

CID# : 2226723142
Name : MRS.KAJAL KIRAN
Age / Gender : 39 Years/Female
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 24-Sep-2022 / 09:03
Reported : 24-Sep-2022 / 17:27

PHYSICAL EXAMINATION REPORT

History and Complaints:

COVID-2021-APRIL

EXAMINATION FINDINGS:

Height (cms):	158 CMS	Weight (kg):	62 KG
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

Borderline Dyslipidemia

ADVICE:

*Low fatty diet
Reg exercise*

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

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

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CID# : 2226723142
Name : MRS.KAJAL KIRAN
Age / Gender : 39 Years/Female
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 24-Sep-2022 / 09:03
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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 |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS -2012 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

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Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000


Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

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

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CID : 2226723142
Name : Mrs KAJAL KIRAN
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 15:04

Use a QR Code Scanner
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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

DR. SHRIKANT M. BODKE
D.M.R.E., M.B.B.S.
Reg. No. 2006/04/2376

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022092409041839>
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Authenticity Check



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Name : Mrs KAJAL KIRAN
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 10:03

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 9.9 x 4.6 cm. Left kidney measures 10.4 x 4.3 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 appears normal. It measures 7.0 x 4.7 x 3.4 cm in size. The endometrial thickness is 7.1mm.

IUCD is seen in Situ.

OVARIES:

Both the ovaries are well visualised and appears normal.

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

Right ovary = 2.5 x 2.4 x 1.6 cm (volume -5.3cc)

Left ovary = 2.1 x 2.1 x 1.8 cm (volume -4.5cc)

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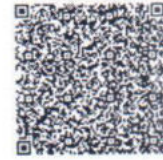
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Authenticity Check



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Reg. Location : Kandivali East Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sept-2022 / 10:03

IMPRESSION:-

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

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. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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Date:- 24/9/22

CID:
2226723142

Name:- Mrs. Kajal Kinnan

Sex/Age: F/39

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: NO H/O Ocular sx/ny
NO H/O SI

Past history:

Unaided Vision: 6/6 2/4

Aided Vision: - -

Refraction:

EMMs: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- Plano -			6/6	- Plano -			6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal K.
KAJAL NAGRECHA
 OPTOMETRIST

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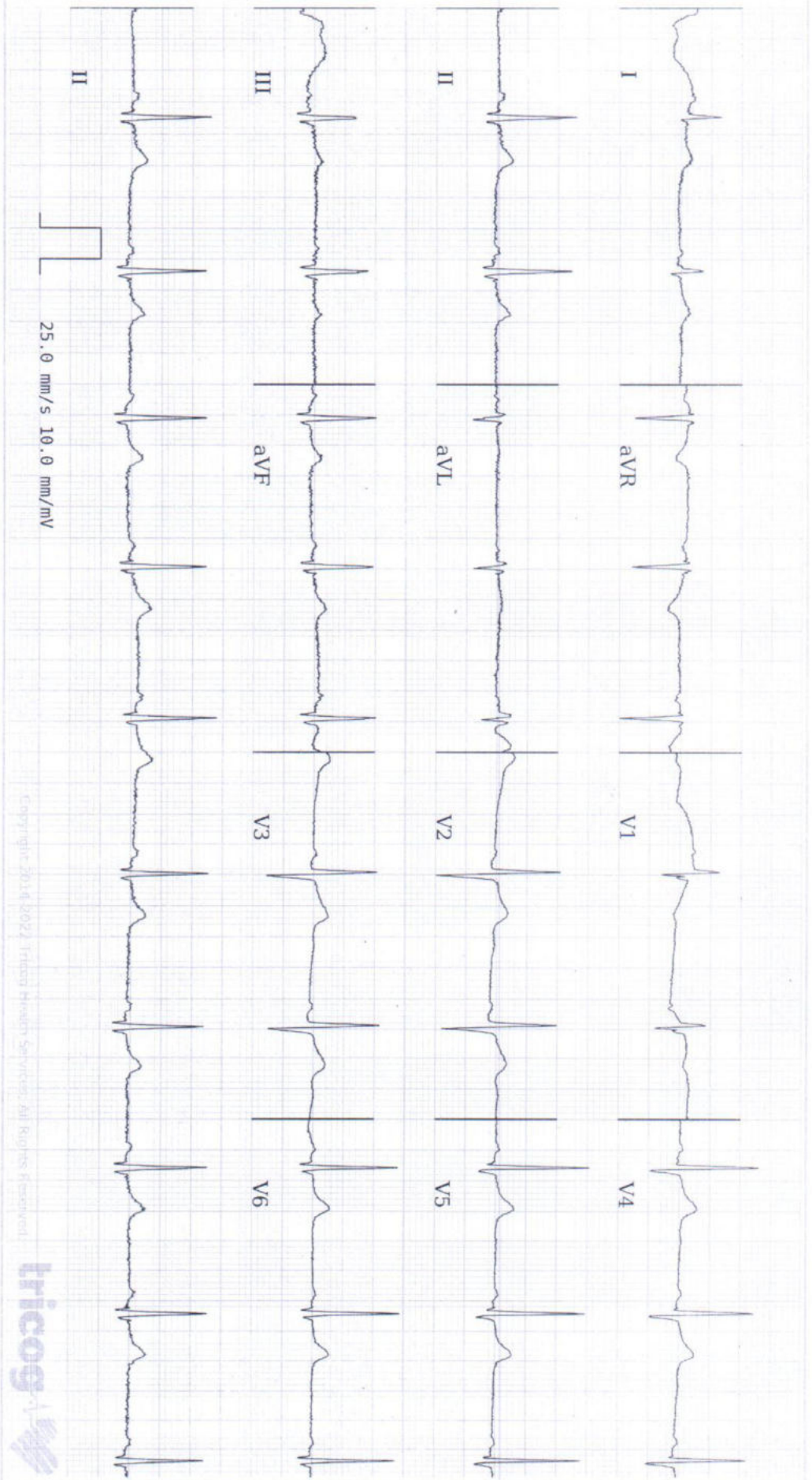
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Patient Name: **KAJAL KIRAN**

Patient ID: **2226723142**

Date and Time: **24th Sep 22 9:49 AM**



Age **39** NA NA
years months day

Gender **Female**

Heart Rate **61bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **62 kg**

Height: **158 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **86ms**

QT: **402ms**

QTc: **404ms**

PR: **134ms**

P-R-T: **51° 65° 47°**

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

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REPORTED BY

DR AKHIL PARULEKAR
MBBS MD MEDICINE DNB Cardiology
Cardiologist
2012082483



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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.

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

167 (2226723142) / KAJAL KIRAN / 39 Yrs / F / 158 Cms / 62 Kg
Date: 24 / 09 / 2022

Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	PPp	PVC	Comments
Supine	00:55	0:55	00.0	00.0	01.0	100	55 %	110/70	110	00	
Standing	01:54	0:59	00.0	00.0	01.0	069	38 %	110/70	075	00	
HV	02:15	0:21	00.0	00.0	01.0	069	38 %	110/70	075	00	
ExStart	02:31	0:16	00.0	00.0	01.0	068	38 %	110/70	074	00	
BRUCE Stage 1	05:31	3:00	02.7	10.0	04.7	115	64 %	110/70	126	00	
BRUCE Stage 2	08:31	3:00	04.0	12.0	07.1	144	80 %	130/80	187	00	
PeakEX	08:54	0:23	05.5	14.0	07.5	164	91 %	130/80	213	00	
Recovery	09:54	1:00	00.2	00.0	01.2	121	67 %	140/80	169	00	
Recovery	10:13	1:19	00.2	00.0	01.0	106	59 %	140/80	148	00	

FINDINGS :

Exercise Time : 06:23
 Max HR Attained : 164 bpm 91% of Target 181
 Max BP Attained : 140/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -7.0 mm in Stage 2
 Duke Treadmill Score : 06.4
 Test End Reasons : Heart Rate Achieved

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 Tel : 617700000

Dr. Akhil P. Parulekar.

MBBS, MD - Medicine
 FACC Cardiology
 Reg. No. 2012092453

Doctor : DR.AKHIL PARULEKAR

EMail: 167 / RAJAL KIRAN / 39 Yrs / F / 158 Cms / 62 Kg Date: 24 / 09 / 2022

Refd By : AERCOFEMI

REPORT :

Heart Rate 69.0 bpm
 Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg
 Maximum Depression 0.0
 Exercise Time 06:23 Mins. Ectopic Beats 0.0 METS 7.5
 Test End Reason Heart Rate Achieved Target Heart Rate 181.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL

FINAL IMPRESSION : STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE
 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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 Tel : 617700000

Dr. Akhil P. Parulekar.

M.B.B.S. MD. Medicine
 DNB Cardiology
 Reg. No. 2012082433

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:Supine(0:55)

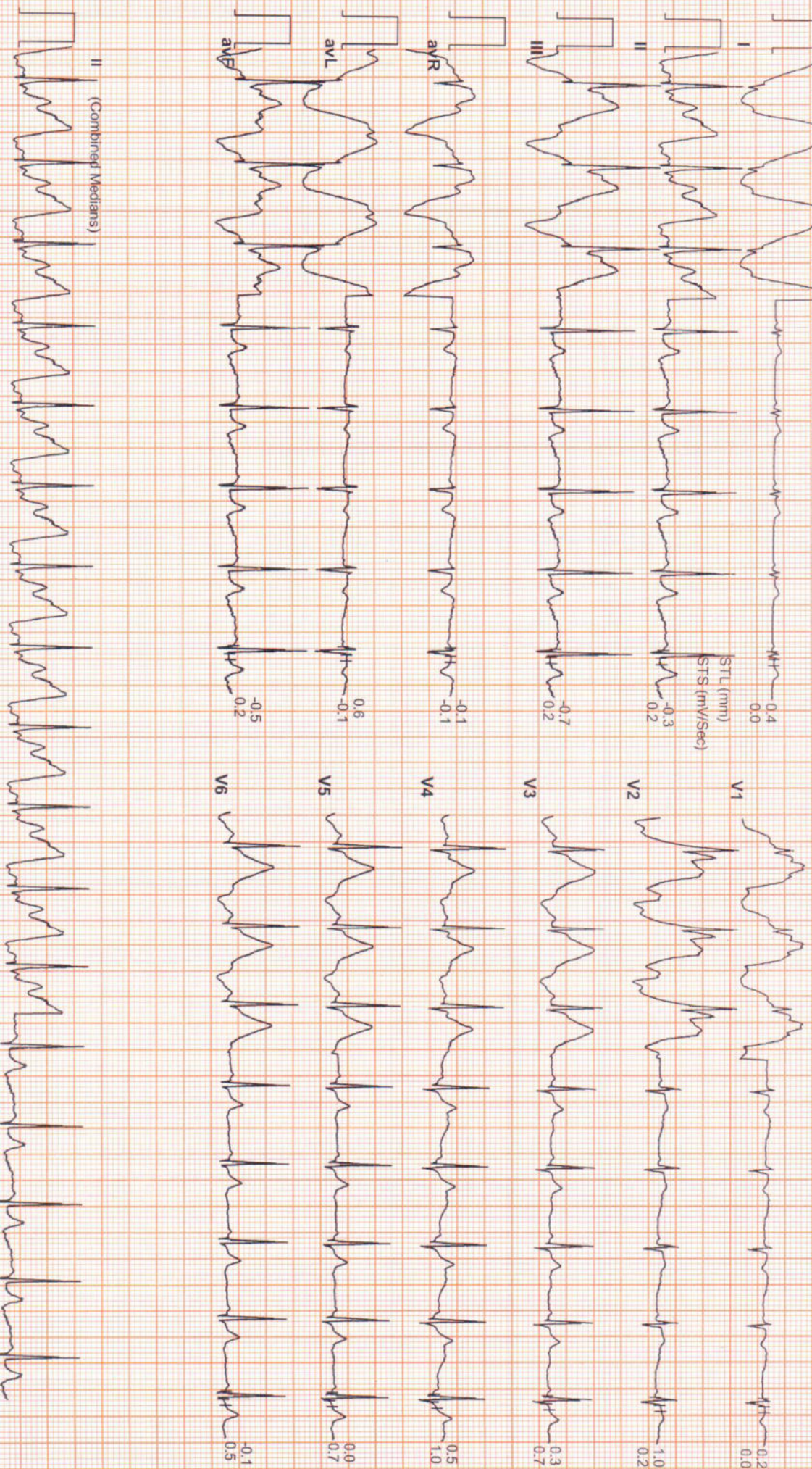


Date: 24 / 09 / 2022

MEts : 1.0 HR : 100 Target HR : 55% of 181 BP : 110/70 Post J @80mSec

ExTime: 00:00

Speed: 0.0 Kmph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

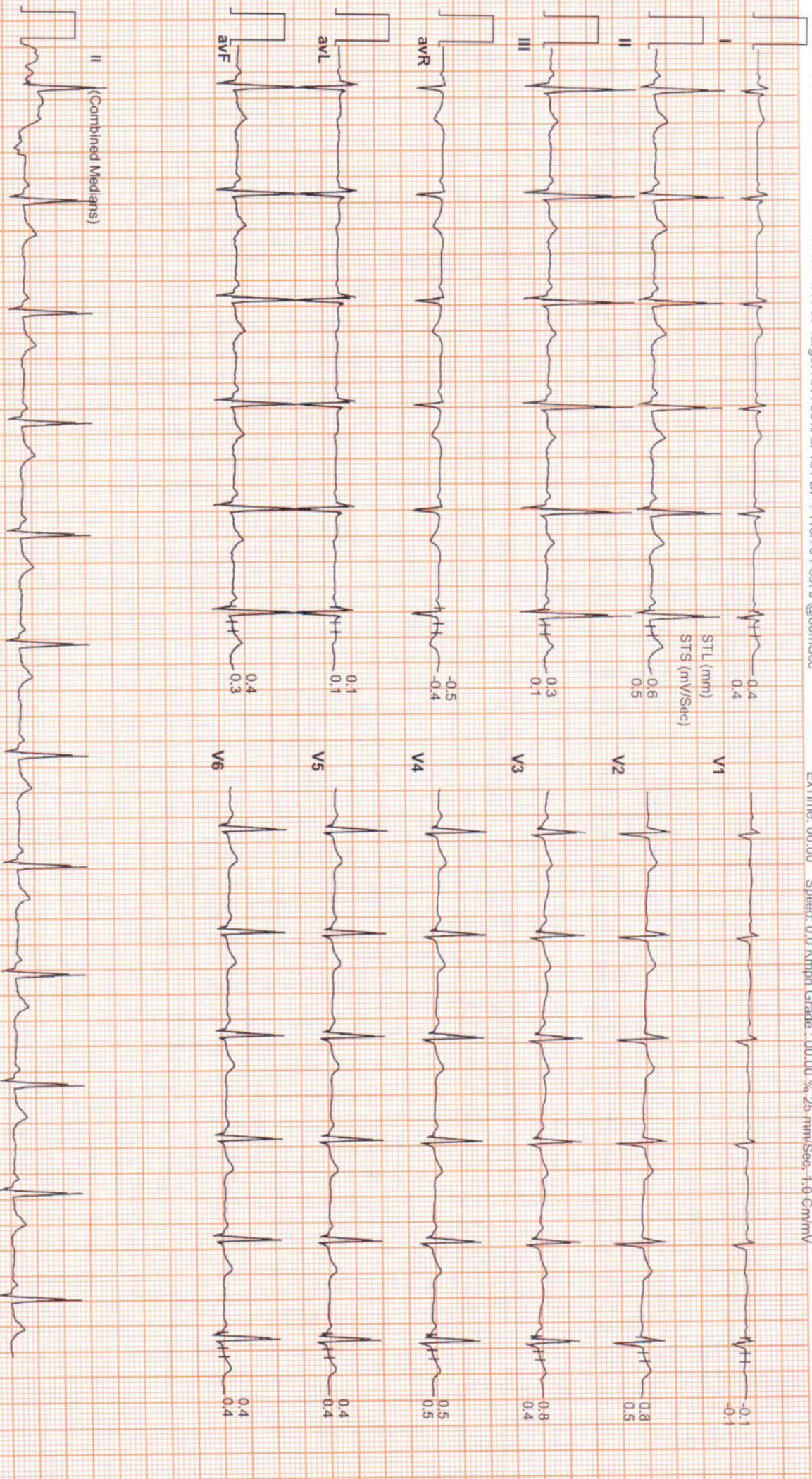
6X2 Combine Medians + 1 Rhythm
BRUCE:Standing(0:59)



Date: 24 / 09 / 2022

MEts : 1.0 HR : 69 Target HR : 38% of 181 BP : 110/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 KmPh Grade : 00.00 % 25 mm/Sec -1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

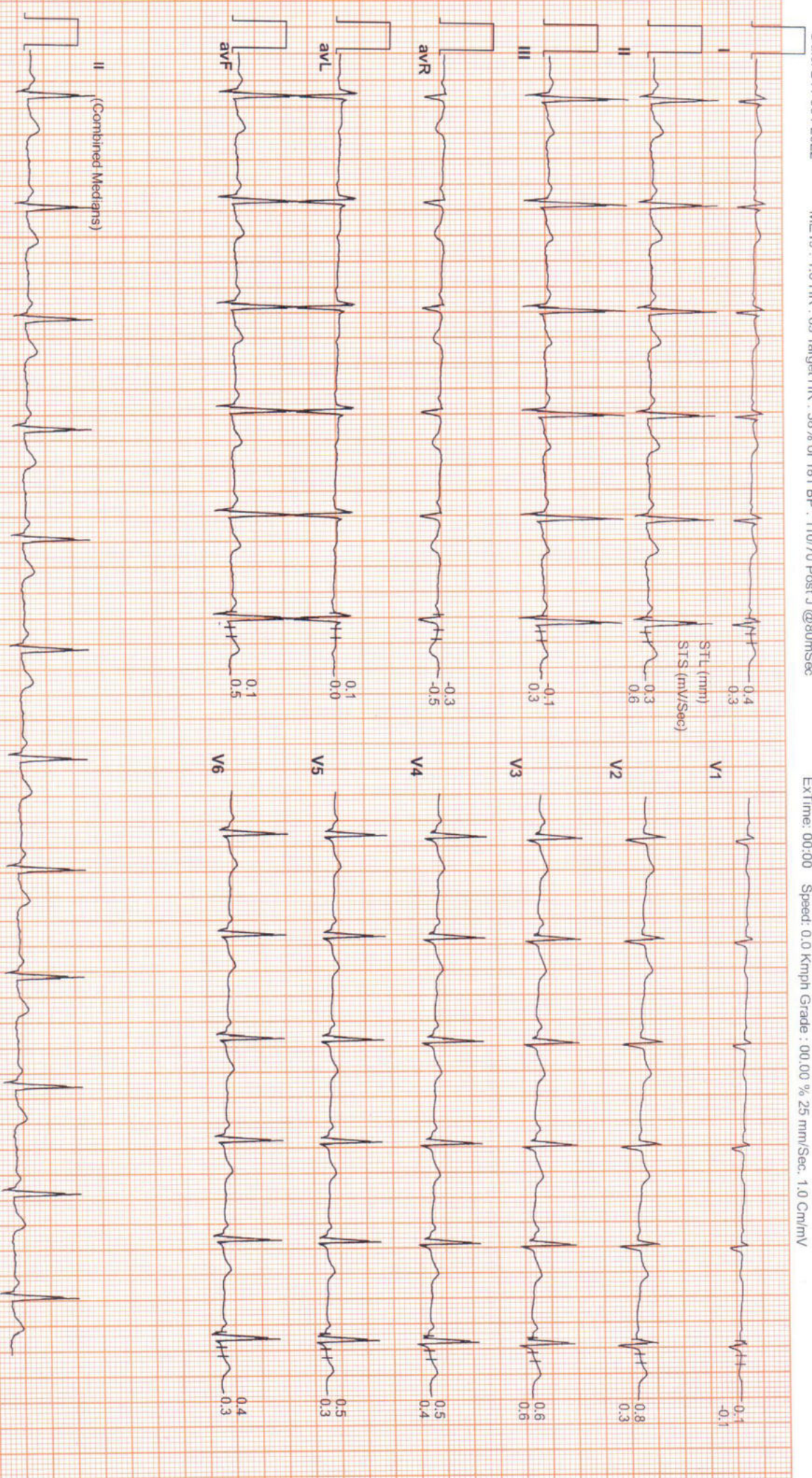
167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE:HV(0:21)



Date: 24 / 09 / 2022 METs : 1.0 HR : 69 Target HR : 38% of 181 BP : 110/70 Post J @90mSec

ExTime: 00:00 Speed: 0.0 Kmph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
ExStart

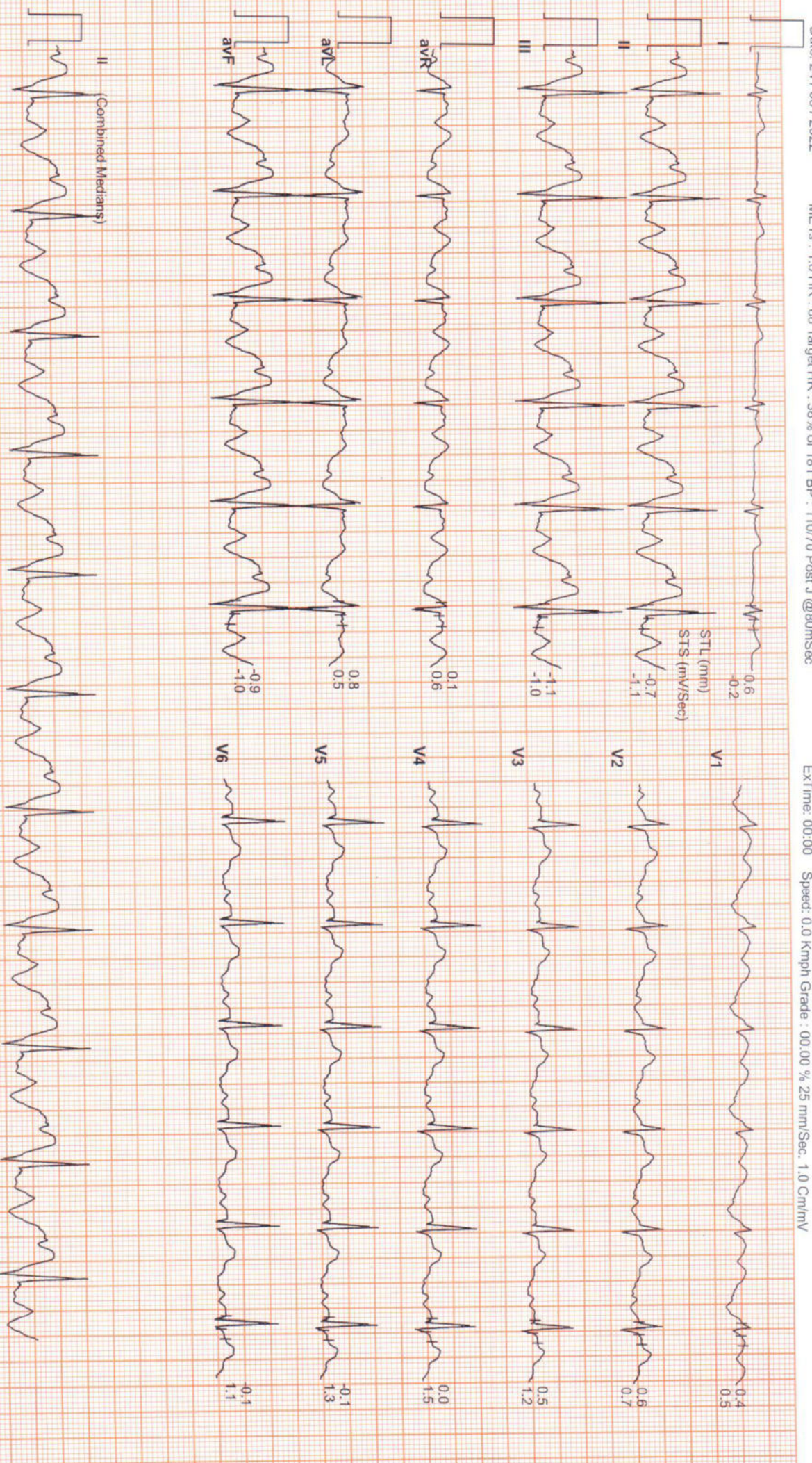


Date: 24 / 09 / 2022

METs : 1.0 HR : 68 Target HR : 38% of 181 BP : 110/70 Post J @80mSec

ExTime: 00:00

Speed: 0.0 Kmph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/rV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)

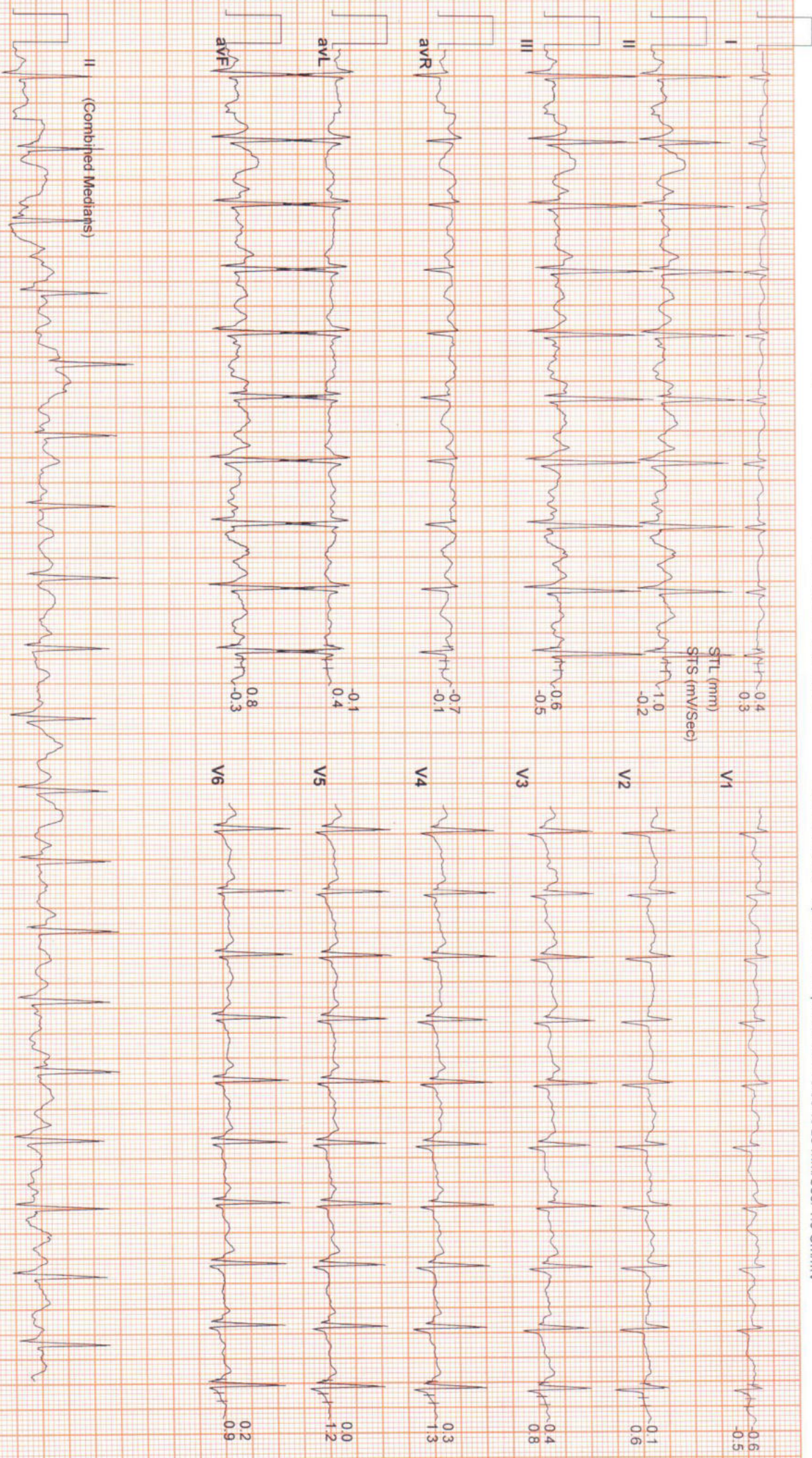


Date: 24 / 09 / 2022

METS : 4.7 HR : 115 Target HR : 64% of 181 BP : 110/70 Post J @70mSec

ExTime: 03:00

Speed: 2.7 Kmph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

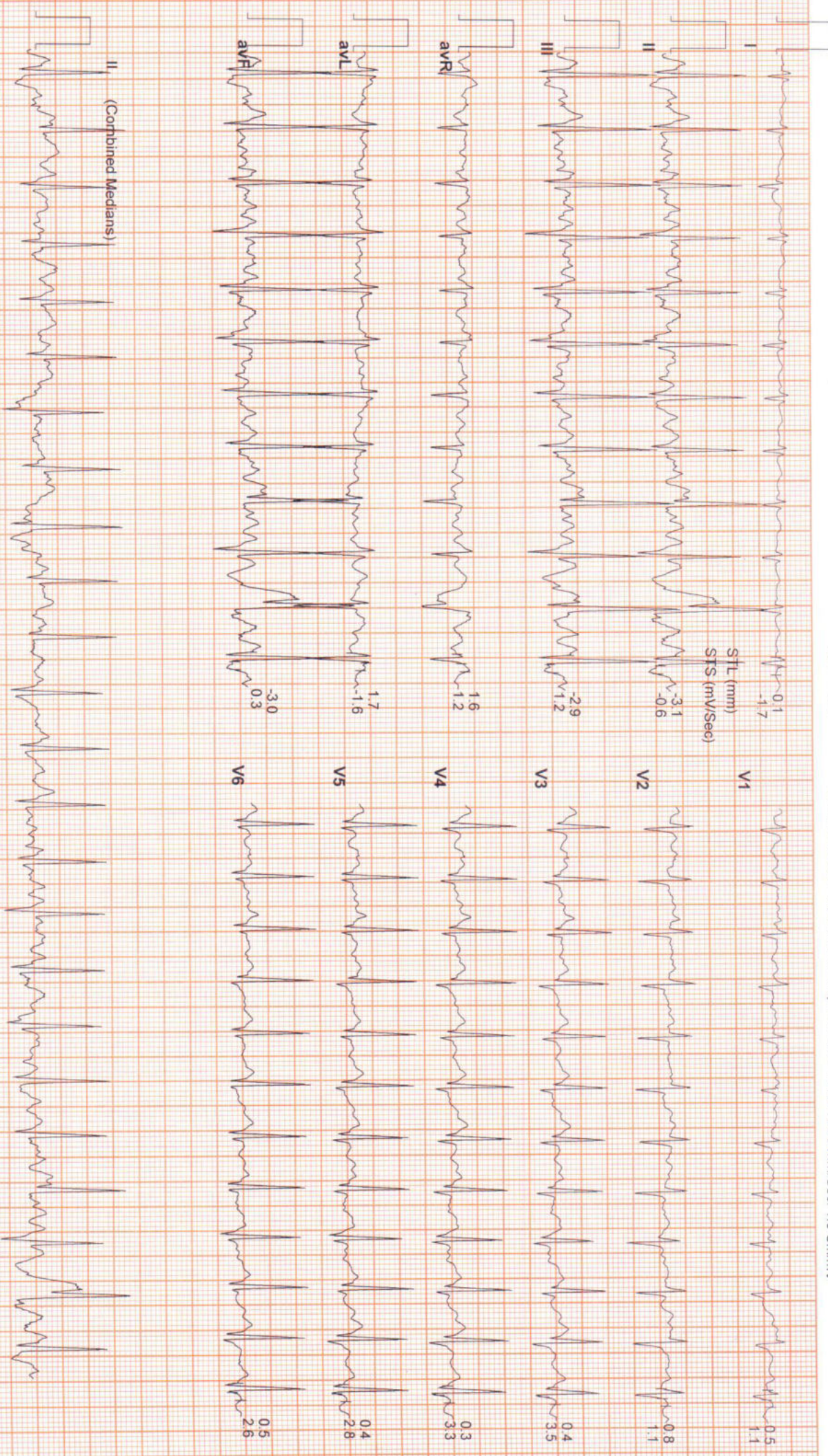
6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)



Date: 24 / 09 / 2022

MEts : 7.1 HR : 144 Target HR : 80% of 181 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 4.0 KmPh Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx

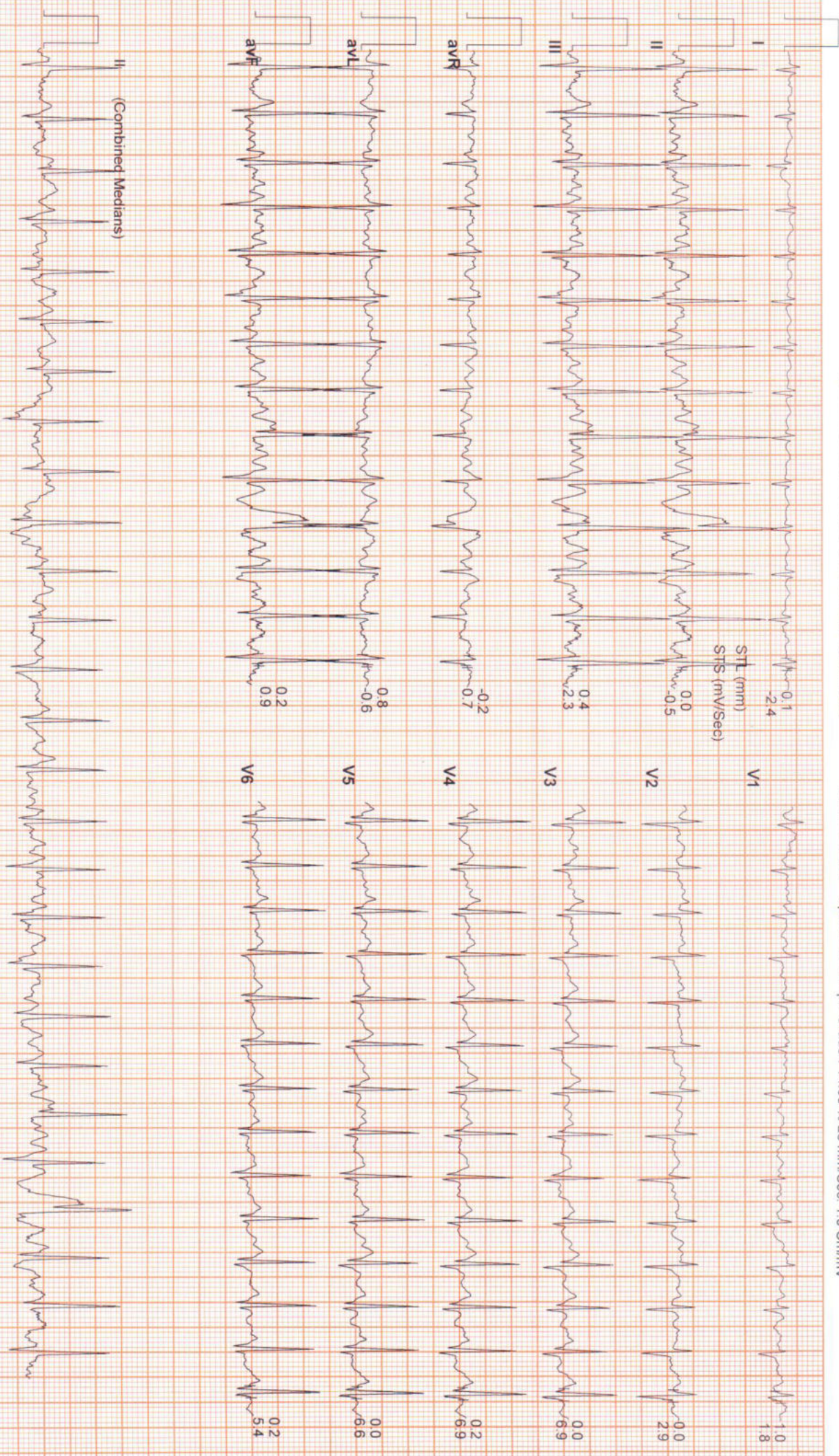


Date: 24 / 09 / 2022

METs : 7.5 HR : 164 Target HR : 91% of 181 BP : 130/80 Post J @20mSec

ExTime: 06:23

Speed: 5.5 Kmph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

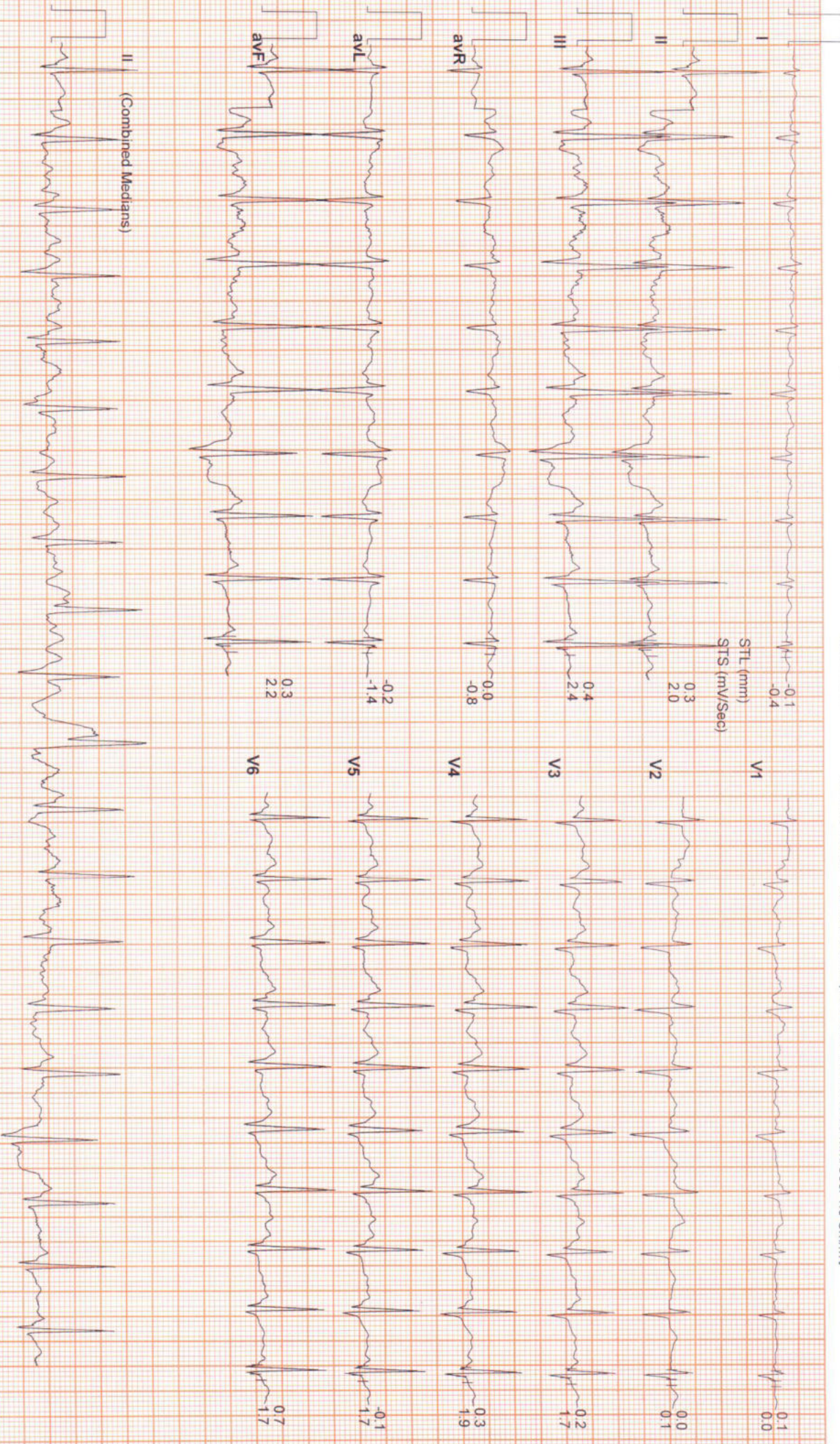
6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 24 / 09 / 2022

METs : 1.1 HR : 121 Target HR : 67% of 181 BP : 140/80 Post J @60mSec

ExTime: 06:23 Speed: 0.2 Kmph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS KANDIVALI EAST

167 / KAJAL KIRAN / 39 Yrs / Female / 158 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:19)

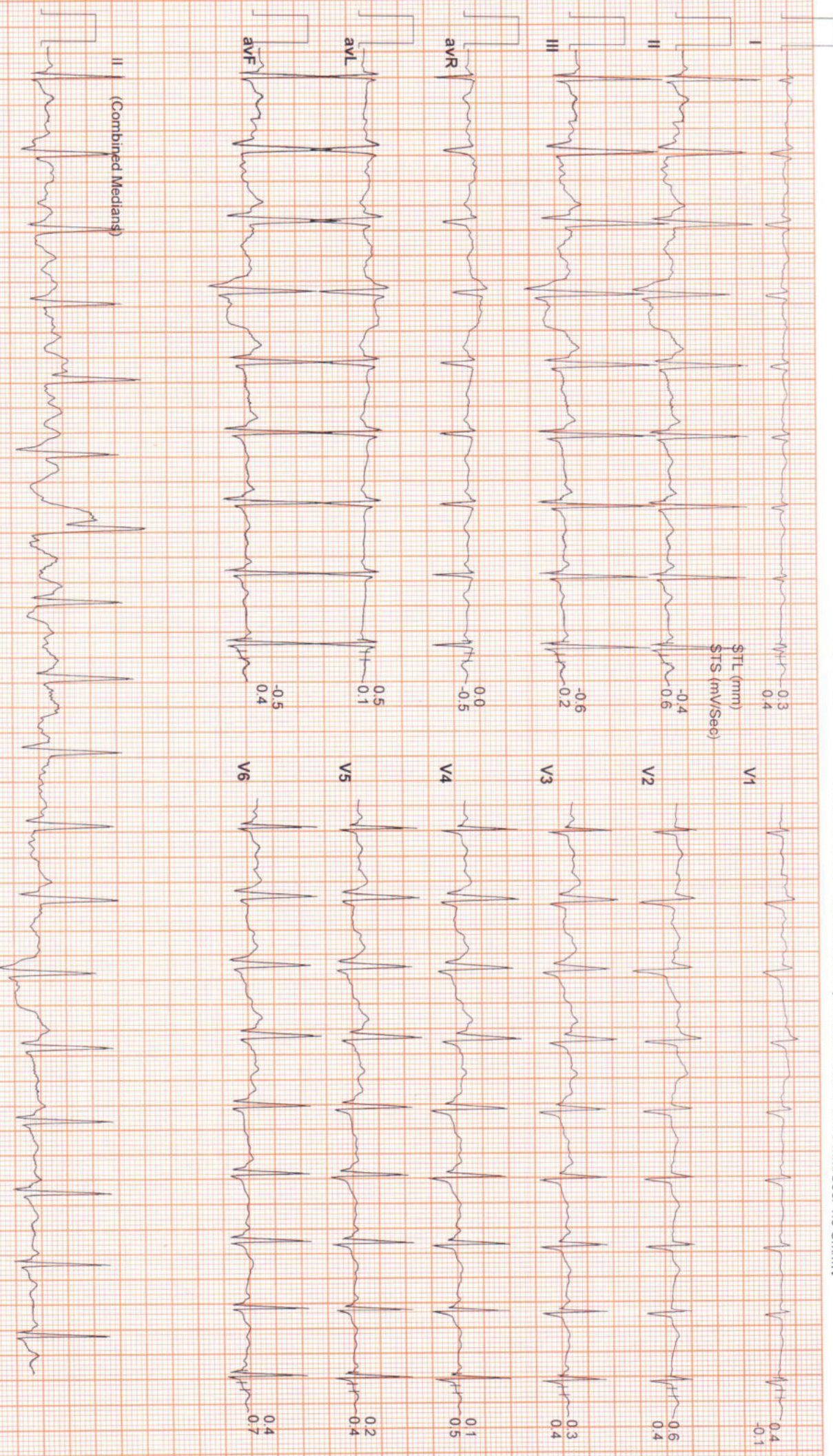


Date: 24 / 09 / 2022

METs : 1.0 HR : 106 Target HR : 59% of 181 BP : 140/80 Post J @80mSec

ExTime: 06:23

Speed: 0.0 Kmph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	25.4	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6330	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	31.1	20-40 %	
Absolute Lymphocytes	1968.6	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	468.4	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	3665.1	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	151.9	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	76.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	13.0	6-11 fl	Calculated
PDW	32.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 17 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



Bmhaskar

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



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Collected : 24-Sep-2022 / 09:19
Reported : 24-Sep-2022 / 15:00

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	92.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.67	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.45	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	23.8	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	10.8	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reg. Location : Kandivali East (Main Centre)

Collected : 24-Sep-2022 / 12:58
Reported : 24-Sep-2022 / 17:22

GAMMA GT, Serum	12.5	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	60.3	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	26.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.2	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.75	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	91	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 ***



Anupa

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



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Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 24-Sep-2022 / 09:19
Reported : 24-Sep-2022 / 16:01

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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.

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	
Others	-		

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



Bmhaskar

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



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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

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	203.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	40.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	163.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	147.3	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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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	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.0	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.347	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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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