

Name : MRS. BARNA PRADHAN

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected : 27-Mar-2024 / 10:06

Reg. Location : Kandivali East (Main Centre)

Reported : 28-Mar-2024 / 08:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 160 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/80
Pulse: 72/min

Weight (kg): 65 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

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

IMPRESSION:

- Low fatty liver
" carb
Endocrinologist opinion
T. Rosuvastatin (20mg) 3x with
o-o-x

↑ SGOT, SALT
↑ ALB 5-8
Hypolipidemia
TSH - 92.

ADVICE:

Name : MRS. BARNA PRADHAN

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected : 27-Mar-2024 / 10:06

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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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aerogeddi,
Thakur Village, Kandivali (east),
Mumbai - 400701.
Tel : 61700000

DR. JAGRUTI DHALE

CID : 2408705796
Name : Mrs BARNA PRADHAN
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 27-Mar-2024
Reported : 27-Mar-2024 / 13:11

Use a QR Code Scanner
Application To Scan the Code

X-RAY CHEST PA VIEW

Blunting of left costophrenic angle is noted , suggestive of pleural effusion / pleural thickening.

Right costo-phrenic angle is clear.

Visualized lung fields 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.

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



DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

Page no 1 of 1

Date: - 27/3/2024

CID: 2408704738

Name: - Barma Pradhani

Sex/Age: 32/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal/Abnormal

Remark: Normal

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Authenticity Check



Use a QR Code Scanner
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CID : 2408704738
Name : Mrs BARNA PRADHAN
Age / Sex : 37 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Mar-2024
Reported : 27-Mar-2024 / 8:42

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.7 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 (10 mm) and CBD (2.8 mm) appears normal.

GALL BLADDER: The gall bladder appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS: The pancreas appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS: Right kidney measures 11.4 x 4.5 cm. Left kidney measures 10.7 x 5.4 cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN: The spleen is normal in size (8.2 cm) 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 7.3 x 5.1 x 2.9 cm in size. The endometrial thickness is 6.5 mm.

OVARIES: Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.6 cm Left ovary = 2.9 x 2.0 cm

IMPRESSION:-

NO SIGNIFICANT ABNORMALITY IS SEEN.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032708011710>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Juhu West, Mumbai - 400053. Page no 1 of 1

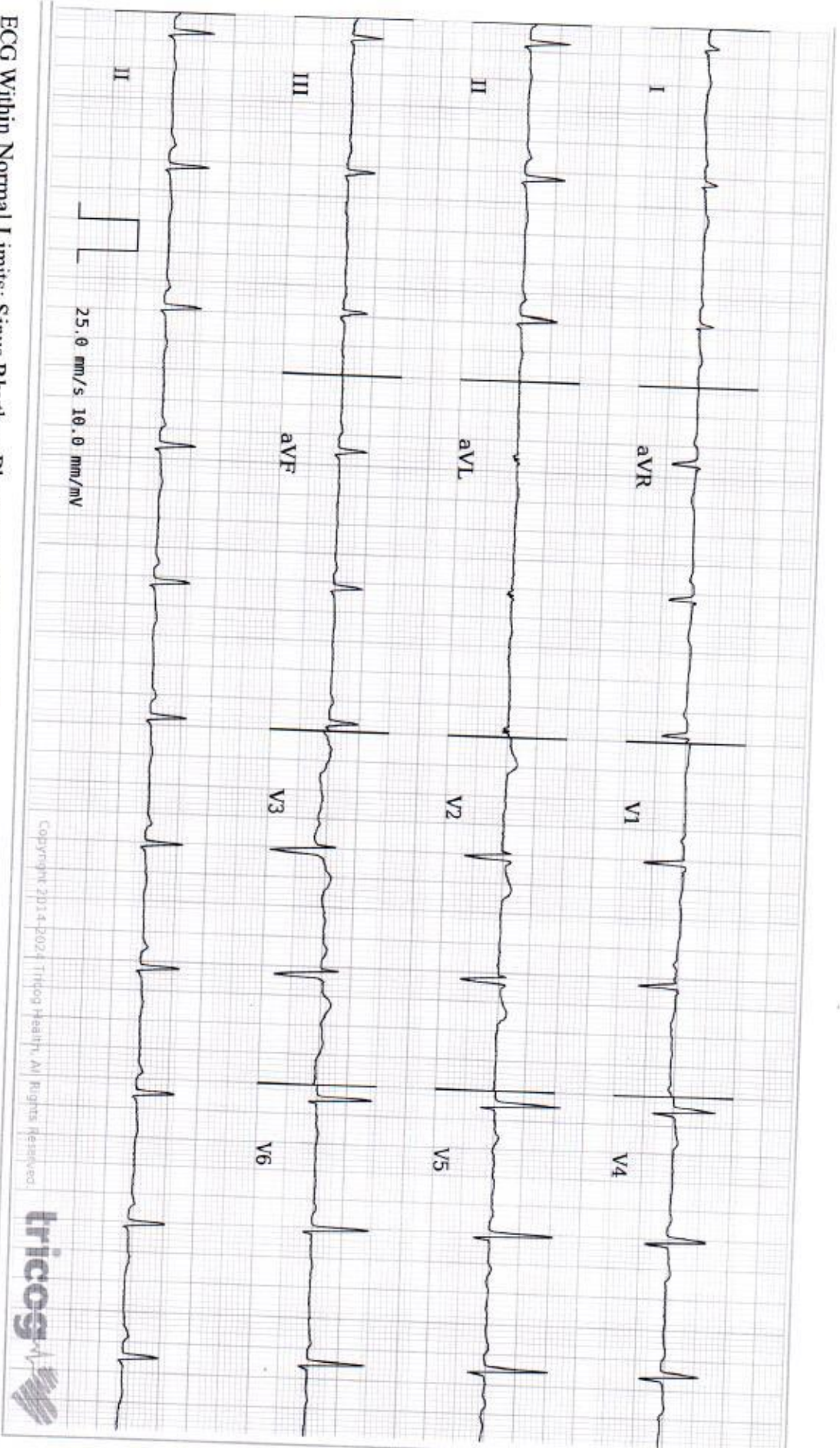
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

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

Patient Name: **BARNA PRADHAN**
Patient ID: **2408705796**

Date and Time: **27th Mar 24 9:04 AM**

SUBURBAN DIAGNOSTICS - KANDIVALI EAST



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Age **37** NA NA
years months days

Gender **Female**

Heart Rate **67bpm**

Patient Vitals

BP: **130/80 mmHg**
Weight: **65 kg**
Height: **160 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **84ms**
QT: **344ms**
QTcB: **363ms**
PR: **164ms**
P-R-T: **63° 74° 33°**

REPORTED BY

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

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Email:

3209 / BARNA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg Date: 27 / 03 / 2024 11:50:24 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 171.0 bpm
Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 04:55 Mins. Ectopic Beats 0.0
METS 6.2 Test End Reason , Heart Rate Achieved Target Heart Rate 93% of 183

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	FATIGUE
EXEROSIE TOLERANCE	LOW
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	ST DEPRESSION NOTED AT PEAK DISAPPEARS IN RECOVERY 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.

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Mumbai - 400101.
Tel : 617000000

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

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

3209 (2408705796) / BARNA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg
 Date: 27 / 03 / 2024 11:50:24 AM Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	092	50 %	130/80	119	00	
Standing	00:35	0:24	00.0	00.0	01.0	093	51 %	130/80	120	00	
HV	00:43	0:08	00.0	00.0	01.0	093	51 %	130/80	120	00	
ExStart	00:59	0:16	00.0	00.0	01.0	111	61 %	130/80	144	00	
BRUCE Stage 1	03:59	3:00	02.7	10.0	04.7	152	83 %	130/80	197	00	
PeakEx	05:54	1:55	04.0	12.0	06.2	171	93 %	160/80	273	00	
Recovery	06:54	1:00	00.0	00.0	01.0	129	70 %	160/80	206	00	
Recovery	07:11	1:18	00.0	00.0	01.0	105	57 %	160/80	168	00	

FINDINGS :

Exercise Time : 04:55
 Initial HR (ExStrt) : 111 bpm 61% of Target 183
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 6.2 Fair response to induced stress
 Duke Treadmill Score : 08.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 171 bpm 93% of Target 183
 Max BP Attained 160/80 (mm/Hg)

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Plot No. 141/3, Jambhale,
 Thakur Vastage, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700000

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

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:11)



3209 (2408705796) / BARNNA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 92

Date: 27 / 03 / 2024 11:50:24 AM

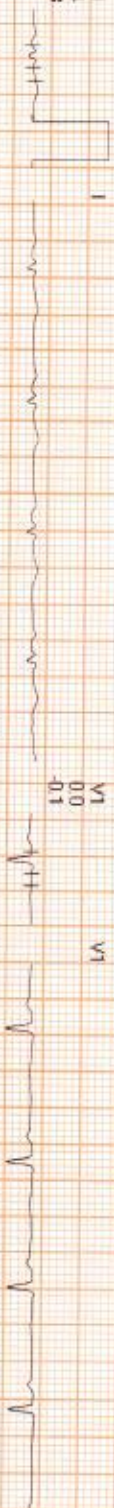
METS: 1.92 bpm 50% of THR BP: 130/80 mmHg Raw ECG: BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Kmph, 0.0%
25 mm/Sec 1.0 Cal/mV

SN: 0.4
STB: 0.3

V1
0.0
-0.1



II
-0.3
-0.1

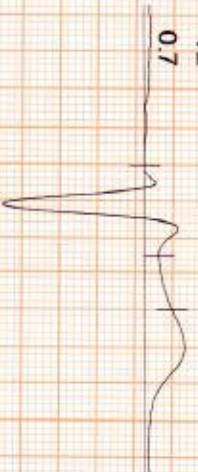
V2
0.7
0.5



V2
0.7

III
-0.7
-0.4

V3
0.2
0.0



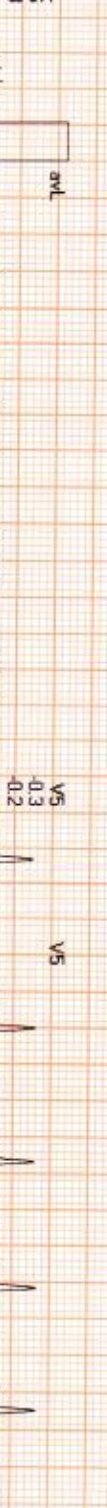
aVR
-0.1
-0.1

V4
0.7
0.0



aVL
0.6
0.3

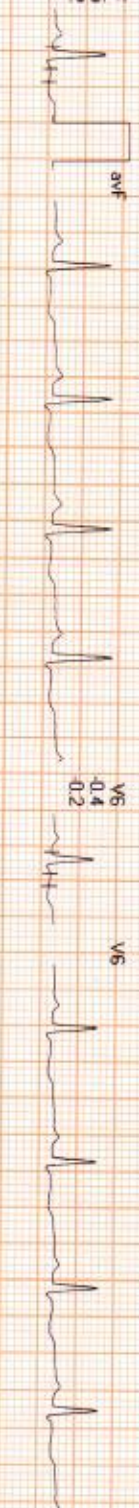
V5
-0.3
-0.2



I
III
aVL
V1
V3
V5

aVF
-0.5
-0.2

V6
-0.4
-0.2



II
aVR
aVF
V2
V4
V6

REMARKS:

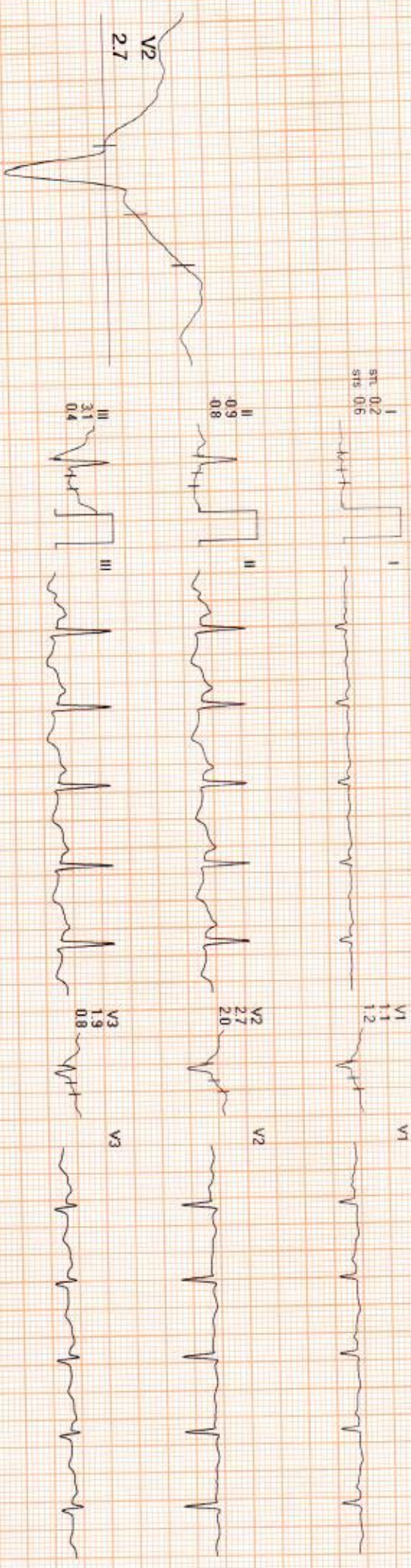


3209 (2408705796) / BARNIA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 93

Date: 27/03/2024 11:50:24 AM METS: 1.0/93 bpm 51% of THR BP: 130/80 mmHg Raw ECG/ELC On/Notch On/HF 0.05 Hz/LE 35 Hz

4X 90 ms Post-V

ExTime: 00:00 0.0 kmph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

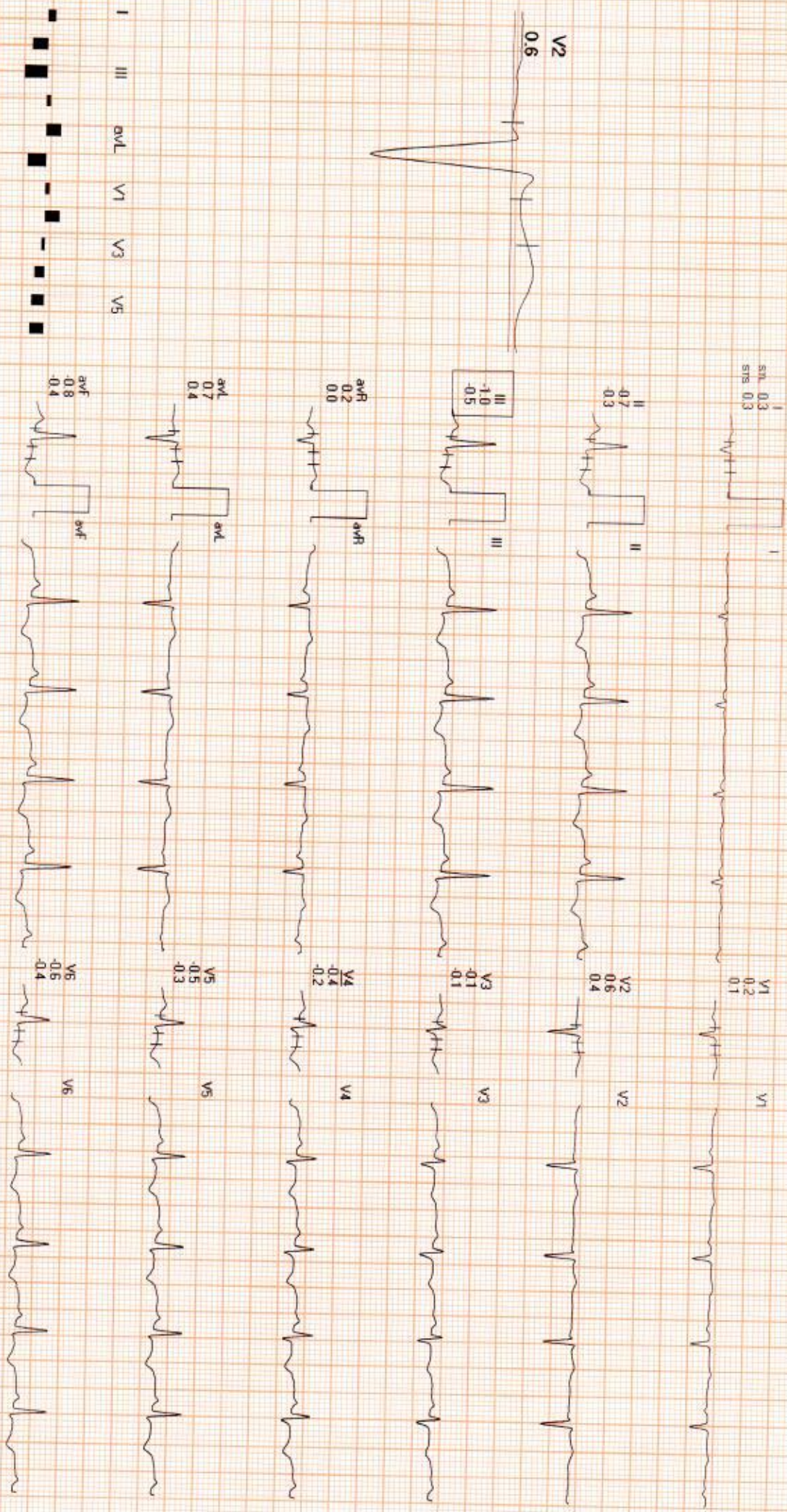
3209 (2408705796) / BARNIA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 93

Date: 27 / 03 / 2024 11:50:24 AM METS: 1.0/ 93 bpm 51% of THR EP: 130/80 mmHg Row ECG/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:0.0 Km/h. 0.0%

25 mm/Sec 1.0 Cm/mV

4X 80ms Post J



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

HV (00:08)



SUBURBAN DIAGNOSTICS KANDIVALI EAST

3209 (2408705796) / BARNNA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 111

ExStn



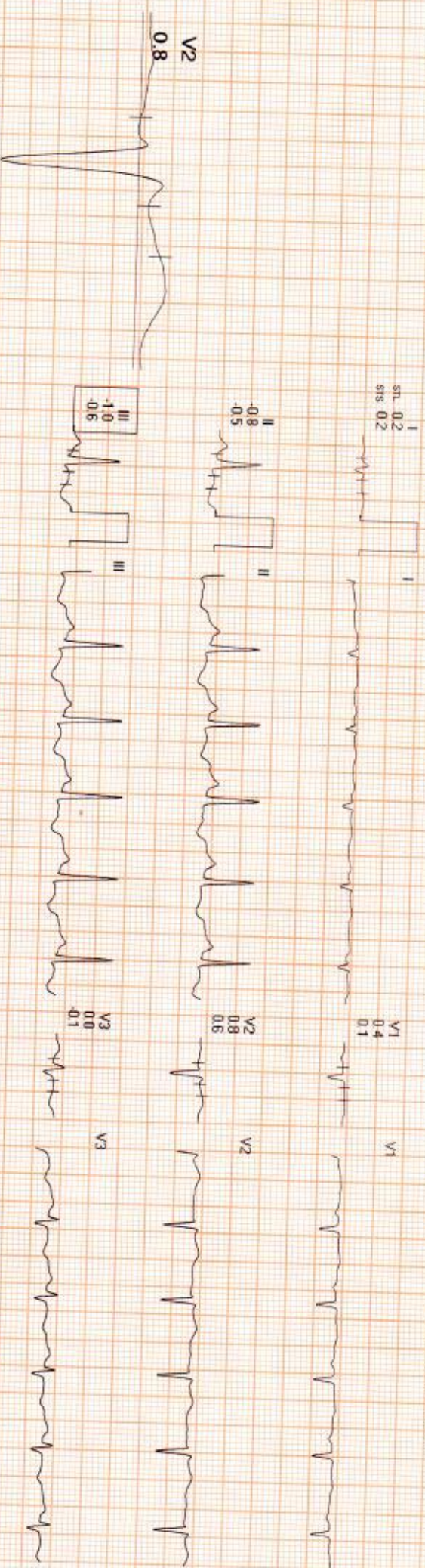
Date: 27 / 03 / 2024 11:50:24 AM

METS: 1.0 / 111 bpm / 61% of THR BP: 130/80 mmHg Raw ECG/BLC Orig/Notch Orig/HF 0.05 Hz/LF 35 Hz

4X

B0 MS Post J

ExTime: 00:00 0.0 Km/ph 0.0%
25 mm/Sec. 1.0 Cm/mV



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

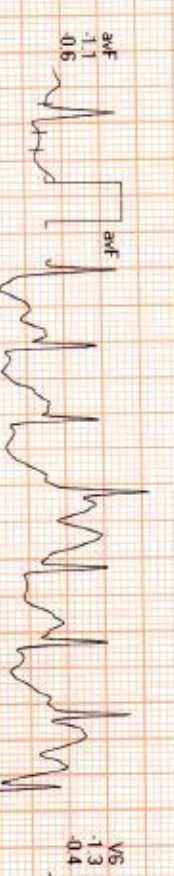
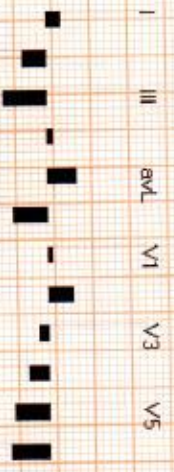
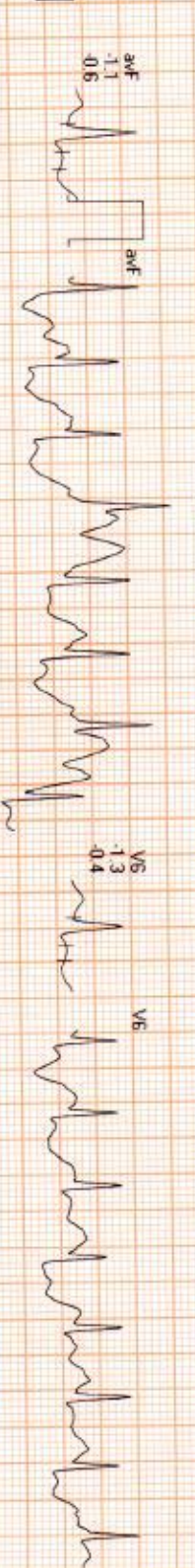
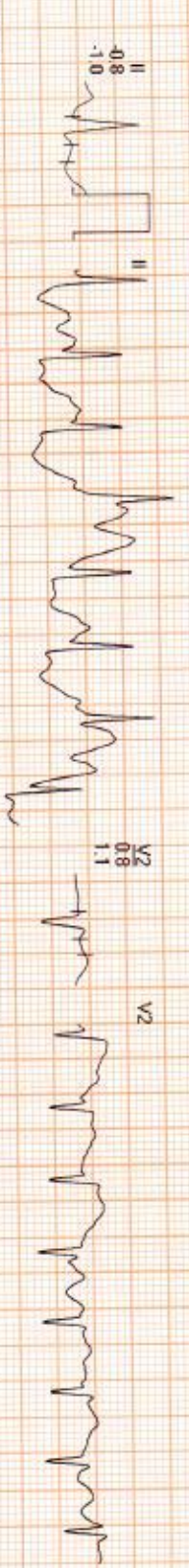


3209 (2408705796) / BARNYA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 152

Date: 27 / 03 / 2024 11:50:24 AM METS: 4.7 / 152 bpm 83% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 03:00 2.7 Km/h 10.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



3209 (2408705796) / BARNYA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 171

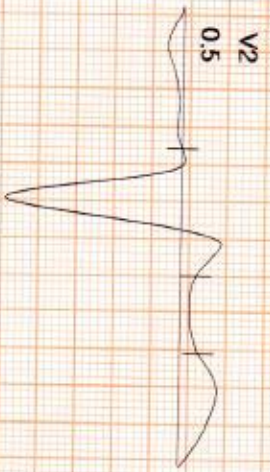
Date: 27 / 03 / 2024 11:50:24 AM

METS: 6.2 / 171 bpm 93% of THR BP: 160/80 mmHg Raw ECG/BLCOM/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 m/s Post J

EXTime 04:55 4.0 Km/h, 12.0%

25 mm/Sec. 1.0 Cm/mV



STL 0.1
STB 0.4



V1
0.3
0.2



II
1.4
0.0



V2
0.5
0.4



III
-1.6
-0.3



V3
-0.6
0.2



aVR
0.7
0.1



V4
-0.8
0.2



aVL
0.8
0.3



V5
-1.4
-0.1



aVF
-1.5
-0.1



V6
-1.5
-0.6



REMARKS:

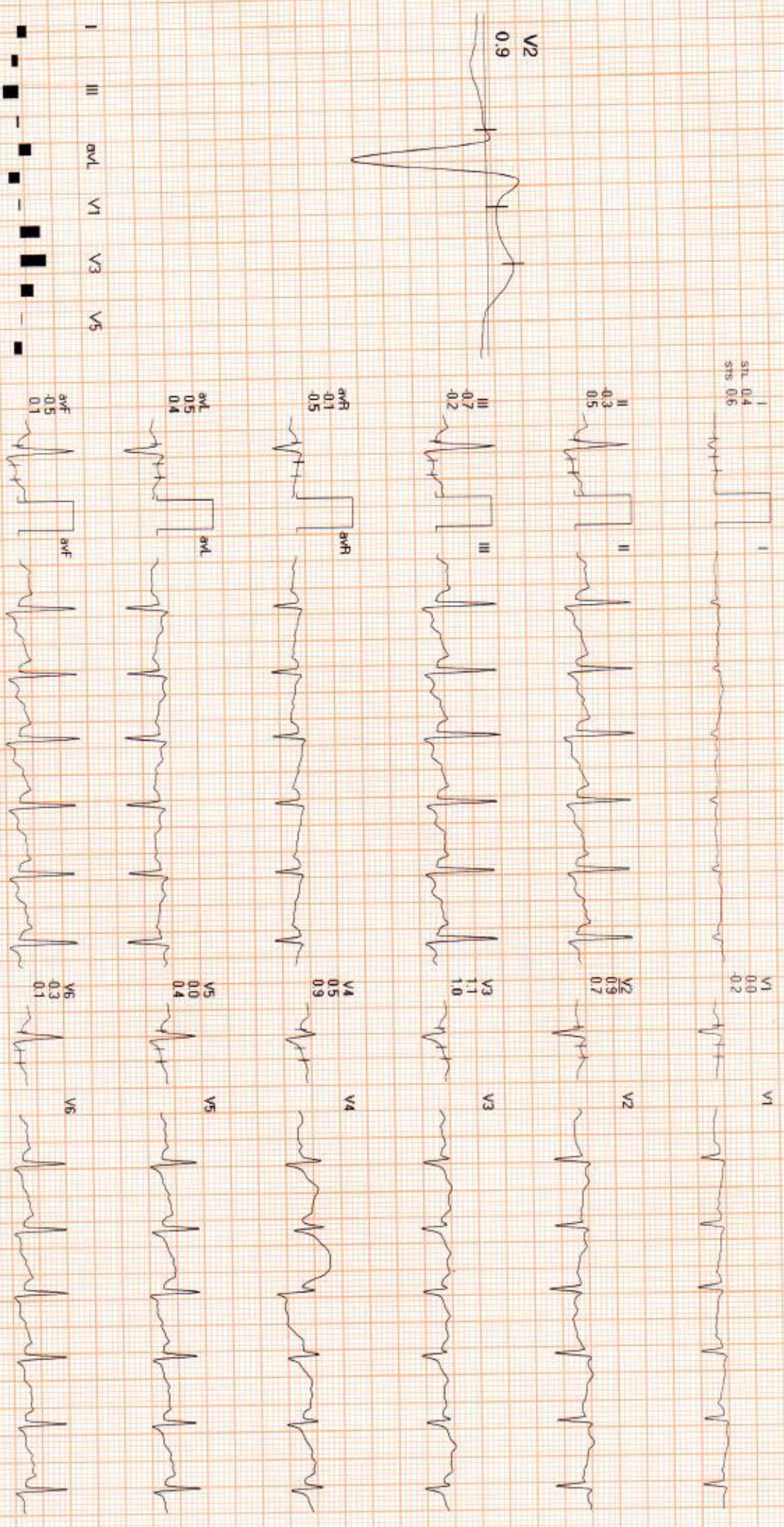


3209 (2408705796) / BARNIA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR : 129

Date: 27 / 03 / 2024 11:50:24 AM METS: 1.0 / 129 bpm 70% of THR BP: 160/80 mmHg Row ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 m/s Post J

ExTime: 04:55 0.0 Km/h 0.0%
25 m/s/Sec 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3209 (2408705796) / BARNA PRADHAN / 37 Yrs / F / 160 Cms / 65 Kg / HR 105

Date: 27 / 03 / 2024 11:50:24 AM

METS: 1.0 / 105 bpm 57% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

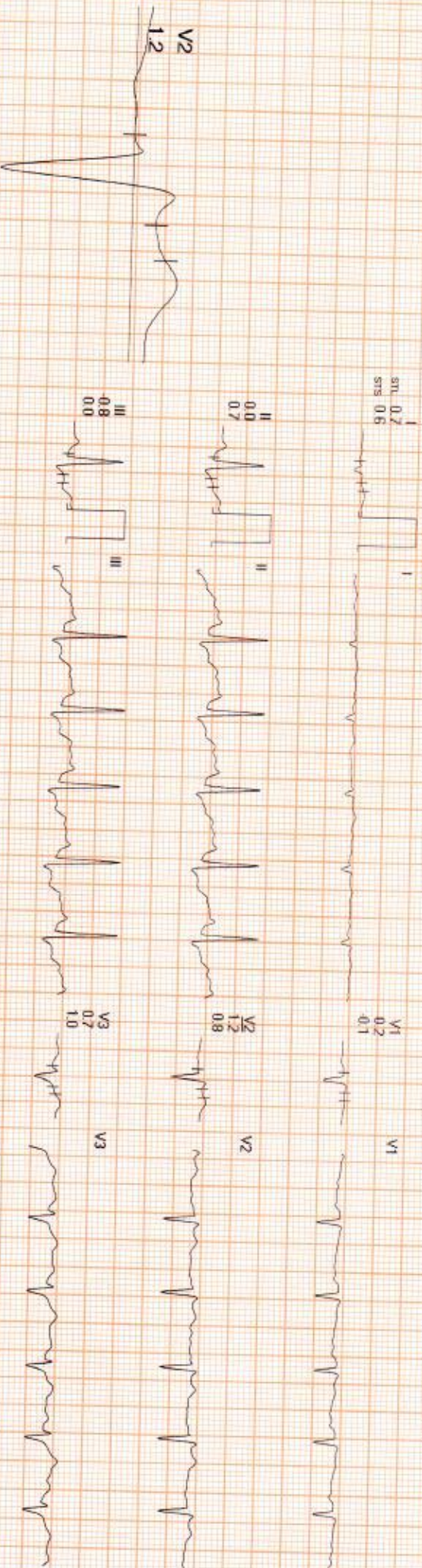
4X 50 mS Post J

Recovery : (01:17)



ExTime: 04:55 0.0 Km/h, 0.0%

25 mm/Sec. 1.0 Cm/mV



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



CID : 2408705796
Name : MRS.BARNA PRADHAN
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Mar-2024 / 10:10
Reported : 27-Mar-2024 / 13:19

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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	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.96	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.5	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	51.1	20-40 %	
Absolute Lymphocytes	3985.8	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	592.8	200-1000 /cmm	Calculated
Neutrophils	38.9	40-80 %	
Absolute Neutrophils	3034.2	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	171.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	32.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Collected : 27-Mar-2024 / 10:10
Reported : 27-Mar-2024 / 12:14

Use a QR Code Scanner
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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Result rechecked
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **37** 2-20 mm at 1 hr. Sedimentation



Use a QR Code Scanner
Application To Scan the Code

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

Collected : 27-Mar-2024 / 10:10
Reported : 27-Mar-2024 / 13:19

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



CID : 2408705796
Name : MRS.BARNA PRADHAN
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Mar-2024 / 10:10
Reported : 27-Mar-2024 / 14:27

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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	77.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	73.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	45.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	90	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.4	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



CID : 2408705796
Name : MRS.BARNA PRADHAN
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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

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

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	3-4	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 inert

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



Bmhasakar

Dr.KETAKI MHASKAR
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Pathologist



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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	Negative

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. Vrushi Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	383.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	122.0	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	82.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	300.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	277.0	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	23.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

*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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Age / Gender : 37 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	0.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	<0.500	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	92.2	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

Result rechecked.
Kindly correlate clinically.



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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 trasiently altered becuaese 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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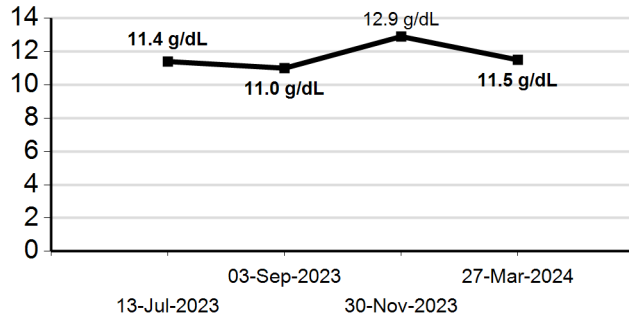
Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



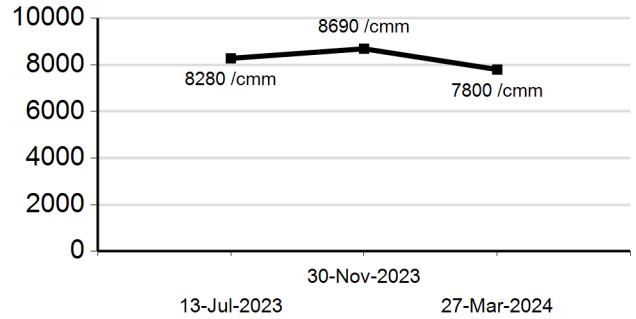
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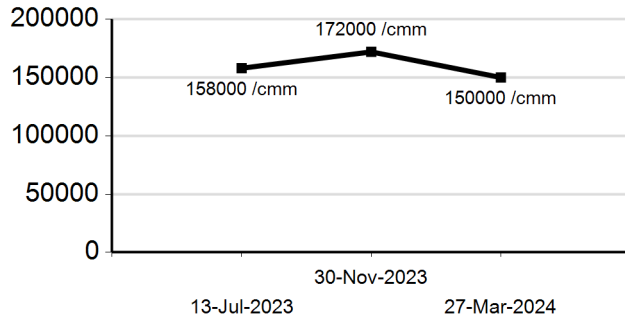
Haemoglobin



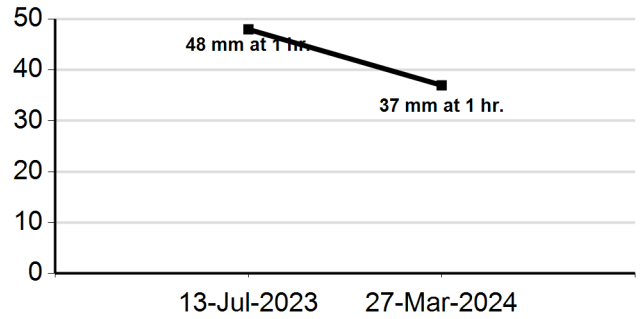
WBC Total Count



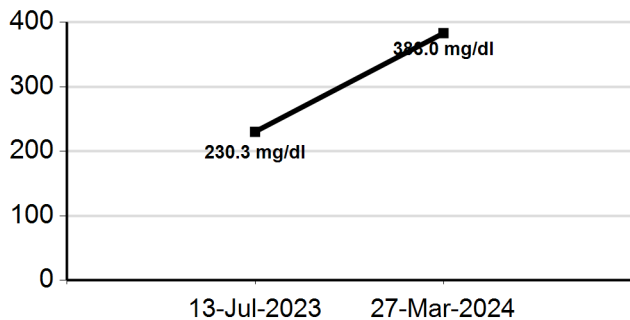
Platelet Count



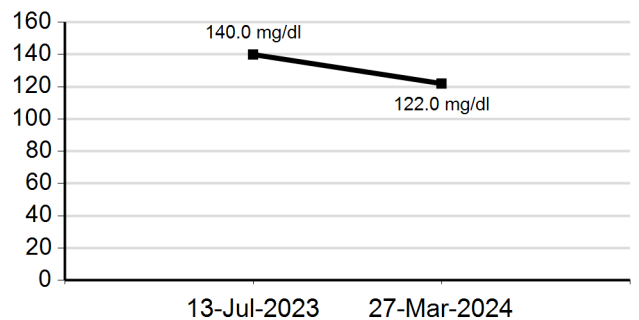
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CHOLESTEROL



TRIGLYCERIDES

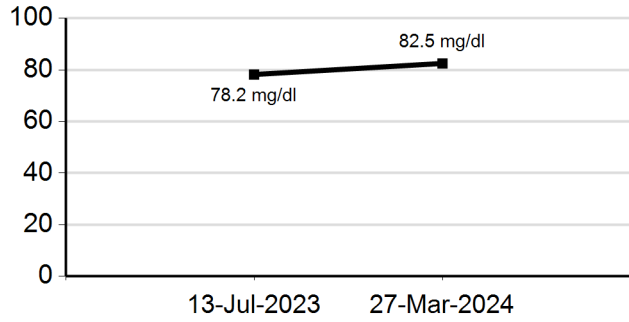




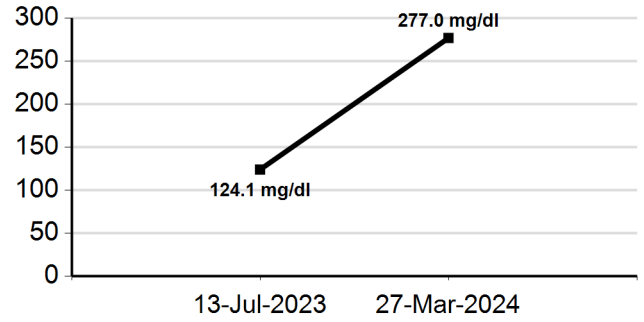
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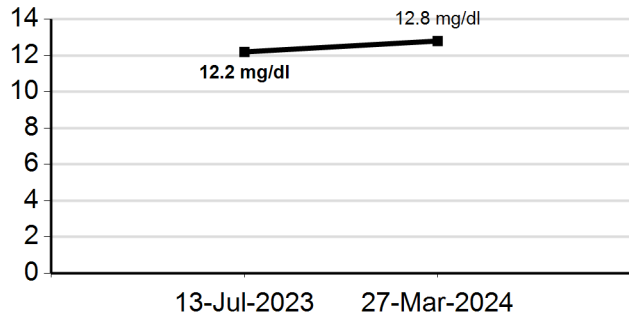
HDL CHOLESTEROL



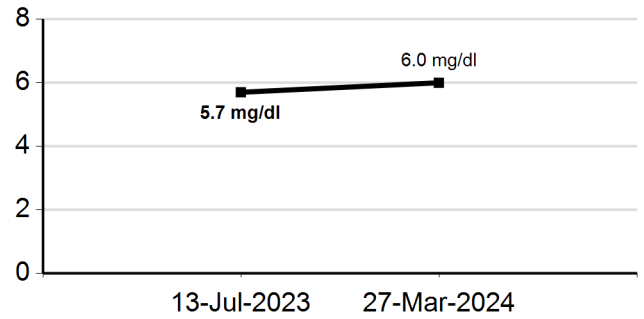
LDL CHOLESTEROL



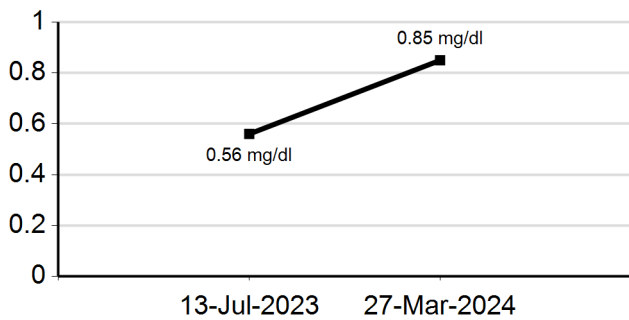
BLOOD UREA



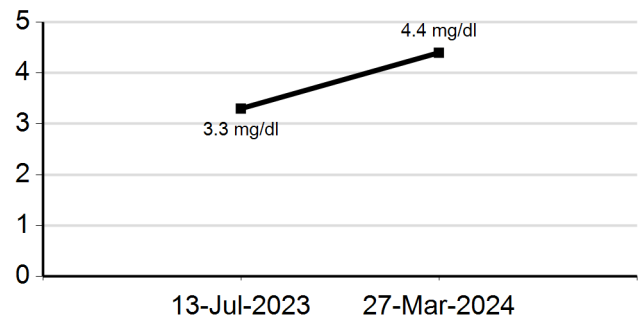
BUN



CREATININE



URIC ACID

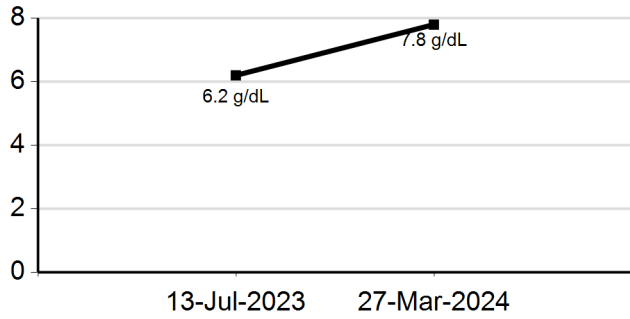




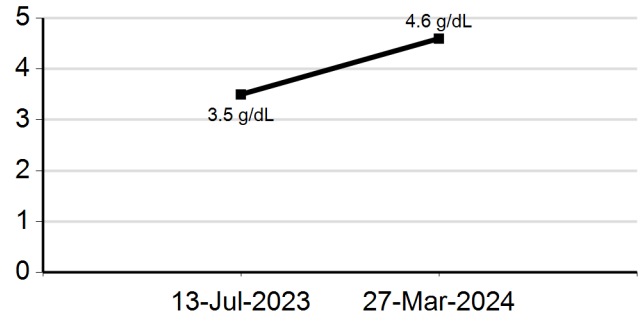
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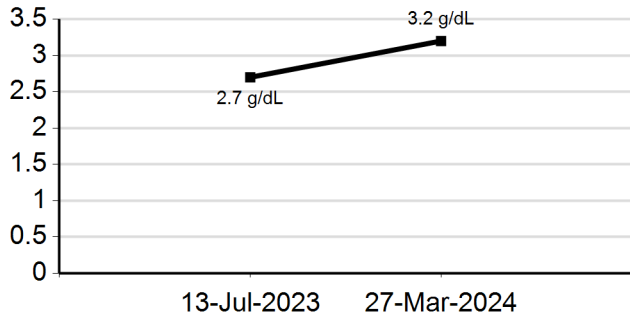
TOTAL PROTEINS



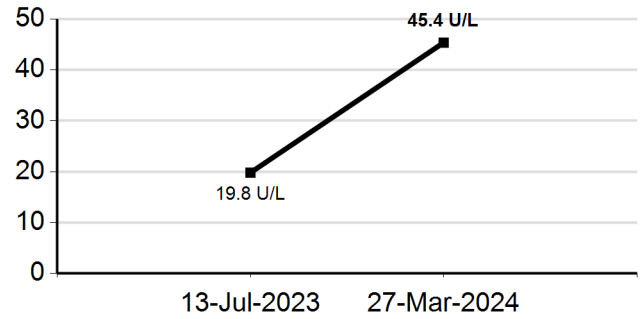
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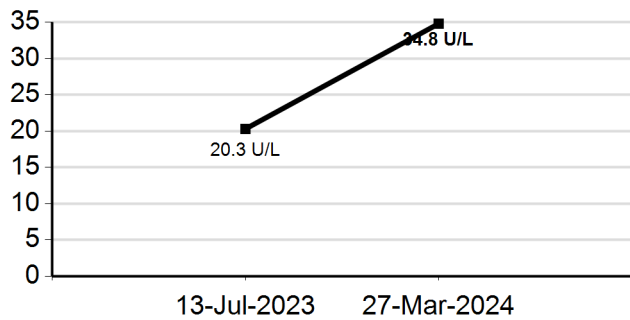
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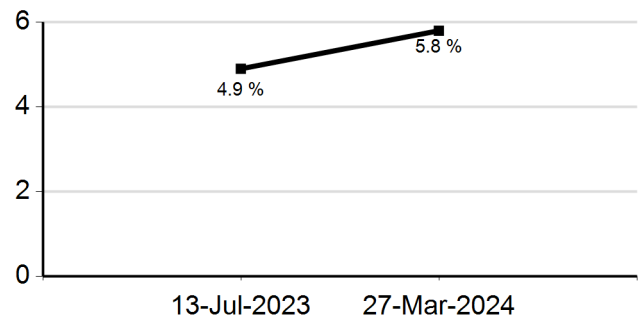
SGOT (AST)



SGPT (ALT)



Glycosylated Hemoglobin (HbA1c)

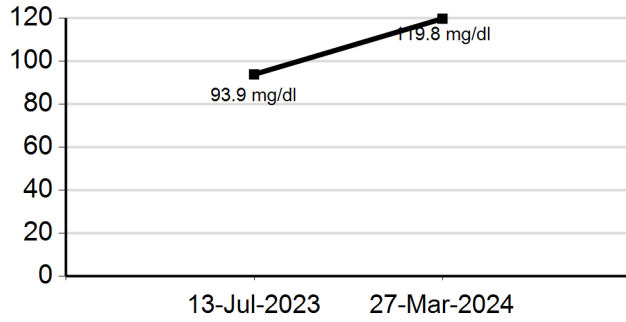




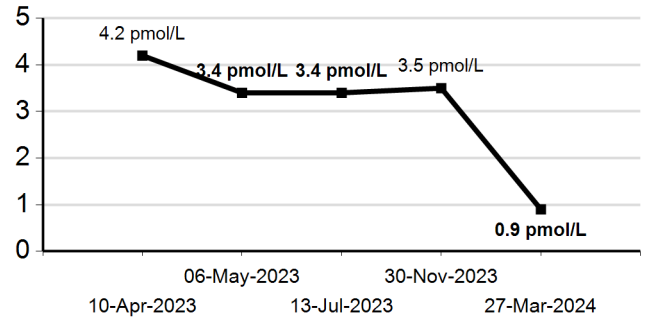
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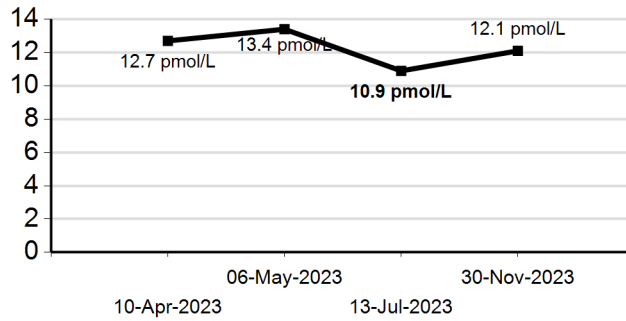
Estimated Average Glucose (eAG)



Free T3



Free T4



sensitiveTSH

