

Name : MRS.KHUSHBOO DUBEY  
 Age / Gender : 33 Years/Female  
 Consulting Dr. :  
 Reg.Location : Kandivali East (Main Centre)

Collected : 29-Mar-2024 / 08:47  
 Reported : 29-Mar-2024 / 16:03

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Right renal calculi 2020.

**EXAMINATION FINDINGS:**

Height (cms): 152 cms  
 Temp (0c): Afebrile  
 Blood Pressure (mm/hg): 140/90  
 Pulse: 72/min

Weight (kg): 71 kgs  
 Skin: Normal  
 Nails: Normal  
 Lymph Node: Not palpable

**Systems**

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

**IMPRESSION:**

*Eosinophilia  
 ↑ HbA1c ↑ FPP  
 ↑ hbA1c  
 use - fatty liver  
 one bulky uter - PCOS*

**ADVICE:**

*- Diabetology & Pulmonology  
 - gynae*

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**CHIEF COMPLAINTS:**

- |  |                              |
|--|------------------------------|
| 1) Hypertension:                         | No                           |
| 2) IHD                                   | No                           |
| 3) Arrhythmia                            | No                           |
| 4) Diabetes Mellitus                     | No                           |
| 5) Tuberculosis                          | No                           |
| 6) Asthama                               | No                           |
| 7) Pulmonary Disease                     | No                           |
| 8) Thyroid/ Endocrine disorders          | No                           |
| 9) Nervous disorders                     | No                           |
| 10) GI system                            | No                           |
| 11) Genital urinary disorder             | Yes                          |
| 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                            | Lap uterine septum sept 2023 |
| 17) Musculoskeletal System               | No                           |

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

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

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

**Dr.JAGRUTI DHALE**

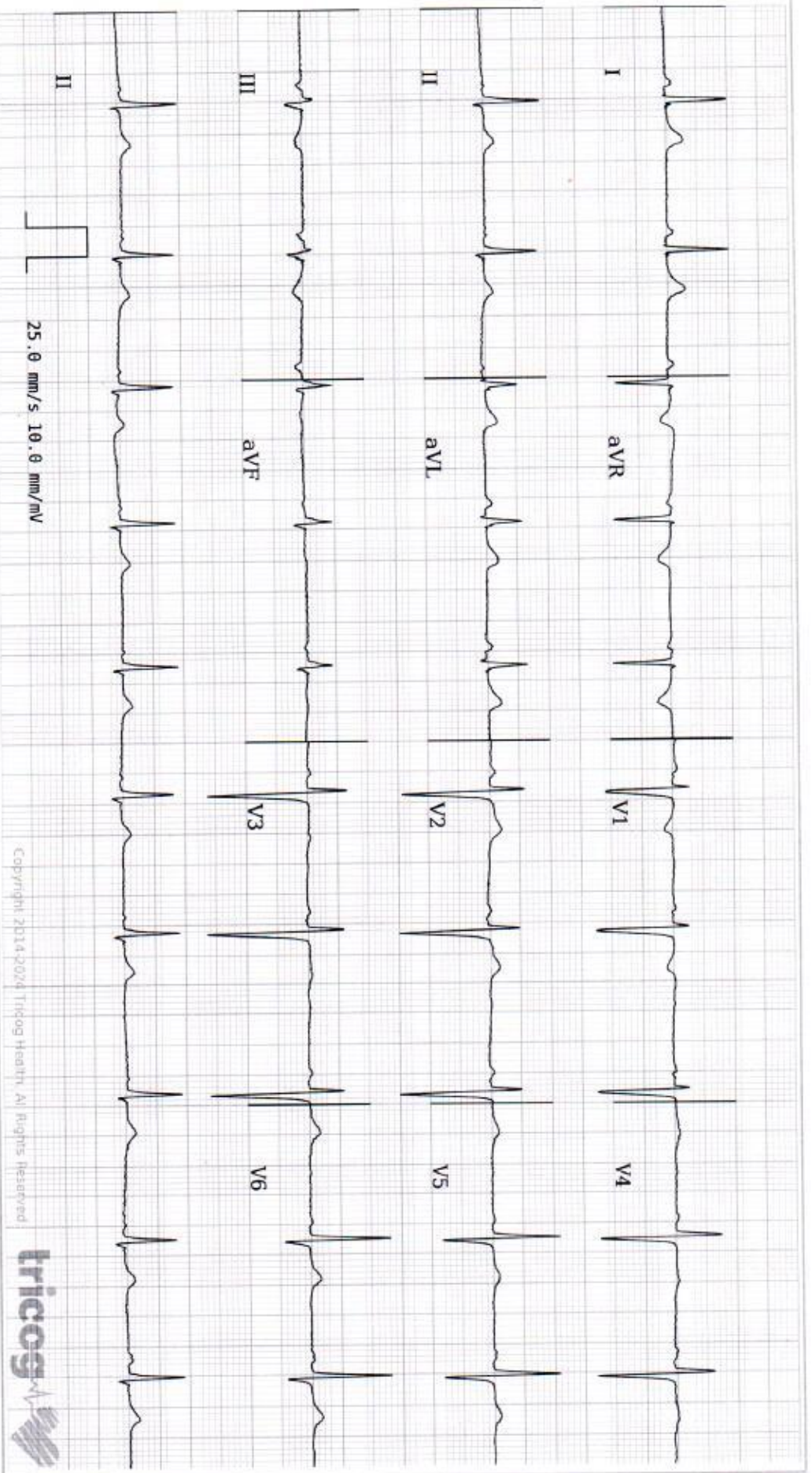
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Row 10, No. 3, Aangan,  
Thakur Vihar, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000



Patient Name: KHUSHBOO DUBEY

Patient ID: 2408912913

Date and Time: 29th Mar 24 10:08 AM



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Age **33** NA NA  
years months days

Gender **Female**

Heart Rate **64bpm**

Patient Vitals

BP: 140/90 mmHg

Weight: 71 kg

Height: 152 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 92ms

QT: 374ms

QTcB: 385ms

PR: 136ms

P-R-T: -13° 20° -2°

REPORTED BY

DR. AKSHAY PARULEKAR  
MBBS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

ECG Within Normal Limits: Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

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.



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Application To Scan the Code

**CID** : 2408912913  
**Name** : Mrs KHUSHBOO Dubey  
**Age / Sex** : 33 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024 / 14:28

R  
E  
P  
O  
R  
T

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908481264>

Page no 1 of 1



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**Age / Sex** : 33 Years/Female  
**Ref. Dr** :  
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**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024 / 11:29 T

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (14.3 cm) 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 measures 10 mm and CBD appears measures 3.7 mm .  
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 visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 9.6 x 4.4 cm. Left kidney measures 10.1 x 5.2 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (9 cm) 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 6.4 x 4.4 x 2.9 cm in size.  
The endometrial thickness is 5.7 mm.

### OVARIES:

The right ovary measures 3.3 x 3.1 x 2.2 cm and ovarian volume is 12.3 cc.  
The left ovary measures 3.1 x 3.0 x 2.1 cm and ovarian volume is 10.9 cc.  
Both ovaries are bulky and show multiple small follicles predominantly situated peripherally suggestive of polycystic appearance.

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Page no 1 of 2



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**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024 / 11:29

**IMPRESSION:-**

**GRADE I FATTY LIVER.**

**BILATERAL BULKY OVARIES WITH FEATURES OF POLY-CYSTIC OVARIAN MORPHOLOGY.**

**SUGGEST- PCOD PROFILE HORMONAL ASSAY CORRELATION.**

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032908481252>

Date: - 29/3/2024

CID: 2408412913

Name: - Khushboo Dubey

Sex/Age: 33/F

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision: 6/6    N/6    6/6    N/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal

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Tel : 61708000

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

# REPORT



Email:

3228 / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg Date: 29 / 03 / 2024 12:26:17 PM Refd By : AERCOFEMI

## REPORT :

Heart Rate 165.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 05.09 Mins. Ectopic Beats 0.0

METS 6.4 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 188

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED

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.

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Thakur Vihar, Kandivali (East),

Mumbai - 400101.

Tel : 61700000

**Dr. Akhil P. Parulekar,**

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012092483

Doctor : DR. AKHIL PARULEKAR



3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg  
 Date: 29 / 03 / 2024 12:26:17 PM Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Email:

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	083	44 %	140/90	116	00	
Standing	00:30	0:21	00.0	00.0	01.0	087	46 %	140/90	121	00	
HV	00:43	0:13	00.0	00.0	01.0	111	59 %	140/90	155	00	
ExStart	01:19	0:36	00.0	00.0	01.0	112	60 %	140/90	156	00	
BRUCE Stage 1	04:19	3:00	02.7	10.0	04.7	156	83 %	140/90	218	00	
PeakEx	06:28	2:09	04.0	12.0	06.4	165	88 %	160/80	264	00	
Recovery	07:28	1:00	00.0	00.0	01.0	148	79 %	160/80	236	00	
Recovery	07:37	1:10	00.0	00.0	01.0	142	76 %	160/80	227	00	

**FINDINGS :**

Exercise Time : 05:09  
 Initial HR (ExStrt) : 112 bpm 60% of Target 188  
 Initial BP (ExStrt) : 140/90 (mm/Hg)  
 Max Workload Attained : 6.4 Fair response to induced stress  
 Duke Treadmill Score : 04.3  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 165 bpm 88% of Target 188  
 Max BP Attained 160/80 (mm/Hg)

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 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 017000000

**Dr. Akhil P. Parulekar.**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 83

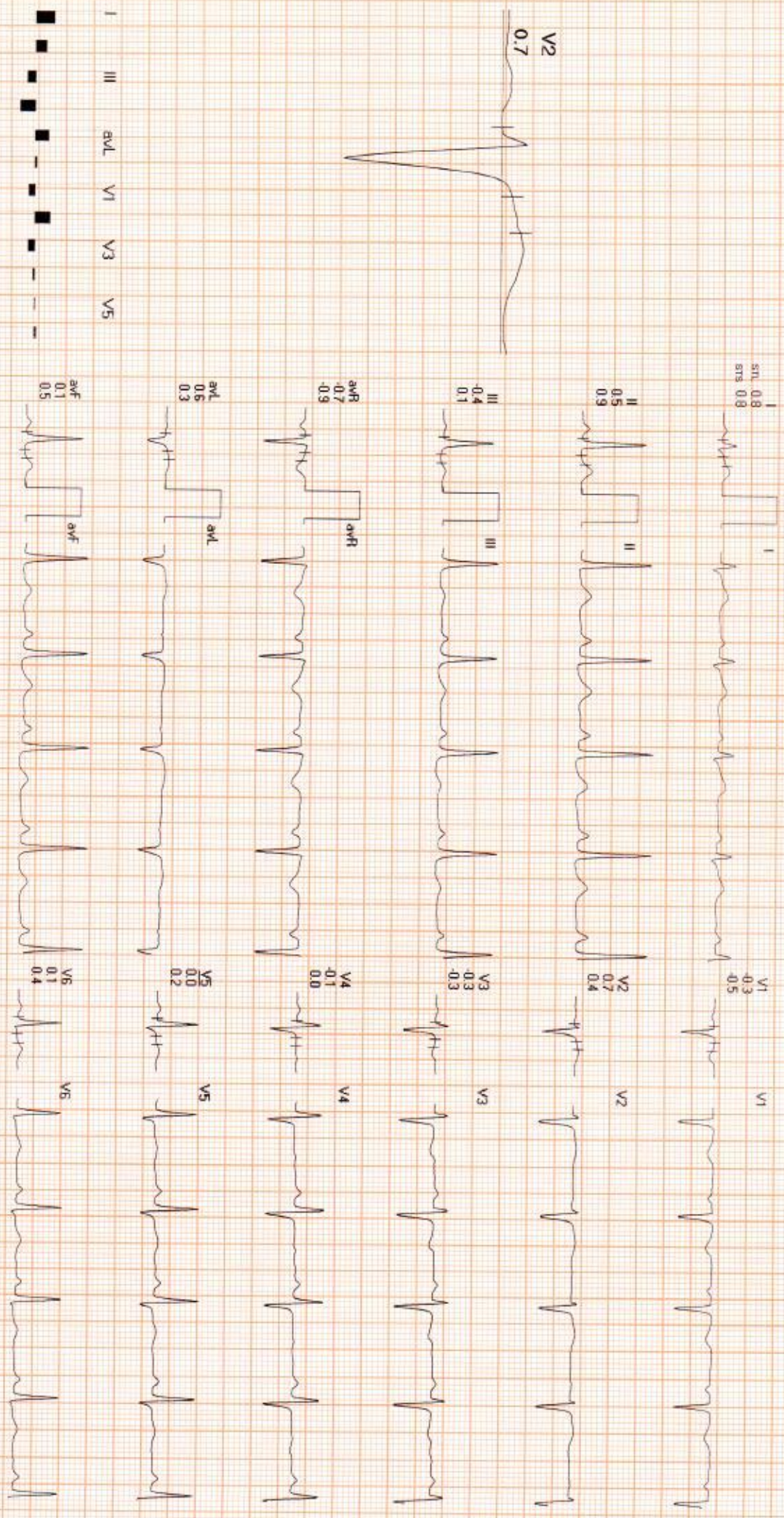
Date: 29 / 03 / 2024 12:26:17 PM METS: 1.0 / 83 bpm 44% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

SUPINE ( 00:09 )



ExTime: 00:00 0.0 KmPh. 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

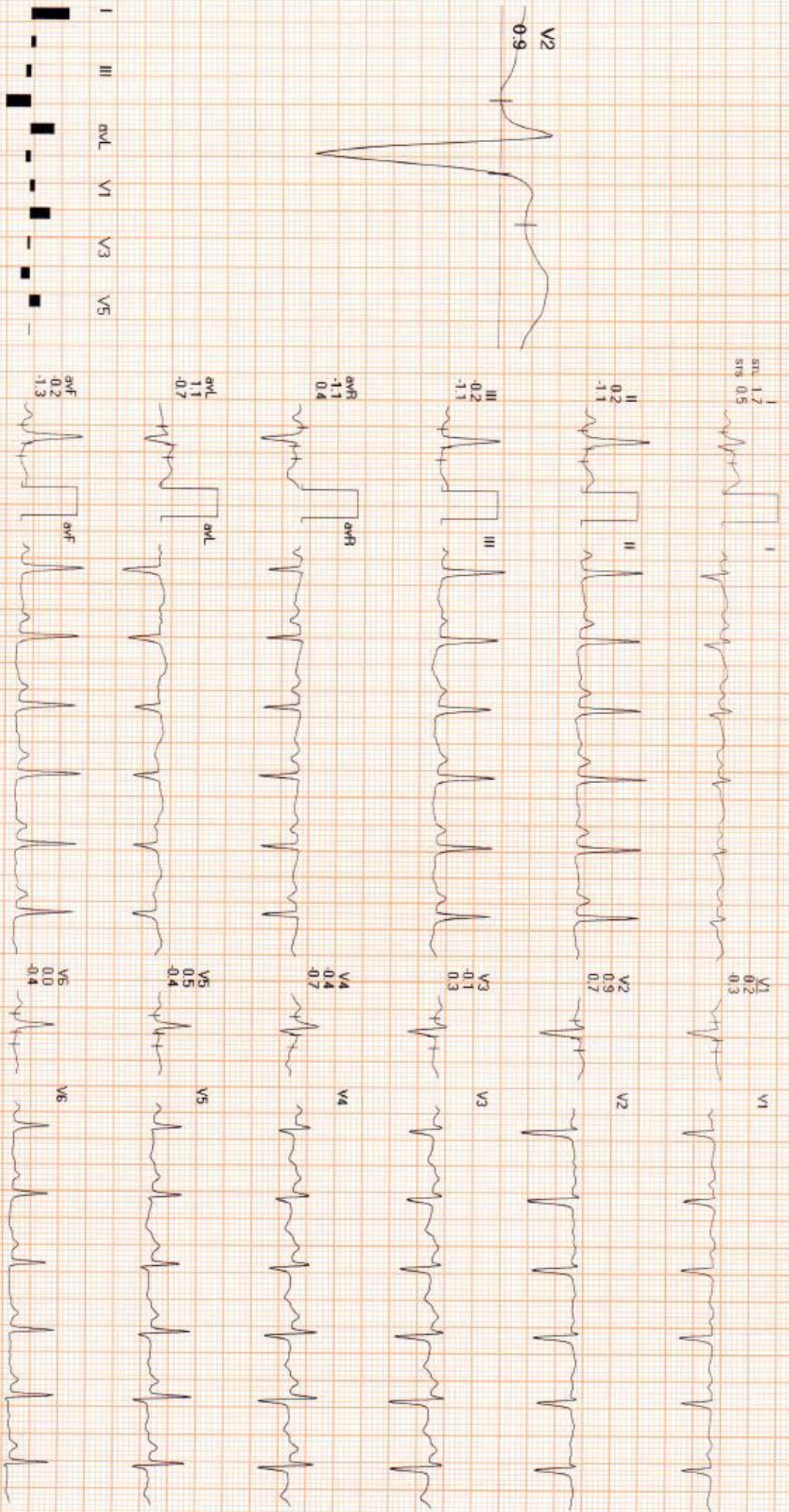


Date 29 / 03 / 2024 12:26:17 PM

METS: 1.0/87 bpm 46% of THIR BP: 140/90 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 00:00 0.0 KmPh. 0.0%  
25 mm/Sec. 1.0 Cm/AmV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:13)



3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 111

Date: 29 / 03 / 2024 12:26:12 PM METS: 10/111 bpm 59% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 00:00:0.0 Kmph 0.0%  
25 mm/Sec 1.0 Cm/mV

STL 0.3  
STR 0.7

V1 -0.1  
V1 -0.1

V1 -0.1

II -0.7  
I 0.1

II -0.7

I 0.1

V2 0.1  
V2 0.1  
V2 0.5

V2 0.1

V2 0.5

III -0.9  
aVL 0.6

III -0.9

aVL 0.6

V3 -0.8  
V3 -0.8  
V3 -0.1

V3 -0.8

V3 -0.8

V3 -0.1

aVR 0.2  
aVF 0.4

aVR 0.2

aVF 0.4

V4 0.8  
V4 0.8  
V4 0.0

V4 0.8

V4 0.8

V4 0.0

aVL 0.6  
aVL 0.6

aVL 0.6

aVL 0.6

V5 -0.7  
V5 -0.7  
V5 -0.1

V5 -0.7

V5 -0.7

V5 -0.1

aVF -0.8  
aVF -0.2

aVF -0.8

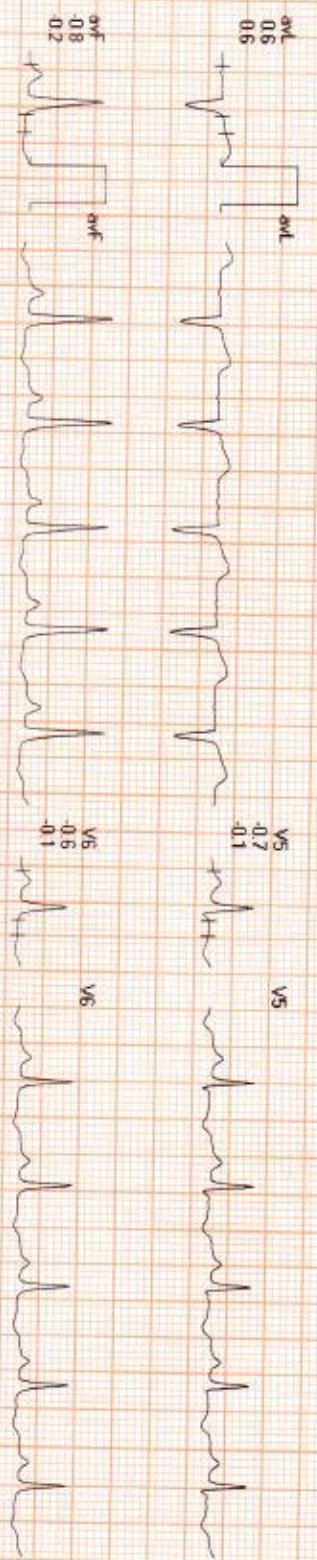
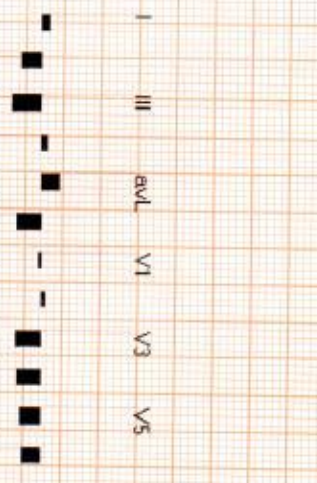
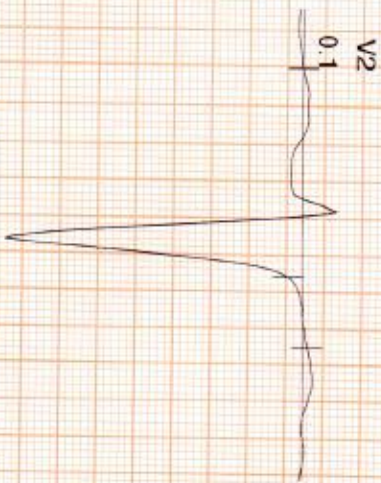
aVF -0.2

V6 -0.6  
V6 -0.6  
V6 -0.1

V6 -0.6

V6 -0.6

V6 -0.1



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStrt

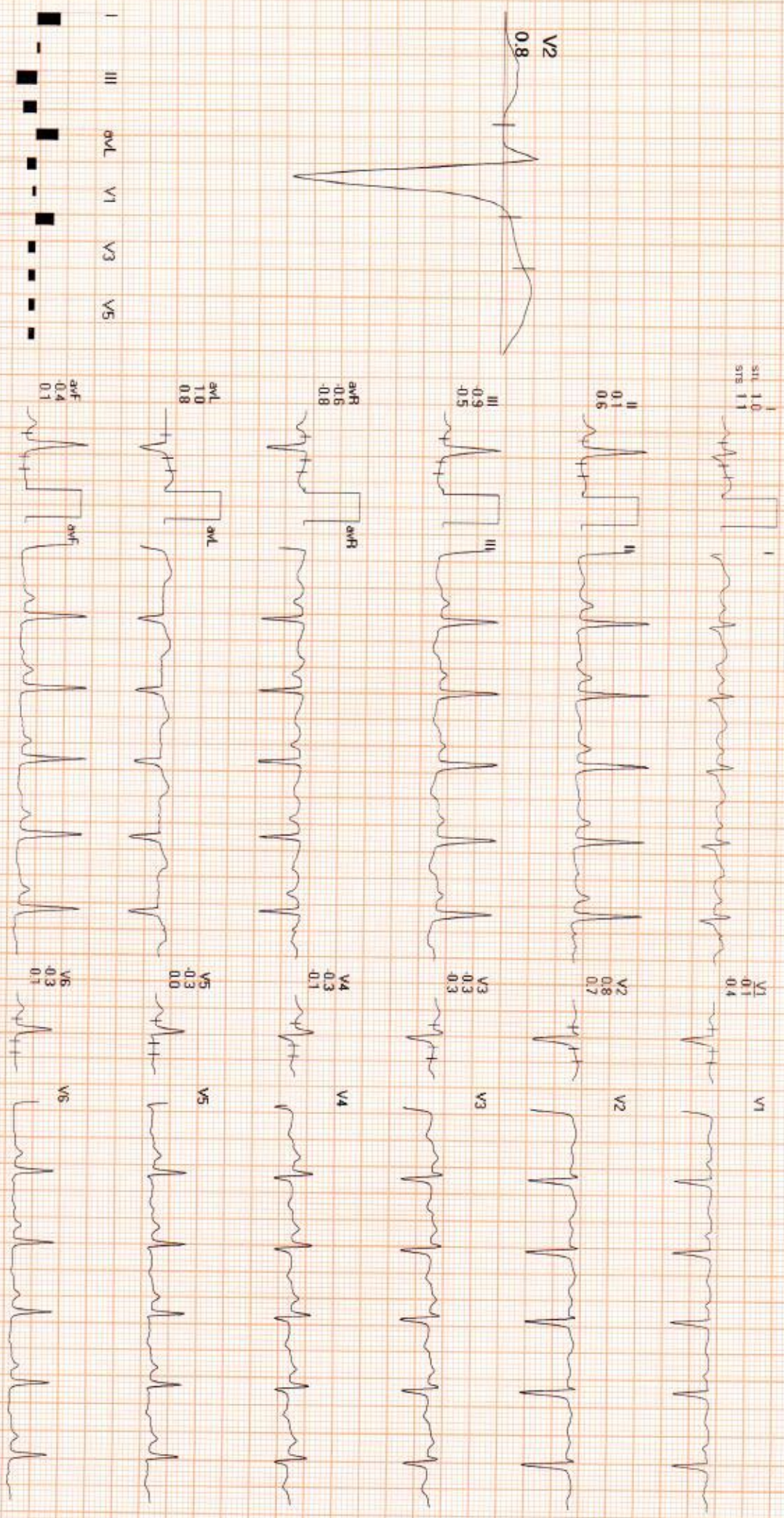


3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 112

Date: 29 / 03 / 2024 12:26:17 PM METS: 1.0/1.12 bpm 60% of THR BP: 140/90 mmHg Raw ECG/BLC On/Notch On/HR: 0.05 Hz/LF: 35 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 KmPh 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS  
I aVR aVL V1 V3 V5  
II aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 156

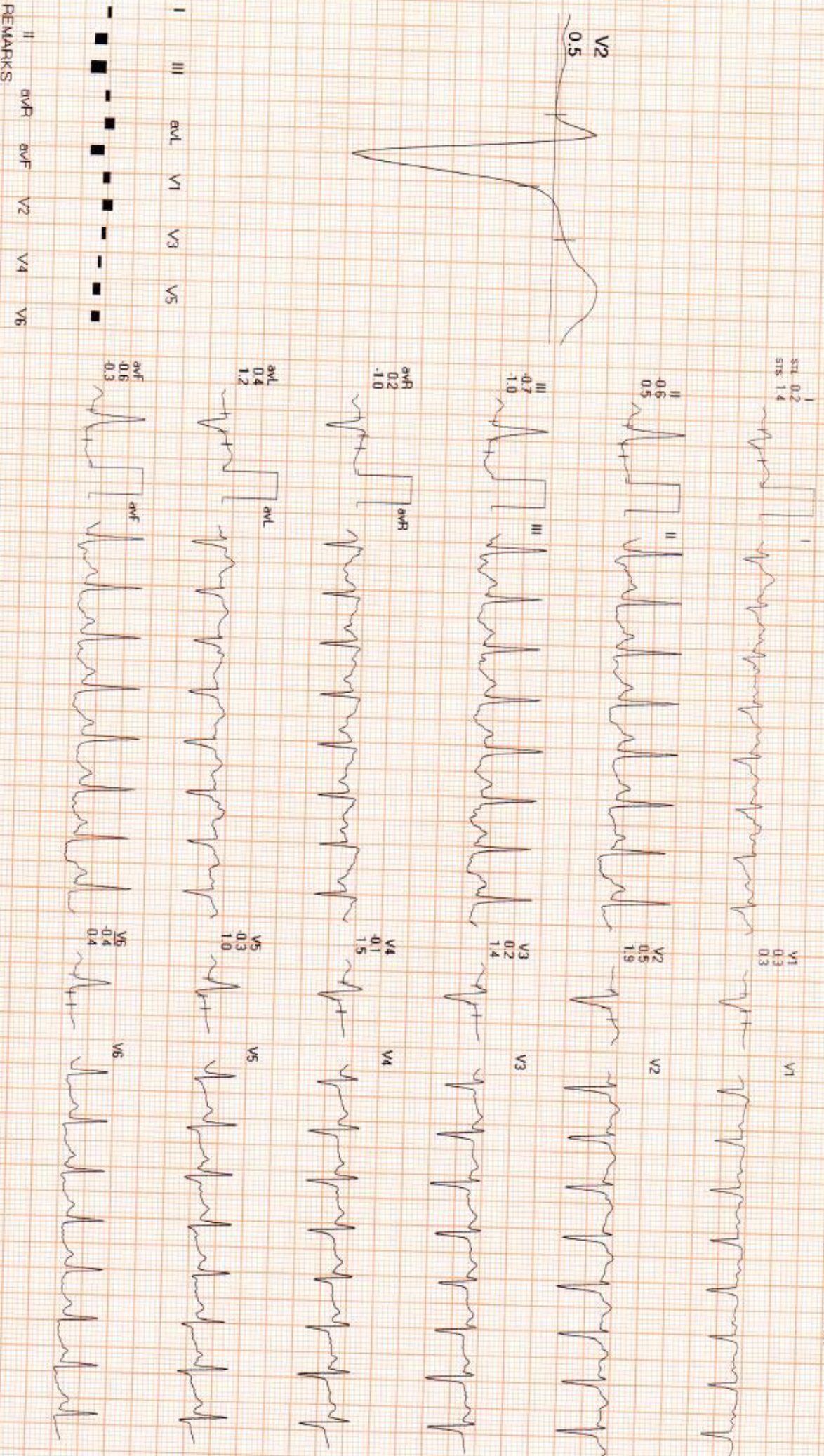
Date: 29 / 03 / 2024 12:26:17 PM

4X 60 ms Post J METS: 47 / 156 bpm 83% of THR BP: 140/90 mmHg Raw ECG/BIC On/Notch On/HF 0.05 Hz/LF 35 Hz

BRUCE : Stage 1 ( 03:00 )



EXTime: 03:00 2.7 Km/h, 10.0% 25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 165

PeaKEx



Date: 29 / 03 / 2024 12:26:17 PM

METS: 6.4 / 165 bpm 88% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Natch On/ HF: 0.05 Hz/LF: 35 Hz

EXTime: 05:09 4.0 Km/h 12.0%

25 mm/Sec. 1.0 Cm/mV

4X

60 ms Post J

STL 0.1  
SRS 1.4

V1 0.3  
V1 0.1

II -1.0  
0.4

V2 0.5  
1.7

III -1.0  
-1.1

V3 0.2  
1.1

aVR 0.5  
-0.5

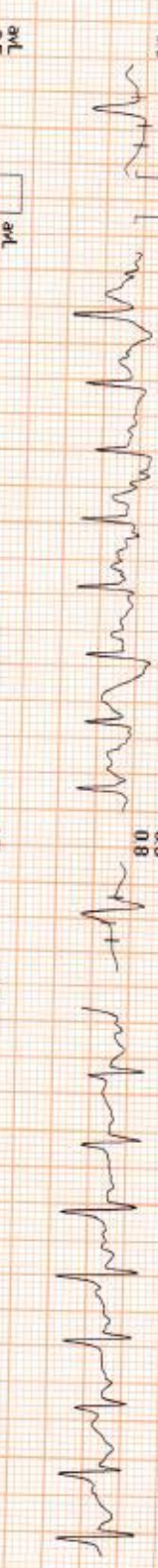
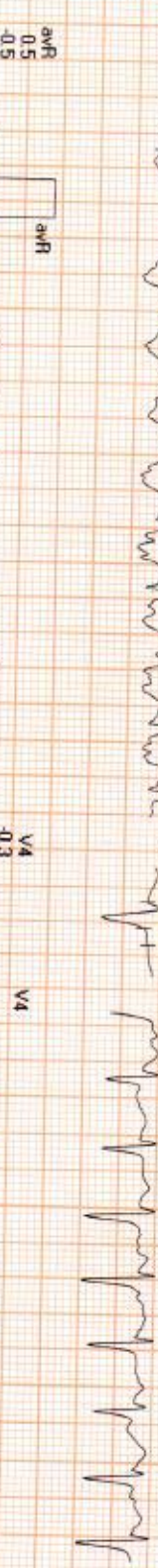
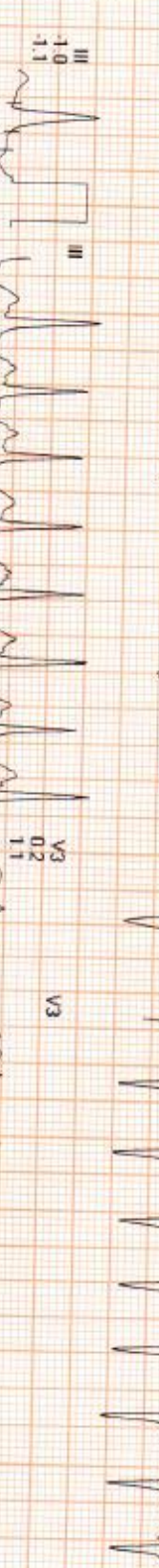
V4 -0.3  
0.8

aVL 0.5  
1.3

V5 -0.5  
0.8

aVF -1.0  
0.4

V6 -0.7  
0.2



REMARKS:  
I aVR aVL V1 V3 V5  
II aVF aVF V2 V4 V6

**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR : 148

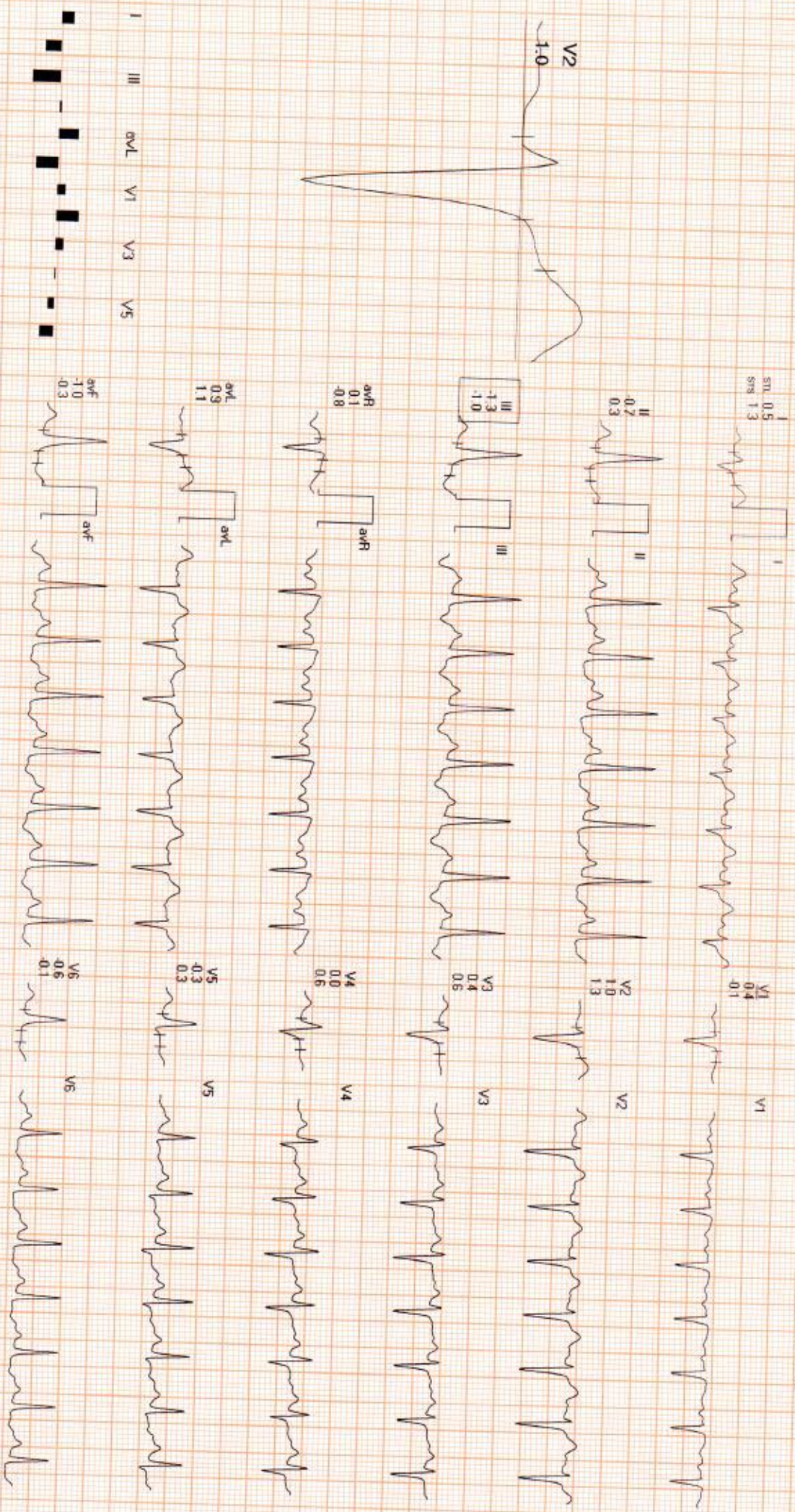
Date: 29 / 03 / 2024 12:26:17 PM

4X 60 ms Post J METS: 1.0 / 148 bpm 79% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

Recovery : ( 01:00 )



ExTime: 05:09 0.0 Km/h 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

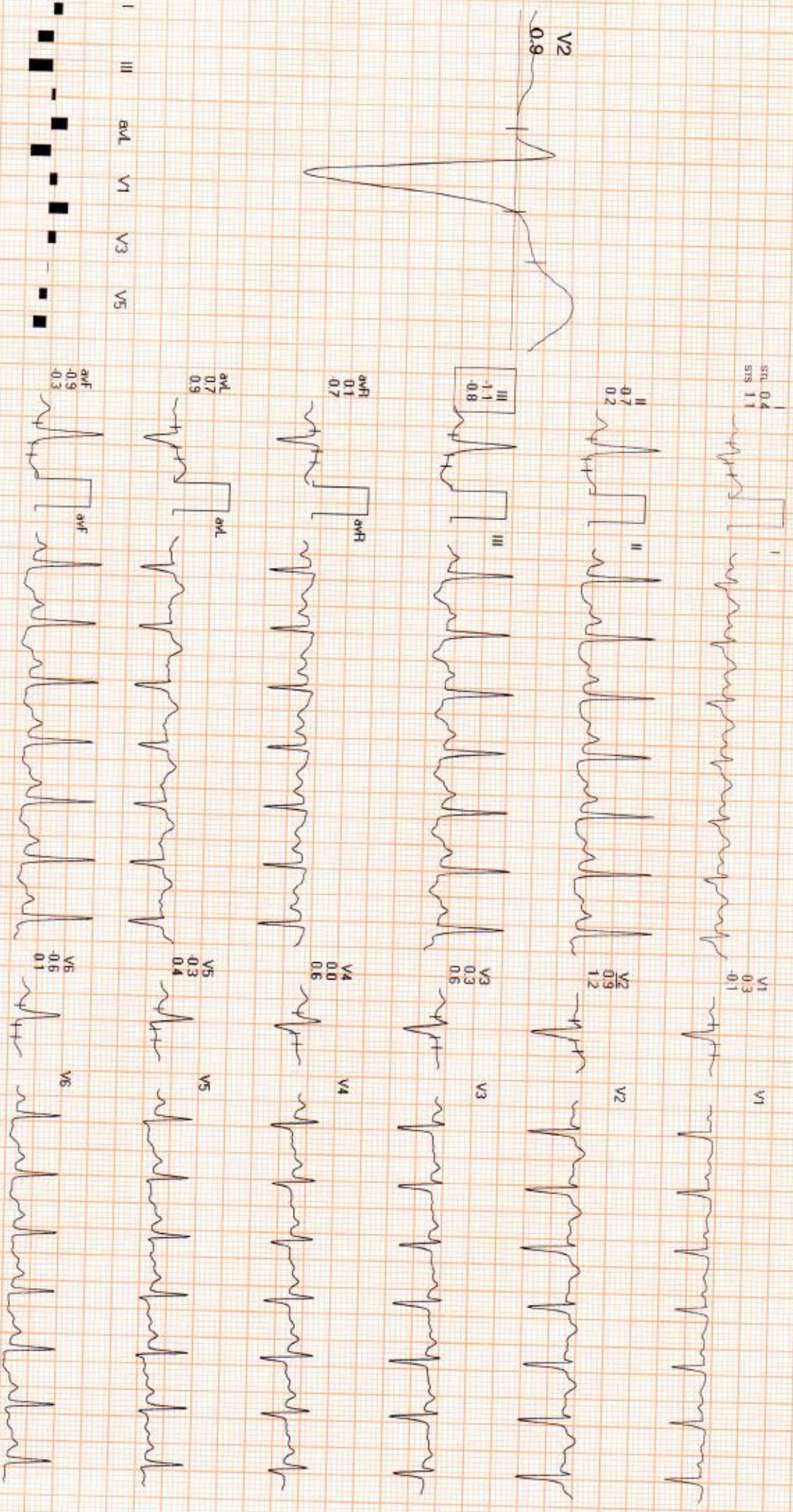
3228 (2408912913) / KHUSHBOO DUBEY / 32 Yrs / F / 152 Cms / 71 Kg / HR 142

Date: 29 / 03 / 2024 12:26:17 PM METS: 1.0 / 142 bpm 76% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ F 35 Hz

4X 60 ms Post J

Ext time 05:09 0.0kpph 0.0%  
25 mm/Sec 1.0 Cm/mV

Recovery : ( 01:09 )



REMARKS:  
II aVR aVF V2 V4 V6



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Name : MRS.KHUSHBOO DUBEY  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 29-Mar-2024 / 09:19  
Reported : 29-Mar-2024 / 12:45

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.46	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.9	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	25.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	16.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8240	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.3	20-40 %	
Absolute Lymphocytes	2249.5	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	593.3	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	4886.3	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	502.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	279000	150000-400000 /cmm	Elect. Impedance
MPV	11.9	6-11 fl	Calculated
PDW	26.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 29-Mar-2024 / 09:19  
**Reported** : 29-Mar-2024 / 12:54

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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **29**                      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 \*\*\*



*Bmhasakar*

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



**CID** : 2408912913  
**Name** : MRS.KHUSHBOO DUBEY  
**Age / Gender** : 33 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)

**Collected** : 29-Mar-2024 / 09:19  
**Reported** : 29-Mar-2024 / 14:49

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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	105.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	151.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.17	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	<b>0.08</b>	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	19.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



CID : 2408912913  
Name : MRS.KHUSHBOO DUBEY  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

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eGFR, Serum	121	(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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

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



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Reg. Location : Kandivali East (Main Centre)

Collected : 29-Mar-2024 / 09:19  
Reported : 29-Mar-2024 / 14:11

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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	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

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Collected : 29-Mar-2024 / 09:19  
Reported : 29-Mar-2024 / 19:48

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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	Kindly rule out contamination		

**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 Borivali Lab, Borivali West  
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Collected : 29-Mar-2024 / 09:19  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

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

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



*Dr. Vrushi Shroff*

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Collected : 29-Mar-2024 / 09:19  
Reported : 29-Mar-2024 / 14:49

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.8	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	44.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	18.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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Collected : 29-Mar-2024 / 09:19  
Reported : 29-Mar-2024 / 14:58

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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.7	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	3.43	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)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

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