



भारतीय विशिष्ट पहचान प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
Government of India

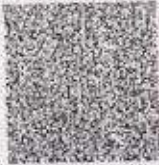
Enrollment No.: 0620/20092/00022

To:
 Kunal Kallesh Patil
 1 no 12 sarthi villa bongriw
 near TIGHRAWADI
 TIGHRA JAKAT NAKA Navsar
 Navsar Navsar Navsar
 Gujarat 396445
 9979 77178

Ref: 620 1230 / 07103 / 07107 / P



S8937929772FH



SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Bhoomi Castle,
 Opp. Goregaon Sports Club,
 Link Road, Malad (W), Mumbai - 400 064

आधार अंक Your Aadhaar No. :

4132 2572 0542

मेरा आधार, मेरी पहचान



भारत सरकार
 Government of India



Kunal Kallesh Patil
 DOB 03/02/1985
 Female



4132 2572 0542

मेरा आधार, मेरी पहचान

Scanned by CamScanner

Handwritten signature



CID# : 2308108828

Name : MRS.KUNJAL PATEL

Age / Gender : 38 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:16

Reported : 22-Mar-2023 / 18:16

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms): 153

Temp (0c): afebrile

Blood Pressure (mm/hg): 110/70

Pulse: 84/r

Weight (kg): 65

Skin: NAD

Nails: NAD

Lymph Node: Not palpable

Systems

Cardiovascular: NAD

Respiratory: NAD

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

Mild dyslipidemia, Urinary Tract infection

ADVICE:

Lifestyle modification
Drink plenty of liquid

CHIEF COMPLAINTS:

1) Hypertension:

NO

CID# : 2308108828
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Consulting Dr. :
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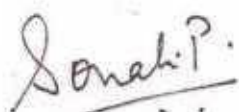
Collected : 22-Mar-2023 / 08:16
Reported : 22-Mar-2023 / 18:16

- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO
- 6) Asthama NO
- 7) Pulmonary Disease NO
- 8) Thyroid/ Endocrine disorders since 2013
- 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 in 2014
- 17) Musculoskeletal System NO

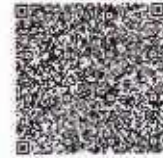
PERSONAL HISTORY:

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet Non-Veg
- 4) Medication Thyronorm 50 mcg

*** End Of Report ***


Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308108828
Name : Mrs Kunjal Patel
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 13:22

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208170527>



CID : 2308108828
Name : Mrs Kunjal Patel
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 11:42

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.2 cm), 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 and CBD 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 head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.4 x 4.7 cm.
Left kidney measures 10.4 x 5.0 cm.

SPLEEN:

The spleen is normal in size (7.9 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(TAS):

The uterus is anteverted and appears normal. It measures 8.1 x 6.0 x 3.7 cm in size. The endometrial thickness is 10.9 mm.

OVARIES(TAS):

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 1.8 x 1.2 cm. Left ovary = 2.7 x 0.9 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208170519>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308108828
Name : Mrs Kunjal Patel
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 11:42

IMPRESSION:

- Grade I fatty infiltration of liver.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis, They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032208170519>

Page no 2 of 2

Age **38** years **1** months **19** days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **65 kg**

Height: **153 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

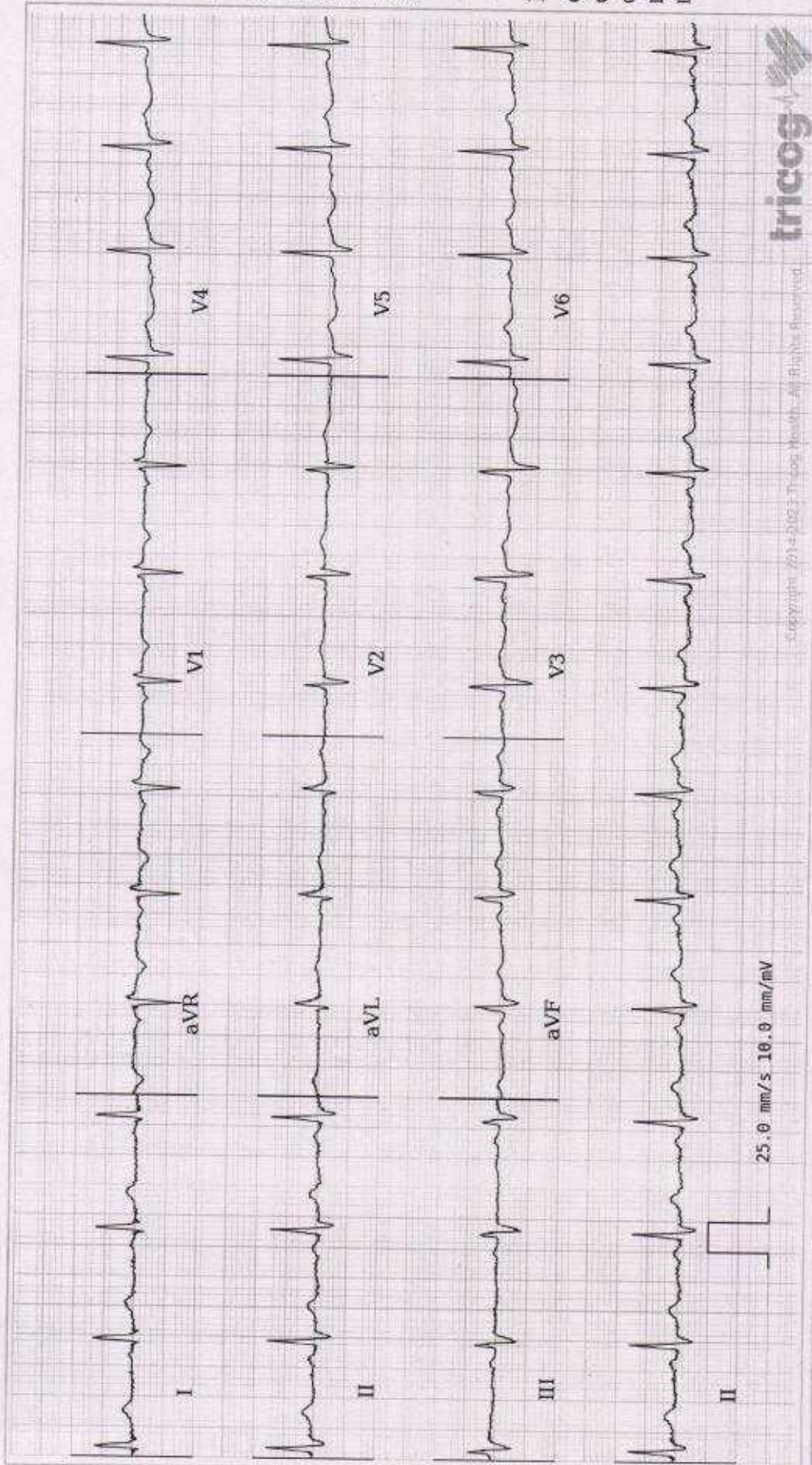
QRSD: **94ms**

QT: **360ms**

QTc: **425ms**

PR: **128ms**

P-R-T: **56° 30° 36°**



ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1. Please correlate clinically.

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/004/1882

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.

SUBURBAN DIAGNOSTICS

--
Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: KUNJAL , PATEL

Patient ID: 2308108828

Height: 153 cm

Weight: 65 kg

DOB: 03.02.1985

Age: 38yrs

Gender: Female

Race: Asian

Study Date: 22.03.2023

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:31	0.00	0.00	77	110/70	
	STANDING	00:20	0.00	0.00	80	110/70	
	HYPERV.	00:24	0.00	0.00	83	110/70	
	WARM-UP	00:14	1.00	0.00	82		
EXERCISE	STAGE 1	03:00	1.70	10.00	118	120/70	
	STAGE 2	03:00	2.50	12.00	148	132/70	
	STAGE 3	02:05	3.40	14.00	164	140/70	
RECOVERY		03:02	0.00	0.00	107	146/80	

The patient exercised according to the BRUCE for 8:04 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 87 bpm rose to a maximal heart rate of 164 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 146/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

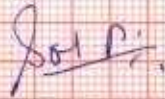
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician



Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

KUNJAL PATEL

Patient ID 2308108828

22.03.2023

12:39:27pm

12-Lead Report

PRETEST

SUPINE

00:22

83 bpm

110/70 mmHg

BRUCE

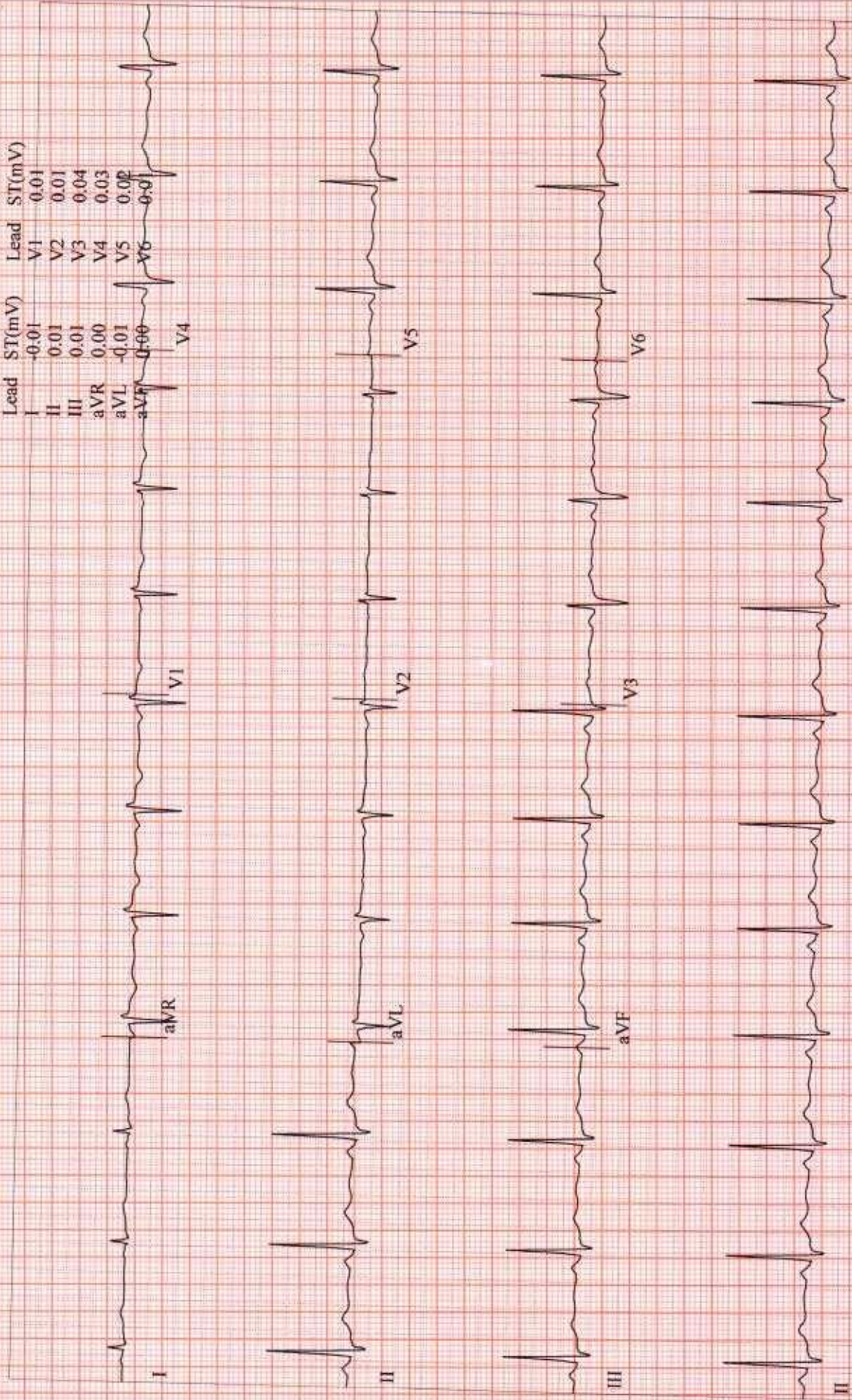
0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.01
II	0.01	V2	0.01
III	0.01	V3	0.04
aVR	0.00	V4	0.03
aVL	-0.01	V5	0.02
aVF	0.00	V6	0.01



GE CardioSoft V6.73 (2)
2.5 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:39:45pm

81 bpm

110/70 mmHg

PRETEST

STANDING

00:40

12-Lead Report

BRUCE

0.0 mph

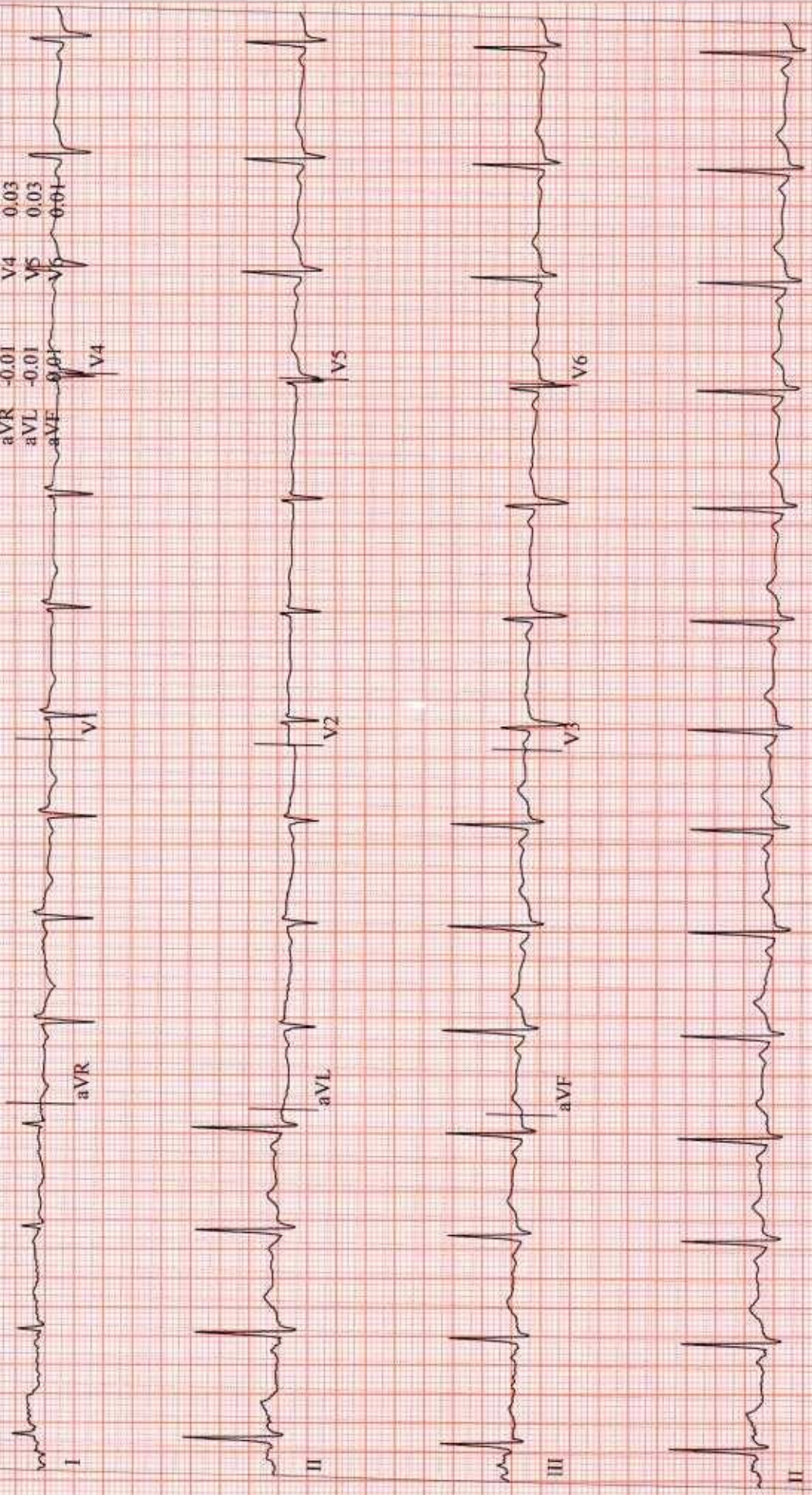
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J

Auto-Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.00	V1	-0.03
II	0.01	V2	0.02
III	0.00	V3	0.04
aVR	-0.01	V4	0.03
aVL	-0.01	V5	0.03
aVF	0.01	V6	0.01



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:40:09pm

86 bpm

110/70 mmHg

PRETEST
HYPERV.

01:04

12-Lead Report

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.00	V1	0.02
II	0.01	V2	0.02
III	0.01	V3	0.04
aVR	0.00	V4	0.03
aVL	-0.01	V5	0.03
aVF	0.01	V6	0.01



KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:43:18pm

Linked Medians

EXERCISE

STAGE 1

02:50

115 bpm

120/70 mmHg

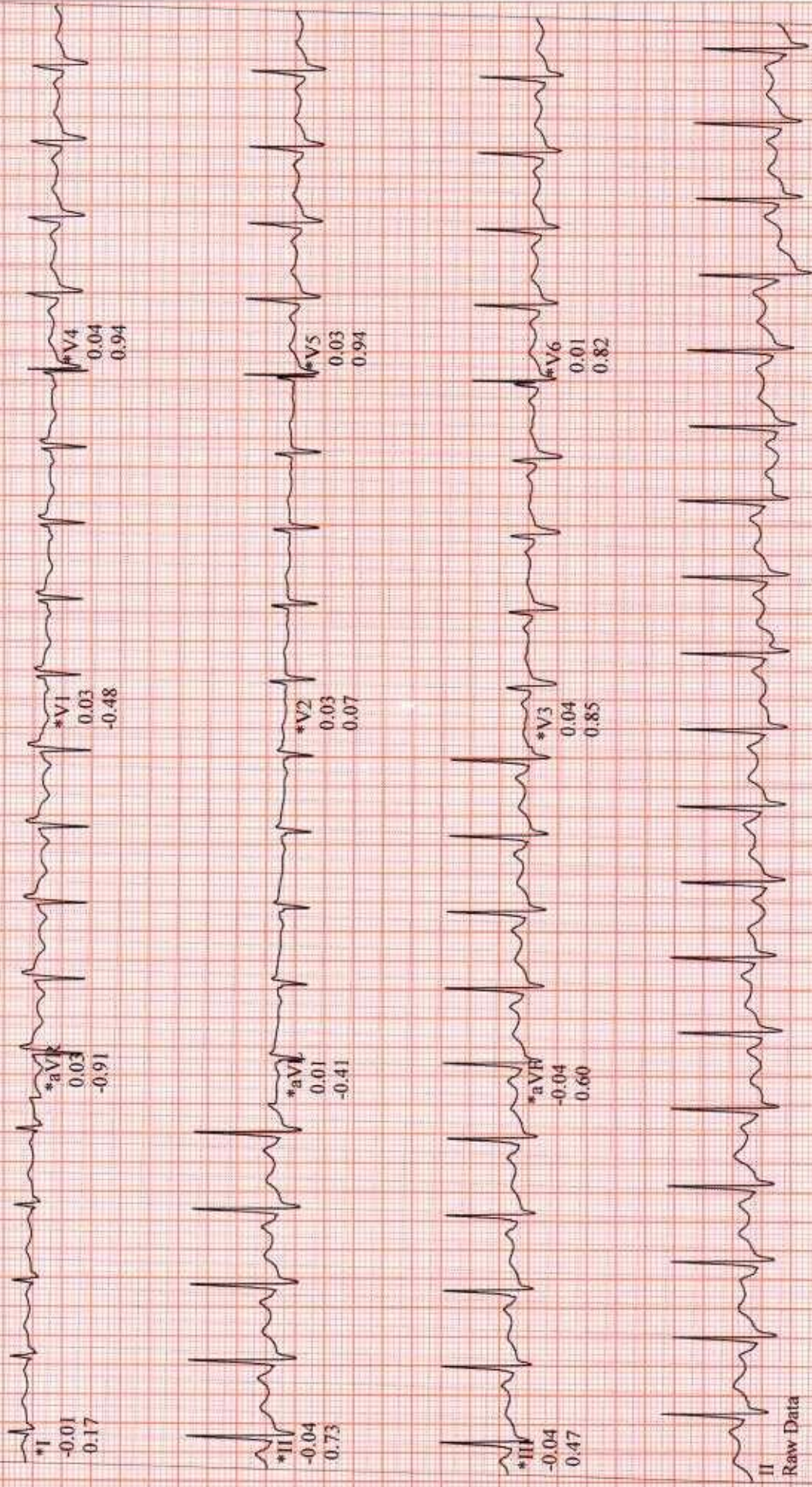
BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

*Computer Synthesized Rhythms

Start of Test 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:46:17pm

Linked Medians

146 bpm

132/70 mmHg

EXERCISE

STAGE 2

05:50

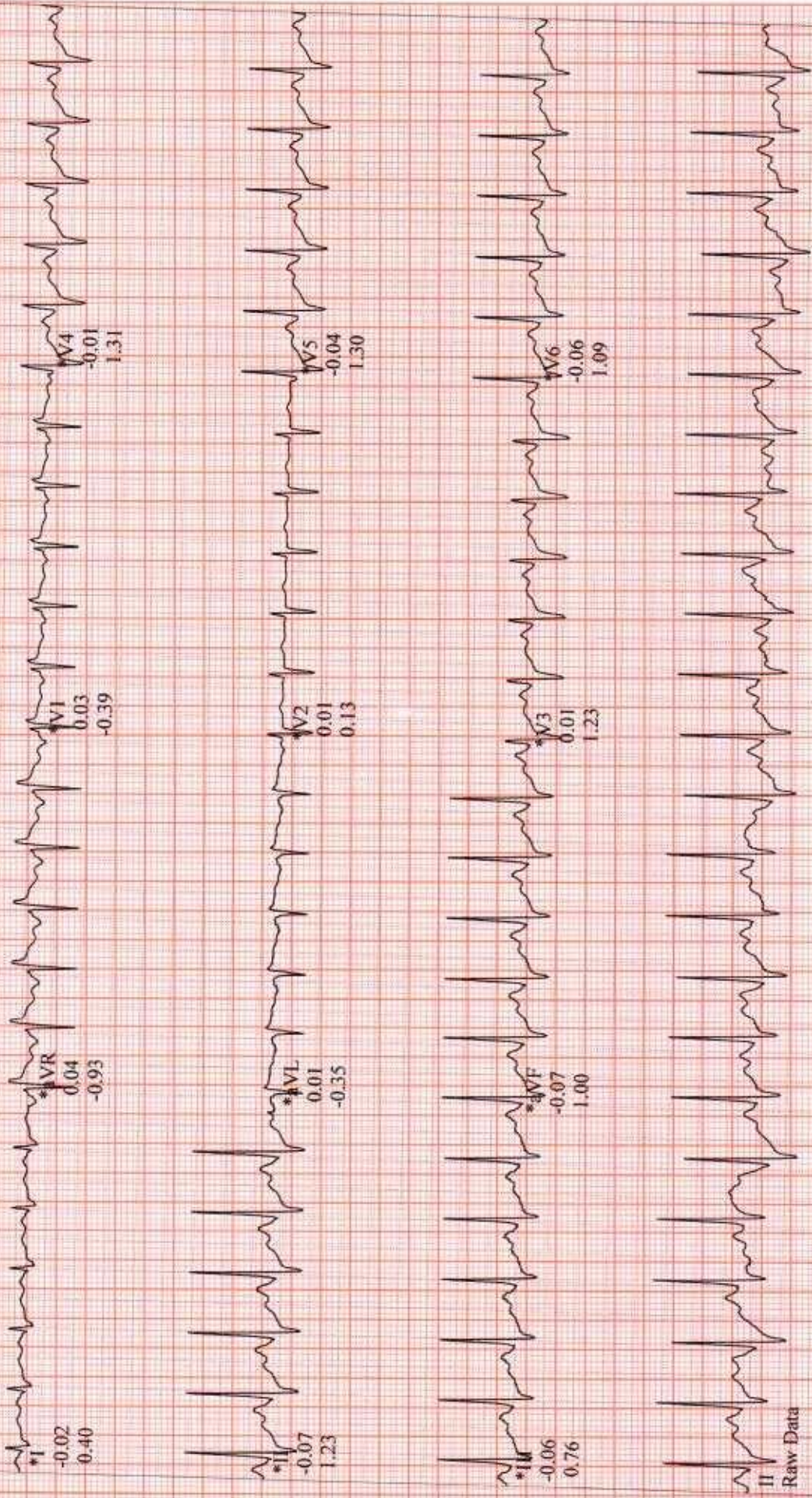
BRUCE

2.5 mph

12.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

*Computer Synthesized Rhythms

Start of Test 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:48:37pm

164 bpm

140/70 mmHg

EXERCISE

STAGE 3

08:05

12-Lead Report (PEAK EXERCISE)

BRUCE

3.4 mph

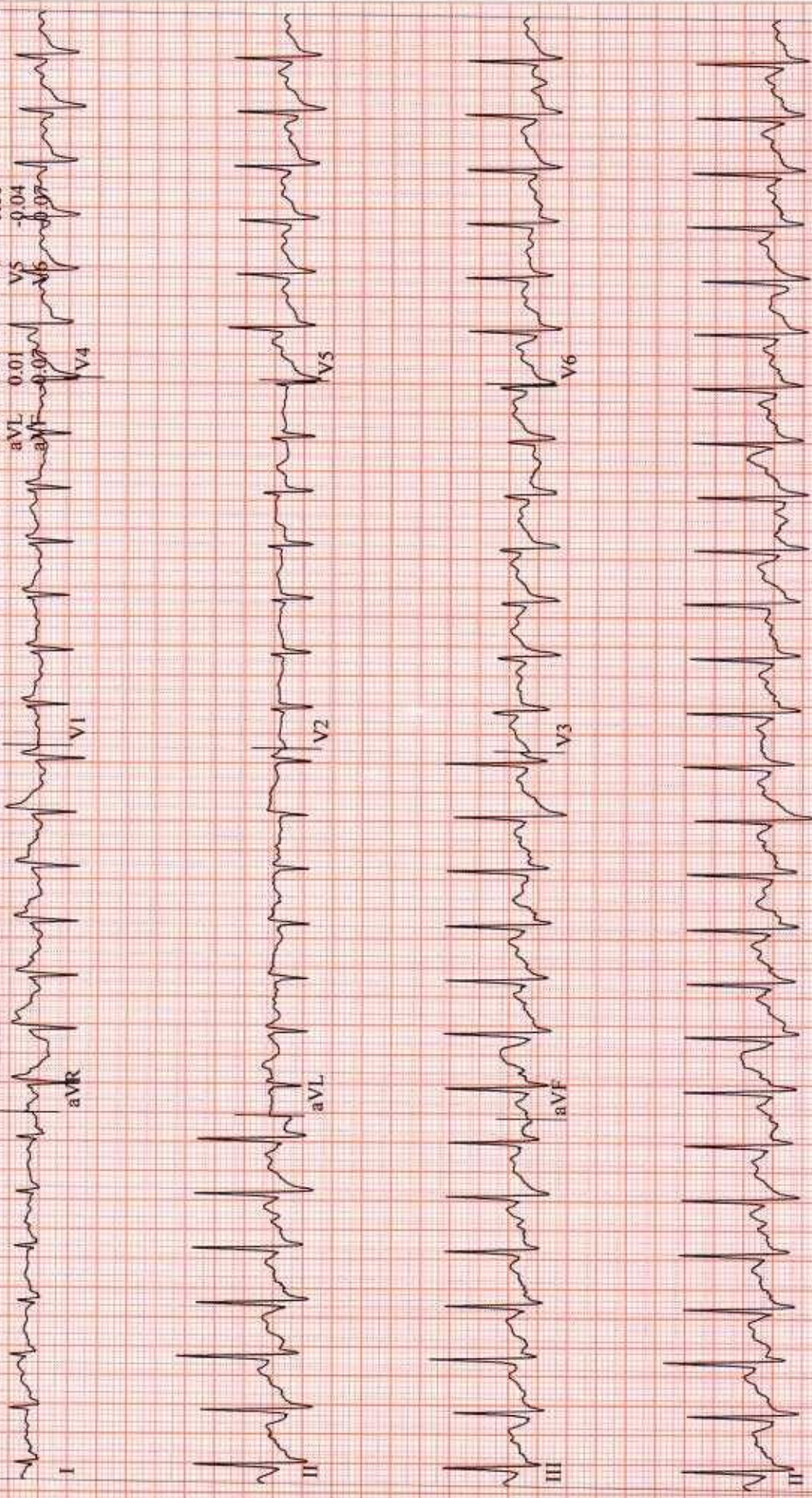
14.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.03	V1	0.03
II	-0.07	V2	0.01
III	-0.05	V3	0.03
aVR	0.05	V4	0.00
aVL	0.01	V5	-0.04
aVF	0.02	V6	0.02



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:49:31 pm

Linked Medians

RECOVERY

#1

01:00

144 bpm

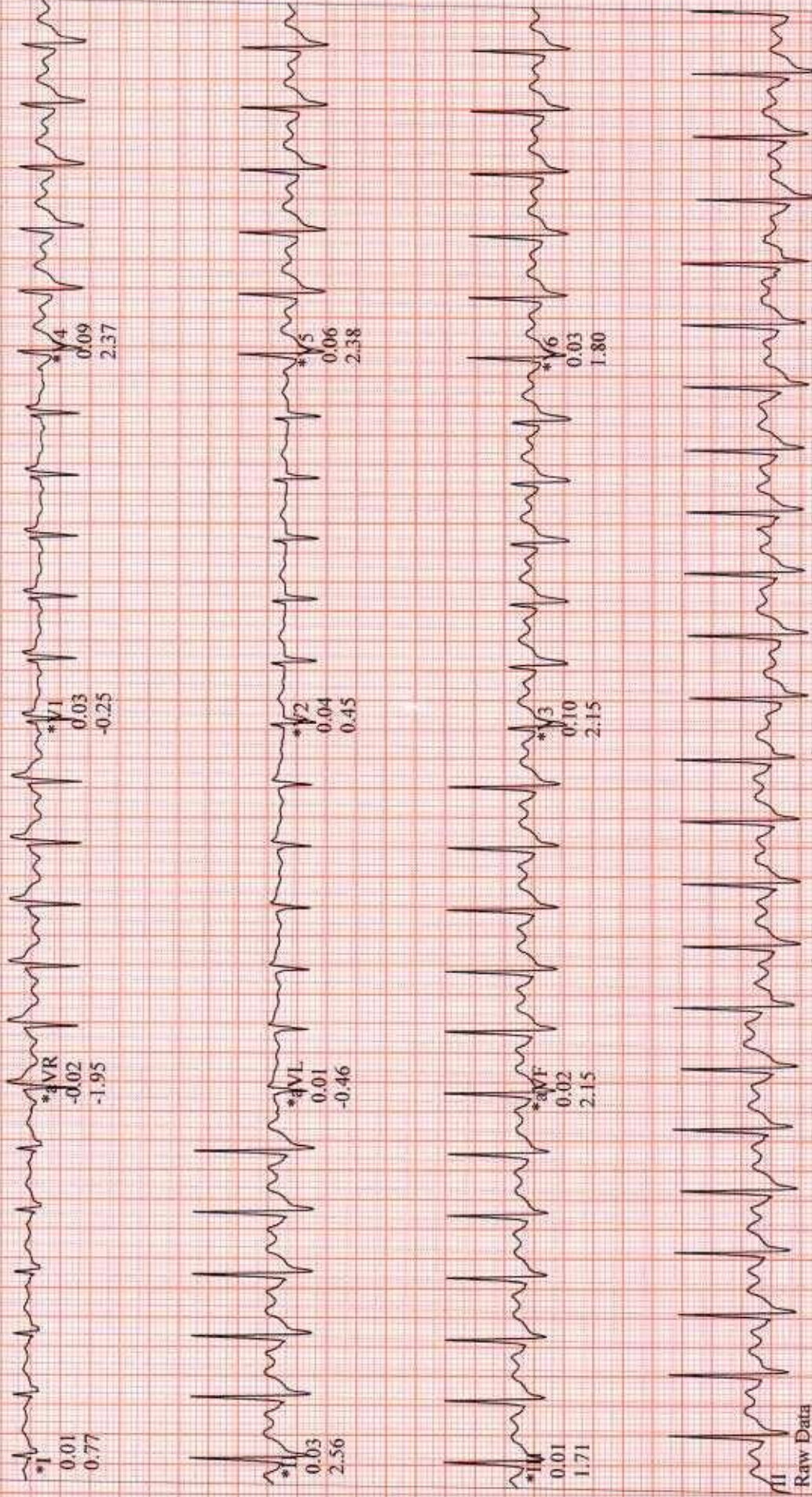
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V5,II)

Start of Test: 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:50:31pm

Linked Medians

RECOVERY

#1

02:00

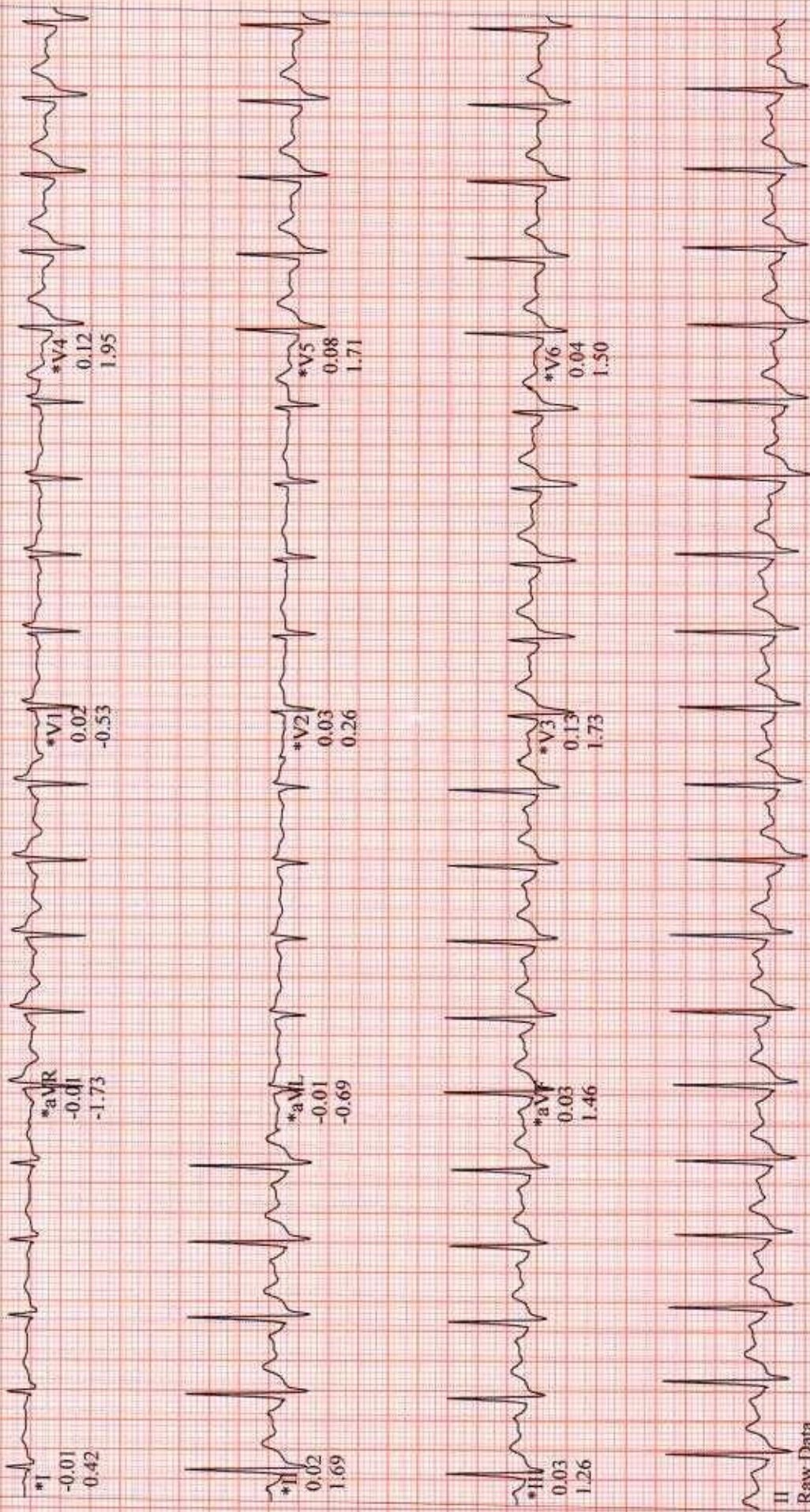
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 12:38:59pm

KUNJAL, PATEL

Patient ID 2308108828

22.03.2023

12:51:31 pm

Linked Medians

RECOVERY

#1

03:00

108 bpm

146/80 mmHg

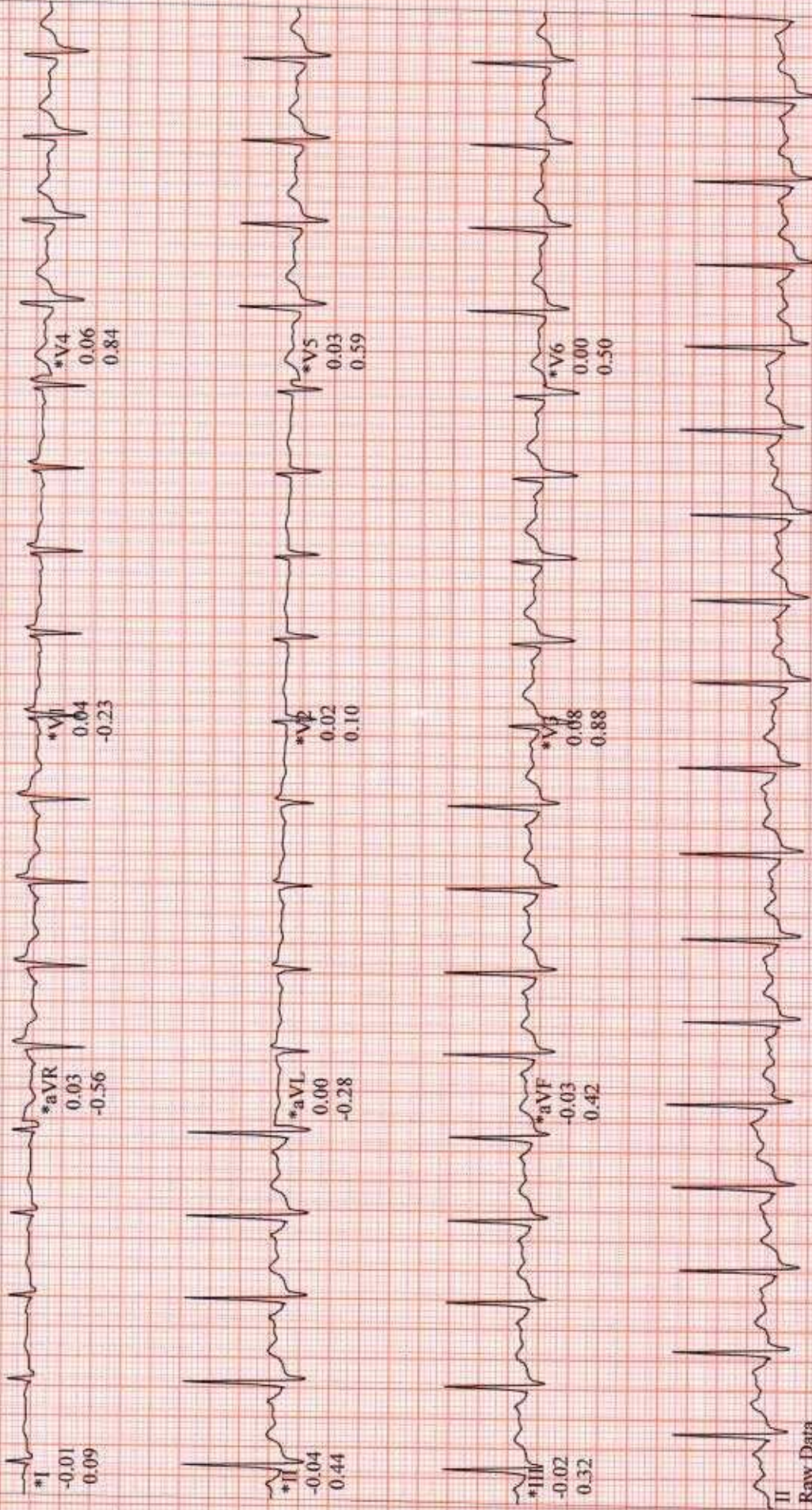
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS

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



II
Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
2.5 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,II)

Start of Test: 12:38:59pm



CID : 2308108828
Name : MRS.KUNJAL PATEL
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 22-Mar-2023 / 08:18
Reported : 22-Mar-2023 / 10:53

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	4.68	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.6	36-46 %	Calculated
MCV	84.5	80-100 fl	Measured
MCH	26.0	27-32 pg	Calculated
MCHC	30.8	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7570	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.9	20-40 %	
Absolute Lymphocytes	3170	1000-3000 /cmm	Calculated
Monocytes	5.2	2-10 %	
Absolute Monocytes	400	200-1000 /cmm	Calculated
Neutrophils	51.7	40-80 %	
Absolute Neutrophils	3920	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	80	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	233000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Measured
PDW	16.7	11-18 %	Calculated

RBC MORPHOLOGY



CID : 2308108828
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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:18
Reported : 22-Mar-2023 / 13:01

Use a QR Code Scanner
Application To Scan the Code

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	90.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	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	14.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.51-0.95 mg/dl	Enzymatic



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Reg. Location : Malad West (Main Centre)

Collected : 22-Mar-2023 / 08:18
Reported : 22-Mar-2023 / 16:00

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum 80 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 4.3 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent

Urine Ketones (Fasting) Absent Absent

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



MC-2111

Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



CID : 2308108828
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Collected : 22-Mar-2023 / 08:18
Reported : 22-Mar-2023 / 13:17

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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 ***

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



MC-2111





CID : 2308108828
Name : MRS.KUNJAL PATEL
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	15	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	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	30-35	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	15-20		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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

J Thakker

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



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CID : 2308108828
Name : MRS.KUNJAL PATEL
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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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	204.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	103.7	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	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	134.0	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	20.5	< /= 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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*** End Of Report ***

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Dr.MILLU JAIN
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Name : MRS.KUNJAL PATEL
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Reg. Location : Malad West (Main Centre)

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Reported : 22-Mar-2023 / 12:00

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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	2.70	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)

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*** End Of Report ***

Anupa

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