



Use a QR Code Scanner
Application To Scan the Code

CID : 2305622210
Name : Mr VIJAY SHETTY
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:31

USG ABDOMEN AND PELVIS

LIVER:

Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic 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.

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 10.1 x 4.4 cm. Left kidney measures 10.3 x 4.3 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.
Prevoid vol - 378 cc. **Postvoid vol- 100 cc(significant)**

PROSTATE:

Prostate is enlarged in size with normal echotexture and measures 3.2 x 5.1 x 3.7 cm in dimension and 33.2 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023022509381189

Page no 1 of 2



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Age / Sex : 48 Years/Male
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T

IMPRESSION:

**PROSTATOMEGALY WITH SIGNIFICANT POSTVOID URINE RESIDUE.
MILD FATTY LIVER.**

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.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

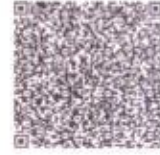
G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sionNo=2023022509381189

Page no 2 of 2

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621990
Name : Mrs VIJAY SHETTY
Age / Sex : 48 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:58

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 GAURAV FARTADE before dispatch.

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509211774>



विजय रत्नाकर शेट्टी

Vijay Ratnakar Shetty

जन्म तारीख / DOB: 04/11/1974

पुंलिंग / MALE

Mobile No.: 8108633228



7704 6180 8104

माझे आधार, माझी ओळख

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details	Date: 25-Feb-23	Time: 10:12:43 AM
Name: MR. VIJAY SHETTY ID: 2305622210		
Age: 48 y	Sex: M	Height: 164 cms
Clinical History: Hypertension since 6months		Weight: 74 Kgs

Medications: Amlodipine

Test Details

Protocol: Bruce	Pr.MHR: 172 bpm	THR: 146 (85 % of Pr.MHR) bpm
Total Exec. Time: 8 m 0 s	Max. HR: 147 (85% of Pr.MHR)bpm	Max. Mets: 10.20
Max. BP: 190 / 90 mmHg	Max. BP x HR: 27930 mmHg/min	Min. BP x HR: 6240 mmHg/min
Test Termination Criteria: THR achieved		

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	78	140 / 80	-0.21 III	2.83 V2
Standing	0 : 9	1.0	0	0	81	140 / 80	-0.42 aVR	2.83 V2
Hyperventilation	0 : 15	1.0	0	0	83	140 / 80	-0.42 aVR	2.83 V2
1	3 : 0	4.6	1.7	10	120	160 / 80	-1.27 aVR	3.54 V3
2	3 : 0	7.0	2.5	12	134	180 / 80	-0.85 aVR	3.54 V3
Peak Ex	2 : 0	10.2	3.4	14	147	190 / 90	-1.70 III	5.66 V3
Recovery(1)	1 : 0	1.8	1	0	121	190 / 90	-1.49 III	5.31 V3
Recovery(2)	1 : 0	1.0	0	0	97	170 / 90	-3.40 aVL	5.31 V3
Recovery(3)	1 : 0	1.0	0	0	89	150 / 90	-0.42 II	2.83 V3
Recovery(4)	1 : 0	1.0	0	0	93	140 / 90	-0.42 I	2.12 V2
Recovery(5)	0 : 31	1.0	0	0	92	140 / 90	-0.42 aVF	1.77 V2

Interpretation

The patient exercised according to the Bruce protocol for 8 m 0 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 78 bpm, rose to a max. heart rate of 147 (85% of Pr.MHR) bpm. Resting blood Pressure 140 / 80 mmHg, rose to a maximum blood pressure of 190 / 90 mmHg.

Baseline ECG s/o Normal Sinus Rhythm.
 No significant ST - T changes during exercise and recovery.
 No evidence of arrhythmias.
 Normal haemodynamic response.
 Good effort tolerance.



IMPRESSION: Stress test is **NEGATIVE** for inducible ischemia at moderate workload., **DISCLAIMER:** Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

Doctor: Dr. Kavin Shah

(Summary Report edited by user)

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MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2305622210

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 10 s

HR: 83 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 146 bpm)

B.P.: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schlier Standard V 47

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

150 + R - 60 ms

J = R + 60 ms

Pos4 J = J + 60 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2305622210

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 84 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 146 bpm)

B.p: 140/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

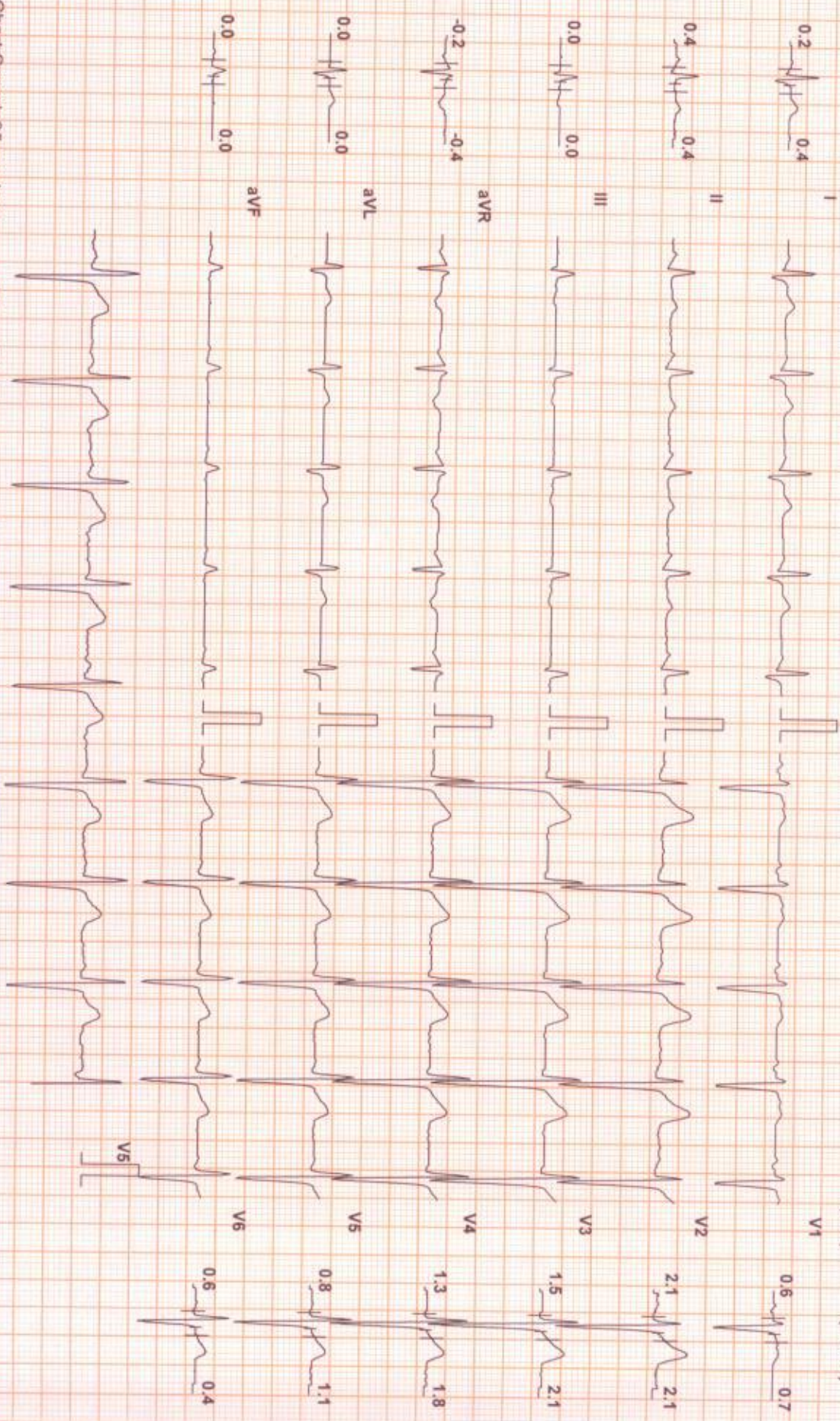


Chart Speed: 25 mm/sec
Schiller Spandax V 47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Posit J = J + 60 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2305622210

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 80 bpm

Protocol: Bruce

Stage: Hyperventilation Speed: 0 mph

Grade: 0%

(THR: 146 bpm)

B.P: 140/80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schnee Standard V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 122 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 146 bpm)

B.P.: 160 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

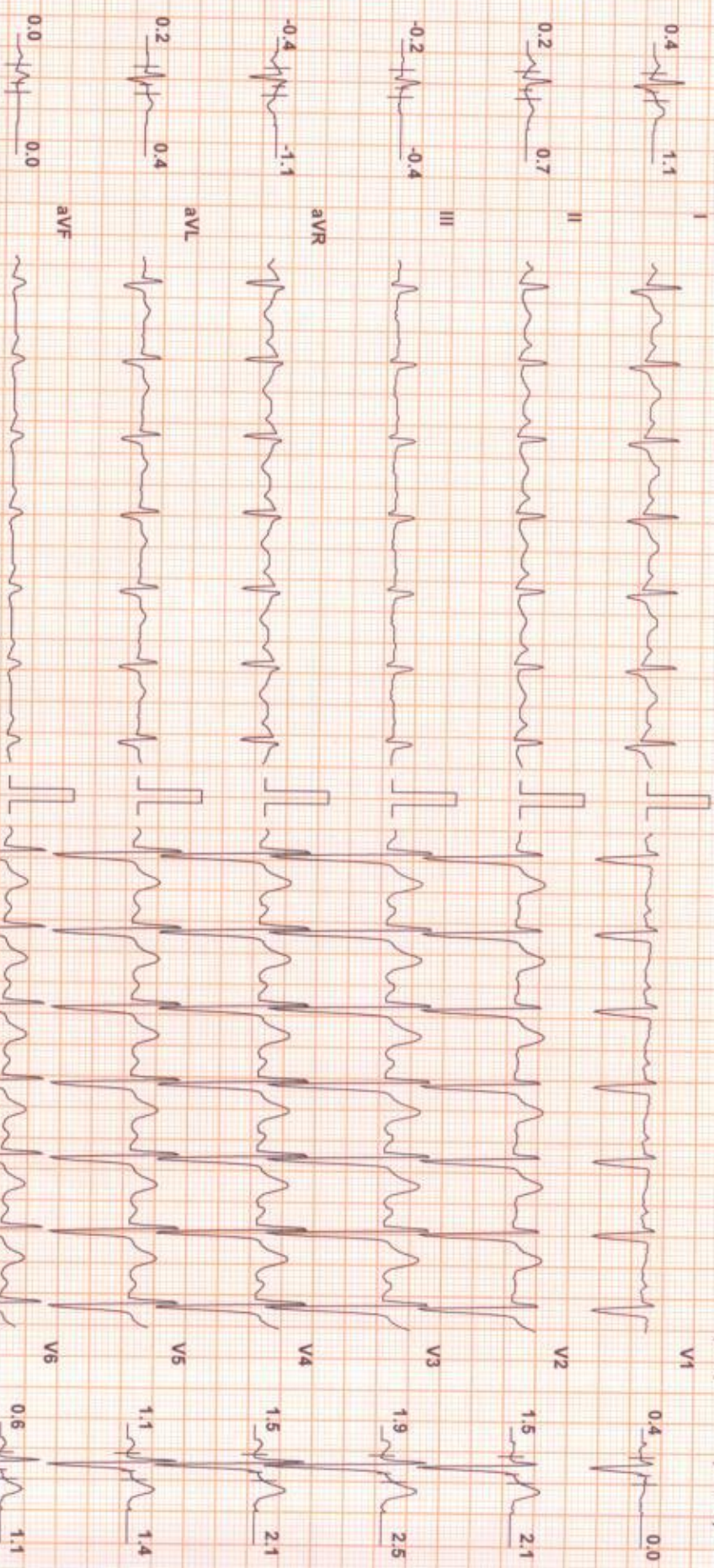


Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 80 ms

Post J = J + 80 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALLI

Test Report

ID: 2305622210

Date: 25-Feb-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s

HR: 136 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 146 bpm)

B.P: 180 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

Chart Speed: 25 mm/sec
Schiller Speedan V47

Filter: 35 Hz

Mains Filt: ON

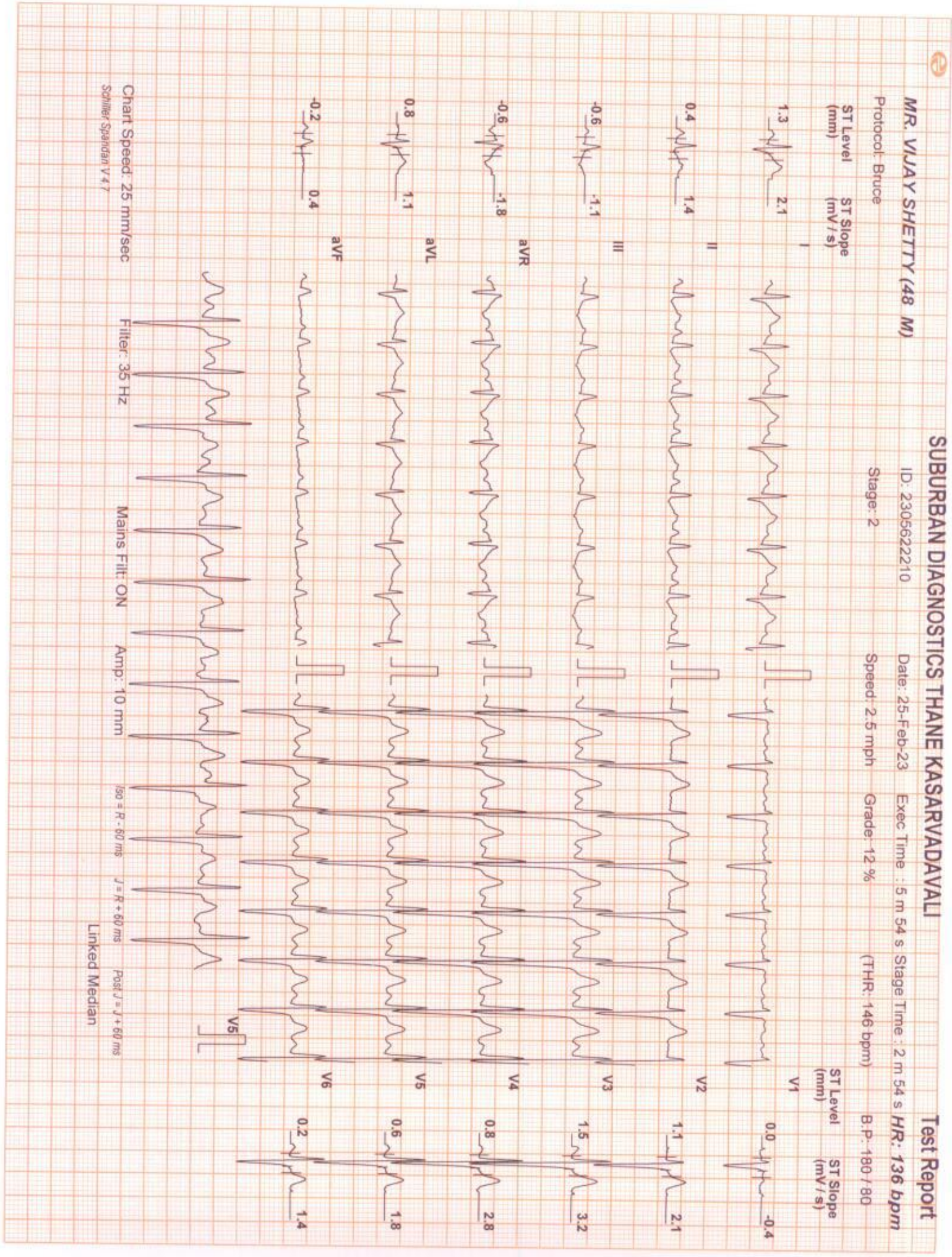
Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2305622210

Date: 25-Feb-23

Exec Time : 7 m 54 s Stage Time : 1 m 54 s HR: 150 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

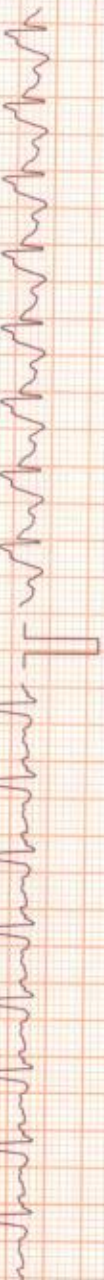
(THR: 146 bpm)

B.P: 190/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

1.3 4.2



-0.4 -1.4

II

0.0 1.1



0.6 1.1

III

-1.3 -3.2



3.2 3.5

avR

-0.4 -2.5



2.1 2.1

avL

1.1 3.5



0.4 0.7

avF

-0.8 -1.1



0.2 0.4

V5



0.4 0.7



2.1 2.1



0.6 1.1



0.2 0.4

Chart Speed: 25 mm/sec
Schlter Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 119 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 146 bpm)

B.P: 190/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.6 1.1



0.8 0.7

0.2 0.7



2.1 2.8

-0.2 -0.4



3.2 3.9

-0.4 -1.1



1.9 3.2

0.2 0.4



1.7 2.5

-0.2 0.0



1.1 1.8

Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s

HR: 99 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 146 bpm)

B.p: 170 / 90

ST Level (mm) ST Slope (mV/s)

Chart Speed: 25 mm/sec
Schiller Spahnlan V 4.7

Filter: 35 Hz

Mains Fil: ON

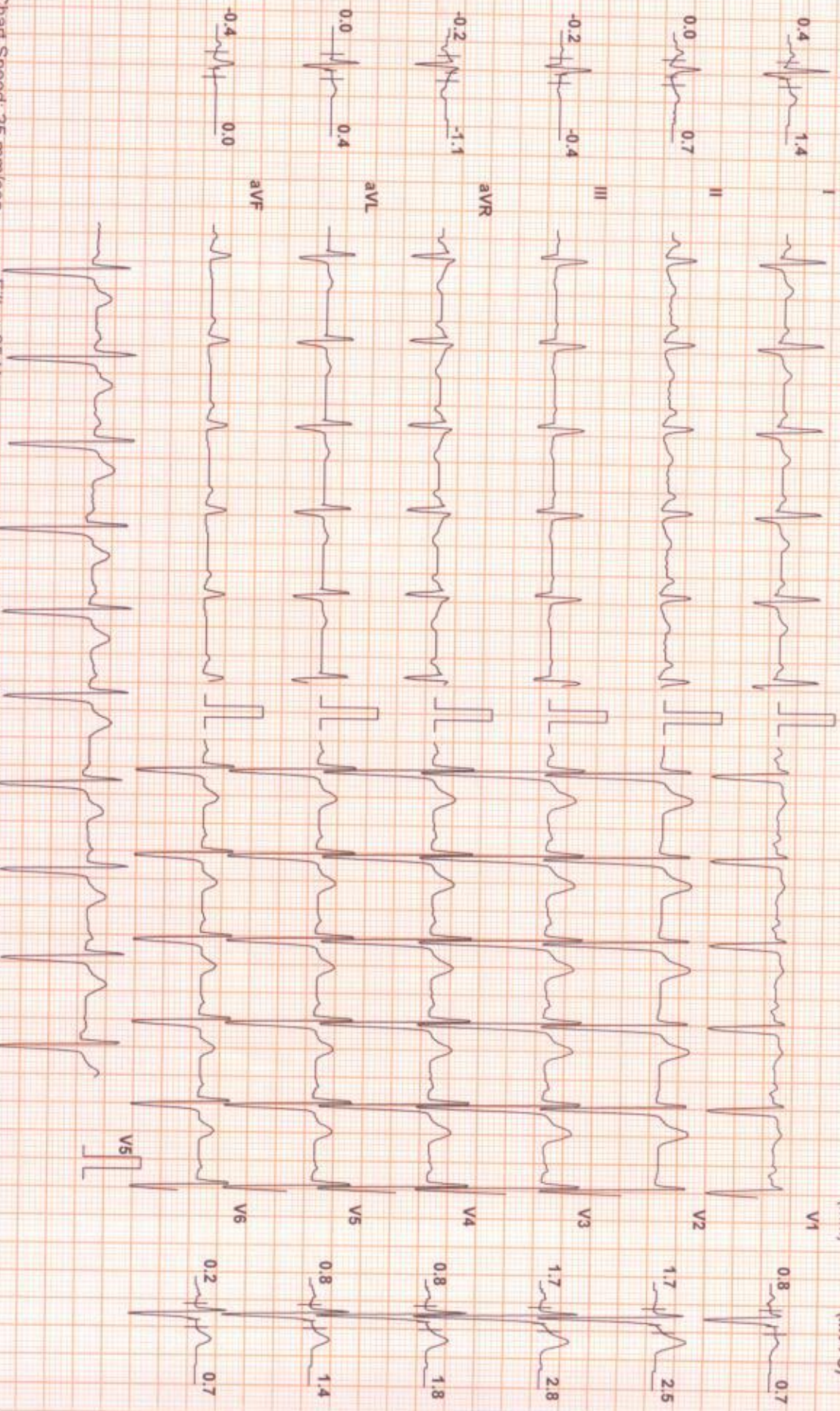
Amp: 10 mm

iso = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median





MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 91 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 146 bpm)

B-P: 150/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

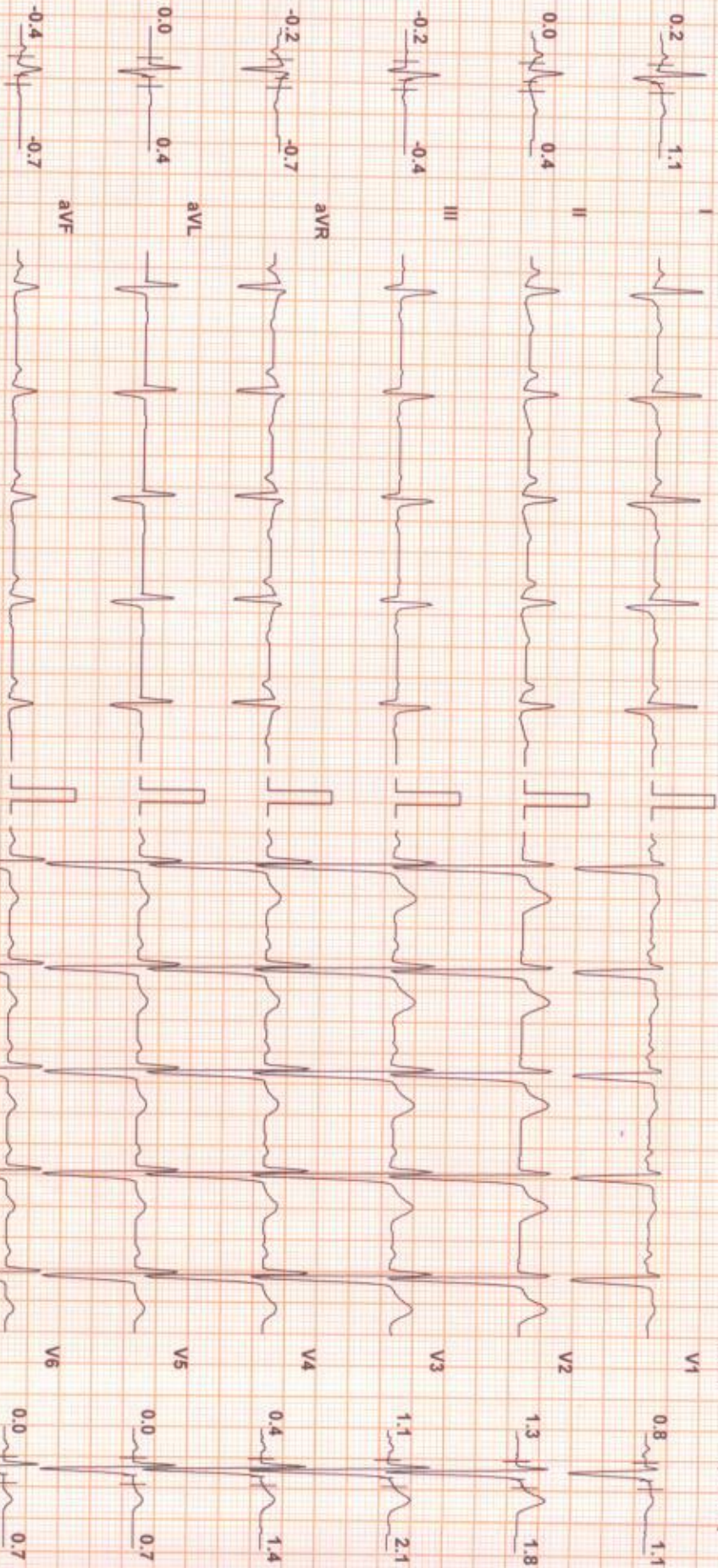


Chart Speed: 25 mm/sec
Schiller Spandon V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

150 = R - 60 ms

J = R + 60 ms

Post J = J + 80 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 88 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 146 bpm)

B.P.: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

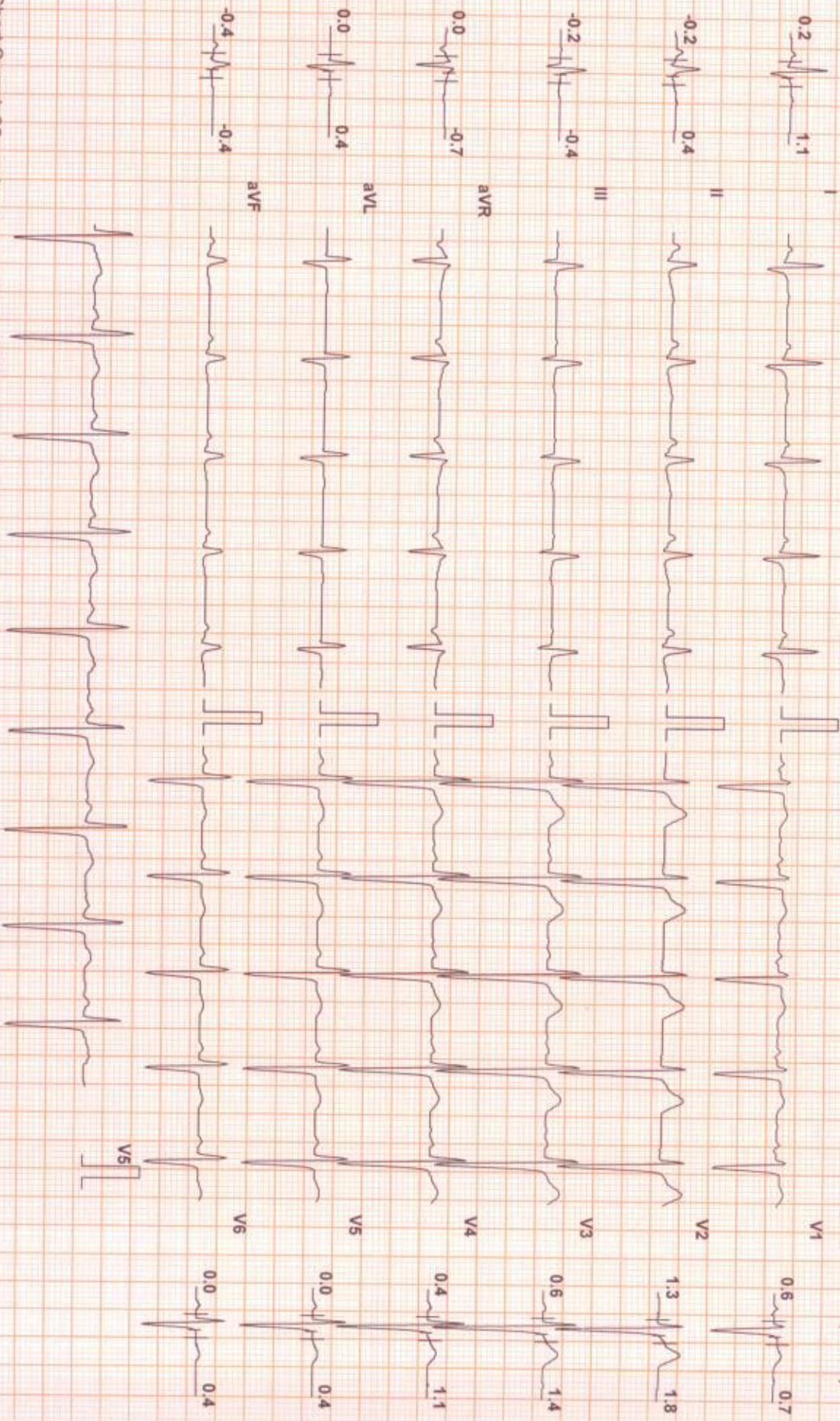


Chart Speed: 25 mm/sec
Schluter Spandau V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median



MR. VIJAY SHETTY (48 M)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

ID: 2305622210

Date: 25-Feb-23

Exec Time : 8 m 0 s

Stage Time : 0 m 54 s HR: 88 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 146 bpm)

B.P.: 140/90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

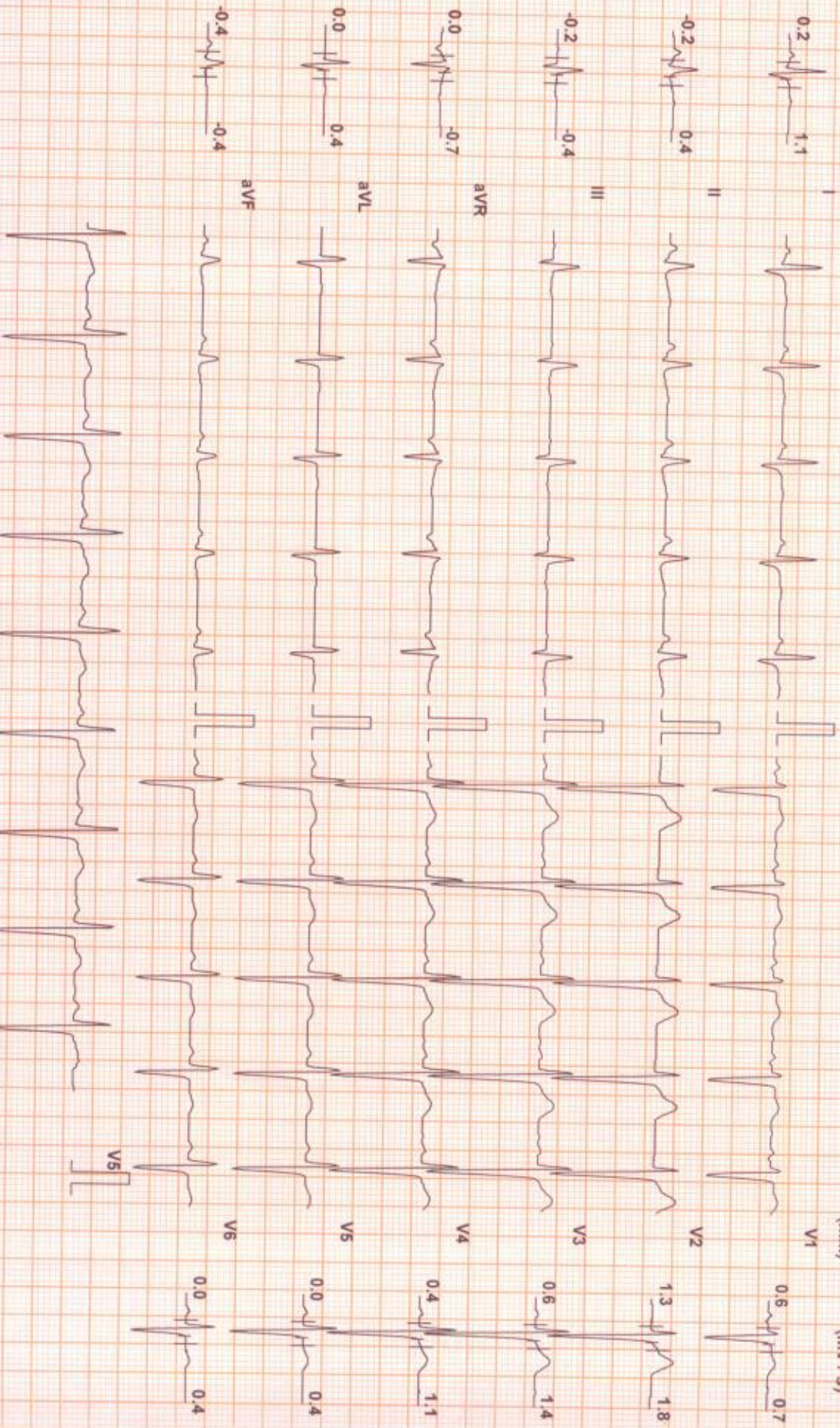


Chart Speed: 25 mm/sec
Schluter Sparden V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

PHYSICAL EXAMINATION REPORT

Patient Name	MR. VIJAY SURESH.	Sex/Age	M / 48 yr
Date	25/02/2023	Location	KASARVADAVALI

History and Complaints

- No symptoms
- KIDNEY (6 months) on Amlodipin (2.5)
- Mother = normal & normal
- No Hx of Ab Sn

EXAMINATION FINDINGS:

Height	164	Temp (0c):	} NAD
Weight	74.3	Skin:	
Blood Pressure	140/80	Nails:	
Pulse	70/min	Lymph Node:	

Systems :

Cardiovascular:	} NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

- ↑TC, HDL & normal LDL levels
- Trace blood in urine.
- USG Abdo shows prostatically to mild fatty liver

ADVICE :

Reg no exercise & water
 Avoid fried, fatty food & heavy diet
 o consult physician

CHIEF COMPLAINTS :

1)	Hypertension:	YES
2)	IHD	}
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol	=	occasionally
2)	Smoking	=	NO
3)	Diet	=	mixed
4)	Medication	=	Amlodipin (3)

Date : 25/02/2023

CID :

Name : Ms. VISHAY SHETTY

Sex/Age : M / 48yr

EYE CHECK UP

Chief complaints : NIL

Systematic Diseases : HTN (6mmths)

Past History : NIL

Unaided Vision : } RE Eye = 6/9
 } LE Eye = 6/9

Aided Vision : Yes

Refraction : RE of both eyes for far vision

Colour Vision : Normal

Remarks : RE of both eyes for far vision
(corrected w spectacles)

SUBURBAN DIAGNOSTICS - ITHANE KASAKAVADAVALI

Patient Name: VIJAY SHETTY
 Patient ID: 2305622210



Date and Time: 25th Feb 23 10:00 AM

Age 48 years 3 months 21 days

Gender Male

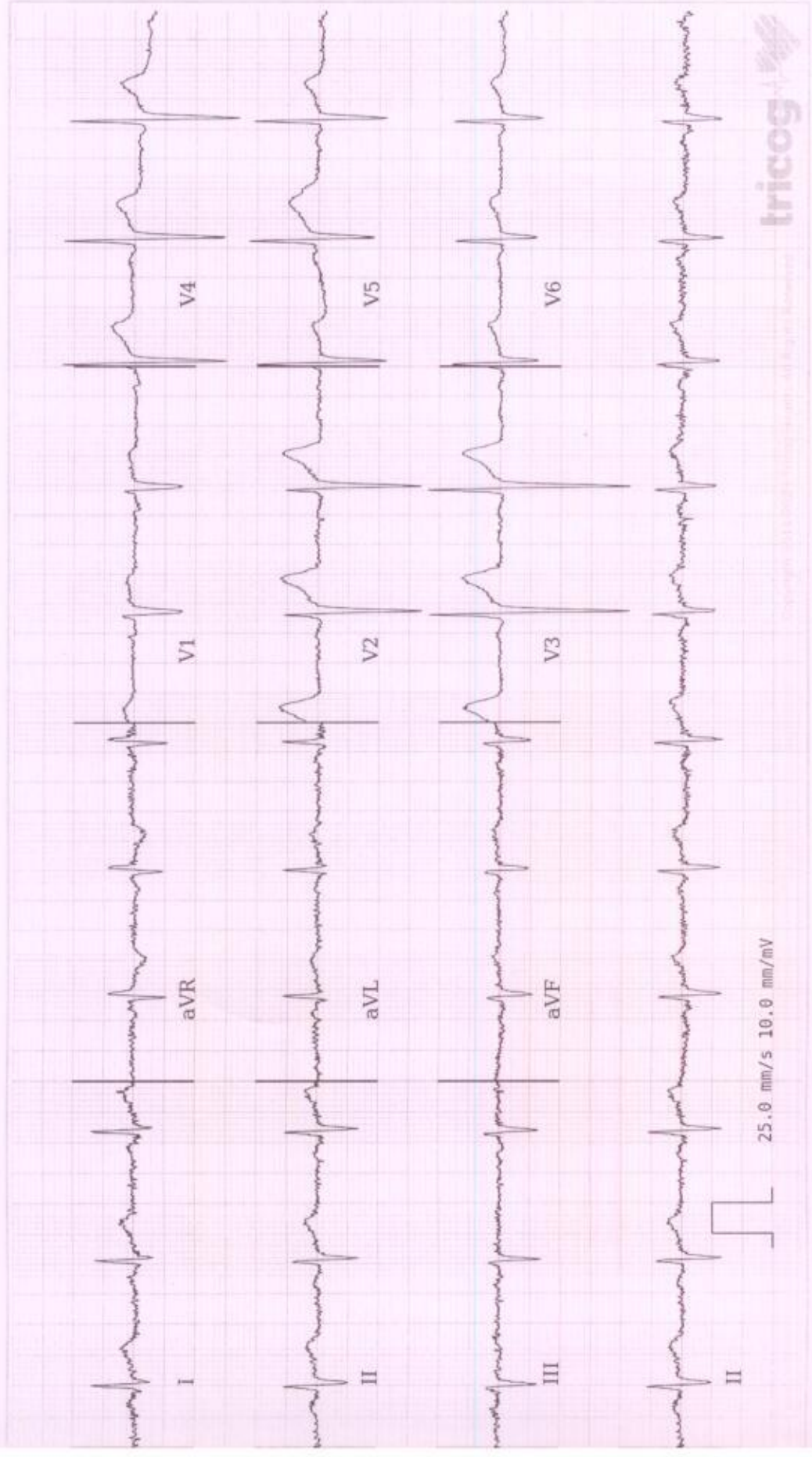
Heart Rate 71bpm

Patient Vitals

BP: 140/80 mmHg
 Weight: 74 kg
 Height: 164 cm
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others:

Measurements

QRSD: 94ms
 QT: 386ms
 QTc: 419ms
 PR: 134ms
 P-R-T: 20° -30° 29°



Sinus Rhythm, Left Axis Deviation. Baseline artefacts. Please correlate clinically.

REPORTED BY

[Signature]

Dr Karim Shah
 MBBS, D.CARD
 2009103488

This device, if any, is used as a guide only. It should be used in conjunction with the clinical history, symptoms, and results of other investigations and must be interpreted by a qualified physician. © 2010 Philips Medical Systems. All rights reserved.



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 14:40

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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	15.7	13.0-17.0 g/dL	Spectrophotometric
RBC	5.08	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.2	40-50 %	Measured
MCV	92.9	80-100 fl	Calculated
MCH	31.0	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7340	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	41.8	20-40 %	
Absolute Lymphocytes	3068.1	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	462.4	200-1000 /cmm	Calculated
Neutrophils	48.3	40-80 %	
Absolute Neutrophils	3545.2	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	249.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	11.3	11-18 %	Calculated

RBC MORPHOLOGY



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 13:32

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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-ESR 6 2-15 mm at 1 hr. Sedimentation

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 13:22

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	101.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	17.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	1.1	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.3	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	78.6	40-130 U/L	PNPP
BLOOD UREA, Serum	25.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.7	6-20 mg/dl	Calculated



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 13:11
Reported : 25-Feb-2023 / 18:33

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CREATININE, Serum	0.99	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	86	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	3.5-7.2 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
 *** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 13:25

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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 19:26

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 insert

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

*** End Of Report ***

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist





CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Use a QR Code Scanner
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Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 15:09

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 Semi- automated column agglutination technology (CAT)

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 G B Road Lab, Thane West

*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 13:29

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	225.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	127.7	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	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	191.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	166.0	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	25.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.9	0-3.5 Ratio	Calculated

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



Use a QR Code Scanner
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CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 14:22

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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.2	0.35-5.5 microIU/ml	ECLIA



CID : 2305622210
Name : MR.VIJAY SHETTY
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:46
Reported : 25-Feb-2023 / 14:22

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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 transiently altered because 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)

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

*** End Of Report ***



MC-5314

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Date : 25/02/2023

CID :

Name : Mrs. Veena Shetty

Sex/Age : F / 45 yrs

EYE CHECK UP

Chief complaints : Headache (on L.O.P.T)

Systematic Diseases : NIL

Past History : NIL

Unaided Vision :
} Rt Eye = 6/6
} Lt Eyes = 6/6

Aided Vision :
NIL

Refraction : NIL

Colour Vision : Normal

Remarks : Normal vision

PHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Veena Shetty	Sex/Age	F / 45 yr
Date	25/02/2023	Location	KASARVADAVALI

History and Complaints

onto medts / No symptoms
 • Both parents has MODM
 • No hyp / No sx

EXAMINATION FINDINGS:

Height	161	Temp (0c):	} N/A
Weight	78	Skin:	
Blood Pressure	130/70	Nails:	
Pulse	70/min	Lymph Node:	

Systems :

Cardiovascular:	} N/A
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

Slightly raised HbA1c = 5.9 (prediabetic)
 ↑ ITH levels
 USG Abdo slo = mild fatty liver

ADVICE :

• Regular Exercise & weight of 10-15kgs
 Avoid fried, fatty food & strong diet
 Consult physician

CHIEF COMPLAINTS :

1)	Hypertension:	} No
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthma	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptom	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	

PERSONAL HISTORY:

1)	Alcohol	} No
2)	Smoking	
3)	Diet	= mixed
4)	Medication	= NIL



(Handwritten mark)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Patient Details

Date: 25-Feb-23

Time: 10:37:49 AM

Name: MRS. VEENA VIJAY SHRTTY ID: 2305621839

Age: 45 y

Sex: F

Height: 161 cms

Weight: 78 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 175 bpm

THR: 148 (85 % of Pr.MHR) bpm

Total Exec. Time: 3 m 30 s

Max. HR: 150 (86% of Pr.MHR)bpm

Max. Mets: 7.00

Max. BP: 170 / 70 mmHg

Max. BP x HR: 25500 mmHg/min

Min. BP x HR: 5670 mmHg/min

Test Termination Criteria: THR achieved and Physical deconditioning

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 20	1.0	0	0	96	130 / 70	-0.42 I	0.71 V5
Standing	0 : 21	1.0	0	0	81	130 / 70	-0.21 II	0.71 I
Hyperventilation	0 : 23	1.0	0	0	83	130 / 70	-0.21 I	0.71 I
1	3 : 0	4.6	1.7	10	143	150 / 70	-1.06 V5	5.31 V5
Peak Ex	0 : 30	7.0	2.5	12	150	170 / 70	-1.70 V5	1.06 I
Recovery(1)	1 : 0	1.8	1	0	128	170 / 70	-1.91 V6	1.42 I
Recovery(2)	1 : 0	1.0	0	0	93	150 / 70	-1.06 V5	1.06 I
Recovery(3)	1 : 0	1.0	0	0	91	130 / 70	-1.06 V4	1.06 V3
Recovery(4)	1 : 0	1.0	0	0	85	120 / 70	-0.85 I	-1.06 V1
Recovery(5)	0 : 34	1.0	0	0	84	120 / 70	-0.42 I	0.71 I

Interpretation

The patient exercised according to the Bruce protocol for 3 m 30 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 96 bpm, rose to a max. heart rate of 150 (86% of Pr.MHR) bpm. Resting blood Pressure 130 / 70 mmHg, rose to a maximum blood pressure of 170 / 70 mmHg.

Baseline ECG s/o Normal Sinus Rhythm. Non specific ST - T changes.

No significant ST - T changes during exercise and recovery.

No evidence of arrhythmias.

Physical deconditioning response.

Average effort tolerance.

IMPRESSION: Stress test is **NEGATIVE** for inducible ischemia at low workload.

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Bruce Criteria relation is mandatory.

Doctor: Dr. Kavin Shah

(c) Schiller Healthcare India Pvt. Ltd. V 4.7

(Summary Report edited by user)



MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s **HR: 90 bpm**

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 148 bpm)

B.P: 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

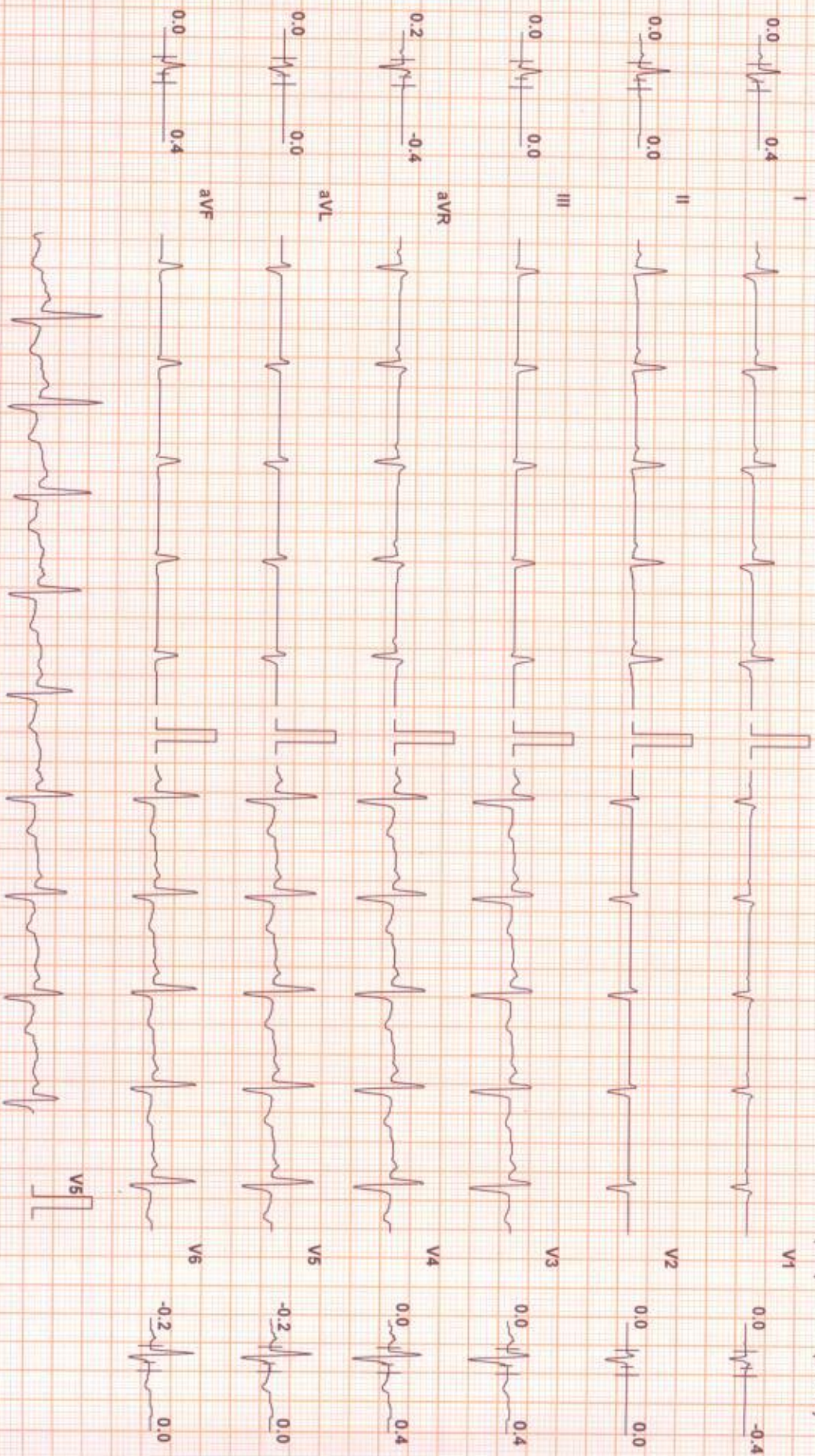


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

150 = R - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median



MRS. VEENA VIJAY SHRITTY (45 F)

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

ID: 2305621839

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 87 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 148 bpm)

B.P: 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schlter Spandan V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 17 s

HR: 91 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 148 bpm)

B.P.: 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 2 m 41 s Stage Time : 2 m 41 s HR: 144 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 148 bpm)

B.P.: 150 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

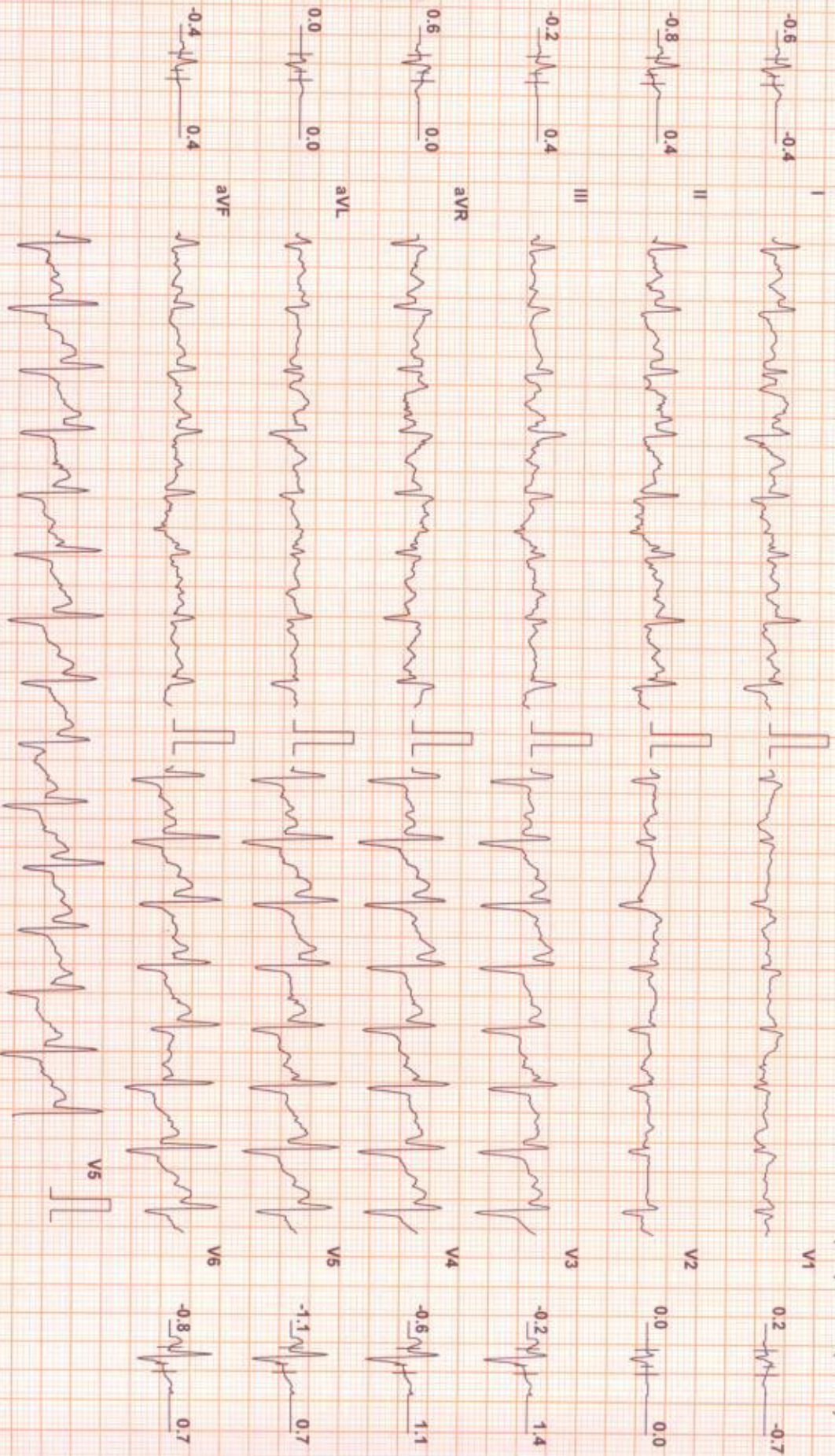


Chart Speed: 25 mm/sec
Schiller Spacelan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 14 s

Stage Time : 0 m 14 s

HR: 149 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 148 bpm)

B.P.: 170/70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

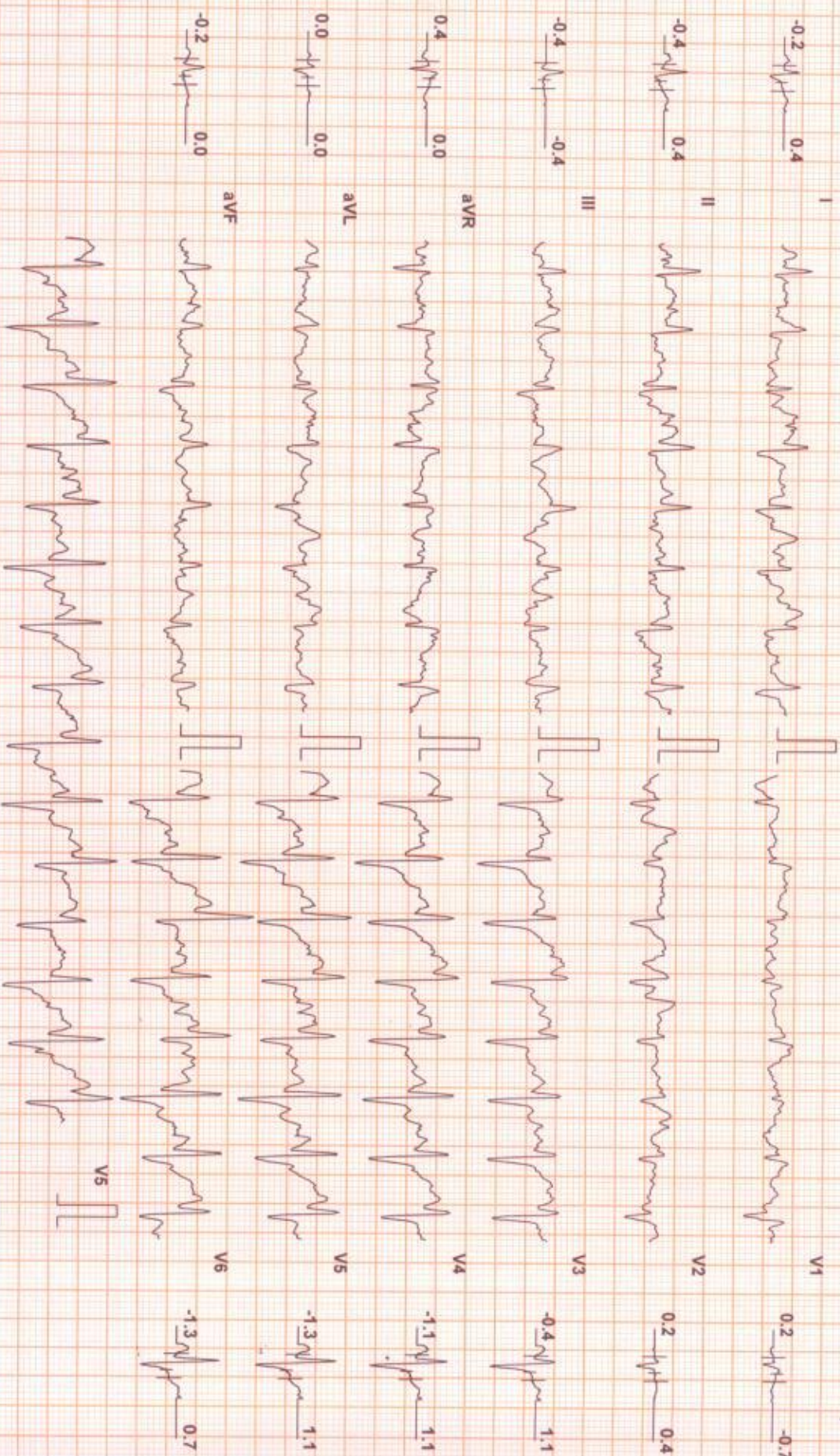


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schlier Spandan V.4.7



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. VEENA VIJAY SHRTTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 30 s Stage Time : 0 m 54 s HR: 117 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 148 bpm)

B.P: 170 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

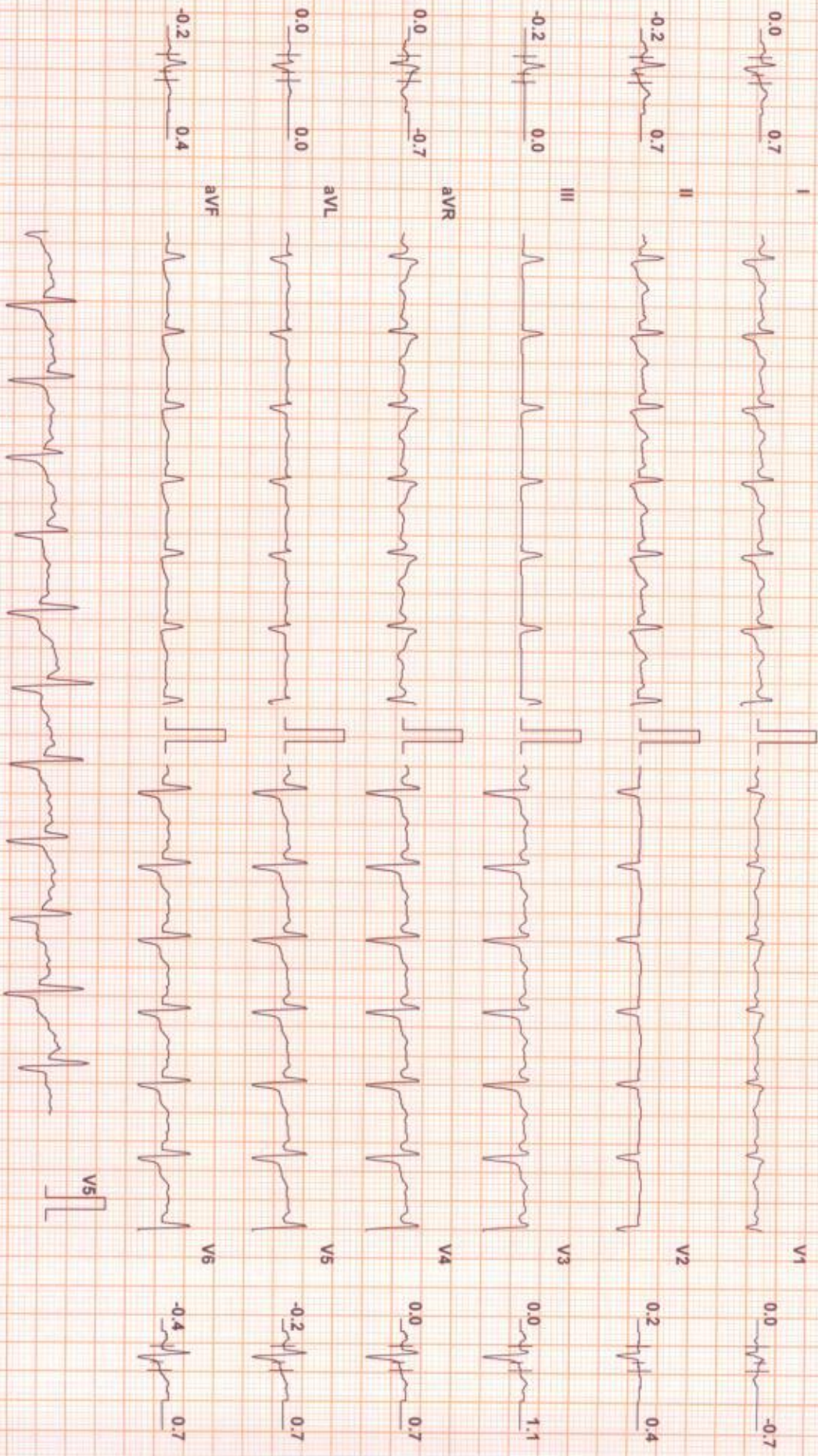


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Fil: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Posd J = J + 60 ms

Schlier Spandan V 47

Linked Median



MRS. VEENA VIJAY SHRTTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 30 s Stage Time : 0 m 54 s HR: 91 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 148 bpm)

B.P: 150/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

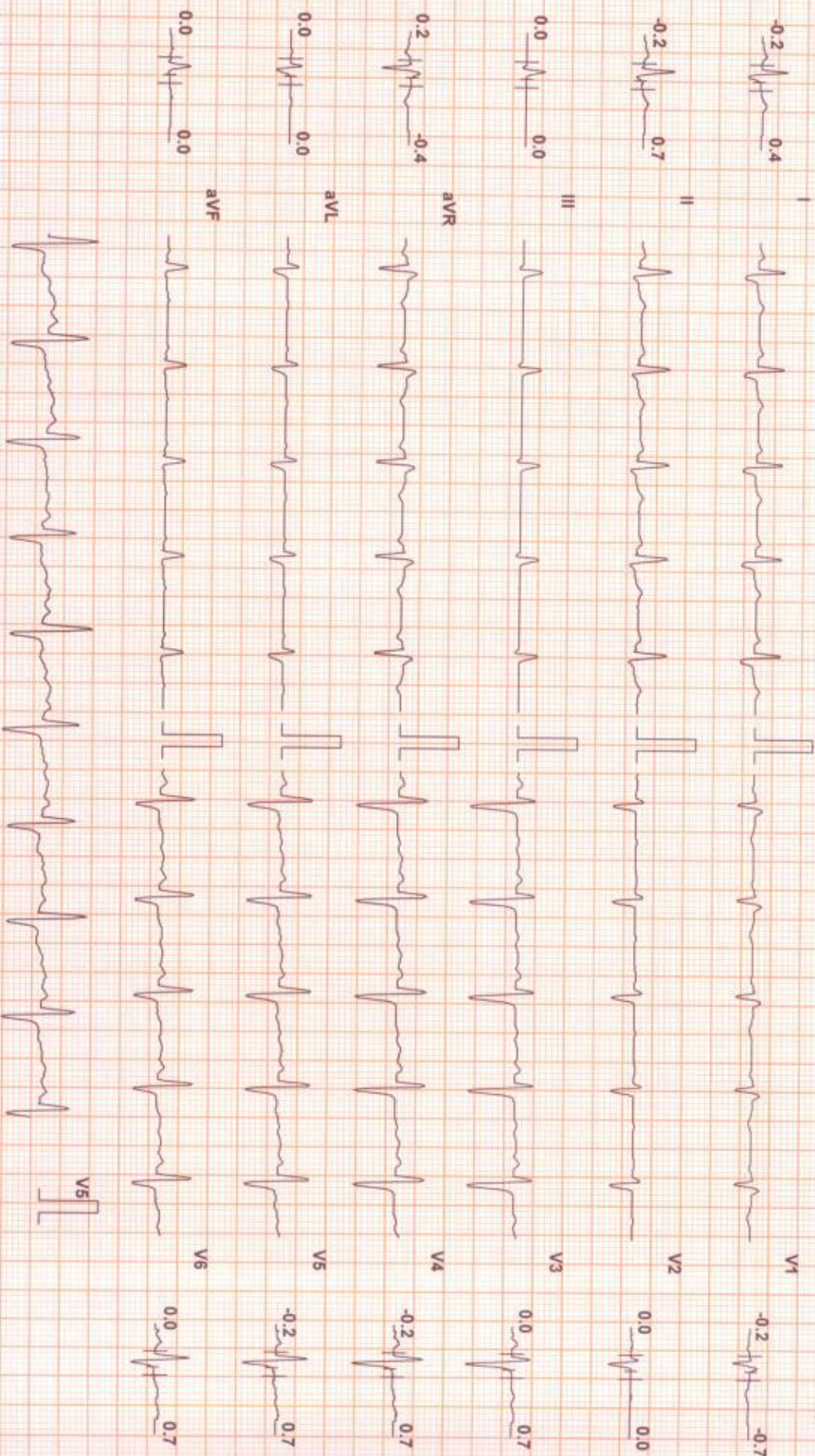


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7

Linked Median



MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 30 s Stage Time : 0 m 54 s

HR: 90 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 148 bpm)

B.P.: 130/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

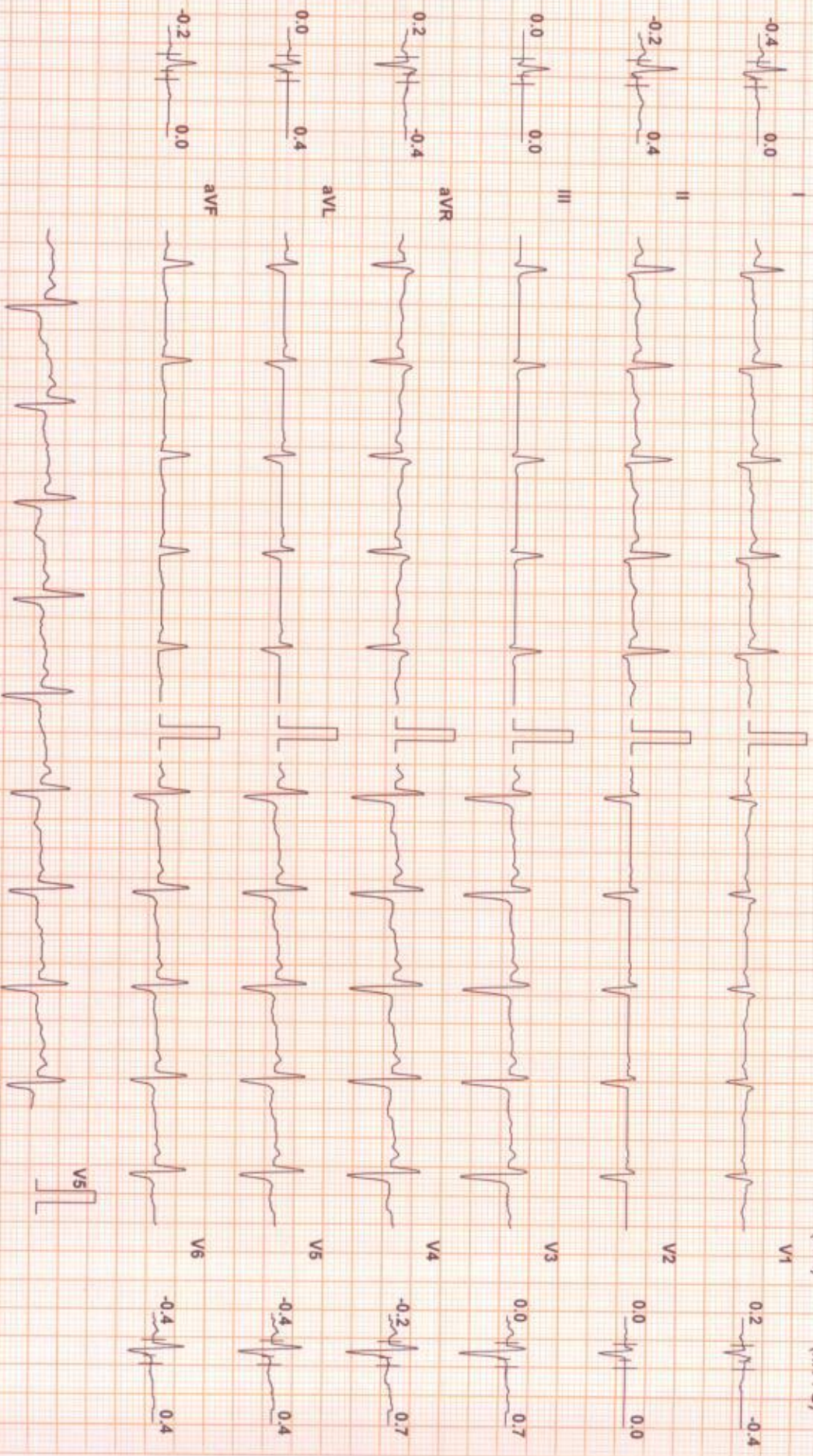


Chart Speed: 25 mm/sec
Schlier-Spandau V 47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 30 s Stage Time : 0 m 54 s HR: 83 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 148 bpm)

B.P: 120/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

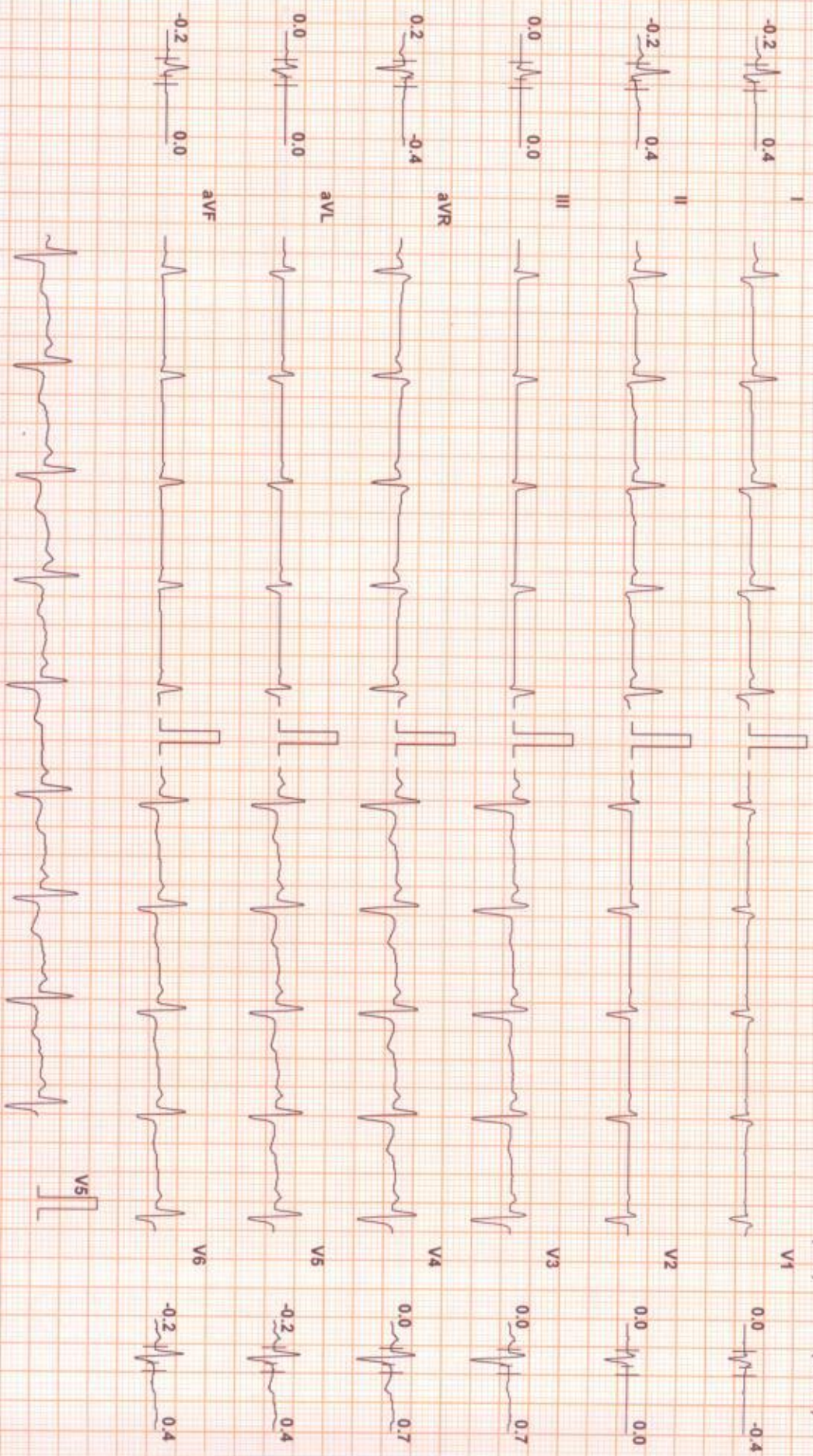


Chart Speed: 25 mm/sec
Schiller Spindan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. VEENA VIJAY SHRITTY (45 F)

ID: 2305621839

Date: 25-Feb-23

Exec Time : 3 m 30 s Stage Time : 0 m 54 s

HR: 83 bpm

SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

Test Report

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 148 bpm)

B.P.: 120/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

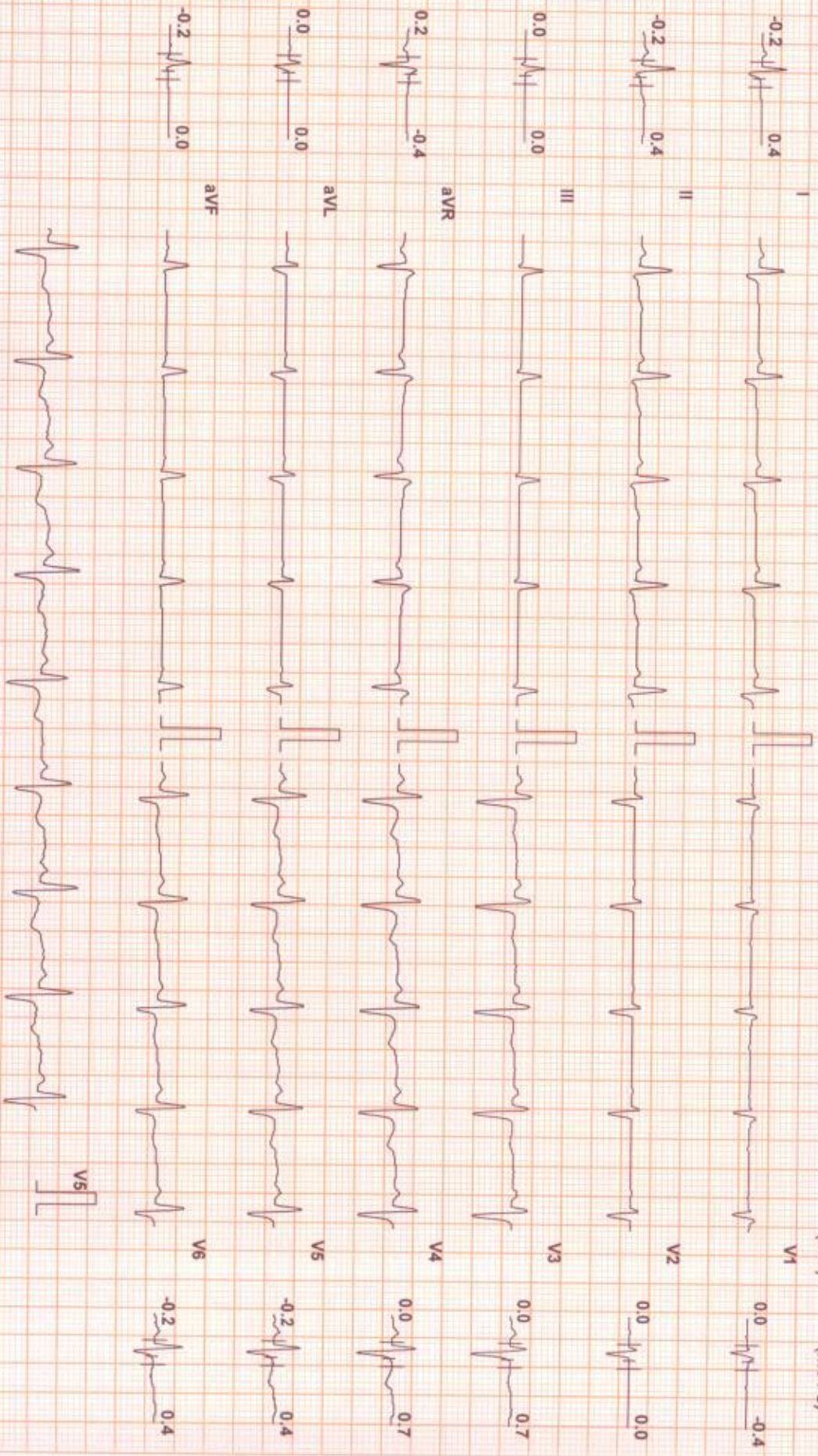


Chart Speed: 25 mm/sec
Schiller Spandao V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

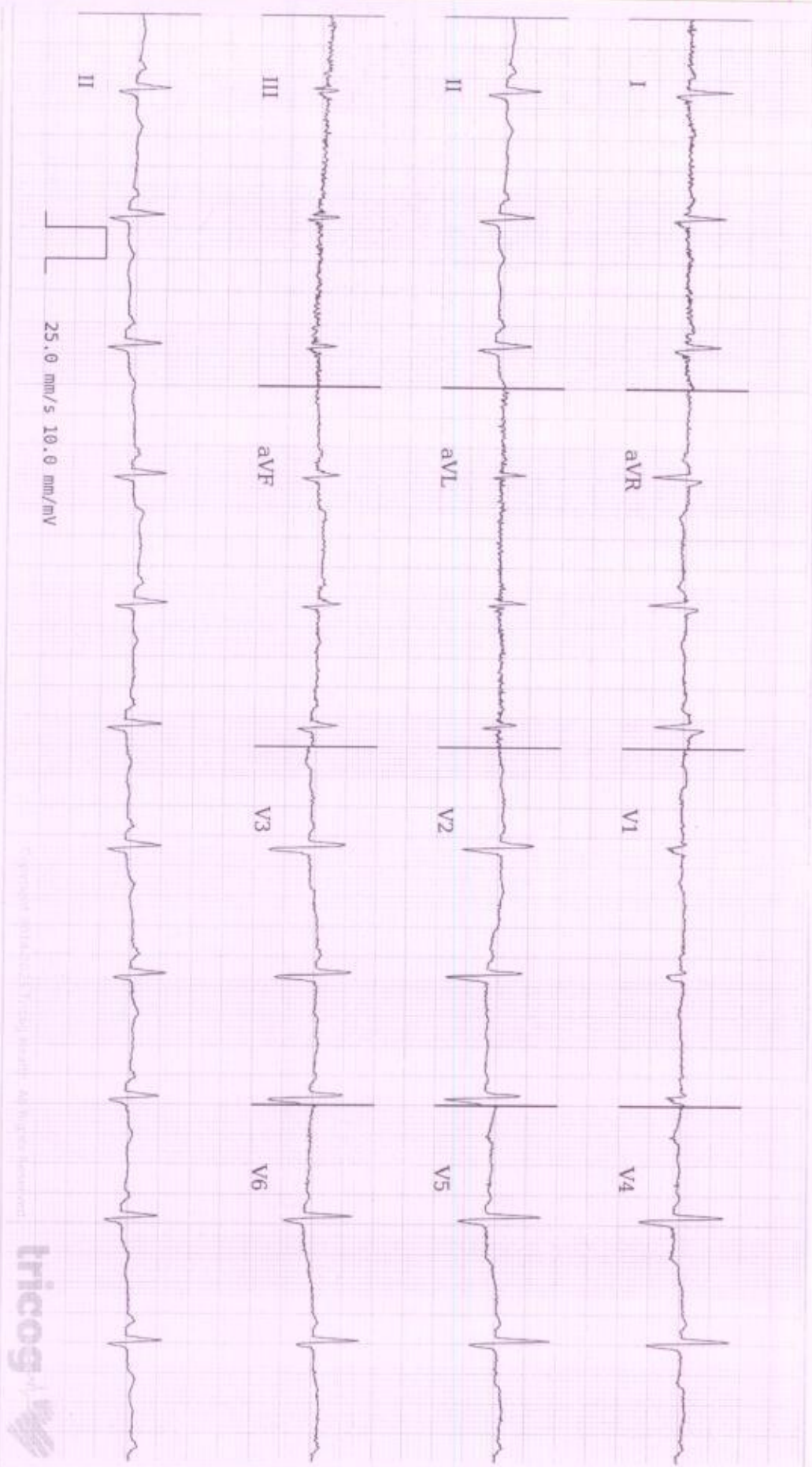
iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS - IHANE KASARAVADAVALI
 Patient Name: VEENA VIJAY SHETTY
 Patient ID: 2305621839
 Date and Time: 25th Feb 23 9:37 AM



Age **45** 6 16
 years months days

Gender **Female**

Heart Rate **72bpm**

Patient Vitals

BP: 130/70 mmHg

Weight: 78 kg

Height: 161 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 100ms

QT: 362ms

QTc: 396ms

PR: 136ms

P-R-T: 54° 33° 47°



ECG Within Normal Limits: Sinus Rhythm, Non-specific ST/T wave abnormality. Please correlate clinically.

REPORTED BY

Dr. Karim Shah
 MBBS, D.CARD
 2009/103488

Disclaimer: This report is based on ECG data and should be used as a clinical history, symptoms, and results of other diagnostic and investigative tests and must be interpreted by a qualified physician. Technical details are provided for the clinician and not derived from the ECG.

Authenticity Check



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Application To Scan the Code

CID : 2305621839
Name : Mrs VEENA VIJAY SHETTY
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:57

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 GAURAV FARTADE before dispatch.

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509073139>



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CID : 2305621839
Name : Mrs VEENA VIJAY SHETTY
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:32

USG ABDOMEN AND PELVIS

LIVER:

Liver is normal in size and shows mild fatty infiltrations. There is no intra-hepatic 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.

PANCREAS:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS:

Right kidney measures 11.2 x 3.8 cm. Left kidney measures 10.4 x 4.0 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.

UTERUS:

Uterus is anteverted and measures 6.8 x 3.3 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4.2 mm. Cervix appears normal.

OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Bowel gas ++.

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Name : Mrs VEENA VIJAY SHETTY
Age / Sex : 45 Years/Female
Ref. Dr :
Reg. Location : Thane Kasarvadavali Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 11:32

IMPRESSION:
MILD FATTY LIVER.

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.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr.GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Page no 2 of 2



CID : 2305621839
Name : MRS.VEENA VIJAY SHETTY
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.6	36-46 %	Measured
MCV	86.3	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.8	20-40 %	
Absolute Lymphocytes	2177.6	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	431.3	200-1000 /cmm	Calculated
Neutrophils	60.5	40-80 %	
Absolute Neutrophils	4277.4	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	176.8	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	261000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	12.6	11-18 %	Calculated

RBC MORPHOLOGY



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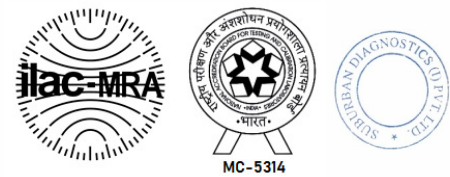
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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 15 2-20 mm at 1 hr. Sedimentation

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2305621839
Name : MRS.VEENA VIJAY SHETTY
Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	103.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 25-Feb-2023 / 13:32

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	21.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	10.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Uricase
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Ammonium molybdate
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	137	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:11
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 ***



Amit Taori

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M.D (Path)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:11
Reported : 25-Feb-2023 / 18:33

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	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 insert

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

*** End Of Report ***

Amit Taori

Dr.AMIT TAORI
M.D (Path)
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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:11
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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

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

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 G B Road Lab, Thane West

*** End Of Report ***

Amit Taori

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92.1	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	48.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	17.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist





CID : 2305621839
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Age / Gender : 45 Years / Female
Consulting Dr. : -
Reg. Location : Thane Kasarvadavali (Main Centre)

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Reported : 25-Feb-2023 / 14:34

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	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	6.76	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

Kindly correlate clinically.



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Reported : 25-Feb-2023 / 14:34

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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 transiently altered because 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)

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

*** End Of Report ***



MC-5314

Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Reg. Location : Thane Kasarvadavali (Main Centre)

Collected : 25-Feb-2023 / 09:11
Reported : 25-Feb-2023 / 13:32

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/TMT
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.25	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	14.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	10.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	79.5	35-105 U/L	PNPP

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



Amit Taori

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M.D (Path)
Pathologist