



CID : 2432016418  
Name : MRS.KALPANA SHUKLA  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:51  
Reported : 15-Nov-2024 / 12:51

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.11	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Calculated
MCV	93.3	80-100 fl	Measured
MCH	30.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8170	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	18.3	20-40 %	
Absolute Lymphocytes	1495.1	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	433.0	200-1000 /cmm	Calculated
Neutrophils	70.8	40-80 %	
Absolute Neutrophils	5784.4	2000-7000 /cmm	Calculated
Eosinophils	5.3	1-6 %	
Absolute Eosinophils	433.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	24.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	150000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Measured
PDW	26.1	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      20                                      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
- Brigiden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

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



*J. Thakker*

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	121.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.77	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.59	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	24.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	<b>10.9</b>	12.8-42.8 mg/dl	Kinetic
BUN, Serum	<b>5.1</b>	6-20 mg/dl	Calculated
CREATININE, Serum	<b>0.46</b>	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	130	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*M Jain*

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



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Collected : 15-Nov-2024 / 09:51  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	82.5	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*J. Thakker*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.003	1.002-1.035	Refractive index
Reaction (pH)	6.5	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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	0.0	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	0.9	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	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	6.1	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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*

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



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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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Note : This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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

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



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Collected : 15-Nov-2024 / 09:51  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	139.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	105.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	40.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	98.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	21.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



*J. Thakker*

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



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Reg. Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:51  
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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.60	0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuaese 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 CPL, Andheri West

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



*M Jain*

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



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Consulting Dr. : -  
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Collected : 15-Nov-2024 / 13:04  
Reported : 15-Nov-2024 / 16:32

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

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



*J. Thakker*

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



भारत सरकार  
Government of India



कल्पना शुकला  
Kalpana Shukla  
जन्म तिथि / DOB : 20/09/1991  
महिला / Female



9523 0695 6981

आधार - आम आदमी का अधिकार

*Kalpana*



CID# 2432016418

Name : MRS.KALPANA SHUKLA

Age / Gender : 33 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 15-Nov-2024 / 09:41

Reported : 15-Nov-2024 / 13:12

R  
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## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Nil

### EXAMINATION FINDINGS:

Height (cms): 157

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 64/min

Weight (kg): 52

Skin: Normal

Nails: Normal

Lymph Node: Not Palpable

### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

### IMPRESSION:

### ADVICE:

*Gynaec opinion & USG report*



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**CHIEF COMPLAINTS:**

- |  |    |
|--|----|
| 1) Hypertension:                         | No |
| 2) IHD                                   | No |
| 3) Arrhythmia                            | No |
| 4) Diabetes Mellitus                     | No |
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

- |               |              |
|---------------|--------------|
| 1) Alcohol    | Occasionally |
| 2) Smoking    | No           |
| 3) Diet       | Veg          |
| 4) Medication | No           |

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

**Dr. SONALI HONRAC**  
MD PHYSICIAN  
REG. NO. 2001/04/1882

*Sonali P.*

Date:- 15/11/24

CID:

Name:- Kolpana - Shukla

Sex / Age: /

**EYE CHECK UP**

**Chief complaints:**

**Systemic Diseases:**

**Past history:**

**Unaided Vision:**

DV-RE - 6/36

NV-RE N/6

**Aided Vision:**

LE - 6/24

LE N/6

**Refraction:**

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			_____	_____			
Near	_____			_____	_____			

**Colour Vision:** Normal / Abnormal

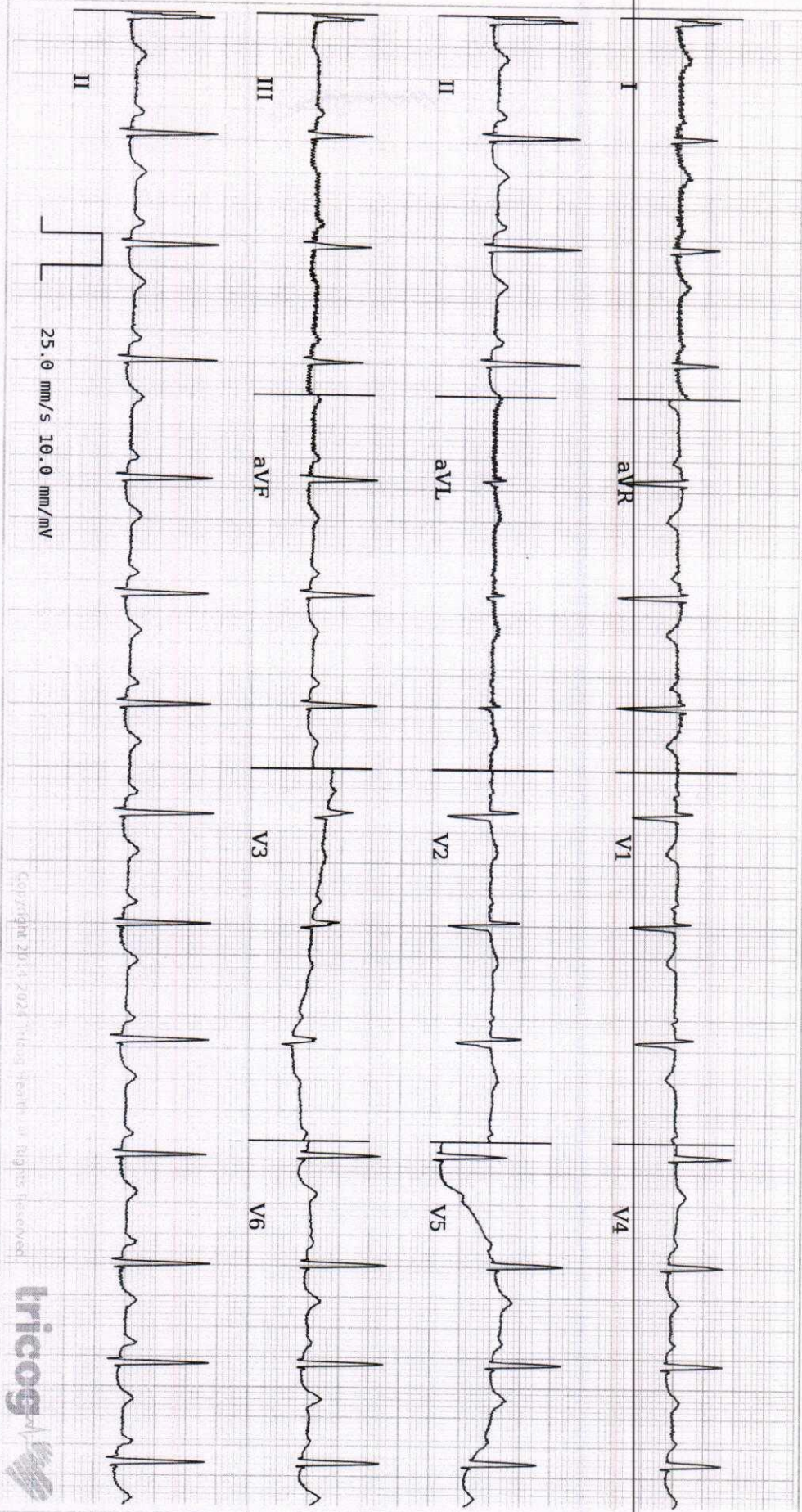
**Remark:**



Patient Name: **KALPANA SHUKLA**  
Patient ID: **2432016418**

**SUBURBAN DIAGNOSTICS - MALAD WEST**

Date and Time: **15th Nov 24 10:30 AM**



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Age **33** NA  
years months

Gender **Female**

Heart Rate **84bp**

Patient Vitals

BP: **120/80 mm**

Weight: **52 kg**

Height: **157 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **68ms**

QT: **348ms**

QTcB: **411ms**

PR: **150ms**

P-R-T: **67° 64° 39°**

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

REPORTED BY

*[Signature]*

DR SONALI HONRAO  
MD ( General Medicine)  
Physician  
2001/04/1882

Disclaimer: This analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. All patient vitals are as entered by the clinician and not derived from the ECG.

Authenticity Check



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Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 17:29

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
The cardiac size and shape are within normal limits.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**  
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

**Kindly correlate clinically.**

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

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111509430936>

CID : 2432016418  
Name : Mrs KALPANA SHUKLA  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre  
Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 10:56

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

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

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.8 x 3.3 cm.  
Left kidney measures 9.7 x 3.8 cm.

### SPLEEN:

The spleen is normal in size (10.8 cm), 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. It measures 8.0 x 3.9 x 3.2 cm in size.  
**Two small subcentimeter sized seedling fibroids seen in anterior wall.**  
The endometrial thickness is 6.8 mm.

### OVARIES:

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

Click here to view images <<ImageLink>>

CID : 2432016418  
Name : Mrs KALPANA SHUKLA  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre  
Reg. Date : 15-Nov-2024  
Reported : 15-Nov-2024 / 10:56

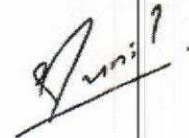
**IMPRESSION:-**

Small uterine fibroids.  
No other significant abnormality is seen.

**Suggestion: Clinicopathological correlation.**

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

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



Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: KALPANA, SHUKLA  
 Patient ID: 243201648  
 Height: 157 cm  
 Weight: 52 kg

DOB: 20.09.1991  
 Age: 33yrs  
 Gender: Female  
 Race: Asian

Study Date: 15.11.2024  
 Test Type: --  
 Protocol: BRUCE

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

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:25	0.00	0.00	100	120/80	
	STANDING	00:07	0.00	0.00	101	120/80	
	HYPERV.	00:13	0.00	0.00	107	120/80	
EXERCISE	WARM-UP	00:08	1.00	0.00	108		
	STAGE 1	03:00	1.70	10.00	142	130/80	
	STAGE 2	03:00	2.50	12.00	166	140/80	
	STAGE 3	00:13	3.40	14.00	173		
RECOVERY		03:09	0.00	0.00	114	140/80	

The patient exercised according to the BRUCE for 6:12 min:s, achieving a work level of Max. METS: 7.60. The resting heart rate of 126 bpm rose to a maximal heart rate of 176 bpm. This value represents 94 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

Overall impression: Normal stress test.

Conclusions

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

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



Physician

Technician

**Dr. SONALI HONRAL**  
MD PHYSICIAN  
REG. NO. 2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Centre,  
Opp. Gategeon Sports Club,  
Lal Road, Model (M), Mumbai - 400 004.

KALPANA, SHUKLA  
Patient ID 243201648  
15.11.2024  
12:20:37pm

12-Lead Report

PRETEST  
SUPINE  
00:23

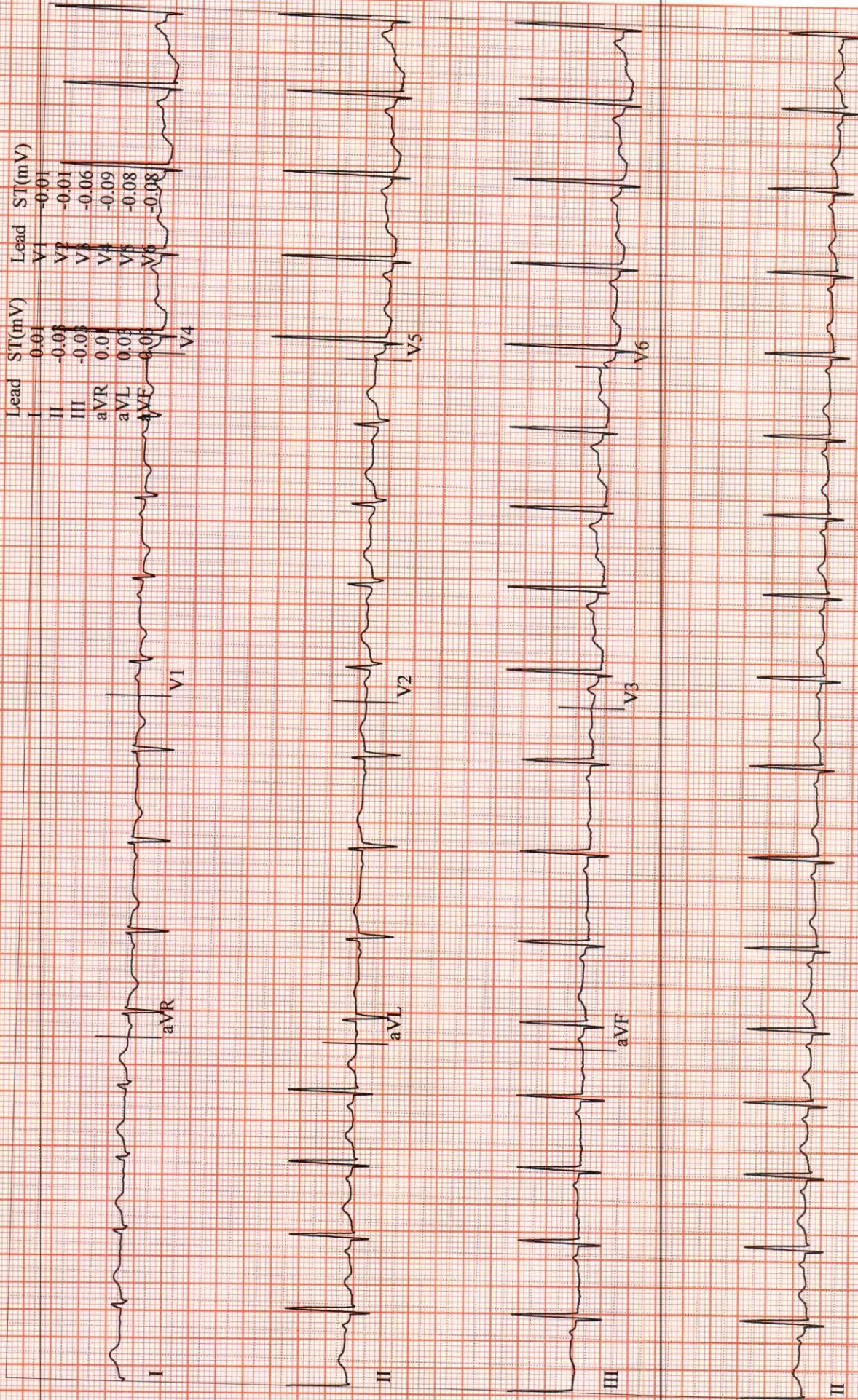
104 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.01
II	-0.03	V2	-0.01
III	-0.03	V3	-0.06
aVR	0.01	V4	-0.09
aVL	0.03	V5	-0.08
aVF	0.03	V6	-0.08



KALPANA, SHUKLA

Patient ID 243201648

5.11.2024

2:20:42pm

12-Lead Report

PRETEST  
STANDING  
00:28

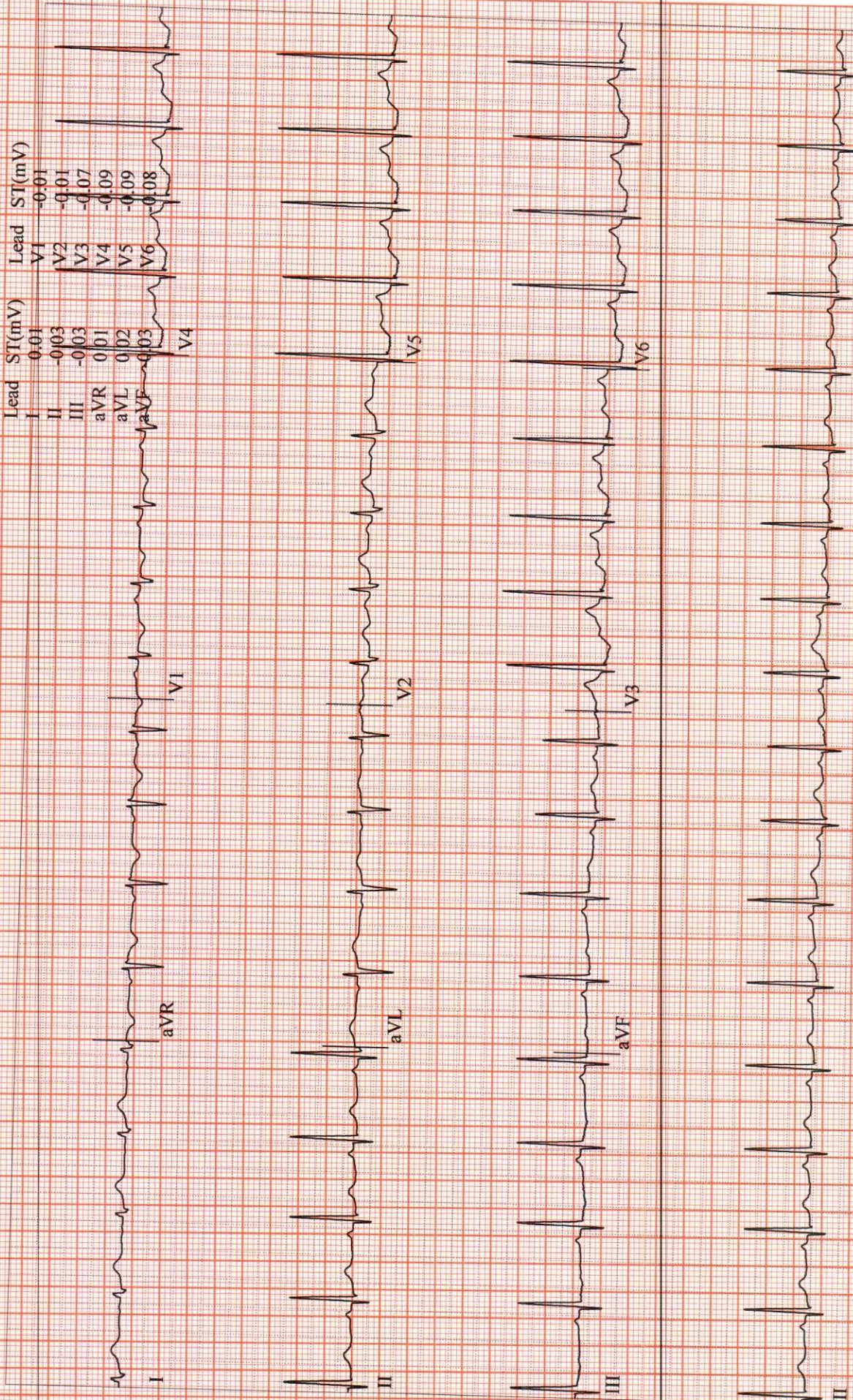
101 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.01
II	-0.03	V2	-0.01
III	-0.03	V3	-0.07
aVR	0.01	V4	-0.09
aVL	0.02	V5	-0.09
aVF	0.03	V6	-0.08





KALPANA, SHUKLA  
Patient ID 243201648  
5.11.2024  
2:20:49pm

12-Lead Report

PRETEST  
HYPERV.  
00:35

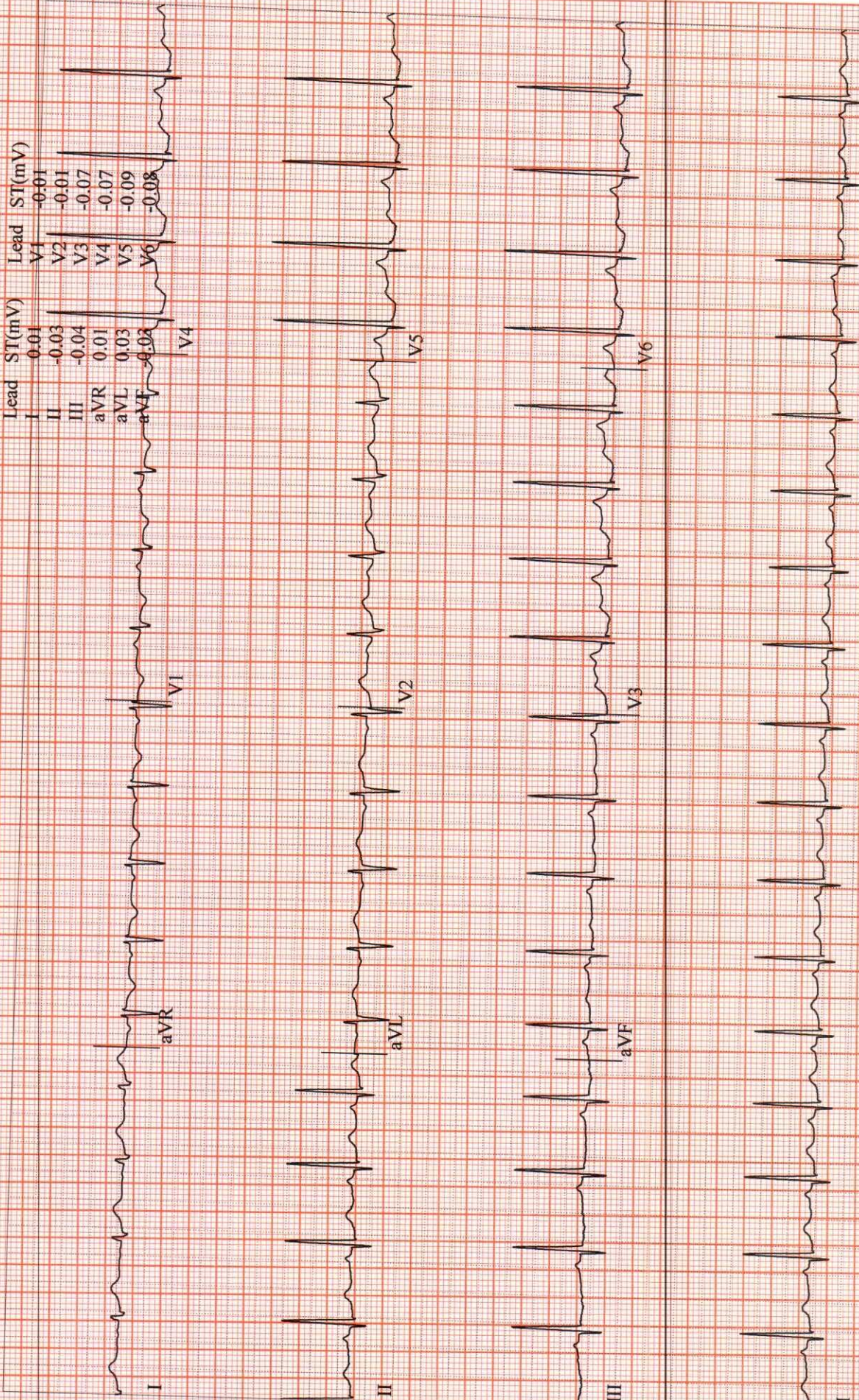
107 bpm  
120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.01
II	-0.03	V2	-0.01
III	-0.04	V3	-0.07
aVR	0.01	V4	-0.07
aVL	0.03	V5	-0.09
aVF	0.03	V6	-0.08

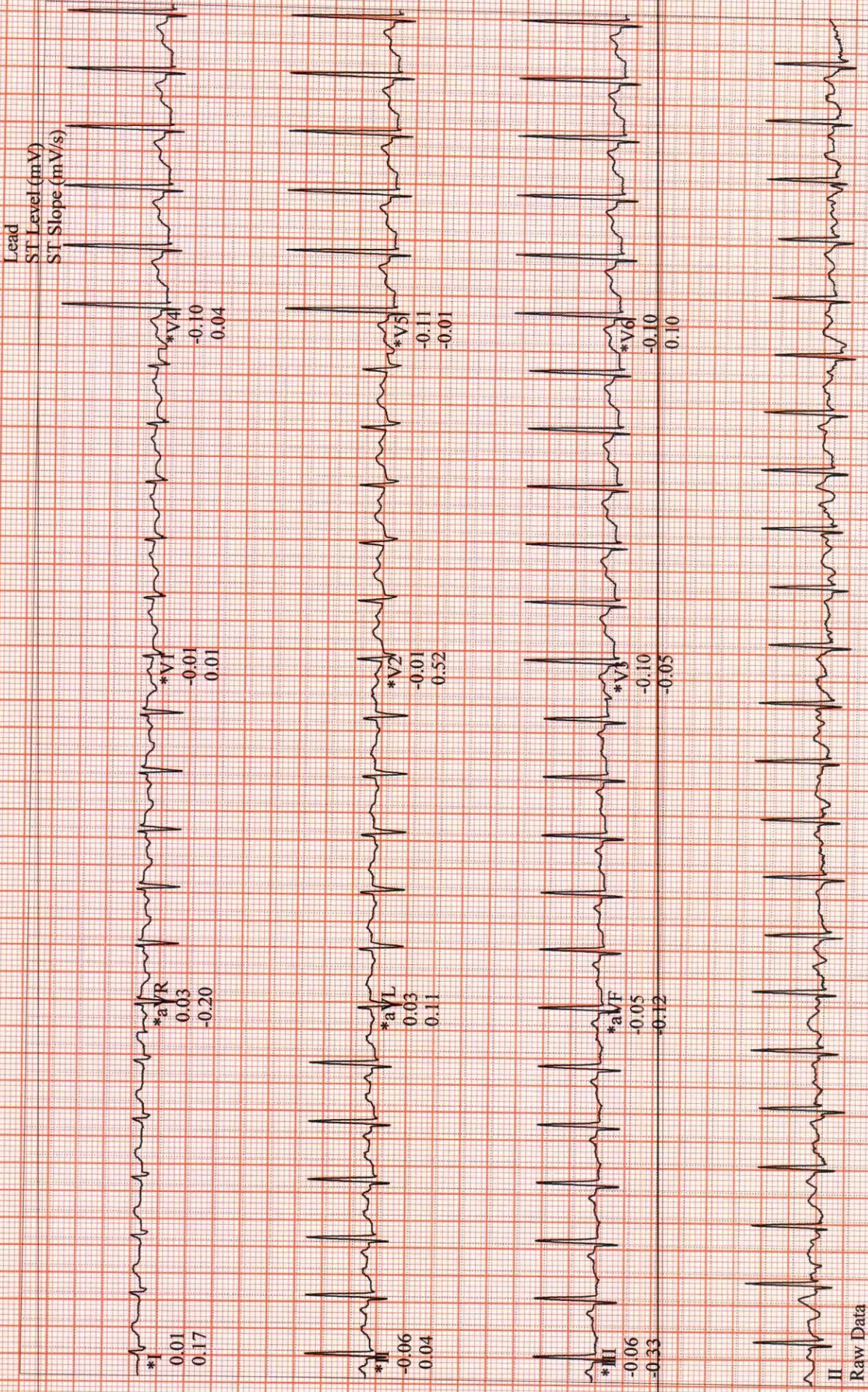


ALPANA, SHUKLA  
Patient ID 243201648  
5.11.2024  
2:23:50pm

141 bpm  
130/80 mmHg  
EXERCISE  
STAGE 1  
02:50  
Linked Medians

SUBURBAN DIAGNOSTICS

BRUCE  
1.7 mph  
10.0 %



\*Computer Synthesized Rhythms

CardioSoft V6.73 (2)  
mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V3)

Start of Test: 12:20:08pm

KALPANA, SHUKLA  
Patient ID 243201648  
15.11.2024  
12:26:50pm

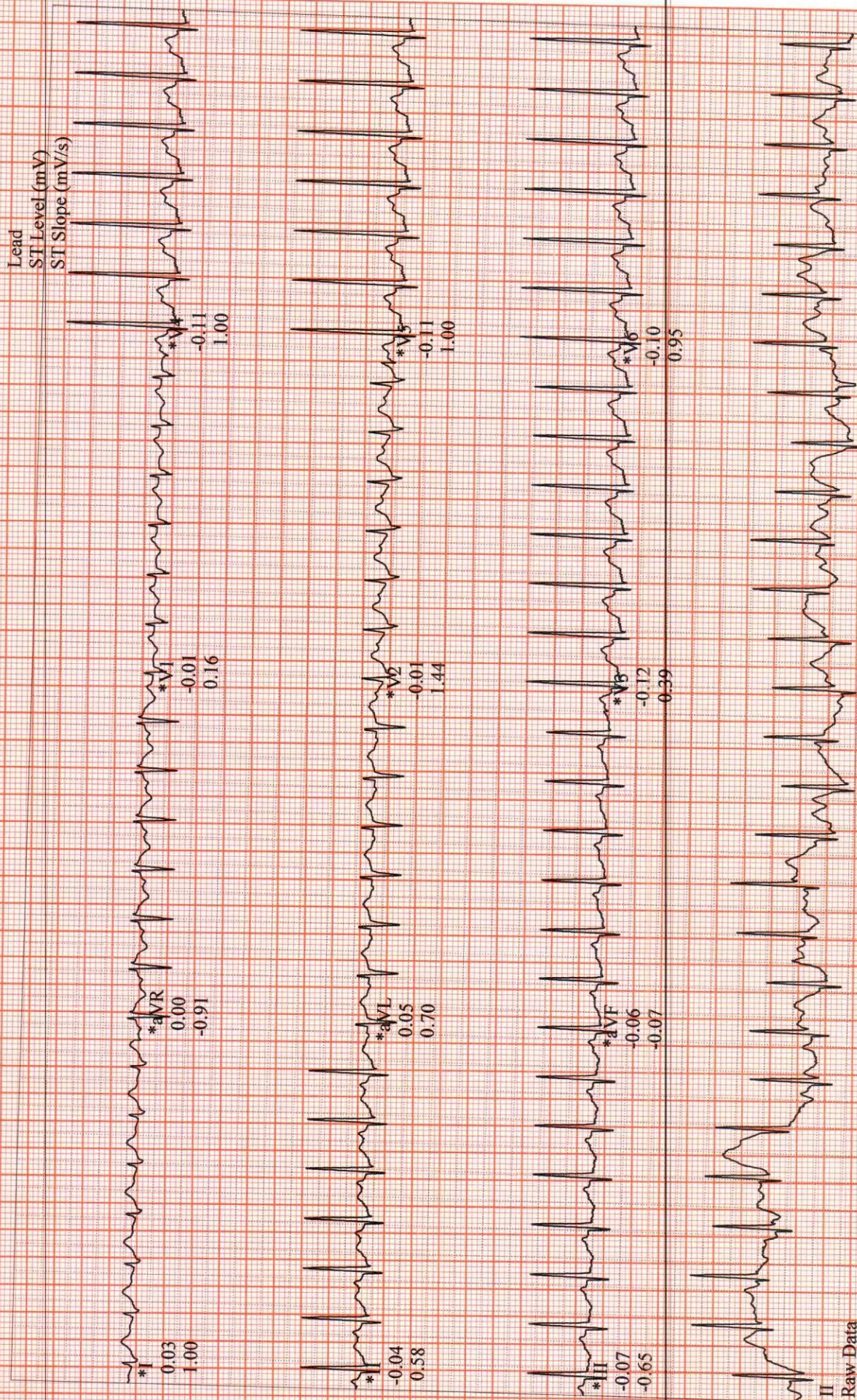
Linked Medians

EXERCISE  
STAGE 2  
05:50

166 bpm  
140/80 mmHg

BRUCE  
2.5 mph  
12.0 %

SUBURBAN DIAGNOSTICS



\*Computer Synthesized Rhythms

CardioSoft V6.73 (2)  
mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(V6,V3)

Start of Test: 12:20:08pm

KALPANA, SHUKLA  
Patient ID 243201648  
15.11.2024  
12:27:18pm

12-Lead Report ( PEAK EXERCISE )

EXERCISE  
STAGE 3  
06:13

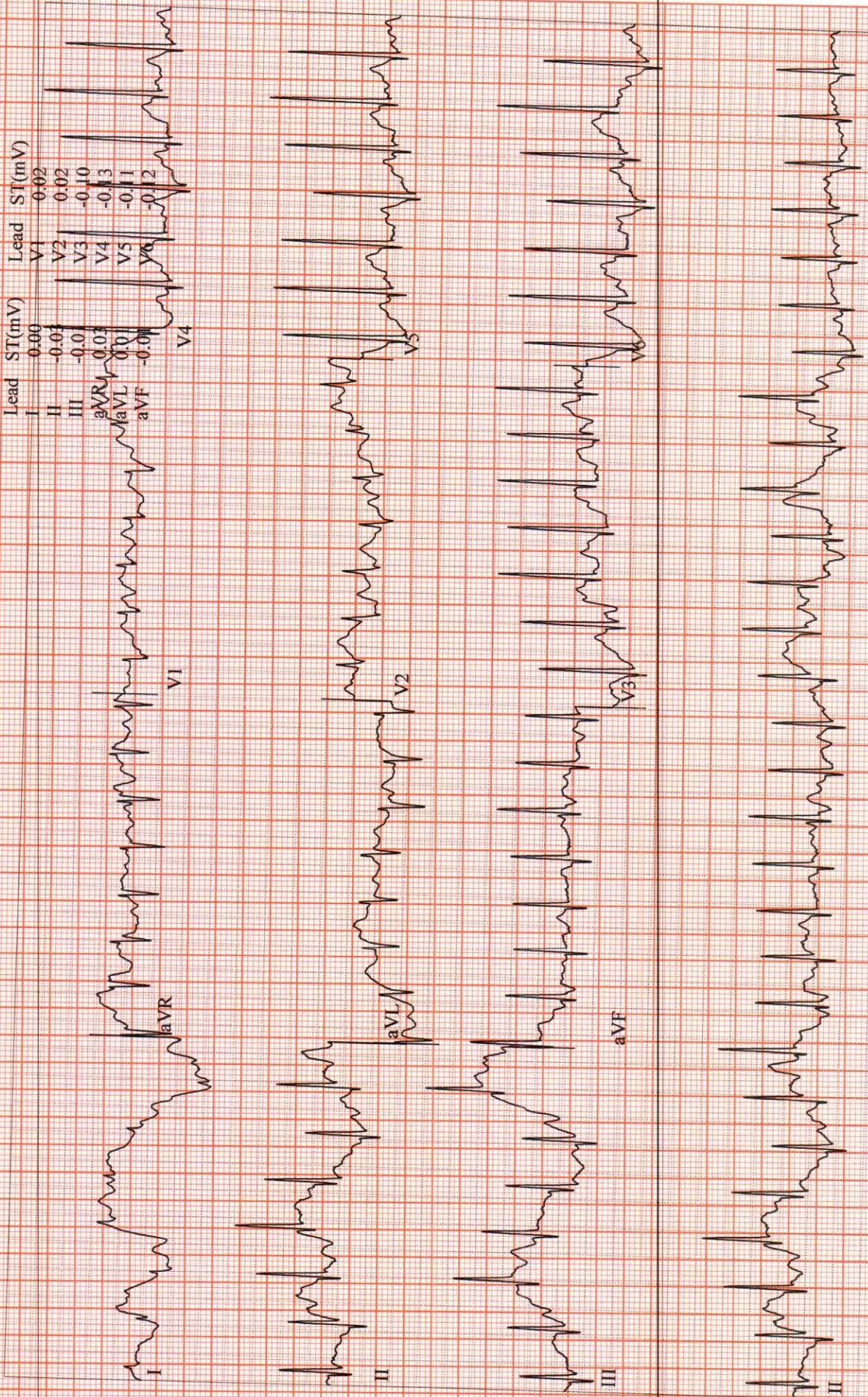
173 bpm  
140/80 mmHg

BRUCE  
3.4 mph  
14.0 %

SUBURBAN DIAGNOSTICS

Measured at 60ms Post J  
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.00	V1	-0.02
II	-0.01	V2	0.02
III	-0.01	V3	-0.10
aVR	0.03	V4	-0.13
aVL	0.00	V5	-0.11
aVF	-0.00	V6	-0.12



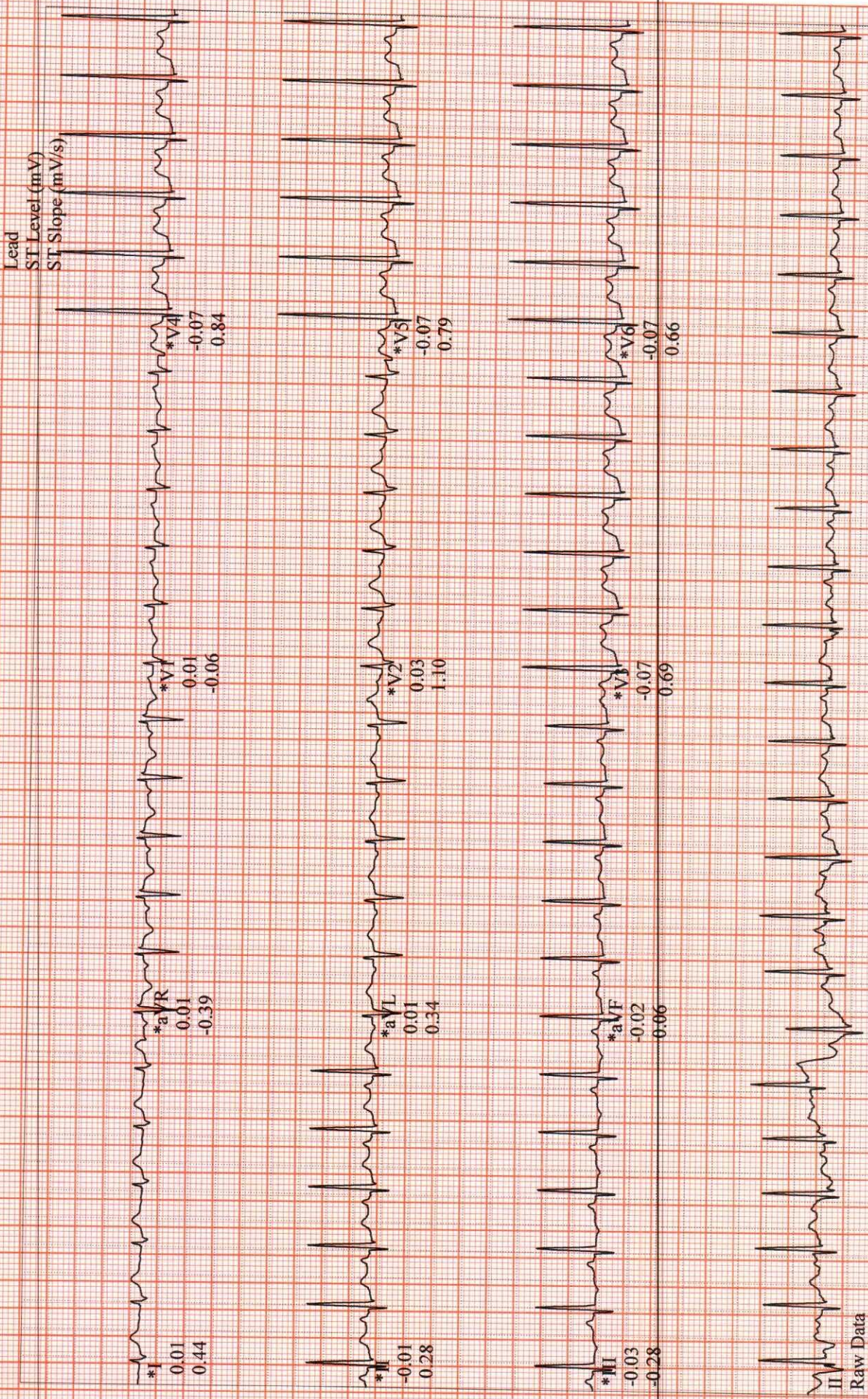
ALPANA, SHUKLA  
Patient ID 243201648  
5.11.2024  
2:28:12pm

141 bpm

Linked Medians  
RECOVERY  
#1  
01:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



Raw Data

\*Computer Synthesized Rhythms

CardioSoft V6.73 (2)  
mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V5)

Start of Test: 12:20:08pm

KALPANA, SHUKLA  
Patient ID 243201648  
5.11.2024  
2:29:12pm

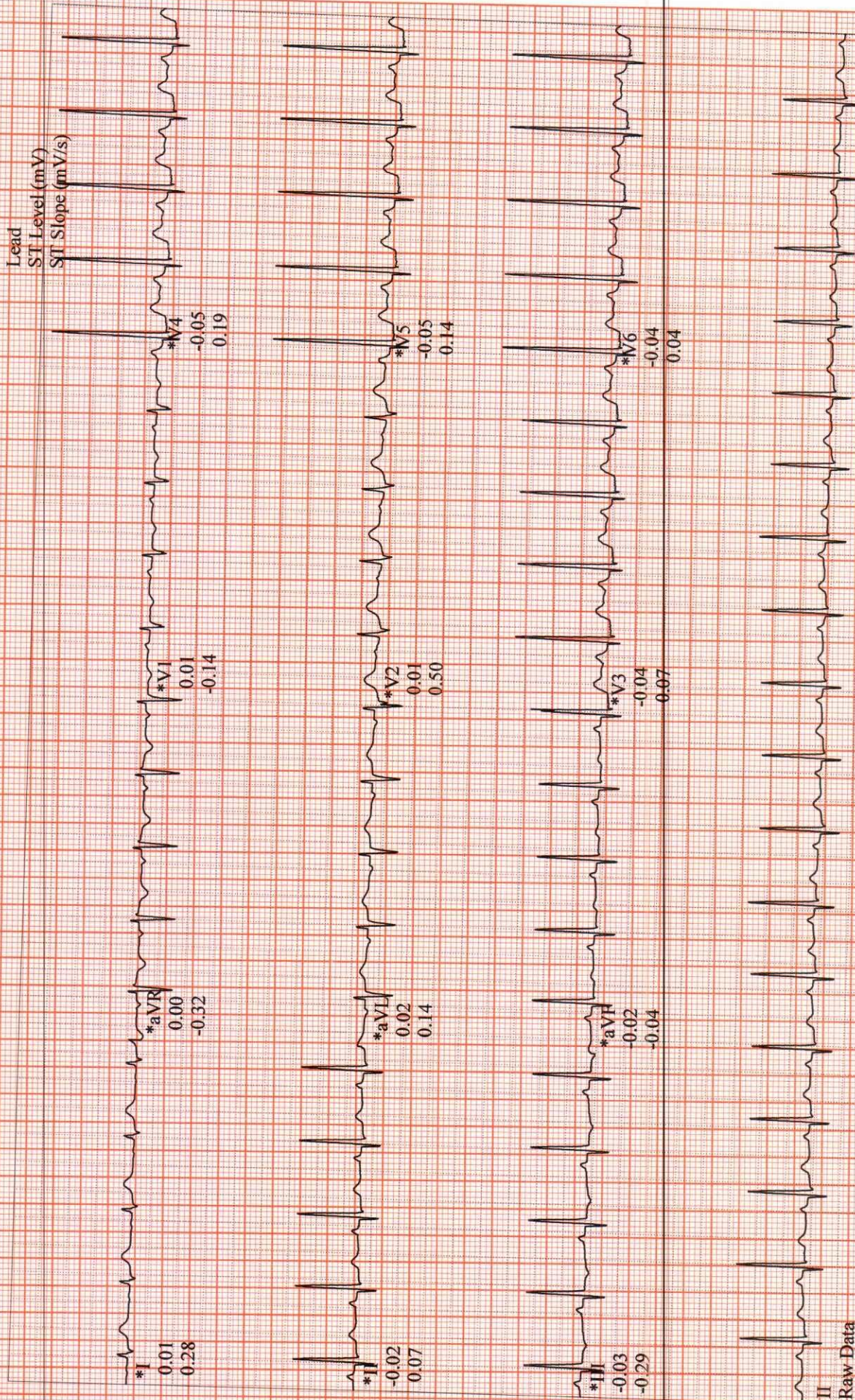
Linked Medians

RECOVERY  
#1  
02:00

113 bpm

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V5)

\*Computer Synthesized Rhythms

Start of Test: 12:20:08pm

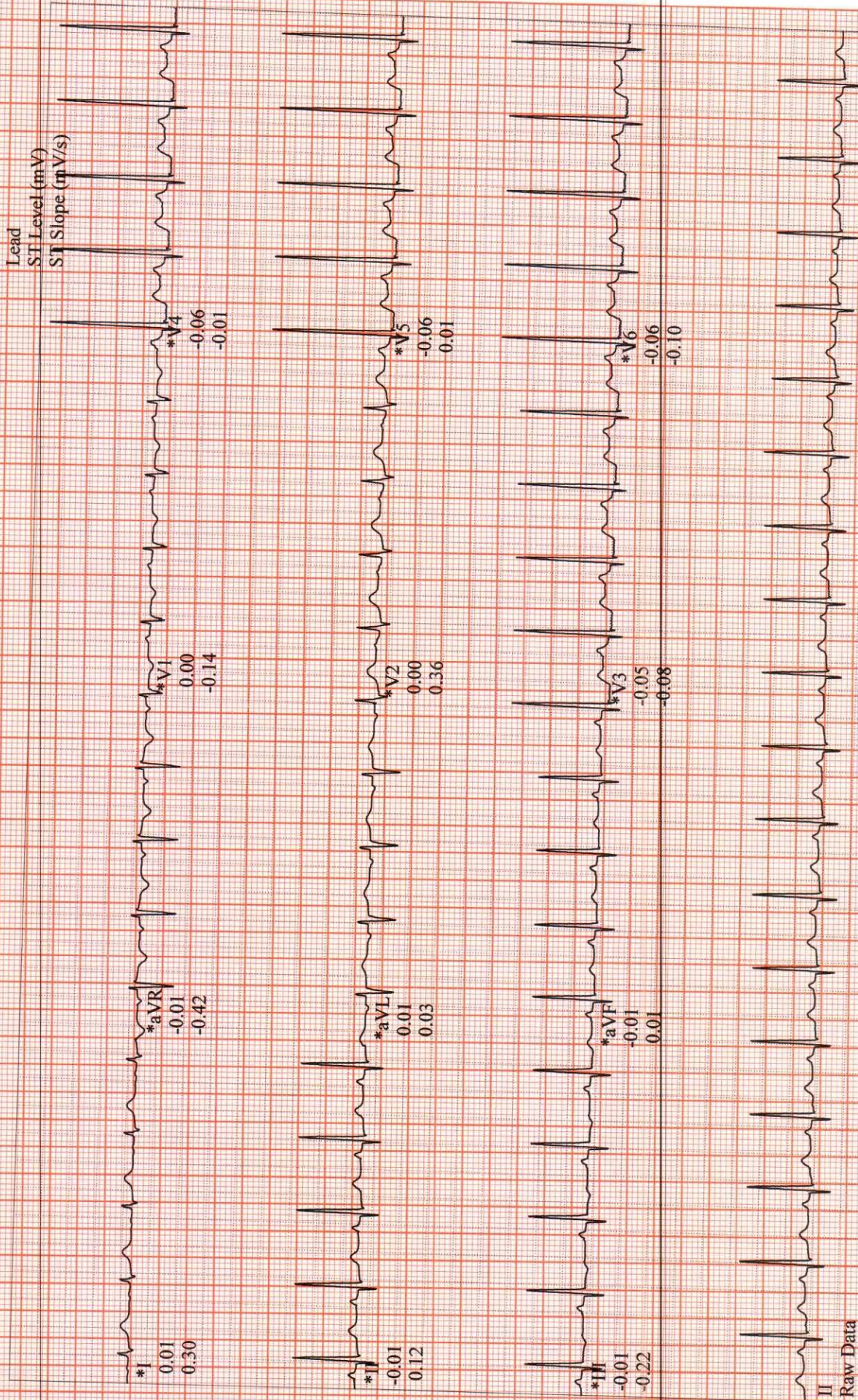
KALPANA, SHUKLA  
Patient ID 243201648  
5.11.2024  
2:30:12pm

Linked Medians  
RECOVERY  
#1  
03:00

112 bpm  
140/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V4,V5)

\*Computer Synthesized Rhythms

Start of Test: 12:20:08pm