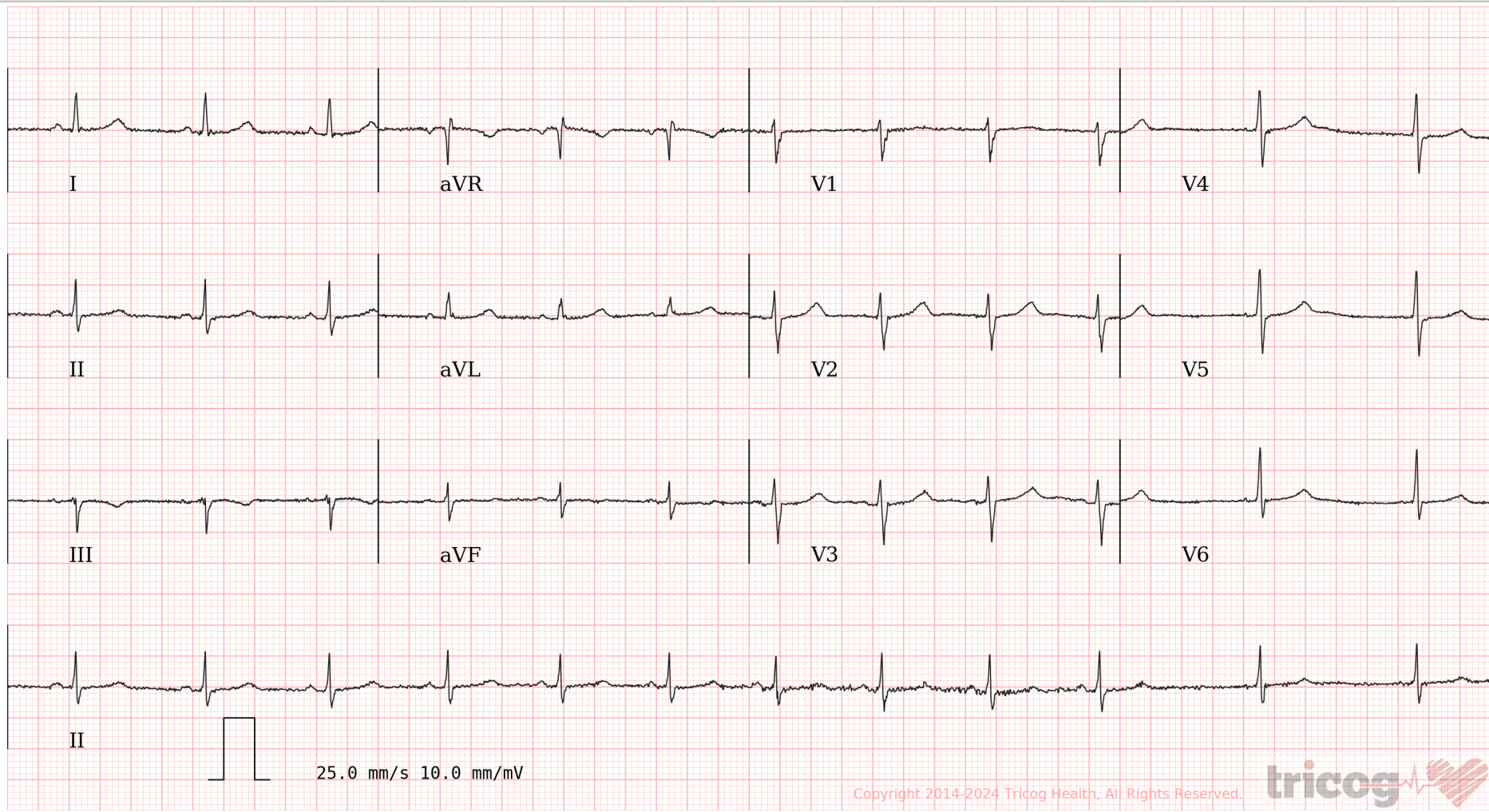# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

Patient Name: JAIN SWATI

Patient ID: 2408912851

Date and Time: 29th Mar 24 9:02 AM

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV

Age	**35**	**NA**	**NA**
	years	months	days

Gender **Female**

Heart Rate **76bpm**

Patient Vitals

BP: 100/80 mmHg
Weight: 61 kg
Height: 154 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 68ms
QT: 390ms
QTcB: 438ms
PR: 126ms
P-R-T: 39° 2° 6°

Sinus Rhythm Occasional PACs seen. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

Suburban Diagnostics Kalina

Patient Details

Date: 29-Mar-24   **Time:** 10:40:29 AM

Name: MS. SWATI JAIN **ID:** 2408912851

Age: 35 y   **Sex:** F   **Height:** 154 cms   **Weight:** 61 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce   **Pr.MHR:**   185 bpm   **THR:**   157 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 4 s   **Max. HR:** 157 (85% of Pr.MHR)bpm   **Max. Mets:**   10.20

Max. BP: 160 / 80 mmHg   **Max. BP x HR:**   25120 mmHg/min   **Min. BP x HR:**   6160 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 32	1.0	0	0	81	100 / 80	-0.42 II	0.71 V3
Standing	0 : 7	1.0	0	0	87	100 / 80	0.00 I	0.35 I
Hyperventilation	0 : 6	1.0	0	0	83	100 / 80	-0.42 aVR	0.35 I
1	3 : 0	4.6	1.7	10	125	110 / 80	-1.06 aVR	1.42 I
2	3 : 0	7.0	2.5	12	142	140 / 80	-1.91 V2	2.48 II
Peak Ex	1 : 4	10.2	3.4	14	157	160 / 80	-4.88 V1	5.66 V1
Recovery(1)	2 : 0	1.8	1	0	77	140 / 80	-0.64 II	5.66 V1
Recovery(2)	2 : 0	1.0	0	0	78	120 / 80	-0.42 I	1.06 II
Recovery(3)	1 : 2	1.0	0	0	78	110 / 80	-0.21 I	0.71 I
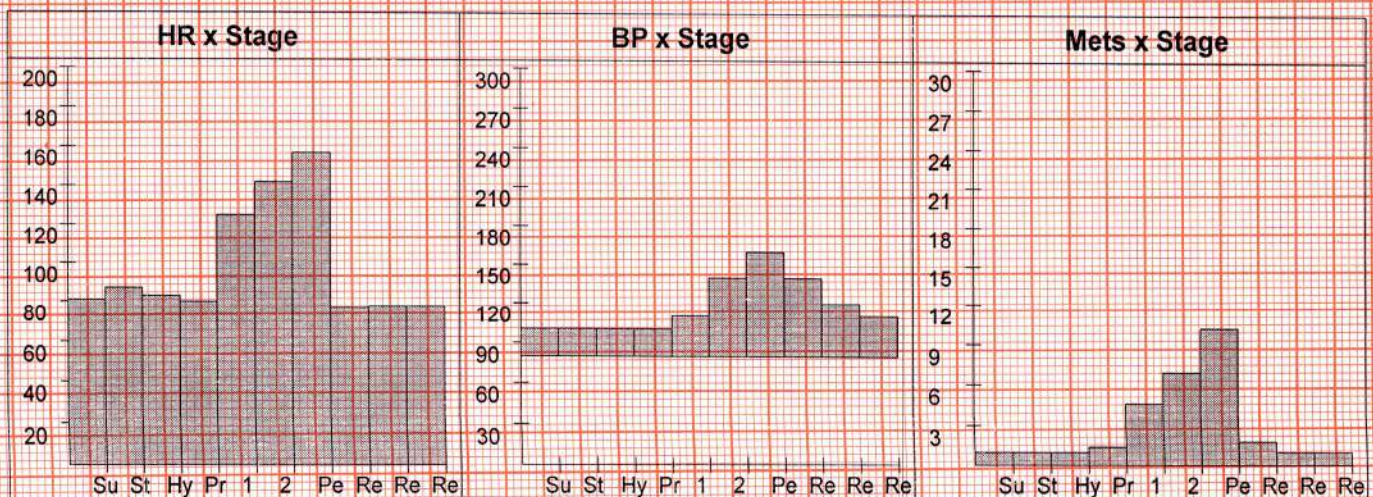
HR x Stage

BP x Stage

Mets x Stage

Suburban Diagnostics Kalina

Patient Details   **Date:** 29-Mar-24   **Time:** 10:40:29 AM

Name: MS. SWATI JAIN **ID:** 2408912851

Age: 35 y   **Sex:** F   **Height:** 154 cms   **Weight:** 61 Kgs

Interpretation

AVERAGE EFFORT TOLEREANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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 (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

DR. SHEIKH NAVEED
MBBS/PGDCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor: ......   **Doctor: NAVEED SHEIKH**

(Summary Report edited by user)

Suburban Diagnostics Kalina

MS. SWATI JAIN (35 F) ID: 2408912851 Date: 29-Mar-24 B.P: 100 / 80

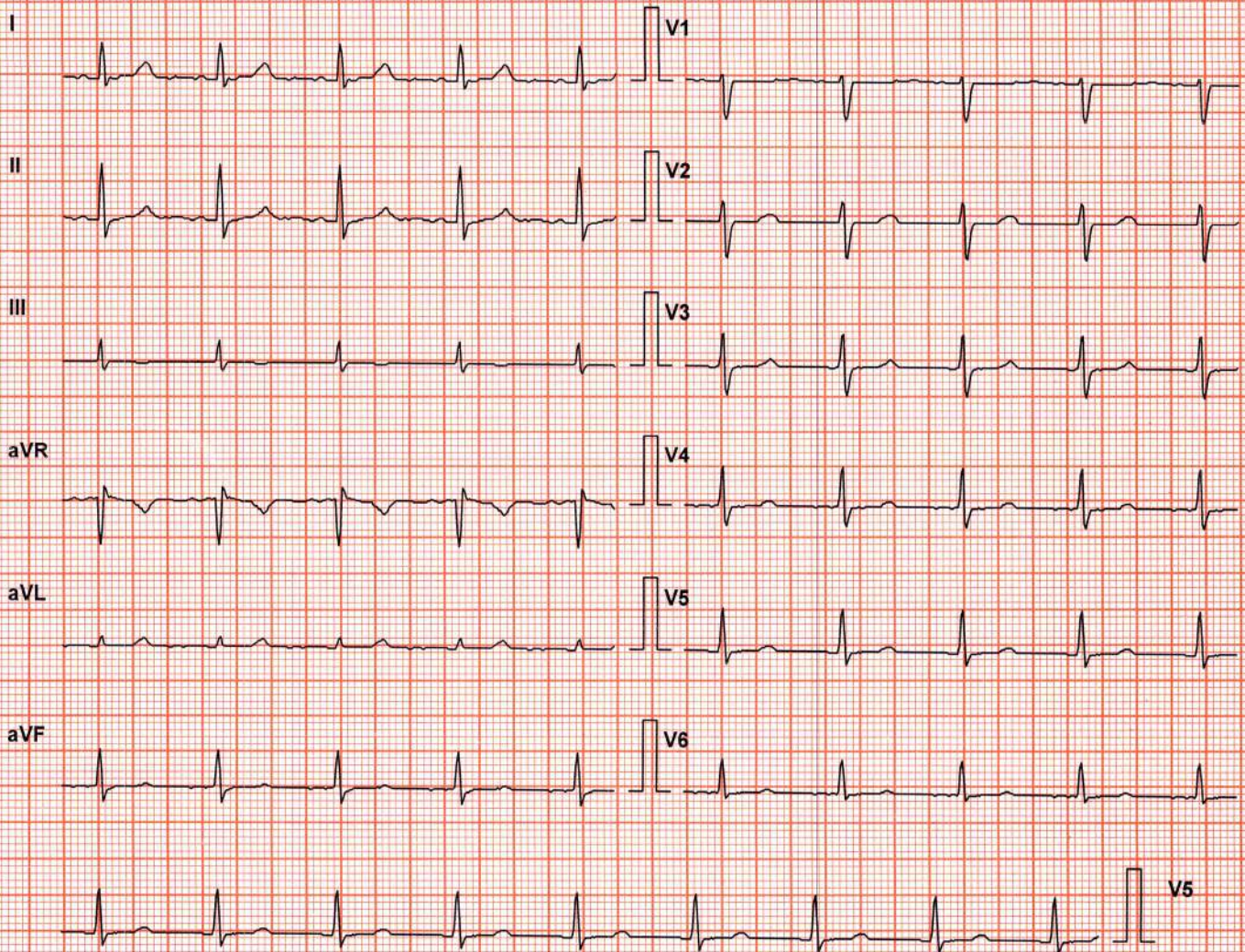| Protocol: Bruce	Stage: Supine	Speed: 0 mph	Grade: 0 %
Exec Time : 0 m 0 s	Stage Time : 0 m 26 s	**HR: 86 bpm**	(THR: 157 bpm)

I		aVR		V1		V4		ST Level (mm)
	0.4		-0.4		0.0		0.0	
	0.7		-0.7		0.0		0.0	ST Slope (mV / s)
II		aVL		V2		V5		
	0.2		0.2		0.0		0.2	
	0.4		0.0		0.0		0.4	
III		aVF		V3		V6		
	0.0		0.0		0.2		0.0	
	0.0		0.4		0.4		0.4	

Chart Speed: 25 mm/sec	Filter: 35 Hz	Mains Filt: ON	Amp: 10 mm
Schiller Spandan V 4.51	Iso = R - 60 ms J = R + 60 ms	Post J = J + 60 ms	Linked Median

Suburban Diagnostics Kalina

		ST Level (mm)			ST Slope (mV / s)

I		0.2	aVR		-0.2	V1		0.0	V4		0.0	ST Level (mm)
		0.4			-0.4			0.0			0.0	ST Slope (mV / s)
II		0.4	aVL		0.0	V2		0.2	V5		0.2	
		0.7			0.0			0.0			0.0	
III		0.0	aVF		0.0	V3		0.0	V6		0.2	
		0.0			0.0			0.0			0.0	

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   *Iso = R - 60 ms   J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

Suburban Diagnostics Kalina

MS. SWATI JAIN (35 F) ID: 2408912851 Date: 29-Mar-24 B.P: 100 / 80
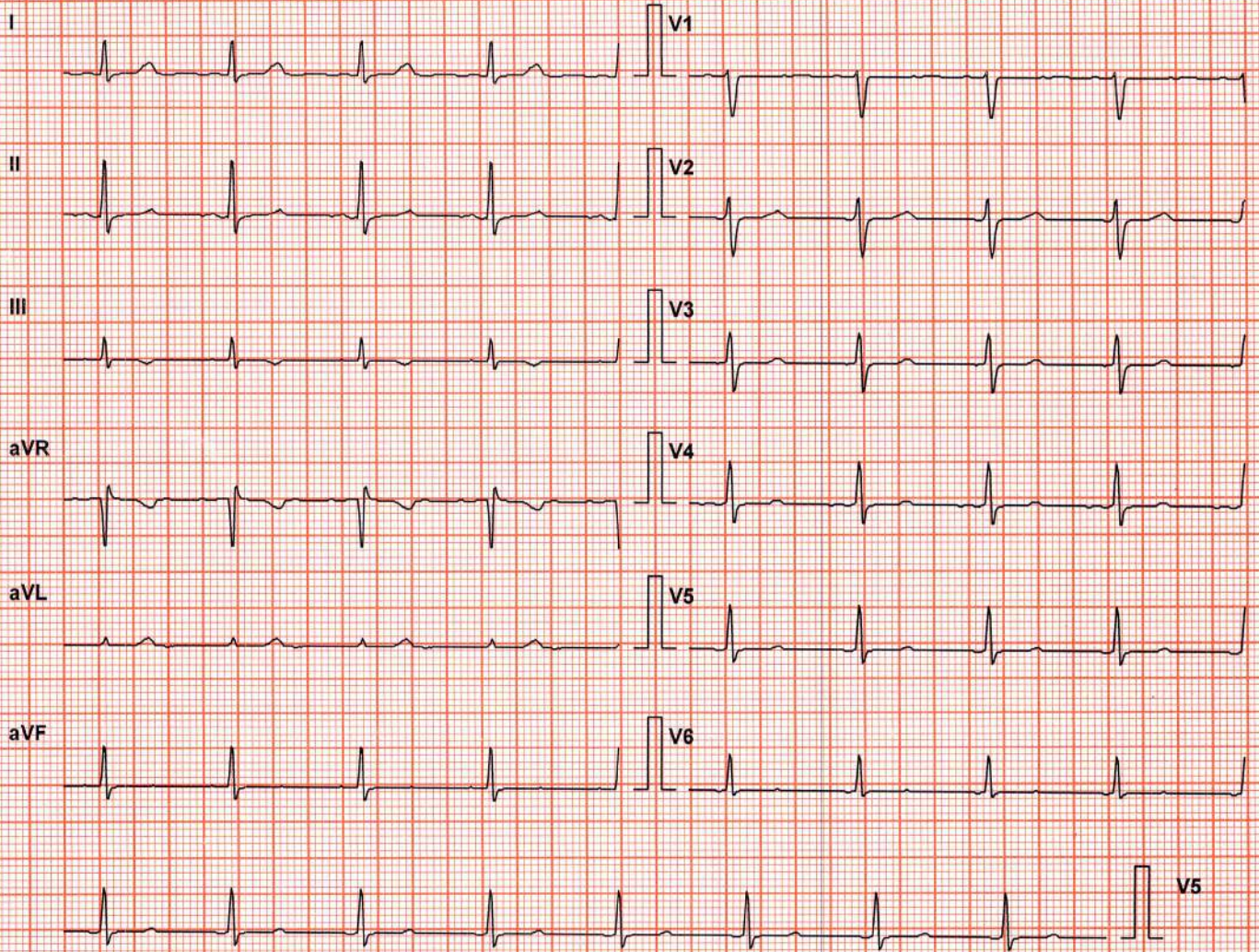
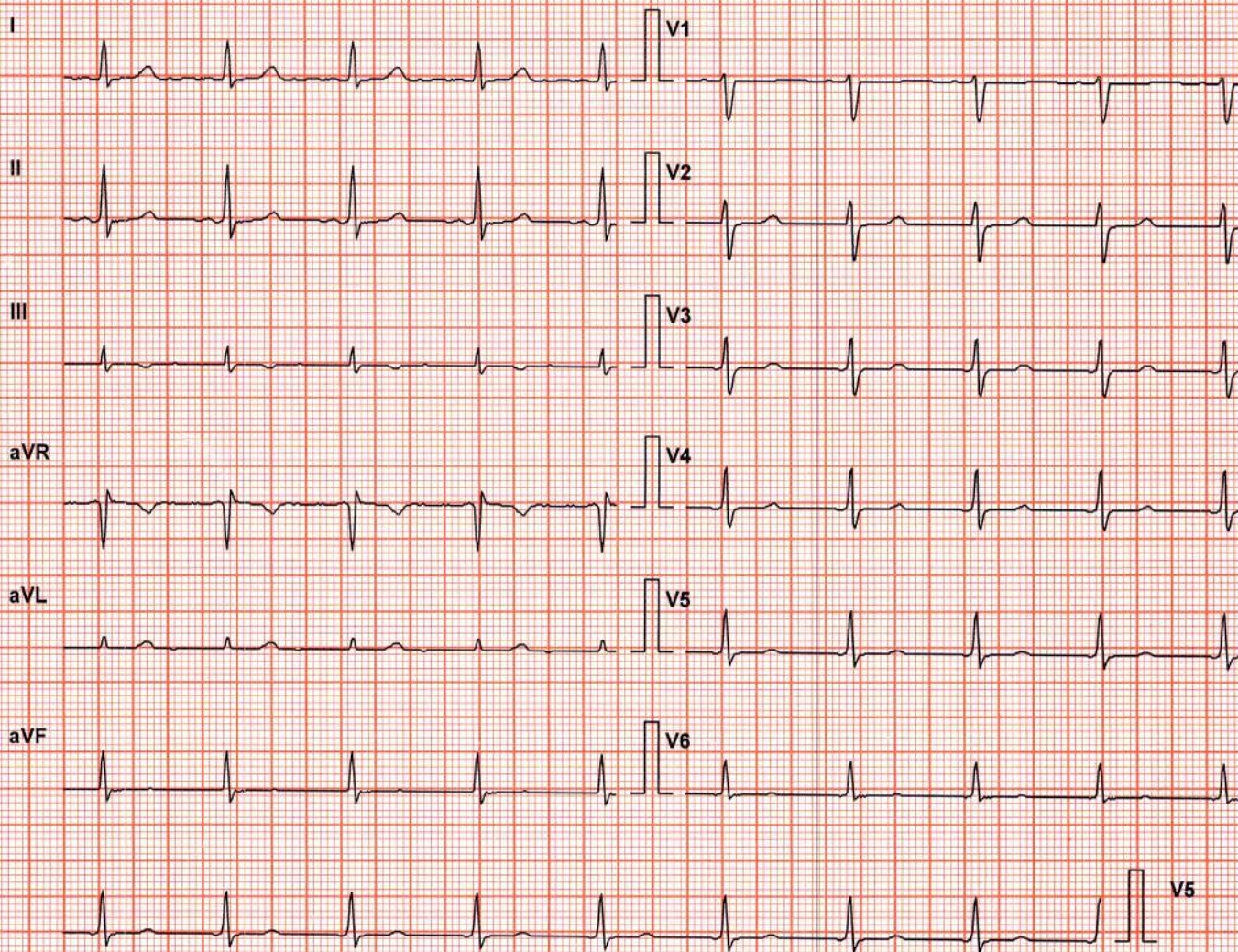| Protocol: Bruce	Stage: Hyperventilation	Speed: 0 mph	Grade: 0 %

Exec Time : 0 m 0 s   Stage Time : 0 m 0 s   **HR: 82 bpm**   (THR: 157 bpm)

I	aVR	V1	V4	
0.2	-0.2	0.0	0.2	ST Level (mm)
0.4	0.0	0.0	0.0	ST Slope (mV / s)
II	aVL	V2	V5	
0.2	0.0	0.0	0.2	
0.0	0.0	0.4	0.4	
III	aVF	V3	V6	
0.0	0.0	0.2	0.0	
0.0	0.4	0.0	0.0	

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

Suburban Diagnostics Kalina

MS. SWATI JAIN (35 F)

ID: 2408912851		Date: 29-Mar-24	B.P: 110 / 80
Protocol: Bruce	Stage: 1	Speed: 1.7 mph	Grade: 10 %
Exec Time : 2 m 54 s	Stage Time : 2 m 54 s	**HR: 119 bpm**	(THR: 157 bpm)

I   V1

II   V2

III   V3

aVR   V4

aVL   V5

aVF   V6

V5
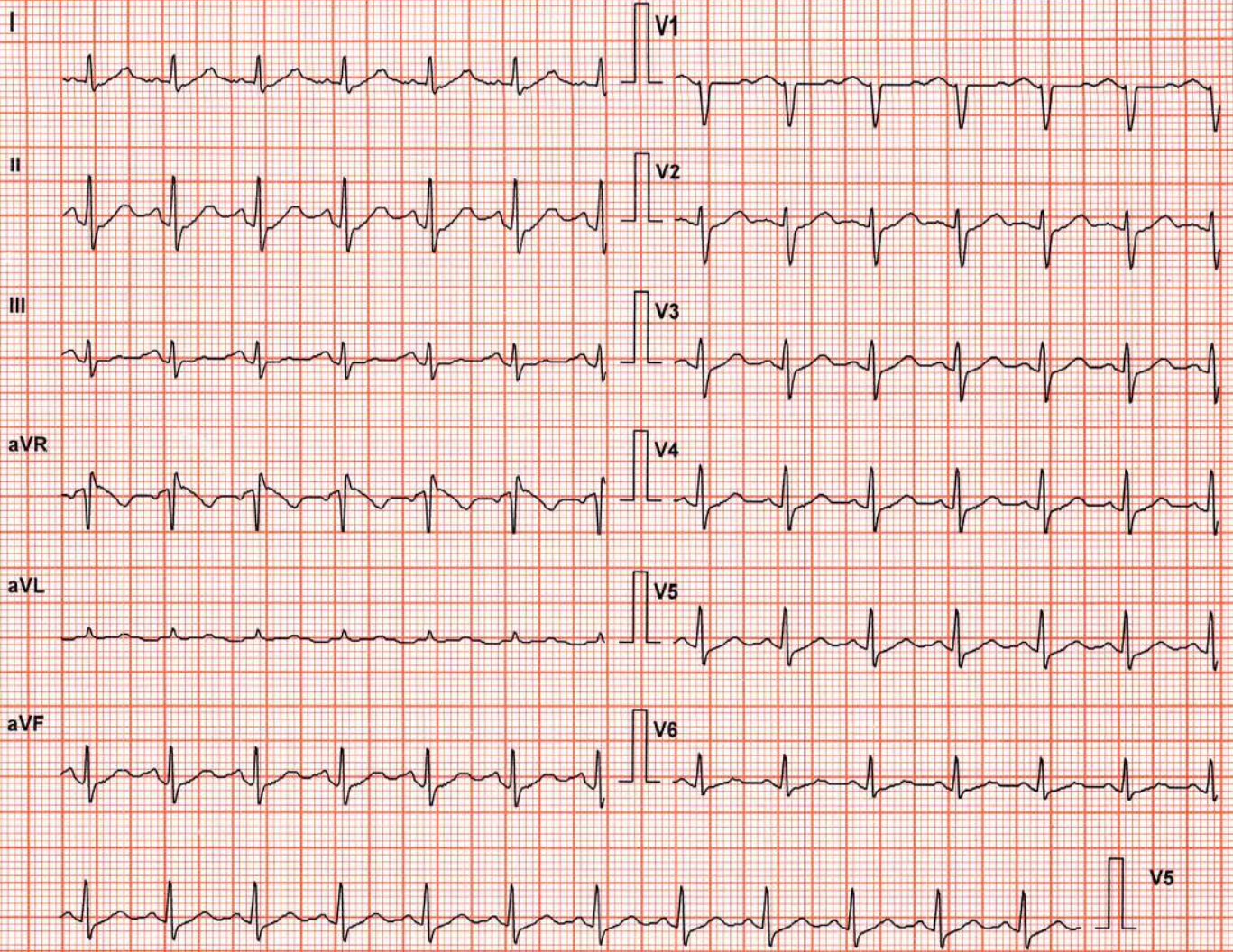
Lead	ST Level (mm)	ST Slope (mV / s)
I	0.2	1.4
II	0.4	1.8
III	0.0	-0.4
aVR	-0.2	-1.1
aVL	0.0	0.4
aVF	0.2	0.7
V1	0.0	0.0
V2	0.2	1.1
V3	0.2	0.7
V4	0.2	0.7
V5	0.0	0.7
V6	0.2	0.7

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

Suburban Diagnostics Kalina

MS. SWATI JAIN (35 F)

	ID: 2408912851	Date: 29-Mar-24	B.P: 140 / 80
Protocol: Bruce	Stage: 2	Speed: 2.5 mph	Grade: 12 %
Exec Time : 5 m 54 s	Stage Time : 2 m 54 s	*HR: 142 bpm*	(THR: 157 bpm)
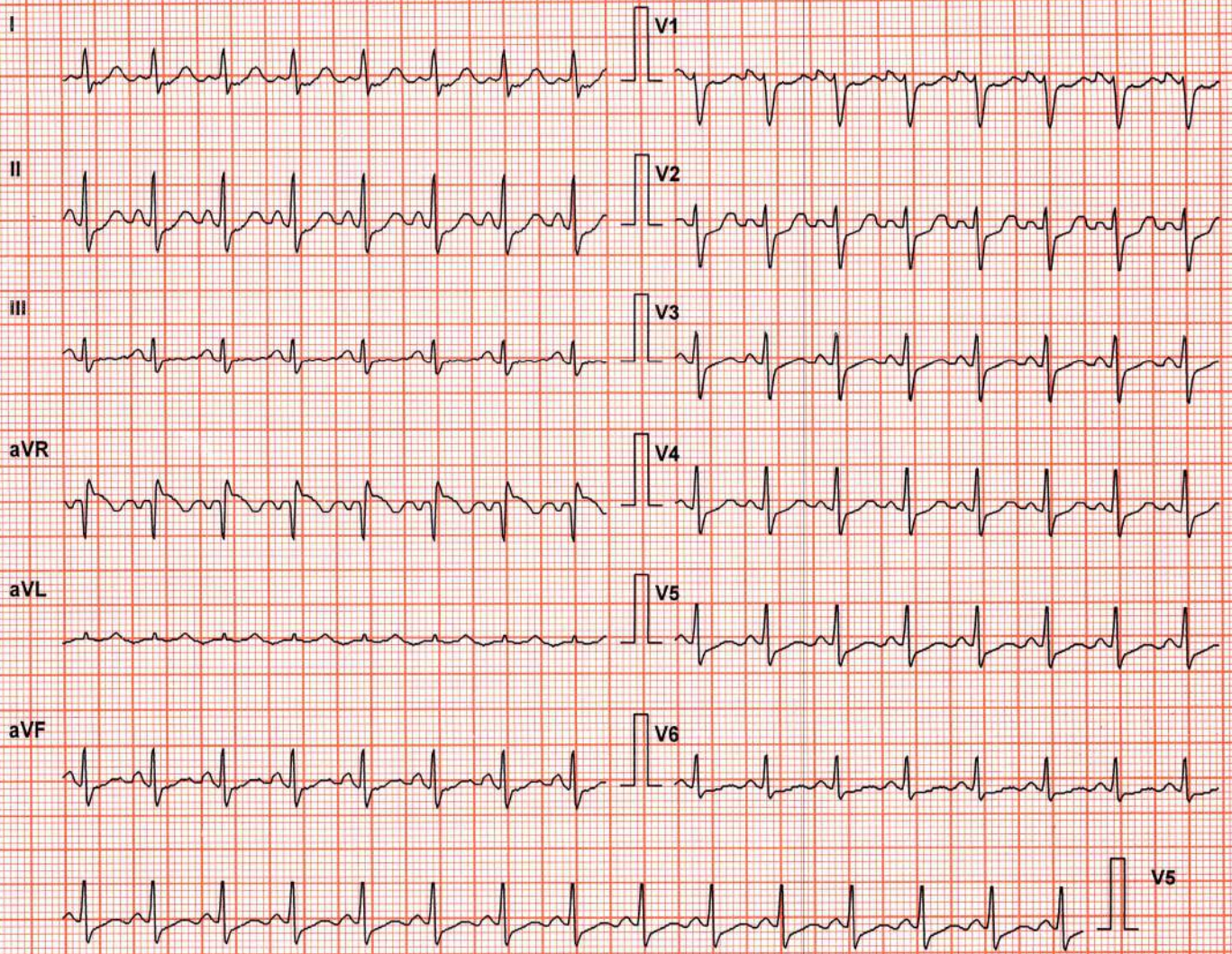
		ST Level (mm)	ST Slope (mV / s)
I		-0.2	1.1
aVR		0.0	-1.4
V1		-0.4	0.0
V4		0.0	1.1
II		-0.2	1.4
aVL		0.0	0.4
V2		-0.6	0.7
V5		-0.4	0.7
III		-0.2	0.0
aVF		-0.2	1.1
V3		0.0	1.1
V6		-0.4	0.0

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   Iso = R - 60 ms   J = R + 60 ms   Post J = J + 60 ms   Linked Median

Lead	ST Level (mm)	ST Slope (mV/s)	Lead	ST Level (mm)	ST Slope (mV/s)	Lead	ST Level (mm)	ST Slope (mV/s)	Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.4	0.0	aVR	0.4	-0.7	V1	0.0	4.6	V4	-1.1	1.8
II	-0.8	1.1	aVL	0.2	0.0	V2	-1.5	2.8	V5	-0.2	1.4
III	-0.6	0.7	aVF	-0.6	0.7	V3	-1.5	1.1	V6	0.2	0.7

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

MS. SWATI JAIN (35 F) ID: 2408912851 Date: 29-Mar-24 B.P: 140 / 80

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 %

Exec Time : 7 m 4 s Stage Time : 1 m 54 s *HR: 79 bpm* (THR: 157 bpm)

Lead	ST Level (mm)	ST Slope (mV / s)		Lead	ST Level (mm)	ST Slope (mV / s)
I	-0.2	0.4		V1	0.0	0.0
II	-0.2	0.4		V2	0.0	0.4
III	0.0	0.4		V3	-0.2	0.4
aVR	0.2	-0.4		V4	-0.2	0.4
aVL	0.0	0.0		V5	0.0	0.7
aVF	0.0	0.7		V6	-0.2	0.0

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Suburban Diagnostics Kalina

I	aVR	V1	V4	
-0.2	0.0	0.0	-0.2	ST Level (mm)
0.0	-0.4	0.0	0.0	ST Slope (mV / s)
II	aVL	V2	V5	
-0.2	0.0	0.0	0.0	
0.4	0.0	0.7	0.4	
III	aVF	V3	V6	
0.0	0.0	0.0	-0.2	
0.0	0.0	0.4	0.0	

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

Schiller Spandan V 4.51 *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms* Linked Median

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MS. SWATI JAIN (35 F) ID: 2408912851 Date: 29-Mar-24 B.P: 110 / 80

Protocol: Bruce	Stage: Recovery(3)	Speed: 0 mph	Grade: 0 %
Exec Time : 7 m 4 s	Stage Time : 0 m 56 s	**HR: 77 bpm**	(THR: 157 bpm)
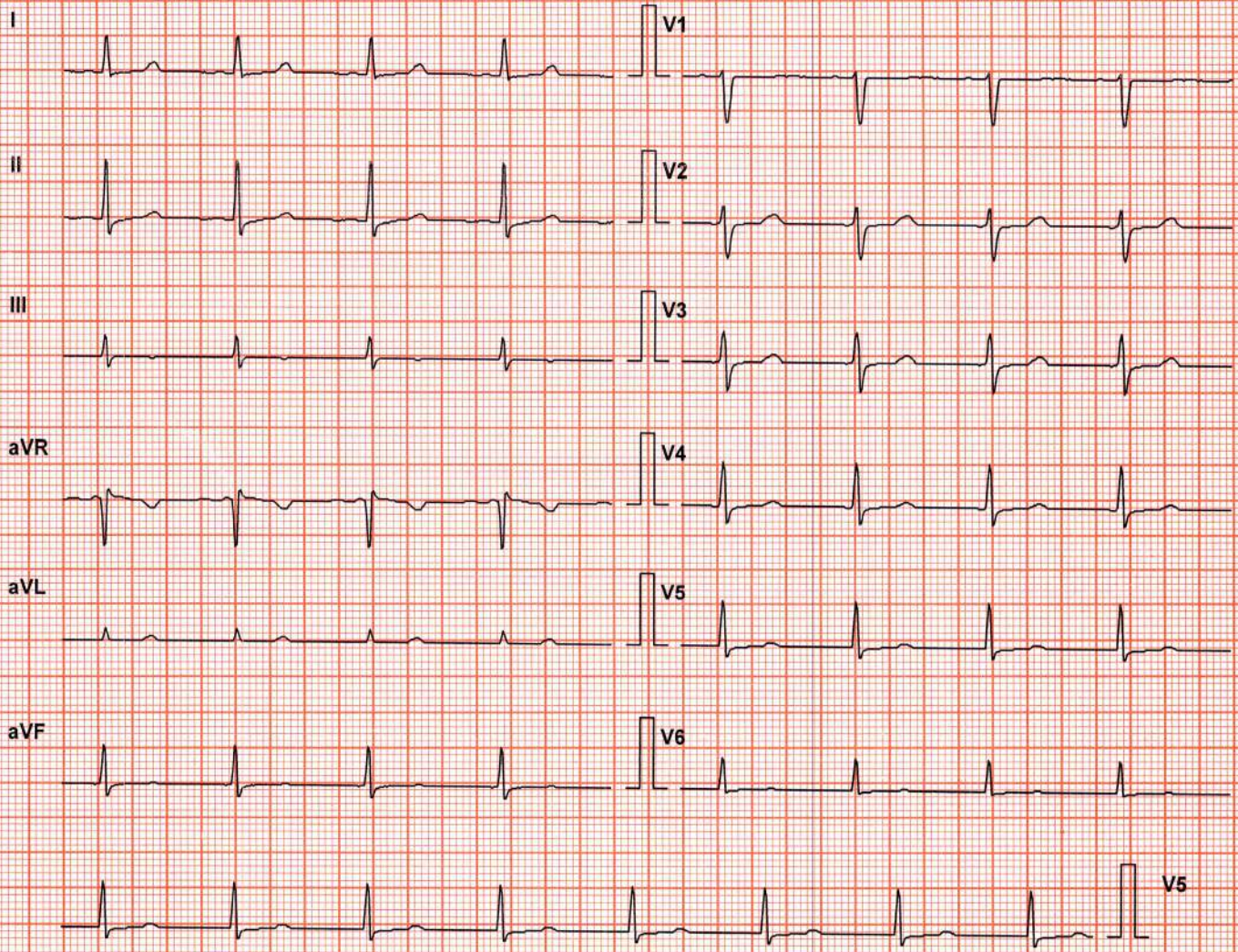
Lead	ST Level (mm)	ST Slope (mV / s)
I	0.0	0.4
II	0.0	0.4
III	0.0	0.0
aVR	-0.2	-0.4
aVL	0.0	0.0
aVF	0.2	0.4
V1	0.0	0.0
V2	0.0	0.4
V3	0.0	0.4
V4	0.2	0.4
V5	0.0	0.4
V6	0.0	0.0

Chart Speed: 25 mm/sec   Filter: 35 Hz   Mains Filt: ON   Amp: 10 mm

Schiller Spandan V 4.51   *Iso = R - 60 ms*   *J = R + 60 ms*   *Post J = J + 60 ms*   Linked Median

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner
Application To Scan the Code

R E P O R T

CID	: 2408912851		
Name	: MS.JAIN SWATI		
Age / Gender	: 35 Years / Female		
Consulting Dr.	: -	**Collected**	: 29-Mar-2024 / 08:46
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 29-Mar-2024 / 12:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.60	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Calculated
MCV	87.1	81-101 fl	Measured
MCH	29.3	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6890	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.4	20-40 %	
Absolute Lymphocytes	1543.4	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	544.3	200-1000 /cmm	Calculated
Neutrophils	61.5	40-80 %	
Absolute Neutrophils	4237.4	2000-7000 /cmm	Calculated
Eosinophils	**7.9**	1-6 %	
Absolute Eosinophils	**544.3**	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PLATELET PARAMETERS			
Platelet Count	345000	150000-410000 /cmm	Elect. Impedance
MPV	7.3	6-11 fl	Measured
PDW	11.7	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Authenticity Check

Use a QR Code Scanner
Application To Scan the Code

CID	: 2408912851	
Name	: MS.JAIN SWATI	
Age / Gender	: 35 Years / Female	
Consulting Dr.	: -	
Reg. Location	: Kalina, Santacruz East (Main Centre)	

Collected : 29-Mar-2024 / 08:46
Reported : 29-Mar-2024 / 12:30

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	16	2-20 mm at 1 hr.	Sedimentation

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

MC-5460

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

SUBURBAN
DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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Application To Scan the Code

R
E
P
O
R
T

CID : 2408912851

Name : MS.JAIN SWATI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 29-Mar-2024 / 08:46

Reported : 29-Mar-2024 / 12:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.73	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.50	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	16.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	**8.0**	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	96.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	**14.9**	19.29-49.28 mg/dl	Calculated
BUN, Serum	**7.0**	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.57	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

CID : 2408912851

Name : MS.JAIN SWATI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 29-Mar-2024 / 13:31

Reported : 29-Mar-2024 / 17:18

eGFR, Serum	121	(ml/min/1.73sqm) 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	Calculated

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

URIC ACID, Serum	4.0	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 SDRL, Vidyavihar Lab

*** End Of Report ***

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

ilac-MRA

MC-5460

CID	: 2408912851
Name	: MS.JAIN SWATI
Age / Gender	: 35 Years / Female
Consulting Dr.	: -
Reg. Location	: Kalina, Santacruz East (Main Centre)

Collected : 29-Mar-2024 / 08:46
Reported : 29-Mar-2024 / 13:29

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

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

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

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

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

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

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

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

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

MC-5460

CID : 2408912851

Name : MS.JAIN SWATI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : Kalina, Santacruz East (Main Centre)

Authenticity Check

Use a QR Code Scanner
Application To Scan the Code

Collected : 29-Mar-2024 / 08:46
Reported : 29-Mar-2024 / 14:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	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 SDRL, Vidyavihar Lab
*** End Of Report ***

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MC-5460

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

CID : 2408912851

Name : MS.JAIN SWATI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : Kalina, Santacruz East (Main Centre)

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Collected : 29-Mar-2024 / 08:46

Reported :29-Mar-2024 / 14:46

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

PARAMETER	RESULTS
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.

Refernces:
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 ***

MC-5460

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

SUBURBAN DIAGNOSTICS
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CID	: 2408912851		
Name	: MS.JAIN SWATI		
Age / Gender	: 35 Years / Female		
Consulting Dr.	: -	**Collected**	: 29-Mar-2024 / 08:46
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 29-Mar-2024 / 13:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.0	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	46.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	115.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.9	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	21.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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

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MC-5460

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

CID	: 2408912851		
Name	: MS.JAIN SWATI		
Age / Gender	: 35 Years / Female		
Consulting Dr.	: -	**Collected**	: 29-Mar-2024 / 08:46
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 29-Mar-2024 / 12:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.815	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA

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REPORT

CID : 2408912851

Name : MS.JAIN SWATI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 29-Mar-2024 / 08:46

Reported : 29-Mar-2024 / 12:36

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 becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns,
   trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm.
The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours
following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.
this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***

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MC-5460

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

Date:- 29.03.2024.

Name:- Ms. Jain Swati

CID: 2408912151

Sex / Age: 35 yrs / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V U U BL } N/5   D.V U U BL } 6/6.

Aided Vision: —

Refraction: —

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N5				N5

Colour Vision: ~~Normal~~ / Abnormal

Remark: WNL.

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
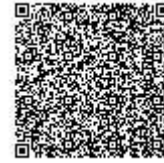Santacruz (East),
Tel. No. 022-61700000

Dr. D.G. HATALKAR
R.No. 61067   M.D. (Ob.Gy)

29/03/2024.

CID No: 2408912851

Swati Jain 29/3.

EXAMINATION

RS	:	A-E-B-E	CVS		$S_1 S_2$
BREAST EXAMINATION	:	NAD.	PER ABDOMEN		NAD
PER VAGINAL	:	NAD			

MENSTRUAL HISTORY

MENARCHE	:	13yrs.
PAST MENSTRUAL HISTORY	:	8/3. regular.

OBSTETRIC HISTORY :

UM.

PERSONAL HISTORY

ALLERGIES	:	NIL Mushroom	BLADDER HABITS		Nml.
BOWEL HABITS	:	Nml.	DRUG HISTORY	O	:
PREVIOUS SURGERIES	:	NIL			

FAMILY HISTORY :

Father Dm, ♡ pt bypass.

CHIEF GYNAE COMPLAINTS :

Breast tenderness : 1-2yrs

RECOMMENDATIONS :

Annual Health Checkup.

Dr. D.G. HATALKAR
R.No. 61067   M.D. (Ob.Gy)

Dr. D.G. HATALKAR
R.No. 61067   M.D. (Ob.Gy)

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Santacruz (East),
Tel. No. 022-61700000

CID : 2408912851
Name : Mrs JAIN SWATI
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024/10:24

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USG OF 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 shows normal wall thickness.
No evidence of pericholecystic fluid, gall stones or mass lesions seen .

PANCREAS :
The pancreas well visualised and appears normal.
No evidence of solid or cystic mass lesion is noted

KIDNEYS :
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.
Right kidney measures: 10.0 x 3.9 cms.   Left kidney measures: 9.8 x 3.8 cms.
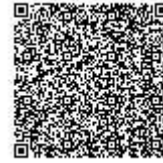
SPLEEN :
The spleen is normal in size and shape and echotexture.
No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites

URINARY BLADDER :
The urinary bladder is well distended.It shows thin walls and sharp mucosa.
No evidence of calculus is noted.No mass or diverticulum is seen.

UTERUS :
The Uterus is anteverted and appears normal. It measures: 7.0 x 3.7 x 3.6 cm in size.
The endometrial thickness is 6 mm .

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908401303

CID	: 2408912851		
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OVARIES :

Both the ovaries are well visualised and appears normal.
Right ovary measures: 2.5 x 2.0 x 1.7 cms (volume ~ 4.9 cc).
Left ovary measures: 2.8 x 1.9 x 1.7 cms (volume ~ 5.2 cc).
There is no evidence of any ovarian or adnexal mass seen.

IMPRESSION :

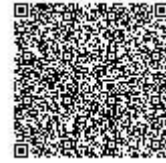No Significant abnormality is detected.

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

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST

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CID : 2408912851
Name : Mrs JAIN SWATI
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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----------------------

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST

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