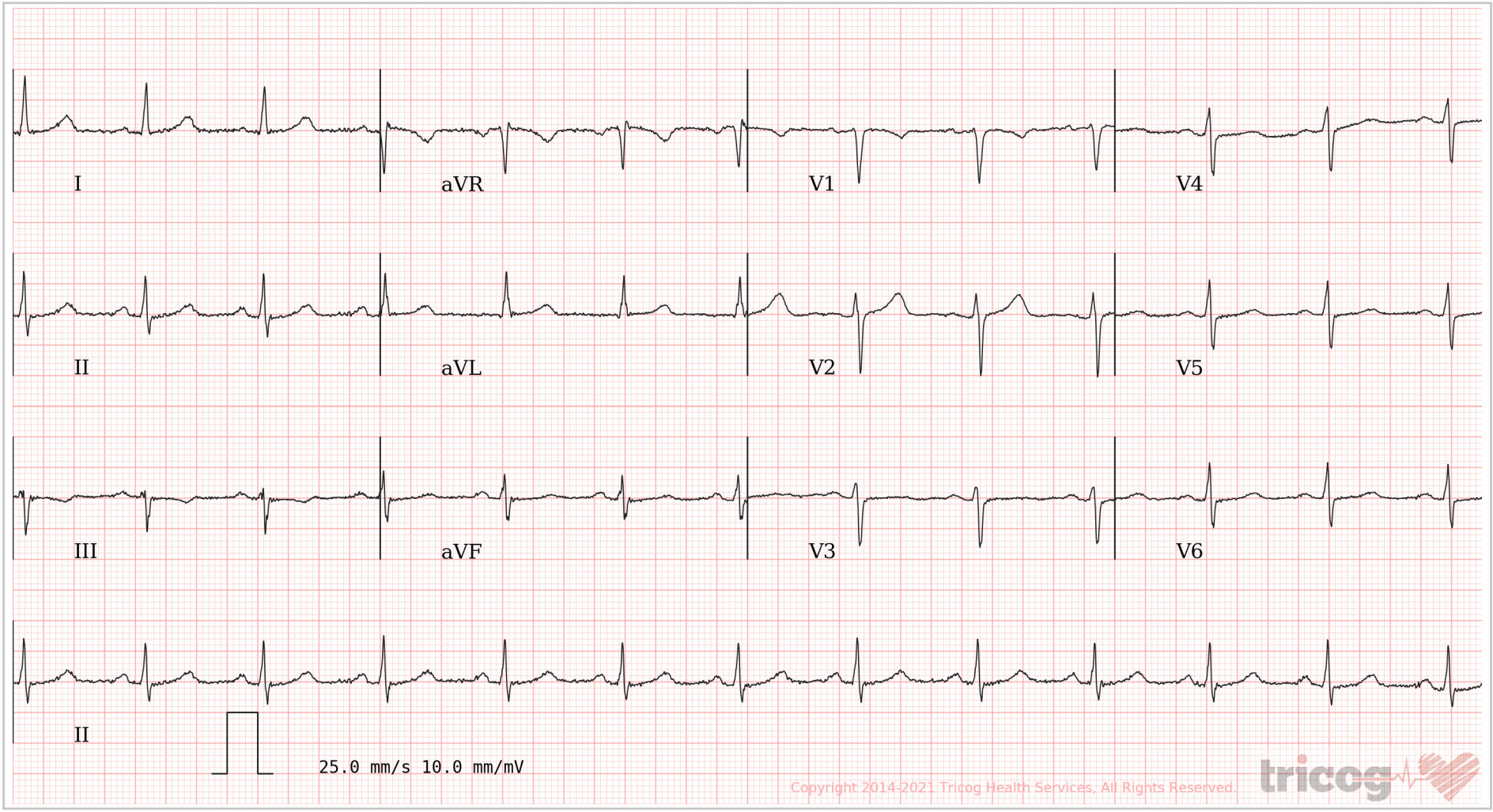
# SUBURBAN DIAGNOSTICS - KANDIVALI EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: JYOTI JAIN
Patient ID: 2129642977

Date and Time: 23rd Oct 21 9:14 AM






Age 37 years 4 months 14 days

Gender **Female**

Heart Rate **77 bpm**

## Patient Vitals

| | |
|---|---|
| BP: | NA |
| Weight: | NA |
| Height: | NA |
| Pulse: | NA |
| Spo2: | NA |
| Resp: | NA |
| Others: | |

## Measurements

| | |
|---|---|
| QSRD: | 86 ms |
| QT: | 400 ms |
| QTc: | 452 ms |
| PR: | 174 ms |
| P-R-T: | 61° -3° 16° |

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

REPORTED BY

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

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

R E P O R T

| | | | |
|---|---|---|---|
| **CID** | **: 2129642977** | | |
| **Name** | **:Mrs Jyoti Jain** | **Reg.Date** | **:23-Oct-2021 / 10:41** |
| **Age / Sex** | **:37 Years/Female** | | |
| **Ref. Dr** | **:** | **Reported** | **:23-Oct-2021 / 11:03** |
| **Reg.Location** | **:Kandivali East Main Centre** | **Printed** | **:23-Oct-2021 / 11:03** |

# USG WHOLE ABDOMEN

**LIVER:**
The liver is mildly enlarged (18 cm), It shows diffuse increased parenchymal echogenecity s/o **fatty liver** .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:**
**Gall bladder is physiologically distended. Numerous small 2 to 4 mm sized mobile calculi along with echogenic sludge are seen in the gall bladder. Wall thickness is within normal limits. There is no evidence of any peri-cholecystic collection. Common bile duct is normal in calibre.There is no evidence of any intrahepatic biliary ducts dilatation.**

**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 11.0 x 4.5 cm. Left kidney measures 10.4 x 4.9 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 anteverted and appears normal.It measures 10.3 x 6.1 x 5.3 cm in size.



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The endometrial thickness is 3.8 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 1.9 cm. Left ovary = 4.4 x 1.9 cm.

**IMPRESSION:-**

***MILD HEPATOMEGALY WITH FATTY LIVER.***
***CHOLELITHIASIS WITHOUT EVIDENCE OF CHOLECYSTITIS.***

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

SUBURBAN DIAGNOSTICS
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| **Age / Sex** | **:37 Years/Female** | | |
| **Ref. Dr** | **:** | **Reported** | **:23-Oct-2021 / 14:56** |
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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.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376



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# REPORT

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| **Consulting Dr.** | : - | **Collected** | : 23-Oct-2021 / 08:41 |
| **Reg. Location** | : Kandivali East (Main Centre) | **Reported** | : 23-Oct-2021 / 12:25 |

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **RBC PARAMETERS** | | | |
| Haemoglobin | **11.4** | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.45 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | **35.3** | 36-46 % | Measured |
| MCV | **79** | 80-100 fl | Calculated |
| MCH | **25.6** | 27-32 pg | Calculated |
| MCHC | 32.2 | 31.5-34.5 g/dL | Calculated |
| RDW | **14.2** | 11.6-14.0 % | Calculated |
| **WBC PARAMETERS** | | | |
| WBC Total Count | 6600 | 4000-10000 /cmm | Elect. Impedance |
| **WBC DIFFERENTIAL AND ABSOLUTE COUNTS** | | | |
| Lymphocytes | 32.8 | 20-40 % | |
| Absolute Lymphocytes | 2164.8 | 1000-3000 /cmm | Calculated |
| Monocytes | 3.3 | 2-10 % | |
| Absolute Monocytes | 217.8 | 200-1000 /cmm | Calculated |
| Neutrophils | 57.9 | 40-80 % | |
| Absolute Neutrophils | 3821.4 | 2000-7000 /cmm | Calculated |
| Eosinophils | 5.8 | 1-6 % | |
| Absolute Eosinophils | 382.8 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | **13.2** | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

| | | | |
|---|---|---|---|
| **PLATELET PARAMETERS** | | | |
| Platelet Count | 298000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.9 | 6-11 fl | Calculated |
| PDW | 12.0 | 11-18 % | Calculated |
| **RBC MORPHOLOGY** | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |
| Macrocytosis | - | | |

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

**Specimen:** EDTA Whole Blood

| | | | |
|---|---|---|---|
| ESR, EDTA WB-ESR | 16 | 2-20 mm at 1 hr. | Westergren |

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

*** End Of Report ***

MC-2111

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

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 95.3 | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 105.0 | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.18 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.11 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | **0.07** | 0.1-1.0 mg/dl | Calculated |
| SGOT (AST), Serum | 17.1 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 20.8 | 5-33 U/L | NADH (w/o P-5-P) |
| ALKALINE PHOSPHATASE, Serum | 94.9 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | **12.6** | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | **5.9** | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.78 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 88 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 3.9 | 2.4-5.7 mg/dl | Enzymatic |

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

## GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| 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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| **Reg. Location** | : Kandivali East (Main Centre) | **Reported** | : 23-Oct-2021 / 15:34 |

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 20 | - | - |
| **CHEMICAL EXAMINATION** | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| **MICROSCOPIC EXAMINATION** | | | |
| Leukocytes(Pus cells)/hpf | **8-10** | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 2-3 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | ++ | Less than 20/hpf | |
| Others | - | | |

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*** End Of Report ***

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Pathologist

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

| PARAMETER | RESULTS |
|---|---|
| ABO GROUP | B |
| Rh TYPING | POSITIVE |

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

**Specimen:** EDTA Whole Blood and/or serum

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

**Limitations:**

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

**Refernces:**

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

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| CHOLESTEROL, Serum | 179.2 | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | **187.4** | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 42.3 | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | **136.9** | 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 | 100.0 | 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 | Calculated |
| VLDL CHOLESTEROL, Serum | **36.9** | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.2 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.4 | 0-3.5 Ratio | Calculated |

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### THYROID FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| Free T3, Serum | 4.1 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.9 | 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 | 1.12 | 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 |

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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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

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

*** End Of Report ***

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