

## Suburban Diagnostics Lullanagar

**Patient Details**

Date: 12-Sep-22

Time: 10:04:59 AM

Name: MRS.NAHIDA KHAN ID: 2225322091

Age: 36 y

Sex: F

Height: 155 cms.

Weight: 59 Kg.

Clinical History: NIL

Medications: NIL

**Test Details**

Protocol: Bruce

Pr.MHR: 184 bpm

THR: 165 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 22 s

Max. HR: 164 (89% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 138 / 96 mmHg

Max. BP x HR: 22632 mmHg/min

Min. BP x HR: 7440 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 : 42	1.0	0	0	93	120 / 80	-0.42 I	1.06 V2
Standing	0 : 32	1.0	0	0	97	120 / 80	-0.42 I	1.06 V2
Hyperventilation	0 : 14	1.0	0	0	101	120 / 80	-0.42 II	1.06 V2
1	3 : 0	4.6	1.7	10	129	120 / 80	-1.49 V6	-2.48 V6
2	3 : 0	7.0	2.5	12	148	130 / 88	-1.49 II	2.48 I
Peak Ex	1 : 22	10.2	3.4	14	164	138 / 96	-1.27 II	3.18 I
Recovery(1)	1 : 0	1.8	1	0	139	138 / 96	-1.06 II	4.25 I
Recovery(2)	1 : 0	1.0	0	0	120	138 / 96	-0.85 aVR	3.54 I
Recovery(3)	1 : 0	1.0	0	0	117	138 / 96	-0.85 I	2.48 I
Recovery(4)	1 : 0	1.0	0	0	110	138 / 96	-0.64 I	1.77 I
Recovery(5)	0 : 10	1.0	0	0	110	138 / 96	-0.42 III	1.06 I

**Interpretation**

The patient exercised according to the Bruce protocol for 7 m 22 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 93 bpm, rose to a max. heart rate of 164 ( 89% of Pr.MHR ) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 138 / 96 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

Stress Test is **NEGATIVE** for Inducible Myocardial Ischemia.

**Disclaimer :**

Negative Stress Test does not rule out Coronary Artery Diseases.

Positive Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: ACROFEMI

( Summary Report edited by user )


 Doctor: DR.MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51



**Dr. MILIND SHINDE**  
 MBBS, DNB Medicine  
 Reg. No. 2011/05/1544



MRS.NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 36 s

HR: 93 bpm

Suburban Diagnostics Lullanagar

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 120 / 80

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

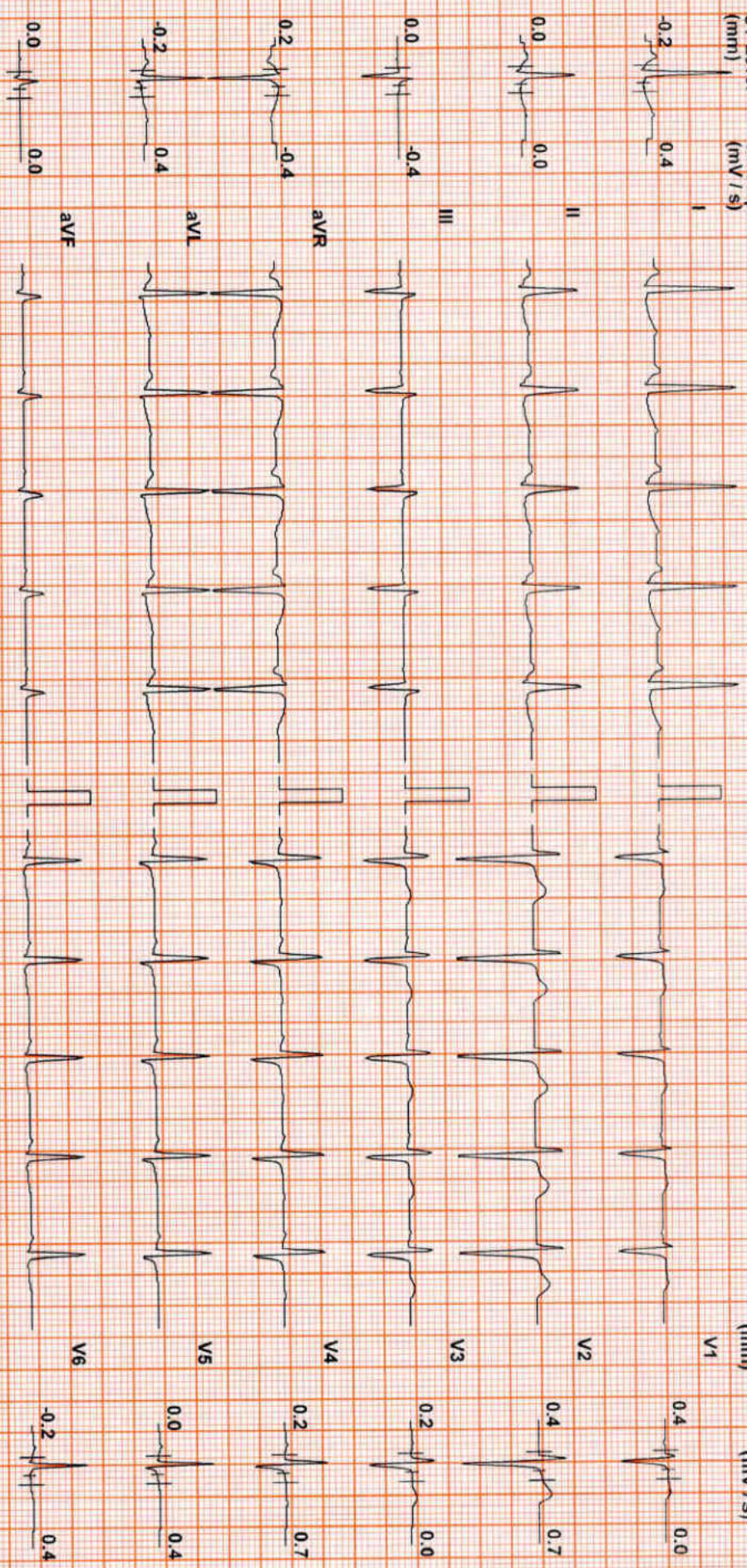


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22

Exec Time: 0 m 0 s

Stage Time: 0 m 26 s HR: 97 bpm

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Test Report

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 165 bpm)

B.P: 120 / 80

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

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

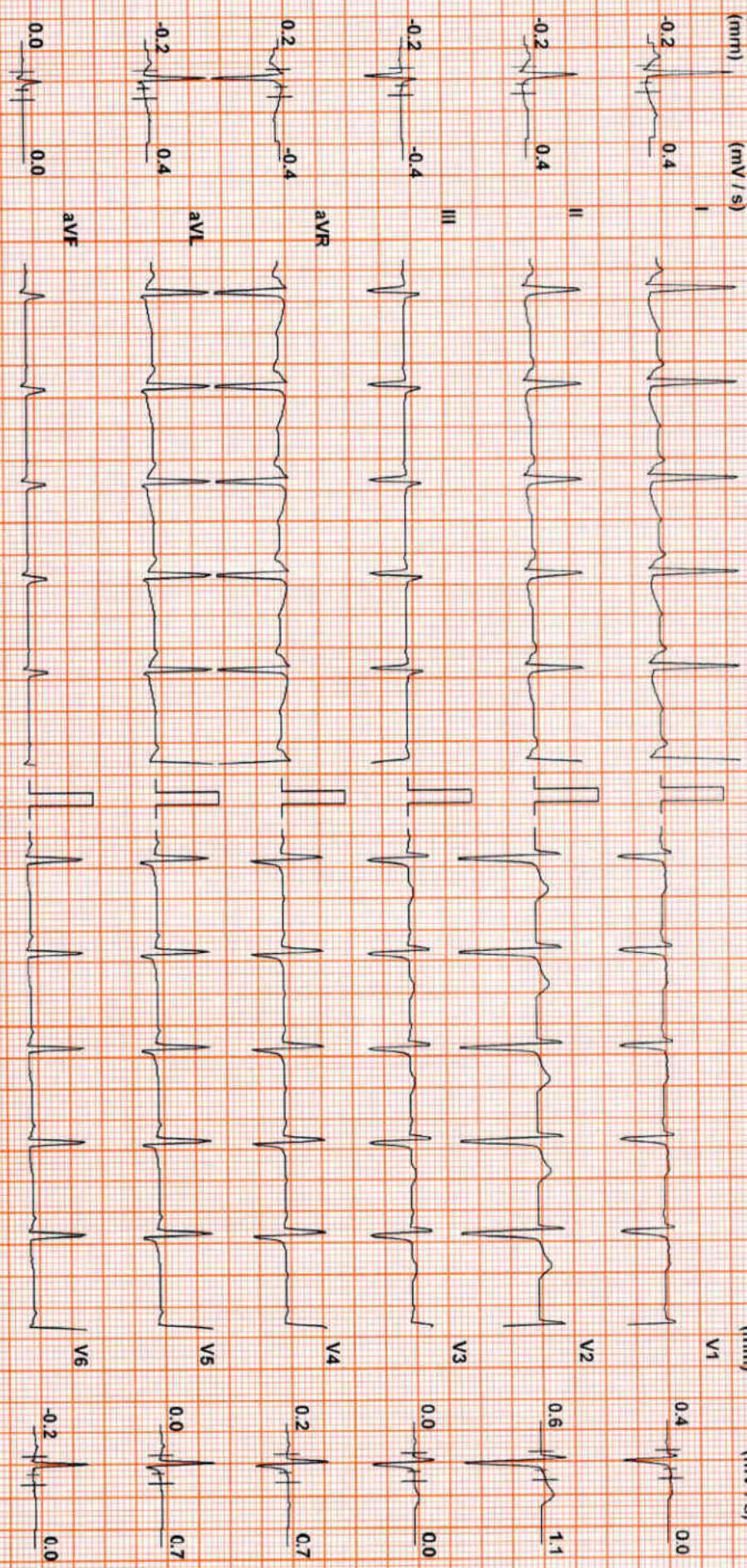


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.5i

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

Protocol: Bruce

ID: 2225322091

Date: 12-Sep-22

Exec Time: 0m0s

Stage Time: 0m8s

HR: 98 bpm

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Test Report

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 120 / 80

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

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

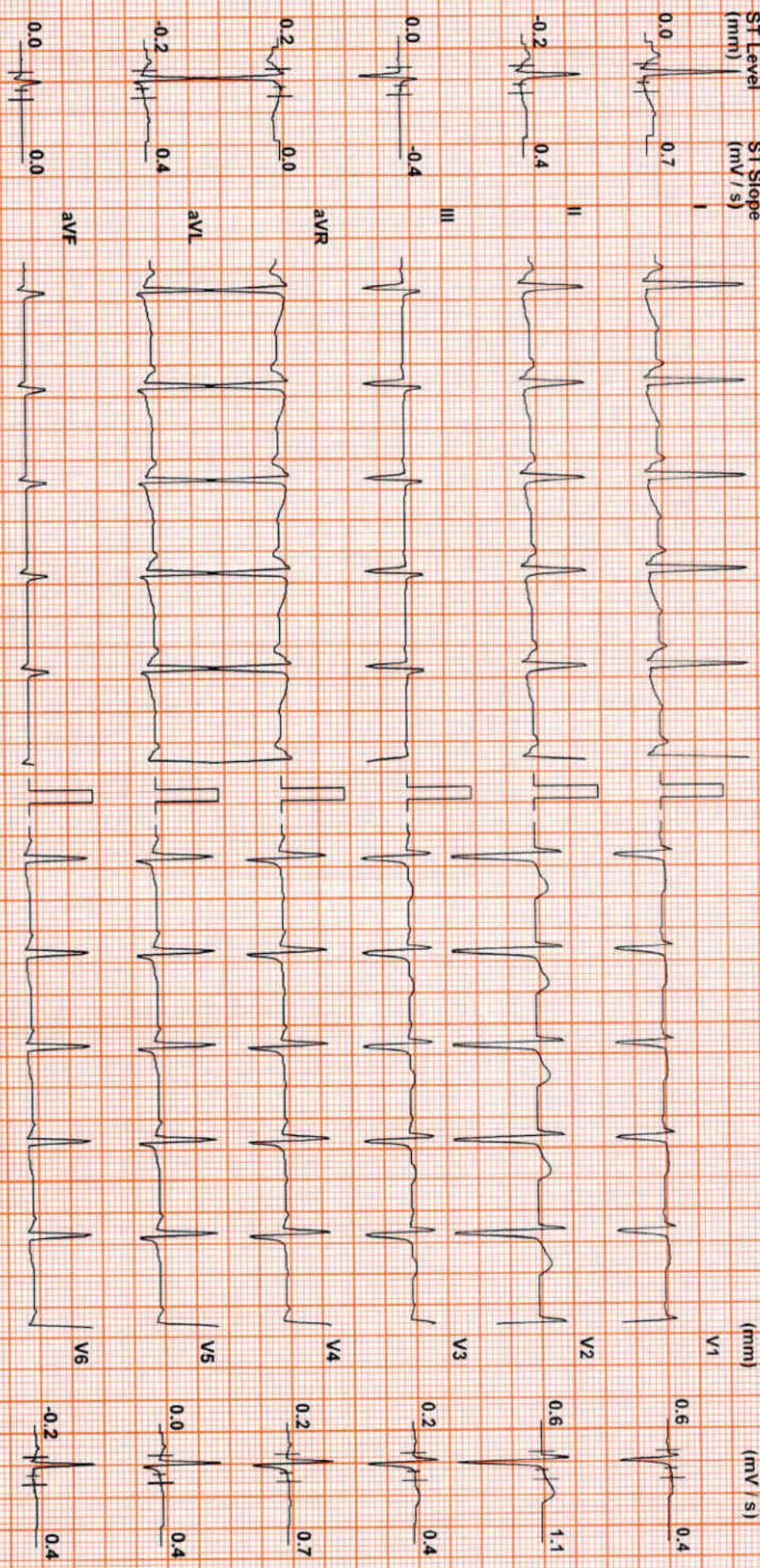


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 128 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 165 bpm)

B.P: 120 / 80

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

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

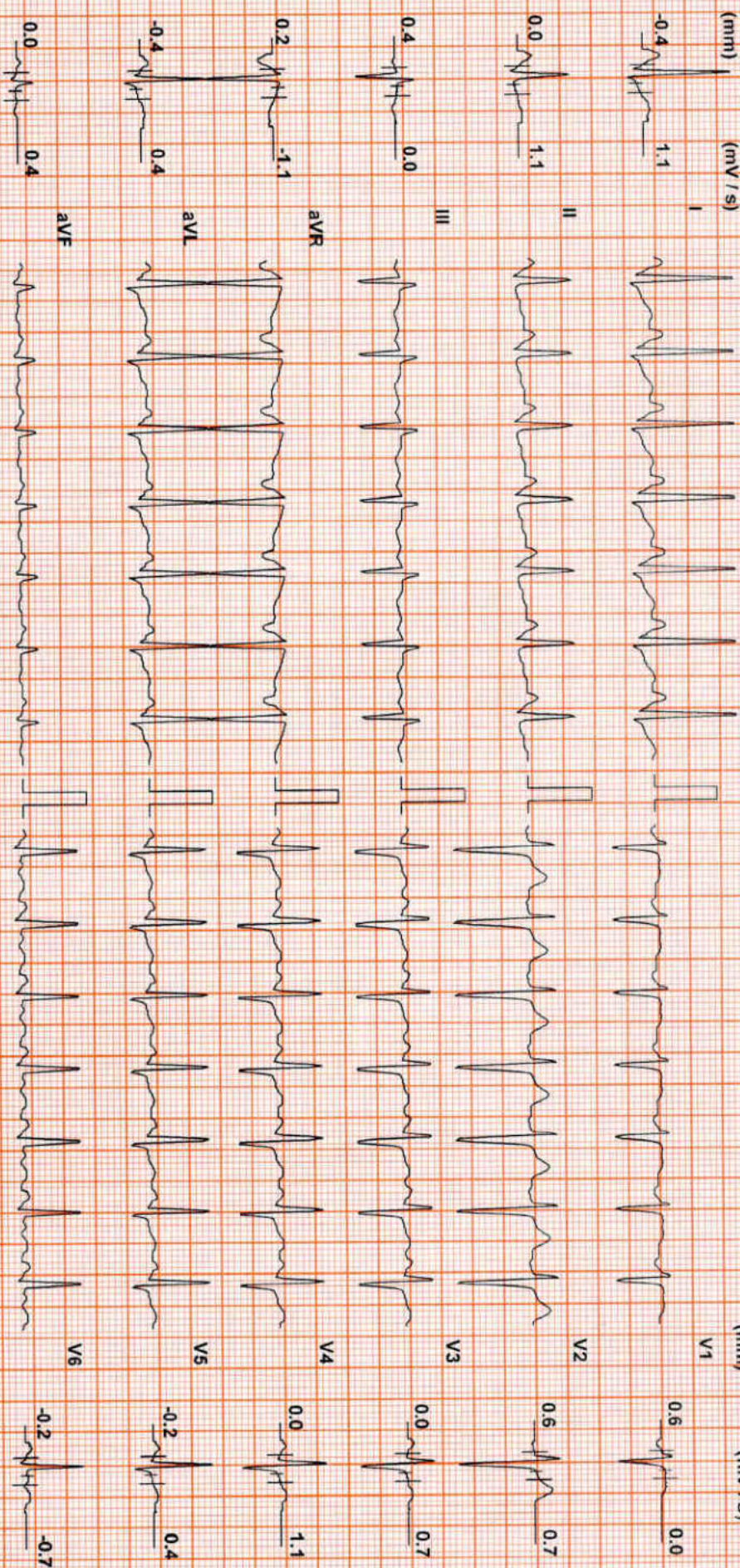


Chart Speed: 25 mm/sec  
Schiller Spanden V.4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

Protocol: Bruce

ID: 2225322091

Date: 12-Sep-22

Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 148 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(T)HR: 165 bpm

B.P: 130 / 88

Suburban Diagnostics Lillanagar

Test Report

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

V = R + 60 ms

Post V = J + 60 ms

Schiller Spandau V 4.51

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22 Exec Time: 7 m 16 s Stage Time: 1 m 16 s HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 %

(THR: 165 bpm)

B.P: 138 / 96

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

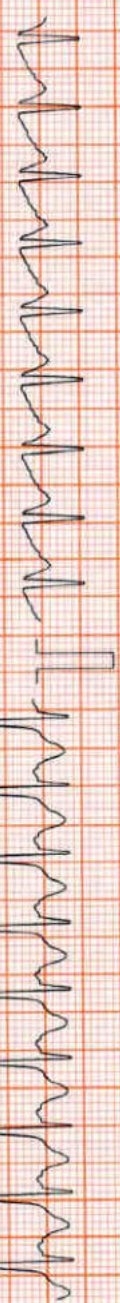
ST Level (mm) ST Slope (mV/s)

-1.1 1.4



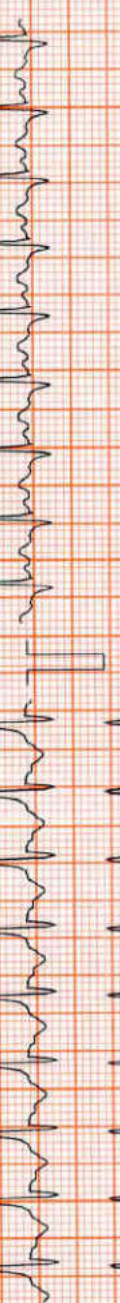
1.1 0.7

-0.8 1.1



1.7 2.5

0.0 -0.4



0.6 1.8

1.1 -1.1



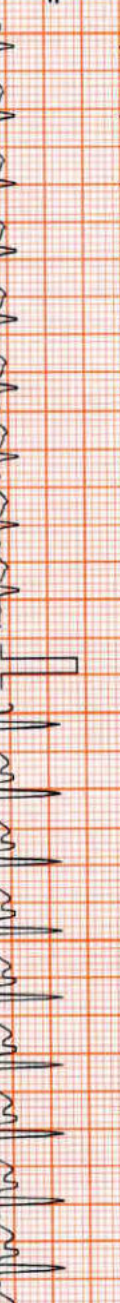
0.0 1.8

-0.4 1.1



-0.2 1.8

-0.2 0.4



-0.2 0.0



Chart Speed: 25 mm/sec  
Schlifer Spandan V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Pos: J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22

Exec Time: 7 m 22 s Stage Time: 0 m 54 s HR: 142 bpm

Protocol: Bruce

Stage: Recovery/1)

Speed: 1 mph

Grade: 0 %

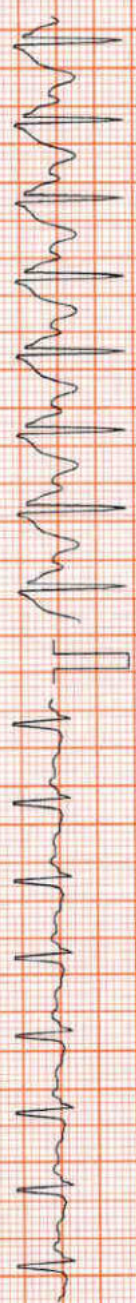
(THR: 165 bpm)

B.P: 138 / 96

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

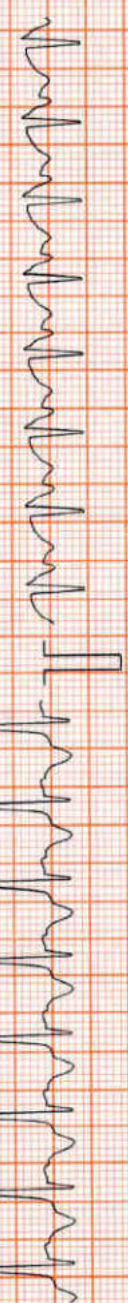
ST Level (mm) ST Slope (mV/s)

0.8 3.2



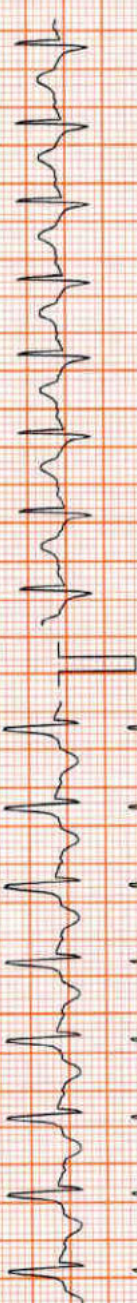
0.2 -0.4

0.4 1.8



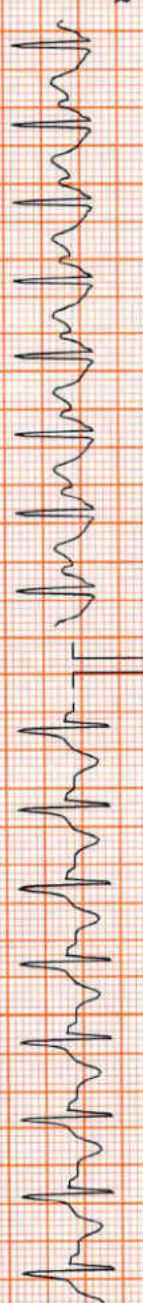
1.5 1.8

-0.4 -1.4



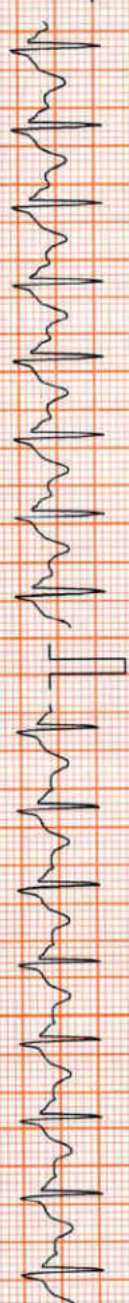
0.6 1.1

-0.8 -2.5



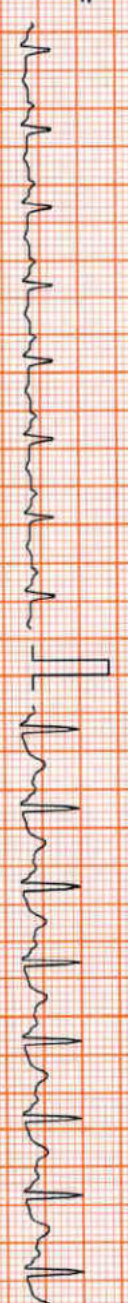
1.1 1.8

0.6 2.1



0.6 1.8

-0.2 0.0



0.2 1.4



Chart Speed: 25 mm/sec  
Schiller Spandan V 4.5i

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MRS.NAHIDA KHAN (36 F)

Protocol: Bruce

ID: 2225322091

Date: 12-Sep-22

Exec Time: 7 m 22 s

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

HR: 121 bpm

B.P: 138/99

(THR: 165 bpm)

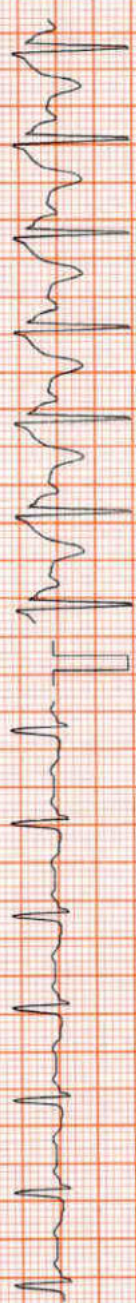
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Test Report

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

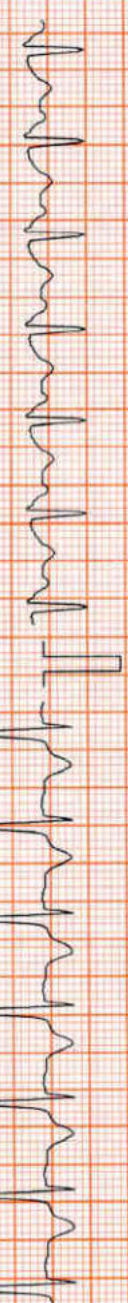
ST Level (mm) ST Slope (mV/s)

0.4 2.5



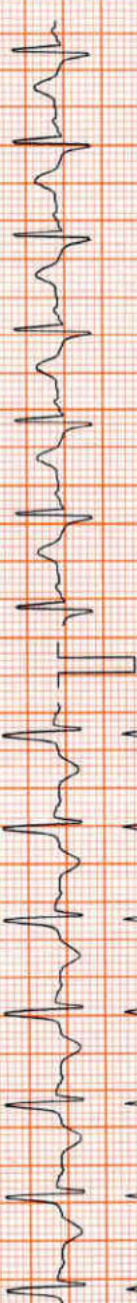
0.2 -0.4

0.2 1.1



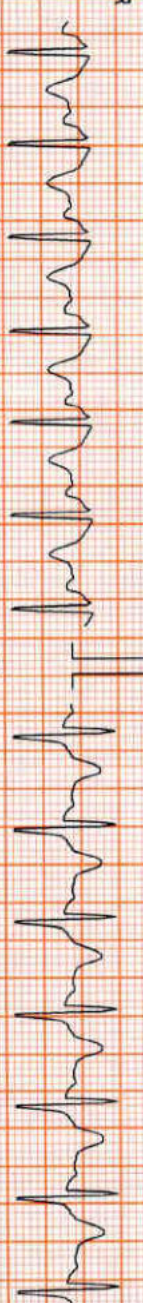
1.1 1.4

0.0 -1.1



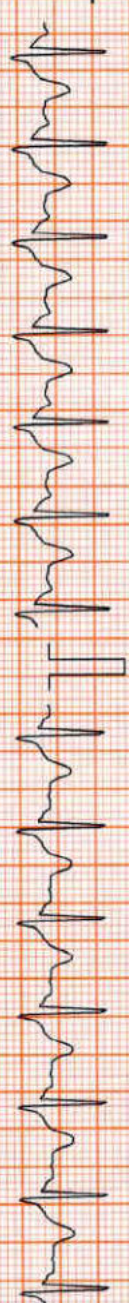
0.6 0.7

-0.4 -1.8



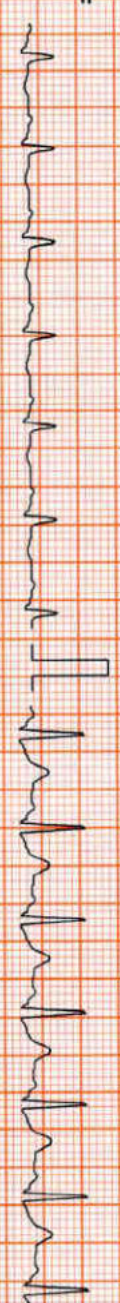
1.1 1.8

0.4 1.8



0.6 1.8

0.0 0.0



0.2 1.1



Chart Speed: 25 mm/sec  
Schiller Spandak V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22

Exec Time: 7 m 22 s

Stage Time: 0 m 54 s

HR: 115 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 138 / 96

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Test Report

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

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

0.6 2.1

0.2 -0.4

0.0 0.7

0.6 1.1

-0.4 -1.4

0.4 0.7

-0.2 -1.1

0.6 1.4

0.4 1.4

0.0 1.1

-0.2 -0.4

0.0 0.7

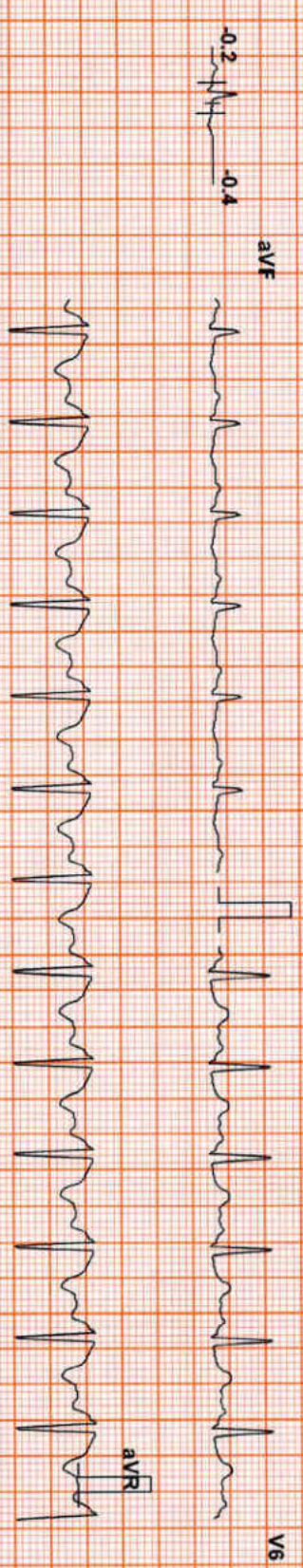


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KHAN (36 F)

ID: 2225322091

Date: 12-Sep-22

Exam Time: 7 m 22 s Stage Time: 0 m 54 s HR: 712 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 165 bpm)

B.P: 138/96

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

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

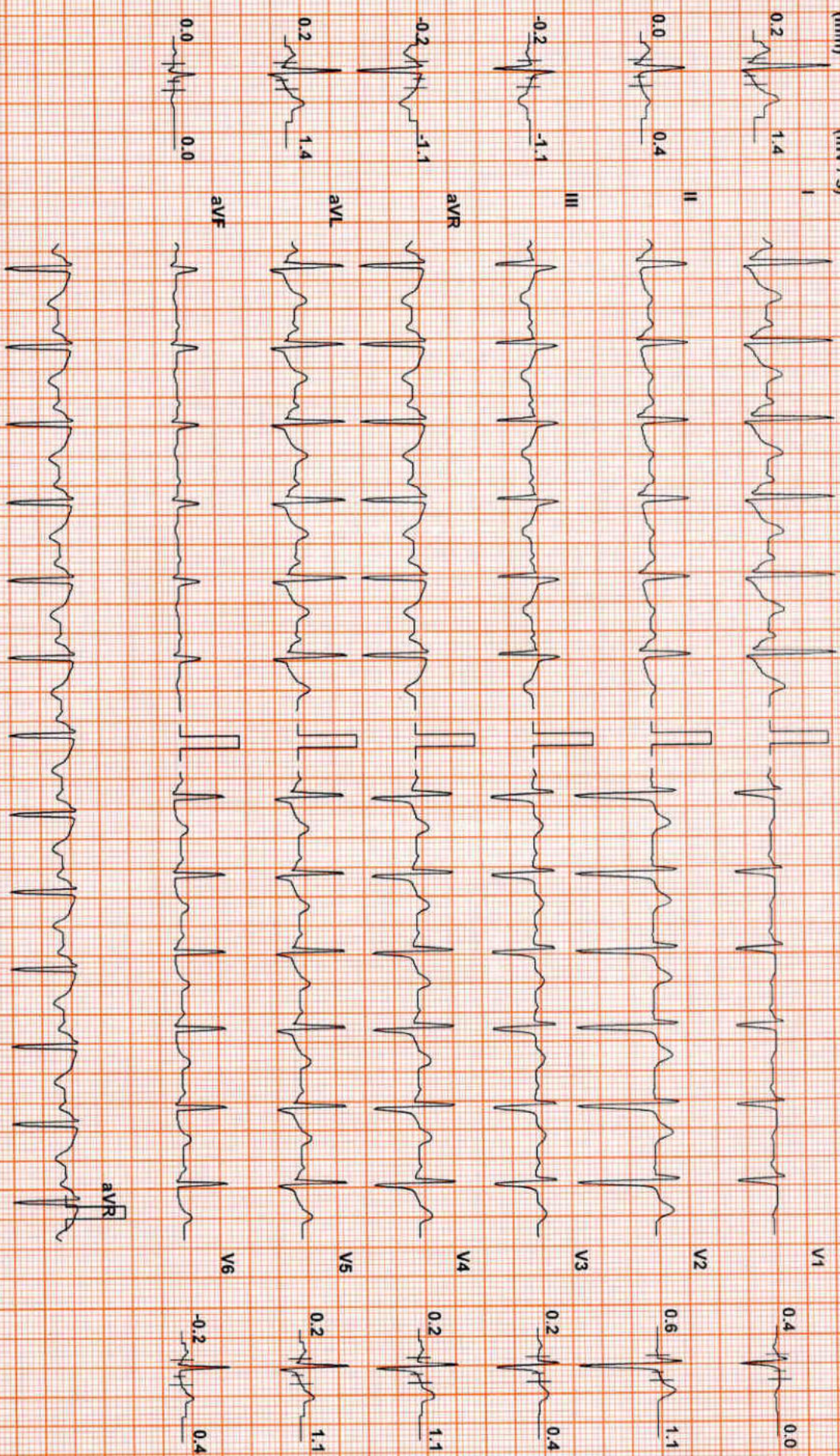


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

180 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. NAHIDA KIAN (36 F)

ID: 2225322081

Date: 12-Sep-22

Exec Time: 7 m 22 s Stage Time: 0 m 4 s

HR: 109 bpm

Protocol: Bruce

Stage: Recovery (5)

Speed: 0 mph

Grade: 0 %

(THR: 165 bpm)

B.P: 138 / 96

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

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

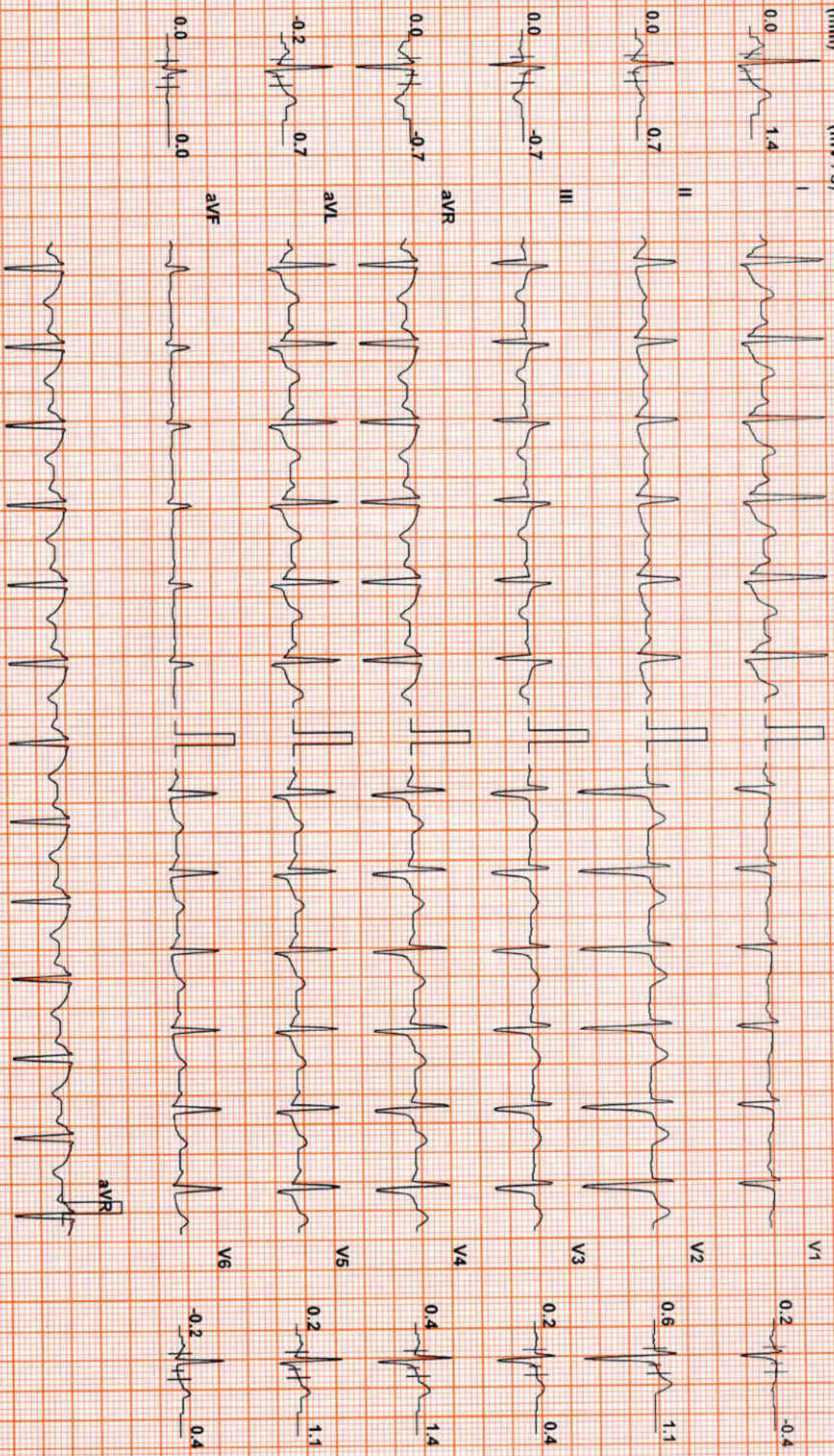


Chart Speed: 25 mm/sec  
Schlitz Spanden V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

f<sub>50</sub> = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Lullatager

Test Report

CID# : 2225322091

Name : MRS.NAHIDA KHAN

Age / Gender : 36 Years/Female

Consulting Dr. :-

Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 10-Sep-2022 / 09:16

Reported : 13-Sep-2022 / 10:00

## PHYSICAL EXAMINATION REPORT

a) Diet : Mixed

b)Addiction : No

### GENERAL EXAMINATION :

a)Height (cms) : 155

b)Weight (kgs) : 59

c)Lymph Nodes : Not Palpable

### 3) SYSTEMIC EXAMINATION

#### A) RESPIRATORY SYSTEM

a) Lungs : Clear

b) Trachea : Central

c ) Air Entry : Equal

d) Rales : No

d) Others : NAD

#### B) CARDIOVASCULAR SYSTEM ( CVS )

a) Heart Sounds : S1 S2 Normal

b) Murmurs : No

c ) Pulse/min : 78

d ) B/P ( mm of Hg ) : 120/80

e ) Miscellenous : NAD

**ADDRESS:** Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | [www.suburbandiagnosics.com](http://www.suburbandiagnosics.com)

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CID# : 2225322091

Name : MRS.NAHIDA KHAN

Age / Gender : 36 Years/Female

Consulting Dr. : -

Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 10-Sep-2022 / 09:16

Reported : 13-Sep-2022 / 10:00

C) ABDOMEN

- a) Liver : Not Palpable
- b) Spleen : Not Palpable
- c) Any other Swelling : No

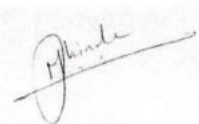
D) NERVOUS SYSTEM

- a) Ankle Reflex : Normal
- b) Plantars : Flexor

DOCTOR REMARKS :

Urine K/m pus cells: 12-14/hpt  
Left renal minimal hydronephrosis &  
hydronephrosis  
Grade II fatty liver  
→ Daily 30min walking  
→ Urologist opinion

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



**Dr. Milind Shinde**  
MBBS, DNB, Consulting Physician,  
Diabetologist & Echocardiologist

ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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CID : 2225322091  
Name : MRS.NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 10-Sep-2022 / 09:23  
Reported : 10-Sep-2022 / 13:54

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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.53	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.8	36-46 %	Calculated
MCV	88	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.4	20-40 %	Calculated
Absolute Lymphocytes	1524.0	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	Calculated
Absolute Monocytes	378.0	200-1000 /cmm	Calculated
Neutrophils	65.4	40-80 %	Calculated
Absolute Neutrophils	3924.0	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	Calculated
Absolute Eosinophils	174.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	232000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	18.0	11-18 %	Calculated



CID : 2225322091  
Name : MRS.NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Use a QR Code Scanner Application To Scan the Code  
Collected : 10-Sep-2022 / 09:23  
Reported : 10-Sep-2022 / 13:09

**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT --

Specimen: EDTA Whole Blood

ESR, EDTA WB 49 2-20 mm at 1 hr. Westergren

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



*Gourav*  
Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist





CID : 2225322091  
Name : MRS. NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 10-Sep-2022 / 09:23  
Reported : 10-Sep-2022 / 13:21

Use a QR Code Scanner  
Application To Scan the Code

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	73.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	71.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.40	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic



CID : 2225322091  
Name : MRS.NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

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eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.2	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Dr. Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist



CID : 2225322091  
Name : MRS.NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	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 Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



*Gourav Agrawal*  
**Dr.GOURAV AGRAWAL**  
DCP, DNB (Path)  
Pathologist



CID : 2225322091  
Name : MRS.NAHIDA KHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	- -	Absent

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



*Gourav Agrawal*  
Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	12-14	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	18-20	Less than 20/hpf	

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



*Dr. Gourav Agrawal*  
Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist



CID : 2225322091  
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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 Semi- automated column agglutination technology (CAT)

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

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



*Gourav Agrawal*  
Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist



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Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Lulla Nagar, Pune (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	56.4	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	55.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	107.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	10.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



*Dr. Gourav Agrawal*  
Dr.GOURAV AGRAWAL  
DCP, DNB (Path)  
Pathologist



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Age / Gender : 36 Years / Female  
Consulting Dr. : -  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.5	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.9	0.35-4.94 microu/ml Pregnant Women (microu/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 microu/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH. 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal & heart failure, severe burns, trauma & surgery etc.





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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

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

**Reference:**

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

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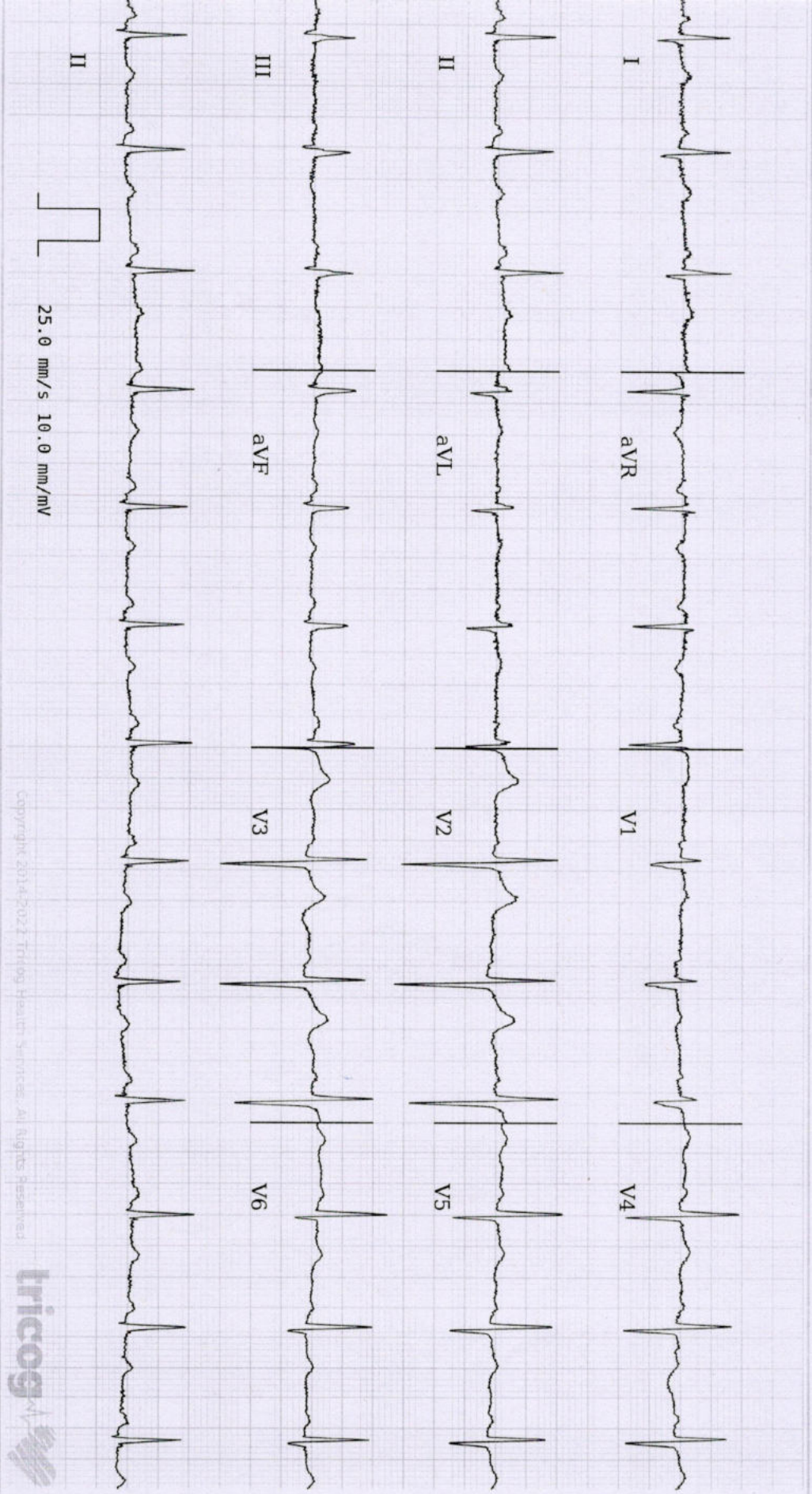
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*Shamla Kulkarni*  
**Dr.SHAMLA KULKARNI**  
M.D.(PATH)  
Pathologist

**SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE**

Patient Name: NAHIDA KHAN  
Patient ID: 2225322091

Date and Time: 10th Sep 22 9:55 AM



Age **36** **5** **11**  
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 59 kg

Height: 155 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 80ms

QT: 386ms

QTc: 445ms

PR: 138ms

P-R-T: 44° 61° 25°

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

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REPORTED BY

*[Signature]*

Dr. Milind Shinde  
MBBS, DNB Medicine  
2011/05/1544



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.

**CID** : 2225322091  
**Name** : Mrs NAHIDA KHAN  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Lulla Nagar, Pune Main Centre  
**Reg. Date** : 10-Sep-2022  
**Reported** : 10-Sept-2022 / 11:05

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**USG (ABDOMEN + PELVIS)**

**LIVER** : The liver is normal in size, shape and smooth margins.  
**It shows raised parenchymal echo pattern s/o grade II fatty infiltration.**  
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.  
The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

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

**KIDNEYS** : Right kidney - No evidence of any calculus, hydronephrosis or mass lesion seen..  
**Left kidney - Left renal minimal hydronephrosis and hydroureter due to 5.2 mm calculus at distal ureter.**  
Both the kidneys are normal in size, shape and echotexture.

**SPLEEN** : The spleen is normal in size, shape and echotexture. No evidence of focal lesion is noted.

**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 not visualized. Post- hysterectomy status.

**OVARIES** : Both the ovaries are obscured due to bowel gases.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops.  
There is no evidence of any lymphadenopathy or ascitis.

Click here to view images <<ImageLink>>

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**CENTRAL PROCESSING LAB:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

CID : 2225322091  
Name : Mrs NAHIDA KHAN  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : Lulla Nagar, Pune Main Centre

Reg. Date : 10-Sep-2022  
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**IMPRESSION :**

- Grade II fatty liver.
- Left renal minimal hydronephrosis and hydroureter due to distal ureteric calculus.

**Advice - Clinical and lab correlation.**

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

**This report is prepared and physically checked by Dr Pallavi before dispatch.**

*P. Rawal.*  
Dr. PALLAVI RAWAL  
MBBS, MD Radiology  
Reg No 2013/04/1170

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Name : Mrs NAHIDA KHAN  
Age / Sex : 36 Years/Female  
Ref. Dr :  
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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-----

***This report is prepared and physically checked by Dr Pallavi before dispatch.***

*R Rawal.*  
Dr. PALLAVI RAWAL  
MBBS, MD Radiology  
Reg No 2013/04/1170

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