

CID# : 2301912387
Name : MRS. TEJAL SAGAR KHOT
Age / Gender : 33 Years/Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)
Collected : 19-Jan-2023 / 08:38
Reported : 20-Jan-2023 / 09:23

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	150 cms	Weight (kg):	59 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	92/min	Lymph Node:	Not palpable

Systems

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

IMPRESSION:

*Dyslipidemia
ECG - Sinus Tachycardia
Short PR Interval*

ADVICE:

*Low fatty diet
Cardiolepin opinion*

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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 1 1/2 yrs ago. |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Reg. Office No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



33 8 N/A
years months day

Female

Heart Rate: 102bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 59 kg

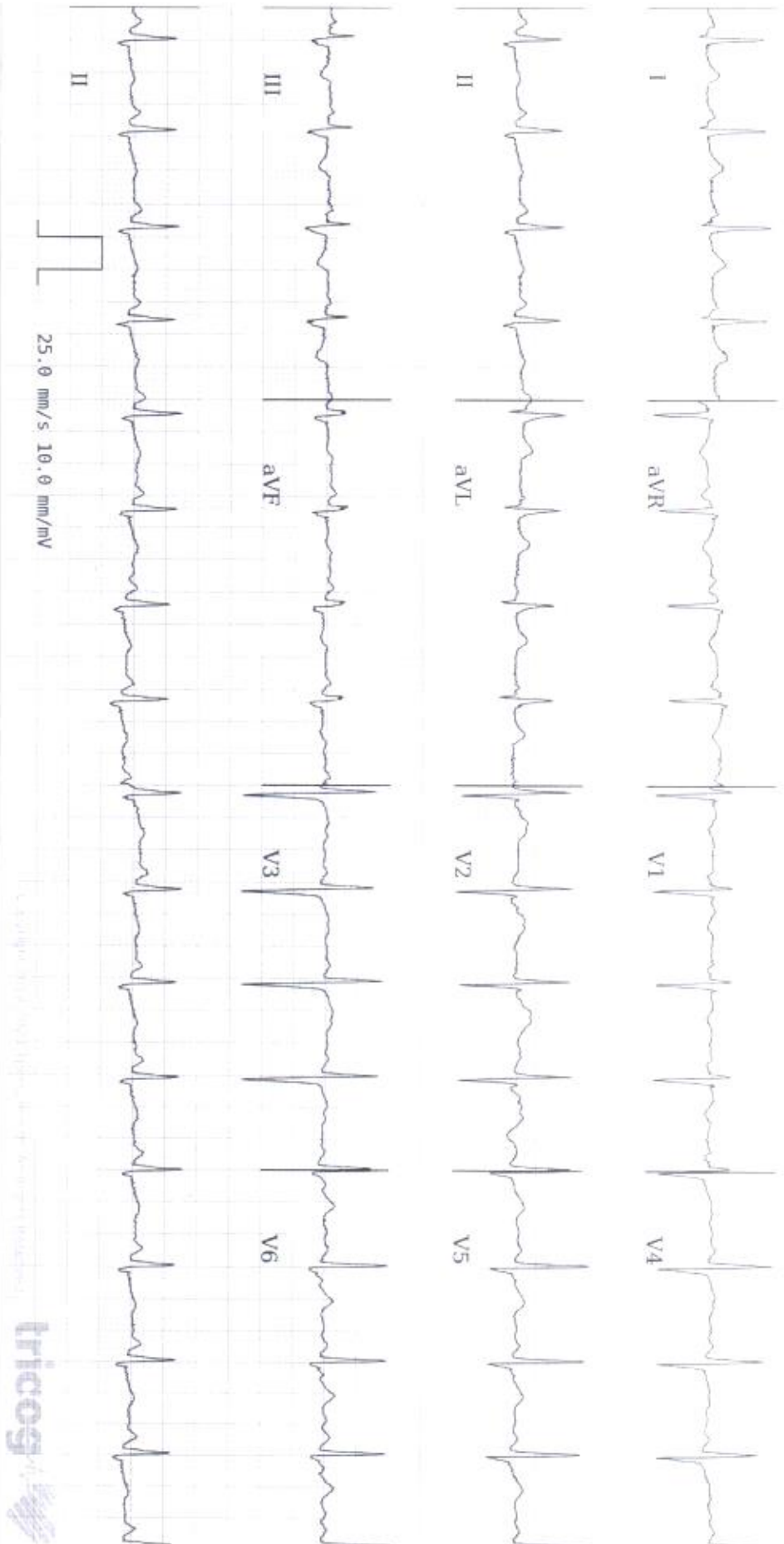
Height: 150 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:



25.0 mm/s 10.0 mm/mV



Sinus Tachycardia, Short PR Interval. Please correlate clinically.

REPORTED BY

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

SUBURBAN HEALTH SERVICES
102/102 (INDIA) PVT. LTD.
Plot No. 21, Vangani,
Thakur Anandji, Kandivali (east),
Mumbai - 400101.
Tel : 617000000

Disclaimer: All analyses in this report are based on ECG data, and should be used in conjunction with other diagnostic and non diagnostic data. Images and non image data will not be reproduced by this report. All other data should be stored by the clinician and not derived from the ECG.

Date:- 19/1/23

CID:
2361912384

Name:- Mrs. Tejal S Khot

Sex/Age: F/33

EYE CHECK UP

Chief complaints: Routine checkup

Systemic Diseases: No H/O ST

Past history: No H/O Ocular sx/Injury

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction:

Coms: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	— Plano —			6/6	— Plano —			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.

KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

CID : 2301912387
Name : Mrs TEJAL SAGAR KHOT
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 19-Jan-2023
Reported : 19-Jan-2023 / 10:00

Use a QR Code Scanner
Application To Scan the Code

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 visualised 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 9.0 x 4.0 cm. Left kidney measures 10.5 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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 7.8 x 2.9 x 2.8 cm in size.
The endometrial thickness is 3.3 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.2 x 2.2 x 1.9 cm and volume is 5.3 cc
Left ovary = 2.6 x 2.0 x 1.5 cm and volume is 4.6 cc

[Click here to view images <<ImageLink>>](#)

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IMPRESSION:-

No significant abnormality is seen.

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

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

Khilji Faizur

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

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 inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

[Click here to view images <<ImageLink>>](#)



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Reported : 19-Jan-2023 / 9:56

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-----

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

Khilji Faizur

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

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Page no 1 of 1

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg

Date: 19 / 01 / 2023 10:11:08 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RRP	PVC	Comments
Supine	00:42	0:42	00.0	00.0	01.0	097	52%	110/80	106	00	
Standing	01:16	0:34	00.0	00.0	01.0	115	61%	110/80	126	00	
HV	01:28	0:12	00.0	00.0	01.0	109	58%	110/80	119	00	
ExStart	01:46	0:18	00.0	00.0	01.0	110	59%	110/80	121	00	
BRUCE Stage 1	04:46	3:00	02.7	10.0	04.7	153	82%	110/80	168	00	
PeakEx	05:53	1:07	04.0	12.0	05.6	169	90%	130/80	219	00	
Recovery	06:53	1:00	00.2	00.0	01.0	143	76%	130/80	185	00	
Recovery	07:02				00.0	000	0%	--/--	000	00	

FINDINGS :

Exercise Time : 04:07
 Initial HR (ExStrt) : 110 bpm 59% of Target 187
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max Workload Attained : 5.6 Fair response to induced stress
 Duke Treadmill Score : 06.5
 Test End Reasons : Heart Rate Achieved

Max HR Attained 169 bpm 90% of Target 187
 Max BP Attained 130/80 (mm/Hg)

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

Doctor : DR.AKHIL PARULEKAR

Email:

849 / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg Date: 19 / 01 / 2023 10:11:08 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 169.0 bpm

Systolic BP 130.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 04:07 Mins, Ectopic Beats 0.0

METs 5.6 Test End Reason , Heart Rate Achieved Target Heart Rate 91% of 187

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	FAIR
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 disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

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Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 917000090

Dr. Akhil P. Parulekar,

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR

849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR 97

Date: 19/07/2023 10:11:08 AM METS: 1.0/9.7 bpm/52% of THR BP: 110/80 mmHg Raw ECG/RLC On/Notch On/HF 0.05 Hz/LE 35 Hz

4X 80 mS Padd J

ExTime: 00:00 0.0 kmph, 0.0%

25 mm/Sec 1.0 mV/div

VR 0.5
VR 0.5
SR 0.7

V1 0.4
V1 0.1

II 0.2
II 0.5

V2 0.5
V2 0.3

III -0.3
III 0.0

V3 0.1
V3 0.0

aVR -0.4
aVR 0.6

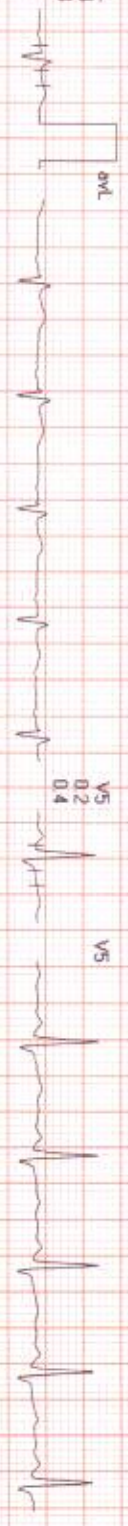
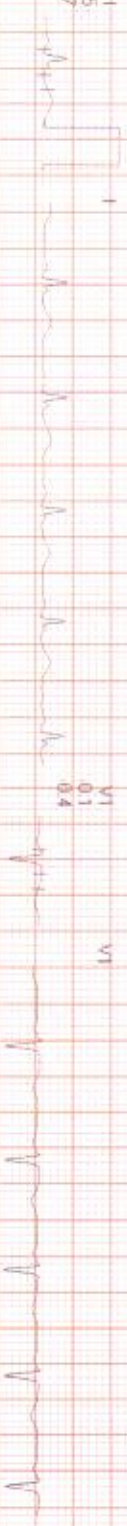
V4 0.2
V4 0.2

aVL 0.4
aVL 0.4

V5 0.2
V5 0.4

avF 0.1
avF 0.3

V6 0.1
V6 0.3



REMARKS:





849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR : 115

Date: 19 / 01 / 2023 10:11:08 AM

METS: 1.0 / 115 bpm, 61% of THR

BP: 110/80 mmHg

Raw ECG/BLC 0m/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Pos/J

25 mm/Sec 1.0 Cal/mV

ExTime: 00:00:00 K-mph: 0.0%

sin: 0.5
srs: 0.8

V1
-0.1
-0.6

V1

II
0.5
1.5

V2
0.4
0.1

V2

III
-0.0
0.7

V3
-0.3
-0.3

V3

avR
-0.5
-1.1

V4
-0.5
-0.3

V4

avL
0.2
0.0

V5
0.5
-0.3

V5

avF
0.2
1.1

V5
0.5
-0.3

V6

V2
0.4

I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS:





849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR : 109

Date: 19/01/2023 10:11:08 AM METS: 1.0 / 109 bpm 58% of THR BP: 110/80 mmHg Raw ECG: BLU On/Netch On/HF 0.05 Hz/LF 35 Hz

4X 80 mm Post J

E*Time: 00:00:00 K*mpH: 0.0%
25 mm/Sec 1.0 Cal/mV



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

ASAPL

849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR . 110

Date 19/01/2023 10:11:08 AM METS 1.0/110 bpm 59% of THR BP 110/80 mmHg Raw ECG/BLU Orig/Notch On/HE 0.05 Hz/LF 35 Hz

ExTime 00:30 0.0 Kmph 0.0%

4X 80 m/s Post I

25 mm/Sec 1.0 mV/mV

I 0.3
II 0.4
III 0.5

V1 0.0
V2 0.4
V3 0.3

V1

II 0.4
III 0.5

V2 0.4
V3 0.3

V2

III 0.2
aVR 0.1
aVL 0.7

V3 0.0
V4 0.1
V5 0.3

V3

aVR 0.1
aVL 0.1
aVF 0.7

V4 0.1
V5 0.3

V4

aVL 0.5
aVF 0.5
V5 0.5

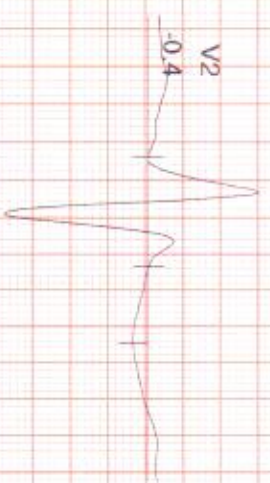
V5 0.1
V6 0.3

V5

aVF 0.6
V6 0.7

V6 0.1
V6 0.3

V6



REMARKS:



849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR - 153



Date: 19/01/2023 10:11:08 AM

METS: 4.7/15.1 bpm/82% of THR BP: 130/80 mmHg

Raw ECG/BLC Dry/Watch Dry/HE 0.05 Hz/LE 35 Hz

ExTime: 03:00 2.7 Kmph 10.0%

4X 60 ms Peak/J

25 mm/Sec 1.0 Cm/mV

STL 0.3
STB 0.7

V1 -0.2
V4 0.4



II 0.1
III 0.1
aVR 0.7

V2 0.0
V5 0.5



III -0.2
aVL 0.0

V3 -0.3
V6 0.5



aVR -0.2
aVL 0.7

V4 -0.2
V7 0.3



aVL 0.3
aVF 0.4

V5 0.3
V8 0.7



aVF 0.0
V5 0.3

V6 0.6
V9 0.6



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakX



849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR : 169

Date: 19/01/2023 10:11:08 AM METS: 5.6 / 169 bpm 90% of THR BP: 130/80 mmHg Raw ECG/BLG On/Match On/HF 0.05 Hz/AF 35 Hz

ExTime: 04:07 4.0 kmph 12.0%

4X 60 ms Pul/J

25 mm/sec 1.0 cm/mV

RA 0.3
RB 0.3
RS -0.8

V1 -0.4
V4 0.7

II 0.3
III 0.1
aVF 2.5

V2 -0.5
V5 0.2

III 0.1
aVR -0.3
aVL -1.6

V3 -0.8
V6 0.4

aVR -0.3
aVL 0.1
aVF 1.6

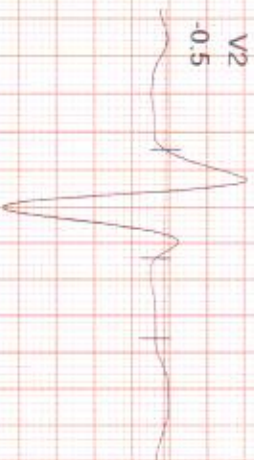
V4 -0.1
V7 1.1

aVL 0.1
aVF 0.4

V5 -0.2
V8 0.4

aVF 0.2
aVR 0.2
aVL 2.1

V5 0.2
V6 0.6



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

REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

ASHR

849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR : 143

Date: 19/01/2023 10:11:08 AM METS: 1.0/143 bpm 76% of THR BP: 130/80 mmHg Pgw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

ExTime: 04:07 0.2 kmph 0.0%

4X 60.05 Ppt/J

25 mm/Sec 1.0 Cmv/mV

SVL 0.1
SRS 1.0

V1 0.6
V2 -0.5

II 2.0
III 1.8

V2 0.8
V3 0.7

III -2.1
aVR 0.8

V3 -0.8
V4 1.2

aVR 0.9
aVL 1.4

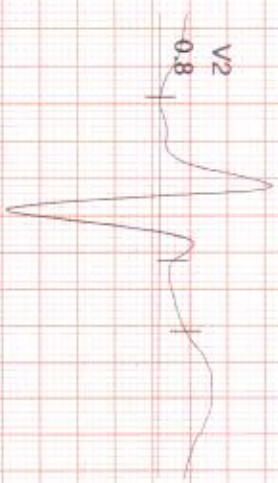
V4 -1.1
V5 1.4

aVL 1.1
aVF 0.1

V5 -1.2
V6 1.3

aVF 2.0
V5 1.3

V6 -1.3
V6 1.1



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

AGIDR

849 (2301912387) / TEJAL KHOT / 33 Yrs / F / 150 Cms / 59 Kg / HR 140

Date: 19/01/2023 10:11:08 AM METS: 1.0/140 bpm 75% of THR EP: 130/80 mmHg Raw ECG/BLG: 0mg/Notch 0mg/HE 0.05 Hz/VLF 35 Hz

EXTime: 04:07 0.0 Kmph 0.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cal/mV

SI 0.6
SPS 1.6

V1 0.1
0.8

V1



II 0.2
1.9

V2 0.9
1.2

V2



III -0.8
0.2

V3 0.2
1.0

V3



avR -0.2
-1.7

V4 0.1
1.2

V4



avL 0.7
0.7

V5 0.1
1.3

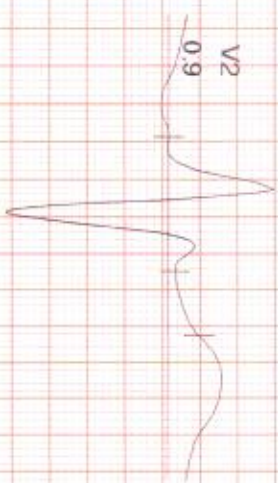
V5



avF -0.5
1.1

V6 0.2
1.1

V6



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



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Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 10:53

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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	13.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.5	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	32.5	27-32 pg	Calculated
MCHC	34.5	31.5-34.5 g/dL	Calculated
RDW	11.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6990	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.3	20-40 %	
Absolute Lymphocytes	2118.0	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	412.4	200-1000 /cmm	Calculated
Neutrophils	61.7	40-80 %	
Absolute Neutrophils	4312.8	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	118.8	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	15.4	11-18 %	Calculated



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Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 10:51

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 39 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



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Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 11:13

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	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	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	13.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhaskar

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



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CID : 2301912387
Name : MRS.TEJAL SAGAR KHOT
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 12:15

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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 ***



Bmhaskar

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



CID : 2301912387
Name : MRS.TEJAL SAGAR KHOT
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	5.0	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

*** End Of Report ***



NR Jain

**Dr.VIPUL JAIN
M.D. (PATH)
Pathologist**



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Name : MRS.TEJAL SAGAR KHOT
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 15:16

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	Clear	Clear	-
Volume (ml)	10	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Note:Sample quantity less than 12ml.



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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 ***



Bmhaskar

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



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Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 13:40

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 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 ***




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



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Age / Gender : 33 Years / Female
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	185.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	78.2	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	143	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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

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Pathologist



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Collected : 19-Jan-2023 / 08:44
Reported : 19-Jan-2023 / 13:54

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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.9	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	0.801	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 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 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:

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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*** End Of Report ***



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