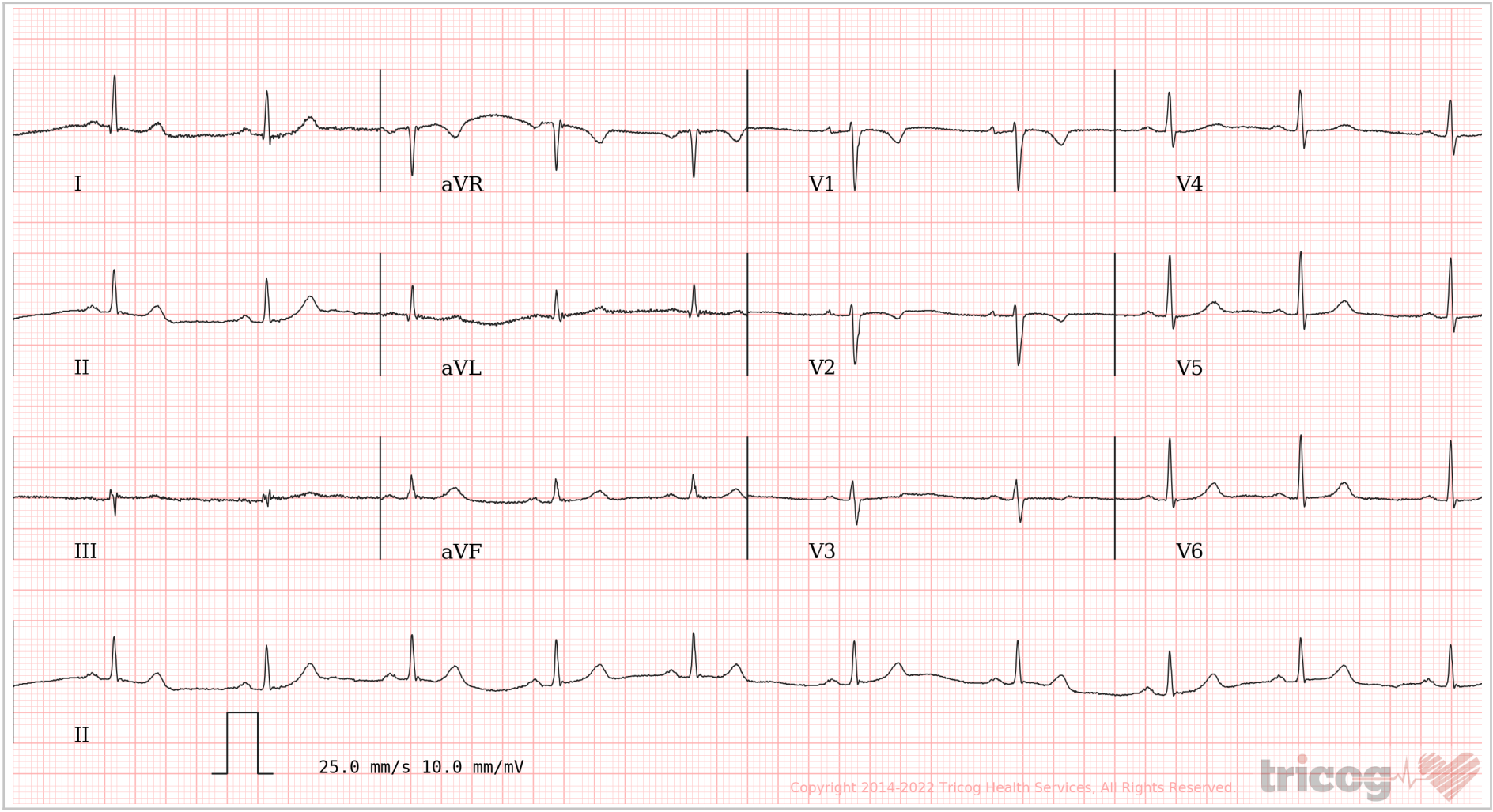
SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: DHANSHREE SHINDE
Patient ID: 2202138291

Date and Time: 21st Jan 22 10:47 AM



Age 30 years 9 months 22 days

Gender Female

Heart Rate 62 bpm

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QSRD:	74 ms
QT:	402 ms
QTc:	408 ms
PR:	166 ms
P-R-T:	39° 27° 44°

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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

R E P O R T

CID	: 2202138291		
Name	: Mrs DHANSHREE SHINDE		
Age / Sex	: 30 Years/Female		
Ref. Dr	:	**Reg. Date**	: 21-Jan-2022 / 17:04
Reg. Location	: Borivali West	**Reported**	: 21-Jan-2022 / 17:05

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.6 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein (11 mm) is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.3 x 3.6 cm. Left kidney measures 11.1 x 3.6 cm.
Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size (10.2 cm), 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, normal and measures 8.3 x 3.4 x 5.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 2.2 x 1.5 cm.
The left ovary measures 2.3 x 1.5 cm.

No free fluid or significant lymphadenopathy is seen.

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Opinion:

No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS

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REPORT

CID	: 2202138291		
Name	: MRS.DHANSHREE SHINDE		
Age / Gender	: 30 Years / Female		
Consulting Dr.	: -	**Collected**	: 21-Jan-2022 / 10:24
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 21-Jan-2022 / 13:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**10.7**	12.0-15.0 g/dL	Spectrophotometric
RBC	4.67	3.8-4.8 mil/cmm	Elect. Impedance
PCV	**33.3**	36-46 %	Measured
MCV	**71**	80-100 fl	Calculated
MCH	**23.0**	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	**18.3**	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7380	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	2221.4	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	627.3	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	4376.3	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	140.2	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	**14.8**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	**545000**	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	+		
Microcytosis	+		

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 21-Jan-2022 / 12:15

Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets increased on smear.
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	15	2-20 mm at 1 hr.	Westergren

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

*** End Of Report ***

MC-2111

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

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 21-Jan-2022 / 13:00

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	11.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.6	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	125	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Enzymatic

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*** End Of Report ***

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MC-2111

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

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Consulting Dr.	: -	**Collected**	: 21-Jan-2022 / 10:24
Reg. Location	: Borivali West (Main Centre)	**Reported**	: 21-Jan-2022 / 16:06

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.

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Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

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Reg. Location	: Borivali West (Main Centre)	**Reported**	: 21-Jan-2022 / 14:16

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

PARAMETER	RESULTS
ABO GROUP	A
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.

Refernces:

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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MC-2111

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	182.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	61.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	50.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	**132.8**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**121.0**	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	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	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	2.2	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 trasiently altered becuase 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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Ref. Dr	:	**Reg. Date**	: 21-Jan-2022 / 10:36
Reg. Location	: Borivali West	**Reported**	: 21-Jan-2022 / 18:01

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.

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