

CID	: 2332215411
Name	: MRS.B NAGA SNEHA
Age / Gender	: 32 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

Authenticity Check

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Collected Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.17	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.9	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6680	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	26.9	20-40 %	
Absolute Lymphocytes	1796.9	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	400.8	200-1000 /cmm	Calculated
Neutrophils	63.5	40-80 %	
Absolute Neutrophils	4241.8	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	193.7	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	46.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count MPV	318000 8.2	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated
PDW	13.8	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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CID : 233221541		l			0
Name	: MRS.B NAG	A SNEHA			R
Age / Gender	: 32 Years /	Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr. Reg. Location	: - :Borivali We	st (Main Centre)	Collected Reported	:18-Nov-2023 / 08:51 :18-Nov-2023 / 11:08	
Macrocytosis		-			
Anisocytosis					
Poikilocytosis					
Polychromasia					
Target Cells					
Basophilic Stipp	bling				
Normoblasts					
Others		Normocytic, Normochromic			
WBC MORPHC	LOGY	-			
PLATELET MO	RPHOLOGY	-			

Specimen: EDTA Whole Blood

COMMENT

ESR, EDTA WB-ESR 16 2-20 mm at 1 hr. *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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

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Name : MRS.B NAGA SNEHA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)

:2332215411



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase	
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase	
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric	
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo	
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated	
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret	
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG	
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated	
A/G RATIO, Serum	1.7	1 - 2	Calculated	
SGOT (AST), Serum	24.8	5-32 U/L	NADH (w/o P-5-P)	
SGPT (ALT), Serum	16.2	5-33 U/L	NADH (w/o P-5-P)	
GAMMA GT, Serum	20.5	3-40 U/L	Enzymatic	
ALKALINE PHOSPHATASE, Serum	66.5	35-105 U/L	Colorimetric	
BLOOD UREA, Serum	17.6	12.8-42.8 mg/dl	Kinetic	
BUN, Serum	8.2	6-20 mg/dl	Calculated	
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic	

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CID Name Age / Gender Consulting Dr.	: 2332215411 : MRS.B NAGA SNEHA : 32 Years / Female : -		Collected	Use a QR Code Scanner Application To Scan the Code : 18-Nov-2023 / 12:11	E P O R T
Reg. Location	: Borivali West (Main (Centre)	Reported	:18-Nov-2023 / 20:18	
eGFR, Serum	118		(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decr 59 Moderate to severe de -44 Severe decrease: 15-2 Kidney failure:<15	rease: 45- ecrease: 30	
Note: eGFR estir	nation is calculated using 20	21 CKD-EPI GFR equat	ion w.e.f 16-08-2023		
URIC ACID, Se	rum 3.0		2.4-5.7 mg/dl	Enzymatic	
Urine Sugar (Fa	asting) Absent		Absent		
Urine Ketones (Fasting) Absent		Absent		
Urine Sugar (PF	P) Absent		Absent		
Urine Ketones (PP) Absent		Absent		
*Sample process	ed at SUBURBAN DIAGNOSTIC	S (INDIA) PVT. LTD Bo *** End Of Re			



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Non-Diabetic Level: < 5.7 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

:18-Nov-2023 / 08:51 :18-Nov-2023 / 11:50

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** RESULTS METHOD HPLC

mg/dl

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

Estimated Average Glucose 111.1 (eAG), EDTA WB - CC

Intended use:

PARAMETER

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

		V UF 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 (6.0)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
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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Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<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	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Kindly rule out contamination	n	

Kindly rule out contamination

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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CID : 2332215411 Name : MRS.B NAGA SNEHA Age / Gender : 32 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre) Authenticity Check

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Collected Reported :18-Nov-2023 / 08:51 :18-Nov-2023 / 13:54

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

PARAMETER

<u>RESULTS</u>

ABO GROUP O 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.

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	157.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.3	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	39.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	117.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.0	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	17.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



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Age / Gender	: 32 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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Third Trimester: 0.3-3.0

:18-Nov-2023 / 08:51 :18-Nov-2023 / 14:04

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS** RESULTS PARAMETER **BIOLOGICAL REF RANGE METHOD** Free T3, Serum 4.5 3.5-6.5 pmol/L **ECLIA** Free T4, Serum 14.6 **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 2.11 0.35-5.5 microIU/ml **ECLIA** First Trimester:0.1-2.5 Second Trimester: 0.2-3.0

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Е CID :2332215411 Name : MRS.B NAGA SNEHA Use a OR Code Scanner Age / Gender : 32 Years / Female Application To Scan the Code Consulting Dr. : -Collected :18-Nov-2023 / 08:51 Reported Reg. Location : Borivali West (Main Centre) :18-Nov-2023 / 14:04

Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered 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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SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: B NAGA SNEHA Patient ID: 2332215411 Date and Time: 18th Nov 23 10:19 AM

32 Age NA NA months days years Gender Female Heart Rate 57bpm V1 aVR V4Patient Vitals BP: NA Weight: NA Height: NA Pulse: NA Spo2: NA V2V5 Resp: NA Π aVL Others: Measurements V3 V6 III aVF QRSD: 94ms QT: 378ms QTcB: 367ms PR: 122ms 33° 59° 41° P-R-T: Π tricog 25.0 mm/s 10.0 mm/mV Copyright 2014-2023 Tricog Health, All Rights Reser

ECG Within Normal Limits: Sinus Bradycardia. Normal axis. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





Name

VID

: Mrs . B Naga Sneha

: 2332215411

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R P O R

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: 18-Nov-2023 08:45

: 32 Years

Reg Date

Age/Gender

			Age/Gender	: Borivali West (Main Centre)			
Ref By : Arc	ofemi Healthcare Lim	ated	Regn Centre	- Borivan wes	a (Main Cenue)		
History and Con	nplaints:						
Nil							
EXAMINATION F	INDINGS:						
Height (cms):		163		Weight (kg):	59		
Temp (0c):		Afebrile		Skin:	NAD		
Blood Pressure	(mm/hg):	110/70		Nails:	NAD		
Pulse:		76/min		Lymph Node:	Not Palpable		
Systems							
Cardiovascular:	S1S2-Normal						
Respiratory:	Chest-Clear						
Genitourinary:	NAD						
GI System:	NAD						
CNS:	NAD						
ono.	TW/D						
IMPRESSION:	1 Count	0					
	Norme						
ADVICE:					~		
 Hypertensic IHD Arrhythmia Diabetes Me 	llitus	No No No					
5) Tuberculosi	s	No	82				
6) Asthama		No					
7) Pulmonary		No		*			
	docrine disorders		N. Company				
 Nervous dis 	orders	No					
10) GI system	an all a suday	No		- 5.			
11) Genital urin		No No					
 Rneumatic J Blood disea 	oint diseases or s	No					
14) Cancer/lum		No					
15) Congenital	방법 귀엽에 다 다 다 다 다 가지 않는 것	No					
16) Surgeries	alocdoe	No					
17) Musculoske	letal System	No					
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Age/Gender	: 32 Years
Regn Centre	: Borivali West (Main Centre)
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PERSONAL HISTORY:

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

DAL NITRA COMAVANE MARS CONSULTANCARDIOLOGIST NECO. NO. : 87714 Dr.Nitin Sonavane PHYSICIAN

Suburban Diannostics (i) Pvt. Ltd. 3018 302 Above Taras Borivali (West), mumbar - 400 092.

REGI2: THE Date Su20-NovO2023: Shir: 25 dia) Pvt. Ltd., Aston, 2⁻⁻⁻ Floor, Sunder Rage 2nd fe2, 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 West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): U85110MH2002PTC136144



Date:-

Name: B. naga . Snehu

CID: 2332215411

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Sex / Age: 32/ F

EYE CHECK UP

AM

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near					14			

RE LE 616 616 1416 146

Colour Vision: Normal/ Abnormal

Remark:

Subusban Disgnostics (i) Pvt. Ltd. 3018-302, 2rd Fledir Vini Elesenence Above Tardse Jweller L. T. Road, Borivali (West), Multiplet - 400-092.

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd 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 West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Name: NAC	GASNEHA BA	THULA			Date:	18-11-2023	Time: 10:44
Age: 32	Gender: F	Height: 163 cms	Weight:	59 Kg	ID:	233221541	
Clinical History:	NIL						
Medications:	NIL						
Test Details							
Protocol: Bruc	e	Predicted Max HR:	188		Target H	R: 159 (85%	of Pr. MHR)
Exercise Time:	0:07:24	Achieved Max HR:	167 (89%	of Pr.			
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Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope
Supine	00:39	1	0	0	85	110/70	9350	-3.8 II	0.3 11
Standing	00:14	1	0	0	82	110/70	9020	1.5 11	0.2 11
HyperVentilation	00:14	1	0	0	77	110/70	8470	1.3 11	-1.3 11
PreTest	00:14	1	1.6	0	78	110/70	8580	1.5 0	0.2 11
Stage: 1	03:00	4.7	2.7	10	124	110/70	13640	-2.7 11	0.2 11
Stage: 2	03:00	7	4	12	154	130/70	20020	-4.3 11	0.3 11
Peak Exercise	01:24	8.3	5.5	14	167	150/70	25050	-3 11	0.2 11
Recovery1	01.00	1	0	0	125	160/70	20000	0.6 aVF	0.3 11
Recovery2	01:00	1	0	0	116	140/70	16240	0.8 []	0.2 11
Recovery3	01:00	1	0	0	100	120/70	12000	0.6 11	0.2 11
Recovery4	00:20	1	0	0	95	110/70	10450	-5.5 11	0.2 11

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:24 achieving a work level of 8.3 METS. Resting Heart Rate, initially 85 bpm rose to a max, heart rate of 167bpm (89% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 160/70 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

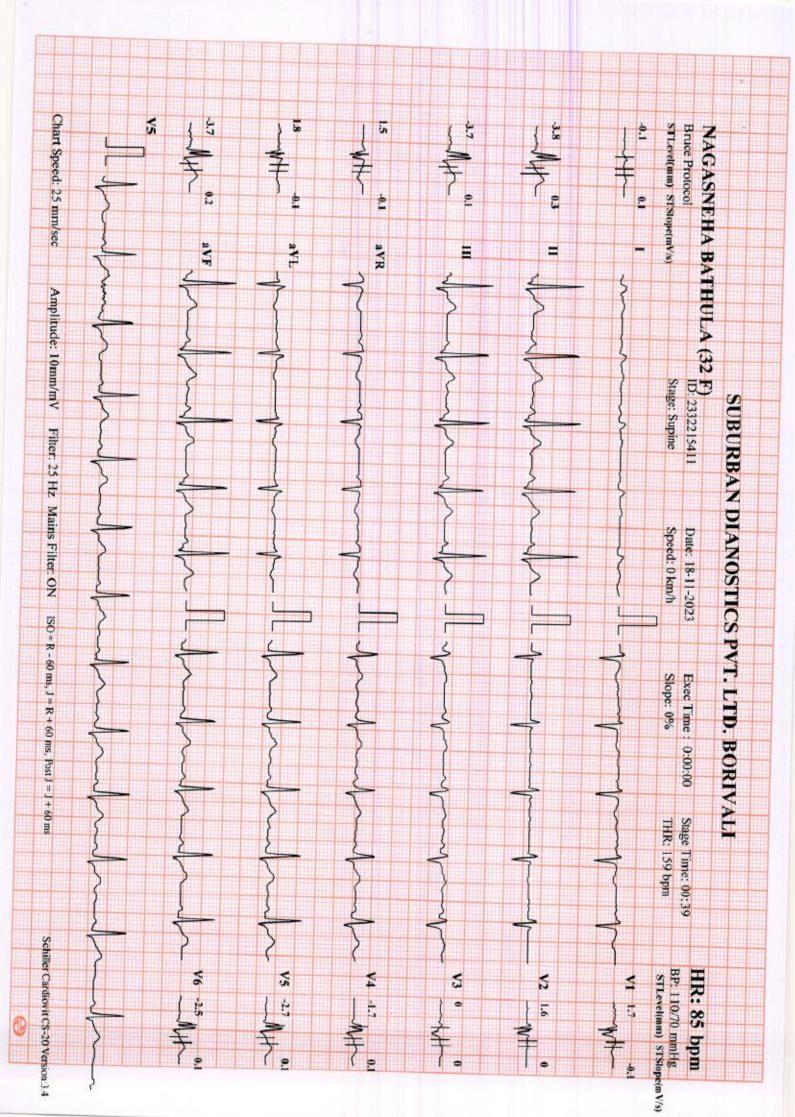
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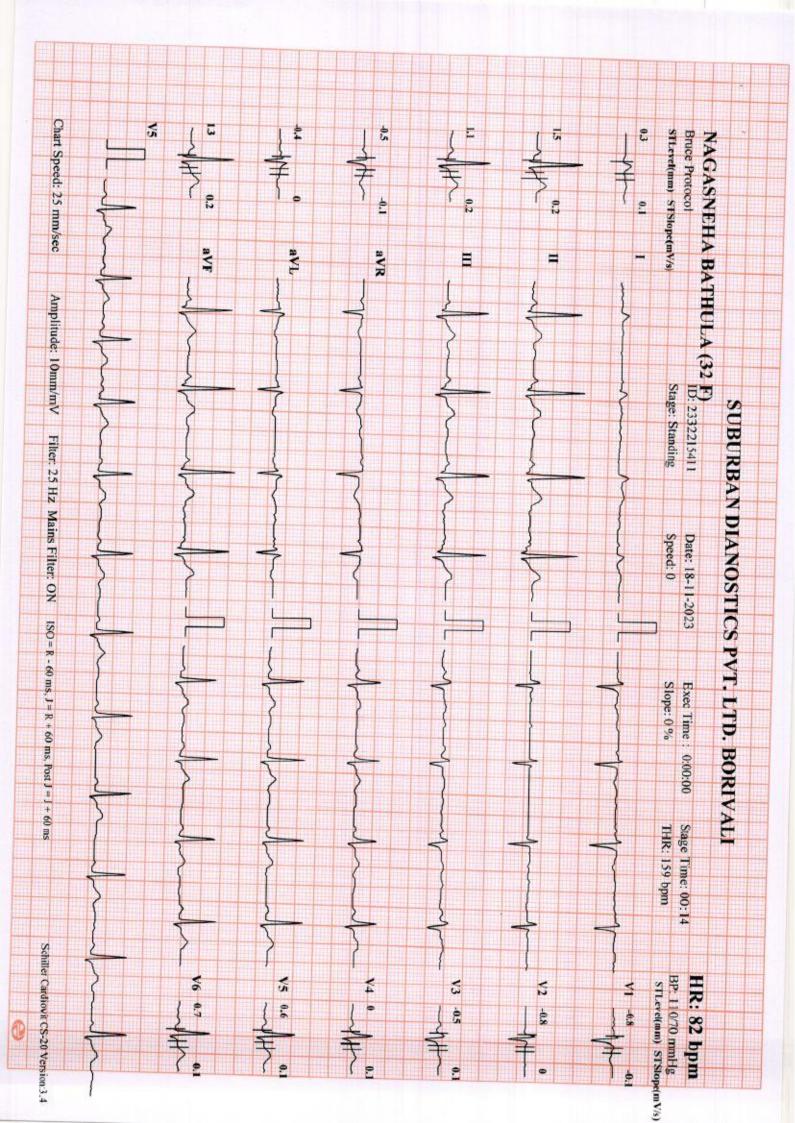
Suburban Diagnostics () Pvt. Ltd. 301& 302. 3rd Plator, Vin Elegenence Above Taniso Jweitzr, L. T. Road, Borivali (West), Mumbai - 400 092.

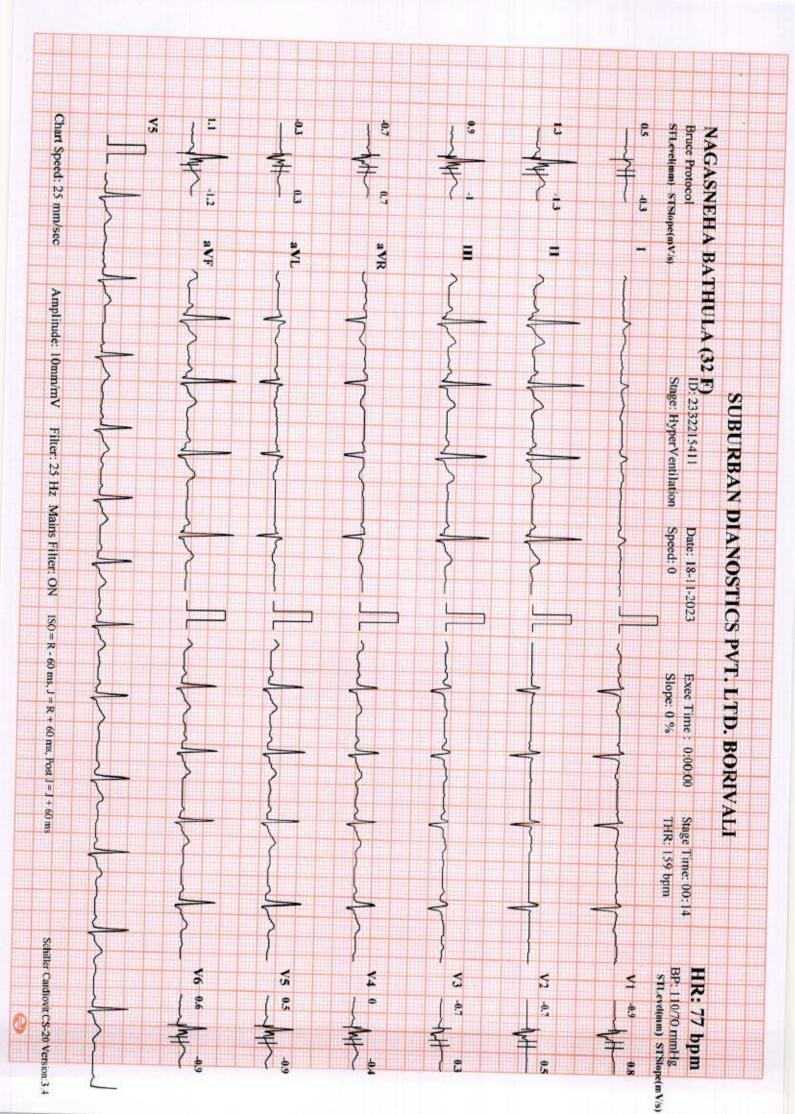


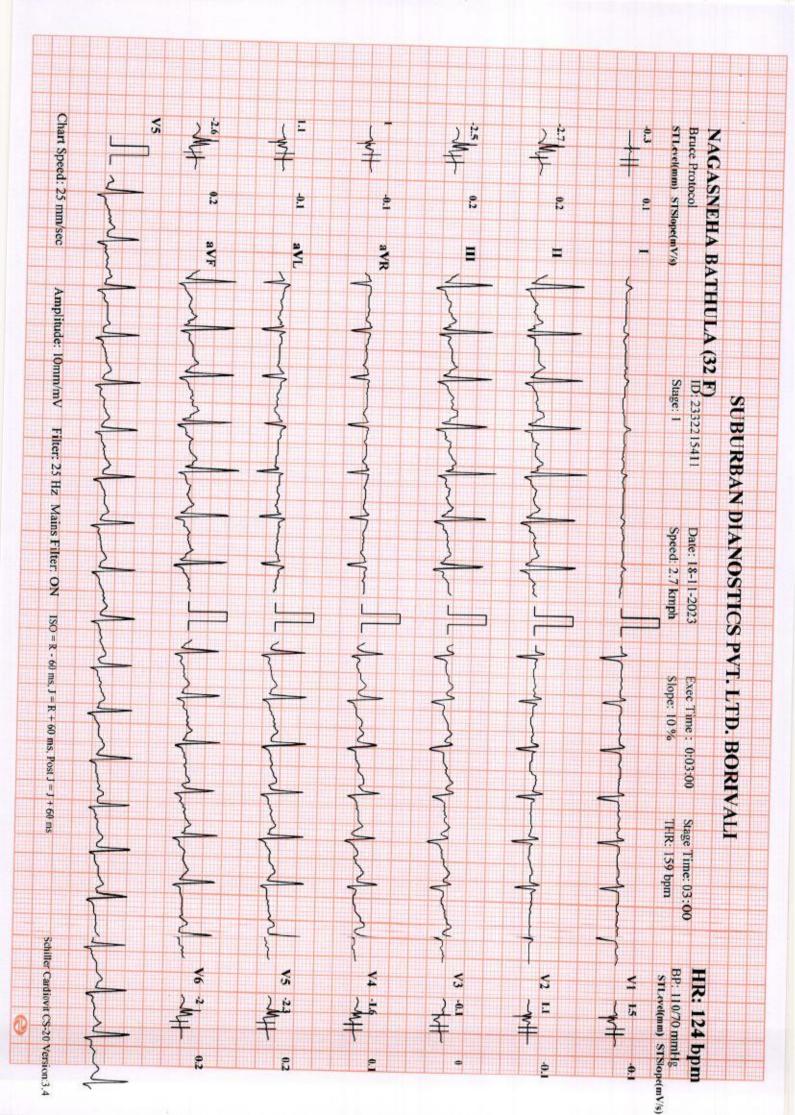
CONSUL A CARDIOLOGISTION: DR. NITIN SONAVANE

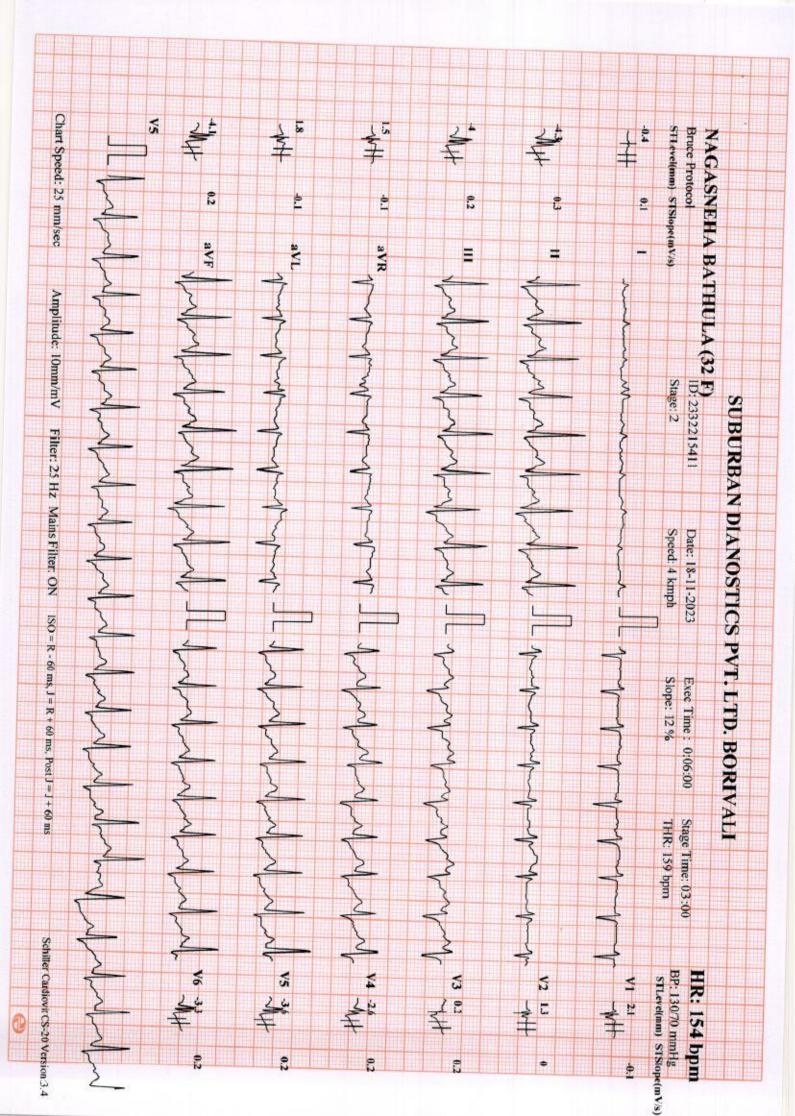
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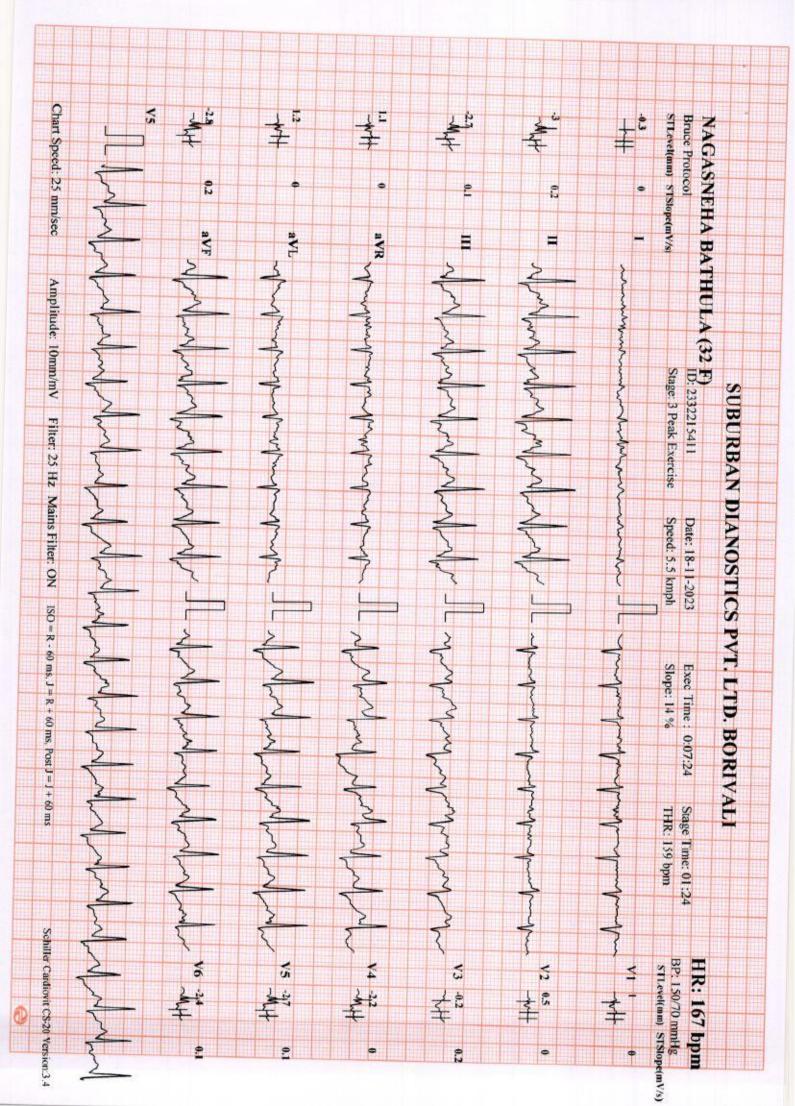


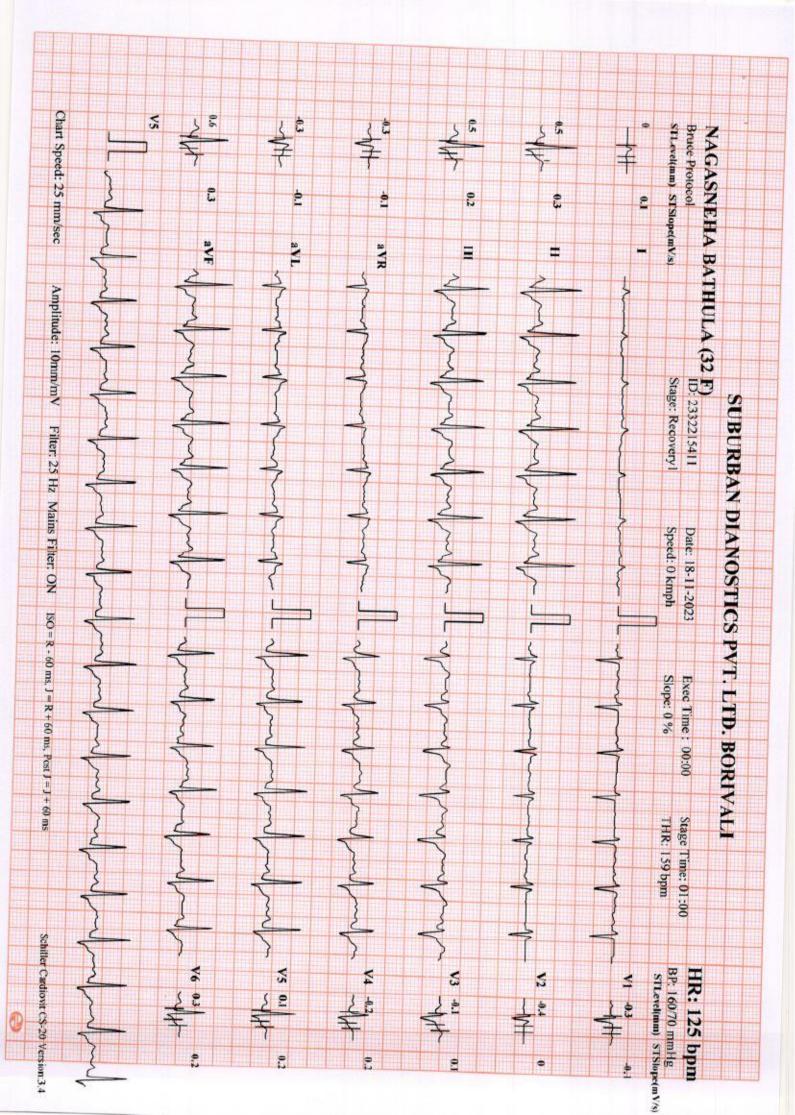


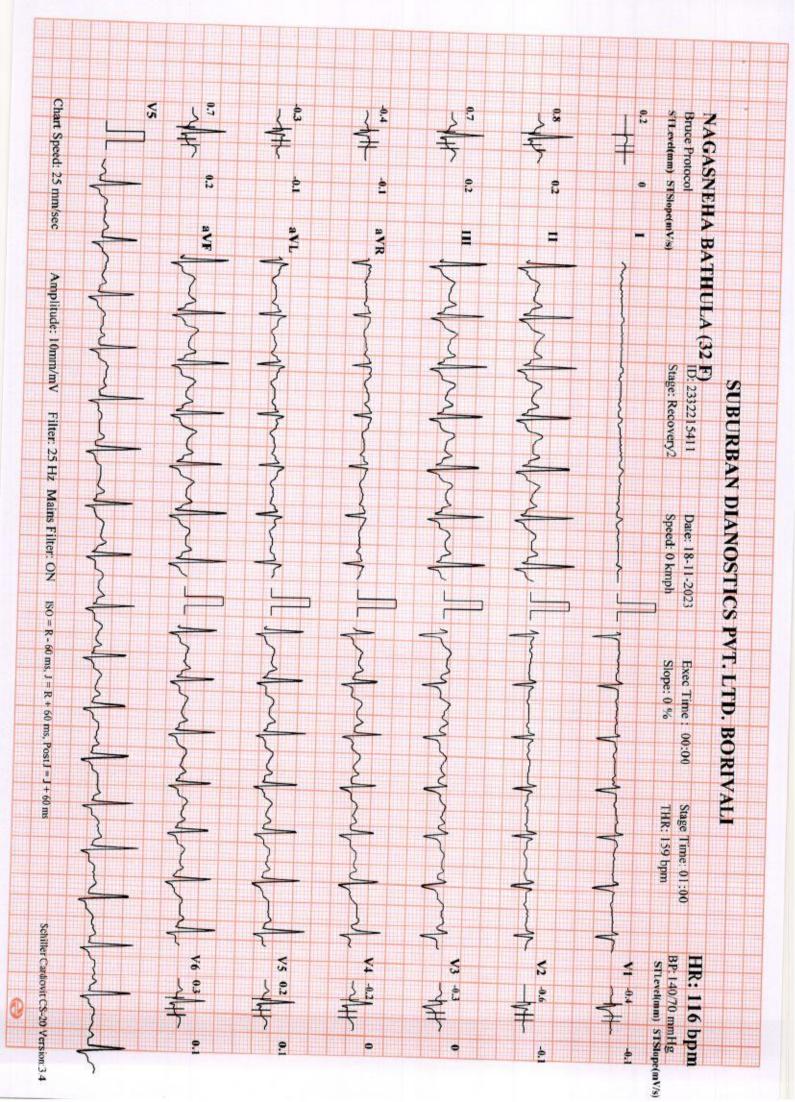


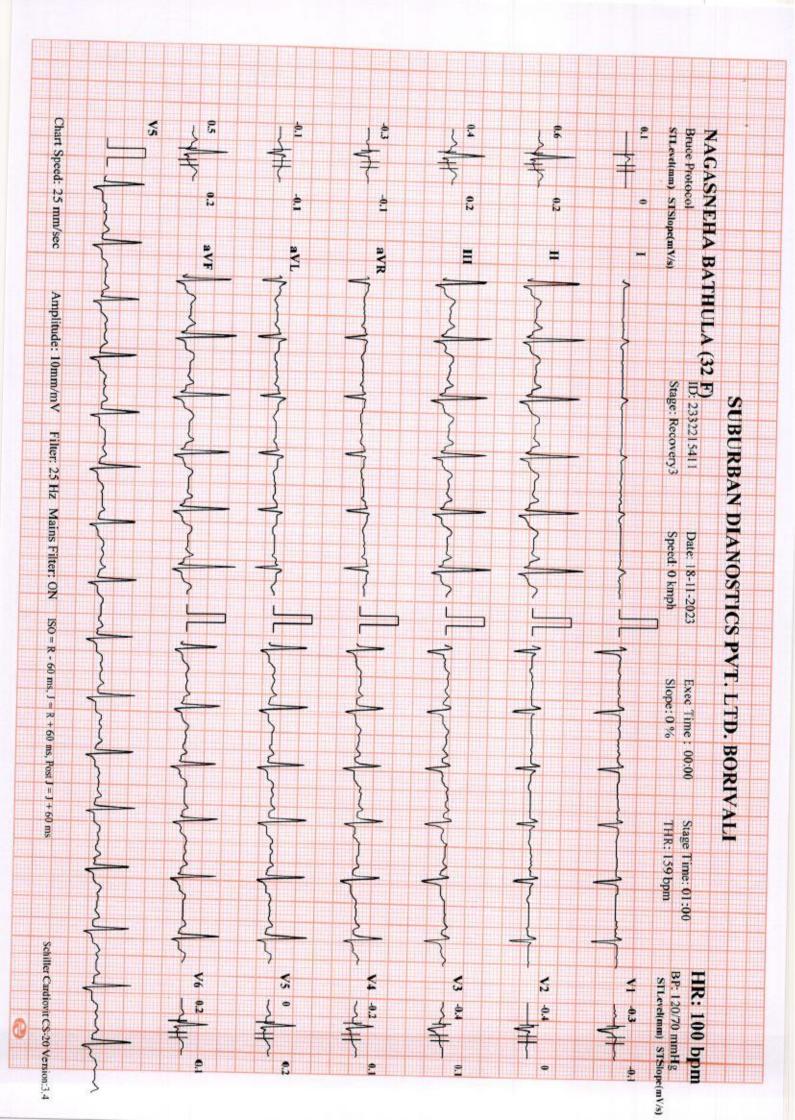


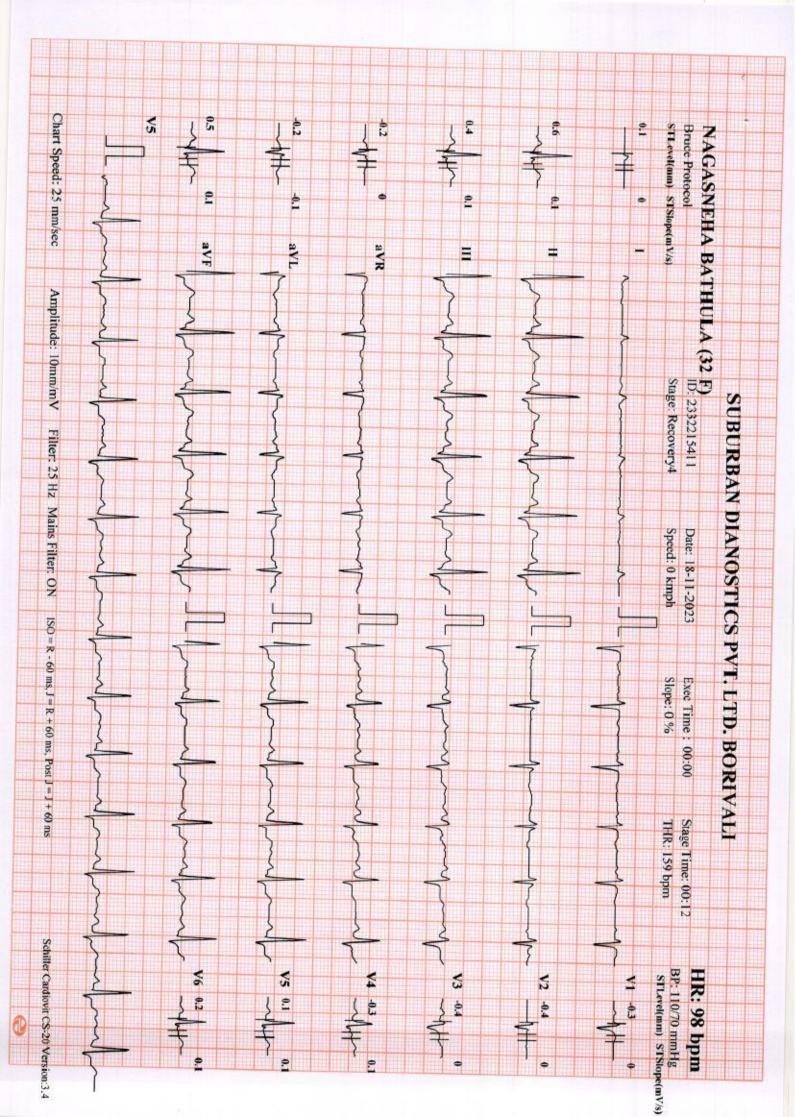


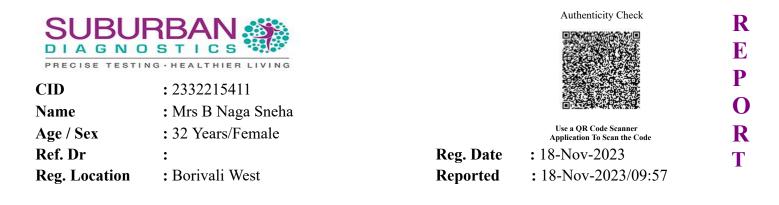












USG WHOLE ABDOMEN

LIVER: Liver is normal in size 13.7 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

<u>GALL BLADDER</u>: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 10.6 mm normal. **CBD:** CBD is 2.6 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

<u>KIDNEYS</u>: Right kidney measures 9.9 x 3.9 cm. Left kidney measures 9.2 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

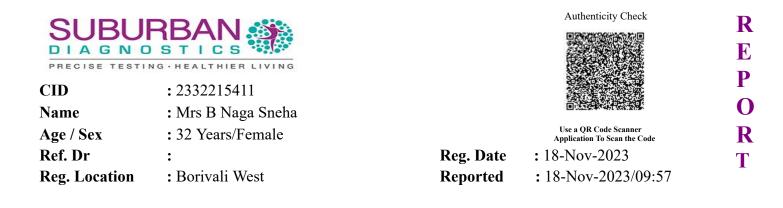
SPLEEN: Spleen is normal in size 7.9 cm , shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS</u>: Uterus is retroverted, normal and measures 5.2 x 3.5 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture. The right ovary measures 1.1×1.1 cm. The left ovary measures 1.4×1.1 cm.

Bilateral adnexa is clear. No free fluid or obvious significant lymphadenopathy is seen.



Opinion:

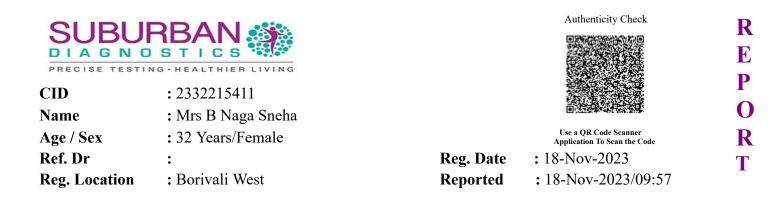
• No significant abnormality is detected.

For clinical correlation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

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





CID: 2332215411Name: Mrs B Naga SnehaAge / Sex: 32 Years/FemaleRef. Dr:Reg. Location: Borivali West



Authenticity Check

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Reg. Date Reported : 18-Nov-2023 : 18-Nov-2023/11:41

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION: NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

