SUBURBAN DIAGNOSTICS
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REPORT

CID	: 2427223603		
Name	: MS.PALLAVI SHARMA		
Age / Gender	: 31 Years / Female		
Consulting Dr.	: -	**Collected**	: 28-Sep-2024 / 10:02
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 12:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.30	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.6	36-46 %	Calculated
MCV	85.2	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6000	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	22.7	20-40 %	
Absolute Lymphocytes	1362.0	1000-3000 /cmm	Calculated
Monocytes	9.9	2-10 %	
Absolute Monocytes	594.0	200-1000 /cmm	Calculated
Neutrophils	65.3	40-80 %	
Absolute Neutrophils	3918.0	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	78.0	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	48.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	239000	150000-400000 /cmm	Elect. Impedance
MPV	**11.6**	6-11 fl	Calculated
PDW	**24.1**	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR	**26**	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 Pune Lab, Pune Swargate

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Dr.CHANDRAKANT PAWAR
M.D.(PATH)
Pathologist

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 13:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	98.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	98.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	6.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	94.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic

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Consulting Dr.	: -	**Collected**	: 28-Sep-2024 / 10:02
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 13:12

eGFR, Serum	121	(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

URIC ACID, Serum	3.5	2.4-5.7 mg/dl	Enzymatic

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 14:19

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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	**10-12**	0-5/hpf	
Red Blood Cells / hpf	**2-3**	0-2/hpf	
Epithelial Cells / hpf	2-3	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	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	18-20	0-20/hpf	

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 14:43

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)

This sample has been tested for bombay group/ bombay phenotype/ OH using anti H letin.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	154	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.2	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	53.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	100.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	84	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	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	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	4.8	3.10-6.80 pmol/L	ECLIA
Free T4, Serum	15.2	12-22 pmol/L Pregnant Women (pmol/L): First Trimester:12.1-19.6 Second Trimester:9.63-17.0 Third Trimester:8.39-15.6	ECLIA
sensitiveTSH, Serum	3.79	0.270-4.20 mIU/ml Pregnant Women (microIU/ml): First Trimester:0.33-4.59 Second Trimester:0.35-4.10 Third Trimester:0.21-3.15 microU/ml	ECLIA

Note: TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.

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Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 14:18

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)

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Consulting Dr.	: -	**Collected**	: 28-Sep-2024 / 12:24
Reg. Location	: Lulla Nagar, Pune (Main Centre)	**Reported**	: 28-Sep-2024 / 15:20

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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Name	: MS.PALLAVI SHARMA		
Age / Gender	: 31 Years/Female		
Consulting Dr.	:	Collected	: 28-Sep-2024 / 09:30
Reg.Location	: Lulla Nagar, Pune (Main Centre)	Reported	: 28-Sep-2024 / 12:39

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):167
Weight (kg):53
Temp (0c): Afebrile
Skin: Normal
Blood Pressure (mm/hg):90/74
Nails: Healthy
,'ulse:74/min
Lymph Node: Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

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 :**	No

SUBURBAN DIAGNOSTICS

REPORT

CID# : 2427223603
Name : MS.PALLAVI SHARMA
Age / Gender : 31 Years/Female
Consulting Dr. :
Collected : 28-Sep-2024 / 09:30
Reg.Location : Lulla Nagar, Pune (Main Centre)
Reported : 28-Sep-2024 / 12:39

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 :**	No

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Veg
4)	**Medication**	No

*** End Of Report ***

Dr.Milind Shinde
MBBS, DNB, Consuling Physician,
Diabetologist & Echocardiologist

Pus cells: 10-12/hpf
Blood +

Ref to primary physician

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:- 28/09/2024 CID: 2427223603

Name:- Ms. Pallavi Sharma Sex / Age: F / 31 Years.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: N6

Aided Vision:

Refraction: N6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—			6/6	—			6/6
Near	—			N6	—			N6

Colour Vision: Normal / Abnormal

Remark:

Dr. MILIND SHINDE
MBBS, DNB Medicine
Reg. No. 2011/05/1544

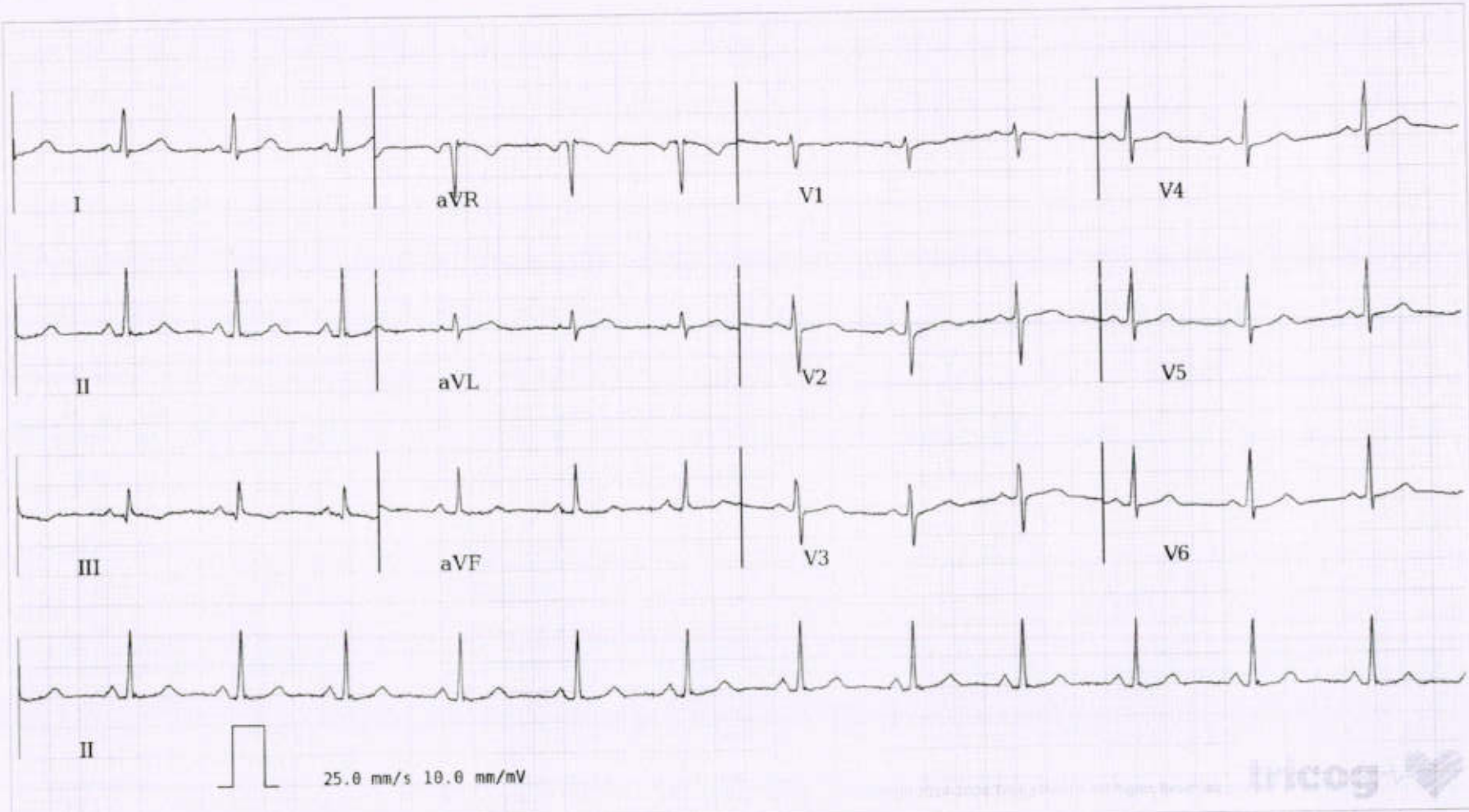
SUBURBAN DIAGNOSTIC (I) PVT. LTD. PUNE

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - LULLANAGAR, PUNE

Age / Gender: 31/Female
Patient ID: 2427223603
Patient Name: PALLAVI SHARMA

Date and Time: 28th Sep 24 11:43 AM



AR: 80bpm VR: 80bpm QRSD: 70ms QT: 364ms QTcB: 419ms PRI: 136ms P-R-T: 56° 56° 28°

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

REPORTED BY

Dr. H. P. DIXIT
M.B.B.S MD(MEDICINE)
44768

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Disclaimer: Analysis in this report is based on ECG alone and should only 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.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check
<<QRCode>>

REPORT

CID	**: 2427223603**		
Name	**: Ms PALLAVI SHARMA**		
Age / Sex	**: 31 Years/Female**	Use a QR Code Scanner Application To Scan the Code	
Ref. Dr	**:**	**Reg. Date**	**: 28-Sep-2024**
Reg. Location	**: Lulla Nagar, Pune Main Centre**	**Reported**	**: 28-Sept-2024 / 12:02**

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.

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.It measures in size.The endometrial thickness is mm.

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

IMPRESSION:-
No significant abnormality is seen.

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

DR. **ANUPRIYA BATRA**
MD Radiology
Reg. No. 2021/12/8725

Click here to view images <<ImageLink>>

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