

Name : Mrs . SHREYA SINGH
VID : 2309405472
Ref By : Arcofemi Healthcare Limited
Reg Date : 04-Apr-2023 09:46
Age/Gender : 36 Years
Regn Centre : Khar West (Main Centre)

History and Complaints:Nil

EXAMINATION FINDINGS:

Height (cms):	157 cms	Weight (kg):	70 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	156/94 mmHg	Nails:	Normal
Pulse:	80/Min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2 Audible, No Murmurs
Respiratory: AEBE Clear, No Added Sound
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: HB -10.9 , WBC- 3800 , B.P - 156/94 , USG ABD - ABNORMAL FINDINGS ARE NOTED (REPORT ATTACHED) , STOOL ROUTINE AND TMT IS PENDING , ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

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 H/o Renal Calculus 1 Year Back
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No

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16) Surgeries 1LSCS In 2017
17) Musculoskeletal System No

PERSONAL HISTORY:

1) Alcohol Occassionally
2) Smoking No
3) Diet Veg
4) Medication No



Dr.Rafat Parkar
MBBS
CONSULTANT
PHYSICIAN

आयकर विभाग INCOME TAX DEPARTMENT SHREYA SINGH SHARAD KUMAR SINGH 21/06/1986 Permanent Account Number CWYPS6421D  Signature	 भारत सरकार GOVT. OF INDIA   18082010
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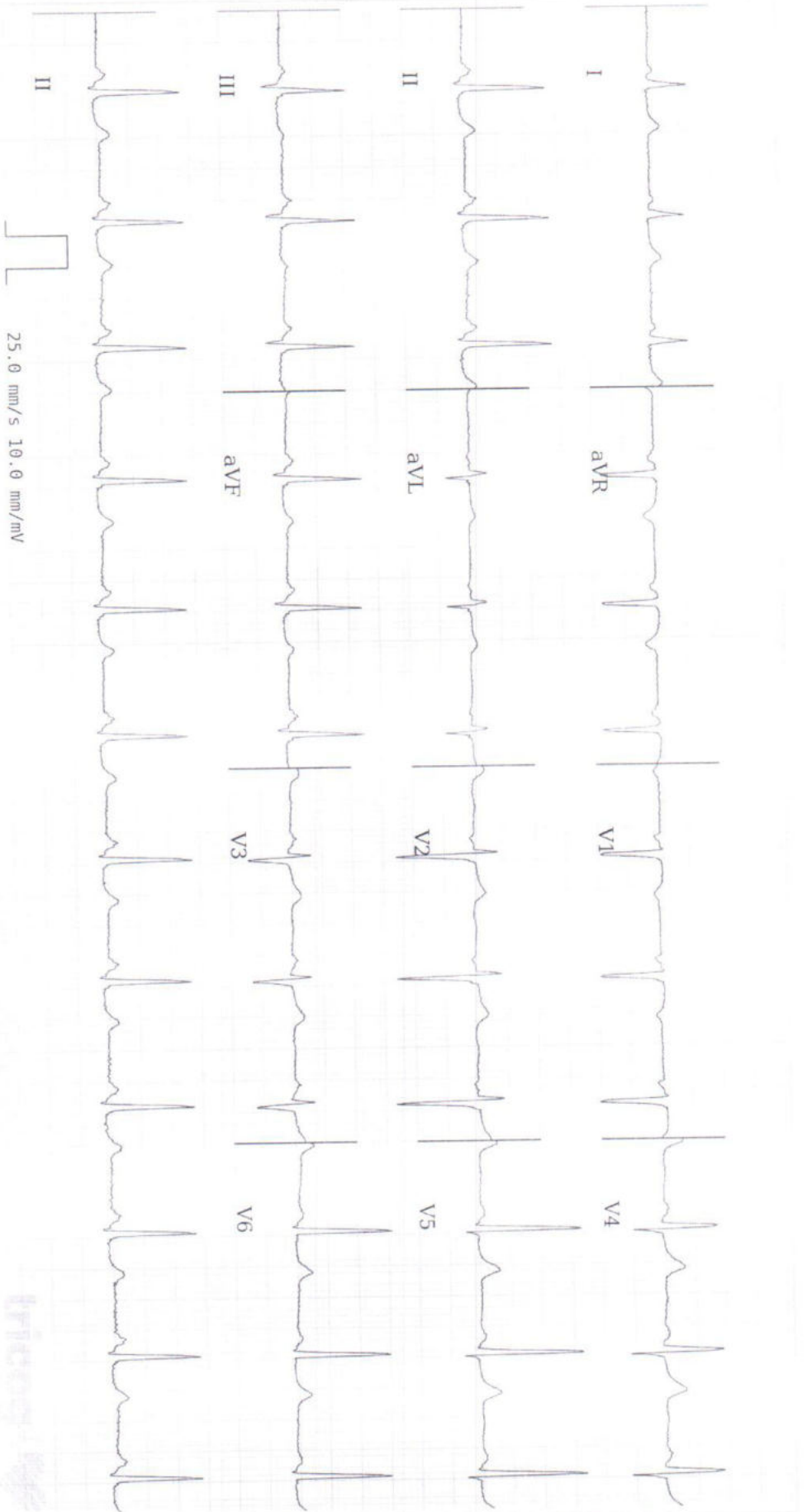
Shreya

Rafat

Dr. Rafat M Parkar
M.B.B.S.
Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.
6th Floor, Costa House,
81, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484805 / 26484807

Patient Name: SHREYA SINGH
Patient ID: 2309405472



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

Age 36 9 14
years months days

Gender Female

Heart Rate 74bpm

Patient Vitals

BP: 156/94 mmHg
Weight: 70 kg
Height: 157 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 86ms
QT: 374ms
QTcB: 415ms
PR: 124ms
P-R-T: 68° 68° 45°

REPORTED BY

Dr. Girish Agarwal
MD Medicine
200202478

Disclaimer: This analysis in the context 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. All Patient's shall give as advised by the clinician and not derived from the ECG.

Date:- 04/04/2023
Name:- Mrs. Shreeya Singh.
CID: 2309405472
Sex / Age: 36 / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: - N.V - N5 (Bil) - Rt N5
- Lt N5

Aided Vision: - D.V - 6/5 (Bil) - Rt 6/5
- Lt 6/5

Refraction: -

(Right Eye) (Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/5	_____			6/5
Near	_____			N5	_____			N5

Colour Vision: Normal / Abnormal

Remark: Nil

Rafat

Dr. Rafat M Parkar
M.B.B.S.
Regn. No. 072366



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Name : Mrs SHREYA SINGH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023 / 13:29

R
E
P
O
R
T

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.

SUGGEST CLINICAL CORRELATION.

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

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040409471848>

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CID : 2309405472
Name : Mrs SHREYA SINGH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre
Reg. Date : 04-Apr-2023
Reported : 05-Apr-2023 / 1:51

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 13.5 cm). **Liver appears minimally bright in echotexture.** There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at present scan.

GALL BLADDER: Gall bladder is distended. **Minimal sludge is noted within gallbladder lumen.** Wall thickness is within normal limits.

PORTAL VEIN: Portal vein is normal . **CBD:**CBD appears normal.

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Minimal fullness of right pelvicalyceal system(Right ureter is obscured by bowel gases).

Right kidney measures 12.2 x 3.8 cm.

Approx. 3.1 mm calculus is noted at mid pole of right kidney.

Left kidney measures 11.1 x 4.9 cm.

Approx. 3 mm calculus is noted at mid pole of left kidney.

SPLEEN: Spleen is normal in size (measures 7.5 cm) and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and **appears mildly bulky** and measures 9.2 x 6.0 x 4.3 cm. **Uterine myometrium shows mildly heterogenous echotexture.**

Approx. 14 x 9 mm posterior intramural uterine fibroid is noted.

Approx. 6 x 5 mm anterior intramural uterine fibroid is noted.

Endometrial echo is in midline and endometrium thickness is 10.9 mm.

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OVARIES :Both ovaries are visualized.

The right ovary measures 2.8 x 1.4 cm

The left ovary measures 3.1 x 2.5 cm

Minimal free fluid is noted in pouch of douglas.

No significant abdominal lymphadenopathy is noted at present scan.

IMPRESSION:

- Early fatty changes in liver parenchyma.
- Minimal sludge is noted within gallbladder lumen.
- Minimal fullness of right pelvicalyceal system(Right ureter is obscured by bowel gases).
- Bilateral small renal calculi.
- Uterus appears mildly bulky and shows mildly heterogenous echotexture with small uterine fibroids.
- Minimal free fluid is noted in pouch of douglas.

Suggest 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 cases for confirmation/exclusion of diagnosis. Patient was explain 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 center for rectification. Please interpret accordingly.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 04-Apr-2023 / 10:01
Reported : 04-Apr-2023 / 18:15

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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	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.30	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.3	36-46 %	Calculated
MCV	77.3	80-100 fl	Measured
MCH	25.4	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	17.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	3800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.7	20-40 %	
Absolute Lymphocytes	1394.6	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	326.8	200-1000 /cmm	Calculated
Neutrophils	53.8	40-80 %	
Absolute Neutrophils	2044.4	2000-7000 /cmm	Calculated
Eosinophils	0.4	1-6 %	
Absolute Eosinophils	15.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	19.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	322000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Measured
PDW	10.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-20 mm at 1 hr. Sedimentation

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



J Thakker

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



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Collected : 04-Apr-2023 / 10:01
Reported : 04-Apr-2023 / 16:06

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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	90.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	79.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	17.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	46.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	25.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum 102 >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 3.1 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 CPL, Andheri West
*** End Of Report ***



Anupa

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



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Collected : 04-Apr-2023 / 10:01
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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 ***

J. Thakker

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





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Reg. Location : Khar 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	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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

Anupa

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MC-2111



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Reported :

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Reported : 04-Apr-2023 / 17:35

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 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
*** End Of Report ***

J Thakker

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	71.3	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	44.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	2.57	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 CPL, Andheri West
*** End Of Report ***

Anupa

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

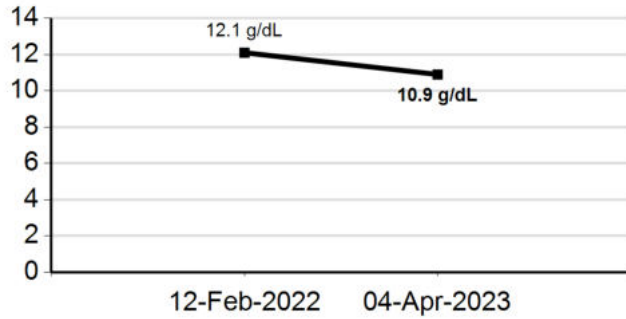




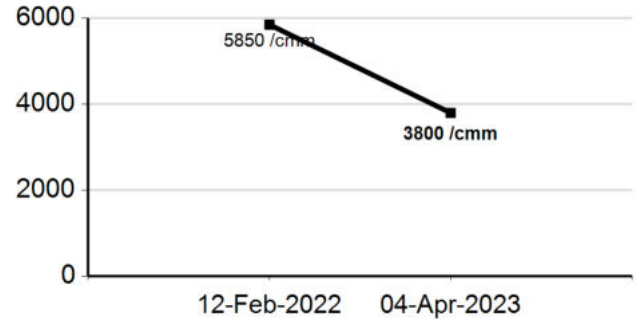
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 Application To Scan the Code

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 Name : MRS.SHREYA SINGH
 Age / Gender : 36 Years / Female
 Consulting Dr. : -
 Reg. Location : Khar West (Main Centre)

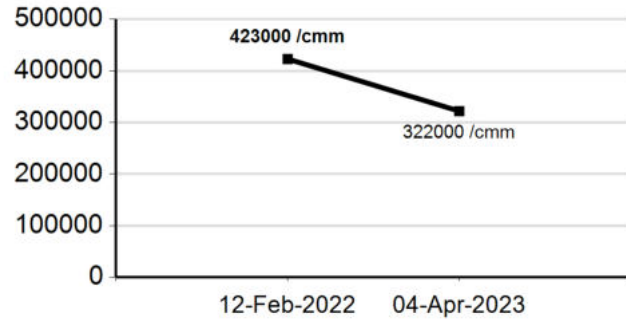
Haemoglobin



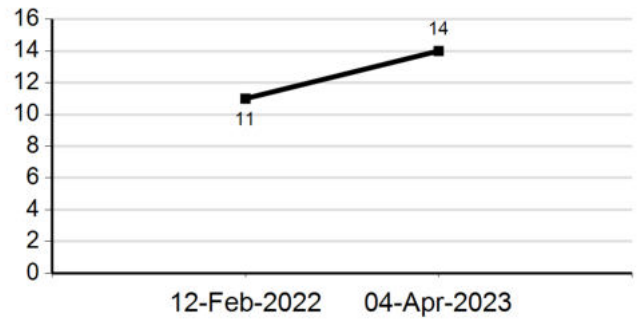
WBC Total Count



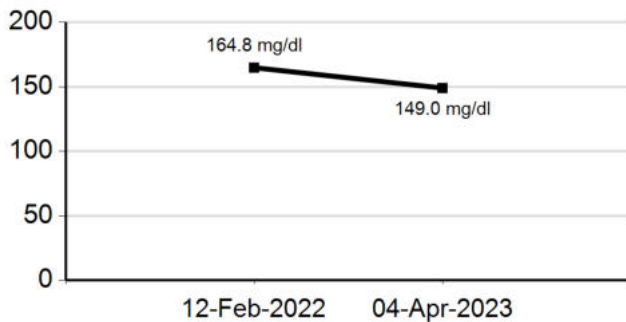
Platelet Count



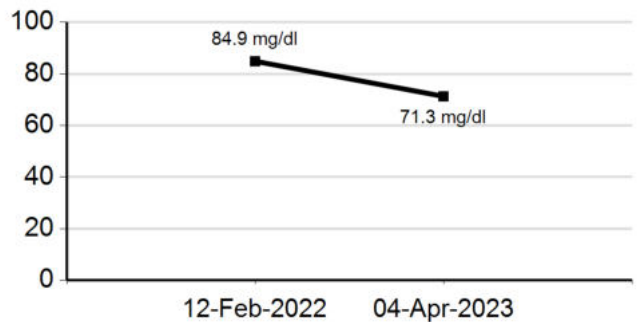
ESR



CHOLESTEROL



TRIGLYCERIDES

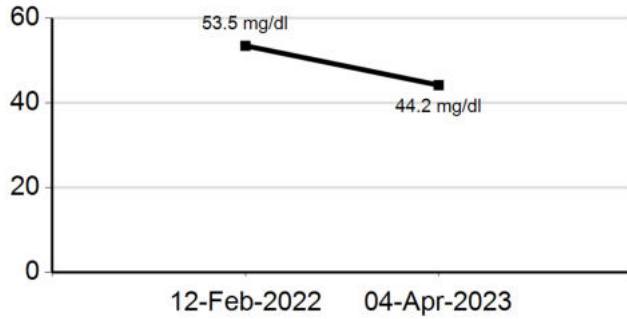




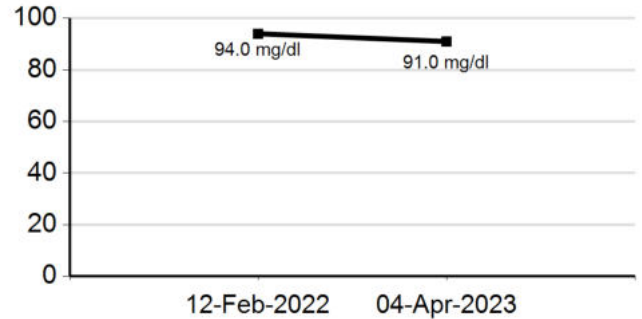
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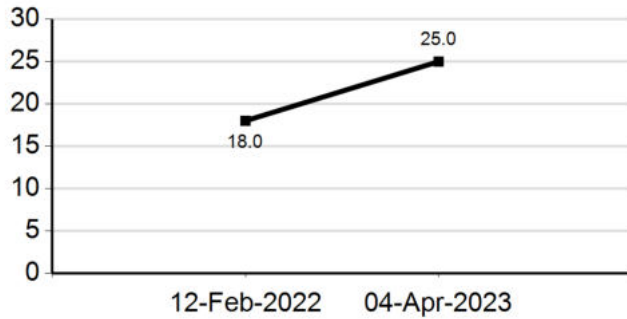
HDL CHOLESTEROL



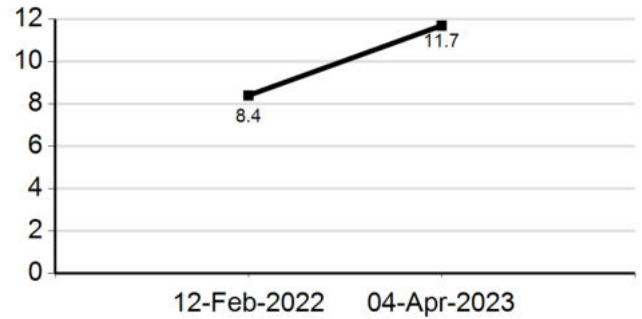
LDL CHOLESTEROL



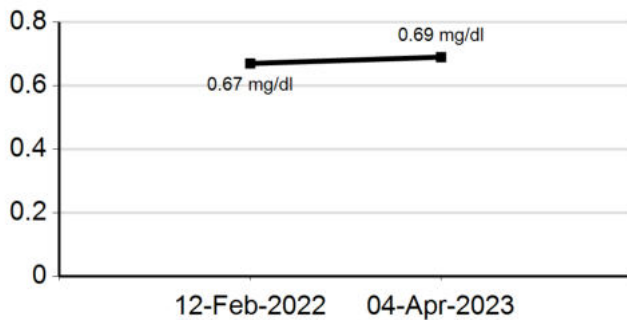
BLOOD UREA



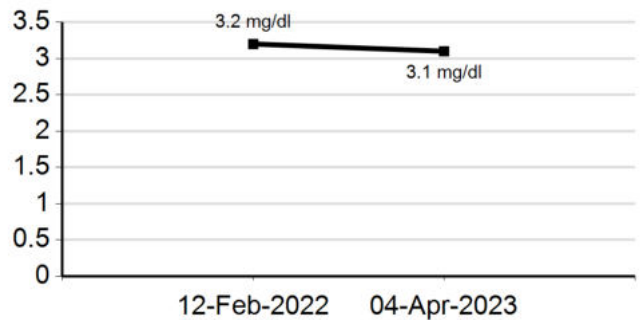
BUN



CREATININE



URIC ACID

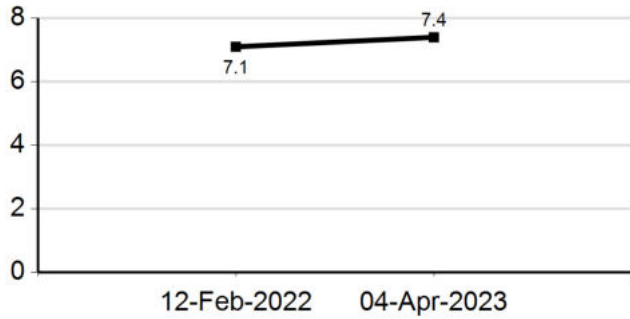




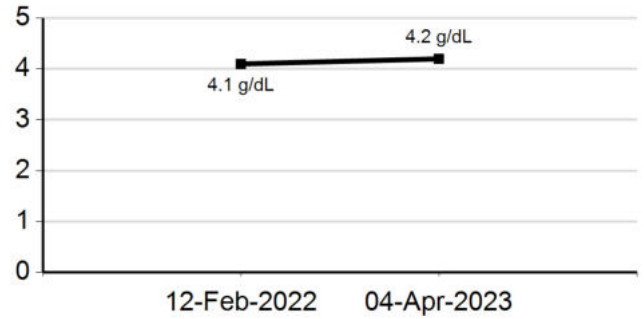
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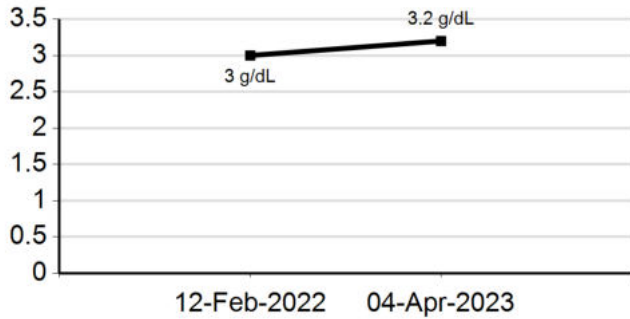
TOTAL PROTEINS



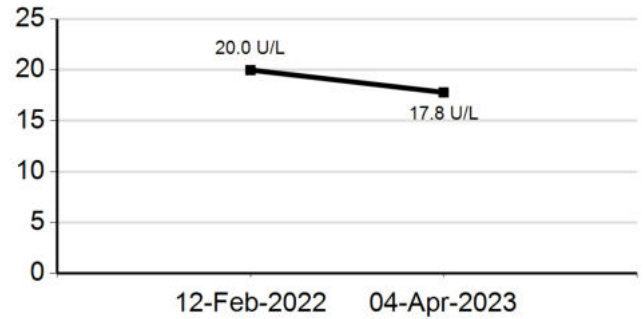
ALBUMIN



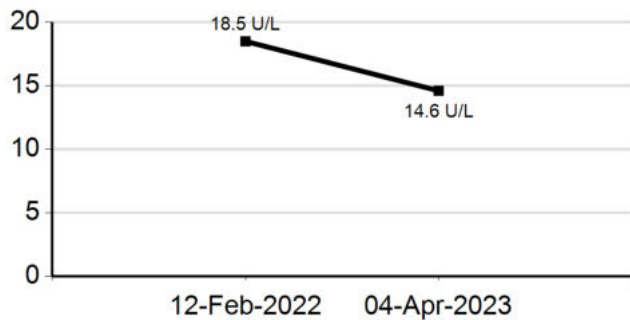
GLOBULIN



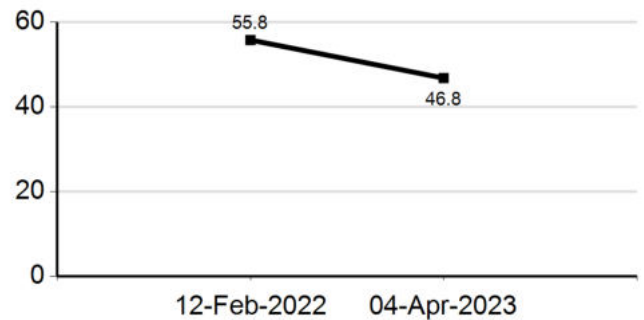
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

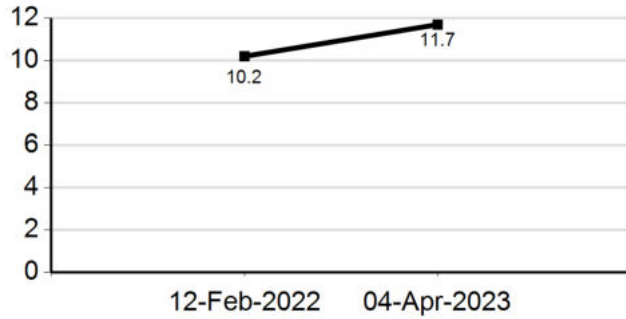




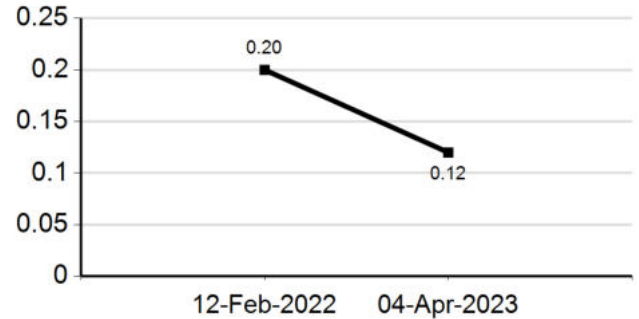
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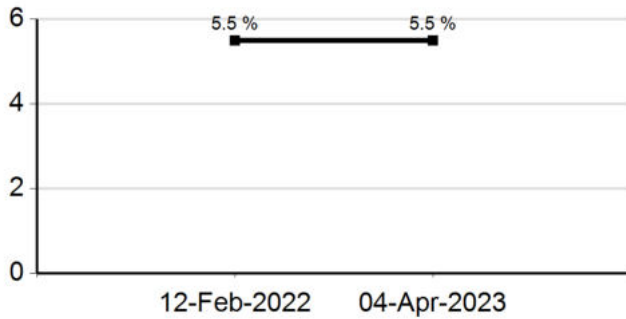
GAMMA GT



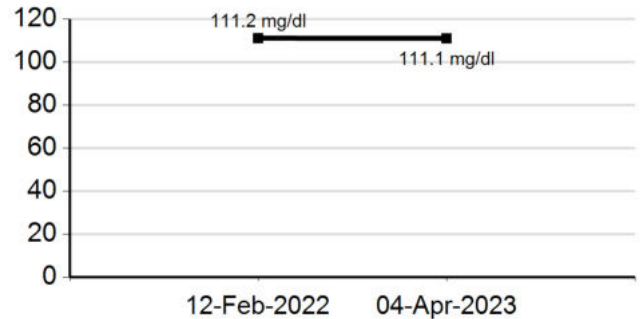
BILIRUBIN (DIRECT)



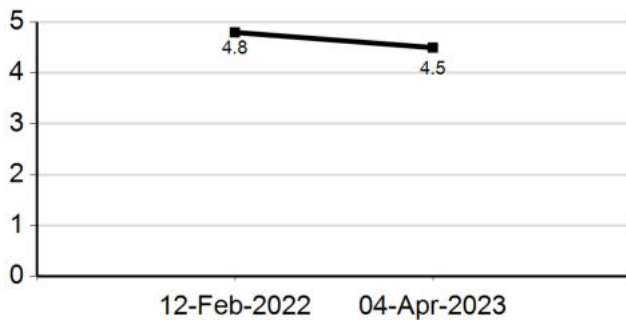
Glycosylated Hemoglobin (HbA1c)



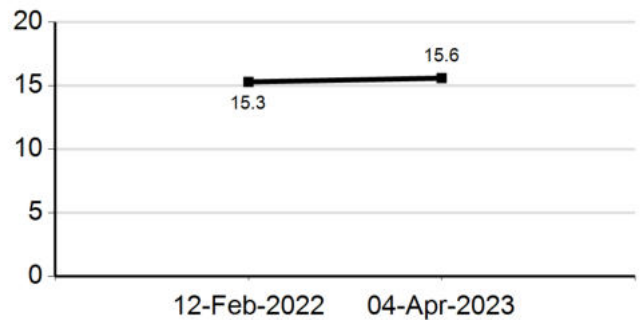
Estimated Average Glucose (eAG)



Free T3



Free T4





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