SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PHYSICAL EXAMINATION REPORT

Patient Name	Rashmi Chaudhary	Sex/Age	F/33.
Date	10/1/24.	Location	Thane.

History and Complaints

C/o - Amenorrhoea since 3 Dec. Oct.
- 2 Months Pregnancy.
- Constipation.

EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	N.
Weight (kg):	52.6	Skin:	Sensitive skin.
Blood Pressure	120/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:
- ↓ Hb, ↑↑ ESR.
- ↑ Chol, TG's, ↑ Non HDL chol.
- ↑ TSH (6.34)
- ECG - Short PR.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Advice:

- Iron supplement.
- Low Fat Diet.

Physician's Consultation for ↑TSH.

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No.
3)	Diet	Mixed
4)	Medication	Tab Folvite.

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

11/1/24

- tab Fol 123
- Tab. thyronorm 100 mcg.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 10/1/24 CID: 240100 4444

Name:- Ranjani Choudhury Sex / Age: F/34

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: NIL

Past history: Nil

Unaided Vision: RE 6/12 NVB N10

Aided Vision: RE 6/6 NVB N6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Use Power Specs.

MR. PRAKASH KUDVA
SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2401009444		
Name	: MRS.RANKINI CHOUDHURY		
Age / Gender	: 34 Years / Female		
Consulting Dr.	: -	Collected	: 10-Jan-2024 / 08:48
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 10-Jan-2024 / 12:45

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	10.8	12.0-15.0 g/dL	Spectrophotometric
RBC	3.85	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.3	36-46 %	Measured
MCV	86.6	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7970	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	21.2	20-40 %	
Absolute Lymphocytes	1689.6	1000-3000 /cmm	Calculated
Monocytes	5.4	2-10 %	
Absolute Monocytes	430.4	200-1000 /cmm	Calculated
Neutrophils	72.4	40-80 %	
Absolute Neutrophils	5770.3	2000-7000 /cmm	Calculated
Eosinophils	0.9	1-6 %	
Absolute Eosinophils	71.7	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	251000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	14.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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Consulting Dr.	: -	**Collected**	: 10-Jan-2024 / 08:48
Reg. Location	: G B Road, Thane West (Main Centre)	**Reported**	: 10-Jan-2024 / 15:05

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	**97**	2-20 mm at 1 hr.	Sedimentation

Result Rechecked.

Kindly correlate clinically.

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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 G B Road Lab, Thane West

*** End Of Report ***

Dr.VANDANA KULKARNI
M.D (Path)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	123.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.24	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.07	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	17.6	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.5	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	6.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	93.7	35-105 U/L	PNPP
BLOOD UREA, Serum	15.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.53	0.51-0.95 mg/dl	Enzymatic

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Consulting Dr.	: -	Collected	: 10-Jan-2024 / 11:35
Reg. Location	: G B Road, Thane West (Main Centre)	Reported	: 10-Jan-2024 / 13:23

eGFR, Serum	124	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	2.6	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West

*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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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Age / Gender	: 34 Years / Female	Collected	: 10-Jan-2024 / 08:48
Consulting Dr.	: -	Reported	: 10-Jan-2024 / 12:59
Reg. Location	: G B Road, Thane West (Main Centre)		

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

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 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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	238.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	157.0	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	86.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	152.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	30.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.8	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	6.34	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

Kindly correlate clinically.

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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 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 G B Road Lab, Thane West

*** End Of Report ***

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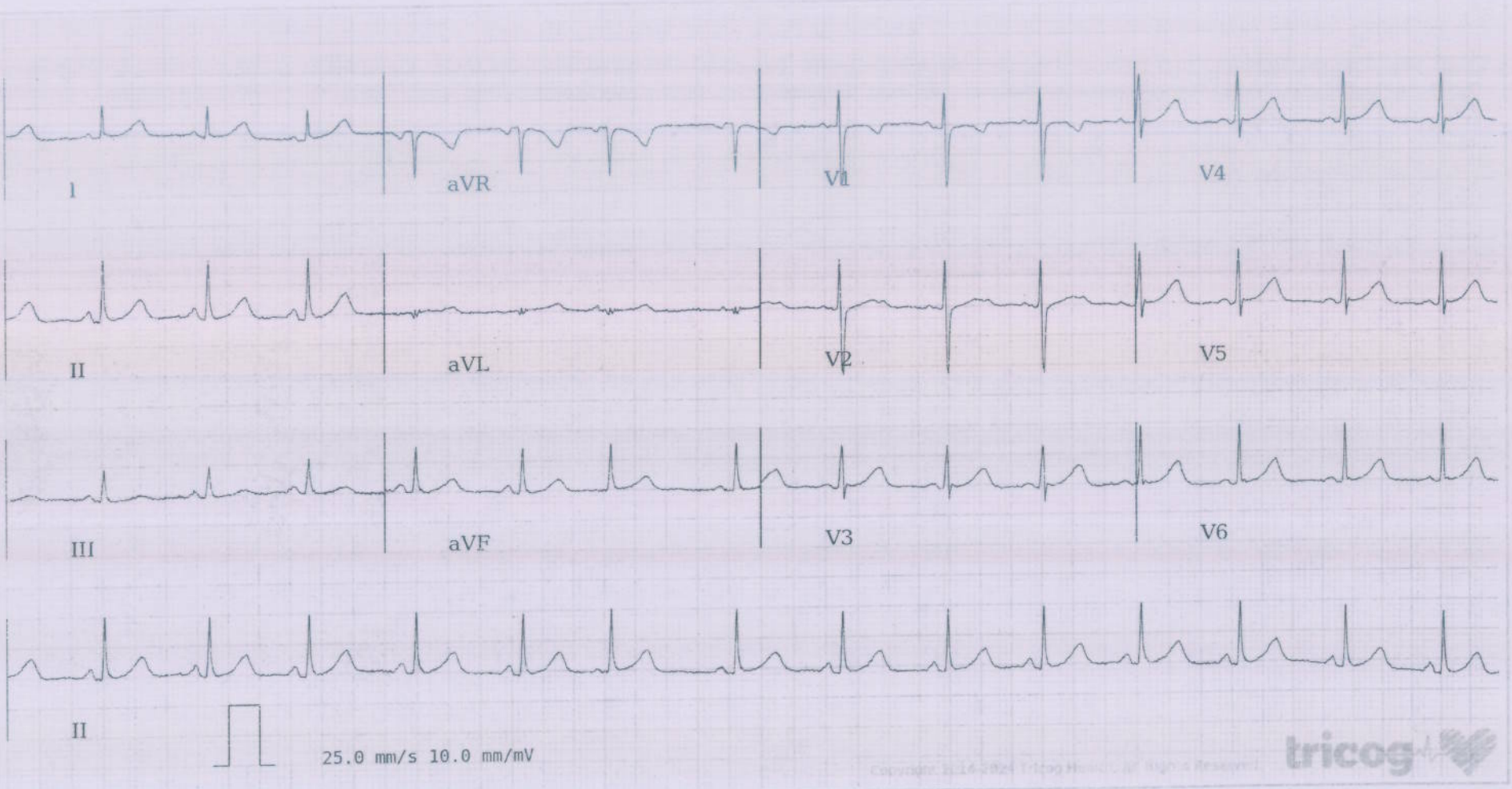
SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

Patient Name: RANKINI CHOUDHURY
Patient ID: 2401009444

Date and Time: 10th Jan 24 8:53 AM



Age: 34 years NA months NA days

Gender: Female

Heart Rate: 92bpm

Patient Vitals

BP:	120/80 mmHg
Weight:	52 kg
Height:	155 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	68ms
QT:	356ms
QTcB:	440ms
PR:	106ms
P-R-T:	63° 59° 46°

Short PR Interval, Sinus Arrhythmia Seen, Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physican
MD Physican
49972