



नाम
Name: रीता चौधरी
Reeta Choudhary
कमंडो नं. #
C.A. No. 88597




आधिकारिक अधिकारी
Authorized Officer

Reeta Choudhary
धारक के हस्ताक्षर
Signature of holder

Reeta Choudhary

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308108891
Name : Mrs REETA CHOUDHARY
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 13:23

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.

Kindly correlate clinically.

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

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208270563>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

CID# : 2308108891
Name : MRS.REETA CHOUDHARY
Age / Gender : 32 Years/Female
Consulting Dr. :
Reg.Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:26
Reported : 22-Mar-2023 / 17:55

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	162	Weight (kg):	60.7
Temp (0c):	afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	82/min	Lymph Node:	Not palpable

Systems

Cardiovascular: NAD
Respiratory: NAD
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION: Mild anemia Impaired FBS.
Mild dyslipidemia Urinary infection

ADVICE: Lifestyle modification
Further inv. and Rx for anemia.
Drink plenty of liquids
USG KUB after 3 wks.

CHIEF COMPLAINTS:

1) Hypertension: NO

CID# : 2308108891

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Age / Gender : 32 Years/Female

Consulting Dr. :

Collected : 22-Mar-2023 / 08:26

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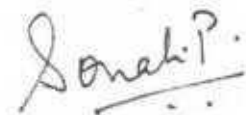
Reported : 22-Mar-2023 / 17:55

- | | |
|--|----|
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Vegetarian |
| 4) Medication | NO |

*** End Of Report ***



Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Date:- 22/3/23

CID: 2308108891

Name:- Reeta Choudhary, Sex/Age: F/82-

EYE CHECK UP

Chief complaints: NO.

Systemic Diseases: NO.

Past history: NO.

Unaided Vision: Both eye - NV - NG.

Aided Vision: DV - 6/6.

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6.	—	—	—	6/6.
Near	—	—	—	NG.	—	—	—	NG.

Colour Vision: Normal / Abnormal

Remark: SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

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Name : Mrs REETA CHOUDHARY
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 10:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.2 cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is partially distended apparently normal.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of hydronephrosis or mass lesion seen.

Right kidney measures 10.0 x 3.8 cm.

Left kidney measures 10.5 x 5.2 cm.

Nonobstructive calculus measuring 4.3 mm is noted at the upper pole calyx of left kidney.

SPLEEN:

The spleen is normal in size (8.7 cm), and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS(TAS):

The uterus is anteverted and appears normal. It measures 9.0 x 5.8 x 3.9 cm in size. The endometrial thickness is 7.2 mm.

OVARIES(TAS):

Both the ovaries are well visualised and appears normal.

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

Right ovary = 3.0 x 2.0 cm. Dominant follicle is noted in the right ovary measuring 18.0 mm.

Left ovary = 2.2 x 1.2 cm.

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Page no 1 of 2

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Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 10:38

IMPRESSION:-

- Grade I fatty infiltration of liver.
- Left renal nonobstructive calculus.

Suggestion: Clinicopathological correlation.

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. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208270555>

Age 32 years 8 months 1 days

Gender Female

Heart Rate 82bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 60 kg

Height: 162 cm

Pulse: NA

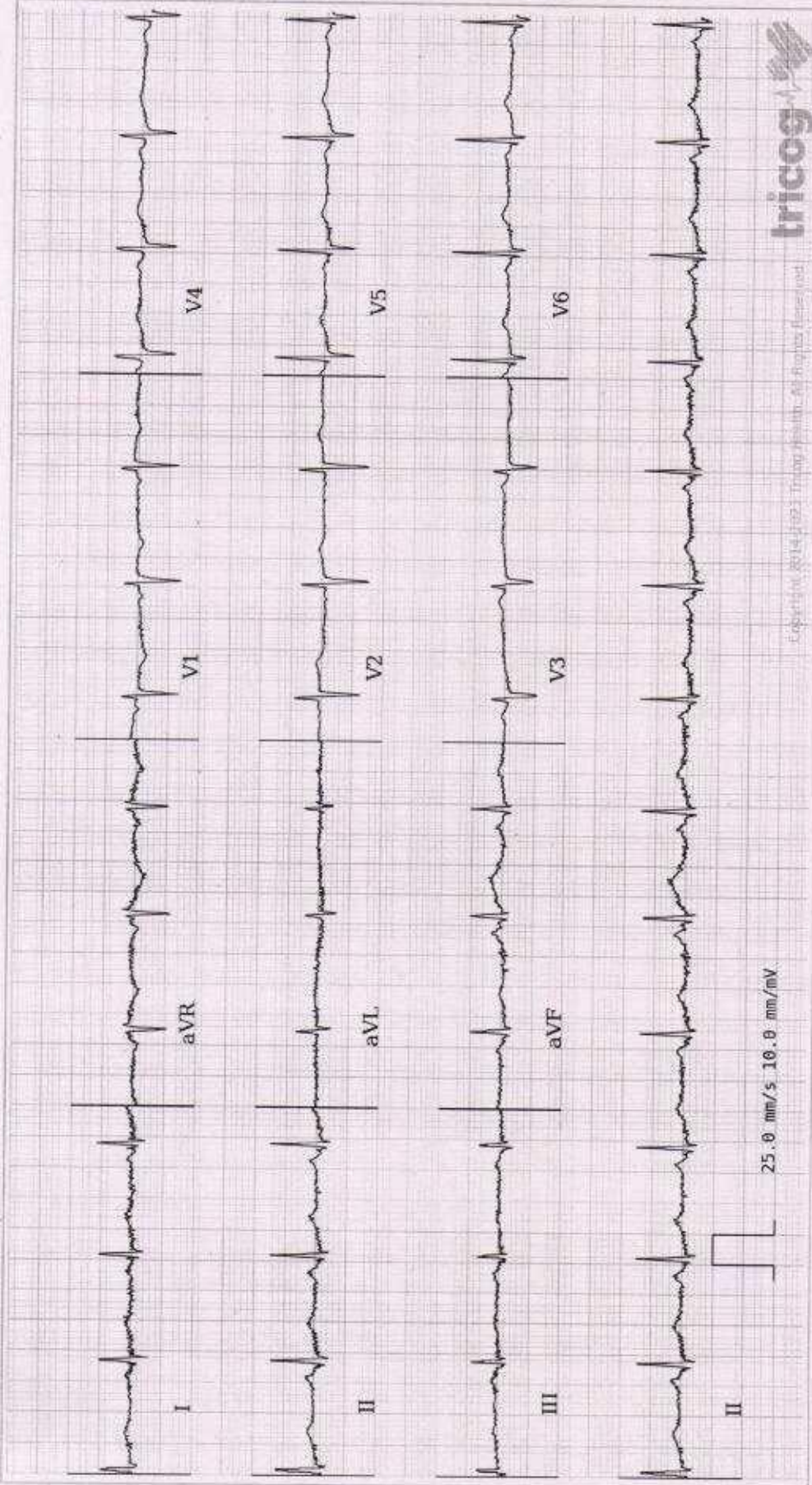
Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 70ms
QT: 346ms
QTc: 404ms
PR: 104ms
P-R-T: 44° 51° 40°



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

REPORTED BY

Soni

DR SONALI HONRAO
MD (General Medicine)
Physician
200/04/1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct in 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.

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: REETA, CHOUDHARY

Patient ID: 2308108891

Height: 162 cm

Weight: 60 kg

DOB: 21.07.1990

Age: 32yrs

Gender: Female

Race: Asian

Study Date: 22.03.2023

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:22	0.00	0.00	93	110/80	
	STANDING	00:26	0.00	0.00	100	110/80	
	HYPERV.	00:15	0.00	0.00	95		
EXERCISE	WARM-UP	00:32	1.00	0.00	103	110/80	
	STAGE 1	03:00	1.70	10.00	141	120/80	
	STAGE 2	03:00	2.50	12.00	162	136/80	
RECOVERY	STAGE 3	00:51	3.40	14.00	173		
		03:03	0.00	0.00	108	120/80	

The patient exercised according to the BRUCE for 6:51 min:s, achieving a work level of Max. METS: 9.50. The resting heart rate of 96 bpm rose to a maximal heart rate of 176 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 136/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

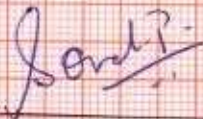
ST Changes: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.



Physician

Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

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102-104. Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064

REETA, CHOUDHARY
Patient ID: 2308108891
22.03.2023
9:23:28am

12-Lead Report

PRETEST
SUPINE
00:20

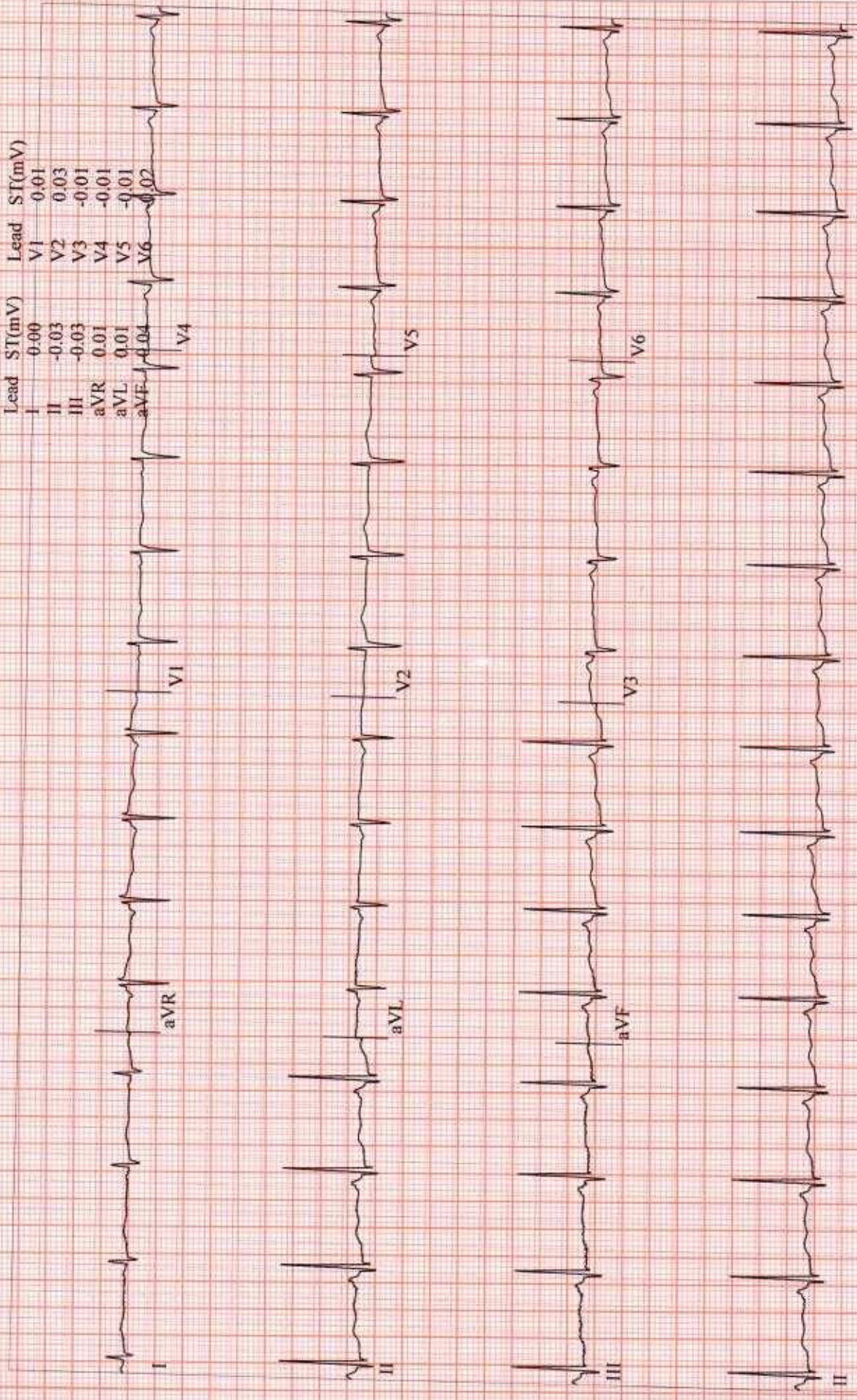
93 bpm
110/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.00	V1	0.01
II	-0.03	V2	0.03
III	-0.03	V3	-0.01
aVR	0.01	V4	-0.01
aVL	0.01	V5	-0.01
aVF	0.04	V6	0.02



REETA, CHOUDHARY
 Patient ID: 2308108891
 22.03.2023
 9:23:44am

95 bpm
 110/80 mmHg

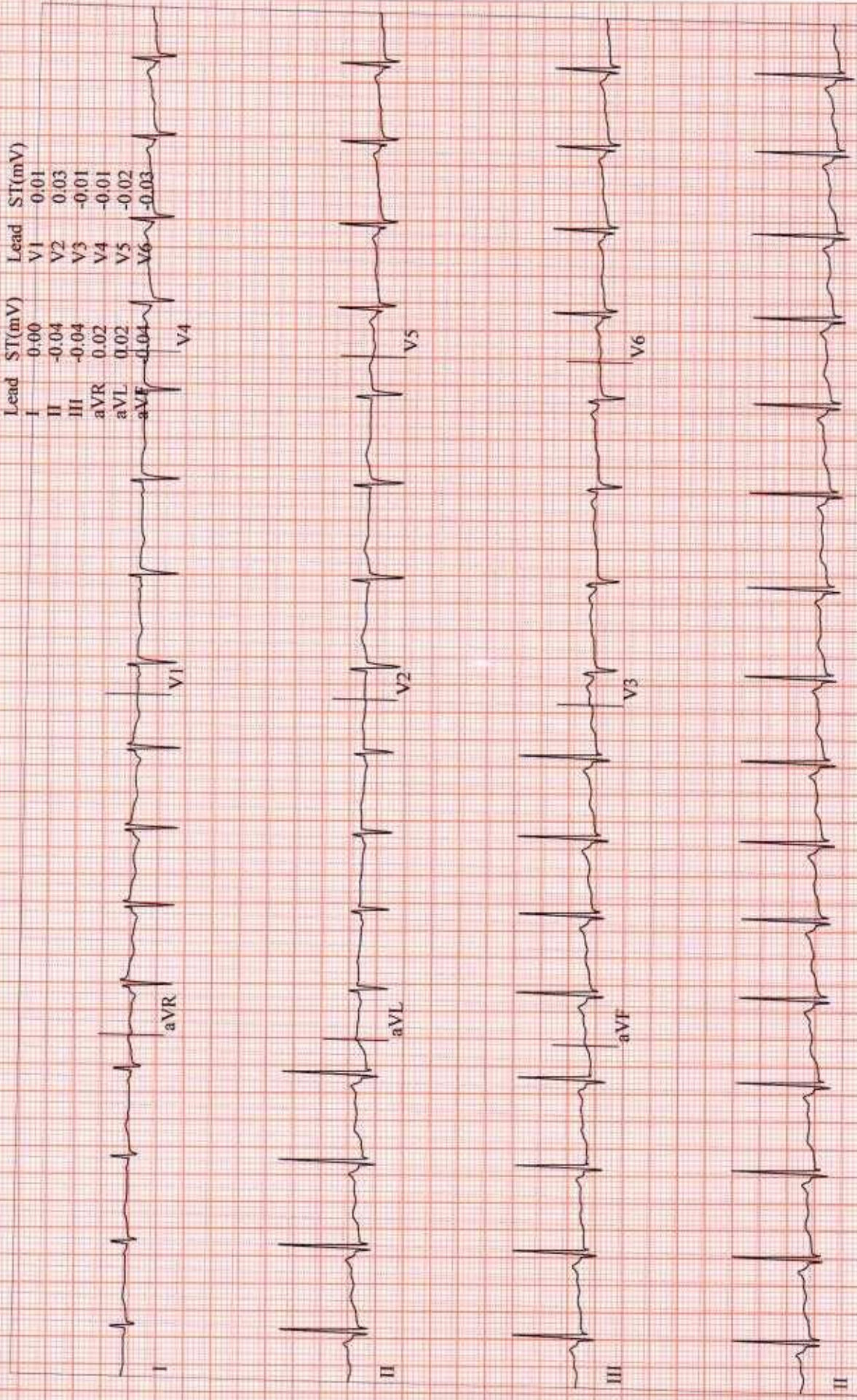
12-Lead Report
 PRETEST
 STANDING
 00:36

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.00	V1	0.01
II	-0.04	V2	0.03
III	-0.04	V3	-0.01
aVR	0.02	V4	-0.01
aVL	0.02	V5	-0.02
aVF	-0.04	V6	-0.03



REETA, CHOUDHARY
 Patient ID: 2308108891
 22-03-2023
 9:24:06am

12-Lead Report

PRETEST
 HYPERV.
 00:58

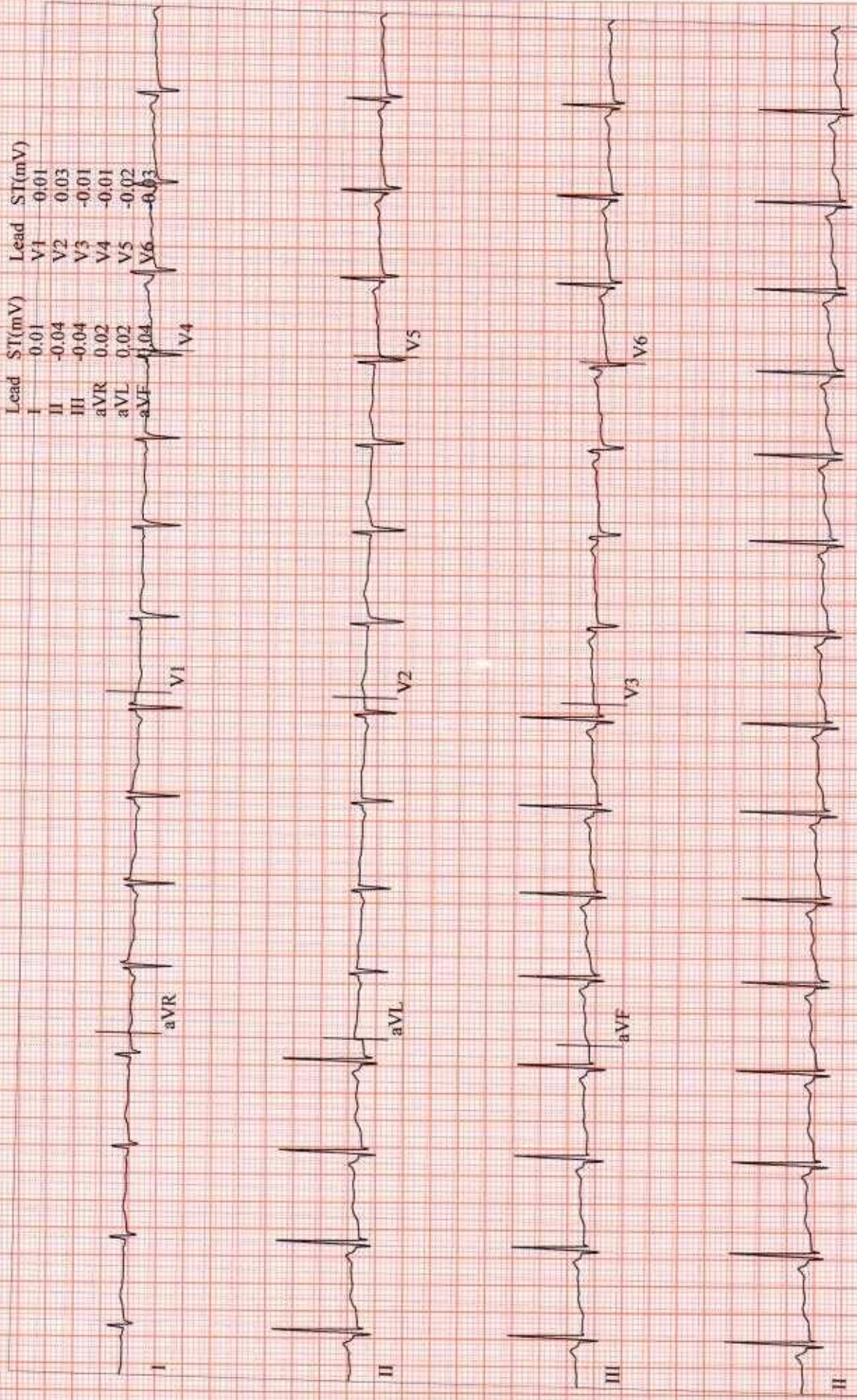
97 bpm
 110/80 mmHg

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	-0.01
II	-0.04	V2	0.03
III	-0.04	V3	-0.01
aVR	0.02	V4	-0.01
aVL	0.02	V5	-0.02
aVF	0.04	V6	-0.03



REETA, CHOUDHARY
Patient ID: 2308108891
22.03.2023
9:27:24am

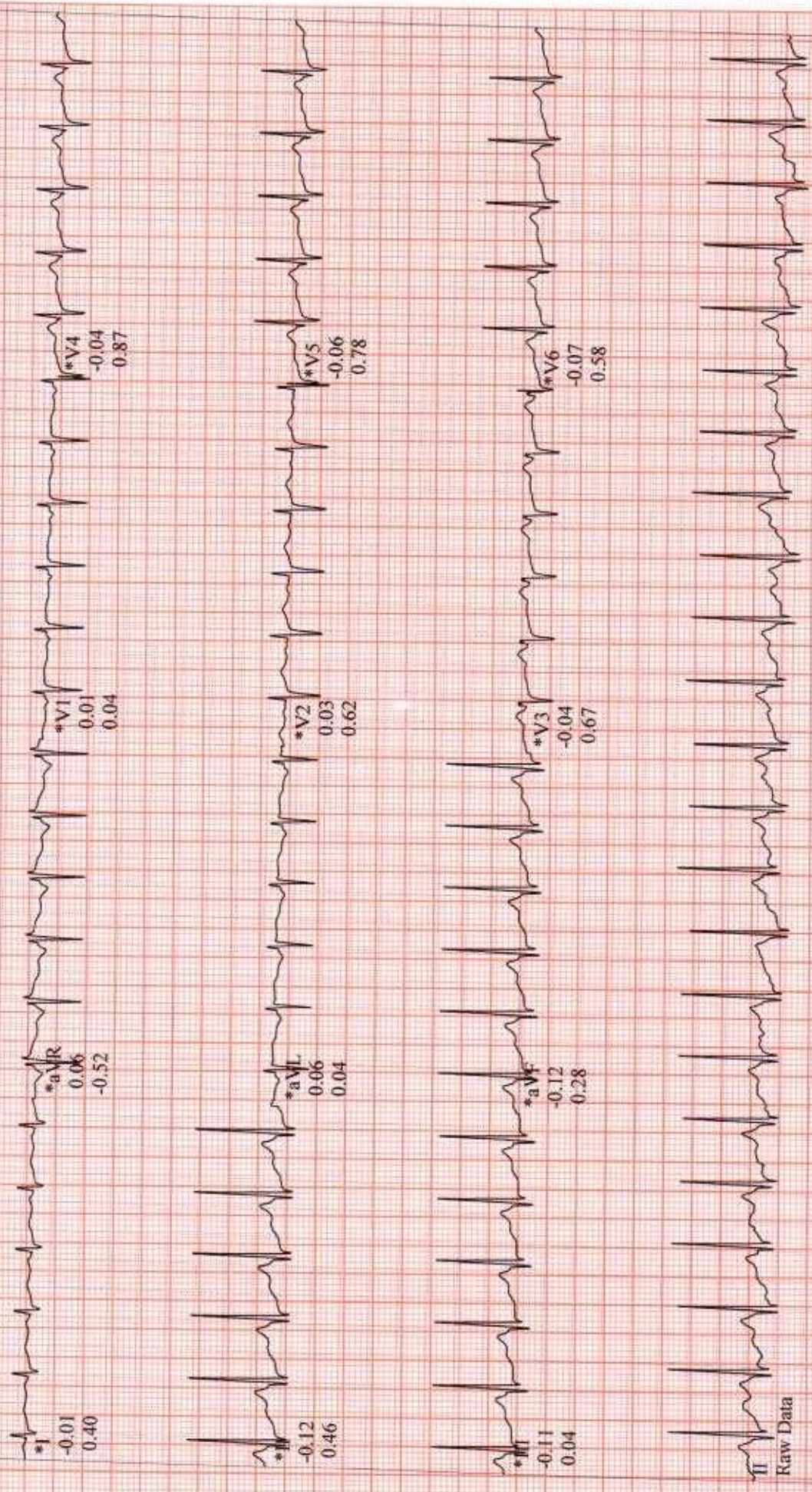
Linked Medians
EXERCISE
STAGE 1
02:50

139 bpm
120/80 mmHg

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 9:23:02am

REETA, CHOUDHARY
Patient ID 2308108891
22.03.2023
9:30:24am

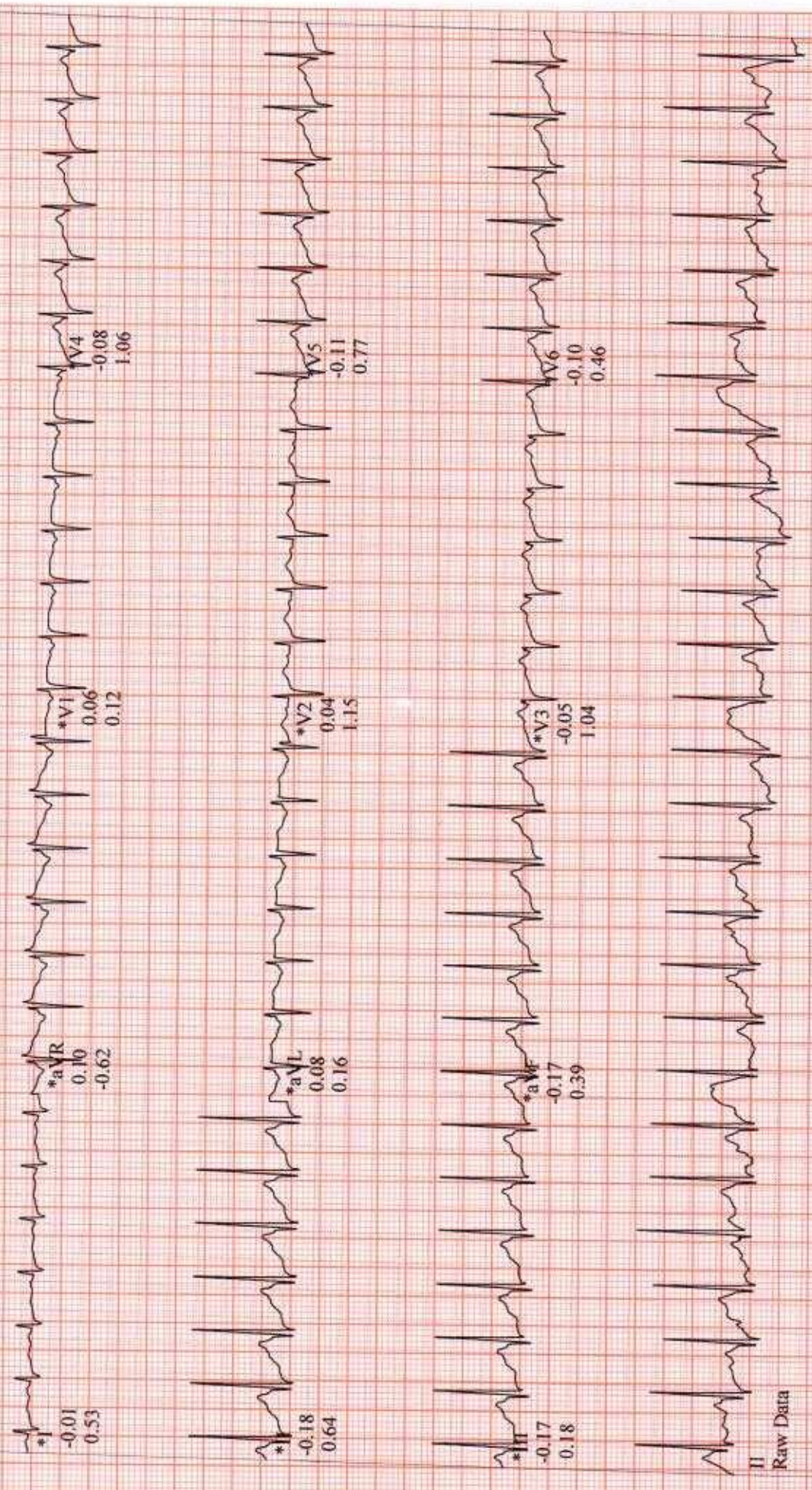
Linked Medians
EXERCISE
STAGE 2
05:50

162 bpm
136/80 mmHg

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTICS

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



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 9:23:02am

REETA, CHOUDHARY
 Patient ID: 2308108891
 22.03.2023
 9:31:30am

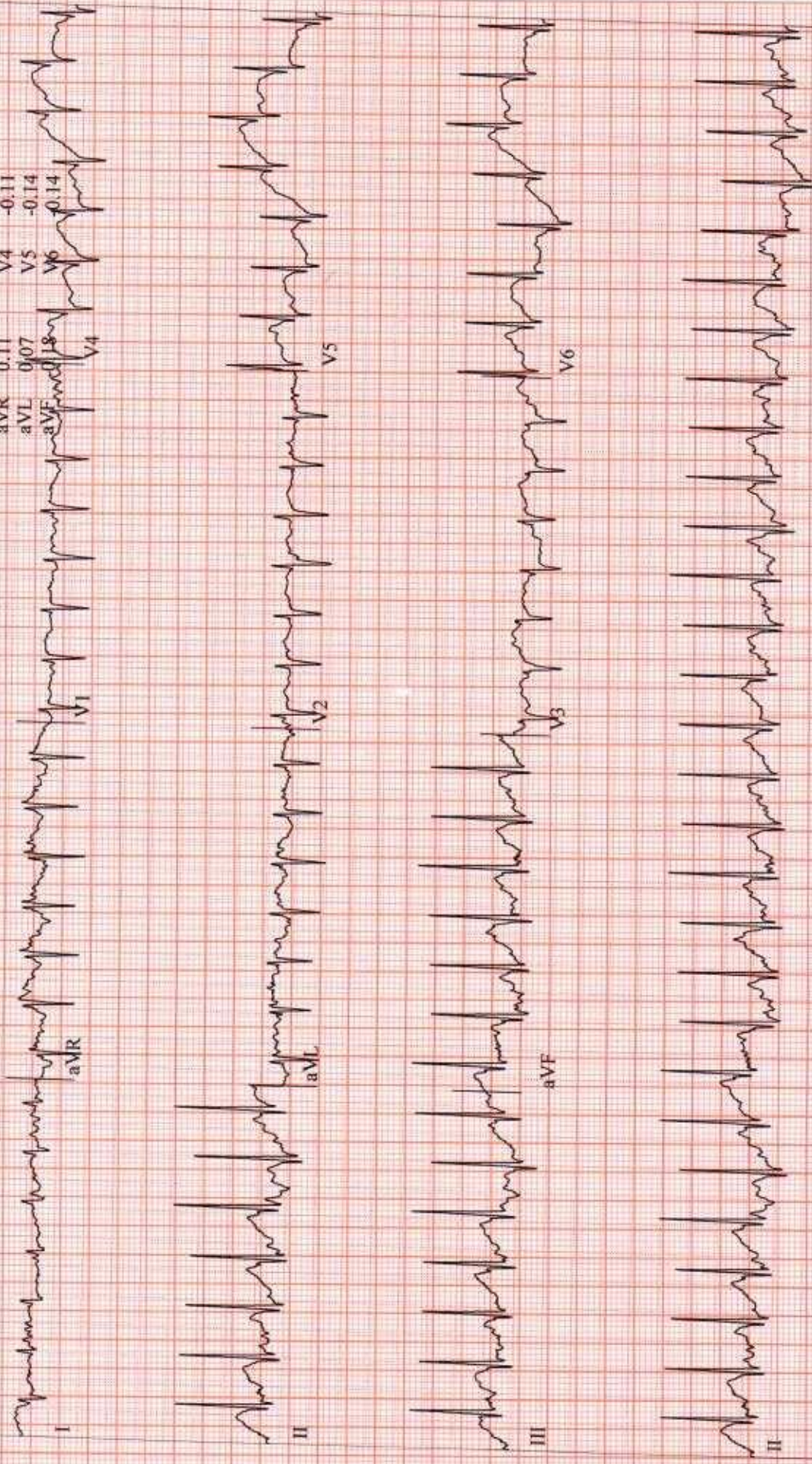
12-Lead Report (PEAK EXERCISE)
 EXERCISE STAGE 3
 06:51
 BRUCE
 3.4 mph
 14.0 %

173 bpm

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.02	V1	0.04
II	-0.20	V2	0.02
III	-0.17	V3	-0.07
aVR	0.11	V4	-0.11
aVL	0.07	V5	-0.14
aVF	0.14	V6	0.14



REETA, CHOUDHARY

Patient ID 2308108891

22.03.2023

9:32:25am

151 bpm

Linked Medians

RECOVERY

#1

01:00

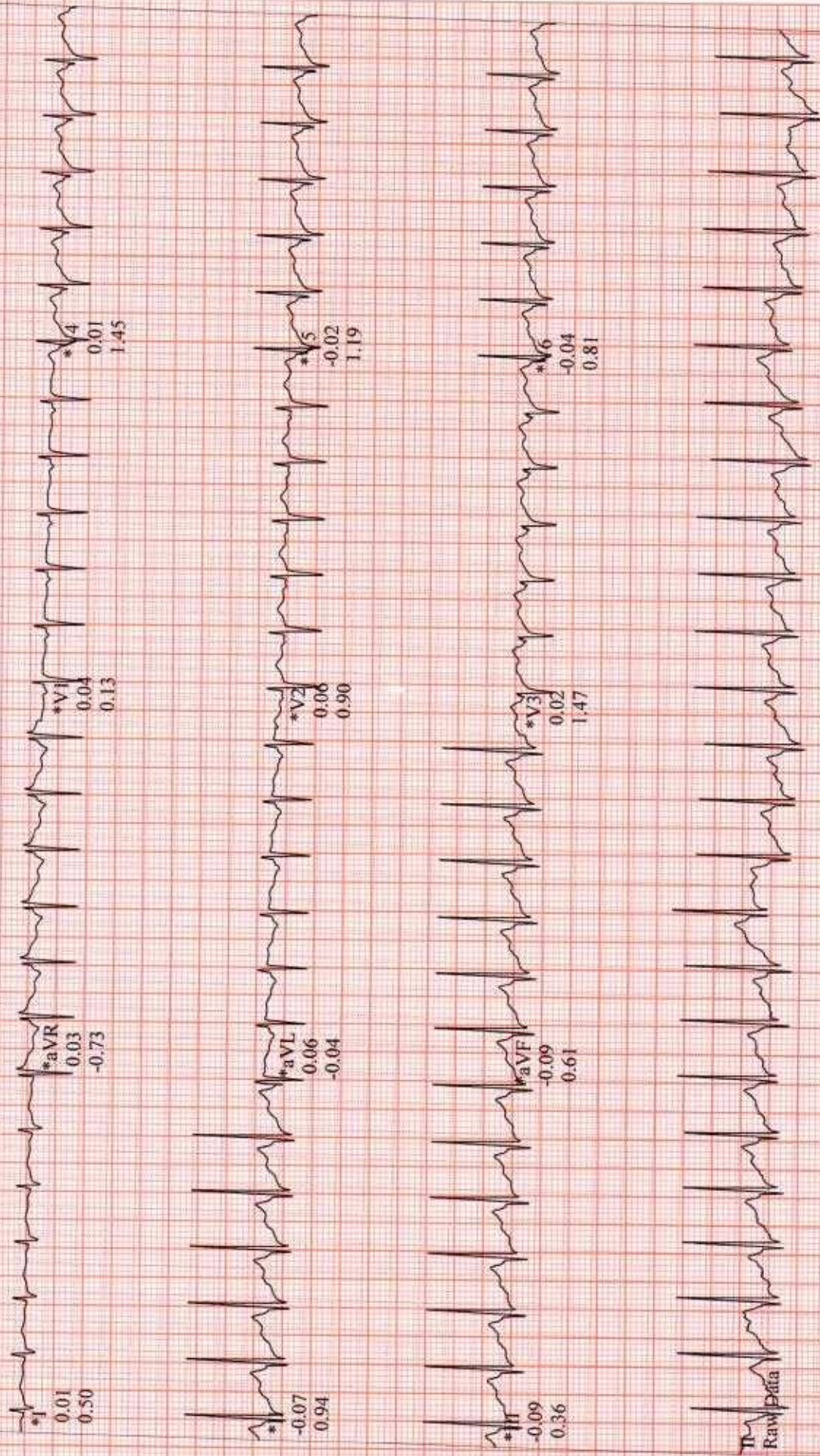
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



GE CardioSoft V6.73 (2)
2.5 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 9:23:02am

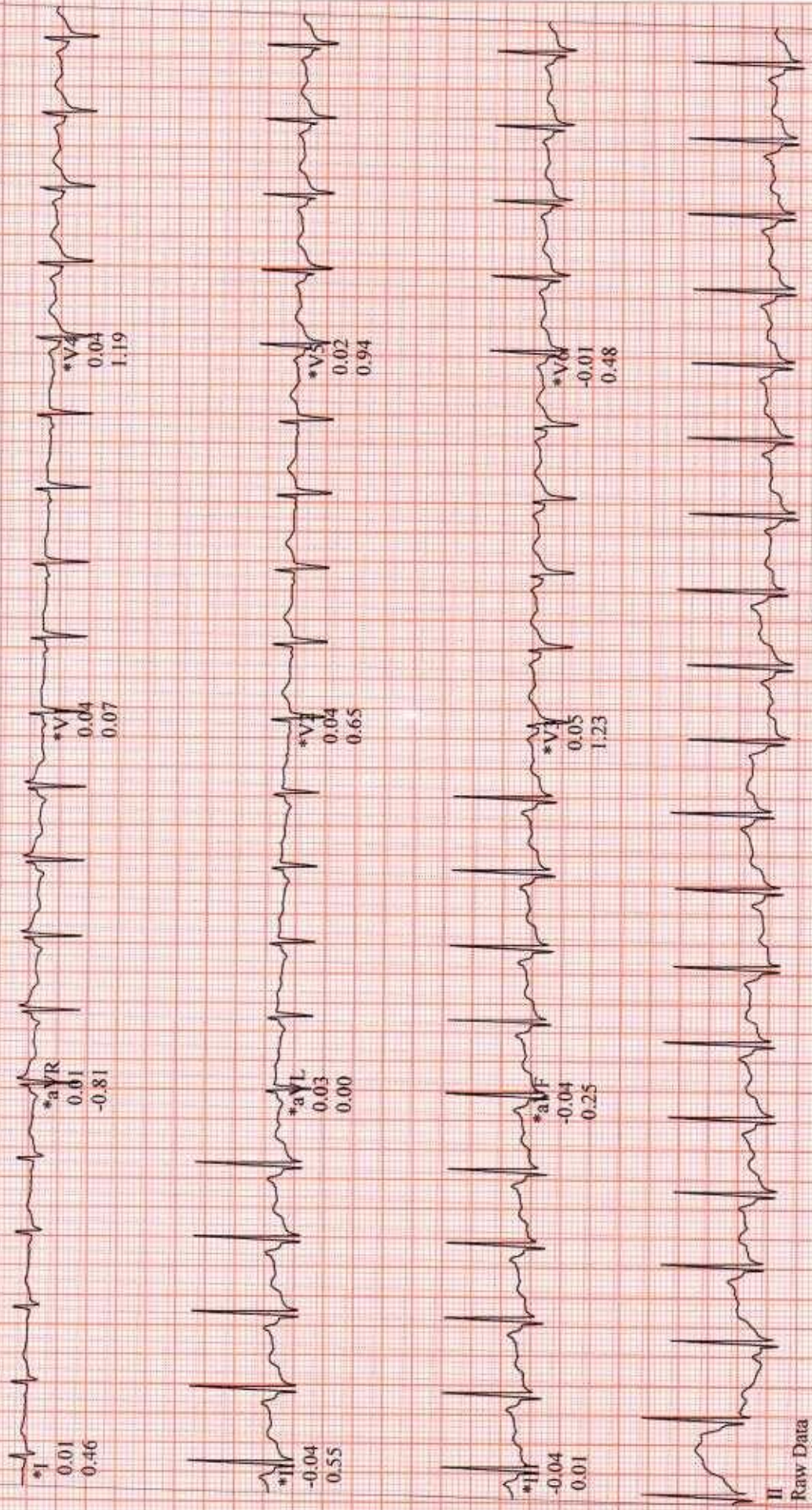
REETA, CHOUDHARY
 Patient ID 2308108891
 22.03.2023
 9:33:25am

118 bpm
 RECOVERY #1
 02:00

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

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



II
 Raw Data

*Computer Synthesized Rhythms

Start of Test: 9:23:02am

REETA, CHOUDHARY
 Patient ID 2308108891
 22.03.2023
 9:34:25am

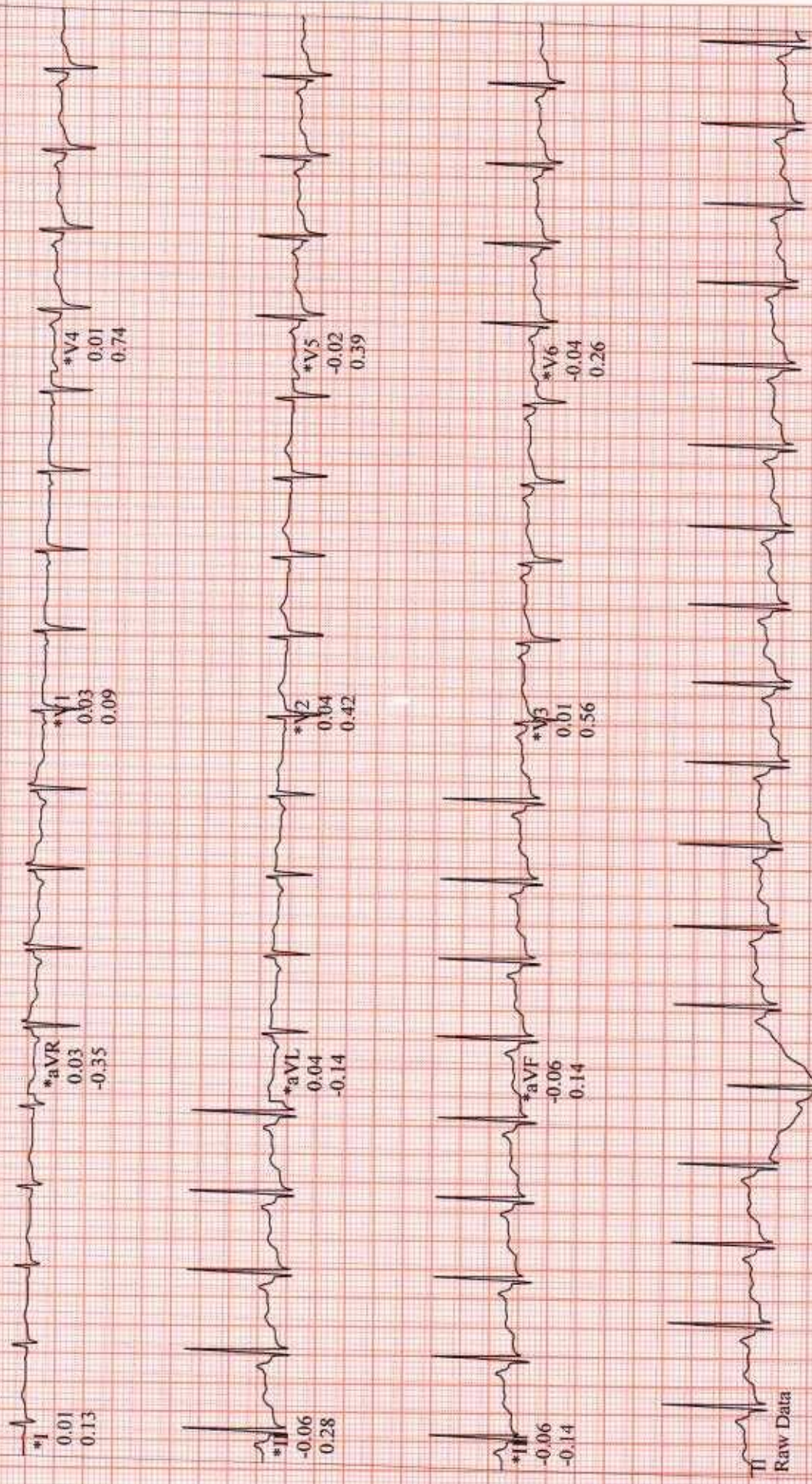
Linked Medians
 RECOVERY
 #1
 03:00

109 bpm
 120/80 mmHg

BRUCE
 0.0 mph
 0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 9:23:02am



CID : 2308108891
Name : MRS.REETA CHOUDHARY
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:40
Reported : 22-Mar-2023 / 10:57

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.99	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Calculated
MCV	64.2	80-100 fl	Measured
MCH	20.8	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	18.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7390	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.2	20-40 %	
Absolute Lymphocytes	1714.5	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	443.4	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	4773.9	2000-7000 /cmm	Calculated
Eosinophils	5.9	1-6 %	
Absolute Eosinophils	436.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	22.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	483000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Measured
PDW	13.9	11-18 %	Calculated

RBC MORPHOLOGY



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

Note : Features are suggestive of thalassemia trait.
Advice : Hemoglobin studies by HPLC, Reticulocyte count.
Result rechecked.

Specimen: EDTA Whole Blood

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

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

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111



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Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:40
Reported : 22-Mar-2023 / 13:05

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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	102.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	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	17.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic



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Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:40
Reported : 22-Mar-2023 / 15:59

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eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	3.8	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 CPL, Andheri West
*** End Of Report ***



Anupa

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



CID : 2308108891
Name : MRS.REETA CHOUDHARY
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:40
Reported : 22-Mar-2023 / 13:17

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111





CID : 2308108891
Name : MRS.REETA CHOUDHARY
Age / Gender : 32 Years / Female
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Reg. Location : Malad West (Main Centre)

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	95-100	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	15-20		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.0	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	40.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	164.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	145.0	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	19.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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Collected : 22-Mar-2023 / 08:40
Reported : 22-Mar-2023 / 12:04

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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.3	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	2.92	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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Anupa

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