

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Mishwarya	Chauhan Sex/Age	4	20
Date	11/11/23	Location		Thane

History and Complaints

20

Height (cms):	162	Temp (0c):	Ates
Weight (kg):	64.2	- Skin:	MAD
Blood Pressure	104/76	Mails:	41_
Pulse	76/-	Lymph Node:	NP
Systems :		1	
Cardiovascular: Respiratory:		NAD	
Cardiovascular: Respiratory: Genitourinary:		NAD	
Respiratory:		NAD	

P

R

T



Advice: To Robert up with Reportly physicially for

1)	Hypertension:	<u> </u>
)	IHD	
3)	Arrhythmia	
1)	Diabetes Mellitus	
)	Tuberculosis	
)	Asthama	
)	Pulmonary Disease	
)	Thyroid/ Endocrine disorders	10
)	Nervous disorders	
0)	GI system	MAD
1)	Genital urinary disorder	7
2)	Rheumatic joint diseases or symptoms	
3)	Blood disease or disorder	
4)	Cancer/lump growth/cyst	
5)	Congenital disease	
6)	Surgeries Si	whitehy for vet 2020
7)	Musculoskeletal System	NAD
PERS	ONAL HISTORY:	
)	Alcohol	100
2)	Smoking	No
3)	Diet	myxed
4)	Medication	No



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0

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Date: 21/11/27 CID: 233/520112 Name: Austwaya Chawhan Sex/Age: 29

EYE CHECK UP

Chief complaints: 1200

Systemic Diseases:

Unaided Vision: 3266 XIVBUX6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

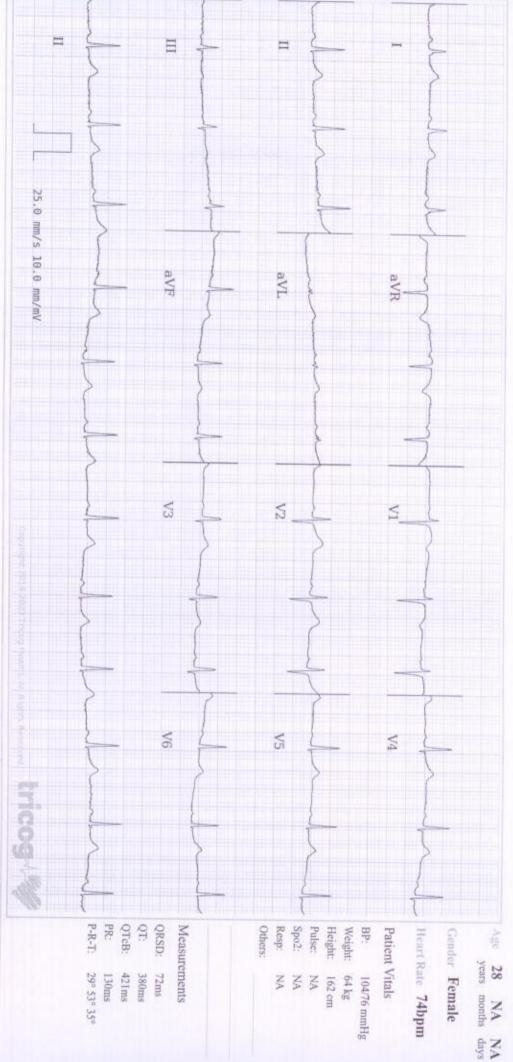
Colour Vision: Normal Abnormal
Remark: Geog. VISIV

SUBURBAN STICS

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient Name: AISHWARYA CHAUHAN Patient ID: 2331520162

Date and Time: 11th Nov 23 9:16 AM



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

REPORTED BY

DR SHAILAIA PILLAI MBBS, MD Physican MD Physican 48972



186 (233152162) / AISHWARYA CHAUHAN / 28 Yrs / F / 162 Cms / 64 Kg Date: 11 / 11 / 2023 11:10:53 AM

Supine	OO:44	Duration	Speed(mph)	Elevation	METS	Rate	% THR	EP P	RPP	PVC
0 00	00:11	0:11	00.0	00.0	01.0	097	51 %	120/80	116	
Guinting	00:21	0:10	00.0	00.0	01.0	100	52 %	120/80	120	
₽V	00:31	0:10	00.0	00.0	01.0	102	53 %	120/80	3	
ExStart	00.44	2)			100	00 70	120/80	722	
	00:41	0:10	00.0	00.0	01.0	104	54 %	120/80	124	
BRUCE Stage 1	03:41	3:00	01.7	100	047	130	61 0/		į	
BRI CE Stage 3	8	3		Ç	C#. /	671	6/ %	130/80	167	00
Dooker onge A	00.4	3:00	02.5	12.0	07.1	153	80 %	140/80	214	
- CONLX	07:17	0:36	03.4	14.0	07.7	165	86 %	150/80	247	
Recovery	08:17	1:00	00.0	00.0	01.1	120	62%	150/80	5 :	
Recovery	09:17	2.00	000	000	2	200		0000	ō	
Recovery	7 7	2		00.0	0	100	55 %	150/80	158	
Donovery	10.17	3:00		00.0	01.0	110	57 %	150/80	165	
Recovery	11:17	4:00	00.0	00.0	01.0	107	56 %	130/80	130	
Recovery	11:19				3	00 1	0 0		108	
					00.0	000	0%	1/-	000	

Max ST Dep Lead & Avg ST Value: III & -1.9 mm in Stage 2 Max WorkLoad Attained Initial BP (ExStrt) Initial HR (ExStrt) Exercise Time 7.7 Fair response to induced stress 120/80 (mm/Hg) 06:36 104 bpm 54% of Target 192

Max BP Attained 150/80 (mm/Hg)

Max HR Attained 165 bpm 86% of Target 192

Test End Reasons

, Heart Rate Achieved

Dr. SHAILAJA PILLAI M.D. (GEN.MED) R.NO. 49972



EMail: 186 / Alshwarya chauhan / 28 Yrs / F / 162 Cms / 64 Kg Date: 11 / 11 / 2023 11:10:53 AM

REPORT:

Sample Name: Stress Test Graded Exercise Treadmill PROCEDURE DONE: Graded exercise treadmill stress test.

generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Heart Rate Achieved. STRESS ECG RESULTS: The initial HR was recorded as 68.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of

CONCLUSIONS:

1. Stress test is negative for ischemia

No significant ST T changes seen.
 HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLA M.D. (GEN. MED) R.NO. 49972

Doctor : DR. SHAILAJA PILI AI



186 (233152162) / AISHWARYA CHAUHAN / 28 Yrs / F / 162 Cms / 64 Kg / HR : 100

SXCHARG Date: 11 / 11 / 2023 11:10:53 AM 1.6 12 ava 80 mS Post J 5 5 **Y3** V4 METS: 1.0/100 bpm 52% af THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz S 1 STR. 0.4 0.4 0.4 021 050 avn 00Z 0.6 AVL avR 336 0.5 0.8 0.7 522 1362 8 5 ×4 V3 2 S 25 mm/Sec. 1.0 Cm/mV ExTime: 00:00 0.0 mph, 0.0%

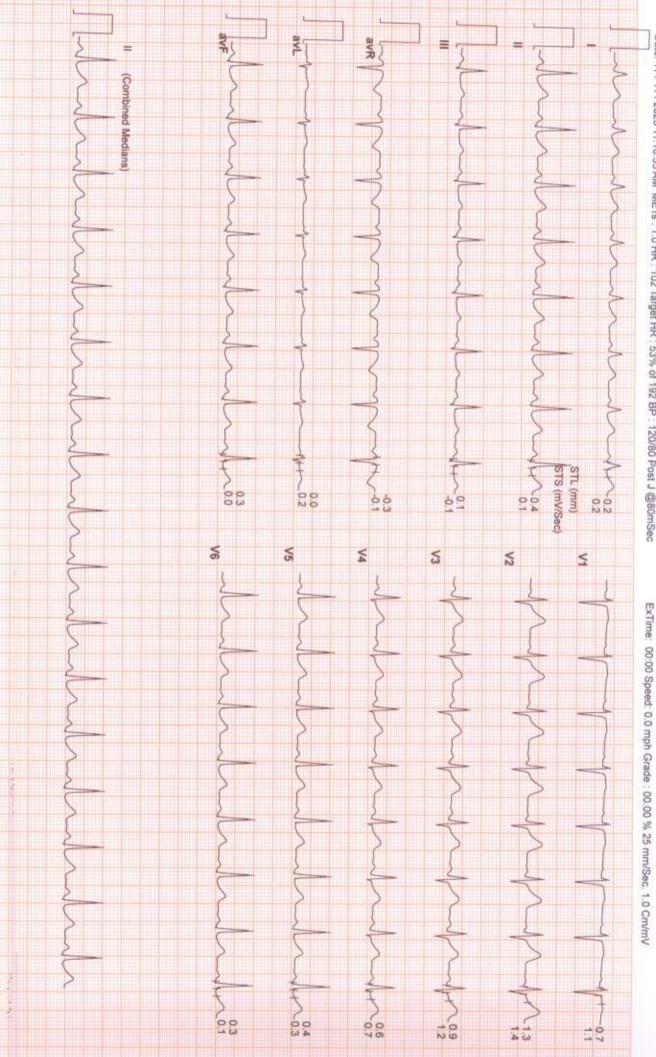
186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm STANDING (00:00)



Date: 11 / 11 / 2023 11:10:53 AM METs: 1.0 HR: 102 Target HR: 53% of 192 BP: 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

Date: 11 / 11 / 2023 11:10:53 AM METs : 1.0 HR : 104 Target HR : 54% of 192 BP : 120/80 Post J @80mSec

STL (mm) STS (mV/Sec) 004

avR 0.0

6X2 Combine Medians + 1 Rhythm HV (00:00)

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

¥4 53 V2 4 0.6 1.1

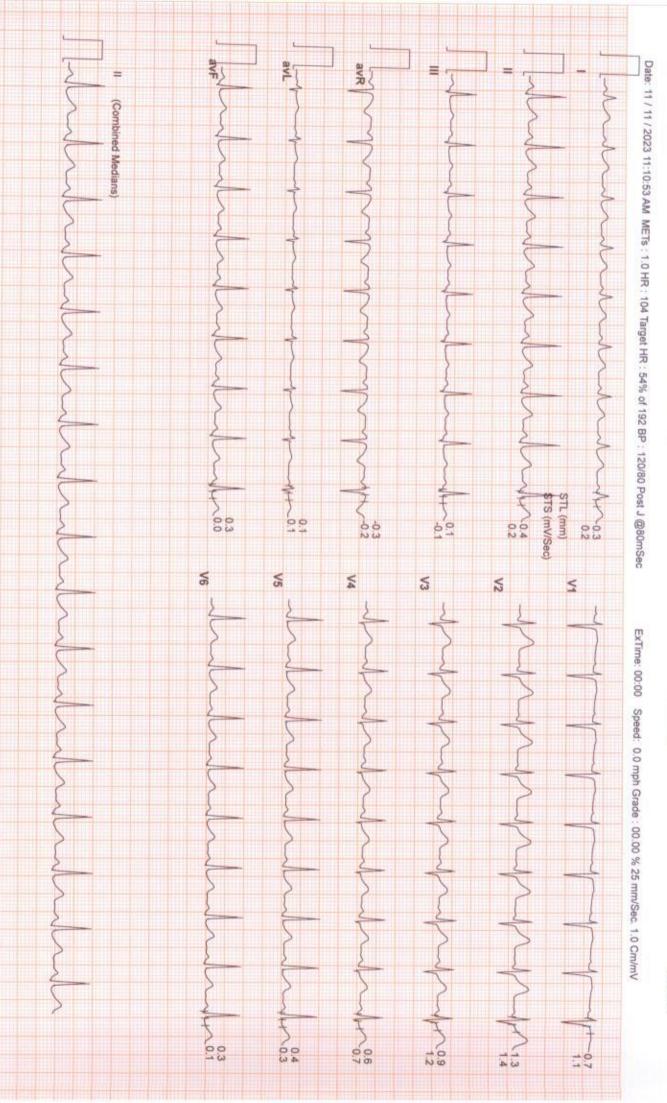
8 V5 0.4

(Combined Medians)

186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



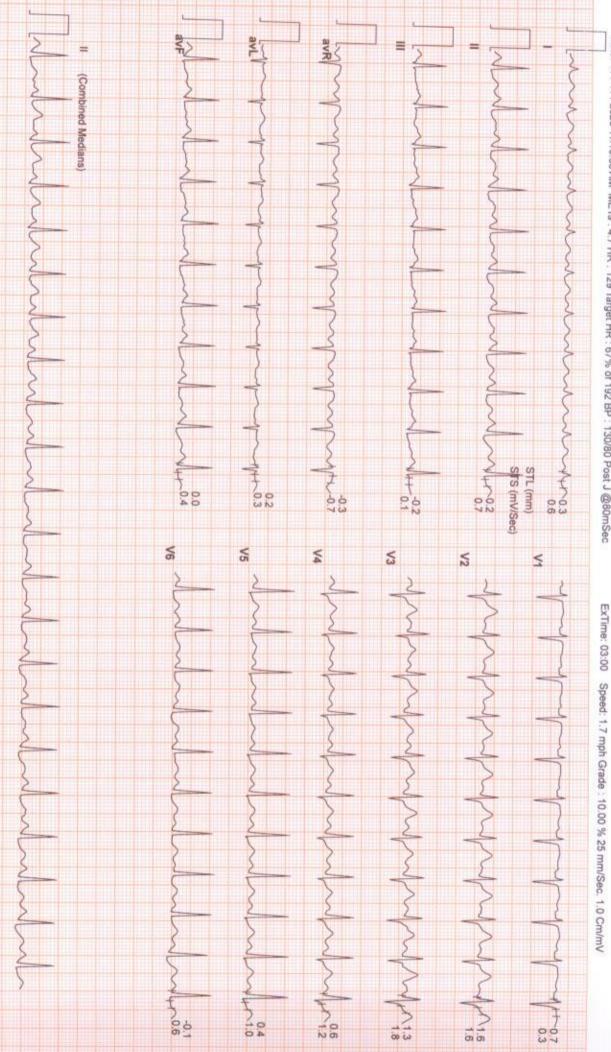


186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 (03:00)



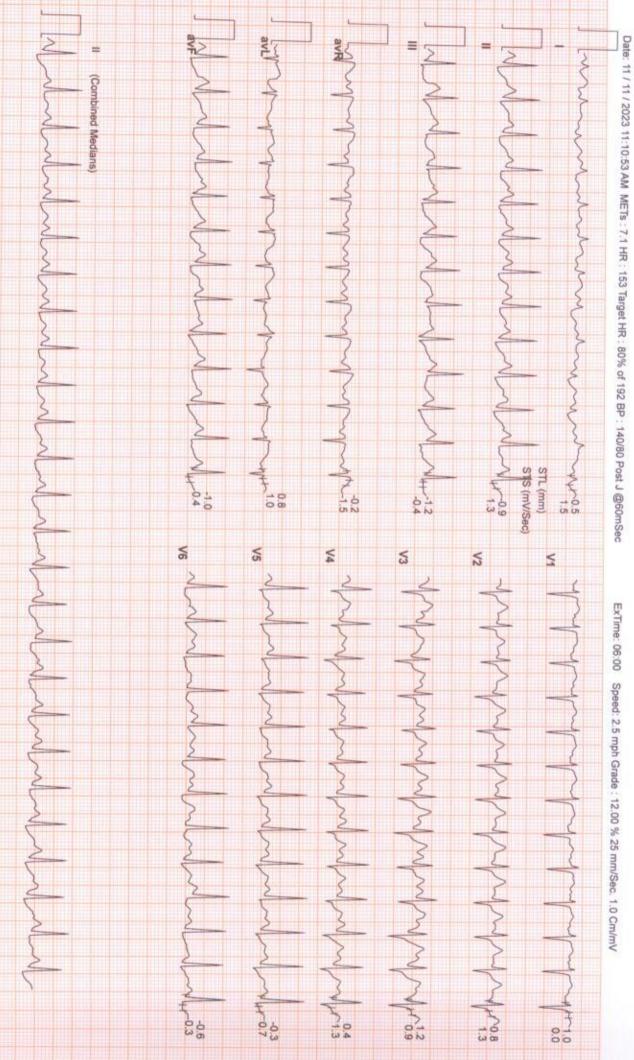
Date: 11 / 11 / 2023 11:10:53 AM METs: 4.7 HR: 129 Target HR: 67% of 192 BP: 130/80 Post J @80mSec



186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm BRUCE: Stage 2 (03:00)





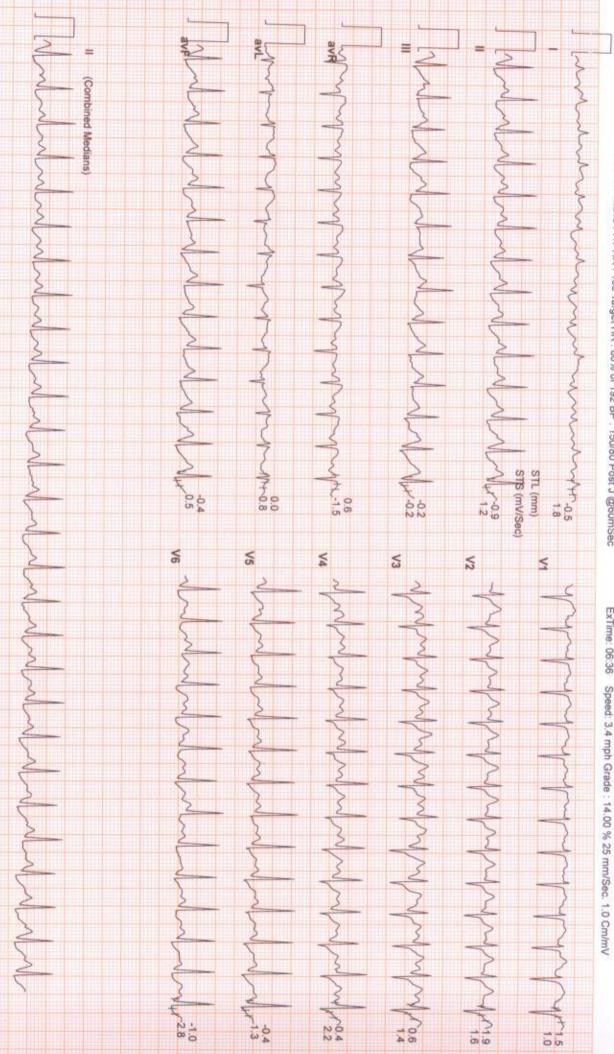
186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 11 / 11 / 2023 11:10:53 AM METs: 7.7 HR: 165 Target HR: 86% of 192 BP: 150/80 Post J @60mSec

ExTime: 06:36 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV



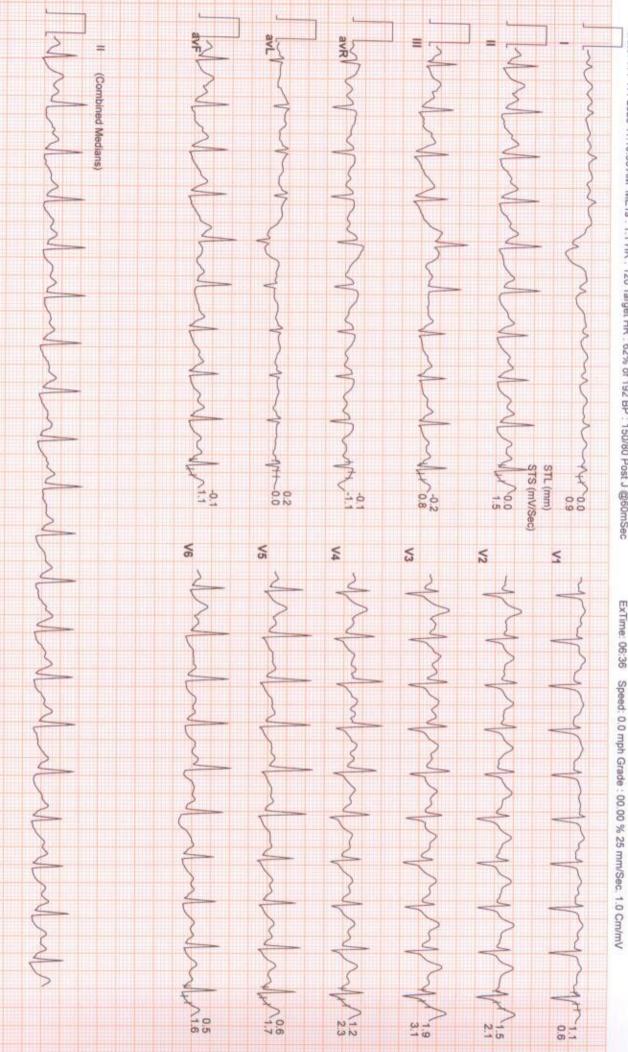
186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (01:00)



Date: 11 / 11 / 2023 11:10:53 AM METs : 1.1 HR : 120 Target HR : 62% of 192 BP : 150/80 Post J @60mSec

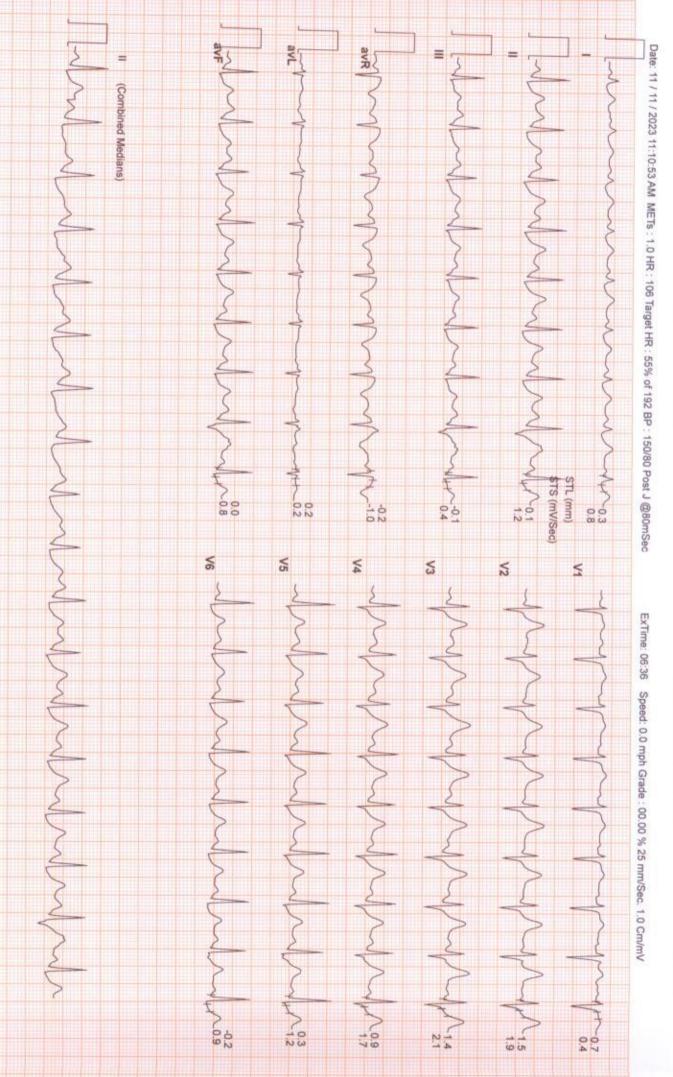
ExTime: 06:36 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (02:00)



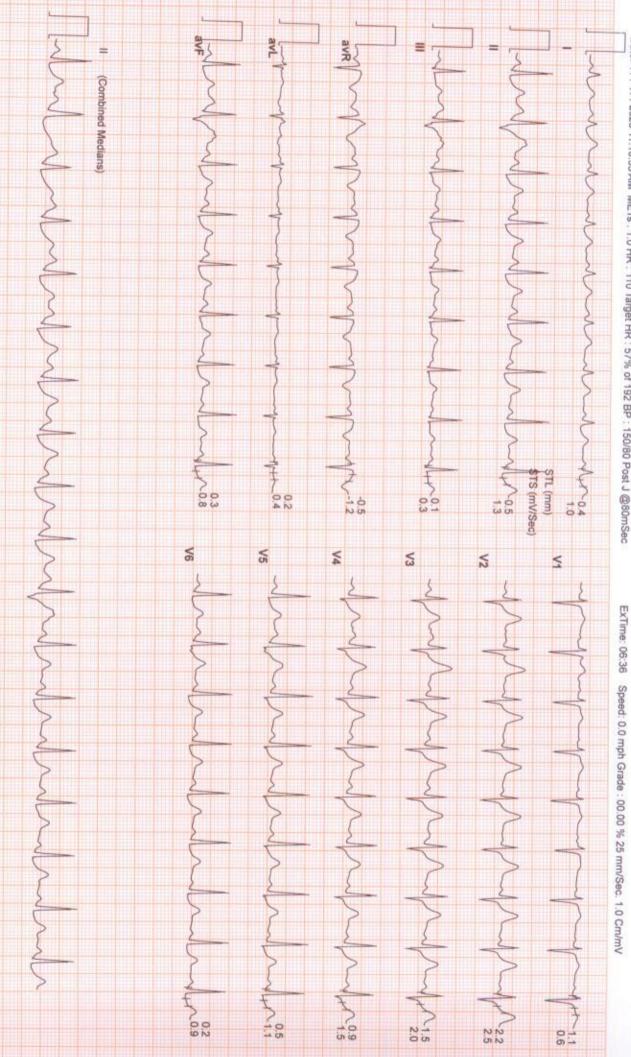


186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (03:00)



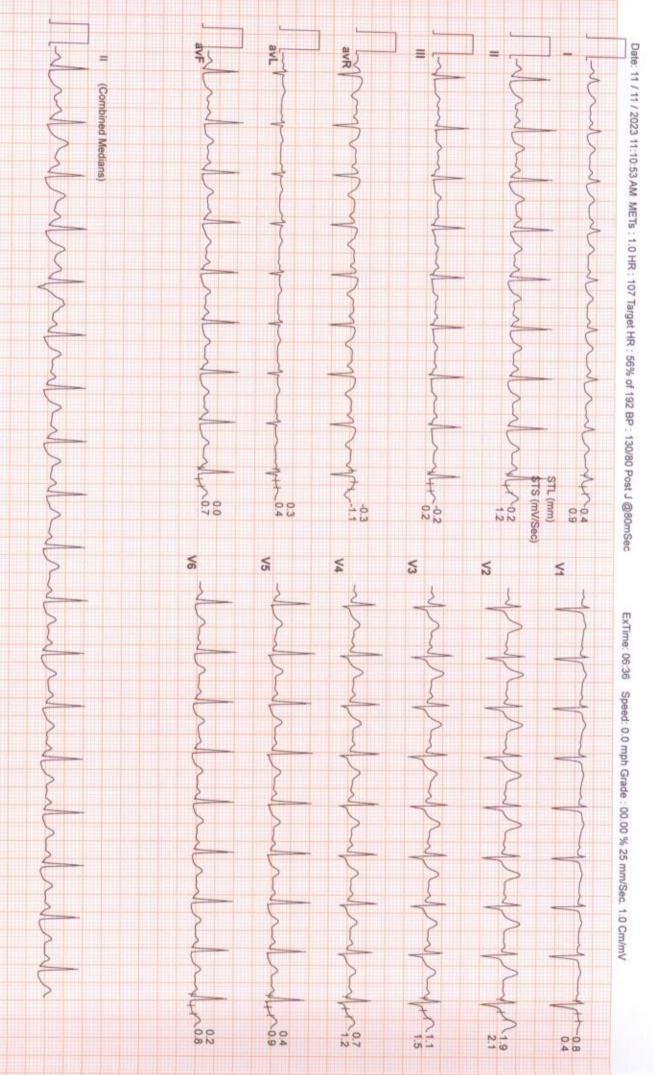
Date: 11 / 11 / 2023 11:10:53 AM METs : 1.0 HR : 110 Target HR : 57% of 192 BP : 150/80 Post J @80mSec



186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (04:00)

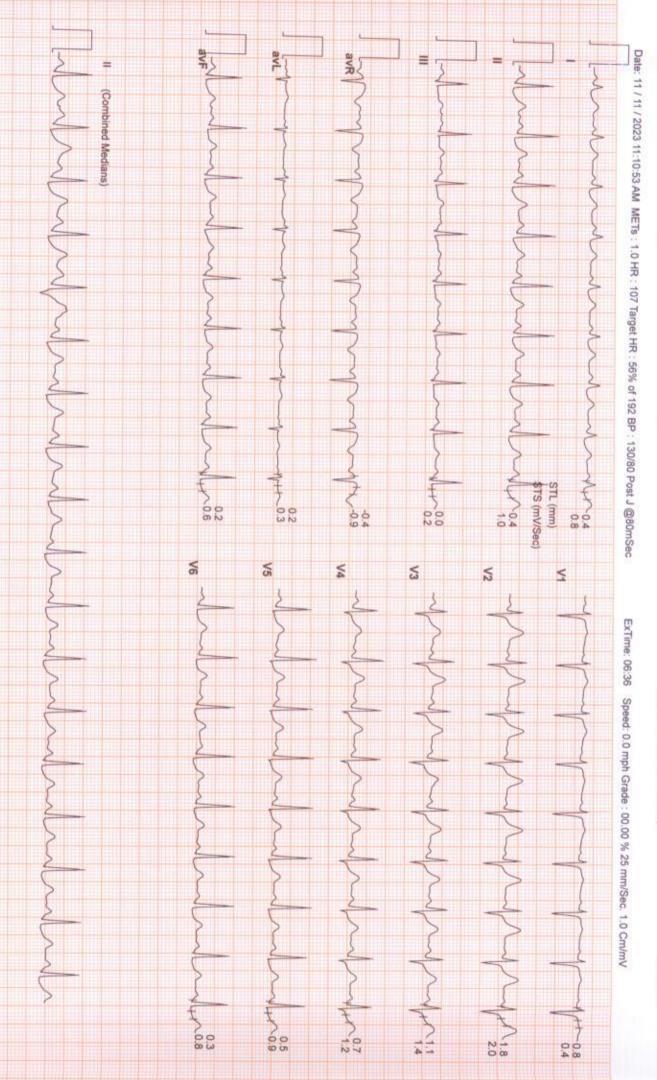
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186 / AISHWARYA CHAUHAN / 28 Yrs / Female / 162 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (04:02)

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Reg. No.: 2331520162	Sex : FEMALE
NAME: MS. AISHWARYA CHAUHAN	Age: 28 YRS
Ref. By:	Date: 11.11.2023

USG ABDOMEN AND PELVIS

<u>LIVER:</u>Liver appears normal in size and *shows increased echoreflectivity.* There is no intrahepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

<u>PANCREAS</u>: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

<u>KIDNEYS</u>: Right kidney measures 9.2 x 3.9 cm. Left kidney measures 9.2 x 4.7 cm. Both kidneys are normal in size, 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 retroverted and measures 6.9 x 4.1 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.4 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen. Bowel gas++

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

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.

Advice: Clinical co-relation and further evaluation.

DR.DEVENDRA PATIL
MD (RADIO DIAGNOSIS)

(CONSULTANT RADIOLOGIST)

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyling Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



: 2331520162

Name

: Ms AISHWARYA CHAUHAN

: G B Road, Thane West Main Centre

Age / Sex

Reg. Location

: 28 Years/Female

Ref. Dr

Reg. Date

Reported

: 11-Nov-2023

Authenticity Check

: 11-Nov-2023 / 12:26

Application To Scan the Code

F

X-RAY CHEST PA VIEW

Rotation+

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 Gauri Varma Consultant Radiologist MBBS / DMRE

MMC- 2007/12/4113

Chocke

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023111108510935

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: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location

.

. .

: G B Road, Thane West (Main Centre)

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Collected Reported : 11-Nov-2023 / 09:00 : 11-Nov-2023 / 11:02 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	e Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect, Impedance
PCV	44.1	36-46 %	Measured
MCV	96.4	80-100 fl	Calculated
MCH	29.7	27-32 pg	Calculated
MCHC	30.8	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5430	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	36.8	20-40 %	
Absolute Lymphocytes	1998.2	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	325.8	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	2 3 3 N
Absolute Neutrophils	2986.5	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	119.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Control of the Contro
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	2		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETE	RS
-------------------	----

PLATELET FARAMETE	255000	150000-400000 /cmm	Elect. Impedance
Platelet Count	9.2	6-11 fl	Calculated
MPV		11-18 %	Calculated
PDW	12.1	11-10 %	

RBC MORPHOLOGY

Hypochromia

Microcytosis

Page 1 of 10



: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location 9.

: G B Road, Thane West (Main Centre)

Collected

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: 11-Nov-2023 / 09:00 : 11-Nov-2023 / 11:14

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

5

2-20 mm at 1 hr.

Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location

BUN, Serum

CREATININE, Serum

: G B Road, Thane West (Main Centre)

8.6

0.59

Authenticity Check



Collected Reported

: 11-Nov-2023 / 09:00 :11-Nov-2023 / 12:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BIOLOGICAL REF RANGE METHOD RESULTS PARAMETER Hexokinase Non-Diabetic: < 100 mg/dl GLUCOSE (SUGAR) FASTING. 88.6 Impaired Fasting Glucose: Fluoride Plasma 100-125 mg/dl Diabetic: >/= 126 mg/dl Non-Diabetic: < 140 mg/dl Hexokinase GLUCOSE (SUGAR) PP, Fluoride 108.0 Impaired Glucose Tolerance: Plasma PP/R 140-199 mg/dl Diabetic: >/= 200 mg/dl Diazo 0.1-1.2 mg/dl 0.4 BILIRUBIN (TOTAL), Serum Diazo 0-0.3 mg/dl 0.14 BILIRUBIN (DIRECT), Serum Calculated 0.1-1.0 mg/dl BILIRUBIN (INDIRECT), Serum 0.26 Biuret 6.4-8.3 g/dL TOTAL PROTEINS, Serum 7.1 BCG 3.5-5.2 g/dL ALBUMIN, Serum 4.7 Calculated 2.3-3.5 g/dL 2.4 GLOBULIN, Serum Calculated 1 - 2 2 A/G RATIO, Serum IFCC without pyridoxal 5-32 U/L 20.8 SGOT (AST), Serum phosphate activation IFCC without pyridoxal 5-33 U/L 20.7 SGPT (ALT), Serum phosphate activation **IFCC** 3-40 U/L GAMMA GT, Serum 14.2 PNPP 35-105 U/L ALKALINE PHOSPHATASE. 84.6 Serum Urease & GLDH 12.8-42.8 mg/dl 18.5 BLOOD UREA, Serum

6-20 mg/dl

0.51-0.95 mg/dl

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Calculated

Enzymatic



: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr.

Dr. :

Reg. Location : (

: G B Road, Thane West (Main Centre)

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E

Collected Reported : 11-Nov-2023 / 11:53 : 11-Nov-2023 / 16:01

Calculated

eGFR, Serum

126

(ml/min/1.73sqm)

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

4.5

2.4-5.7 mg/dl

Uricase

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 G B Road Lab, Thane West





Dr.IMRAN MUJAWAR

Dr.IMRAN N M.D (Path) Pathologist

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: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr.

Reg. Location

: G B Road, Thane West (Main Centre)

Authenticity Check

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: 11-Nov-2023 / 09:00 : 11-Nov-2023 / 11:41

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

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.2

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPI C

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

102.5

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 G B Road Lab, Thane West *** End Of Report **

> Mujawar Dr.IMRAN MUJAWAR M.D (Path)

Pathologist

Page 5 of 10

Corporate Identity Number (CIN): U85110MH2002PTC136144



: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location

. 8

: G B Road, Thane West (Main Centre)

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Authenticity Check

Collected Reported : 11-Nov-2023 / 09:00 : 11-Nov-2023 / 17:23 R

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	5
Volume (ml)	30		50
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	N		
Leukocytes(Pus cells)/hpf	2-3	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	2-3	Less than 20/hpf	

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

Others

"Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West





Dr.IMRAN MUJAWAR M.D (Path) Pathologist

Mujawar

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: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location

: -

: G B Road, Thane West (Main Centre)

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Collected Reported

: 11-Nov-2023 / 09:00 : 11-Nov-2023 / 14:07

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

PARAMETER

RESULTS

ABO GROUP

0

Rh TYPING

Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti H lectin

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:

- 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 G B Road Lab, Thane West *** End Of Report **





Mujawar Dr.IMRAN MUJAWAR M.D (Path) Pathologist

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: 2331520162

Name

: MS. AISHWARYA CHAUHAN

Age / Gender

: 28 Years / Female

Consulting Dr. Reg. Location

: G B Road, Thane West (Main Centre)

Use a QR Code Scanner Application To Scan the Code

: 11-Nov-2023 / 09:00

Collected

Reported

:11-Nov-2023 / 12:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	201.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	173.2	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	47.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	35.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***





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: -

Reg. Location

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Collected

: 11-Nov-2023 / 09:00

Use a QR Code Scanner Application To Scan the Code

Authenticity Check

Reported

:11-Nov-2023 / 11:14

METHOD ECLIA

ECLIA

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER RESULTS BIOLOGICAL REF RANGE 3.5-6.5 pmol/L Free T3, Serum 4.9 13.7 11.5-22.7 pmol/L Free T4, Serum

First Trimester: 9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59

ECLIA 0.35-5.5 microIU/ml sensitiveTSH, Serum 1.97

First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

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: 2331520162

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Collected Reported

:11-Nov-2023 / 11:14

Use a QR Code Scanner plication To Scan the Code

Authenticity Check

: 11-Nov-2023 / 09:00

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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 microlU/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,

traum	a and surgery	STATE OF THE PERSON NAMED IN	
TSH	FT4 / T4	FT3/T3	
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.

Diumal 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

 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.

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)

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 G B Road Lab, Thane West *** End Of Report ***





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