

Suburban Diagnostics Pvt. Ltd. India

Patient Details

Date: 10-Jun-23

Time: 11:19:28

Name: ARTI THUBE ID: 2316120084

Age: 39 y

Sex: F

Height: 164 cms

Weight: 65 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 181 bpm

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

Total Exec. Time: 7 m 0 s

Max. HR: 117 (65% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 160 / 90 mmHg

Max. BP x HR: 18720 mmHg/min

Min. BP x HR: 4690 mmHg/min

Test Termination Criteria: Arrythmia, Target HR attained

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 : 15	1.0	0	0	67	110 / 70	-0.64 II	-0.71 III
Standing	0 : 28	1.0	0	0	86	110 / 70	-0.64 II	-0.71 III
Hyperventilation	0 : 13	1.0	0	0	76	110 / 70	-0.42 II	0.71 V4
1	3 : 0	4.6	1.7	10	94	120 / 80	-1.27 III	1.42 I
2	3 : 0	7.0	2.5	12	110	130 / 80	-1.70 III	-1.42 III
Peak Ex	1 : 0	10.2	3.4	14	117	150 / 90	-1.91 V6	2.48 V6
Recovery(1)	1 : 0	1.8	1	0	97	160 / 90	-1.91 V6	3.18 V6
Recovery(2)	1 : 0	1.0	0	0	75	120 / 70	-1.06 II	1.42 V4
Recovery(3)	1 : 0	1.0	0	0	74	120 / 70	-1.06 II	1.06 V4
Recovery(4)	0 : 4	1.0	0	0	75	120 / 70	-0.85 II	0.71 V4

Interpretation

Sub-optimal
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 done not rule out coronary artery

Diseases

Positive stress test is suggestive but not confirmatory of coronary Artery

Disease.

Hence Clinical Correlation is mandatory.

Hemant
Dr. I.U. BAMB

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

Reg No: 5152

Doctor: Dr. Hemant Dixit

Ref. Doctor: CORPORT

(Summary Report edited by user)

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

Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s

HR: 67 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 70

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

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

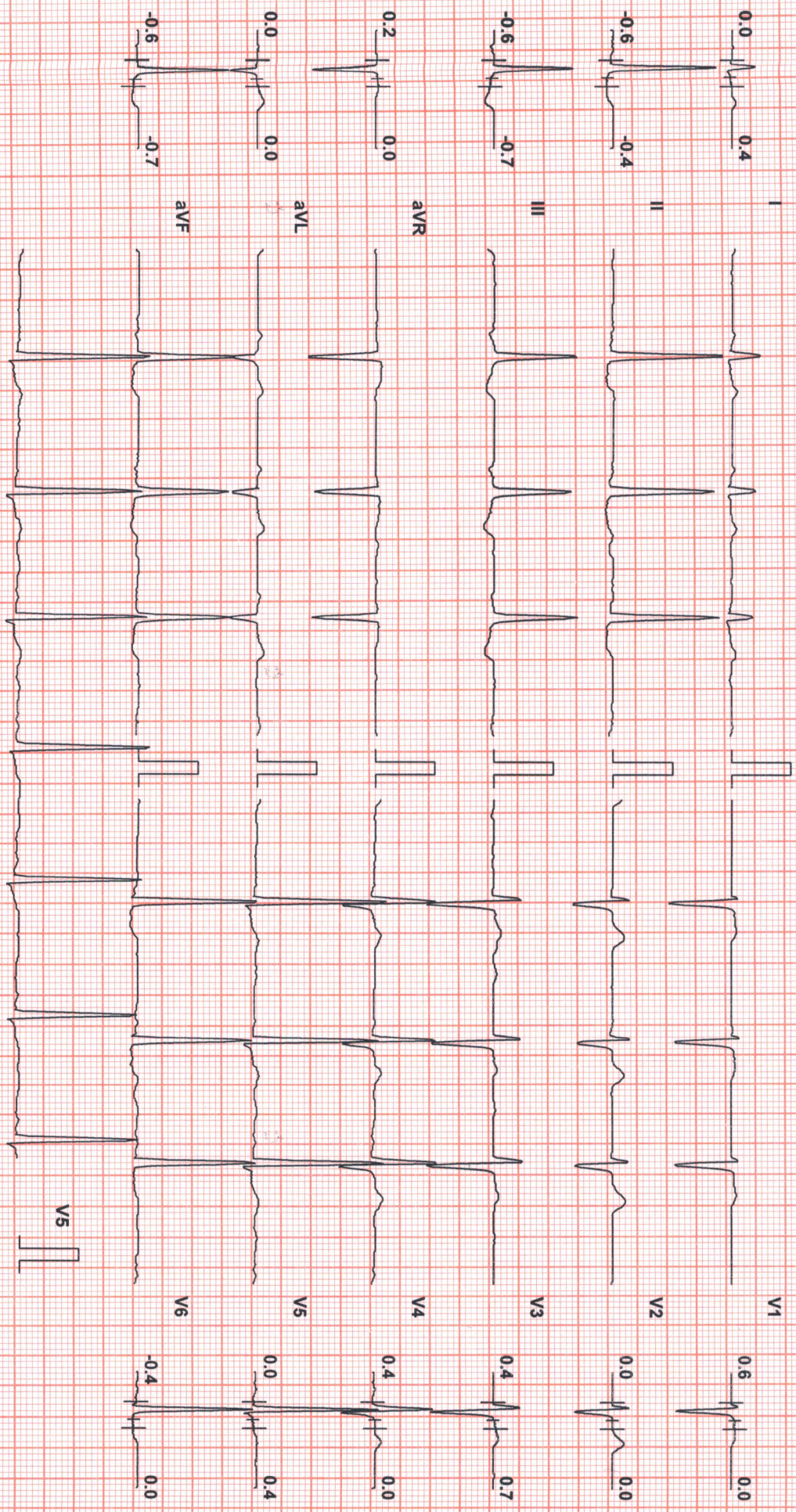


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanfer V 4.7



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ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 0 m 0 s

Stage Time : 0 m 28 s **HR: 86 bpm**

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 70

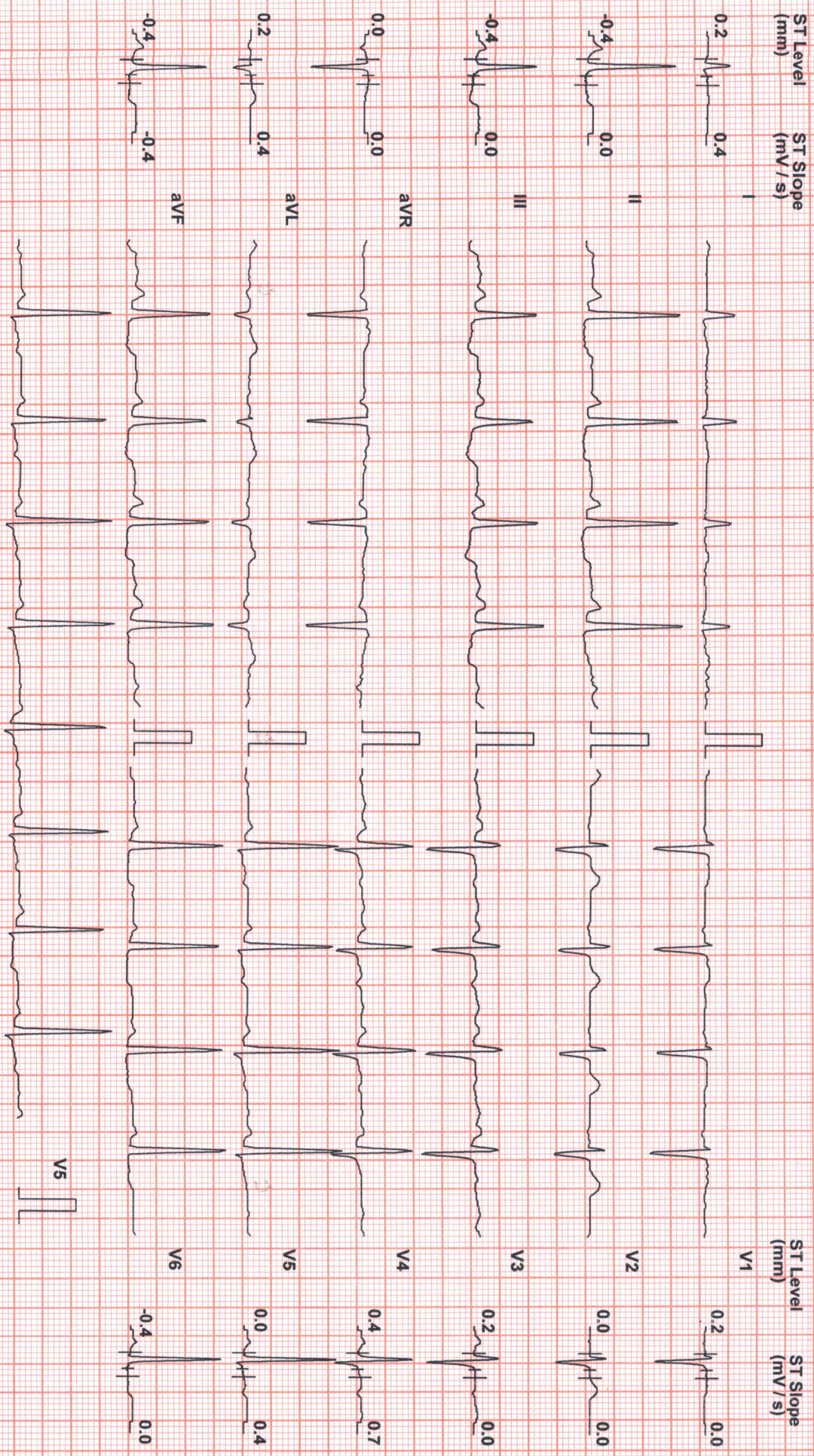


Chart Speed: 25 mm/sec
Schlier: S.panden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time: 0 m 0 s

Stage Time: 0 m 13 s

HR: 76 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

B.P.: 110/70

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

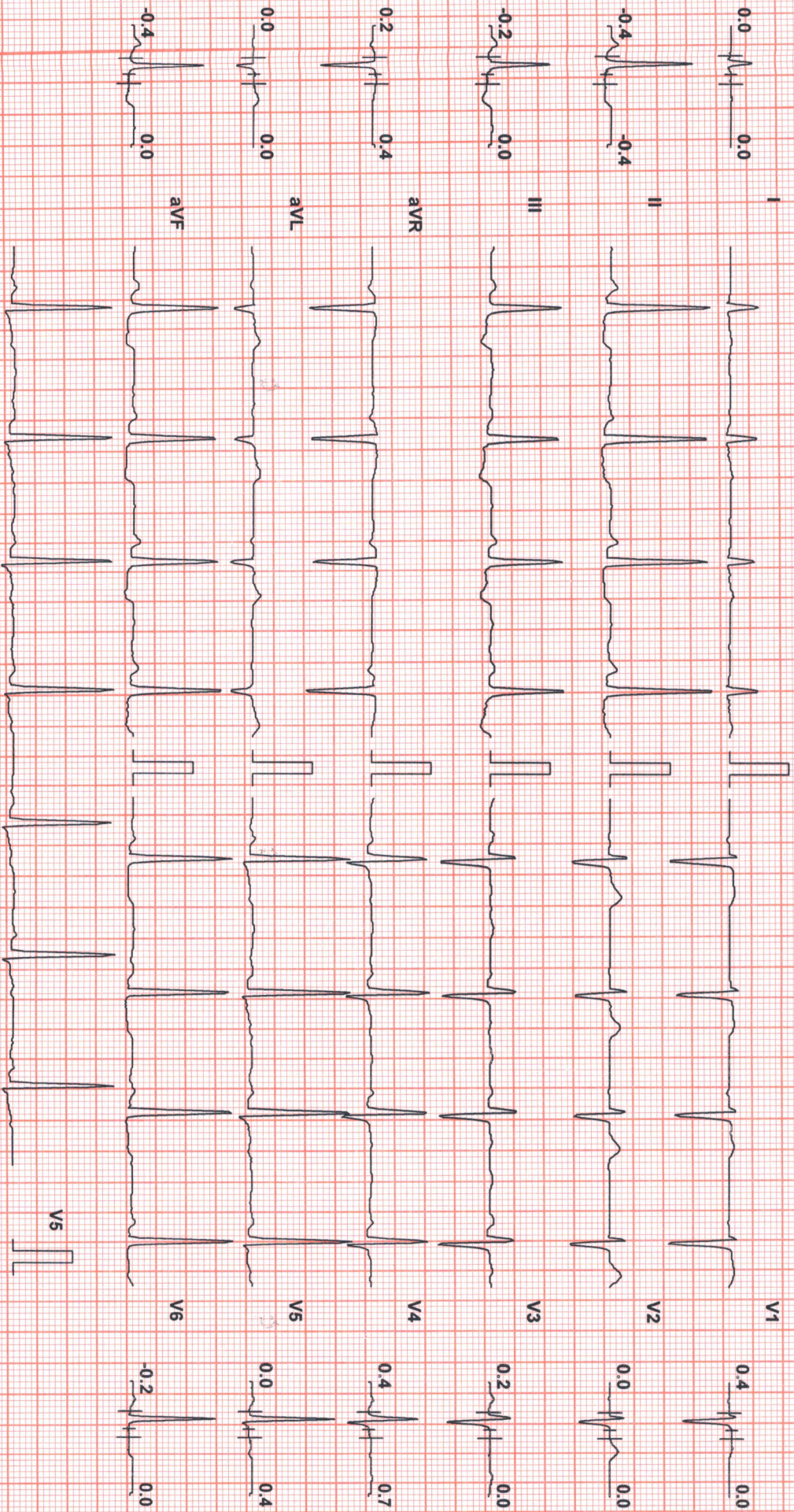


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



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ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 94 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P.: 120 / 80

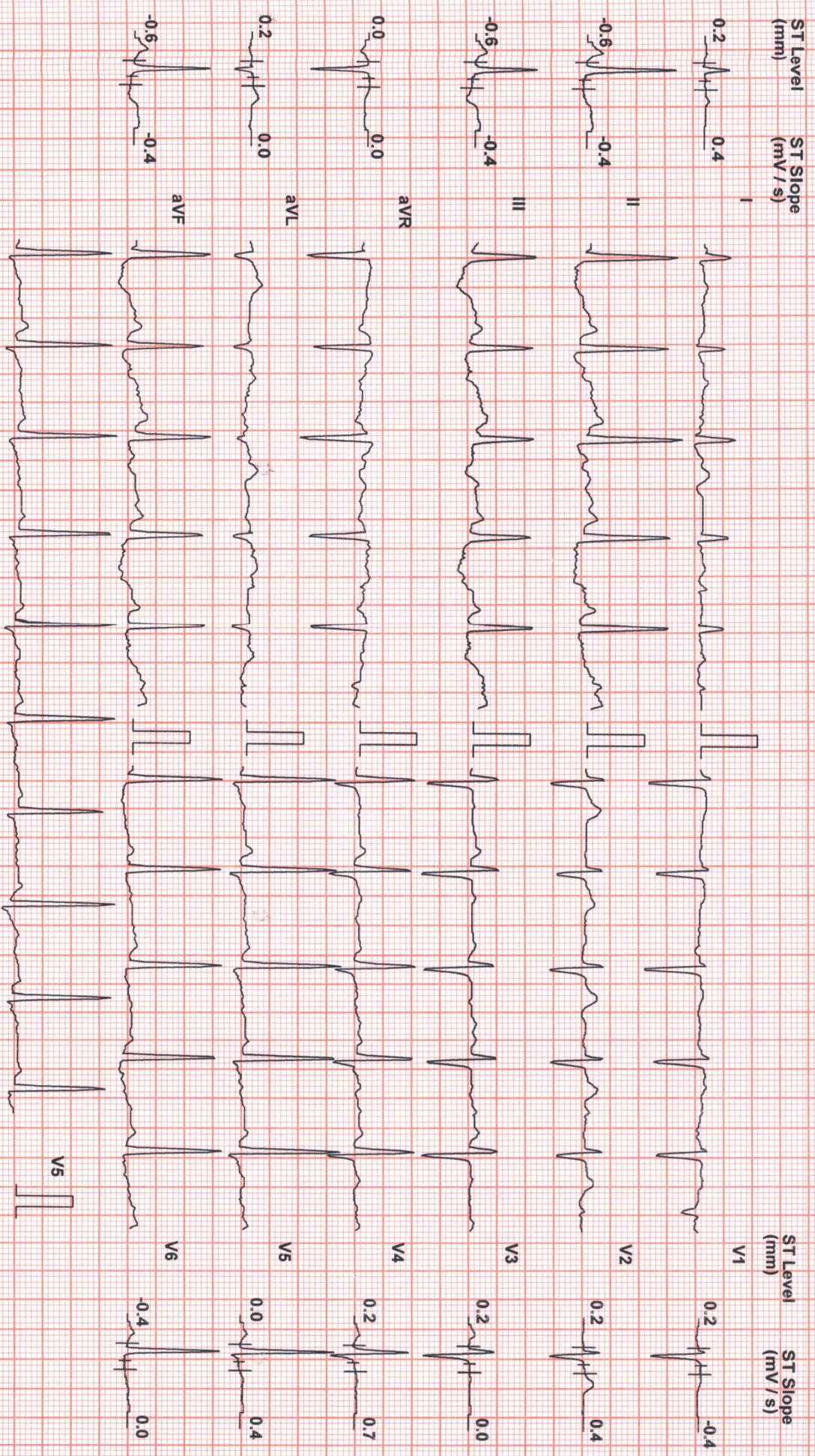


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 110 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 130 / 80

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

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

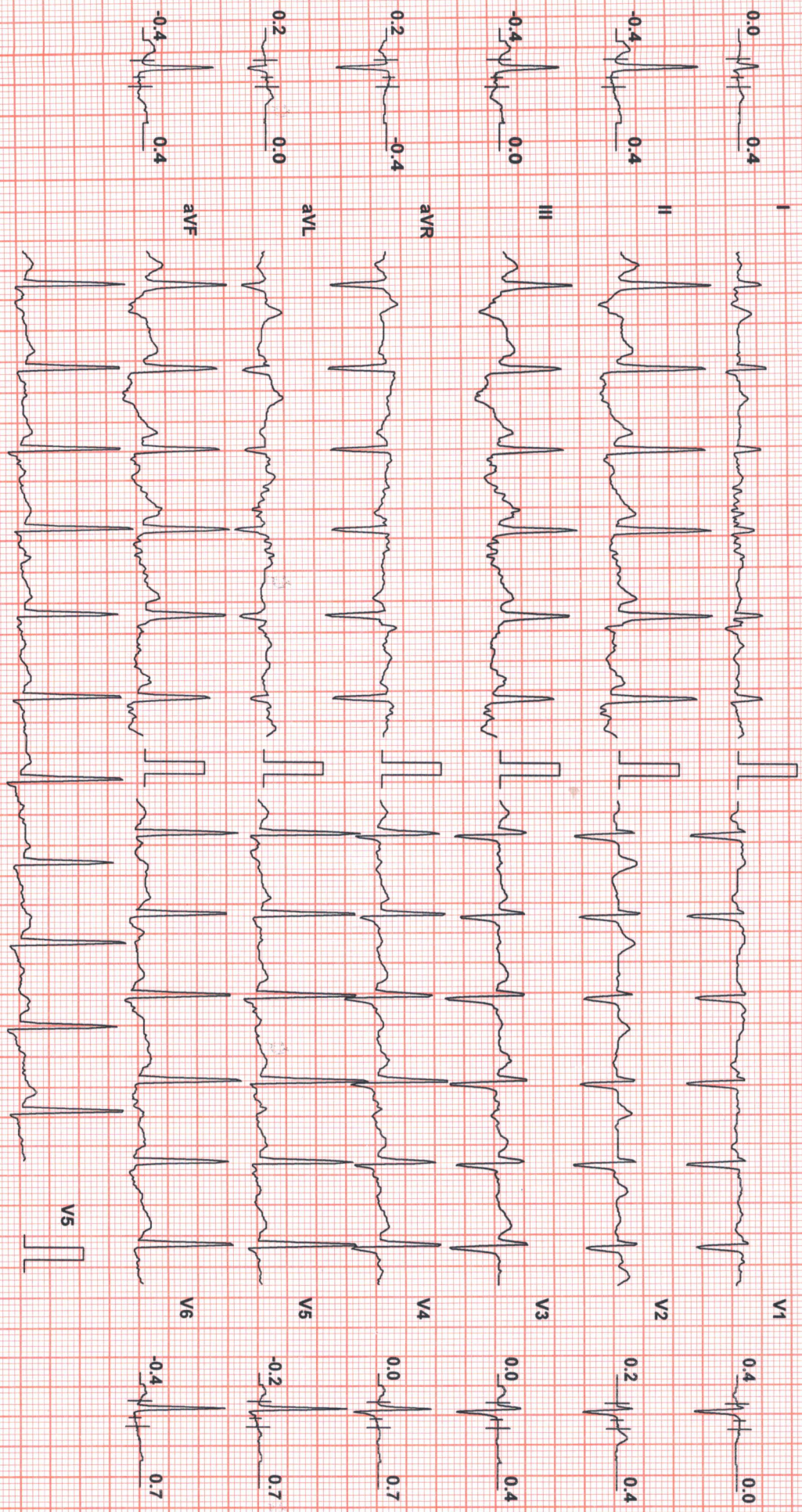


Chart Speed: 25 mm/sec
Schlier-Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time: 7 m 0 s

Stage Time: 1 m 0 s

HR: 117 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 150 / 90

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

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

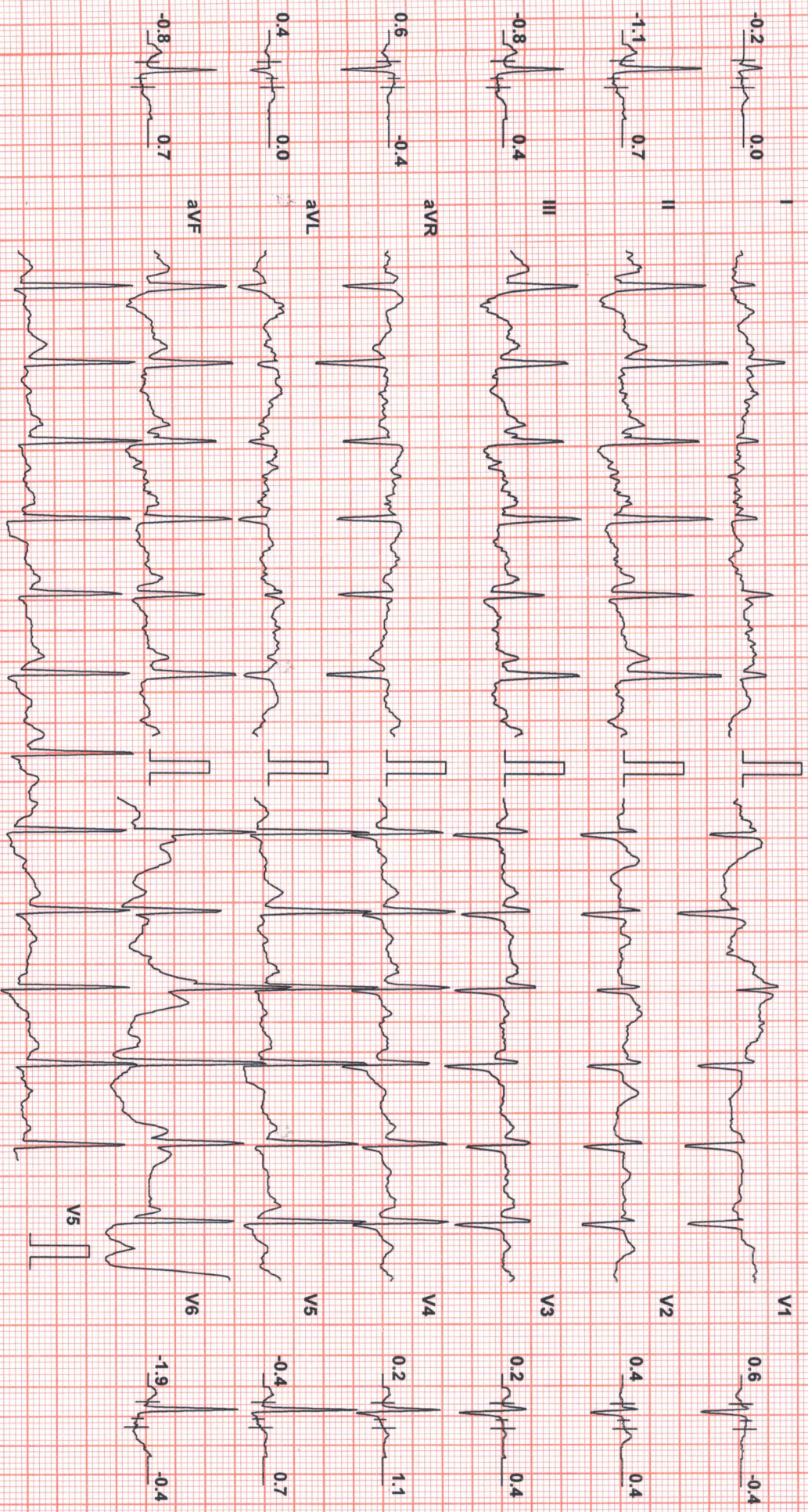


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 7 m 0 s

Stage Time : 1 m 0 s

HR: 97 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 130 / 90

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

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

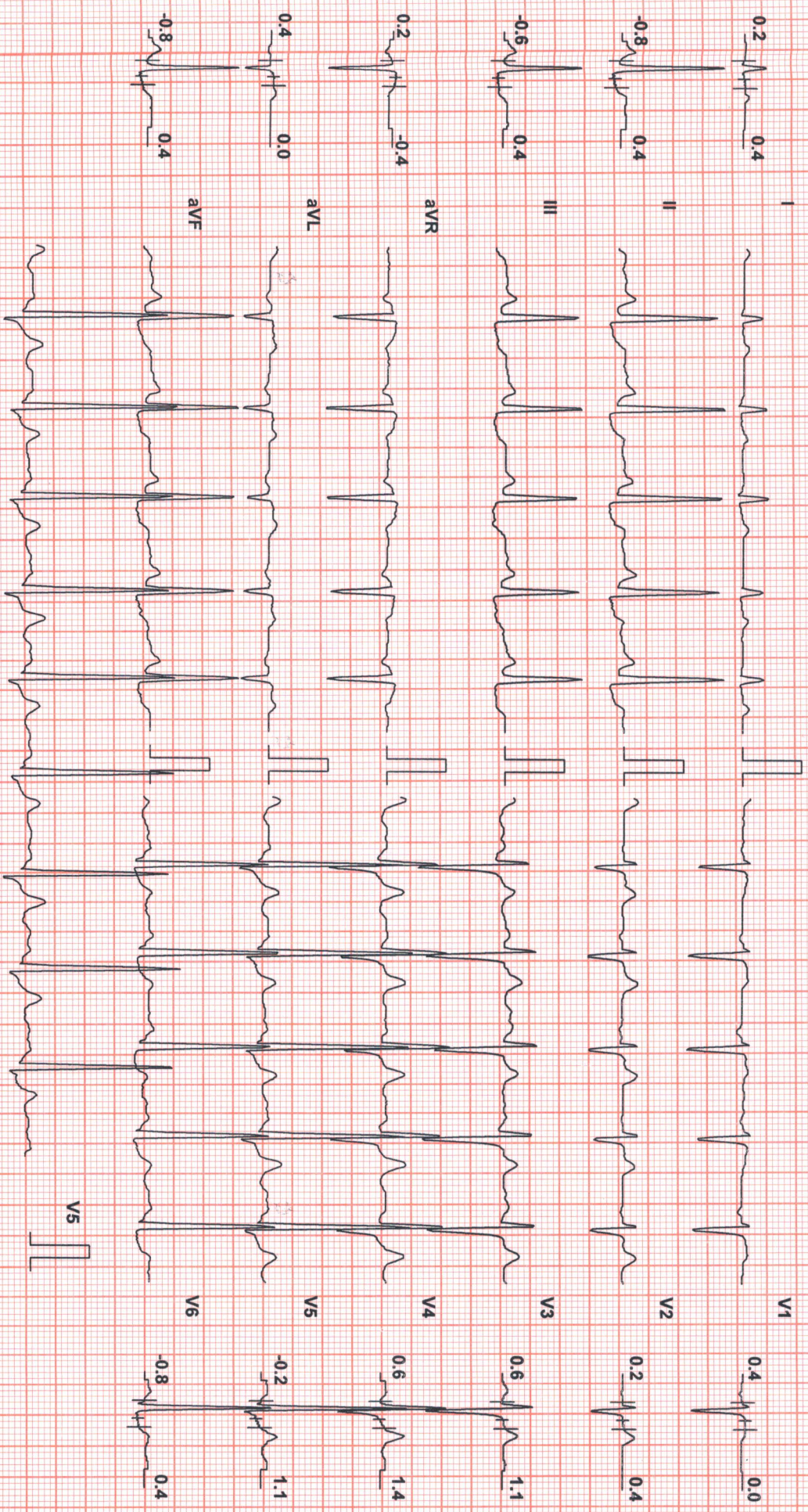


Chart Speed: 25 mm/sec
Schiller Spardan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isd = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

ID: 2316120084

Date: 10-Jun-23

Exec Time : 7 m 0 s

Stage Time : 1 m 0 s

HR: 75 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 120 / 70

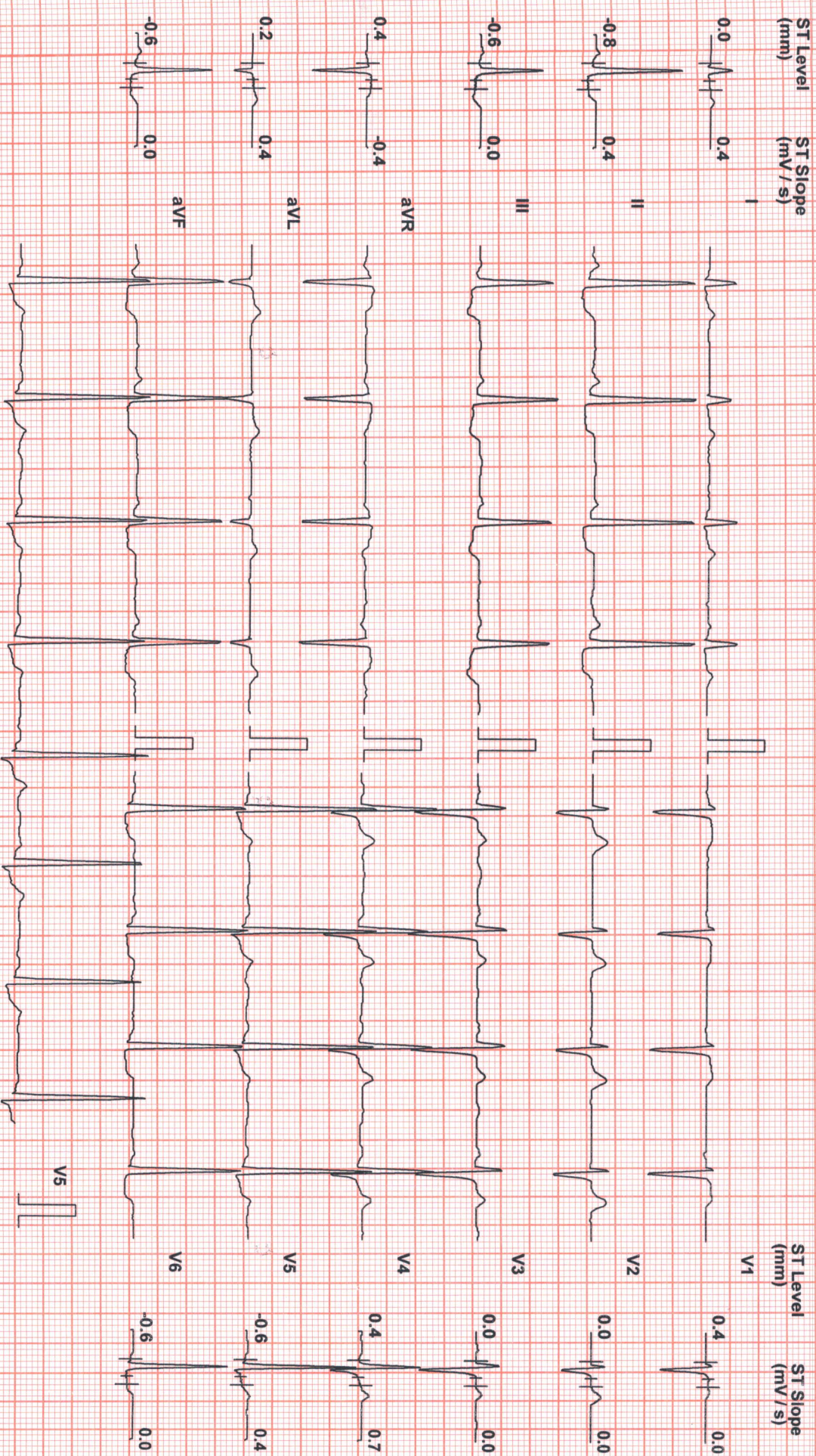


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Suburban Diagnostics Pvt. Ltd. India

ARTI THUBE (39 F)

Protocol: Bruce

ID: 2316120084

Date: 10-Jun-23

Exec Time : 7 m 0 s

Stage Time : 1 m 0 s

HR: 74 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 70

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

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

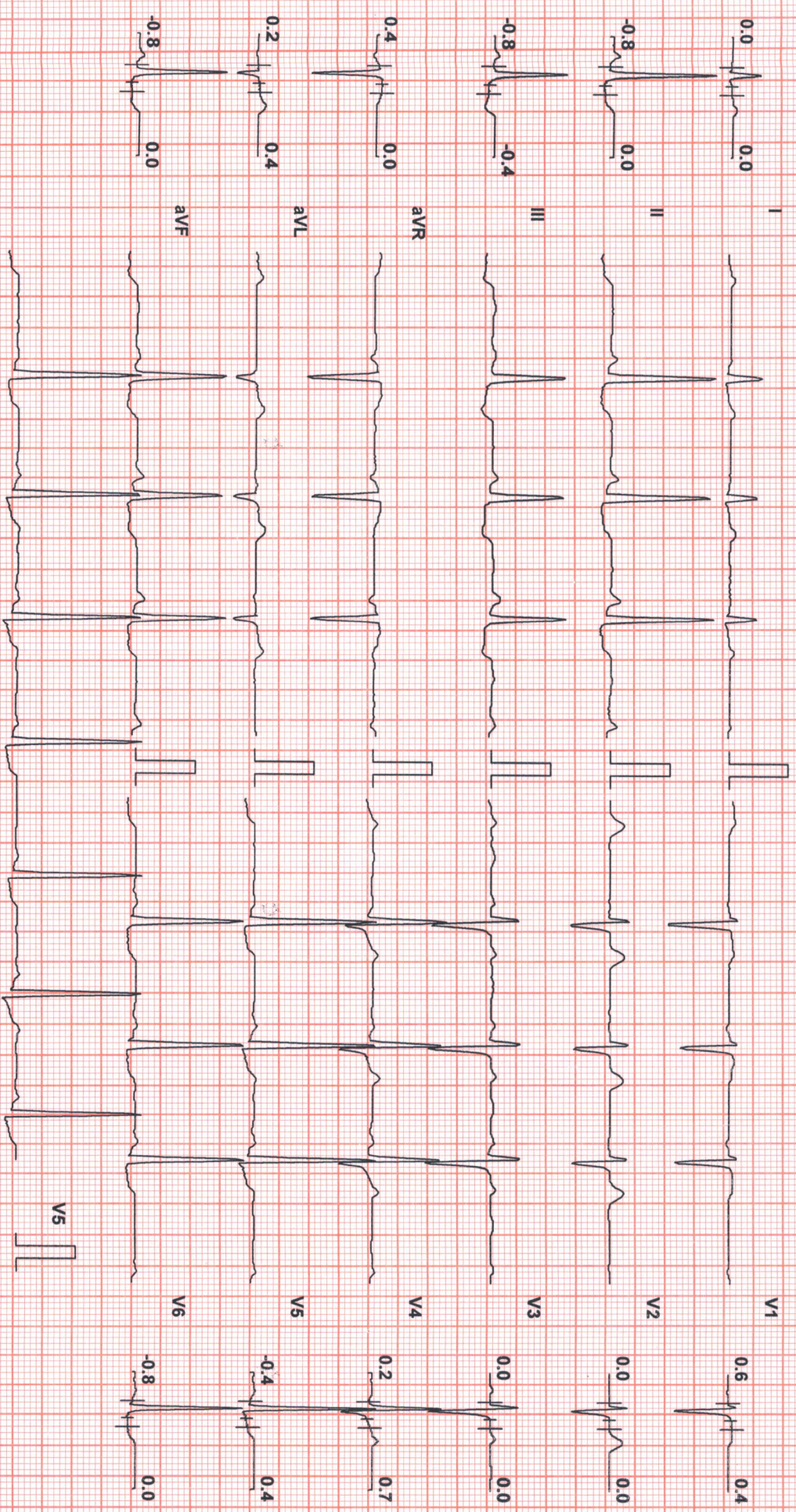


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

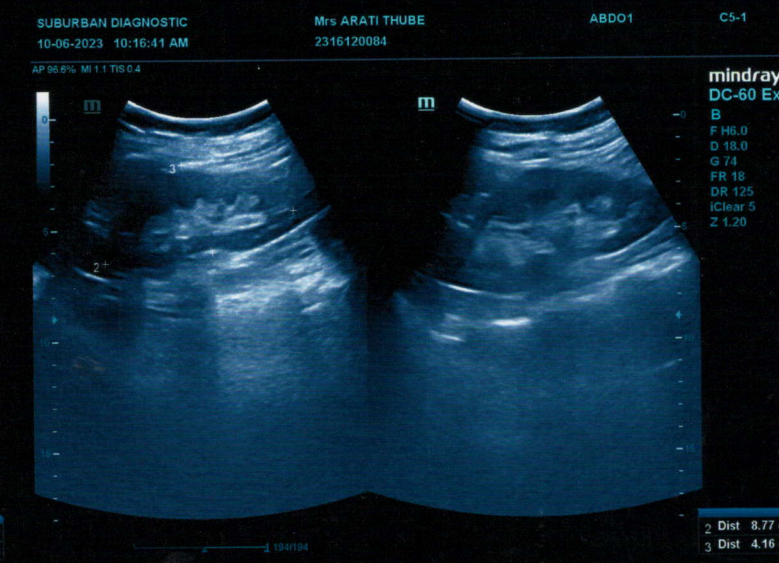
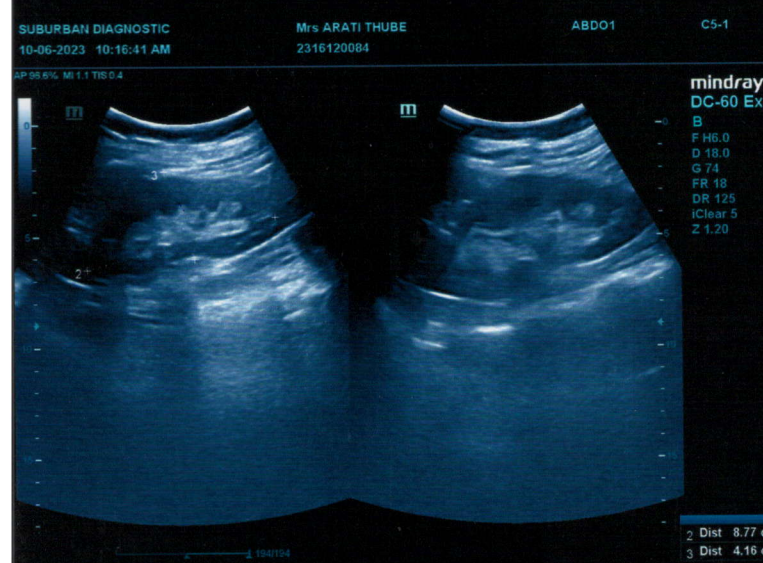
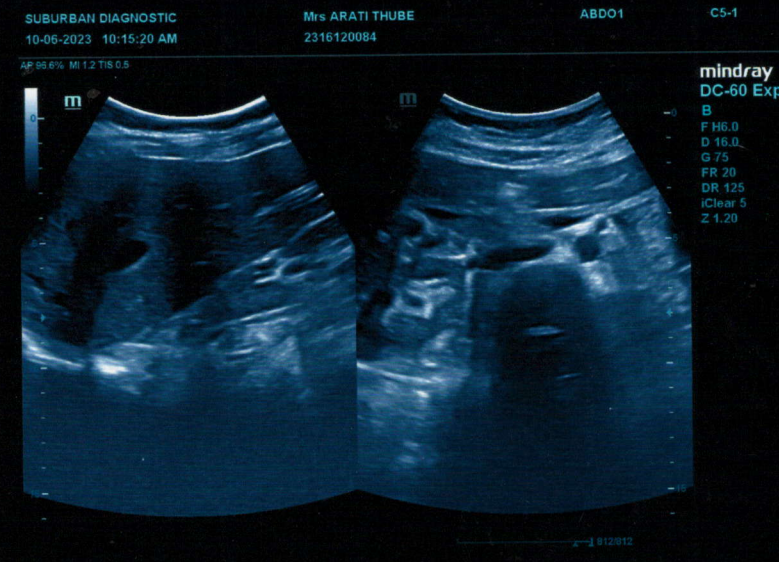
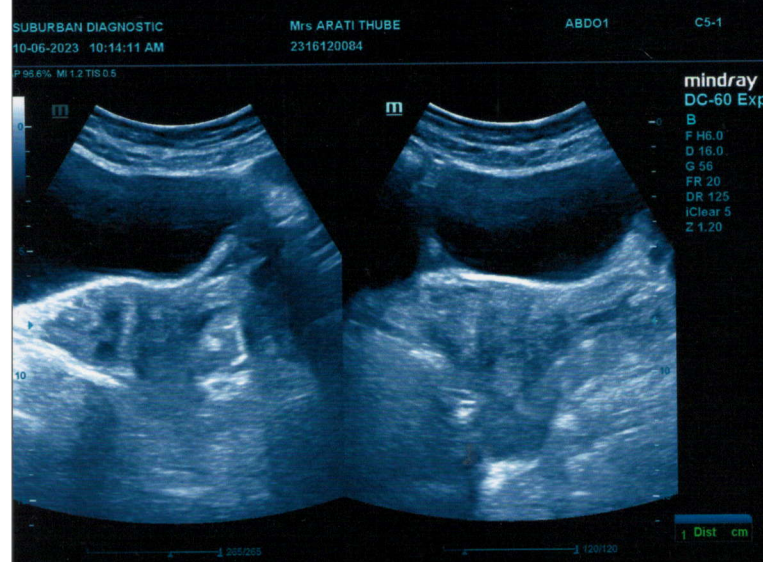
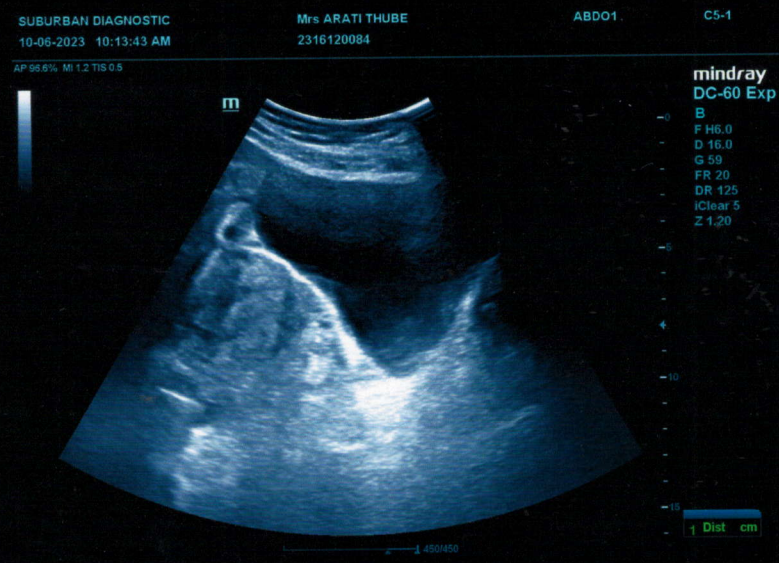
Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





Asati Thube
39/F

PHY2.

Pap's Cyne - not done
Pending
TMT
10.6.23

R
E
P
O
R
T

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	164	Weight (kg):	56	BMI
Temp (0c):	Afebrile	Skin:	Normal	
Blood Pressure (mm/hg):	100/70	Nails:	Healthy	
Pulse:	74	Lymph Node:	Not Palpable	

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

IMPRESSION:

f17

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----|--------------------------------|
| 1) | Hypertension: |
| 2) | IHD: |
| 3) | Arrhythmia: |
| 4) | Diabetes Mellitus : |
| 5) | Tuberculosis : |
| 6) | Asthama: |
| 7) | Pulmonary Disease : |
| 8) | Thyroid/ Endocrine disorders : |

9)	Nervous disorders :	
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

Dr. H.P. Dixit
M.B.B.S., M.D.(Medicine)
Reg No: 44768

DENTAL CHECK - UP

Name:- *Arti Thube*

CID :

Sex / Age *39 / F*

Occupation:-

Date *10/6/23*

Chief complaints:- *No.*

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ:
- b) Facial Symmetry:

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:
- Stains:

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised:

Provisional Diagnosis:-

Dr. KRUTIKA INGLE

MBBS, D.D.M., PG in Diabetology (USA)
MMC Regd - 2012 103018

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

R
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R
T

Date:- 10/08/2023
Name:- Arati Thube.

CID:
Sex / Age: 39 / female.

EYE CHECK UP

Chief complaints: -

Systemic Diseases: -

Past history: Thyroid (≈ 10 years) on $\frac{1}{2}$ - Tab Thyronorm 50mg.

Unaided Vision: -

Aided Vision: -

Refraction: -

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	6/36.				6/24.			
Near	6/6.				6/6.			

Colour Vision: Normal / Abnormal

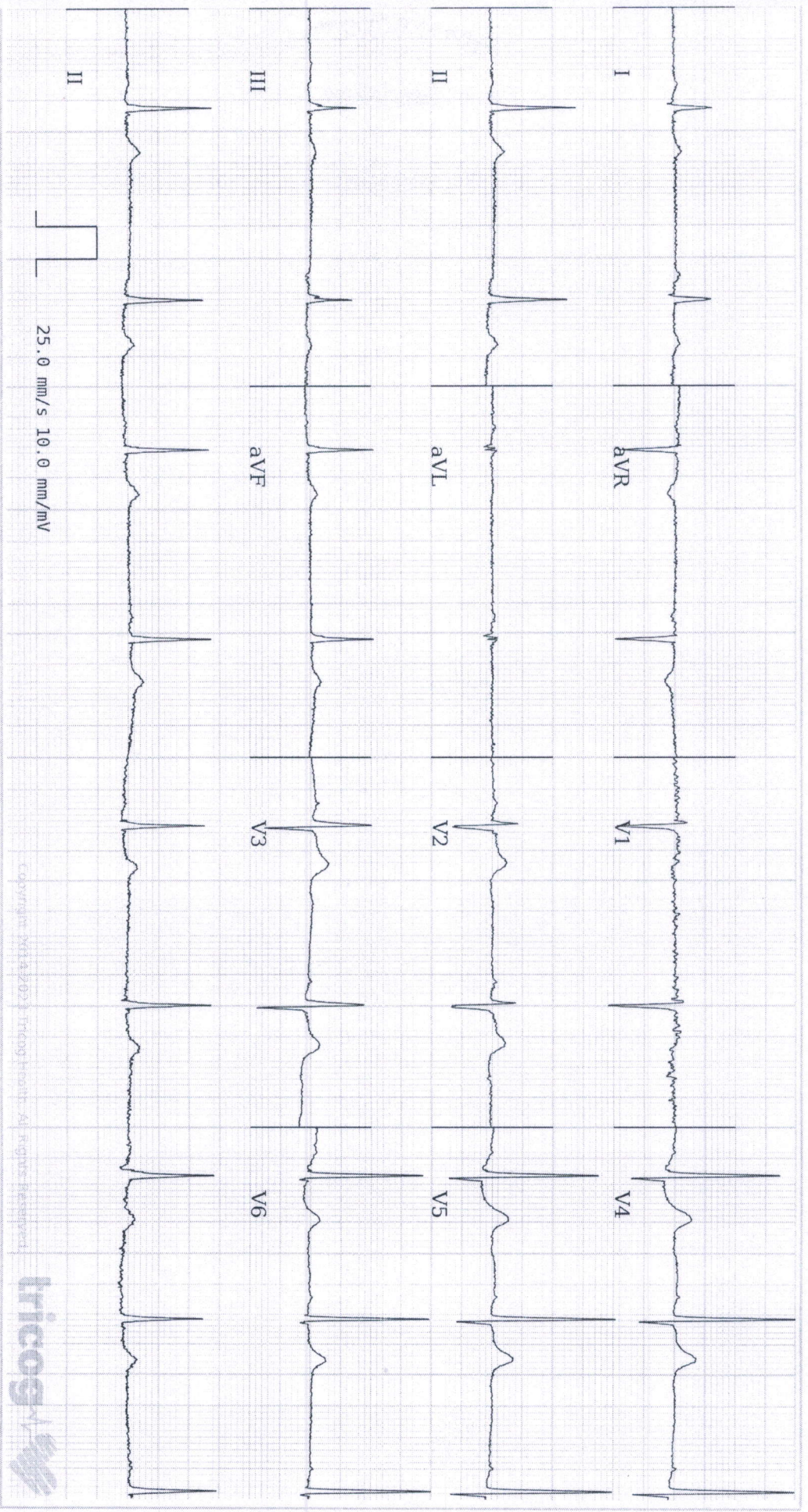
Remark:

Dr. H.P. Dixit
M.B.B.S., M.D.(Medicine)
Reg No: 44768

Dr. KRUTIKA INGLE
MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

Patient Name: ARATI THUBE
Patient ID: 2316120084

SUBURBAN DIAGNOSTICS - TIMBLE SAUDAGAR, ILLINOIS
Date and Time: 10th Jun 23 9:34 AM



25.0 mm/s 10.0 mm/mV

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Age 39 8 2
years months days

Gender Female

Heart Rate 54bpm

Patient Vitals

BP: 100/70 mmHg
Weight: 56 kg
Height: 164 cm
Pulse: 74 bpm
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 70ms
QT: 398ms
QTcB: 377ms
PR: 132ms
P-R-T: -8° 62° 39°

REPORTED BY

Dr. H. P. Dixit

Dr. H. P. DIXIT
M.B.B.S MD(MEDICINE)
44768

ECG Within Normal Limits: WNL. Please correlate clinically.

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 covered by the clinician and not derived from the ECG.

आयकर विभाग
INCOME TAX DEPARTMENT
ARATI RADHAKRISHNA THUBE
RADHAKRISHNA TUKARAM THUBE
14/09/1983
Permanent Account Number
AMQPT2224B
Arathi Thube
Signature

भारत सरकार
GOVT. OF INDIA
21082014



Arathi Thube

SUBURBAN DIAGNOSTIC (I) PVT. LTD.
"Fortuna" Ground Floor, Near Shivar
Garden Chowk, Next to Radha Krishna
Hotel, Pimple Saudagar, Pune-411 027.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2316120084
Name : Mrs ARATI THUBE
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 10-Jun-2023
Reported : 10-Jun-2023 / 10:26

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size(14.2cm)shape and smooth margins. It shows normal parenchymal echo pattern.The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.
Right kidney measures- 10.7 x 3.2cm. Left kidney measures-10.4 x 4.1cm.

SPLEEN:

The spleen is normal in size (8.0cm) and echotexture.No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.It measures-7.3 x 5.0 x 4.2cm in size.The endometrial thickness is 10.0 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 2.0cm Left ovary = 3.0 x 1.7cm

IMPRESSION:-

No significant abnormality is seen.

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

Dr. Trupti Padamwar,
MBBS, DMRE,
Consultant Radiologist
Reg.No.2006/03/1428

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023061008532248>



CID : 2316120084
Name : MRS.ARATI THUBE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 10-Jun-2023 / 08:57
Reported : 10-Jun-2023 / 14:58

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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 microU/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, 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:

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)

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

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2316120084
Name : Mrs ARATI THUBE
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre
Reg. Date : 10-Jun-2023
Reported : 10-Jun-2023 / 10:49

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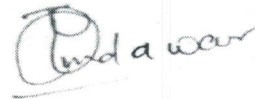
X-RAY CHEST PA VIEW

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.

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



Dr. Trupti Padamwar,
MBBS, DMRE,
Consultant Radiologist
Reg.No.2006/03/1428

Click here to view images <<ImageLink>>



CID : 2316120084
Name : MRS.ARATI THUBE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 10-Jun-2023 / 08:57
Reported : 10-Jun-2023 / 14:40

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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	13.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	12.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5490	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.1	20-40 %	
Absolute Lymphocytes	2146.6	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	312.9	200-1000 /cmm	Calculated
Neutrophils	52.7	40-80 %	
Absolute Neutrophils	2893.2	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	82.3	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	54.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	316000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2316120084
Name : MRS.ARATI THUBE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 10-Jun-2023 / 08:57
Reported : 10-Jun-2023 / 13:28

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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-ESR 9 2-20 mm at 1 hr. Sedimentation

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



Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



CID : 2316120084
Name : MRS.ARATI THUBE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 10-Jun-2023 / 08:57
Reported : 10-Jun-2023 / 18:21

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	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	15.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	90	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation



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URIC ACID, Serum	4.4	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 Baner Balewadi Lab
*** End Of Report ***



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Reported : 10-Jun-2023 / 15:02

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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 Pune Lab, Pune Swargate

*** End Of Report ***

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M.D.(PATH)
Pathologist





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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)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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

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

*** End Of Report ***



Dr.PRACHI KHANDEKAR
MBBS M.D (Pathology)



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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

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

*** End Of Report ***



Chandrakant Pawar

Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	133.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	49.1	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	40.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	92.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	83.0	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	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



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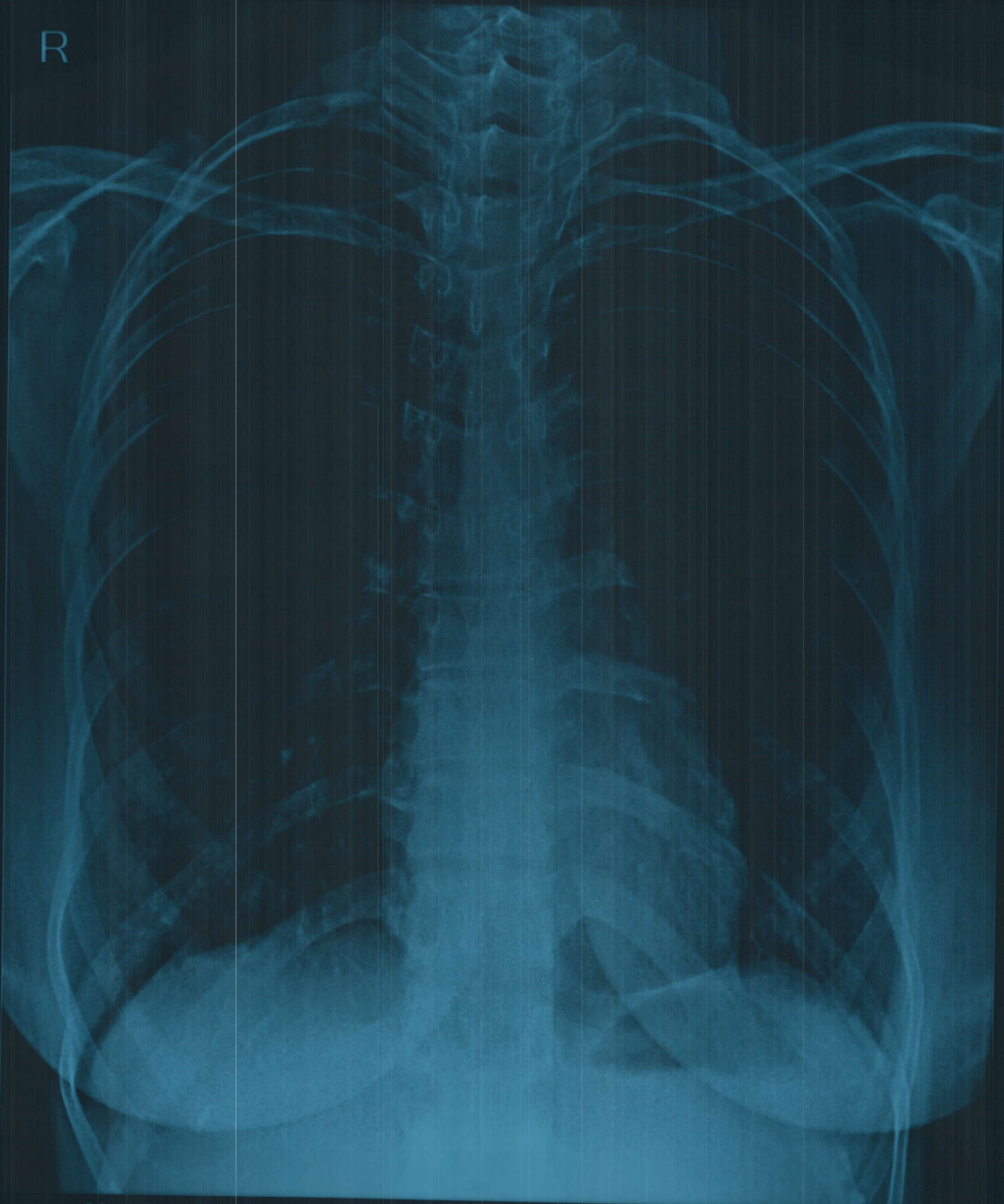
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	2.6-5.7 pmol/L	CMIA
Free T4, Serum	13.5	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
sensitiveTSH, Serum	1.91	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 mIU/ml	CMIA

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.

R



Mrs ARATI THUBE F 039Y 2316120084 CHEST PA 6/10/2023
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR