

Age **40** years **6** months **3** days

Gender **Female**

Heart Rate **58bpm**

Patient Vitals

BP: **NA**

Weight: **71 kg**

Height: **167 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **74ms**

QT: **416ms**

QTc: **408ms**

PR: **124ms**

P-R-T: **59° 49° 45°**

REPORTED BY

M.B.S.

DR ISHWARLAL BAMB
M.B.B.S MD (MEDICINE)
cardiologist
39452

ST-T flat to depressed in III V1 to V3 with Sinus Bradycardia. Please correlate clinically.

SUBURBAN DIAGNOSTICS PVT. LTD.

Seraph Centre, Opp. Pentagon Mall,

Near Panchami Hotel,

Shahu College Road, Pune-411 009.

Dr. I. U. BAMB

M.B.B.S., M.D. (Medicine)

Reg. No. 39452

Suburban Diagnostics Center ,Pune

Patient Details

Name: SUNANDA MALI ID: 230413705

Age: 40 y

Clinical History: NO

Date: 16-Feb-23

Sex: F

Time: 11:21:05 AM

Height: 151 cms

Weight: 42 Kgs

Medications: NO

Test Details

Protocol: Bruce

Total Exec. Time: 8 m 33 s

Max. BP: 158 / 82 mmHg

Test Termination Criteria: Target HR attained

Pr.MHR: 180 bpm

Max. HR: 285 (158% of Pr.MHR)bpm

Max. BP x HR: 45030 mmHg/min

THR: 162 (90 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 6400 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 21	1.0	0	0	81	120 / 80	-0.42 III	-0.35 III
Standing	0 : 8	1.0	0	0	80	120 / 80	-0.42 III	-0.35 III
Hyperventilation	0 : 6	1.0	0	0	83	120 / 80	-0.42 III	-0.35 III
1	3 : 0	4.6	1.7	10	107	148 / 82	-1.27 II	-1.06 II
2	3 : 0	7.0	2.5	12	129	148 / 82	-1.70 III	-1.42 V1
Peak Ex	2 : 33	10.2	3.4	14	152	158 / 82	-1.91 III	2.12 V3
Recovery(1)	1 : 0	1.8	1	0	113	158 / 82	-1.70 II	2.48 II
Recovery(2)	1 : 0	1.0	0	0	91	158 / 82	-0.64 V3	2.48 II
Recovery(3)	1 : 0	1.0	0	0	84	158 / 82	-0.64 II	1.06 III
Recovery(4)	1 : 0	1.0	0	0	102	158 / 82	-3.61 V3	-4.25 V5
Recovery(5)	0 : 42	1.0	0	0	285	158 / 82	-5.31 II	-5.31 I

Interpretation

Good Effort Tolerance.

No Significant ST T Changes as compared to Baseline.

No Chest Pain / Arrhythmias noted during the test.

Stress Test is Negative For Stress Induced Ischemia

Disclaimer : Negative Stress test dose not rule out coronary artery Diseases

Positive Stress Test is Suggestive but not confirmatory of Coronary Artery

Disease.

Hence Clinical Correlation is mandatory.

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)


Doctor: I U BAMB

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



SUNANDA MALL (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 230413705

Date: 16-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

HR: 82 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

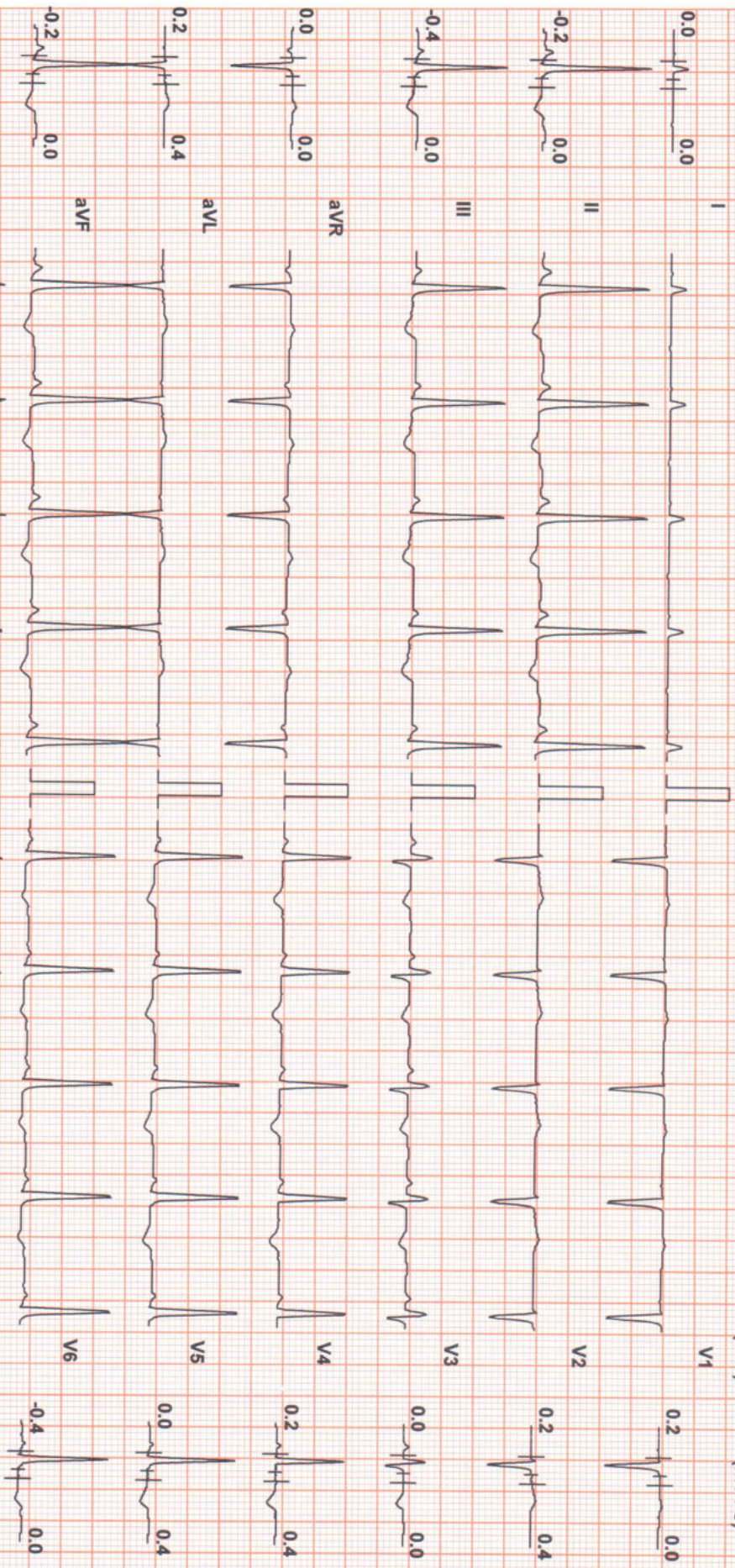


Chart Speed: 25 mm/sec
Schiller Spandau V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALI (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 230413705

Date: 16-Feb-23

Exec Time : 0 m 0 s

HR: 83 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm)

ST Slope (mV/s)

0.2

0.2

0.0

0.0

-0.2

0.2

0.0

0.0

-0.4

0.0

0.0

0.0

-0.2

0.2

0.0

0.4

0.2

0.0

0.0

0.0

-0.4

0.0

0.0

0.0

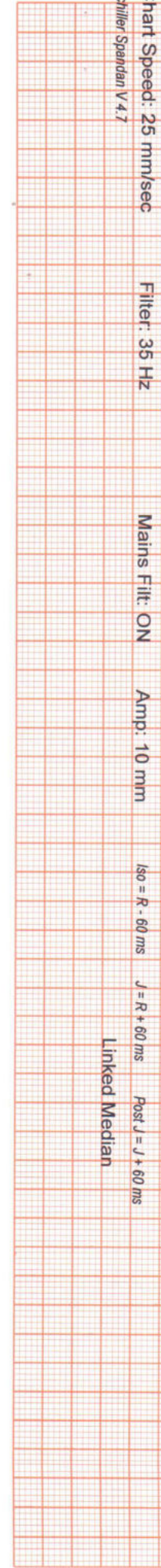


Chart Speed: 25 mm/sec
Schiller Spandon V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALLI (40 F)

Suburban Diagnostics Center, Pune

Test Report

ID: 230413705

Date: 16-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 80 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

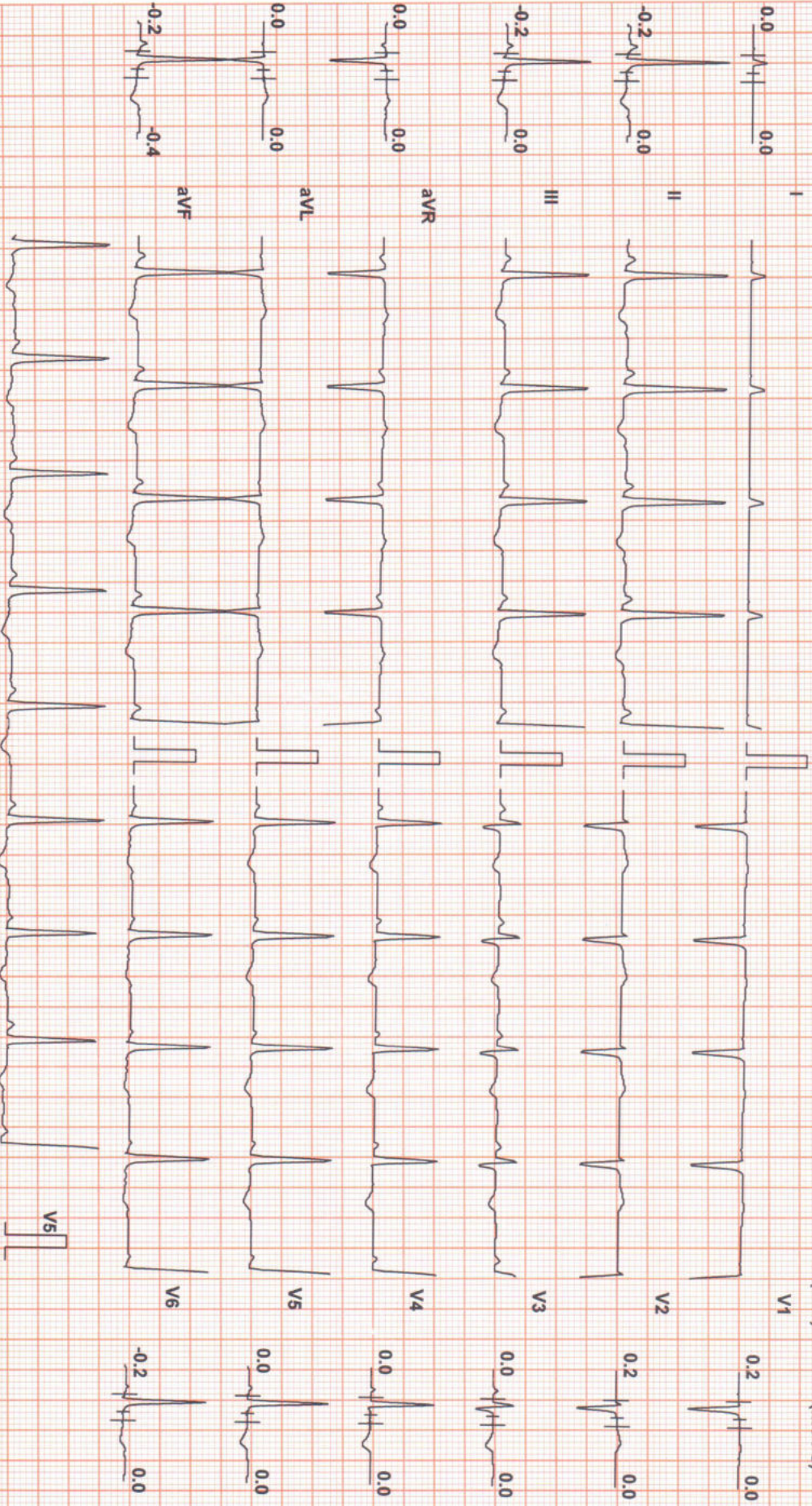


Chart Speed: 25 mm/sec
Schiller Spandax V-4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALI (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 230413705

Date: 16-Feb-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 107 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 148 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

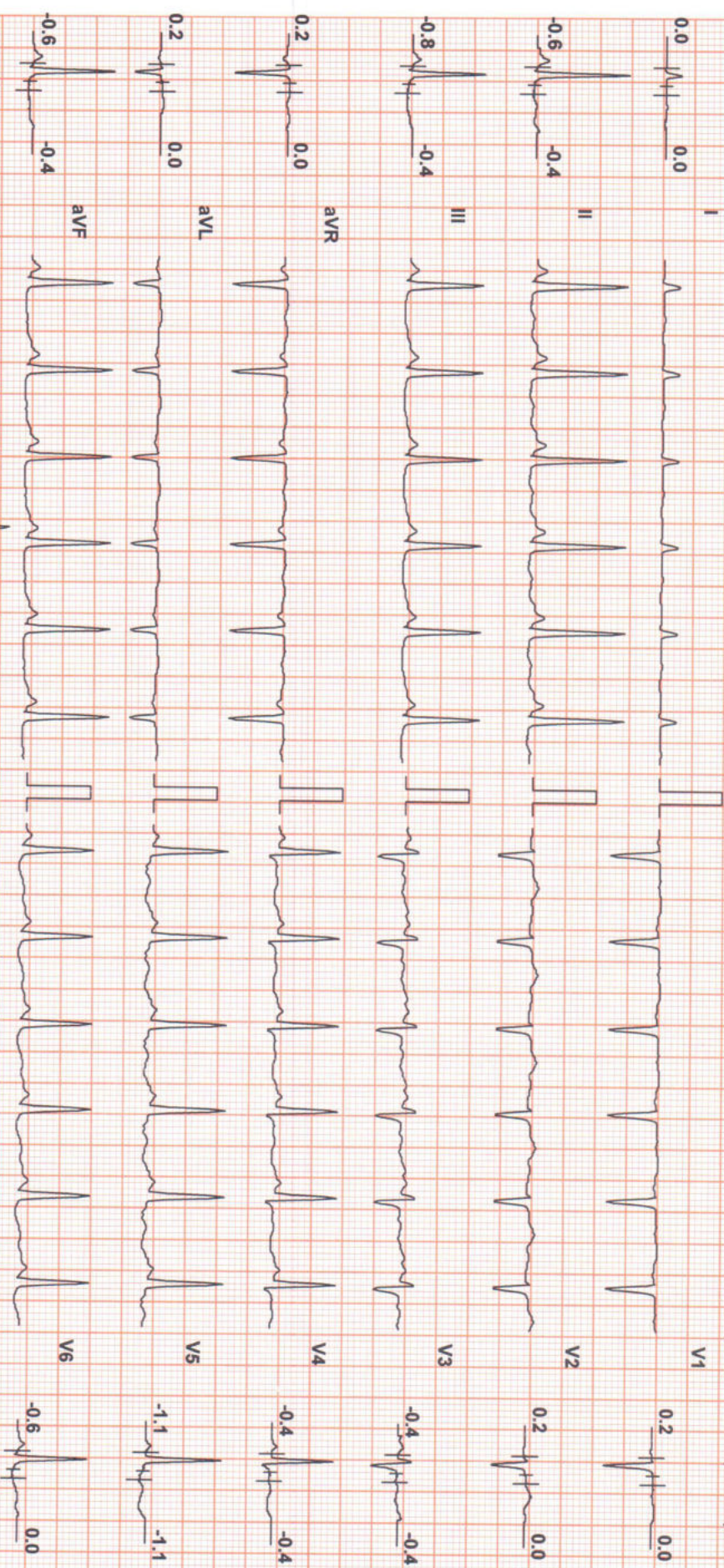


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALI (40 F)

ID: 230413705

Date: 16-Feb-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 148 / 82

ST Level (mm)

ST Slope (mV/s)

I

V1

0.0

0.4

II

V2

-1.1

0.4

III

V3

-1.1

-0.2

aVR

V4

0.4

-0.4

aVL

V5

0.4

-1.1

aVF

V6

-1.1

-0.4

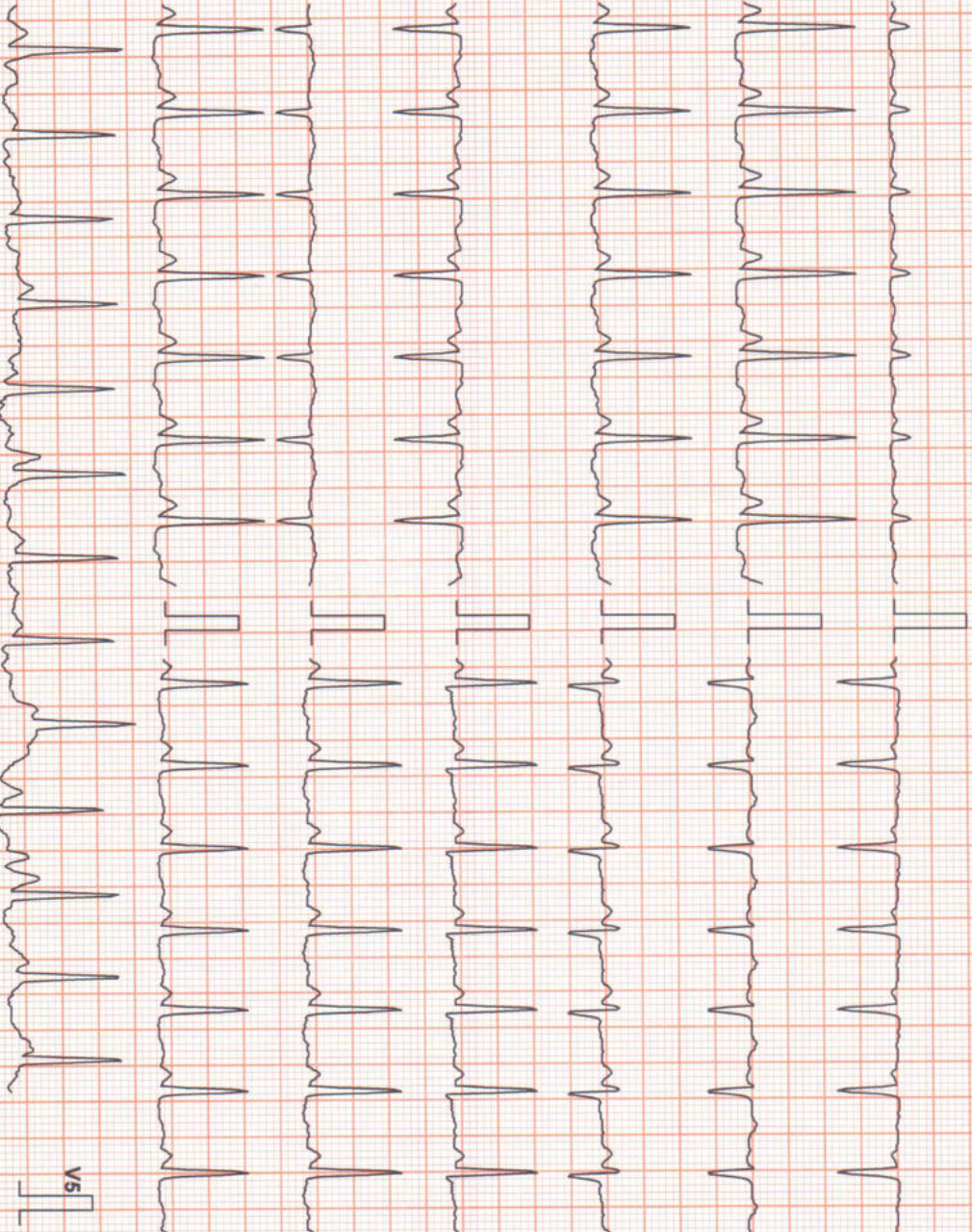


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 158 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

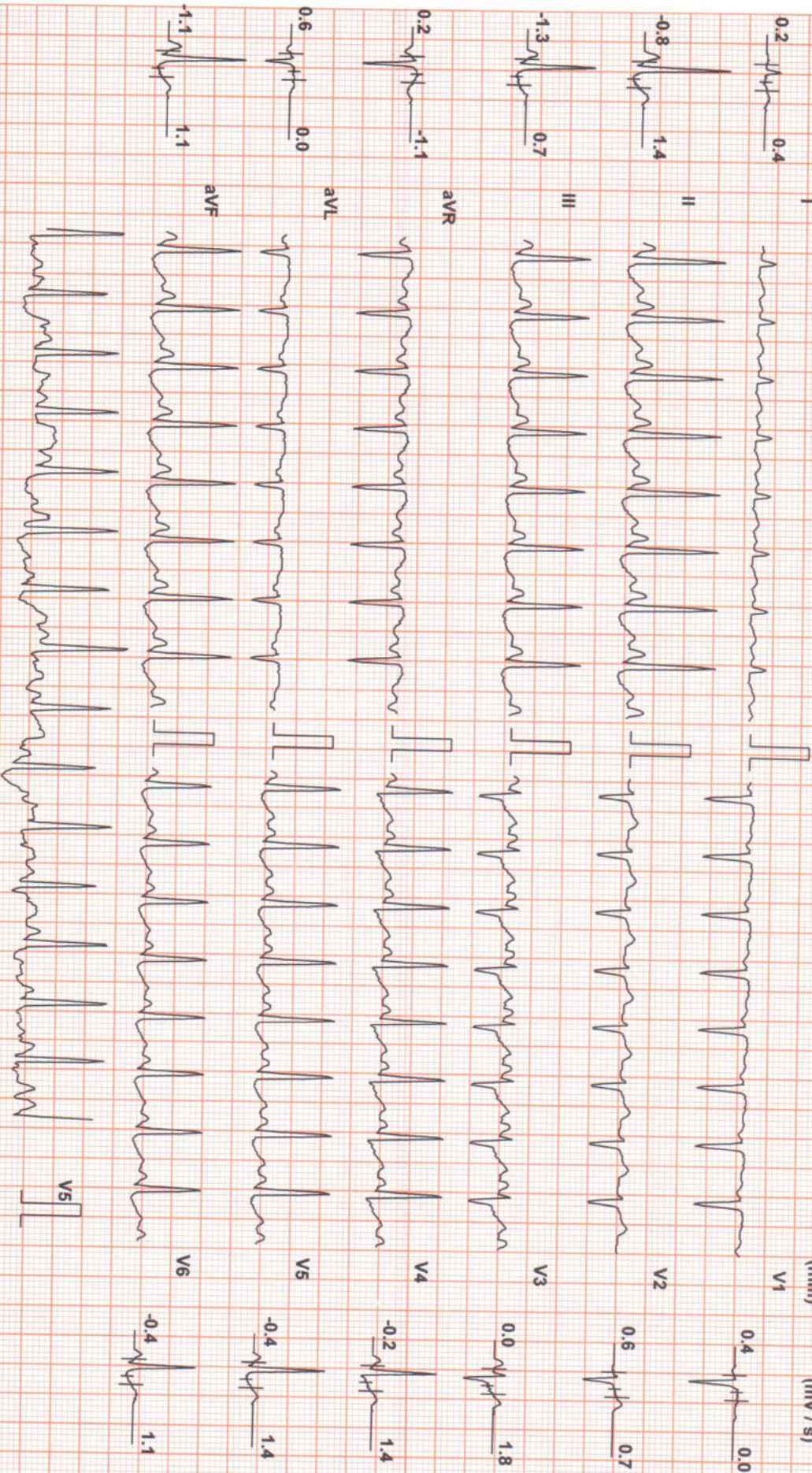


Chart Speed: 25 mm/sec
Schlitz Sparden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALLI (40 F)

Suburban Diagnostics Center, Pune

ID: 230413705

Date: 16-Feb-23

Exec Time : 8 m 33 s Stage Time : 0 m 54 s **HR: 119 bpm**

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 158 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

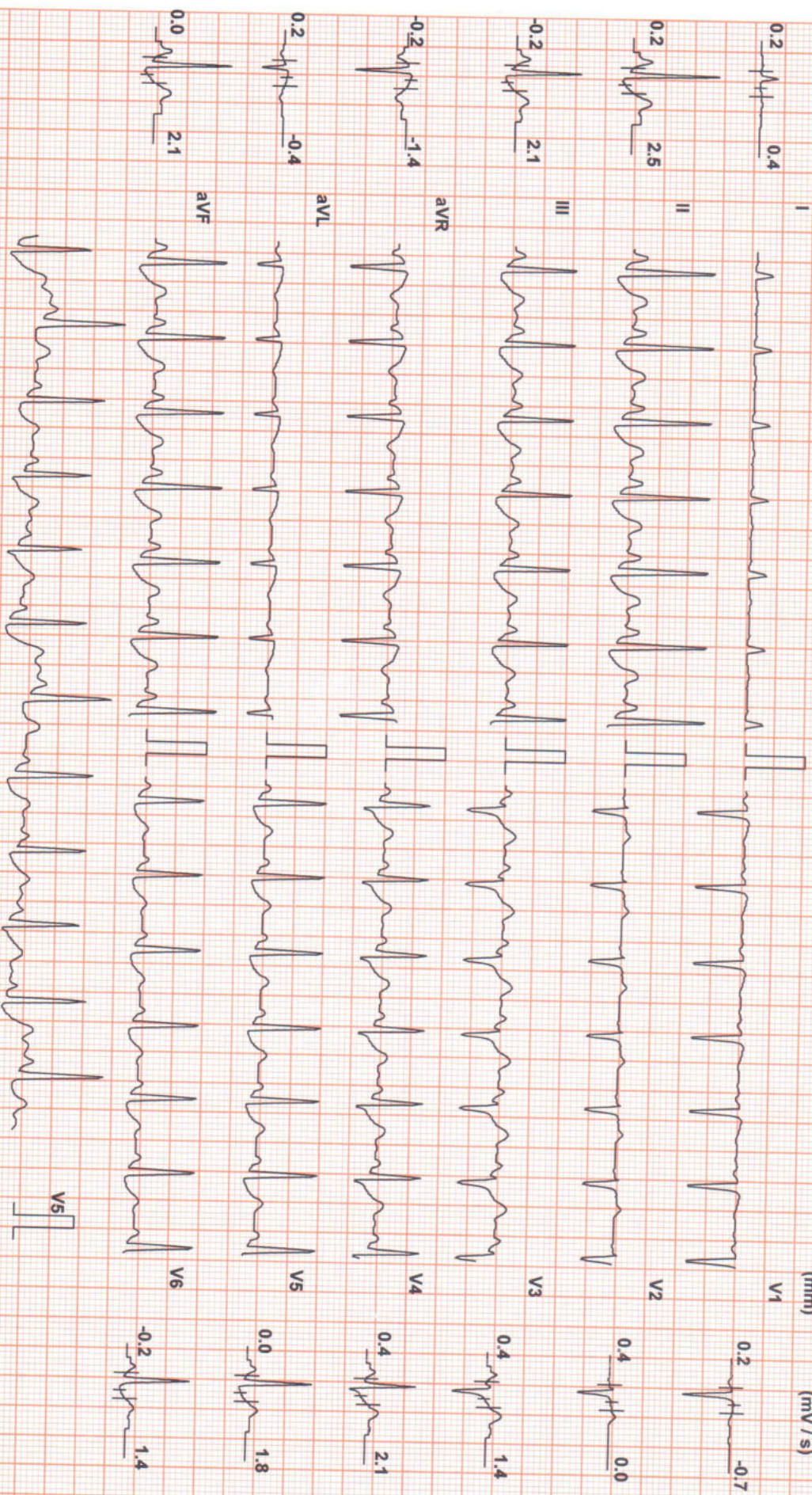


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALL (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 230413705

Date: 16-Feb-23

Exec Time : 8 m 33 s Stage Time : 0 m 54 s HR: 92 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P.: 158 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

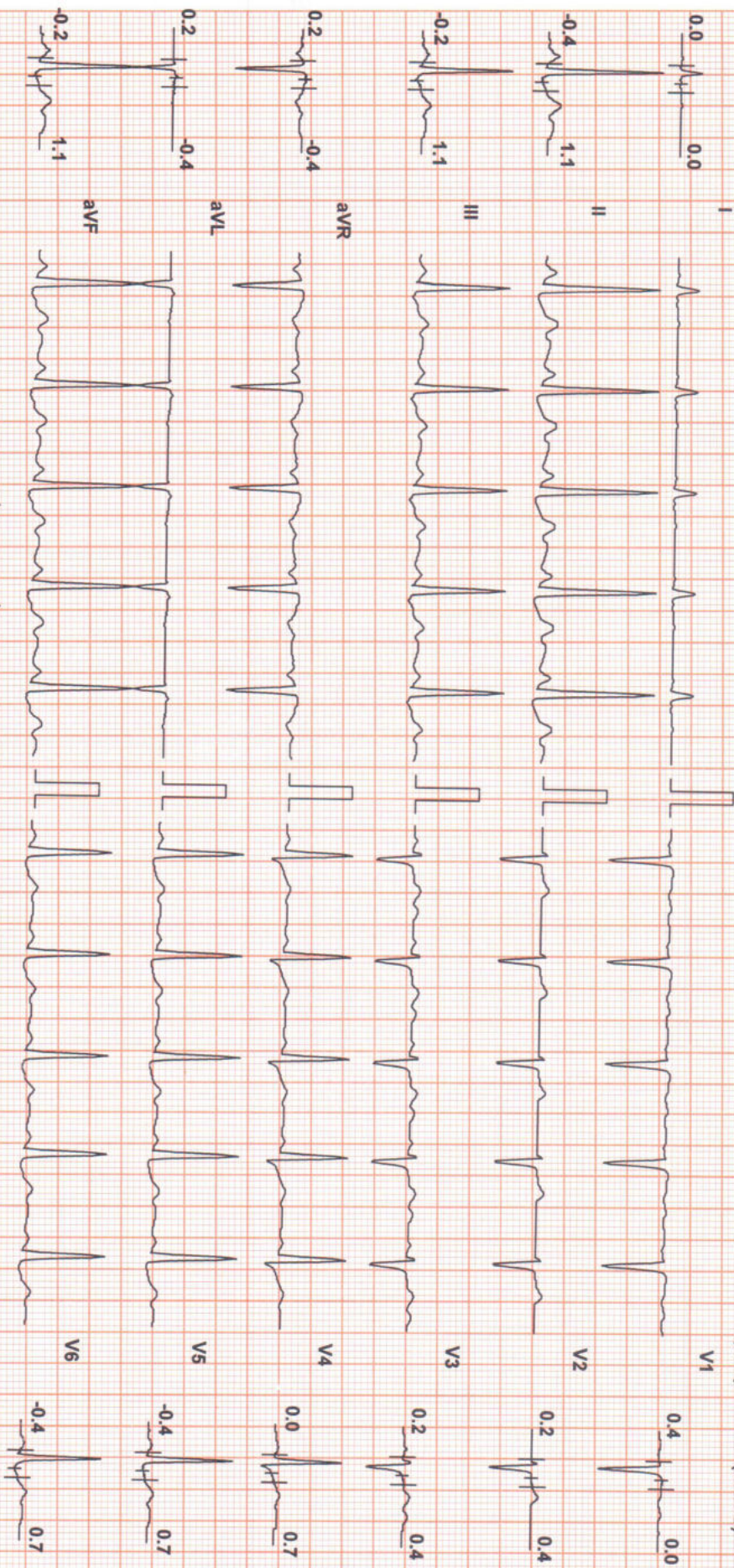


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUNANDA MALLI (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 230413705

Date: 16-Feb-23

Exec Time : 8 m 33 s Stage Time : 0 m 54 s HR: 85 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 158 / 82

ST Level (mm)

ST Slope (mV/s)

0.0 0.4

0.4 0.0

I

V1

0.0 0.4

0.4 0.0

II

V2

0.4 0.0

0.4 0.0

III

V3

0.4 0.0

0.0 0.4

avR

V4

0.0 0.4

0.4 0.0

avL

V5

0.4 0.0

0.0 0.4

avF

V6

0.0 0.4

0.4 0.0

V5

V6

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

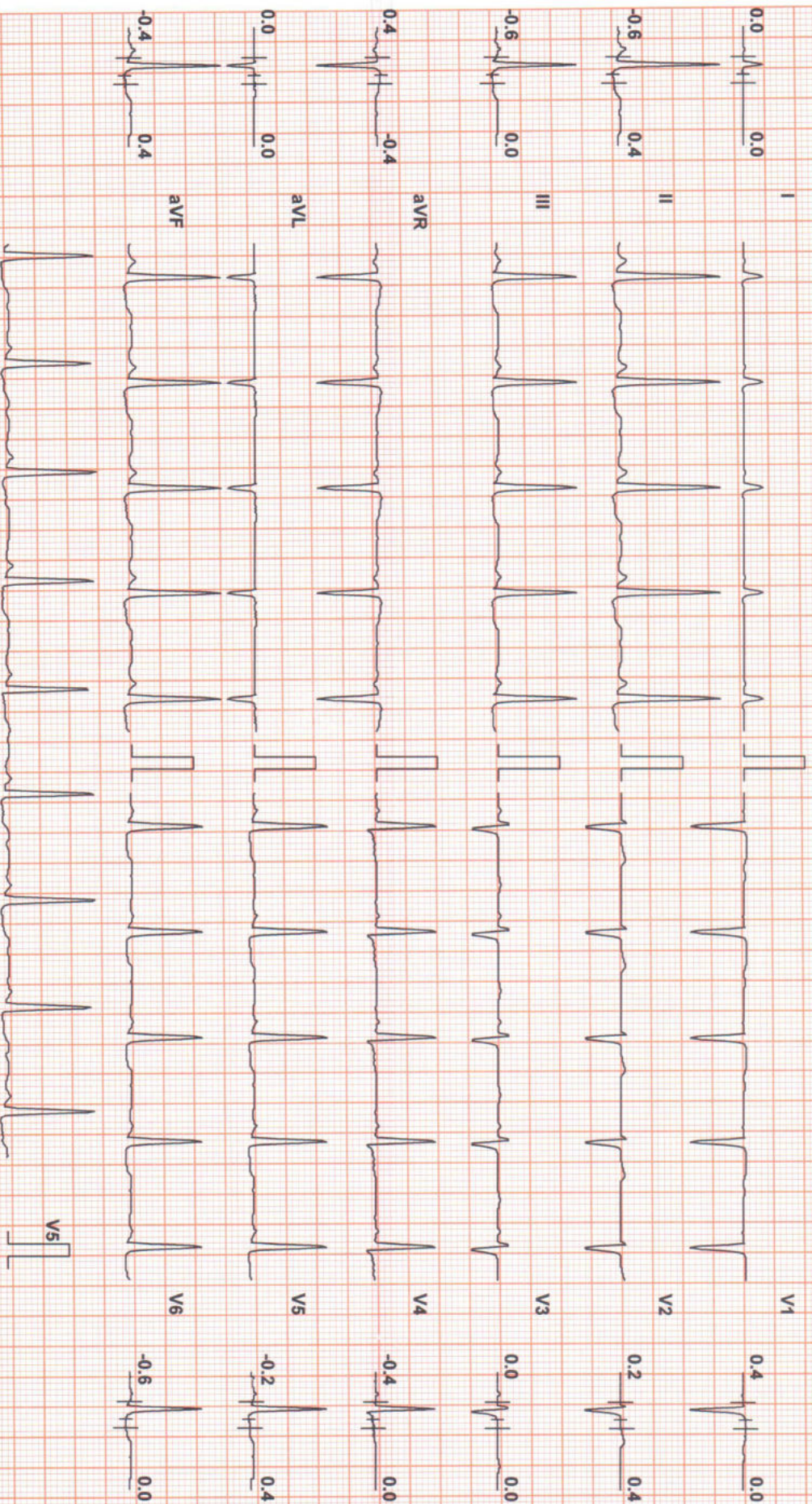
Is0 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandon V 4.7

Linked Median



Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

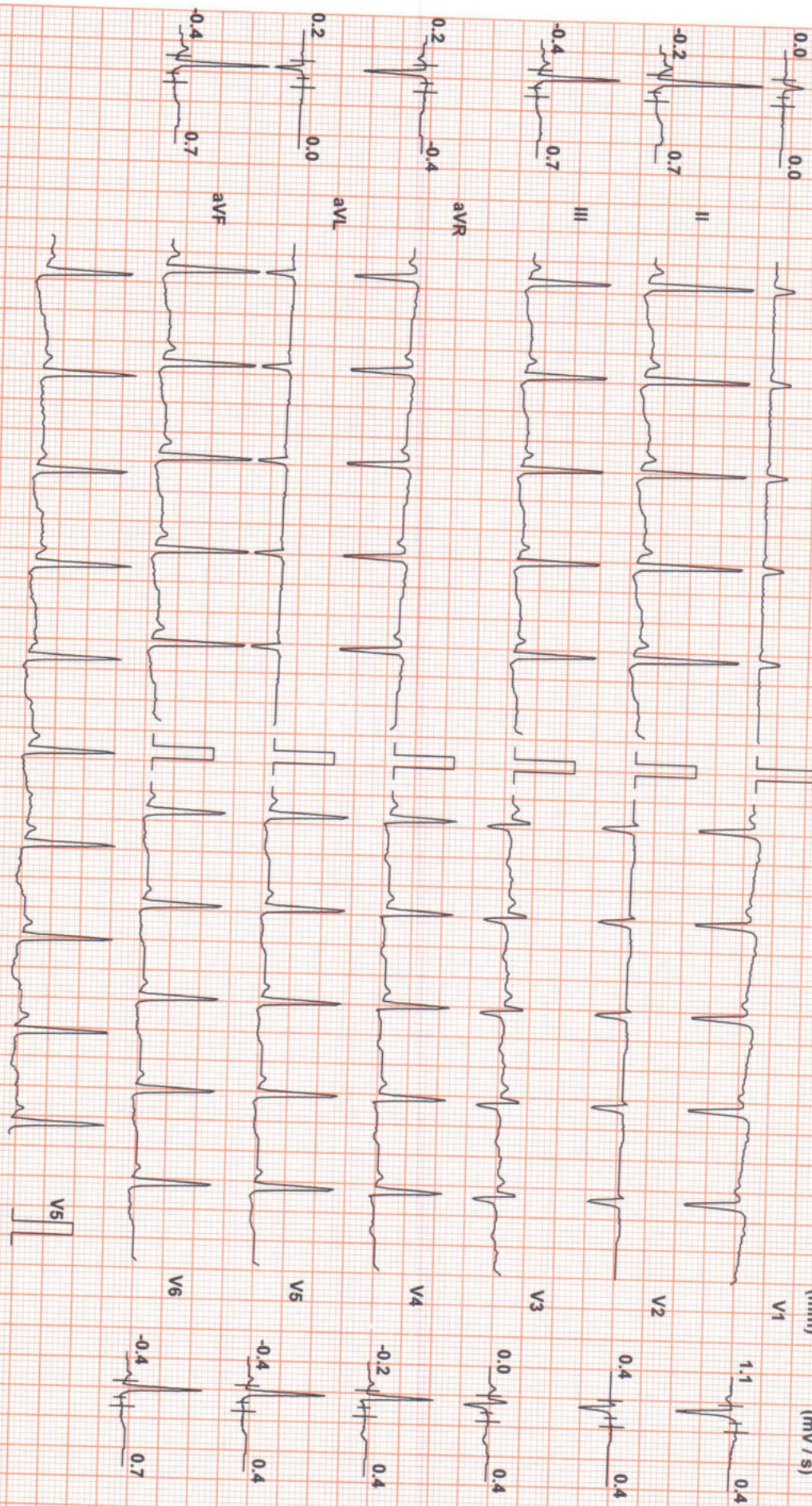


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 230413705

Date: 16-Feb-23

Exec Time: 8 m 33 s

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 158 / 82

Test Report

HR: 176 bpm

Protocol: Bruce

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

0.2 0.0

I

V1

-1.1 1.4

-5.3 0.7

II

V2

1.1 3.5

-5.5 -2.5

III

V3

0.8 2.8

2.3 -0.4

avR

V4

-0.6 1.4

2.8 -2.1

avL

V5

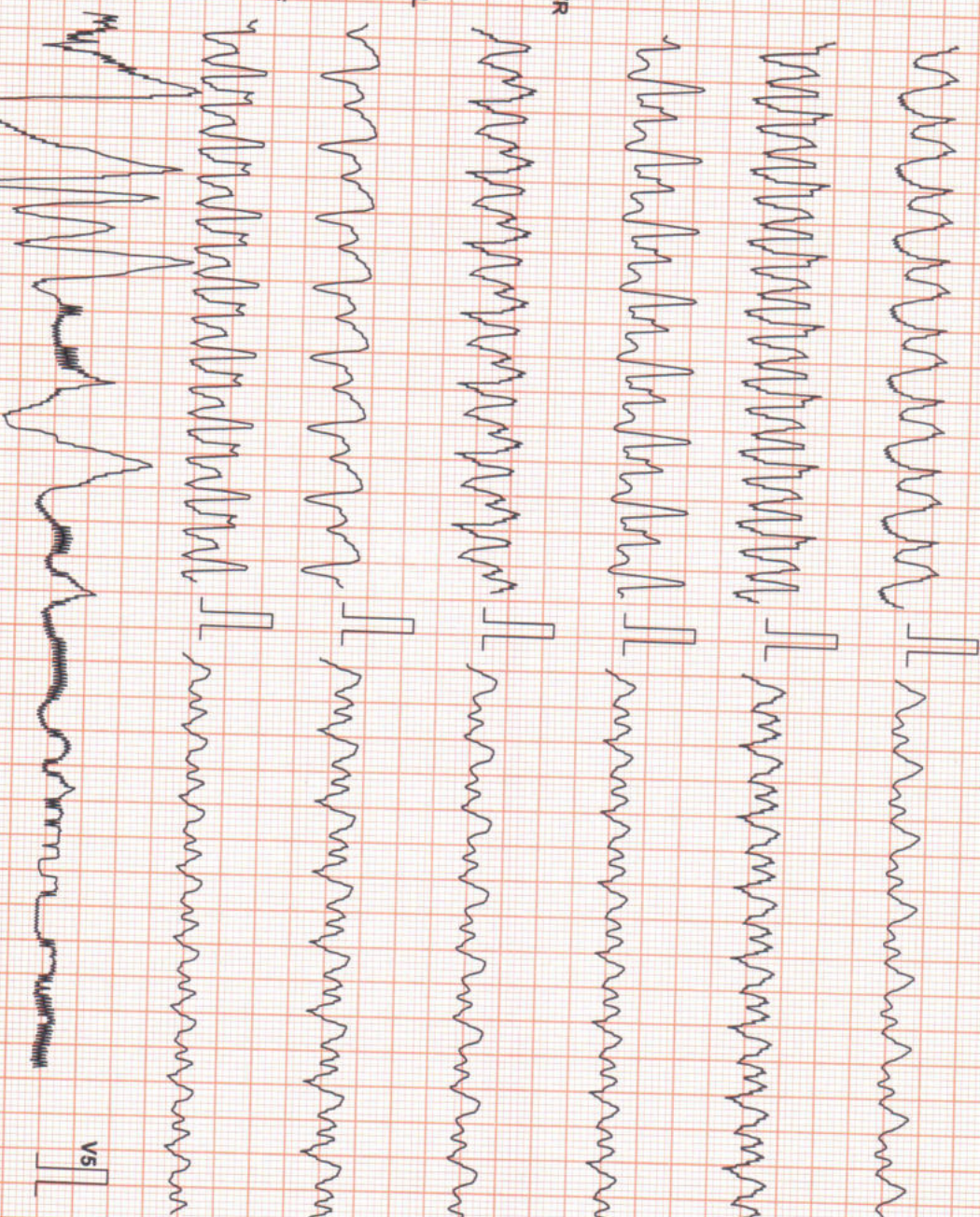
0.8 2.8

-5.3 -5.7

avF

V6

0.0 1.8



Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Chart Speed: 25 mm/sec
Schiller Spaldan V4.7

CID# : 2304713705
 Name : MRS.SUNANDA MALI
 Age / Gender : 40 Years/Female
 Consulting Dr. :
 Reg.Location : Swargate, Pune (Main Centre)
 Collected : 16-Feb-2023 / 08:51
 Reported : 17-Feb-2023 / 09:10

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	151cm	Weight (kg):	42kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	58/min	Lymph Node:	

Systems

Cardiovascular: S1 S2 Normal Murmurs
 Respiratory: Normal
 Genitourinary: Normal
 GI System: Soft non tender no Organomegaly
 CNS: Normal

IMPRESSION:

*Anemia & leucopenia & ECG-abn
 & bilateral renal calculi & cyst.*

ADVICE:

*- Consult family physician
 - Correct Anemia
 - Ref to urologist
 - 2D-Echo*

CHIEF COMPLAINTS:

- 1) Hypertension: NO
- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO

ME

CID# : 2304713705

Name : MRS.SUNANDA MALI

Age / Gender : 40 Years/Female

Consulting Dr. :

Collected : 16-Feb-2023 / 08:51

Reg.Location : Swargate, Pune (Main Centre)

Reported : 17-Feb-2023 / 09:10

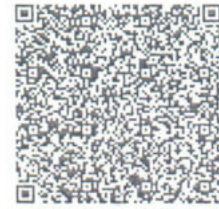
- | | |
|--|----|
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg |
| 4) Medication | NO |

*** End Of Report ***

Dr.I U BAMB



CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

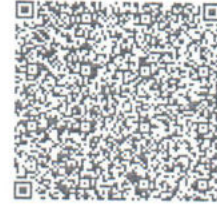
Collected : 16-Feb-2023 / 08:56
Reported : 16-Feb-2023 / 11:47

Use a QR Code Scanner
Application To Scan the Code

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	9.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.77	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.8	36-46 %	Calculated
MCV	82	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	3500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.5	20-40 %	
Absolute Lymphocytes	1242.5	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	206.5	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	
Absolute Neutrophils	1914.5	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	136.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	321000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Collected : 16-Feb-2023 / 08:56
Reported : 16-Feb-2023 / 11:38

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

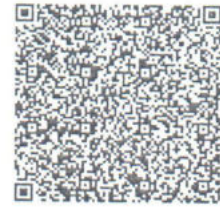
Specimen: EDTA Whole Blood

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

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



Shamla Kulkarni
Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist



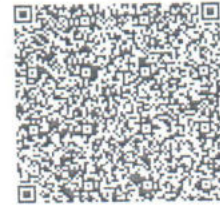
CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 16-Feb-2023 / 08:56
Reported : 16-Feb-2023 / 11:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	26.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	5.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	40.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic



CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 16-Feb-2023 / 12:40
Reported : 16-Feb-2023 / 13:29

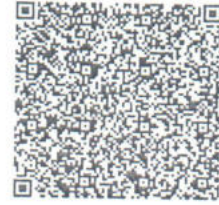
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
URIC ACID, Serum	2.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Dr. Shamla Kulkarni

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



CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 16-Feb-2023 / 08:56
Reported : 16-Feb-2023 / 11:47

Use a QR Code Scanner
Application To Scan the Code

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

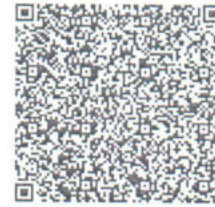
Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



Dr. Shamla Kulkarni
**Dr.SHAMLA
KULKARNI
MD (PATH)
Consultant Pathologist**



CID : 2304713705
Name : MRS.SUNANDA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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)

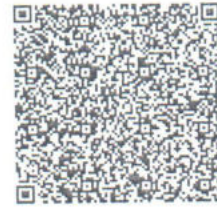
Reference: Pack insert

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Shamla Kulkarni

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

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

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

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:

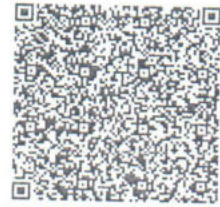
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



Shamla Kulkarni

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	188.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.1	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	51.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123	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	14	< /= 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

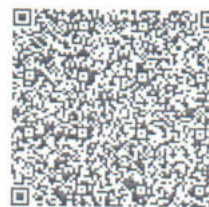
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MC-2463

Signature

**Dr.SHAMLA
KULKARNI
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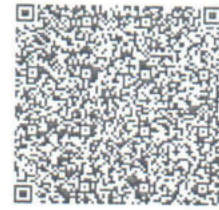
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.4	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	12.3	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.45	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

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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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, tyrosin 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)

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*** End Of Report ***



Dr. Shamla Kulkarni

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USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Partially distended. No evidence of any pericholecystic collection.

PANCREAS: Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN: Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY: Measures 11.0 x 4.6 cm. Normal in size and echogenicity. **Few cysts with septation seen largest measuring around 2.3 x 1.9 cm in mid pole. 4.0 mm calculus seen in midpole.** No hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 11.2 x 4.7 cm. Normal in size and echogenicity. **Few cysts seen largest measuring around 1.8 x 1.7 cm in lower pole. 4.8 mm calculus seen in lower pole.** No hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium and flanks obscured due to bowel gas.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

URINARY BLADDER: Well distended. No calculi. Wall thickness is normal.

Both ureteric jets visualised appear normal.

UTERUS: Anteverted normal in size, measures 8.5 x 4.1 x 3.9 cm. No area of increased or decreased echogenicity. **IUCD seen in the endometrium.**

Both the ovaries are normal in size shape and echotexture.

No obvious abnormal ovarian or adnexal mass lesion.

No free fluid noted in the POD.

IMPRESSION :

Bilateral non-obstructing renal calculi.

Bilateral renal cysts.

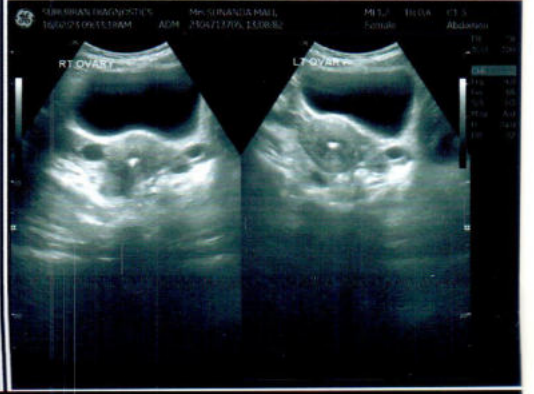
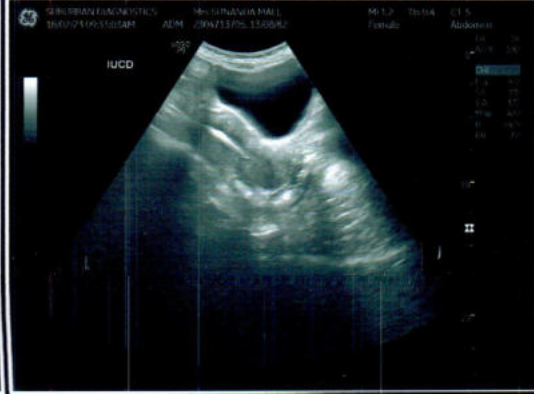
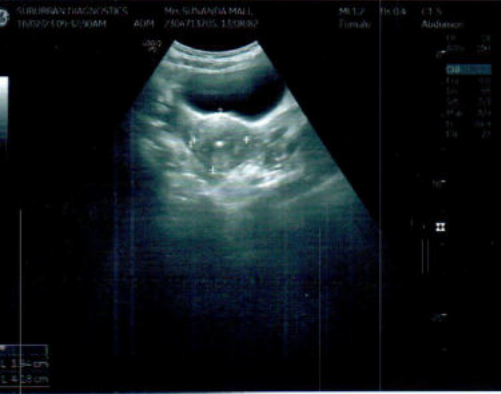
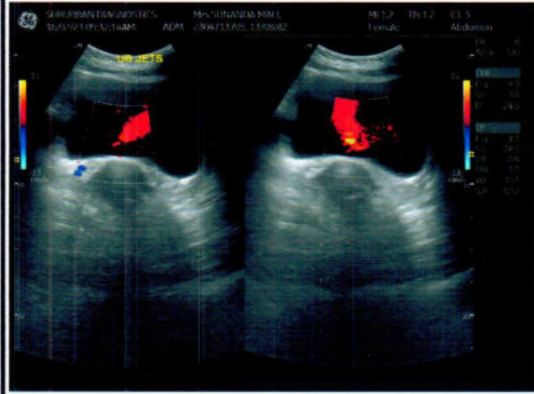
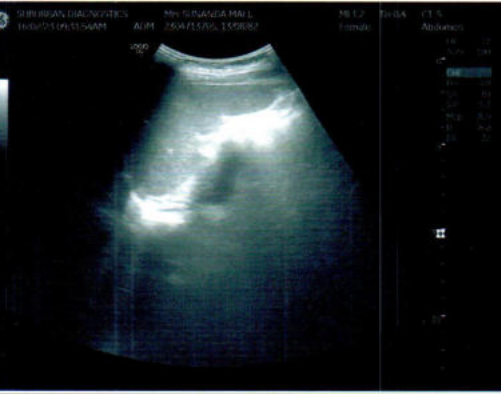
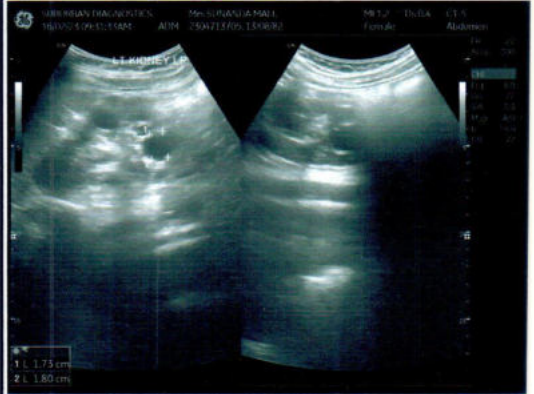
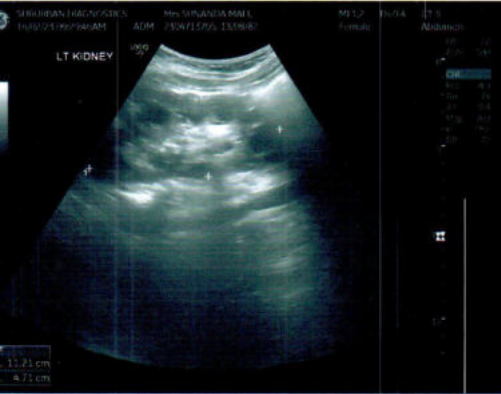
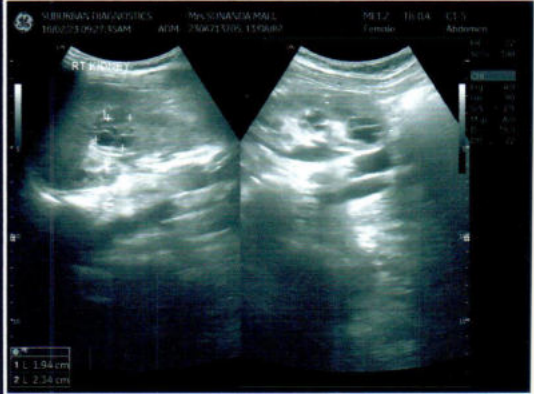
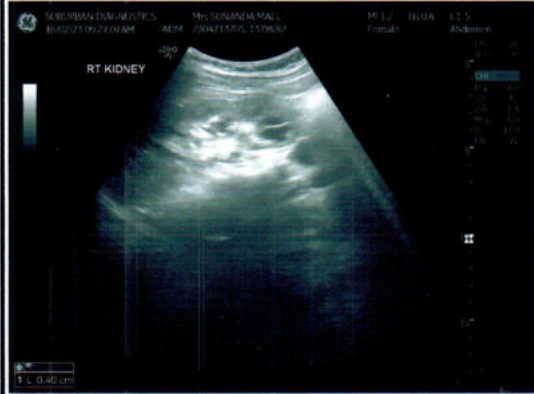
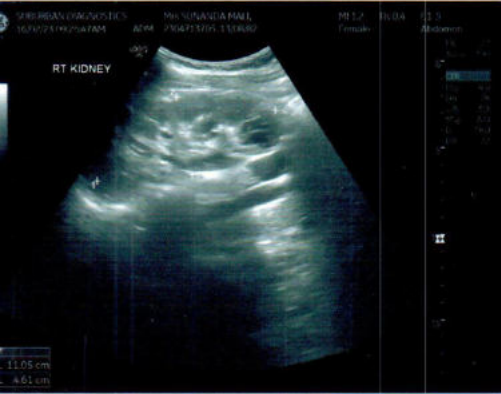
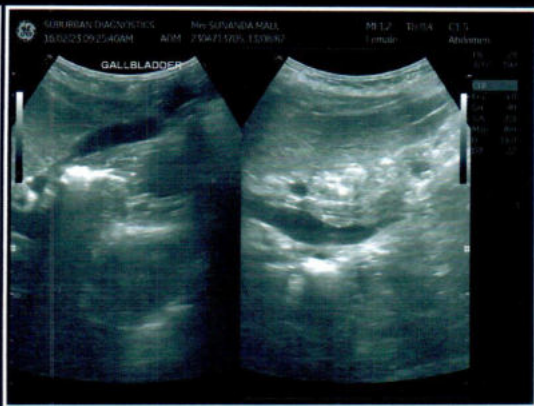
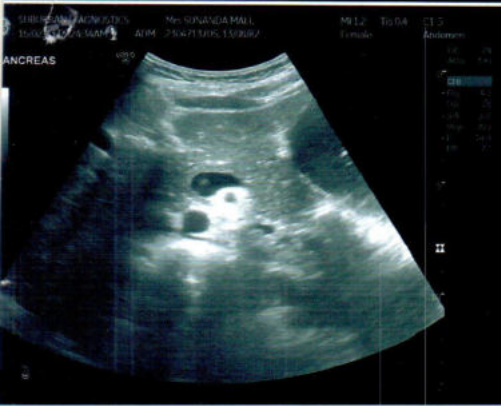
Clinical correlation is indicated.-----End of Report-----

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M.B.B.S., D.M.R.E.
Reg. No. 2001/02/397

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Ref. Dr :
Reg. Location : Swargate, Pune Main Centre

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X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

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

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.



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नाम / Name
SUNANDA SANDEEP MALI

पिता का नाम / Father's Name
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जन्म की तारीख /
Date of Birth
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हस्ताक्षर / Signature

S. Smali

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