

Age **34** **8** **28**
years months days

Gender **Female**

Heart Rate **82 bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

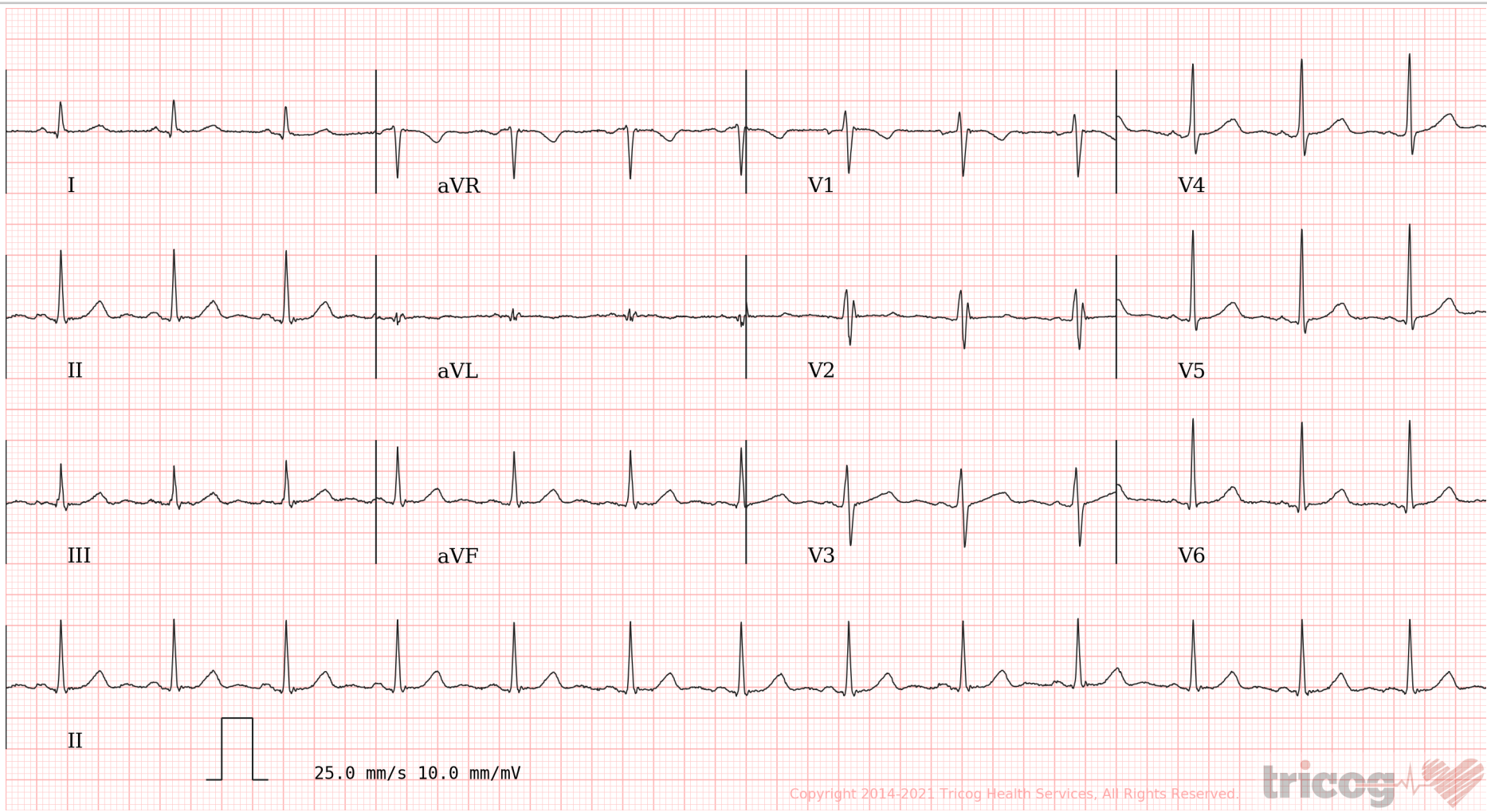
QSRD: 90 ms

QT: 392 ms

QTc: 457 ms

PR: 130 ms

P-R-T: 48° 64° 60°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Rsr' pattern in lead V2. Otherwise. Please correlate clinically.

REPORTED BY

Dr. Anand N Motwani

Dr. Anand N Motwani
M.D (General Medicine)
Reg No 39329 M.M.C



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CID : 2123122456
Name : MS.HARSHA SAINI
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 16:02

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	9.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	27.2	36-46 %	Measured
MCV	75	80-100 fl	Calculated
MCH	26.2	27-32 pg	Calculated
MCHC	35.0	31.5-34.5 g/dL	Calculated
RDW	16.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6010	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.6	20-40 %	
Absolute Lymphocytes	2079.5	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	456.8	200-1000 /cmm	Calculated
Neutrophils	49.6	40-80 %	
Absolute Neutrophils	2981.0	2000-7000 /cmm	Calculated
Eosinophils	7.2	1-6 %	
Absolute Eosinophils	432.7	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	60.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	220000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Calculated
PDW	27.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Mild		
Macrocytosis	-		



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

Specimen: EDTA Whole Blood

ESR, Citrate WB 14 2-20 mm at 1 hr. Westergren

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



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PATHOLOGIST

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Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 12:51

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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	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	90.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
CHOLESTEROL, Serum	144.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
LDL CHOLESTEROL, Serum	94.8	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	Colorimetric
TRIGLYCERIDES, Serum	103.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	13.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.8	5-33 U/L	NADH (w/o P-5-P)

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ALKALINE PHOSPHATASE, Serum	96.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.46	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	165	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TEST

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
sensitiveTSH, Serum	3.24	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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



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Age / Gender : 34 Years / Female
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Reg. Location : Vashi (Main Centre)

Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 17:48

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**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.

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

*** End Of Report ***



MC-2111

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Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 14:59

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
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Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 16:18

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	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	2-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

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



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Collected : 19-Aug-2021 / 09:11
Reported : 19-Aug-2021 / 18:26

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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	144.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	103.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	41.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	102.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.8	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	Colorimetric
VLDL CHOLESTEROL, Serum	7.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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*** End Of Report ***



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CID	: 2123122456	SID	: 177803993546
Name	: MS.HARSHA SAINI	Registered	: 19-Aug-2021 / 09:04
Age / Gender	: 34 Years/Female	Collected	: 19-Aug-2021 / 09:04
Ref. Dr	: -	Reported	: 19-Aug-2021 / 10:34
Reg.Location	: Vashi (Main Centre)	Printed	: 19-Aug-2021 / 10:51

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. Left lobe of the liver shows a rounded hypoechoic lesion of size 13.4 mm. The main portal vein appears normal and CBD appears dilated (6.1 mm). Distal CBD cannot be seen due to overlying gases.

GALL BLADDER :

The gall bladder is grossly distended (9.6 x 3.3 cms) and shows normal wall thickness. Multiple mobile calculi are noted in the gall bladder of average size 9 to 10 mm. No evidence of pericholecystic fluid seen.

PANCREAS :

The pancreas well visualised and appears normal. No evidence of solid or cystic mass lesion is noted.

KIDNEYS :

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 11.7 x 3.4 cms. Left kidney measures 11.2 x 4.6 cms.

SPLEEN :

The spleen is normal in size and shape and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascitis.

URINARY BLADDER :

The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS :

The Uterus is anteverted and appears bulky in size and coarse in echotexture. It measures 9.9 x 2.5 x 5.7 cm in size. The endometrial thickness is 5.8 mm.

OVARIES :

Both the ovaries are well visualised and appears normal. Right ovary measures- 3.1 x 1.7 cms Left ovary measures- 4.0 x 2.6 cms. There is no evidence of any ovarian or adnexal mass seen.

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

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Ref. Dr	: -	Reported	: 19-Aug-2021 / 10:34
Reg.Location	: Vashi (Main Centre)	Printed	: 19-Aug-2021 / 10:51

IMPRESSION :

Rounded hypoechoic lesion in the liver ? hemangioma.

Grossly distended gall bladder with dilated CBD and cholelithiasis without cholecystitis.

Bulky uterus with coarse echotexture.

Needs clinicopathological correlation.



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Ref. Dr	: -	Reported	: 19-Aug-2021 / 12:13
Reg.Location	: Vashi (Main Centre)	Printed	: 19-Aug-2021 / 12:23

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

Bilateral hilar prominence is seen ? vascular ? lymphadenopathy.

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.

Kindly correlate clinically.

*** End Of Report ***



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