

## PHYSICAL EXAMINATION REPORT

|              |                 |          |         |
|--------------|-----------------|----------|---------|
| Patient Name | Asmita Vahuraja | Sex/Age  | F/37yrs |
| Date         | 27/11/2021      | Location | Thane   |

### History and Complaints

c/o - Piles, fissures

### EXAMINATION FINDINGS:

|                |        |             |     |
|----------------|--------|-------------|-----|
| Height (cms):  | 159    | Temp (0c):  | ⊖   |
| Weight (kg):   | 46.6   | Skin:       | NAD |
| Blood Pressure | 110/80 | Nails:      |     |
| Pulse          | 72/44  | Lymph Node: |     |

### Systems :

|                 |     |
|-----------------|-----|
| Cardiovascular: | NAD |
| Respiratory:    |     |
| Genitourinary:  |     |
| GI System:      |     |
| CNS:            |     |

**Impression:**

- BSL (PP) - Pre Diabetic.
- Hepatomegaly.

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Low Fat, low sugar Diet  
Blood sugar Profile after  
6 Months

**Advice:**

|     |                                      |                   |
|-----|--------------------------------------|-------------------|
| 1)  | Hypertension:                        | Nil               |
| 2)  | IHD                                  |                   |
| 3)  | Arrhythmia                           | Pre Diabetic      |
| 4)  | Diabetes Mellitus                    |                   |
| 5)  | Tuberculosis                         | Nil               |
| 6)  | Asthama                              |                   |
| 7)  | Pulmonary Disease                    | Nil               |
| 8)  | Thyroid/ Endocrine disorders         |                   |
| 9)  | Nervous disorders                    | - Piles, fissures |
| 10) | GI system                            |                   |
| 11) | Genital urinary disorder             | Nil               |
| 12) | Rheumatic joint diseases or symptoms |                   |
| 13) | Blood disease or disorder            | Nil               |
| 14) | Cancer/lump growth/cyst              |                   |
| 15) | Congenital disease                   | Nil               |
| 16) | Surgeries                            |                   |
| 17) | Musculoskeletal System               | Nil               |

**PERSONAL HISTORY:**

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

*Handwritten signature*

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Date:- 27/11/21  
 Name:- *Aswita Vahuraj*  
 CID:  
 Sex / Age: *A.F. 37*

**EYE CHECK UP**

Chief complaints: *RCD*

Systemic Diseases: *None*

Past history: *None*

Unaided Vision: *BAE9 NVA 4/6*

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

|          | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance |     |     |      |    |     |     |      |    |
| Near     |     |     |      |    |     |     |      |    |

Colour Vision: Normal / Abnormal

Remark:

*Normal Vision*

*[Signature]*

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CID : 2133133617  
Name : MRS.ASMITA VAHULRAJE  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 12:18

**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  | 4.84           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV  | 38.7           | 36-46 %                     | Measured           |
| MCV  | 80             | 80-100 fl                   | Calculated         |
| MCH  | 26.6           | 27-32 pg                    | Calculated         |
| MCHC   | 33.2           | 31.5-34.5 g/dL              | Calculated         |
| RDW  | 13.3           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                       |                |                             |                    |
| WBC Total Count                                    | 7300           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b> |                |                             |                    |
| Lymphocytes  | 30.4           | 20-40 %                     |                    |
| Absolute Lymphocytes                               | 2219.2         | 1000-3000 /cmm              | Calculated         |
| Monocytes  | 4.0            | 2-10 %                      |                    |
| Absolute Monocytes                                 | 292.0          | 200-1000 /cmm               | Calculated         |
| Neutrophils  | 64.4           | 40-80 %                     |                    |
| Absolute Neutrophils                               | 4701.2         | 2000-7000 /cmm              | Calculated         |
| Eosinophils  | 1.2            | 1-6 %                       |                    |
| Absolute Eosinophils                               | 87.6           | 20-500 /cmm                 | Calculated         |
| Basophils  | 0.0            | 0.1-2 %                     |                    |
| Absolute Basophils                                 | 0.0            | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes                                | -              |                             |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

|                |        |                    |                  |
|----------------|--------|--------------------|------------------|
| Platelet Count | 270000 | 150000-400000 /cmm | Elect. Impedance |
| MPV            | 9.1    | 6-11 fl            | Calculated       |
| PDW            | 16.5   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY**

|              |            |
|--------------|------------|
| Hypochromia  | Mild       |
| Microcytosis | Occasional |
| Macrocytosis | -          |



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Reported : 27-Nov-2021 / 11:12

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 11 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE   | METHOD                                      |
|--|---------|--|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 91.5    | 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/R | 177.3   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >= 200 mg/dl | Hexokinase                                  |
| BILIRUBIN (TOTAL), Serum                 | 0.45    | 0.1-1.2 mg/dl  | Diazo                                       |
| BILIRUBIN (DIRECT), Serum                | 0.24    | 0-0.3 mg/dl  | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum              | 0.21    | 0.1-1.0 mg/dl  | Calculated                                  |
| SGOT (AST), Serum                        | 19.5    | 5-32 U/L   | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum                        | 12.4    | 5-33 U/L   | IFCC without pyridoxal phosphate activation |
| ALKALINE PHOSPHATASE, Serum              | 54.5    | 35-105 U/L   | PNPP  |
| BLOOD UREA, Serum                        | 24      | 12.8-42.8 mg/dl  | Urease & GLDH                               |
| BUN, Serum                               | 11.2    | 6-20 mg/dl   | Calculated                                  |
| CREATININE, Serum                        | 0.64    | 0.51-0.95 mg/dl  | Enzymatic                                   |
| eGFR, Serum                              | 110     | >60 ml/min/1.73sqm   | Calculated                                  |
| URIC ACID, Serum                         | 4.0     | 2.4-5.7 mg/dl  | Uricase                                     |

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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 17:47

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**MICROALBUMINURIA**

| PARAMETER   | RESULTS       | BIOLOGICAL REF RANGE   | METHOD           |
|---|---------------|--|------------------|
| Specimen Type, Urine                                    | Random sample |  |                  |
| URINARY MICROALBUMIN, Urine                             | 56.8 mg/l     |  | Imm.Turbidimetry |
| URINARY CREATININE, Urine                               | 365.62 mg/dl  |  | Enzymatic        |
| URINARY MICROALBUMIN TO URINARY CREATININE RATIO, Urine | 15.5          | Spot Collection (mg/g Creatinine)<br>1) Normal < 30<br>2) Microalbuminuria 30 - 300<br>3) Clinical Albuminuria > 300 | Calculated       |

Method: Fully Automated Immunoturbidimetric Assay

- 1) Microalbuminuria is a reliable risk indicator for renal and cardiovascular disorders in diabetes and hypertension.
- 2) Microalbuminuria precedes and is highly predictive of diabetic nephropathy and end-stage renal disease.
- 3) By measuring Microalbuminuria one can monitor the patients response to the chosen line of therapy.

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



MC-2111

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

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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 17:47

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

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE  | METHOD     |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.3     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >= 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 105.4   | mg/dl   | Calculated |

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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MC-2111

*Signature*

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Pathologist





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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 14:29

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

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

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MC-2427



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**Dr.AMIT TAORI**  
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Pathologist



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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 12:40

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

| PARAMETER                      | RESULTS      | BIOLOGICAL REF RANGE | METHOD             |
|--------------------------------|--------------|----------------------|--------------------|
| <b>PHYSICAL EXAMINATION</b>    |              |                      |                    |
| Color                          | Pale yellow  | Pale Yellow          | -                  |
| Reaction (pH)                  | Acidic (5.0) | 4.5 - 8.0            | Chemical Indicator |
| Specific Gravity               | 1.020        | 1.010-1.030          | Chemical Indicator |
| Transparency                   | Clear        | Clear                | -                  |
| Volume (ml)                    | 10           | -                    | -                  |
| <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      | 1-2          | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Absent       | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 2-3          |                      |                    |
| Casts                          | Absent       | Absent               |                    |
| Crystals                       | Absent       | Absent               |                    |
| Amorphous debris               | Absent       | Absent               |                    |
| Bacteria / hpf                 | 1-2          | Less than 20/hpf     |                    |

Note - Sample Quantity is less than 12 ml

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M.D ( Path )  
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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 13:11

**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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**

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

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



MC-2427



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Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 12:35

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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 137.2   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | Enzymatic                                |
| TRIGLYCERIDES, Serum             | 46.8    | 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           | 62.3    | 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       | 74.9    | 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           | 66.0    | 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 | Homogeneous enzymatic colorimetric assay |
| VLDL CHOLESTEROL, Serum          | 8.9     | < / = 30 mg/dl  | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 2.2     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.1     | 0-3.5 Ratio   | Calculated                               |

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2021 / 10:13  
Reported : 27-Nov-2021 / 12:03

**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      | 4.7            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 16.9           | 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 | 2.84           | 0.35-5.5 microlU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0   | ECLIA         |



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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 5.5 to 15 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:**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.

**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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Ami Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



**CID** : 2133133617  
**Name** : Mrs ASMITA VAHULRAJE  
**Age / Sex** : 38 Years/Female  
**Ref. Dr** :  
**Reg.Location** : G B Road, Thane West Main Centre

**Reg. Date** : 27-Nov-2021 / 12:04

**Report Date** : 27-Nov-2021 / 14:08

**Printed** : 27-Nov-2021 / 14:08

**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-----

*G. R. Fartade*  
Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist



CID : 2133133617  
Name : Mrs ASMITA VAHULRAJE  
Age / Sex : 38 Years/Female  
Ref. Dr :  
Reg.Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2021 / 11:50  
Report Date : 27-Nov-2021 / 11:52  
Printed : 27-Nov-2021 / 11:52

### USG WHOLE ABDOMEN

**LIVER:** Liver appears enlarged in size (16.1cm) and shows normal homogeneous echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Visualised head and body of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 9.9 x 3.6 cm. Left kidney measures 10.6 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is retroverted and measures 7.3 x 4.6 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.5 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE MUMBAI: 022-4170-0000 | OTHER CITIES: 1800-266-4343  
<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021112710081116> Page 1 of 2

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CID : 2133133617  
Name : Mrs ASMITA VAHULRAJE  
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Reg. Date : 27-Nov-2021 / 11:50  
Report Date : 27-Nov-2021 / 11:52  
Printed : 27-Nov-2021 / 11:52

**IMPRESSION:**

- HEPATOMEGALY.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

**Advice: Clinical co-relation and further evaluation.**

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

*D Patil*

Dr. Devendra Patil  
MBBS, MD ( Radio-Diagnosis)  
Consultant Radiologist  
MMC - 2013/02/0165

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

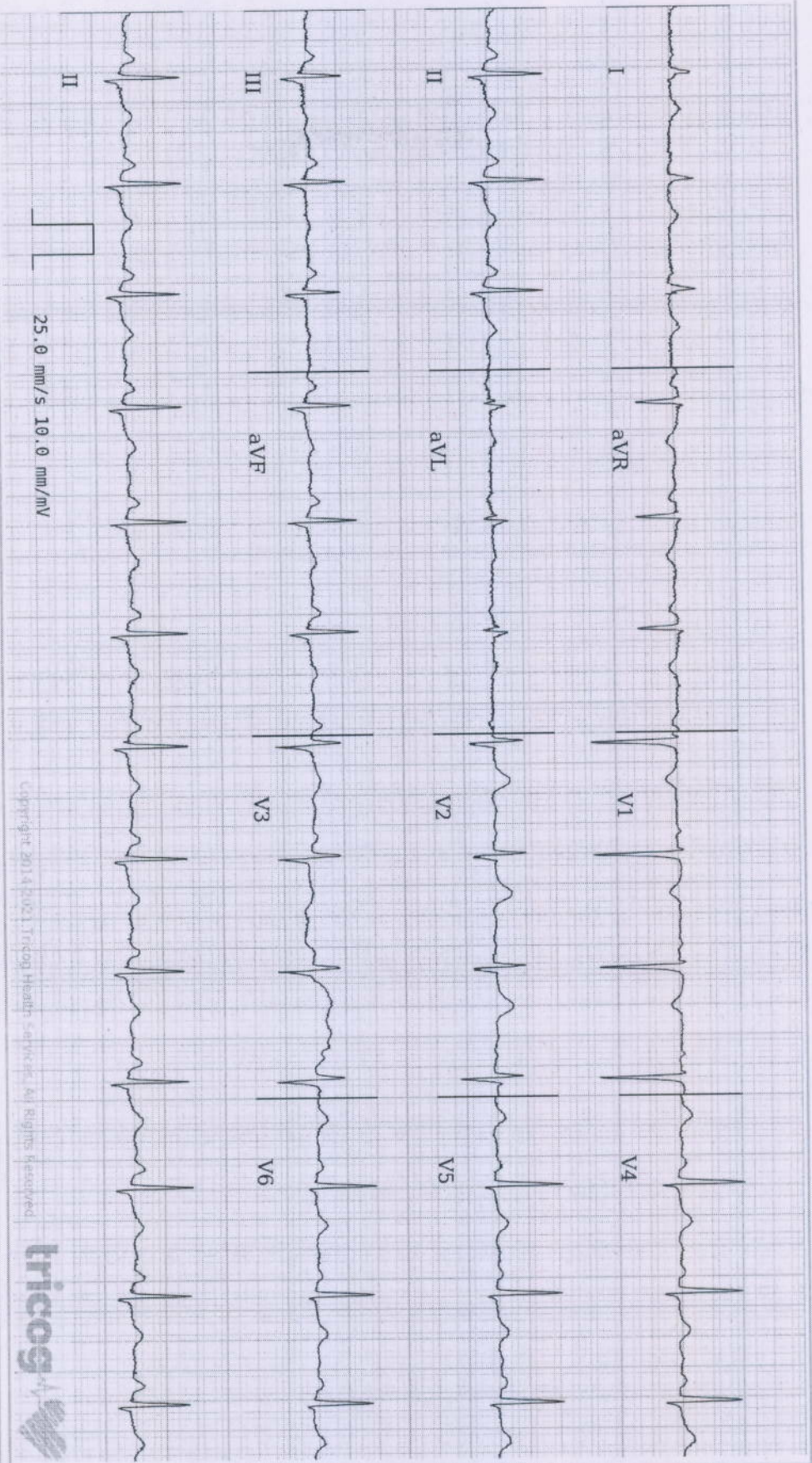
HEALTHLINE MUMBAI: 022-4176-0000 | OTHER CITIES: 1800-266-4343  
<http://202.143.96.162/suburban/viewer?viewerType=3&AccessionNo=2021112710081116> Page 2 of 2

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Patient Name: **ASMITA VAHULRAJE**

Date and Time: **27th Nov 21 12:36 PM**

Patient ID: **2133133617**



Age **38** 2 **23**  
years months days

Gender **Female**

Heart Rate **82 bpm**

**Patient Vitals**

BP: **110/80 mmHg**

Weight: **46 kg**

Height: **159 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others: \_\_\_\_\_

**Measurements**

QSRD: **80 ms**

QT: **388 ms**

QTc: **453 ms**

PR: **136 ms**

P-R-T: **75° 55° 55°**

REPORTED BY

**DR SHAILAJA PILLAI**

MBBS, MD Physician

MD Physician

49972

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. 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.

## suburban diagnostic GB road

**Patient Details**

Date: 27-Nov-21

Time: 1:26:55 PM

Name: ASMITA VAHULRAJE ID: 2133133617

Age: 38 y

Sex: F

Height: 159 cms.

Weight: 46 Kg.

Clinical History: NIL

Medications: NIL

**Test Details**

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 163 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 17 s

Max. HR: 155 ( 85% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 160 / 80 mmHg

Max. BP x HR: 24800 mmHg/min

Min. BP x HR: 7520 mmHg/min

Test Termination Criteria: Fatigue, Target HR attained

**Protocol Details**

| Stage Name       | Stage Time<br>(min : sec) | Mets | Speed<br>(mph) | Grade<br>(%) | Heart<br>Rate<br>(bpm) | Max. BP<br>(mm/Hg) | Max. ST<br>Level<br>(mm) | Max. ST<br>Slope<br>(mV/s) |
|------------------|---------------------------|------|----------------|--------------|------------------------|--------------------|--------------------------|----------------------------|
| Supine           | 0 : 28                    | 1.0  | 0              | 0            | 94                     | 130 / 80           | -0.64 II                 | 1.06 III                   |
| Standing         | 0 : 2                     | 1.0  | 0              | 0            | 94                     | 130 / 80           | -0.64 II                 | 0.71 II                    |
| Hyperventilation | 0 : 2                     | 1.0  | 0              | 0            | 94                     | 130 / 80           | -0.64 II                 | 0.71 II                    |
| 1                | 3 : 0                     | 4.6  | 1.7            | 10           | 123                    | 140 / 80           | -2.12 V5                 | 2.83 II                    |
| 2                | 3 : 0                     | 7.0  | 2.5            | 12           | 150                    | 150 / 80           | -1.49 III                | 3.18 II                    |
| Peak Ex          | 0 : 17                    | 10.2 | 3.4            | 14           | 155                    | 160 / 80           | -2.12 aVR                | 3.89 II                    |
| Recovery(1)      | 1 : 0                     | 1.8  | 1              | 0            | 137                    | 160 / 80           | -0.85 III                | 3.18 II                    |
| Recovery(2)      | 1 : 0                     | 1.0  | 0              | 0            | 119                    | 160 / 80           | -0.64 aVR                | 3.18 II                    |
| Recovery(3)      | 1 : 0                     | 1.0  | 0              | 0            | 111                    | 160 / 80           | -0.42 III                | 2.48 II                    |
| Recovery(4)      | 1 : 0                     | 1.0  | 0              | 0            | 110                    | 160 / 80           | -0.64 II                 | 1.77 II                    |
| Recovery(5)      | 0 : 20                    | 1.0  | 0              | 0            | 111                    | 130 / 80           | -0.64 II                 | 1.77 II                    |

**Interpretation**

The patient exercised according to the Bruce protocol for 6 m 17 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 94 bpm, rose to a max. heart rate of 155 ( 85% of Pr.MHR ) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg., Negative Stress Test, Good effort tolerance normal chronotropic and inotropic response no angina/arrhythmia.No significant STT changes from baseline. Basic ECG Incomplete RBBB

Disclaimer:Negative stress test does not rule out coronary artery disease.Positive stress test is suggestive of but not confirmatory off coronary artery disease.Hence overall cardiological correlation is mandatory.

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.MO 49972**

Ref. Doctor: -----

( Summary Report edited by user )

Doctor: DR.SHAILAJA PILLAI

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



ASMITA VAHULRAJE (38 F)

Protocol: Bruce

ID: 2133133617  
Stage: Supine

Date: 27-Nov-21  
Speed: 0 mph

Exec Time : 0 m 0 s  
Grade: 0 %

Stage Time : 0 m 28 s  
(THR: 163 bpm)

HR: 94 bpm  
B.P: 130/80

Suburban diagnostic GB road

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

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

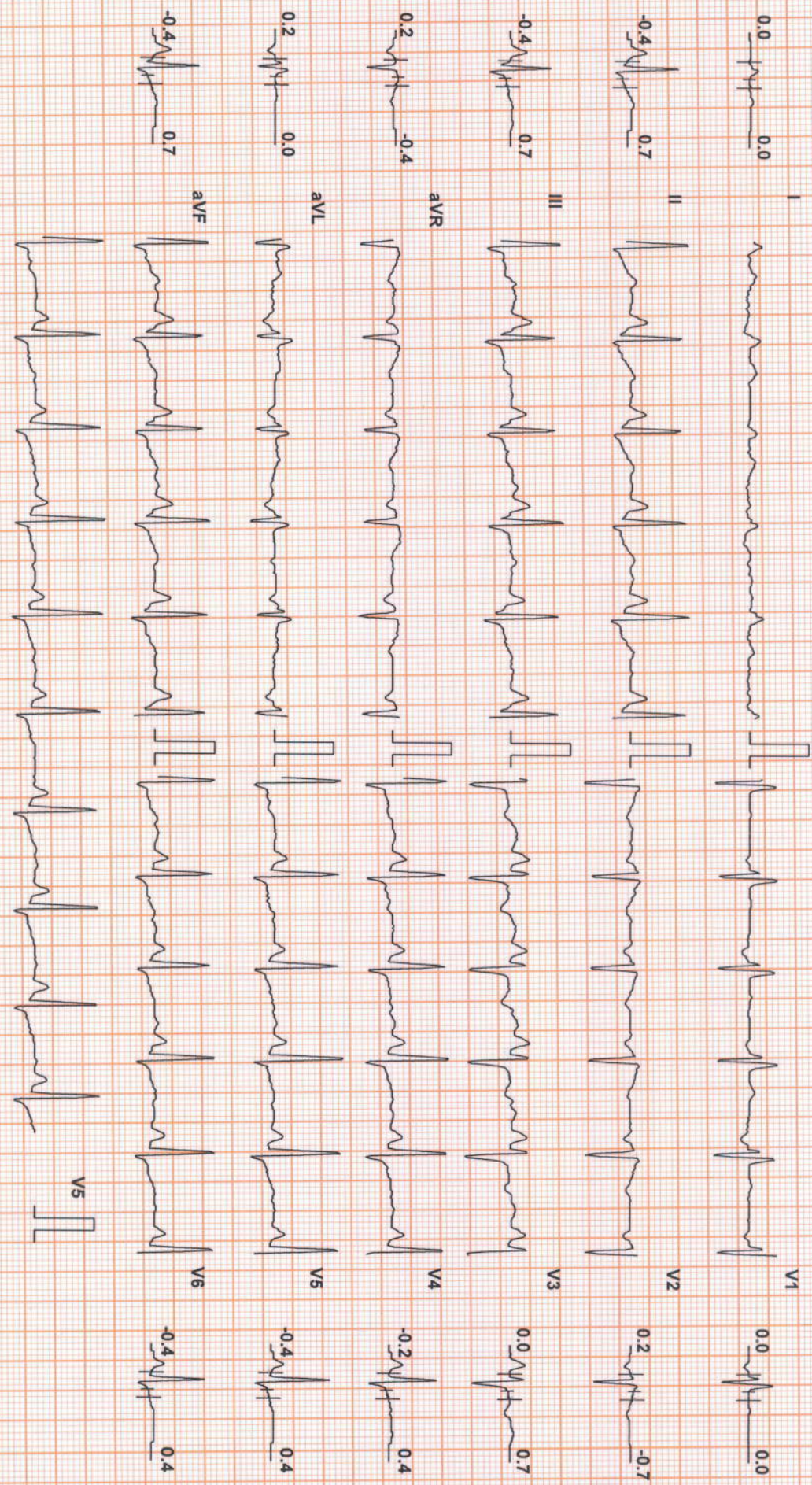


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Schiller Spandon V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



ASMITA VAHULRAJE (38 F)

Suburban diagnostic GB road

ID: 2133133617

Date: 27-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 94 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 130 / 80

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

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

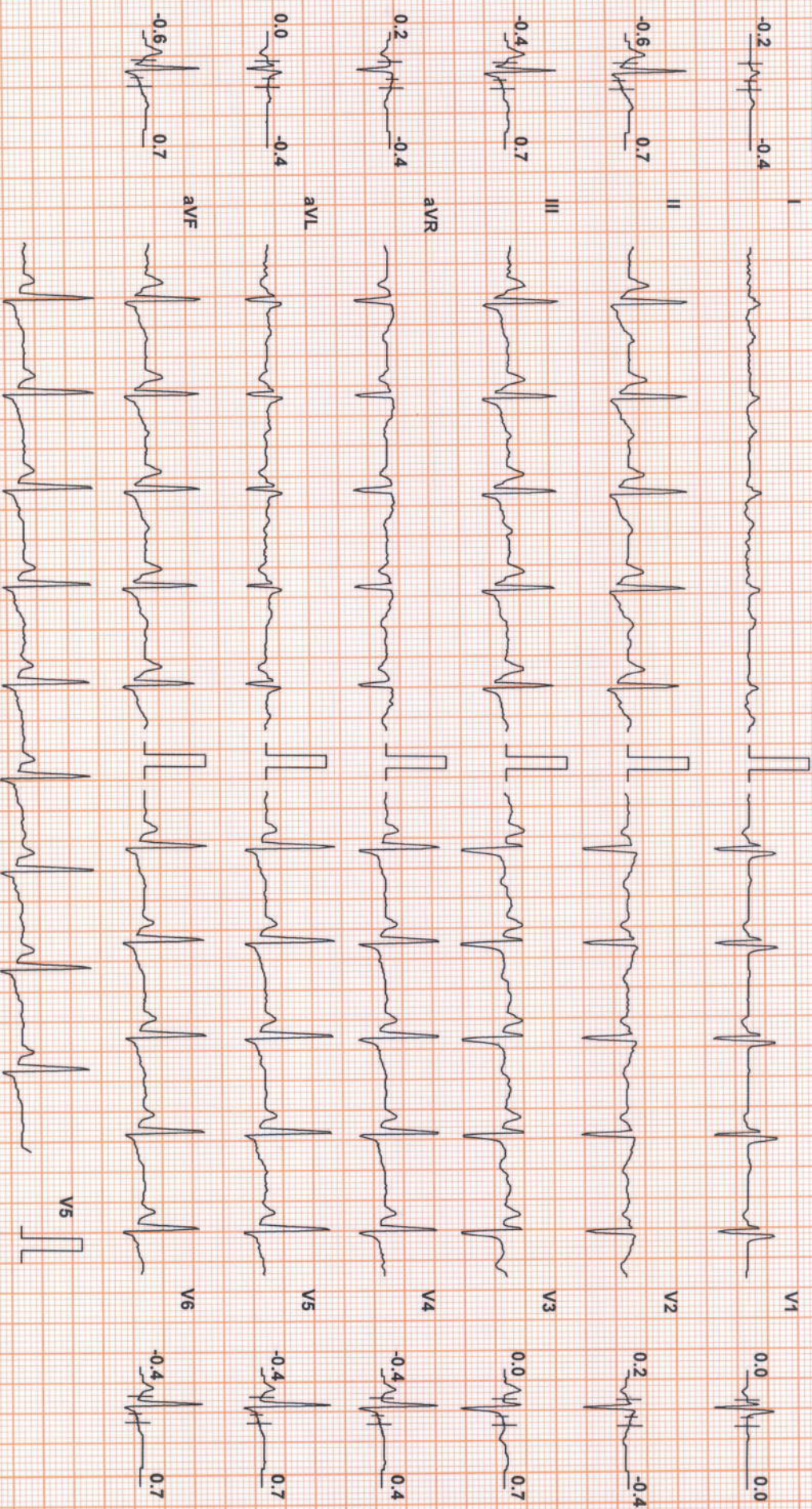


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Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



ASMITA VAHULRAJE (38 F)

Protocol: Bruce

ID: 2133133617

Date: 27-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 94 bpm

suburban diagnostic GB road

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P: 130/80

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

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

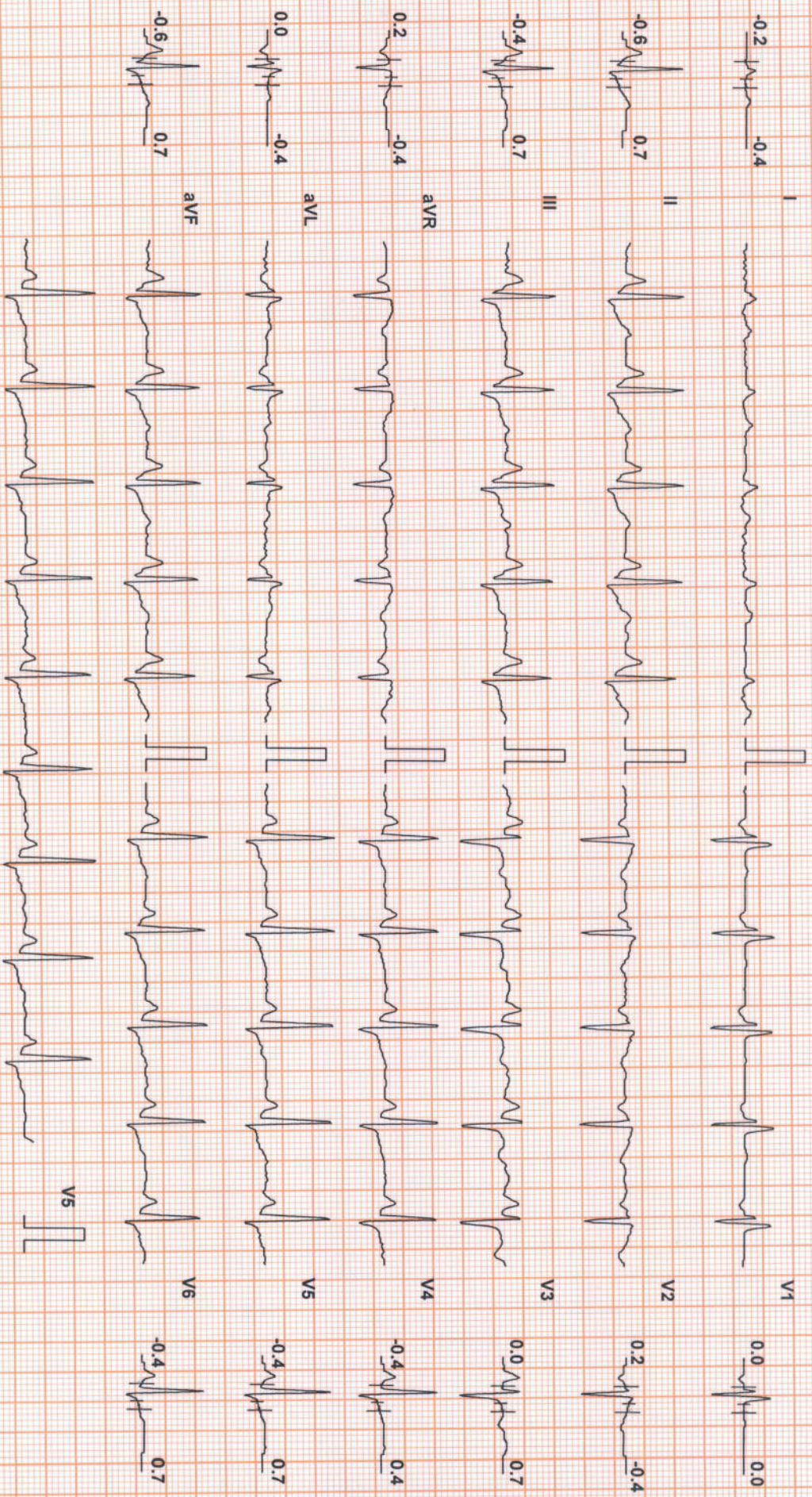


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



# Suburban diagnostic GB road

ASMITA VAHULRAJE (38 F) ID: 2133133617 Date: 27-Nov-21 Exec Time : 3 m 0 s Stage Time : 3 m 0 s HR: 123 bpm

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 163 bpm) B:P: 140/80

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

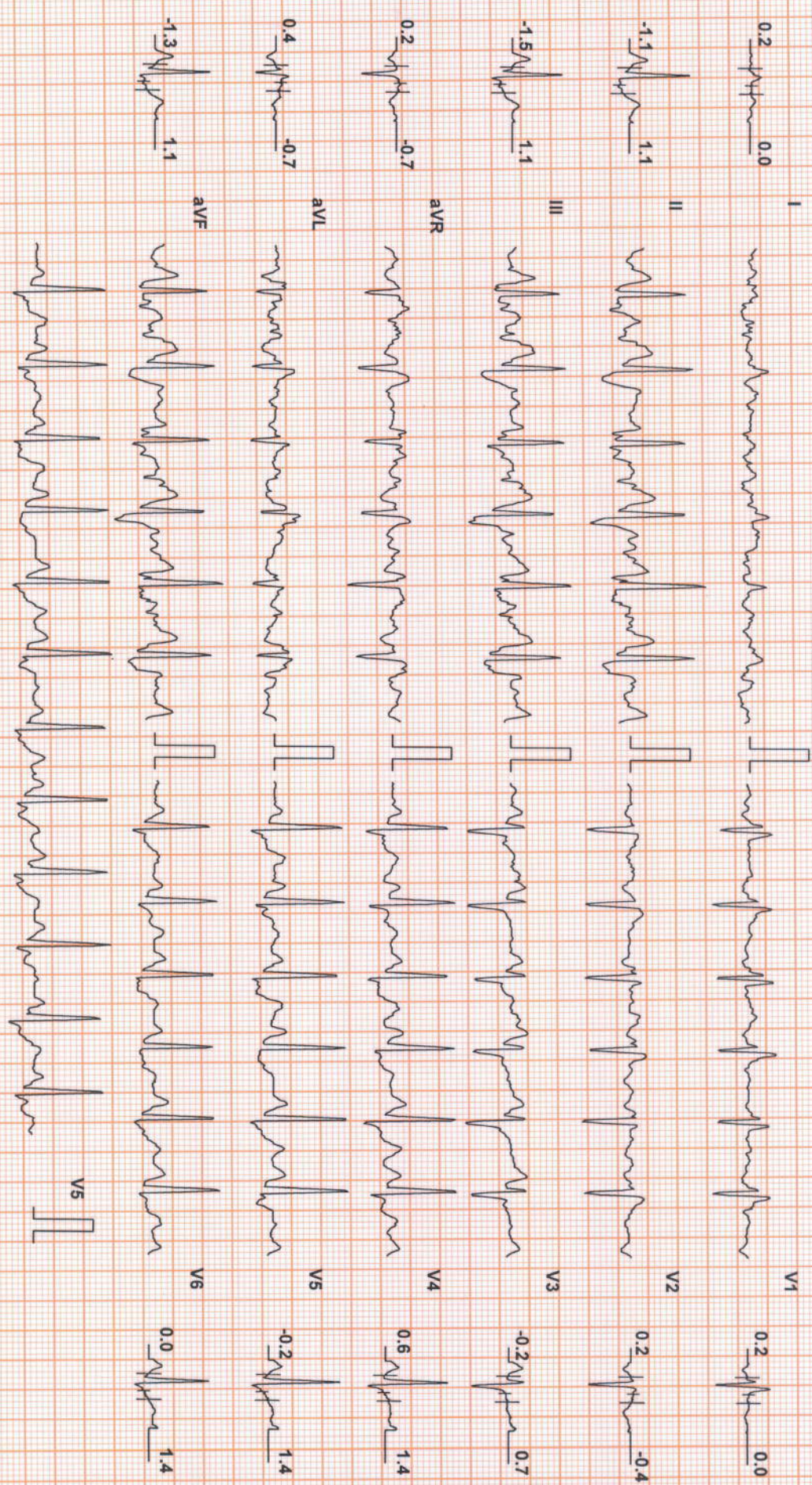


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms  
 Schiller Spanden V 4.7



ASMITA VAHULRAJE (38 F)

suburban diagnostic GB road

Protocol: Bruce

ID: 2133133617

Date: 27-Nov-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 150 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P: 150 / 80

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

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

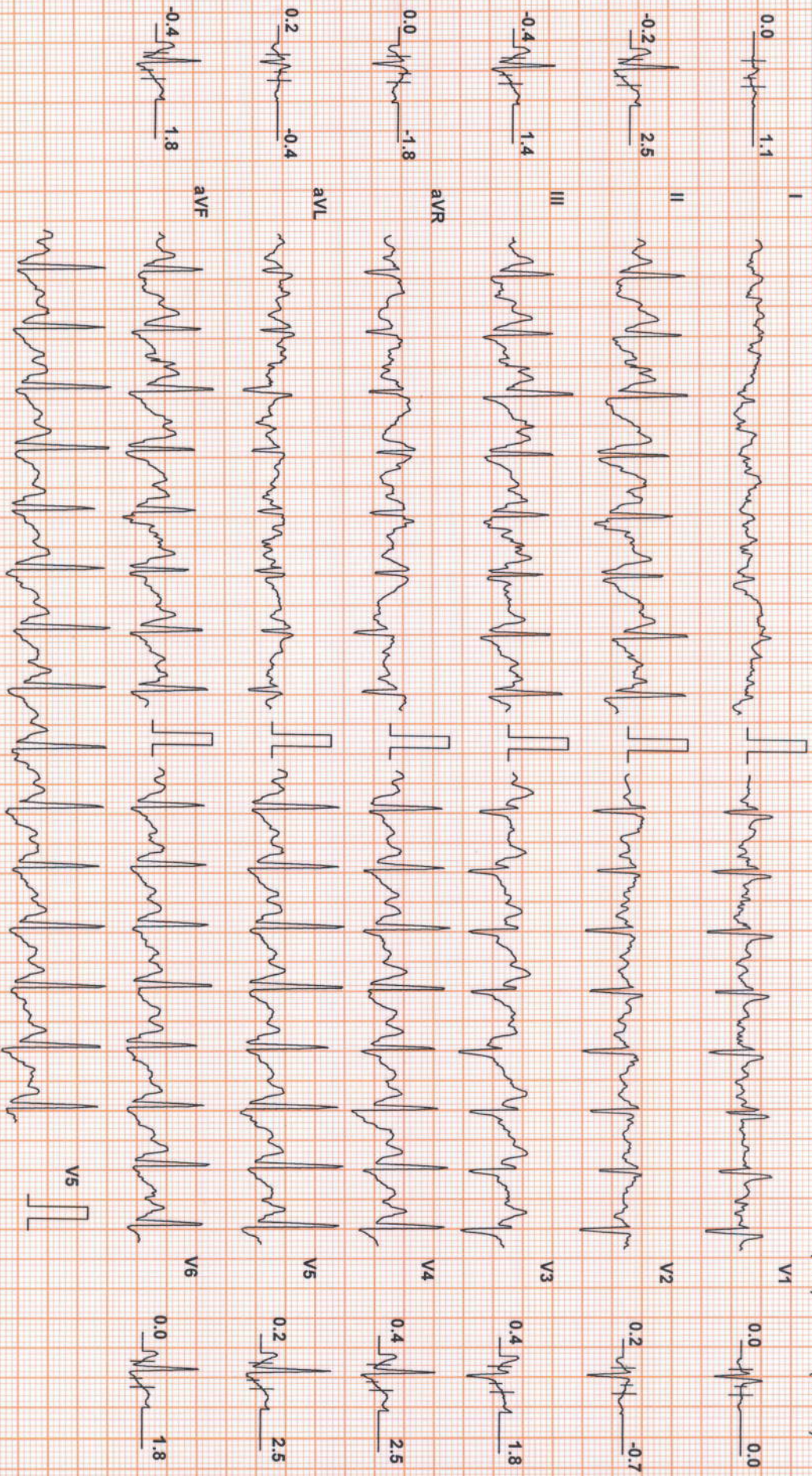


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





ASMITA VAHULRAJE (38 F)

Suburban diagnostic GB road

Protocol: Bruce

ID: 2133133617

Date: 27-Nov-21 Exec Time : 6 m 17 s Stage Time : 0 m 17 s HR: 155 bpm

Stage: Peak Ex

Speed: 3.4 mph Grade: 14 %

(THR: 163 bpm)

B-P: 160 / 80

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

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

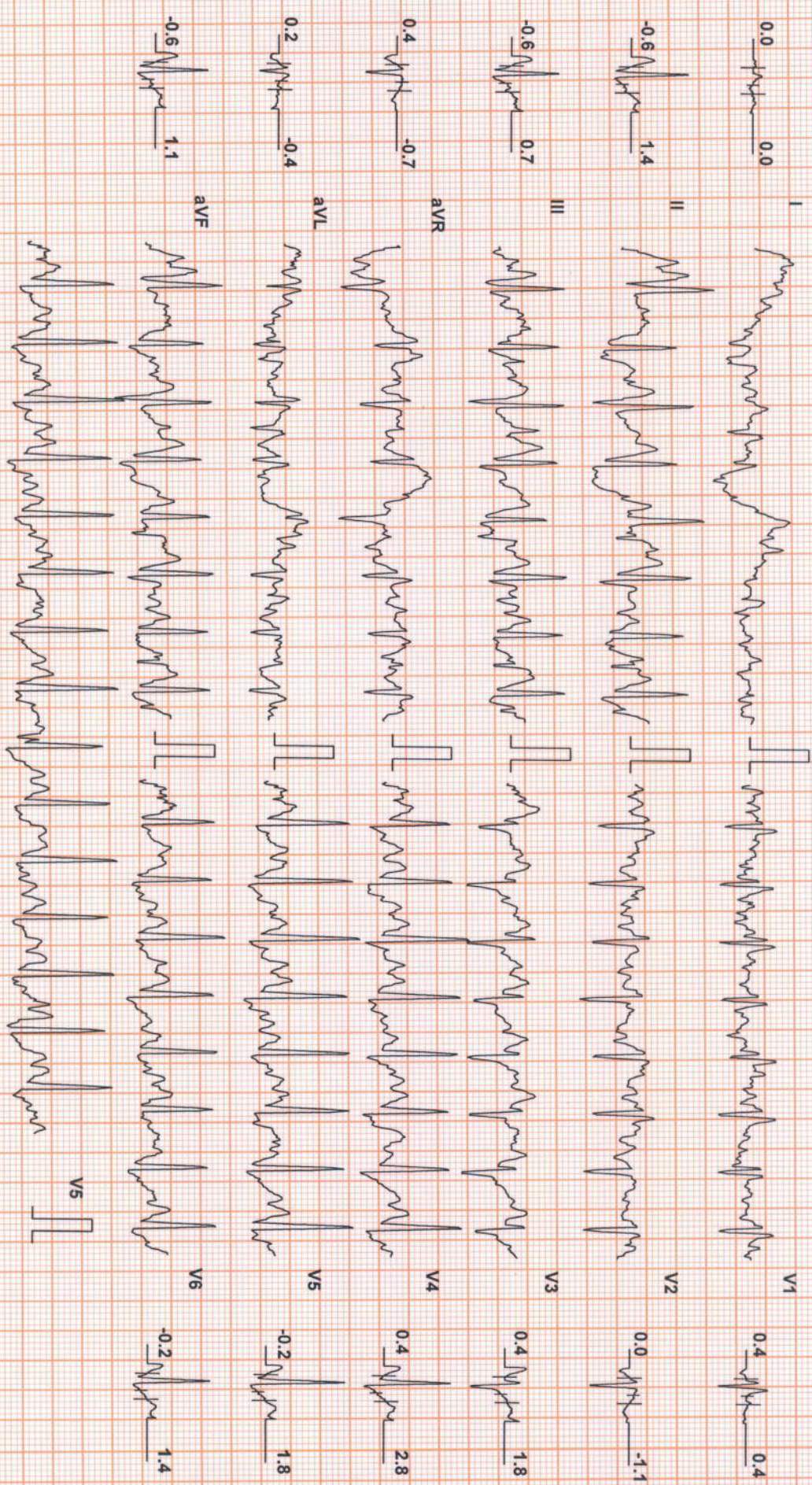


Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



# suburban diagnostic GB road

ASMITA VAHULRAJE (38 F)

ID: 2133133617

Date: 27-Nov-21

Exec Time : 6 m 17 s Stage Time : 1 m 0 s

HR: 137 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

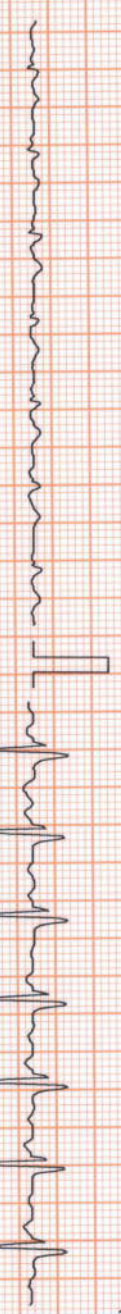
(THR: 163 bpm)

B.P: 160 / 80

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

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

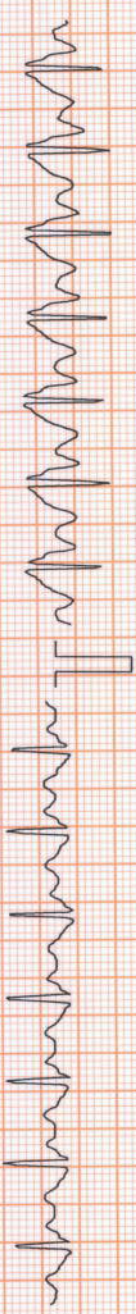
0.2 0.4



0.0 0.0

II

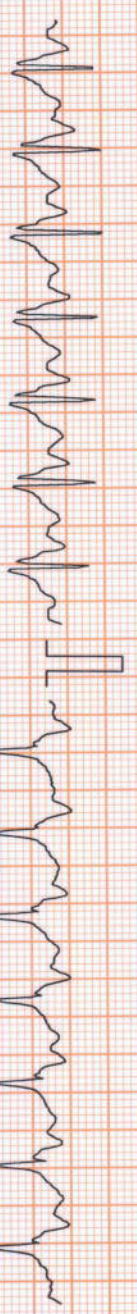
1.1 2.8



-0.4 -1.4

III

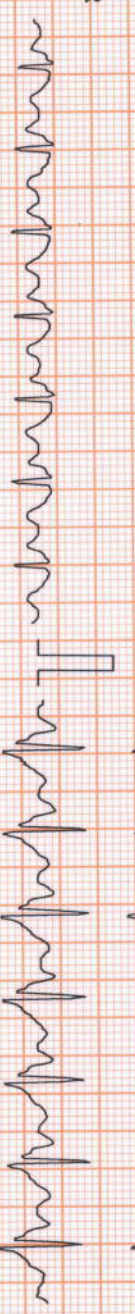
0.6 2.1



0.8 1.4

aVR

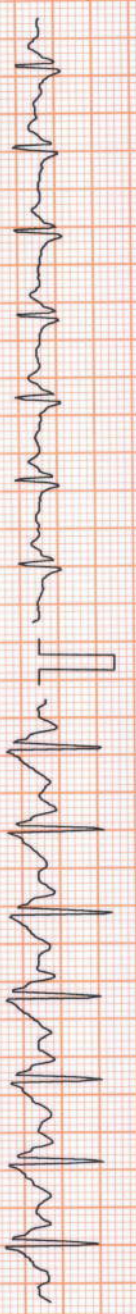
-0.6 -1.8



1.1 2.1

aVL

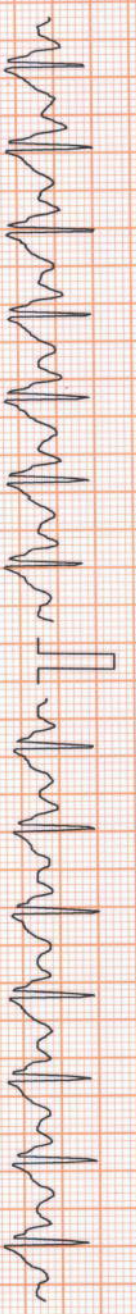
0.0 -0.4



1.1 2.5

aVF

0.8 2.5



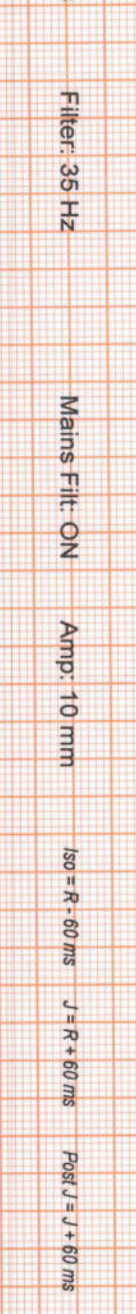
1.1 2.5

V5



1.1 2.5

V6



1.1 2.5

Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



ASMITA VAHULRAJE (38 F)

suburban diagnostic GB road

Protocol: Bruce

ID: 2133133617

Date: 27-Nov-21

Exec Time : 6 m 17 s Stage Time : 1 m 0 s

HR: 119 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160 / 80

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

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

0.2 0.4

0.0 0.0

0.6 2.5

-0.2 -1.1

0.4 1.8

0.6 1.4

-0.4 -1.4

0.6 1.8

0.0 -0.7

0.4 2.1

0.4 2.1

0.2 1.4

Chart Speed: 25 mm/sec  
Schlier Spandan V 4.7

Filter: 35 Hz

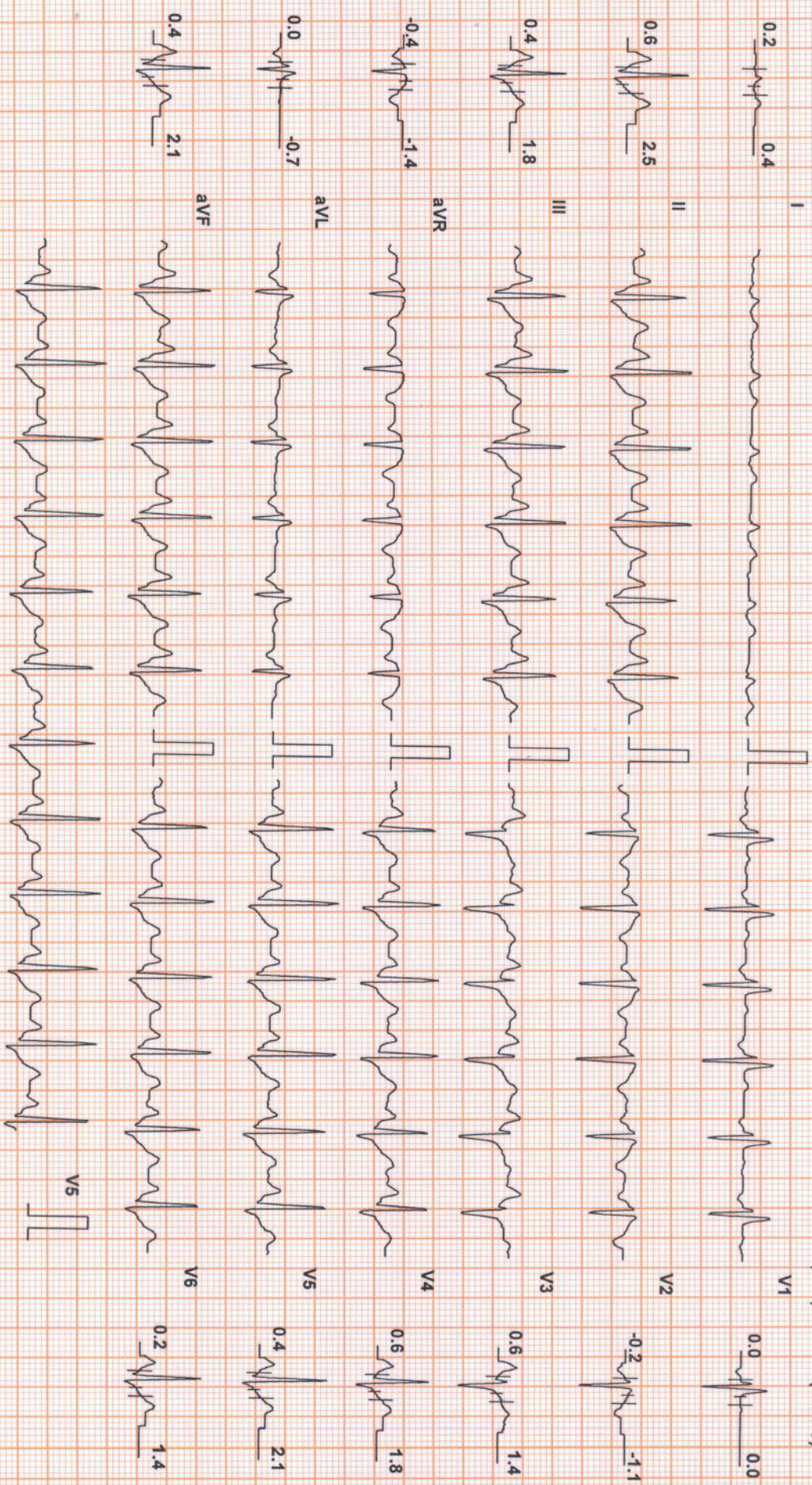
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Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms





**ASMITA VAHULRAJE (38 F)**

**suburban diagnostic GB road**

ID: 2133133617

Date: 27-Nov-21

Exec Time : 6 m 17 s Stage Time : 1 m 0 s

HR: 111 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

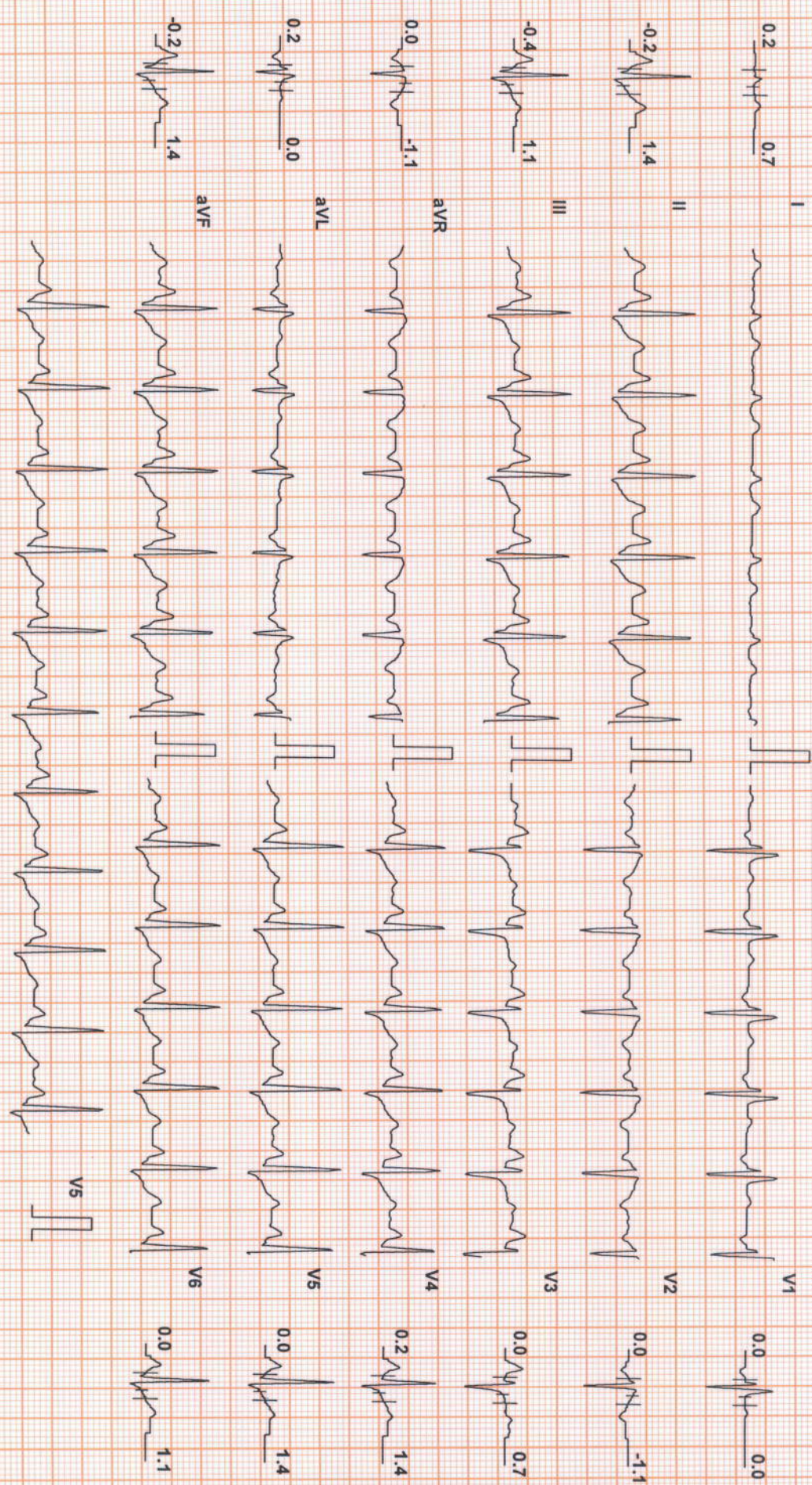


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Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R + 60 ms

J = R + 80 ms

Post J = J + 60 ms



ASMITA VAHULRAJE (38 F)

ID: 2133133617

Date: 27-Nov-21

Exec Time : 6 m 17 s Stage Time : 1 m 0 s

HR: 110 bpm

suburban diagnostic GB road

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 160 / 80

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

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

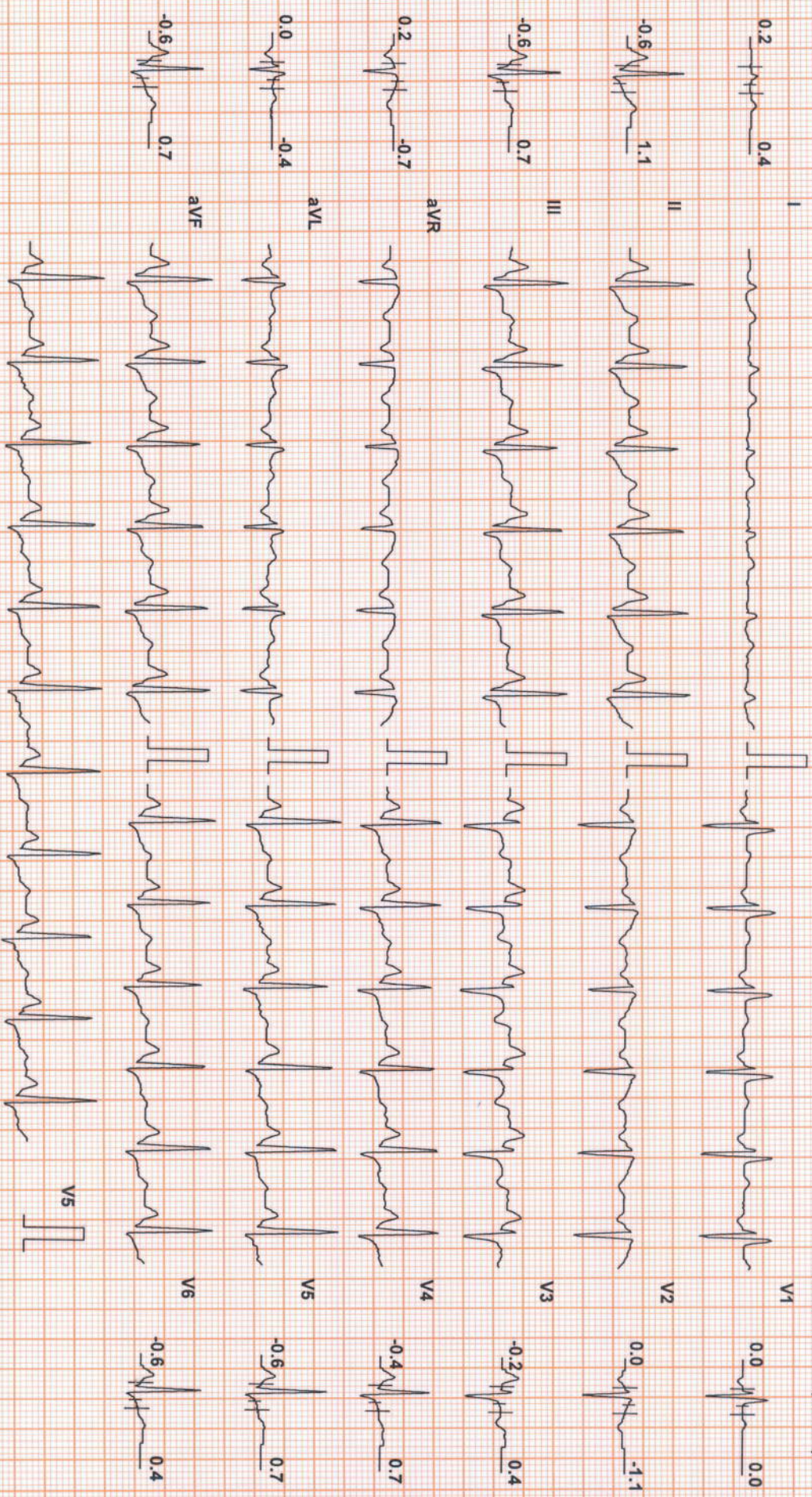


Chart Speed: 25 mm/sec  
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms