



CID : 2408320815
Name : MRS.KHARE AMRUTA VINAYAK
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 23-Mar-2024 / 09:05
Reported : 23-Mar-2024 / 11:24

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Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.6	36-46 %	Calculated
MCV	87.2	81-101 fl	Measured
MCH	28.3	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5000	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.5	20-40 %	
Absolute Lymphocytes	1870	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	400	200-1000 /cmm	Calculated
Neutrophils	49.2	40-80 %	
Absolute Neutrophils	2470	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	230	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	320000	150000-410000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Measured
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Reg. Location : J B Nagar, Andheri East (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	107.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.30	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	15.1	<34 U/L	Modified IFCC
SGPT (ALT), Serum	8.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	<7.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	60.4	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	18.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.52	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	2.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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.

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

*** End Of Report ***



Dr. VRUSHALI SHROFF

Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Collected : 23-Mar-2024 / 09:05
Reported : 23-Mar-2024 / 14:49

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	196.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	51.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	145.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.9	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	14.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.002	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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Collected : 23-Mar-2024 / 09:05
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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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



Anupa

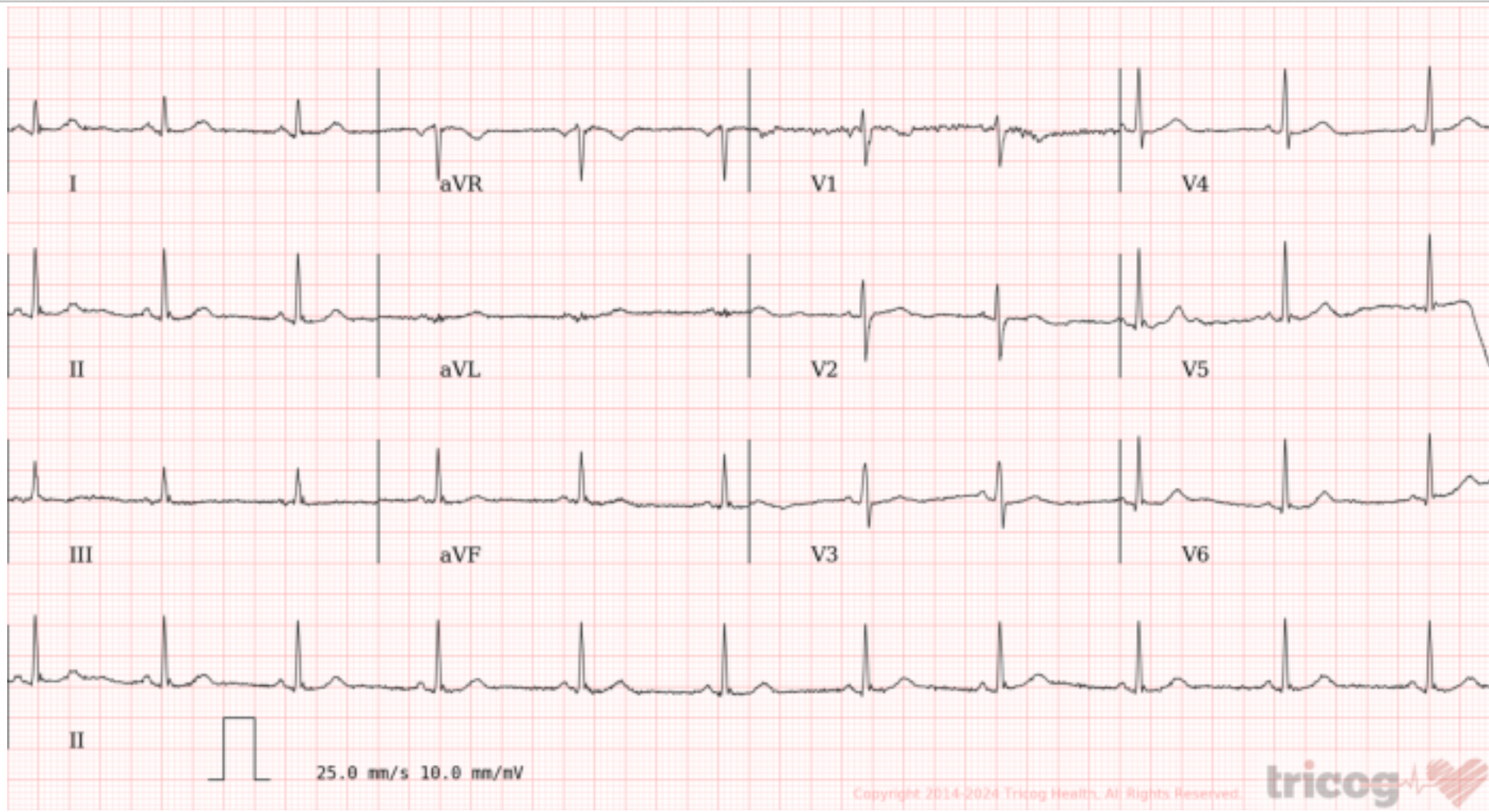
Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: KHARE AMRUTA VINAYAK
Patient ID: 2408320815

Date and Time: 23rd Mar 24 9:47 AM



Age **38** NA NA
years months days

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 53 kg
Height: 156 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 72ms
QT: 380ms
QTcB: 398ms
PR: 120ms
P-R-T: 26° 61° 28°

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

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S. , MD (Medicine)
59997

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.



Mob. 98 19130631

Aekhare

23/03/24

Suburban Diagnostics India Pvt Ltd

Shop No 9/10/19/20, Wing -A, Bonanza Building,

Sahar Plaza, Near Koninor Hotel,

Below J B Nagar Metro Station,

Andheri -Kurla Road, Andheri East, Mumbai -400069

Date:- 23/03/2024
Name:- Mrs Amruta

CID: 2405320815
Sex/Age: F 138 year's

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: D L 6/60

Aided Vision: D L 6/6

R L 6/10
M 10
R L 6/10
M 10

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/60	—	—	—	6/60
Near	—	—	—	M 10	—	—	—	M 10

Colour Vision: Normal / Abnormal

Remark: Both eye's Normal

Suburban Diagnostics India Pvt Ltd
Shop No 9/10/19/20, Wing - A, Bonanza Building,
Sahar Plaza, Near Kohinoor Hotel,
Below J B Nagar Metro Station,
Andheri -Kurla Road, Andheri East, Mumbai - 400059

CID# : 2408320815
Name : MRS.KHARE AMRUTA VINAYAK
Age / Gender : 38 Years/Female
Consulting Dr. : Collected : 23-Mar-2024 / 08:38
Reg.Location : J B Nagar, Andheri East (Main Centre) Reported : 26-Mar-2024 / 12:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

NOPRESENT MEDICAL COMPLAINTS.

EXAMINATION FINDINGS:

Height (cms):	156 CMS	Weight (kg):	53 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	110/70 MMHG	Nails:	NAD
Pulse:	66/ MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD

Respiratory: AEBE

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH

USG- PCOD

ADVICE:

CONSULT TO PHYSICIAN

CHIEF COMPLAINTS:

- | | |
|-----------------------------|--------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | IN CHILDHOOD |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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- | | |
|---|------------|
| 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 | LSCS- 2022 |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|----------------------|-------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG AND EGG |
| 4) Medication | NO |

*** End Of Report ***

Dr.Anjana Maheshwari



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	HRP	PWD	Comments
Suprte	00:03	0:03	00.0	00.0	01.0	104	57%	110/70	114	00	
Standing	00:23	0:20	00.0	00.0	01.0	082	46%	110/70	090	00	
HV	00:43	0:20	00.0	00.0	01.0	104	57%	110/70	114	00	
Warm-Up	01:02	0:19	00.0	00.0	01.0	108	59%	110/70	118	00	
ExStart	01:21	0:19	01.0	00.0	01.0	108	59%	110/70	118	00	
BRUCE Stage 1	04:21	3:00	01.7	10.0	04.7	140	77%	130/70	182	00	
BRUCE Stage 2	07:21	3:00	02.5	12.0	07.1	162	89%	150/70	243	00	
PeakEx	07:35	0:14	03.4	14.0	07.4	170	93%	170/70	289	00	
Recovery	08:35	1:00	01.1	00.0	01.2	158	87%	150/70	237	00	
Recovery	09:35	2:00	00.0	00.0	01.0	133	73%	130/70	172	00	
Recovery	10:35	3:00	00.0	00.0	01.0	122	67%	110/70	134	00	
Recovery	11:35	4:00	00.0	00.0	01.0	110	60%	110/70	121	00	
Recovery	11:39	4:04	00.0	00.0	01.0	110	60%	110/70	121	00	

FINDINGS :

Exercise Time : 06:14
 Max HR Attained : 170 bpm 93% of Target 182
 Max BP Attained : 170/70
 Max Workload Attained : 7.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -2.1 mm in Warm Up
 History : Nil
 Test End Reasons : Test Complete, Heart Rate Achieved

DR. ASHISH V. DESHMUKH
 MD. (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 58997

Doctor : Dr. Ashish V. Deshmukh



REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
TACHYCARDIC CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

Disclaimer : Negative Stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence Clinical Correlation is mandatory.

DR. ASHISH V. DESHMUKH

MD (MEDICINE)

CONSULTING PHYSICIAN

REG. NO. 59877

Doctor : Dr Ashish V Deshmukh

Suburban Diagnostics India Pvt Ltd

Sahar Plaza, 3rd Floor, 3rd Wing, 4th Phase, Building

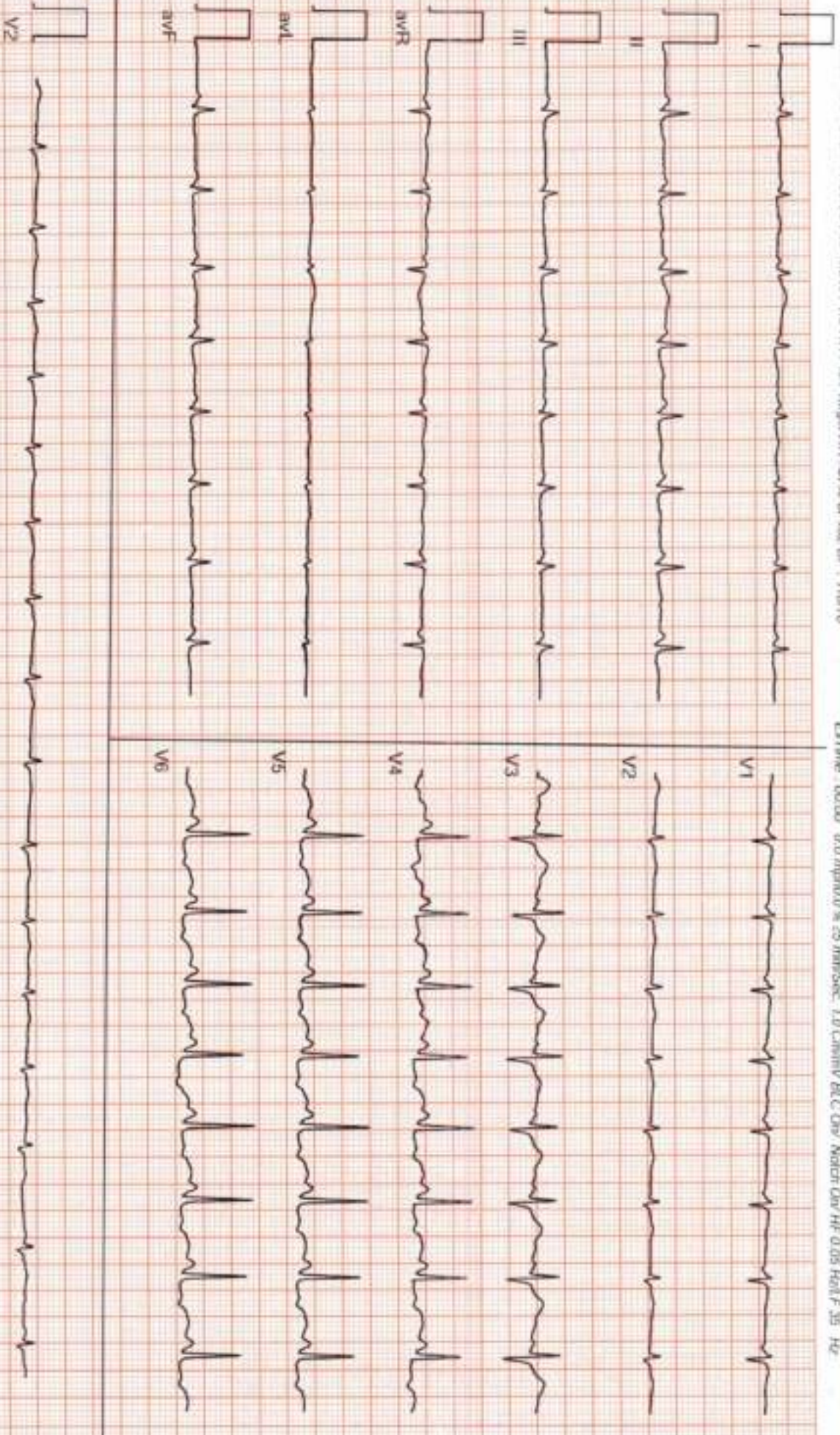
Below J B Plaza Metro Station,

Andheri -Kurla Road Andher East Mumbai -400059



Date: 23 - 03 - 2024 11:35:02 AM MCH : 1.0 HR : 104 Tavg HR : 57% of 182 BP : 110/70

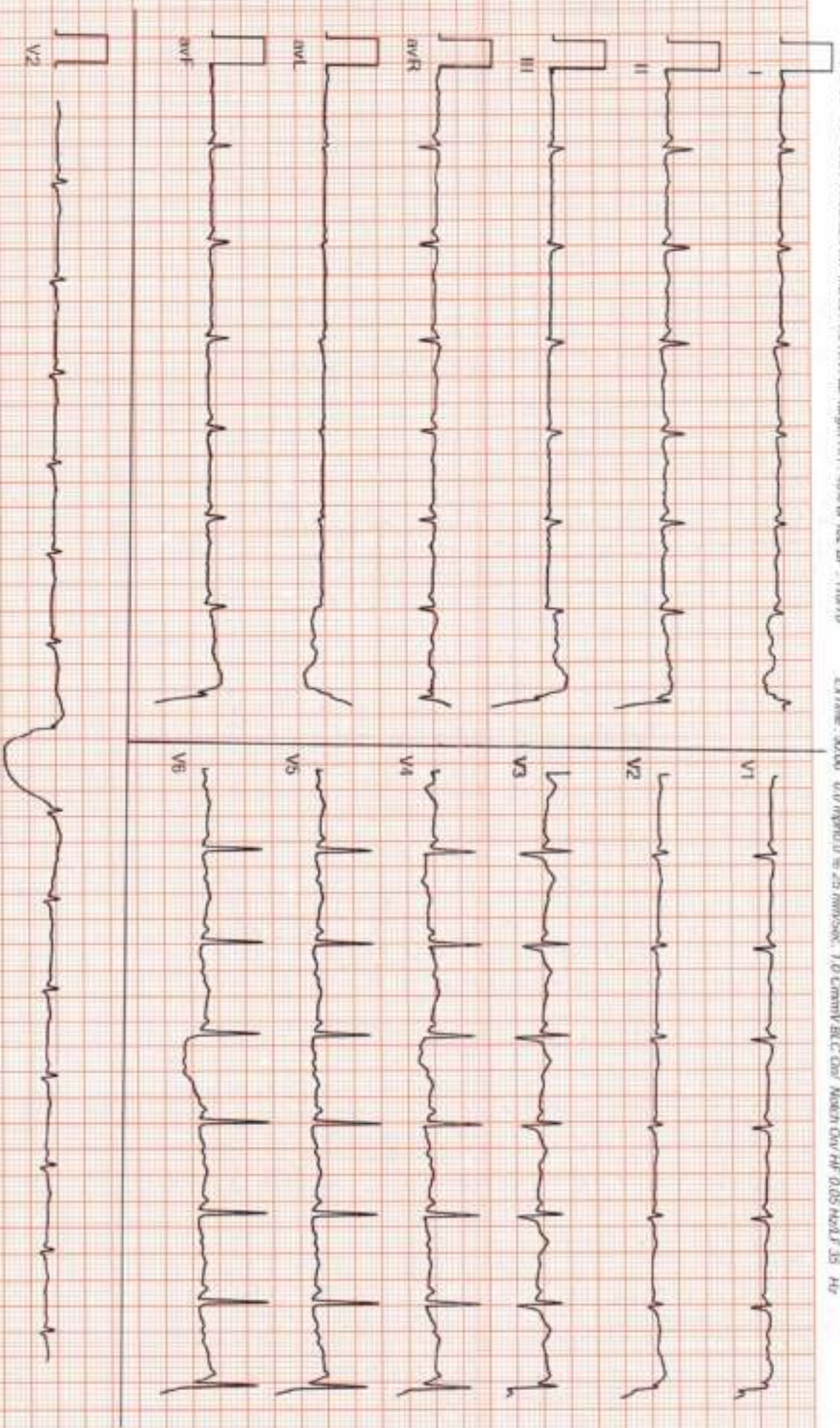
ExTime : 00:00 0.0 mpm/0.0 % 25 mm/Sec. 1.0 Cm/IV BLC On/ Notch On/ HF 0.05 Hdt/F 35 Hz





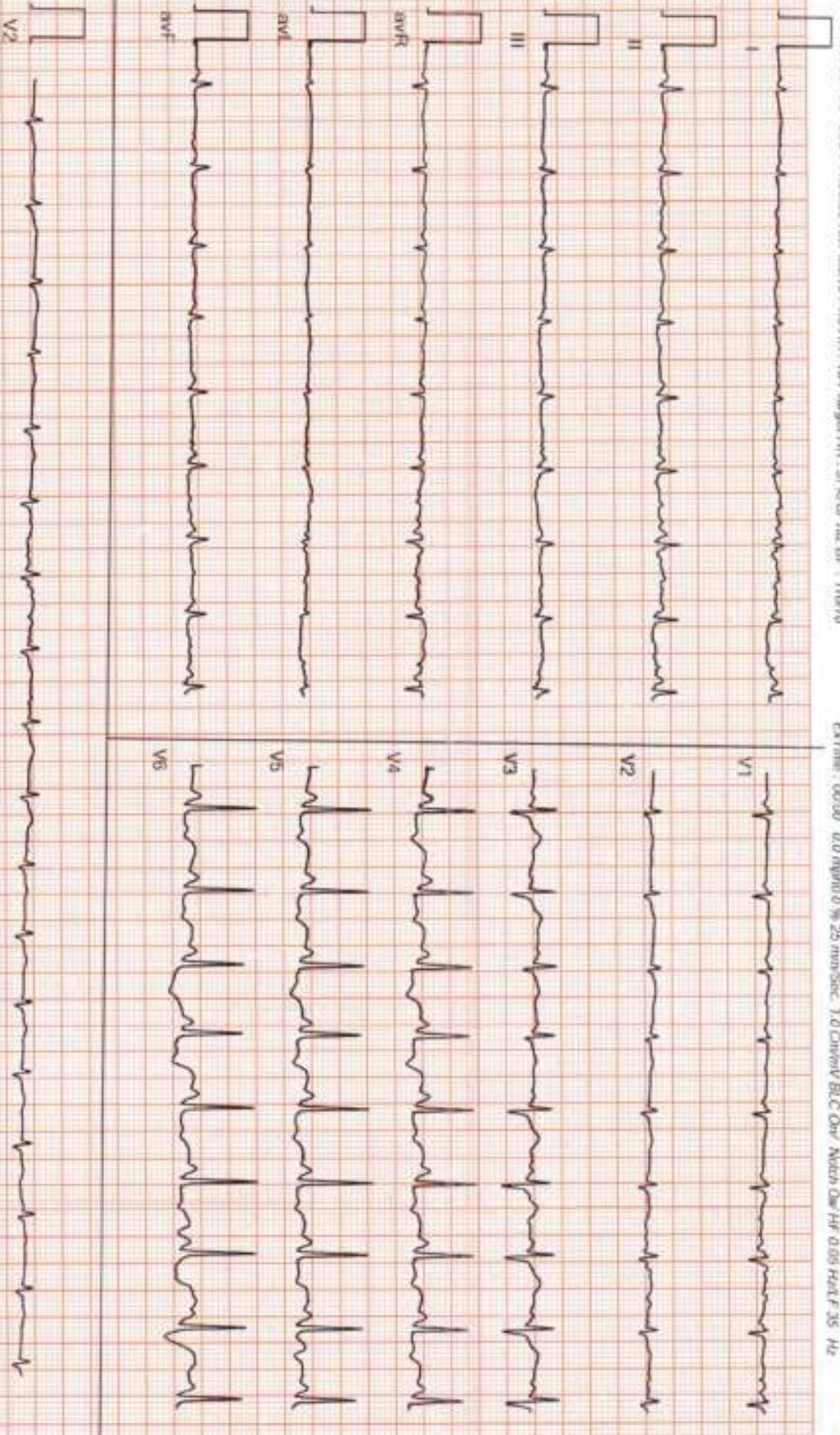
Date: 23-03-2024 11:35:02 AM ME T: 1.0 HR: 82 Temp HR: 45% d 162 BP: 110/70

E-Time: 00:00 0.0 mg/dl 0 % 25 mm/50k 1.0 Cm/mV BLC On/ MACH On/ HF 0.05 Hz/L 35 Hz



Date: 23-03-2024 11:35:02 AM METs : 1.0 HR : 104 Target HR : 57% of Max BP : 110/70

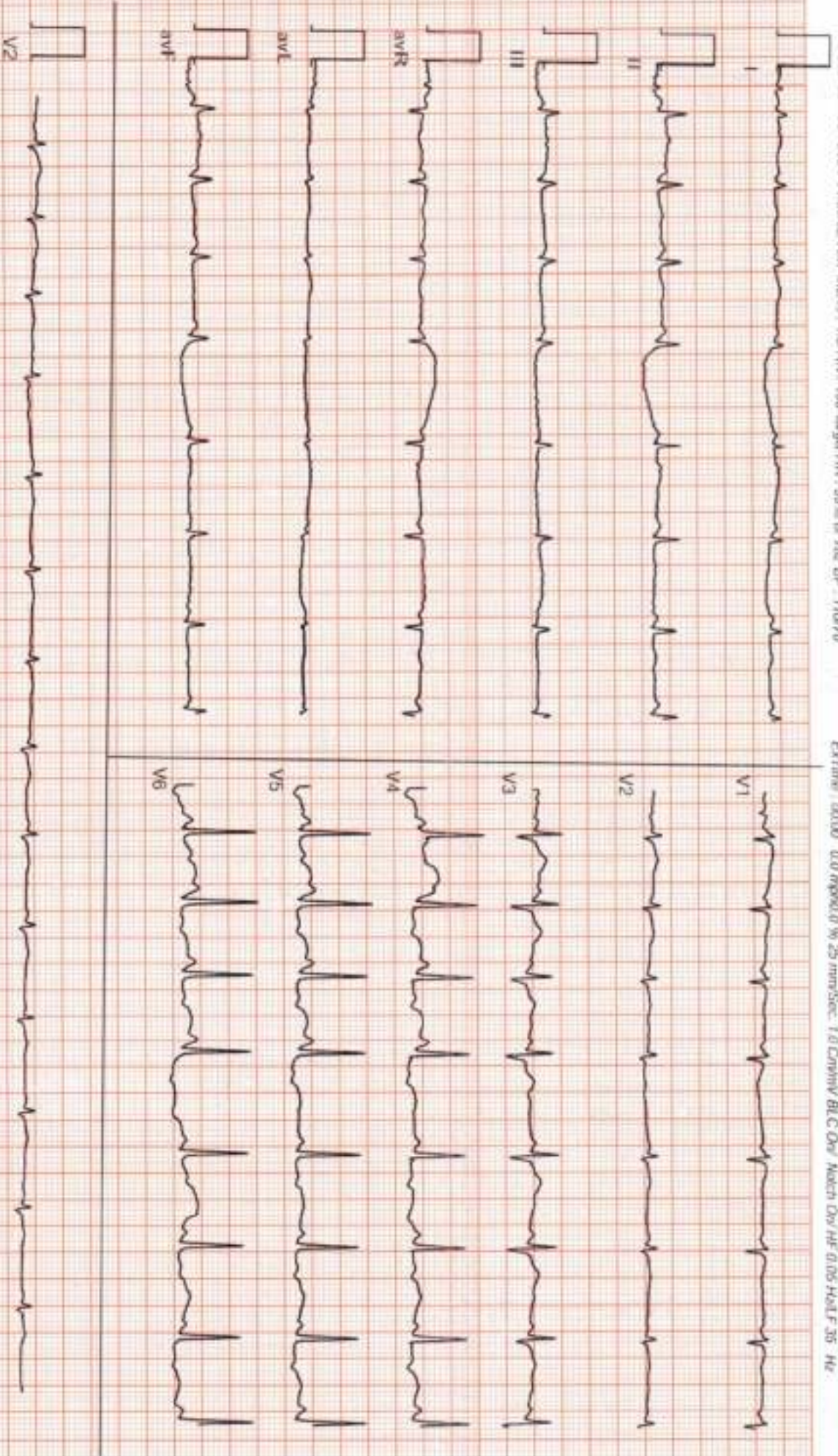
Ex Time : 00:00 0.0 mpm/0.0 % 25 mm/Sec 1.0 Cm/IV B/C Div Notch On/HF 0.05 Hz/F 35 Hz



Date: 23-03-2024 11:35:02 AM METS : 1.0 HR : 108 Temp HR : 99% ct 102 BP : 110/70

ExTime : 00:00 0.0 mps/0.0 % 25 mm/Sec: 1.0 Crd/IV BLC On/ Match On/HF 0.05 H&LF 35 Hz

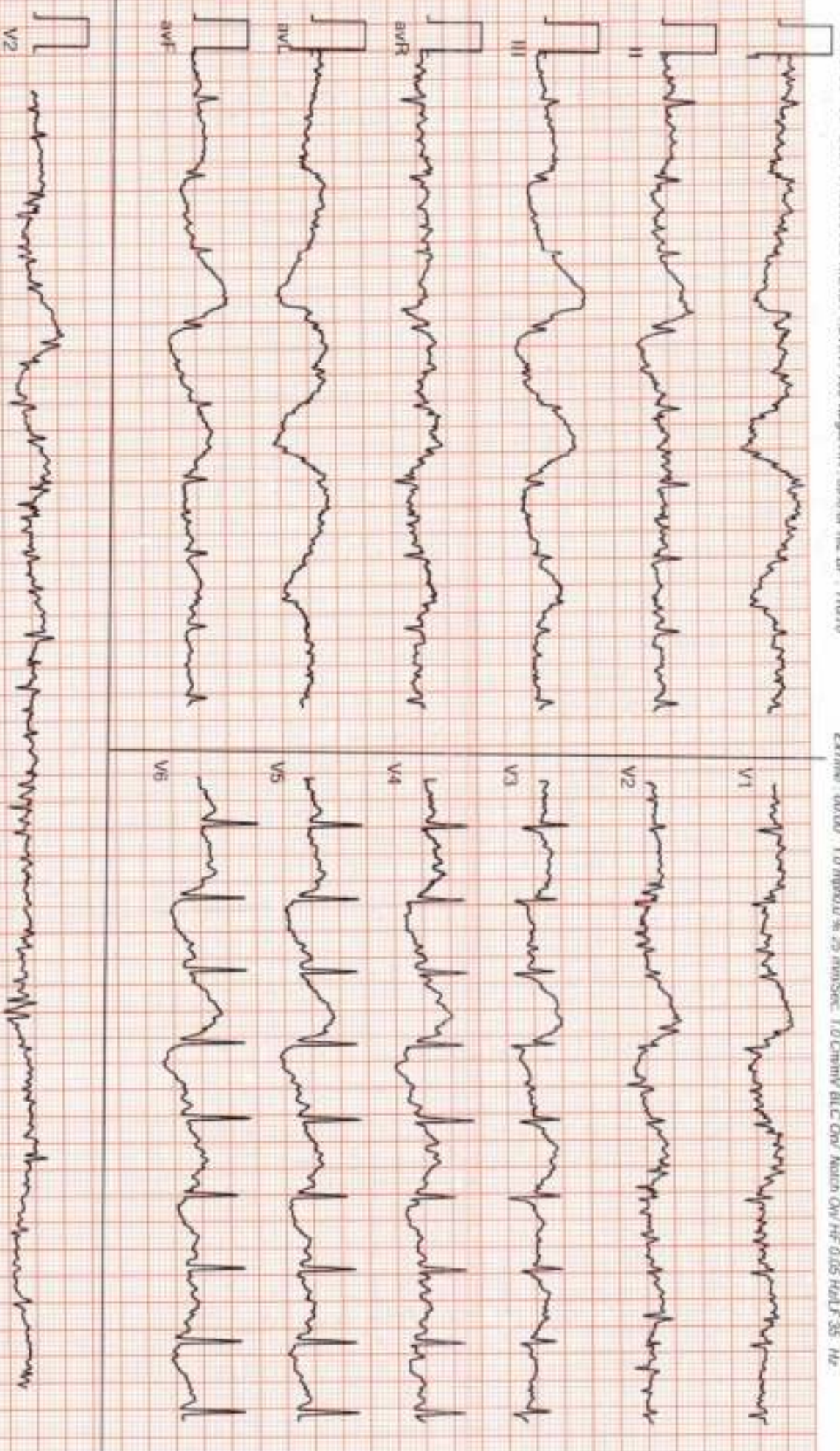
6 x 2 + Rhythm
BRUCE: Warm Up(0:19)





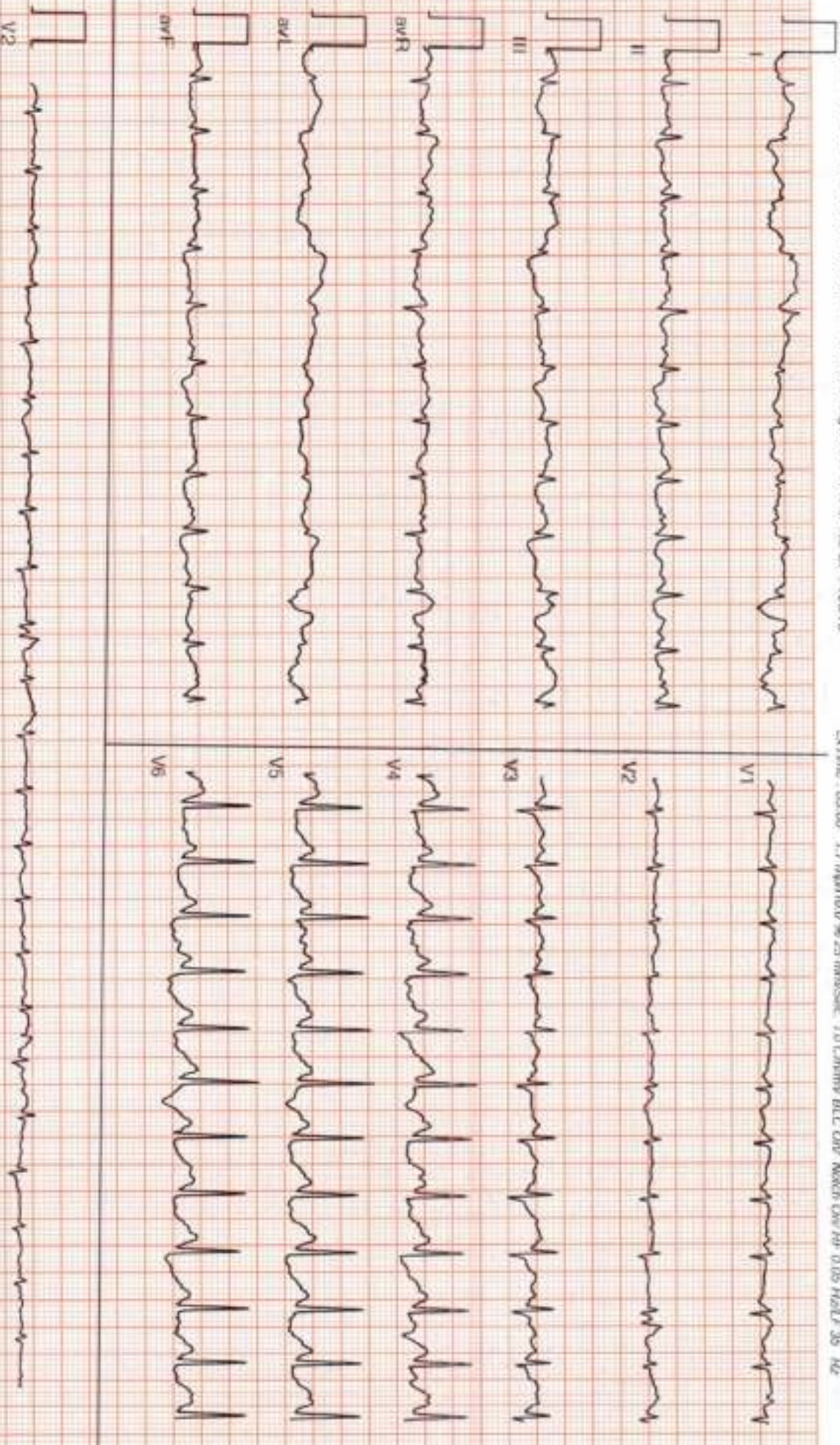
Date: 23-03-2024 11:35:02 AM METs : 1.0 HR : 108 Target HR : 50% of 182 BP : 110/70

ExTime : 00:00 1.0 mph/0.25 min/Sec 1.0 Cm/IV BLC On/ Naida ON/ HF 0.05 Hz/LS 35 Hz



Date: 21-03-2024 11:35:02 AM METS: 4.7 HR: 140 Target HR: 77% of 182 BP: 130/70

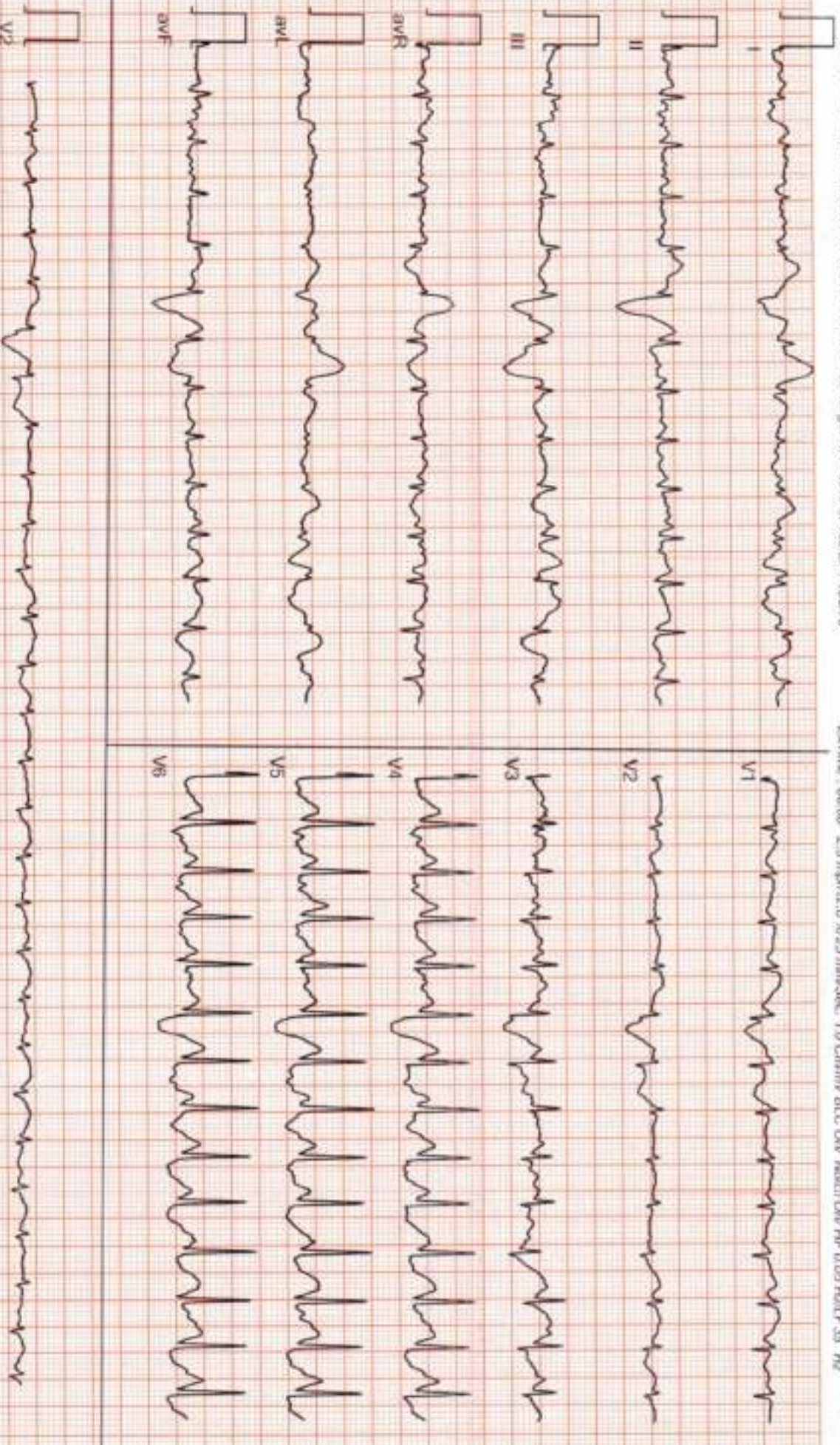
ExTime: 03:00 1.7 mph/10.0 % 25 mm/Sec 1.0 Cm/mV BLC OLV NCKB CW HF 0.05 H&LF 35 Hz





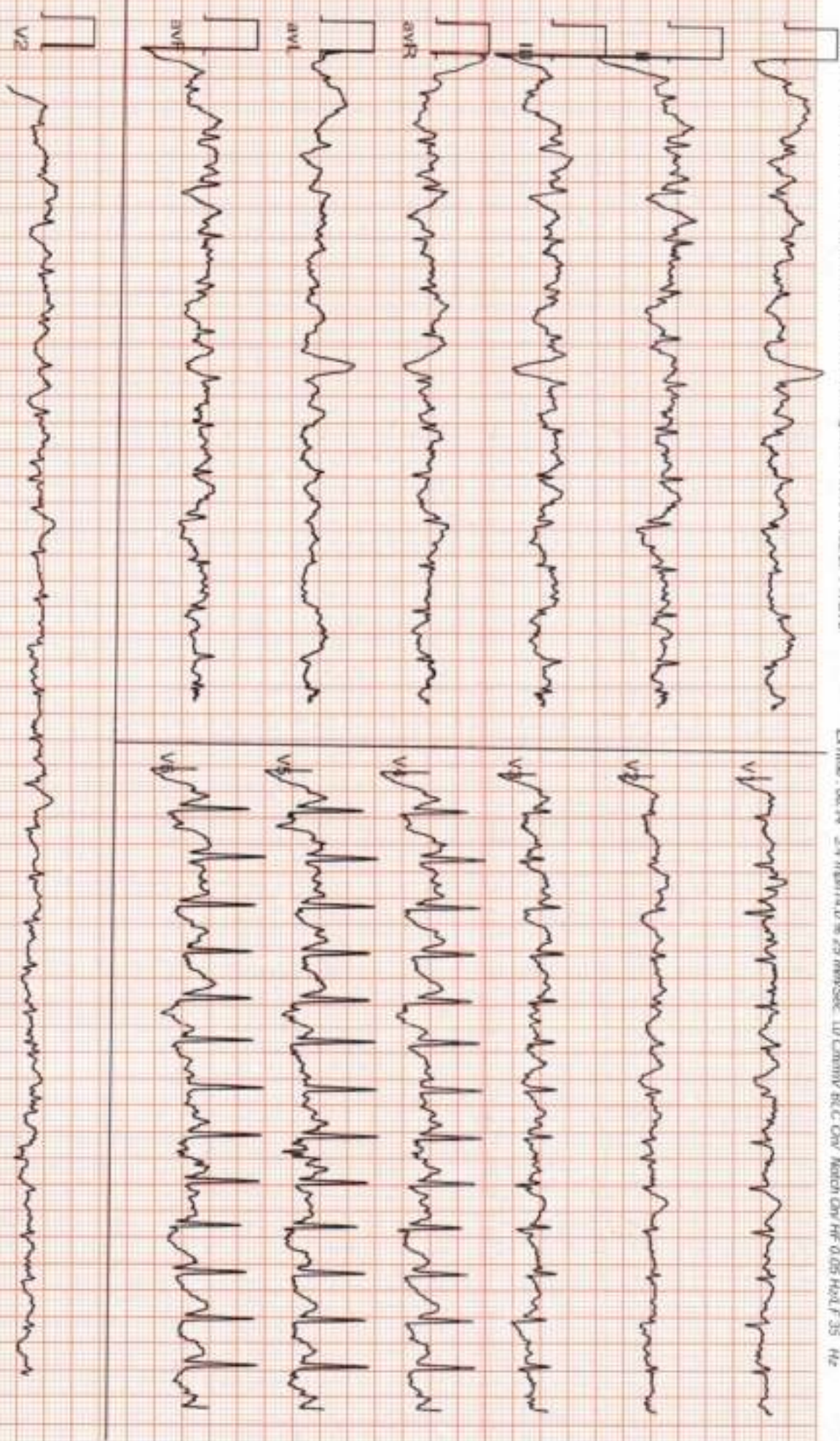
Date: 23 - 03 - 2024 11:35:02 AM METs : 7.1 HR : 162 Target HR : 89% of 162 BP : 150/70

Ex Time : 06:00 2.5 mph/12.0 % 25 min/Sec 1.0 Cal/hr/ BLC OW Aalen OW HF 0.05 HUI F 35 Hz

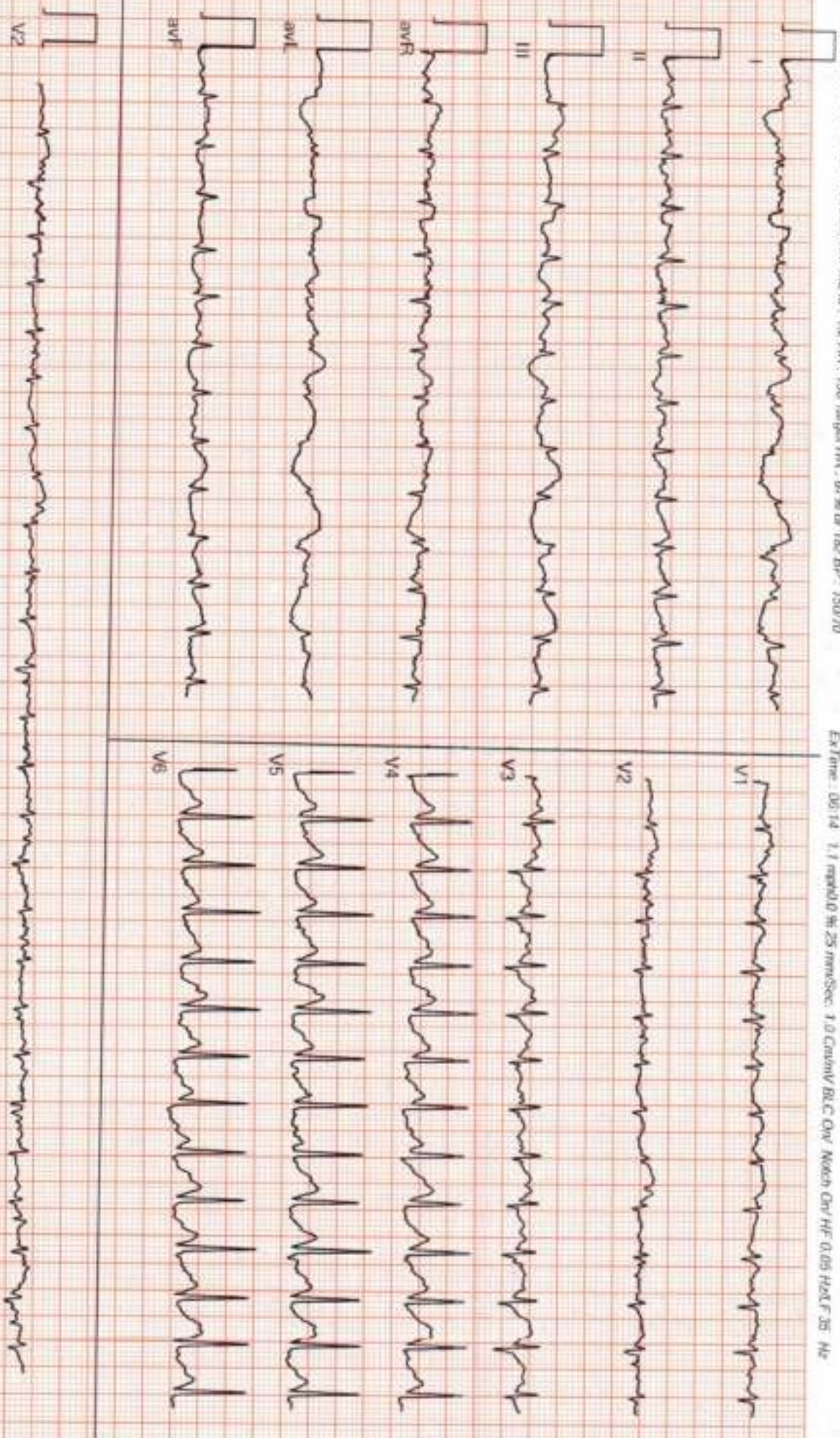


Date: 23-03-2024 11:35:02 AM METs : 7.4 HR : 70 Target HR : 83% of 182 BP : 170/70

Ex Time : 06:14 3.4 mph 14.0 % 25 min/Sec 1.0 Cm/mV R/C On/ Match On Hf 0.05 Hz/L F 35 Hz



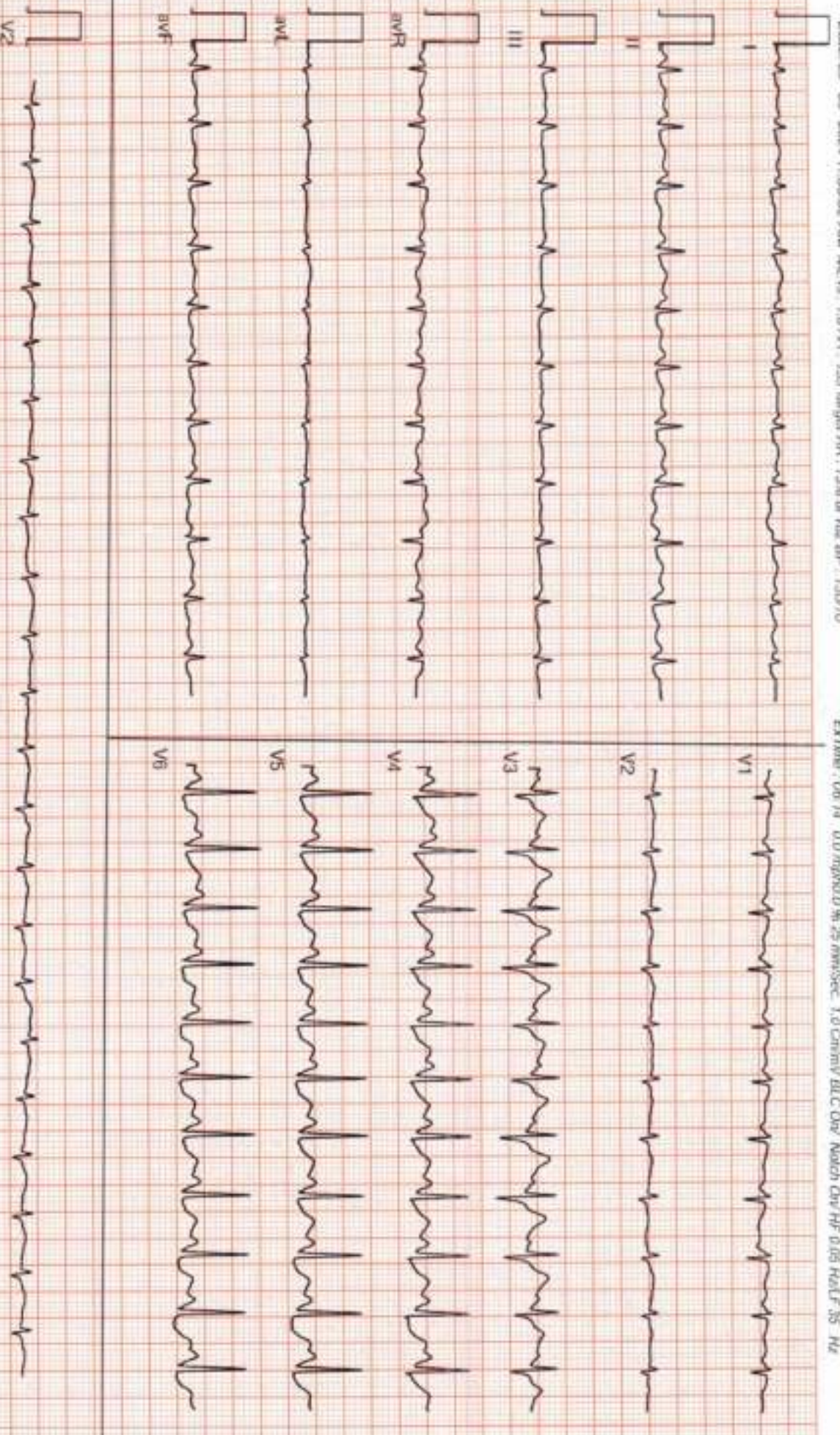
6 x 2 + Rhythm
Recovery(1:00)



Date: 21-02-2024 11:39:02 AM METs: 1.0 HR: 120 Temp HR: 73% of 182 BP: 130/70

Expire: 06/14 0.0 mV/0.25 mm/Sec 1.0 Cm/1V BLC: On Watch: On HF: 0.05 Hz/5 Hz

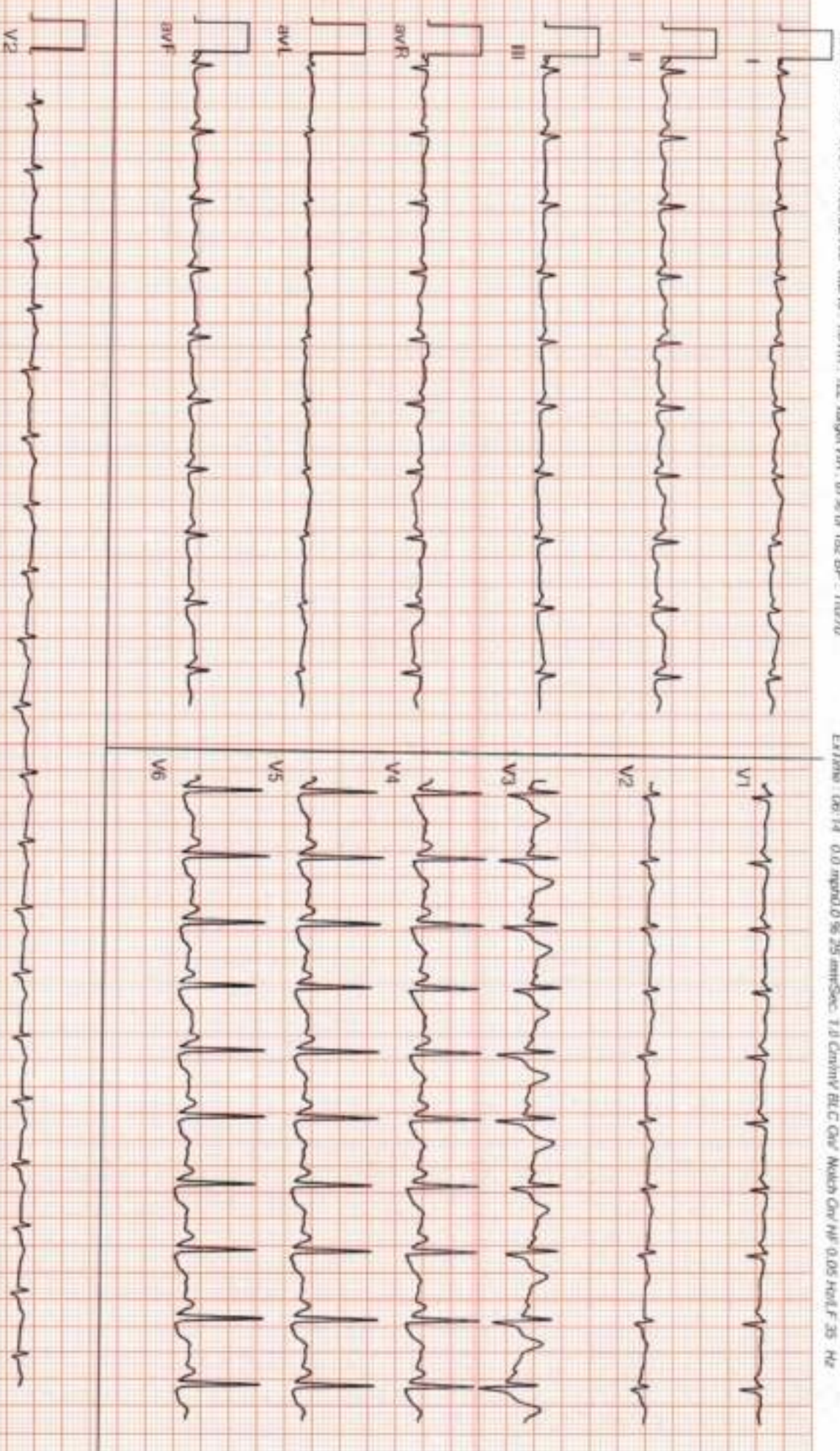
6 x 2 + Rhythm
Recovery(2:00)





Date: 23-03-2024 11:35:02 AM ME To: 1.0 HR: 122 Target HR: 67% of 182 BP: 110/70

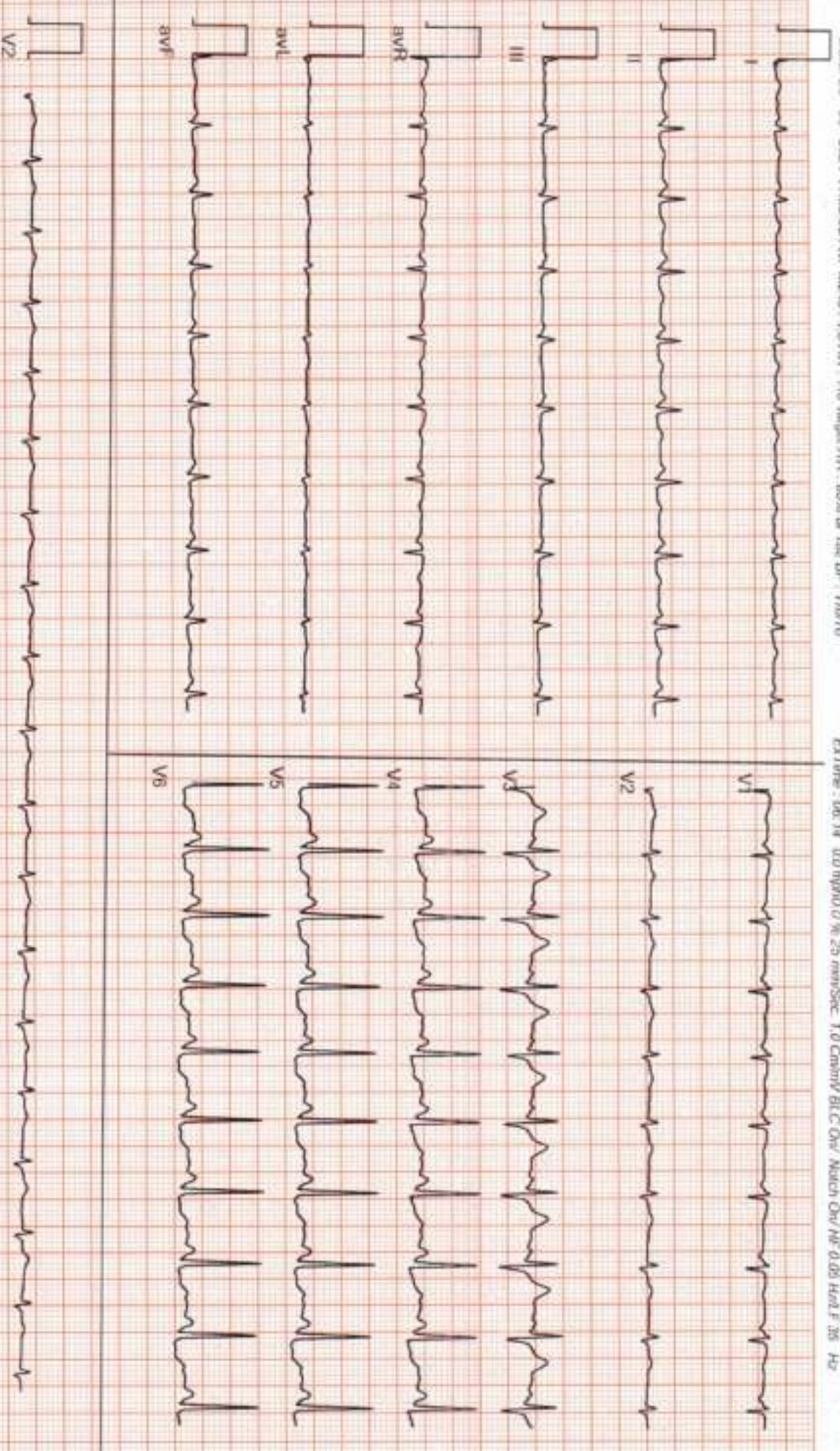
ExTime: 06:14 0.0 mV/0.05 25 mm/Sec: 1.0 Cm/1.0 mV 0.05 Hz/1.0 Hz



Date: 23 - 03 - 2024 11:35:02 AM ME: 1.0 HR 110 Temp: HR: 60% of 182 BP: 110/70

EA Time: 06:14 0.0 mV/0.0 % 25 mm/Sec 1.0 Cm/mV BLC ON NATCH ON HR 0.06 Hz F 35 Hz

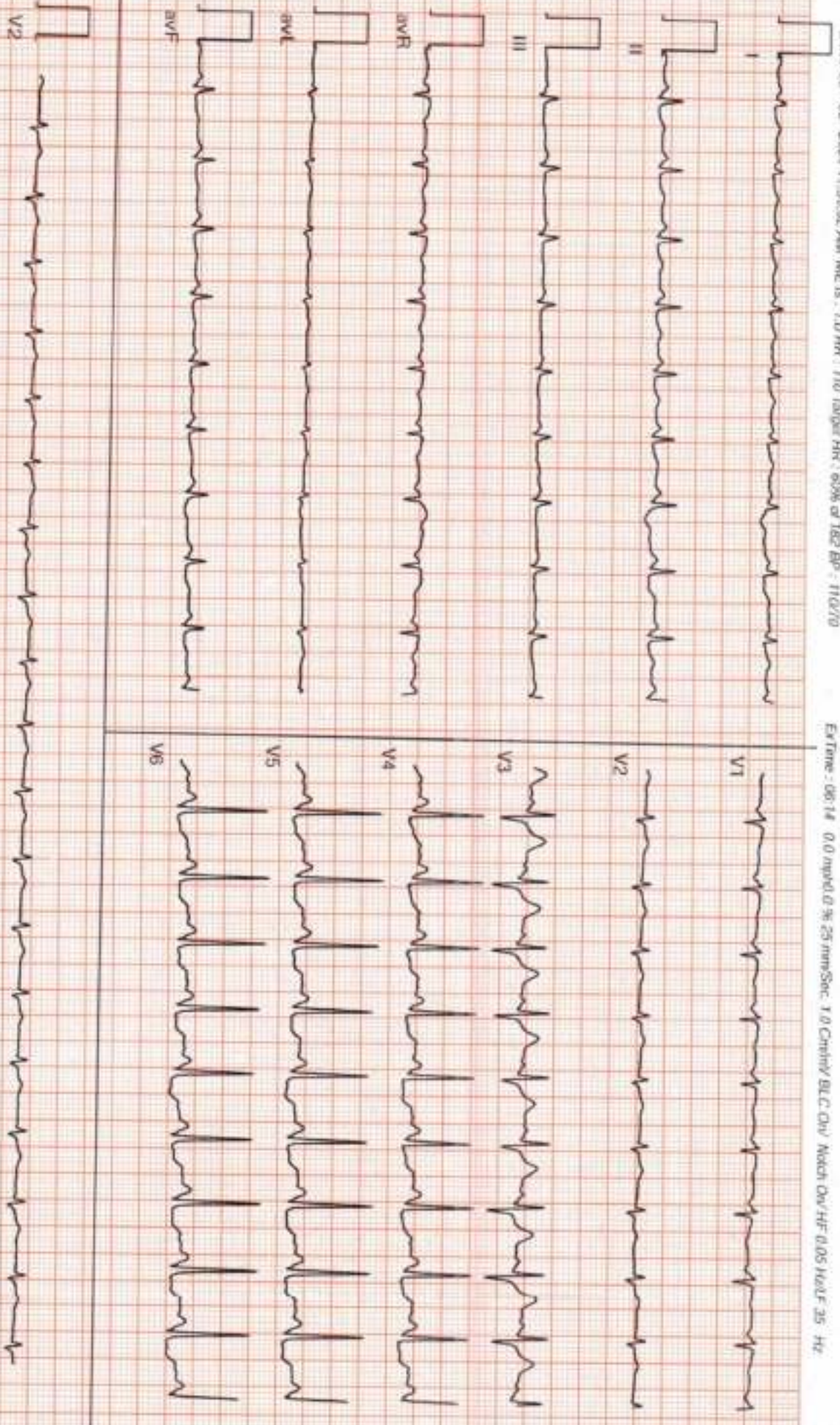
6 x 2 + Rhythm
Recovery(4:00)



Date: 23 - 03 - 2024 11:35:02 AM METS : 1.0 HR : 110 Target HR : 60% of 182 BP : 110/70

Ex Time : 06:14 0.0 mps/0.9% 29 mm/Sec. 1.0 Chelity SLC Div Mach CW/HF 0.05 Hz/F 35 Hz

6 x 2 + Rhythm
Recovery(4:04)





CID : 2408320815
Name : Mrs KHARE AMRUTA VINAYAK
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024/10:44

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2 cm), 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 9.8 x 4.2 cm.
Left kidney measures 10.5 x 4.9 cm.

SPLEEN:

The spleen is normal in size (8.4 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is over distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.7 x 2.3 x 3.9 cm in size. The endometrial thickness is 3.2 mm.

OVARIES:

Left ovary appears bulky with multiple tiny peripherally displaced follicles with central echogenic stroma noted.

Right ovary = 3.2 x 1.7 x 2.8 cm = 8.2 cc, normal.

Left ovary = 4.0 x 1.8 x 3.5 cm = 13.3 cc.



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No free fluid in POD.

IMPRESSION:-

- **Left ovary shows polycystic ovarian morphology.**

ADV: Hormonal & Clinical correlation.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



Use a QR Code Scanner
Application To Scan the Code

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Reg. Date : 23-Mar-2024
Reported : 26-Mar-2024/08:52

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

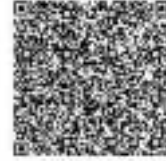
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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