

# SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE

Patient Name: BHAGYASHREE AMBEKAR  
Patient ID: 2227911105

Date and Time: 6th Oct 22 11:17 AM

Age **28** **6** **28**  
years months days

Gender **Female**

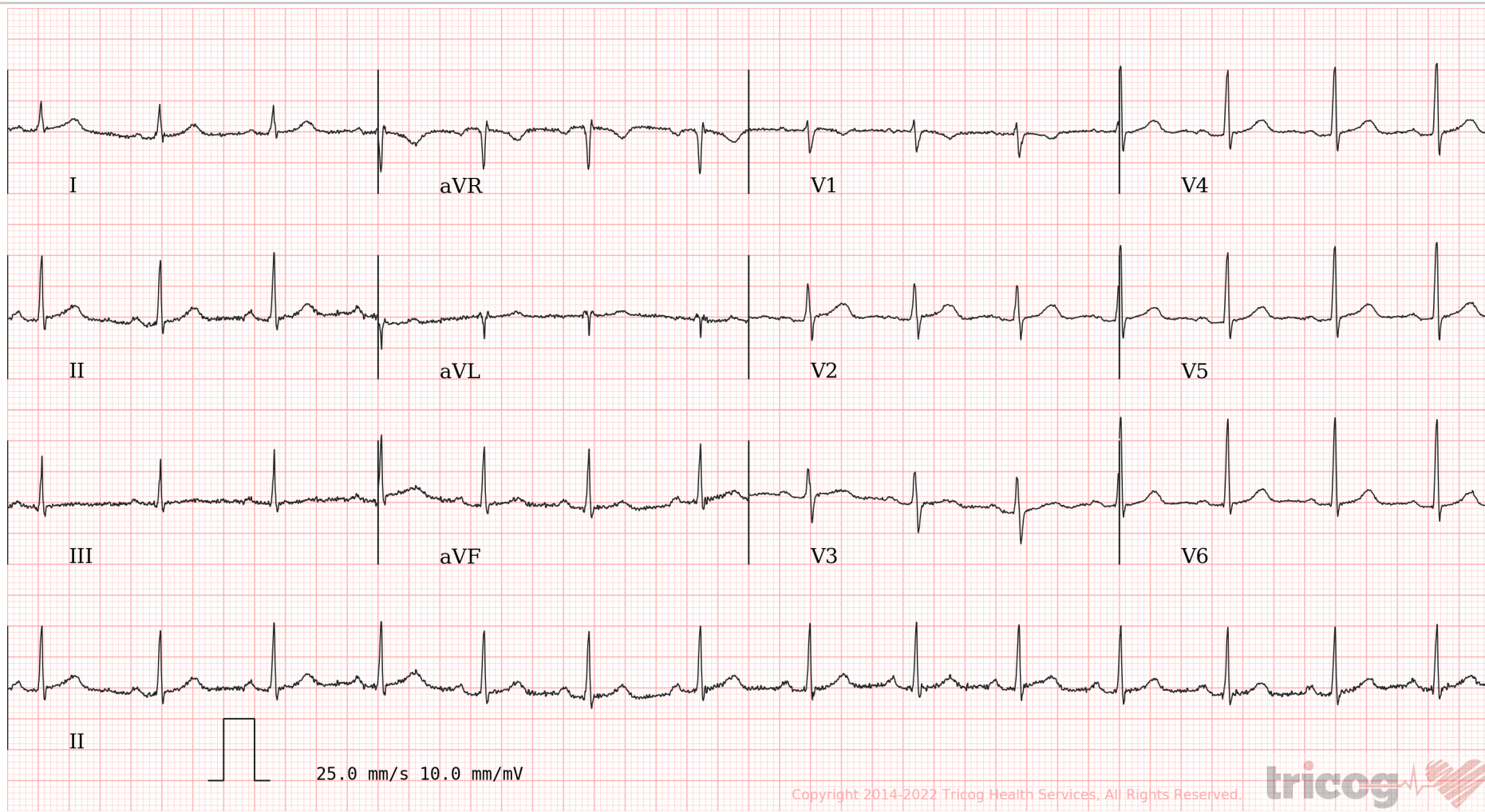
Heart Rate **87bpm**

### Patient Vitals

BP: 100/60 mmHg  
Weight: 64 kg  
Height: 151 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 72ms  
QT: 346ms  
QTc: 416ms  
PR: 160ms  
P-R-T: 61° 75° 51°



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

REPORTED BY

Dr. Krutika Ingle  
MBBS, D.DM, PG in Diabetology (USA)  
2012103018



**CID** : 2227911105  
**Name** : Mrs Bhagyashree Ambekar  
**Age / Sex** : 28 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Pimple Saudagar, Pune Main Centre  
**Reg. Date** : 06-Oct-2022  
**Reported** : 06-Oct-2022/11:35

### **ULTRASOUND ABDOMEN AND PELVIS**

**Liver-** Normal in size (13.6cm), 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 (9.1cm), shape & echo pattern. No focal lesion seen.

**Kidneys-** Right kidney - 9.9 x 3.5 cm, Left kidney -9.4 x 4.2 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 anteverted and appears 64 x 33x 42mm normal. The endometrial thickness is 14.1mm. Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 36 x 22 mm MSF Left ovary = 25 x 21 mm. MSF. Bilateral ovaries are normovolemic with polycystic appearance.

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:**

- **Normovolemic ovaries with polycystic appearance, suggested hormonal assay correlation.**
- **Endometrial thickening ++**

-----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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**Consulting Dr.** : -  
**Reg. Location** : Pimple Saudagar, Pune (Main Centre)

**Collected** : 06-Oct-2022 / 09:31  
**Reported** : 06-Oct-2022 / 15:22

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	<b>5.03</b>	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.3	36-46 %	Calculated
MCV	<b>74</b>	80-100 fl	Calculated
MCH	<b>24.8</b>	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	<b>14.9</b>	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	2003.2	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	326.4	200-1000 /cmm	Calculated
Neutrophils	60.0	40-80 %	
Absolute Neutrophils	3840.0	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	230.4	20-500 /cmm	Calculated
Basophils	<b>0.0</b>	0.1-2 %	
Absolute Basophils	<b>0.0</b>	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	199000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated





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**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 08 2-20 mm at 1 hr. Westergren

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

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



*Shruti Ramteke*

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



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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	100.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.4	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	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	<b>0.09</b>	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	<b>35.9</b>	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	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 \*\*\*



*Shruti Ramteke*

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**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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 \*\*\*



MC-2463

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	12-14	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

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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)

This sample has been tested for Bombay group/Bombay phenotype/OH using anti-H Lectin.

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 Pune Lab, Pune Swargate

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



MC-2463



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.2	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	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	23.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



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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	4.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.7	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	2.68	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 trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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 \*\*\*



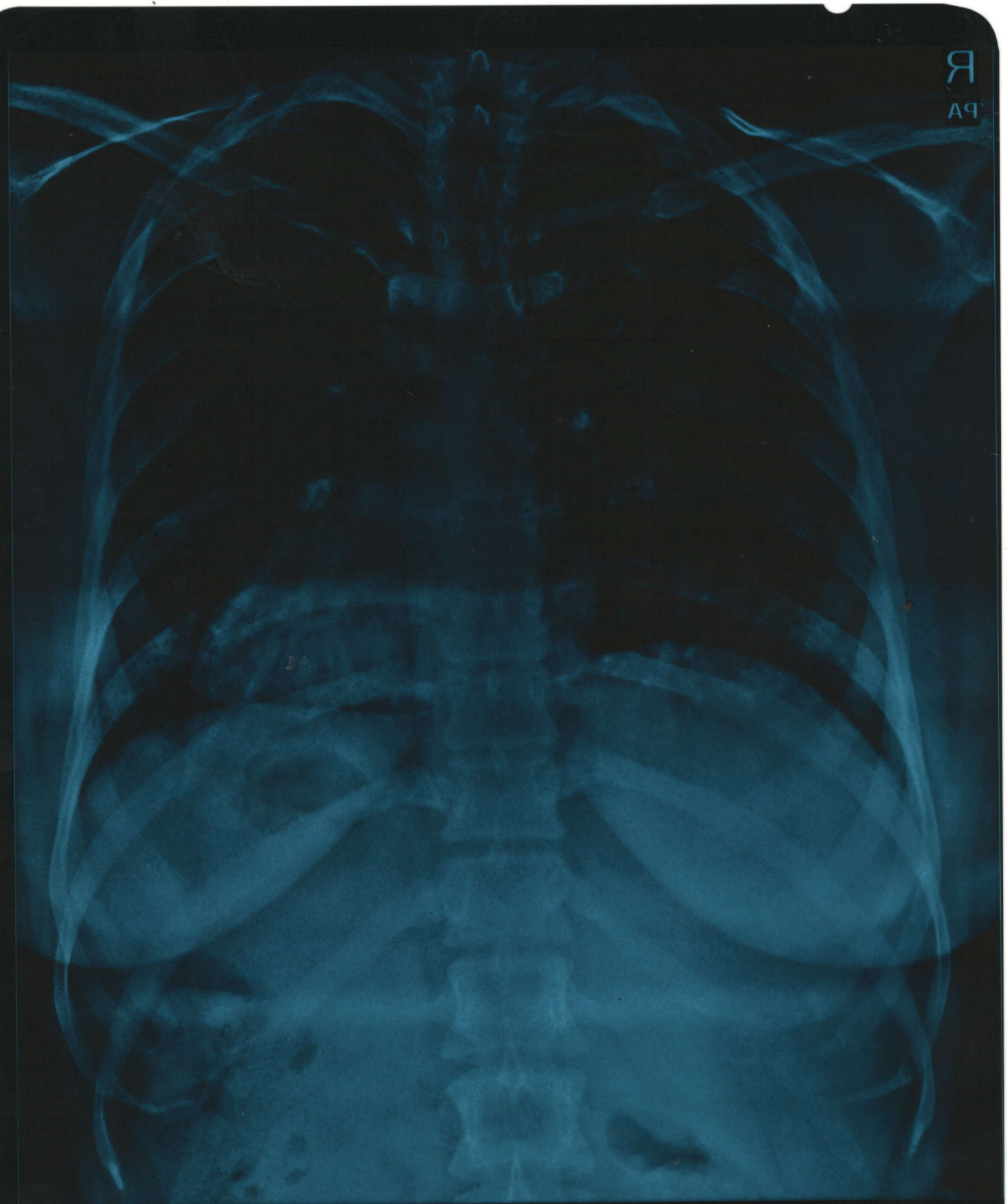
MC-2463

*Shamla Kulkarni*

**Dr.SHAMLA KULKARNI**  
**M.D.(PATH)**  
**Pathologist**



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PA



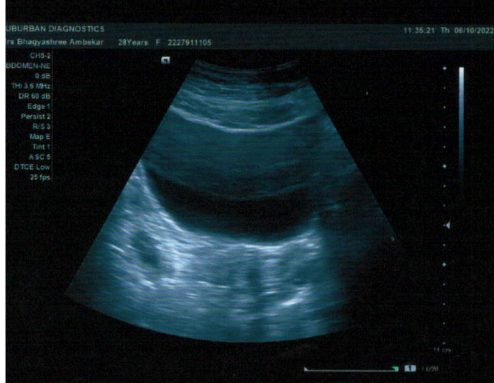
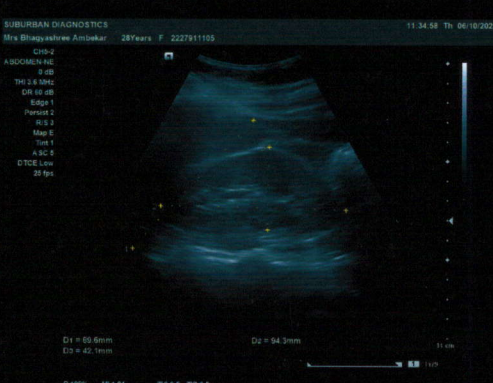
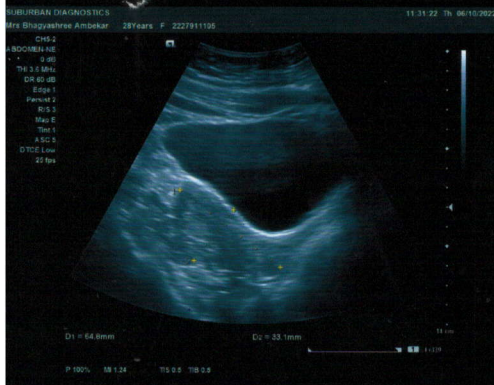
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR  
MRS. BHAGYASHREE AMBEKAR 28YRS F 5252911105 CHEST PA



# SUBURBAN DIAGNOSTIC CENTRE

Name : Mrs Bhagyashree Ambekar 028Y / F

06 Oct 2022 Study : EM





Ambulcar  
28/F

Bhagyashree

6-10-22 PHY2.

**History and Complaints:**

NIL.

**EXAMINATION FINDINGS:**

Height (cms):	151	Weight (kg):	64	BMI
Temp (0c):	Afebrile	Skin:	Normal	} <i>normal</i>
Blood Pressure (mm/hg):	100/60	Nails:	Healthy	
Pulse:	72	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

**IMPRESSION:**

FIT  
Reports normal

**ADVICE:** Gynae opinion on USG changes

**CHIEF COMPLAINTS:**

- 1) Hypertension:
- 2) IHD:
- 3) Arrhythmia:
- 4) Diabetes Mellitus :
- 5) Tuberculosis :
- 6) Asthama:
- 7) Pulmonary Disease :

NAD

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

8) **Thyroid/ Endocrine disorders :**  
CENTRAL PROCESSING LAB: 2<sup>nd</sup> 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 :	

**PERSONAL HISTORY:**

1)	Alcohol	Yes
2)	Smoking	
3)	Diet	Mixed
4)	Medication	NIL

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CENTRAL PROCESSING LAB: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 | For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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

Date:- 6-10-22  
Name:- Bhagshree Ambekar

CID:  
Sex / Age: 128 / 17

**EYE CHECK UP**

Chief complaints: *g*  
Systemic Diseases: *NIL*  
Past history: *mm*  
Unaided Vision: *---*  
Aided Vision: *1 MA*  
Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	<i>---</i>	<i>---</i>	<i>---</i>	<i>6/6</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>6/6</i>
Near	<i>---</i>	<i>---</i>	<i>---</i>	<i>N-6</i>	<i>---</i>	<i>---</i>	<i>---</i>	<i>N-6</i>

Colour Vision: Normal / Abnormal

Remark: *NIL*

*Krutika Ingle*

Dr. KRUTIKA INGLE

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



CID : 2227911105  
Name : Mrs Bhagyashree Ambekar  
Age / Sex : 28 Years/Female  
Ref. Dr :  
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 06-Oct-2022  
Reported : 06-Oct-2022 / 17:59

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**X-RAY CHEST PA VIEW**

Trachea is central.  
Slightly prominent bronchovascular markings are noted bilaterally.  
Visualized bilateral lung fields otherwise appear grossly normal.  
Both hila appear normal.  
Cardiac silhouette has grossly normal appearance for age.  
Bilateral costophrenic and cardiophrenic angles appear grossly normal.  
Visualized bony thorax and soft-tissues are grossly normal for age.

**IMPRESSION :**

Slightly prominent bronchovascular markings are noted bilaterally.  
No other significant abnormality detected

*Advice - Clinical correlation and further evaluation if clinically indicated.*



Dr. SATYAJEET S. GHODAKE  
MBBS, MD, DNB, MNAMS.  
Regd. No. 2013/05/1417  
Consultant Radiologist

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

This report is prepared and physically checked by DR SATYAJEET before dispatch.  
*Investigations have their own limitations. Solitary radiological investigation never leads to a final diagnosis. They should be always correlated with clinical and pathological examinations.*

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

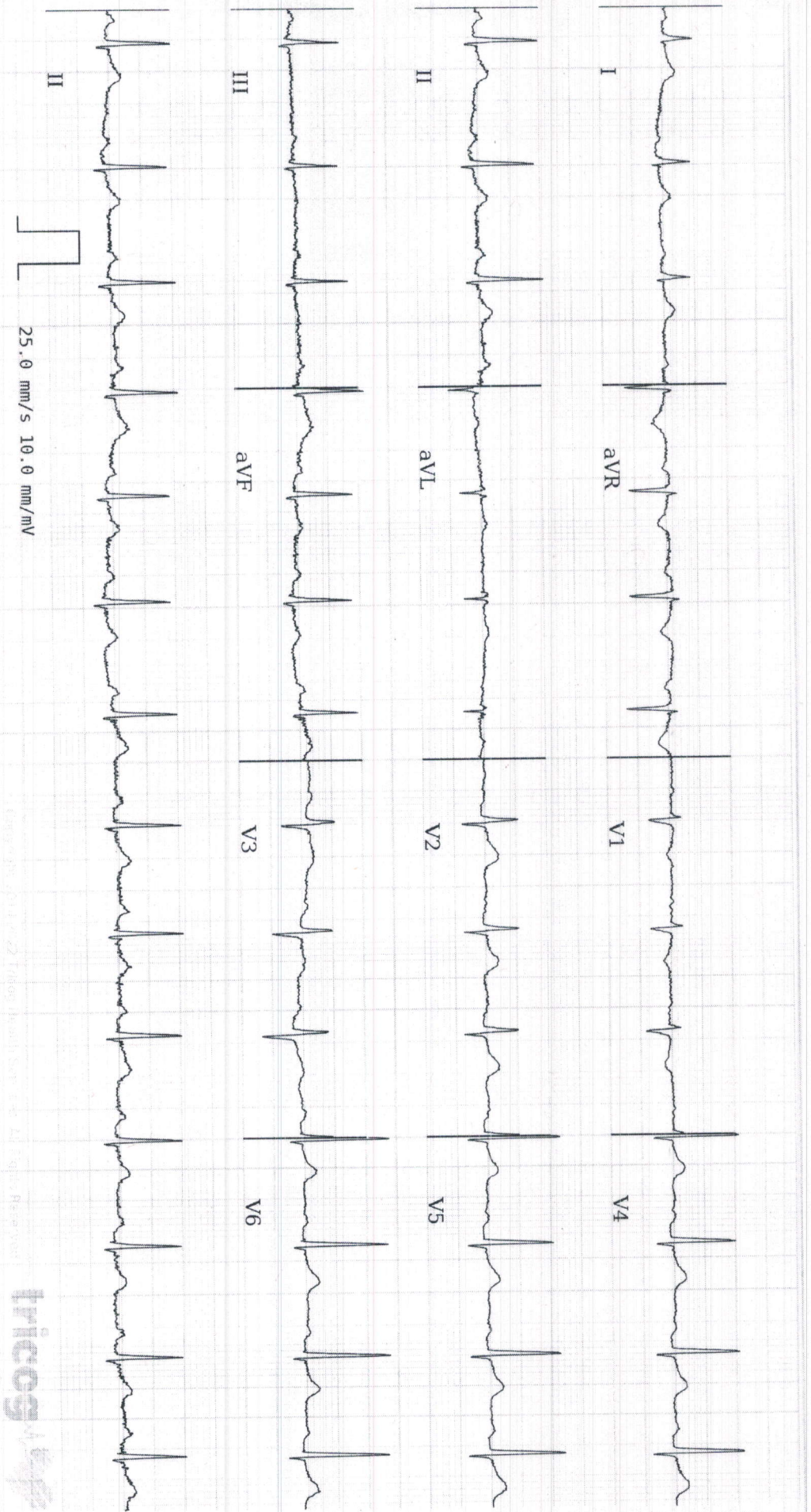
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Age **28** years **6** months **28** days

Gender **Female**

Heart Rate **87bpm**

Patient Vitals

BP: **100/60 mmHg**

Weight: **64 kg**

Height: **151 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **72ms**

QT: **346ms**

QTc: **41ms**

PR: **160ms**

P-R-T: **61° 75° 51°**

REPORTED BY

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

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. 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 ascertained by the clinician and not derived from the ECG.





CID : 2227911105  
Name : Mrs Bhagyashree Ambekar  
Age / Sex : 28 Years/Female  
Ref. Dr :  
Reg. Location : Pimple Saudagar, Pune Main Centre  
Reg. Date : 06-Oct-2022  
Reported : 06-Oct-2022 / 11:35

### ULTRASOUND ABDOMEN AND PELVIS

**Liver-** Normal in size (13.6cm), 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 (9.1cm), shape & echo pattern. No focal lesion seen.

**Kidneys-** Right kidney - 9.9 x 3.5 cm, Left kidney -9.4 x 4.2 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 anteverted and appears 64 x 33x 42mm normal. The endometrial thickness is 14.1mm. Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 36 x 22 mm MSF Left ovary = 25 x 21 mm. MSF. Bilateral ovaries are normovolemic with polycystic appearance.

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:

- Normovolemic ovaries with polycystic appearance, suggested hormonal assay correlation.
- Endometrial thickening ++

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

This report is prepared and physically checked by before dispatch.

*Divya*

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

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सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

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Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1171/02014/77687

To,

भाग्यश्री लक्ष्मण आंबेकर

BHAGYASHRI LAXMAN AMBEKAR

B WING ROOM NO. 06 BHAGYODAYA PARK CHS

CHIKANGHAR BIRLA COLLEGE ROAD

CHIKANGHAR CORNER

KALYAN WEST

Thane

Maharashtra 421301

21/08/2011

Ref: 112 / 07E / 222464 / 223440 / P



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"Fortuna" Ground Floor, Near Shivhar  
Garden Chowk, Next to Radha Krishna  
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4903 4878 7012

आधार — सामान्य माणसाचा अधिकार



भारत सरकार

GOVERNMENT OF INDIA



भाग्यश्री लक्ष्मण आंबेकर

BHAGYASHRI LAXMAN AMBEKAR

जन्म वर्ष / Year of Birth : 1994

स्त्री / Female



4903 4878 7012

आधार — सामान्य माणसाचा अधिकार





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CID : 2227911105  
Name : MRS.BHAGYASHREE AMBEKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 15:22

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.03	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.3	36-46 %	Calculated
MCV	74	80-100 fl	Calculated
MCH	24.8	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6400	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.3	20-40 %	
Absolute Lymphocytes	2003.2	1000-3000 /cmm	Calculated
Monocytes	5.1	2-10 %	
Absolute Monocytes	326.4	200-1000 /cmm	Calculated
Neutrophils	60.0	40-80 %	
Absolute Neutrophils	3840.0	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	230.4	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	199000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated







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

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 15:51

**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	100.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.4	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	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	28.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	35.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	32.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic



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**Age / Gender** : 28 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Pimple Saudagar, Pune (Main Centre)

**Collected** : 06-Oct-2022 / 14:26  
**Reported** : 06-Oct-2022 / 18:30

eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	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 \*\*\*



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



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Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 15:42

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 \*\*\*



MC-2463

*Shruti Ramteke*

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



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Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 15:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight Hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	12-14	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

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



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



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Age / Gender : 28 Years / Female  
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Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 14:22

**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)

This sample has been tested for Bombay group/Bombay phenotype/OH using anti-H Lectin.

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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



MC-2463

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



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Name : MRS.BHAGYASHREE AMBEKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 15:51

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	151.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.2	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	37.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	23.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



*Signature*

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



Authenticity Check



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CID : 2227911105  
Name : MRS.BHAGYASHREE AMBEKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 06-Oct-2022 / 09:31  
Reported : 06-Oct-2022 / 14:42

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	14.7	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	2.68	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 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)

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



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