



CID : 2304222650
Name : MS.ROKADE SHWETA MOHAN
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 10:06
Reported : 11-Feb-2023 / 14:33

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	8.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.10	3.8-4.8 mil/cmm	Elect. Impedance
PCV	28.5	36-46 %	Measured
MCV	56	80-100 fl	Calculated
MCH	16.7	27-32 pg	Calculated
MCHC	29.9	31.5-34.5 g/dL	Calculated
RDW	19.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8790	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.1	20-40 %	
Absolute Lymphocytes	2821.6	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	632.9	200-1000 /cmm	Calculated
Neutrophils	52.2	40-80 %	
Absolute Neutrophils	4588.4	2000-7000 /cmm	Calculated
Eosinophils	8.3	1-6 %	
Absolute Eosinophils	729.6	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	17.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	351000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	17.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	++
Microcytosis	+++



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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	78.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.35	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	21.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	22.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.0	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	99.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	11.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.71	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	98	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.1	3.1-7.8 mg/dl	Uricase/ Peroxidase



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Reported : 11-Feb-2023 / 20:38

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



Bmhasakar

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



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Collected : 11-Feb-2023 / 10:06
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



J. Thakker

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



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Collected : 11-Feb-2023 / 10:06
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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

*** End Of Report ***



MC-2111



Bmhasakar

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



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Collected : 11-Feb-2023 / 10:06
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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

*** End Of Report ***



MC-5460



Dr.VRUSHALI
SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	122.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	93.5	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	44.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	78.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	59.5	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	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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



Signature

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.470	0.55-4.78 microIU/ml	CLIA

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)



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist

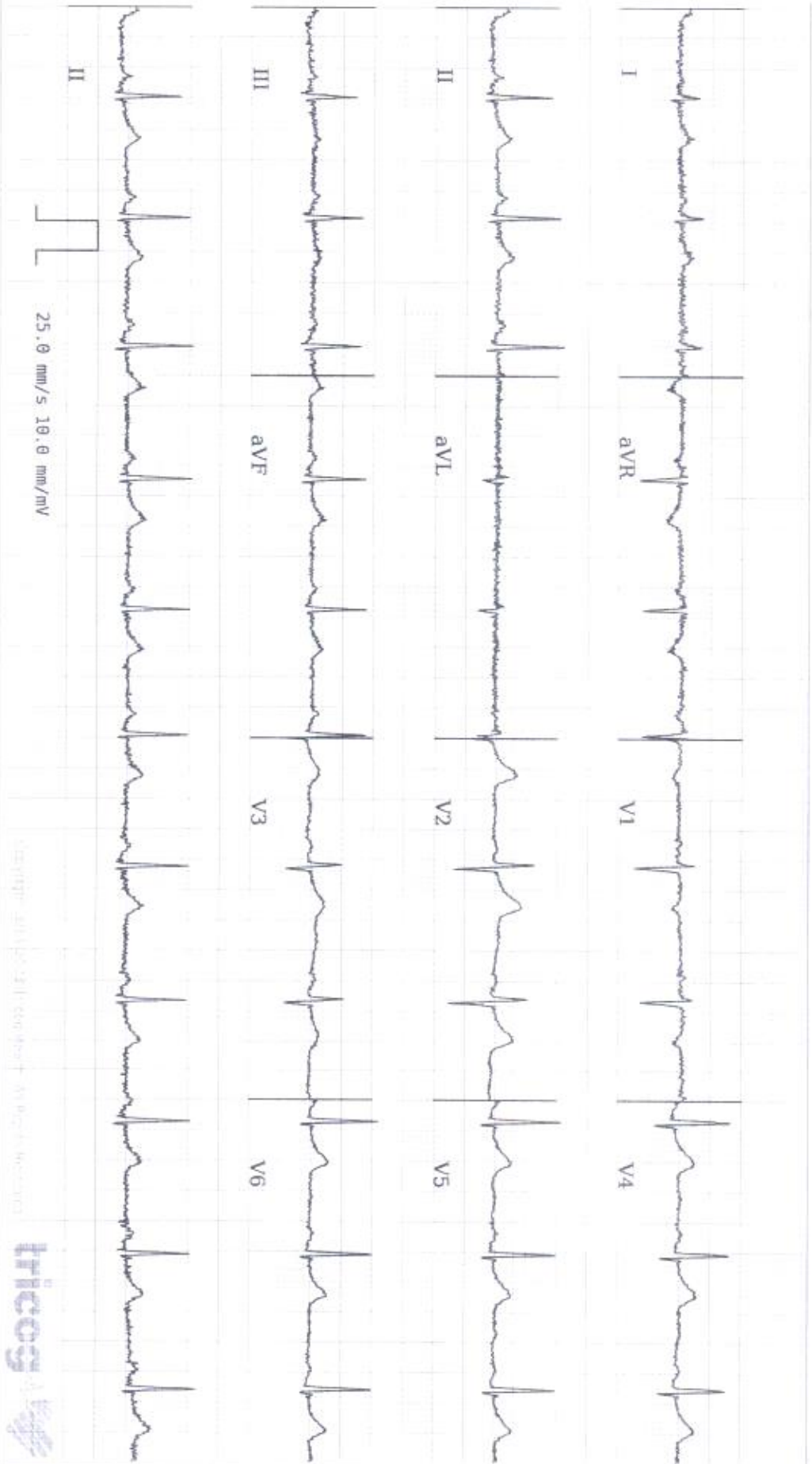


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Reported : 11-Feb-2023 / 16:50

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*** End Of Report ***



Age **38** **6** **26**
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: **140/80 mmHg**

Weight: **54 kg**

Height: **158 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **66ms**

QT: **390ms**

QTc: **421ms**

PR: **146ms**

P-R-T: **68° 76° 65°**



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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Plot No. 3, Aagam,
Thakur Village, Kandivali (East),
Mumbai - 400101.
Tel : 61700860

REPORTED BY

DR AKHIL PARULEKAR
MBBS,MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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 investigations 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:- 11/6/23

CID: 2304222 650

Name:- Shweta Rokade

Sex/Age: F/38

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: HT of 1 week

Past history: NO H/O ocular surgery

H/O gl not w/m

Unaided Vision: 6/18 6/18

Aided Vision:

Refraction: Cong! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	±	270	60°	6/6	±	150	180°	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
Adv. refraction and glass as per the

Ajaj H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD
E-MAIL: customerservice@suburbandiagnosics.com
Thakor Vihar, Vidyavihar (West), Mumbai - 400101.
Tel : 61700660



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Reported : 11-Feb-2023 / 18:15

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.X ray is known to have inter observer variations.Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis.Please interpret accordingly.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr.Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Reg. Location : Kandivali East Main Centre
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Reported : 11-Feb-2023 / 16:53

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (11.9 cm), 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 partially distended and apparently normal.

PANCREAS:

The pancreas head and partial body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.9 x 3.5 cm.
Left kidney measures 9.1 x 3.8 cm.

SPLEEN:

The spleen is normal in size (10.4 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

UTERUS(TAS): Patient denied TVS examination.

The uterus is anteverted and appears normal. It measures 6.3 x 6.0 x 4.2 cm in size.
The endometrial thickness is 9.1 mm.

A 2.1 x 1.9 cm sized subserosal fibroid is noted in posterior myometrium of uterus.
Evidence of hypoechoic lesion is noted in the right adnexa measuring 2.0 x 1.5 cm. ? Broad ligament fibroid.

OVARIES(TAS): Patient denied TVS examination.

Right ovary = 3.8 x 3.3 cm.

Evidence of right ovarian cystic lesion is noted with low level echoes within measuring 3.1 x 3.1 cm.

Left ovary = 2.5 x 1.7 cm.

Dominant follicle is noted in left ovary measuring 20 mm.

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IMPRESSION:

- Uterine fibroid.
- Right adnexal lesion. ? Broad ligament fibroid.
- Right ovarian cyst as described above, likely to be Endometriotic cyst.

Suggestion: Clinicopathological correlation.

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 interobserver variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Consulting Dr. :

Collected : 11-Feb-2023 / 09:53

Reg.Location : Kandivali East (Main Centre)

Reported : 12-Feb-2023 / 09:41

PHYSICAL EXAMINATION REPORT

History and Complaints:

HTN

EXAMINATION FINDINGS:

Height (cms): 158 cms

Temp (0c): Afebrile

Blood Pressure (mm/hg):

Pulse: 80/min

Weight (kg): 54 kgs

Skin: Normal

Nails: Normal

Lymph Node: Not Plapable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Norma

CNS: Normal

IMPRESSION:

Eosinophilia
- USG - Lt Subrad
- Rt adnexal lesion? Broadly fibrad
- Rt ov - cyst

ADVICE:

- Gynae opinion

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Reg.Location : Kandivali East (Main Centre) Reported : 12-Feb-2023 / 09:41

CHIEF COMPLAINTS:

- | | |
|--|-----------|
| 1) Hypertension: | Yes |
| 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 | LSCS-2019 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|------------------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | Iron supplements |

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD
Rajeshwar Road, Vastanagar,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700890

Dr. Jagruti Dhale
MBDS
Consultant Physician
Reg. No. 33548



EN23H

993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg

Date: 11 / 02 / 2023 12:06:20 PM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	MEIS	Rate	% THR	BP	R-R	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	074	41%	140/80	103	00	
Standing	00:42	0:35	00.0	00.0	01.0	075	41%	140/80	105	00	
HV	00:52	0:10	00.0	00.0	01.0	072	40%	140/80	100	00	
ExStart	01:08	0:16	00.0	00.0	01.0	085	47%	140/80	119	00	
BRUCE Stage 1	04:08	3:00	02.7	10.0	04.7	126	69%	140/80	176	00	
PeakEx	06:14	2:06	04.0	12.0	06.4	156	86%	150/80	233	00	
Recovery	07:14	1:00	00.2	00.0	01.0	132	73%	150/80	198	00	
Recovery	07:51				00.0	000	0%	—/—	000	00	

FINDINGS :

Exercise Time : 05:06
 Initial HR (ExStrt) : 85 bpm 47% of Target 182
 Initial BP (ExStrt) : 140/80 (mm/Hg)
 Max Workload Attained : 6.4 Fair response to induced stress
 Duke Treadmill Score : 05.7
 Test End Reasons : Heart Rate Achieved

Max HR Attained 156 bpm 86% of Target 182
 Max BP Attained 150/80 (mm/Hg)

Dr. Akhil Parulekar

M.B.B.S. / M.D. (Cardiology)

DNB (Cardiology)

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD

Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),

Mumbai - 400104.
 Tel : 61700800

Doctor : DR.AKHIL PARULEKAR



Email:

993 / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg Date: 11 / 02 / 2023 12:06:20 PM Refd By : ARCOFEMI

REPORT :

Heart Rate 155.0 ppm
Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg
Exercise Time 05:06 Mins. Ectopic Beats 0.0
METS 6.4 Test End Reason , Heart Rate Achieved Target Heart Rate 86% of 182

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

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

Dr. Akhil P. Parulekar.

MBSBS, MD, MCh
DNB Cardiology
Reg. No. 2012082483

SUBURBAN DIAGNOSTICS
Ravi Prasad
Thakur Vinay
Mumbai
Tel : 637700800

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)



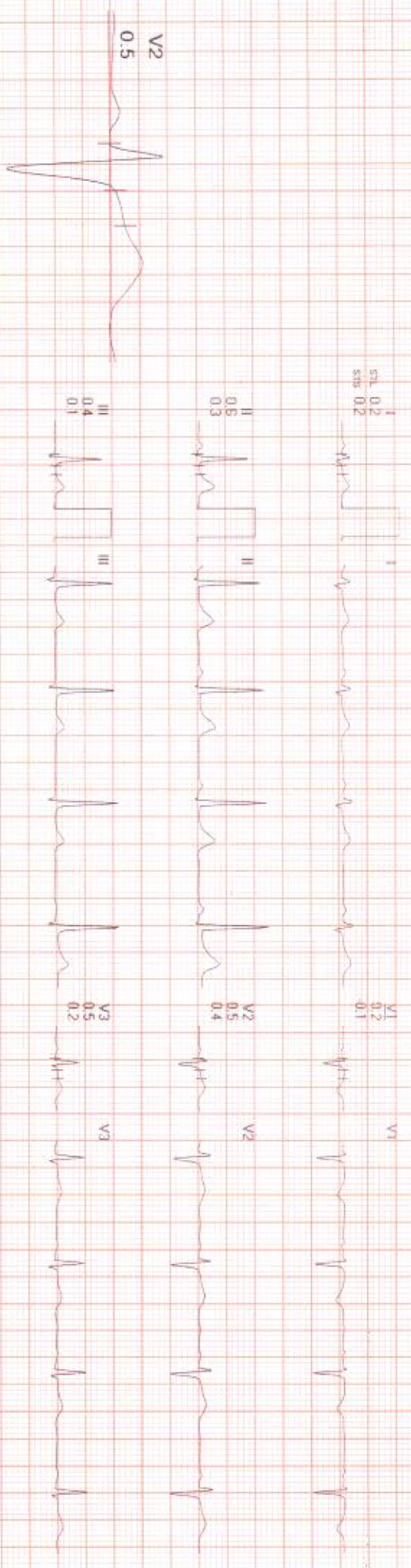
993 (2304222650) / SHWETA HOKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR : 74

Date : 11 / 02 / 2023 12:06:20 PM METS : 1 0/ 74 bpm 41% of THR BP : 140/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/CF 35 Hz

EXTime 00:00:00 Kmph. 00%

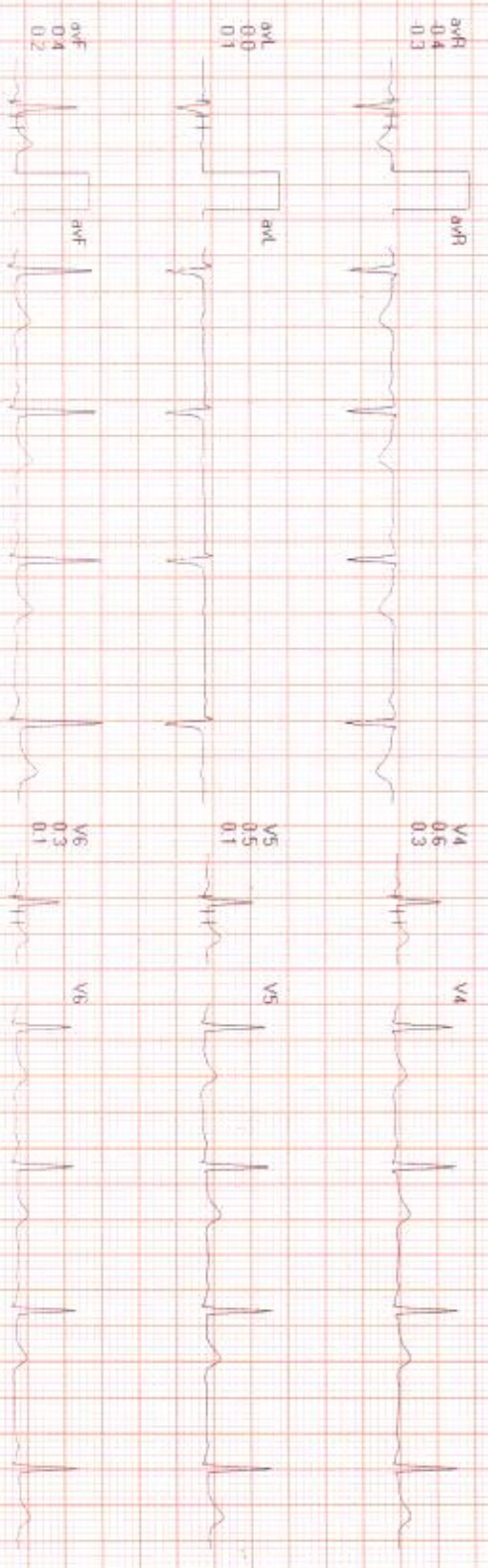
4X 90 mg Posit J

25 mm/Sec 1.0 Cm/mV



I aVL V1 V3 V5

II aVF V2 V4 V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:35)

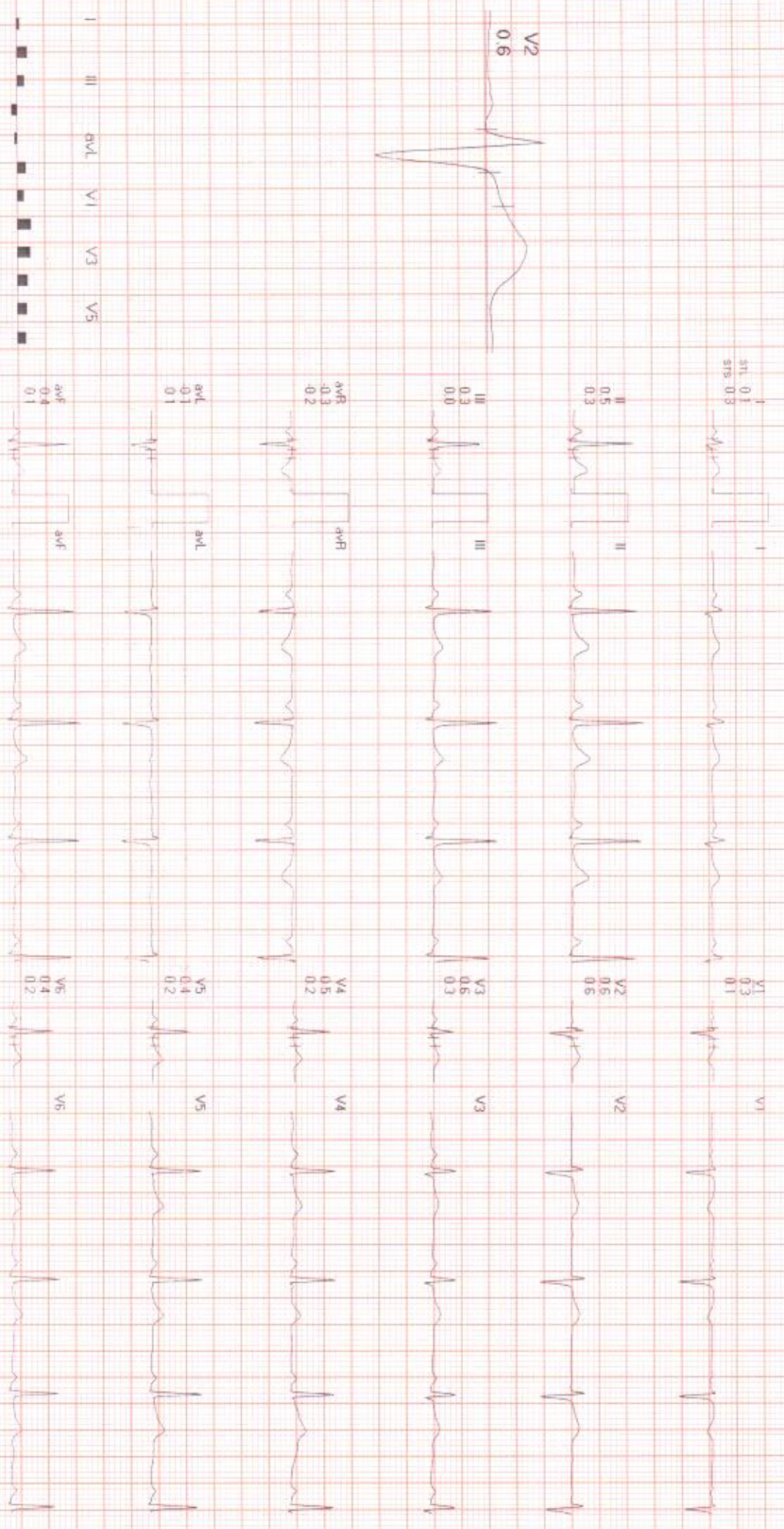
993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR : 72

Date: 11/02/2023 12:06:20 PM METS: 10/72 bpm 40% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

Ex Time: 00:00:00 Kempa: 0.0%

4X 90 ms Post J

25 mm/Sec 1.0 cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:10)

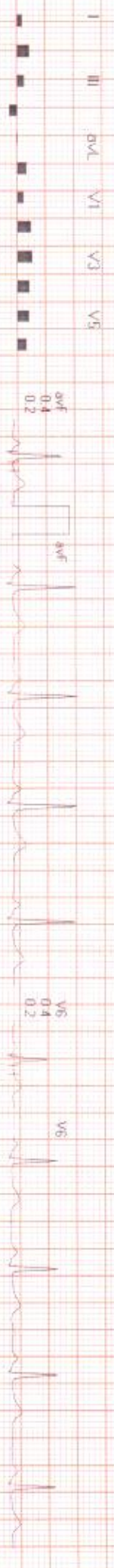
993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR - 76

Date - 11/02/2023 12:06:20 PM METS - 10/76 bpm 42% of THR BP 140/80 mmHg Paw ECG/BL C 0m/Notch On/HF 0.05 Hz/F 35 Hz

ExTime: 00:00:00 Kmph: 0.0%

4X 80 mg Pwd J

25 mm/Sec 1.0 cm/mV



REMARKS: I, III, aVL, V1, V3, V5



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 kg / HR : 85

Date: 11/02/2023 12:06:20 PM METS: 1.0/95 bpm 47% of THR BP: 140/80 mmHg Raw ECG/BLO On/Noise On/HF 0.05 Hz/AF 35 Hz

ExTime: 00:00 00 Kmph 0.0%

4X

80 ms Post J

25 mm/Sec 1.0 mV/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

993 (2304222850) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR : 126

Date: 11 / 02 / 2023 12:05:20 PM METS: 47/126 bpm 69% of THR BP: 140/80 mmHg Raw ECG/BLO On/Notch On/IF 0.05 Hz/LF 35 Hz

EXTime 03:00 2.7 Km/Wh 100%

4X 80 mg Post J

25 mm/Sec 10 cm/Wh

sinL 0.4
sinR 0.7

V1 0.1
V2 0.3

V1

II 0.6
III 0.2
aVF 0.7

V2 0.6
V3 0.5

V2

III 0.2
aVF 0.7

V3 0.2
V4 0.1

V3

aVR 0.5
aVL 0.1
aVF 0.7

V4 0.3
V5 1.5

V4

aVL 0.1
aVF 0.7

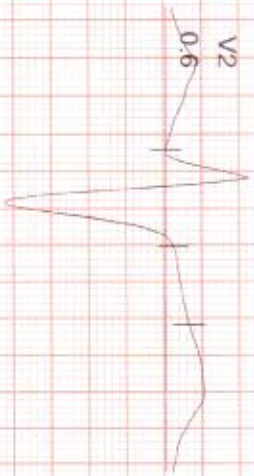
V5 0.1
V6 0.4

V5

aVF 0.4
aVL 0.3

V6 0.2
V7 0.0

V6



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKex



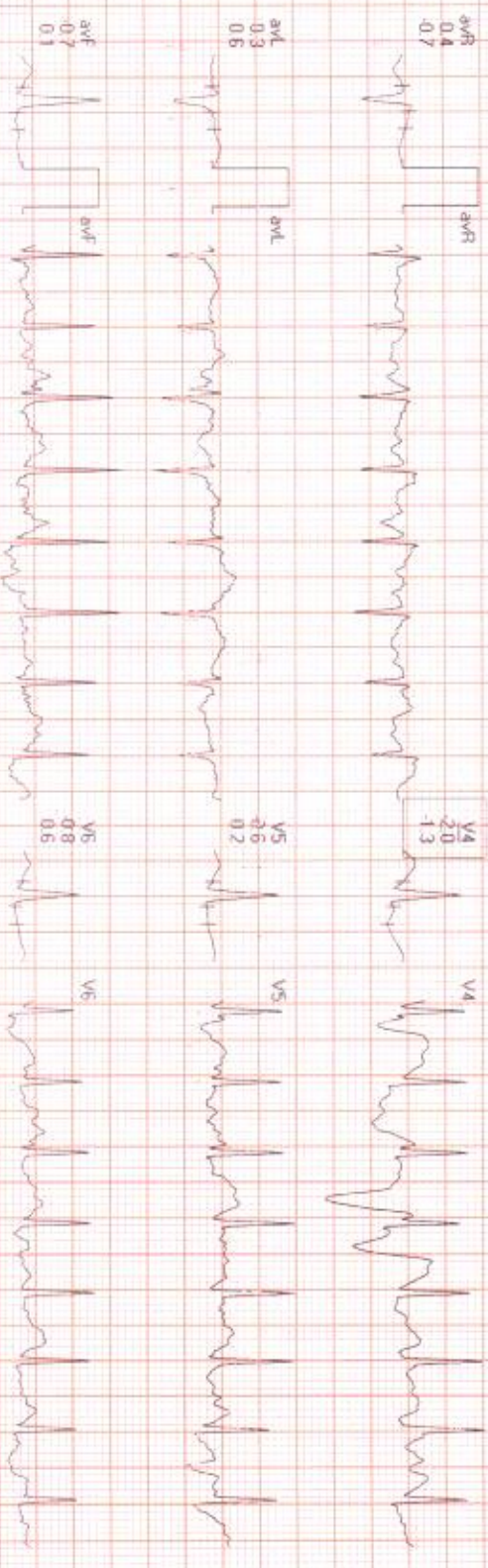
993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR - 156

Date: 11 / 02 / 2023 12:06:20 PM METS: 6.4 / 156 bpm 86% of THRA BP: 150/90 mmHg Raw ECG/BL/Cm/Notch On/HF: 0.05 Hz/AF: 35 Hz

ExTime: 05:06 40 Km/h 12.0%

4X 60 ms Post J

25 mm/sec 1.0 (mV/mV)



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR : 132

Date 11 / 02 / 2023 12:06:20 PM METS: 1.07/1.32 bpm/73% at THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

EXTime 05:06 0.2 Kmph 0.0%

4X 60 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.0
STB 0.5

V1 0.4
V4 0.1

V1

I 0.3
II 0.8

V2 0.5
V5 0.4

V2

III 0.3
IV 0.4

V3 0.1
V6 0.6

V3

aVR 0.1
aVL 0.7

V4 0.3
V7 0.4

V4

aVL 0.2
aVF 0.1

V5 0.3
V8 0.3

V5

aVF 0.3
aVB 0.6

V6 0.3
V9 0.3

V6



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:37)



993 (2304222650) / SHWETA ROKADE / 38 Yrs / F / 158 Cms / 54 Kg / HR 120

Date 11 / 02 / 2023 12:06:20 PM

METS 1.0 / 120 bpm 66% of THR BP 150/80 mmHg Raw ECG/BLOOM/Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 05:06 0.0 Km/h 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 mV/mV

STL 0.0
STB 0.1

V1
0.1
0.1

V1

II
0.3
0.6

V2
0.4
0.4

V2

III
0.7
0.1

V3
0.0
0.4

V3

aVR
0.1
0.6

V4
0.5
0.0

V4

aVL
0.5
0.4

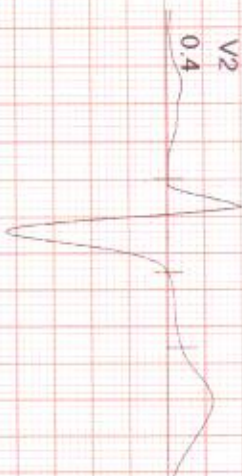
V5
0.5
0.2

V5

aVF
0.5
0.2

V6
0.5
0.0

V6



REMARKS

