# SUBURBAN DIAGNOSTICS PRECISE TESTING - HEALTHIER LIVING

## SUBURBAN DIAGNOSTICS - PIMPLE SAUDAGAR, PUNE

Patient Name: KAPURE PRACHI ARUN Date and Time: 26th Mar 22 9:21 AM

Patient ID: 2208524817

V4V2 Η aVL V5 V3 V6 IIIaVF Η 25.0 mm/s 10.0 mm/mV

Age 28 3 5 years months days

Gender Female

Heart Rate 70bpm

## **Patient Vitals**

BP: 110/70 mmHg

Weight: 64 kg

Height: 164 cm

Pulse: 72 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 78ms

QT: 370ms

QTc: 399ms

PR: 124ms

P-R-T: 44° 56° 24°

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

REPORTED BY

Dr. Krutika Ingle MBBS, D.DM, PG in Diabetology (USA) 2012103018

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.



Name : MS.KAPURE PRACHI ARUN

Age / Gender : 28 Years / Female

Consulting Dr. Collected Reported

Reg. Location : Pimple Saudagar, Pune (Main Centre)



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:26-Mar-2022 / 08:45

:26-Mar-2022 / 13:56

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

	CBC (Complete Blood	l Count), Blood	
<u>PARAMETER</u>	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.12	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.6	36-46 %	Measured
MCV	96	80-100 fl	Calculated
MCH	31.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6330	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS		
Lymphocytes	29.2	20-40 %	
Absolute Lymphocytes	1848.4	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	474.8	200-1000 /cmm	Calculated
Neutrophils	60.6	40-80 %	
Absolute Neutrophils	3836.0	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	120.3	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	50.6	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	191000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated

**RBC MORPHOLOGY** 

Immature Leukocytes

Hypochromia Microcytosis

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Macrocytosis

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 16 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
\*\*\* End Of Report \*\*\*

Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), Consultant Pathologist

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**Reported** :26-Mar-2022 / 17:20

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.07	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.3	1 - 2	Calculated
SGOT (AST), Serum	14.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	120	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.7	2.4-5.7 mg/dl	Enzymatic

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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 Pune Baner Balewadi Lab \*\*\* End Of Report \*\*\*



K.S. Wadgaarkat Dr.Khushboo Wadgaonkar M.B.B.S., M.D. (Path), **Consultant Pathologist** 

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# **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)**

#### **BIOLOGICAL REF RANGE PARAMETER RESULTS** METHOD

**HPLC** Glycosylated Hemoglobin 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 96.8 mg/dl Calculated

(eAG), EDTA WB - CC

#### 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.GOURAV AGRAWAL** DCP, DNB (Path) **Pathologist** 

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## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE** URINE EXAMINATION REPORT

BIOLOGICAL DEE DANGE

FARAMETER	<u>KLJUL I J</u>	DIOLOGICAL KLI KAIK	SE METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator

Specific Gravity Chemical Indicator 1.010 1.001-1.030 Transparency Hazy Clear Volume (ml) 50

DECLII TO

**CHEMICAL EXAMINATION** 

**Proteins** Absent Absent pH Indicator **GOD-POD** Glucose Absent Absent Ketones Absent Absent Legals Test Blood **Trace Absent** Peroxidase Bilirubin Diazonium Salt Absent Absent Urobilinogen Normal Normal Diazonium Salt **Griess Test Nitrite** Absent Absent

**MICROSCOPIC EXAMINATION** 

Leukocytes(Pus cells)/hpf 20-22 0-5/hpf Red Blood Cells / hpf Occasional 0-2/hpf

Epithelial Cells / hpf 6-8

Casts Absent Absent Crystals Absent **Absent** Amorphous debris Absent Absent

Bacteria / hpf +(>20/hpf) Less than 20/hpf

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

**RESULTS PARAMETER** 

**ABO GROUP** 0

Rh TYPING Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay group/Bombay Phenotype/OH Using Anti-H Lectin.

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:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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<b>AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE</b>
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	188.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	112.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	49.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	138.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	21.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Baner Balewadi Lab
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Free T3, Serum

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**CMIA** 

## **AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS**

**BIOLOGICAL REF RANGE RESULTS PARAMETER METHOD** 

4.2

Free T4, Serum 12.1 9-19 pmol/L **CMIA** 

> Pregnant Women (pmol/L): First Trimester: 9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59

2.6-5.7 pmol/L

Collected

Reported

Kindly note change in reference range and method w.e.f. 16/08/2019

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum 0.35-4.94 microIU/ml 1.61 **CMIA** 

Pregnant Women (microIU/ml): First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.

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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)







Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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: MS.KAPURE PRACHI ARUN : 26-Mar-2022 / 08:46 Name Registered

Age / Gender : 28 Years/Female Collected : 26-Mar-2022 / 08:46

Consulting Dr. : -Reported : 28-Mar-2022 / 10:46

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## **USG WHOLE ABDOMEN**

Liver is normal in size, shape and shows normal echopattern. No focal lesion seen. Intrahepatic biliary radicals and portal vein appear normal. CBD appears normal.

Gall bladder is well distended with normal wall thickness.

E/o multiple (3-4), mobile, echogenic calculi largest measuring 9.4 mm in lumen of GB.

Pancreas appears normal in size, shape and echopattern. No focal lesion seen. Spleen appears normal in size, shape & echopattern. No focal lesion seen.

Right Kidney: 10.4 x 4.2 cm. Left kideny: 10.3 x 5.2 cm.

Both kidneys appear normal in size, shape, position & echopattern with maintained C-M differentiation. No signs

of obstruction or large calculus are seen.

Urinary bladder is well distended with clear contents.

Uterus is normal in size and echotexture.

Endometrial echo is normal.

Both ovaries appear normal.

No obvious adnexal mass or cyst is noted at present study.

No e/o free fluid in abdomen or pelvis.

No abnormal bowel dilatation or wall thickening is seen.

**CONCLUSION: GALL BLADDER CALCULI.** NO E/O CHOLECYSTITIS.

Suggests clinical correlation.

\*\*\* End Of Report \*\*\*

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Name : MS.KAPURE PRACHI ARUN Registered : 26-Mar-2022 / 08:46

Age / Gender : 28 Years/Female Collected : 26-Mar-2022 / 08:46

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Name : MS.KAPURE PRACHI ARUN

: 26-Mar-2022 / 08:46

Age / Gender : 28 Years/Female

Reported : 26-Mar-2022 / 13:34

Registered

Collected

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## X-RAY CHEST PA VIEW

There is no evidence of any parenchymal lesion in either lung.

Both lung fields are clear.

Cardio-aortic silhouette has a normal appearance.

Diaphragmatic domes have normal contours and positions.

There is no evidence of any pleural effusion.

Bony thorax and soft-tissues are normal.

## **CONCLUSION:**

· NORMAL CHEST X-RAY.

\*\*\* End Of Report \*\*\*

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