



CID# EC/SE TESTING 2406922313

Name : MRS.NISHA MANRAL

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected : 09-Mar-2024 / 09:23

Reg.Location : Kandivali East (Main Centre)

Reported : 10-Mar-2024 / 09:15

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No

#### EXAMINATION FINDINGS:

Height (cms): 160

Weight (kg): 95

Temp (0c): Afebrile

Skin: ~~f~~ungal infection

Blood Pressure (mm/hg): 140/90

Nails: Normal

Pulse: 70/min

Lymph Node: Not Palpable

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

#### IMPRESSION:

*overweight  
Boderline dyslipidemia  
- USA - fatty liver & II  
- LUP is excluded*

#### ADVICE:

*Low fatty diet  
Reg exercise*

#### CHIEF COMPLAINTS:

Name : MRS.NISHA MANRAL

Age / Gender : 37 Years/Female

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- |  |                |
|--|----------------|
| 1) Hypertension:                         | No             |
| 2) IHD                                   | No             |
| 3) Arrhythmia                            | No             |
| 4) Diabetes Mellitus                     | No             |
| 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                            | LSCS-2015.2020 |
| 17) Musculoskeletal System               | No             |

**PERSONAL HISTORY:**

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

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

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Row House 1st, 3, Aangan,  
Thakur Vihar, Kandivali (east),  
Mumbai - 400101.  
Tel : 61760000

*Jagruti Dhale*  
Dr.JAGRUTI DHALE

CID : 2406922313  
Name : Mrs NISHA MANRAL  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Mar-2024  
Reported : 09-Mar-2024 / 10:35

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## USG WHOLE ABDOMEN

### LIVER:

The liver is enlarged in size (18.8 cm), normal in shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD measures 4.5 mm appears normal.

### GALL BLADDER:

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

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 10.9 x 4.3 cm. Left kidney measures 11.6 x 5.0 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 (10.4 cm) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

The uterus is anteverted and appears normal. It measures 8.3 x 5.2 x 4.1 cm in size.  
**IUD noted in the endometrium.**

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.4 x 1.6 cm. Left ovary = 2.7 x 1.4 cm.

[Click here to view images <<ImageLink>>](#)

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**IMPRESSION:-**

**HEPATOMEGALY WITH GRADE II FATTY LIVER.**

**IUD IN THE ENDOMETRIUM.**

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



DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <<ImageLink>>

Date:- 9/3/24

CID: 2406922313

Name:- Nisha Manraj

Sex/Age: 37/F

**EYE CHECK UP**

Chief complaints: No

Systemic Diseases: No

Past history: No

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

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Tinakur Village, Kandivali (East),  
Mumbai - 400101.  
Tel: 61700800

Age 37 years NA months NA days

Gender Female

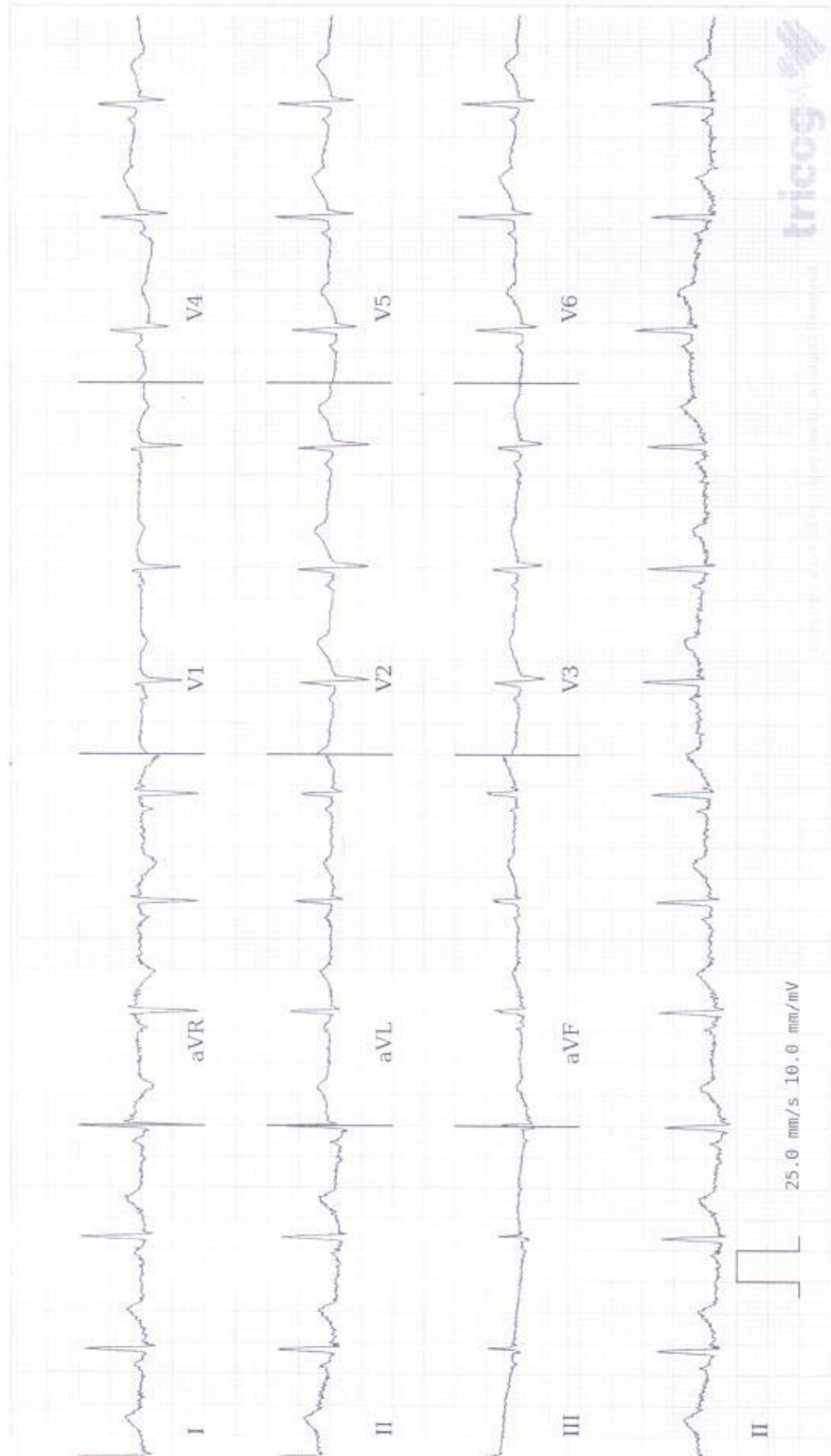
Heart Rate 82bpm

Patient Vitals

BP: 140/90 mmHg  
Weight: 95 kg  
Height: 160 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others:

Measurements

QRSD: 78ms  
QT: 374ms  
QTcB: 436ms  
PR: 110ms  
P-R-T: 13° 38° 28°



REPORTED BY

*(Signature)*

DR AKHIL PARULEKAR  
MBBS MD. MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

G Within Normal Limits: Sinus Rhythm. Please correlate clinically.

USE: Dr. Anshu's web report is based on ECG strips and should be used as an adjunct to clinical history, symptoms, and findings of other invasive and/or non-invasive tests. It is not intended to be a substitute for a qualified physician's interpretation of the ECG. Paper copy is not certified by the e-Health India (HIS) system. (2012082483)

Authenticity Check



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Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 09-Mar-2024  
Reported : 09-Mar-2024 / 13:55

**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-----

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862



Email:

3087 / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg Date: 09 / 03 / 2024 12:46:56 PM Refd By : AERCOFEMI

REPORT :

Heart Rate 159.0 bpm  
Systolic BP 150.0 mmHg Diastolic BP 90.0 mmHg  
Exercise Time 05:13 Mins. Ectopic Beats 0.0  
METs 6.5 Test End Reason , Heart Rate Achieved Target Heart Rate 87% of 183

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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Row House 1st, 3, Aungmya,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 6177000000

**Dr. Akhil P. Parulekar**  
MBBS, MD, Medicine  
DNB Cardiology  
Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg  
 Date: 09 / 03 / 2024 12:46:56 PM Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	082	45%	140/90	114	00	
Standing	00:40	0:33	00.0	00.0	01.0	096	52%	140/90	134	00	
HV	00:50	0:10	00.0	00.0	01.0	098	54%	140/90	137	00	
ExStart	01:08	0:18	00.0	00.0	01.0	105	57%	140/90	147	00	
BRUCE Stage 1	04:08	3:00	02.7	10.0	04.7	135	74%	140/90	189	00	
PeakEX	06:21	2:13	04.0	12.0	06.5	159	87%	150/90	238	00	
Recovery	07:21	1:00	00.0	00.0	01.0	123	67%	150/90	184	00	
Recovery	07:40				00.0	000	0%	---	000	00	

## FINDINGS :

Exercise Time : 05:13  
 Initial HR (ExStrt) : 105 bpm 57% of Target 183  
 Initial BP (ExStrt) : 140/90 (mm/Hg)  
 Max Workload Attained : 6.5-Fair response to induced stress  
 Duke Treadmill Score : 03.7  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 159 bpm 87% of Target 183  
 Max BP Attained 150/90 (mm/Hg)

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**Dr. Akhil P. Parulekar.**  
 MBBS. MD. Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:07 )

3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 82



Date: 09 / 03 / 2024 12:46:56 PM

METS: 1.0 / 82 bpm 45% of THR BP: 140/90 mmHg

Flow ECG/BLC On/Naich On/HE 0.05 Hz/AF 35 Hz

4X 80 ms Post J

EXTIME: 00:00 0.0 Km/h 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:33 )

3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR . 96



Date: 09 / 03 / 2024 12:46:56 PM METS: 1.0/ 96 bpm 52% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Prod J

EXTime: 00:00 0.0 Km/h, 0.0%  
25 mm/Sec 1.0 Cm/mV



I    III    aVL    V1    V3    V5

II    aVR    aVF    V2    V4    V6

REMARKS:

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 98

Date: 09/03/2024 12:46:56 PM METS: 1.0/98 bpm 54% of THR BP: 140/90 mmHg Raw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

HV (00:10)



ExTime: 00:00:0.0 Kmph: 0.0%  
25 mm/Sec: 1.0 Cm/Div



REMARKS  
II aVR aVL V1 V2 V3 V4 V5 V6

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 105

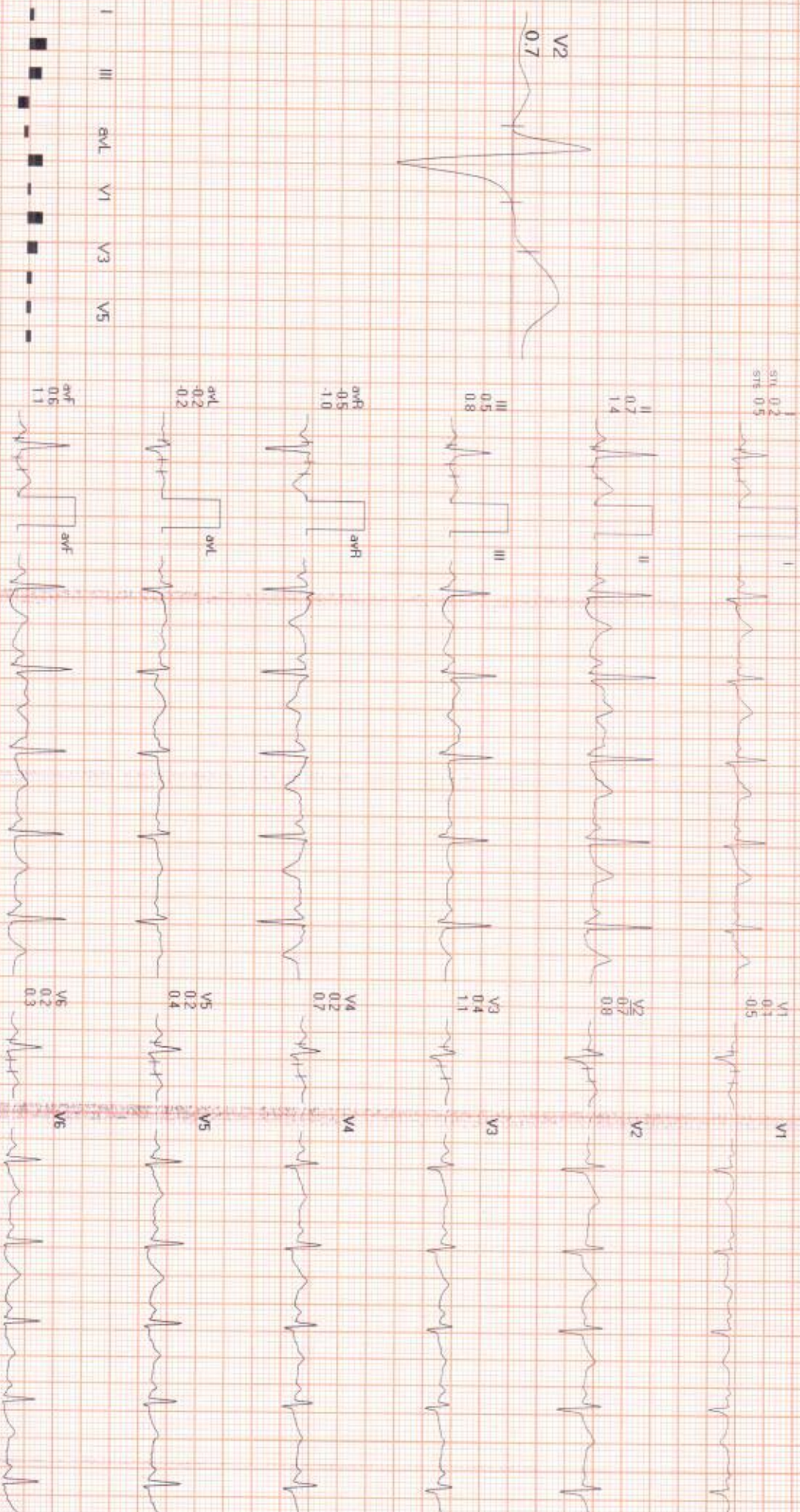
Date: 09/03/2024 12:46:56 PM

METS: 110/105 bpm 57% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X

80 mS Post J

EXTIME: 00:00 0.0 Km/h 0.0%  
25 mm/Sec 1.0 cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 135

**BRUCE : Stage 1 ( 03:00 )**



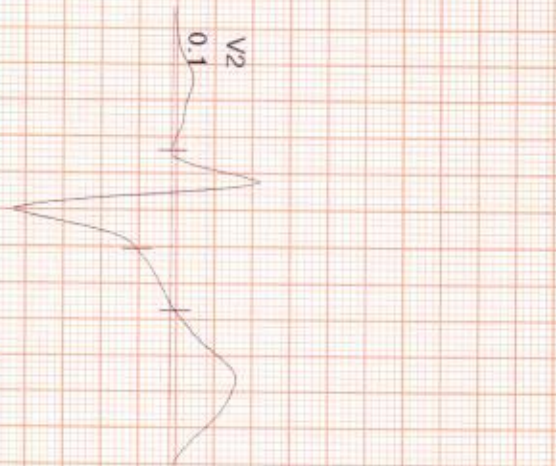
Date: 09/03/2024 12:46:56 PM

METS: 4.7/136 bpm 74% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Km/h, 10.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV



STa 0.2  
STb 1.2



II 0.4  
0.2



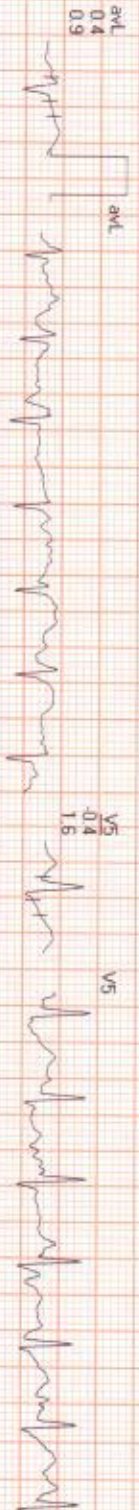
III 0.2  
0.1



aVR -0.3  
-0.3  
-0.7



aVL 0.4  
0.4  
0.9



aVF 0.3  
0.3  
0.7



REMARKS:  
I II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 159

Date: 09/03/2024 12:46:56 PM METS: 6.5/159 bpm 87% of THR BP: 150/90 mmHg Row ECG/ ELC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60ms Post 1

ExTime: 05:13 4.0 kmph 12.0% 25mm/Sec 1.0Um/nV



REMARKS:

II aVR aVF V2 V4 V6

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

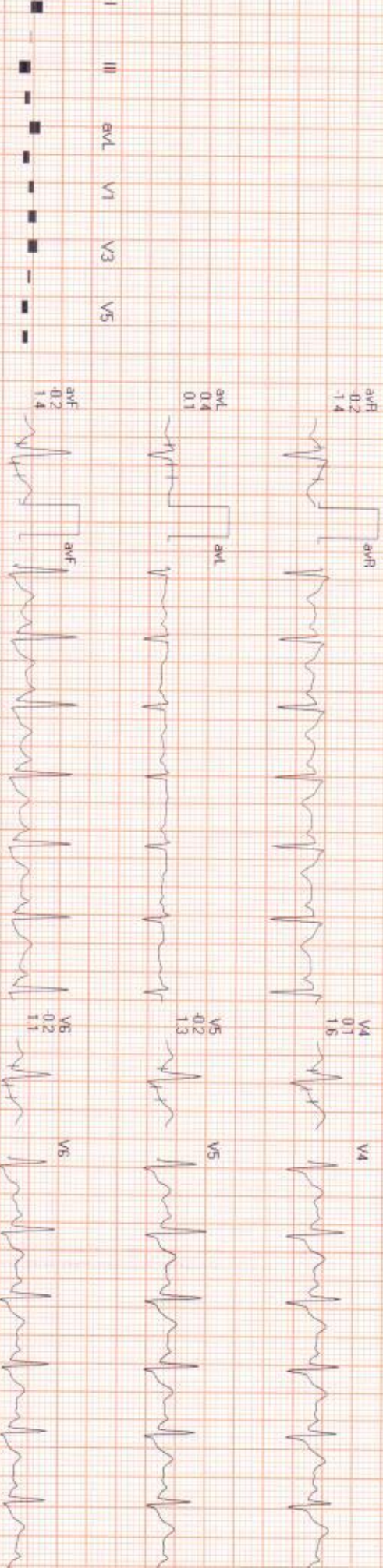
3087 (2406922313) / NISHA MANRAL / 37 Yrs / F / 160 Cms / 95 Kg / HR : 123

Date: 09/03/2024 12:46:56 PM METS: 110/123 bpm 67% of THR BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 60 ms Paper

ExTime: 05:13 0.0 Km/h 0.0%  
25 mm/Sec 1.0 Cm/mV

Recovery : ( 01:00 )



REMARKS:  
I II aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:19 )

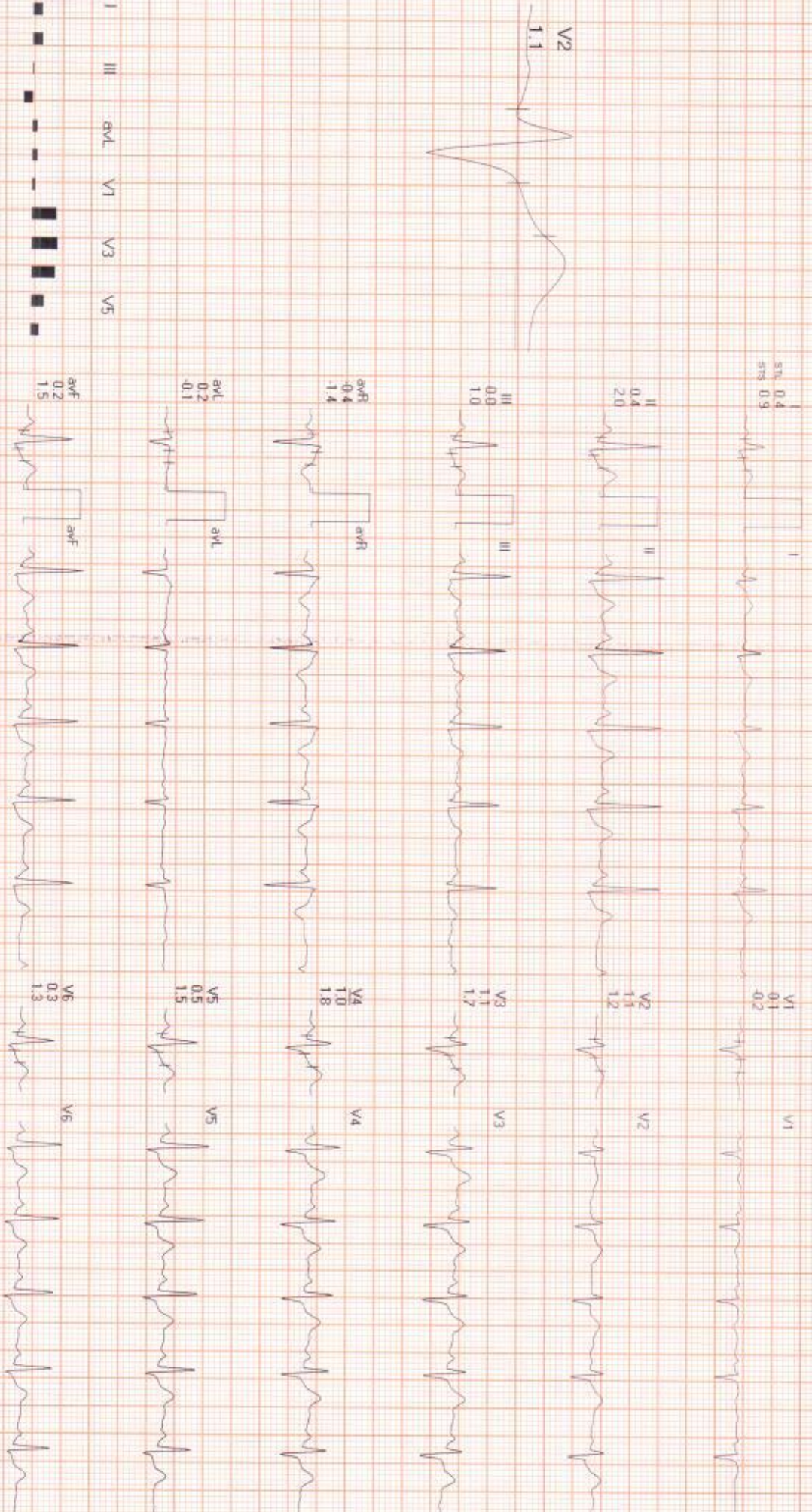
3087 (2406922313) / NISHA MANHAL / 37 Yrs / F / 160 Cms / 95 Kg / HR 108



Date: 09/03/2024 12:46:56 PM METS: 1.0/108 bpm 59% of THR BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LE 35 Hz

4X 80 ms/Post J

EXTIME: 05:13 0.0 Km/h 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS:



CID : 2406922313  
Name : MRS.NISHA MANRAL  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 09:32  
Reported : 09-Mar-2024 / 13:12

Use a QR Code Scanner  
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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.97	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.7	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5300	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	1764.9	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	328.6	200-1000 /cmm	Calculated
Neutrophils	58.9	40-80 %	
Absolute Neutrophils	3121.7	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	68.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	15.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	296000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	26.2	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-



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**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 09-Mar-2024 / 09:32  
**Reported** : 09-Mar-2024 / 15:45

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **53**                      2-20 mm at 1 hr.                      Sedimentation

**Result rechecked.**  
**Kindly correlate clinically.**



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Reported : 09-Mar-2024 / 13:12

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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



*Bmhasakar*

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



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Name : MRS.NISHA MANRAL  
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Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 09:32  
Reported : 09-Mar-2024 / 15:10

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**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	98.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	27.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	105.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	19.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic



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Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 16:55  
Reported : 09-Mar-2024 / 19:42

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eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.3	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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 09:32  
Reported : 09-Mar-2024 / 13:29

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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 Borivali Lab, Borivali West

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



*J Thakker*

**Dr. JYOT THAKKER..**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



CID : 2406922313  
Name : MRS.NISHA MANRAL  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 09:32  
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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>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.0)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



*Dr. Jageshwar Mandal*

**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**





CID : 2406922313  
Name : MRS.NISHA MANRAL  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 09-Mar-2024 / 09:32  
Reported : 09-Mar-2024 / 15:32

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Note:Sample quantity less than 12ml.



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**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 inert

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



*J Thakker*

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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 Erythrocytes magnetized technology (EMT) 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

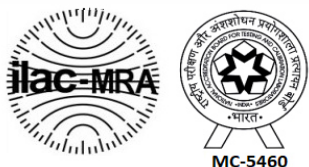
**Limitations:**

- 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.1	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.5	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	16.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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



CID : 2406922313  
Name : MRS.NISHA MANRAL  
Age / Gender : 37 Years / Female  
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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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	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	1.53	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 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 Borivali Lab, Borivali West

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



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