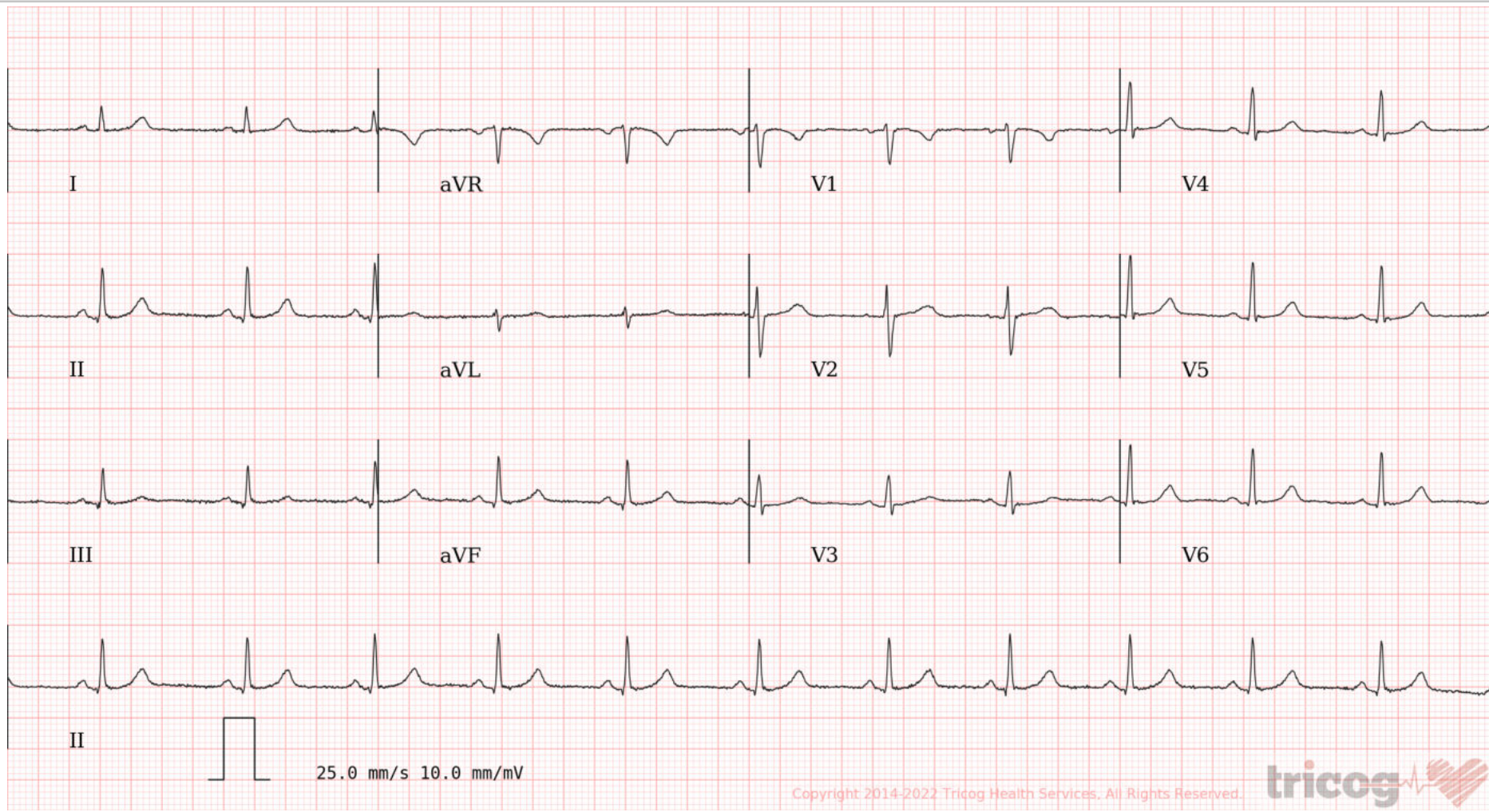


SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: POONAM YADAV
Patient ID: 2226723126

Date and Time: 24th Sep 22 9:56 AM



Age **30** **3** **4**
years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 74ms
QT: 388ms
QTc: 424ms
PR: 142ms
P-R-T: 63° 67° 50°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



CID : 2226723126
Name : Mrs POONAM YADAV
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sep-2022/11:13

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.7 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 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:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.0 x 4.6 cm.
Left kidney measures 10.6 x 5.1 cm.

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(TAS):

The uterus is anteverted and appears normal. It measures 7.5 x 5.2 x 3.9 cm in size.
The endometrium is thickened and measures 16.2 mm.

OVARIES(TAS):

Right ovary is bulky in size and show multiple peripherally arranged immature follicles with central echogenic stroma.

Right ovary = 3.7 x 3.6 x 1.5 cm (Volume is 10.7 cc).

Left ovary = 4.1 x 3.7 x 2.4 cm (Volume is 19.0 cc).

Dominant follicle is noted in left ovary measuring 27.0 mm.

There is no evidence of any ovarian or adnexal mass seen.



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IMPRESSION:

- **Thickened endometrium.**
- **Right ovary shows polycystic ovarian morphology (PCOM).**

Suggestion: Clinicopathological correlation. Hormonal assay for PCOS.

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 interobserver 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-----

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

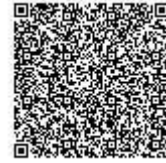
Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388



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CID : 2226723126
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Age / Sex : 30 Years/Female
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Reg. Location : Malad West Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sep-2022/11:13



CID : 2226723126
Name : Mrs POONAM YADAV
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 24-Sep-2022
Reported : 24-Sep-2022/13:19

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.

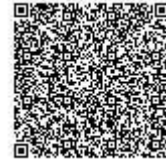
TO BE CORRELATED CLINICALLY.

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. X- ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

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



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Reported : 24-Sep-2022/13:19



CID : 2226723126
Name : MRS.POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	8.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.01	3.8-4.8 mil/cmm	Elect. Impedance
PCV	29.0	36-46 %	Calculated
MCV	72.3	80-100 fl	Measured
MCH	21.8	27-32 pg	Calculated
MCHC	30.1	31.5-34.5 g/dL	Calculated
RDW	17.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	3140	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	1064.5	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	301.4	200-1000 /cmm	Calculated
Neutrophils	50.4	40-80 %	
Absolute Neutrophils	1582.6	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	175.8	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	15.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	144000	150000-400000 /cmm	Elect. Impedance
MPV	12.5	6-11 fl	Measured
PDW	27.8	11-18 %	Calculated



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Reported : 24-Sep-2022 / 12:18

RBC MORPHOLOGY

Hypochromia +
Microcytosis +
Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Elliptocytes-occasional

WBC MORPHOLOGY -

PLATELET MORPHOLOGY Platelet count may not be representative due to presence of megaplatelets on smear

COMMENT Leucopenia

Result rechecked.
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 14 2-20 mm at 1 hr. Westergren

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



M Jain

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



CID : 2226723126
Name : MRS.POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 24-Sep-2022 / 09:07
Reported : 24-Sep-2022 / 14:30

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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	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.53	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	164.3	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	0.48	0.51-0.95 mg/dl	Enzymatic



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Reg. Location : Malad West (Main Centre)

Collected : 24-Sep-2022 / 13:23
Reported : 24-Sep-2022 / 19:24

eGFR, Serum	161	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic
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 CPL, Andheri West

*** End Of Report ***



Anupa

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



CID : 2226723126
Name : MRS. POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



Dr. Leena Salunkhe
Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2226723126
Name : MRS.POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<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	35-40	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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



MC-2111

M Jain

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



CID : 2226723126
Name : MRS.POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 24-Sep-2022 / 13:07

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



CID : 2226723126
Name : MRS. POONAM YADAV
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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	123.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.4	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	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	69.0	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	15.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2226723126
Name : MRS.POONAM YADAV
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	10.0	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	1.22	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



CID : 2226723126
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Reg. Location : Malad West (Main Centre)

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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 upto 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:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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

*** End Of Report ***



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist

CID# : 2226723126
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Age / Gender : 30 Years/Female
Consulting Dr. : -
Reg.Location : Malad West (Main Centre)

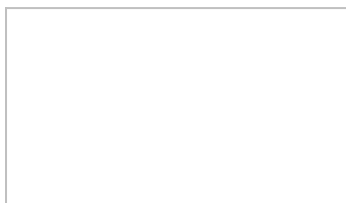
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Reported : 24-Sep-2022 / 15:24
Printed : 24-Sep-2022 / 15:25

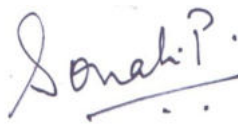
- | | |
|--|------------------------|
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | KIDNEY STONE 4 YRS AGO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood 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 | NO |
| 2) Smoking | NO |
| 3) Diet | MIXED |
| 4) Medication | NO |

*** End Of Report ***




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

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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