



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 13:27

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	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	3.91	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.8	36-46 %	Calculated
MCV	86.4	81-101 fl	Measured
MCH	29.3	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4140	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.5	20-40 %	
Absolute Lymphocytes	1510	1000-3000 /cmm	Calculated
Monocytes	6.9	2-10 %	
Absolute Monocytes	280	200-1000 /cmm	Calculated
Neutrophils	55.3	40-80 %	
Absolute Neutrophils	2280	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	50	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	237000	150000-410000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	14.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



Use a QR Code Scanner
Application To Scan the Code

CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

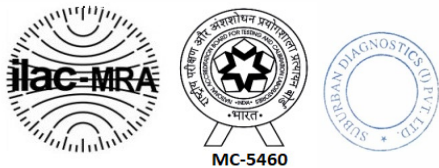
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 12:38

Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 24 2-20 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 : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 15:55

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	90	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.63	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.39	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	18.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	15.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	25.2	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	76.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	20.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.55	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	132	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation



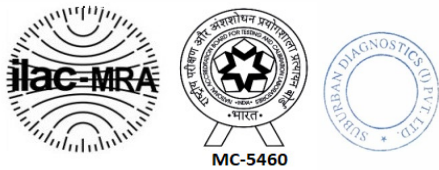
CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 24-Jun-2023 / 12:09
Reported : 24-Jun-2023 / 17:25

Use a QR Code Scanner
Application To Scan the Code

URIC ACID, Serum	4.9	3.1-7.8 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 ***



Anupa

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



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 13:51

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 25-Jun-2023 / 10:22
Reported : 25-Jun-2023 / 13:27

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Trace	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Leena Salunkhe

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



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 15:15

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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 insert

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



Dr. Trupti Shetty

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected :
Reported :

*** End Of Report ***



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 13:23

Use a QR Code Scanner
Application To Scan the Code

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

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



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



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 15:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	140.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	50.0	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	69.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	71.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	61.0	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	10.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 15:55

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	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	11.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	6.552	0.55-4.78 microIU/ml mIU/ml	CLIA



CID : 2317521665
Name : MRS.MOKAL ANUPAMA SHANKAR
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 24-Jun-2023 / 09:26
Reported : 24-Jun-2023 / 15:55

Use a QR Code Scanner
Application To Scan the Code

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 becuae 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 ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2317521665
Name : Mrs MOKAL ANUPAMA
SHANKAR
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 24-Jun-2023
Reported : 24-Jun-2023/09:48

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 9.4 x 3.6 cm.

Left kidney measures 10.0 x 4.0 cm.

SPLEEN:

The spleen is normal in size 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 retroverted and appears normal. It measures 7.3 x 3.4 x 4.4 cm in size.

The endometrial thickness is 10.5 mm in the fundal region.

OVARIES:

Both the ovaries are well visualised and appears closely situate to uterus.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.1 x 1.4 cm

Left ovary = 2.2 x 1.7 cm

IMPRESSION:-

Closely situated ovaries to the uterus.

No other significant abnormality is seen.

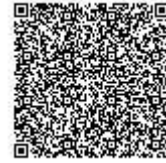
-----End of Report-----



CID : 2317521665
Name : Mrs MOKAL ANUPAMA
SHANKAR
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 24-Jun-2023
Reported : 24-Jun-2023/09:48

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



CID : 2317521665
Name : Mrs MOKAL ANUPAMA
SHANKAR
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 24-Jun-2023
Reported : 26-Jun-2023/09:38

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 except for scoliosis of the dorsal spine with convexity to the right ? positional.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist



CID : 2317521665
Name : Mrs MOKAL ANUPAMA
SHANKAR
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 24-Jun-2023
Reported : 26-Jun-2023/09:38

PPHYSICAL EXAMINATION REPORT

Patient Name	Mrs. Anupama Mokal	Sex/Age	Female / 37
Date	24/06/2023	CID	2317521665

History and Complaints

do postural hypotension, dizziness.

EXAMINATION FINDINGS:

Height (cms):	148	Temp (0c):	Normal
Weight (kg):	57	Skin:	Normal
Blood Pressure	90/60	Nails:	Normal
Pulse	60/min	Lymph Node:	NP
BMI	23.3		

Systems :

Cardiovascular:	S. S2 Loud, no murmur
Respiratory:	ABRS
Genitourinary:	Normal
GI System:	Acidity, loose stools
CNS:	postural dizziness

Impression: 1) Low Blood pressure, postural dizziness 2) HBK 3) ASH ↑
4) ABNORMAL ECG

Advice: To Follow up with Primary Physician & Cardiologist also
Advise to consult cardiologist for the next or ECG check up

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI - 400703

DR. ANAND N. MOTWANI
(GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

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	Normal
11)	Genital urinary disorder	Normal
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	ESCS
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

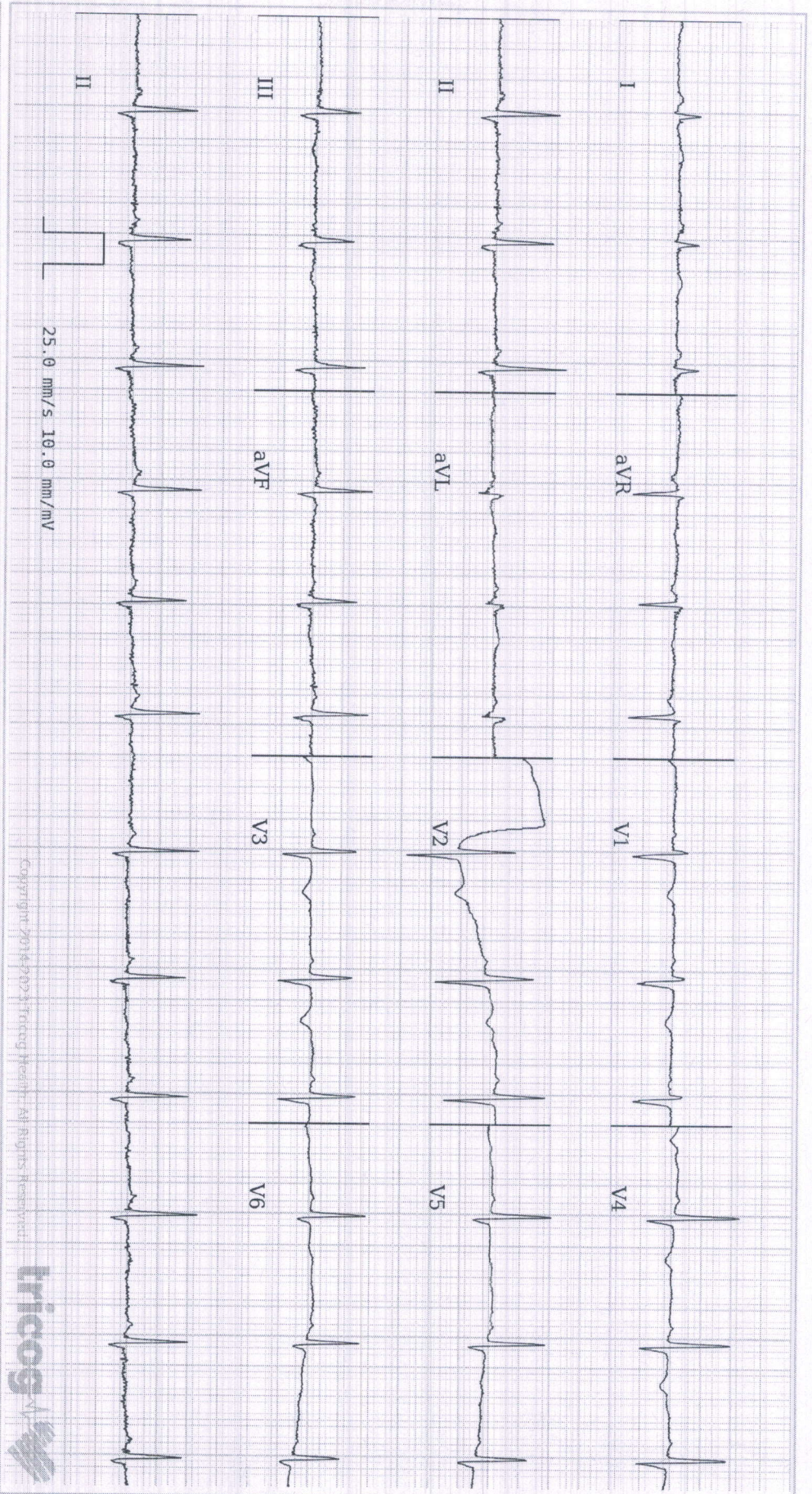
1)	Alcohol	No
2)	Smoking	No
3)	Diet	ND
4)	Medication	No

Anand

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703

DR. ANAND N. MOTWANI
(GENERAL MEDICINE)
Reg. No. 39329 (M.M.C)

Patient Name: MOKAL ANUPAMA SHANKAR Date and Time: 24th Jun 23 10:30 AM
Patient ID: 2317521665



Age 37 4 10
years months days

Gender Female

Heart Rate 75bpm

Patient Vitals

BP: 90/60 mmHg

Weight: 51 kg

Height: 148 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 82ms

QT: 376ms

QTcB: 419ms

PR: 112ms

P-R-T: 30° 62° -25°

Sinus Rhythm, Sinus Arrhythmia Seen, T wave changes seen in diffuse leads. Kindly correlate clinically. Please correlate clinically.

REPORTED BY

Arundhathi

Dr. Arundhathi N. Mohanani
M.D (General Medicine)
Reg No 39329 M.M.C

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.

Date:- 24/06/2023

CID: 2317521665

Name:- Mrs. Anupama mokaj

Sex / Age: F / 37

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - Yes

Refraction: - With glass

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	2/6	—	—	—	2/6 ✓

Colour Vision: Normal / Abnormal

Remark:

Dr. Alka Patnaik

M.B.B.S., C.G.O. Nigppur Reg. No. 733-7

Dip. Psysextherapy-U.K. Reg. No. OF395

SUBURBAN DIAGNOSTICS (I) PVT LTD
FLAT NO 101 ANAND SAGAR CHS
ABOVE RAJKAMAL SHOP
SECTOR 17 VASHI
NAVI MUMBAI :- 400703