



CID : 2335720202  
Name : MRS.PRIYANKA RAHUL TAMORE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 23-Dec-2023 / 09:15  
Reported : 23-Dec-2023 / 12:14

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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  | 11.2           | 12.0-15.0 g/dL              | Spectrophotometric |
| RBC  | 4.16           | 3.8-4.8 mil/cmm             | Elect. Impedance   |
| PCV  | 33.7           | 36-46 %                     | Calculated         |
| MCV  | 81.0           | 80-100 fl                   | Measured           |
| MCH  | 27.0           | 27-32 pg                    | Calculated         |
| MCHC   | 33.3           | 31.5-34.5 g/dL              | Calculated         |
| RDW  | 13.4           | 11.6-14.0 %                 | Calculated         |
| <b><u>WBC PARAMETERS</u></b>                       |                |                             |                    |
| WBC Total Count                                    | 4790           | 4000-10000 /cmm             | Elect. Impedance   |
| <b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b> |                |                             |                    |
| Lymphocytes  | 41.2           | 20-40 %                     |                    |
| Absolute Lymphocytes                               | 1970           | 1000-3000 /cmm              | Calculated         |
| Monocytes  | 6.2            | 2-10 %                      |                    |
| Absolute Monocytes                                 | 300            | 200-1000 /cmm               | Calculated         |
| Neutrophils  | 51.6           | 40-80 %                     |                    |
| Absolute Neutrophils                               | 2470           | 2000-7000 /cmm              | Calculated         |
| Eosinophils  | 0.8            | 1-6 %                       |                    |
| Absolute Eosinophils                               | 40             | 20-500 /cmm                 | Calculated         |
| Basophils  | 0.2            | 0.1-2 %                     |                    |
| Absolute Basophils                                 | 10             | 20-100 /cmm                 | Calculated         |
| Immature Leukocytes                                | -              |                             |                    |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

|                |        |                    |                  |
|----------------|--------|--------------------|------------------|
| Platelet Count | 257000 | 150000-400000 /cmm | Elect. Impedance |
| MPV            | 8.0    | 6-11 fl            | Measured         |
| PDW            | 13.6   | 11-18 %            | Calculated       |

**RBC MORPHOLOGY**

|              |   |
|--------------|---|
| Hypochromia  | - |
| Microcytosis | - |



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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                      12                      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 CPL, Andheri West

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



*J. Thakker*

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



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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                         | 82.7           | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl   | Hexokinase       |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R                         | 67.7           | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase       |
| BILIRUBIN (TOTAL), Serum   | 0.43           | 0.1-1.2 mg/dl   | Colorimetric     |
| BILIRUBIN (DIRECT), Serum  | 0.13           | 0-0.3 mg/dl   | Diazo            |
| BILIRUBIN (INDIRECT), Serum                                      | 0.30           | 0.1-1.0 mg/dl   | Calculated       |
| TOTAL PROTEINS, Serum  | 7.7            | 6.4-8.3 g/dL  | Biuret           |
| ALBUMIN, Serum   | 4.5            | 3.5-5.2 g/dL  | BCG              |
| GLOBULIN, Serum  | 3.2            | 2.3-3.5 g/dL  | Calculated       |
| A/G RATIO, Serum   | 1.4            | 1 - 2   | Calculated       |
| SGOT (AST), Serum  | 13.8           | 5-32 U/L  | NADH (w/o P-5-P) |
| SGPT (ALT), Serum  | 7.2            | 5-33 U/L  | NADH (w/o P-5-P) |
| GAMMA GT, Serum  | 11.1           | 3-40 U/L  | Enzymatic        |
| ALKALINE PHOSPHATASE, Serum                                      | 32.3           | 35-105 U/L  | Colorimetric     |
| <b>Note : Result rechecked.<br/>Kindly correlate clinically.</b> |                |   |                  |
| BLOOD UREA, Serum  | 23.2           | 12.8-42.8 mg/dl   | Kinetic          |
| BUN, Serum   | 10.8           | 6-20 mg/dl  | Calculated       |
| CREATININE, Serum  | 0.46           | 0.51-0.95 mg/dl   | Enzymatic        |



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Reported : 23-Dec-2023 / 16:10

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|             |     |                                    |            |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 130 | (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        | 2.8    | 2.4-5.7 mg/dl | Enzymatic |
| Urine Sugar (Fasting)   | Absent | Absent        |           |
| Urine Ketones (Fasting) | Absent | Absent        |           |
| Urine Sugar (PP)        | Absent | Absent        |           |
| Urine Ketones (PP)      | Absent | Absent        |           |

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



*J. Thakker*

**Dr. JYOT THAKKER**  
M.D. (PATH), DPB





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Collected : 23-Dec-2023 / 09:15  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| <u>PARAMETER</u>                              | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u>  | <u>METHOD</u> |
|---|----------------|--|---------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.4            | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>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 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 CPL, Andheri West

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



*Anupa*

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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Collected : 23-Dec-2023 / 09:15  
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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                          | Clear          | Clear                       | -                  |
| Volume (ml)                           | 30             | -                           | -                  |
| <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             | 0-1            | 0-5/hpf                     |                    |
| Red Blood Cells / hpf                 | Absent         | 0-2/hpf                     |                    |
| Epithelial Cells / hpf                | 1-2            |                             |                    |
| Casts                                 | Absent         | Absent                      |                    |
| Crystals                              | Absent         | Absent                      |                    |
| Amorphous debris                      | Absent         | Absent                      |                    |
| Bacteria / hpf                        | 5-6            | 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

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



*M Jain*  
**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**



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Collected : 23-Dec-2023 / 09:15  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

| <b><u>PARAMETER</u></b> | <b><u>RESULTS</u></b> |
|-------------------------|-----------------------|
| ABO GROUP               | A                     |
| Rh TYPING               | NEGATIVE              |

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

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

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



**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                   |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum               | 146.2   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 31.8    | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl                                     | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 50.9    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl   | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 95.3    | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl                                   | Calculated                               |
| LDL CHOLESTEROL, Serum           | 89.0    | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 6.3     | < /= 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 2.9     | 0-4.5 Ratio   | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.7     | 0-3.5 Ratio   | Calculated                               |

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



*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**





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**Reg. Location** : Malad West (Main Centre)

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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      | 4.1            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 12.4           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59         | ECLIA         |
| sensitiveTSH, Serum | 1.28           | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0<br>mIU/ml | 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)

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



*J Thakker*

**Dr.JYOT THAKKER**  
**M.D. (PATH), DPB**

king you.

1707

Tamore

54




 भारत सरकार  
 GOVERNMENT OF INDIA


 प्रियंका राहुल तामोरे  
 Priyanka Rahul Tamore  
 जन्म तिथि/DOB: 02/11/1991  
 महिला / FEMALE

6829 7060 5502
 

**माझे आधार, माझी ओळख**

*Priyanka Tamore*



Name : MRS. PRIYANKA RAHUL TAMORE

Age / Gender : 32 Years/Female

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected : 23-Dec-2023 / 08:46

Reported : 23-Dec-2023 / 14:13

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Nil

#### EXAMINATION FINDINGS:

Height (cms): 149  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 120/80  
Pulse: 90/min

Weight (kg): 42  
Skin: Normal  
Nails: Normal  
Lymph Node: Not Palpable

#### Systems

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

#### IMPRESSION:

*WNL*

#### ADVICE:

*Regular exercise*





Name : MRS.PRIYANKA RAHUL TAMORE

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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             | No                     |
| 12) Rheumatic joint diseases or symptoms | No                     |
| 13) Blood disease or disorder            | No                     |
| 14) Cancer/lump growth/cyst              | No                     |
| 15) Congenital disease                   | No                     |
| 16) Surgeries                            | LSCS 6 yrs & 1 yrs ago |
| 17) Musculoskeletal System               | No                     |

**Dr. SONALI HONRAO**

MD PHYSICIAN

REG. NO. 2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

102-103, Shreeji Castle,

Opp. Goregaon Sports Club,

Link Road, Malad (W), Mumbai - 400 064.

**PERSONAL HISTORY:**

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

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

**Dr.Sonali Honrao**

MD physician

Sr. Manager-Medical Services

Date:- 23/12/23

CID:

Name:- Priyanka Tamare

Sex / Age: 32y / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE- 6/12 NV-RE- N/6  
 LE - 6/6 LE N/6

Aided Vision:

Refraction:

|          | (Right Eye) |     |      |    | (Left Eye) |     |      |    |
|----------|-------------|-----|------|----|------------|-----|------|----|
|          | Sph         | Cyl | Axis | Vn | Sph        | Cyl | Axis | Vn |
| Distance | ←           |     |      |    | ←          |     |      |    |
| Near     | ←           |     |      |    | ←          |     |      |    |

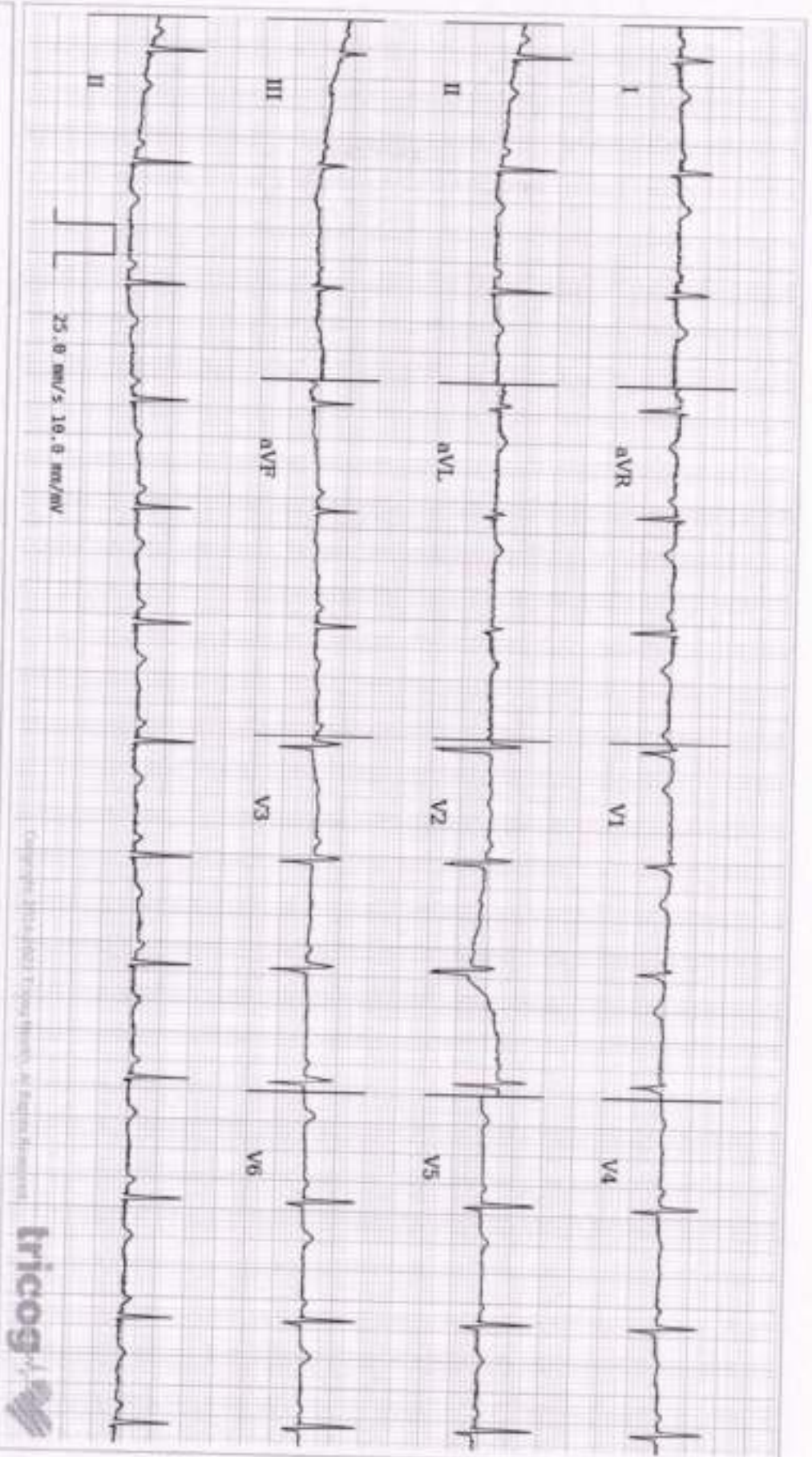
Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
 102-104  
 Opp. Goregaon  
 Link Road, Nand (W), Mumbai - 400 084.

Patient Name: **PRIYANKA RAHUL TAMORE**  
Patient ID: **2335720202**

**SUBURBAN DIAGNOSTICS - MALAD WEST**  
Date and Time: **23rd Dec 23 10:05 AM**



25.0 mm/s 1.0 mm/mV

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Age **32** NA  
years months

Gender **Male**

Heart Rate **78bp**

Patient Vitals

BP: **120/80** mm

Weight: **42** kg

Height: **149** cm

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Otherr:

**Measurements**

QRSd: **68ms**

QT: **358ms**

QTcB: **408ms**

PR: **118ms**

P-R-T: **55° 59° -22°**

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

REPORTED BY

*Sonal H*

**DR SONALI HONRAO**  
MD (General Medicine)  
Physician  
28th Dec 2023

Disclaimer: 1) Analysis of this report is based on ECG alone and should be read in an effort to obtain history, symptoms, and results of other studies and tests. Negative tests and must be interpreted by a qualified physician. 2) Patient notes are contained by the clinician and not derived from the ECG.



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2335720202  
Name : Mr Priyanka Rahul Tamore  
Age / Sex : 32 Years/Male  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 23-Dec-2023  
Reported : 23-Dec-2023 / 13:25

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**Kindly correlate clinically.**

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

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

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

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023122308471184>





CID : 2335720202  
Name : Mrs Priyanka rahul Tamore  
Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 23-Dec-2023  
Reported : 23-Dec-2023 / 11:11

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

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

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 9.9 x 3.4 cm. Left kidney measures 9.9 x 4.8 cm.

### SPLEEN:

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

### URINARY BLADDER:

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

### UTERUS:

The uterus is anteverted and appears normal. The endometrial thickness is 6.4 mm.

### OVARIES:

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023122308471170>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2335720202  
Name : Mrs Priyanka rahul Tamore  
Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 23-Dec-2023  
Reported : 23-Dec-2023 / 11:11

**IMPRESSION:-**

*No significant abnormality is seen.*

**Suggestion: Clinicopathological correlation.**

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

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023122308471170>



SUBURBAN DIAGNOSTICS

Station

Telephone:

Malad West

**EXERCISE STRESS TEST REPORT**

Patient Name: PRIYANKA, TAMORE  
 Patient ID: 2335720202  
 Height: 149 cm  
 Weight: 42 kg

DOB: 02.11.1991  
 Age: 32yrs  
 Gender: Female  
 Race: Oriental

Study Date: 23.12.2023  
 Test Type: --  
 Protocol: BRUCE

Referring Physician: --  
 Attending Physician: DR SONALI HONRAO  
 Technician: --

Medications:  
 --

Medical History:  
 --

Reason for Exercise Test:  
 --

Exercise Test Summary

| Phase Name | Stage Name | Time in Stage | Speed (mph) | Grade (%) | HR (bpm) | BP (mmHg) | Comment |
|------------|------------|---------------|-------------|-----------|----------|-----------|---------|
| PRETEST    | SUPINE     | 00:13         | 0.00        | 0.00      | 87       | 120/80    |         |
|            | STANDING   | 00:05         | 0.00        | 0.00      | 88       | 120/80    |         |
|            | HYPERV.    | 00:05         | 0.00        | 0.00      | 88       | 120/80    |         |
|            | WARM-UP    | 00:13         | 1.00        | 0.00      | 103      | 120/80    |         |
| EXERCISE   | STAGE 1    | 03:00         | 1.70        | 10.00     | 114      | 130/80    |         |
|            | STAGE 2    | 03:00         | 2.50        | 12.00     | 125      | 140/80    |         |
|            | STAGE 3    | 01:09         | 3.40        | 14.00     | 144      |           |         |
| RECOVERY   |            | 03:06         | 0.00        | 0.00      | 95       | 140/80    |         |

The patient exercised according to the BRUCE for 7:08 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 87 bpm rose to a maximal heart rate of 144 bpm. This value represents 76 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: normal.  
 Functional Capacity: normal.  
 HR Response to Exercise: appropriate.  
 BP Response to Exercise: normal resting BP - appropriate response.  
 Chest Pain: none.  
 Arrhythmias: none.  
 ST Changes: none.  
 Overall impression: Normal stress test.

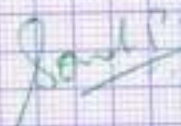
Conclusions

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



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

Physician



Technician

**Dr. SONALI MONRATI**  
MD PHYSICIAN  
RSG NO. 2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
1st Floor, Central Corridor,  
Opp. C. P. S. Sports Club,  
Link Road, Mandi, New Delhi - 110004.



PRIYANKA, TAMORE

Patient ID: 2335720202

23.12.2023

10:46:23am

12-Lead Report

PRETEST

SUPINE

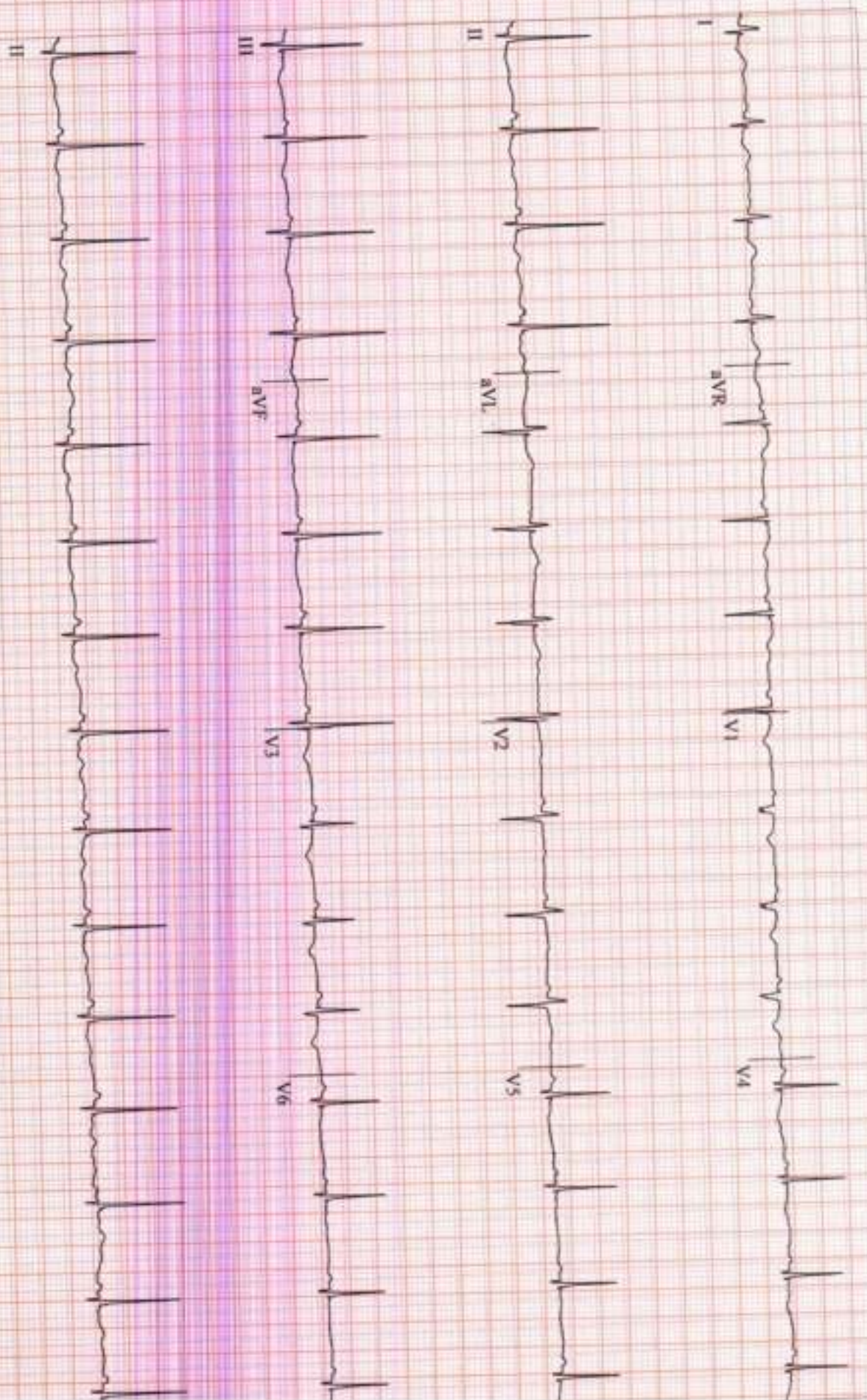
00:11

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS



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

Start of Test: 10:46:06am





PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:46:28am

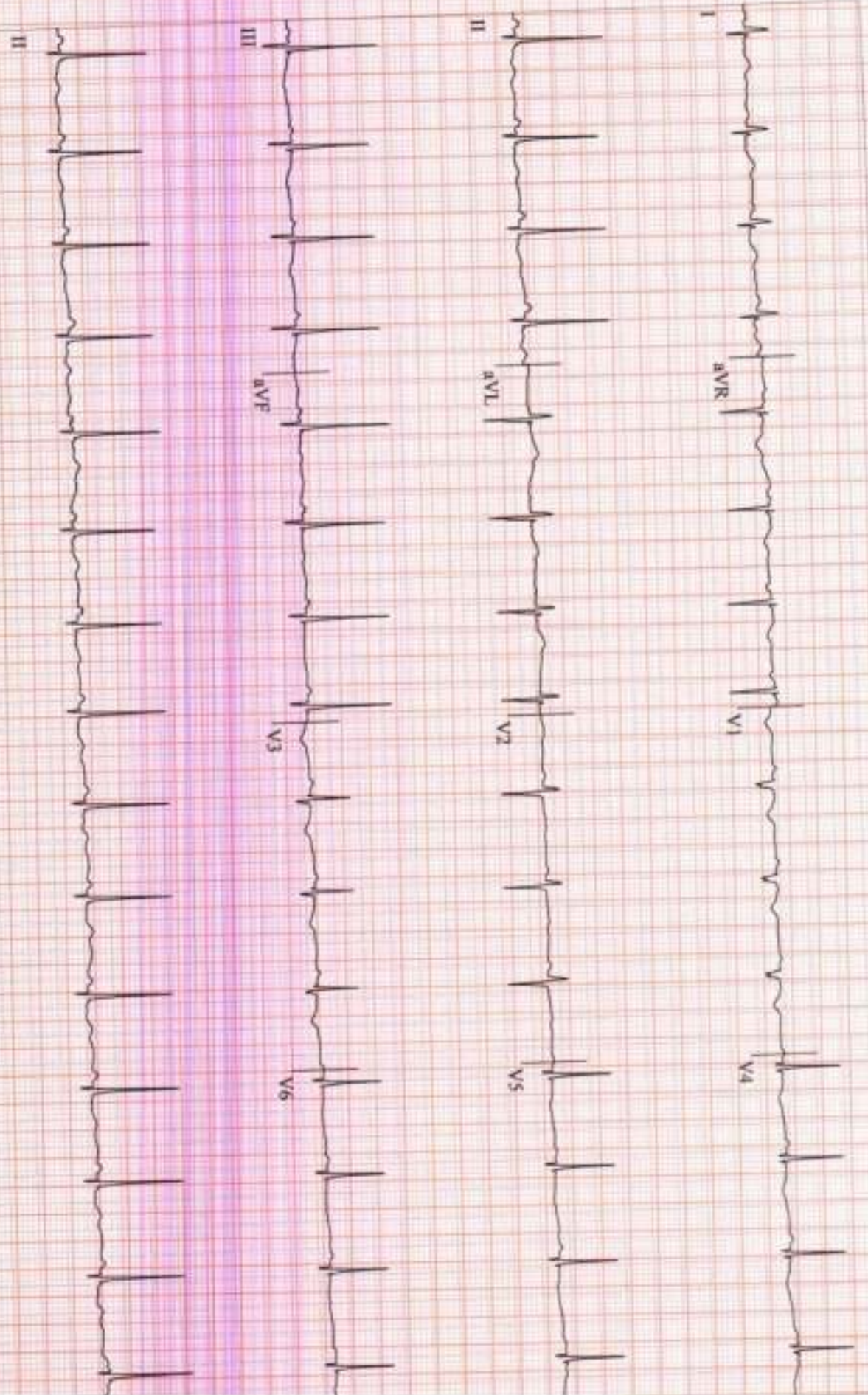
12-Lead Report

PRETEST  
STANDING  
00:16

86 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



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

Start of Test: 10:46:06am





PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:46:34am

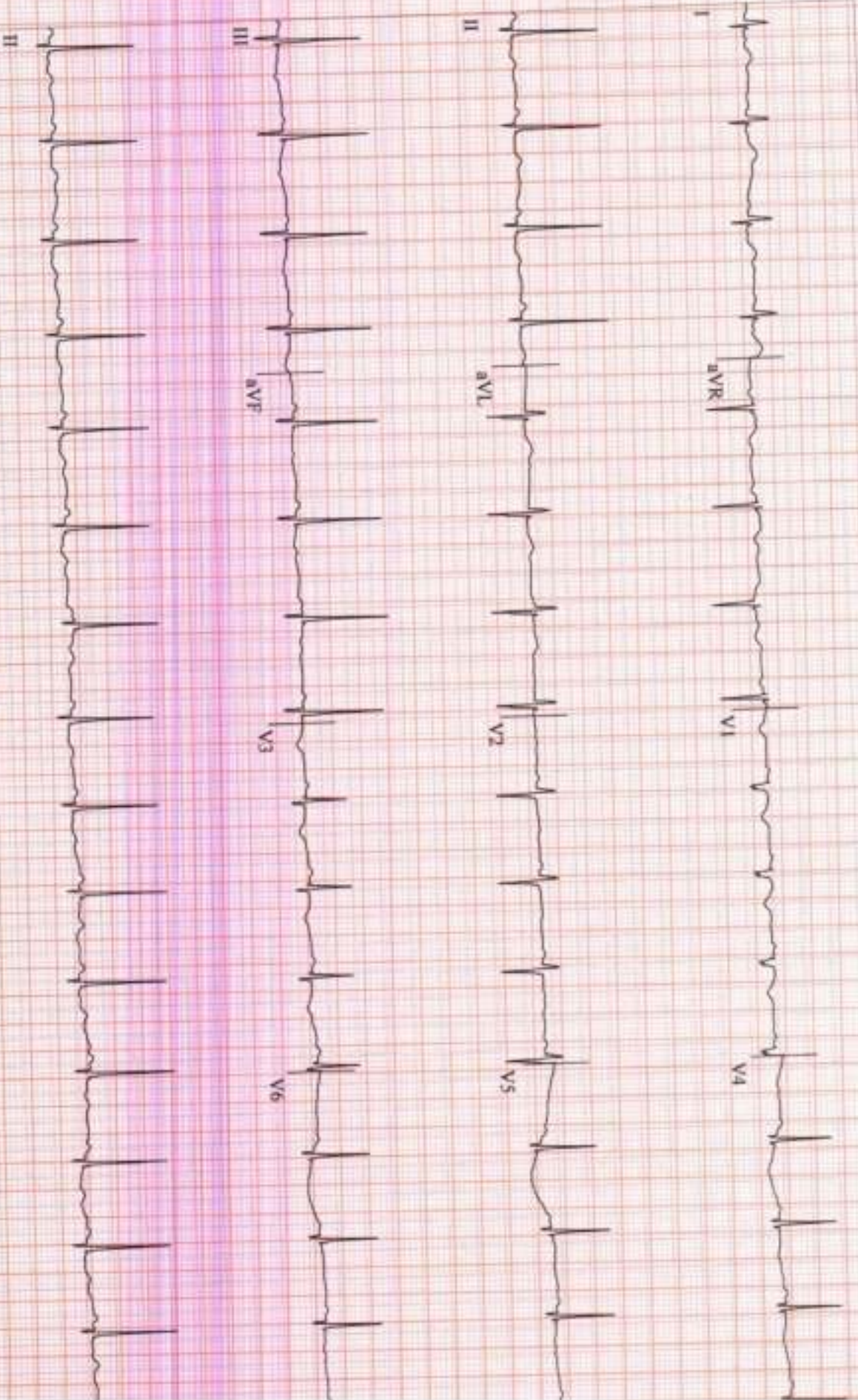
12-Lead Report

PRETEST  
HYPERV.

00:22

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



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

Start of Test: 10:46:06am





PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:49:30am

Linked Medians

EXERCISE

STAGE 1

02:50

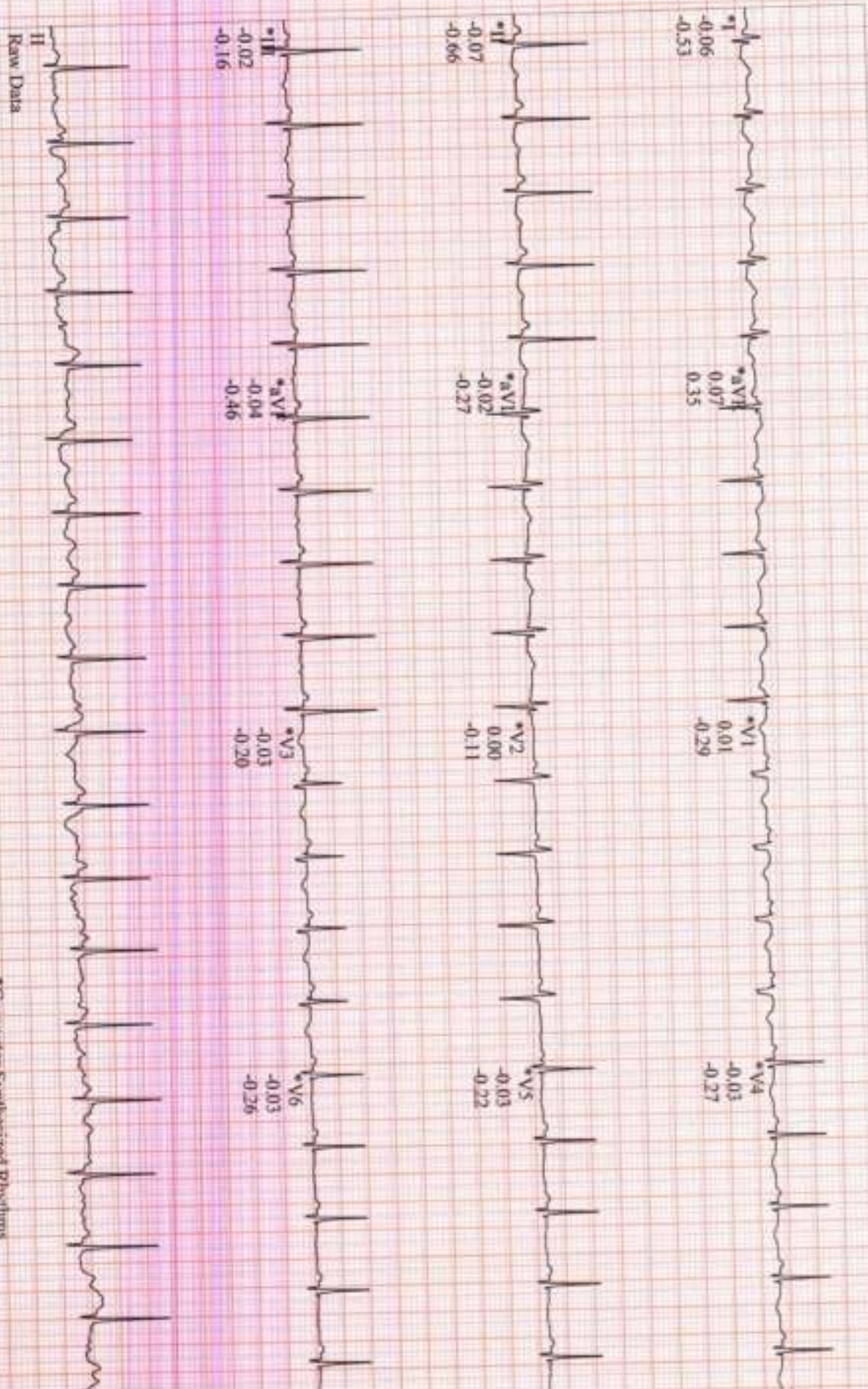
BRUCE

1.7 mph

10.0 %

SUBURBAN DIAGNOSTICS

Lead  
ST Level (mV)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz PRF+ HR(DLV5)

Start of Test: 10:46:06am



PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:52:30am

Linked Medians

EXERCISE  
STAGE 2

05:50

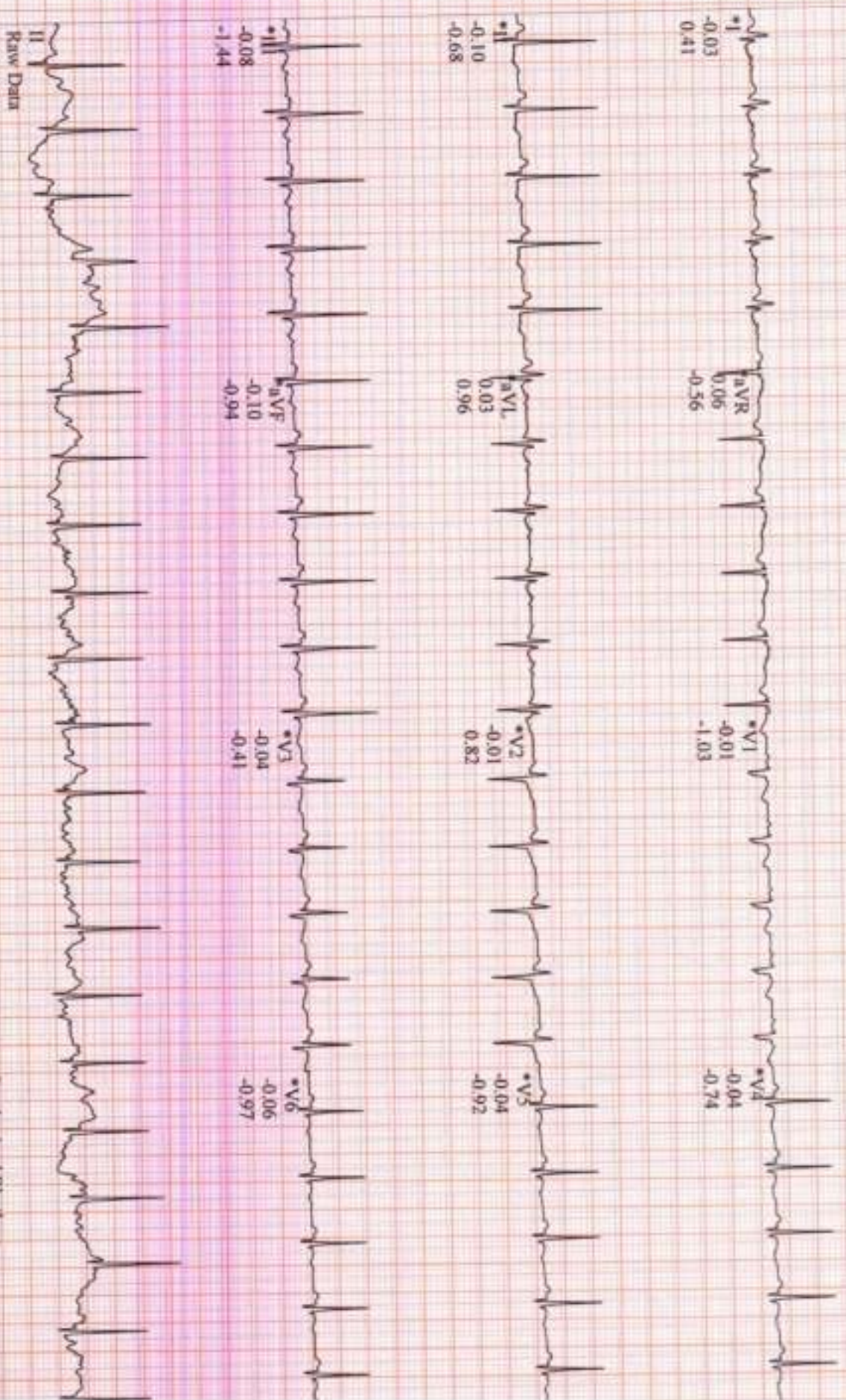
BRUCE

2.5 mph

12.0 %

SUBURBAN DIAGNOSTICS

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

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

Start of Test: 10:46:30am



PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:53:54am

12-Lead Report ( PEAK EXERCISE )

EXERCISE

STAGE 3

07:09

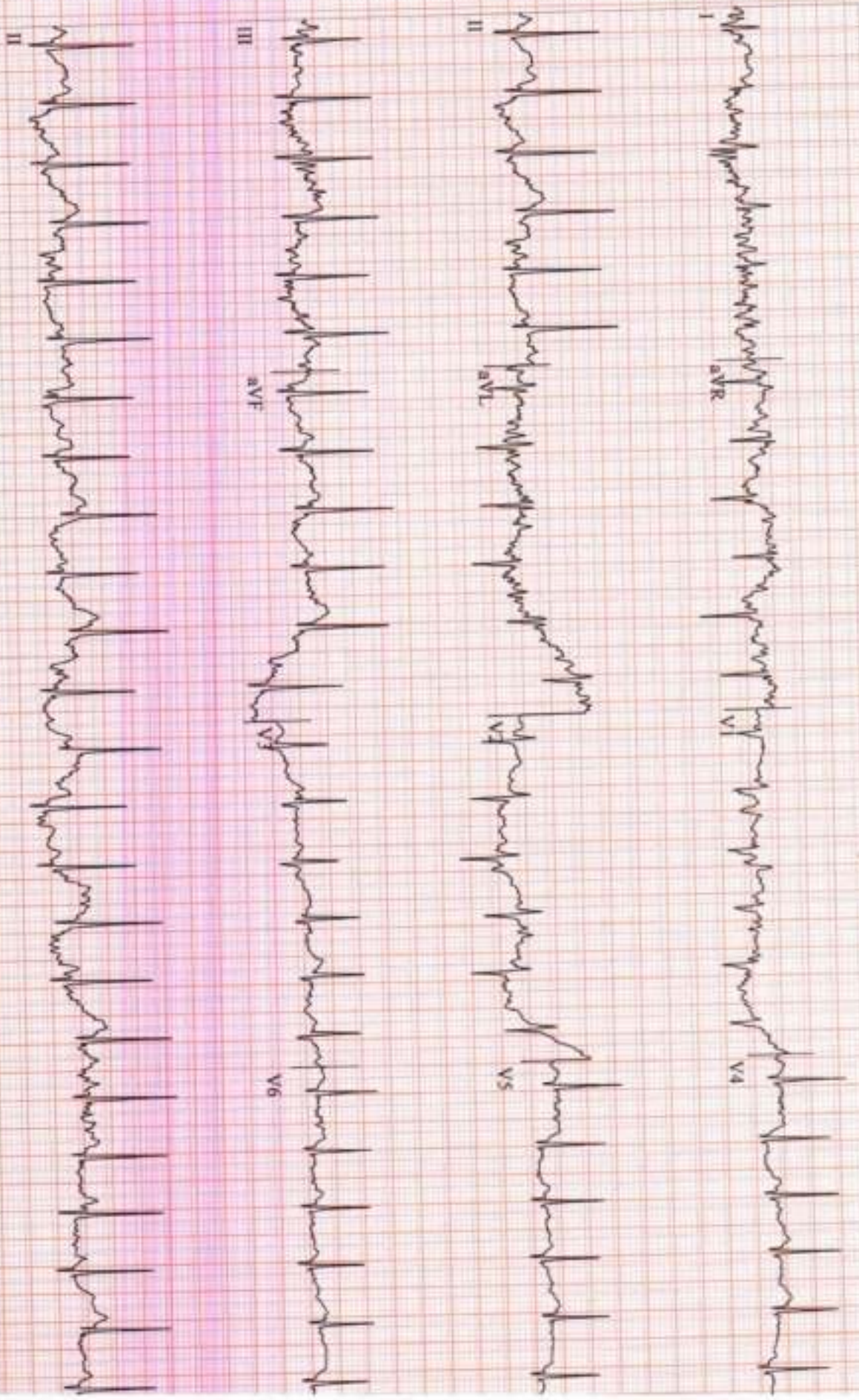
BRUCE

3.4 mph

14.0 %

SUBURBAN DIAGNOSTICS

144 bpm



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am





PRIYANKA, TAMORE

Patient ID 2335720202

23.12.2023

10:54:48am

126 bpm

Linked Medians

RECOVERY

#1

01:00

BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTICS

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/m V 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am



PRIVANKA, TANMORE

Patient ID 2335720202

23.12.2023

10:55:48am

Linked Medians

RECOVERY

#1

02:00

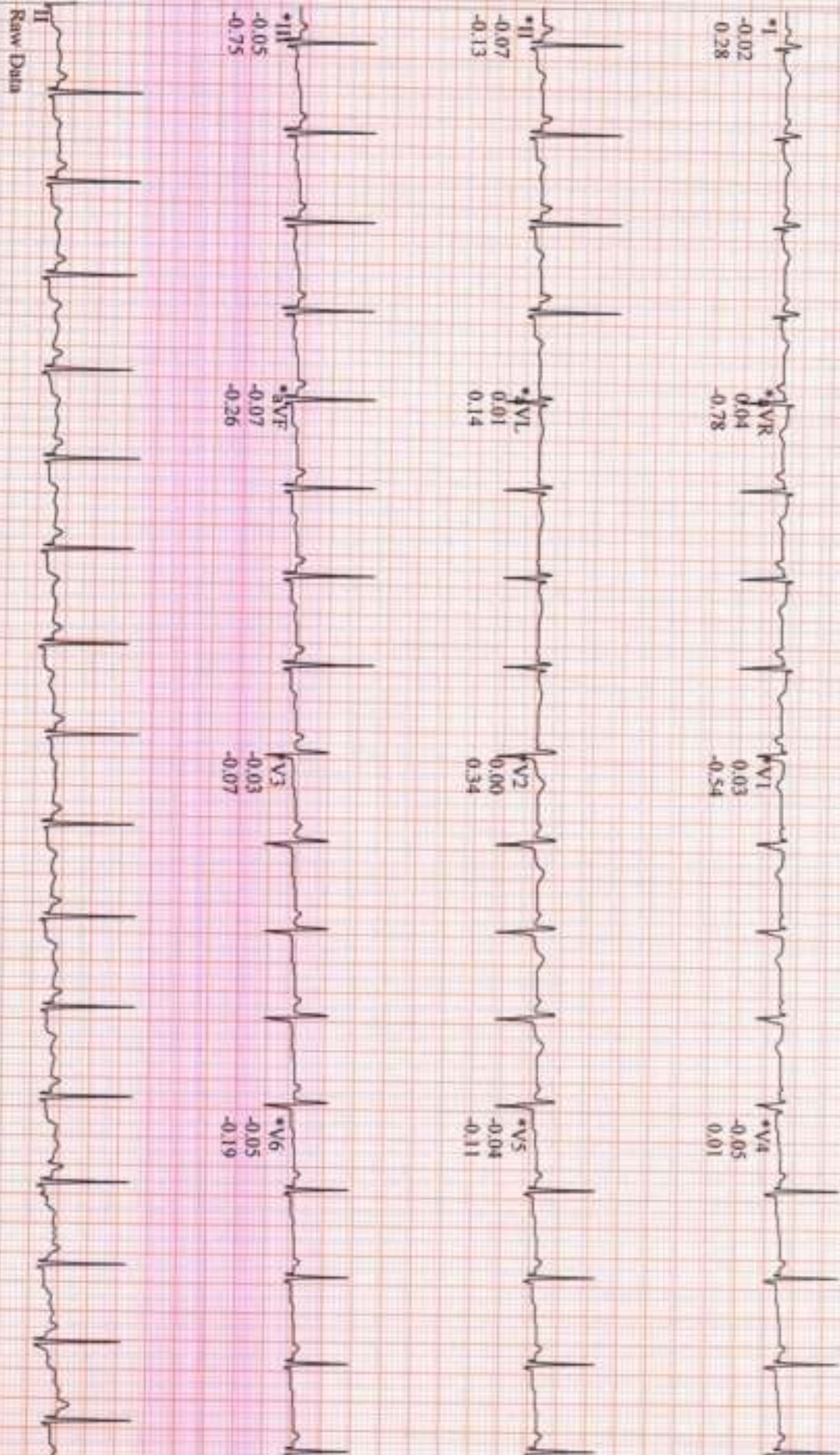
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 10:46:06am

Page:



PRIVANKA, TAMORE

Patient ID 2335720202

23.12.2023

96 bpm  
140/80 mmHg

Linked Medians

RECOVERY

#1

03:00

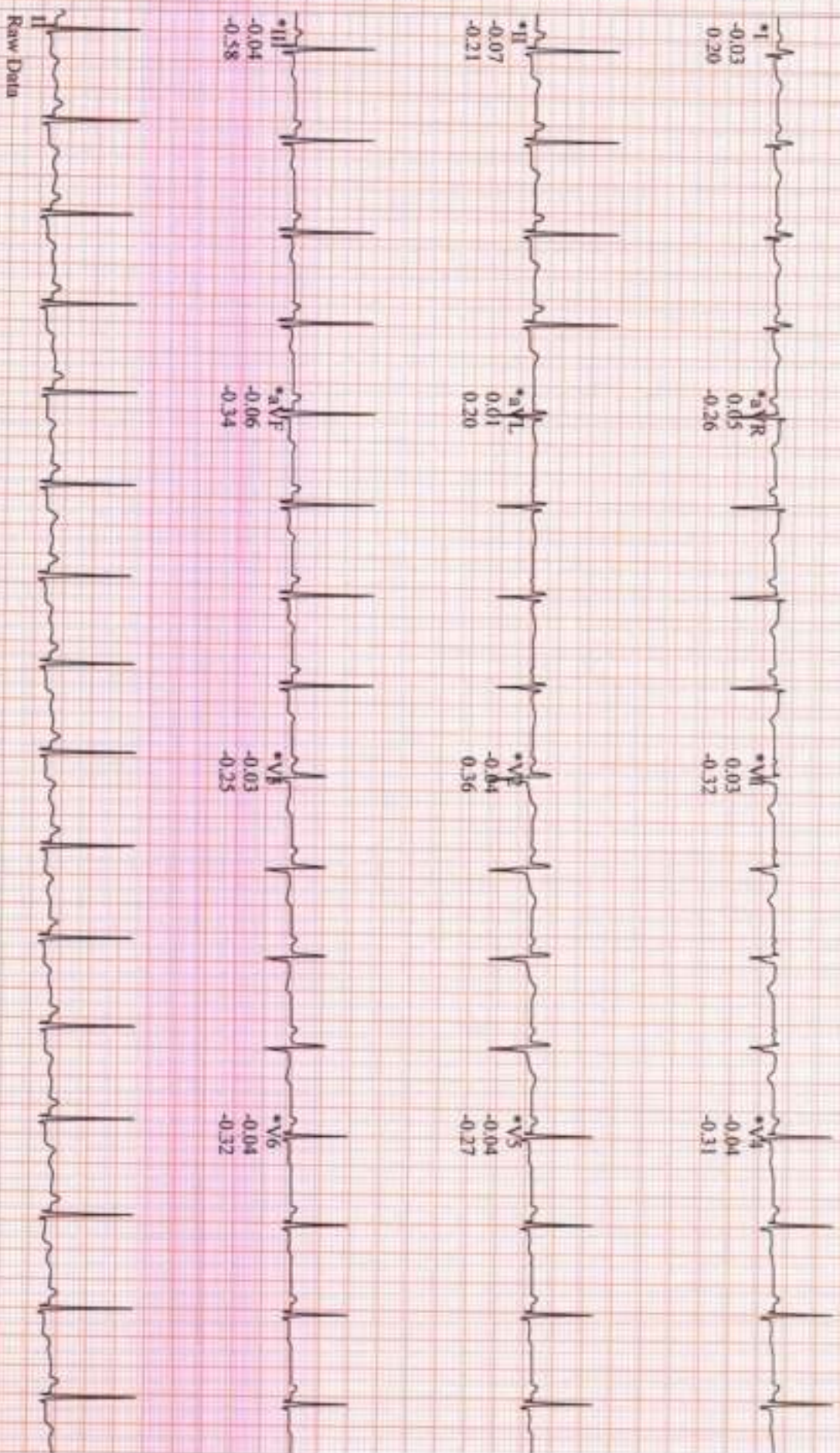
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Lead  
ST Level (mV)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(ULV6)

Start of Test: 10:46:06am