



CID : 2406818198  
Name : MRS.AARTI GANKUTKAR  
Age / Gender : 39 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 08-Mar-2024 / 09:39  
Reported : 08-Mar-2024 / 12:17

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.1	36-46 %	Measured
MCV	72	80-100 fl	Calculated
MCH	23.8	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	17.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9940	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.3	20-40 %	
Absolute Lymphocytes	3707.6	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	636.2	200-1000 /cmm	Calculated
Neutrophils	52.8	40-80 %	
Absolute Neutrophils	5248.3	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	328.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	19.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	516000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	+		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelets increased on smear.
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      16                      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 Borivali Lab, Borivali West

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



*J Thakker*

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



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Reported : 08-Mar-2024 / 19:42

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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Reported : 08-Mar-2024 / 12:43

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	16.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	104	(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

TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	136	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 Borivali Lab, Borivali West

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

**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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO  
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	73.2	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	15.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	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	2.51	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 becuae 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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.15	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	<b>0.05</b>	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	18.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.8	35-105 U/L	Colorimetric

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Collected : 08-Mar-2024 / 13:16  
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**HEPATITIS "B" SURFACE ANTIGEN (HBsAg)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Hepatitis "B" Surface Antigen (HBsAg), Serum	Nonreactive(0.10)	Reactive ( $\geq 1.00$ Index) Non-Reactive ( $< 1.00$ Index)	CLIA

Note: Kindly note in change in method w.e.f. 28-12-2023

**Clinical Significance:**

- HBsAg is the surface antigen of Hepatitis B.
- It is used to diagnose Hepatitis B infection, carriers of HBV, to assess the progression and prognosis of disease process and to screen blood donors.
- HBsAg is the first serological marker after infection with HBV, appearing 1-10 weeks after exposure and 2-8 weeks after onset of clinical symptoms.
- HBsAg persists during acute phase and clears during convalescence period.
- Failure to clear HBsAg within 6 months indicates a chronic carrier state.
- Hepatitis B causes infection of the liver with clinical features ranging from absent or mild disease to severe liver failure.
- Hepatitis B is transmitted primarily by body fluids, especially serum. It can also spread by sexual contact and from mother to fetus.
- In most patients, HBV hepatitis is self limited and patient recovers; about 1-2 % of normal adolescents and adults have persistent viral replication resulting in chronic hepatitis.

**Reflex Tests:**

- HBV DNA
- Anti HBcIgM
- HBeAg and Anti HBe

**Limitations of the test:**

- Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays.
- Patients routinely exposed to animals or animal serum products can be prone to this interference.

**Reference:**

- HBsAg (Generation II) kit pack insert
- Bakerman's ABC's of Interpretive Laboratory Data
- Wallach's Interpretation of Diagnostic Tests
- Henry's Clinical Diagnosis and Management by Laboratory methods

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Collected : 08-Mar-2024 / 13:16  
Reported : 08-Mar-2024 / 16:52

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**HEPATITIS 'C' VIRUS (HCV) ANTIBODIES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
HCV, Serum	Nonreactive(0.06)	Nonreactive: < 0.80 Index Equivocal: >/= 0.80- <1.00 Index Reactive: >/=1.00 Index	CLIA

Note: Kindly note in change in method and reference range w.e.f.02-01-2024

**Test Specifications:**  
This Anti HCV test is designed to detect antibodies to putative structural and non structural proteins of HCV genome.

**Interpretation:**  
1) All reactive samples should be confirmed by supplemental assays like HCV RNA.  
2) A non-reactive result does not exclude the possibility of exposure to or infection with HCV.  
3) Patients with auto-immune liver disease may show falsely reactive results.

**Clinical Significance:**  
1) Hepatitis C is one of six hepatitis viruses identified so far, including A, B, D, E, and G, that are known to cause the disease.  
2) Hepatitis C (HCV) is a virus that causes an infection of the liver that is characterized by liver inflammation and damage.  
3) The most common test for HCV looks for antibodies in the blood that are produced in response to an HCV infection.

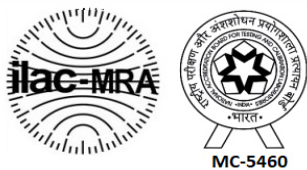
**Intended Use:**  
1) Hepatitis C antibody tests are used to screen individuals for the infection, including, for example, people with no signs or symptoms but with risk factors, people who have symptoms associated with hepatitis or liver disease, or those who have been exposed to the virus.  
2) In Chronic Liver diseases.

**Reflex Tests:**  
1) Liver function tests, HCV RNA  
3) Radiological investigation (USG Abdomen)

**Limitations of the test:**  
1) The detection of anti-HCV antibodies indicates a present or past infection with hepatitis C virus, but does not differentiate between acute, chronic or resolved infection  
2) The antibody concentration may be beneath the detection limit of this assay or the patient's antibodies do not react with the antigens used in this test.

**Reference:**  
1) Anti HCV kit insert  
2) Lavanchy D. The global burden of hepatitis C. Liver Int 2009;29(s1):74-81.  
3) Hepatitis C WHO report WHO/SCD/SCR/LYO/2003 <http://www.who.int/csr/disease/hepatitis/Hepc.pdf>

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



*Anupa*

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



CID : 2406819459  
Name : MRS.AARTI GANKUTKAR  
Age / Gender : 39 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 08-Mar-2024 / 13:16  
Reported : 08-Mar-2024 / 16:26

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Application To Scan the Code

**HIV 1+O/2 Antibodies & HIV 1 p24 Antigen**

PARAMETER	RESULTS	METHOD
HIV 1+O/2 Antibodies and HIV 1 p24 Antigen, Serum	Nonreactive(0.167)	CLIA
	Non reactive: <1.0 Index Reactive: >=1.0 Index	

Note: Kindly note in change in method w.e.f.28-12-2023

**Test specifications:**

- CLIA: Relative Sensitivity: 100% (100/100) Relative Specificity: 100% (100/100) with a 95% confidence interval (CI) of 99.60%-99.84%.
- ECLIA: Sensitivity 100%, Specificity 99.63%
- CMA: Analytical sensitivity of < 50 pg/mL to HIV-1 p24 Ag, Specificity >= 99.5% interval (CI) of 99.08%-100.0%.
- ELFA: Sensitivity -100.00% (95% confidence interval: 99.29% - 100.00%).
- Tridot (Immunofiltration)- Sensitivity:100%, Specificity:100%

**Intended Use:**

- The HIV Ag/Ab (Generation IV) assay is for the simultaneous qualitative detection of HIV p24 antigen and antibodies to human immunodeficiency virus type 1 and/or type 2 (HIV-1/HIV-2) in human serum or plasma.
- This assay is intended to be used as an aid in the diagnosis of HIV-1/HIV-2 infection and as a screening test for donated blood and plasma.
- An HIV Ag/Ab result does not distinguish between the detection of HIV p24 antigen, HIV-1 antibody, or HIV-2 antibody.

**Clinical Significance:**

- Human Immunodeficiency Virus (HIV) infection is the cause of Acquired Immunodeficiency Syndrome (AIDS) as well as symptomatic disease prior to development of AIDS.
- HIV transmission is due to direct contact with infected body fluids; primarily blood, semen, vaginal and cervical secretions, breast milk and amniotic fluid.
- The contact is usually mediated by sexual contact, IV drug abuse & blood exposure.
- Antibodies against HIV are nearly always detected in AIDS patients and HIV infected asymptomatic individuals.
- HIV 2 virus is similar to HIV 1 virus, however is less pathogenic, have longer latency period with slower progression to disease, lower viral titres and lower rates of vertical and horizontal transmission.

**Confirmatory Test:** HIV RNA PCR

**Limitations of the test:**

- Heterophile antibodies in human serum can react with reagent immunoglobulins, interfering with in-vitro immunoassays.
- Patients routinely exposed to animals or animal serum products can be prone to this interference.

**Reference:**

- HIV kit pack insert
- Wallach's Interpretation of Diagnostic Tests
- Bakerman's ABC's of Interpretive Laboratory Data

**Disclaimer:** Pre and post counselling for HIV test will be performed by referring physician/authority whenever patient is referred.

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

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



*Dr. Vrushi Shroff*

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

# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: AARTI GANKUTKAR

Date and Time: 8th Mar 24 10:48 AM

Patient ID: 2406818198

Age **39** **NA** **NA**  
years months days

Gender **Female**

Heart Rate **55bpm**

### Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

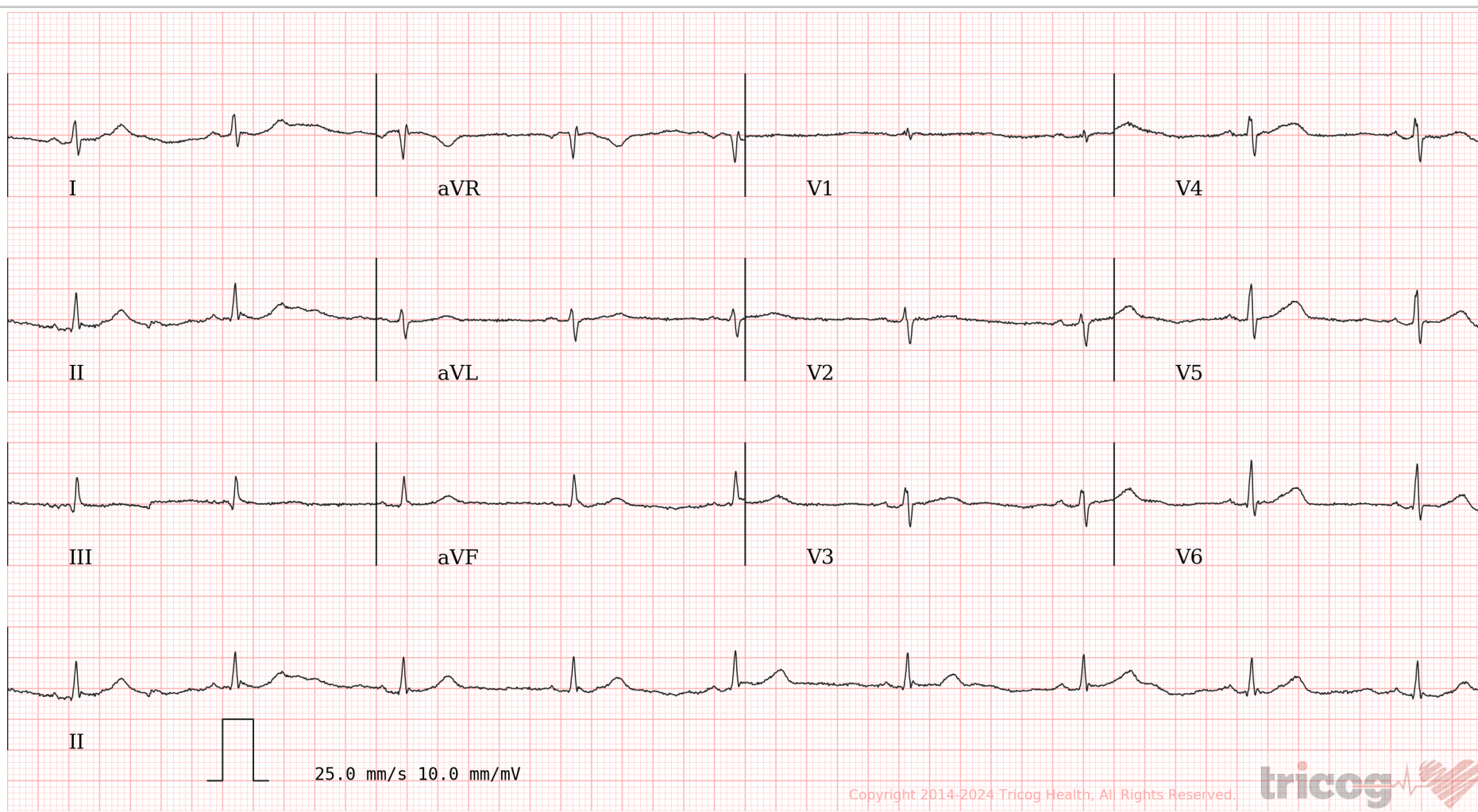
QRSD: 72ms

QT: 426ms

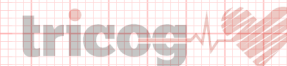
QTcB: 407ms

PR: 154ms

P-R-T: 19° 75° 45°



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Low Voltage Complexes Sinus Bradycardia. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714

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.



CID NO: 2406818198	
PATIENT'S NAME: MRS.AARTI GANKUTKAR	AGE/SEX: 39 Y/F
REF BY: -----	DATE: 08/03/2024

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral valves normal, Trivial TR.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.No Diastolic disfunction. No Doppler evidence of raised LVEDP.



PATIENT'S NAME: MRS.AARTI GANKUTKAR	AGE/SEX: 39 Y/F
REF BY: -----	DATE: 08/03/2024

- |                        |          |
|------------------------|----------|
| 1. AO root diameter    | 2.8 cm   |
| 2. IVSd                | 0.9 cm   |
| 3. LVIDd               | 4.1 cm   |
| 4. LVIDs               | 1.9 cm   |
| 5. LVPWd               | 0.9 cm   |
| 6. LA dimension        | 3.7 cm   |
| 7. RA dimension        | 3.7 cm   |
| 8. RV dimension        | 3.0 cm   |
| 9. Pulmonary flow vel: | 1.0 m/s  |
| 10. Pulmonary Gradient | 4 m/s    |
| 11. Tricuspid flow vel | 1.8 m/s  |
| 12. Tricuspid Gradient | 14 m/s   |
| 13. PASP by TR Jet     | 24 mm Hg |
| 14. TAPSE              | 3.0 cm   |
| 15. Aortic flow vel    | 1.3 m/s  |
| 16. Aortic Gradient    | 8 m/s    |
| 17. MV:E               | 0.8 m/s  |
| 18. A vel              | 0.7 m/s  |
| 19. IVC                | 15 mm    |
| 20. E/E'               | 8        |

**Impression:**


Trivial TR.

Normal 2d echo study.

**Disclaimer**

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
Consultant Cardiologist  
Reg. No. 87714

CID NO: 2406818198

NAME: MRS.AARTI GANKUTKAR

AGE: 39 YRS

SEX: F

Ref. by : ---

Date: 08/03/2024

**USG BOTH BREASTS**

Real time ultrasonography of both the breast has been performed with 10 MHz transducer.

Both breasts show normal architecture and echotexture.

Simple cyst is noted measuring 2.6 x 1.4 cm at 12 o'clock position in left breast.

Few simple cysts are also seen in right breast.

The skin subcutaneous tissue, mammary tissue, retromammary fat plane and muscle layer are well delineated and appear normal. Normal internal septations are also seen.

No evidence of any mass lesion seen.

No axillary lymphadenopathy noted.

**IMPRESSION:**

- Simple cysts in both breasts.



Dr. VIKRANT S. PATIL  
M. D. Radio Diagnosis  
Reg No 2014052421

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Name : <b>Aarti</b>	Age / Gender : <b>39 / F.</b>
Dr. :	Date : <b>8/3/24.</b>

**GYNAEC EXAMINATION REPORTS**

PERSONAL HISTORY

CHIEF COMPLAINTS : **Endometriosis + Infertility : On Rx : 5yr**

MARITAL STATUS : **2 IUPS**

MENSTRUAL HISTORY : **already done**

(i) MENARCHE : **13 yrs ..**

(ii) PRESENT MENSTRUAL HISTORY : **01/03/2024. LLMP - Jan. 2024.**

(iii) PAST MENSTRUAL HISTORY : **managed with ...**  
**H/o continuous 1 month menstrual bleeding Aug. 202**

OBSTETRIC HISTORY : **G<sub>0</sub>P<sub>0</sub>A<sub>0</sub>L<sub>0</sub>**

PAST HISTORY :

PREVIOUS SURGERIES : **2018 } operated for**

ALLERGIES : **2023 } Endometriosis**

FAMILY HISTORY : **M - Endometriosis.**

DRUG HISTORY : **On P. Overall - G. (on & off) for**

BOWEL HABITS :

BLADDER HABITS : **no.**  
**C/o Rec. UTI.**

↓  
**operated for Endometriosis (D&C??)**  
**ovulatory study**

**Dr. MONALI SHAH**  
**REG NO .57282**  
**Consultant HOMOEOPATH**  
**DIETITIAN & NUTRITIONIST**



Name : <i>Aarti</i>	Age / Gender <i>39 / F</i>
Dr. :	Date : <i>8/3/24</i>

**GYNAEC EXAMINATION REPORTS**

GENERAL EXAMINATION

TEMPERATURE :

RS :

PULSE :

CVs :

BP :

Breasts :

Per Abdomen :

Per vaginal :

*NAS O/E of  
either  
breast*

RECOMMENDATIONS

ADVISE :

**DR. MONALI SHAH**  
REG. NO. 57282  
CONSULTING HOMOEOPATH  
DIETITIAN & NUTRITIONIST  
**Dr. MONALI SHAH**  
REG NO .57282  
Consultant HOMOEOPATH  
DIETITIAN & NUTRITIONIST



CID NO: 2406818198		
NAME: MRS.AARTI GANKUTKAR	AGE: 39 YRS	SEX: F
Ref. by : ---	Date: 08/03/2024	

**USG WHOLE ABDOMEN**

**LIVER:** Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

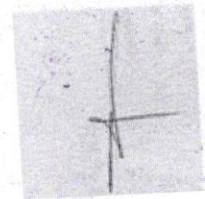
**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted, normal and measures 3.9 x 5.2 x 5.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.2 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture. The right ovary measures 2.1 x 2.0 cm, The left ovary measures 2.8 x 2.1 cm. No free fluid or obvious significant lymphadenopathy is seen.

**Opinion:**

- No significant abnormality is detected.
- For clinical correlation and follow up.



Dr. VIKRANT S. PATIL  
M. D. Radio Diagnosis  
Reg No 2014052421

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Date:-

CID:

Name:-

Aarti

Sex / Age: /

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RE LE

Aided Vision:

Refraction:

6/6 6/6

(Right Eye)

(Left Eye)

NIG 14/6

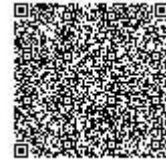
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

normal y

Suburban Diagnostics (India) Pvt. Ltd.  
 301B, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406818198  
**Name** : Mrs AARTI AARTI  
**Age / Sex** : 39 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 08-Mar-2024  
**Reported** : 08-Mar-2024/12:42

**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.

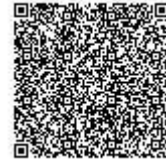
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Dr. Chirag Patel  
Consultant Radiologist  
M.B.B.S, MD (Radiodiagnosis)  
Reg. No. MMC 2017073319





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2406818198  
**Name** : Mrs AARTI AARTI  
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