

PHYSICAL EXAMINATION REPORT

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| Patient Name | Rupalu Jaggap Sex/Age 7 35 grs Location Trave |
|-----------------------|---|
| Date | 8 11 2022 Location Thank |
| History and Co | mplaints |
| | |
| | Co-swelling in Left Axillary Region - click sound who |
| | Left Axillary |
| | Region |
| | 1.1900 |
| EXAMINATION | - Click sound on |
| EXAMINATION | FINDINGS. |
| Height (cms): | Temp (0c): |
| Weight (kg): | 3.8 Skin: |
| Blood Pressure | 100 70 Nails: |
| Pulse | Zollula Lymph Node: |
| | |
| Systems: | THE REPORT OF THE PROPERTY OF |
| Cardiovascular: | lock (-page) (years and it is a subject that I see a subject to |
| Respiratory: | 1 hada |
| Genitourinary: | Lump (?) - Fat deposition in |
| GI System: | CIT! |
| CNS: | |
| Impression:- 7 | (G- Incomplete RBBB. |
| | milal Husadarania DCC: Microcyzosis |
| | mild Hypochromia, DCC. Microcytosis 1 ESR (51), USG- Vterine Heratomaly |
| | 1 DR OI) 1 US CIBroids, 1 |

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.



Advice: - Tron Rich Foods.

- Cynaec Consultation.

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

PERSONAL HISTORY:

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

Dr. Manasee Kulkarni

2005/09/3439

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No



CID : 2231205397

Name : MS. JAGTAP RUPALI MUKUND

Age / Gender : 35 Years / Female

Consulting Dr. : -

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

Authenticity Check

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| | CBC (Complet | e Blood Count), Blood | |
|------------------------------|-----------------------------|-----------------------|--------------------|
| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
| RBC PARAMETERS | | | |
| Haemoglobin | 12.6 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.71 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 38.2 | 36-46 % | Measured |
| MCV | 81 | 80-100 fl | Calculated |
| MCH | 26.8 | 27-32 pg | Calculated |
| MCHC | 33.1 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.8 | 11.6-14.0 % | Calculated |
| WBC PARAMETERS | | | |
| WBC Total Count | 8700 | 4000-10000 /cmm | Elect. Impedance |
| WBC DIFFERENTIAL AND | ABSOLUTE COUNTS | | |
| Lymphocytes | 39.7 | 20-40 % | |
| Absolute Lymphocytes | 3453.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.0 | 2-10 % | |
| Absolute Monocytes | 435.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 53.9 | 40-80 % | |
| Absolute Neutrophils | 4689.3 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.4 | 1-6 % | |
| Absolute Eosinophils | 121.8 | 20-500 /cmm | Calculated |
| Basophils | 0.0 | 0.1-2 % | |
| Absolute Basophils | 0.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | | | |
| WBC Differential Count by Ab | sorbance & Impedance method | od/Microscopy. | |
| PLATELET PARAMETERS | | | |
| Platelet Count | 247000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.2 | 6-11 fl | Calculated |
| PDW | 14.3 | 11-18 % | Calculated |

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RBC MORPHOLOGY

Hypochromia

Mild

Microcytosis

Occasional

Macrocytosis

Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB

51

2-20 mm at 1 hr.

Westergren

Result Rechecked.

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







Amiet Taon Dr.AMIT TAORI M.D (Path) **Pathologist**

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: 2231205397

Name

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Consulting Dr.

ALKALINE PHOSPHATASE,

BLOOD UREA, Serum

Serum

BUN, Serum

Reg. Location

: G B Road, Thane West (Main Centre)

105.5

13.3

6.2

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| | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|---|
| PARAMETER | | **** | Hexokinase |
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 85.7 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | TEXONINAS |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 91.6 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.46 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.2 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.26 | 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 | 26.4 | 5-32 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 32.0 | 5-33 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 32.3 | 3-40 U/L | IFCC |
| ALLAN INE DIJOSPHATASE | 105.5 | 35-105 U/L | PNPP |

6-20 mg/dl

12.8-42.8 mg/dl

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Urease & GLDH

Calculated



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Enzymatic Calculated

Uricase

CREATININE, Serum eGFR, Serum

URIC ACID, Serum

0.65

4.5

2.4-5.7 mg/dl

0.51-0.95 mg/dl

>60 ml/min/1.73sqm

Urine Sugar (Fasting)
Urine Ketones (Fasting)

Absent Absent Absent Absent

Urine Sugar (PP)

Absent

Absent Absent

Urine Ketones (PP)

Absent

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









Dr.AMIT TAORI M.D (Path) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

Collected

Reported

METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.3

105.4

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

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.

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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Anit aon

Dr.AMIT TAORI M.D (Path) **Pathologist**

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Consulting Dr.

: -

Reg. Location

PARAMETER

: G B Road, Thane West (Main Centre)

RESULTS

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BIOLOGICAL REF RANGE METHOD

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

| PARAMETER | KESUL 13 | DIOLOGICAL KEI KANOL | METHOD |
|---------------------------|---------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Yellow | Pale Yellow | |
| Reaction (pH) | Neutral (7.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.010-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | |
| Volume (ml) | 50 | | • |
| 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 EXAMINATIO | N | | |
| Leukocytes(Pus cells)/hpf | 3-5 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 2-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 3-5 | Less than 20/hpf | |
| | | | |

*** End Of Report ***



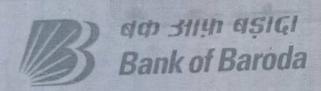




Dr.AMIT TAORI M.D (Path) Pathologist

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नाम

रुपाली मुकुंद जगताप

Name

Rupali Mukund Jagtap

कर्मचारी कूट क्र.

E.C. No.

161954

जारीकर्ता अधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature of Holder



: 2231205397

Name

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: 35 Years / Female

Consulting Dr.

: -

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Authenticity Check

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

PARAMETER

RESULTS

ABO GROUP

0

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.

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 G B Road Lab, Thane West
*** End Of Report ***







Amit Taon

Dr.AMIT TAORI M.D (Path) Pathologist

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: 2231205397

Name

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Age / Gender

: 35 Years / Female

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|-------------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 153.7 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 69.8 | 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 | 47.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 106.7 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 93.0 | 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 | 13.7 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.0 | 0-3.5 Ratio | Calculated |
| | | | |

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Dr.AMIT TAORI M.D (Path) **Pathologist**

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Name

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

| | 111111010 | | |
|---------------------|-----------|---|--------|
| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
| Free T3, Serum | 4.9 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.9 | 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 | 1.23 | 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 trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc

| traum | a 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 | Ĥigh | High | Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti- epileptics. |
| | | | and is at a minimum between 6 pm and 10 pm. |

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.

- 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 G B Road Lab, Thane West *** End Of Report ***







Amiet Taam

Dr.AMIT TAORI M.D (Path) **Pathologist**

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: 2231205397

Name

: Ms Jagtap Rupali Mukund

Age / Sex

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Ref. Dr

: G B Road, Thane West Main Centre

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USG WHOLE ABDOMEN

LIVER:Liver appears enlarged in size(16.8 cm) and shows normal 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 9.2 x 4.1 cm. Left kidney measures 9.7 x 4.5 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 bulky in size and measures 9.3 x 6.3 x 6.1 cm. Three mural fibroids noted in fundal region measuring 4.3 x 3.8 cm, 2.7 x 2.0 and 0.5 x 0.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

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: 2231205397

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Age / Sex

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: G B Road, Thane West Main Centre

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IMPRESSION:

Reg. Location

BULKY UTERUS WITH UTERINE FIBROIDS. 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.

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

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

G. R. Falle Dr. GAURAV FARTADE

MBBS, DMRE

Reg No -2014/04/1786

Consultant Radiologist

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CID : 2231205397

: Ms Jagtap Rupali Mukund Name

Age / Sex

Ref. Dr

Reg. Location

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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. Forle Dr.GAURAV FARTADE

MBBS, DMRE

Reg No -2014/04/1786 **Consultant Radiologist**

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R E 0 R

Date:- 8/11/22

CID:

Name: Rupali Jegtap

Sex / Age: 1 35

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: BR 66 NVDE X/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | СуІ | Axis | Vn |
|----------|-----|-----|------|----|-----|----------|------|----|
| Distance | | | | | | RAT | | |
| Near | | | | | | El equip | | |

Colour Vision: Normal / Abnormal

Remark: GoolWiziw

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

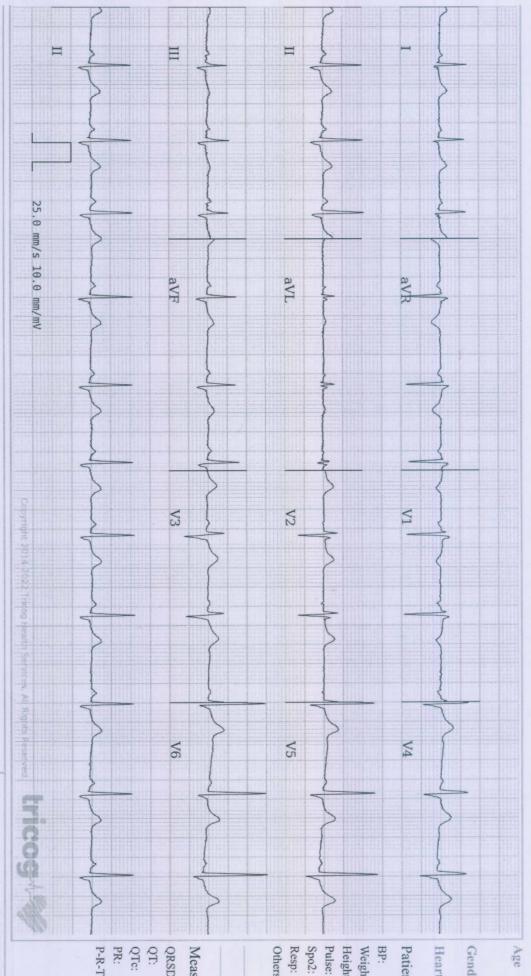
Patient ID: Patient Name: JAGTAP RUPALI MUKUND 2231205397

PRECISE TESTING . HEALTHIER LIVING

G

TICS

Date and Time: 8th Nov 22 9:46 AM



Age 35 years months days 13

Gender Female

Heart Rate 72bpm

Patient Vitals

BP: 100/70 mmHg

Height: Weight: 53 kg 155 cm

NA

Resp: Others NA

Measurements

QRSD: 90ms

QTc: QT: 435ms 398ms

P-R-T: 56° 50° 48° 122ms

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Incomplete RBBB.Please correlate clinically.

REPORTED BY

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972

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-physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG. invasive tests and must be interpreted by a qualified



1133 (2231205397) / RUPALI JAGTAP / 35 Yrs / F / 155 Cms / 53 Kg Date: 08-Nov-2022

| Stage | Time | Duration | Speed(mph) | Elevation | METs | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|-----------|-----|-----|----------|
| Supine | 00:04 | 0:04 | 00.0 | 00.0 | 01.0 | 093 | 50 % | [10/20 | 000 | 8 | |
| Standing | 00:07 | 0:03 | 00.0 | 00.0 | 01.0 | 093 | 50 % | (10/-70) | 000 | 8 | |
| ¥ | 00:10 | 0:03 | 01.7 | 10.0 | 01.1 | 092 | 50 % | 110/20 | 000 | 8 | |
| ExStart | 00:12 | 0:02 | 01.7 | 10.0 | 01.1 | 092 | 50 % | 0 (7/211) | 000 | 8 | |
| BRUCE Stage 1 | 03:12 | 3:00 | 01.7 | 10.0 | 04.7 | 128 | 69 % | 120/70 | 153 | 8 | |
| BRUCE Stage 2 | 06:12 | 3:00 | 02.5 | 12.0 | 07.1 | 156 | 84 % | 130/80 | 202 | 8 | |
| PeakEx | 06:21 | 0:09 | 03.4 | 14.0 | 07.3 | 160 | 86 % | 150/80 | 240 | 8 | |
| Recovery | 07:21 | 1:00 | 00.0 | 00.0 | 01.1 | 126 | 68 % | 150/80 | 189 | 8 | |
| Recovery | 08:21 | 2:00 | 00.0 | 00.0 | 01.0 | 114 | 62 % | 150/80 | 171 | 8 | |
| Recovery | 10:21 | 4:00 | 00.0 | 00.0 | 01.0 | 110 | 59 % | 120/70 | 132 | 8 | |
| Recovery | 10:31 | 4:11 | 00.0 | 00.0 | 01.0 | 102 | 55 % | 120/70 | 122 | 8 | |

Max BP Attained Max HR Attained Exercise Time : 06:09 : 160 bpm 86% of Target 185

: 150/80

: 7.3 Fair response to induced stress

Fatigue, Heart Rate Acheived

Test End Reasons

Max WorkLoad Attained



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



1133 / RUPALI JAGTAP / 35 Yrs / F / 155 Cms / 53 Kg Date: 08-Nov-2022

REPORT :

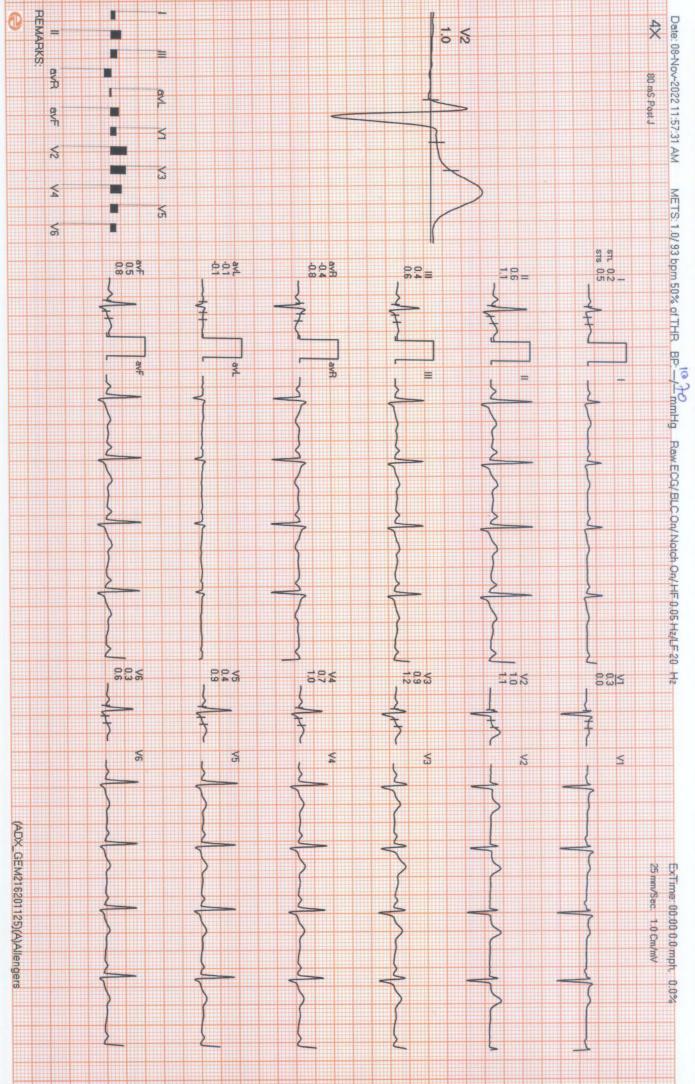
PROCEDURE DONE: Graded exercise treadmill stress test.

time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test. STRESS ECG RESULTS: The initial HR was recorded as 93.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the The Test was completed because of Fatigue, Heart Rate Acheived.

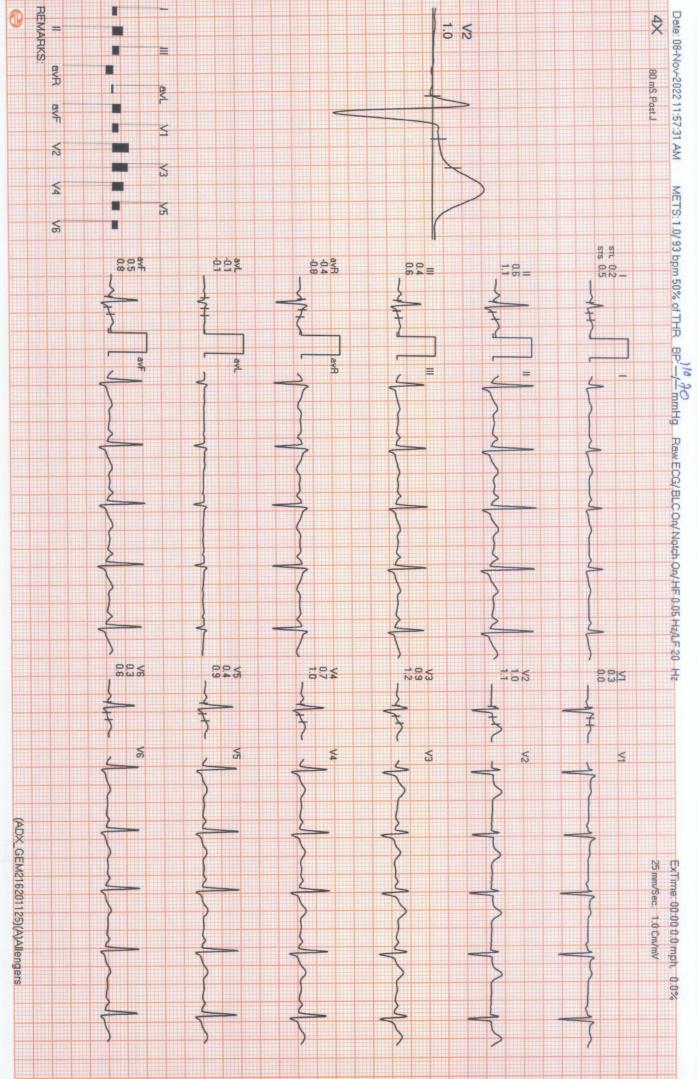
- CONCLUSIONS:
- 1. TMT is negative for exercise induced ischemia.
- 2. Normal chronotropic and Normal inotropic response.
- 3. No significant ST T changes seen.

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





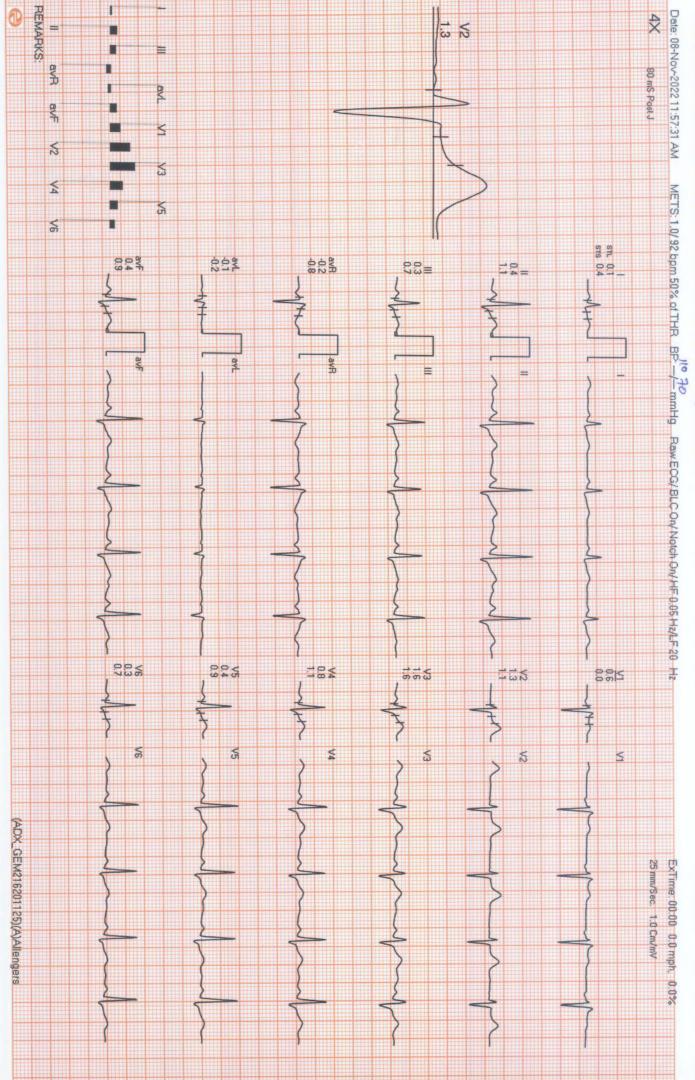






REMARKS: 4× Date: 08-Nov-2022 11:57:31 AM <u>1</u>. ≲ avR 80 mS Post J avF S ¥2 **Y**3 **V4** METS: 1.0/92 bpm 50% of THR BP-1-/26mmHg Rew ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz V5 94 STL 0.1 STS 0.4 0.4 0.9 0.1 0.2 0.2 0.8 0.3 0.3 0.40 1084 5 5 S 0.01 1135 ¥3 Y V2 (ADX_GEM216201125)(A)Allengers ExTime: 00:00 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV

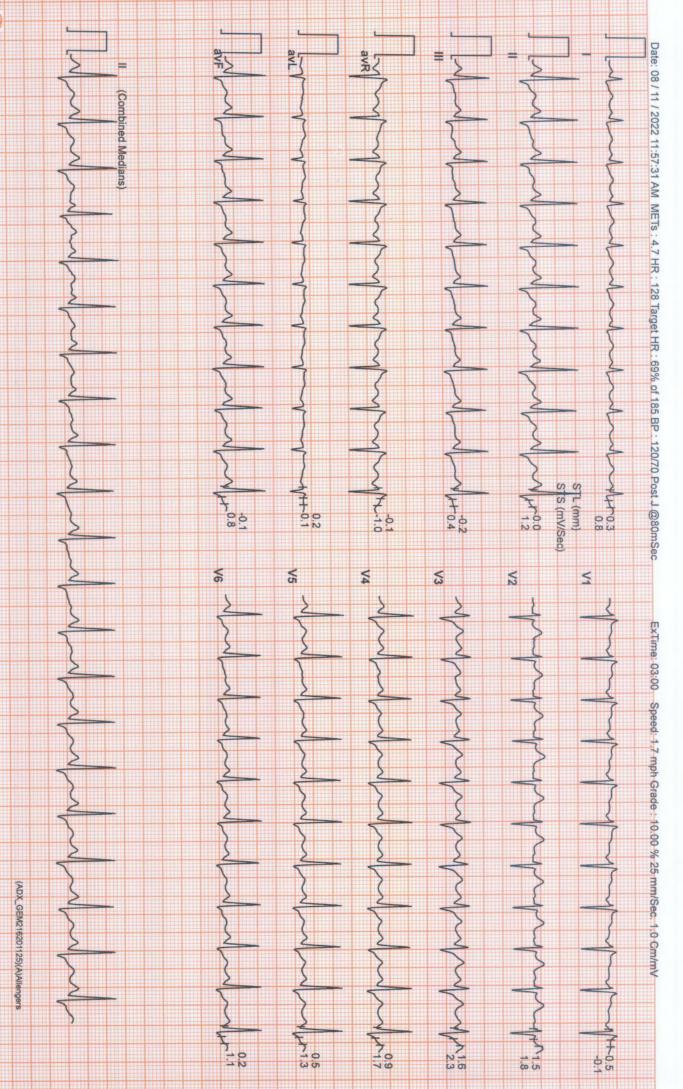




THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg SUBURBAN DIAGNOSTICS THANE GB

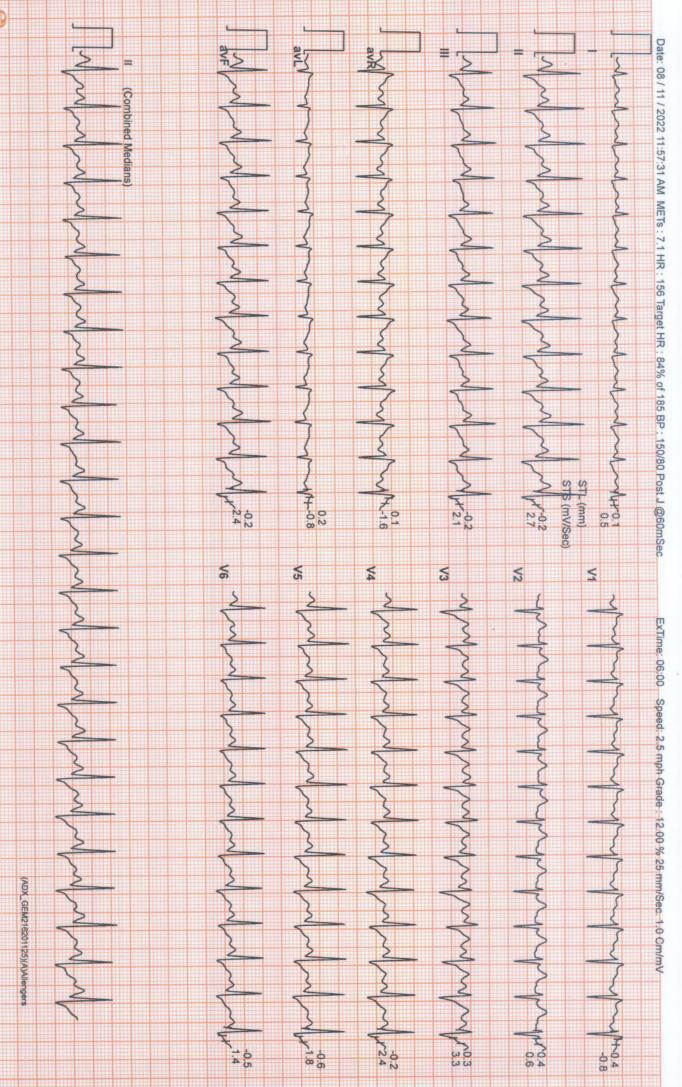
6X2 Combine Medians + 1 Rhythm BRUCE: Stage 1 (03:00)





SUBURBAN DIAGNOSTICS THANE GB THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

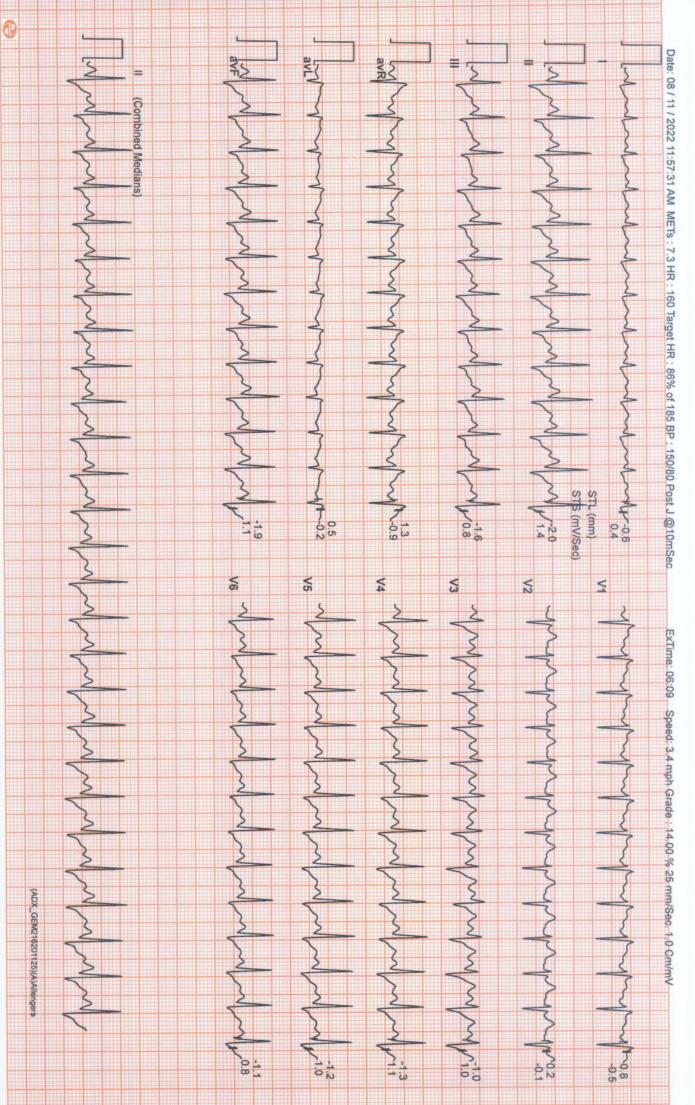
6X2 Combine Medians + 1 Rhythm BRUCE: Stage 2 (03:00)



SUBURBAN DIAGNOSTICS THANE GB THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

6X2 Combine Medians + 1 Rhythm PeakEx

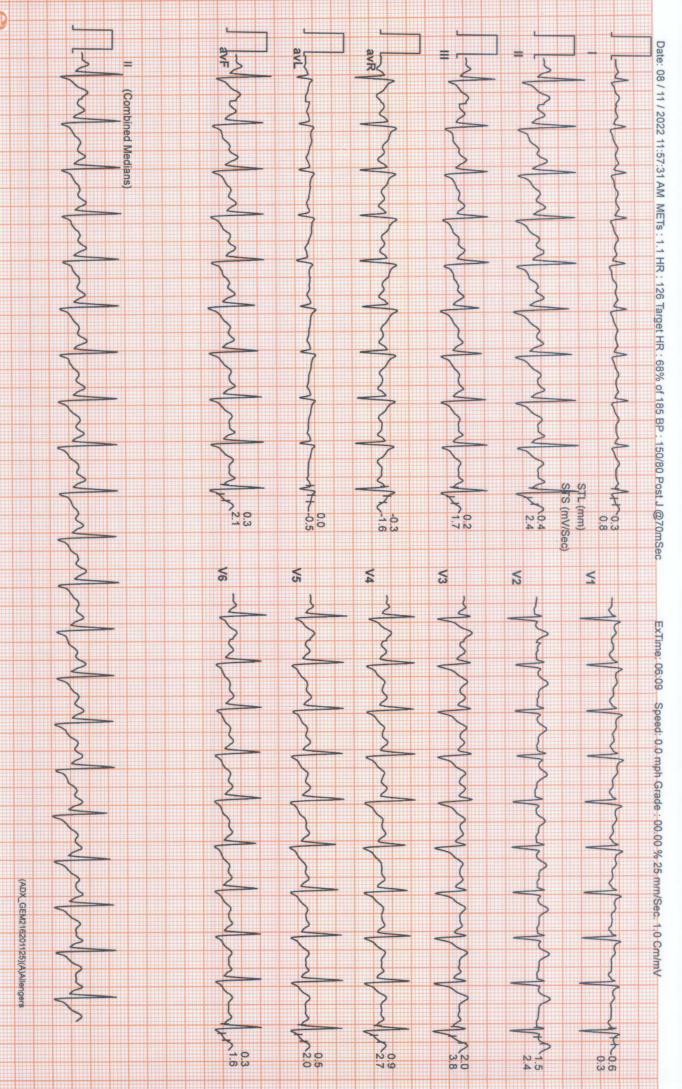




THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

> 6X2 Combine Medians + 1 Rhythm Recovery: (01:00)

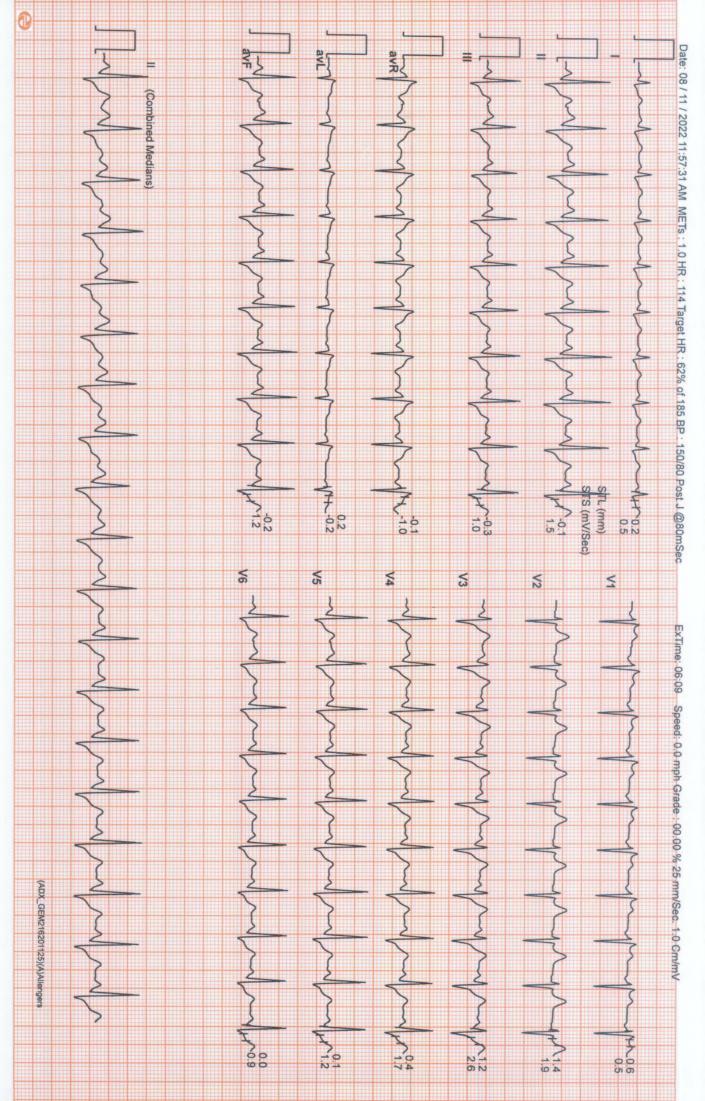




THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

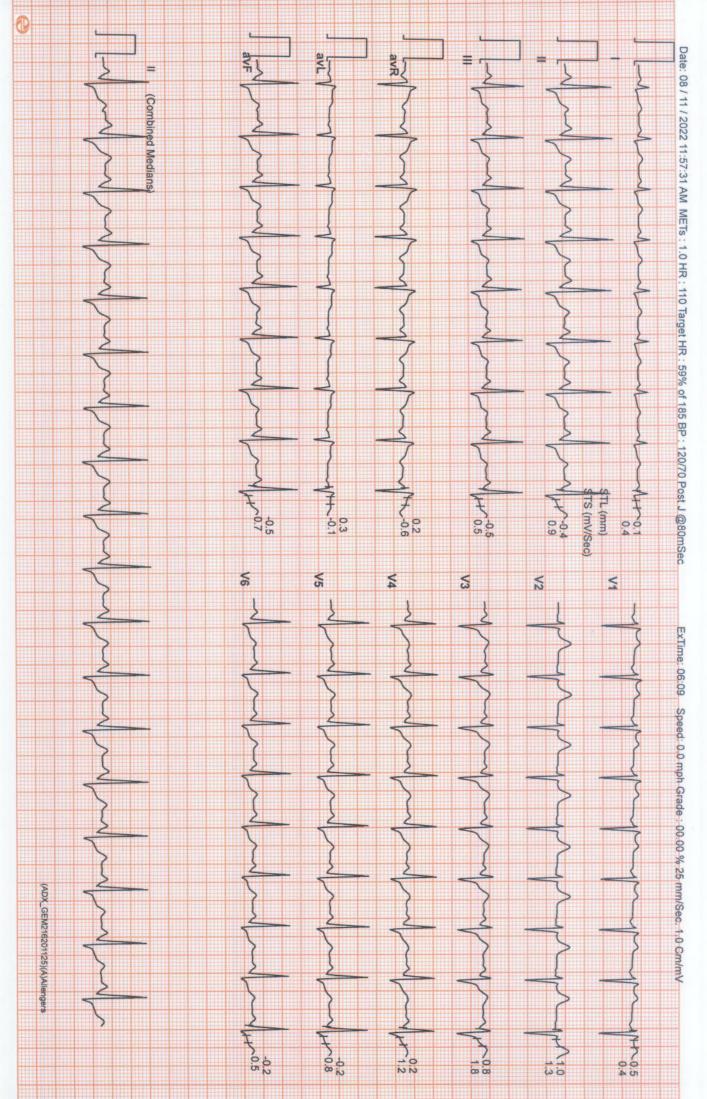
6X2 Combine Medians + 1 Rhythm Recovery: (02:00)





THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

> 6X2 Combine Medians + 1 Rhythm Recovery: (04:00)



THANE GB 1133 / RUPALI JAGTAP / 35 Yrs / Female / 155 Cm / 53 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (04:10)



