

Name	: Ms. ANJU PRASAD	Age	: 38 Years
Lab No.	: 393784941	Gender	: Female
Ref By	: SELF	Reported	: 28/2/2025 6:35:35PM
Collected	: 26/02/2025 9:59:00AM	Report Status	: Final
A/c Status	: P	Processed at	: SDRL, VIDYAVIHAR
Collected at	: WALKIN - MALAD WEST (MAIN CENTRE) 102, Bhoomi Castle, Opp. Goregaon Sports Club Link Road, Malad West, Mumbai, Maharashtra - 400064		

CYTOPATHOLOGY REPORT

SPECIMEN : Cervical/vaginal cytology (LBC - Ezi Prep)
G/SDC-1661/25

GROSS : Received in Ezi prep vial.

MICROSCOPY : By Bethesda system terminology, 2014
A) Statement of adequacy : Smear is satisfactory for evaluation.
B) Microscopy : The smear shows mainly superficial and intermediate squamous cells with many polymorphs. Lactobacilli +.
No Trichomonas or fungal organisms seen.
C) Endocervical cells : Present
D) Koilocytotic cells : Absent
E) Dysplastic cells : Absent
F) Malignant cells : Absent

GENERAL CATEGORIZATION : Negative for intraepithelial lesion and malignancy.

IMPRESSION : **Negative for intraepithelial lesion and malignancy.**

Case was reported by Dr. Shital Joshi.



Dr. Vrunda Siddharth Sheth
D.N.B, Dip Rcpath, Fellow Neuropath
Sr. Consultant & Lead Histopathology

*Note: 1. Slides / Blocks can be issued only on advise of the referring consultant after a minimum of 48 hours.
2. Gross specimens will be retained only for a period of 1 month after the date of reporting.
3. Contact histopathology department for any clarification.*



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-----End of report-----



IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.
(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.

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CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.8	12.00 - 15.00 g/dL	Spectrophotometric
RBC	4.2	3.80 - 4.80 mil/cmm	Elect. Impedance
PCV	36.0	36.00 - 46.00 %	Calculated
MCV	86.3	81.00 - 101.00 fL	Measured
MCH	28.2	27.00 - 32.00 pg	Calculated
MCHC	32.6	31.50 - 34.50 g/dL	Calculated
RDW	18.3	11.60 - 14.00 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6440	4000.00 - 10000.00 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.9	20.00 - 40.00 %	
Absolute Lymphocytes	1668.0	1000.00 - 3000.00 /cmm	Calculated
Monocytes	5.3	2.00 - 10.00 %	
Absolute Monocytes	341.3	200.00 - 1000.00 /cmm	Calculated
Neutrophils	60.7	40.00 - 80.00 %	
Absolute Neutrophils	3909.1	2000.00 - 7000.00 /cmm	Calculated
Eosinophils	7.8	1.00 - 6.00 %	
Absolute Eosinophils	502.3	20.00 - 500.00 /cmm	Calculated
Basophils	0.3	0.10 - 2.00 %	
Absolute Basophils	19.3	20.00 - 100.00 /cmm	Calculated
<u>PLATELET PARAMETERS</u>			





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CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Platelet Count	105000	150000.00 - 410000.00 /cmm	Elect. Impedance
MPV	14.2	6.00 - 11.00 fL	Measured
PDW	16.5	11.00 - 18.00 %	Calculated

RBC MORPHOLOGY

Microcytosis	Occasional
Anisocytosis	+
Poikilocytosis	Mild
Others	Elliptocytes-occasional
PLATELET MORPHOLOGY	Megaplatelet seen on smear

Specimen: EDTA whole blood





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ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	37.00	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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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	81.60	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.20	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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KIDNEY FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BLOOD UREA, Serum	22.80	17.00 - 43.00 mg/dL	Urease
BUN, Serum	10.65	6.00 - 20.00 mg/dL	Calculated
CREATININE, Serum	0.52	0.51 - 0.95 mg/dL	Modified Jaffe's (Kinetic)
eGFR, Serum	121.88	(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
TOTAL PROTEINS, Serum	7.40	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.40	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.00	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.47	1.00 - 2.00	Calculated
URIC ACID, Serum	3.70	2.60 - 6.00 mg/dL	Uricase
PHOSPHORUS, Serum	2.80	2.70 - 4.50 mg/dL	Molybdate UV
CALCIUM, Serum	9.00	8.80 - 10.60 mg/dL	Arsenazo III
SODIUM, Serum	136.00	136.00 - 146.00 mmol/L	ISE Indirect
POTASSIUM, Serum	3.7	3.50 - 5.10 mmol/L	Indirect ISE
CHLORIDE Serum	101.00	101.00 - 109.00 mmol/L	Indirect ISE

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





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GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	99.7	mg/dL	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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





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FUS and KETONES

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





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LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.09	0.30 - 1.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (DIRECT), Serum	0.12	<0.20 mg/dL	Dichlorophenyl diazonium tetrafluoroborate (DPD)
BILIRUBIN (INDIRECT), Serum	0.97	<1.20 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.40	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.40	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.00	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.47	1.00 - 2.00	Calculated
SGOT (AST), Serum	22.40	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
SGPT (ALT), Serum	25.20	<35.00 U/L	IFCC (without pyridoxal phosphate activation)
GAMMA GT, Serum	18.20	<38.00 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	185.90	30.00 - 120.00 U/L	IFCC AMP buffer



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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	210	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	850	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	32	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	178	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7	0 - 4.50 RATIO	Calculated
LDL CHOLESTEROL, Serum	106	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	Direct
VLDL CHOLESTEROL Serum	72	< /= 30 mg/dl	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.40	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	12.40	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	8.01	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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.



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THYROID FUNCTION TESTS

<u>PARAMETER</u>			<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.		

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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





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EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	6.50	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts





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BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

ABO GROUP

A

Rh Typing

POSITIVE

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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





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URINE EXAMINATION REPORT

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<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	SLIGHTLY HAZY	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.026	1.002-1.035	Refractive index
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present (+)	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	0.4	0-5/hpf	
Red Blood Cells / hpf	2.00	0-2/hpf	
Epithelial Cells / hpf	8.3	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.00	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	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	65.60	0-29.5/hpf	
Yeast	Absent	Absent	

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 decimal numbers as they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.





Name : Ms. ANJU PRASAD
Lab No. : 393784941
Ref By : SELF
Collected : 26/2/2025 9:59:00AM
A/c Status : P
Collected at : WALKIN - MALAD WEST (MAIN CENTRE)
 102, Bhoomi Castle, Opp. Goregaon Sports Club
 Link Road, Malad West, Mumbai, Maharashtra -
 400064

Age : 38 Years
Gender : Female
Reported : 28/2/2025 6:52:39PM
Report Status : Final
Processed at : ANDHERI LAB

URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
------------------	----------------	-----------------------------	---------------

-----End of report-----



IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report. (#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.



भारत सरकार
Government of India

अधार
Aadhaar

आधार नं. जारी: 13/03/2014



अनु प्रसाद
Anju Prasad
जन्म तिथि/DOB: 23/02/1987
महिला/ FEMALE

9468 2018 8739

मेरा आधार, मेरी पहचान

Handwritten signature
Anju Prasad

PHYSICAL EXAMINATION FORM

Patient Name: Anju Bhased.	Sex/Age: 38 years / F
Lab No :	Date: 26/2/25.

History and Complaints:

K/O - Asthma since 6-7 years.
- takes inhaler on ad off.

EXAMINATION FINDINGS:

Height: 147 kg	Temp: Afebrile
Weight: 38 kg	Skin: (2)
Blood Pressure: 110/80 mm of Hg	Nails: (2)
Pulse: 70/min	Lymph Node: non palpable.

Systems

Cardiovascular:	NAD
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IMPRESSION:

High triglycerides

ADVICE:

Needs Rx for high triglycerides
 gynae opinion & Mamma report.

CHIEF COMPLAINTS:

1	Hypertension:	NO
2	IHD	NO
3	Arrhythmia	NO
4	Diabetes Mellitus	NO
5	Tuberculosis	NO
6	Asthama	- yes - since 6-7 years - takes inhaler on and off.
7	Pulmonary Disease	no
8	Thyroid/ Endocrine disorders	- pregnancy induced hypothyroidism. now no medication.
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	① Full term LSCS - June - 2024 - 9 ② operated for cyst - right temporal region of head - year - 2006.

PERSONAL HISTORY:

Alcohol	NO
Smoking	no.
Diet	Bah mix
Medication	NO.

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

Sonali P.
DR. SONALI HONRAO
MD PHYSICIAN

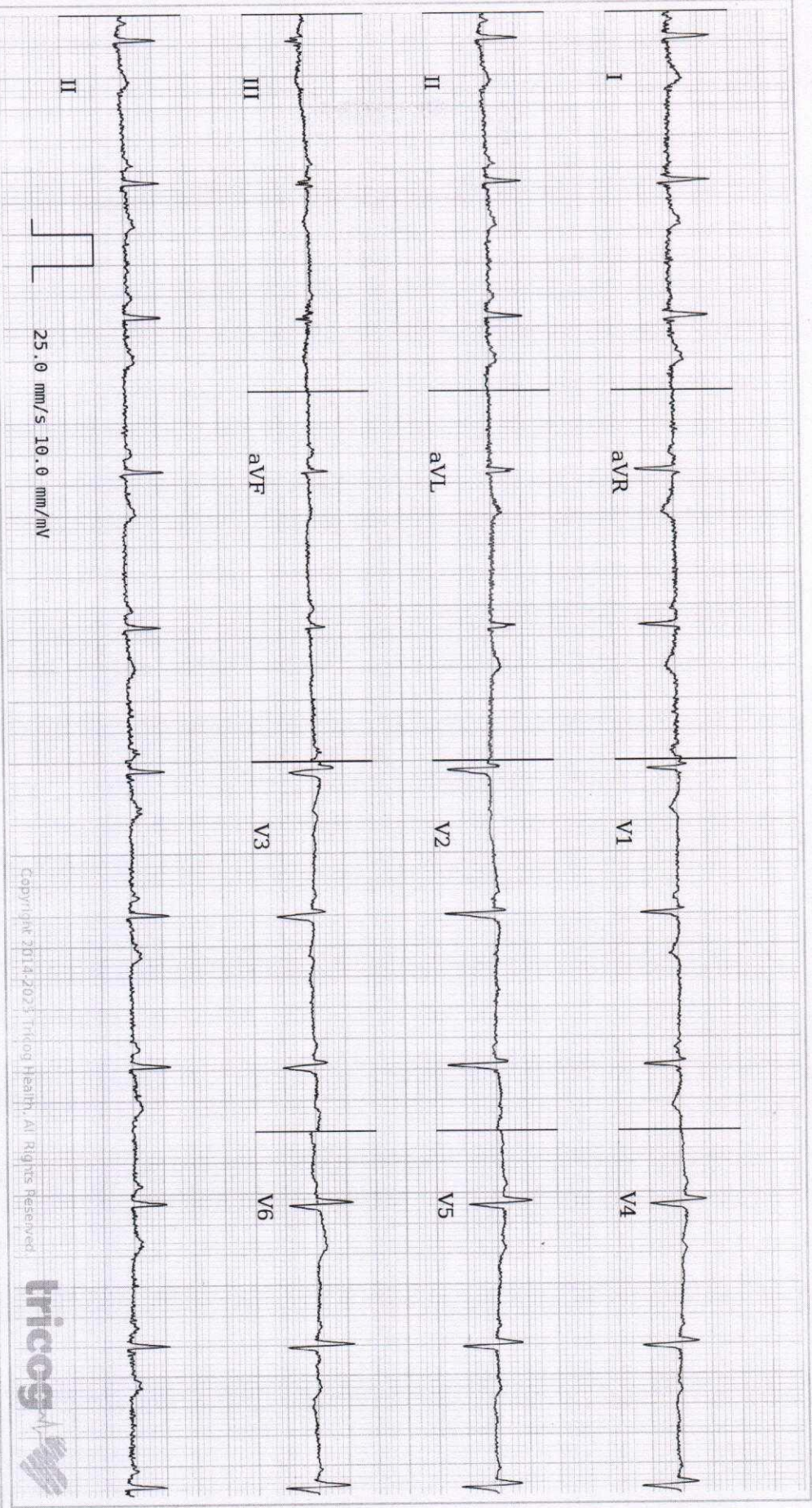
REG. NO. 2001/04/1882

SUBURBAN DIAGNOSTICS (MEDS) PVT. LTD.
102-104, Dhanraj Complex,
Opp. Gangaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: ANJU PRASAD
Patient ID: 393784941

Date and Time: 26th Feb 25 11:01 AM



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Age **38** NA
years months

Gender **Female**

Heart Rate **64bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 38 kg
Height: 147 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 404ms
QTcB: 416ms
PR: 122ms
P-R-T: 50° 22° 15°

REPORTED BY

[Signature]

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

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

Disclaimer: 1) 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. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

NAME:- Anju Prasad.

AGE/SEX:- 38 years / F

REGN NO.:-

REF DR.:-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS:-

K/O - Asthma - takes inhalers
since 6-7 years on and off

MARITAL STATUS:-

married.

MENSTRUAL HISTORY:-

Regular and (N).

MENARCHE:-

11 years

PRESENT MENSTRUAL HISTORY:- Regular and (N).

PAST MENSTRUAL HISTORY:- (N).

OBSTETRIC HISTORY:-

G₂P₂A₂L₁

PAST HISTORY:-

PREVIOUS SURGERIES:-

(1) Full term - LSCS - June 2024 - ♀
(2) operated for cyst - right temporal
region of head - year - 2006.

ALLERGIES:-

No.

FAMILY HISTORY:-

Father - HTN
Mother - Hypothyroidism, HTN.

DRUG HISTORY:-

(N)

BOWEL HABITS:-

(N)

BLADDER HABITS:-

(N)

PERSONAL HISTORY:-

TEMPERATURE:-

(N)

RS:-

(N) and clear

CVS:-

S1S2 (N)

PULSE / MIN:-

70/min

BP (mm of hg):-

110/80 mm of Hg

BREAST EXAMINATION:-

(N)

PER ABDOMEN:-

PIA soft and non tender

PER VAGINAL:-

(N)

RECOMMENDATION:-

CID : 393784941
Name : Ms. ANJU PRASAD
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 26-Feb-2025
Reported : 26-Feb-2025 / 16:12

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.

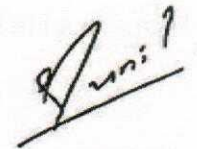
IMPRESSION:

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 <<ImageLink>>

CID : 393784941
Name : Ms. ANJU PRASAD
Age / Sex : ~~36~~ 38 Years/Female
Ref. Dr : self
Reg. Location : Malad West Main Centre
Reg. Date : 26-Feb-2025
Reported : 26-Feb-2025 / 11:13

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows diffuse bright parenchymal echo pattern s/o **fatty liver**. 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 9.5 x 3.3 cm. Left kidney measures 10.2 x 5.1 cm.

SPLEEN:

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

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. The endometrial thickness is 4.3 mm.

OVARIES:

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

CID : 393784941
Name : Ms. ANJU PRASAD
Age / Sex : 105 Years/Female
Ref. Dr : self
Reg. Location : Malad West Main Centre
Reg. Date : 26-Feb-2025
Reported : 26-Feb-2025 / 11:13

IMPRESSION:-

Fatty liver.

No other significant abnormality is seen.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

CID : 393784941
Name : Ms. ANJU PRASAD
Age / Sex : 38 Years/Female
Ref. Dr : self
Reg. Location : Malad West Main Centre
Reg. Date : 26-Feb-2025
Reported : 26-Feb-2025 / 11:07

USG BOTH BREASTS

A 0.9 x 0.6 cm sized well defined ovoid hypoechoic wider than taller lesion seen at 1 o'clock position in right breast s/o benign lesion like fibroadenoma.

Rest of the right and left breasts reveal normal parenchymal echotexture.

No other focal solid or cystic lesion is seen.

No ductal dilatation is seen.


Retroareolar regions are normal.

Bilateral axillae are unremarkable.

IMPRESSION: **SMALL FIBROADENOMA IN RIGHT BREAST.**

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. Mammography is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of Mammographic diagnosis. Management of palpable lump should be based on clinical findings in conjunction with Mammography. Mammography has a false negative rate of 10 %. Please interpret accordingly.

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


Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Station

--
Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: ANJU , PRASAD
Patient ID: 393784941
Height: 147 cm
Weight: 38 kg

DOB: 23.02.1987
Age: 38yrs
Gender: Male
Race: Asian

Study Date: 08.03.2025
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	00:14	0.00	0.00	73	110/80	
	STANDING	00:09	0.00	0.00	65	110/80	
	HYPERV.	00:04	0.00	0.00	64	110/80	
	WARM-UP	00:07	1.00	0.00	65	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	141	120/80	
	STAGE 2	01:29	2.50	12.00	164	140/80	
RECOVERY		03:03	0.00	0.00	104	140/80	

The patient exercised according to the BRUCE for 4:29 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 83 bpm rose to a maximal heart rate of 166 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 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.

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

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112-104, 2nd Floor, Link Road,
Opp. Government Hospital, Malad (W),
Mumbai - 400 064.

Conclusions

Fair 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.

ANJU, PRASAD

Patient ID 393784941

08.03.2025

9:23:45am

12-Lead Report

PRETEST

SUPINE

00:13

BRUCE

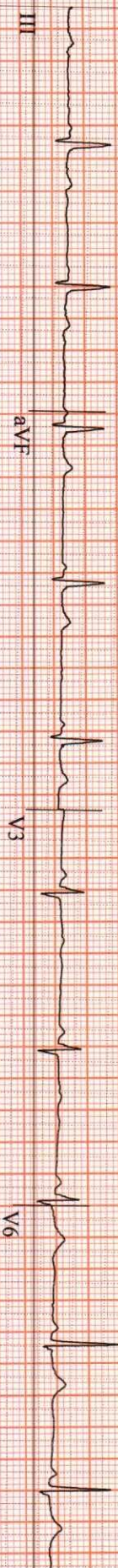
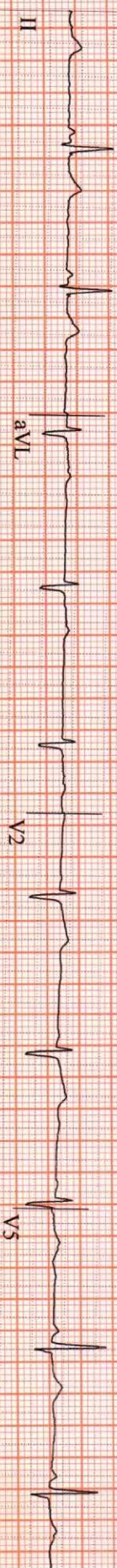
0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	0.01
II	-0.01	V2	0.05
III	-0.04	V3	0.01
aVR	-0.01	V4	0.01
aVL	0.03	V5	0.01
aVF	0.02	V6	0.03



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

Start of Test: 9:23:27am

ANJU, PRASAD
 Patient ID 393784941
 08.03.2025
 9:23:50am

68 bpm
 110/80 mmHg

PRETEST
 STANDING
 00:18

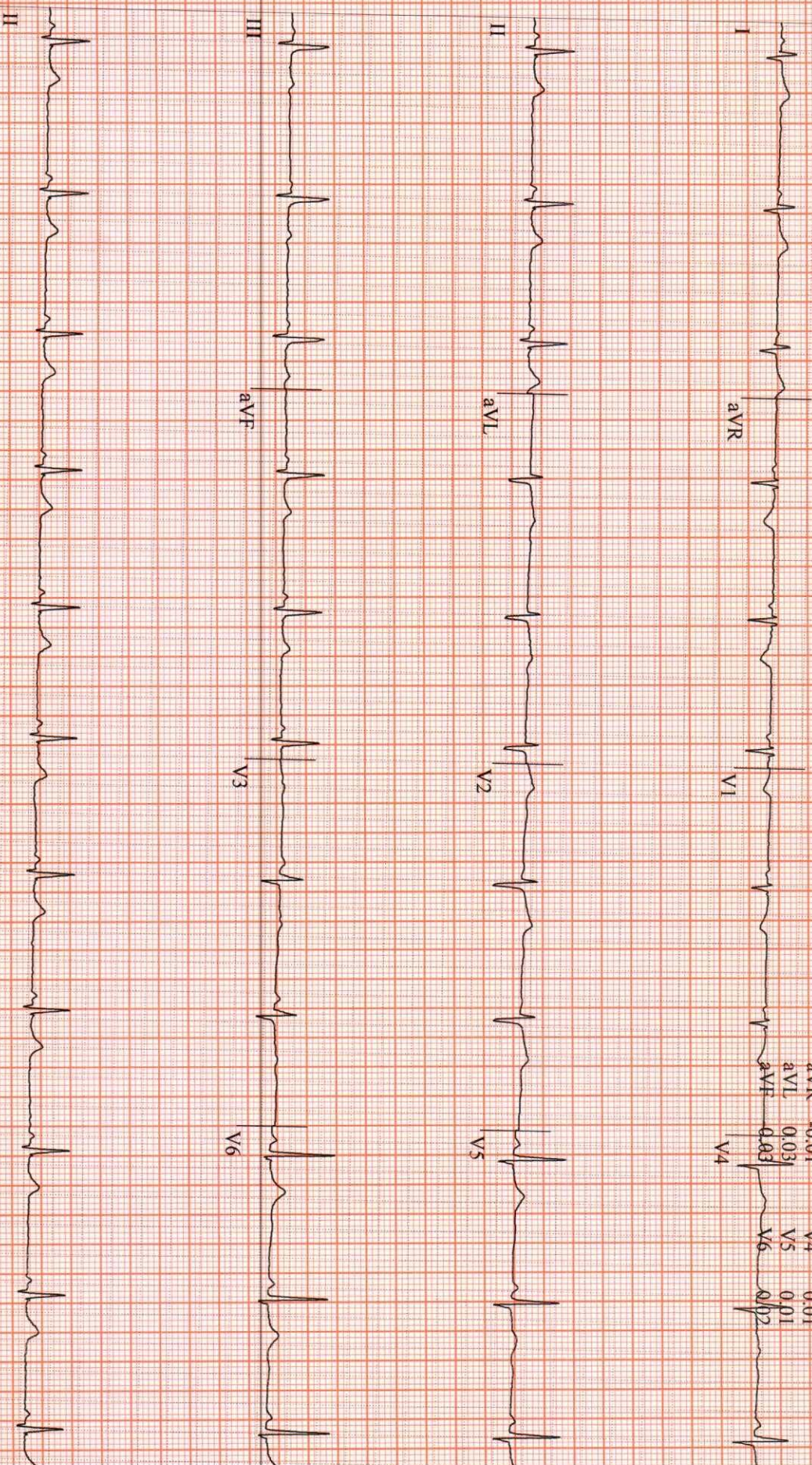
BRUCE
 0.0 mph
 0.0%

12-Lead Report

SUBURBAN DIAGNOST

Measured at 60ms Post J
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	0.01
II	-0.01	V2	0.05
III	-0.04	V3	0.01
aVR	-0.01	V4	0.01
aVL	0.03	V5	0.01
aVF	0.03	V6	0.02



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

Start of Test: 9:23:27am

ANJU, PRASAD

Patient ID: 393784941

08.03.2025

9:23:57am

12-Lead Report

64 bpm

110/80 mmHg

PRETEST
HYPERV.

00:25

BRUCE

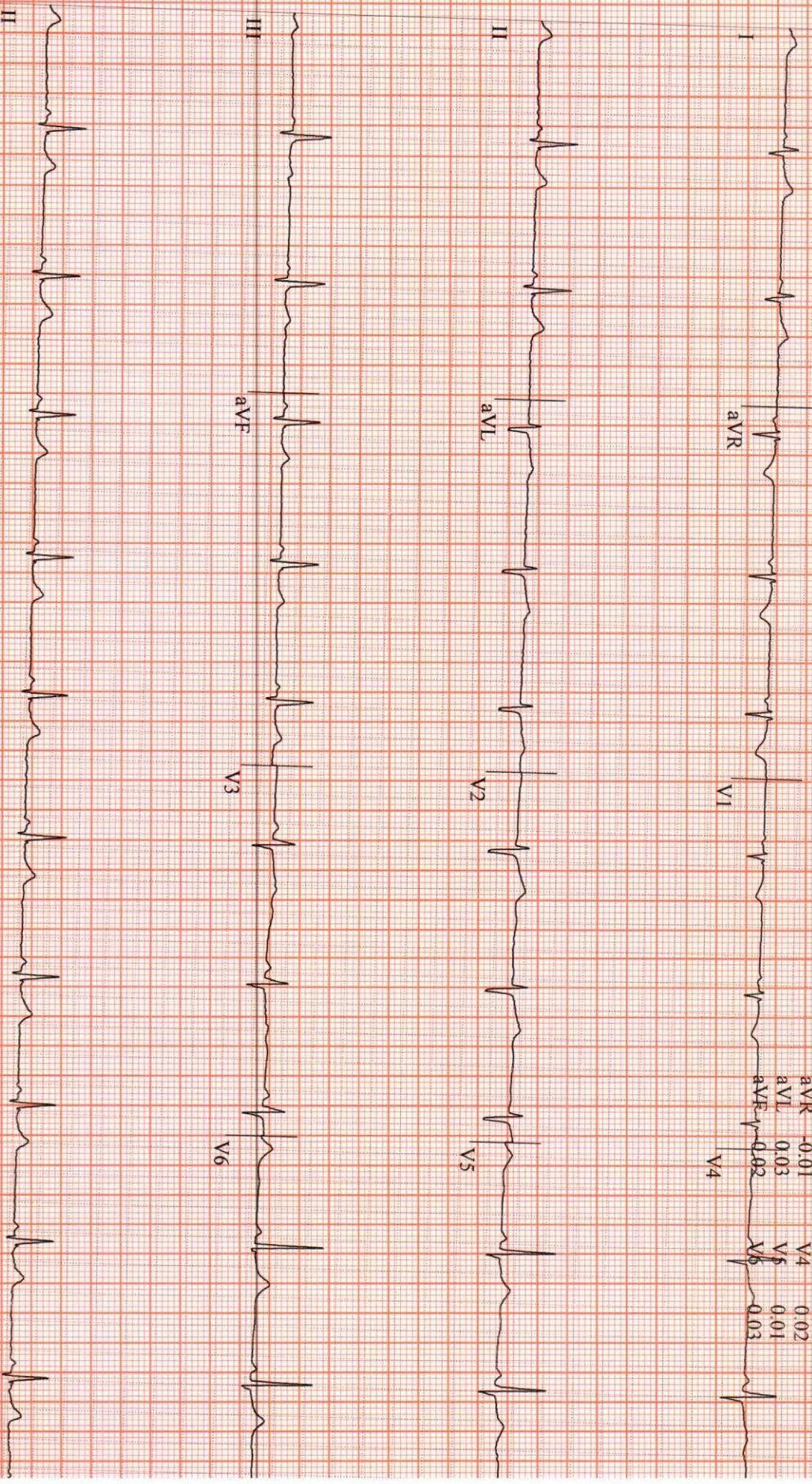
0.0 mph

0.0%

SUBURBAN DIAGNOSIS

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.02	V1	0.01
II	-0.01	V2	0.06
III	-0.03	V3	0.01
aVR	-0.01	V4	0.02
aVL	0.03	V5	0.01
aVF	0.02	V6	0.03



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

Start of Test: 9:23:27am

ANJU, PRASAD

Patient ID 393784941

08.03.2025

9:26:50am

Linked Medians

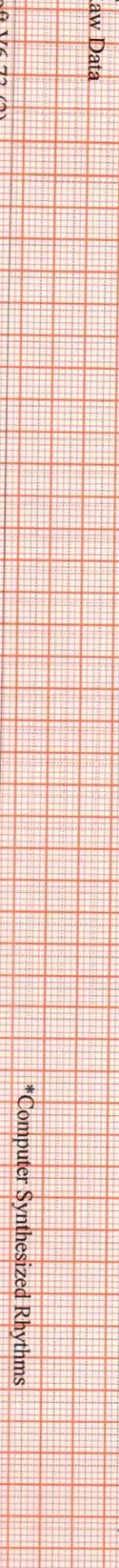
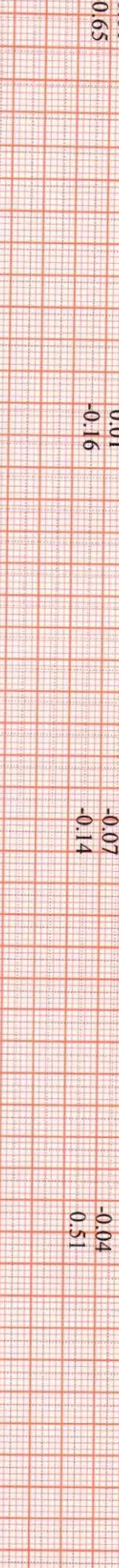
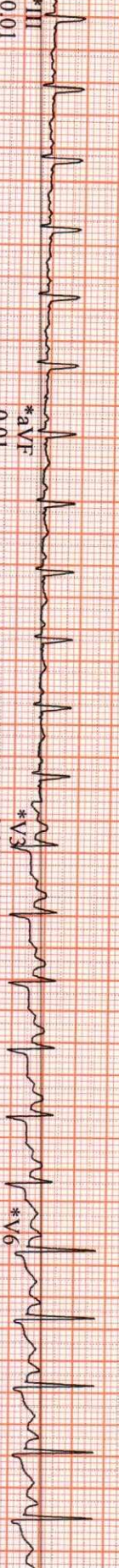
141 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNOSTI

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



Raw Data

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

Start of Test: 9:23:27am

*Computer Synthesized Rhythms

ANJU, PRASAD
 Patient ID 393784941
 08.03.2025
 9:28:34am

164 bpm
 140/80 mmHg

EXERCISE
 STAGE 2
 04:29

BRUCE
 2.5 mph
 12.0 %

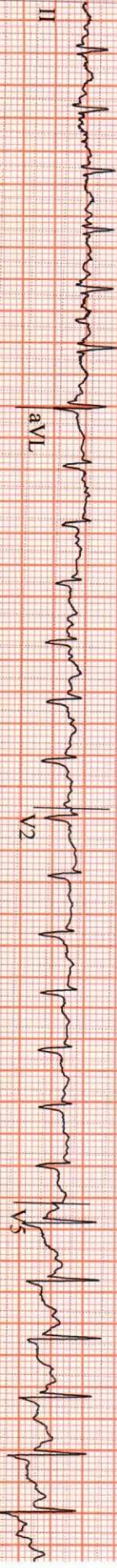
12-Lead Report (PEAK EXERCISE)

SUBURBAN DIAGNOST

Measured at 60ms Post J
 Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.00	V1	-0.03
II	0.02	V2	-0.04
III	0.02	V3	-0.16
aVR	-0.01	V4	-0.17
aVL	-0.01	V5	-0.16
		V6	-0.13



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

Start of Test: 9:23:27am

144 bpm

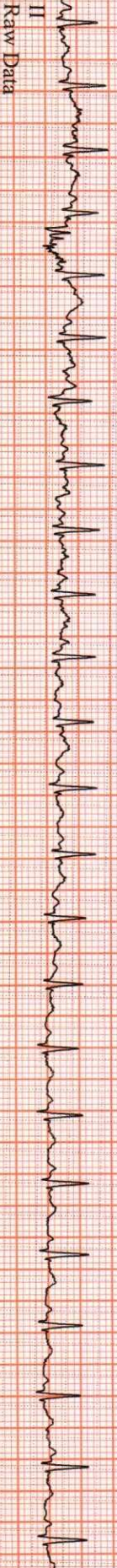
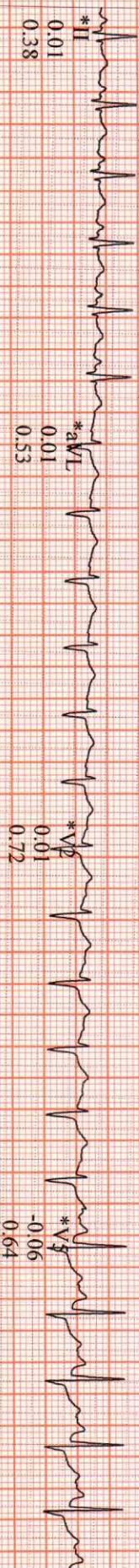
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0%

Linked Medians

SUBURBAN DIAGNOST

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



110 bpm

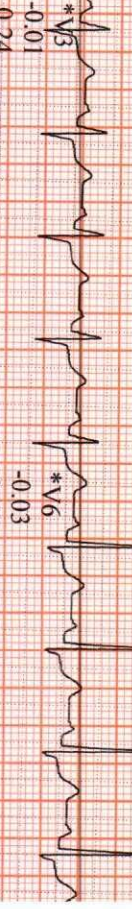
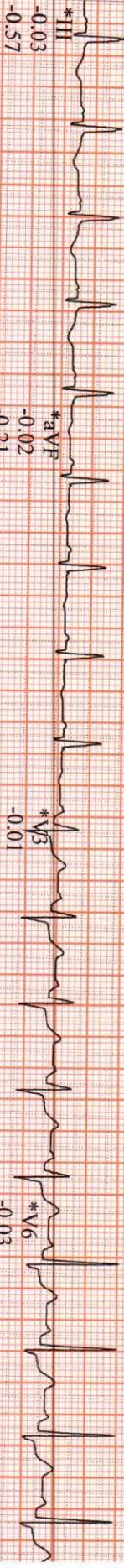
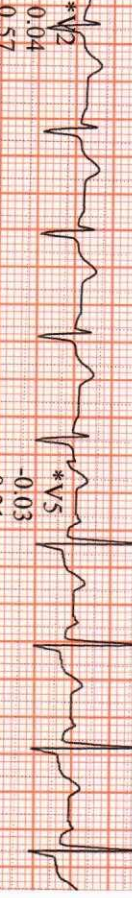
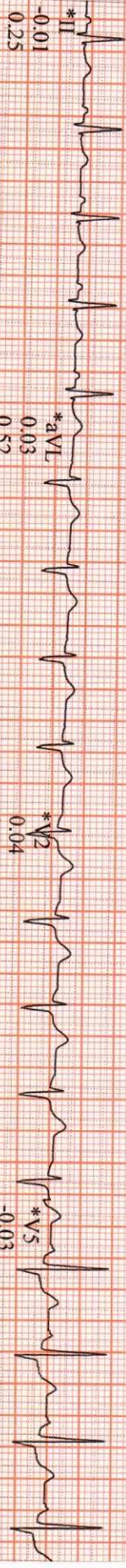
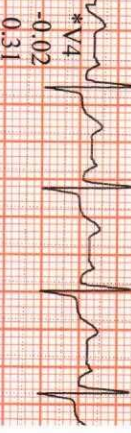
RECOVERY #1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Linked Medians

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



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

Start of Test: 9:23:27am

*Computer Synthesized Rhythms

ANJU, PRASAD

Patient ID 393784941

08.03.2025

9:31:29am

Linked Medians

RECOVERY

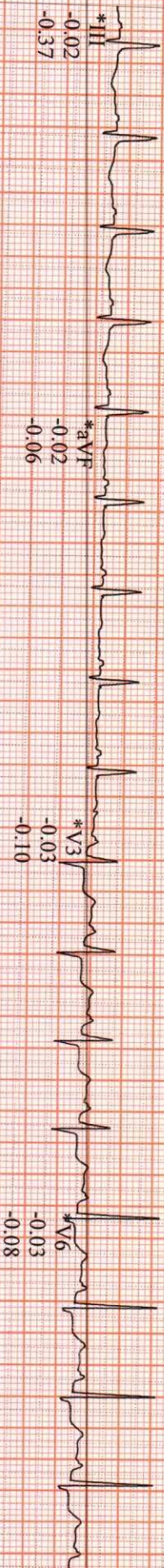
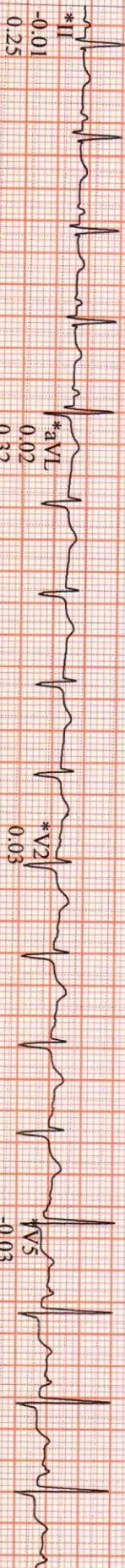
#1

106 bpm
140/80 mmHg

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

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



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 9:23:27am

*Computer Synthesized Rhythms