

Patient Name: NEHA SHIVHARE

Date and Time: 25th Dec 21 11:24 AM

Patient ID: 2135940691

Age **30** **9** **23**
years months days

Gender **Female**

Heart Rate **80 bpm**

Patient Vitals

BP: 140/80 mmHg

Weight: 68 kg

Height: 163 cm

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

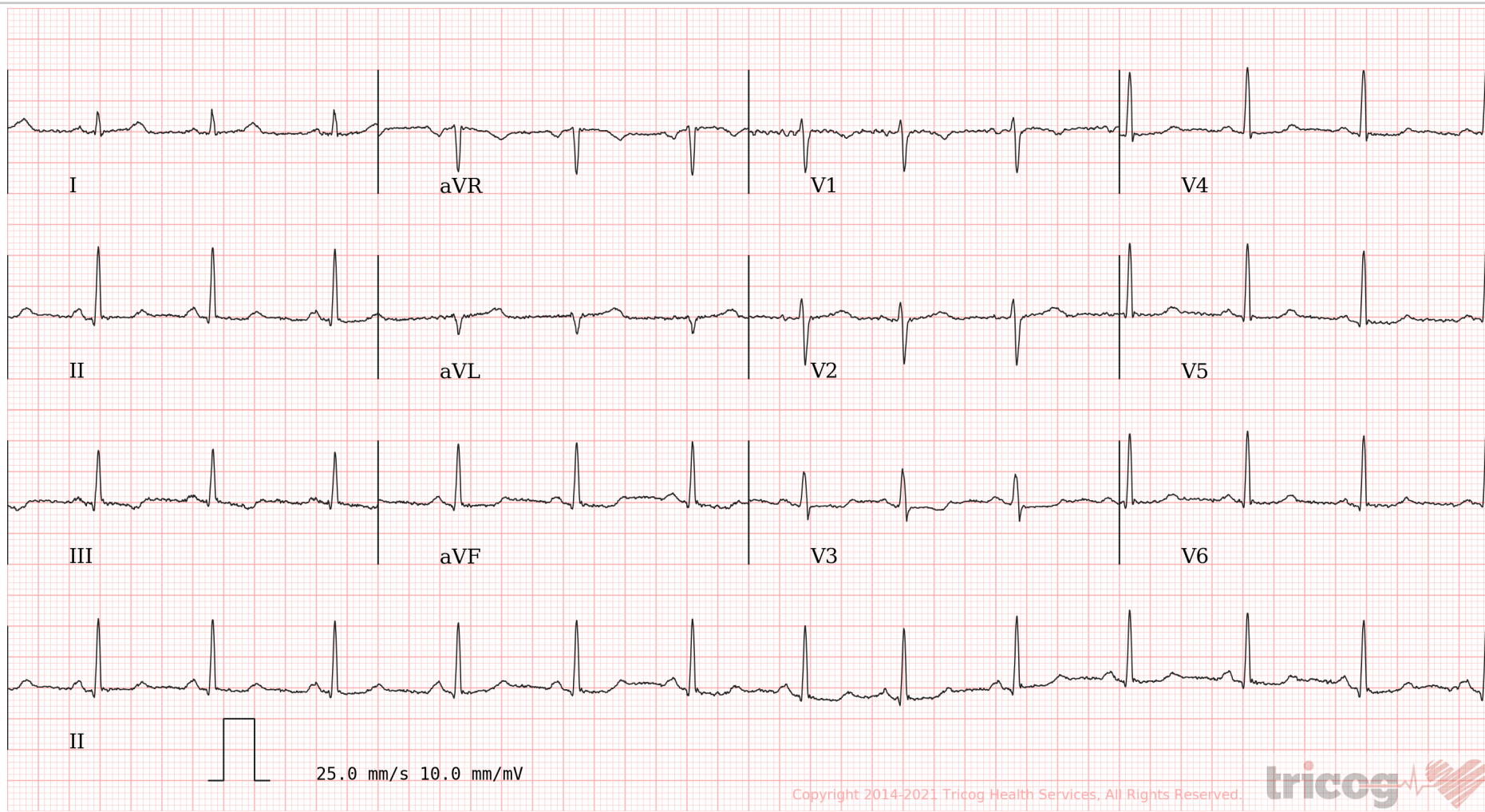
QSRD: 72 ms

QT: 400 ms

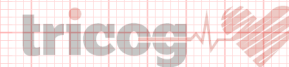
QTc: 461 ms

PR: 136 ms

P-R-T: 61° 74° 19°



Copyright 2014-2021 Tricog Health Services, All Rights Reserved.



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

REPORTED BY

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : Mrs NEHA SHIVHARE
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Dec-2021 / 11:02
Reported : 25-Dec-2021 / 15:22

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.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388



CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 12:45

Use a QR Code Scanner
Application To Scan the Code

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	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.3	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	2350.1	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	489.9	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	3954.7	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	262.7	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	42.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	346000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	11.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 12:33

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



MC-2111



Rashmi Monteiro

Dr.RASHMI MONTEIRO
M.D. (PATH)
Pathologist

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

Page 2 of 8

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

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



CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 13:11

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	12.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	71.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111

Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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 : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 16:23

Use a QR Code Scanner
Application To Scan the Code

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 CPL, Andheri West

*** End Of Report ***



MC-2111



Dr. Vrushali Shroff
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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**



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 16:25

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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 CPL, Andheri West

*** End Of Report ***



Anupa
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 13:01

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	133.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	48.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	131.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	26.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



MC-2111



Rashmi Monteiro

Dr.RASHMI MONTEIRO
M.D. (PATH)
Pathologist

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 12:57

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	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	2.39	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



Use a QR Code Scanner
Application To Scan the Code

CID : 2135940691
Name : MRS.NEHA SHIVHARE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Dec-2021 / 10:21
Reported : 25-Dec-2021 / 12:57

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)

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

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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**