



Name : Ms. PRATIMA PANDEY  
Lab No. : 393972836  
Ref By : SELF  
Collected : 8/3/2025 9:25:00AM  
A/c Status : P  
Collected at : WALKIN - BHAYANDER EAST (MAIN CENTRE)  
1st Floor, Kshitij, Above Raymond Showroom,  
Mira-Bhayandar Road, Bhayandar East, Thane,  
Maharashtra - 401107  
Age : 35 Years  
Gender : Female  
Reported : 9/3/2025 8:06:18AM  
Report Status : Final  
Processed at : SDRL, VIDYAVIHAR  
Corporate ID : 247976

**Aerfocami Healthcare Below 40 Male/Female**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh Typing	Negative

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

**Specimen:** EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**Refernces:**

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

Dr Trupti Shetty  
MD Pathology  
Deputy HOD

Dr Priyanka Sunil Pagare  
MD Pathology  
Sr. Pathologist

Dr Vrushali Shroff  
MD Pathology  
Sr. Pathologist





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**Aerfocami Healthcare Below 40 Male/Female  
 CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.0	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.8	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	38.5	36.0 - 46.0 %	Calculated
MCV	<b>80.7</b>	81.0 - 101.0 fL	Measured
MCH	27.2	27.0 - 32.0 pg	Calculated
MCHC	33.7	31.5 - 34.5 g/dL	Calculated
RDW	<b>15.2</b>	11.6 - 14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7150	4000 - 10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.9	20.0 - 40.0 %	
Absolute Lymphocytes	1637.4	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.5	2.0 - 10.0 %	
Absolute Monocytes	536.3	200.0 - 1000.0 /cmm	Calculated
Neutrophils	68.2	40.0 - 80.0 %	
Absolute Neutrophils	4876.3	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.0	1.0 - 6.0 %	
Absolute Eosinophils	71.5	20.0 - 500.0 /cmm	Calculated
Basophils	0.4	0.1 - 2.0 %	
Absolute Basophils	28.6	20.0 - 100.0 /cmm	Calculated





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**Aerfocami Healthcare Below 40 Male/Female  
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	231000	150000 - 410000 /cmm	Elect. Impedance
MPV	11.4	6.0 - 11.0 fL	Measured
PDW	22.7	11.0 - 18.0 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Others	Normocytic Normochromic		

**Specimen:** EDTA whole blood





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**Aerfocami Healthcare Below 40 Male/Female**  
**ERYTHROCYTE SEDIMENTATION RATE (ESR)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	12.00	2.00 - 20.00 mm/hr	Sedimentation

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

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

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

**Limitations:**

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

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

**Reference:**

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





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**Aerfocami Healthcare Below 40 Male/Female**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	83.57	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	73.42	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

CREATININE, Serum	0.57	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	120.91	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

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





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<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>	<b><u>BIOLOGICAL REF RANGE</u></b>	<b><u>METHOD</u></b>
BILIRUBIN (TOTAL), Serum	1.04	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	<b>0.49</b>	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.55	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.63	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.60	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.03	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.52	1.00 - 2.00	Calculated
SGOT (AST), Serum	15.10	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.90	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.10	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	<b>140.00</b>	35.00 - 105.00 U/L	Colorimetric
BLOOD UREA, Serum	20.60	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	9.62	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.01	2.40 - 5.70 mg/dL	Enzymatic





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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	102.5	mg/dL	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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





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**Aerfocami Healthcare Below 40 Male/Female**  
**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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**Aerfocami Healthcare Below 40 Male/Female**  
**Glucose & Ketones, Urine**

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





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**LIPID PROFILE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	117	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	75	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	40	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	77	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	62	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	15	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2	0-3.5 Ratio	Calculated

**Reference:**

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





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**Aerfocami Healthcare Below 40 Male/Female**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	4.72	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	12.80	11.5-22.7 pmol/L	ECLIA
sensitiveTSH Serum	0.86	First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59 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 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 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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**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.006	1.002-1.035	Chemical Indicator
Reaction (pH)	5.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	
Blood	Absent	Absent	
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	
Nitrite	Negative	Negative	
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.5	0-5/hpf	
Red Blood Cells / hpf	0.2	0-2/hpf	
Epithelial Cells / hpf	1.8	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.1	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	<b>43.80</b>	0-20/hpf	
Yeast	0.00	Absent	
OTHERS	0.00		

Dr. Jageshwar mandal Choupal  
 DNB Pathology  
 Consultant Pathologist

Dr Nehal Dubey  
 MD Pathology  
 Chief of Lab



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**Aerfocami Healthcare Below 40 Male/Female**  
**EXAMINATION OF FAECES**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>	<b><u>BIOLOGICAL REF RANGE</u></b>	<b><u>METHOD</u></b>
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**PHYSICAL EXAMINATION**

EXAMINATION OF FAECES	Sample Not Received
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**CHEMICAL EXAMINATION**

**MICROSCOPIC EXAMINATION**

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



**IMPORTANT INSTRUCTIONS**

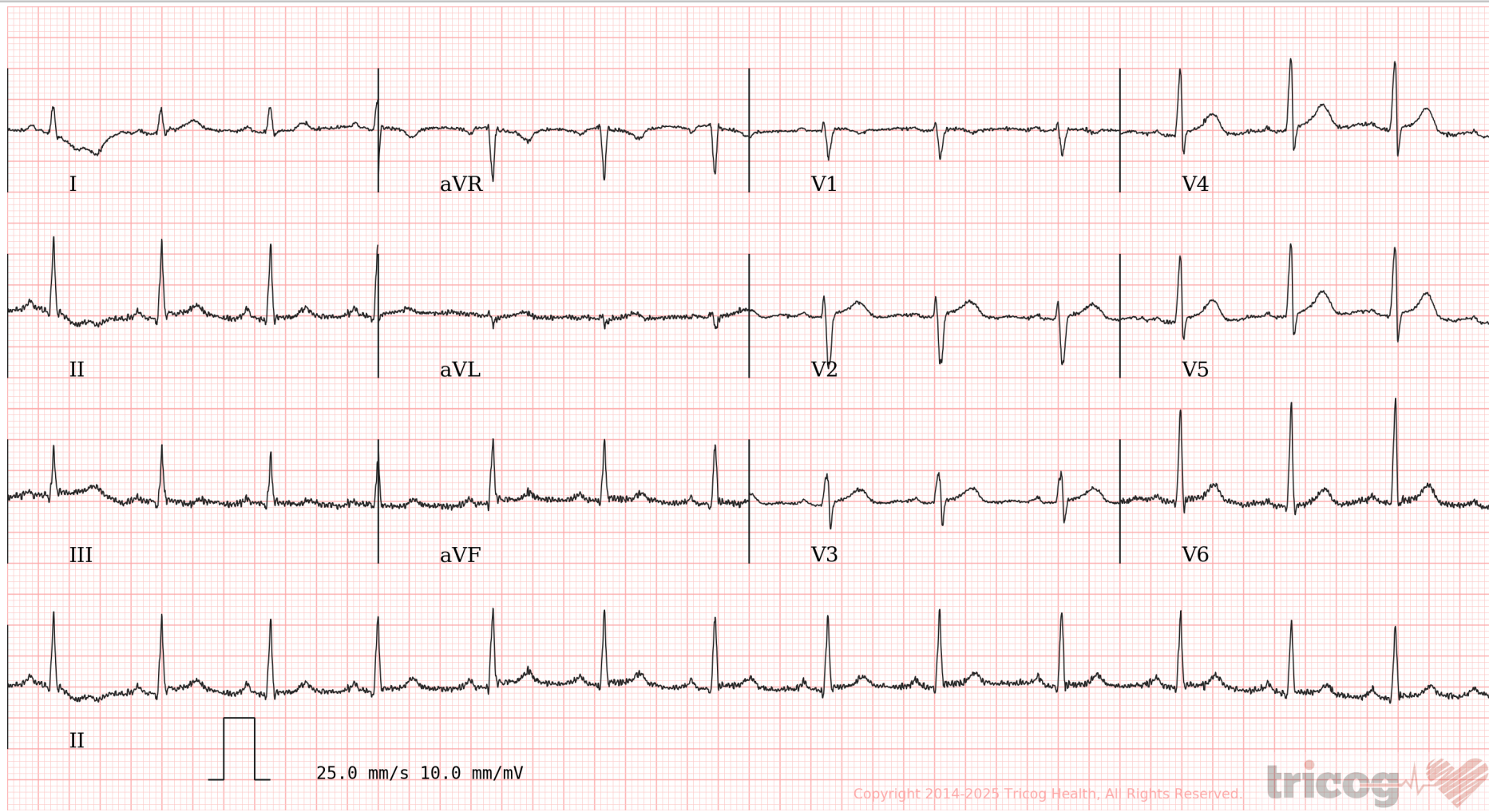
The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause 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) <<mailto:customerservice@suburbandiagnosics.com>>

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





Age **35** **9** **19**  
years months days

Gender **Female**

Heart Rate **83bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

**Measurements**

QRSD: 78ms  
QT: 348ms  
QTcB: 408ms  
PR: 138ms  
P-R-T: 35° 71° 42°

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

*Smita Valani*

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

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.

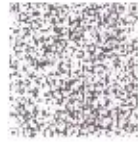


भारत सरकार

GOVERNMENT OF INDIA



प्रतिमा सचिंकुमार पाण्डेय  
Pratima Sachinkumar Pandey  
जन्म तारीख/DOB: 20/05/1989  
पहिल/ FEMALE



7091 8598 4392

माझे साधार, माझी ओळख

For Suburban  
Diagnostic  
Medical Health checkup  
JSP  
08/03/25

SI... PVT. LTD.  
Kaki...  
Near Taur...  
Mira Road (East)  
Phone : 62... 61 10000



CID : 393972836  
Name : Ms. PRATIMA PANDEY  
Age / Sex : 35 Years/Female  
Ref. Dr : self  
Reg. Location : Bhayander East Main Centre  
Reg. Date : 08-Mar-2025  
Reported : 08-Mar-2025 / 10:57

**USG WHOLE ABDOMEN**

**LIVER:**

The liver is normal in size, normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

**GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

**COMMON BILE DUCT:**

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artefacts.

**PANCREAS:**

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

**KIDNEYS:**

Right kidney measures 9.9 x 4.1 cm. Left kidney measures 9.6 x 4.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

**SPLEEN:**

The spleen is normal in size. Parenchyma appears normal. No evidence of focal lesion is noted.

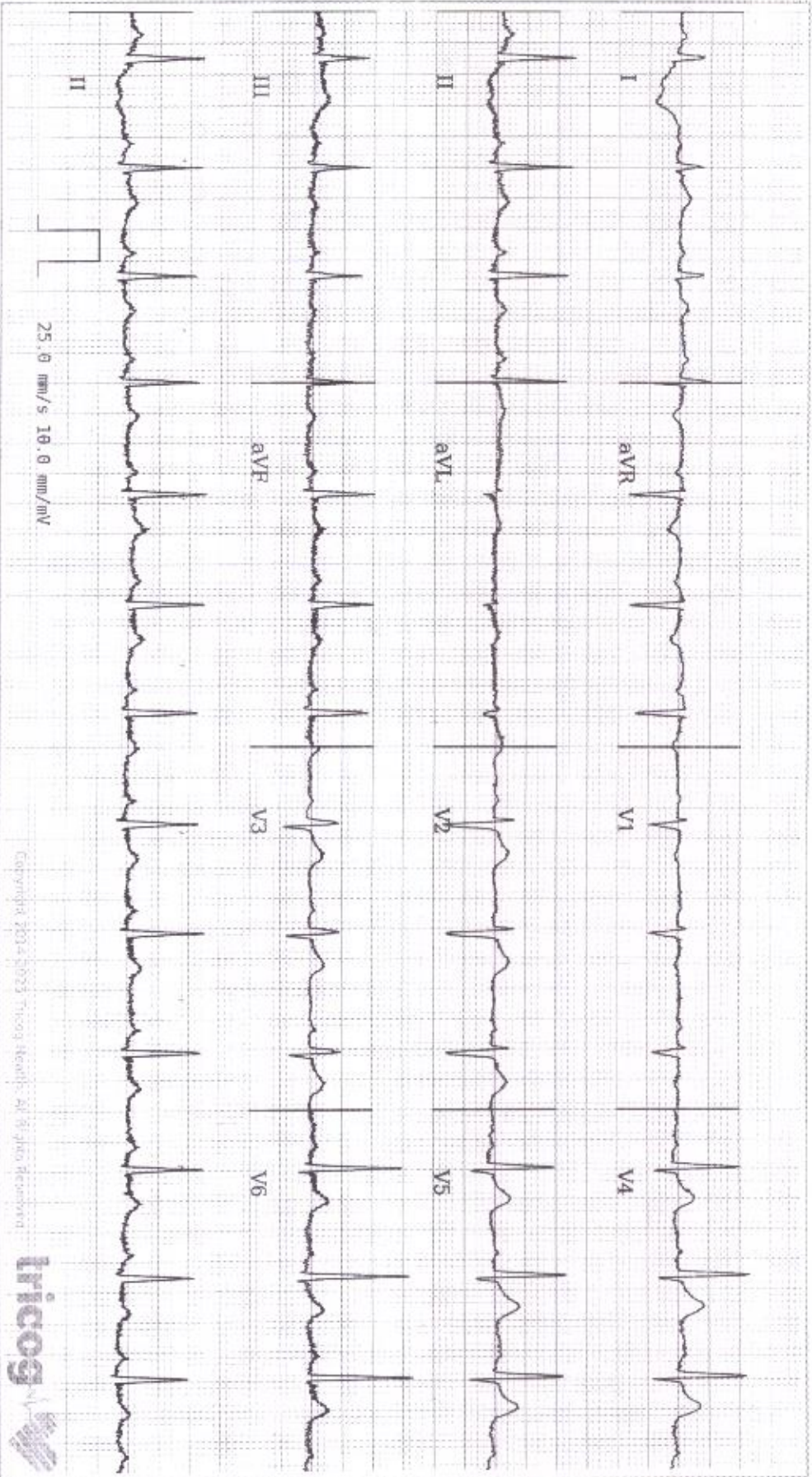
**URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen. There is no evidence of any lymphadenopathy or ascites.

**UTERUS:**

The uterus is anteverted and appears normal. It measures 7.3 x 3.3 x 4.6 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 6.0 mm and appears normal.

Click here to view images <<ImageLink>>



Age **35** **9** **19**  
years months days

Gender **Female**

Heart Rate **83bpm**

Patient Virals

BP: NA

Weight: NA

Height: NA

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 78ms

QT: 348ms

QTcB: 408ms

PR: 138ms

P-R-T: 35° 71° 42°

REPORTED BY

*[Signature]*

Dr. Soha Valani  
MBBS, D. Cardiology  
2011030587

ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. 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.

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Reg. Location : Bhayander East Main Centre  
Reg. Date : 08-Mar-2025  
Reported : 08-Mar-2025 / 11:10

**X-RAY CHEST PA VIEW**

Both of the lung fields are normal.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION:**

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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



DR. MUSHTAQ A. CHOUDHARY  
M.B.B.S., D.M.R.E.  
Consult Radiologist & Sonologist  
MMC - 2005/01/0427

Click here to view images <<ImageLink>>

Date:- 8/3/25

CID:

Name:- Pratiima Pandey

Sex / Age: 35 / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO

RE      LE  
6/6      6/6  
N/G      N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
Shop No. 9, 101 to 105, Skyline Wealth Space Building,  
Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.  
Phone: 022 - 61700000

Mrs PRATIMA PANDEY  
Age 35 / Female  
08/03/2025

PHYSICAL EXAMINATION

**History and Complaints:**

No Complaints

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	163	<b>Weight</b>	68
<b>Temp (0c):</b>	Afebrile	<b>Skin</b>	----NAD
<b>Blood Pressure</b>	<b>110/80(mm/hg):</b>	<b>Nails</b>	----NAD
<b>Pulse:</b>	<b>62/min</b>	<b>Lymph Node</b>	-Not Palpable

**Systems**

<b>Cardiovascular:</b>	S1S2(N) No Murmurs
<b>Respiratory:</b>	AEBE Clear
<b>Genitourinary:</b>	Normal
<b>GI System:</b>	Normal
<b>CNS:</b>	Normal

**IMPRESSION:** USG, CXR, ECG, CBC are normal

U- Bactera +

**ADVICE:** Expert consultation reqd.

Mrs PRATIMA PANDEY  
Age 35 / Female  
08/03/2025

PHYSICAL EXAMINATION

CHIEF COMPLAINTS:

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

PERSONAL HISTORY:

1)	Alcohol	No	<b>DR. ANITA CHOUDHARY</b> CONSULTANT PHYSICIAN Reg. No. 2017/12/5553
2)	Smoking	No	
3)	Diet	Vegetarian	
4)	Medication	No	

*Anita*

SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
 200, Keshavnagar, Keshavnagar, Keshavnagar,  
 Near Tandon Hospital, Keshavnagar, Road,  
 Mira Road (East), Dist. Thane - 401 105  
 Phone : 022 - 61700000

**CID** : 393972836  
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[Click here to view images <<ImageLink>>](#)

**CID** : 393972836  
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**Reg. Location** : Bhayander East Main Centre  
**Reg. Date** : 08-Mar-2025  
**Reported** : 08-Mar-2025 / 10:57

**OVARIES:**

Right ovary : 3.0 x 2.0 cm.

Left ovary : 2.8 x 1.9 cm.

Both the ovaries are well visualised and appear normal in size, shape and position.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION**

- No significant abnormality made out.

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR. MUSHTAQ A. CHOUDHARY  
M.B.B.S., D.M.R.E.  
Consult Radiologist & Sonologist  
MMC - 2005/01/0427

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





224 (9768520312) / PRATIMA PANDEY / 35 Yrs / F / 163 Cms / 68 Kg  
 Date: 08 / 03 / 2025 01:19:27 PM Refd By : -- Examined By: DR. SMITA VALANI

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	107	58 %	110/80	117	00	
Standing	00:09	0:05	00.0	00.0	01.0	107	58 %	110/80	117	00	
HV	00:13	0:04	00.0	00.0	01.0	109	59 %	110/80	119	00	
ExStart	00:17	0:04	01.7	10.0	01.1	109	59 %	110/80	119	00	
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	149	81 %	120/80	178	00	
BRUCE Stage 2	06:17	3:00	02.5	12.0	07.1	175	95 %	130/80	227	00	
PeakEx	07:29	1:12	03.4	14.0	08.4	200	108 %	130/80	260	00	
Recovery	08:29	1:00	00.0	00.0	01.1	160	86 %	130/80	208	00	
Recovery	09:29	2:00	00.0	00.0	01.0	140	76 %	120/80	168	00	
Recovery	10:29	3:00	00.0	00.0	01.0	127	69 %	110/80	139	00	
Recovery	11:29	4:00	00.0	00.0	01.0	127	69 %	110/80	139	00	
Recovery	11:36				00.0	000	0 %	--/--	000	00	

**FINDINGS :**

Exercise Time : 07:12  
 Initial HR (ExStrt) : 109 bpm 59% of Target 185  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max WorkLoad Attained : 8.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -1.6 mm in PeakEx  
 Duke Treadmill Score : 07.2  
 Test End Reasons : Test Complete

Max HR Attained 200 bpm 108% of Target 185  
 Max BP Attained 130/80 (mm/Hg)

DR. SMITA VALANI  
 MBBS, D. O. C. A. M.  
 2011/03/03

SUBURBAN DIAGNOSTICS (P) PVT. LTD.  
 Shop No. 101/102, 1st Floor,  
 Kshatriya Colony,  
 Near Thyagaraj Park, Sector - 10,  
 Mira Road (W), Dist. Palghar - 401 105  
 Phone : 622 - 61700000

Doctor : DR SMITA VALANI





BHAYANDER E MAIL / 35 Yrs / F / 163 Cms / 68 Kg Date: 08 / 03 / 2025 01:19:27 PM Refd By : --

(ADX\_GEM217220330)Allergens

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

FINAL IMPRESSION : GOOD CHRONOTROPIC RESPONSE

NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

DR. SMITA VALANI  
 MBBS, 2011, Allergist  
 Director

SUBURBUN DIAGNOSTICS (PVT) LTD  
 2011, Allergist  
 Near Tera 24, 1st Floor, Sector 14, Gurgaon  
 Mira Road (East), Dist. Gurgaon, Haryana 122005  
 Phone : 022 - 61700000

*Smita*  
 Doctor : DR SMITA VALANI



**SUBURBUN DIAGNOSTIC**

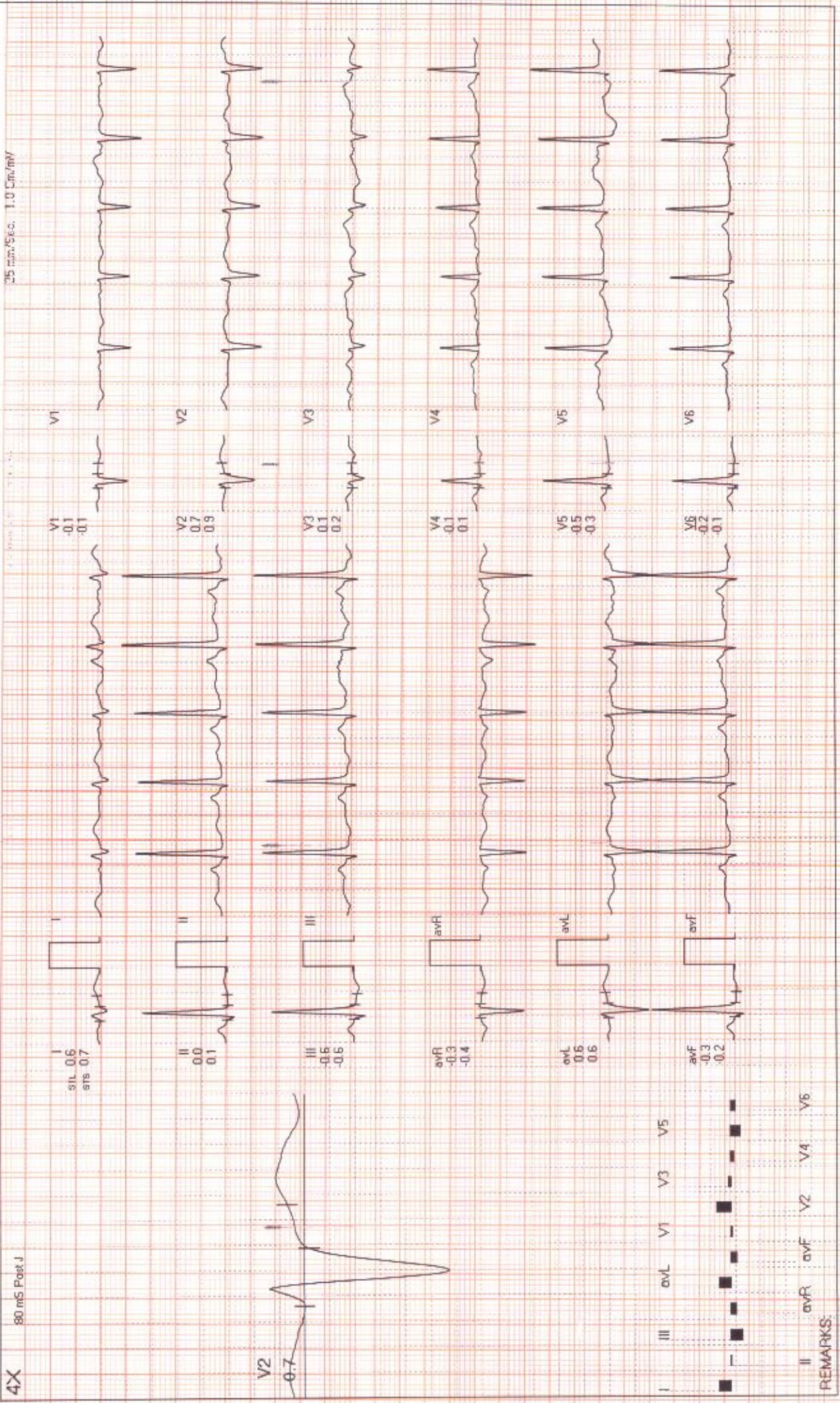
**SUPINE ( 00:01 )**



224 (9768520312) / PRATIMA PANDEY / 35 Yrs / F / 163 Cms / 68 Kg / HR : 107

Date: 08 / 03 / 2025 01:19:27 PM METS: 1.0/ 107 bpm 58% of THR BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%



SUBURBUN DIAGNOSTIC

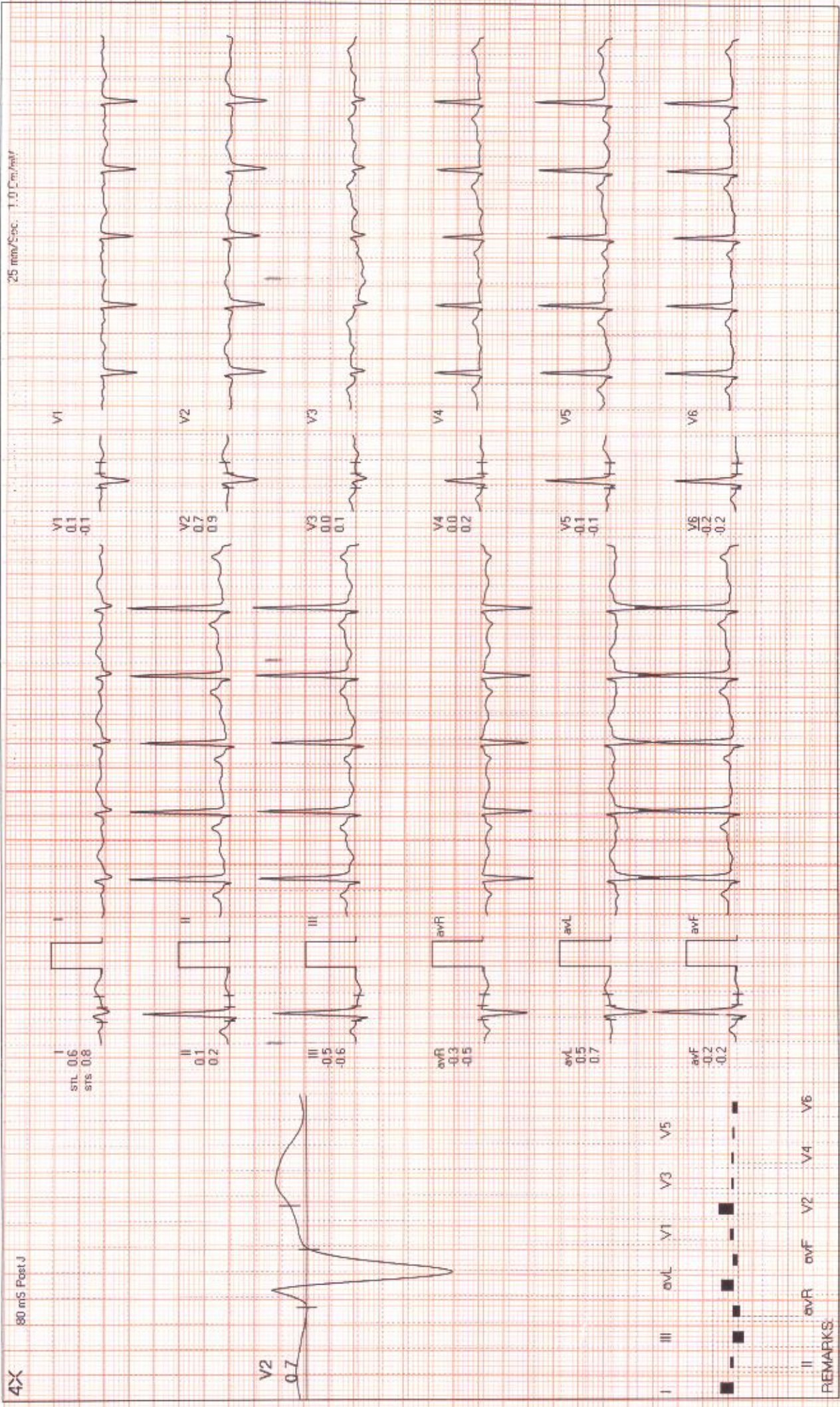
STANDING ( 00:00 )



224 (9768520312) / PRATIMA PANDEY / 35 Yrs / F / 163 Cms / 68 Kg / HR : 107

Date: 08 / 03 / 2025 01:19:27 PM METS: 1.0/ 107 bpm 58% of THR BP: 110/80 mmHg P<sub>raw</sub> ECG/BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:0.0 mph. 0.0%



REMARKS:

(ADX\_GEM2.17220330)(A)Allengers

SUBURBUN DIAGNOSTIC

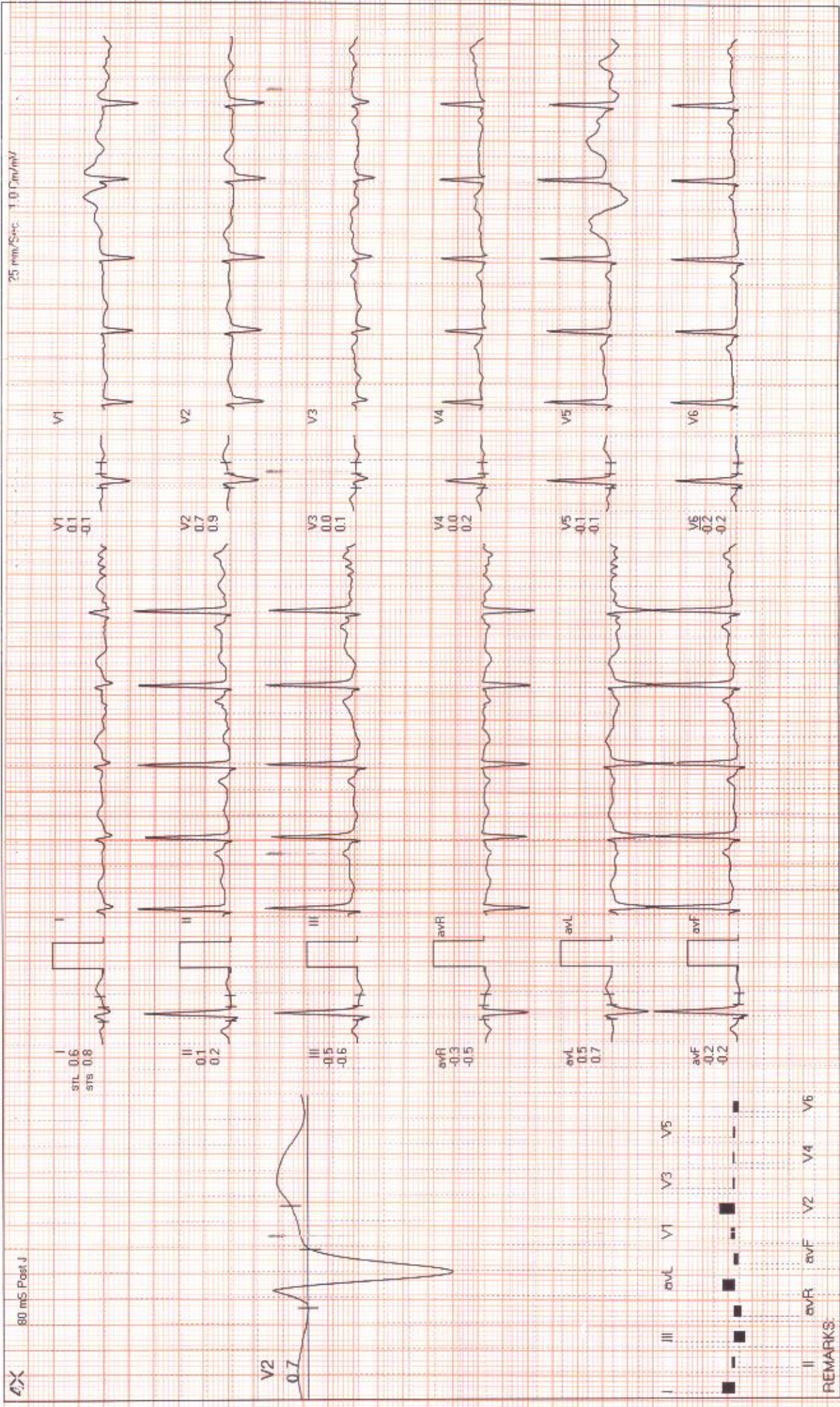
HV ( 00:00 )



224 (9768520312) / PRATIMA PANDEY / 35 Yrs / F / 163 Cms / 68 Kg / HR : 109

Date: 08 / 03 / 2025 01:19:27 PM METS: 1.0/ 109 bpm 59% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:0.0 mph, 0.0%



# SUBURBUN DIAGNOSTIC

BHAYANDER

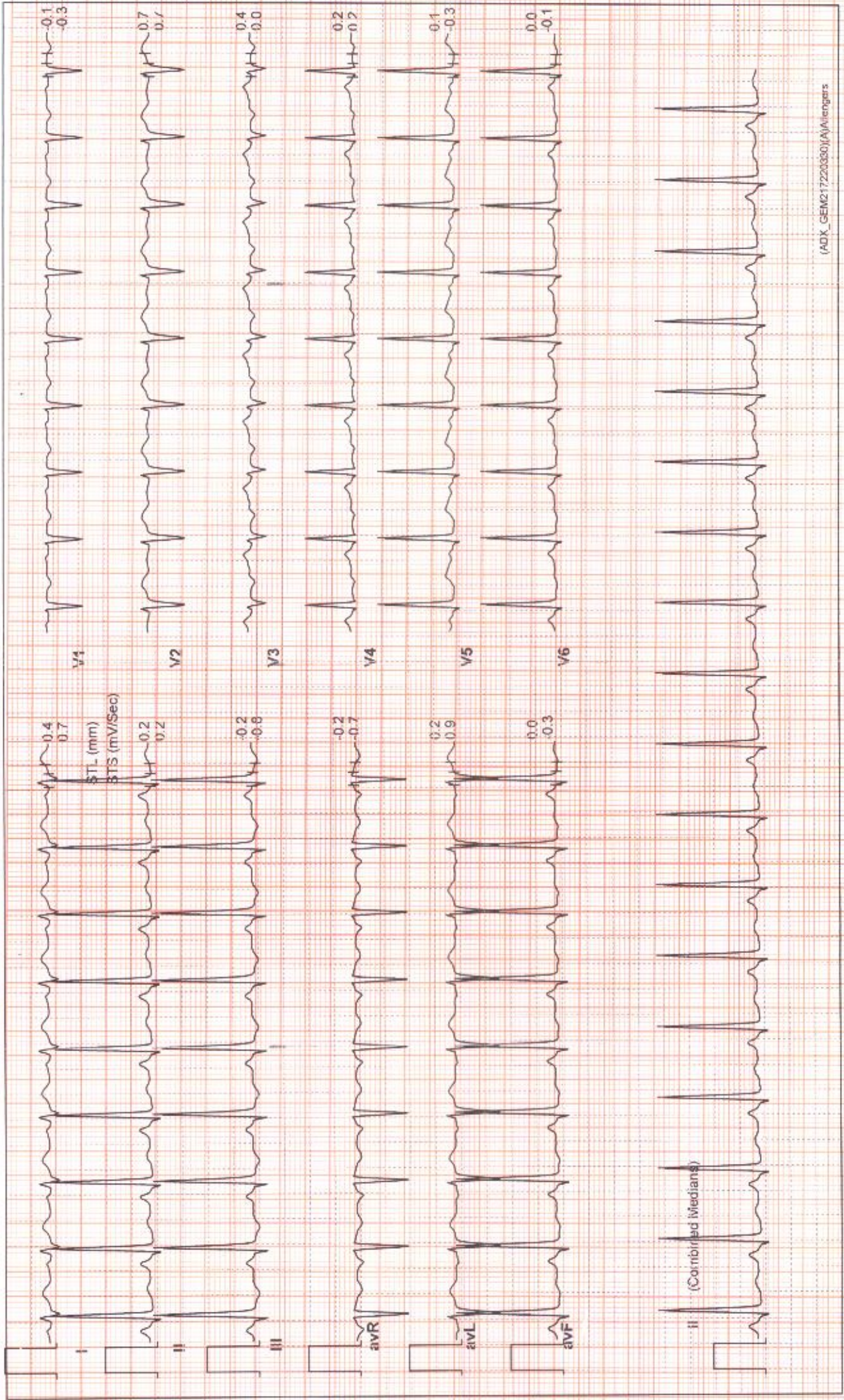
224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

# 6X2 Combine Medians + 1 Rhythm ExStrt



Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 109 Target HR : 59% of 185 BP : 110/80 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



(ADJ\_GEM21720300)(A)allengers



# SUBURBUN DIAGNOSTIC

BHAYANDER

224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

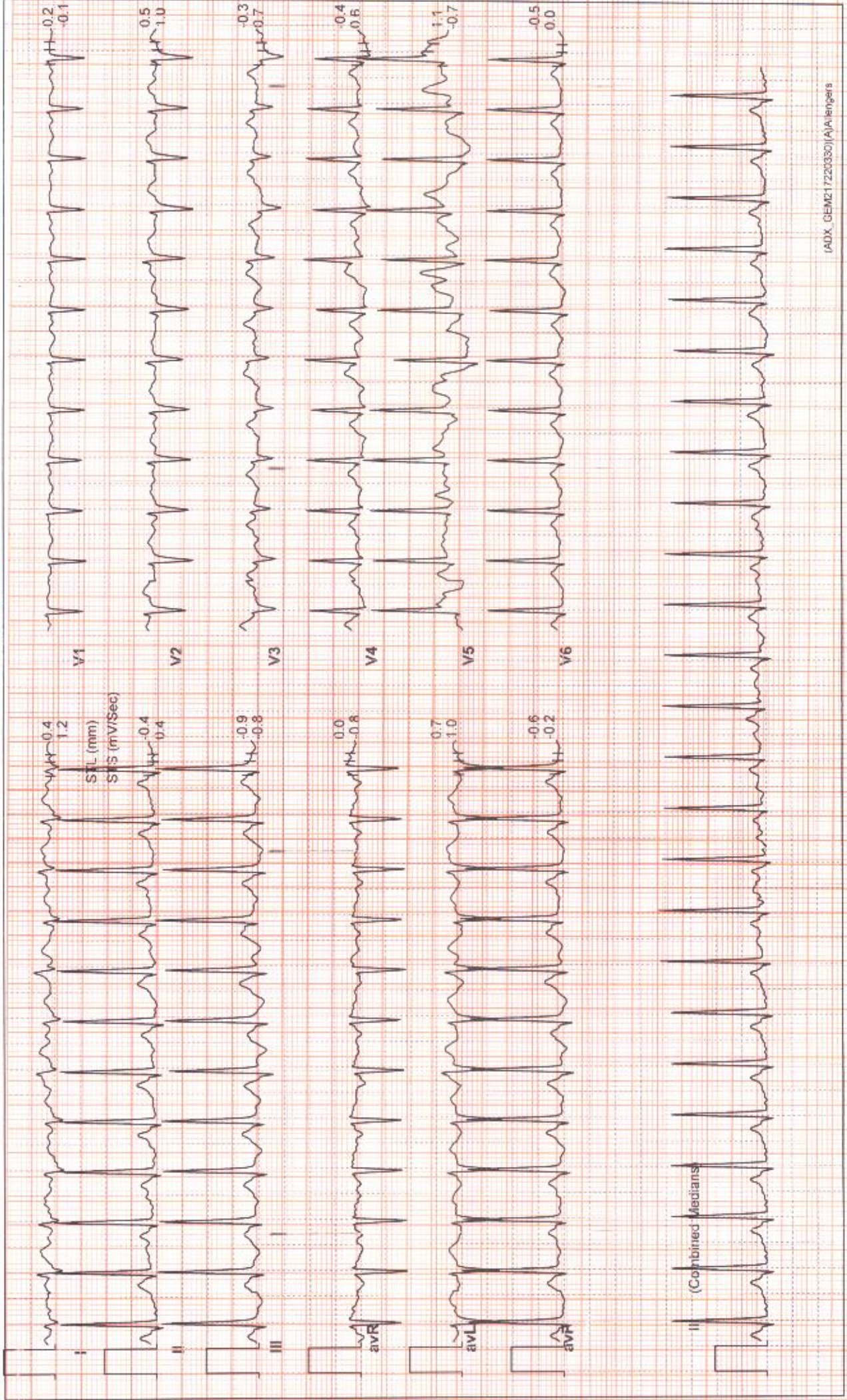
# 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 4.7 HR : 149 Target HR : 81% of 185 BP : 120/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



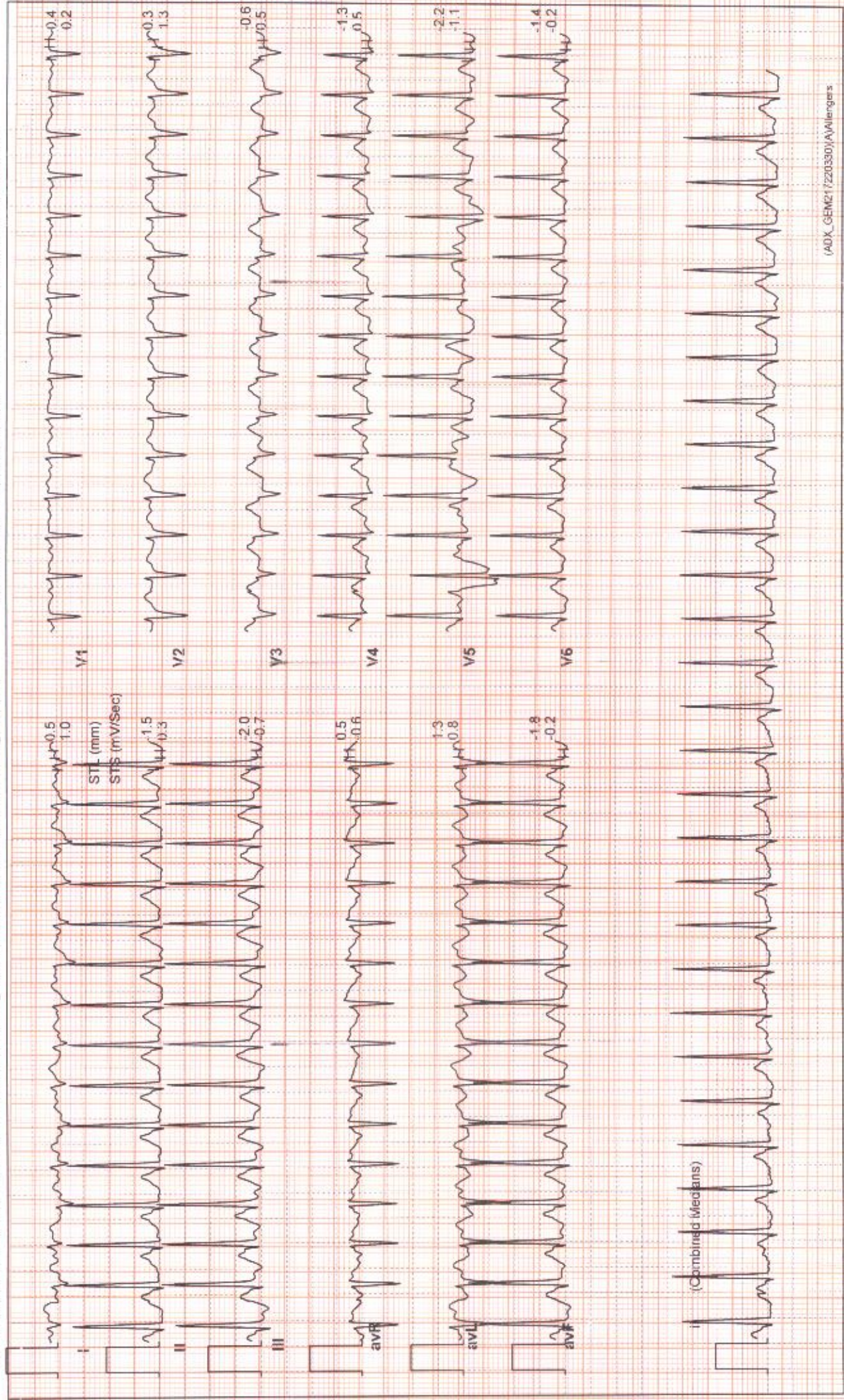
# SUBURBUN DIAGNOSTIC

BHAYANDER  
224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 7.1 HR : 175 Target HR : 95% of 185 BP : 130/80 Post J @60mSec  
ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV



(A0X\_GEN0217203300)A\Allergers





# SUBURBUN DIAGNOSTIC

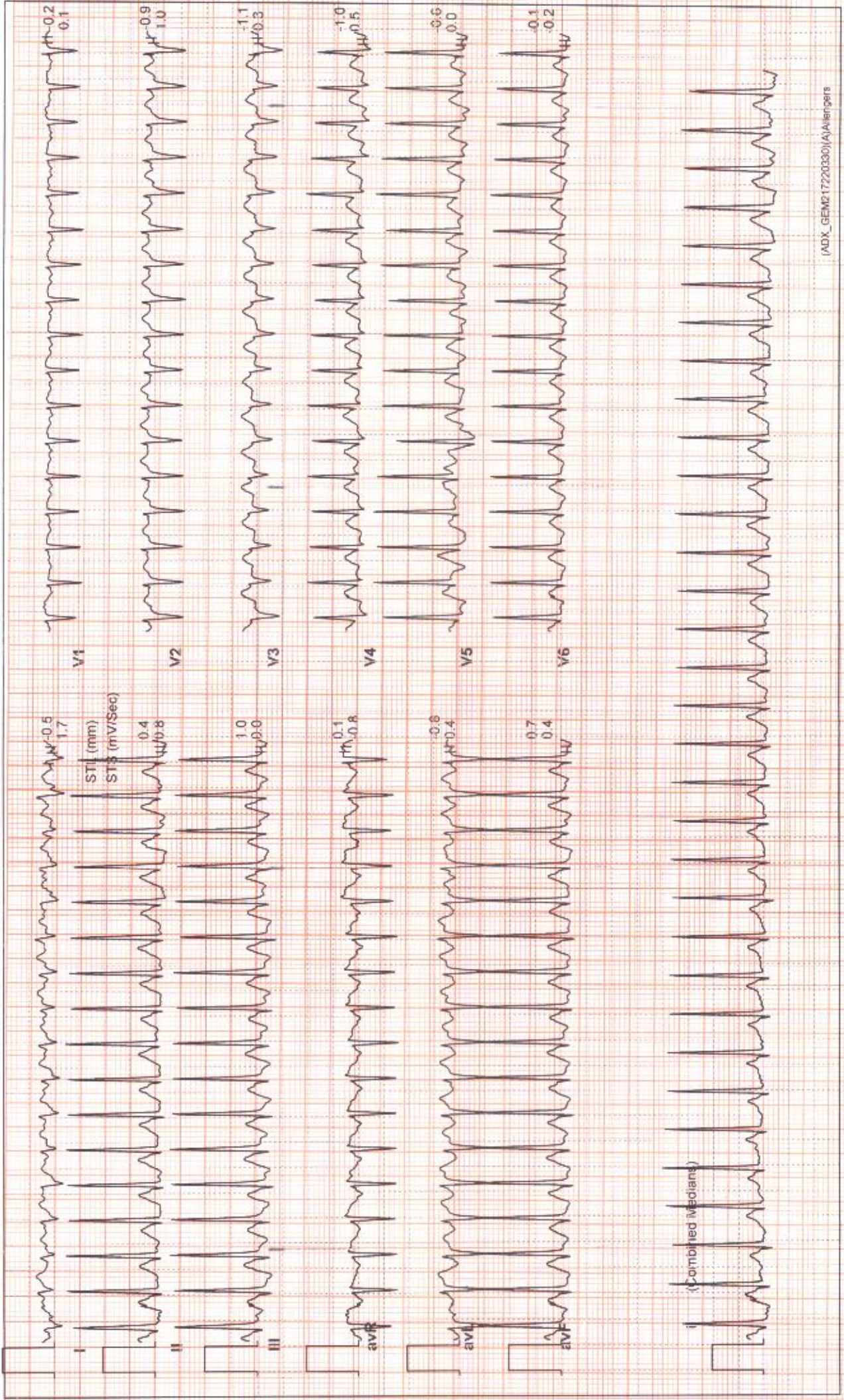
BHAYANDER  
224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

# 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 08 / 03 / 2025 01:19:27 PM METs : 8.4 HR : 200 Target HR : 108% of 185 BP : 130/80 Post J @50mSec

ExTime: 07:12 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBUN DIAGNOSTIC

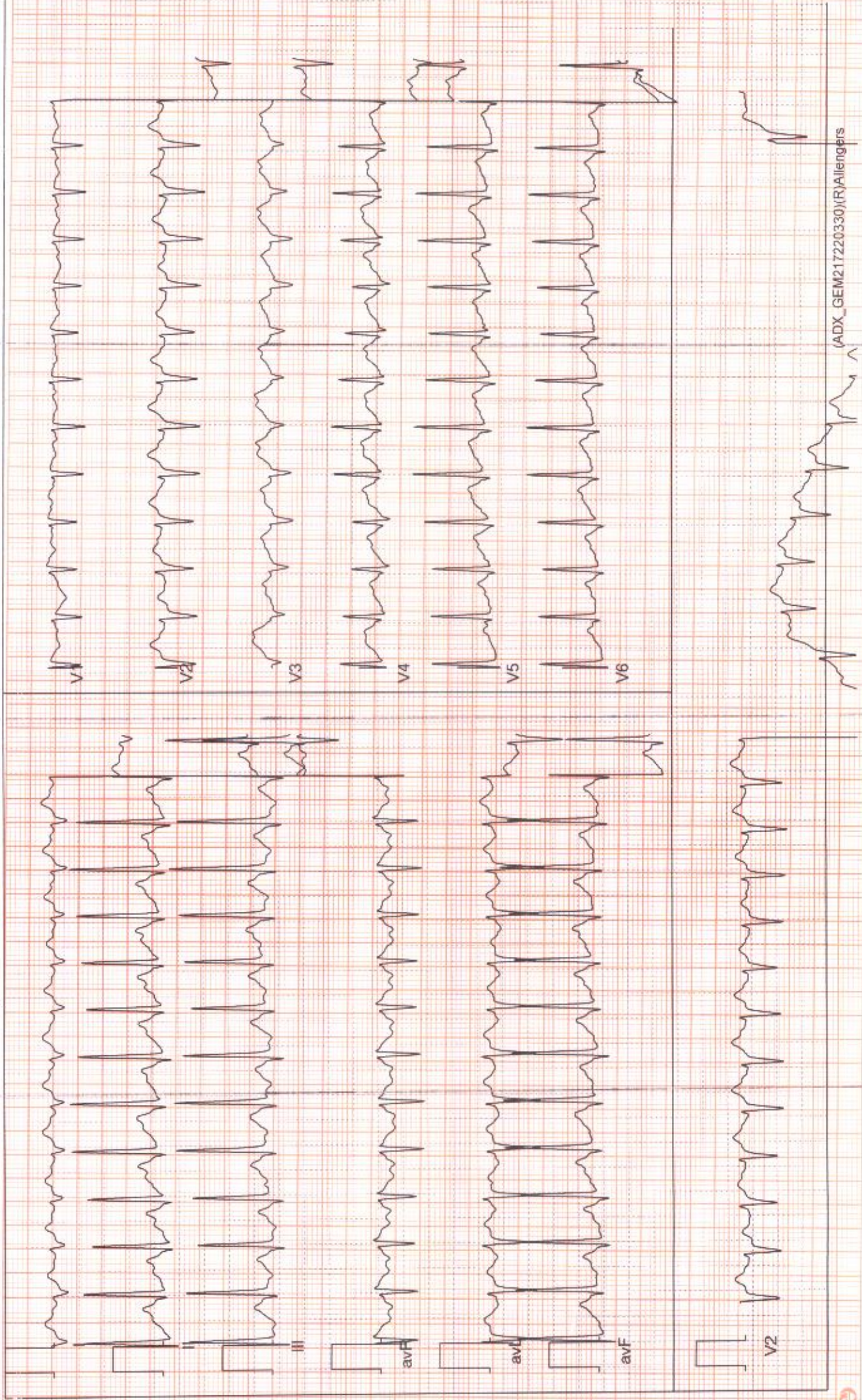
BHAYANDER  
224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

6 x 2 + Rhythm  
Recovery : ( 01:05 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 156 Target HR : 84% of 185 BP : 130/80

Ex Time : 07:12 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



(ADX\_GEM21720330)VR/Allengris



# SUBURBUN DIAGNOSTIC

BHAYANDER

224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

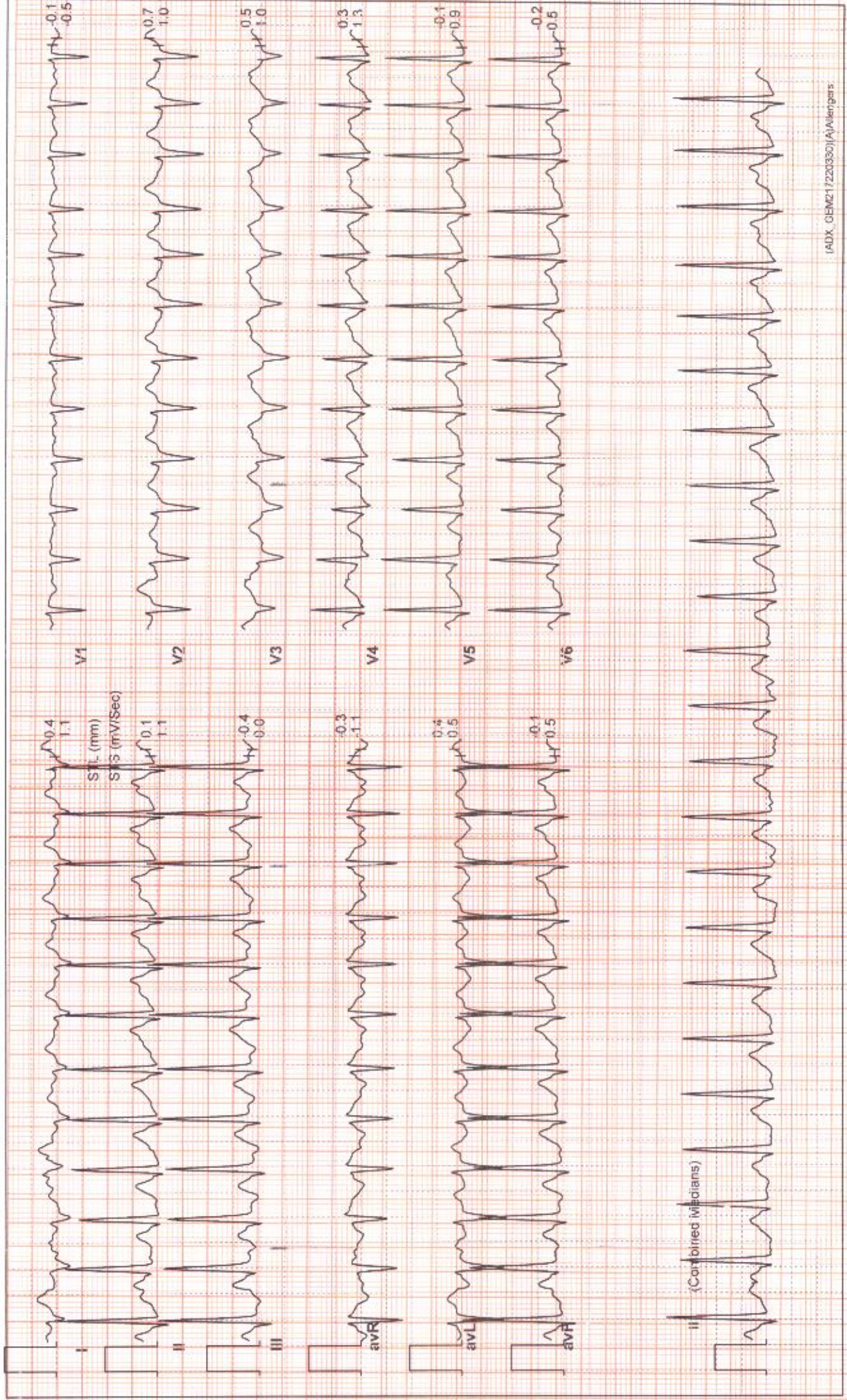
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 140 Target HR : 76% of 185 BP : 120/80 Post J @60mSec

ExTime: 07:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBUKBUN DIAGNOSTIC

BHAYANDER

224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

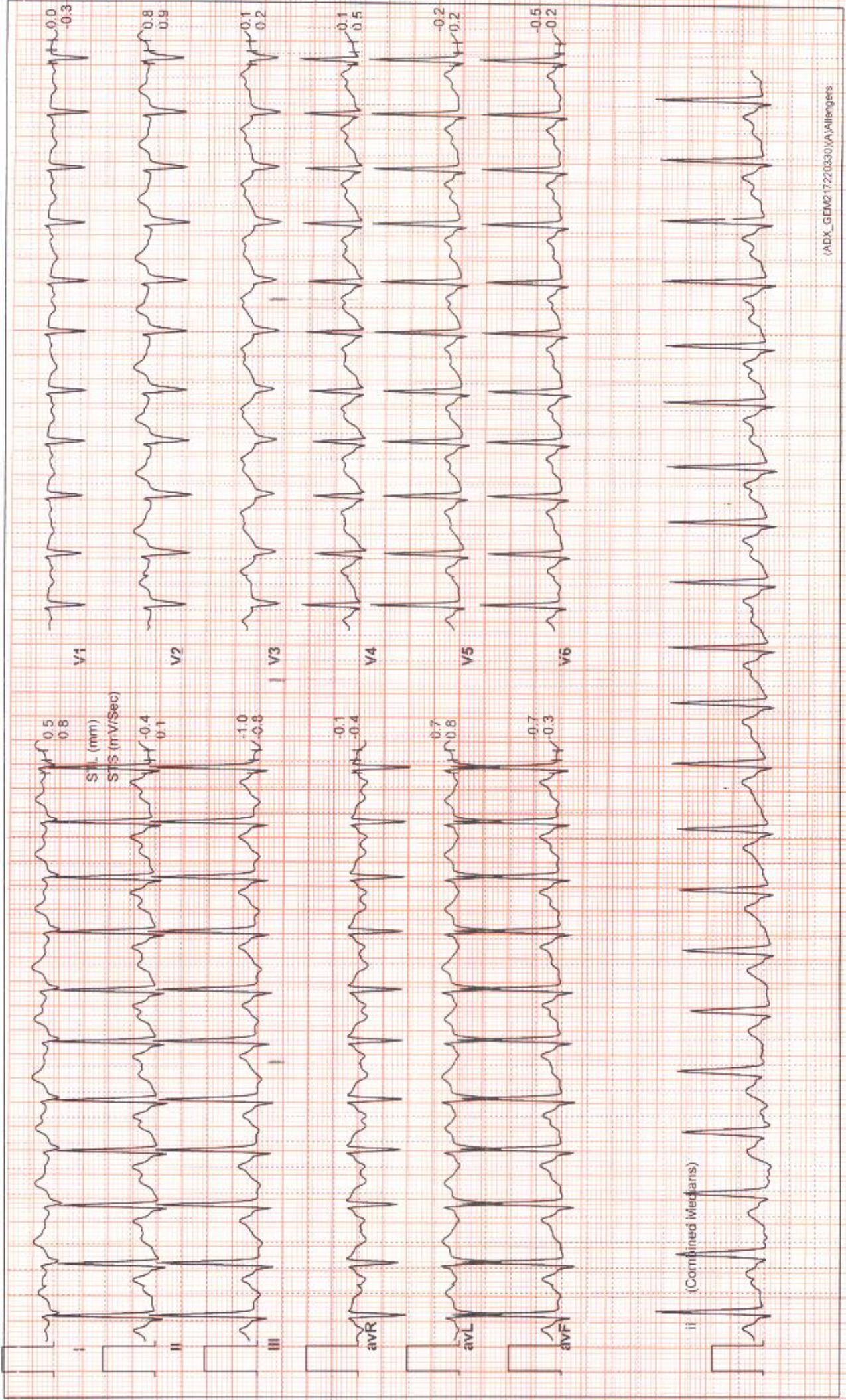
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 03:00 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 127 Target HR : 69% of 185 BP : 110/80 Post J @80mSec

ExTime: 07:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBUN DIAGNOSTIC

BHAYANDER

224 / PRATIMA PANDEY / 35 Yrs / Female / 163 Cm / 68 Kg

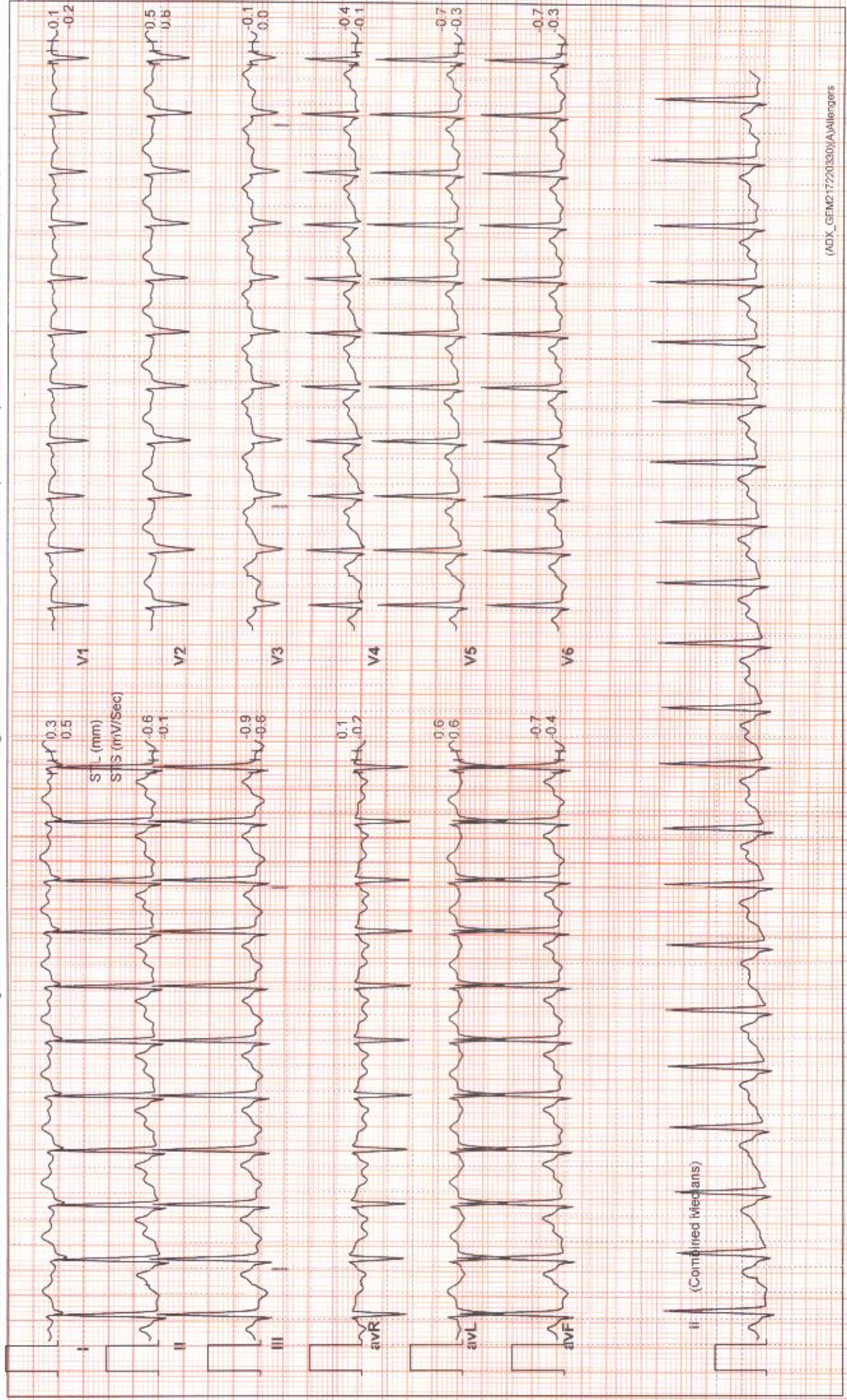
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 127 Target HR : 69% of 185 BP : 110/80 Post J @80mSec

ExTime: 07:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 08 / 03 / 2025 01:19:27 PM METs : 1.0 HR : 125 Target HR : 68% of 185 BP : 110/80 Post J @80mSec

ExTime: 07:12 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

