

SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: ARIJITA NIYOGI
Patient ID: 393866654

Date and Time: 8th Mar 25 12:48 PM

Age **37** **7** **2**
years months days

Gender **Female**

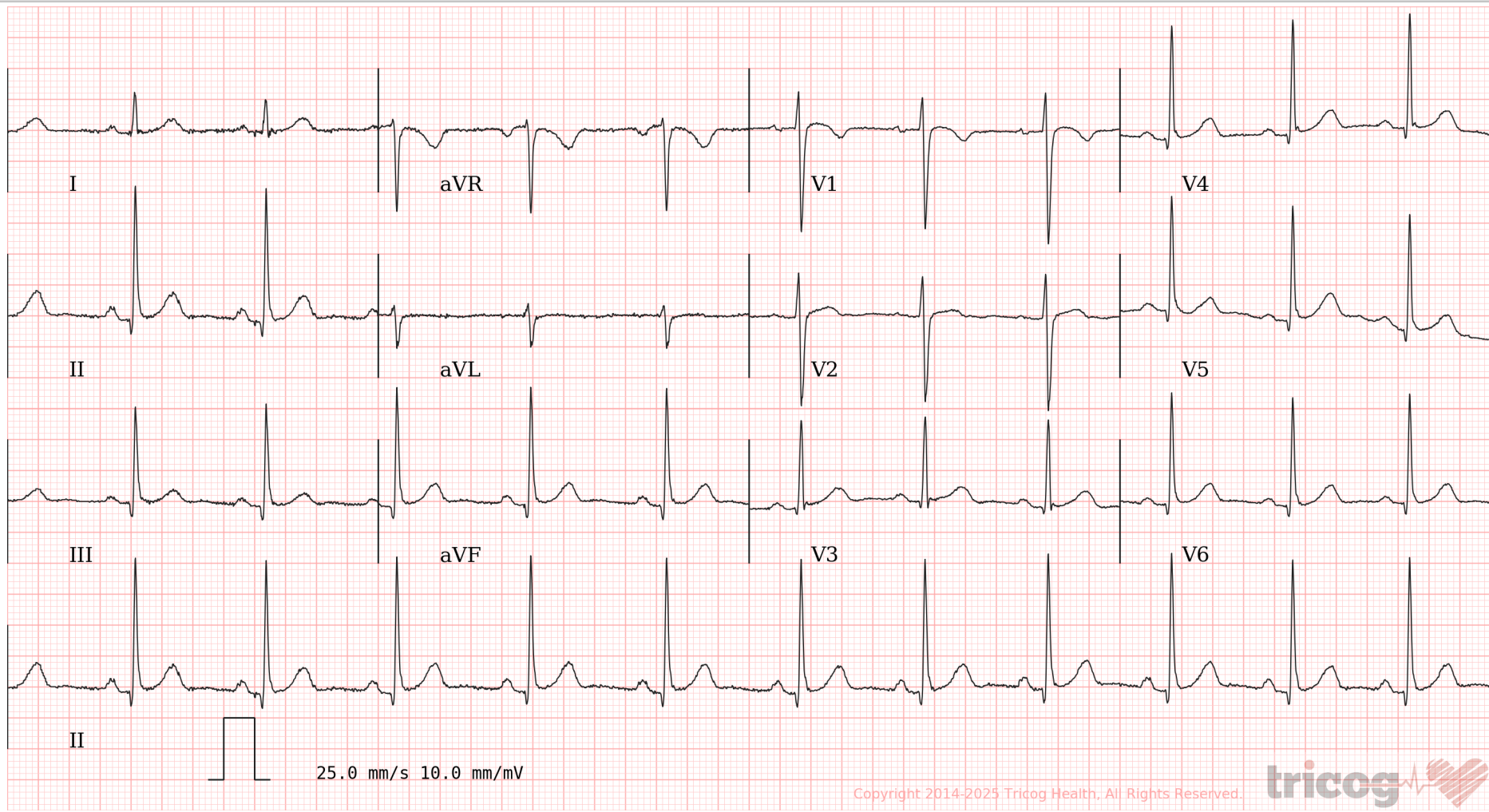
Heart Rate **73bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 74 kg
Height: 159 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 86ms
QT: 384ms
QTcB: 423ms
PR: 162ms
P-R-T: 61° 74° 61°



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Sinus Rhythm Left Ventricular Hypertrophy Early repolarization with an ascending ST segment. Please correlate clinically.

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694



Name : Ms. ARIJITA NIYOGI
Lab No. : 393866654
Ref By : SELF
Collected : 8/3/2025 1:32:00PM
A/c Status : P
Collected at : WALKIN - KALINA, SANTACRUZ EAST (MAIN CENTRE)
 101, 1st Floor, Harbhajan Building, CST Road,
 Kalina Above HDFC Bank, Above Indusind Bank,
 Kalina, Opp. Petrol Pump, Santacruz East,
 Mumbai, Maharashtra - 400009

Age : 37 Years
Gender : Female
Reported : 8/3/2025 10:05:42PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

**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	11.6	12.0 - 15.0 g/dL	Spectrophotometric
RBC	3.5	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	34.8	36.0 - 46.0 %	Calculated
MCV	98.7	81.0 - 101.0 fL	Measured
MCH	32.9	27.0 - 32.0 pg	Calculated
MCHC	33.3	31.5 - 34.5 g/dL	Calculated
RDW	13.4	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6460	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.4	20.0 - 40.0 %	
Absolute Lymphocytes	1963.8	1000.0 - 3000.0 /cmm	Calculated
Monocytes	9.5	2.0 - 10.0 %	
Absolute Monocytes	613.7	200.0 - 1000.0 /cmm	Calculated
Neutrophils	58.3	40.0 - 80.0 %	
Absolute Neutrophils	3766.2	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.8	1.0 - 6.0 %	
Absolute Eosinophils	116.3	20.0 - 500.0 /cmm	Calculated
Basophils	0.0	0.1 - 2.0 %	
Absolute Basophils	0.0	20.0 - 100.0 /cmm	Calculated





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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	253000	150000 - 410000 /cmm	Elect. Impedance
MPV	8.4	6.0 - 11.0 fL	Measured
PDW	14.7	11.0 - 18.0 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	--		
Microcytosis	--		
Macrocytosis	--		
Anisocytosis	--		
Poikilocytosis	--		
Polychromasia	--		
Target Cells	--		
Basophilic Stippling	--		
Normoblasts	--		
Others	Normocytic Normochromic		
WBC MORPHOLOGY	--		
PLATELET MORPHOLOGY	--		
COMMENT	--		

Specimen: EDTA whole blood





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Age : 37 Years
Gender : Female
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Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	52.00	2.00 - 20.00 mm/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.





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	60.00	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.70	0.55 - 1.02 mg/dL	Enzymatic
eGFR, Serum	113.75	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	71.40	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.69	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.49	<1.20 mg/dL	Calculated
SGOT (AST), Serum	20.60	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	16.30	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	18.00	<38.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	89.50	46.00 - 116.00 U/L	Modified IFCC
BLOOD UREA, Serum	21.30	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	9.95	9.00 - 23.00 mg/dL	Urease with GLDH
URIC ACID, Serum	6.00	3.10 - 7.80 mg/dL	Uricase/Peroxidase
TOTAL PROTEINS, Serum	7.20	5.70 - 8.20 g/dL	Biuret
Albumin Serum	4.60	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.60	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.77	1.00 - 2.00	Calculated





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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	85.3	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.



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Reported : 8/3/2025 10:06:00PM
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Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	176	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93	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	48	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	128	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	109	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	19	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.



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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.10	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	11.70	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	6.12	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA

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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal 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 nonthyroidal 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



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 Gender : Female
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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
	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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Age : 37 Years
Gender : Female
Reported : 8/3/2025 10:06:05PM
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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.

Refernces:

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





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Gender : Female
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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Refractive index
Reaction (pH)	5.5	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	0.8	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	1.2	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.1	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	14.10	0-29.5/hpf	
Yeast	Absent	Absent	
OTHERS	--		

Note: Microscopic examination is 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



Suburban Diagnostics Kalina

Patient Details Date: 08-Mar-25 Time: 1:29:39 PM

Name: ARJITA NIYOGI ID: 393866654

Age: 37 Y

Sex: F

Weight: 159 cms.

Weight: 74 Kg.

Clinical History: Routine Test

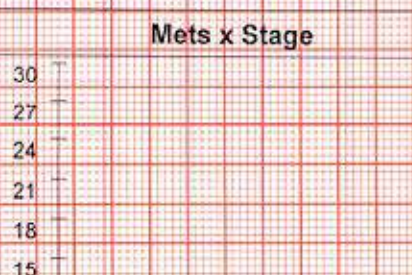
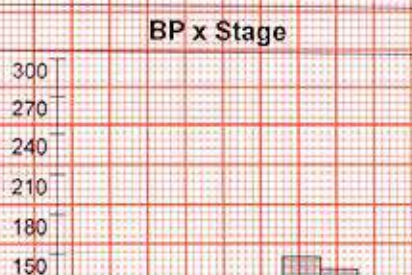
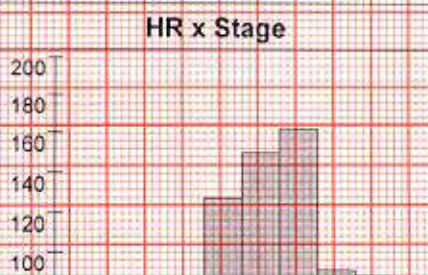
Medications: NONE

Test Details

Protocol: Bruce Pr.MHR: 183 bpm THR: 155 (85 % of Pr.MHR) bpm
 Total Exec. Time: 6 m 26 s Max. HR: 162 (89% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 150 / 80 mmHg Max. BP x HR: 24300 mmHg/min Min. BP x HR: 4970 mmHg/min
 Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 32	1.0	0	0	71	110/70	-0.85 aVR	1.42 II
Standing	0 : 7	1.0	0	0	72	110/70	-1.06 aVR	1.42 II
Hyperventilation	0 : 23	1.0	0	0	72	110 / 70	-1.06 aVR	1.77 II
1	3 : 0	4.6	1.7	10	127	120 / 80	-1.91 V5	3.54 II
2	3 : 0	7.0	2.5	12	150	130 / 80	-2.34 III	4.95 II
Peak Ex	0 : 26	10.2	3.4	14	162	150 / 80	-1.70 aVF	3.89 II
Recovery(1)	2 : 0	1.8	1	0	91	140 / 80	-1.49 aVR	3.54 II
Recovery(2)	2 : 0	1.0	0	0	88	130 / 80	-0.64 aVR	1.77 II
Recovery(3)	0 : 14	1.0	0	0	88	120 / 80	-0.64 aVR	1.42 II



Suburban Diagnostics Kalina

Patient Details Date: 08-Mar-25 Time: 1:29:39 PM
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Age: 37 y Sex: F Height: 159 cms Weight: 74 Kg.

Interpretation

AVERAGE EFFORT TOLERANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

Suburban Diagnostics (I) Pvt. Ltd
1st Floor, 1st Floor, Above HDFC Bank,
G. P. Road, Kalina, CST Road
(East),
Mumbai - 400 009
Tel: 022-26170000


DR. SHEIKH NAVIN
MBBS, MD
Clinical Cardiology
Reg. No. 2013/11/4694

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 110 / 70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

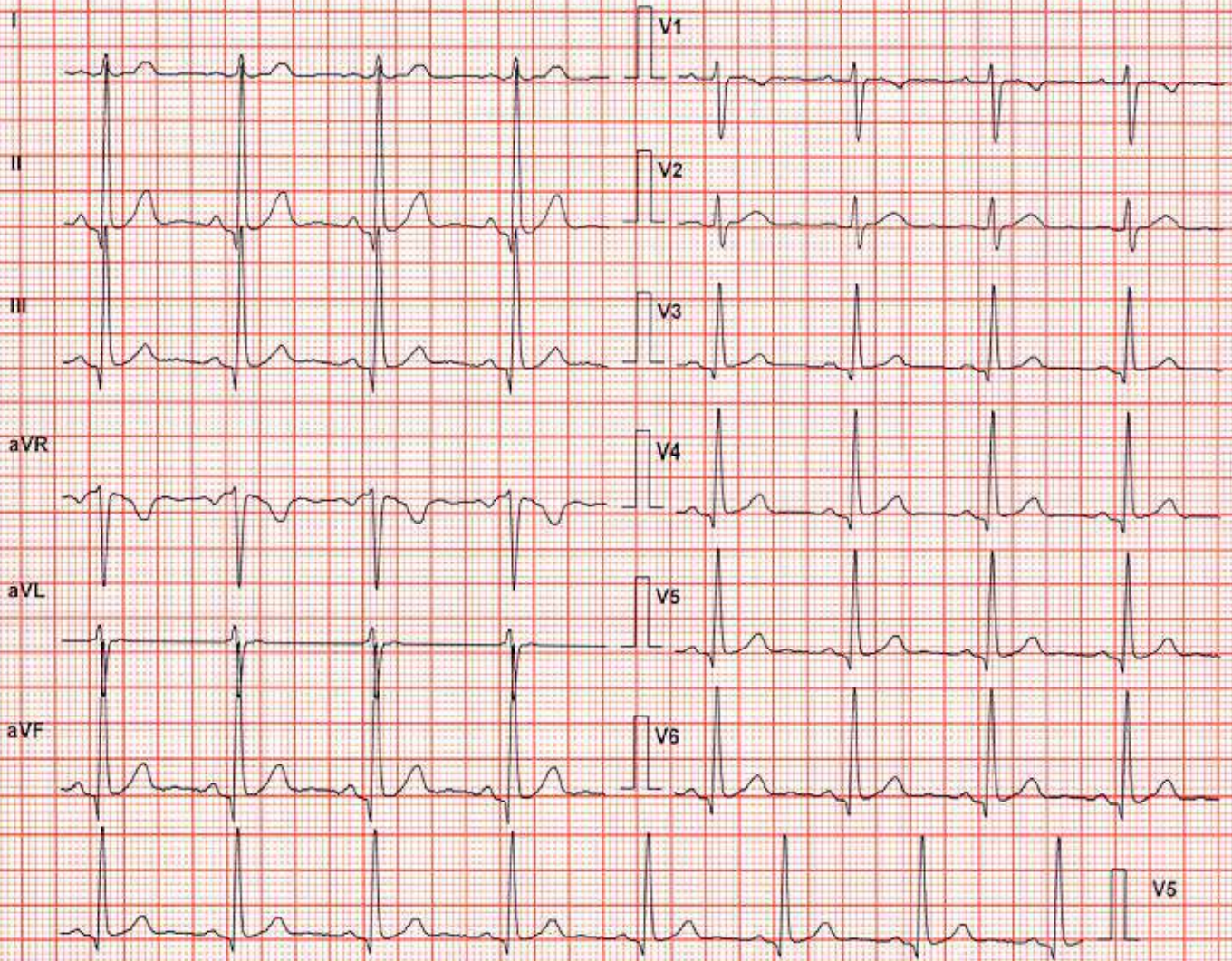
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 73 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	1.3	1.8
III	0.6	0.4
aVR	-1.1	-1.1
aVL	0.0	0.0
aVF	1.1	1.1
V1	0.2	0.0
V2	0.8	0.7
V3	0.8	0.7
V4	0.8	0.4
V5	0.8	1.1
V6	0.8	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4 51

Iso = R - 60 ms J = R + 60 ms

Past J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25 B.P: 110 / 70

Protocol: Bruce

Exec Time : 0 m 0 s

Stage: Standing

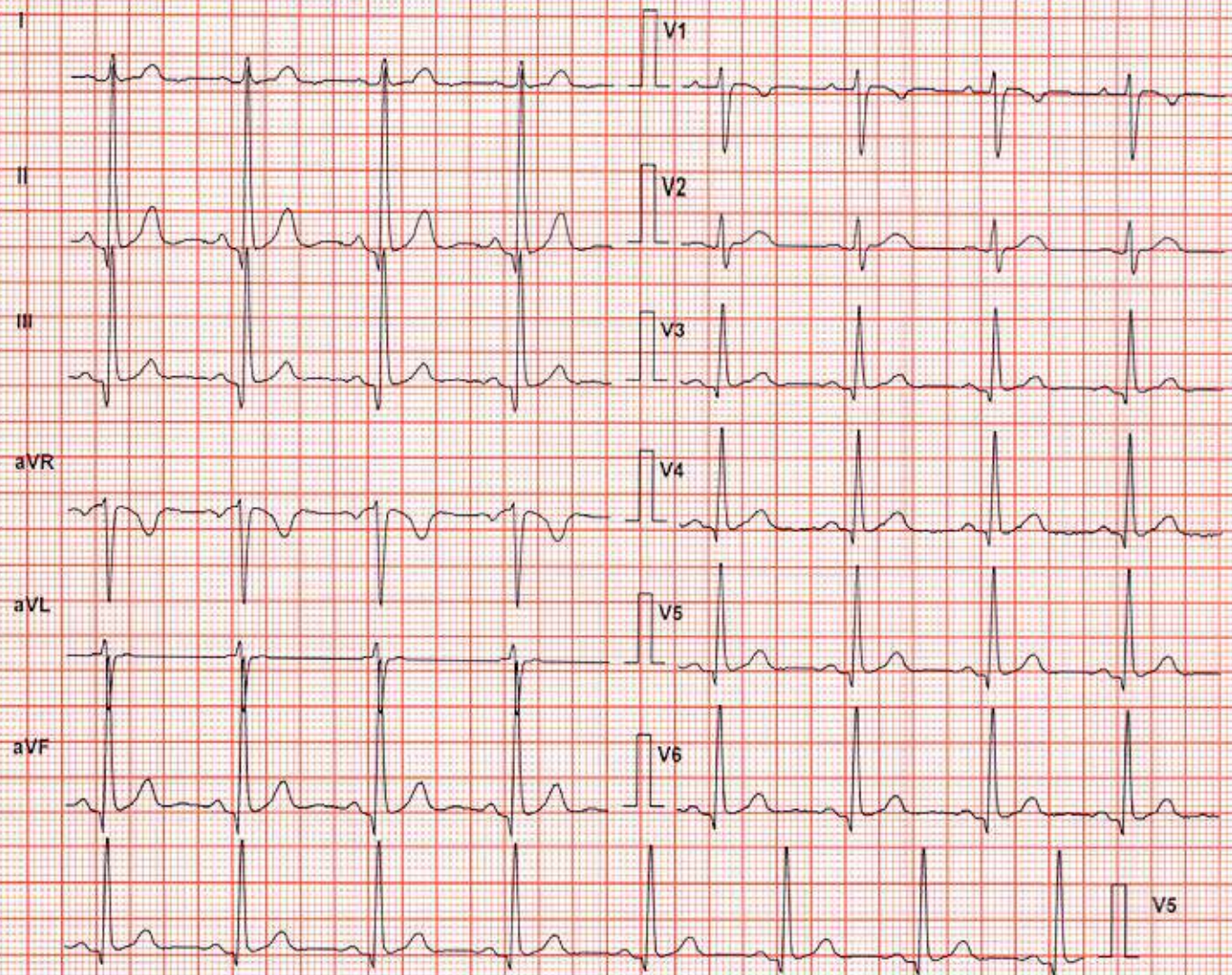
Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 1 s

HR: 74 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	1.1	1.4
III	0.6	0.7
aVR	-0.8	-1.1
aVL	-0.2	0.0
aVF	1.1	1.1
V1	0.4	0.0
V2	0.6	0.4
V3	0.8	0.7
V4	0.6	1.4
V5	0.8	0.7
V6	0.8	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 110 / 70

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

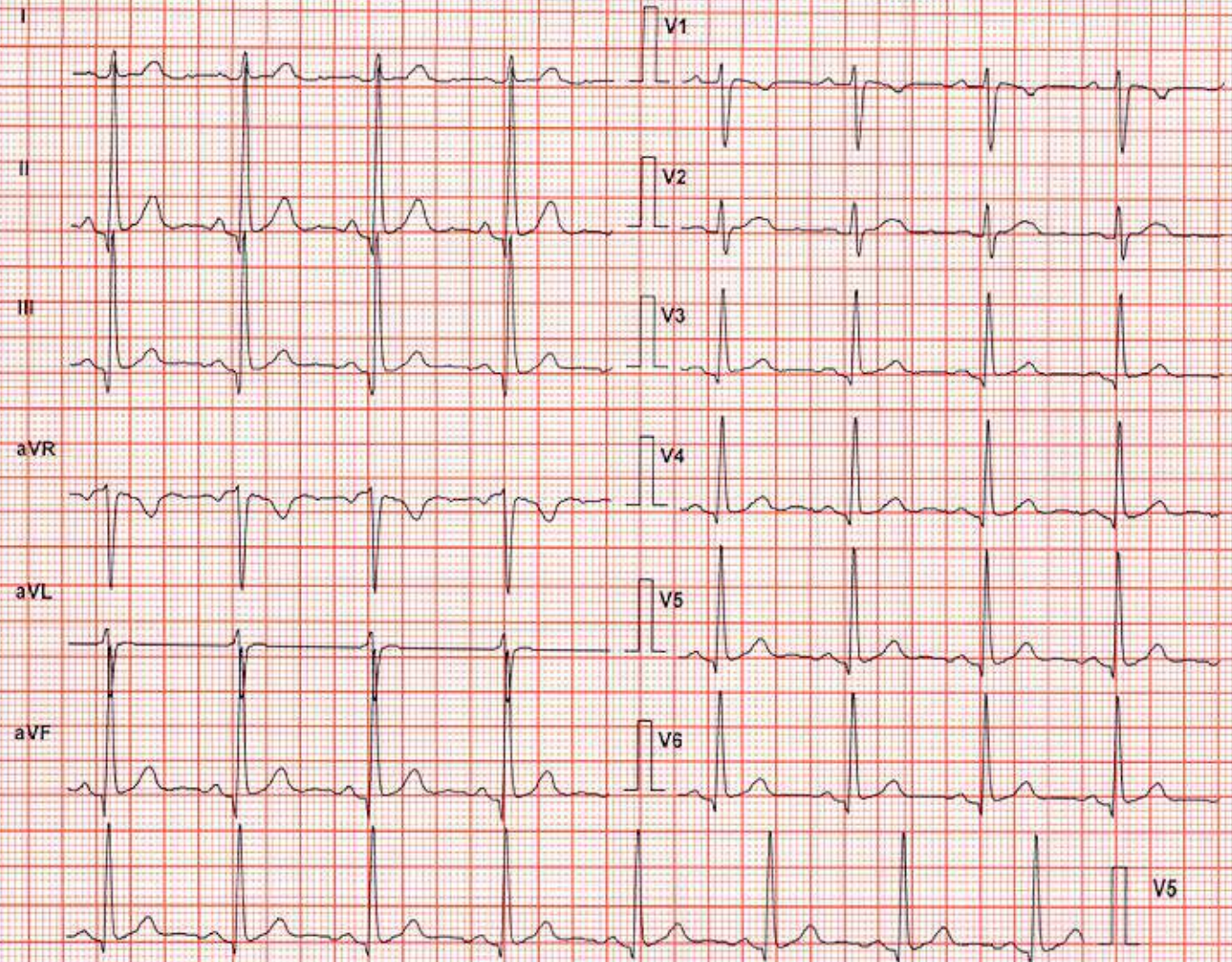
Grade: 0 %

EXEC TIME: 0m 05s

Stage Time: 0m 17s

HR: 75 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
II	1.5	1.1
III	0.6	0.7
aVR	-1.1	-0.7
aVL	-0.2	0.0
aVF	1.1	0.7
V1	0.2	-0.4
V2	1.1	0.7
V3	1.1	0.7
V4	0.6	0.7
V5	1.1	1.1
V6	1.1	1.1

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 120 / 80

Protocol: Bruce

Stage: 1

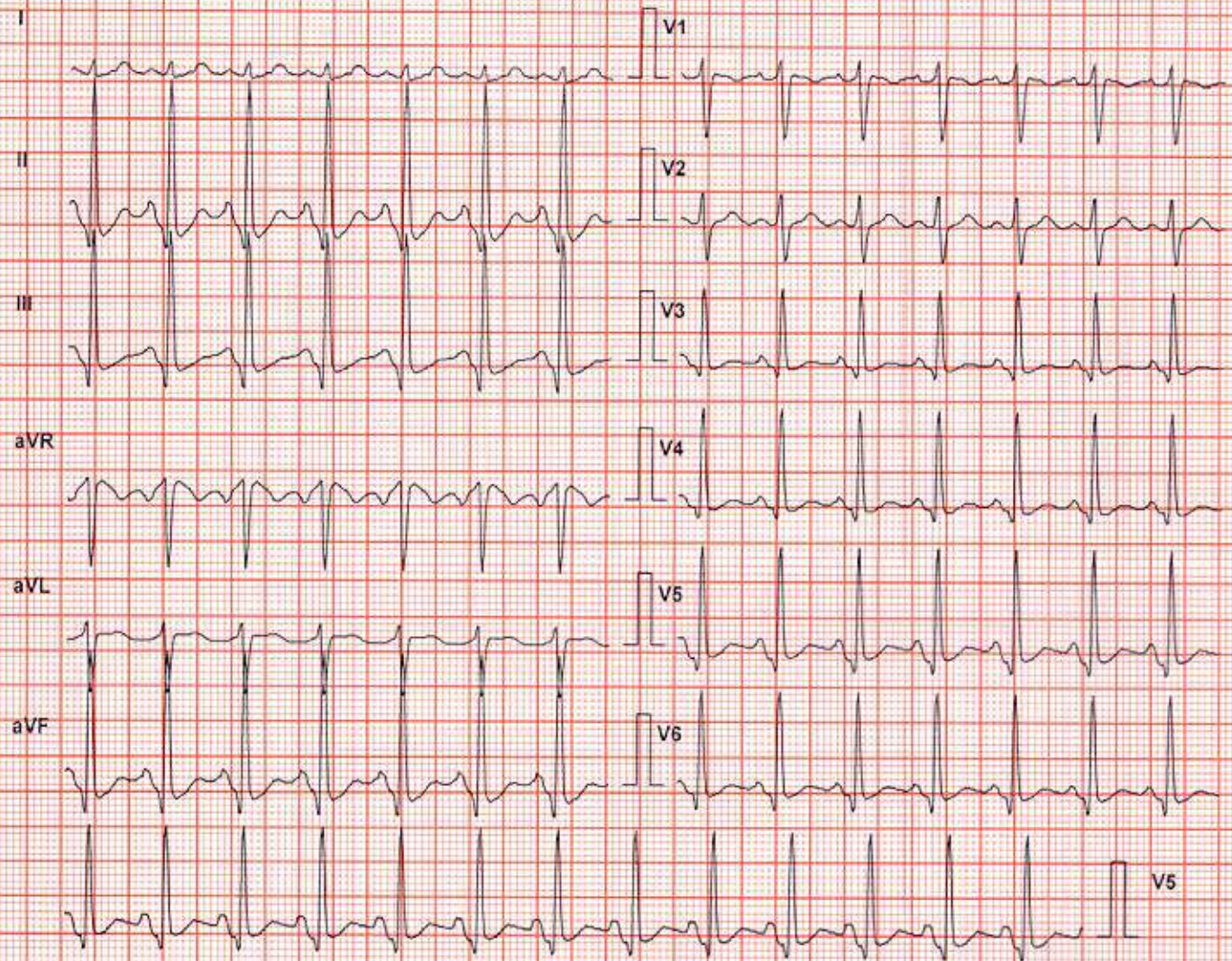
Speed: 1.7 mph

Grade: 10 %

Exec Time: 2 m 54 s

Stage Time: 2 m 54 s

HR: 129 bpm (THR 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	0.8	3.2
III	0.0	1.4
aVR	-0.6	-2.1
aVL	0.4	0.0
aVF	0.2	2.1
V1	0.0	-0.4
V2	0.8	1.1
V3	0.4	1.1
V4	0.6	1.8
V5	1.3	1.3
V6	0.6	1.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 130 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

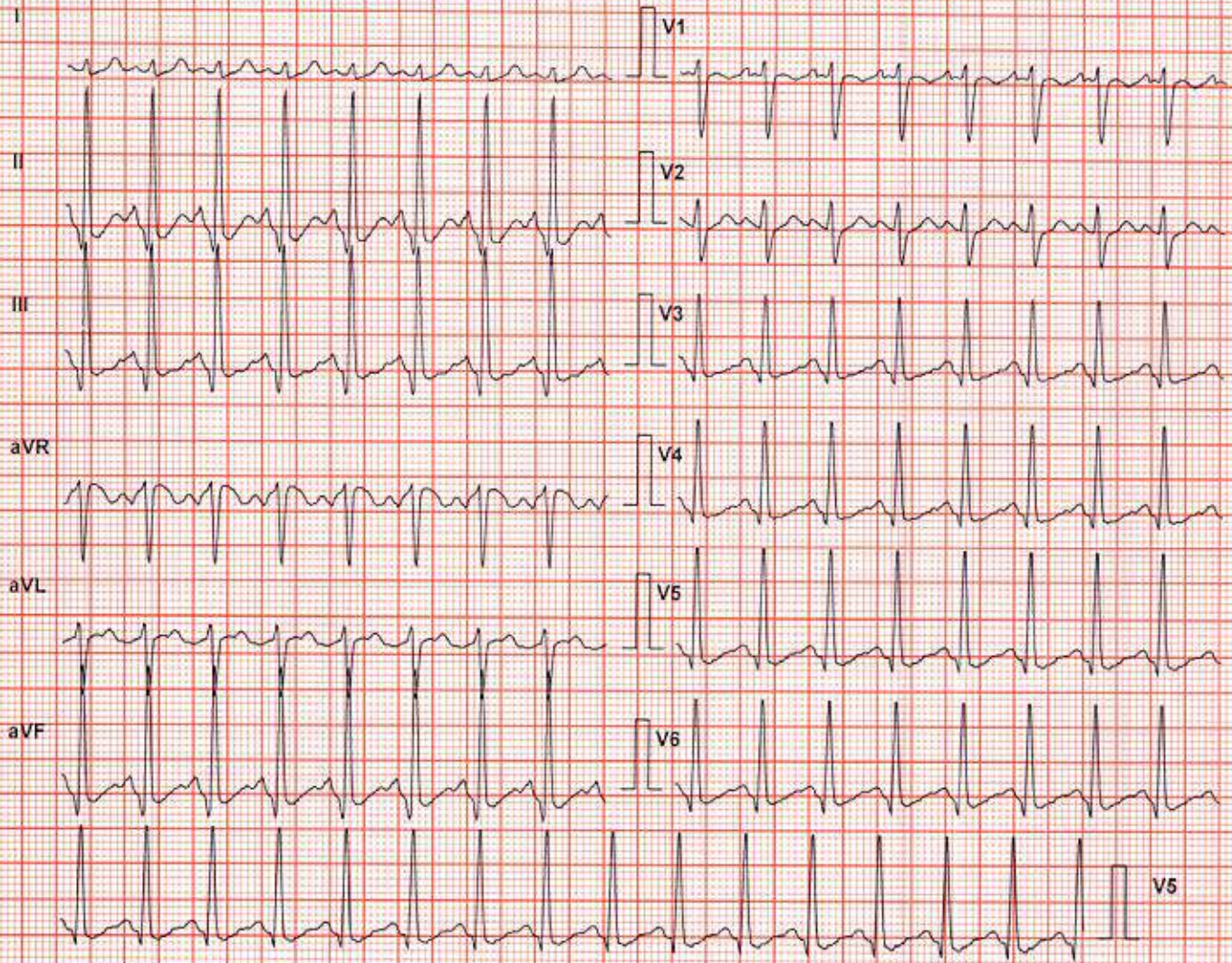
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 150 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.1
aVR	-0.8	-2.5
V1	-0.2	-0.4
V4	-0.2	0.7
II	0.6	3.2
aVL	0.4	0.4
V2	0.6	1.4
V5	-0.2	1.1
III	-0.2	1.1
aVF	0.2	2.1
V3	-0.2	1.1
V6	-0.2	1.4

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 150 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

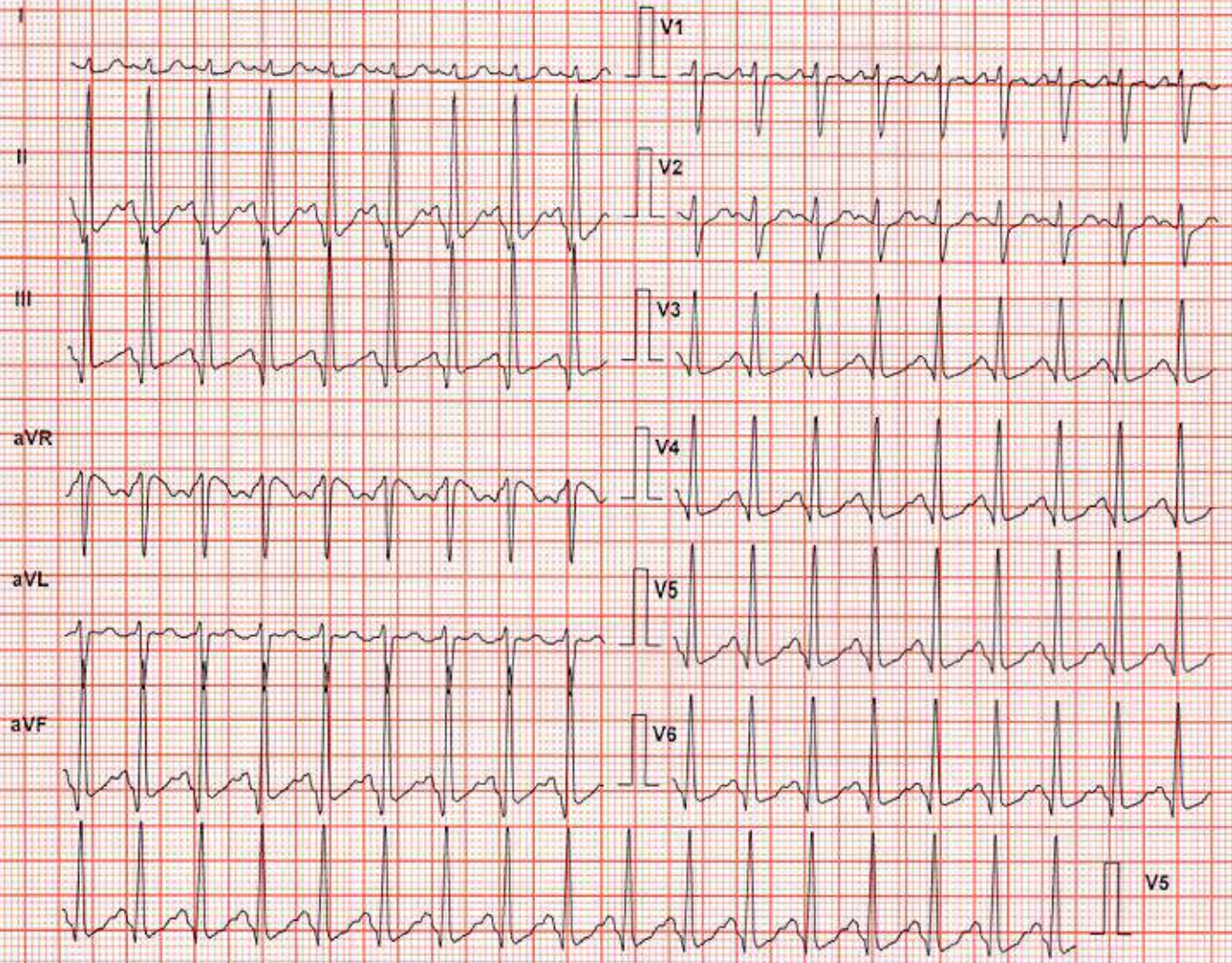
Grade: 14 %

Exec Time : 6 m 20 s

Stage Time : 0 m 20 s

HR: 162 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	1.1
II	0.4	2.8
III	-0.2	1.1
aVR	-0.6	-2.5
aVL	0.2	0.4
aVF	0.2	2.1
V1	0.0	-0.4
V2	0.4	1.1
V3	-0.4	0.7
V4	-0.4	1.1
V5	-0.4	1.1
V6	-0.4	1.1

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

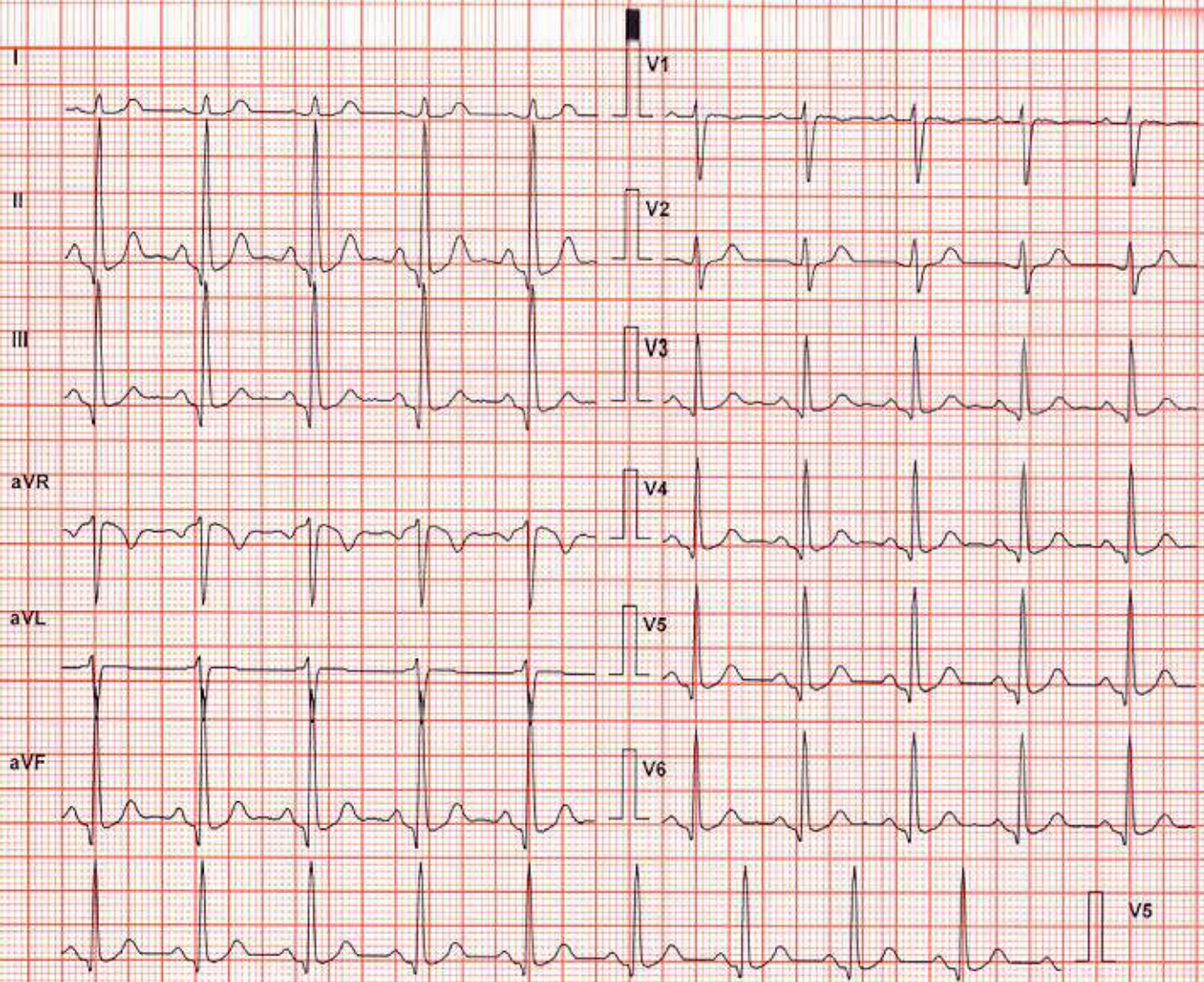
Grade: 0 %

Exec Time : 6 m 26 s

Stage Time : 1 m 54 s

HR: 91 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
aVR	-0.6	-1.1
V1	0.2	0.0
V4	0.6	1.1
II	0.8	1.8
aVL	0.0	0.0
V2	0.6	0.4
V5	0.4	1.1
III	0.4	0.7
aVF	0.4	1.1
V3	0.6	1.1
V6	0.4	1.1

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

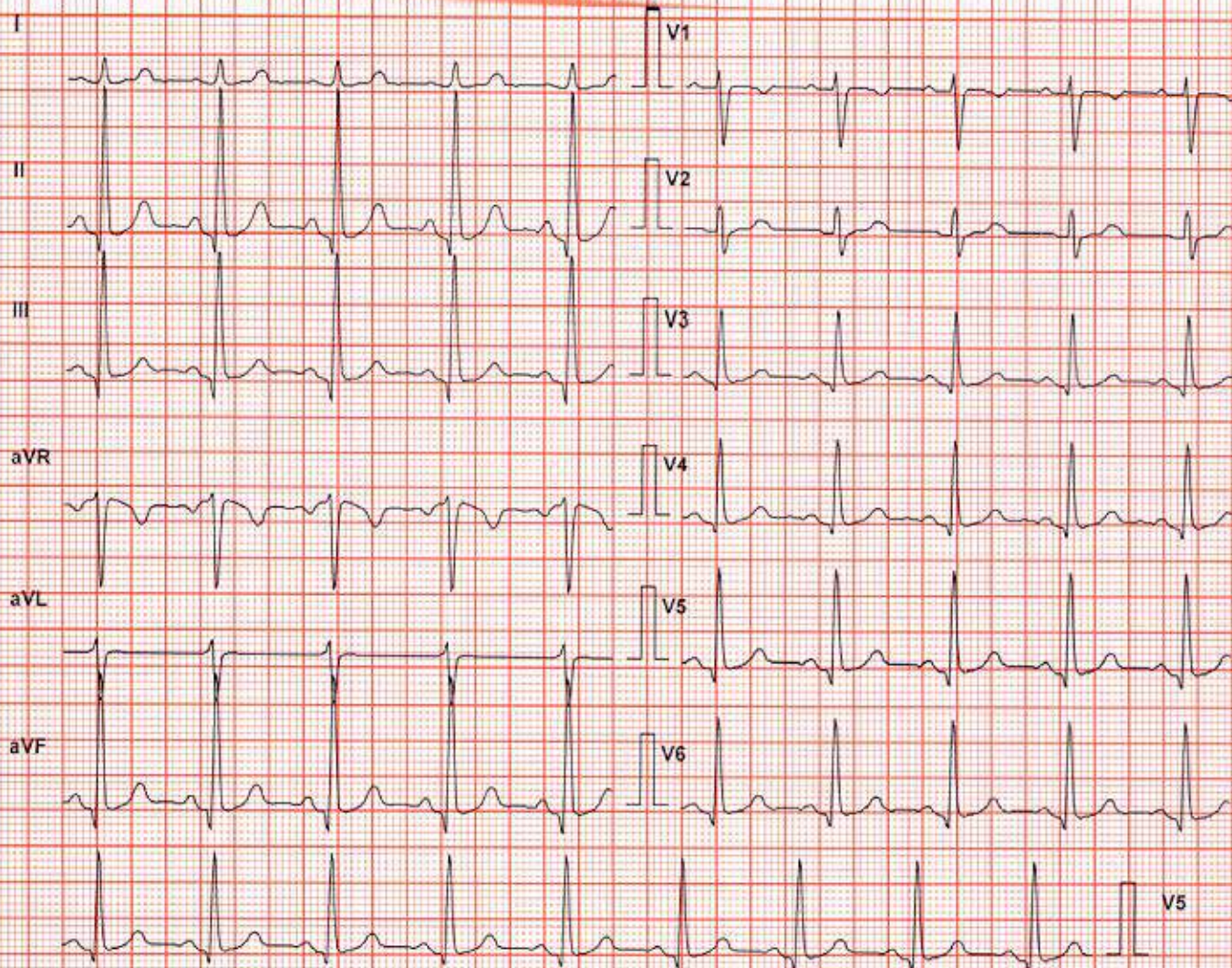
Grade: 0 %

Exec Time : 6 m 26 s

Stage Time : 1 m 54 s

HR: 86 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.4
II	0.6	1.1
III	0.4	0.4
aVR	-0.4	-0.7
aVL	-0.2	0.0
aVF	0.4	0.7
V1	0.2	0.0
V2	0.4	0.4
V3	0.4	0.7
V4	0.6	0.7
V5	0.4	0.7
V6	0.4	0.7

Suburban Diagnostics Kalina

ARIJITA NIYOGI (37 F)

ID: 393866654

Date: 08-Mar-25

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 6 m 26 s

Stage Time : 0 m 8 s

HR: 87 bpm

(THR: 155 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	0.6	0.7
III	0.4	0.4
aVR	-0.6	-1.1
aVL	0.0	0.0
aVF	0.4	0.7
V1	0.2	0.0
V2	0.4	0.4
V3	0.6	0.7
V4	0.6	0.4
V5	0.2	0.4
V6	0.6	0.7

ভারত সরকার
Government of India

অরুজিতা নিয়োগী
Arjita Niyogi
জন্মতারিখ/ DOB: 06/08/1987
মহিলা / FEMALE




6006 0855 5229

আমার স্বাস্থ্য, আমার পরিচয়

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, ... Bank,
Dyces ... Road,
Tel. No. 022-61700000

051589641
Arjita Niyogi

Handwritten mark

B.P
H - 24.4
159

PHYSICAL EXAMINATION FORM

Patient Name: Arijita Niyogi CID: 393866654 Sex/Age: F 37

Date: 08/03/2015

History and Complaints:

Rheumatoid arthritis ∴ 4 yrs on medication since last yrs.

EXAMINATION FINDINGS:

Height: 159

Temp:

Weight: 74.2

Skin:

Blood Pressure: 110/70

Nails:

NAD.

Pulse: 73

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: Hemoglobin 11.6.

HDL 48 LDL 109.

USG Post cholecystectomy.

ADVICE: Refer to physician.

CHIEF COMPLAINTS:

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

NIL

Cholecystectomy 22/10/2024.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NIL
Mixed.

Sazo (50)
9 gurati (15)
Fornite.
Folitrax.

Hata Near

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

Anjita Kiyogi

EXAMINATION			
RS	:	AZBE	CVS SS
BREAST EXAMINATION	:	NAD	PER ABDOMEN NAD
PER VAGINAL	:	ND	
MENSTRUAL HISTORY			
MENARCHE	:	14 yrs.	
PAST MENSTRUAL HISTORY	:	12/02/25	
OBSTETRIC HISTORY :			
NP			
PERSONAL HISTORY			
ALLERGIES	:	Dust	BLADDER HABITS NAD
BOWEL HABITS	:	Nml	DRUG HISTORY NIL
PREVIOUS SURGERIES	:	Cholecystectomy	
FAMILY HISTORY :			
Hypertension Both Parents father had (3 SR 202)			
CHIEF GYNAE COMPLAINTS :			
NIL			
RECOMMENDATIONS :			

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 12:23

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 15:15

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15.0 cm), 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 absent consistent with post-cholecystectomy status.

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 9.6 x 3.9 cm. Left kidney measures 10.3 x 4.3 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. It measures 6.1 x 3.9 x 3.2 cm in size.

The endometrial thickness is 6 mm.

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 15:15

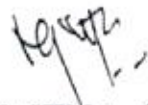
OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.2cm
Left ovary = 3.2 x 1.8 cm

IMPRESSION:-

Post-cholecystectomy status.
No significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157


ভারত সরকার
 Government of India
 অরুজিতা নিয়োগী
 Arujita Niyogi
 জন্মতারিখ/ DOB: 06/08/1987
 মতিলি / FEMALE



6006 0855 5229
 আমার আর্থিক, আমার পরিচয়

Suburban Diagnostics (I) Pvt. Ltd.
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 2nd Floor, P...
 3rd Floor, P...
 Tel. No. 022-61700000

051589641
 Arujita Niyogi

Handwritten mark

B.P
 4 - 24.4
 159

PHYSICAL EXAMINATION FORM

Patient Name: Arijita Niyogi CID: 393866654 Sex/Age: F 37

Date: 08/03/2015

History and Complaints:

Rheumatoid arthritis ∴ 4 yrs on medication since last yrs.

EXAMINATION FINDINGS:

Height: 159

Temp:

Weight: 74.2

Skin:

Blood Pressure: 110/70

Nails:

NAD.

Pulse: 73

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: Hemoglobin 11.6.

HDL 48 LDL 109.

USG Post cholecystectomy.

ADVICE: Refer to physician.

CHIEF COMPLAINTS:

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

NIL

Cholecystectomy 22/10/2024.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NIL
Mixed.

Sazo (50)
9 gurati (15)
Fornite.
Folitrax.

Hata Near

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

Anjita Kiyogi

EXAMINATION			
RS	:	AZBE	CVS SS
BREAST EXAMINATION	:	NAD	PER ABDOMEN NAD
PER VAGINAL	:	ND	
MENSTRUAL HISTORY			
MENARCHE	:	14 yrs.	
PAST MENSTRUAL HISTORY	:	12/02/25	
OBSTETRIC HISTORY :			
NP			
PERSONAL HISTORY			
ALLERGIES	:	Dust	BLADDER HABITS NAD
BOWEL HABITS	:	Nml	DRUG HISTORY NIL
PREVIOUS SURGERIES	:	Cholecystectomy	
FAMILY HISTORY :			
Hypertension Both Parents father had (3 SR 202)			
CHIEF GYNAE COMPLAINTS :			
NIL			
RECOMMENDATIONS :			

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 12:23

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 15:15

USG WHOLE ABDOMEN

LIVER:

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GALL BLADDER:

The gall bladder is absent consistent with post-cholecystectomy status.

PANCREAS:

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

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The endometrial thickness is 6 mm.

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 15:15

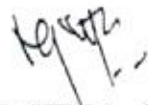
OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.2cm
Left ovary = 3.2 x 1.8 cm

IMPRESSION:-

Post-cholecystectomy status.
No significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157


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 অরুজিতা নিয়োগী
 Arujita Niyogi
 জন্মতারিখ/ DOB: 06/08/1987
 মতিলি / FEMALE



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051589641
 Arujita Niyogi

Handwritten signature

B.P
 4 - 24.4
 159

PHYSICAL EXAMINATION FORM

Patient Name: Arijita Niyogi CID: 393866654 Sex/Age: F 37

Date: 08/03/2025

History and Complaints:

Rheumatoid arthritis ∴ 4 yrs on medication since last yrs.

EXAMINATION FINDINGS:

Height: 159

Temp:

Weight: 74.2

Skin:

Blood Pressure: 110/70

Nails:

NAD.

Pulse: 73

Lymph Node:

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: Hemoglobin 11.6.

HDL 48 LDL 109.

USG Post cholecystectomy.

ADVICE: Refer to physician.

CHIEF COMPLAINTS:

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

NIL

Cholecystectomy 22/10/2024.

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

NIL
Mixed.

Sazo (500)
9 gurati (15)
Fornite.
Folitrax.

Hata Near

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

Anjita Kiyogi

EXAMINATION			
RS	:	AZBE	CVS SS
BREAST EXAMINATION	:	NAD	PER ABDOMEN NAD
PER VAGINAL	:	ND	
MENSTRUAL HISTORY			
MENARCHE	:	14 yrs.	
PAST MENSTRUAL HISTORY	:	12/02/25	
OBSTETRIC HISTORY :			
NP			
PERSONAL HISTORY			
ALLERGIES	:	Dust	BLADDER HABITS NAD
BOWEL HABITS	:	Nml	DRUG HISTORY NIL
PREVIOUS SURGERIES	:	Cholecystectomy	
FAMILY HISTORY :			
Hypertension Both Parents father had (3 SR 202)			
CHIEF GYNAE COMPLAINTS :			
NIL			
RECOMMENDATIONS :			

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 12:23

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 R K Bhandari
M D , DMRE
MMC REG NO. 34078

CID : 393866654
Name : MS ARIJITA NIYOGI
Age / Sex : 37 Years/Female
Ref. Dr : self
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 15:15

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15.0 cm), 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 absent consistent with post-cholecystectomy status.

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 9.6 x 3.9 cm. Left kidney measures 10.3 x 4.3 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. It measures 6.1 x 3.9 x 3.2 cm in size.

The endometrial thickness is 6 mm.

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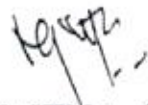
OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.2cm
Left ovary = 3.2 x 1.8 cm

IMPRESSION:-

Post-cholecystectomy status.
No significant abnormality is seen.

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


DR MAHIMA SETHI
(MBBS, MD RADIOLOGY)
REG NO . 2018/12/6157