

Name : Mrs . DIVYA GARG  
VID : 2308912422  
Ref By : Arcofemi Healthcare Limited

Reg Date : 30-Mar-2023 08:04  
Age/Gender : 34 Years  
Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

Urticaria During fever

**EXAMINATION FINDINGS:**

Height (cms): 162 cms  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 110/80  
Pulse: 72/min

Weight (kg): 62 kgs  
Skin: Normal  
Nails: Normal  
Lymph Node: Not Palpable

**Systems**

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

**IMPRESSION:**

**ADVICE:**

- Corrected Iron deficiency  
- Surgeon opinion

HB - 10.4  
T<sub>4</sub> - 11.3  
- USA - fatty liver  
- Solitary gall bladder polyp

**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 |

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- |  |           |
|--|-----------|
| 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-2018 |
| 17) Musculoskeletal System               | No        |

**PERSONAL HISTORY:**

- |               |     |
|---------------|-----|
| 1) Alcohol    | No  |
| 2) Smoking    | No  |
| 3) Diet       | Veg |
| 4) Medication | No  |

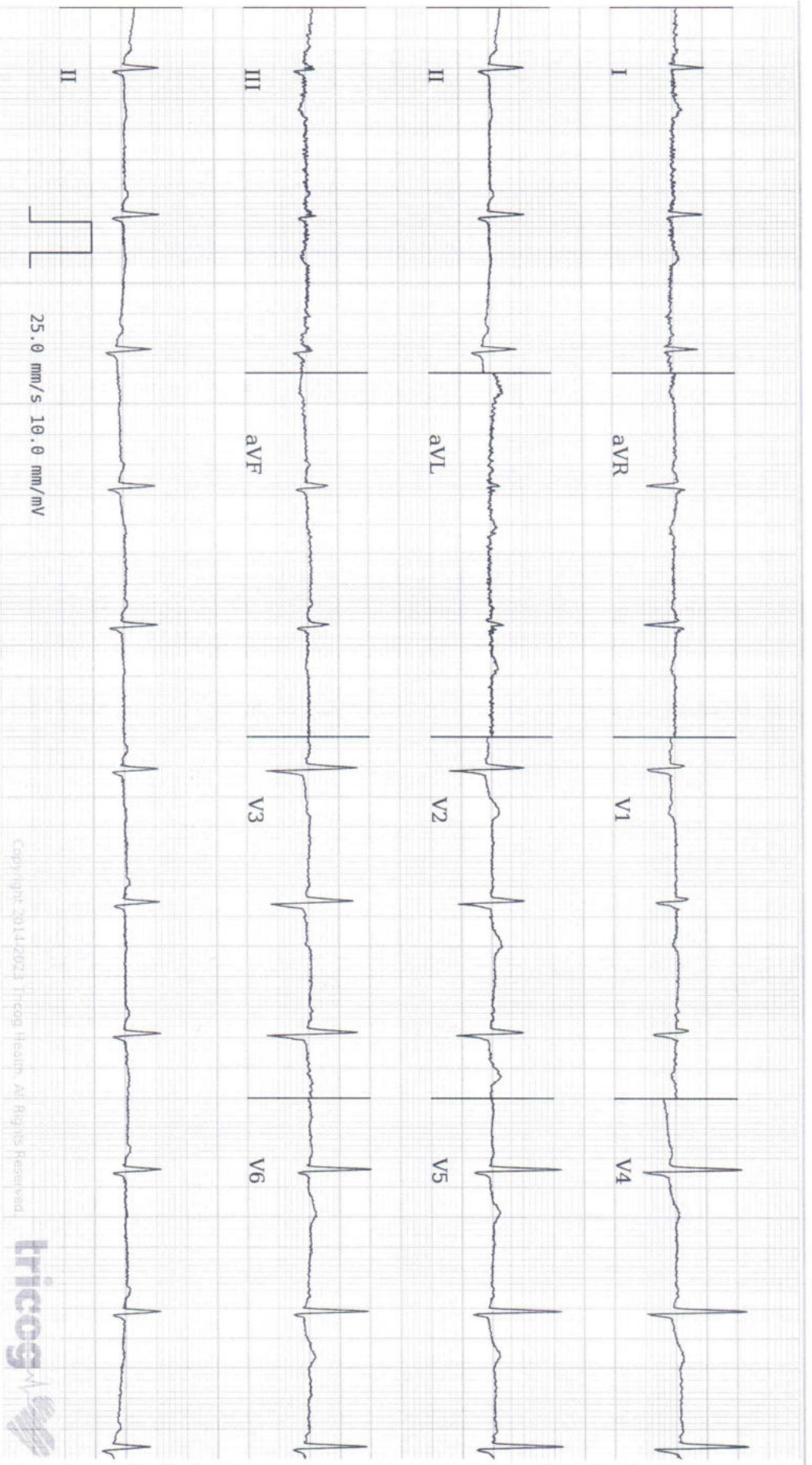
  
Dr. Jagruti Dhale

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

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Vinage, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700860

Patient Name: DIVYA GARG  
Patient ID: 2308912422

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**  
Date and Time: 30th Mar 23 8:31 AM



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Age **34** 4 **29**  
years months days

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: 110/80 mmHg

Weight: 62 kg

Height: 162 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 412ms

QTc: 431ms

PR: 136ms

P-R-T: 50° 30° -11°

REPORTED BY

DR. AKHIL PARULKAR  
MBBS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

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

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:- 30/3/23

CID: 2308912422

Name:- Mrs. Divya Garg

Sex/Age: F/34

**EYE CHECK UP**

Chief complaints: Routine check-up

Systemic Diseases: No H/O S/I

Past history: No H/O Ocular surgery

hlogb  
 0.50

Unaided Vision: 6/6 6/6

Aided Vision: 6/6, 6/6 6/6, 6/6

Refraction:

EMSL

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	0.50	—	—	6/6	0.50	—	—	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.  
**KAJAL NAGRECHA**  
 OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
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 Thaker Village, Kandivalli (east),  
 Mumbai - 400101.  
 Tel : 61700800

**DENTAL CHECK - UP**

Name:- *Divya Chang*

CID : *2308912422* Sex / Age : *F / 34*

Occupation:-

Date: *30/3/2023*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *normal*
- c) Calculus:
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: *a) Scaling & Polishing / cleaning*

Provisional Diagnosis:-

*-NIT*

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Row 3, No. 3, Aangan,  
Thakur Vastu, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700880

**DR. BHUMIK PATEL**  
(B.D.S) A - 23378

*Dr Bhumik Patel*  
*MP*



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308912422  
Name : Mrs DIVYA GARG  
Age / Sex : 34 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 30-Mar-2023  
Reported : 30-Mar-2023 / 12:14

R  
E  
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R  
T

### 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-----

Khilji FA

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**

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Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 30-Mar-2023  
Reported : 30-Mar-2023 / 9:23

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14cm), 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 (10.6 mm) and CBD (2.2mm) appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones. A small 4.3 mm sized solitary gall bladder polyp noted.

### PANCREAS:

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

### KIDNEYS:

Right kidney measures 10.9 x 4.0 cm. Left kidney measures 10.8 x 5.0 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (8.8 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 6.7 x 4.6 x 3.8cm in size.  
The endometrial thickness is 5.5 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.9 x 1.8 cm Left ovary = 2.8 x 1.5 cm

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Reg. Date : 30-Mar-2023  
Reported : 30-Mar-2023 / 9:23

**IMPRESSION:-**

GRADE I FATTY LIVER.

SOLITARY GALL BLADDER POLYP.

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

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

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# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg

Date: 30 / 03 / 2023 09:32:17 AM Refd By: AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	081	44%	110/80	089	00	
Standing	00:36	0:30	00.0	00.0	01.0	094	51%	110/80	103	00	
HV	00:47	0:11	00.0	00.0	01.0	081	44%	110/80	089	00	
ExStart	01:05	0:18	00.0	00.0	01.0	100	54%	110/80	110	00	
BRUCE Stage 1	03:05	2:00	02.7	10.0	03.5	133	72%	110/80	146	00	
BRUCE Stage 2	05:05	2:00	04.0	12.0	06.3	156	84%	110/80	171	00	
PeakEx	05:39	0:34	05.5	14.0	07.7	168	90%	150/80	251	00	
Recovery	06:39	1:00	00.2	00.0	01.2	128	69%	150/80	192	00	
Recovery	06:53	1:14	00.0	00.0	01.0	115	62%	140/80	161	00	

## FINDINGS :

Exercise Time : 04:34  
 Initial HR (ExStrt) : 100 bpm 54% of Target 186  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max Workload Attained : 7.7 Fair response to induced stress  
 Duke Treadmill Score : 04.6  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 168 bpm 90% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

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 Thakur Village, Kandivali (east),  
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 Tel : 617000000

**Dr. Akhil P. Parulekar.**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





Email:

1370 / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg Date: 30 / 03 / 2023 09:32:17 AM Refd By : AERCOFEMI

REPORT :

Heart Rate-168.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 04:34 Mins. Ectopic Beats 0.0

NETS 7.7 Test End Reason Heart Rate Achieved Target Heart Rate 90% of 186

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

**Dr. Akhil P. Parulekar.**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

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 Thakur Village, Kandivali (East),  
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 Tel : 617009000

Doctor : DR. AKHIL PARULEKAR



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

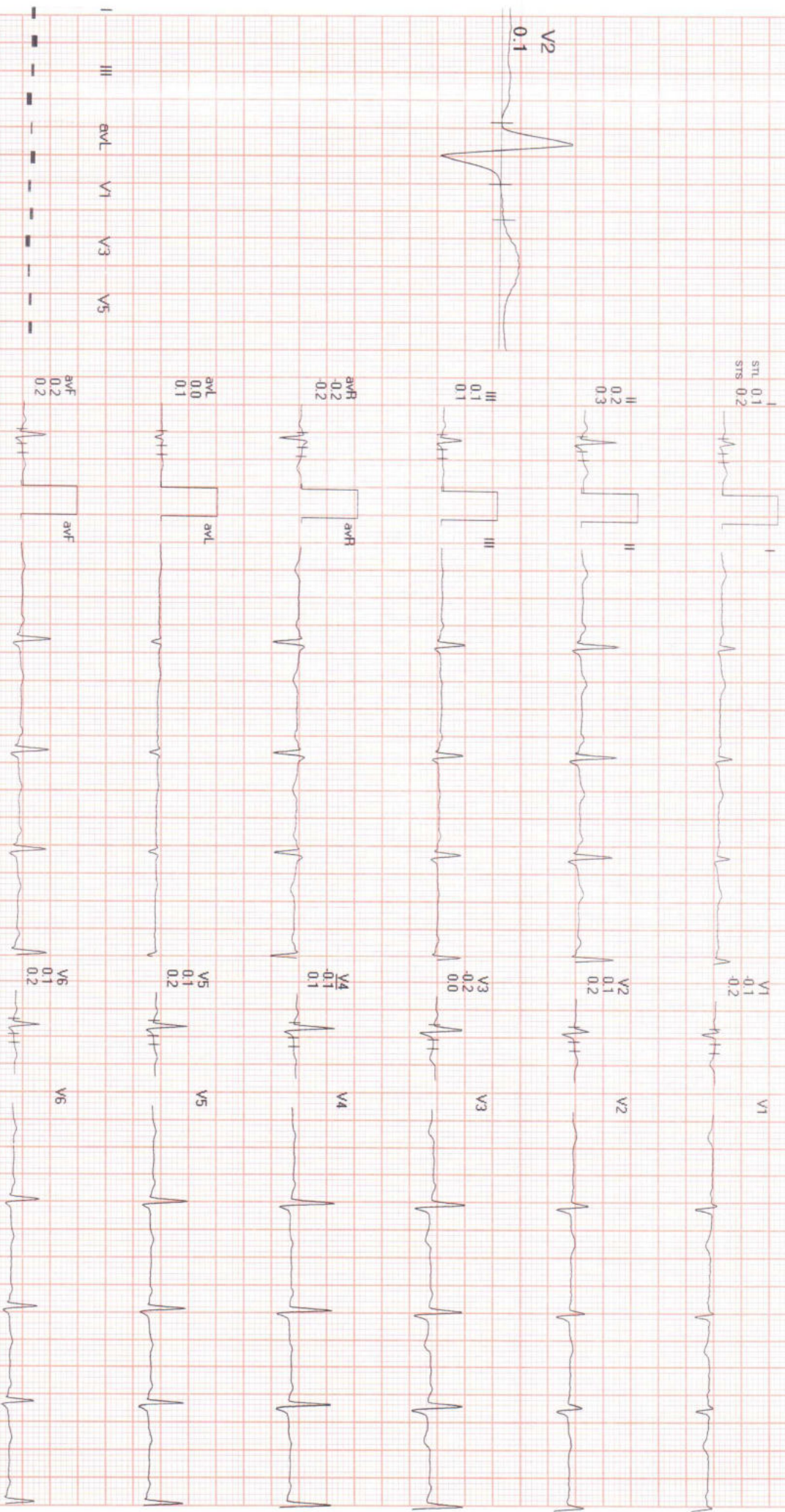
1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR : 79

Date: 30/03/2023 09:32:17 AM METS: 1.0/79 bpm 42% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz  
4X 80 m5 Post J

**SUPINE ( 00:06 )**



ExTime 00:00:00 Kmph. 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
I aVR aVL V1 V3 V5  
II aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:30 )



1370 (2308912422) / DIVYA GAHG / 34 Yrs / F / 162 Cms / 62 Kg / HR . 94

Date: 30 / 03 / 2023 09:32:17 AM METS: 1.0/94 bpm 51% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Noich On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00 0.0 Kmph. 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:  
II aVR aVL V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**HV (00:11)**

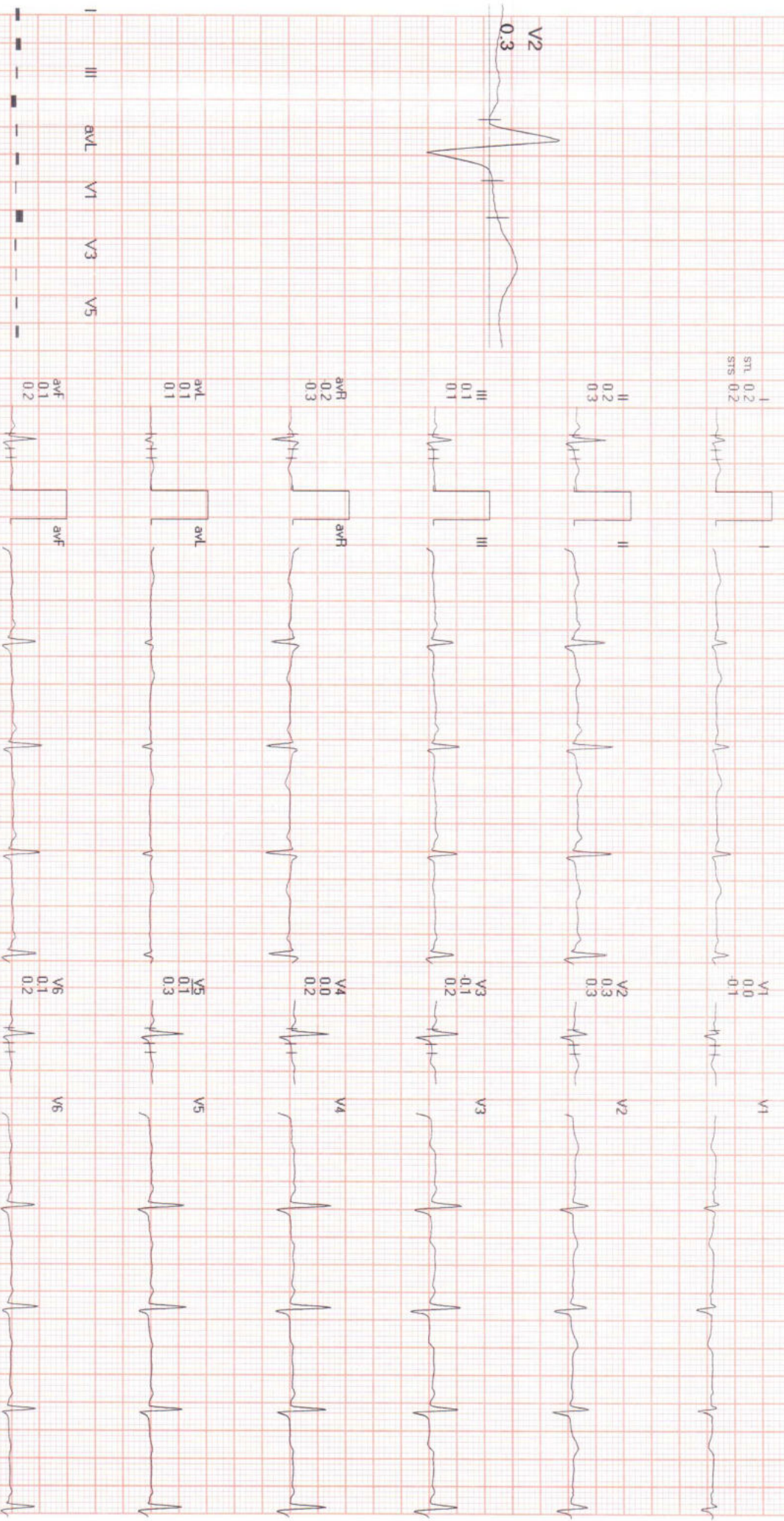


1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR : 81

Date: 30 / 03 / 2023 09:32:17 AM METS: 1 0/81 bpm 44% of THR BP: 110/80 mmHg Raw ECG/BL/CM/Noich On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

Ex Time: 00:00 0.0 Kmph. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**EXStH**



1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR : 100

Date: 30 / 03 / 2023 09:32:17 AM METS: 1.0 / 100 bpm 54% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:  
I aVR aVL V1 V3 V5  
II aVF aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 02:00 )

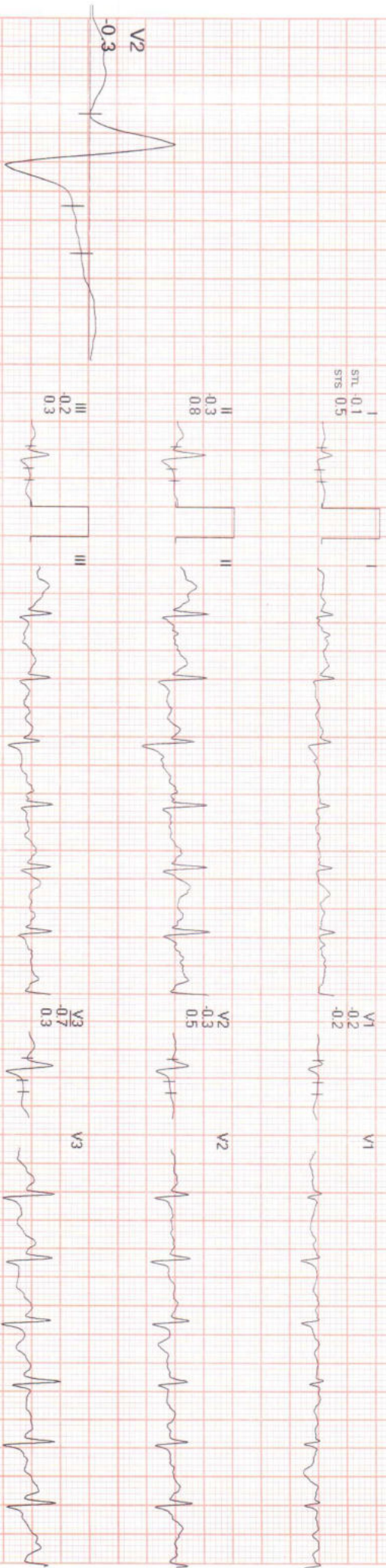


1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR - 133

Date: 30 / 03 / 2023 09:32:17 AM METS: 3.5 / 133 bpm 72% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EX Time: 02:00 2.7 Kmph, 10.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:  
I aVR aVL V1 V3 V5  
II aVF V2 V4 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 ( 02:00 )

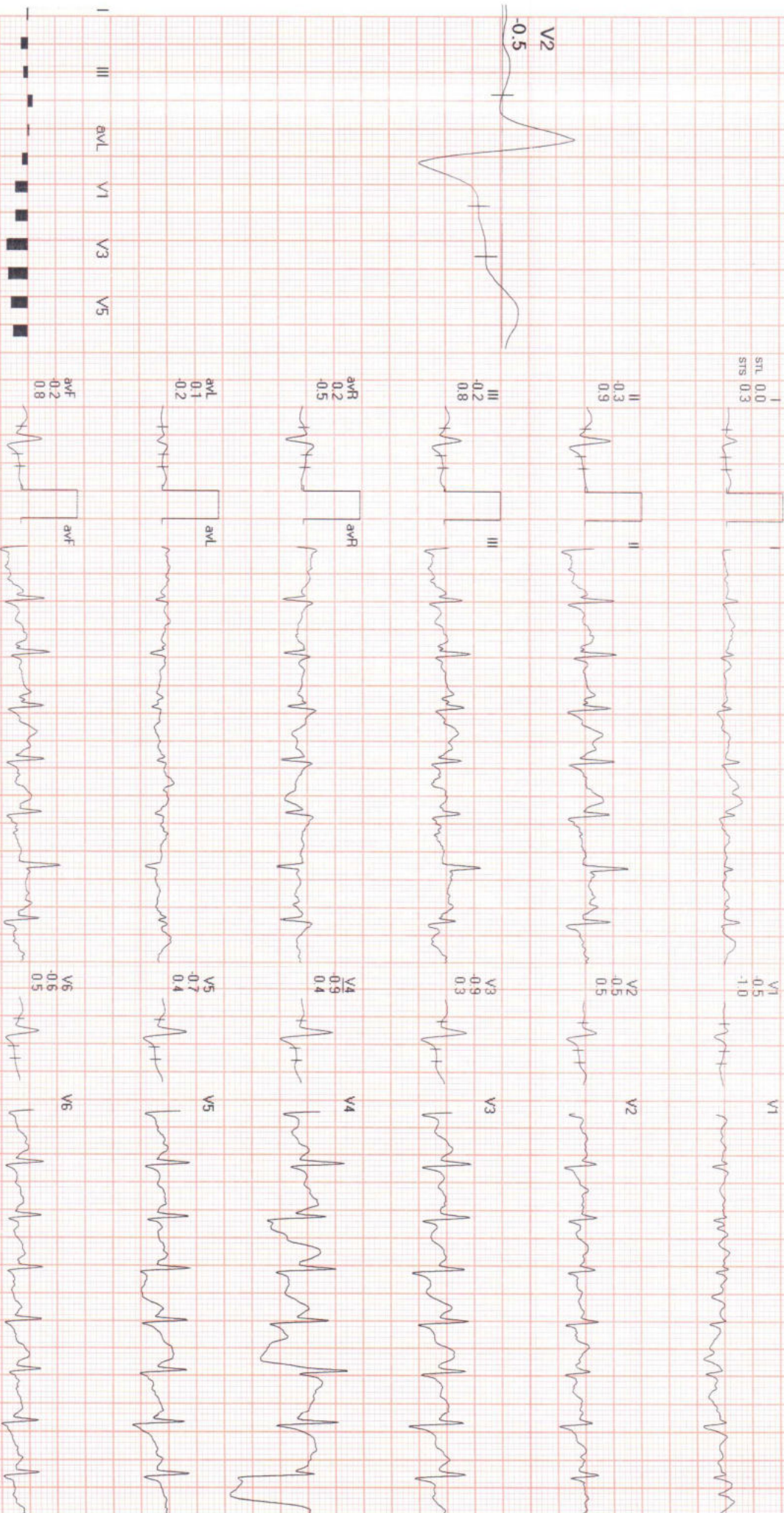


1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR : 156

Date: 30 / 03 / 2023 09:32:17 AM METS: 6.3 / 156 bpm 84% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 04:00 4.0 Km/Ph, 12.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

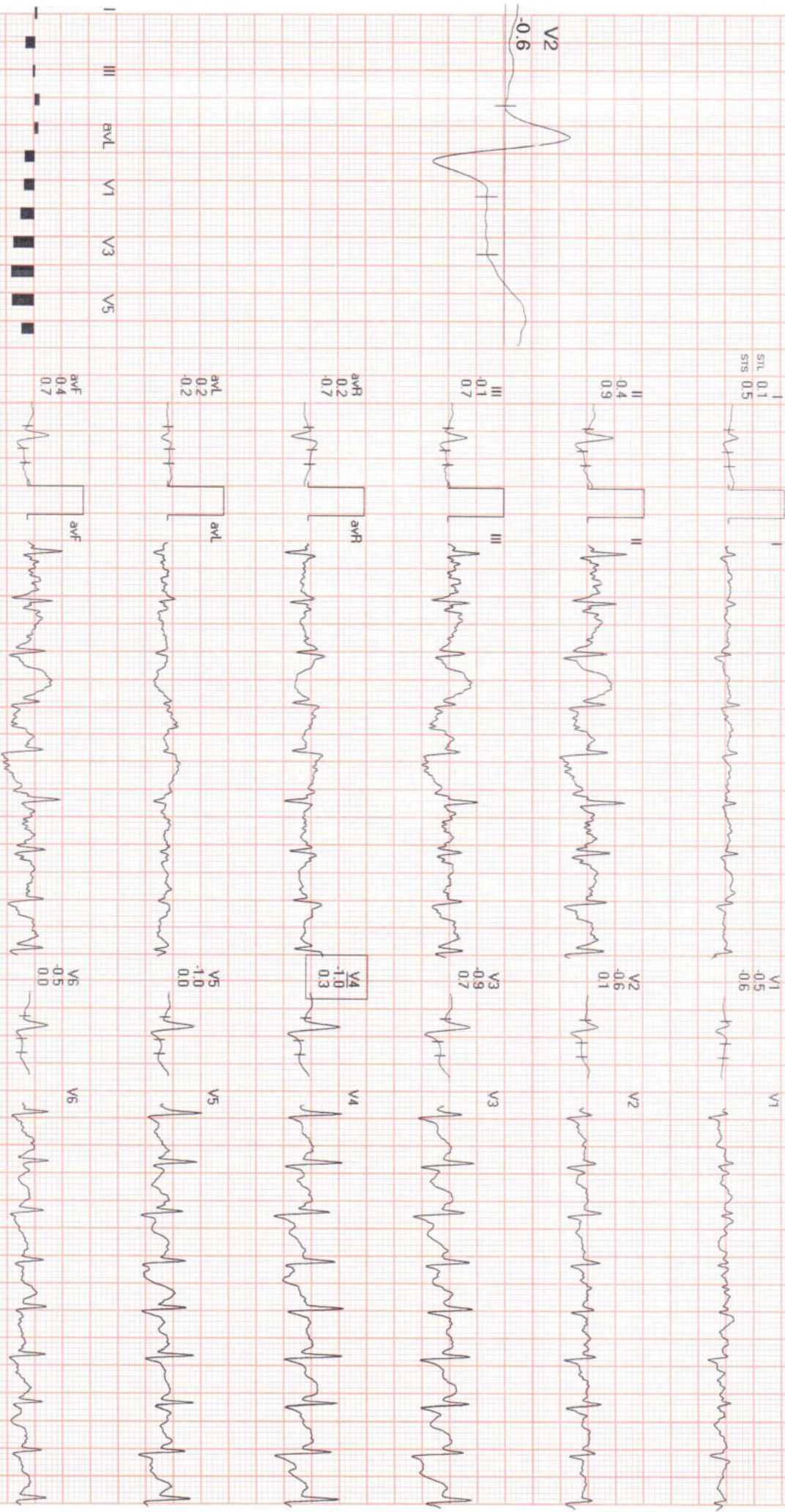


1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR - 168

Date: 30 / 03 / 2023 09:32:17 AM MET S 7 7 / 168 bpm 90% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExtTime: 04:34 5.5 Km/Ph, 14.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:00 )

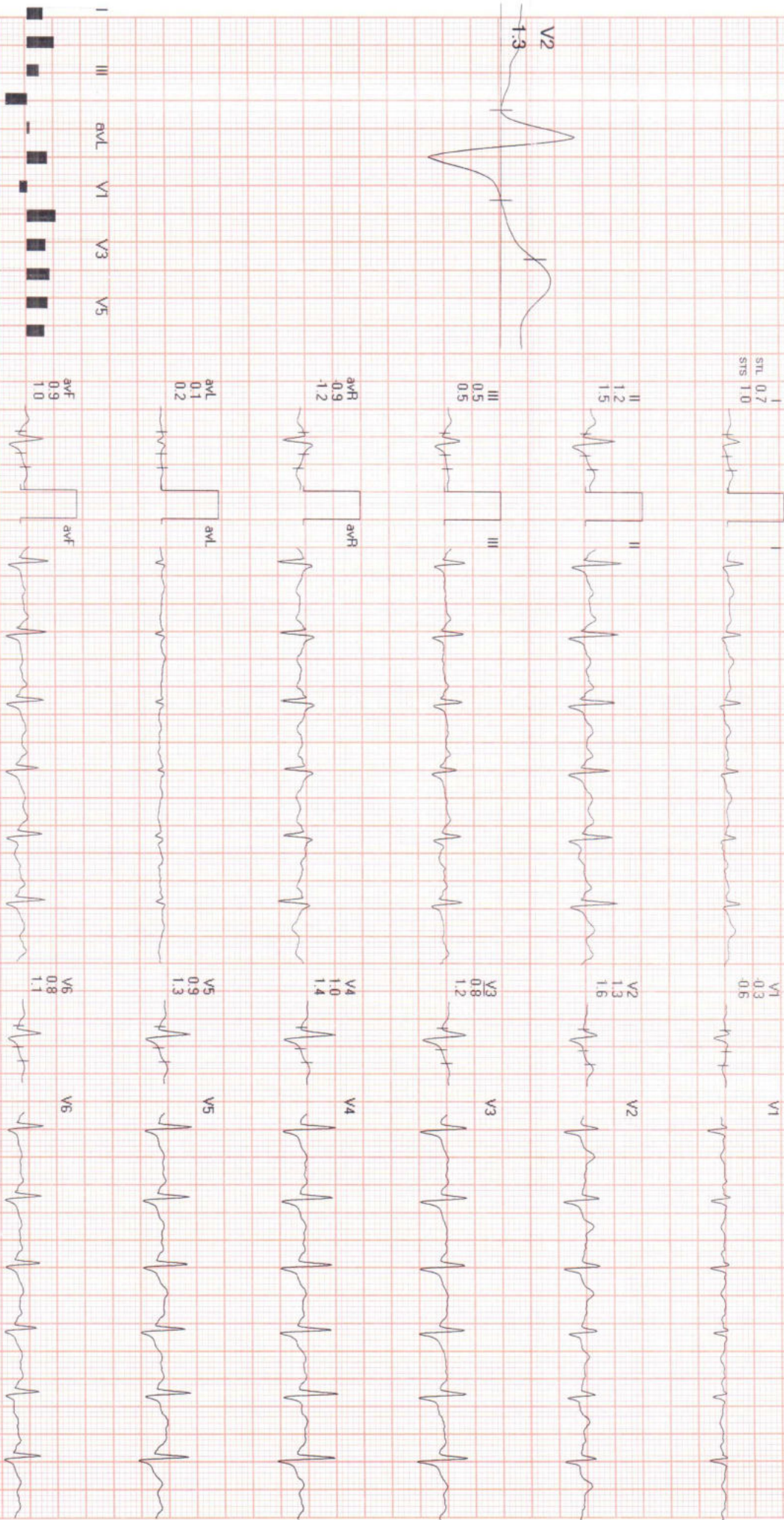


1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR : 128

Date: 30 / 03 / 2023 09:32:17 AM METS: 1 / 128 bpm 69% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 04:34 0.2 Kmph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS  
II aVR aVF V2 V4 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

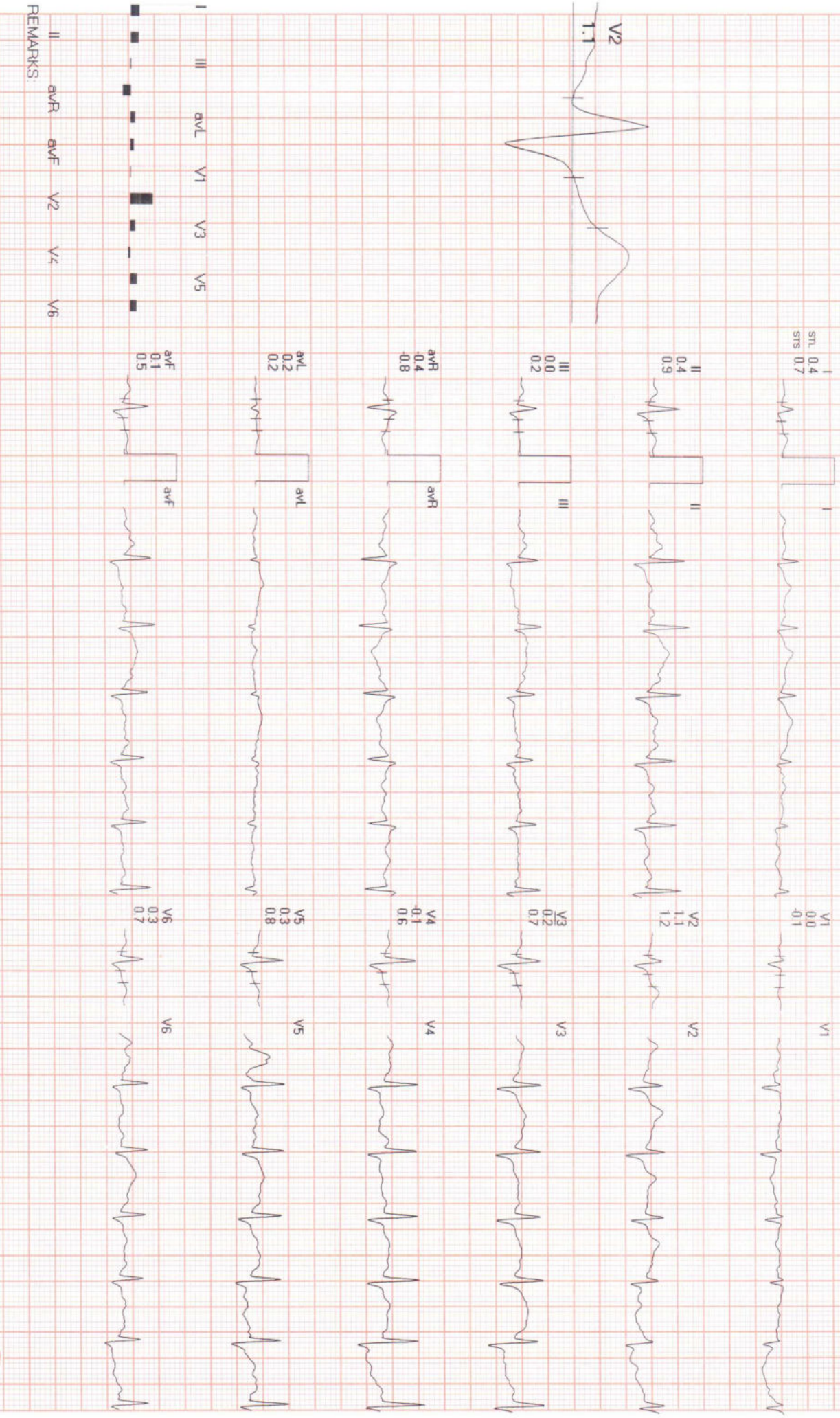
Recovery : ( 01:14 )



1370 (2308912422) / DIVYA GARG / 34 Yrs / F / 162 Cms / 62 Kg / HR 115

Date: 30 / 03 / 2023 09:32:17 AM METS: 1.0 / 115 bpm 62% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz  
 4X 80 mS Post J

ExTime: 04:34 0.0 Kmph, 0.0%  
 25 mm/Sec 1.0 Cm/mV



REMARKS





CID : 2308912422  
Name : MRS.DIVYA GARG  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 08:11  
Reported : 30-Mar-2023 / 12:18

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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	10.4	12.0-15.0 g/dL	Spectrophotometric
RBC	3.95	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.7	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	26.3	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6450	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	42.5	20-40 %	
Absolute Lymphocytes	2741.3	1000-3000 /cmm	Calculated
Monocytes	9.3	2-10 %	
Absolute Monocytes	599.9	200-1000 /cmm	Calculated
Neutrophils	45.0	40-80 %	
Absolute Neutrophils	2902.5	2000-7000 /cmm	Calculated
Eosinophils	3.0	1-6 %	
Absolute Eosinophils	193.5	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	12.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	291000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	21.3	11-18 %	Calculated

**RBC MORPHOLOGY**



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	Mild
Polychromasia	Mild
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 32 2-20 mm at 1 hr. Sedimentation

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



*Bmhasakar*

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



CID : 2308912422  
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Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 08:11  
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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	96.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.60	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.40	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	15.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	10.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	9.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	54.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	21.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.60	0.50-0.80 mg/dl	Enzymatic



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

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eGFR, Serum 122 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 4.0 3.1-7.8 mg/dl Uricase/ Peroxidase

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

*Bmhasakar*

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



CID : 2308912422  
Name : MRS.DIVYA GARG  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 08:11  
Reported : 30-Mar-2023 / 14:11

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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 % Prediabetic Level: 5.7-6.4 % 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 SDRL, Vidyavihar Lab

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

*Anupa*

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







CID : 2308912422  
Name : MRS.DIVYA GARG  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 08:11  
Reported : 30-Mar-2023 / 13:08

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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 \*\*\*

*Dr. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**





CID : 2308912422  
Name : MRS.DIVYA GARG  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 30-Mar-2023 / 08:11  
Reported : 30-Mar-2023 / 12:56

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	125.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.7	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	28.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	96.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.1	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	15.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



*Namrata*

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



CID : 2308912422  
Name : MRS.DIVYA GARG  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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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	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.359	0.55-4.78 microu/ml	CLIA



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

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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)

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

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



*Namrata*

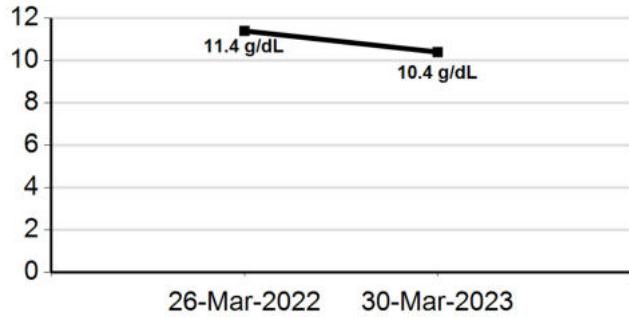
**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



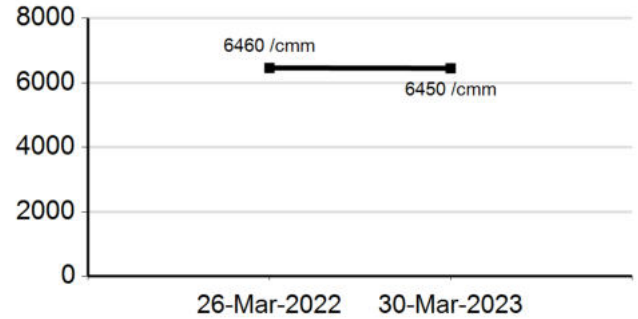
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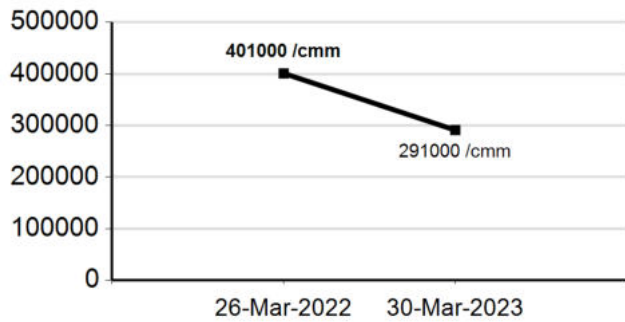
**Haemoglobin**



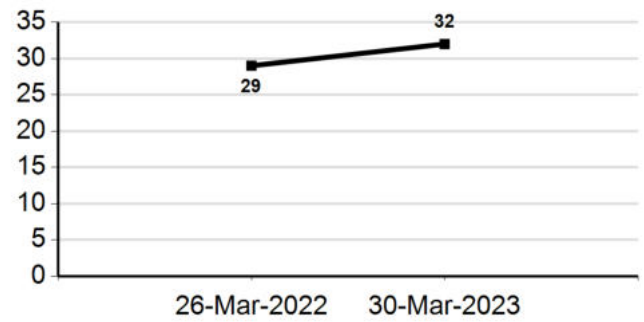
**WBC Total Count**



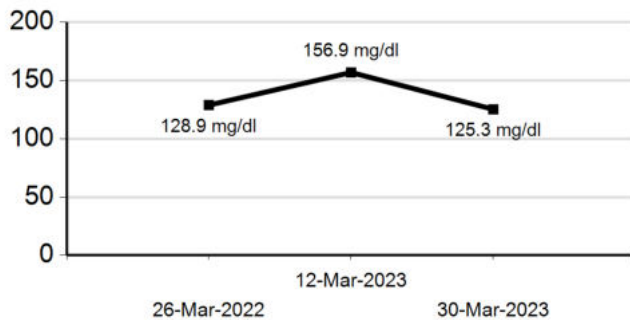
**Platelet Count**



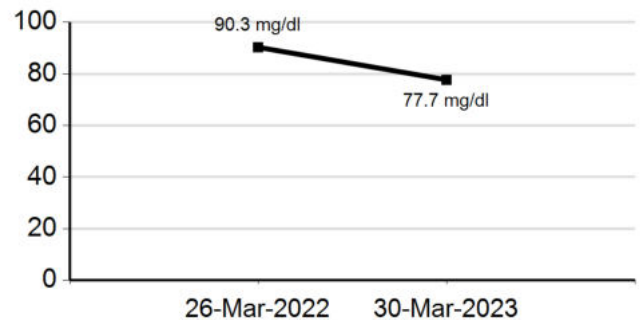
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

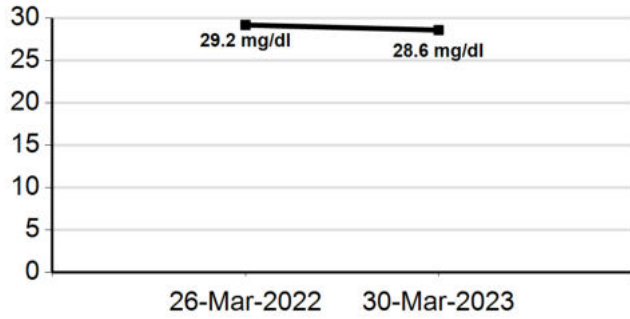




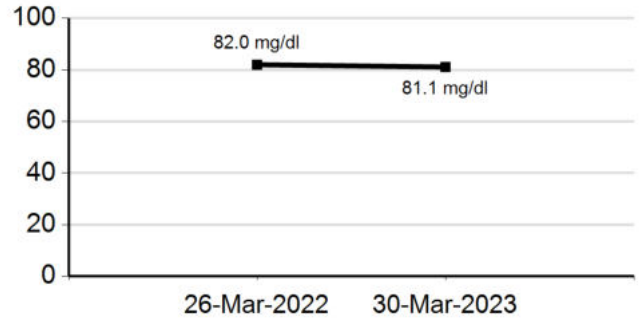
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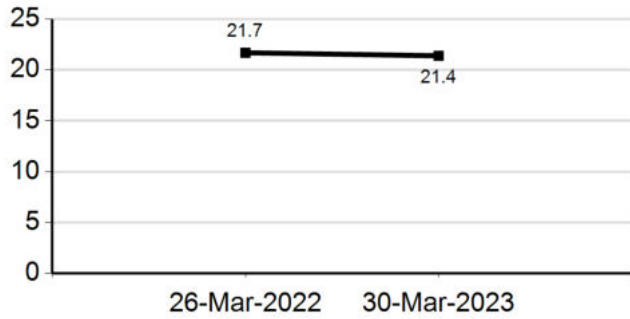
**HDL CHOLESTEROL**



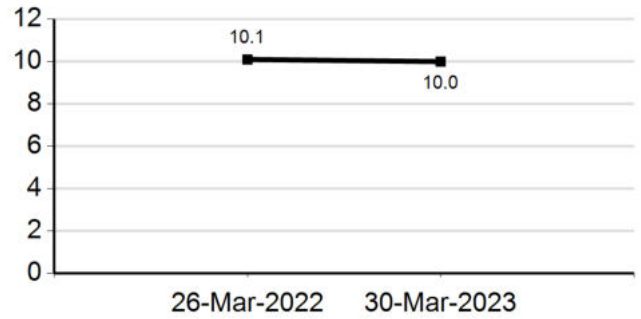
**LDL CHOLESTEROL**



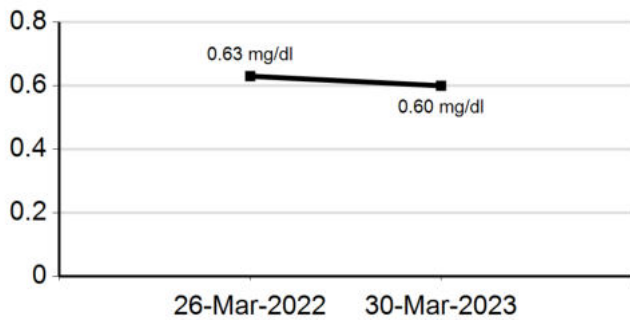
**BLOOD UREA**



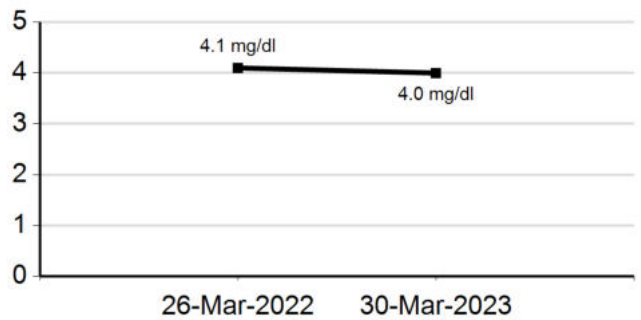
**BUN**



**CREATININE**



**URIC ACID**

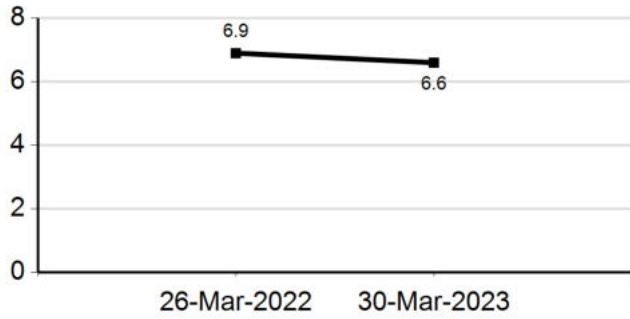




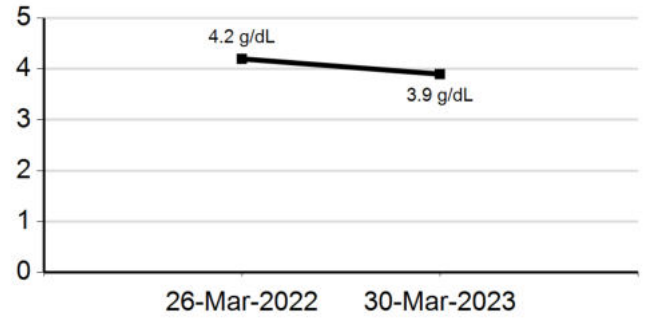
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 Reg. Location : Kandivali East (Main Centre)

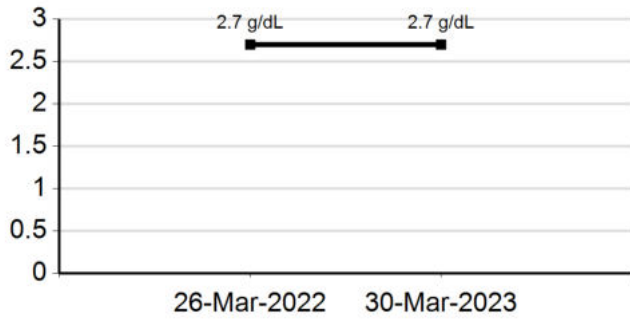
**TOTAL PROTEINS**



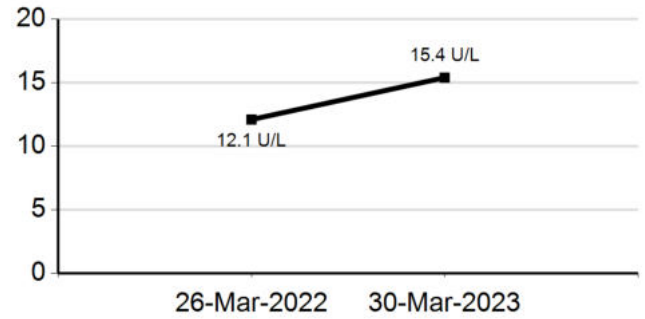
**ALBUMIN**



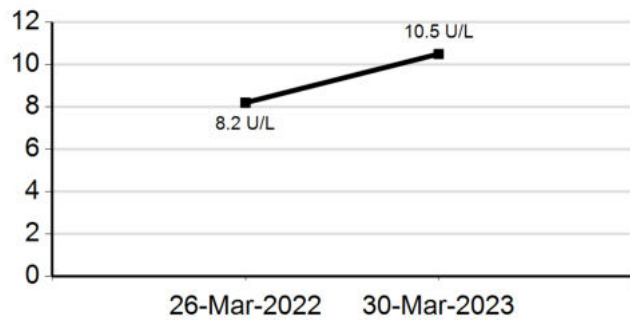
**GLOBULIN**



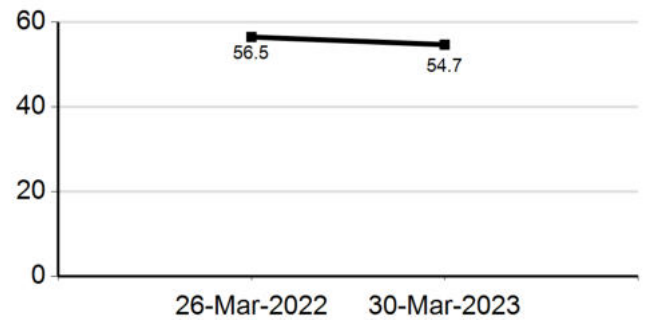
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

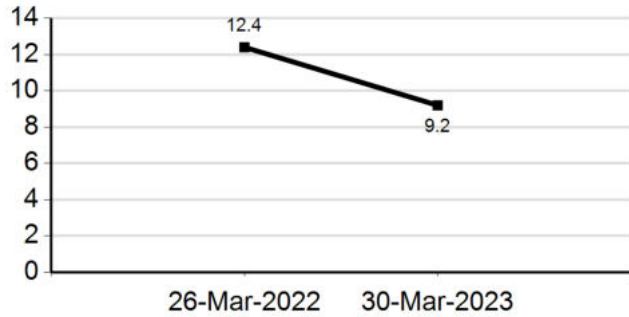




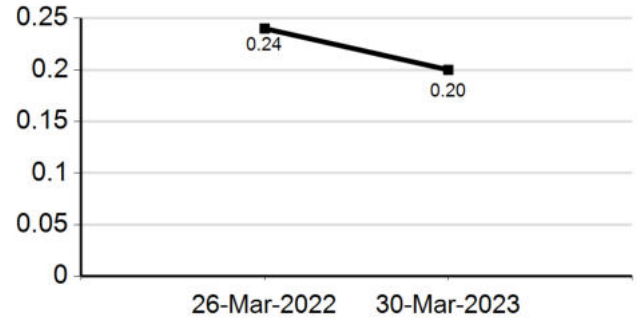
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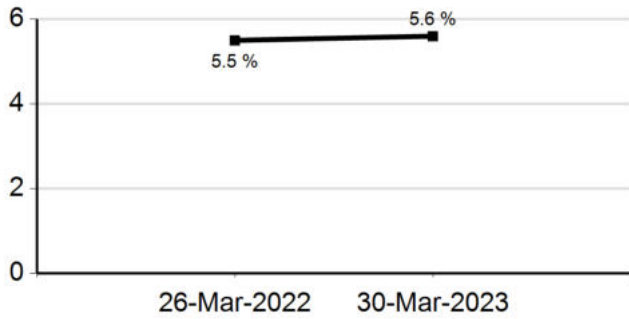
**GAMMA GT**



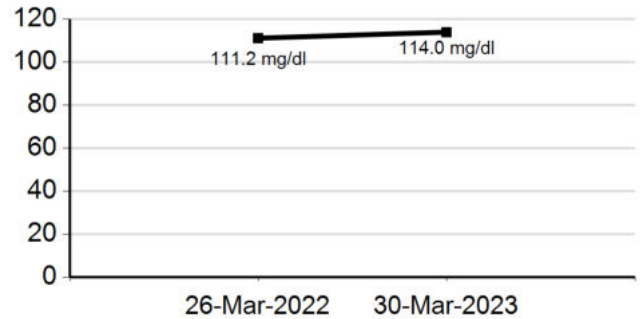
**BILIRUBIN (DIRECT)**



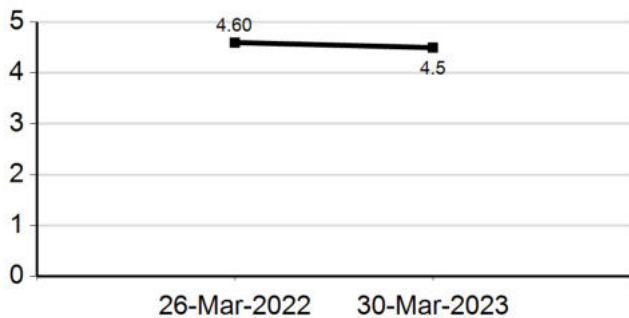
**Glycosylated Hemoglobin (HbA1c)**



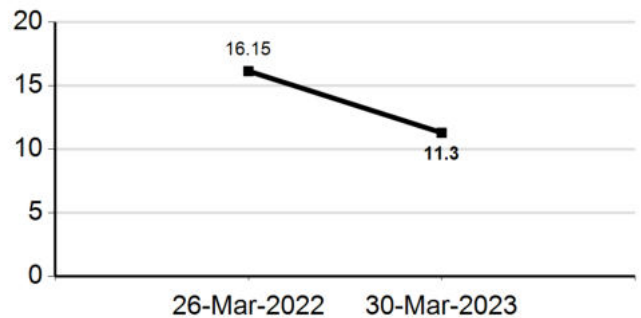
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**







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Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

