

# SUBURBAN DIAGNOSTICS BHAYANDER

12347453 / RINA KALE / 38 Yrs / Female / 152 Cm / 72 Kg

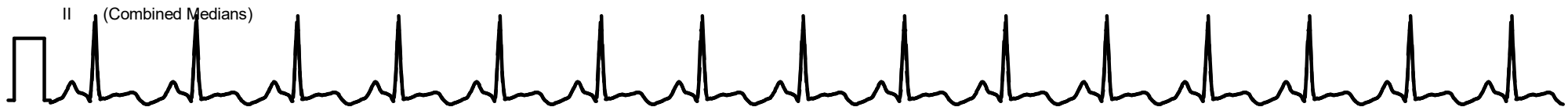
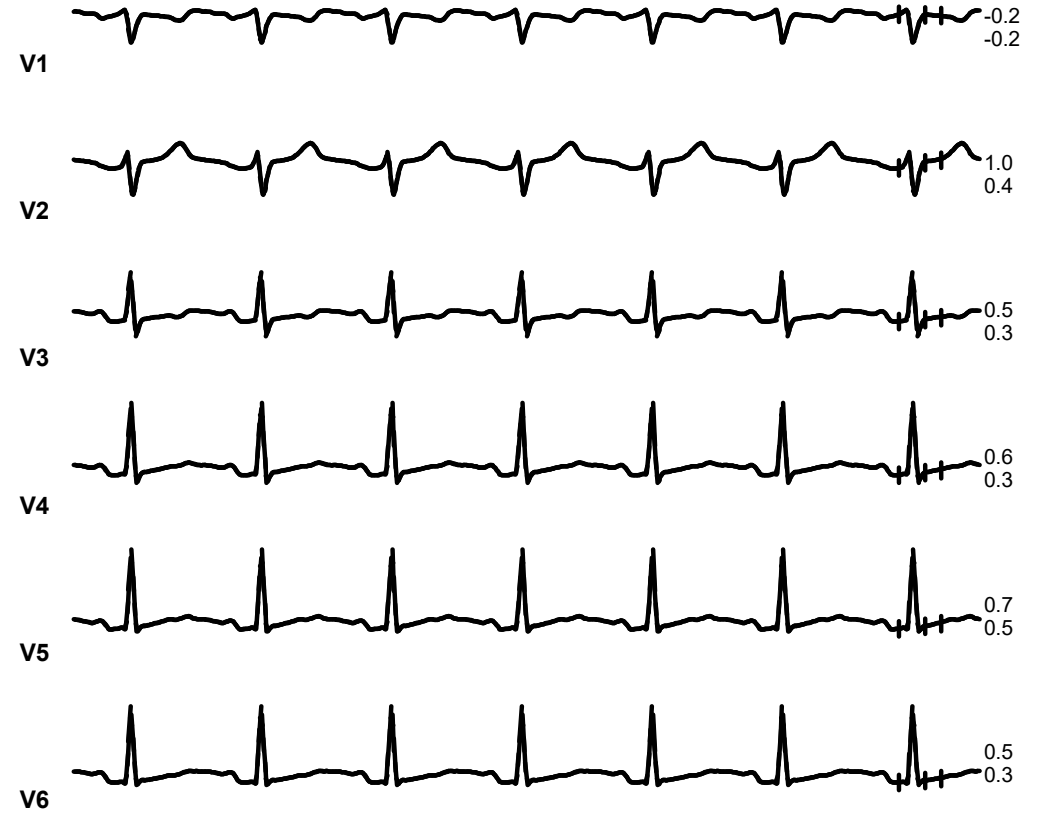
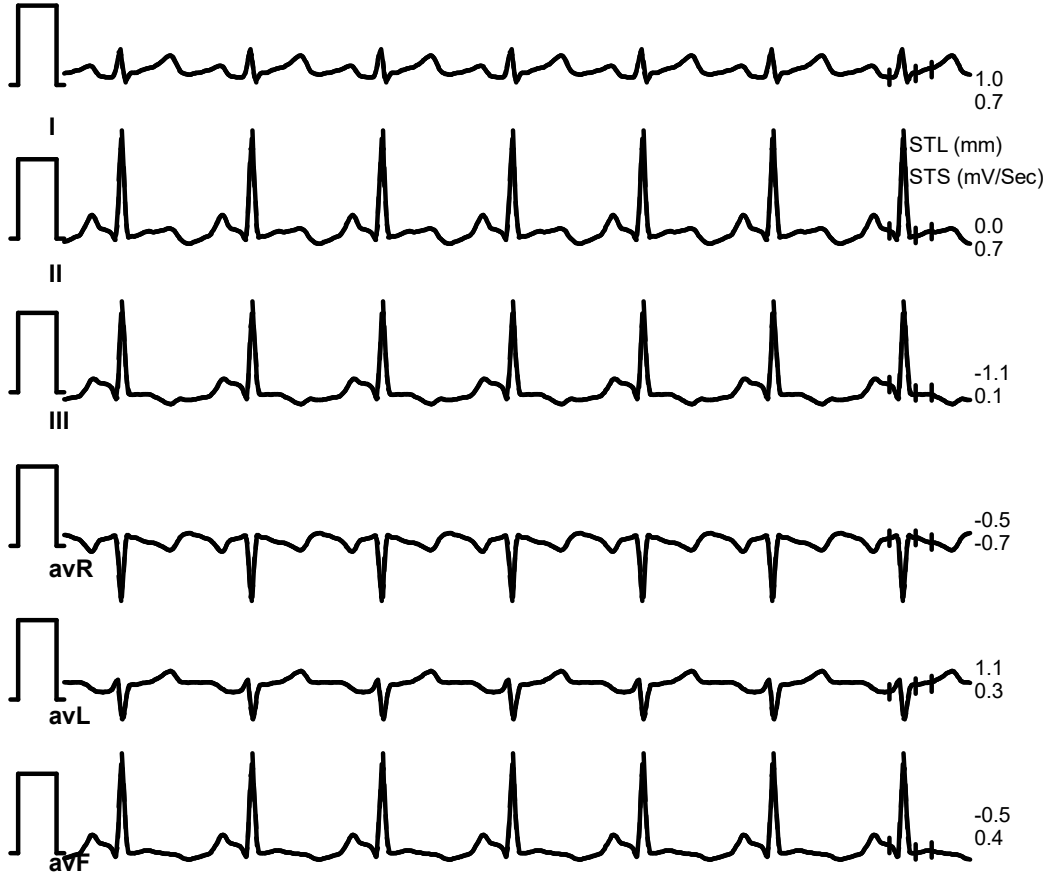
## 6X2 Combine Medians + 1 Rhythm

BRUCE:Standing(0:06)



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.0 HR : 89 Target HR : 49% of 182 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



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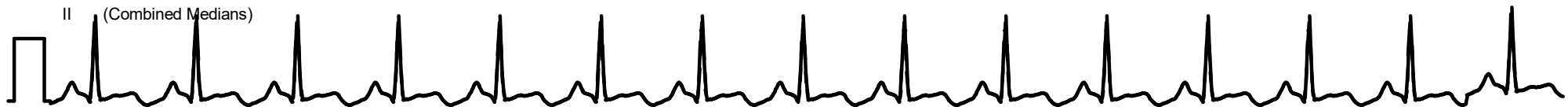
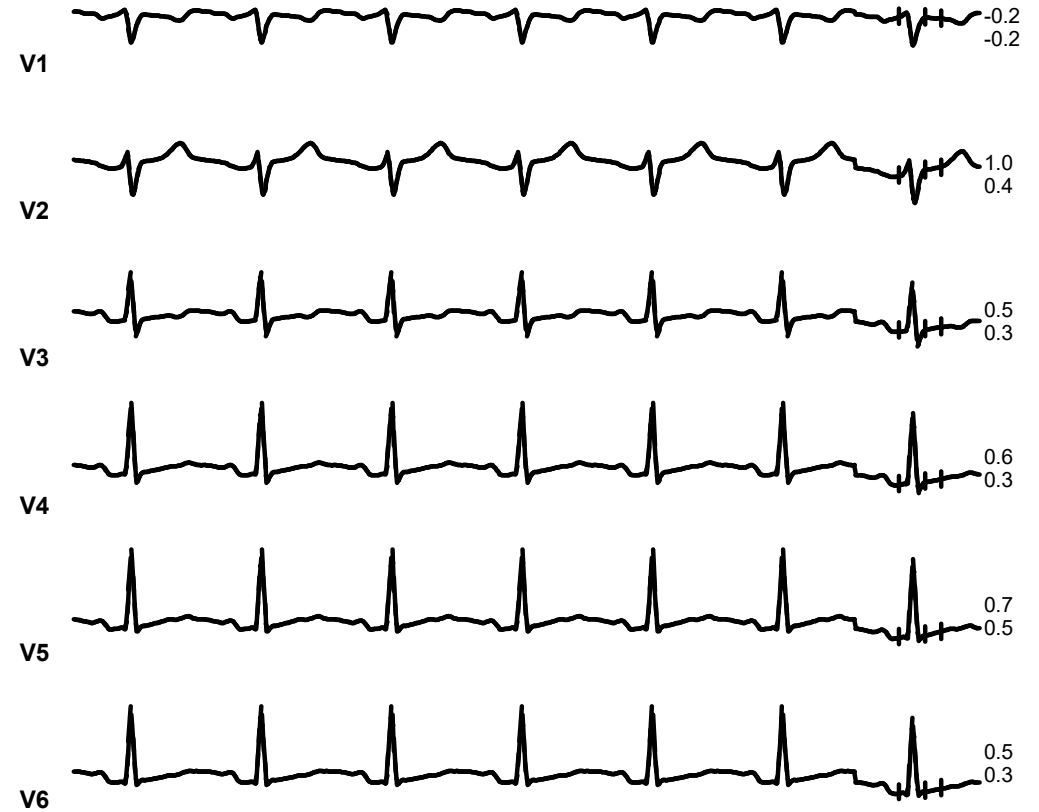
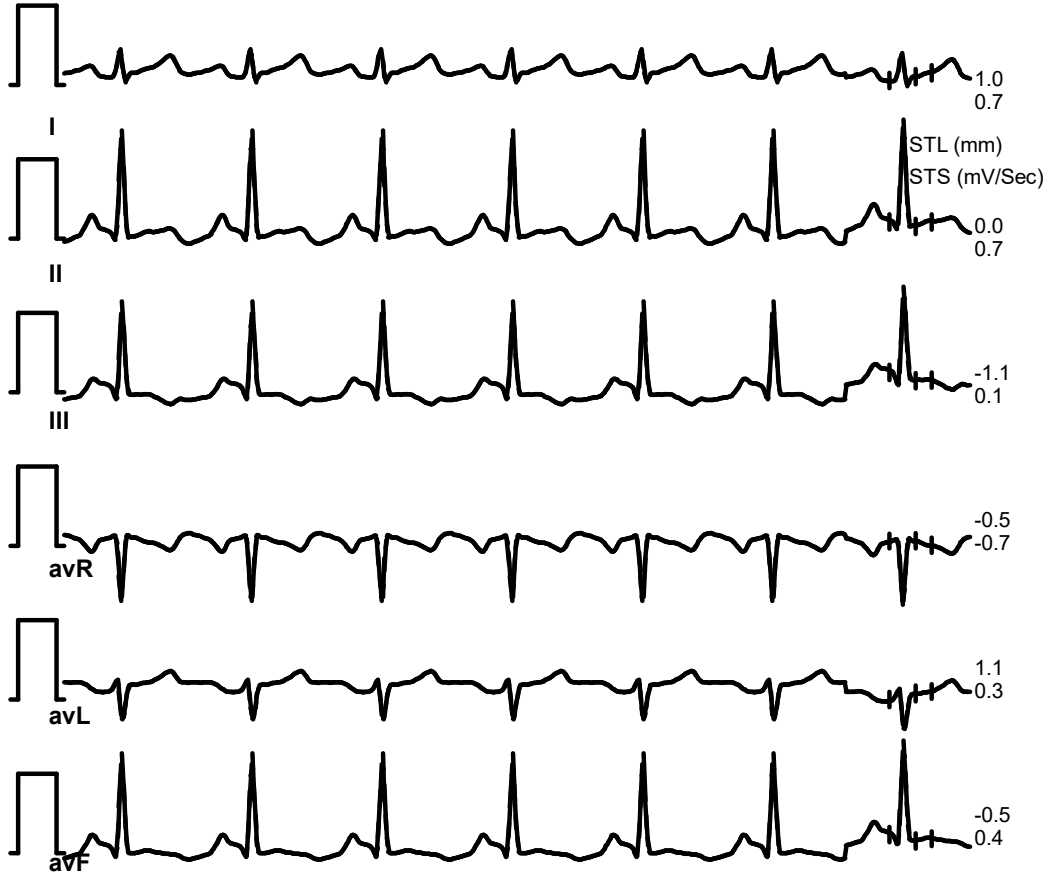
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6X2 Combine Medians + 1 Rhythm  
BRUCE:HV(0:06)



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.0 HR : 89 Target HR : 49% of 182 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



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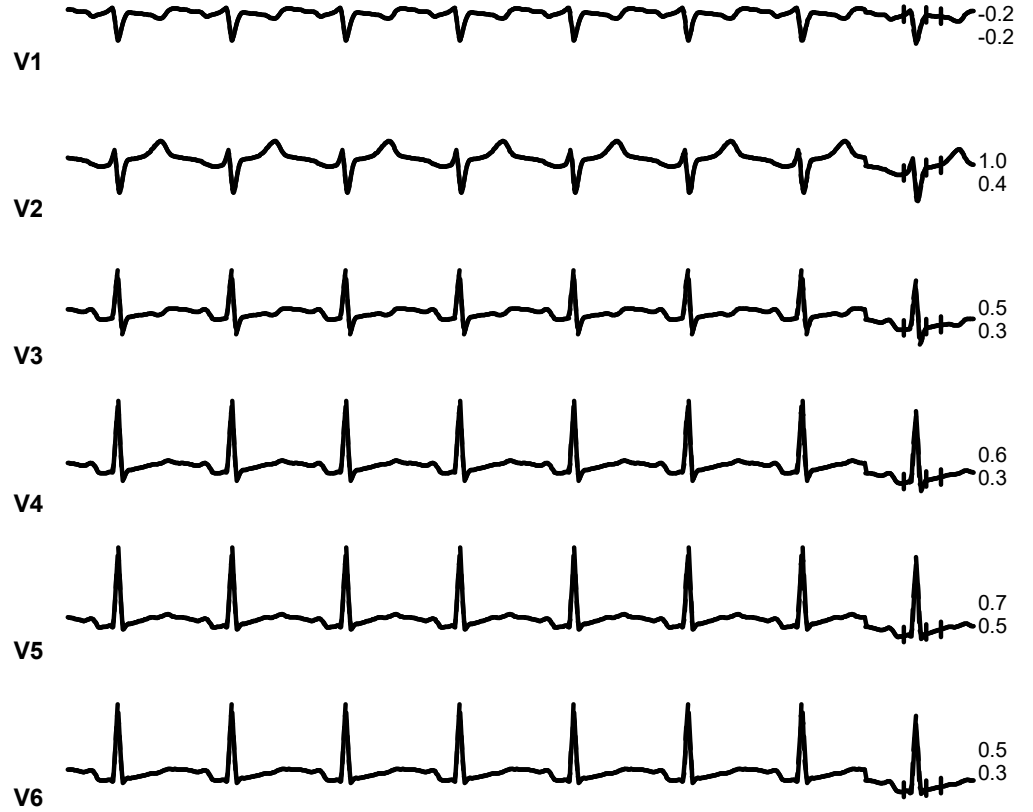
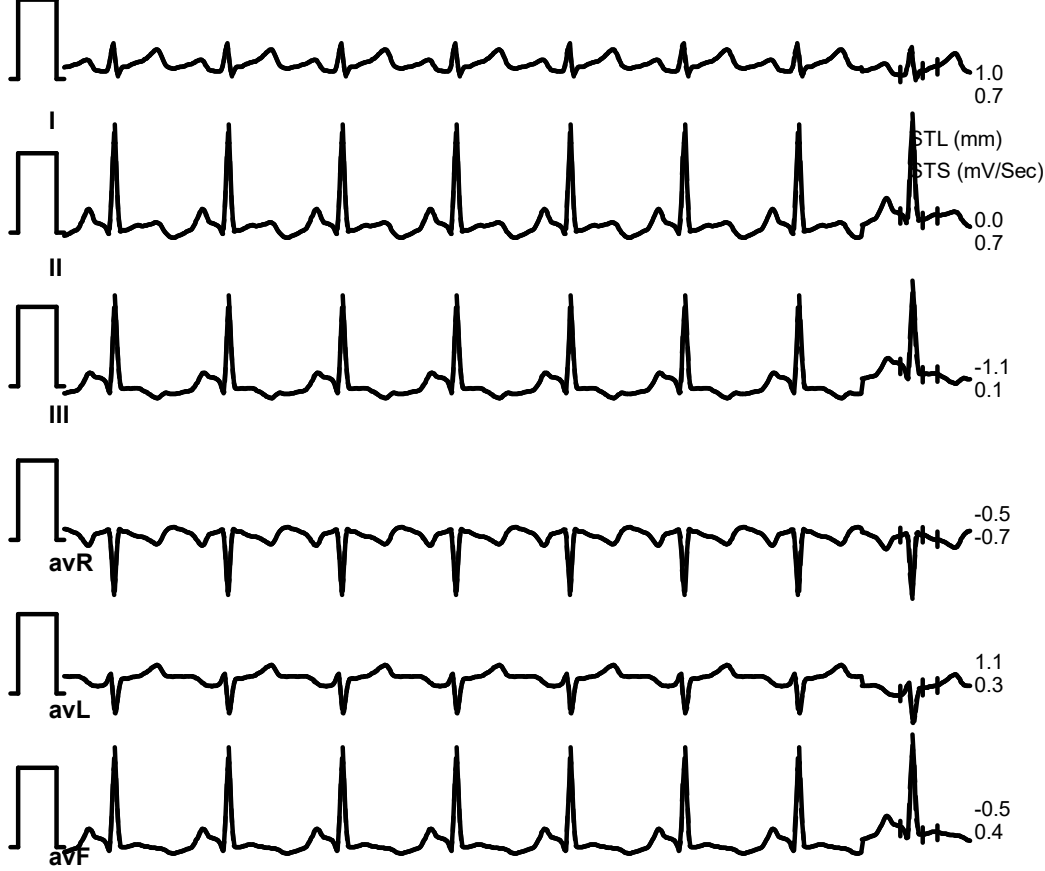
12347453 / RINA KALE / 38 Yrs / Female / 152 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
ExStart



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.1 HR : 93 Target HR : 51% of 182 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



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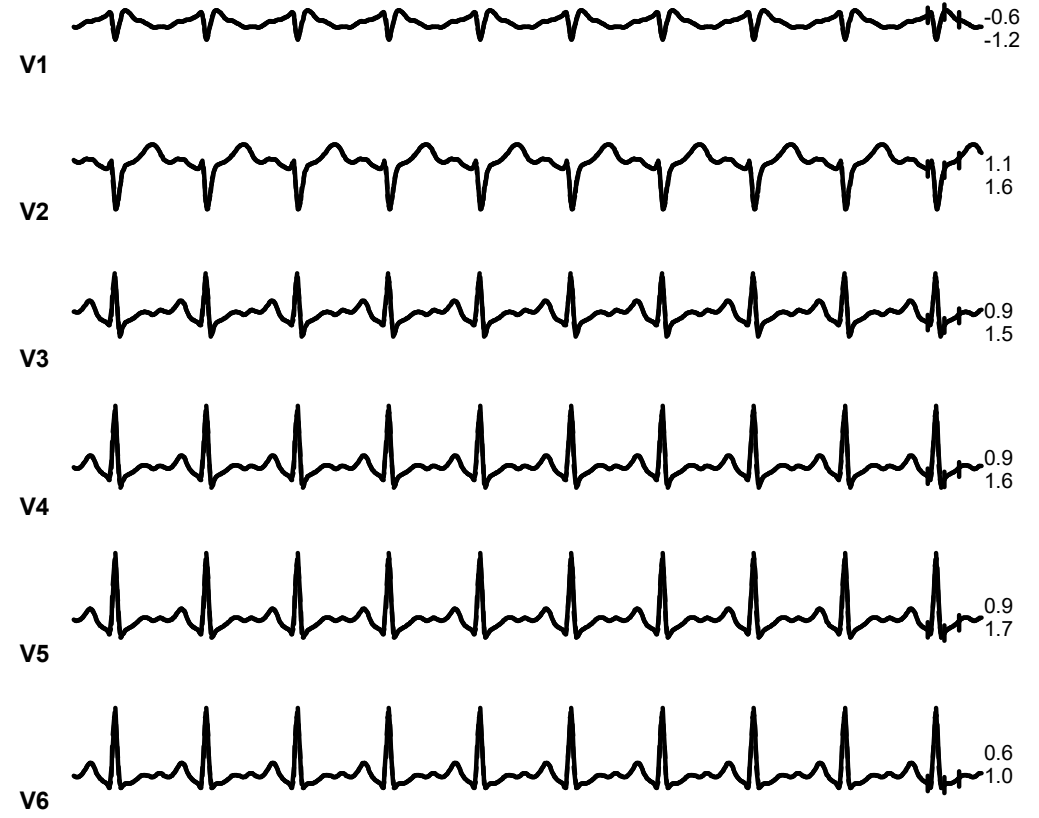
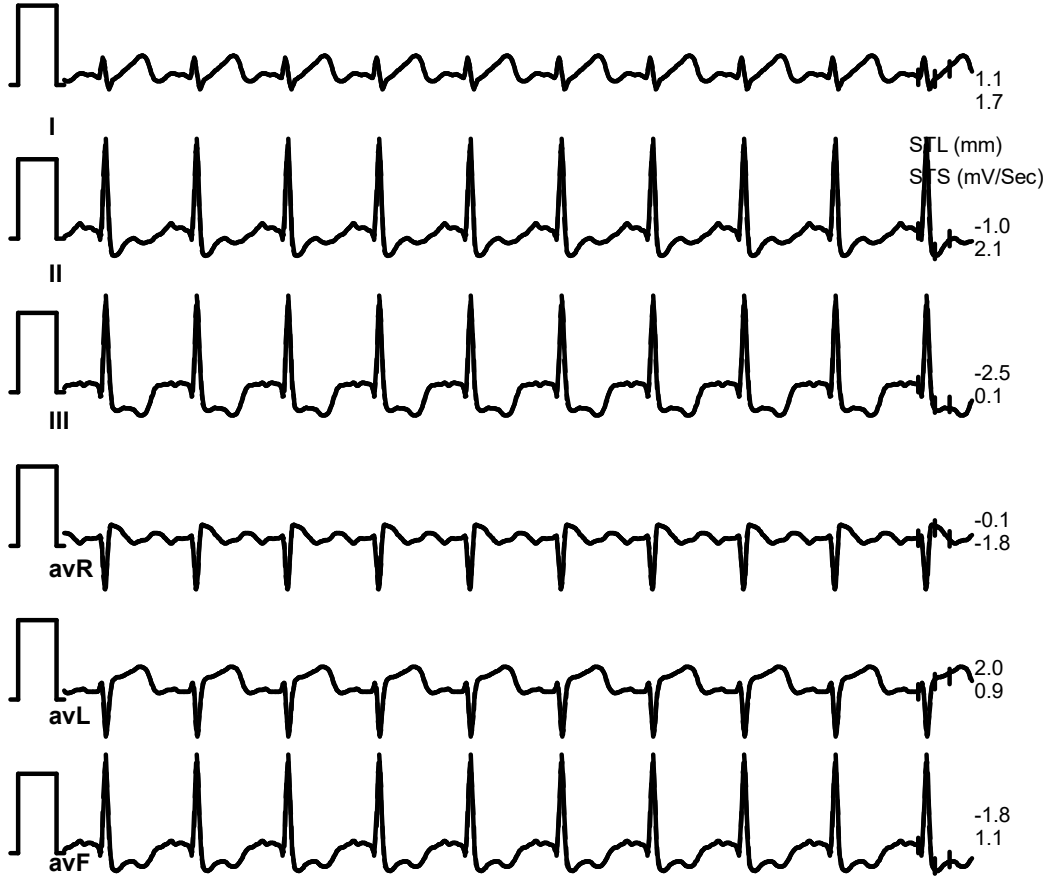
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**6X2 Combine Medians + 1 Rhythm**  
BRUCE:Stage 1(3:00)



Date: 29 / 03 / 2024 10:23:59 AM METs : 4.7 HR : 121 Target HR : 66% of 182 BP : 120/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

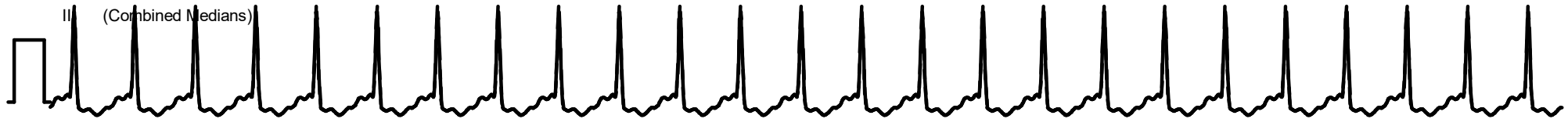
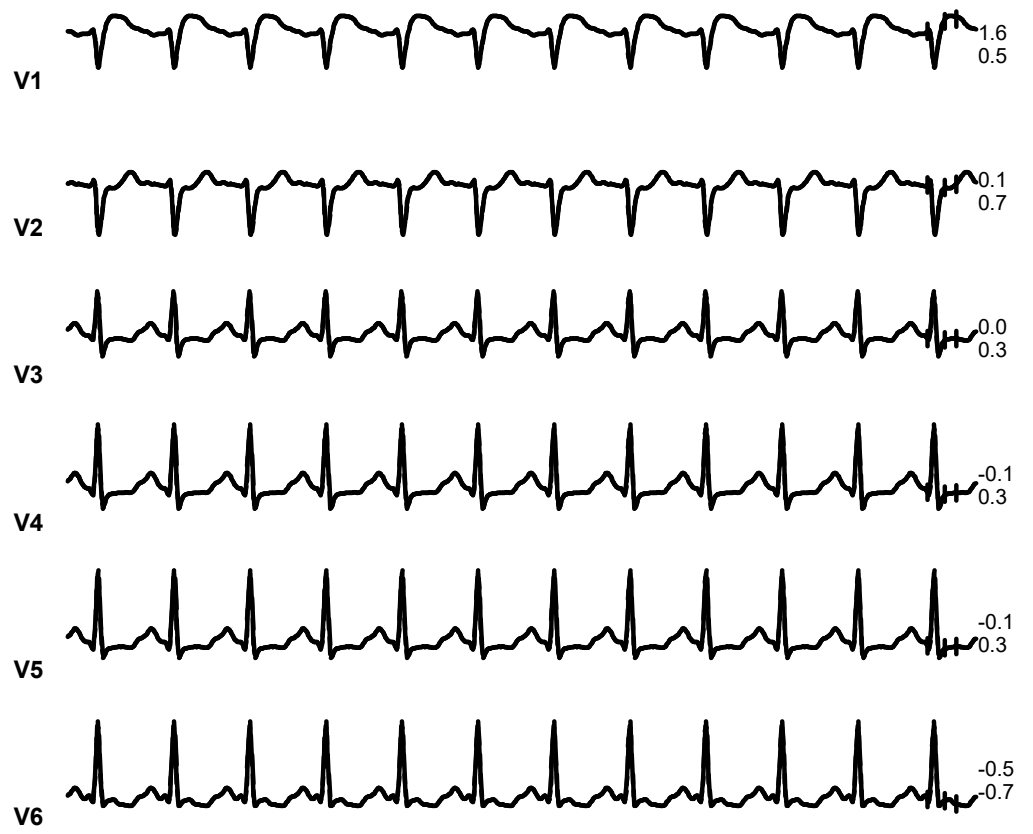
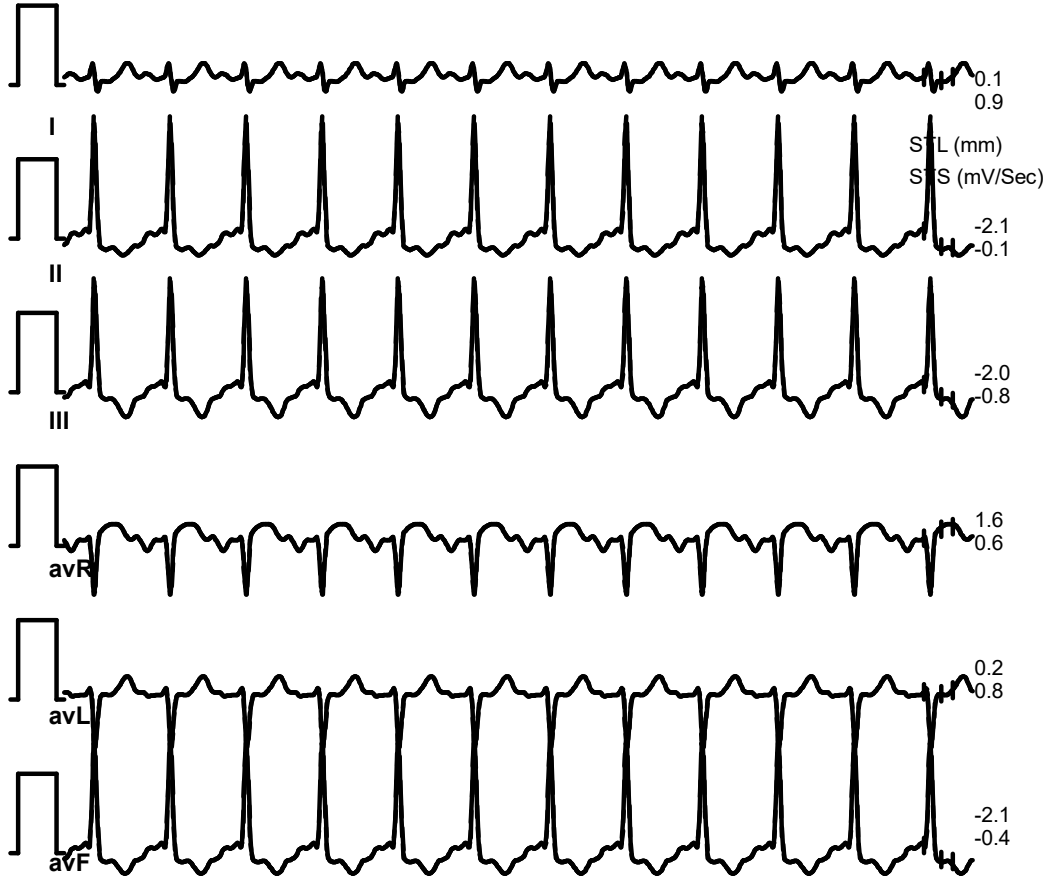
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**6X2 Combine Medians + 1 Rhythm**  
BRUCE:Stage 2(3:00)



Date: 29 / 03 / 2024 10:23:59 AM METs : 7.1 HR : 149 Target HR : 82% of 182 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



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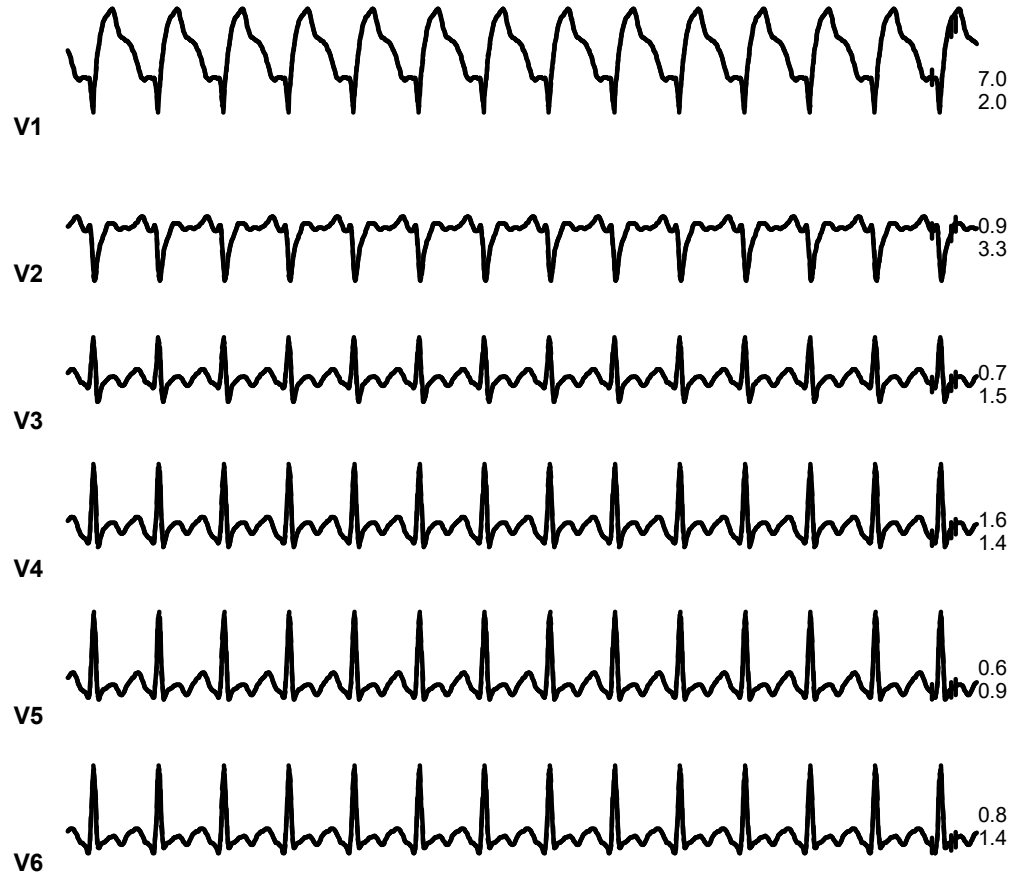
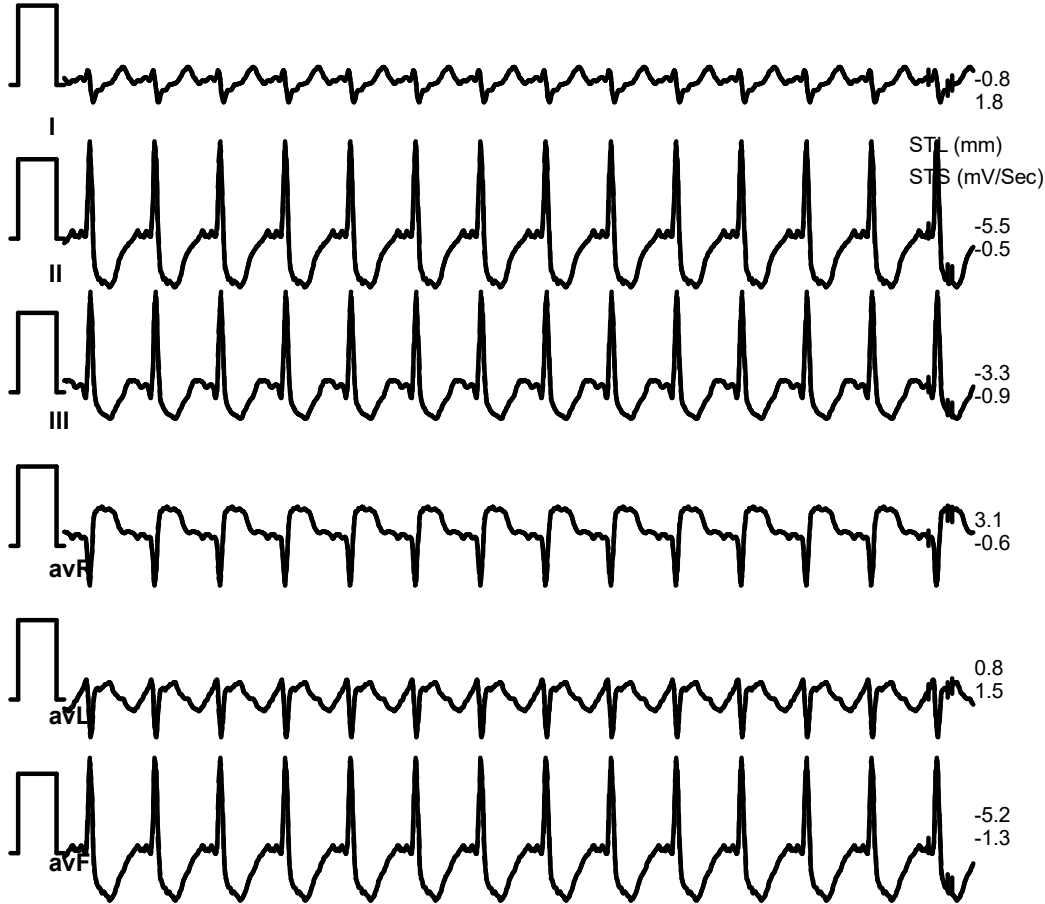
12347453 / RINA KALE / 38 Yrs / Female / 152 Cm / 72 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 29 / 03 / 2024 10:23:59 AM METs : 8.2 HR : 171 Target HR : 94% of 182 BP : 130/80 Post J @20mSec

ExTime: 07:01 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

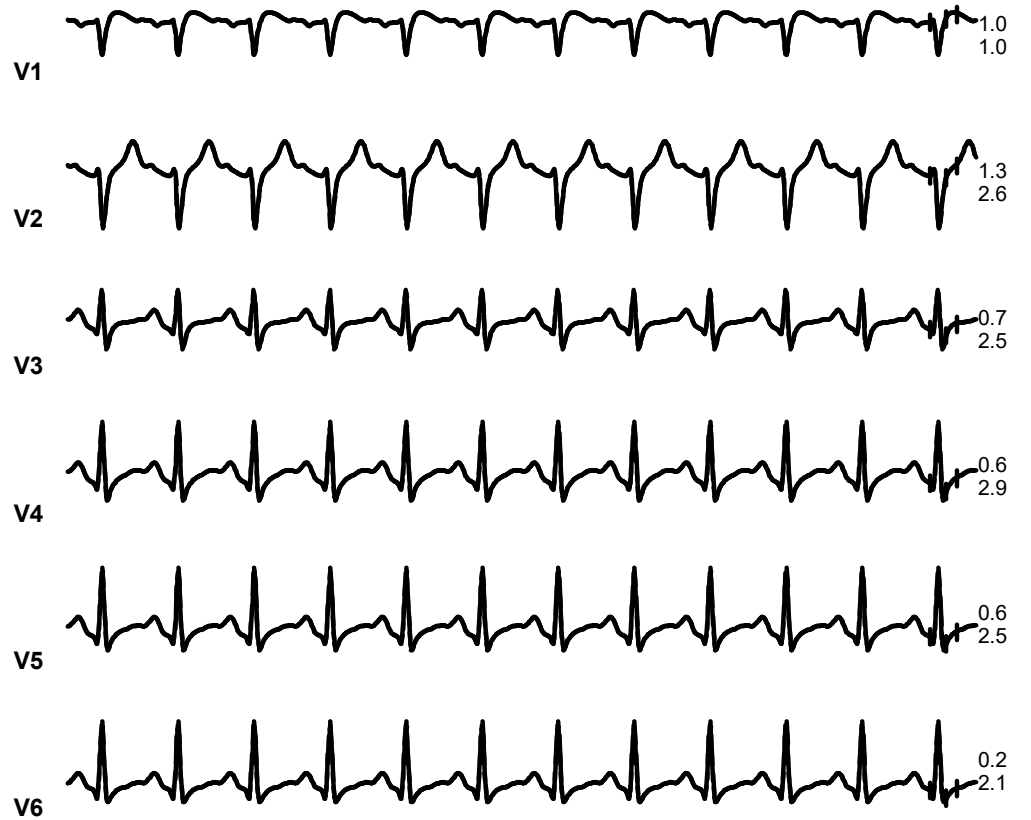
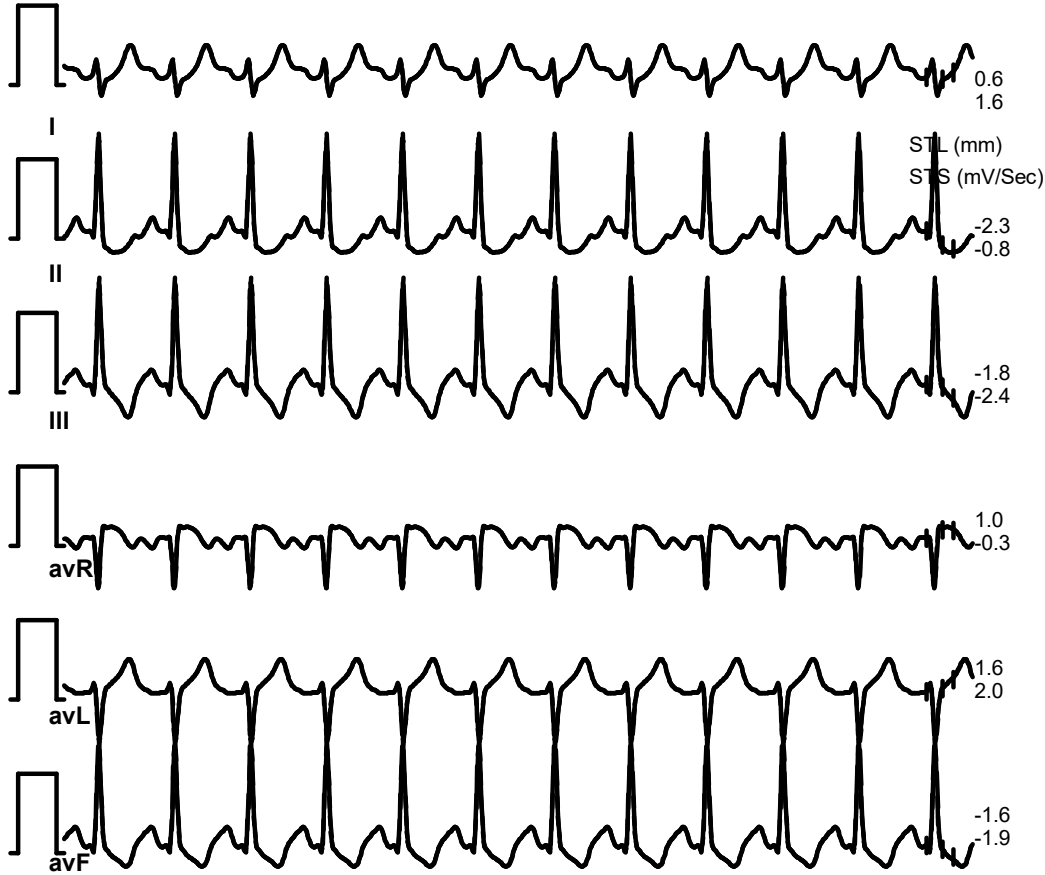
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6X2 Combine Medians + 1 Rhythm  
Recovery(1:00)



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.1 HR : 144 Target HR : 79% of 182 BP : 140/80 Post J @60mSec

ExTime: 07:01 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



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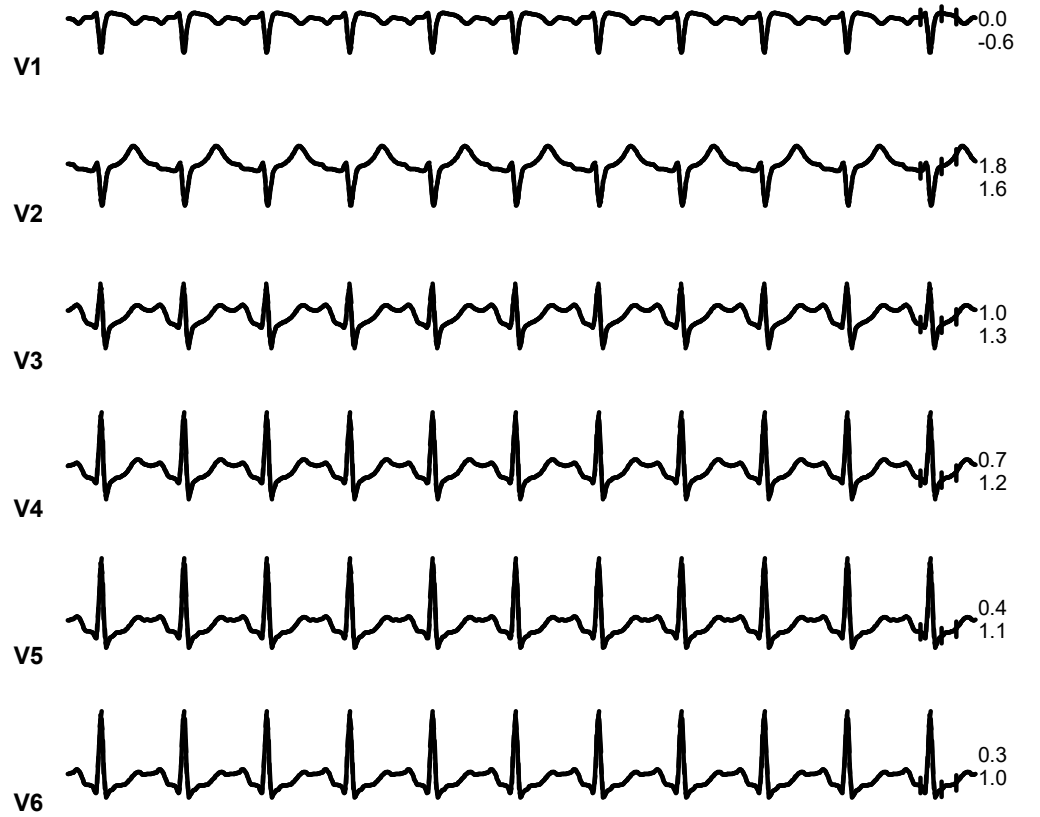
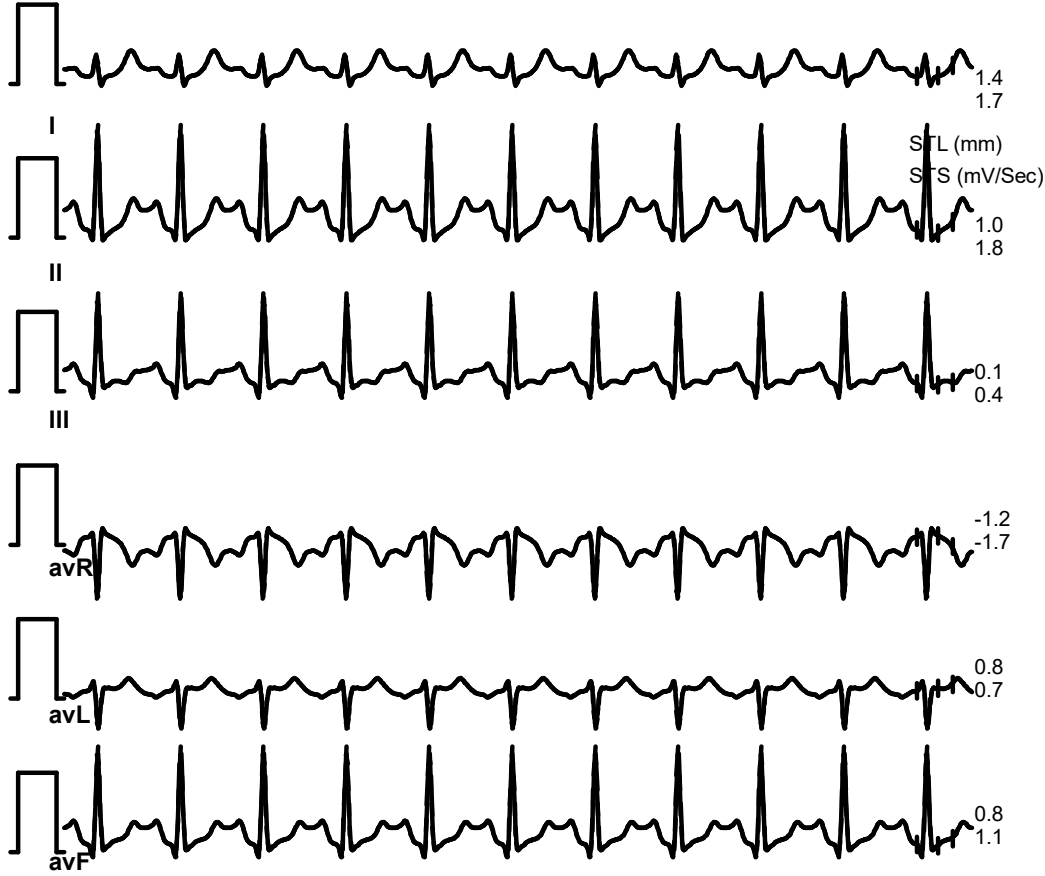
## 6X2 Combine Medians + 1 Rhythm

Recovery(2:00)



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.0 HR : 137 Target HR : 75% of 182 BP : 130/80 Post J @80mSec

ExTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

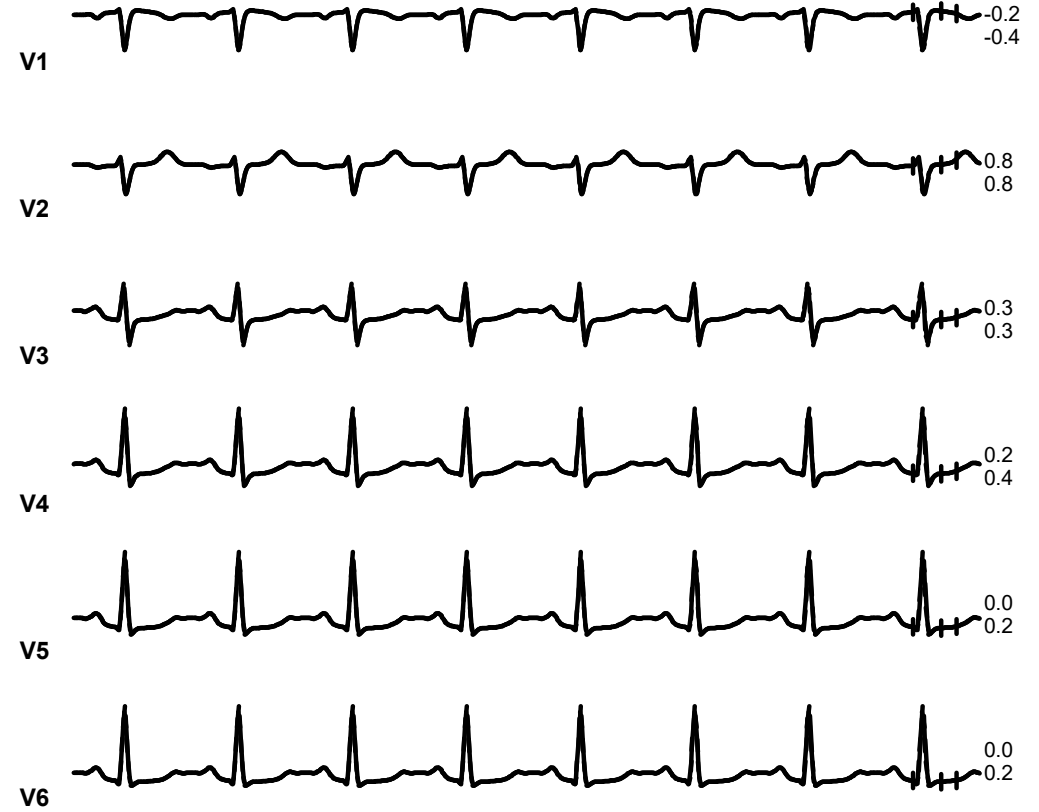
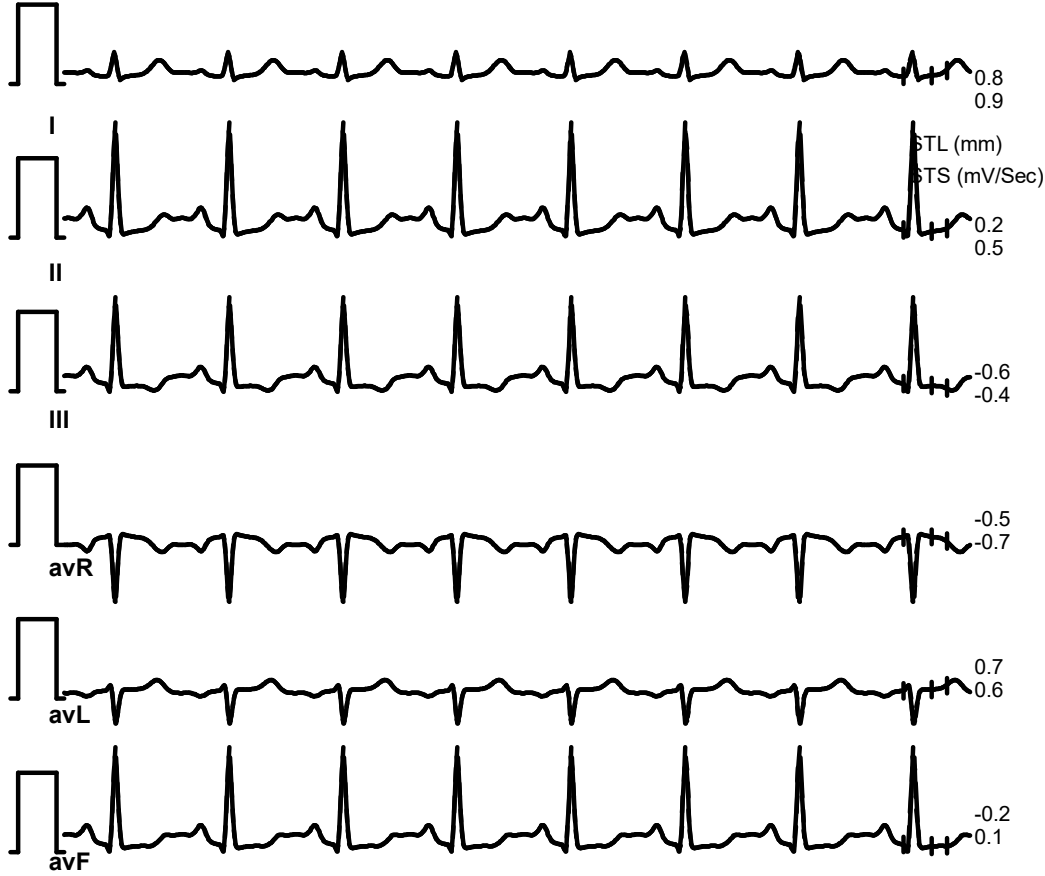
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**6X2 Combine Medians + 1 Rhythm**  
Recovery(4:00)



Date: 29 / 03 / 2024 10:23:59 AM METs : 1.0 HR : 101 Target HR : 55% of 182 BP : 120/80 Post J @80mSec

ExTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2408913414  
Name : MRS.RINA MANOJ KALE  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 09:52  
Reported : 29-Mar-2024 / 15:24

Use a QR Code Scanner  
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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.07	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.8	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	16.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6600	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	23.1	20-40 %	
Absolute Lymphocytes	1524.6	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	316.8	200-1000 /cmm	Calculated
Neutrophils	69.5	40-80 %	
Absolute Neutrophils	4587.0	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	138.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	33.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	292000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	15.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      18                                      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 Borivali Lab, Borivali West

\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



**CID** : 2408913414  
**Name** : MRS.RINA MANOJ KALE  
**Age / Gender** : 38 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

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**Collected** : 29-Mar-2024 / 09:52  
**Reported** : 29-Mar-2024 / 17:52

**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	88.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	124.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic



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Collected : 29-Mar-2024 / 14:18  
Reported : 29-Mar-2024 / 20:12

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eGFR, Serum	120	(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	4.8	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 \*\*\*



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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	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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 Borivali Lab, Borivali West

\*\*\* End Of Report \*\*\*



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**Pathologist**



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Collected : 29-Mar-2024 / 09:52  
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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	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  
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Reported : 29-Mar-2024 / 16:38

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

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

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

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



*Anupa*

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





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	225.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	85.8	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	48.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	176.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	159.0	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	17.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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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	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	10.2	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	1.78	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



CID : 2408913414  
Name : MRS.RINA MANOJ KALE  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner  
Application To Scan the Code  
Collected : 29-Mar-2024 / 09:52  
Reported : 29-Mar-2024 / 15:55

**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 becuae 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 Borivali Lab, Borivali West

\*\*\* End Of Report \*\*\*



*Bmhasakar*

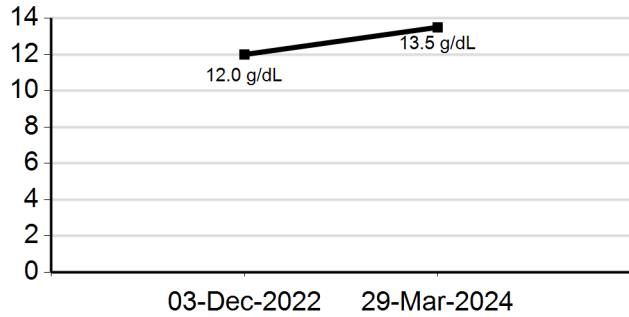
**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



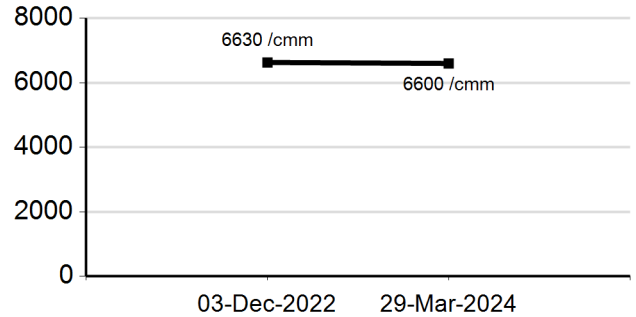
Use a QR Code Scanner  
 Application To Scan the Code

**CID** : 2408913414  
**Name** : MRS.RINA MANOJ KALE  
**Age / Gender** : 38 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

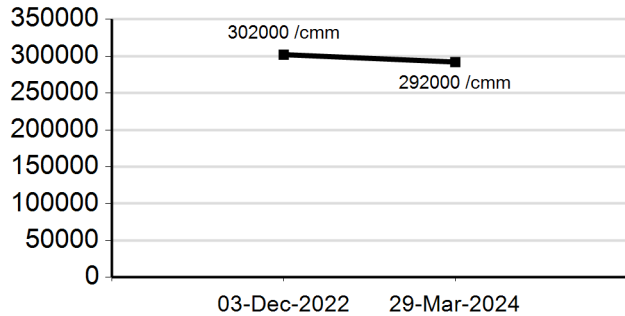
**Haemoglobin**



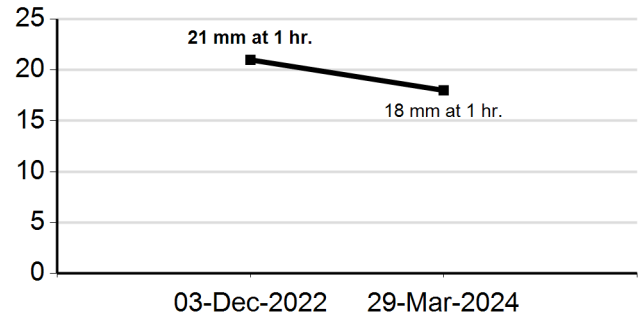
**WBC Total Count**



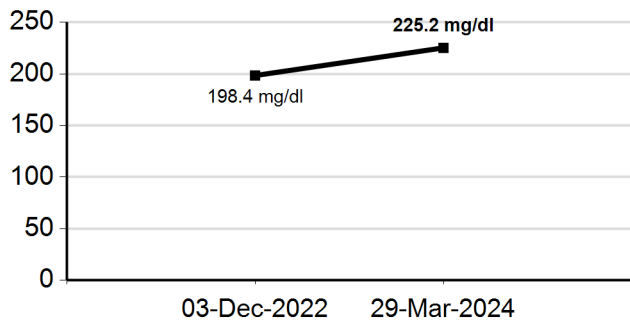
**Platelet Count**



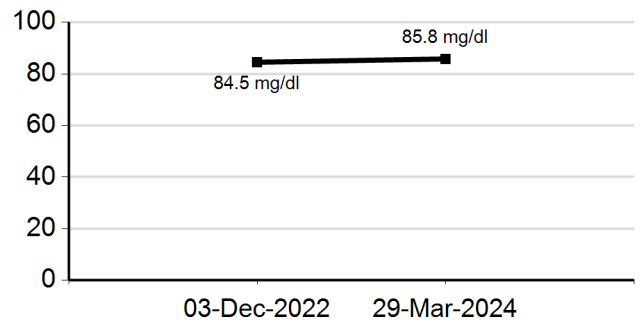
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

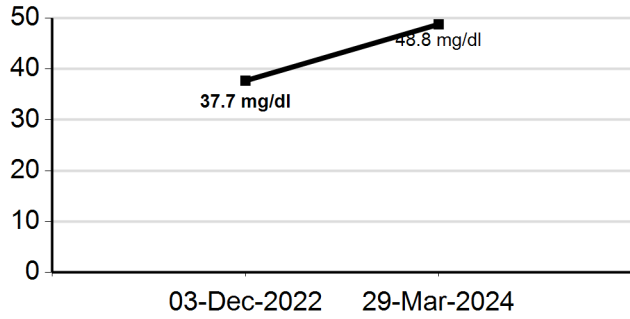




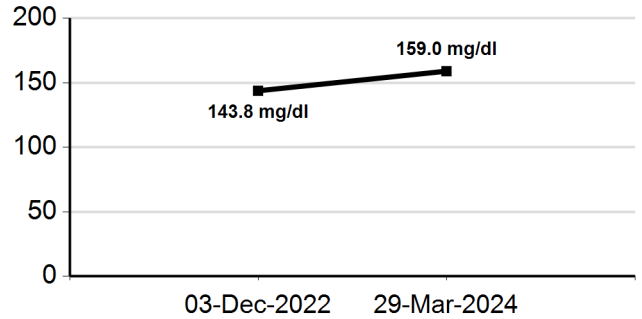
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**Consulting Dr.** : -  
**Reg. Location** : Bhayander East (Main Centre)

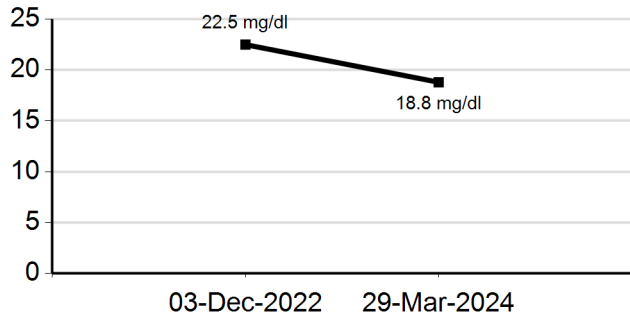
**HDL CHOLESTEROL**



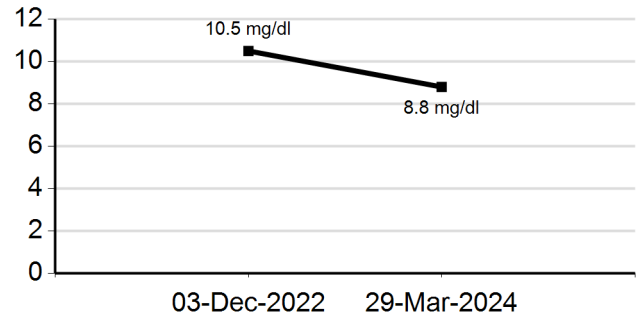
**LDL CHOLESTEROL**



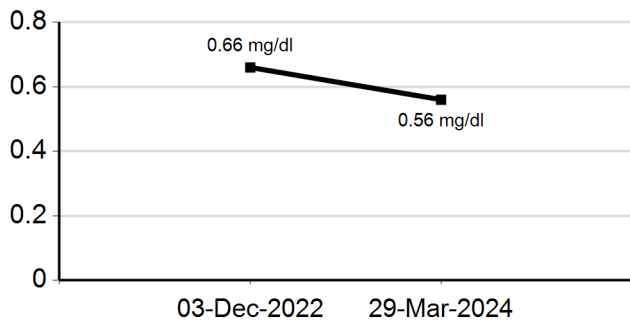
**BLOOD UREA**



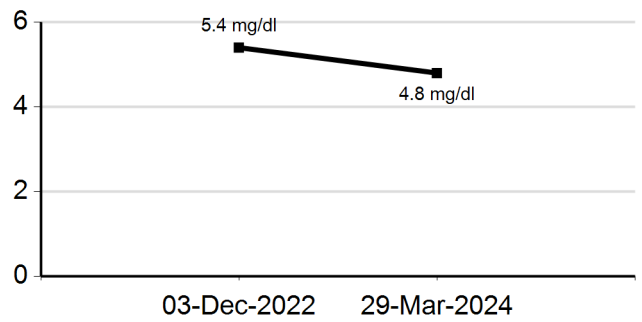
**BUN**



**CREATININE**



**URIC ACID**

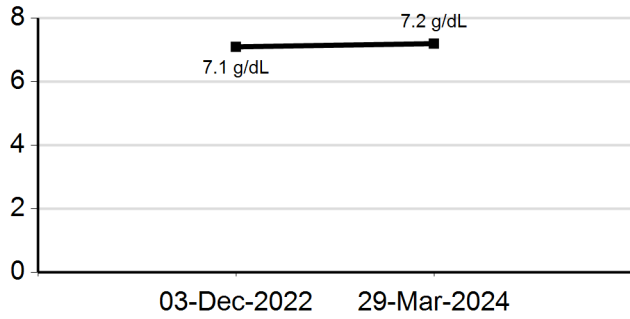




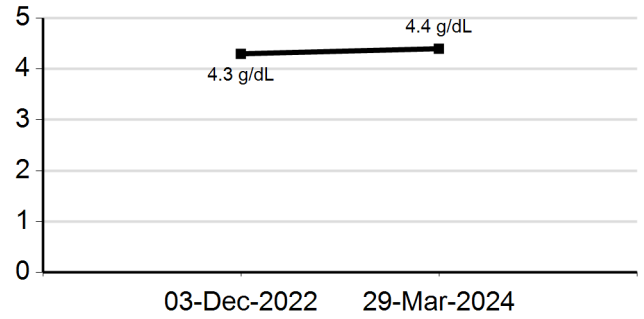
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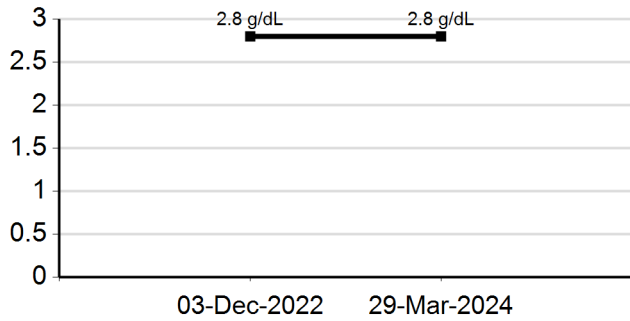
**TOTAL PROTEINS**



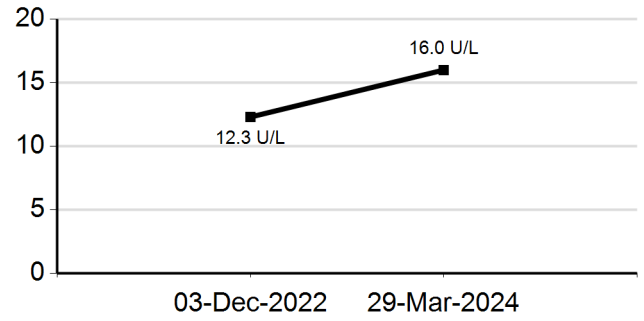
**ALBUMIN**



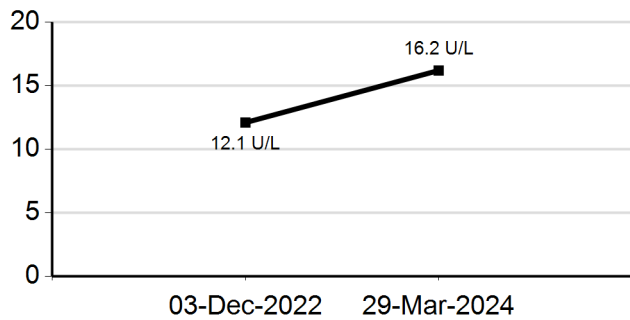
**GLOBULIN**



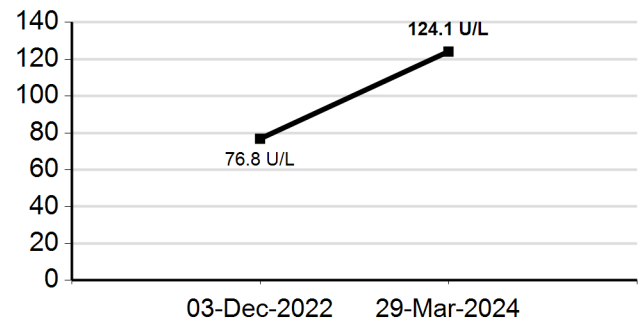
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

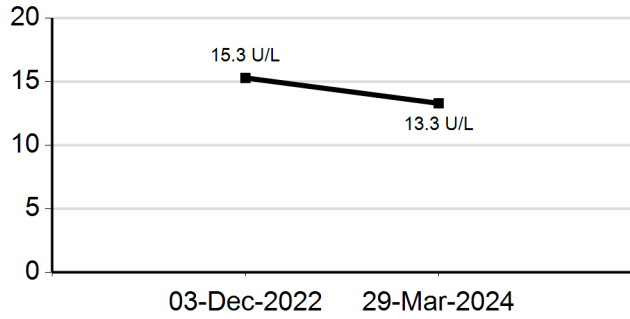




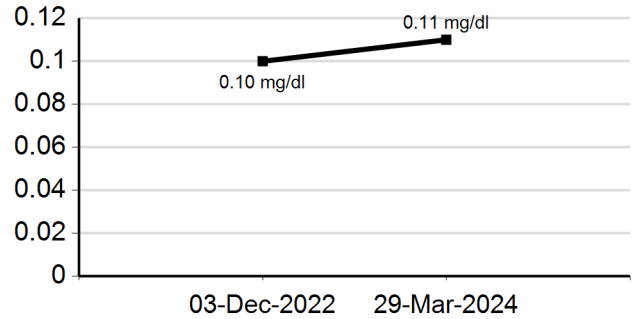
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 Age / Gender : 38 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Bhayander East (Main Centre)

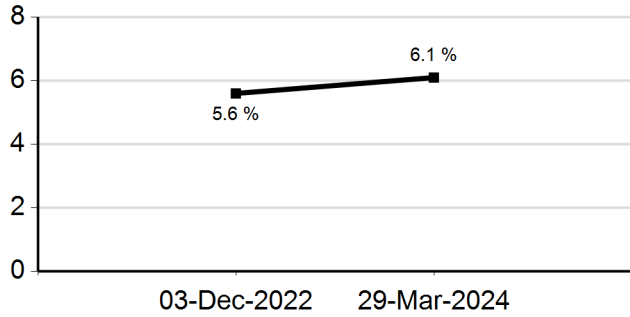
**GAMMA GT**



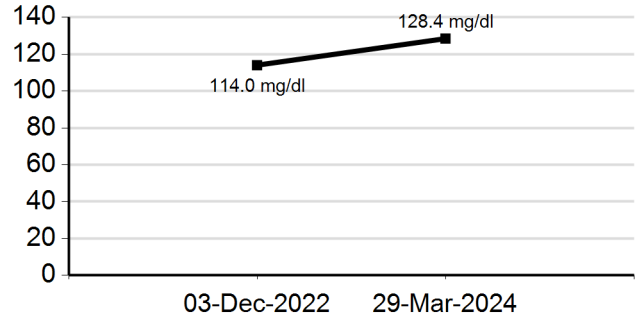
**BILIRUBIN (DIRECT)**



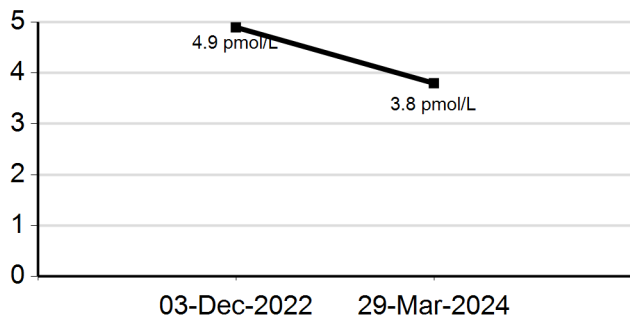
**Glycosylated Hemoglobin (HbA1c)**



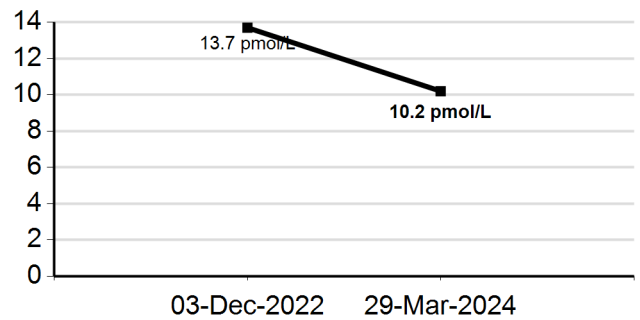
**Estimated Average Glucose (eAG)**



**Free T3**



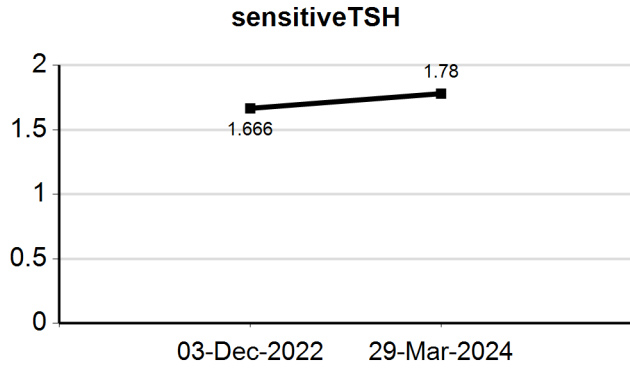
**Free T4**



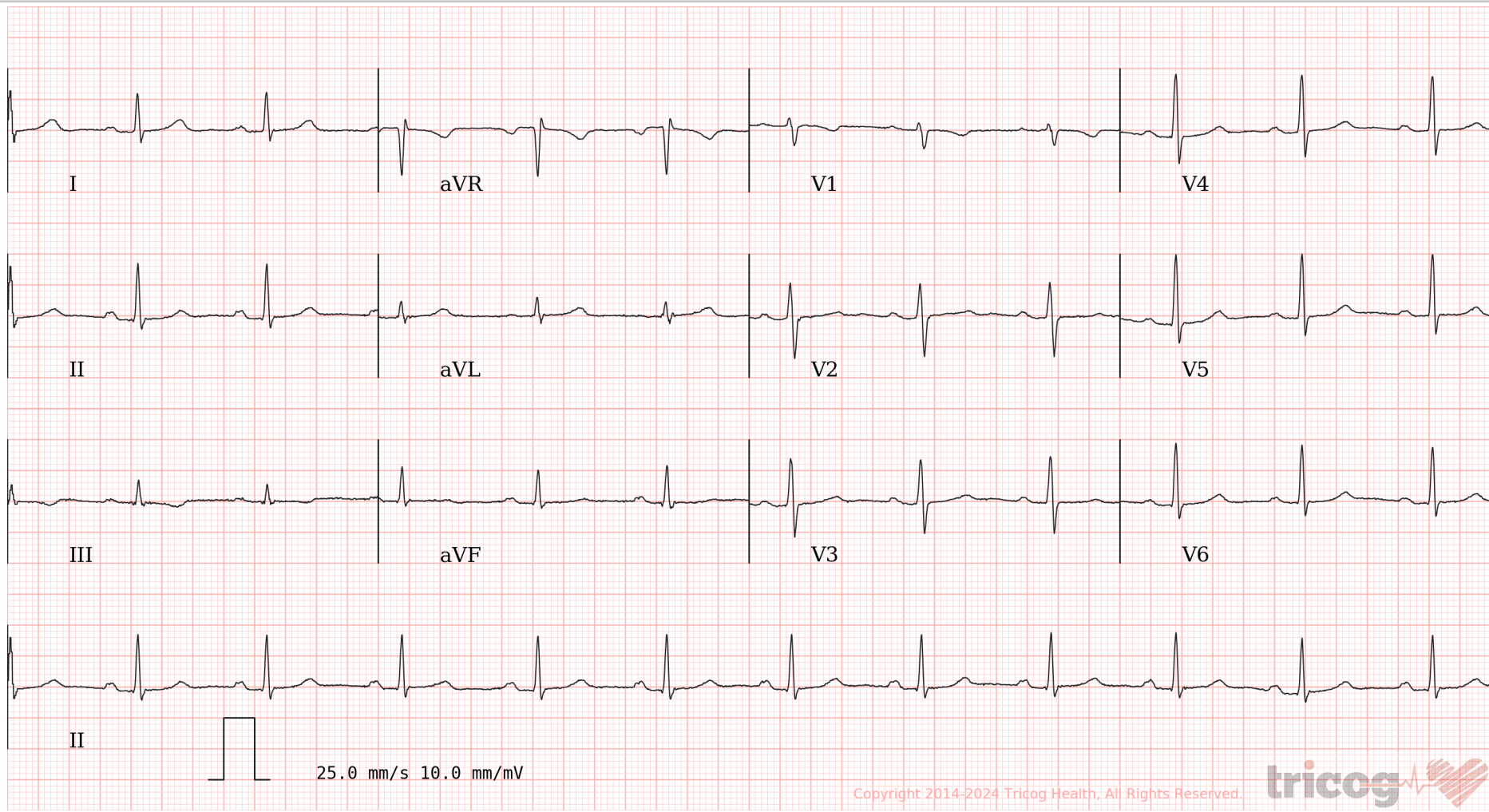


Use a QR Code Scanner  
Application To Scan the Code

CID : 2408913414  
Name : MRS.RINA MANOJ KALE  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)







Age **38** NA NA  
years months days

Gender **Female**

Heart Rate **72bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

**Measurements**

QRSD: 82ms  
QT: 390ms  
QTcB: 427ms  
PR: 186ms  
P-R-T: 52° 50° 27°

**ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.**

REPORTED BY

*Smita Valani*

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

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.

Name : MRS. RINA MANOJ KALE

Age / Gender : 38 Years/Female

Consulting Dr. :

Collected : 29-Mar-2024 / 09:43

Reg. Location : Bhayander East (Main Centre)

Reported : 29-Mar-2024 / 15:16

**PHYSICAL EXAMINATION REPORT****History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	152	Weight (kg):	72
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(Bone)

**IMPRESSION:**

*Lipid Profile - Borderline.*  
*USG, CBC, Biochemistry, CXR, TMT all NM*

**ADVICE:****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 |

Age / Gender : 38 Years/Female

Consulting Dr. :

Collected : 29-Mar-2024 / 09:43

Reg.Location : Bhayander East (Main Centre)

Reported : 29-Mar-2024 / 15:16

- |  |    |
|--|----|
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             |    |
| 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 \*\*\*

*Anita*

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No. 101A, Skyline Wealth Space Building,  
 Above Regency Hospital,  
 Mira - Bhamburda Road (E),  
 Dist. Thane - 401 105.  
 Phone: 022 - 61700000

**DR. ANITA CHOUDHARY**  
 M.B.B.S.  
 CONSULTANT PHYSICIAN  
 Reg. No. 2017/120553



भारत सरकार  
Government of India



रिना मनोज काळे  
Rina Manoj Kale  
जन्म तारीख/DOB: 14/12/1985  
महिला/ FEMALE  
Mobile No: 8600733083

**2941 5459 6292**

VID: 9114 2418 3937 6173

मेरा आधार, मेरी पहचान

*Bmkale*

*Anix*

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Above P...

Mira - 6

Dist. ...

Phone: 022 - 61700000

# SUBURBAN DIAGNOSTICS BHAYANDER

Report

EMail:

AGHPL

12347453 (2408913414) / RINA KALE / 38 Yrs / F / 152 Cms / 72 Kg  
 Date: 29 / 03 / 2024 10:23:59 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	089	49 %	110/80	097	00	
Standing	00:09	0:06	00.0	00.0	01.0	089	49 %	110/80	097	00	
HV	00:11	0:02	00.0	00.0	01.0	089	49 %	110/80	097	00	
ExStart	00:13	0:02	01.7	10.0	01.1	093	51 %	110/80	102	00	
BRUCE Stage 1	03:13	3:00	01.7	10.0	04.7	121	66 %	120/80	145	00	
BRUCE Stage 2	06:13	3:00	02.5	12.0	07.1	149	82 %	130/80	193	00	
PeakEx	07:14	1:01	03.4	14.0	08.2	171	94 %	130/80	222	00	
Recovery	08:14	1:00	01.1	00.0	01.1	144	79 %	140/80	201	00	
Recovery	09:14	2:00	00.0	00.0	01.0	137	75 %	130/80	178	00	
Recovery	11:14	4:00	00.0	00.0	01.0	101	55 %	120/80	121	00	
Recovery	11:26				00.0	000	0 %	---/---	000	00	

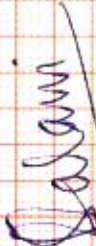
## FINDINGS :

Exercise Time : 07:01  
 Initial HR (ExStrt) : 93 bpm 51% of Target 182  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max WorkLoad Attained : 8.2 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -5.5 mm in PeakEx  
 Duke Treadmill Score : 06.5  
 Test End Reasons : Test Complete , , , Test Complete

Max HR Attained 171 bpm 94% of Target 182  
 Max BP Attained 140/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (PVT) LTD.**  
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 Above 10th Floor  
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 Dist. Thane - 401 105.  
 Phone : 022 - 61700000

**DR. SMITA VALANI**  
**M.B.B.S., D. CARDIOLOGY**  
 2011/03/0587



Doctor : DR. SMITA VALANI

EMail: 12347453 / RINA KALE / 38 Yrs / F / 152 Cms / 72 Kg Date: 29 / 03 / 2024 10:23:59 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
 EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA WQUIVALENT  
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE  
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE  
 FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS (PVT.) LTD.  
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 Phone: 022 - 61700000

DR. SMITA VALANI  
 MBBS, D. CARDIOLOGY  
 2011/03/0587



Doctor :- DR. SMITA VALANI

Date:- 29/13/24  
Name:- Rina Kale

CID: 24089/3414  
Sex / Age: 31 / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE                      LE  
6/6                      6/6  
N/6                      N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Shop: ... Hospital,  
Abo: ... (E),  
Mira - E.  
Dist: ...  
Phone: 022-67100000



**CID** : 2408913414  
**Name** : Mrs RINA MANOJ KALE  
**Age / Sex** : 38 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/21:49

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.9 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualized. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

### COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

### KIDNEYS:

Right kidney measures 8.7 x 4.2 cm. Left kidney measures 10.3 x 5.1 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### SPLEEN:

The spleen is normal in size (11.0 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites

### UTERUS:

The uterus is anteverted and appears normal. It measures 6.9 x 4.2 x 2.9 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures ~4.0 mm and appears normal.





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**OVARIES:**

Right ovary : 3.0 x 1.7 cm.

Left ovary : 3.0 x 1.9 cm.

Both the ovaries are well visualized and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION**

- **No other significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

**Dr. Aisha Lakhani**  
**Mbbs, Md (Radio**  
**Diagnosis)**  
**Bhayander center**



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**X-RAY CHEST PA VIEW**

Positional rotation seen.

Increased reticuloalveolar markings are seen in both the lung fields.

The lung fields are otherwise clear with no obvious active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION:**

- **No obvious active parenchymal lesion made out.**

**Kindly correlate clinically.**

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

**Dr. Aisha Lakhani**  
**Mbbs, Md (Radio**  
**Diagnosis)**  
**Bhayander center**



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