



337 090325

**Name** : MRS. JAGANNADHAM SOWMYA SRI

**Ref. By** : Mediwheel

**Sent By** : Arcofemi Healthcare Pvt Ltd

**LAB ID** : 337

**Age** : 29 Yrs. **Sex** : F

**Printed** : 13/03/2025 16:02

**Sample Collection** : 09/03/2025 10:40

**Sample Received** : 09/03/2025 10:40

**Report Released** : 11/03/2025 12:03

**COMPLETE BLOOD COUNT \***

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: <b>8.5</b>	g/dL	12-14 g/dL
Total RBC (Electrical Impedence)	: 4.48	10 <sup>6</sup> /μL	3.0-6.0 10 <sup>6</sup> /μL
Hematocrit (PCV) (Calculated)	: <b>29.5</b>	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: <b>65.8</b>	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: <b>19.0</b>	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: <b>28.8</b>	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: <b>19.00</b>	%	12-15 %
Total Leucocytes Count (Light Scattering)	: <b>3710</b>	/cumm	4000-11000 /cumm
<b>Neutrophils</b> (Calculated)	: 43	%	40-75 %
<b>Eosinophils Percentage</b> (Calculated)	: 02	%	1-6 %
Lymphocyte Percentage (Calculated)	: <b>46</b>	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 09	%	1-10 %
RBC Morphology	: Hypochromasia +, Microcytosis +, Anisocytosis +		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 239000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: <b>21</b>	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

Note: Tests marked with \* are included in NABL scope.

\*All Samples Processed At Excellas Clinics Mulund Centre .

\*ESR NOT IN NABL scope.

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:03:15)

  
**Dr. Santosh Khairnar**

Reg. No.-2000/08/2926





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**Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)**

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 97	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
GLUCOSE (SUGAR) PP, ( Fluoride Plasma Used )	: 105	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)*

\*All Samples Processed At Excellas Clinics Mulund Centre .

*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:01:51)*
**HbA1c (Whole Blood)**

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 6.20	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

*EDTA Whole Blood, Method: HPLC*

Estimated Average Glucose (eAG) : 131.24 mg/dl 65.1-136.3 mg/dL mg/dl

*EDTA Whole Blood, Method: Calculated*
**Interpretation:**

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$ .
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

\*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:03:21)*
  
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**BLOOD GROUP**

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Test	Result	Unit	Biological Ref. Range
Blood Group	: 'O' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:01:12)

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**LIPID PROFILE**

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 136	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 108	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: <b>29</b>	mg/dl	42.0-88.0 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 85.40	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 21.6	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 2.9		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 4.7		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

**Interpretation**

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

\*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:02:31)

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**Report Released** : 11/03/2025 12:03

**LIVER FUNCTION TEST**

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.25	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter &amp; Gerarde)</i>	: 0.12	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.13	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 18	IU/L	0-31 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 17	IU/L	0-34 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 80	IU/L	42-98 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.4	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.5	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.9	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.55		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 20	U/L	0-38 U/L

\*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:03:42)

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**SERUM CREATININE**

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.54	mg/dl	0.60-1.1 mg/dl

*Serum, Method: Enzymatic*

Test Done on - Automated Biochemistry Analyzer (EM 200).

*\*All Samples Processed At Excellas Clinics Mulund Centre*
*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:02:58)*
**BLOOD UREA NITROGEN (BUN)**

Test	Result	Unit	Biological Ref. Range
Urea	: 16.47	mg/dl	13-40 mg/dl

*Serum, Method: Urease - GLDH*

Blood Urea Nitrogen : 7.70 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)*
*\*All Samples Processed At Excellas Clinics Mulund Centre*
*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:02:51)*
**SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.30	mg/dl	2.6-6.0 mg/dl

*Serum, Method: Uricase - POD*

Test Done on - Automated Biochemistry Analyzer (EM 200).

*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:02:38)*
  
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**BUN CREAT RATIO (BCR)**

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 14.26		5-20

*Serum, Method: Calculated*

**NOTE:**

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

*(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:03:07)*

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**EXAMINATION OF URINE**

Test	Result	Unit	Biological Ref. Range
<b>PHYSICAL EXAMINATION</b>			
Quantity :	25	ml	
Colour :	Pale yellow		
Appearance :	Clear		
Reaction (pH) :	6.0		4.5 - 8.0
Specific Gravity :	1.010		1.010 - 1.030
<b>CHEMICAL EXAMINATION</b>			
Protein :	Absent		Absent
Glucose :	Absent		Absent
Ketones Bodies :	Absent		Absent
Occult Blood :	Absent		Absent
Bilirubin :	Absent		Absent
Urobilinogen :	Absent		Normal
<b>MICROSCOPIC EXAMINATION</b>			
Epithelial Cells :	1 - 2	/ hpf	
Pus cells :	1 - 2	/ hpf	
Red Blood Cells :	Absent	/ hpf	
Casts :	Absent	/ lpf	Absent / lpf
Crystals :	Absent		Absent
<b>OTHER FINDINGS</b>			
Yeast Cells :	Absent		Absent
Bacteria :	Absent		Absent
Mucus Threads :	Absent		
Spermatozoa :	Absent		
Deposit :	Absent		Absent
Amorphous Deposits :	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 11/03/2025 12:01:36)

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**Report Released** : 10/03/2025 14:42

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**X RAY CHEST PA VIEW**

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**CLINICAL PROFILE: NO COMPLAINTS**

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

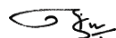
Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**



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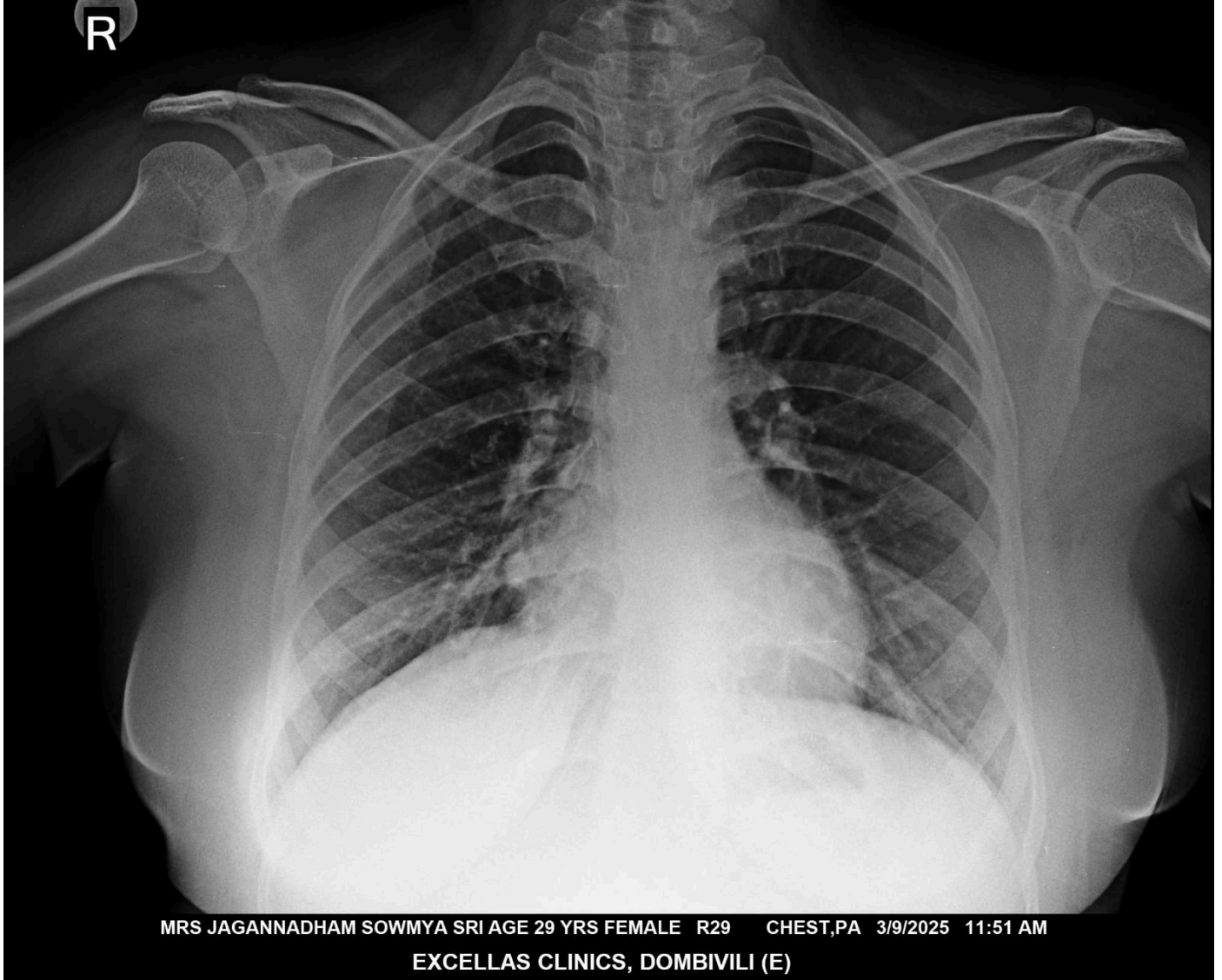
**Age** : 29 Yrs. **Sex** : F

**Printed** : 13/03/2025 16:02

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**Sample Received** : 09/03/2025 10:40

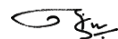
**Report Released** : 10/03/2025 14:42



(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 10/03/2025 14:42:57)

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**USG ABDOMEN & PELVIS - FEMALE**

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**LMP: 14/12/2024**

**Liver:-** is normal in size(13.6 cm) **and shows raised echotexture.** No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

**Gall Bladder:-** is normally distended. No calculus or mass lesion is seen.  
No GB wall thickening or pericholecystic fluid is seen.

Visualised **CBD** is normal.

**Pancreas:-**is normal in size, shape and echotexture. There is no focal lesion seen.

**Spleen:-** is normal in size (10.0 cm) and echotexture. No focal lesion is seen.

**Kidneys:-** Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 9.7 x 4.0 cms.

Left kidney – 9.9 x 4.3 cms.

**Urinary Bladder:-** is well distended and shows normal wall thickness.  
There is no intraluminal lesion within.

**Uterus:-** is retroflexed, normal in size and measures 7.7 x 4.9 x 4.6 cms  
Myometrium shows homogenous echo pattern. No focal lesion is seen.

**ET: 11 mm**

**Ovaries:-**appear normal in size & shape.

Right ovary measures – 1.7 x 2.0 cms.

Left ovary measures – 1.9 x 2.7 cms.

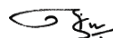
**Multiple small follicles are seen arranged peripherally in bilateral ovaries.**

Both adnexae appear normal. No e/o of free fluid noted in POD.

No ascites is seen. No significant lymphadenopathy is seen.

Excessive bowel gases.

**IMPRESSION:**



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- **Grade I fatty liver**
- **Multiple small follicles are seen arranged peripherally in bilateral ovaries. Clinical correlation is advised to rule out PCOD.**

*Thanks for the Referral*

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**USG BOTH BREAST**

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- Both breasts show normal fibroglandular & fibro fatty parenchyma.
- There is no abnormal dilatation of ducts noted on either side.
- No significant axillary lymphadenopathy is seen.
- **A hypoechoic lesion is seen at 9 o clock position in right breast measuring 7.0 x 5.0 mm- fibroadenoma.**

**IMPRESSION :**

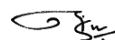
- **Fibroadenoma as mentioned.(BIRADS 2)**

*Thanks for referral*

BIRADS CATEGORY : (0 = requires additional evaluation , 1 = Negative , 2 = benign findings , 3 = probably benign findings , 4 = suspicious abnormality , 5 = highly suggestive of malignancy).

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 10/03/2025 15:20:21)

----- End Of Report -----



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**OPHTHALMIC EVALUATION**

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<b>Examination</b>	<b>Right Eye</b>	<b>Left Eye</b>
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 10/03/2025 11:09:59)





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**Report Released** : 10/03/2025 11:09

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## CERVICAL CYTOLOGY REPORT

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### PAPANICOLAOU SMEAR (CONVENTIONAL)

Specimen :-

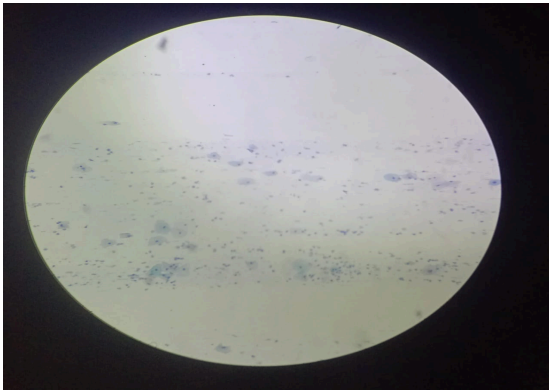
1. 2 unstained air dried smear received.
2. Stained with papanicolaou method and examined.

Smear shows :

- Many superficial squamous, intermediate squamous and few squamous metaplastic cells.
- Background shows few endocervical cells alongwith mild inflammatory infiltrate.
- No cellular atypia or malignancy noted.

**Impression : Essentially Normal Pap smear.**

**Comments:** The smears are reported using bethesda system for cervical cytology(2014) Interpretation(s).



(Collected At: 09/03/2025 10:40:04, Received At: 09/03/2025 10:40:04, Reported At: 13/03/2025 09:08:06)

----- End Of Report -----





## MEDICAL EXAMINATION REPORT

Name	Mr./ Mrs./ Miss	J. Summa	
Sex	Male / <u>Female</u>		
Age (yrs.)	29	UHID :	
Date	9/3/2025	Bill No :	
Marital Status	Single / <u>Married</u> / Widow / Widower :	No. of Children : 01	
Present Complaints	W/O Hypothyroidism 2019 not on rx; 3 months		
Past Medical History :	Hypothyroidism PCOJ.		
Surgical History :	nil		
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> .		
	Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> :		
	Any Other : nil		
Family History	Father = HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other		
History of Allergies	Drug Allergy Any Other nil		
History of Medication	For HT / DM / HD / <u>Hypothyroidism</u> not on rx 3 months Any Other		
On Examination (O/E)	G. E. : Fair R. S. : C. V. S. : C. N. S. : P/A : Any Other Positive Findings :		

Height	165.0 / cms	Weight	79.8	Kgs	BMI	29.3
Pulse (per min.)	82/m	Blood Pressure (mm of Hg)	122/76			
<b>Gynaecology</b>						
Examined by	Dr. _____					
Complaint & Duration	_____					
Other Symptoms (Mict, bowels etc)	_____					
Menstrual History	Menarche _____		Cycle _____		Loss _____	
	Pain _____		I.M.B. _____		P.C.B. _____	
	L.M.P. _____		Vaginal Discharge _____			
	Cx. Smear _____		Contraception _____			
Obstetric History	_____					
Examination :	_____					
Breast	_____					
Abdomen	_____					
P.S.	_____					
P.V.	_____					
Gynaecology Impression & Recommendation	_____					
Recommendation	_____					
Physician Impression	_____					
Examined By :	<ul style="list-style-type: none"> <li>- Overweight = To Reduce Weight</li> <li>- Underweight = To Increase Weight</li> </ul>					

DAWADI, SONAR PADA DOMBIVLI.

Ms. JAGANNADHAM SOWMYA SRI  
 Age : 29/F  
 Ref. by : MEDIWHEEL  
 Indication1 :  
 Indication2 :  
 Indication3 :

ID : 99  
 Ht/Wt : 165/79  
 Recorded : 9-3-2025 13:49

TREADMILL TEST SUMMARY REPORT  
 Protocol: BRUCE  
 History: NIL  
 Medication1 :  
 Medication2 :  
 Medication3 :

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	ST LEVEL (mm)			METS
								II	V2	V5	
SUPINE HYPERVENT STANDING	0:00	0:00			94	120/80	112	0.0	1.0	0.1	
					94	120/80	112	0.1	1.0	0.0	
					97	120/80	116	0.1	1.0	0.0	
STAGE 1	2:59	2:59	2.70	10.00	156	120/80	187	0.4	0.1	0.3	4.80
STAGE 2	5:14	2:14	4.00	12.00	182	120/80	218	-0.2	1.4	-0.2	6.52
PEAK EXER	5:20	2:20			180	140/80	252	0.3	1.2	-0.1	6.60
RECOVERY	2:59	2:59	0.00	0.00	106	120/80	127	-0.2	0.4	-0.2	

RESULTS

Exercise Duration : 5:20 Minutes  
 Max Heart Rate : 182 bpm - 95 % of target heart rate 191 bpm  
 Max Blood Pressure : 140/80 mmHg  
 Max Work Load : 6.60 METS  
 Reason of Termination : Achieved THR

IMPRESSIONS

GOOD EFFORT TOLERANCE, NORMAL IONOTROPIC AND CHRONOTROPIC RESPONSE.  
 NO ANGINA/ARRYTHMIA'S/LV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.  
 TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

*(M) this*  
*(u)*

**Dr. VINAY HIRAY**  
 DNB MED  
 Reg. No. 2012/09/2681

# EXCELLAS CLINICS-DOMBIVLI

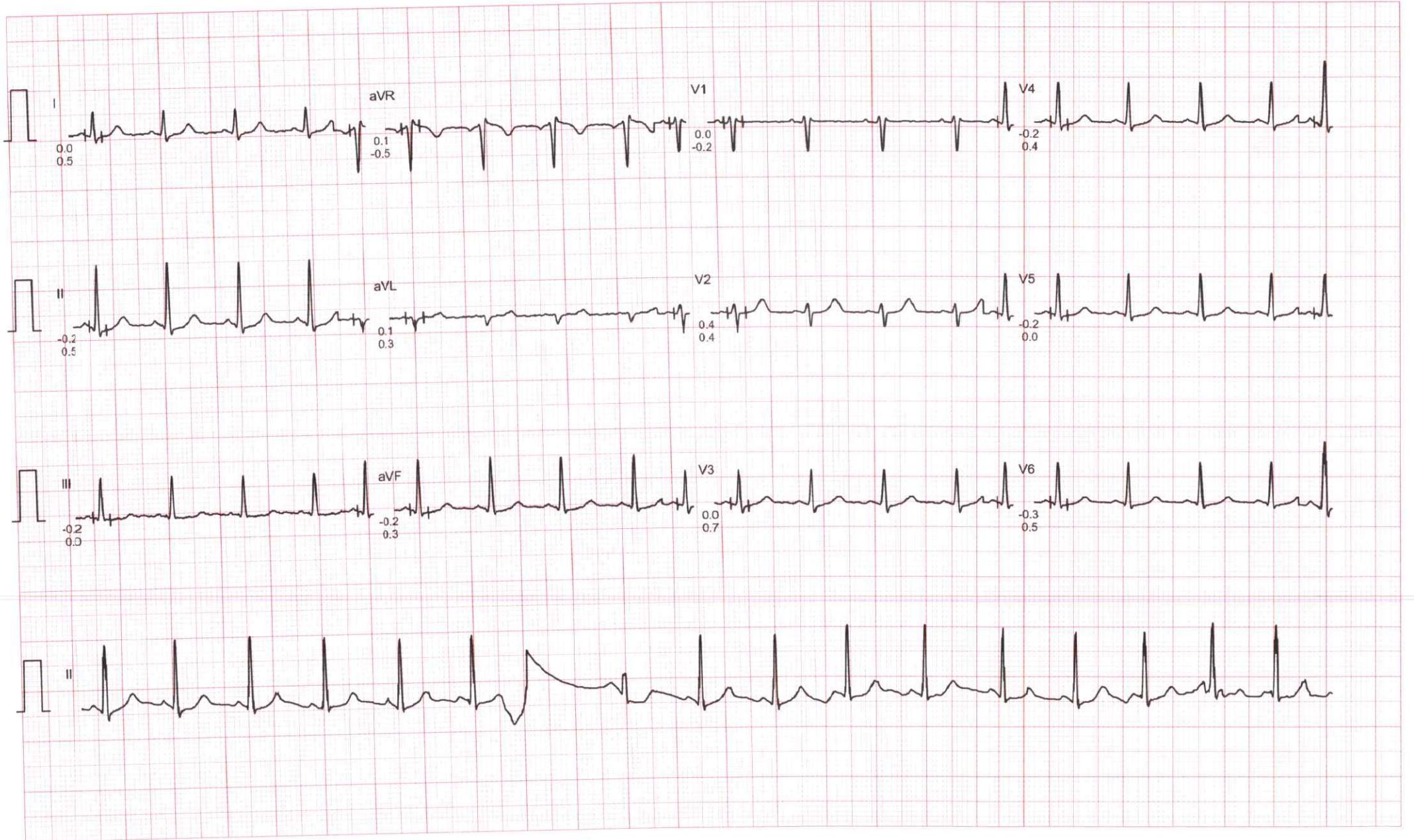
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9- 3-2025 13:49

RATE : 106 BPM  
B.P. : 120/80 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

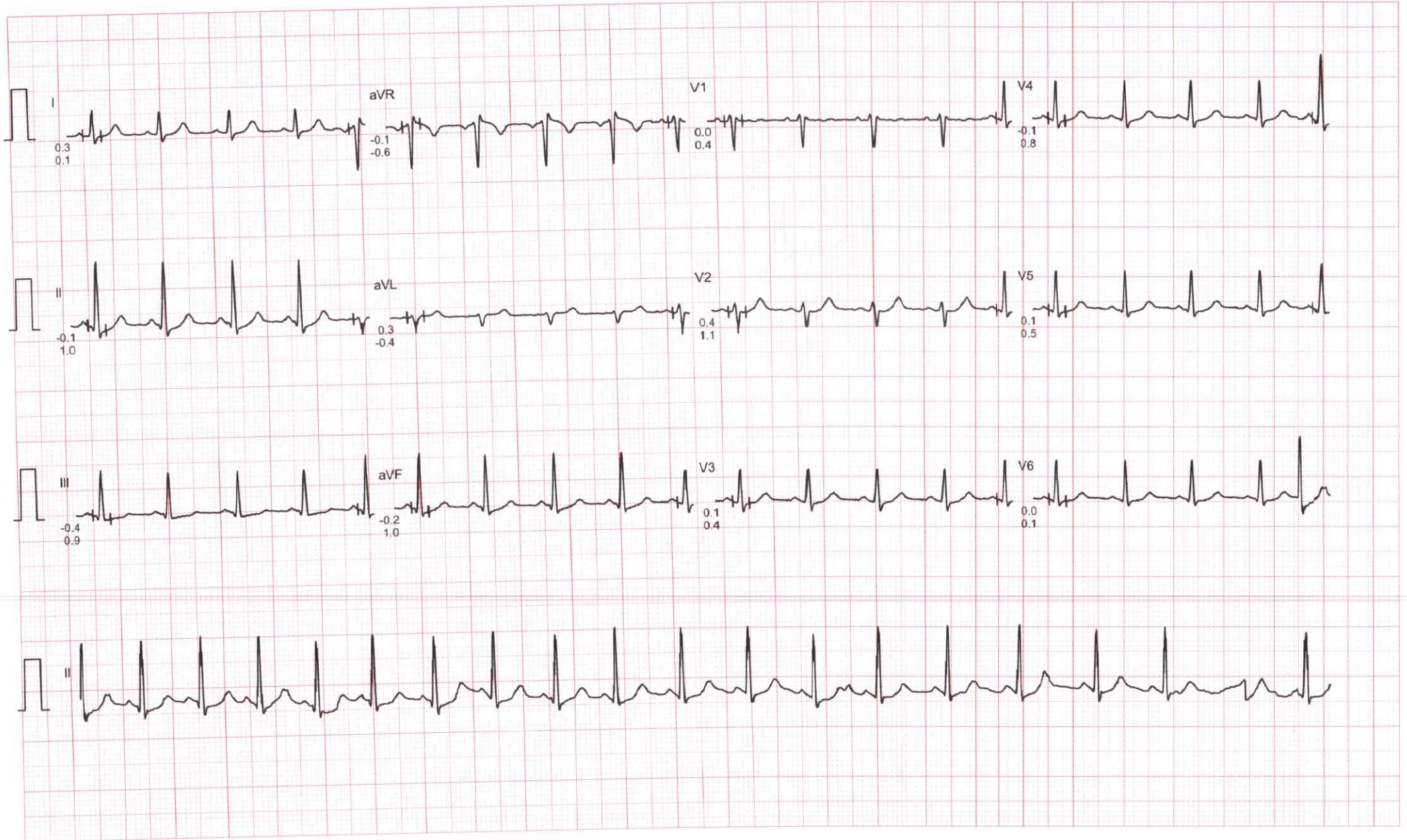
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9- 3-2025 13:49

RATE : 113 BPM  
B.P. : 130/80 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 1:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

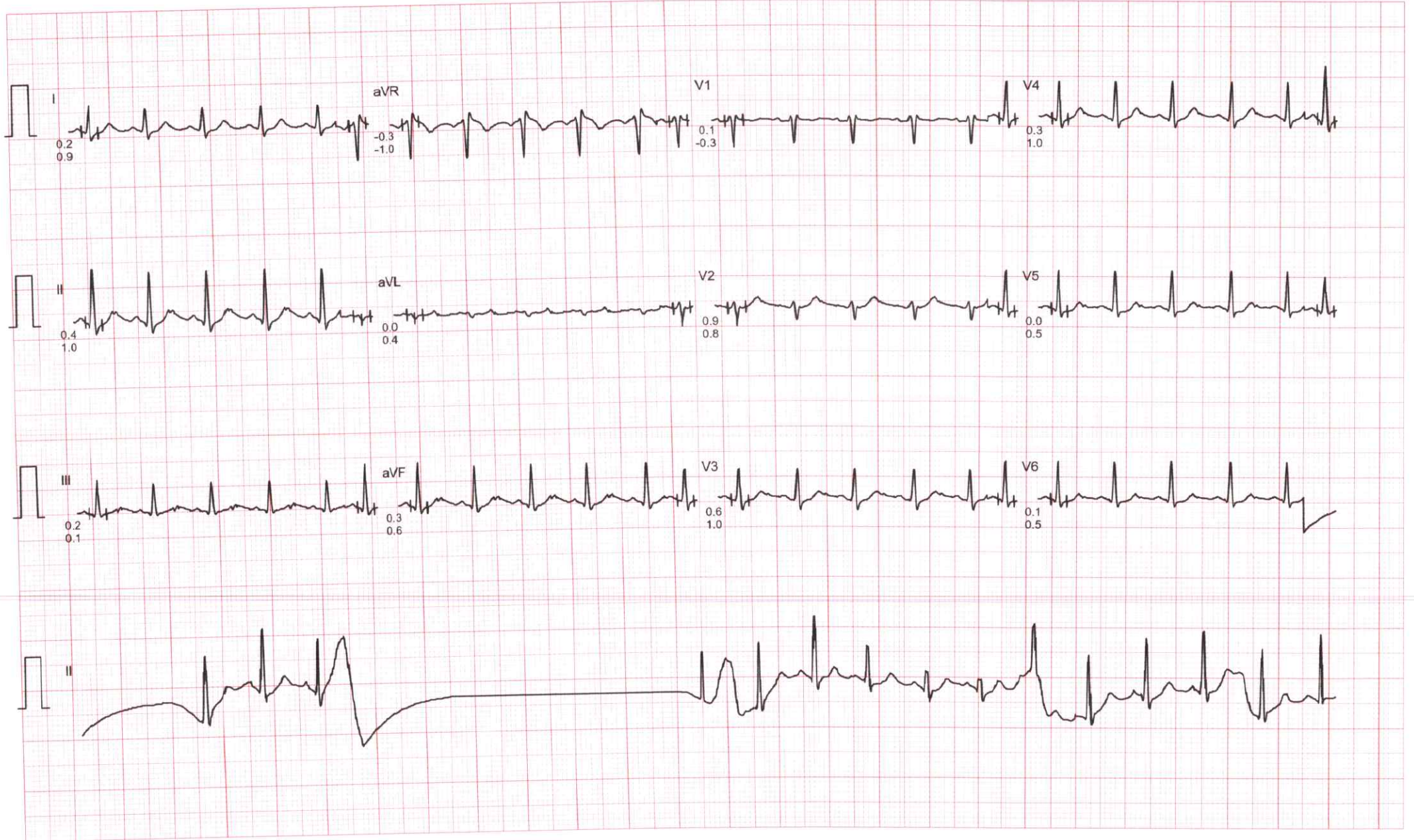
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED: 9-3-2025 13:49

RATE : 134 BPM  
B.P. : 140/80 mmHg

BRUCE  
RECOVERY  
PHASE TIME : 0:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 0.0 Km./Hr.  
GRADE : 0.0 %

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

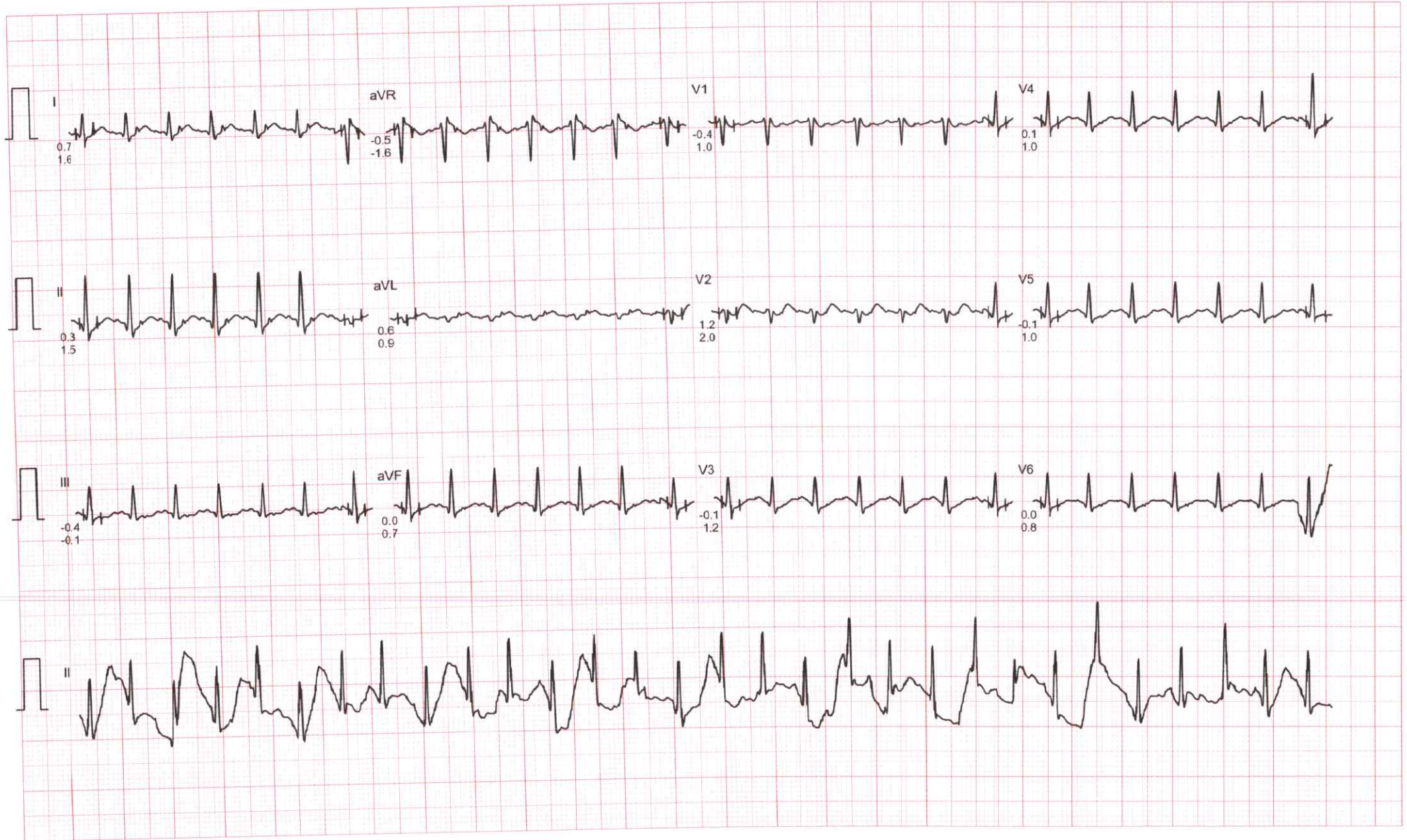
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9- 3-2025 13:49

RATE : 180 BPM  
B.P. : 140/80 mmHg

BRUCE  
PEAK EXER  
PHASE TIME : 5:20  
STAGE TIME : 2:20

ST @ 10mm/mV  
80ms PostJ  
SPEED : 4.0 Km./Hr.  
GRADE : 12.0 %

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

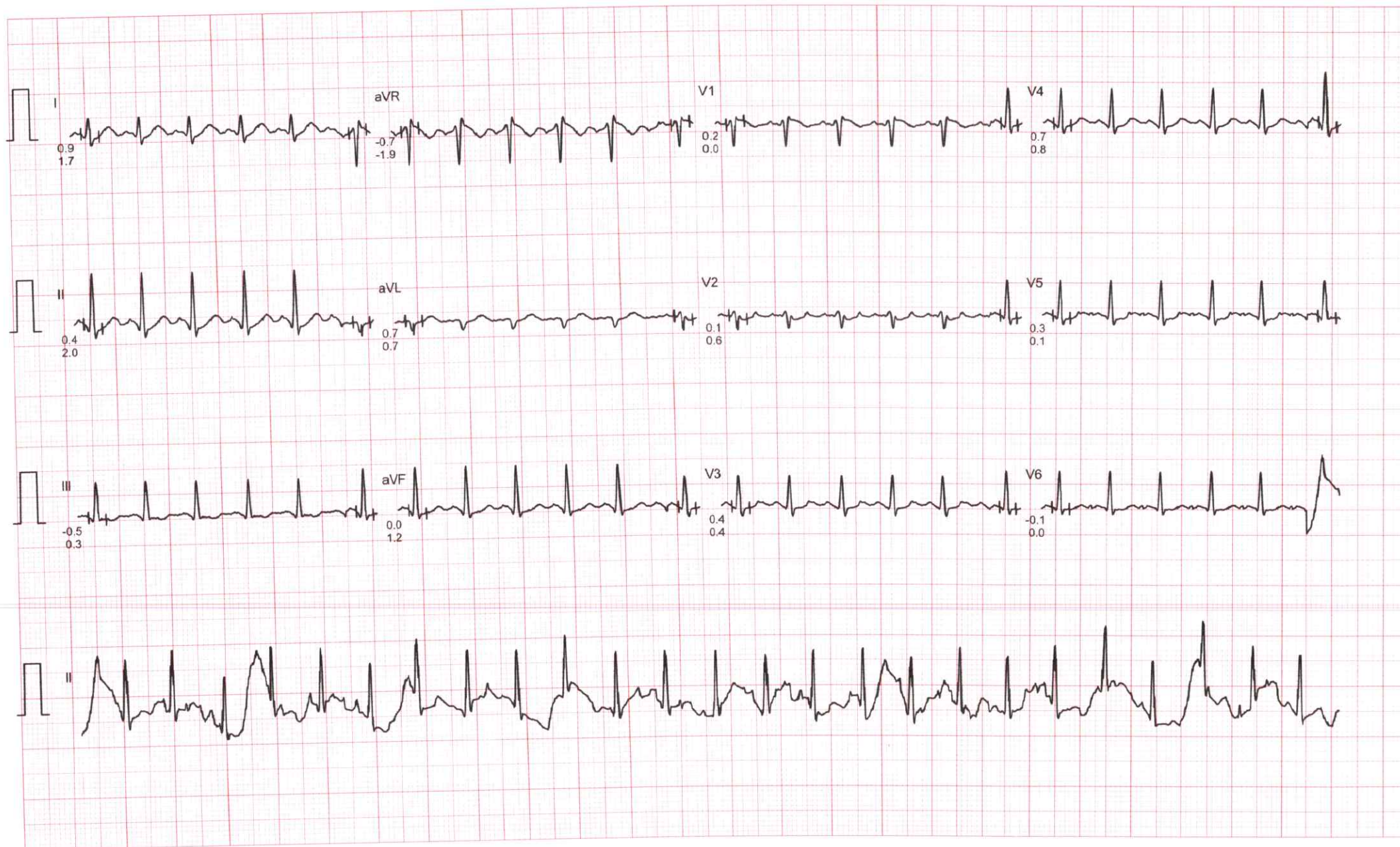
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9- 3-2025 13:49

RATE : 156 BPM  
B.P. : 120/80 mmHg

BRUCE  
EXERCISE 1  
PHASE TIME : 2:59  
STAGE TIME : 2:59

ST @ 10mm/mV  
80ms PostJ  
SPEED : 2.7 Km./Hr.  
GRADE : 10.0 %

LINKED MEDIAN





# EXCELLAS CLINICS-DOMBIVLI

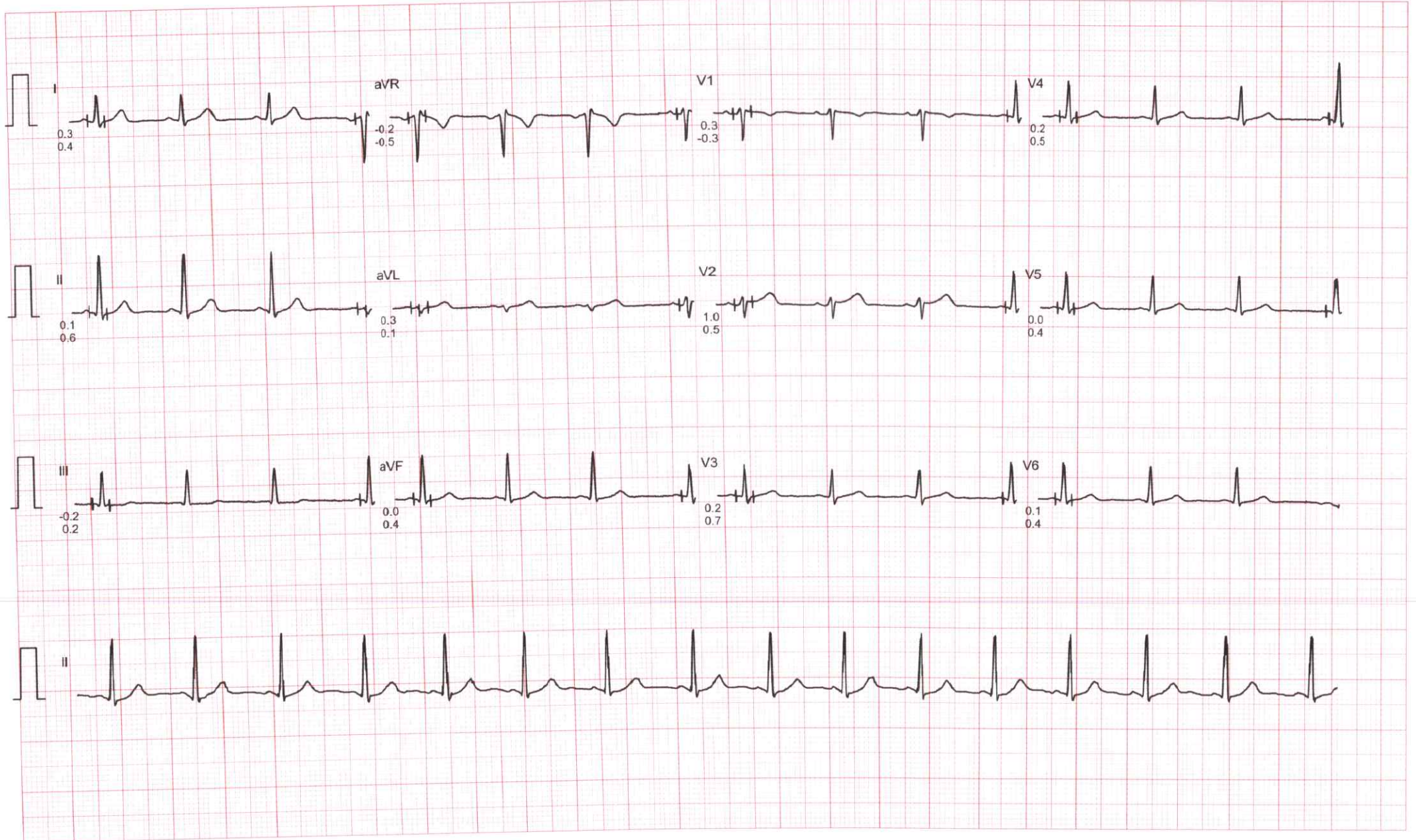
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9-3-2025 13:49

RATE : 97 BPM  
B.P. : 120/80 mmHg

STANDING  
PRETEST

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9- 3-2025 13:49

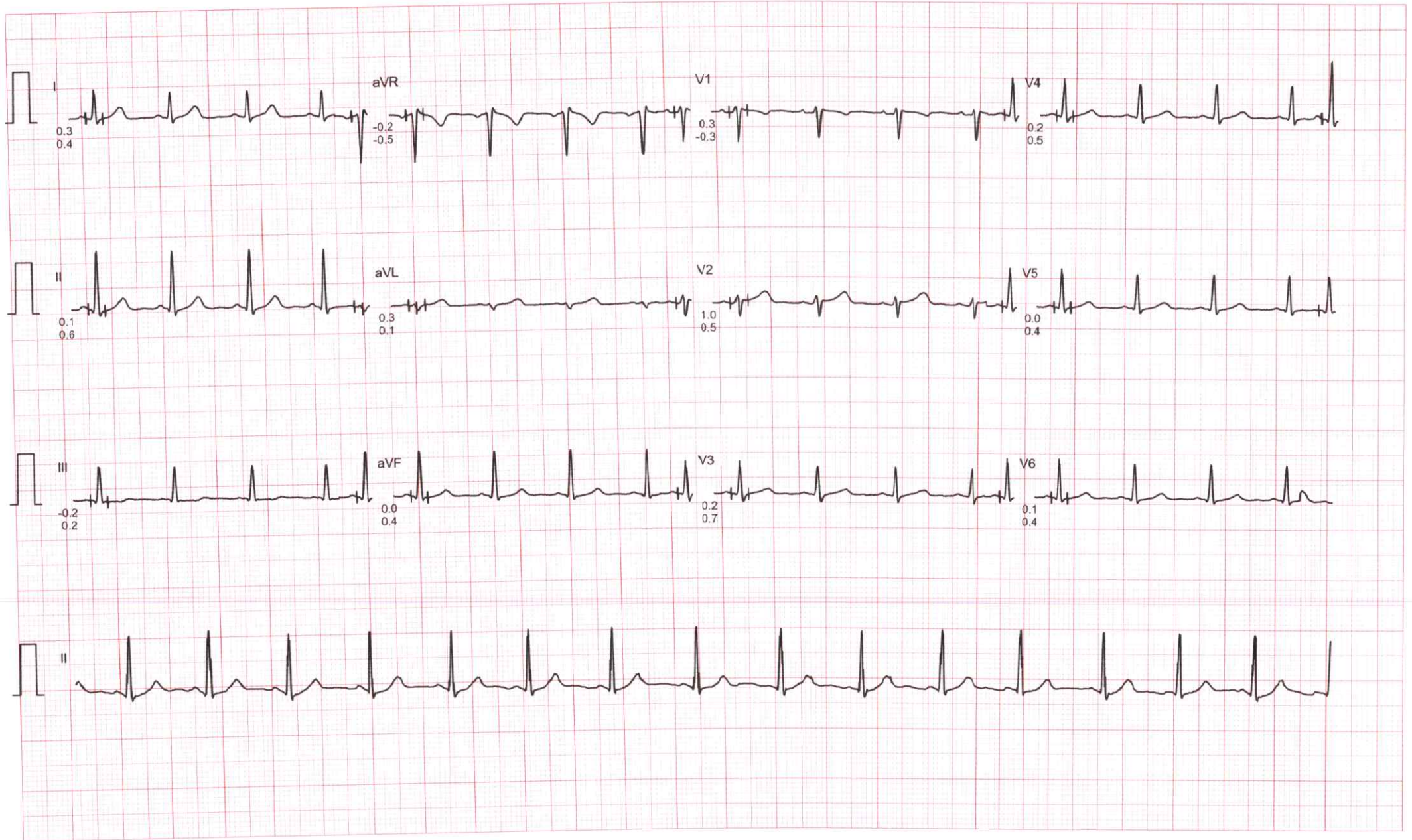
RATE : 94 BPM  
B.P. : 120/80 mmHg

HYPERVENTILATION  
PRETEST

STAGE TIME : 0:00

ST @ 10mm/mV  
80ms PostJ

LINKED MEDIAN



# EXCELLAS CLINICS-DOMBIVLI

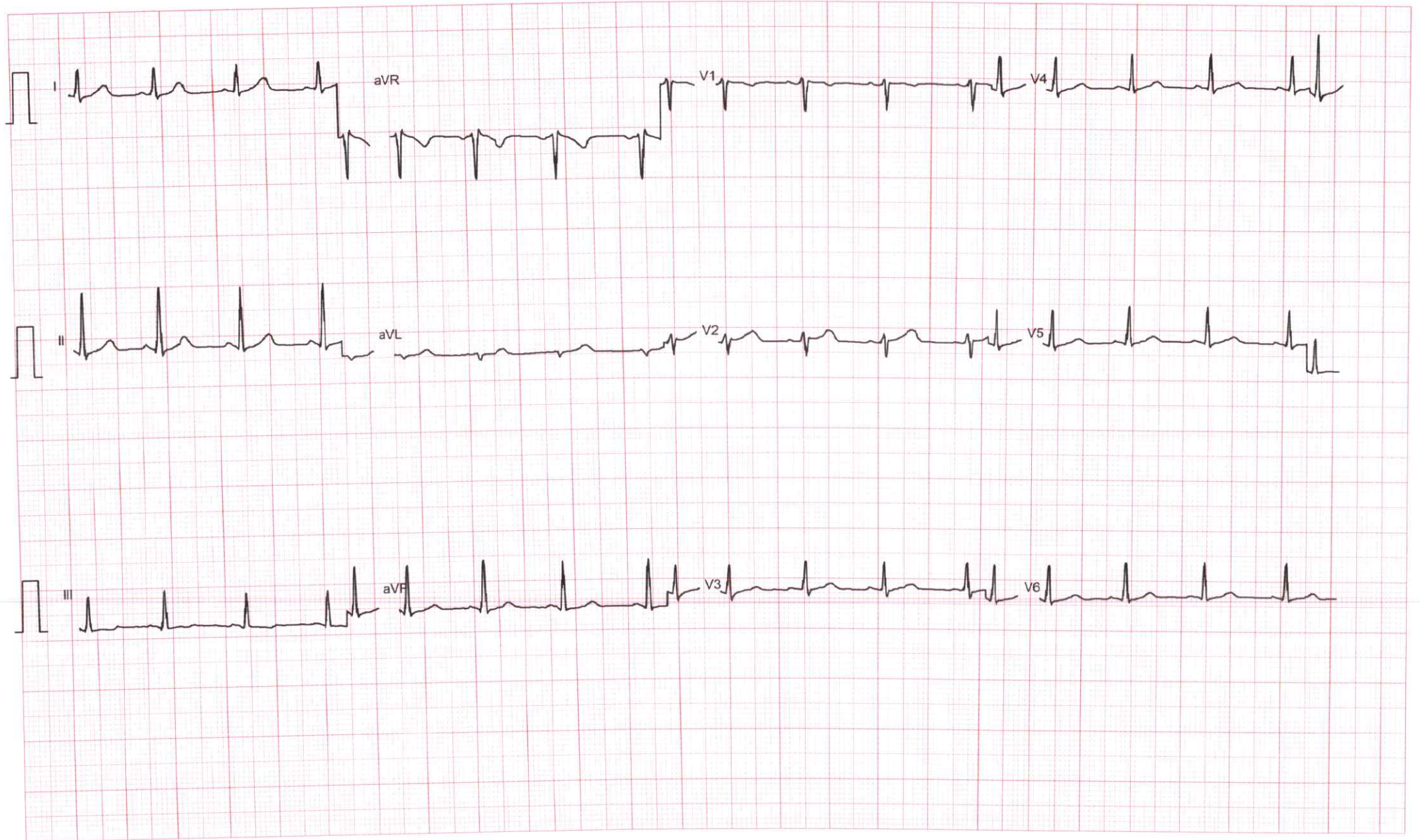
Ms. JAGANNADHAM SOWMYA SRI  
I.D. : 99  
AGE/SEX : 29/F  
RECORDED : 9-3-2025 13:49

RATE : 94 BPM  
B.P. : 120/80 mmHg

SUPINE  
PRETEST

ST @ 10mm/mV  
80ms PostJ

RAW E.C.G.



Client Name: **MUM00247-Excellas Clinics**

Client Add: B-1 Commercial Wing, Vikash Paradise Lal Bahadur Shastri Marg, Below Axis Bank Muland West-400080 ,400080

Contact No. : 7718802445

Client Email : shreyansh.dhariwal@excellasclinic.com

Sample Processed At : DIAGNOSTICA SPAN - MUMBAI, Unit #3A, Mahajan Compound, Behind Union Bank, LBS Marg, Vikhroli(W), Mumbai-400079, , 0

<b>Patient Name : JAGAN NADHAN SOWMASRI</b>	Age / Gender : 29 years/Female	Sample Collection Time : 09/03/2025, 04:51 PM
Accession No.: 11250680178	Client Patient ID : <b>368127</b>	Sample Registration Time : 09/03/2025, 04:51 PM
<b>Ref Doctor : SELF</b>		Sample Received Time : 09/03/2025, 05:44 PM
<b>Status : Final Report</b>		Reported Time : 09/03/2025, 06:10 PM

**IMMUNOLOGY**



Test Description	Value(s)	Unit(s)	Biological Reference Interval
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**EXELLAS MW PACKAGE-001**

**THYROID PROFILE TOTAL**

Sample Type : SERUM

<b>TRI-IODO THYRONIN (T3)</b> (CLIA)	145.04	ng/dL	60.0 - 181.0
<b>THYROXIN (T4)</b> (CLIA)	8.6	µg/dL	3.2 - 12.6
<b>THYROID STIMULATING HORMONE</b> (CLIA)	<b>16.94</b>	µIU/mL	0.35 - 5.50

**Interpretation:**

Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disposal of Thyroid hormone are altered throughout the stages of pregnancy.

Hyperthyroidism (overactive thyroid) : Hyperthyroidism (overactive Thyroid) occurs when your thyroid gland produces too much of the hormone Thyroxine.

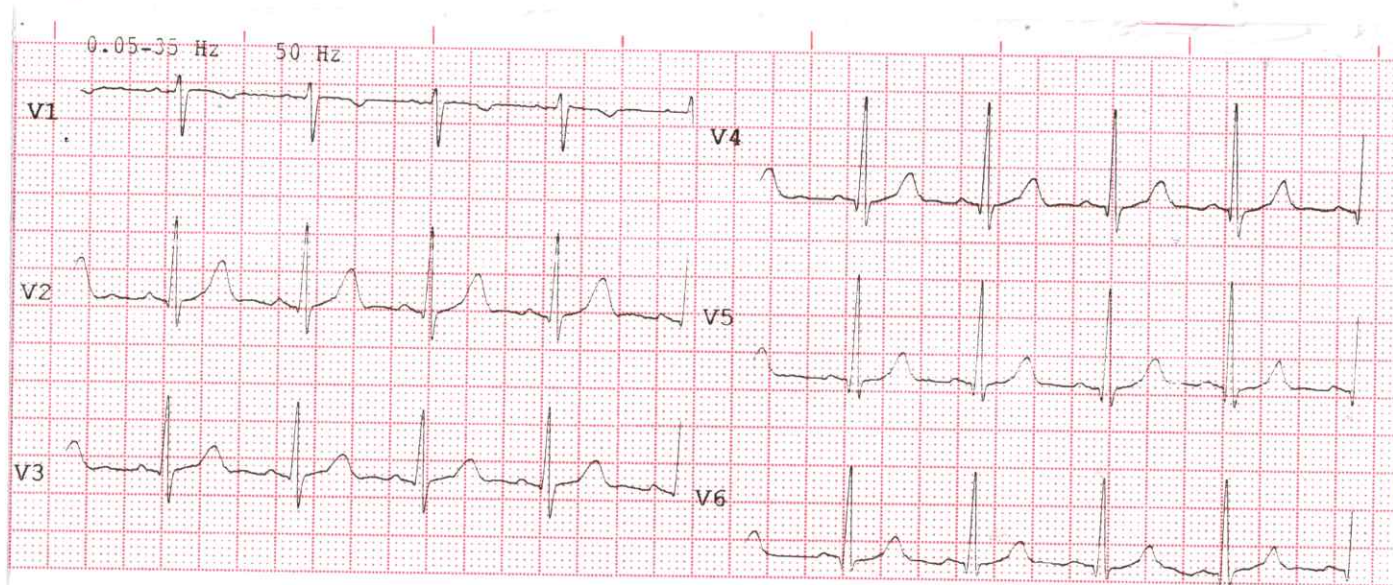
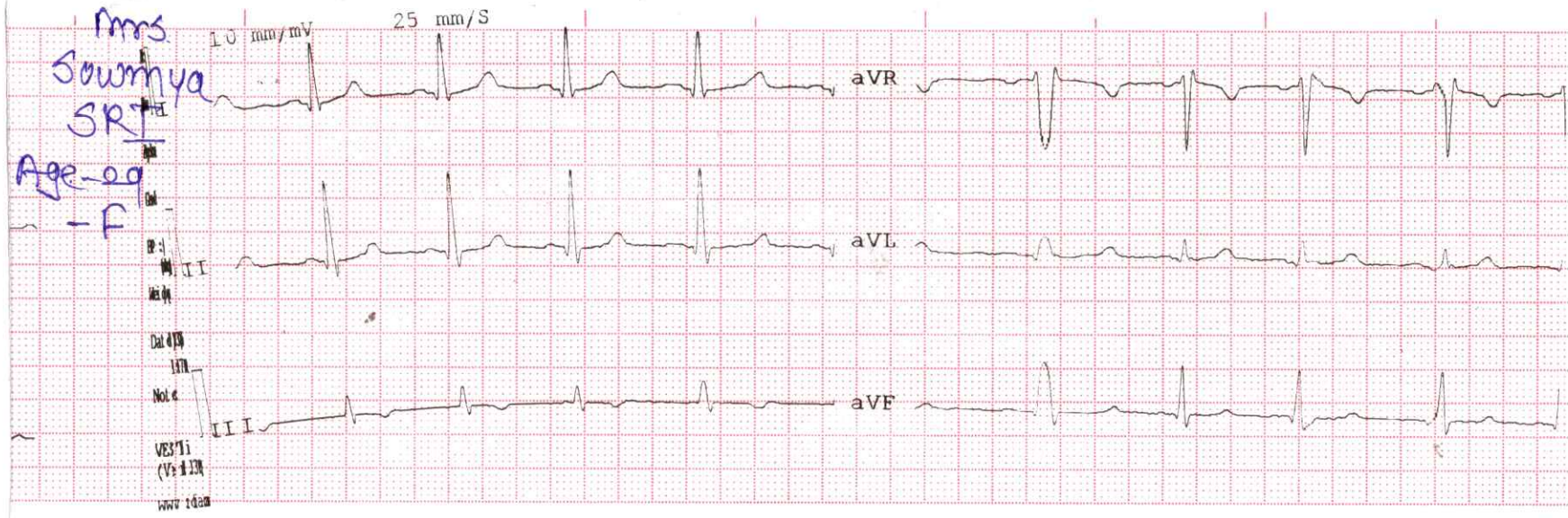
Hyperthyroidism can accelerate your body's metabolism, causing unintentional weight loss and a rapid or irregular heartbeat.

Hypothyroidism (underactive thyroid) : Hypothyroidism (underactive thyroid) is a condition in which your Thyroid gland doesn't produce enough of certain crucial hormones. Hypothyroidism may not cause noticeable symptoms in the early stages. Over time, untreated Hypothyroidism can cause a number of health problems, such as obesity, joint pain, infertility and heart disease.

**\*\*END OF REPORT\*\***



**DR. RAVISH FANGARI**  
MBBS, MD PATHOLOGY



MRP  
 (u)

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 Reg. No. 2012/09/2681