

Suburban Diagnostics Lullanagar

Patient Details

Name: RAJANI LONKAR ID: 2308912356

Age: 33 y

Sex: F

Clinical History: NIL

Date: 30-Mar-23

Time: 10:22:59 AM

Height: 143 cms.

Weight: 52 Kg.

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

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

Total Exec. Time: 6 m 17 s

Max. HR: 169 (90% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 136 / 88 mmHg

Max. BP x HR: 22984 mmHg/min

Min. BP x HR: 5320 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 : 18	1.0	0	0	76	110 / 70	-0.42 aVR	1.42 V2
Standing	0 : 4	1.0	0	0	76	110 / 70	-0.21 III	1.42 V2
Hyperventilation	0 : 7	1.0	0	0	81	110 / 70	-0.64 V6	1.42 V2
1	3 : 0	4.6	1.7	10	148	118 / 74	-2.76 II	4.25 V2
2	3 : 0	7.0	2.5	12	166	130 / 84	-5.31 III	5.66 V2
Peak Ex	0 : 17	10.2	3.4	14	169	136 / 88	-4.46 III	5.31 V2
Recovery(1)	1 : 0	1.8	1	0	130	136 / 88	-5.31 III	5.31 V2
Recovery(2)	1 : 0	1.0	0	0	113	136 / 88	-2.12 III	5.66 V2
Recovery(3)	1 : 0	1.0	0	0	103	136 / 88	-2.12 III	2.83 V2
Recovery(4)	1 : 0	1.0	0	0	101	136 / 88	-1.91 II	-1.42 III
Recovery(5)	0 : 4	1.0	0	0	102	136 / 88	-1.70 II	-1.06 III

Interpretation

The patient exercised according to the Bruce protocol for 6 m 17 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 76 bpm, rose to a max. heart rate of 169 (90% of Pr MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 136 / 88 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnoea

Horizontal ST depression noted in stage I in Inferior & Lateral Leads in Various Stages with ST Flattening in recovery.

Stress Test is **BORDERLINE POSITIVE** for Inducible Myocardial Ischemia .

Needs Further Evaluation.

Vit B12, Homocystine.


Disclaimer :

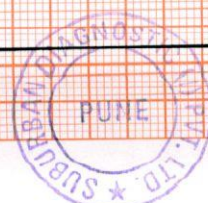
Negative Stress Test does not rule out Coronary Artery Diseases.

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

Probability of False Positive Test Result High in Females.

Hence clinical correlation is mandatory.


DR. MILIND SHINDE
 MBBS, DND Medicine
 Reg. No. 2011/06/1544





RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s HR: 76 bpm

Suburban Diagnostics Lullanagar

Test Report

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)

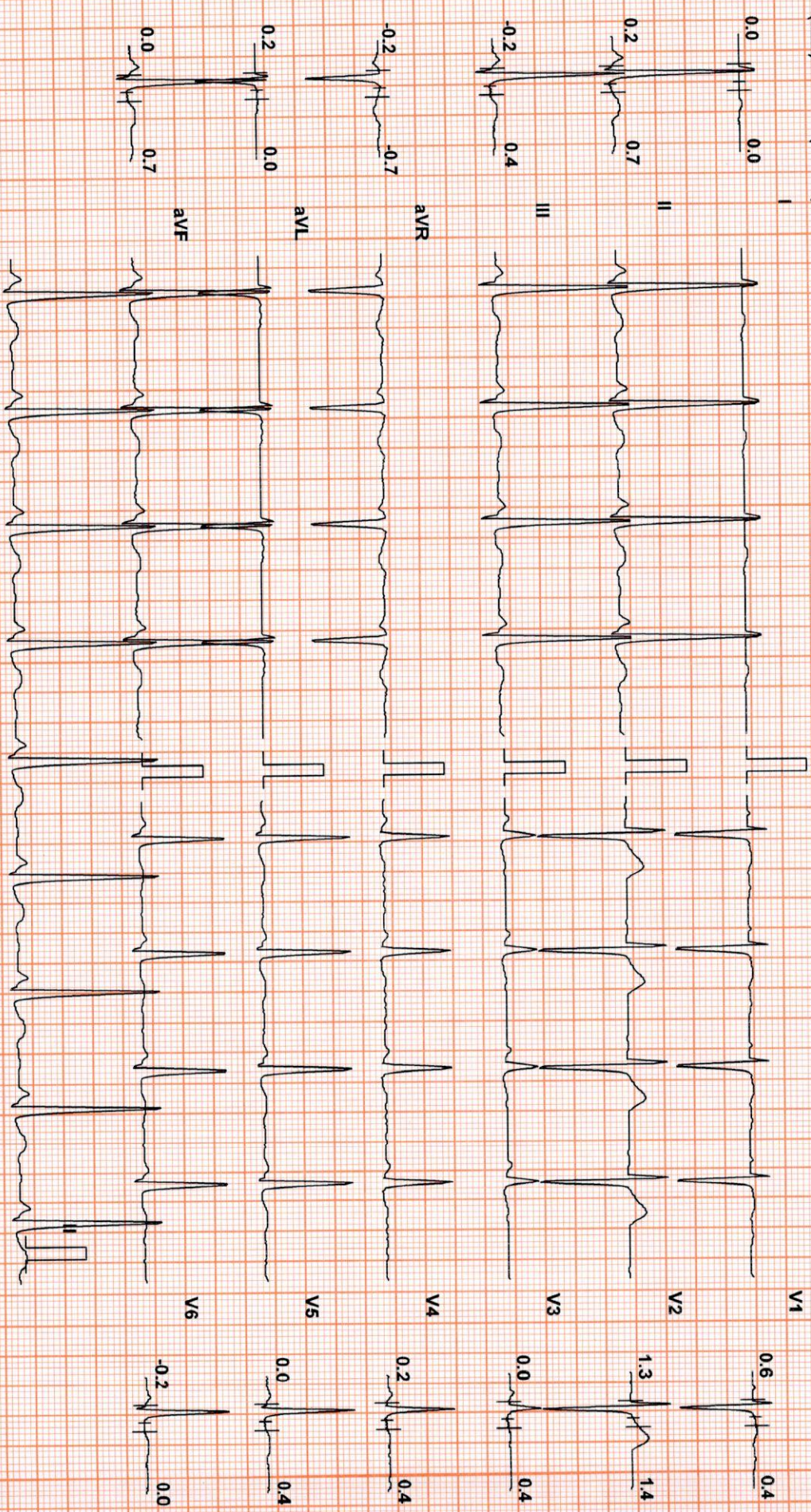


Chart Speed: 25 mm/sec
Schiller Spandan V 4 51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 16 s HR: 76 bpm

Suburban Diagnostics Lullanagar

Test Report

Stage: Standing

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)

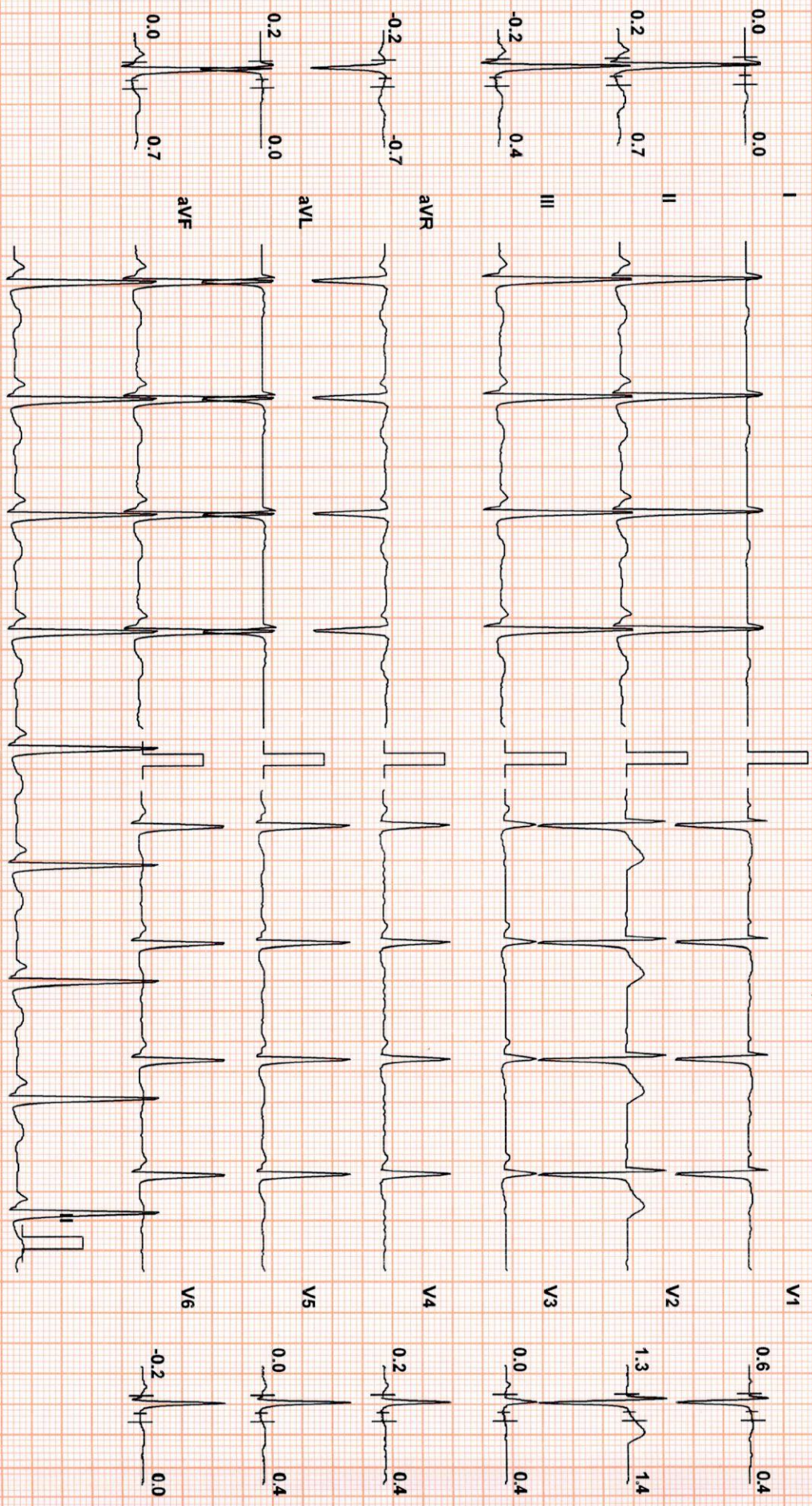


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = I + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 81 bpm

Suburban Diagnostics Lullanagar

Test Report

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)

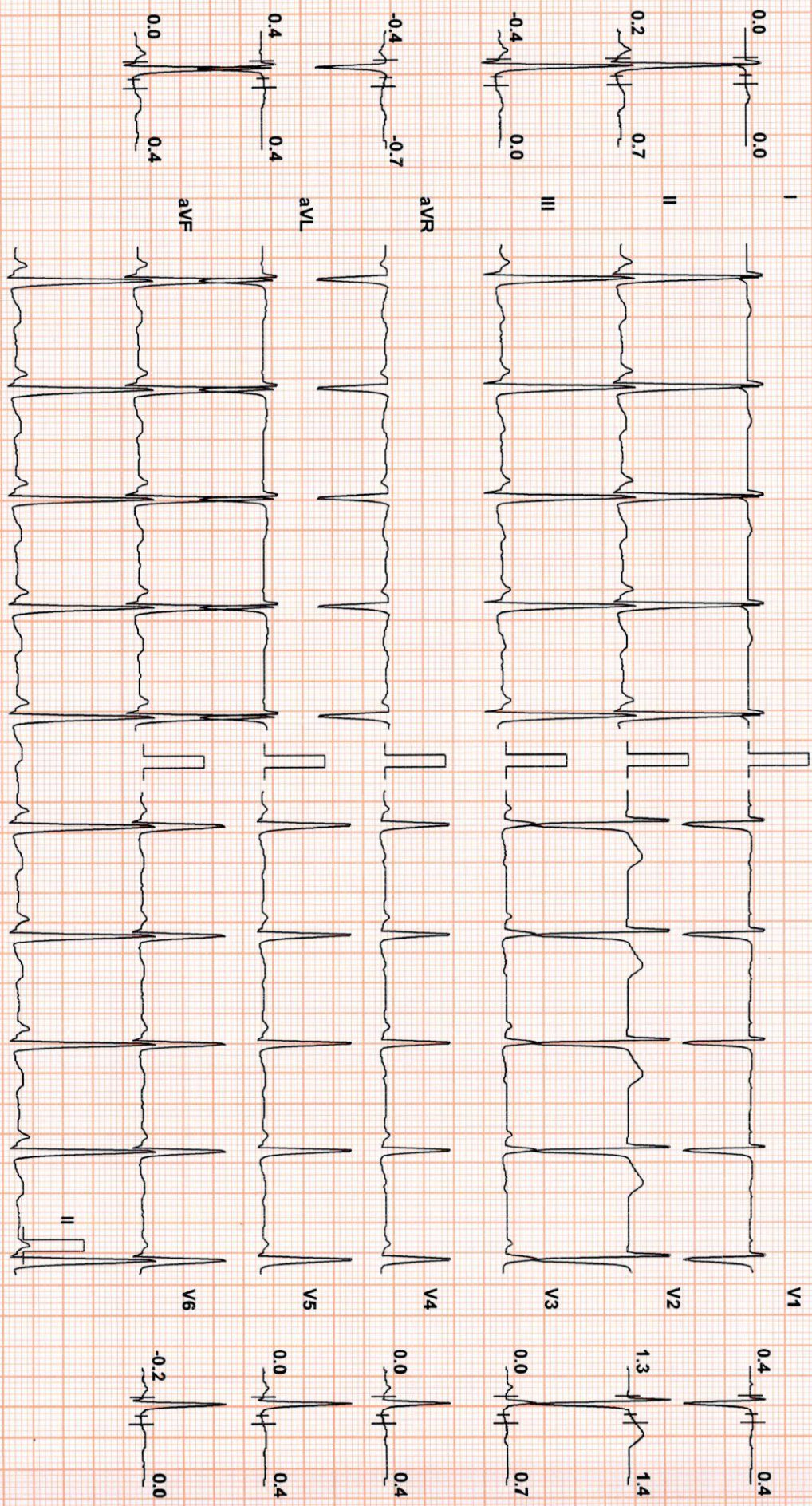


Chart Speed: 25 mm/sec
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

ID: 2308912356

Date: 30-Mar-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 148 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 168 bpm)

B.P: 118 / 74

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

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

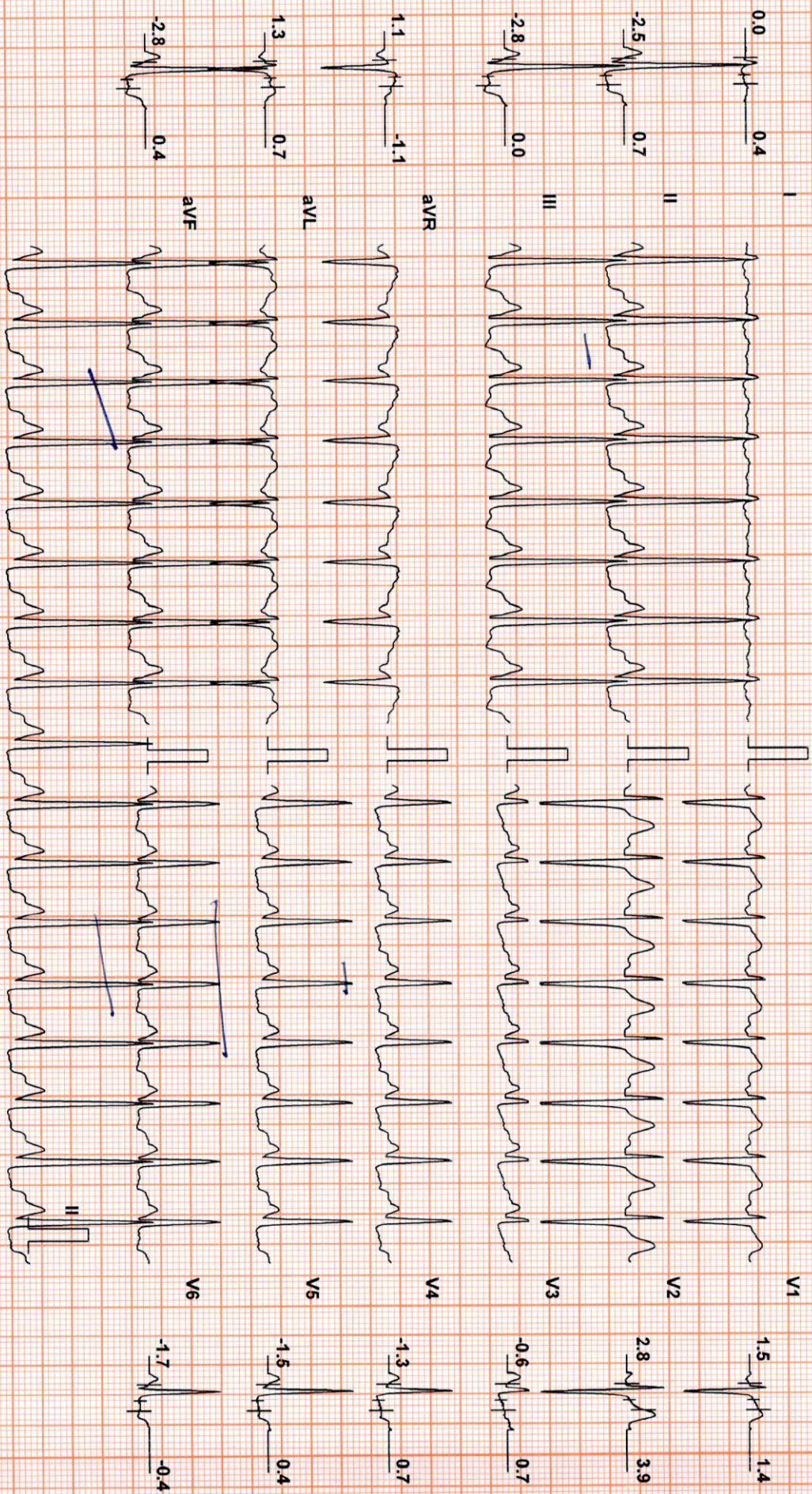


Chart Speed: 25 mm/sec
Schiller Spandax V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356
Stage: 2

Date: 30-Mar-23
Speed: 2.5 mph

Exec Time : 5 m 54 s
Grade: 12 %
(THR: 168 bpm)

HR: 167 bpm
B.P: 130 / 84

Suburban Diagnostics Lullanagar

Test Report

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

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

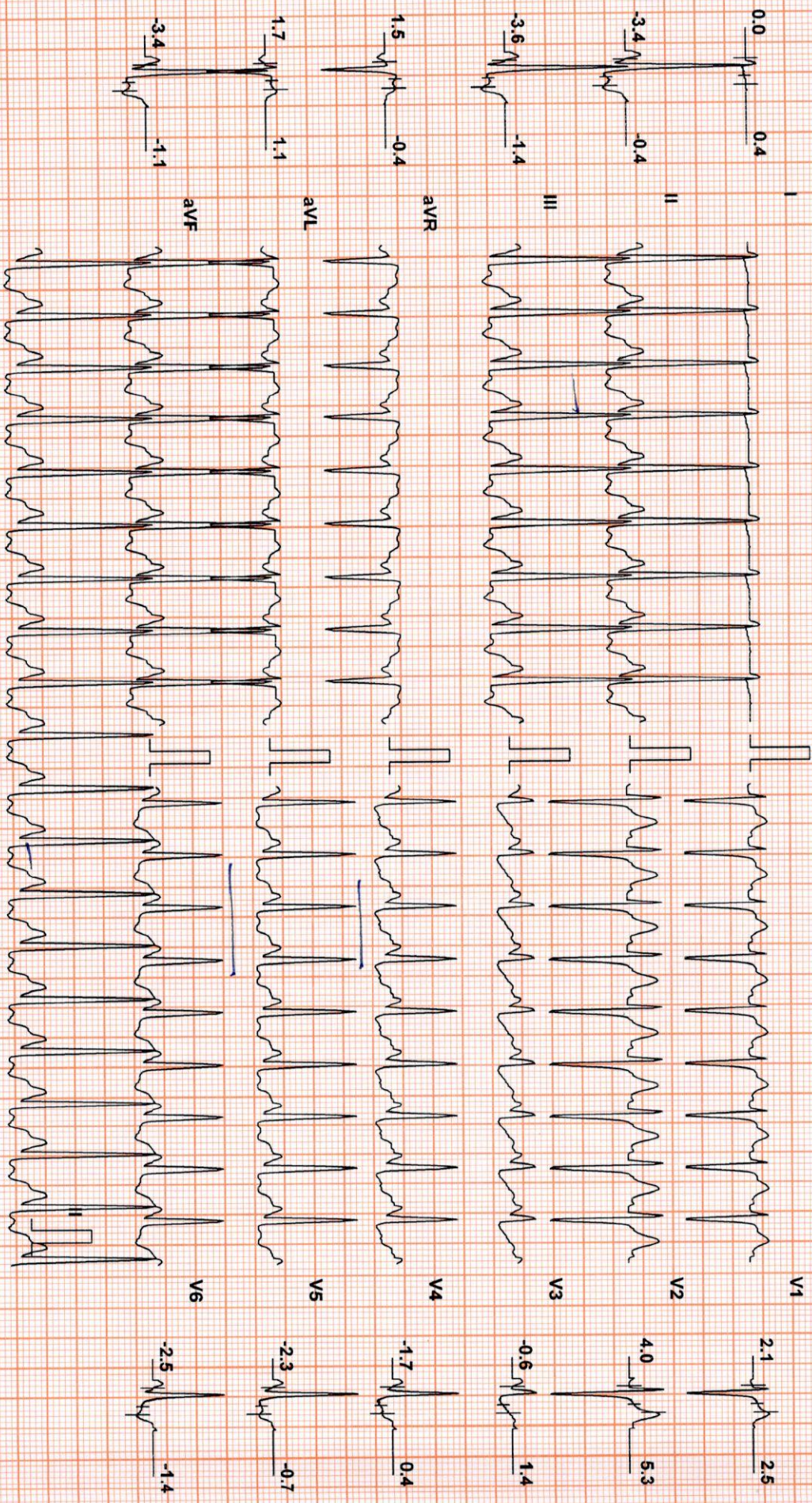


Chart Speed: 25 mm/sec
Schiller-Standard V 4 51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Is0 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time: 6 m 11 s

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

HR: 167 bpm

Suburban Diagnostics Lullanagar

Test Report

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

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

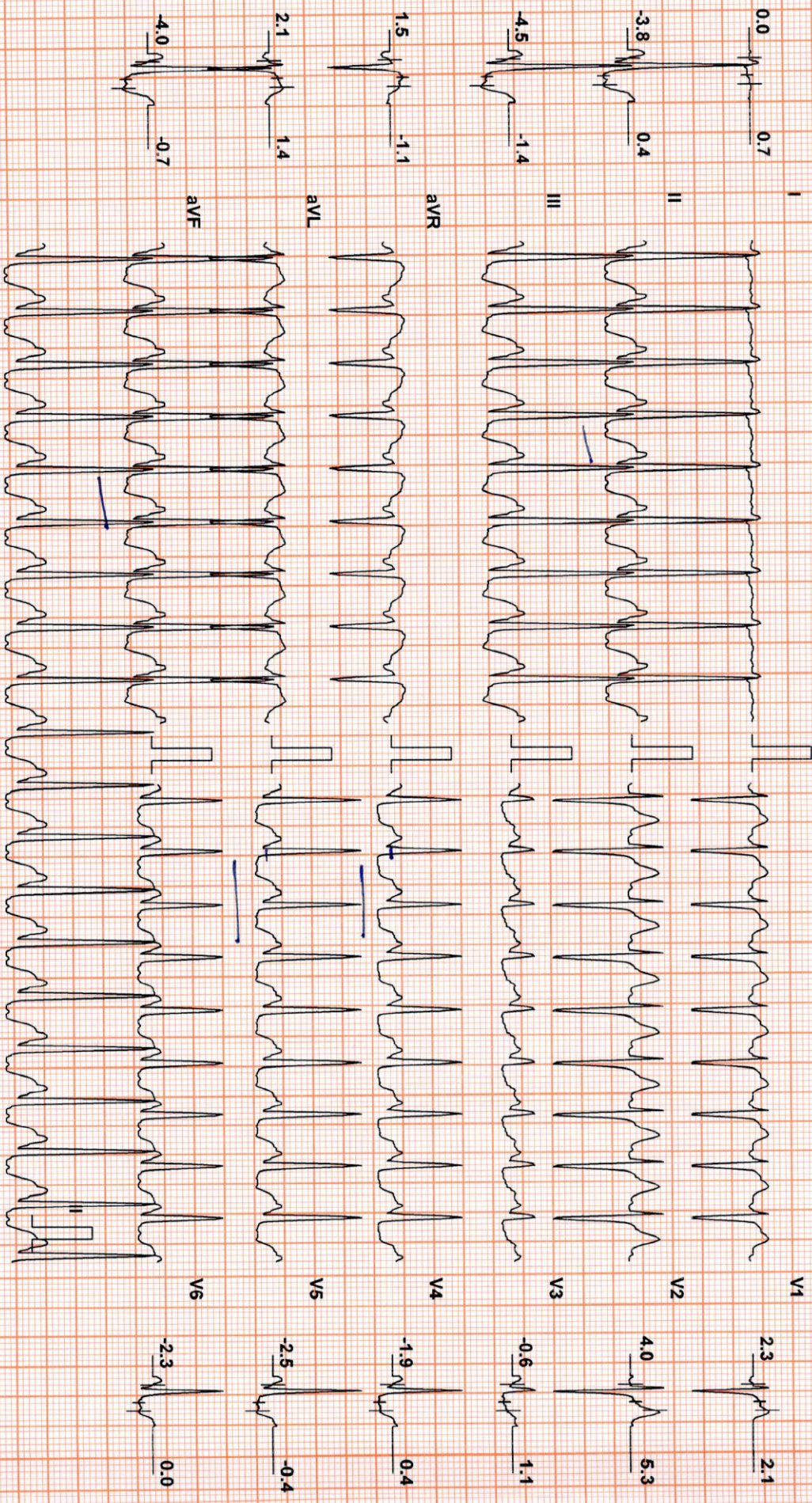


Chart Speed: 25 mm/sec
Schiller Spandax V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 6 m 17 s Stage Time : 0 m 54 s **HR: 138 bpm**

Suburban Diagnostics Lullanagar

Test Report

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 168 bpm)

B.P.: 136 / 88

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

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

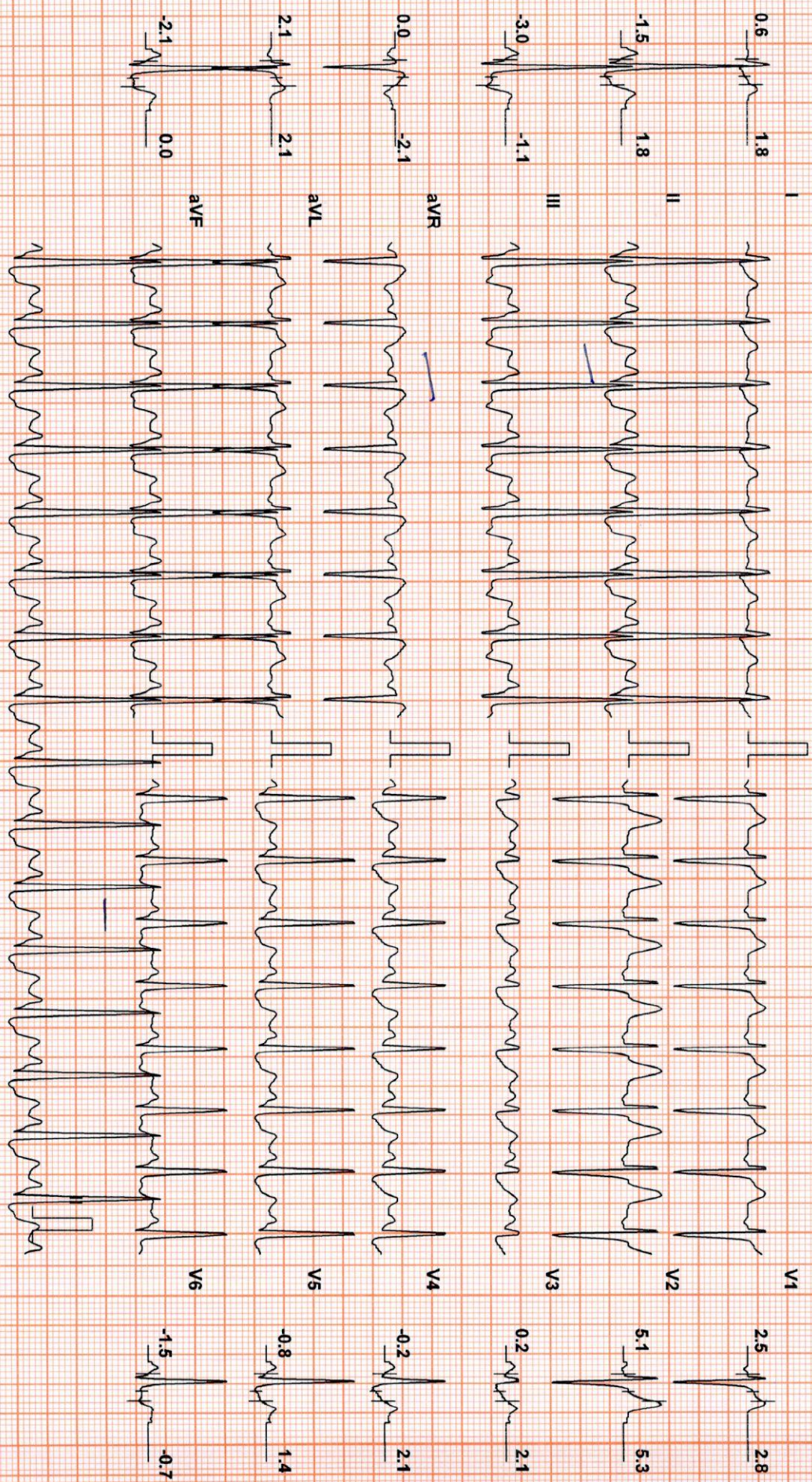


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

ID: 2308912356

Date: 30-Mar-23

Exec Time : 6 m 17 s

Stage Time : 0 m 54 s

HR: 113 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 136 / 88

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

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

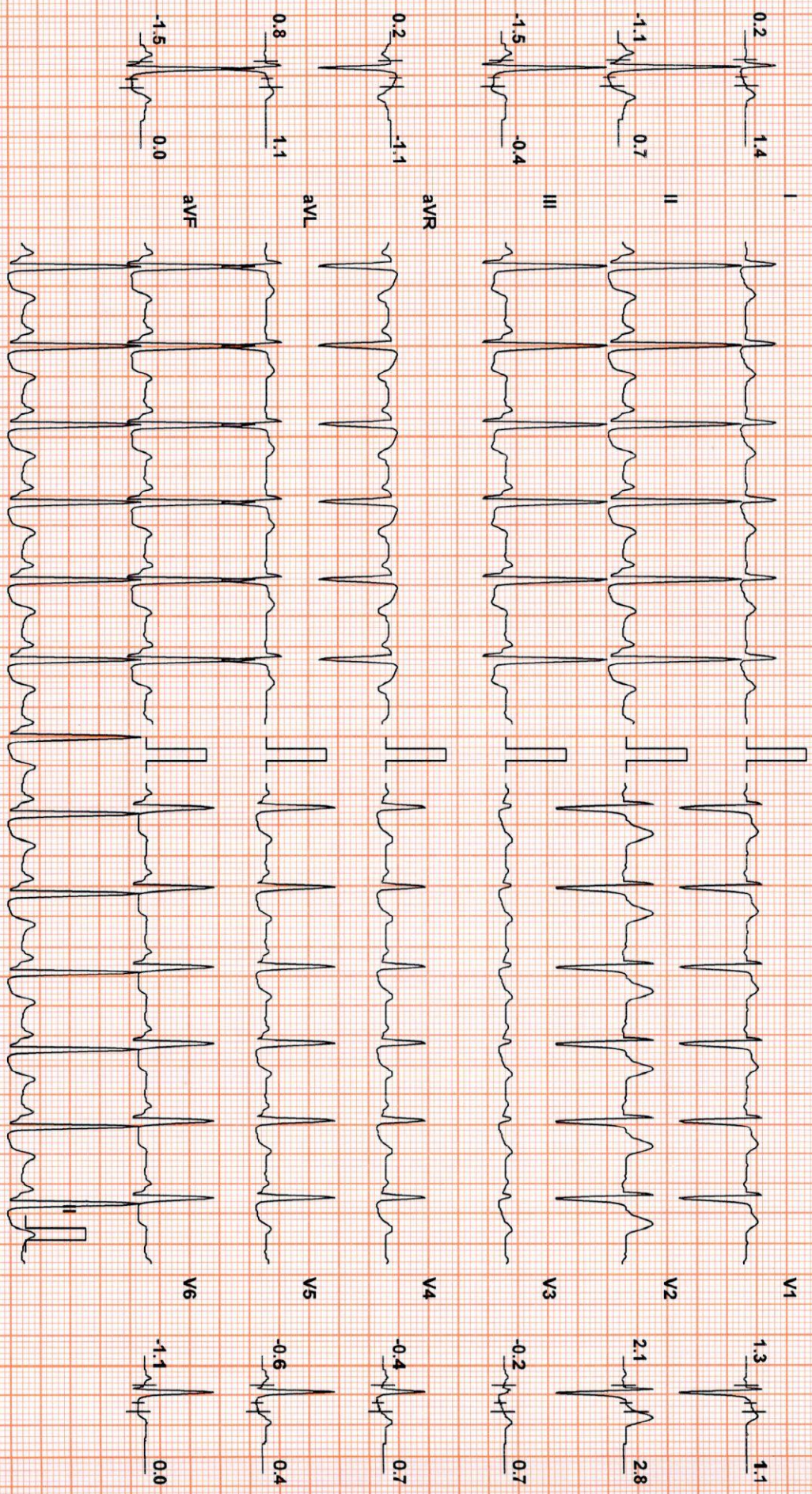


Chart Speed: 25 mm/sec
Schlitz Spandern V 4 51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 6 m 17 s Stage Time : 0 m 54 s HR: 103 bpm

(THR: 168 bpm) B.P.: 136 / 88

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

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

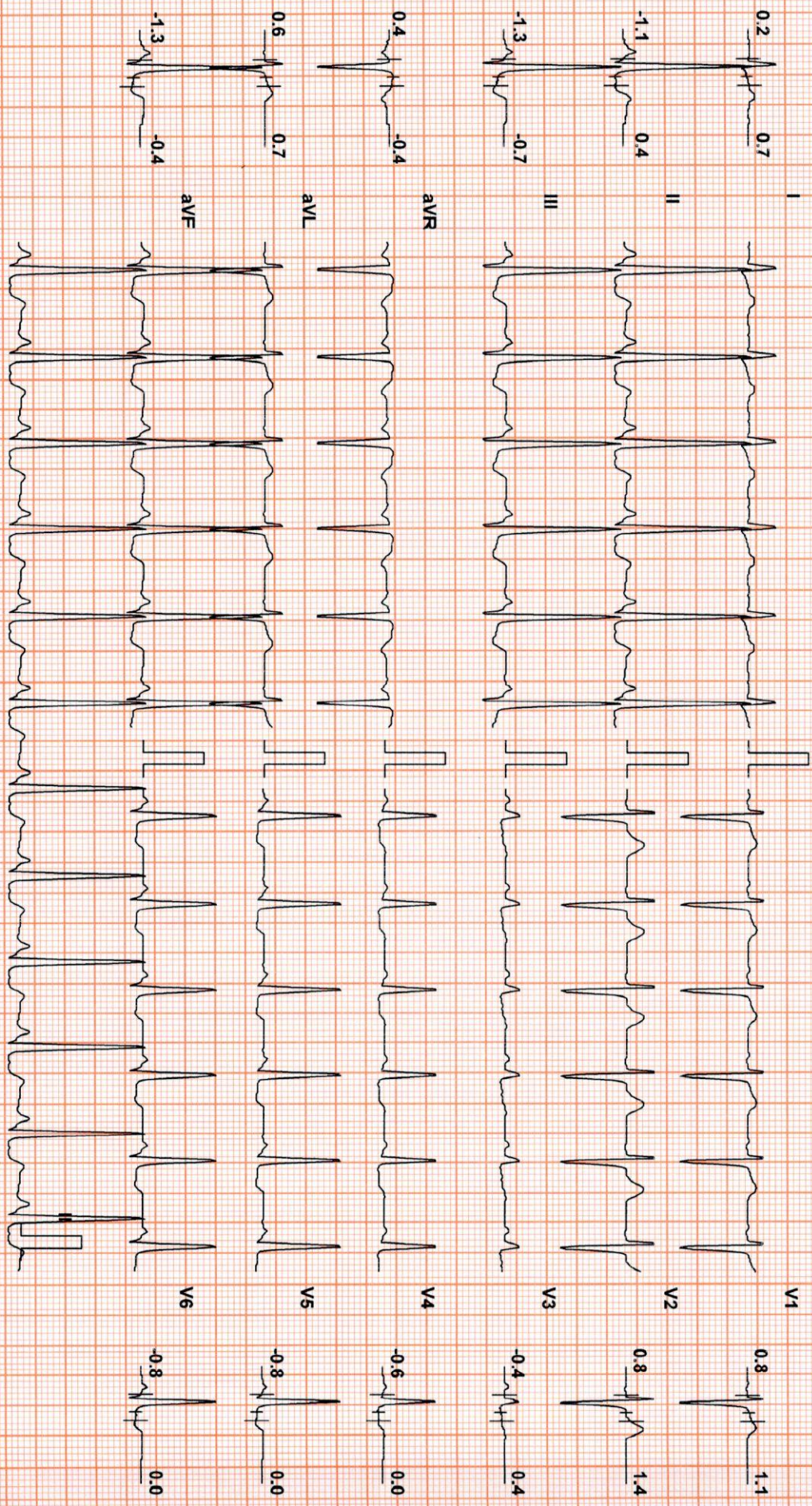


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAJANI LONKAR (33 F)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 6 m 17 s

Stage Time : 0 m 54 s

HR: 100 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 136 / 88

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

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

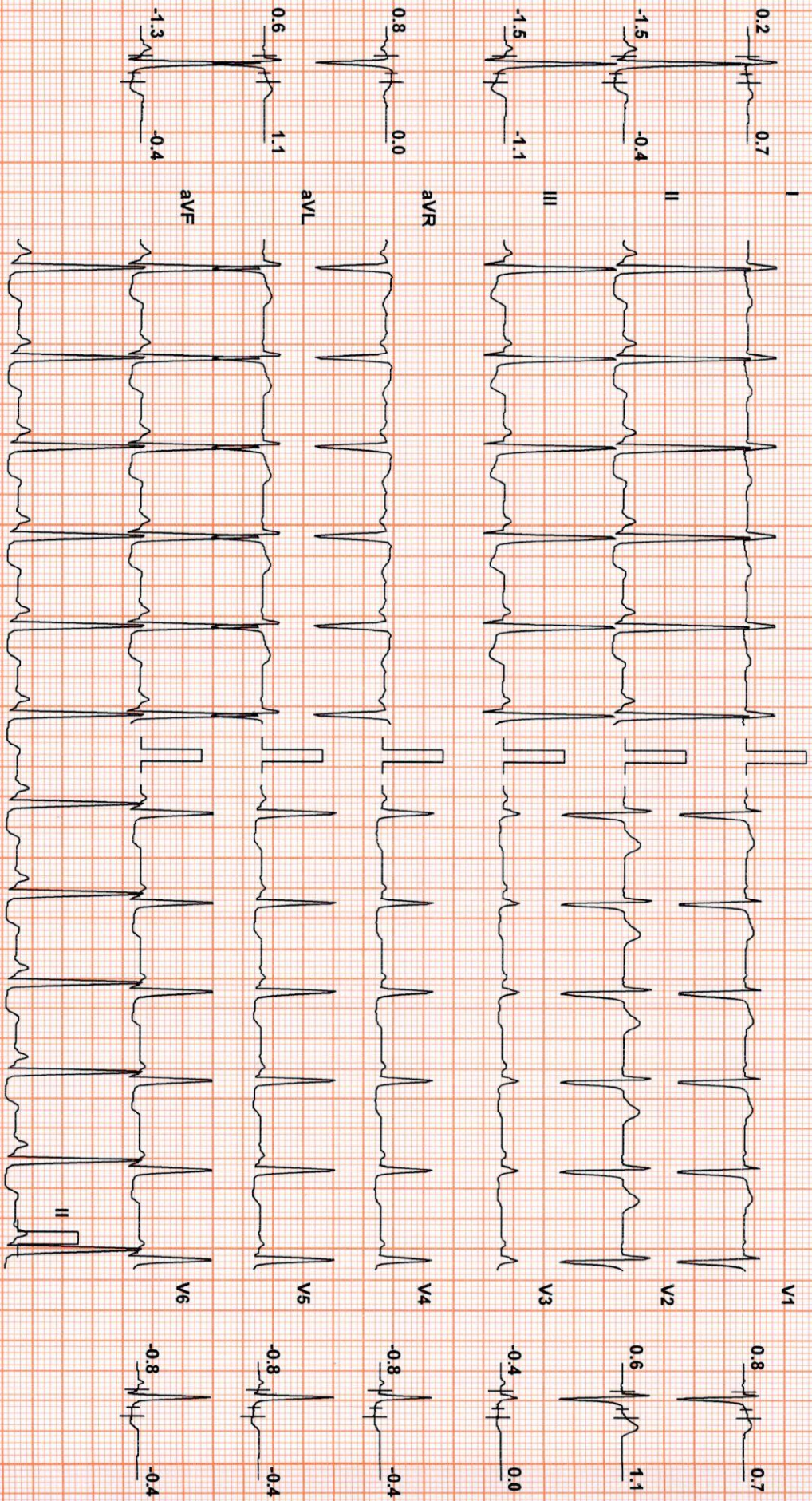


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.51

Linked Median



RAJANI LONKAR (33 F)

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

ID: 2308912356

Date: 30-Mar-23

Exec Time : 6 m 17 s

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 58 s **HR: 100 bpm**

(THR: 168 bpm)

B.P: 136 / 88

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

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

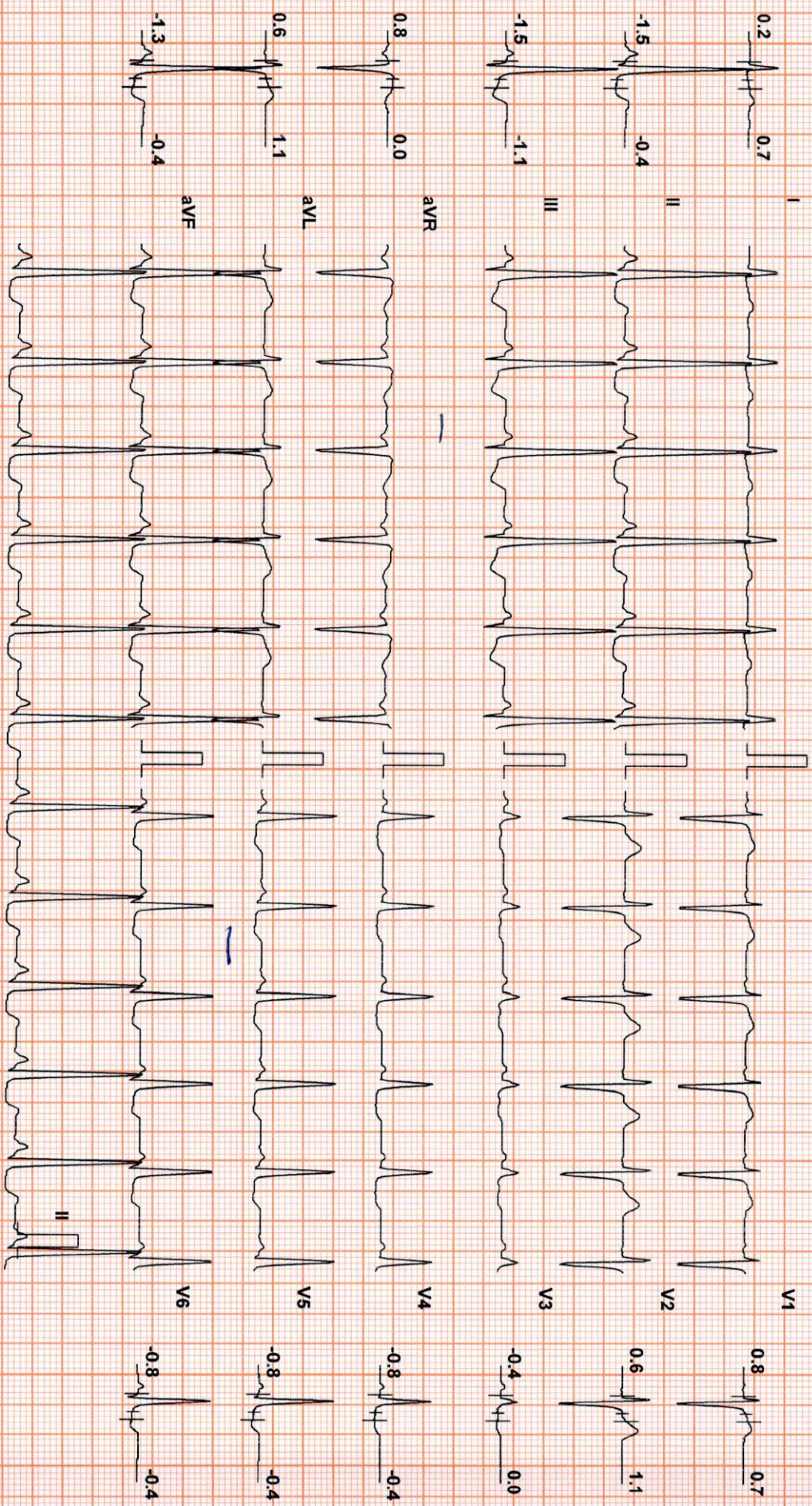


Chart Speed: 25 mm/sec
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

CID# : 2308912356

Name : MRS.RAJANI LONKAR

Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 30-Mar-2023 / 07:55

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

Reported : 30-Mar-2023 / 10:33

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):143

Weight (kg):52

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg):110/70

Nails: Healthy

Pulse:68/min

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

CHIEF COMPLAINTS:

- | | |
|-----------------------------------|----|
| 1) Hypertension: | No |
| 2) IHD: | No |
| 3) Arrhythmia: | No |
| 4) Diabetes Mellitus : | No |
| 5) Tuberculosis : | No |
| 6) Asthama: | No |
| 7) Pulmonary Disease : | No |
| 8) Thyroid/ Endocrine disorders : | No |
| 9) Nervous disorders : | No |
| 10) GI system : | No |

CID# : 2308912356

Name : MRS. RAJANI LONKAR

Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 30-Mar-2023 / 07:55

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

Reported : 30-Mar-2023 / 10:33

- | | |
|--|-------------------|
| 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 : | C-Section in 2019 |

PERSONAL HISTORY:

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

*** End Of Report ***

Step test Borderline
positive
Need further
evaluation
B₁₂
Homocysteine



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



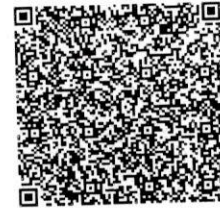
CID : 2308912356
Name : MRS.RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 12:26

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.57	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.8	36-46 %	Calculated
MCV	80	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	16.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5400	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	1787.4	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	421.2	200-1000 /cmm	Calculated
Neutrophils	57.5	40-80 %	
Absolute Neutrophils	3105.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	81.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	5.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	271000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	16.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2308912356
Name : MRS. RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 12:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	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	16.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	69.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	10.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic



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Collected : 30-Mar-2023 / 10:36
Reported : 30-Mar-2023 / 13:44

eGFR, Serum	130	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet in Renal Disease)
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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	4.9	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. Chandrakant Pawar

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



CID : 2308912356
Name : MRS. RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 12:40

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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 ***



Signature

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



CID : 2308912356
Name : MRS. RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 13:27

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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
*** End Of Report ***



Signature

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



CID : 2308912356
Name : MRS.RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 13:27

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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 ***



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



CID : 2308912356
Name : MRS. RAJANI LONKAR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 12:32

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

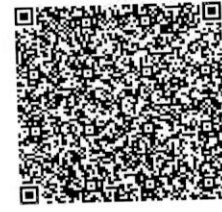
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	127.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	64.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	80.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	68	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	13	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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



Dr. Chandrakant Pawar

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



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Collected : 30-Mar-2023 / 08:00
Reported : 30-Mar-2023 / 13:20

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	4.9	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	2.5	0.35-4.94 microu/ml Pregnant Women (microu/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 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 & 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, 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)

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

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

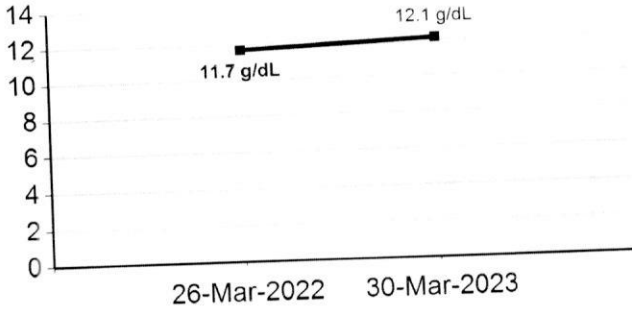




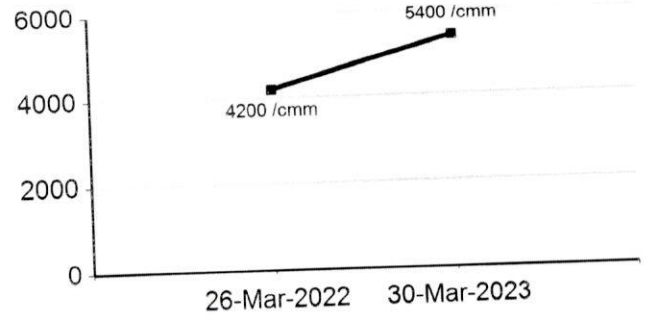
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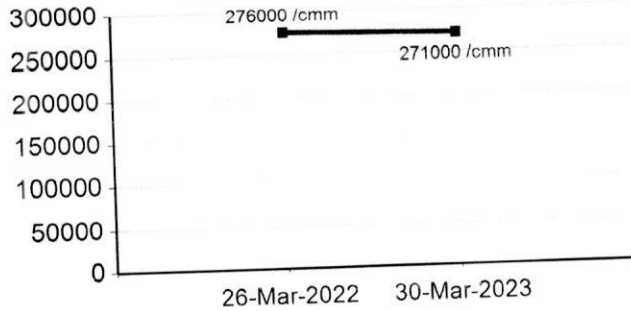
Haemoglobin



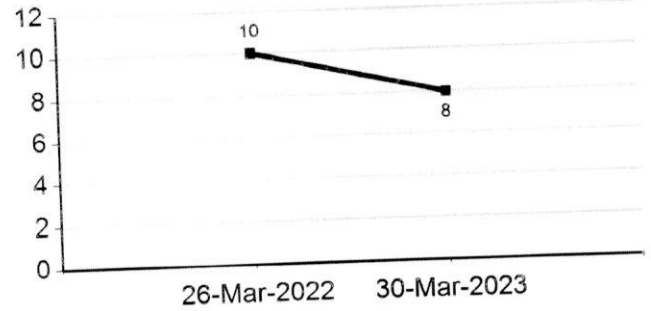
WBC Total Count



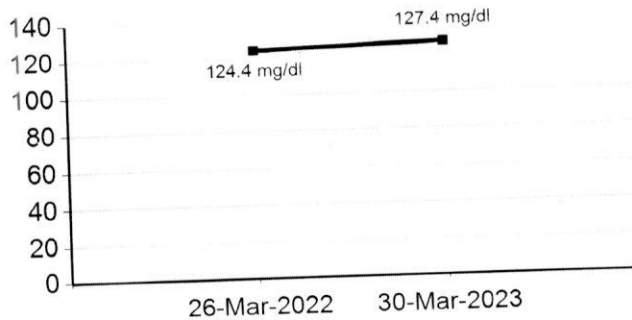
Platelet Count



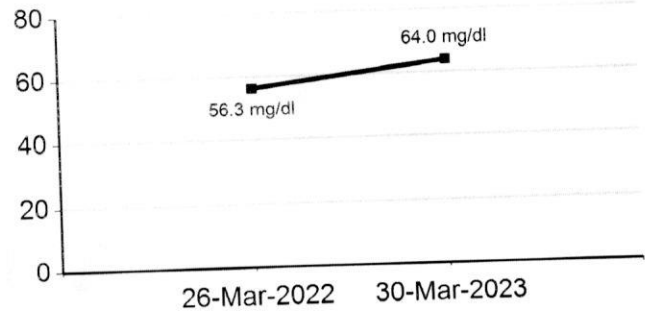
ESR

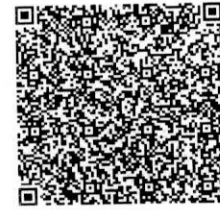


CHOLESTEROL



TRIGLYCERIDES

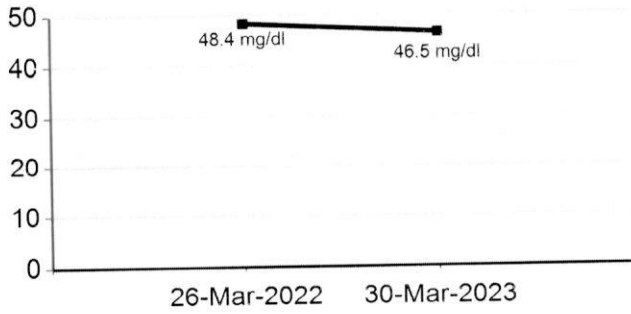




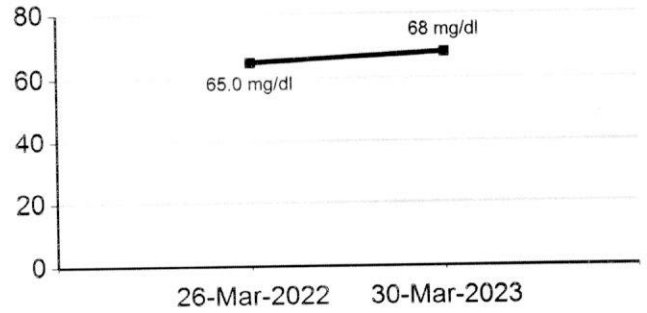
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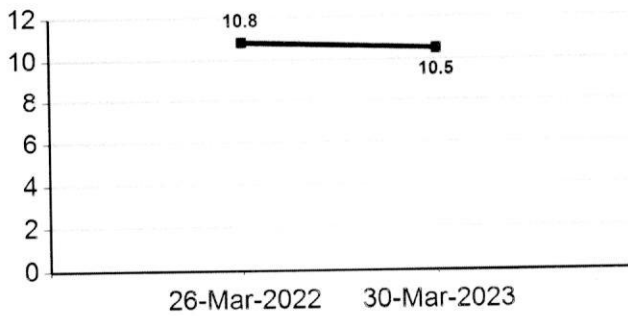
HDL CHOLESTEROL



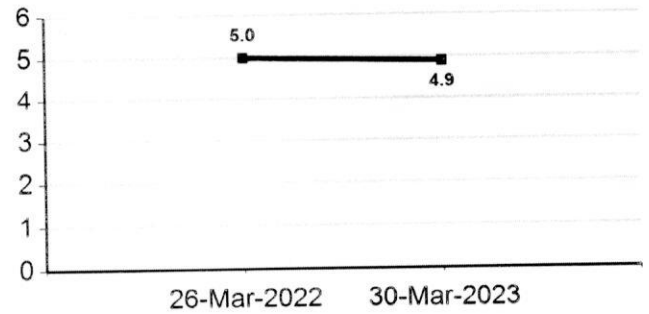
LDL CHOLESTEROL



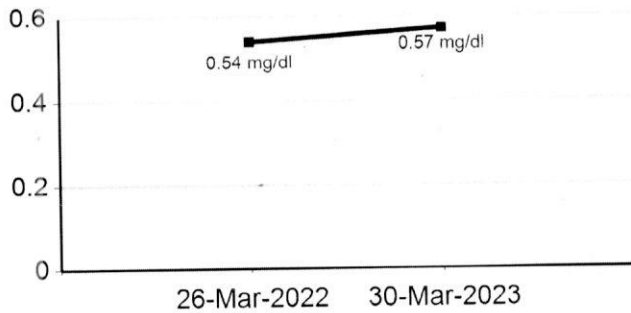
BLOOD UREA



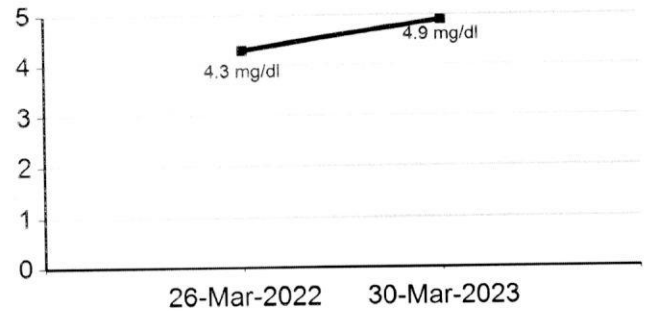
BUN



CREATININE



URIC ACID

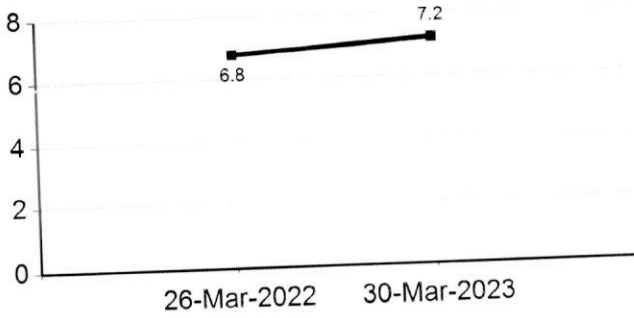




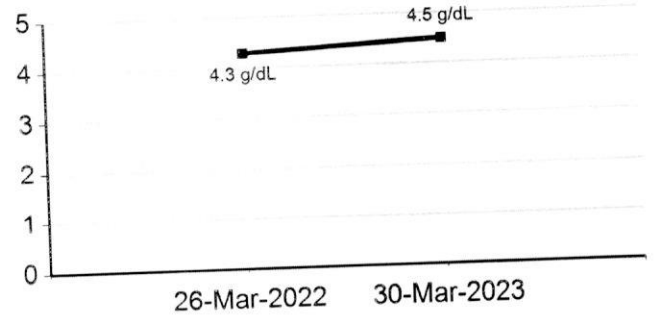
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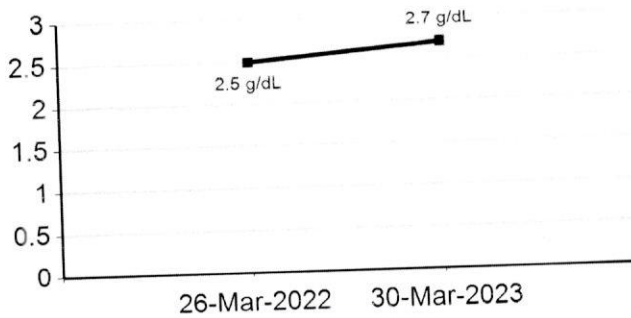
TOTAL PROTEINS



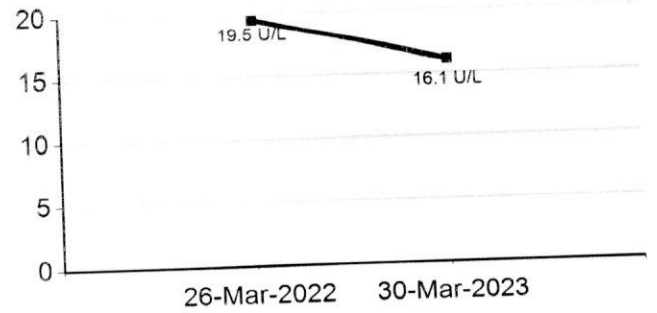
ALBUMIN



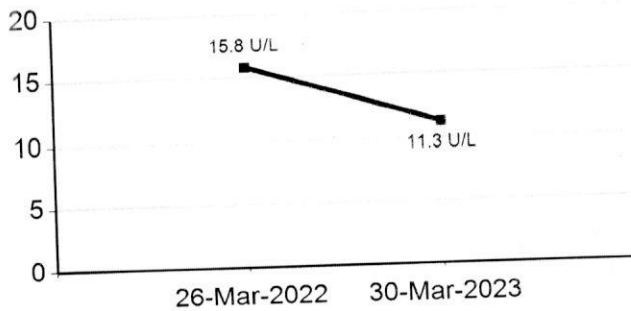
GLOBULIN



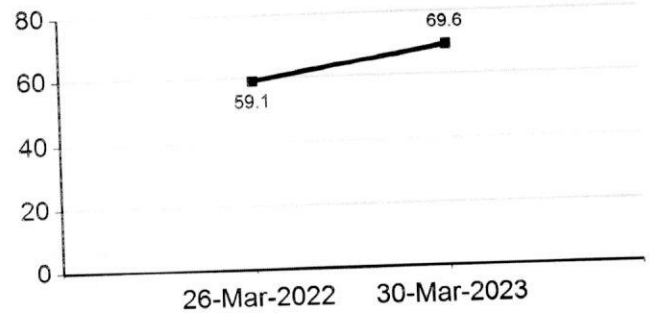
SGOT (AST)

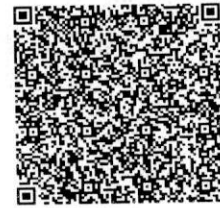


SGPT (ALT)



ALKALINE PHOSPHATASE

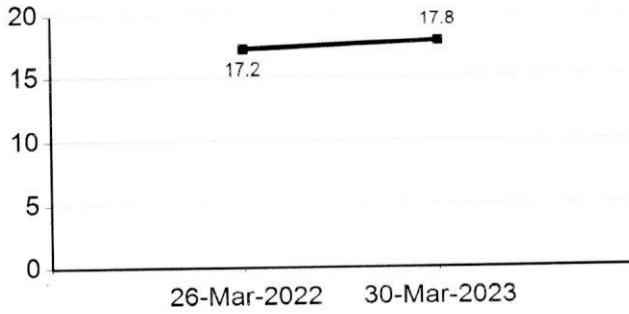




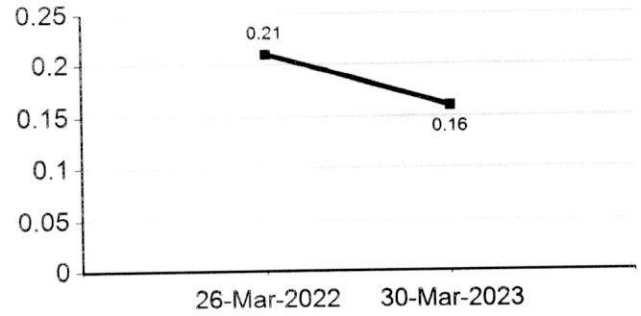
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Consulting Dr. : -
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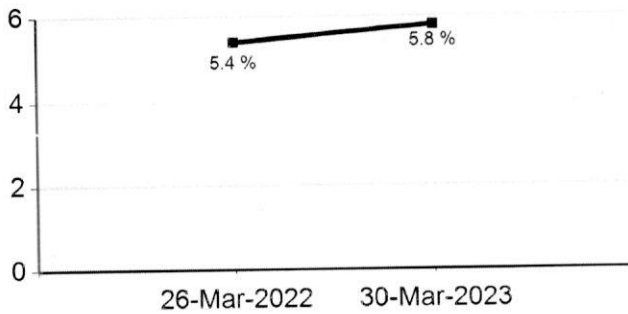
GAMMA GT



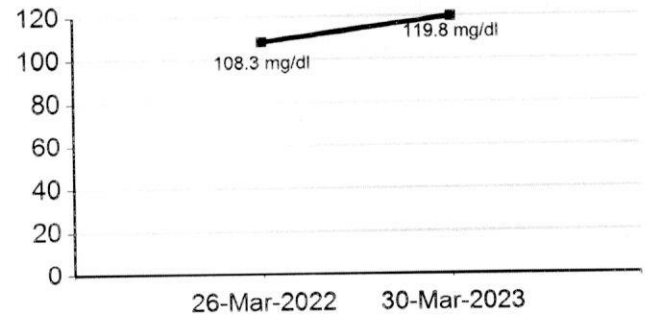
BILIRUBIN (DIRECT)



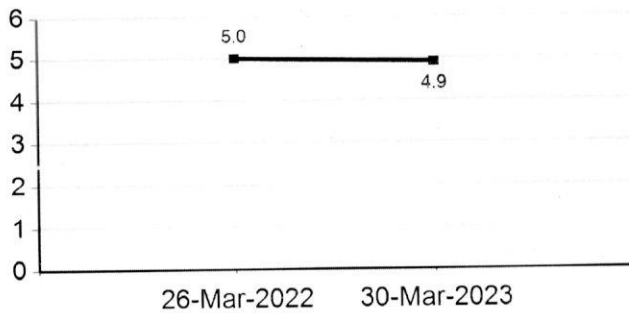
Glycosylated Hemoglobin (HbA1c)



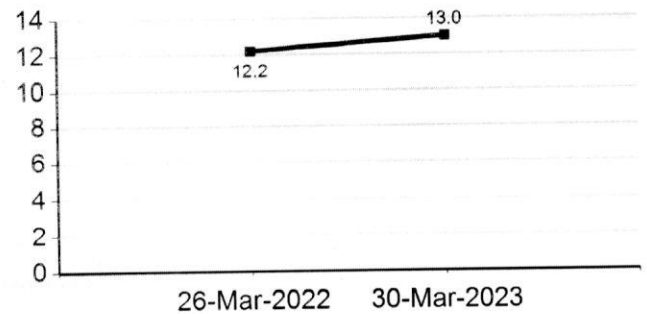
Estimated Average Glucose (eAG)

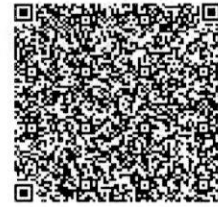


Free T3



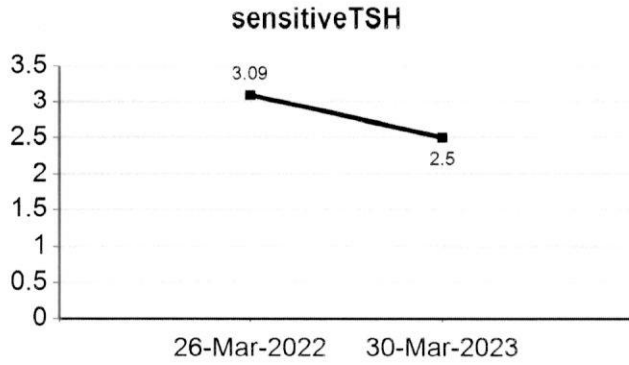
Free T4





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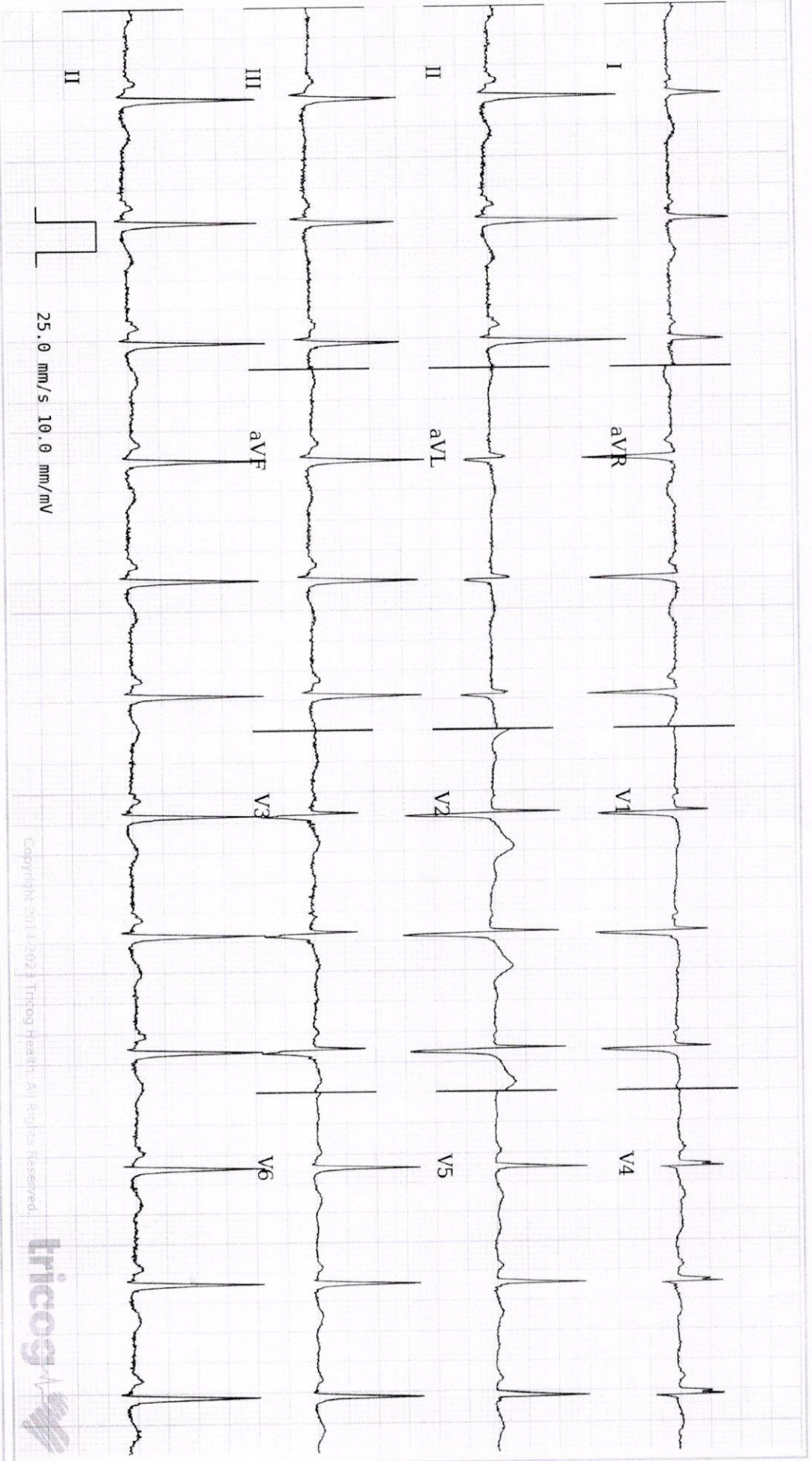
CID : 2308912356
Name : MRS.RAJANI LONKAR
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Reg. Location : Lulla Nagar, Pune (Main Centre)



Patient Name: RAJANI LONKAR
Patient ID: 2308912356

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

Date and Time: 30th Mar 23 9:51 AM



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Age 33 11 25
years months days

Gender Female

Heart Rate 77bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 52 kg

Height: 143 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 364ms

QTc: 411ms

PR: 124ms

P-R-T: 64° 65° 37°

REPORTED BY

Dr. Milind Shinde
MBBS, DNB Medicine
201105/1544



ECG Within Normal Limits: Sinus Rhythm. 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 : 2308912356
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Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 10:23

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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.

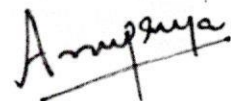
Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

IMPRESSION :

➤ No significant abnormality seen.

Advice - Clinical correlation.

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



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

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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.

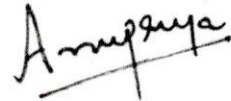
The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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



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

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