

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ARCHANA, THAKUR

Patient ID: 2408810201

Height: 151 cm

Weight: 52 kg

DOB: 09.01.1991

Age: 33yrs

Gender: Female

Race: Asian

Study Date: 28.03.2024

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:38	0.00	0.00	100	130/90	
	STANDING	00:06	0.00	0.00	101	130/90	
	HYPERV.	00:06	0.00	0.00	105	130/90	
	WARM-UP	00:17	1.00	0.00	100	130/90	
EXERCISE	STAGE 1	03:00	1.70	10.00	153	140/90	
	STAGE 2	03:00	2.50	12.00	166	150/90	
	STAGE 3	00:12	3.40	14.00	169		
RECOVERY		03:10	0.00	0.00	116	150/90	

The patient exercised according to the BRUCE for 6:11 min:s, achieving a work level of Max. METS: 7.50. The resting heart rate of 110 bpm rose to a maximal heart rate of 171 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 130/90 mmHg, rose to a maximum blood pressure of 150/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: T wave inversion.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

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

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



Sonali P.

Physician _____

Technician _____

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-103, Shivomni Centre,
Opp. Gopabandhu Sports Club,
Link Road, Jyoti (M), Mumbai - 400 804.

ARCHANA, THAKUR

Patient ID 2408810201

28.03.2024

1:04:18pm

12-Lead Report

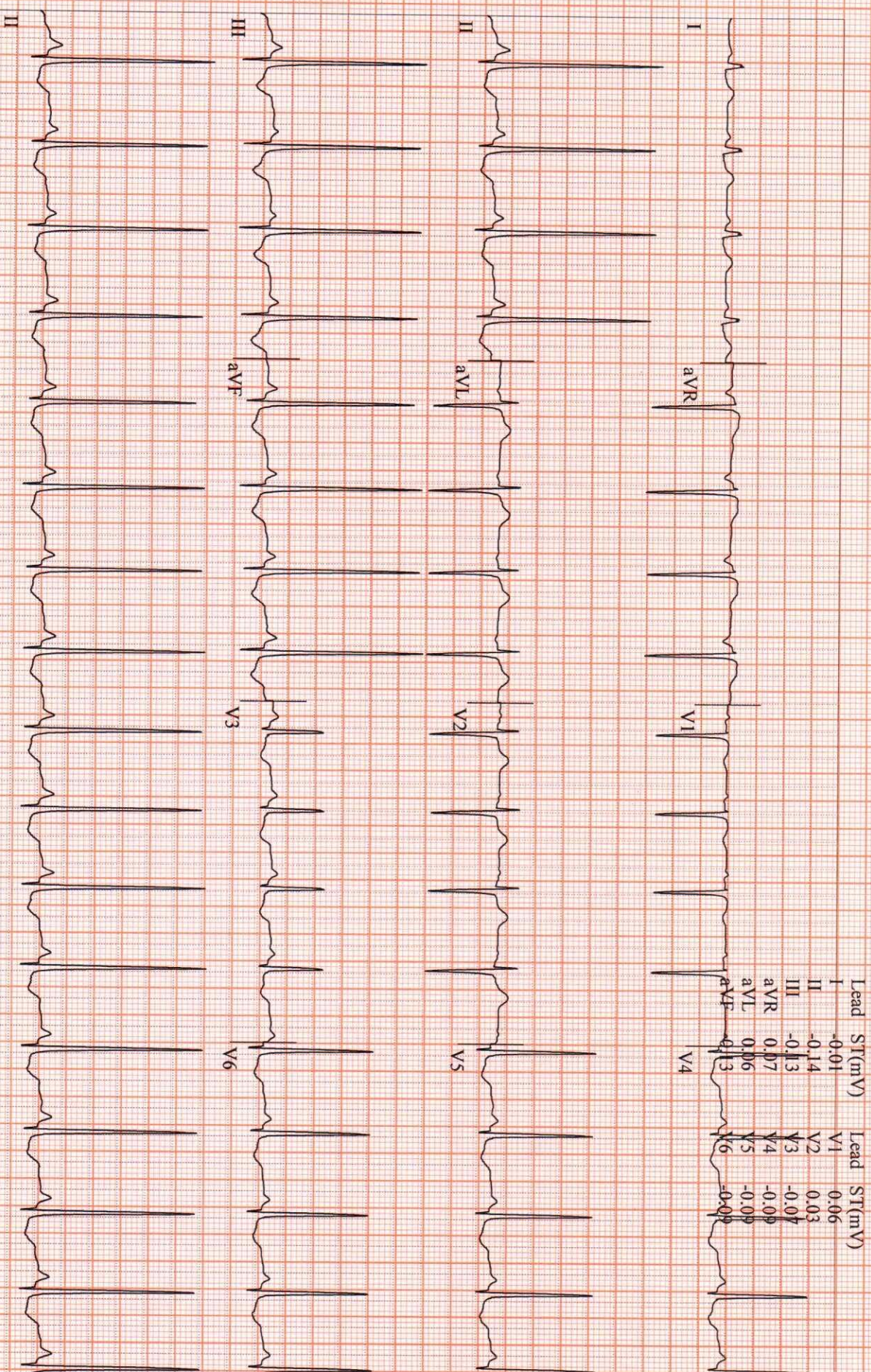
98 bpm
130/90 mmHg

PRETEST
SUPINE
00:36

BRUCE
0.0 mph
0.0%

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V5)

Start of Test: 1:03:37pm

ARCHANA, THAKUR

Patient ID 2408810201

28.03.2024

100 bpm
130/90 mmHg

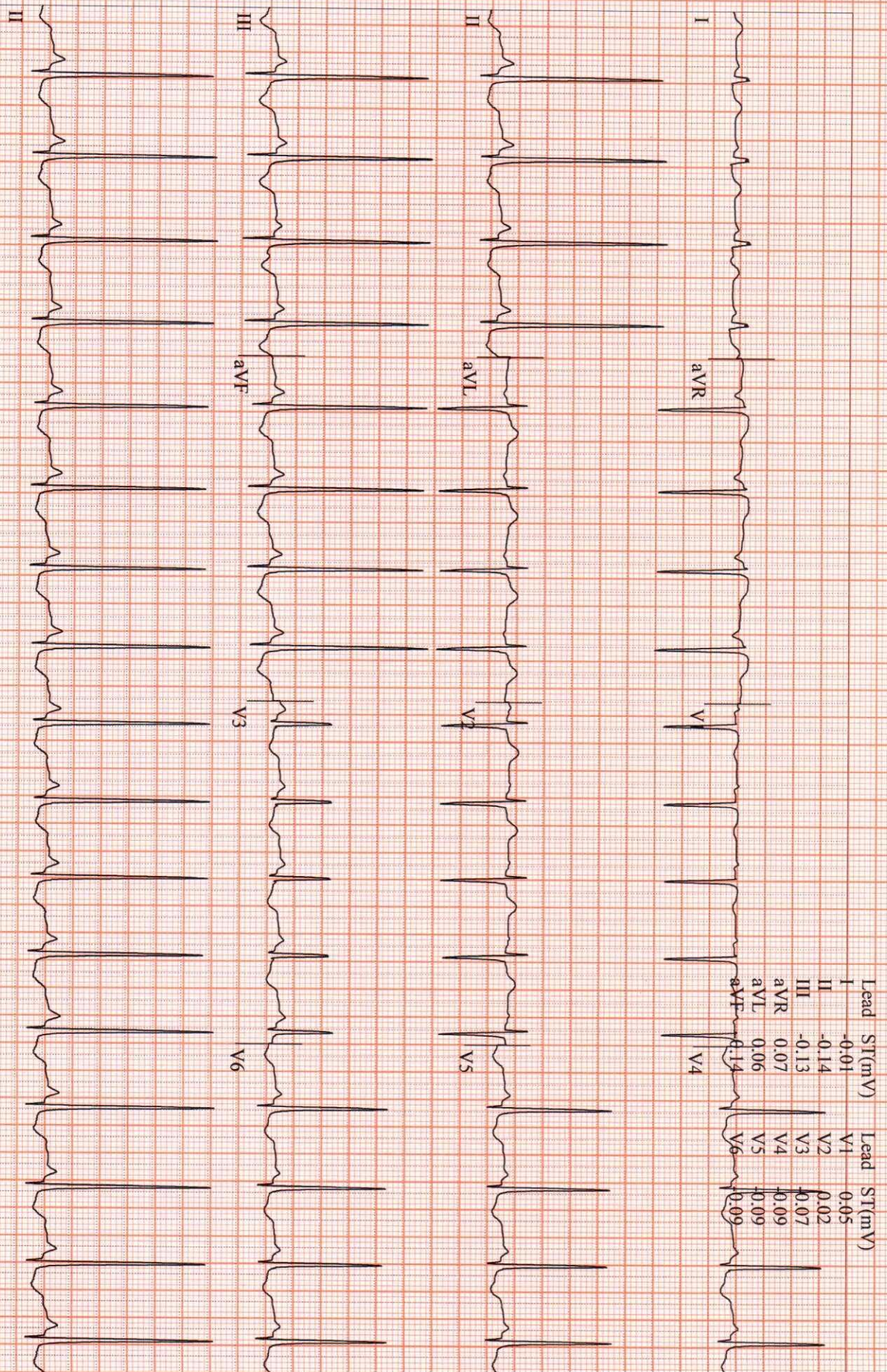
PRETEST
STANDING
00:41

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC

12-Lead Report



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

Start of Test: 1:03:37pm

ARCHANA, THAKUR

Patient ID 2408810201

28.03.2024

1:04:29pm

12-Lead Report

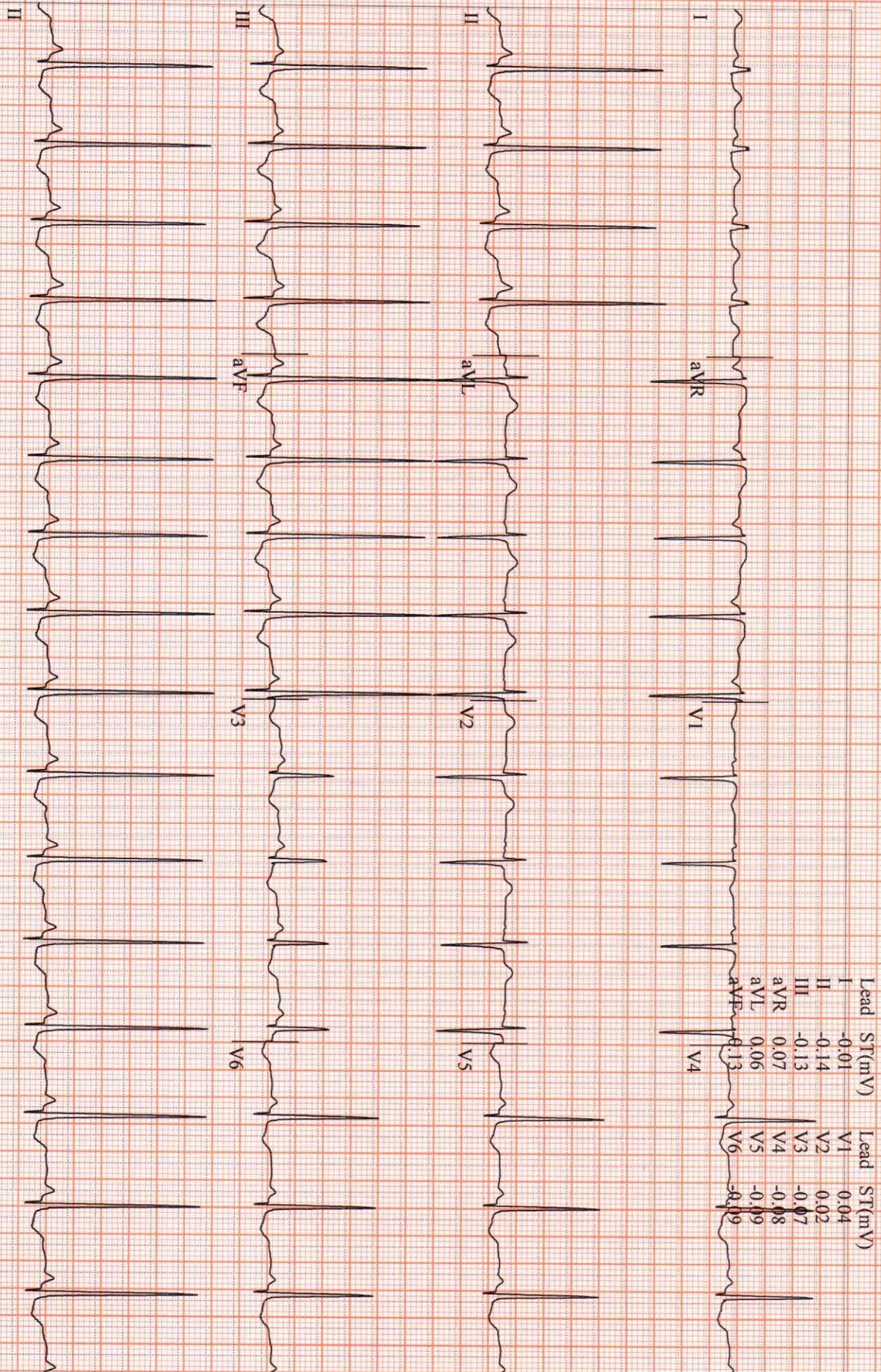
104 bpm
130/90 mmHg

PRETEST
HYPERV.
00:46

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC



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

Start of Test: 1:03:37pm

ARCHANA, THAKUR

Patient ID 2408810201
28-03-2024
1:07:30pm

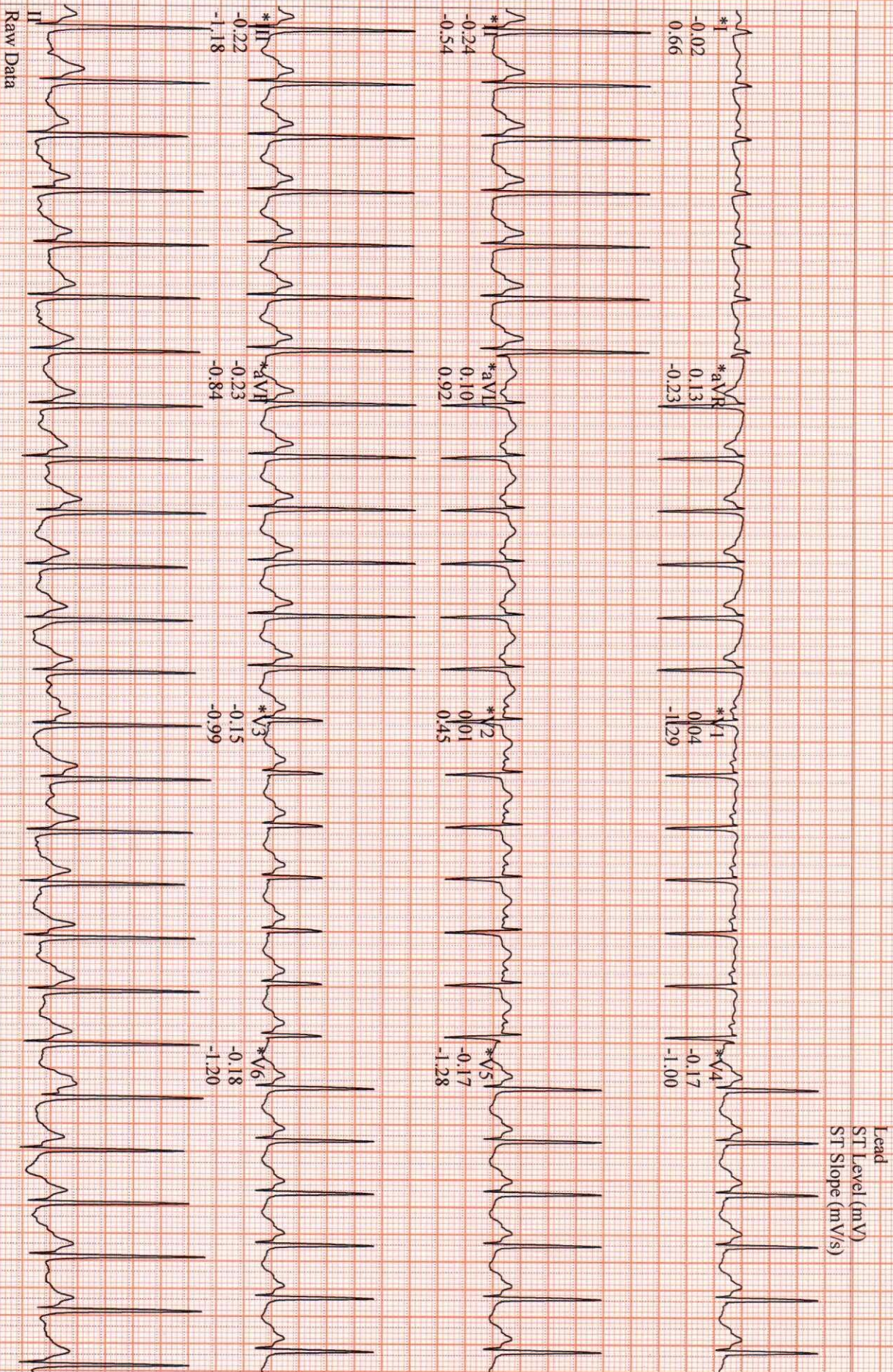
Linked Medians

155 bpm
140/90 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS



Raw Data

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

Start of Test: 1:03:37pm

*Computer Synthesized Rhythms

ARCHANA, THAKUR

Patient ID 2408810201

28.03.2024

1:10:30pm

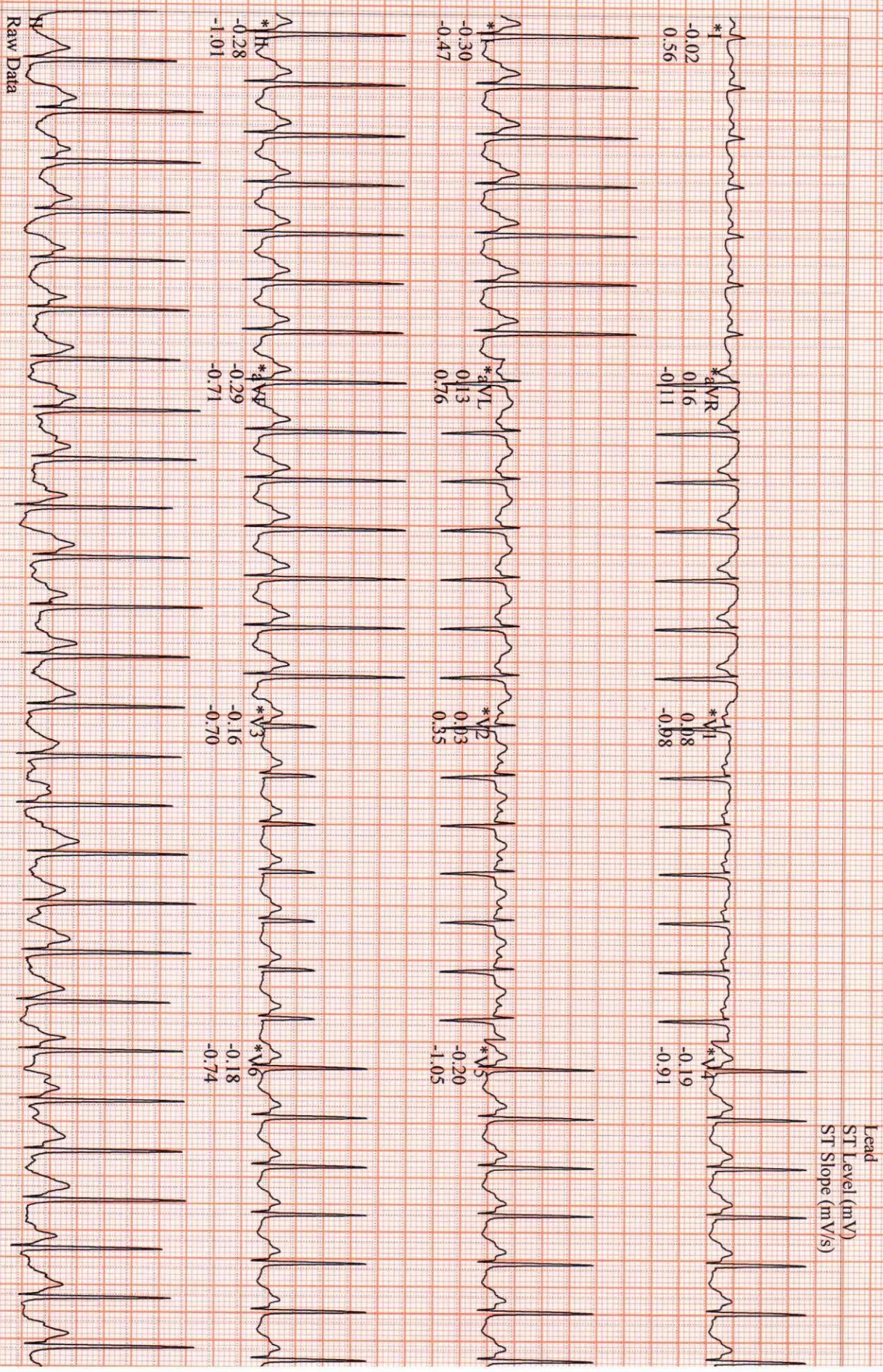
Linked Medians

166 bpm
150/90 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNOSTIC



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 1:03:37pm

ARCHANA, THAKUR

Patient ID 2408810201

28.03.2024

1:10:57pm

169 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

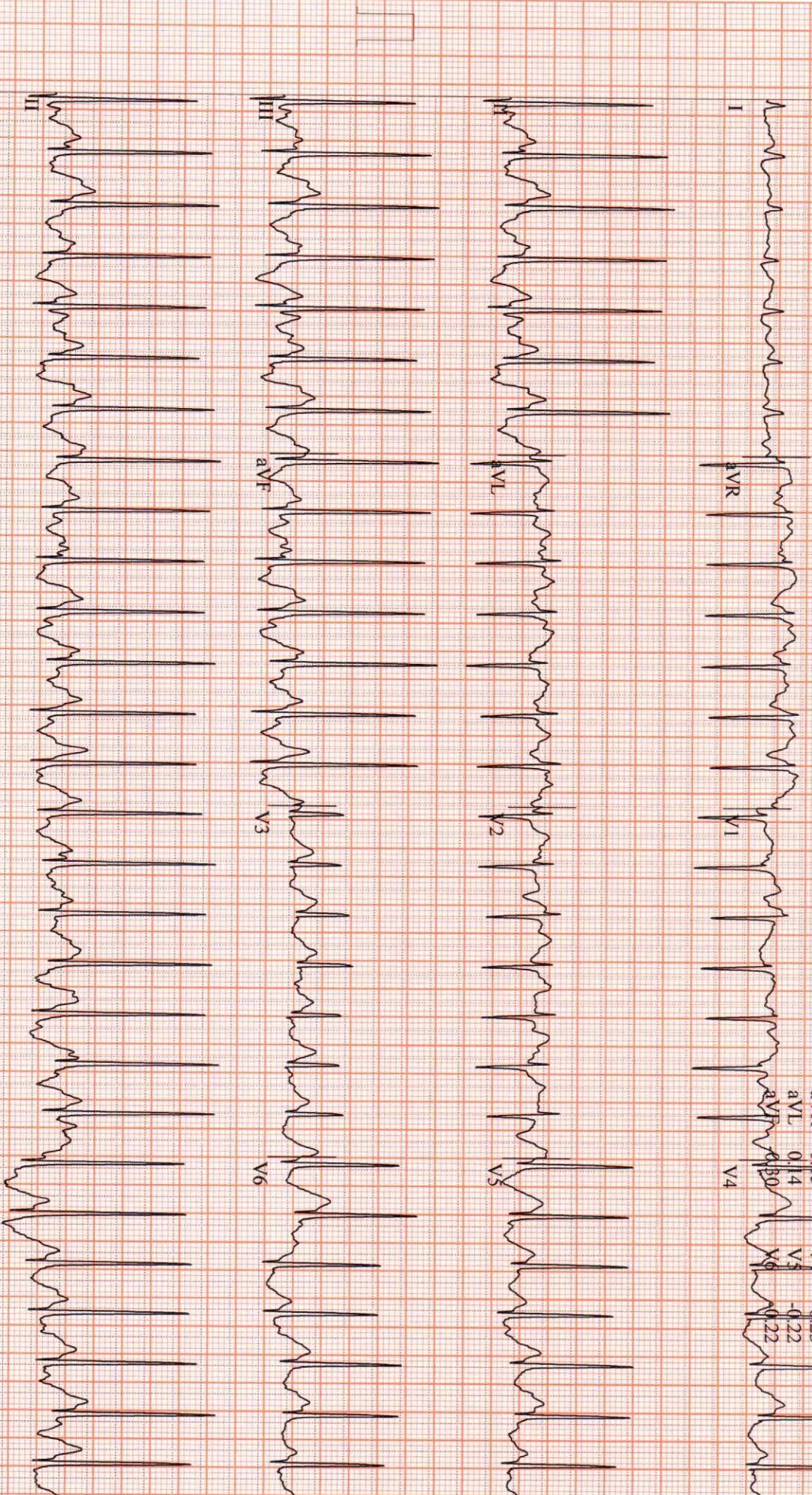
06:12

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.05
II	-0.30	V2	0.00
III	-0.19	V3	-0.17
aVR	0.15	V4	-0.23
aVL	0.14	V5	-0.22
aVF	0.50	V6	-0.22



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

Start of Test: 1:03:37pm

ARCHANA, THAKUR

Patient ID 2408810201

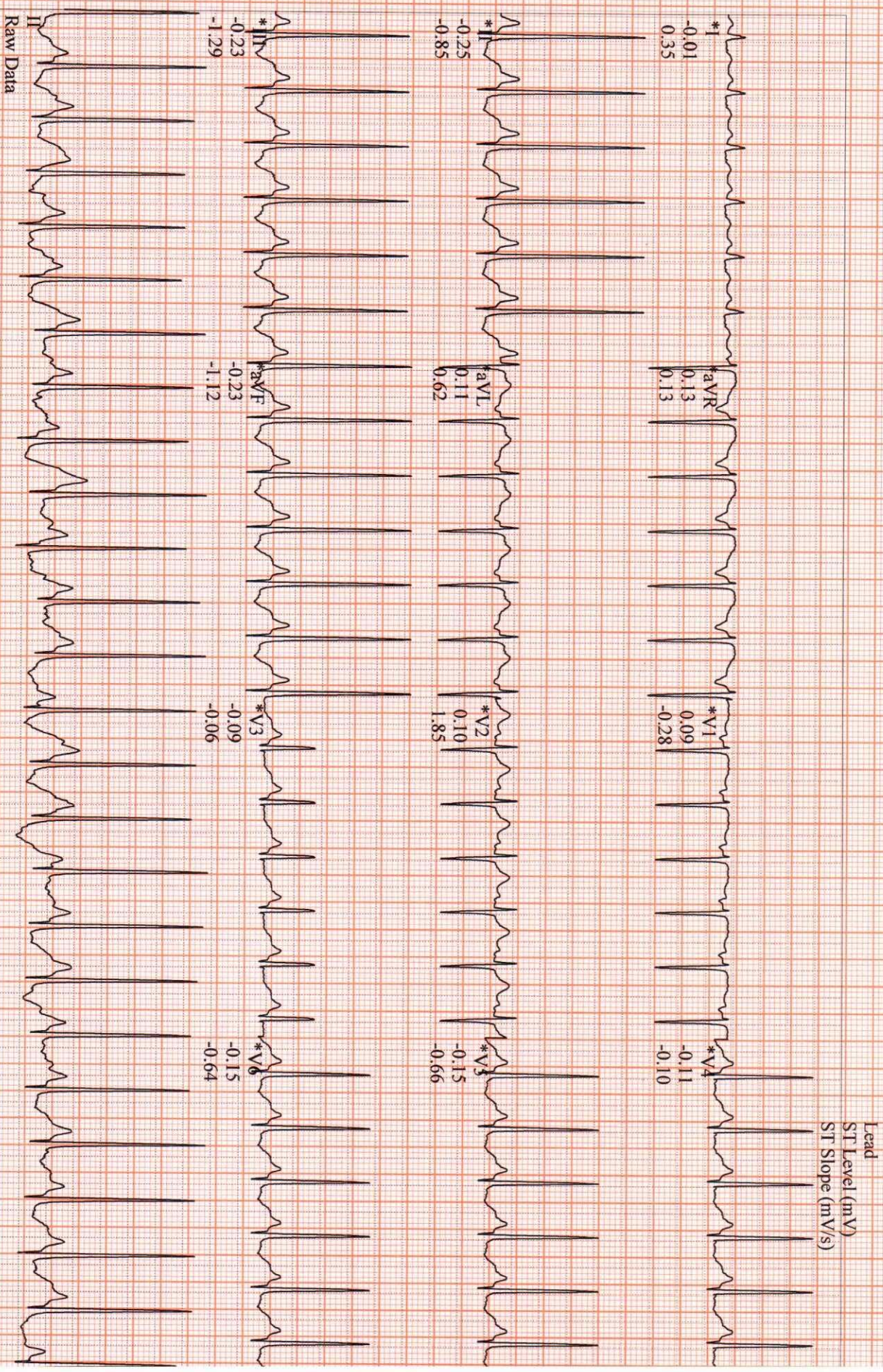
28.03.2024

150 bpm

Linked Medians
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTICS



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 1:03:37pm

ARCHANA, THAKUR
Patient ID 2408810201

28.03.2024
1:12:51pm

110 bpm

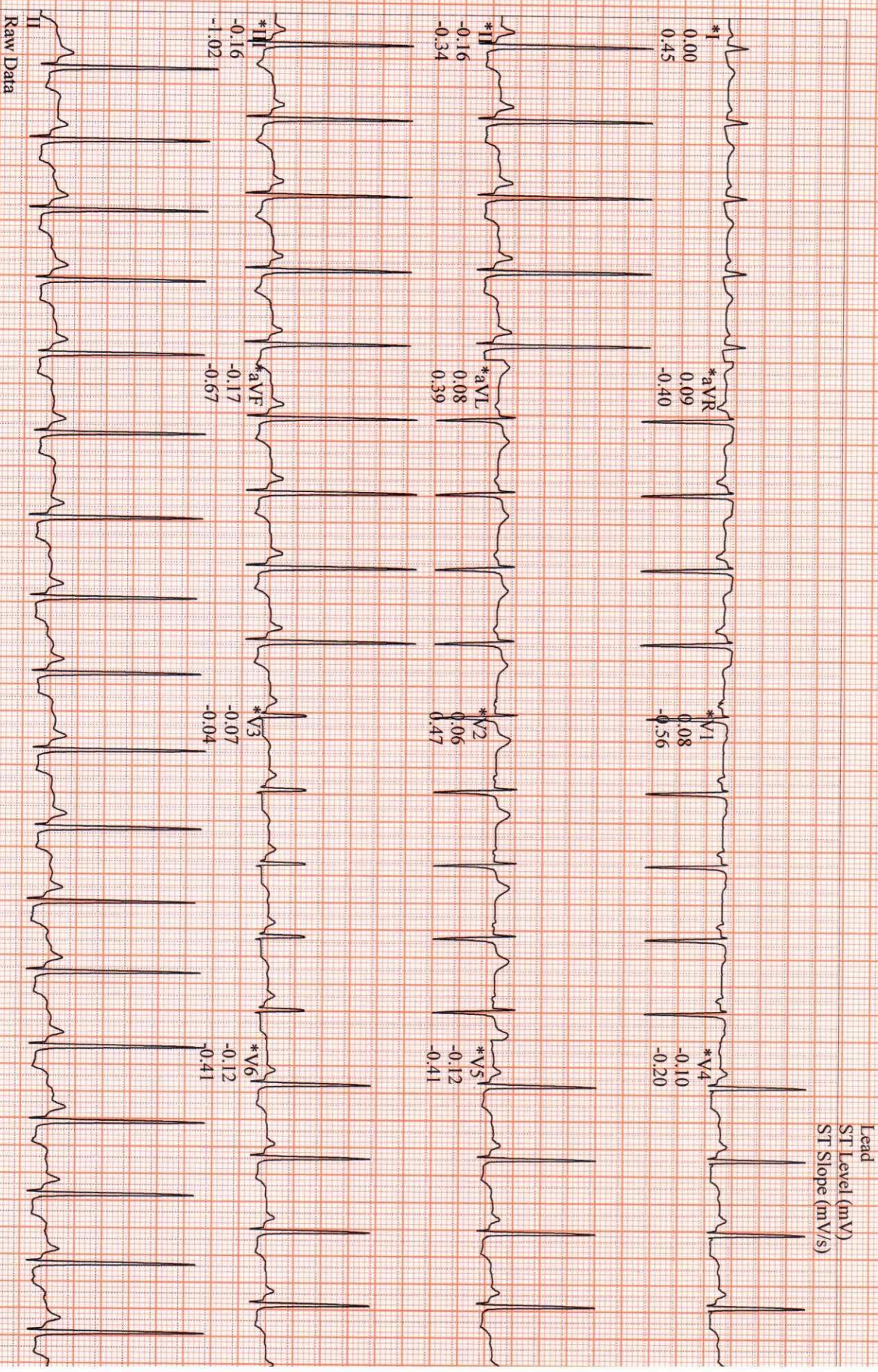
RECOVERY
#1

02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC

Linked Medians



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 1:03:37pm

ARCHANA, THAKUR
Patient ID 2408810201

28.03.2024
1:13:51pm

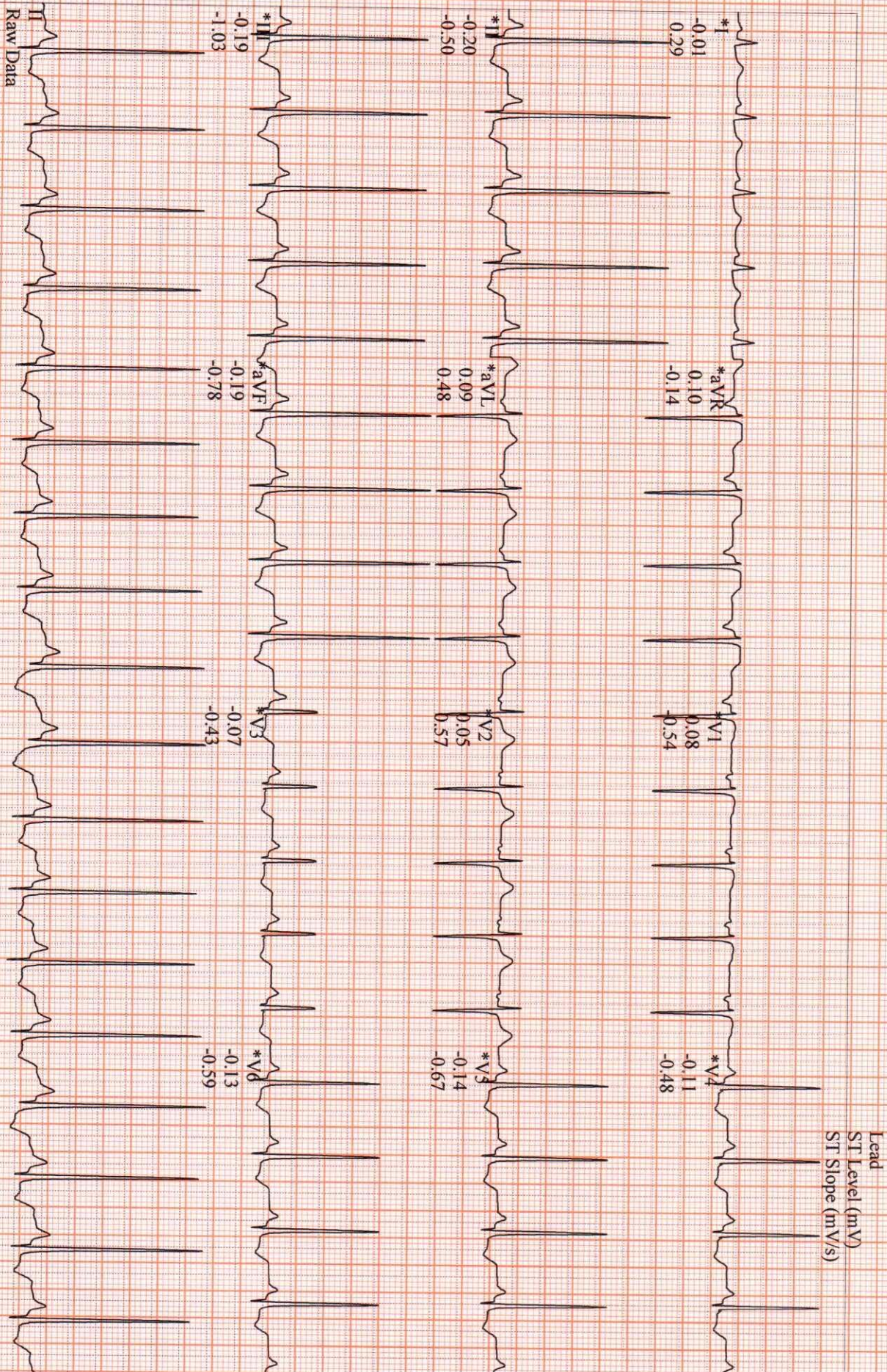
Linked Medians
RECOVERY

111 bpm
150/90 mmHg

#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



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

Start of Test: 1:03:37pm

*Computer Synthesized Rhythms



CID : 2408810201
Name : MRS.ARCHANA THAKUR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 28-Mar-2024 / 11:13
Reported : 28-Mar-2024 / 16:37

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.26	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.4	36-46 %	Calculated
MCV	80.7	80-100 fl	Measured
MCH	26.0	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8090	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	12.4	20-40 %	
Absolute Lymphocytes	1003.2	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	679.6	200-1000 /cmm	Calculated
Neutrophils	78.4	40-80 %	
Absolute Neutrophils	6342.6	2000-7000 /cmm	Calculated
Eosinophils	0.8	1-6 %	
Absolute Eosinophils	64.7	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	84000	150000-400000 /cmm	Elect. Impedance
MPV	12.2	6-11 fl	Measured
PDW	26.6	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	Thrombocytopenia

Result rechecked.
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 27 2-20 mm at 1 hr. Sedimentation



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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)



CID : 2408810201
Name : MRS.ARCHANA THAKUR
Age / Gender : 33 Years / Female
Consulting Dr. : -
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Collected : 28-Mar-2024 / 11:13
Reported : 28-Mar-2024 / 14:33

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	100.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.88	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.56	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	16.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.53	0.51-0.95 mg/dl	Enzymatic



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Collected : 28-Mar-2024 / 14:22
Reported : 28-Mar-2024 / 18:17

eGFR, Serum	125	(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	3.4	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



J. Thakker

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Pathologist and AVP (Medical Services)



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Collected : 28-Mar-2024 / 11:13
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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.

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*** End Of Report ***



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Reg. Location : Malad West (Main Centre)

Collected : 28-Mar-2024 / 11:13
Reported : 28-Mar-2024 / 17:03

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Trace	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	8-10		
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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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

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	59.2	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	69.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	85.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	73.0	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	12.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.0	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	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	0.184	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



CID : 2408810201
Name : MRS.ARCHANA THAKUR
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Collected : 28-Mar-2024 / 11:13
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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)

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



J Thakker

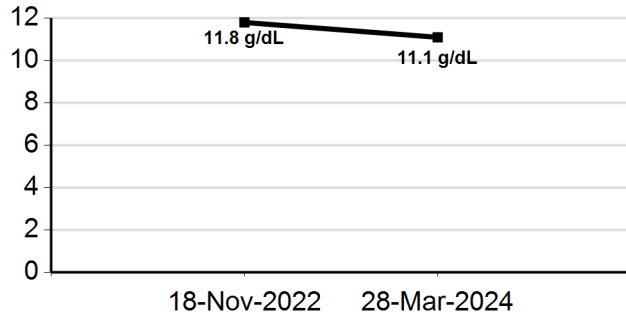
Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



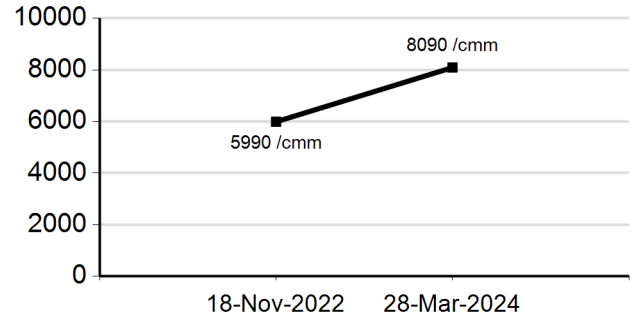
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CID : 2408810201
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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

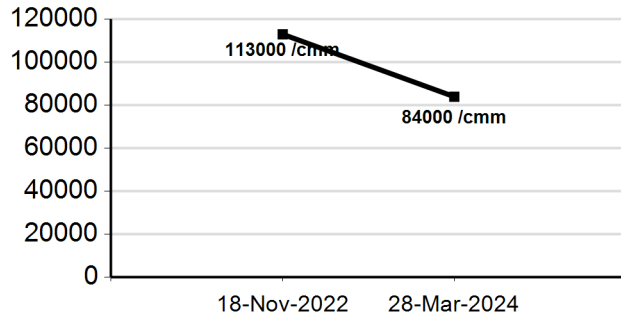
Haemoglobin



WBC Total Count



Platelet Count





CID# : 2408810201

Name : MRS.ARCHANA THAKUR

Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 28-Mar-2024 / 10:58

Reg.Location : Malad West (Main Centre)

Reported : 28-Mar-2024 / 15:26

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 151

Weight (kg): 52

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 130/90

Nails: Normal

Pulse: 72/min

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

ADVICE:

*Regular exercise
BP monitoring.*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

Name : MRS.ARCHANA THAKUR

Age / Gender : 33 Years/Female

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- 6) Asthama No
- 7) Pulmonary Disease No
- 8) Thyroid/ Endocrine disorders since 2018
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries LSCS in 2018 at 2022
- 17) Musculoskeletal System No

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Veg
- 4) Medication Thyroxcin 75 mcg

*** End Of Report ***

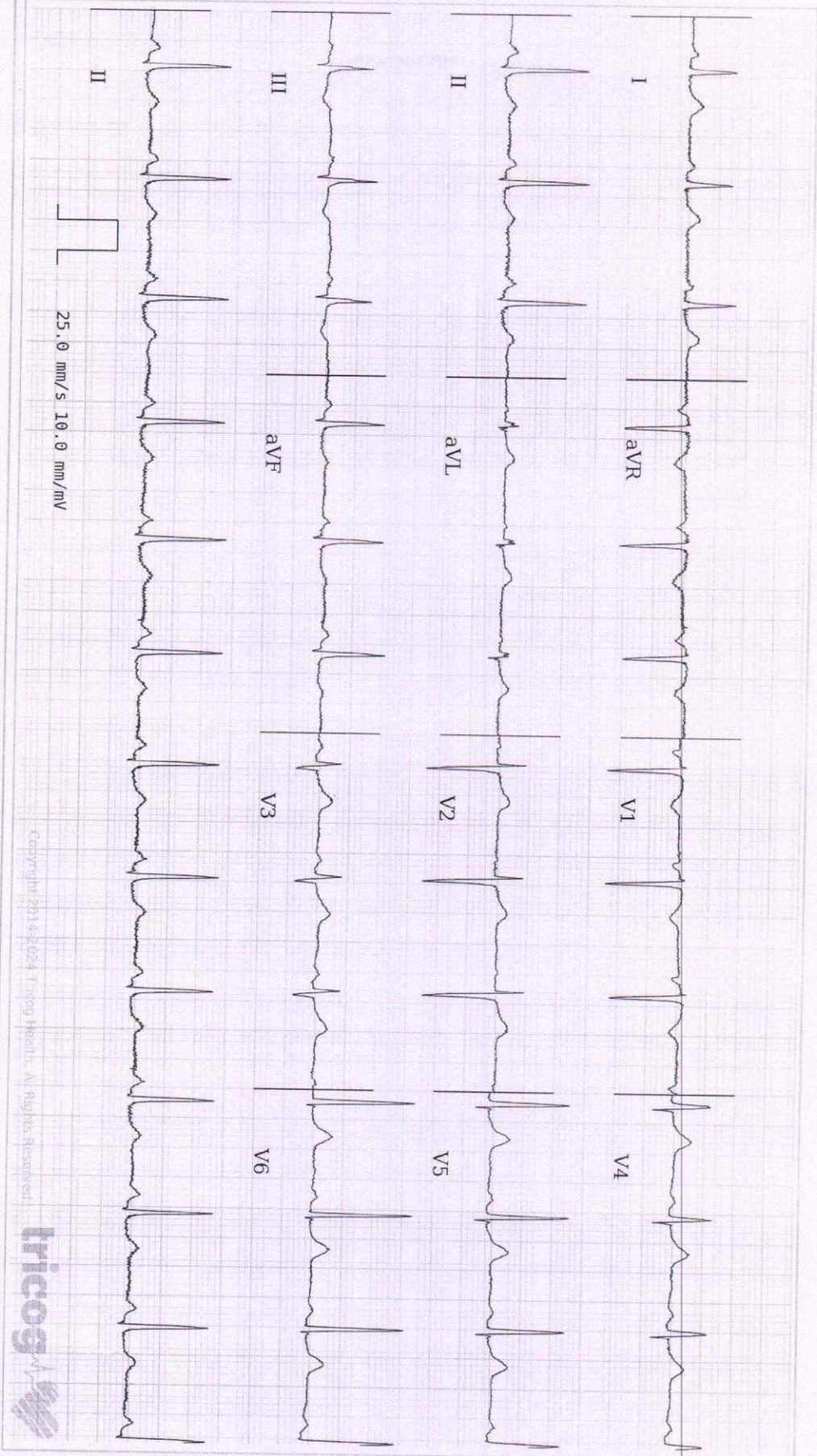
Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhamburda Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

Patient Name: **ARCHANA THAKUR**
Patient ID: **2408810201**

Date and Time: **28th Mar 24 12:25 PM**



Age **33** NA
years months

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **52 kg**

Height: **151 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **68ms**

QT: **360ms**

QTcB: **410ms**

PR: **138ms**

P-R-T: **53° 56° 16°**

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

REPORTED BY

[Signature]

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

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

Authenticity Check



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CID : 2408810201
Name : Mrs ARCHANA THAKUR
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 28-Mar-2024
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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.

Kindly correlate clinically.

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

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

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

Authenticity Check



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CID : 2408810201
Name : Mrs ARCHANA THAKUR
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 28-Mar-2024
Reported : 28-Mar-2024 / 11:36

R
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P
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R
T

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5 x 3.4 cm.
Left kidney measures 11.4 x 4.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The endometrial thickness is 7.9 mm.

OVARIES:

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

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Authenticity Check



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CID : 2408810201
Name : Mrs ARCHANA THAKUR
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 28-Mar-2024
Reported : 28-Mar-2024 / 11:36

IMPRESSION:-

No significant abnormality is seen.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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