SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SINU GUPTA

Patient ID: 2204331991

Date and Time: 12th Feb 22 9:57 AM



Gender Female

Heart Rate 86 bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA

Spo2: NA Resp: NA

Others:

Measurements

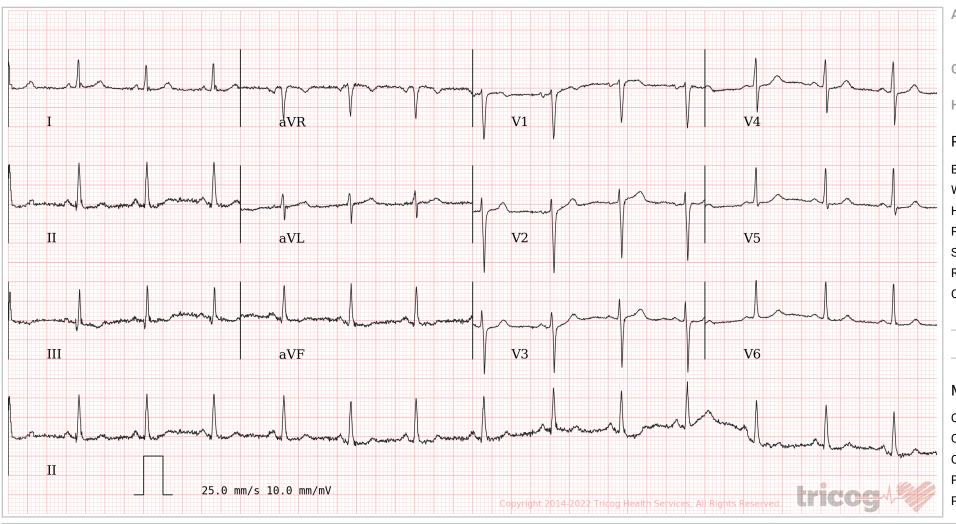
QSRD: 72 ms

QT: 330 ms

QTc: 394 ms

PR: 122 ms

P-R-T: 67° 61° -17°



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

The

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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.



Name : Mrs SINU GUPTA

Age / Sex : 35 Years/Female

Ref. Dr :

Reg. Location : Borivali West



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: 12-Feb-2022 / 10:44

Reported : 12-Feb-2022 / 15:04

USG WHOLE ABDOMEN

Reg. Date

<u>LIVER:</u> Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 10.5 x 3.9 cm. Left kidney measures 10.7 x 5.4 cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS:</u> Uterus is anteverted, normal and measures 6.0 x 4.4 x 3.4 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 12 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.6 x 1.8 cm.

The left ovary measures 3.1 x 2.6 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images

http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022021209290980

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Opinion:

No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

End of Report	
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This report is prepared and physically checked by Dr. Vikrant Patil before dispatch.



Dr. VIKRANT S. PATIL M. D. Radio Diagnosis Reg No 2014052421



Name : Mrs SINU GUPTA

Age / Sex : 35 Years/Female

Ref. Dr :

Reg. Location: Borivali West



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Reported : 12-Feb-2022 / 12:59

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-----



Dr. VIKRANT S. PATIL M. D. Radio Diagnosis Reg No 2014052421



Name : MRS.SINU GUPTA

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location

: Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.74	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Measured
MCV	77	80-100 fl	Calculated
MCH	25.3	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	9630	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	21.5	20-40 %	
Absolute Lymphocytes	2070.5	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	529.7	200-1000 /cmm	Calculated
Neutrophils	69.5	40-80 %	
Absolute Neutrophils	6692.9	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	317.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	19.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	208000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	30.2	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Mild

Microcytosis Occasional

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CID : 2204331991

Name : MRS.SINU GUPTA

: 35 Years / Female Age / Gender

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Macrocytosis

Mild Anisocytosis

Poikilocytosis Mild

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Elliptocytes-occasional

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

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

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



Name : MRS.SINU GUPTA

Age / Gender : 35 Years / Female

Consulting Dr. :

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Reported

: 12-Feb-2022 / 09:52 :12-Feb-2022 / 12:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	140.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.18	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	20.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.0	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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Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Glycosylated Hemoglobin 5.8 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 119.8 mg/dl Calculated

(eAG), EDTA WB - CC

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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Dr.MEGHA SHARMA M.D. (PATH), DNB (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

	URINE EXA	MINATION REPORT	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
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	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	

Leukocytes(Pus cells)/hpf 1-2 0-5/hpf
Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 0-1

CastsAbsentAbsentCrystalsAbsentAbsentAmorphous debrisAbsentAbsent

Bacteria / hpf 6-8 Less than 20/hpf

Others -









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Name : MRS.SINU GUPTA

Age / Gender : 35 Years / Female

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

PARAMETER RESULTS

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.

Refernces:

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

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Name : MRS.SINU GUPTA

Age / Gender : 35 Years / Female

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	181.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	122.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	48.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	132.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	108.0	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	24.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	2.2	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.2	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	3.38	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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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 trasiently altered becuase 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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M.D.(PATH)
Consultant Pathologist & Lab
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CID# : **2204331991** SID# : 177804646894

Name : MRS.SINU GUPTA Registered : 12-Feb-2022 / 09:28

Age / Gender : 35 Years/Female Collected : 12-Feb-2022 / 09:28

Consulting Dr. : - Reported : 12-Feb-2022 / 16:32

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PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):151cmsWeight (kg):70.8kgTemp (0c):AfebrileSkin:NormalBlood Pressure (mm/hg):140/90 mm of hgNails:Normal

Pulse: 70/min Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE **Genitourinary:** NAD

GI System: Liver & Spleen not palpable

CNS: NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

Hypertension: NO
 IHD NO
 Arrhythmia NO
 Diabetes Mellitus NO
 Tuberculosis NO

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6) Asthama NO

7) Pulmonary Disease NO

8) Thyroid/ Endocrine disorders NO

9) Nervous disorders NO

10) GI system NO

11) Genital urinary disorder NO

12) Rheumatic joint diseases or symptoms NO

13) Blood disease or disorder NO

14) Cancer/lump growth/cyst NO

15) Congenital disease NO

16) Surgeries NO

17) Musculoskeletal System NO

PERSONAL HISTORY:

1) Alcohol
2) Smoking
3) Diet
4) Medication
NO
NO
NO

*** End Of Report ***

Dr.NITIN SONAVANE PHYSICIAN

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