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## Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India

Lat 19.135472°

Long 72.832428°

22/01/24 09:20 AM GMT +05:30

Home

**Patient Name : Ms. Chinchu S**

**Reg.Date / Time : 22/01/2024 / 10:13:31**

**Age / Gender : 30 Y / Female**

**Report Date / Time : 22/01/2024 / 18:43:07**

**Referred By : Dr. Gail Chaudhari**

**MR No. : 0848946**

**SID No. : 40013026**

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**Final Test Report**

Specimen	Test Name / Method	Result	Units	Biological Reference Interval
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**HAEMATOLOGY**

**COMPLETE BLOOD COUNT WITH PLATELETS**

**EDTA WHOLE BLOOD**

**HAEMOGLOBIN, RED CELL COUNT & INDICES**

HAEMOGLOBIN (Spectrophotometry)	14.0	gm%	12.0-15.0
PCV (Electrical Impedance)	40.4	%	40 - 50
MCV (Calculated)	83.4	fL	83-101
MCH (Calculated)	28.8	pg	27.0 - 32.0
MCHC (Calculated)	34.5	g/dl	31.5-34.5
RDW-CV (Calculated)	14	%	11.6-14.0
RDW-SD (Calculated)	<b>48</b>	fL	36 - 46
TOTAL RBC COUNT (Electrical Impedance)	<b>4.85</b>	Million/cmm	3.8-4.8
TOTAL WBC COUNT (Electrical Impedance)	9180	/cumm	4000-10000

**DIFFERENTIAL WBC COUNT**

NEUTROPHILS (Flow cell)	58.8	%	40-80
LYMPHOCYTES (Flow cell)	29.8	%	20-40
EOSINOPHILS (Flow cell)	4.0	%	1-6
MONOCYTES (Flow cell)	6.6	%	2-10
BASOPHILS (Flow cell)	<b>0.8</b>	%	1-2

**ABSOLUTE WBC COUNT**

ABSOLUTE NEUTROPHIL COUNT (Calculated)	5390	/cumm	2000-7000
ABSOLUTE LYMPHOCYTE COUNT (Calculated)	2730	/cumm	1000-3000

Contd ...

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**HAEMATOLOGY**

**ABSOLUTE WBC COUNT**

ABSOLUTE EOSINOPHIL COUNT (Calculated)	370	/cumm	200-500
ABSOLUTE MONOCYTE COUNT (Calculated)	600	/cumm	200-1000
ABSOLUTE BASOPHIL COUNT (Calculated)	70	/cumm	0-220
PLATELET COUNT (Electrical Impedance)	346000	/cumm	150000-410000
MPV (Calculated)	10.3	fL	6.78-13.46
PDW (Calculated)	16.2	%	11-18
PCT (Calculated)	0.360	%	0.15-0.50

**PERIPHERAL BLOOD SMEAR**

COMMENTS  
(Microscopic) Normocytic Normochromic RBCs

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**Dr. Rahul Jain**

**MD, PATHOLOGY**

**Consultant Pathologist**

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**HAEMATOLOGY**

**EDTA Blood**      **ABO BLOOD GROUP**

BLOOD GROUP (Erythrocyte-Magnetized Technology)	O
Rh TYPE (Erythrocyte-Magnetized Technology)	POSITIVE

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**BIOCHEMISTRY**

**COMPREHENSIVE LIVER PROFILE  
SERUM**

BILIRUBIN TOTAL (Diazotization)	0.96	mg/dl	0.2 - 1.3
BILIRUBIN DIRECT (Diazotization)	0.14	mg/dl	0.1-0.4
BILIRUBIN INDIRECT (Calculation)	<b>0.82</b>	mg/dl	0.2 - 0.7
ASPARTATE AMINOTRANSFERASE(SGOT) (IFCC)	35	U/L	<40
ALANINE TRANSAMINASE (SGPT) (IFCC without Peroxidase)	<b>43</b>	U/L	<41
ALKALINE PHOSPHATASE (Colorimetric IFCC)	68	U/L	35-104
GAMMA GLUTAMYL TRANSFERASE (GGT) (IFCC)	24	U/L	<40
TOTAL PROTEIN (Colorimetric)	7.10	gm/dl	6.6-8.7
ALBUMIN (Bromocresol Green)	4.30	gm/dl	3.5 - 5.2
GLOBULIN (Calculation)	2.8	gm/dl	2.0-3.5
A/G RATIO (Calculation)	1.5		1-2

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**BIOCHEMISTRY**

**COMPREHENSIVE RENAL PROFILE  
SERUM**

CREATININE (Jaffe Method)	0.5	mg/dl	0.5 - 1.1
BLOOD UREA NITROGEN (BUN) (Kinetic with Urease)	8.0	mg/dl	7-17
BUN/CREATININE RATIO (Calculation)	16.0		10 - 20
URIC ACID (Uricase Enzyme)	5.4	mg/dl	2.5 - 6.2
CALCIUM (Bapta Method)	9.2	mg/dl	8.6-10
PHOSPHORUS (Phosphomolybdate)	<b>2.2</b>	mg/dl	2.5-4.5

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**BIOCHEMISTRY**

**LIPID PROFILE**

SERUM	TOTAL CHOLESTEROL (Enzymatic colorimetric (PHOD))	<b>202</b>	mg/dl	Desirable : < 200 Borderline: 200-239 High : > 239
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**Notes :** Elevated concentrations of free fatty acids and denatured proteins may cause falsely elevated HDL cholesterol results.

Abnormal liver function affects lipid metabolism; consequently, HDL and LDL results are of limited diagnostic value. In some patients with abnormal liver function, the HDL cholesterol result may significantly differ from the DCM (designated comparison method) result due to the presence of lipoproteins with abnormal lipid distribution.

Reference: Dati F, Metzmann E. Proteins Laboratory Testing and Clinical Use, Verlag: DiaSys; 1. Auflage (September 2005), page 242-243; ISBN-10: 3000171665.

SERUM	TRIGLYCERIDES (Enzymatic Colorimetric GPO)	<b>191</b>	mg/dl	Normal : <150 Borderline : 150-199 High : 200-499 Very High : >499
SERUM	CHOLESTEROL HDL - DIRECT (Homogenize Enzymatic Colorimetry)	40	mg/dl	Low:<40 High:>60
SERUM	LDL CHOLESTEROL (Calculation)	124	mg/dl	Optimal : <100 Near Optimal/ Above optimal :100-129 Borderline High: 130-159 High : 160-189 Very High : >= 190
SERUM	VLDL (Calculation)	38	mg/dl	15-40
SERUM	CHOL / HDL RATIO	<b>5.1</b>		3-5
SERUM	LDL /HDL RATIO (Calculation)	3.1		0 - 3.5

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**BIOCHEMISTRY**

FLOURIDE PLASMA	BLOOD GLUCOSE FASTING (Hexokinase)	93	mg/dl	70 - 110
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**Notes :** An early-morning increase in blood sugar (glucose) which occurs to some extent in all individuals, more relevant to people with diabetes can be seen (The dawn phenomenon) . Chronic Somogyi rebound is another explanation of phenomena of elevated blood sugars in the morning. Also called the Somogyi effect and posthypoglycemic hyperglycemia, it is a rebounding high blood sugar that is a response to low blood sugar.

References:

<http://www.ucdenver.edu/academics/colleges/medicalschool/centers/BarbaraDavis/Documents/book-understandingdiabetes/ud06.pdf>, Understanding Diabetes.

FLOURIDE PLASMA	BLOOD GLUCOSE POST PRANDIAL (Hexokinase)	129	mg/dl	70 - 140
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**EDTA WHOLE BLOOD GLYCOSYLATED HAEMOGLOBIN (HbA1C)**

HbA1C (High Performance Liquid Chromatography)	5.5	%(NGSP)	Non Diabetic Range: <= 5.6 Prediabetes :5.7-6.4 Diabetes: >= 6.5
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ESTIMATED AVERAGE BLOOD GLUCOSE (Calculated)	111	mg/dl	
---	-----	-------	--

**Notes :** HbA1c reflects average plasma glucose over the previous eight to 12 weeks (1). The use of HbA1c can avoid the problem of day-to-day variability of glucose values, and importantly it avoids the need for the person to fast and to have preceding dietary preparations.

HbA1c can be used to diagnose diabetes and that the diagnosis can be made if the HbA1c level is =6.5% (2). Diagnosis should be confirmed with a repeat HbA1c test, unless clinical symptoms and plasma glucose levels >11.1mmol/l (200 mg/dl) are present in which case further testing is not required.

HbA1c may be affected by a variety of genetic, hematologic and illness-related factors (Annex 1, [https://www.who.int/diabetes/publications/report-hba1c\\_2011.pdf](https://www.who.int/diabetes/publications/report-hba1c_2011.pdf)) (3). The most common important factors worldwide affecting HbA1c levels are haemoglobinopathies (depending on the assay employed), certain anaemias, and disorders associated with accelerated red cell turnover such as malaria.

References: (1). Nathan DM, Turgeon H, Regan S. Relationship between glycated haemoglobin levels and mean glucose levels over time. Diabetologia, 2007, 50:2239-2244. (2). International Expert Committee report on the role of the A1C assay in the diagnosis of diabetes. Diabetes Care, 2009, 32:1327-1334. (3). Gallagher EJ, Bloomgarden ZT, Le Roith D. Review of hemoglobin A1c in the management of diabetes. Journal of Diabetes, 2009, 1:9-17.

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**BIOCHEMISTRY**

EDTA	ESR(ERYTHROCYTE	11	mm / 1 hr	0-20
WHOLE	SEDIMENTATION RATE)			
BLOOD	(Photometric Capillary)			

**Notes :** The given result is measured at the end of first hour.

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**BIOCHEMISTRY**

Urine	URINE GLUCOSE FASTING (Urodip)	ABSENT		
Urine	URINE GLUCOSE POST PRANDIAL (Urodip)	ABSENT		

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**IMMUNOLOGY**

**THYROID PROFILE - TOTAL SERUM**

TOTAL TRIIODOTHYRONINE (T3) (ECLIA)	1.15	ng/ml	0.7-2.04
TOTAL THYROXINE (T4) (ECLIA)	8.57	ug/dl	5.5 - 11
THYROID STIMULATING HORMONE (TSH) (ECLIA)	1.783	uIU/ml	0.27 - 4.20

Contd ...

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**IMMUNOLOGY**

**Notes :** TSH is formed in specific cells of the anterior pituitary gland and is subject to a circadian Variation. The Release of TSH is the central regulating mechanism for the biological action of thyroid hormones. TSH has a stimulating action in all stages of thyroid hormone (T3/T4) formation and secretion and it also has a growth effect on Thyroid gland. Even very slight changes in the concentrations of the free thyroid hormones (FT3/FT4) bring about much greater opposite changes in the TSH level. The determination of TSH serves as the initial test in thyroid diagnostics. (1)

Patterns of Thyroid Function Tests (2)

- Low TSH, Low FT4 - Central hypothyroidism.
- Low TSH, Normal FT4, Normal FT3- Subclinical hyperthyroidism.
- Low TSH, High FT4- Hashimoto's thyroiditis, Grave's disease, Molar pregnancy, Choriocarcinoma, Hyperemesis, Thyrotoxicosis, Lithium, Multinodular goiter, Toxic adenoma, Thyroid carcinoma, Iodine ingestion.
- Normal TSH, Low FT4- Hypothyroxinemia, Nonthyroidal illness, Possible secondary hypothyroidism, Medications.
- Normal TSH, High FT4- Euthyroid hyperthyroxinemia, Thyroid hormone resistance, Familial dysalbuminemic hyperthyroxinemia, Medications (Amiodarone, beta-blockers, Oral contrast), Hyperemesis, Acute psychiatric illness, Rheumatoid factor.
- High TSH, Low FT4- Primary hypothyroidism.
- High TSH, Normal FT4- Subclinical hypothyroidism, Nonthyroidal illness, Suggestive of follow-up and recheck.
- High TSH, High FT4- TSH mediated hyperthyroidism

Note:

1. Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
2. Isolated High TSH especially in the range of 4.7 to 15 uIU/ml is commonly associated with Physiological & Biological TSH Variability.
3. Normal changes in thyroid function tests during pregnancy include a transient suppression of thyroid-stimulating hormone. T4 and total T3 steadily increase during pregnancy to approximately 1.5 times the non-pregnant level. Free T4 and Free T3 gradually decrease during pregnancy

References:

1. Pim-eservices.roche.com. (2018). Customer Self-Service Technical Documentation Portal.
2. "Interpretation of Thyroid Function Tests". 2018. Obfocus.Com.
3. Interpretation of thyroid function tests. Dayan et al. The Lancet, Vol 357, February 24, 2001.
4. Interpretation of thyroid function tests. Supit et al. South Med journal, 2002, 95, 481-485.

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**CLINICAL PATHOLOGY**

**Urine URINE ANALYSIS**

**PHYSICAL EXAMINATION**

VOLUME (Volumetric)	30		
COLOR (Visual Examination)	PALE YELLOW		
APPEARANCE (Visual Examination)	CLEAR		

**CHEMICAL EXAMINATION**

SP.GRAVITY (Indicator System)	1.020		1.005 - 1.030
REACTION(pH) (Double indicator)	ACIDIC		
PROTEIN (Protein-error-of-Indicators)	ABSENT		
GLUCOSE (GOD-POD)	ABSENT		Absent
KETONES (Legal's Test)	ABSENT		Absent
OCCULT BLOOD (Peroxidase activity)	ABSENT		Absent
BILIRUBIN (Fouchets Test)	ABSENT		Absent
UROBILINOGEN (Ehrlich Reaction)	NORMAL		
NITRITE (Griess Test)	ABSENT		

**MICROSCOPIC EXAMINATION**

ERYTHROCYTES (Microscopy)	ABSENT	/hpf	0-2
PUS CELLS (Microscopy)	1-2	/hpf	0-5
EPITHELIAL CELLS (Microscopy)	2-3	/hpf	0-5
CASTS (Microscopy)	ABSENT		
CRYSTALS (Microscopy)	ABSENT		
ANY OTHER FINDINGS	NIL		

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GPS Map Camera

## Mumbai, Maharashtra, India

Shri Krishna Complex, KL Walawalkar Marg, Corner of new link road and fun cinemas lane, Veera Desai Industrial Estate, Andheri West, Mumbai, Maharashtra 400053, India  
Lat 19.135472°

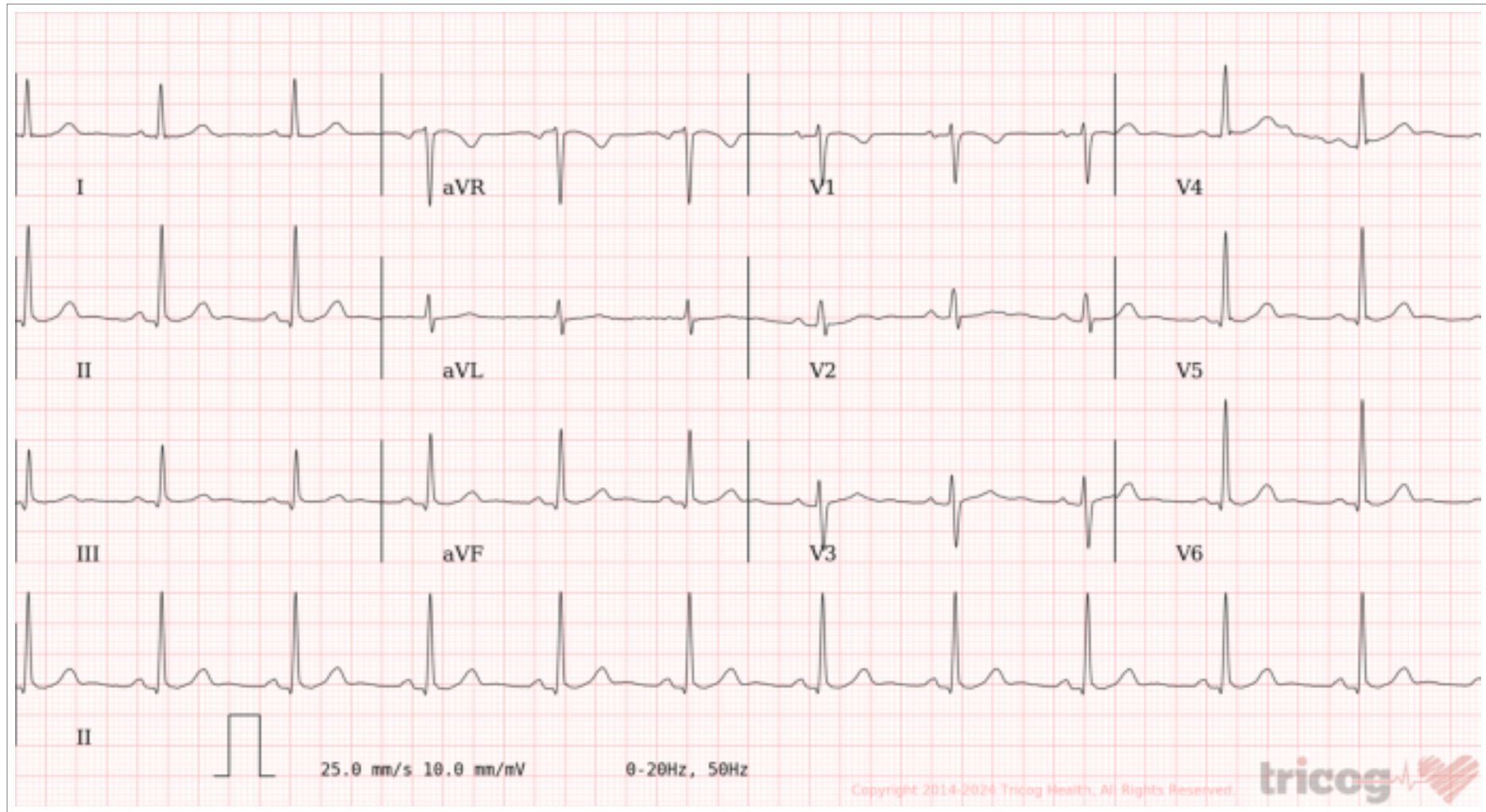
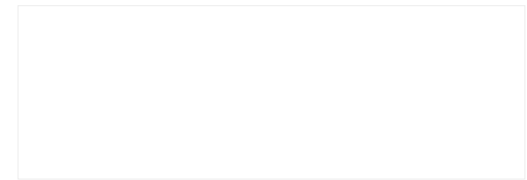
Long 72.832428°

22/01/24 09:22 AM GMT +05:30

Google

Age / Gender: 30/Female  
Patient ID: 0848946  
Patient Name: Chinchu S

Date and Time: 22nd Jan 24 11:15 AM



AR: NA      VR: 68bpm      QRSD: 90ms      QT: 390ms      QTcB: 414ms      PRI: 152ms      P-R-T: 57° NA 52°

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

AUTHORIZED BY



Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY



Dr Kavitha A

# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 83bpm

B.P. 120/80

PRETEST

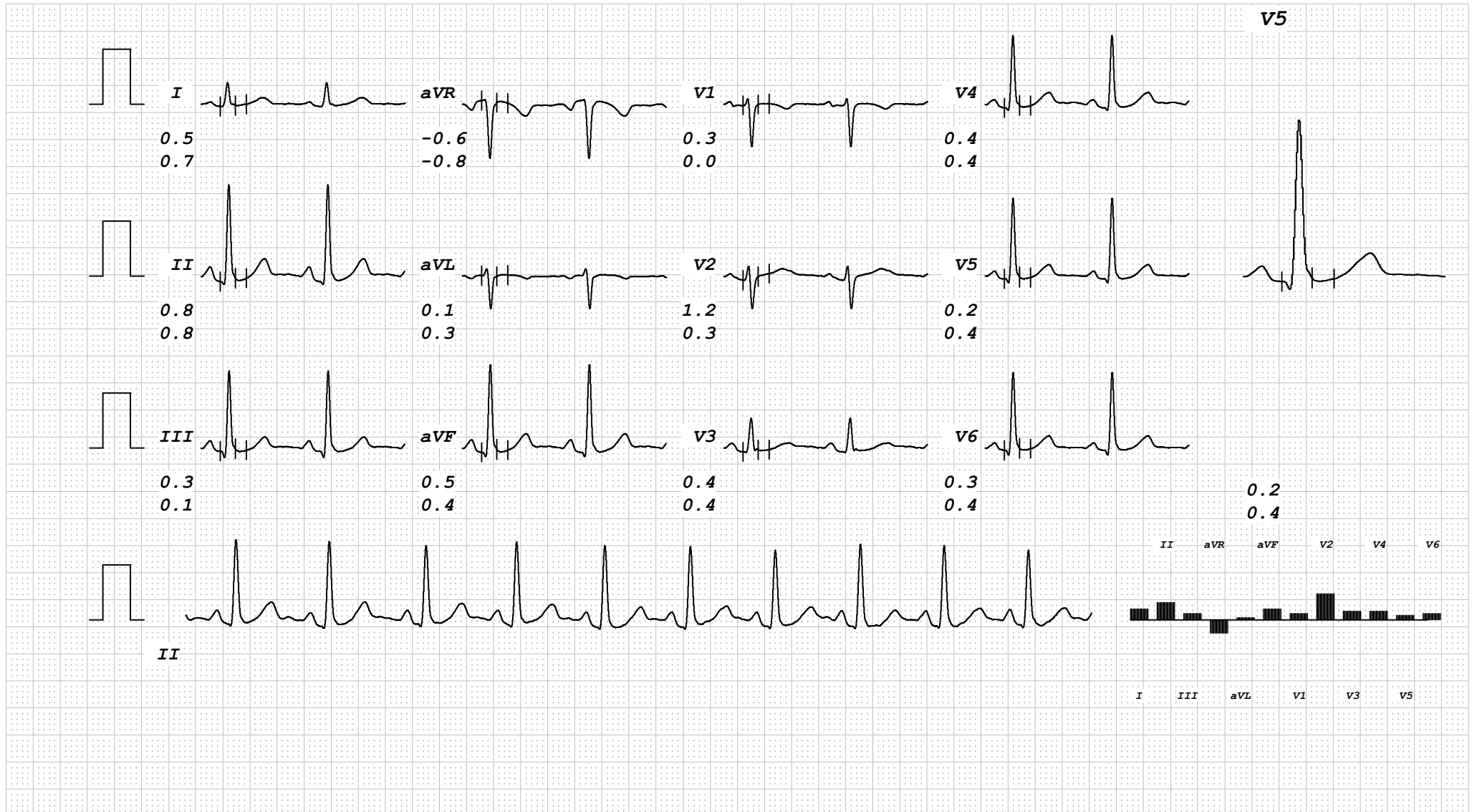
SUPINE

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 83bpm

B.P. 120/80

PRETEST

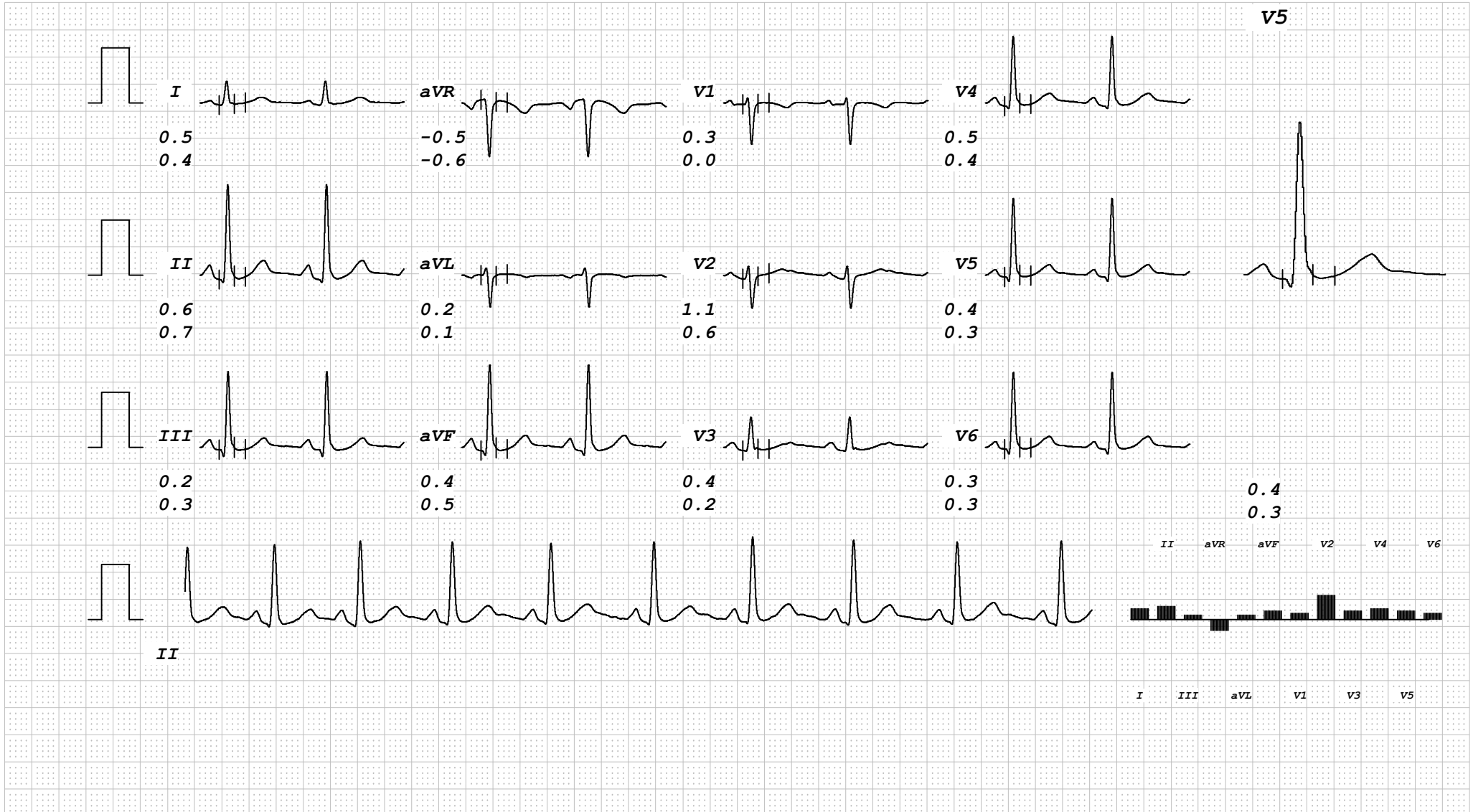
STANDING

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





# HEALTHSPRING OSHIWARA

CHINCHU S  
I.D. 451  
Age 30/F  
Date 22/01/2024

RATE 80bpm  
B.P. 120/80

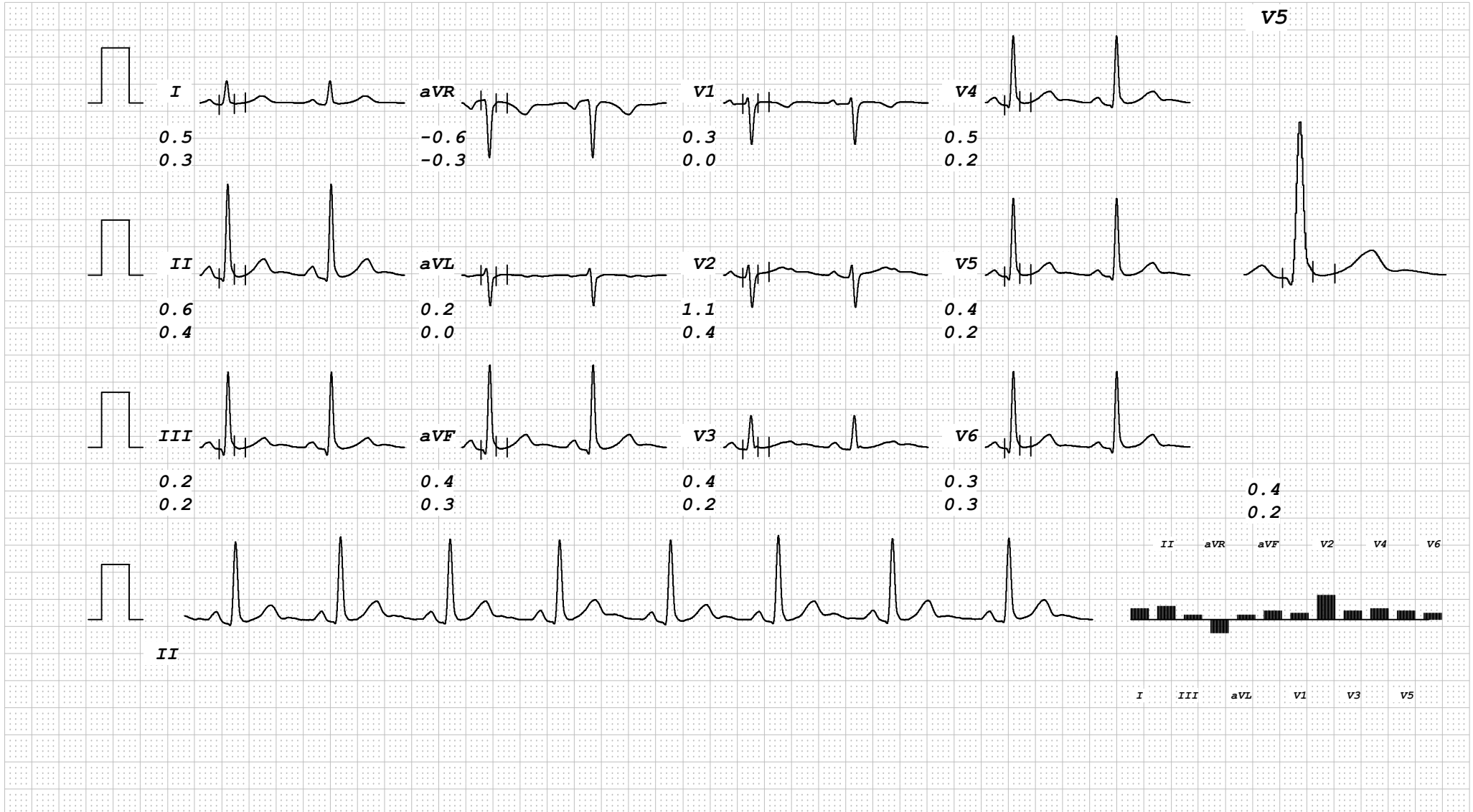
PRETEST  
HYPERVENT

ST @ 10mm/mV  
80ms PostJ

PHASE TIME 0:03

LINKED MEDIAN

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 77bpm

B.P. 120/80

PRETEST

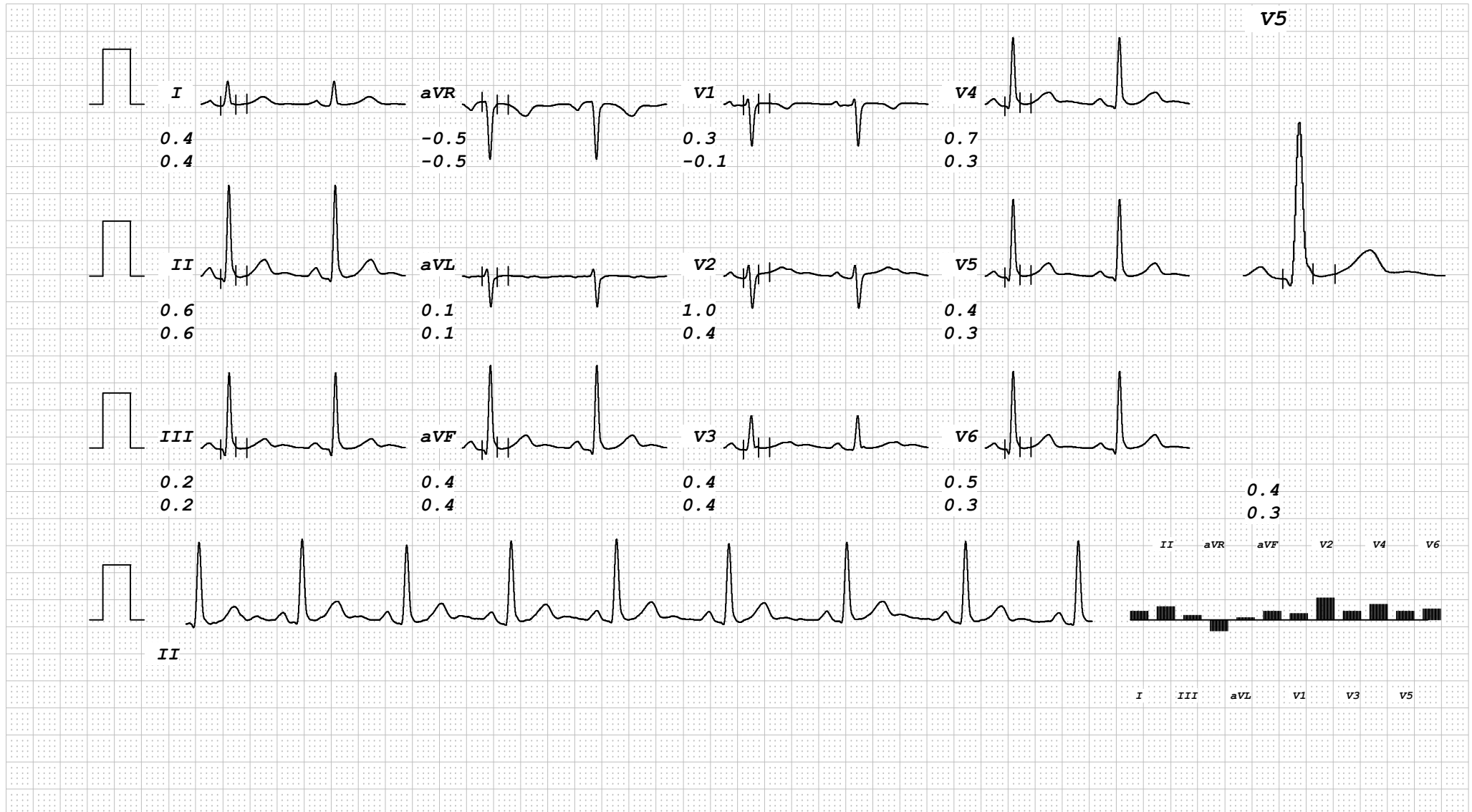
VALSALVA

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2





# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 129bpm

B.P. 120/80

Bruce

Stage 1

TOTAL TIME 2:55

PHASE TIME 2:55

ST @ 10mm/mV

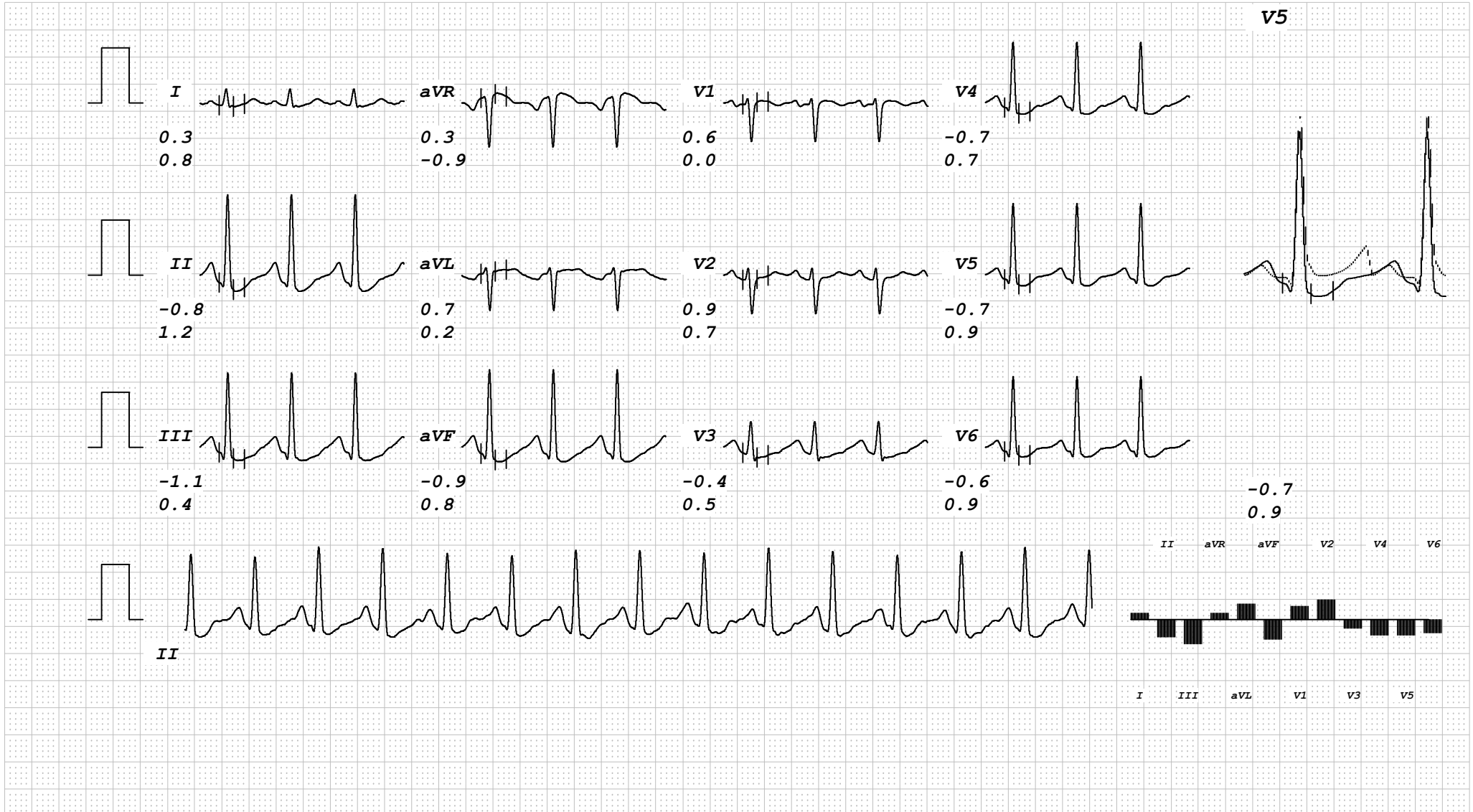
80ms PostJ

Speed 2.7 km/hr

SLOPE 10 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S  
I.D. 451  
Age 30/F  
Date 22/01/2024

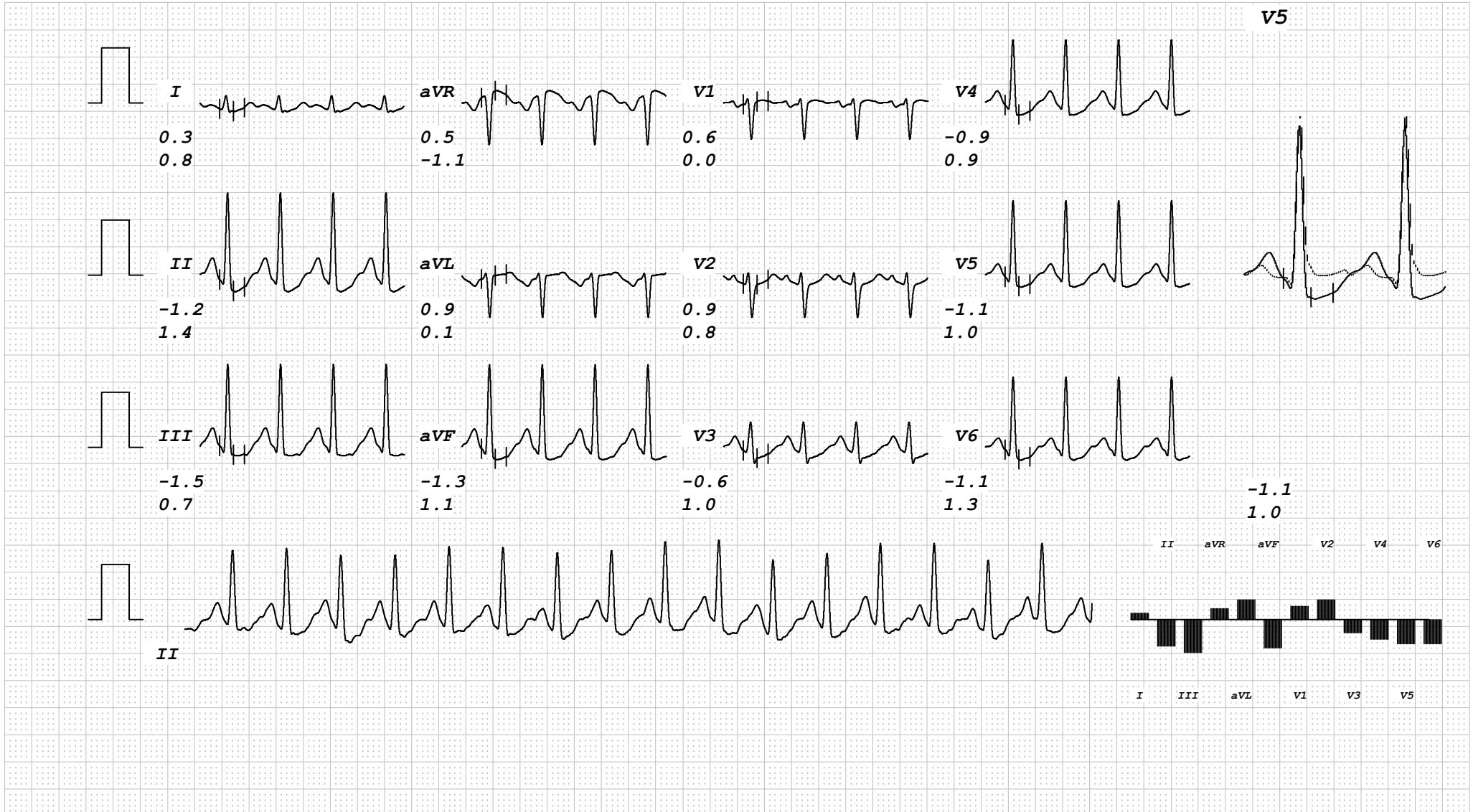
RATE 156bpm  
B.P. 130/90

Bruce  
Stage 2  
TOTAL TIME 5:55  
PHASE TIME 2:55

ST @ 10mm/mV  
80ms PostJ  
Speed 4 km/hr  
SLOPE 12 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 163bpm

B.P. 130/90

Bruce

PK-EXERCISE

TOTAL TIME 6:19

PHASE TIME 0:19

ST @ 10mm/mV

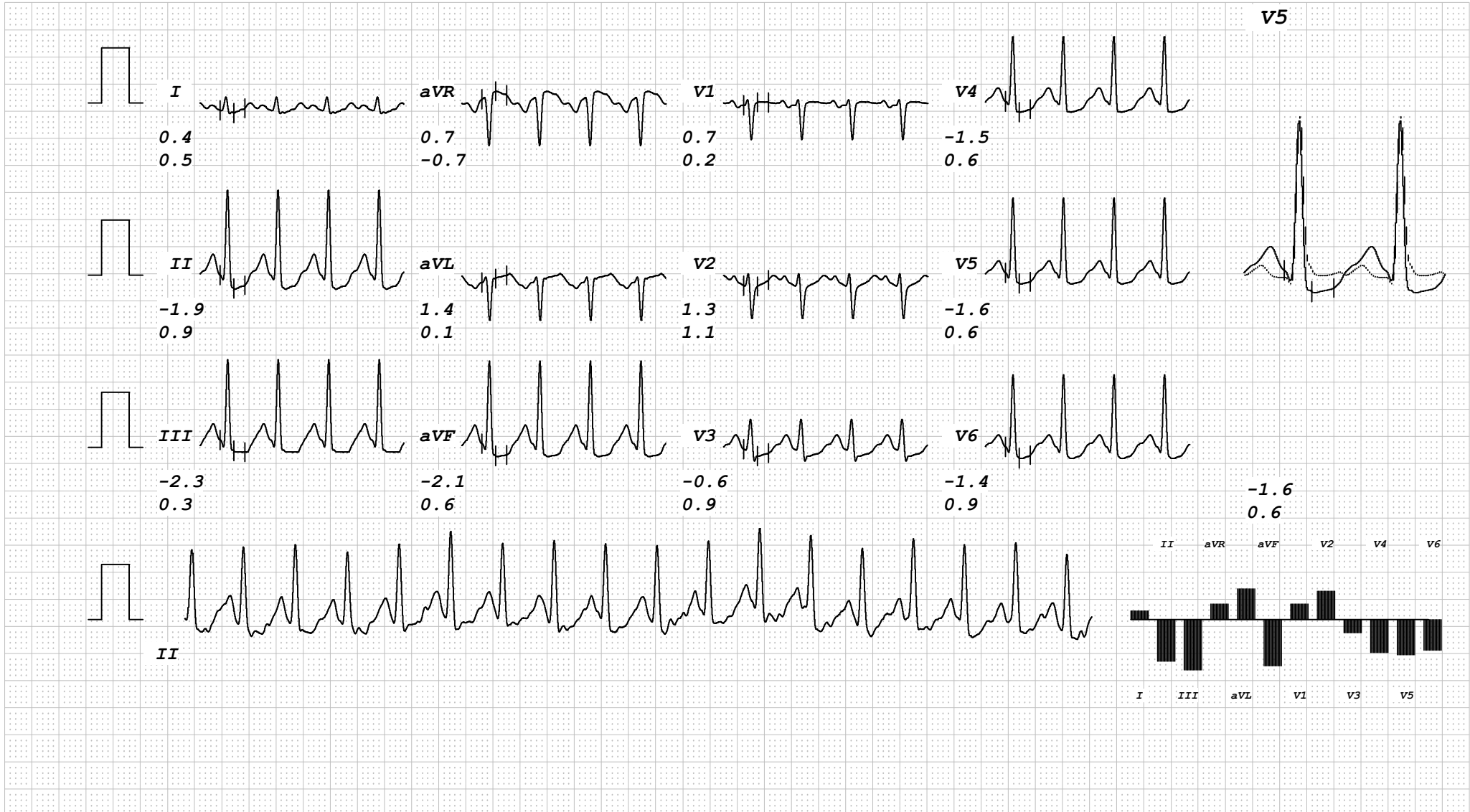
80ms PostJ

Speed 5.4 km/hr

SLOPE 14 %

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S  
 I.D. 451  
 Age 30/F  
 Date 22/01/2024

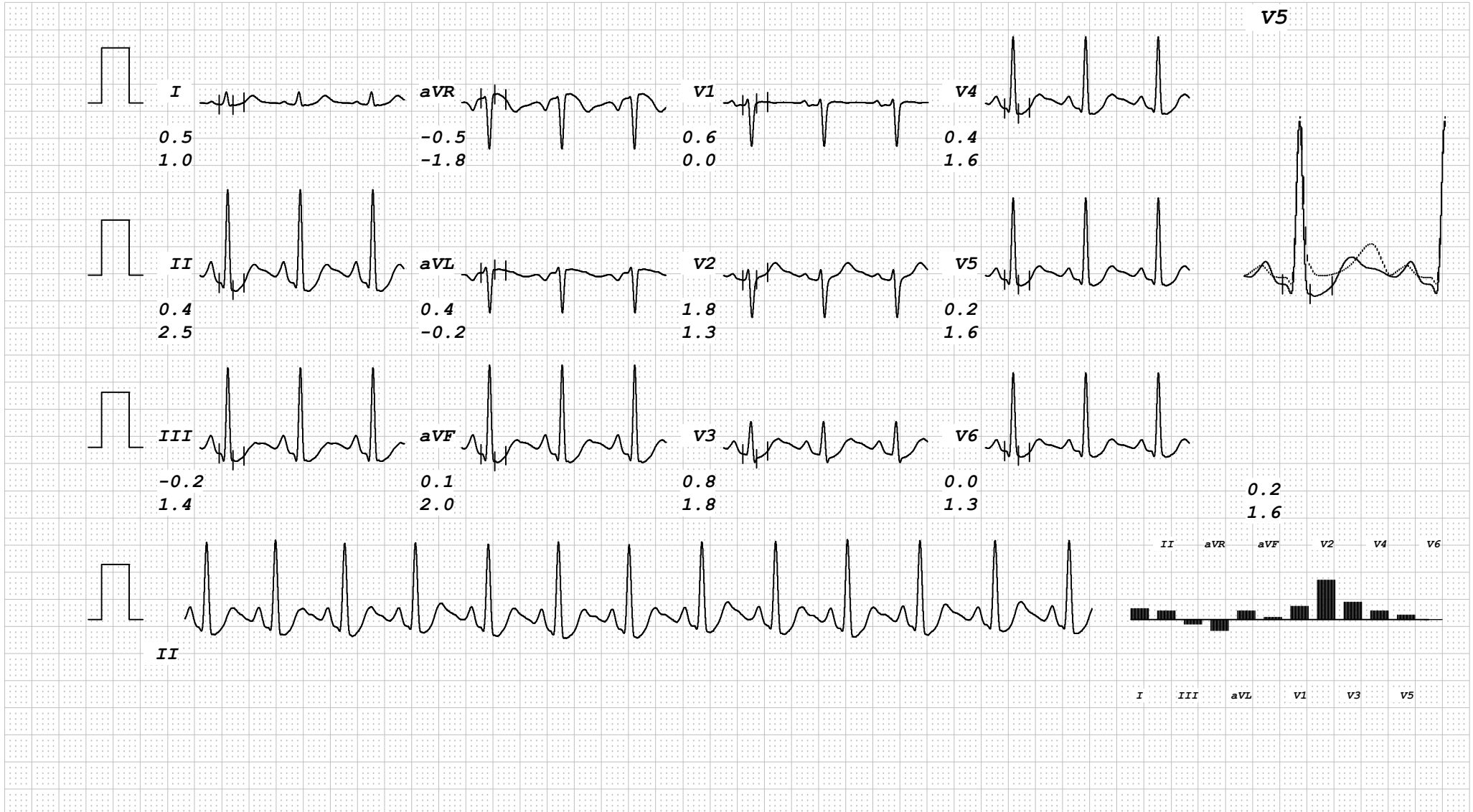
RATE 113bpm  
 B.P. 140/90

Bruce  
 RECOVERY  
 TOTAL TIME 7:22  
 PHASE TIME 0:55

ST @ 10mm/mV  
 80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S  
I.D. 451  
Age 30/F  
Date 22/01/2024

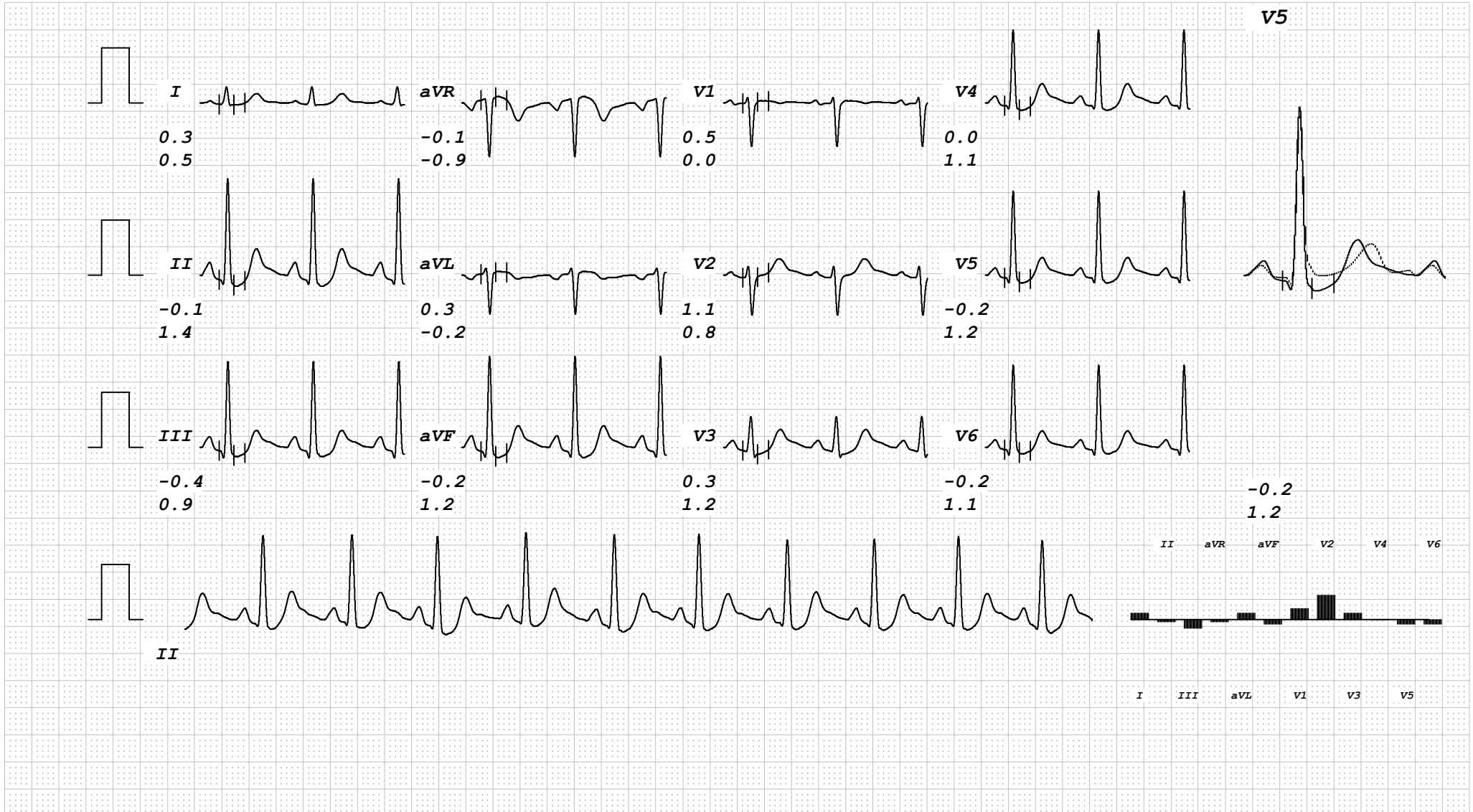
RATE 96bpm  
B.P. 140/90

Bruce  
RECOVERY  
TOTAL TIME 8:22  
PHASE TIME 1:55

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN

Mag. X 2





# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 93bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 9:22

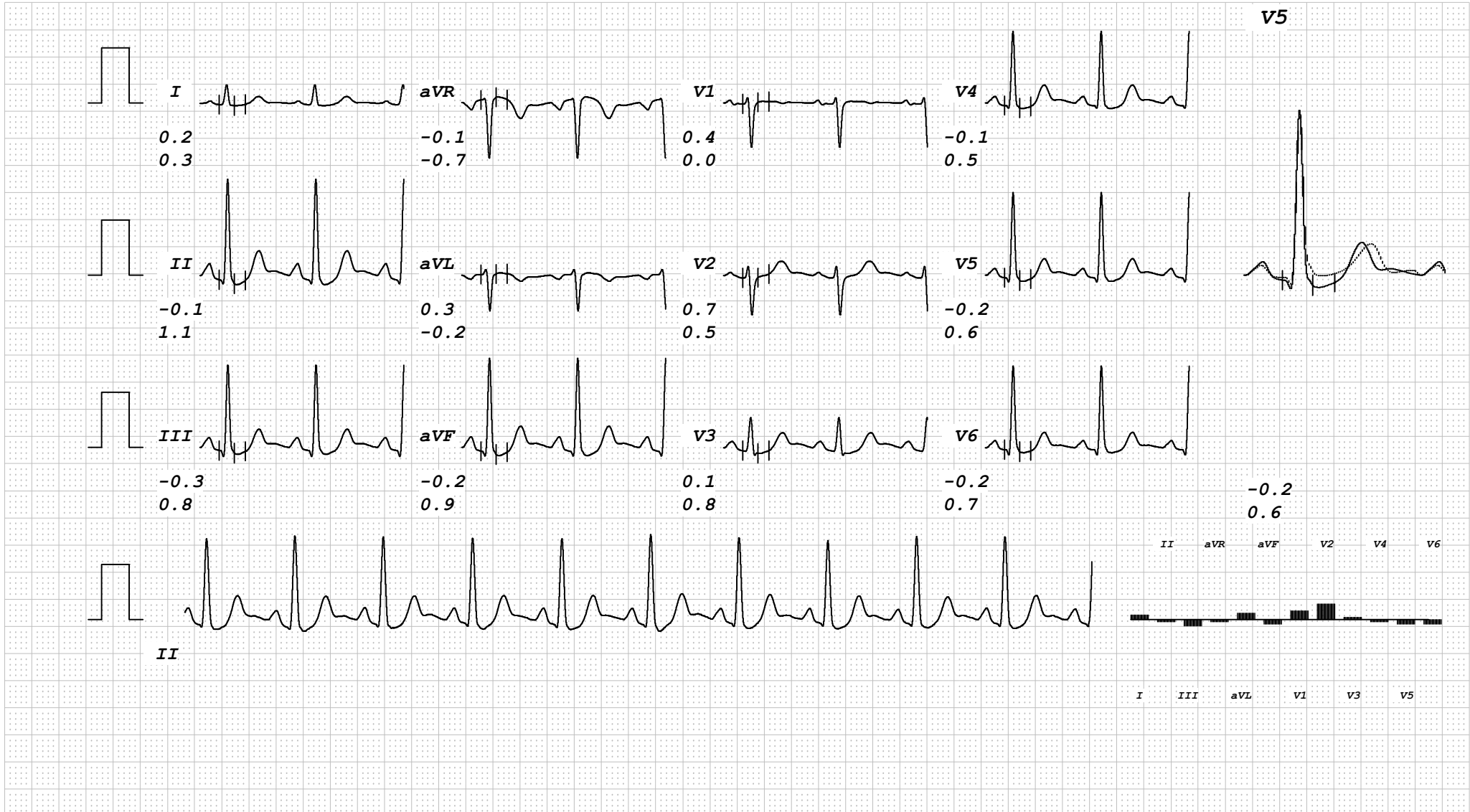
PHASE TIME 2:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2



# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 91bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 10:22

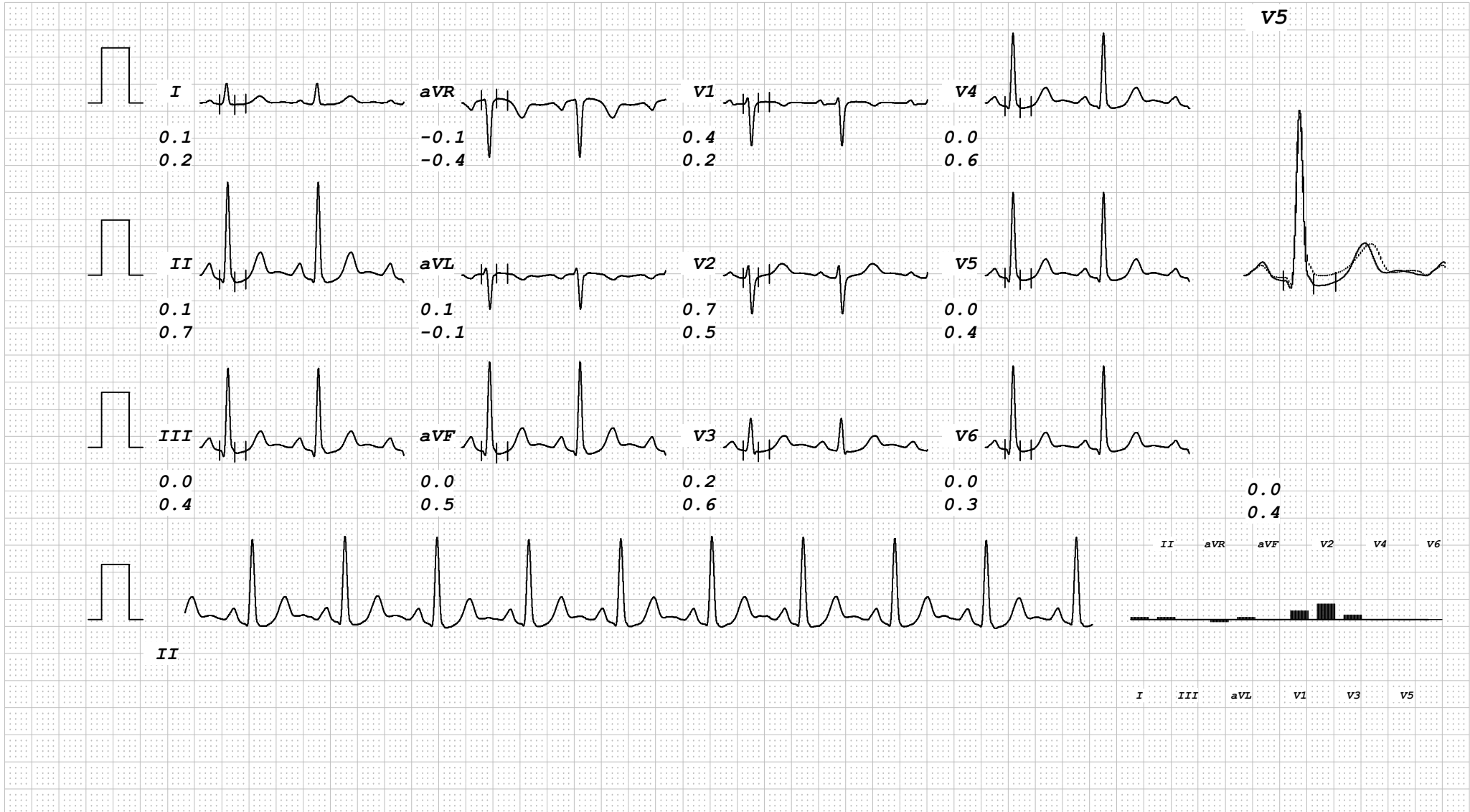
PHASE TIME 3:55

ST @ 10mm/mV

80ms PostJ

**LINKED MEDIAN**

Mag. X 2





# HEALTHSPRING OSHIWARA

CHINCHU S

I.D. 451

Age 30/F

Date 22/01/2024

RATE 89bpm

B.P. 120/80

Bruce

RECOVERY

TOTAL TIME 11:22

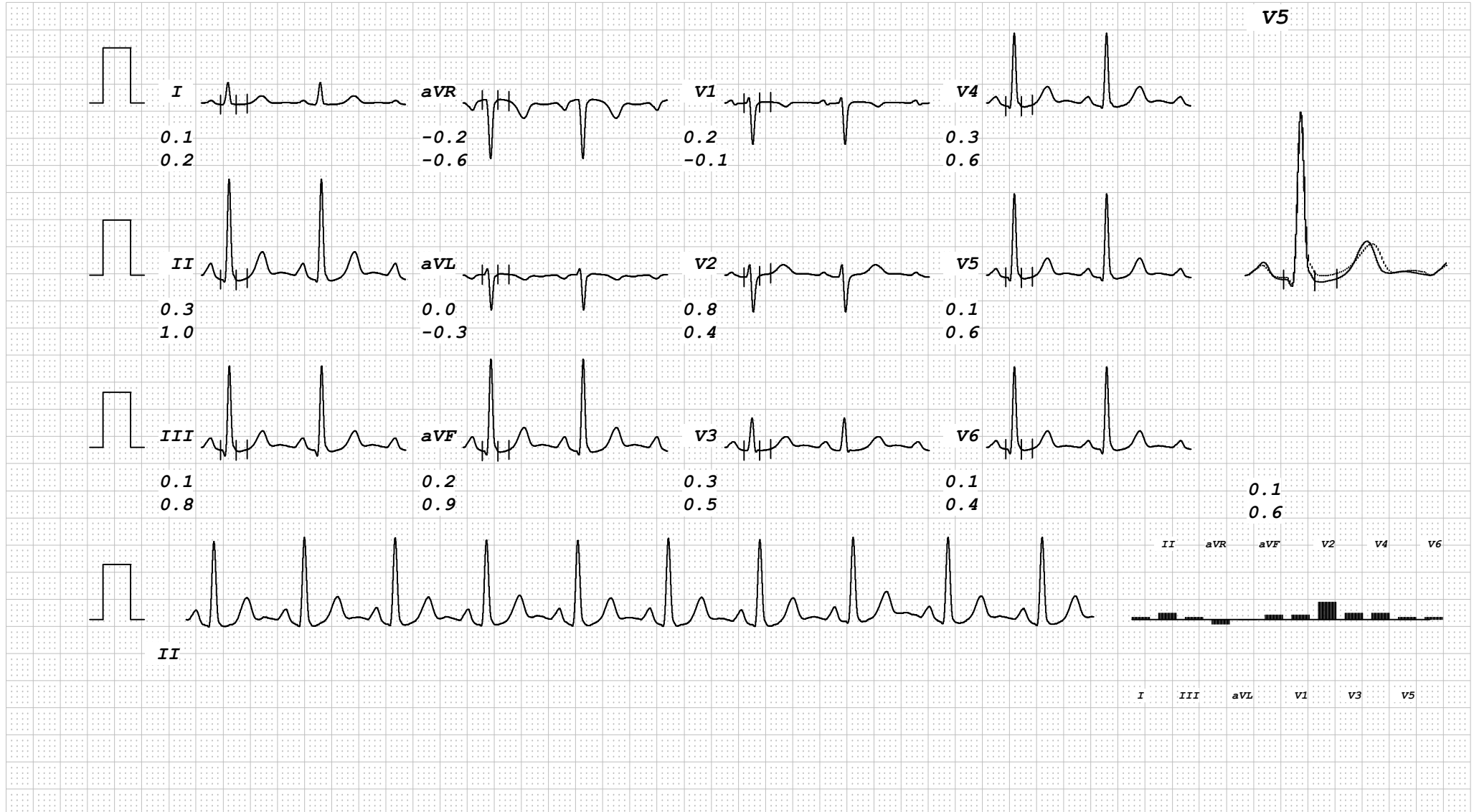
PHASE TIME 4:55

ST @ 10mm/mV

80ms PostJ

LINKED MEDIAN

Mag. X 2







PATIENT'S NAME - Chinchu, S.  
AGE/GENDER - 30yrs 1m female  
DOCTOR'S NAME - Dr. Gail

DATE - 22/01/2024

### VISION SCREENING

	RE	RE	LE	LE
	Glasses	UNAIDED	Glasses	UNAIDED
DISTANT		6/6		6/6
NEAR		N6		N6
COLOUR	normal			
Recommendations				

### VITALS

Pulse - 82	B.P. - 120/80	SpO2 98
Height 153	Weight - 58.	BMI-
Waist - 87.	Hip - 56	Waist/Hip Ratio-
Chest - 87.	Inspiration-	Expiration-

CENTRE NAME -

Dshwara

SIGN & STAMP-



mole over left breast

TO WHOM SO EVER, IT MAY CONCERN

I, Chinchu. S do not need Xray Chest,  
 Pap smear examination, stool routine examination  
 at present.

Thanking you

Chinhu

CHINCHU .S

VIKROLI

22/2/2024.



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