SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Name	: Mrs . Bhavana Tembhare	Reg Date	: 28-Oct-2023 09:22
VID	: 2330119646	Age/Gender	: 32 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Kalina, Santacruz East (Main Centre)

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	152.5 cms	**Weight (kg):**	49.5 kgs
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	90/60 mmHg	**Nails:**	Normal
Pulse:	64 bpm	**Lymph Node:**	Not palpable

Systems

Cardiovascular:	S1S2 audible, No murmur
Respiratory:	AEBE
Genitourinary:	NAD
GI System:	Liver and Spleen not palpable
CNS:	NAD

IMPRESSION:

Eosinophils- 7.5

ADVICE:

Refer to Physician for treatment of Eosinophilia

CHIEF COMPLAINTS:

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

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PRECISE TESTING · HEALTHIER LIVING

REPORT

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VID	: 2330119646	Age/Gender	: 32 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Kalina, Santacruz East (Main Centre)

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Mixed
4)	**Medication**	No

Dr.Dhanwanti Hatalkar
PHYSICIAN

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

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Suburban Diagnostics Kalina

Patient Details **Date: 28-Oct-23** **Time: 11:23:45 AM**

Name: MRS. BHAVANA TEMBHARE ID: 2330119646

Age: 32 y **Sex: F** **Height: 153 cms.** **Weight: 49 Kg.**

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 188 bpm **THR:** 159 (85 % of Pr.MHR) bpm

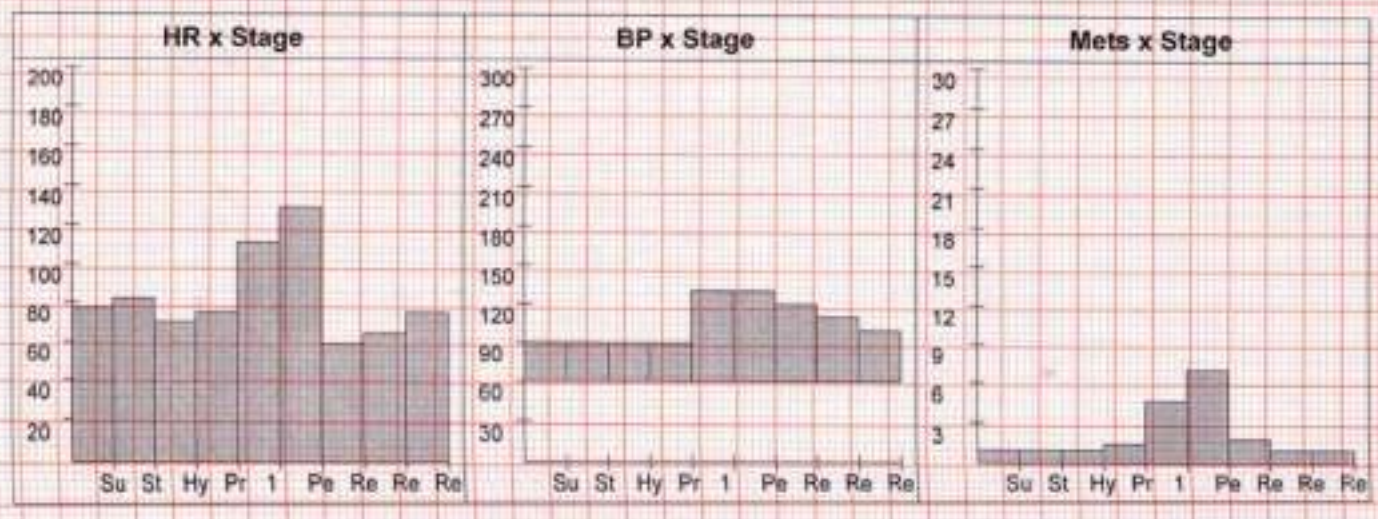
Total Exec. Time: 3 m 44 s **Max. HR:** 129 (69% of Pr.MHR)bpm **Max. Mets:** 7.00

Max. BP: 130 / 60 mmHg **Max. BP x HR:** 16770 mmHg/min **Min. BP x HR:** 3540 mmHg/min

Test Termination Criteria: BACK ACHE

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 : 31	1.0	0	0	77	90 / 60	-0.64 aVR	0.71 V3
Standing	0 : 7	1.0	0	0	82	90 / 60	-0.64 aVR	0.71 V4
Hyperventilation	0 : 10	1.0	0	0	70	90 / 60	-0.64 aVR	0.35 II
1	3 : 0	4.6	1.7	10	111	130 / 60	-1.27 aVR	2.83 II
Peak Ex	0 : 44	7.0	2.5	12	129	130 / 60	-1.06 II	2.12 II
Recovery(1)	2 : 0	1.8	1	0	59	120 / 60	-1.06 III	2.48 V4
Recovery(2)	2 : 0	1.0	0	0	64	110 / 60	-0.85 II	1.77 V3
Recovery(3)	1 : 4	1.0	0	0	75	100 / 60	-0.42 aVR	0.71 II



Suburban Diagnostics Kalina

Patient Details **Date:** 28-Oct-23 **Time:** 11:23:45 AM

Name: MRS. BHAVANA TEMBHARE ID: 2330119646

Age: 32 y **Sex:** F **Height:** 153 cms. **Weight:** 49 Kg.

Interpretation

POOR EFFORT TOLEREANCE
ACCELERATED HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG
IMPRESSION : STRESS TEST IS INCONCLUSIVE FOR INDUCIBLE ISCHAEMIA

Disclaimer: Negative stress test does not rule out Coronary Artery Disease
Positive stress test is suggestive but not confirmatory of coronary artery disease
Hence clinical correlation is mandatory

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Tel. No. 022-61700000

DR. SHEIKH NAVEED
MBBS/PGDCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

(c) Schiller Healthcare India Pvt. Ltd. V 4.51

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F) ID: 2330119646 Date: 28-Oct-23 B.P: 90 / 60

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 %

Exec Time : 0 m 0 s Stage Time : 0 m 25 s **HR: 81 bpm** (THR: 159 bpm)

I	0.0	aVR	-0.6	V1	0.0	V4	1.1	ST Level (mm)			
	0.0		-0.4		0.0		0.4	ST Slope (mV / s)			
II	0.8	aVL	0.0	V2	0.4	V5	0.6				
	0.4		0.0		0.0		0.0				
III	0.2	aVF	0.4	V3	0.6	V6	0.4				
	-0.4		0.0		0.0		0.0				

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

Schiller Spiridan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

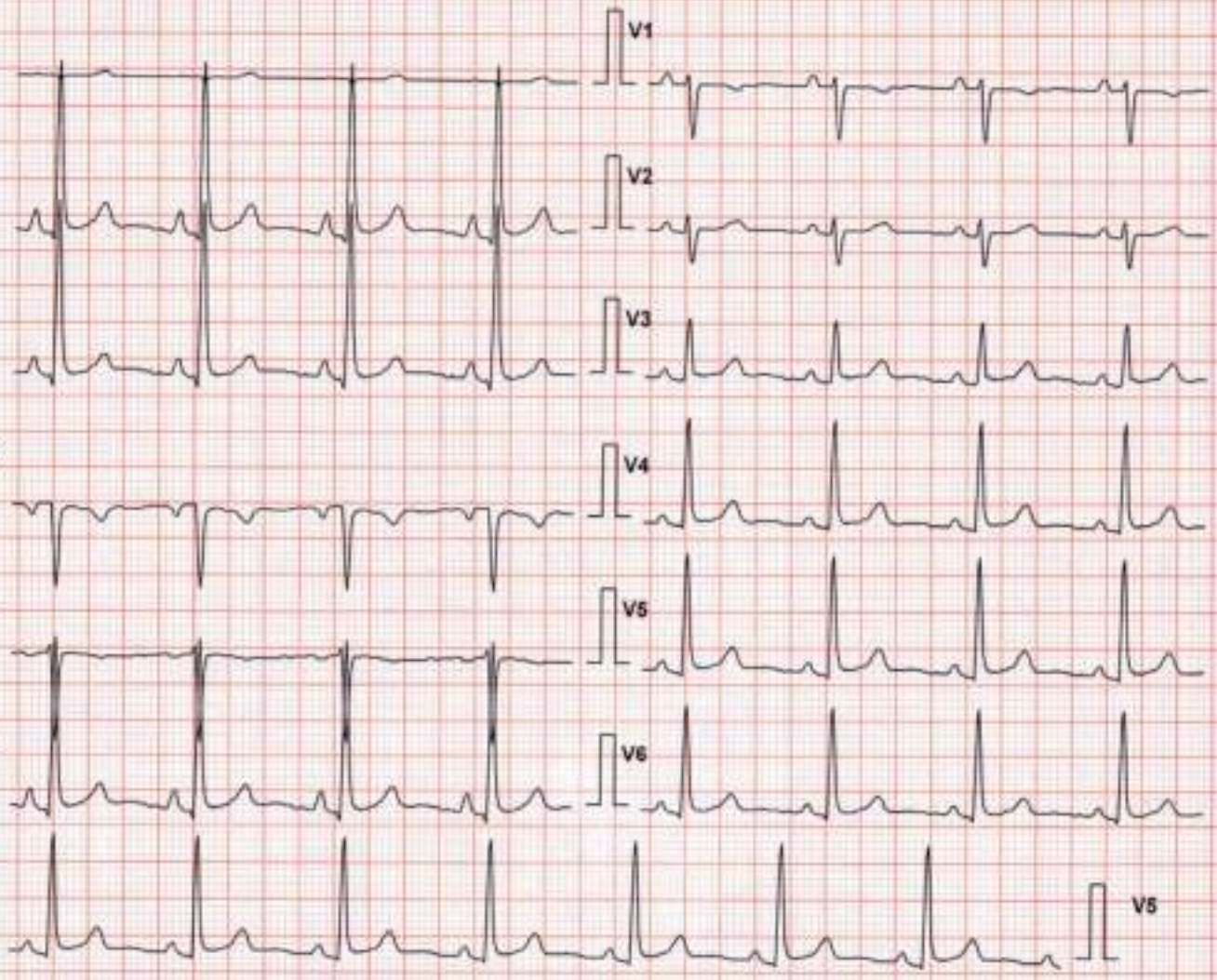
Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 2330119646
Stage: Standing
Stage Time : 0 m 1 s

Date: 28-Oct-23
Speed: 0 mph
HR: 70 bpm

B.P: 90 / 60
Grade: 0 %
(THR: 159 bpm)



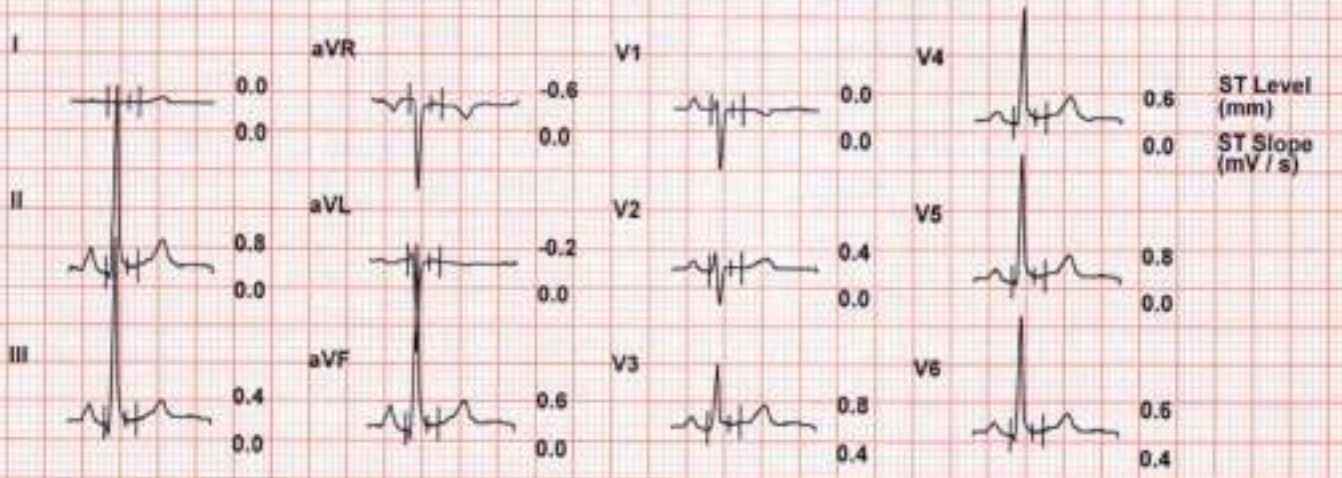


Chart Speed: 25 mm/sec
Schiller Spandax V.4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F)
Protocol: Bruce
Exec Time : 0 m 0 s

ID: 2330119646
Stage: Hyperventilation
Stage Time : 0 m 4 s

Date: 28-Oct-23
Speed: 0 mph
HR: 75 bpm

B.P: 90 / 60
Grade: 0 %
(THR: 159 bpm)

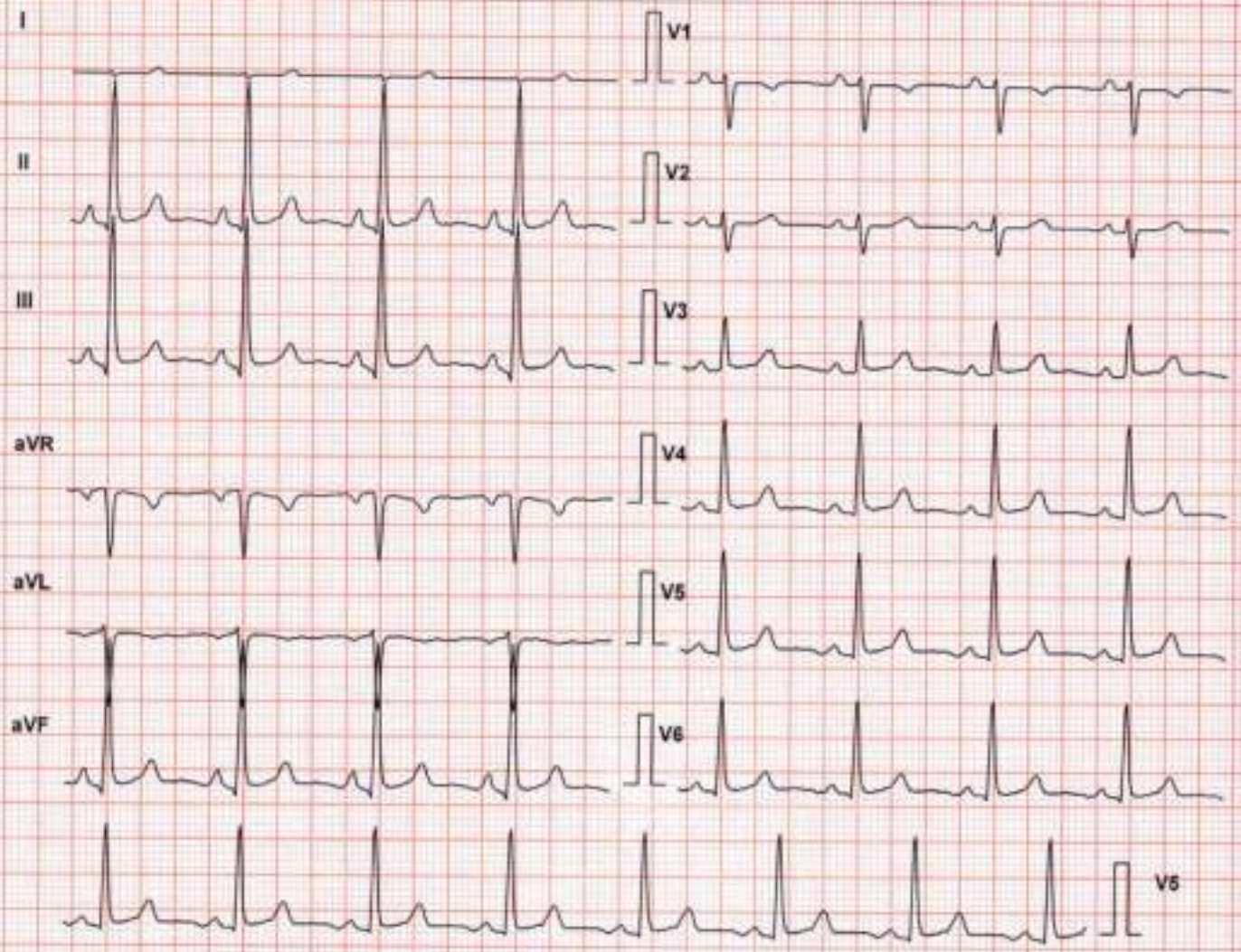


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

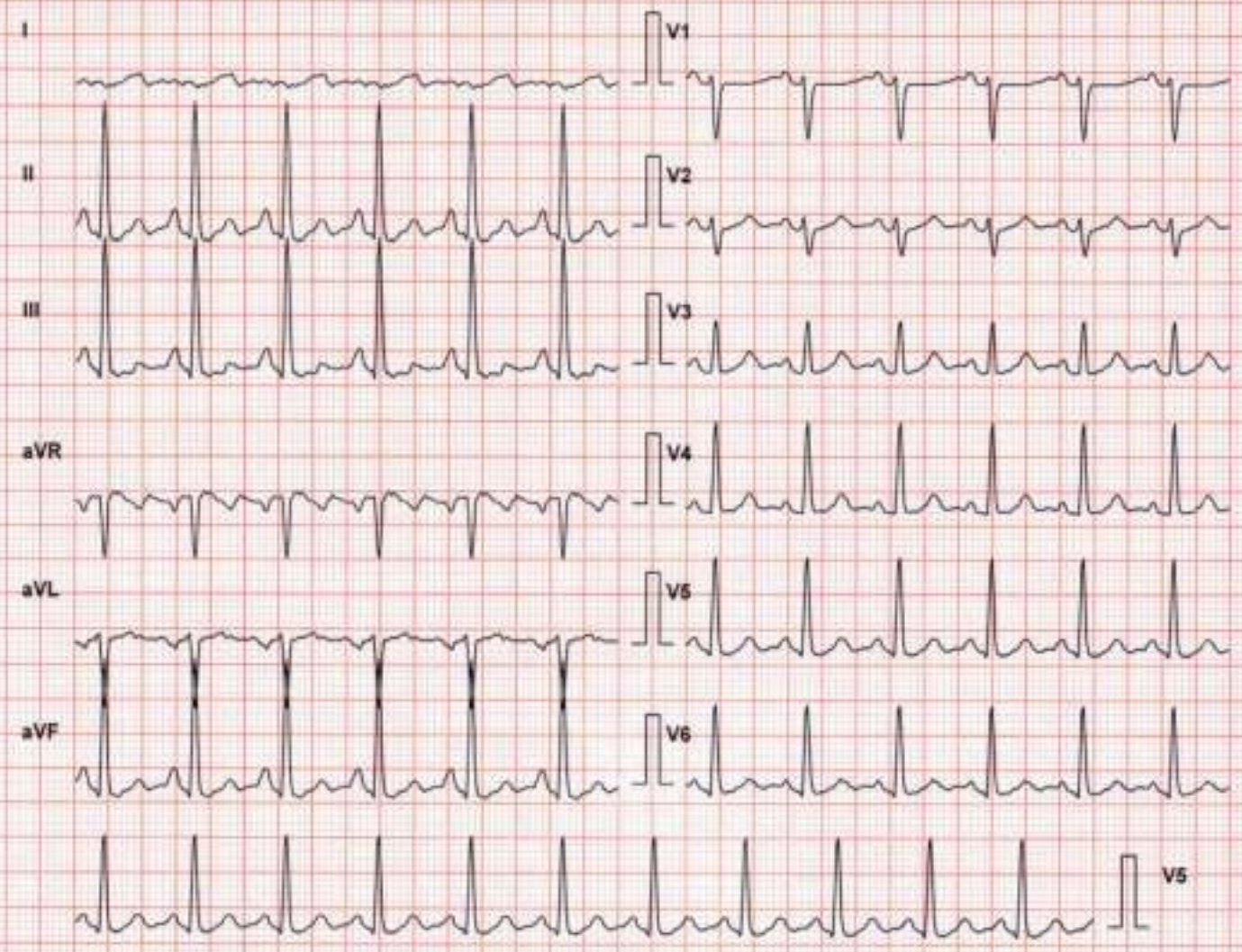
Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F) ID: 2330119646 Date: 28-Oct-23 B.P: 130 / 60

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 %

Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 109 bpm** (THR: 159 bpm)



I	0.4	aVR	-0.4	V1	0.0	V4	0.6	ST Level (mm)
	1.1		-1.4		0.0		0.7	ST Slope (mV / s)
II	0.2	aVL	0.6	V2	0.6	V5	0.2	
	1.8		0.7		1.1		1.1	
III	-0.4	aVF	0.0	V3	1.1	V6	0.4	
	0.7		1.4		1.4		1.1	

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

Schiller Spandan V 4.5f Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F) ID: 2330119646 Date: 28-Oct-23 B.P: 130 / 60

Protocol: Bruce Stage: Peak Ex Speed: 2.5 mph Grade: 12 %

Exec Time : 3 m 38 s Stage Time : 0 m 38 s **HR: 130 bpm** (THR: 159 bpm)

I	0.0	0.0	aVR	0.0	0.4	V1	0.0	0.0	V4	-0.2	0.4
II	0.0	0.4	aVL	0.2	-0.7	V2	0.2	1.1	V5	-0.2	0.7
III	-0.2	1.1	aVF	-0.2	0.7	V3	0.0	0.7	V6	-0.2	0.0

ST Level (mm)

ST Slope (mV / s)

Chart Speed: 25 mm/sec

Schiller Spandan V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F) ID: 2330119646 Date: 28-Oct-23 B.P: 120 / 60

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 %

Exec Time : 3 m 44 s Stage Time : 1 m 54 s **HR: 59 bpm** (THR: 159 bpm)

I	0.0	aVR	0.2	V1	0.0	V4	-0.6	ST Level (mm)			
	0.0		-0.4		0.0		0.0	ST Slope (mV / s)			
II	-0.8	aVL	0.4	V2	0.0	V5	-0.4				
	0.4		0.0		0.0		0.4				
III	-0.6	aVF	-0.6	V3	-0.2	V6	-0.4				
	0.4		0.4		0.4		0.4				

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

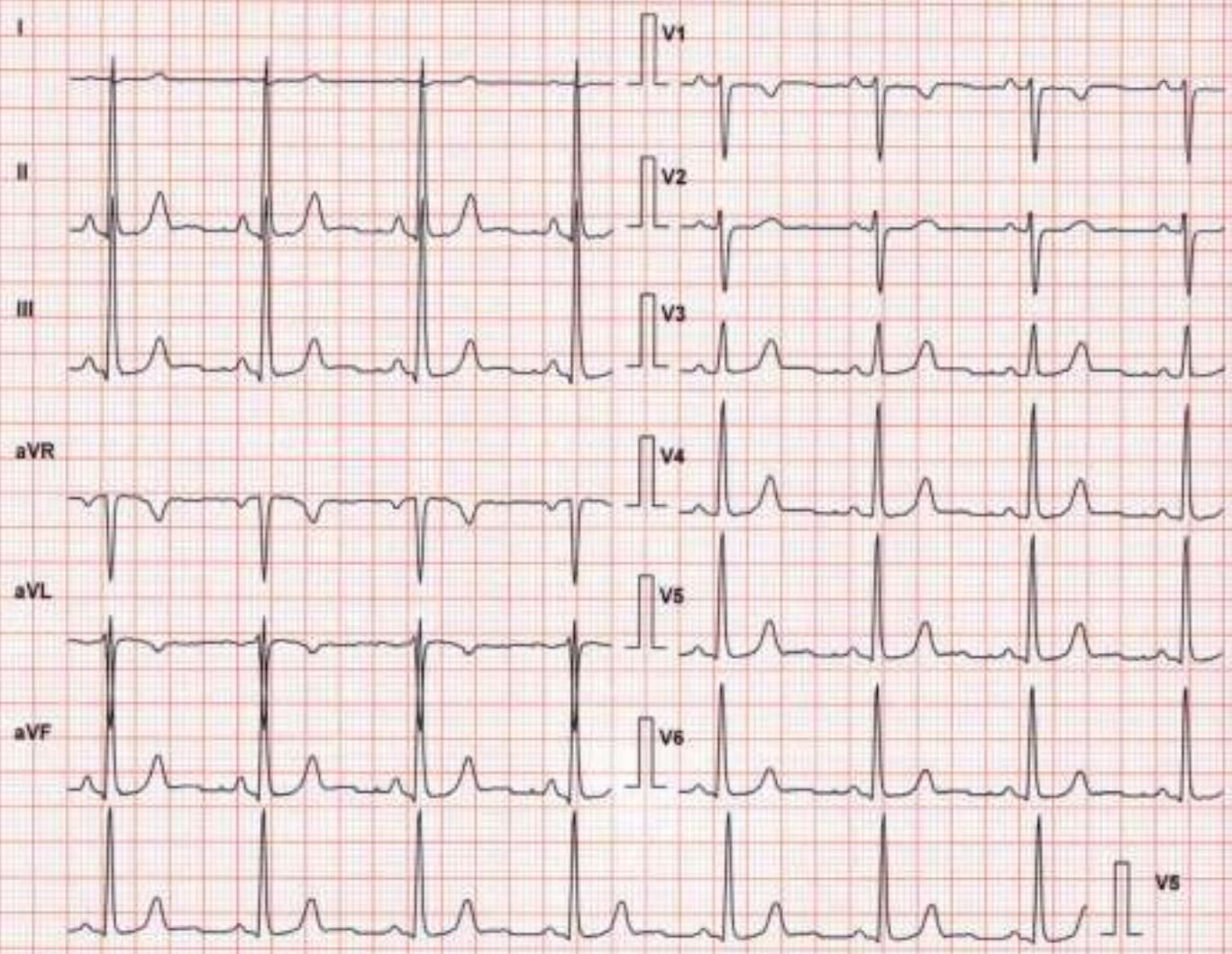
Schiller Spandax V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

Suburban Diagnostics Kalina

MRS. BHAVANA TEMBHARE (32 F) ID: 2330119646 Date: 28-Oct-23 B.P: 110 / 60

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 %

Exec Time : 3 m 44 s Stage Time : 1 m 54 s ***HR: 64 bpm*** (THR: 159 bpm)



I	0.0	aVR	0.0	V1	0.0	V4	0.2	ST Level (mm)			
	0.0		-0.4		0.0		0.4	ST Slope (mV / s)			
II	0.2	aVL	0.2	V2	0.2	V5	0.0				
	0.7		0.4		0.0		0.4				
III	-0.2	aVF	0.0	V3	0.4	V6	0.0				
	0.0		0.0		0.4		0.0				

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm

Schiller Spandan V 4.51 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms Linked Median

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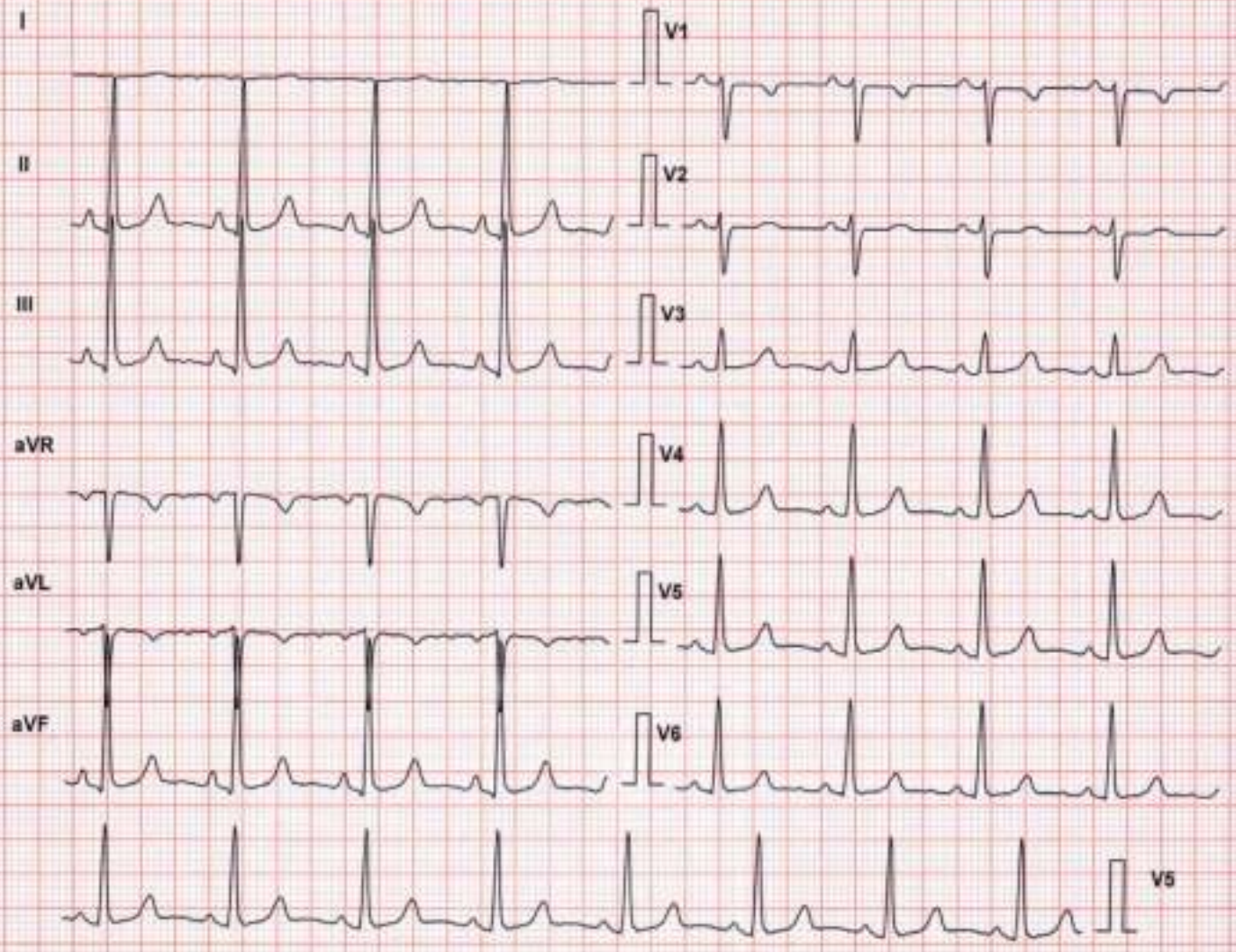
MRS. BHAVANA TEMBHARE (32 F)
ID: 2330119646
Date: 28-Oct-23
B.P: 100 / 60

Protocol: Bruce
Stage: Recovery(3)
Speed: 0 mph
Grade: 0 %

Exec Time : 3 m 44 s
Stage Time : 0 m 58 s
HR: 77 bpm
(THR: 159 bpm)



I	0.0	aVR	-0.2	V1	0.0	V4	0.4	ST Level (mm)			
	0.0		-0.4		0.0		0.4	ST Slope (mV / s)			
II	0.4	aVL	-0.4	V2	0.2	V5	0.2				
	0.4		-0.4		0.0		0.4				
III	0.4	aVF	0.2	V3	0.6	V6	0.2				
	0.4		0.0		0.4		0.4				

Chart Speed: 25 mm/sec
Schiller Spandan V 4.5f

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 28.10.2023.

CID: 2330119646

Name:- Mrs. Bhavana Temkhare

Sex / Age: / 32 yrs / Female

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: N.V RL LL BL } N/5 D.V RL LL BL } 6/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—		N5

Colour Vision: Normal / Abnormal

Remark: UNL

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Santacruz (East),
Tel. No. 022-61700000

Dr. D.G. HATALKAR
R.No. 6[illegible] M.D. (Ob.Gy)
Hatalkar

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Tel. No. 022-61700000

8652044220

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

SUBURBAN DIAGNOSTICS
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Authenticity Check
<<QRCode>>

REPORT

CID	: 2330119646		
Name	: Mrs Bhavana Tembhare		
Age / Sex	: 32 Years/Female		
Ref. Dr	:	Use a QR Code Scanner Application To Scan the Code	
Reg. Location	: Kalina, Santacruz East Main Centre	Reg. Date	: 28-Oct-2023
		Reported	: 30-Oct-2023 / 9:33

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----------

Ashavan

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST

Click here to view images <<ImageLink>>

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Oct-2023 / 09:30
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 12:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Calculated
MCV	86.1	81-101 fl	Measured
MCH	27.9	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.7	20-40 %	
Absolute Lymphocytes	2020	1000-3000 /cmm	Calculated
Monocytes	**10.2**	2-10 %	
Absolute Monocytes	610	200-1000 /cmm	Calculated
Neutrophils	48.0	40-80 %	
Absolute Neutrophils	2880	2000-7000 /cmm	Calculated
Eosinophils	**7.5**	1-6 %	
Absolute Eosinophils	450	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	371000	150000-410000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Measured
PDW	12.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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Consulting Dr.	: -	**Collected**	: 28-Oct-2023 / 09:30
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 12:42

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	9	2-20 mm at 1 hr.	Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***

ilac-MRA MC-5460

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Oct-2023 / 09:30
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 12:42

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	81	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	63	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.34	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.21	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	21.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	13.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	68.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	**16.1**	19.29-49.28 mg/dl	Calculated
BUN, Serum	**7.5**	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	**0.54**	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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Corporate Identity Number (CIN): U85110MH2002PTC136144

CID	: 2330119646		
Name	: MRS.BHAVANA TEMBHARE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Oct-2023 / 13:52
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 18:22

eGFR, Serum	125	(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	Calculated

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

URIC ACID, Serum	3.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
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 SDRL, Vidyavihar Lab

*** End Of Report ***

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MC-5460

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2330119646		
Name	: MRS.BHAVANA TEMBHARE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Oct-2023 / 09:30
Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 13:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 SDRL, Vidyavihar Lab

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Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

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Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 13:27

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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)	30	-	-
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			
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.

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

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Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 13:27

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 13:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

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 SDRL, Vidyavihar Lab

*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	55.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	93.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.7	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	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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Reg. Location	: Kalina, Santacruz East (Main Centre)	**Reported**	: 28-Oct-2023 / 12:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	3.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.689	0.55-4.78 microIU/ml	CLIA

Interpretation:
A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
can give falsely high TSH.
2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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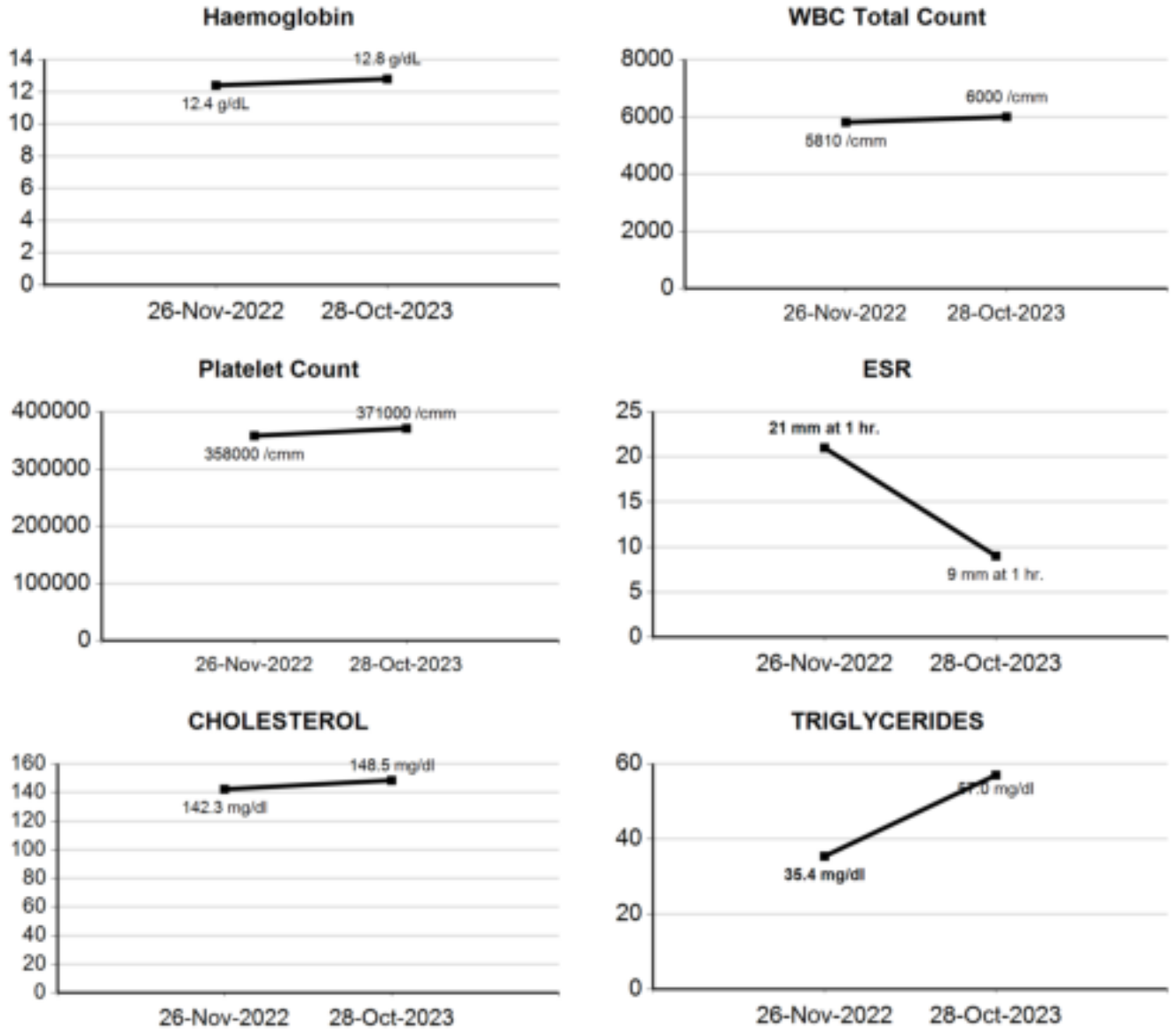

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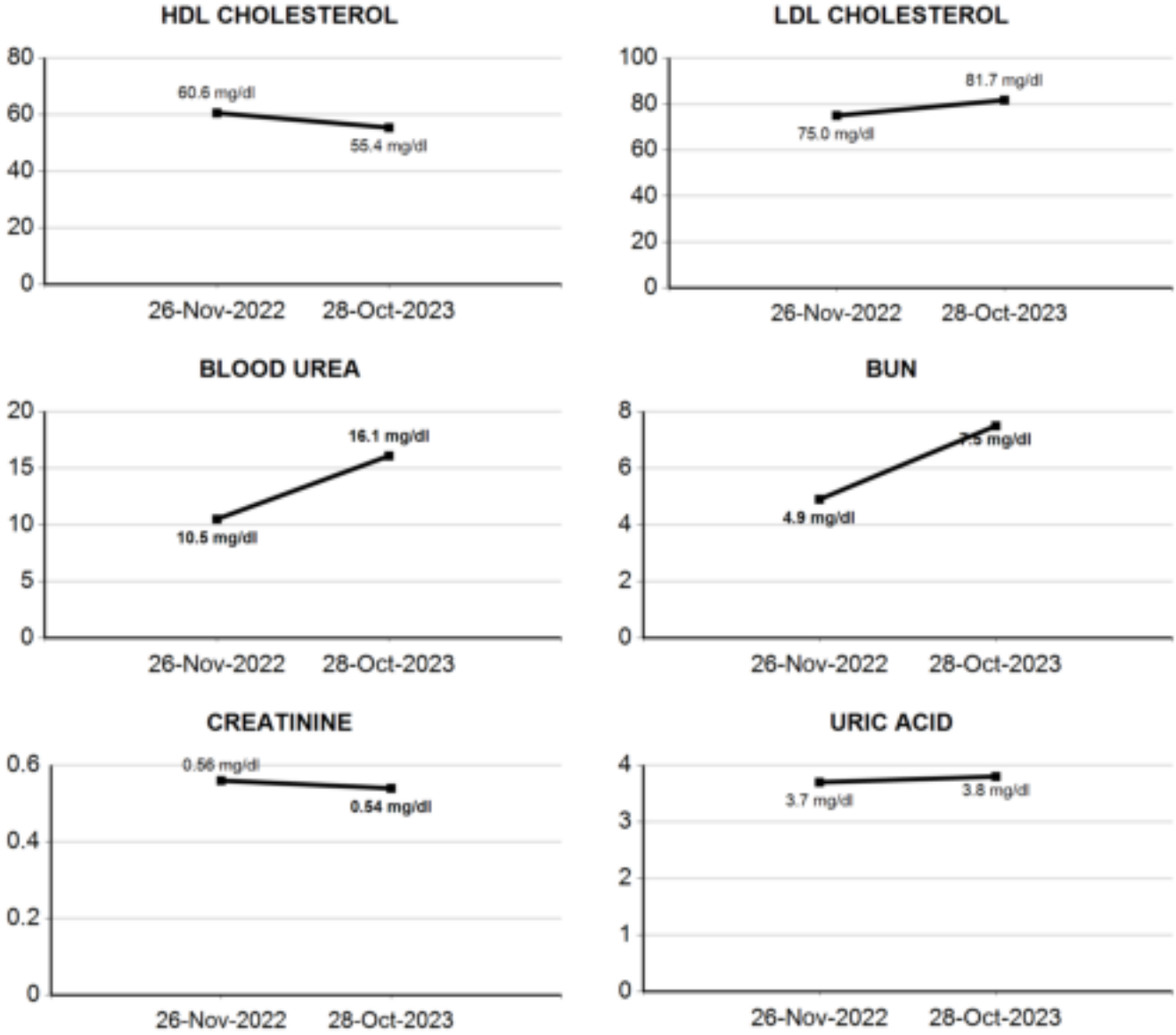

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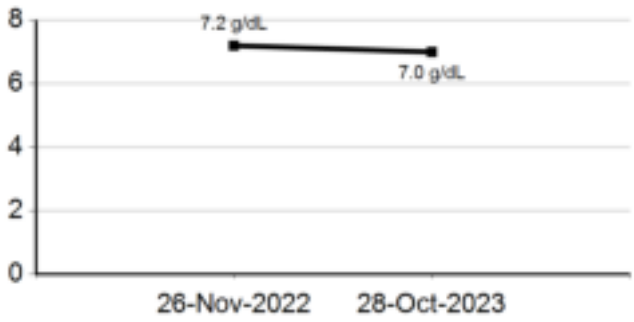
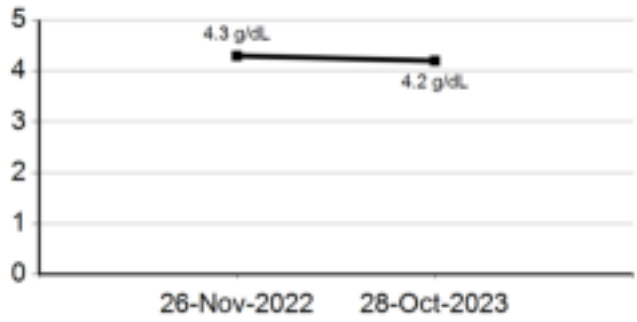
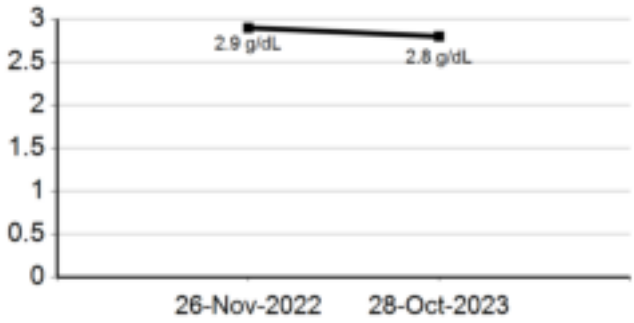
TOTAL PROTEINS



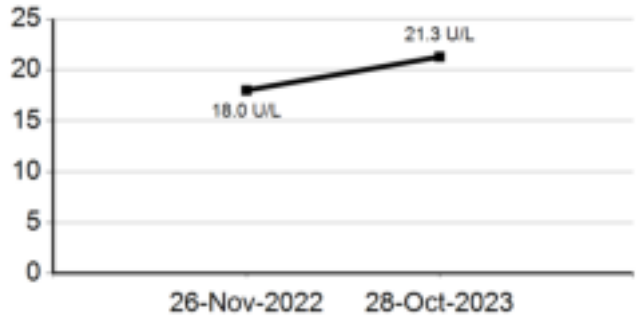
ALBUMIN



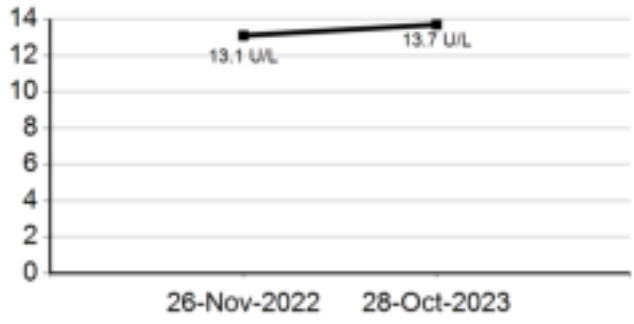
GLOBULIN



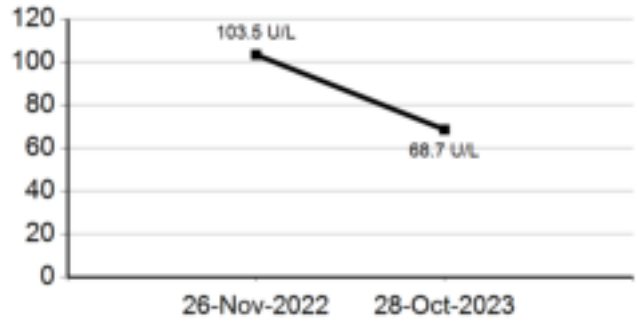
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



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Consulting Dr.	: -
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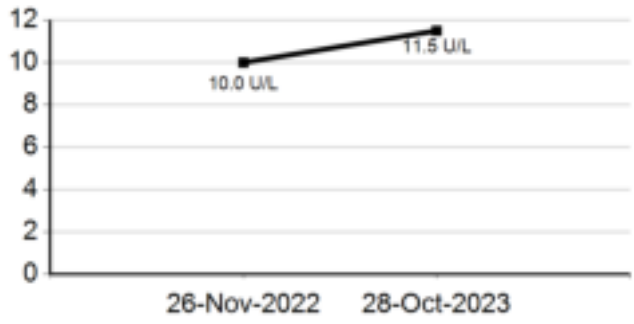
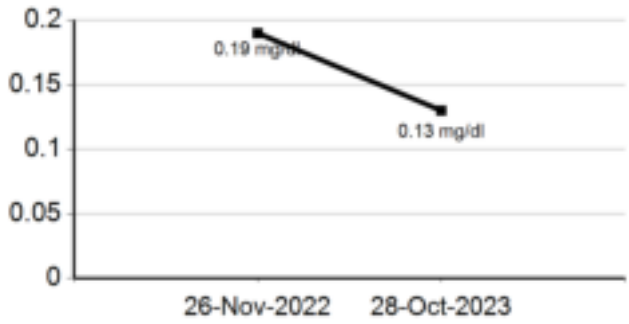
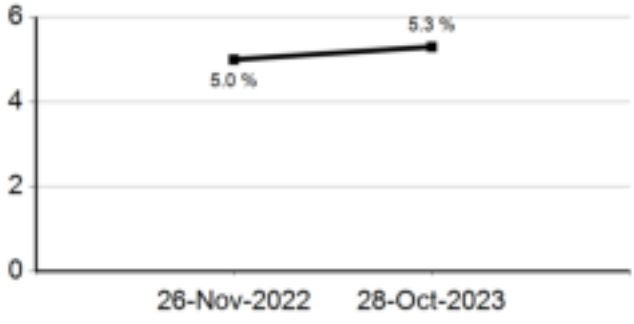
GAMMA GT



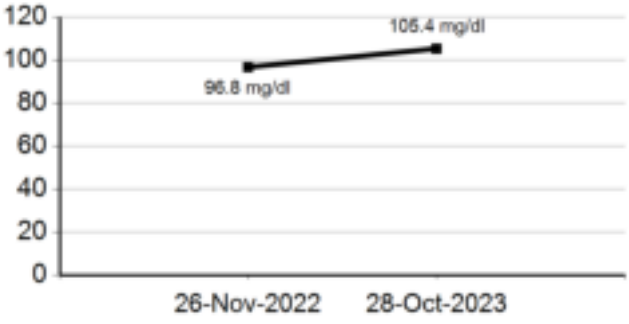
BILIRUBIN (DIRECT)



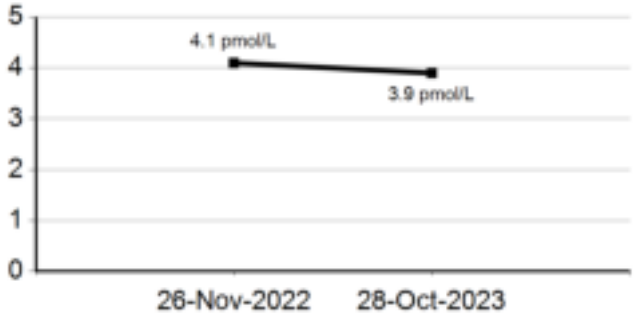
Glycosylated Hemoglobin (HbA1c)



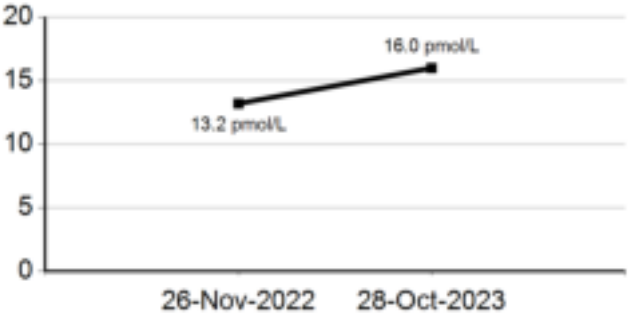
Estimated Average Glucose (eAG)



Free T3

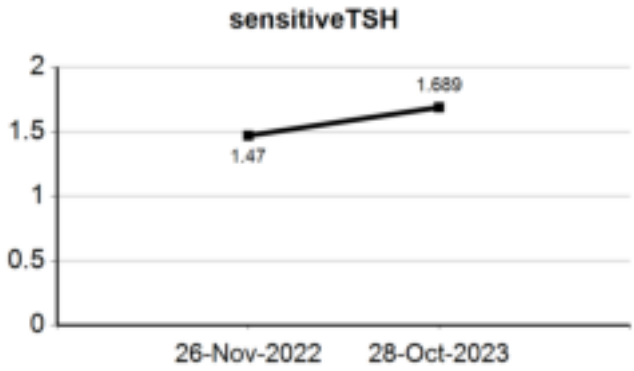


Free T4



REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

CID	: 2330119646
Name	: MRS.BHAVANA TEMBHARE
Age / Gender	: 32 Years / Female
Consulting Dr.	: -
Reg. Location	: Kalina, Santacruz East (Main Centre)



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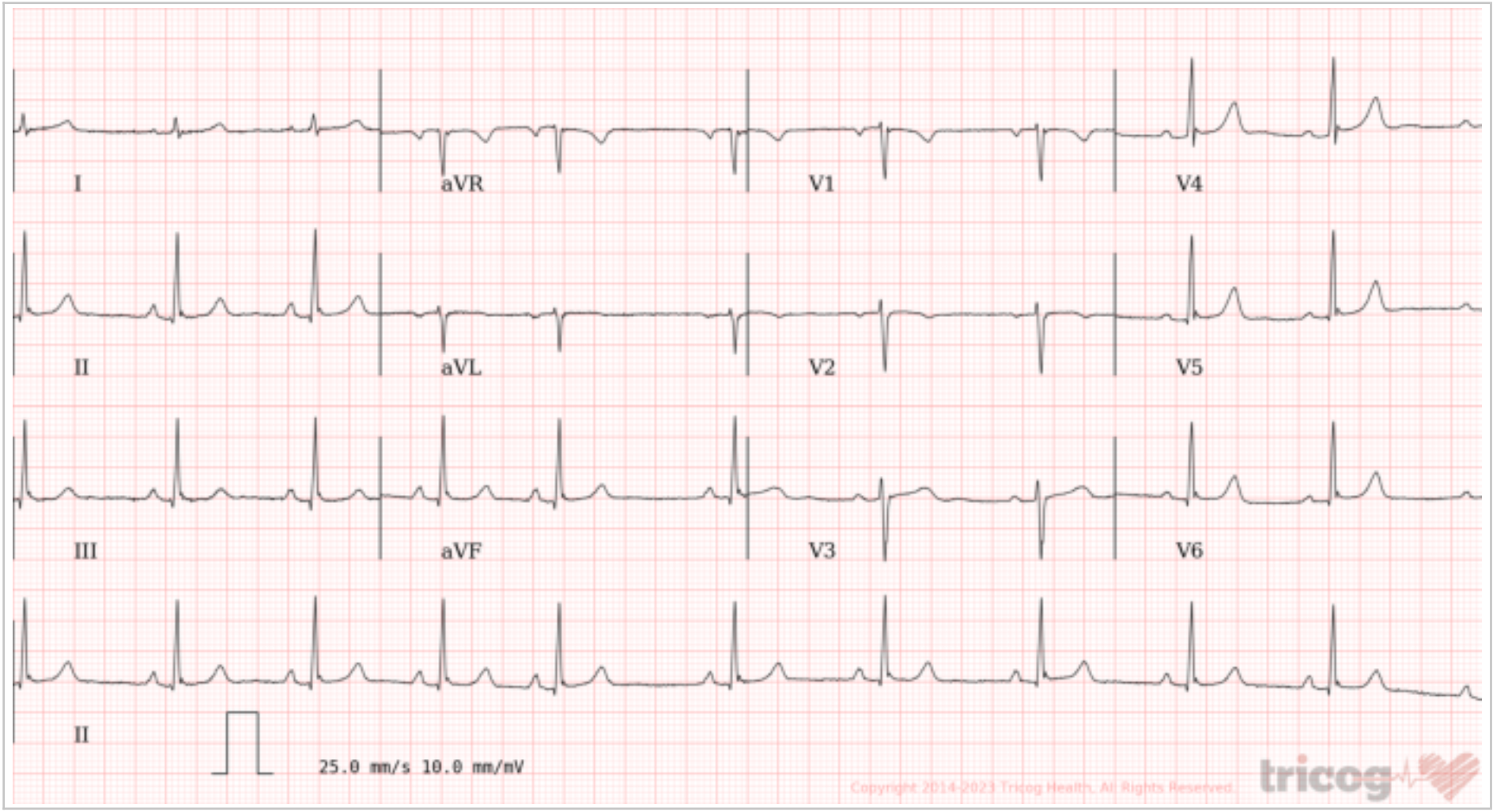
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

Patient Name: BHAVANA TEMBHARE
Patient ID: 2330119646

Date and Time: 28th Oct 23 10:24 AM



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Age **32** years **NA** months **NA** days

Gender **Female**

Heart Rate **63bpm**

Patient Vitals

BP:	NA
Weight:	NA
Height:	NA
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	80ms
QT:	404ms
QTcB:	413ms
PR:	164ms
P-R-T:	75° 84° 73°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen.Early Repolarization. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

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.