...ns. ...pendant on me.

...king you,

...Tamore

54

भारत सरकार

GOVERNMENT OF INDIA

प्रियंका राहुल तामोरे

Priyanka Rahul Tamore

जन्म तिथि/ DOB: 02/11/1991

महिला / FEMALE

6829 7060 5502

माझे आधार, माझी ओळख

SUBURBAN DIAGNOSTICS

CID# 2335720202

REPORT

Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years/Female		
Consulting Dr.	:	Collected	: 23-Dec-2023 / 08:46
Reg.Location	: Malad West (Main Centre)	Reported	: 23-Dec-2023 / 14:13

PHYSICAL EXAMINATION REPORT

History and Complaints:
Nil

EXAMINATION FINDINGS:

Height (cms):	149	**Weight (kg):**	42
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	120/80	**Nails:**	Normal
Pulse:	90/min	**Lymph Node:**	Not Palpable

Systems

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

IMPRESSION:

WNL

ADVICE: Regular exercise

SUBURBAN DIAGNOSTICS

REPORT

CID# 2335720202

Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years/Female		
Consulting Dr.	:	Collected	: 23-Dec-2023 / 08:46
Reg.Location	: Malad West (Main Centre)	Reported	: 23-Dec-2023 / 14:13

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 6 yrs & 1 yrs ago
17)	**Musculoskeletal System**	No

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

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Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Non-veg
4)	**Medication**	No

***** End Of Report *****

Sonali P.

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services

SUBURBAN DIAGNOSTICS
PRECISE TESTING - HEALTHIER LIVING

REPORT

Date:- 23/12/23 CID:

Name:- Priyanka Tamore Sex / Age: 32y/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV-RE- 6/6/12 NV-RE- N/6
LE - 6/6 LE N/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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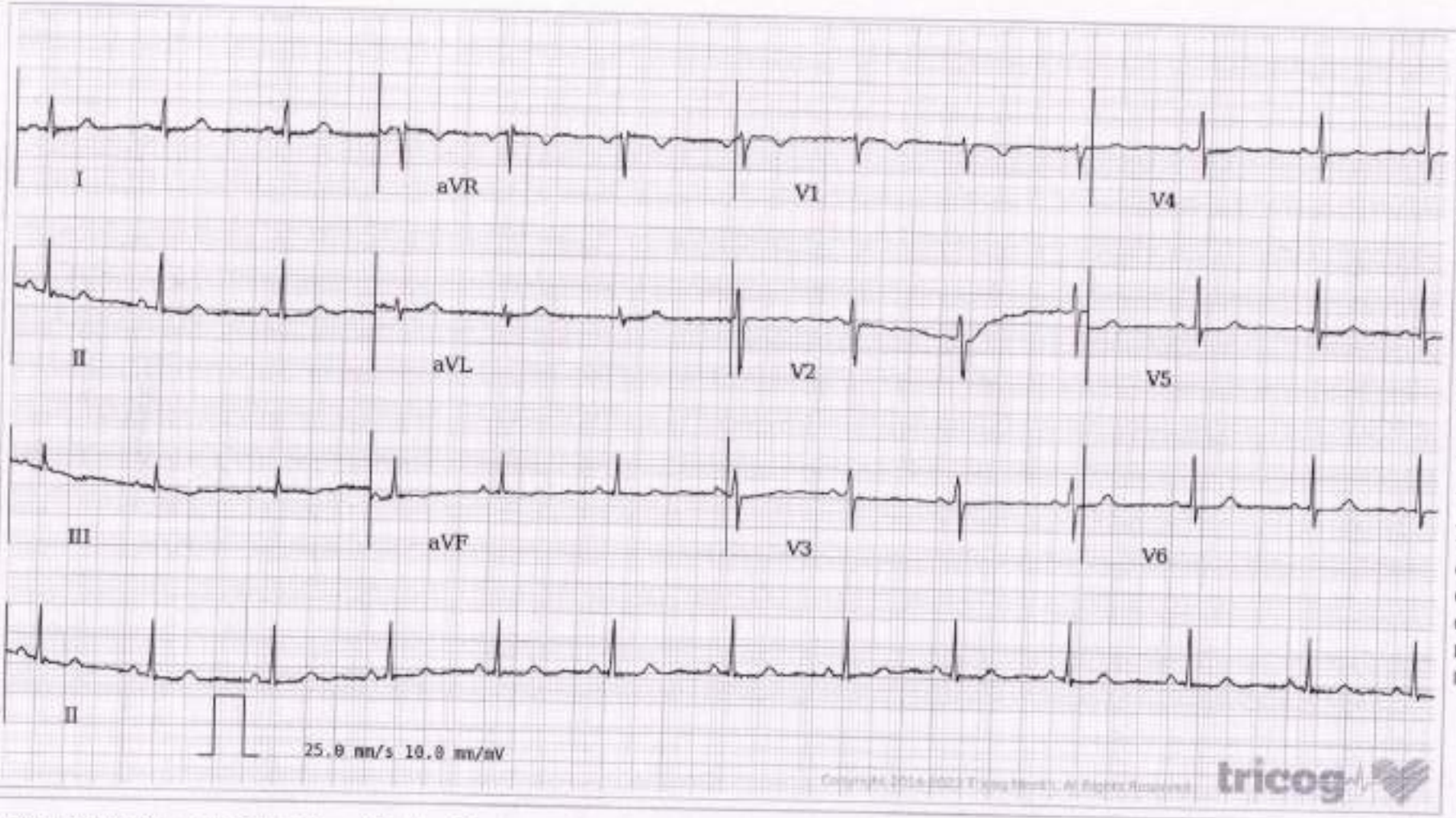
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: PRIYANKA RAHUL TAMORE Date and Time: 23rd Dec 23 10:05 AM
Patient ID: 2335720202



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Age 32 years NA months
Gender Male
Heart Rate 78bp

Patient Vitals

BP:	120/80 mm
Weight:	42 kg
Height:	149 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	68ms
QT:	358ms
QTcB:	408ms
PR:	118ms
P-R-T:	55° 59° -22°

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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.

SUBURBAN DIAGNOSTICS
PRECISE TESTING - REALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	: 2335720202		
Name	: Mr Priyanka Rahul Tamore		
Age / Sex	: 32 Years/Male		
Ref. Dr	:	Reg. Date	: 23-Dec-2023
Reg. Location	: Malad West Main Centre	Reported	: 23-Dec-2023 / 13:25

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.

Kindly correlate clinically.

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

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

DR. Akash Chhari
MBBS, MD, Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023122308471184

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2335720202		
Name	: Mrs Priyanka rahul Tamore		
Age / Sex	: 32 Years/Female		
Ref. Dr	:		
Reg. Location	: Malad West Main Centre	Reg. Date	: 23-Dec-2023
		Reported	: 23-Dec-2023 / 11:11

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, 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 9.9 x 3.4 cm. Left kidney measures 9.9 x 4.8 cm.

SPLEEN:
The spleen is normal in size 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.
The endometrial thickness is 6.4 mm.

OVARIES:
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2335720202		
Name	: Mrs Priyanka rahul Tamore		
Age / Sex	: 32 Years/Female		
Ref. Dr	:		
Reg. Location	: Malad West Main Centre	Reg. Date	: 23-Dec-2023
		Reported	: 23-Dec-2023 / 11:11

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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=20231223084711170

SUBURBAN DIAGNOSTICS
--
Malad West

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: PRIYANKA, TAMORE
Patient ID: 2335720202
Height: 149 cm
Weight: 42 kg

DOB: 02.11.1991
Age: 32yrs
Gender: Female
Race: Oriental

Study Date: 23.12.2023
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR SONALI HONRAO
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:13	0.00	0.00	87	120/80	
	STANDING	00:05	0.00	0.00	88	120/80	
	HYPERV.	00:05	0.00	0.00	88	120/80	
	WARM-UP	00:13	1.00	0.00	103	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	114	130/80	
	STAGE 2	03:00	2.50	12.00	125	140/80	
	STAGE 3	01:09	3.40	14.00	144		
RECOVERY		03:06	0.00	0.00	95	140/80	

The patient exercised according to the BRUCE for 7:08 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 87 bpm rose to a maximal heart rate of 144 bpm. This value represents 76 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg , rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

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

Physician _____ Technician _____

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

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12-Lead Report

SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:46:23am

87 bpm
120/80 mmHg

PRETEST
SUPINE
00:11

BRUCE
0.0 mph
0.0 %

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:46:06am

12-Lead Report

SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:46:28am

86 bpm
120/80 mmHg

PRETEST
STANDING
00:16

BRUCE
0.0 mph
0.0 %

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:46:06am

12-Lead Report

SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:46:34am

88 bpm
120/80 mmHg

PRETEST
HYPERV.
00:22

BRUCE
0.0 mph
0.0 %

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:46:06am

Linked Medians

SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:49:30am

114 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

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

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:46:06am

Pag

Linked Medians

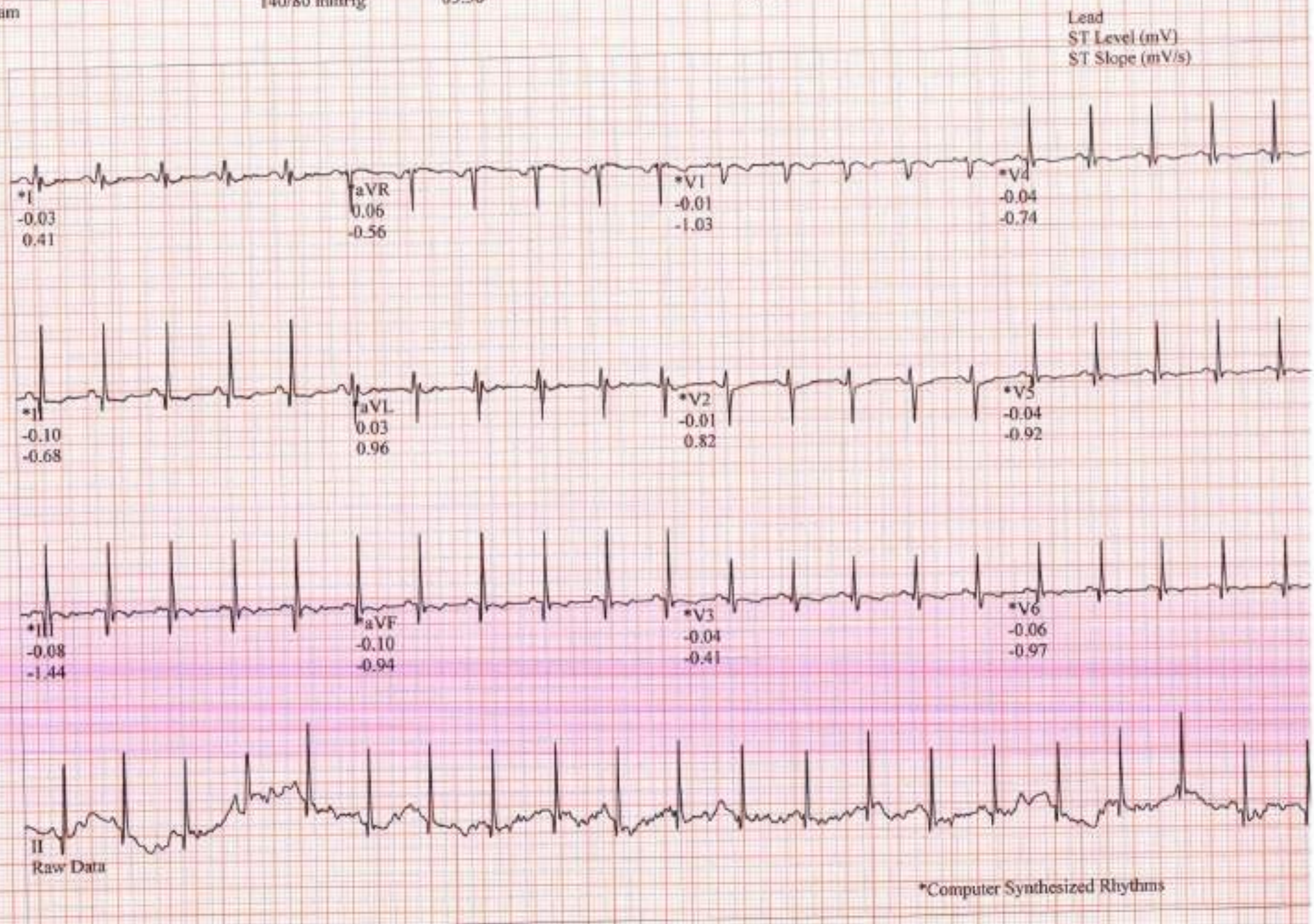
SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:52:30am

126 bpm
140/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 10:46:06am

Page

12-Lead Report (PEAK EXERCISE)

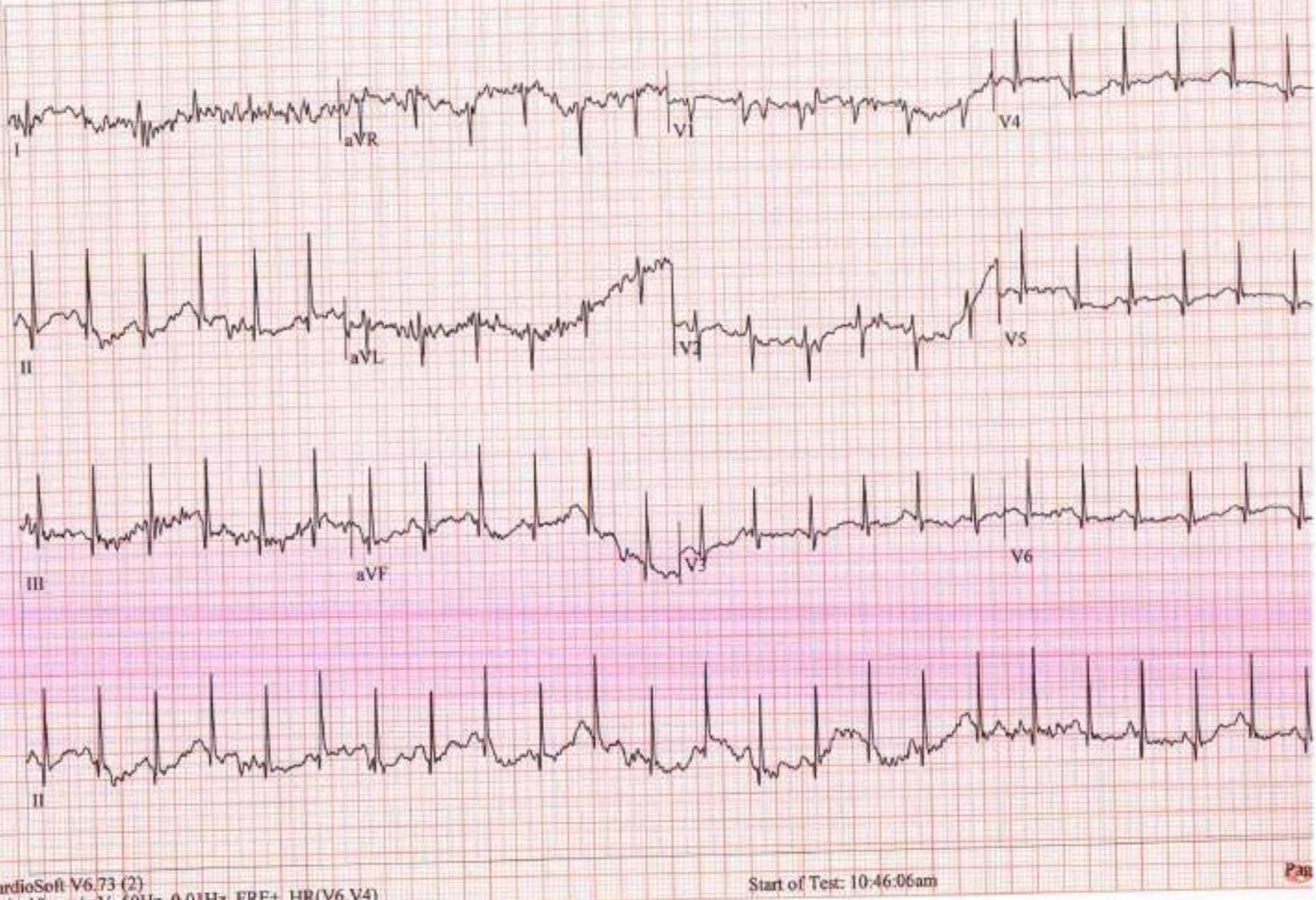
SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:53:54am

144 bpm

EXERCISE
STAGE 3
07:09

BRUCE
3.4 mph
14.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am

Pag

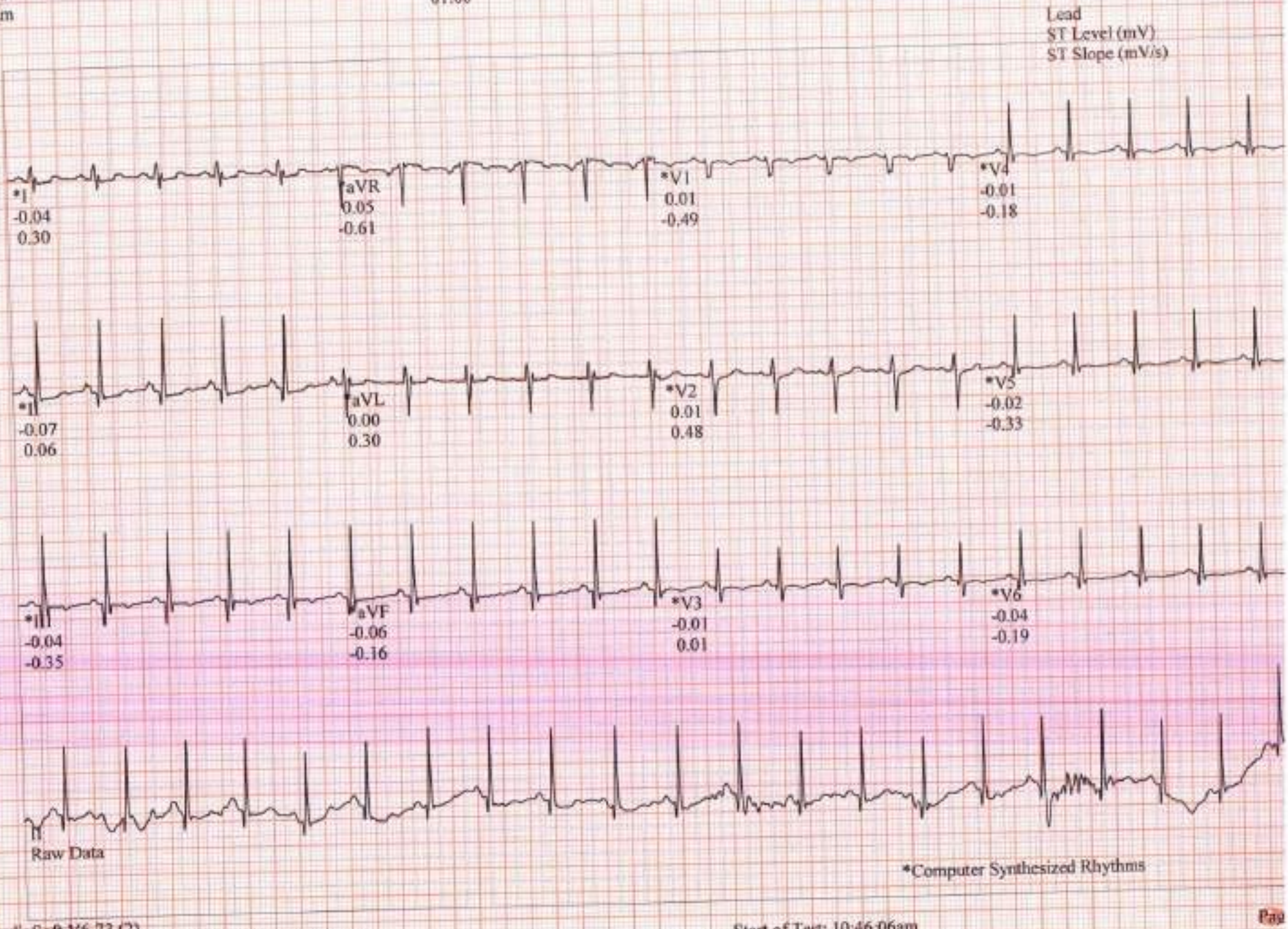
SUBURBAN DIAGNOSTICS

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:54:48am

126 bpm

Linked Medians
RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0 %



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am

Pag

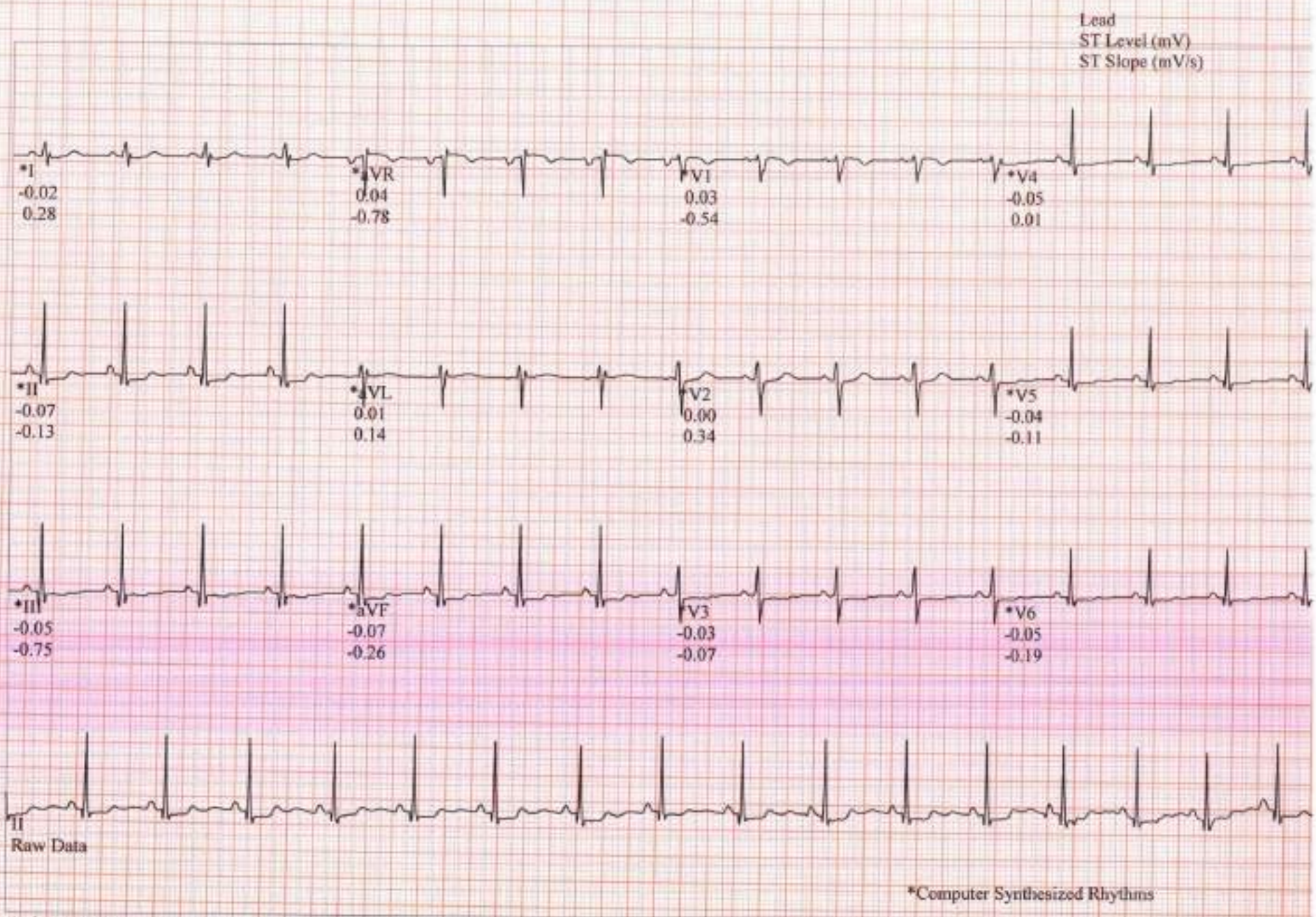
PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:55:48am

99 bpm

Linked Medians
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am

PRIYANKA, TAMORE
Patient ID 2335720202
23.12.2023
10:56:48am

Linked Medians

96 bpm
140/80 mmHg

RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC:

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 10:46:06am

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 12:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**11.2**	12.0-15.0 g/dL	Spectrophotometric
RBC	4.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	**33.7**	36-46 %	Calculated
MCV	81.0	80-100 fl	Measured
MCH	27.0	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4790	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	**41.2**	20-40 %	
Absolute Lymphocytes	1970	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	300	200-1000 /cmm	Calculated
Neutrophils	51.6	40-80 %	
Absolute Neutrophils	2470	2000-7000 /cmm	Calculated
Eosinophils	**0.8**	1-6 %	
Absolute Eosinophils	40	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	**10**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	257000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Measured
PDW	13.6	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

CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 11:40

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	12	2-20 mm at 1 hr.	Sedimentation

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

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

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 CPL, Andheri West

*** End Of Report ***

ilac-MRA

MC-2111

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 13:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	67.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	**32.3**	35-105 U/L	Colorimetric

Note : Result rechecked.
Kindly correlate clinically.

BLOOD UREA, Serum	23.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.8	6-20 mg/dl	Calculated
CREATININE, Serum	**0.46**	0.51-0.95 mg/dl	Enzymatic

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CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 11:57
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 16:10

eGFR, Serum	130	(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	2.8	2.4-5.7 mg/dl	Enzymatic
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 CPL, Andheri West

*** End Of Report ***

MC-2111

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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
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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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REPORT

CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 12:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:
Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

*** End Of Report ***

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MC-2711

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

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REPORT

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Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 17:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
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 CPL, Andheri West

*** End Of Report ***

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MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	NEGATIVE

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

Refernces:

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

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

*** End Of Report ***

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REPORT

CID	: 2335720202		
Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 14:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	146.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	**31.8**	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	50.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	95.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	6.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.28	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

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Name	: MRS.PRIYANKA RAHUL TAMORE		
Age / Gender	: 32 Years / Female		
Consulting Dr.	: -	**Collected**	: 23-Dec-2023 / 09:15
Reg. Location	: Malad West (Main Centre)	**Reported**	: 23-Dec-2023 / 12:56

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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*** End Of Report ***

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