

Name : MS. REEMA MUKHOPADHYAY

Age / Gender : 30 Years/Female

Consulting Dr. :

Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07

Reported : 11-Feb-2024 / 10:45

PHYSICAL EXAMINATION REPORT

History and Complaints:

Hypothyroid since 15 yrs, Allergic Rhinitis

EXAMINATION FINDINGS:

Height (cms): 160 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 70/min

Weight (kg): 83 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

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

IMPRESSION:

↑ Hb Sugar (D)
↑ HbA1c
↑ Thyroides
USA. Fatty liver Gr II

ADVICE:

Low fatty diet
- carbog
- Diastalogut spinon

CHIEF COMPLAINTS:

1) Hypertension:

No

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- | | |
|------------------------------------------|------|
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Yes |
| 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 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

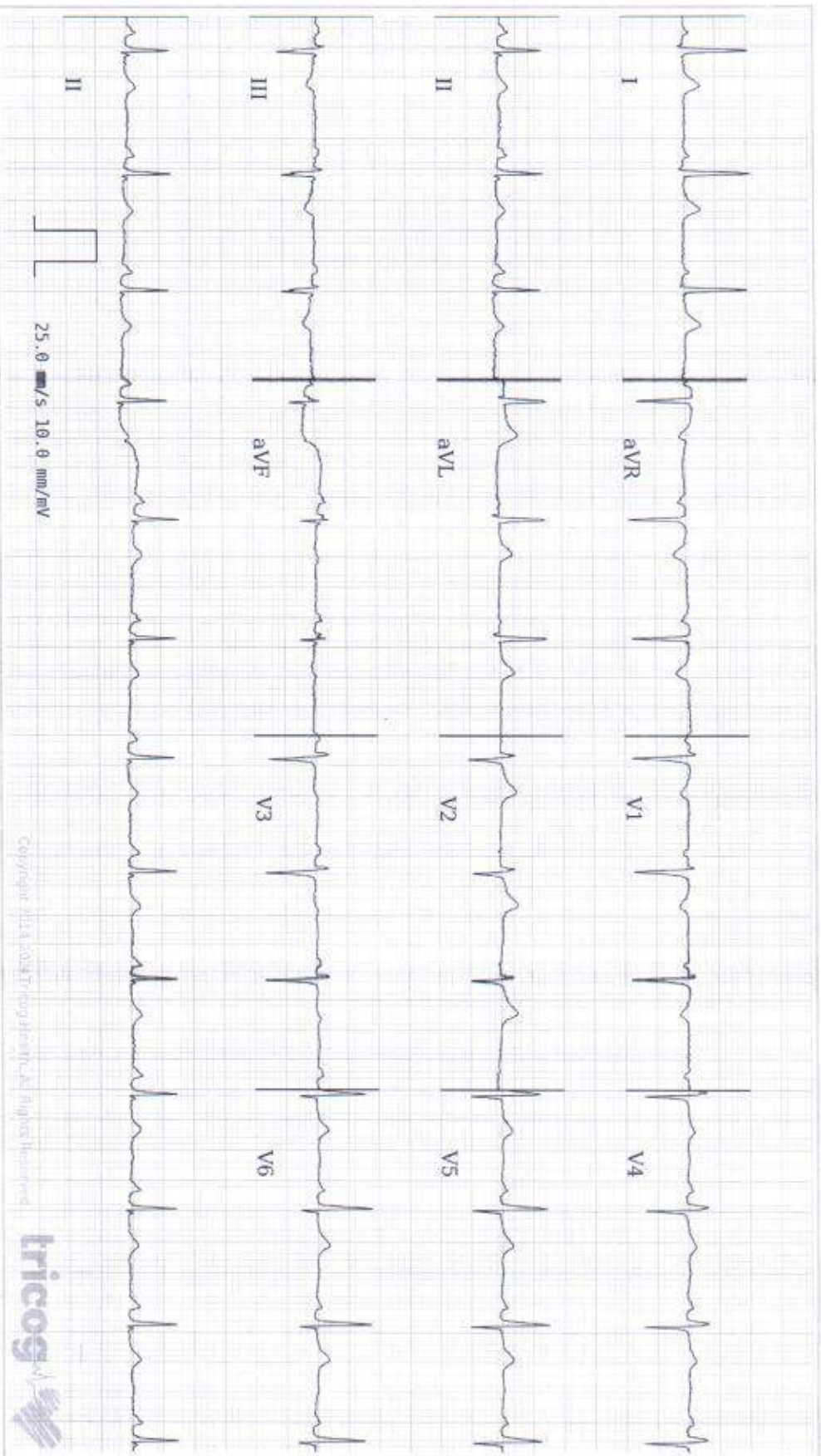
*** End Of Report ***

Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row 10, Col No. 3, Aangan,
Thekur Market, Kandivali (East),
Mumbai - 400101.
Tel : 61700000

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

Patient Name: REEMA MUKHOPADHYAY
Patient ID: 2404122678
Date and Time: 10th Feb 24 1:10 PM



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Age 30 NA
years months
Gender Female
Heart Rate 77bpm
Patient Vitals
BP: 120/80 mmHg
Weight: 83 kg
Height: 160 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:
Measurements
QRSD: 78ms
QT: 358ms
QTcB: 405ms
PR: 140ms
P-R-T: 60° 9° -3°

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

REPORTED BY

[Signature]

DR AKHIL PARULKAR
MBBS MD MEDICINE DNB Cardiology
Cardiologist
2012082483

This document is a report of findings only. It is not intended to be used for any purpose other than the one stated. The results of other investigations and any previous reports should be incorporated by a qualified physician. All patient visits are conducted by the center and are not derived from the ECG.



Use a QR Code Scanner
Application To Scan the Code

CID : 2404122678
Name : Ms REEMA MUKHOPADHYAY
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:42

R
E
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R
T

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (19.2 cm), normal in shape and smooth margins. It shows bright 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 10 mm and CBD measures 3 mm 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:

Right kidney measures 11.7 x 4.1 cm. Left kidney measures 11.2 x 5.1 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 (11.8 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 7.8 x 5.6 x 4.3 cm in size.
The endometrial thickness is 7 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.8 x 1.7 cm. Left ovary = 3.1 x 1.9 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021010084071>



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Reg. Location : Kandivali East Main Centre

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 11:42

IMPRESSION:-

HEPATOMEGALY WITH GRADE II FATTY LIVER.

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021010084071>



Name : Ms REEMA MUKHOPADHYAY
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024 / 21:07

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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.

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 cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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

DR. SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021010084096>



Email:

2852 / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg Date: 10 / 02 / 2024 01:51:23 PM Refd By : AERCOFEMI

REPORT :

Heart Rate 162.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 04:55 Mins. Ectopic Beats 0-0

MEIS 6.21 Test End Reason, Heart Rate Achieved Target Heart Rate 86% of 190

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

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB, Cardiology
 Reg. No. 2012002483

SUBURBAN DIAGNOSTICS KANDIVALI EAST
 Row House No. 3, A-Phase
 Thakur Village, Kandivali (E)-33,
 Mumbai - 400101.
 Tel : 0220000

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg
 Date: 10 / 02 / 2024 01:51:23 PM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	083	44%	120/80	099	00	
Standing	00:33	0:28	00.0	00.0	01.0	093	49%	120/80	111	00	
HV	00:42	0:09	00.0	00.0	01.0	075	39%	120/80	090	00	
ExStart	01:13	0:31	00.0	00.0	01.0	099	52%	120/80	118	00	
BRUCE Stage 1	04:13	3:00	02.7	10.0	04.7	135	71%	120/80	162	00	
PeakEX	06:08	1:55	04.0	12.0	06.2	161	85%	150/80	241	00	
Recovery	07:08	1:00	00.0	00.0	01.0	144	76%	150/80	216	00	
Recovery	07:22				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 04:55
 Initial HR (ExStrt) : 99 bpm 52% of Target 190
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 6.2 Fair response to induced stress
 Duke Treadmill Score : 04.3
 Test End Reasons : Heart Rate Achieved

Max HR Attained 161 bpm 85% of Target 190
 Max BP Attained 150/80 (mm/Hg)

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 Row House No. 3, Kasturba,
 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 617300000

Dr. Akhil Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012062483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 83

SUPINE (00:05)

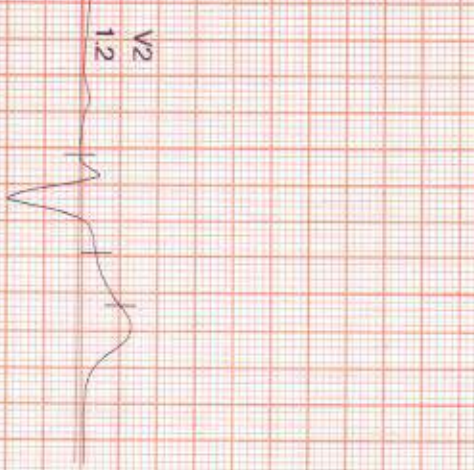


Date: 10/02/2024 01:51:23 PM

METS: 1.0/83 bpm 48% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HR 0.05 Hz/LF 35 Hz

4X 80 ms PostJ

EXTime: 00:00 0.0 Kmph 0.0%
25 mm/Sec 1.0 Cm/mV



STL 1.0
STR 1.1

II 1.1
III 1.4

III 0.1
aVL 0.4

aVR 1.1
aVL 1.1
aVF 1.3

aVL 0.5
aVF 0.4

aVR 0.5
aVF 0.9

V1 -0.6
V2 -0.8

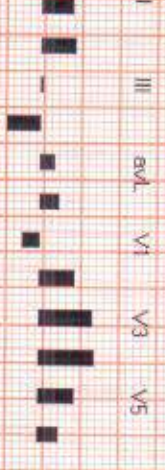
V2 1.2
V3 1.2
V4 0.9

V3 1.7
V4 1.1

V4 1.8
V5 1.6

V5 1.2
V6 1.3

V6 0.7
V6 0.8



REMARKS

EXTime: 00:00 0.0 Kmph 0.0%

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:28)

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 93



Date: 10/02/2024 01:51:23 PM

METS: 1.0/93 bpm 49% of THR

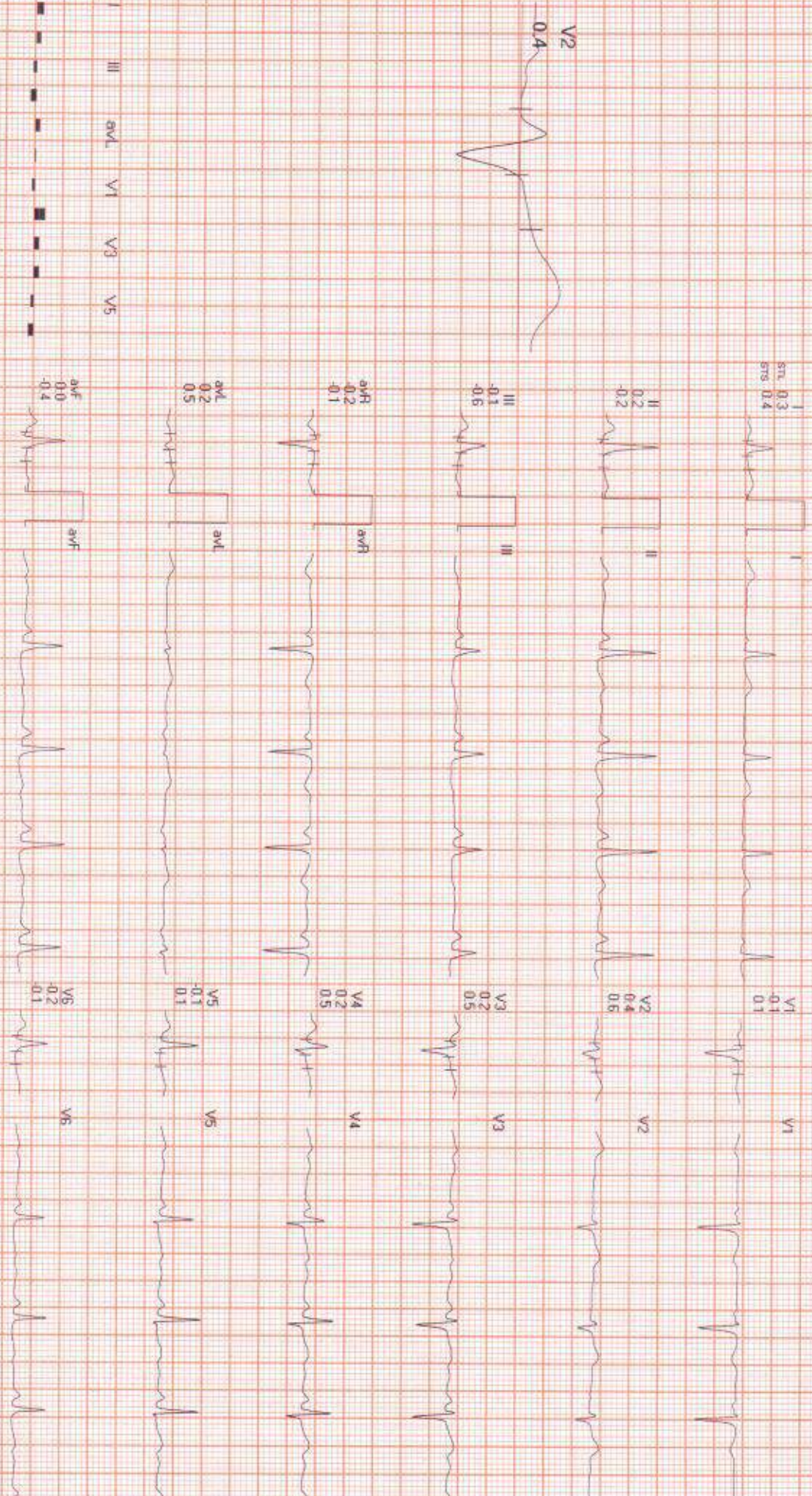
BP: 120/80 mmHg

Raw ECG/BLOCK/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%

25 mm/Sec 1.0 Cm/mV

4X 80 ms Post J



REMARKS I aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:09)

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 75



Date: 10/02/2024 01:51:23 PM METS: 1.0/75 bpm 39% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

EXTime: 00:00:0.0 Km/ph: 0.0% 25 mm/Sec: 1.0 CM/mV



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

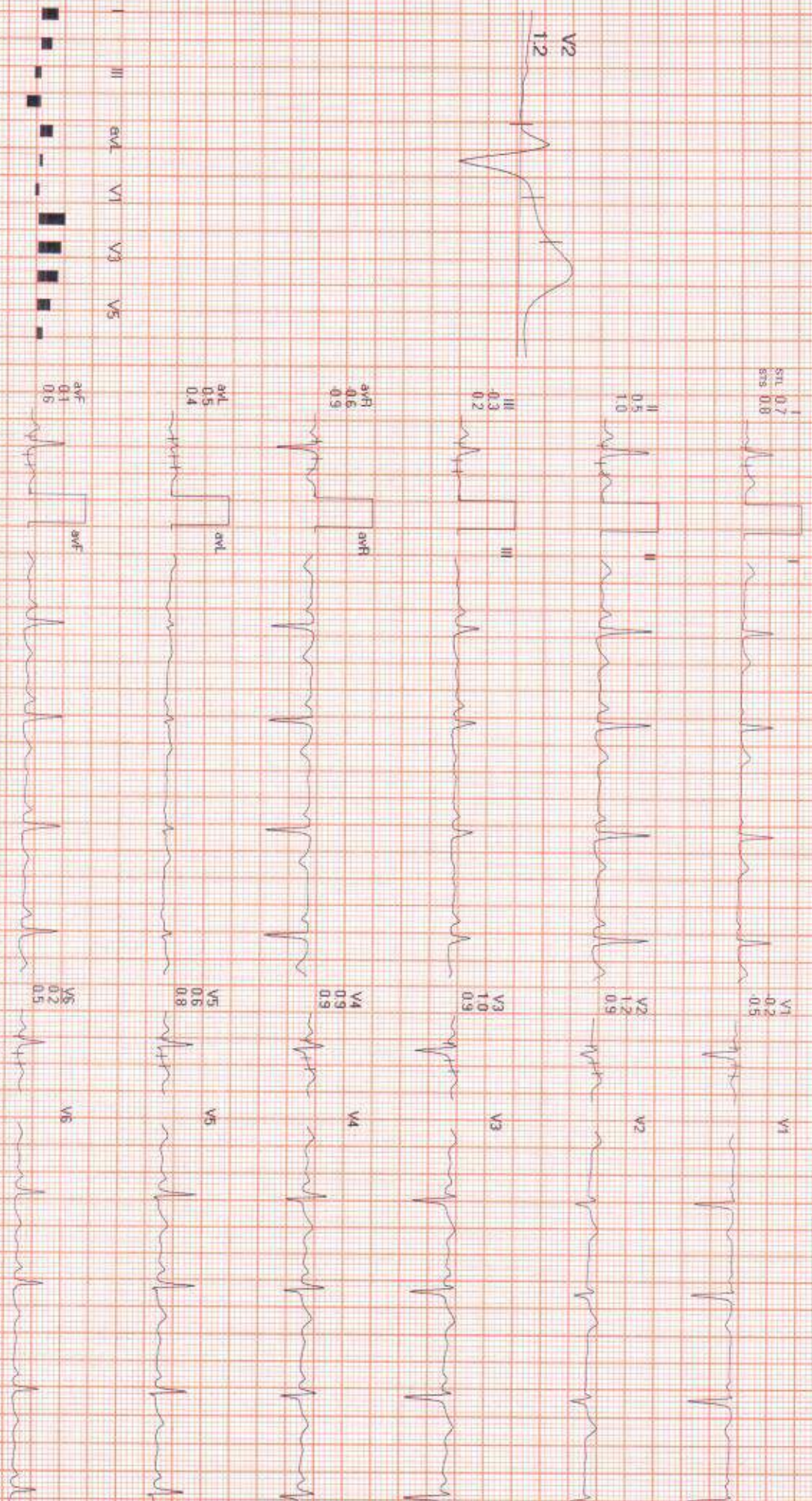
SUBURBAN DIAGNOSTICS KANDIVALI EAST

2832 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 99

Date: 10 / 02 / 2024 01 : 51 : 23 PM METS: 1.0 / 98 bpm 52% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 90 mS Pouch 1

ExStnt
AGPL



SUBURBAN DIAGNOSTICS KANDIVALI EAST

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 135

BRUCE : Stage 1 (03:00)



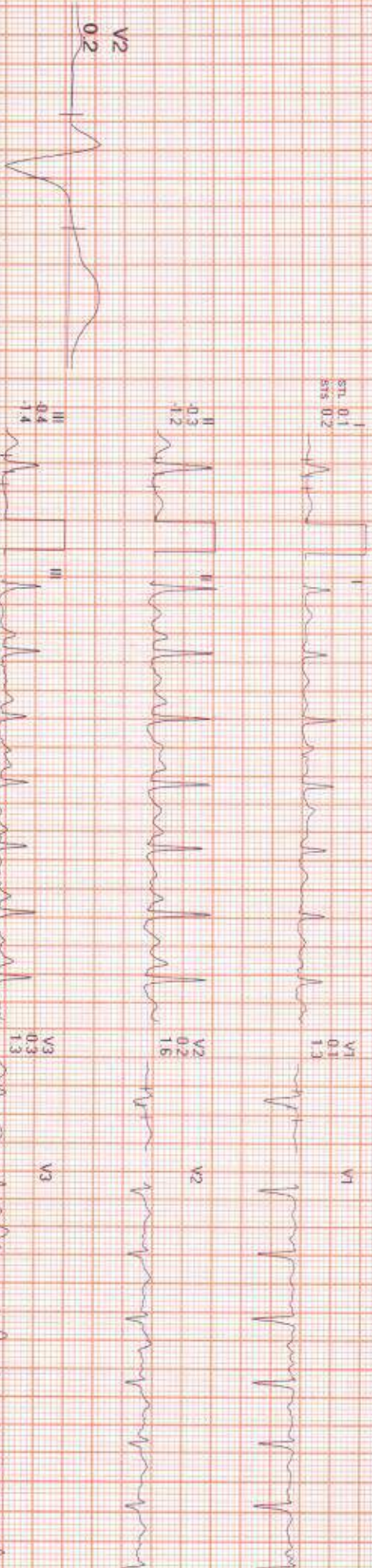
Date: 10 / 02 / 2024 01:51:23 PM

METS: 4.7 / 135 bpm 71% of THR BP: 120/80 mmHg Raw ECG/BLC/On/Notch On/HR 0.05 Hz/TF 35 Hz

EXTime 03:00 2.7 Kmph 10.0%

25 mm/Sec 1.0 Cm/mV

4X 50 ms Post ↓



REMARKS
I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 161

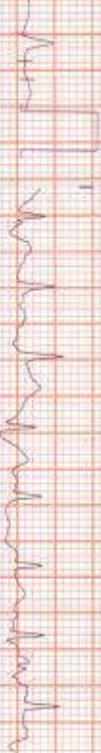
Date: 10/02/2024 01:51 23 PM METS: 6.2/161 bpm 85% of THR BP: 150/80 mmHg Raw ECG/BLOCK/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTIME 04:55 40 Kmph 120%

25 mm/Sec 1.0 Cm/Div

4X 60ms Post V

STL 0.7
STR 0.5



I
0.4
0.5

V1



II
0.5
1.5

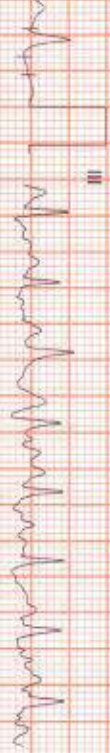


II
0.2
0.6

V2



III
0.2
1.0



III
0.2
2.2

V3



aVR
0.6
1.0



aVR
0.2
2.2

V4



aVL
0.8
0.3



aVL
0.1
1.6

V5



aVF
0.1
1.3



aVF
0.0
1.1

V6



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR : 144

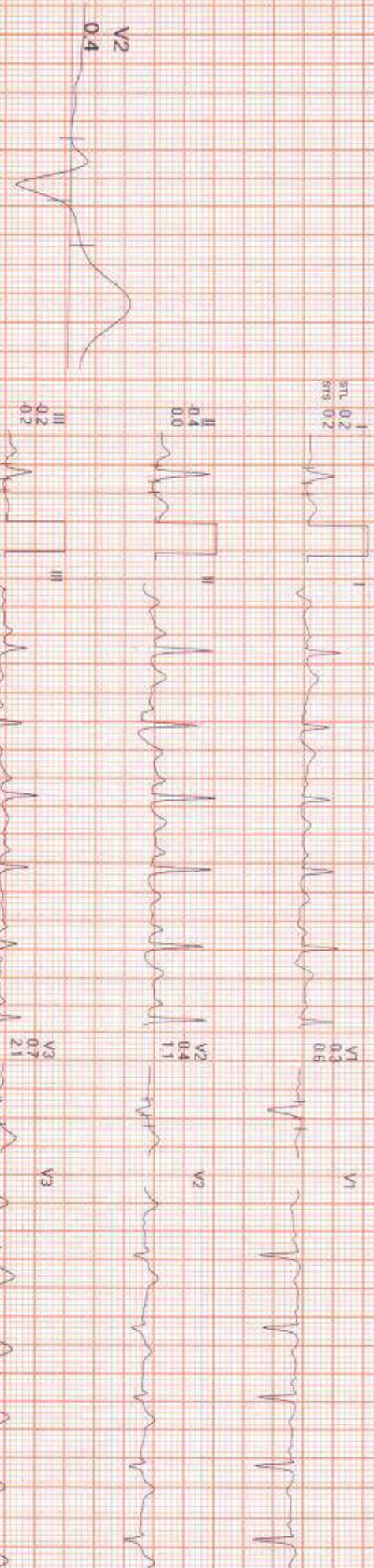
Recovery : (01:00)



Date: 10/02/2024 01:51:23 PM METS: 1.0/144 bpm 76% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

4X 60 ms P/Unit

ExTime: 04:55, 0.0 Kmph, 0.0%
25 mm/Sec, 1.0 Cal/Div



REMARKS: I aVR aVL V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

2852 (2404122678) / REEMA MUKHOPADHYAY / 30 Yrs / F / 160 Cms / 83 Kg / HR 134

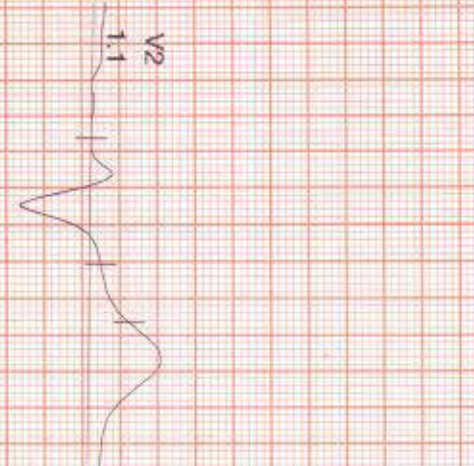
Date: 10/02/2024 01:51:23 PM METS: 1.0/134bpm 71% of THR BP: 150/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/F 35 Hz

4X 60 ms Post 1

Recovery : (01:14)



EXTime: 04:55. 0.0 Kmph. 0.0%
25 mm/Sec. 1.0 Cm/mV



STL 0.4
STs 1.1



II 0.6
III 1.9



III 0.2
aVR 0.9



aVR 0.5
aVL 1.5



V3 2.1
V4 2.7



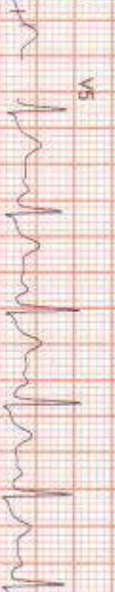
V4 2.0
V5 3.0



aVL 0.5
aVF 0.3



V5 0.9
V6 2.1



aVF 0.4
V1 1.4



V2 0.7
V6 1.5



REMARKS: aVR aVL V1 V2 V3 V4 V5 V6



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Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:14
Reported : 10-Feb-2024 / 14:53

Use a QR Code Scanner
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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	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.6	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4130	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.4	20-40 %	
Absolute Lymphocytes	1172.9	1000-3000 /cmm	Calculated
Monocytes	9.1	2-10 %	
Absolute Monocytes	375.8	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	
Absolute Neutrophils	2465.6	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	95.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	20.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	266000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	16.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 10-Feb-2024 / 16:10

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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-ESR **23** 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



J. Thakker

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



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Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:14
Reported : 10-Feb-2024 / 16:06

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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	107.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	12.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	89.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	23.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.51-0.95 mg/dl	Enzymatic



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Collected : 10-Feb-2024 / 12:47
Reported : 10-Feb-2024 / 16:59

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eGFR, Serum	91	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	6.7	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 ***



Bmhasakar

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



CID : 2404122678
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Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:14
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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 (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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.

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

*** End Of Report ***



Thakker

Dr.JYOT THAKKER..
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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	Clear	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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 inert

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



Dr.JAGESHWAR MANDAL
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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 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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	213.0	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	42.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.3	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	34.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	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	5.25	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	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 becuae 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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