

CID : 2430021093
Name : MRS.HIMANI BOHRA
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 26-Oct-2024 / 09:10
Reported : 26-Oct-2024 / 15:26

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.30	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Measured
MCV	87	80-100 fl	Calculated
MCH	29.3	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8200	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.1	20-40 %	
Absolute Lymphocytes	1970.0	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	600.0	200-1000 /cmm	Calculated
Neutrophils	60.0	40-80 %	
Absolute Neutrophils	4880.0	2000-7000 /cmm	Calculated
Eosinophils	8.1	1-6 %	
Absolute Eosinophils	660.0	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	40.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	306000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **21** 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

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

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

*** End Of Report ***



Bmhasakar

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



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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 Fasting	86.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	104.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.30	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	18.6	<34 U/L	Modified IFCC
SGPT (ALT), Serum	18.3	10-49 U/L	Modified IFCC
GAMMA GT, Serum	44.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.3	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.53	0.55-1.02 mg/dl	Enzymatic



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eGFR, Serum	126	(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

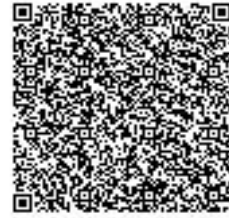
URIC ACID, Serum	3.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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



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VITAMIN B12

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
VITAMIN B12, Serum	191	211-911 pg/ml	CLIA

Intended Use:

- Vitamin B12 is also referred to as cyanocobalamin/cobalmin.
- It is essential in DNA synthesis, haematopoiesis & CNS integrity.
- It cannot be synthesized in the human body & is seldom found in products of plant origin.
- The absorption of Vit B12 depends on the presence of Intrinsic factor (IF) & may be due to lack of IF secretion by the gastric mucosa (e.g. gastrectomy, gastric atrophy) or intestinal malabsorption (e.g. ileal resection, small intestinal diseases).
- Dietary Sources of vitamin B12 are meat, fish, eggs & dairy products.

Clinical Significance:

- Vitamin B12 or folate are both of diagnostic importance for the recognition of vitamin B12 or folate deficiency, especially in the context of the differential diagnosis of megaloblastic anemia.
- Untreated deficiencies will lead to megaloblastic anemia, irreversible central nervous system degeneration, peripheral neuropathies, dementia, poor cognitive performance & depression.

Interpretation:

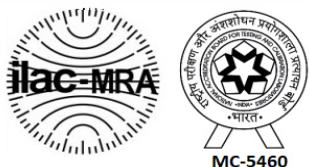
Increased In- Vit B12 supplements, chronic granulocytic leukemia, COPD, Chronic renal failure, diabetes, leucocytosis, hepatitis, cirrhosis, obesity, polycythemia vera, protein malnutrition, severe CHF, uremia, Vit A intake, estrogens, drugs such as chloral hydrate.
Decreased In- Inflammatory bowel disease, pernicious anaemia, strict vegetarians, malabsorption due to gastrectomy, smoking, pregnancy, multiple myeloma & haemodialysis. Alcohol & drugs like aminosalicylic acid, anticonvulsants, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine & triamterine also cause a decrease in Vit B12 levels.

Reflex Tests: Active B12 (holotranscobalamin), Folate, Homocysteine, Methylmalonic acid (MMA) and Intrinsic factor antibody & parietal cell antibody.

Limitations: Preservatives, such as fluoride and ascorbic acid may cause interference

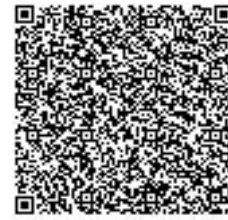
Reference: Vitamin B12 Pack insert

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*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant 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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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.

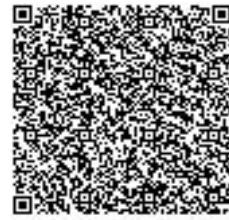
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*** End Of Report ***



J. Thakker

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



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VITAMIN D TOTAL (25-OH VITAMIN D)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
25-hydroxy Vitamin D, Serum	35.2	Deficiency: < 20 ng/ml Insufficiency: 20 - < 30 ng/ml Sufficiency: 30 - 100 ng/ml Toxicity: > 100 ng/ml	CLIA

Intended Use:

- Diagnosis of vitamin D deficiency
- Differential diagnosis of causes of rickets and osteomalacia
- Monitoring vitamin D replacement therapy
- Diagnosis of hypervitaminosis D

Clinical Significance: Vitamin D is a steroid hormone known for its important role in regulating body levels of calcium and phosphorus and in the mineralization of bone. Measured 25-OH vitamin D includes D3 (Cholecalciferol) and D2 (Ergocalciferol) where D2 is absorbed from food and D3 is produced by the skin on exposure to sunlight. The major storage form of vitamin D is 25-OH vitamin D and is present in the blood at up to 1,000 fold higher concentration compared to the active 1,25-OH vitamin D; and has a longer half life making it an analyte of choice for determination of the vitamin D status.

Interpretation:

Increased In- D intoxication & Excessive exposure to sunlight

Decreased In: Lack of sunlight, Steatorrhea, Biliary and Portal cirrhosis, Pancreatic insufficiency, Inflammatory bowel disease, Alzheimer's disease, Malabsorption, Thyrotoxicosis, Dietary osteomalacia, Anticonvulsant osteomalacia, Celiac disease and Rickets

Reflex Tests: Serum Calcium, PTH and BMD

Limitation:

- For diagnostic purposes, results should be used in conjunction with other data; e.g. symptoms, results of other tests, clinical impressions, etc.
- Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed.
- Various methods for measuring vitamin D are available but correlate with significant differences.

Reference:

- Wallach's interpretation of diagnostic tests
- Vitamin D kit insert

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

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Anupa

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



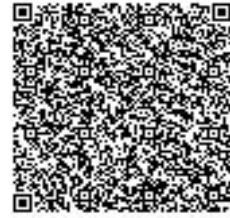
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.013	1.002-1.035	Refractive index
Reaction (pH)	7	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	1.0	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2 /hpf	
Epithelial Cells / hpf	9.1	0-5/hpf	
Hyaline Casts	0.0	0-1/hpf	
Pathological cast	0.2	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	42.6	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

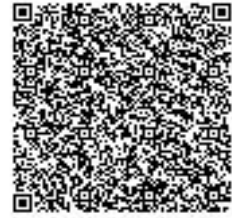
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	174.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	169	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	49.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	124.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.8	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	33.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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Anupa

Dr.ANUPA DIXIT
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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	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.899	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 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 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 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:

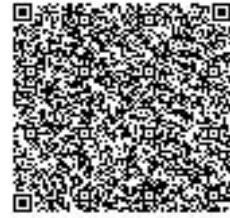
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
PPUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



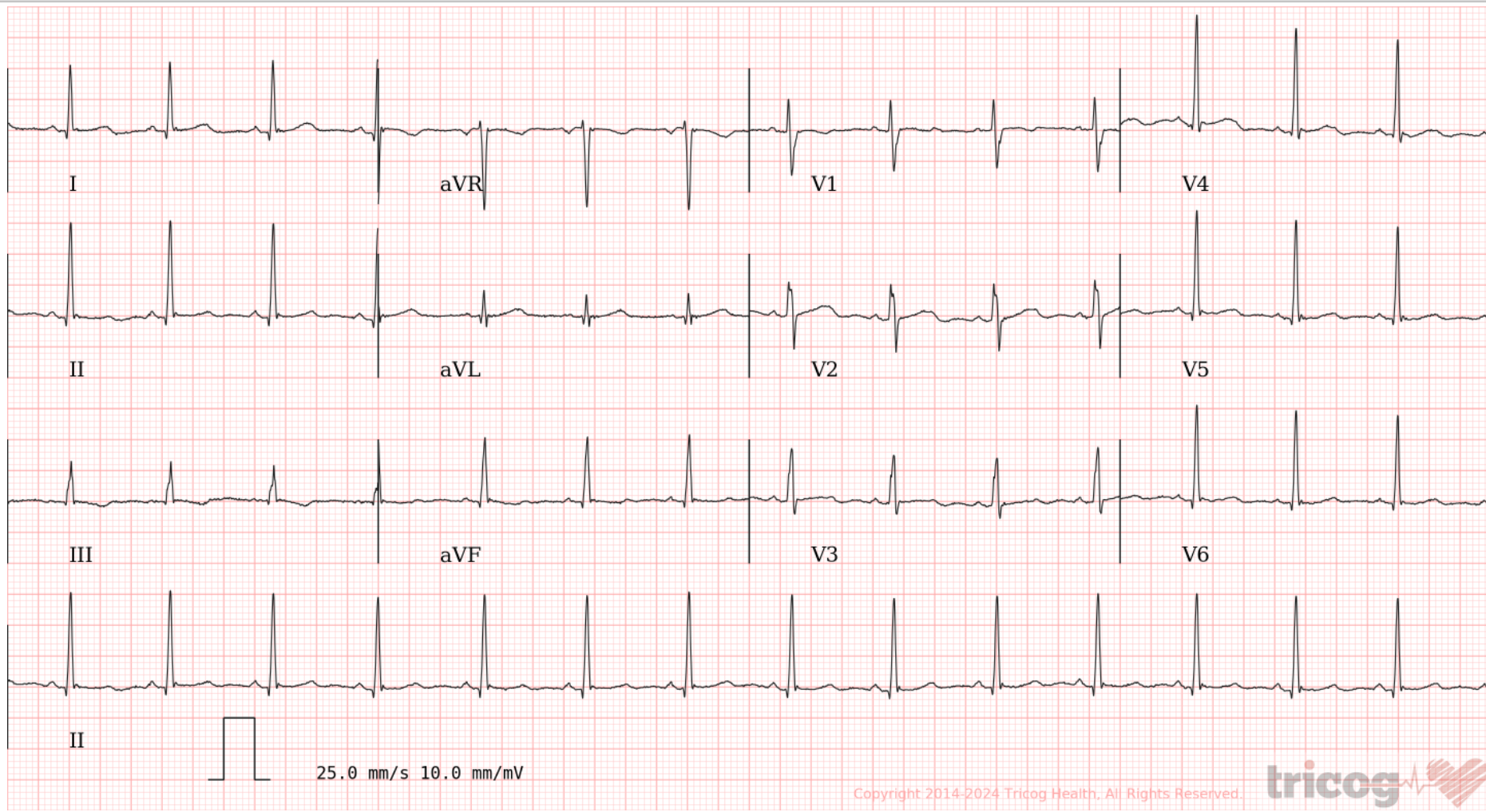
J Thakker

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

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: HIMANI BOHRA
Patient ID: 2430021093

Date and Time: 26th Oct 24 10:43 AM



Age **32** NA NA
years months days

Gender **Female**

Heart Rate **91bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 50 kg
Height: 150 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 82ms
QT: 356ms
QTcB: 437ms
PR: 116ms
P-R-T: 42° 49° 4°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date:- 26/10/23
Name:- Himani Bohre

CID: 2430021093
Sex / Age: 32/F

EYE CHECK UP

Chief complaints:

Systemic Diseases: } NO

Past history:

Unaided Vision:

RE LE
6/6 6/6
N/6 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 (I) PVT. LTD.
Shop No. 9, 101 to 105, 4th Floor,
Kshiti, Embassy Road, Near Raymond,
Near Thurga Hotel, Mira Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000

JM FINANCIAL



Himani Bohra

Emp Code : 81056 Blood Group : O+

Date of Birth: 20-Jan-92 Joining Date: 22-Aug-22

Department: Post Sales

Designation: Accounts Executive

Company : JM Financial Products Limited

4th floor, Suresh IT Park, Plot no. 66E, Off
Dattapada Road, Opp TATA Steel, Borivali
East, Mumbai, Maharashtra 400 068


Authorized Signatory

Himani



CID# : 2430021093

Name : MRS.HIMANI BOHRA

Age / Gender : 32 Years/Female

Consulting Dr. : Collected : 26-Oct-2024 / 09:01

Reg.Location : Bhayander East (Main Centre) Reported : 28-Oct-2024 / 11:03

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	150	Weight (kg):	50
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	86/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(C+ve)

IMPRESSION: USG XR, ECG, TMT are WNL
R/E of Umi in Sp. Bacteria 42-6 / hpt.

ADVICE: Vitamin B12 - 191 pg/ml.

CBC in Sp. Eosinophiles
↳ expert consultation

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



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Name : MRS.HIMANI BOHRA

Age / Gender : 32 Years/Female

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- 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** No
- 17) **Musculoskeletal System** No

PERSONAL HISTORY:

- 1) **Alcohol** No
- 2) **Smoking** No
- 3) **Diet** Vegetarian
- 4) **Medication** No

*** End Of Report ***

Anita

SUBURBAN DIAGNOSTICS BHAYANDER

E-Mail:

Report



12348223 (2430021093) / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg
 Date: 26 / 10 / 2024 09:48:49 AM Refd By : -- Examined By: DR.SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	100	53 %	110/80	110	00	
Standing	00:07	0:04	00.0	00.0	01.0	100	53 %	110/80	110	00	
HV	00:10	0:03	01.7	10.0	01.1	092	49 %	110/80	101	00	
ExStart	00:11	0:01	01.7	10.0	01.1	092	49 %	110/80	101	00	
BRUCE Stage 1	03:11	3:00	01.7	10.0	04.7	130	69 %	120/80	156	00	
BRUCE Stage 2	06:11	3:00	02.5	12.0	07.1	151	80 %	130/80	196	00	
PeakEX	08:11	2:00	03.4	14.0	09.2	179	95 %	140/80	250	00	
Recovery	09:11	1:00	01.1	00.0	01.2	153	81 %	150/80	229	00	
Recovery	10:11	2:00	00.0	00.0	01.0	131	70 %	140/80	183	00	
Recovery	12:11	4:00	00.0	00.0	01.0	114	61 %	130/80	148	00	
Recovery	12:16	4:05	00.0	00.0	01.0	116	62 %	130/80	150	00	

FINDINGS :

- Exercise Time : 08:00
- Initial HR (ExStrt) : 92 bpm 49% of Target 188
- Initial BP (ExStrt) : 110/80 (mm/Hg)
- Max WorkLoad Attained : 9.2 Good response to induced stress
- Max ST Dep Lead & Avg ST Value : V5 & -2.0 mm in PeakEX
- Duke Treadmill Score : 00.0
- Test End Reasons : Test Complete

Max HR Attained 179 bpm 95% of Target 188
 Max BP Attained 150/80 (mm/Hg)

DR. SMITA VALANI
 MBBS, D. PH.D. (PHYSIOLOGY)
 25/10/2024/0587

SUBURBAN DIAGNOSTICS (PVT.) LTD.
 Dr. Smita Valani
 3rd Floor, A
 Keshavnagar, Wadgaon, Wadgaon,
 Near Thungri Hospital, Mira Road,
 Mira Road (East), Dist. Thane - 401 105.
 Phone : 022 - 61700099

Salam
 Doctor : DR.SMITA VALANI

SUBURBAN DIAGNOSTICS BHAYANDER

REPORT



EMail: 12348229 / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg Date: 26 / 10 / 2024 09:48:49 AM Refd By : --

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE
FINAL IMPRESSION : GOOD CHRONOTROPIC RESPONSE
NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
231103/0587

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
231103/0587

Salam

Doctor : DR SMITA VALANI

SUBURBAN DIAGNOSTICS BHAYANDER

12348229 (2430021093) / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg / HR : 98

Date: 26/10/2024 09:48 49 AM

4X 80 mS Post J

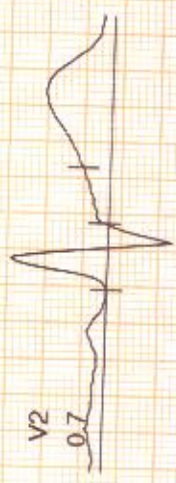
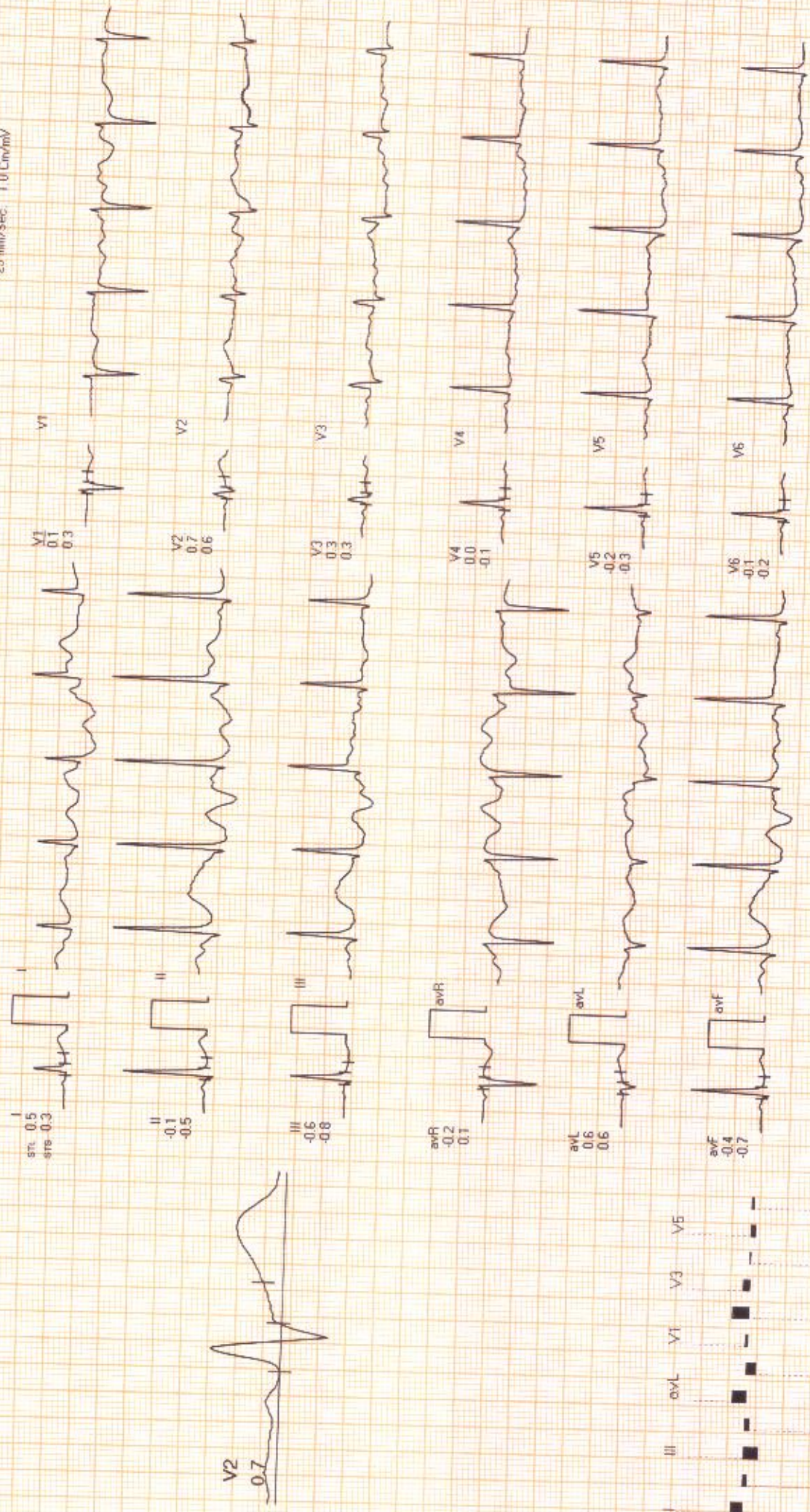
METS: 1.0/98 bpm 52% of THR BP: 110/80 mmHg Raw ECG/BLC: On/Match On/HF 0.05 Hz/LF 35 Hz

SUPINE (00:01)



ExTime 00:00 0.0 mph 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

12348229 (2430021093) / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg / HR : 100

STANDING (00:00)

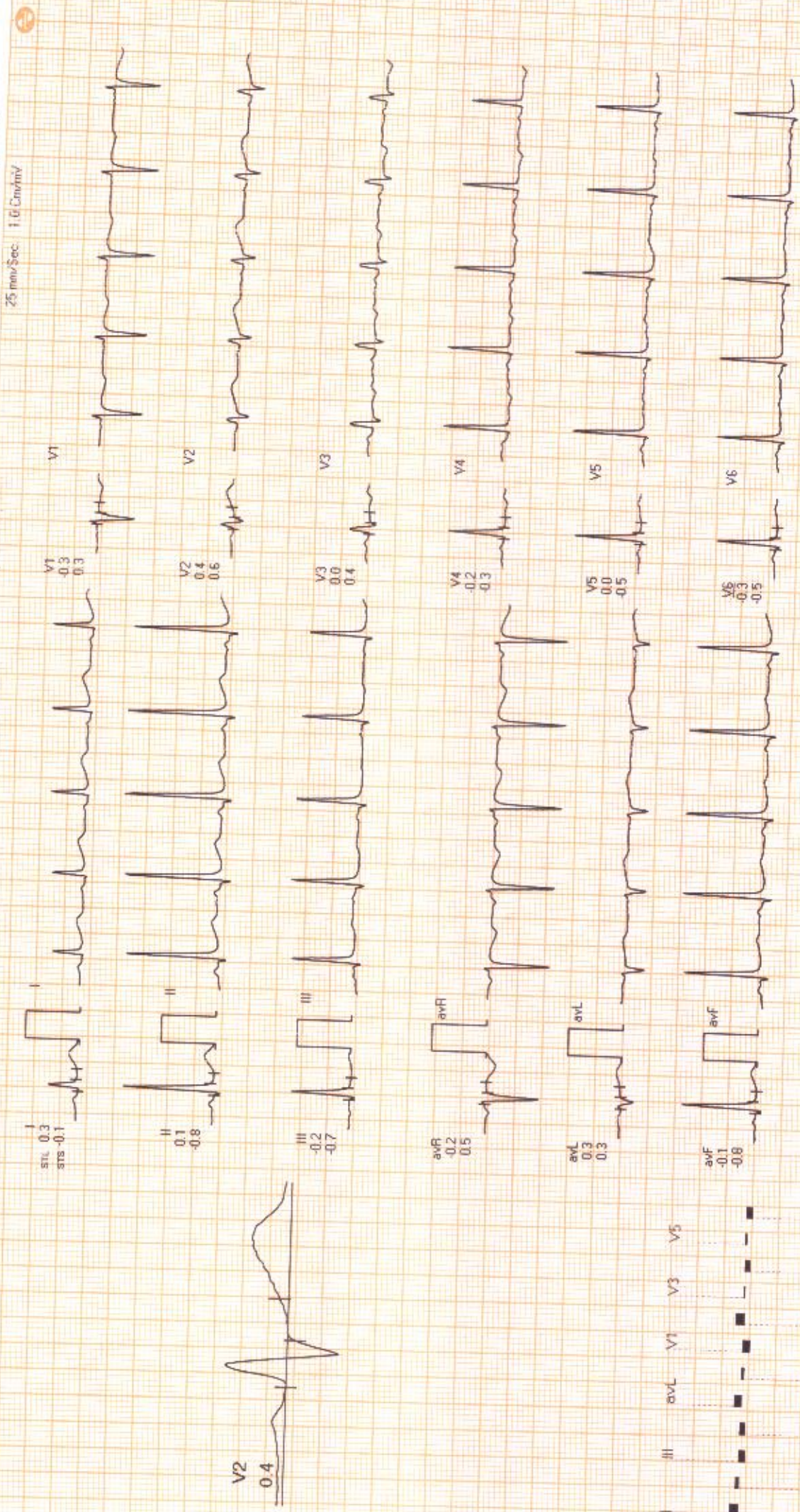


Date: 26/10/2024 09:48:49 AM

METS: 1.0/100 bpm 53% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime 00 00 0.0 mph 0.0%



REMARKS

SUBURBAN DIAGNOSTICS BHAYANDER

12348229 (2430021093) / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg / HR : 100

Date: 26/10/2024 09:48:49 AM

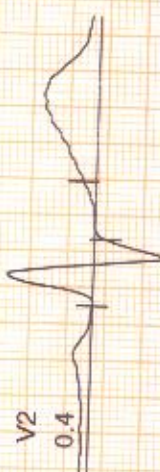
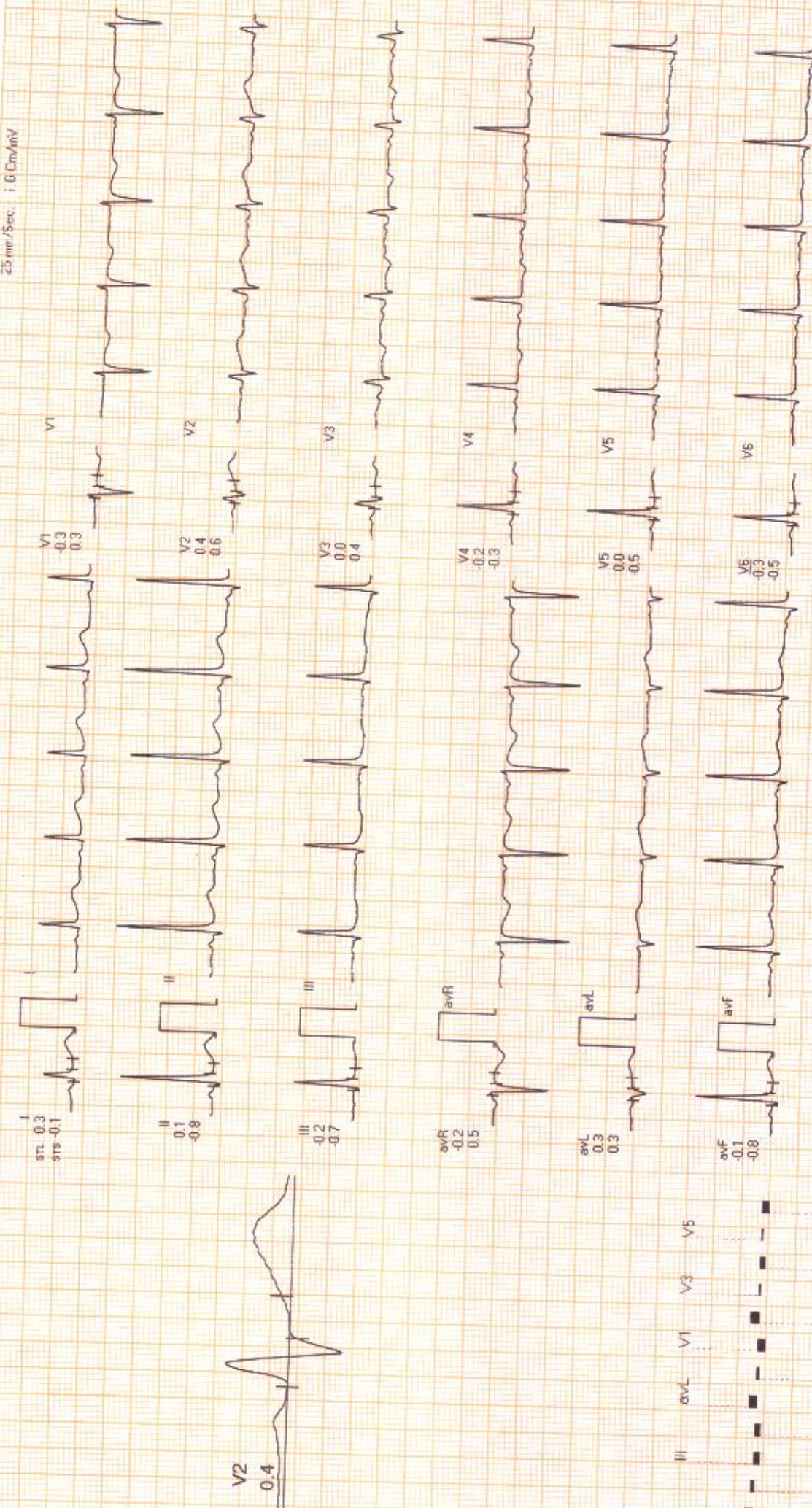
METS 1.0/100 bpm 53% of THR BP: 110/80 mmHg Raw ECG/BLC Or/ HF 0.05 Hz/LF 35 Hz

HV (00:00)



4X 80 mS Post J

ExTime 00:00:00.0 mph. 0.0%
25 mm/Sec. i.G.Cm/AmV



REMARKS:

SUBURBAN DIAGNOSTICS BHAYANDER

12348229 (2430021093) / HIMANI BOHRA / 32 Yrs / F / 150 Cms / 50 Kg / HR : 92

Date: 26 / 10 / 2024 09:46:49 AM

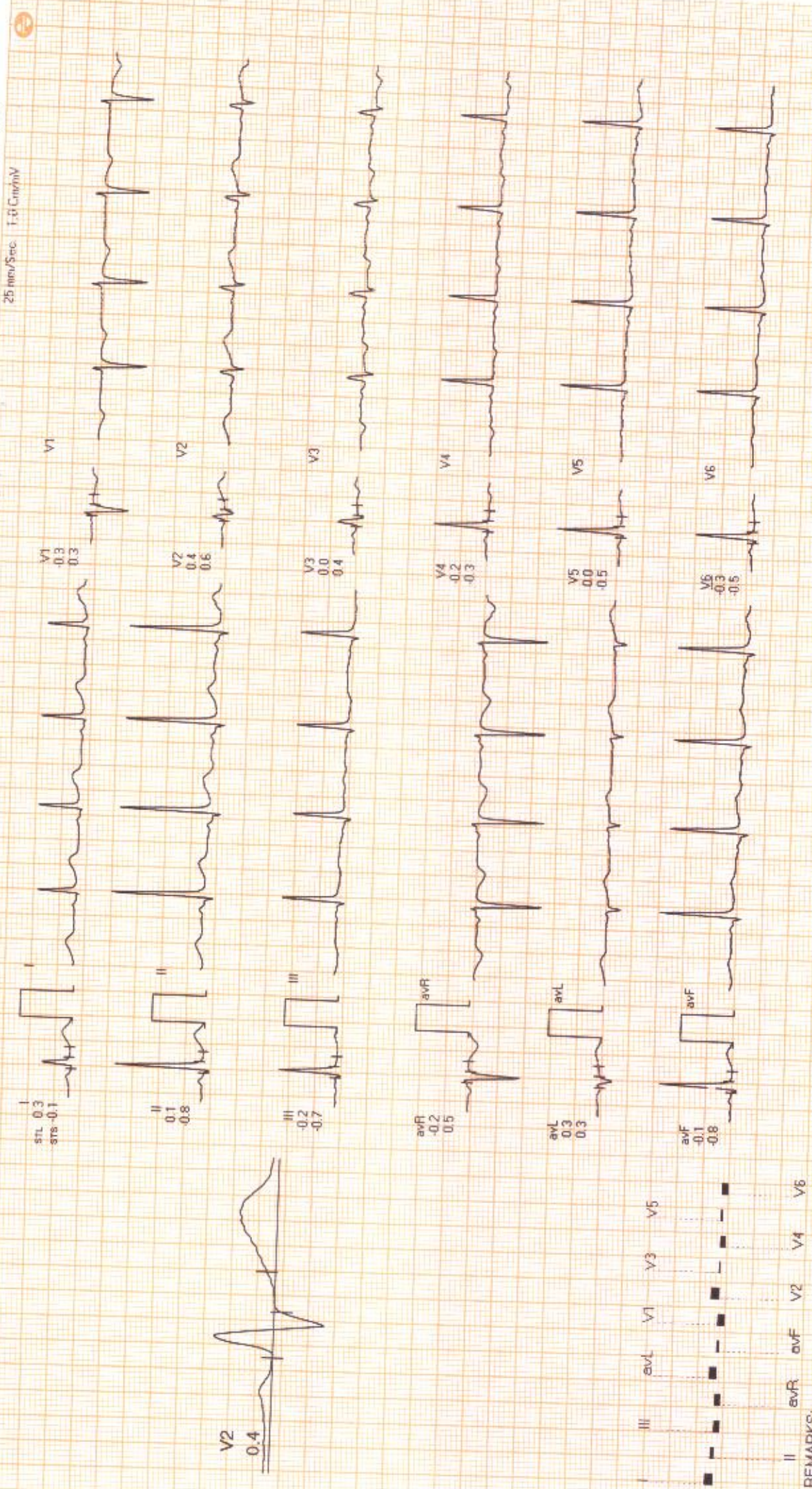
METS: 1.0/92 bpm 49% of THR BP: 110/80 mmHg Rew ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExStrt



ExTime 00:00 0.0 mph, 0.0%

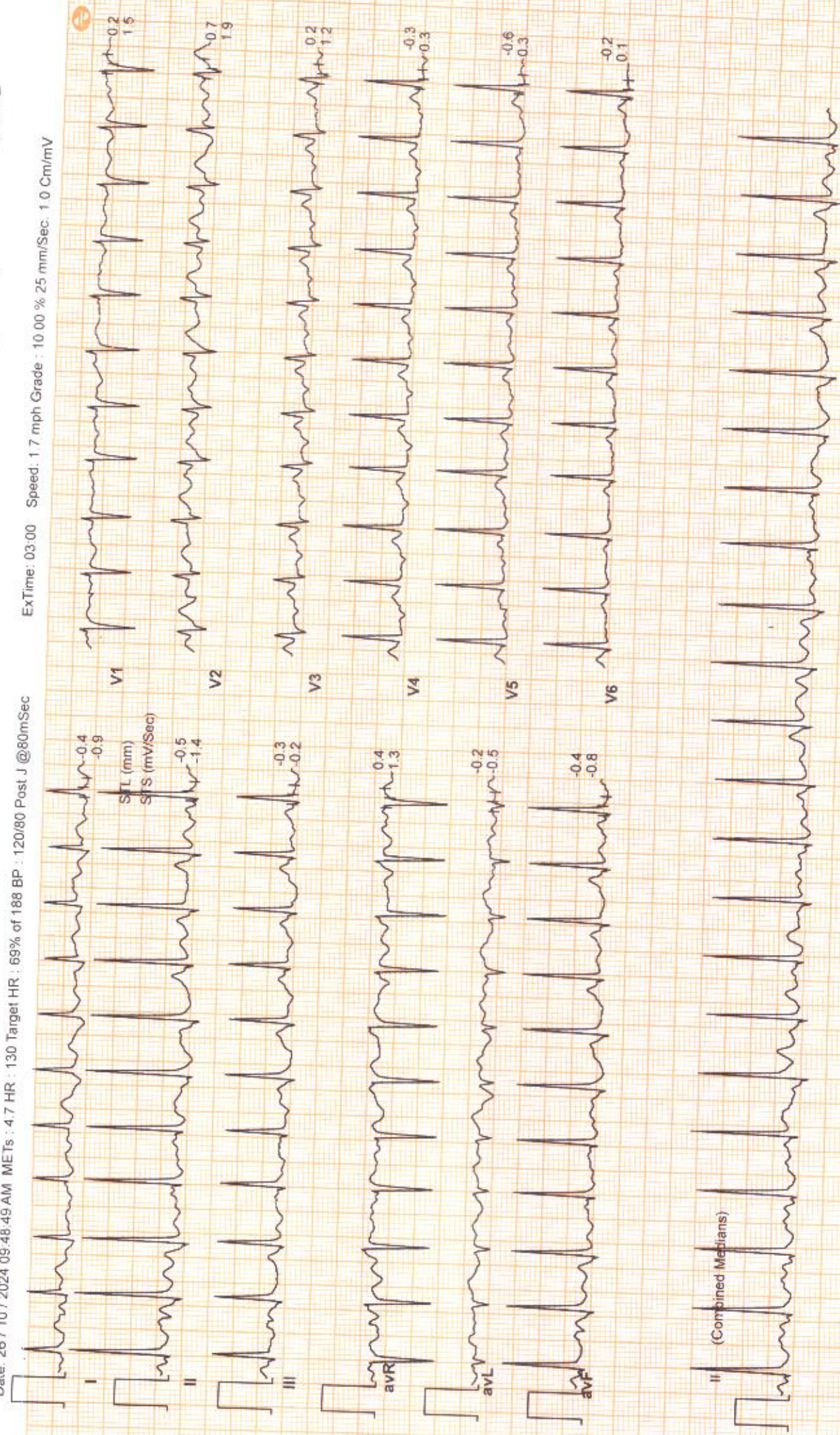


REMARKS:



Date: 26 / 10 / 2024 09:48:49 AM METs : 4.7 HR : 130 Target HR : 69% of 188 BP : 120/80 Post J @80mSec

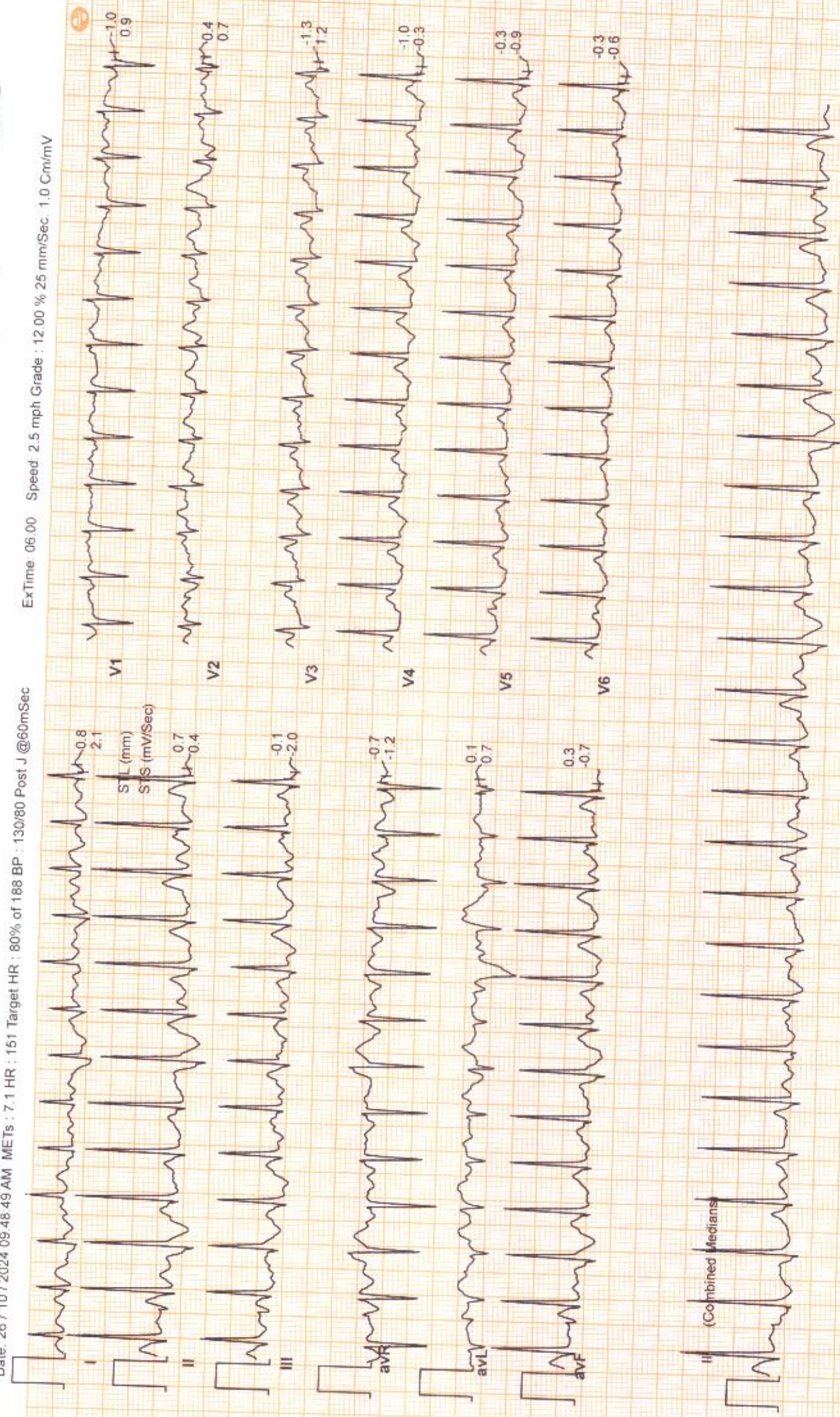
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 26 / 10 / 2024 09:48:49 AM METs : 7.1 HR : 151 Target HR : 80% of 188 BP : 130/80 Post J @60mSec

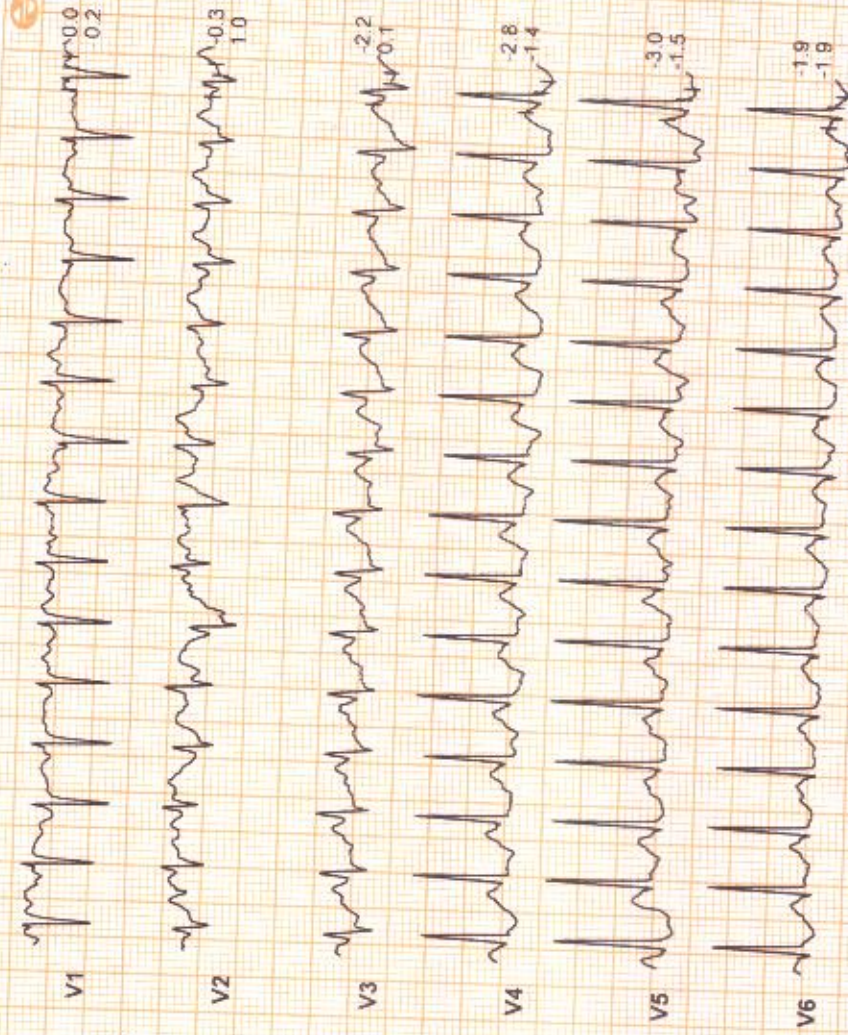
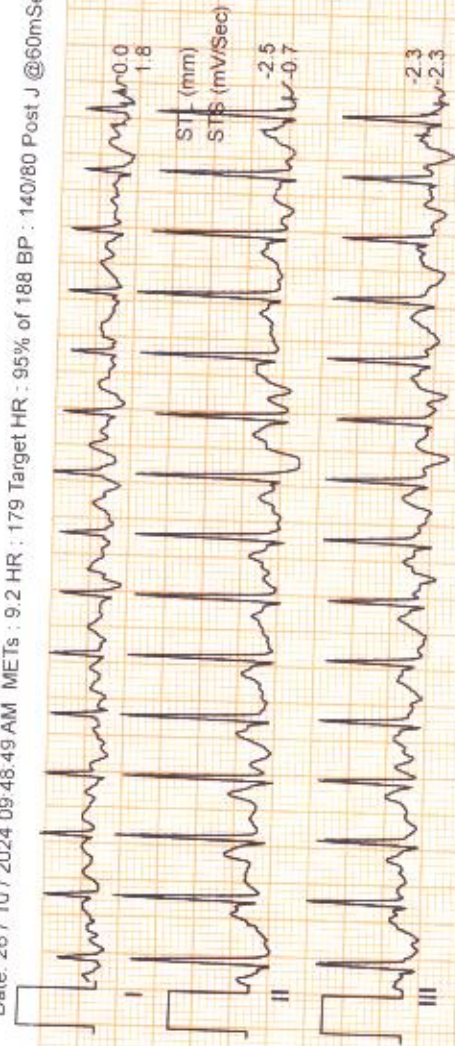
ExTime 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



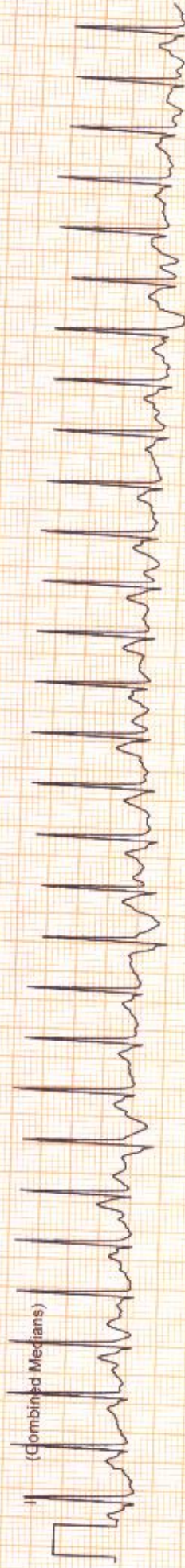


Date: 26 / 10 / 2024 09:48:49 AM METs : 9.2 HR : 179 Target HR : 95% of 188 BP : 140/80 Post J @60mSec

ExTime: 08:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

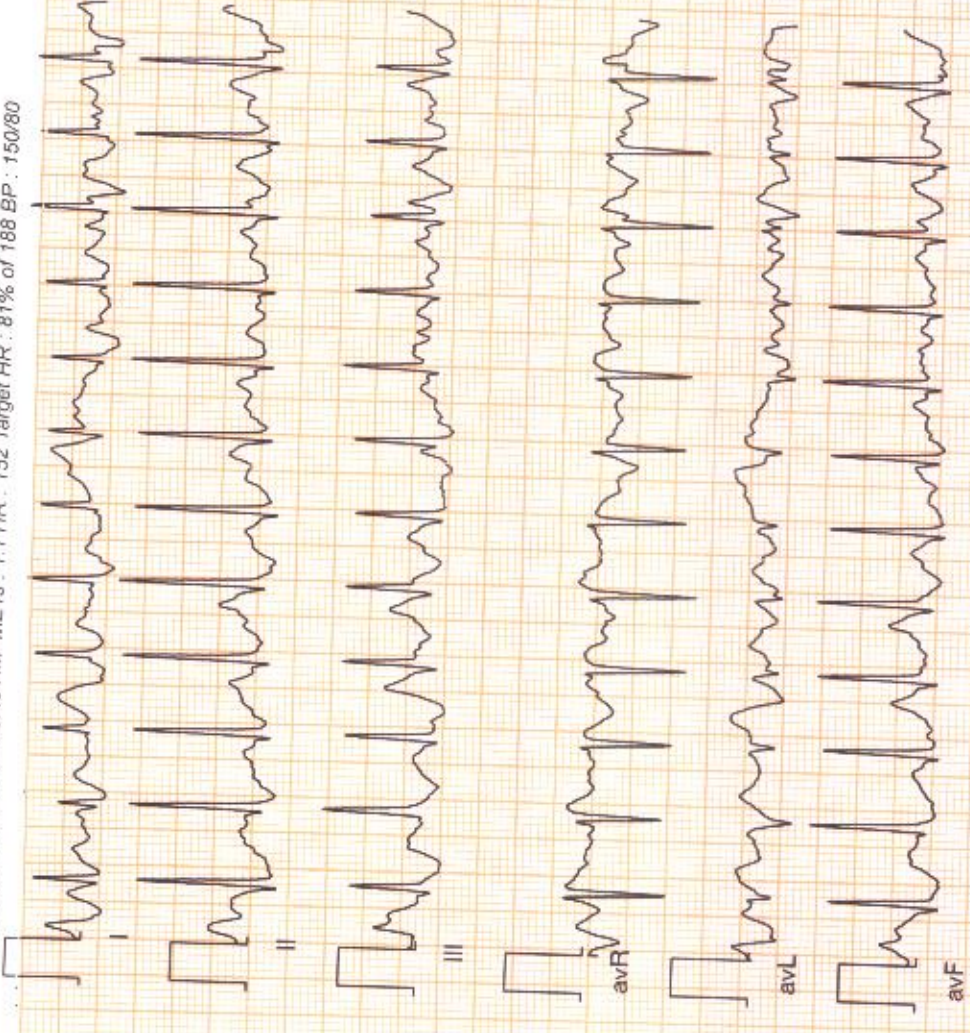


(Combined Medians)

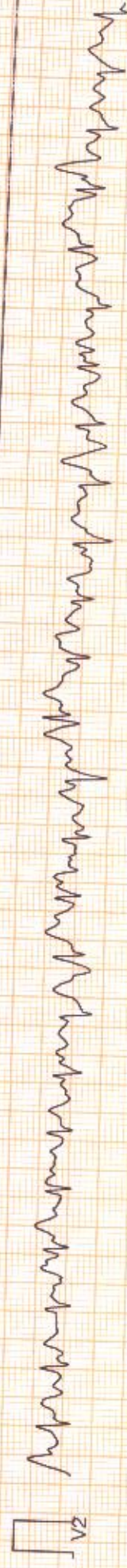
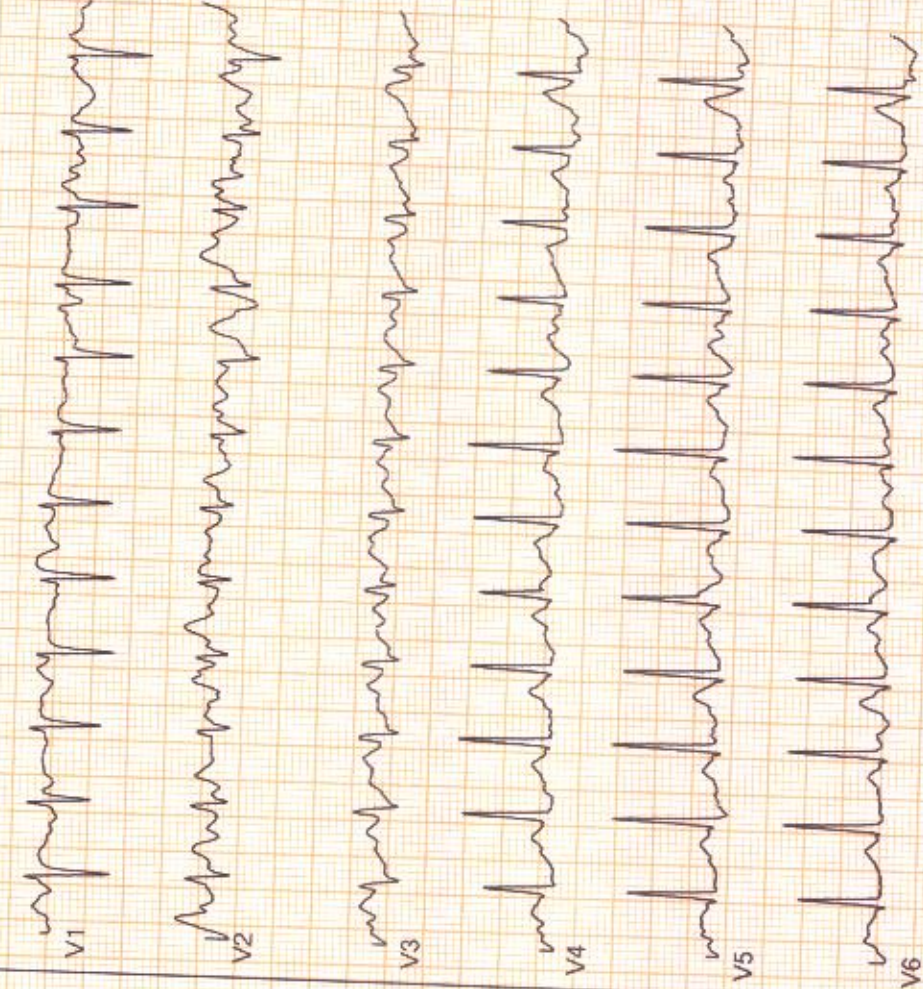




Date: 26 / 10 / 2024 09:48:49 AM METs : 1.1 HR : 152 Target HR : 81% of 188 BP : 150/80



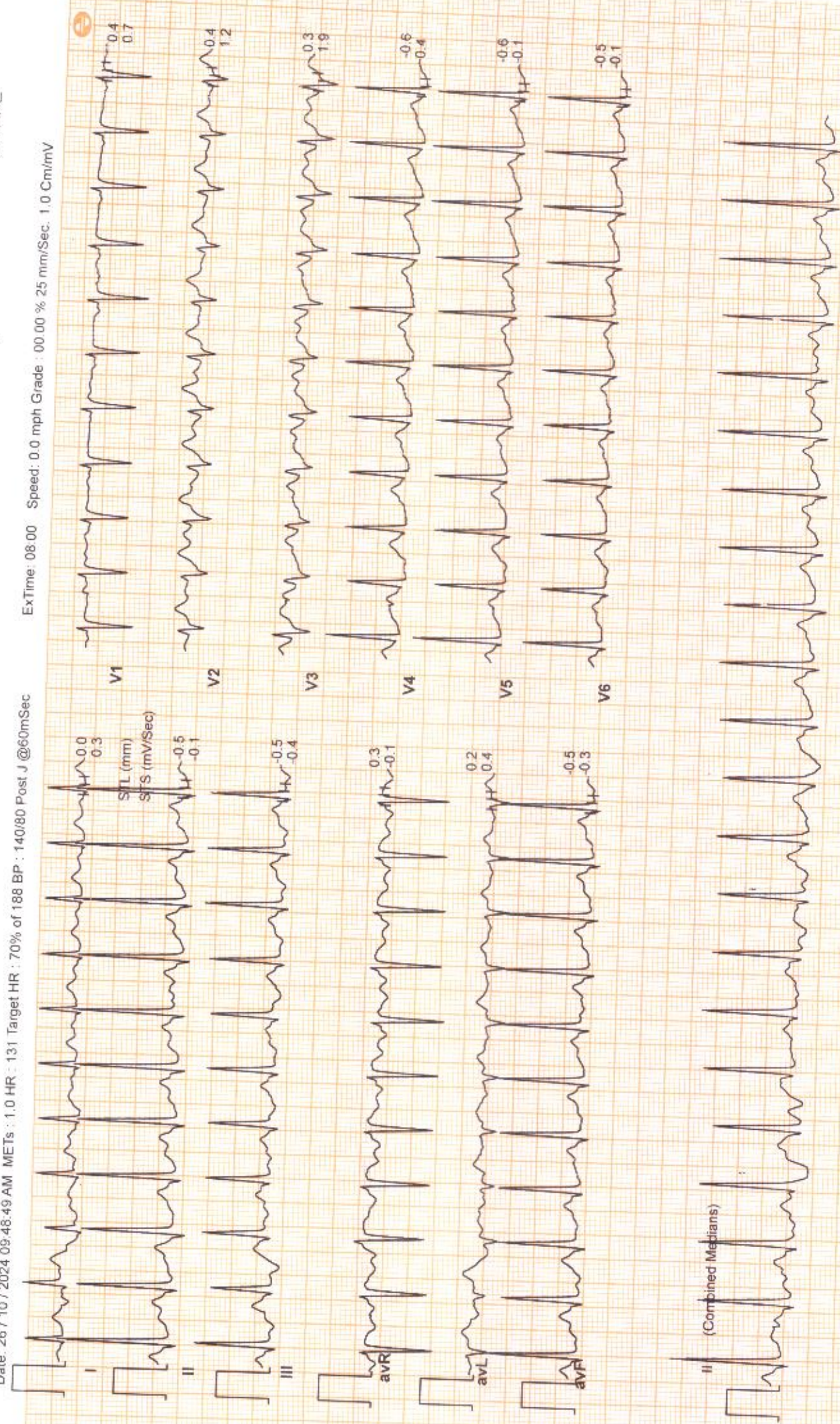
Ex Time : 08:00 1.1 mph 0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz





Date: 26 / 10 / 2024 09:48:49 AM METs : 1.0 HR : 131 Target HR : 70% of 188 BP : 140/80 Post J @60mSec

ExTime : 08:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

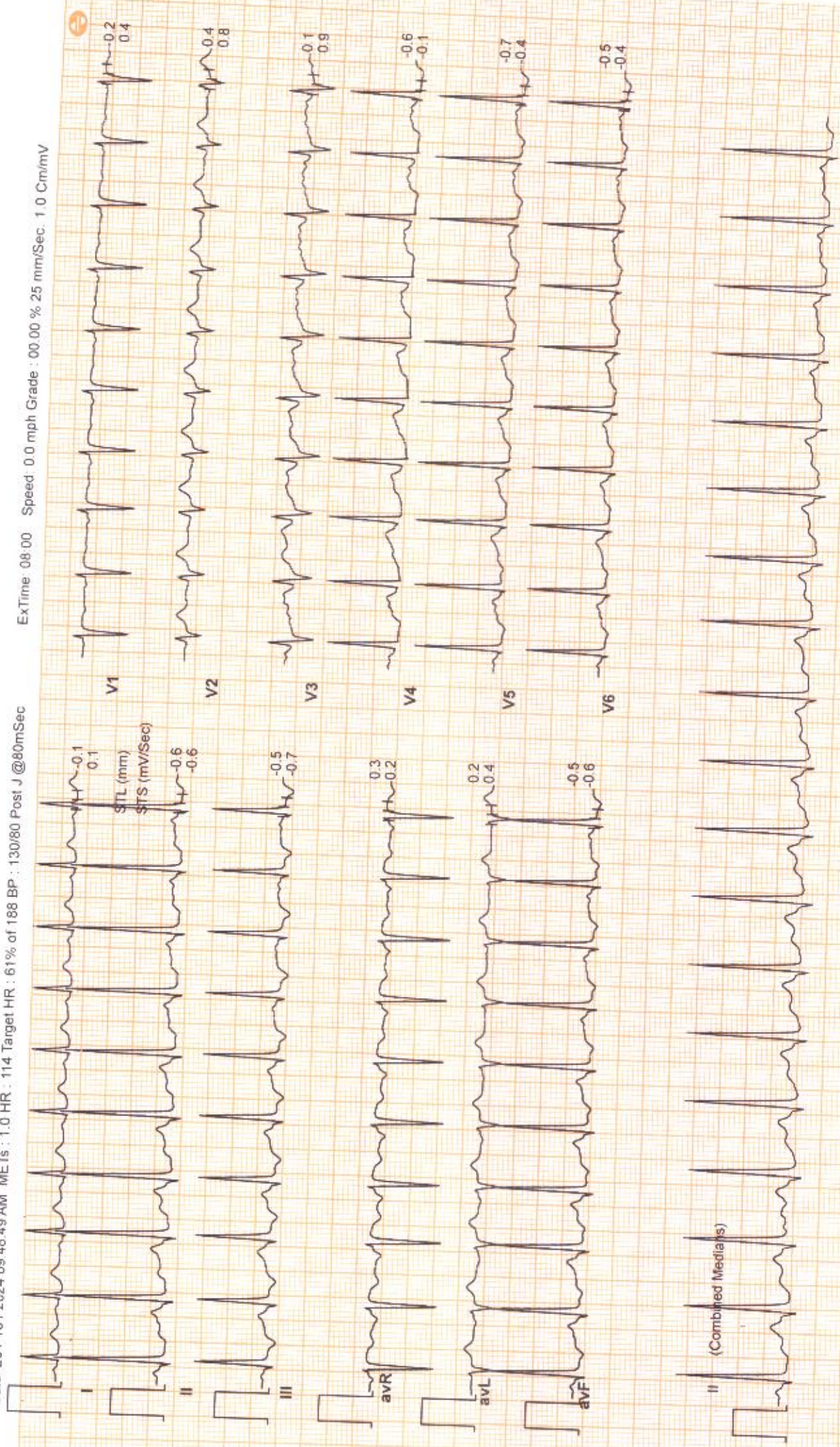


II (Combined Medians)



Date: 26 / 10 / 2024 09:48:49 AM METs : 1.0 HR : 114 Target HR : 61% of 188 BP : 130/80 Post J @80mSec

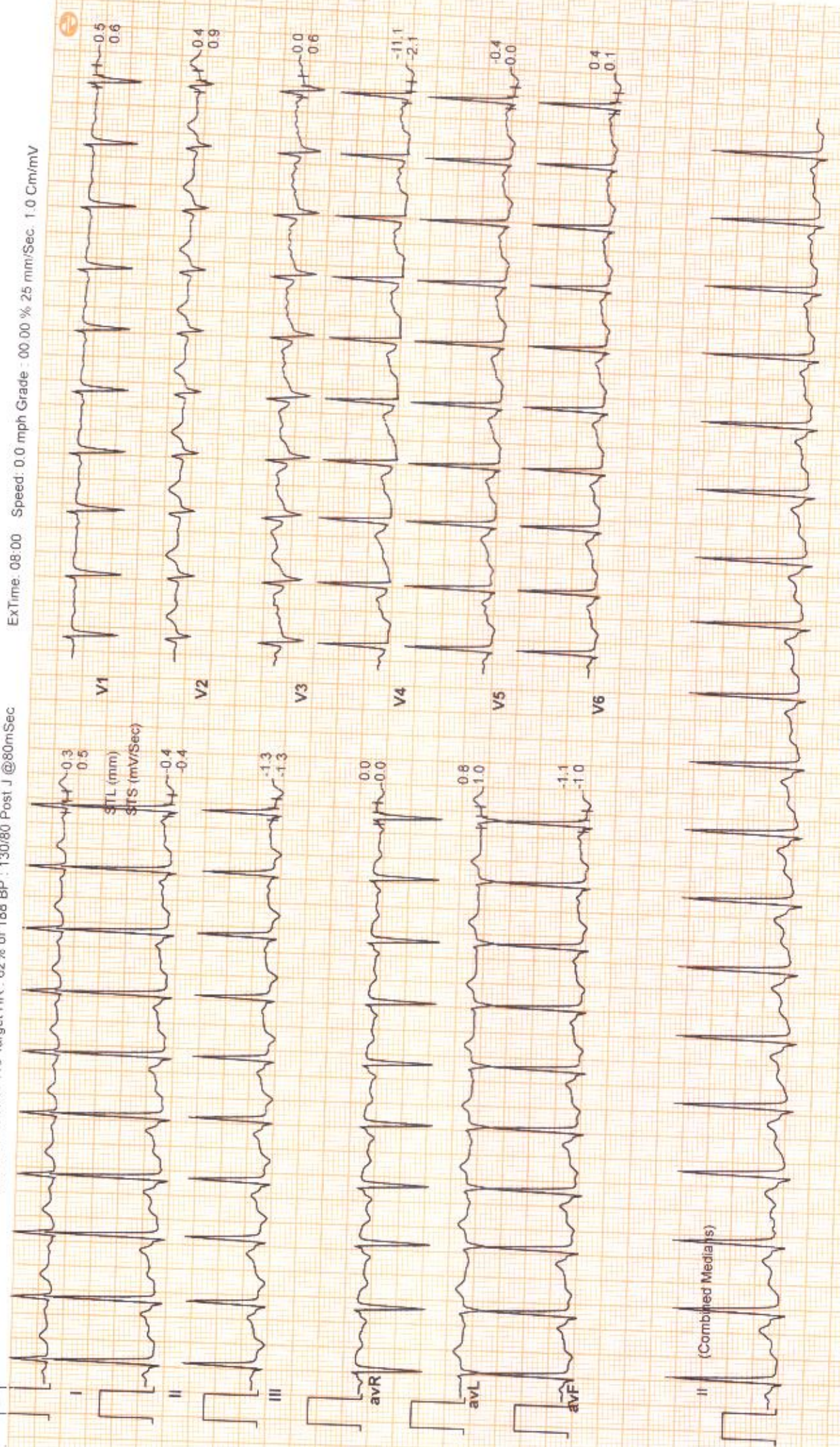
ExTime 08:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

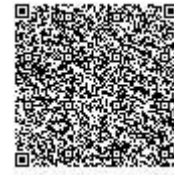




Date: 26 / 10 / 2024 09:48:49 AM METs : 1.0 HR : 116 Target HR : 62% of 188 BP : 130/80 Post J @80mSec

ExTime: 08:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2430021093
Name : Mrs Himani Bohra
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024/13:30

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.0 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.0 x 5.0 cm. Left kidney measures 9.0 x 4.5 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (8.0 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

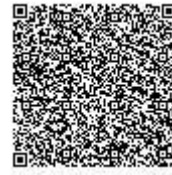
The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen. There is no evidence of any lymphadenopathy or ascites.

Prevoid vol :- 250.0 cc

Postvoid vol:- Nil

UTERUS:

The uterus is anteverted and appears normal. It measures 8.0 x 4.0 x 2.0 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 2.0 mm and appears normal.



Use a QR Code Scanner
Application To Scan the Code

CID : 2430021093
Name : Mrs Himani Bohra
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024/13:30

OVARIES:

Right ovary : 3.0 x 2.0 x 1.0 cm, (Vol : 8.0 cc).

Left ovary : 3.0 x 3.0 x 1.0 cm, (Vol : 9.0 cc).

Both the ovaries are well visualised and appear normal in size, shape and position.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION

- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

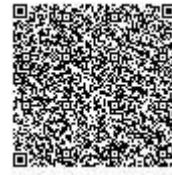
Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



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CID : 2430021093
Name : Mrs Himani Bohra
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Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024/13:30



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CID : 2430021093
Name : Mrs Himani Bohra
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024/15:23

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2430021093
Name : Mrs Himani Bohra
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 26-Oct-2024
Reported : 26-Oct-2024/15:23