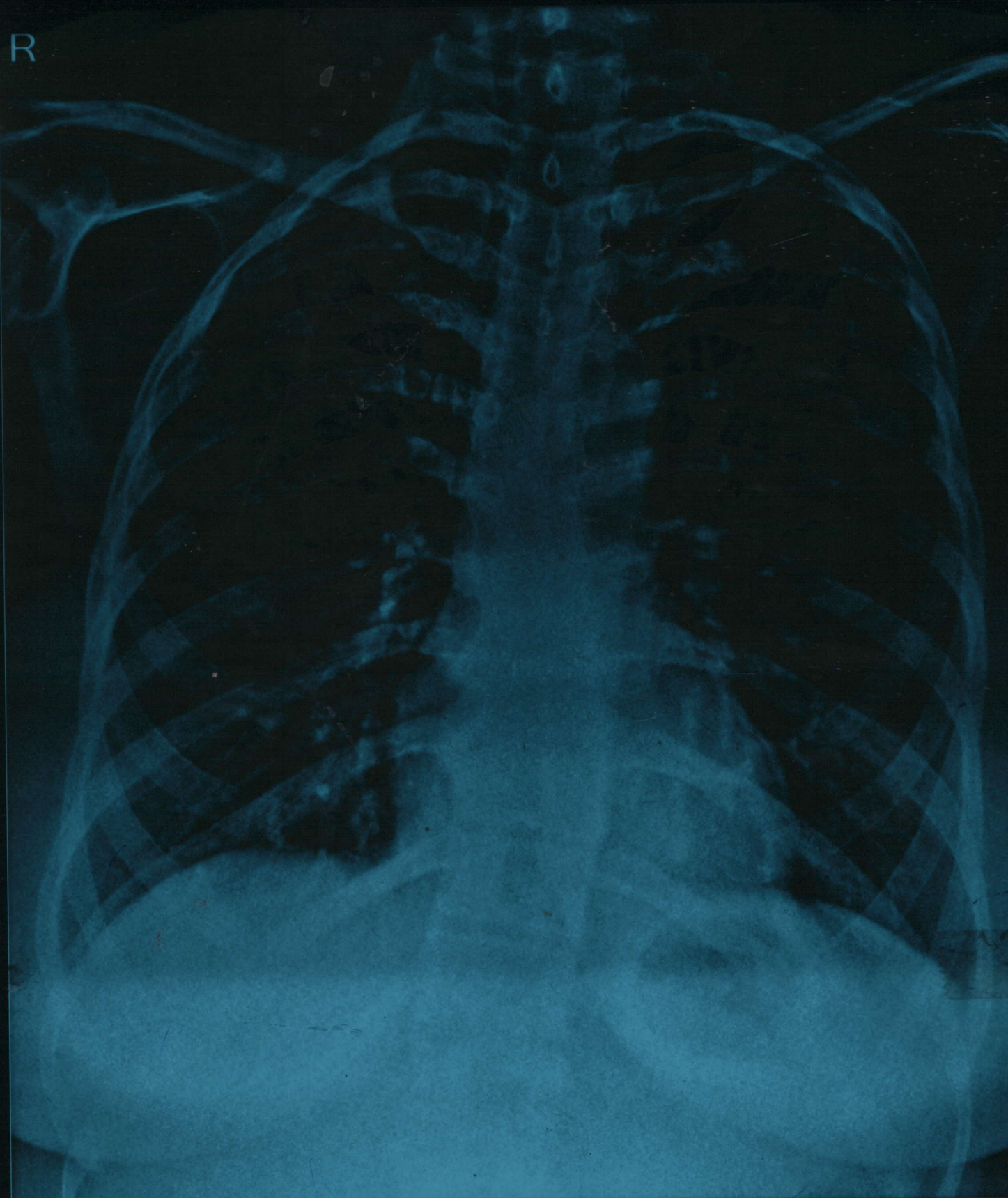


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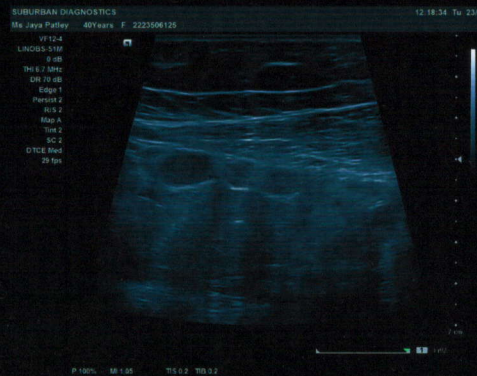
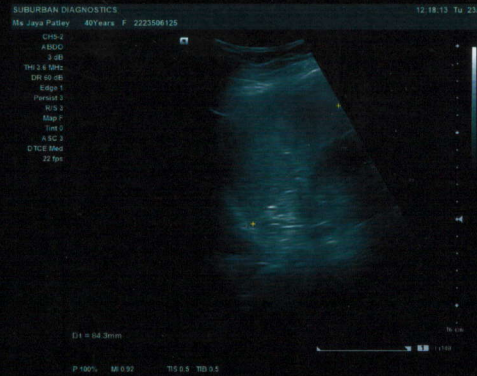
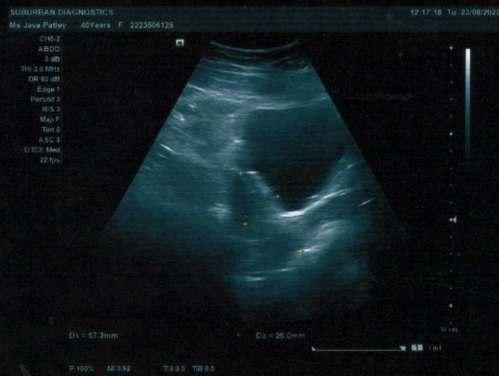
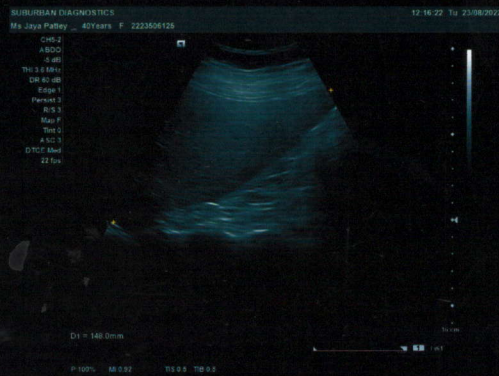


Ms Jaya Patley F 040Y 2223506125 CHEST PA 8/23/2022
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR

R



Ms Jaya Patley F 040Y 2223506125 CHEST PA 8/23/2022
SUBURBAN DIAGNOSTICS PIMPLE SAUDAGAR



SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

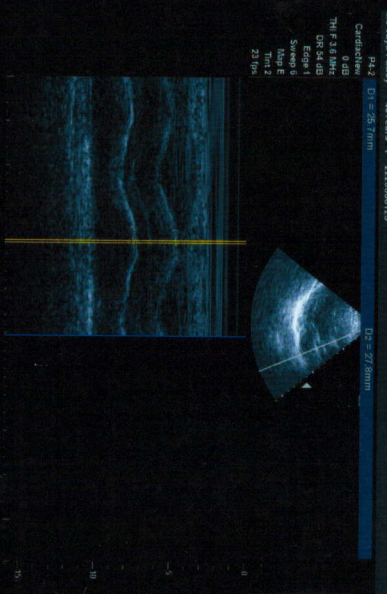
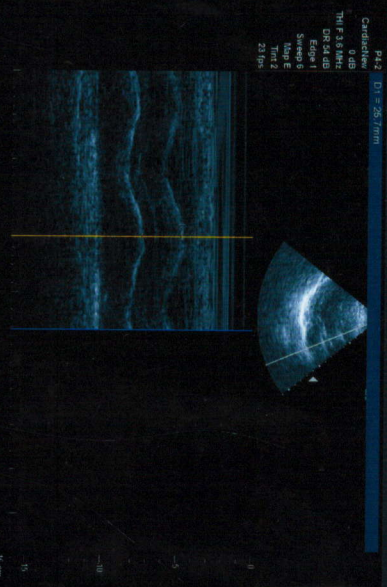
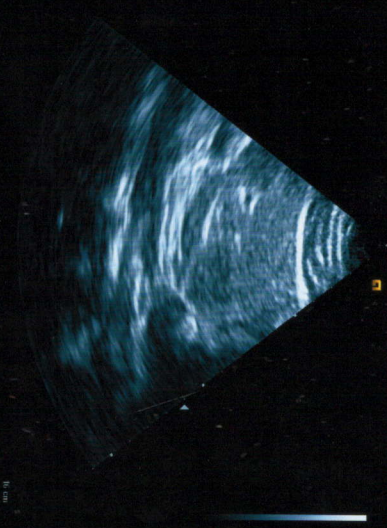
SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

CardioView
THI 3.8 dB
DR 54 dB
Edge 2
PwrA 1
Mts 2
Tmt 1
DTCE Med
D/D/1
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 2
PwrA 1
Mts 2
Tmt 1
DTCE Med
D/D/1
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 5
Tmt 2
23fps



P: 100% IM 0.81 TIS 0.7 TIB 0.7

P: 100% IM 0.82 TIS 0.7 TIB 1.1

P: 100% IM 0.82 TIS 0.7 TIB 1.1

SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

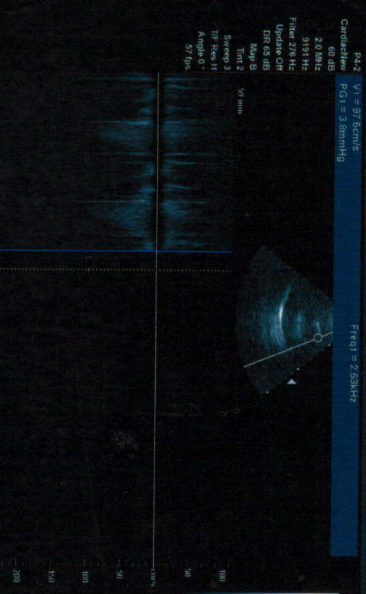
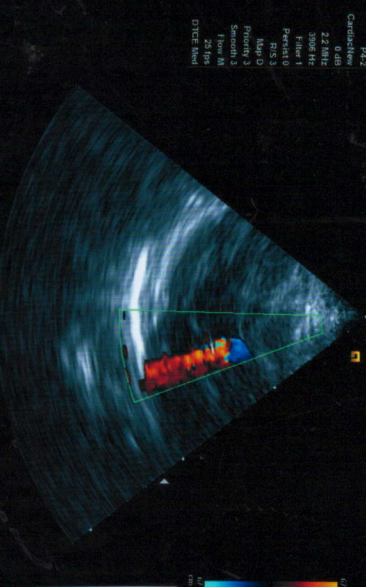
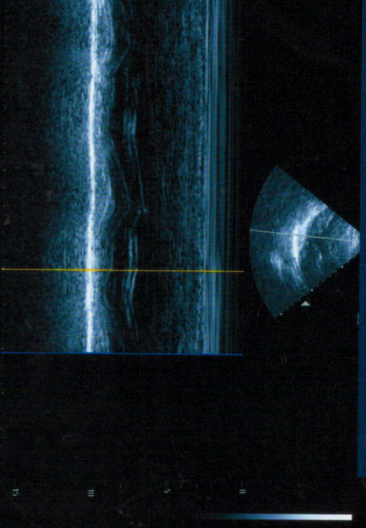
SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 4
Mts 1
Tmt 2
21fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 4
Mts 1
Tmt 2
21fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 3
Tmt 2
25fps



P: 100% IM 0.82 TIS 0.7 TIB 1.1

P: 100% IM 0.85 TIS 0.8 TIB 0.9

P: 100% IM 0.82 TIS 1.1 TIB 1.3

SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

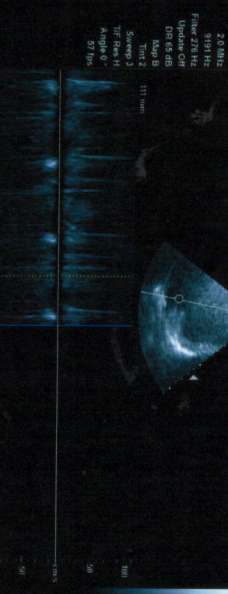
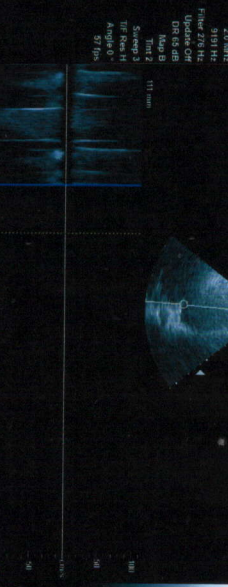
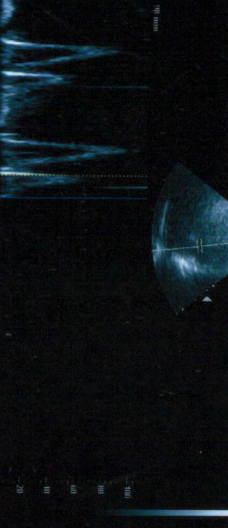
SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

SUBURBAN DIAGNOSTICS
Ms Jaya Patley 40Years F 2223506125

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 4
Mts 1
Tmt 2
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 3
Tmt 2
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 3
Tmt 2
57fps



P: 100% IM 0.85 TIS 1.1 TIB 2.9

P: 100% IM 0.88 TIS 1.3 TIB 4.3

P: 100% IM 0.82 TIS 1.1 TIB 1.3

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 4
Mts 1
Tmt 2
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 3
Tmt 2
57fps

CardioView
THI 3.8 dB
DR 54 dB
Edge 1
Sweep 3
Tmt 2
57fps

Jaya Patley
40/F

23/8/22

PHY2.

History and Complaints:
NIL

EXAMINATION FINDINGS:

Height (cms):	155	Weight (kg):	67	BMI
Temp (0c):	Afebrile	Skin:	Normal	Jaya
Blood Pressure (mm/hg):	110/70	Nails:	Healthy	
Pulse:	68	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

IMPRESSION:

excl - ^{FST} old pneumoniae.
Deranged lipid profile.

ADVICE:

Diet + regular exercise.
clinical correlation.

CHIEF COMPLAINTS:

1)	Hypertension:	Jaya NIL
2)	IHD:	
3)	Arrhythmia:	
4)	Diabetes Mellitus :	
5)	Tuberculosis :	
6)	Asthama:	
7)	Pulmonary Disease :	

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009
CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests.(3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease as per Public Health Act.

9)	Nervous disorders :	
10)	GI system :	
11)	Genital urinary disorder :	
12)	Rheumatic joint diseases or symptoms :	
13)	Blood disease or disorder :	NIL
14)	Cancer/lump growth/cyst :	
15)	Congenital disease :	
16)	Surgeries :	2017 - TB (L) lobe of chest (lung / node ?)
PERSONAL HISTORY:		
1)	Alcohol	
2)	Smoking	Yes
3)	Diet	Mixed
4)	Medication	NIL



Dr. KRUTIKA INGLE
 MBBS, D.DM, PG in Diabetology (USA)
 MMC Regd - 2012 103018

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics (2)Sample must be... if unacceptable for the requested tests. (3)Test results may vary from laboratory to laboratory and also in some parameters from time to time. (4)For medico-legal purposes. (6)Patient information or data will not be...

DENTAL CHECK - UP

Name:- *Jaya Patil*

CID :

Sex / Age *40 / F*

Occupation:-

Date: *23 / 8 / 22*

Chief complaints:-

gum

Medical / dental history:-

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ:
- b) Facial Symmetry:

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus:
- Stains:

nil

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised:

Provisional Diagnosis:-

Krutika Ingle

Dr. KRUTIKA INGLE

MBBS, D.DM, PG in Diabetology (USA)
MMC Regd - 2012 103018

Diet

- 3L water intake
- Every meal to include -
30% carbs, 30% proteins,
30% salads, 10% fats.
- 1-2 fruits daily.
- Proteins - paneer, soyab,
pulses, dal, eggs, meat.
- ↑ intake of - leafy vegs,
oats, ragi, nuts, seeds,
in every meals / snacks.
- Snacking - dates,
dry fruits, khumra,
makhana
- Avoid fried,
junk food.

Signature



CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 14:20

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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	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.32	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.1	36-46 %	Measured
MCV	81	80-100 fl	Calculated
MCH	25.2	27-32 pg	Calculated
MCHC	31.1	31.5-34.5 g/dL	Calculated
RDW	12.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10240	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.6	20-40 %	
Absolute Lymphocytes	3440.6	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	593.9	200-1000 /cmm	Calculated
Neutrophils	56.3	40-80 %	
Absolute Neutrophils	5765.1	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	368.6	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	71.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.



CID : 2223506125
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Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 14:59

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PLATELET PARAMETERS

Platelet Count	239000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Calculated
PDW	22.2	11-18 %	Calculated

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 15 2-20 mm at 1 hr. Westergren

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



K.S. Wadgaonkar

Dr.Khushboo Wadgaonkar
M.B.B.S., M.D. (Path),
Consultant Pathologist



CID : 2223506125
Name : MS.JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 14:46

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	111.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.8	35-105 U/L	Colorimetric



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CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 12:50
Reported : 23-Aug-2022 / 17:51

BLOOD UREA, Serum	13.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



K.S. Wadgaonkar

Dr. Khushboo Wadgaonkar
M.B.B.S., M.D. (Path),
Consultant Pathologist



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 Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
 Reported : 23-Aug-2022 / 16:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated



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Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 16:50

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 ***



Gourav
Dr. GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 15:46

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

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



K.S. Wadgaonkar
Dr. Khushboo Wadgaonkar
M.B.B.S., M.D. (Path),
Consultant Pathologist

Authenticity Check



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Application To Scan the Code

CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 16:35

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

PARAMETER

RESULTS

ABO GROUP

B

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 ***



MC-2463

Gourav Agrawal

Dr. GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist



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CID : 2223506125
Name : MS.JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 14:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	273.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	184.0	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	55.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	218.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	181.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	37.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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



Dr. Gourav Agrawal
Dr.GOURAV AGRAWAL
DCP, DNB (Path)
Pathologist



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CID : 2223506125
Name : MS.JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 15:24

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	4.0	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.1	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	1.16	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.



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CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected : 23-Aug-2022 / 09:19
Reported : 23-Aug-2022 / 15:24

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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 Pune Lab, Pune Swargate



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

Authenticity Check



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Application To Scan the Code

CID : 2223506125
Name : MS. JAYA PATLEY
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Pimple Saudagar, Pune (Main Centre)

Collected :
Reported :

*** End Of Report ***

R
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P
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R
T

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2223506125
Name : Ms Jaya Patley
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date : 23-Aug-2022
Reported : 23-Aug-2022 / 10:14

X-RAY CHEST PA VIEW

Bilateral basal artifactual haziness seen.
Few random fibrotic strands with prominent BV markings are seen in both lungs.
Trachea is central.
Rest of the visualized bilateral lung fields appear grossly normal.
Both hila appear normal.
Cardiac silhouette has grossly normal appearance for age.
Bilateral costophrenic and cardiophrenic angles appear grossly normal.
Visualized bony thorax and soft-tissues are grossly normal for age.

IMPRESSION :

- Sequel of old pneumonitis.

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

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PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009
CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400033

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2D ECHO / COLOUR DOPPLER

NAME : MS JAYA PATLEY
REF BY: ARCOFEMI
CID NO : 2223506125

Age: 40Y/FEMALE
DATE : 23.08.2022
REG LOC: PIMPLE SAUDAGAR PUNE

M - Mode values

Doppler Values

AORTIC ROOT (mm)	26	PULMONARY VEL (m/sec)	0.9
LEFT ATRIUM (mm)	28	PG (mmHg)	3
RV (mm)	28	AORTIC VEL (m/sec)	1.2
IVS - D (mm)	11	PG (mmHg)	6
LVID - D (mm)	48	MITRAL E VEL (m/sec)	0.8
LVID - S (mm)	28	A VEL (m/sec)	0.6
LVPW - D (mm)	11	TRICUSPID VEL. (m/sec)	1.8
EJECTION FRACTION (%)	60	PG (mmHg)	13

OBSERVATION:

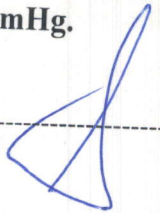
All four cardiac valves are structurally normal.
All four cardiac chambers normal in dimensions.
Normal left ventricle size with Good ventricle systolic function .(LVEF-65%)
No Regional wall motion abnormality.
Left atrium, Right atrium & Right ventricle are normal in size.
No pulmonary artery hypertension. RVSP = 25 mmHg.
Interatrial septum & Interventricular septum are intact.
No clot/vegetation /pericardial effusion.
Doppler study revealed mild mitral regurgitation , mild tricuspid regurgitation.
IVC 1.5 cm, more than 50% pulsatile.
Left sided aortic arch, No coarctation of aorta.
No diastolic dysfunction.

CONCLUSION:

Normal left ventricle size with Good ventricle systolic function .(LVEF-65%)
No pulmonary artery hypertension. RVSP = 25 mmHg.

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

Dr. Sonam Shah
MBBS MD DM Cardiology
Interventional Cardiologist
MMC 2010 / 06 / 2218


DR SONAM SHAH
MD DM CARDIOLOGY
INTERVENTIONAL CARDIOLOGY

Authenticity Check



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CID : 2223506125
Name : Ms Jaya Patley
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Pimple Saudagar, Pune Main Centre

Reg. Date Reported : 23-Aug-2022
: 23-Aug-2022 / 12:15

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 cm), 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.

GALLBLADDER:

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 echo texture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.3 x 3.8 cm. Left kidney measures -9.6 x 5.1 cm.

SPLEEN:

The spleen is normal size (8.4 cm) with normal echo texture. 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 bulky in size, measures 57 x 25 x 41 mm. The endometrial thickness is 4mm.

OVARIES:

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

IMPRESSION: -

- No significant abnormality.

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

This report is prepared and physically checked by Dr. Divya Chaudhary before dispatch.

Divya

Dr. Divya Chaudhary
MBBS, M.D. RADIODIAGNOSIS,
DNB, RADIOLOGIST
MMC Reg - 2016/01/0064

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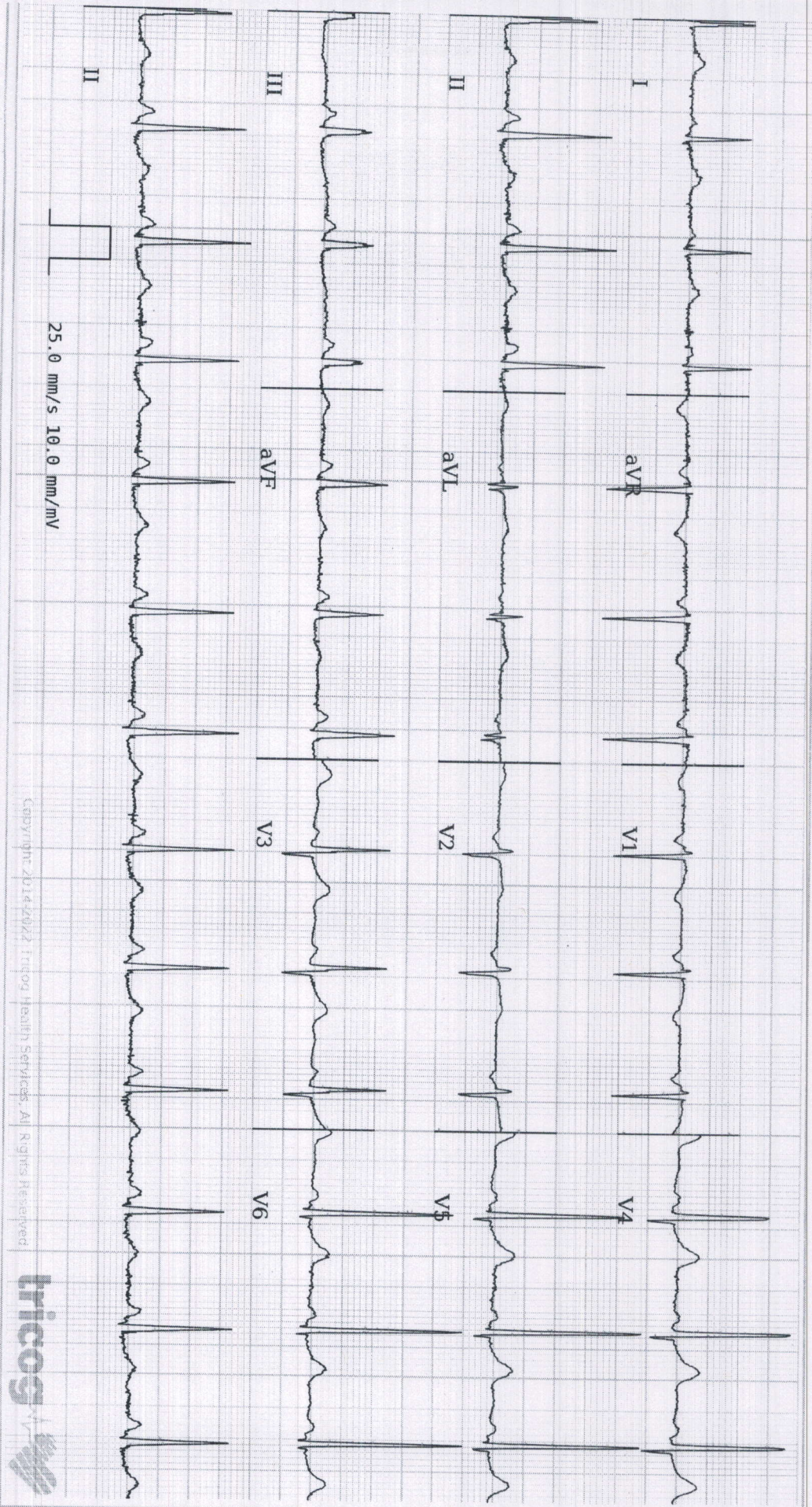
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Age **40** 9 1
years months da

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **67 kg**

Height: **155 cm**

Pulse: **68 bpm**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QT: **398ms**

QTc: **453ms**

PR: **118ms**

P-R-T: **73° 54° 36°**

Sinus Rhythm, Normal Axis, Nonspecific ST Abnormality. Baseline artefacts. Please correlate clinically.

REPORTED BY

Dr. Kratika Ingole
MBBS, D DM, PG in Diabetology (USA)
2012103018

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 vital are as entered by the clinician and not derived from the ECG.



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आधार

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Government of India

नामांकन क्रम / Enrollment No.: 2090/70509/07874

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14/03/2012

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आपका आधार क्रमांक / Your Aadhaar No. :

3692 1136 6438

मेरा आधार, मेरी पहचान



भारत सरकार

Government of India



जया मेघनाथ पटले
Jaya Meghnath Patley
जन्म तिथि / DOB : 22/11/1981
महिला / Female



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