

# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**Name:** SUREKHA PATIL      **Age:** 38      **Gender:** F      **Height:** 158 cms      **Weight:** 55 Kg      **ID:** 2234420581  
**Date:** 10-12-2022      **Time:** 12:45

**Clinical History:** NIL  
**Medications:** NIL

### Test Details:

**Protocol:** Bruce      **Predicted Max HR:** 182      **Target HR:** 154  
**Exercise Time:** 0:04:27      **Achieved Max HR:** 163 (90% of Predicted MHR)  
**Max BP:** 160/70      **Max BP x HR:** 26080      **Max Mets:** 5.2

**Test Termination Criteria:** TEST COMPLETE

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope m/Vs
Supine	00:16	1	0	0	65	140/70	9100	0.4 V3	0.5 aVF
Standing	00:18	1	0	0	94	140/70	13160	1.6 aVR	-0.2 I
Hyper Ventilation	00:14	1	0	0	71	140/70	9940	0.5 aVR	0.4 III
Pre Test	00:16	1	1.6	0	90	140/70	12600	3.2 V6	-2.1 V1
Stage: I	03:00	4.7	2.7	10	145	160/70	23200	-2 II	-1.7 aVR
Peak Exercise	01:27	5.2	4	12	163	160/70	26080	-5.3 V5	-1.2 aVR
Recovery1	01:00	1	0	0	119	150/70	17850	0.9 V2	0.6 V5
Recovery2	01:00	1	0	0	88	150/70	13200	0.4 V1	0.3 V4

### Interpretation

The Patient Exercised according to Bruce Protocol for 0:04:27 achieving a work level of 5.2 METS.  
 Resting Heart Rate, initially 65 bpm rose to a max. heart rate of 163bpm (90% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 140/70 mmHg, rose to a maximum Blood Pressure of 160/70 mmHg.  
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**Regd. Office:-**  
 SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
 2nd Floor, Aston, Sundervan Complex,  
 Lekhandwala Road, Andheri (West),  
 Mumbai-400053.

**DR. NITIN SONAVANE**  
 M.B.B.S.A.F.L.H. D.DIAB. D.CARD.  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. ~~87714~~ 87714  
**Doctor: DR. NITIN SONAVANE**

**SCHILLER**  
 The Art of Diagnostics

(Summary Report edited by User)  
 Spandan CS-20 Version:2.14.0



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2234420581

Stage: Supine

Date: 10-12-2022

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:16

THR: 154 bpm

**HR: 65 bpm**

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

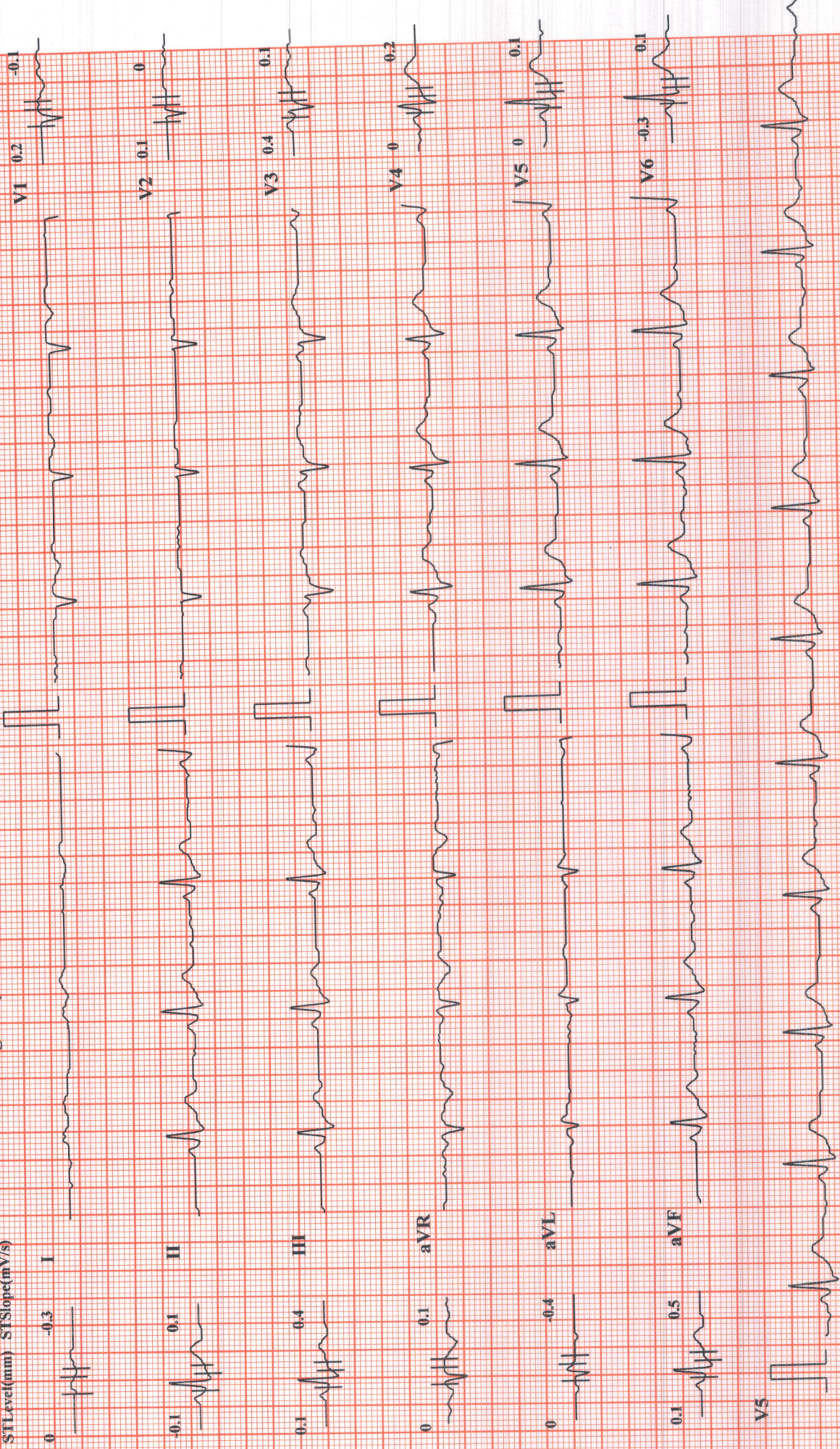


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2234420581

Date: 10-12-2022

Stage: Standing

Exec Time : 0:00:00

Slope: 0 %

Stage Time: 00:18

THR: 154 bpm

**HR: 94 bpm**

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

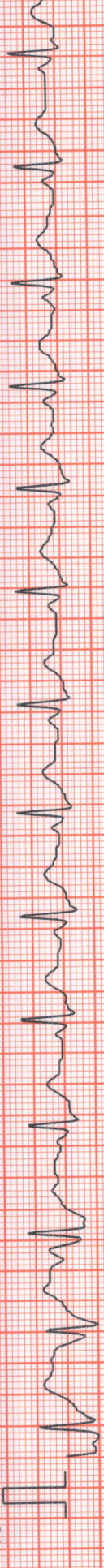
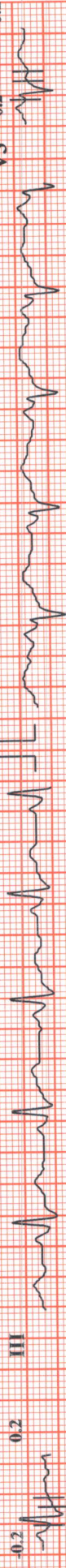
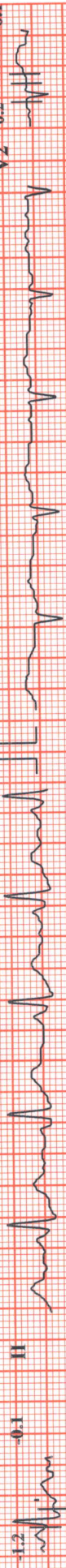
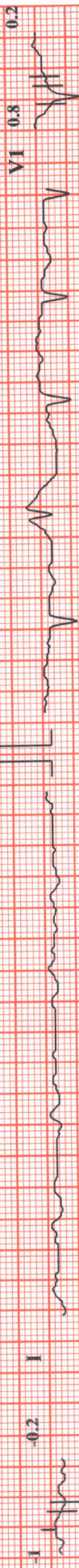


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

**HR: 71 bpm**

BP: 140/70 mmHg  
STLevel(mm) STSlope(mV/s)

Exec Time : 0:00:00  
Stage: Hyper-Ventilation  
Slope: 0 %

Date: 10-12-2022  
Speed: 0

Stage Time: 00:14  
TTHR: 154 bpm

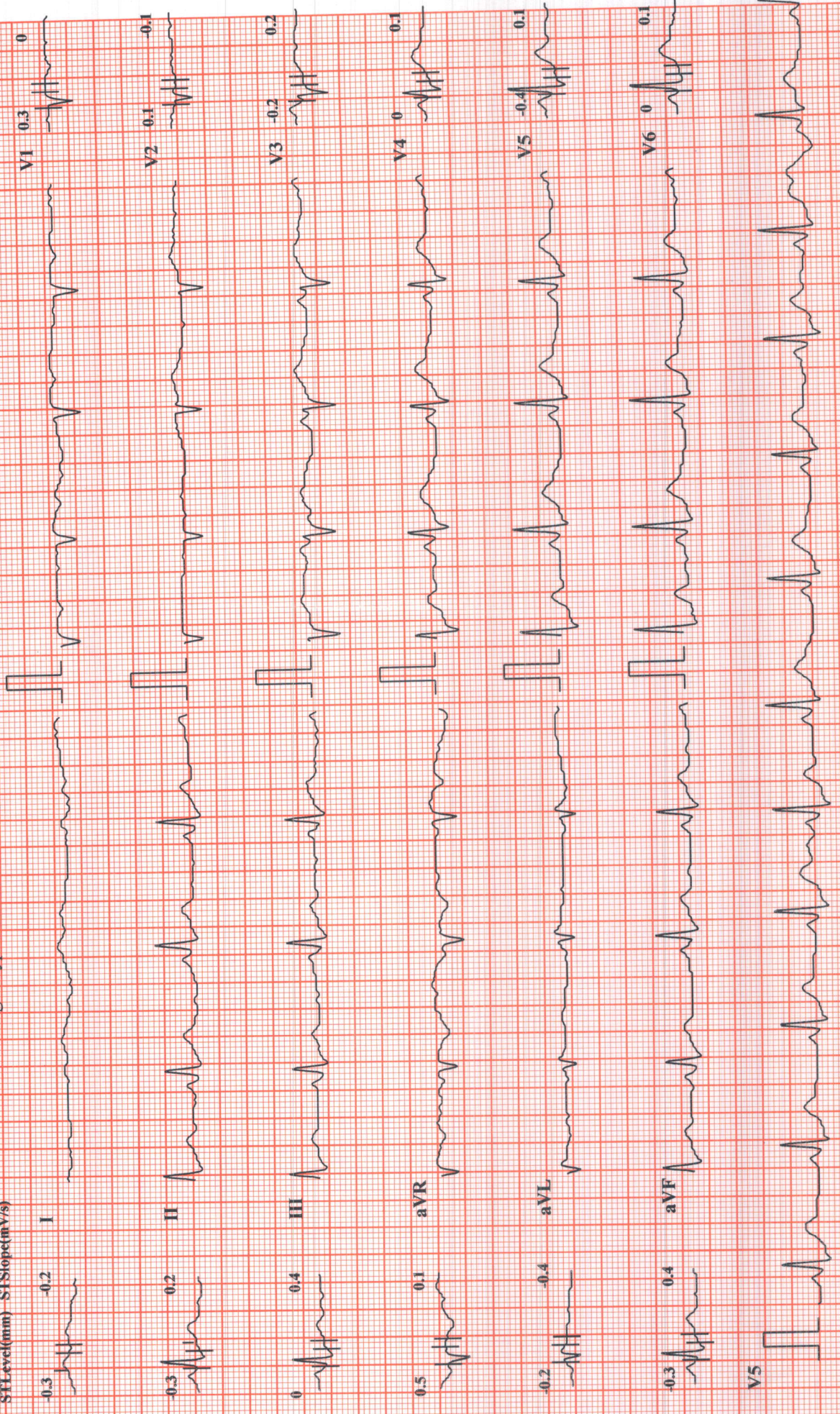


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post. J = J + 60 ms



**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**SUREKHA PATHI**

Brace Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2234420581

Stage: I

Date: 10-12-2022

Speed: 2.7 kmph

Exec Time : 0:03:00

Slope: 1.0 %

Stage Time: 03:00

THR: 154 bpm

**HR: 145 bpm**

BP: 160/70 mmHg

STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post.J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2234420581

Date: 10-12-2022

Stage: 2 Peak Exercise

Slope: 12.2%

Stage Time: 01:27

THR: 154 bpm

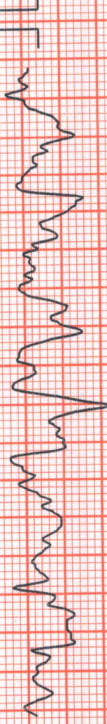
**HR: 163 bpm**

BP: 160/70 mmHg

STLevel(mm) STSlope(mV/s)

0.4

I



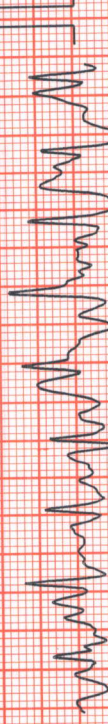
-0.8

V1



0.6

II



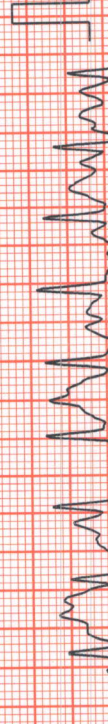
0.3

V2



0.6

III



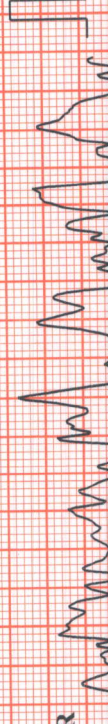
-0.2

V3



-1.2

aVR



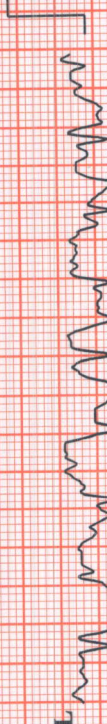
0.9

V4



0

aVL



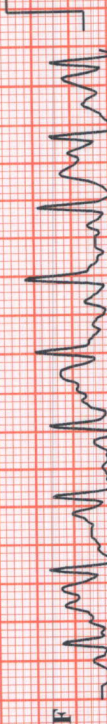
0.6

V5



0.8

aVF



0.9

V6



V5

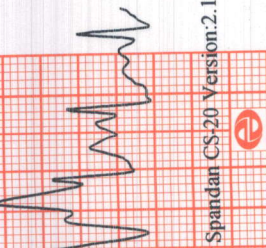
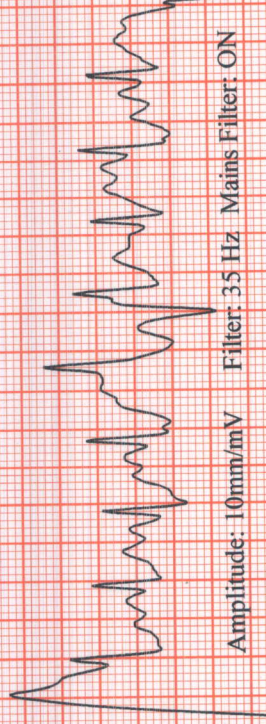


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

**HR: 151 bpm**

BP: 170/70 mmHg  
STLevel(mm) STSlope(mV/s)

Date: 10-12-2022  
Exec Time : 00:00  
Stage Time: 00:27  
THR: 154 bpm  
Slope: 0 %

ID: 2234420581  
Stage: Recovery1  
Speed: 0 kmph

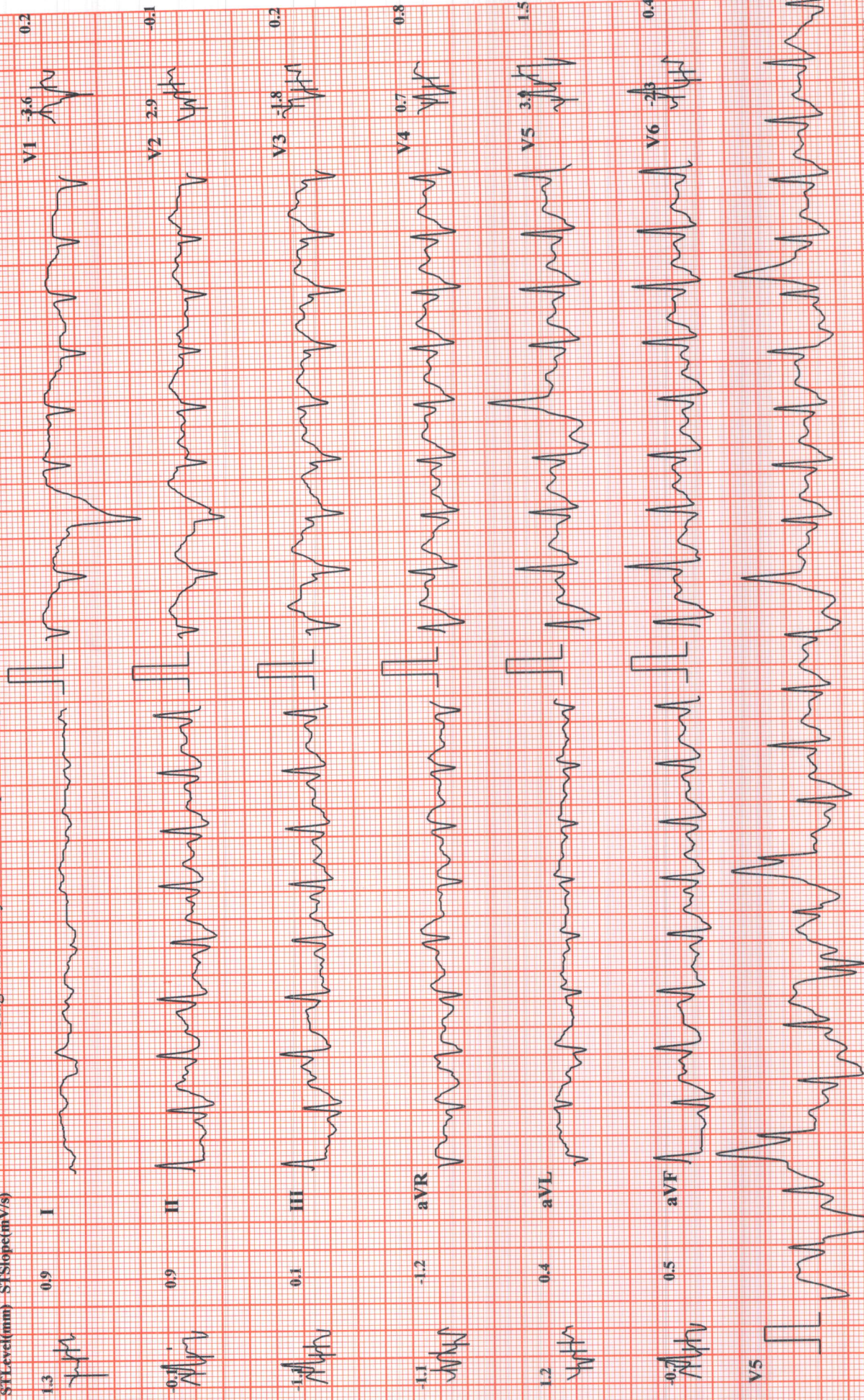


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post.J = J + 60 ms



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

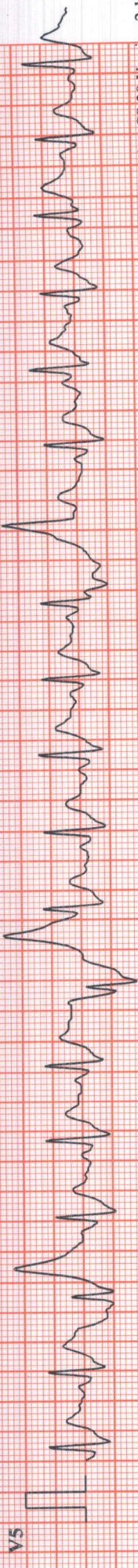
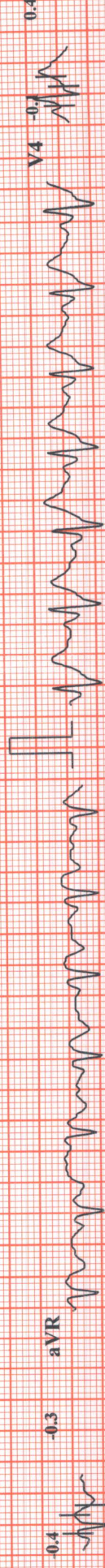
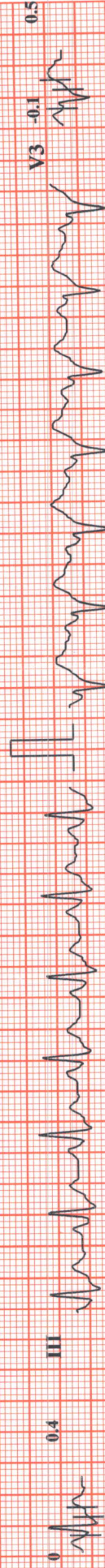
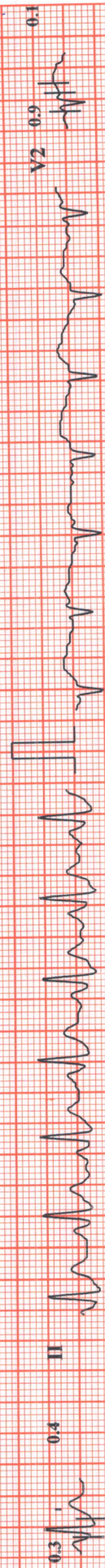
**HR: 119 bpm**  
BP: 150/70 mmHg  
STLevel(mm) STSlope(mV/s)

Stage Time: 01:00  
THR: 154 bpm

Date: 10-12-2022  
Speed: 0 kmph

**SUREKHA PATIL**  
Bruce Protocol

Exec Time : 00:00  
Slope: 0 %





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2234420581

Stage: Recovery2

Date: 10-12-2022

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 01:00

THR: 154 bpm

**HR: 88 bpm**

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

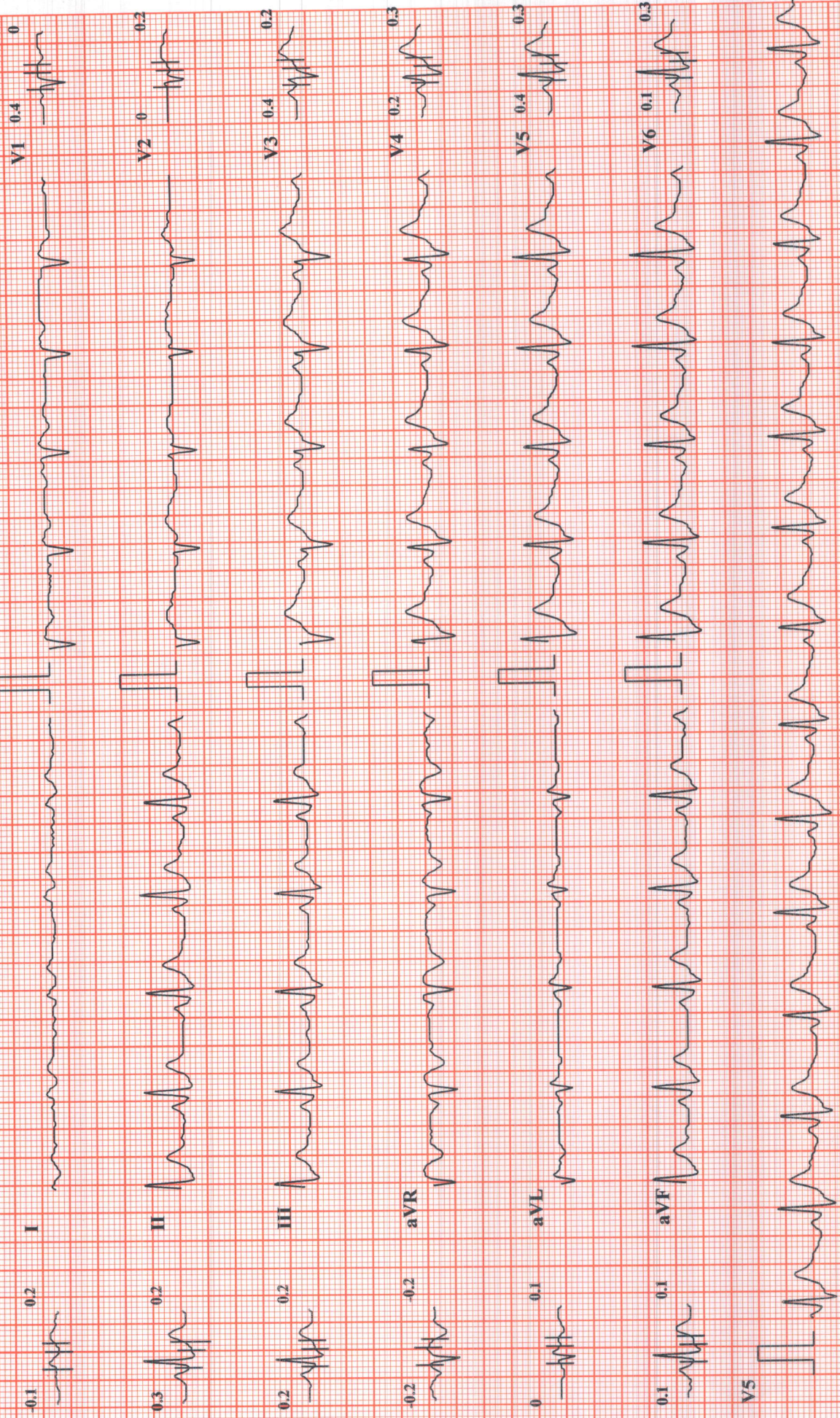


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post. J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2234420581

Stage: Recovery3

Date: 10-12-2022

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:22

THR: 154 bpm

**HR: 85 bpm**

BP: 140/70 mmHg

STLevel(mm) STISlope(mV/s)

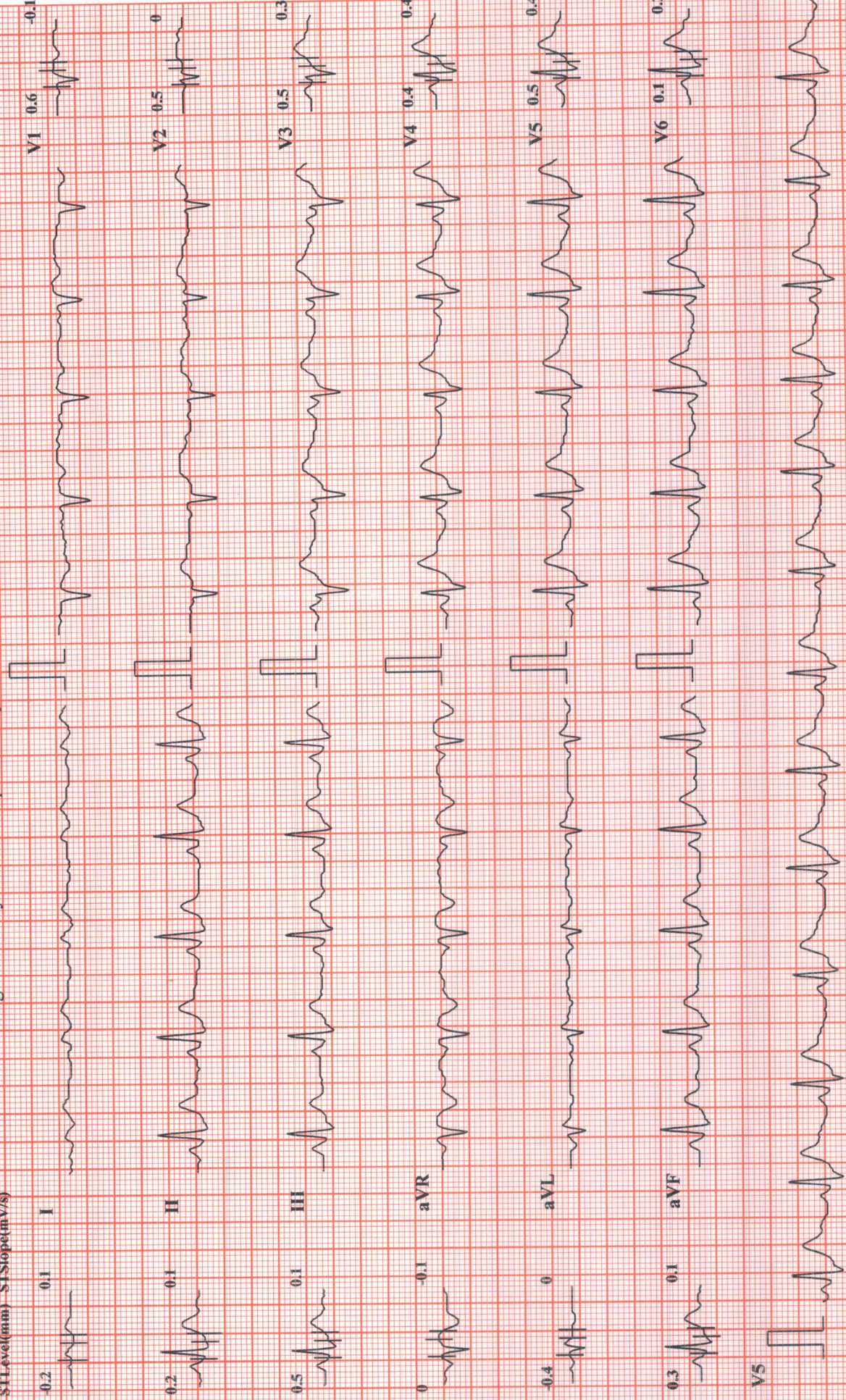


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version:2.14



# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**SUREKHA PATIL**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2254420581

Stage: Recovery3

Date: 10-12-2022

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:35

THR: 154 bpm

**HR: 87 bpm**

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

-0.3

I

0.1

0.1

II

0.2

0.2

III

-0.1

-0.1

aVR

-0.4

-0.1

aVL

0.2

0.2

aVF

0.3

0

V1

0

0

V2

0.4

0.4

V3

0.2

0.2

V4

0

0.1

V5

-0.2

0.2

V6

V5

V5

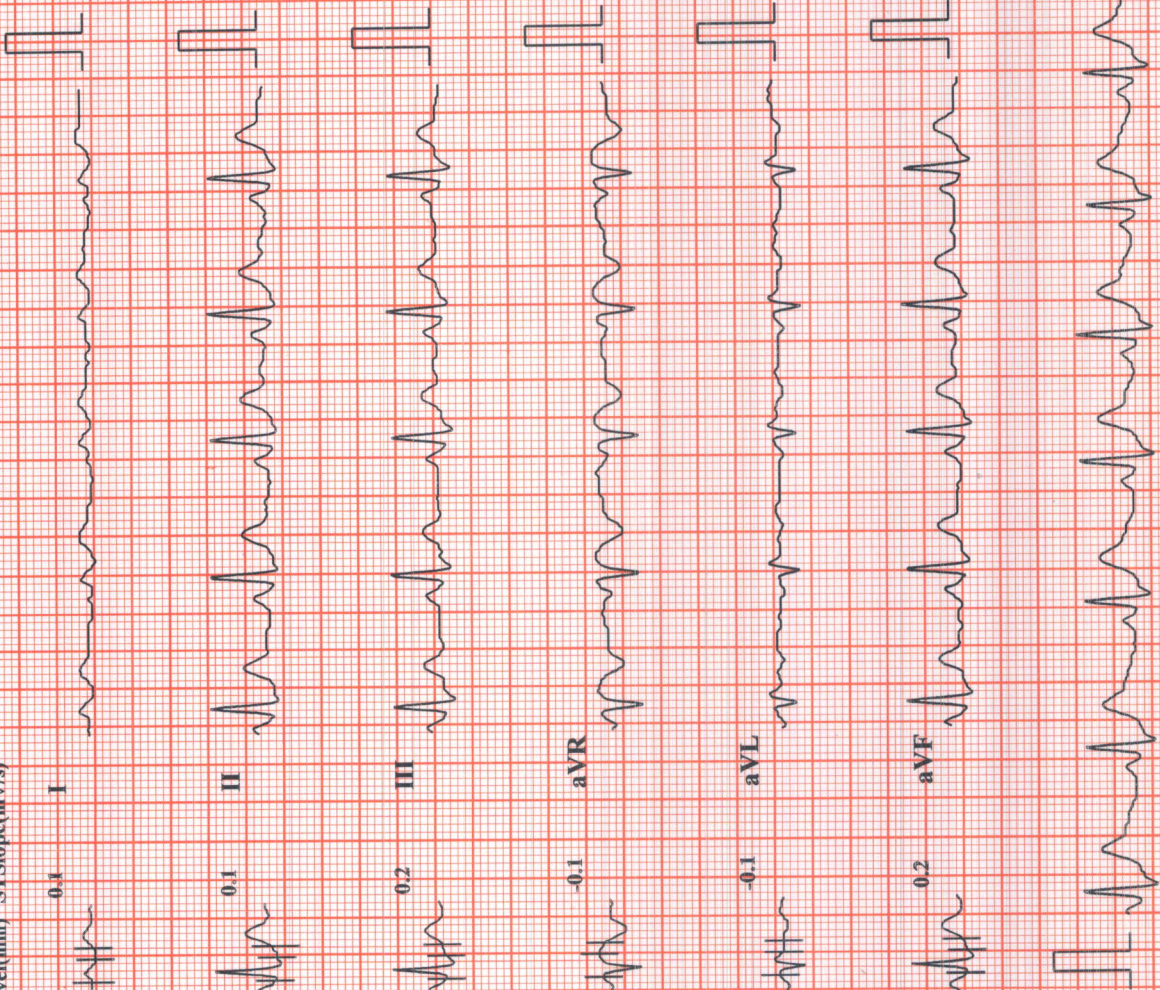


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





भारतीय विशिष्ट पहचान प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

नामांकन क्रम / Enrollment No.: 1207/24973/00724

To  
सुरेखा हेमंत पाटील  
Surekha Hemant Patil  
W/O: Hemant Patil  
manor road  
Near Sadi company Virendra nagar palghar  
Palghar  
Palghar Thane  
Maharashtra 401404  
8087134684

23/11/2013  
78167660



MN781676606FT



आपका आधार क्रमांक / Your Aadhaar No. :

**2443 4599 6717**

आधार - आम आदमी का अधिकार



भारत सरकार

Government of India



सुरेखा हेमंत पाटील  
Surekha Hemant Patil  
जन्म तिथि / DOB : 01/12/1984  
महिला / Female



**2443 4599 6717**

आधार - आम आदमी का अधिकार

Regd. Office:-

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
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Mumbai-400053.

*S. Nitin*

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



Date:- 10/12/2022

CID: 2234420581

Name:- Sushelha patil

Sex / Age: F / 37y

**EYE CHECK UP**

Chief complaints:

/ Nil

Systemic Diseases:

Past history:

/ Nil

Unaided Vision:

Rh                      Ll

Aided Vision:

6/6                      6/6

Refraction:

NIG                      NIG

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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



CID# : 2234420581

Name : MRS.SUREKHA PATIL

Age / Gender : 38 Years/Female

Consulting Dr. : -

Collected : 10-Dec-2022 / 10:09

Reg.Location : Borivali West (Main Centre)

Reported : 12-Dec-2022 / 08:34

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 158cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 140/70mmhg  
Pulse: 74/min

Weight (kg): 55kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Not palpable

### Systems

Cardiovascular: S1S2 audible  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

### IMPRESSION:

### ADVICE:

### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |



CID# : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years/Female  
Consulting Dr. : -  
Reg.Location : Borivali West (Main Centre)

Collected : 10-Dec-2022 / 10:09  
Reported : 12-Dec-2022 / 08:34

- |  |    |
|--|----|
| 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       | Mix |
| 4) Medication | No  |

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

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD NO : 87714  
Dr.NITIN SONAVANE  
PHYSICIAN





CID : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 10-Dec-2022 / 10:14  
Reported : 10-Dec-2022 / 13:12

**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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.63	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5080	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.1	20-40 %	
Absolute Lymphocytes	1935.5	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	299.7	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	2738.1	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	101.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	226000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	15.6	11-18 %	Calculated





CID : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 10-Dec-2022 / 10:14  
Reported : 10-Dec-2022 / 12:24

**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-20 mm at 1 hr. Sedimentation

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



*J. Thakker*

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





CID : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code

Collected : 10-Dec-2022 / 10:14  
Reported : 10-Dec-2022 / 14:15

**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	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.84	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.61	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.8	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.4	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
GAMMA GT, Serum	16.9	<38 U/L	Modified IFCC





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Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
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Kindly note change in Ref range and method w.e.f.11-07-2022

ALKALINE PHOSPHATASE, Serum 52.4 46-116 U/L Modified IFCC

Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum 18.6 19.29-49.28 mg/dl Calculated

Kindly note change in Ref range and method w.e.f.11-07-2022

BUN, Serum 8.7 9.0-23.0 mg/dl Urease with GLDH

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum 0.6 0.51-0.95 mg/dl Enzymatic  
eGFR, Serum 119 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 5.1 3.1-7.8 mg/dl Uricase/ Peroxidase

Kindly note change in Ref range and method w.e.f.11-07-2022

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 : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 Years / Female  
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Reg. Location : Borivali West (Main Centre)

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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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\*\*\* End Of Report \*\*\*



*Dr. Leena Salunkhe*  
**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**





CID : 2234420581  
Name : MRS.SUREKHA PATIL  
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Reported : 10-Dec-2022 / 15:46

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
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)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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



MC-2111

*J. Thakker*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Negative

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

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



*L. C. Subur...*  
**Dr. LEENA SALUNKHE**  
M.B.B.S, DPB (PATH)  
Pathologist





CID : 2234420581  
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Age / Gender : 38 Years / Female  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	197.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	179.2	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	35.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	162.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	126.9	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	35.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Dr. Vrushi Shroff*  
**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist





CID : 2234420581  
Name : MRS.SUREKHA PATIL  
Age / Gender : 38 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	5.4	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	15.4	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	3.715	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			





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



*Dr. Vrushi Shroff*  
**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist





**CID** : 2234420581  
**Name** : Mrs SUREKHA PATIL  
**Age / Sex** : 38 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 10-Dec-2022  
**Reported** : 10-Dec-2022 / 14:34

## USG WHOLE ABDOMEN

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

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is 9.5 mm normal. **CBD:** CBD is 3.4 mm normal.

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

**KIDNEYS:** Right kidney measures 9.2 x 3.0 cm. Left kidney measures 9.3 x 4.3 cm. Both kidneys are normal in 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 anteverted, normal and measures 5.0 x 2.5 x 4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 7.1 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture.  
The right ovary measures 2.1 x 1.6 cm .  
The left ovary measures 2.1 x 1.4 cm .

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022121010101090>



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Age / Sex : 38 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 10-Dec-2022  
Reported : 10-Dec-2022 / 14:34

**Opinion:**

- No significant abnormality is detected.

**For clinical correlation and follow up.**

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

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

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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-----

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

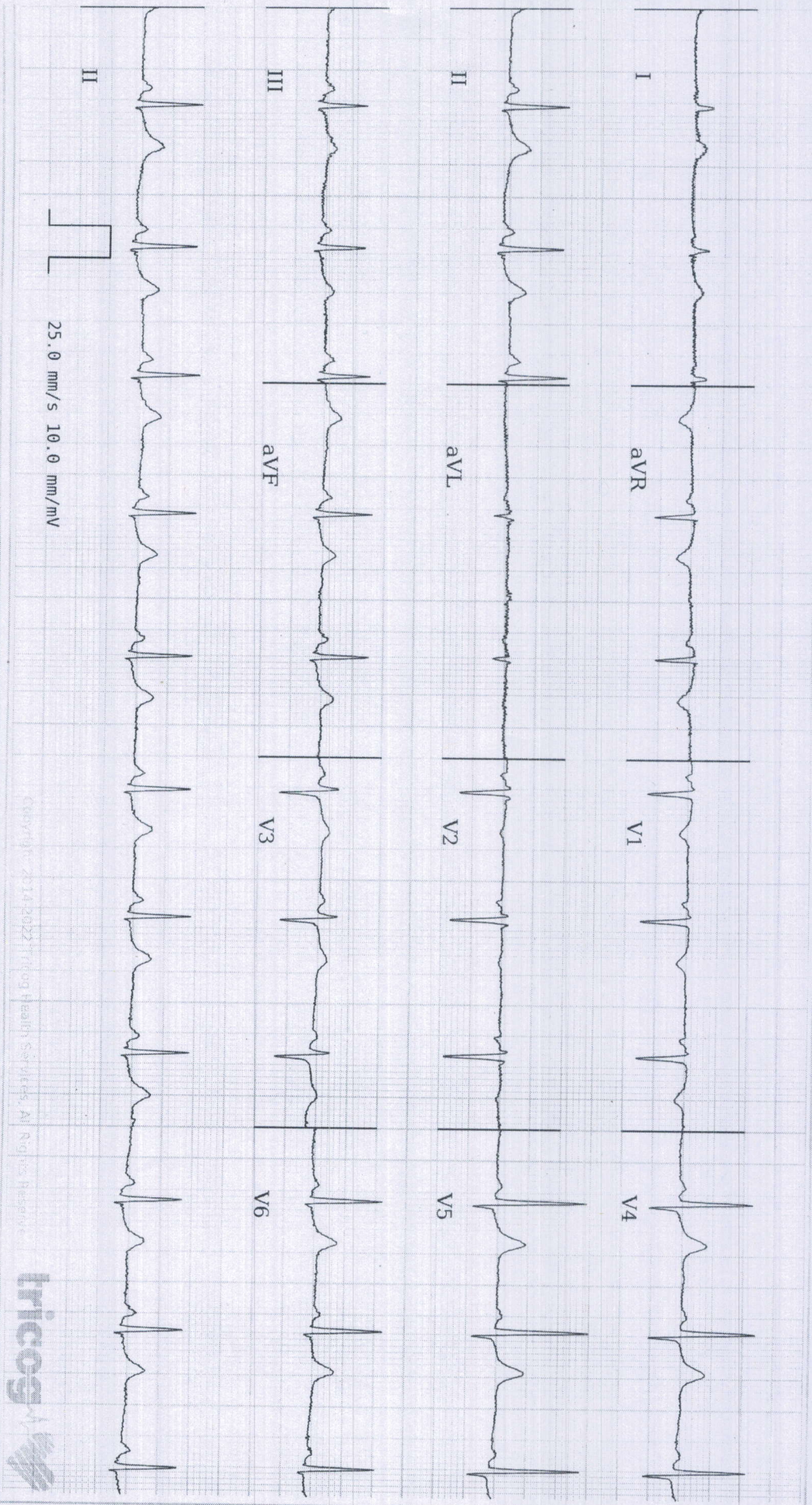
**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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Patient Name: SUREKHA PATIL  
Patient ID: 2234420581

**SUBURBAN DIAGNOSTICS - BOKRIWALI WEST**  
Date and Time: 10th Dec 22 11:35 AM



Age **38** 10 29  
years months days

Gender **Female**

Heart Rate **68bpm**

Patient Vitals

BP: 140/70 mmHg

Weight: 55 kg

Height: 158 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 76ms  
QT: 396ms  
QTc: 421ms  
PR: 128ms  
P-R-T: 75° 72° 61°

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

Regd. Office:-

**SUBURBAN DIAGNOSTICS INDIA PVT. LTD.**  
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Lokhandwala Road, Andheri (West),  
Mumbai-400053.

REPORTED BY

Dr. Nisha Sonawane  
M.B.B.S., A.F.I.C., D.D.I.A.B.D. CARD  
Consultant Cardiologist  
87714



Disclaimer: This report is based on ECG above 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. All Patient Vitals are as entered by the clinician and not derived from the ECG.