



CID : 2233201135
Name : MRS.JAYA CHOUDHARY
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Nov-2022 / 10:12
Reported : 28-Nov-2022 / 13:57

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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	8.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.73	3.8-4.8 mil/cmm	Elect. Impedance
PCV	27.8	36-46 %	Measured
MCV	74	80-100 fl	Calculated
MCH	23.3	27-32 pg	Calculated
MCHC	31.2	31.5-34.5 g/dL	Calculated
RDW	16.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7290	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	2012.0	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	430.1	200-1000 /cmm	Calculated
Neutrophils	64.3	40-80 %	
Absolute Neutrophils	4687.5	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	153.1	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	294000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	20.9	11-18 %	Calculated



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Reported : 28-Nov-2022 / 14:23

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB **67** 2-20 mm at 1 hr. Westergren

Result rechecked
Kindly correlate clinically.

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



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



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

Collected : 28-Nov-2022 / 10:12
Reported : 28-Nov-2022 / 19:41

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	118.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.2	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	84.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	77.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	54.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.51	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	152	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.7	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	



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Urine Ketones (Fasting) Absent Absent

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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 Borivali Lab, Borivali West

*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 insert



MC-2111

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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. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	134.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	169.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	22.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	79.0	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	33.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.5	0-3.5 Ratio	Calculated

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	4.83	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

- 1) TSH Values between high abnormal upto 15 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 at least 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 ***



Bmhaskar

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Pathologist

CID# : 2233201135
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 Age / Gender : 29 Years/Female
 Consulting Dr. : - Collected : 28-Nov-2022 / 10:06
 Reg. Location : Kandivali East (Main Centre) Reported : 29-Nov-2022 / 08:53

PHYSICAL EXAMINATION REPORT

History and Complaints:

Anxiety
~~Anxiety~~ - 3-4 yrs, irregular periods.

EXAMINATION FINDINGS:

Height (cms):	161 cms	Weight (kg):	83 kgs
Temp (0c):	Afebrile	Skin:	Acne, Dark skin of neck
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

↓ Hb
 ↑ SGLT, SGLT, Gamma GT
 ↑ HsAe
 ↑ Triglycerides
 use - fatty liver

ADVICE:

- low fatty diet
 - carb

- fibrate
 PCOP of both ovaries

Drashtalepat / Opiman
 Cyrene



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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 | Yes |
| 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 | LSCS- 4,7 yrs |
| 17) Musculoskeletal System | No |

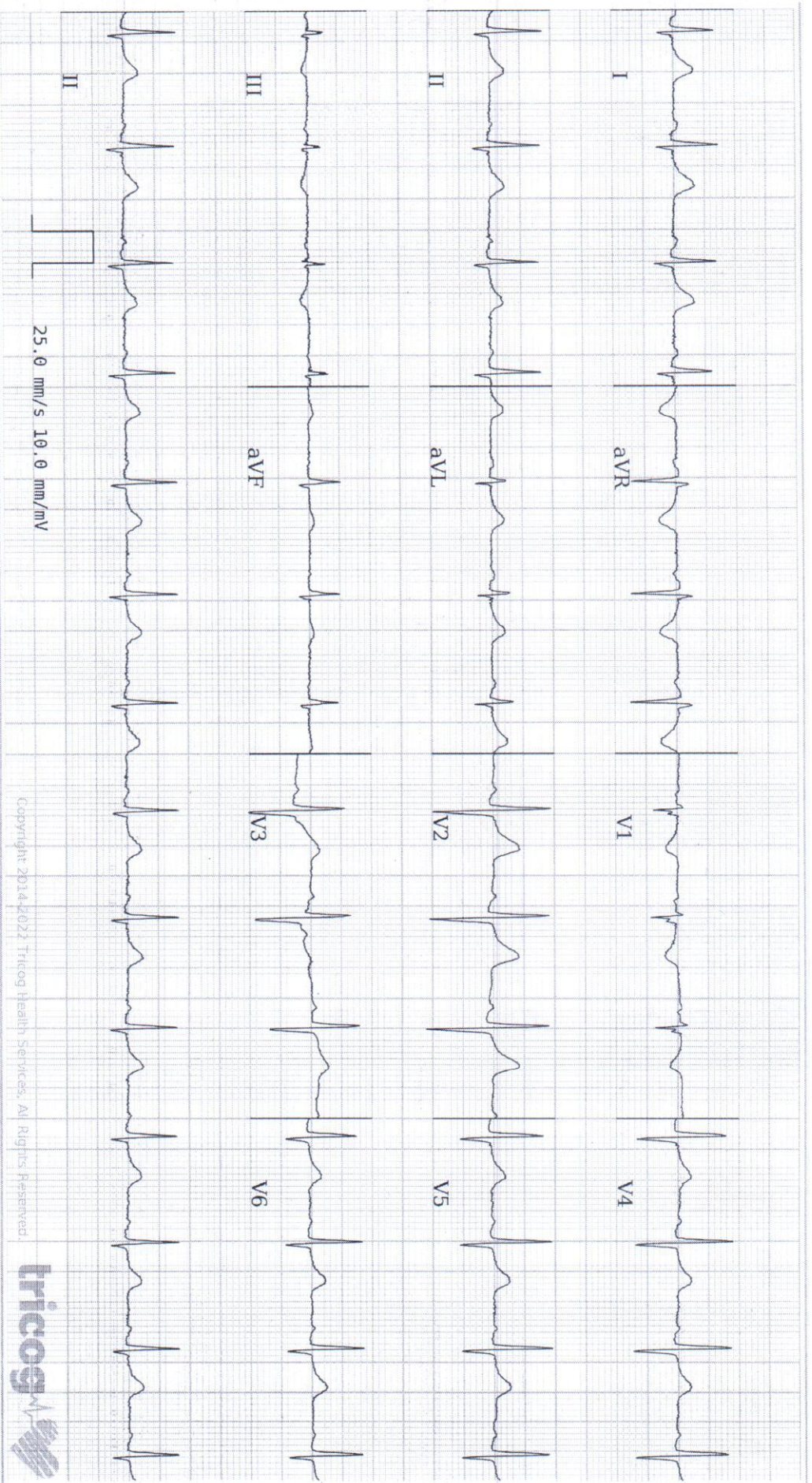
PERSONAL HISTORY:

- | | |
|---------------|------------|
| 1) Alcohol | Occsioanly |
| 2) Smoking | Occsioanly |
| 3) Diet | Mixed |
| 4) Medication | Yes |

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 60015

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61708060



25.0 mm/s 10.0 mm/mV

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Age **29** NA NA
years months days

Gender **Female**

Heart Rate **84bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 83 kg

Height: 161 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 384ms

QTc: 453ms

PR: 136ms

P-R-T: 2° 46° 14°

REPORTED BY

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

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Row House No. 3, Aangan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 617000000

DR AKHIL PARULEKAR
MBBS, MD MEDICINE, DNB Cardiology
Cardiologist

2012082483

Date: 28/11/22

CID: 22320135

Name: Mrs. Jaya choudhary

Sex/Age: f/69

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: no h/o ST

Past history: no h/o Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction:

COMS! normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- plano			6/6	- plano			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Flat House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

DENTAL CHECK - UP

Name:- *Jaya Choudhary*

CID : *2233201135* Sex / Age : *F/29*

Occupation:-

Date: *28/11/2022*

Chief complaints:- *No Complaints*

Medical / dental history:- *Root Canal treatments*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral dymmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Discoloured mucosa with patches*
- b) Hard Tissue Examination: *Habits :- Betel nuts from 2 years*
- c) Calculus: *+++*
- Stains: *+++*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Evaluate for other findings post Scaling

<input type="checkbox"/>	Missing	#	Fractured
<input type="checkbox"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="checkbox"/>	Cavity/Caries	RP	Root Piece

Advised: a) *Scaling & Polishing [cleaning]*
b) *stoppage of habits*

Provisional Diagnosis:-

- NIL -

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Tel : 61700000

DR. BHUMIK PATEL
(B.D.S) A - 23378

DR Bhumik Patel




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Name : Mrs JAYA CHOUDHARY
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Nov-2022
Reported : 28-Nov-2022 / 11:46

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (18.8 cm), normal in shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD measures 3.7 mm. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Right kidney measures 12.4 x 4.5 cm. Left kidney measures 12.8 x 5.4 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.6 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.3 x 4.8 x 3.8 cm in size.
A 2.0 x 1.8 cm sized intramural fibroid noted at the anterior wall.
The endometrial thickness is 7.4 mm.

OVARIES:

The right ovary measures 3.6 x 3.4 x 2.6 cm and ovarian volume is 17.2 cc.
The left ovary measures 3.9 x 3.0 x 2.1 cm and ovarian volume is 13.2 cc.
Both ovaries are bulky and show multiple small follicles predominantly situated peripherally suggestive of polycystic appearance.

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)
Access

sessionNo=2022112810071316



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Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Nov-2022
Reported : 28-Nov-2022 / 11:46

IMPRESSION:-

HEPATOMEGALY WITH GRADE II FATTY LIVER.
INTRAMURAL UTERINE FIBROID AS DESCRIBED.
POLYCYSTIC APPEARANCE OF BOTH THE OVARIES .
SUGGEST - PCOD PROFILE HORMONAL ASSAY CORRELATION.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

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

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

tionNo=2022112810071316



Use a QR Code Scanner
Application To Scan the Code

CID : 2233201135
Name : Mrs JAYA CHOUDHARY
Age / Sex : 29Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Nov-2022
Reported : 28-Nov-2022 / 12:15

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. FAIZUR KHILJI before dispatch.

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022112810071322>



Email:

491 / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg Date: 28 / 11 / 2022

Refd By : AERFOCAMI

REPORT :

Heart Rate 164.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 04:19 Mins. Ectopic Beats 0.0 METS 5.8

Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 191

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	FAIR
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE

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 (INDIA) PVT.LTD

Row House No 3, Angam,

Thakar Village, Kandivali (East),

Mumbai - 400101.

Tel : 61700090

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2017062493

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg

Date: 28 / 11 / 2022 Refd By : AERFOCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	086	45 %	130/80	111	00	
Standing	00:36	0:28	00.0	00.0	01.0	105	55 %	130/80	136	00	
HV	00:49	0:13	00.0	00.0	01.0	107	56 %	130/80	139	00	
ExStart	01:06	0:17	00.0	00.0	01.0	110	58 %	130/80	143	00	
BRUCE Stage 1	04:06	3:00	02.7	10.0	04.7	154	81 %	130/80	200	00	
PeakEx	05:25	1:19	04.0	12.0	05.8	163	85 %	160/80	260	00	
Recovery	06:25	1:00	00.2	00.0	01.0	148	77 %	160/80	236	00	
Recovery	06:35				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 04:19
 Initial HR (ExStrt) : 110 bpm 58% of Target 191
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 5.8 Fair response to induced stress
 Duke Treadmill Score : 07.9
 Test End Reasons : Heart Rate Achieved

Max HR Attained 163 bpm 85% of Target 191
 Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101.
 Tel : 61709000

Dr. Akhil Parulekar
 M.D.S. (D. Medicine)
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 86

Date: 28 / 11 / 2022

METS: 1.0/ 86 bpm 45% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.9
SNS 0.7

V1 .04
V1 .05

II 1.1
III 1.1

V2 1.4
V2 0.9

III 0.2
IV 0.4

V3 0.4
V3 0.2

aVR -1.0
aVL 0.9

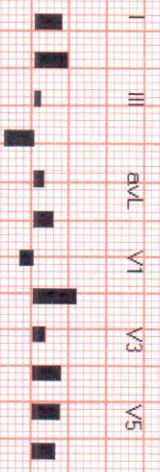
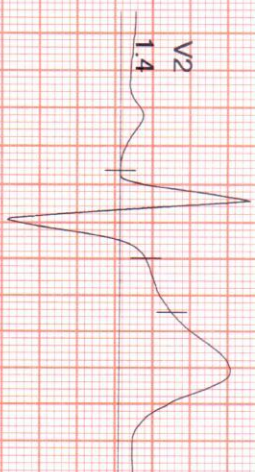
V4 0.9
V4 0.7

aVL 0.3
aVF 0.1

V5 0.9
V5 0.8

aVF 0.6
aVF 0.7

V6 0.8
V6 0.7



REMARKS





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 106

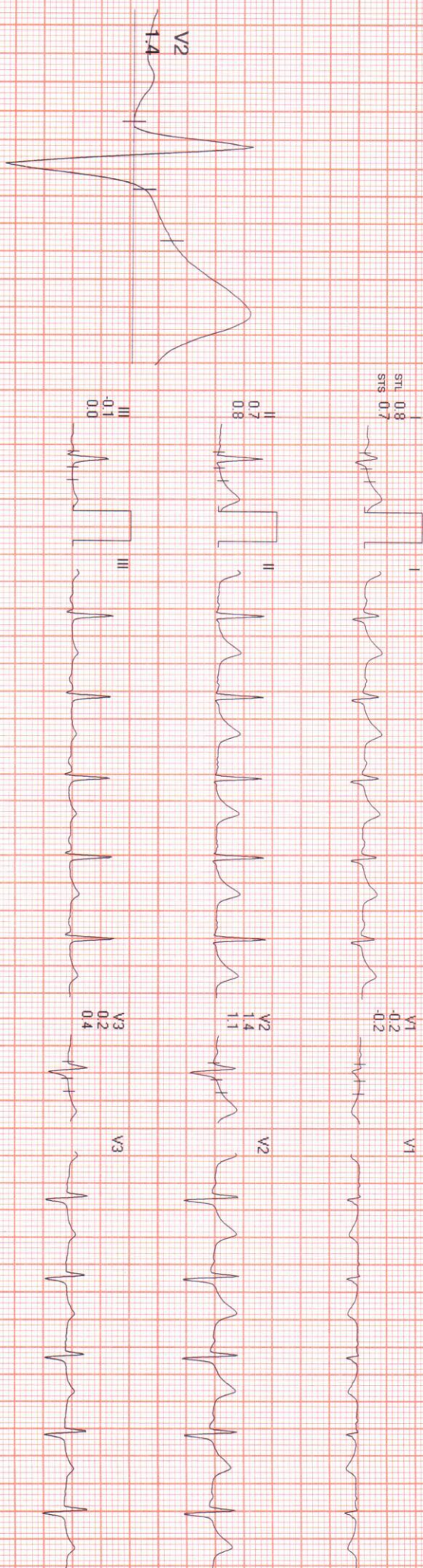
Date: 28 / 11 / 2022

METS: 1.0 / 106 bpm 55% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Km/h, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



STL 0.8
STs 0.7

II 0.7
III 0.8

III -0.1
0.0

aVR -0.8
-0.8

aVL 0.5
0.4

aVF 0.3
0.4

V1 -0.2
-0.2

V2 1.4
1.4
1.1

V3 0.2
0.2
0.4

V4 0.5
0.5
0.7

V5 0.5
0.5
0.6

V6 0.4
0.4
0.4

REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 107

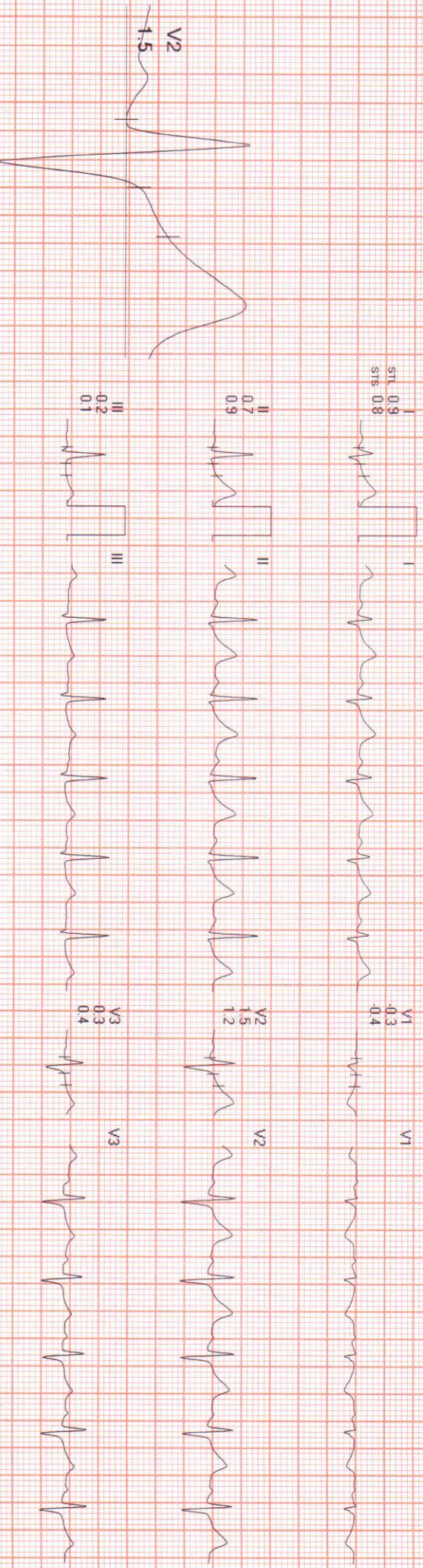
Date: 28 / 11 / 2022

METS: 1.0 / 107 bpm 56% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 111

Date: 28 / 11 / 2022

METS: 1.0 / 111 bpm 58% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 00:00 0.0 Kmph. 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.9
STB 0.7

V1
.02
.04

V1

II
0.6
0.9

II

V2
1.3
1.0

V2

III
-0.2
0.2

III

V3
0.2
0.4

V3

aVR
-0.7
-0.8

aVR

V4
0.5
0.6

V4

aVL
0.5
0.3

aVL

V5
0.6
0.6

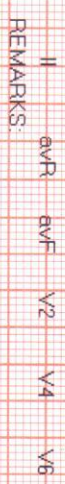
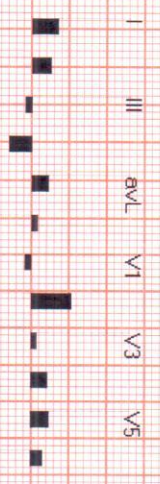
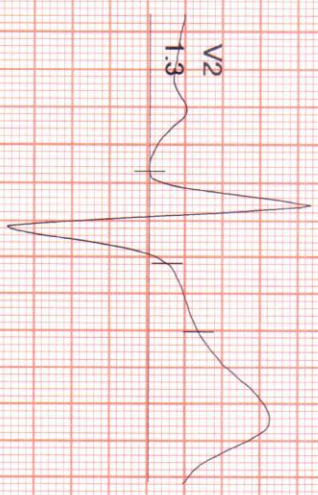
V5

aVF
0.2
0.6

aVF

V6
0.4
0.4

V6



REMARKS:





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 155

Date: 28 / 11 / 2022

METS: 4.7 / 155 bpm 81% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.5
STS 0.8

V1 0.1
V2 -0.4

II 0.3
III 1.4

V2 0.8
V3 1.4

V2 0.8

III -0.2
aVR 0.6

V3 0.1
V4 0.9

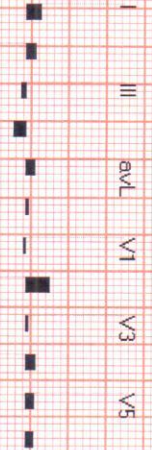
aVR -0.4
aVL -1.1

V4 0.3
V5 1.6

aVL 0.3
aVF 0.1

V5 0.3
V6 1.4

aVF 0.1
V6 1.0



REMARKS: II aVR aVL V1 V2 V3 V4 V5 V6



491 (223320135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 163

Date: 28 / 11 / 2022

METS: 5.8/ 163 bpm 85% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 04.19 4.0 Kmph, 12.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.4
STR 0.4

V1 0.2
V2 0.3

II 0.1
III 1.6

V2 0.3
V3 1.9

III -0.3
IV -1.2

V3 0.6
V4 1.2

aVR -0.2
aVL -1.0

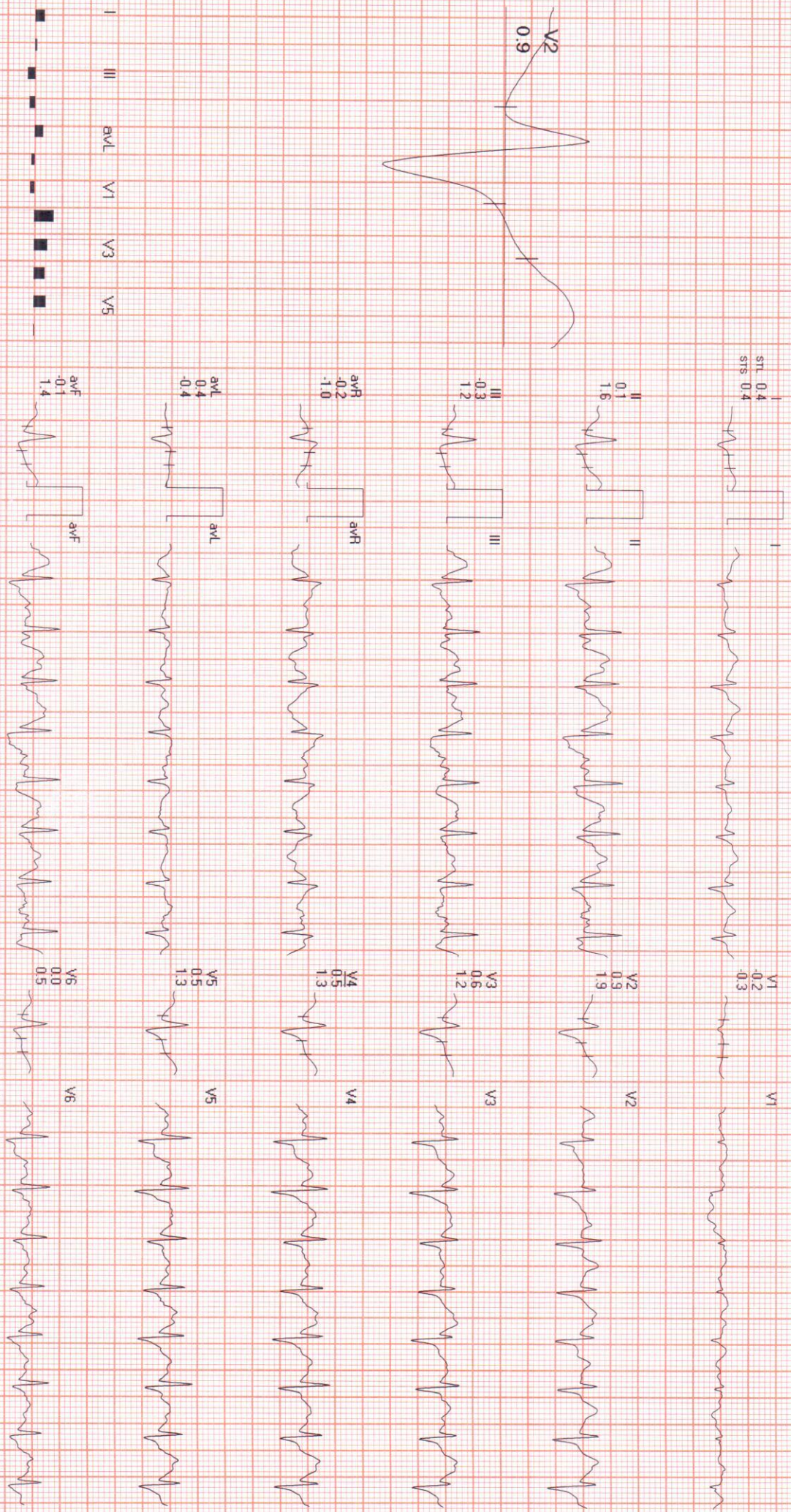
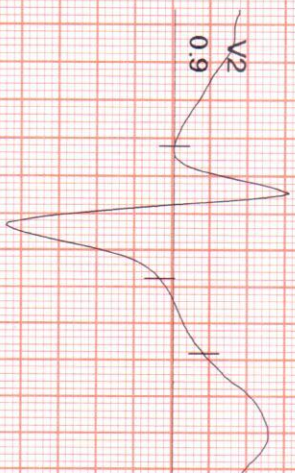
V4 0.5
V5 1.3

aVL 0.4
aVF -0.4

V5 0.5
V6 1.3

aVF -0.1
V6 1.4

V6 0.0
V6 0.5



REMARKS: I II aVR aVL V1 V2 V3 V4 V5 V6





491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR : 148

Date: 28 / 11 / 2022

METS: 1.0/ 148 bpm 77% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 04:19 0.2Kmph, 0.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.4
STB 0.7

V1 0.0
V2 0.5

II 0.4
III 0.1
aVR -0.4

V2 0.6
V3 0.6
V4 0.7

V3 1.3

V3 1.3

aVL 0.1
aVF 0.3

V4 1.8

V5 0.6
V6 1.7

V5 1.7

aVF 0.3
V6 1.8

V6 1.4

REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:10)



491 (2233201135) / JAYA CHOUDHARY / 29 Yrs / F / 161 Cms / 83 Kg / HR 138

Date: 28 / 11 / 2022

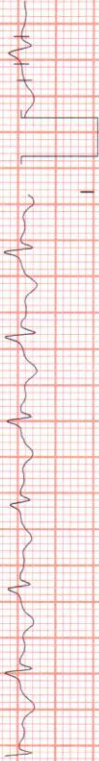
METS: 1.0/ 138 bpm 72% of THR BP- 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 04:19 0.0 KmPh, 0.0%

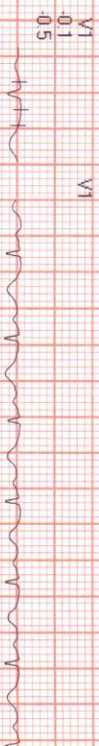
4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

I 0.4
STI 0.4
STB 0.7



V1 0.1
-0.5



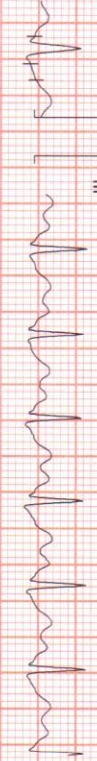
II 0.6
1.9



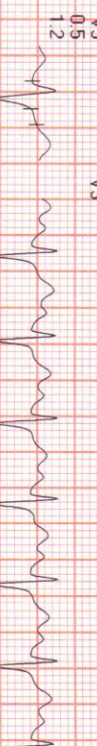
V2 0.6
0.8



III 0.2
1.3



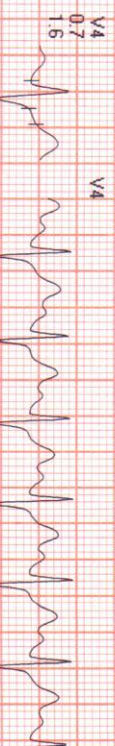
V3 0.5
1.2



aVR -0.5
-1.3



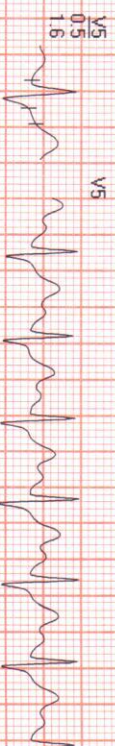
V4 0.7
1.6



aVL 0.1
-0.3



V5 0.5
1.6



aVF 0.4
1.6



V6 0.4
1.4

