

**PHYSICAL EXAMINATION REPORT**

Patient Name	Richa Sinha	Sex/Age	F / 36
Date	28/3/23	Location	Thane

**History and Complaints**

NIL

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	
Weight (kg):	77	Skin:	Ac8 NAD
Blood Pressure	122/82	Nails:	✓
Pulse	72L	Lymph Node:	✓

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:** - ↓ Hb., Eosinophilia, ↑ ESR.

- ↑ Gamma Gt.  
- ↑ TG's, LDL, chol.

Advice:

- Iron supplement
- Treatment of Eosinophilia
- Low Fat Diet
- Repeat Lipid Profile after 6 months

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

NO  
NO  
NO  
NO

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

NO  
NO  
NO  
NO



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439

0000-0576-5507





Use a QR Code Scanner Application To Scan the Code

CID : 2308421446  
Name : MRS.RICHA SINHA  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Mar-2023 / 09:28  
Reported : 25-Mar-2023 / 12:18

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.0	12.0-15.0 g/dL	Spectrophotometric
RBC	3.95	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	90.7	80-100 fl	Calculated
MCH	27.9	27-32 pg	Calculated
MCHC	30.8	31.5-34.5 g/dL	Calculated
RDW	17.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6850	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.4	20-40 %	
Absolute Lymphocytes	2630.4	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	500.1	200-1000 /cmm	Calculated
Neutrophils	45.3	40-80 %	
Absolute Neutrophils	3103.1	2000-7000 /cmm	Calculated
Eosinophils	9.0	1-6 %	
Absolute Eosinophils	616.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	273000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	17.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			

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Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      47                      2-20 mm at 1 hr.                      Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.81	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	16.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	51.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	88.0	35-105 U/L	PNPP
BLOOD UREA, Serum	18.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.5	6-20 mg/dl	Calculated

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CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	4.3	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

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Reported : 25-Mar-2023 / 11:57

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
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	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:  
 • Protein:(1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)  
 • Glucose:(1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl,4+ -1000 mg/dl)  
 • Ketone:(1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
 \*\*\* End Of Report \*\*\*



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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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also 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.

**References:**

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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	219.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	166.4	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	51.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	167.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	135.0	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	32.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

OUR PRESENCE



*Amit Taori*

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M.D ( Path )  
Pathologist





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Reported : 25-Mar-2023 / 14:17

**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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.8	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	3.95	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

AREAS OF SPECIAL EXPERTISE

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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

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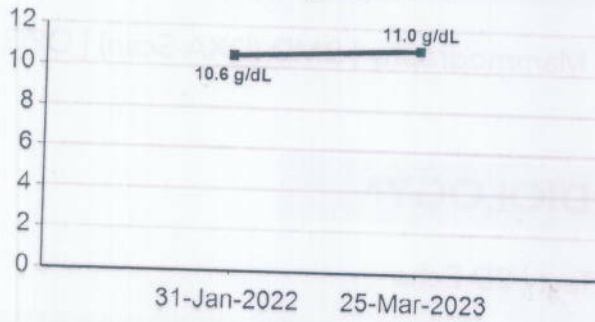
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**Haemoglobin**



**WBC Total Count**



**Platelet Count**



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

Date:- 28/01/23

CID:

Name:- Richa Sinha

Sex / Age: F 36

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: All

Past history: All

Unaided Vision: R 6/12 HV 12 H.B

Aided Vision: R 12/6 HV 12 H.B

Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: case over spots

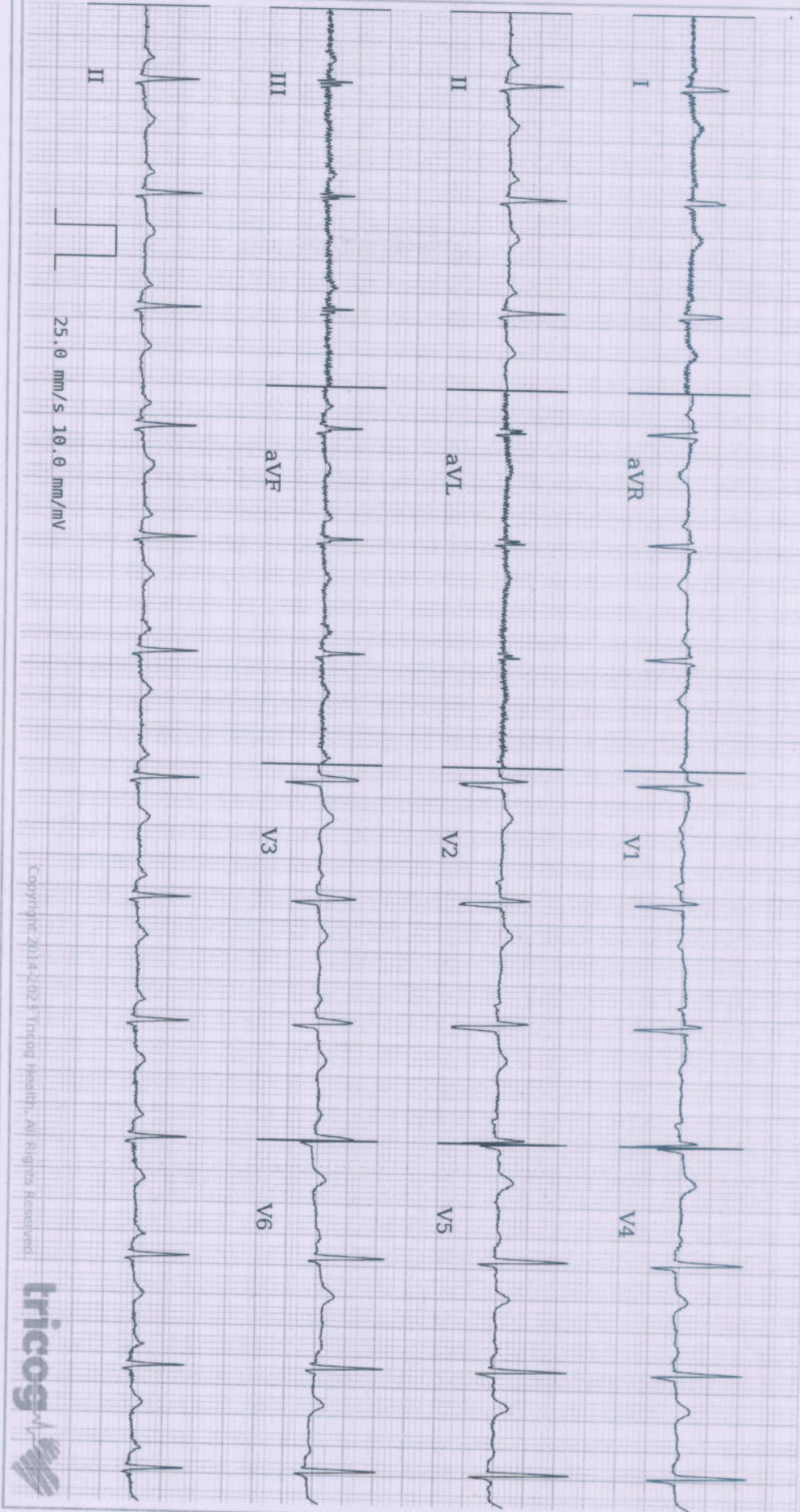
MR. PRAKASH KUDVA  
SR. OPTOMETRIST





Patient Name: **RICHA SINHA**  
Patient ID: **2308421446**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **25th Mar 23 12:05 PM**



25.0 mm/s 10.0 mm/mV

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Age **36** years **8** months **16** days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QRSD: 72ms

QT: 368ms

QTc: 427ms

PR: 154ms

P-R-T: 78° 57° 45°

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

REPORTED BY

DR. SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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 (THANE GB ROAD)**

Email:

742 (2308421446) / RICHA SINHA / 36 Yrs / F / 160 Cms / 77 Kg  
 Date: 25 / 03 / 2023 11:12:04 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	085	46 %	120/80	102	00	
Standing	00:16	0:07	00.0	00.0	01.0	083	45 %	120/80	099	00	
HV	00:23	0:07	00.0	00.0	01.0	087	47 %	120/80	104	00	
ExStart	00:31	0:08	00.0	00.0	01.0	087	47 %	120/80	104	00	
BRUCE Stage 1	03:31	3:00	01.7	10.0	04.7	138	75 %	130/80	179	00	
PeakEx	05:36	2:05	02.5	12.0	06.4	156	85 %	150/80	233	00	
Recovery	06:36	1:00	00.0	00.0	01.0	121	66 %	150/80	181	00	
Recovery	07:36	2:00	00.0	00.0	01.0	097	53 %	150/80	145	00	
Recovery	07:47				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 05:05  
 Initial HR (ExStrt) : 87 bpm 47% of Target 184  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 6.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V6 & -0.8 mm in PeakEx  
 Test End Reasons : , Heart Rate Achieved , Fatigue,

Max HR Attained 156 bpm 85% of Target 184  
 Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**

**M.D. (GEN.MED)**

**PHNO. 49972**

Doctor : DR SHAILAJA PILLAI





EMail: 742/RICHHA SINHA / 36 Yrs / F / 160 Cms / 77 Kg Date: 25 / 03 / 2023 11:12:04 AM

REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 83.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.6. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

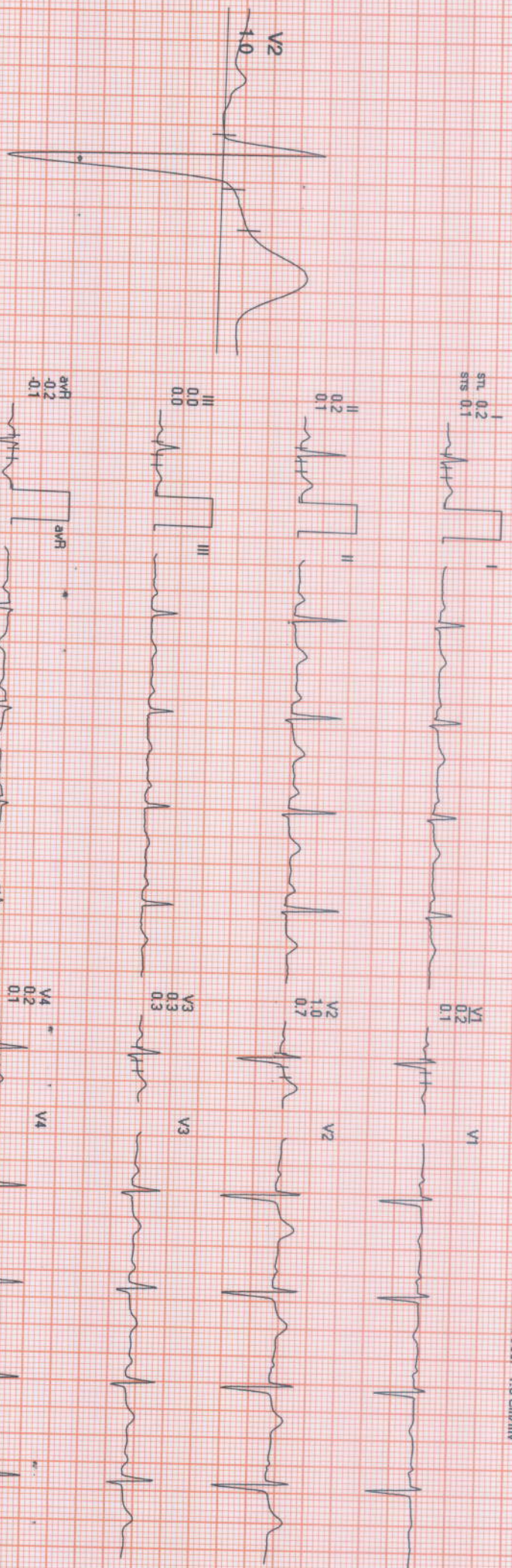
R.NO. 49872

Doctor : DR SHAILAJA PILLAI





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



REMARKS:





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

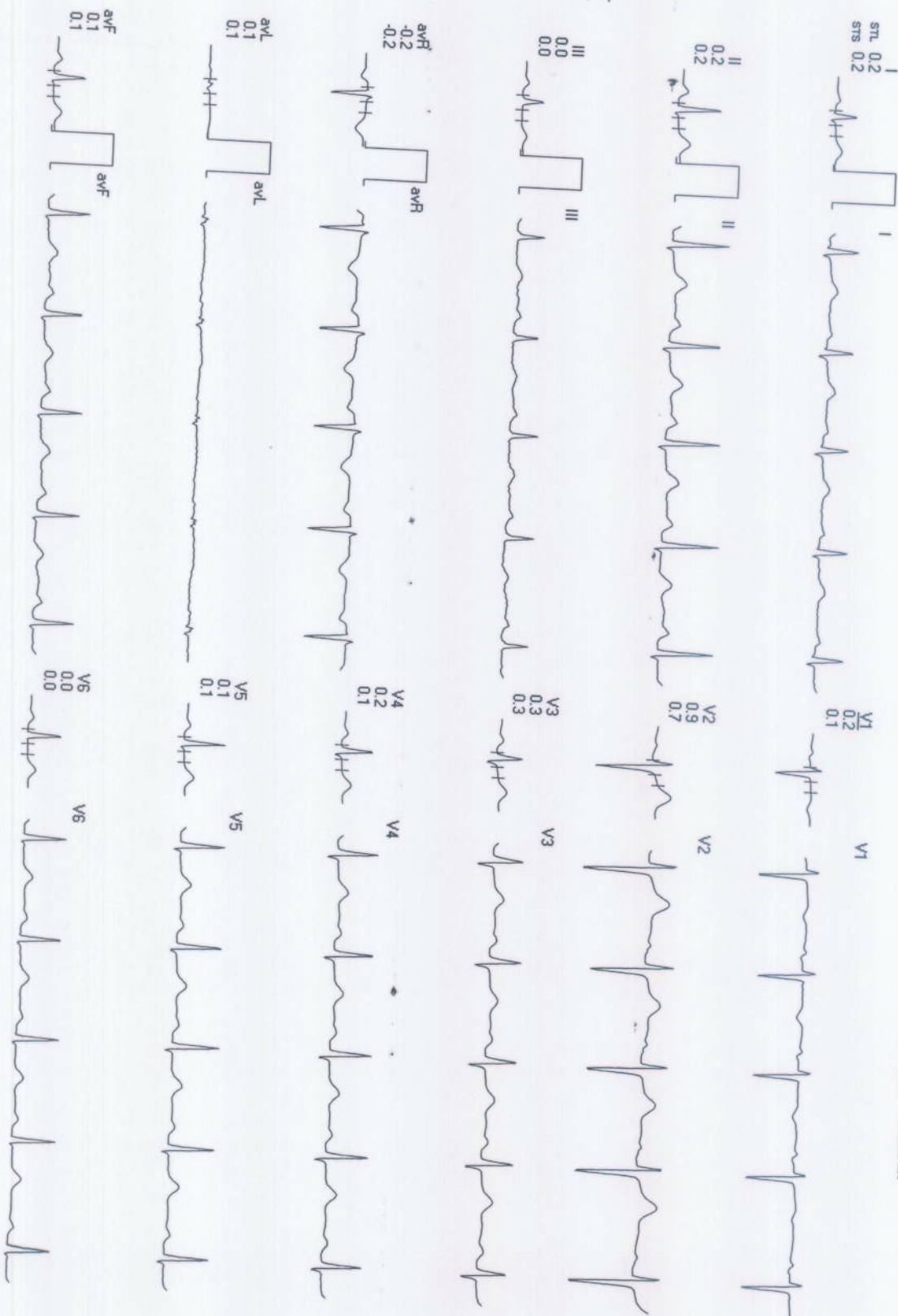
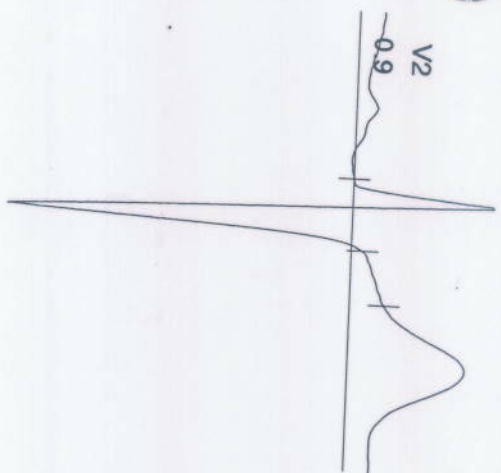
742 (2308421446) / RICHHA SINHA / 36 Yrs / F / 160 Cms / 77 Kg / HR : 83

Date: 25 / 03 / 2023 11:12:04 AM METS: 1.0/ 83 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz  
 4X 80 ms Post J

STANDING ( 00:00 )



ExTime: 00:00 0.0 mph, 0.0%  
 25 mm/Sec. 1.0 Cm/mV



REMARKS:



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

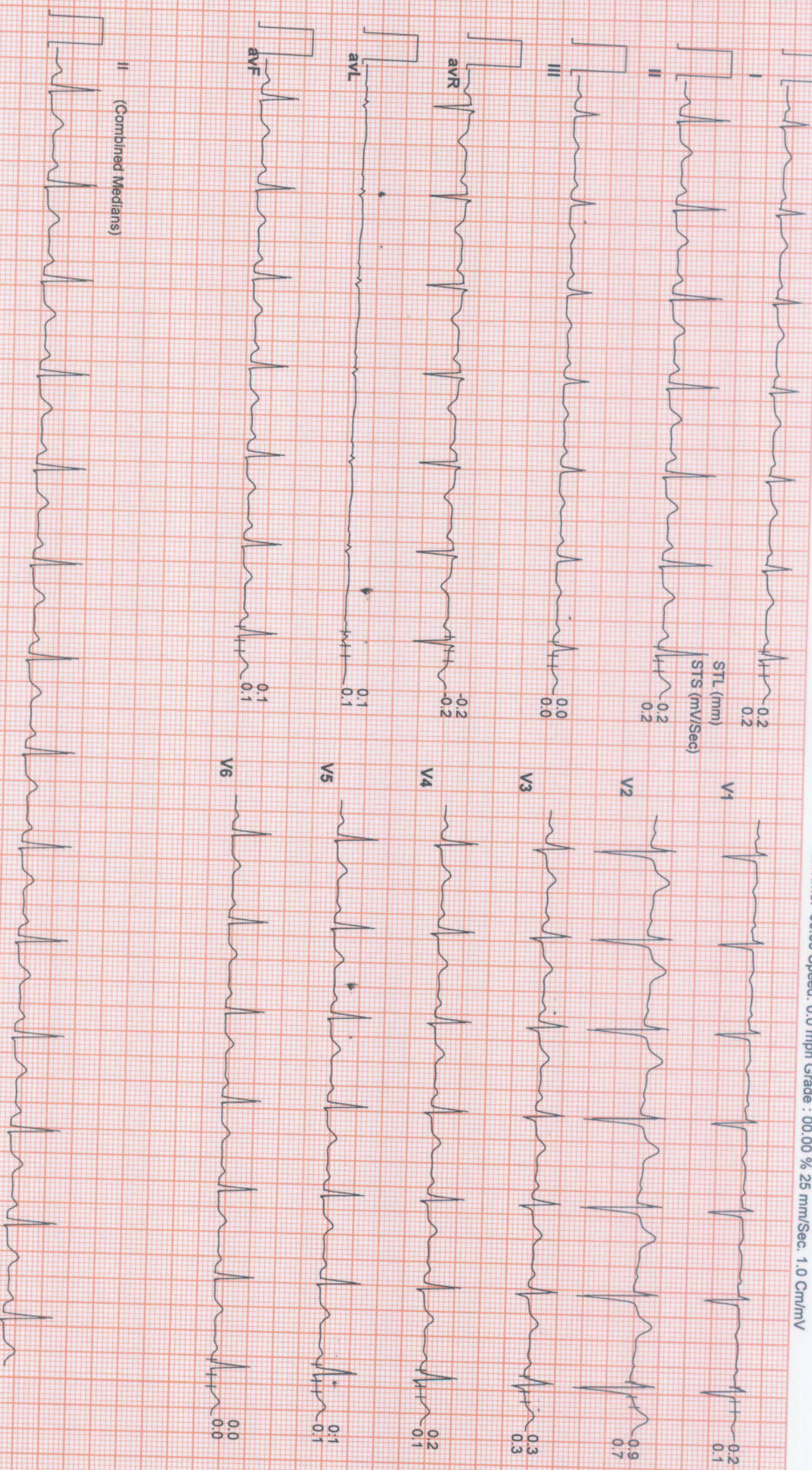
742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

Date: 25 / 03 / 2023 11:12:04 AM METs : 1.0 HR : 87 Target HR : 47% of 184 BP : 120/80 Post J @80mSec

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )



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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

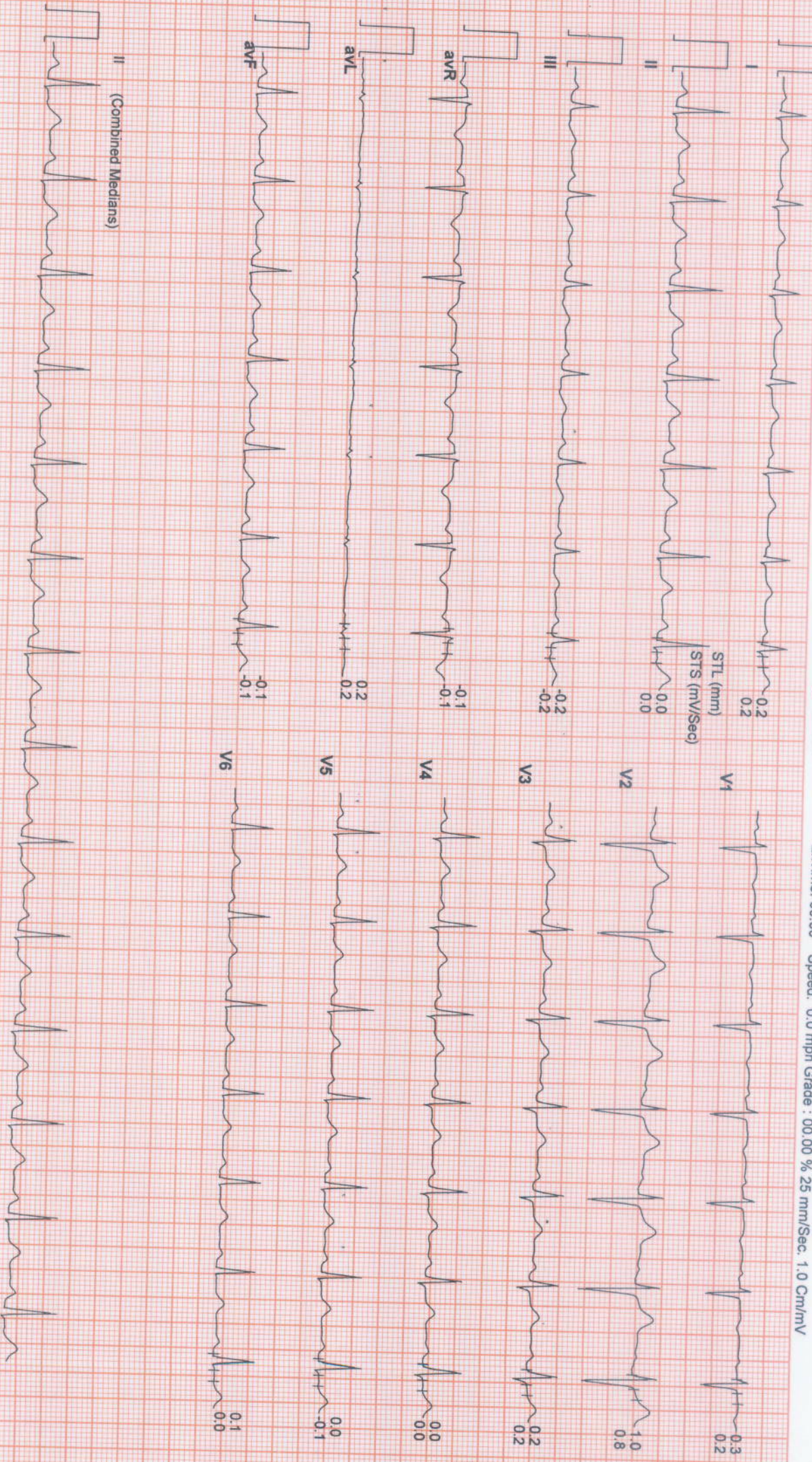
Date: 25 / 03 / 2023 11:12:04 AM METs : 1.0 HR : 87 Target HR : 47% of 184 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

ExSirt



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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

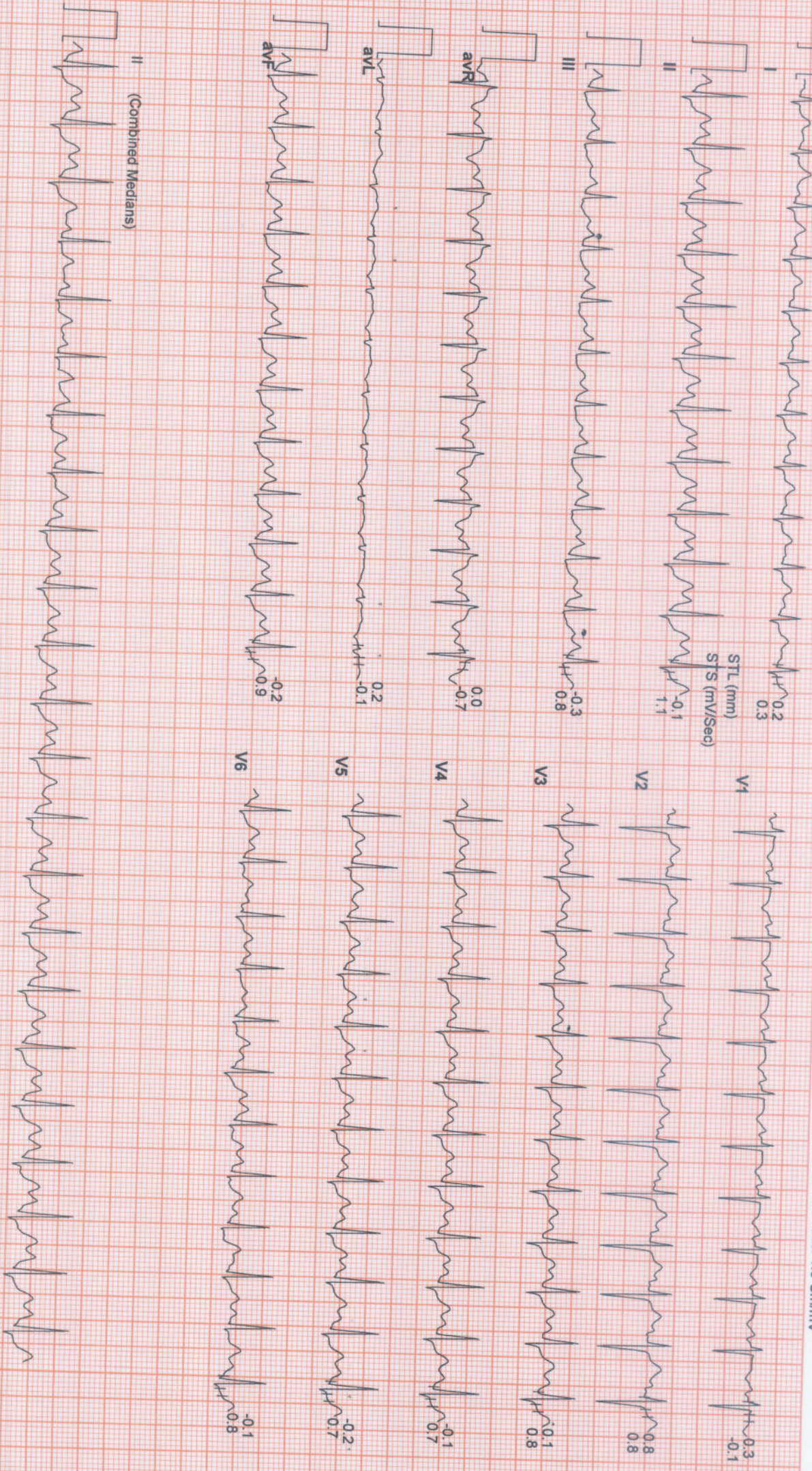
742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

Date: 25 / 03 / 2023 11:12:04 AM METS : 4.7 HR : 139 Target HR : 76% of 184 BP : 130/80 Post J @60mSec

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



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





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

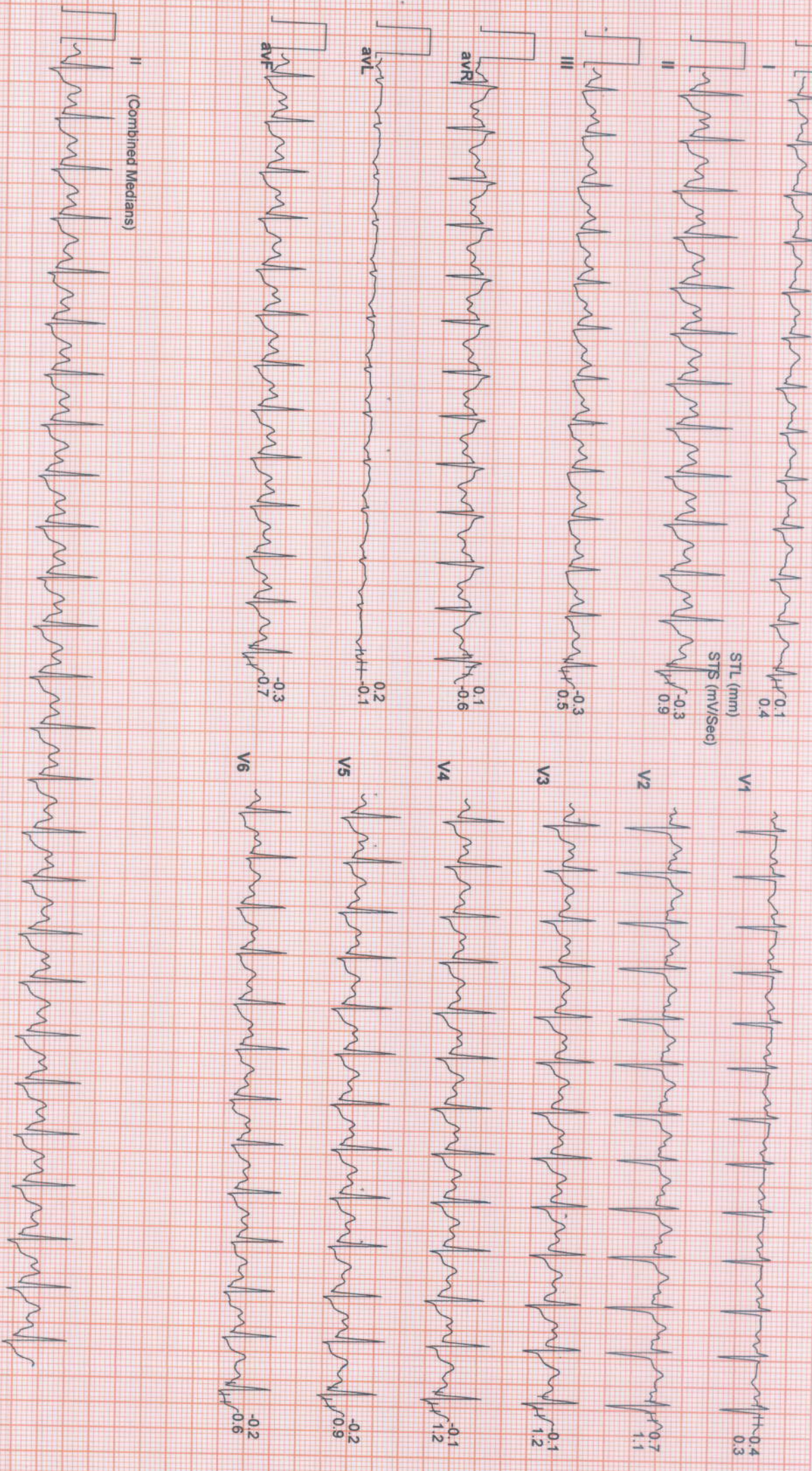
742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

Date: 25 / 03 / 2023 11:12:04 AM METs : 6.4 HR : 156 Target HR : 85% of 184 BP : 150/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
PeakEx



EXTIME: 05:05 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

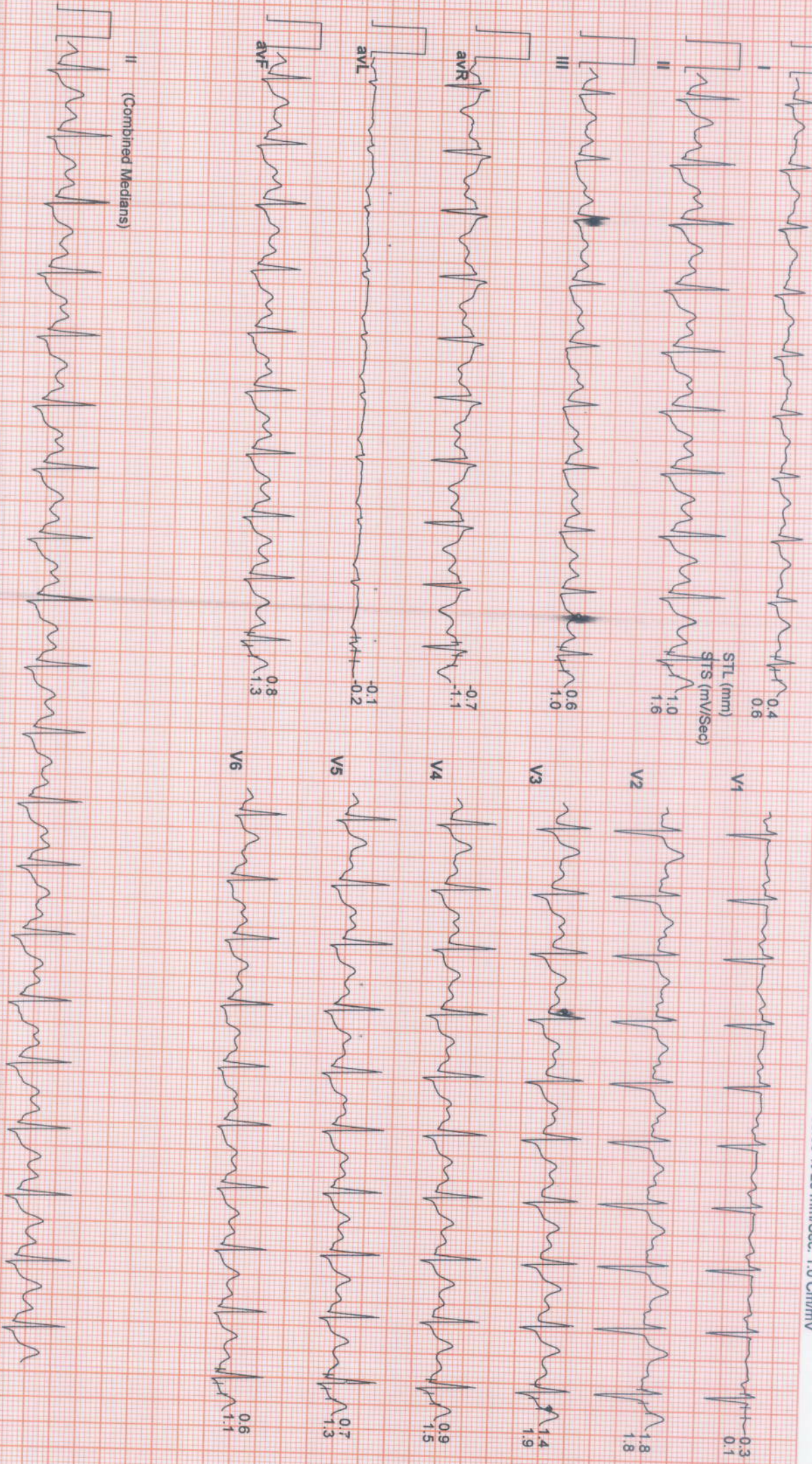
742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

Date: 25 / 03 / 2023 11:12:04 AM METs : 1.0 HR : 121 Target HR : 66% of 184 BP : 150/80 Post J @80mSec

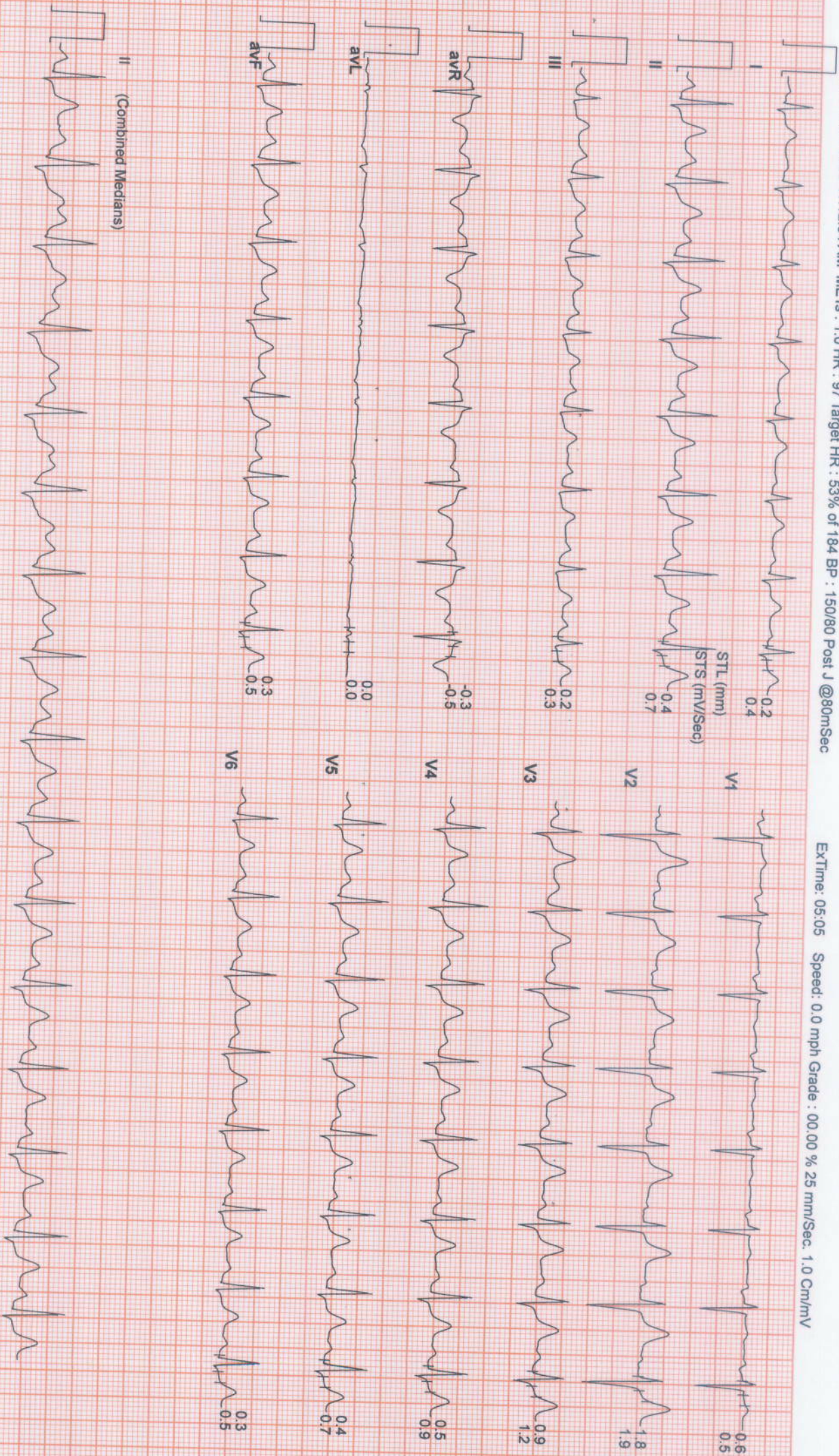
**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:00 )



EXTime: 05:05 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV









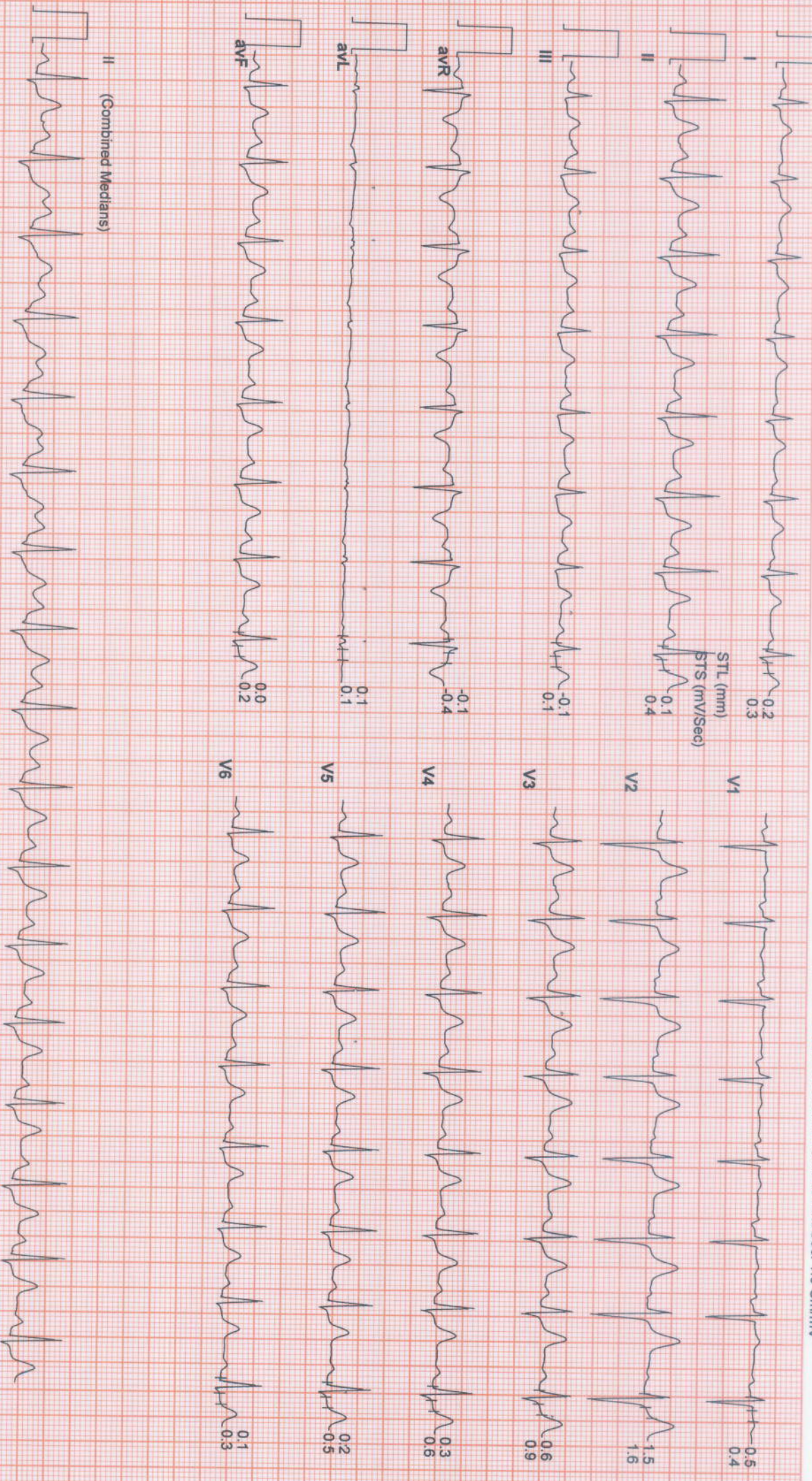
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

742 / RICHA SINHA / 36 Yrs / Female / 160 Cm / 77 Kg

Date: 25 / 03 / 2023 11:12:04 AM METs : 1.0 HR : 100 Target HR : 54% of 184 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:11 )

EXTime: 05:05 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV







CID : 2308421446  
Name : Mrs richa sinha  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 10:08

**USG WHOLE ABDOMEN**

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

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 11.0 x 4.7 cm. Left kidney measures 10.5 x 4.8 cm. Both kidneys are normal in size, 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 and measures 7.7 x 4.0 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. ***IUCD seen in situ.*** Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509091156>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308421446  
Name : Mrs richa sinha  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 10:08

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032509091156>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308421446  
Name : Mrs richa sinha  
Age / Sex : 36 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 11:58

**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-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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