



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ

ELECTION COMMISSION OF INDIA
IDENTITY CARD

SVF7890379



ಮತದಾರರ ಹೆಸರು : ಆಕ್ರಿತಿ ಶ್ರೀವಾಸ್ತವ

Elector's Name : Akriti Srivastava

ತಂದೆಯ ಹೆಸರು : ಅಖಿಲೇಶ್ ಶ್ರೀವಾಸ್ತವ

Father's Name : Akhilesh Srivastava

ಲಿಂಗ / Sex : ಮಹಿಳೆ / Female

ಜನ್ಮ ದಿನಾಂಕ / Date of Birth : 11/09/1990



PHYSICAL EXAMINATION REPORT

Patient Name	Akruti Srivastava	Sex/Age	F/31 yrs.
Date	25/9/24	Location	Thane.

History and Complaints

hypo-Thyroid Disorder
- weakness
- wt. gain

EXAMINATION FINDINGS:

Height (cms):	146	Temp (0c):	N
Weight (kg):	59.2	Skin:	Acne (+)
Blood Pressure	120/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

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

Impression:

Megaplatelets on smear (+)
↑ Alkaline phosphatase
↑ T4's, Fatty Liver, CB stones.

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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Advice:

- Low Fat, Low sugar Diet.
- Wt. Reduction,
- Avoid oily, spicy Foods.

1)	Hypertension:		
2)	IHD	Nil	
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthama		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		- covid infection (March 2021) - Hypothyroidism since 2019
9)	Nervous disorders		Nil
10)	GI system		- Acidity
11)	Genital urinary disorder		P/V spotting 1 week before m.c.
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		Nil
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries (LASEK - 2012) (2008)		Rt. Leg (Rod insertion)
17)	Musculoskeletal System		Nil

PERSONAL HISTORY:

1)	Alcohol	No No Mixed - Tab. thyronorm 50mg.
2)	Smoking	
3)	Diet	
4)	Medication	

(Signature)

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Dr. Manasee Kulkarni

M.B.B.S
2005/09/3439

Name : Akriti Srivastava
Date - 25/9/21

ENT Examination

History: Nil

Examination :
External Ear :- Right :- (N) Left :- (N)
Middle Ear :- TM - Intact (+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :- | -ve
Nose and Paranasal sinuses :- | NAD.
Throat :-
Speech :-



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

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CID : 2126842654
Name : MRS.AKRITI SRIVASTAVA
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:28
Reported : 25-Sep-2021 / 15:46

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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	5.12	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.3	36-46 %	Measured
MCV	77	80-100 fl	Calculated
MCH	25.1	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	3044.8	1000-3000 /cmm	Calculated
Monocytes	3.3	2-10 %	
Absolute Monocytes	290.4	200-1000 /cmm	Calculated
Neutrophils	59.5	40-80 %	
Absolute Neutrophils	5236.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	228.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	105000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	25.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

Authenticity Check



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Reported : 25-Sep-2021 / 11:12

Anisocytosis -
Poikilocytosis Mild
Polychromasia Mild
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional
WBC MORPHOLOGY -
PLATELET MORPHOLOGY Megaplatelets seen on smear
COMMENT -

Result rechecked

Kindly correlate clinically

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***



MC-2427

Lynda Rodrigues

Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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

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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:28
Reported : 25-Sep-2021 / 12:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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	119.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.5	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	18.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	28.1	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	113.5	35-105 U/L	PNPP
BLOOD UREA, Serum	12.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	115	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.2	2.4-5.7 mg/dl	Uricase

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MC-2427



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Reported : 25-Sep-2021 / 16:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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	111.2	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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



MC-2111

Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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Reported : 25-Sep-2021 / 13:09

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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<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	Griss Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	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	4-5	Less than 20/hpf	

Sample quantity is less than 12 ml

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MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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Reported : 25-Sep-2021 / 12:25

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 Semi- automated column agglutination technology (CAT)

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

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Age / Gender : 31 Years / Female
Consulting Dr. : -
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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	184.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	183.5	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	41.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	36.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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MC-2427

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Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 09:28
Reported : 25-Sep-2021 / 11:33

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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.69	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 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

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

Reference:

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

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Patient Name:

AKSHITHI SRIYASHTAVA

HR 59/min

Age: 31.928 / F

154 cm / 59.6 kg

..... mmHg

CTD-2196842654

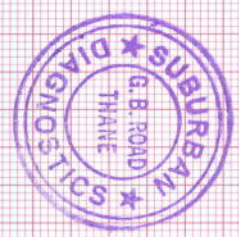
10 mm/mV

10 mm/mV

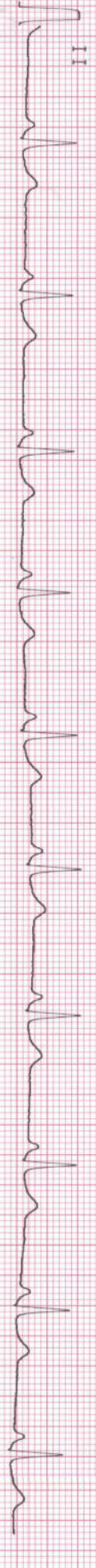
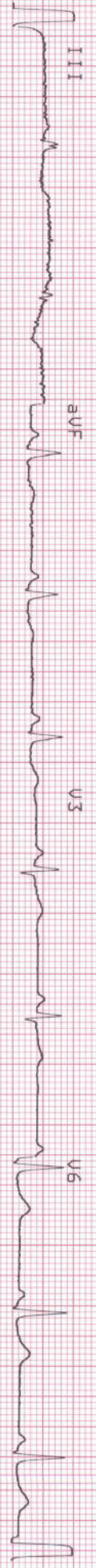
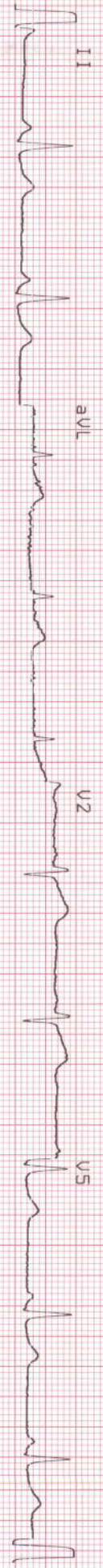
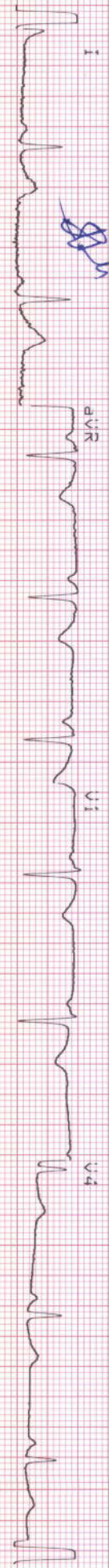
DR. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972



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CID	: 2126842654	SID	: 177804224614
Name	: MRS.AKRITI SRIVASTAVA	Registered	: 25-Sep-2021 / 09:18
Age / Gender	: 31 Years/Female	Collected	: 25-Sep-2021 / 09:18
Ref. Dr	: -	Reported	: 25-Sep-2021 / 13:46
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:01

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
No hilar abnormality is seen.
The cardiac size and shape are within normal limits.
The aorta shows normal radiological features.
The trachea is central.
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 ***

Dr. Patil

**Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST**

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Age / Gender	: 31 Years/Female	Collected	: 25-Sep-2021 / 09:18
Ref. Dr	: -	Reported	: 25-Sep-2021 / 13:46
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:31

USG WHOLE ABDOMEN

LIVER: Liver appears enlarged in size (16.0 cm) and shows increased echorefectivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is partially distended. It shows few calculi with each measuring between 4 mm to 8 mm in size. No polyps/sludge/peri-cholecystic collection seen.

PORTAL VEIN: Portal vein is normal (9.0 mm). **CBD:** CBD is normal (1.5 mm).

PANCREAS: Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 9.8 x 3.5 cm. Left kidney measures 9.9 x 3.7 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 7.4 x 2.6 x 2.9 cm. Uterine myometrium shows homogenous echotexture. IUCD seen in situ. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 1.6 x 2.9 x 3.0 cm and ovarian volume is 7.5 cc.

The left ovary measures 2.6 x 2.2 x 2.9 cm and ovarian volume is 9.3 cc.

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

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

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