

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

BNKPJ5887Q

नाम / Name

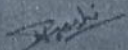
HEMLATA JOSHI

पिता का नाम / Father's Name

KEERTI BALLABH JOSHI

जन्म की तारीख / Date of Birth

20/03/1987

  
हस्ताक्षर / Signature



05102017





**PHYSICAL EXAMINATION REPORT**

Patient Name	Hemlata Joshi	Sex/Age	35
Date	28/12/22	Location	Thane

**History and Complaints**

C/o- Headache .  
- Itching on & off .

**EXAMINATION FINDINGS:**

Height (cms):	159	Temp (0c):	Ⓜ
Weight (kg):	61.4	Skin:	Rashes ⊕
Blood Pressure	120/80	Nails:	NAD.
Pulse	72/w/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

**Impression:** - TMT - Equivocal.

- USG - Mild Hepatomegaly.

- Urine - Blood (1+), RBC's (2-3/hpf)

Highchof. ↑ TG'S, ↑ LDL, ↑ Non HDL.

Advice:

- Low Fat Diet.
- Reg. Exercise.
- Cardiologist's consultation.
- Drink plenty of liquids.

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

PERSONAL HISTORY:

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

No     No  
 Veg.  
 Analgesic (S.O.S.)



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/00/3439



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2236208091

Name : MRS.HEMLATA JOSHI

Age / Gender : 35 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Dec-2022 / 07:53

Reported : 28-Dec-2022 / 11:12

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.2	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	14.6	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8300	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	20.7	20-40 %	
Absolute Lymphocytes	1718.1	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	514.6	200-1000 /cmm	Calculated
Neutrophils	69.8	40-80 %	
Absolute Neutrophils	5793.4	2000-7000 /cmm	Calculated
Eosinophils	3.3	1-6 %	
Absolute Eosinophils	273.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	398000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated



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Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 10:57

**RBC MORPHOLOGY**

Hypochromia -  
Microcytosis -  
Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR **28** 2-20 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 12:09

**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	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	76.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	26.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	31.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	69.5	35-105 U/L	PNPP
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated



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Collected : 28-Dec-2022 / 10:14  
Reported : 28-Dec-2022 / 14:39

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Name : MRS.HEMLATA JOSHI  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	131	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

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Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 12:06

**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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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



*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist





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Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 13:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

Kindly correlate clinically.

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Reported : 28-Dec-2022 / 13:42

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein: (1+ -25 mg/dl, 2+ -75 mg/dl, 3+ - 150 mg/dl, 4+ - 500 mg/dl)
- Glucose: (1+ - 50 mg/dl, 2+ -100 mg/dl, 3+ -300 mg/dl, 4+ -1000 mg/dl)
- Ketone: (1+ -5 mg/dl, 2+ -15 mg/dl, 3+ - 50 mg/dl, 4+ - 150 mg/dl)

Reference: Pack insert

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



*J. Mujawar*  
Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist



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Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 13:27

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

**Limitations:**

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

**References:**

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

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



*Imjawar*  
Dr.IMRAN MUJAWAR  
M.D ( Path )  
Pathologist

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CID : 2236208091  
Name : MRS.HEMLATA JOSHI  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 12:09

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	252.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	169.0	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	56.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	195.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	161.0	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	34.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



*J. Mujawar*  
Dr.IMRAN MUJAWAR  
M.D ( Path )  
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 13:06

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.4	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.300	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Dec-2022 / 07:53  
Reported : 28-Dec-2022 / 13:06

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

**Clinical Significance:**  
1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.  
2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**  
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.  
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**  
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)  
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357  
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition  
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*[Signature]*  
**Dr.ANUPA DIXIT**  
M.D.(PATH)  
Consultant Pathologist & Lab Director





Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	PP	PVC	Comments
Supine	00:21	0:21	00.0	00.0	01.0	115	62 %	110/70	126	00	
Standing	00:30	0:09	00.0	00.0	01.0	110	59 %	110/70	121	00	
HV	00:39	0:09	00.0	00.0	01.0	096	52 %	110/70	105	00	
ExStart	00:45	0:06	00.0	00.0	01.0	096	52 %	110/70	105	00	
BRUCE Stage 1	03:45	3:00	01.7	10.0	04.7	122	66 %	120/70	146	00	
BRUCE Stage 2	06:45	3:00	02.5	12.0	07.1	133	72 %	130/80	172	00	
PeakX	08:34	1:49	03.4	14.0	09.0	163	88 %	130/80	211	00	
Recovery	09:34	1:00	00.0	00.0	01.1	128	69 %	130/80	166	00	
Recovery	10:34	2:00	00.0	00.0	01.0	116	63 %	110/70	127	00	
Recovery	12:34	4:00	00.0	00.0	01.0	106	57 %	110/70	116	00	
Recovery	12:53	4:20	00.0	00.0	01.0	108	58 %	110/70	118	00	

**FINDINGS :**

Exercise Time : 07:49  
 Initial HR (ExStrt) : 96 bpm 52% of Target 185  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 9 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -2.1 mm in PeakX  
 Duke Treadmill Score : 06:9  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 163 bpm 88% of Target 185  
 Max BP Attained 130/80 (mm/Hg)  
 VO2Max : 31.5 ml/Kg/min (Good)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI





REPORT :

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

**STRESS ECG RESULTS:** The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of Heart Rate Achieved, Fatigue.

**CONCLUSIONS:**

1. TMT is Equivocal or exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. ST T changes seen inferolateral leads during recovery.
4. Adv Cardiologist s opinion.

**Dr SHAILAJA PILLAI**

**MD. (GEN.MED)**

**REGD. NO. 49872**

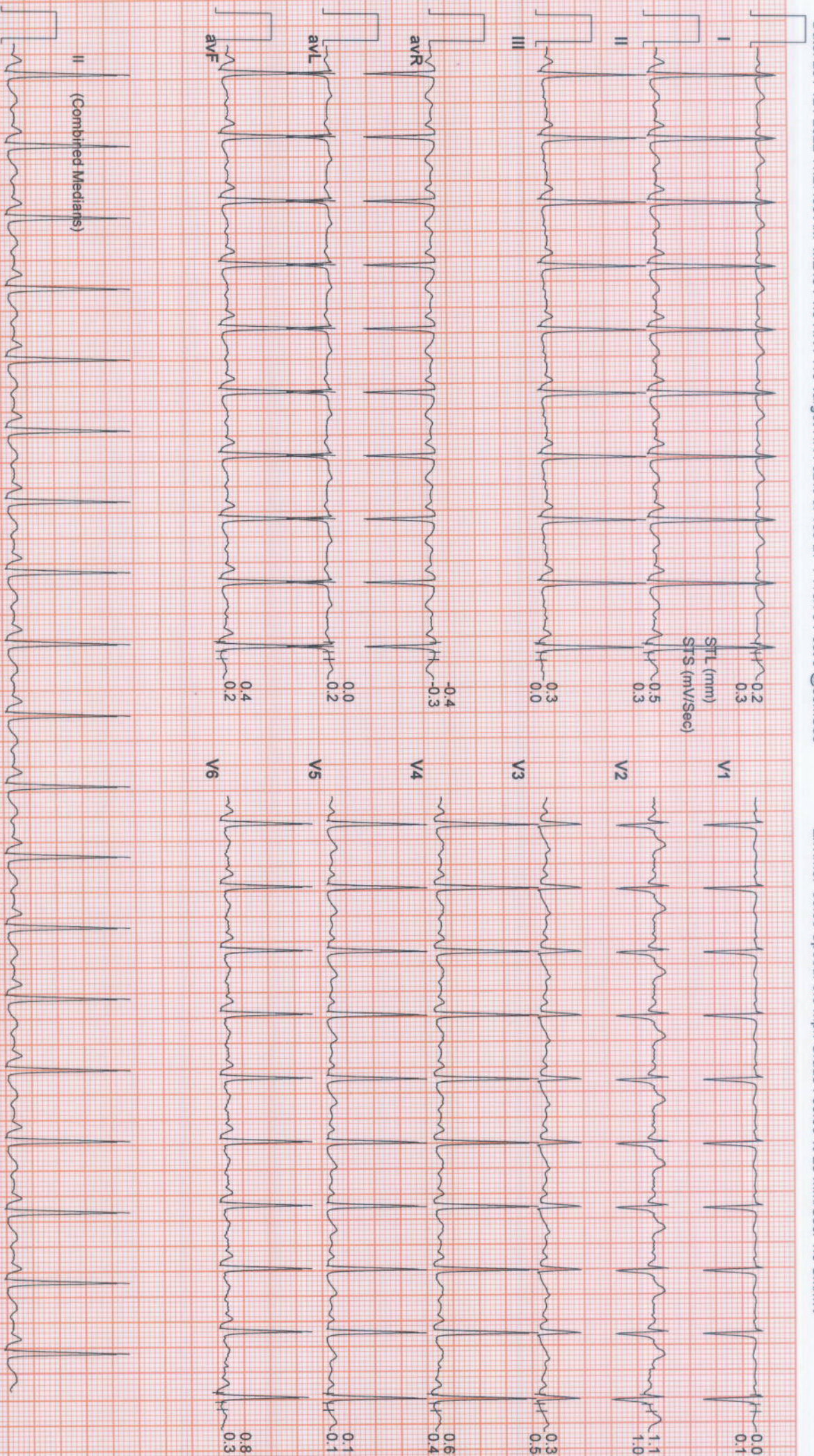
Doctor : DR. SHAILAJA PILLAI





Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 115 Target HR : 62% of 185 BP : 110/70 Post J @80mSec

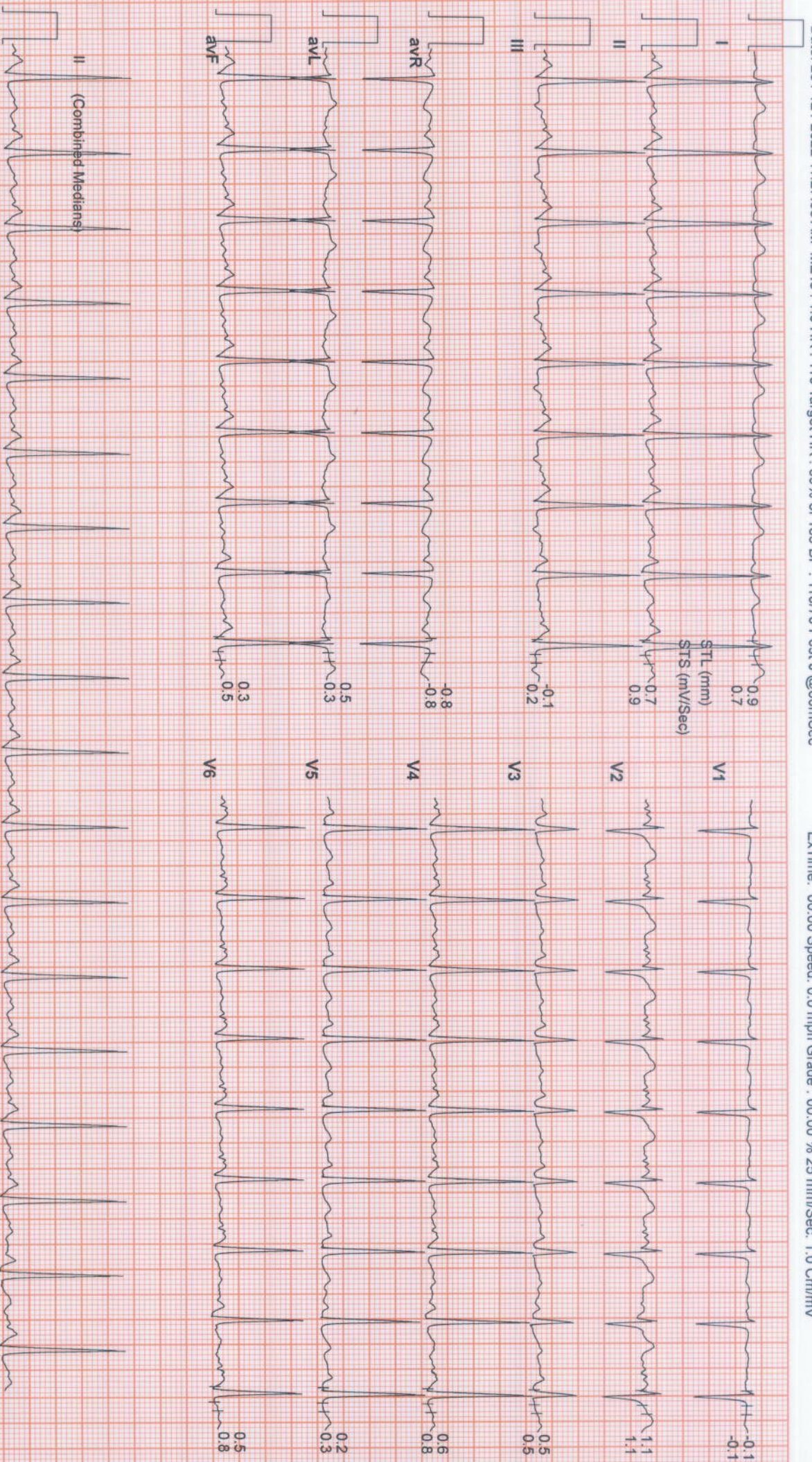
EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 110 Target HR : 59% of 185 BP : 110/70 Post J @80mSec

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

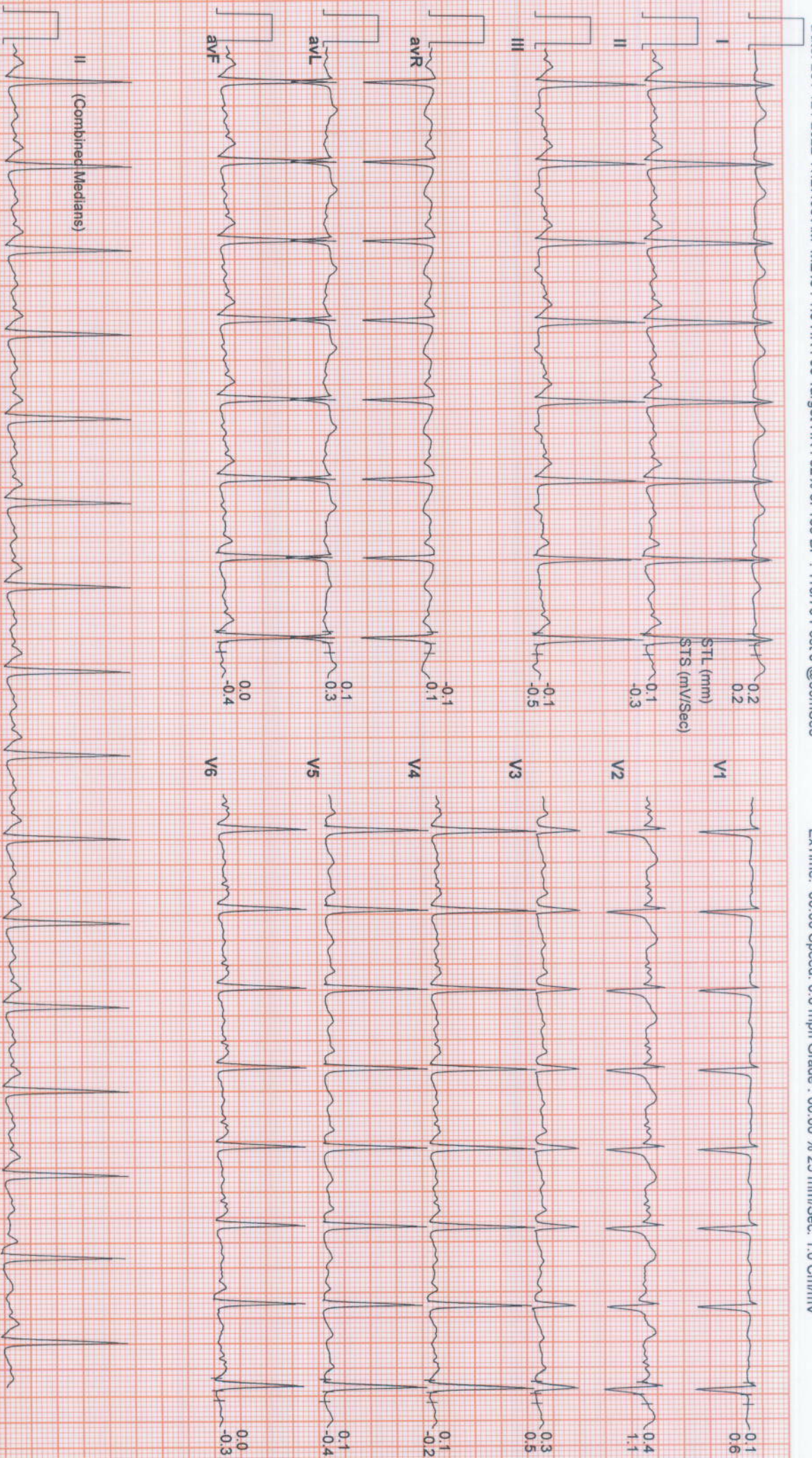






Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 96 Target HR : 52% of 185 BP : 110/70 Post J @80mSec

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









# SUBURBAN DIAGNOSTICS, (THANE, GB ROAD)

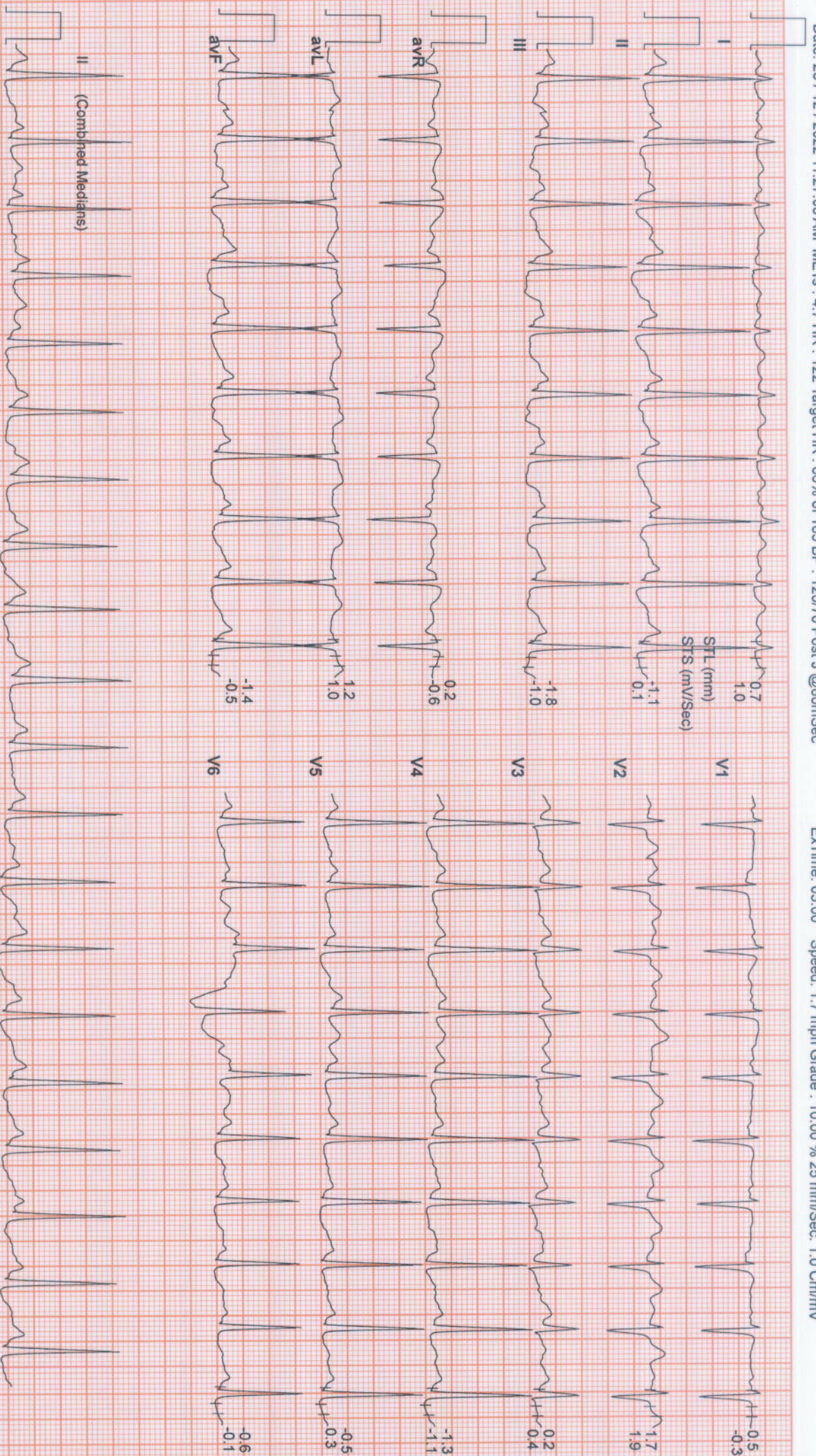
70 / HEMLATA JOSHI / 35 Yrs / Female / 159 Cm / 61 Kg

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



Date: 28 / 12 / 2022 11:27:08 AM METs : 4.7 HR : 122 Target HR : 66% of 185 BP : 120/70 Post J @80mSec

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

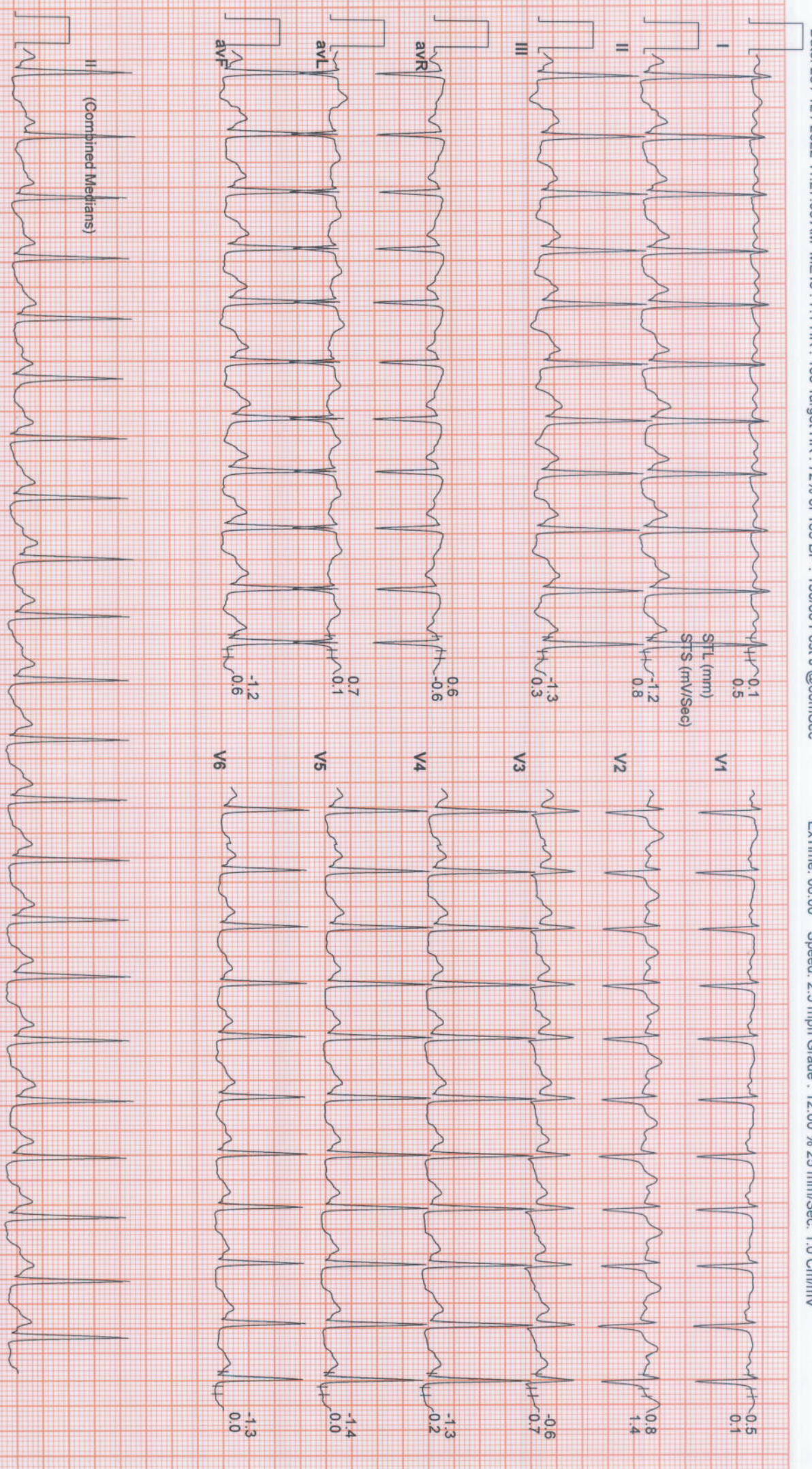






Date: 28 / 12 / 2022 11:27:08 AM METs : 7.1 HR : 133 Target HR : 72% of 185 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS, (THANE, GB ROAD)

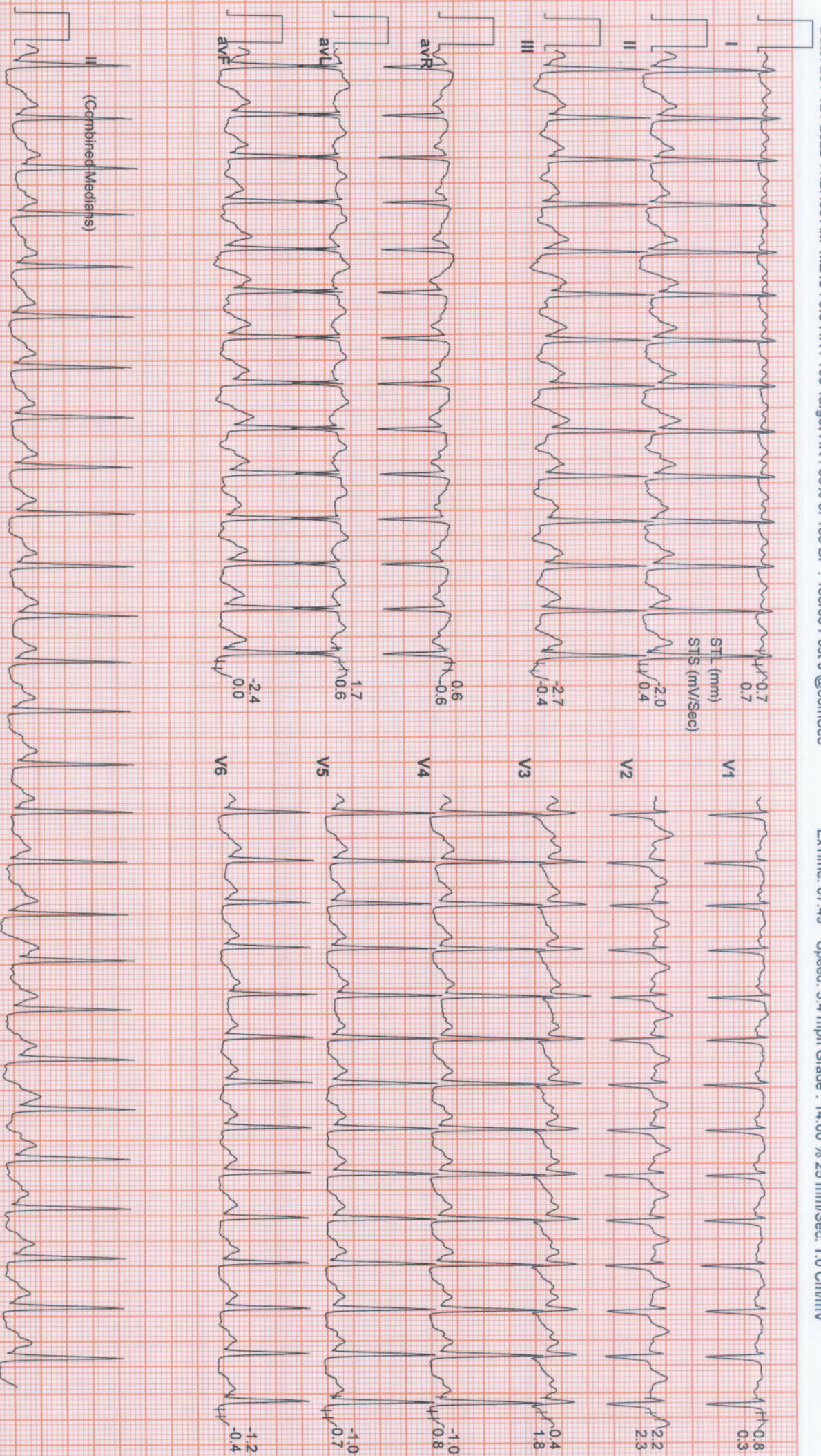
70 / HEMLATA JOSHI / 35 Yrs / Female / 159 Cm / 61 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 28 / 12 / 2022 11:27:08 AM METs : 9.0 HR : 163 Target HR : 88% of 185 BP : 130/80 Post J @60mSec

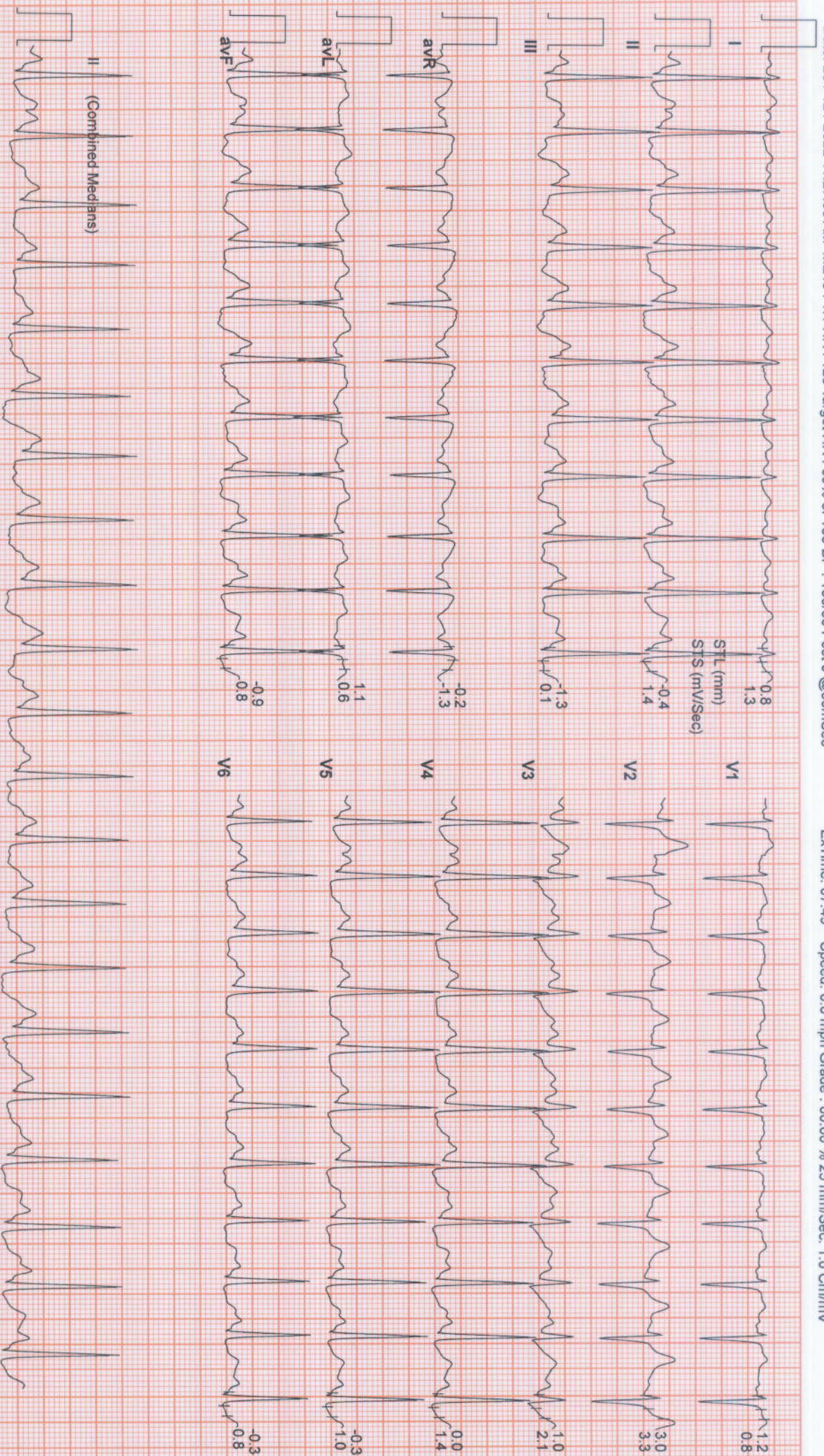
EXTime: 07:49 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 12 / 2022 11:27:08 AM METs : 1.1 HR : 128 Target HR : 69% of 185 BP : 130/80 Post J @80mSec

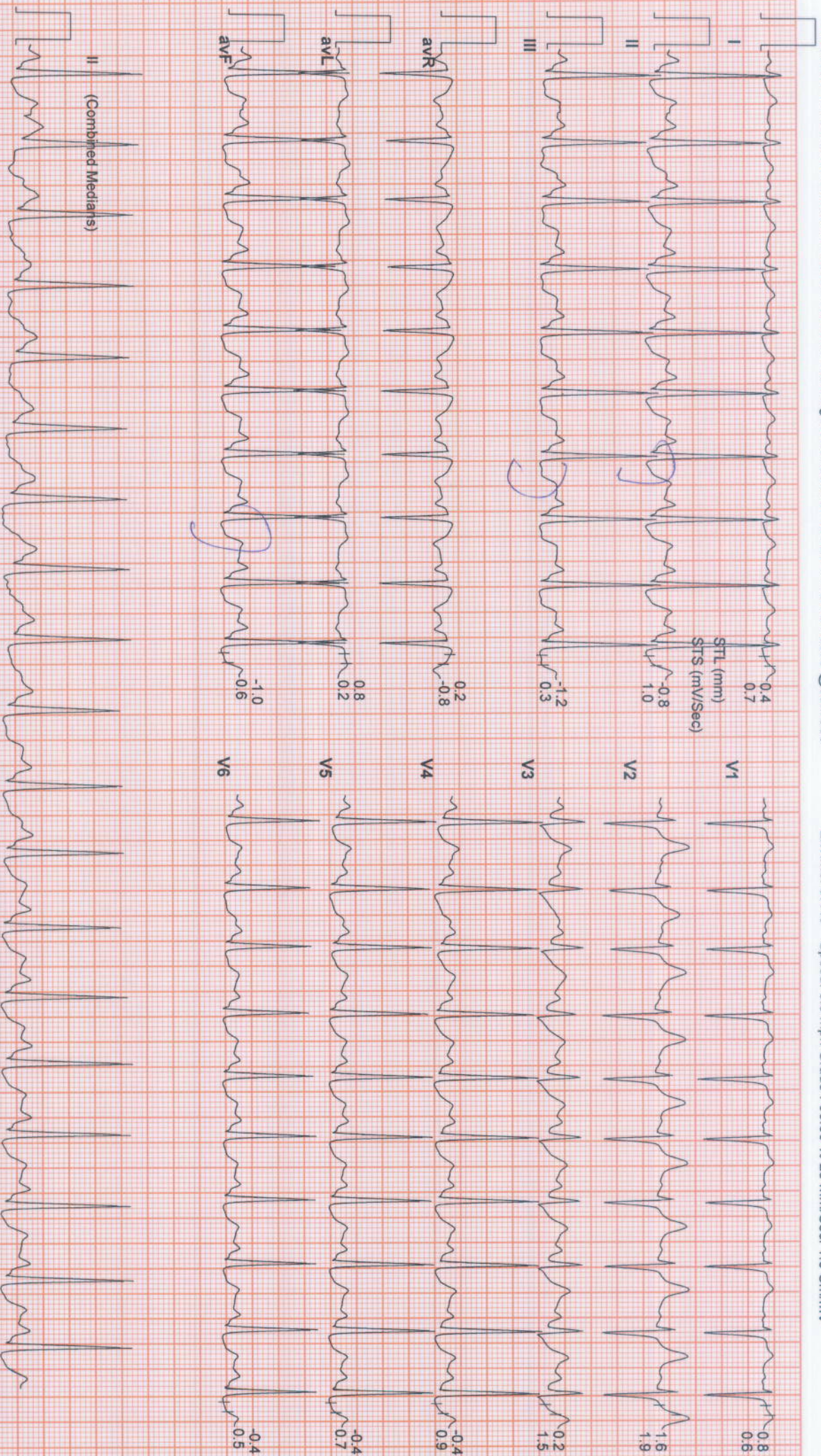
ExTime: 07:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 116 Target HR : 63% of 185 BP : 110/70 Post J @80mSec

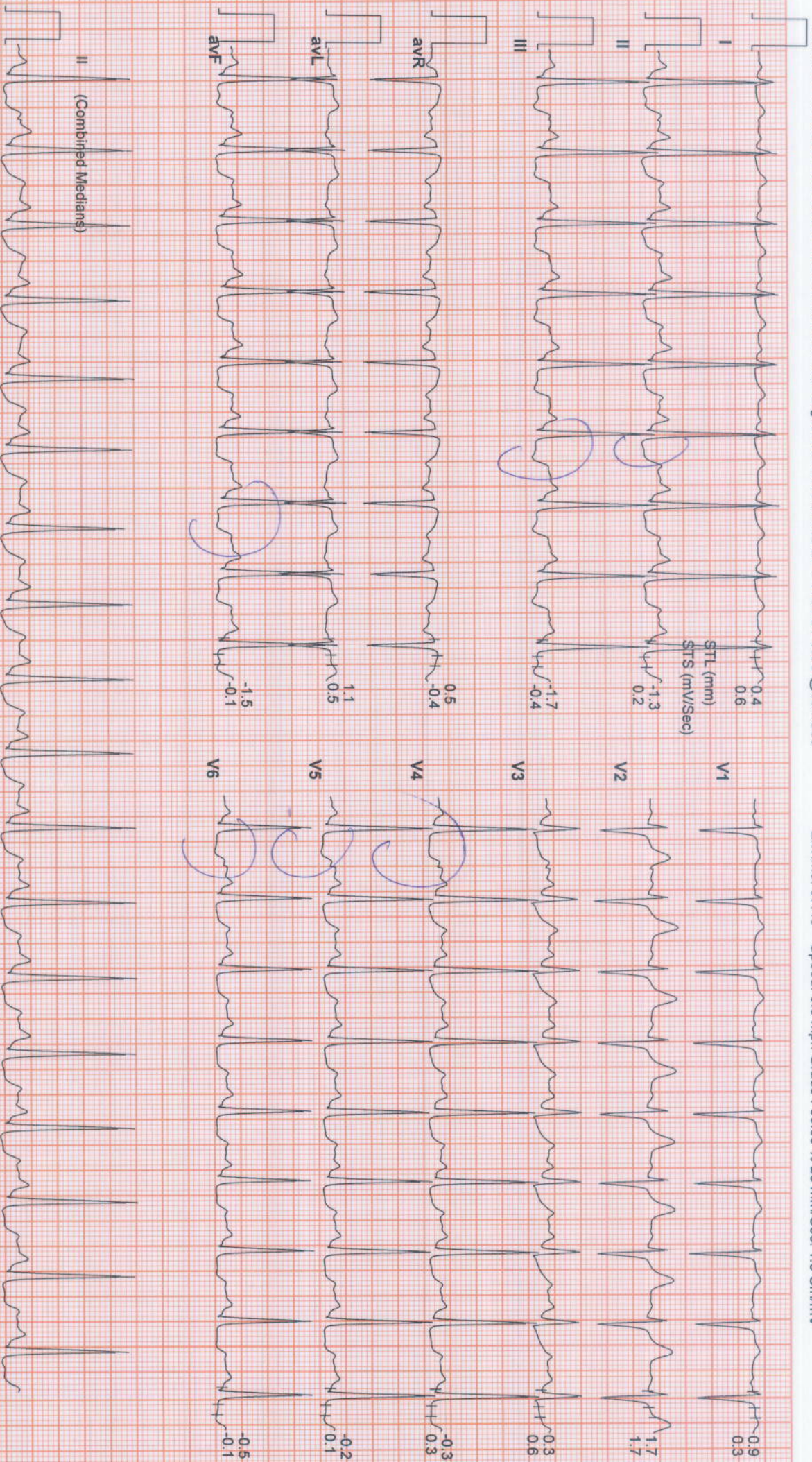
ExTime: 07:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 106 Target HR : 57% of 185 BP : 110/70 Post J @80mSec

ExTime: 07:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

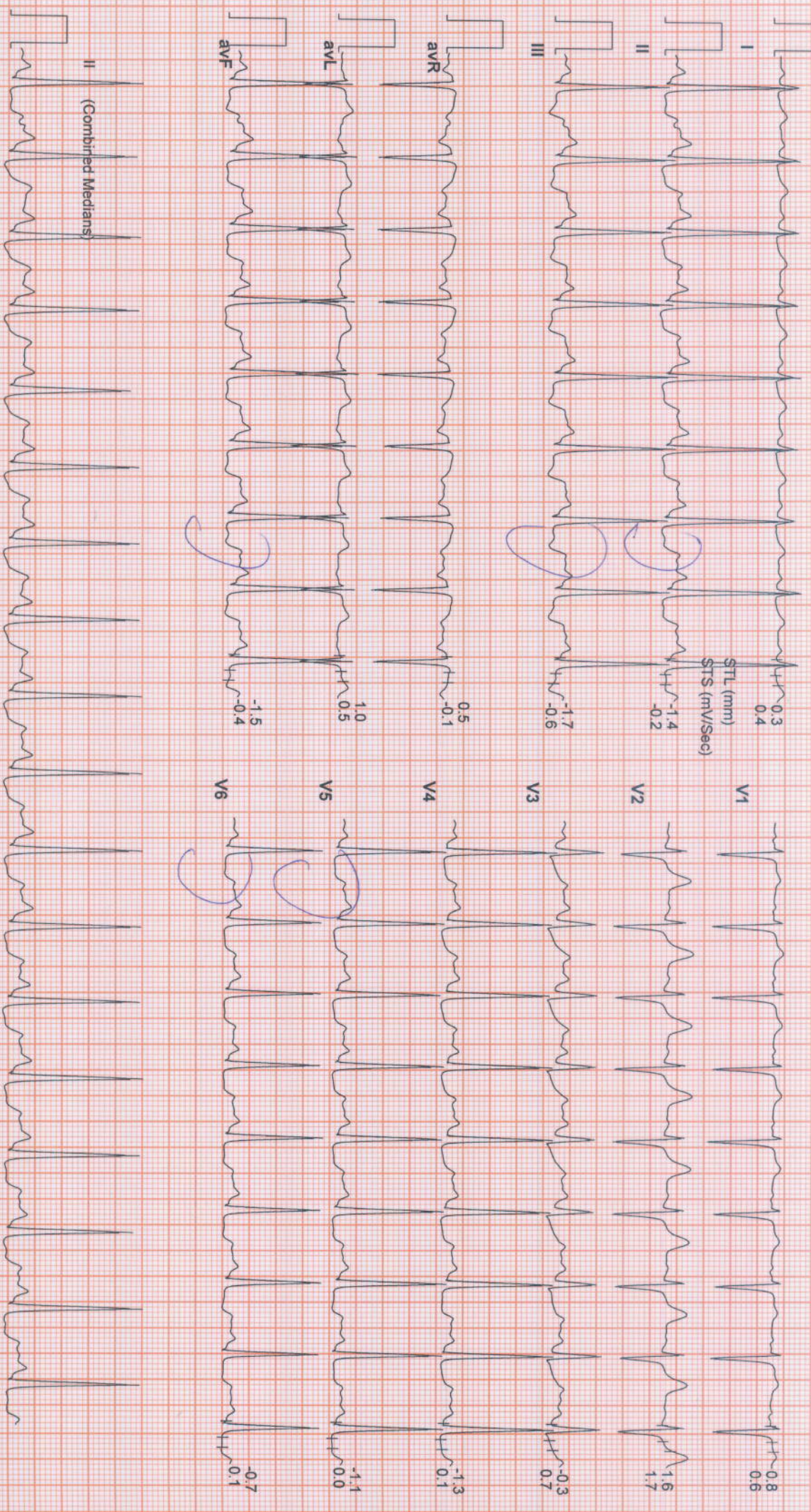






Date: 28 / 12 / 2022 11:27:08 AM METs : 1.0 HR : 108 Target HR : 58% of 185 BP : 110/70 Post J @80mSec

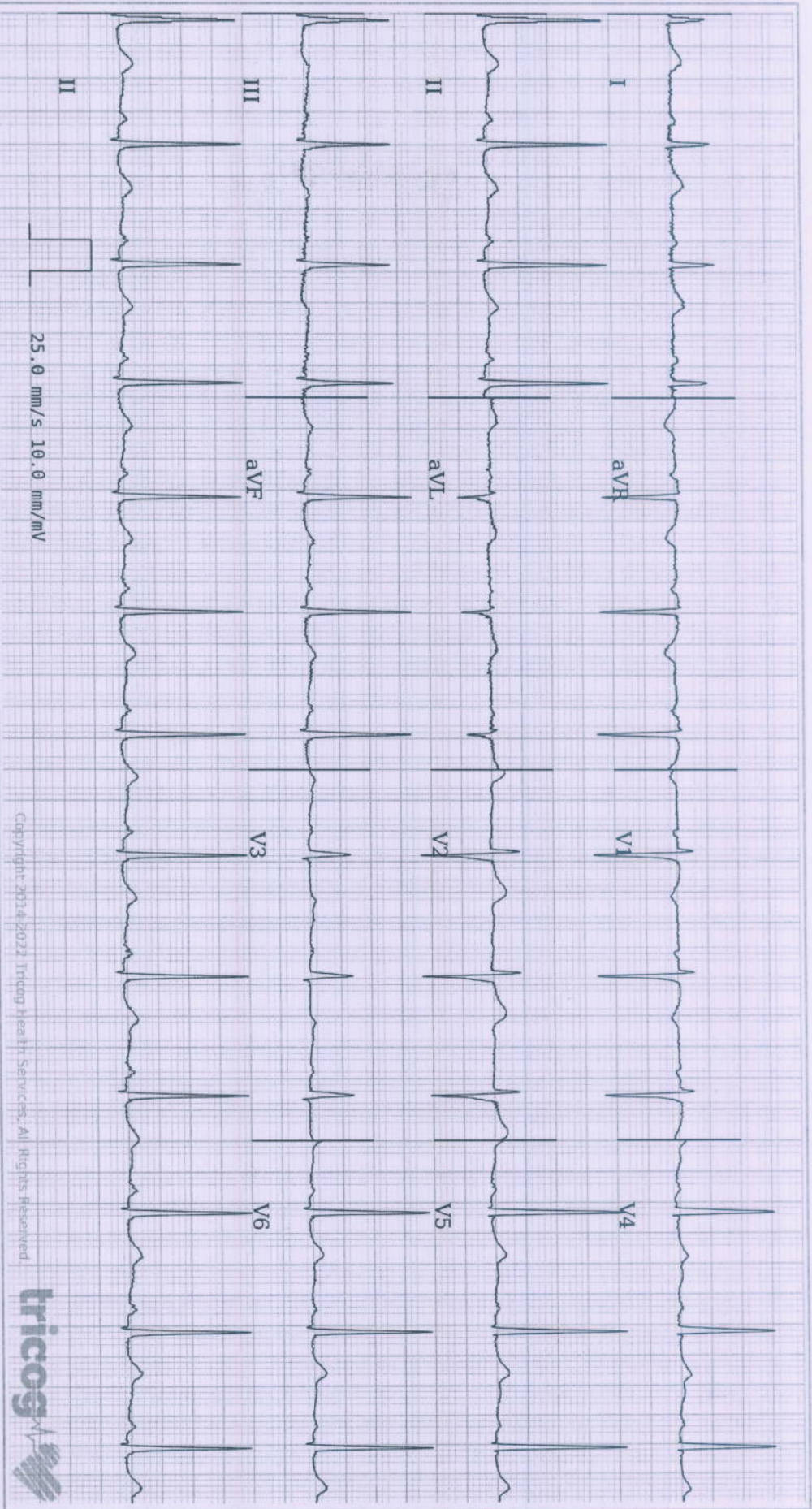
EXTime: 07:49 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mv





Patient Name: **HEMLATA JOSHI**  
Patient ID: **2236208091**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **28th Dec 22 8:36 AM**



Age **35** years **9** months **8** days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **61 kg**

Height: **159 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **82ms**

QT: **398ms**

QTc: **453ms**

PR: **154ms**

P-R-T: **44° 73° 31°**

REPORTED BY

**DR. SHALAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.**

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







Use a QR Code Scanner  
Application To Scan the Code

CID : 2236208091  
Name : Mrs HEMLATA JOSHI  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Dec-2022  
Reported : 28-Dec-2022 / 14:41

**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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

*G. R. Fartade*

Dr.GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122807520645>

Page no 1 of 1



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2236208091  
Name : Mrs HEMLATA JOSHI  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Dec-2022  
Reported : 28-Dec-2022 / 9:45

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears enlarged in size (16.5 cm) and shows normal homogenous echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

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

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.5 x 3.5 cm. Left kidney measures 10.1 x 4.1 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

**UTERUS:** Uterus is retroverted and measures 7.9 x 4.2 x 5.5 cm. Uterine myometrium shows homogenous echotexture. **IUCD seen in situ.** Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122807520640>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2236208091  
Name : Mrs HEMLATA JOSHI  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Dec-2022  
Reported : 28-Dec-2022 / 9:45

**IMPRESSION:**

- **MILD HEPATOMEGALY.**

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.

Advice: Clinical co-relation and further evaluation.

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

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

*D Patil*

Dr. Devendra Patil  
MBBS, MD (Radio-Diagnosis)  
Consultant Radiologist  
MMC - 2013/02/0165

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122807520640>



Date: *28/12/22* CID:  
Name: *Hemlata Joshi* Sex / Age: *F 35*

**EYE CHECK UP**

Chief complaints: *REU*

Systemic Diseases: *XAD*

Past history: *Nil*

Unaided Vision: *3K 96 XUVBRN6*

Aided Vision: *BTE*

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: *Good Vision*

**MR. PRAKASH KUDVA**  
*Prakash*  
**SR. OPTOMETRIST**