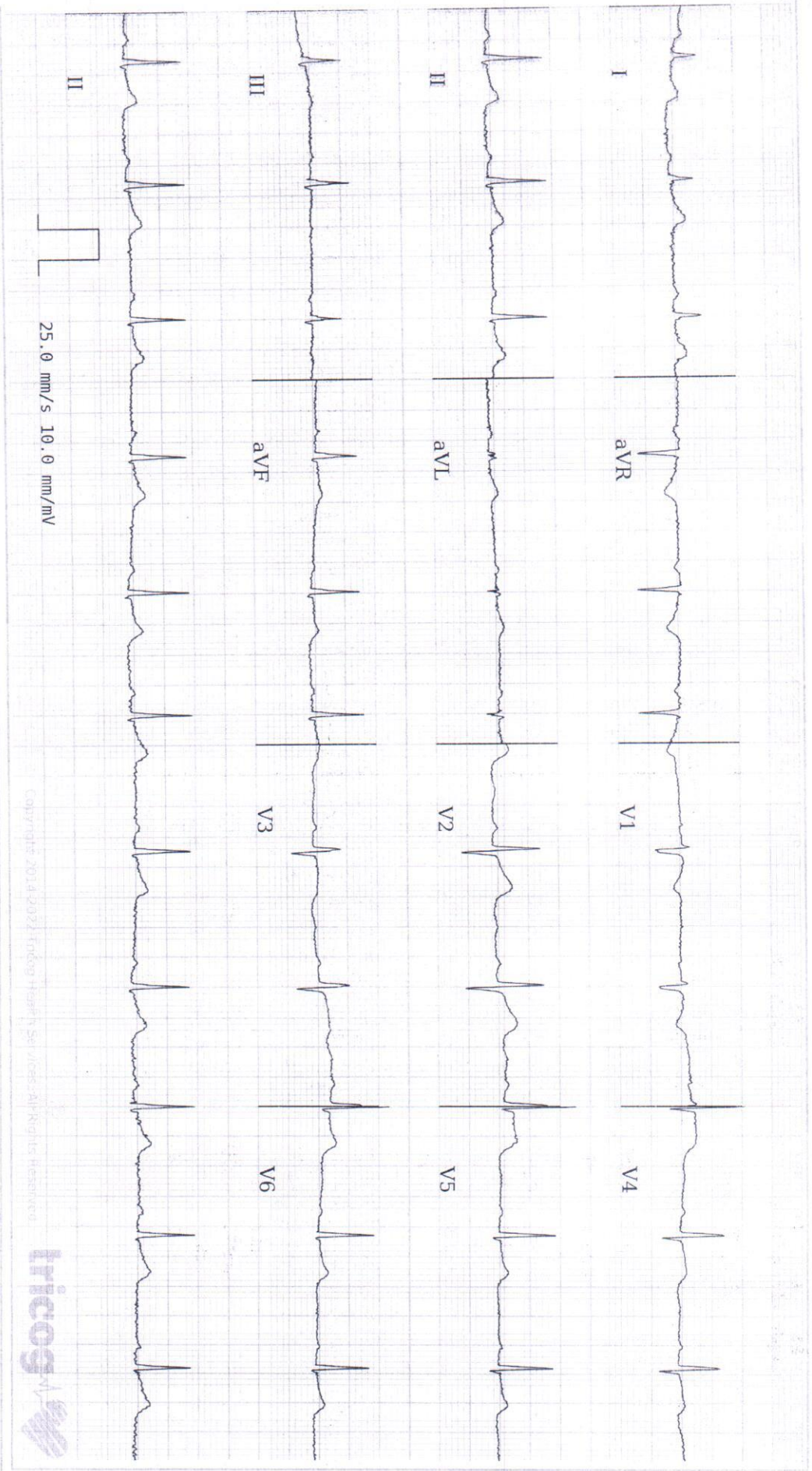


Patient Name: **KAVITA GURURANI**
Patient ID: **2231622883**

Date and Time: **12th Nov 22 11:08 AM**



Age **32** 3 24
years months day

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **59 kg**

Height: **163 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **70ms**

QT: **374ms**

QTc: **400ms**

PR: **162ms**

P-R-T: **23° 62° 31°**

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

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Tel : 61700000



REPORTED BY

[Signature]

DR AKHIL PARULEKAR
MBBS MD MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical examination. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

Date: 12/11/22

CID: 2231622883

Name: Mrs. Kavita Gurusani

Sex/Age: F/32

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: No H/O S/G

Past history: No H/O Ocular surgery

H/O gl
← -2.50
← -2.0

Unaided Vision: 6/36b/w 6/24b/w

Aided Vision: 6/6, N/G 6/6, N/G

Refraction:

Both Normal

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

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.

KAJAL NAGRECHA
OPTOMETRIST

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CID : 2231622883
Name : Mrs KAVITA GURURANI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 11:32

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.5 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 measures 12 mm and CBD measures 2.5 mm. 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 is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.5 x 4.4 cm. Left kidney measures 9.5 x 4.1 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 (9.7 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:

The uterus is anteverted and appears normal. It measures 7.7 x 5.4 x 3.8 cm in size.
The endometrial thickness is 6.4 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.1 x 1.6 cm Left ovary = 3.0 x 2.2 cm

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sionNo=2022111209462414



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Application To Scan the Code

CID : 2231622883
Name : Mrs KAVITA GURURANI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 11:32

IMPRESSION:-

NO SIGNIFICANT ABNORMALITY IS SEEN.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

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

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Access



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CID : 2231622883
Name : Mrs KAVITA GURURANI
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 15:48

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.

Surgical clips are seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

KLJA FAJ

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022111209462420>

CID# : 2231622883
Name : MRS.KAVITA GURURANI
Age / Gender : 32 Years/Female
Consulting Dr. : - Collected : 12-Nov-2022 / 09:45
Reg.Location : Kandivali East (Main Centre) Reported : 13-Nov-2022 / 08:20

PHYSICAL EXAMINATION REPORT

History and Complaints:

Iron deficiency since 4-5 yrs

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	59 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse: *	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

urine 6-8 pus cells

ADVICE:

lots of oral fluids

CID# : 2231622883
Name : MRS.KAVITA GURURANI
Age / Gender : 32 Years/Female
Consulting Dr. : - Collected : 12-Nov-2022 / 09:45
Reg.Location : Kandivali East (Main Centre) Reported : 13-Nov-2022 / 08:20

CHIEF COMPLAINTS:

- | | |
|--|--|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 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-2021, Brachial Plexopathy-
2012 , both shoulders-2015 |
| 17) Musculoskeletal System | No <i>2012</i> |

PERSONAL HISTORY:

- | | |
|---------------|---------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg+egg |
| 4) Medication | Yes |

*** End Of Report ***

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

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Jagru

EMail:

416 / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg Date: 12 / 11 / 2022

Refd By : AERCOFEMI

REPORT :

Heart Rate 163.0 bpm
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
 Exercise Time 06:25 Mins. Ectopic Beats 0.0 METS 7.5
 Test End Reason Heart Rate Achieved Target Heart Rate 87% of 188

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

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

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg
 Date: 12 / 11 / 2022 Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	MEIS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:17	0:17	00.0	00.0	01.0	069	37 %	110/70	075	00	
Standing	00:42	0:25	00.0	00.0	01.0	075	40 %	110/70	082	00	
HV	00:53	0:11	00.0	00.0	01.0	065	35 %	110/70	071	00	
ExStart	01:14	0:21	00.0	00.0	01.0	078	41 %	110/70	085	00	
BRUCE Stage 1	04:14	3:00	02.7	10.0	04.7	109	58 %	110/70	119	00	
BRUCE Stage 2	07:14	3:00	04.0	12.0	07.1	144	77 %	110/70	158	00	
PeakEx	07:39	0:25	05.5	14.0	07.5	163	87 %	150/80	244	00	
Recovery	08:39	1:00	00.2	00.0	01.1	099	53 %	150/80	148	00	
Recovery	08:56				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 06:25
 Initial HR (ExStrt) : 78 bpm 41% of Target 188
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Duke Treadmill Score : 03.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 163 bpm 87% of Target 188
 Max BP Attained 150/80 (mm/Hg)

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 Tel : 017000000

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 65

Date: 12 / 11 / 2022

METS: 1.07/65 bpm 35% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 00:00:00 Kmph. 00%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

I
STL 0.2
STs 0.1

V1
0.1
0.3

V1

II
0.6
-0.4

V2
0.7
0.7

V2

III
0.4
-0.6

V3
1.3
1.1

V3

aVR
-0.4
0.2

V4
1.1
1.0

V4

aVL
-0.1
0.3

V5
0.7
0.9

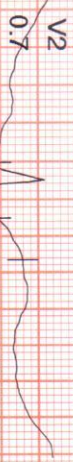
V5

aVF
0.5
-0.5

V6
1.5
1.4

V6

V2
0.7



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:25)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 75

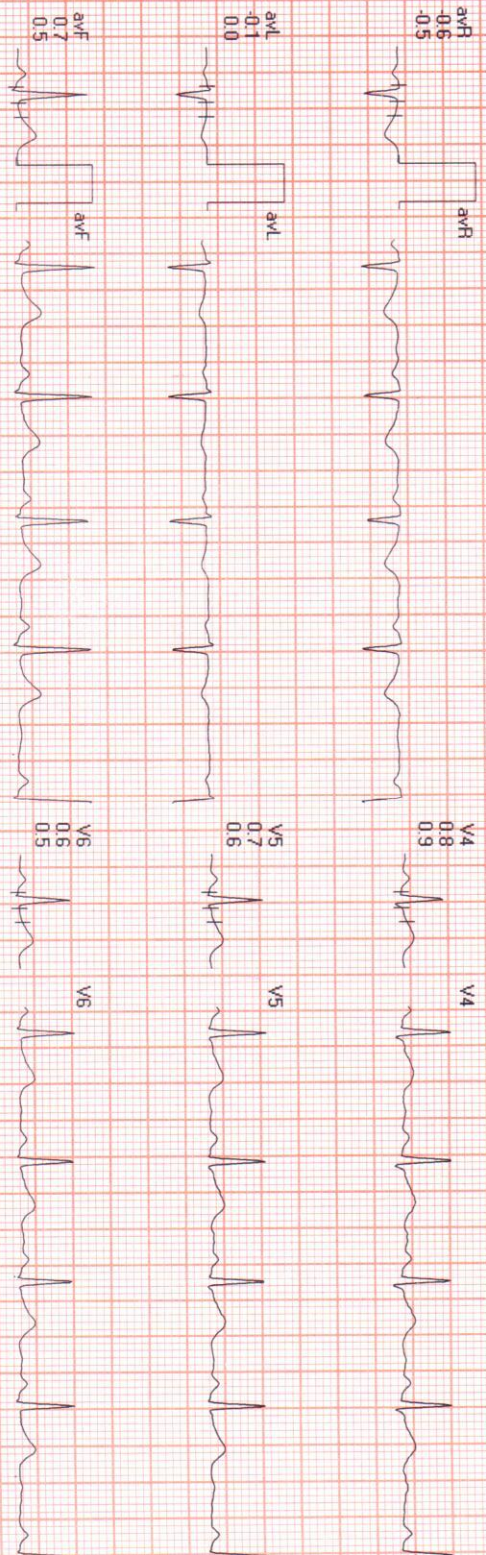
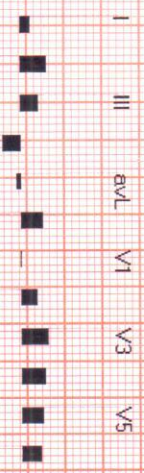
Date: 12/11/2022

METS: 1.07/ 75 bpm 40% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 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)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 65

Date: 12 / 11 / 2022

METS: 1.07/65 bpm 35% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV

STL 0.3
STS 0.3

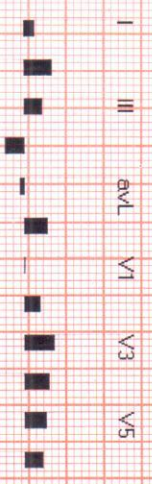
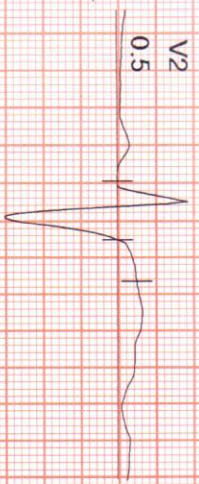
V1 0.0
V2 0.0
V3 -0.1

II 0.9
III 0.6
aVR -0.5

V2 0.5
V3 1.0
V4 0.8
V5 0.7

III 0.6
aVL -0.1
aVF 0.6

V3 1.0
V4 0.8
V5 0.7
V6 0.5



aVR -0.6
aVL -0.1
aVF 0.6

V4 0.8
V5 0.7
V6 0.5

REMARKS:
II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 78

Date: 12 / 11 / 2022

METS: 1.07/78 bpm 41% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

I
STL 0.7
STB 0.4

V1
-0.2
-0.5

V1

II
1.6
1.4

V2
0.7
0.3

V2

III
0.8
1.1

V3
1.2
0.7

V3

aVR
1.1
-0.9

V4
1.1
0.7

V4

aVL
-0.1
-0.4

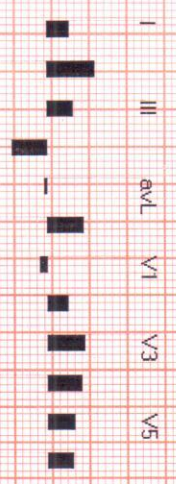
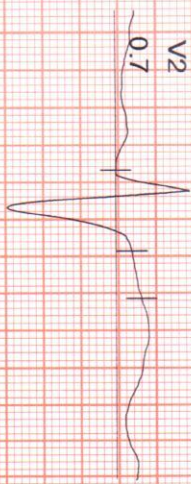
V5
0.9
0.6

V5

aVF
1.2
1.3

V6
0.8
0.7

V6



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 109

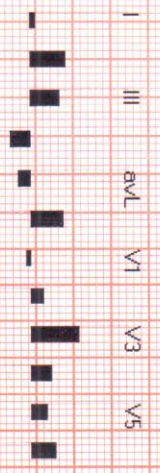
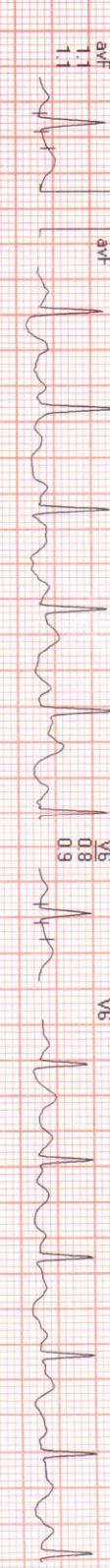
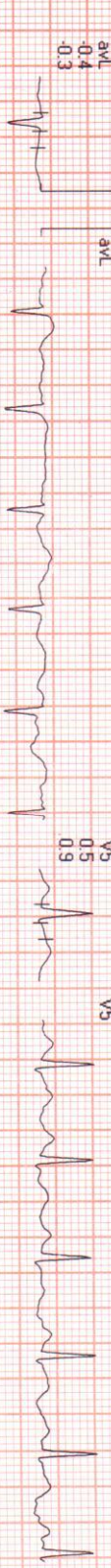
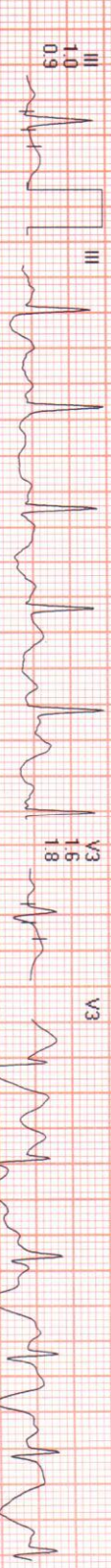
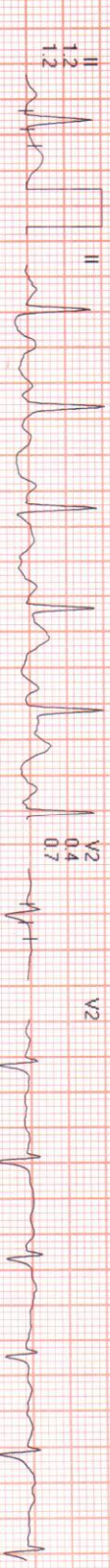
Date: 12 / 11 / 2022

METS: 4.7 / 109 bpm 58% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 144

Date: 12/11/2022

METS: 7.1/144 bpm 77% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:00 4.0 Kmph. 12.0%

4X 60 mS Post J

25 mm/Sec. 1.0 Cm/mV

STL 0.2
STB 0.4

V1 0.1
V1 -0.1

V1

II -0.1
II 1.2

V2 0.6
V2 0.9

V2

III -0.3
III 0.7

V3 0.0
V3 0.8

V3

aVR -0.1
aVR -0.8

V4 -0.1
V4 1.1

V4

aVL -0.3
aVL -0.1

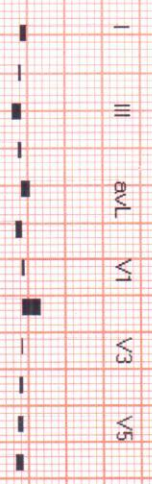
V5 -0.2
V5 0.6

V5

aVF -0.2
aVF 0.9

V6 -0.2
V6 0.4

V6



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR : 163

Date: 12 / 11 / 2022

METS: 7.5 / 163 bpm 87% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:25 5.5 Kmph, 14.0%

4X 20 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.0
STS 0.3

V1 0.2
V2 0.2

II -0.9
III -0.8

V3 -1.1
V4 -0.6

V5 -0.5
V6 -0.7

V5 -0.5
V6 -0.8

aVR 0.4
aVL 0.5
aVF -0.7

V1 0.2
V2 0.8

III -0.9
aVR 0.4
aVL 0.5
aVF -0.7

V3 -1.1
V4 -0.6

aVR 0.4
aVL 0.5
aVF -0.7

V5 -0.5
V6 -0.8

aVL 0.5
aVF -0.7

V5 -0.5
V6 -0.8

aVF -0.7

V6 -0.8

aVF -0.7

V6 -0.8

REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 kg / HR : 99

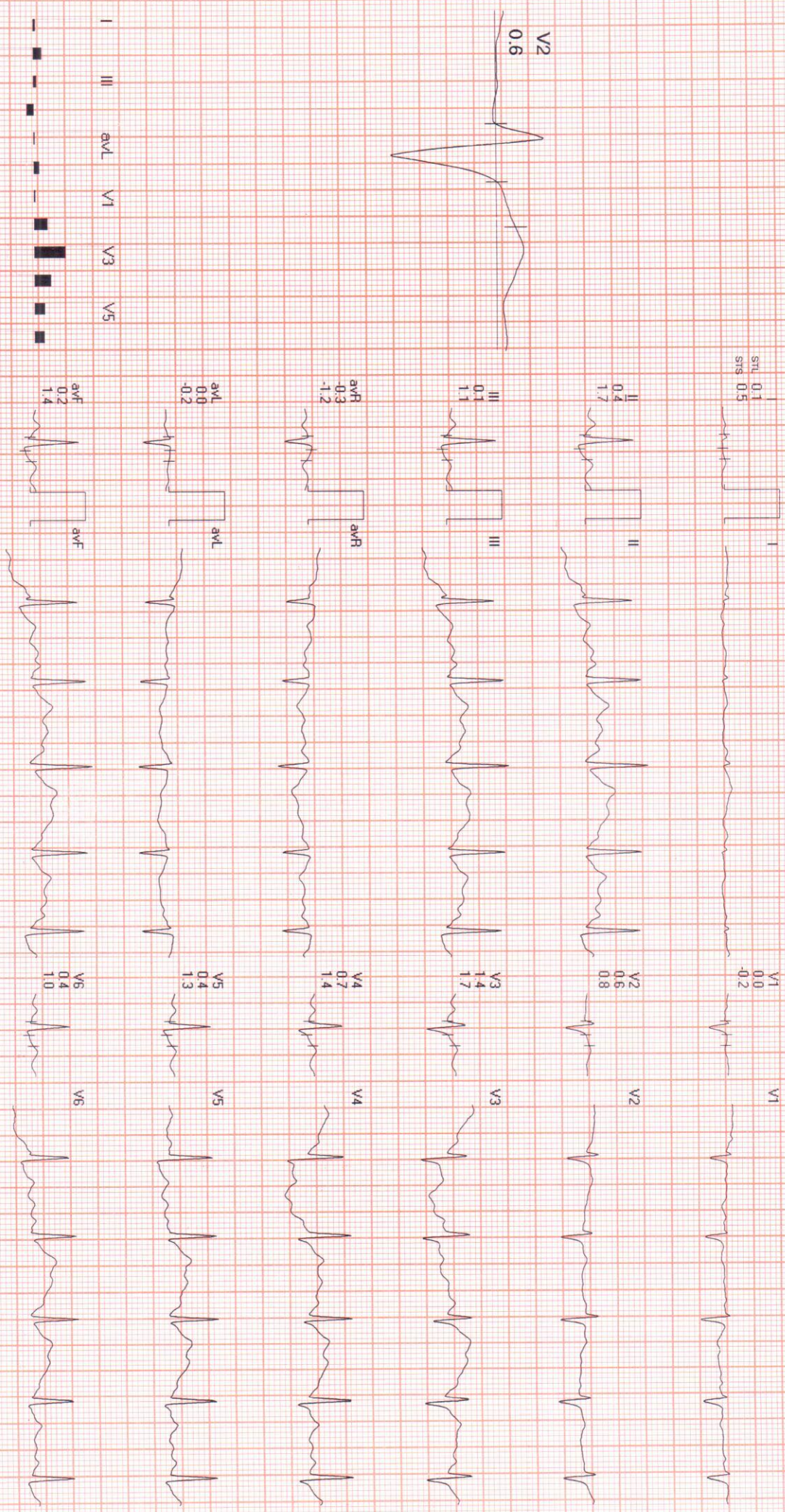
Date: 12 / 11 / 2022

METS: 1.1 / 99 bpm 53% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:25 0.2 Kmph. 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:17)



416 (2231622883) / KAVITA GURURANI / 32 Yrs / F / 163 Cms / 59 Kg / HR 92

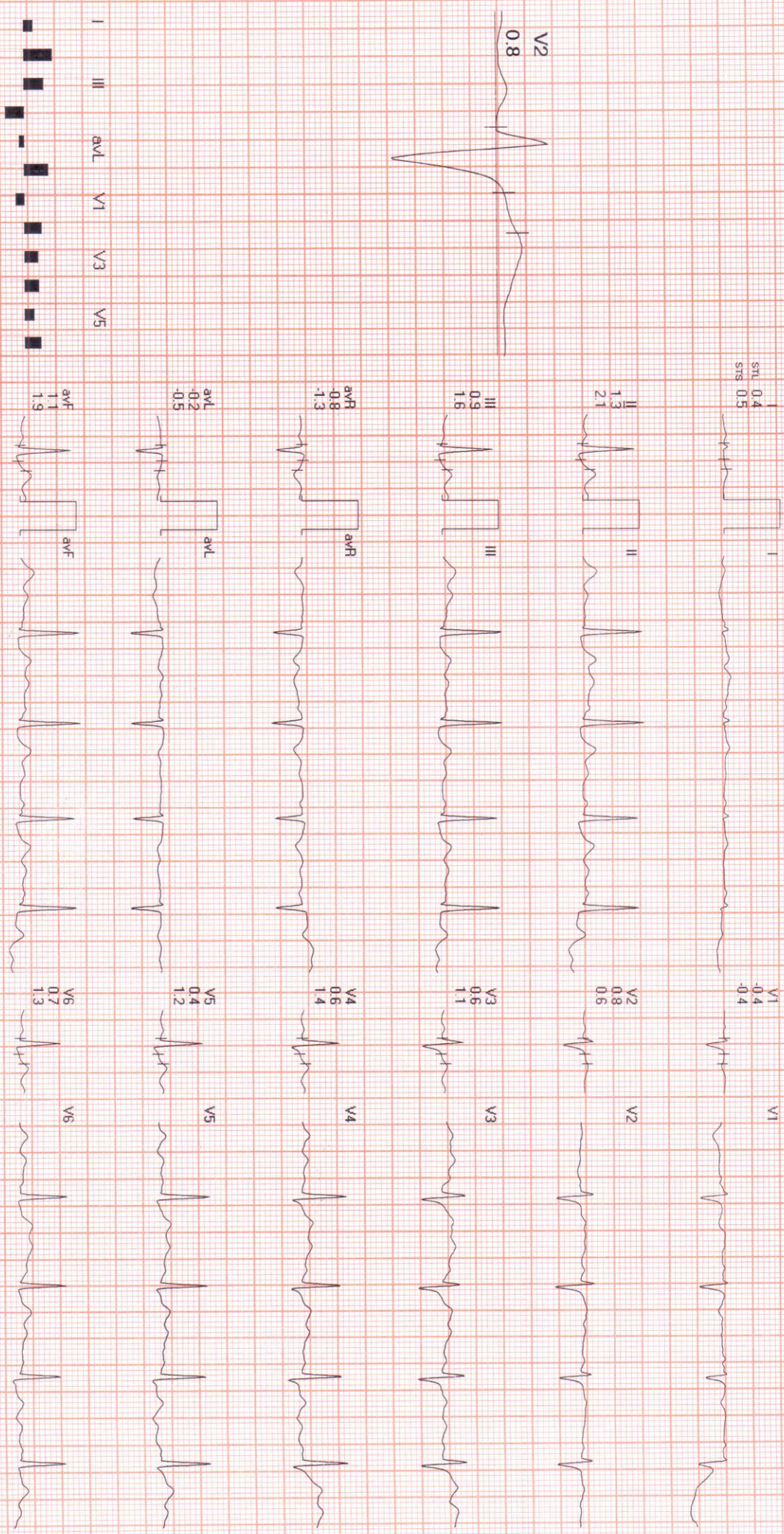
Date: 12/11/2022

METS: 1.0/92 bpm 49% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 20 Hz

ExTime: 06:25 0.0 Km/h 0.0%

4X 80 mS Pos/J

25 mm/Sec 1.0 Cm/mV



REMARKS:





CID : 2205727533
Name : MRS.KAVITA GURURANI
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 26-Feb-2022 / 09:59
Reported : 26-Feb-2022 / 13:51

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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	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.84	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.5	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5330	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.6	20-40 %	
Absolute Lymphocytes	1417.8	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	431.7	200-1000 /cmm	Calculated
Neutrophils	62.1	40-80 %	
Absolute Neutrophils	3309.9	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	122.6	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	48.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	183000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	24.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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

Specimen: EDTA Whole Blood

ESR, EDTA WB 5 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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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	89.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.91	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.57	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.5	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	80.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	99	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic



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Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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**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	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	20-25	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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	155.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	61.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	53.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	101.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	11.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	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	2.26	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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