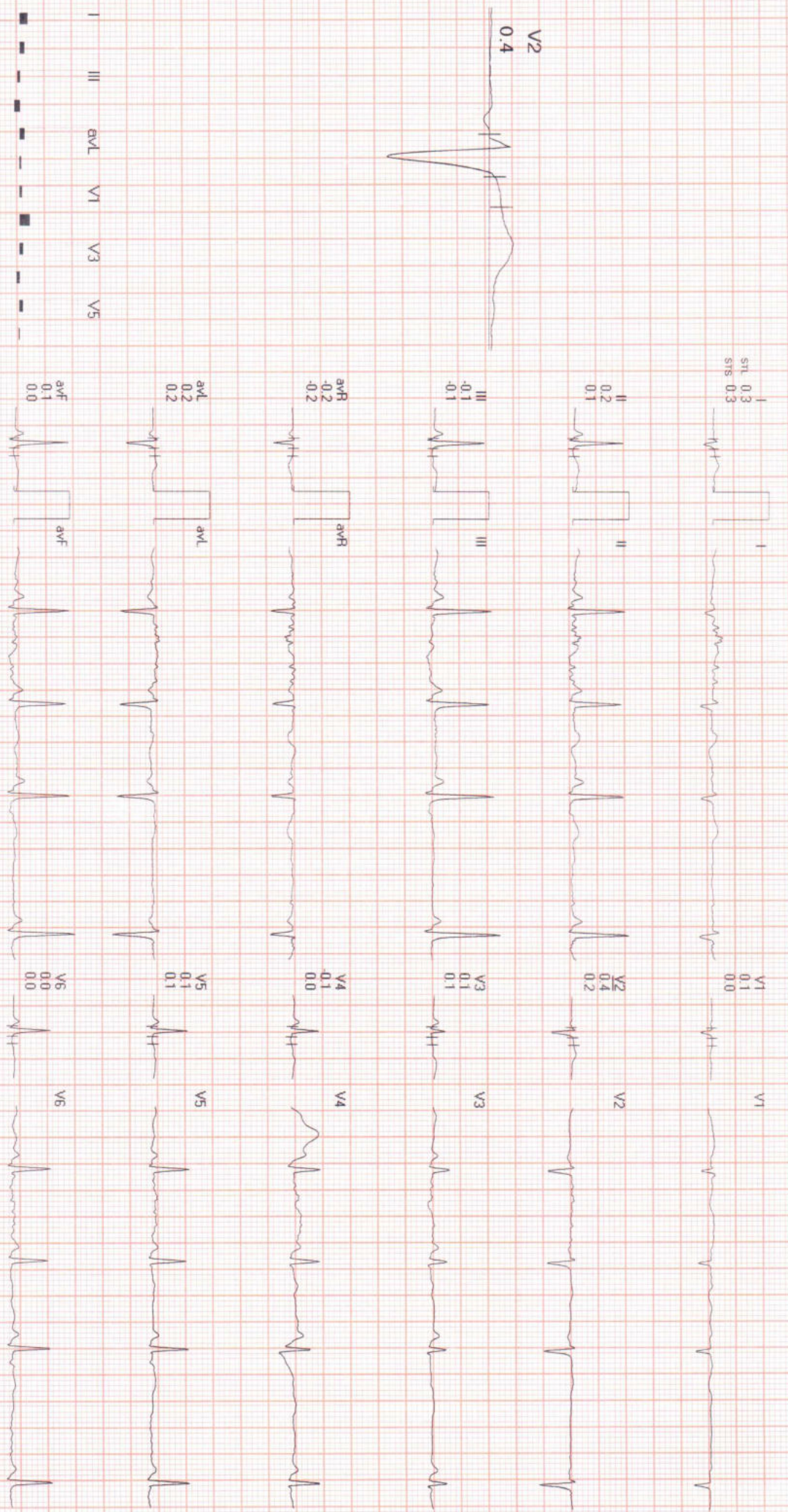
Date: 03 / 04 / 2023 11:08:04 AM

METS: 1.0 / 69 bpm 37% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 108

Date: 03/04/2023 11:08:04 AM METS: 4.7/108 bpm 57% of THR BP-110/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

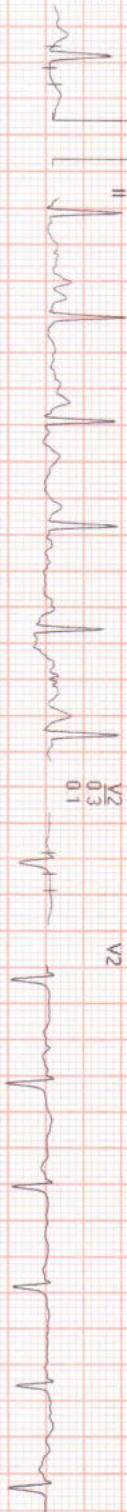
I  
STL 0.4  
STB 0.4

V1  
0.1  
0.3



II  
0.2  
0.8

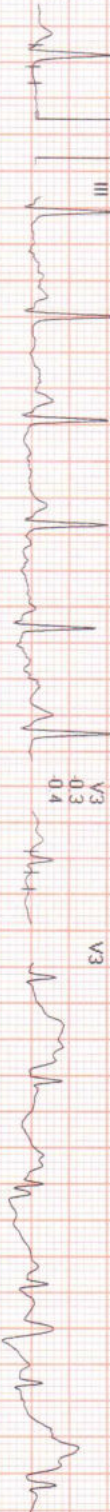
V2  
0.3  
0.1



V2  
0.3

III  
-0.1  
0.4

V3  
0.3  
0.4



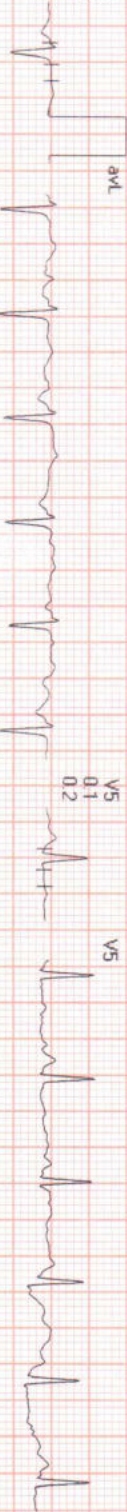
aVR  
-0.3  
-0.6

V4  
0.1  
0.1



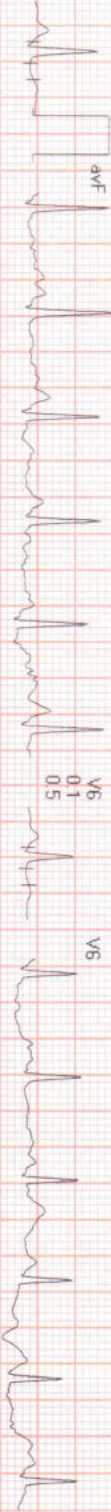
aVL  
0.2  
0.0

V5  
0.1  
0.2



aVF  
0.1  
0.6

V6  
0.1  
0.5



REMARKS:  
II aVR aVF V2 V4 V6





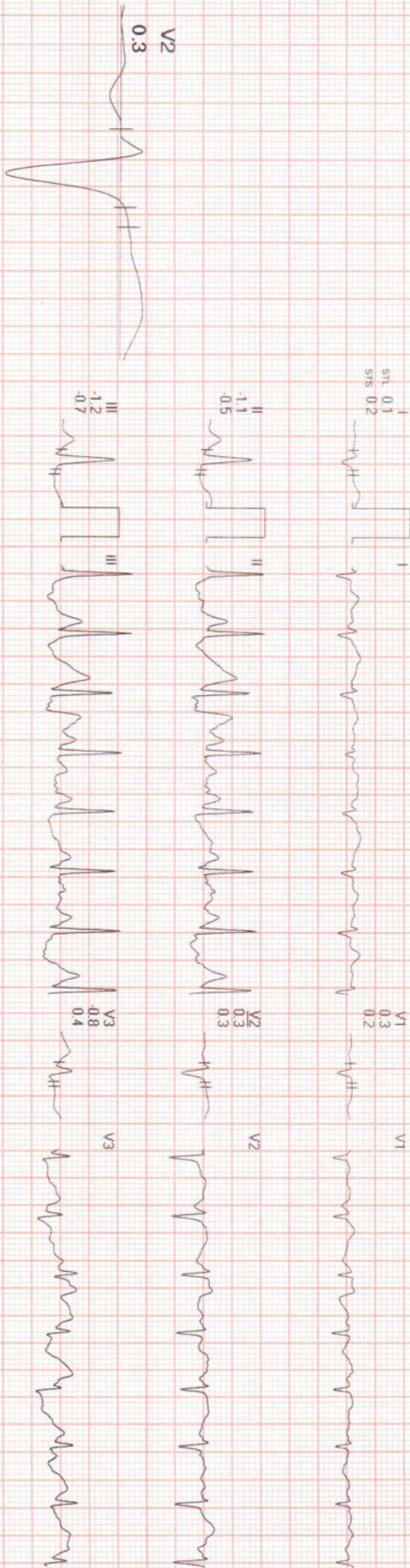
1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 144

Date: 03/04/2023 11:08:04 AM METS: 7.1 / 144 bpm 77% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph, 12.0%

4X 20 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 169

Date: 03 / 04 / 2023 11:08:04 AM

METS: 8.3 / 169 bpm 90% of THR BP: 150/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:06 5.5 Kmph, 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

STL 0.1  
STB 0.9

V1 0.0  
V2 0.0

V1



II 0.9  
III 0.3

V2 0.1  
V3 0.5

V2



III 0.8  
aVL 0.5

V3 1.0  
V4 0.3

V3



aVR 0.4  
aVL 0.7

V4 1.0  
V5 0.9

V4



aVL 0.3  
aVF 0.6

V5 1.1  
V6 0.5

V5



aVF 0.9  
V6 0.1

V6 0.1  
V6 0.5

V6



I III aVL V1 V3 V5  
II aVR aVF V2 V4 V6

REMARKS:





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

Recovery : ( 01:00 )



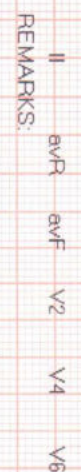
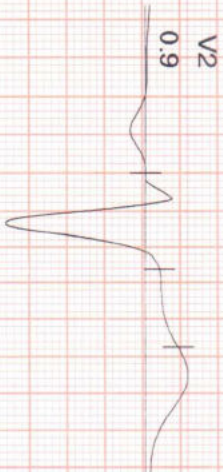
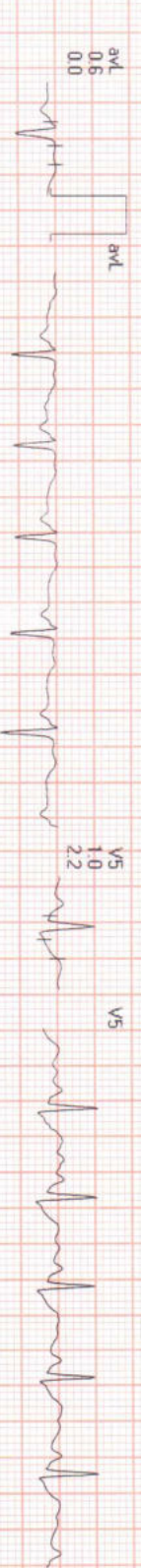
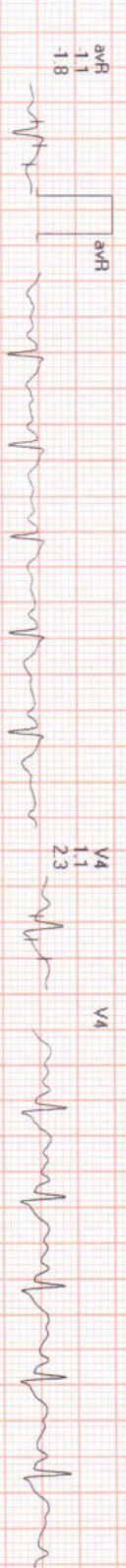
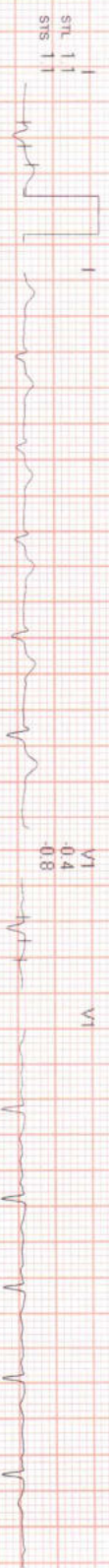
1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR : 118

Date: 03 / 04 / 2023 11:08 04 AM METS: 1 / 1 / 118 bpm 63% of THR BP- 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:06 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:10 )



1418 (2309300240) / NEETU KANWAR / 32 Yrs / F / 162 Cms / 64 Kg / HR 108

Date: 03/04/2023 11:08:04 AM

METS: 1.0/108 bpm 57% of THR

BP: 150/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:06 0.0 Kmph, 0.0%

4X

80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 1.0  
SIS 1.2

V1 0.2  
V1 0.7

V1

II 0.9  
II 2.4

V2 0.5  
V2 0.6

V2

V2 0.9

III -0.1  
III 1.1

V3 0.5  
V3 1.2

V3

aVR -1.0  
aVR -1.8

V4 1.1  
V4 2.1

V4

aVL 0.6  
aVL 0.1

V5 0.9  
V5 2.0

V5

aVF 0.4  
aVF 1.7

V6 0.6  
V6 1.6

V6

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:





CID : 2309300240  
Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 03-Apr-2023 / 08:11  
Reported : 03-Apr-2023 / 11:11

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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	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.87	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	95	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	29.0	20-40 %	
Absolute Lymphocytes	1566.0	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	388.8	200-1000 /cmm	Calculated
Neutrophils	61.6	40-80 %	
Absolute Neutrophils	3326.4	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	91.8	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	27.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	232000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	20.3	11-18 %	Calculated

**RBC MORPHOLOGY**





CID : 2309300240  
Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 03-Apr-2023 / 08:11  
Reported : 03-Apr-2023 / 11:23

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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	87.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	70.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	16.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	7.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	93.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	108	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Enzymatic
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhasakar*

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





CID : 2309300240  
Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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*Bmhasakar*

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



CID : 2309300240  
Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
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**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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	2-3	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	+(>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 insert

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

*Bmhaskar*

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



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Age / Gender : 32 Years / Female  
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Age / Gender : 32 Years / Female  
Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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.

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





CID : 2309300240  
Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	164.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	95.6	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	44.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	19.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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

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





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Name : MRS.NEETU KANWAR  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	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	12.7	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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*Bmhasakar*

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

