SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Name	: **Ms. PRIYANKA RAHUL TAMORE**				
Lab No.	: **393898218**		**Age**	: **33 Years**	
Ref By	: **SELF**		**Gender**	: **Female**	
Collected	: **8/3/2025 8:15:00AM**		**Reported**	: **8/3/2025 7:28:18PM**	
A/c Status	: **P**		**Report Status**	: **Final**	
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MC-5460

Corporate ID : proposal_no-22S47830

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

PARAMETER	RESULTS
ABO GROUP	A
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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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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ID	: proposal_no-22S47830				

MC-6201

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	**11.8**	12.0 - 15.0 g/dL	Spectrophotometric
RBC	4.4	3.8 - 4.8 mil/cmm	Elect. Impedance
PCV	**34.9**	36.0 - 46.0 %	Calculated
MCV	**79.9**	81.0 - 101.0 fL	Measured
MCH	27.1	27.0 - 32.0 pg	Calculated
MCHC	33.9	31.5 - 34.5 g/dL	Calculated
RDW	13.6	11.6 - 14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6210	4000 - 10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	27.8	20.0 - 40.0 %	
Absolute Lymphocytes	1726.4	1000.0 - 3000.0 /cmm	Calculated
Monocytes	5.9	2.0 - 10.0 %	
Absolute Monocytes	366.4	200.0 - 1000.0 /cmm	Calculated
Neutrophils	65.7	40.0 - 80.0 %	
Absolute Neutrophils	4080.0	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	**0.5**	1.0 - 6.0 %	
Absolute Eosinophils	31.1	20.0 - 500.0 /cmm	Calculated
Basophils	0.1	0.1 - 2.0 %	
Absolute Basophils	**6.2**	20.0 - 100.0 /cmm	Calculated

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MC-6201

Aerfocami Healthcare Below 40 Male/Female

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PLATELET PARAMETERS			
Platelet Count	240000	150000 - 410000 /cmm	Elect. Impedance
MPV	8.1	6.0 - 11.0 fL	Measured
PDW	13.4	11.0 - 18.0 %	Calculated
RBC MORPHOLOGY			
Others	Normocytic Normochromic		

Specimen: EDTA whole blood

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MC-6201

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
ESR, EDTA WB	18.00	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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MC-6201

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Aerfocami Healthcare Below 40 Male/Female

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	91.44	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	80.01	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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

CREATININE, Serum	0.55	0.51 - 0.95 mg/dL	Enzymatic
eGFR, Serum	123.83	(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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MC-6201

Aerfocami Healthcare Below 40 Male/Female

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.34	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.75	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.50	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	3.25	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	1.38	1.00 - 2.00	Calculated
SGOT (AST), Serum	16.50	5.00 - 32.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.20	5.00 - 33.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.33	3.00 - 40.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	**25.90**	35.00 - 105.00 U/L	Colorimetric
BLOOD UREA,Serum	19.30	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	9.01	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	2.69	2.40 - 5.70 mg/dL	Enzymatic

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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Glycosylated Hemoglobin (HbA1c) ,EDTA WB	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG),EDTA WB	111.2	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, plenectomy, 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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MC-6201

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Aerfocami Healthcare Below 40 Male/Female
FUS and KETONES

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Urine Sugar (Fasting)	Sample Not Received		

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MC-6201

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Urine Sugar (PP)	Sample Not Received		

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Aerfocami Healthcare Below 40 Male/Female
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
CHOLESTEROL, Serum	164	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	53	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	44	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	**109**	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	11	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4	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

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	4.56	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	14.15	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	1.50	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 trasiently altered becuase 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 hyperthy-roidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.

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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

PARAMETER			RESULTS	BIOLOGICAL REF RANGES	METHOD
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)

MUMBAI OFFICE: Suburban Diagnostics, Aston, 2nd Floor, Sundervan Complex, Andheri West, Mumbai - 400053.
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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Name	: **Ms. PRIYANKA RAHUL TAMORE**		
Lab No.	: **393898218**	**Age**	: **33 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **8/3/2025 8:15:00AM**	**Reported**	: **8/3/2025 7:28:18PM**
A/c Status	: **P**	**Report Status**	: **Final**
Collected at	: **WALKIN - BORIVALI LAB, BORIVALI WEST 3rd Floor, 301/302, Vini Elegance Above Tanishq Showroom, Borivali West, Mumbai**	**Processed at**	: **BORIVALI LAB, BORIVALI WEST**
ID	: proposal_no-22S47830		

MC-6201

Aerfocami Healthcare Below 40 Male/Female
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
EXAMINATION OF FAECES	Sample Not Received		
CHEMICAL EXAMINATION			
MICROSCOPIC EXAMINATION			

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Name	: **Ms. PRIYANKA RAHUL TAMORE**		
Lab No.	: **393898218**	**Age**	: **33 Years**
Ref By	: **SELF**	**Gender**	: **Female**
Collected	: **8/3/2025 8:15:00AM**	**Reported**	: **8/3/2025 7:28:18PM**
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ID	: proposal_no-22S47830		

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Transparency	CLEAR	Clear	-
CHEMICAL EXAMINATION			
Specific Gravity	1.01	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	
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0.00	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	1.5	0-5/hpf	
Hyaline Casts	0.00	Absent	
Pathological cast	0.00	Absent	
Calcium oxalate monohydrate crystals	0.00	Absent	
Calcium oxalate dihydrate crystals	0.00	Absent	
Bacteria / hpf	**29.20**	0-20/hpf	
Yeast	0.00	Absent	

Dr.Jageshwar mandal Choupal
DNB Pathology
Consultant Pathologist

Dr Nehal Dubey
MD Pathology
Chief of Lab

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Name	: **Ms. PRIYANKA RAHUL TAMORE**		
Lab No.	: **393898218**	**Age**	: **33 Years**
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ID	: proposal_no-22S47830		

MC-6201

URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD

----------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.

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	: 393898218		
Name	: Ms. Priyanka rahul Tamore		
Age / Sex	: 33 Years/Female		
Ref. Dr	: self	**Reg. Date**	: 08-Mar-2025
Reg. Location	: Borivali West	**Reported**	: 08-Mar-2025 / 14:55

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. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

Dr.Gauri Arole
DMRE Radiodiagnosis
Consultant Radiologist
Reg.no 2014/09/4178

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

LAB NO: 393898218	
PATIENT'S NAME: MRS PRIYANKA RAHUL TOMARE	**AGE/SEX: 33Y/F**
REF BY: -----	**DATE: 08/03/2025**

2-D ECHOCARDIOGRAPHY

1. RA, LA RV is Normal Size.
2. No LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Mitral, Tricuspid valves normal.Trivial PR.
6. Great arteries: Aorta: Normal
   a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
10. No LV clot.
11. No Pericardial Effusion
12. No Diastolic disfunction. No Doppler evidence of raised LVEDP.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

PATIENT'S NAME: MRS PRIYANKA RAHUL TOMARE	AGE/SEX: 33Y/F
REF BY: -----	DATE: 08/03/2025

1.	AO root diameter	2.7 cm
2.	IVSd	0.9 cm
3.	LVIDd	4.1 cm
4.	LVIDs	1.9 cm
5.	LVPWd	0.9 cm
6.	LA dimension	3.4 cm
7.	RA dimension	3.4 cm
8.	RV dimension	2.9 cm
9.	Pulmonary flow vel:	0.9 m/s
10.	Pulmonary Gradient	3.4 m/s
11.	Tricuspid flow vel	1.5 m/s
12.	Tricuspid Gradient	10 m/s
13.	PASP by TR Jet	20 mm Hg
14.	TAPSE	2.3 cm
15.	Aortic flow vel	1.1 m/s
16.	Aortic Gradient	5 m/s
17.	MV:E	0.8 m/s
18.	A vel	0.6 m/s
19.	IVC	16 mm
20.	E/E'	8

Impression:

Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

DR. S. NITIN
Consultant Cardiologist
Reg. No. 87714

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 393898218**		
Name	**: Ms. Priyanka rahul Tamore**		
Age / Sex	**: 33 Years/Female**		
Ref. Dr	**: self**	**Reg. Date**	**: 08-Mar-2025**
Reg. Location	**: Borivali West**	**Reported**	**: 08-Mar-2025 / 9:56**

USG WHOLE ABDOMEN

LIVER: Liver is normal in size , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal in size. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 7 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
Right ovary bulky in size measures 4.1 x 2.1 x 2.5 cm (13 cc)
Left ovary normal in size measures 2.6 x 1.2 xm .
Right ovary shows multiple follicles arranged at the periphery with bright central echotexture suggestive of polycystic morphology.

Bilateral adnexa is clear.
No free fluid or obvious significant lymphadenopathy is seen.

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

CID	**: 393898218**		
Name	**: Ms. Priyanka rahul Tamore**		
Age / Sex	**: 33 Years/Female**		
Ref. Dr	**: self**	**Reg. Date**	**: 08-Mar-2025**
Reg. Location	**: Borivali West**	**Reported**	**: 08-Mar-2025 / 9:56**

Opinion:

Morphological features suggestive of right polycystic ovary.
Suggest- Clinical and hormonal evaluation for PCOD

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its'limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

Dr.Gauri Arole
DMRE Radiodiagnosis
Consultant Radiologist
Reg.no 2014/09/4178

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SUBURBAN DIAGNOSTICS
PRECISE TESTING. HEALTHIER LIVING

REPORT

Priyanka rahul Tamore
No Complaints.

EXAMINATION FINDINGS:

Height (cms):		**Weight (kg):**	
Temp (0c):	Afebrile	**Skin:**	NAD
Blood Pressure (mm/hg):	100/70	**Nails:**	NAD
Pulse:	74/min	**Lymph Node:**	Not Palpable

Systems	
Cardiovascular:	S1S2(N) No Murmurs
Respiratory:	AEBE Clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION:

USG

ADVICE:

gynecologist ref^4.

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
2)	**Smoking**	No
3)	**Diet**	Mix
4)	**Medication**	NO

Dr NITIN SONAVANE

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT CARDIOLOGIST
REGD. NO.: 87714

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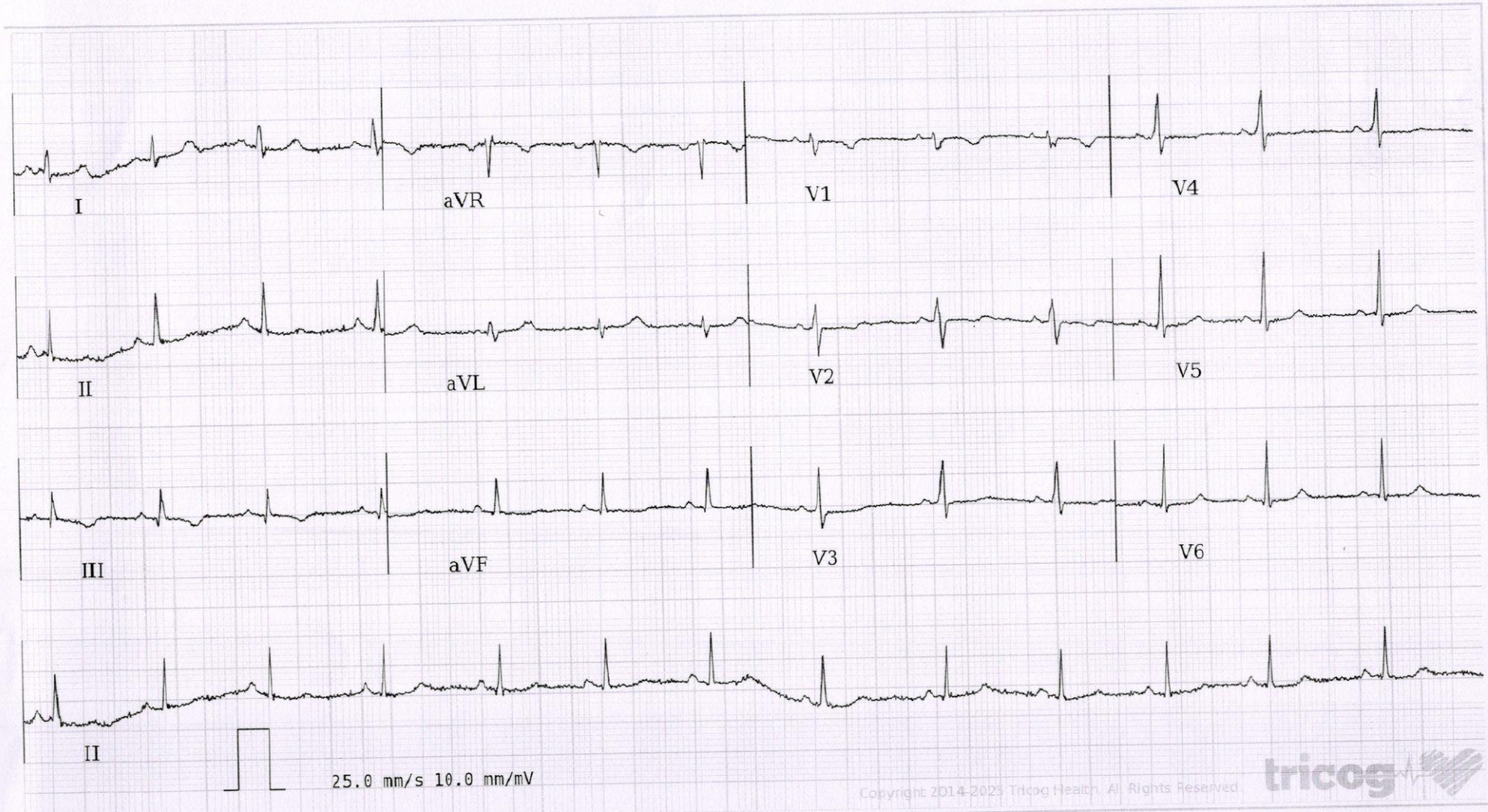
Above Tanishq ... Road,
Borivali (West), Mumbai - 400 092

SUBURBAN DIAGNOSTICS - BORIVALI WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: PRIYANKA RAHUL TAMORE Date and Time: 8th Mar 25 9:25 AM
Patient ID: HE-BD07D233



Age	33 years	NA months	NA days

Gender **Female**

Heart Rate **82bpm**

Patient Vitals

BP:	100/70 mmHg
Weight:	43 kg
Height:	155 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	70ms
QT:	344ms
QTcB:	401ms
PR:	118ms
P-R-T:	57° 64° NA

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

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

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.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Date:-

CID:

Name:- Priyanka Tamore

Sex / Age: 33 / F

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases:

Past history:

	RE	LE
Unaided Vision:	6/6	6/6
Aided Vision:	N6	N6

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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