

:2333100395

: -

: 39 Years / Female

: MS. ROKADE SHWETA MOHAN

: Kandivali East (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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Collected Reported : 27-Nov-2023 / 08:44 : 27-Nov-2023 / 13:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complete Bloo</u>	<u>d Count), Blood</u>	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	8.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.22	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.6	36-46 %	Measured
MCV	55	80-100 fl	Calculated
MCH	16.9	27-32 pg	Calculated
MCHC	30.8	31.5-34.5 g/dL	Calculated
RDW	18.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8060	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	31.7	20-40 %	
Absolute Lymphocytes	2555.0	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	636.7	200-1000 /cmm	Calculated
Neutrophils	49.8	40-80 %	
Absolute Neutrophils	4013.9	2000-7000 /cmm	Calculated
Eosinophils	10.2	1-6 %	
Absolute Eosinophils	822.1	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	32.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	437000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	18.5	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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DIAGNOSTI	CS			E
RECISE TESTING - NEAL				P
CID	: 2333100395			0
Name	: MS.ROKADE SHWETA MOHAN			R
Age / Gender	: 39 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:27-Nov-2023 / 08:44	
Reg. Location	: Kandivali East (Main Centre)	Reported	:27-Nov-2023 / 12:52	

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

Note : Features suggest thalassemia trait. Advice : Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

27

2-20 mm at 1 hr.

Sedimentation

Authenticity Check

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



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

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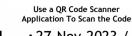
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CID : 2333100395 Name : MS.ROKADE SHWETA MOHAN Age / Gender : 39 Years / Female Consulting Dr. : -Reg. Location : Kandivali East (Main Centre)



Collected Reported

AERFOC		_OW 40 MALE/FEMALE	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	80.1	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	0.31	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.0	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	122.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.77	0.51-0.95 mg/dl	Enzymatic

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CID Name Age / Gender Consulting Dr. Reg. Location	: 2333100395 : MS.ROKADE SHWETA MOHAN : 39 Years / Female : - : Kandivali East (Main Centre)	E P O Use a QR Code Scanner Application To Scan the Code Collected Reported : 27-Nov-2023 / 13:07 : 27-Nov-2023 / 18:31
eGFR, Serum	101	(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
	ation is calculated using 2021 CKD-EP	
URIC ACID, Serr Urine Sugar (Fas Urine Ketones (F Urine Sugar (PP) Urine Ketones (F	sting) Absent Fasting) Absent	2.4-5.7 mg/dl Enzymatic Absent Absent Absent Absent
*Sample processe	d at SUBURBAN DIAGNOSTICS (INDIA) I	PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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

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: -

: 39 Years / Female

: MS. ROKADE SHWETA MOHAN

: Kandivali East (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check



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Use a QR Code Scanner Application To Scan the Code

Collected Reported :27-Nov-2023 / 08:44 :27-Nov-2023 / 14:17

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.6 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 114.0 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:

(eAG), EDTA WB - CC

- 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 ***



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:27-Nov-2023 / 08:44 :27-Nov-2023 / 18:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **EXAMINATION OF FAECES**

		ON OF FALCES
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (5.0)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATIO	N	
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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



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Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Othere			

Others

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 inert

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



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

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Consulting Dr. Reg. Location	: - : Kandivali East (Main Centre)

Use a QR Code Scanner Application To Scan the Code Collected Reported

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

PARAMETER

RESULTS

Positive

В

ABO GROUP **Rh TYPING**

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

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

*** End Of Report ***



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Dr.SUHAS SAKHARE M.D. (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	147.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	88.1	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	41.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	17.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



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Collected Reported :27-Nov-2023 / 08:44 :27-Nov-2023 / 13:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** RESULTS PARAMETER **BIOLOGICAL REF RANGE METHOD** Free T3, Serum 3.5-6.5 pmol/L **ECLIA** 4.1 Free T4, Serum 14.9 ECLIA 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 2.51 0.35-5.5 microIU/ml **ECLIA** First Trimester:0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

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:2333100395

: -

: 39 Years / Female

: MS.ROKADE SHWETA MOHAN

: Kandivali East (Main Centre)

:27-Nov-2023 / 08:44

:27-Nov-2023 / 13:18

Interpretation:

Age / Gender

Consulting Dr.

Reg. Location

CID

Name

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

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Reported

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 Borivali Lab, Borivali West *** End Of Report ***



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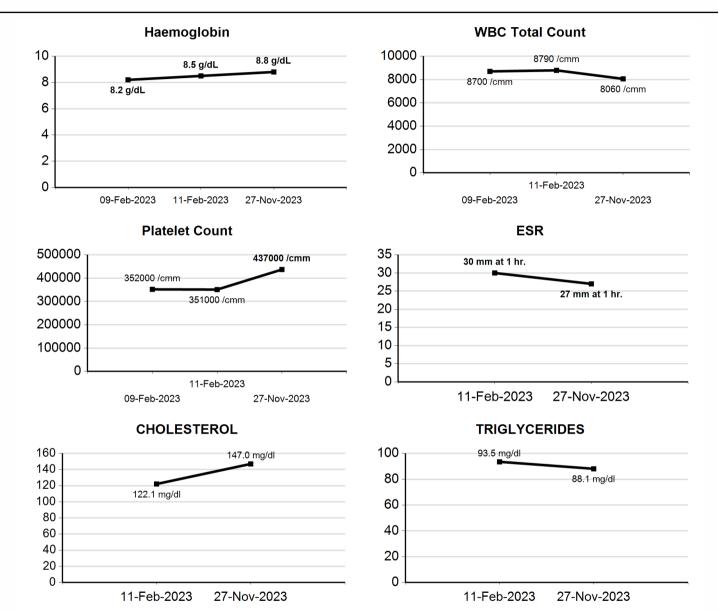
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Age / Gender	: 39 Years / Female
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)



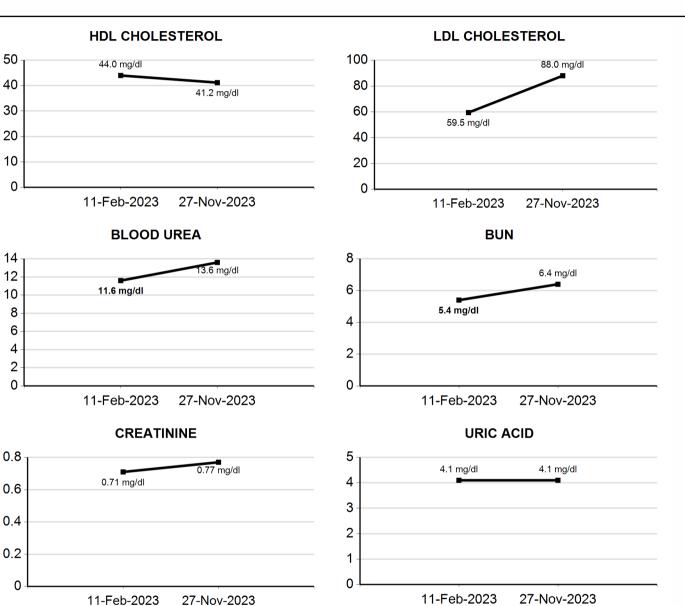


REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086. HEALTHLINE: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



CID	: 2333100395
Name	: MS.ROKADE SHWETA MOHAN
Age / Gender	: 39 Years / Female
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)

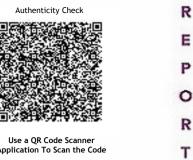


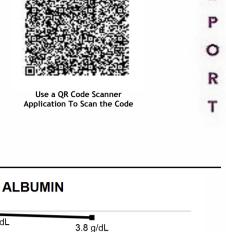


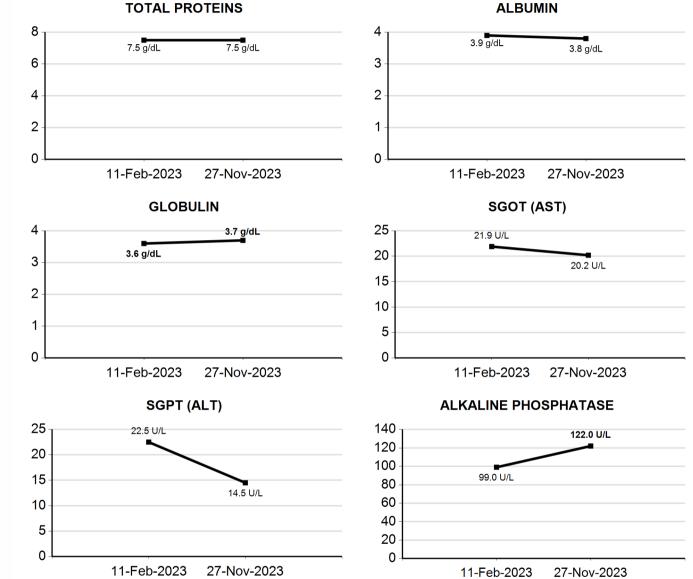
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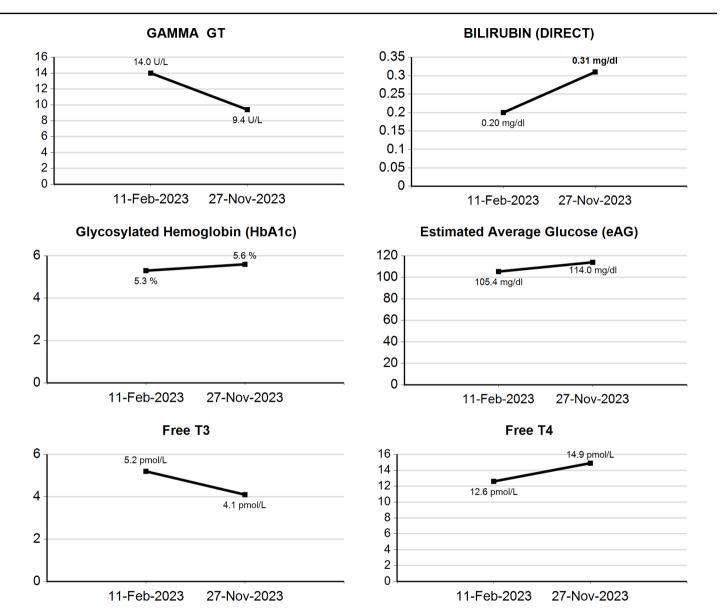


CID	: 2333100395
Name	: MS.ROKADE SHWETA MOHAN
Age / Gender	: 39 Years / Female
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)



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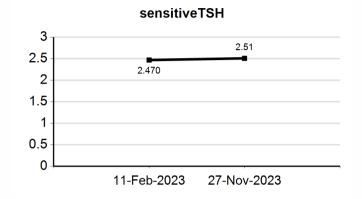


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CID	: 2333100395
Name	: MS.ROKADE SHWETA MOHAN
Age / Gender	: 39 Years / Female
Consulting Dr.	: -
Reg. Location	: Kandivali East (Main Centre)





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Page 16 of 16

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Name

VID

: Ms . ROKADE SHWETA MOHAN

: 2333100395

Ref By : Arcofemi Healthcare Lin	nited Regn Centr	re : Kandivali Eas	t (Main Centre)
History and Complaints:			
No			
EXAMINATION FINDINGS:	157 cms	Weight (kg):	56 kgs
Height (cms):	Afebrile	Skin:	Normal
Temp (0c):	120/80	Nails:	Normal
Blood Pressure (mm/hg):	78/min	Lymph Node:	Not Palpable
Pulse:	/ 0/11011	-, .	
Systems			
Cardiovascular: Normal			
Respiratory: Normal			
Genitourinary: Normal			
GI System: Normal			
CNS: Normal			
- V	emoglotin 100 SG- 1 left Reno 2. Adenomy 3. oterine J 4. Re ora Consult Cryna Iron & Biz Su	ion Harmo	schage (
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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Reg Date Age/Gender Regn Centre

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: 27-Nov-2023 08:39 : 39 Years : Kandivali East (Main Centre)



Nam VID Ref	: 2333100395	ιN	Reg Date Age/Gender Regn Centre	: 27-Nov-2023 08:39 : 39 Years : Kandivali East (Main Centre)	
8)	Thyroid/ Endocrine disorders	No			
1	Nervous disorders	No			
10)					
1.1					

No 11) Genital urinary disorder 12) Rheumatic joint diseases or symptoms No 13) Blood disease or disorder No No 14) Cancer/lump growth/cyst No 15) Congenital disease LSCS-Aug-2019, laparoscopic endometriotic cyst remove in 2017 16) Surgeries 17) Musculoskeletal System No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Row House Ne. 3, Aangen, Thakur Village, Kandivali (east), Mumbal - 409101. Tel : 61700000

Dr. Jagruti Dhale MBBS Consultant Physician Reg. No. 69548

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Page:2 of 2

Print Date : 28-Nov-2023 08:39 REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Sky irbandiagnostics.com | WEBSITE: www.sub HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice Corporate Identity Number (CIN): U85110MH2002PTC136144



CID

Name

Age / Sex

Reg. Location

Ref. Dr

Authenticity Check



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: 27-Nov-2023 / 12:49

Reg. Date Reported

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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.

: Mrs ROKADE SHWETA MOHAN

: Kandivali East Main Centre

The skeleton under review appears normal.

: 2333100395

: 39 Years/Female

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

DR. Akash Chhari MBBS. MD. Radio-Diagnosis Mumbai MMC REG NO - 2011/08/2862

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer? Acces

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Page no 1 of 1



CISE TESTING HEALTH	IER LIVING	
CID	: 2333100395	
Name	: Mrs ROKADE SHWETA MOHAN	
Age / Sex	: 39 Years/Female	
Ref. Dr	:	Reg. Date
Reg. Location	: Kandivali East Main Centre	Reported



: 27-Nov-2023 / 9:49

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14 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 measures 12 mm and CBD measures 3 mm. The main portal vein and CBD appears normal.

GALL BLADDER: The gall bladder appears normal.No evidence of gall stones or mass lesions seen

PANCREAS: The pancreas is well visualized and appears normal. No evidence of solid/cystic mass lesion.

KIDNEYS:

Right kidney measures 10.3 x 4.1 cm. Left kidney measures 10.1 x 4.5 cm. A solitary 4 mm sized non obstructive calculus noted at lower pole of left kidney. Both the kidneys are normal in size shape and echotexture. No evidence of any hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.8 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 well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted, Bulky in size. It measures 9.2 x 6.4 x 4.4 cm in size.(volume is 137 cc). It shows heterogenous echotexture with mild loss of endometrial-myometrial junction with few myometrial calcifications ----suggestive of Adenomyosis.

A 2.4 x 2.2 cm sized intramural fibroid noted at the posterior wall.

The endometrial thickness is 5.4 mm.

OVARIES:

The right ovary = A 3.7 x 3.0 cm sized cyst with internal echoes and septae noted , suggestive of hemorrhagic cyst. (Endometriotic cyst).

Left ovary = $2.6 \times 1.7 \text{ cms}$. Normal in size shape and echotexture

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Page no 1 of 2



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CID : 2333100395 Name : Mrs ROKADE SHWETA MOHAN Age / Sex : 39 Years/Female Ref. Dr : Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner Application To Scan the Code Reg. Date : 27-Nov-2023 Reported : 27-Nov-2023 / 9:49

IMPRESSION:-

LEFT RENAL NON OBSTRUCTIVE CALCULUS AS DESCRIBED.

BULKY UTERUS WITH FEATURES OF ADENOMYOSIS.

POSTERIOR WALL INTRAMURAL UTERINE FIBROID AS DESCRIBED.

RIGHT OVARIAN HEMORRHAGIC CYST AS DESCRIBED.

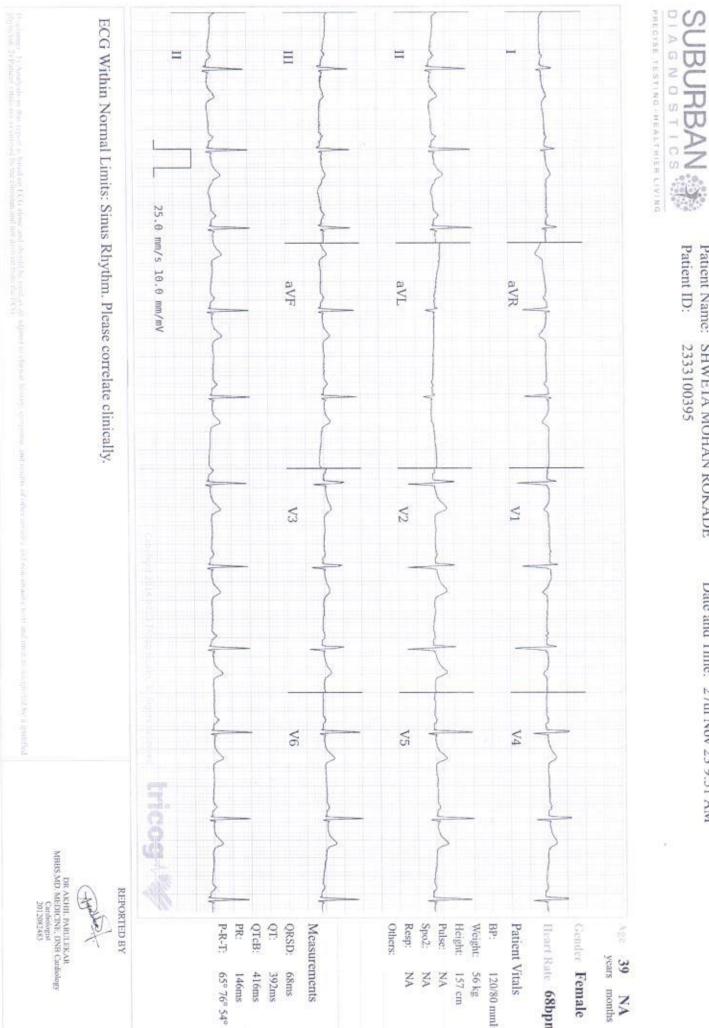
-----End of Report-----End of Report-----

DR. Akash Chhari MBBS. MD. Radio-Diagnosis Mumbai MMC REG NO - 2011/08/2862

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sionNo=2023112708400526

Page no 2 of 2



Date and Time: 27th Nov 23 9:51 AM

Patient Name: SHWETA MOHAN ROKADE

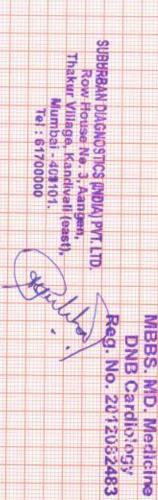
SUBURBAN
DIAGNOSTI
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Report

EMail:

Date: 27 / 11 / 2023 10:12:27 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR 2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg

Supine Stage FINDINGS : Recovery HV HV Standing Recovery PeakEx BRUCE Stage 2 BRUCE Stage 1 ExStart **Test End Reasons** Duke Treadmill Score Max WorkLoad Attained Initial BP (ExStrt) Initial HR (ExStrt) Exercise Time 08:34 08:20 07:20 07.04 04:04 00:45 01:04 00:36 00.06 aunt 0:30 1-15 1:00 0:16 3:00 3:00 0:19 0:09 0:06 Duration 06.0 81 bpm 45% of Target 18 06.16 7.4 Fair response to induced stress Heart Rate Achieved 120/80 (mm/Hg) 00.0 05.5 00.0 04.0 02.7 00.0 00.0 00.0 00.0 Speed(Kmph) 00.0 00.0 00.0 14.0 00.0 Elevation 00.0 00.0 120 10.0 01 0 01 1 07.4 04.7 07.1 01.0 01.0 01.0 01.0 METS Max BP Attained 160/80 (mm/Hg) Max HR Attained 160 bpm 88% of Target 181 121 132 160 155 076 070 Rate 081 690 133 67 % 73 % % 88 98 73 % 45 % % THR 42 39 38 × % 8 200 160/80 BP 160/80 160/80 150/80 120/80 120/80 120/80 120/80 120/80 256 232 193 211 159 097 082 160 084 RPP 8 8 8 00 8 00 00 00 8 PVC



Dr. Akhil P. Parulekar.

Doctor : DR.AKHIL PARULEKAR



Comments

REPORT

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EMail:

2403 / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg Date: 27 / 11 / 2023 10:12:27 AM Refd By : AERCOFEMI

RT: Heart Rate 160.0 bpm Systolic BP 160.0 mmHg Exactse Time 06:16 Mins. Eccipic Rears 0.0 METS 7.4Test End Reason , Heart Rate Achieved Target Heart Rate 89% of 181 Test Objective Routrive CHeck UP RISK FACTOR NONE ACTIVITY MODEPATE ACTIVE REASON FOR TERMINATION HEART RATE ACHIEVED REASON FOR TERMINATION HEART RATE ACHIEVED REASON FOR TERMINATION NONE REASON FOR TERMINATION HEART RATE ACHIEVED REASON FOR TERMINATION NONE REASON FOR TERMINATION NO REASON FOR TERMINATION NO REASON FOR TERMINATION NO REASON FOR TERMINATION NO STRESS TEST TO CHANGES NOTED STRESS TEST TO CHANGES NOTED STRESS FORGUEN TO PROPOR RESPONSE NO SIGNIFICANT STT CHANGES NOTED DISEASE FORGIVE Stress test to staggestive best os stiggingestive best os singgingestive bestiggingestive best is singg	RT: RT: Systeme BP 160.0 trying Systeme BP 160.0 trying Systeme BP 160.0 trying EXERCISE Thre 06.16 Mins. Eccoroce Beats 0.0 MEERS 7.41 est. End Reason i Heart Rate Achieved Target Heart Rate 89% of 181. TEST ObJECTIVE ROUTINE CHECK UP NOVE RESK FACTOR NOVE ACTWITY MODEFATE ACTIVE ACTWITY MODEFATE ACTIVE MEDICATION HEART PATE ACTIVE MEDICATION HEART PATE ACTIVE MEDICATION HEART PATE ACTIVE MEDICATION HEART PATE ACHIED REASON FOR TERMINATION HEART PATE ACHIED REASON FOR TERMINATION HEART PATE ACHIED DECENSE TOLEFANCE NOR REASON FOR TERMINATION HEART PATE ACHIED REASON FOR TERMINATION HEART PATE ACHIED DECENSE TOLEFANCE NOR REASON FOR TERMINATION HEART PATE ACHIEVED DECENSE TOLEFANCE NORMAL CHENONTROPC RESPONSE NORMAL DESCAMER Negative entropy dises not rule on provemary articly dises. Foot GUEATIVE FOR Exercicits in Not Continuany of coronary articly dises. Foot GUEATIVE FOR Exercicits in Not Continuany of coronary articly dises. Foot GUEATIVE FOR Exercicits is suggestive bit not confirmatory of coronary arting disesaper lance diniaal coreliation												REPORT :
80-0 mmHg ats 0.0 ate Achieved Target Heart Rate 89% of 181 ROUTINE CHECK UP NONE NONE NONE NONE HEART RATE ACHIEVED GOOD NO NO NO NO NO NO NO NO NO NO NO NO NO	80 0 mmHg ats 0 0 ats 0 0 ats Achieved Target Heart Rate 89% of 181 ROUTINE CHECK UP ROUTINE CHECK UP NONE HEART RATE ACTIVE NODEPATE ACTIVE HEART RATE ACHIEVED ROOD NO STRESS TEST STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE Is NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE Is NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE Is NO SIGNIFICANT STIT CHANGES NOTED STRESS TEST IS NEGATIVE STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED IS CHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE	DISCLAIMER Negative stress test does not n is mandatory.	FINAL IMPRESSION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMIAS	EXERCISE TOLEHANCE	REASON FOR TERMINATION	MEDICATION	ACTIVITY	RISK FACTOR	TEST OBJECTIVE	RT : Heart Rate 160.0 bpm Systelic BP 160.0 mmHg Diastelic BP Exercise Time 06:16 Mins. Ectopic Be METS 7.4Test End Reason , Heart Ra
	V SE INDUCED ISCHAEMIC HEART CISE UT rol confirmatory of coronary arrery disease.	DISEASE FOR GIVEN DURATION OF EXERCI- DISEASE FOR GIVEN DURATION OF EXER- ule out coronary artery diseas. Positive stress test is suggestive b		NORMAL	: NORMAL	NO		HEART RATE ACHIEVED		: MODERATE ACTIVE	NONE	- ROUTINE CHECK UP	180 0 mmHg aats 0 0 ate Achieved Target Heart Rate 89% of 181

SUBBRBAN DAGNOSTICS (INDIA) PVT. LTD. Row House No. 3, Aangen, Thakur Virage, Kandivati (east), Tel : 61700000

Doctor : DR.AKHIL PARULEKAR

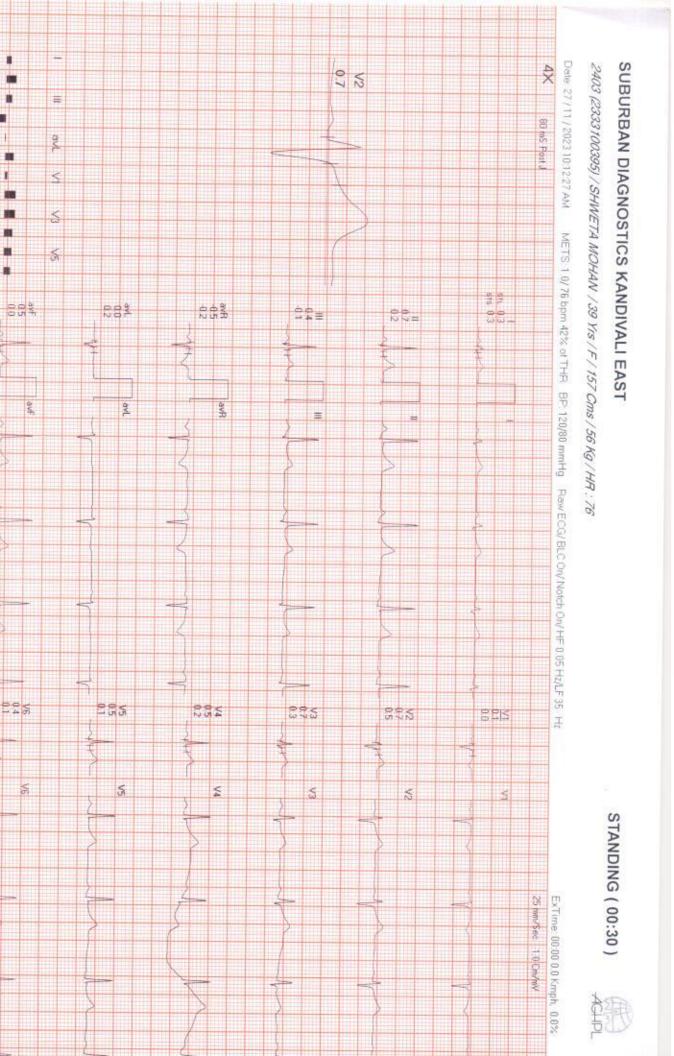
SUPINE (00:06)

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2403 (2333 100395) / SHWETA MOHAN / 39 Yis / F / 157 Cms / 56 Kg / HR : 67

-REMARK 4× Date: 27/11/2023 10:12:27 AM 0.6 Ŧ BVR 80 mS Post J BVL di la - \leq t 推 22 S 100 -1A METS: 1.0/ 67 bpm 37% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 S -. AP. STL 0.3 0.0 A 0.0 0.2 00= 0.1 -また avB avf avl \$ = = 2 0.4 325 02 295 0.5 8215 H T T Ŧ 5 VB 14 X 5 4 25 mm/Sec T.D.Cm/mV ExTime: 00:00 0.0 Kmph: 0.0%

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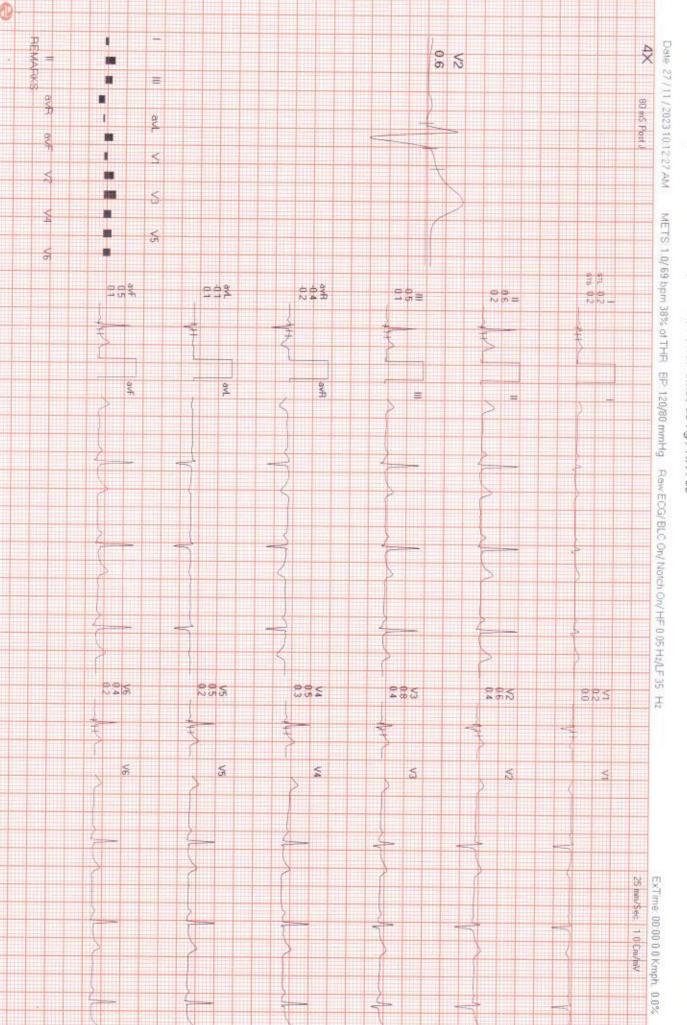
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HV (00:09)

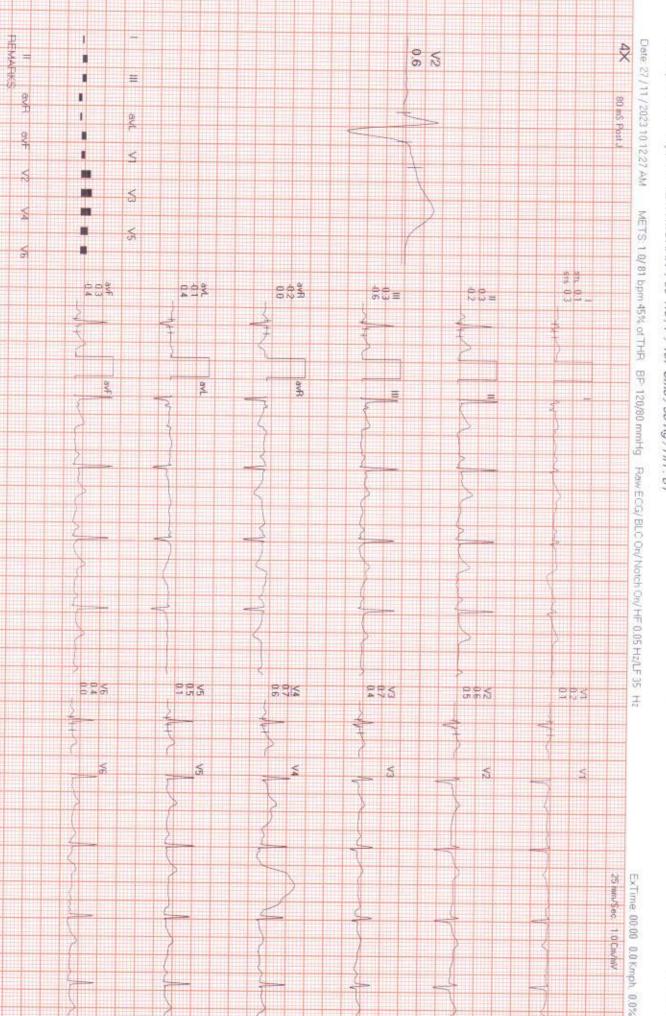
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2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg / HR : 69





2403 (2333100395) / SHWETA MOHAN /39 Yrs / F/ 157 Cms / 56 Kg / HR : 81



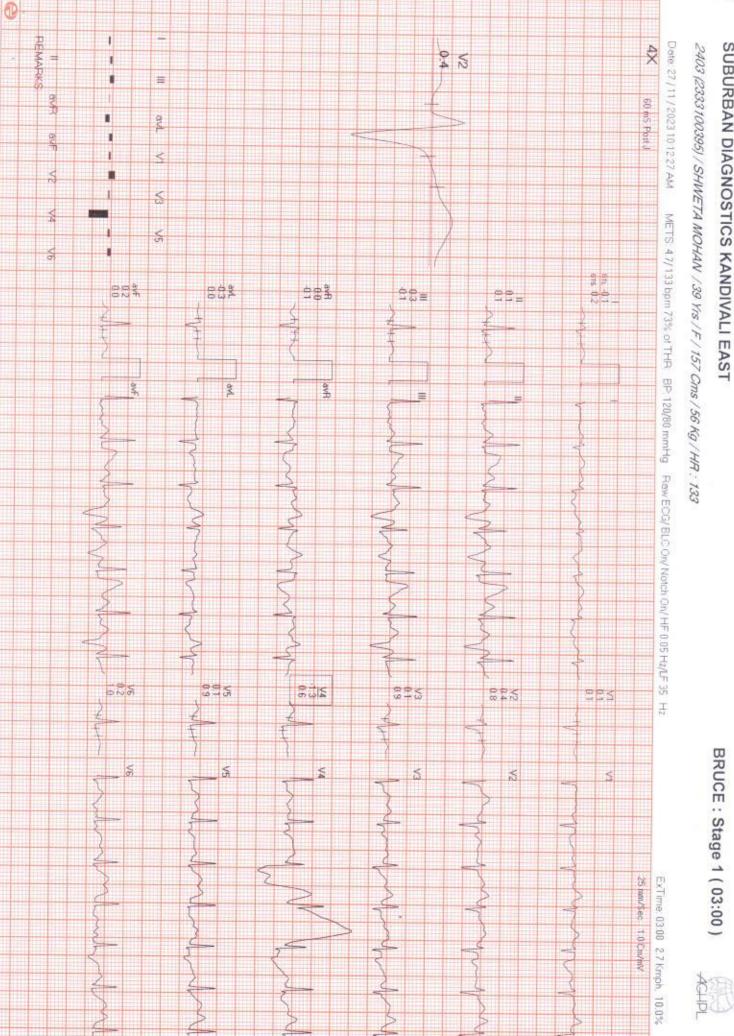
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ExStrt

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BRUCE : Stage 1 (03:00)

2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg / HR : 133



BRUCE : Stage 2 (03:00)

2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg / HR : 155





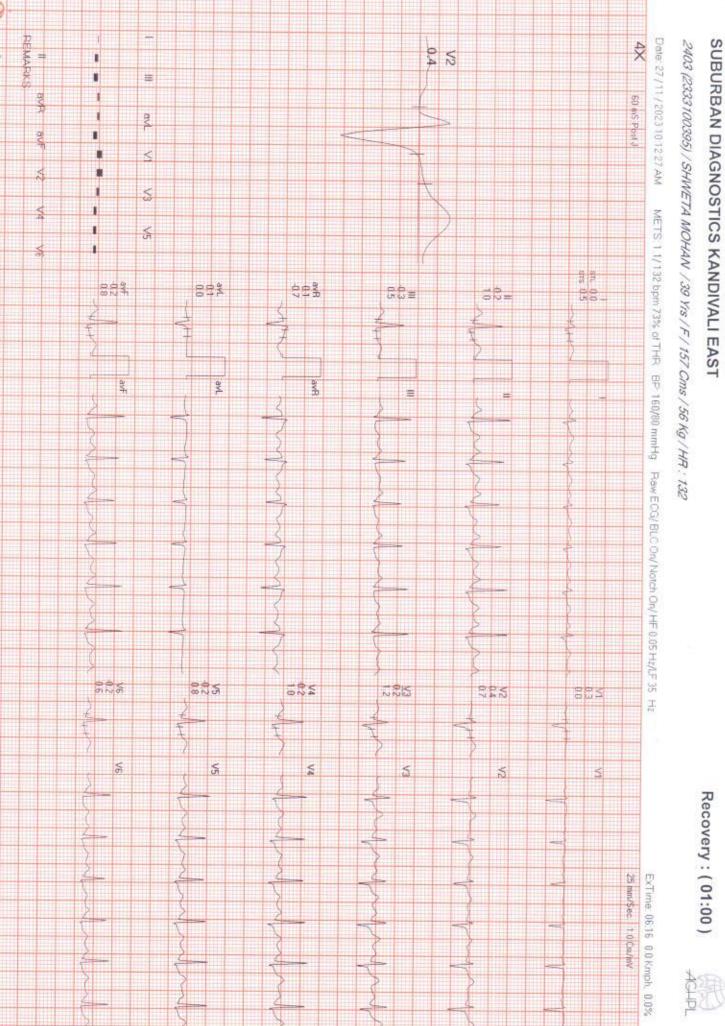
PeakEx

2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F/ 157 Cms / 56 Kg / HR : 160



Recovery : (01:00)

2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F / 157 Cms / 56 Kg / HR : 132



Recovery : (01:14)

2403 (2333100395) / SHWETA MOHAN / 39 Yrs / F/ 157 Cms / 56 Kg / HR 121

