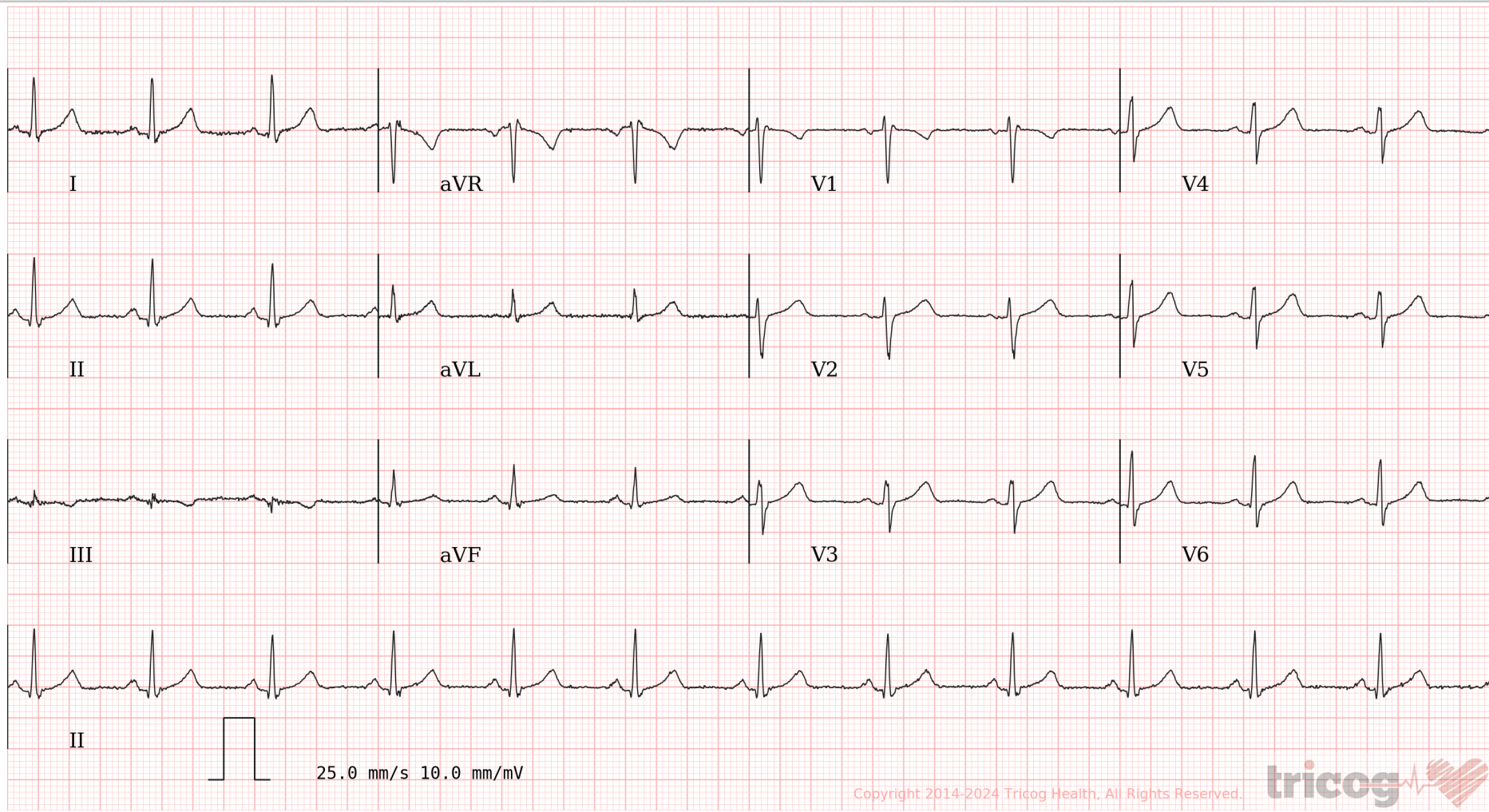


# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SHASTRI ANUPAMA  
Patient ID: 2408601637

Date and Time: 26th Mar 24 10:38 AM



Age **33** NA NA  
years months days

Gender **Female**

Heart Rate **75bpm**

### Patient Vitals

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

### Measurements

QRSD: 86ms  
QT: 372ms  
QTcB: 415ms  
PR: 142ms  
P-R-T: 48° 34° 28°

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

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694

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.

Date:- 26.03.2024.

CID: 2408601637

Name:- Mrs. Shastri Anupama. Sex / Age: / 33 yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: R.U. 6/6, L.U. 6/6, B.C. Nil  
D.U. 6/6, L.U. 6/6, B.C. Nil

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			Nil	—————			Nil

Colour Vision: Normal / Abnormal

Remark: W.M.

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

*D.G. Hatakhar*  
**Dr. D.G. HATAKAR**  
R.No. 61067 M.D. (Ob.Gy)



Anupama Shastri | 26/3/24

CID No: 2408601637

EXAMINATION			
RS	: AEBE	CVS	S <sub>1</sub> S <sub>2</sub> heard
BREAST EXAMINATION	: NAD	PER ABDOMEN	NP
PER VAGINAL	:		

MENSTRUAL HISTORY	
MENARCHE	: 13yrs.
PAST MENSTRUAL HISTORY	: 19/3

OBSTETRIC HISTORY :

PERSONAL HISTORY			
ALLERGIES	: Lichen planus	BLADDER HABITS	NML
BOWEL HABITS	: NML	DRUG HISTORY	NIL
PREVIOUS SURGERIES	: Lscs		

FAMILY HISTORY :  
Mother Diabetic.

CHIEF GYNAE COMPLAINTS :  
NIL

RECOMMENDATIONS :  
Annual Health Checkup.


*[Signature]*  
Dr. D.G. HATALKAR

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

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1st Floor, Harbhajan, Above HDFC Bank,  
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Dr. D.G. HATA


 बैंक ऑफ़ बड़ोदा  
Bank of Baroda


नाम: Anupama Shastri  
Name:

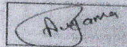
कर्मचारी कूट क्र. 168097  
E. C. No.



जारीकर्ता प्राधिकारी, मु. प्र. (सु.) अ.का. न.दि.  
Issuing Authority CM (S), ZO, ND







धारक के हस्ताक्षर  
Signature of Holder

7351847046





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

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Name : MRS. SHASTRI ANUPAMA

Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 26-Mar-2024 / 10:06

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

Reported : 27-Mar-2024 / 13:37

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

H/O DM on Rx since 3 and half years

### EXAMINATION FINDINGS:

Height (cms): 150 cms

Weight (kg): 72.2 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/80 mmHg

Nails: Normal

Pulse: 80 bpm

Lymph Node: Not palpable

### Systems

Cardiovascular: S1S2 audible, No murmur

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver and Spleen not palpable

CNS: NAD

### IMPRESSION:

SGOT- 44, SGPT- 76, HbA1C- 9.9, HDL- 36

USG- Mild fatty liver with single fibroids

### ADVICE:

Refer to Endocrinologist

### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |
| 6) Asthama           | No |

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- |  |      |
|--|------|
| 7) Pulmonary Disease                     | No   |
| 8) Thyroid/ Endocrine disorders          | No   |
| 9) Nervous disorders                     | No   |
| 10) GI system                            | No   |
| 11) Genital urinary disorder             | No   |
| 12) Rheumatic joint diseases or symptoms | No   |
| 13) Blood disease or disorder            | No   |
| 14) Cancer/lump growth/cyst              | No   |
| 15) Congenital disease                   | No   |
| 16) Surgeries                            | LSCS |
| 17) Musculoskeletal System               | No   |

**PERSONAL HISTORY:**

- |               |                        |
|---------------|------------------------|
| 1) Alcohol    | No                     |
| 2) Smoking    | No                     |
| 3) Diet       | Vegetarian             |
| 4) Medication | Metformin 500, Calcium |

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

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**Dr. Dhanwanti Hatalkar**  
PHYSICIAN

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





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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	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.0	36-46 %	Calculated
MCV	88.2	81-101 fl	Measured
MCH	29.7	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4870	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	1690	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	290	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	2770	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	110	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	234000	150000-410000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Measured
PDW	18.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	<b>187.9</b>	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	<b>308.6</b>	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	<b>43.7</b>	<34 U/L	Modified IFCC
SGPT (ALT), Serum	<b>75.8</b>	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	60.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	22.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.57	0.55-1.02 mg/dl	Enzymatic

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



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eGFR, Serum	123	(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	5.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	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**





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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	9.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	237.4	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Dr. Vrushi Shroff*

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



CID : 2408601637  
Name : MRS.SHASTRI ANUPAMA  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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



*Dr. Vrushi Shroff*

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





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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

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



*Dr. Vrushi Shroff*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	107.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.5	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	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist





CID : 2408601637  
 Name : MRS.SHASTRI ANUPAMA  
 Age / Gender : 33 Years / Female  
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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	12.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.285	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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**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)

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



*Anupa*

**Dr.ANUPA DIXIT**  
**M.D.(PATH)**  
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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	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.0	36-46 %	Calculated
MCV	88.2	81-101 fl	Measured
MCH	29.7	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4870	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	1690	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	290	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	2770	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	110	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	234000	150000-410000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Measured
PDW	18.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		







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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	<b>187.9</b>	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	<b>308.6</b>	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	<b>43.7</b>	<34 U/L	Modified IFCC
SGPT (ALT), Serum	<b>75.8</b>	10-49 U/L	Modified IFCC
GAMMA GT, Serum	29.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	60.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	22.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.57	0.55-1.02 mg/dl	Enzymatic

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



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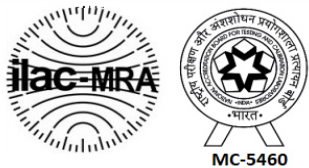
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eGFR, Serum	123	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	5.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	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





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**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	9.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	237.4	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	40	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	
Others	-		

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
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**Pathologist**



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

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

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



*Dr. Vrushi Shroff*

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**Pathologist**





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	143.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	36.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	107.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	85.5	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	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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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	12.8	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.285	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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**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)

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



*Anupa*

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





**CID** : 2408601637  
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**Age / Sex** : 33 Years/Female  
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**Reg. Location** : Kalina, Santacruz East Main Centre

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**Reported** : 26-Mar-2024/13:52

## 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. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

### GALL BLADDER :

The gall bladder is physiologically distended and shows normal wall thickness.  
No evidence of pericholecystic fluid, gall stones or mass lesions seen .

### PANCREAS :

The pancreas 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: 10.0 x 4.3 cms. Left kidney measures: 11.4 x 4.3 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: 7.9 x 4.4 x 3.8 cm in size.  
**There is single small 5.7 x 3.7 mm size hypoechoic lesion seen at fundal posterior wall of myometrium could s/o fibroid .**  
The endometrial thickness is (4.8 mm).



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**OVARIES :**

Both the ovaries are well visualised and appears normal.  
Right ovary measures: 2.0 x 1.6 x 1.5 cms (volume ~ 2.7 cc).  
Left ovary measures: 2.1 x 1.6 x 1.3 cms (volume ~ 2.9 cc).  
There is no evidence of any ovarian or adnexal mass seen.

**IMPRESSION :**

**Mild hepatomegaly with fatty Liver.**  
**Single small uterine fibroid.**

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

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



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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.

**Right side cervical rib noted .**

SUG - Correlate clinically.

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

**DR.ASHA DHAVAN**  
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