



Use a QR Code Scanner
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CID : 2228120657
Name : Mrs TALODIYA MANISHA
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/11:32

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size(15.1 cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder- partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen – Appears normal in size (cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney - 9.6 x 4.7 cm, Left kidney – 9.4 x 4.7 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. Tiny papillary concretions are noted in both the kidneys. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

UTERUS & OVARIES- The uterus is 69 x 50 x 37 anteverted and appears normal. The endometrial thickness is 8.8 mm. Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen. Right ovary = 25 x 20 mm MSF Left ovary = 31 x 24 mm. MSF
No free fluid in abdomen and pelvis. Visualized bowel loops are gaseously distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

- **No significant sonological abnormality detected.**

Advice – Clinical correlation and further evaluation if clinically indicated.

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

This report is prepared and physically checked by before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064



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CID : 2228120657
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Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/11:03

X-RAY CHEST PA VIEW

Both lung fields show bronchovascular prominence.
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:

- **Normal CXR.**

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

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Reg. Location : Pimple Saudagar, Pune (Main Centre)

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Reported : 08-Oct-2022 / 15:03

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	10.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.1	36-46 %	Measured
MCV	70	80-100 fl	Calculated
MCH	21.2	27-32 pg	Calculated
MCHC	30.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7270	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.0	20-40 %	
Absolute Lymphocytes	2471.8	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	530.7	200-1000 /cmm	Calculated
Neutrophils	40.7	40-80 %	
Absolute Neutrophils	2958.9	2000-7000 /cmm	Calculated
Eosinophils	16.7	1-6 %	
Absolute Eosinophils	1214.1	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	94.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	635000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia +
Microcytosis +
Macrocytosis -
Anisocytosis Mild
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Platelets increased on smear.

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB 24 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab

*** End Of Report ***



Shruti Ramteke

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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T

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	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.06	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	8.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	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 Pune Baner Balewadi Lab
*** End Of Report ***



Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



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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	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.9	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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

*** End Of Report ***



Dr. Shamla Kulkarni

Dr.SHAMLA KULKARNI
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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.001	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Dr. Shamla Kulkarni

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MD (PATH)
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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 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.3	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	36.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	109.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.5	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.7	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



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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:

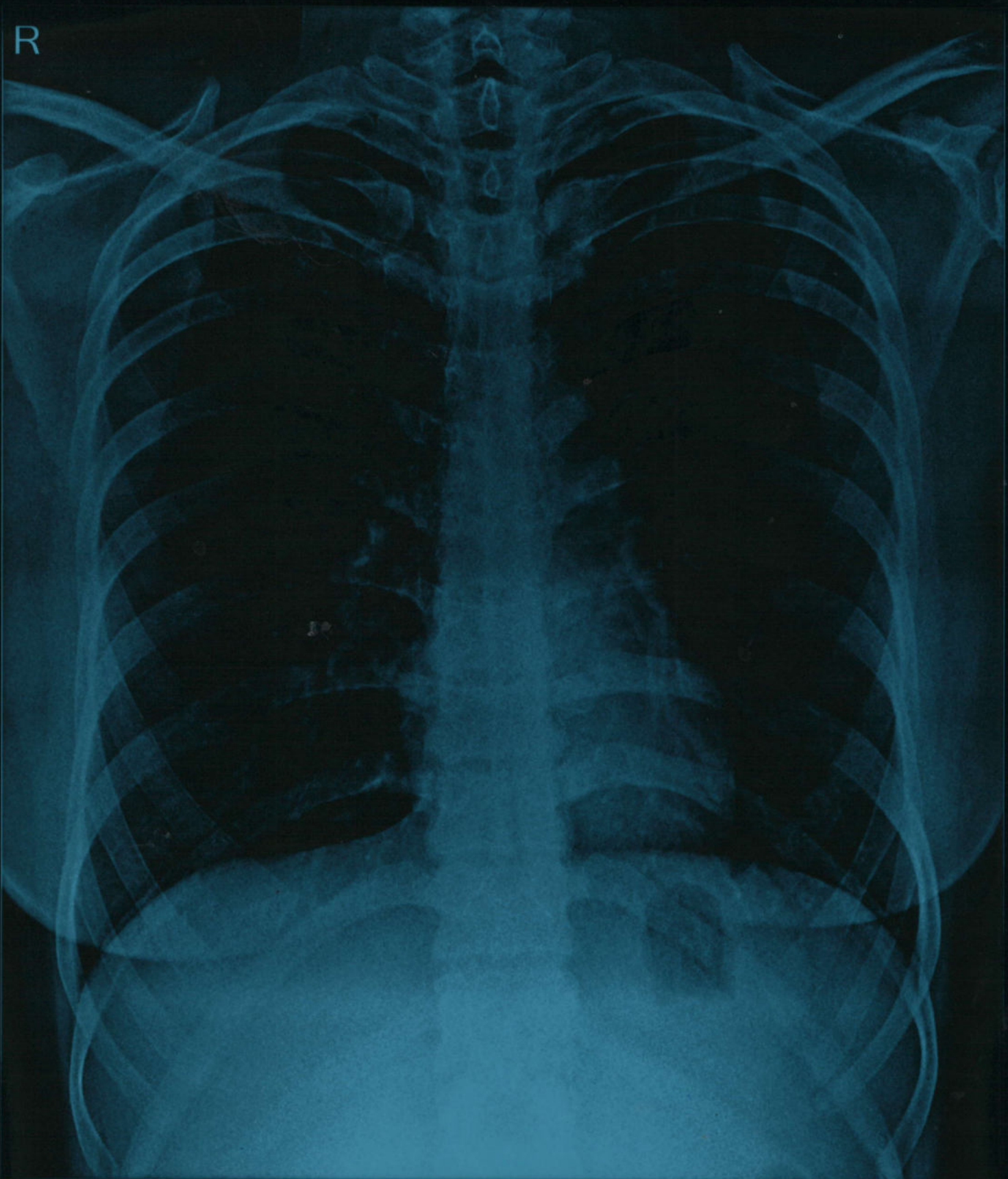
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles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

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*** End Of Report ***

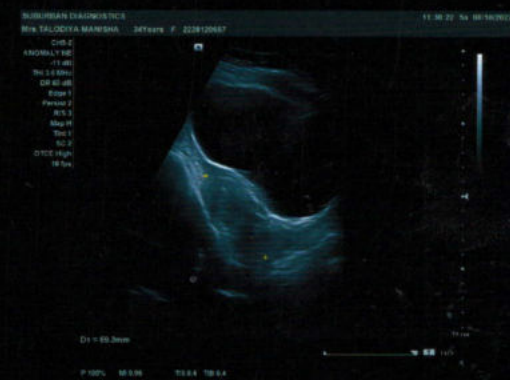
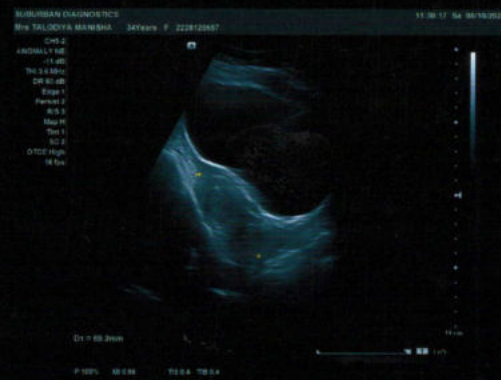


Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

R



Mrs TALODIYA MANISHA F 034Y 2228120657 CHEST PA 10/8/2022
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR



Manisha To ladiya
SH / F

PHY2.

8.10.22

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History and Complaints:

NTL

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	62	BMI
Temp (0c):	Afebrile	Skin:	Normal	} <i>yes</i>
Blood Pressure (mm/hg):	100/70	Nails:	Healthy	
Pulse:	74	Lymph Node:	Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

} *yes*

IMPRESSION:

HT
HTN - 6.5% .

ADVICE:

Diet + regular exercise

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD:
- 3) Arrhythmia:
- 4) Diabetes Mellitus :
- 5) Tuberculosis :
- 6) Asthama: x 20 years. ↑ in winter.
- 7) Pulmonary Disease :

} *NTL.*

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

8) CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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9)	Nervous disorders :	} NIL
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	LSCS x 1

PERSONAL HISTORY:

1)	Alcohol	No.
2)	Smoking	5
3)	Diet	Mixed
4)	Medication	NIL

Krutika Ingle

Dr. KRUTIKA INGLE
 MBBS, D.DM, PG in Diabetology (USA)
 MMC Regd - 2012 103018

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Authenticity Check



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X-RAY CHEST PA VIEW

Both lung fields show bronchovascular prominence.
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:

- Normal CXR.

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Dr. Divya Chaudhary
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DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

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CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053 | Phone: 022-6170-0000

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Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | Ophthalmology | Stress Test/TMT | 2D Echo | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

R
E
P
O
R
T

Date:- 8/10/22
Name:- Manisha Talsdiya

CID:
Sex / Age: 34 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

3 NIL
MA
3 corrected to specs

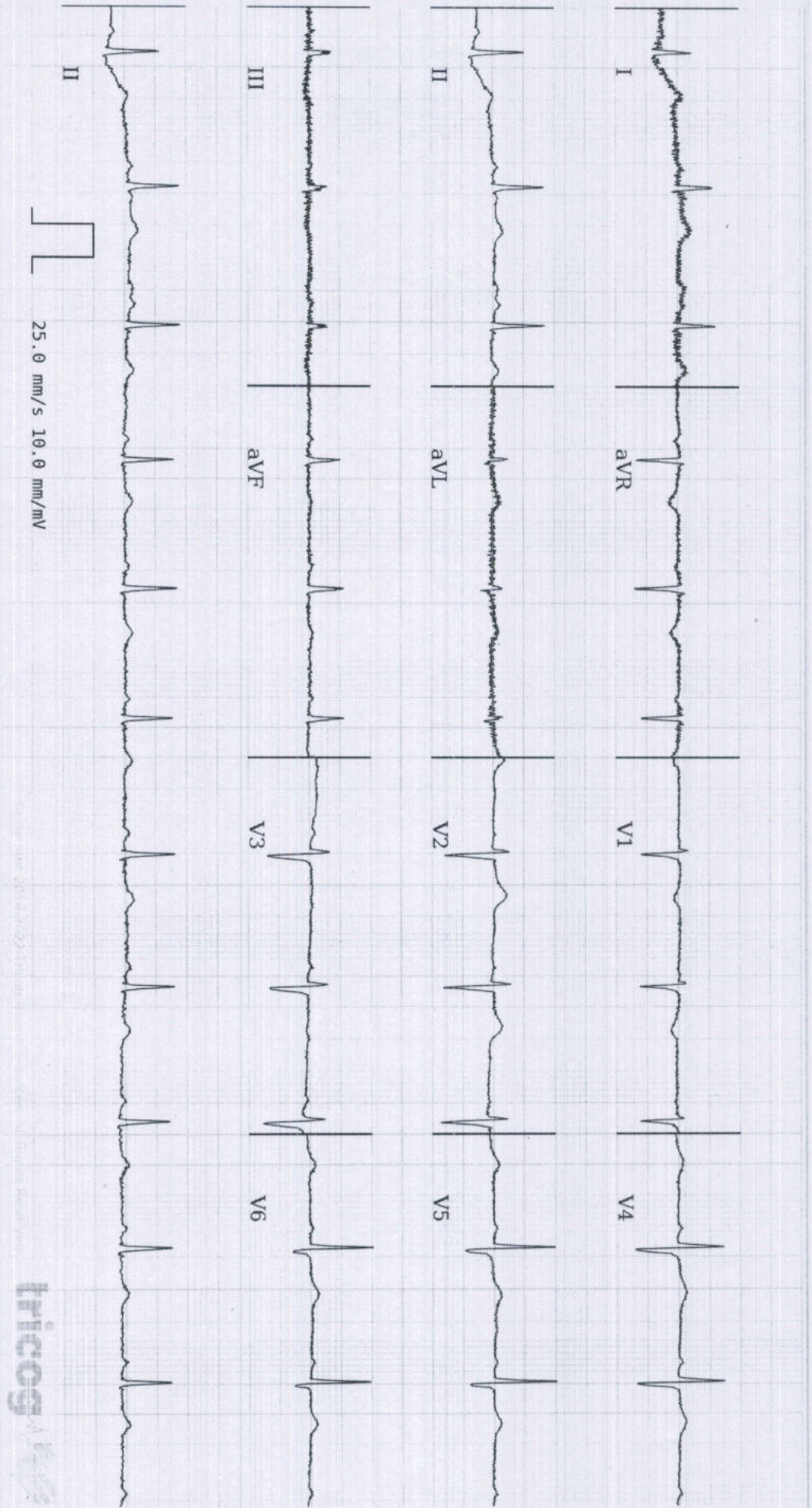
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N-6	—	—	—	N-6

Colour Vision: Normal / ~~Abnormal~~

Remark: NIL

Krutika Ingle
Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018



25.0 mm/s 10.0 mm/mV



Age **34** 0 25
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **62 kg**

Height: **162 cm**

Pulse: **70 bpm**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **74ms**

QT: **404ms**

QTc: **439ms**

PR: **122ms**

P-R-T: **58° 49° 3°**

REPORTED BY

[Signature]

Dr. Krutika Ingole
MBBS, D.D.M., PG in Diabetology (USA)
2012103018

This document is a computer-generated report based on ECG data and should be used as an adjunct to clinical history, symptoms, and results of other studies and not as a substitute for a qualified physician's interpretation. It is not intended to be used for clinical diagnosis and treatment decisions. It is not intended to be used for legal purposes.

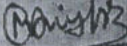
आयकर विभाग
INCOME TAX DEPARTMENT


भारत सरकार
GOVT. OF INDIA

MANISHA TALODIYA
BABULAL BANJARIYA

18/07/1988
Permanent Account Number

ARJPB8594L


Signature



04072014

Manisha

For health check up

SUBURBAN DIAGNOSTIC (I) PVT. LTD.
"Fortuna" Ground Floor, Near Shivar
Garden Chowk, Next to Radha Krishna
Hotel, Pimple Saudagar, Pune-411 027.

Authenticity Check



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Application To Scan the Code

CID : 2228120657
Name : Mrs TALODIYA MANISHA
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022 / 11:32

ULTRASOUND ABDOMEN AND PELVIS

Liver- Normal in size(15.1 cm), shape and echo pattern. No focal lesion. Intrahepatic biliary and portal radicals appear normal. Visualized portion of CBD appears normal in calibre. Portal vein appears normal.

Gall bladder- partially distended with normal wall thickness. No calculus or mass lesion is visualized. No pericholecystic collection.

Pancreas- Head and body are visualized and appear normal in size, shape and echo pattern. No focal lesion seen. No peripancreatic collection noted.

Spleen – Appears normal in size (cm), shape & echo pattern. No focal lesion seen.

Kidneys- Right kidney - 9.6 x 4.7 cm, Left kidney – 9.4 x 4.7 cm, both kidneys appear normal in size, shape, position & echo pattern with maintained corticomedullary differentiation. Tiny papillary concretions are noted in both the kidneys. No hydronephrosis, hydroureter or calculus noted.

Urinary bladder- Is partially distended & shows normal wall thickness. No calculus or mass lesion is noted.

UTERUS & OVARIES- The uterus is 69 x 50 x 37 anteverted and appears normal. The endometrial thickness is 8.8 mm. Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen. Right ovary = 25 x 20 mm MSF Left ovary = 31 x 24 mm. MSF
No free fluid in abdomen and pelvis. Visualized bowel loops are gaseously distended appear grossly normal and show normal peristalsis. No evidence of enlarged lymph nodes.

IMPRESSION:

- **No significant sonological abnormality detected.**

Advice – Clinical correlation and further evaluation if clinically indicated.

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

This report is prepared and physically checked by before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

Authenticity Check



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CID : 2228120657
Name : MRS.TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

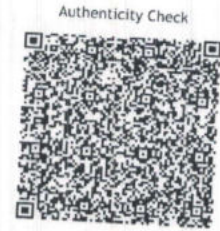
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	10.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.1	36-46 %	Measured
MCV	70	80-100 fl	Calculated
MCH	21.2	27-32 pg	Calculated
MCHC	30.2	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7270	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	34.0	20-40 %	
Absolute Lymphocytes	2471.8	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	530.7	200-1000 /cmm	Calculated
Neutrophils	40.7	40-80 %	
Absolute Neutrophils	2958.9	2000-7000 /cmm	Calculated
Eosinophils	16.7	1-6 %	
Absolute Eosinophils	1214.1	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	94.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	635000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated

CID : 2228120657
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Age / Gender : 34 Years / Female
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Reg. Location : Pimple Saudagar, Pune (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	93.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	115.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.06	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	16.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	8.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic

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 Reg. Location : Pimple Saudagar, Pune (Main Centre)



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eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	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 Pune Baner Balewadi Lab
 *** End Of Report ***



Shamla Kulkarni
Dr.SHAMLA KULKARNI
MD (PATH)
 Consultant Pathologist

CID : 2228120657
Name : MRS.TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



Collected : 08-Oct-2022 / 10:42
Reported : 08-Oct-2022 / 17:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.9	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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*** End Of Report ***



Shamla Kulkarni
Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

CID : 2228120657
Name : MRS.TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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

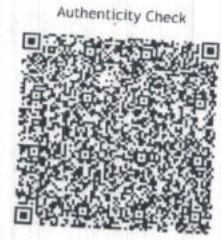
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.001	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent		
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Absent	
		Less than 20/hpf	

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*** End Of Report ***



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Dr.SHAMLA KULKARNI
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Consultant Pathologist

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Name : MRS.TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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

PARAMETER	RESULTS
ABO GROUP	O
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:

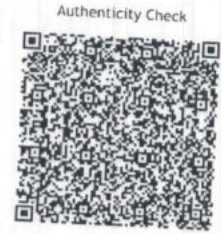
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

CID : 2228120657
Name : MRS. TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

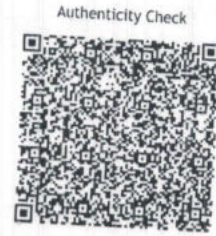
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	100.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	36.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	109.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	20.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
*** End Of Report ***



Shamla Kulkarni
Dr. SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

CID : 2228120657
Name : MRS. TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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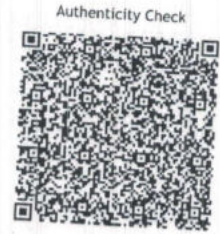
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Reported : 08-Oct-2022 / 15:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.5	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.7	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.

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Name : MRS. TALODIYA MANISHA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)



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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 upto 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:

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. SHAMLA KULKARNI
M.D.(PATH)
Pathologist