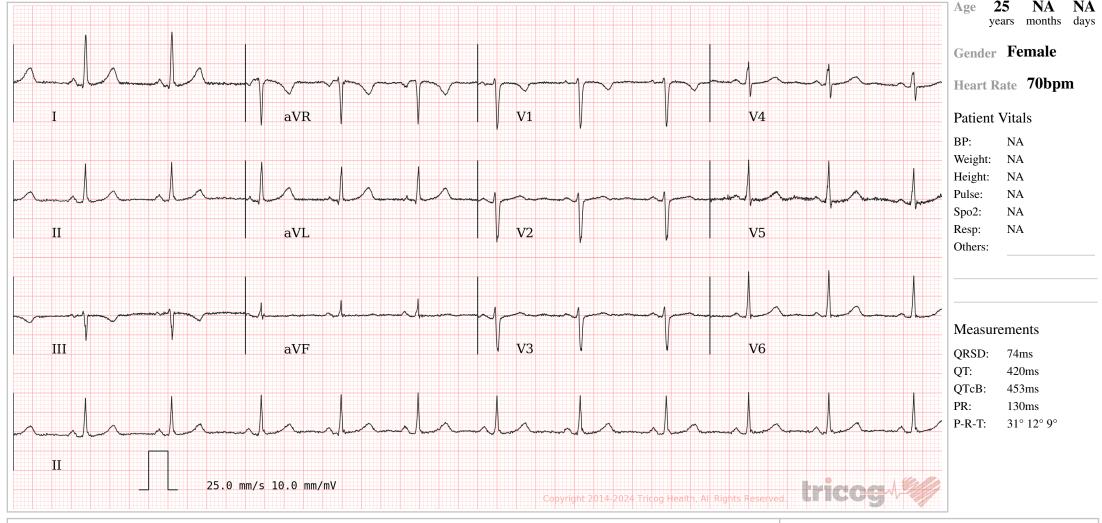
SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: DEVARAKONDA SRAVANI Patient ID: 2408913139 Date and Time: 29th Mar 24 9:35 AM



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

REPORTED BY

Dr Naveed Sheikh PGDCC 2016/11/4694

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	: 2408913139
Name	: MRS.DEVARAKONDA SRAVANI
Age / Gender	: 25 Years / Female
Consulting Dr.	: -
Reg. Location	: Kalina, Santacruz East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	14.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.36	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.5	36-46 %	Calculated
MCV	81.1	81-101 fl	Measured
MCH	26.9	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8110	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	41.0	20-40 %	
Absolute Lymphocytes	3330	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	510	200-1000 /cmm	Calculated
Neutrophils	50.3	40-80 %	
Absolute Neutrophils	4070	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	170	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count MPV	306000 8.3	150000-410000 /cmm 6-11 fl	Elect. Impedance Measured
PDW	15.3	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis			

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CID	: 2408913139			0
Name	: MRS.DEVARAKONDA SRAVANI			R
Age / Gender	: 25 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	:-	Collected	:29-Mar-2024 / 09:22	•
Reg. Location	: Kalina, Santacruz East (Main Centre)	Reported	:29-Mar-2024 / 12:30	

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic,Normochromic
Others WBC MORPHOLOGY	Normocytic,Normochromic
WBC MORPHOLOGY	-

ESR, EDTA WB-ESR 6 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 SDRL, Vidyavihar Lab *** End Of Report ***



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

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Name	: MRS.DEVARAKONDA SRAVANI
Age / Gender	: 25 Years / Female
Consulting Dr.	:-
Reg. Location	: Kalina, Santacruz East (Main Centre)

:2408913139

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Collected: 29-MReported: 29-M

:29-Mar-2024 / 09:22 :29-Mar-2024 / 13:10

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	271.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	338.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.48	0.3-1.2 mg/dl	Vanadate oxidation	
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Vanadate oxidation	
BILIRUBIN (INDIRECT), Serum	0.37	<1.2 mg/dl	Calculated	
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret	
ALBUMIN, Serum	4.9	3.2-4.8 g/dL	BCG	
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.7	1 - 2	Calculated	
SGOT (AST), Serum	64.4	<34 U/L	Modified IFCC	
SGPT (ALT), Serum	93.8	10-49 U/L	Modified IFCC	
GAMMA GT, Serum	33.6	<38 U/L	Modified IFCC	
ALKALINE PHOSPHATASE, Serum	137.5	46-116 U/L	Modified IFCC	
BLOOD UREA, Serum	14.7	19.29-49.28 mg/dl	Calculated	
BUN, Serum	6.9	9.0-23.0 mg/dl	Urease with GLDH	
CREATININE, Serum	0.37	0.55-1.02 mg/dl	Enzymatic	

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

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CID Name Age / Gender Consulting Dr. Reg. Location	: 2408913139 : MRS.DEVARAKONDA : 25 Years / Female : - : Kalina, Santacruz Ea	Use a QR Code Scanner Application To Scan the Code T Collected : 29-Mar-2024 / 16:25
eGFR, Serum	143	(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 estir	nation is calculated using 20	CKD-EPI GFR equation w.e.f 16-08-2023
URIC ACID, Se	rum 3.5	3.1-7.8 mg/dl Uricase/ Peroxidase
Urine Sugar (Fa	sting) +++	Absent
Urine Ketones (Fasting) Absent	Absent
)	Absent
Urine Sugar (PF	') +++	



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

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R E P O R T

CID : 2408913139 Name : MRS.DEVARAKONDA SRAVANI Age / Gender : 25 Years / Female Consulting Dr. : -Reg. Location : Kalina, Santacruz East (Main Centre)

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Reported

:29-Mar-2024 / 09:22 :29-Mar-2024 / 13:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 11.3 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 277.6 mg/dl Calculated (eAG), EDTA WB - CC

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 SDRL, Vidyavihar Lab *** End Of Report ***



Course

Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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CID	: 2408913139
Name	: MRS.DEVARAKONDA SRAVANI
Age / Gender	: 25 Years / Female
Consulting Dr.	: -
Reg. Location	: Kalina, Santacruz East (Main Centre)

R E P O R T

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	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	<u>l</u>		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others			

Others

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1 + = 25 mg/dl , 2 + = 75 mg/dl , 3 + = 150 mg/dl , 4 + = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



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

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CID : 2408913139 Name : MRS.DEVARAKONDA SRAVANI Age / Gender : 25 Years / Female Consulting Dr. : -Reg. Location : Kalina, Santacruz East (Main Centre) Authenticity Check

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Collected Reported :29-Mar-2024 / 09:22 :29-Mar-2024 / 14:47

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

PARAMETER

<u>RESULTS</u>

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.

Refernces:

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

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

*** End Of Report ***



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

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CID : 2408913139 Name : MRS.DEVARAKONDA SRAVANI Age / Gender : 25 Years / Female Consulting Dr. : -Reg. Location : Kalina, Santacruz East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	262.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	167.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	49.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	213.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	179.7	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	33.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated
*Complex pressed of CUDUDDAN DI		L. Michael Charles	

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Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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: - : Kalina, Santacruz East (Main Centre)	Collected Reported	:29-Mar-2024 / 09:22 :29-Mar-2024 / 12:32	·

Third Trimester: 0.3-3.0

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS RESULTS** PARAMETER **BIOLOGICAL REF RANGE** METHOD Free T3, Serum 4.9 3.5-6.5 pmol/L CLIA Free T4, Serum 15.5 11.5-22.7 pmol/L CLIA sensitiveTSH, Serum 1.793 0.55-4.78 microlU/ml CLIA First Trimester:0.1-2.5 Second Trimester: 0.2-3.0

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CID	: 2408913139			C
Name	: MRS.DEVARAKONDA SRAVANI			R
Age / Gender	: 25 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:29-Mar-2024 / 09:22	
Reg. Location	: Kalina, Santacruz East (Main Centre)	Reported	:29-Mar-2024 / 12:32	

Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3/T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non- thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.

this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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Corporate Identity Number (CIN): U85110MH2002PTC136144



Data: 24. 0 8. 2024.

Date	2408415151
Name:- Mrs. Devarakonda. Sex	(/Age: 125 frs Female
Bravani	
EYE CHEC	KUP
Chief complaints: Nei	
Systemic Diseases: NG	
Past history: yeil	
Unaided Vision: N.V & J HLS D.J	u 7 6/6.
Aided Vision:	
Refraction:	

(Right Eye)

(Left Eye)

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	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-			616				66
Near				MJ				NIS

Colour Vision: Normal / Abnormal

Remark: WML.

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flatalkan Dr. D.G. HATALKAR R.No. 61067 M.D. (Ob.Gy)

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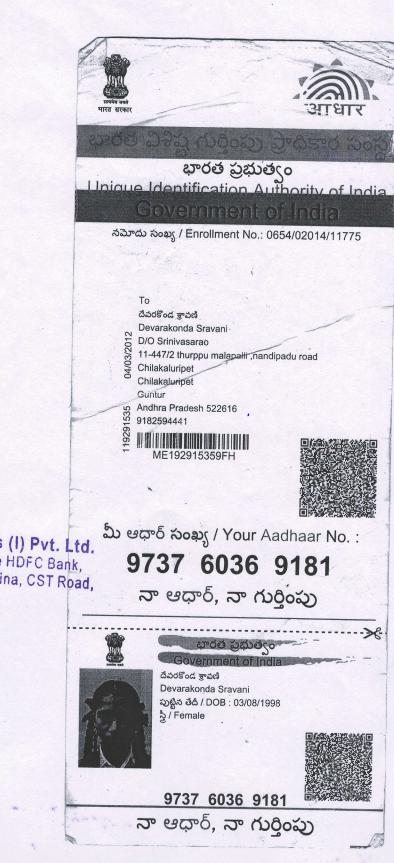
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REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd 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.



Suburban Diagnostics (I) Pvt. Ltd. 1st Floor, Harbhajan, Above HDFC Bank, Opp. Nafa Petrol Pump, Kalina, CST Road, Santacruz (East),

Tel. No. 022-61700000

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Suburban Diagnostics Kalina

Date: 29-Mar-24 Time: 10:20:39 AM Patient Details Name: MRS. DEVARAKONDA SRAVANI ID: 2408913139 Age: 25 y Sex: F Height: 161 cms Clinical History: **Routine Test**

Weight: 58 Kgs

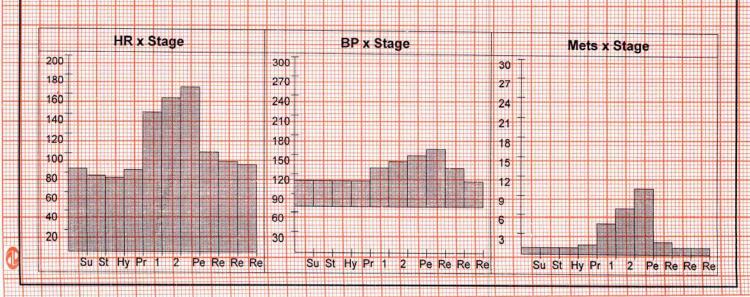
Medications: NONE

Test Details

Protocol: Bruce	Pr.MHR: 195 bpm	THR: 165 (85 % of Pr.MHR) bpm
Total Exec. Time: 6 m 18 s	Max. HR: 167 (86% of Pr.MHR)bpm	Max. Mets: 10.20
Max. BP: 160 / 70 mmHg	Max. BP x HR: 26720 mmHg/min	Min. BP x HR: 5250 mmHg/min
Test Termination Criteria: Target I	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	0:27	1.0	0	0	84	110 / 70	-0.85	1.421
Standing	0:7	1.0	0	0	77	110/70	-1.06 aVR	1.421
Hyperventilation	0:8	1.0	0	0	75	110 / 70	-1.06 aVR	1.421
1	3:0	4.6	1.7	10	142	130/70	-1.27 aVR	2.831
2	3:0	7.0	2.5	12	156	140/70	-0.85	2.83
Peak Ex	0:18	10.2	3.4	14	167	150 / 70	-0.64	2.481
Recovery(1)	2:0	1.8		0	102	160 / 70	-1.06	-3.54 aVR
Recovery(2)	2:0	1.0	0	0	92	130 / 70	-1.06	1.421
Recovery(3)	0:57	1.0	0	0	89	110 / 70	-0.85 III	1.061



Suburban Diagnostics Kalina

Patient Details	Date: 29-Mar-24	Time: 10:20:39 AM	
Name: MRS. DEVARAKONE	A SRAVANI ID: 2408913139		
Age: 25 y	Sex: F	Height: 161 cms	Weight: 58 Kgs

Interpretation

AVERAGE EFFORT TOLEREANCE NORMAL HEART RATE RESPONSE NORMAL BLOOD PRESSURE RESPONSE NO ANGINA/ANGINA EQUIVALENTS NO ARRTHYMIAS NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG IMPRESSION : STRESS TEST IS NEGATIVE FOR 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

Suburban Diagnostics (1) Pvt. Ltd. 1st Floor, Harbhajan, Above HDFC Bank, Opp. Nafa Petrol Pump, Kalina, CST Road, Santacruz (East), Tel. No. 022-61700000 DR. SHEIKH NAVEED MB8S/PGDCC Clinical Cardiologist Reg. No. 2016/11/4694

Ref. Doctor:

(Summary Report edited by user)

Doctor: NAVEED SHEIKH

(c) Schiller Healthcare India Pvt. Ltd. V 4.51

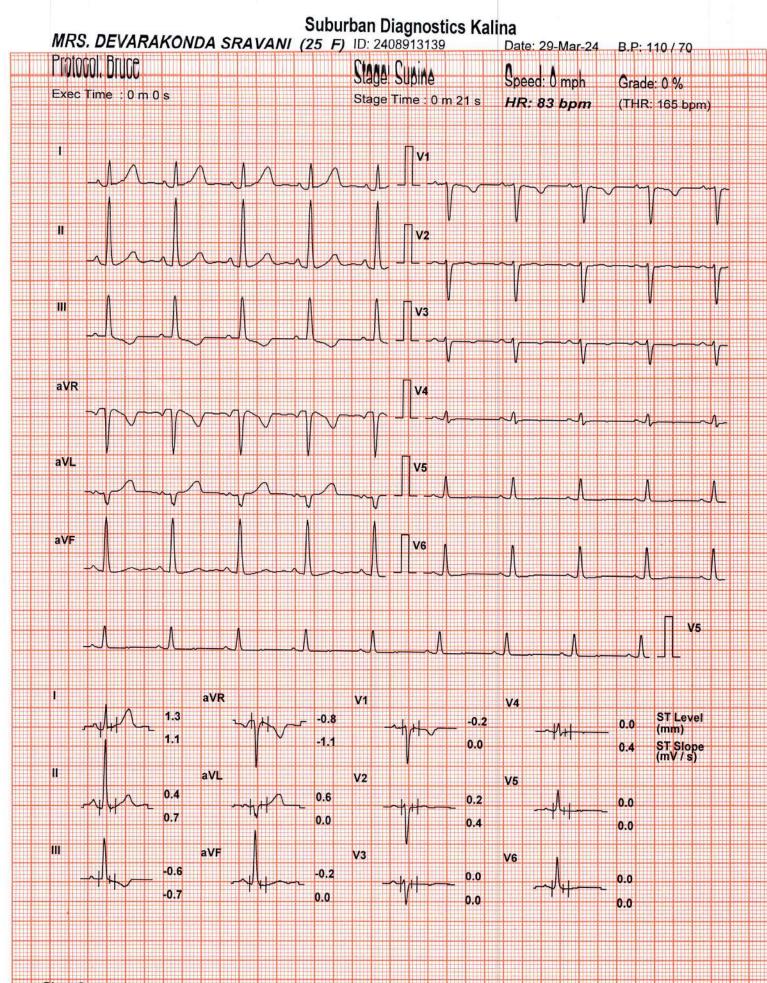


Chart Speed: 25 mm/secFilter: 35 HzMains Filt: ONAmp: 10 mmSchiller Spandan V 4.51Iso = R - 60 msJ = R + 60 msPost J = J + 60 msLinked Median

0

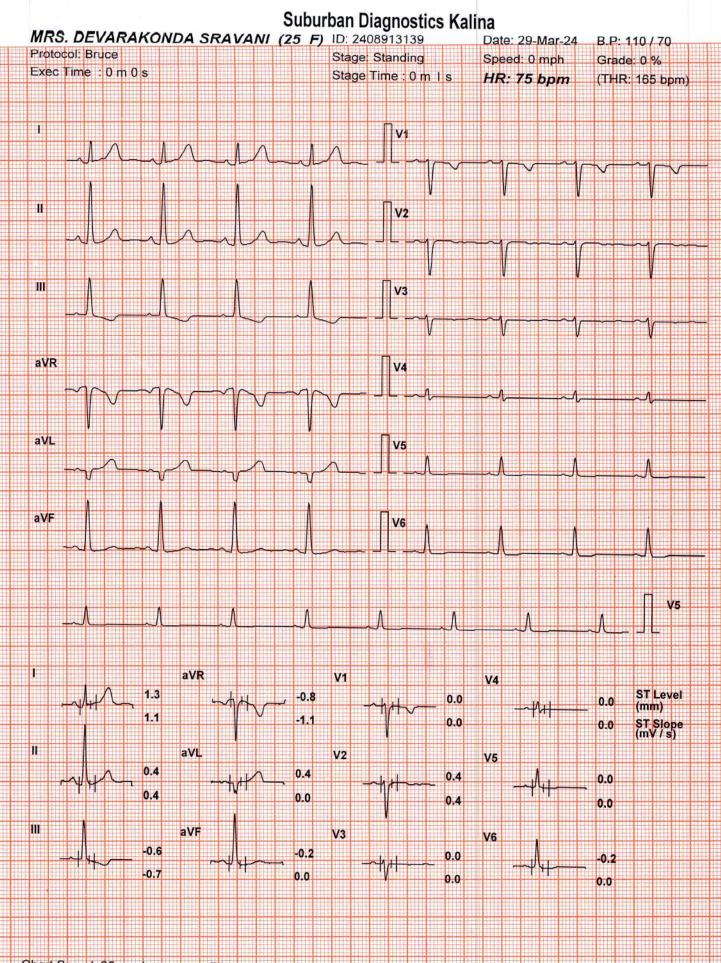
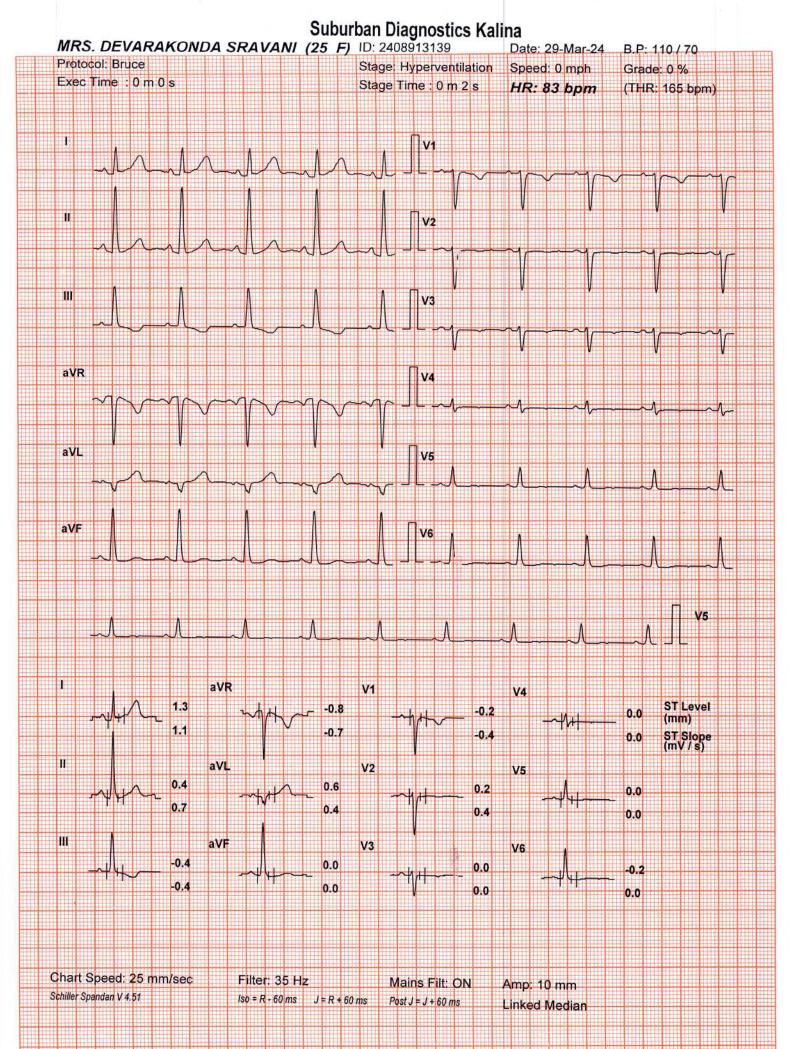
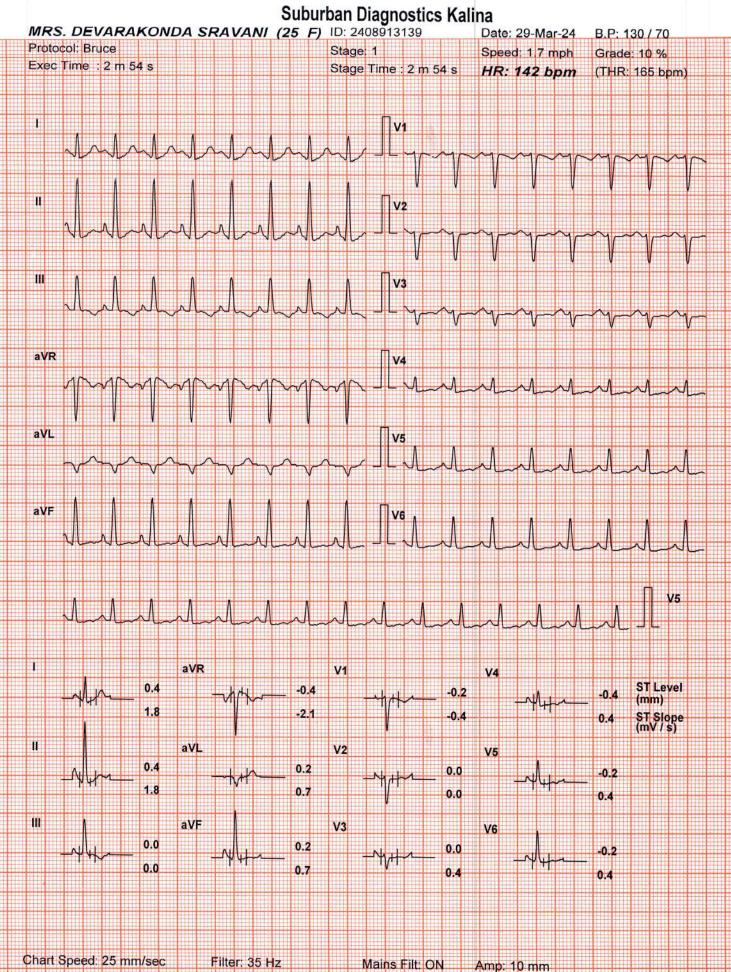


 Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filt: JN
 Amp: 10 mm

 Schiller Spandan V 4.51
 Iso = R - 60 ms
 J = R + 60 ms
 Post J = J + 60 ms
 Linked Median





Schiller Spandan V 4,51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Amp: 10 mm Linked Median

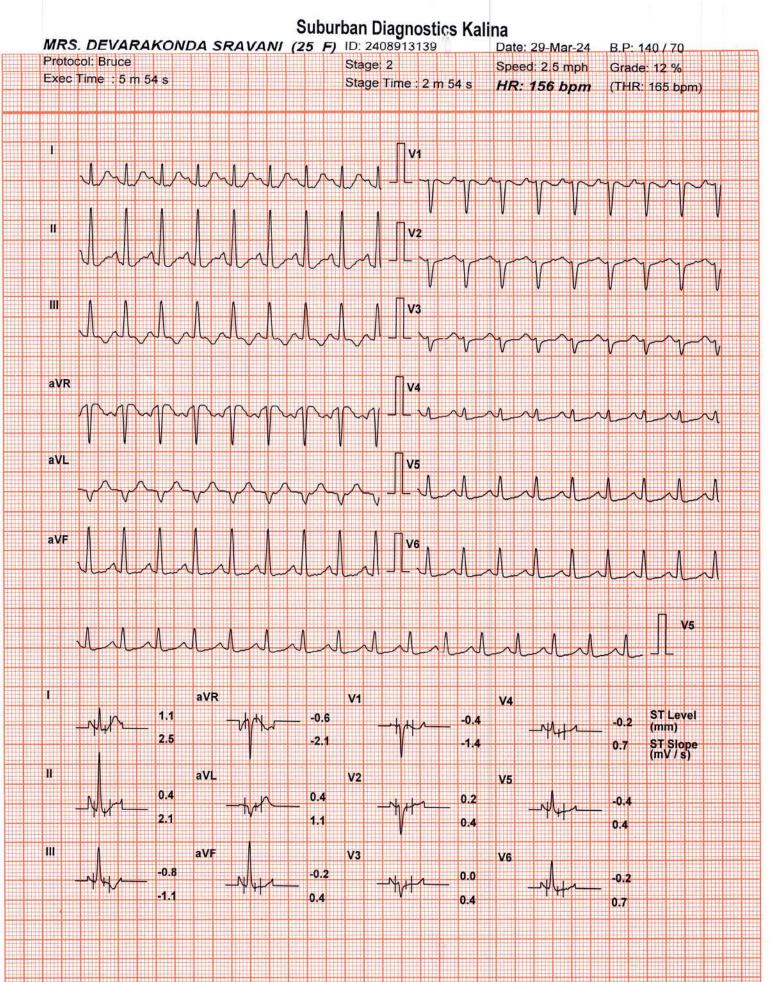
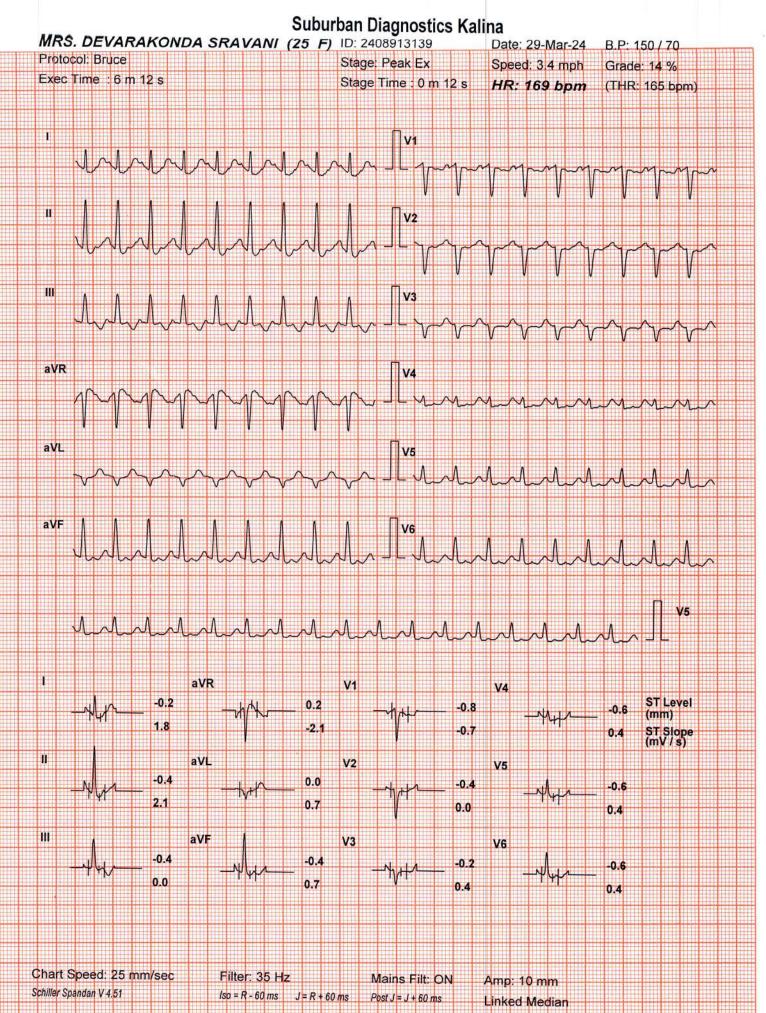


 Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filt: ON
 Amp: 10 mm

 Schiller Spandan V 4.51
 Isp = R - 60 ms
 J = R + 60 ms
 Post J = J + 60 ms
 Linked Median

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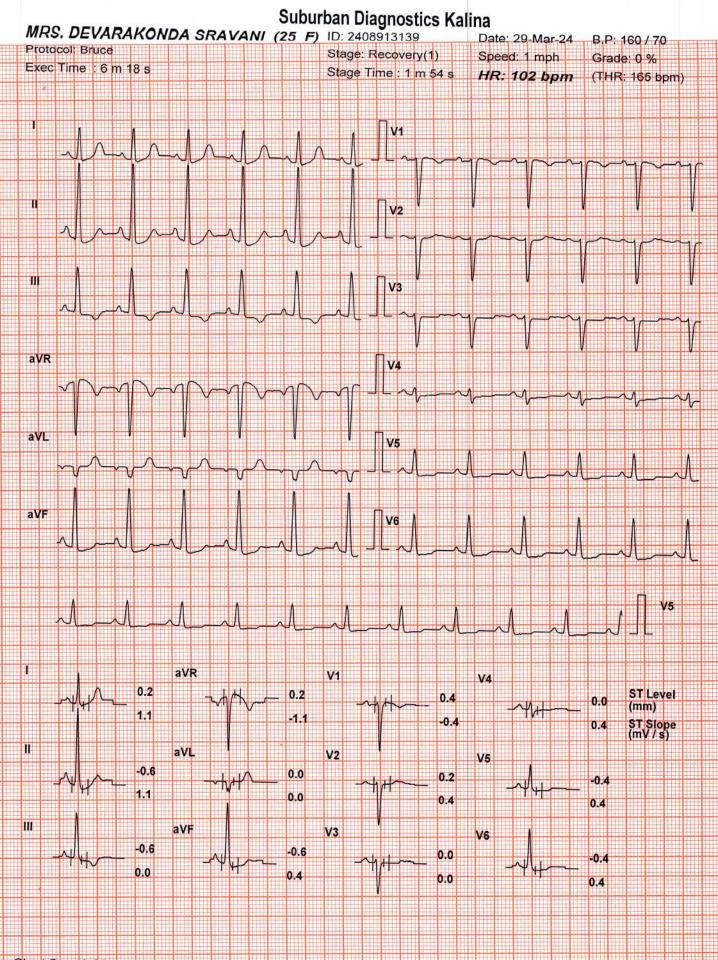
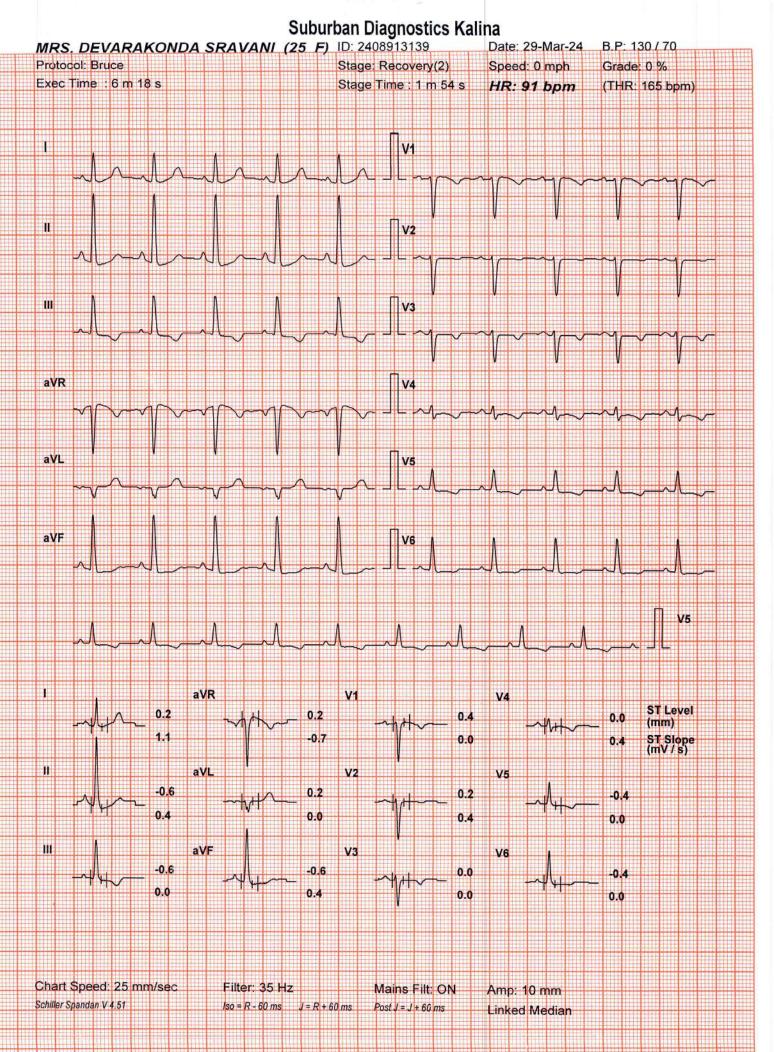


Chart Speed: 25 mm/sec Schiller Spandan V 4.51

Filter: 35 Hz Main Iso = R - 60 ms J = R + 60 ms Post J

Mains Filt: ON Post J = J + 60 ms

Amp: 10 mm Linked Median



Suburban Diagnostics Kalina

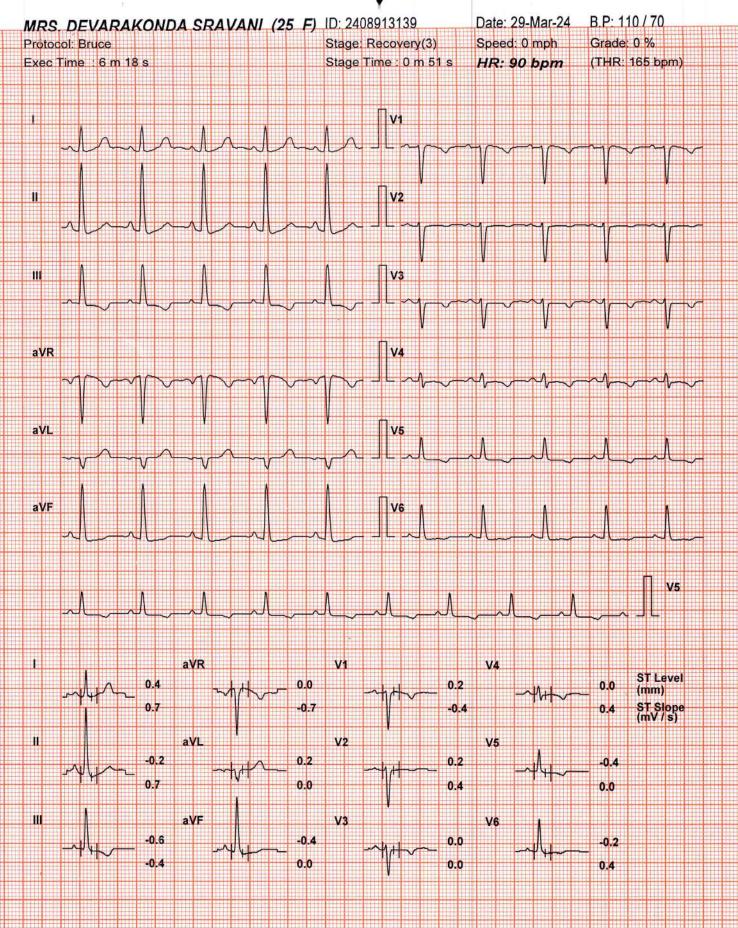
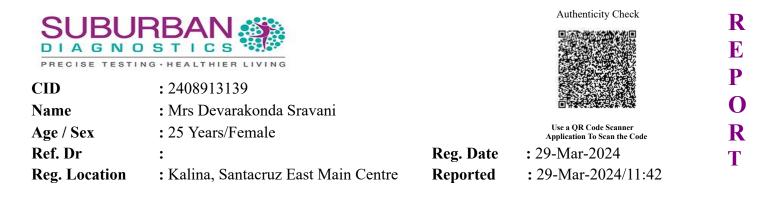


 Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Filt: ON
 Amp: 10 mm

 Schiller Spandan V4.51
 Iso = R - 60 ms
 J = R + 60 ms
 Post J = J + 60 ms
 Linked Median



USG OF WHOLE ABDOMEN

LIVER :

The liver measures 16.3 cm, enlarge in size, is normal in shape and smooth margins. It shows bright 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 shows normal wall thickness. No evidence of pericholecystic fluid, gall stones or mass lesions seen .

PANCREAS :

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures: 9.1 x 3.7 cms. Left kidney measures: 10.1 x 4.8 cms.

SPLEEN:

The spleen is normal in size and shape 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. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

UTERUS :

The Uterus is anteverted and appears normal. It measures: $7.7 \times 3.8 \times 3.5$ cm in size. The endometrial thickness is (2.4 mm).

	RBAN STICS		Authenticity Check	R E P
CID Name	: 2408913139 : Mrs Devarakonda Sravani			P 0
Age / Sex Ref. Dr Reg. Location	: 25 Years/Female : : Kalina, Santacruz East Main Centre	Reg. Date Reported	Use a QR Code Scanner Application To Scan the Code : 29-Mar-2024 : 29-Mar-2024/11:42	R T

OVARIES :

Both the ovaries are well visualised and appears normall in size and shows multiple small 5 to 6 mm size follicles within.

Right ovary measures: $3.4 \times 1.8 \times 1.6 \text{ cms}$ (volume ~ 5.5 cc). Left ovary measures: $2.7 \times 2.0 \times 1.6 \text{ cms}$ (volume ~ 5 cc).

There is no evidence of any ovarian or adnexal mass seen.

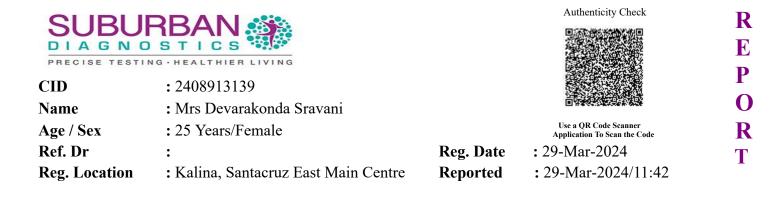
IMPRESSION:

Mild hepatomegaly with fatty Liver.

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

Arshwan

DR.ASHA DHAVAN MBBS; D.M.R.E CONSULTANT RADIOLOGIST





:2408913139

Authenticity Check

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Name Age / Sex Ref. Dr Reg. Location

CID

: Mrs Devarakonda Sravani
: 25 Years/Female
: Kalina, Santacruz East Main Centre

Reg. Date: 2Reported: 2

Use a QR Code Scanner Application To Scan the Code : 29-Mar-2024 : 29-Mar-2024/11:34

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-----

fashwa

DR.ASHA DHAVAN MBBS ; D.M.R.E CONSULTANT RADIOLOGIST

