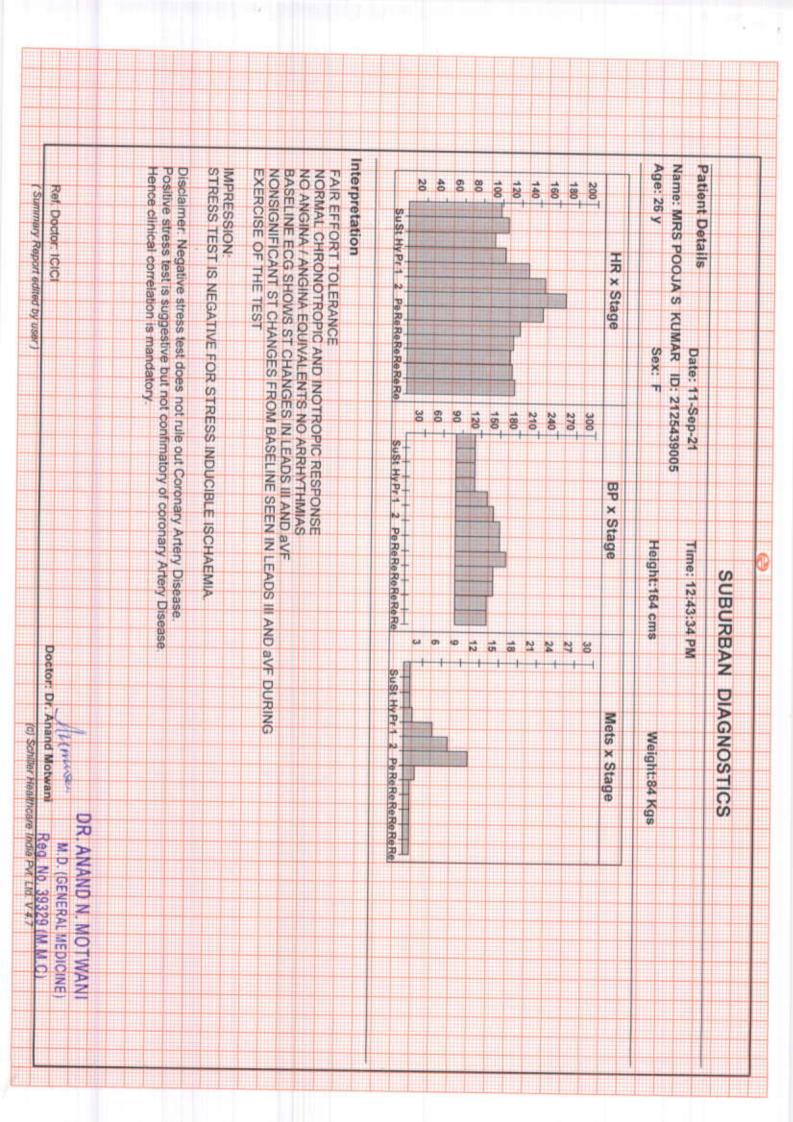
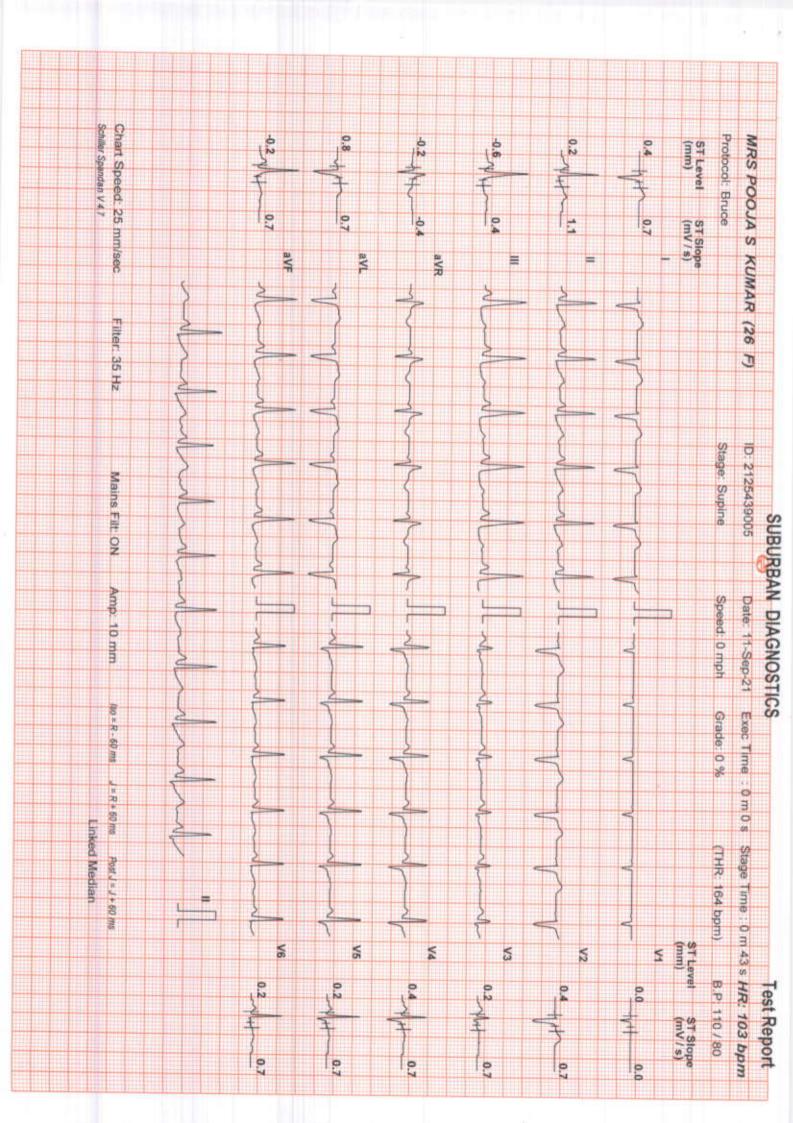
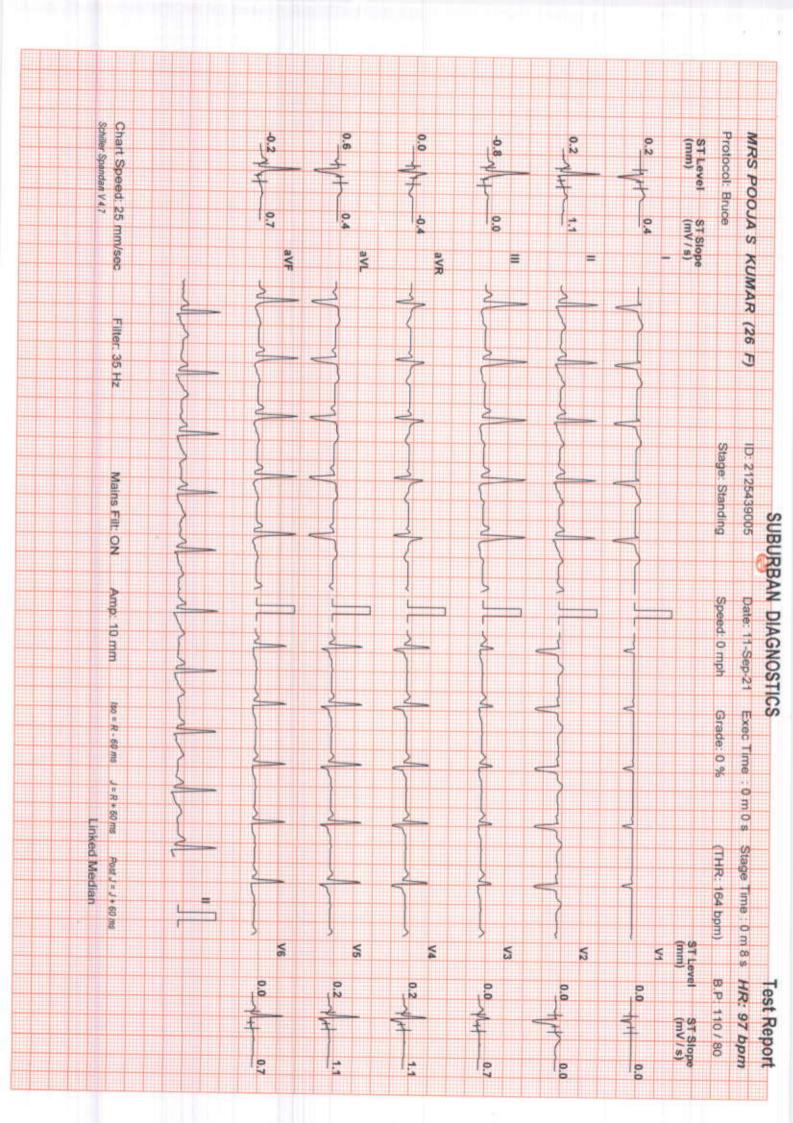
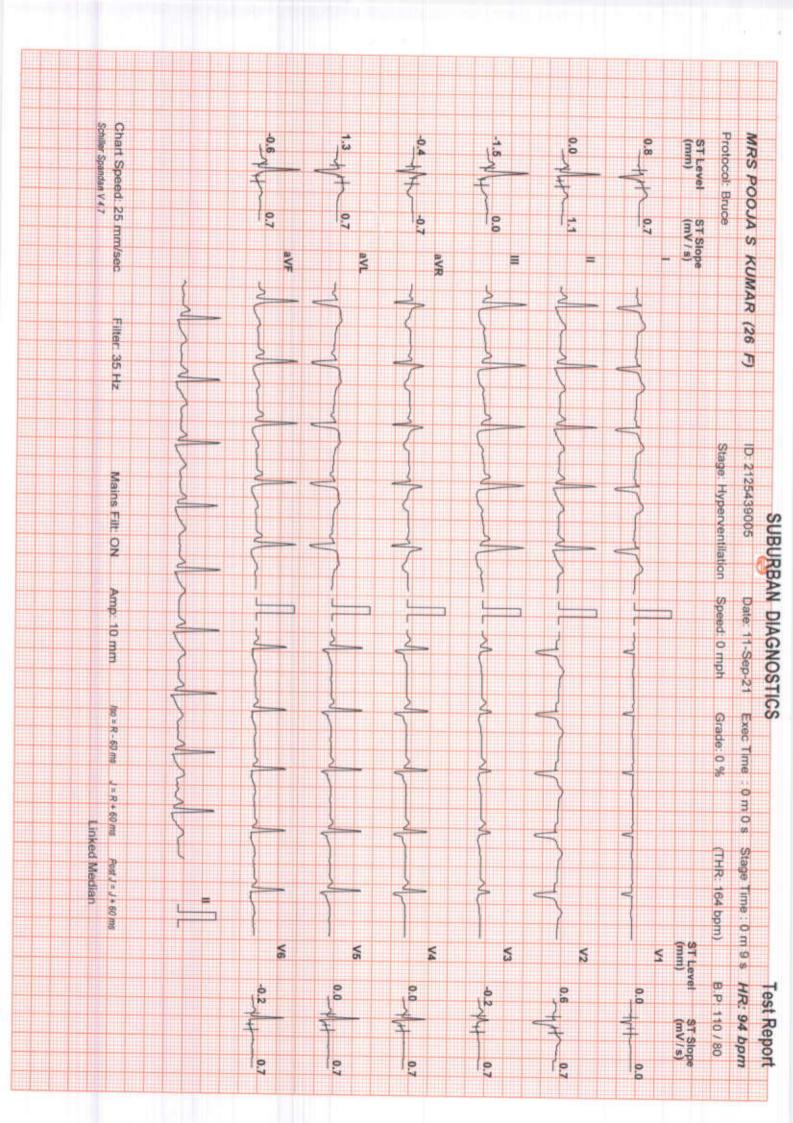
Recovery(5) 1 0				Recovery(3)		Recovery(1) 1:0	2 3 0 3 0		yperventilation				î	Stage Name Stag	Protocol Details	Test Termination Criteria:	Total Exec. Time: 8 m 12 s		Test Details	Medications: NIL	Clinical History: NIL		Name: MRS POOJA S KU		
100						186		0 4.6		1.0	49 1.0		(min : sec)	Stage Time M		THR ACHIEVED	L'S	Y				Sex: F	Date: 11-Sep-21 KUMAR ID: 2125439005		
c					ı			5 1.7		0	0		(mph)	Mets Speed									Sep-21 25439005		
c	0 0	0 0	0 0	, c) c	24	Ŕ	10	0	0	0		(%)	Grade		Max. BP x HR:	Max. HR:	Pr.MHR:				H	=		
114		l				167		128	92	106	98	(bpm)	Rate	Heart		HR: 26720		194 bpm				Height: 164 cms	Time: 12:43:34 PM	SUBU	0
130/80	130/80	140/80	140780	160/80	150780	150/80	140/80	130 / 80	110/80	110/80	110/80		(mm/Hg)	Max. BP		20 mmHg/min	of Pr.MHR) bpm					SmS	:34 PM	JRBAN	
-1.06 III	-1.06	-1 27 111	-1.27	-1.27 III	-2 34	-2.97 III	-2.12	-1 27 III	-0.85 III	-0.64 III	-0.85 III	(mm)	Level	Max. ST		i) bpm					Weig		SUBURBAN DIAGNOSTICS	
1.77 V4	1.77 V4	2.12 V4	2.83 V4	4.95 V4	4.95 V4	3.54 V4	2.4811	1.771	1.4211	1.0611	1.061	(mV/s)	Slope	Max. ST		Min. BP x HR: 7360 mmHg/min	Max. Mets: 10.20	THR: 164 (85 % of Pr.MHR) bpm			66	Weight:84 Kas		STICS	

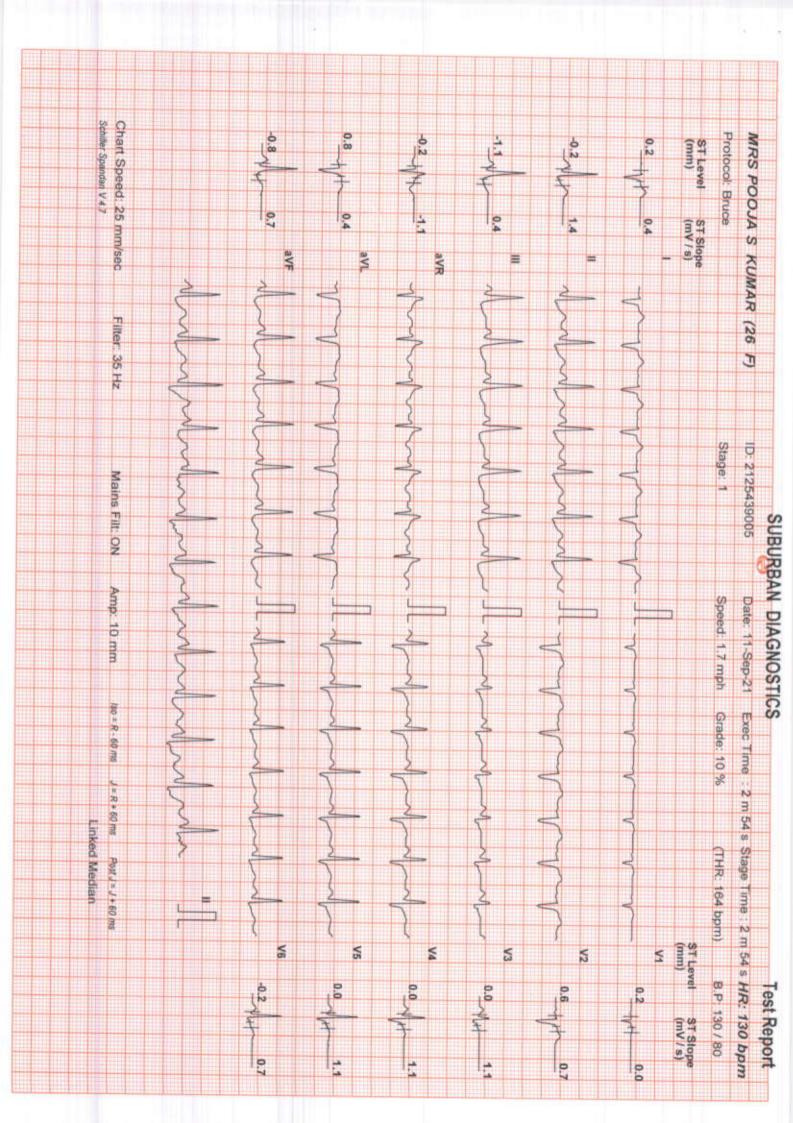
HH day

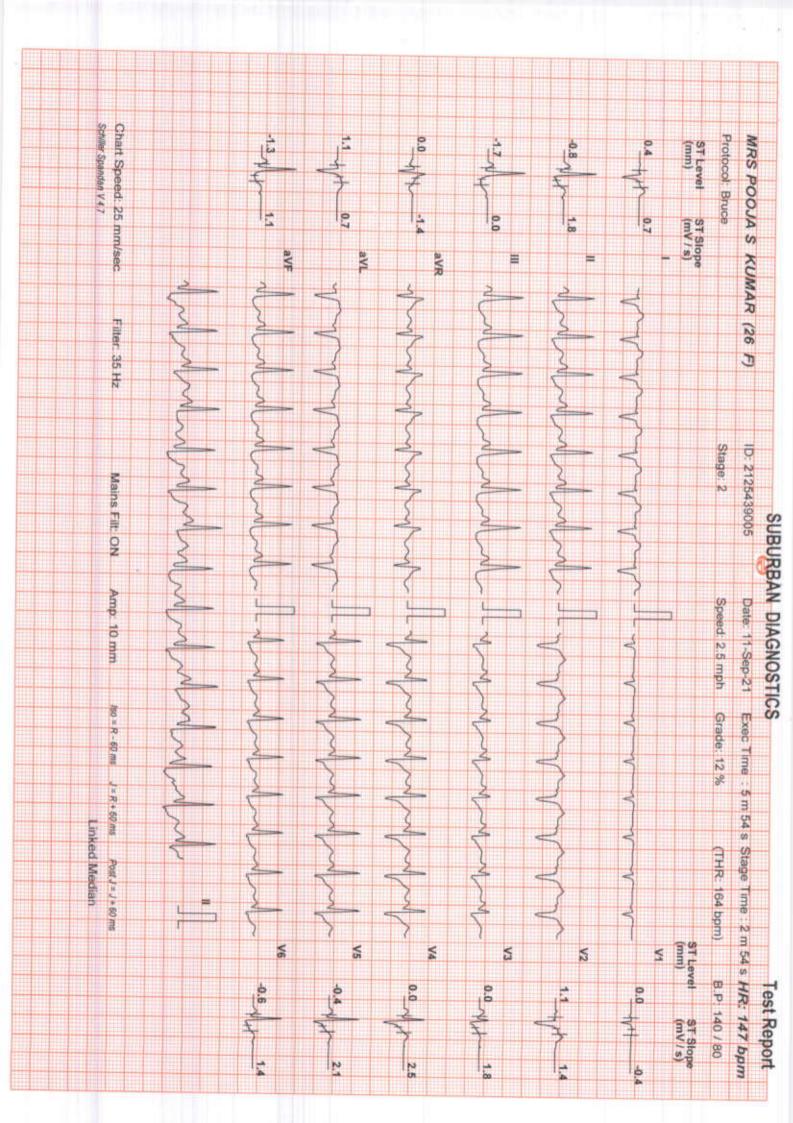


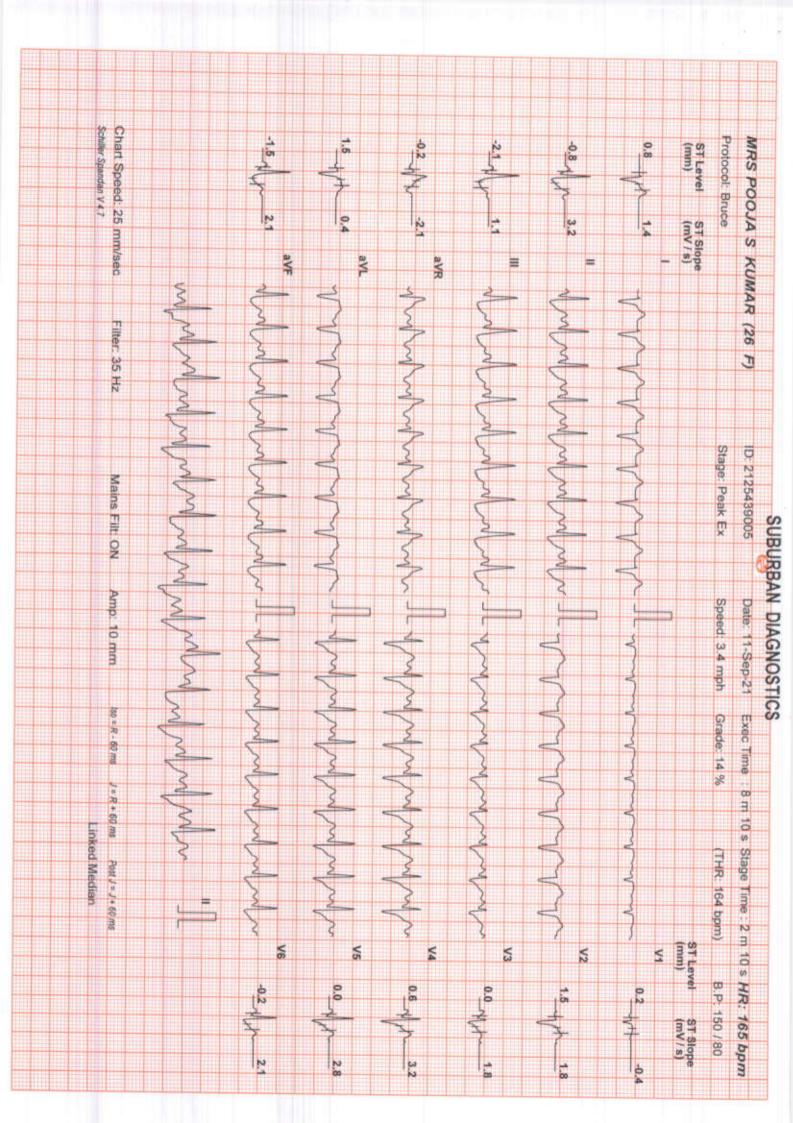


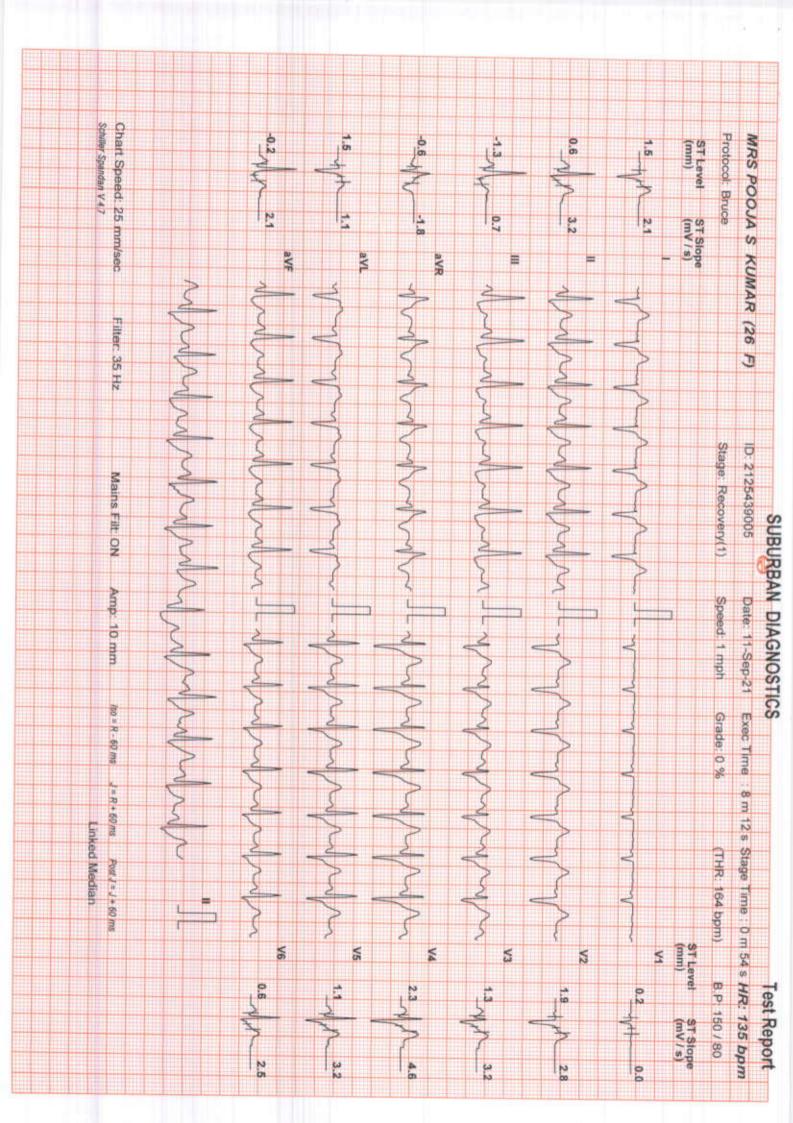


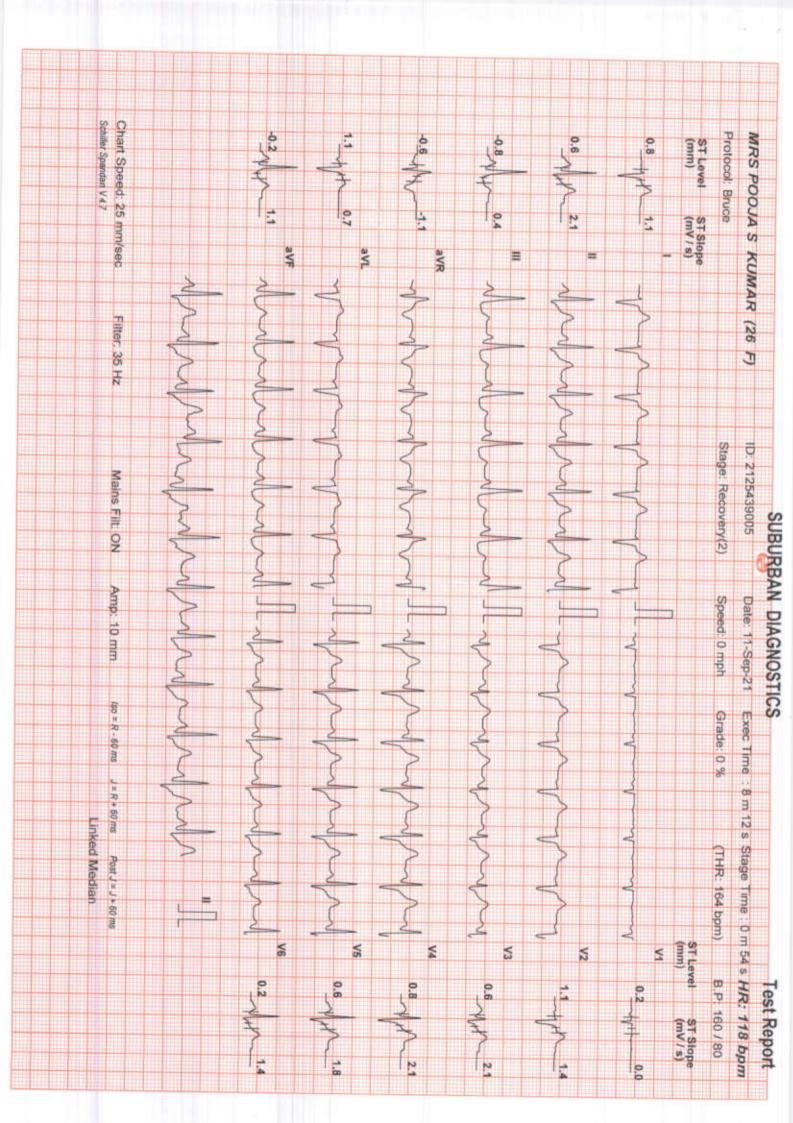


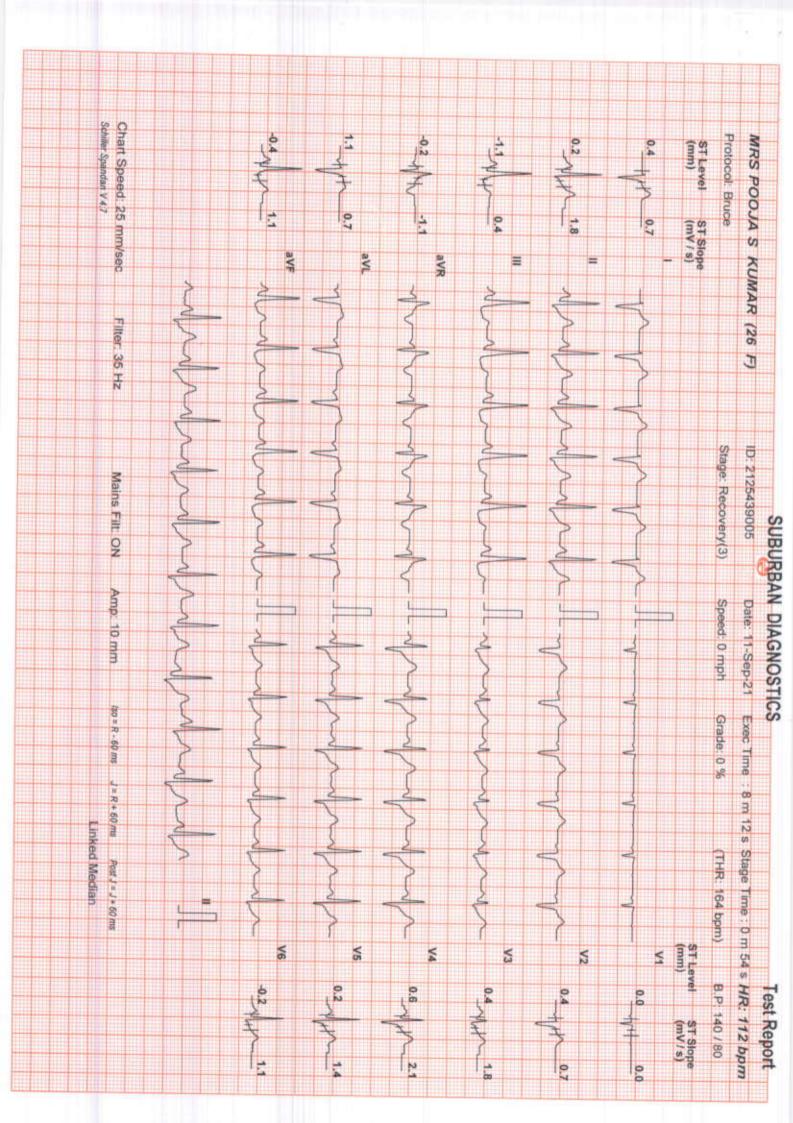


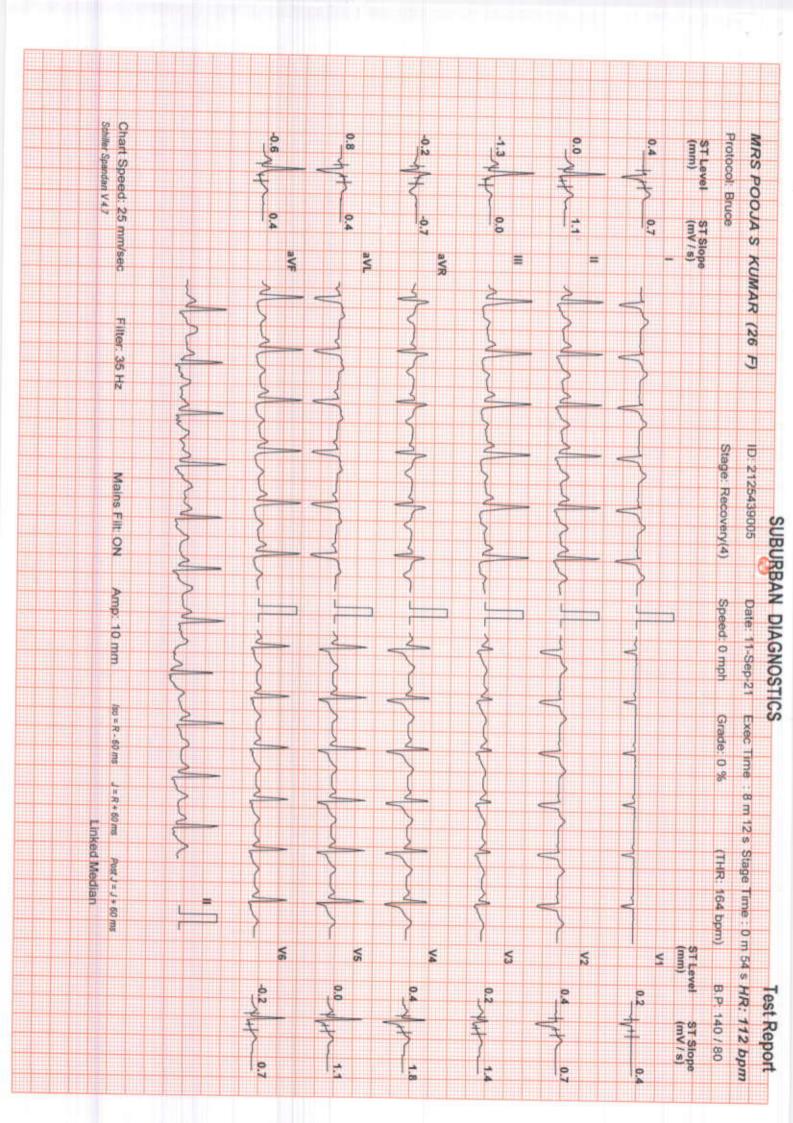


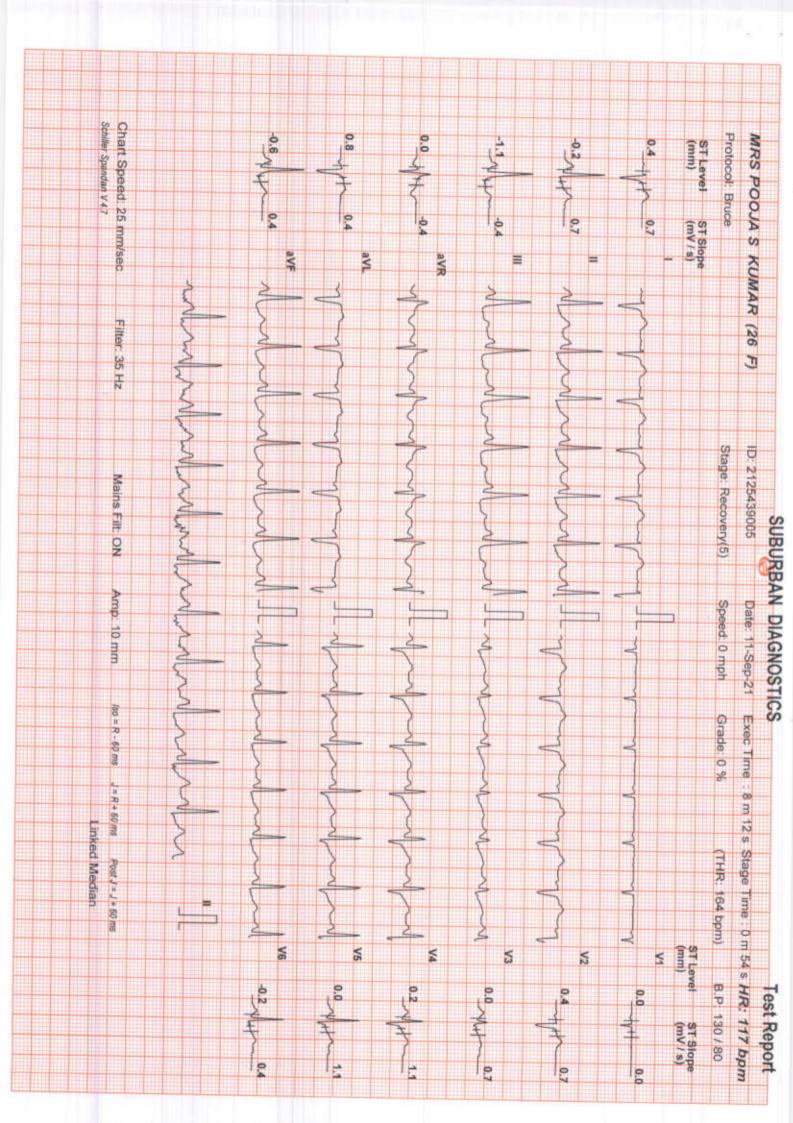


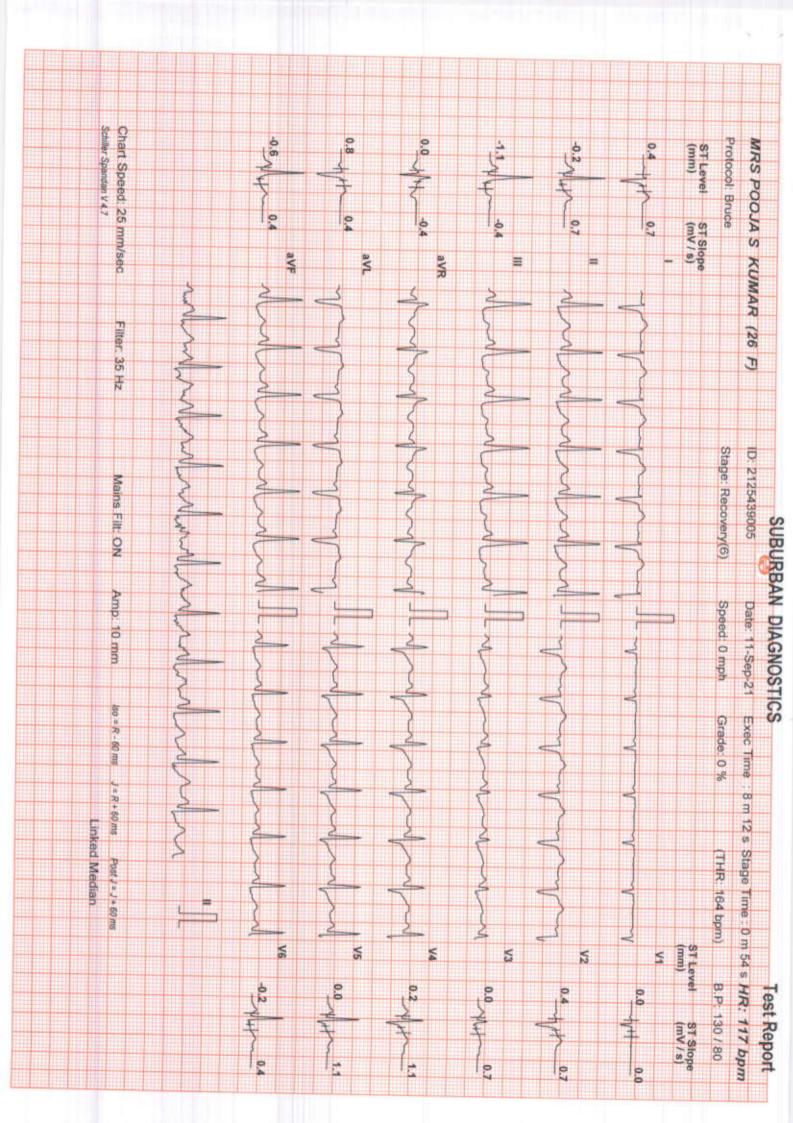














Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : **2125439005** SID : 177804134176

 Name
 : MRS.POOJA S KUMAR
 Registered
 : 11-Sep-2021 / 09:47

 Age / Gender
 : 26 Years/Female
 Collected
 : 11-Sep-2021 / 09:47

 Ref. Dr
 : Reported
 : 14-Sep-2021 / 09:37

 Reg.Location
 : Vashi (Main Centre)
 Printed
 : 14-Sep-2021 / 17:18

PHYSICAL EXAMINATION REPORT

History and Complaints :- Asymptomatic for routine health check up.

EXAMINATION FINDINGS :- ENT -NAD on basic inseption at present (H/O right ear fungal infection treated 2 weeks back)

Height (cms):164Weight (kg):84Temp (0c):NormalSkin:NormalBlood Pressure (mm/hg):110/80Nails:Normal

Pulse: 92/min **Lymph Node:** Not Palpable/Not Tender

Systems

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

IMPRESSION: ECG, CBC, FBS, PPBS, BIL, SGOT, SGPT, ALK, CREAT, URIC ACID, HbA1C, T3, T4, TSH - ALL NORMAL

ABNORMAL URINE ROUTINE TEST BUN BORDERLINE, LOW HDL ESR - HIGH TMT NEGATIVE

BLOOD GROUP - B POSITIVE

STOOL ROUTINE TEST, USG ABDOMEN AND CHEST X RAY - NA

ADVICE:- To consult your family physician with all reports.

TO REPEAT URINE ROUTINE TEST AND CONSULT FMAILY PHYSICIAN.

DIET AND LIFESTYLE MANAGEMENT, GRADUAL AND MEDICALLY SUPERVISED WEIGHT LOSS OF 16-17 KG ADVISED, ADEQUATE HYDRATION, MONITOR BUN AND FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN.

CONSULT GENERAL SURGEON FOR PILES.

REGULAR FOLLOW UP WITH ALL TREATING/CONSULTING DOCTORS ADVISED

CHIEF COMPLAINTS :- H/O covid infection April- 2021 home quarntine (Patent Ductus Arteriosus) H/O PDA operated at the age of 1 year

Hypertension: No
 IHD No



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : **2125439005** SID : 177804134176

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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** piless - consulted and advised surgery

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** PDA post op status

16) **Surgeries** as above

PERSONAL HISTORY: 4/28-30, REGULAR, LMP 11/08/21

Alcohol
 Smoking
 Diet
 No
 Mixed

4) **Medication** Piles medication (Ayurvedic)

*** End Of Report ***

Dr.SHEPHALI BODKHE MBBS



CID : 2125439005

Name : MRS.POOJA S KUMAR

Age / Gender : 26 Years / Female

Consulting Dr.

Reg. Location

: Vashi (Main Centre)

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:11-Sep-2021 / 09:57 :11-Sep-2021 / 17:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Bloc	od Count), Blood	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.52	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.3	36-46 %	Measured
MCV	89.2	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7200	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	SOLUTE COUNTS		
Lymphocytes	34.1	20-40 %	
Absolute Lymphocytes	2455.2	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	547.2	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	3880.8	2000-7000 /cmm	Calculated
Eosinophils	3.6	1-6 %	
Absolute Eosinophils	259.2	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	57.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	299000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	12.9	11-18 %	Calculated

RBC MORPHOLOGY

over the page or visit our website.

Hypochromia	-
Microcytosis	-
Macrocytosis	_

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Age / Gender : 26 Years / Female

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Collected : 11-Sep-2021 / 09:57 Reported : 11-Sep-2021 / 16:24

Westergren

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **29** 2-20 mm at 1 hr.

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







Dr. AMAR DASGUPTA, MD,PhD
Consultant Hematopathologist
Director - Medical Services

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

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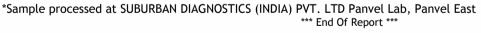
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Reported

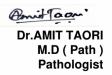
:11-Sep-2021 / 09:57 :11-Sep-2021 / 14:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	79.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	93.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	20.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	43.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.6	6-20 mg/dl	Calculated
CREATININE, Serum eGFR, Serum	0.65 117	0.51-0.95 mg/dl >60 ml/min/1.73sqm	Enzymatic Calculated
URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Enzymatic







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CID : 2125439005

Name : MRS.POOJA S KUMAR

Age / Gender : 26 Years / Female

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

Glycosylated Hemoglobin **HPLC** 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

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

Estimated Average Glucose 96.8 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.

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







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

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Name : MRS.POOJA S KUMAR

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Reported :11-Sep-2021 / 19:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIRINF FXAMINATION REPORT

	OKINE EXAMINA	ATION KLFOKT	
<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	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
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 EXAMINATION	<u>l</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	

Red Blood Cells / hpf Absent 0-2/hpf

Epithelial Cells / hpf 2-3

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf +(>20/hpf) Less than 20/hpf

Others

Kindly rule out contamination.

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







J C. Salvin **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) **Pathologist**

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ENT BASIC CHECK UP

Name : MRS.POOJA S KUMAR

Age / Gender : 26 Years / Female

Consulting Dr. :

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE ENT BASIC CHECK UP

PARAMETER RESULTS BIOLOGICAL REF RANGE

NAD on basic inspection at present (H/O Right ear fungal infection - treated 2 weeks



Dr.SHEPHALI BODKHE
MBBS

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Name : MRS.POOJA S KUMAR

Age / Gender : 26 Years / Female

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Collected : 11-Sep-2021 / 09:57

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP B

Rh TYPING POSITIVE

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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







Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist

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Name : MRS.POOJA S KUMAR

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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	121.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	50.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	42.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	78.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	69.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Colorimetric
VLDL CHOLESTEROL, Serum	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***



Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist

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Collected : 11-Sep-

Reported

:11-Sep-2021 / 09:57 :11-Sep-2021 / 14:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	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	4.43	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



Name : MRS.POOJA S KUMAR

Age / Gender : 26 Years / Female

Consulting Dr. : - Collected :11-Sep-2021 / 09:57

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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 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
130	F14714	F13/13	litter pretation
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)



Dr.AMIT TAORI M.D (Path) Pathologist

Authenticity Check

Use a OR Code Scanner

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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East
*** End Of Report ***

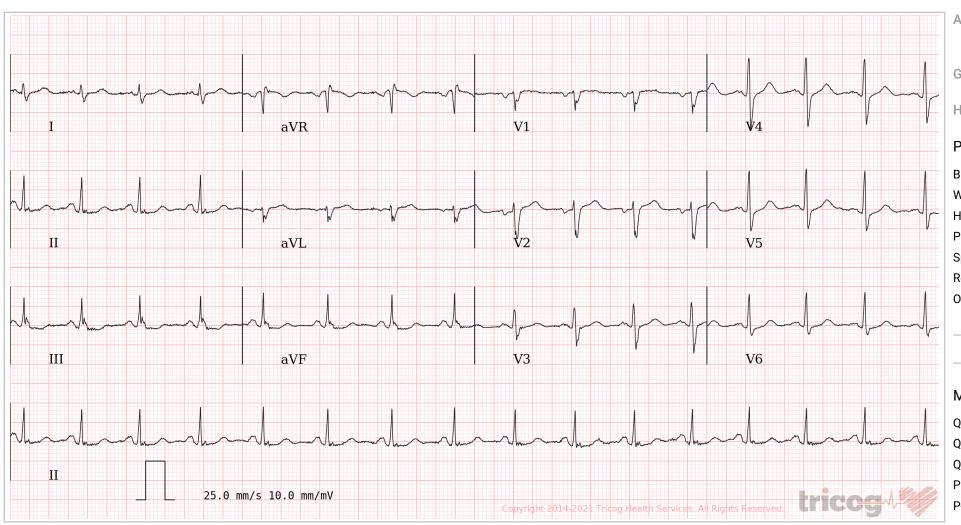
SUBURBAN DIAGNOSTICS - VASHI



Patient Name: POOJA S KUMAR

Patient ID: 2125439005

Date and Time: 11th Sep 21 10:58 AM



Age 26 1 3 years months days

Gender Female

Heart Rate 97 bpm

Patient Vitals

BP: NA
Weight: 84 kg
Height: 164 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 86 ms
QT: 348 ms
QTc: 441 ms
PR: 136 ms
P-R-T: 74° 86° 27°

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

REPORTED BY

ALIMAN

Dr.Anand N Motwani M.D (General Medicine) Reg No 39329 M.M.C

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.





அக்கியர் அரசாங்கம்

Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்ப Unique Identification Authority of India

பதிவேட்டு என்/ Enrolment No.: 2192/50425/07709

பூஜா சி குமார் Pooja S Kumar D/O Sivakumar Plot 9/10 Door No 3/609 Sri Natarajan Nagar Madhanandhapuram Mugalivakkam S.O Kancheepuram Tamil Nadu - 600125 9940557406





SUBURBAN DIAGNOSTICS (I) PVT. LTD. Shop No 22, Ground Floor, Raikar Bhavan,

Sector-17, Vashi, Navt Mumbai - 400 703 Tel 27884547 / 27864548.

உங்கள் ஆதார் எண் / Your Aadhaar No. :

6542 3814 8148 VID: 9188 8699 6299 6972

எனது ஆதார், எனது அடையாளம்



Government of India



Date: 09/03/2020

LARRY AT COUNTY Pooja S Kumar பிறந்த நாள்/DOB: 08/08/1995 GLINE/ FEMALE

Date: 07/01/2020

Dr. Shephali Bodkhe MBBS

2006/03/1809

6542 3814 8148

VID: 9188 8699 6299 6972

எனது ஆதார். எனது அடையாளம்

Poops & humar



E

R

Date:- 11/09/21

Name:-

Pooja S Kumar

CID: 2125 43 9005

Sex / Age: 26 4 /F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Plean refer "physical examinates for" attached.

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eve)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	-			611	_			1	
Near		_	-	N (6/6	
				06	-	_	_	N6	

Colour Vision (Normal / Abnormal

Remark:

Banic win on deck-up

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Shephali Bodkhe **MBBS** 2006/03/1809

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