

Suburban Diagnostics Lullanagar

Patient Details

Date: 28-Jan-23

Time: 11:30:47 AM

Name: POONAM RAVI JAGTAP ID: 2302819110

Age: 33 y

Sex: F

Height: 153 cms

Weight: 40 Kgs

Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 168 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 45 s

Max. HR: 164 (88% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 146 / 98 mmHg

Max. BP x HR: 23944 mmHg/min

Min. BP x HR: 5950 mmHg/min

Test Termination Criteria: 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 : 30	1.0	0	0	118	110 / 70	-1.70 III	0.71 aVL
Standing	0 : 7	1.0	0	0	108	110 / 70	-1.27 III	1.06 V3
Hyperventilation	0 : 6	1.0	0	0	120	110 / 70	-1.49 III	1.06 V3
1	3 : 0	4.6	1.7	10	104	120 / 76	-2.12 III	2.83 V3
2	3 : 0	7.0	2.5	12	130	136 / 90	-2.34 III	2.83 V1
Peak Ex	2 : 45	10.2	3.4	14	164	146 / 98	-2.76 II	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	116	146 / 98	-1.70 II	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	100	146 / 98	-1.06 III	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	97	146 / 98	-1.27 III	2.48 V3
Recovery(4)	1 : 0	1.0	0	0	89	146 / 98	-1.27 III	1.06 V3
Recovery(5)	1 : 0	1.0	0	0	85	146 / 98	-0.85 III	1.06 II
Recovery(6)	0 : 22	1.0	0	0	85	146 / 98	-0.64 III	1.06 II

Interpretation

The patient exercised according to the Bruce protocol for 8 m 45 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 118 bpm, rose to a max. heart rate of 164 (88% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 146 / 98 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia .

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: BOB

(Summary Report edited by user)

 Doctor:  DR. MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



POONAM RAVI JAGTAP (33 F)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2302819110

Date: 28-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 24 s HR: 118 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 110 / 70

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

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

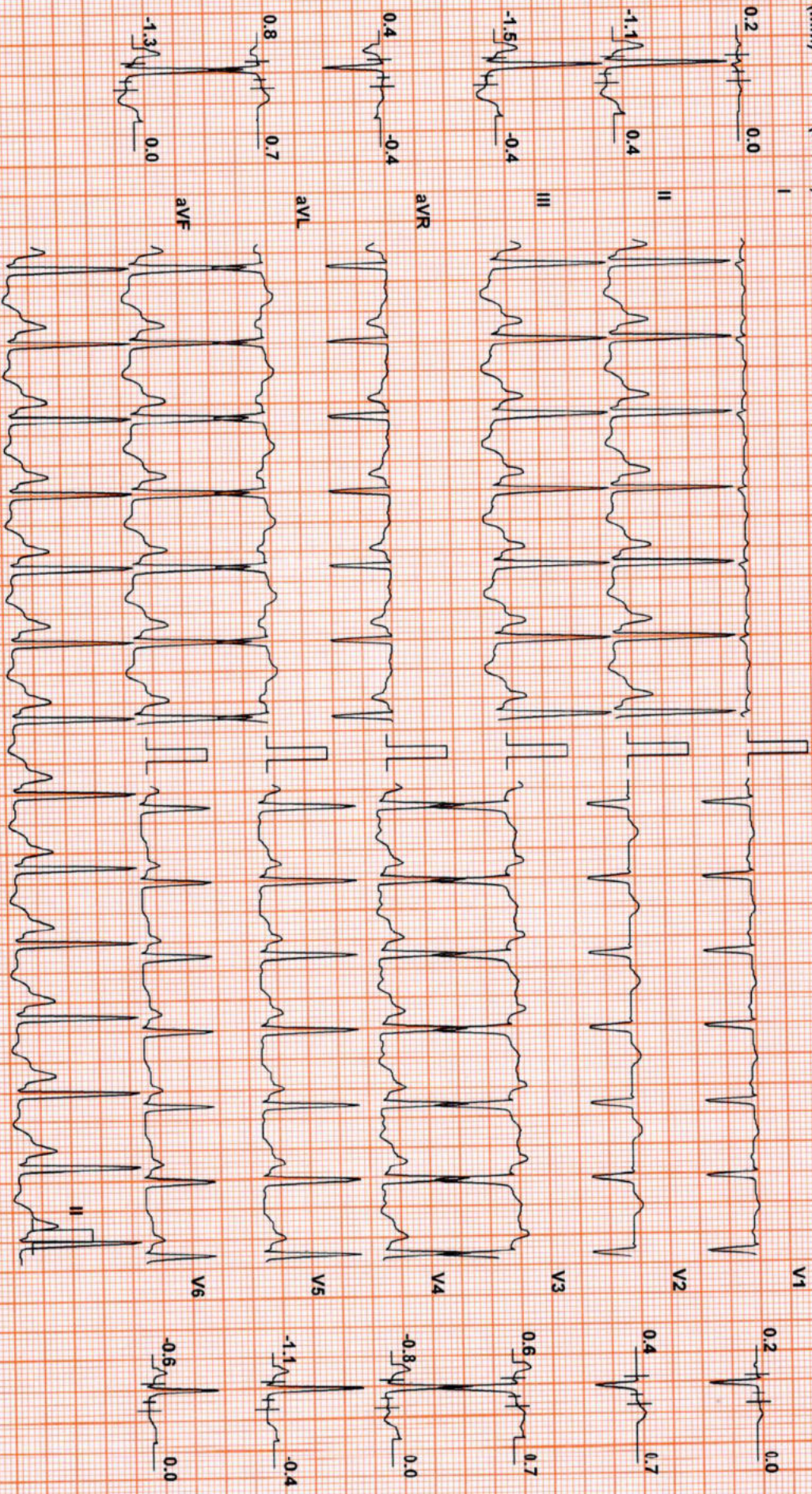


Chart Speed: 25 mm/sec
Schiller Standard V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



POONAM RAVI JAGTAP (33 F)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2302819110

Date: 28-Jan-23

Exec Time: 0 m 0 s

Stage Time: 0 m 1 s

HR: 108 bpm

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

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 110 / 70

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

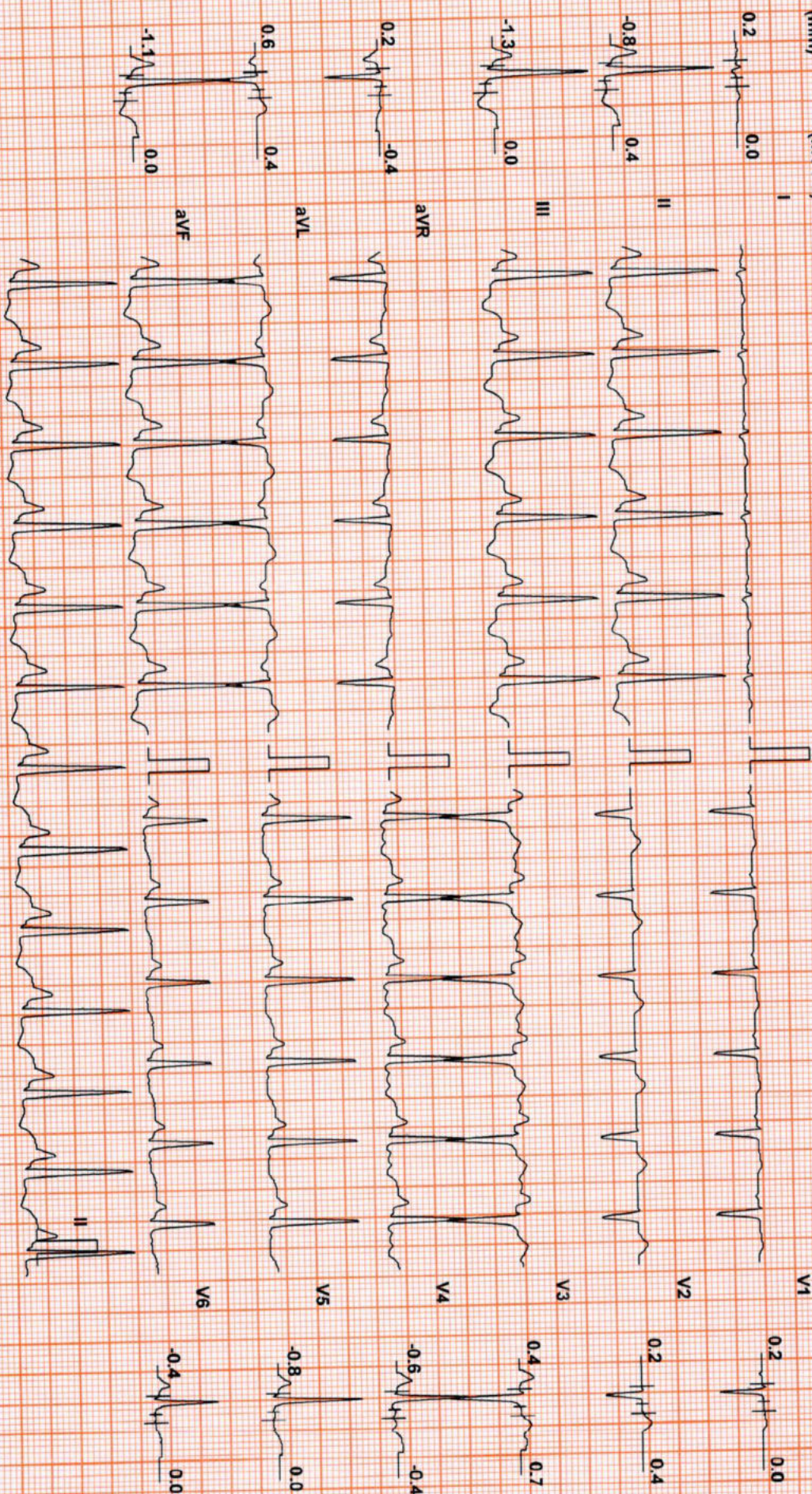


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spanden V4.51

Linked Median



Suburban Diagnostics Lullanagar

Test Report

POONAM RAVI JAGTAP (33 F)

ID: 2302819110

Date: 28-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 123 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 110/70

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

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

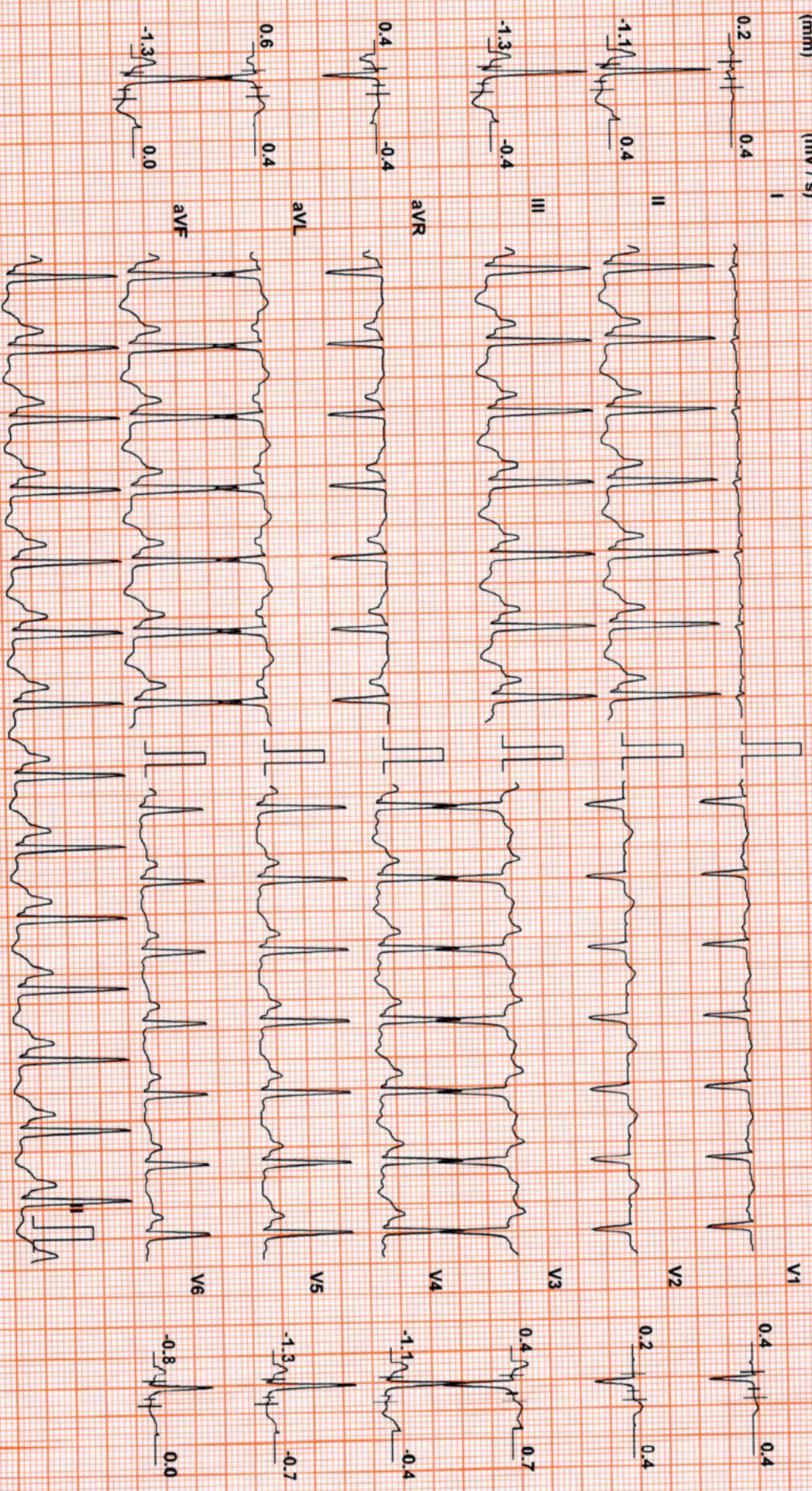


Chart Speed: 25 mm/sec
Schiller Standard V4.5f

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



POONAM RAVI JAGTAP (33 F)

Protocol: Bruce

ID: 2302819110
Stage: 1

Date: 28-Jan-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 103 bpm
Speed: 1.7 mph Grade: 10% (THR: 168 bpm) B.P: 120 / 75

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

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

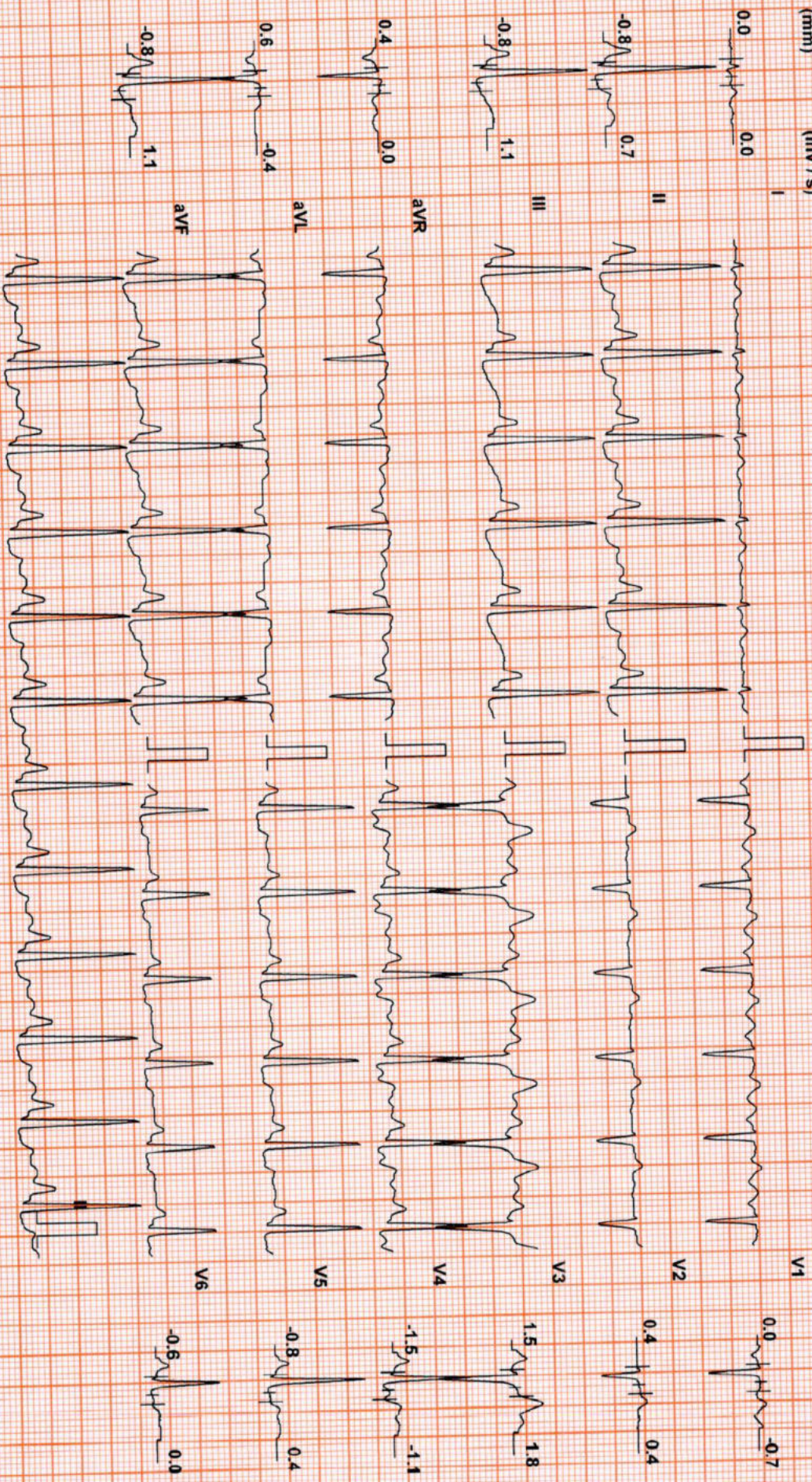


Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Lullanagar

Test Report



POONAM RAVI JAGTAP (33 F)

ID: 2302819110

Date: 28-Jan-23 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 132 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 168 bpm)

B.P: 136 / 90

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

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

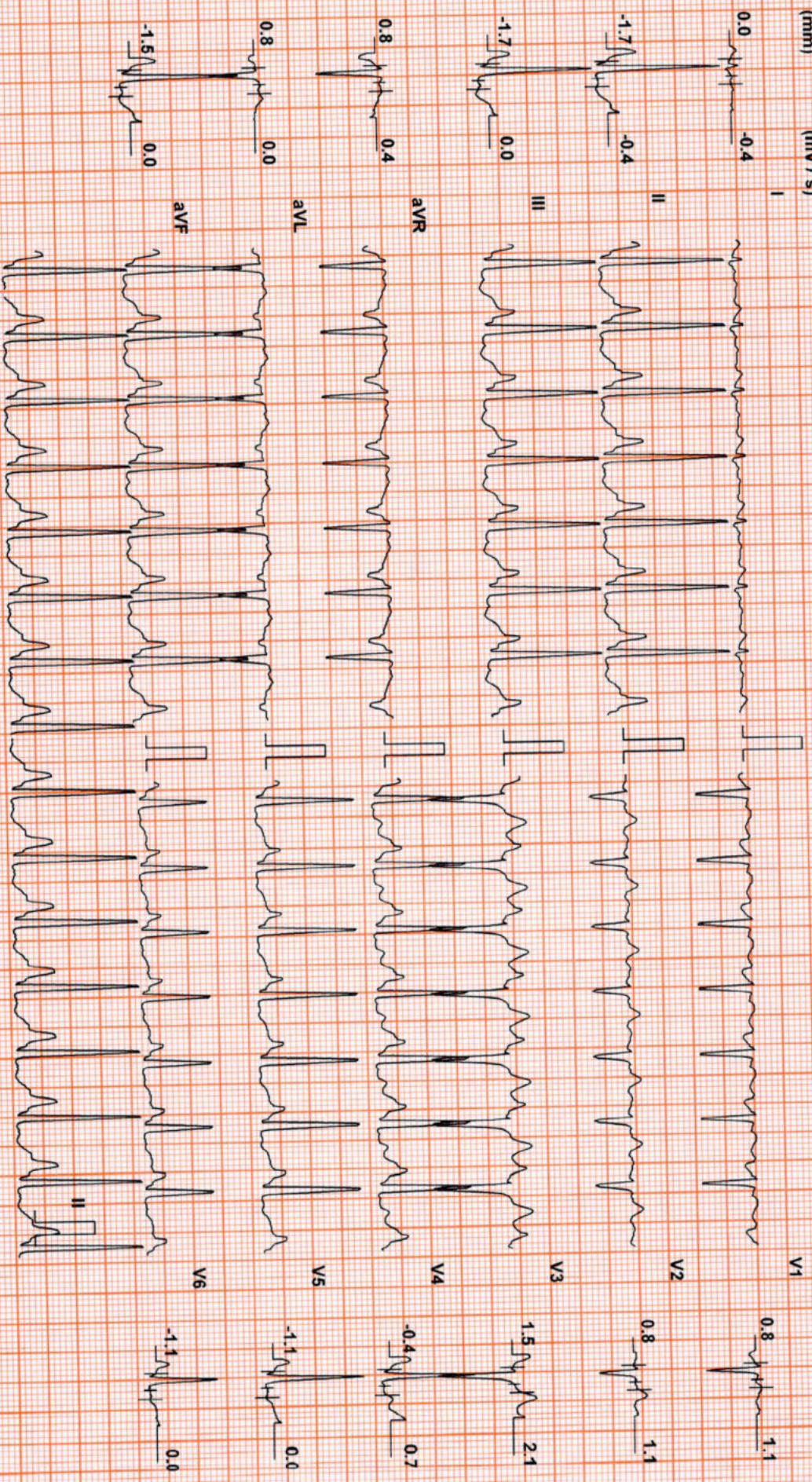


Chart Speed: 25 mm/sec
Schiller Standard V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



POONAM RAVI JAGTAP (33 F)

Suburban Diagnostics Lulianagar

TEST REPORT

Protocol: Bruce

ID: 2302819110

Date: 28-Jan-23

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

Exec Time : 8 m 45 s

Stage Time : 0 m 54 s

HR: 86 bpm

(THR: 168 bpm)

B.P.: 146 / 98

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

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

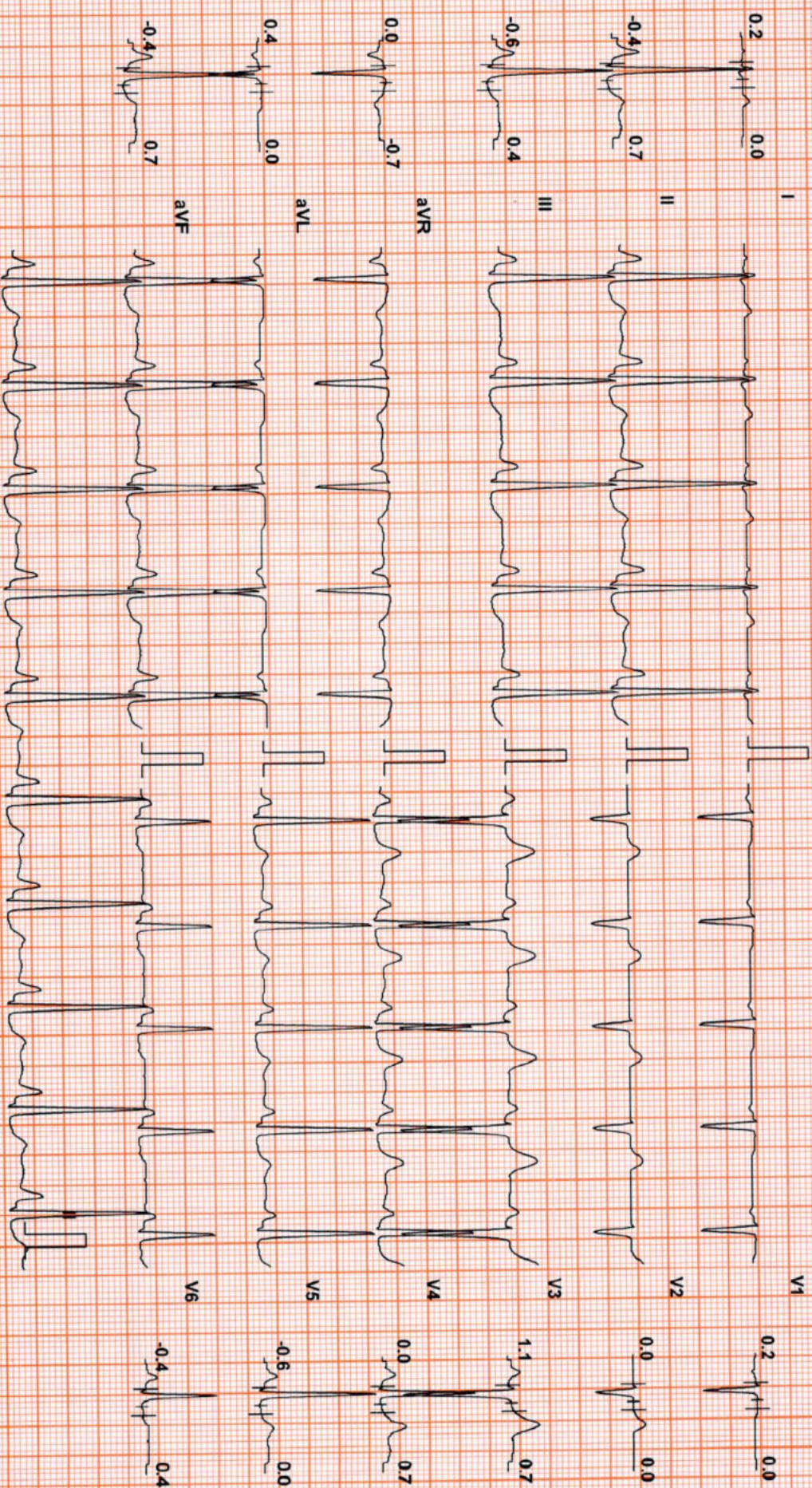


Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

POONAM RAVI JAGTAP (33 F)

ID: 2302819110

Date: 28-Jan-23

Exec Time : 8 m 45 s Stage Time : 0 m 16 s HR: 89 bpm

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 146 / 98

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

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

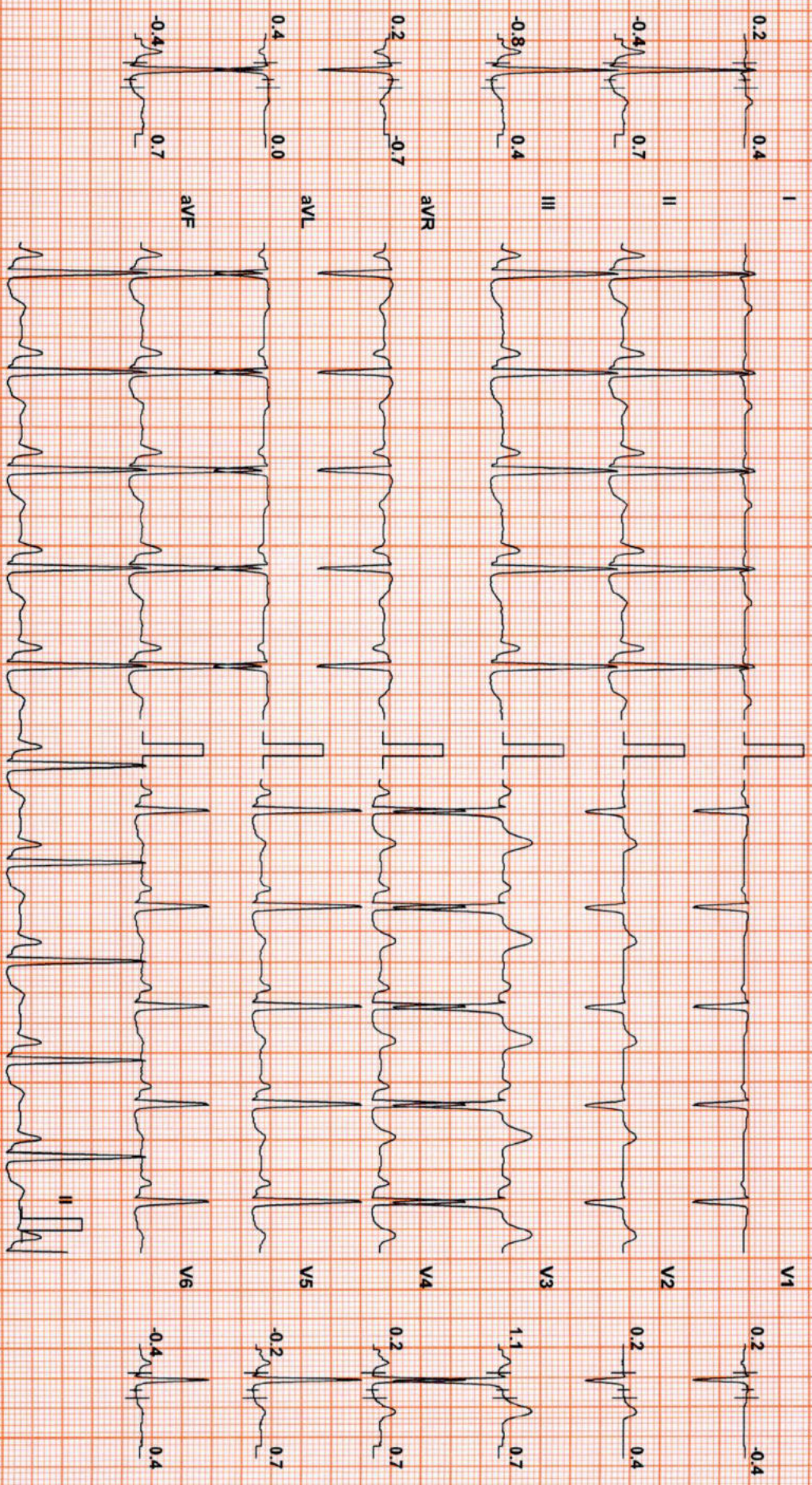


Chart Speed: 25 mm/sec
Schlitz Spender V 4.5f

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

CID# : 2302819110

Name : MRS. POONAM RAVI JAGTAP

Age / Gender : 33 Years/Female

Consulting Dr. : -

Collected : 28-Jan-2023 / 09:09

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 28-Jan-2023 / 16:46

PHYSICAL EXAMINATION REPORT

PHYSICAL EXAMINATION

a) Diet : Mixed

b) Addiction : No

GENERAL EXAMINATION :

a) Height (cms) : 153

b) Weight (kgs) : 40

c) Lymph Nodes : Not Palpable

3) SYSTEMIC EXAMINATION

A) RESPIRATORY SYSTEM

a) Lungs : Clear

b) Trachea : Central

c) Air Entry : Equal

d) Rales : No

d) Others : NAD

B) CARDIOVASCULAR SYSTEM (CVS)

a) Heart Sounds : S1 S2 Normal

b) Murmurs : No

c) Pulse/min : 74

d) B/P (mm of Hg) : 110/70

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e) Miscellenous : NAD

C) ABDOMEN

- a) Liver : Not Palpable
- b) Spleen : Not Palpable
- c) Any other Swelling : No

D) NERVOUS SYSTEM

- a) Ankle Reflex : Normal
- b) Plantars : Flexor

DOCTOR REMARKS :

*Underweight
Increase protein in diet*

*** End Of Report ***

~~ABO~~ T₃ }
T₄ } (A)
TSH } }

Dr. Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist



Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544



CID : 2302819110
Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 11:57

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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	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	5.00	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.6	36-46 %	Calculated
MCV	83	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.3	20-40 %	Calculated
Absolute Lymphocytes	2031.3	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	Calculated
Absolute Monocytes	280.6	200-1000 /cmm	Calculated
Neutrophils	60.0	40-80 %	Calculated
Absolute Neutrophils	3660.0	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	Calculated
Absolute Eosinophils	128.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	297000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated



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Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 11:54

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 6

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 : 2302819110
Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

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Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 12:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.1	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.78	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	21.6	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	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	26.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	12.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic



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Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 11:59
Reported : 28-Jan-2023 / 16:24

eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet
URIC ACID, Serum	3.6	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 ***



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



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CID : 2302819110
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Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 12:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



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



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Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 29-Jan-2023 / 12:08

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	Brownish	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Neutral (7.0)	-
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	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	-
Undigested Particles	Present ++	Absent
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	- -	Absent

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*** End Of Report ***

Shamla Kulkarni

Dr. SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



MC-2463



CID : 2302819110
Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 12:40

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	1-2		
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

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



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Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2302819110
Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
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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 ***



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



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Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 12:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	149.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	51.8	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	59.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	89.4	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	10.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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



Shamla Kulkarni

Dr. SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



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CID : 2302819110
Name : MRS. POONAM RAVI JAGTAP
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 28-Jan-2023 / 09:12
Reported : 28-Jan-2023 / 13:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	13.0	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	2.51	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 upto 15 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:

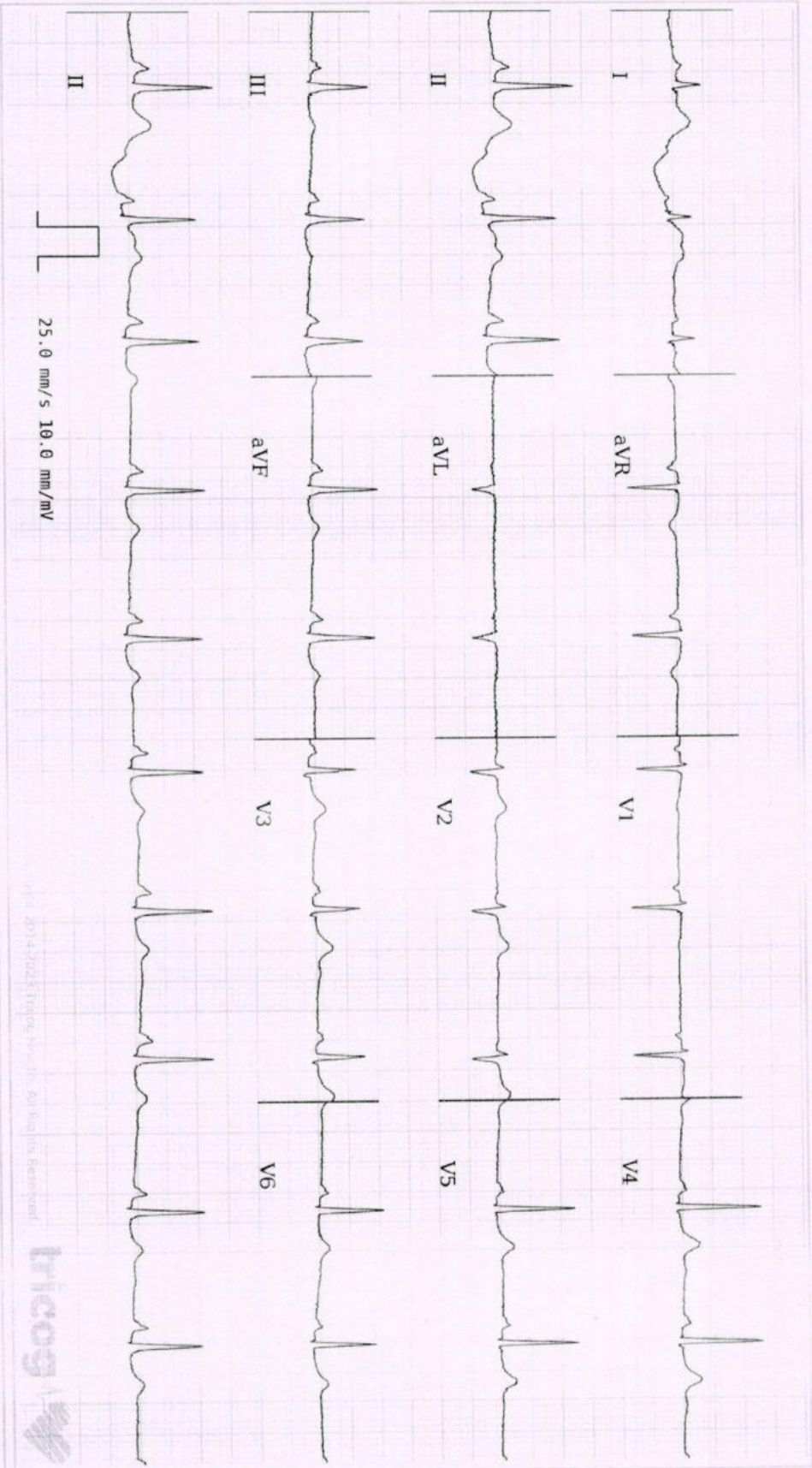
1. O. Koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
 2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
 3. Tietz, Text Book of Clinical Chemistry and Molecular Biology -5th Edition
 4. Biological Variation: From principles to Practice- Callum G Fraser (AACC Press)
- *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



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

Patient Name: POONAM JAGTAP
Patient ID: 23028191110

Date and Time: 28th Jan 23 1:27 PM



Age **31** NA NA
years months days

Gender **Female**

Heart Rate **65bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements

QRSD: 78ms
QT: 384ms
QTc: 399ms
PR: 144ms
P-R-T: 76° 78° 62°

REPORTED BY

DR ISHWARLAL BAMB

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



ECG Within Normal Limits: Sinus Rhythm. Within Normal Limit. 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 entered by the clinician and not derived from the ECG.

CID : 2302819110
Name : Mrs POONAM RAVI JAGTAP
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Date : 28-Jan-2023
Reg. Location : Lulla Nagar, Pune Main Centre
Reported : 28-Jan-2023 / 11:36

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X-RAY CHEST PA VIEW

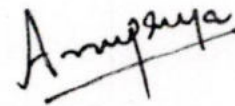
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

No significant abnormality is detected.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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Page no 1 of 1

CID : 2302819110
Name : Mrs POONAM RAVI JAGTAP
Age / Sex : 33Years/Female
Ref. Dr :
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 11:48

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USG (ABDOMEN + PELVIS)

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.
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.
The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

PANCREAS : The pancreas is 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.

SPLEEN : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

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 normal.

OVARIES : Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.
There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

➤ **No significant abnormality seen.**

Advice - Clinical correlation.

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

This report is prepared and physically checked by Dr. Anupriya Batra before dispatch.



DR. ANUPRIYA BATRA
MD Radiology
Reg. No. 2021/12/8725

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