

Suburban Diagnostics Kalina

Patient Details

Date: 28-Oct-23

Time: 12:37:18 PM

Name: MR. YEDE MAYUR BHOJLAL ID: 2330119671

Age: 35 y

Sex: M

Height: 173 cms

Weight: 71 Kgs

Clinical History: Routine Test

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 157 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 38 s

Max. HR: 161 (87% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 180 / 80 mmHg

Max. BP x HR: 28980 mmHg/min

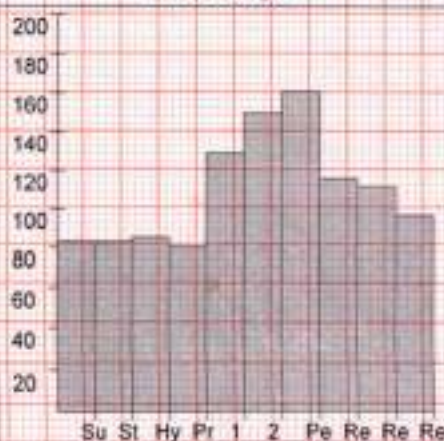
Min. BP x HR: 6640 mmHg/min

Test Termination Criteria: Target HR attained

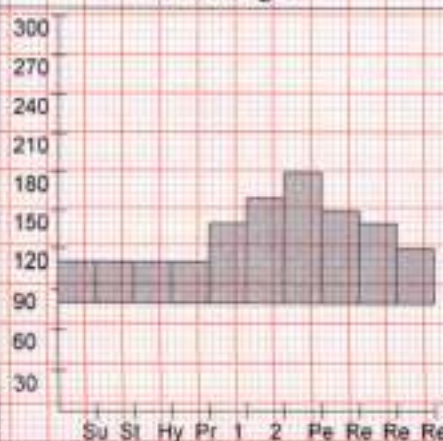
Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 39	1.0	0	0	83	110 / 80	-1.06 aVR	1.77 II
Standing	0 : 7	1.0	0	0	83	110 / 80	-0.85 aVR	1.77 II
Hyperventilation	0 : 10	1.0	0	0	85	110 / 80	-0.85 aVR	2.12 II
1	3 : 0	4.6	1.7	10	129	140 / 80	-1.27 aVR	3.89 II
2	3 : 0	7.0	2.5	12	150	160 / 80	-1.27 aVR	5.31 II
Peak Ex	0 : 38	10.2	3.4	14	161	180 / 80	-1.27 aVR	4.95 II
Recovery(1)	2 : 0	1.8	1	0	116	150 / 80	-2.12 aVR	5.68 II
Recovery(2)	2 : 0	1.0	0	0	112	140 / 80	-1.27 aVR	4.25 II
Recovery(3)	1 : 46	1.0	0	0	97	120 / 80	-0.64 aVR	2.48 II

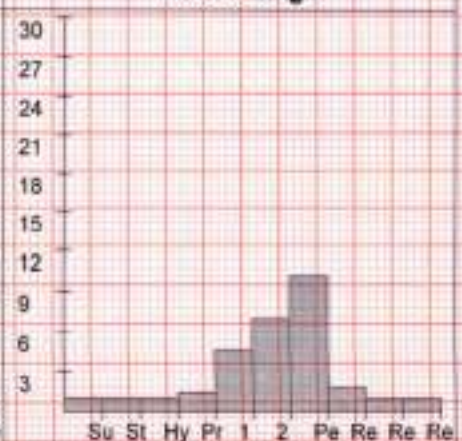
HR x Stage



BP x Stage



Mets x Stage



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Interpretation

AVERAGE EFFORT TOLERANCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

DR. SHEIKH NAVEED
MBBS/PGCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor:

Doctor: NAVEED SHEIKH

(Summary Report edited by user)

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 110 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

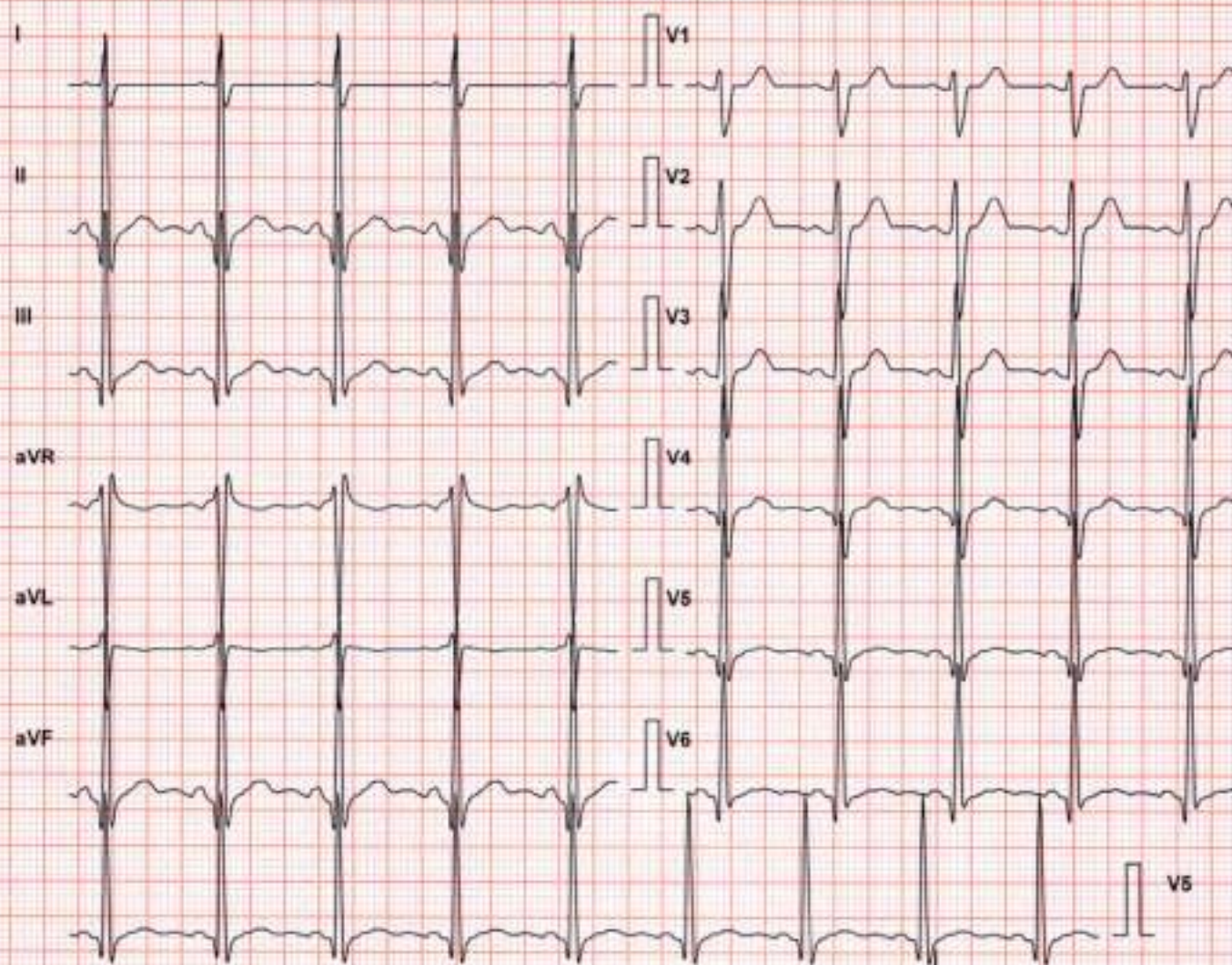
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 33 s

HR: 87 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	1.3	1.8
III	1.1	1.1
aVR	-0.8	-1.4
aVL	-0.4	-0.4
aVF	1.3	1.8
V1	0.4	0.0
V2	1.5	1.1
V3	0.8	0.7
V4	0.8	1.1
V5	0.6	1.1
V6	0.4	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandax V 4.51

Iso = R + 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 110 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

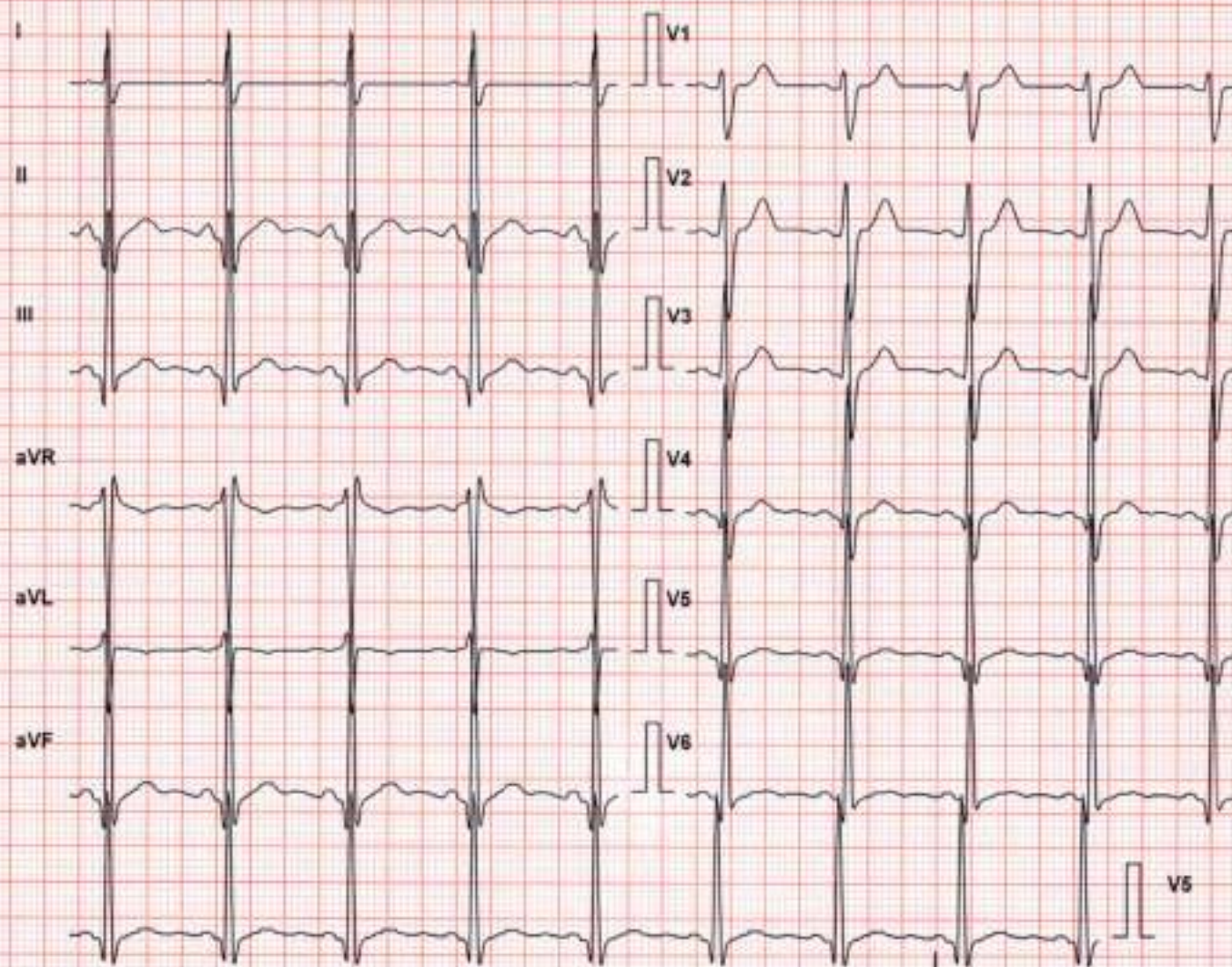
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 84 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	1.3	1.8
III	0.8	1.1
aVR	-0.8	-1.4
aVL	-0.4	-0.4
aVF	1.1	1.4
V1	0.4	0.0
V2	1.3	1.1
V3	1.1	1.1
V4	1.1	1.1
V5	0.6	1.1
V6	0.4	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schlier Spandan V4.5f

Isr = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 110 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

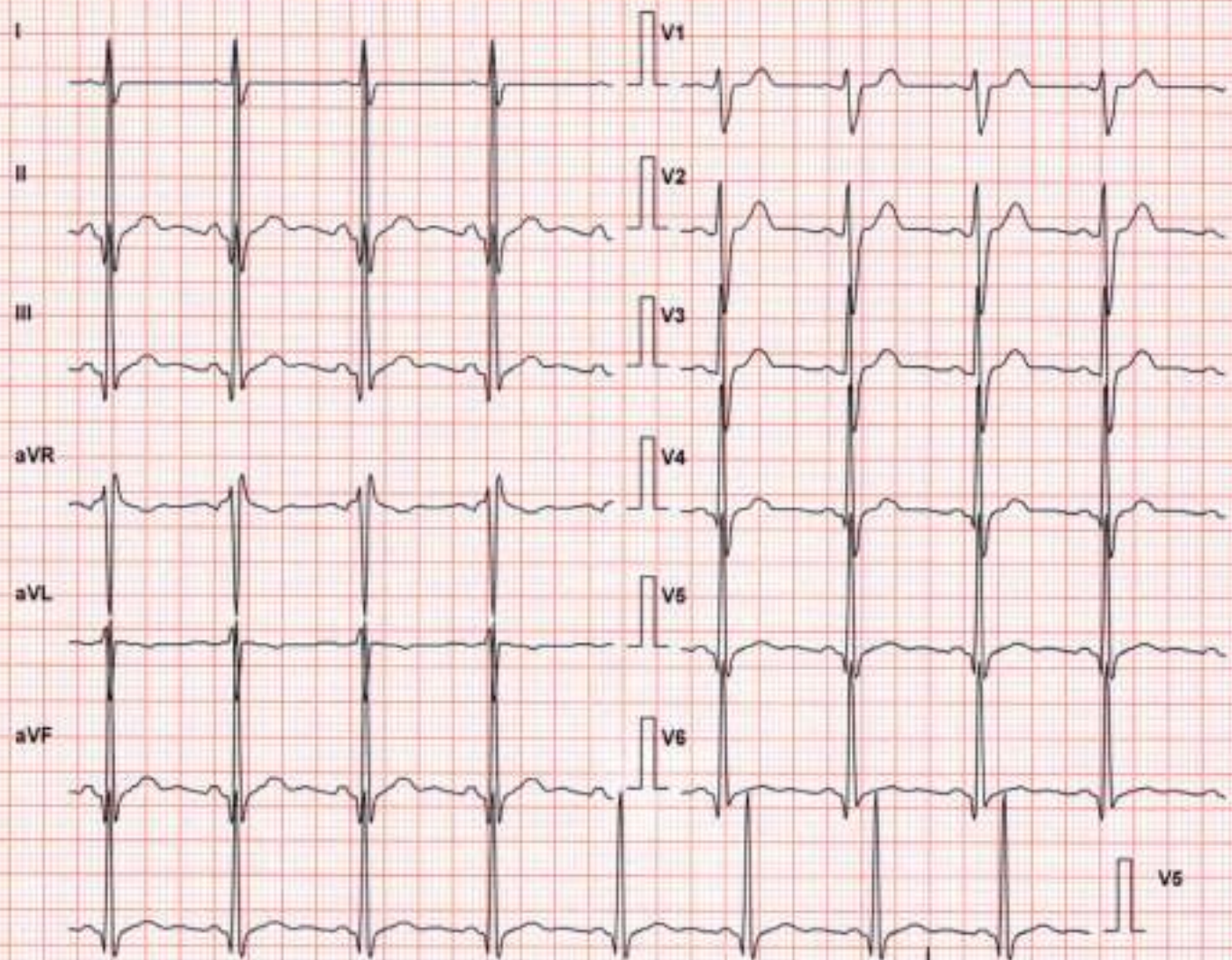
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 78 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	1.3	2.1
III	1.1	1.4
aVR	-0.8	-1.4
aVL	-0.2	-0.4
aVF	1.3	1.8
V1	0.2	0.0
V2	1.3	1.1
V3	0.8	0.7
V4	0.8	0.7
V5	0.8	1.4
V6	0.6	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schiller Spandax V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 80 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 140 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

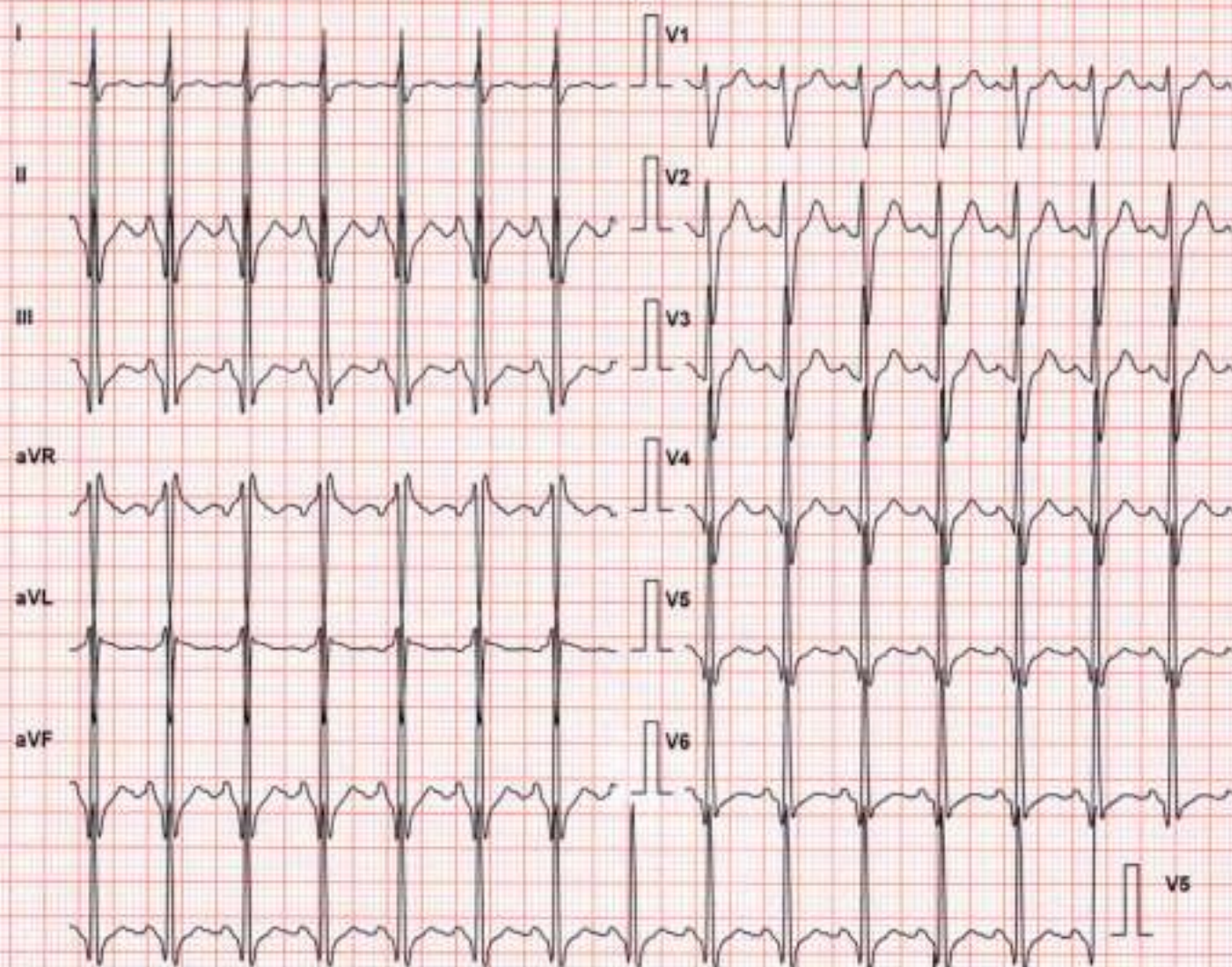
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 129 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.7	3.2
III	1.1	2.5
aVR	-1.1	-2.1
aVL	-0.2	-0.7
aVF	1.5	3.2
V1	0.6	0.7
V2	1.9	2.5
V3	1.5	2.1
V4	1.1	1.8
V5	0.8	1.8
V6	0.4	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandax V4.51

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 160 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

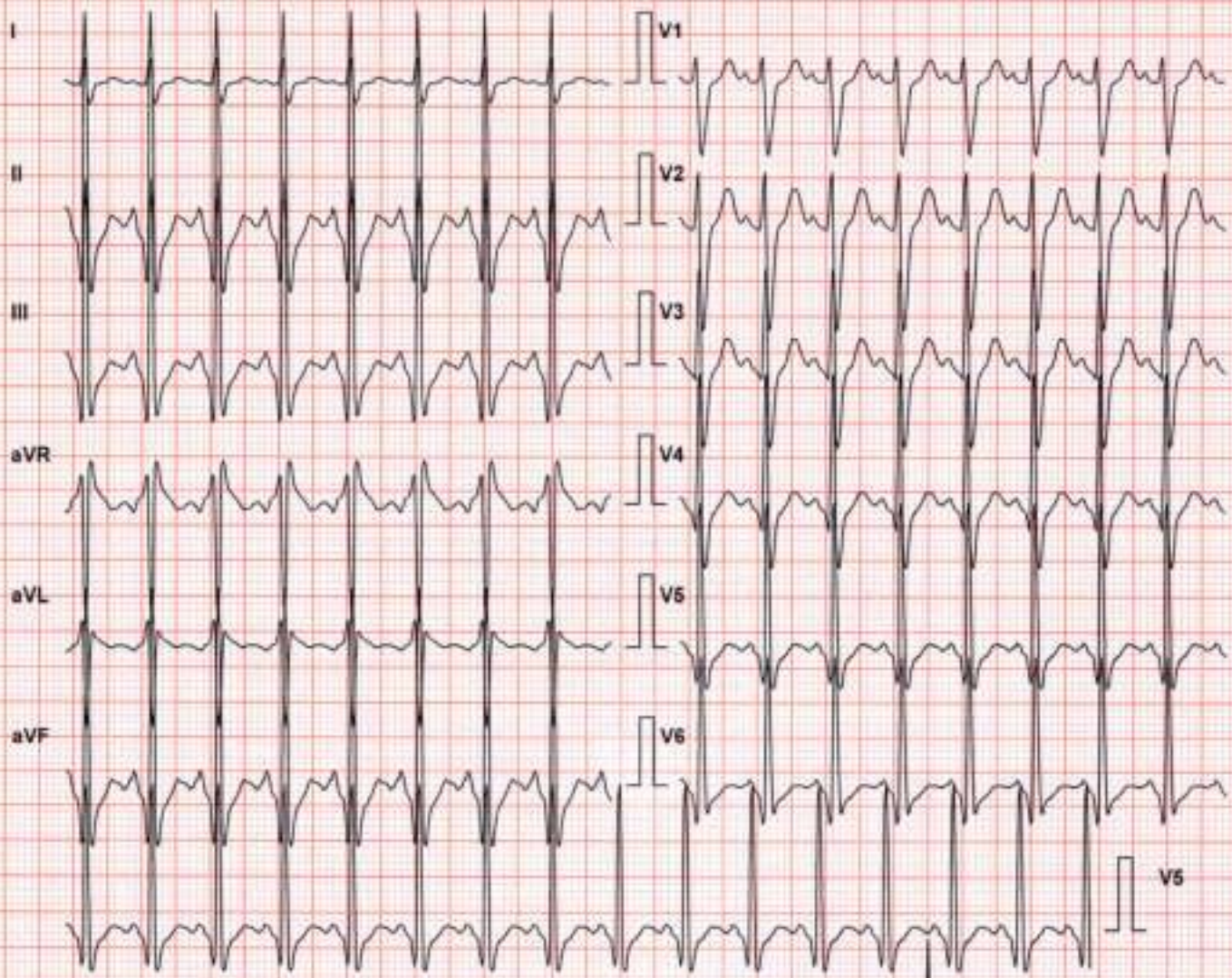
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 149 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
II	1.9	5.3
III	1.3	4.2
aVR	-1.3	-3.2
aVL	-0.4	-1.8
aVF	1.7	5.0
V1	0.8	1.8
V2	3.2	4.6
V3	2.3	4.2
V4	1.7	3.2
V5	0.8	2.5
V6	0.6	2.5

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schiller Spandax V 4.51

Isr = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 180 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

Exec Time : 6 m 32 s

Stage Time : 0 m 32 s

HR: 162 bpm

(THR: 157 bpm)

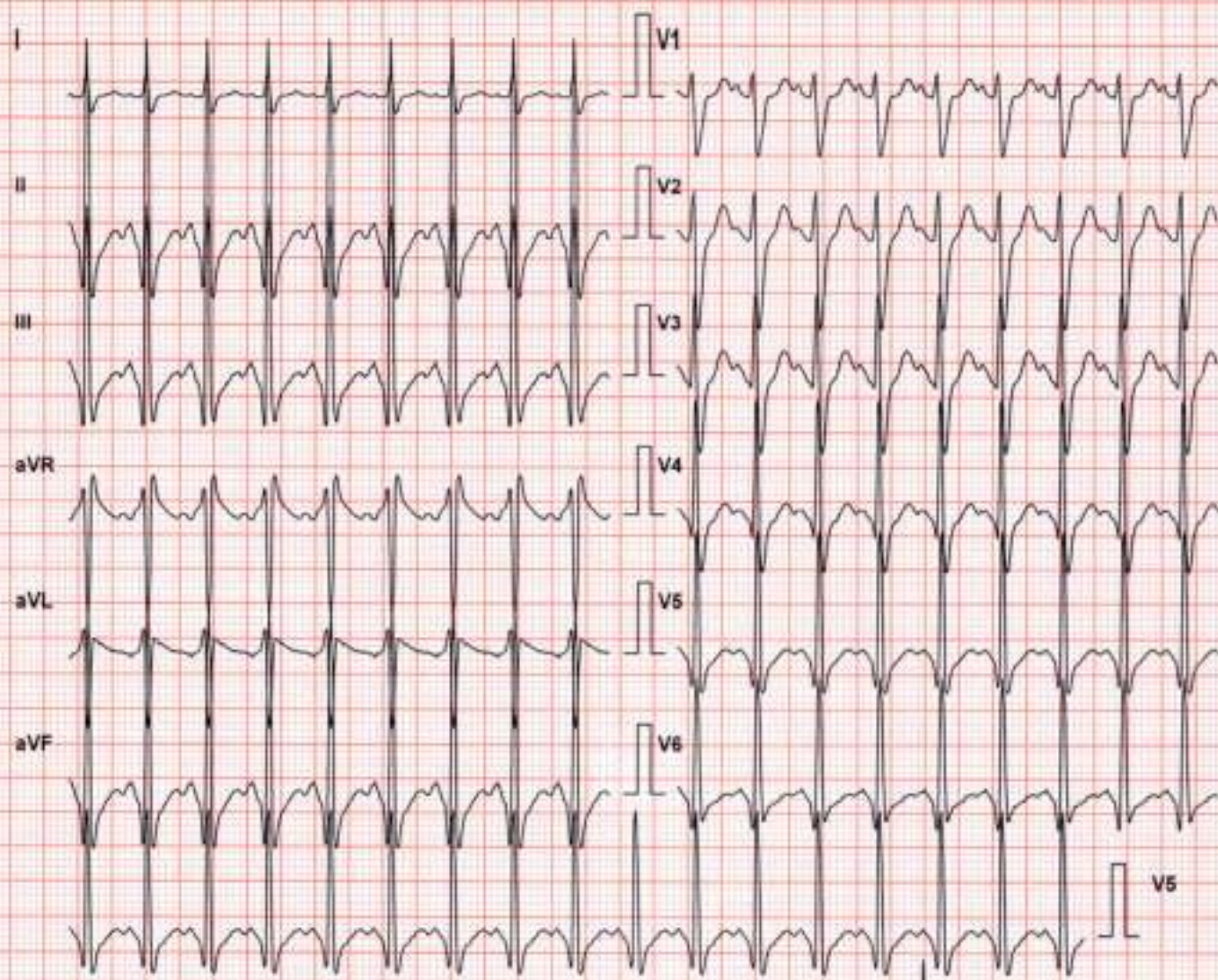


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schiller Spaldin V4.51

iso = R - 50 ms J = R + 50 ms

Post J = J + 50 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

Exec Time : 6 m 38 s

Stage Time : 1 m 54 s

HR: 117 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	2.3	4.6
III	1.9	3.9
aVR	-1.3	-2.5
aVL	-0.6	-1.4
aVF	1.9	4.2
V1	1.3	1.4
V2	3.0	3.9
V3	2.5	3.5
V4	1.7	2.8
V5	1.5	2.5
V6	0.8	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Schlier Spandan V 4.51

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

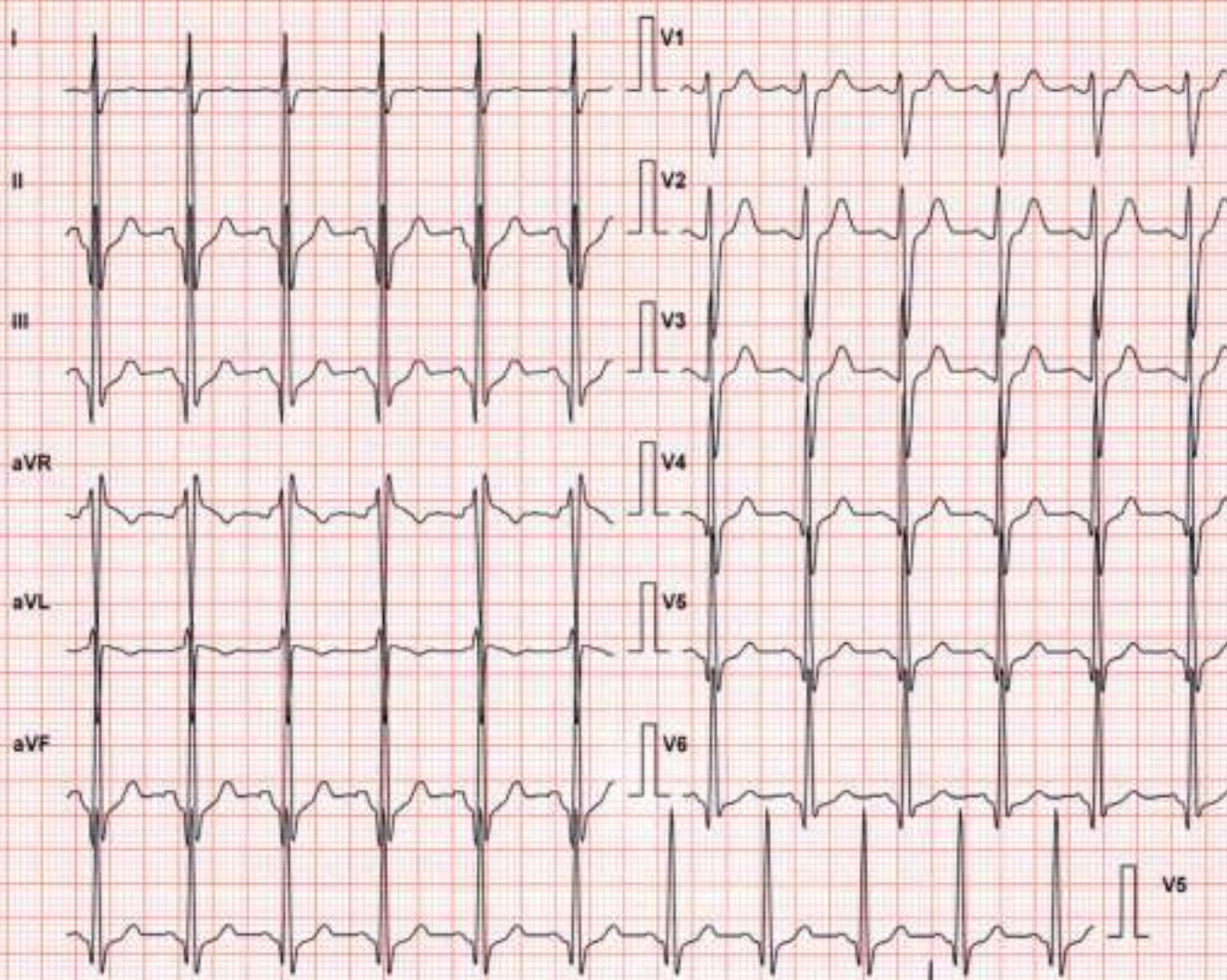
Grade: 0 %

Exec Time : 6 m 38 s

Stage Time : 1 m 54 s

HR: 106 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.4
II	0.8	2.1
III	0.6	1.4
aVR	-0.6	-1.1
aVL	-0.2	-0.7
aVF	0.8	1.8
V1	0.4	0.7
V2	1.3	1.4
V3	0.8	1.4
V4	0.6	1.1
V5	0.2	1.1
V6	0.0	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandan V4.5T

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

Suburban Diagnostics Kalina

MR. YEDE MAYUR BHOJLAL (35 M)

ID: 2330119671

Date: 28-Oct-23

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 6 m 38 s

Stage Time : 1 m 40 s

HR: 99 bpm

(THR: 157 bpm)

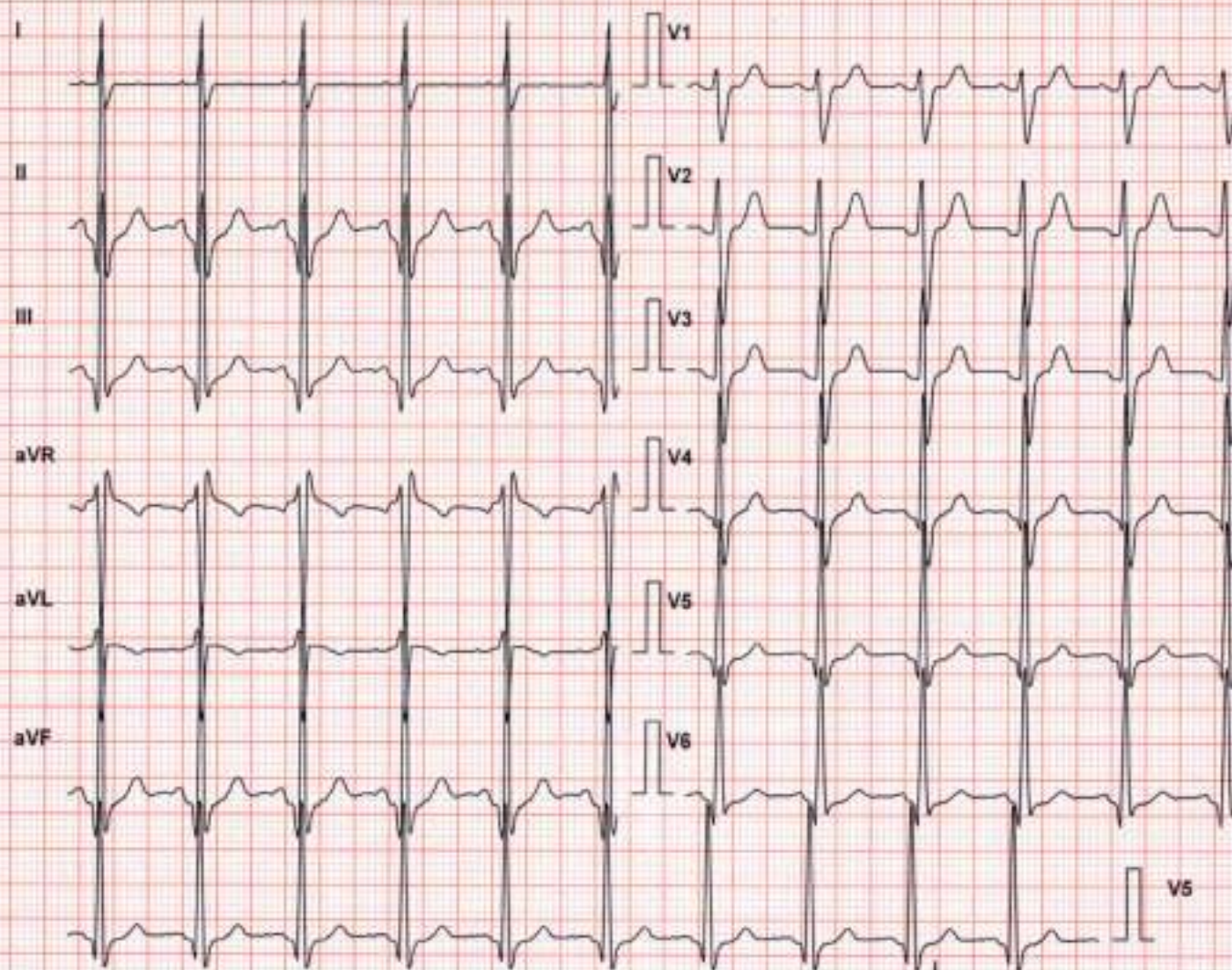


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandax V4.51

tp = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

DIAGNOSTICS REPORT

Patient Name	: Mrs. MALTI PANDEY	Order Date	: 01/11/2023 09:13
Age/Sex	: 49 Year(s)/Female	Report Date	: 02/11/2023 11:50
UHID	: SHHM.78061	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 7575008525
Address	: PATEL ESTATE, Jogeshwari West, Mumbai, Maharashtra, 400102		

X-RAY CHEST PA VIEW

Both lungs are clear.

The frontal cardiac dimensions are normal.

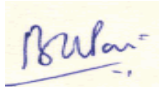
The pleural spaces are clear.

Both hilar shadows are normal in position and density.

No diaphragmatic abnormality is seen.

The soft tissues and bony thorax are normal.

IMPRESSION: No pleuroparenchymal lesion is seen.



Dr. Bhujang Pai
MBBS, MD

Consultant

DIAGNOSTICS REPORT

Patient Name	: Mrs. MALTI PANDEY	Order Date	: 01/11/2023 09:13
Age/Sex	: 49 Year(s)/Female	Report Date	: 01/11/2023 15:32
UHID	: SHHM.78061	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 7575008525
Address	: PATEL ESTATE, Jogeshwari West, Mumbai, Maharashtra, 400102		

2D ECHOCARDIOGRAPHY WITH COLOUR DOPPLER STUDY

Normal LV and RV systolic function.

Estimated LVEF = 60%

No LV regional wall motion abnormality at rest .

All valves are structurally and functionally normal.

Normal sized cardiac chambers.

No LV Diastolic dysfunction .

No pulmonary arterial hypertension.

No regurgitation across any other valves.

Normal forward flow velocities across all the cardiac valves.

Aorta and pulmonary artery dimensions: normal.

IAS / IVS: Intact.

No evidence of clot, vegetation, calcification, pericardial effusion.

COLOUR DOPPLER: NO MR/AR.



Dr. Ganesh Vilas Manudhane
M.ch, MCH/DM

RegNo: 2011/06/1763

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY
UHID : SHHM.78061
Episode : OP
Ref. Doctor : Self
Age/Sex : 49 Year(s) / Female
Order Date : 01/11/2023 09:13
Mobile No : 7575008525
DOB : 08/10/1974
Facility : SEVENHILLS HOSPITAL, MUMBAI

Blood Bank

Test Name Result
Sample No : 00297133A Collection Date : 01/11/23 09:40 Ack Date : 01/11/2023 10:22 Report Date : 01/11/23 10:46

BLOOD GROUPING/ CROSS-MATCHING BY SEMI AUTOMATION

BLOOD GROUP (ABO)

' B '

Rh Type

POSITIVE

Method - Column Agglutination


REMARK: THE REPORTED RESULTS PERTAIN TO THE SAMPLE RECEIVED AT THE BLOOD CENTRE.

Interpretation:

Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.
- Determine the blood group of potential blood donors at a collection facility.
- Determine the blood group of potential donors and recipients of organs, tissues, or bone marrow, as part of a workup for a transplant procedure.

End of Report



Dr. Pooja Vinod Mishra
MD Pathology

Jr Consultant Pathologist, MMC Reg No.
2017052191

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY UHID : SHHM.78061 Episode : OP Ref. Doctor : Self :	Age/Sex : 49 Year(s) / Female Order Date : 01/11/2023 09:13 Mobile No : 7575008525 DOB : 08/10/1974 Facility : SEVENHILLS HOSPITAL, MUMBAI
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Biochemistry

Test Name	Result	Unit	Ref. Range
Sample No : O0297133A	Collection Date : 01/11/23 09:40	Ack Date : 01/11/2023 09:52	Report Date : 01/11/23 12:14

<u>GLYCOSYLATED HAEMOGLOBIN (HBA1C)</u>			
HbA1c <i>Method - BIOCHEMISTRY</i>	5.78	%	4 to 6% Non-diabetic 6.0--7.0% Excellent control 7.0--8.0% Fair to good control 8.0--10% Unsatisfactory control ABOVE 10% Poor control
Estimated Average Glucose (eAG) <i>Method - Calculated</i>	119.19	mg/dl	90 - 126

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY UHID : SHHM.78061 Episode : OP Ref. Doctor : Self :	Age/Sex : 49 Year(s) / Female Order Date : 01/11/2023 09:13 Mobile No : 7575008525 DOB : 08/10/1974 Facility : SEVENHILLS HOSPITAL, MUMBAI
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NOTES :-

1. HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months
2. HbA1c may be falsely low in diabetics with hemolytic disease. In these individuals a plasma fructosamine level may be used which evaluates diabetes over 15 days.
3. Inappropriately low HbA1c values may be reported due to hemolysis, recent blood transfusion, acute blood loss, hypertriglyceridemia, chronic liver disease. Drugs like dapsone, ribavirin, antiretroviral drugs, trimethoprim, may also cause interference with estimation of HbA1c, causing falsely low values.
4. HbA1c may be increased in patients with polycythemia or post-splenectomy.
5. Inappropriately higher values of HbA1c may be caused due to iron deficiency, vitamin B12 deficiency, alcohol intake, uremia, hyperbilirubinemia and large doses of aspirin.
6. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
7. Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient. Similarly, below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
8. HbA1c target in pregnancy is to attain level <6 % .
9. HbA1c target in paediatric age group is to attain level < 7.5 %.

Method : turbidimetric inhibition immunoassay (TINIA) for hemolyzed whole blood

Reference : American Diabetes Associations. Standards of Medical Care in Diabetes 2015

GLUCOSE-PLASMA-FASTING

Glucose,Fasting	96.78	mg/dl	70 - 110
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American Diabetes Association Reference Range :

Normal : < 100 mg/dl

Impaired fasting glucose(Prediabetes) : 100 - 126 mg/dl

Diabetes : >= 126 mg/dl

References:

1)Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis.

A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY UHID : SHHM.78061 Episode : OP Ref. Doctor : Self :	Age/Sex : 49 Year(s) / Female Order Date : 01/11/2023 09:13 Mobile No : 7575008525 DOB : 08/10/1974 Facility : SEVENHILLS HOSPITAL, MUMBAI
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<u>Lipid Profile</u>			
Total Cholesterol	226.52	mg/dl	Reference Values : Up to 200 mg/dL - Desirable 200-239 mg/dL - Borderline High >240 mg/dL - High
Triglycerides	113.8	mg/dl	Reference Values: Up to 150 mg/dL - Normal 150-199 mg/dL - Borderline High 200-499 mg/dL - High >500 mg/dL - Very High
<i>Method - Enzymatic</i>			
HDL Cholesterol	66.54 ▲ (H)	mg/dl	0 - 60
<i>Method - Enzymatic immuno inhibition</i>			
LDL Cholesterol	137.22 ▲ (H)	mg/dl	0 - 130
<i>Method - Calculated</i>			
VLDL Cholesterol	22.76	mg/dl	0 - 40
<i>Method - Calculated</i>			
Total Cholesterol / HDL Cholesterol Ratio - Calculated	3.40	RATIO	0 - 5
<i>Method - Calculated</i>			

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY	Age/Sex : 49 Year(s) / Female
UHID : SHHM.78061	Order Date : 01/11/2023 09:13
Episode : OP	
Ref. Doctor : Self	Mobile No : 7575008525
	DOB : 08/10/1974
	Facility : SEVENHILLS HOSPITAL, MUMBAI

LDL / HDL Cholesterol Ratio - Calculated <i>Method - Calculated</i>	2.06	RATIO	0 - 4.3
<p><i>Note:</i></p> <p>1) Biological Reference Interval is as per National Cholesterol Education Program (NCEP) Guidelines. 2) tests done on Fully Automated Biosystem BA-400 Biochemistry Analyser.</p> <p><i>Interpretation</i></p> <p>1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.</p> <p>2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal. If HDL-C is less than 40 mg/dL for men and less than 50 mg/dL for women, there is an increased risk of heart disease that is independent of other risk factors, including the LDL-C level. The NCEP guidelines suggest that an HDL cholesterol value greater than 60 mg/dL is protective and should be treated as a negative risk factor.</p> <p>3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors. For young adults, less than 120 mg/dL is acceptable. Values between 120-159 mg/dL are considered Borderline high. Values greater than 160 mg/dL are considered high. Low levels of LDL cholesterol may be seen in people with an inherited lipoprotein deficiency and in people with hyperthyroidism, infection, inflammation, or cirrhosis.</p>			
<u>Uric Acid (Serum)</u>			
Uric Acid <i>Method - Uricase</i>	4.57	mg/dl	2.6 - 6
<p><i>References:</i></p> <p>1)Pack Insert of Bio system 2) TIETZ Textbook of Clinical chemistry and Molecular Diagnostics Edited by: Carl A. burtis, Edward R. Ashwood, David e. Bruns</p> <p><i>Interpretation:-</i></p> <p>Uric acid is produced by the breakdown of purines. Purines are nitrogen-containing compounds found in the cells of the body, including our DNA. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease).</p>			
<u>Liver Function Test (LFT)</u>			

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY UHID : SHHM.78061 Episode : OP Ref. Doctor : Self :	Age/Sex : 49 Year(s) / Female Order Date : 01/11/2023 09:13 Mobile No : 7575008525 DOB : 08/10/1974 Facility : SEVENHILLS HOSPITAL, MUMBAI
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SGOT (Aspartate Transaminase) - SERUM <i>Method - IFCC</i>	19.11	IU/L	0 - 31
SGPT (Alanine Transaminase) - SERUM <i>Method - IFCC</i>	26.63	IU/L	0 - 34
Total Bilirubin - SERUM <i>Method - Diazo</i>	0.8	mg/dl	0 - 2
Direct Bilirubin - - SERUM <i>Method - Diazotization</i>	0.37	mg/dl	0 - 0.4
Indirect Bilirubin - Calculated <i>Method - Calculated</i>	0.43	mg/dl	0.1 - 0.8
Alkaline Phosphatase - SERUM <i>Method - IFCC AMP Buffer</i>	86.33	IU/L	0 - 105
Total Protein - SERUM <i>Method - Biuret</i>	7.4	gm/dl	6 - 7.8
Albumin - SERUM <i>Method - Bromo Cresol Green(BCG)</i>	4.34	gm/dl	3.5 - 5.2
Globulin - Calculated <i>Method - Calculated</i>	3.06	gm/dl	2 - 4
A:G Ratio <i>Method - Calculated</i>	1.42	:1	1 - 3
Gamma Glutamyl Transferase (GGT) - Gglutamyl carboxy nitroanilide - SERUM	34.04	IU/L	0 - 38

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY	Age/Sex : 49 Year(s) / Female
UHID : SHHM.78061	Order Date : 01/11/2023 09:13
Episode : OP	
Ref. Doctor : Self	Mobile No : 7575008525
:	DOB : 08/10/1974
	Facility : SEVENHILLS HOSPITAL, MUMBAI

Method - G glutamyl carboxy nitroanilide

References:

1) Pack Insert of Bio system

2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interperatation :-

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia, transfusion reaction & a common metabolic condition termed Gilbert syndrome.

AST levels increase in viral hepatitis, blockage of the bile duct, cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis. Ast levels may also increase after a heart attack or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia, Lymphoma, paget's disease, Rickets, Sarcoidosis etc.

Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease, high alcohol consumption and use of enzyme-including drugs etc.

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin. Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease. Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic - Human serum albumin is the most abundant protein in human blood plasma. It is produced in the liver. Albumin constitutes about half of the blood serum protein. Low blood albumin levels (hypoalbuminemia) can be caused by: Liver disease like cirrhosis of the liver, nephrotic syndrome, protein-losing enteropathy, Burns, hemodilution, increased vascular permeability or decreased lymphatic clearance, malnutrition and wasting etc.

Renal Function Test (RFT)

Urea - SERUM

15.51

mg/dl

15 - 39

Method - Urease

BUN - SERUM

7.25

mg/dl

4 - 18

Method - Urease-GLDH

Creatinine - SERUM

0.76

mg/dl

0.5 - 1.1

Method - Jaffes Kinetic

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MALTI PANDEY	Age/Sex	: 49 Year(s) / Female
UHID	: SHHM.78061	Order Date	: 01/11/2023 09:13
Episode	: OP	Mobile No	: 7575008525
Ref. Doctor	: Self	DOB	: 08/10/1974
	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI

References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation:-

The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status.

GLUCOSE-PLASMA POST PRANDIAL

Glucose, Post Prandial	109.87	mg/dl	70.00 - 140.00
------------------------	--------	-------	----------------

American Diabetes Association Reference Range :

Post-Prandial Blood Glucose:

- Non- Diabetic: Up to 140mg/dL
- Pre-Diabetic: 140-199 mg/dL
- Diabetic : >200 mg/dL


References:

- 1) Pack Insert of Bio system
- 2) Tietz Textbook Of Clinical Chemistry And Molecular Diagnostics, 6th Ed, Editors: Rifai et al. 2018

Interpretation :-

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis. A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

End of Report



Dr.Nipa Dhorda
MD
Pathologist

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY

Age/Sex : 49 Year(s) / Female

UHID : SHHM.78061

Order Date : 01/11/2023 09:13

Episode : OP

Ref. Doctor : Self

Mobile No : 7575008525

:

DOB : 08/10/1974

Facility : SEVENHILLS HOSPITAL, MUMBAI

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY
UHID : SHHM.78061
Episode : OP
Ref. Doctor : Self

Age/Sex : 49 Year(s) / Female
Order Date : 01/11/2023 09:13
Mobile No : 7575008525
DOB : 08/10/1974
Facility : SEVENHILLS HOSPITAL, MUMBAI

HAEMATOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : O0297133A	Collection Date : 01/11/23 09:40	Ack Date : 01/11/2023 09:52	Report Date : 01/11/23 10:43

COMPLETE BLOOD COUNT (CBC) - EDTA WHOLE BLOOD

Total WBC Count	4.75	x10 ³ /ul	4.00 - 10.00
Neutrophils	55.2	%	40.00 - 80.00
Lymphocytes	37.0	%	20.00 - 40.00
Eosinophils	1.7	%	1.00 - 6.00
Monocytes	6.0	%	2.00 - 10.00
Basophils	0.1 ▼ (L)	%	1.00 - 2.00
Absolute Neutrophils Count	2.63	x10 ³ /ul	2.00 - 7.00
Absolute Lymphocytes Count	1.76	x10 ³ /ul	0.80 - 4.00
Absolute Eosinophils Count	0.08	x10 ³ /ul	0.02 - 0.50
Absolute Monocytes Count	0.28	x10 ³ /ul	0.12 - 1.20
Absolute Basophils Count	0.00	x10 ³ /ul	0.00 - 0.10
RBCs	4.60	x10 ⁶ /ul	4.50 - 5.50
Hemoglobin	13.9	gm/dl	12.00 - 15.00

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY UHID : SHHM.78061 Episode : OP Ref. Doctor : Self :	Age/Sex : 49 Year(s) / Female Order Date : 01/11/2023 09:13 Mobile No : 7575008525 DOB : 08/10/1974 Facility : SEVENHILLS HOSPITAL, MUMBAI
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Hematocrit	40.7	%	40.00 - 50.00
MCV	88.4	fl	83.00 - 101.00
MCH	30.1	pg	27.00 - 32.00
MCHC	34.1	gm/dl	31.50 - 34.50
RED CELL DISTRIBUTION WIDTH-CV (RDW-CV)	12.0	%	11.00 - 16.00
RED CELL DISTRIBUTION WIDTH-SD (RDW-SD)	39.8	fl	35.00 - 56.00
Platelet	302	x10 ³ /ul	150.00 - 410.00
MPV	9.8	fl	6.78 - 13.46
PLATELET DISTRIBUTION WIDTH (PDW)	16.0	%	9.00 - 17.00
PLATELETCRIT (PCT)	0.295 ▲ (H)	%	0.11 - 0.28

*Method:-
 HB Colorimetric Method.
 RBC/PLT Electrical Impedance Method.
 WBC data Flow Cytometry by Laser Method.
 MCV,MCH,MCHC,RDW and rest parameters - Calculated.
 All Abnormal Haemograms are reviewed confirmed microscopically.*

NOTE: Wallach's Interpretation of Diagnostic Tests. 11th Ed, Editors: Rao LV. 2021

*NOTE :-
 The International Council for Standardization in Haematology (ICSH) recommends reporting of absolute counts of various WBC subsets for clinical decision making. This test has been performed on a fully automated 5 part differential cell counter which counts over 10,000 WBCs to derive differential counts. A complete blood count is a blood panel that gives information about the cells in a patient's blood, such as the cell count for each cell type and the concentrations of Hemoglobin and platelets. The cells that circulate in the bloodstream are generally divided into three types: white blood cells (leukocytes), red blood cells (erythrocytes), and platelets (thrombocytes). Abnormally high or low counts may be physiological or may indicate disease conditions, and hence need to be interpreted clinically.*

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MALTI PANDEY	Age/Sex	: 49 Year(s) / Female
UHID	: SHHM.78061	Order Date	: 01/11/2023 09:13
Episode	: OP	Mobile No	: 7575008525
Ref. Doctor	: Self	DOB	: 08/10/1974
	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI

ERYTHROCYTE SEDIMENTATION RATE (ESR)

ESR

29 ▲ (H)

mm/hr

0 - 20

Method: Westergren Method

INTERPRETATION :-

ESR is a non-specific phenomenon, its measurement is clinically useful in disorders associated with an increased production of acute-phase proteins. It provides an index of progress of the disease in rheumatoid arthritis or tuberculosis, and it is of considerable value in diagnosis of temporal arteritis and polymyalgia rheumatica. It is often used if multiple myeloma is suspected, but when the myeloma is non-secretory or light chain, a normal ESR does not exclude this diagnosis.

An elevated ESR may occur as an early feature in myocardial infarction. Although a normal ESR cannot be taken to exclude the presence of organic disease, the vast majority of acute or chronic infections and most neoplastic and degenerative diseases are associated with changes in the plasma proteins that increased ESR values.

The ESR is influenced by age, stage of the menstrual cycle and medications taken (corticosteroids, contraceptive pills). It is especially low (0-1 mm) in polycythaemia, hypofibrinogenaemia and congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis, or sickle cells. In cases of performance enhancing drug intake by athletes the ESR values are generally lower than the usual value for the individual and as a result of the increase in haemoglobin (i.e. the effect of secondary polycythaemia).

End of Report



Dr.Nipa Dhorda
MD
Pathologist

78061
49 Years

Multi Pandey
Female

01/11/2023 10:14:28

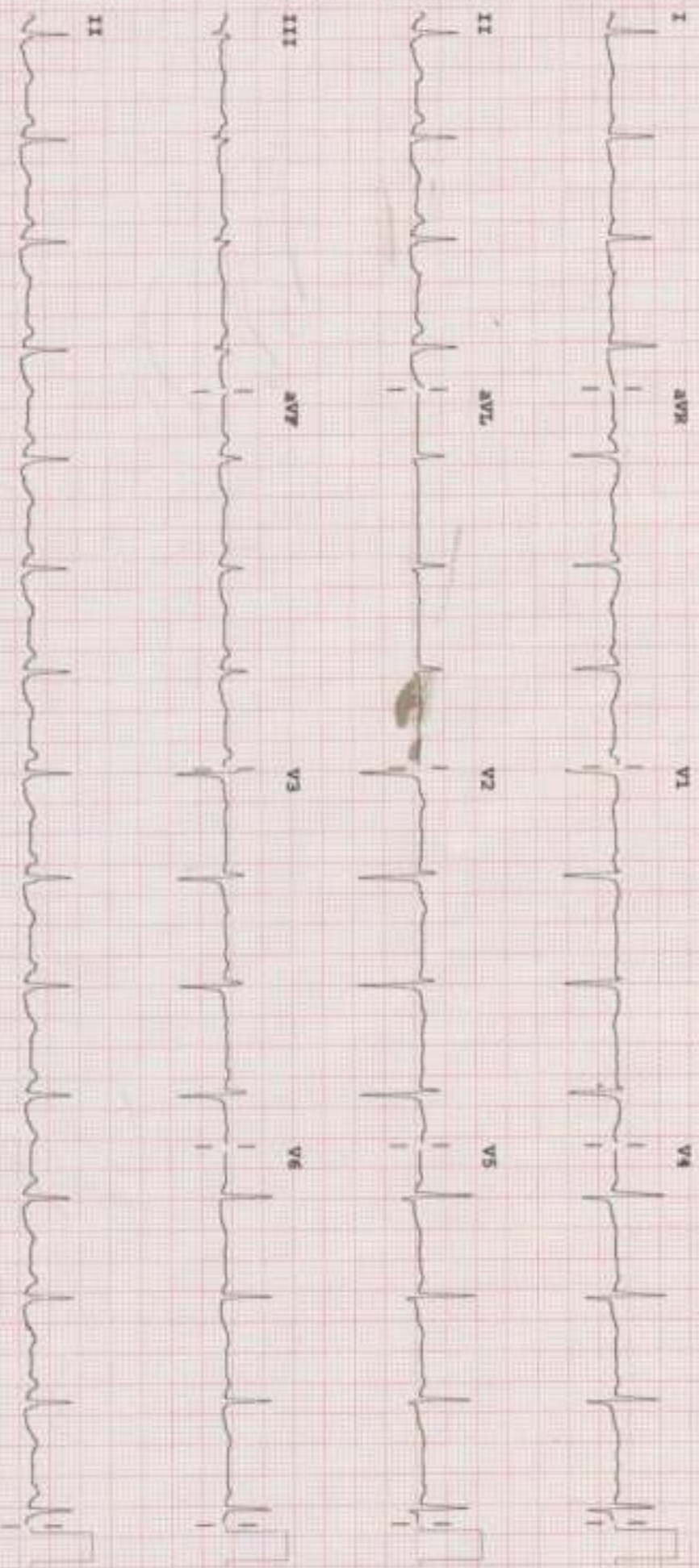
SEVENHILLS HEALTHCARE

OPD

Rate 85 Sinus rhythm.....normal P axis, V-rate 50-99
 PR 148 Borderline T abnormalities, anterior leads.....T flat or neg, V2-V4
 QRSd 89
 QT 365
 QTc 437

--AXIS--
 P 66
 QRS 34
 T 50
 12 Lead; Standard Placement

- BORDERLINE ECG -



Device:
 Speed: 25 mm/sec
 Lamp: 10 mm/mV
 Check: 10.0 mm/mV

P 50 - 0.50-100 Hz W 1000 Hz CL

SEVENHILLS HOSPITAL

NAROL, ANDHERI EAST
MUMBAI, MAHARASHTRA

TREADMILL TEST REPORT

NAME : KALTI PANDEY,
ID : 47575
DATE : 01-11-2023
AGE/SEX : 45 / F
HT/WT : 152 / 68
REF. BY : 3833

PHYSICIAN HISTORY : BRUSH
INDICATION : NIL
MEDICATION : NIL

PHASE	TOTAL TIME	STAGE TIME	SPEED Km/Hr	GRADE %	H.R. bpm	B.P. mmHg	RPP X100	ST LEVL. (mm)			MET'S
								VI	V5		
SLEEPING					95	130 / 80	123	0.8	-0.3	-0.2	
STANDING					95	130 / 80	123	0	0.2	-0.2	
HYPERTENT		0:19			88	130 / 80	114	-0.2	0.1	-0.2	
Stage 1	2:55	2:55	4.7	10	132	130 / 80	171	-0.1	0.2	-0.5	4.57
PR-EXERCISE	5:32	2:32		12	162	139 / 96	229	+0.3	-0.3	-0.7	
RECOVERY	7:19	1:36			111	139 / 96	154	0.2	0.2	0	6.74

RESULTS

EXERCISE DURATION : 5:32
MAX HEART RATE : 162 bpm 94 % of target heart rate 171 bpm
MAX BLOOD PRESSURE : 139 / 96 mm Hg
REASON OF TERMINATION : THR ACHIEVED.

MAX WORK LOAD : 6.74 METS

BP RESPONSE :
 ARRHYTHMIA :
 E.C.G. RESPONSE :

IMPRESSIONS :

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC AND
 IONOTROPIC RESPONSES.
 NO ANGINA / ARRHYTHMIA.
 NO ECG - T CHANGES.
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA.

Technician : NEHA THITE

DR. GANESH MANUDHANE.

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MALTI PANDEY	Age/Sex	: 49 Year(s) / Female
UHID	: SHHM.78061	Order Date	: 01/11/2023 09:13
Episode	: OP	Mobile No	: 7575008525
Ref. Doctor	: Self	DOB	: 08/10/1974
	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI

IMMUNOLOGY

Test Name	Result	Unit	Ref. Range
Sample No : O0297133C	Collection Date : 01/11/23 09:40	Ack Date : 01/11/2023 10:14	Report Date : 01/11/23 10:52

T3 - SERUM <i>Method - CLIA</i>	107.9	ng/dl	70.00 - 204.00
<u>TFT- Thyroid Function Tests</u>			
T4 - SERUM <i>Method - CLIA</i>	9.46	ug/dL	4.60 - 10.50
TSH - SERUM <i>Method - CLIA</i>	4.5	uIU/ml	0.40 - 4.50

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MALTI PANDEY	Age/Sex	: 49 Year(s) / Female
UHID	: SHHM.78061	Order Date	: 01/11/2023 09:13
Episode	: OP	Mobile No	: 7575008525
Ref. Doctor	: Self	DOB	: 08/10/1974
	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI

Reference Ranges (T3) Pregnancy:

First Trimester 81 - 190

Second Trimester & Third Trimester 100 - 260

Reference Ranges (TSH) Pregnancy:

1st Trimester : 0.1 – 2.5

2nd Trimester : 0.2 – 3.0

3rd Trimester : 0.3 – 3.0

Reference:

1. Clinical Chemistry and Molecular Diagnostics, Tietz Fundamentals, 7th Edition & Endocrinology Guidelines

Interpretation :-

It is recommended that the following potential sources of variation should be considered while interpreting thyroid hormone results:

- 1. Thyroid hormones undergo rhythmic variation within the body this is called circadian variation in TSH secretion: Peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.*
- 2. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding PreAlbumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.*
- 3. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment.*
- 4. T4 may be normal the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, during intake of certain drugs (eg Phenytoin, Salicylates etc)*
- 5. Neonates and infants have higher levels of T4 due to increased concentration of TBG*
- 6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism, pregnancy, phenytoin therapy etc.*
- 7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetectable by conventional methods.*
- 8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones*
- 9. Various drugs can lead to interference in test results.*
- 10. It is recommended that evaluation of unbound fractions, that is free T3 (fT3) and free T4 (fT4) for clinic-pathologic correlation, as these are the metabolically active forms.*

End of Report



Dr.Nipa Dhorda
MD
Pathologist

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY

Age/Sex : 49 Year(s) / Female

UHID : SHHM.78061

Order Date : 01/11/2023 09:13

Episode : OP

Ref. Doctor : Self

Mobile No : 7575008525

:

DOB : 08/10/1974

Facility : SEVENHILLS HOSPITAL, MUMBAI

LABORATORY INVESTIGATION REPORT

Patient Name	: Mrs. MALTI PANDEY	Age/Sex	: 49 Year(s) / Female
UHID	: SHHM.78061	Order Date	: 01/11/2023 09:13
Episode	: OP	Mobile No	: 7575008525
Ref. Doctor	: Self	DOB	: 08/10/1974
	:	Facility	: SEVENHILLS HOSPITAL, MUMBAI

Urinalysis

Test Name	Result	Unit	Ref. Range
Sample No : 00297133D	Collection Date : 01/11/23 09:40	Ack Date : 01/11/2023 09:52	Report Date : 01/11/23 13:02

<u>Physical Examination</u>			
QUANTITY	50	ml	
Colour	Pale Yellow		
Appearance	Clear		
DEPOSIT	Absent		Absent
pH	Acidic		
Specific Gravity	1.005		
<u>Chemical Examination</u>			
Protein	Absent		Absent
Sugar	Absent		Absent
ketones	Absent		Absent
Occult Blood	NEGATIVE		Negative
Bile Salt	Absent		Absent
Bile Pigments	Absent		Absent

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY	Age/Sex : 49 Year(s) / Female
UHID : SHHM.78061	Order Date : 01/11/2023 09:13
Episode : OP	
Ref. Doctor : Self	Mobile No : 7575008525
:	DOB : 08/10/1974
	Facility : SEVENHILLS HOSPITAL, MUMBAI

Urobilinogen	NORMAL		Normal
NITRATE	Absent		Absent
LEUKOCYTES	Absent		Absent
<u>Microscopic Examination</u>			
Pus cells	OCCASIONAL	/HPF	
Epithelial Cells	OCCASIONAL	/HPF	
RBC	absent	/HPF	Absent
Cast	Absent	/LPF	Absent
Crystal	Absent	/HPF	Absent
Amorphous Materials	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent
<u>URINE SUGAR AND KETONE (FASTING)</u>			
Sugar	Absent		
ketones	Absent		
<u>URINE SUGAR AND KETONE (PP)</u>			
Sugar	Absent		

LABORATORY INVESTIGATION REPORT

Patient Name : Mrs. MALTI PANDEY

Age/Sex : 49 Year(s) / Female

UHID : SHHM.78061

Order Date : 01/11/2023 09:13

Episode : OP

Ref. Doctor : Self

Mobile No : 7575008525

:

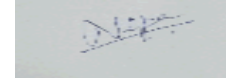
DOB : 08/10/1974

Facility : SEVENHILLS HOSPITAL, MUMBAI

ketones

Absent

End of Report



Dr.Nipa Dhorda
MD
Pathologist

DIAGNOSTICS REPORT

Patient Name	: Mrs. MALTI PANDEY	Order Date	: 01/11/2023 09:13
Age/Sex	: 49 Year(s)/Female	Report Date	: 01/11/2023 16:47
UHID	: SHHM.78061	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 7575008525
Address	: PATEL ESTATE, Jogeshwari West, Mumbai, Maharashtra, 400102		

SONOMAMMOGRAPHY:

Ultrasonographic examination was done using a high frequency transducer.

No abnormal mass or focal abnormality is detected in either breast.

No ductal dilatation seen.

Few left axillary lymphnodes with maintained hilum noted.

IMPRESSION

·No significant abnormality detected.



Dr. Priya Vinod Phayde
MBBS, DMRE

DIAGNOSTICS REPORT

Patient Name	: Mrs. MALTI PANDEY	Order Date	: 01/11/2023 09:13
Age/Sex	: 49 Year(s)/Female	Report Date	: 01/11/2023 16:45
UHID	: SHHM.78061	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 7575008525
Address	: PATEL ESTATE, Jogeshwari West, Mumbai, Maharashtra, 400102		

USG ABDOMEN PELVIS

Liver is normal in size (12.3 cm) and echotexture. No focal liver parenchymal lesion is seen. Intrahepatic portal and biliary radicles are normal.

Gall-bladder is partially distended.
Portal vein and CBD are normal in course and calibre.

Visualised part of pancreas appears normal in size and echotexture . No evidence of duct dilatation or parenchymal calcification seen.
Spleen is normal in size (7.5 cm) and echotexture. No focal lesion is seen in the spleen.

Both the kidneys are normal in size, shape and echotexture. Cortico-medullary differentiation is maintained. No evidence of calculus or hydronephrosis on either side.
Right kidney measures 8.6 x 3.8 cm.
Left kidney measures 9.6 x 4.5 cm.

Urinary bladder is well distended and appears normal. No evidence of intra-luminal calculus or mass lesion.

Uterus is normal in size, shape and echotexture. It measures 6.5 x 3.2 x 5.0 cm.
Endometrial thickness measures 5.2 mm.

There is e/o 3.1 x 2.6 cm sized well defined heterogeneously hypoechoic solid natured lesion noted involving the right lateral wall of uterus, showing peripheral vascularity on colour doppler study. Findings s/o Right lateral wall Intramural fibroid .

Both ovaries are atrophic (post menopausal status)

There is no free fluid in abdomen and pelvis.

IMPRESSION

·Uterine fibroid as described above.



Dr. Priya Vinod Phayde
MBBS, DMRE

DIAGNOSTICS REPORT

Patient Name	: Mrs. MALTI PANDEY	Order Date	: 01/11/2023 09:13
Age/Sex	: 49 Year(s)/Female	Report Date	: 01/11/2023 16:45
UHID	: SHHM.78061	IP No	:
Ref. Doctor	: Self	Facility	: SEVENHILLS HOSPITAL, MUMBAI
		Mobile	: 7575008525
Address	: PATEL ESTATE, Jogeshwari West, Mumbai, Maharashtra, 400102		



CID : 2330119671
Name : MR.YEDE MAYUR BHOJLAL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 28-Oct-2023 / 09:35
Reported : 28-Oct-2023 / 12:44

Use a QR Code Scanner
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	16.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.97	4.5-5.5 mil/cmm	Elect. Impedance
PCV	50.8	40-50 %	Calculated
MCV	102.3	81-101 fl	Measured
MCH	32.6	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4640	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.6	20-40 %	
Absolute Lymphocytes	1651.8	1000-3000 /cmm	Calculated
Monocytes	9.6	2-10 %	
Absolute Monocytes	445.4	200-1000 /cmm	Calculated
Neutrophils	46.6	40-80 %	
Absolute Neutrophils	2162.2	2000-7000 /cmm	Calculated
Eosinophils	6.9	1-6 %	
Absolute Eosinophils	320.2	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	60.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	297000	150000-410000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Measured
PDW	14.2	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2330119671
Name : MR.YEDE MAYUR BHOJLAL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 28-Oct-2023 / 09:35
Reported : 28-Oct-2023 / 12:42

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-15 mm at 1 hr. Sedimentation

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



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



CID : 2330119671
Name : MR.YEDE MAYUR BHOJLAL
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 28-Oct-2023 / 09:35
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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	82	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.95	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.61	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	27.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	18.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	66.5	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	16.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.8	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.64	0.73-1.18 mg/dl	Enzymatic

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



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eGFR, Serum	127	(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	4.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD 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	4.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	76.7	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. Vrushi Shroff

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



CID : 2330119671
Name : MR.YEDE MAYUR BHOJLAL
Age / Gender : 35 Years / Male
Consulting Dr. : -
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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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 ***



Dr. Vrushali Shroff

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	137.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	176.0	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	102.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	67.3	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	35.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	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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Name : MR.YEDE MAYUR BHOJLAL
Age / Gender : 35 Years / Male
Consulting Dr. : -
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.125	0.55-4.78 microIU/ml	CLIA

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)



Anupa

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



CID : 2330119671
Name : MR.YEDE MAYUR BHOJLAL
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Reg. Location : Kalina, Santacruz East (Main Centre)

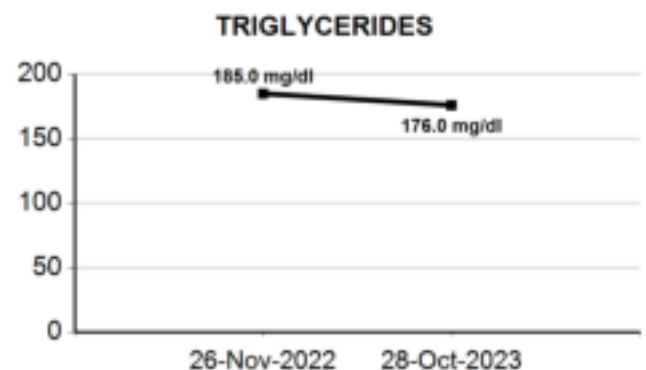
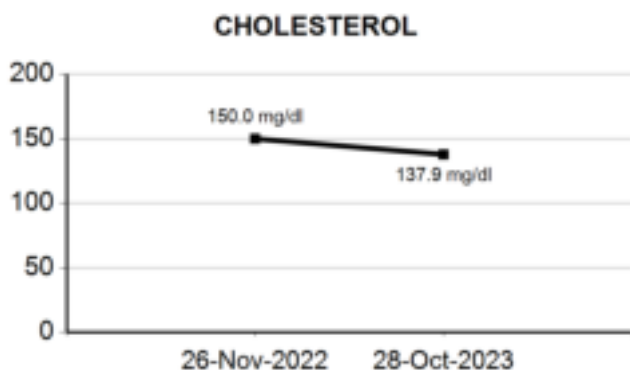
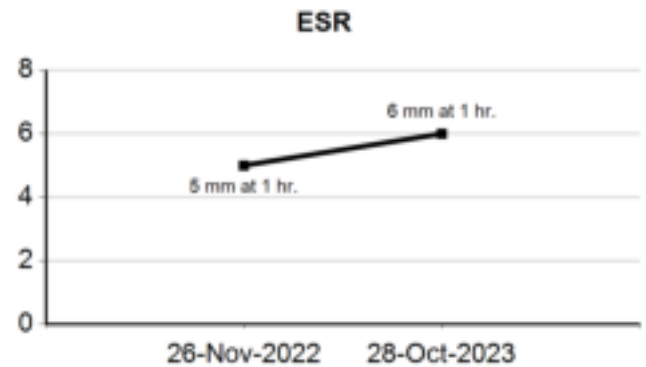
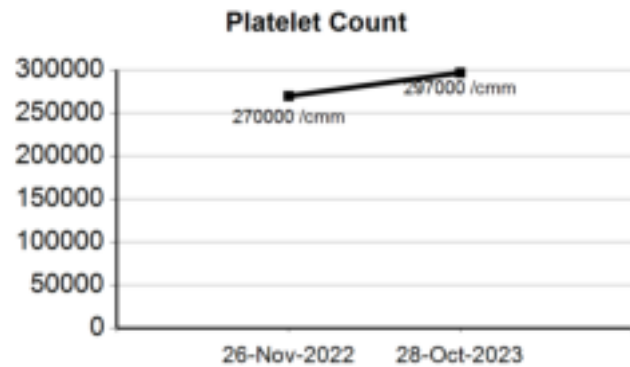
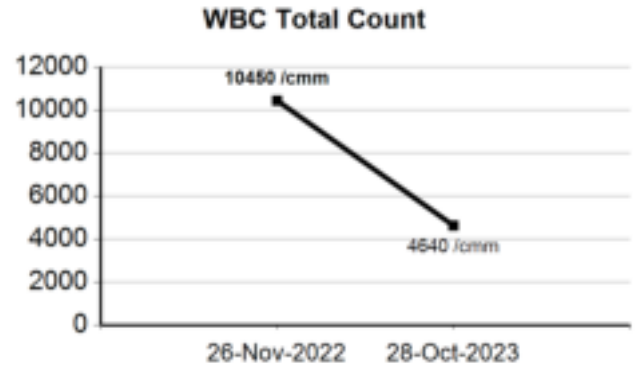
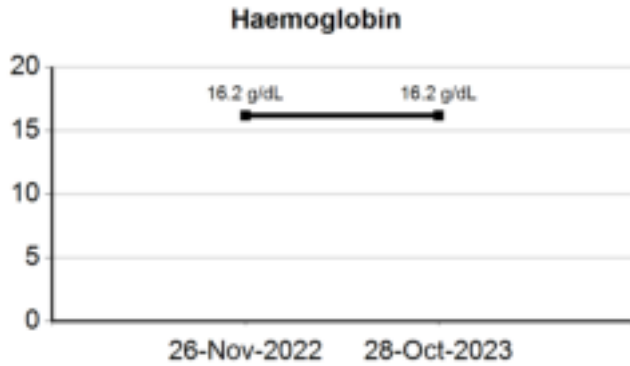
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*** End Of Report ***



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 Consulting Dr. : -
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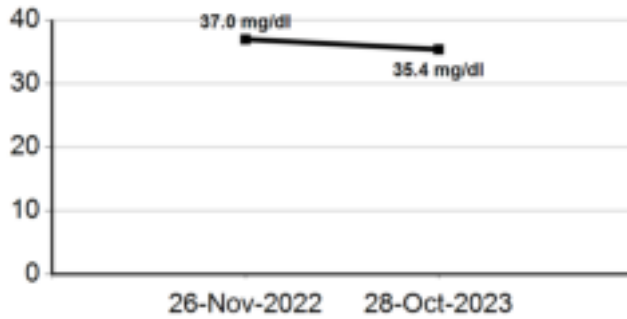




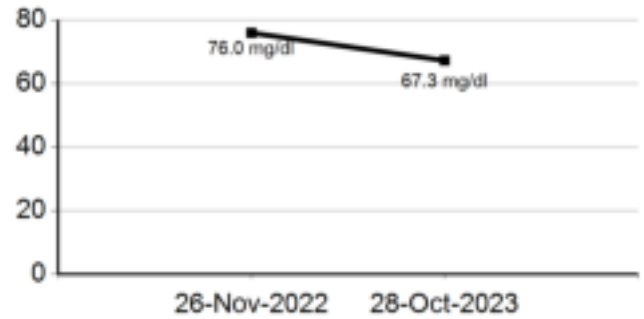
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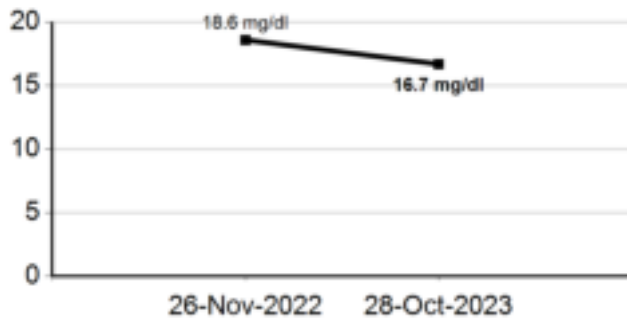
HDL CHOLESTEROL



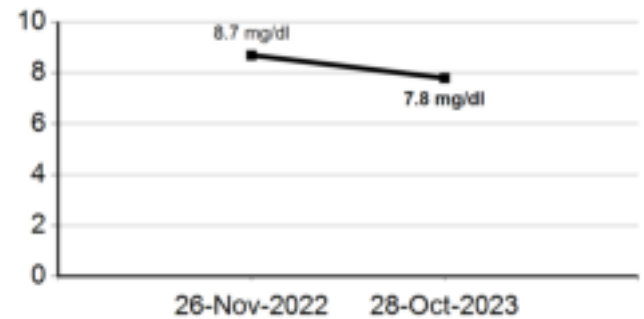
LDL CHOLESTEROL



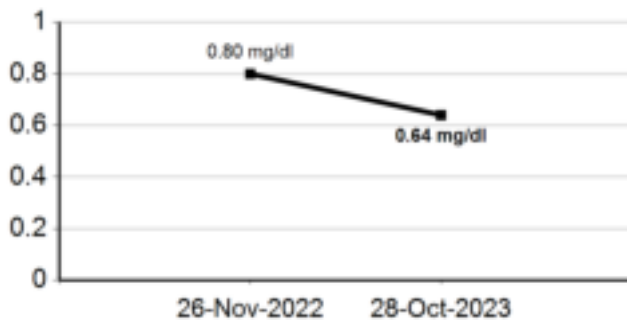
BLOOD UREA



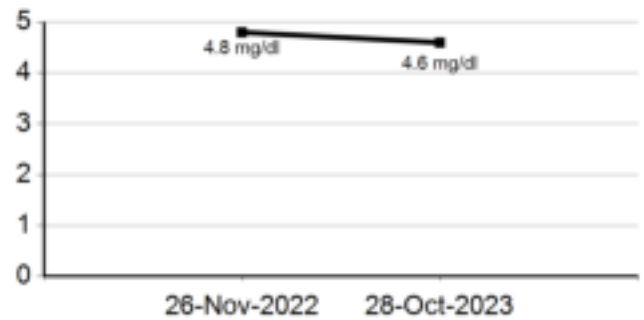
BUN



CREATININE



URIC ACID

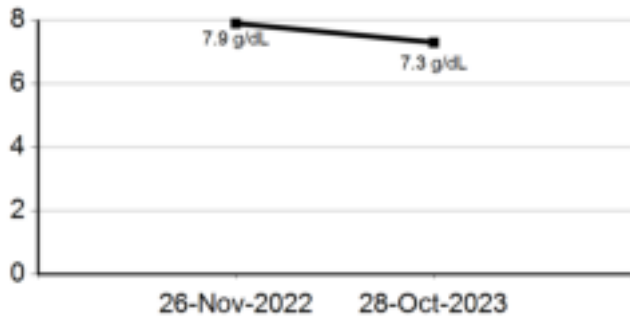




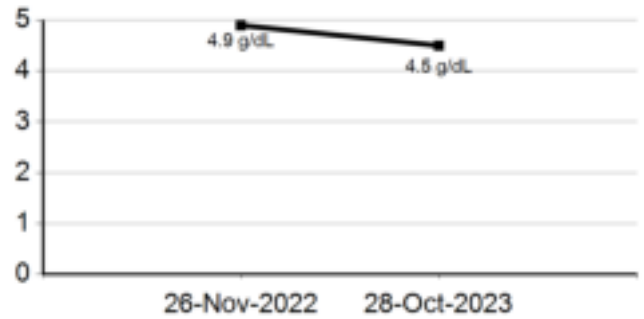
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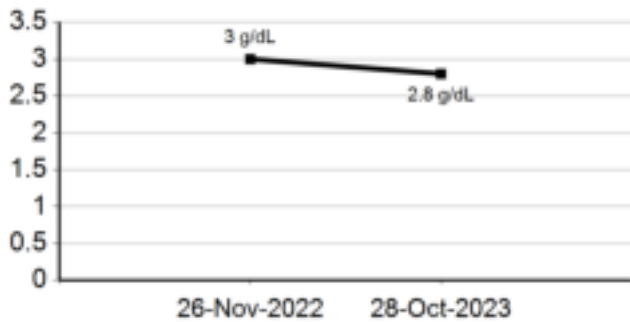
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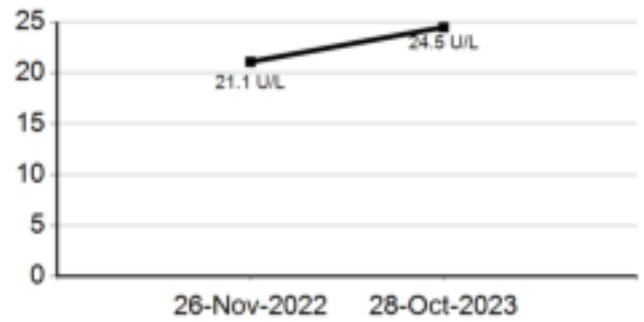
ALBUMIN



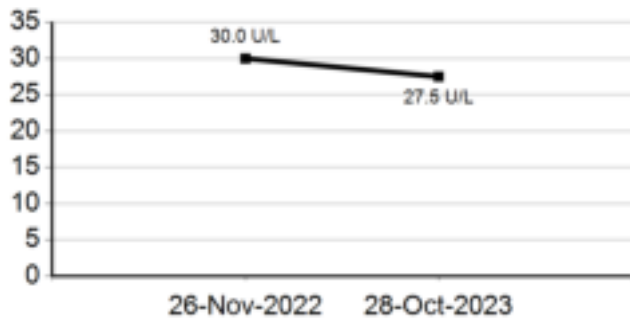
GLOBULIN



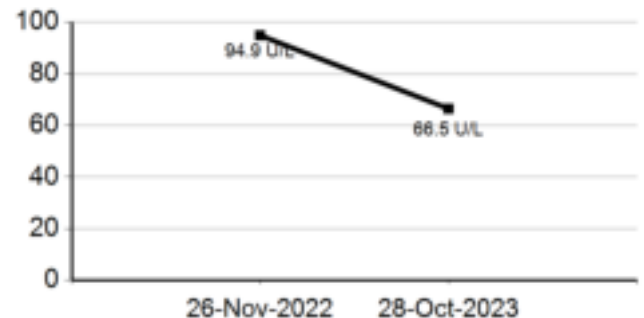
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

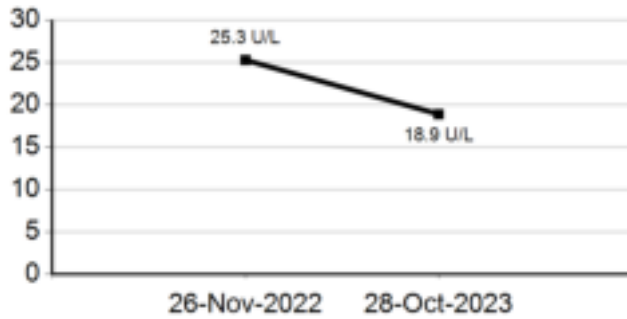




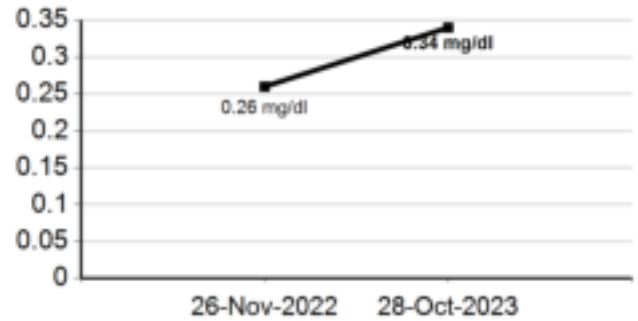
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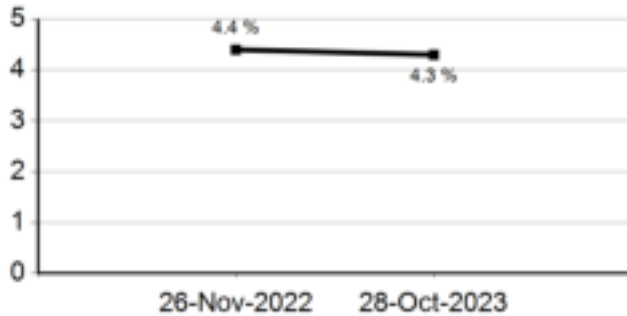
GAMMA GT



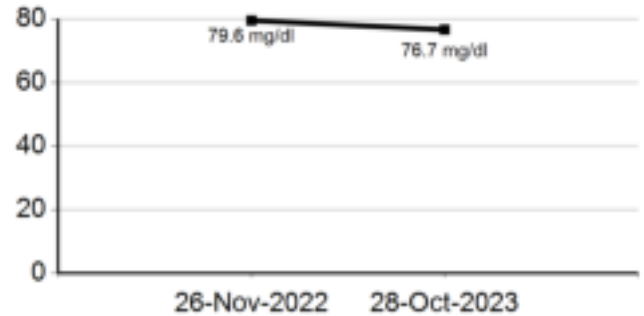
BILIRUBIN (DIRECT)



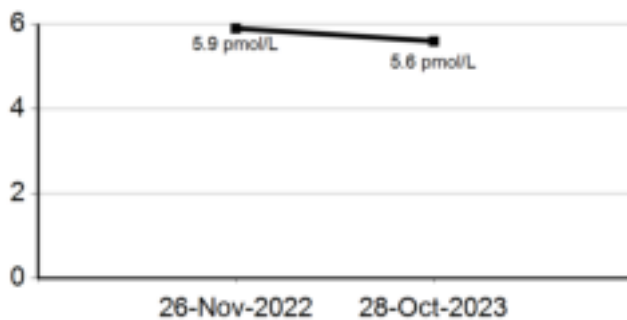
Glycosylated Hemoglobin (HbA1c)



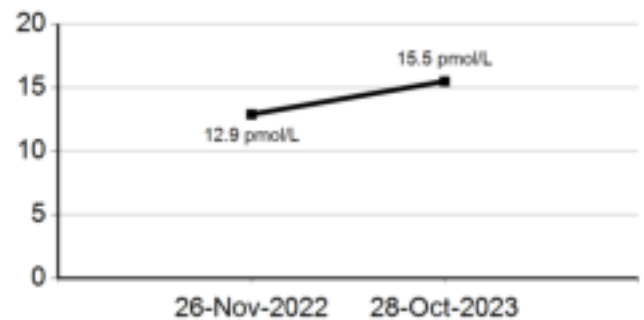
Estimated Average Glucose (eAG)



Free T3



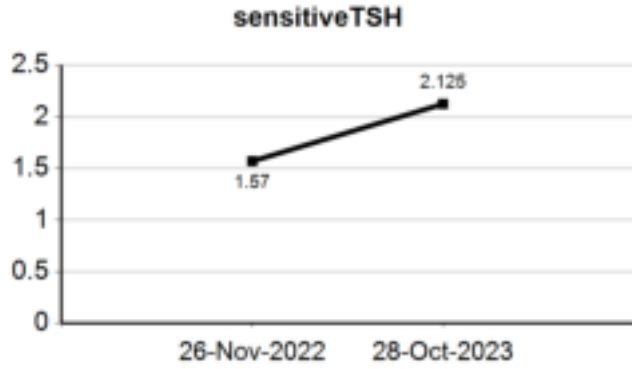
Free T4





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Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

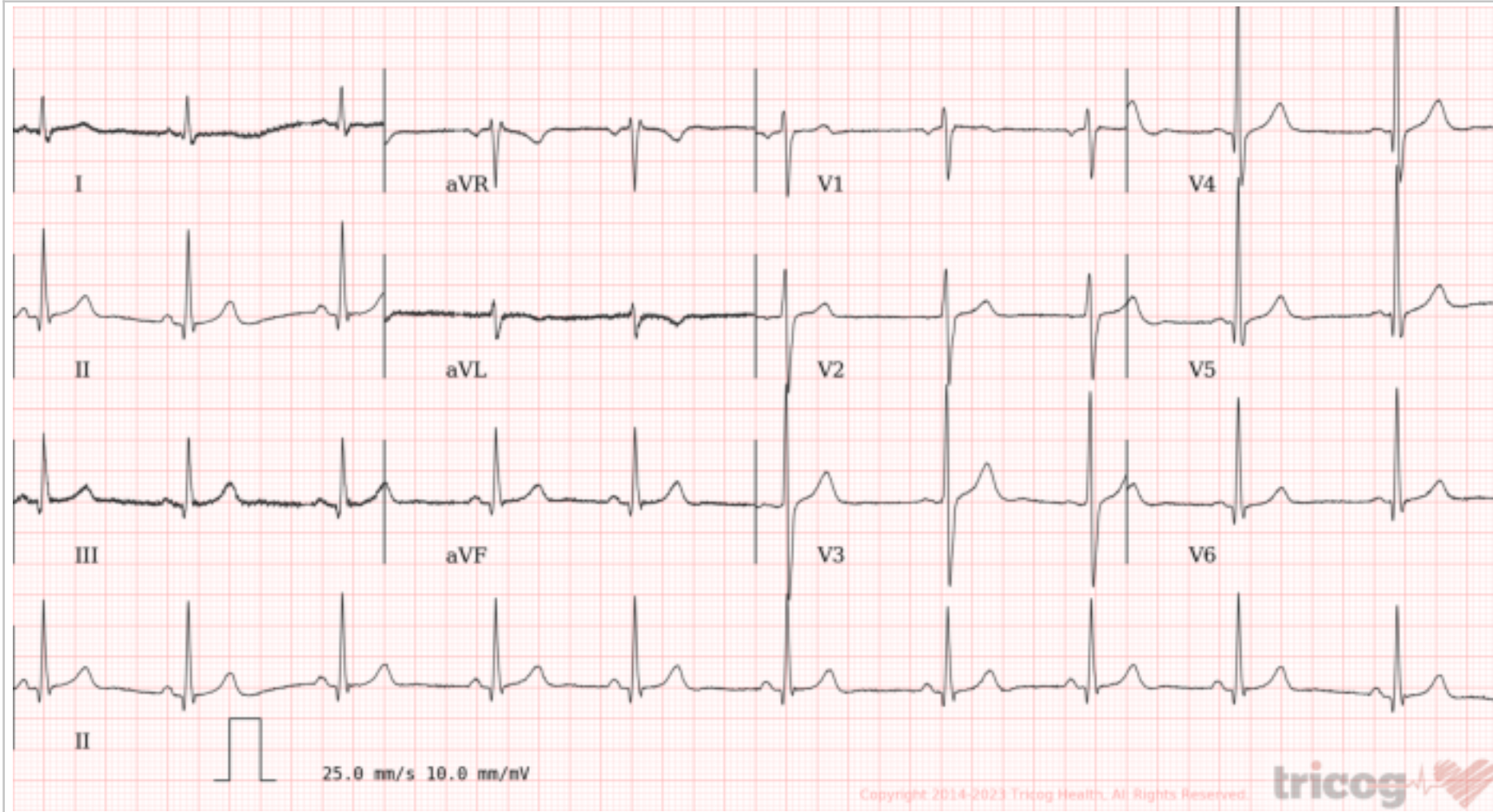


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: YEDE MAYUR BHOJLAL
Patient ID: 2330119671

Date and Time: 28th Oct 23 10:36 AM



Age **35** NA NA
years months days

Gender **Male**

Heart Rate **62bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 100ms
QT: 414ms
QTcB: 420ms
PR: 126ms
P-R-T: 62° 72° 87°

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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694



CID : 2330119671
Name : Mr YEDE MAYUR BHOJLAL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 28-Oct-2023
Reported : 30-Oct-2023/09:46

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.

Left side cervical rib noted .

SUG -Clinical correlation.

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

DR.ASHA DHAVAN
MBBS ; D.M.R.E
CONSULTANT RADIOLOGIST



Use a QR Code Scanner
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CID : 2330119671
Name : Mr YEDE MAYUR BHOJLAL
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre

Reg. Date : 28-Oct-2023
Reported : 30-Oct-2023/09:46

Name : Mr. YEDE MAYUR BHOJLAL
VID : 2330119671
Ref By : Arcofemi Healthcare Limited

Reg Date : 28-Oct-2023 09:24
Age/Gender : 35 Years
Regn Centre : Kalina, Santacruz East (Main Centre)

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	173 cms	Weight (kg):	71.2 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	Normal
Pulse:	62 bpm	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible, No murmur
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and Spleen not palpable
CNS: NAD

IMPRESSION:

Eosinophils- 6.9, Bilirubin(D)- 0.34, Triglycerides- 176, HDL- 35.4

ADVICE:

Refer to Physician

CHIEF COMPLAINTS:

1) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No
5) Tuberculosis	No
6) Asthama	No
7) Pulmonary Disease	No
8) Thyroid/ Endocrine disorders	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	No
17) Musculoskeletal System	No

Name : Mr. YEDE MAYUR BHOJLAL
VID : 2330119671
Ref By : Arcofemi Healthcare Limited

Reg Date : 28-Oct-2023 09:24
Age/Gender : 35 Years
Regn Centre : Kalina, Santa Cruz East (Main Centre)

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |


Dr. Dhanwanti Hatakhar
PHYSICIAN

Dr. D.G. HATAKAR
R.No. 61067 M.D. (Ob.Gy)

Date:- 28.10.2023

CID: 233011671

Name:- Mr. Yashraj Manoj Khajal

Sex / Age: 35 yrs / Male

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: N.P.V. $\left. \begin{matrix} R \\ L \\ S \end{matrix} \right\} NS$ D.V. $\left. \begin{matrix} R \\ L \\ S \end{matrix} \right\} 6/6$

Refraction: -

	(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	—————→				6/6	—————→			
Near	—————→				NS	—————→			

Colour Vision: Normal / Abnormal

Remark: L.M.C.


Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HD
C. K. K. Petrol Pump, Kalina, C.
S. Cruz (East),
Tel. No. 022-61700000

Dr. D.G. HATALIKAR
R.No. 61067 M.D. (Ob.Gy)

D.G. Hatalikar



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