

Name: MRS. PRANITA KURLEWAR

Ref. By: Mediwheel

Sent By: Arcofemi Healthcare Pvt Ltd

LAB ID: 315 **Sample Collection**: 08/03/2025 14:21

Age : 34 Yrs. Sex : F Sample Received : 08/03/2025 14:21

Printed: 11/03/2025 10:29 Report Released: 09/03/2025 12:49

COMPLETE BLOOD COUNT *

Test		Result	Unit	Biological Ref Range
Hemoglobin	:	11.3	g/dL	12-14 g/dL
(SLS) Photometric				
Total RBC	:	4.65	10^6/μL	3.0-6.0 10^6/µL
(Electrical Impedence)		07.0	0/	00.54.0/
Hematocrit (PCV) (Calculated)	•	37.0	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	:	79.6	fL	78-101 fL
Mean Corpuscular Hemoglobin	:	24.3	pg	27-32 pg
(MCH)				
(Calculated)				
Mean Corpuscular Hemoglobin	:	30.5	g/dL	31.5-34.5 g/dL
Concentration (MCHC)				
(Calculated)				
Red Cell Distribution Width (RDW	-:	17.40	%	12-15 %
CV)				
(Electrical Impedence)			,	
Total Leucocytes Count (Light Scattering)	:	6440	/cumm	4000-11000 /cumm
Neutrophils	:	57	%	40-75 %
(Calculated)				
Eosinophils Percentage	:	04	%	1-6 %
(Calculated)				
Lymphocyte Percentage	:	32	%	20-45 %
(Calculated)				
Basophils Percentage	:	0	%	0-1 %
(Calculated)				
Monocytes Percentage	:	07	%	1-10 %
(Calculated)			,,	
RBC Morphology		Normocytic	Normochromic	
WBC Morphology		Normal Morp		
Platelet Count		255000	/ul	150000-450000 /ul
(Electrical Impedence)	•	20000	/ UI	100000 +00000 /ul
Platelets on Smear	:	Adequate		Adequate

Sample Type:EDTA whole blood(Westergren)

Sample Type : EDTA Whole Blood

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

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

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:49:20)

14



mm at 1hr

Dr. Santosh Khairnar

Reg. No.-2000/08/2926



E.S.R



0-20 mm at 1hr



245,000205

Name: MRS. PRANITA KURLEWAR

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Age : 34 Yrs. **Sex** : F

Printed: 11/03/2025 10:29

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Report Released : 09/03/2025 12:49

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



Dr. Santosh Khairnar



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Sample Collection: 08/03/2025 14:21 **LAB ID:** 315

: 34 Yrs. **Sex** : F Age Sample Received: 08/03/2025 14:21

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

Test Result Unit Biological Ref. Range GLUCOSE (SUGAR) FASTING, 79 Non-Diabetic: < 100 mg/dl mg/dL (Fluoride Plasma Used) Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl

Method: GOD-POD

Fasting Urine Glucose Absent

GLUCOSE (SUGAR) PP, (Fluoride

Plasma Used)

Absent 72 mg/dl Non-Diabetic: < 140 mg/dl

Impaired Glucose Tolerance: 140-

199 mg/dl Diabetic: >/= 200 mg/dl

PP Urine Glucose Absent Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 10/03/2025 09:04:16)

HbA1c (Whole Blood)

%	Reference Range Non-diabetic: 4-6 Excellent Control: 6-7
	Evaclant Control 6.7
	Excellent Control. 6-7
	Fair to good control: 7-8
	Unsatisfactory control: 8-10
	Poor Control: >10

Estimated Average Glucose (eAG) 108.28 65.1-136.3 mg/dL mg/dl mg/dl

EDTA Whole Blood, Method: Calculated

Interpretation:

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Assocation) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HBA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.
- *Note This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:49:40)



Dr. Santosh Khairnar

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Age: 34 Yrs. Sex: F

Sample Received: 08/03/2025 14:21

Report Released : 10/03/2025 09:04

BLOOD GROUP

Printed: 11/03/2025 10:29

Test Result Unit

Biological Ref. Range

'O' Rh POSITIVE **Blood Group**

Slide and Tube Aggllutination Test

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:45:50)

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





Dr. Santosh Khairnar



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LAB ID: 315 **Sample Collection**: 08/03/2025 14:21

Age : 34 Yrs. Sex : F Sample Received : 08/03/2025 14:21

Printed: 11/03/2025 10:29 **Report Released**: 09/03/2025 12:47

	LIP	ID PROFILE	
Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 177	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
Serum, Method: CHOD-PAP			
S. Triglyceride	: 112	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
Serum, Method: GPO-Trinder			
HDL Cholesterol serum, Direct method	: 50	mg/dl	42.0-88.0 mg/dl
LDL Cholesterol	: 104.60	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
Serum, (Calculated)			
VLDL Cholesterol Serum, Method: Calculated	: 22.4	mg/dl	5-30 mg/dl
LDL/HDL Ratio	: 2.1		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
Serum, Method: Calculated			
TC/HDL Ratio	: 3.5		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0

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

Interpretation

Serum, Method: Calculated

- 1.Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.
- 2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.
- 3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:47:21)

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



Dr. Santosh Khairnar





245,000205

Name: MRS. PRANITA KURLEWAR

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Sent By: Arcofemi Healthcare Pvt Ltd

LAB ID: 315

LIVER FUNCTION TEST

Age: 34 Yrs. Sex: F

Printed: 11/03/2025 10:29

Sample Collection: 08/03/2025 14:21

Sample Received: 08/03/2025 14:21

2.3-3.5 gm/dl

0.90-2.00

0-38 U/L

Report Released : 09/03/2025 12:50

Test		Result	Unit	Biological Ref. Range
S. Bilirubin (Total)	:	0.96	mg/dl	0-2.0 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Direct)	:	0.41	mg/dl	0-0.4 mg/dl
Serum, Method: Diazo (walter & Gerarde)				
S. Bilirubin (Indirect)	:	0.55	mg/dl	0.10-1.0 mg/dl
Serum, Method: Calculated				
Aspartate Transaminase (AST/SGOT)	:	18	IU/L	0-31 IU/L
Serum, Method: UV Kinetic with P5P				
Alanine Transaminase (ALT/SGPT)	:	12	IU/L	0-34 IU/L
Serum, Method: UV Kinetic with P5P				
S. Alkaline Phosphatase	:	107	IU/L	42-98 IU/L
Serum, Method: IFCC with AMP buffer				
Total Proteins	:	7.1	gm/dl	6.4-8.3 gm/dl
Serum, Method: Biuret				
S. Albumin	:	4.5	gm/dl	3.5-5.2 gm/dl

Serum, Method: G glutamyl carboxy nitroanilide

Serum, Method: BCG

Serum, Method: Calculated

Serum, Method: Calculated

S. Globulin

A/G Ratio

Gamma GT

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:50:00)

2.6

1.73

10

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

gm/dl

U/L





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

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Report Released : 09/03/2025 12:47

SERUM CREATININE

Test Result Unit Biological Ref. Range

Age

S. Creatinine 0.57 mg/dl 0.60-1.1 mg/dl

Serum, Method: Enzymatic

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

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(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:47:44)

BLOOD UREA NITROGEN (BUN)

Test Result Unit Biological Ref. Range

Urea 20.75 mg/dl 13-40 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen 9.70 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:47:38)

SERUM URIC ACID

Test Result Unit Biological Ref. Range

S. Uric Acid 2.6-6.0 mg/dl 3.50 mg/dl

Serum, Method: Uricase - POD

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

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:47:28)





Dr. Santosh Khairnar

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BUN CREAT RATIO (BCR)

Test Result Unit Biological Ref. Range

BUN/Creatinine ratio 17.02 5-20

Serum, Method: Calculated

NOTE:

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

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:47:52)

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





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Printed: 11/03/2025 10:29

Sample Collection: 08/03/2025 14:21

Sample Received: 08/03/2025 14:21

Report Released : 09/03/2025 12:49

THVR	חוח	FII	NC	$\square \cap V$	I TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.4	ng/dl	0.70-2.04 ng/dl
Serum, Method: CLIA			
Total T4	: 11.30	μg/dl	5.1-14.1 μg/dl
Serum, Method: CLIA			

TSH (Thyroid Stimulating Hormone) 1.63 µIU/mI $0.27\text{-}5.3~\mu IU/mI$

Serum, Method: CLIA

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

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

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





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Printed: 11/03/2025 10:29 Report Released: 09/03/2025 12:46

EXAMINATION OF URINE

Test Result Unit Biological Ref. Range

PHYSICAL EXAMINATION

Quantity : 20 ml

Colour : Pale yellow

Appearance : Slightly Hazy

Reaction (pH) : 6.0 4.5 - 8.0 Specific Gravity : 1.010 1.010 - 1.030

CHEMICAL EXAMINATION

Protein Absent Absent Glucose Absent Abesnt **Ketones Bodies** Absent Abesnt Occult Blood Absent Absent Bilirubin Absent Absent Urobilinogen Absent Normal

MICROSCOPIC EXAMINATION

Epithelial Cells : 8 - 10 / hpf
Pus cells : 2 - 3 / hpf

Red Blood Cells : Absent / hpf

Casts : Absent / lpf Absent / lpf Crystals : Absent Absent

OTHER FINDINGS

Yeast Cells : Absent Absent Bacteria : Absent Absent

Mucus Threads : Absent Spermatozoa : Absent

Deposit : Absent Absent Absent Absent Absent

sample type:Urine

Method: Visual and Microscopic

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 09/03/2025 12:46:18)

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



Dr. Santosh Khairnar







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Printed: 11/03/2025 10:29

Sample Collection: 08/03/2025 14:21

Sample Received: 08/03/2025 14:21

Report Released : 10/03/2025 17:36

CERVICAL CYTOLOGY REPORT

PAPANICOLAOU SMEAR (CONVENTIONAL)

Specimen:-

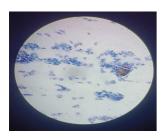
- 1. 2 unstained air dried smear received.
- 2. Stained with papanicolaou method and examined.

Smear shows:

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

Impression: Essentially Normal Pap smear.

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



(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 10/03/2025 17:36:17)

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



Dr. Santosh Khairnar





245,000205

Name: MRS. PRANITA KURLEWAR

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Sent By: Arcofemi Healthcare Pvt Ltd

LAB ID: 315

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Printed: 11/03/2025 10:29

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Report Released : 10/03/2025 13:14

X RAY CHEST PA VIEW

CLINICAL PROFILE: NO COMPLAINTS

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

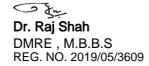
Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.









Name: MRS. PRANITA KURLEWAR

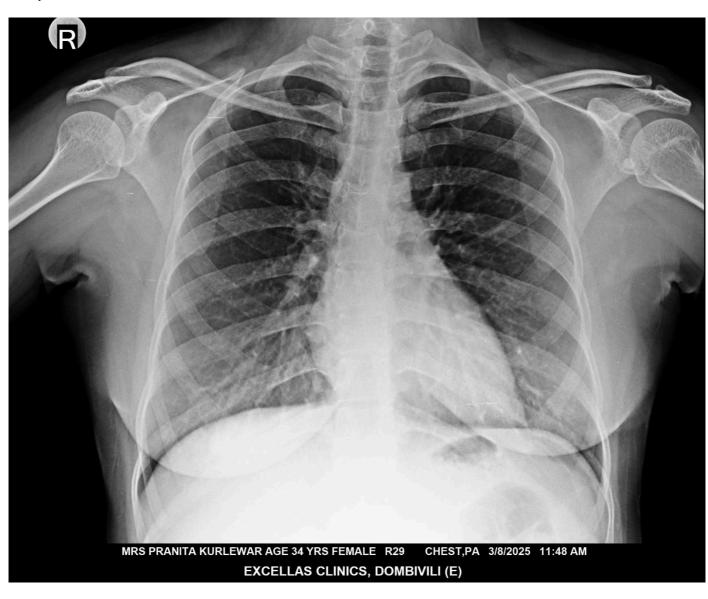
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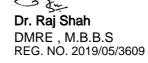
Printed: 11/03/2025 10:29 **Report Released**: 10/03/2025 13:14



(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 10/03/2025 13:14:51)

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Report Released : 10/03/2025 17:03

USG ABDOMEN & PELVIS - FEMALE

Printed: 11/03/2025 10:29

Liver:- is normal in size(12.6 cm) **and shows raised echotexture**. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. There is no IHBR dilatation seen.

Gall Bladder:- Post cholecystectomy status.

Visualised CBD is normal.

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

Spleen:- is normal in size (9.7 cm) and echotexture. No focal lesion is seen.

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

Right kidney - 9.8 x 4.0 cms.

Left kidney – 10.0 x 4.2 cms.

Urinary Bladder:- is well distended and shows normal wall thickness.

There is no intraluminal lesion within.

Uterus:- is anteverted, normal in size and measures 6.6 x 3.5 x 3.2 cms Myometrium shows homogenous echo pattern. No focal lesion is seen.

ET: 4.7 mm

Ovaries:-appear normal in size, shape & show normal follicular pattern.

Right ovary measures – 1.7 x 2.0 cms.

Left ovary measures - 1.9 x 2.8 cms.

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

No ascites is seen. No significant lymphadenopathy is seen.

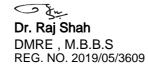
IMPRESSION:

Grade I fatty liver.

Thanks for the Referral

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 10/03/2025 17:03:42)







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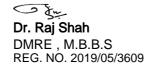
----- End Of Report -----

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Report Released: 10/03/2025 17:03







245,000205

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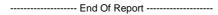
Sample Received: 08/03/2025 14:21

Report Released : 08/03/2025 17:03

OPTHALMIC EVALUATION

Examination	Right Eye	Left Eye		
Distance Vision	6/6	6/6		
Near Vision	N/6	N/6		
Color Vision	Nor	mal		
Remarks	Nor	rmal		

(Collected At: 08/03/2025 14:21:19, Received At: 08/03/2025 14:21:19, Reported At: 08/03/2025 17:03:49)







MEC	DICAL EXAMINATION F	REPORT	
Name Mr./ Mrs./ Miss	Pranita kurlewar	sa	Examined by
Sex	Male / Female	-	novanul & hislamo
Age (yrs.) 3 h	UHID:		Other Sweeterm
Date	8-13/2025	Bill No :	(Mict. hovels atc.)
Marital Status	Single Married / Widow / Window / Windo		Menstrual History
Present Complaints		lites	
Past Medical History : Surgical History :	GBSx(2018).	×	4
Personal History	Diet: Veg □ / Mixed ☑: Addiction: Smoking □ / Toba Any Other: №	cco Chewing 🗆	/ Alcohol□:
Family History	Father = HT / DM / IHD / Strong Mother = HT / DM / IHD / Strong Siblings =	oke / Any Other	
History of Allergies	Drug Allergy No	8 m	Gyriaecology Impar su Recimment (Light x
History of Medication	For HT / DM / HD / Hypothyn	roidism	Racon menderion
On Examination (O/E)	G. E.: Enir R. S.: AEBL C. V. S.: § 3 +		Pingen in impressing
	C. N. S.: Conc - P/A: Soff Any Other Positive Findings	wC	vel biarrilliax it

Height /55 / cms	Weight 58-3 Kgs BMI 24-3					
Pulse (per min.) 95/m	Blood Pressure (mm of Hg) /20/80					
170	Gynaecology					
Examined by	Dr.					
Complaint & Duration						
Other Symptoms (Mict, bowels etc)						
Menstrual History	Menarche Cycle Loss					
	Pain I.M.B P.C.B L.M.P Vaginal Discharge Cx. Smear Contraception					
Obstetric History	() () () () () () () () () ()					
Examination :	Donadoi L pawar a Mamahir					
Breast	My Henry y and					
Abdomen						
P.S.	A BROWS IN THE THE PARTY OF THE					
P.V.	Stories = HT / DM / (HD / Stroke.)					
Gynaecology Impression & Recommendation						
Recommendation						
	ALL CELL					
Physician Impression						
Examined By :	- Overweight = To Reduce Weight - Underweight = To Increase Weight					

DAWADI, SONAR PADA DOMBIVLI.

Ms. PRANITA KURLEWAR

Age: 34/F

Ref. by : MEDIWHEEL

Indication1: Indication2: Indication3: ID:87

Ht/Wt: 155/58

Recorded: 8-3-2025 12:09

TREADMILL TEST SUMMARY REPORT

Protocol: BRUCE

History: NIL

Medication1: Medication2:

Medication3:

PHASE	PHASE TIME	STAGE TIME	SPEED (Km./Hr.)	GRADE (%)	H.R. (BPM)	B.P. (mmHg)	RPP X100	н	ST LEVEL (mm) V2	V5	METS
SUPINE HYPERVENT STANDING	0:02	0:02			93 92 90	110/70 110/70 110/70	102 101 99	-0.5 -0.4 -0.2	0.3 0.6 0.5	0.3 0.1 -0.2	
STAGE 1 STAGE 2	2:59 4:59	2:59 1:59	2.70 4.00	10.00 12.00	145 158	110/70 120/80	159 189	0.3	1.1 1.2	-0.1 -0.3	4.80 6.33
PEAK EXER	5:03	2:03			159	120/80	190	0.0	1.2	-0.3	6.38

RESULTS

Exercise Duration

159 bpm 85 % of target heart rate 186 bpm

Max Heart Rate Max Blood Pressure

120/80 mmHg 6.38 METS

5:03 Minutes

Max Work Load Reason of Termination

Achieved THR

IMPRESSIONS

GOOD EFFORT TOLERANCE, NORMAL IONOTROPIC AND CHRONOTROPIC RESPONCE. NO ANGINA/ARRYTHMIA'S/LV DYSFUNCTION. NO SIGNIFICANT ST CHANGES AT PEAK OF TEST.

TEST IS NEGATIVE FOR EXERCISE INDUCED REVERSABLE ISCHEMIA.

DE VINAY HIRAY DNB MED

Reg. No. 2012/09/2681

BRUCE RECOVERY

PHASE TIME: 2:59

Ms. PRANITA KURLEWAR

I.D. : 87 AGE/SEX : 34/F

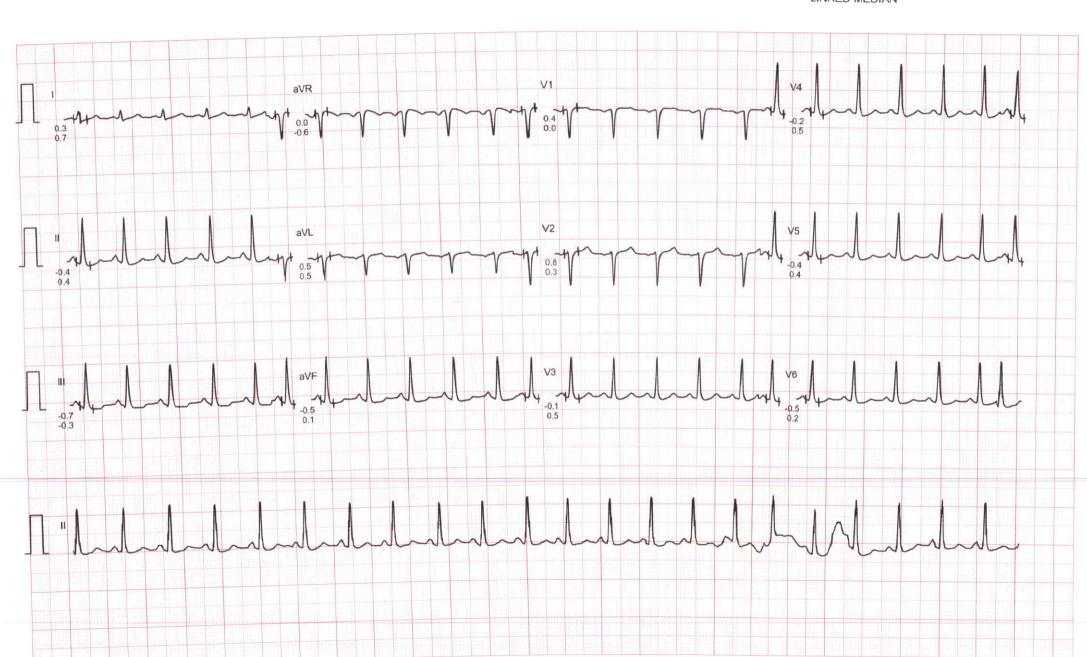
RECORDED: 8-3-2025 12:09

RATE: 136 BPM B.P.: 120/80 mmHg

LINKED MEDIAN

SPEED: 0.0 Km./Hr. GRADE: 0.0 %

ST @ 10mm/mV 80ms PostJ



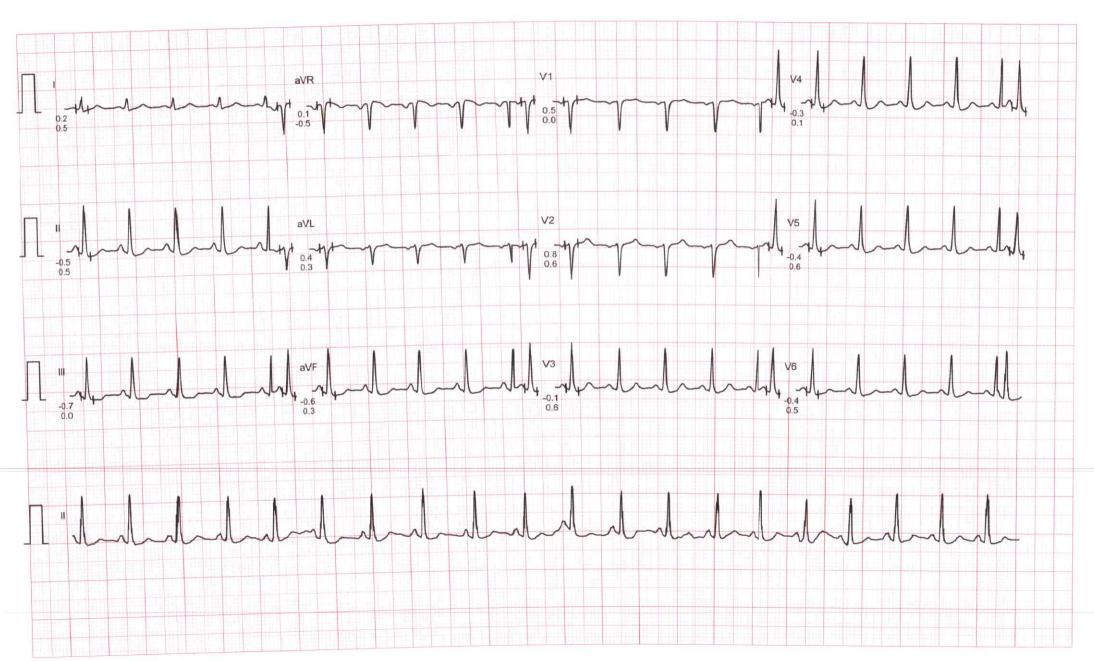
Ms. PRANITA KURLEWAR

I.D. : 87

AGE/SEX: 34/F RECORDED: 8-3-2025 12:09 RATE: 123 BPM B.P.: 120/80 mmHg BRUCE RECOVERY

PHASE TIME: 1:59

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



BRUCE RECOVERY

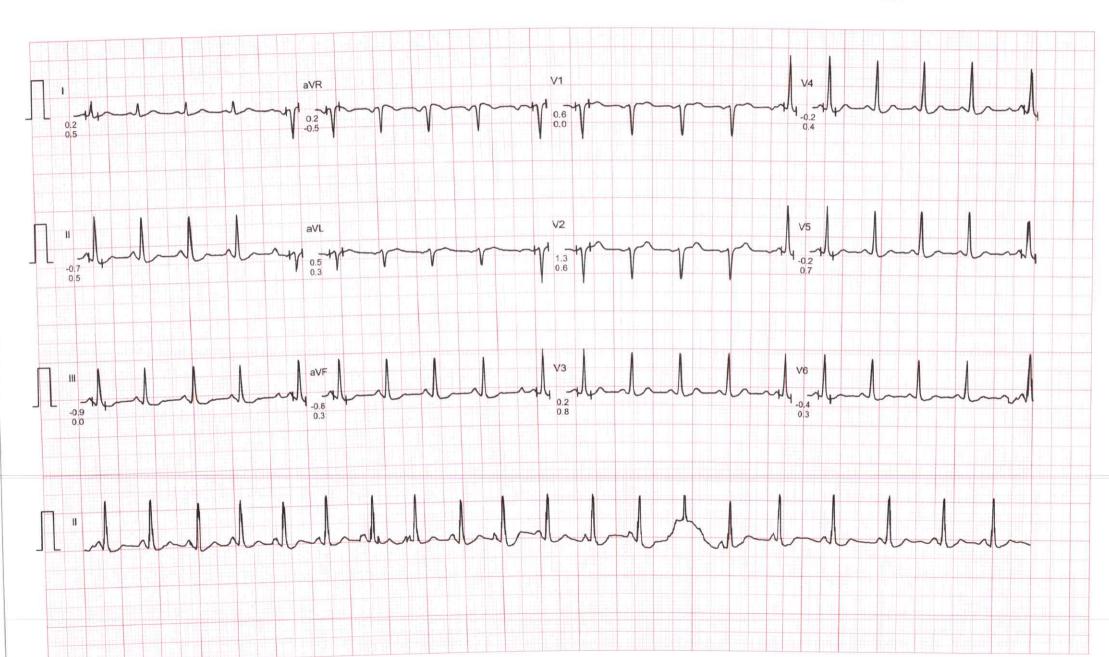
PHASE TIME: 0:59

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

LINKED MEDIAN



Ms. PRANITA KURLEWAR



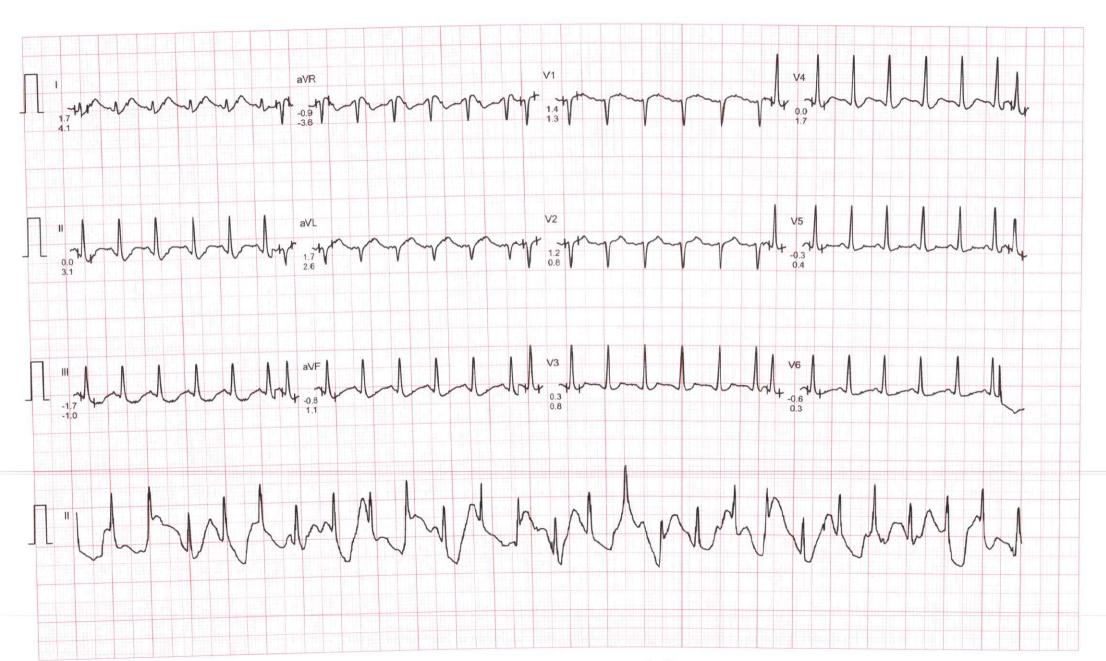
Ms. PRANITA KURLEWAR

I.D. : 87 AGE/SEX : 34/F

RECORDED: 8-3-2025 12:09

RATE: 159 BPM B.P.: 120/80 mmHg BRUCE PEAK EXER

PHASE TIME: 5:03 STAGE TIME: 2:03 ST @ 10mm/mV 80ms PostJ SPEED: 4.0 Km./Hr. GRADE: 12.0 %

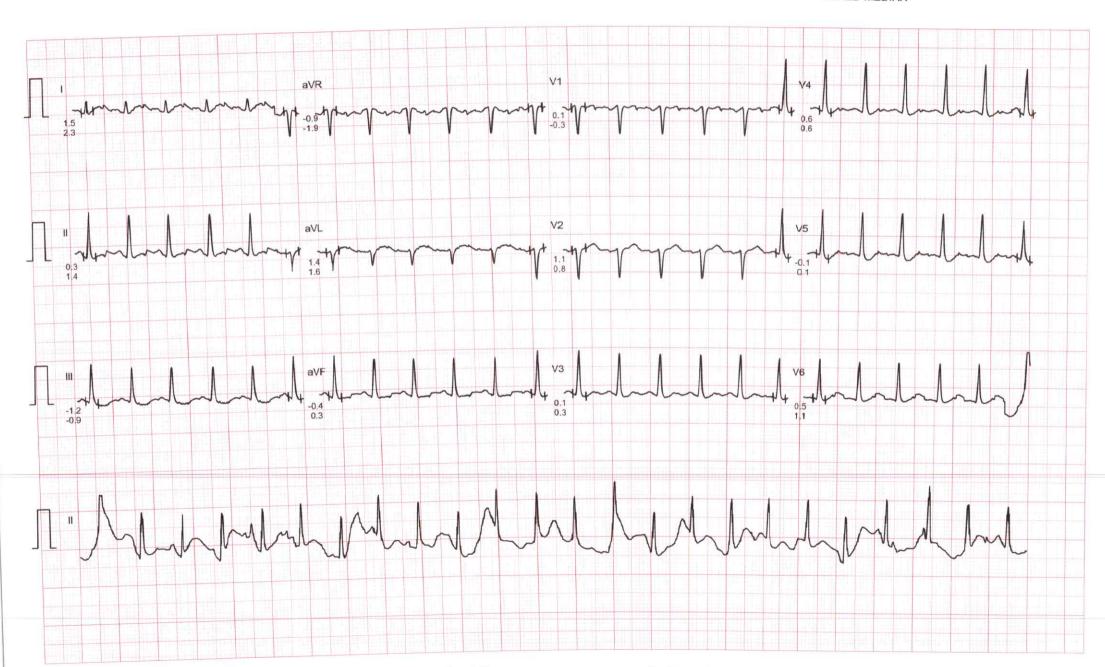


Ms. PRANITA KURLEWAR

I.D. : 87

AGE/SEX: 34/F RECORDED: 8-3-2025 12:09 RATE: 145 BPM B.P.: 110/70 mmHg BRUCE EXERCISE 1

PHASE TIME: 2:59 STAGE TIME: 2:59 ST @ 10mm/mV 80ms PostJ SPEED: 2.7 Km./Hr. GRADE: 10.0 %



STANDING PRETEST

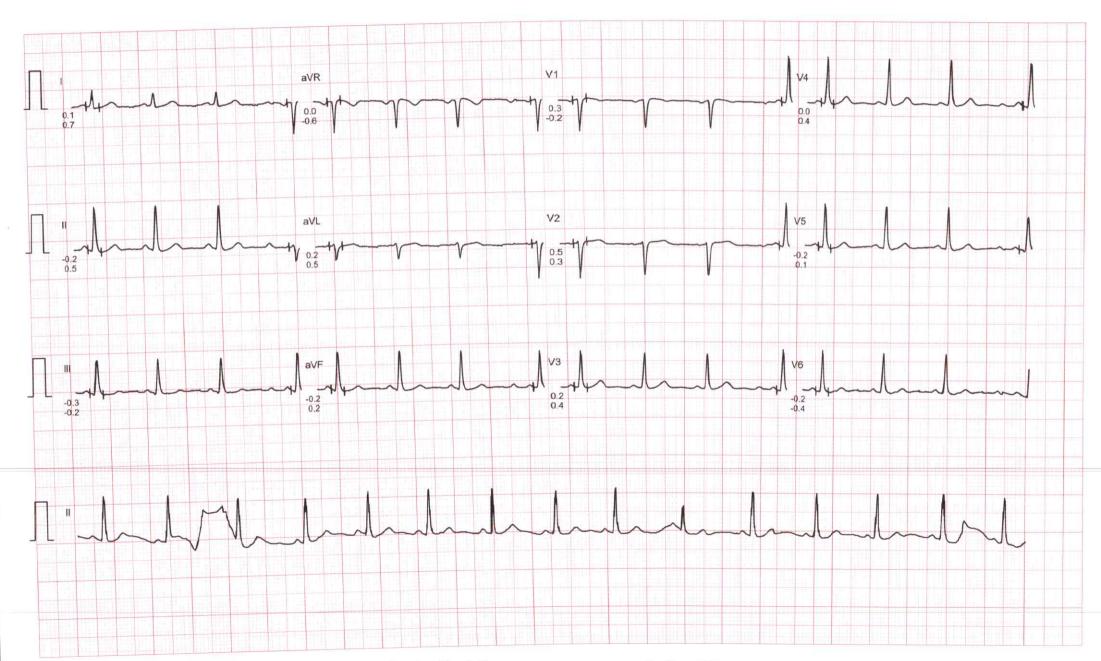
ST @ 10mm/mV 80ms PostJ

Ms. PRANITA KURLEWAR

I.D. : 87 AGE/SEX : 34/F RECORDED : 8- 3-2025 12:09

RATE: 90 BPM

B.P.: 110/70 mmHg

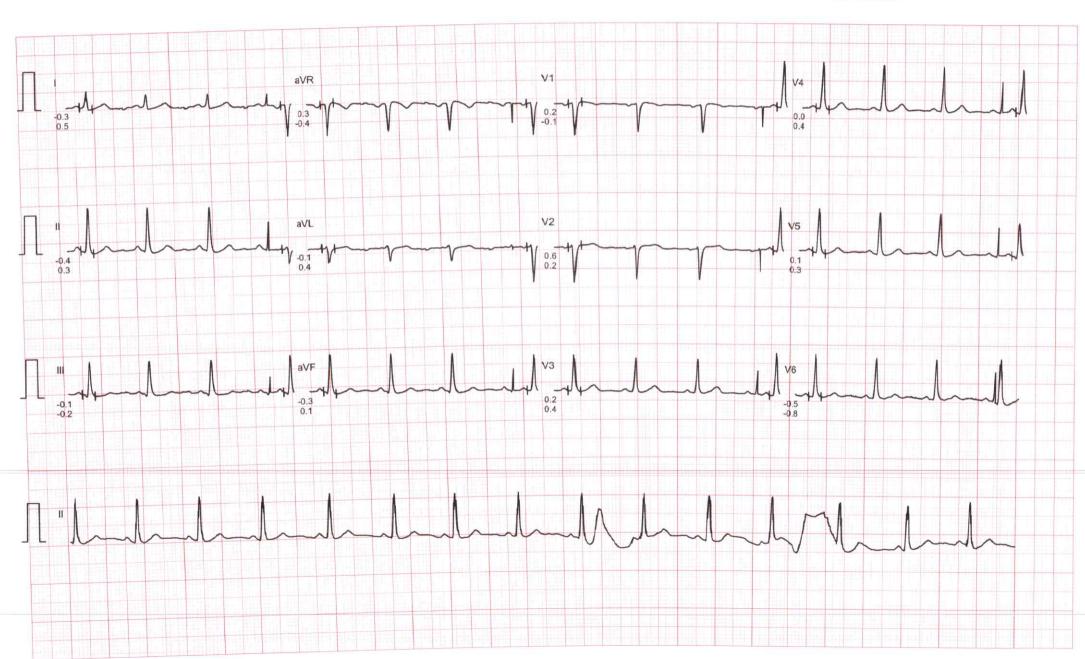


HYPERVENTILATION PRETEST

STAGE TIME: 0:02

ST @ 10mm/mV 80ms PostJ

LINKED MEDIAN



Ms. PRANITA KURLEWAR

RECORDED: 8-3-2025 12:09

RATE: 92 BPM

B.P.: 110/70 mmHg

I.D. : 87 AGE/SEX : 34/F

SUPINE **PRETEST**

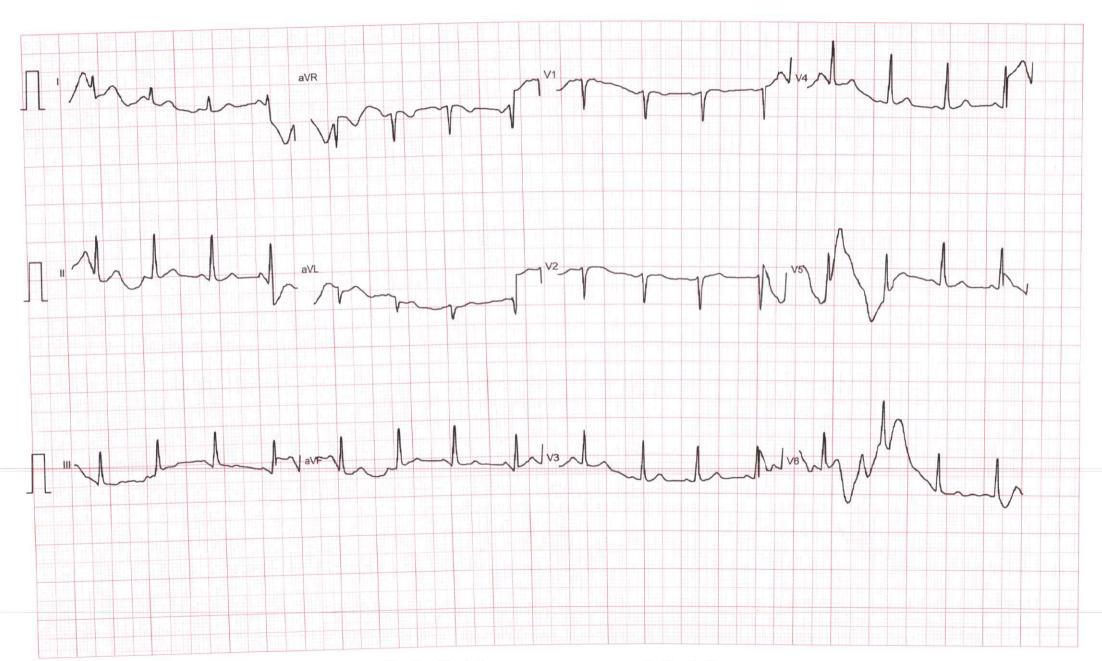
ST @ 10mm/mV 80ms PostJ

Ms. PRANITA KURLEWAR

I.D. : 87 AGE/SEX : 34/F RECORDED : 8- 3-2025 12:09

RATE: 93 BPM B.P.: 110/70 mmHg

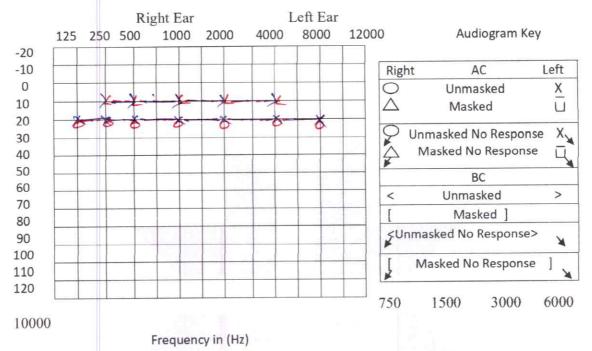
RAW E.C.G.





AGE: 34 YRS /FEMALE NAME: MS. PRANITA KURLEKAR DATE: 08/03/2025 REF BY: MEDIWHEEL

AUDIOGRAM



Responses: Reliable / Fairly Reliable / Not Reliable

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

Speech Audiometry

Test Conduction: Satisfactory / Not Satisfactory

If any other specify

Procedure: Standard / Play

Audiological Interpretations:

Test	P.T.A. dBHL
Ear	
Right	20
Left	20

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or, Kasturi Ashish,

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AUDIOLOGIST



