

Name : Mrs . SANGEETA RAY
VID : 2308912929
Ref By : Arcofemi Healthcare Limited

Reg Date : 30-Mar-2023 09:09
Age/Gender : 29 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 152 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 100/70
Pulse: 72/min

Weight (kg): 43 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

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

IMPRESSION:

Wbc - Blood 3+
Rbc - 10-12/KPF
ECC - Short "PR" interval

ADVICE:

plenty of oral fluid

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 |

Print Date : 02-Apr-2023 13:28

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- | | |
|--|----|
| 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 | Mixed |
| 4) Medication | No |


Dr. Jagruti Dhale

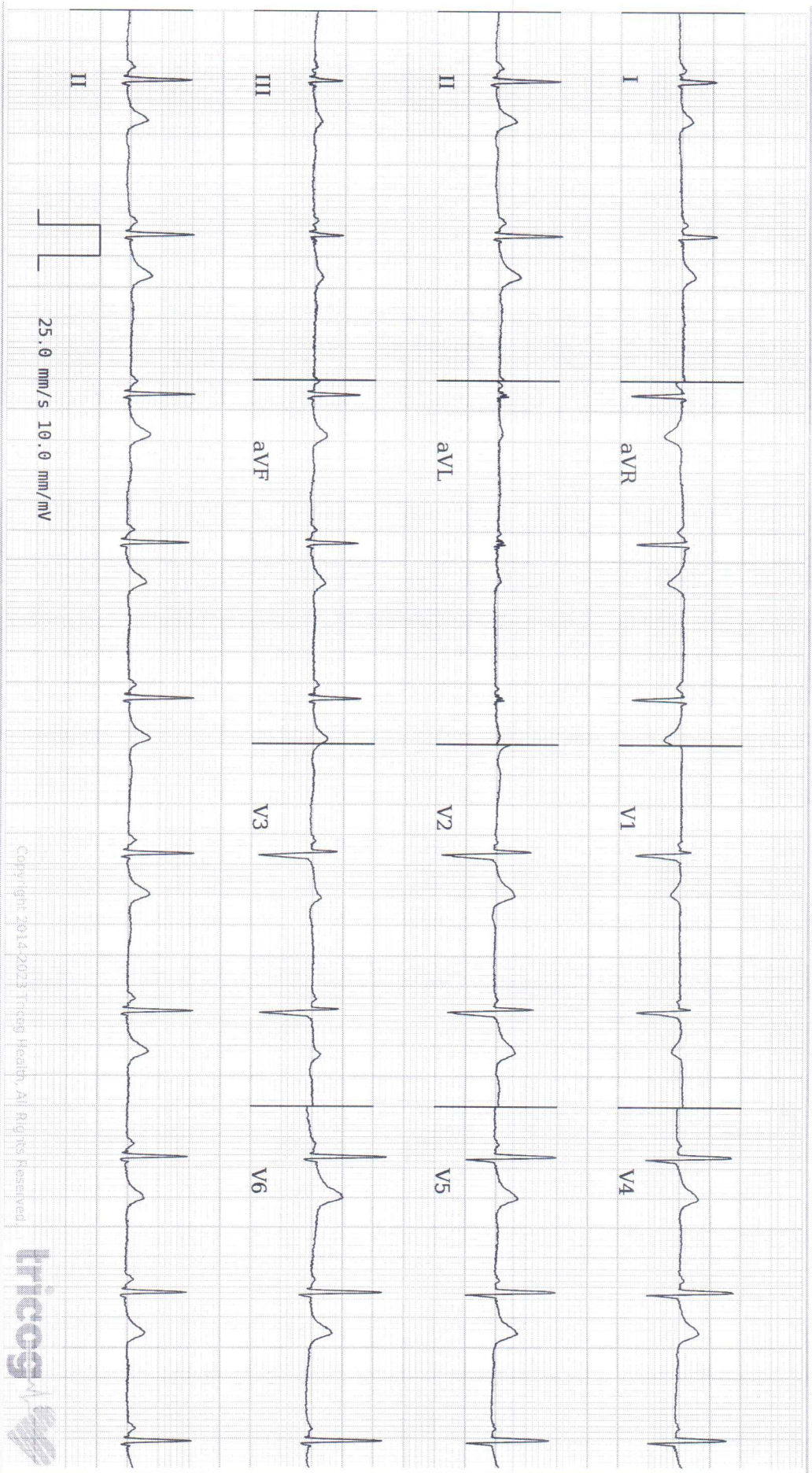
Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 09548

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

Patient Name: SANGEETA RAY

Date and Time: 30th Mar 23 10:55 AM

Patient ID: 2308912929



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Age **29** 7 15
years months days

Gender **Female**

Heart Rate **60bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 43 kg

Height: 152 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 70ms

QT: 376ms

QTc: 376ms

PR: 94ms

P-R-T: 43° 57° 55°

REPORTED BY

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

Sinus Rhythm, Short PR Interval. 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.

Date:- 30/3/23

CID: 2308912929

Name:- Mrs Sangeeta Ray

Sex/Age: F/29

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: No H/O ST

Past history: No H/O Ocular surgery

Unaided Vision: 6/6P 6/6P

Aided Vision:

Refraction:

Emms! normal

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	0.25	90	6/6	±	0.50	170°	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivall (east),
Mumbai - 400101.
Tel : 61700800

CID : 2308912929
Name : Mrs SANGEETA RAY
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023 / 10:37

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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 visualised 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 8.7 x 3.8 cm. Left kidney measures 9.5 x 4.6 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 6.6 x 3.2 x 2.9 cm in size.
The endometrial thickness is 5 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 2.0 x 1.7 cm and volume is 4.8 cc
Left ovary = 2.6 x 2.2 x 2.1 cm and volume is 7.1 cc

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IMPRESSION:-

No significant abnormality is seen.

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

Khilji Faizur

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. Please interpret accordingly.

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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-----

Khilji FA

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

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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 30-Mar-2023 / 15:12

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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	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	3.70	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.0	36-46 %	Measured
MCV	105	80-100 fl	Calculated
MCH	33.0	27-32 pg	Calculated
MCHC	31.3	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	1608.2	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	317.3	200-1000 /cmm	Calculated
Neutrophils	61.7	40-80 %	
Absolute Neutrophils	3375.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	147.7	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	168000	150000-400000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Calculated
PDW	28.9	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	80.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.22	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	10.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	47.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.3	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	128	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	3.6	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





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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	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Age / Gender : 29 Years / Female
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Reg. Location : Kandivali East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

NR Jain

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



MC-2111



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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	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	18-20	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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

Bmhasakar

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



MC-2111



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

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

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

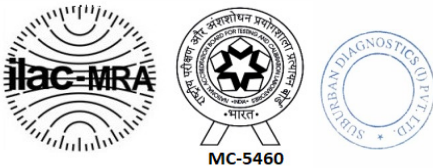
Specimen: EDTA Whole Blood and/or serum

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. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	147.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.9	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	105.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.9	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	15.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	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



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 Consulting Dr. : -
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 Reported : 30-Mar-2023 / 13:22

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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	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.936	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)

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

*** End Of Report ***

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

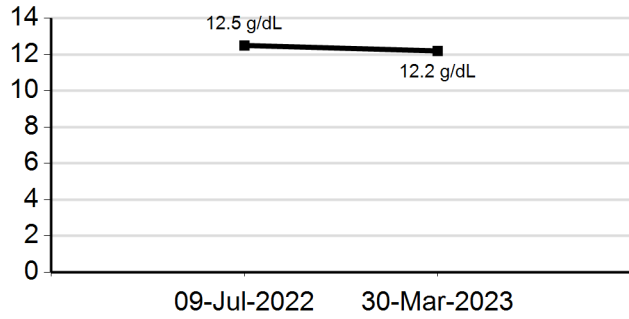




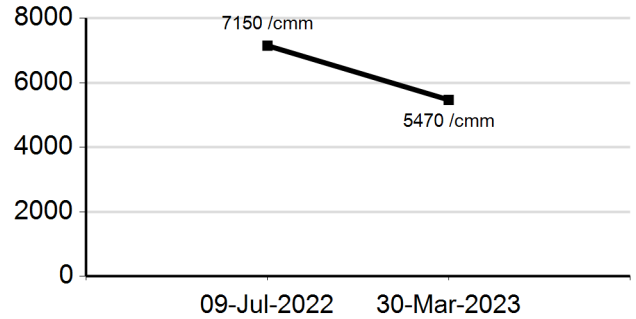
Use a QR Code Scanner Application To Scan the Code

CID : 2308912929
Name : MRS.SANGEETA RAY
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

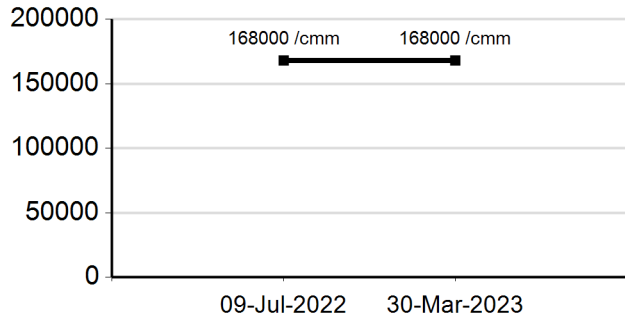
Haemoglobin



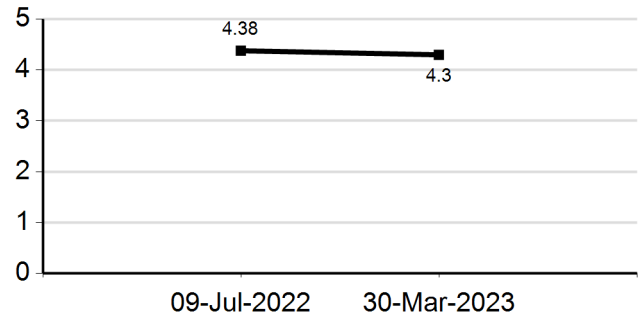
WBC Total Count



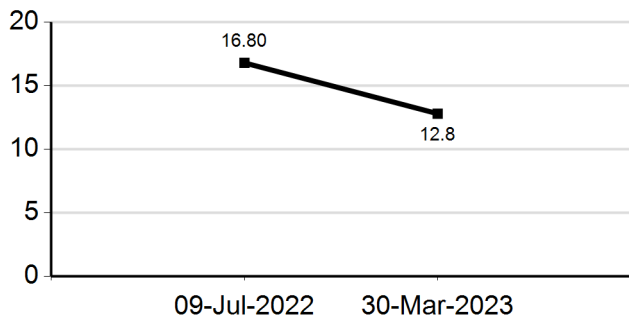
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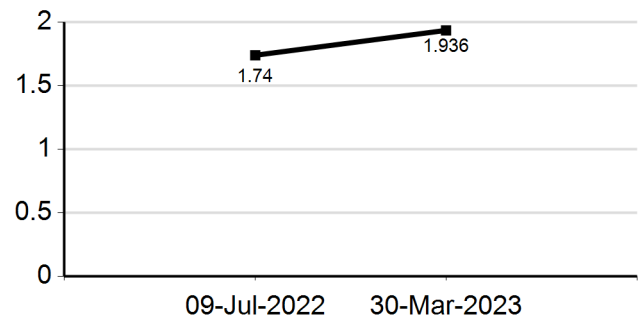
Free T3



Free T4



sensitiveTSH



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg
 Date: 30 / 03 / 2023 12:07:23 PM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	072	38 %	100/70	072	00	
Standing	00:33	0:27	00.0	00.0	01.0	095	50 %	100/70	095	00	
HV	00:42	0:09	00.0	00.0	01.0	090	47 %	100/70	090	00	
ExStart	01:03	0:21	00.0	00.0	01.0	077	40 %	100/70	077	00	
BRUCE Stage 1	03:03	2:00	02.7	10.0	03.5	120	63 %	100/70	120	00	
BRUCE Stage 2	05:03	2:00	04.0	12.0	06.3	152	80 %	140/80	212	00	
PeakEx	05:58	0:55	05.5	14.0	08.1	177	93 %	150/80	265	00	
Recovery	06:58	1:00	00.2	00.0	01.1	144	75 %	150/80	216	00	
Recovery	07:07				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 04:55
 Initial HR (ExStrt) : 77 bpm 40% of Target 191
 Initial BP (ExStrt) : 100/70 (mm/Hg)
 Max Workload Attained : 8.1 Fair response to induced stress
 Duke Treadmill Score : 02.8
 Test End Reasons : Heart Rate Achieved

Max HR Attained 177 bpm 93% of Target 191
 Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD
 Row House No.3, Aangan,
 Thakar Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 617000000

Dr. Akhil P. Parulekar,
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012052493

Doctor : DR.AKHIL PARULEKAR



Email:

1381 / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg Date: 30 / 03 / 2023 12:07:23 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 177.0 bpm
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 04:55 Mins. Ectopic Beats 0.0
 METS 8.1 Test End Reason , Heart Rate Achieved Target Heart Rate 94% of 191

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 T 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, Kangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101
 Tel : 61700000

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





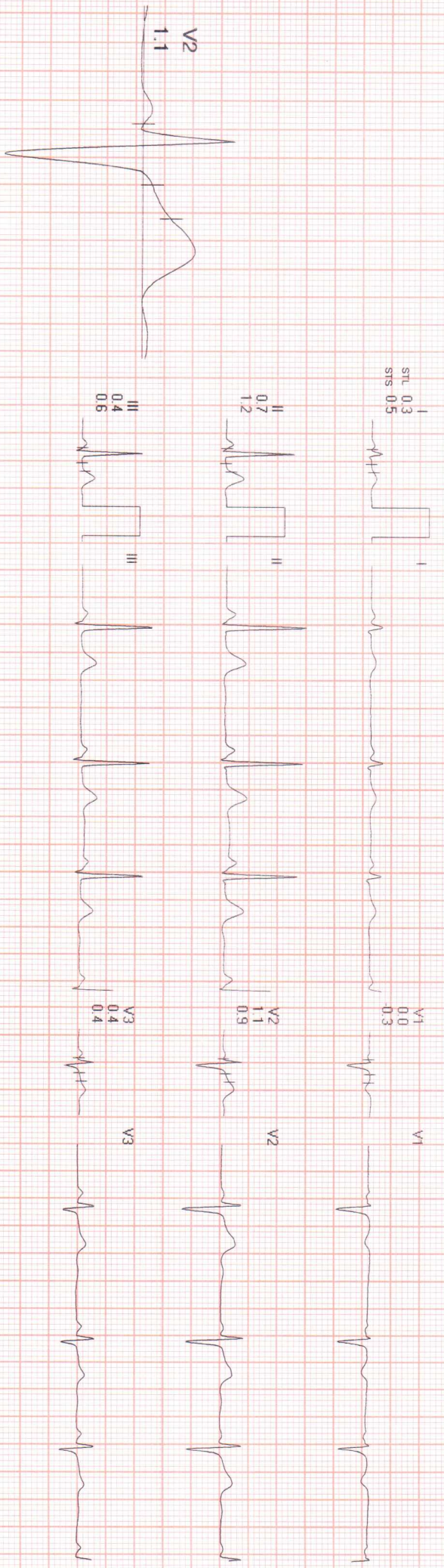
1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 72

Date: 30 / 03 / 2023 12:07:23 PM METS: 1.0/ 72 bpm 38% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Natch 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



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





Date: 30 / 03 / 2023 12:07:23 PM METS: 1.0/ 95 bpm 50% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 KmPh. 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6





1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 90

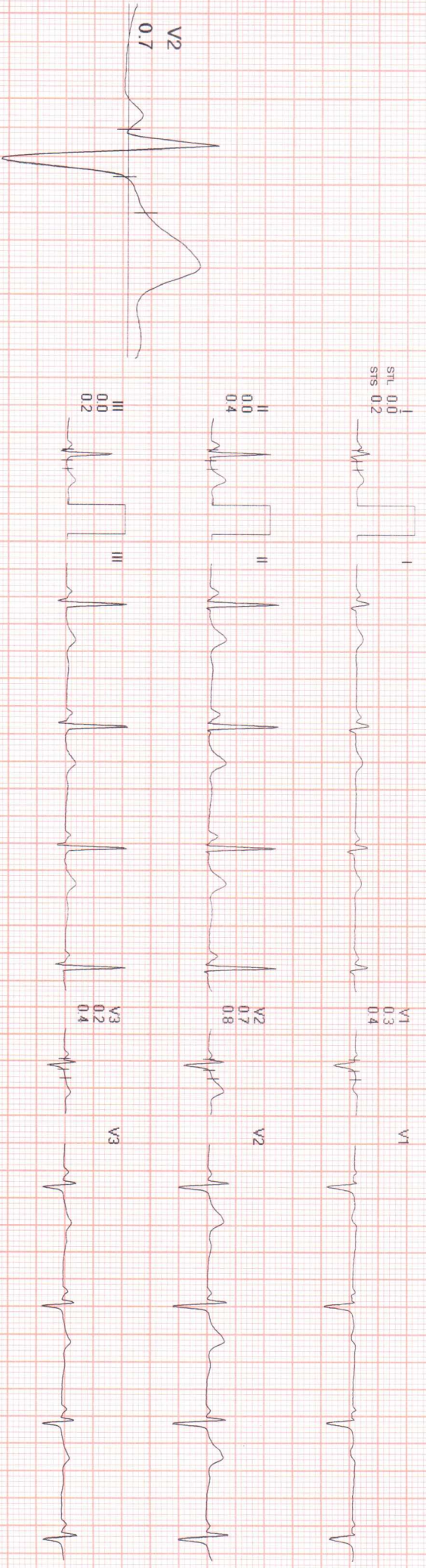
Date: 30 / 03 / 2023 12:07:23 PM

METS: 1.0 / 90 bpm 47% of THR BP: 100/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: II bVR aVL V1 V3 V5 V6



1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 120



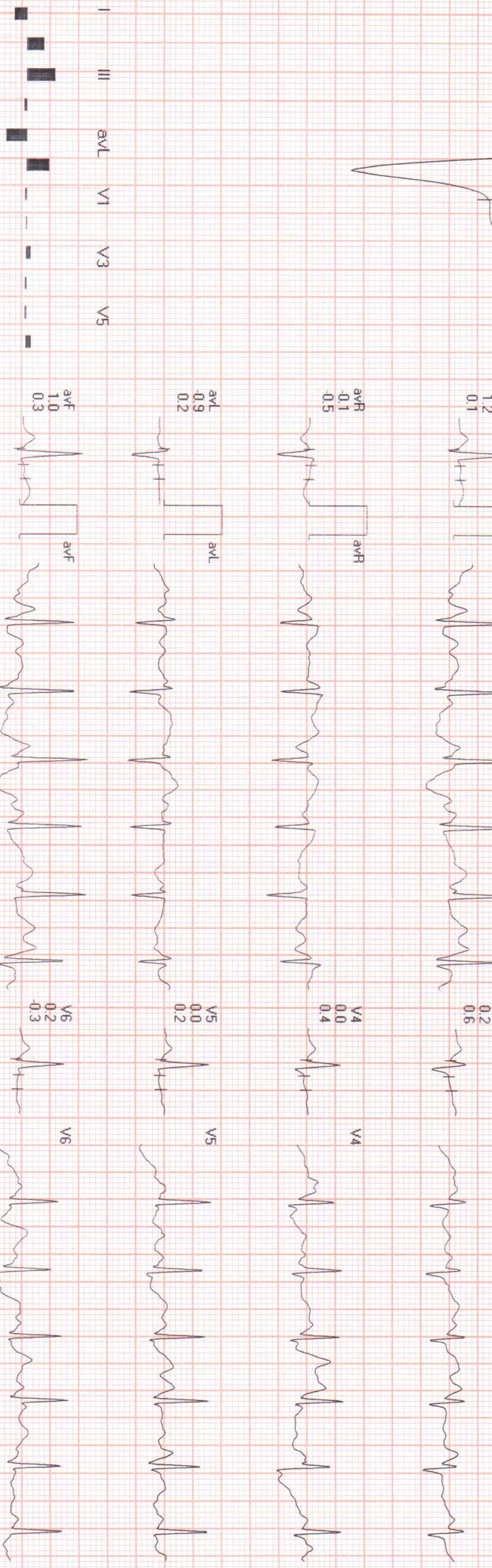
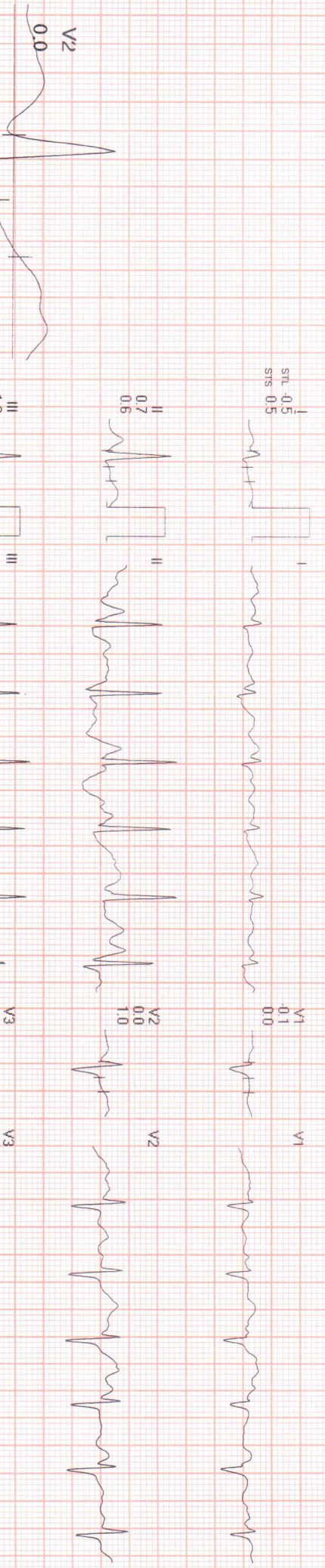
Date: 30 / 03 / 2023 12:07:23 PM

METS: 3.5 / 120 bpm 63% of THR BP: 100/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 02:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 132



Date: 30 / 03 / 2023 12:07:23 PM METS: 6.3/ 152 bpm 80% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:00 4.0 Kmph, 12.0%

4X 60 mS Pos U

25 mm/Sec 1.0 Cm/mV

STL 0.8
STS 0.5

V1 0.3
V1 0.5

II 0.1
II 0.1
II 1.3

V2 1.6
V2 1.5
V2 1.5

III 0.8
III 0.8
III 0.6

V3 1.1
V3 0.8
V3 1.1

aVR 0.3
aVR 0.3
aVR 1.1

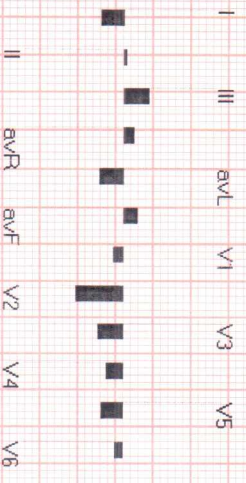
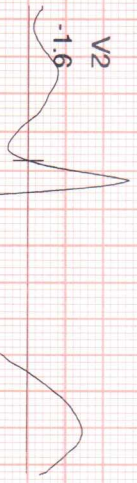
V4 0.5
V4 0.8
V4 0.8

aVL 0.8
aVL 0.8
aVL 0.1

V5 0.7
V5 0.4
V5 0.4

aVF 0.5
aVF 0.5
aVF 0.9

V6 0.3
V6 0.6
V6 0.6



REMARKS:



1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 177

Date: 30 / 03 / 2023 12:07:23 PM METS: 8.1 / 177 bpm 93% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:55 5.5 Kmph. 14.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR : 144

Recovery : (01:00)



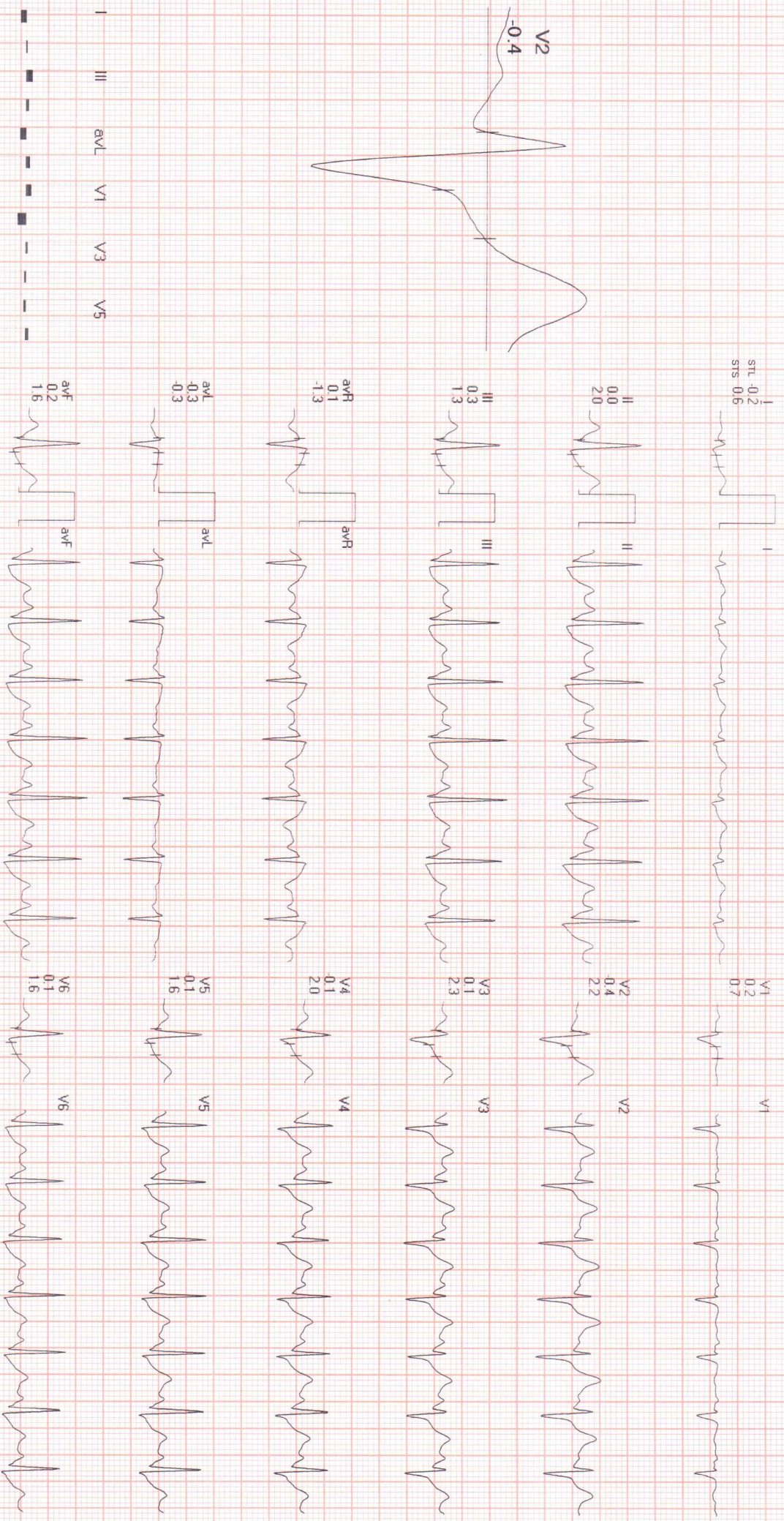
Date: 30 / 03 / 2023 12:07:23 PM

METS: 1.1 / 144 bpm 75% of THR BP: 150/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:55 0.2 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)



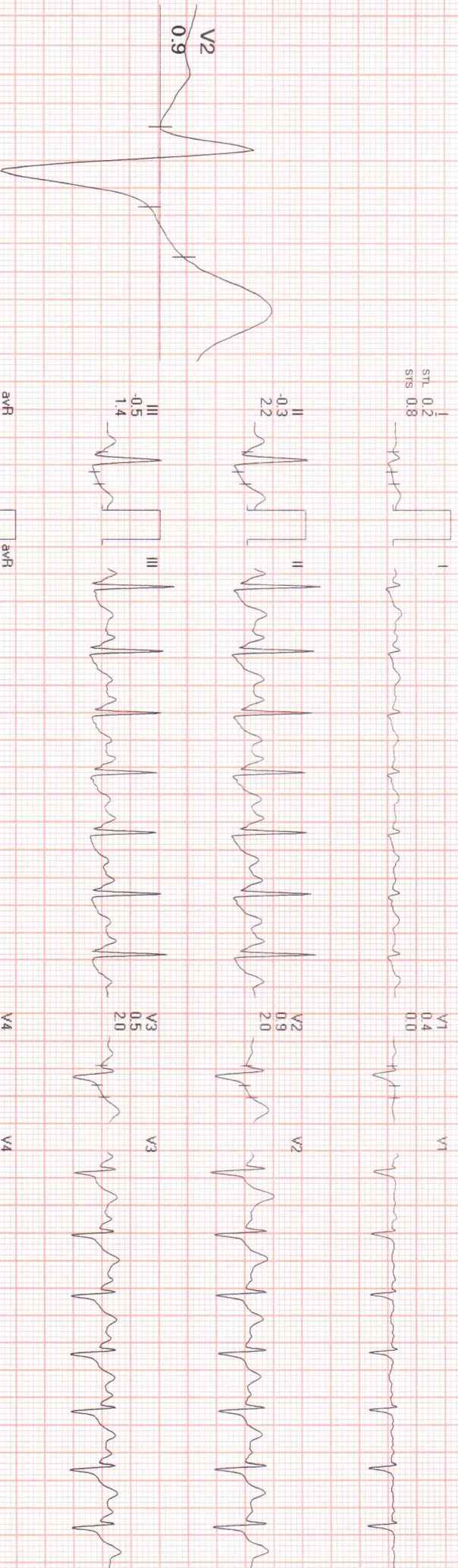
1381 (2308912929) / SANGEETA ROY / 29 Yrs / F / 152 Cms / 43 Kg / HR 137

Date: 30 / 03 / 2023 12:07:23 PM METS: 1.0 / 137 bpm 72% of THR BP: 150/80 mmHg Raw ECG/ BLOC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 04:55 0.0 Kmph, 0.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

