Suburban Diagnostics Lullanagar

Patient Details Date: 11-Feb-23 Time: 11:19:19 AM

Name: POOJA CHARAN AHUJA ID: 2304221848

Age: 32 y Sex: F Height: 164 cms Weight: 63 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 188 bpm THR: 169 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 37 s Max. HR: 169 (90% of Pr.MHR)bpm Max. Mets: 10.20

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	0:12	1.0	0	0	125	130 / 80	-0.21 III	1,42
Standing	0 ; 10	1.0	0	0	112	130 / 80	-0.42 aVR	1,77
Hyperventilation	0:7	1.0	0	0	122	130 / 80	-0.42 aVR	1.77 II
1	3:0	4.6	1.7	10	151	138 / 84	-5.10 V3	5.66 V3
2	3:0	7.0	2.5	12	160	144 / 88	-2.76 V3	4.95 V3
Peak Ex	0:37	10.2	3.4	14	169	150 / 94	-1.70 V3	3.54 V2
Recovery(1)	1:0	1.8	1	0	139	150 / 94	-2.97 V5	4.60 II
Recovery(2)	1:0	1.0	0	0	129	150 / 94	-1.70 aVR	4.95 II
Recovery(3)	1;0	1.0	0	0	128	150 / 94	-1.49 aVR	3.54 II
Recovery(4)	1:0	1.0	0	0	127	150 / 94	-0.85 aVR	2.48
Recovery(5)	0:8	1.0	0	0	128	150 / 94	-0.64 aVR	1,77

Interpretation

The patient exercised according to the Bruce protocol for 6 m 37 s achieving a work level of Max. METS: 10.20. Resting heart rate initially 125 bpm, rose to a max. heart rate of 169 (90% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 150 / 94 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dysponea/significant STT 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

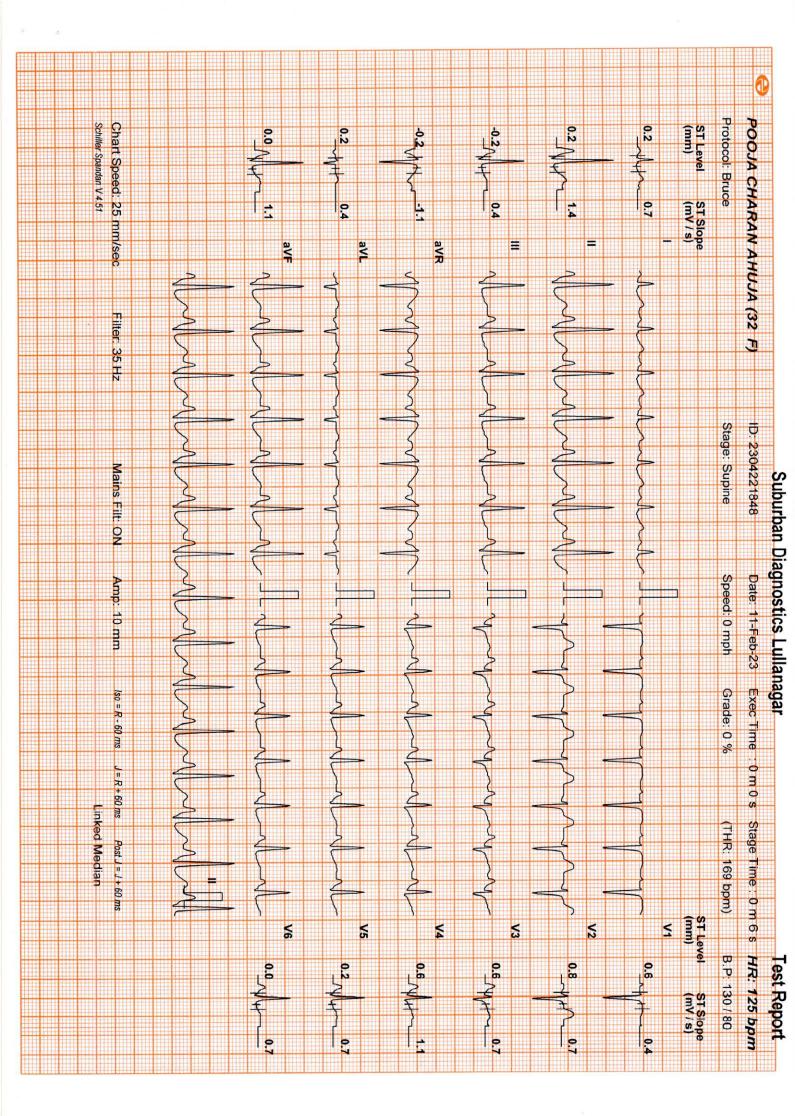
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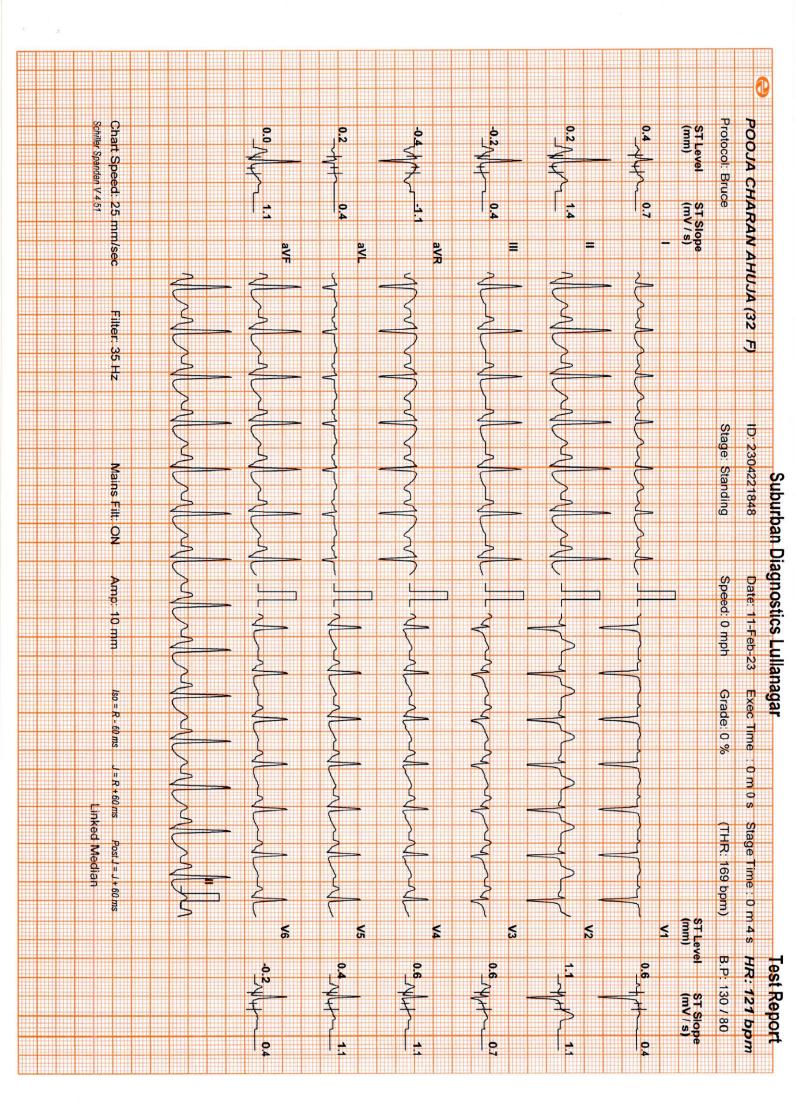
Doctor: DR WHLIND SHINDE

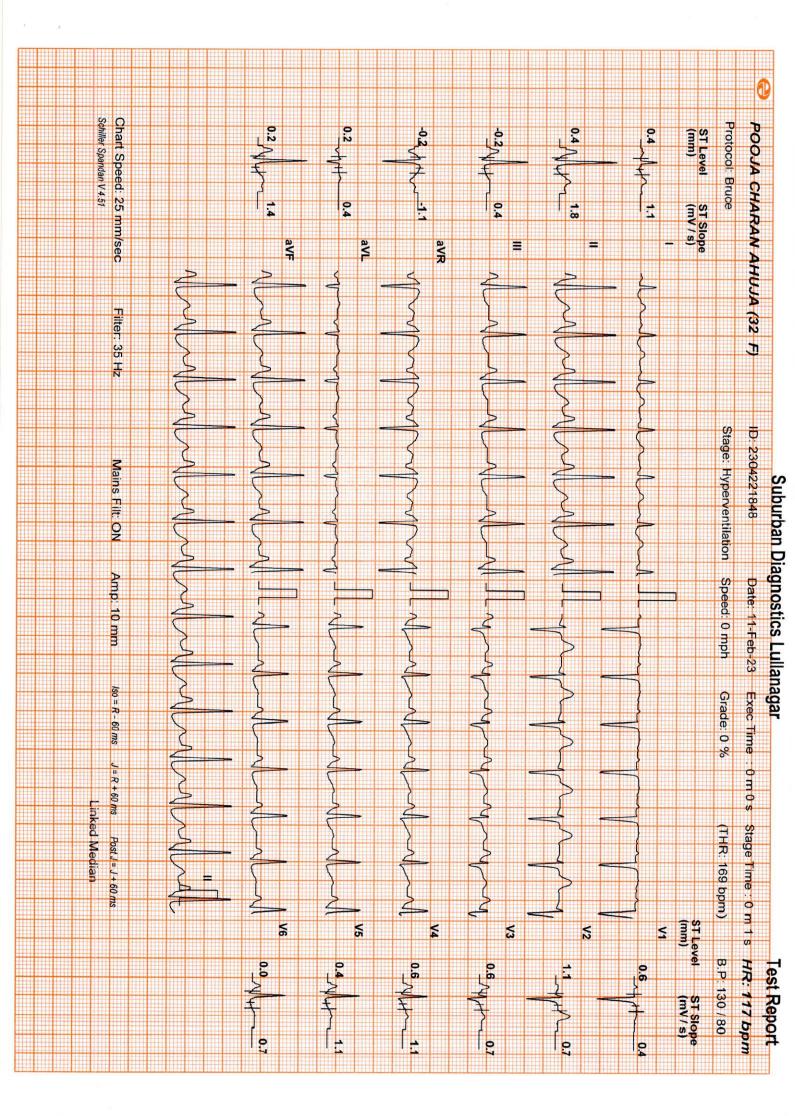
(c) Schiller Healthcare India Pvt. Ltd. V 4.51

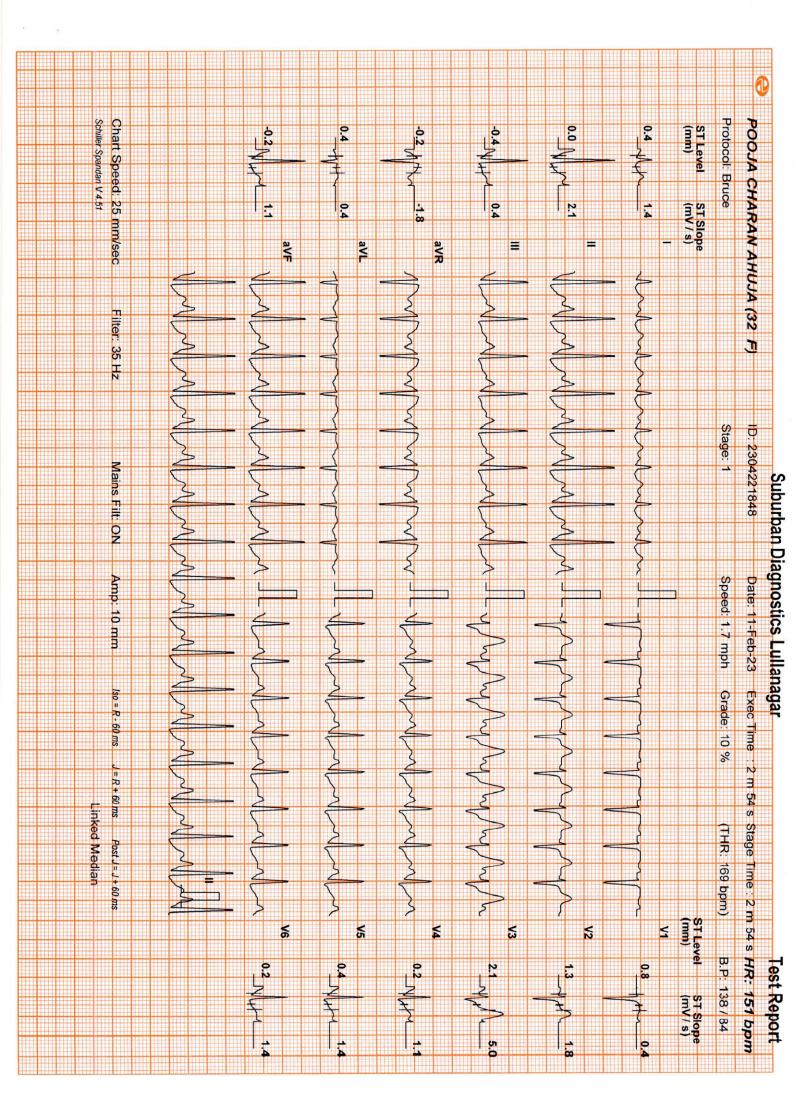
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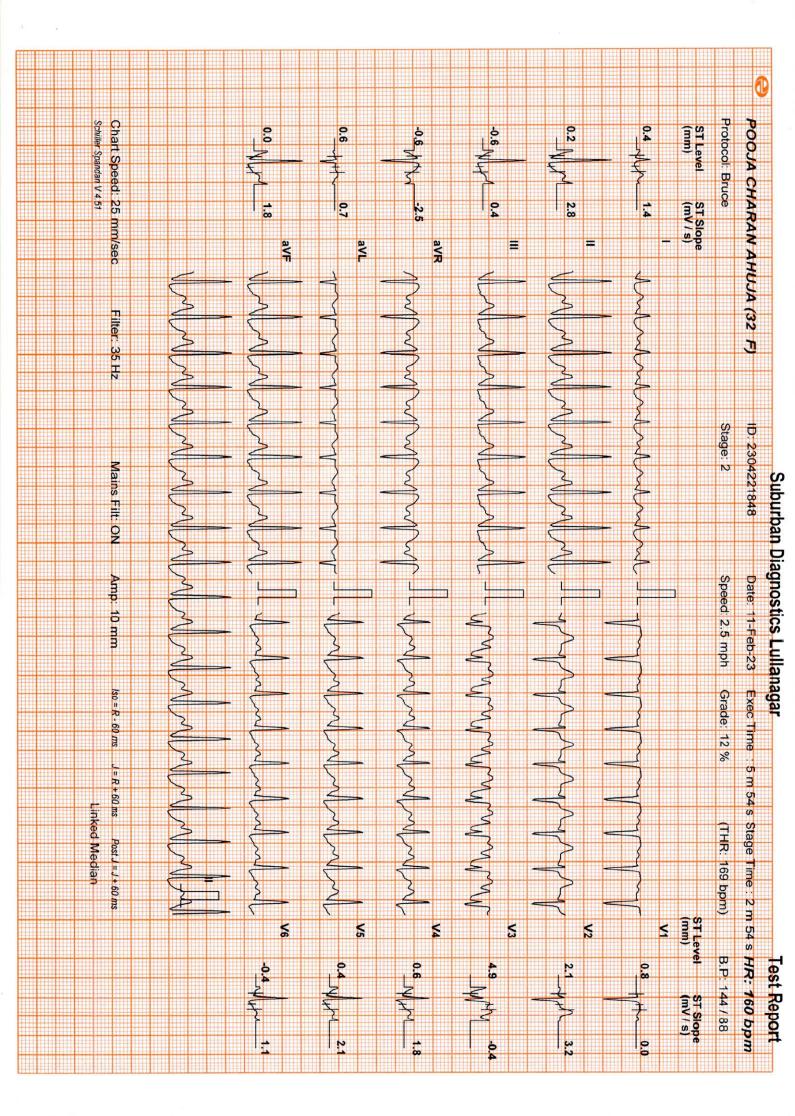
Dr. MILIND SHINDE MBBS, DND III didine Reg. No. 2011/05/1544

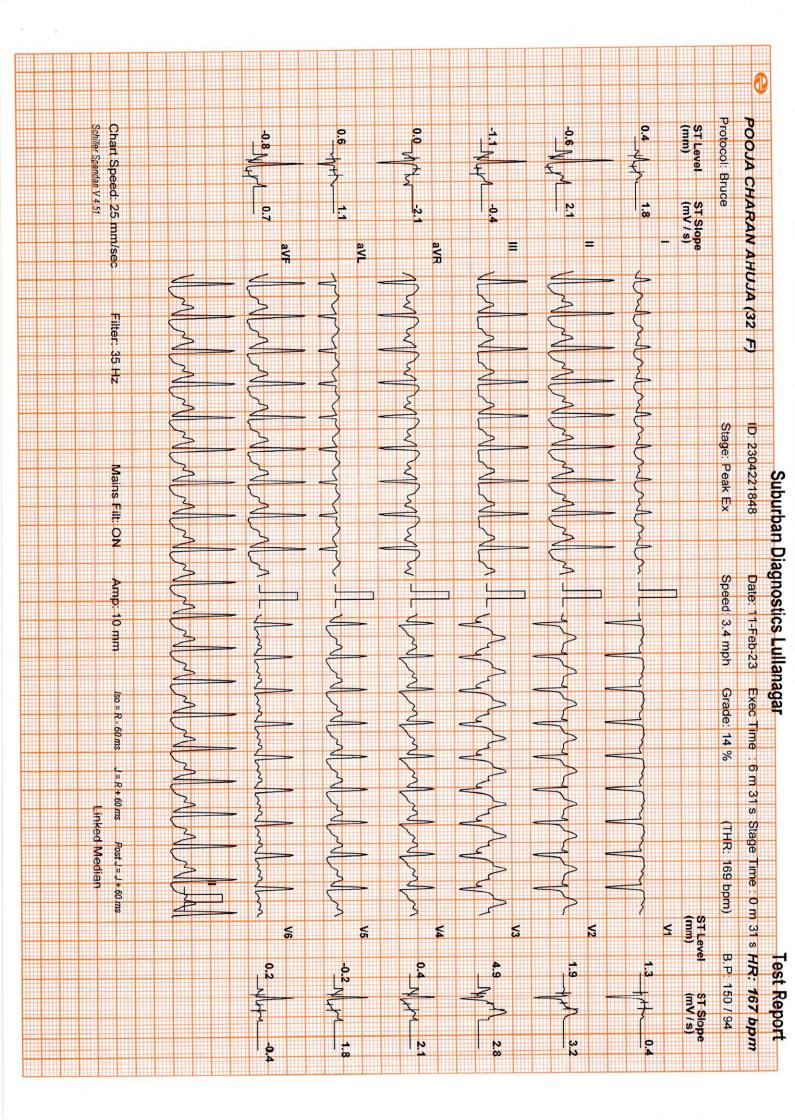


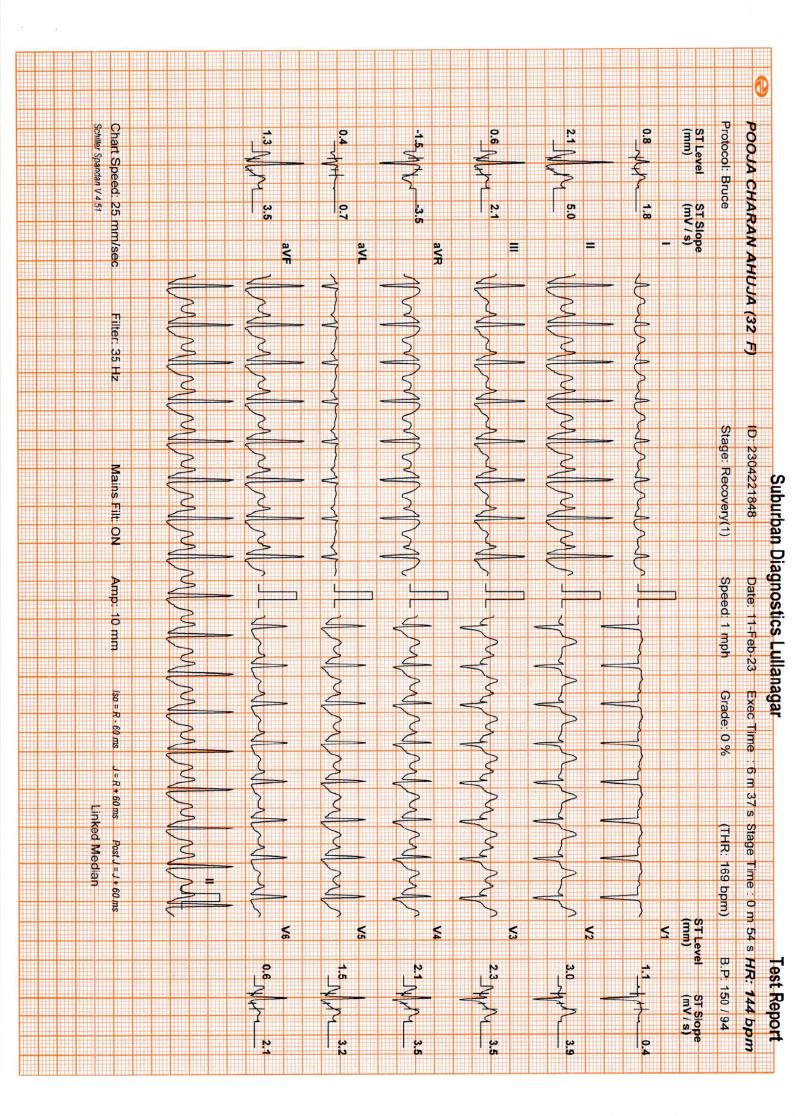


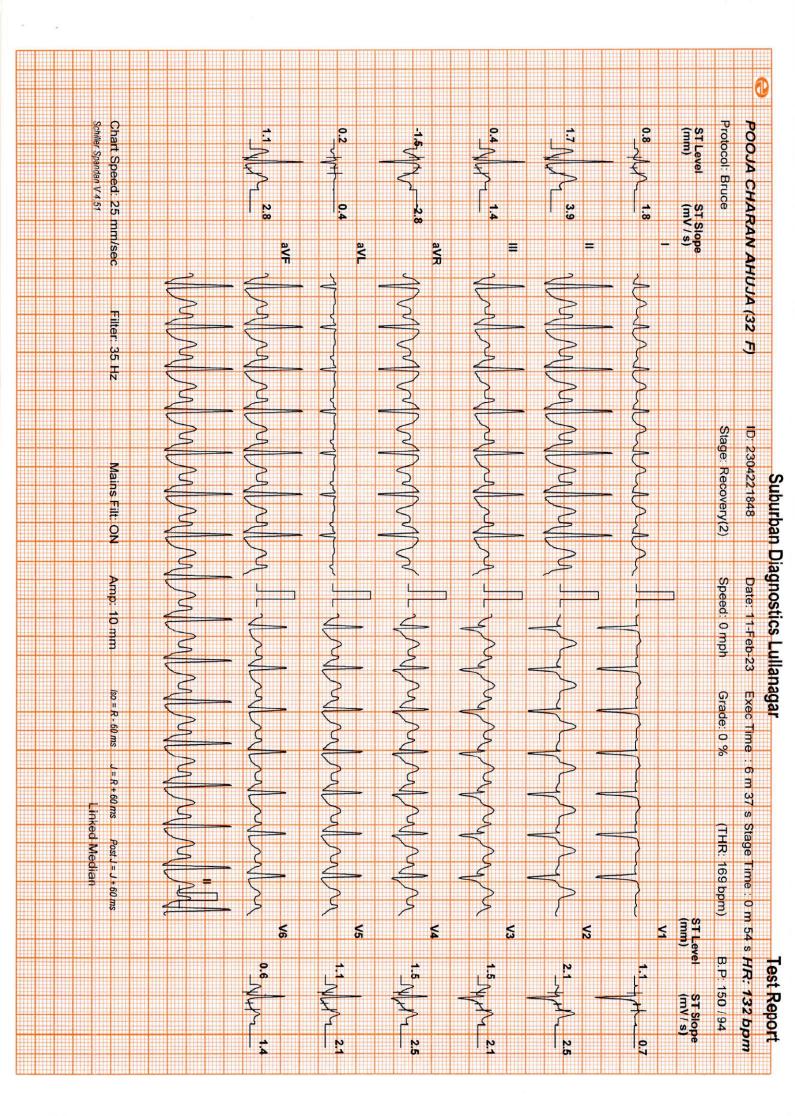


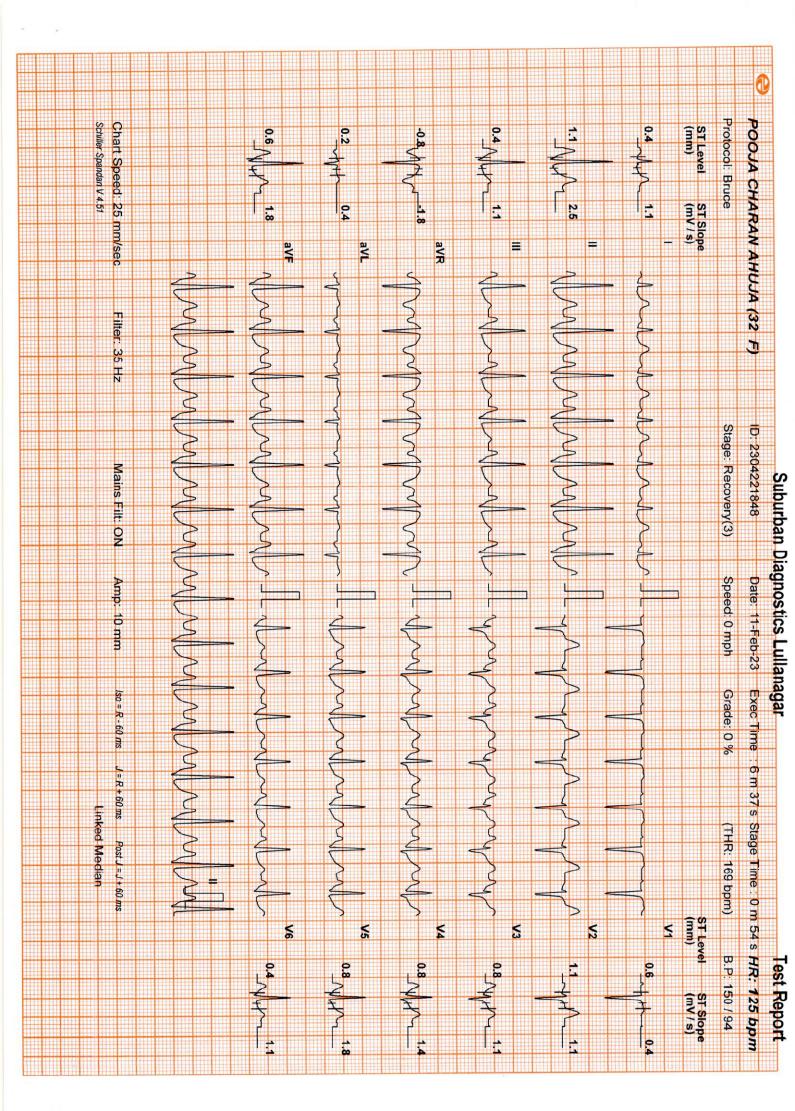


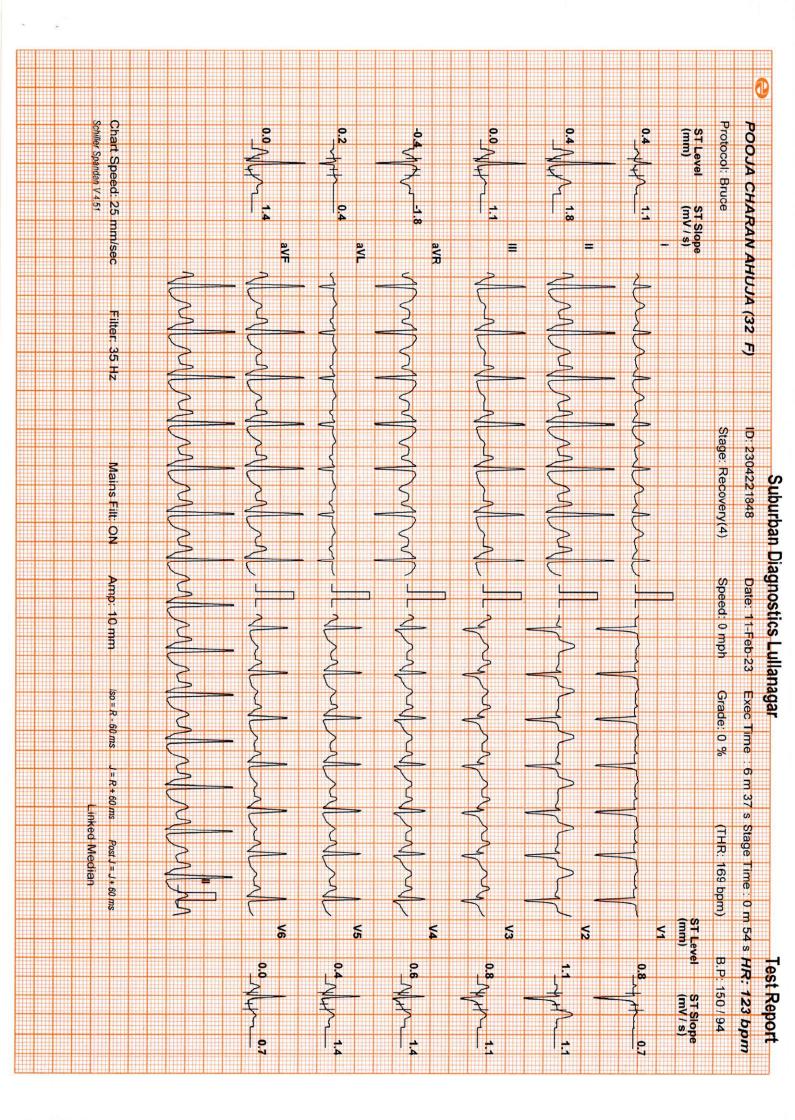


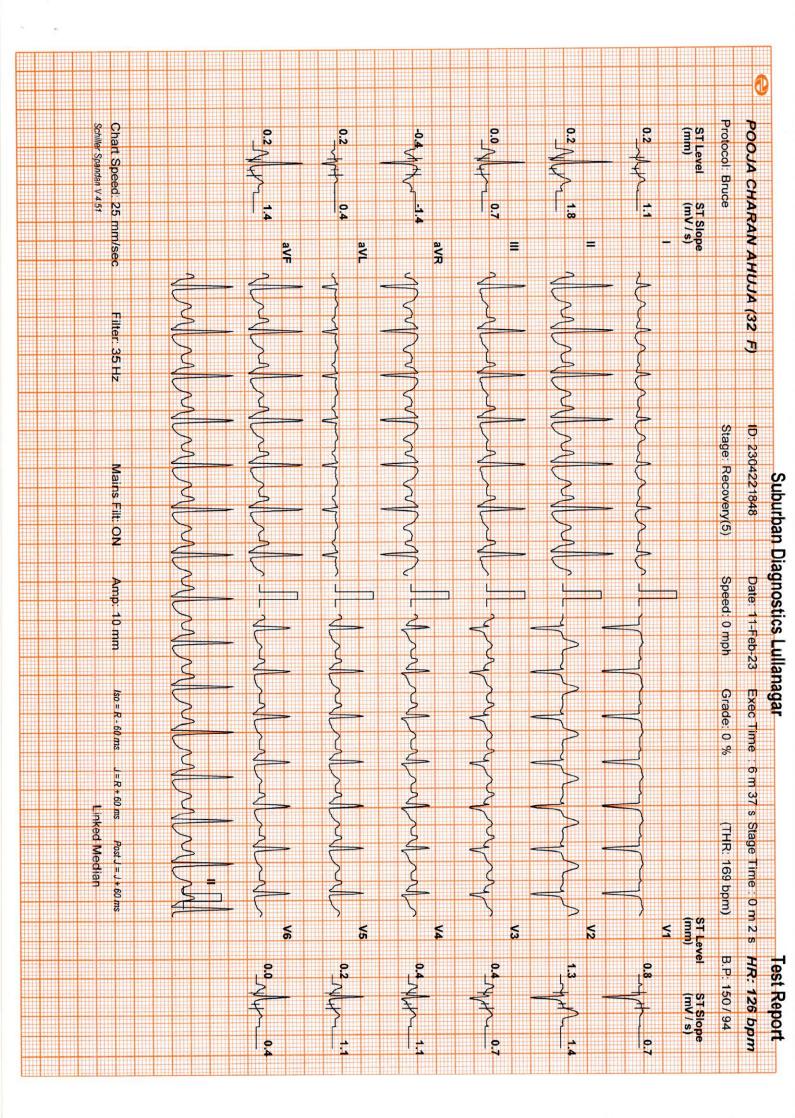














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CID#

2304221848

Name

: MRS.POOJA CHARAN AHUJA

Age / Gender : 32 Years/Female

Consulting Dr. :

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

Collected

: 11-Feb-2023 / 08:44

Reported

: 11-Feb-2023 / 16:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):164

Temp (0c): Afebrile

Blood Pressure (mm/hg):130/80

Pulse: 66/min

Weight (kg):63

Skin: Normal

Nails: Healthy

Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: Normal

ଧା System: Soft non tender No Organomegaly

Thyroid/ Endocrine disorders :

CNS: Normal

2)

4)

8)

CHIEF COMPLAINTS:

Hypertension: 1)

IHD:

Arrhythmia: 3)

Tuberculosis: 5)

Diabetes Mellitus :

Asthama: 6)

Pulmonary Disease: 7)

Nervous disorders: 9)

GI system: 10)

No



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: 11-Feb-2023 / 16:19 Reported

Genital urinary disorder : 11)

No

No

Rheumatic joint diseases or symptoms: 12)

No

Blood disease or disorder : 13)

No

Cancer/lump growth/cyst: 14)

No

Congenital disease : 15)

No

Surgeries: 16)

PERSONAL HISTORY:

Alcohol 1)

No

2)

Smoking

No

3)

Diet

Veg

4)

Medication

No

*** End Of Report ***

Hr: 10,2 Wes: 26 5007 0 43.6 SOVT: 60.4

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

00 HL electrophoresis
pot to primary physician



: 2304221848

Name

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Consulting Dr.

Hypochromia Microcytosis

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

Authenticity Check

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

ALKIO	C/A/W 1122		
PARAMETER	CBC (Complete Blood RESULTS	d Count), Blood BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS Haemoglobin RBC PCV MCV MCH MCHC	10.9 6.45 36.0 56 16.9 30.3 21.8	12.0-15.0 g/dL 3.8-4.8 mil/cmm 36-46 % 80-100 fl 27-32 pg 31.5-34.5 g/dL 11.6-14.0 %	Spectrophotometric Elect. Impedance Calculated Calculated Calculated Calculated Calculated
WBC PARAMETERS	7000	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	31.6 2212.0	20-40 % 1000-3000 /cmm	Calculated
Absolute Lymphocytes Monocytes	6.8 476.0	2-10 % 200-1000 /cmm	Calculated
Absolute Monocytes Neutrophils	60.5 4235.0	40-80 % 2000-7000 /cmm	Calculated
Absolute Neutrophils Eosinophils	1.1	1-6 % 20-500 /cmm	Calculated
Absolute Eosinophils Basophils Absolute Basophils	0.0 0.0	0.1-2 % 20-100 /cmm	Calculated
Immature Leukocytes			
WBC Differential Count by Absor	bance & Impedance method/Mic	roscopy.	
PLATELET PARAMETERS		150000-400000 /cmm	Elect. Impedance

PLATELET PARAMETERS Platelet Count MPV PDW	289000 9.7	150000-400000 /cmm 6-11 fl 11-18 %	Elect. Impedance Calculated Calculated
RBC MORPHOLOGY			



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: 11-Feb-2023 / 08:50

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Macrocytosis

Anisocytosis

Poikilocytosis

Mild

Polychromasia

Mild

Target Cells

Basophilic Stippling

Normoblasts

Others

Elliptocytes-occasional

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

ADV : Iron studies & Sr. Ferritin level & Hb electrophoresis

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-20 mm at 1 hr.

Sedimentation

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







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Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist



: 2304221848

Name

: MRS.POOJA CHARAN AHUJA

Age / Gender

: 32 Years / Female

Consulting Dr.

: -

: Lulla Nagar, Pune (Main Centre)

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Reg. Lo			Reports -			
	AERFOC	AMI HEALTHCARE	BELOW 40 MALE/FEMALE BIOLOGICAL REF RANGE	METHOD		
	PARAMETER	RESULTS	Non-Diabetic: < 100 mg/dl	Hexokinase		
	GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.3	Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl			
	GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
	λ	0.41	0.1-1.2 mg/dl	Colorimetric		
	BILIRUBIN (TOTAL), Serum		0-0.3 mg/dl	Diazo		
	BILIRUBIN (DIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated		
BILIRUE	BILIRUBIN (INDIRECT), Serum	0.26	The state of the s	D't		
	TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret		
		4.4	3.5-5.2 g/dL	BCG		
	ALBUMIN, Serum	3.2	2.3-3.5 g/dL	Calculated		
	GLOBULIN, Serum	1.4	1 - 2	Calculated		
	A/G RATIO, Serum	1.4				
	SGOT (AST), Serum	43.6	5-32 U/L	NADH (w/o P-5-P)		
	SGPT (ALT), Serum	60.4	5-33 U/L	NADH (w/o P-5-P)		
	GAMMA GT, Serum	9.7	3-40 U/L	Enzymatic		
	ALKALINE PHOSPHATASE, Serum	72.2	35-105 U/L	Colorimetric		
		22.3	12.8-42.8 mg/dl	Kinetic		
	BLOOD LIREA. Serum	11.4 5.3	0-20 mg/ ut	Calculated		
	BUN, Serum	J.J		Enzymatic		
	CREATININE, Serum	0.56	0.51-0.95 mg/dl	LIIZYIIIACIC		



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: 11-Feb-2023 / 11:38 Collected

:11-Feb-2023 / 13:41 Reported

eGFR, Serum

133

>60 ml/min/1.73sqm

Calculated by MDRD equation (Modification of Diet in Renal

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Disease)

URIC ACID, Serum

3.9

2.4-5.7 mg/dl

Enzymatic

Urine Sugar (PP)

Absent

Absent Absent

Urine Ketones (PP)

Absent

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







Trobaile PA Dr.SHAMLA KULKARNI M.D.(PATH) **Pathologist**

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Reported

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

RESULTS PARAMETER

BIOLOGICAL REF RANGE

METHOD

E

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.2

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

102.5

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%.

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it. Clinical Significance:
 - 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.

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Test Interpretation: 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.

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







The bile PA Dr.SHAMLA KULKARNI M.D.(PATH) Pathologist

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Consulting Dr.

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: Lulla Nagar, Pune (Main Centre)

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Collected Reported

Absent

: 11-Feb-2023 / 08:50 :11-Feb-2023 / 12:33 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION Colour Form and Consistency Mucus Blood CHEMICAL EXAMINATION Reaction (pH) Occult Blood	Brown Semi Solid Trace Absent Acidic (6.5) Absent	Brown Semi Solid Absent Absent
MICROSCOPIC EXAMINATION Protozoa Flagellates Ciliates	l Absent Absent Absent	Absent Absent

Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Flakes + Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Occasional WBC/hpf Absent Absent Yeast Cells Present ++ **Undigested Particles**

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

No ova detected







- granmet 2 Dr.SHAMLA

KULKARNI MD (PATH) Consultant Pathologist

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Collected Reported

:11-Feb-2023 / 08:50 :11-Feb-2023 / 16:02

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

	URINE EXAMINATION	JN KEFOKT	METHOD
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION Color Reaction (pH) Specific Gravity Transparency Volume (ml)	Yellow Neutral (7.0) 1.015 Clear 30	Pale Yellow 4.5 - 8.0 1.001-1.030 Clear	Chemical Indicator Chemical Indicator
CHEMICAL EXAMINATION Proteins Glucose Ketones Blood Bilirubin Urobilinogen Nitrite	Absent Absent Absent Absent Absent Absent Absent Absent	Absent Absent Absent Absent Absent Normal Absent	pH Indicator GOD-POD Legals Test Peroxidase Diazonium Salt Diazonium Salt Griess Test
MICROSCOPIC EXAMINATION Leukocytes(Pus cells)/hpf Red Blood Cells / hpf	1-2 Absent	0-5/hpf 0-2/hpf	
Epithelial Cells / hpf Casts Crystals Amorphous debris Bacteria / hpf	0-1 Absent Absent Absent 2-3 Les of Chemical analytes correspond	Absent Absent Absent Less than 20/hpf ing to the grading given in the report a	are as follows:

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







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



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:11-Feb-2023 / 08:50 :11-Feb-2023 / 14:01

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

<u>PARAMETER</u>

RESULTS

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

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

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







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Dr.SHAMLA KULKARNI MD (PATH) Consultant Pathologist

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Authenticity Check

Use a QR Code Scanner Application To Scan the Code

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

		LIPID PROF	TILL DEE DANGE	METHOD
PARAMETER	RESULTS		BIOLOGICAL REF RANGE	
CHOLESTEROL, Serum	145.5		Desirable: <200 mg/dl Borderline High: 200-239mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.2		High: >/=240 mg/dl Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.3		Very high:>/=500 mg/dl Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.2		Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	
LDL CHOLESTEROL, Serum	90.0		Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl	Calculated
VLDL CHOLESTEROL, Serum CHOL / HDL CHOL RATIO,	16.2 3.7		Very High: >/= 190 mg/dl < /= 30 mg/dl 0-4.5 Ratio	Calculated Calculated
Serum LDL CHOL / HDL CHOL RATIO,	2.3		0-3.5 Ratio	Calculated
Serum			C	

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







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Reported

: 11-Feb-2023 / 08:50 :11-Feb-2023 / 14:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

R

E

Т

Free T3, Serum

5.2

2.6-5.7 pmol/L

CMIA

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

Free T4, Serum

13.4

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

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

sensitiveTSH, Serum

1.64

0.35-4.94 microIU/ml

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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:11-Feb-2023 / 08:50

Collected :11-Feb-2023 / 14:15 Reported

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns,

	a and surgery	FT3/T3	Interpretation Recovery phase of non-
SH	FT4 / T4	F13/13	the sear compliance with thyroxine, drugs like amiodarone, Recovery phase of the
High	Normal		Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance. Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine hypothyroidism, Autoimmune thyroidid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post triyroidectority, ratio hypothyroidism. Autoimmune thyroiditis, post radio iodine Rx, post triyroidectority, ratio hypothyroidism. Autoimmune thyroidism, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism. Autoimmune thyroidism, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High		kinase inhibitors & amiodarone, amyloid deposits in thyroid, triyroid tumers a cess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, and toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, Programme Graves disease, and toxic multinodular goiter,
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugo interest Hyperthyroidism.
Low	Low	Low	illness. Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti
High	High	High	Interfering anti TPO antibodies, Drug interference. Affiliation of the pileptics. Europa rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm.

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

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours Limitations:

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.

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







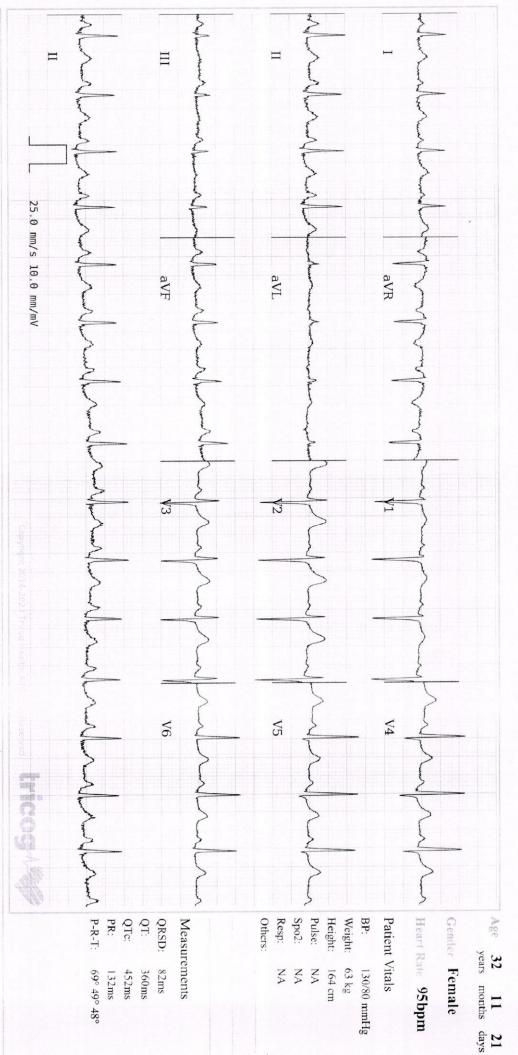
moderietal Dr.SHAMLA KULKARNI M.D.(PATH) **Pathologist**

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

SUBURBAN DI A G N O S T I CS

Patient Name: POOJA CHARAN AHUJA Patient ID: 2304221848

Date and Time: 11th Feb 23 9:11 AM



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



REPORTED BY

Dr.Milind Shinde MBBS, DNB Medicine 2011/05/1544

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symp physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



: 2304221848

Name

: Mrs POOJA CHARAN AHUJA

Age / Sex

: 32 Years/Female

Ref. Dr

Reg. Location

: Lulla Nagar, Pune Main Centre

Reg. Date

: 11-Feb-2023

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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.

to notrupo Dr. ANUPRIYA BATRA M.B.B.S. M.D.(Radio Diagnosis)

Reg. No. 2021/12/8725

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R

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CID

: 2304221848

Name

: Mrs POOJA CHARAN AHUJA

Age / Sex

: 32 Years/Female

Ref. Dr

Reg. Location

: Lulla Nagar, Pune Main Centre

Reg. Date

: 11-Feb-2023

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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 abnormalit	y is detected. End of Report
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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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