



CID : 2228120041
Name : MRS.RATHOD BHARTI NANJI
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 08-Oct-2022 / 09:39
Reported : 08-Oct-2022 / 13:19

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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	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.96	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Measured
MCV	79	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	17.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7920	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.1	20-40 %	
Absolute Lymphocytes	2938.3	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	419.8	200-1000 /cmm	Calculated
Neutrophils	43.7	40-80 %	
Absolute Neutrophils	3461.0	2000-7000 /cmm	Calculated
Eosinophils	13.4	1-6 %	
Absolute Eosinophils	1061.3	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	39.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	364000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated



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Collected : 08-Oct-2022 / 09:39
Reported : 08-Oct-2022 / 14:15

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	88.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	138.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.20	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	30.0	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	32.6	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reported : 08-Oct-2022 / 18:44

GAMMA GT, Serum	22.5	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	122.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	19.4	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	9.1	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.59	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	122	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.2	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

Anupa

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



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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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Note: Variant window (34.7%) detected. Advice: Hb electrophoresis for confirmation of abnormal hemoglobin.



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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 ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical
Services)



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Collected : 08-Oct-2022 / 09:39
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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Collected : 08-Oct-2022 / 09:39
Reported : 08-Oct-2022 / 15:12

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	152.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.0	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	33.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	119.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.5	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	18.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



J. Thakker

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Reported : 08-Oct-2022 / 14:54

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	4.6	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.644	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Collected : 08-Oct-2022 / 09:39
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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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*** End Of Report ***

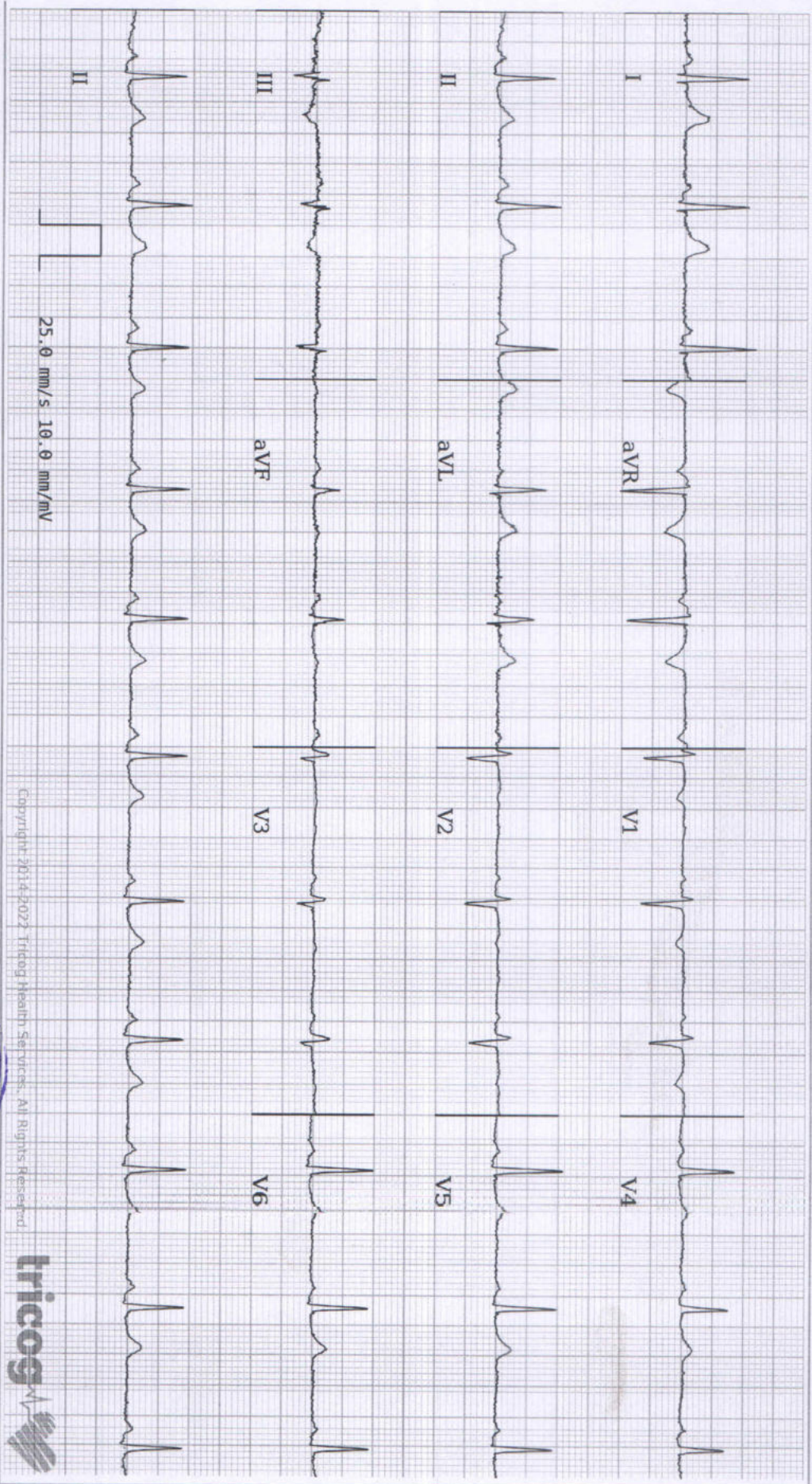


Anupa

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

Patient Name: RATHOD BHARTI NANJI
Patient ID: 2228120041

Date and Time: 8th Oct 21 10:43 AM



25.0 mm/s 10.0 mm/mV

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Age 37 9 13
years months days

Gender Female

Heart Rate 67bpm

Patient Vitals

BP: 150/90 mmHg

Weight: 90 kg

Height: 153 cm

Pulse: 68 bpm

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms
QT: 402ms
QTc: 424ms
PR: 140ms
P-R-T: 45° 23° 11°

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

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



REPORTED BY

[Signature]

Dr. Ajita Bhoosale
M.B.B.S.F.G.D.C.C (DIP: Cardiology)
2013062200

Date:- 08/10/22

CID: 2228120041

Name:- Mrs Bharti Nanyi Rathod. Sex / Age: F / 37 yrs.

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - No

Past history: - No

Unaided Vision: -

Aided Vision: - No

Refraction: (R) 6/6 (L) 6/6

(Right Eye)

(Left Eye)

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

Colour Vision: Normal / Abnormal

Remark: Normal vision



ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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PHYSICAL EXAMINATION REPORT

History and Complaints: NIL			
EXAMINATION FINDINGS:			
Height (cms):	153	Weight (kg):	90
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	150/90	Nails:	Healthy
Pulse:	102/MIN	Lymph Node:	Not Palpable
Systems			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
Genitourinary: NAD			
GI System: Soft non tender No Organomegaly			
CNS: NAD			
IMPRESSION: OBESE. RAISED BP.			
ADVICE: REGULAR EXERCISE. HEALTHY DIET. MONITOR BP. REDUCE WEIGHT.			

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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 :	NO
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 :	NO

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG
4)	Medication	NIL

*** End Of Report ***




Dr. Ajita Bhosale
PHYSICIAN

Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology

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Bank of Baroda



नाम
Name **भारती नानजी राठोड**
Bharti Nanji Rathod

कर्मचारी आई. नं.
E.C. No. **BR175897**


जारी करने प्राधिकारी
Issuing Authority

Bharti
धारक के हस्ताक्षर
Signature of Holder

Bharti

SUBURBAN DIAGNOSTIC CENTRE

Patient Details

Date: 08-Oct-22

Time: 1:52:09 PM

Name: BHARTI NANJI RATHOD ID: 2228120041

Age: 37 y

Sex: F

Height: 153 cms

Weight: 90 Kgs

Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 183 bpm

THR: 155 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 6 s

Max. HR: 157 (86% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 210 / 90 mmHg

Max. BP x HR: 32970 mmHg/min

Min. BP x HR: 9270 mmHg/min

Test Termination Criteria: THR ACHIEVED

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	1 : 26	1.0	0	0	103	150 / 90	-1.27 II	1.42 I
Standing	0 : 59	1.0	0	0	120	150 / 90	-1.06 III	1.06 I
Hyperventilation	0 : 8	1.0	0	0	118	150 / 90	-0.64 III	1.06 I
1	3 : 0	4.6	1.7	10	142	160 / 90	-1.49 III	2.48 I
2	3 : 0	7.0	2.5	12	155	180 / 90	-1.70 III	3.18 I
Peak Ex	0 : 6	10.2	3.4	14	157	210 / 90	-1.70 III	3.18 I
Recovery(1)	3 : 0	1.8	1	0	107	160 / 90	-2.76 III	4.60 I
Recovery(2)	1 : 1	1.0	0	0	110	150 / 90	-0.85 III	1.42 I

Interpretation

FAIR EFFORT TOLERANCE.
 MODERATE WORKLOAD ACHIEVED.
 BASELINE HYPERTENSION.
 APPROPRIATE CHRONOTROPIC AND EXAGGERATED INOTROPIC
 RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRYTHMIAS NOTED

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR
 REVERSIBLE INDUCIBLE ISCHEMIA.

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

Ref. Doctor: ARCOFEMI

(Summary Report edited by user)

Doctor: DR AJITA BHOSALE

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Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology



BHARTI NANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 1 m 20 s **HR: 104 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 150 / 90

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

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

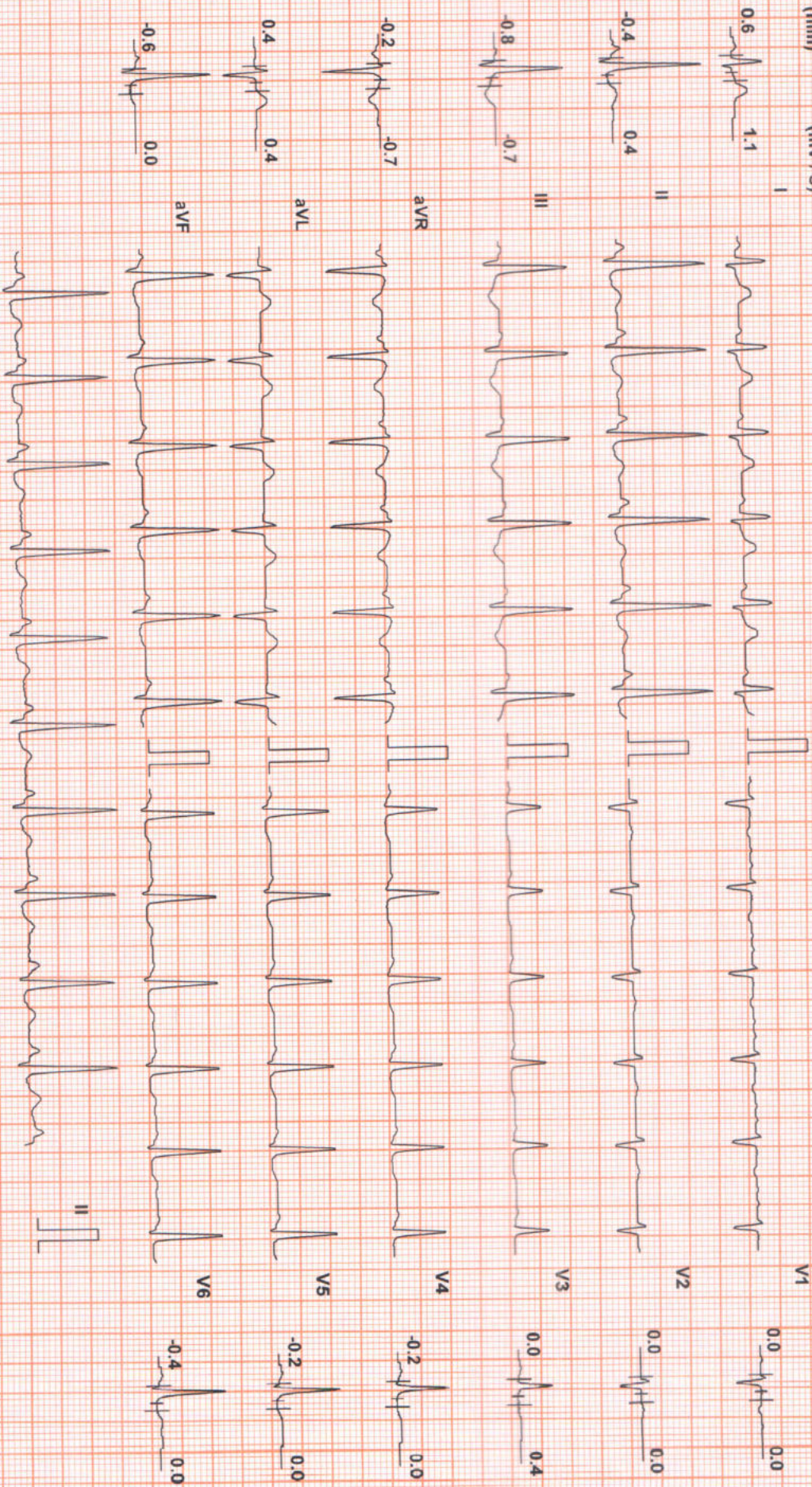


Chart Speed: 25 mm/sec
Schiller Spanden V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

BHARTI NANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 53 s

HR: 117 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 155 bpm)

BP: 150/90

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

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

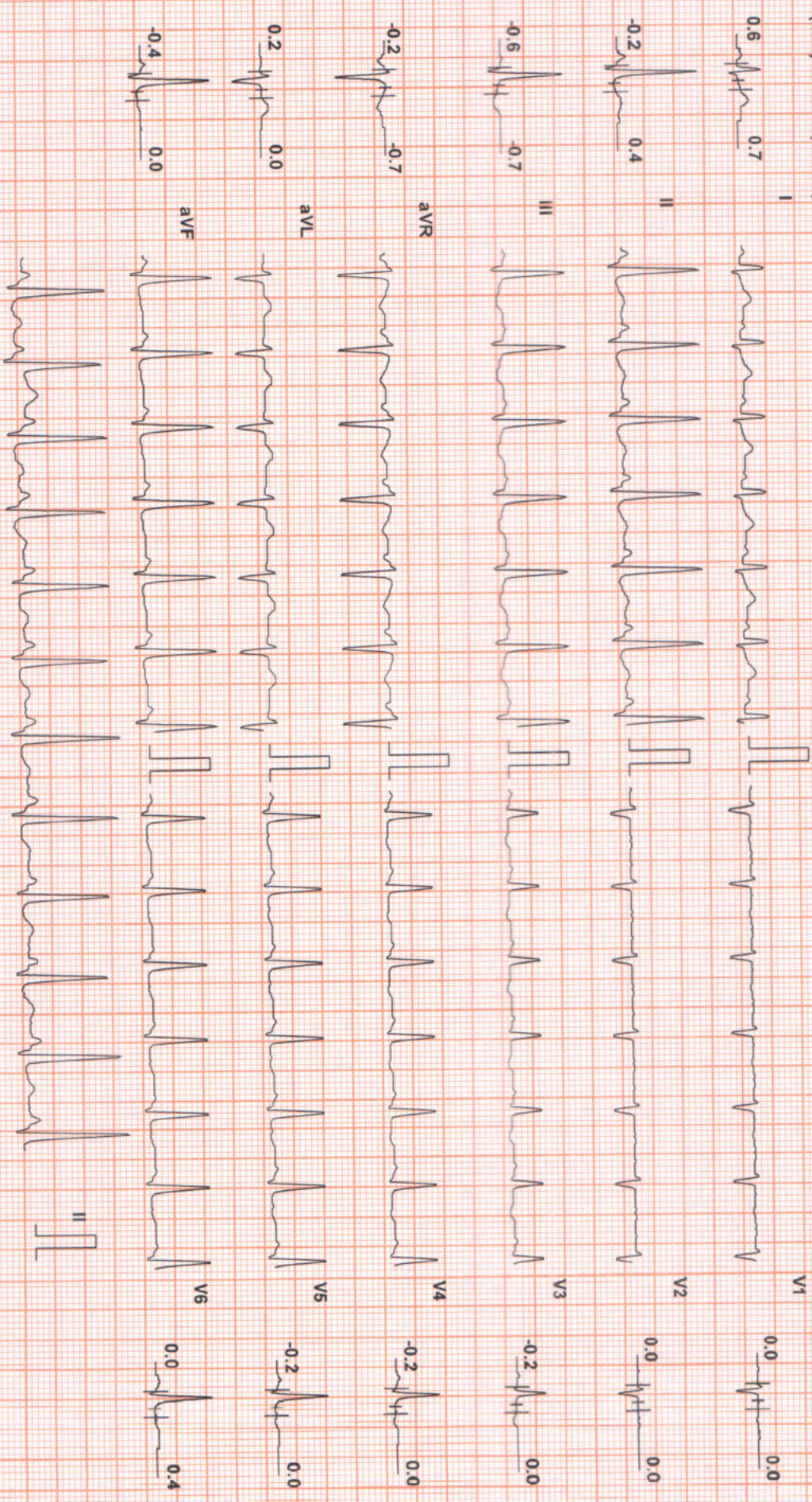


Chart Speed: 25 mm/sec
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



BHARTI NANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time: 0 m 0 s

Stage Time: 0 m 1 s

HR: 114 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 150 / 90

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

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

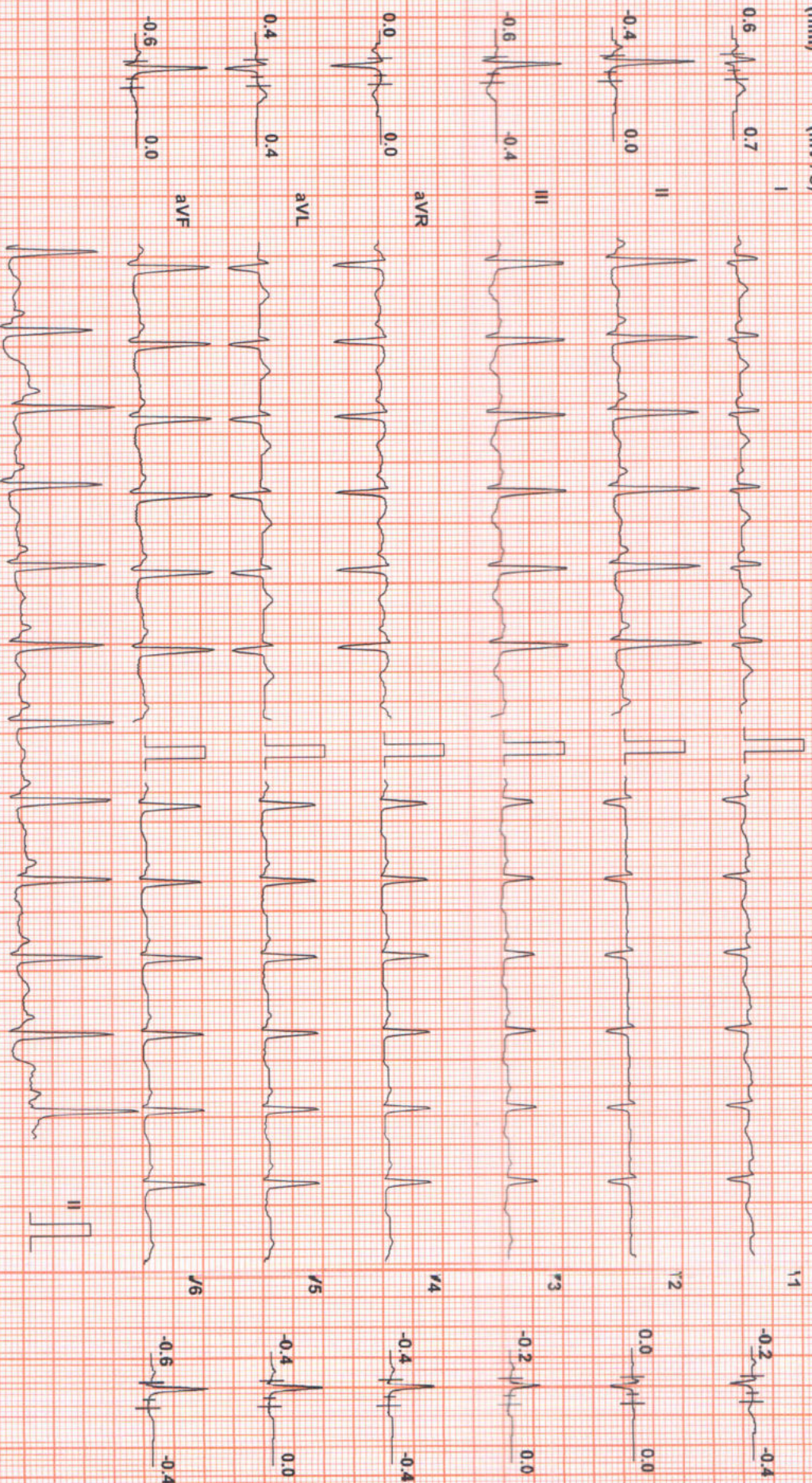


Chart Speed: 25 mm/sec
Schiller Spandari V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



BHARTI NANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 142 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10% (THR: 155 bpm) B.P.: 160/90

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

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

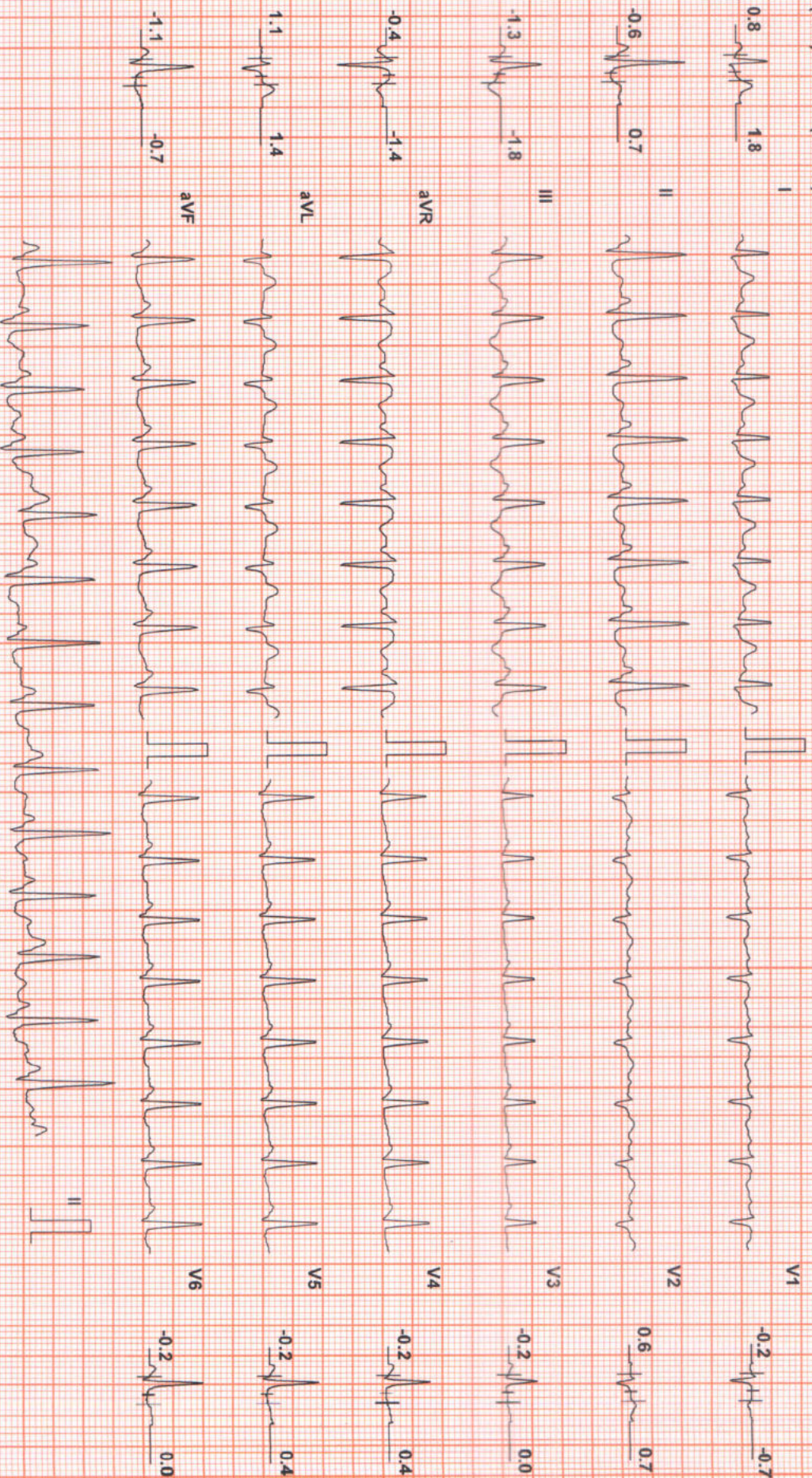


Chart Speed: 25 mm/sec
Schiller Spandax V 4 52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

BHARTI NANJIRATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 156 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 155 bpm)

B.P: 180 / 90

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

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

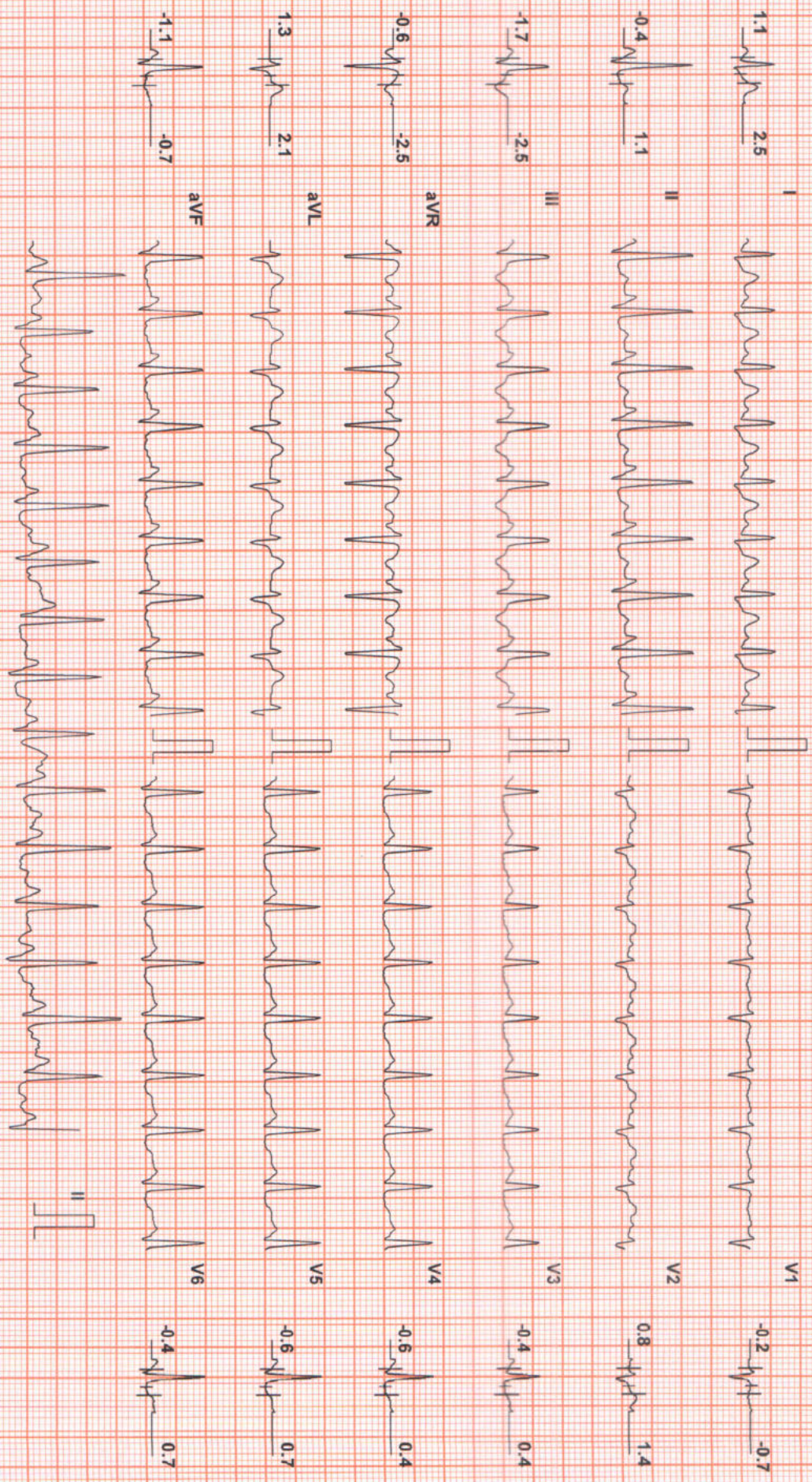


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTIC CENTRE

Test Report

BHARTI NANJJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time : 6 m 0 s

Stage Time : 0 m 0 s

HR: 157 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 155 bpm)

B.P: 210 / 90

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

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

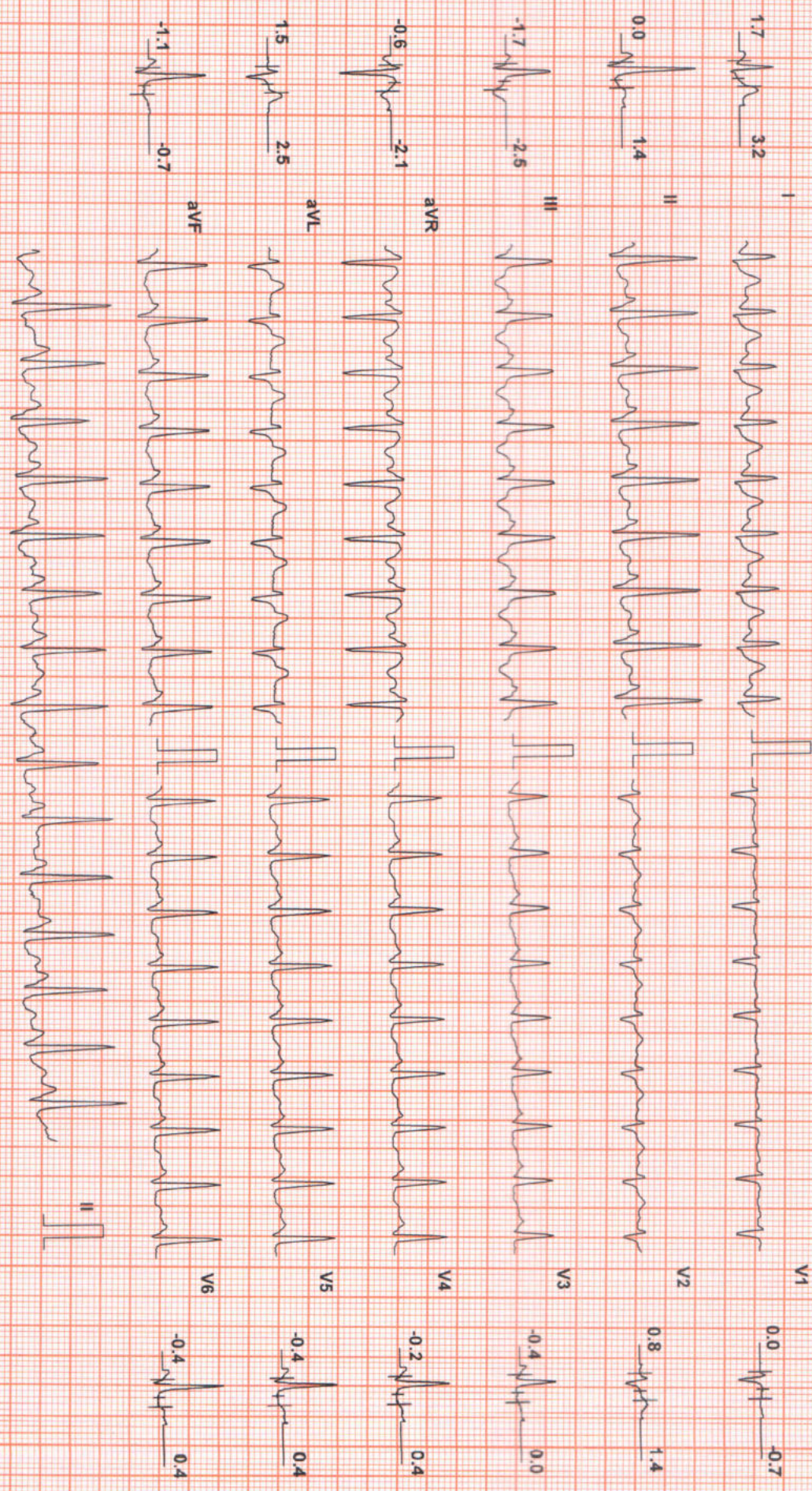


Chart Speed: 25 mm/sec
Schiller Standard V 4 52

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 DIAGNOSTIC CENTRE

1st Report

BHARTI NANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time: 6 m 6 s

Stage Time: 2 m 54 s **HR: 106 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 155 bpm)

B.P.: 160 / 90

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

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

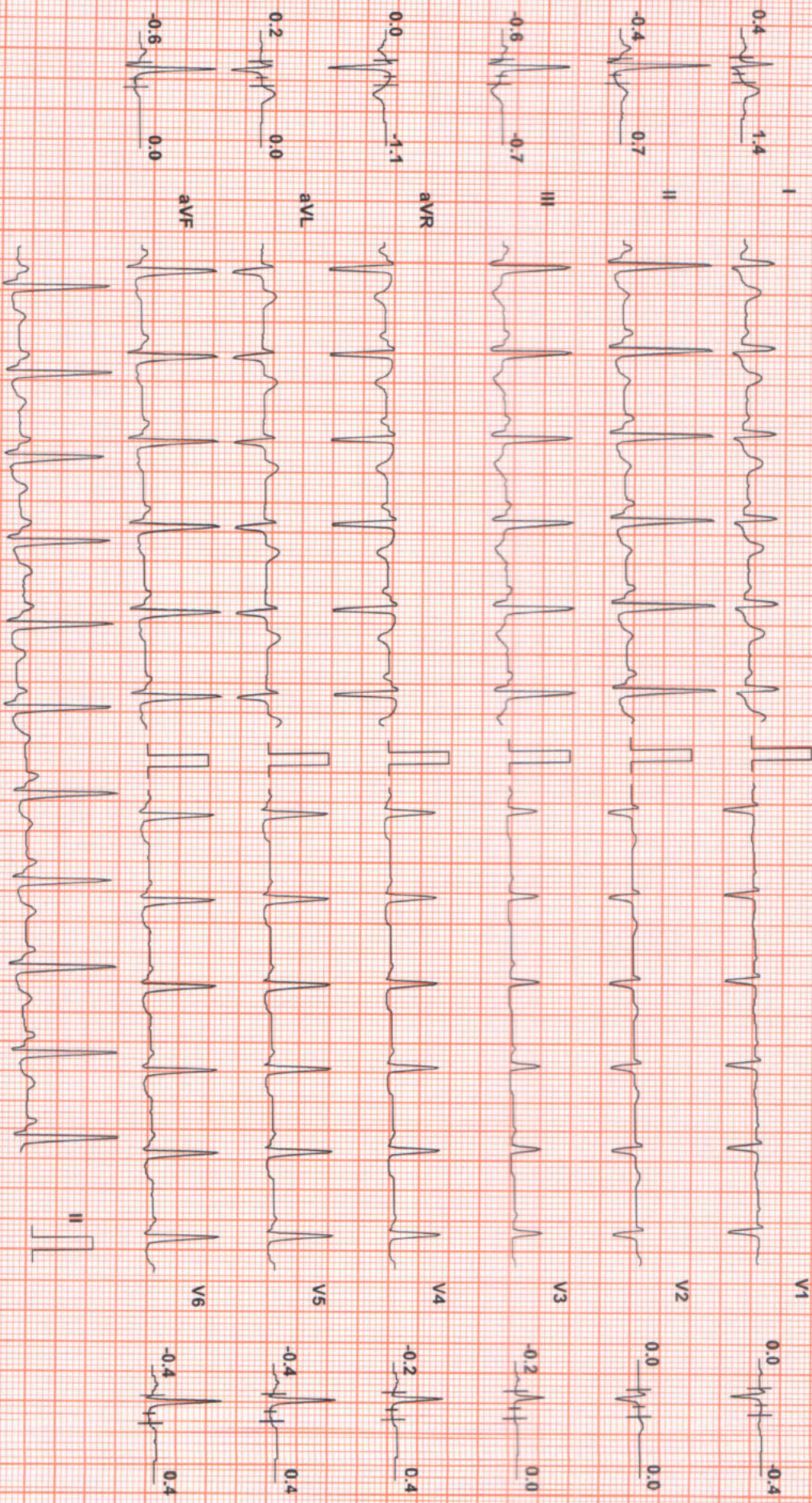


Chart Speed: 25 mm/sec
Schlitz-Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



BHARTI MANJI RATHOD (37 F)

ID: 2228120041

Date: 08-Oct-22

Exec Time : 6 m 6 s

Stage Time : 0 m 55 s **HR: 108 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 155 bpm)

B.P.: 150 / 90

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

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

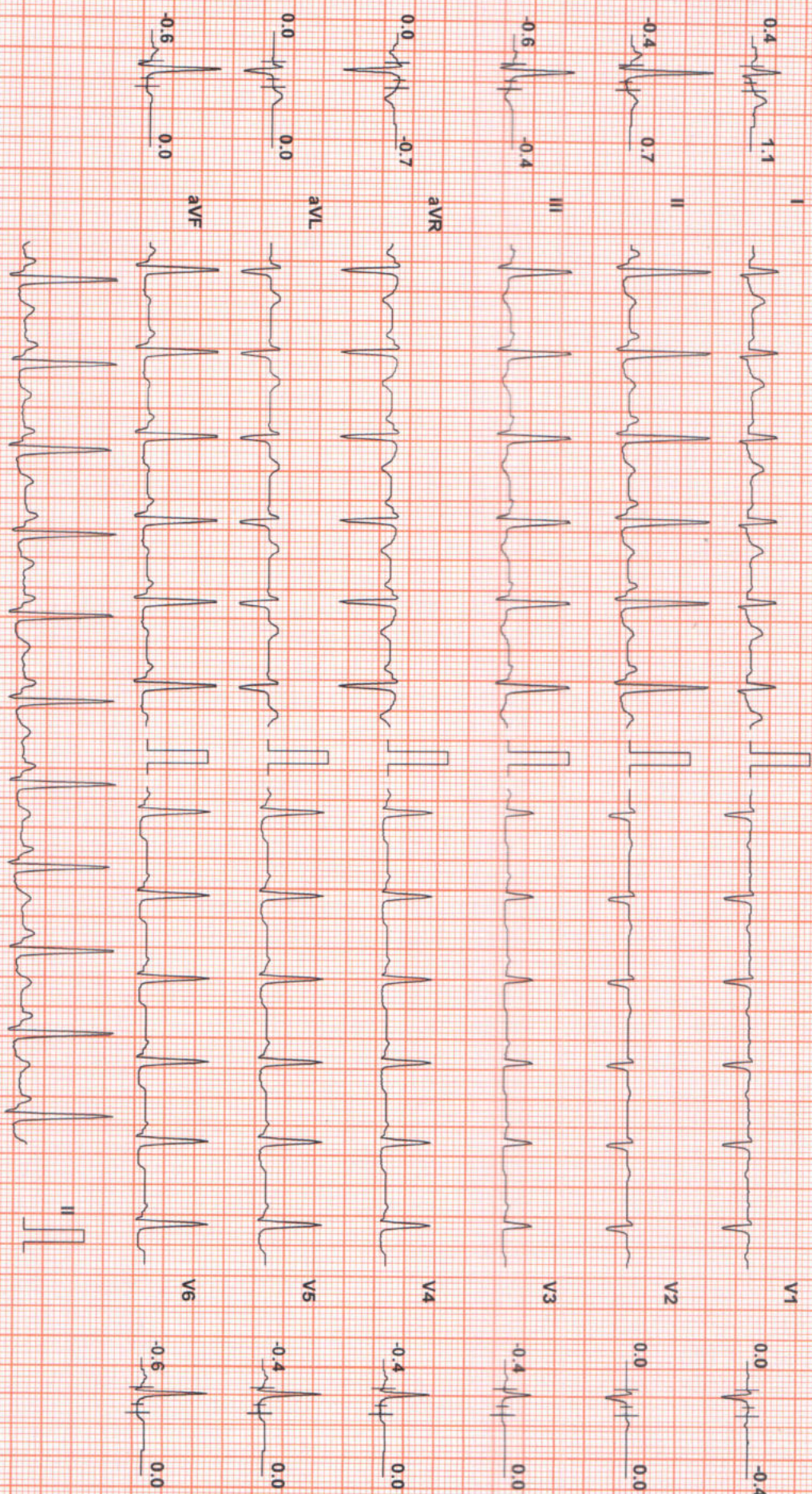


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2228120041
Name : Mrs RATHOD BHARTI NANJI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/15:23

USG WHOLE ABDOMEN

LIVER:

It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appears normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.

Right kidney measures 9.1 x 4.0 cm. Left kidney measures 9.7 x 4.3 cm.

SPLEEN:

It is normal in size and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

UTERUS & OVARIES:

It is anteverted and appears normal in size and echotexture. It measures **6.3 x 4.3 x 3.5 cms** in size. No focal lesion is seen. Endometrial thickness is **4.9 mm**. No evidence of abnormal endometrial vascularity is seen.

Both ovaries appears normal in size and echotexture.

Right ovary measures 2.0 x 1.3 cm. Left ovary measures 2.1 x 1.7 cm.

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

No evidence of free fluid in pouch of douglas.

No evidence of significant abdominal lymphadenopathy seen. No evidence of free fluid in abdomen and pelvis.

IMPRESSION:

No significant abnormality seen.

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



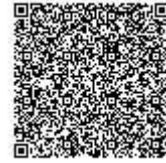
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Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/15:23

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DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



CID : 2228120041
Name : Mrs RATHOD BHARTI NANJI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/12:08

X-RAY CHEST PA VIEW

Bilateral increased bronchovascular markings.
Rest of the lung fields are clear.
Both costophrenic 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 SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2228120041
Name : Mrs RATHOD BHARTI NANJI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 08-Oct-2022
Reported : 08-Oct-2022/12:08