

Name: Disha Shah

Sex / Age: 34 / F

CID: 2301420915

Date: 13/1/23

VISION

EYE EXAMINATION

Distance Vision Without Glasses	Right Eye 6/6	Left Eye ^{BHM} 6/6 6/6
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye 2/6	Left Eye 2/6
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION



DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452

CID# : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years/Female
Consulting Dr. :-
Reg.Location : Swargate, Pune (Main Centre)

Collected : 14-Jan-2023 / 08:41
Reported : 14-Jan-2023 / 15:54

PHYSICAL EXAMINATION REPORT

History and Complaints:

FORGETFULNESS

EXAMINATION FINDINGS:

Height (cms):	149cm	Weight (kg):	55kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	104/78mmHG	Nails:	Healthy
Pulse:	85/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No Murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION: *Eck - changes.*

ADVICE:

*— consult family physician
— 2D - Echo
— Ref to cardiologist*

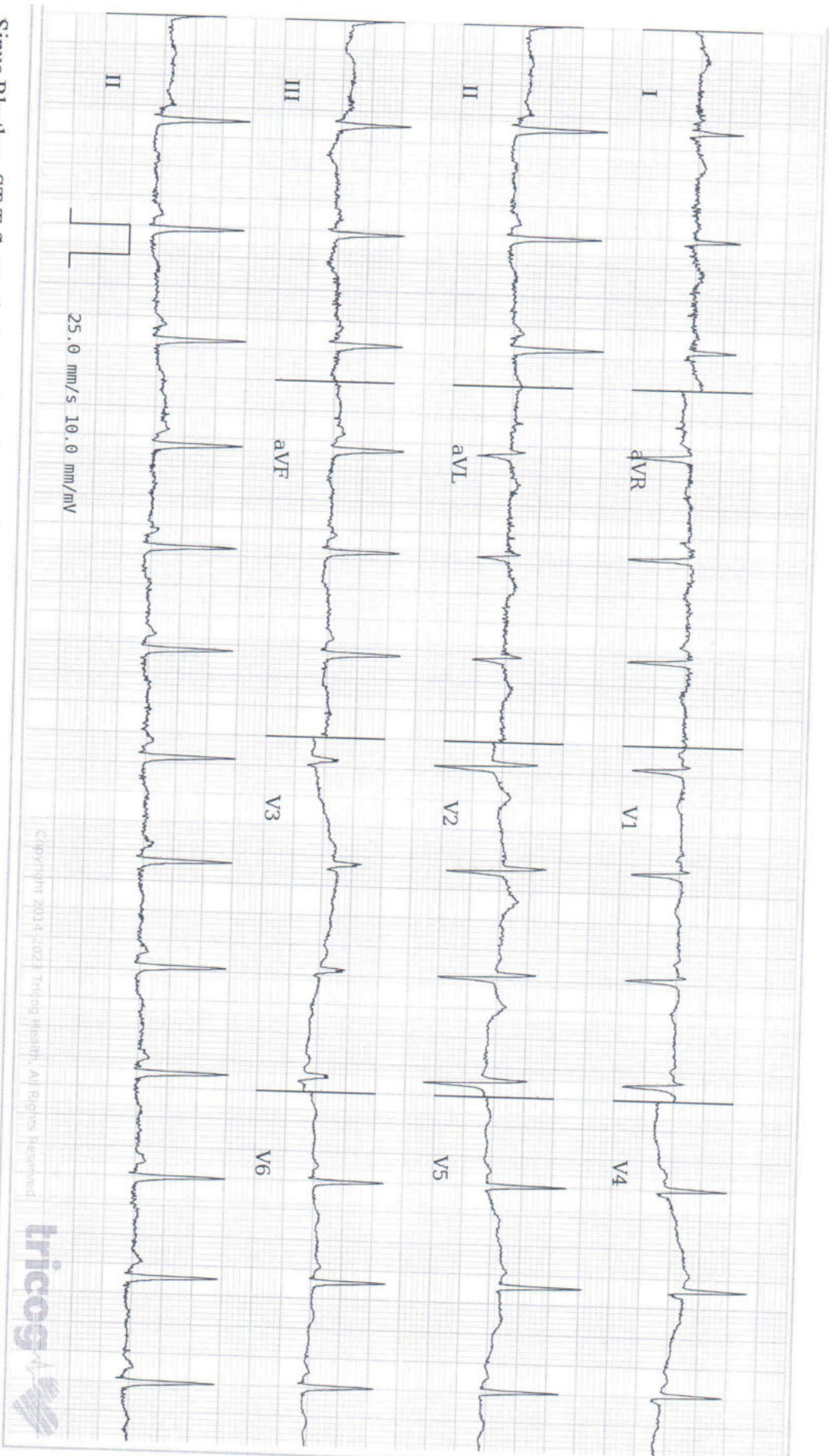
CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD	NO
3) Arrhythmia	NO
4) Diabetes Mellitus	NO
5) Tuberculosis	NO

E
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

Patient Name: DISHA NEERAJ SHAH
Patient ID: 2301420915

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE
Date and Time: 14th Jan 23 9:39 AM



Sinus Rhythm. ST-T flat to depressed in III aVF V3. Please correlate clinically.

REPORTED BY

Age 34 1 25
years months day
Gender Female
Heart Rate 85bpm
Patient Vitals
BP: 104/78 mmHg
Weight: 55 kg
Height: 149 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:
Measurements
QRSD: 76ms
QT: 344ms
QTc: 409ms
PR: 130ms
P-R-T: 78° 68° -8°

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Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

DR ISHWARLAL BAMB
M.B.B.S MD (MEDICINE)
cardiologist
39452

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.

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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	Yes
17) Musculoskeletal System	NO

PERSONAL HISTORY:

1) Alcohol	NO
2) Smoking	NO
3) Diet	Veg
4) Medication	NO

*** End Of Report ***

Dr.I U BAMB

Suburban Diagnostics Center ,Pune

Patient Details

Name: DISHA SHAH ID: 2301420915

Date: 14-Jan-23

Time: 11:32:40 AM

Age: 34 y

Sex: F

Height: 149 cms.

Weight: 55 Kg.

Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce

Pr.MHR: 186 bpm

THR: 167 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 9 s

Max. HR: 160 (86% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

Max. BP x HR: 22400 mmHg/min

Min. BP x HR: 6240 mmHg/min

Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 14	1.0	0	0	83	104 / 78	-0.42 III	0.71 II
Standing	0 : 6	1.0	0	0	91	104 / 78	-0.85 II	0.71 II
Hyperventilation	0 : 7	1.0	0	0	80	104 / 78	-0.85 II	0.71 V4
1	3 : 0	4.6	1.7	10	121	118 / 78	-2.76 II	2.83 II
2	3 : 0	7.0	2.5	12	135	132 / 80	-3.61 II	-3.89 II
Peak Ex	2 : 9	10.2	3.4	14	160	140 / 80	-2.97 III	-2.48 I
Recovery(1)	1 : 0	1.8	1	0	121	140 / 80	-2.76 II	3.18 II
Recovery(2)	1 : 0	1.0	0	0	101	140 / 80	-0.85 III	2.48 II
Recovery(3)	1 : 0	1.0	0	0	92	140 / 80	-1.06 III	1.77 II
Recovery(4)	0 : 58	1.0	0	0	97	140 / 80	-1.06 III	0.71 II

Interpretation

Good Effort Tolerance.

Significant ST T Changes as compared to Baseline.

No Chest Pain / Arrhythmias noted during the test.

Stress Test is borderline Positive For Stress Induced Ischemia

Disclaimer : Negative Stress test dose not rule out coronary artery Diseases

Positive Stress Test is Suggestive but not confirmatory of Coronary Artery Disease.

Hence Clinical Correlation is mandatory.

Adv.:

① Cardiologist opinion

② 2D - Echo

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

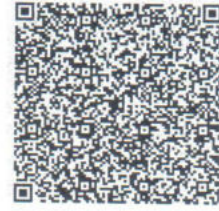
Dr. I. U. BAMB

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Reg. No. 39452

Doctor: I U BAMB

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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code

Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 10:24

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.55	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.8	36-46 %	Calculated
MCV	83	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.7	20-40 %	
Absolute Lymphocytes	2183.5	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	308.0	200-1000 /cmm	Calculated
Neutrophils	53.2	40-80 %	
Absolute Neutrophils	2926.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	82.5	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	236000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time: 0 m 0 s

Stage Time: 0 m 8 s

HR: 85 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P.: 104 / 78

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

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

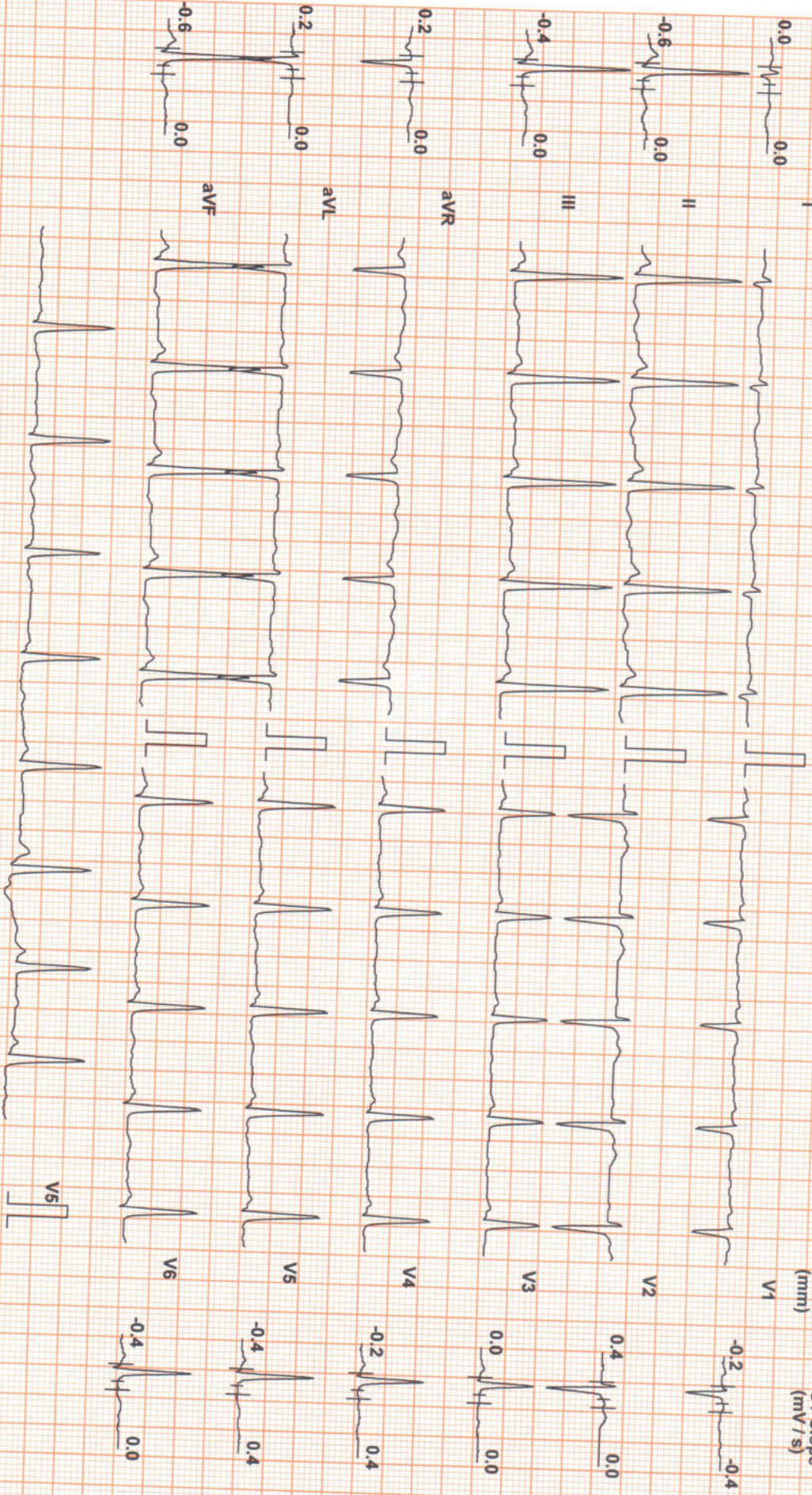


Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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Reported : 14-Jan-2023 / 10:57

RBC MORPHOLOGY


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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 9 2-20 mm at 1 hr. Sedimentation

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




Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



DISHA SHAH (34 F)

Protocol: Bruce

ID: 2301420915

Stage: Standing

Date: 14-Jan-23

Speed: 0 mph

Exec Time : 0 m 0 s

Grade: 0 %

Stage Time : 0 m 0 s

(THR: 167 bpm)

Test Report

HR: 87 bpm

B.P.: 104 / 78

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

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



Chart Speed: 25 mm/sec
Schiller Spenden V4.7

Filter: 35 Hz

Mains Filtr: ON

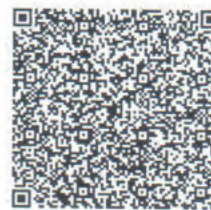
Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 10:57

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	94.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	14.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	54.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	28.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.7	0.51-0.95 mg/dl	Enzymatic

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 82 bpm

ST Level (mm)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 104 / 78

ST Level (mm)

ST Slope (mV/s)

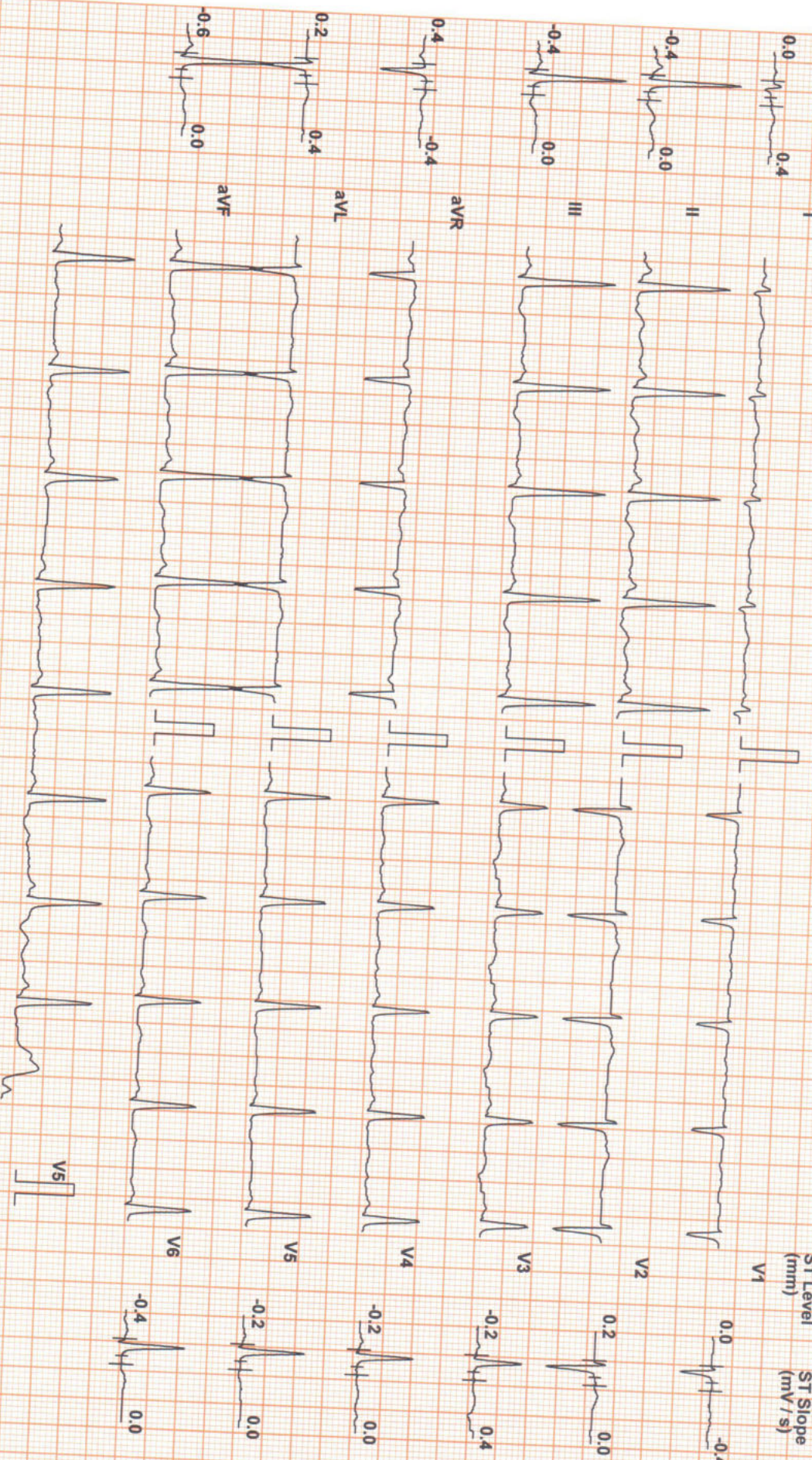


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
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Collected : 14-Jan-2023 / 08:51
Reported : 14-Jan-2023 / 12:52

eGFR, Serum	102	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet -
URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2463



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

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s HR: 120 bpm

Test Report

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

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 167 bpm)

B.P.: 118/78

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

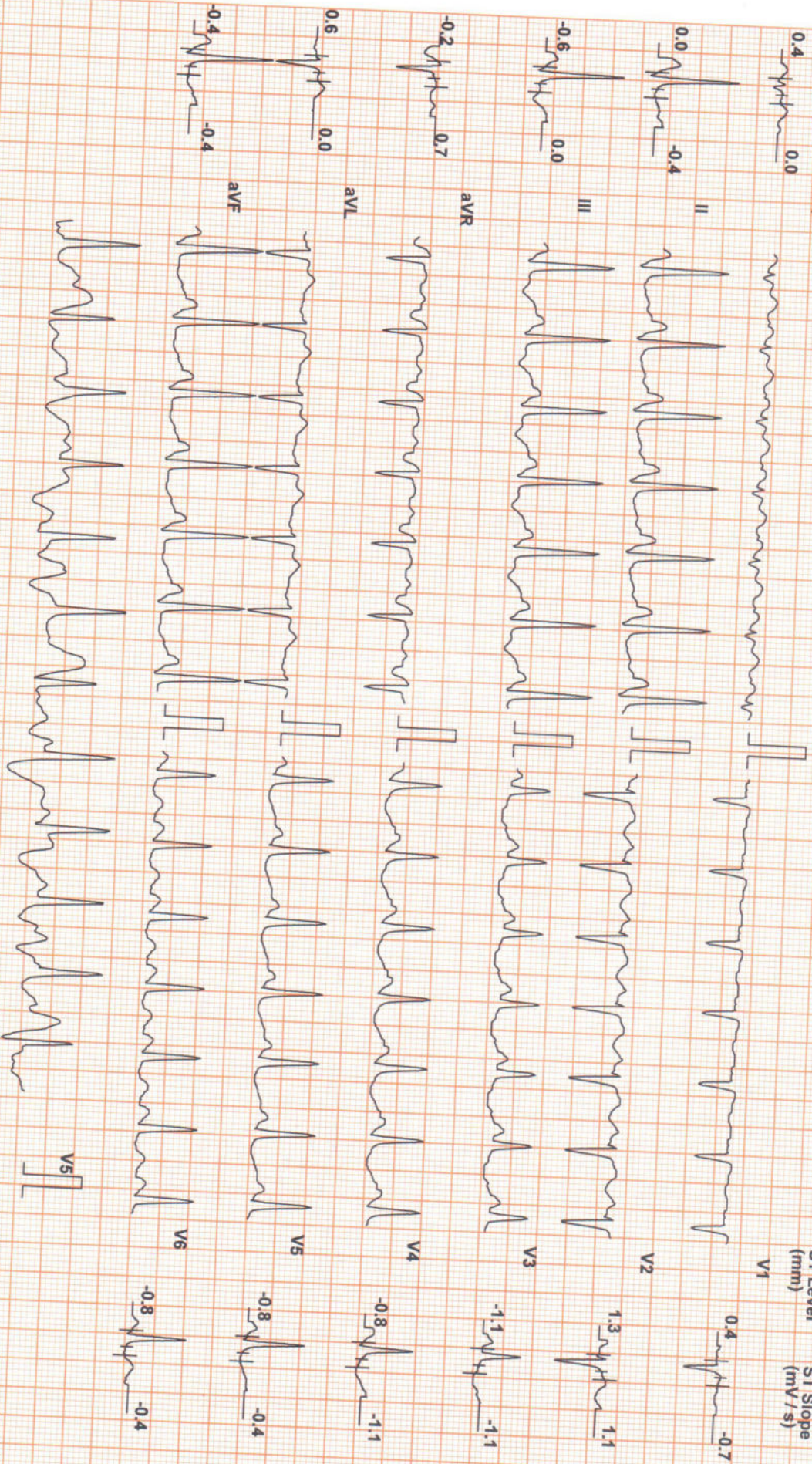


Chart Speed: 25 mm/sec

Schiller Spandau V 4.7

Filter: 35 Hz

Mains Filt: ON

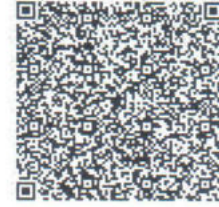
Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 11:14

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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



Shamla Kulkarni
Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 135 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 167 bpm)

B.P: 132 / 80

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

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

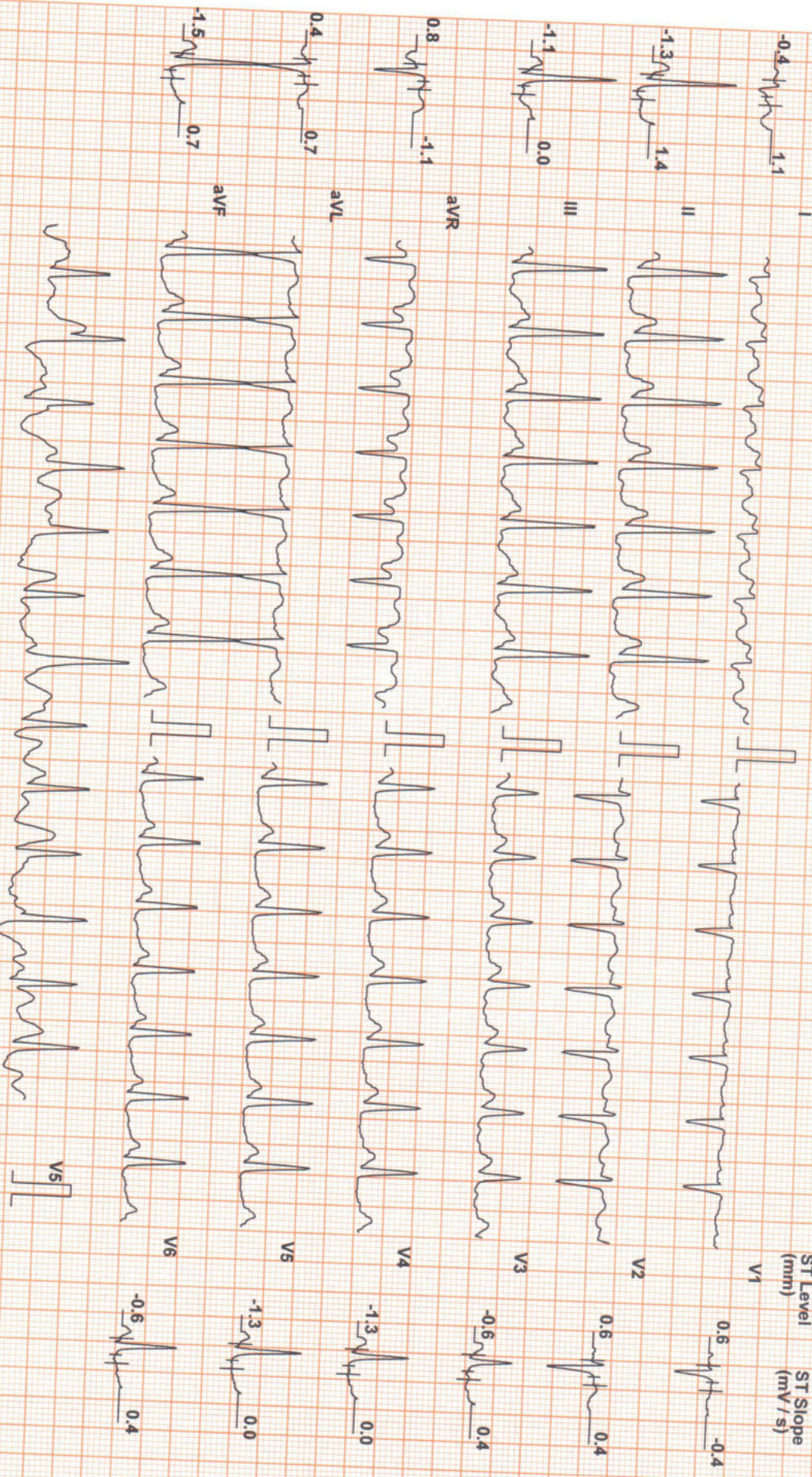


Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Use a QR Code Scanner
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Collected : 14-Jan-2023 / 08:50
Reported : 14-Jan-2023 / 13:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	- -	Absent

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



MC-2463

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

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 8 m 3 s

Stage Time : 2 m 3 s

Test Report

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 167 bpm)

HR: 158 bpm

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

B.P: 140/80

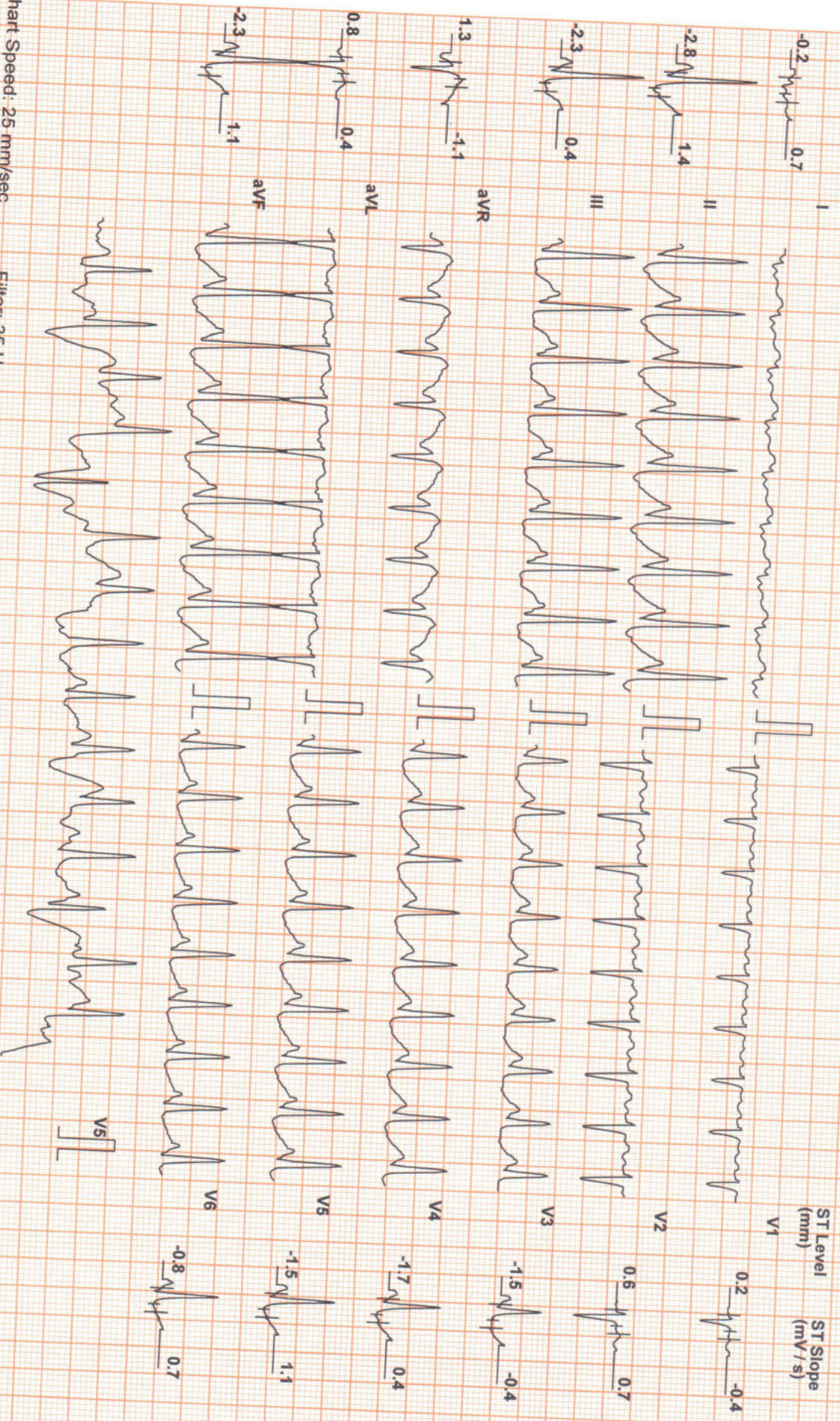


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Post J = J + 60 ms

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Reported : 14-Jan-2023 / 13:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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

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

Reference: Pack insert

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



MC-2463

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

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 8 m 9 s

Stage Time : 0 m 54 s HR: 130 bpm

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

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 167 bpm)

B.P: 140 / 80

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

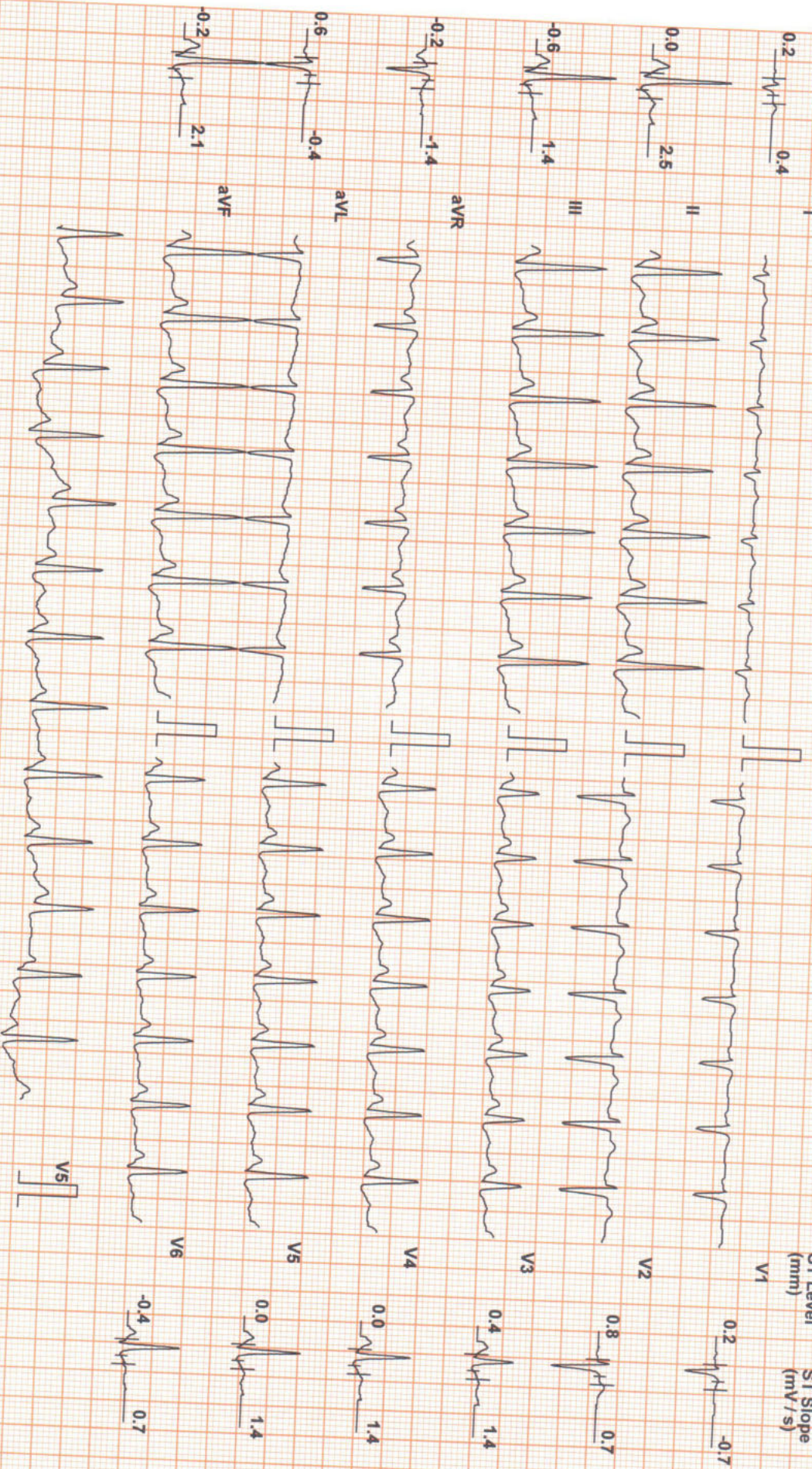


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Linked Median



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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected :
Reported :

*** End Of Report ***

Protocol: Bruce

ID: 2301420915

Date: 14-Jan-23

Exec Time : 8 m 9 s

Stage Time : 0 m 54 s

HR: 105 bpm

B.P.: 140/80

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

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

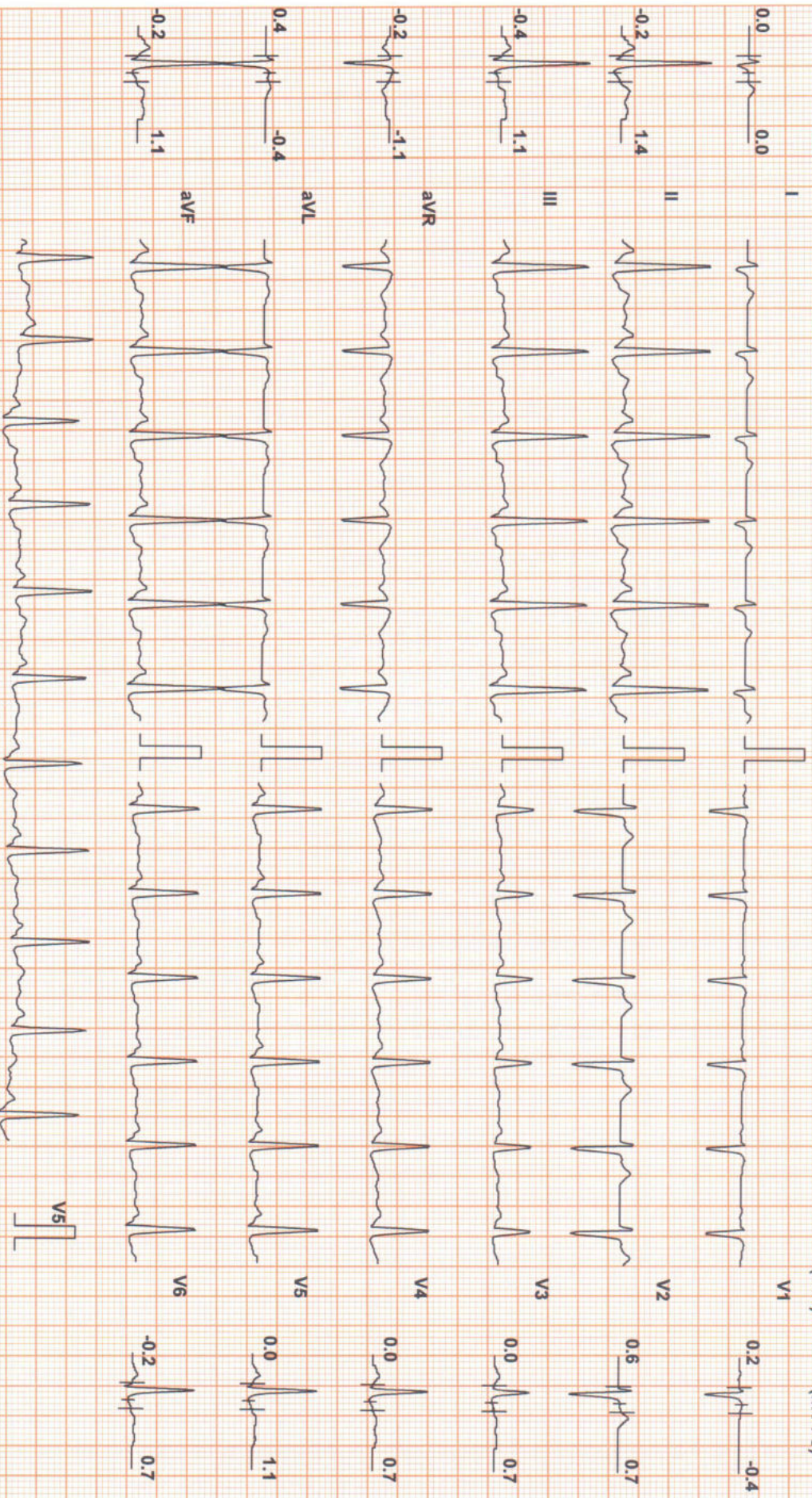


Chart Speed: 25 mm/sec
Schiller Spandem V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 12:27

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Negative

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

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



Shamla Kulkarni
Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

Protocol: Bruce

ID: 23071420915

Date: 14-Jan-23

Exec Time : 8 m 9 s

Stage Time : 0 m 54 s

Test Report

ST Level (mm)

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

HR: 94 bpm

ST Slope (mV/s)

Speed: 0 mph

Grade: 0%

Grade: 0%

(THR: 167 bpm)

B.P.: 140/80

I

II

III

avR

avL

avF

ST Level (mm)

ST Level (mm)

ST Level (mm)

ST Level (mm)

ST Level (mm)

ST Level (mm)

ST Slope (mV/s)

ST Slope (mV/s)

ST Slope (mV/s)

ST Slope (mV/s)

ST Slope (mV/s)

ST Slope (mV/s)

0.0

0.4

0.4

0.4

0.4

0.4

-0.6

1.1

0.7

0.7

0.7

0.7

-0.8

0.7

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0.2

-0.7

-0.7

-0.7

-0.7

-0.7

0.4

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-0.8

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-0.7

-0.7

-0.7

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-0.8

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0.0

-0.8

0.7

0.7

0.7

0.7

0.7

Chart Speed: 25 mm/sec
Schiller Spandam V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 11:09

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	180.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	53.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	51.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	11.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



MC-2463

Shamla Kulkarni

Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

B.P: 140 / 80

ST Level (mm)

ST Slope (mV/s)

0.0

0.2

I

V1

-0.8

0.2

II

V2

-0.8

0.2

III

V3

0.2

-0.4

aVR

V4

0.4

-0.4

aVL

V5

-0.8

-0.4

aVF

V6

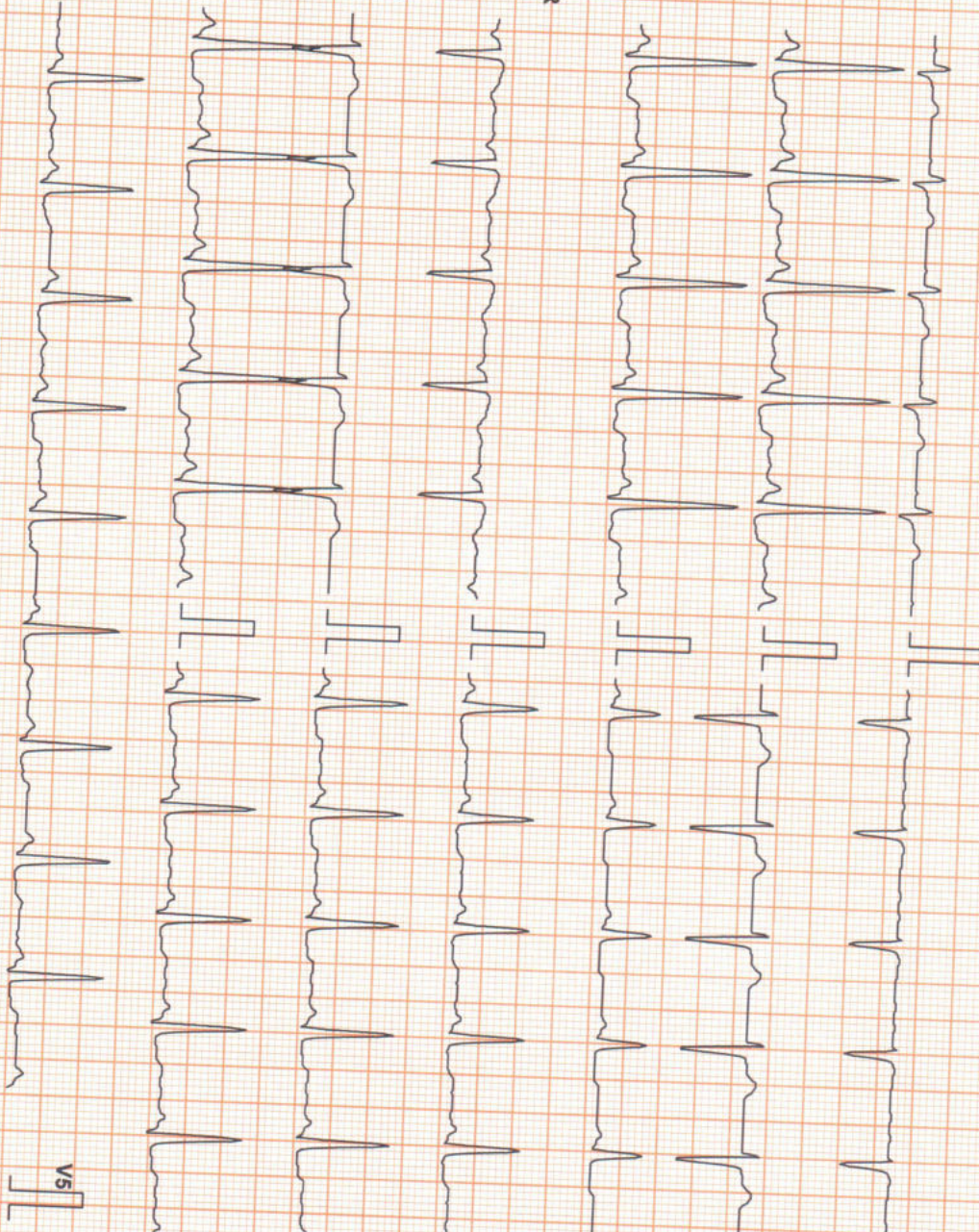


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

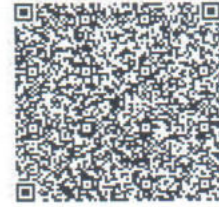
Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

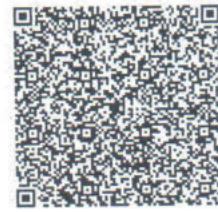
Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 11:48

Use a QR Code Scanner
Application To Scan the Code

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	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.7	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	1.5	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 15 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 & heart failure, severe burns, trauma & surgery etc.



CID : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 14-Jan-2023 / 08:45
Reported : 14-Jan-2023 / 11:48

Use a QR Code Scanner
Application To Scan the Code

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 Pune Lab, Pune Swargate
*** End Of Report ***



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

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2301420915	SID	: 177805742735
Name	: MRS.DISHA NEERAJ SHAH	Registered	: 14-Jan-2023 / 08:41
Age / Gender	: 34 Years/Female	Collected	: 14-Jan-2023 / 08:41
Ref. Dr	: -	Reported	: 14-Jan-2023 / 12:00
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 14-Jan-2023 / 12:02

USG WHOLE ABDOMEN

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. **1.2 x 1.0 cm simple cyst seen in right lobe.** Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.7 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 9.8 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitoneum and flanks obscured due to bowel gas.

Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Anteverted normal in size, measures 7.6 x 3.7 x 3.6 cm. No area of increased or decreased echogenicity.

Endometrial echoes are normal. Endometrial thickness is 7.6 mm.


Both the ovaries are normal in size shape and echotexture.
No obvious abnormal ovarian or adnexal mass lesion.
No free fluid noted in the POD.

IMPRESSION : USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.

*** End Of Report ***




Dr.NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

R
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CID : 2301420915
Name : MRS.DISHA NEERAJ SHAH
Age / Gender : 34 Years/Female
Ref. Dr : -
Reg.Location : Swargate, Pune (Main Centre)

SID : 177805742735
Registered : 14-Jan-2023 / 08:41
Collected : 14-Jan-2023 / 08:41
Reported : 14-Jan-2023 / 09:28
Printed : 14-Jan-2023 / 10:04

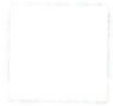
X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***



Dr.NIKHIL JOSHI
MBBS , DMRE
CONSULTANT RADIOLOGIST



भारत सरकार
GOVERNMENT OF INDIA



दिशा निरुज शहा
Disha Neeraj Shah
जन्म तारीख/DOB: 20/11/1988
महिला/ FEMALE
Mobile No: 8983552852



3678 2154 7389
VID : 9104 8195 9764 6117

माझे आधार, माझी ओळख

PK