



Name : MRS.AMBARI KASHYAP

Age / Gender : 36 Years/Female

Consulting Dr. :

Collected : 24-Feb-2024 / 09:42

Reg.Location : Andheri West (Main Centre)

Reported : 26-Feb-2024 / 11:59

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Asymptomatic

### EXAMINATION FINDINGS:

Height (cms): 163 cms

Weight (kg): 65 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 110/70 mm of hg

Nails: Normal

Pulse: 85/min

Lymph Node: Not palpable

### Systems

Cardiovascular: S1S2 audible

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver & Spleen not palpable

CNS: NAD

### IMPRESSION:

Altered bilirubin levels,  
Borderline high total cholesterol.,  
Rest reports appears to be in normal limits.

### ADVICE:

Kindly consult your family physician with all your reports,  
Therapeutic life style modification is advised.

### CHIEF COMPLAINTS:

- |                  |    |
|------------------|----|
| 1) Hypertension: | No |
| 2) IHD           | No |
| 3) Arrhythmia    | No |



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- 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 \*\*\*

*Sangeeta Manwani*

**Dr.Sangeeta Manwani**  
**M.B.B.S. Reg.No.71083**

Date:- 24/02/2024  
Name:- AMBARI KASHYAP

CID: 2409922087  
Sex / Age: F / 36.

**EYE CHECK UP**

Chief complaints:

Systemic Diseases: Nil  
Past history:

Unaided Vision: -

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————→			6/6	—————→			6/6
Near	—————→			NS	—————→			NS

Colour Vision: Normal / Abnormal

Remark: Normal vision

Suburban Diagnostics (I) Pvt. Ltd.  
Aston, 2nd Floor, Opp. Sunshine Building  
Sundervan Complex, Andheri (West)  
Mumbai - 400 053, Tel.: 022-40274527



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Reported : 24-Feb-2024 / 12:36

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.89	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.7	36-46 %	Calculated
MCV	87.2	80-100 fl	Measured
MCH	28.8	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4090	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.7	20-40 %	
Absolute Lymphocytes	1260	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	310	200-1000 /cmm	Calculated
Neutrophils	57.7	40-80 %	
Absolute Neutrophils	2360	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	110	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	50	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	312000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Measured
PDW	17.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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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 5 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 \*\*\*



*J. Thakker*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	52.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.41	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.05	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	19.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	20.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.76	0.51-0.95 mg/dl	Enzymatic

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eGFR, Serum	104	(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 estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.7	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  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

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

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by 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.

**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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	242.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	131.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	88.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	129.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	25.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.5	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	5.09	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 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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### 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-----

Dr R K Bhandari  
 M D , DMRE  
 MMC REG NO. 34078

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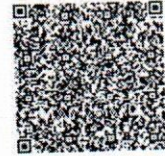
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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.1cm), 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 9.5 x 4.0cm. Left kidney measures 9.4 x 4.5cm.

### SPLEEN:

The spleen is normal in size (8.6cm) 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 5.6 x 5.3 x 3.8cm in size.  
The endometrial thickness is 7.4mm.

### OVARIES:

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
The right ovary measures 3.1 x 2.3 x 1.5cm. and ovarian volume is 6.1cc.  
The left ovary measures 2.6 x 2.5 x 1.6cm. and ovarian volume is 5.7cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409431717>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

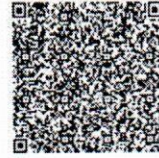
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

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



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405522087  
**Name** : Mrs AMBARI KASHYAP  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Andheri West (Main Center)

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024 / 14:02

**IMPRESSION:-**

No significant abnormality is seen.

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

DR. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No – 2014/11/4764  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409431717>

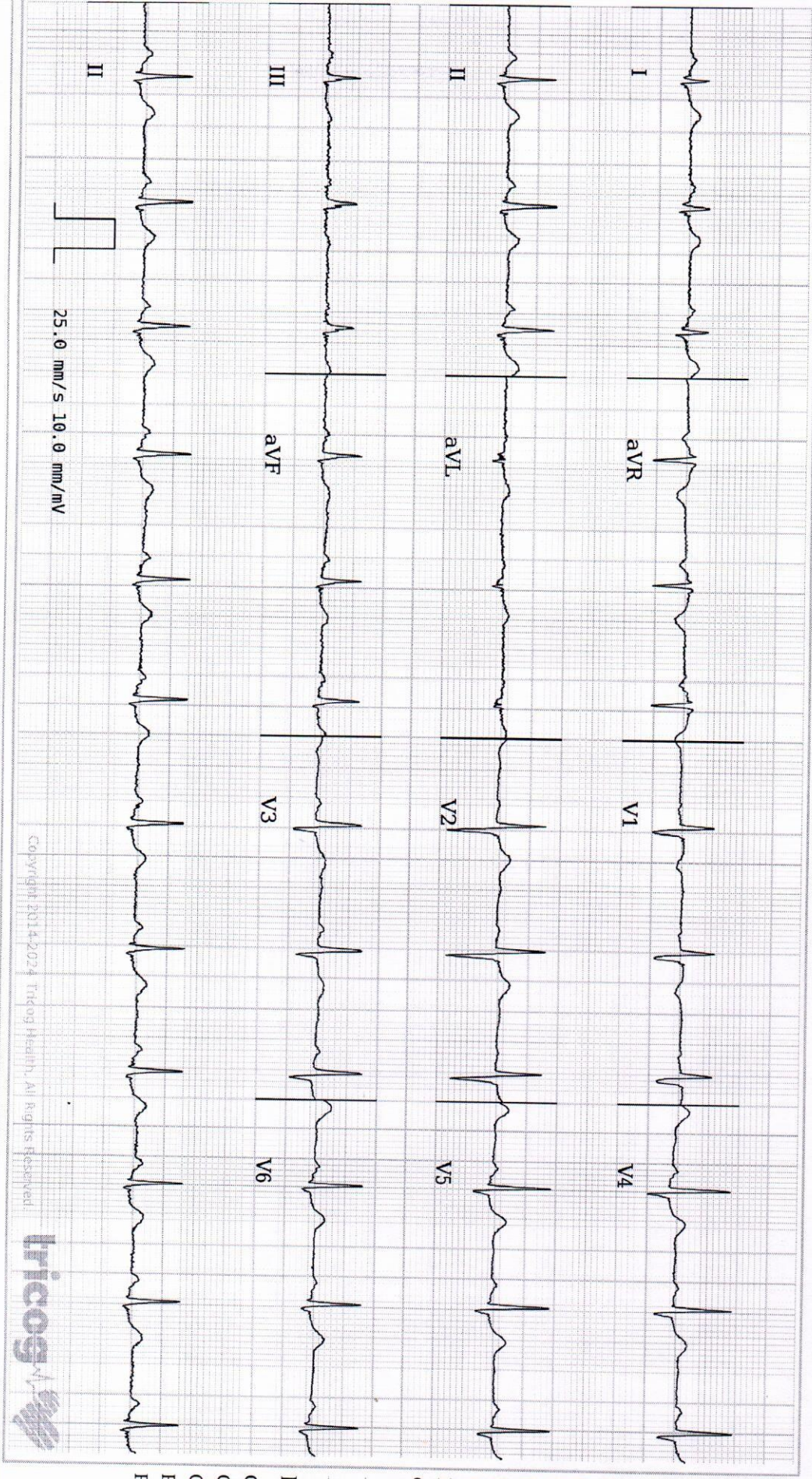
REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

Page no 2 of 2

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25.0 mm/s 10.0 mm/mV

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Age **36** NA NA  
years months days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 96ms  
QT: 366ms  
QTcB: 406ms  
PR: 148ms  
P-R-T: 50° 70° 36°

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

REPORTED BY

Dr. Nalin Sawane  
M.B.B.S, F.L.H., D.D.I.B., D.C.A.R.D.  
Consultant Cardiologist  
87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history. 2) Patient vitals are as entered by the clinician and not derived from the ECG. symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified

## SUBURBAN DIAGNOSTICS

**Patient Details**      Date: 24-Feb-24      Time: 11:50:47  
**Name:** AMBARI KASHYAP    ID: 2405522087  
**Age:** 36 y      Sex: F      Height: 163 cms      Weight: 65 Kgs  
**Clinical History:** NONE

**Medications:** NONE

### Test Details

**Protocol:** Bruce      Pr.MHR: 184 bpm      THR: 156 (85 % of Pr.MHR) bpm  
**Total Exec. Time:** 7 m 1 s      Max. HR: 158 (86% of Pr.MHR) bpm      Max. Mets: 10.20  
**Max. BP:** 160 / 70 mmHg      Max. BP x HR: 25280 mmHg/min      Min. BP x HR: 5880 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 : 36	1.0	0	0	85	110 / 70	-0.42 aVR	1.42 II
Standing	0 : 6	1.0	0	0	84	110 / 70	-0.42 III	1.42 II
Hyperventilation	0 : 31	1.0	0	0	97	110 / 70	-1.06 aVR	3.18 II
1	3 : 0	4.6	1.7	10	123	120 / 70	-2.34 aVR	2.48 II
2	3 : 0	7.0	2.5	12	145	130 / 70	-1.27 II	2.83 II
Peak Ex	1 : 1	10.2	3.4	14	158	160 / 70	-2.97 II	5.66 III
Recovery(1)	1 : 0	1.8	1	0	129	140 / 70	-1.27 III	4.25 II
Recovery(2)	1 : 0	1.0	0	0	101	120 / 70	-0.85 aVR	2.83 II
Recovery(3)	0 : 58	1.0	0	0	97	110 / 70	-0.42 III	1.42 II

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE  
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS 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.

DR. ASMITA CHATURVEDI  
 M.B.B.S., M. D(MED).  
 2003/03/1460

Doctor: DR ASMITA CHATURVEDI  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

Ref. Doctor: ACROFEMI HEALTHCARE LIMITED  
 ( Summary Report edited by user )



**AMBARI KASHYAP (36 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s **HR: 85 bpm**

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 70

ST Level (mm)      ST Slope (mv/s)

ST Level (mm)      ST Slope (mv/s)

0.4      0.7

0.0      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

0.4      1.4

0.4      0.0

Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

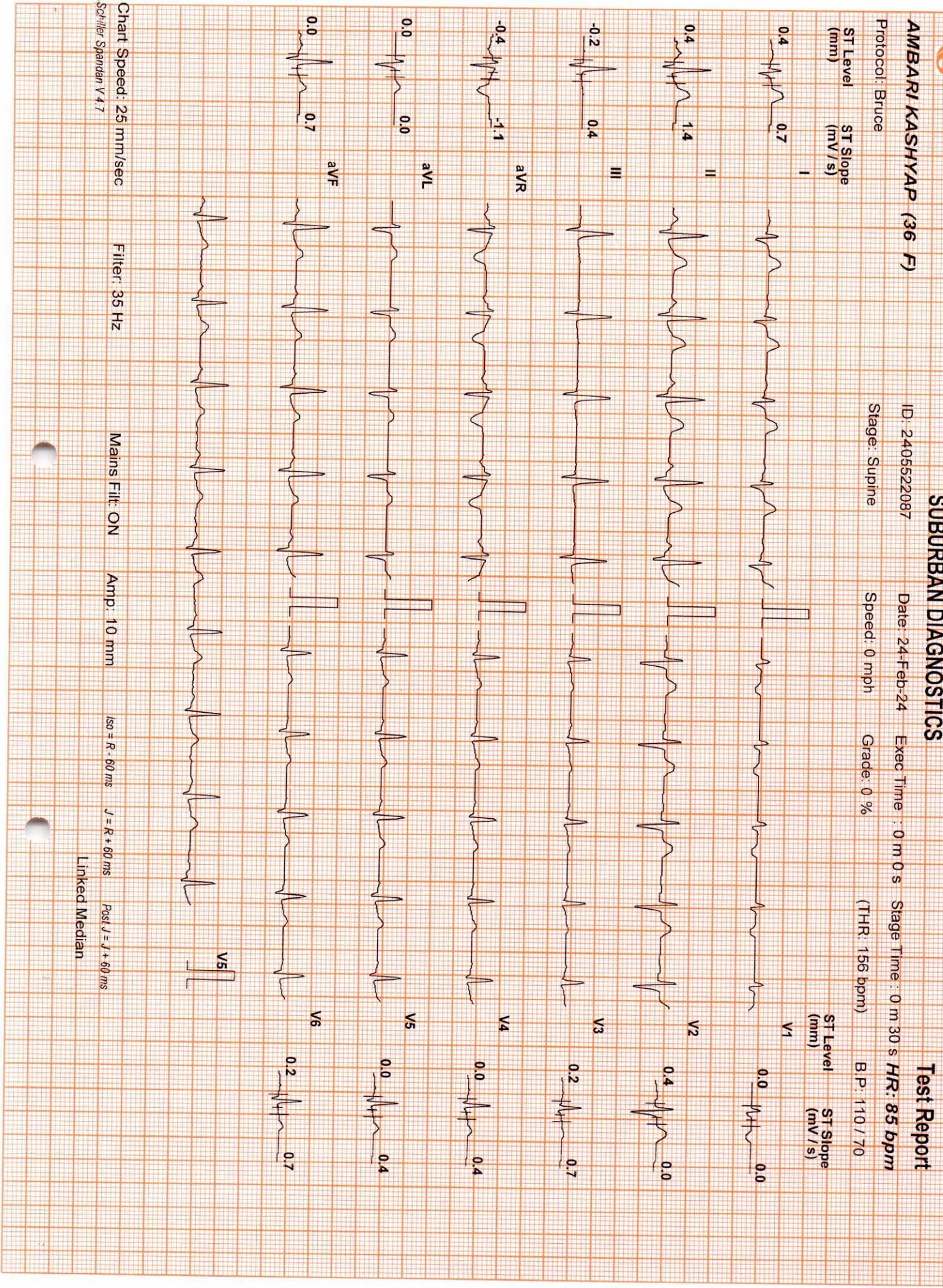
Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Linked Median





AMBARI KASHYAP (36 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2406522087

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 0 s

HR: 84 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

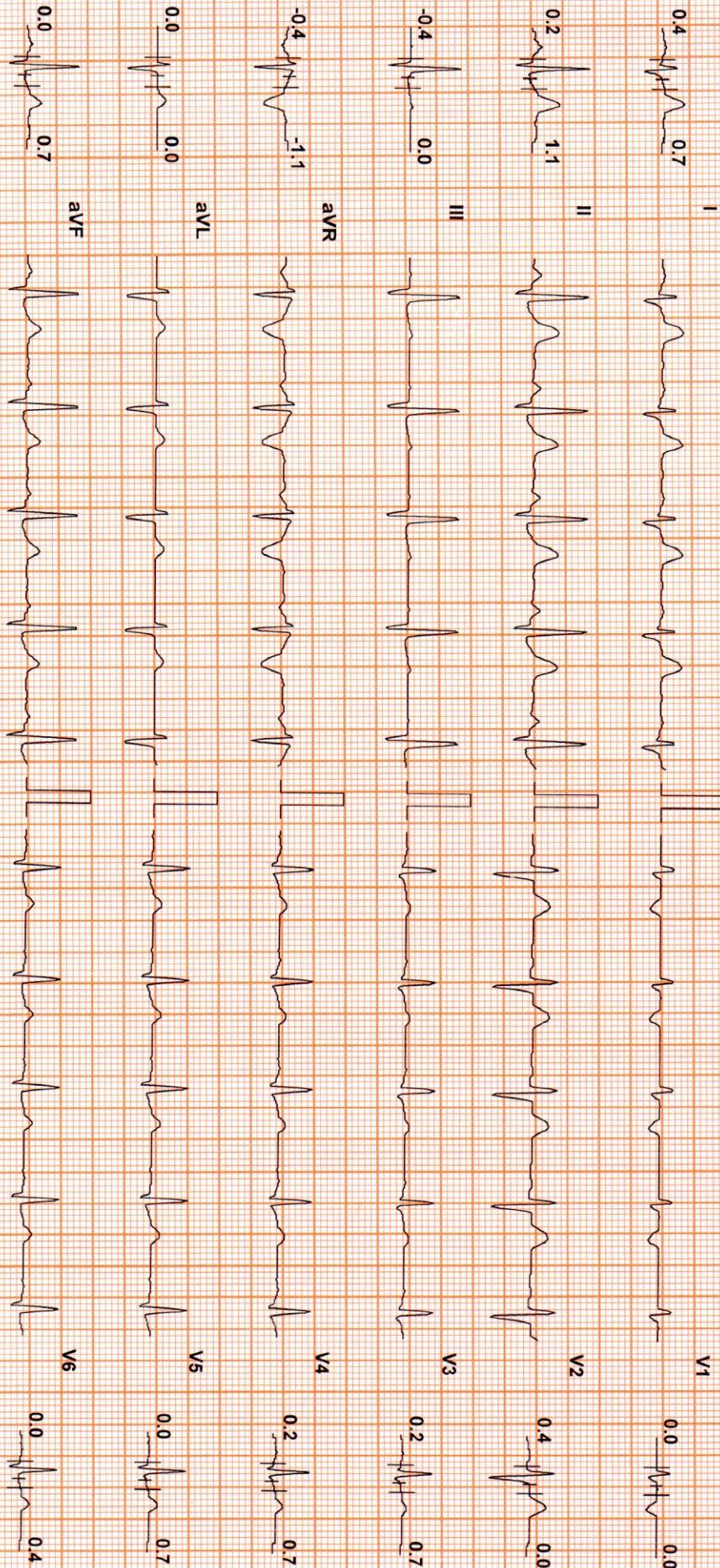


Chart Speed: 25 mm/sec  
Schiller Spandau V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



**AMBARIKASHYAP (36 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s HR: 97 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 110 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I

V1

0.8      1.4



0.0      -0.4

II

V2

0.2      1.4



0.2      0.7

III

V3

-0.2      0.0

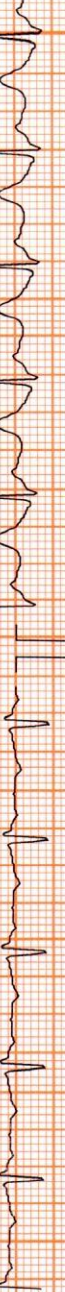


0.0      0.4

avR

V4

-0.4      -1.4



0.2      0.4

avL

V5

0.2      0.0

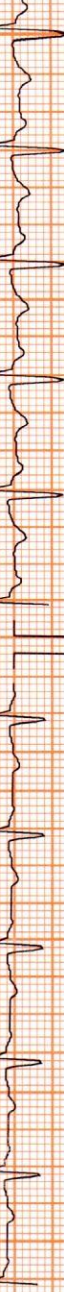


0.2      0.4

avF

V6

0.0      0.4



0.4      0.7



V5

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

Linked Median

Schiller Spendan V 4.7



AMBARI KASHYAP (36 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2405622087

Date: 24-Feb-24 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 123 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 156 bpm)

B.P: 120 / 70

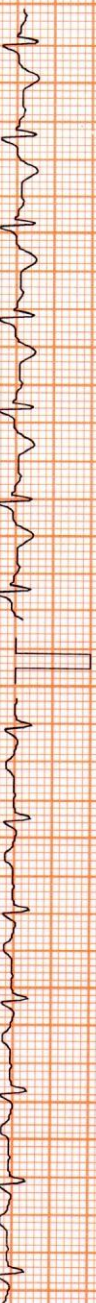
ST Level (mm) ST Slope (mV/s)

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

I

V1

0.2 0.7



-0.2 -0.7

II

-0.4 1.8



0.4 0.4

III

-0.4 1.4



-0.2 0.7

aVR

0.0 -1.4



-0.2 1.1

aVL

0.0 -0.4



0.0 1.4

aVF

-0.4 1.4



0.0 1.1

V5



V6

0.0 1.1

Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 146 bpm

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 156 bpm)

B.P: 130 / 70

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

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

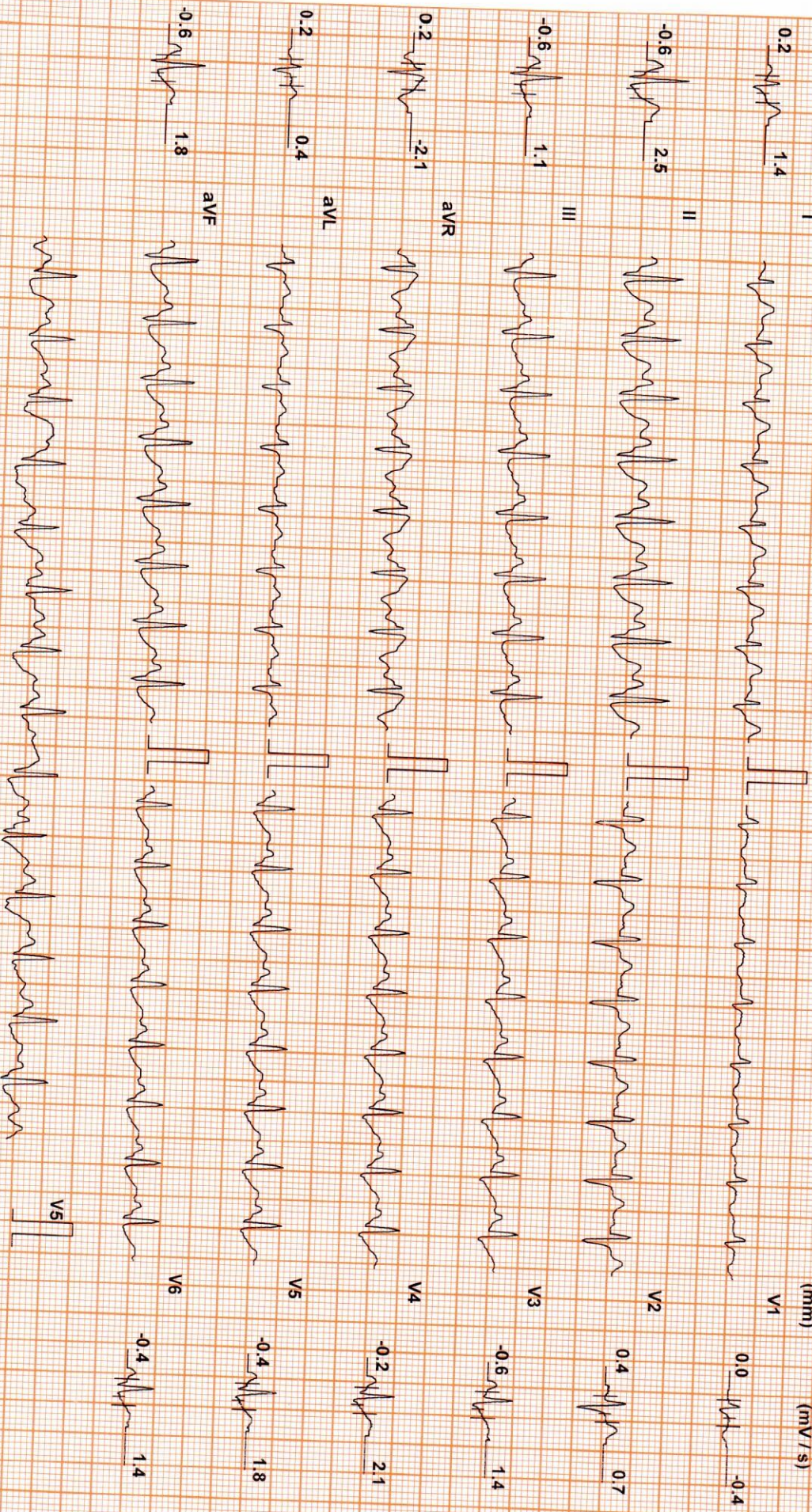


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24 Exec Time : 6 m 18 s Stage Time : 0 m 18 s HR: 149 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 156 bpm)

B.P: 160 / 70

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

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

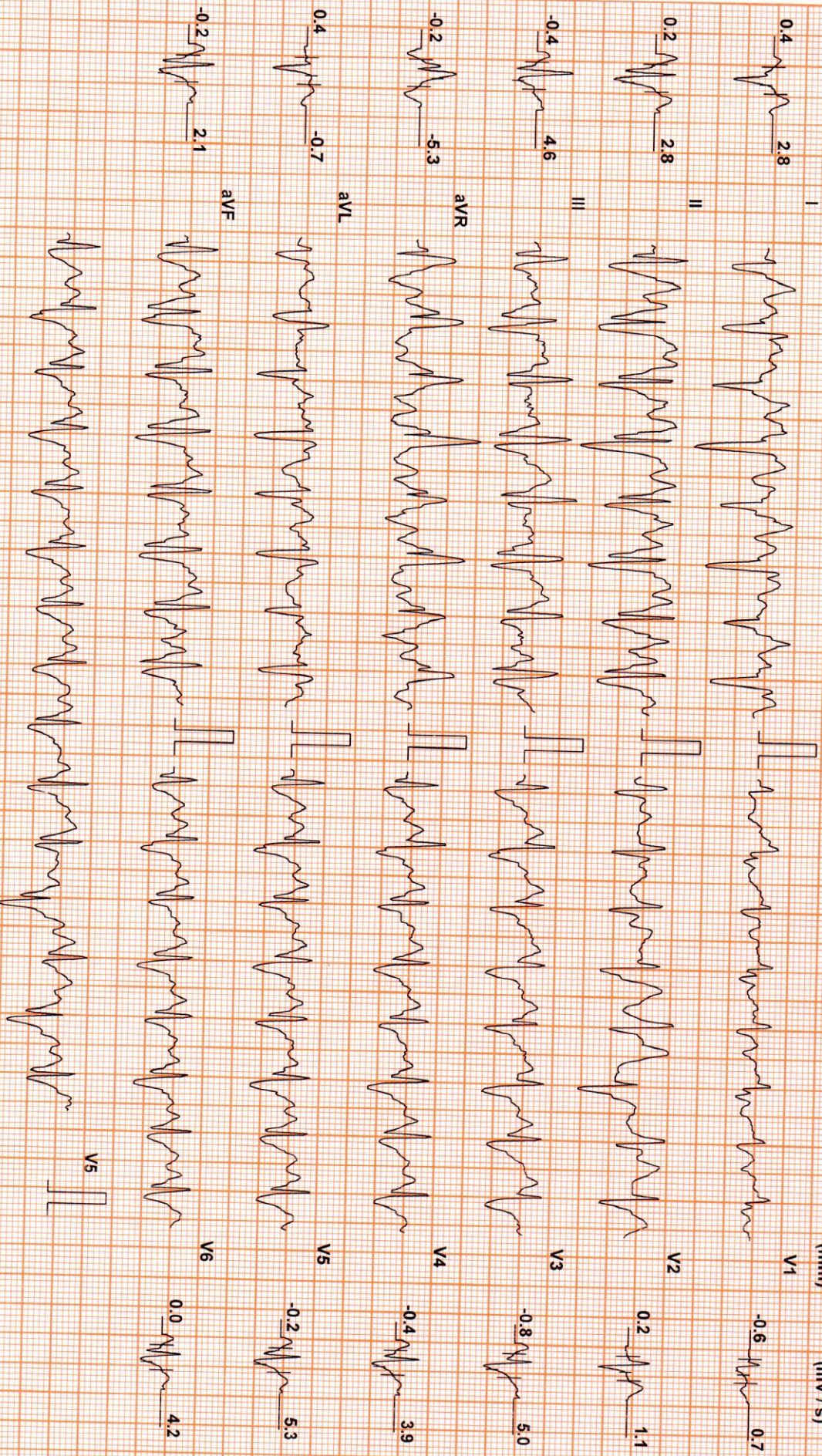


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**AMBARI KASHYAP (36 F)**

**SUBURBAN DIAGNOSTICS**

**Test Report**

Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24

Exec Time : 7 m 1 s

Stage Time : 0 m 54 s

HR: 137 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

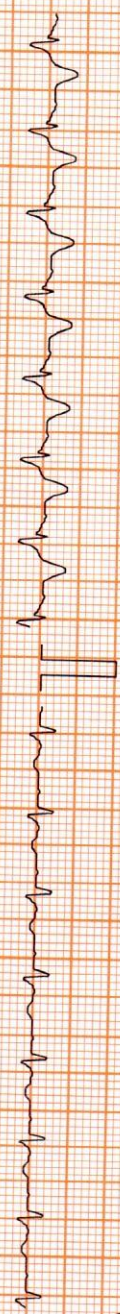
(THR: 156 bpm)

B.P: 140 / 70

ST Level (mm)      ST Slope (mV/s)

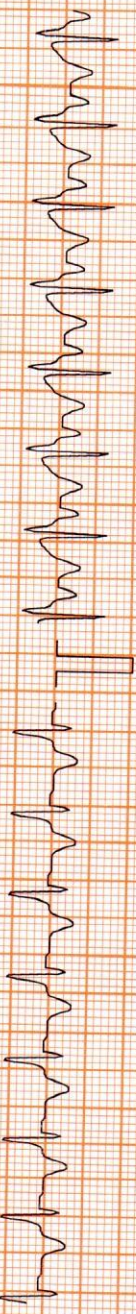
ST Level (mm)      ST Slope (mV/s)

0.4      1.4



0.0      -0.4

0.2      2.8



0.6      1.1

-0.4      0.7



0.0      1.4

-0.4      -2.5



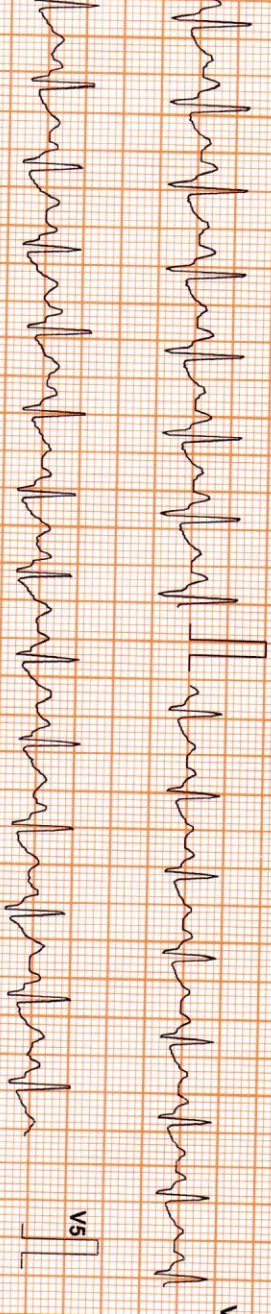
0.2      1.8

0.2      0.4



0.2      1.8

-0.2      1.8



0.2      1.4

Chart Speed: 25 mm/sec  
Schiller Spandax 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

Linked Median



# SUBURBAN DIAGNOSTICS

# Test Report

**AMBARU KASHYAP (36 F)**

ID: 2405522087      Date: 24-Feb-24      Exec Time: 7 m 1 s      Stage Time: 0 m 54 s      HR: 101 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P: 120 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

I

V1

0.6      1.4

0.0      0.0

II

V2

0.4      1.4

0.4      1.1

III

V3

-0.2      0.7

0.0      0.7

aVR

V4

-0.2      -1.1

0.2      1.1

aVL

V5

0.0      0.0

0.0      0.7

aVF

V6

-0.2      0.7

0.0      0.7



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

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isr = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2405522087

Date: 24-Feb-24

Exec Time : 7 m 1 s

Stage Time : 0 m 52 s

HR: 100 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 156 bpm)

B.P.: 110 / 70

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

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

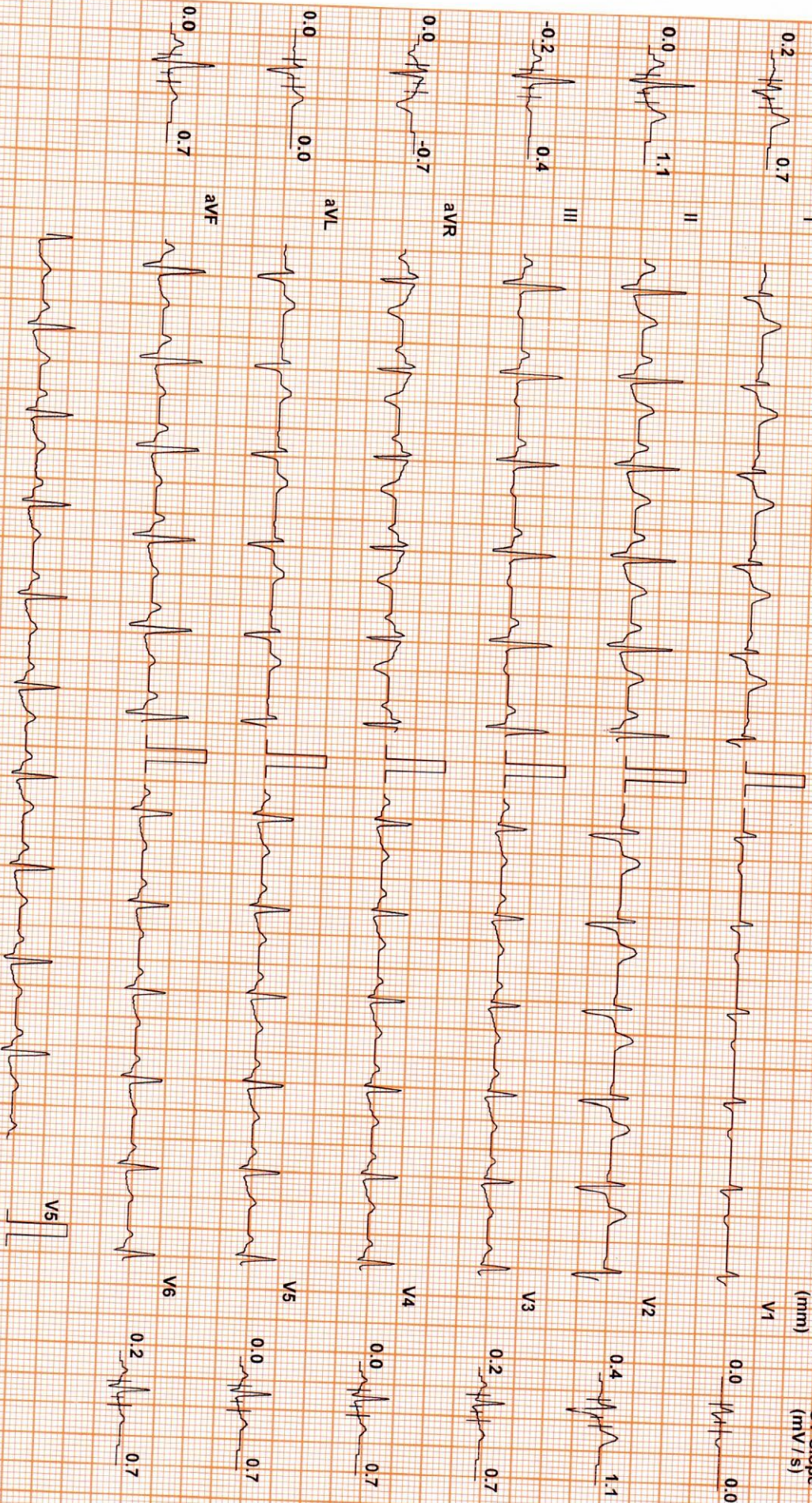


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V4.7