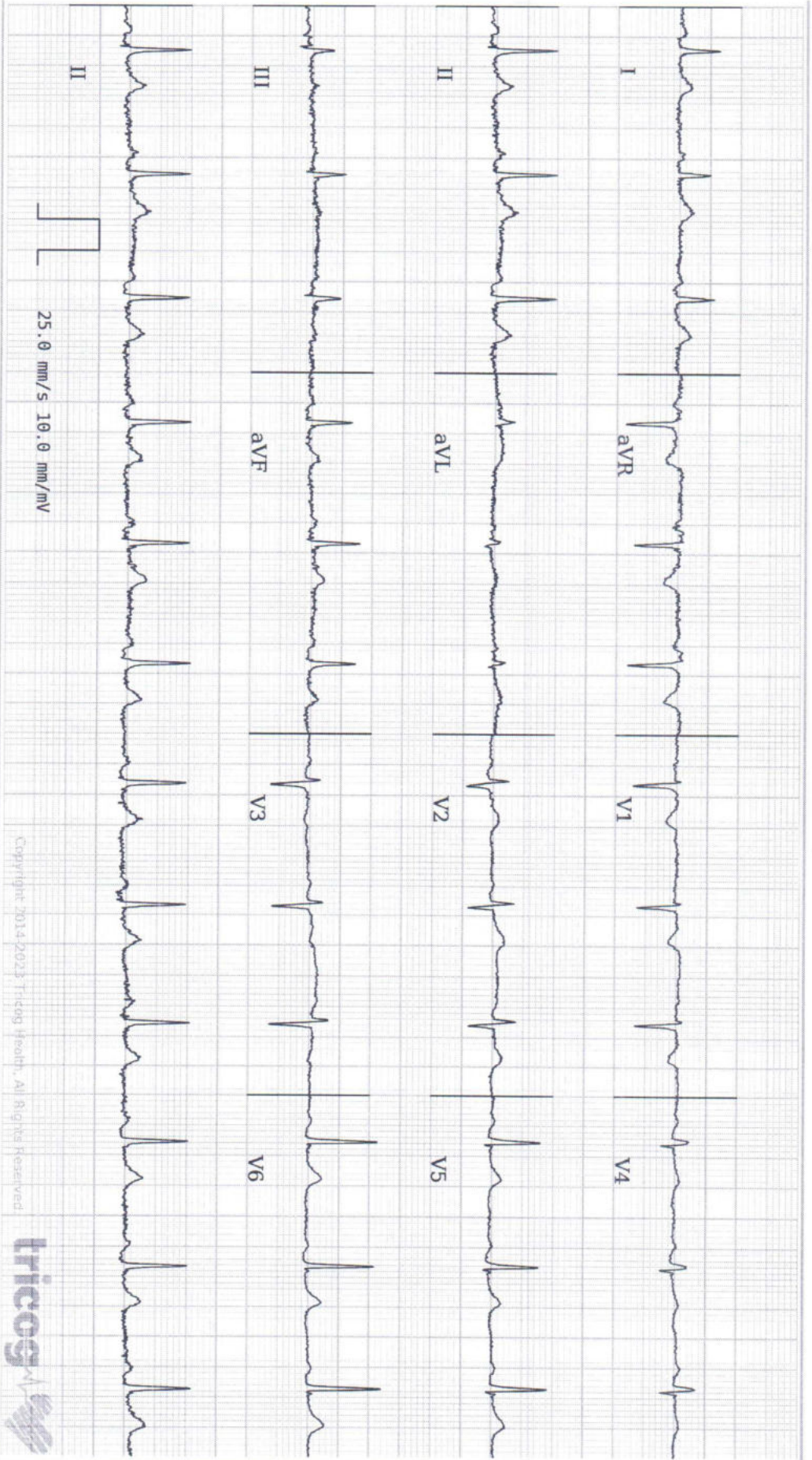


Patient Name: **KANCHAN KUMARI**

Date and Time: **15th Apr 23 8:59 AM**

Patient ID: **2310521111**



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Age **40** **5** **16**
years months days

Gender **Female**

Heart Rate **75bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **65 kg**

Height: **154 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **68ms**

QT: **370ms**

QTcB: **413ms**

PR: **138ms**

P-R-T: **33° 52° 40°**

REPORTED BY

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

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

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.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2310521111
Name : Mrs KANCHAN KUMARI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Apr-2023
Reported : 15-Apr-2023 / 9:10

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.6 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 (10 mm) and CBD (2.4 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 10.0 x 4.1 cm. Left kidney measures 11.5 x 4.2 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 (10.4cm) 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 8.7 x 4.7 x 4.6cm in size.
The endometrial thickness is 6.6 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.8 cm Left ovary = 3.0 x 1.7 cm

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041508341704>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2310521111
Name : Mrs KANCHAN KUMARI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Apr-2023
Reported : 15-Apr-2023 / 9:10

IMPRESSION:-

GRADE I FATTY LIVER.

-----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=2023041508341704>

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144



CID : 2310521111
Name : Mrs KANCHAN KUMARI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Apr-2023
Reported : 15-Apr-2023 / 12:21

Use a QR Code Scanner
Application To Scan the Code

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-----

Khilji FRA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023041508341712>

Name : Mrs . KANCHAN KUMARI
VID : 2310521111
Ref By : Arcofemi Healthcare Limited

Reg Date : 15-Apr-2023 08:33
Age/Gender : 40 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 154 cms
Temp (0c): Afebrile

Blood Pressure (mm/hg): 130/90
Pulse: 72/min

Weight (kg): 65 kgs
Skin: rashes off & on fungal infection lower abdomen
Nails: Normal
Lymph Node: Not Plapable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*Feb - 10.1
- ↓ Platelets on smear
- eosinophilia
- 5-6 Pus cells.
- dyslipidemia
- use fatty liver*

ADVICE:

*low fatty diet
- Plenty of oral fluids
- Cap ferro-21
0-01 x 1mm*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |


Name : Mrs . KANCHAN KUMARI
VID : 2310521111
Ref By : Arcofemi Healthcare Limited

Reg Date : 15-Apr-2023 08:33
Age/Gender : 40 Years
Regn Centre : Kandivali East (Main Centre)

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-2013
17) Musculoskeletal System	No

PERSONAL HISTORY:

1) Alcohol	No
2) Smoking	No
3) Diet	Mixed
4) Medication	No


Dr. Jagruti Dhale

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700900

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg
 Date: 15 / 04 / 2023 11:04:34 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	083	46 %	130/90	107	00	
Standing	00:44	0:38	00.0	00.0	01.0	103	57 %	130/90	133	00	
HV	00:55	0:11	00.0	00.0	01.0	090	50 %	130/90	117	00	
ExStart	01:18	0:23	00.0	00.0	01.0	106	59 %	130/90	137	00	
BRUCE Stage 1	04:18	3:00	02.7	10.0	04.7	132	73 %	130/90	171	00	
BRUCE Stage 2	06:18	2:00	04.0	12.0	06.3	146	81 %	150/90	219	00	
PeakEx	06:40	0:22	05.5	14.0	07.5	158	88 %	160/80	252	00	
Recovery	07:40	1:00	00.0	00.0	01.1	125	69 %	160/80	200	00	
Recovery	07:54				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 05:22
 Initial HR (ExStrt) : 106 bpm 59% of Target 180
 Initial BP (ExStrt) : 130/90 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Duke Treadmill Score : 06.8
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 88% of Target 180
 Max BP Attained 160/80 (mm/Hg)

Dr. Akhil P. Parulekar.

MBBS. PND. Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS (PVT.) LTD.
 Row House No. 2, Kanpur,
 Thakur Village, Kandivali (east),
 Mumbai - 408101.
 Tel : 61700800





EMail:

1507 / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg Date: 15 / 04 / 2023 11:04:34 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 158.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 05:22 Mins. Ectopic Beats 0.0

METs 7.5 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 180

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 diseases. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 2, Khandivli,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 617009800

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

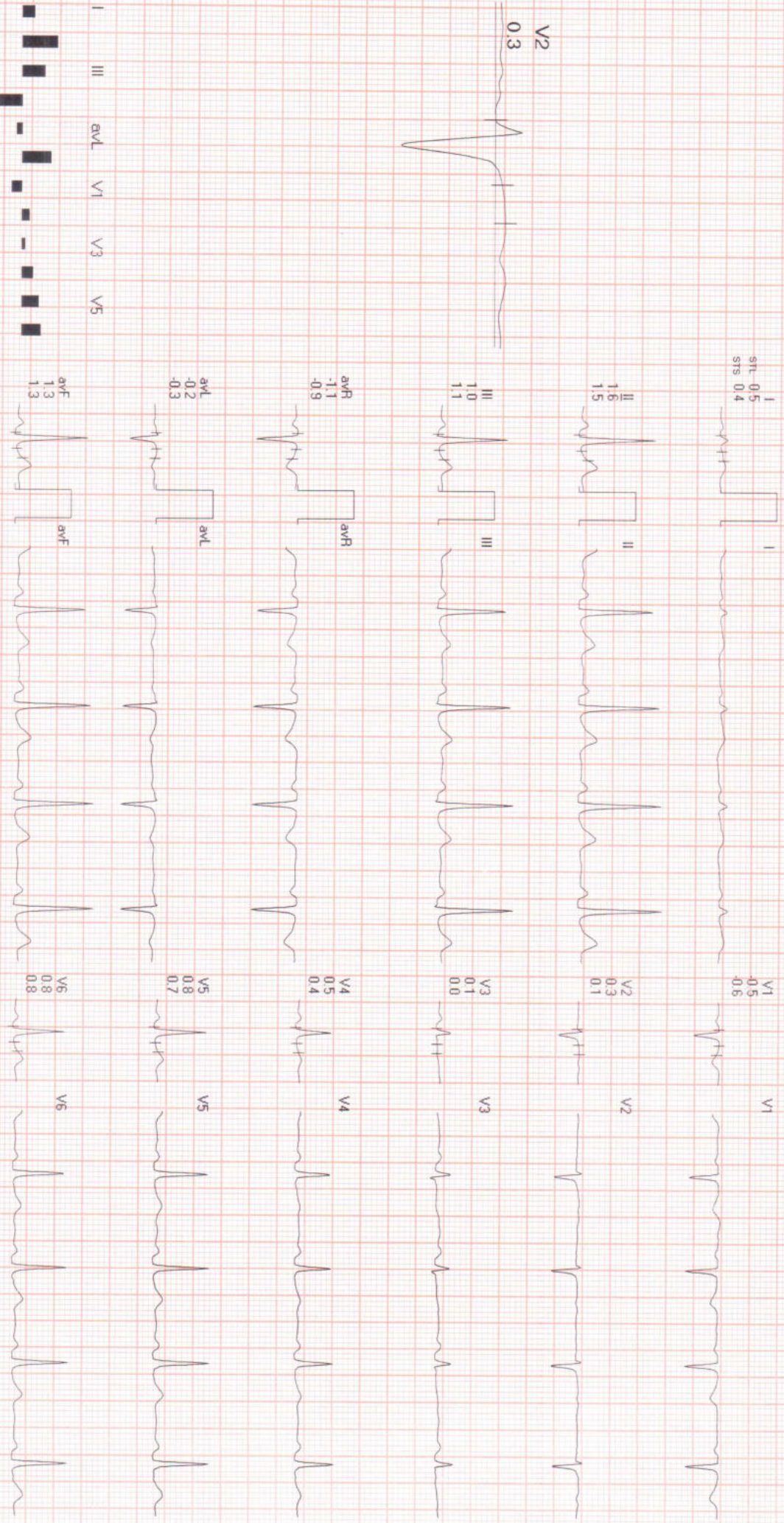
SUPINE (00:06)

1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 85

Date: 15 / 04 / 2023 11:04:34 AM METS: 1.0/85 bpm 47% of THR BP: 130/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

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



REMARKS: II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:38)

1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 103

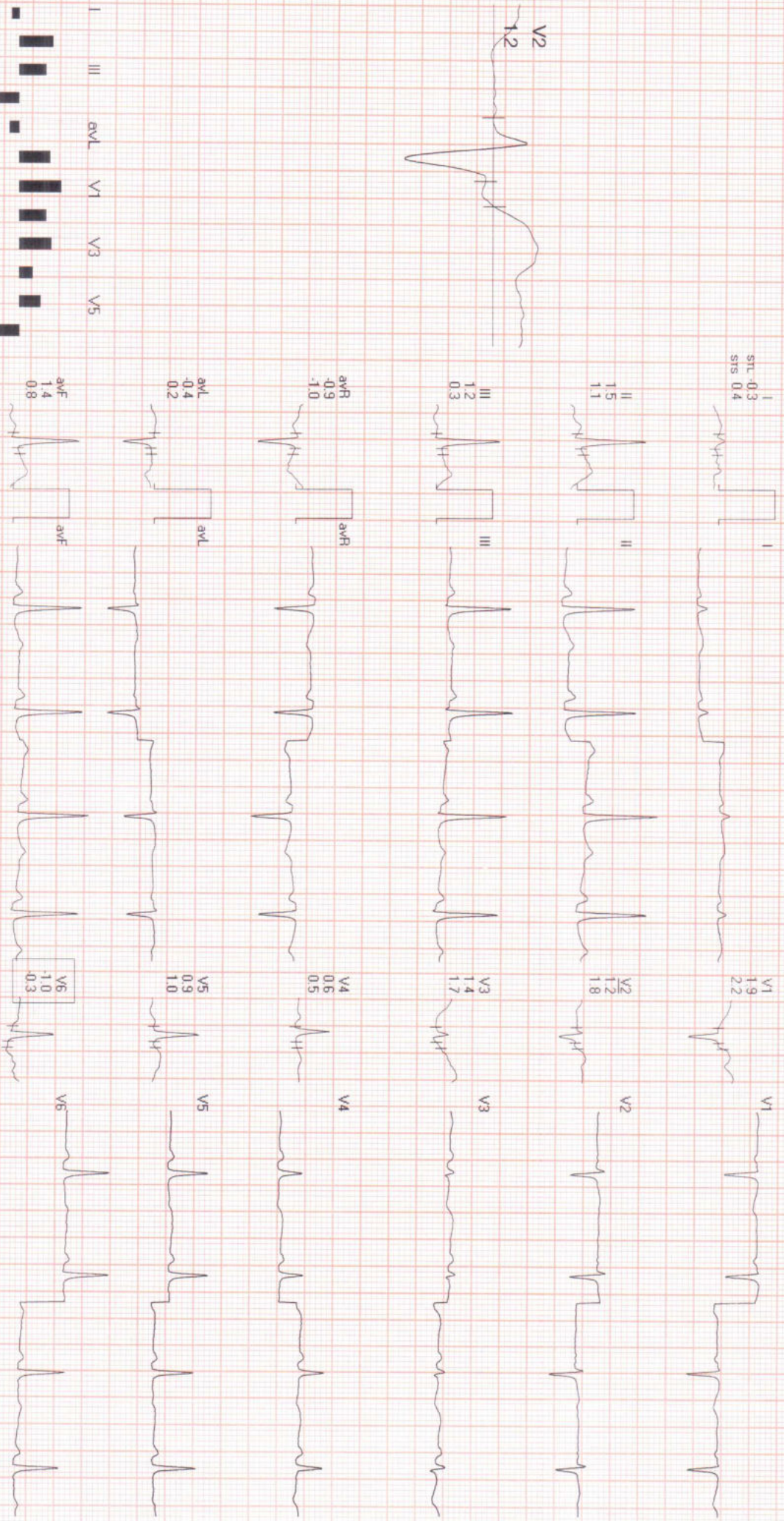


Date: 15/04/2023 11:04:34 AM METS: 1.0/103 bpm 57% of THR EP-130/90 mmHg Rew ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:00 Kmph. 0.0%

4X 50 mS Post-J

25 mm/Sec. 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:11)

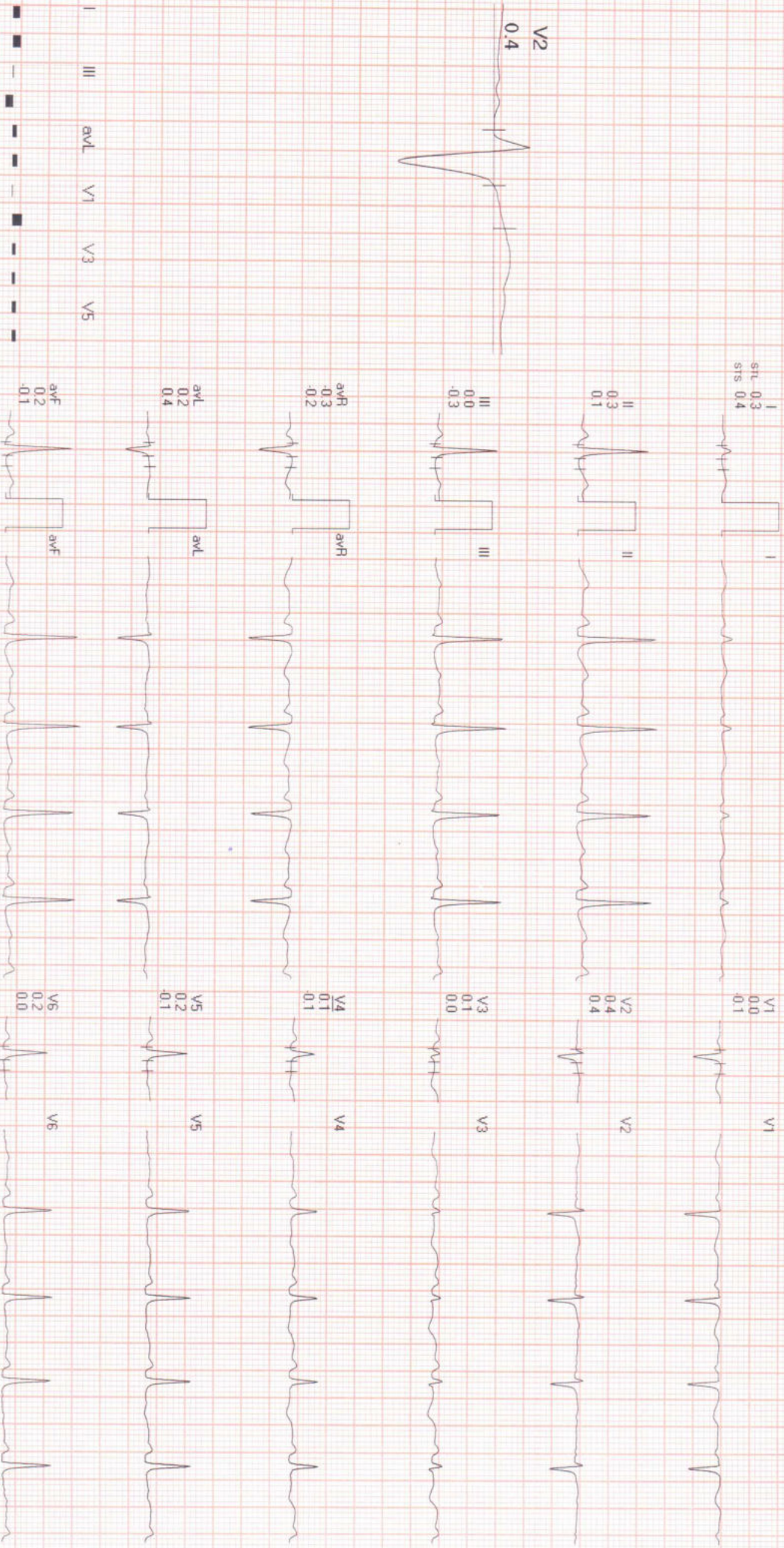


1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 90

Date: 15/04/2023 11:04:34 AM METS: 1.0/ 90 bpm 50% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

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



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXStit



1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 94

Date: 15/04/2023 11:04:34 AM METS: 1.0/ 94 bpm 52% of THR BP: 130/90 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: II aVR aVF V2 V4 V6

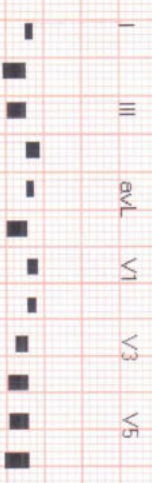
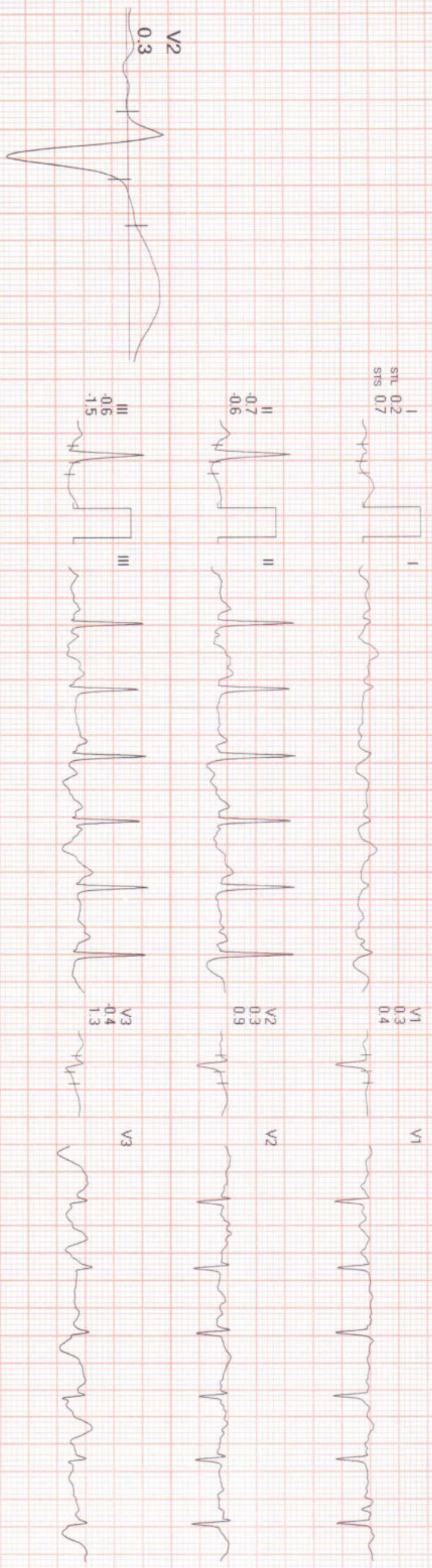


1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 130

Date: 15 / 04 / 2023 11:04:34 AM METS: 4.7 / 130 bpm 72% of THR BP: 130/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 03:00 2.7 Kmph, 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

II aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (02:00)

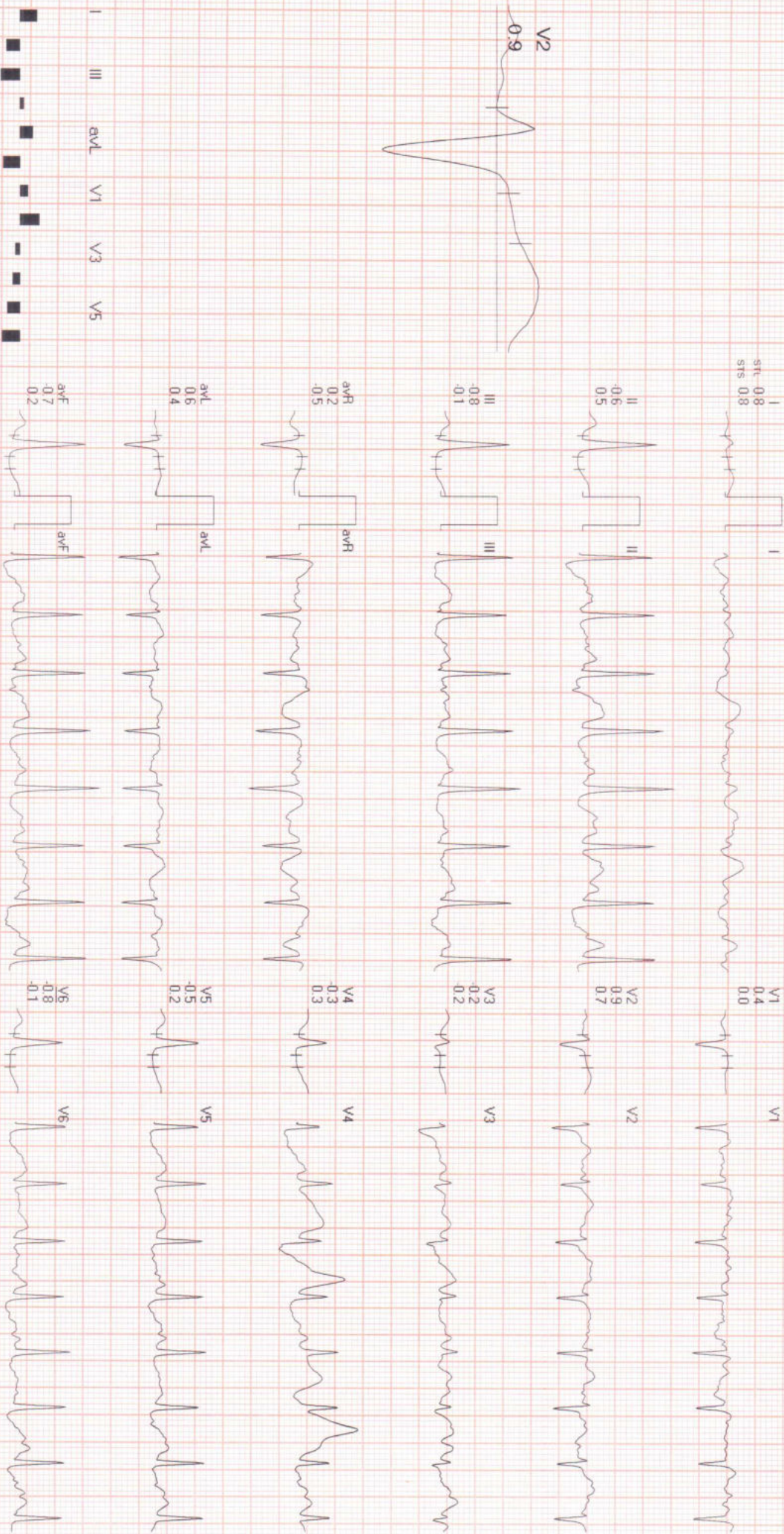


1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 147

Date: 15 / 04 / 2023 11:04:34 AM METS: 6.3 / 147 bpm 82% of THR BP: 150/90 mmHg Rew ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post-J

EXTime: 05:00 4.0 KmPh, 12.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST



1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 Kg / HR : 158

PeakEX

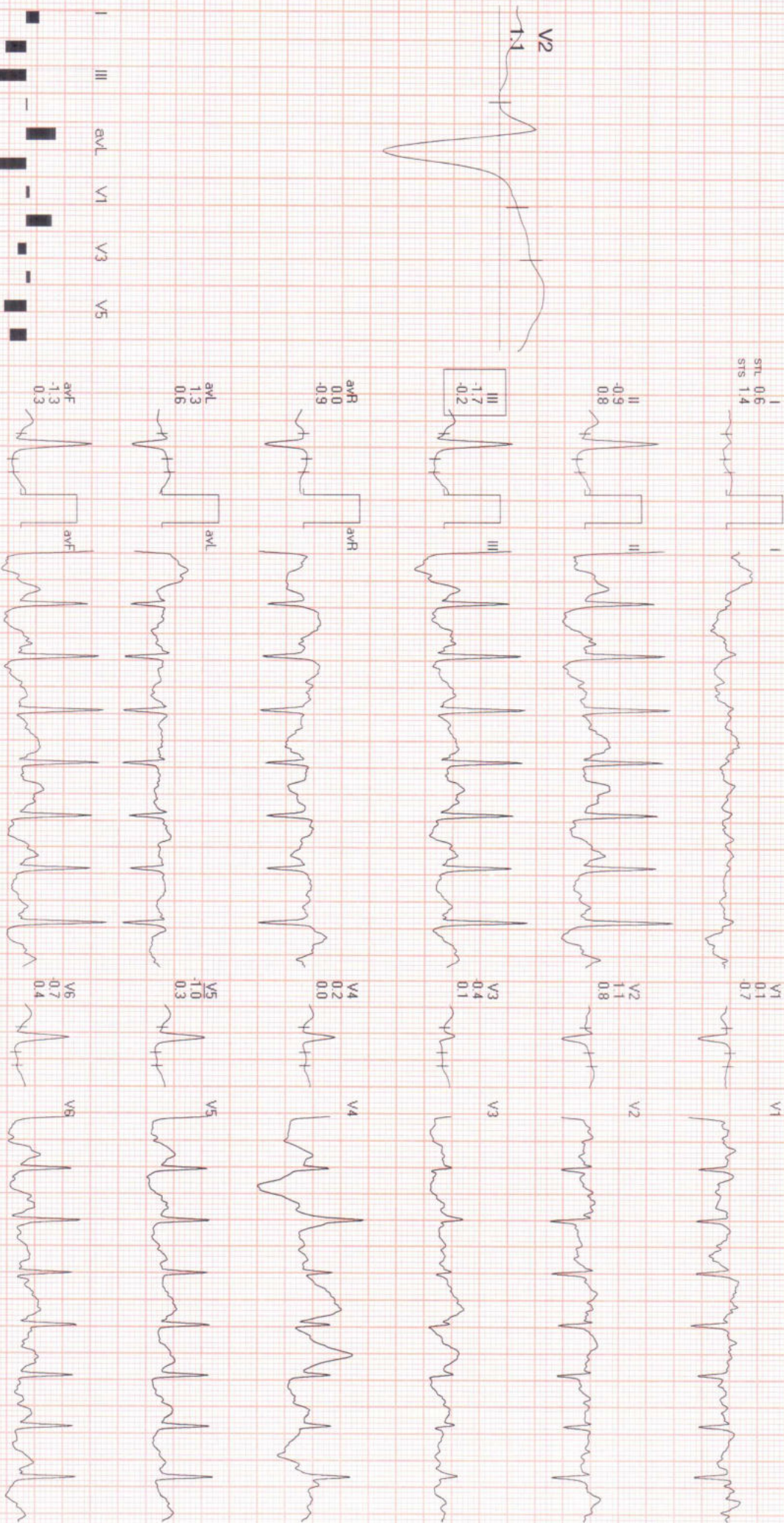
Date: 15/04/2023 11:04:34 AM

METS: 7.5/158 bpm 88% of THR BP: 160/80 mmHg Rew ECG/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 05:22 5.5 Km/h, 14.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



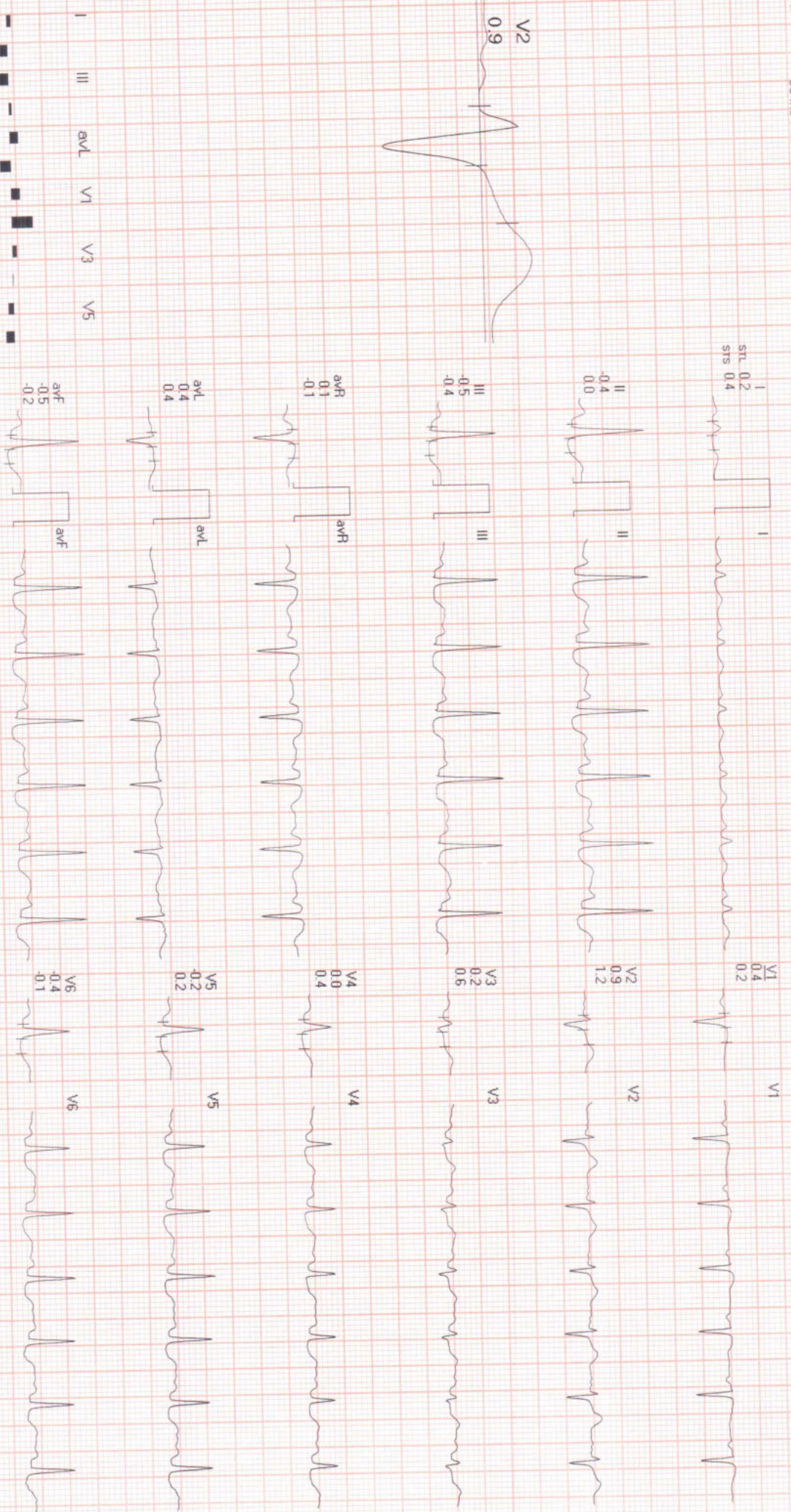
1507 (2310521111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 kg / HR : 125

EXTime: 05:22 0.0 Kmph, 0.0%

Date: 15 / 04 / 2023 11:04:34 AM METS: 1 / 125 bpm 69% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J



REMARKS: I avR avL avF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:14)

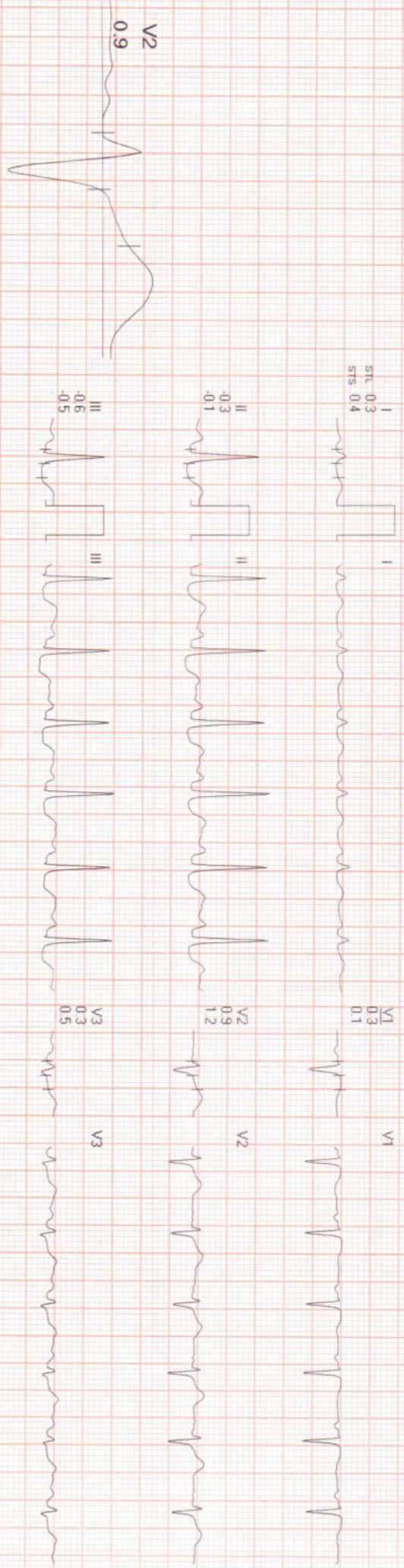


1507 (231052111) / KANCHAN KUMARI / 40 Yrs / F / 154 Cms / 65 kg / HR 122

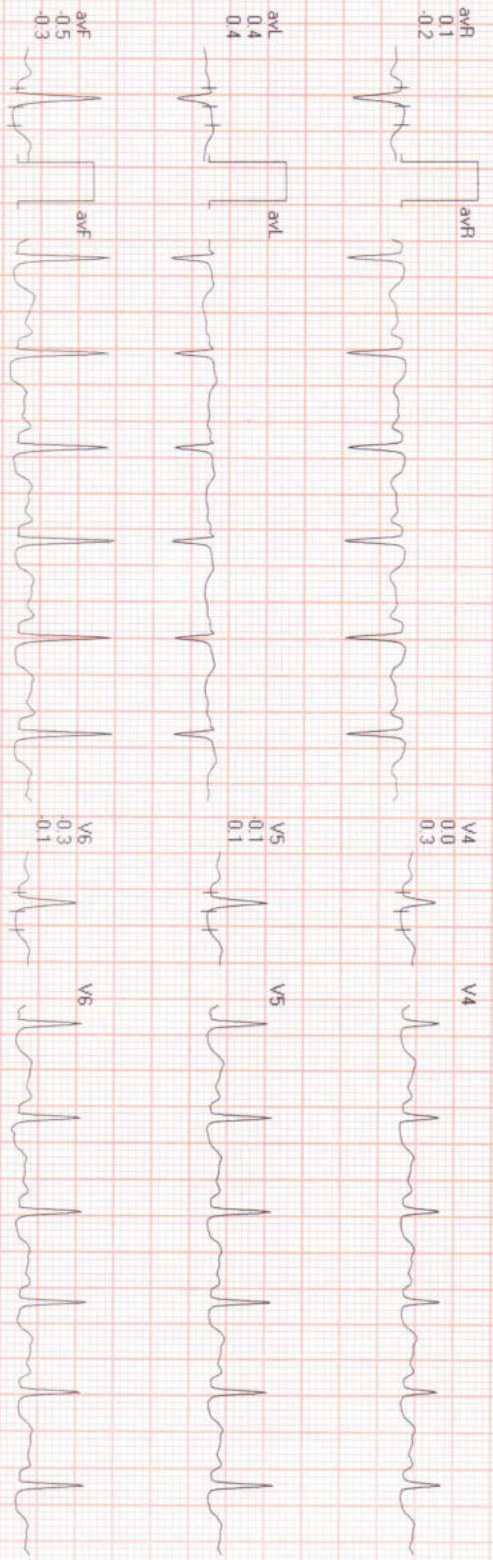
Date: 15 / 04 / 2023 11:04:34 AM METS: 1.0 / 122 bpm 68% of THR BP: 160/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 05:22 0.0 KmPh, 0.0%
25 mm/Sec. 1.0 Cm/mV



I III aVL V1 V3 V5
II aVR aVF V2 V4 V6



REMARKS:



CID : 2310521111
Name : MRS.KANCHAN KUMARI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Apr-2023 / 08:36
Reported : 15-Apr-2023 / 13:39

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	10.1	12.0-15.0 g/dL	Spectrophotometric
RBC	3.79	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.7	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6020	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	2125.1	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	403.3	200-1000 /cmm	Calculated
Neutrophils	48.4	40-80 %	
Absolute Neutrophils	2913.7	2000-7000 /cmm	Calculated
Eosinophils	9.3	1-6 %	
Absolute Eosinophils	559.9	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	18.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	140000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	13.0	6-11 fl	Calculated
PDW	29.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



CID : 2310521111
Name : MRS.KANCHAN KUMARI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Apr-2023 / 08:36
Reported : 15-Apr-2023 / 10:56

Use a QR Code Scanner
Application To Scan the Code

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Eosinophilia

Result rechecked
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **30** 2-20 mm at 1 hr. Sedimentation

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



Bmhasakar

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



CID : 2310521111
Name : MRS.KANCHAN KUMARI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 15-Apr-2023 / 08:36
Reported : 15-Apr-2023 / 12:49

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	92.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.48	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	28.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	27.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	22.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	77.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	14.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.6	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated

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



CID : 2310521111
Name : MRS.KANCHAN KUMARI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Apr-2023 / 08:36
Reported : 15-Apr-2023 / 16:12

Use a QR Code Scanner
Application To Scan the Code

URIC ACID, Serum	3.6	3.1-7.8 mg/dl	Uricase/ Peroxidase
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



CID : 2310521111
Name : MRS.KANCHAN KUMARI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 15-Apr-2023 / 08:36
Reported : 15-Apr-2023 / 10:58

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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 ***



Bmhasakar

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



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Age / Gender : 40 Years / Female
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Reg. Location : Kandivali East (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	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<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	5-6	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	10-12	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 Borivali Lab, Borivali West

*** End Of Report ***



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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 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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	228.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	148.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	56.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	172.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.9	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	29.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	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 SDRL, Vidyavihar Lab
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.959	0.55-4.78 microIU/ml	CLIA

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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