

Name :- ANJALI GHARDE CID:- 2308109130

Age-31/female

History and Complaints:

Primary Infertility

EXAMINATION FINDINGS:

Height (cms): 156 cms

Weight (kg): 57 kg

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 110/70 mmhg

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

Systems:

Cardiovascular:- S1S2 audible

Respiratory:- AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

febrile - 63
- Pw cells - 50-55 / HPF
- USG - Cholelithiasis

ADVICE:

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

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

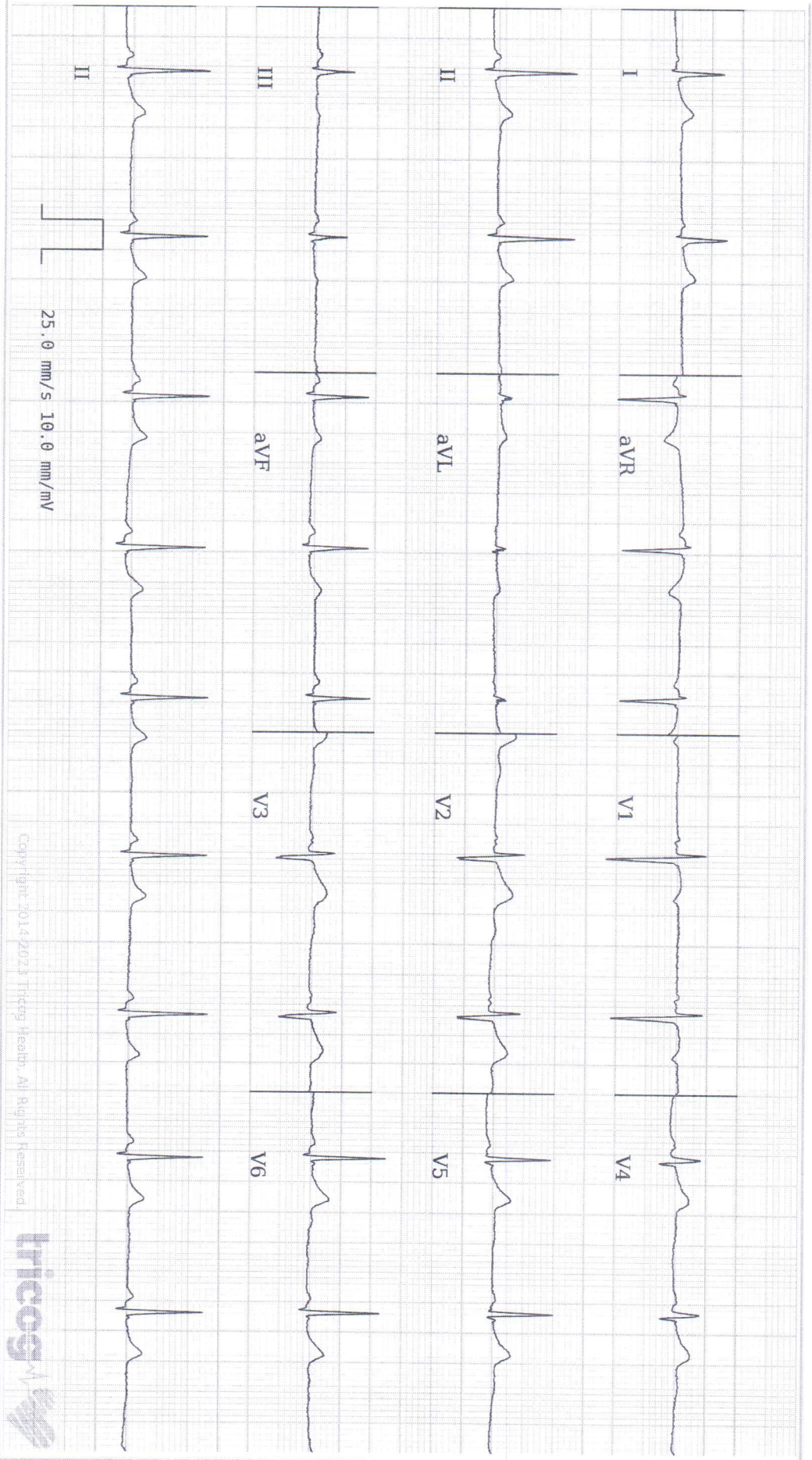
PERSONAL HISTORY:

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

Patient Name: ANALI GHARDE

Patient ID: 2308109130

Date and Time: 22nd Mar 23 10:05 AM



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Age **32** NA NA
years months days

Gender **Female**

Heart Rate **58bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 57 kg

Height: 156 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 394ms

QTc: 386ms

PR: 132ms

P-R-T: 67° 55° 34°

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

REPORTED BY

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

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:- 22/3/23

CID: 2308109130

Name:- Mrs. Anjali Gherde

Sex/Age: F/32

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: No H/O S/D

Past history: No H/O Ocular injury using contact lens

Unaided Vision: RCL 6/6P, 10/6 6/6, 10/6

Aided Vision: - -

Refraction: *Const Normal*

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Plot No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700800

CID : 2308109130
Name : Mrs ANJALI GHARDE
Age / Sex : 32 Years/Female
Ref. Dr : Reg. Date : 22-Mar-2023
Reg. Location : Mahavir Nagar, Kandivali West Main Centre Reported : 22-Mar-2023 / 10:47

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size (11 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 and CBD appears normal.

GALL BLADDER :

The gall bladder is physiologically distended and appears normal.

A single gallstones are noted in the lumen measuring 6.8 mm in size. There is no evidence of pericholecystic fluid. The wall thickness of gall bladder is within normal limits.

PANCREAS :

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS :

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.5 x 4.0 cm. Left kidney measures 10.5 x 4.5 cm.

SPLEEN :

The spleen is normal in size (9.7 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 8.0 x 4.0 x 4.5 cms in size. The endometrial thickness is 5 mm.

OVARIES :

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.5 x 2.3 x 2.0 cm (Volume is 6.5 cc).

Left ovary = 2.6 x 2.2 x 1.9 cm (Volume is 6.1).

Click here to view images <<ImageLink>>

CID : 2308109130
Name : Mrs ANJALI GHARDE
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 10:47

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION :
Cholelithiasis.

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

Khilji Faizur

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

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg
 Date: 22 / 03 / 2023 12:10:11 PM Refd By : BOB Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:26	0:26	00.0	00.0	01.0	094	50 %	110/70	103	00	
Standing	01:02	0:36	00.0	00.0	01.0	081	43 %	110/70	089	00	
HV	01:05	0:03	00.0	00.0	01.0	081	43 %	110/70	089	00	
ExStart	01:08	0:03	02.7	10.0	01.1	078	41 %	110/70	085	00	
BRUCE Stage 1	04:08	3:00	02.7	10.0	04.7	112	60 %	110/70	123	00	
BRUCE Stage 2	07:08	3:00	04.0	12.0	07.1	146	78 %	110/70	160	00	
PeakEx	08:22	1:14	05.5	14.0	08.4	162	86 %	150/80	243	00	
Recovery	09:22	1:00	00.2	00.0	01.1	120	64 %	150/80	180	00	
Recovery	09:32				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:14
 Initial HR (ExStrt) : 78 bpm 41% of Target 188
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 8.4 Fair response to induced stress
 Duke Treadmill Score : 03.1
 Test End Reasons : , Heart Rate Achieved

Max HR Attained: 162 bpm 86% of Target 188
 Max BP Attained : 150/80 (mm/Hg)

Dr. Akhil P. Parulekar
 MBBS.MD. Medicine
 DNB Cardiology
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aaregaon,
 Thakur Village, Kandivalli (East),
 Mumbai - 400101
 Tel : 61700800

Doctor : DR.AKHIL PARULEKAR



E-Mail: 1297 / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg Date: 22 / 03 / 2023 12:10:11 PM Refd By : BOB

REPORT :

Heart Rate 162.0 bpm
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 07:14 Mins: Ectopic Beats 0.0
 METS 8.4 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 188

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

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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 Mumbai - 409101.
 Tel : 61700000

Doctor : DR. AKHIL PARULEKAR



1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 94

Date: 22 / 03 / 2023 12:10:11 PM

METS: 1.0/ 94 bpm 50% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmpt. 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

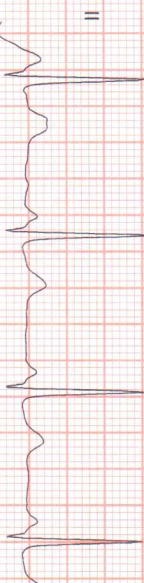
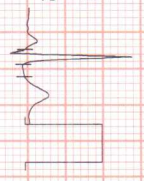
I STL 0.9
STB 0.5



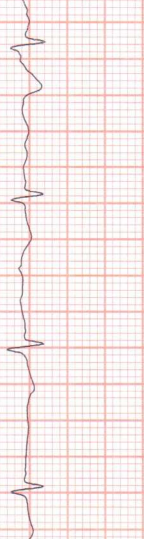
V1 0.2
0.3



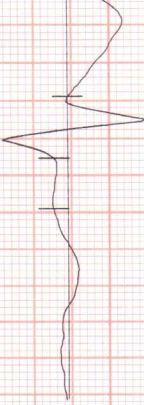
II -0.1
0.2



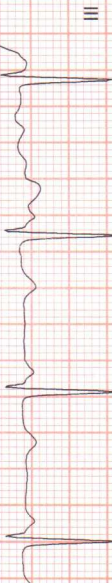
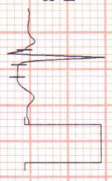
V2 -0.3
-0.1



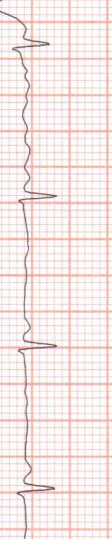
V2 -0.3



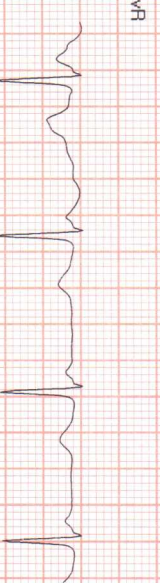
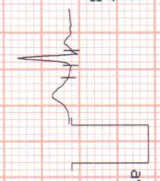
III -1.0
-0.3



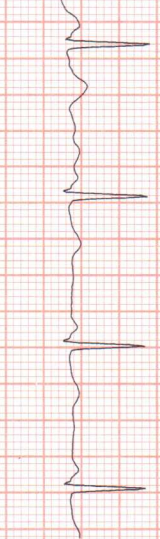
V3 0.1
0.3



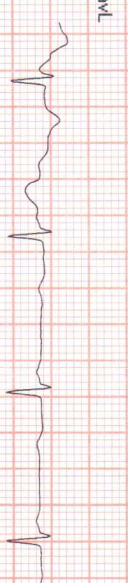
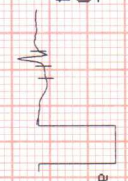
avR -0.4
-0.3



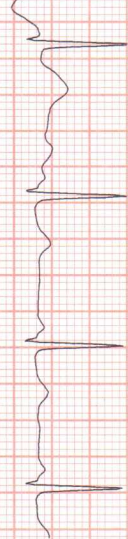
V4 -0.2
0.1



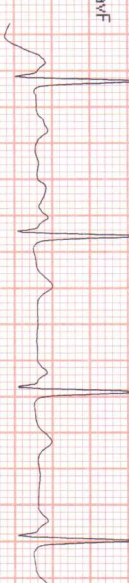
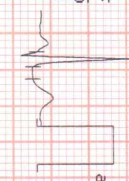
avL 1.0
0.4



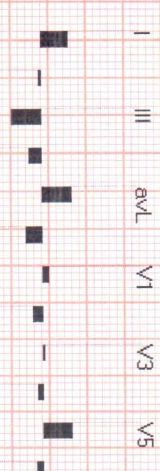
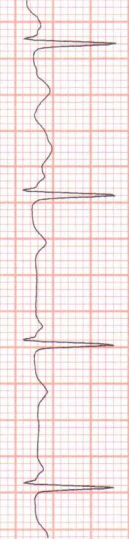
V5 0.9
0.6



avF -0.5
-0.1



V6 -0.2
0.0



REMARKS:
II avR avF V2 V4 V6
III avL V1 V3 V5





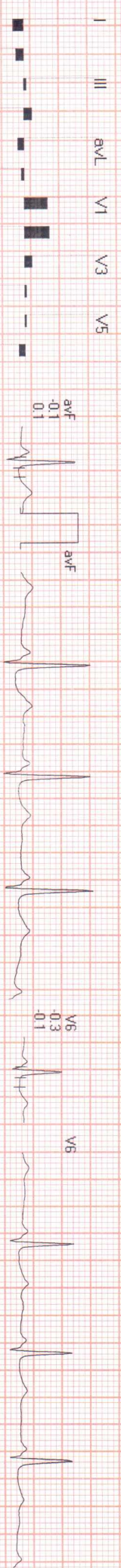
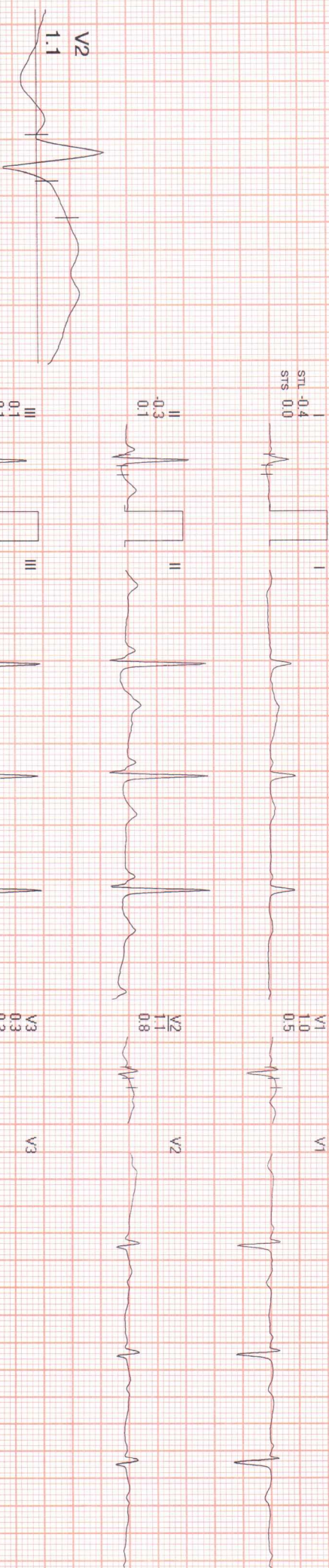
1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 81

Date: 22 / 03 / 2023 12:10:11 PM METS: 1.0/81 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmpt. 0.0%

4X 80 ms Post U

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 81

HV (00:03)



Date: 22 / 03 / 2023 12:10:11 PM

METS: 1.0/81 bpm 43% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

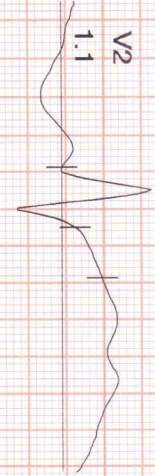
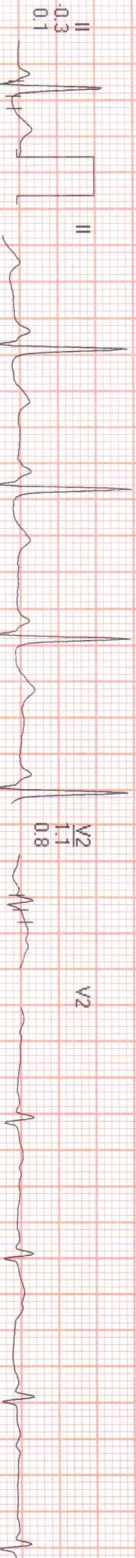
4X 80 mS Pos J

25 mm/Sec 1.0 Cm/mV

STL -0.4
STS 0.0



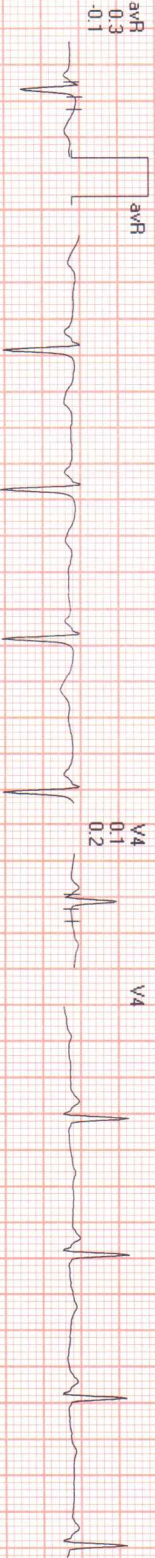
II -0.3
0.1



III 0.1
0.1



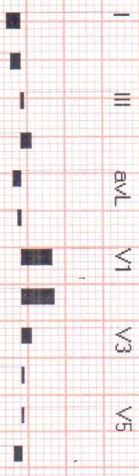
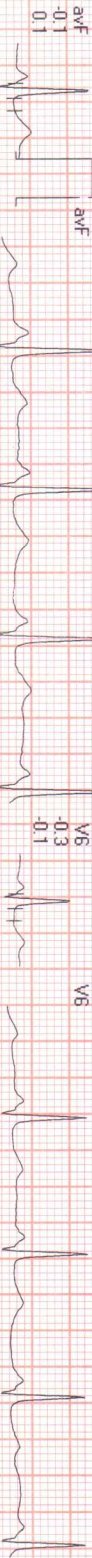
aVR 0.3
0.1



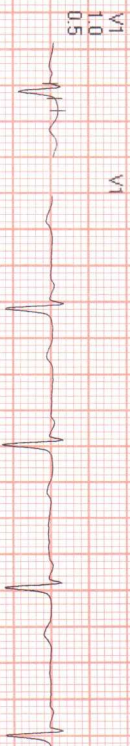
aVL -0.3
-0.1



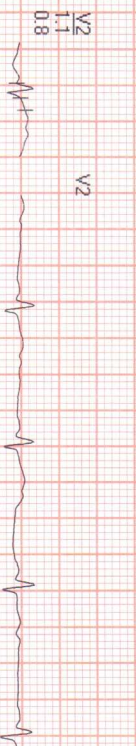
aVF -0.1
0.1



V1 1.0
0.5



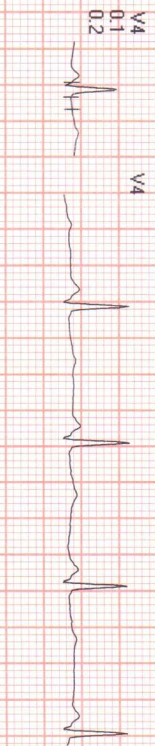
V2 1.1
0.8



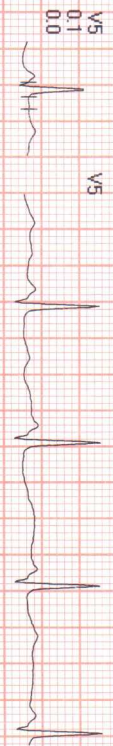
V3 0.3
0.3



V4 0.1
0.2



V5 0.1
0.0



V6 -0.3
-0.1



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 78

Date: 22 / 03 / 2023 12:10:11 PM

METS: 1.07/78 bpm 41% of THR BP- 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 KmPh, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL -0.4
STS 0.0



V1 1.0
V2 0.5



II -0.3
III 0.1



V2 1.1
V3 0.8



III 0.1
V3 0.3
V4 0.1



V4 0.1
V5 0.1



aVR 0.3
aVL 0.1



V4 0.1
V5 0.1



aVL -0.3
aVF 0.1



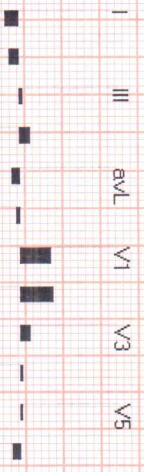
V5 0.1
V6 0.1



aVF -0.1
V6 0.1



V6 0.1
V5 0.1



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 112

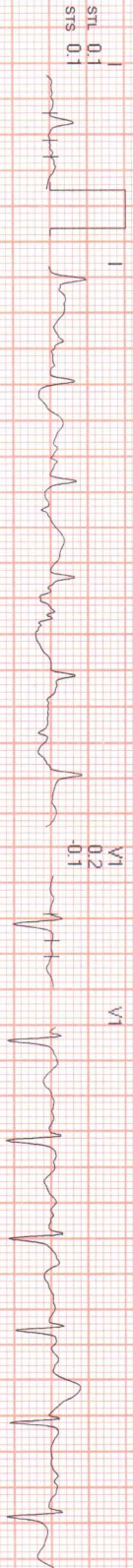
Date: 22 / 03 / 2023 12:10:11 PM METS: 4.7/112 bpm 60% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

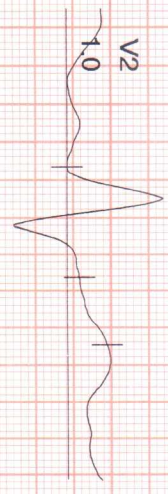
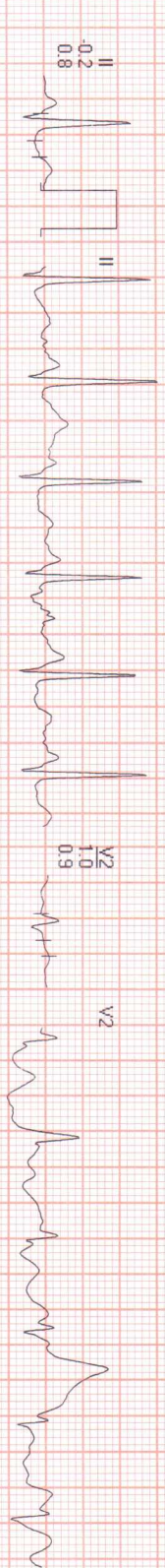
4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

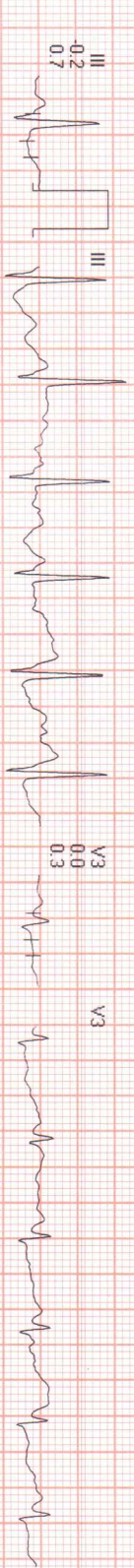
STL 0.1
STS 0.1



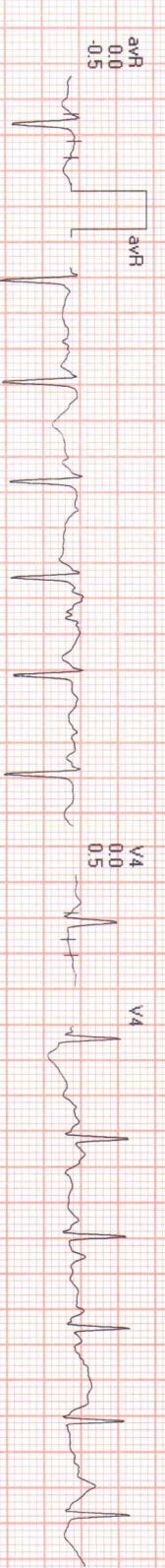
II -0.2
0.8



III -0.2
0.7



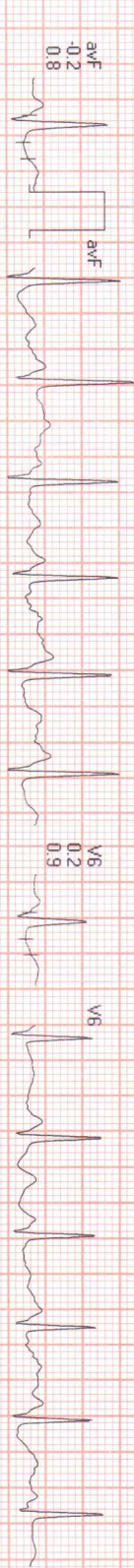
aVR 0.0
0.05



aVL 0.2
0.3



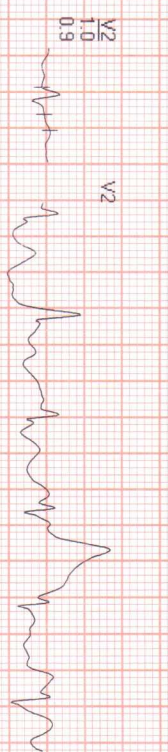
aVF -0.2
0.8



V1 0.1
0.2



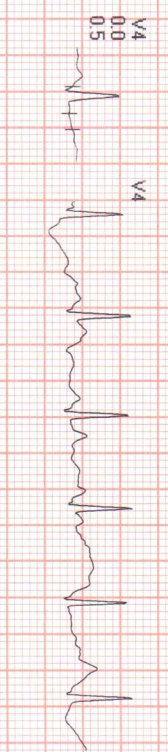
V2 1.0
0.9



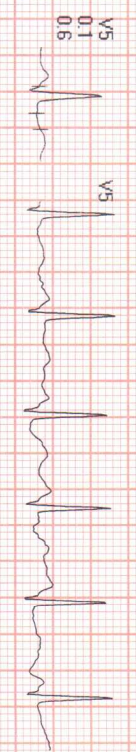
V3 0.0
0.3



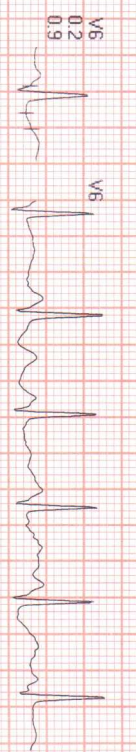
V4 0.0
0.5



V5 0.1
0.6



V6 0.2
0.9



REMARKS:





1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 146

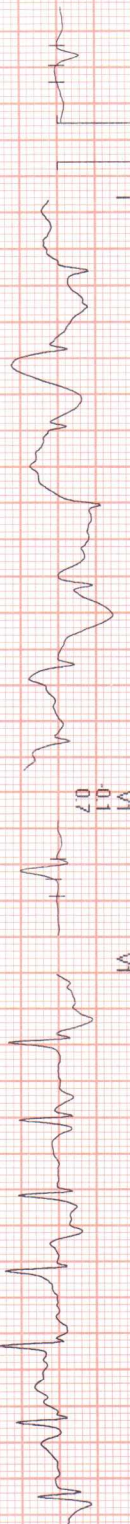
Date: 22 / 03 / 2023 12:10:11 PM METS: 7.1 / 146 bpm 78% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:00 4.0 Kmph, 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

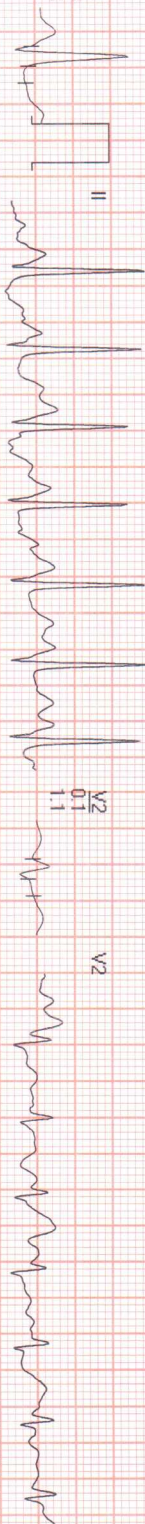
I -0.1
STL -0.1
STB 0.0



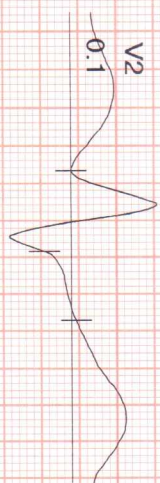
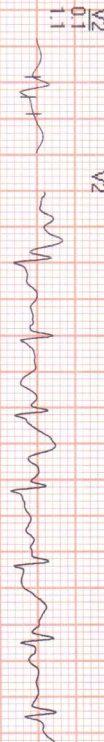
V1 -0.1
0.7



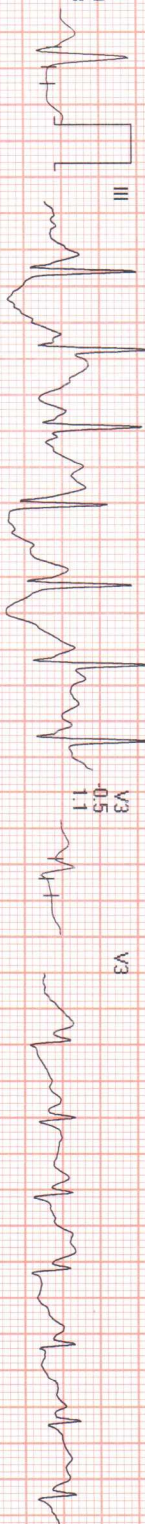
II -0.8
-0.6



V2 0.1
1.1



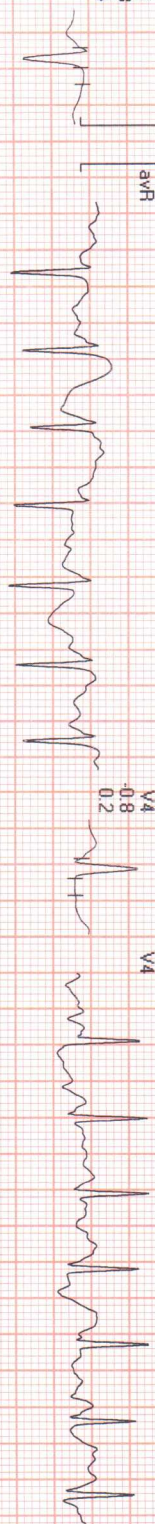
III -0.9
-0.3



V3 -0.5
1.1



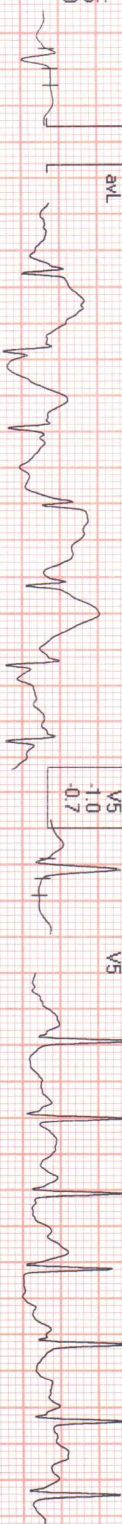
aVR 0.3
0.3
0.4



V4 -0.8
0.2



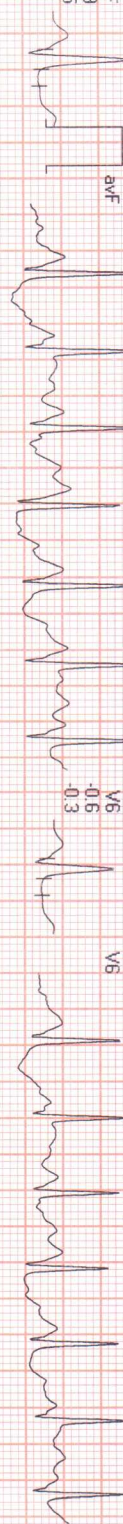
aVL 0.5
0.5
0.0



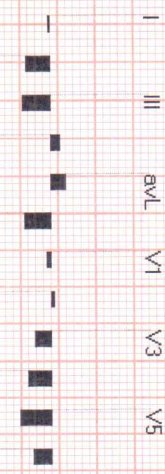
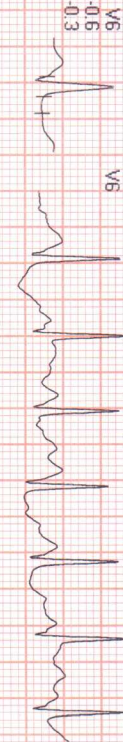
V5 -1.0
-0.7



aVF -0.9
-0.5



V6 -0.6
0.3



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 162

Date: 22/03/2023 12:10:11 PM METS: 8.4/162 bpm 86% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:14 5.5 Km/ph, 14.0%

4X 60ms Pos J

25mm/Sec. 1.0 Cm/mV

I STL 0.9
SIS 0.3

V1 1.3
1.2

II -0.9
0.6

V2 0.6
0.3

III -1.1
1.1
0.7

V3 0.3
1.0

V2 -0.6

avR 0.3
0.6

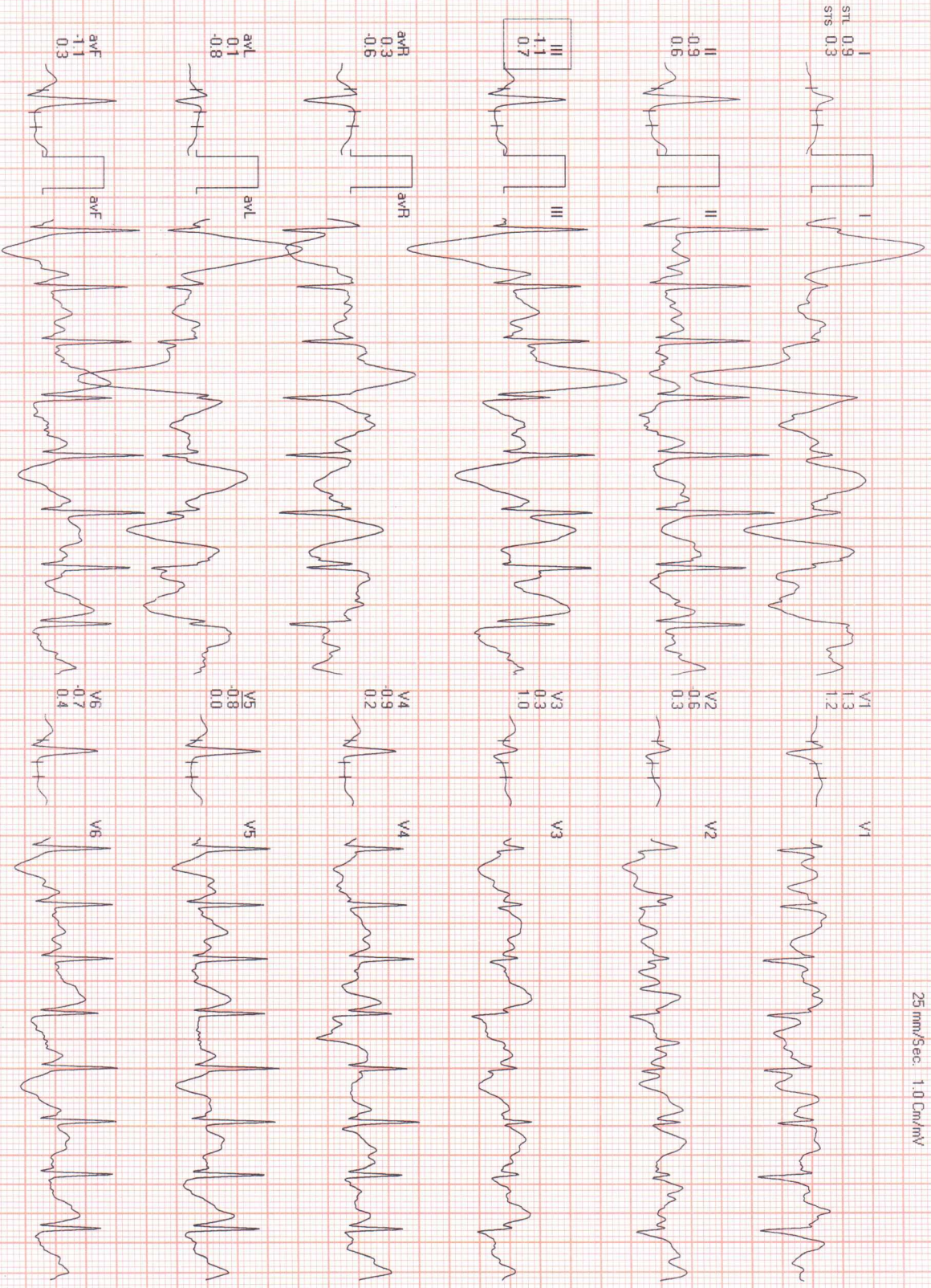
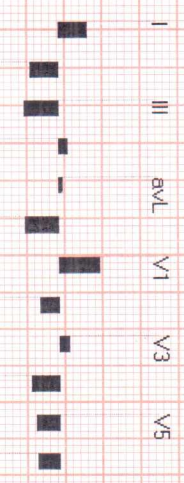
V4 -0.9
0.2

avL 0.1
0.8

V5 0.8
0.0

avF -1.1
1.1
0.3

V6 -0.7
0.4



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR : 120

Recovery : (01:00)



Date: 22 / 03 / 2023 12:10:11 PM

METS: 1.1 / 120 bpm 64% of THR BP: 150/80 mmHg Raw ECG/BLCOm/Notch On/ HF 0.05 Hz/LF 35 Hz

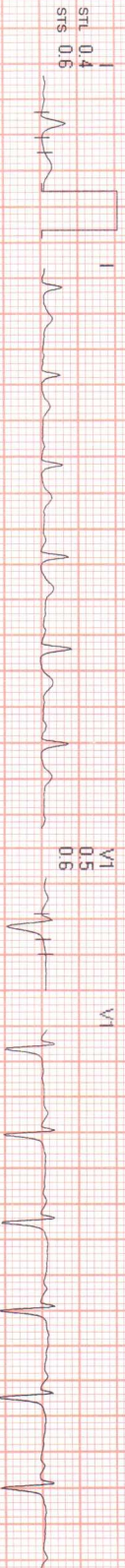
EXTime: 07:14 0.2 Kmph, 0.0%

4X 60 mS Post J

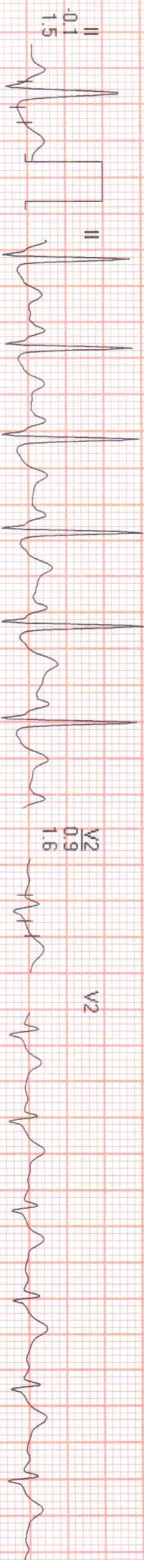
25 mm/Sec. 1.0 Cm/mV

STL 0.4
STS 0.6

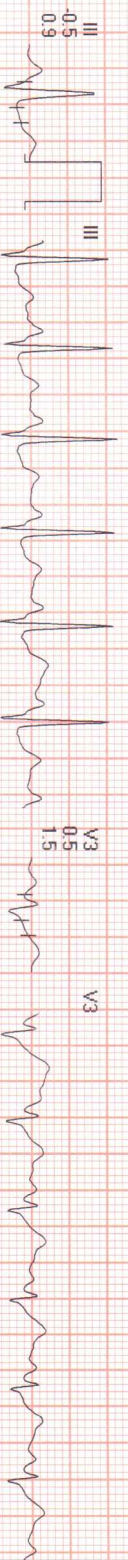
V1 0.5
V2 0.6



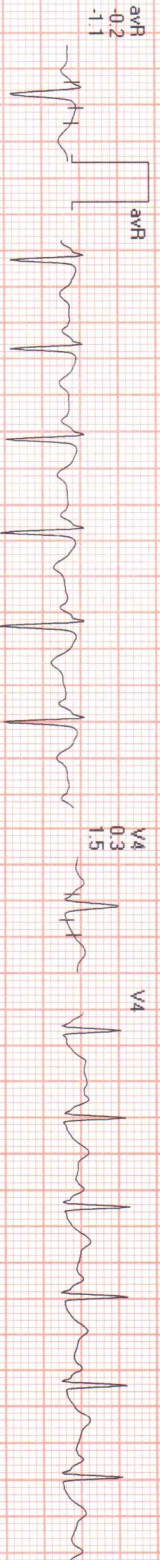
II -0.1
III -0.1
V2 0.9



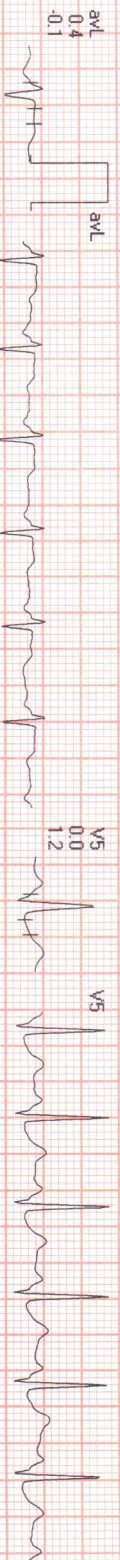
III -0.5
V3 0.5



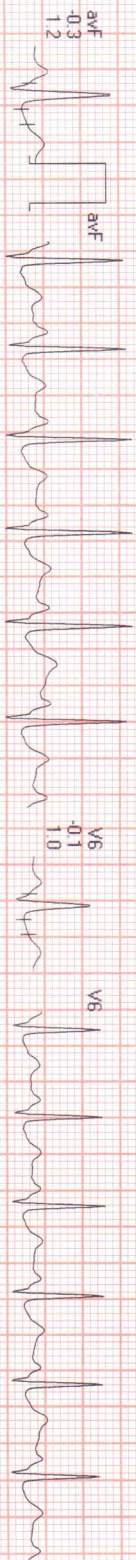
avR -0.2
V4 0.3



avL 0.4
V5 0.0



avF -0.3
V6 0.1



REMARKS:
II avR avF V2 V4 V6
III avL avF V1 V3 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:10)



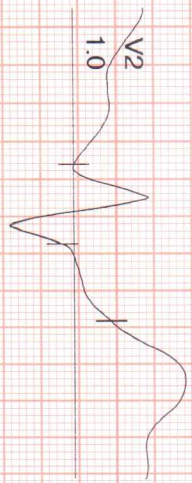
1297 (2308109130) / ANJALI GHARDE / 32 Yrs / F / 156 Cms / 57 Kg / HR 122

Date: 22 / 03 / 2023 12:10:11 PM METS: 1.07 122 bpm 65% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

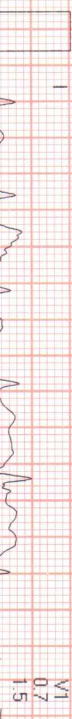
EXTime: 07:14 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



I STL 0.3
STS 0.3



V1 0.7
V1 1.5



II -0.1
-0.6



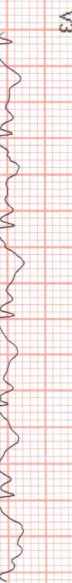
V2 1.0
V2 1.5



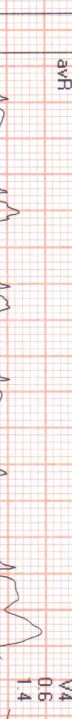
III -0.1
0.7



V3 0.9
V3 2.0



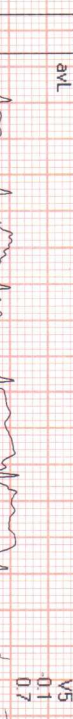
aVR 0.1
0.1
-0.3



V4 0.6
V4 1.4



aVL 0.1
0.1
-0.4



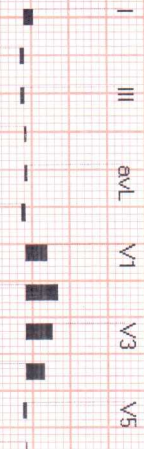
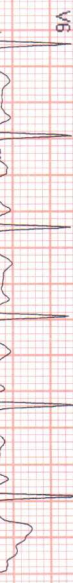
V5 -0.1
0.7



aVF -0.1
0.1
0.7



V6 0.0
0.0
0.5



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





CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 15:14

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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	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Measured
MCV	79	80-100 fl	Calculated
MCH	24.4	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8240	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.6	20-40 %	
Absolute Lymphocytes	1944.6	1000-3000 /cmm	Calculated
Monocytes	9.5	2-10 %	
Absolute Monocytes	782.8	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	4836.9	2000-7000 /cmm	Calculated
Eosinophils	8.0	1-6 %	
Absolute Eosinophils	659.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	16.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	21.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

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



CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 14:20

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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	98.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.34	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	22.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	66.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	110	>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 Borivali Lab, Borivali West
*** End Of Report ***

Bmhasakar

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





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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 15:21

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Bmhasakar

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



CID : 2308109130
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Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 18:09

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<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	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	50-55	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	Yeast cells +		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

Bmhasakar

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



MC-2111



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CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 14:42

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Dr. Trupti Shetty

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



CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 14:20

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	24.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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

Bmhasakar

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



MC-2111





CID : 2308109130
Name : MRS.ANJALI GHARDE
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 16:14

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Application To Scan the Code

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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.2	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	5.01	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



CID : 2308109130
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Mar-2023 / 09:06
Reported : 22-Mar-2023 / 16:14

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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)

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

*** End Of Report ***

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