SUBURBAN DIAGNOSTICS
PRECISE TESTING • HEALTHIER LIVING

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REPORT

CID	: 2431420314		
Name	: MRS.ABHISHIKHA CHOUDHARY		
Age / Gender	: 34 Years / Female		
Consulting Dr.	: -	**Collected**	: 09-Nov-2024 / 09:19
Reg. Location	: Malad West (Main Centre)	**Reported**	: 09-Nov-2024 / 12:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.51	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Calculated
MCV	86.9	80-100 fl	Measured
MCH	28.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	2060.0	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	490.0	200-1000 /cmm	Calculated
Neutrophils	50.7	40-80 %	
Absolute Neutrophils	2950.0	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	320.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	**10.0**	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	339000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	13.5	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

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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	**22**	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 CPL, Andheri West

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MC-2111

M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

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Reg. Location	: Malad West (Main Centre)	**Reported**	: 09-Nov-2024 / 14:21

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	80.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	106.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.60	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	25.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic

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eGFR, Serum	112	(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

URIC ACID, Serum	3.7	2.4-5.7 mg/dl	Enzymatic

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MC-2111

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M.D.(PATH)
Pathologist

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
CHEMICAL EXAMINATION			
Specific Gravity	1.004	1.002-1.035	Refractive index
Reaction (pH)	5.5	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	Negative	Negative	Griess Test
MICROSCOPIC EXAMINATION			
(WBC)Pus cells / hpf	0.6	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	1.8	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	19.7	0-29.5/hpf	
Yeast	Absent	Absent	

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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

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
2. AABB technical manual

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MC-2111

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**200.8**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.7	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	68.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	**132.2**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**120.0**	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	**7.548**	0.55-4.78 microU/ml	CLIA

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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 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 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)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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ilac-MRA

MC-5460

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M.D.(PATH)
Consultant - Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***

ilac-MRA

MC-2111

Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com
Corporate Identity Number (CIN): U85110MH2002PTC136144

भारत सरकार
Government of India

आधार

अभिशिखा चौधरी
Abhishikha Choudhary
जन्म तिथि/DOB: 06/08/1990
महिला/ FEMALE

Issue Date: 26/01/2012

8921 0288 5145
VID : 9194 2936 2142 5266
मेरा आधार, मेरी पहचान

Abhi

SUBURBAN DIAGNOSTICS
CLINICAL TESTING · HEALTH SCREENING

REPORT

CID# : 2431420314

Name : MRS.ABHISHIKHA CHOUDHARY

Age / Gender : 34 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 08:57

Reported : 09-Nov-2024 / 13:56

PHYSICAL EXAMINATION REPORT

History and Complaints:
Nil

EXAMINATION FINDINGS:

Height (cms):	153	**Weight (kg):**	67
Temp (0c):	Afebrile	**Skin:**	Normal
Blood Pressure (mm/hg):	100/70	**Nails:**	Normal
Pulse:	74/min	**Lymph Node:**	Not Palpable

Systems

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

IMPRESSION:

Mild dyslipidemia

ADVICE:

Lifestyle modification

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HELPFUL WORK

CID# : 2431420314

Name : MRS.ABHISHIKHA CHOUDHARY

Age / Gender : 34 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Nov-2024 / 08:57

Reported : 09-Nov-2024 / 13:56

REPORT

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**	Since 10yrs
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**	LSCS 8 yrs ago
17)	**Musculoskeletal System**	No

PERSONAL HISTORY:

1)	**Alcohol**	No
2)	**Smoking**	No
3)	**Diet**	Veg
4)	**Medication**	Thyronorm 75mcg.

***** End Of Report *****

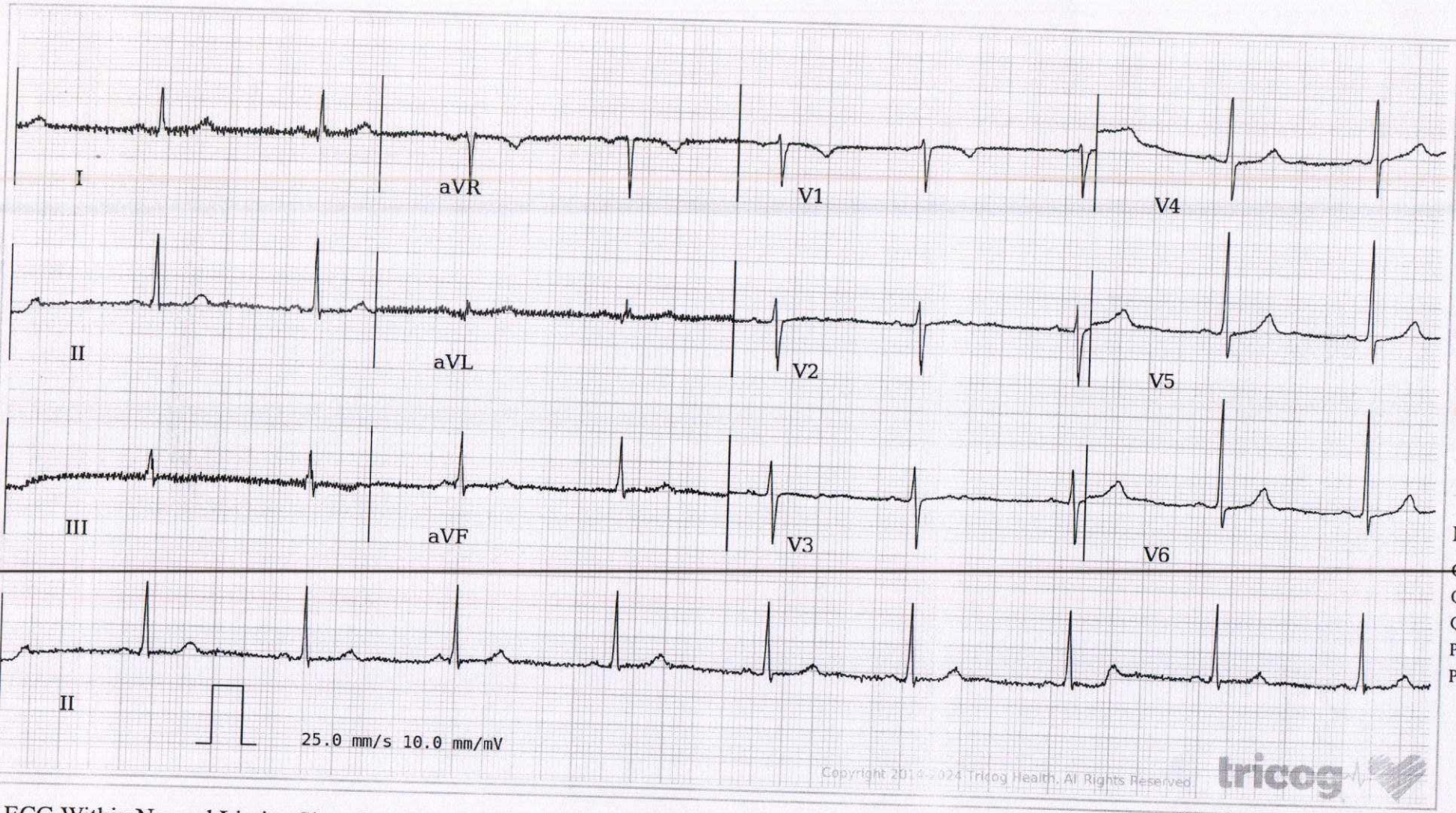
Sonali P.

Dr.Sonali Honrao
MD physician

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: ABHISHIKHA CHOUDHARY
Patient ID: 2431420314
Date and Time: 9th Nov 24 10:04 AM



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Age 34 years NA month
Gender Female
Heart Rate 59bp

Patient Vitals

BP:	100/70 mm
Weight:	67 kg
Height:	153 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	76ms
QT:	428ms
QTcB:	423ms
PR:	138ms
P-R-T:	73° 54° 31°

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

REPORTED BY

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

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:- 09/11/2024

CID: 243142031/4

Name:- Abhishikha. C

Sex / Age: 34/ Female.

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: DV - LE - 6/6 NV LE - 6/6
RE - 6/6 RE - 6/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

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102-104, Bhoomi Enclave,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	**: 2431420314**		
Name	**: Mrs Abhishikha Choudhary**		
Age / Sex	**: 34 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 09-Nov-2024**
Reg. Location	**: Malad West Main Centre**	**Reported**	**: 09-Nov-2024 / 10:57**

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, 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 9.5 x 3.5 cm. Left kidney measures 9.1 x 5.0 cm.

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

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

UTERUS:
The uterus is anteverted and appears normal. The endometrial thickness is 12 mm.

OVARIES:
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.2 x 1.9 cm. Left ovary = 3.0 x 1.0 cm

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110908592558

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085 | CIN No : L74899DL1995PLC065289

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

CID	: 2431420314		
Name	: Mrs Abhishikha Choudhary		
Age / Sex	: 34 Years/Female		
Ref. Dr	:	**Reg. Date**	: 09-Nov-2024
Reg. Location	: Malad West Main Centre	**Reported**	: 09-Nov-2024 / 10:57

IMPRESSION:-
No significant abnormality is seen.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

CID	**: 2431420314**		
Name	**: Mrs Abhishikha Choudhary**		
Age / Sex	**: 34 Years/Female**		
Ref. Dr	**:**	**Reg. Date**	**: 09-Nov-2024**
Reg. Location	**: Malad West Main Centre**	**Reported**	**: 09-Nov-2024 / 17:17**

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.

he domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024110908592576

SUBURBAN DIAGNOSTICS
--
Malad West

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: CHOUDHARY, ABHISHIKHA
Patient ID: 2431420314
Height: 153 cm
Weight: 67 kg

DOB: 06.08.1990
Age: 34yrs
Gender: Female
Race: Asian

Study Date: 09.11.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR SONALI HONRAO
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	80	100/70	
	STANDING	00:14	0.00	0.00	76	100/70	
	HYPERV.	00:15	0.00	0.00	76	100/70	
	WARM-UP	00:09	1.00	0.00	78	100/70	
EXERCISE	STAGE 1	03:00	1.70	10.00	115	110/70	
	STAGE 2	03:00	2.50	12.00	131		
	STAGE 3	03:00	3.40	14.00	164	130/70	
	STAGE 4	00:09	4.20	16.00	169		
RECOVERY		03:02	0.00	0.00	81	130/70	

The patient exercised according to the BRUCE for 9:08 min:s, achieving a work level of Max. METS: 10.50. The resting heart rate of 80 bpm rose to a maximal heart rate of 171 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 100/70 mmHg , rose to a maximum blood pressure of 140/70 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician _____ Technician _____

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

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Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 64.

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:02:59pm

12-Lead Report

80 bpm
100/70 mmHg

PRETEST
SUPINE
00:15

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01?	V1	0.01?
II	0.00?	V2	0.03?
III	-0.01?	V3	0.03?
aVR	-0.01?	V4	0.03?
aVL	0.01?	V5	0.01?
aVF	0.01?	V6	0.01?

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:03:12pm

12-Lead Report

76 bpm
100/70 mmHg

PRETEST
STANDING
00:27

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

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

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:03:25pm

75 bpm
100/70 mmHg

12-Lead Report

PRETEST
HYPERV.
00:41

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI

Measured at 60ms Post J
Auto Points

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

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:06:19pm

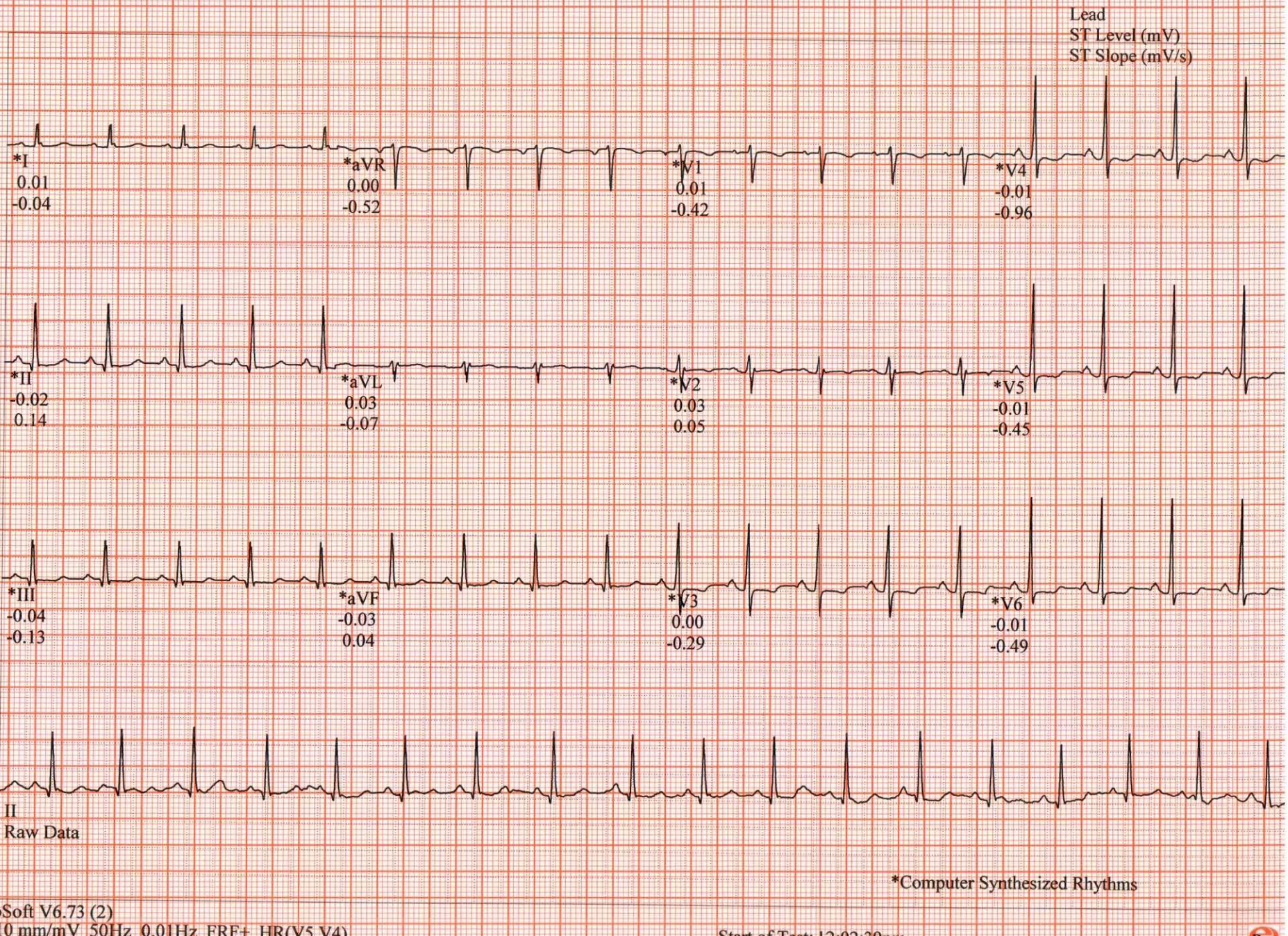
110 bpm
110/70 mmHg

Linked Medians

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTI



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:09:19pm

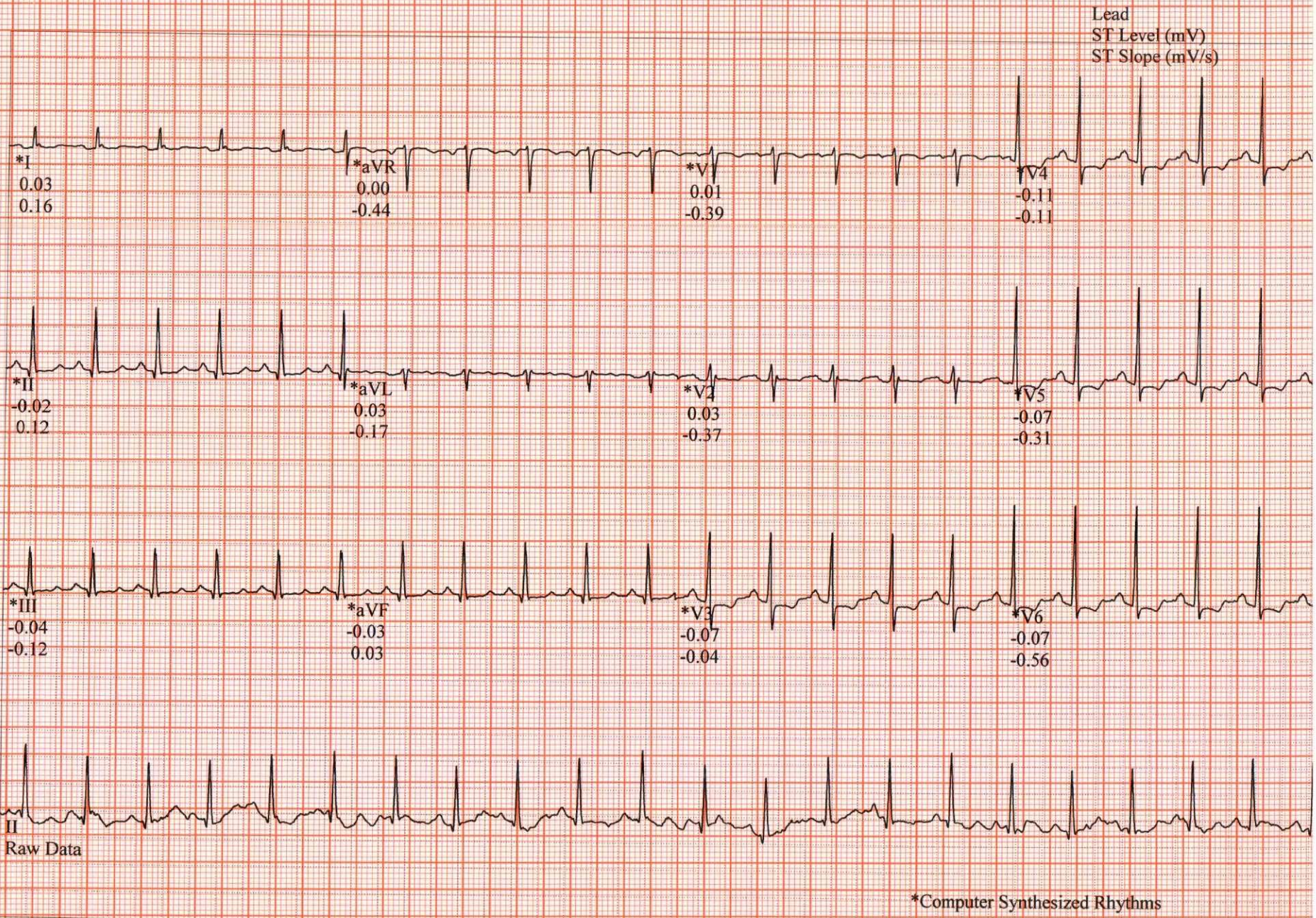
130 bpm

Linked Medians

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTI



*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5,V4)

Start of Test: 12:02:39pm

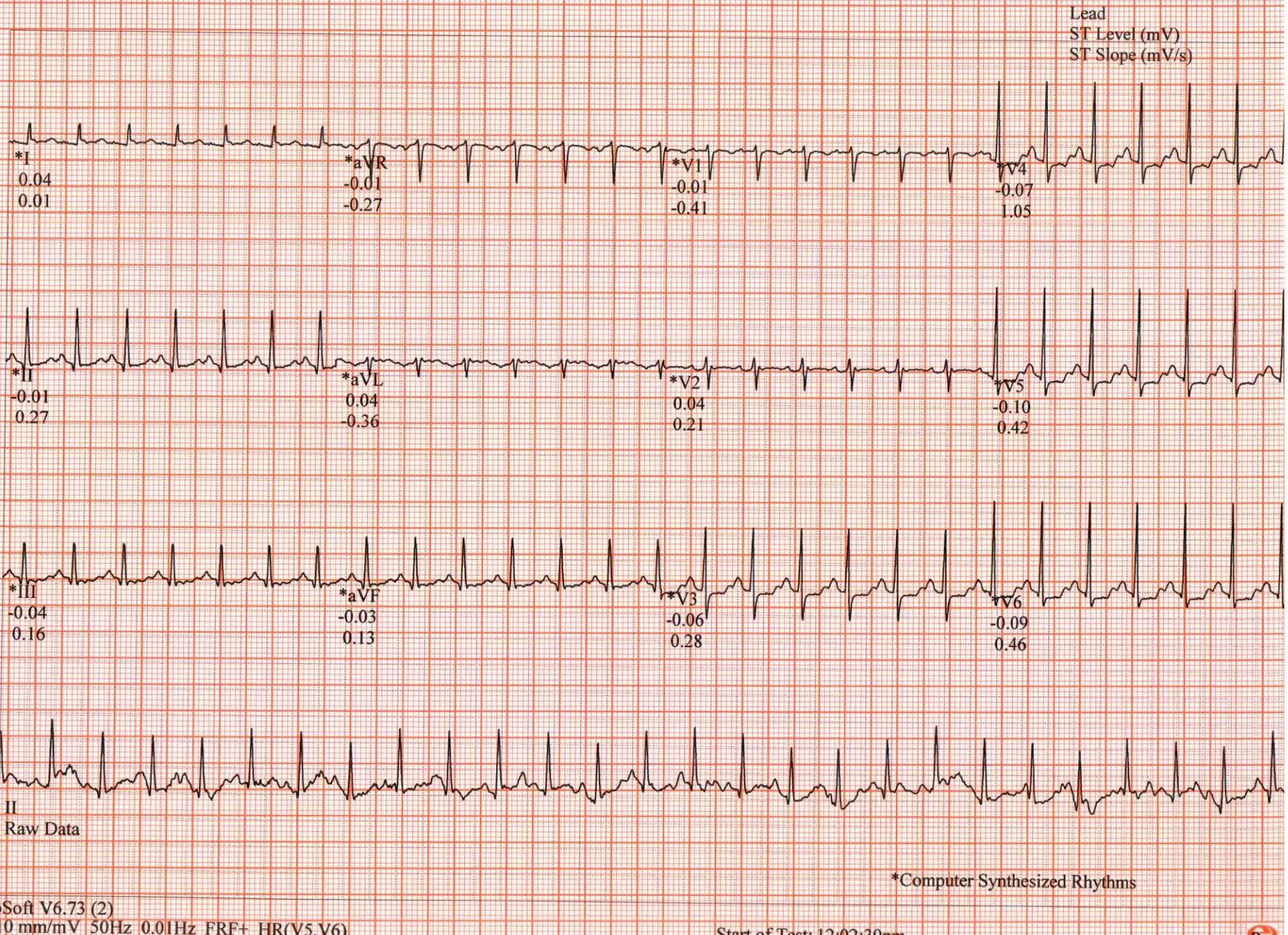
CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:12:19pm

162 bpm
130/70 mmHg

Linked Medians
EXERCISE
STAGE 3
08:50

BRUCE
3.4 mph
14.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:12:43pm

169 bpm
130/70 mmHg

12-Lead Report (PEAK EXERCISE)

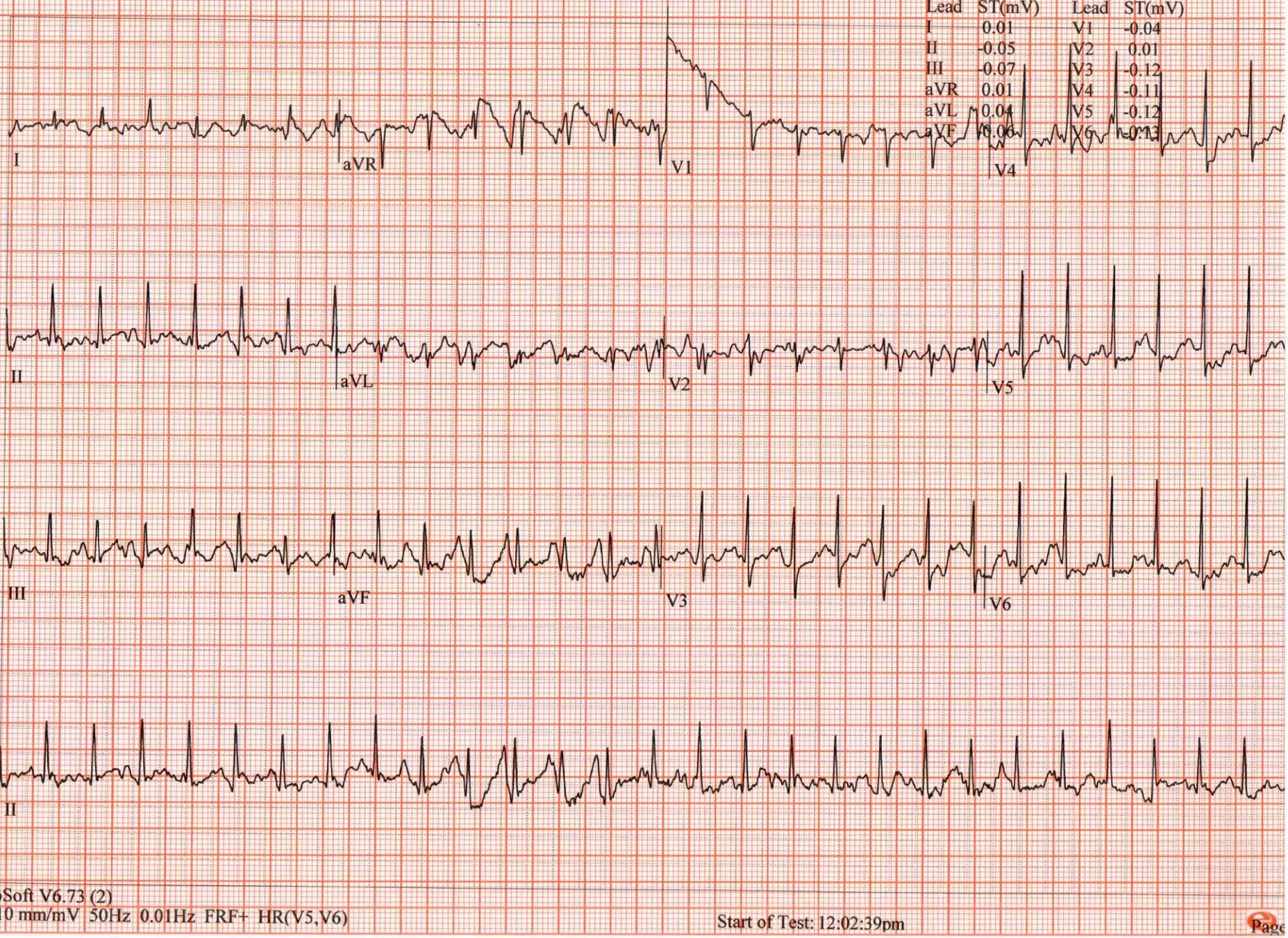
EXERCISE
STAGE 4
09:09

BRUCE
4.2 mph
16.0 %

SUBURBAN DIAGNOST

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	-0.04
II	-0.05	V2	0.01
III	-0.07	V3	-0.12
aVR	0.01	V4	-0.11
aVL	0.04	V5	-0.12
aVF	0.06	V6	-0.13



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

Start of Test: 12:02:39pm

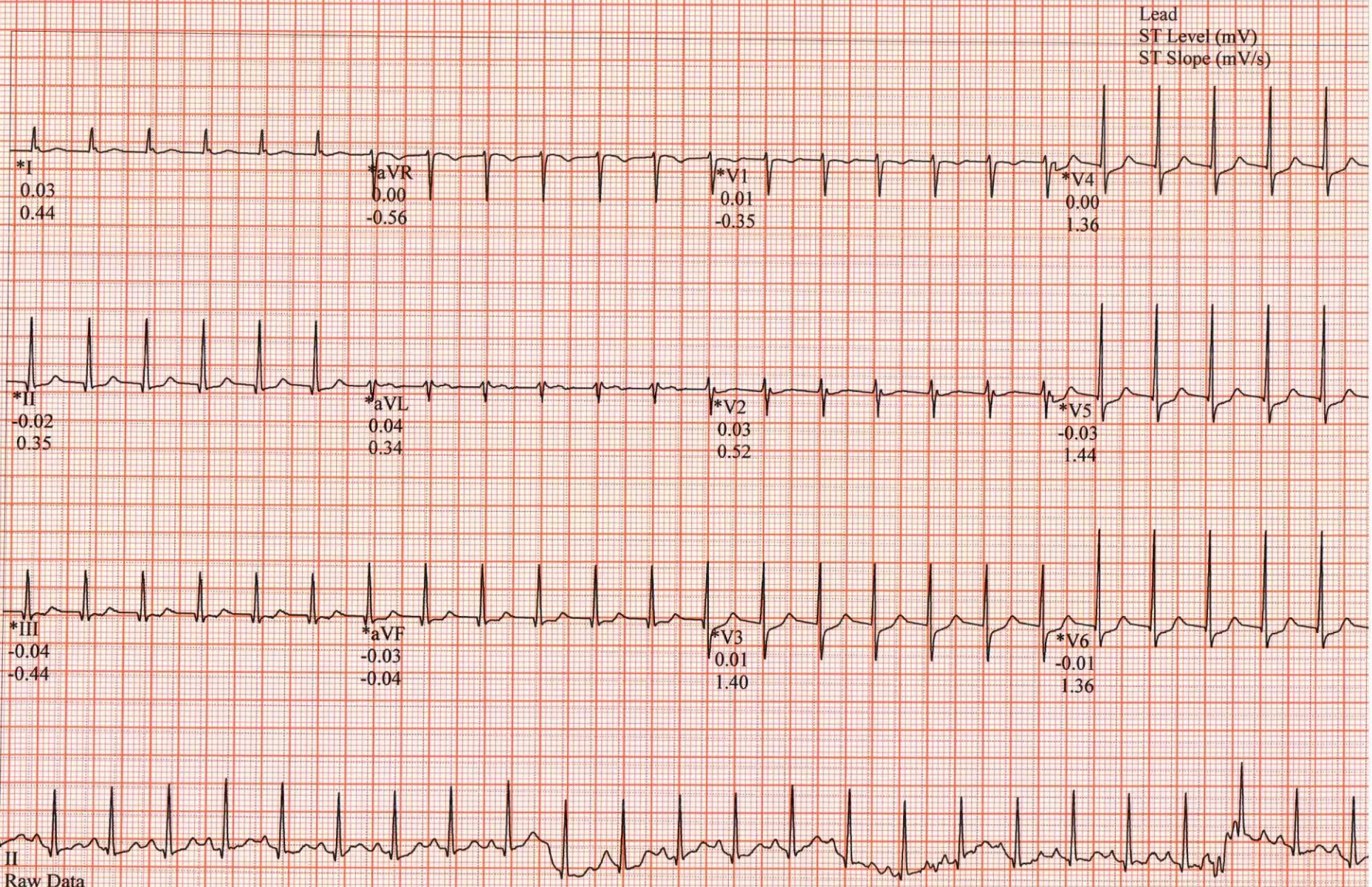
CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:13:37pm

148 bpm

Linked Medians
RECOVERY
#1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 12:02:39pm

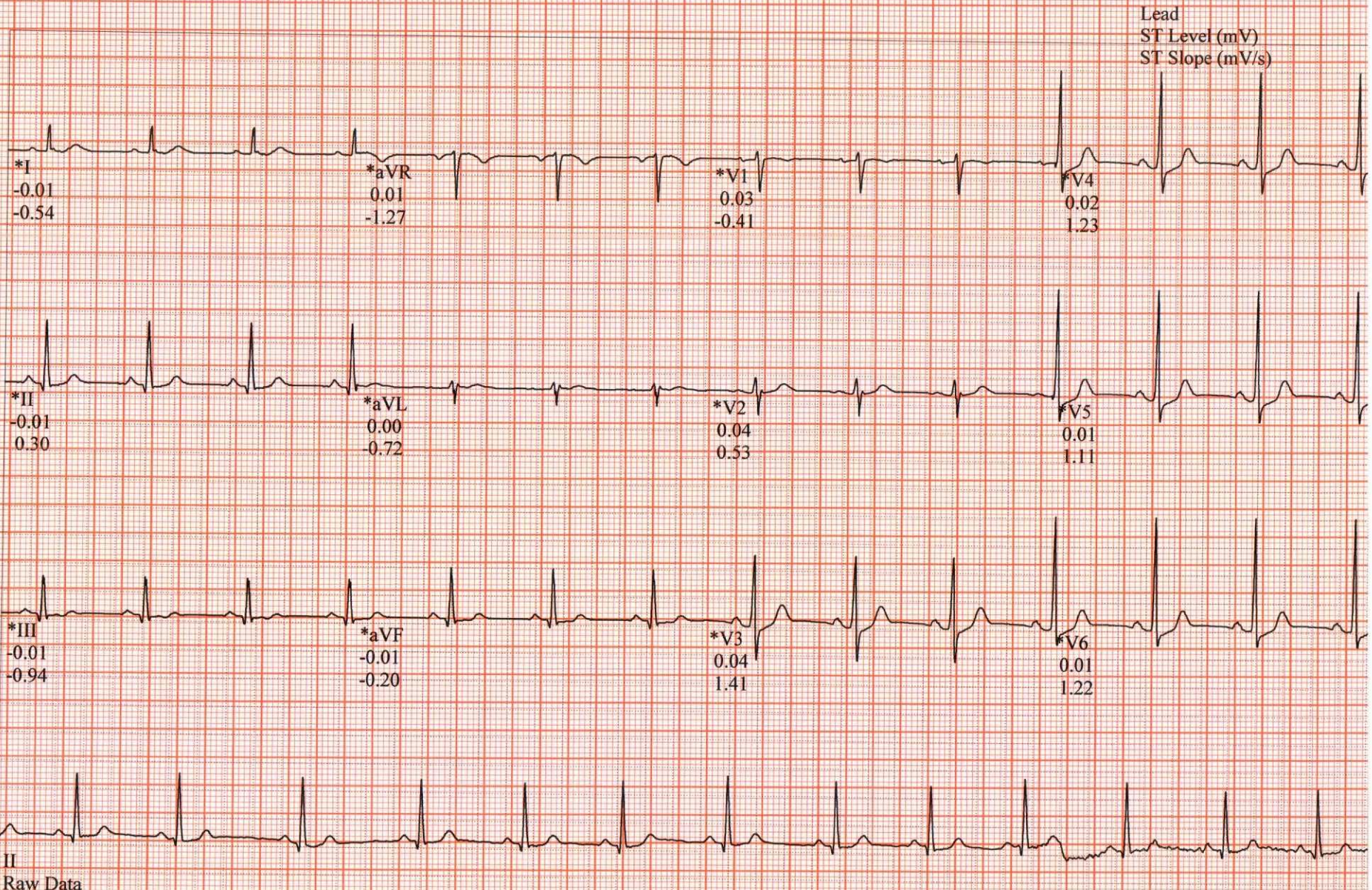
CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:14:37pm

82 bpm

Linked Medians
RECOVERY
#1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST



*Computer Synthesized Rhythms

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

Start of Test: 12:02:39pm

CHOUDHARY, ABHISHIKHA
Patient ID 2431420314
09.11.2024
12:15:37pm

80 bpm
130/70 mmHg

Linked Medians
RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOST

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

*I
-0.01
-0.37

*aVR
0.01
-0.67

*V1
0.03
-0.36

*V4
0.01
0.24

*II
-0.01
0.00

*aVL
0.00
-0.48

*V2
0.04
0.34

*V5
0.01
0.14

*III
-0.01
-0.81

*aVF
-0.01
-0.26

*V3
0.03
0.60

*V6
0.00
0.14

II
Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 12:02:39pm

Page