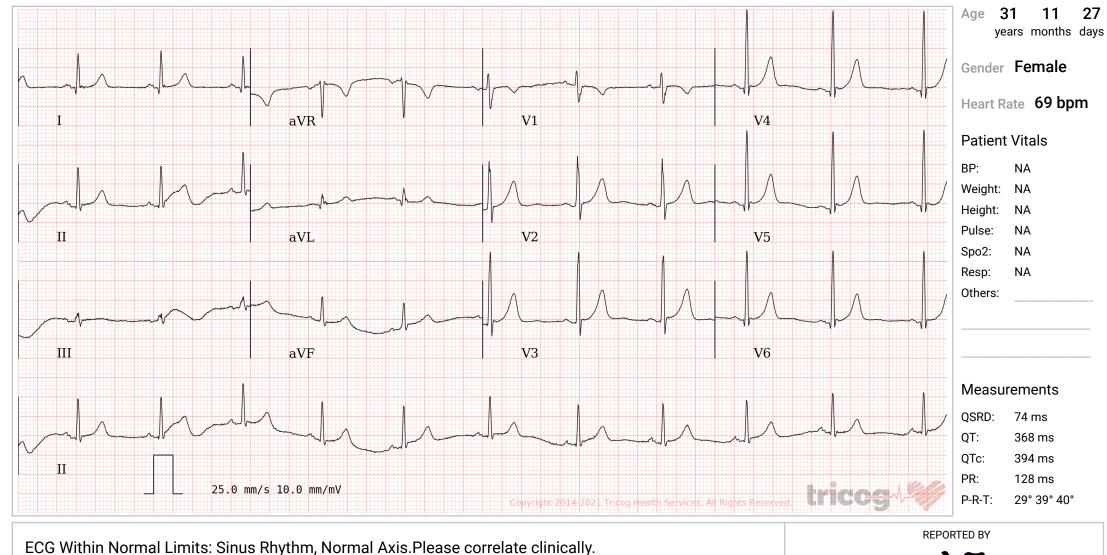
## **SUBURBAN DIAGNOSTICS - VASAI**



Patient Name: RAINA KHARE Patient ID: 2136425958

Date and Time: 30th Dec 21 9:34 AM





Dr. SHISHIR SHETTY MBBS.D-CARD 2006/01/0250

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.



: 2136425958
: MRS.RAINA KHARE
: 31 Years / Female
: -
: Vasai (Main Centre)



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>CBC (Complete Blood Count), Blood</u>			
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.9	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6940	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	2068.1	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	583.0	200-1000 /cmm	Calculated
Neutrophils	57.5	40-80 %	
Absolute Neutrophils	3990.5	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	249.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	48.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETER	<u>S</u>		
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	18.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Page 1 of 2

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CID	: 2136425958			Р
	• 2130423930			-
Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	: 30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 11:33	т
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Macrocyto	SIS	-		
Anisocyto	sis	-		
Poikilocyto	osis			
Polychrom	nasia	-		
Target Ce	lls	-		
Basophilic	Stippling	-		
Normobla	sts	-		
Others		Normocytic,Normochromic		
WBC MOI	RPHOLOGY	-		
PLATELE	T MORPHOLOGY	-		
COMMEN	т	-		
Specimen: E	DTA Whole Blood			
ESR, EDT	A WB-ESR	4	2-20 mm at 1 hr.	Westergren

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



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

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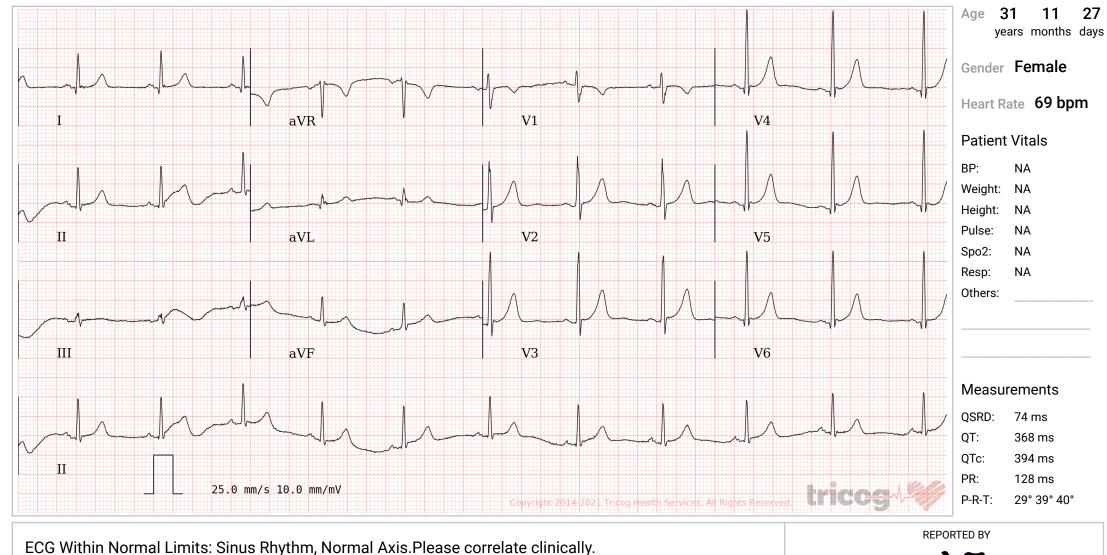
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## **SUBURBAN DIAGNOSTICS - VASAI**



Patient Name: RAINA KHARE Patient ID: 2136425958

Date and Time: 30th Dec 21 9:34 AM





Dr. SHISHIR SHETTY MBBS.D-CARD 2006/01/0250

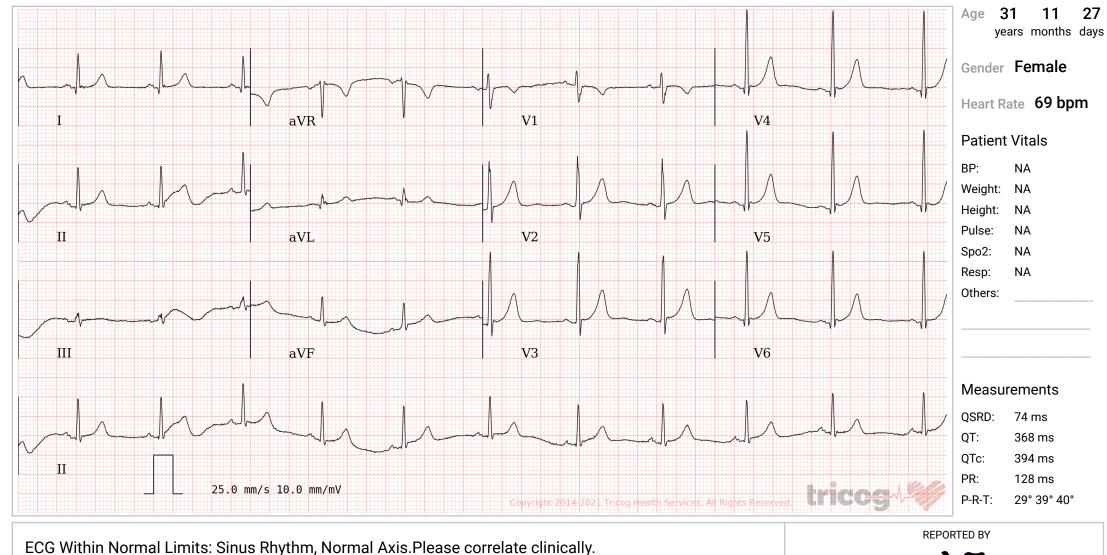
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## **SUBURBAN DIAGNOSTICS - VASAI**



Patient Name: RAINA KHARE Patient ID: 2136425958

Date and Time: 30th Dec 21 9:34 AM





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: 31 Years / Female
: -
: Vasai (Main Centre)



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>CBC (Complete Blood Count), Blood</u>			
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
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WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
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Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

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RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	: 30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 11:33	т
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Macrocyto	SIS	-		
Anisocyto	sis	-		
Poikilocyto	osis			
Polychrom	nasia	-		
Target Ce	lls	-		
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Normobla	sts	-		
Others		Normocytic,Normochromic		
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PLATELE	T MORPHOLOGY	-		
COMMEN	т	-		
Specimen: E	DTA Whole Blood			
ESR, EDT	A WB-ESR	4	2-20 mm at 1 hr.	Westergren

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



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: Vasai (Main Centre)



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CID	: 2136425958			-
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Consulting Dr.	: -	Collected	: 30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 11:33	т

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	4	2-20 mm at 1 hr.	Westergren

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



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:2136425958

: -

: MRS.RAINA KHARE

: 31 Years / Female

: Vasai (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	13.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	51.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic

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Anto

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

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

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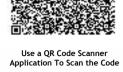
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CID : 2136425958 Name : MRS.RAINA KHARE Age / Gender : 31 Years / Female Consulting Dr. : -Reg. Location : Vasai (Main Centre)



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**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

: 30-Dec-2021 / 09:04 : 30-Dec-2021 / 14:10

<u>METHOD</u>

Calculated

HPLC

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

mg/dl

### PARAMETER

Glycosylated Hemoglobin 5.0 (HbA1c), EDTA WB - CC

Estimated Average Glucose 96.8 (eAG), EDTA WB - CC

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

RESULTS

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

**Clinical Significance:** 

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

Test Interpretation:

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

#### Factors affecting HbA1c results:

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

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

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

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

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Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP( Medical Services)



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CID	: 2136425958
Name	: MRS.RAINA KHARE
Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - :Vasai (Main Centre)





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: 30-Dec-2021 / 09:04 :30-Dec-2021 / 12:31

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

PARAMETER	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
CHOLESTEROL, Serum	119.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	83.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated
*Comple preserved at CUPUDPAN DI		rivali Lab Barivali Wast	

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	AERFOCAMI HEALTHCAI	RE BELOW 40 MALE/F	EMALE	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Name	: MRS.RAINA KHARE		面谈意用的教授的学生	0
CID	: 2136425958			
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THYROID FUNCTION TESTS			
<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.35	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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CID	: 2136425958			
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Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
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#### Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

#### **Clinical Significance:**

1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.

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

#### Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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: 2136425958
: MRS.RAINA KHARE
: 31 Years / Female
: -
: Vasai (Main Centre)



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>CBC (Complete Blood Count), Blood</u>				
PARAMETER	<b>RESULTS</b>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
<b>RBC PARAMETERS</b>				
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric	
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	40.9	36-46 %	Measured	
MCV	86	80-100 fl	Calculated	
MCH	27.6	27-32 pg	Calculated	
MCHC	32.2	31.5-34.5 g/dL	Calculated	
RDW	14.8	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6940	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS			
Lymphocytes	29.8	20-40 %		
Absolute Lymphocytes	2068.1	1000-3000 /cmm	Calculated	
Monocytes	8.4	2-10 %		
Absolute Monocytes	583.0	200-1000 /cmm	Calculated	
Neutrophils	57.5	40-80 %		
Absolute Neutrophils	3990.5	2000-7000 /cmm	Calculated	
Eosinophils	3.6	1-6 %		
Absolute Eosinophils	249.8	20-500 /cmm	Calculated	
Basophils	0.7	0.1-2 %		
Absolute Basophils	48.6	20-100 /cmm	Calculated	
Immature Leukocytes	-			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETER	<u>S</u>		
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	18.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Macrocyto	SIS	-		
Anisocyto	sis	-		
Poikilocyto	osis			
Polychrom	nasia	-		
Target Ce	lls	-		
Basophilic	Stippling	-		
Normobla	sts	-		
Others		Normocytic,Normochromic		
WBC MOI	RPHOLOGY	-		
PLATELE	T MORPHOLOGY	-		
COMMEN	т	-		
Specimen: E	DTA Whole Blood			
ESR, EDT	A WB-ESR	4	2-20 mm at 1 hr.	Westergren

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



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Target Ce	lls	-		
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COMMEN	т	-		
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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood				
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RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance	
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Basophils	0.7	0.1-2 %		
Absolute Basophils	48.6	20-100 /cmm	Calculated	
Immature Leukocytes	-			
•	48.6 -	20-100 /cmm	Calculated	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

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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	4	2-20 mm at 1 hr.	Westergren

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	2.5	1 - 2	Calculated	
SGOT (AST), Serum	13.1	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	15.1	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	51.7	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	6.6	6-20 mg/dl	Calculated	
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic	
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic	

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Name	: MRS.RAINA KHARE
Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - : Vasai (Main Centre)



Urine Sugar (Fasting) Urine Ketones (Fasting)	Absent Absent	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 \*\*\*



Anto

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

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

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CID :2136425958 Name : MRS. RAINA KHARE Age / Gender : 31 Years / Female Consulting Dr. : -Reg. Location : Vasai (Main Centre)



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**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

: 30-Dec-2021 / 09:04 :30-Dec-2021 / 14:10

<u>METHOD</u>

Calculated

HPLC

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

mg/dl

## PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.0

RESULTS

Estimated Average Glucose 96.8 (eAG), EDTA WB - CC

### Intended use:

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

### **Clinical Significance:**

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

### Test Interpretation:

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

### Factors affecting HbA1c results:

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

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

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

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

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**Dr.JYOT THAKKER** M.D. (PATH), DPB Pathologist & AVP( Medical Services)



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

PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	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	-		

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BMhaskar

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

### PARAMETER

### <u>RESULTS</u>

ABO GROUP B Rh TYPING NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

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

#### Limitations:

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

#### **Refernces:**

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

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	119.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	83.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated
*Sample processed at SUBUBBAN DI		rivali Lab, Borivali Wost	

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



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Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	: 30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т
		RF RFI OW 40 MAI F/F		

<u>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</u> <u>THYROID FUNCTION TESTS</u>			
<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.35	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

Page 9 of 10

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CID	: 2136425958			
Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т

#### 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 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: 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

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: 31 Years / Female
: -
: Vasai (Main Centre)



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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood			
PARAMETER	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.9	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6940	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSC	DLUTE COUNTS		
Lymphocytes	29.8	20-40 %	
Absolute Lymphocytes	2068.1	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	583.0	200-1000 /cmm	Calculated
Neutrophils	57.5	40-80 %	
Absolute Neutrophils	3990.5	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	249.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	48.6	20-100 /cmm	Calculated
Immature Leukocytes			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS	<u> </u>		
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	18.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis			

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Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 11:33	т

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	4	2-20 mm at 1 hr.	Westergren

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Bmhaskar

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:2136425958

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: MRS. RAINA KHARE

: 31 Years / Female

: Vasai (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	13.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	51.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

: 30-Dec-2021 / 09:04 :30-Dec-2021 / 14:10

<u>METHOD</u>

Calculated

HPLC

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

mg/dl

## PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.0

RESULTS

Estimated Average Glucose 96.8 (eAG), EDTA WB - CC

### Intended use:

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

### **Clinical Significance:**

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

### Test Interpretation:

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

### Factors affecting HbA1c results:

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

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

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

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

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Name	: MRS.RAINA KHARE
Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - : Vasai (Main Centre)





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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	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	-		

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Name	: MRS.RAINA KHARE
Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - :Vasai (Main Centre)

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

### PARAMETER

### RESULTS

ABO GROUP В **Rh TYPING** NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

#### Clinical significance:

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

#### Limitations:

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

#### **Refernces:**

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

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CID	: 2136425958
Name	: MRS.RAINA KHARE
Age / Gender	: 31 Years / Female
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: 30-Dec-2021 / 09:04 : 30-Dec-2021 / 12:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
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<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	119.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	83.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Name	: MRS.RAINA KHARE			0
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THYROID FUNCTION TESTS			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.35	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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PRECISE TESTING - HEAL	THIER LIVING			E
CID	: 2136425958			
Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т

### 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 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: 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.

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2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

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: 31 Years / Female
: -
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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

CBC (Complete Blood Count), Blood			
<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
13.2	12.0-15.0 g/dL	Spectrophotometric	
4.76	3.8-4.8 mil/cmm	Elect. Impedance	
40.9	36-46 %	Measured	
86	80-100 fl	Calculated	
27.6	27-32 pg	Calculated	
32.2	31.5-34.5 g/dL	Calculated	
14.8	11.6-14.0 %	Calculated	
6940	4000-10000 /cmm	Elect. Impedance	
LUTE COUNTS			
29.8	20-40 %		
2068.1	1000-3000 /cmm	Calculated	
8.4	2-10 %		
583.0	200-1000 /cmm	Calculated	
57.5	40-80 %		
3990.5	2000-7000 /cmm	Calculated	
3.6	1-6 %		
249.8	20-500 /cmm	Calculated	
0.7	0.1-2 %		
48.6	20-100 /cmm	Calculated	
	RESULTS   13.2   4.76   40.9   86   27.6   32.2   14.8   6940   LUTE COUNTS   29.8   2068.1   8.4   583.0   57.5   3990.5   3.6   249.8   0.7	RESULTS   BIOLOGICAL REF RANGE     13.2   12.0-15.0 g/dL     4.76   3.8-4.8 mil/cmm     40.9   36-46 %     86   80-100 fl     27.6   27-32 pg     32.2   31.5-34.5 g/dL     14.8   11.6-14.0 %     6940   4000-10000 /cmm     LUTE COUNTS   29.8     29.8   20-40 %     2068.1   1000-3000 /cmm     8.4   2-10 %     583.0   200-1000 /cmm     57.5   40-80 %     3990.5   2000-7000 /cmm     3.6   1-6 %     249.8   20-500 /cmm     0.7   0.1-2 %	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETER	<u>S</u>		
Platelet Count	268000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	18.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Name	: MRS.RAINA KHARE			0
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Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 11:33	т

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	4	2-20 mm at 1 hr.	Westergren

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:2136425958

: -

: MRS.RAINA KHARE

: 31 Years / Female

: Vasai (Main Centre)

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Name

Age / Gender

Consulting Dr.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	1.8	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	2.5	1 - 2	Calculated	
SGOT (AST), Serum	13.1	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	15.1	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	51.7	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	6.6	6-20 mg/dl	Calculated	
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic	
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated	
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic	

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Age / Gender	: 31 Years / Female
Consulting Dr. Reg. Location	: - :Vasai (Main Centre)



Urine Sugar (Fasting) Urine Ketones (Fasting)	Absent Absent	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 \*\*\*



Anto

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**BIOLOGICAL REF RANGE** 

Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

: 30-Dec-2021 / 09:04 :30-Dec-2021 / 14:10

<u>METHOD</u>

Calculated

HPLC

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

mg/dl

# PARAMETER

Glycosylated Hemoglobin

(HbA1c), EDTA WB - CC

5.0

RESULTS

Estimated Average Glucose 96.8 (eAG), EDTA WB - CC

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

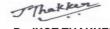
Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

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 \*\*\*







**Dr.JYOT THAKKER** M.D. (PATH), DPB Pathologist & AVP( Medical Services)



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Consulting Dr. Reg. Location	: - : Vasai (Main Centre)



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### **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAFCES**

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

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	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	-		

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

### PARAMETER

### <u>RESULTS</u>

ABO GROUP B Rh TYPING NEGATIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

### Clinical significance:

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

### Limitations:

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

### **Refernces:**

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

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: 30-Dec-2021 / 09:04 :30-Dec-2021 / 12:31

<b>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</b>	
LIPID PROFILE	

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	119.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	59.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	83.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	: 30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т
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<u>A</u>	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS			
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>	
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	17.2	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	2.35	0.35-5.5 microlU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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CID	: 2136425958			
Name	: MRS.RAINA KHARE			0
Age / Gender	: 31 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:30-Dec-2021 / 09:04	
Reg. Location	: Vasai (Main Centre)	Reported	:30-Dec-2021 / 13:24	т

### 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 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: 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 \*\*\*



Anto

Authenticity Check

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

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

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

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PRECISE TESTING . HEALTHIER LIVING

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

Weight (kg):

Lymph Node:

Skin:

Nails:

60 kgs

Normal

Normal

Not palpable

CID	: 2136425958	SID	: 177802960067	
Name	: MRS.RAINA KHARE	Registered	: 30-Dec-2021 / 09:04	
Aae / Gender	: 31 Years/Female	Collected	: 30-Dec-2021 / 09:04	
PHYSICAL EXAMINATION REPORT				

### **History and Complaints:**

Asymptomatic

### **EXAMINATION FINDINGS:**

Height (cms):	159 cms
Temp (0c):	Aferile
Blood Pressure (mm/hg):	: 120/80 mm of hg
Pulse:	70/min

# Systems

Cardiovascular:	S1S2 audible
<b>Respiratory:</b>	AEBE
Genitourinary:	NAD
GI System:	Liver & Spleen not palpable
CNS:	NAD

### **IMPRESSION:**

# ADVICE:

### **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

Disclaimer: 1) Please note that laboratory results serve as an aid to diagnosis and should be interpreted in relation to clinical findings. Please refer back to the laboratory if there is any discrepancy between clinical and laboratory diagnosis. 2) (i) Part of this test report can't be produced without written approval of lab (ii) The test samples are submitted by the patient/picked up by the lab personnel. (iii) The report pertains to submitted samples only.



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CID	: 2136425958		SID	: 177802960067
Name	: MRS.RAINA KHARE		Registered	: 30-Dec-2021 / 09:04
<ul><li>15) Congenita</li><li>16) Surgeries</li></ul>		No No No	Collected	: 30-Dec-2021 / 09:04
PERSONAL HISTORY:				
1) Alcohol		No		
2) Smoking		No		
3) Diet		Mixed		
4) Medication		No		

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

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Dr.SHISHIR SHETTY MBBS,D-CARD CARDIOLOGIST

Disclaimer: 1) Please note that laboratory results serve as an aid to diagnosis and should be interpreted in relation to clinical findings. Please refer back to the laboratory if there is any discrepancy between clinical and laboratory diagnosis. 2) (i) Part of this test report can't be produced without written approval of lab (ii) The test samples are submitted by the patient/picked up by the lab personnel. (iii) The report pertains to submitted samples only.