

अभिेकत
-अभे आदधी कत अभेकत
DR. NITIN SONAVANE
M.B.S.A.F.L.H. D.S.I.A.B. D.C.A.R.D.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Anamika
12/11/22

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

Date:-

CID: 2231622755 -

Name:- Anamika

Sex / Age: /

EYE CHECK UP

Chief complaints:

NIL

Systemic Diseases:

Past history:

NIL

Unaided Vision:

Rt

Lt

Aided Vision:

6/12

6/9

Refraction:

N/G

N/G.

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

~

Remark:

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 Lokhandwala Road, Andheri (West),
 Mumbai-400053.



CID : 2231622755
Name : Ms ANAMIKA TIWARI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 12:55

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 10.5 x 4.6 cm. Left kidney measures 10.3 x 4.3 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal and measures 5.9 x 2.3 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 2.8 x 2.8 x 2.4 cm (volume 10.7 cc).
The left ovary measures 2.8 x 1.6 x 2.4 cm (volume 6 cc).

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



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Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Authenticity Check



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Ref. Dr :
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Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 18:29

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 Rohit before dispatch.

Rohit

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

CID# : 2231622755
Name : MS.ANAMIKA TIWARI
Age / Gender : 32 Years/Female
Consulting Dr. :-
Reg.Location : Borivali West (Main Centre)

Collected : 12-Nov-2022 / 09:32
Reported : 14-Nov-2022 / 09:38

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 168 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80 mmhg
Pulse: 80 /min

Weight (kg): 72 kg
Skin: NAD
Nails: NAD
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & spleen not palpable
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

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

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

PERSONAL HISTORY:

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

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714
Dr.NITIN SONAVANE
PHYSICIAN

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: 12-Nov-2022 / 09:36
: 12-Nov-2022 / 12:56

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	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.50	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.9	36-46 %	Measured
MCV	100	80-100 fl	Calculated
MCH	31.5	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4580	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.2	20-40 %	Calculated
Absolute Lymphocytes	1612.2	1000-3000 /cmm	Calculated
Monocytes	9.0	2-10 %	Calculated
Absolute Monocytes	412.2	200-1000 /cmm	Calculated
Neutrophils	54.7	40-80 %	Calculated
Absolute Neutrophils	2505.3	2000-7000 /cmm	Calculated
Eosinophils	1.0	1-6 %	Calculated
Absolute Eosinophils	45.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	Calculated
Absolute Basophils	4.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	220000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	26.2	11-18 %	Calculated



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 : 12-Nov-2022 / 11:57

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 48 2-20 mm at 1 hr. Westergren

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



Bmhasakar
 Dr. KETAKI MHASKAR
 M.D. (PATH)
 Pathologist



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: 12-Nov-2022 / 09:36
: 12-Nov-2022 / 15:09

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	20.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.3	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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: 12-Nov-2022 / 13:23
: 12-Nov-2022 / 21:04

ALKALINE PHOSPHATASE, Serum	130.3	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	11.7	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	5.5	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	136	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 12-Nov-2022 / 13:23

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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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



MC-2111

B. Mhaskar
Dr. KETAKI MHASKAR
M.D. (PATH)
Pathologist



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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 SDRL, Vidyavihar Lab
*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical
Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	203.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	52.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	150.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.7	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



J. Thakker
Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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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	5.0	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.1	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.148	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, 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 SDRL, Vidyavihar Lab
*** End Of Report ***



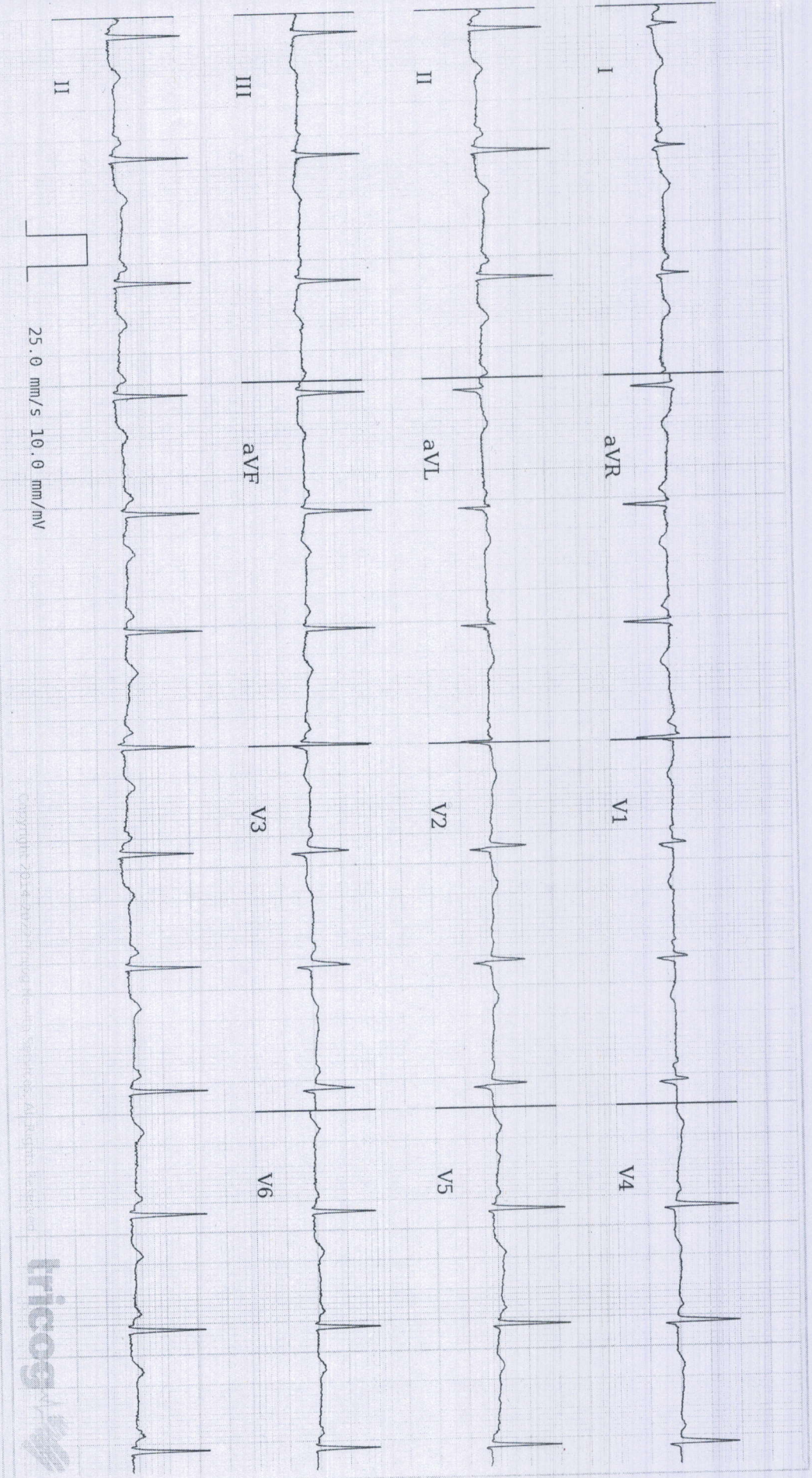
Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

SUBURBAN DIAGNOSTICS - BOKIIVALI WEST I

Patient Name: ANAMIKA TIWARI
Patient ID: 2231622755

Date and Time: 12th Nov 22 12:03 PM



Age 32 3
years mon

Gender **Femal**

Heart Rate **77**

Patient Vitals

BP: 120/80

Weight: 72 kg

Height: 168 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 70ms
QT: 376ms
QTc: 425ms
PR: 124ms
P-R-T: 53° 77

REPORTED BY

[Signature]

ECG Within Normal Limits: Sinus Rhythm Normal Axis. Please correlate clinically.
Regd. Office: **Suburban Diagnostics India Pvt. Ltd.**

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
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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 details are as entered by the clinician and not derived from the ECG.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: ANAMIKA TIWARI

Date: 08-11-2022 Time: 20:37

Age: 32

Gender: F

Height: 168 cms

Weight: 72 Kg

ID: 2231622755

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 188

Target HR: 159

Exercise Time: 0:06:02

Achieved Max HR: 188 (100% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 30080

Max Mets: 7

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:38	1	0	0	114	120/80	13680	-0.5 II	-0.7 III
Standing	00:36	1	0	0	122	120/80	14640	2.2 V3	-1.2 III
HyperVentilation	00:23	1	0	0	97	120/80	11640	-0.8 I	-0.6 V6
PreTest	00:23	1	1.6	0	109	120/80	13080	-0.8 V3	-0.6 III
Stage: 1	03:00	4.7	2.7	10	159	140/80	22260	-1.9 V5	-0.7 aVR
Stage: 2	03:00	7	4	12	188	160/80	30080	-1.1 V5	-1.5 V5
Peak Exercise	00:02	6.8	5.5	14	188	160/80	30080	-1.1 V5	-1.5 V5
Recovery1	01:00	1	0	0	151	160/80	24160	-1.1 II	0.6 V2
Recovery2	01:00	1	0	0	131	140/80	18340	-1 II	-1 III

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS.

Resting Heart Rate, initially 114 bpm rose to a max. heart rate of 188bpm (100% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg

Good Effort tolerance

Normal HR & BP Response

No Angina or Arrhythmias

No Significant ST-T Change Noted During Exercise

Stress test Negative for Stress inducible ischaemia.

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Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)

Spandan CS-20 Version:2.14.0



ANAMIKA TIWARI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2231622755

Date: 08-11-2022

Stage: Supine

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:38

THR: 159 bpm

HR: 114 bp

BP: 120/80 mmHg

STLevel(mm) ST

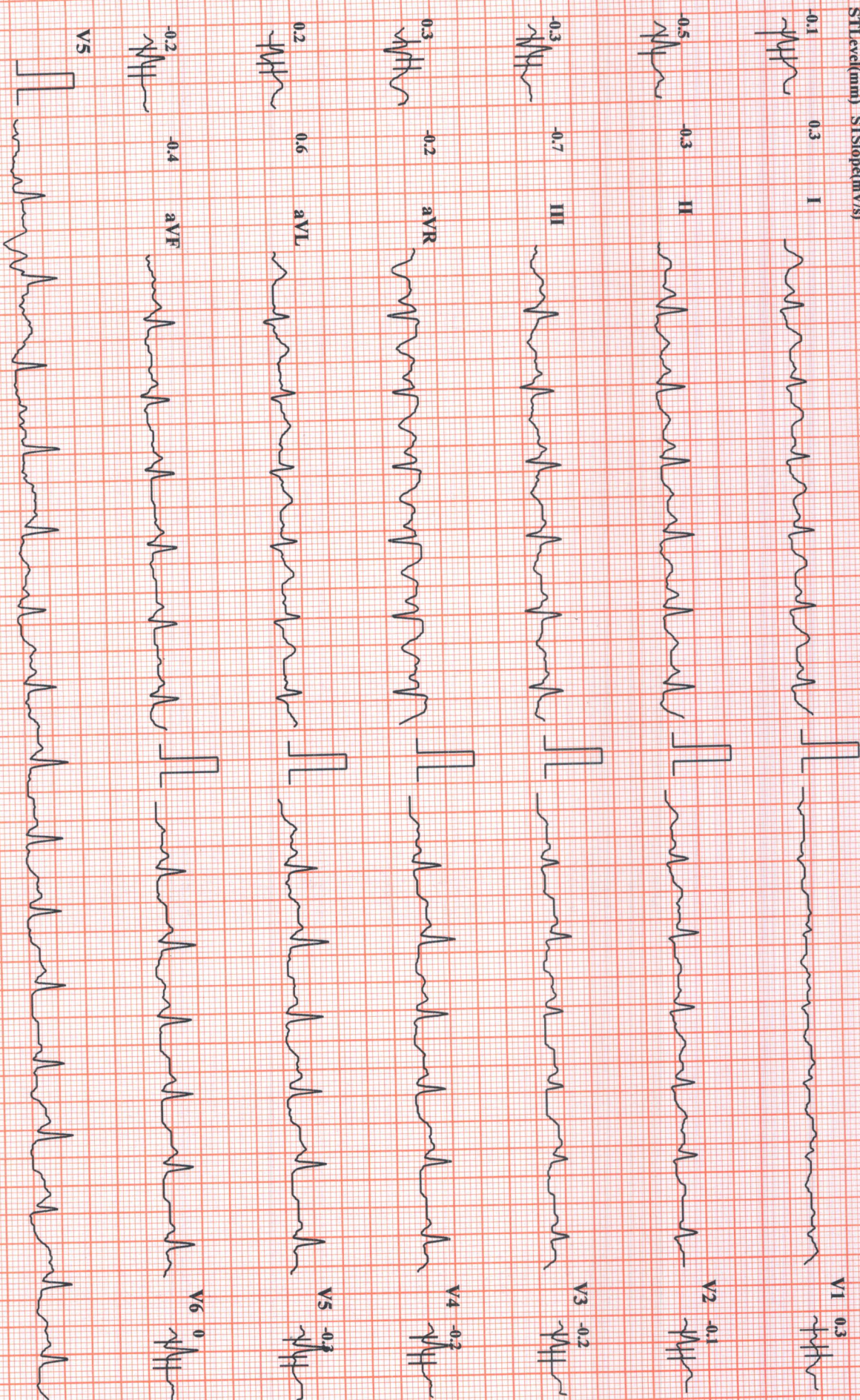


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 122 bp

ANAMIKA TIWARI

ID: 2231622755

Date: 08-11-2022

Exec Time : 0:00:00

Stage Time: 00:36

BP: 120/80 mmHg

Bruce Protocol

Stage: Standing

Speed: 0

Slope: 0 %

STLevel(mm) STSlope(mV/s)

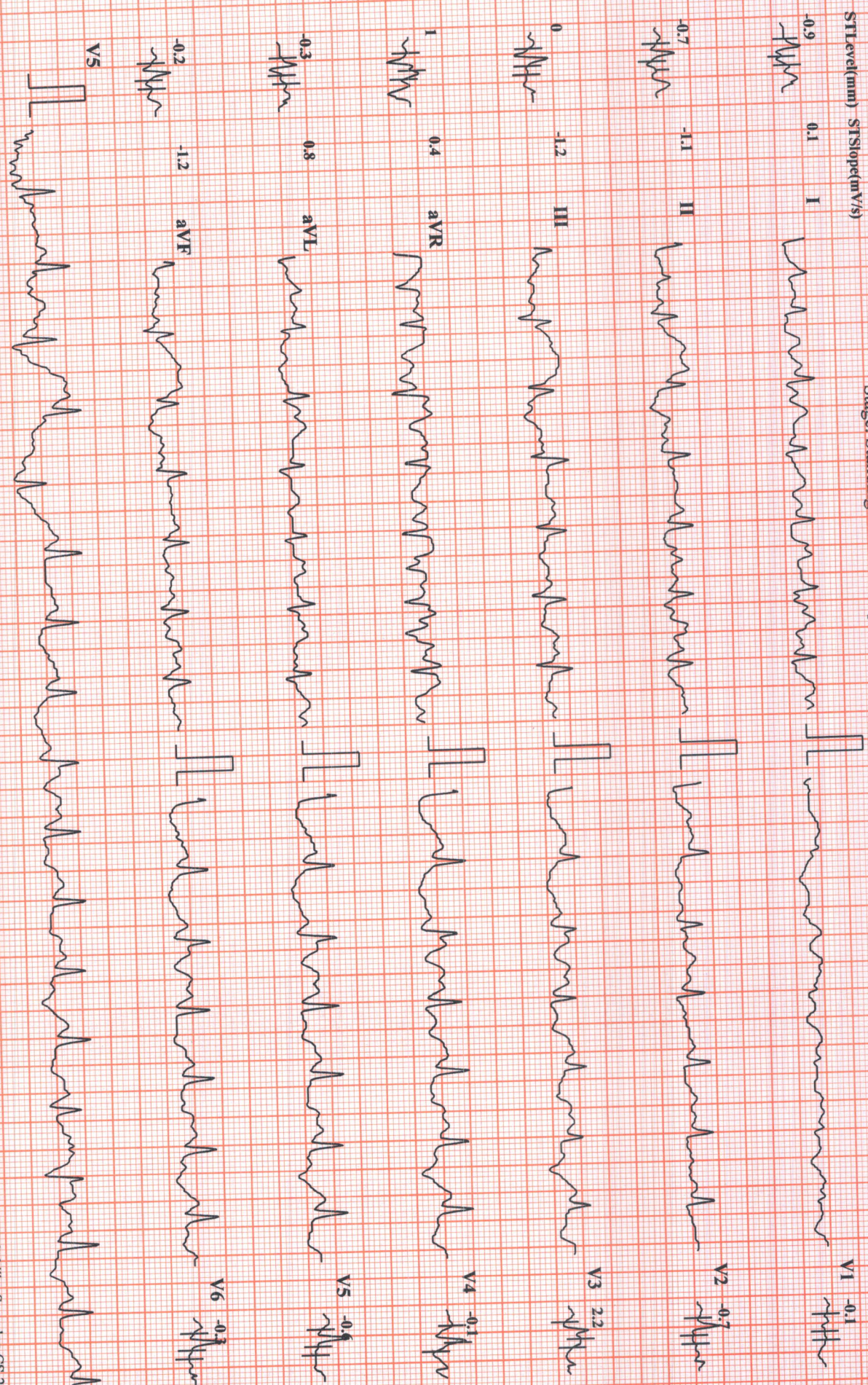


Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 35 Hz Mains Filter: ON ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2231622755
Date: 08-11-2022
Stage: HyperVentilation Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:23
THR: 159 bpm

HR: 97 bpm

BP- 120/80 mmHg
STLevel(mm) ST

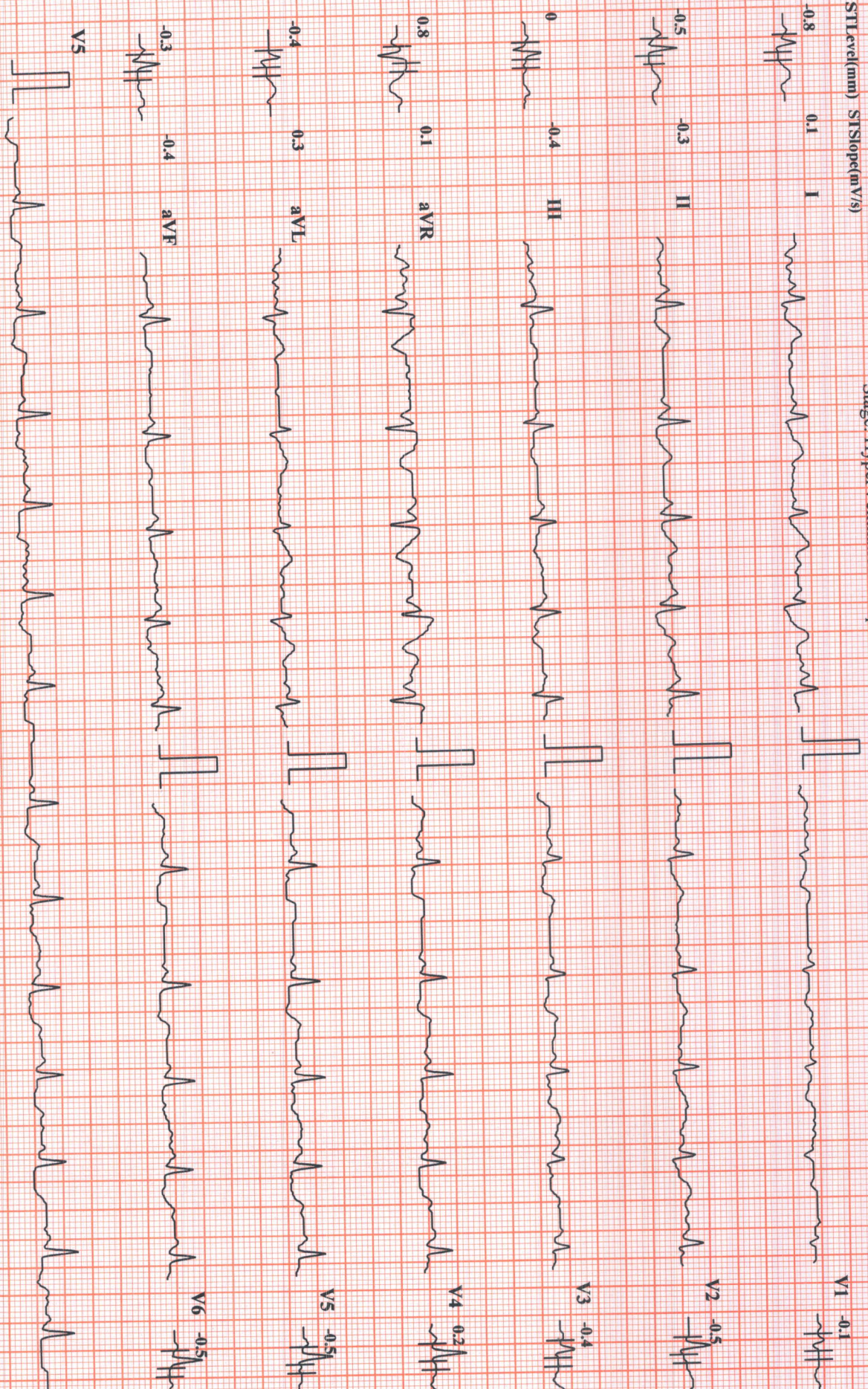


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2231622755
Date: 08-11-2022
Stage: 1
Speed: 2.7 kmph

Exec Time : 0:03:00
Slope: 10 %
Stage Time: 03:00
THR: 159 bpm

HR: 159 bpm
BP: 140/80 mmHg
STLevel(mm) ST

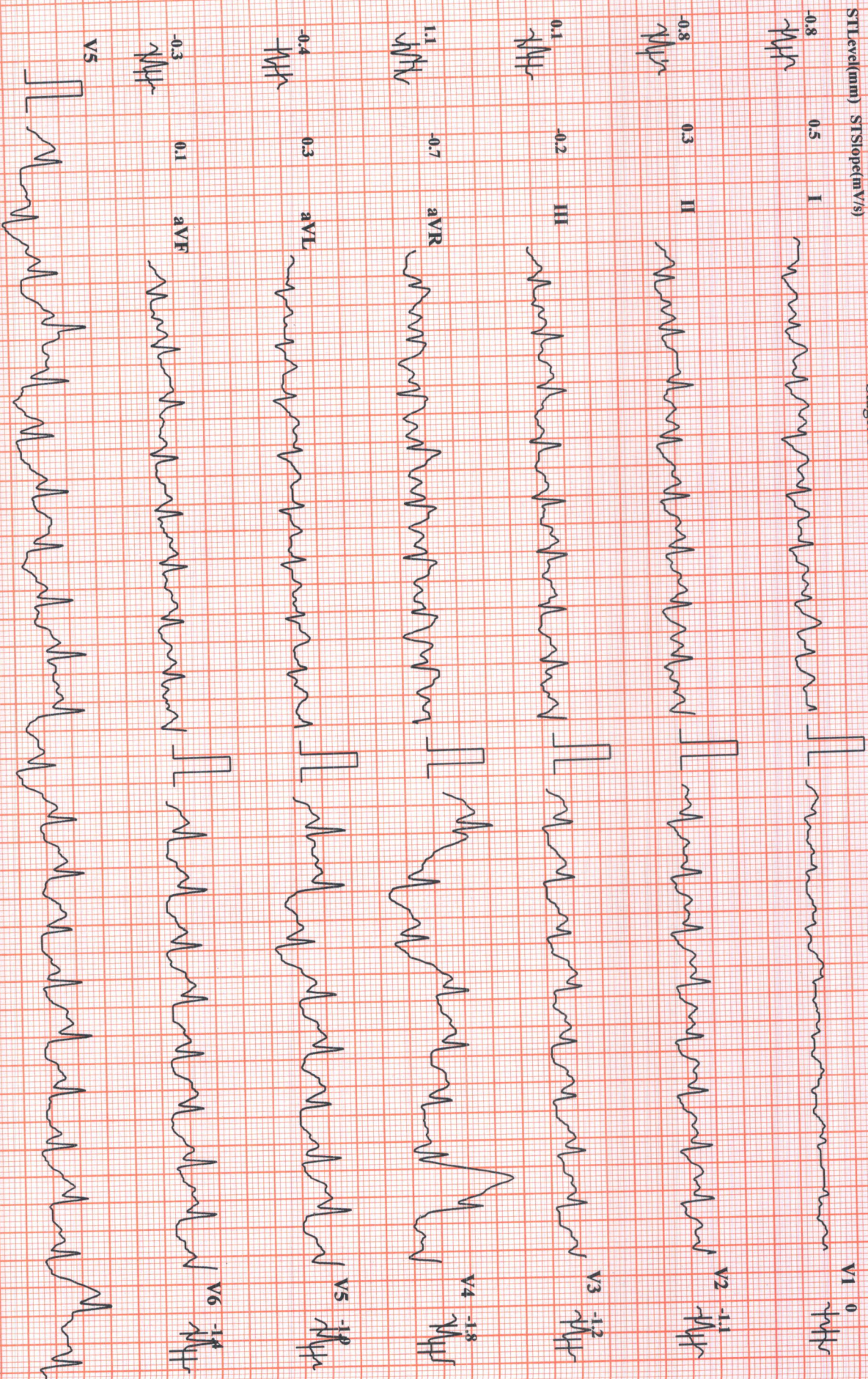


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

ID: 2231622755

Date: 08-11-2022

Exec Time : 0:06:00

Stage Time: 03:00

HR: 188 bpm

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 159 bpm

Bp: 160/80 mmHg
STLevel(mm) ST

STLevel(mm) STSlope(mV/s)

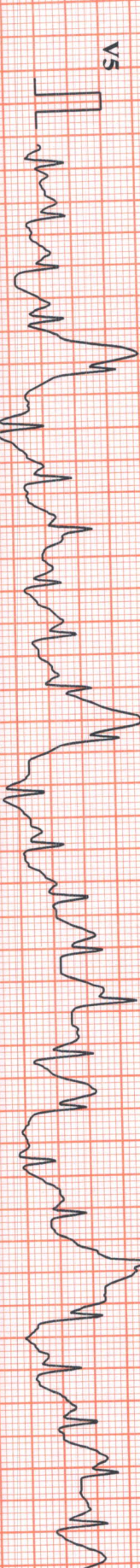
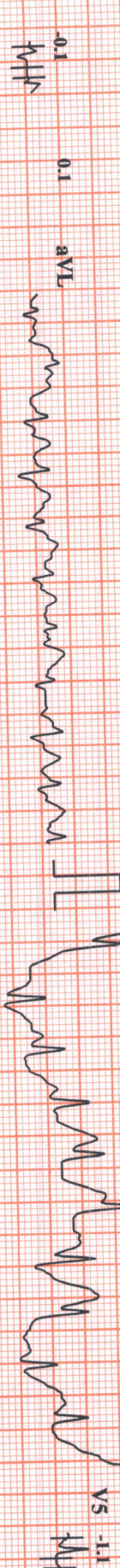


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

ID: 2231622755

Date: 08-11-2022

Exec Time : 0:06:02

Stage Time: 00:02

HR: 188 bpm

Bruce Protocol

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 159 bpm

BP: 160/80 mmHg
STLevel(mm) ST

STLevel(mm) STSlope(mV/s)

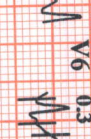
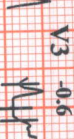
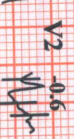
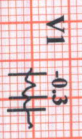
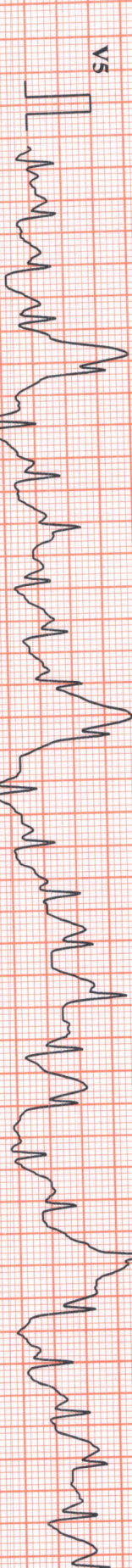
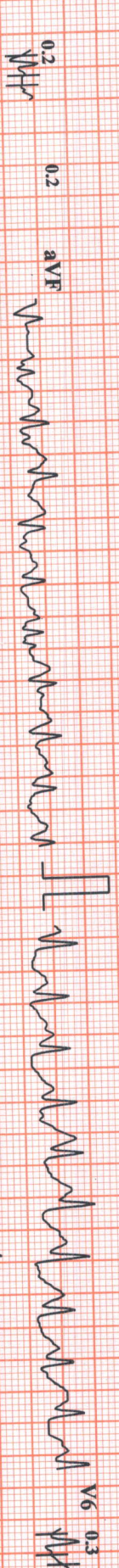
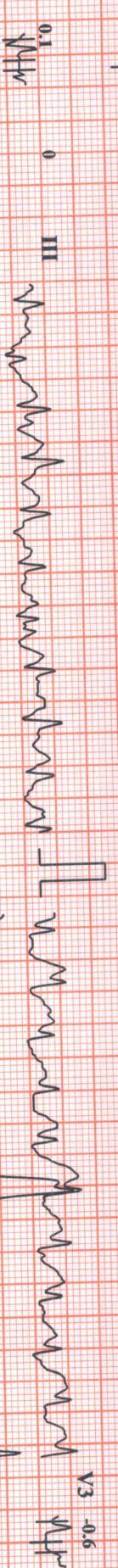


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-2



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

ID: 2231622755

Date: 08-11-2022

Exec Time : 00:00

Stage Time: 01:00

HR: 151 b

Bruce Protocol

Stage: Recovery/1

Speed: 0 kmph

Slope: 0 %

THR: 159 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) ST

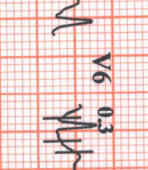
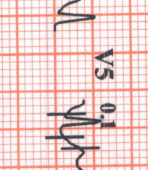
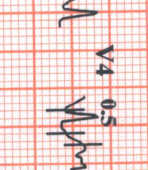
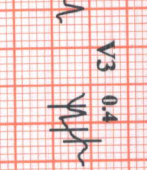
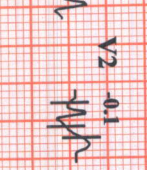
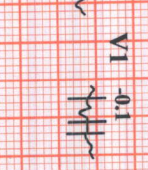
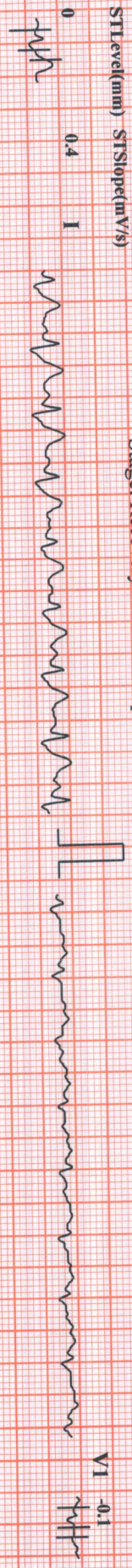


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandax CS-2



ANAMIKA TIWARI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2231622755
Stage: Recovery2

Date: 08-11-2022
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 159 bpm

HR: 131 bpm

Bp: 140/80 mmHg
STLevel(mm) ST

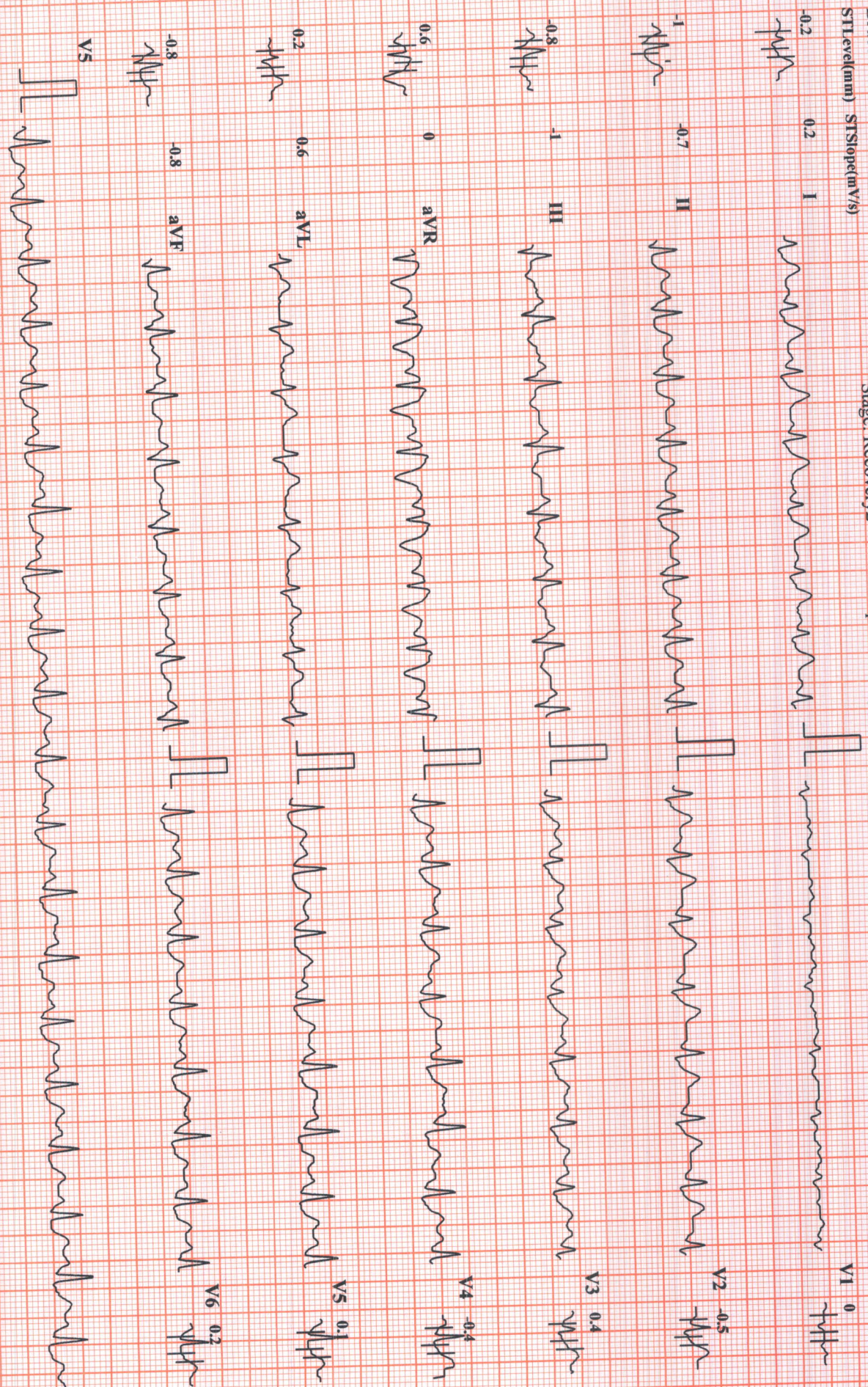


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Main Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spardan CS-3



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ANAMIKA TIWARI

ID: 2231622755

Date: 08-11-2022

Exec Time : 00:00

Stage Time: 00:14

HR: 134

Brice Protocol

Stage: Recovery3

Speed: 0 kmph

Slope: 0%

THR: 159 bpm

Bp- 130/80 mm
STLevel(mm)

STLevel(mm) STSlope(mV/s)

-0.2 0.2 I



V1 0

-0.4 -0.2 II



V2 -0.2

-0.3 -0.4 III



V3 -0.2

0.4 -0.2 aVR



V4 -0.7

-0.1 0.3 aVL



V5 -0.5

-0.4 -0.2 aVF



V6 0.4

V5



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20