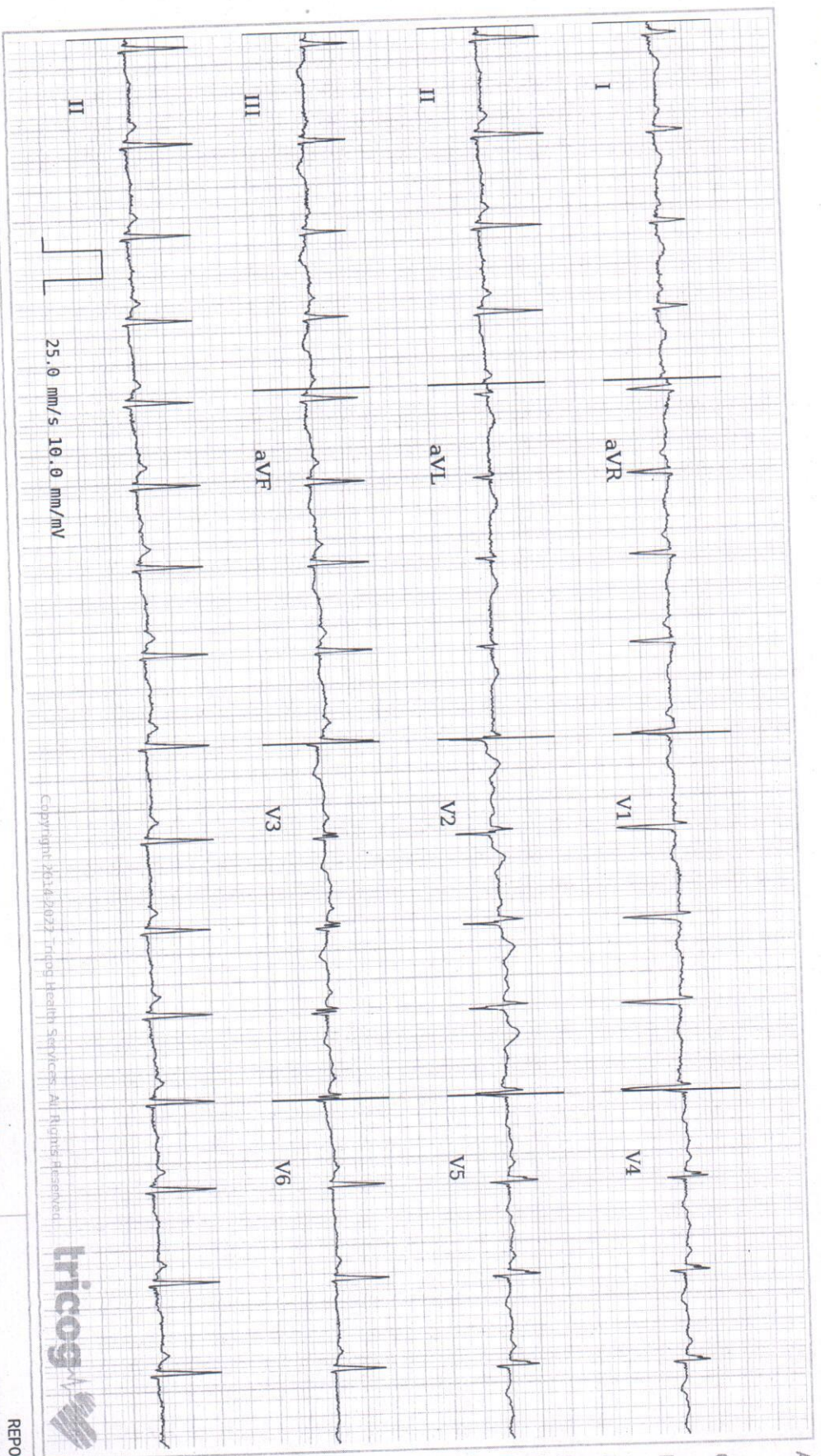


SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: **NIHARIKA SATYARATHI**
Patient ID: **2205031225**

Date and Time: **19th Feb 22 1:20 PM**



25.0 mm/s 10.0 mm/mV

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Age **32** 8 18
years months days

Gender **Female**

Heart Rate **100 bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **51 kg**

Height: **154 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others: _____

Measurements

QSRD: **70 ms**

QT: **324 ms**

QTc: **417 ms**

PR: **130 ms**

PR-T: **60° 71° -8°**

REPORTED BY

[Signature]

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

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. 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: - 19/2/22

CID: 2205-031225

Name: - Mrs. Niharika Sadyarathi

Sex/Age: F/32

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: no H/O S/I

Past history: no H/O Ocular surgery

Unaided Vision: 6/6 6/6P

Aided Vision: - -

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	0.25 -	180	6/6	±	0.50	180	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal A.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID : 2205031225
Name : Mrs NIHARIKA SATYARATHI
Age / Sex : 32 Years/F
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Feb-2022 / 10:30
Reported : 19-Feb-2022 / 11:54

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8 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 3.6 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 9.0 x 4.0 cm. Left kidney measures 9.4 x 4.7 cm.
A 6.6 mm sized solitary non obstructive calculus noted at mid pole of left kidney.
Both the kidneys are normal in size shape and echotexture.
No evidence of any hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8.6 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 7.8 x 4.7 x 3.3 cm in size.
The endometrial thickness is 5.8 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.8 x 1.6 cm Left ovary = 2.9 x 1.5 cm

Click here to view images <<ImageLink>>

Page 1 of 2

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Reg. Date : 19-Feb-2022 / 10:30
Reported : 19-Feb-2022 / 11:54

IMPRESSION:-

Left renal solitary non obstructive calculus.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.



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

[Click here to view images <<ImageLink>>](#)



CID : 2205031225
Name : Mrs NIHARIKA SATYARATHI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 19-Feb-2022 / 10:58
Reported : 19-Feb-2022 / 14:43

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. FAIZUR KHILJI before dispatch.

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

Click here to view images <http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021910301555>

CID#	: 2205031225	SID#	: 177804786353
Name	: MRS.NIHARIKA SATYARATHI	Registered	: 19-Feb-2022 / 10:29
Age / Gender	: 32 Years/Female	Collected	: 19-Feb-2022 / 10:29
Consulting Dr.	: -	Reported	: 20-Feb-2022 / 09:07
Reg.Location	: Kandivali East (Main Centre)	Printed	: 20-Feb-2022 / 13:07

PHYSICAL EXAMINATION REPORT

History and Complaints:

1st infertility

EXAMINATION FINDINGS:

Height (cms):	154 cms	Weight (kg):	51 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

@ECG - T-wave inversion in Ant lead
USA - @renal solitary non obstructive
calculus

ADVICE:

- Surgical opinion
- Cardiologist "

CID# : 2205031225
Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years/Female
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

SID# : 177804786353
Registered : 19-Feb-2022 / 10:29
Collected : 19-Feb-2022 / 10:29
Reported : 20-Feb-2022 / 09:07
Printed : 20-Feb-2022 / 13:07

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 Veg
- 4) Medication No

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

*** End Of Report ***

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



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

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Page:2 of 2

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 19-Feb-22

Time: 2:35:56 PM

Name: MRS NIHARIKA SATYARATHI ID: 2205031225

Age: 32 y

Sex: F

Height: 154 cms

Weight: 57 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 169 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 7 s

Max. HR: 188 (100% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 150 / 80 mmHg

Max. BP x HR: 28200 mmHg/min

Min. BP x HR: 8720 mmHg/min

Test Termination Criteria: THR ACHIEVED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 17	1.0	0	0	115	120 / 80	-0.42 aVR	0.71 II
Standing	0 : 44	1.0	0	0	110	120 / 80	-4.46 V2	5.66 V3
Hyperventilation	0 : 10	1.0	0	0	109	120 / 80	-0.64 III	1.77 V2
1	3 : 0	4.6	1.7	10	147	130 / 80	-5.73 I	-5.66 V1
2	3 : 0	7.0	2.5	12	134	140 / 80	2.55 V4	4.60 V5
Peak Ex	1 : 7	10.2	3.4	14	188	150 / 80	2.55 V4	3.89 V2
Recovery(1)	1 : 0	1.8	1	0	147	150 / 80	-0.85 III	3.89 V2
Recovery(2)	1 : 0	1.0	0	0	136	140 / 80	-0.85 aVR	3.89 V2
Recovery(3)	1 : 0	1.0	0	0	124	120 / 80	-0.42 III	2.12 V2
Recovery(4)	0 : 5	1.0	0	0	124	120 / 80	-0.42 III	-0.71 aVR

Interpretation

The patient exercised according to the Bruce protocol for 7 m 7 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 115 bpm, rose to a max. heart rate of 188 (100% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Moderate Effort Tolerance

Normal chronotropic and inotropic response during exercise and recovery

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

IMPRESSION:

Stress Test is Negative for Stress Induced Ischemia.

DR. SNEHA SHETTY

D. CARD

CONSULTANT - CARDIOLOGIST

REGD. No. 2008030660

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory

Ref. Doctor: AERFOGAMI

(Summary Report edited by user)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

Doctor: DR SNEHA SHETTY

(c) Schiller Healthcare India Pvt. Ltd. V 4 7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F) ID: 2205031225 Date: 19-Feb-22 Exec Time : 0 m 0 s Stage Time : 0 m 17 s **HR: 115 bpm**

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0% (THR: 169 bpm) B.P.: 120/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

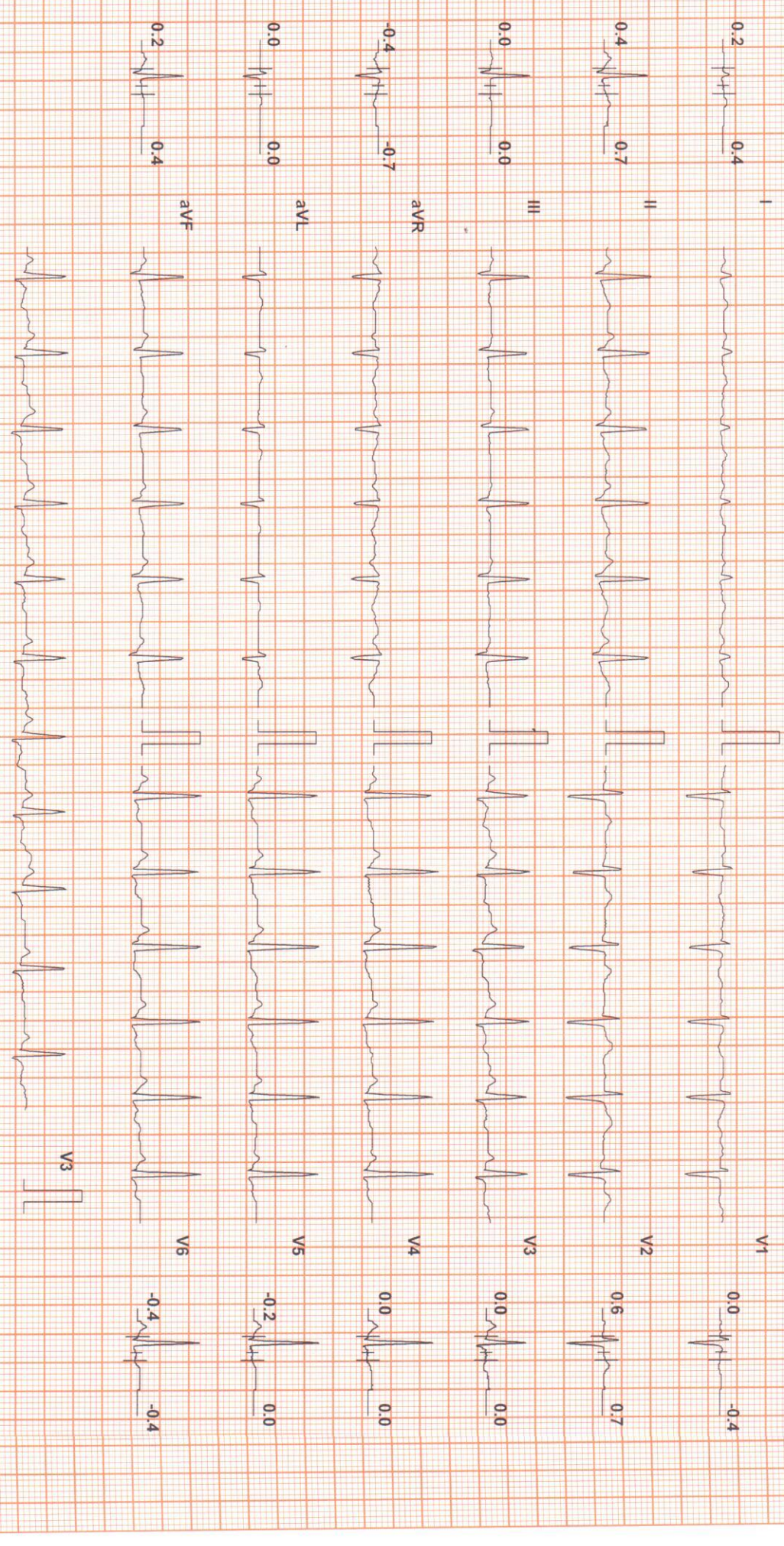


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schlier Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 0 m 0 s

Stage Time : 0 m 44 s

HR: 110 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(TTHR: 169 bpm)

B.P: 120/80

ST Level (mm)

ST Slope (mV/s)

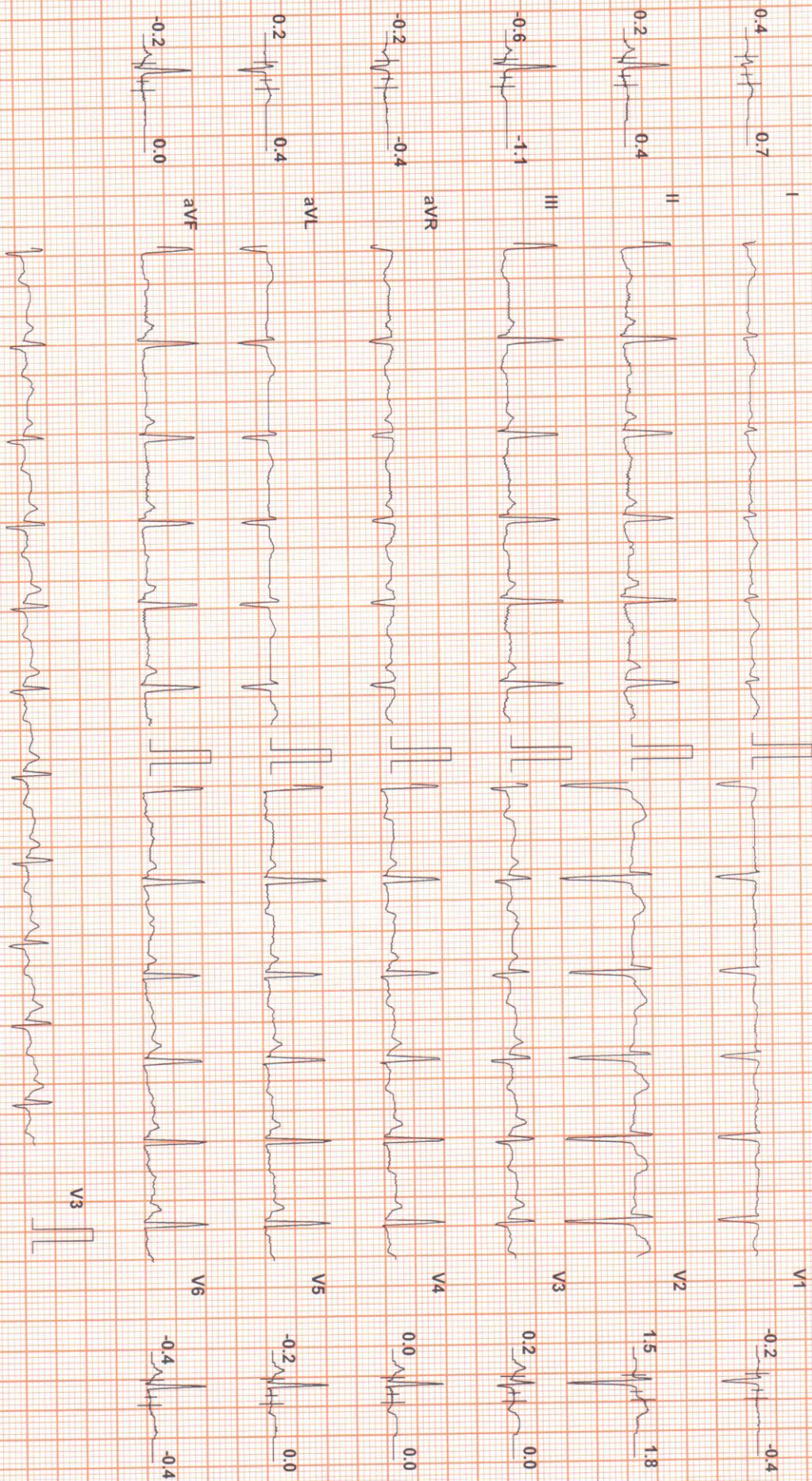


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

Schiller Spandem V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F) ID: 2205031225 Date: 19-Feb-22 Exec Time: 0 m 0 s Stage Time: 0 m 10 s HR: 109 bpm

Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0% (THR: 169 bpm) B.P.: 120/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schlier Spanden V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 147 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

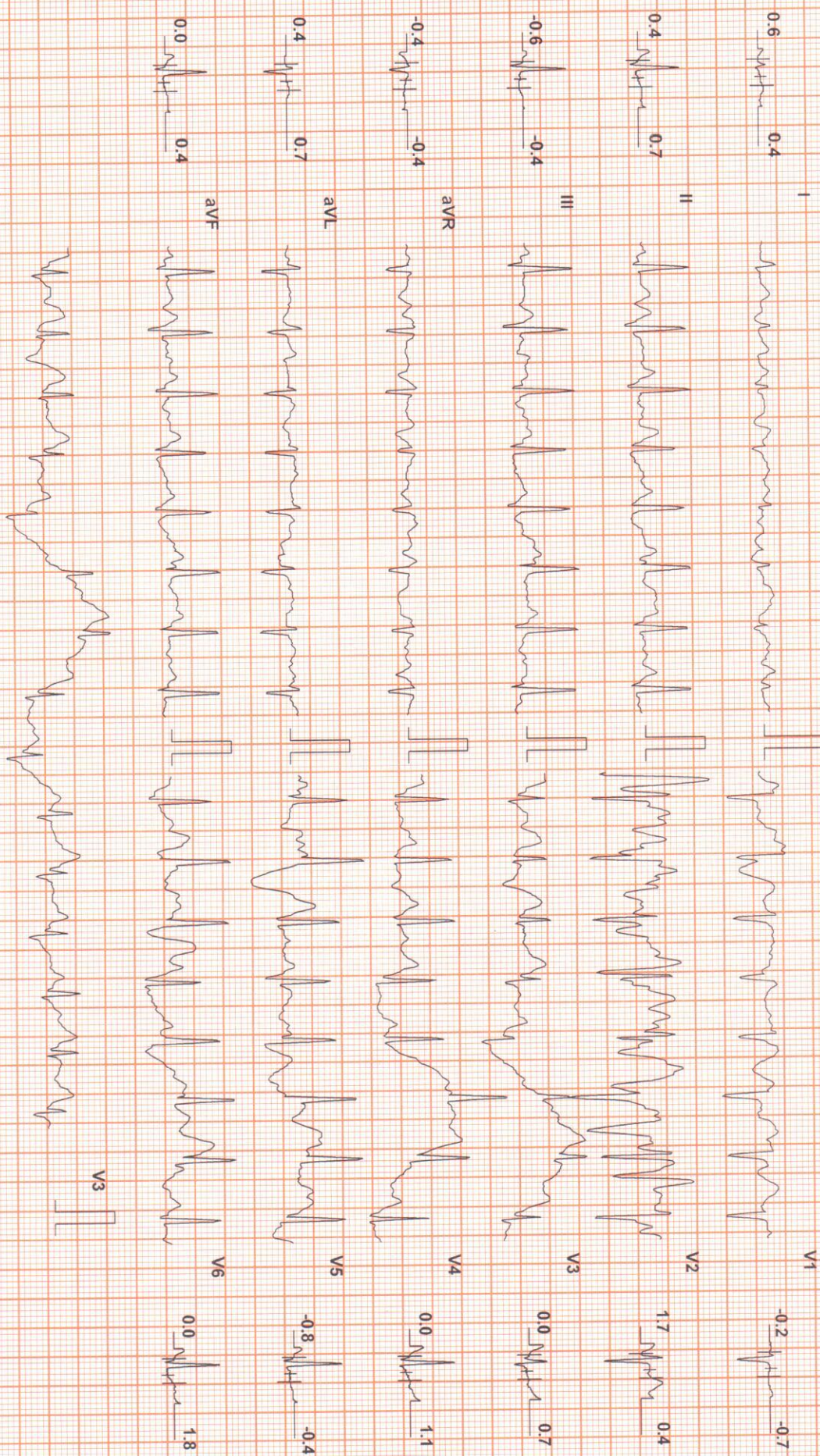


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO ± R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 134 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 169 bpm)

B.P.: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

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

Post J = J + 60 ms

Schiller Spardam V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 7 m 7 s

Stage Time : 1 m 7 s

HR: 188 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 169 bpm)

B.P: 160/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandah V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 7 m 7 s

Stage Time 1 m 0 s

HR: 147 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

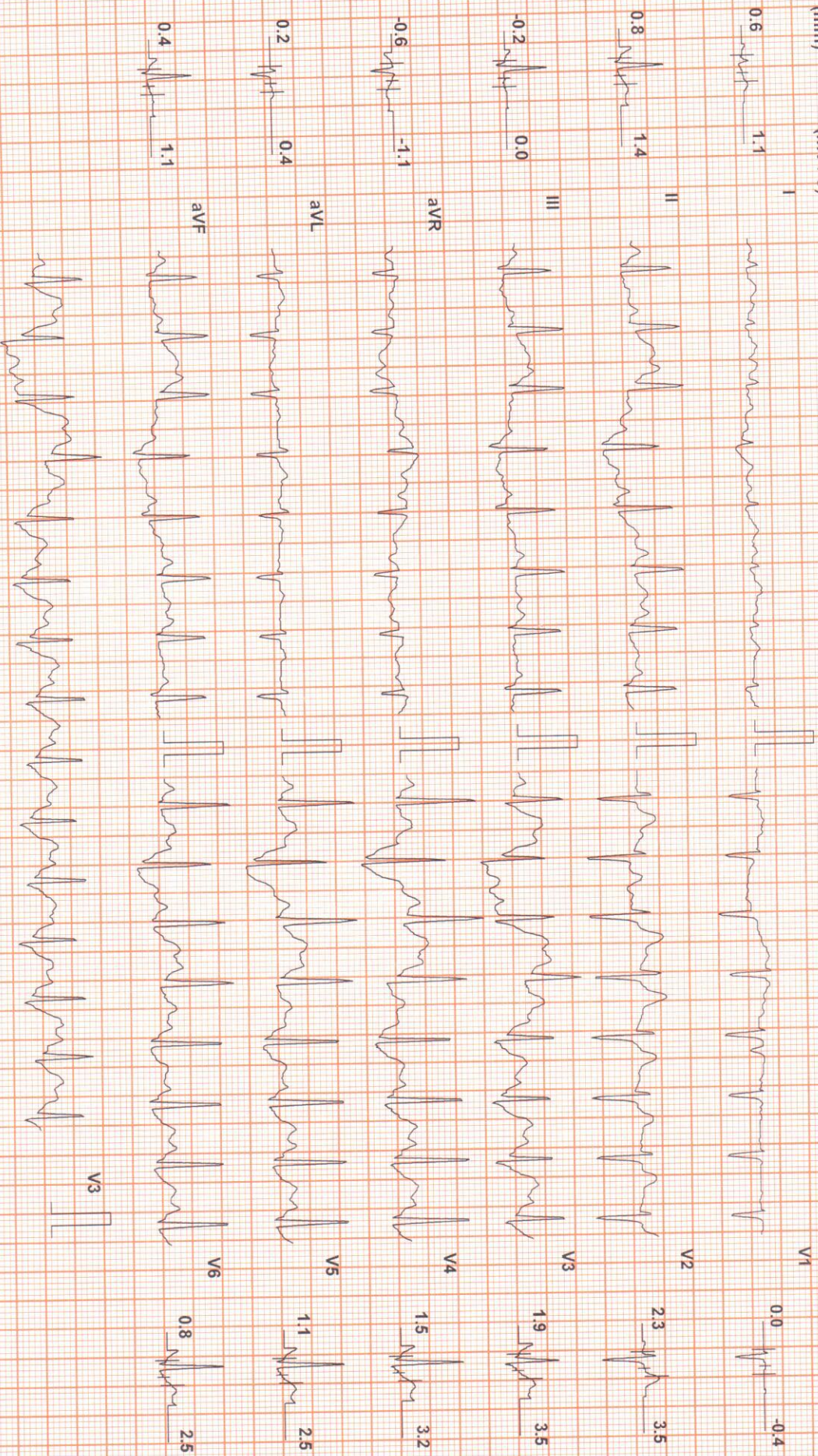


Chart Speed: 25 mm/sec
Schiller Sparden V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

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

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 7 m 7 s

Stage Time : 1 m 0 s

HR: 136 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P.: 140/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

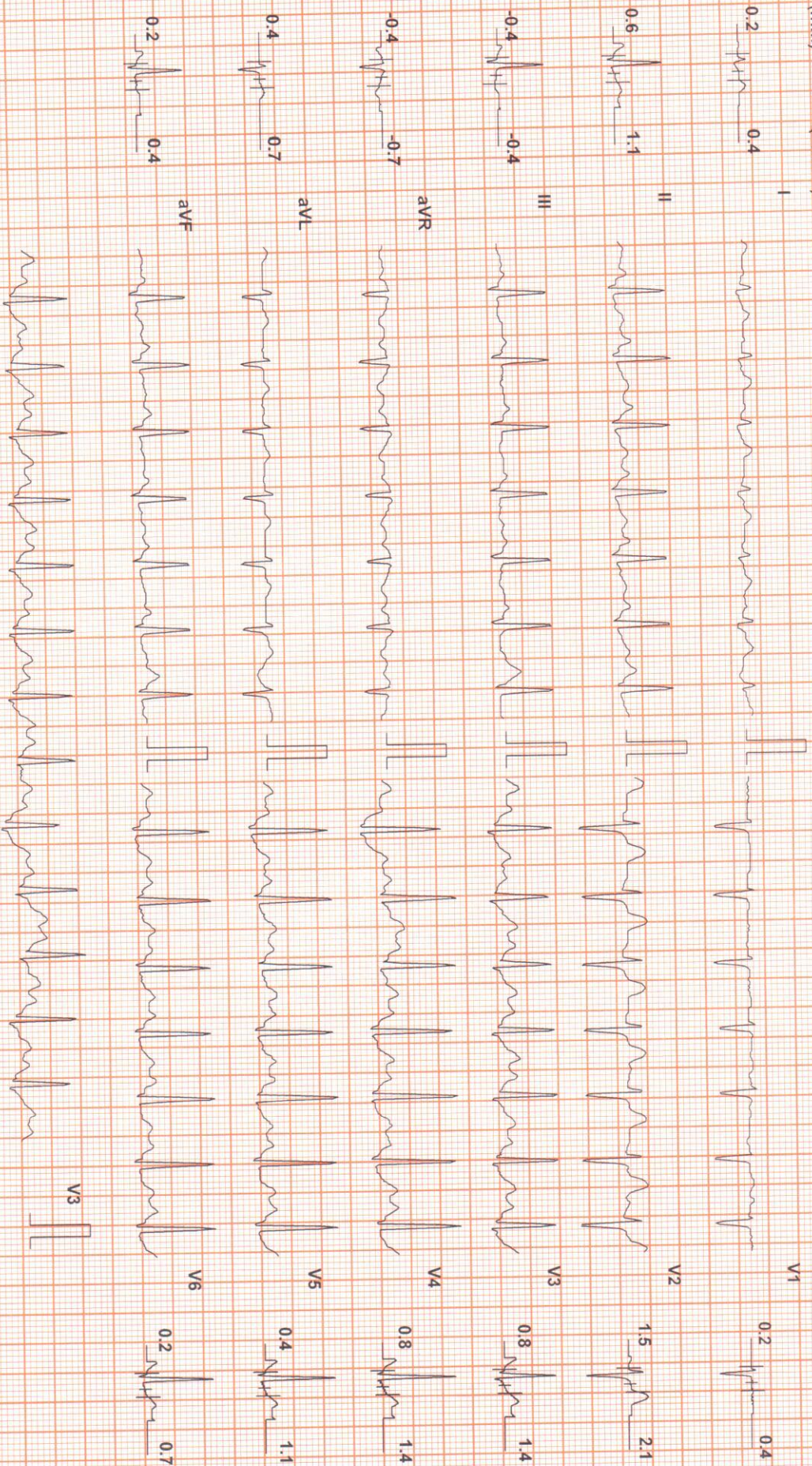


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MRS NIHARIKA SATYARATHI (32 F)

ID: 2205031225

Date: 19-Feb-22

Exec Time : 7 m 7 s

Stage Time : 1 m 0 s

HR: 124 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 169 bpm)

B.P: 120/80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

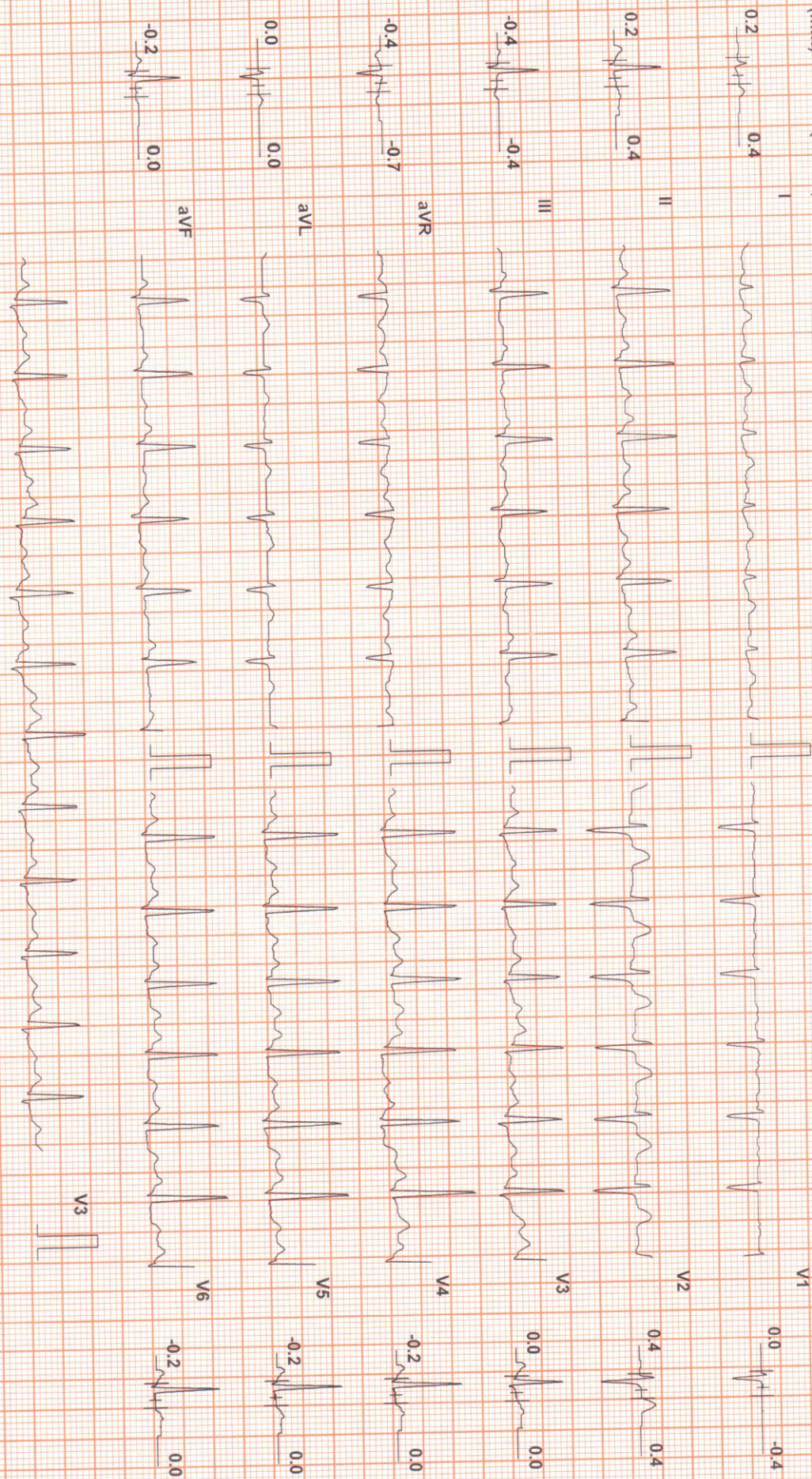


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V47





Use a QR Code Scanner
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CID : 2205031225
Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 15:05

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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	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.8	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.5	20-40 %	
Absolute Lymphocytes	1176.0	1000-3000 /cmm	Calculated
Monocytes	3.7	2-10 %	
Absolute Monocytes	177.6	200-1000 /cmm	Calculated
Neutrophils	70.5	40-80 %	
Absolute Neutrophils	3384.0	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	62.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	153000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	23.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



Use a QR Code Scanner
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CID : 2205031225
Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 13:33

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 23 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



MC-2111



Bmhaskar

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

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

Page 2 of 11

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CID : 2205031225
Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 17:03

R
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	97.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	17.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic



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CID : 2205031225
Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 14:56
Reported : 19-Feb-2022 / 19:43

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 ***



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Name : MRS.NIHARIKA SATYARATHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 16:03

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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	5.3	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.

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Reported : 20-Feb-2022 / 12:49

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Trace	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 17:36

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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 16:21

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

<u>PARAMETER</u>	<u>RESULTS</u>
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.

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	93.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	66.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	126.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	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	18.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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Collected : 19-Feb-2022 / 10:28
Reported : 19-Feb-2022 / 13:27

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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	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	2.68	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 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

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

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