

CID : 2308316986  
Name : Mrs saudamini saho  
Age / Sex : 34 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 24-Mar-2023  
Reported : 24-Mar-2023 / 10:49

Use a QR Code Scanner  
Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.8 x 4.3 cm. Left kidney measures 10.6 x 5.0 cm.

### SPLEEN:

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

### URINARY BLADDER:

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

### UTERUS:

The uterus is anteverted and normal in size. It measures 7.7 x 5.2 x 4.7 cm in size.  
The endometrial thickness is 9.0 mm.

**Multiple fibroids are noted, the largest one in posterior wall measuring 3.0 x 2.8 cm in size.**

### OVARIES:

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 3.2 x 2.2 x 1.8 cm and volume is 9.0 cc.  
Left ovary = 2.4 x 2.2 x 1.8 cm and volume is 5.2 cc

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

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**IMPRESSION:-**

Uterine fibroids as mentioned above.

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

*Khilji Faiz*

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

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification.

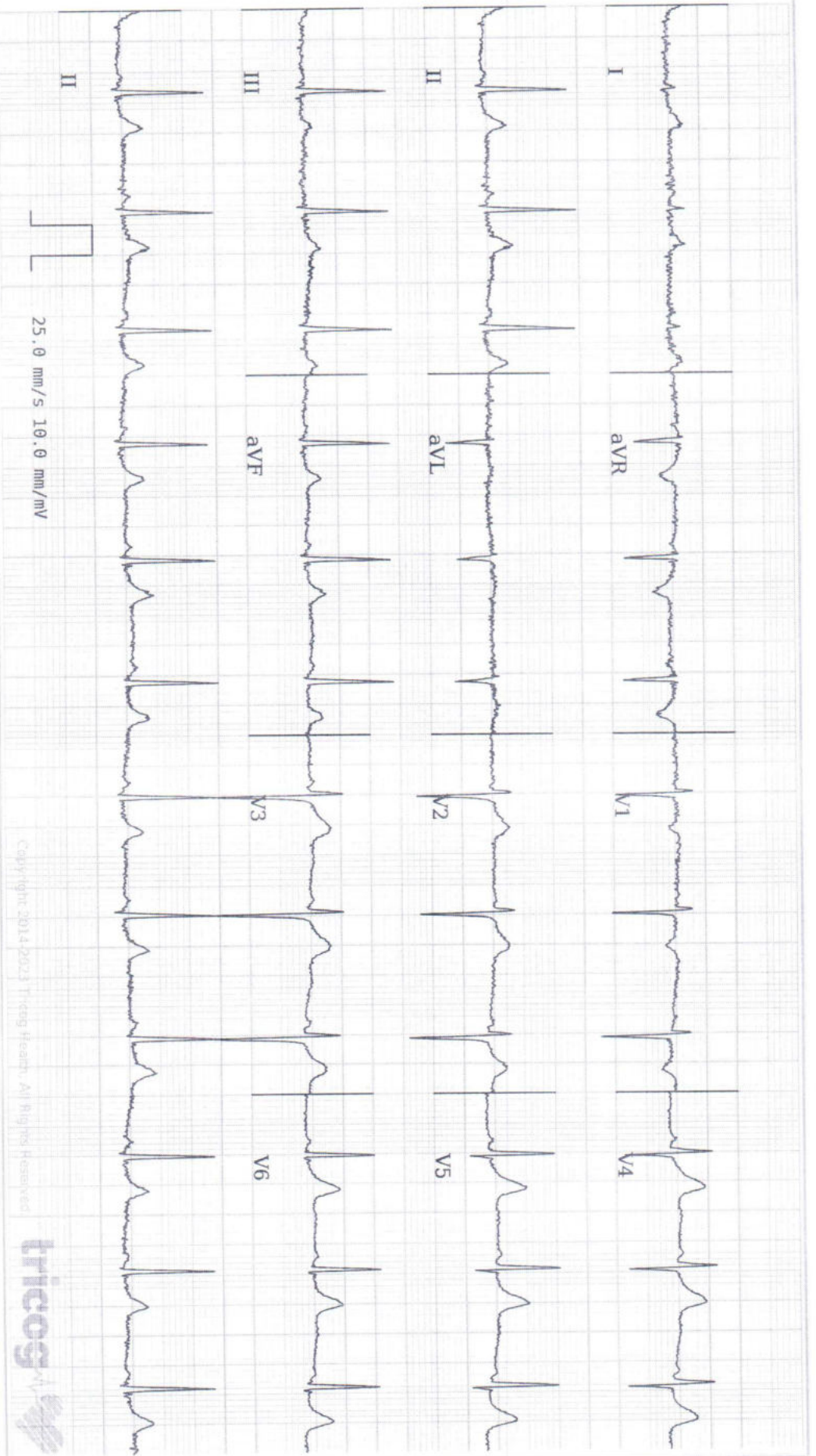
Click here to view images <<ImageLink>>



Patient Name: SAUDAMINI SAHOO  
Patient ID: 2308316986

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Date and Time: 24th Mar 23 9:39 AM



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Age **34** 7 25  
years months days

Gender **Female**

Heart Rate **77bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 55 kg

Height: 152 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 66ms

QT: 346ms

QTc: 391ms

PR: 112ms

P-R-T: 39° 86° 54°

REPORTED BY

DR AKHIL PARTHI PARTHI  
MBBS, MD, MEDICINE, DM (Cardiology)  
Cardiologist  
2012082483

Sinus Rhythm, Short PR Interval. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date: 24/3/23

CID: 2308316986

Name: Mrs. Sandamini Sahoo

Sex/Age: P/34

**EYE CHECK UP**

Chief complaints: Routine checkup

Systemic Diseases: BK of eye

Past history: No H/O Ocular & injury

Unaided Vision: 6/9b1w2                      6/9b1w9

Aided Vision:

Refraction:                                      coms! normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+1.0	-1.0	180	6/6	+1.0	-1.0	180	6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H.*  
**KAJAL NAGRECHA**  
OPTOMETRIST

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

**DENTAL CHECK - UP**

Name:- Sandamini Sahoo

CID : 2308316986 Sex / Age : F / 34

Occupation:-

Date: 24 / 3 / 2023.

Chief complaints:- No complaints

Medical / dental history:- No relevant history

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: Normal movements
- b) Facial Symmetry: Bilateral dymmetrical

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: Normal
- b) Hard Tissue Examination: Normal
- c) Calculus: ++
- Stains: +

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: a) Scaling & Polishing, [Cleaning]

**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

Provisional Diagnosis:-

-NIL-

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Thakur Village, Kandivli (east),  
Mumbai - 400101.  
Tel : 61700880

DR. Bhumik Patel







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Reported : 24-Mar-2023 / 14:12

**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.**

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

Khilji Faizur

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

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Page no 1 of 1



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



**Email:** 1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg  
**Date:** 24 / 03 / 2023 09:58:00 AM **Refd By :** AERCOFEMI **Examined By:** DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	077	41%	100/70	077	00	
Standing	00:34	0:24	00.0	00.0	01.0	091	49%	100/70	091	00	
HV	00:42	0:08	00.0	00.0	01.0	091	49%	100/70	091	00	
ExStart	01:13	0:31	00.0	00.0	01.0	082	44%	100/70	082	00	
BRUCE Stage 1	04:13	3:00	02.7	10.0	04.7	140	75%	100/70	140	00	
PeakX	05:17	1:04	04.0	12.0	05.6	166	89%	100/70	166	00	
Recovery	06:17	1:00	00.2	00.0	01.0	140	75%	100/70	140	00	
Recovery	06:26	1:10	00.0	00.0	01.0	130	70%	100/70	130	00	

## FINDINGS :

**Exercise Time** : 04:04  
**Initial HR (ExStrt)** : 82 bpm 44% of Target 186  
**Initial BP (ExStrt)** : 100/70 (mm/Hg)  
**Max Workload Attained** : 5.6 Fair response to induced stress  
**Duke Treadmill Score** : 06.3  
**Test End Reasons** : Heart Rate Achieved

**Max HR Attained** 166 bpm 89% of Target 186  
**Max BP Attained** 100/70 (mm/Hg)

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 Tel : 61700600

**DR. AKHIL P. PARULEKAR.**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

# REPORT



Email:

1315 / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg Date: 24 / 03 / 2023 09:58:00 AM Refd By : AERCOFEMI

## REPORT :

Heart Rate 166.0 bpm  
Systolic BP 100.0 mmHg Diastolic BP 70.0 mmHg  
Exercise Time 04:04 Mins. Ectopic Beats 0.0  
METS 5.6 Test End Reason , Heart Rate Achieved Target Heart Rate 89% of 186

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

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

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Mumbai - 400101.  
Tel : 61700800

**Dr. Akhil P. Parulekar**  
MBBS, MD, Medicine  
FNB Cardiology  
Reg. No. 2012032433

Doctor : DR.AKHIL PARULEKAR





1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 77

Date: 24 / 03 / 2023 09:58:00 AM METS: 1.0/ 77 bpm 41% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.8  
STS 0.9

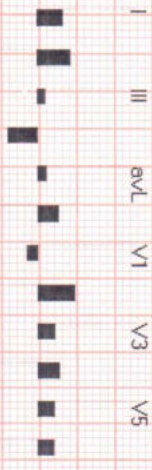
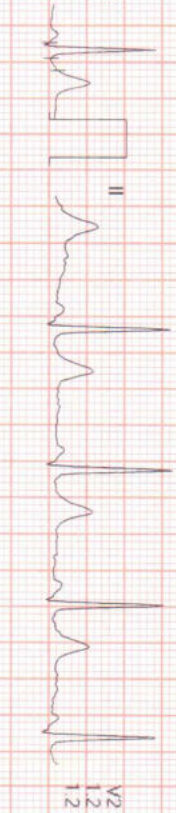
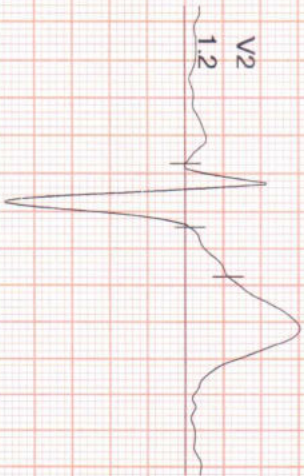
V1 0.4  
V2 0.2

II 1.1  
III 1.1

V2 1.2  
V3 1.2

III 0.3  
aVR -1.0  
aVL -1.0

V3 0.6  
V4 0.7  
V5 0.5  
V6 0.5



REMARKS:





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:24 )



1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 91

Date: 24 / 03 / 2023 09:58:00 AM METS: 1.0/91 bpm 49% of THR BP: 100/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 KmPh. 0.0%  
25 mm/Sec. 1.0 Cm/mV



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





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:08 )



1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 91

Date: 24 / 03 / 2023 09:58:00 AM

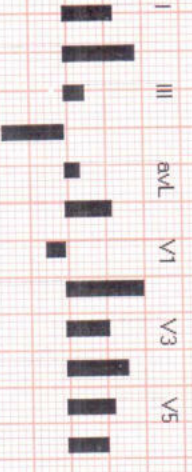
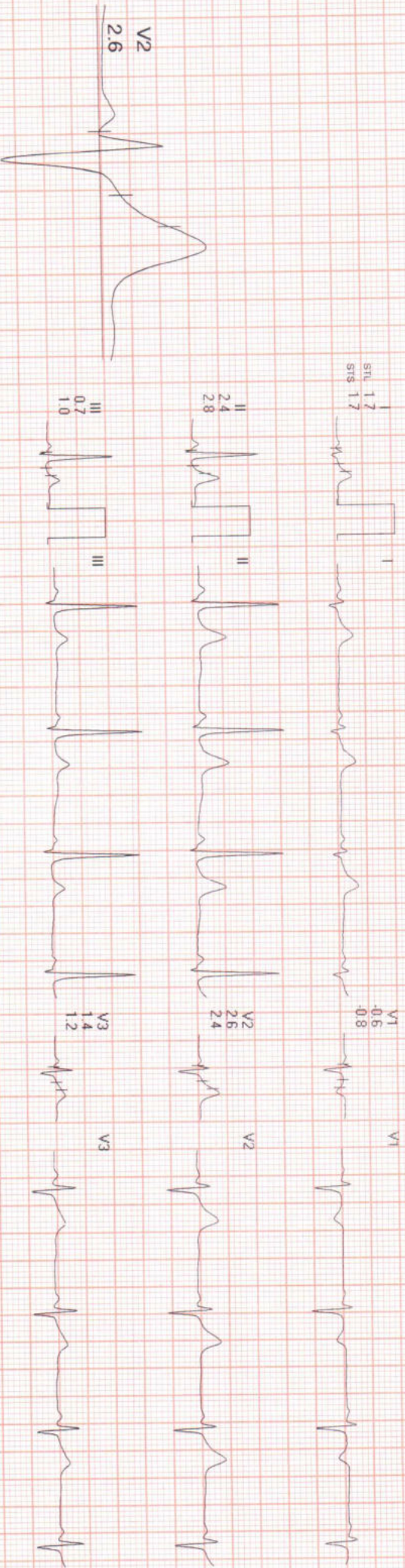
METS: 1.0/91 bpm 49% of THR BP: 100/70 mmHg

Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 70 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:







1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 82

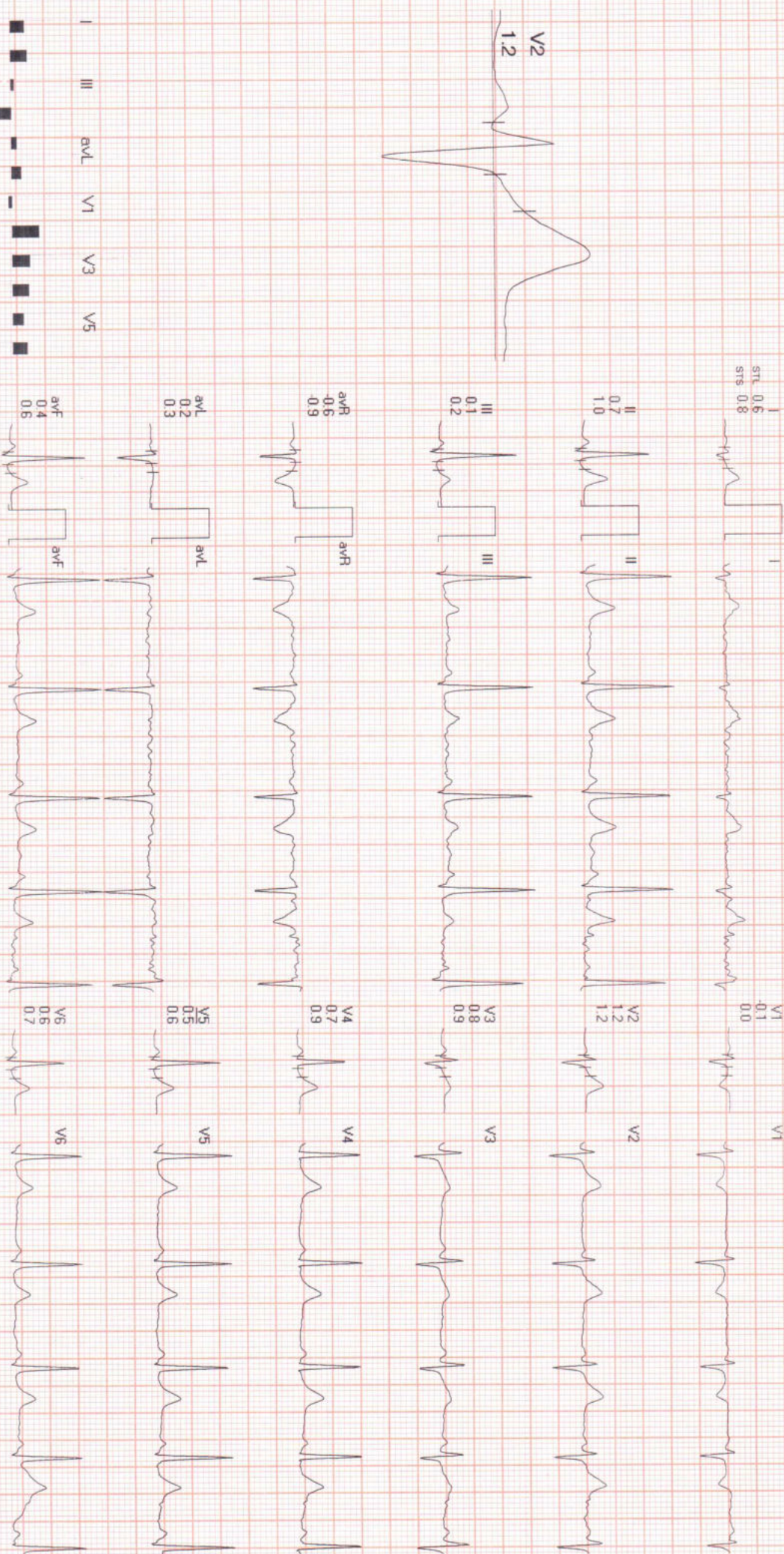
Date: 24 / 03 / 2023 09:58:00 AM

METS: 1.07/82 bpm 44% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS  
II avR avF V2 V4 V6





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 132 Cms / 55 Kg / HR : 140

Date: 24 / 03 / 2023 09:58:00 AM MET.S: 47.7 / 140 bpm 75% of THR BP: 130/80 mmHg Raw ECG/BLC Dry/Ndick Dry/HF 0.05 Hz/LF 35 Hz

4X

60 mS Post J

ExTime: 03:00 2.7 Kmph 10.0%  
25 mm/Sec. 1.0 Cm/mV

STL 0.1  
SRS 0.7

V1 -0.2  
V2 0.2

II -0.8  
III -0.9  
aVR -0.4

V2 0.1  
V3 0.5  
V4 -0.6

III -0.9  
aVR -0.4  
aVL 0.4

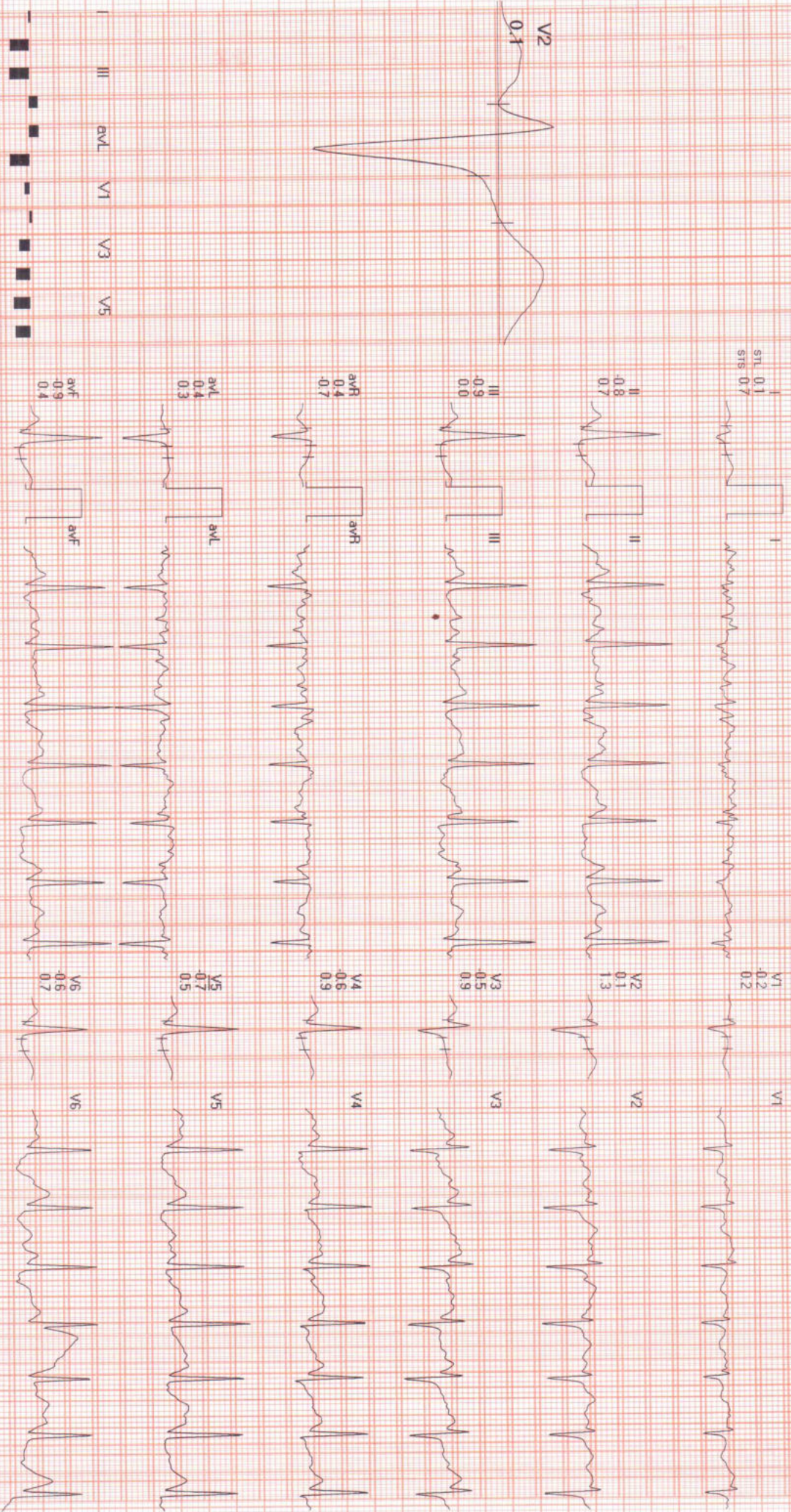
V3 0.5  
V4 -0.6  
V5 -0.7

aVR -0.4  
aVL 0.4  
aVF -0.9

V4 -0.6  
V5 -0.7  
V6 -0.5

aVL 0.4  
aVF -0.9  
V6 -0.5

aVF -0.9  
V6 -0.5



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



# SUBURBAN DIAGNOSTICS KANDIVALI EAST



PeakEX



1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 166

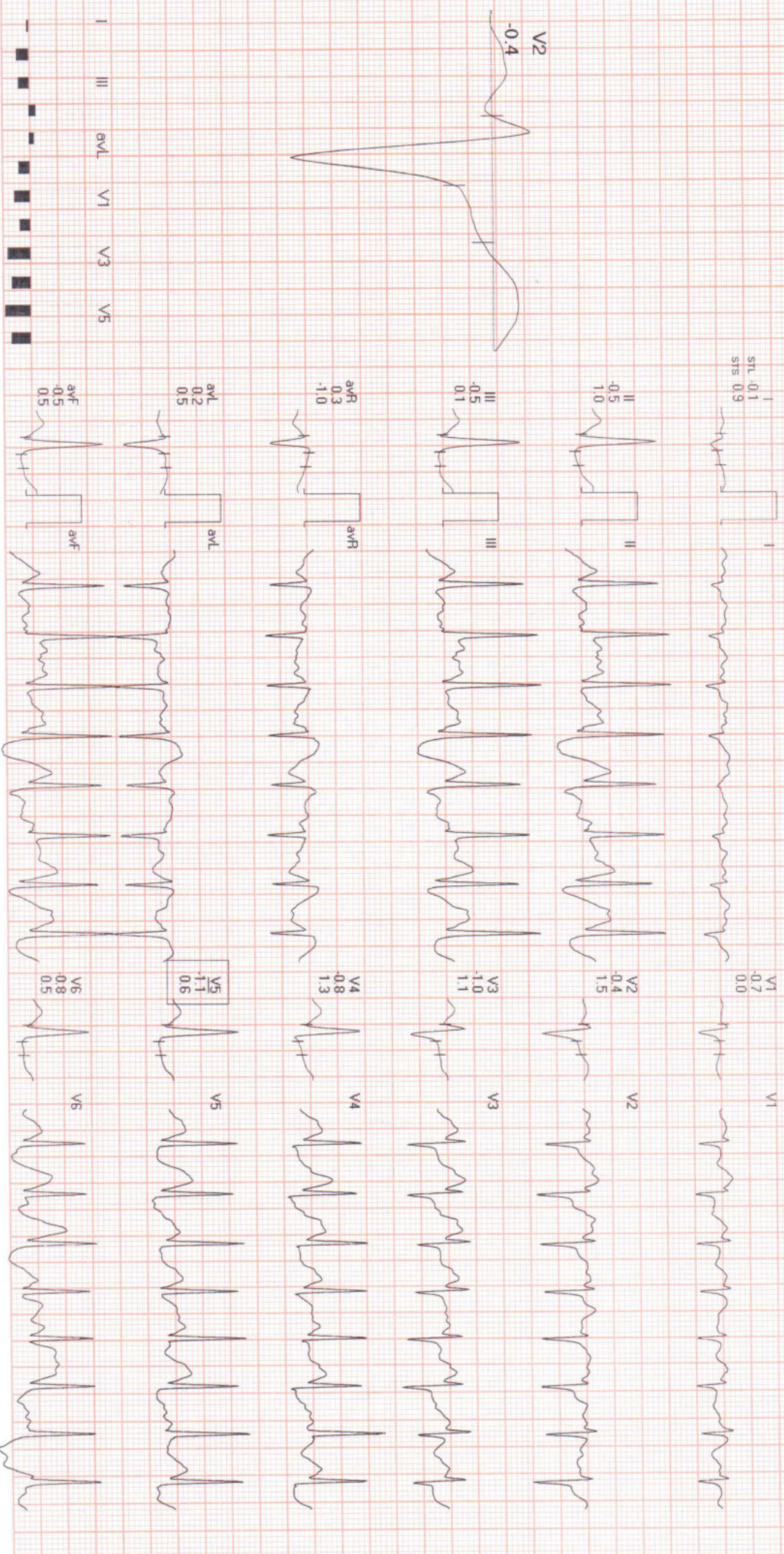
Date 24 / 03 / 2023 09:58:00 AM

METS: 5.6 / 166 bpm 89% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X

60 mS Post J

EXTime: 04:04 4.0 kmph, 12.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

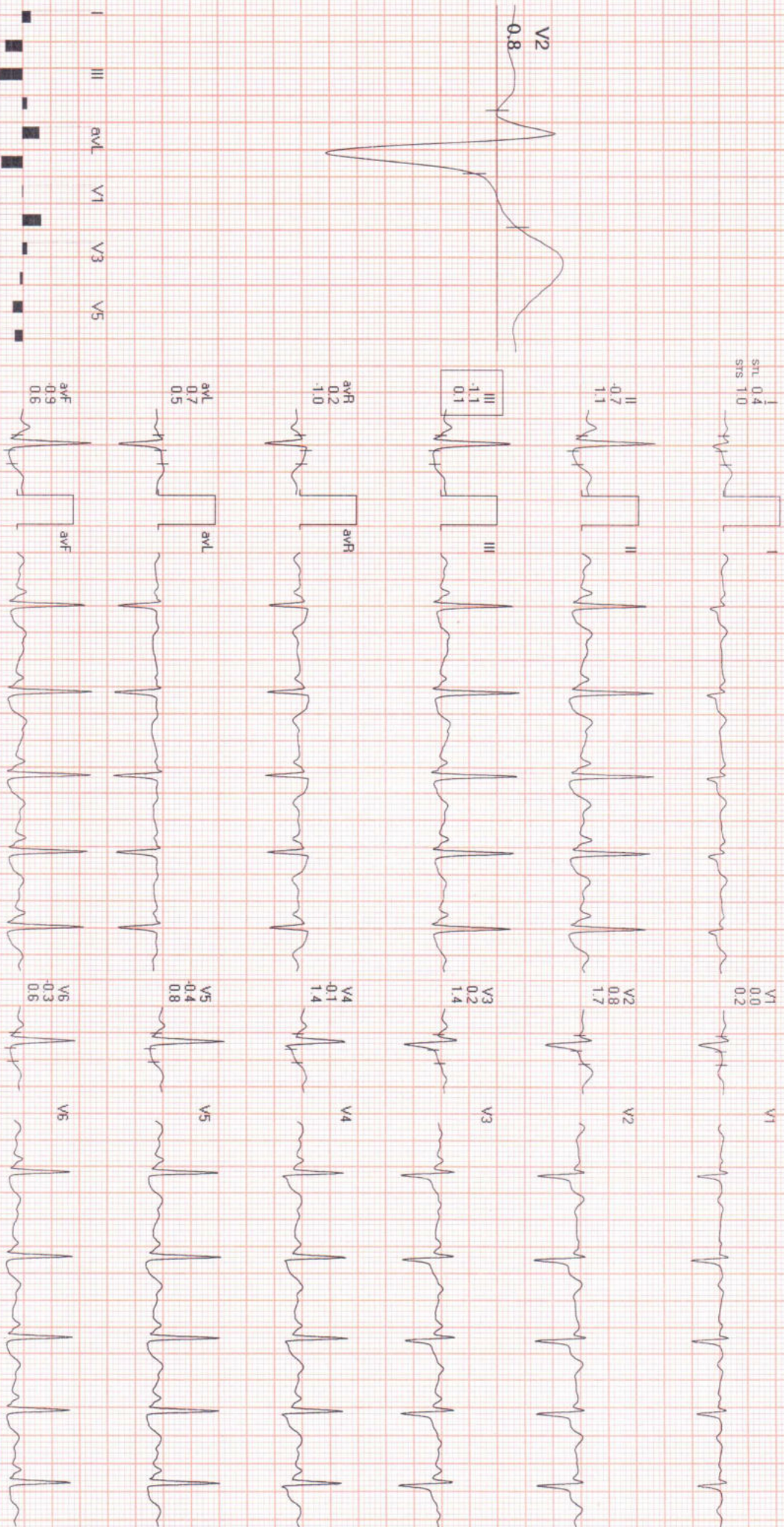


1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR : 140

Date: 24 / 03 / 2023 09:58:00 AM METS: 1.0 / 1.40 bpm 75% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/FF 0.05 Hz/LF 35 Hz

4X 90 mS Post J

ExTime: 04:04 0.2 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST



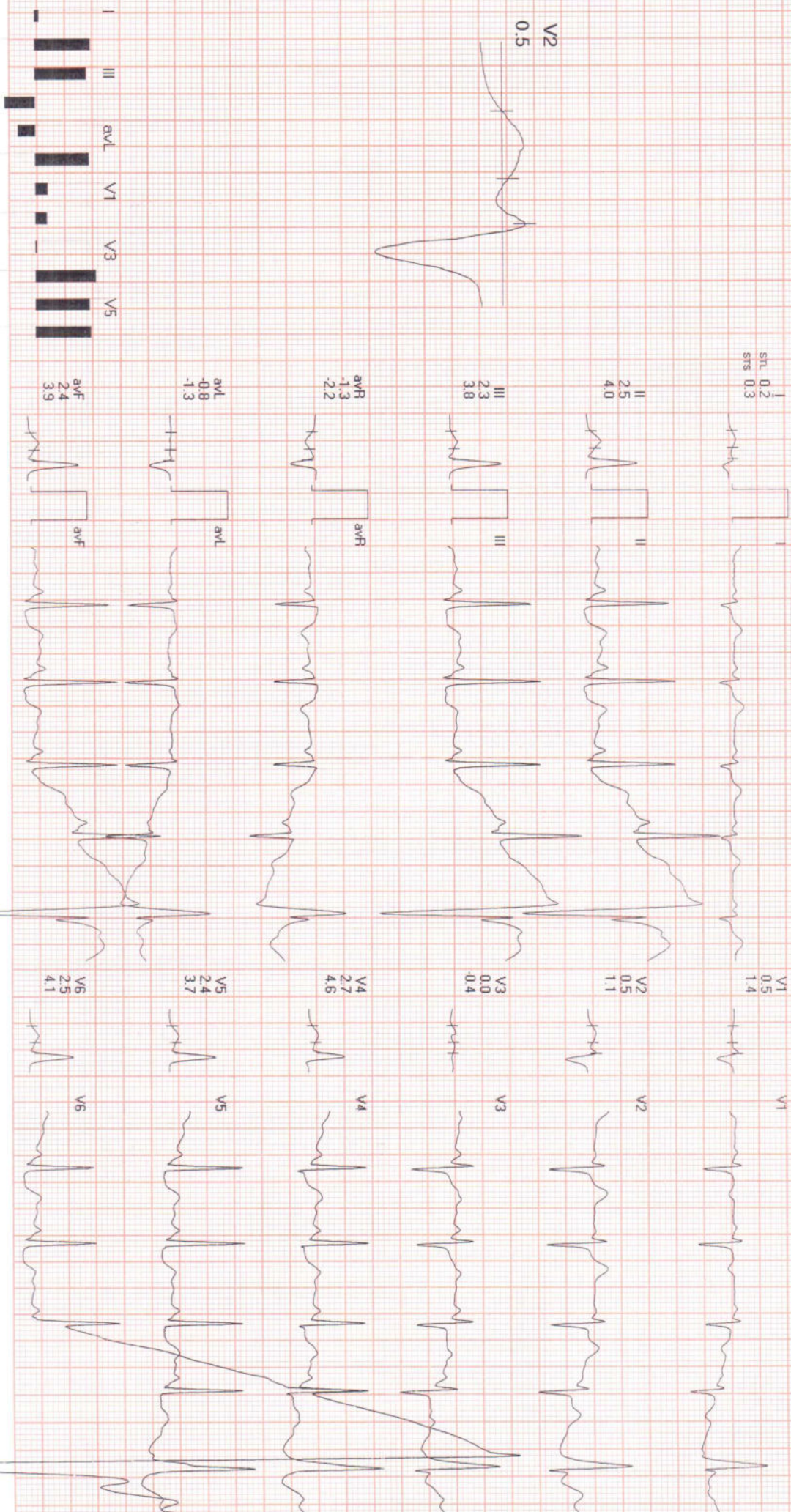
1315 (2308316986) / SAUDAMINI SAHOO / 34 Yrs / F / 152 Cms / 55 Kg / HR 130

Recovery : ( 01:09 )

Date 24 / 03 / 2023 09:58:00 AM METS: 1.0 / 130 bpm 70% of THR BP- 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 04:04 0.0 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV

4X 50 ms Post J



REMARKS:





CID : 2308316986  
Name : MRS.SAUDAMINI SAHOO  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Mar-2023 / 09:08  
Reported : 24-Mar-2023 / 16:42

Use a QR Code Scanner  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.36	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5780	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.4	20-40 %	
Absolute Lymphocytes	2046.1	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	
Absolute Monocytes	520.2	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	3121.2	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	75.1	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	17.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	140000	150000-400000 /cmm	Elect. Impedance
MPV	15.0	6-11 fl	Calculated
PDW	37.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			









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Reg. Location : Kandivali East (Main Centre)

Collected : 24-Mar-2023 / 09:08  
Reported : 24-Mar-2023 / 15:15

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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	101.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	121.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	19.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	6.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic





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Collected : 24-Mar-2023 / 13:06  
Reported : 24-Mar-2023 / 21:06

eGFR, Serum	126	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhasakar*

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







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Reported : 24-Mar-2023 / 12:38

**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	5.0	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 Borivali Lab, Borivali West

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



*Bmhasakar*

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





CID : 2308316986  
Name : MRS.SAUDAMINI SAHOO  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Mar-2023 / 09:08  
Reported : 24-Mar-2023 / 16:47

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	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 Borivali Lab, Borivali West

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**Dr.KETAKI MHASKAR**  
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**Pathologist**



MC-2111





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Name : MRS.SAUDAMINI SAHOO  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected :  
Reported :

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





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Reg. Location : Kandivali East (Main Centre)

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

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

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

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

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**Pathologist**







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Reported : 24-Mar-2023 / 15:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	38.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	16.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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

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MC-2111





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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.8	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	2.25	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)

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

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

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