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CID : 2202247166
Name : Mrs RITU SHUKLA
Age / Sex : 27 Years/Female
Ref. Dr : **Reg. Date** : 22-Jan-2022 / 13:30
Reg. Location : Mahavir Nagar, Kandivali West Main Centre **Reported** : 25-Jan-2022 / 15:27

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USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appears normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

It is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

It is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 10.9 x 5.0 cm.

Left kidney measures 10.7 x 5.2 cm.

SPLEEN:

It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

UTERUS & OVARIES:

It is anteverted and appears normal in size and echotexture. It measures **6.4 x 4.2 x 3.0** cms in size. No focal lesion is seen. Endometrial thickness is **7.0 mm**. No evidence of abnormal endometrial vascularity is seen.

Both ovaries appears normal in size and echotexture.

Right ovary measures 2.6 x 1.9cm. Left ovary measures 3.4 x 2.3 cm.

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

No evidence of free fluid in pouch of douglas.

No evidence of significant abdominal lymphadenopathy seen. No evidence of free fluid in abdomen and pelvis.

IMPRESSION:

No significant abnormality seen.

Advice – clinico-pathological correlation

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



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DR.MAHESH KADAM
MBBS ,DMRD
Reg No - 2011/08/2693
Consultant Radiologist



CID : 2202247166
Name : MRS.RITU SHUKLA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Jan-2022 / 10:54
Reported : 22-Jan-2022 / 14:39

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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	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.23	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6450	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.4	20-40 %	
Absolute Lymphocytes	1767.3	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	503.1	200-1000 /cmm	Calculated
Neutrophils	62.4	40-80 %	
Absolute Neutrophils	4024.8	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	122.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	32.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated

RBC MORPHOLOGY

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 15 2-20 mm at 1 hr. Westergren

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



MC-2111



Bmhasakar

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

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.70	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	13.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.45	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	178	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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MC-2111



Anupa

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Reported : 22-Jan-2022 / 17:11

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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.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



MC-2111



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**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	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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*** End Of Report ***



MC-2111



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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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



MC-2111



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	34.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	60.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	78	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	7.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

Result rechecked.
Kindly correlate clinically.

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MC-2111

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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.5	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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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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Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.23	3.8-4.8 mil/cmm	Elect. Impedance
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MCV	85	80-100 fl	Calculated
MCH	27.6	27-32 pg	Calculated
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<u>WBC PARAMETERS</u>			
WBC Total Count	6450	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
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Absolute Lymphocytes	1767.3	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	503.1	200-1000 /cmm	Calculated
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Eosinophils	1.9	1-6 %	
Absolute Eosinophils	122.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	32.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

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RBC MORPHOLOGY

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 15 2-20 mm at 1 hr. Westergren

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GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.70	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	13.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.45	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	178	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic



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CID : 2202247166
Name : MRS.RITU SHUKLA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 24-Jan-2022 / 10:57
Reported : 24-Jan-2022 / 12:44

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 Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

Dr. ANUPA DIXIT
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CID : 2202247166
Name : MRS.RITU SHUKLA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Jan-2022 / 10:54
Reported : 22-Jan-2022 / 17:11

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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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MC-2111



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Collected : 22-Jan-2022 / 10:54
Reported : 23-Jan-2022 / 16:20

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**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	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (5.0)	-
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	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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Rashmi Monteiro

Dr.RASHMI MONTEIRO
M.D. (PATH)
Pathologist



CID : 2202247166
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Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Jan-2022 / 10:54
Reported : 22-Jan-2022 / 15:12

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**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	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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Age / Gender : 27 Years / Female
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Reported : 22-Jan-2022 / 16:04

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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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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Name : MRS.RITU SHUKLA
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Collected : 22-Jan-2022 / 10:54
Reported : 22-Jan-2022 / 16:44

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	138.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	34.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	60.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	78	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	71.0	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	7.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

Result rechecked.
Kindly correlate clinically.

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Name : MRS.RITU SHUKLA
Age / Gender : 27 Years / Female
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Reported : 22-Jan-2022 / 15:15

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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.5	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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Name : MRS.RITU SHUKLA
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 22-Jan-2022 / 10:54
Reported : 22-Jan-2022 / 15:15

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 ***



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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 : 2202247166 SID : 177804838311
Name : MRS.RITU SHUKLA Registered : 22-Jan-2022 / 10:52
Age / Gender : 27 Years/Female Collected : 22-Jan-2022 / 10:52

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL			
EXAMINATION FINDINGS:			
Height (cms):	168	Weight (kg):	56
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	110/80	Nails:	Healthy
Pulse:	60/MIN	Lymph Node:	Not Palpable
Systems			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
Genitourinary: NAD			
GI System: Soft non tender No Organomegaly			
CNS: NAD			
IMPRESSION: HEALTHY.			
ADVICE:REGULAR EXERCISE. HEALTHY DIET.			

CHIEF COMPLAINTS:		
1)	Hypertension:	NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis :	NO
6)	Asthama:	NO
7)	Pulmonary Disease :	NO

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 : 2202247166 SID : 177804838311
 Name : MRS.RITU SHUKLA Registered : 22-Jan-2022 / 10:52
 Age / Gender : 27 Years/Female Collected : 22-Jan-2022 / 10:52

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
PERSONAL HISTORY:		
1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG
4)	Medication	NO

*** End Of Report ***



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