



CID : 2422323458  
Name : MRS.ANUPREKHA SHAKTI SINGH  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 10-Aug-2024 / 08:34  
Reported : 10-Aug-2024 / 12:31

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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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	78	80-100 fl	Calculated
MCH	26.0	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.5	20-40 %	
Absolute Lymphocytes	2070.0	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	490.0	200-1000 /cmm	Calculated
Neutrophils	47.3	40-80 %	
Absolute Neutrophils	2350.0	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	50.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	148000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Calculated
PDW	25.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 16 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 Borivali Lab, Borivali West

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist



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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 Fasting	81.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	79.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.62	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	<b>32.9</b>	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	119	(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

URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Enzymatic
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 Borivali Lab, Borivali West

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



*Bmhasakar*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**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	Slight hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	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	Present	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Crystals	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	0-20/hpf	
Yeast	Absent	Absent	



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Others Kindly rule out contamination

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



*J Thakker*

**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**

<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	111.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	48.5	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	45.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	65.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	56.0	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	9.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

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*Bmhasakar*

**Dr.KETAKI MHASKAR**  
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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.3	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	5.8	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	ECLIA



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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)

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Reported : 10-Aug-2024 / 20:05

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist

Name : MRS. ANUPREKHA SHAKTI SINGH

Age / Gender : 35 Years/Female

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 10-Aug-2024 / 08:24

Reported : 10-Aug-2024 / 16:09

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms): 160  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 120/80  
Pulse: 76/min

Weight (kg): 49  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

**IMPRESSION:**

Normal

**ADVICE:**

**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

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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 Yes, Piles 1 Yrs
- 17) Musculoskeletal System No

**PERSONAL HISTORY:**

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Mix
- 4) Medication No

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

**Suburban Diagnostics (I) Pvt. Ltd.**  
301& 302, 3rd Floor, Vini Eleganance  
Above Tanisq Jeweller, L. T. Road,  
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**Dr. NITIN SONAVANE**  
PHYSICIAN

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

CID NO: 2422323458	
PATIENT'S NAME: MRS.ANUPREKHA SHAKTI SINGH	AGE/SEX: 35 Y/M
REF BY: -----	DATE: 10/08/2024

**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, Pulmonary, Mitral, Tricuspid valves normal.
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.

PATIENT'S NAME: MRS.ANUPREKHA SHAKTI SINGH		AGE/SEX: 35 Y/M
REF BY: -----		DATE: 10/08/2024

- |                        |          |
|------------------------|----------|
| 1. AO root diameter    | 2.6 cm   |
| 2. IVSd                | 0.9 cm   |
| 3. LVIDd               | 4.2 cm   |
| 4. LVIDs               | 1.9 cm   |
| 5. LVPWd               | 0.9 cm   |
| 6. LA dimension        | 3.5 cm   |
| 7. RA dimension        | 3.5 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 | 9 m/s    |
| 13. PASP by TR Jet     | 19 mm Hg |
| 14. TAPSE              | 2.9 cm   |
| 15. Aortic flow vel    | 1.3 m/s  |
| 16. Aortic Gradient    | 8 m/s    |
| 17. MV:E               | 0.7 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



Authenticity Check



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Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 10-Aug-2024  
Reported : 10-Aug-2024 / 12:00

**X-RAY CHEST PA VIEW**

Prominent bronchovascular markings are seen bilaterally in both lower zones.

Rest of the 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.

**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.

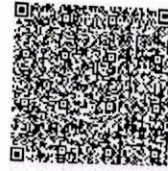
-----End of Report-----

DR.SUDHANSHU SAXENA  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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CID : 2422323458  
Name : Mrs ANUPREKHA SHAKTI SINGH  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 10-Aug-2024  
Reported : 10-Aug-2024 / 9:31

## USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size 11.8 cm, , 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:** Right kidney measures 10.4 x 3.5 cm. Left kidney measures 8.1 x 4.4 cm. 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 and measures 5.6 x 3.1 x 4.4 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 8.2 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture.  
The right ovary measures 2.2 x 1.2 x 2.2 cm (volume 3 cc).  
The left ovary measures 2.3 x 1.4 x 2.2 cm (volume 3.9 cc).

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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CID : 2422323458  
Name : Mrs ANUPREKHA SHAKTI SINGH  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 10-Aug-2024  
Reported : 10-Aug-2024 / 9:31

**Opinion:**

- No significant abnormality is detected.

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.

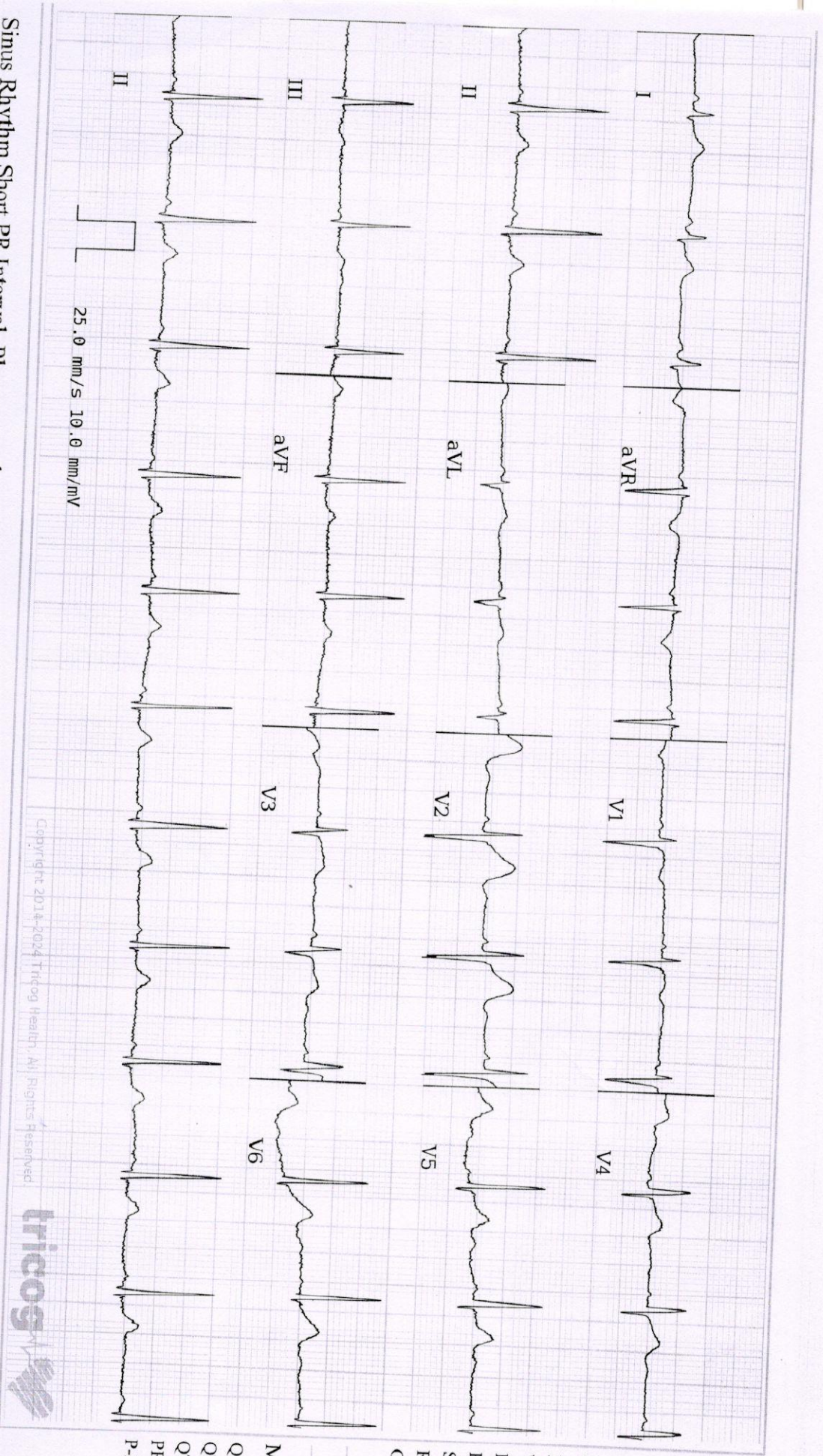
-----End of Report-----

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2024081008275397

**SUBURBAN DIAGNOSTICS - BOKRYALI WEST**  
 Patient Name: ANUPREKHA SHAKTI SINGH  
 Patient ID: 2422323458  
 Date and Time: 10th Aug 24 10:28 AM



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Age **35** NA NA  
 years months days

Gender **Female**

Heart Rate **73bpm**

**Patient Vitals**

BP: 100/70 mmHg  
 Weight: 49 kg  
 Height: 160 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others:

**Measurements**

QRSD: 82ms  
 QT: 360ms  
 QTcB: 396ms  
 PR: 100ms  
 P-R-T: 7° 77° 32°

REPORTED BY

Dr. Nitin Sonavare  
 M.B.B.S, A.T.L.H., D.DIAB., D.CARD  
 Consultant Cardiologist  
 87714

Sinus Rhythm Short PR Interval. 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.

Date:-

CID: 2422323458

Name:- Anuprekha. Singh

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/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**Suburban Diagnostics (I) Pvt. Ltd.**  
301 & 302, 3rd Floor, Vini Elegance  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092