



CID : 2308420861  
Name : MRS.SNEHAL SONAWANE  
Age / Gender : 30 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 25-Mar-2023 / 08:22  
Reported : 25-Mar-2023 / 12:08

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.94	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.6	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	24.3	27-32 pg	Calculated
MCHC	32.0	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6440	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.6	20-40 %	
Absolute Lymphocytes	2035.0	1000-3000 /cmm	Calculated
Monocytes	8.9	2-10 %	
Absolute Monocytes	573.2	200-1000 /cmm	Calculated
Neutrophils	56.9	40-80 %	
Absolute Neutrophils	3664.4	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	103.0	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	64.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	240000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	16.1	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	63.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.66	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	6.1	2.4-5.7 mg/dl	Enzymatic
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 Panvel Lab, Panvel East  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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.

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
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	5-6	Less than 20/hpf	

**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

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\*\*\* End Of Report \*\*\*



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

<b>PARAMETER</b>	<b>RESULTS</b>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West  
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**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab Director**



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	195.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.9	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	45.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	150.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	133.0	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	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	3.26	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 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)

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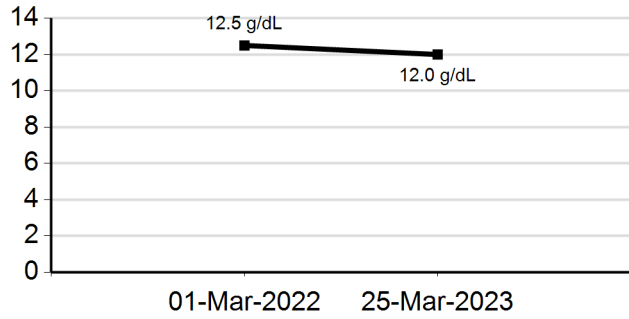
**Dr.IMRAN MUJAWAR**  
**M.D ( Path )**  
**Pathologist**



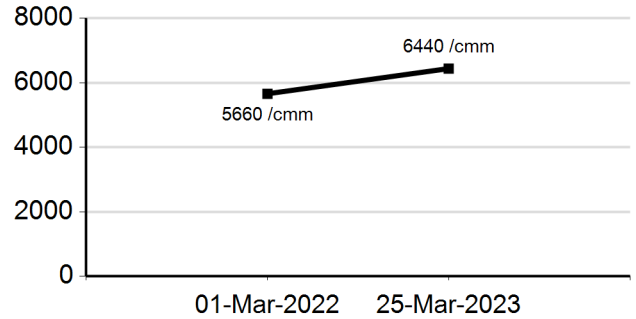
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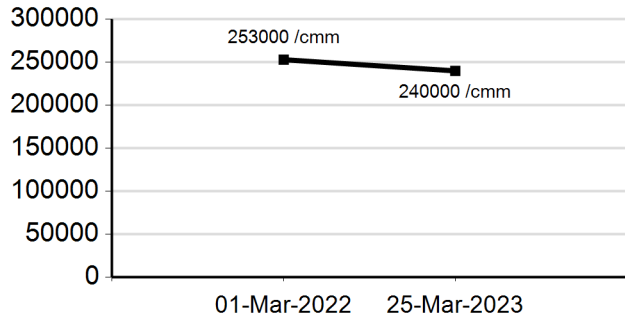
**Haemoglobin**



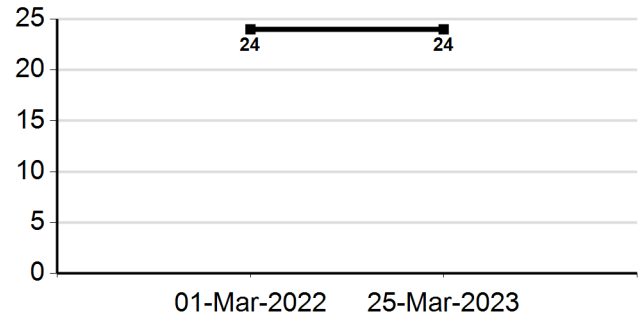
**WBC Total Count**



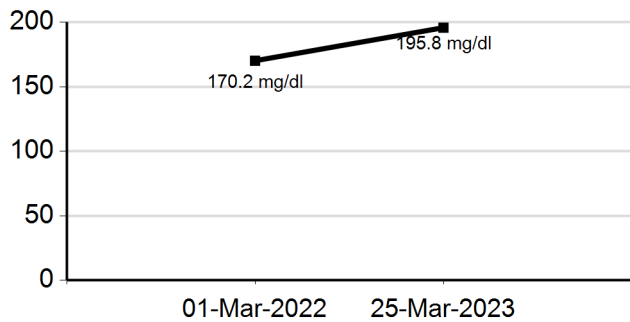
**Platelet Count**



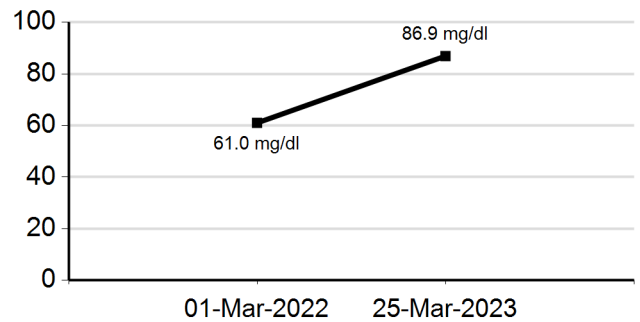
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

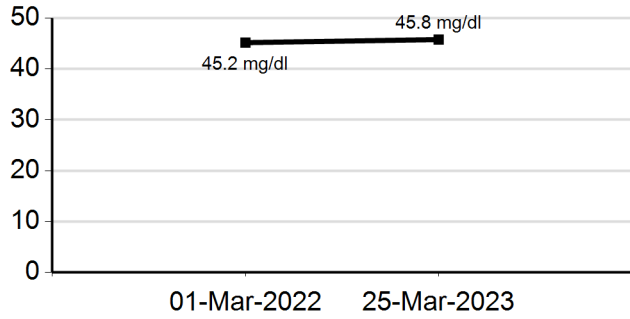




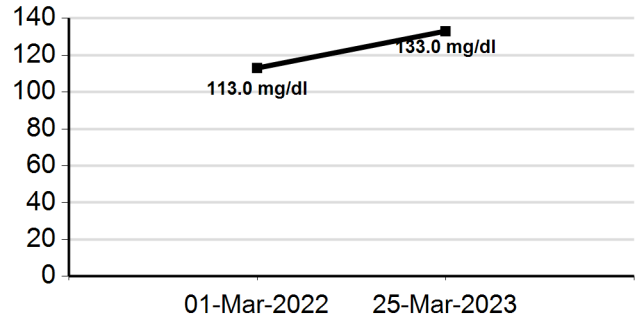
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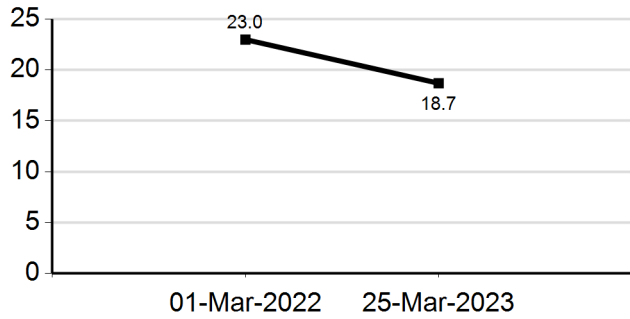
**HDL CHOLESTEROL**



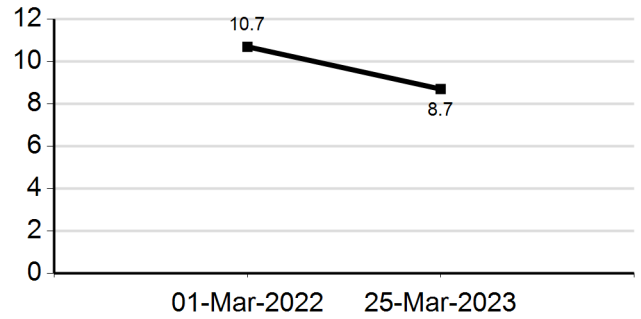
**LDL CHOLESTEROL**



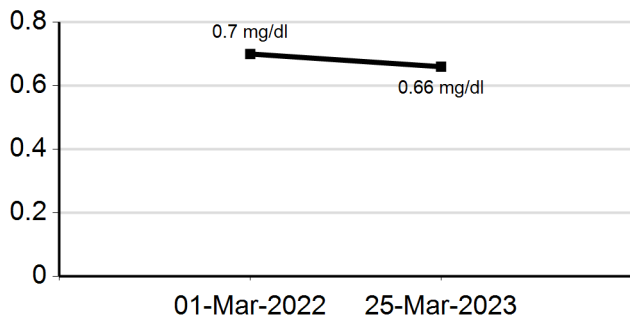
**BLOOD UREA**



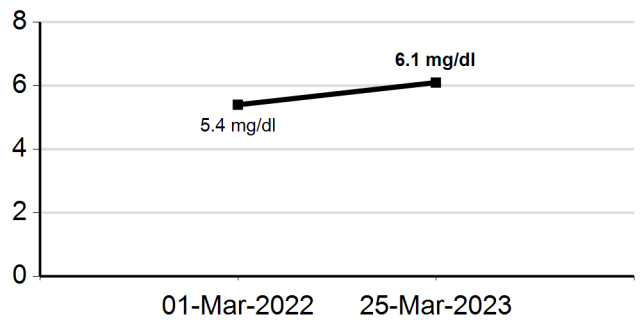
**BUN**



**CREATININE**



**URIC ACID**

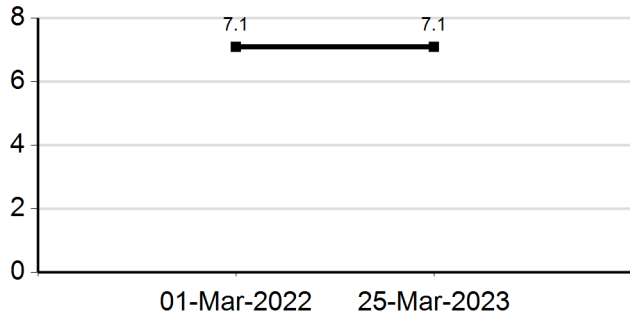




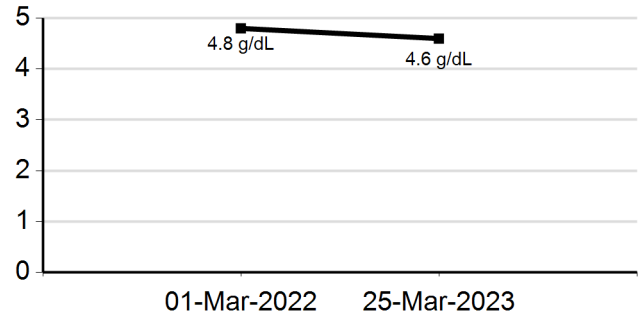
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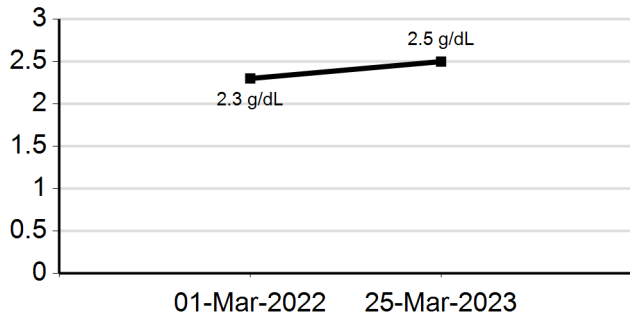
**TOTAL PROTEINS**



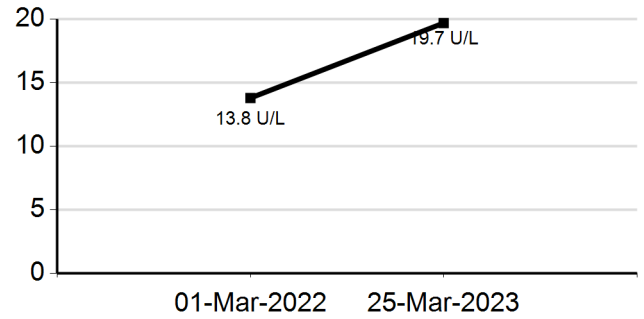
**ALBUMIN**



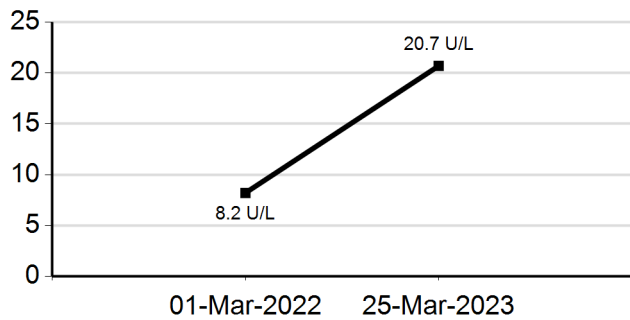
**GLOBULIN**



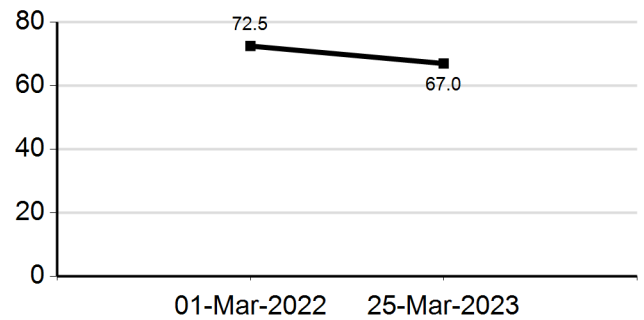
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

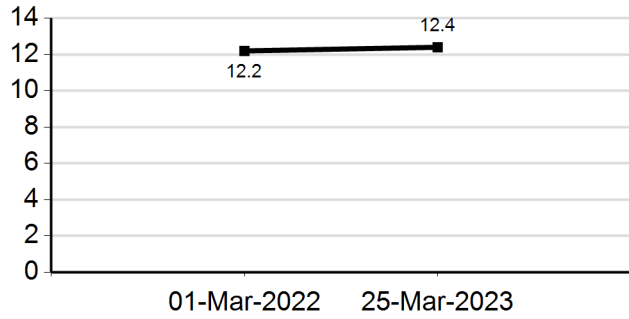




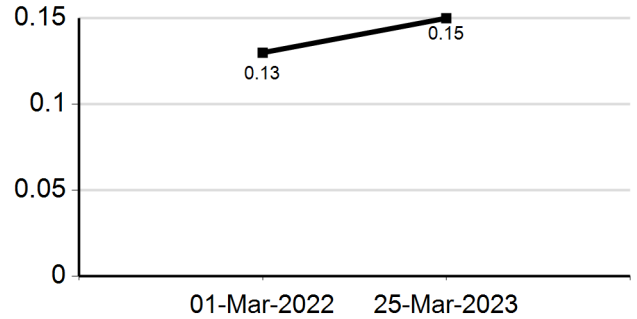
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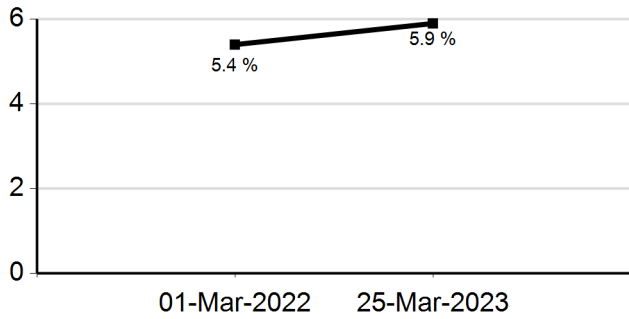
**GAMMA GT**



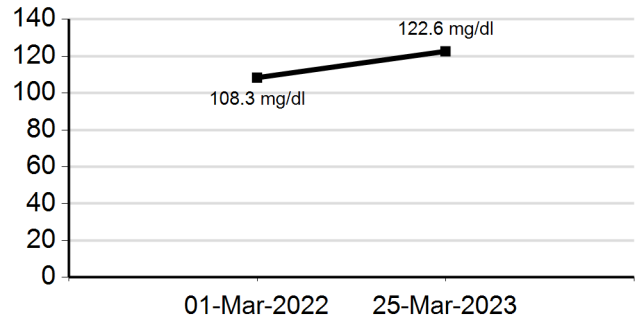
**BILIRUBIN (DIRECT)**



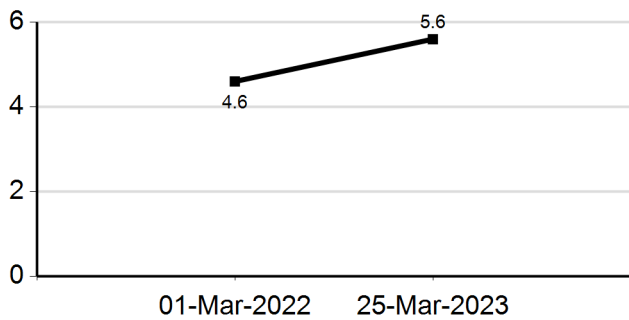
**Glycosylated Hemoglobin (HbA1c)**



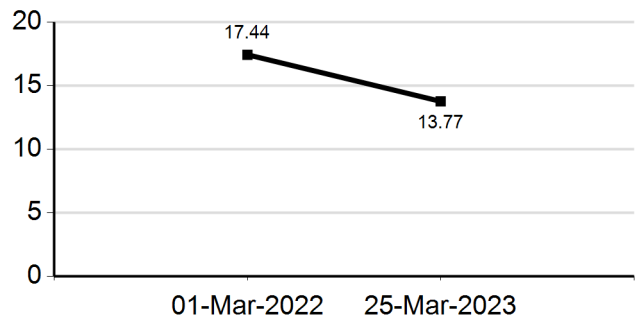
**Estimated Average Glucose (eAG)**



**Free T3**



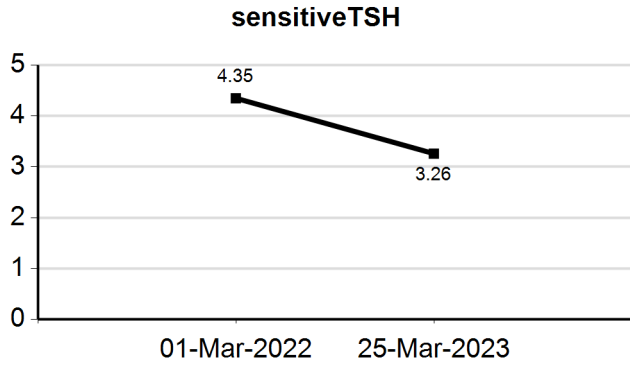
**Free T4**





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Application To Scan the Code

CID : 2308420861  
Name : MRS.SNEHAL SONAWANE  
Age / Gender : 30 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)





सत्यमेव जयते  
भारत सरकार



आधार

भारतीय विशिष्ट आंक्य प्राधिकरण

भारत सरकार

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Government of India

नोंदणी क्रमांक:/Enrolment No.: 1249/23751/82503

To

स्नेहल योगेश सोनवणे

Snehal Yogesh Sonawane

C/O Snehal Yogesh Sonawane

chahardi

tal chopda

Chahardi

Jalgaon Chahardi

Maharashtra - 425107

9561548775

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4197 2963 8930

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



स्नेहल योगेश सोनवणे

Snehal Yogesh Sonawane

जन्म तारीख/DOB: 28/01/1993

महिला / FEMALE



4197 2963 8930

माझे आधार, माझी ओळख

Dr. Alka Patnaik

M.B.B.S., C.G.O.-Nagpur Reg. No. 73367

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

*(Handwritten signatures)*

SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
Shop No 22, Ground Floor, Raikar Bhavan,  
Sector-17, Vashi, Navi Mumbai - 400 703  
Tel 27884547 / 27864548.



**PHYSICAL EXAMINATION REPORT**

<b>Patient Name</b>	mrs. Snehal Sonawane	<b>Sex/Age</b>	F / 30
<b>Date</b>	25/3/2023	<b>CID</b>	2308420861

**History and Complaints**

No c/c

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	151	<b>Temp (0c):</b>	Normal
<b>Weight (kg):</b>	63	<b>Skin:</b>	Normal
<b>Blood Pressure</b>	100/70	<b>Nails:</b>	Normal
<b>Pulse</b>	52	<b>Lymph Node:</b>	NP
<b>BMI</b>	27.3		

**Systems :**

<b>Cardiovascular:</b>	Normal
<b>Respiratory:</b>	Normal
<b>Genitourinary:</b>	Normal
<b>GI System:</b>	Normal
<b>CNS:</b>	Normal

**Impression:** High BMI

**Advice:** Dietary Restriction

**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	NANAY
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	LSES
17)	Musculoskeletal System	NAD

**PERSONAL HISTORY:**

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	MD
4)	Medication	NO

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**Dr. Alka Patnaik**  
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367  
Dip. Psysextherapy-U.K. Reg. No. OF395

Date:- 25/3/2023

CID: 2308420861

Name:- Mrs. Snehal Sonawane Sex / Age: F / 30

**EYE CHECK UP**

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - YES


Aided Vision: - NO

Refraction:

(Right Eye)

(Left Eye)

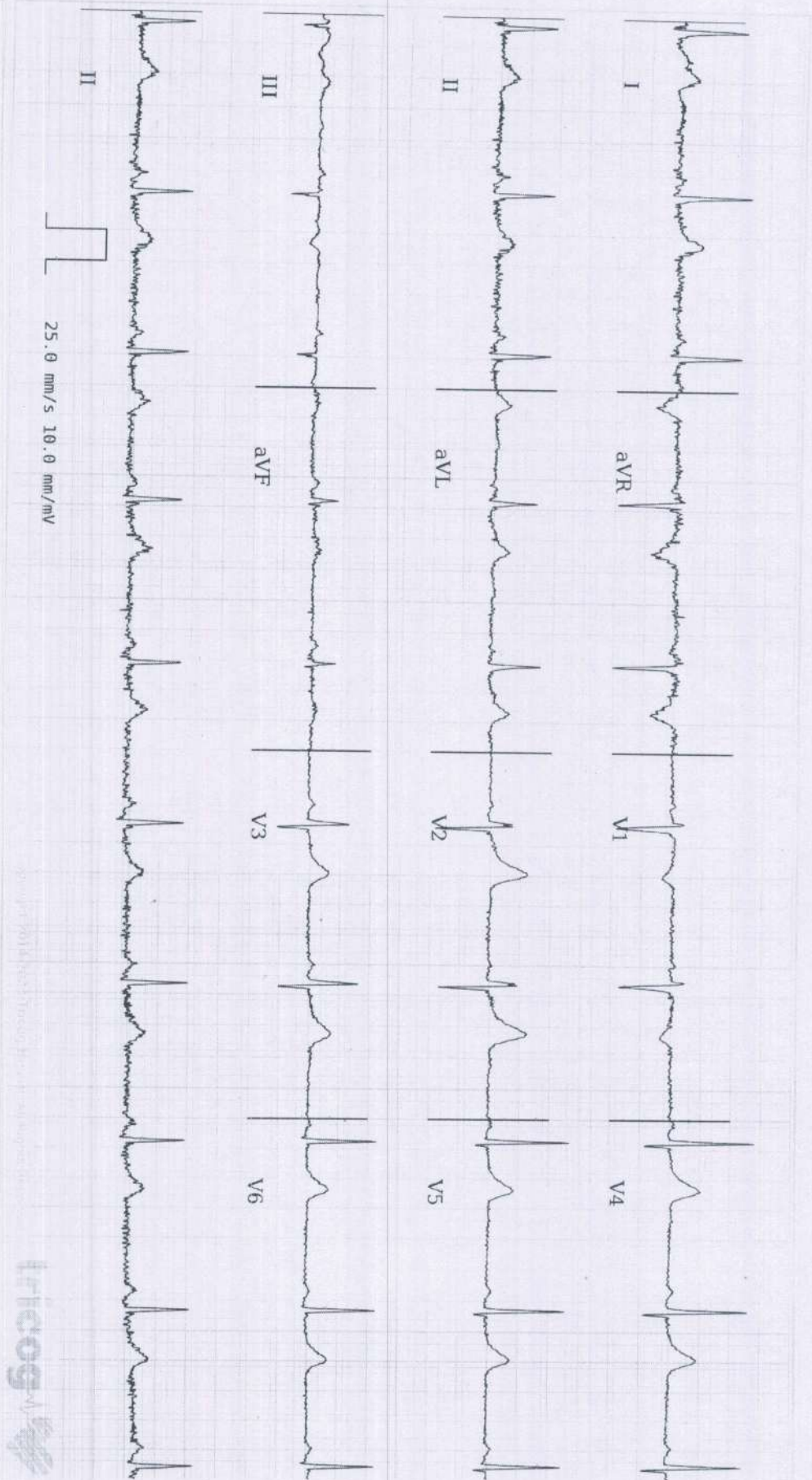
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N6				N6

Colour Vision:  Normal / Abnormal

Remark:

  
**Dr. Alka Patnaik**  
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367  
Dip. Psysextherapy-U.K. Reg. No. OF395

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Age **30** 1 **28**  
years months days

Gender **Female**

Heart Rate **57bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 63 kg

Height: 151 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 70ms

QT: 456ms

QTc: 443ms

PR: 126ms

P-R-T: 65° 16° 24°

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

REPORTED BY

*A. Sonawane*

Dr. Anand N. Sonawane  
M.D. (General Medicine)  
Reg. No. 39329 M.M.C.

Authenticity Check



Use a QR Code Scanner  
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CID : 2308420861  
Name : Mrs Snehal Sonawane  
Age / Sex : 30 Years/Female  
Ref. Dr :  
Reg. Location : Vashi Main Centre

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 9:04

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508161026>



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2308420861  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 30 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 25-Mar-2023  
**Reported** : 25-Mar-2023 / 8:51

## 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 9.6 x 3.5 cm. Left kidney measures 9.2 x 3.9 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 anteverted and appears normal. It measures 7.0 x 3.8 x 5.3 cm in size. The endometrial thickness is 7.7 mm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508161017>



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308420861  
Name : Mrs Snehal Sonawane  
Age / Sex : 30 Years/Female  
Ref. Dr :  
Reg. Location : Vashi Main Centre

Reg. Date : 25-Mar-2023  
Reported : 25-Mar-2023 / 8:51

**OVARIES:**

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 3.4 x 1.5 cm. Left ovary = 3.1 x 2.0 cm.

**IMPRESSION:-**

**No significant abnormality is seen.**

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

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032508161017>

# SUBURBAN DIAGNOSTICS

## Patient Details

Date: 25-Mar-23

Time: 11:01:19 AM

Name: MRS.SNEHAL SONAWANE ID: 2308420861

Age: 30 y

Sex: F

Clinical History: NIL

Height: 151 cms

Weight: 63 Kgs

Medications: NIL

## Test Details

Protocol: Bruce

Total Exec. Time: 9 m 30 s

Max. BP: 144 / 76 mmHg

Test Termination Criteria: THR ACHIEVED

Pr.MHR: 190 bpm

Max. HR: 165 ( 87% of Pr.MHR ) bpm

Max. BP x HR: 23760 mmHg/min

THR: 161 ( 85 % of Pr.MHR) bpm

Max. Mets: 13.50

Min. BP x HR: 5460 mmHg/min

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 16	1.0	0	0	112	100 / 70	-0.21 III	0.71 II
Standing	0 : 19	1.0	0	0	100	100 / 70	-0.21 III	1.06 I
Hyperventilation	0 : 32	1.0	0	0	78	100 / 70	-0.21 III	0.71 I
1	3 : 0	4.6	1.7	10	116	110 / 74	-0.64 III	2.48 V2
2	3 : 0	7.0	2.5	12	129	120 / 76	-0.85 II	1.42 II
3	3 : 0	10.2	3.4	14	161	130 / 80	-1.06 II	3.18 II
Peak Ex	0 : 30	13.5	4.2	16	165	140 / 80	-1.91 III	3.18 V4
Recovery(1)	1 : 0	1.8	1	0	131	140 / 80	-2.97 III	3.54 II
Recovery(2)	1 : 0	1.0	0	0	104	144 / 76	-0.85 aVR	3.18 V3
Recovery(3)	1 : 0	1.0	0	0	87	130 / 76	-0.64 III	1.77 II
Recovery(4)	1 : 0	1.0	0	0	100	124 / 70	-0.64 II	1.06 II
Recovery(5)	0 : 12	1.0	0	0	102	124 / 70	-0.42 III	1.06 II



# SUBURBAN DIAGNOSTICS

**Patient Details**

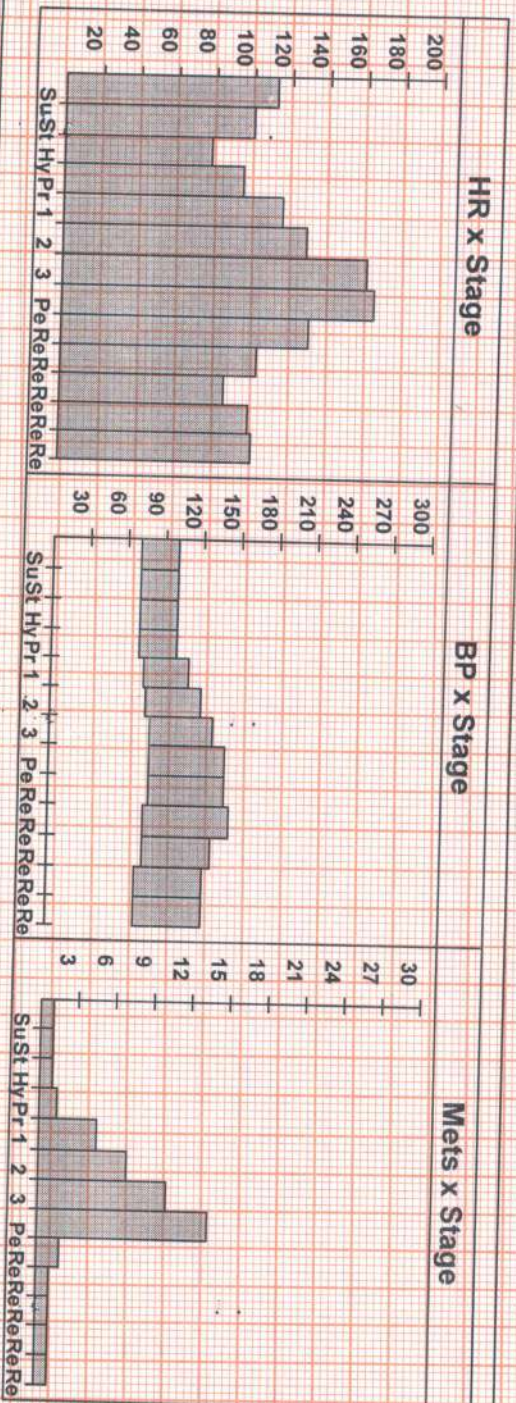
Name: MRS.SNEHAL SONAWANE ID: 2308420861  
 Age: 30 y Sex: F

Date: 25-Mar-23

Time: 11:01:19 AM

Height: 151 cms

Weight: 63 Kgs



**Interpretation**

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA / ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

**IMPRESSION:**  
 STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA.

**Disclaimer:** Negative stress test does not rule out Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of coronary Artery Disease. Hence clinical correlation is mandatory.

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 Tel: 27684547 / 27864548

**DR. ANAND N. MOTWANI**

M.D. (GENERAL MEDICINE)  
 Doctor: Dr. Anand Motwani, NO. 39329 (M.M.C)

Ref. Doctor: .....  
 ( Summary Report edited by user )

MRS SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time: 0 m 0 s

Stage Time: 0 m 10 s HR: 90 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 100 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

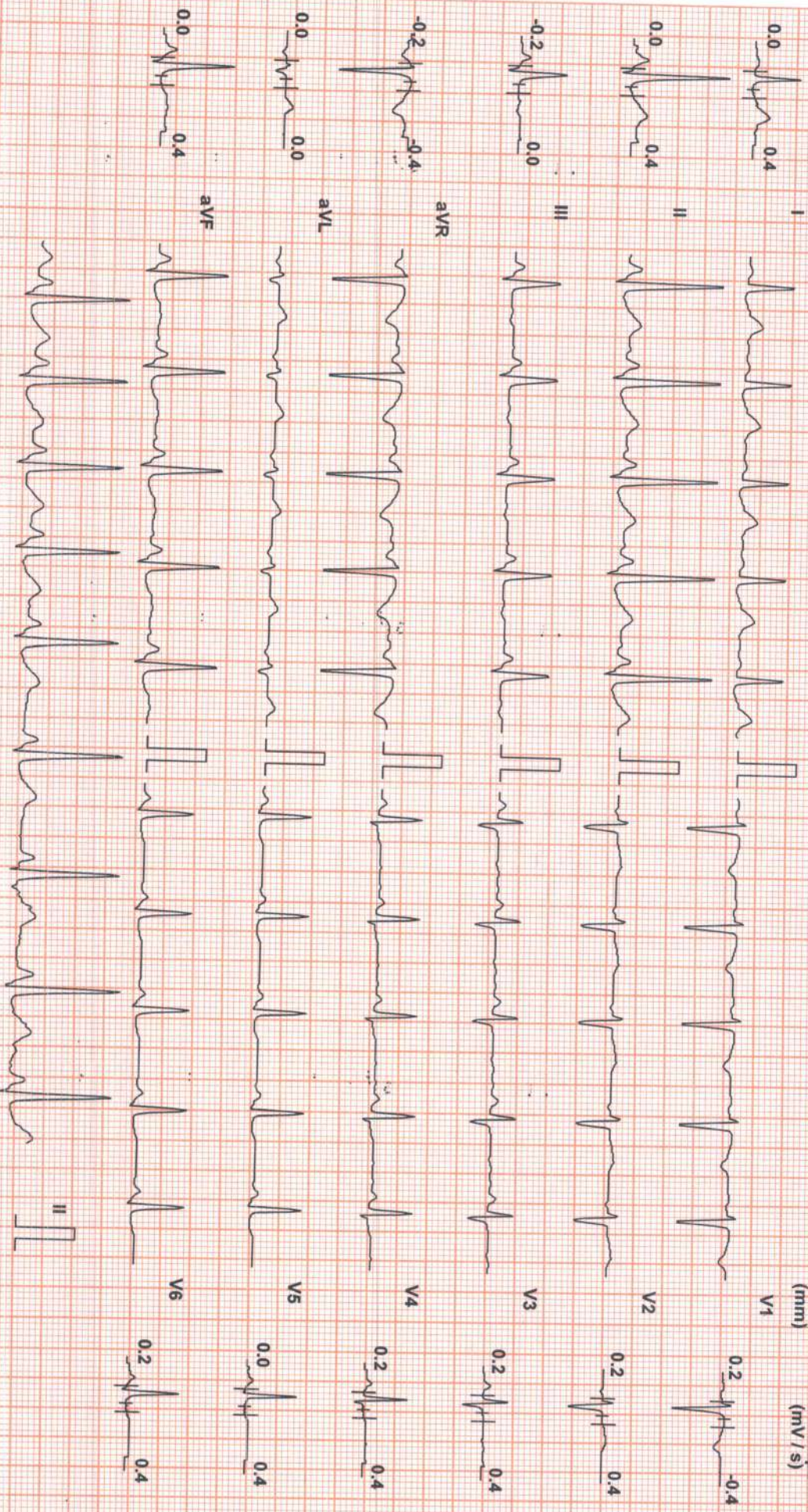


Chart Speed: 25 mm/sec  
Schlier Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 13 s HR: 93 bpm

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P.: 100 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

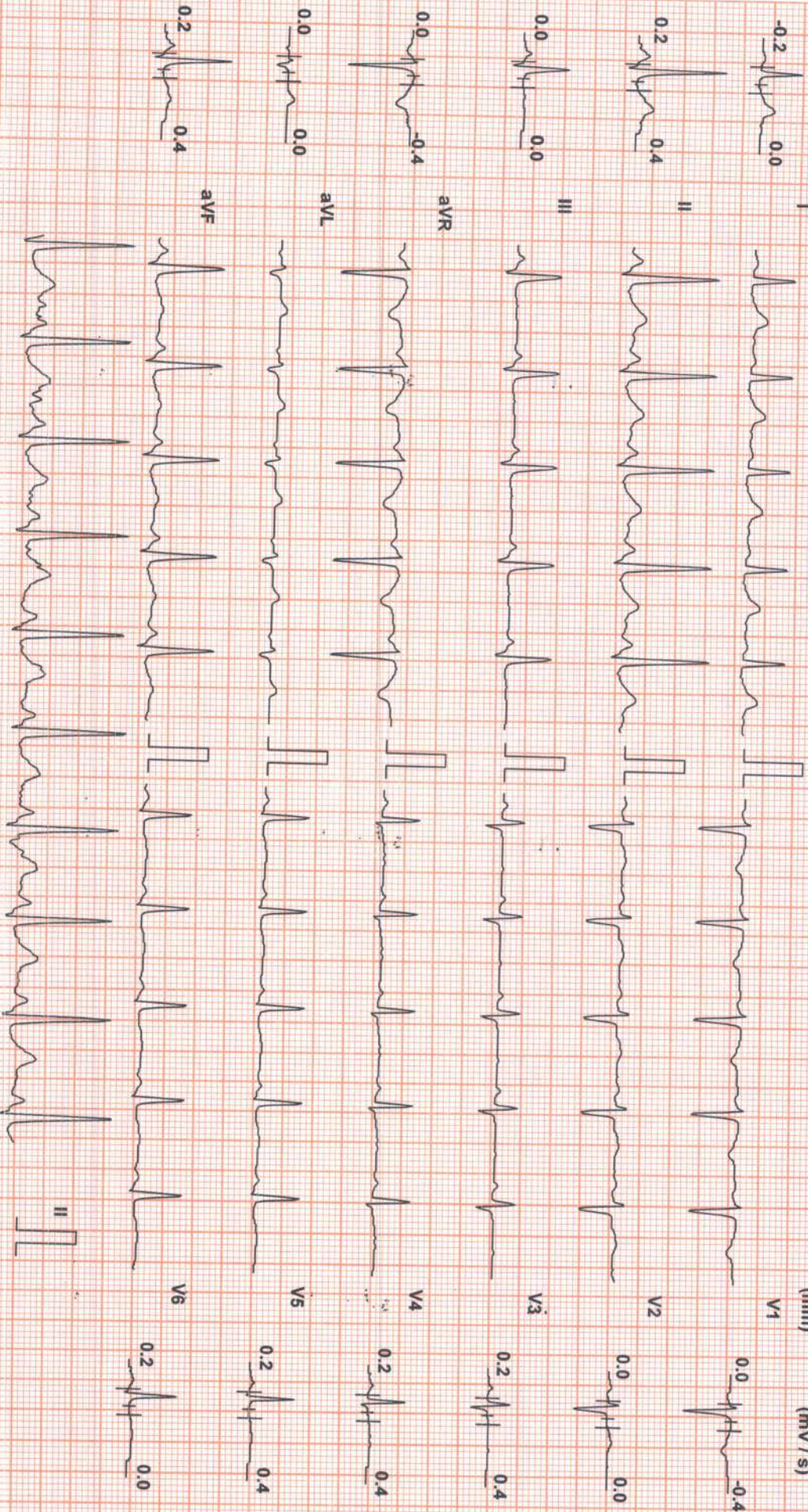


Chart Speed: 25 mm/sec  
Schlier Spandan V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 26 s

HR: 75 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 100 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

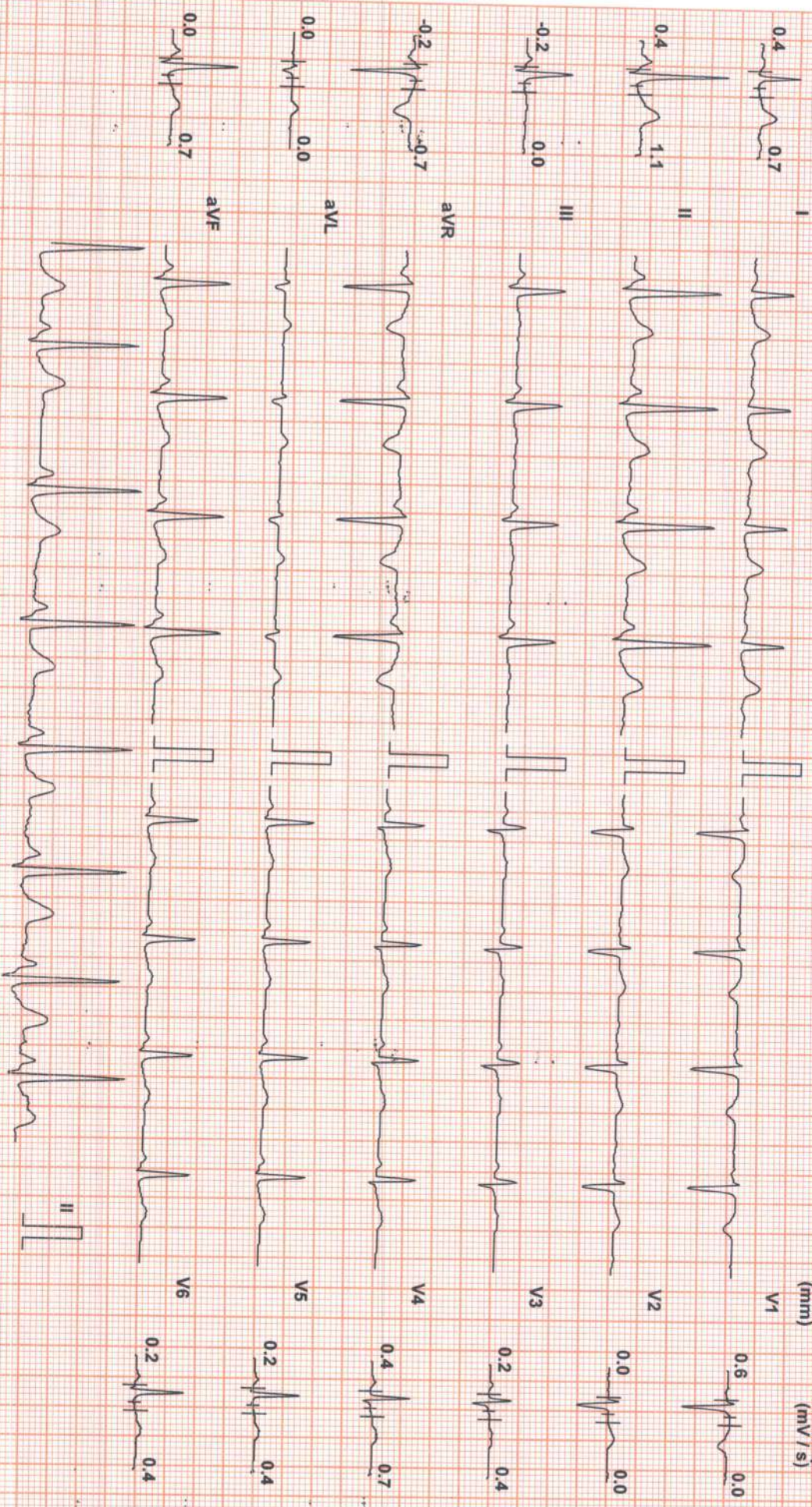


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

ID: 2308420861

Protocol: Bruce

Stage: 1

Date: 25-Mar-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 110 bpm

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P: 110 / 74

Test Report

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

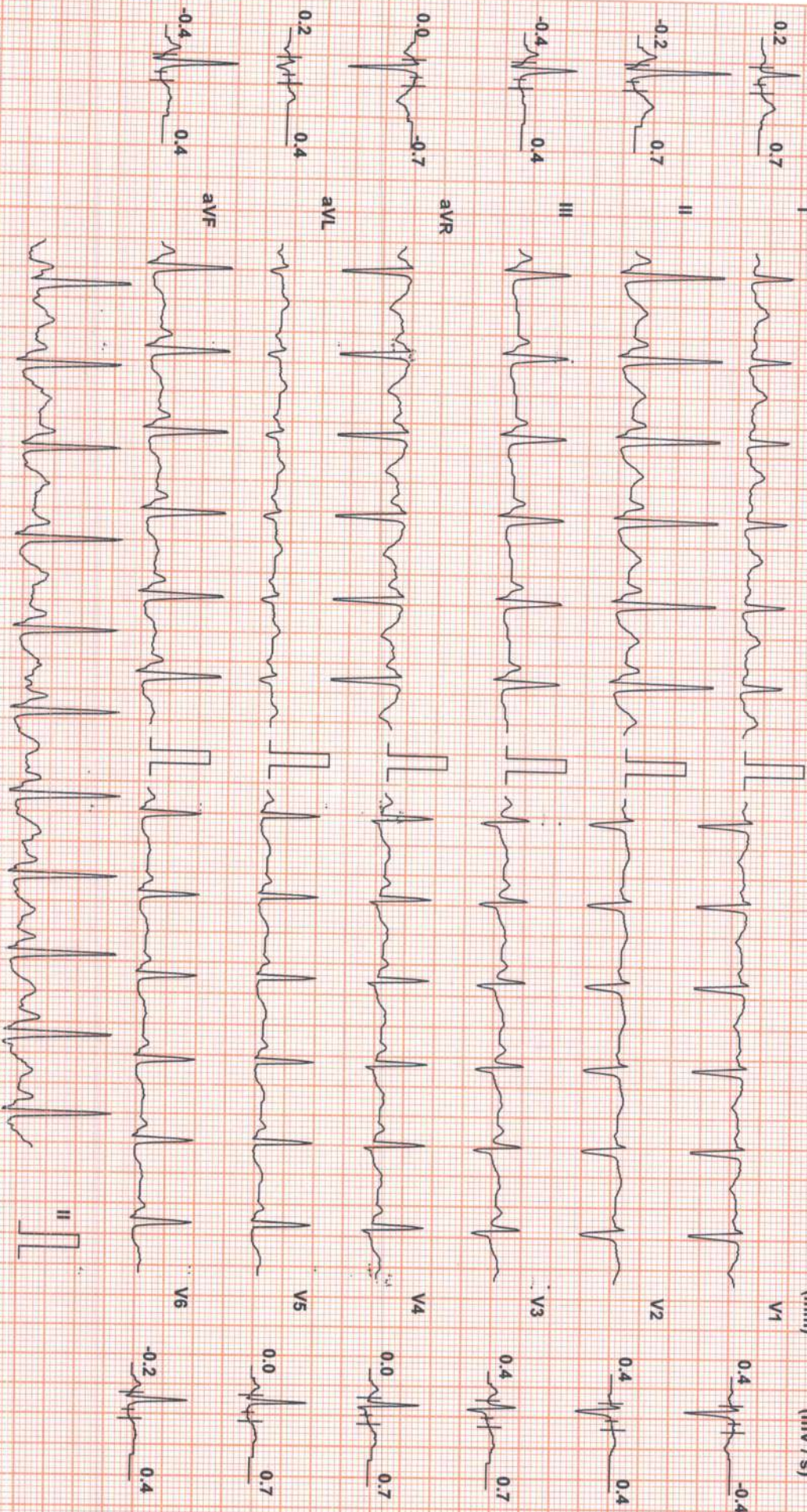


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

ID: 2308420861

Date: 25-Mar-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 131 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 161 bpm)

B.P: 120 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

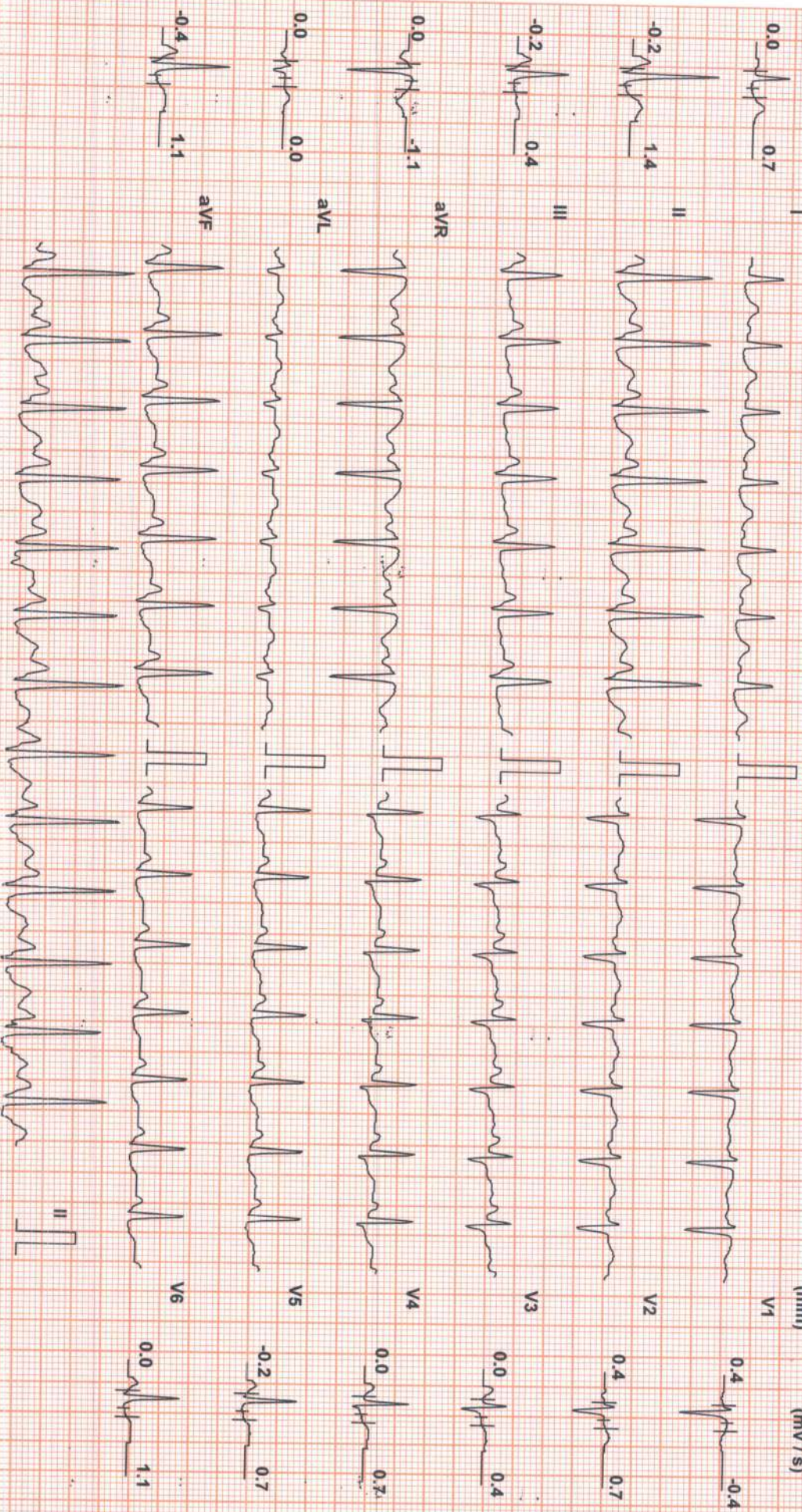


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

ID: 2308420861

Date: 25-Mar-23

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 162 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 161 bpm)

B.P: 130 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

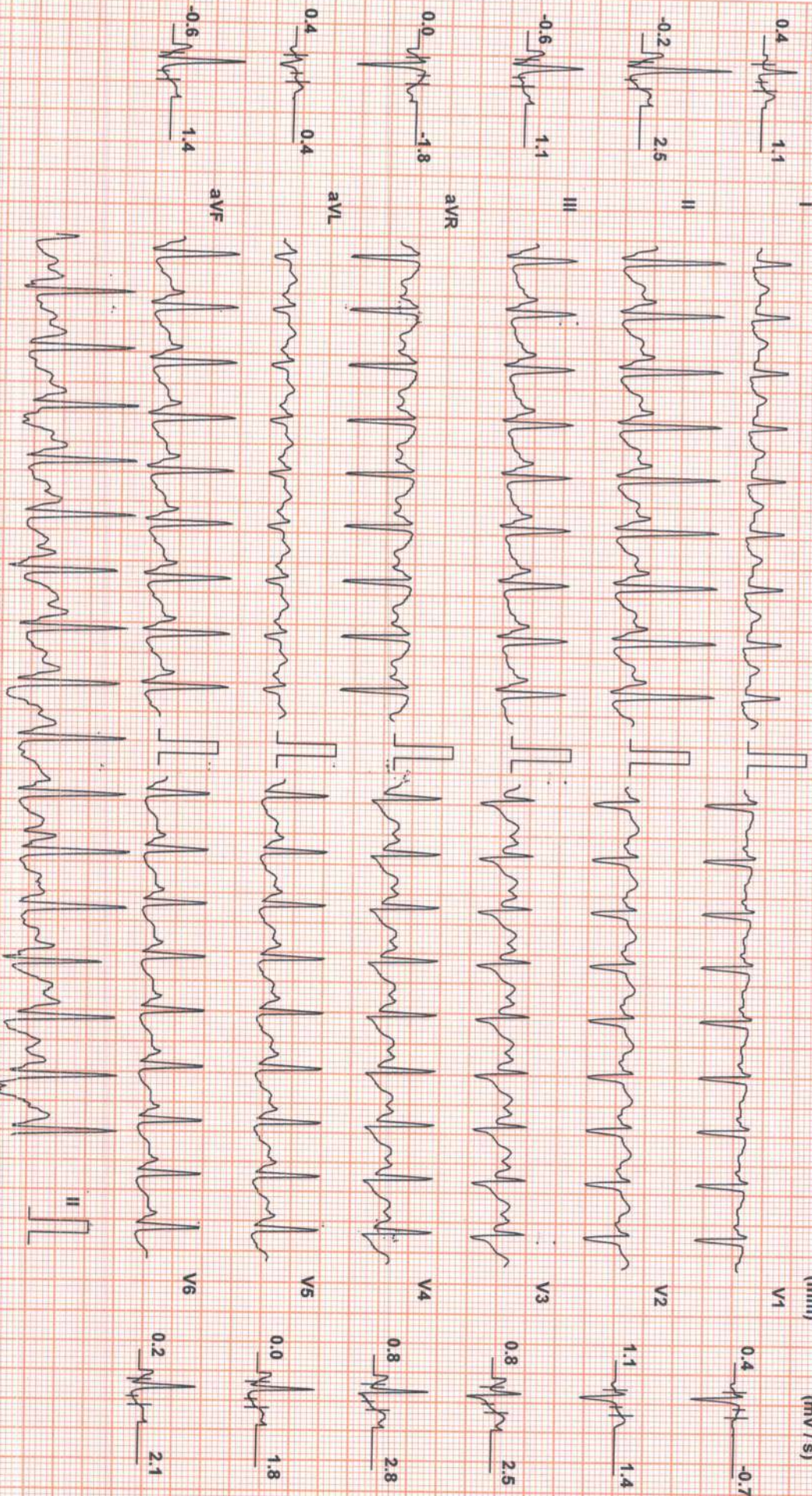


Chart Speed: 25 mm/sec  
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTICS

MRS. SNEHAL SONAWANE (30 F)

ID: 2308420861

Date: 25-Mar-23 Exec Time : 9 m 26 s Stage Time : 0 m 26 s HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 161 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

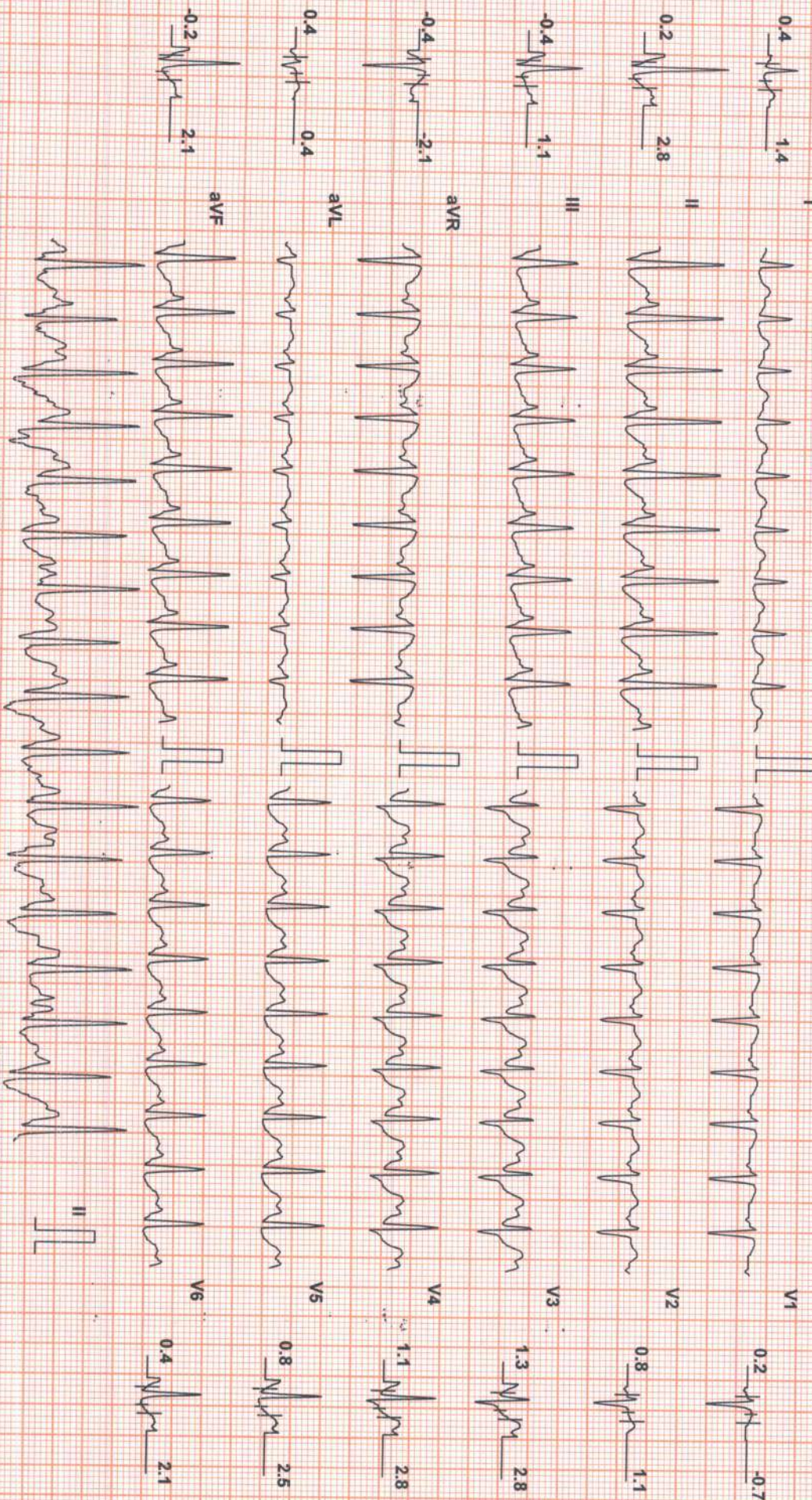


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS. SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time : 9 m 30 s Stage Time : 0 m 54 s HR: 125 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

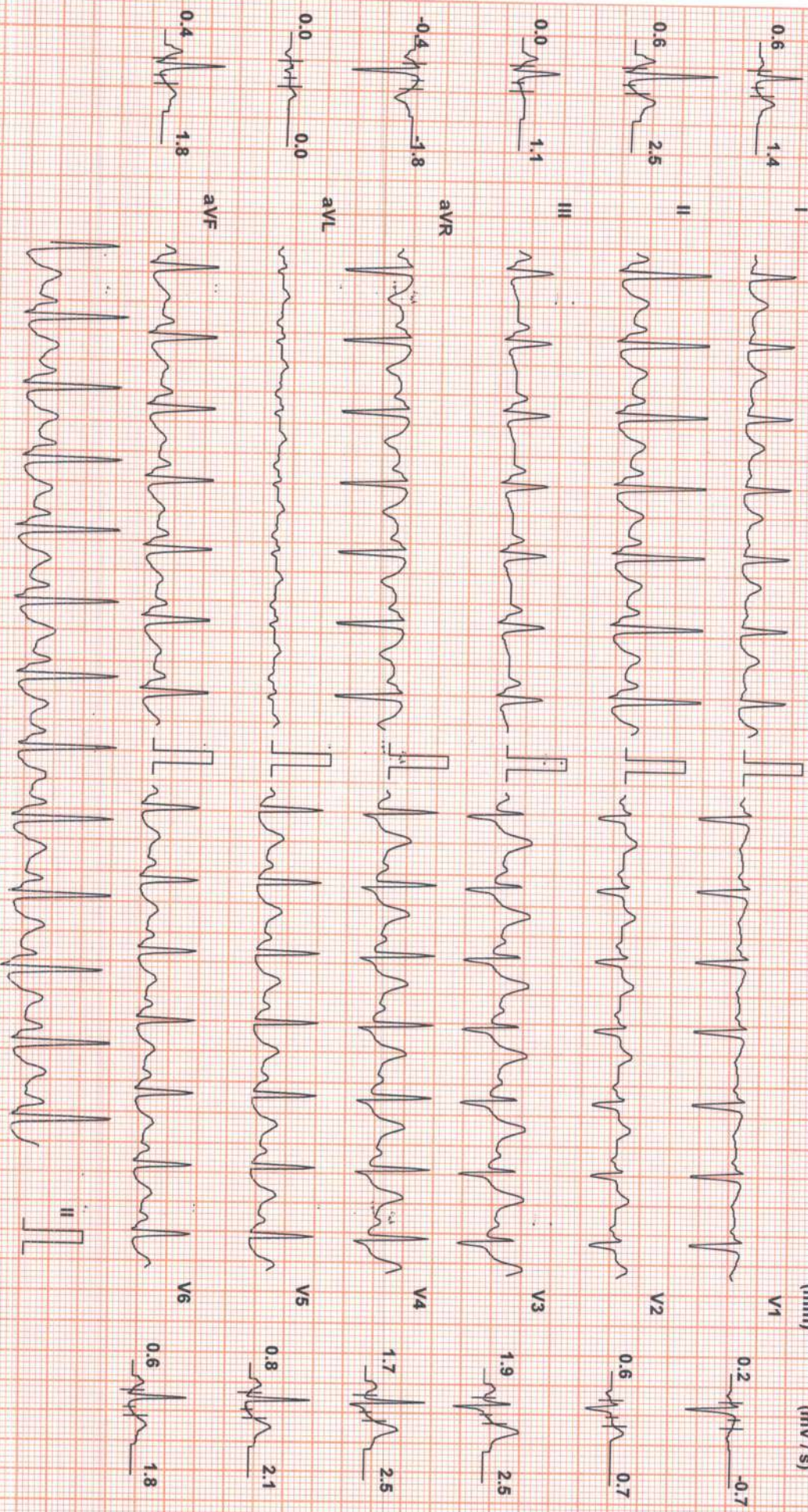


Chart Speed: 25 mm/sec  
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

ID: 2308420861

Date: 25-Mar-23

Exec Time : 9 m 30 s

Stage Time : 0 m 54 s

HR: 105 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 144 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

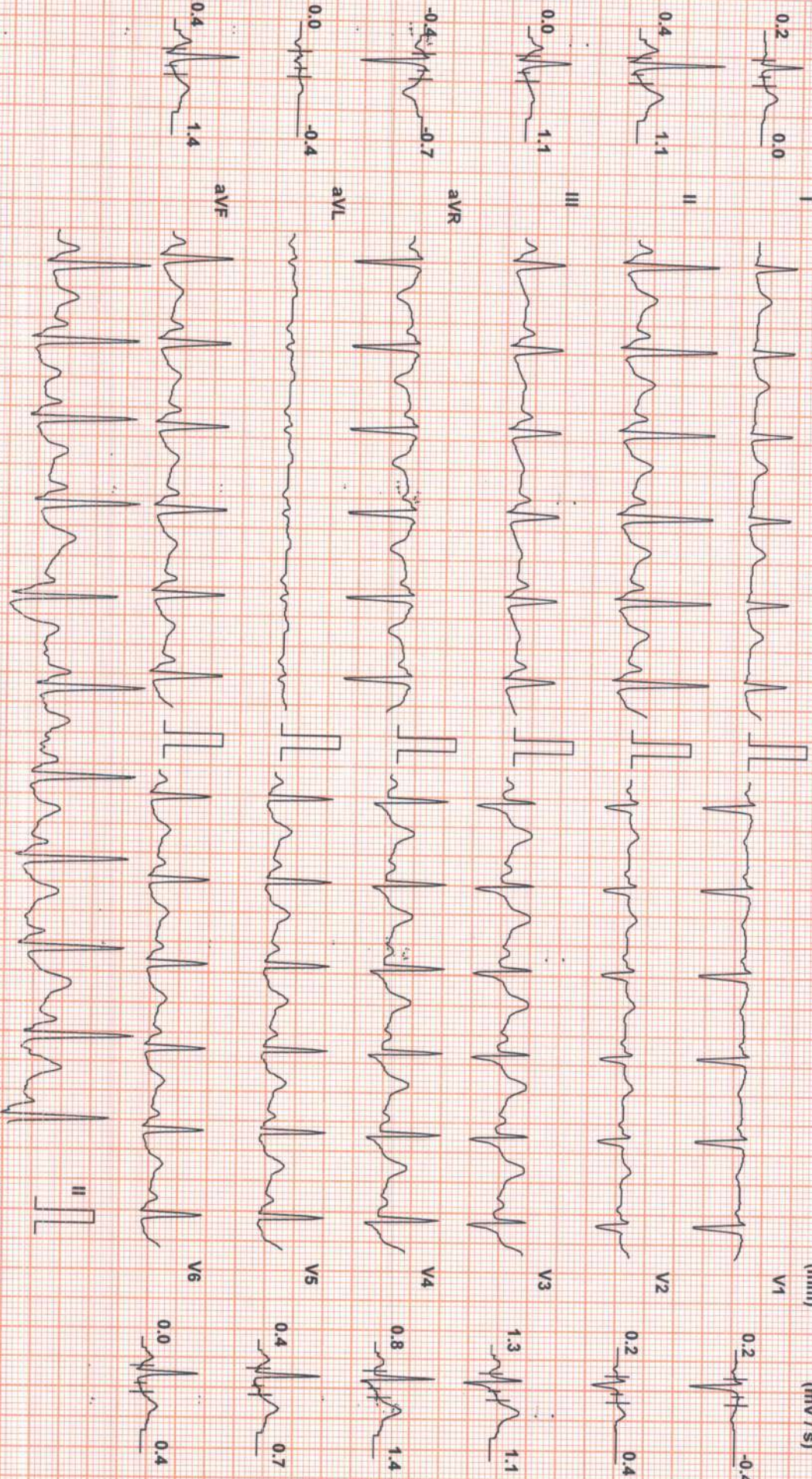


Chart Speed: 25 mm/sec  
Schiller Spanden V 4.7

Filter: 36 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

# SUBURBAN DIAGNOSTICS

## Test Report

**MRS. SNEHAL SONAWANE (30 F)**

ID: 2308420861

Date: 25-Mar-23

Exec Time : 9 m 30 s Stage Time : 0 m 54 s HR: 96 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P.: 130 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

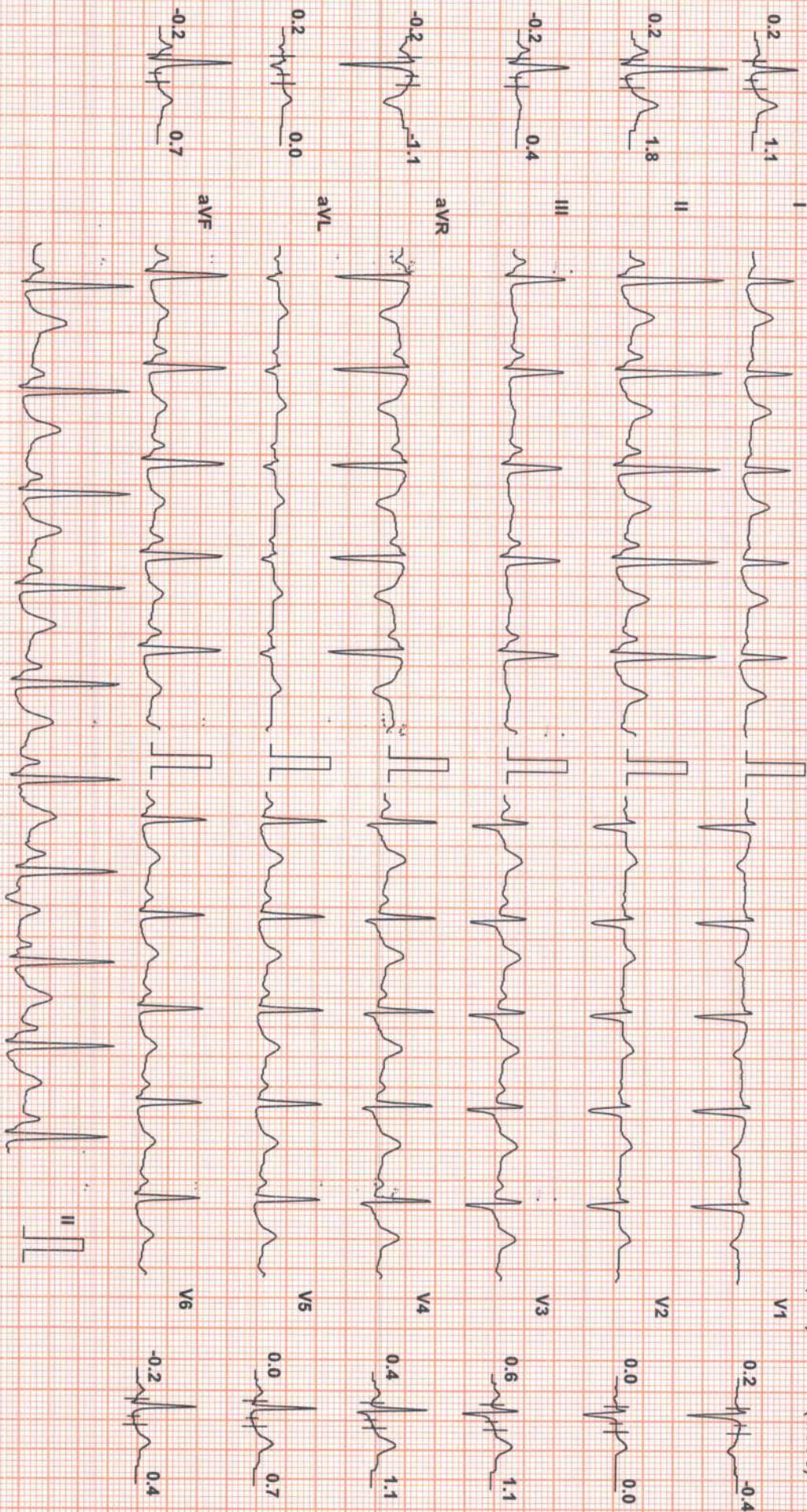


Chart Speed: 25 mm/sec  
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time : 9 m 30 s Stage Time : 0 m 54 s HR: 102 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0%

(THR: 161 bpm)

B.P: 124 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

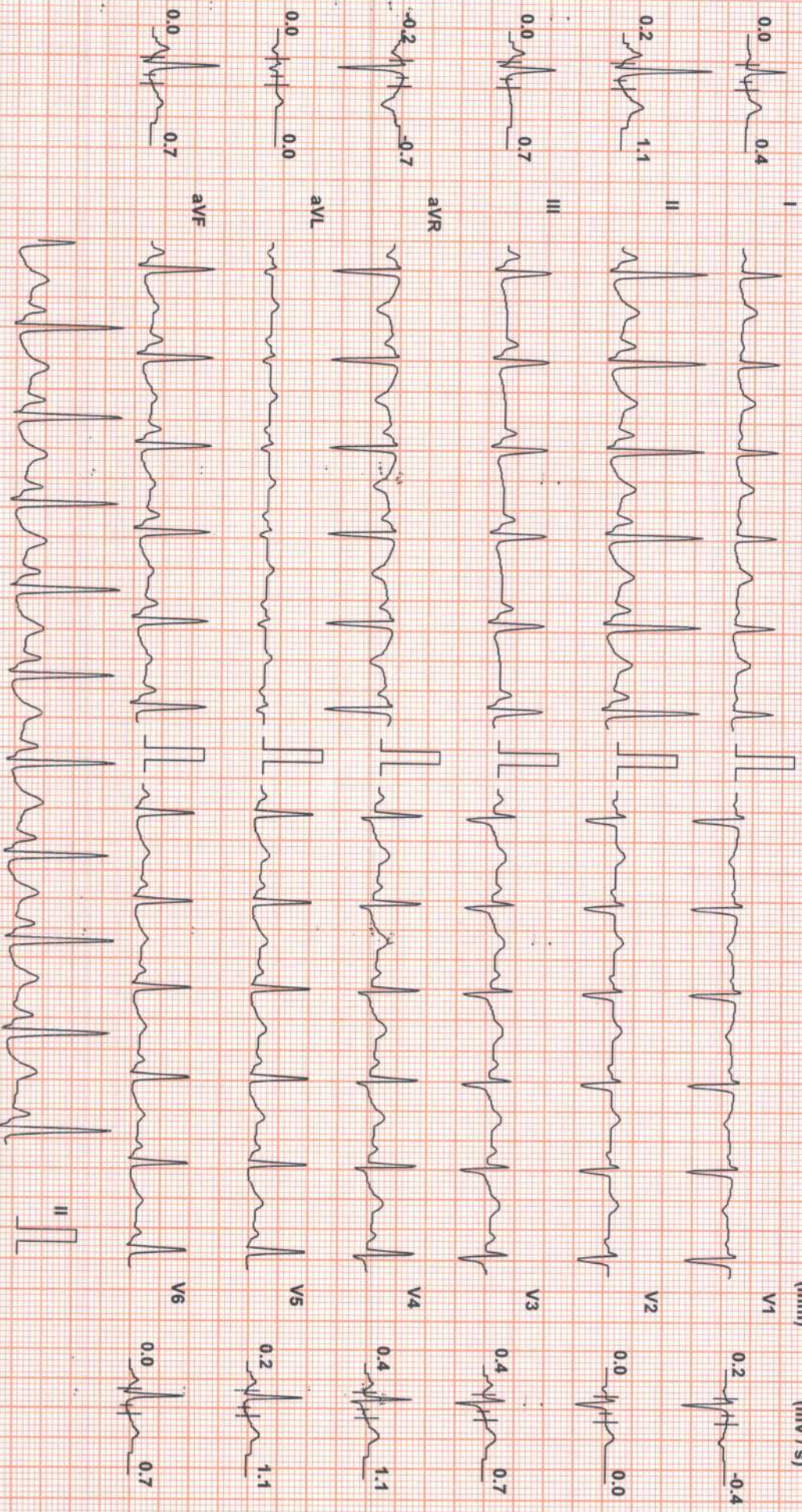


Chart Speed: 25 mm/sec  
Schlier Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. SNEHAL SONAWANE (30 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2308420861

Date: 25-Mar-23

Exec Time : 9 m 30 s Stage Time : 0 m 54 s HR: 102 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 124 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

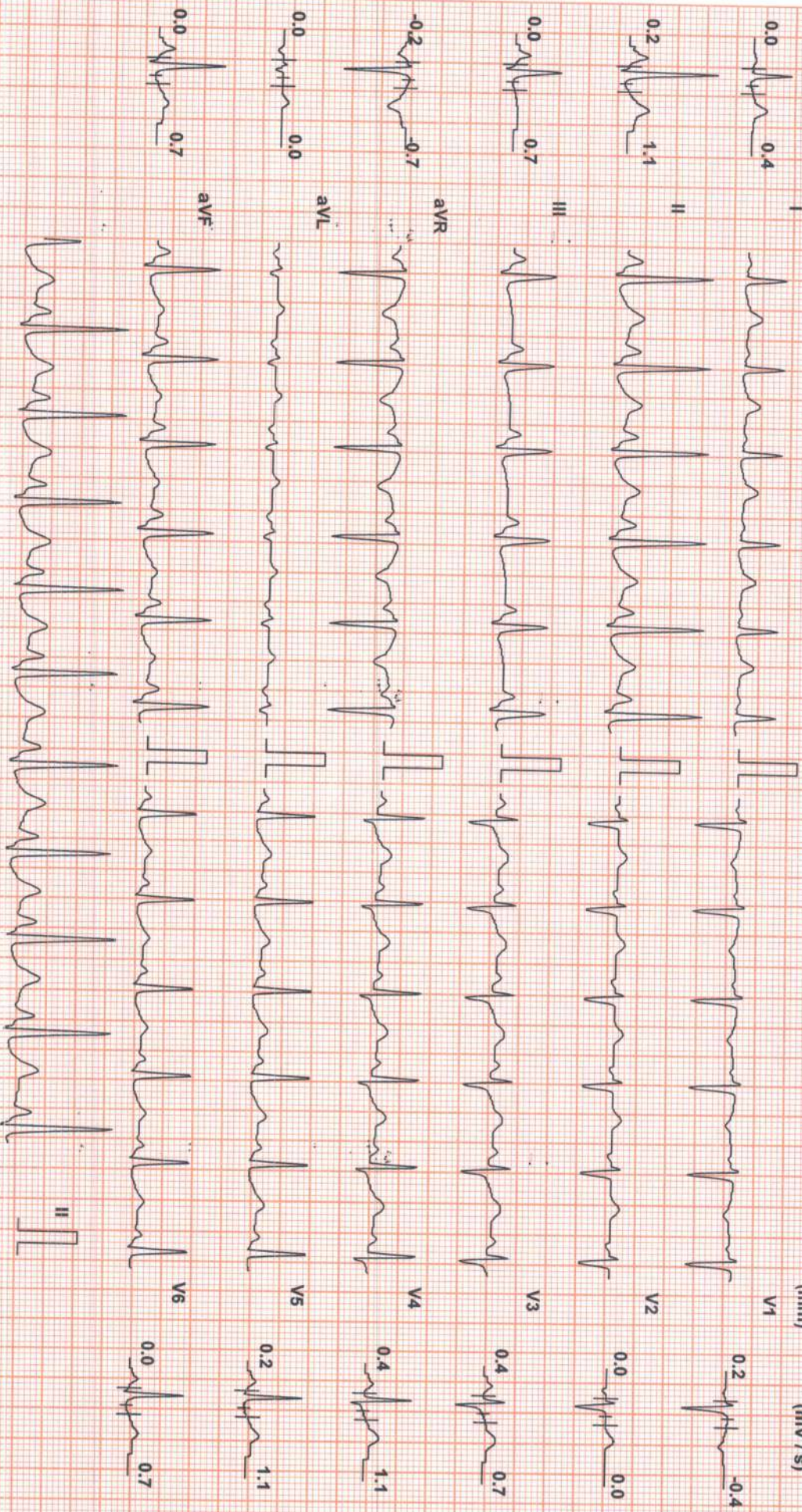


Chart Speed: 25 mm/sec  
Schlifer Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median