

Patient Name: **PRIYANKA SUHAS KODIYALAMATH**
Patient ID: **2208524656**

Date and Time: **26th Mar 22 9:09 AM**

Age **32 10 19**
years months days

Gender **Female**

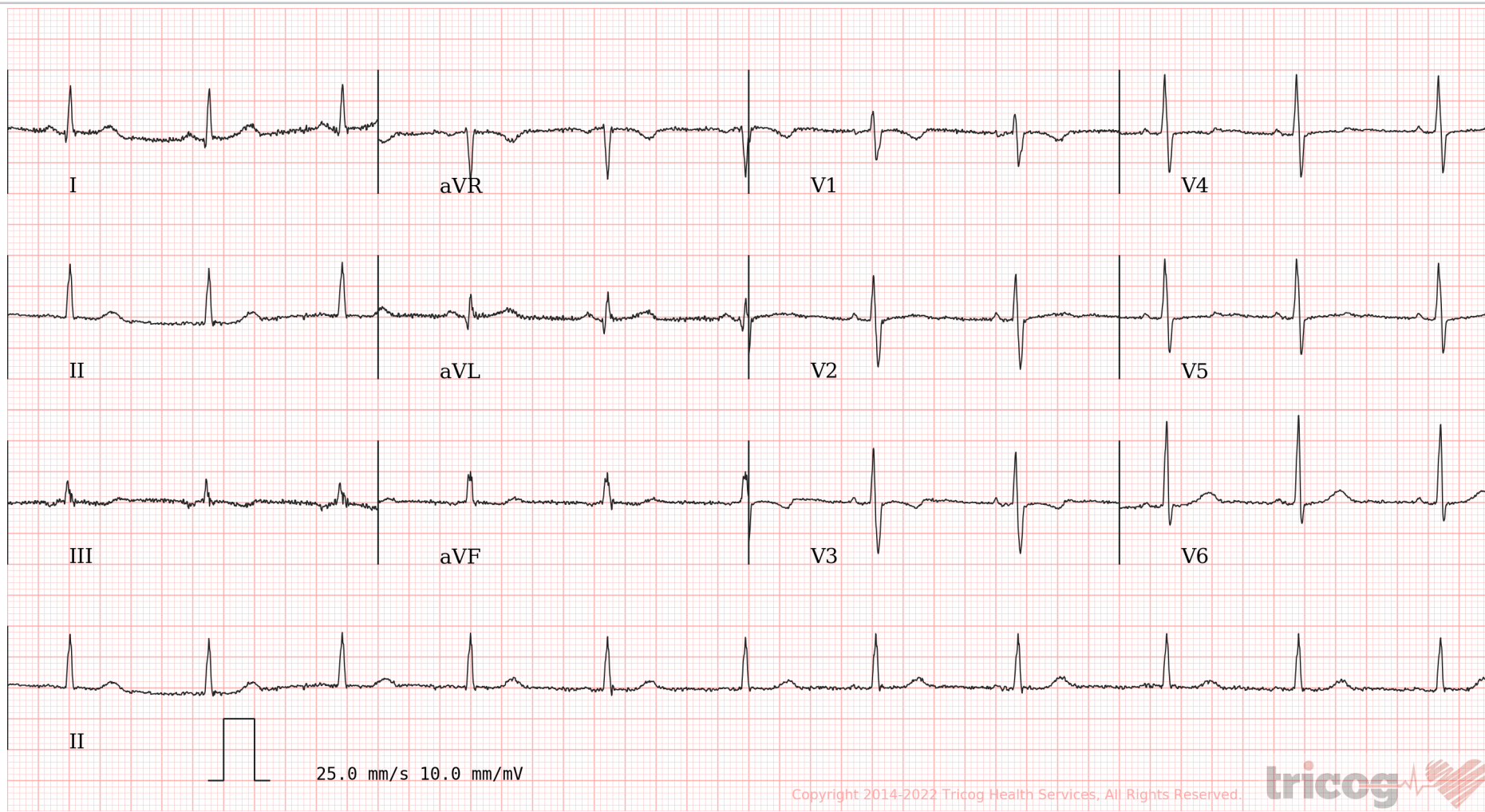
Heart Rate **68bpm**

Patient Vitals

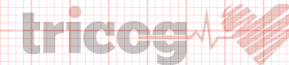
BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QSRD: 78ms
QT: 414ms
QTc: 440ms
PR: 124ms
P-R-T: 25° 47° 11°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. T wave inversion in inferior leads, V1-V3 ?? non specific ADV: 2D ECHO. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



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CID : 2208524656
Name : MRS.PRIYANKA SUHAS KODIYALAMATH
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Mar-2022 / 08:33
Reported : 26-Mar-2022 / 12:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 12.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.44 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 37.3 | 36-46 % | Measured |
| MCV | 84 | 80-100 fl | Calculated |
| MCH | 27.5 | 27-32 pg | Calculated |
| MCHC | 32.7 | 31.5-34.5 g/dL | Calculated |
| RDW | 16.8 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 9060 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 32.2 | 20-40 % | |
| Absolute Lymphocytes | 2917.3 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.6 | 2-10 % | |
| Absolute Monocytes | 598.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 59.3 | 40-80 % | |
| Absolute Neutrophils | 5372.6 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.9 | 1-6 % | |
| Absolute Eosinophils | 172.1 | 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. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 404000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.1 | 6-11 fl | Calculated |
| PDW | 11.6 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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

Specimen: EDTA Whole Blood

ESR, EDTA WB 25 2-20 mm at 1 hr. Westergren

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



MC-2111

Bmhaskar

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

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

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| 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 | 120.0 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.31 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.14 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.17 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.6 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.3 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 12.3 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 10.1 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 17.6 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 119.0 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 20.6 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 9.6 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.69 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 105 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 3.4 | 2.4-5.7 mg/dl | Enzymatic |

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



MC-2111

Anupa

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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 | 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.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|------------|
| CHOLESTEROL, Serum | 168.3 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 76.3 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 40.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | 127.4 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 112.0 | 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 | 15.4 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.1 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.7 | 0-3.5 Ratio | Calculated |

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MC-2111

Bmhaskar

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Collected : 26-Mar-2022 / 08:33
Reported : 26-Mar-2022 / 13:03

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 | 4.5 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 18.6 | 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59 | ECLIA |
| sensitiveTSH, Serum | 2.25 | 0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | ECLIA |



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Reported : 26-Mar-2022 / 13:03

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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)

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*** End Of Report ***



Anupa

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| CID# | : 2208524656 | SID# | : 177802408503 |
| Name | : MRS.PRIYANKA SUHAS KODIYALAMATH | Registered | : 26-Mar-2022 / 08:32 |
| Age / Gender | : 32 Years/Female | Collected | : 26-Mar-2022 / 08:32 |
| Consulting Dr. | : - | Reported | : 26-Mar-2022 / 15:12 |
| Reg.Location | : Bhayander East (Main Centre) | Printed | : 26-Mar-2022 / 15:16 |

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.8 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 11.5 x 3.3 cm. Left kidney measures 11.4 x 4.6 cm.

Both the kidneys are normal in size, shape, position and echotexture.

Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.5 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

| | | | |
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UTERUS:

The uterus is retroverted and appears normal. It measures 6.3 x 4.0 x 4.5 cms in size. Myometrial echoes are normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrial thickness is 4.8 mm and appears normal.

OVARIES:

Right ovary : 2.9 x 2.0 x 2.2 cm, Vol : 6.9 cc.

Left ovary : 3.1 x 1.7 x 2.1 cm, Vol : 6.4 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- 1 **Grade I fatty infiltration of liver.**
- 1 **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

*** End Of Report ***



Dr.Vibha Kamble
MBBS, DMRD

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| Reg.Location | : Bhayander East (Main Centre) | Printed | : 26-Mar-2022 / 16:29 |

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

| | | | |
|--------------------------------|----------|---------------------|--------------|
| Height (cms): | 158 | Weight (kg): | 67 |
| Temp (0c): | Afebrile | Skin: | NAD |
| Blood Pressure (mm/hg): | 110/80 | Nails: | NAD |
| Pulse: | 72/min | Lymph Node: | Not Palpable |

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest -Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|-----------------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |

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- | | |
|--|----|
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

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