

PHYSICAL EXAMINATION REPORT

Patient Name	Manasa Bandipalli	Sex/Age	F / 38
Date	09/11/2024	Location	Thane

History and Complaints

C/O - Dust Allergy.
 (Allergic Rhinitis)

EXAMINATION FINDINGS:

Height (cms):	165	Temp (0c):	37
Weight (kg):	63	Skin:	NAD
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	.

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

Chest Xray - Mildly ↑ B/L ^{BV} prominence.
 ↓ Hb.
 ↑ Non HDL Chol., TSH (0.9).

10/24/2024 12:42 PM

Advice:

- Iron Supplement
- Low Fat Diet
Repeat thyroid Profile, Lipid Profile
(3 Months)

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	Nil
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS.
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	
3)	Diet	veg
4)	Medication	Tab Bilaur S.O.S.

(Signature)
Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

(For Allergic Reactions)

Date:- 9/11/24
 Name:- Manasa Bardipalli
 CID: 2431428957
 Sex / Age: F 38

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: +H

Past history: M, 12/9/18 + IVA 1/10

Unaided Vision: R 20/18 L 20/20

Aided Vision: R 20/18 L 20/20

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: use contact lenses

MR. PRAKASH KUDVA

 SR OPTOMETRIST

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CID : 2431420451
Name : Mrs BANDIPALLI MANASA
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Date : 09-Nov-2024
Reg. Location : G B Road, Thane West Main Centre
Reported : 09-Nov-2024 / 12:10

X-RAY CHEST PA VIEW

Rotation +

There is evidence of mildly increased bilateral bronchovascular prominence.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Suggest clinico pathological co-relation.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110909121867>



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Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 09-Nov-2024
Reported : 09-Nov-2024 / 13:44

USG WHOLE ABDOMEN

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.6 x 3.7 cm. Left kidney measures 10.4 x 5.5 cm. Both kidneys are normal in size, 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 and measures 7.6 x 3.1 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.6 x 1.9 cm.

The left ovary measures 2.4 x 2.1cm.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:

USG ABDOMEN IS WITHIN NORMAL LIMITS.

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 cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 09:20
Reported : 09-Nov-2024 / 12:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	3.92	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	92.1	80-100 fl	Calculated
MCH	30.4	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	17.8	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7360	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	16.6	20-40 %	
Absolute Lymphocytes	1221.8	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	736.0	200-1000 /cmm	Calculated
Neutrophils	67.1	40-80 %	
Absolute Neutrophils	4938.6	2000-7000 /cmm	Calculated
Eosinophils	6.1	1-6 %	
Absolute Eosinophils	449.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	265000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	10.6	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 22 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:

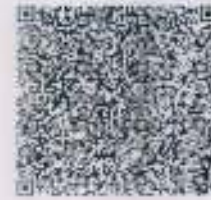
- Pack Insert
- Bridgen ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 09-Nov-2024 / 09:20
Reported : 09-Nov-2024 / 16:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	76.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.94	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.64	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dl	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	16.3	<34 U/L	Modified IFCC
SGPT (ALT), Serum	10.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	110.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	12.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.62	0.55-1.02 mg/dl	Enzymatic

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eGFR, Serum	117	(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

URIC ACID, Serum	2.8	3.1-7.8 mg/dl	Uricase/ Peroxidase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 09-Nov-2024 / 12:40

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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	5.4	Non-Diabetic Level: < 5.7% Prediabetic Level: 5.7-6.4% Diabetic Level: > 6.5%	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salkylate 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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Collected : 09-Nov-2024 / 09:20
Reported : 09-Nov-2024 / 13:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC) Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Unc acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 09-Nov-2024 / 09:20
Reported : 09-Nov-2024 / 13:52

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 agglutinins are fully developed at 2 to 4 years of age. It 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.

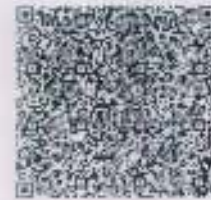
References:

1. Denise M Harmoning, 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 G B Road Lab, Thane West

*** End Of Report ***

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Reported : 09-Nov-2024 / 16:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >= 240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120	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	40.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	137.7	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >= 190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.7	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	24.0	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



Dr. Arushali Shroff
Dr. ARUSHALI SHROFF
M.D.(PATH)
Pathologist



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Collected : 09-Nov-2024 / 09:20
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.4	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.4	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.945	0.55-4.78 microU/ml	CLIA

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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 upto 15 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 transiently altered because 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 intake of 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 200%. 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 about 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. Koukouri 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 ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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Collected : 09-Nov-2024 / 11:55
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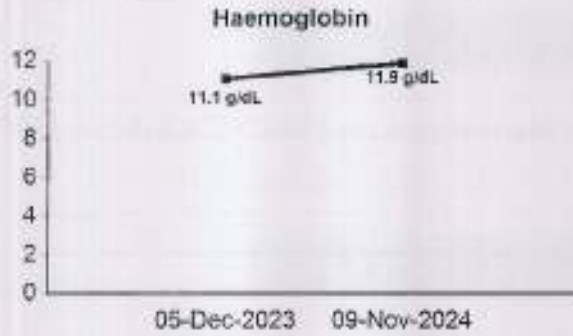
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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 *** End Of Report ***

Imran Mujawar
Dr. IMRAN MUJAWAR
 MD (Path)
 Pathologist

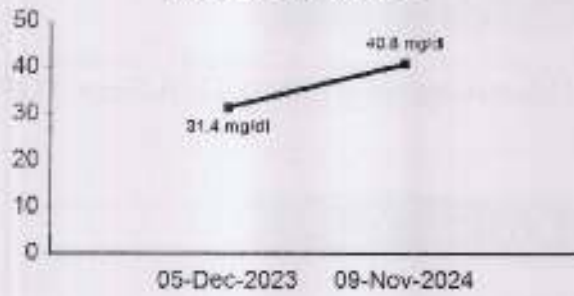
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 Reg. Location : G B Road, Thane West (Main Centre)



HDL CHOLESTEROL



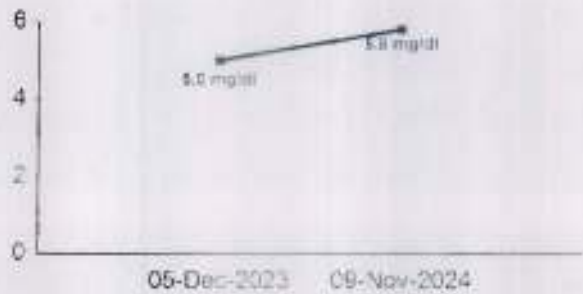
LDL CHOLESTEROL



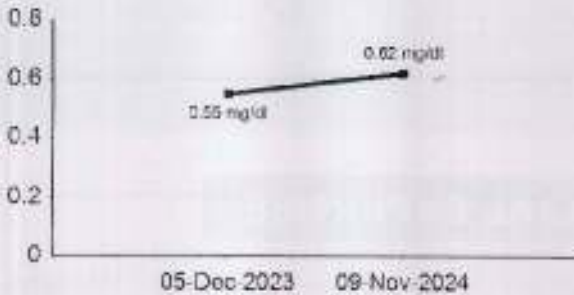
BLOOD UREA



BUN



CREATININE

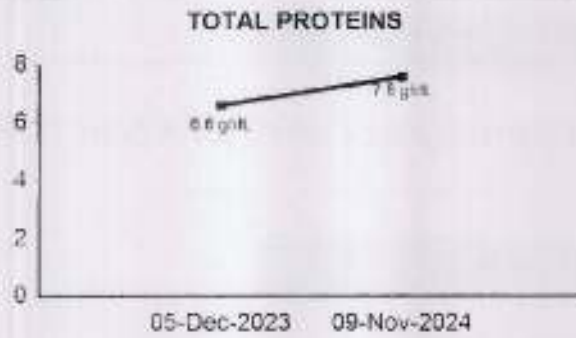


URIC ACID





CID : 2431420451
Name : MRS. BANDIPALLI MANASA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

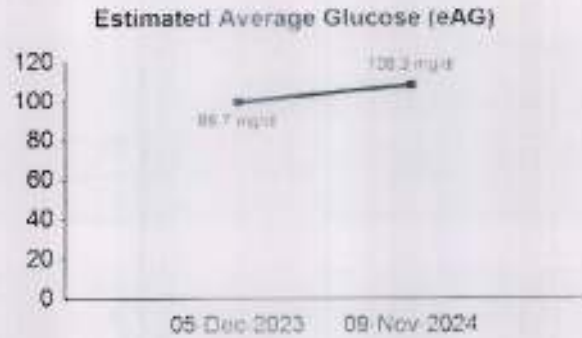
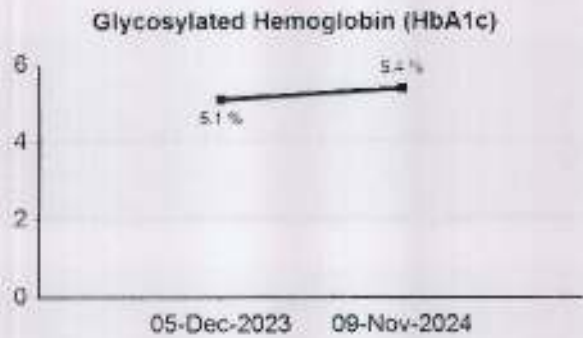


Admitted by Doctor



Use a QR Code Scanner Application To Scan the Code

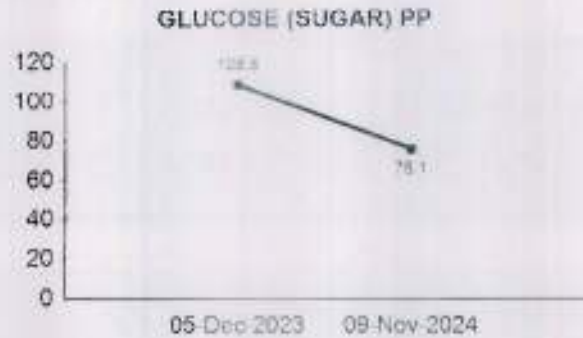
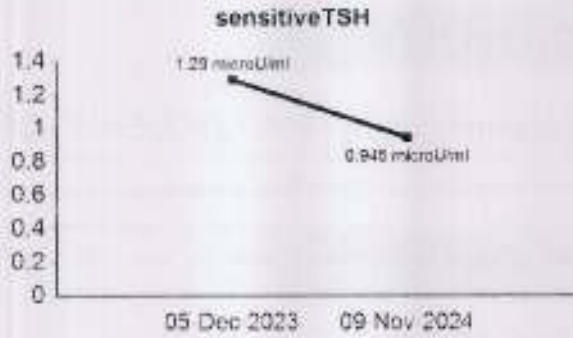
CID : 2431420451
Name : MRS. BANDIPALLI MANASA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



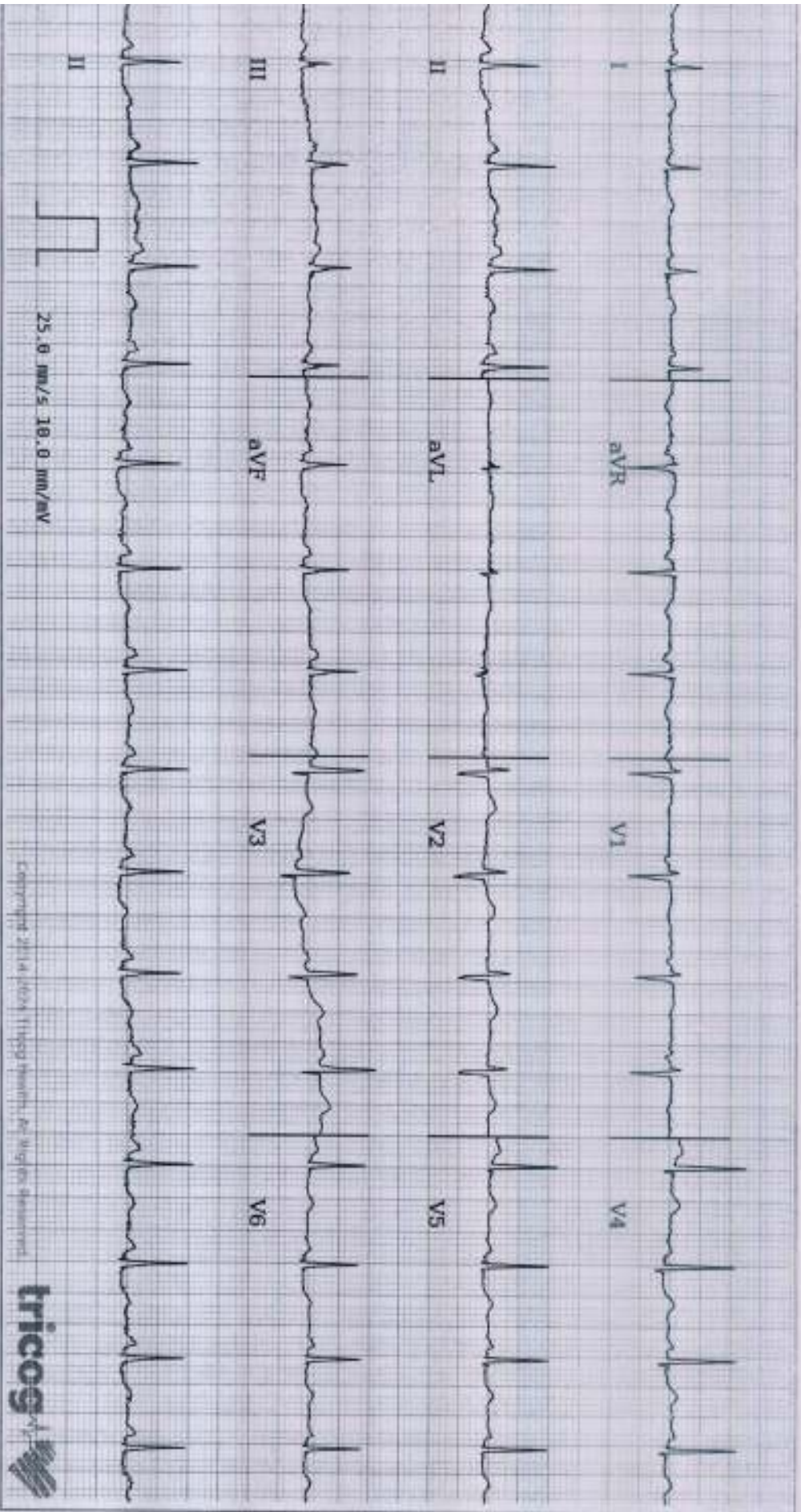


Use a QR Code Scanner Application To Scan the Code

CID : 2431420451
Name : MRS. BANDIPALLI MANASA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)



SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: **BANDIPALLI MANASA** Date and Time: **9th Nov 24 9:54 AM**
 Patient ID: **2431420451**



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Age: **38** years **NA** months **NA** days
 Gender: **Female**
 Heart Rate: **96bpm**
 Patient Vitals
 BP: **NA**
 Weight: **NA**
 Height: **NA**
 Pulse: **NA**
 SpO2: **NA**
 Resp: **NA**
 Others: **NA**

Measurements
 QRSD: **64ms**
 QT: **342ms**
 QTcB: **432ms**
 PR: **126ms**
 P-R-T: **59° 61° 22°**

ECG Within Normal Limits: Sinus Rhythm, Baseline wandering. Please correlate clinically.

REPORTED BY

(Signature)

DR. SHALINA PILLAI
 MBBS, MD Physician
 MD Physician
 48972

Disclaimer: This analysis is for informational purposes only and should not be used as a substitute for clinical judgment. The accuracy and reliability of the results are not guaranteed. The ECG is a diagnostic tool and should be used in conjunction with other clinical data.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

2812 (2/3/420451) / MANASA BANDIPALLI / 38 Yrs / F / 165 Cms / 63 Kg
Date: 09 / 11 / 2024 11:20:10 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	109	60 %	110/80	119	00	
Standing	00:28	0:14	00.0	00.0	01.0	111	61 %	110/80	122	00	
HV	00:42	0:14	00.0	00.0	01.0	112	62 %	110/80	123	00	
ExStart	00:55	0:13	00.0	00.0	01.0	114	63 %	110/80	125	00	
BRUCE Stage 1	03:55	3:00	01.7	10.0	04.7	145	80 %	120/80	174	00	
PeakEx	05:29	1:34	02.5	12.0	06.0	154	85 %	140/80	215	00	
Recovery	06:29	1:00	00.0	00.0	01.0	124	68 %	120/80	148	00	
Recovery	06:56	1:28	00.0	00.0	01.0	122	67 %	120/80	146	00	

FINDINGS :

Exercise Time : 04:34
Initial HR (ExStrt) : 114 bpm 63% of Target 182
Initial BP (ExStrt) : 110/80 (mm/Hg)
Max Workload Attained : 6 Fair response to induced stress
Max ST Dep Lead & Avg ST Value : III & -1.2 mm in PeakEx
Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 154 bpm 85% of Target 182
Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49978
Doctor : DR. SHAILAJA PILLAI



EMail: 2812711@NASA BANDIPALLI / 38 Yrs / F / 165 Cms / 63 Kg Date: 09 / 11 / 2024 11:20:10 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The Initial HR was recorded as 111.0 bpm, and the maximum predicted Target Heart Rate 182.0. The BP increased at the time of generating report as 140 0/80.0 mmHg The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen. Basic ECG Nonspecific ST T changes.
3. HR and Blood pressure response to exercise is normal.

Disclaimer : Negative stress test does not rule out CAD.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49873

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2812 (2431420451) / MANASA BANDIPALLI / 38 Yrs / F / 165 Cms / 63 Kg / HR : 109

Date: 09/11/2024 11:20:10 AM METS: 1.0/109 bpm 60% of THR BP: 110/80 mmHg Flow ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

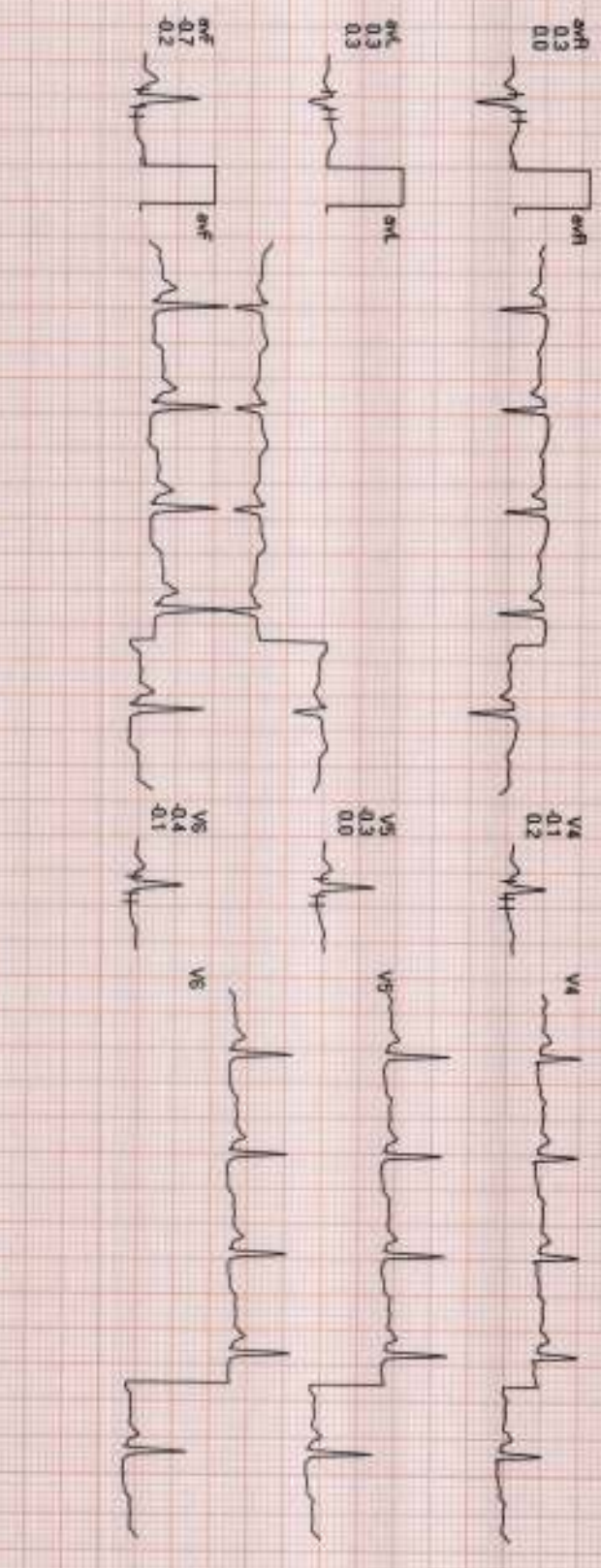
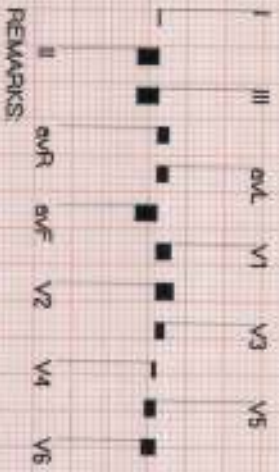
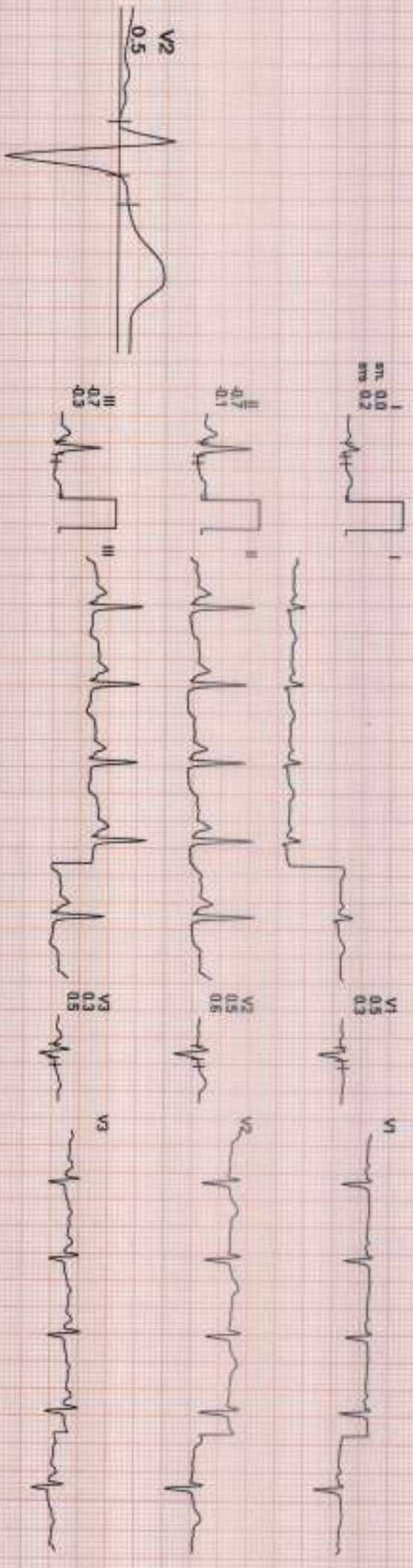
4X 50 ms Paper

SUPINE (00:01)



EXTIME: 00:00 0.0 mph 0.0%

25 mm/Sec 1.0 Cal/cmV

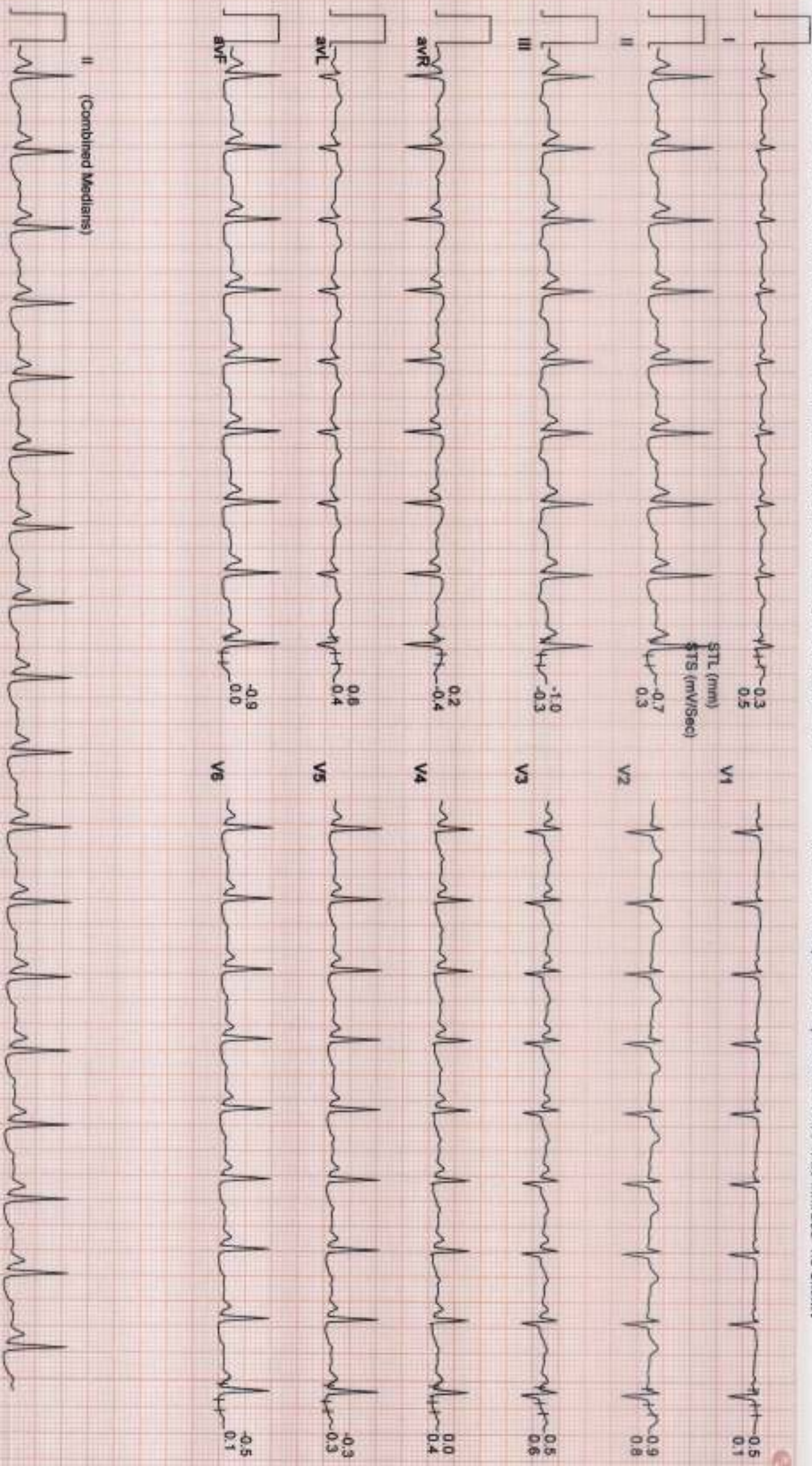


REMARKS:



Date: 09 / 11 / 2024 11:20:10 AM METs : 1.0 HR : 111 Target HR : 61% of 182 BP : 110/80 Post J @80mSec

ExTime : 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

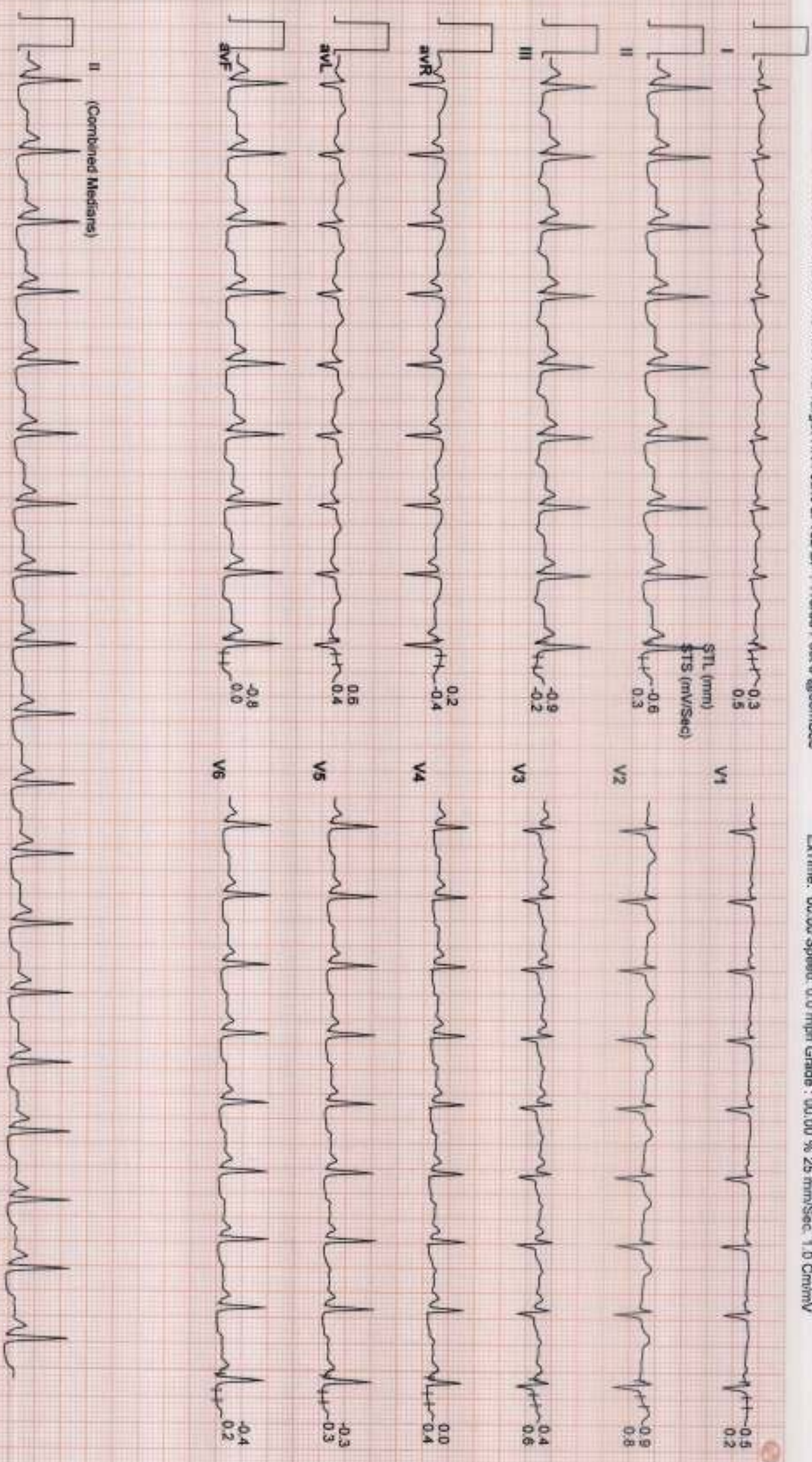
2812 / MANASA BANDIPALLI / 38 Yrs / Female / 165 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
HV (00:00)



Date: 09 / 11 / 2024 11:20:10 AM METs : 1.0 HR : 112 Target HR : 82% of 162 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

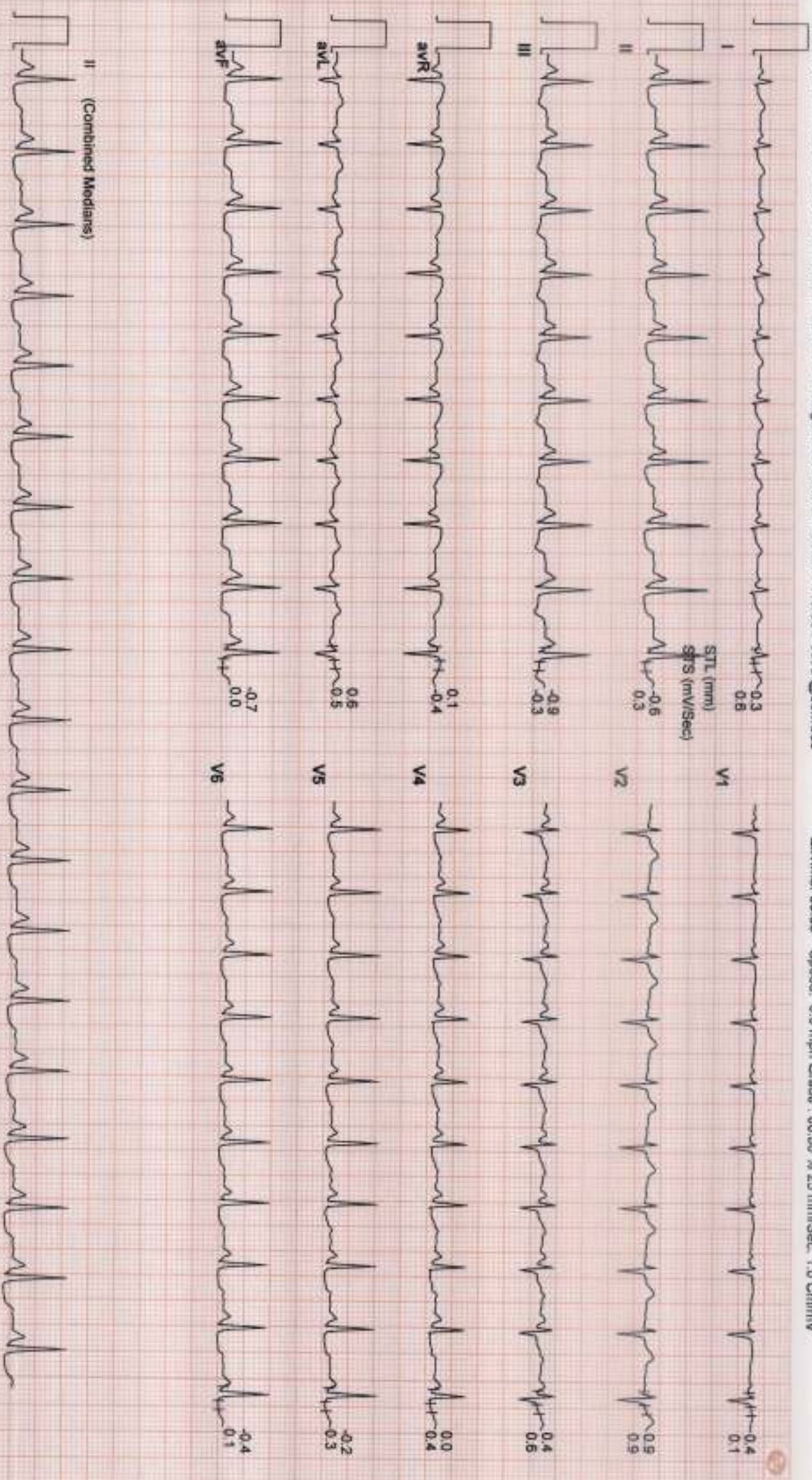
2812 / MANASA BANDIPALLI / 38 Yrs / Female / 165 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm



Date: 09 / 11 / 2024 11:20:10 AM METs : 1.0 HR : 114 Target HR : 63% of 182 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

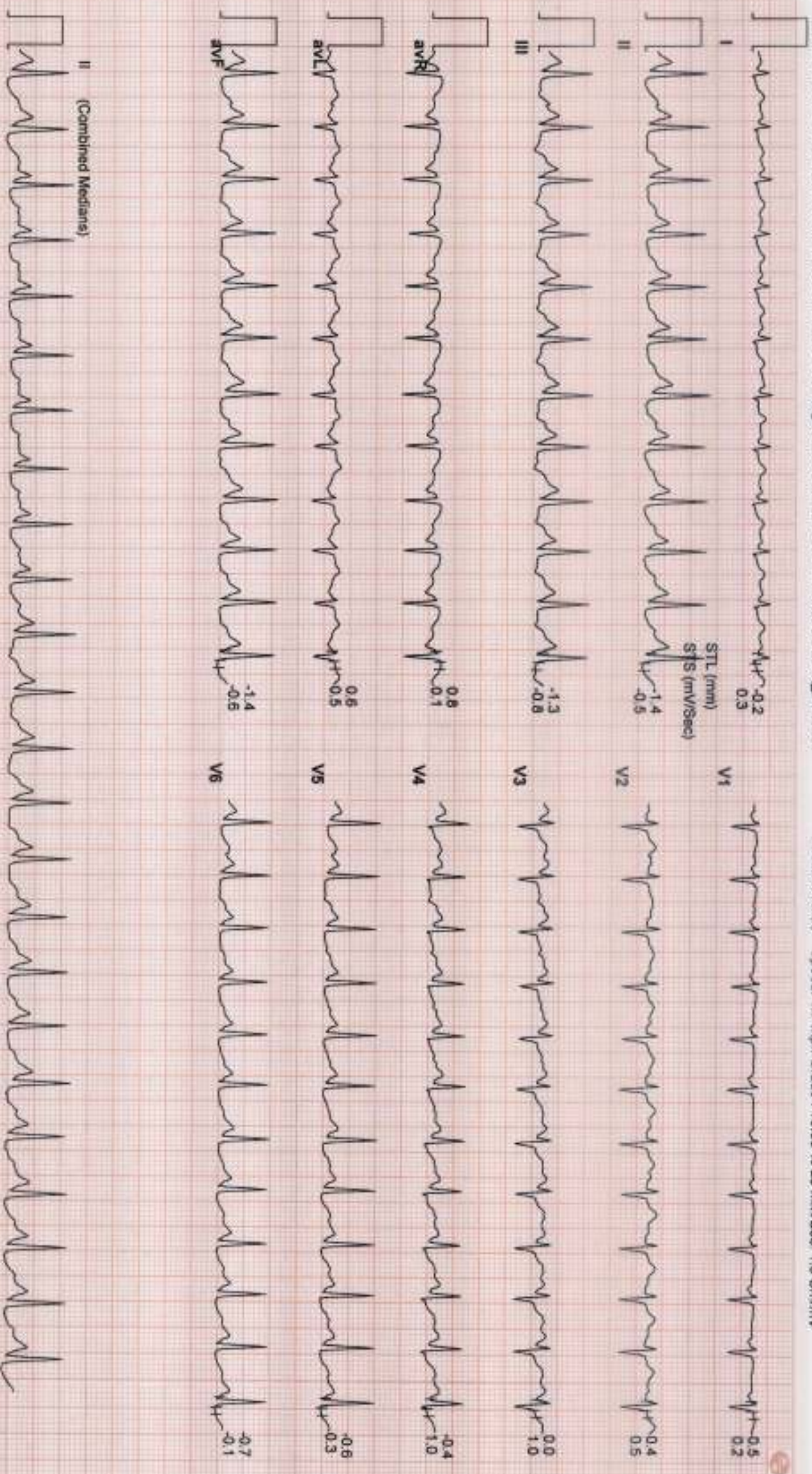
2812 / MANASA BANDIPALLI / 38 Yrs / Female / 165 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 09 / 11 / 2024 11:20:10 AM METs : 4.7 HR : 145 Target HR : 80% of 182 BP : 120/80 Post J @60mSec

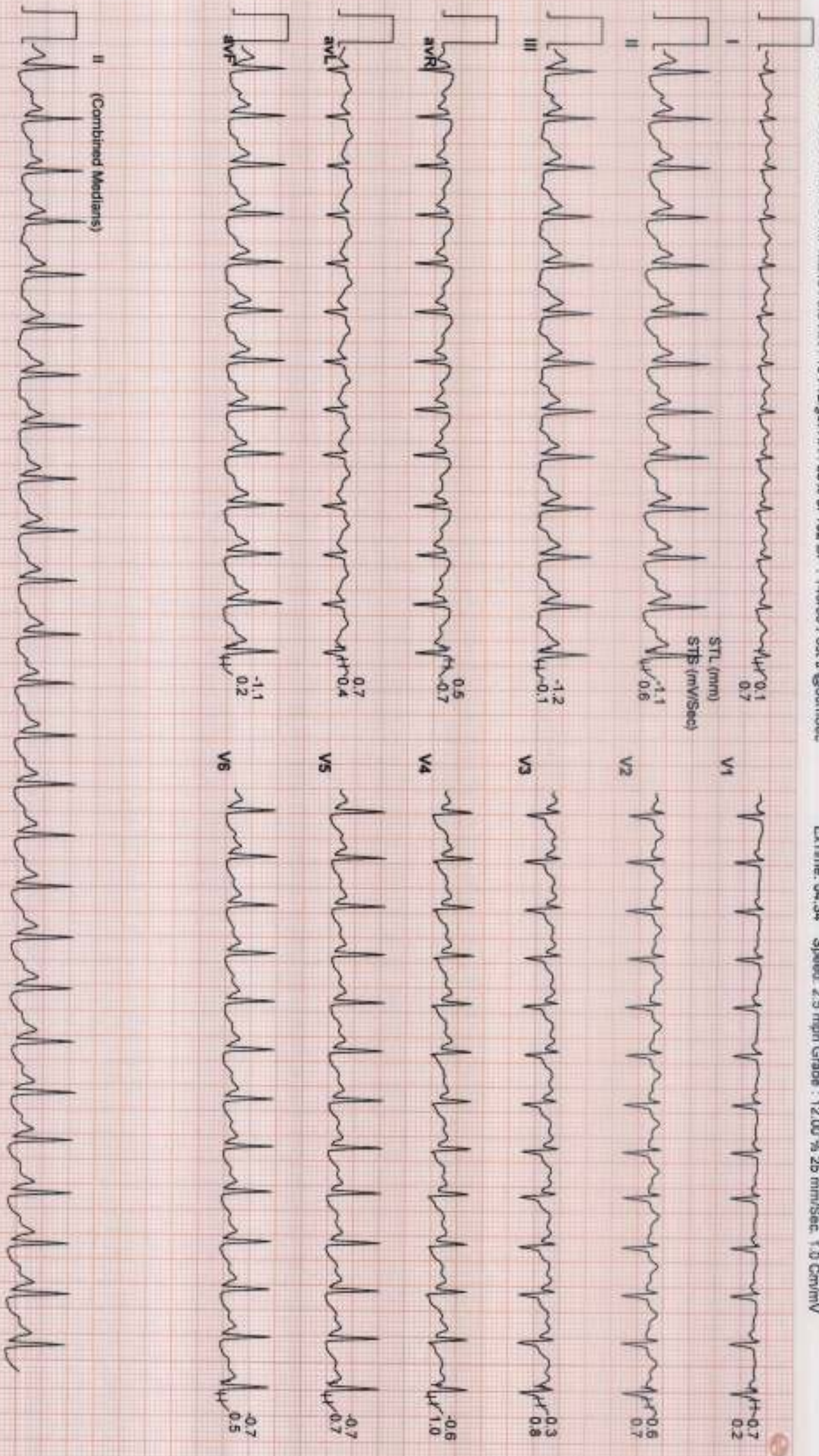
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV





Date: 09 / 11 / 2024 11:20:10 AM METs : 6.0 HR : 154 Target HR : 85% of 192 BP : 140/80 Post J @60mSec

ExTime: 04:34 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

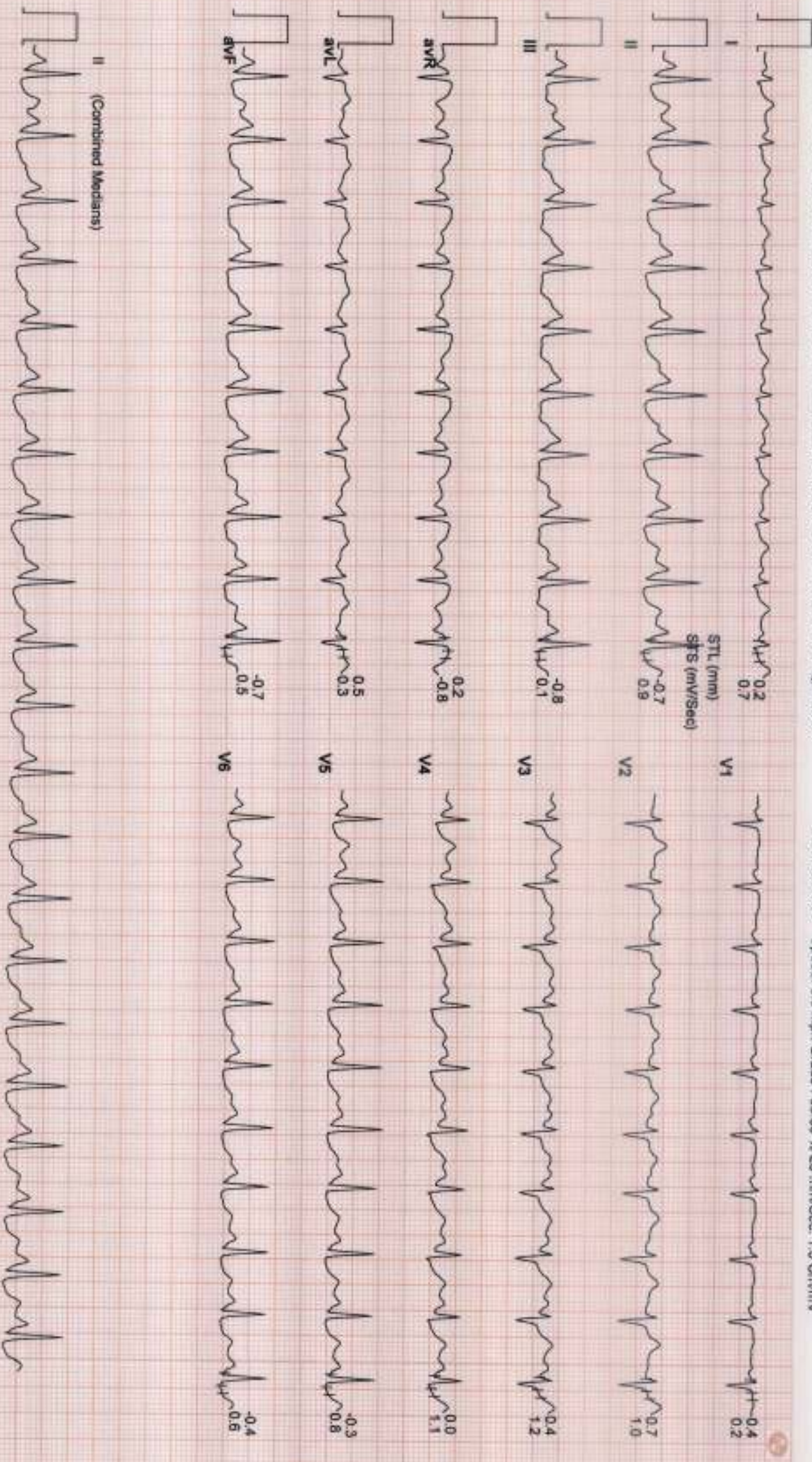
2812 / MANASA BANDIPALLI / 38 Yrs / Female / 165 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



Date: 09 / 11 / 2024 11:20:10 AM METs : 1.0 HR : 124 Target HR : 68% of 162 BP : 120/80 Post J @60mSec

ExTime: 04:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

2812 / MANASA BANDIPALLI / 38 Yrs / Female / 165 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (01:27)



Date: 09 / 11 / 2024 11:20:10 AM METs : 1.0 HR : 122 Target HR : 67% of 162 BP : 120/60 Post J @80mSec

ExTime: 04:34 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

