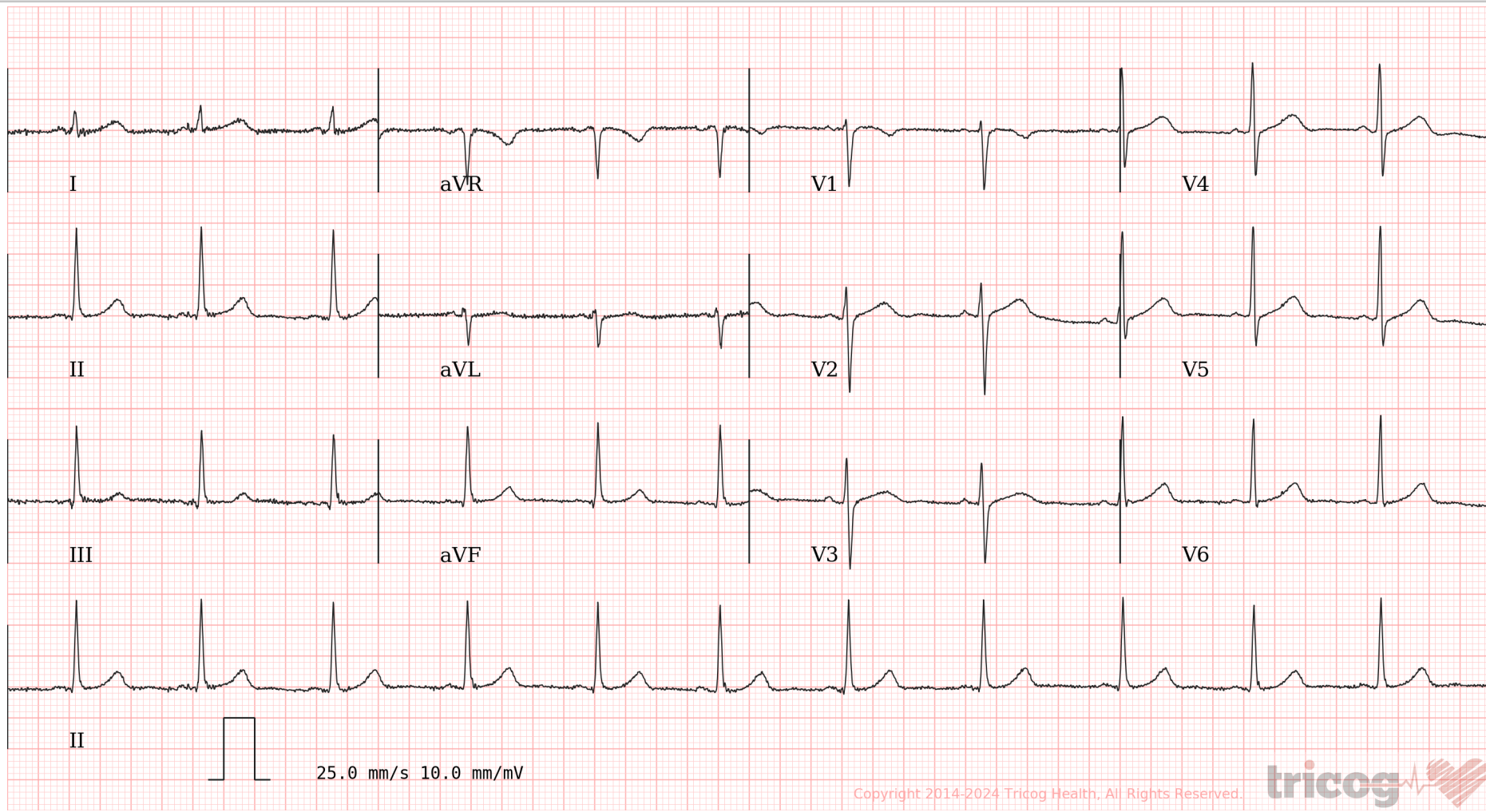


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: KAJAL MEHTA
Patient ID: 2423725809

Date and Time: 24th Aug 24 1:42 PM



Age **27** **NA** **NA**
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 76ms
QT: 396ms
QTcB: 430ms
PR: 120ms
P-R-T: 16° 78° 59°

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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

Suburban Diagnostics Kalina

Patient Details **Date:** 24-Aug-24 **Time:** 2:02:00 PM
Name: MRS. KAJAL MEHTA ID: 2423725809
Age: 27 y **Sex:** F **Height:** 155 cms **Weight:** 52 Kgs
Clinical History: Routine Test, K/C/O THYROID

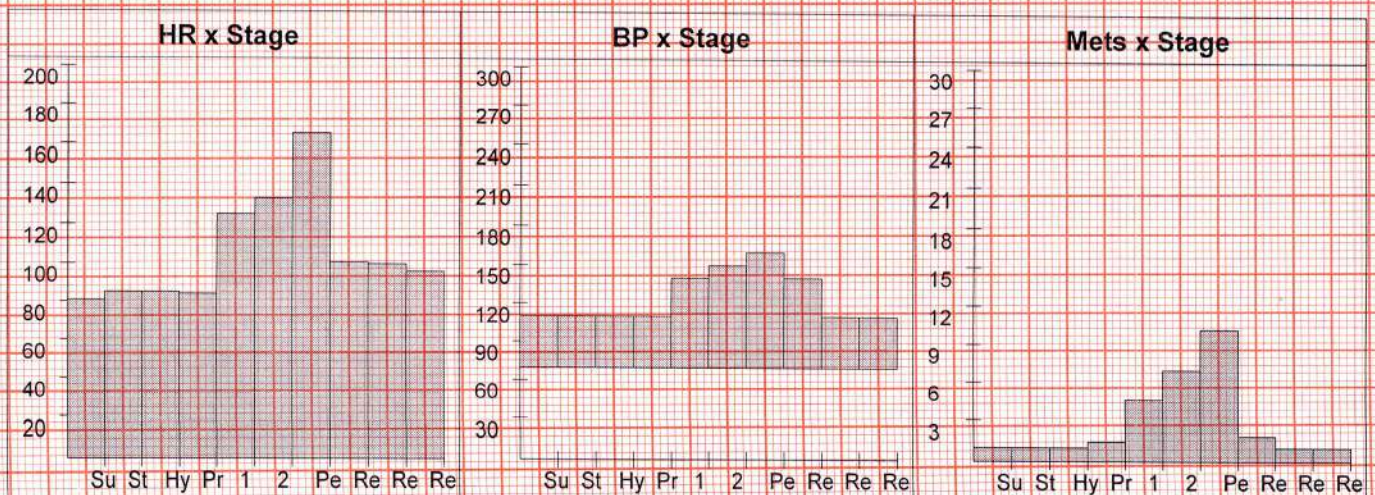
Medications: THYRONORM

Test Details

Protocol: Bruce **Pr.MHR:** 193 bpm **THR:** 164 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 30 s **Max. HR:** 165 (85% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 160 / 70 mmHg **Max. BP x HR:** 26400 mmHg/min **Min. BP x HR:** 5670 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 : 33	1.0	0	0	81	110 / 70	-0.64 III	1.77 V2
Standing	0 : 7	1.0	0	0	85	110 / 70	-0.42 III	1.77 V2
Hyperventilation	0 : 10	1.0	0	0	85	110 / 70	-0.64 III	1.42 V2
1	3 : 0	4.6	1.7	10	125	140 / 70	-1.70 III	2.12 II
2	3 : 0	7.0	2.5	12	133	150 / 70	-2.76 III	2.48 II
Peak Ex	1 : 30	10.2	3.4	14	165	160 / 70	-3.82 III	3.18 V2
Recovery(1)	2 : 0	1.8	1	0	101	140 / 70	-3.82 III	3.89 V2
Recovery(2)	2 : 0	1.0	0	0	100	110 / 70	-1.70 III	1.06 V3
Recovery(3)	1 : 19	1.0	0	0	96	110 / 70	-1.27 III	1.06 I



Suburban Diagnostics Kalina

Patient Details

Date: 24-Aug-24

Time: 2:02:00 PM

Name: MRS. KAJAL MEHTA ID: 2423725809

Age: 27 y

Sex: F

Height: 155 cms

Weight: 52 Kgs

Interpretation

AVERAGE EFFORT TOLERENCE

NORMAL HEART RATE RESPONSE

NORMAL BLOOD PRESSURE RESPONSE

NO ANGINA/ANGINA EQUIVALENTS

NO ARRTHYMIAS

ST-T CHANGES NOTED AT PEAK OF EXERCISE AND EARLY RECOVERY AS COMPARED TO BASELINE ECG

IMPRESSION : STRESS TEST IS BORDERLINE POSITIVE FOR INDUCIBLE ISCHAEMIA

ADV: CARDIOLOGY OPINION TO RULE OUT IHD

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. Nara 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

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 110 / 70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

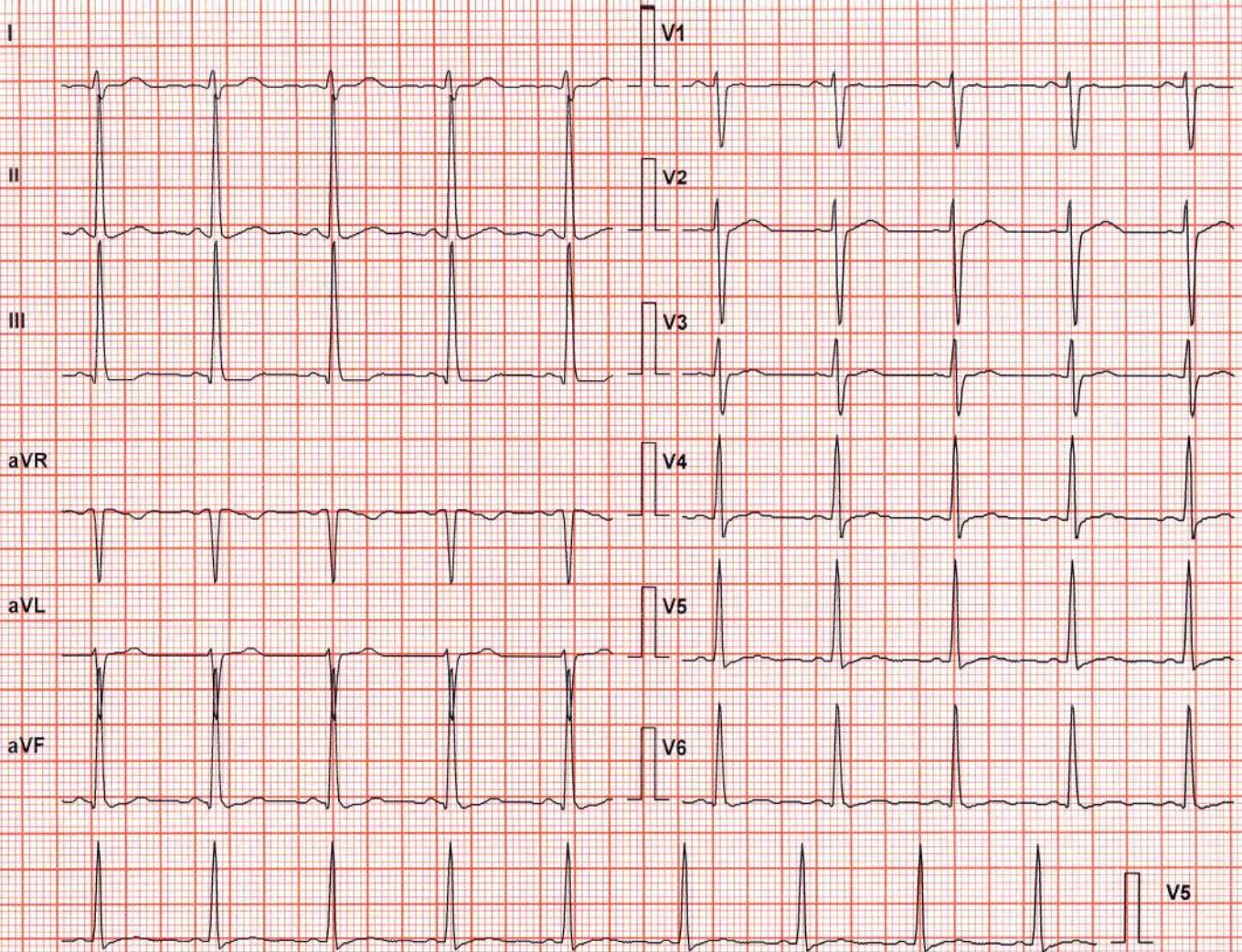
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s

HR: 86 bpm

(THR: 164 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post: J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 110 / 70

Protocol: Bruce

Stage: Standing

Speed: 0 mph

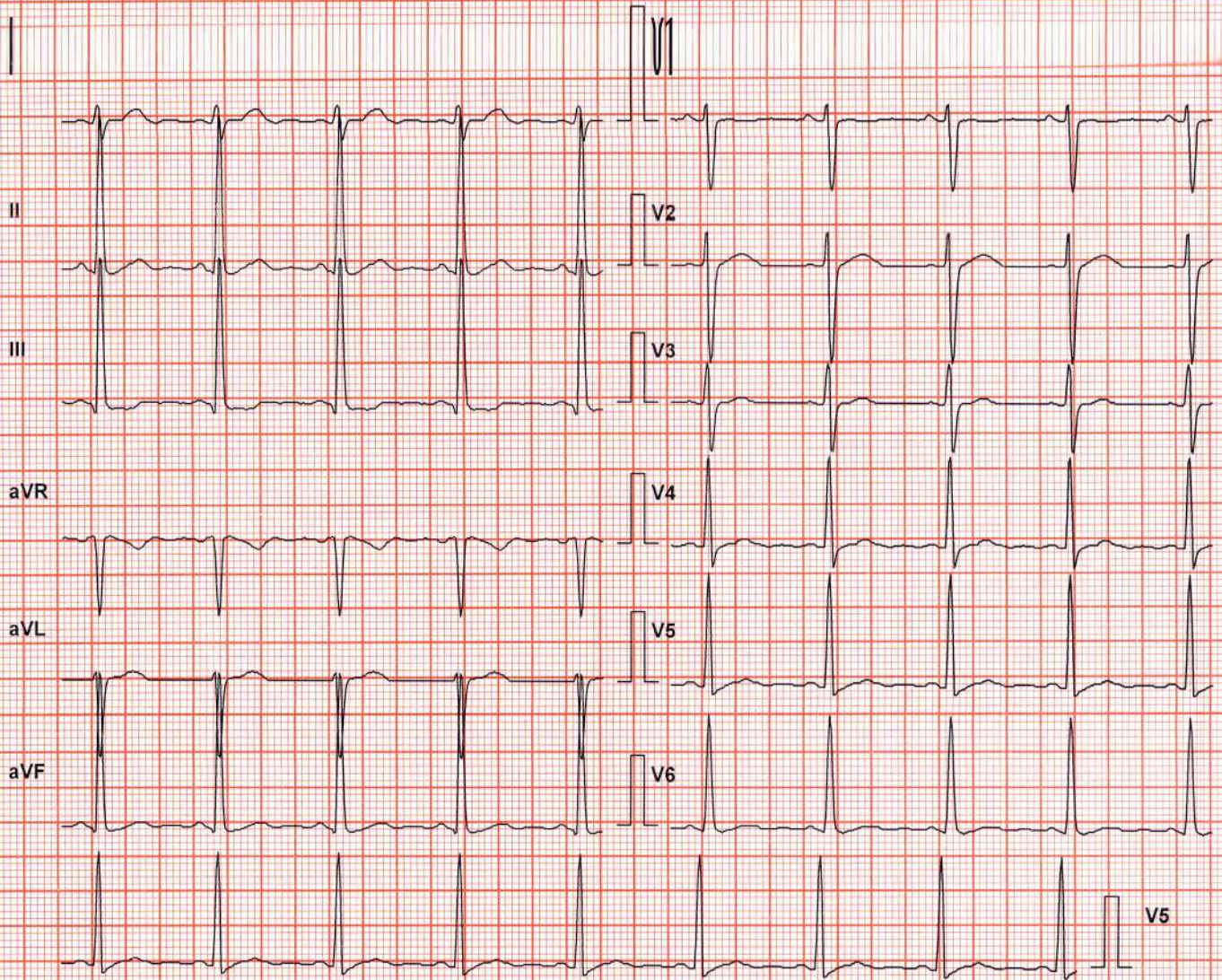
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 84 bpm

(THR: 164 bpm)



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

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 110 / 70

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

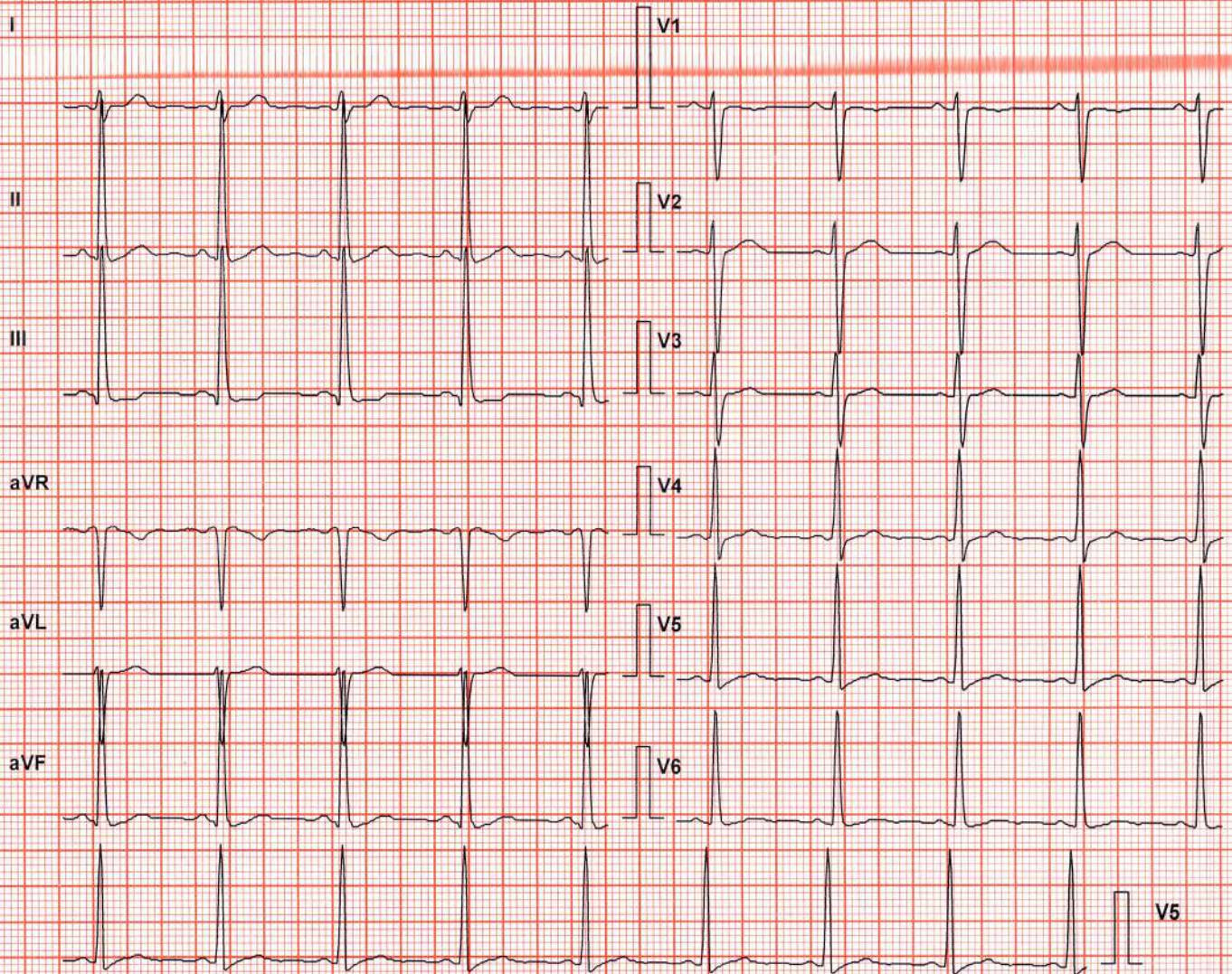
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 83 bpm

(THR: 164 bpm)



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

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 140 / 70

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

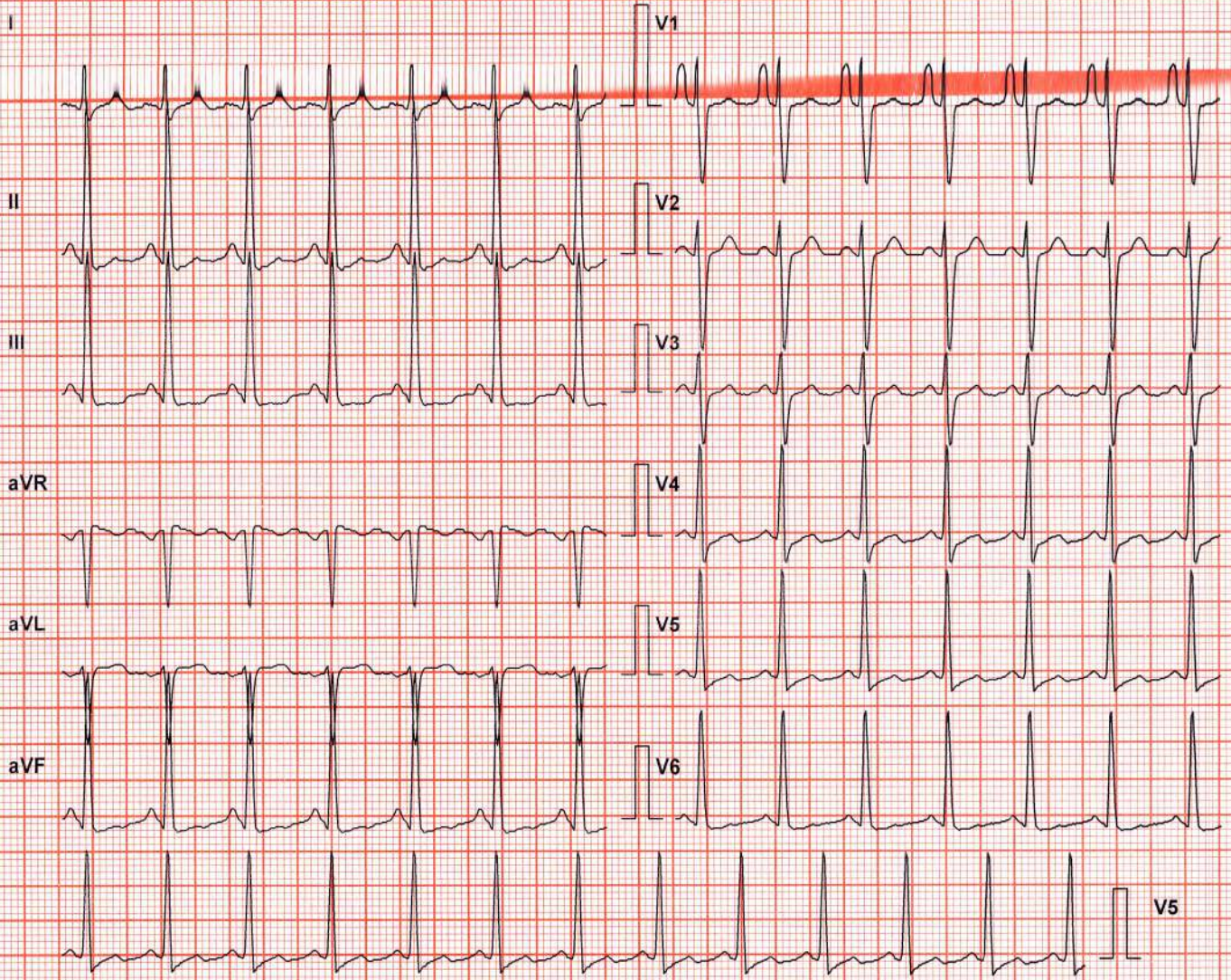
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 123 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	-0.6	1.1
III	-1.3	0.4
aVR	0.2	-0.4
aVL	0.8	0.4
aVF	-0.8	0.7
V1	0.2	0.4
V2	1.1	1.8
V3	0.4	0.7
V4	0.2	1.4
V5	-0.2	1.1
V6	-0.6	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

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24 B.P: 150 / 70

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

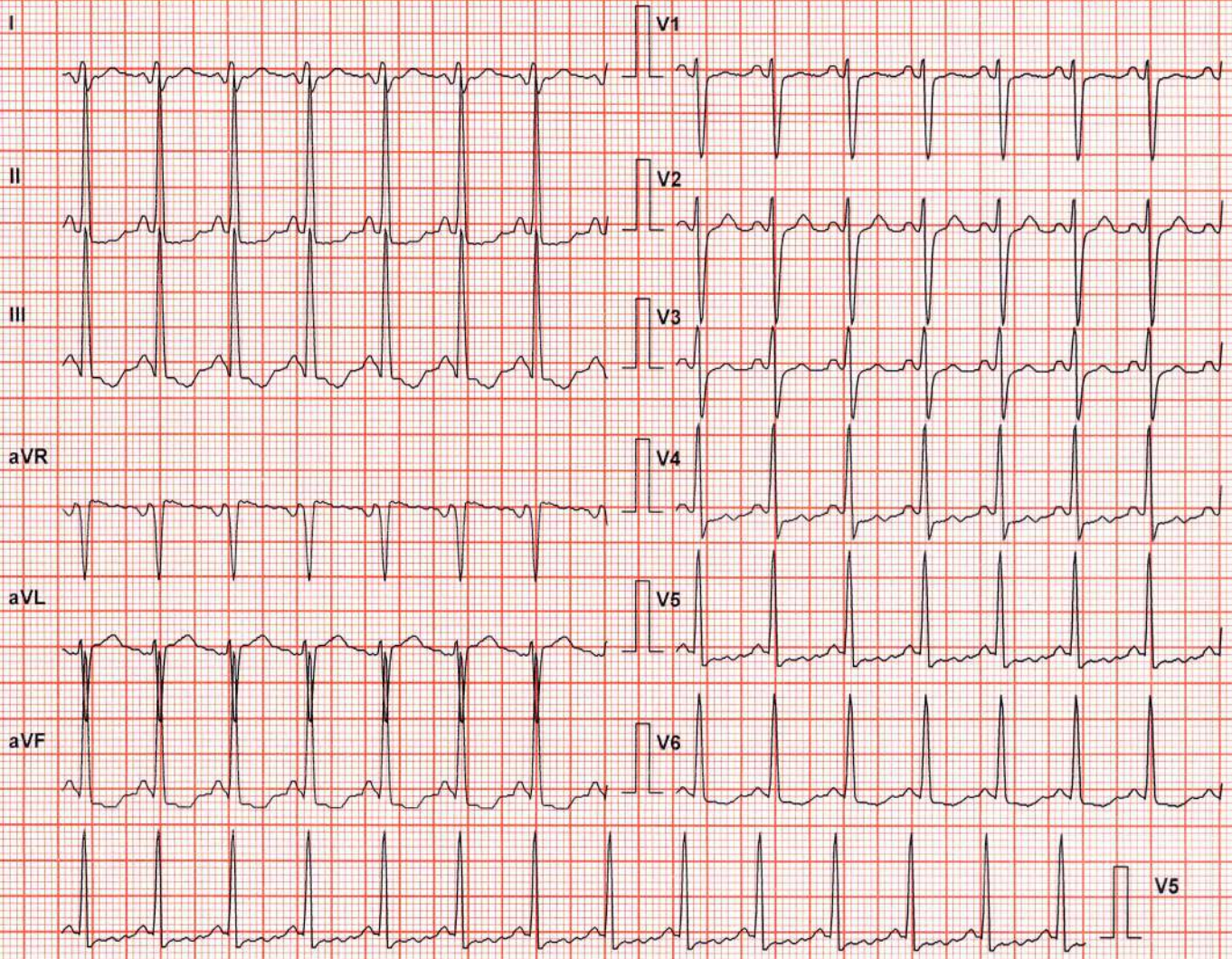
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 134 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	0.7
II	-1.3	0.4
III	-2.5	-1.1
aVR	-0.2	-0.7
aVL	1.9	1.4
aVF	-2.1	-0.4
V1	0.4	0.7
V2	1.1	1.8
V3	0.2	1.1
V4	-0.6	0.7
V5	-0.8	0.4
V6	-1.5	-0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-AUG-24

B.P. 160/70

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

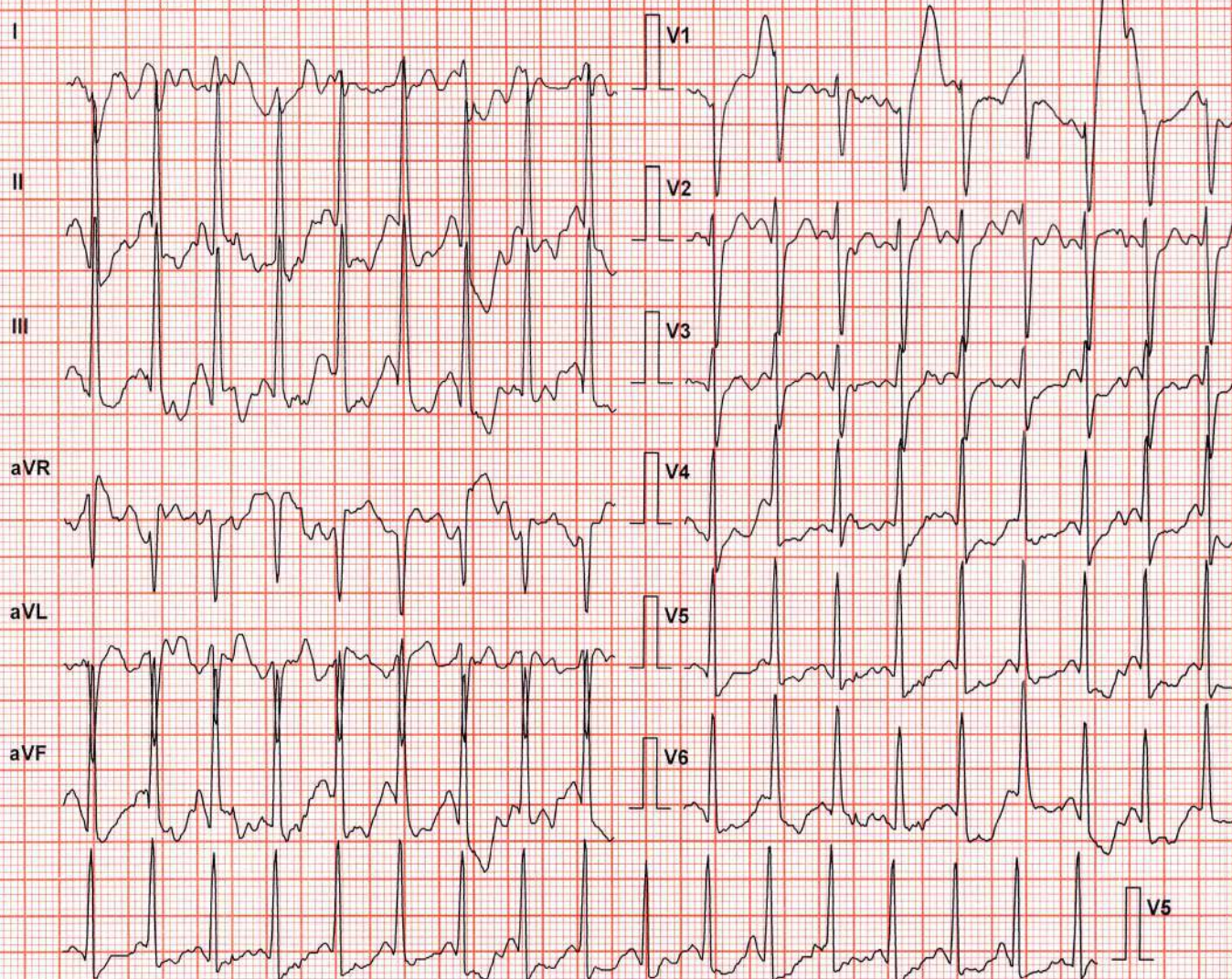
Grade: 14 %

Exec Time : 7 m 29 s

Stage Time : 1 m 29 s

HR: 169 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.2	0.7
II	-3.6	0.0
III	-3.6	-1.1
aVR	1.7	-0.4
aVL	1.7	1.1
aVF	-3.4	-0.4
V1	1.5	2.5
V2	1.3	2.8
V3	-0.2	1.8
V4	-1.1	1.1
V5	-1.5	0.7
V6	-2.3	-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

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 140 / 70

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

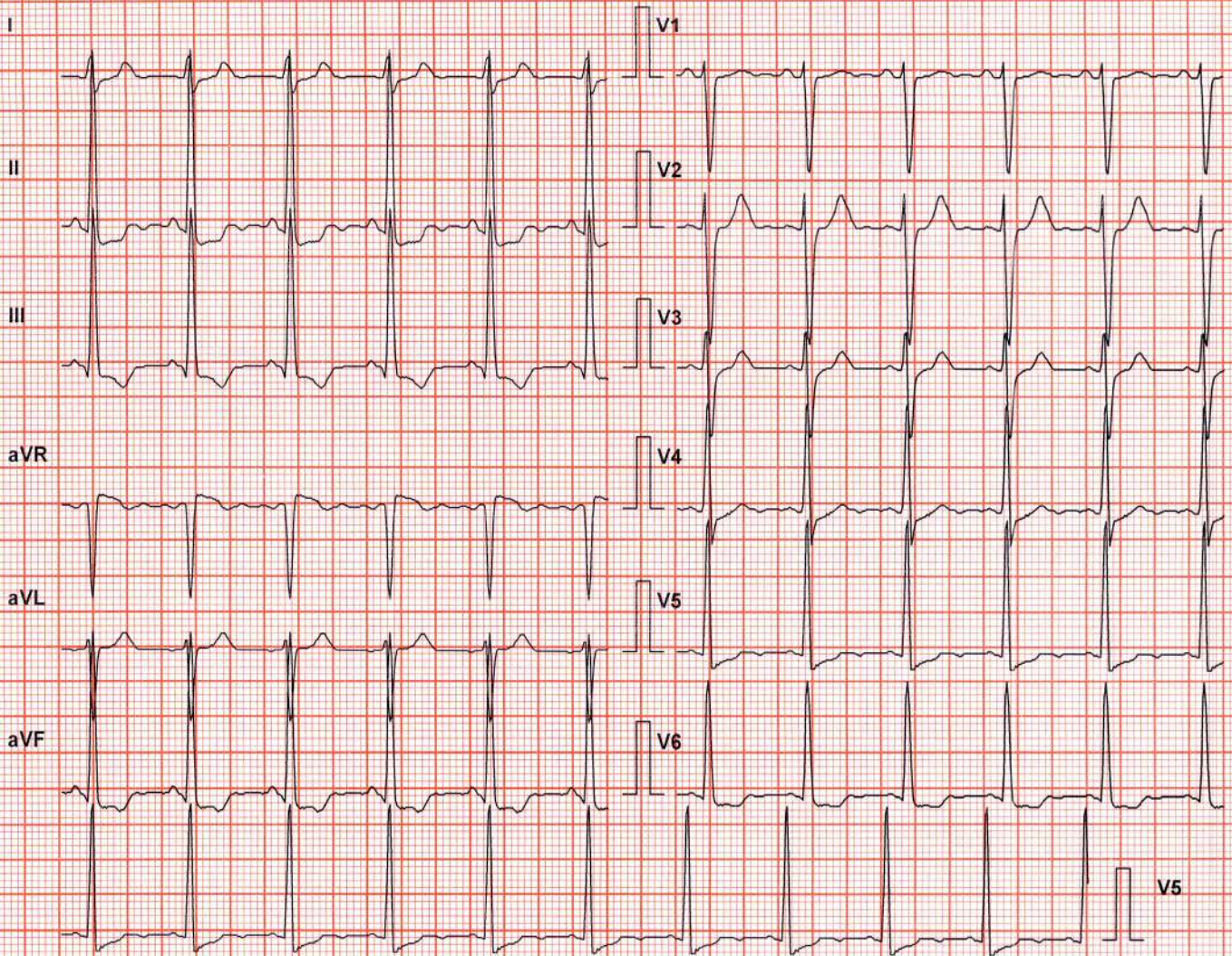
Grade: 0 %

Exec Time : 7 m 30 s

Stage Time : 1 m 54 s

HR: 101 bpm

(THR: 164 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	-1.5	0.4
III	-1.7	-0.7
aVR	0.6	-0.7
aVL	0.6	0.7
aVF	-1.5	0.0
V1	0.2	0.4
V2	0.8	1.1
V3	0.2	0.7
V4	0.0	1.1
V5	-0.6	0.7
V6	-1.1	0.0

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

Exec Time : 7 m 30 s

Stage Time : 1 m 54 s

HR: 97 bpm

(THR: 164 bpm)

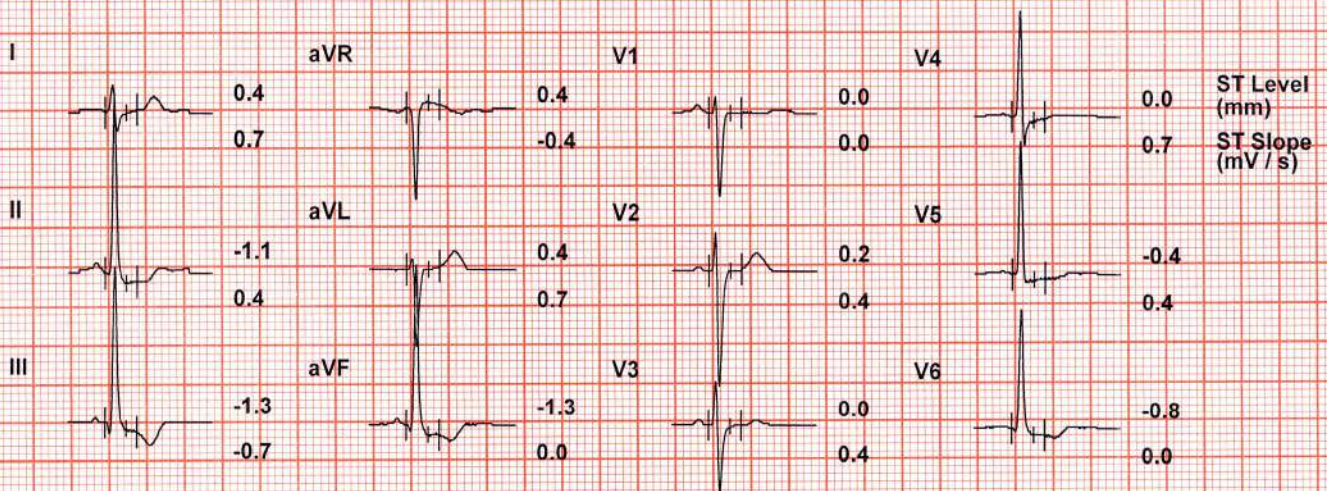
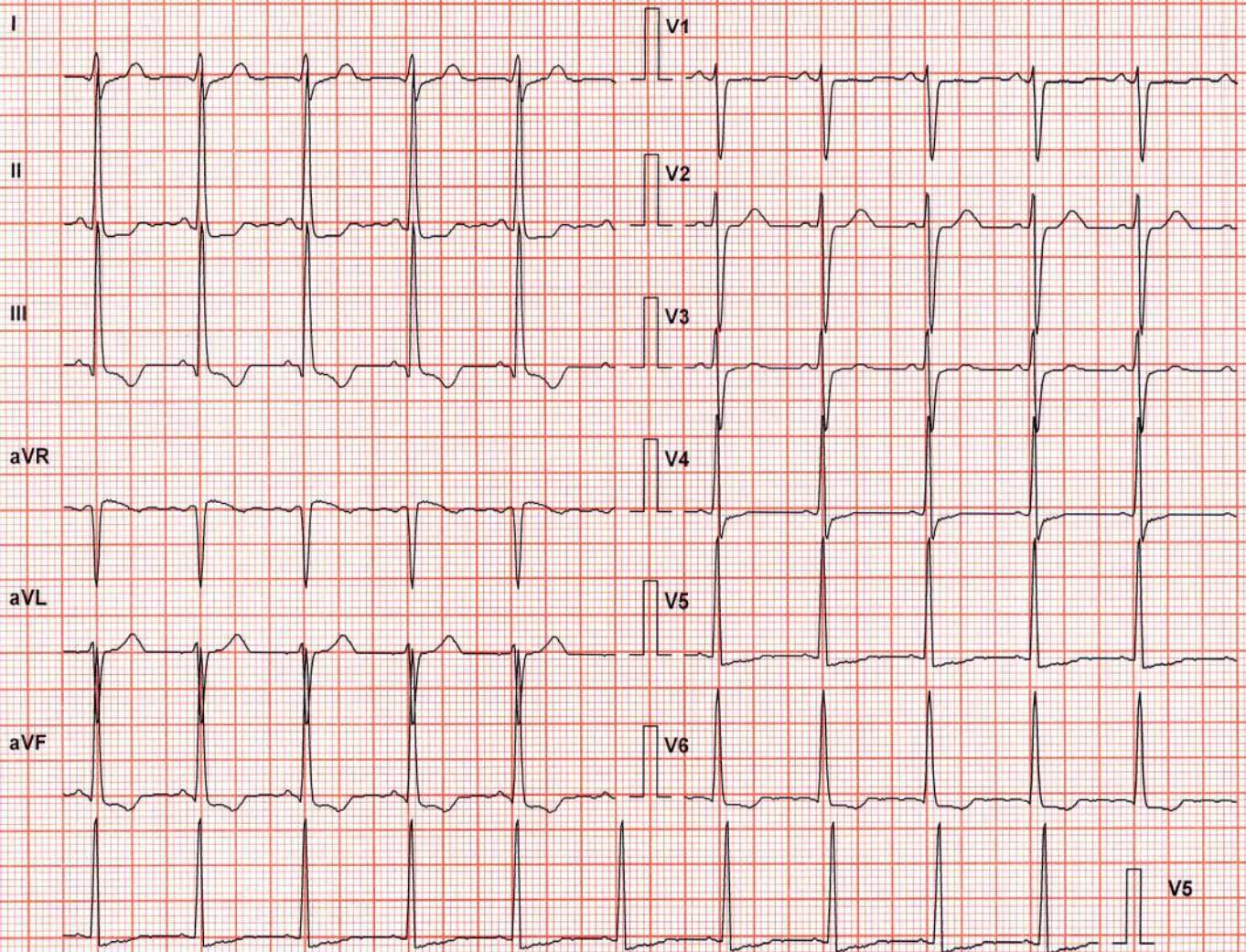


Chart Speed: 25 mm/sec

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

MRS. KAJAL MEHTA (27 F)

ID: 2423725809

Date: 24-Aug-24

B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 7 m 30 s

Stage Time : 1 m 13 s

HR: 96 bpm

(THR: 164 bpm)

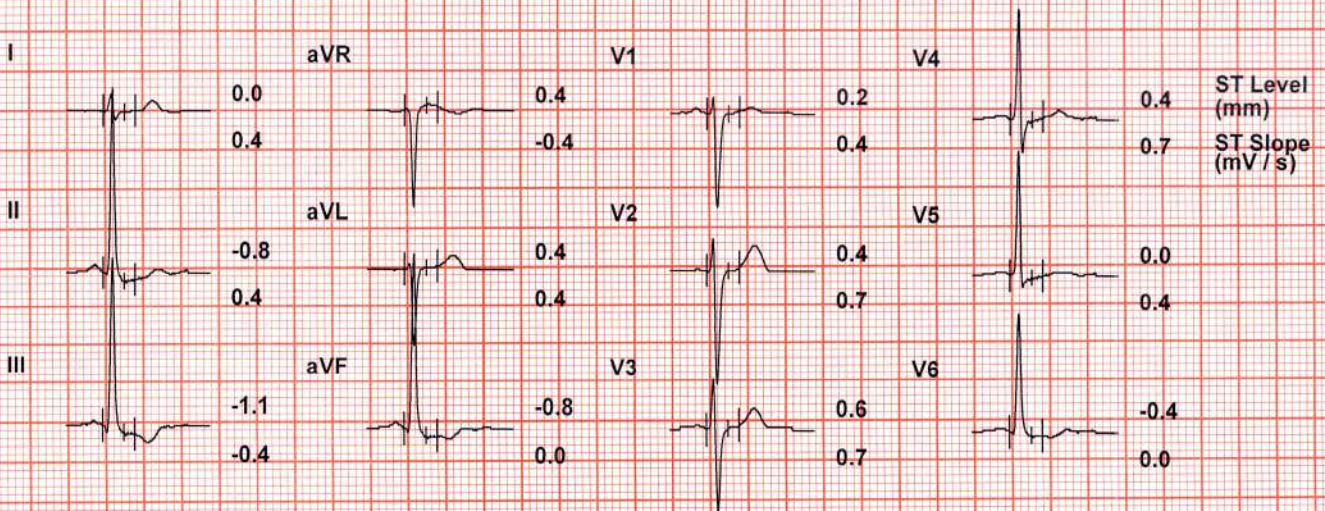
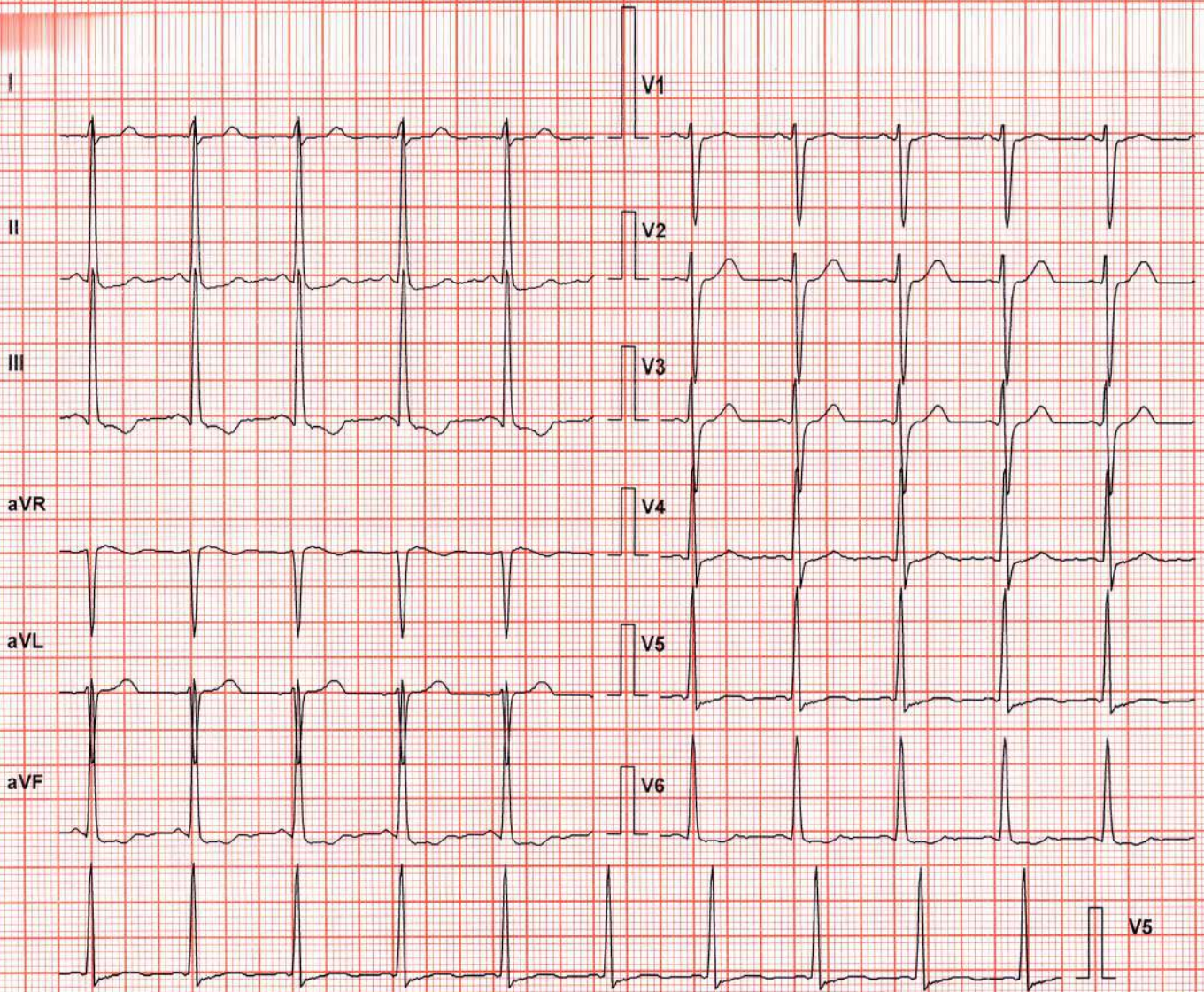


Chart Speed: 25 mm/sec

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



CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 16:48

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.65	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.7	36-46 %	Calculated
MCV	76.8	81-101 fl	Measured
MCH	24.4	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4670	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.0	20-40 %	
Absolute Lymphocytes	1961.4	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	401.6	200-1000 /cmm	Calculated
Neutrophils	47.0	40-80 %	
Absolute Neutrophils	2194.9	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	102.7	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	9.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	220000	150000-410000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Measured
PDW	21.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



Use a QR Code Scanner
Application To Scan the Code

CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 16:42

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **25** 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- Sick cell disease

Limitations:

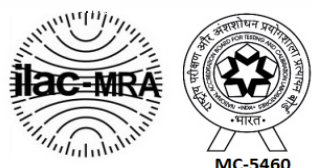
- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

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 ***



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



CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 15:56

Use a QR Code Scanner
Application To Scan the Code

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 Fasting	75	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	81.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.40	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.27	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	32.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	33.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	28.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	66.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	13.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.54	0.55-1.02 mg/dl	Enzymatic



Use a QR Code Scanner Application To Scan the Code

CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 15:56

eGFR, Serum	129	(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

URIC ACID, Serum	4.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
------------------	-----	---------------	---------------------

*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



CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 16:10

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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. Vrushi Shroff

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



CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 17:24

Use a QR Code Scanner
Application To Scan the Code

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	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	7	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.8	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	2.5	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.0	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	9.2	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



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Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
Reported : 24-Aug-2024 / 17:24

Others -

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

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



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CID : 2423725809
Name : MRS.KAJAL MEHTA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 24-Aug-2024 / 11:55
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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



CID : 2423725809
Name : MRS.KAJAL MEHTA
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	170	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	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	133.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.5	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	34.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.682	0.55-4.78 microU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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 SDRL, Vidyavihar Lab

*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
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Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

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Reported : 24-Aug-2024 / 16:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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

Date:- 24/08/2024

CID: 2428025809

Name:- Mrs. Rajal Mehta

Sex / Age: / 25yr / F

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: $\frac{6}{6}$ / $\frac{6}{6}$ / $\frac{6}{6}$

Aided Vision:

Refraction: -

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

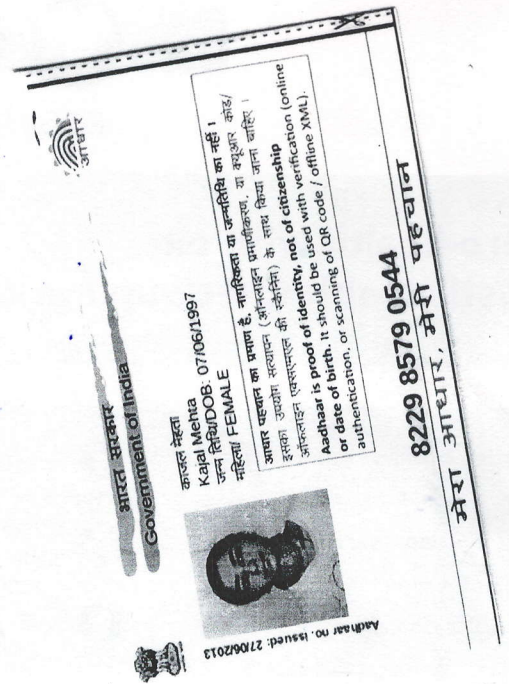
Colour Vision: Normal / Abnormal

Remark: WMC

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-81700000

Dr. D.G. HATAALKAR
R.No. 61087 M.D. (Ob.Gy)
[Signature]

6892627689
Kajal



भारत सरकार
Government of India

काजल मेहता
Kajal Mehta
जन्म तिथि/DOB: 07/06/1997
नस्लिया FEMALE

आधार पहचान का प्रमाण है, भारतीय या अल्पसंख्यक का नहीं।
इसका उपयोग सर्वोच्च (ऑनलाइन प्रमाणिकरण, या ऑनलाइन कोड/ ऑनलाइन प्रमाणिकरण की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
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आधार नं. जारी: 27/06/2013

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

CID : 2423725809
Name : Mrs Kajal Mehta
Age / Sex : 27 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024 / 13:40

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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-----

Ashvan

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

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CID : 2423725809
Name : Mrs Kajal Mehta
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-----End of Report-----

Ashvan

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MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST

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CID : 2423725809
Name : MRS KAJAL MEHTA
Age / Sex : 27 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 24-Aug-2024
Reported : 24-Aug-2024 / 12:54

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USG OF WHOLE ABDOMEN

LIVER :

The liver measures 16.1 cm , enlarge in size , is normal in shape and smooth margins. It shows bright parenchymal echo pattern.

The intra hepatic biliary and portal radical appear normal. **There are two small 8.1 x 6.2 mm and 5.6 x 4.7 mm size hyperechoic nodular lesions noted in right and left lobe of liver .**

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 is 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: 10.2 x 3.5 cms. Left kidney measures: 10.5 x 3.9 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: 7.1 x 4.0 x 3.4 cm in size.

The endometrial thickness is (6 mm).

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OVARIES :

Both the ovaries are well visualised and appears normal.
Right ovary measures: 2.6 x 2.1 x 2.0 cms (volume ~ 6.0 cc).
Left ovary measures: 2.6 x 1.7 x 1.6 cms (volume ~ 4.2 cc).
There is no evidence of any ovarian or adnexal mass seen.

IMPRESSION :

Mild hepatomegaly with fatty Liver.

Two small hyperechoic lesions noted in right and left lobe of Liver , most likely s/o benign etiology/ Hemangioma.

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

Ashvan

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