

Age **28** **6** **NA**
years months days

Gender **Female**

Heart Rate **78bpm**

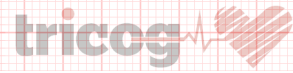
Patient Vitals

BP: 120/80 mmHg
Weight: 48 kg
Height: 152 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 78ms
QT: 388ms
QTc: 442ms
PR: 114ms
P-R-T: 35° 57° 54°

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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

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.



CID : 2232113712
Name : Mrs HEENA ROHIT WAGHELA
Age / Sex : 28 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 17-Nov-2022
Reported : 17-Nov-2022/12:17

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.7 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 10.9 x 3.4 cm. Left kidney measures 10.6 x 4.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (8.2 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS :

The uterus is retroverted and appears normal. It measures 7.7 x 4.0 x 4.4 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 8.1mm.



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OVARIES:

Right ovary : 3.7 x 1.5 x 1.7 cm, Vol : 5.6 cc.

Left ovary : 3.6 x 2.5 x 2.2 cm, Vol : 10.6 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A follicular cyst measuring 13.0 mm is seen in the left ovary.

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

Minimal free fluid is seen in the pouch of douglas.

IMPRESSION:

➤ **No significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

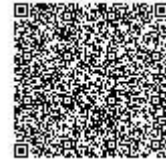
DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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X-RAY CHEST PA VIEW

Positional rotation seen.

Calcific foci noted in the left upper zone - s/o old healed lesions.

The lung fields are otherwise clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

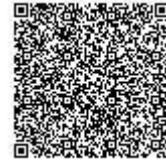
No significant active parenchymal abnormality detected.

Kindly correlate clinically.

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

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CID : 2232113712
Name : MRS.HEENA ROHIT WAGHELA
Age / Gender : 28 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 17-Nov-2022 / 09:26
Reported : 17-Nov-2022 / 14:23

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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	10.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.65	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.0	36-46 %	Measured
MCV	58	80-100 fl	Calculated
MCH	18.5	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	19.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7130	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.8	20-40 %	
Absolute Lymphocytes	3051.6	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	470.6	200-1000 /cmm	Calculated
Neutrophils	41.2	40-80 %	
Absolute Neutrophils	2937.6	2000-7000 /cmm	Calculated
Eosinophils	9.0	1-6 %	
Absolute Eosinophils	641.7	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	447000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	12.7	11-18 %	Calculated



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RBC MORPHOLOGY

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

Features suggestive of thalassemia trait &/ or iron deficiency anemia

Advice :1) Iron studies,serum ferritin
2) Hb analysis (HPLC) & reticulocyte count

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-20 mm at 1 hr. Westergren

*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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Age / Gender : 28 Years / Female
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Reported : 17-Nov-2022 / 14:18

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.14	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.08	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.06	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	12.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	106.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.47	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	168	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Enzymatic

*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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Age / Gender : 28 Years / Female
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Reg. Location : Bhayander East (Main Centre)

Collected : 17-Nov-2022 / 09:26
Reported : 17-Nov-2022 / 14:10

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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	111.2	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 Borivali Lab, Borivali West

*** End Of Report ***



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Pathologist



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

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

NOTE: Test performed by automated 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 ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	153.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.9	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	57.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	95.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	16.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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