



CID : 2432015951
Name : MRS.SAROJ JAIN
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Nov-2024 / 08:52
Reported : 15-Nov-2024 / 14:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.49	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	26.4	20-40 %	
Absolute Lymphocytes	1970.0	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	410.0	200-1000 /cmm	Calculated
Neutrophils	65.9	40-80 %	
Absolute Neutrophils	4910.0	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	140.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	244000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	21.9	11-18 %	Calculated

RBC MORPHOLOGY

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 12 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

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

Limitations:

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

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

Reference:

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

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

*** End Of Report ***



Bmhasakar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	82.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	68.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.6	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	118	(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

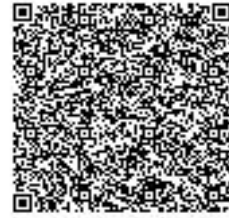
URIC ACID, Serum	4.2	2.4-5.7 mg/dl	Enzymatic
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

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

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Transparency	Slight hazy	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.000	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	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	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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*** End Of Report ***



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

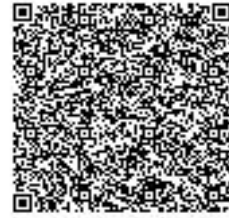
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*** End Of Report ***



Anupa

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



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Name : MRS.SAROJ JAIN
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.6	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	45.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	121.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	19.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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



Dr. Jageshwar Mandal

Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	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	3.59	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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Reg. Location : Kandivali East (Main Centre)

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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 becuae 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:

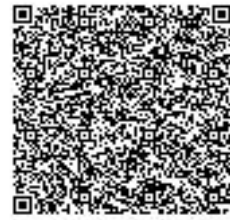
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles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

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*** End Of Report ***



Bmhasakar

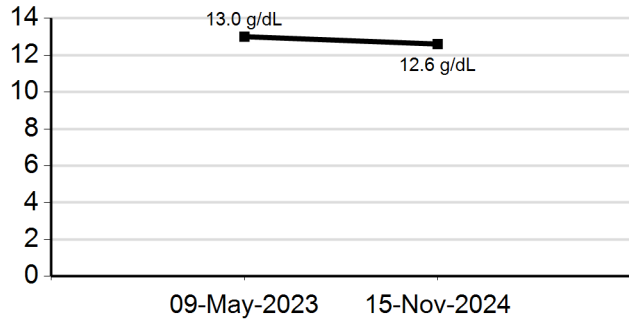
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Pathologist



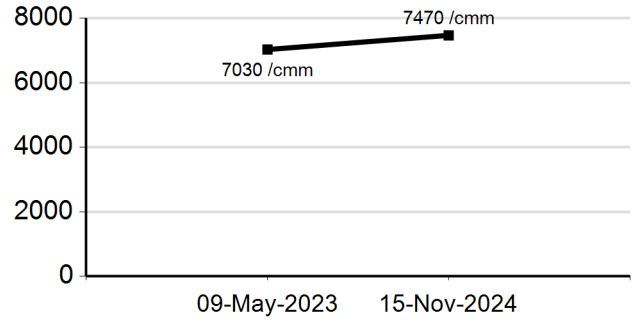
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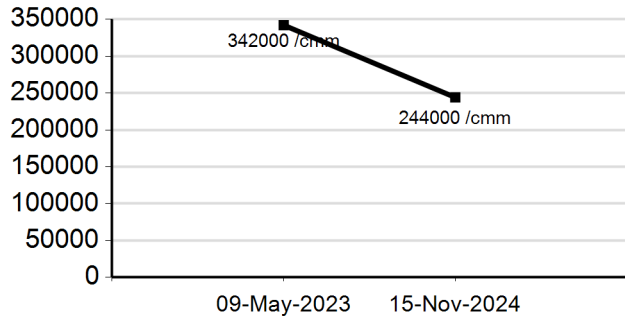
Haemoglobin



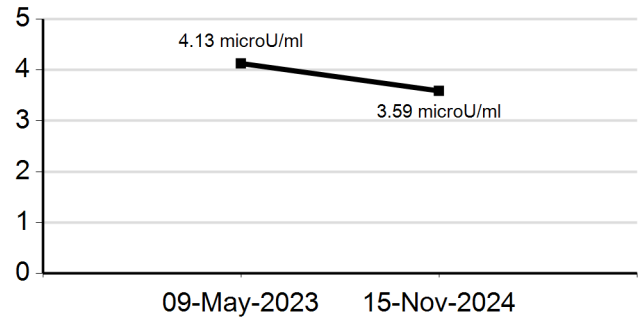
WBC Total Count



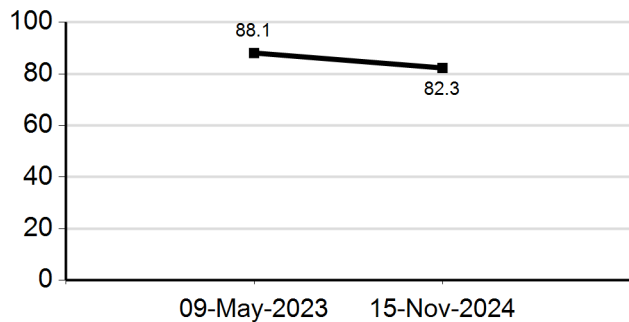
Platelet Count



sensitiveTSH



GLUCOSE (SUGAR) FASTING



Name : MRS.SAROJ JAIN

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected : 15-Nov-2024 / 08:48

Reg.Location : Kandivali East (Main Centre)

Reported : 16-Nov-2024 / 08:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

Hypothyroid since 4 yrs.

EXAMINATION FINDINGS:

Height (cms): 153 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 100/70
Pulse: 72/min

Weight (kg): 61 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

Wt 8-10 p/w also

ADVICE:

Plenty of oral fluids

PRECISE TESTING - HEALTHIER LIVING
Name : MRS.SAROJ JAIN

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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 | Yes |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

Dr. Jagruti Dhale
MBBS

Consultant Physician
Reg. No. 69548

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

J. Dhale
Dr.JAGRUTI DHALE

Date:- 15/11/2024

CID: 2432015957

Name:- Mrs. Saroj Jain

Sex/Age: 32/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/6	-	-	-	6/6
Near	-	-	-	N/B	-	-	-	N/B

Colour Vision: Normal / Abnormal

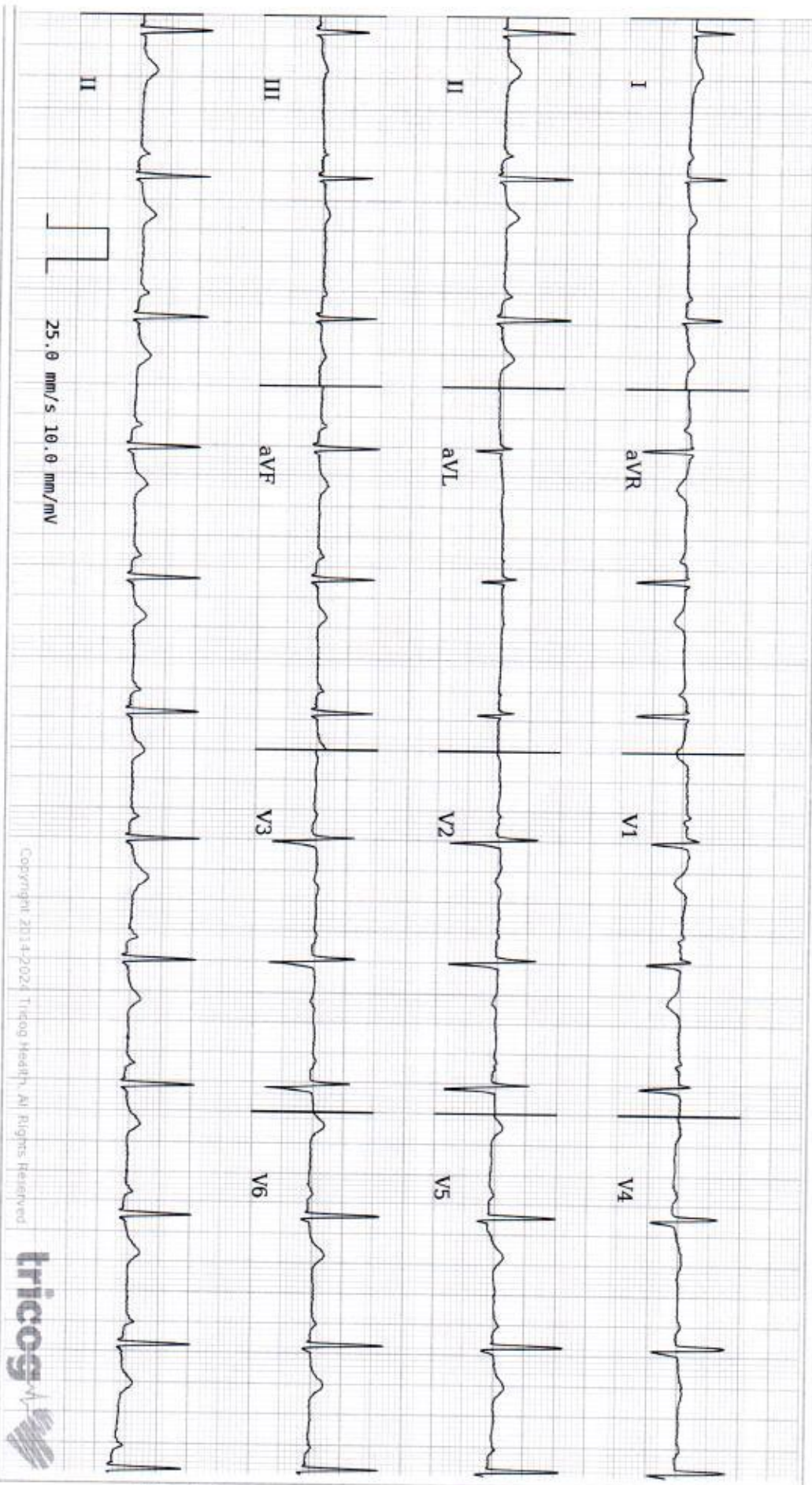
Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700080

Patient Name: SAROJ JAIN
Patient ID: 2432015951

SUBURBAN DIAGNOSTICS - KANDIVALI EASI

Date and Time: 15th Nov 24 9:35 AM



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Age 37 NA NA
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: 100/70 mmHg
Weight: 61 kg
Height: 153 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 78ms
QT: 398ms
QTcB: 429ms
PR: 164ms
P-R-T: 62° 66° 57°

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

REPORTED BY

DR. ARKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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.

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Ref. Dr :
Reg. Location : Kandivali East Main Centre
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.6cm), 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 9.4 x 3.6 cm. Left kidney measures 9.8 x 4.3 cm.

SPLEEN:

The spleen is normal in size (9.1cm) 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 7.3 x 3.7 x 5. cm in size. The endometrial thickness is 8.7mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 1.7 x 2.0 cm Left ovary = 2.4 x 1.7cm

[Click here to view images <<ImageLink>>](#)

CID : 2432015951
Name : Mrs Saroj Jain
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

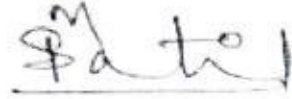
Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 10:47

Use a QR Code Scanner
Application To Scan the Code

IMPRESSION:-

No significant abnormality is seen.

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



DR. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <<ImageLink>>



Use a QR Code Scanner
Application To Scan the Code

CID : 2432015951
Name : Mrs Saroj Jain
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 15-Nov-2024
Reported : 15-Nov-2024 / 12:38

R
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P
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T

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. SUMIT M PATIL
MD Radio diagnosis
Reg no.2019/01/0135

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024111508491124>



EMail: 346 / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg Date: 15 - 11 - 2024 09:59:58 AM Refd By : AERFOCAMI

REPORT :

Heart Rate 85.0 bpm Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 07:09 Mins. METS 8.3
Test End Reason Heart Rate Achieved Target Heart Rate 183.0

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NO
ACTIVITY	MODERATE ACTIVE
MEDICATION	NO
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.

MD, PhD, Medicine

11th Cross, Kandivali East

Reg. No. 2012032483

SUBURBAN DIAGNOSTIC KANDIVALI PVT. LTD.
New House No. 5, 1st Floor,
Kandivali East, Mumbai - 400 017.
Tel: 022-25491001, 022-25491002

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Email:

Report



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg
 Date: 15 - 11 - 2024 09:59:58 AM Refd By : AERFOCAMI Examined By: DR. AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	074	40%	100/70	074	00	
Standing	00:32	0:22	00.0	00.0	01.0	085	46%	100/70	085	00	
HV	00:41	0:09	00.0	00.0	01.0	085	46%	100/70	085	00	
ExStart	01:16	0:35	00.0	00.0	01.0	094	51%	100/70	094	00	
BRUCE Stage 1	04:16	3:00	02.7	10.0	04.7	122	67%	100/70	122	00	
BRUCE Stage 2	07:16	3:00	04.0	12.0	07.1	141	77%	100/70	141	00	
PeakEx	08:25	1:09	05.5	14.0	08.3	163	89%	140/80	228	00	
Recovery	09:25	1:00	00.0	00.0	01.2	104	57%	140/80	145	00	
Recovery	09:34	1:09	00.0	00.0	01.0	086	47%	140/80	120	00	

FINDINGS :

Exercise Time : 07:09
 Initial HR (ExStrt) : 94 bpm 51% of Target 183
 Initial BP (ExStrt) : 100/70 (mm/Hg)
 Max Workload Attained : 8.3 Fair response to induced stress
 Duke Treadmill Score : 07.1
 Test End Reasons : Heart Rate Achieved

Max HR Attained 163 bpm 89% of Target 183
 Max BP Attained 140/80 (mm/Hg)

Dr. Akhil P. Parulekar,
 MBBS, MD, DNB (Cardiology)
 DNB Cardiology
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aaregan,
 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 617000060

Doctor : DR AKHIL PARULEKAR

SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE (00:10)



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 74

Date: 15 - 11 - 2024 09:59:56 AM

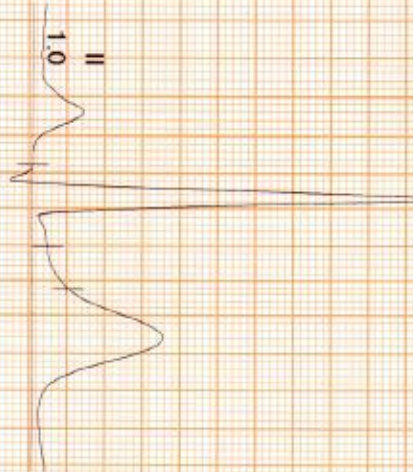
METS: 1.0 / 74 bpm 40% of THR BP: 100/70 mmHg

Paw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:0.0 Km/h. 0.0%

4X 80 mS P/ST T

25 mm/Sec 1.0 Cm/mV



STL 0.2
STB 0.2

II
1.0
0.8

III
0.8
0.6

aVR
-0.6
-0.5

aVL
-0.3
-0.2

aVF
1.0
0.7

V1
-0.4
-0.5

V2
-0.2
-0.3

V3
0.0
-0.3

V4
0.6
0.4

V5
0.7
0.5

V6
0.7
0.5



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING (00:22)



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 85

Date: 15 - 11 - 2024 09:59:58 AM

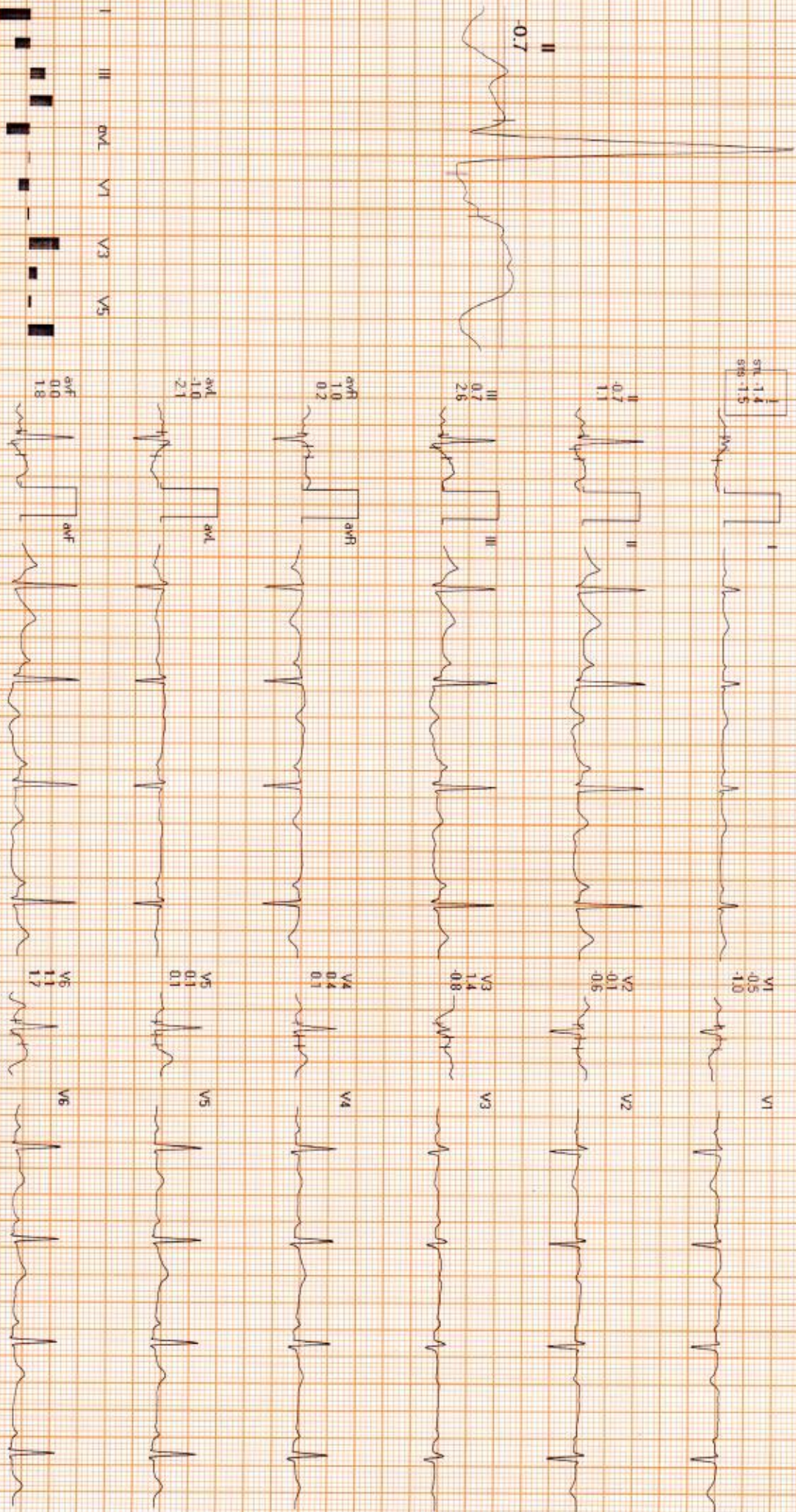
METS: 1.0 / 85 bpm 46% of THR BP: 100/70 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:00 KmPh. 0.0%

4X 80 mg Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:09)



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 66

Date: 15 - 11 - 2024 09:59:58 AM

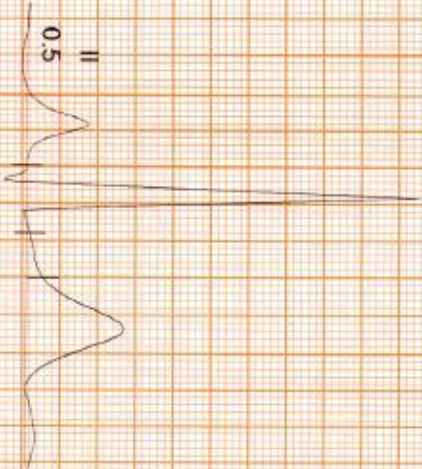
METS: 1.0/66 bpm 36% of THR

BP: 100/70 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



STL 0.2
STR 0.2

V1
-0.1
-0.4

V1

II
0.5
0.5

II

V2
-0.1
-0.2

V2

III
0.4
0.3

III

V3
0.2
0.0

V3

aVR
-0.4
-0.4

aVR

V4
0.5
0.3

V4

aVL
-0.1
-0.1

aVL

V5
0.6
0.4

V5

aVF
0.4
0.4

aVF

V6
0.5
0.4

V6



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXStt



346 (2432015957) / SAROU JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 94

Date: 15 - 11 - 2024 09:59:58 AM

METS: 1.0/94 bpm 51% of THR

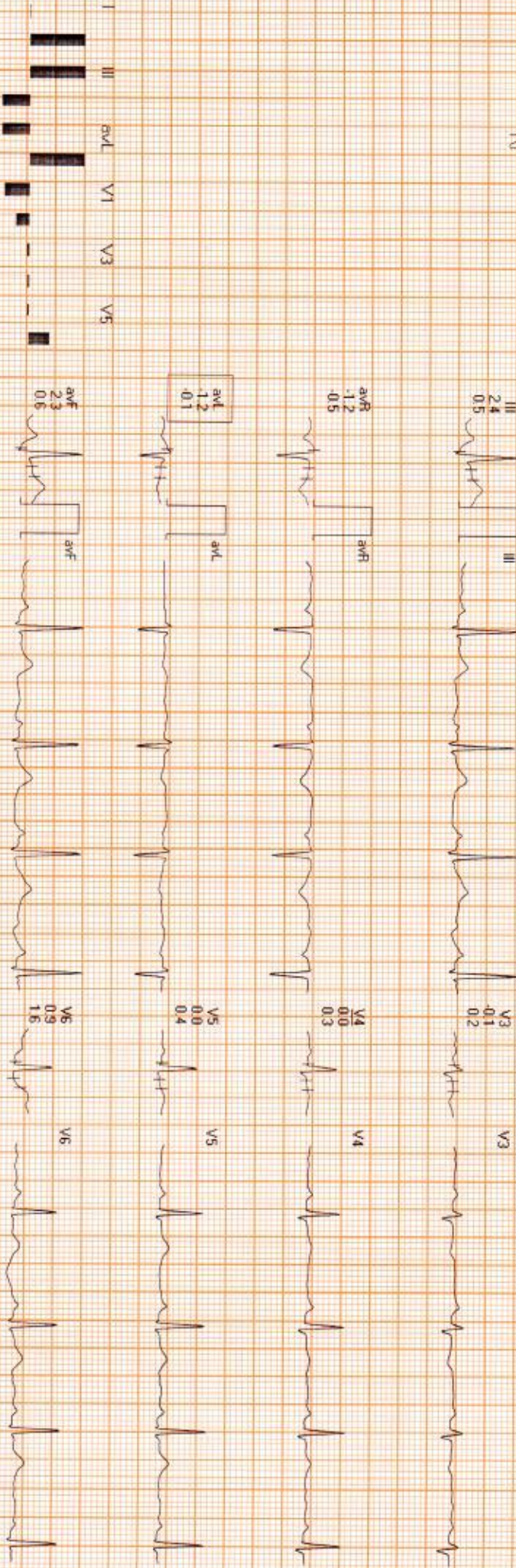
BP: 100/70 mmHg

Paw: ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Km/h 0.0%

4X 80 ms PostU

25 mm/Sec 1.0 Cu/Av



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 1 (03:00)



346 (2432015951) / SAROU JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 122

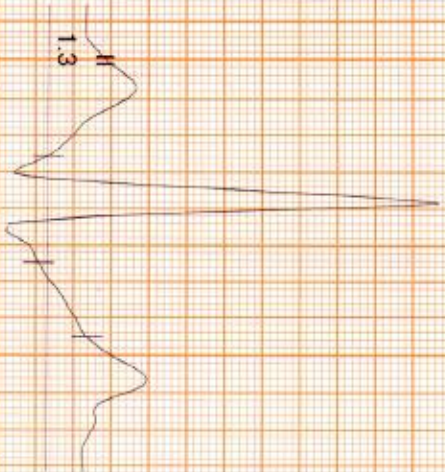
Date: 15 - 11 - 2024 09:59:58 AM METS: 47/122 bpm 67% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Kmph 10.0%

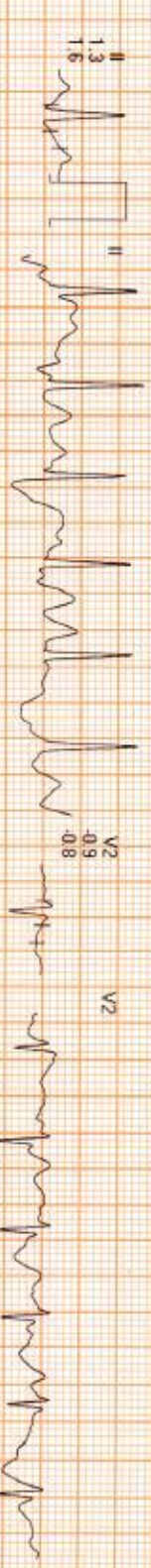
4X 80 ms Post J

25 mm/5 sec 1.0 Cm/mV

SN: -1.0
SE: -1.9



II
1.3
1.6



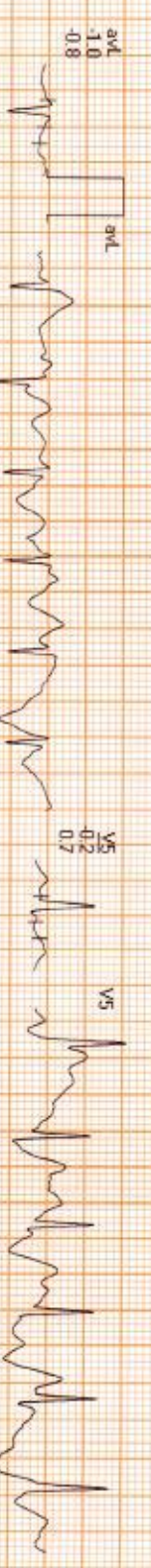
III
1.1
1.3



aVR
-0.7
-1.0



aVL
-1.0
-0.8



aVF
1.2
1.5

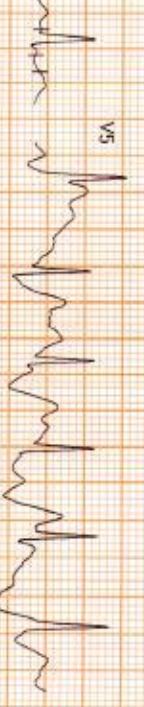


II aVR aVF V2 V4 V6
REMARKS

V6
-0.4
0.0



V5
-0.2
0.7



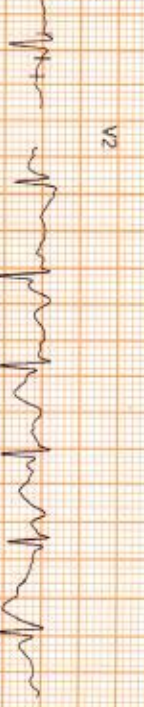
V4
0.6
0.0



V3
0.2
0.1



V2
-0.9
-0.8



V1
-1.0
-1.0



SUBURBAN DIAGNOSTIC KANDIVALI EAST

BRUCE : Stage 2 (03:00)



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 141

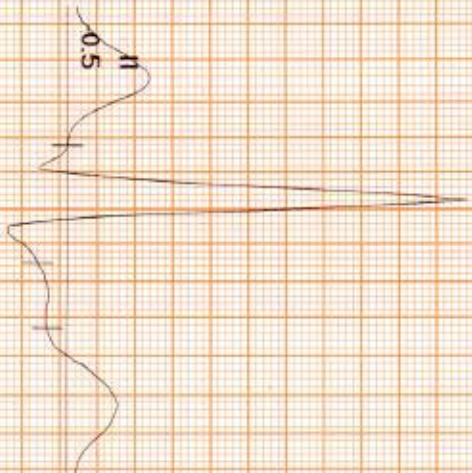
Date: 15-11-2024 09:59:58 AM

METS: 7.1/141 bpm 77% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

EXTime: 06:00 4.0 Kmph 12.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



rS 0.2
rSb 0.3



V1 0.1
V2 0.2



rS 0.5
rSb 0.4



V2 0.3
V3 0.1



rS 0.7
rSb 0.1



V3 0.4
V4 0.1



rS 0.1
rSb 0.4



V4 0.5
V5 0.6



rS 0.5
rSb 0.2



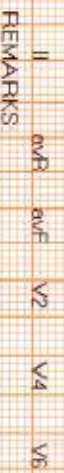
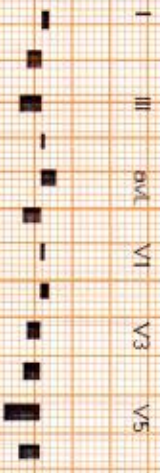
V5 1.2
V6 0.2



rS 0.6
rSb 0.2



V6 0.7
V7 0.2



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

PeaKEX



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 163

Date: 15 - 11 - 2024 09:59:58 AM

METS: 8.3/163 bpm 89% of THR EP: 140/80 mmHg Raw ECG/ BLC Orig/ Notch Orig/ HF 0.05 Hz/LF 35 Hz

ExTime: 07:09 5.5 KmPh. 14.0%

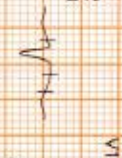
4X 60 mS Pos J

25 mm/Sec. 1.0 Cm/mV

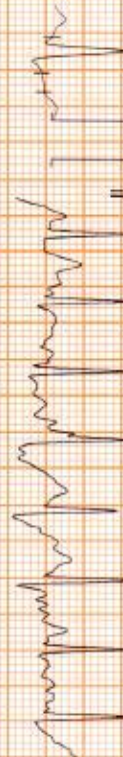
srL 0.6
srS 1.4



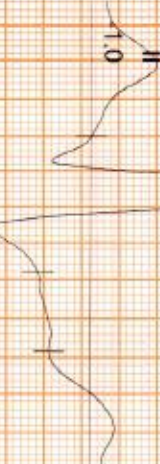
V1



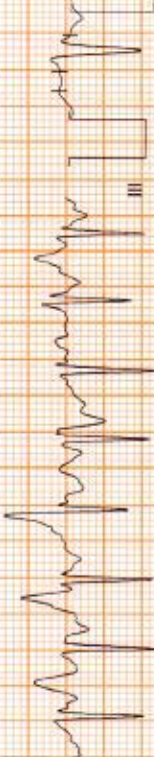
II -1.0
0.5



V2



III 1.4
0.1



V3



avR 0.3
0.6



V4



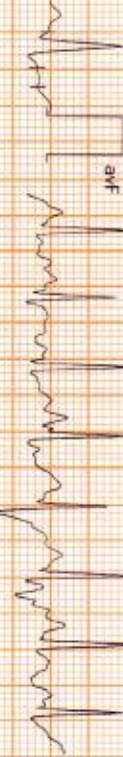
avL 0.9
0.4



V5



avF -1.2
0.2



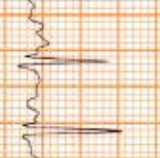
V6



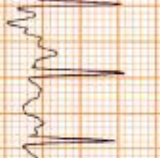
V1



V2



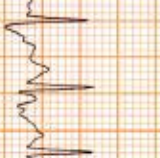
V3



V4



V5



V6

REMARKS:

avR avF V2 V4 V6

SUBURBAN DIAGNOSTIC KANDIVALI EAST

346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR : 104

Date: 15 - 11 - 2024 09:59:58 AM METS: 1.1/104 bpm 57% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

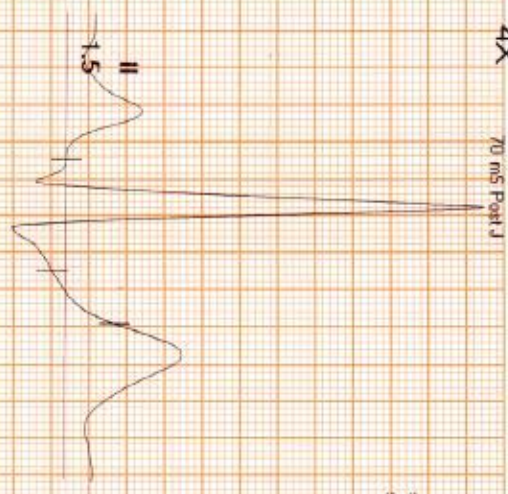
4X 70 ms Post J

Recovery : (01:00)



EXTime 07:09 0.0 kmph 0.0%

25 mm/Sec 1.0 Cm/mV



STL 0.4
STB 0.9

II 1.5
1.5
2.7

III 1.1
1.1
1.9

avR -1.0
-1.0
-1.8

avL -0.3
-0.3
-0.5

avF 1.3
1.3
2.3

V1 -0.3
-0.3
-1.0

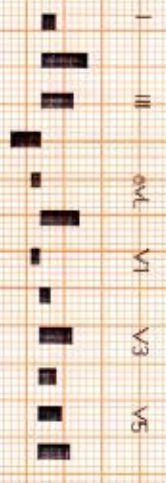
V2 0.4
0.4
0.0

V3 1.1
1.1
0.6

V4 0.6
0.6
1.5

V5 0.8
0.8
1.8

V6 1.1
1.1
1.8



REMARKS:
II avR avF V2 V4 V6



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : (01:09)



346 (2432015951) / SAROJ JAIN / 37 Yrs / F / 153 Cms / 61 Kg / HR 86

Date: 15-11-2024 09:59:58 AM METS: 1.0/86 bpm 47% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 07:09 0.0 Kmph. 0.0%

4X 80 ms Paper J

25 mm/Sec. 1.0 Cm/mV



REMARKS: