

CID# : 2308422070
Name : MRS.SHIVANI RATHORE
Age / Gender : 30 Years/Female
Consulting Dr. :
Reg.Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 09:57
Reported : 25-Mar-2023 / 15:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	157	Weight (kg):	54
Temp (0c):	afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	72/r	Lymph Node:	Not palpable

Systems

Cardiovascular: NAD
Respiratory: NAD
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION: WNL.

ADVICE: Regular exercise

CHIEF COMPLAINTS:

1) Hypertension: NO

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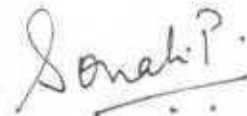
Collected : 25-Mar-2023 / 09:57
Reported : 25-Mar-2023 / 15:53

- | | |
|--|----|
| 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 | NO |
| 17) Musculoskeletal System | NO |

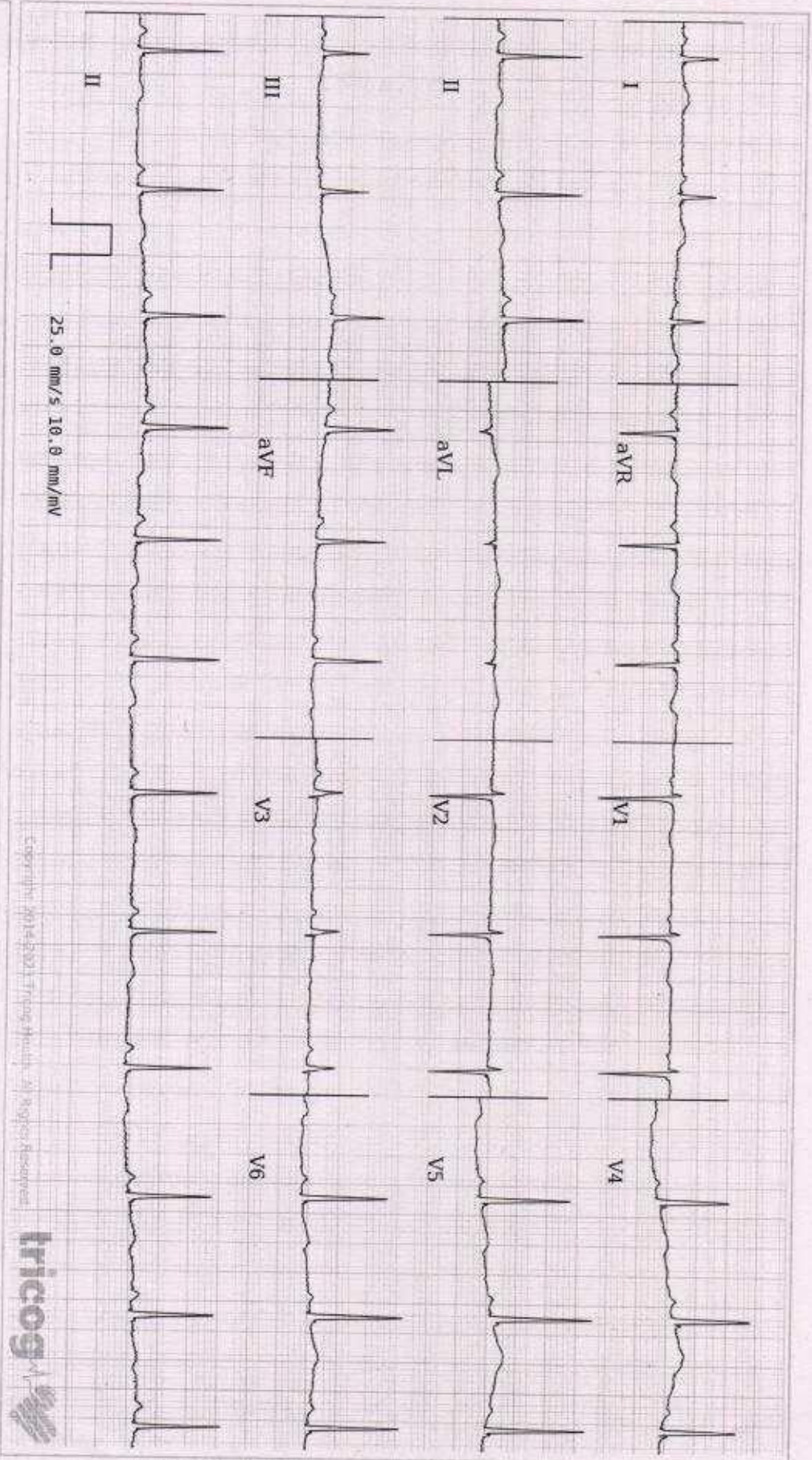
PERSONAL HISTORY:

- | | |
|---------------|------------|
| 1) Alcohol | occasional |
| 2) Smoking | NO |
| 3) Diet | Non-veg |
| 4) Medication | no |

*** End Of Report ***



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



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Age **30** 0 9
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 54 kg

Height: 157 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 394ms

QTc: 431ms

PR: 134ms

P-R-T: 57° 68° 9°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001 Dsw/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 relevant and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vital signs are as entered by the clinician and not derived from the ECG.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308422070
Name : Mrs SHIVANI RATHORE
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 14:43

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=2023032509581775>

Date:- 25/3/23

CID: 2308422070

Name:- Mrs Shivani Rathore

Sex / Age: 30/female

EYE CHECK UP

Chief complaints: — No

Systemic Diseases: — No

Past history: — No

Unaided Vision: Both eye N - NG
D - 6/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NG	—	—	—	NG

✓
Colour Vision: Normal / Abnormal

Remark:

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



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Reg. Location : Malad West Main Centre

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 11:58

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.5 cm), shape and smooth margins. It shows normal 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 partially distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas head, body and partial tail 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 8.5 x 4.8 cm.
Left kidney measures 10.4 x 4.6 cm.

SPLEEN:

The spleen is normal in size (8.7 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 8.5 x 5.7 x 3.4 cm in size. The endometrial thickness is 6.3 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 = 2.4 x 1.8 cm. Left ovary = 2.9 x 1.1 cm.

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Reported : 25-Mar-2023 / 11:58

IMPRESSION:

No significant abnormality is seen.

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=2023032509581768>

Page no 2 of 2

Malad West

Station
Telephone:**EXERCISE STRESS TEST REPORT**

Patient Name: SHIVANI, RATHORE

Patient ID: 230822070

Height: 157 cm

Weight: 54.2 kg

DOB: 16.03.1993

Age: 30yrs

Gender: Female

Race: Asian

Study Date: 25.03.2023

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	00:16	0.00	0.00	96	120/80	
	STANDING	00:14	0.00	0.00	89	120/80	
	HYPERV.	00:15	0.00	0.00	103	120/80	
EXERCISE	WARM-UP	00:11	1.00	0.00	100		
	STAGE 1	03:00	1.70	10.00	137	130/80	
RECOVERY	STAGE 2	02:27	2.50	12.00	171	142/80	
		03:10	0.00	0.00	106	142/80	

The patient exercised according to the BRUCE for 5:27 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 97 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 142/80 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.

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102-104, Ehoomi Castle,

Opp. Goregaon Sports Club,

Link Road, Malad (W), Mumbai - 400 064.

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

SHIVANI, RATHORE
Patient ID: 230822070
25.03.2023
12:37:14pm

12-Lead Report

PRETEST
SUPINE
00:14

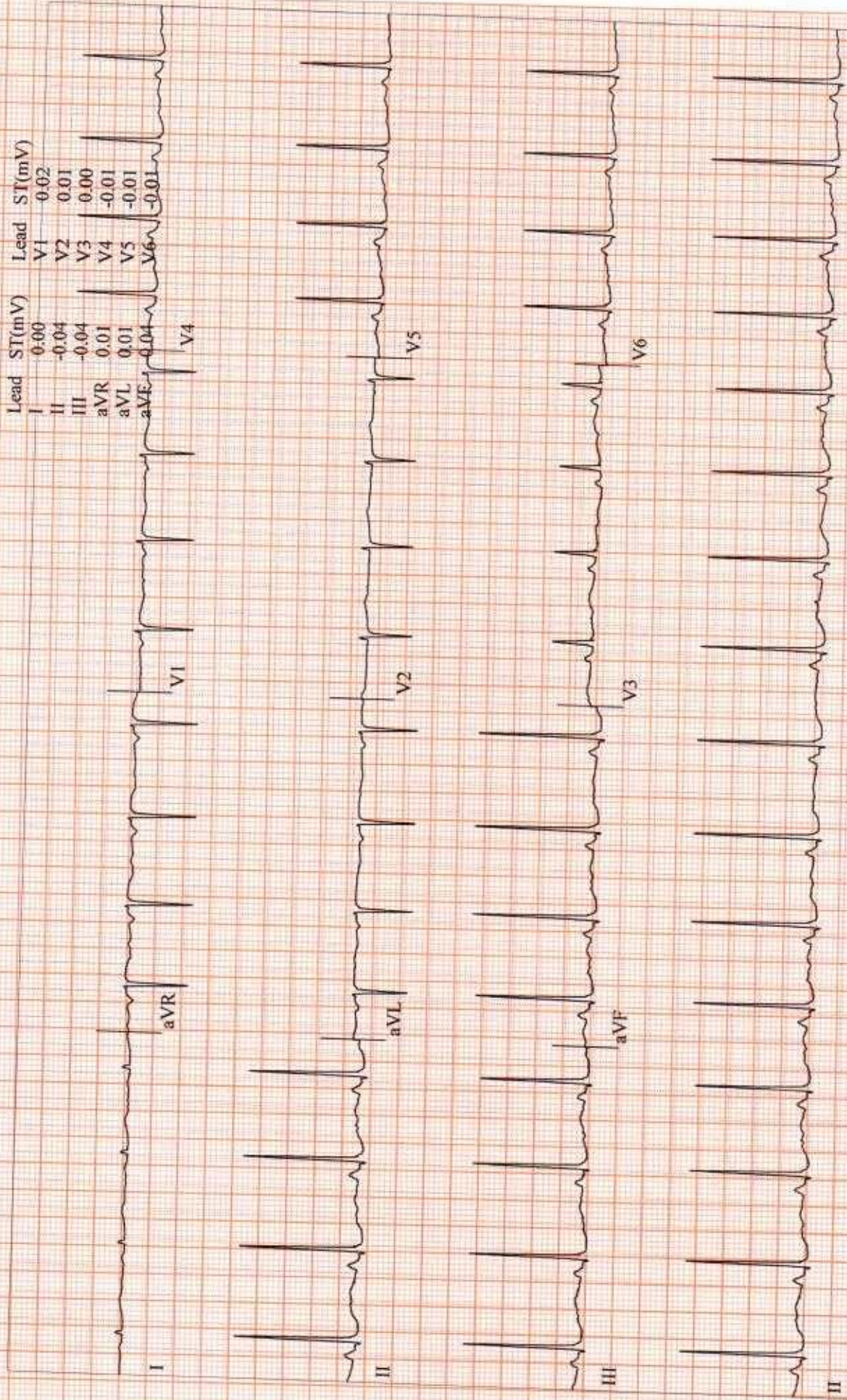
97 bpm
120/80 mmHg

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	-0.04	V2	0.01
III	-0.04	V3	0.00
aVR	0.01	V4	-0.01
aVL	0.01	V5	-0.01
aVF	0.04	V6	-0.01



SHIVANI, RATHORE
Patient ID: 230822070
25.03.2023
12:37:28pm

12-Lead Report
PRETEST
STANDING
00:28

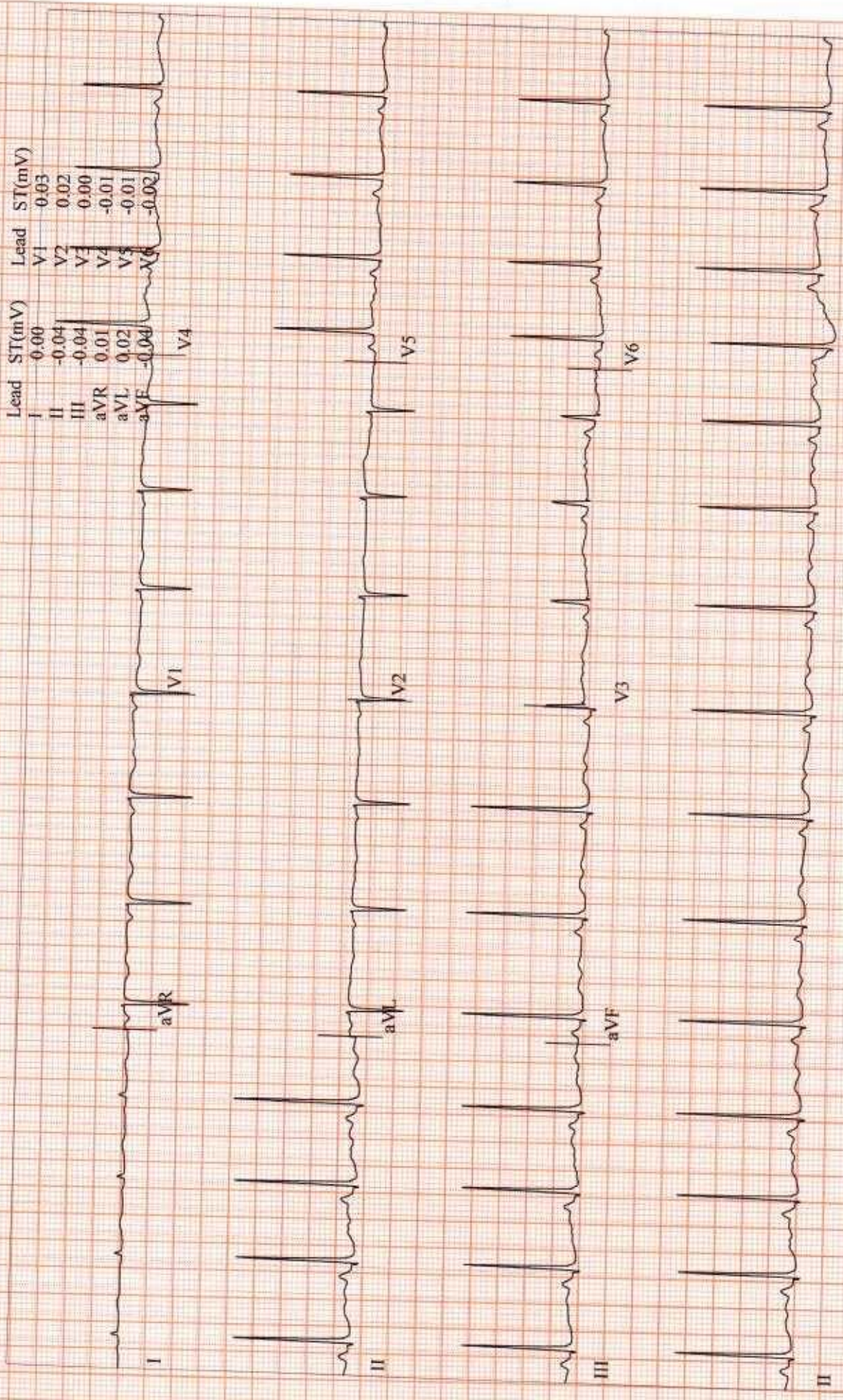
95 bpm
120/80 mmHg

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	-0.04	V2	0.02
III	-0.04	V3	0.00
aVR	0.01	V4	-0.01
aVL	0.02	V5	-0.01
aVF	-0.04	V6	-0.02



SHIVANI, RATHORE
 Patient ID: 230822070
 25.03.2023
 12:37:43pm

12-Lead Report

BRUCE
 0.0 mph
 0.0 %

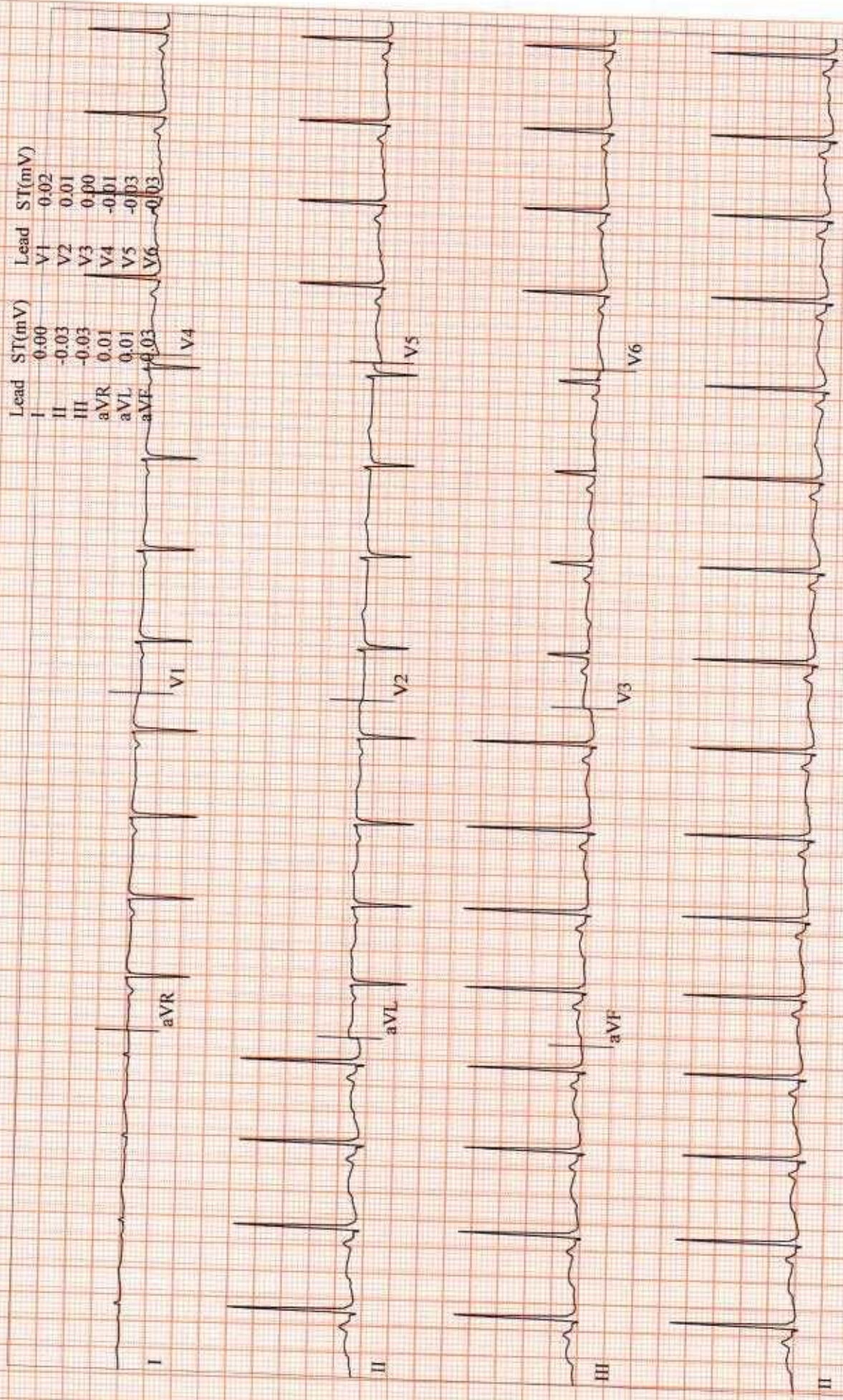
PRETEST
 HYPERV.
 00:43

104 bpm
 120/80 mmHg

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

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



SHIVANI, RATHORE

Patient ID: 230823070

25.03.2023

12:40:40pm

137 bpm

130/80 mmHg

Linked Medians

EXERCISE

STAGE 1

02:50

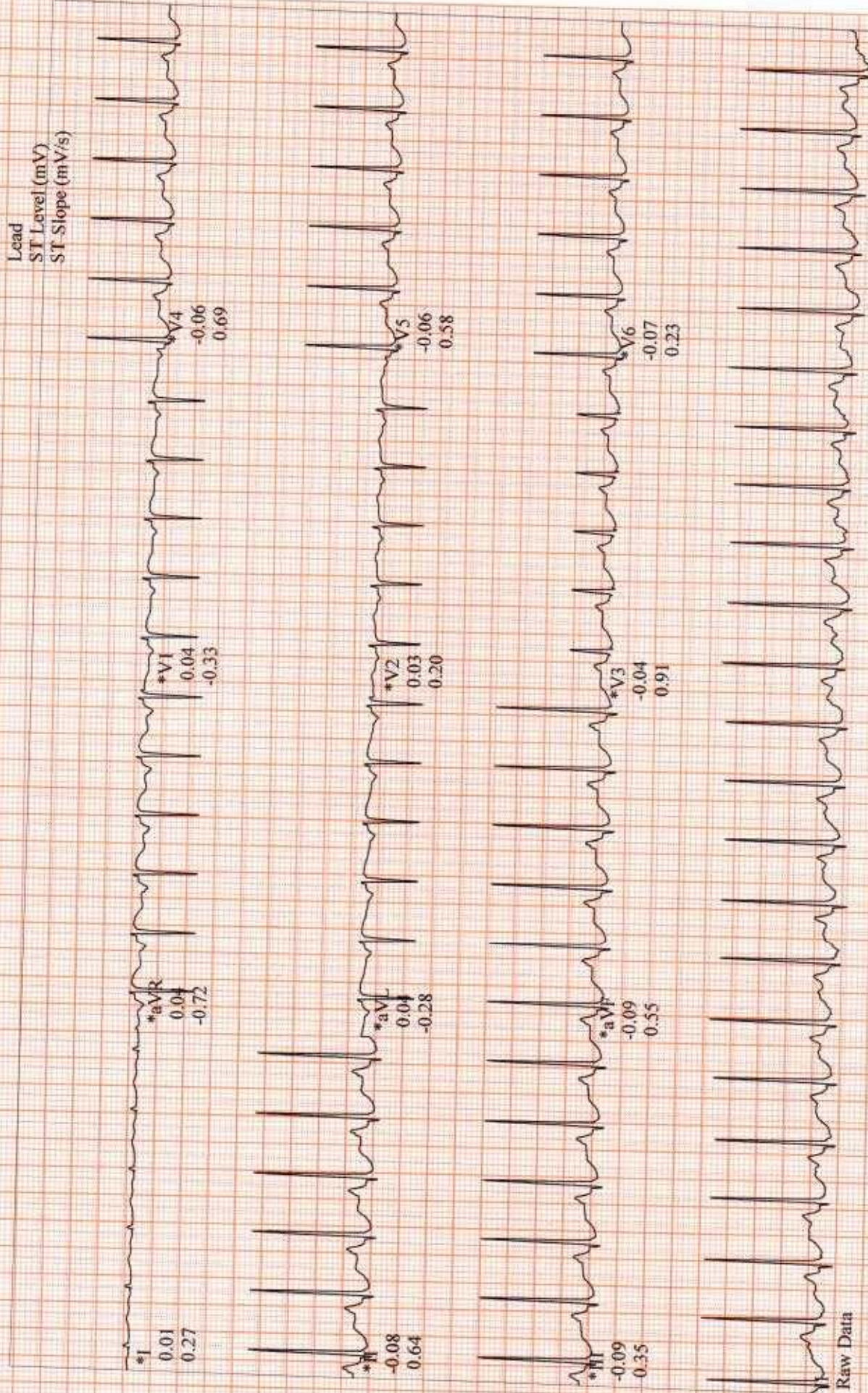
BRUCE

1.7 mph

10.0 %

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(II,V5)

*Computer Synthesized Rhythms

Start of Test: 12:36:54pm

SHIVANI, RATHORE
 Patient ID 230822070
 25.03.2023
 12:43:22pm

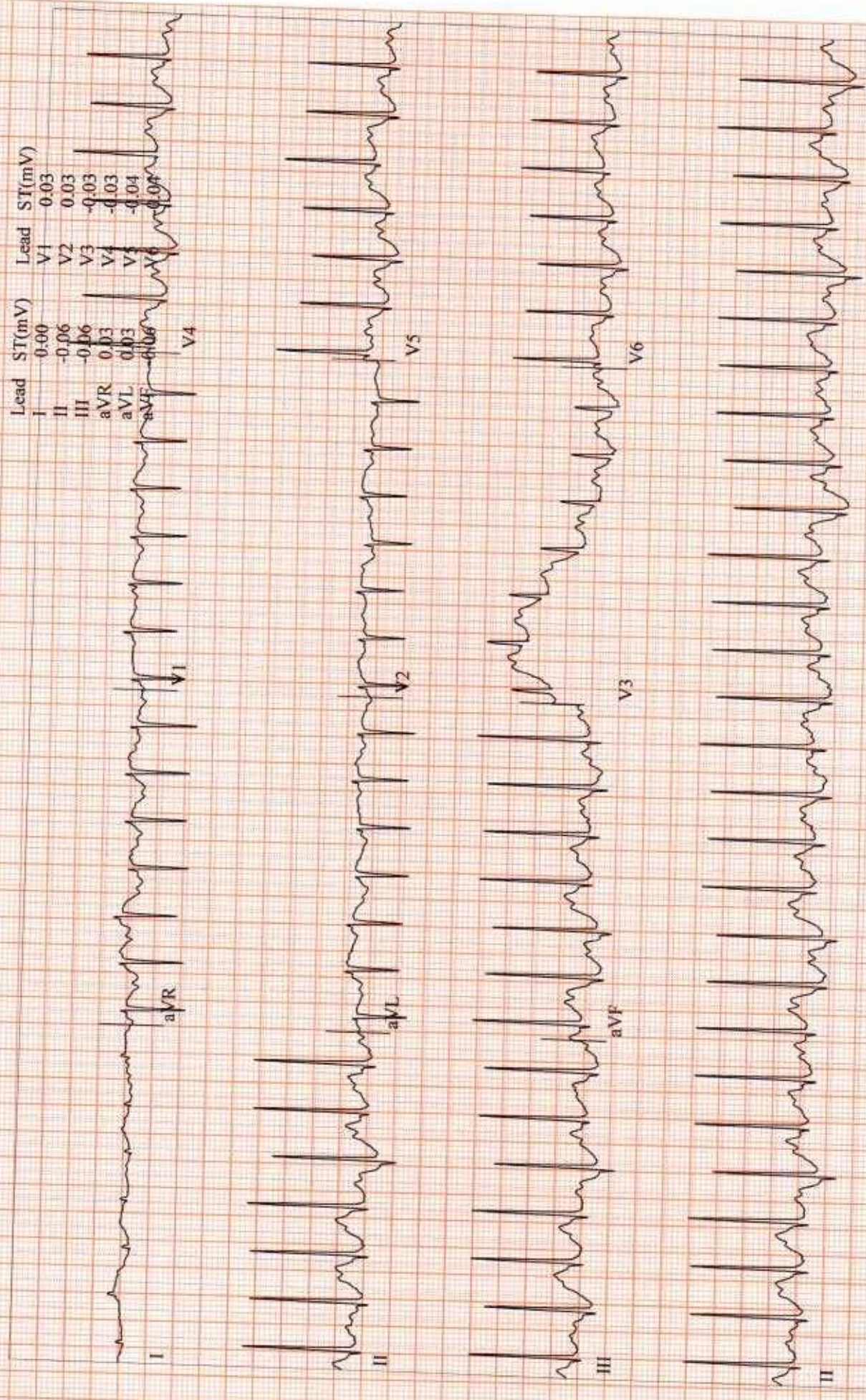
171 bpm
 142/80 mmHg

12-Lead Report (PEAK EXERCISE)
 EXERCISE STAGE 2
 05:27
 BRUCE
 2.5 mph
 12.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.00	V1	0.03
II	-0.06	V2	0.03
III	-0.06	V3	-0.03
aVR	0.03	V4	-0.03
aVL	0.03	V5	-0.04
aVF	0.06	V6	0.06



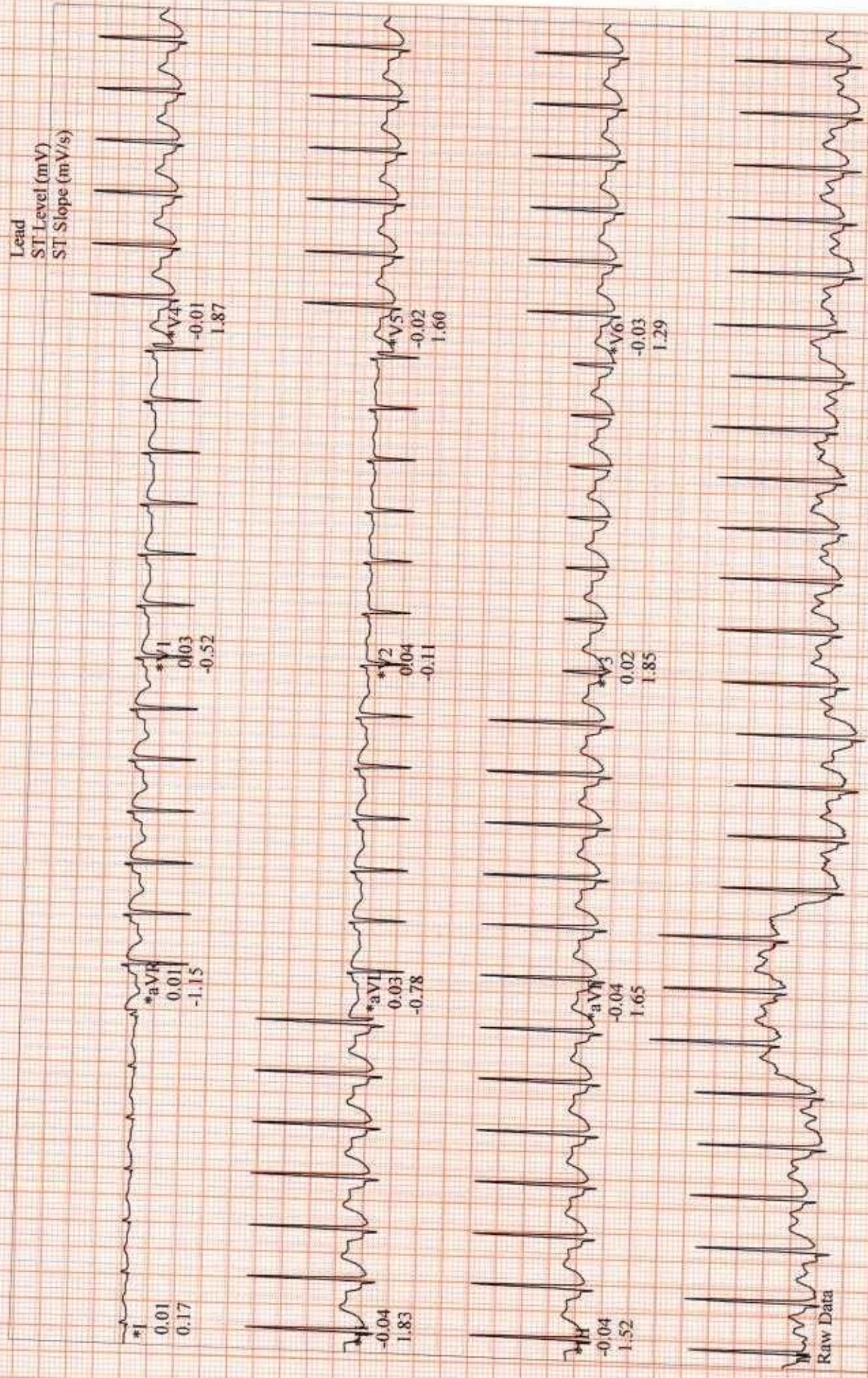
SHIVANI, RATHORE
Patient ID 230822070
25.03.2023
12:44:17pm

155 bpm

Linked Medians
RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



Raw Data

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

*Computer Synthesized Rhythms

Start of Test: 12:36:54pm

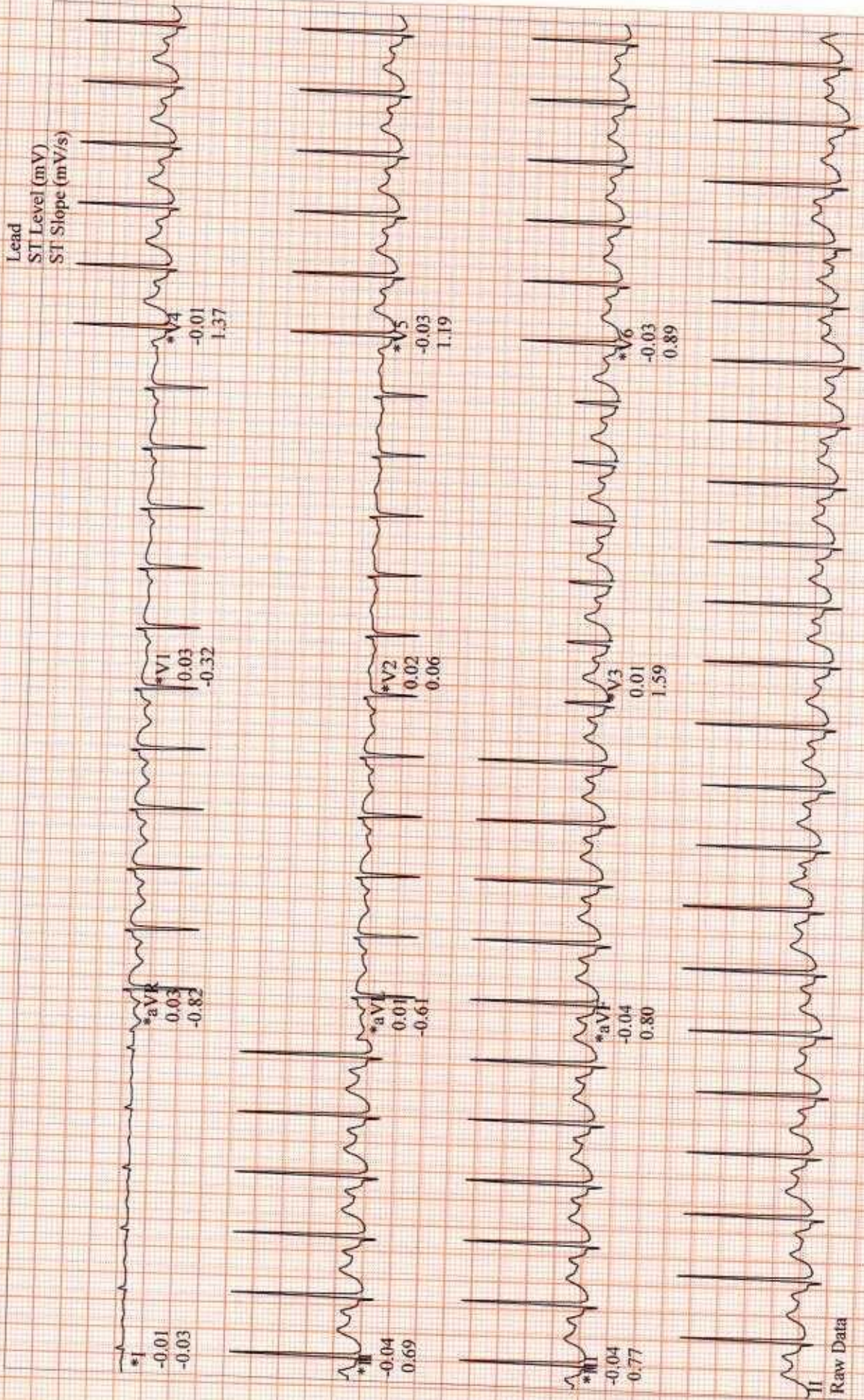
SHIVANI, RATHORE
Patient ID 230822070
25-03-2023
12:45:17pm

134 bpm

Linked Medians
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



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

*Computer Synthesized Rhythms

Start of Test: 12:36:54pm

SHIVANI, RATHORE
Patient ID: 230822070
25-03-2023
12:46:17pm

Linked Medians

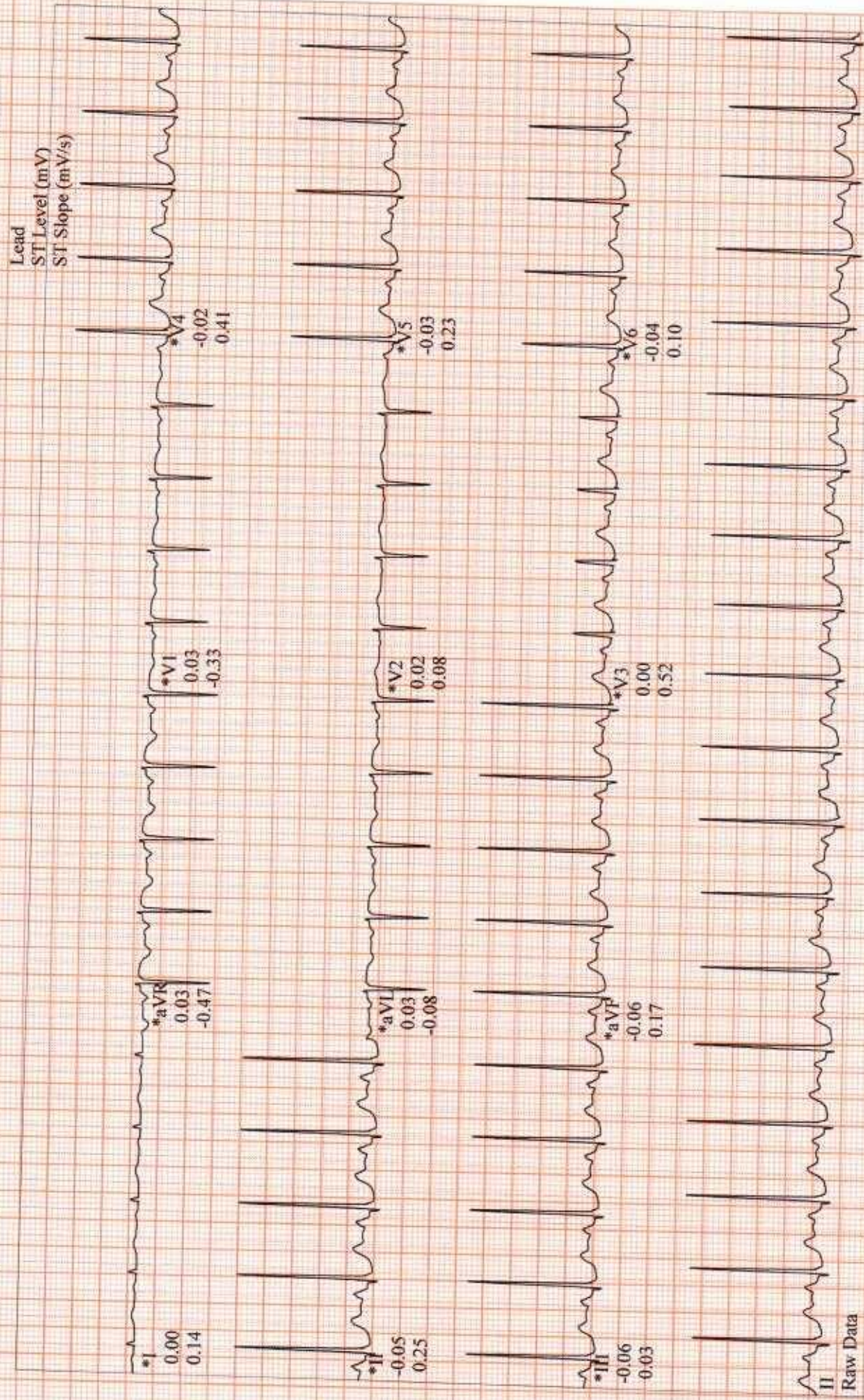
RECOVERY

#1
03:00

113 bpm
142/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



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

*Computer Synthesized Rhythms

Start of Test: 12:36:54pm



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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.2	36-46 %	Calculated
MCV	94.5	80-100 fl	Measured
MCH	31.0	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6780	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.8	20-40 %	
Absolute Lymphocytes	1610	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	410	200-1000 /cmm	Calculated
Neutrophils	66.5	40-80 %	
Absolute Neutrophils	4510	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	190	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	60	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	222000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Measured
PDW	22.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Hypochromia	-
Microcytosis	-
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 10 2-20 mm at 1 hr. Sedimentation

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

J. Thakker

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



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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	100.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.71	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	17.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	102.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum 99 >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

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



Anupa

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



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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	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	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 CPL, Andheri West

*** End Of Report ***

M Jain

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



MC-2111





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Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 10:23
Reported : 25-Mar-2023 / 15:55

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
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 ***


Dr. ANUPA DIXIT
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Consultant Pathologist & Lab Director



CID : 2308422070
Name : MRS.SHIVANI RATHORE
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 25-Mar-2023 / 10:23
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.2	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	54.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	16.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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

J Thakker

Dr. JYOT THAKKER
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Collected : 25-Mar-2023 / 10:23
Reported : 25-Mar-2023 / 13:36

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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	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.9	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	4.50	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 CPL, Andheri West
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