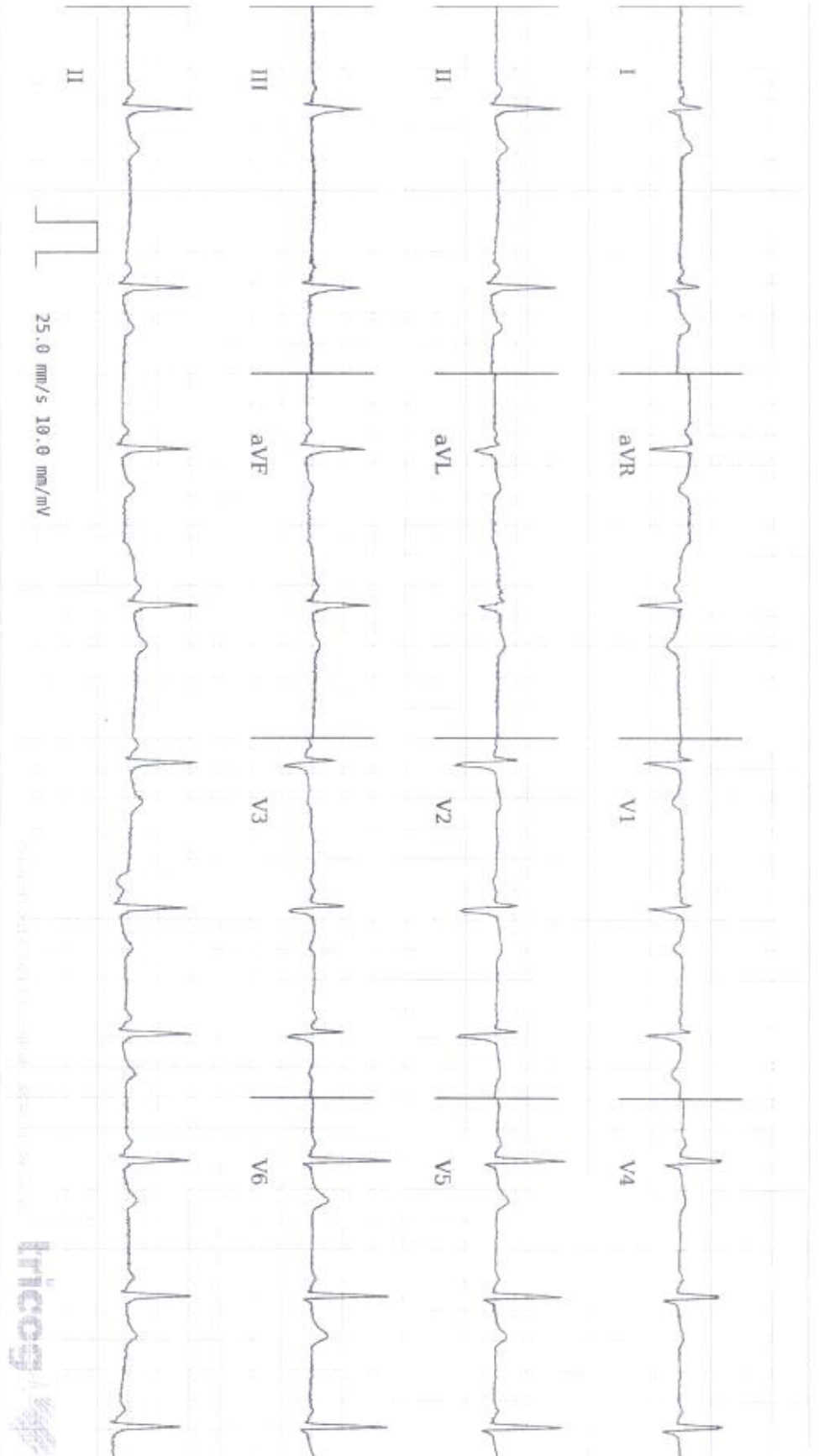


Patient Name: **SUJATA JAIN**
Patient ID: **2305622175**

Date and Time: **25th Feb 23 10:39 AM**



Age **29** **5** **1**
years months days

Gender **Female**

Heart Rate **62bpm**

Patient Vitals

BP: **110/70 mmHg**
Weight: **65 kg**
Height: **153 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **94ms**
QT: **392ms**
QTc: **39.7ms**
PR: **130ms**
P-R-T: **56° 78° 33°**

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Plot No. 10, Sector 17, Vasant Vihar,
Thane, Maharashtra - 401004.

Branch: Kandivali East (2305622175)
Tel: **917009960**

REPORTED BY

DR ANSHU PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: The analysis in this report is based on 12-lead ECG alone and should be used as an adjunct or clinical history, symptoms, and results of other tests and must be interpreted by a qualified physician. All features which are not traced by the channel and not derived from the ECG.



Date: - 25/2/23

CID: 2305622178

Name: - Mrs. Sujata Jain

Sex/Age: F/30

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: No x/o s/lz

Past history: No x/o Ordes surgery

Unaided Vision: 6/9 6/12

Hlogt
x - 1200

Aided Vision: 6/6 6/6

Refraction:

Concl Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Tr	—		6/6	Tr	—		6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
Continue with same glass

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aagan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



Use a QR Code Scanner
Application To Scan the Code

CID : 2305622175
Name : Mrs Sujata Jain
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:23

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. FAIZUR KHILJI before dispatch.

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2023022509353516

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305622175
Name : Mrs Sujata Jain
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:55

USG WHOLE ABDOMEN

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 and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.0 x 3.7 cm. Left kidney measures 9.6 x 4.5 cm.

SPLEEN:

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

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. It measures 6.7 x 3.4 x 3.0 cm in size.
The endometrial thickness is 6 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.5 x 2.2 x 2.0 cm and volume is 6.2 cc
Left ovary = 2.6 x 1.8 x 1.3 cm and volume is 3.4 cc

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509353508>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vikhroli, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305622175
Name : Mrs Sujata Jain
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:55

IMPRESSION:-

No significant abnormality is seen.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

Dr. FAIZUR KHILJI
MBBS, RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509353508>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

CID# : 2305622175
Name : MRS.SUJATA JAIN
Age / Gender : 30 Years/Female
Consulting Dr. :
Reg.Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:34
Reported : 26-Feb-2023 / 10:36

PHYSICAL EXAMINATION REPORT

History and Complaints:

Backach.

EXAMINATION FINDINGS:

Height (cms):	153 cms	Weight (kg):	65 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

All reports are within $\text{\textcircled{R}}$ limits

ADVICE:

CID# : 2305622175
 Name : MRS.SUJATA JAIN
 Age / Gender : 30 Years/Female
 Consulting Dr. :
 Reg.Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:34
 Reported : 26-Feb-2023 / 10:36

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 |
| 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 | LSCS 2018 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Flax House No. 3, 4th Floor,
 Thakur Village, Andheri West, Mumbai - 400053.
 Tel : 022-61700000

Sujata
Dr. Jagruti Dhale
 Consultant Physician
 Reg. No. 10000000000

EMail:

1097 / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg Date: 25 / 02 / 2023 12:03:04 PM Refd By : AERCOFEMI

REPORT :

Heart Rate 164.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:25 Mins; Ectopic Beats 0 0

METS 7.5 Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 190

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE
DISCLAIMER	Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House, No. 3, Kabbagan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700600

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor | DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report

1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg
 Date: 25 / 02 / 2023 12:03:04 PM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	074	39%	110/70	081	00	
Standing	00:46	0:34	00.0	00.0	01.0	081	43%	110/70	089	00	
HV	00:58	0:12	00.0	00.0	01.0	085	45%	110/70	093	00	
ExStart	01:13	0:15	00.0	00.0	01.0	101	53%	110/70	111	00	
BRUCE Stage 1	04:13	3:00	02.7	10.0	04.7	127	67%	110/70	139	00	
BRUCE Stage 2	07:13	3:00	04.0	12.0	07.1	164	86%	140/80	229	00	
PeakEX	07:38	0:25	05.5	14.0	07.5	164	86%	140/80	229	00	
Recovery	08:38	1:00	00.2	00.0	01.1	136	72%	140/80	190	00	
Recovery	09:13				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 06:25
 Initial HR (ExStrt) : 101 bpm 53% of Target 190
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max WorkLoad Attained : 7.5 Fair response to induced stress
 Duke Treadmill Score : 07.6
 Test End Reasons : Heart Rate Achieved

Max HR Attained 164 bpm 86% of Target 190
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD
 Rowli Road No. 3, Aaregam,
 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 01700860

DR. AKHIL P. PARULEKAR
 MBBS, MD, Medicine
 DNB Cardiology
 Regd No: 2012082483

Dr. Akhil P. Parulekar.

Doctor : DR.AKHIL PARULEKAR

SGHPL

1097 (2305622175) / SULTA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 74

Date: 25 / 02 / 2023 12:03:04 PM METS: 1.0 / 74 bpm 39% of THR BP: 110/70 mmHg Raw ECG/BLO On/Notch On/HP 0.05 Hz/AF 35 Hz

Ext time: 00:00 0.0 Kmph 0.0%

4X 80ms Post J

25 mm/Sec 1.0 mV/mV

STL 0.3
STB 0.2

II 0.1
III 0.2
aVF 0.4

III 0.2
aVF 0.1

avR 0.2
aVL 0.2
aVF 0.3

avL 0.2
aVF 0.0

aVF 0.1
aVL 0.1
aVF 0.2

V1 -0.1
V2 -0.2

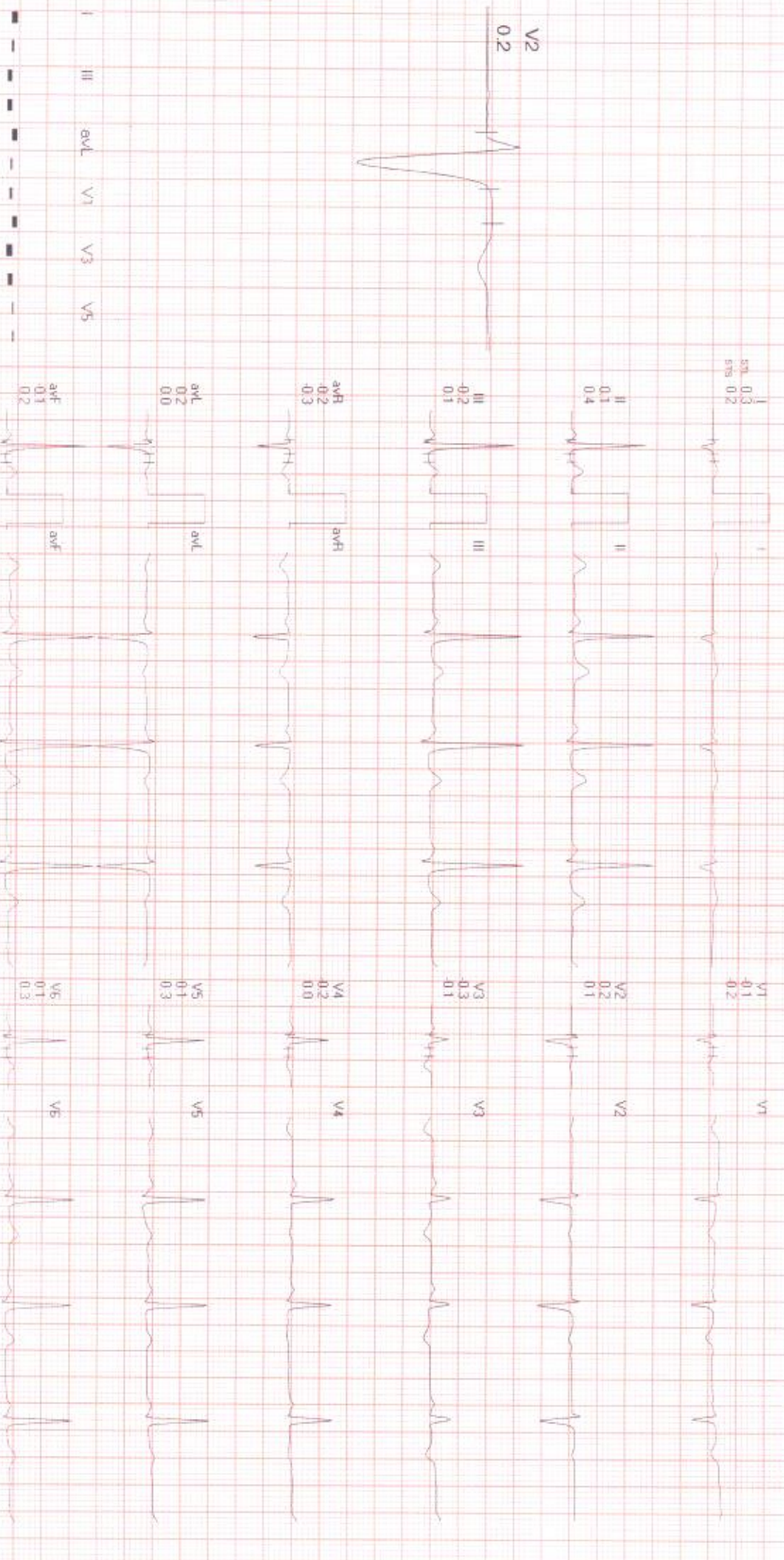
V2 0.2
V3 0.1

V3 -0.3
V4 -0.1

V4 0.2
V5 0.0

V5 0.1
V6 0.3

V6 0.1
V7 0.3



REMARKS:
II avR avL avF V1 V2 V3 V4 V5 V6





1097 (2305622175) / SULTATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 81

Date: 25 / 02 / 2023 12:03:04 PM METS: 1.0/81 bpm/43% of THR BP: 110/70 mmHg Raw ECG: BLC On/Noch On/HF: 0.05 Hz/AF: 35 Hz

EXTIME: 00:00 0.0 Km/h 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

I ST: 1.0 STS: 0.7

V1 -0.4 0.4

II 0.1 0.5

V2 0.2 0.1

III 0.9 0.2

V3 0.6 0.2

aVR 0.5 0.6

V4 0.5 0.1

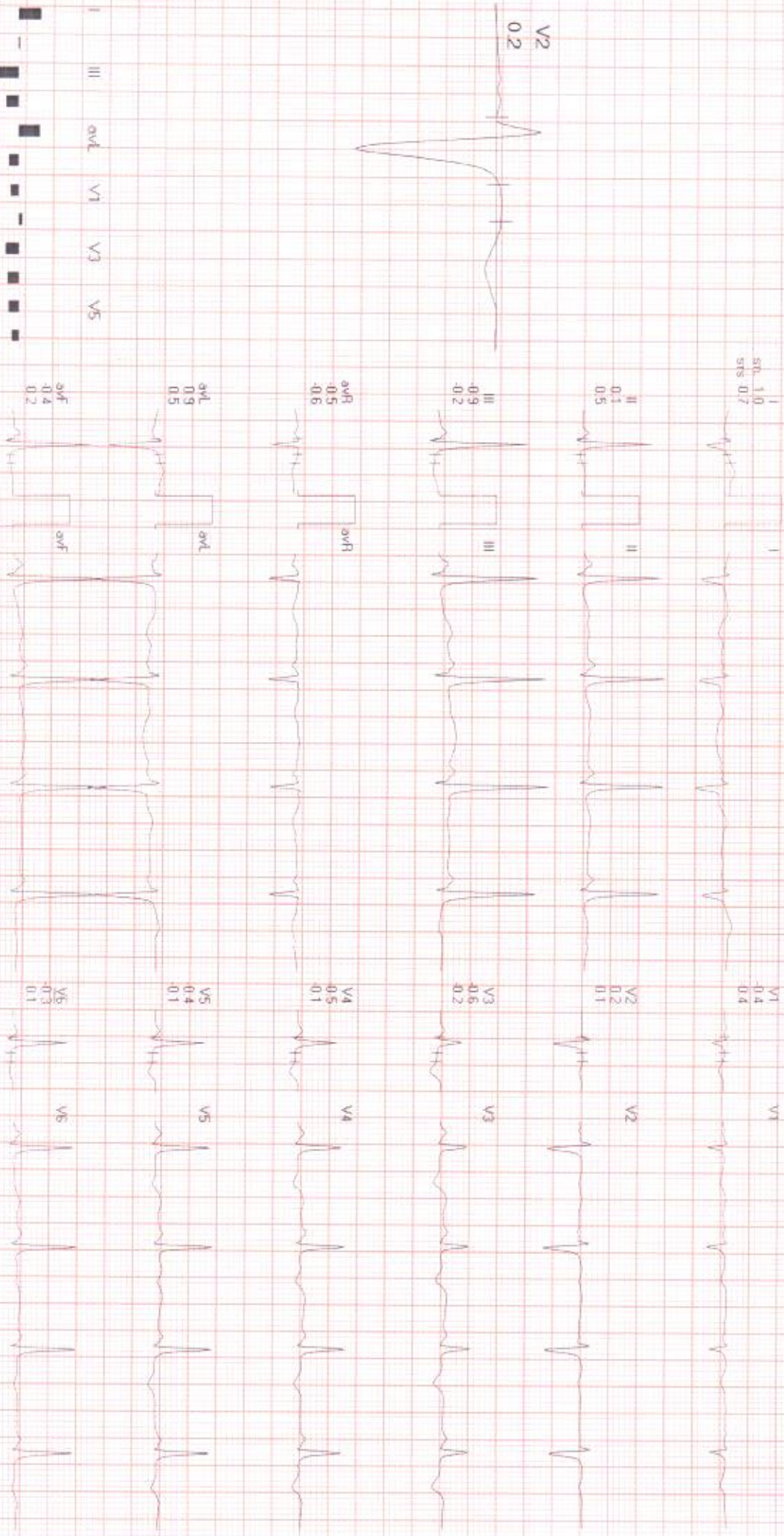
aVL 0.9 0.5

V5 0.4 0.1

aVF 0.4 0.2

V6 0.3 0.1

V2 0.2



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:12)

WAVEFORMS
KANDIVALI

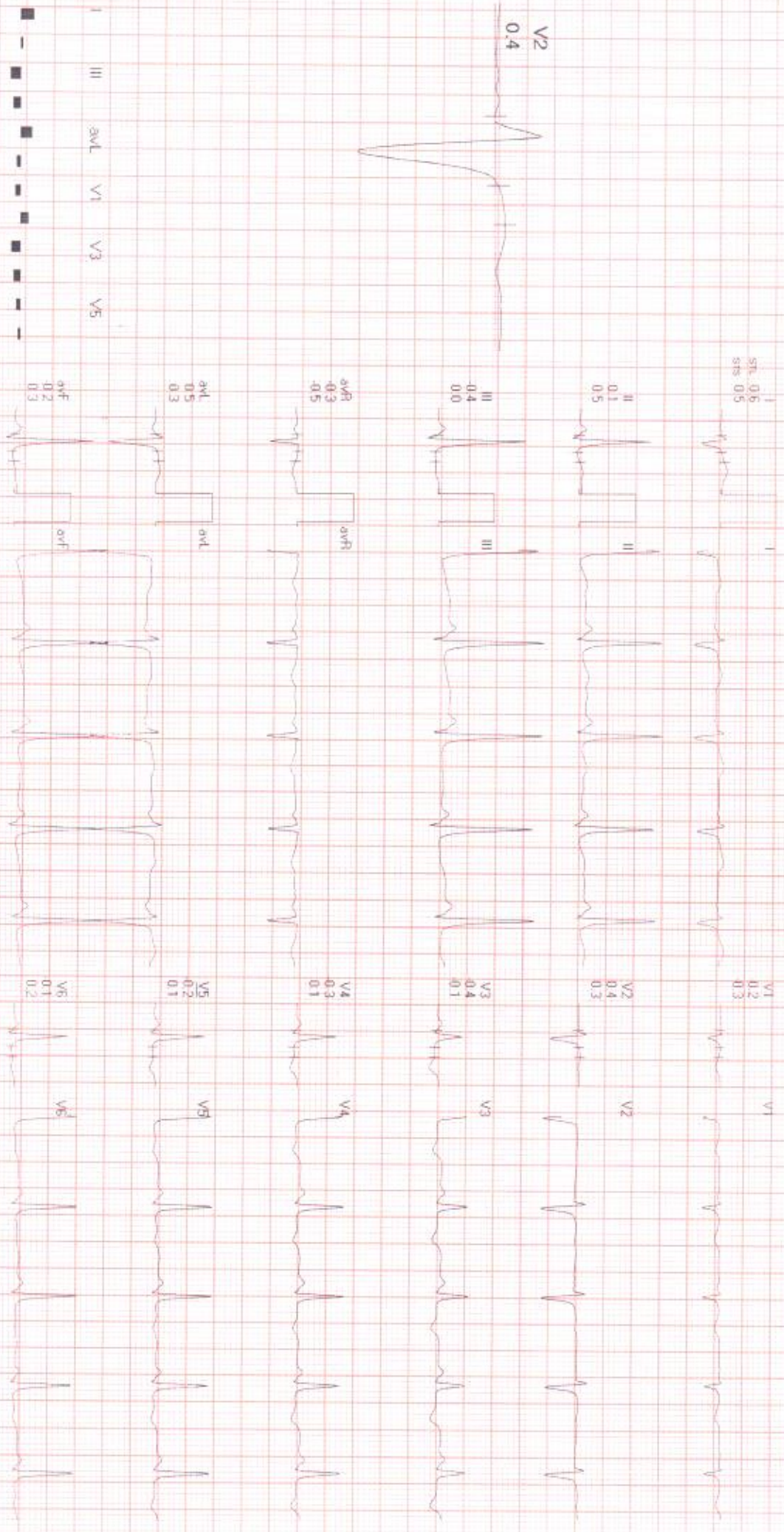
1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 85

Date 25 / 02 / 2023 12:03:04 PM METS 1 0/ 85 bpm 45% of THR BP- 110/70 mmHg Raw ECG/BLU On/Notch On/HF 0.05 Hz/AF 36 Hz

ExTime 00:00:00 Kmph 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXStIt

178
153
46
46

1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 101

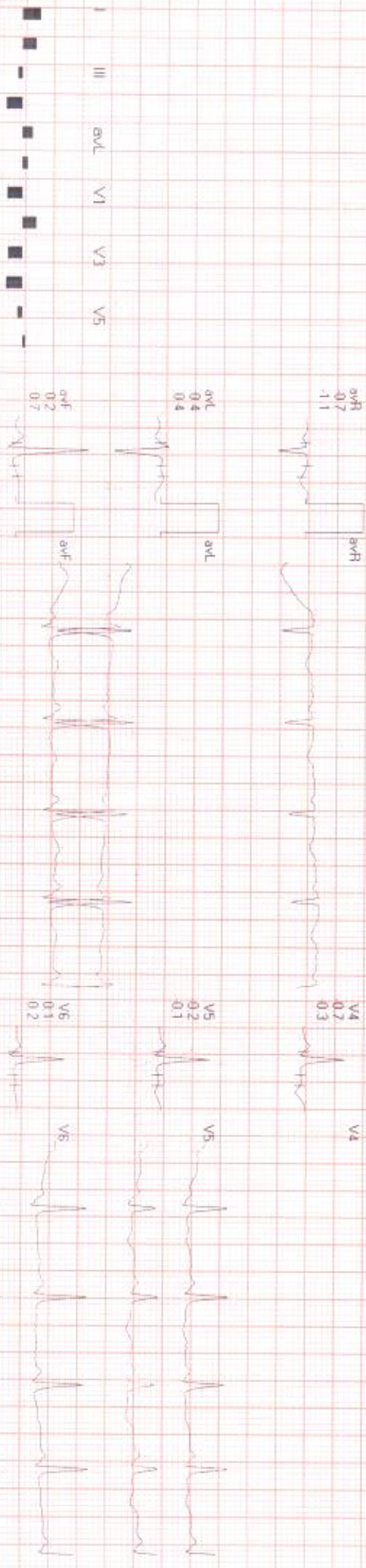
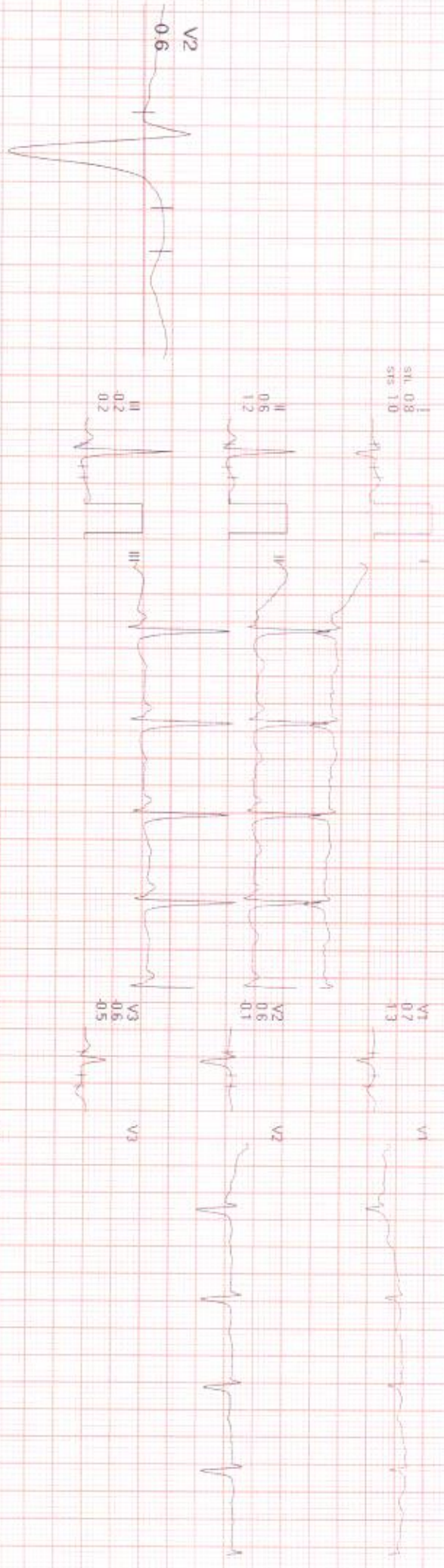
Date: 25/02/2023 12:03:04 PM METS: 10/101 bpm 53% of THR BP: 110/70 mmHg Raw ECG/ ELC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

ExTime: 00:00 0.0 Km/h 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.8
STB 1.0



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6



1097 (2305622175) / SULTATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 127

Date: 25/02/2023 12:03:04 PM METS: 47/127 bpm 67% of THR BP: 110/70 mmHg Raw ECG/ BLC On/Notch On/ HF 0.05 Hz/LS 35 Hz

ExTime 03:00 2.7 kmph 10.0%

4X 80 mS Post J

25 mm/sec 1.0 mV/Div

ST1 1.2
ST2 1.2
ST3 2.1

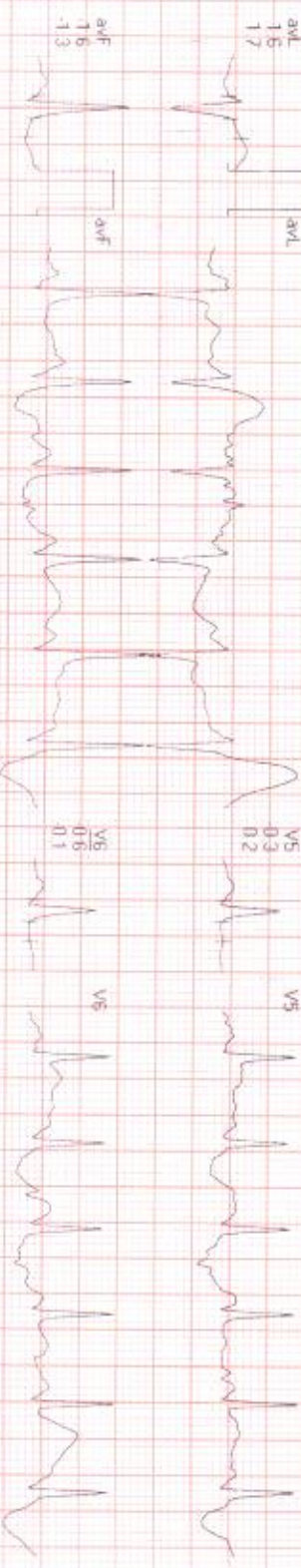


III 2.2
II 1.0
aVF 0.7

aVR 0.5
aVL 1.5
aVF 1.7

V4 0.4
V5 0.3
V6 0.0

aVR 1.6
aVL 1.3



REMARKS





1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 164

Date: 25 / 02 / 2023 12:03:04 PM METS: 7 1/164 bpm 86% of THR BP: 140/80 mmHg Paw ECG/BLC On/Notch On/HF 0.05 Hz/LF 75 Hz

ExTime: 06:00 40 Km/h 12.0%

4X 40 mS Print 1

25 mm/Sec 1.0 Cm/mV

sin: 2.5
STB: 0.4

V1 4.3
V2 4.2

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

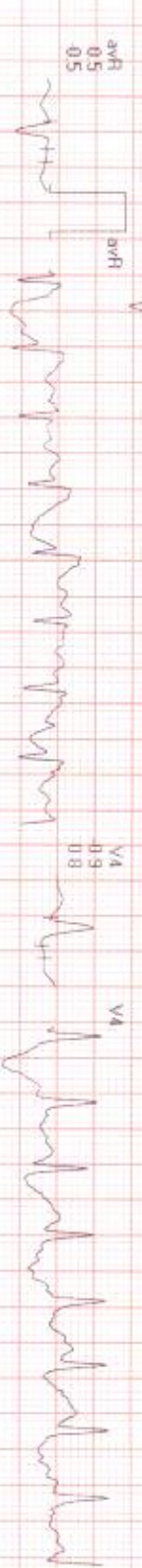
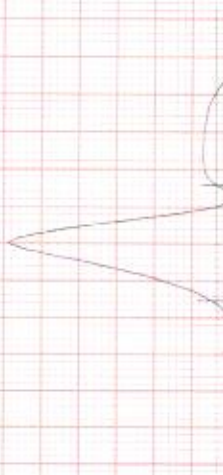
I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3

I 1.4
II 1.4
III 4.0
aVR 0.5
aVL 3.2
aVF 2.7
V4 0.9
V5 0.4
V6 0.3



SUBURBAN DIAGNOSTICS KANDIVALI EAST



1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR 164

Date: 25/02/2023 12:03:04 PM

METS: 7.5/154 bpm 86% of THR BP: 140/80 mmHg Raw ECG BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

ExTime: 06:25 5.5 kmph 140%

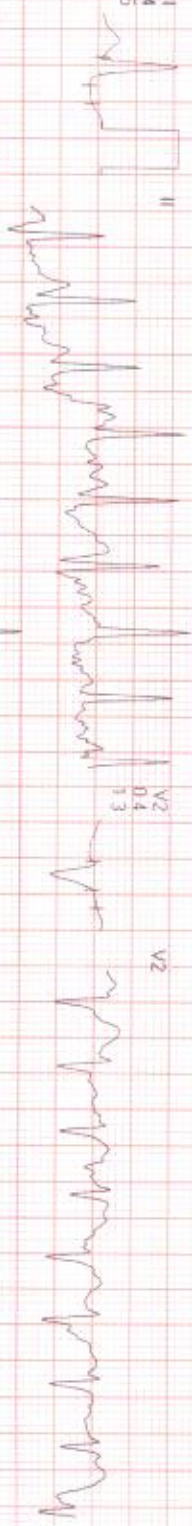
4X 60 ms Post J

25mm/Sec 1 D Grid/InV

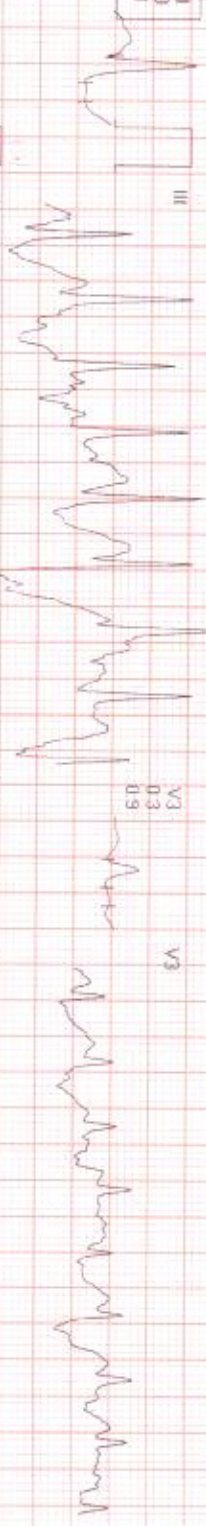
SI 2.5
SIY 0.4



II 1.4
0.5



III 4.0
0.1



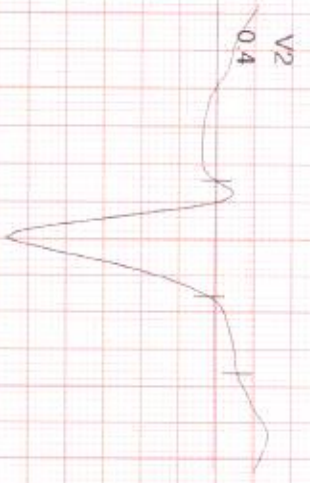
aVR 0.5
0.5



aVL 3.2
0.1



aVF 2.7
0.3



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

1097 (23056221751) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR : 136

Date: 25/02/2023 12:03:04 PM

METS: 11/136 bpm 72% of THR BP: 140/80 mmHg

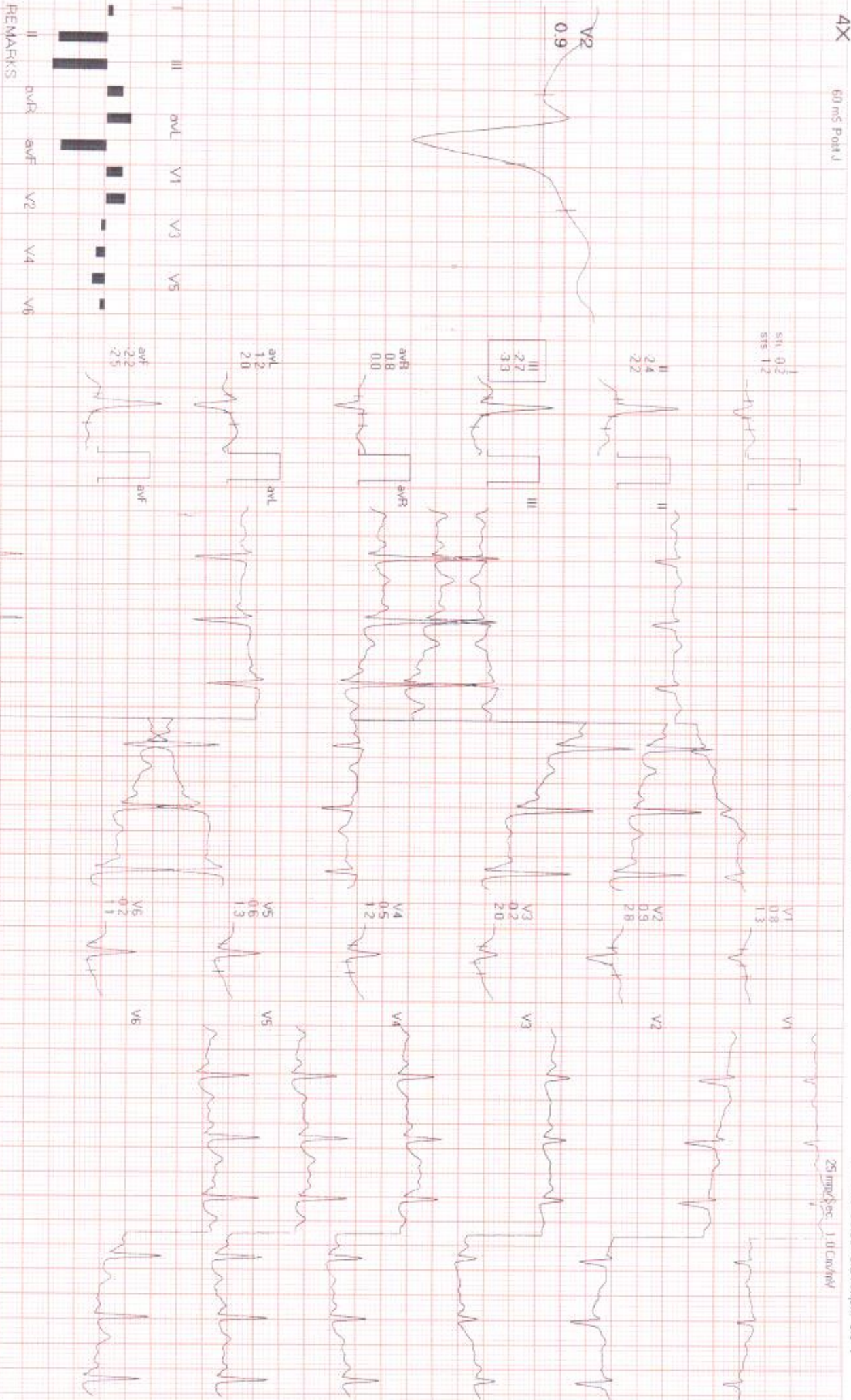
Raw ECG/BLD On/Noch On/HF 0.05 Hz/V 35 Hz

4X 60 ms Post J

ExTime 06:25 0.2 kmph 0.0%

Recovery : (01:00)

CHPL



SUBURBAN DIAGNOSTICS KANDIVALI EAST

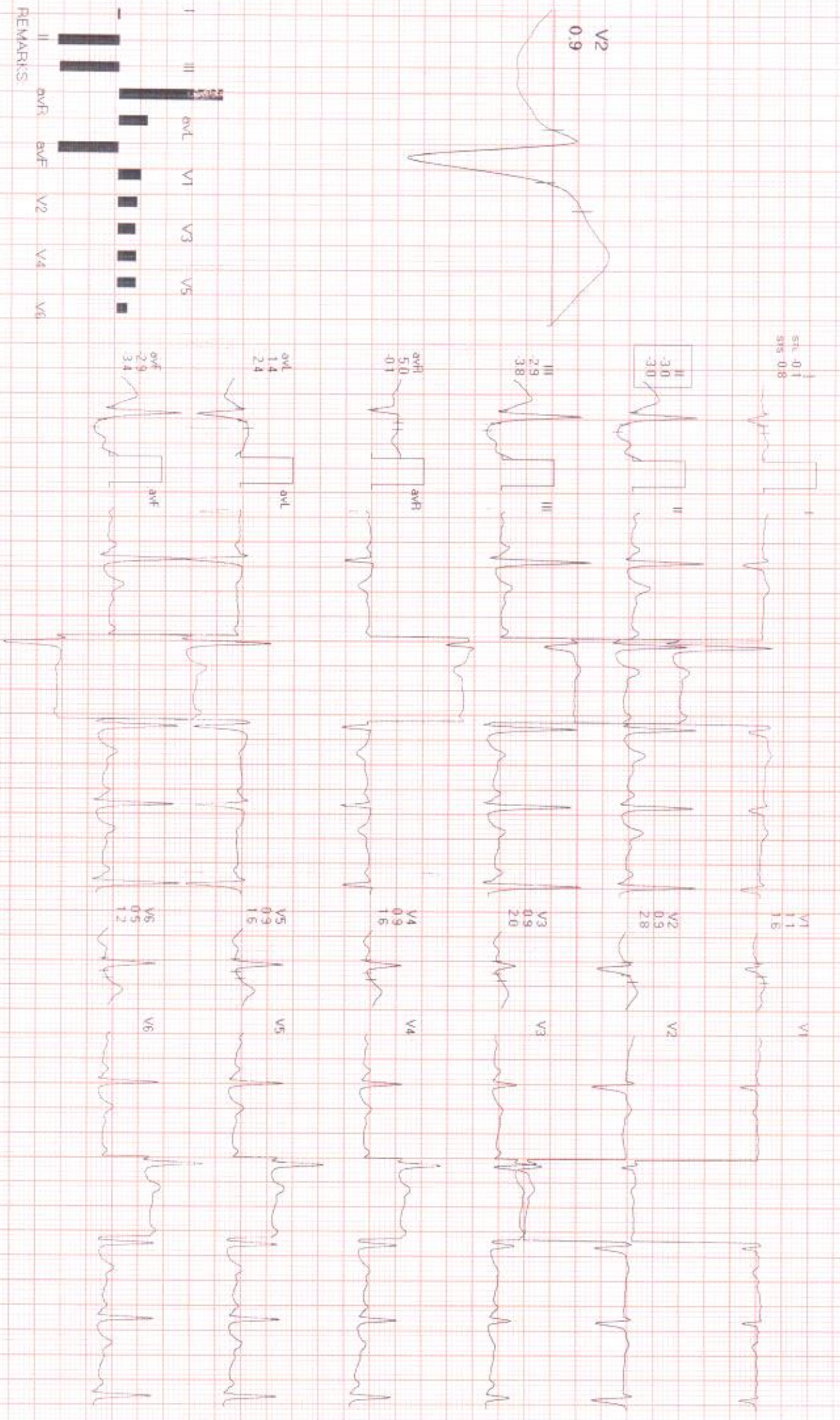
Recovery : (01:35)

1097 (2305622175) / SUJATA JAIN / 30 Yrs / F / 153 Cms / 65 Kg / HR 112

Date: 25/02/2023 12:03:04 PM METS: 10/112 bpm 59% of THR BP: 140/80 mmHg Raw ECG/BLC Orig/Match Orig/HF 0.05 Hz/AF 35 Hz

4X 50 mS Port J

ExtTime 06:25 0.0 kmph 0.0%



REMARKS:





CID : 2305622175
Name : MRS.SUJATA JAIN
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 25-Feb-2023 / 09:49
Reported : 25-Feb-2023 / 15:16

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.43	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.6	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7440	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.2	20-40 %	
Absolute Lymphocytes	2172.5	1000-3000 /cmm	Calculated
Monocytes	9.2	2-10 %	
Absolute Monocytes	684.5	200-1000 /cmm	Calculated
Neutrophils	55.3	40-80 %	
Absolute Neutrophils	4114.3	2000-7000 /cmm	Calculated
Eosinophils	5.7	1-6 %	
Absolute Eosinophils	424.1	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	44.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	13.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.23	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.38	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.85	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
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	17.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	11.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	10.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	48.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.59	0.50-0.80 mg/dl	Enzymatic



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eGFR, Serum	127	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
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





CID : 2305622175
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Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



CID : 2305622175
Name : MRS.SUJATA JAIN
Age / Gender : 30 Years / Female
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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 Borivali Lab, Borivali West

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111



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Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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 ***




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



CID : 2305622175
Name : MRS.SUJATA JAIN
Age / Gender : 30 Years / Female
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.5	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	52.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	115.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.6	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	16.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



Namrata

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2305622175
Name : MRS.SUJATA JAIN
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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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	5.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.770	0.55-4.78 microIU/ml	CLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 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

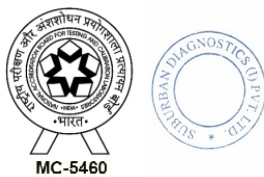
Limitations:

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)

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*** End Of Report ***



Anupa

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