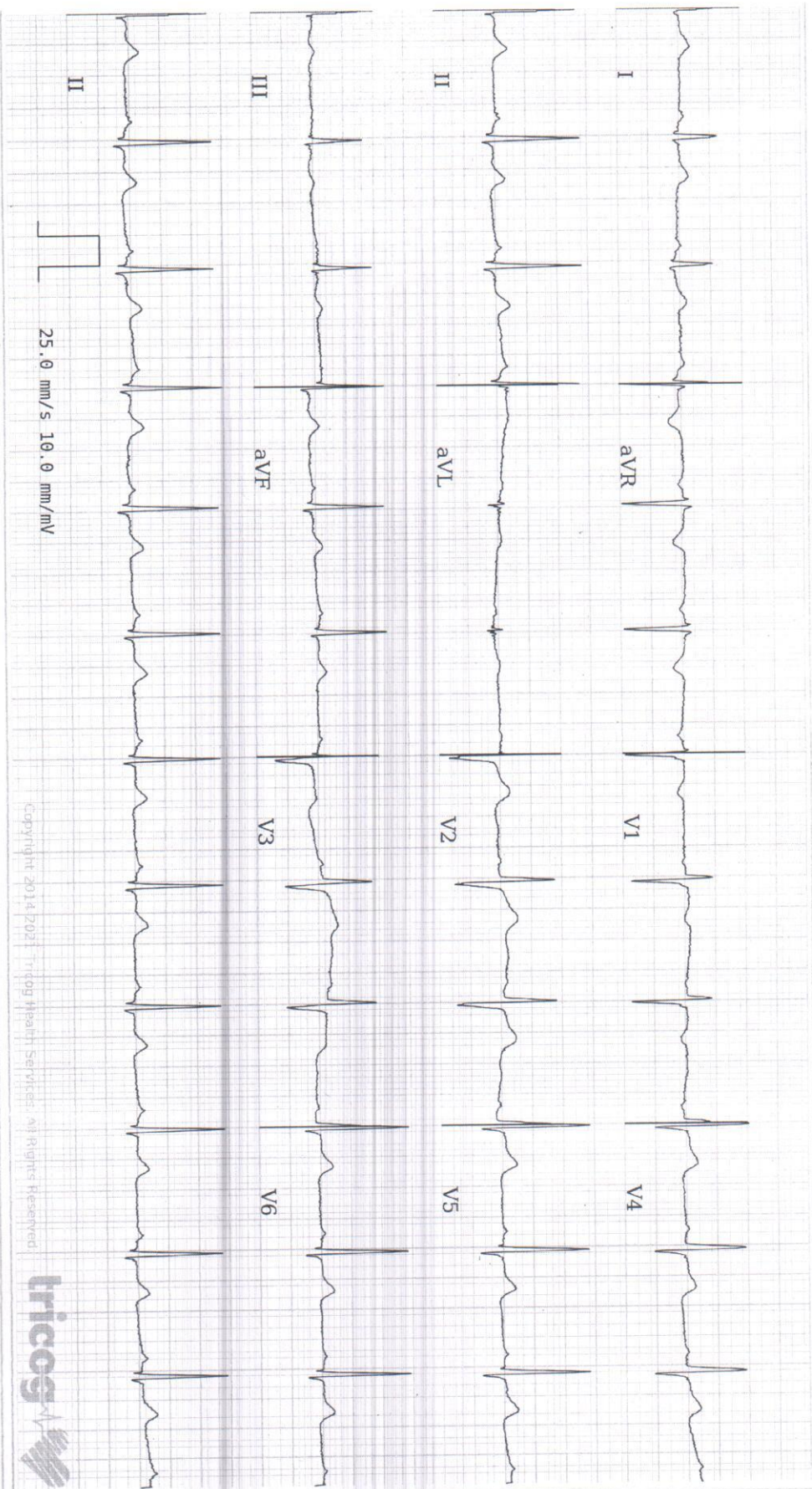


SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: MANSI SAXENA
Patient ID: 2129644022

Date and Time: 23rd Oct 21 12:02 PM



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Age 30 0 27
years months days

Gender Female

Heart Rate 75 bpm

Patient Vitals

BP: 100/70 mmHg

Weight: 53 kg

Height: 154 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QSRD: 86 ms

QT: 384 ms

QTc: 428 ms

PR: 126 ms

P-R-T: 27° 66° 20°

REPORTED BY

[Signature]

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Abangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

DR AKHIL PARULEKAR

MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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

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 derived from the ECG.



CID : 2129644022
Name : Mrs MANSI SAXENA
Age / Sex : 30 Years/Female
Ref. Dr :
Reg.Location : Kandivali East Main Centre

Reg. Date : 23-Oct-2021 / 10:40
Report Date : 23-Oct-2021 / 15:26
Printed : 23-Oct-2021 / 15:26

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

Evidence of solitary radiopaque shadow is noted in the right hila. ? Lymphadenopathy.

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.

Kindly correlate clinically.

Note: Investigations have their limitations. solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly.

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No : 2013/03/0388

<http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2021102309581311> Page 1 of 1

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID : 2129644022
Name : MANSI SAXENA
Age / Sex : 30 YRS/F
Ref. Dr :
Reg.Location : Kandivali East Main Centre
Report Date : 24-Oct-2021 / 11:38
Printed : 24-Oct-2021 / 11:38

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.5 cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.8 x 3.2 cm. Left kidney measures 10.5 x 3.7 cm.

SPLEEN:

The spleen is normal in size (6.9 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.5 x 4.5 x 3.5 cms in size. The endometrial thickness is 7 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.8 x 2.8 x 1.6 cms (Volume is 6.7 cc).
Left ovary = 2.3 x 1.3 x 2.1 cms (Volume is 3.3 cc)

CID : 2129644022
Name :MANSI SAXENA
Age / Sex :30 YRS/F
Ref. Dr :
Reg.Location :Kandivali East Main Centre

Report Date :24-Oct-2021 / 11:38
Printed :24-Oct-2021 / 11:38

IMPRESSION:-

No significant abnormality is seen.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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



Dr. Vivek Singh
MD Radiodiagnosis
Reg No : 2013/03/0388

ENT Examination

Name :- *Mansi Senana*

Age :- *30 Y*

History → *NIL*

Examination	Right	Left
External Ear	<i>MAD</i>	<i>- MAD</i>
Middle Ears (Tympanic, membrane, Eustachan Tube, mastoid)	<i>MAD</i>	<i>MAD</i>

Rinnes, Webers —————

Nose and paranasal Sinuses-(airwy, septum, polyp) *(N)*

Thorax *(R)*

Speech *(R)*

Audiometry (when done)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Vastage, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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CID#	: 2129644022	SID#	: 177803136181
Name	: MRS.MANSI SAXENA	Registered	: 23-Oct-2021 / 09:57
Age / Gender	: 30 Years/Female	Collected	: 23-Oct-2021 / 09:57
Ref. Dr.	: -	Reported	: 24-Oct-2021 / 08:21
Reg.Location	: Kandivali East (Main Centre)	Printed	: 24-Oct-2021 / 09:49

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	154 cms	Weight (kg):	53 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

*Eosinophilia
WBC - leucocytes ↑
⊗ chest → lymphadenopathy*

ADVICE:

Chest physician opinion

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID# : 2129644022
Name : MRS.MANSI SAXENA
Age / Gender : 30 Years/Female
Ref. Dr : -
Reg.Location : Kandivali East (Main Centre)

SID# : 177803136181
Registered : 23-Oct-2021 / 09:57
Collected : 23-Oct-2021 / 09:57
Reported : 24-Oct-2021 / 08:21
Printed : 24-Oct-2021 / 09:49

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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
New House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 23-Oct-21

Time: 12:37:54 PM

Name: MANSI SAXENA ID: 2129644022

Age: 30 y

Sex: F

Height: 154 cms

Weight: 53 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 190 bpm

THR: 171 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 50 s

Max. HR: 171 (90% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 150 / 70 mmHg

Max. BP x HR: 25650 mmHg/min

Min. BP x HR: 4690 mmHg/min

Test Termination Criteria: Target HR attained

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 : 17	1.0	0	0	67	100 / 70	-0.21 aVR	0.71 V4
Standing	0 : 52	1.0	0	0	82	100 / 70	-2.97 II	-4.60 III
Hyperventilation	0 : 9	1.0	0	0	78	100 / 70	-0.21 aVR	0.71 V3
1	3 : 0	4.6	1.7	10	144	120 / 70	-4.03 V6	5.31 V2
2	3 : 0	7.0	2.5	12	152	130 / 70	-3.40 V1	4.25 V6
Peak Ex	0 : 50	10.2	3.4	14	171	150 / 70	-5.52 III	5.66 I
Recovery(1)	1 : 0	1.8	1	0	140	150 / 70	-2.55 III	5.66 I
Recovery(2)	0 : 10	1.0	0	0	129	150 / 70	-0.64 aVR	2.83 V4
Recovery(3)	0 : 13	1.0	0	0	126	150 / 70	-0.64 aVR	2.48 V4

Interpretation

The patient exercised according to the Bruce protocol for 6 m 50 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 67 bpm, rose to a max. heart rate of 171 (90% of Pr.MHR) bpm. Resting blood Pressure 100 / 70 mmHg, rose to a maximum blood pressure of 150 / 70 mmHg.

Good Effort Tolerance. Normal chronotropic and ionotropic response.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

Stress Test is Negative for Stress Induced Ischemia.

Dr. Akhil P. Parulekar.

MBBS. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

Doctor: DR.AKHIL PARULEKAR

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



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2129644022

Date: 23-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 17 s

HR: 67 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 100 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

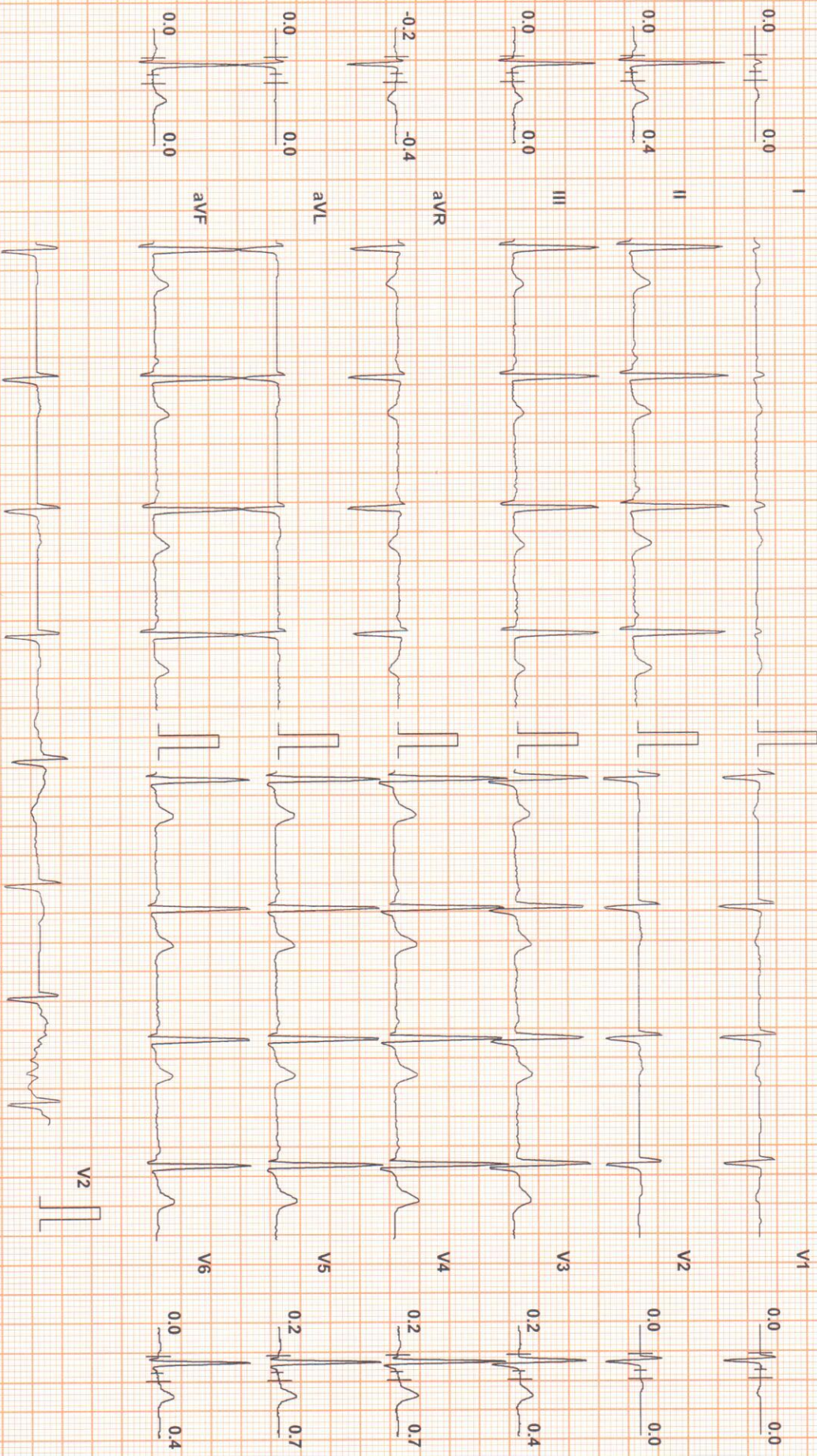


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post: J = J + 60 ms

Schiller Standard V 4.7



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2129644022

Date: 23-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 52 s

HR: 82 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 100 / 70

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

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

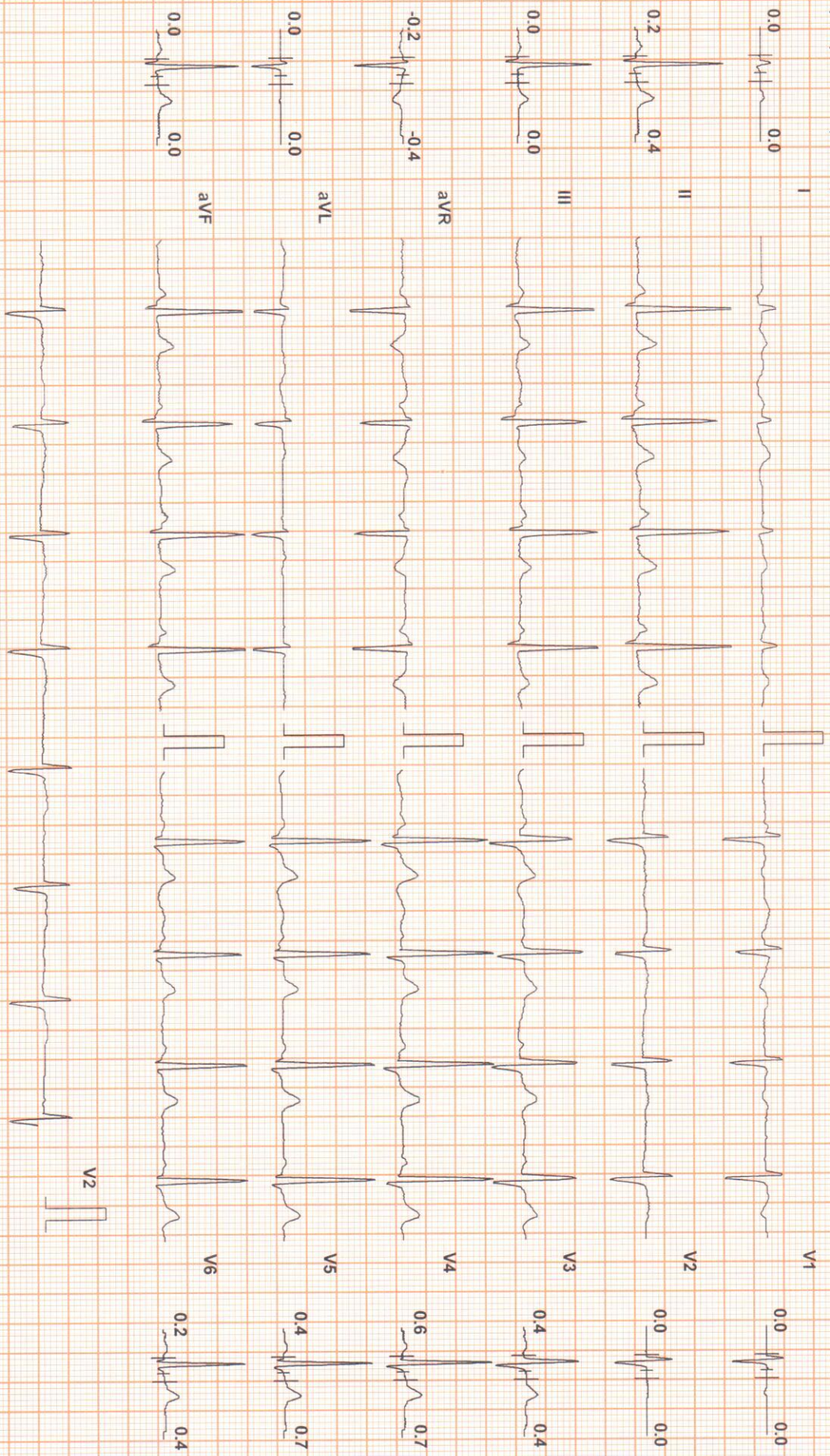


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MANSI SAXENA (30 F)

ID: 2129644022

Date: 23-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 78 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 100/70

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

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

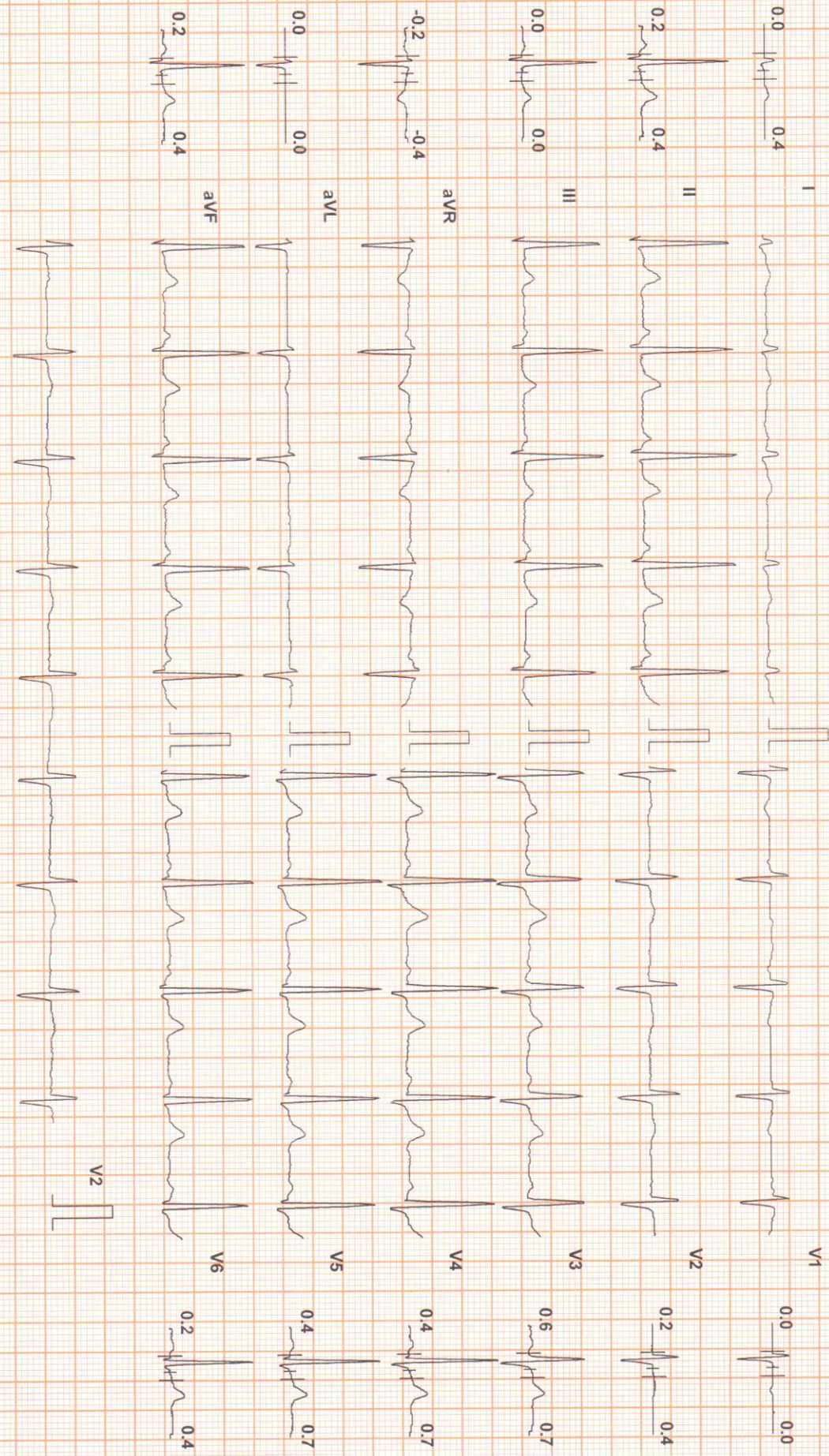


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R: 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2129644022

Date: 23-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 144 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 171 bpm)

B.P.: 120/70

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

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

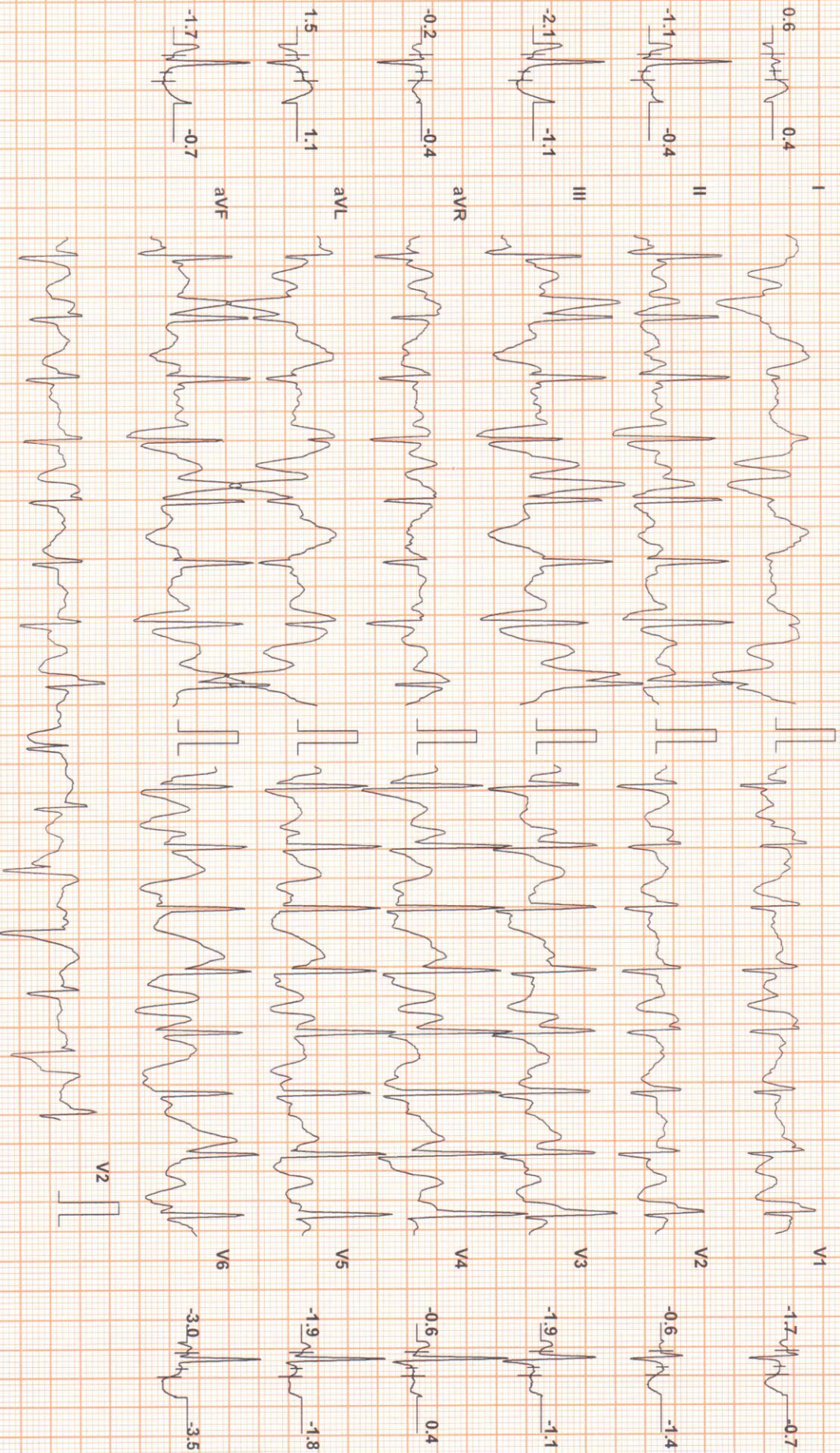


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO ± R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2129644022

Date: 23-Oct-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 152 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 171 bpm)

B.P.: 130 / 70

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

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

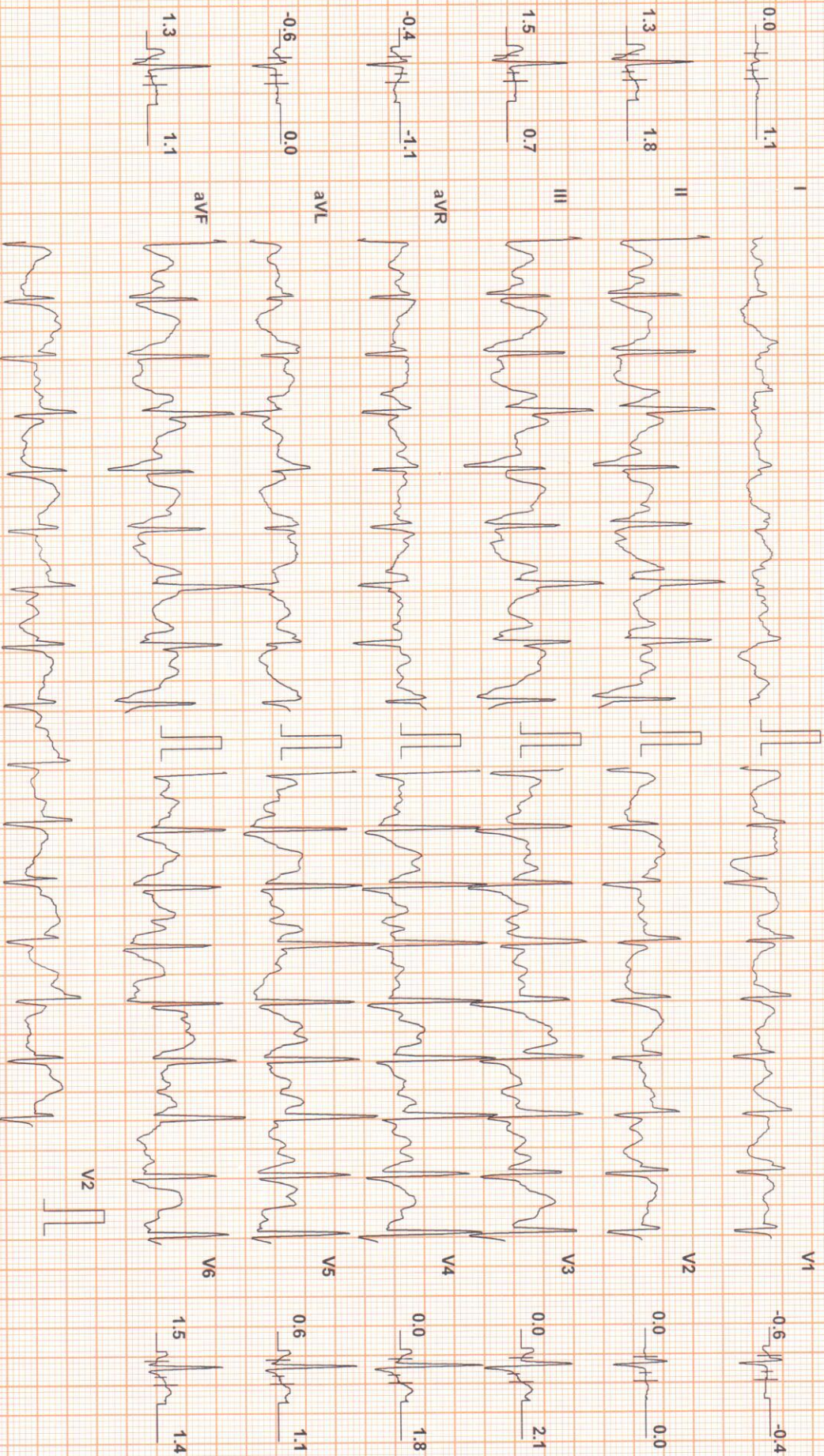


Chart Speed: 25 mm/sec
Schiller-Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MANSI SAXENA (30 F)

ID: 2129644022

Date: 23-Oct-21

Exec Time : 6 m 49 s

Stage Time : 0 m 49 s

HR: 172 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

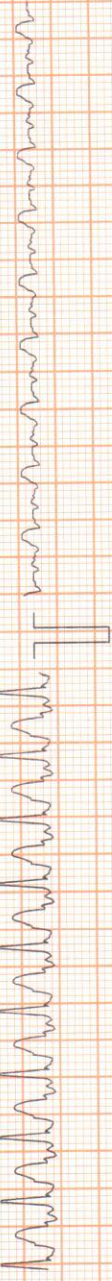
(TTHR: 171 bpm)

B.P: 150 / 70

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

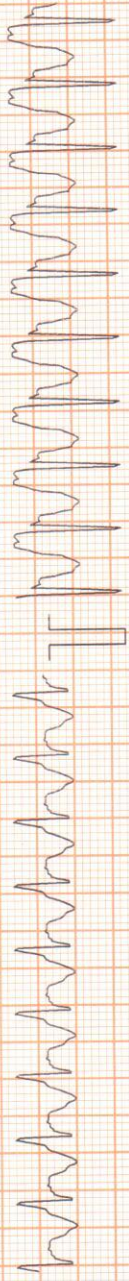
ST Level (mm) ST Slope (mV/s)

0.4 2.8



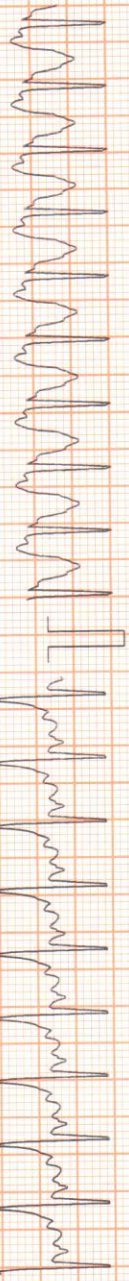
-0.6 0.0

-0.12 3.9



2.8 5.0

-0.8 0.4



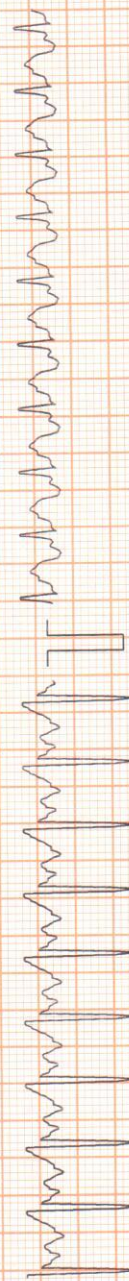
-0.4 1.4

0.0 -3.5



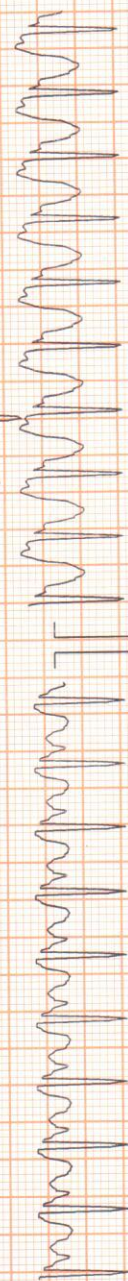
-0.2 3.9

0.6 1.4



0.4 2.8

-0.6 1.8



2.1 3.9

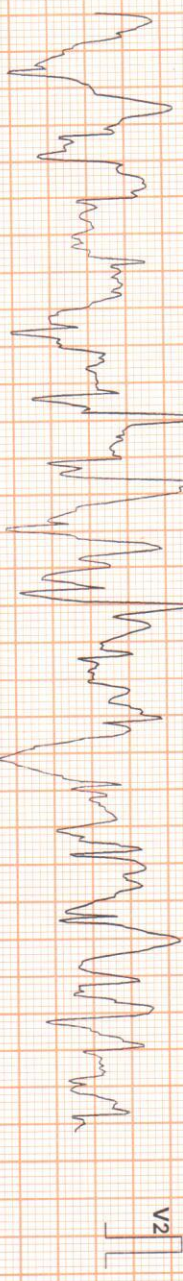


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standan V 4.7

Linked Median



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2129644022

Date: 23-Oct-21

Exec Time : 6 m 50 s

Stage Time : 1 m 0 s

HR: 140 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(TTHR: 171 bpm)

B.P: 150/70

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

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

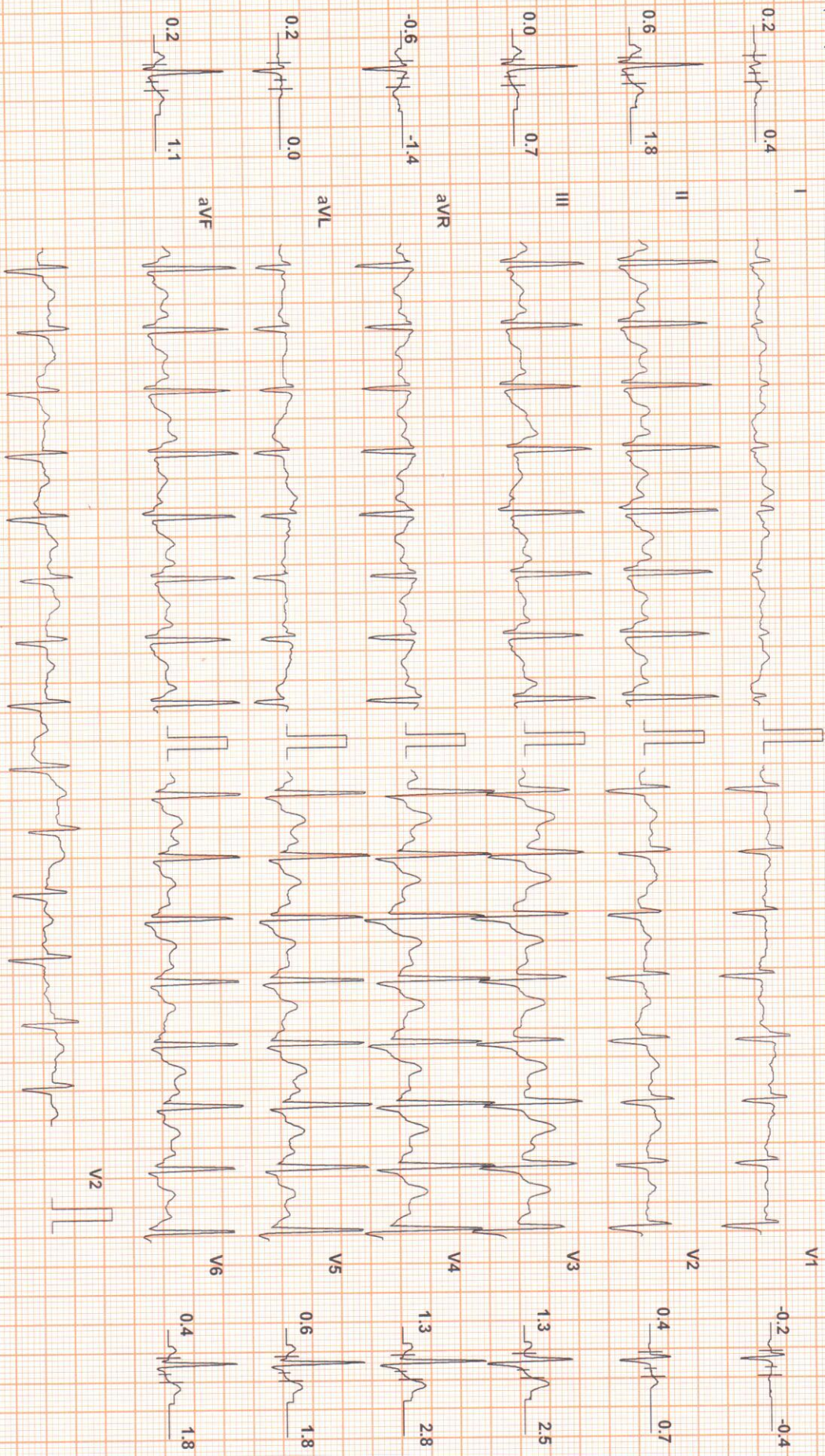


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms



MANSI SAXENA (30 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2129644022

Date: 23-Oct-21

Exec Time : 6 m 50 s

Stage Time : 0 m 10 s

HR: 129 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 150/70

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

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

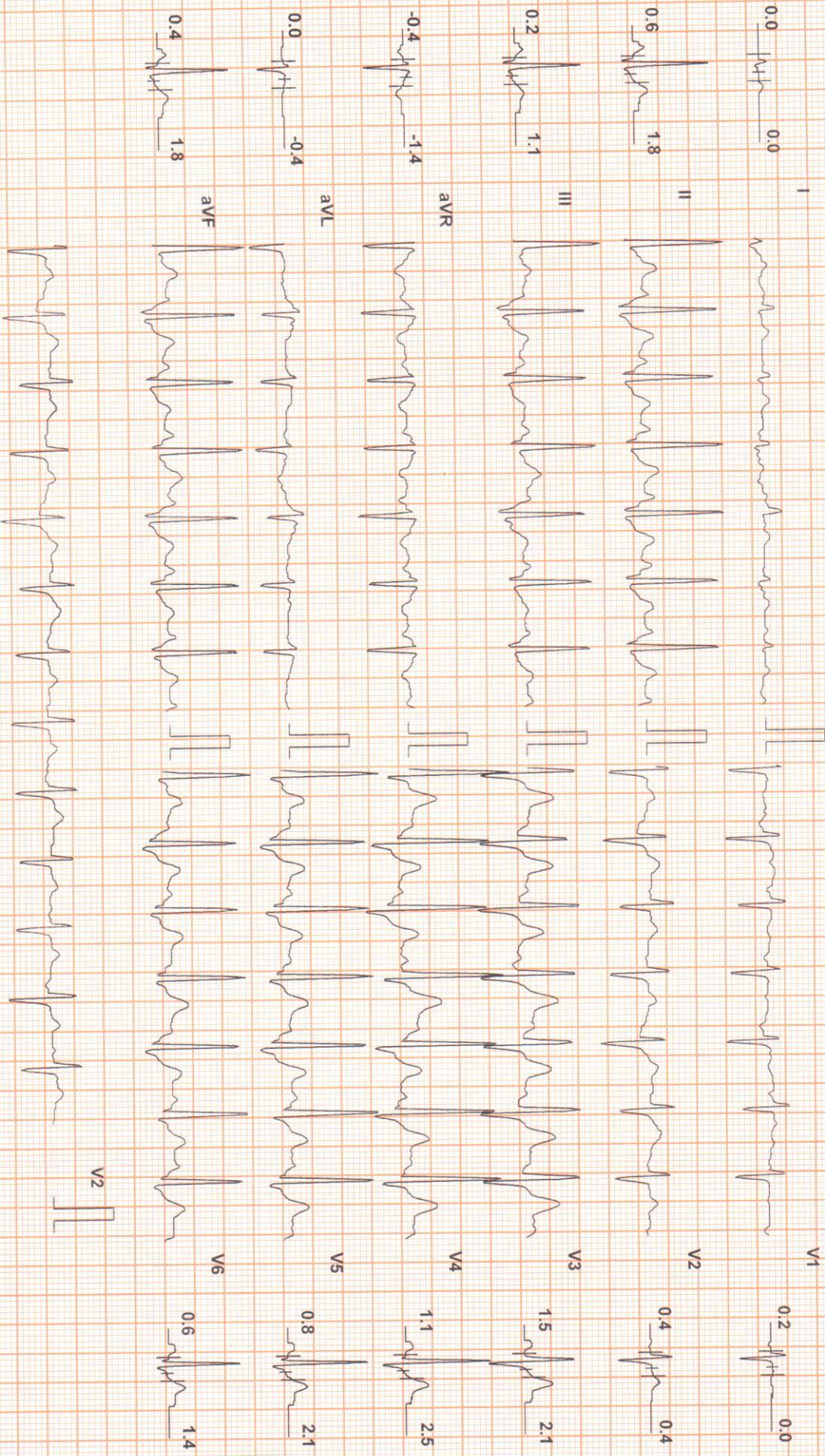


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso ± R: 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller Spandan V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

MANSI SAXENA (30 F)

ID: 2129644022

Date: 23-Oct-21

Exec Time : 6 m 50 s

Stage Time : 0 m 8 s

HR: 127 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 150/70

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

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

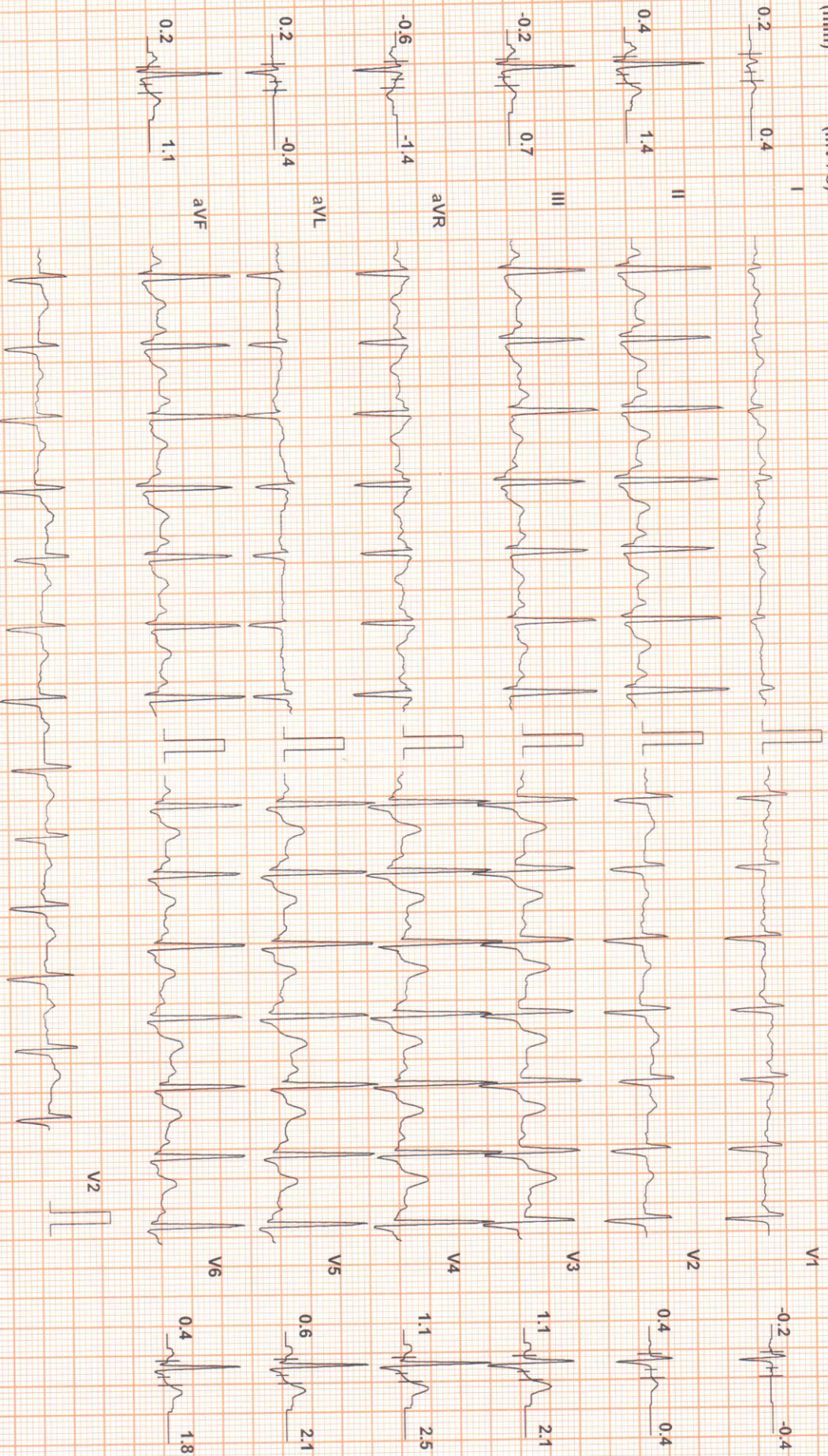


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



CID : 2129644022
Name : MRS.MANSI SAXENA
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Oct-2021 / 09:58
Reported : 23-Oct-2021 / 16:00

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	11.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.65	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.1	36-46 %	Measured
MCV	75	80-100 fl	Calculated
MCH	23.9	27-32 pg	Calculated
MCHC	31.7	31.5-34.5 g/dL	Calculated
RDW	14.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.8	20-40 %	
Absolute Lymphocytes	2465.6	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	414.0	200-1000 /cmm	Calculated
Neutrophils	56.8	40-80 %	
Absolute Neutrophils	5225.6	2000-7000 /cmm	Calculated
Eosinophils	11.9	1-6 %	
Absolute Eosinophils	1094.8	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	461000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	13.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild
Macrocytosis	-



Use a QR Code Scanner
Application To Scan the Code

CID : 2129644022
Name : MRS.MANSI SAXENA
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Oct-2021 / 09:58
Reported : 23-Oct-2021 / 13:51

Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-20 mm at 1 hr. Westergren

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

*** End Of Report ***



MC-2111



Dr. Trupti Shetty
Dr. TRUPTI SHETTY
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CID : 2129644022
Name : MRS.MANSI SAXENA
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Oct-2021 / 09:58
Reported : 23-Oct-2021 / 13:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.2	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	18.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.4	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	73.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.87	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	81	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Enzymatic

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

*** End Of Report ***



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Collected : 23-Oct-2021 / 09:58
Reported : 23-Oct-2021 / 17:05

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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.

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	70-75	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	POSITIVE

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

Note: This sample is not tested for Bombay blood group.

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

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Reported : 23-Oct-2021 / 13:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	165.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	65.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	40.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	125.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	13.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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 Reported : 23-Oct-2021 / 13:24

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.5	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	2.15	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



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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:Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

Reference:

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

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