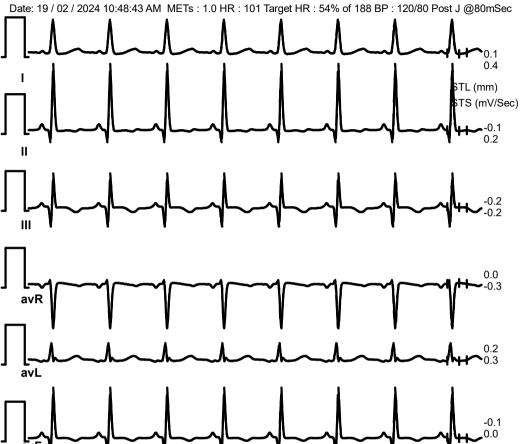
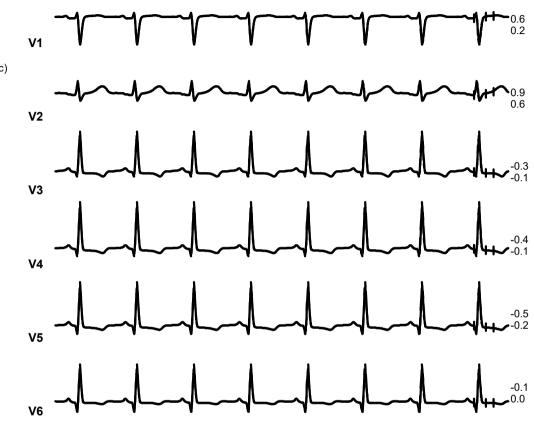
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg



6X2 Combine Medians + 1 Rhythm BRUCE:Standing(0:06)

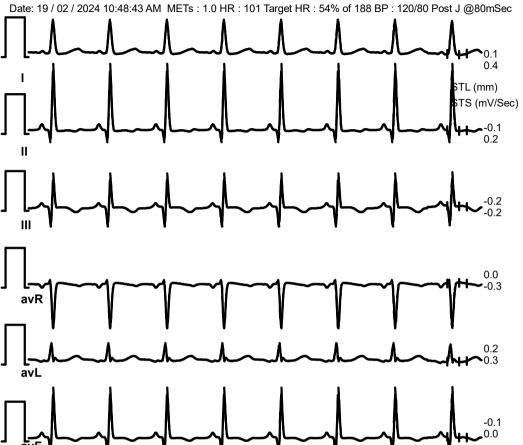








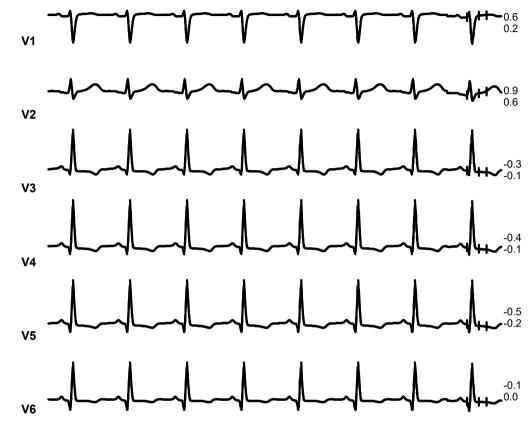
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg



6X2 Combine Medians + 1 Rhythm BRUCE:HV(0:06)



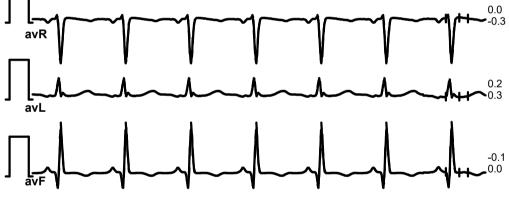






12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg

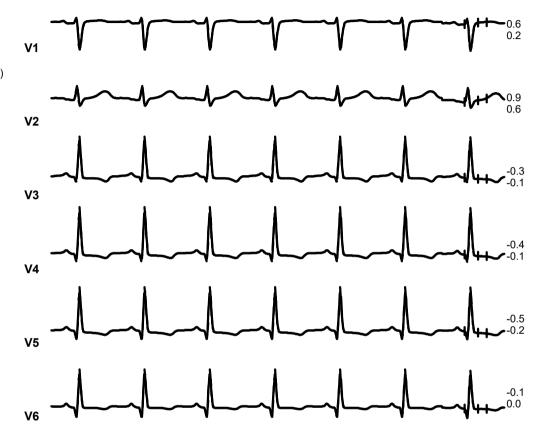




6X2 Combine Medians + 1 Rhythm ExStart









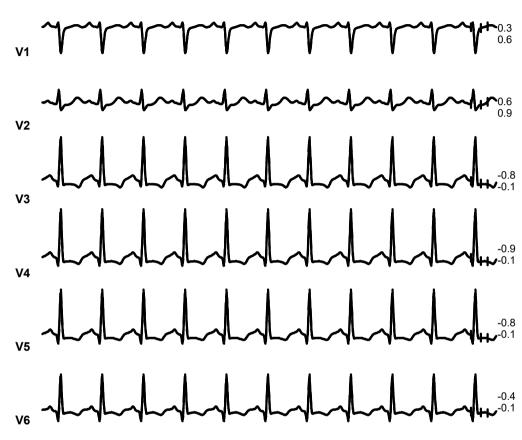
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg



6X2 Combine Medians + 1 Rhythm BRUCE:Stage 1(3:00)

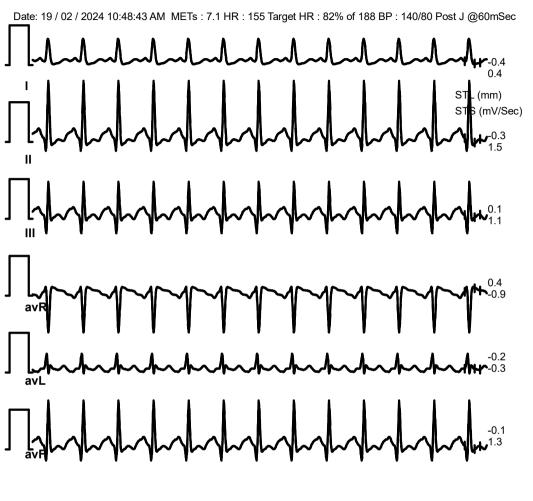






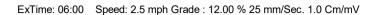


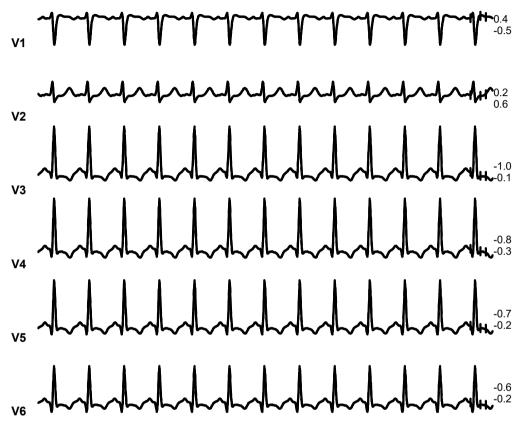
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg



6X2 Combine Medians + 1 Rhythm BRUCE:Stage 2(3:00)









12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg

Date: 19 / 02 / 2024 10:48:43 AM METs : 8.2 HR : 166 Target HR : 88% of 188 BP : 140/80 Post J @60mSec

STL (mm) STD (mV/Sec) Multiple Str (mV/Sec) J. J. M. -0.8

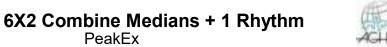
 $\begin{bmatrix} \mathbf{1} \\ \mathbf{2} \\ \mathbf{2} \\ \mathbf{3} \\ \mathbf{4} \\ \mathbf{4}$

 $\int d_{n} d_$

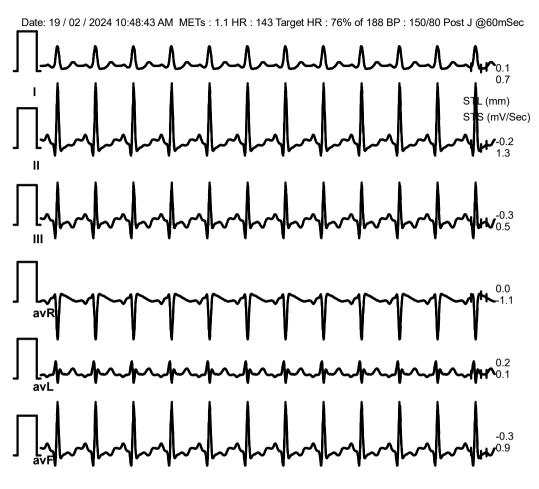
2.0 1.9 -0.6 1.0 $_{\rm Ve}$

ExTime: 07:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

PeakEx



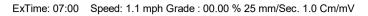
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg

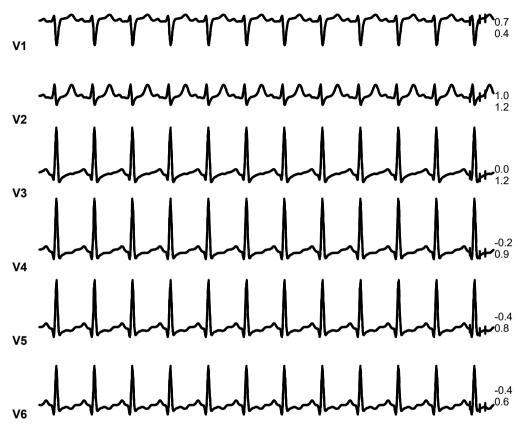


6X2 Combine Medians + 1 Rhythm



Recovery(1:00)

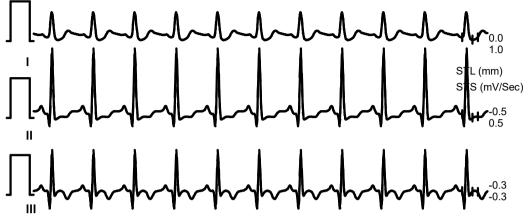


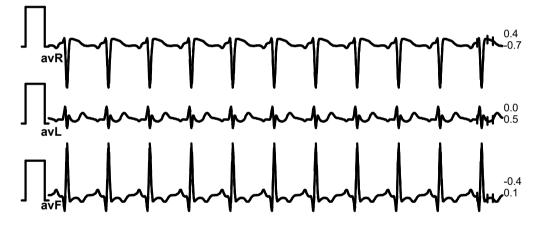




12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg



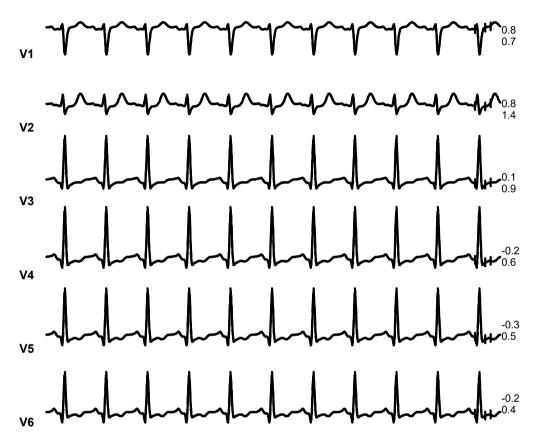




6X2 Combine Medians + 1 Rhythm Recovery(2:00)



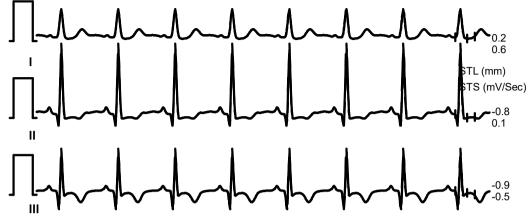


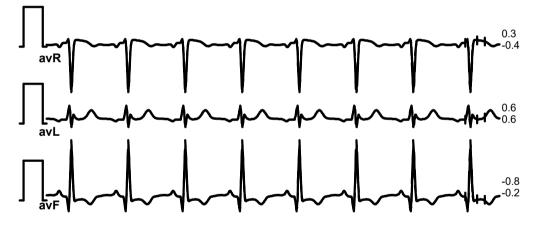




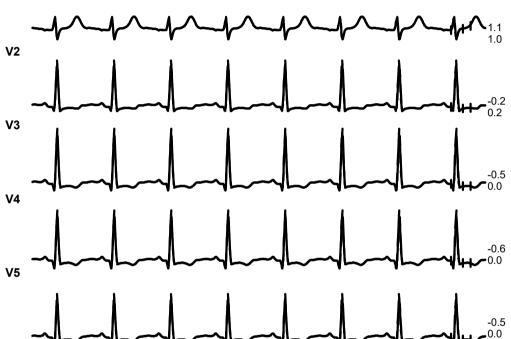
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg

Date: 19 / 02 / 2024 10:48:43 AM METs : 1.0 HR : 96 Target HR : 51% of 188 BP : 130/80 Post J @80mSec





6X2 Combine Medians + 1 Rhythm Recovery(4:00) ExTime: 07:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





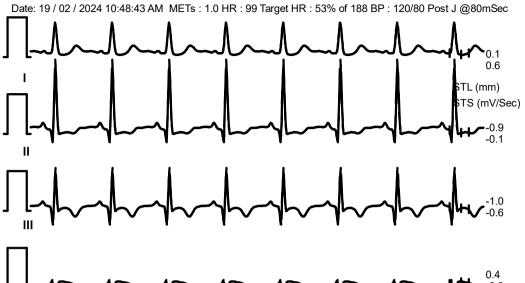
V6

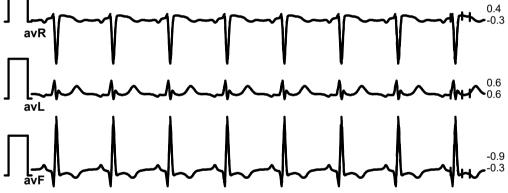
V1



0.8 0.4

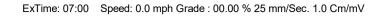
12347158 / HARSDIDA KHUDKHUDIYA / 32 Yrs / Female / 161 Cm / 74 Kg

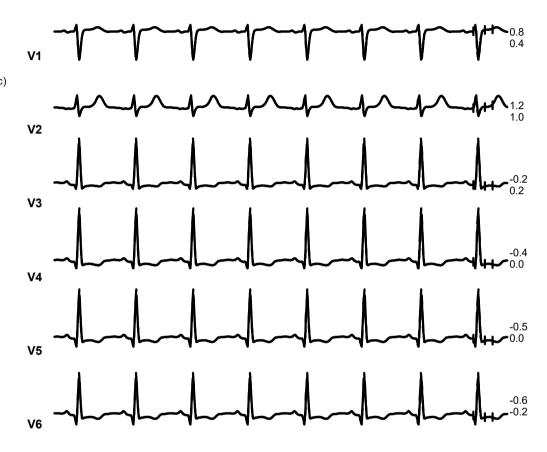




6X2 Combine Medians + 1 Rhythm Recovery(4:14)











CID : 2405000472 Name : MRS.HARSHIDA KHUDKHUDIYA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)



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Use a QR Code Scanner Application To Scan the Code

Collected Reported : 19-Feb-2024 / 08:47 : 19-Feb-2024 / 16:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.88	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.6	36-46 %	Measured
MCV	85.3	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5170	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	26.0	20-40 %	
Absolute Lymphocytes	1344.2	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	310.2	200-1000 /cmm	Calculated
Neutrophils	61.4	40-80 %	
Absolute Neutrophils	3174.4	2000-7000 /cmm	Calculated
Eosinophils	5.9	1-6 %	
Absolute Eosinophils	305.0	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	36.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	245000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



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COISE TESTING-NEAL	THICK LIVING			P
CID	: 2405000472			0
Name	: MRS.HARSHIDA KHUDKHUDIYA			R
Age / Gender	: 32 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:19-Feb-2024 / 08:47	
Reg. Location	: Bhayander East (Main Centre)	Reported	:19-Feb-2024 / 12:10	

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-
Specimen: EDTA Whole Blood	

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

2-20 mm at 1 hr.

Interpretation:

ESR, EDTA WB-ESR

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

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Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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



Bmhaskar

Authenticity Check

Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

Sedimentation

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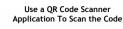
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CID	: 2405000472
Name	: MRS.HARSHIDA KHUDKHUDIYA
Age / Gender	: 32 Years / Female
Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)



Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	188.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	197.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation	
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Vanadate oxidation	
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated	
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret	
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG	
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.5	1 - 2	Calculated	
SGOT (AST), Serum	41.5	<34 U/L	Modified IFCC	
SGPT (ALT), Serum	48.0	10-49 U/L	Modified IFCC	
GAMMA GT, Serum	26.6	<38 U/L	Modified IFCC	
ALKALINE PHOSPHATASE, Serum	92.8	46-116 U/L	Modified IFCC	
BLOOD UREA, Serum	23.6	19.29-49.28 mg/dl	Calculated	
BUN, Serum	11.0	9.0-23.0 mg/dl	Urease with GLDH	
CREATININE, Serum	0.59	0.55-1.02 mg/dl	Enzymatic	
Material Manufactor for the second for the form				

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

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CID Name Age / Gender Consulting Dr. Reg. Location	: 2405000472 : MRS.HARSHIDA KHUDKHUDIYA : 32 Years / Female : - : Bhayander East (Main Centre)		EPORT
eGFR, Serum	123	(ml/min/1.73sqm) Calculated Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45- 59 Moderate to severe decrease: 30 -44 Severe decrease: 15-29 Kidney failure:<15	
Note: eGFR estim	nation is calculated using 2021 CKD-EPI GFF	R equation w.e.f 16-08-2023	
URIC ACID, Ser	um 3.8	3.1-7.8 mg/dl Uricase/ Peroxidase	
Urine Sugar (Fas	sting) +	Absent	
Urine Ketones (F	Fasting) Absent	Absent	
Urine Sugar (PP) +++	Absent	
Urine Ketones (F	PP) Absent	Absent	
*Sample processe	ed at SUBURBAN DIAGNOSTICS (INDIA) PVT. *** Er	LTD SDRL, Vidyavihar Lab nd Of Report ***	



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

Page 4 of 10

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CID : 2405000472 Name : MRS.HARSHIDA KHUDKHUDIYA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)

Use a QR Code Scanner Application To Scan the Code

Collected Reported :19-Feb-2024 / 08:47 :19-Feb-2024 / 13:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS BIOLOGICAL REF RANGE METHOD noglobin 8.9 Non-Diabetic Level: < 5.7 %</td> HPLC

Glycosylated Hemoglobin
(HbA1c), EDTA WB - CC8.9Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %Estimated Average Glucose
(eAG), EDTA WB - CC208.7mg/dl

Calculated

Intended use:

PARAMETER

- 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 Borivali Lab, Borivali West *** End Of Report ***



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Dr.KETAKI MHASKAR M.D. (PATH) Pathologist

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Use a OR Code Scanner

CID :2405000472 Name : MRS. HARSHIDA KHUDKHUDIYA Age / Gender : 32 Years / Female Consulting Dr. : -: Bhayander East (Main Centre) Reg. Location

Application To Scan the Code Collected Reported

:19-Feb-2024 / 08:47 :19-Feb-2024 / 18:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	1+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others			

Others

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

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



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

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Corporate Identity Number (CIN): U85110MH2002PTC126144



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Use a OR Code Scanner

CID :2405000472 Name : MRS. HARSHIDA KHUDKHUDIYA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)

Application To Scan the Code Collected Reported

: 19-Feb-2024 / 08:47 :19-Feb-2024 / 14:28

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

PARAMETER

RESULTS

ABO GROUP 0 **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 ***



June Sung

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

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CID :2405000472 Name : MRS.HARSHIDA KHUDKHUDIYA : 32 Years / Female Age / Gender Consulting Dr. : -**Reg.** Location : Bhayander East (Main Centre)



Reported

:19-Feb-2024 / 08:47

:19-Feb-2024 / 16:48

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE I IPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	176.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	199.8	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	44.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	131.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.0	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	41.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated
*Comple presented at CUPUDPAN DI		l Viduovibar Lab	

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



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

Page 8 of 10

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PARAMETER

Authenticity Check

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CID	: 2405000472
Name	: MRS.HARSHIDA KHUDKHUDIYA
Age / Gender	: 32 Years / Female
Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)



:19-Feb-2024 / 08:47 :19-Feb-2024 / 16:24

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** RESULTS BIOLOGICAL REF RANGE METHOD

Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.651	0.55-4.78 microlU/ml mIU/ml	CLIA

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CID	: 2405000472		
Name	: MRS.HARSHIDA KHUDKHUDIYA		
Age / Gender	: 32 Years / Female		Use a QR Code Scanner Application To Scan the Code
Consulting Dr.	: -	Collected	:19-Feb-2024 / 08:47
Reg. Location	: Bhayander East (Main Centre)	Reported	:19-Feb-2024 / 16:24

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)

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



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

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Corporate Identity Number (CIN): U85110MH2002PTC136144

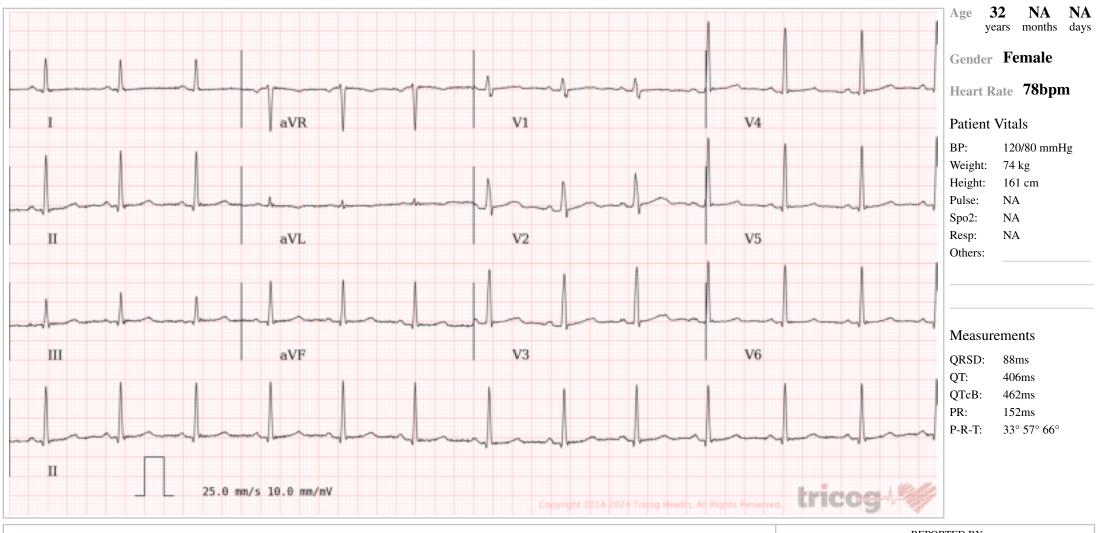
SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name:HARSHIDA KHUDKHUDIYAPatient ID:2405000472

A Date and Time: 19th Feb 24 10:42 AM

CS 1



ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY



Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.



Name

19/2/24 CID: 24/0 5000472 Harshid khudkudiysex/Age: 32/1F

NO

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unoided Vision:

Aided Vision:

Refraction:

CE RE 616 616 NI6 NIG

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(Right Eye) (Left Eye)

	Spri	Gyi	Axis	Vri	Sph	Cyl.	Axis	
Domnine								
Neur								

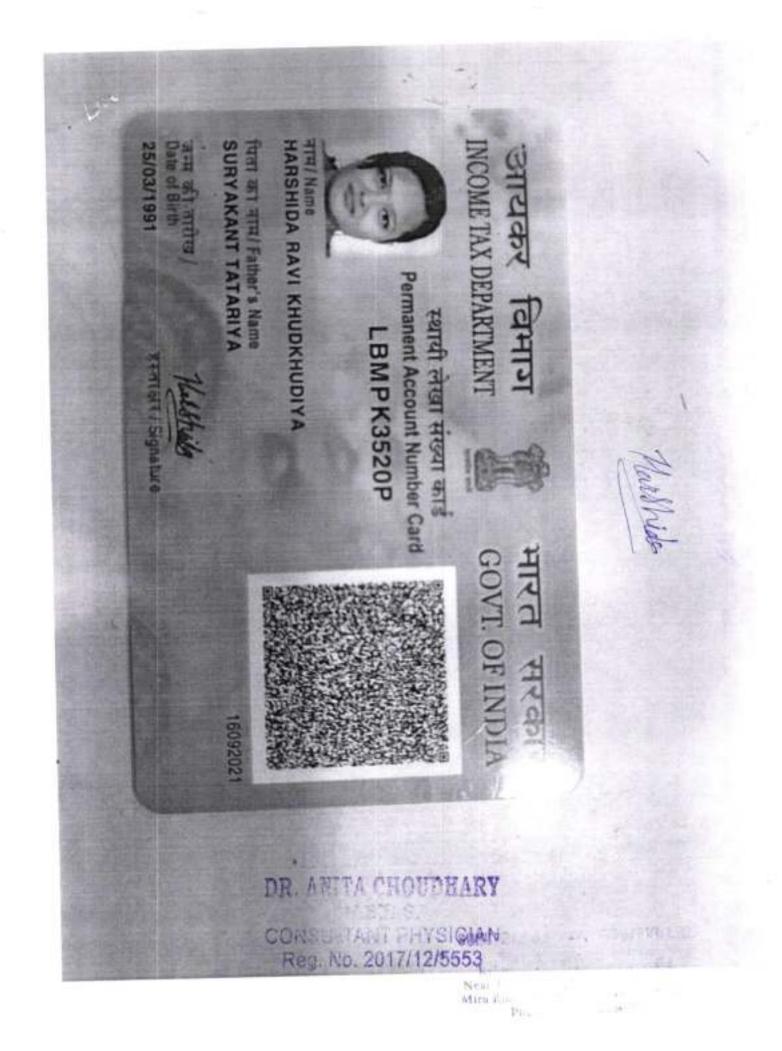
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Remark:

SUBUREAN OFFICE (I) TYT. LTD. - Durger an Mularbay, Road, Mirs Road (East). Dist. Thane . 401 105 Phone 022 - 61700000

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Corporate Identity Number (CIN): U85110MH2002PTC136144



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History and Complaints:

No Complaint

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Name	MRS.HARSHIDA KHUDKHUDIYA	-	1 C		0
Age / Gender	32 Years/Female				0
Consulting Dr.	1 · · ·		Collected	: 19-Feb-2024 / 08:40	R
Reg Location	Bhayander East (Main Centre)		Reported	: 19-Feb-2024 / 16:27	т

RE

PHYSICAL EXAMINATION REPORT

0.555510101110			
EXAMINATION	FINDINGS:		
Height (cms):	161	Weight (kg):	74
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure	(mm/hg): 120/80	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not Palpable
Systems			
Cardiovascular	: S1S2-Normal		
Respiratory:	Chest-Clear	2 U	
Genitourinary:	NAD		
GI System:	NAD		
CNS:	NAD		
IMPRESSION: Hto ADVICE: E		1. 1. nove inversion membro m condialogo	
	Esepari	Coldislop.	4 4
CHIEF COMPLA	UNTS:		
1) Hypertensio	on:	No	
2) IHD		No	
 Arrhythmia 		No	
 Diabetes Me 		No	
5) Tuberculosi	5	No	
6) Asthama		No	
7) Pulmonary	Disease	No	

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/	Name	MRS.HARSHIDA KHUDKHUDIYA	2	2		
0	Age / Gender	32 Years/Female				
	Consulting Dr.	a 2		Collected	: 19-Feb-2024 / 08:40	
	Reg.Location	: Bhayander East (Main Centre)		Reported	: 19-Feb-2024 / 16:27	

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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
PE	RSONAL HISTORY:	
-11	Alexabed	N Los

1)	Alcohol	No
2)	Smoking	Nó
3)	Diet	Vegetarian
4)	Medication	No

*** End Of Report ***

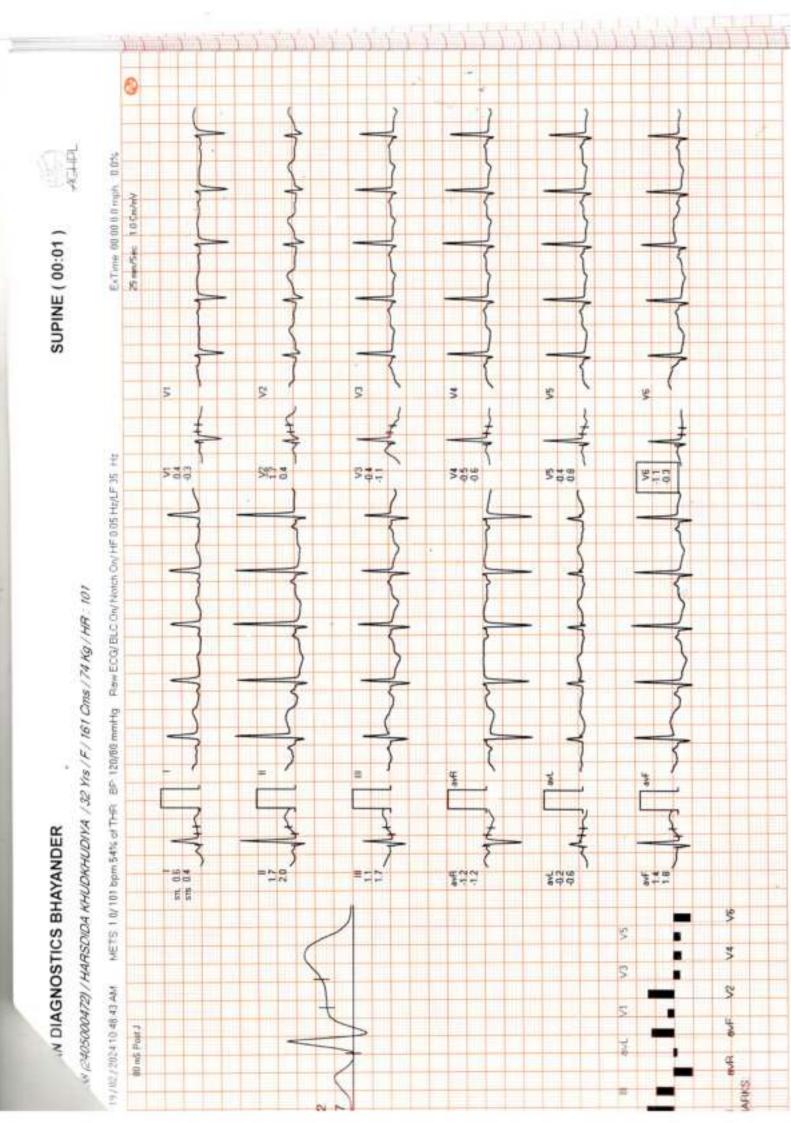
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Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	89	RPP	PVC	Comments	3
Supine	00:03	0:03	0.00	0.00	01.0	101	54 %	120/80	121	8		
Standing	80:00	0:05	00.00	0.00	01.0	101	54 %	120/80	121	8		
NH	00.11	0:03	0.00	0.00	010	101	54 %	120/80	121	00	T.	
ExStart	00.14	0:03	01.7	10.0	01.1	084	45 %	120/80	100	00		
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	130	69 %	130/80	169	00		
BRUCE Stage 2	06.14	3:00	02.5	12.0	1.70	155	82 %	140/80	217	00		
PeakEx	07.14	1:00	03.4	14.0	08.2	166	88 %	140/80	232	8		
Recovery	08.14	1:00	01.1	00.00	01.1	143	% 9 /	150/80	214	00		
Recovery	09.14	2:00	0.00	0.00	010	127	68 %	140/80	177	00		
Recovery	11:14	4:00	0.00	0.00	01.0	960	51 %	130/80	124	00		
Recovery	11.27	4.14	00.00	00.00	01.0	660	53 %	120/80	118	00		
FINDINGS :												
Exercise Time		00:00										
Initial HR (ExStrt)	(11)	: 84 bc	84 bpm 45% of Target 188	get 188		Max HR Att	Max HR Attained 166 bpm 88% of Target 188	m 88% of Tan	tet 188			-
Initial E.P. (ExStrt)	(LT)	: 120/8	120/80 (mm/Hg)			Max BP Att	Max BP Attained 150/80 (mm/Hg)	(mm/Hg)	1214			2
Max WorkLoad Attained	1 Attained	: 82 F	8.2 Fair response to induced stress	o induced st	ress							
Max ST Dep Lead & Avg ST Value : avF &	ead & Avg ST	Value avF 8	k -1.5 mm in PeakEx	PeakEx								
Duke Treadmill Score	Il Score	05.8										
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						X	DR. SM	DR. SMITA VALAN	OGY	Phone . 022	DR. SMITA VALANI DR. SMITA VALANI D. CARJIOLOGY	
							2011	1956/20		ANN -		
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2011/03/1587		DR. SMITA VALANI
		2011/0 CARDIOLOGY
		Doctor: DR:SMITA VALANI





: 2405000472

: 32 Years/Female

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Use a QR Code Scanner
Application To Scan the CodeReg. Date: 19-Feb-2024Reported: 20-Feb-2024/09:12

X-RAY CHEST PA VIEW

Both lung fields are clear.

CID

Name

Age / Sex

Reg. Location

Ref. Dr

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.

: Mrs Harshida KHUDKHUDIYA

: Bhayander East Main Centre

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr.FAIZUR KHILJI MBBS,RADIO DIAGNOSIS Reg No-74850 Consultant Rediologist

