

Suburban Diagnostics Lullanagar

Patient Details **Date:** 08-Oct-22 **Time:** 10:31:13 AM
Name: DEEPIKA MEENA ID: 2228119690
Age: 34 y **Sex:** F **Height:** 158 cms **Weight:** 82 Kgs
Clinical History: THYROID SINCE 6 MONTHS

Medications: ON MEDICATION

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 167 (90 % of Pr.MHR) bpm
Total Exec. Time: 4 m 28 s **Max. HR:** 167 (90% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 148 / 98 mmHg **Max. BP x HR:** 24716 mmHg/min **Min. BP x HR:** 7280 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 : 12	1.0	0	0	91	120 / 80	-0.85 III	0.71 II
Standing	0 : 6	1.0	0	0	93	120 / 80	-0.64 III	-1.06 aVR
Hyperventilation	0 : 6	1.0	0	0	99	120 / 80	-0.64 III	-1.06 aVR
1	3 : 0	4.6	1.7	10	137	136 / 90	-1.06 III	2.48 I
Peak Ex	1 : 28	7.0	2.5	12	167	148 / 98	-1.27 III	2.83 II
Recovery(1)	1 : 0	1.8	1	0	127	148 / 98	-1.06 aVR	3.54 II
Recovery(2)	1 : 0	1.0	0	0	115	148 / 98	-1.06 aVR	3.18 II
Recovery(3)	1 : 0	1.0	0	0	108	148 / 98	-0.42 II	1.42 II
Recovery(4)	0 : 24	1.0	0	0	104	148 / 98	-0.42 II	1.06 II

Interpretation

The patient exercised according to the Bruce protocol for 4 m 28 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 91 bpm, rose to a max. heart rate of 167 (90% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 148 / 98 mmHg.

Good Effort Tolerance.

No Angina/Arrhythmia/Dyspnea/significant ST T changes during test/recovery.

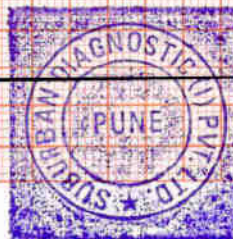
Stress Test is NEGATIVE for Inducible Myocardial Ischemia .

Disclaimer :

Negative Stress Test does not rule out Coronary Artery Diseases.
 Positive Test is suggestive but not confirmatory of Coronary Artery Disease.
 Hence clinical correlation is mandatory.

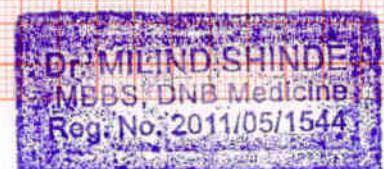
Ref. Doctor: BOB

(Summary Report edited by user)



Doctor: DR. MILIND SHINDE

(c) Schiller Healthcare India Pvt. Ltd. V 4.51





DEEPIKA MEENA (34 F)

Protocol: Bruce

ID: 2228119690

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 91 bpm

Suburban Diagnostics Lullanagar

Test Report

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 120 / 80

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

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

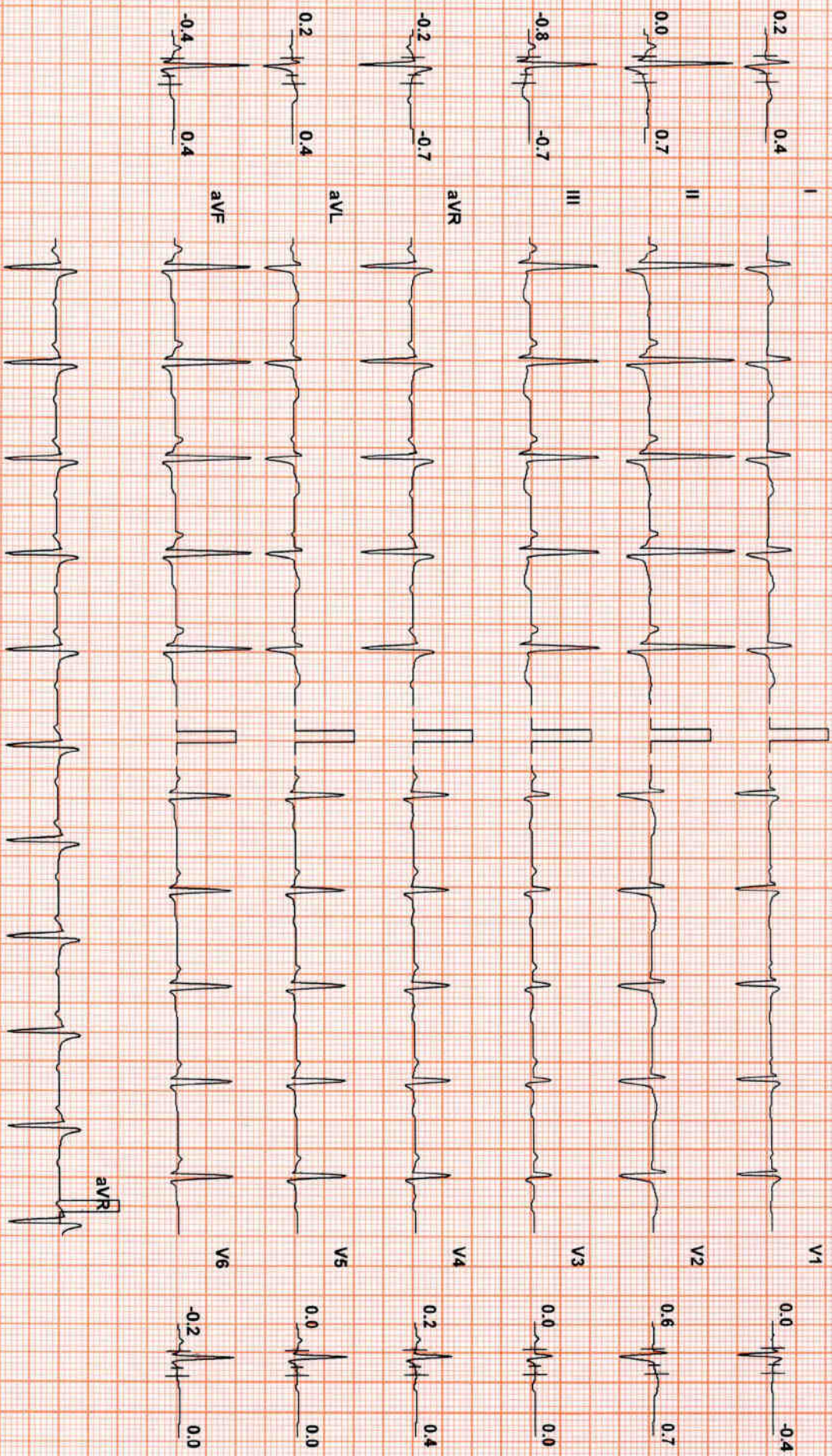


Chart Speed: 25 mm/sec
Schlier Spandan V 4.51

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DEEPIKA MEENA (34 F)

ID: 2228119690

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 93 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 120 / 80

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

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

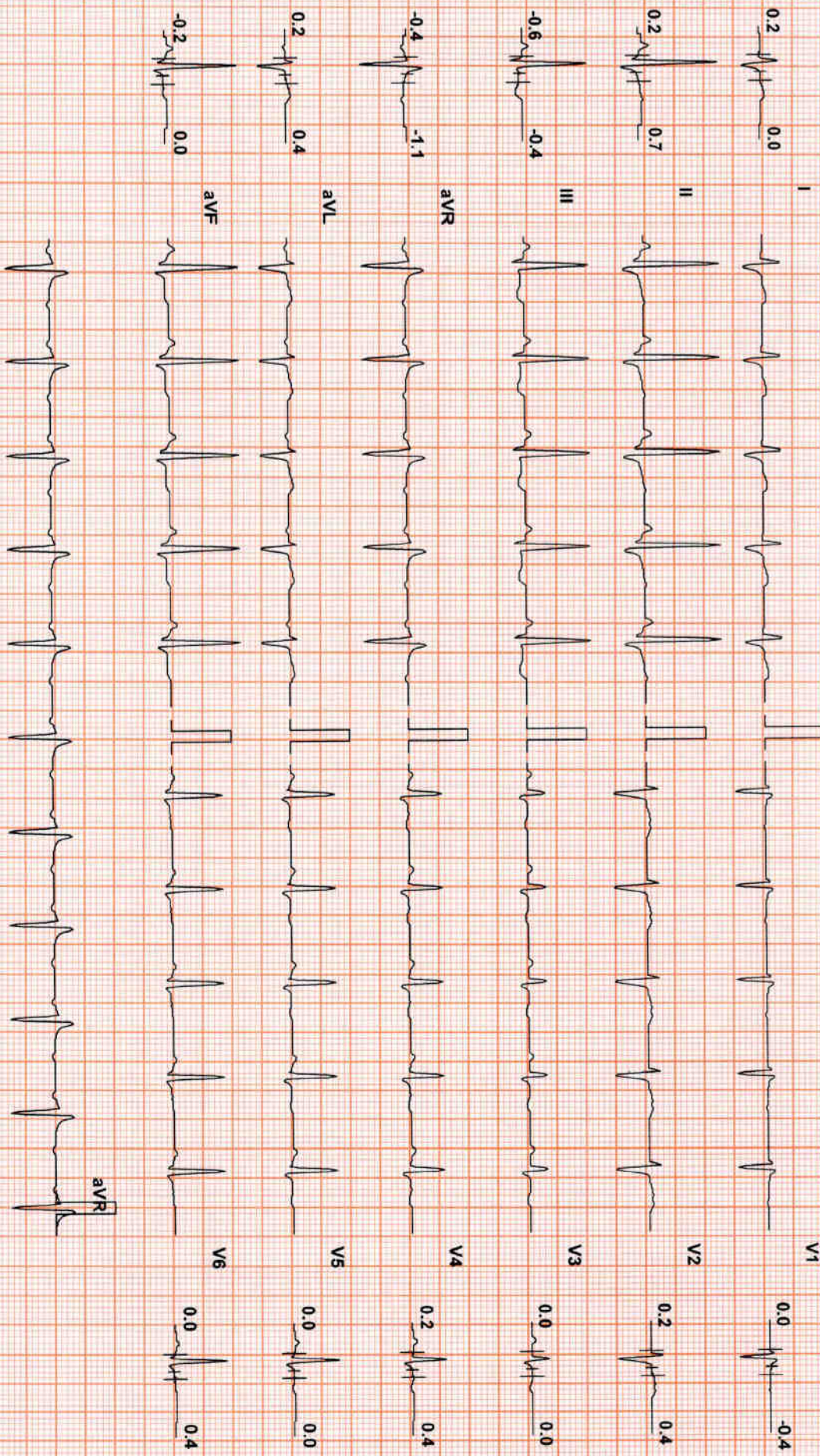


Chart Speed: 25 mm/sec
Schiller Spanden V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DEEPIKA MEENA (34 F)

Protocol: Bruce

ID: 2228119690

Date: 08-Oct-22

Exec Time: 0 m 0 s

Stage Time: 0 m 0 s

HR: 99 bpm

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Test Report

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

I

0.2 0.4

II

0.0 0.7

III

-0.6 0.0

aVR

-0.4 -1.1

aVL

0.2 0.4

aVF

-0.4 0.4

V1

0.0 -0.4

V2

0.0 0.4

V3

0.0 0.0

V4

0.0 0.0

V5

0.0 0.0

V6

-0.2 0.4

aVR

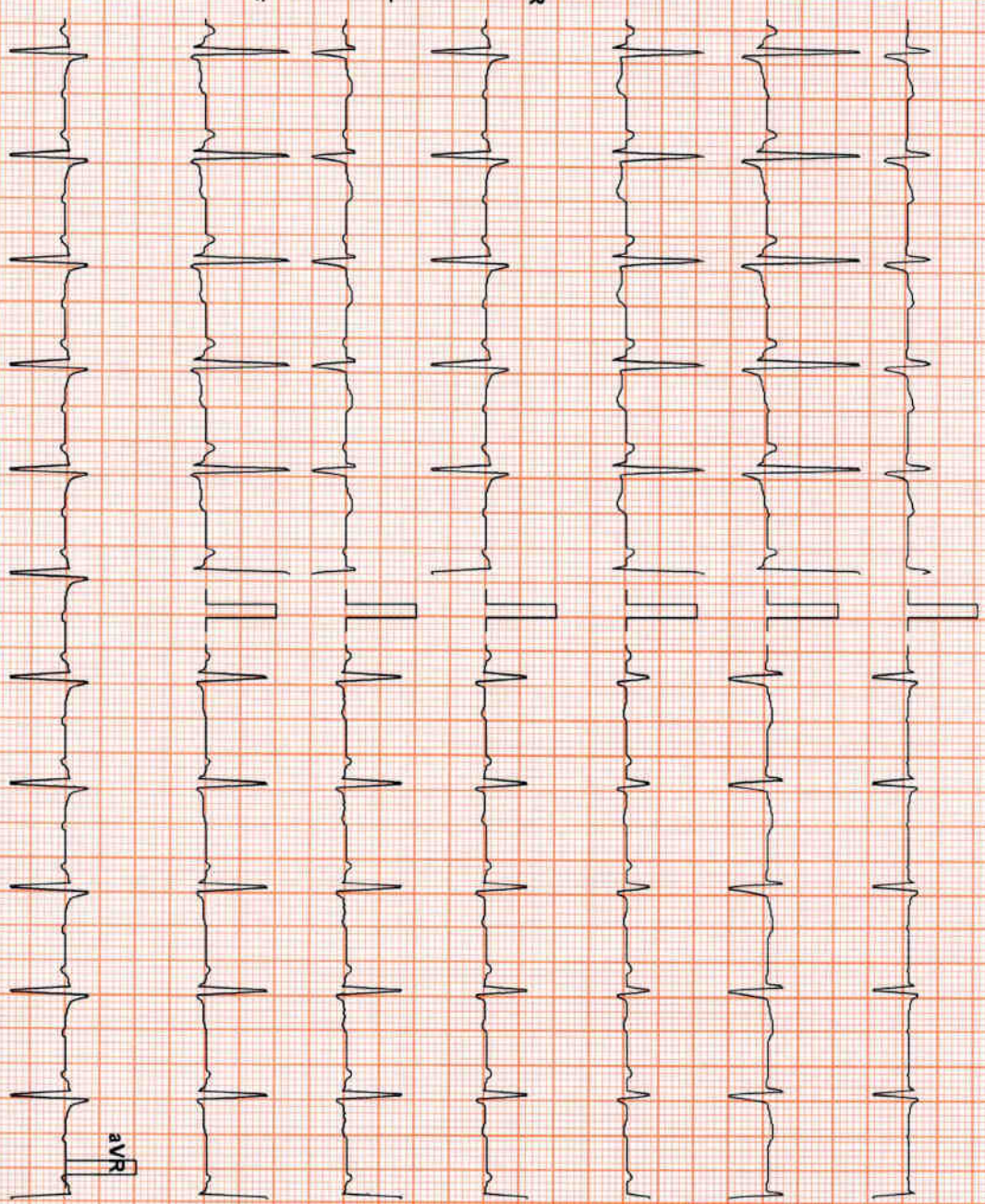


Chart Speed: 25 mm/sec
Schiller Spandan V 4 51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms
Linked Median

DEEPIKA MEENA (34 F)

ID: 2228119690

Date: 08-Oct-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 138 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10% (THR: 167 bpm) B.P.: 136 / 90

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

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

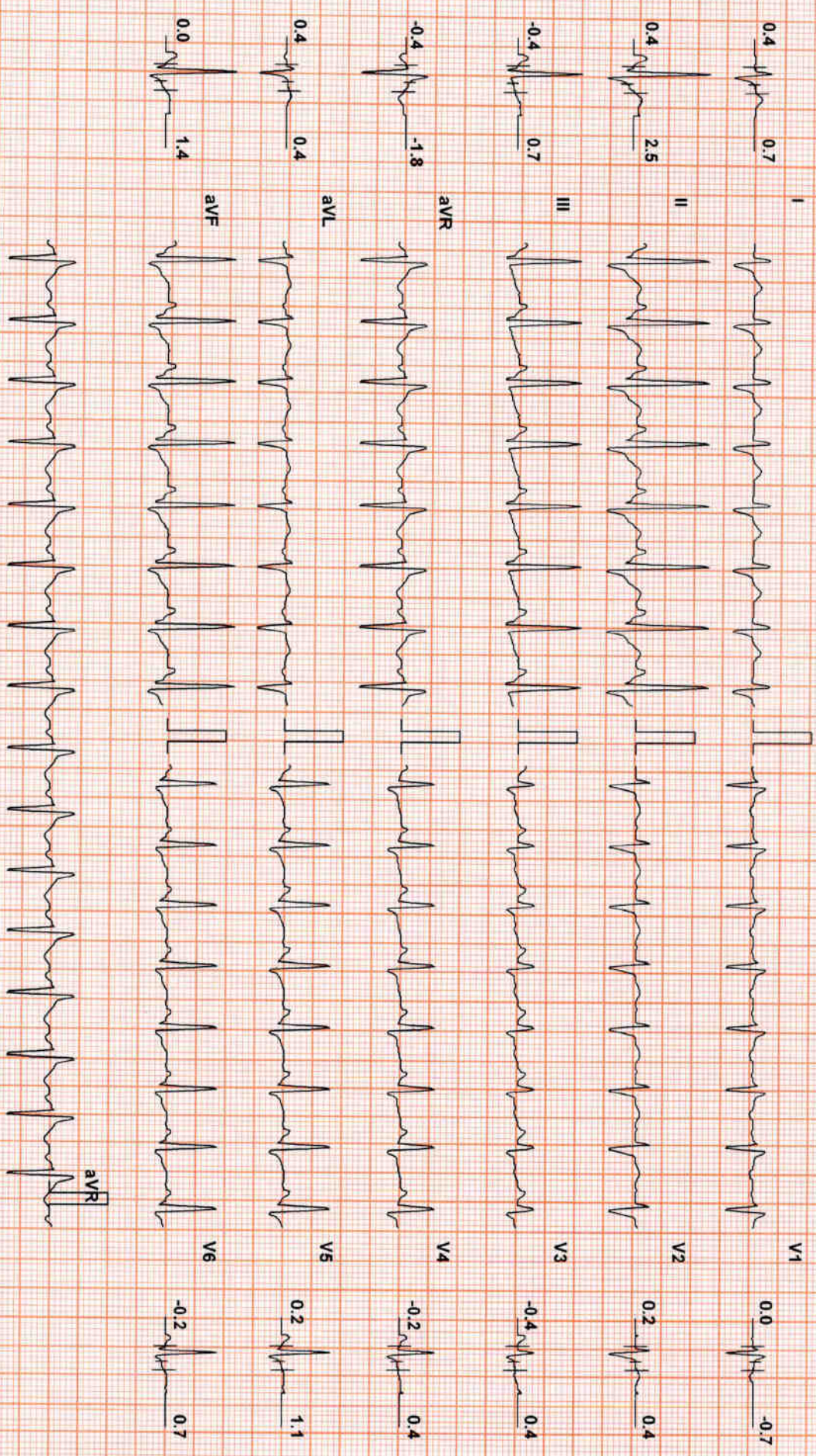


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DEEPIKA MEENA (34 F)

Protocol: Bruce

ID: 2228119690
Stage: Peak Ex

Date: 08-Oct-22
Speed: 2.5 mph
Grade: 12 %
(THR: 167 bpm)

B.P: 148 / 98

HR: 167 bpm

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Test Report

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

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

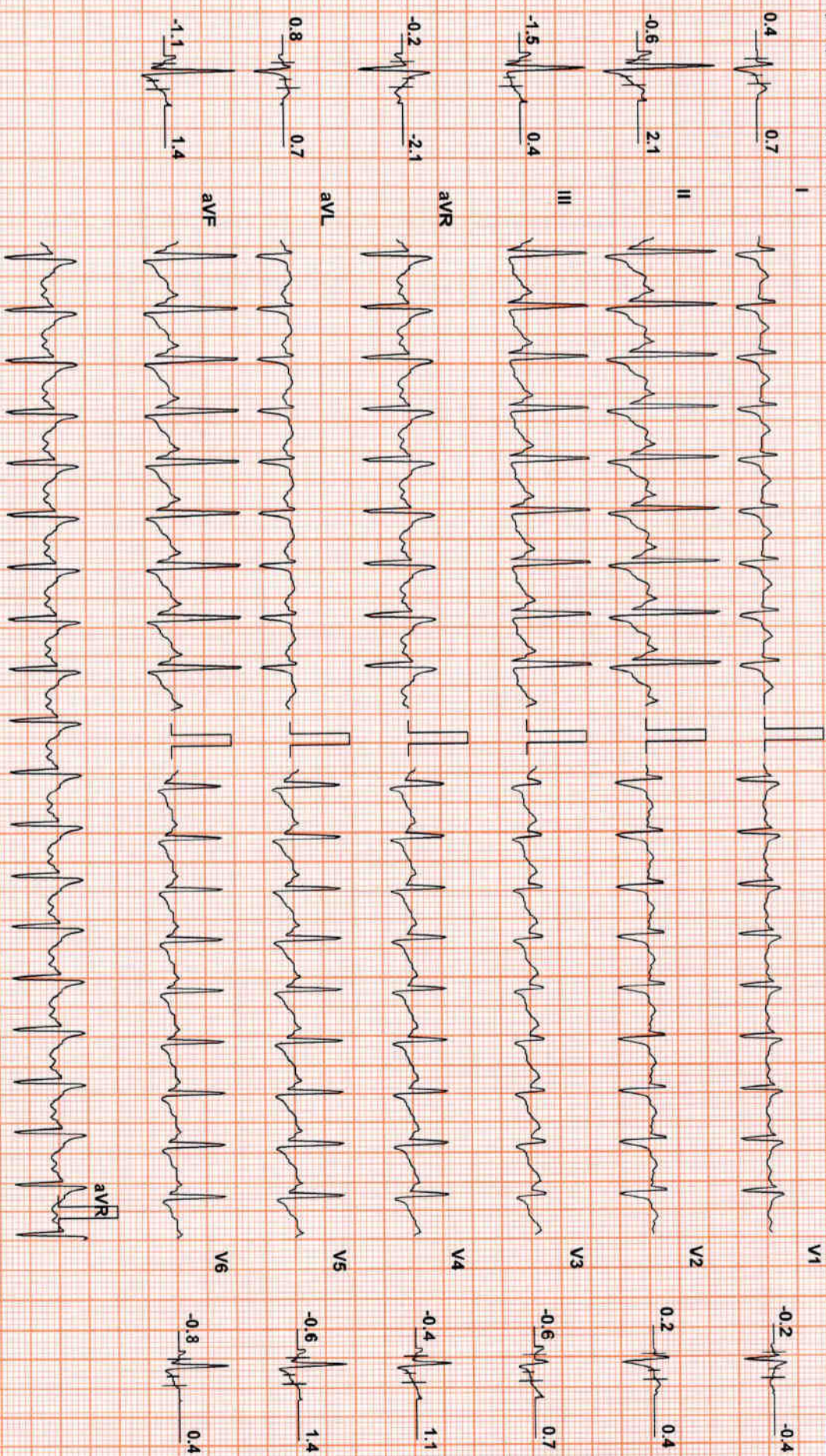


Chart Speed: 25 mm/sec
Schlier Spanden V 4.51

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DEEPIKA MEENA (34 F)

ID: 2228119690

Date: 08-Oct-22

Exec Time : 4 m 28 s

Stage Time : 0 m 54 s

HR: 127 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 148 / 98

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

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

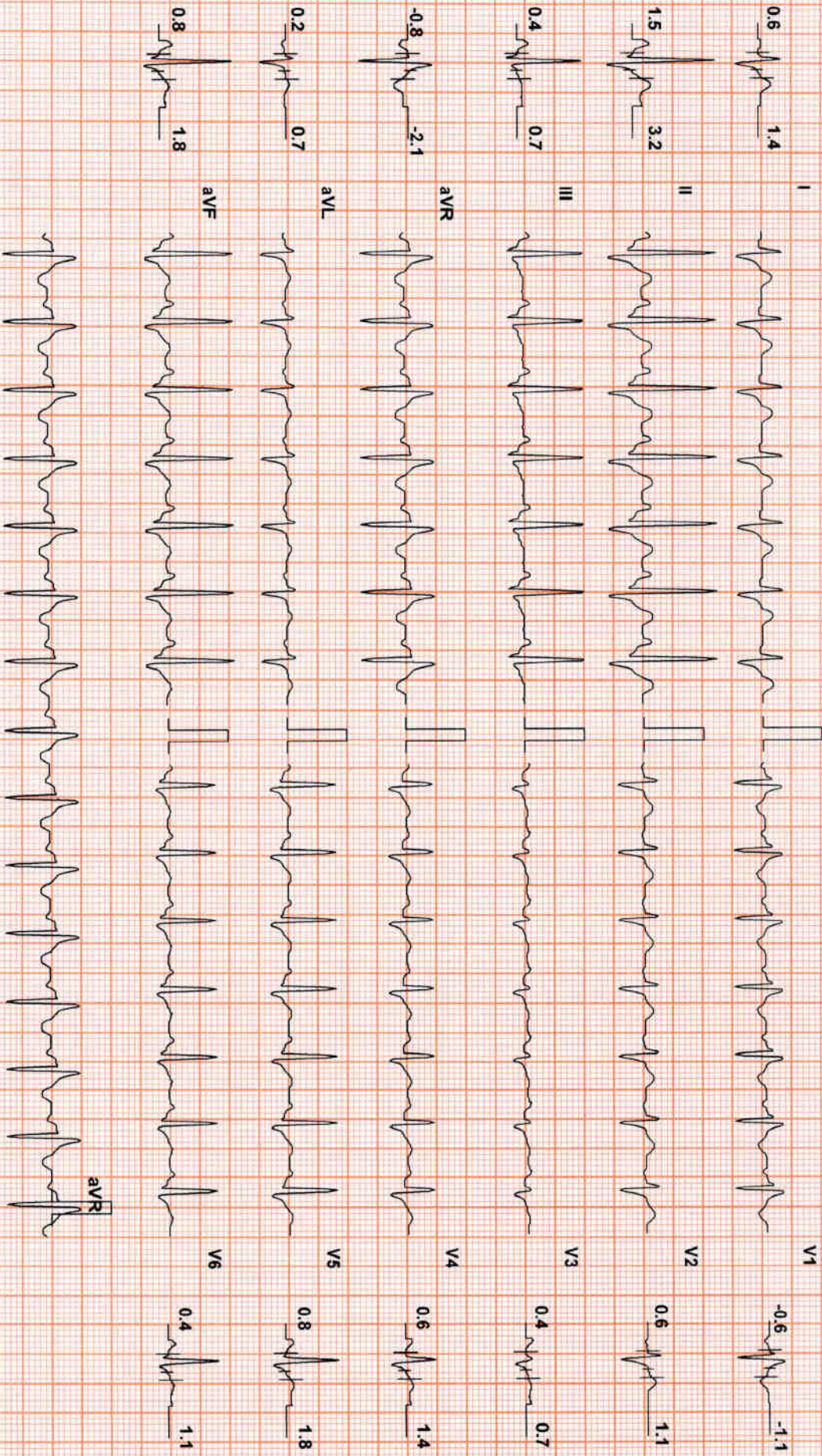


Chart Speed: 25 mm/sec
Schiller Spanden V 4.5f

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DEEPIKA MEENA (34 F)

ID: 2228119690

Date: 08-Oct-22

Exec Time : 4 m 28 s Stage Time : 0 m 54 s HR: 115 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 148 / 98

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

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

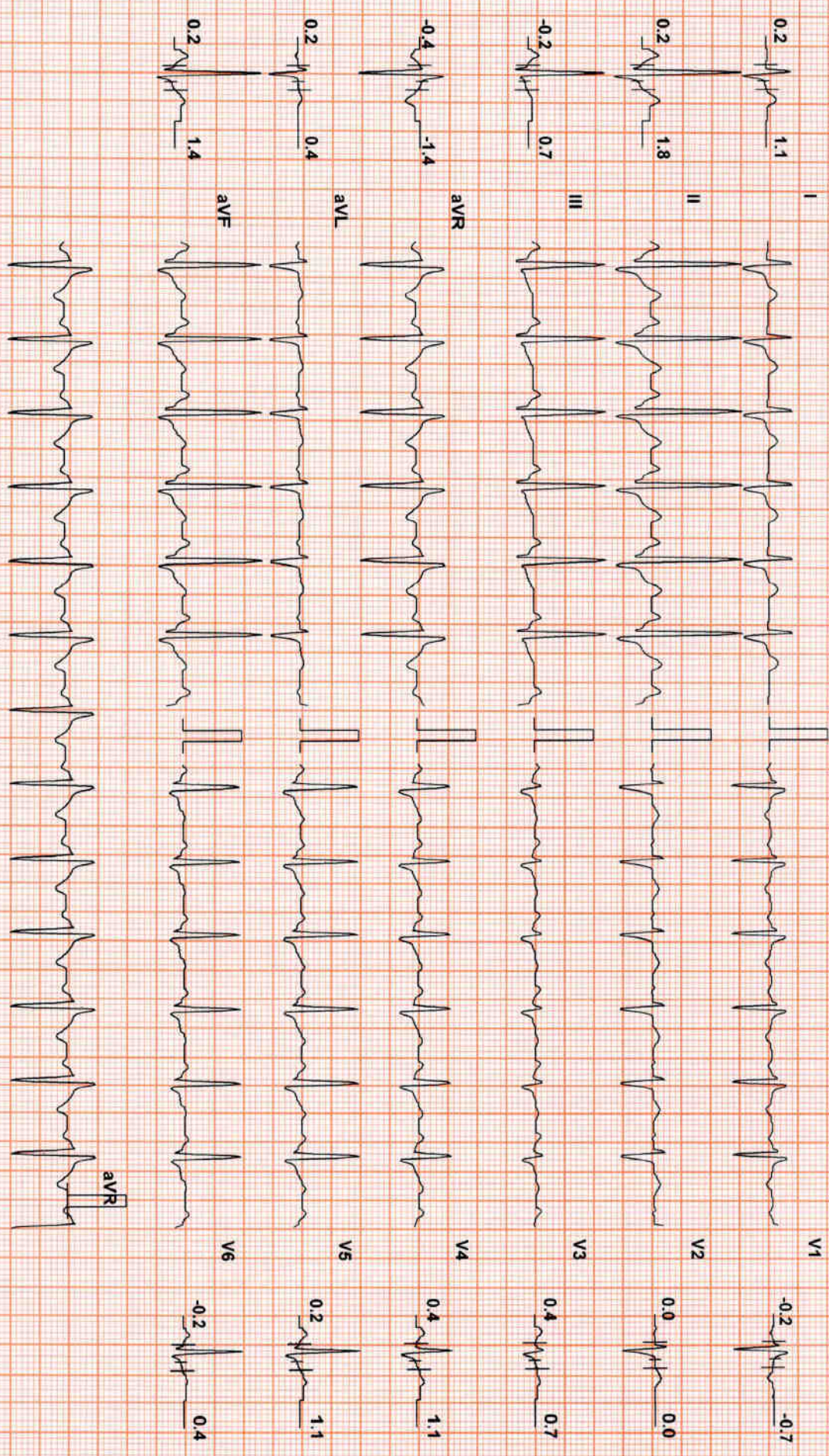


Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DEEPIKA MEENA (34 F)

ID: 2228119690

Date: 08-Oct-22

Exec Time : 4 m 28 s Stage Time : 0 m 54 s HR: 109 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 148 / 98

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

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

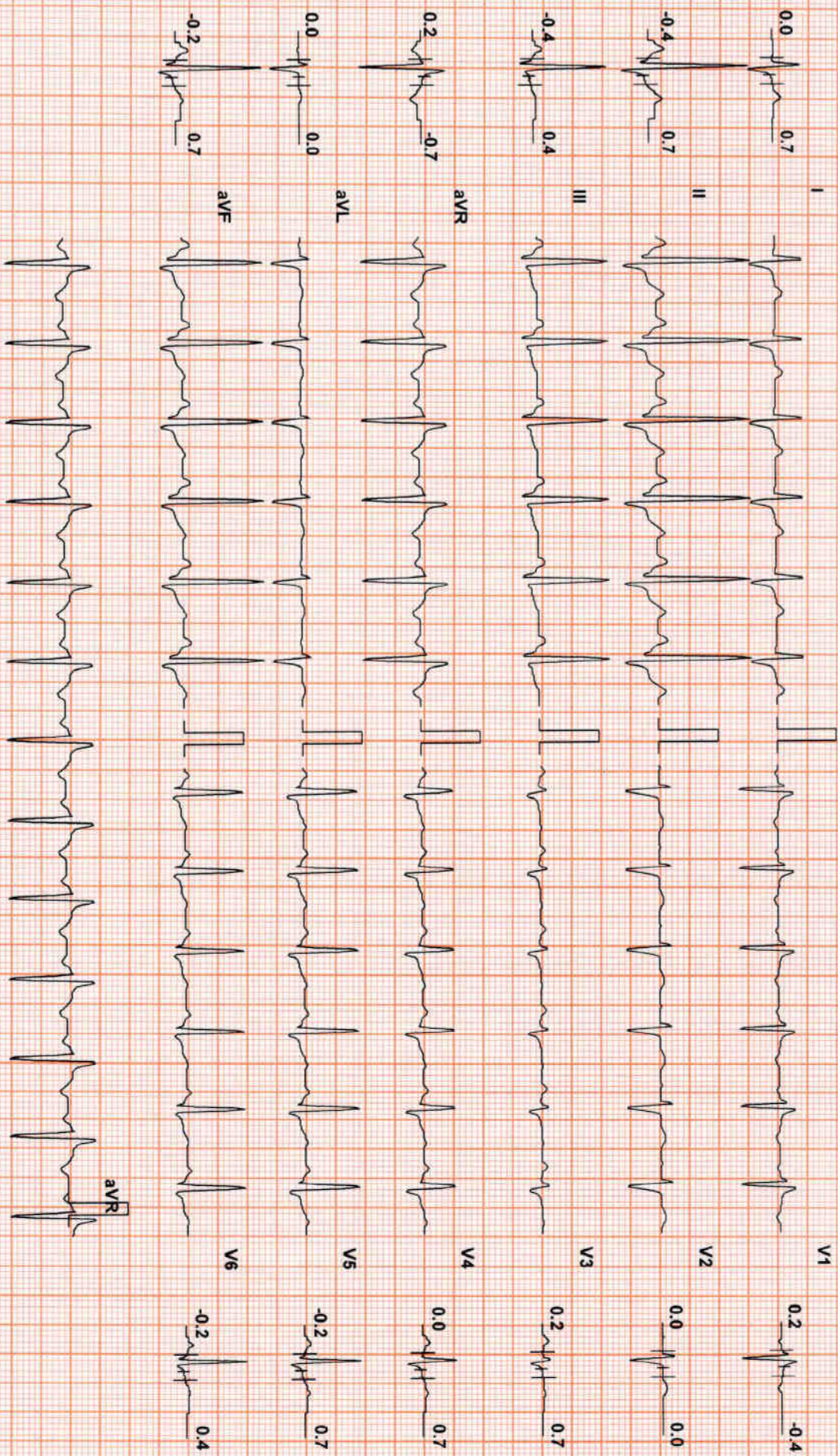


Chart Speed: 25 mm/sec
Schiller Spandon V 4.51

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



DEEPIKA MEENA (34 F)

ID: 22228119690

Date: 08-Oct-22

Exec Time : 4 m 28 s Stage Time : 0 m 18 s HR: 107 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 148 / 98

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

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

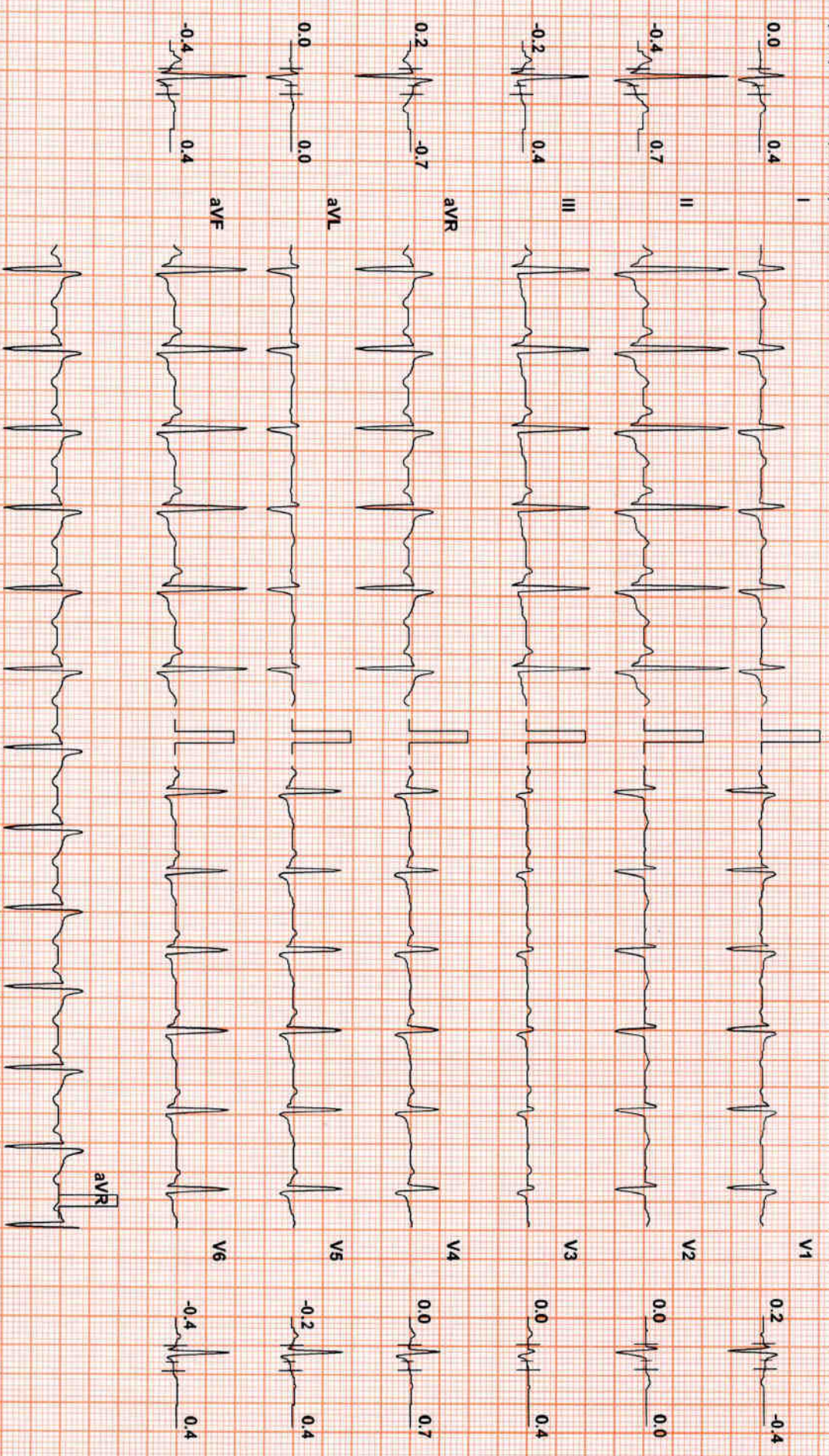


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

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# : 2228119690
Name : MRS.DEEPIKA MEENA
Age / Gender : 34 Years/Female
Consulting Dr. :-
Reg.Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 09:02
Reported : 08-Oct-2022 / 14:12

PHYSICAL EXAMINATION REPORT

- a) Diet : Veg
b)Addiction : No
(Thyroid Since 6 Months on Medication)

GENERAL EXAMINATION :

- a)Height (cms) : 158
b)Weight (kgs) : 82
c)Lymph Nodes : Not Palpable

3) SYSTEMIC EXAMINATION

A) RESPIRATORY SYSTEM

- a) Lungs : Clear
b) Trachea : Central
c) Air Entry : Equal
d) Rales : No
d) Others : NAD

B) CARDIOVASCULAR SYSTEM (CVS)

- a) Heart Sounds : S1 S2 Normal
b) Murmurs : No
c) Pulse/min : 78
d) B/P (mm of Hg) : 120/80
e) Miscellenous : NAD

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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CID# : 2228119690

Name : MRS.DEEPIKA MEENA

Age / Gender : 34 Years/Female

Consulting Dr. :-

Collected : 08-Oct-2022 / 09:02

Reg.Location : Lulla Nagar, Pune (Main Centre)

Reported : 08-Oct-2022 / 14:12

C) ABDOMEN

a) Liver : Not Palpable

b) Spleen : Not Palpable

c) Any other Swelling : No

D) NERVOUS SYSTEM

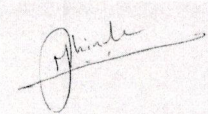
a) Ankle Reflex : Normal

b) Plantars : Flexor

DOCTOR REMARKS :

Overweight
Triglycerides 210
Hep-tomes-y
Ref to Gastroenterologist
To fenofibr-k 145 x 1 month
o - - 1

*** End Of Report ***



Dr.Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist

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CID : 2228119690
Name : MRS. DEEPIKA MEENA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 09:05
Reported : 08-Oct-2022 / 14:07

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.03	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.5	36-46 %	Calculated
MCV	88	80-100 fl	Calculated
MCH	29.2	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6300	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	43.1	20-40 %	Calculated
Absolute Lymphocytes	2715.3	1000-3000 /cmm	Calculated
Monocytes	4.4	2-10 %	Calculated
Absolute Monocytes	277.2	200-1000 /cmm	Calculated
Neutrophils	50.8	40-80 %	Calculated
Absolute Neutrophils	3200.4	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	Calculated
Absolute Eosinophils	107.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	249000	150000-400000 /cmm	Elect. Impedance
MPV	10.8	6-11 fl	Calculated
PDW	22.0	11-18 %	Calculated

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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 09:05
Reported : 08-Oct-2022 / 15:41

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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 67 2-20 mm at 1 hr. Westergren

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



Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



CID : 2228119690
Name : MRS. DEEPIKA MEENA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 09:05
Reported : 08-Oct-2022 / 13:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	19.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	24.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	11.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic



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Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 12:06
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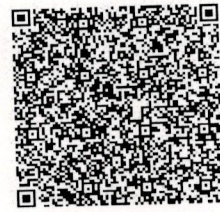
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eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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



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

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Reported : 08-Oct-2022 / 14:43

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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 ***



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

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



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



CID : 2228119690
Name : MRS. DEEPIKA MEENA
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Lulla Nagar, Pune (Main Centre)

Collected : 08-Oct-2022 / 09:05
Reported : 08-Oct-2022 / 14:07

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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 Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay group/Bombay phenotype/OH using anti-H Lectin.

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 ***



Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	210.0	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	31.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.7	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	25.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

LDL test is performed by direct measurement.

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*** End Of Report ***



Dr. Shruti Ramteke
Dr. SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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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	4.2	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	9.6	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	5.7	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.



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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 upto 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:

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 ***



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

Patient Name: DEEPIKA MEEENA
Patient ID: 2228119690

Age 34 4 15
years months days

Gender Female

Heart Rate 82bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 82 kg

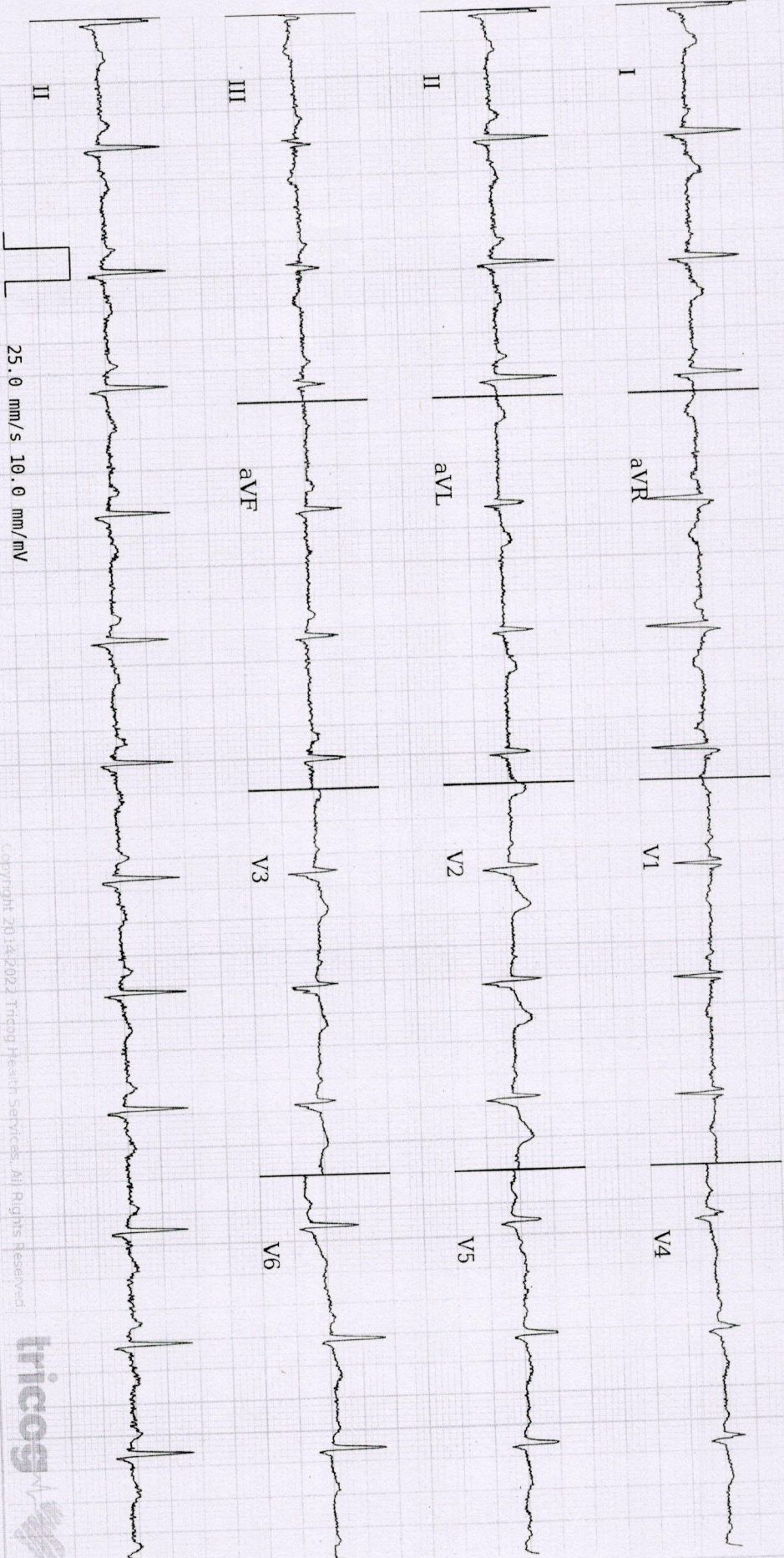
Height: 158 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:



25.0 mm/s 10.0 mm/mV

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Measurements

QRSD: 88ms
QT: 356ms
QTc: 415ms
PR: 132ms
P-R-T: 64° 39° 8°

REPORTED BY

[Signature]

Dr. Milind Shinde
MBBS, DNB Medicine
2011/05/1544



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.

CID	: 2228119690	Reg. Date	: 08-Oct-2022
Name	: Mrs DEEPIKA MEENA	Reported	: 08-Oct-2022 / 9:58
Age / Sex	: 34 Years/Female		
Ref. Dr	:		
Reg. Location	: Lulla Nagar, Pune Main Centre		

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USG (ABDOMEN + PELVIS)

LIVER : The liver is enlarged in size and measures 16 cm. It shows parenchymal echo pattern s/o grade I fatty infiltration. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER : The gall bladder is physiologically distended. The visualized gall bladder appears normal. No evidence of pericholecystic fluid is seen.

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

KIDNEYS : Right kidney measures 8.9 x 3.1 cm. Left kidney measures 8.9 x 3.8 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, shape and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER : The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS : The uterus is anteverted and appears normal. It measures 9.5 x 3.0 x 3.3 cm in size. The endometrial thickness is 6.2 mm.

OVARIES : Both the ovaries are well visualised and appears normal. There is no evidence of any ovarian or adnexal mass seen.

Visualized small bowel loops appear non-dilated. Gaseous distension of large bowel loops. There is no evidence of any lymphadenopathy or ascitis.

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CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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IMPRESSION :

➤ Hepatomegaly with Grade I fatty liver.

Advice - Clinical and lab correlation.

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

This report is prepared and physically checked by Dr Pallavi before dispatch.

R Rawal.
Dr. PALLAVI RAWAL
MBBS, MD Radiology
Reg No 2013/04/1170

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X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

No significant abnormality is detected.

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

This report is prepared and physically checked by Dr Pallavi before dispatch.

R Rawal.
Dr. PALLAVI RAWAL
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