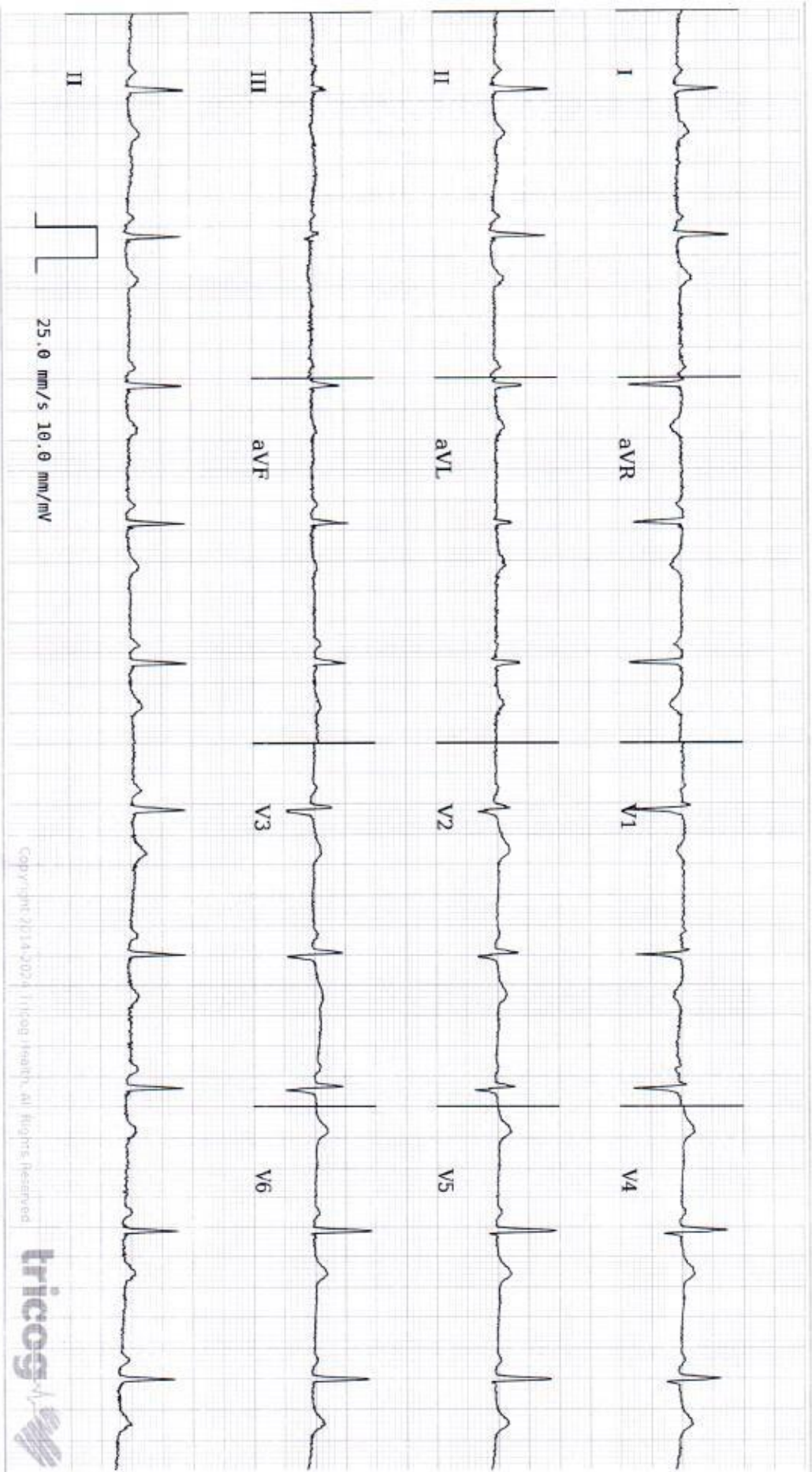


Patient Name: HIMANI SONI  
Patient ID: 2431212482

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**  
Date and Time: 7th Nov 24 9:29 AM



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

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Age 37 NA NA  
years months days

Gender Female

Heart Rate 64bpm

Patient Vitals

BP: 90/70 mmHg

Weight: 90 kg

Height: 155 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 410ms

QTcB: 422ms

PR: 126ms

P-R-T: 46° 36° 19°

REPORTED BY

*[Signature]*

DR AKHIL PARULEKAR  
MBBS, MD, MEDICINE, DNB-Cardiology  
Cardiologist  
2012082483

Disclaimer: This analysis is based on ECG score 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. Patient vitals are as entered by the clinician and not derived from the ECG.

|   |                     |
|---|---------------------|
| • PATIENT NAME : MRS. HIMANI SONI           | • SEX : FEMALE      |
| • REFERRED BY : ARCOFEMI HEALTHCARE LIMITED | • AGE : 37 YEARS    |
| • CID NO : 2431212482                       | • DATE : 07/11/2024 |

**2D & M-MODE ECHOCARDIOGRAM REPORT**  
**COLOR FLOW DOPPLER REPORT**

**ECHO & DOPPLER FINDINGS :**

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers appear normal in size.
- All cardiac valves show normal structure and physiological function
- No significant stenosis nor regurgitation seen
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion seen.
- TAPSE and MAPSE measured to 18 mm and 16 mm respectively.
- Mild TR jet. PASP by TR jet measured to 25 mm Hg
- Visual estimation of LVEF of 60 %.

**MEASUREMENTS:**

|            |    |                 |     |
|------------|----|-----------------|-----|
| IVS d (mm) | 07 | Ao (mm)         | 27  |
| IVS s (mm) | 10 | LA (mm)         | 31  |
| LVIDd (mm) | 46 | EPSS (mm)       | 01  |
| LVIDs (mm) | 28 | EF SLOPE (ml/s) | 150 |
| Pwd (mm)   | 07 | MV (mm)         | 16  |
| Pws (mm)   | 12 |                 |     |

Conti . 2



|   |                     |
|---|---------------------|
| • PATIENT NAME : MRS. HIMANI SONI           | • SEX : FEMALE      |
| • REFERRED BY : ARCOFEMI HEALTHCARE LIMITED | • AGE : 37 YEARS    |
| • CID NO : 2431212482                       | • DATE : 07/11/2024 |

**DOPPLER: Mitral E / A**

|                 |     |                 |      |
|-----------------|-----|-----------------|------|
| Mitral (m/s)    | 0.7 | Aortic (m/s)    | 1.49 |
| Tricuspid (m/s) | 0.6 | Pulmonary (m/s) | 0.9  |

**TDI**

Septal e' = 0.09 m/s

Lateral e' = 0.09 m/s

Septal a' = 0.06m/s

Lateral a' = 0.07m/s

Septal s' = 0.06 m/s

Lateral s' = 0.06 m/s

Septal E/e' = 07

**Dr. P. Bhatjiwale, M.D**

**PG cert in Clinical Cardiology,**

**Fellowship in 2 D Echo & Doppler Studies**

**Reg. No 68857**

**NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris and does not rule out CAD**

**Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.**

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

Date: - 7/11/24

CID: 243142482

Name: - Himani Soni

Sex/Age: 37/F

**EYE CHECK UP**

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision:

Refraction:

|          | (Right Eye) |     |      |     | (Left Eye) |     |      |     |
|----------|-------------|-----|------|-----|------------|-----|------|-----|
|          | Sph         | Cyl | Axis | Vn  | Sph        | Cyl | Axis | Vn  |
| Distance | -           | -   | -    | 6/6 | -          | -   | -    | 6/6 |
| Near     | -           | -   | -    | N/6 | -          | -   | -    | N/6 |

Colour Vision: Normal/Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Flow Meuse No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000



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CID : 2431212482  
Name : Mrs Himani Soni  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 07-Nov-2024  
Reported : 07-Nov-2024 / 14:26

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**DR. SUMIT M PATIL**  
**MD Radio diagnosis**  
**Reg no.2019/01/0135**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110708410851>



**CID** : 2431212482  
**Name** : Mrs Himani Soni  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 07-Nov-2024  
**Reported** : 07-Nov-2024 / 10:24

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## USG WHOLE ABDOMEN

### LIVER:

The liver is mildly enlarged in size ( 17.1cm). 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 appears normal. No evidence of gall stones or mass lesions seen

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 10.6 x 4.5 cm. Left kidney measures 10.1 x 4.6 cm.

### SPLEEN:

The spleen is normal in size (11.5 cm) 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 and reveal no intraluminal abnormality.

### UTERUS:

The uterus is anteverted and appears normal. It measures 7.6 x 4.4 x 5.7 cm in size.

The endometrial thickness is 9.1 mm.

### OVARIES:

Both the ovaries are well visualised and appears normal.

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

Right ovary = 2.8 x 1.9 cm Left ovary = 2.5 x 2.7 cm. DF -1 = 20 x 15mm

[Click here to view images <<ImageLink>>](#)

Authenticity Check  
<<QRCode>>

**CID** : 2431212482  
**Name** : Mrs Himani Soni  
**Age / Sex** : 37 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

Use a QR Code Scanner  
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**Reg. Date** : 07-Nov-2024  
**Reported** : 07-Nov-2024 / 10:24

**IMPRESSION:-**

Mild hepatomegaly with grade I fatty liver.

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



**DR. SUMIT M PATIL**  
**MD Radio diagnosis**  
**Reg no.2019/01/0135**

[Click here to view images <<ImageLink>>](#)

Name : MRS.HIMANI SONI

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected : 07-Nov-2024 / 08:40

Reg.Location : Kandivali East (Main Centre)

Reported : 08-Nov-2024 / 10:36

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Irregular periods.

#### EXAMINATION FINDINGS:

Height (cms): 155 cms

Weight (kg): 90 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 90/70

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

#### IMPRESSION:

*Thyroid acid  
dyslipidemia  
ash. Gr D fatty liver*

#### ADVICE:

*low fatty diet  
medicines for thyroid acid*



REGD. OFFICE: MRS. HIMANI SONI

Gender : 37 Years/Female

Consulting Dr. :

Collected : 07-Nov-2024 / 08:40

Reg.Location : Kandivali East (Main Centre)

Reported : 08-Nov-2024 / 10:36

**CHIEF COMPLAINTS:**

- |  |      |
|--|------|
| 1) Hypertension:                         | No   |
| 2) IHD                                   | No   |
| 3) Arrhythmia                            | No   |
| 4) Diabetes Mellitus                     | No   |
| 5) Tuberculosis                          | No   |
| 6) Asthama                               | No   |
| 7) Pulmonary Disease                     | No   |
| 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       | Veg |
| 4) Medication | No  |

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

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

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Row House No. 2, Aangan,  
Thakur Village, Kandivali (East),  
Mumbai - 400101.  
Tel : 61700000

*Jagruti Dhale*  
Dr. JAGRUTI DHALE



CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 13:14

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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   | 12.2           | 12.0-15.0 g/dL              | Spectrophotometric |
| RBC   | 4.12           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV   | 37.1           | 36-46 %                     | Measured           |
| MCV   | 90             | 80-100 fl                   | Calculated         |
| MCH   | 29.7           | 27-32 pg                    | Calculated         |
| MCHC  | 33.0           | 31.5-34.5 g/dL              | Calculated         |
| RDW   | <b>16.4</b>    | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>  |                |                             |                    |
| WBC Total Count   | 8800           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>                  |                |                             |                    |
| Lymphocytes   | 27.1           | 20-40 %                     |                    |
| Absolute Lymphocytes  | 2380.0         | 1000-3000 /cmm              | Calculated         |
| Monocytes   | 6.0            | 2-10 %                      |                    |
| Absolute Monocytes  | 520.0          | 200-1000 /cmm               | Calculated         |
| Neutrophils   | 62.9           | 40-80 %                     |                    |
| Absolute Neutrophils  | 5500.0         | 2000-7000 /cmm              | Calculated         |
| Eosinophils   | 3.7            | 1-6 %                       |                    |
| Absolute Eosinophils  | 330.0          | 20-500 /cmm                 | Calculated         |
| Basophils   | 0.3            | 0.1-2 %                     |                    |
| Absolute Basophils  | 30.0           | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes   | -              |                             |                    |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. |                |                             |                    |
| <b><u>PLATELET PARAMETERS</u></b>                                   |                |                             |                    |
| Platelet Count  | 275000         | 150000-400000 /cmm          | Elect. Impedance   |
| MPV   | 8.9            | 6-11 fl                     | Calculated         |
| PDW   | 15.3           | 11-18 %                     | Calculated         |
| <b><u>RBC MORPHOLOGY</u></b>  |                |                             |                    |
| Hypochromia   | -              |                             |                    |
| Microcytosis  | -              |                             |                    |



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CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 13:42

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **48**                      2-20 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

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

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**





CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 15:17

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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 Fasting | 94.8           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase       |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP           | 135.0          | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase       |
| BILIRUBIN (TOTAL), Serum                         | 0.35           | 0.1-1.2 mg/dl   | Colorimetric     |
| BILIRUBIN (DIRECT), Serum                        | 0.15           | 0-0.3 mg/dl   | Diazo            |
| BILIRUBIN (INDIRECT), Serum                      | 0.20           | 0.1-1.0 mg/dl   | Calculated       |
| TOTAL PROTEINS, Serum                            | 7.0            | 6.4-8.3 g/dL  | Biuret           |
| ALBUMIN, Serum                                   | 4.2            | 3.5-5.2 g/dL  | BCG              |
| GLOBULIN, Serum                                  | 2.8            | 2.3-3.5 g/dL  | Calculated       |
| A/G RATIO, Serum                                 | 1.5            | 1 - 2   | Calculated       |
| SGOT (AST), Serum                                | 22.4           | 5-32 U/L  | NADH (w/o P-5-P) |
| SGPT (ALT), Serum                                | 21.2           | 5-33 U/L  | NADH (w/o P-5-P) |
| GAMMA GT, Serum                                  | 16.1           | 3-40 U/L  | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum                      | <b>107.0</b>   | 35-105 U/L  | Colorimetric     |
| BLOOD UREA, Serum                                | 17.3           | 12.8-42.8 mg/dl   | Kinetic          |
| BUN, Serum                                       | 8.1            | 6-20 mg/dl  | Calculated       |
| CREATININE, Serum                                | 0.57           | 0.51-0.95 mg/dl   | Enzymatic        |



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CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 14:58

|             |     |                                    |            |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 120 | (ml/min/1.73sqm)                   | Calculated |
|             |     | Normal or High: Above 90           |            |
|             |     | Mild decrease: 60-89               |            |
|             |     | Mild to moderate decrease: 45-59   |            |
|             |     | Moderate to severe decrease: 30-44 |            |
|             |     | Severe decrease: 15-29             |            |
|             |     | Kidney failure: <15                |            |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

|                  |     |               |           |
|------------------|-----|---------------|-----------|
| URIC ACID, Serum | 6.4 | 2.4-5.7 mg/dl | Enzymatic |
|------------------|-----|---------------|-----------|

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



*Bmhasakar*

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



CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 14:39

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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 | 5.6            | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC          |
| Estimated Average Glucose (eAG), EDTA WB - CC | 114.0          | mg/dl  | Calculated    |

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



*Bmhasakar*

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





CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 14:40

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

| <u>PARAMETER</u>                      | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u>           |
|---------------------------------------|----------------|-----------------------------|-------------------------|
| <b><u>PHYSICAL EXAMINATION</u></b>    |                |                             |                         |
| Color                                 | Pale yellow    | Pale Yellow                 | Light scattering        |
| Transparency                          | Clear          | Clear                       | Light scattering        |
| <b><u>CHEMICAL EXAMINATION</u></b>    |                |                             |                         |
| Specific Gravity                      | 1.002          | 1.002-1.035                 | Refractive index        |
| Reaction (pH)                         | 5.5            | 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             |
| <b><u>MICROSCOPIC EXAMINATION</u></b> |                |                             |                         |
| (WBC)Pus cells / hpf                  | 2.1            | 0-5/hpf                     |                         |
| Red Blood Cells / hpf                 | 0.0            | 0-2 /hpf                    |                         |
| Epithelial Cells / hpf                | 6.0            | 0-5/hpf                     |                         |
| Hyaline Casts                         | 0.0            | 0-1/hpf                     |                         |
| Pathological cast                     | 0.0            | 0-0.3/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                      | Absent         | Absent                      |                         |
| Bacteria / hpf                        | 39.0           | 0-29.5/hpf                  |                         |
| Yeast                                 | Absent         | Absent                      |                         |



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CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 14:40

Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

Kindly rule out contamination.

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

**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



Use a QR Code Scanner  
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CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 13:57

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*Anupa*

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





CID : 2431212482  
Name : MRS.HIMANI SONI  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
Reported : 07-Nov-2024 / 15:17

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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 186.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 210.0   | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 40.4    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 145.6   | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 107.0   | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 38.6    | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 4.6     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.6     | 0-3.5 Ratio   | Calculated                               |

Note: LDL test is performed by direct measurement.

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



*J Thakker*

**Dr.JYOT THAKKER..**  
M.D. (PATH), DPB  
Pathologist & AVP( Medical Services)



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CID : 2431212482  
 Name : MRS.HIMANI SONI  
 Age / Gender : 37 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
 Reported : 07-Nov-2024 / 14:58

**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      | 4.2            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 15.1           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59           | ECLIA         |
| sensitiveTSH, Serum | 3.31           | 0.35-5.5 microU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0<br>microU/ml | ECLIA         |



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**CID** : 2431212482  
**Name** : MRS.HIMANI SONI  
**Age / Gender** : 37 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 07-Nov-2024 / 08:44  
**Reported** : 07-Nov-2024 / 14:58

**Interpretation:**

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

**Clinical Significance:**

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

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

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

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

**Limitations:**

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

**Reference:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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



*Bmhasakar*

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





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 Age / Gender : 37 Years / Female  
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 Reg. Location : Kandivali East (Main Centre)

Collected : 07-Nov-2024 / 08:44  
 Reported : 07-Nov-2024 / 14:40

**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 \*\*\*



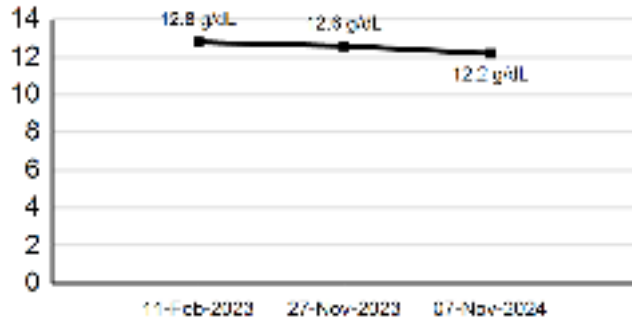
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



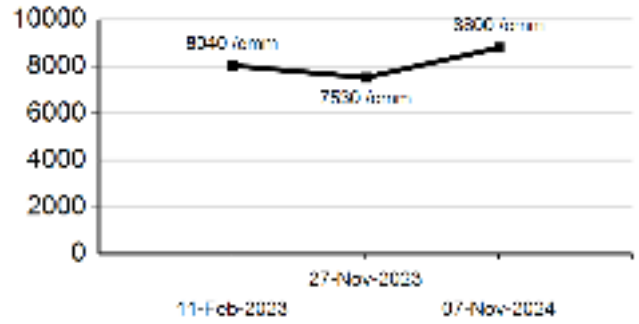
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Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

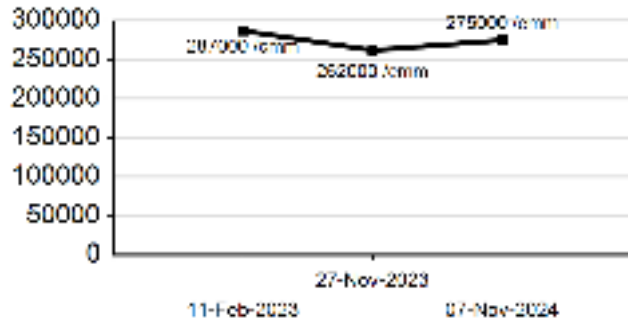
**Haemoglobin**



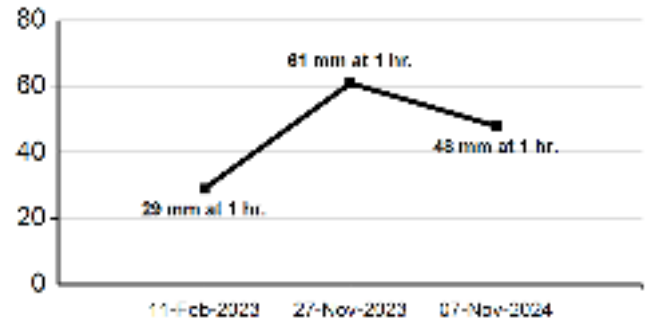
**WBC Total Count**



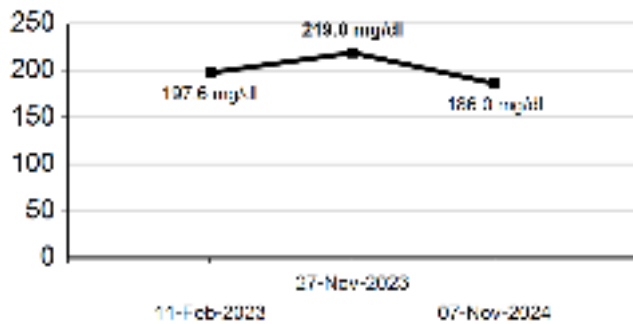
**Platelet Count**



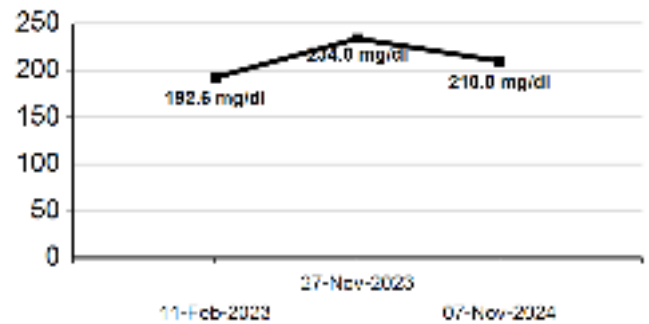
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

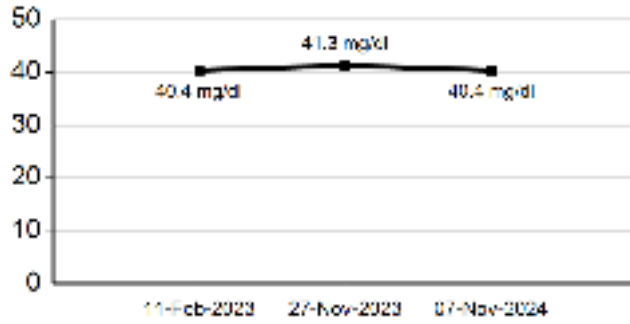




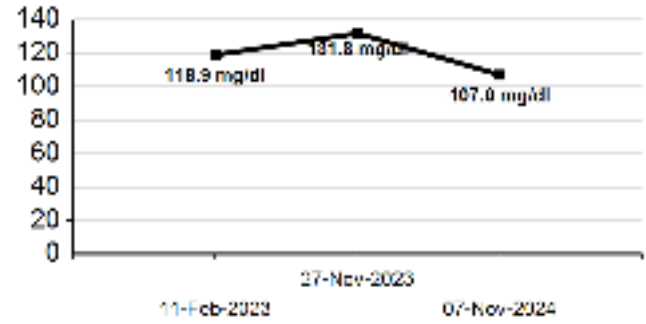
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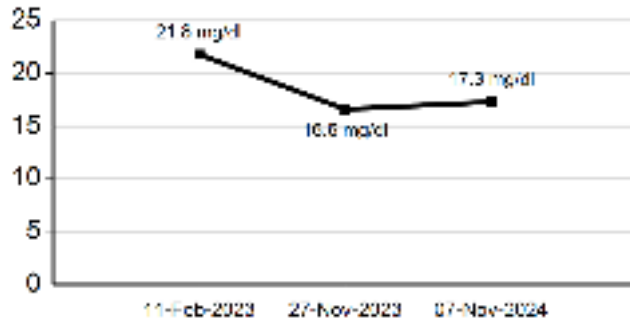
**HDL CHOLESTEROL**



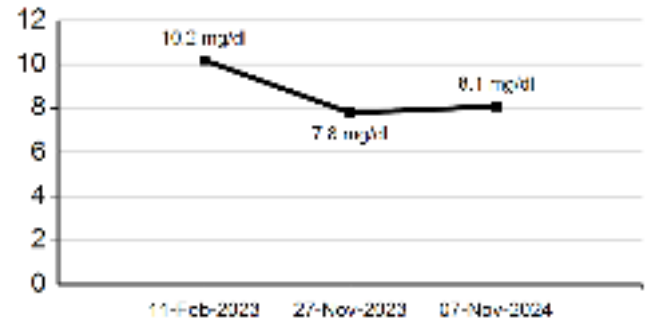
**LDL CHOLESTEROL**



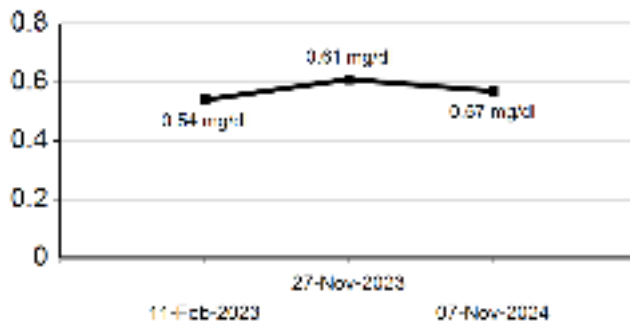
**BLOOD UREA**



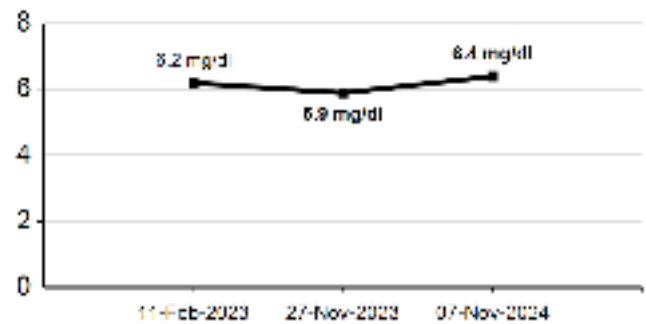
**BUN**



**CREATININE**



**URIC ACID**



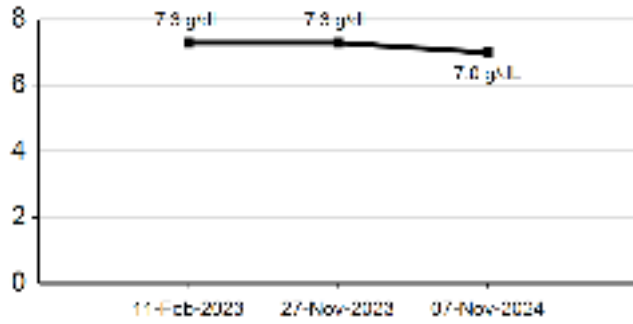




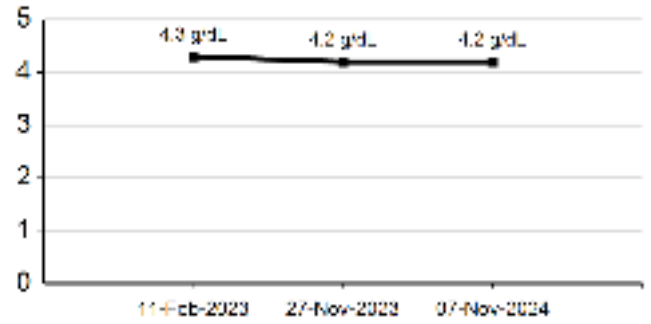
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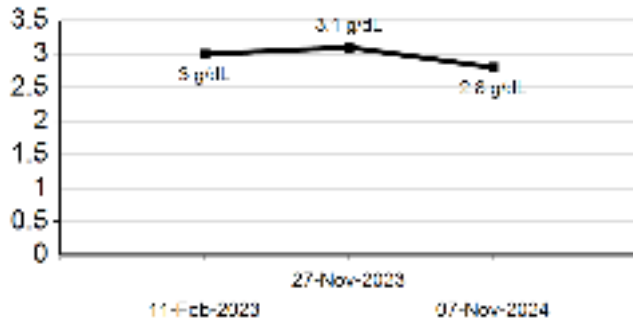
**TOTAL PROTEINS**



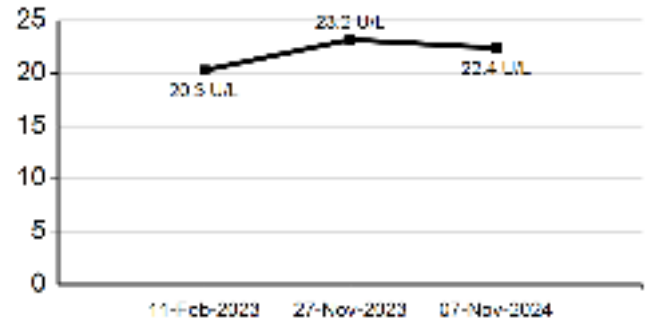
**ALBUMIN**



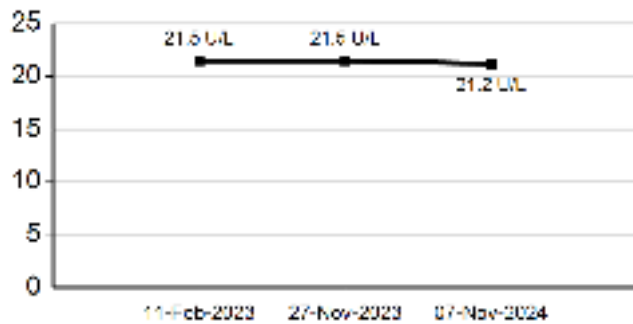
**GLOBULIN**



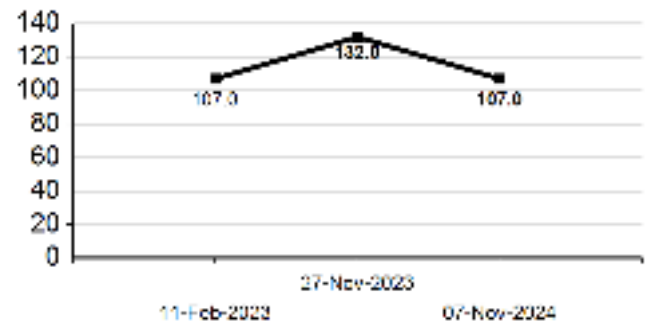
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

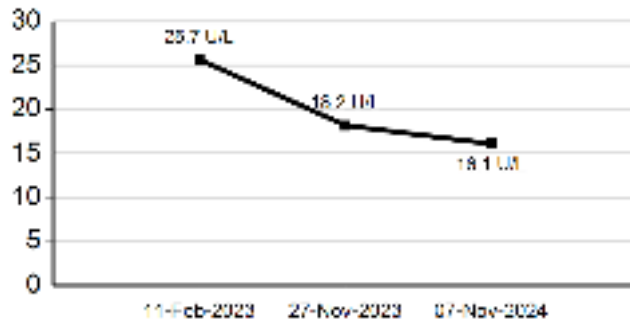




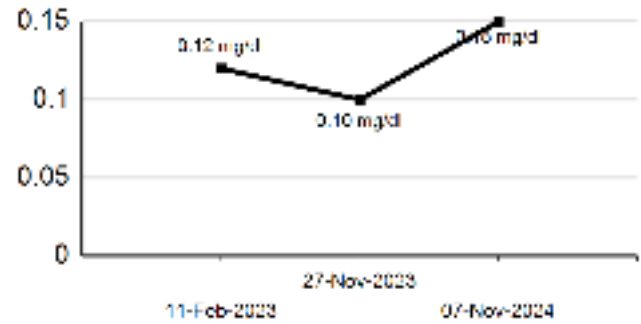
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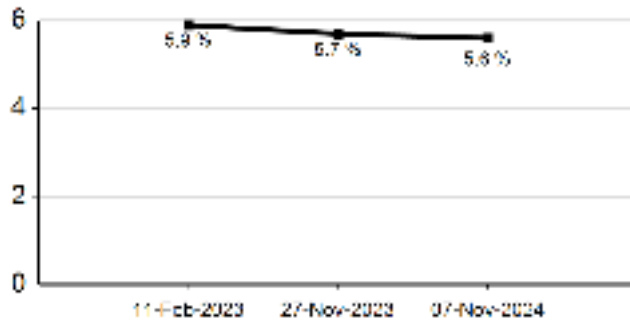
**GAMMA GT**



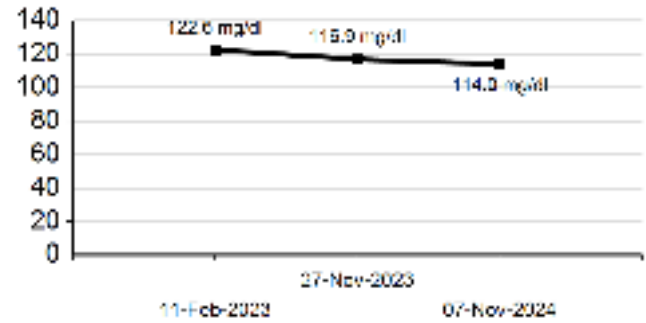
**BILIRUBIN (DIRECT)**



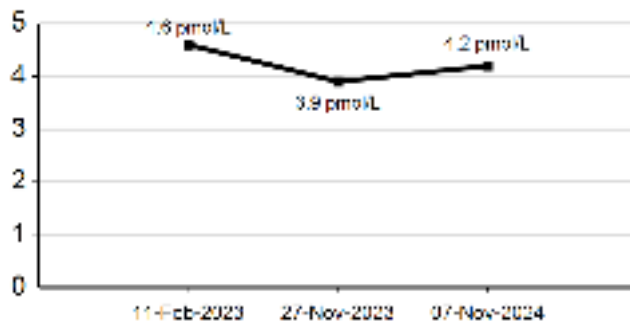
**Glycosylated Hemoglobin (HbA1c)**



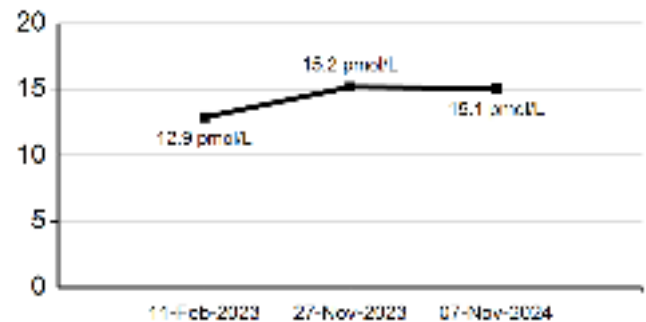
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

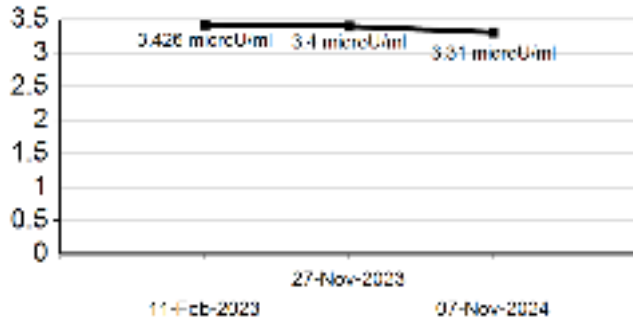




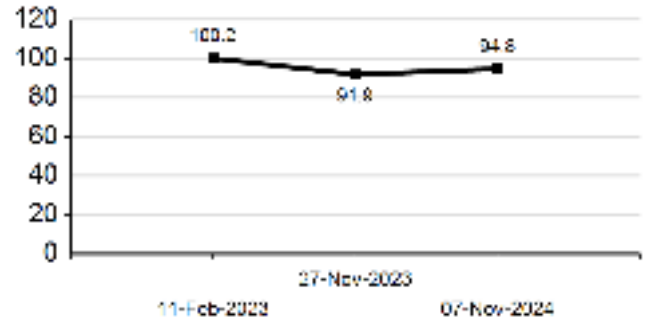
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 Reg. Location : Kandivali East (Main Centre)

**sensitiveTSH**



**GLUCOSE (SUGAR) FASTING**



**GLUCOSE (SUGAR) PP**

