



CID : 2300720702  
Name : MRS.CHAVAN REKHA  
Age / Gender : 27 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 07-Jan-2023 / 10:05  
Reported : 07-Jan-2023 / 14:40

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	15.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.74	3.8-4.8 mil/cmm	Elect. Impedance
PCV	44.8	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7100	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.9	20-40 %	
Absolute Lymphocytes	2761.9	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	575.1	200-1000 /cmm	Calculated
Neutrophils	50.9	40-80 %	
Absolute Neutrophils	3613.9	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	142.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	323000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.7	11-18 %	Calculated



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Reported : 07-Jan-2023 / 15:30

**RBC MORPHOLOGY**

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 3 2-20 mm at 1 hr. Sedimentation

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



*Bmhasakar*

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



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Collected : 07-Jan-2023 / 10:05  
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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	89.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.49	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	0.19	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.30	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	21.6	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	23.1	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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**Collected** : 08-Jan-2023 / 11:34  
**Reported** : 08-Jan-2023 / 16:35

GAMMA GT, Serum	13.6	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	69.5	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	15.2	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	7.1	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	0.58	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	133	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.3	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

*Bmhaskar*

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





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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	5.2	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

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*Namrata Raul*  
**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Collected : 07-Jan-2023 / 14:41  
Reported : 07-Jan-2023 / 18:35

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (5.5)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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

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MC-2111

*Bmhaskar*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</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	8-10	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



MC-2111

*Bmhaskar*

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



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





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Collected : 07-Jan-2023 / 10:05  
Reported : 07-Jan-2023 / 16:15

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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

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



*Dr. Vrushi Shroff*

**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	143.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	60.7	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	47.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	95.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	83.7	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	12.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	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**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.8	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.836	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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**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 \*\*\*



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: CHAVAN REKHA

Date and Time: 7th Jan 23 10:21 AM

Patient ID: 2300720702

Age **27** **6** **6**  
years months days

Gender **Female**

Heart Rate **73bpm**

### Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: \_\_\_\_\_

### Measurements

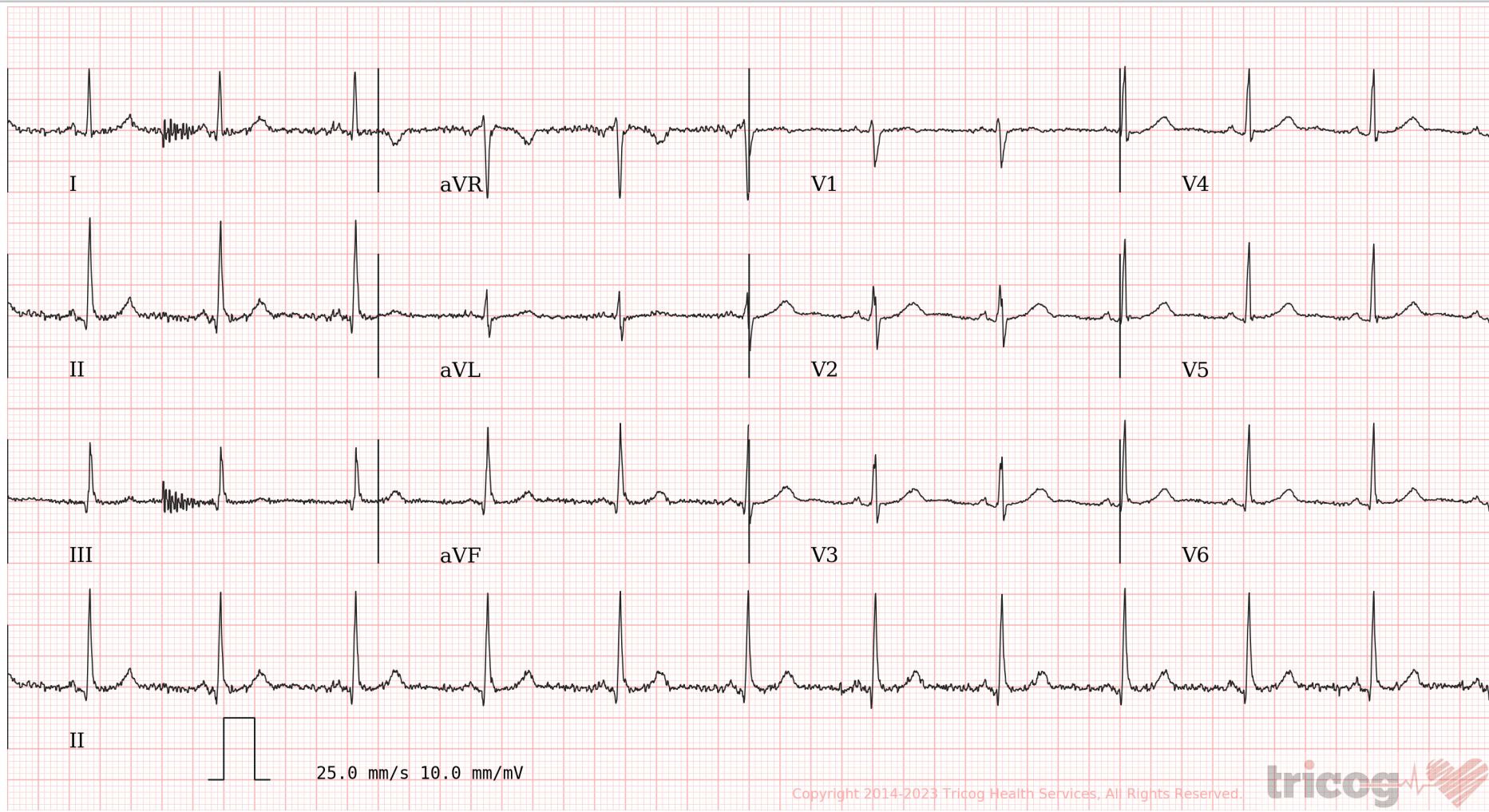
QRSD: 68ms

QT: 390ms

QTc: 429ms

PR: 116ms

P-R-T: 31° 55° 34°



ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587

CID# : 2300720702  
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 Consulting Dr. :-  
 Reg. Location : Bhayander East (Main Centre)

Collected : 07-Jan-2023 / 09:10  
 Reported : 07-Jan-2023 / 14:45

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	156	Weight (kg):	85
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	78/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal  
 Respiratory: Chest-Clear  
 Genitourinary: NAD  
 GI System: NAD  
 CNS: NAD

*tone*

**IMPRESSION:**

*CBC, Biochemistry, CXR, ECG and MR*

**ADVICE:**

*Weight Reduction.*

**CHIEF COMPLAINTS:**

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |

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- |  |    |
|--|----|
| 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 |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

SUBURBAN DIAGNOSTICS (I) PVT. LTD  
Shop No. 101-A, 1st Floor, Kshitij Building  
Above Reymond, Near Taranga Hospital,  
Mira - Bhayander Road, Bhayander (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

\*\*\* End Of Report \*\*\*  
**DR. ANITA CHOTDHARY**  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553





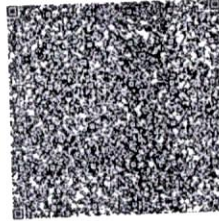
భారత ప్రభుత్వం  
Government of India

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Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2081/11349/02035

To  
చావన్ రేఖ  
Chavan Rekha  
C/O: Chavan Bharath Raj  
10-43/2  
keviya naik thanda  
banswada mandal  
koyyagutta near govt school  
Borlam  
Kamareddy Telangana - 503187  
8106702368

Signatur  
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మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

4657 3454 1369  
VID : 9157 4885 3079 5420

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



Issue Date: 30/12/2012



చావన్ రేఖ  
Chavan Rekha  
పుట్టిన తేదీ/DOB: 01/07/1995  
సై/ FEMALE

4657 3454 1369  
VID : 9157 4885 3079 5420

నా ఆధార్, నా గుర్తింపు

DR. ANITA CHOUDHARY  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

Suburban Health Services (P) PVT. LTD  
Shop No. 101-A, 1st Floor, Keshij Building  
Above Raymond, Near Tanga Hospital  
Mira - Bhayander Road, Bhayander (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

*Chavan*





Stage	Time	Duration	Speed(mph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	091	47 %	110/80	100	00	
Standing	00:08	0:05	00.0	00.0	01.0	091	47 %	110/80	100	00	
HV	00:11	0:03	00.0	00.0	01.0	091	47 %	110/80	100	00	
ExStart	00:14	0:03	01.7	10.0	01.1	087	45 %	110/80	095	00	
BRUCE Stage 1	03:14	3:00	01.7	10.0	04.7	114	59 %	120/80	136	00	
BRUCE Stage 2	06:14	3:00	02.5	12.0	07.1	139	72 %	130/80	180	00	
PeakEx	07:15	1:01	03.4	14.0	08.2	171	89 %	130/80	222	00	
Recovery	08:15	1:00	01.1	00.0	01.1	138	72 %	150/80	207	00	
Recovery	09:15	2:00	00.0	00.0	01.0	128	66 %	140/80	179	00	
Recovery	11:15	4:00	00.0	00.0	01.0	102	53 %	130/80	132	00	
Recovery	11:18	4:04	00.0	00.0	01.0	101	52 %	130/80	131	00	

**FINDINGS :**

**Exercise Time** : 07:01  
**Initial HR (ExStrt)** : 87 bpm 45% of Target 193  
**Initial BP (ExStrt)** : 110/80 (mm/Hg)  
**Max WorkLoad Attained** : 8.2 Fair response to induced stress  
**Max ST Dep Lead & Avg ST Value** : V4 & -1.5 mm in PeakEx  
**Duke Treadmill Score** : 06.0  
**Test End Reasons** : Test Complete , , Test Complete

**Max HR Attained** 171 bpm 89% of Target 193  
**Max BP Attained** 150/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
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 Above Raymond, Near Thunga Hospital  
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 Dist. Thane-401105.  
 Phone No : 022 - 61700000

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
 2011/03/0587

Doctor : DR SMITA VALANI







EMail: 12345678 / REKHA CHAVAN / 27 Yrs / F / 156 Cms / 85 Kg Date: 07 / 01 / 2023 09:18:02 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED  
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE  
 EXERCISE INDUCED ARRYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT  
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY  
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE  
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE  
 FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
**201102/0587**

SUBURBAN DIAGNOSTICS (I) PVT, LTD  
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 Mira - Bhayander Road, Bhayander (E)  
 Dist. Thane-401105.  
 Phone No : 022 - 61700060

*Smita Valani*  
 Doctor : DR SMITA VALANI





**SUBURBAN DIGNOSTICS BHAYANDER**

**SUPINE ( 00:01 )**



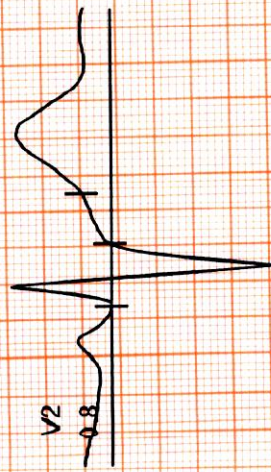
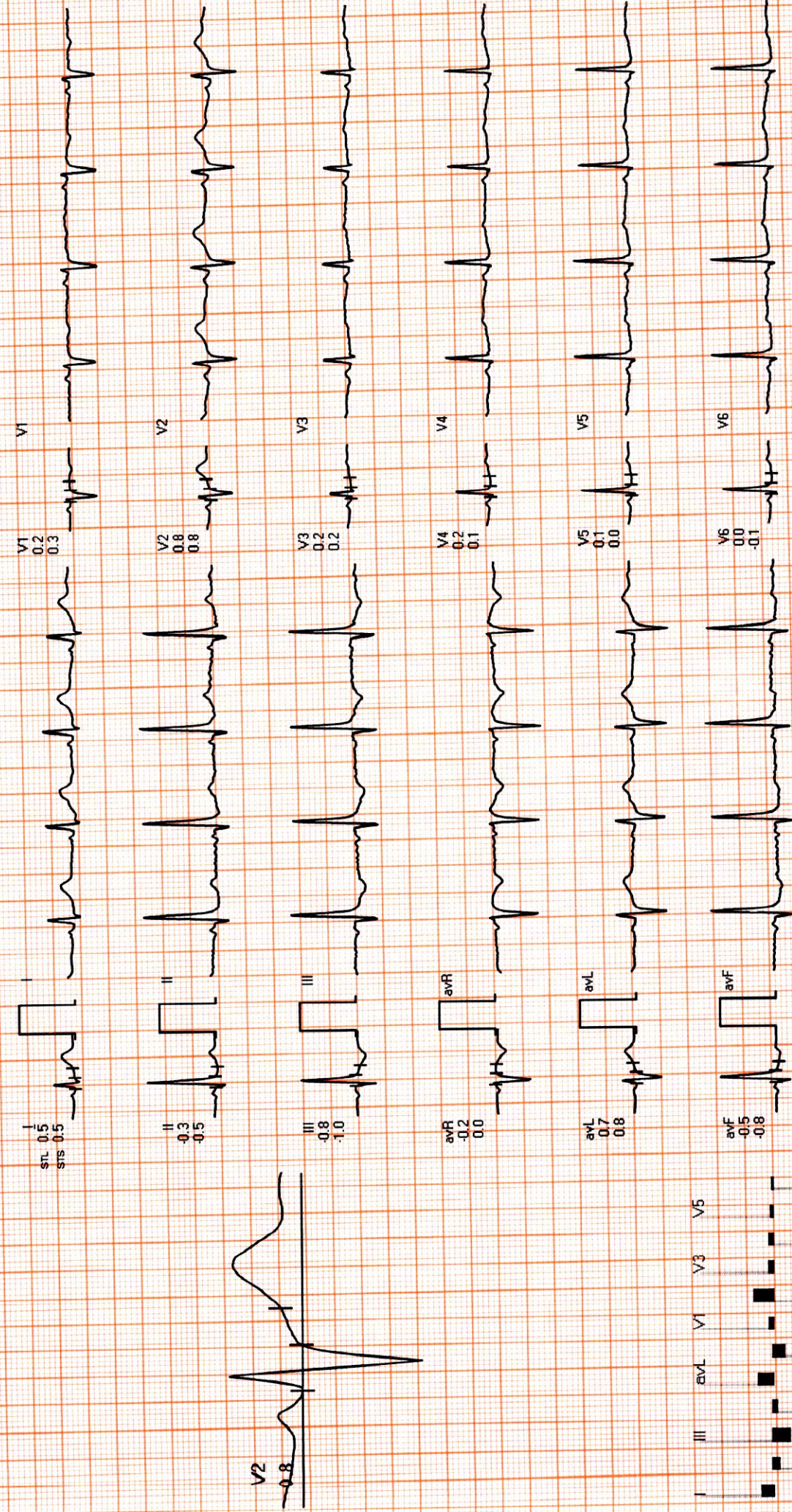
12345696 (2300720702) / REKHA CHAVAN / 27 Yrs / F / 156 Cms / 85 Kg / HR : 79

Date: 07 / 01 / 2023 09:18:02 AM METS: 1.0/79 bpm 41% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%

25 mm/Sec 1.0 Cm/mV

4X 80 mS Post-J



REMARKS:







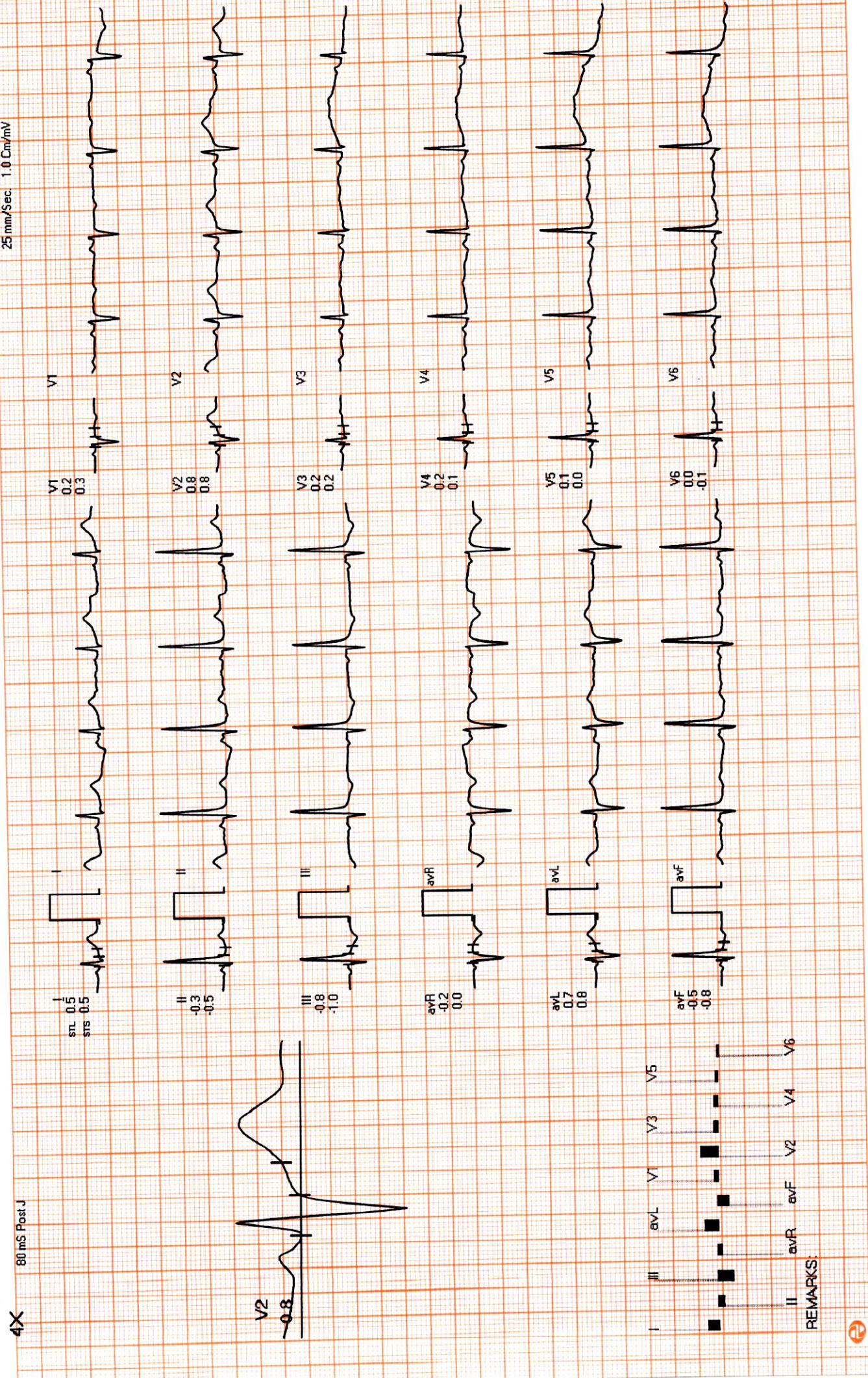
STANDING ( 00:00 )

SUBURBAN DIGNOSTICS BHAYANDER

12345696 (2300720702) / REKHA CHAVAN / 27 Yrs / F / 156 Cms / 85 Kg / HR : 91

Date: 07 / 01 / 2023 09:18:02 AM METS: 1.0/91 bpm 47% of THR BP: 110/80 mmHg Raw ECG/BLC Onr/ Notch Onr/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%



REMARKS:







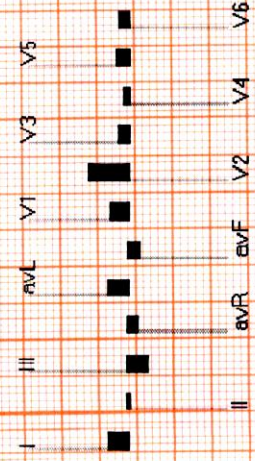
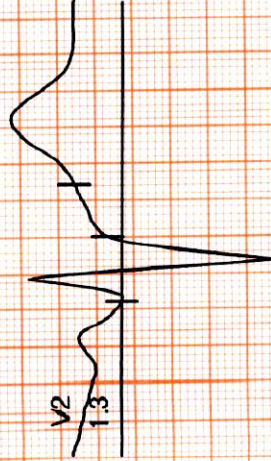
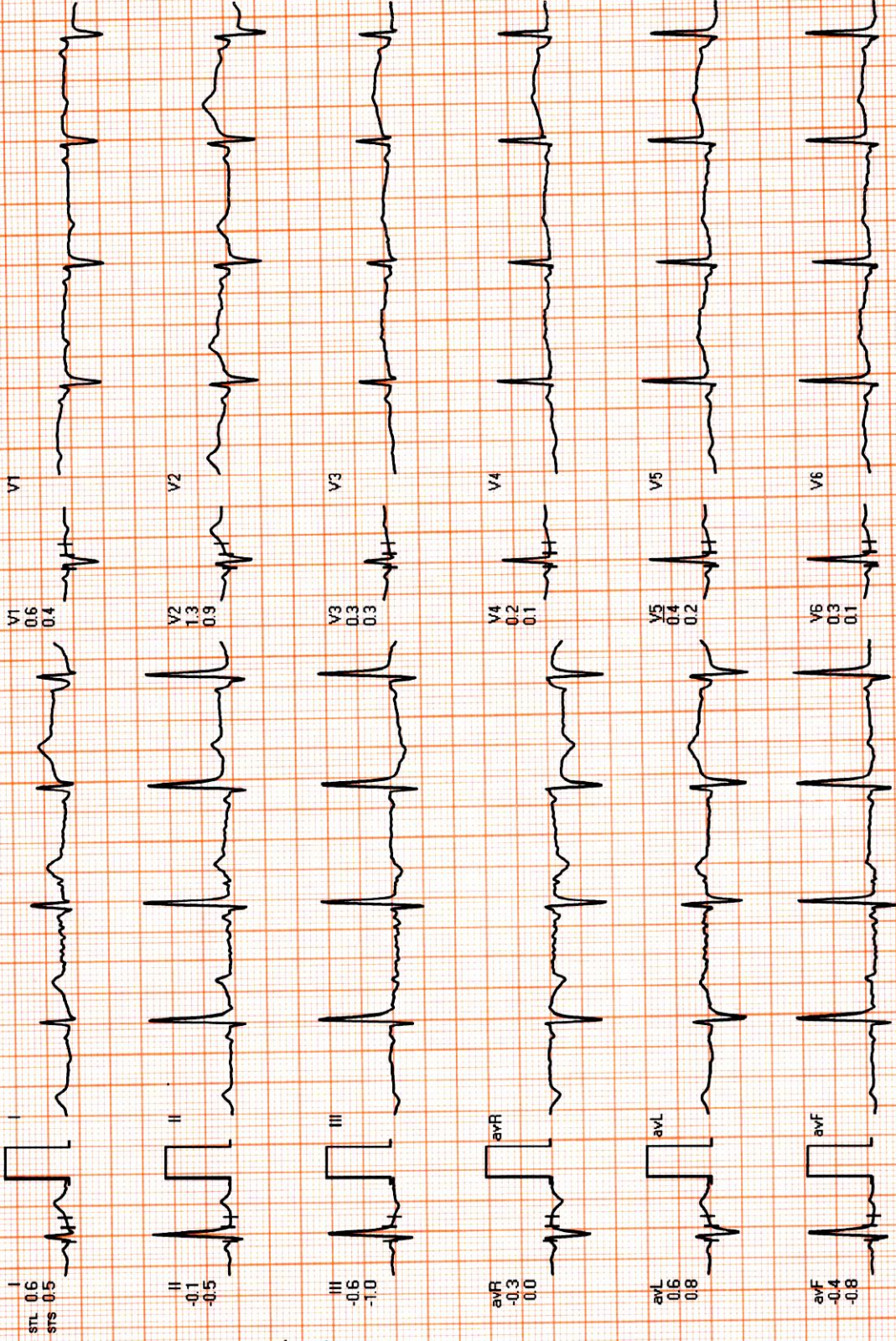
12345696 (2300720702) / REKHA CHAVAN / 27 Yrs / F / 156 Cms / 85 Kg / HR : 91

Date: 07/01/2023 09:18:02 AM METS: 1.0/91 bpm 47% of THR. BP: 110/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 mS Post J

25 mmr/Sec. 1.0 Cm/mV



REMARKS







ExStrt

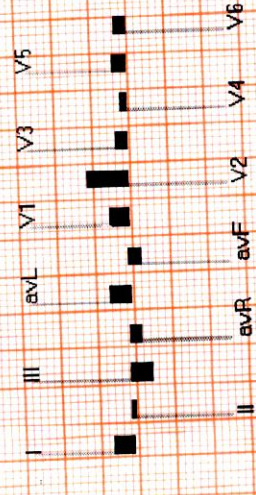
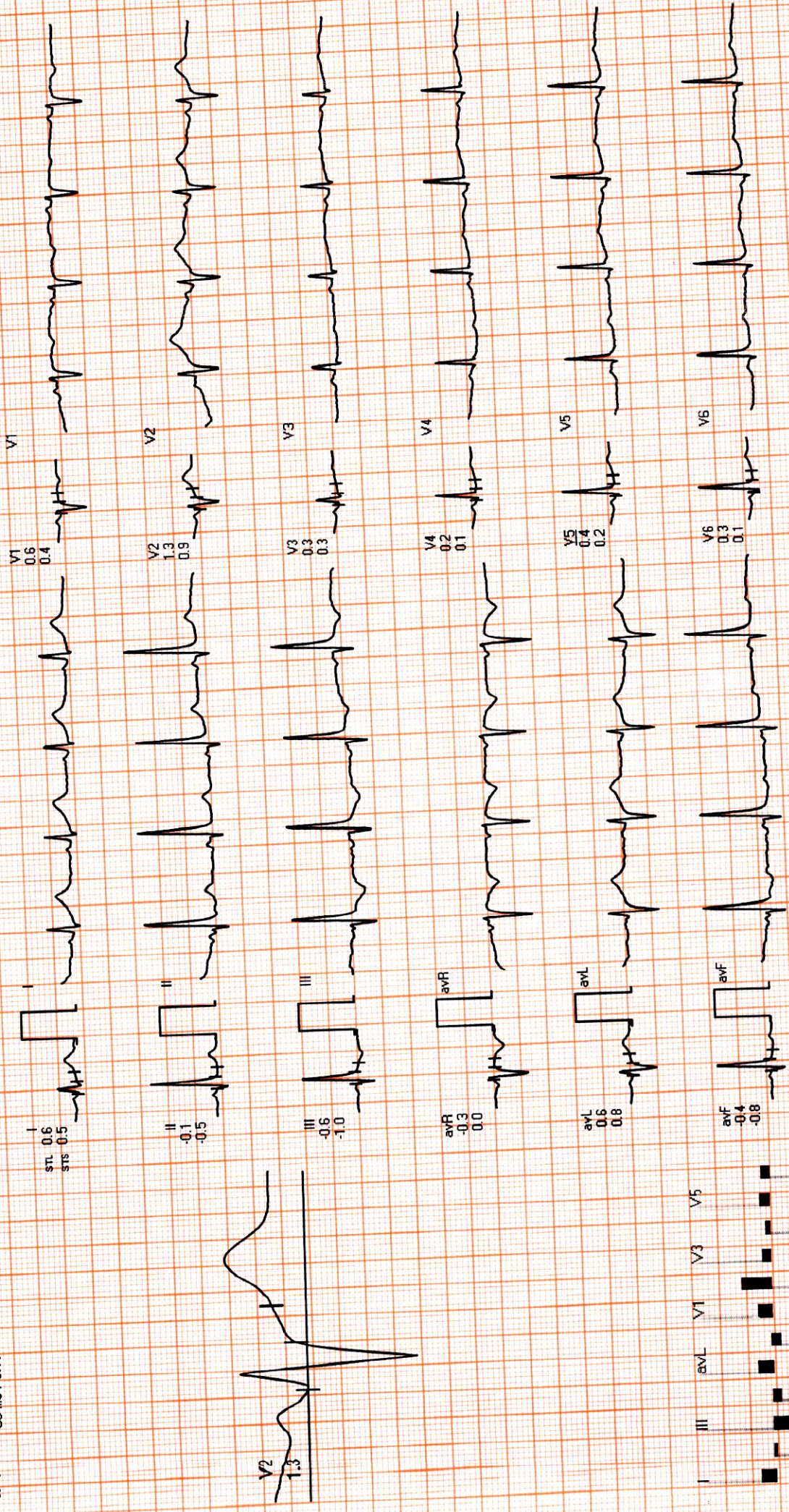
# SUBURBAN DIGNOSTICS BHAYANDER

12345696 (2300720702) / REKHA CHAVAN / 27 Yrs / F / 156 Cms / 85 Kg / HR : 91

ExTime: 00:00 0.0 mph, 0.0%

Date: 07/01/2023 09:18:02 AM METS: 1.0/91 bpm 47% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J



REMARKS:





# SUBURBAN DIGNOSTICS BHAYANDER

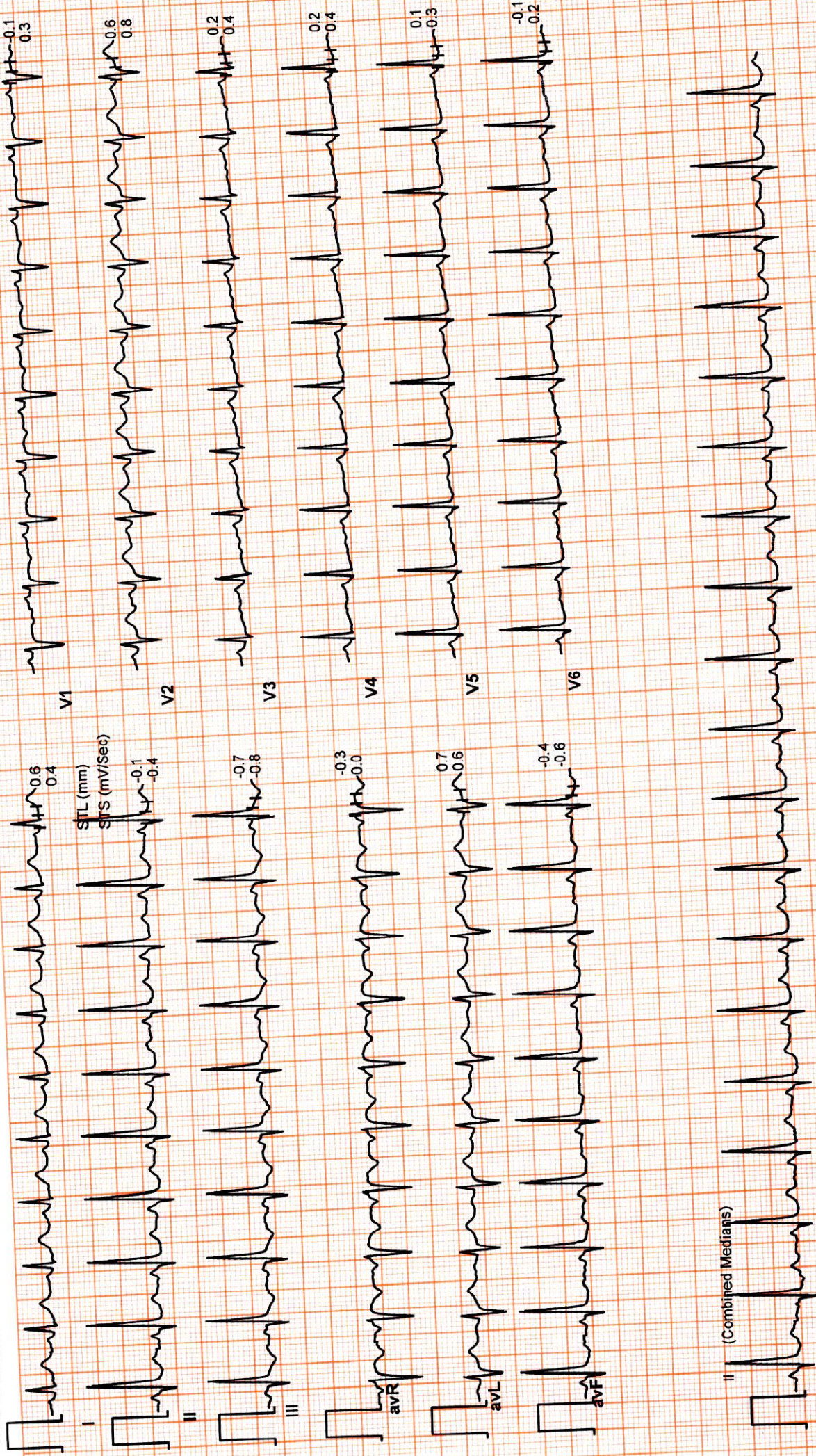
# 6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 ( 03:00 )



12345696 / REKHA CHAVAN / 27 Yrs / Female / 156 Cm / 85 Kg

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 07 / 01 / 2023 09:18:02 AM METs : 4.7 HR : 114 Target HR : 59% of 193 BP : 120/80 Post J @80mSec



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

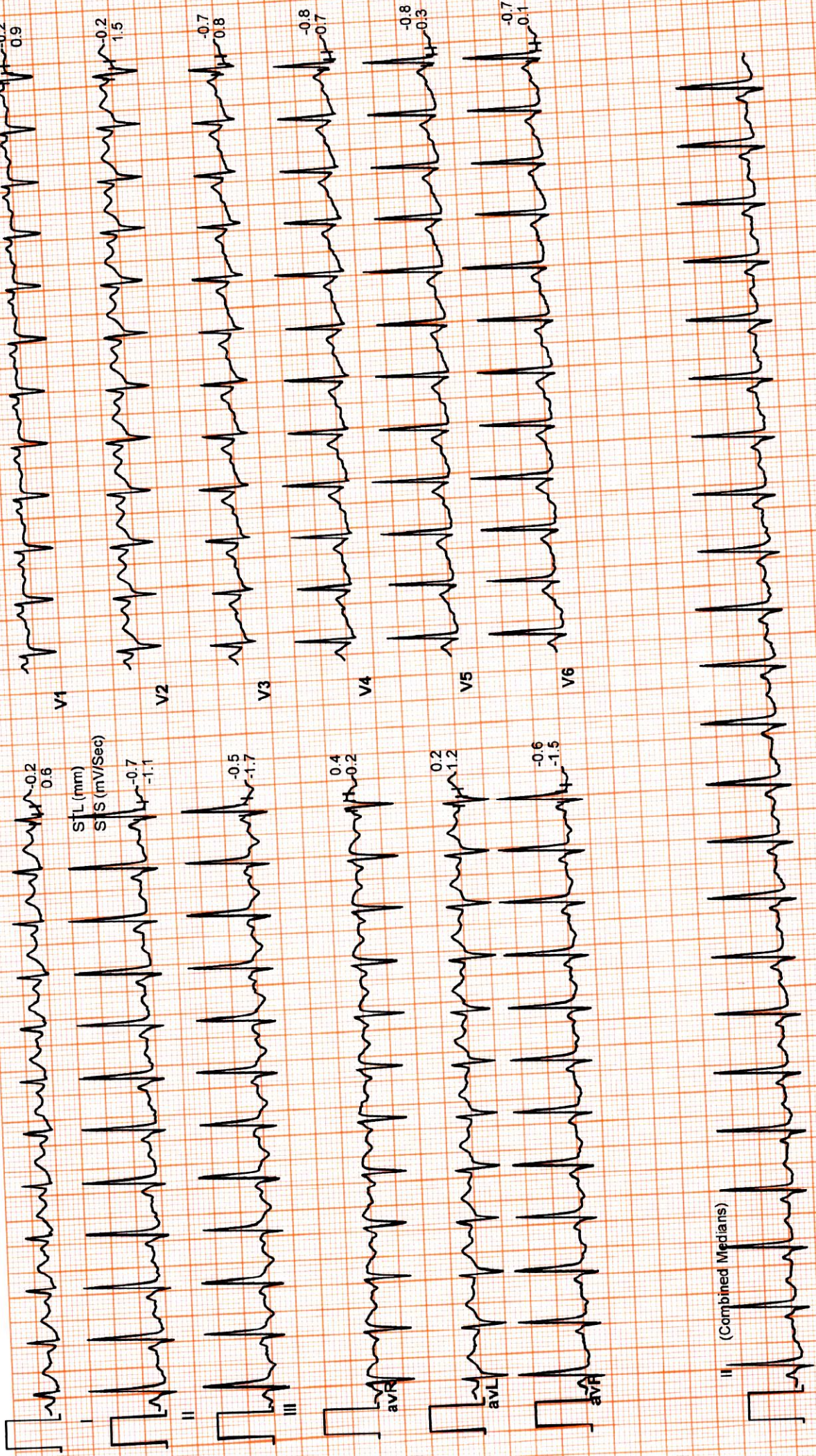
12345696 / REKHA CHAVAN / 27 Yrs / Female / 156 Cm / 85 Kg

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



ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 07 / 01 / 2023 09:18:02 AM METs : 7.1 HR : 139 Target HR : 72% of 193 BP : 130/80 Post J @60mSec





# SUBURBAN DIGNOSTICS BHAYANDER

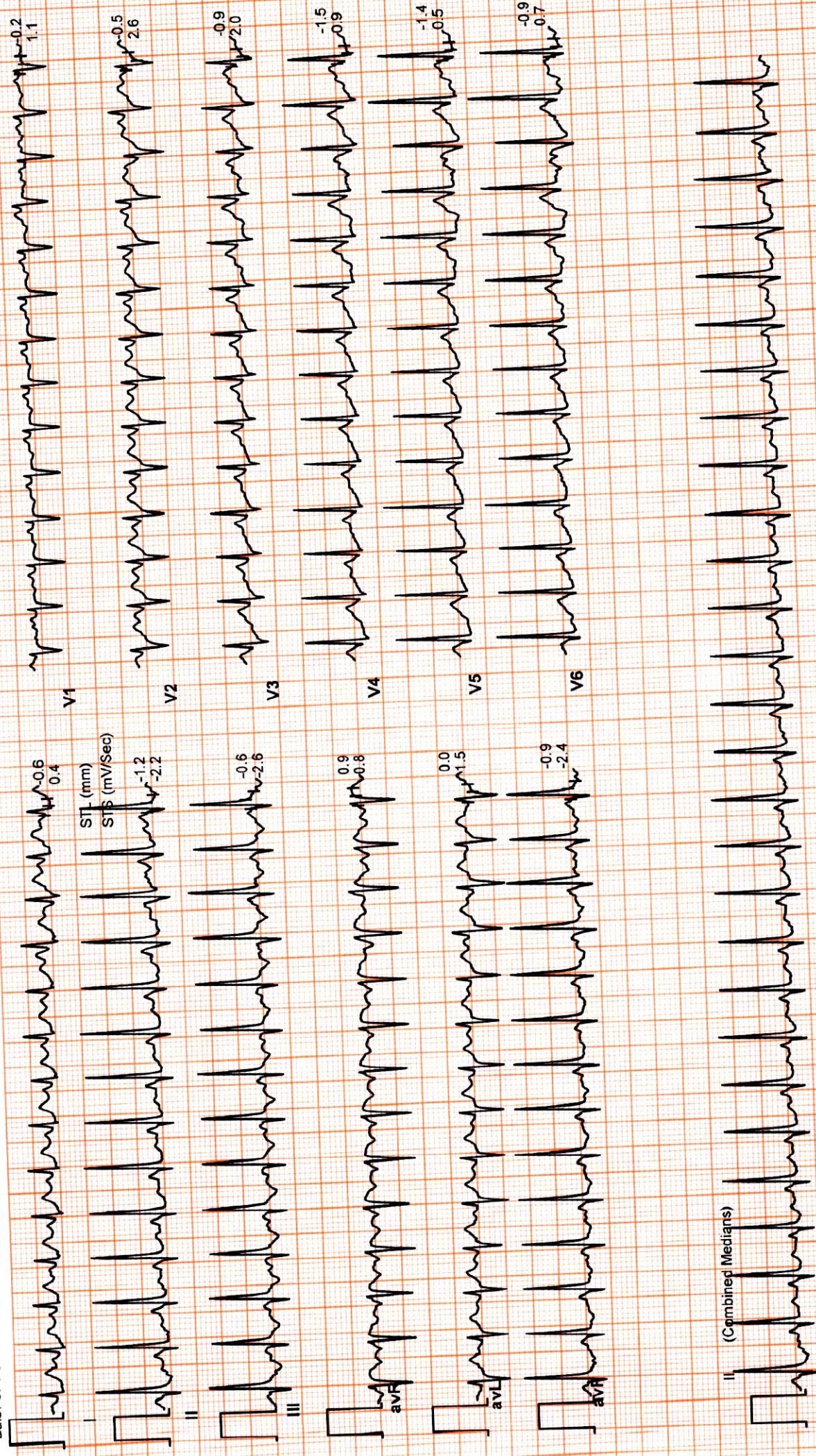
12345696 / REKHA CHAVAN / 27 Yrs / Female / 156 Cm / 85 Kg

# 6X2 Combine Medians + 1 Rhythm PeakEx



ExtTime: 07:01 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 07/01/2023 09:18:02 AM METs : 8.2 HR : 171 Target HR : 89% of 193 BP : 130/80 Post J @60mSec



II (Combined Medians)

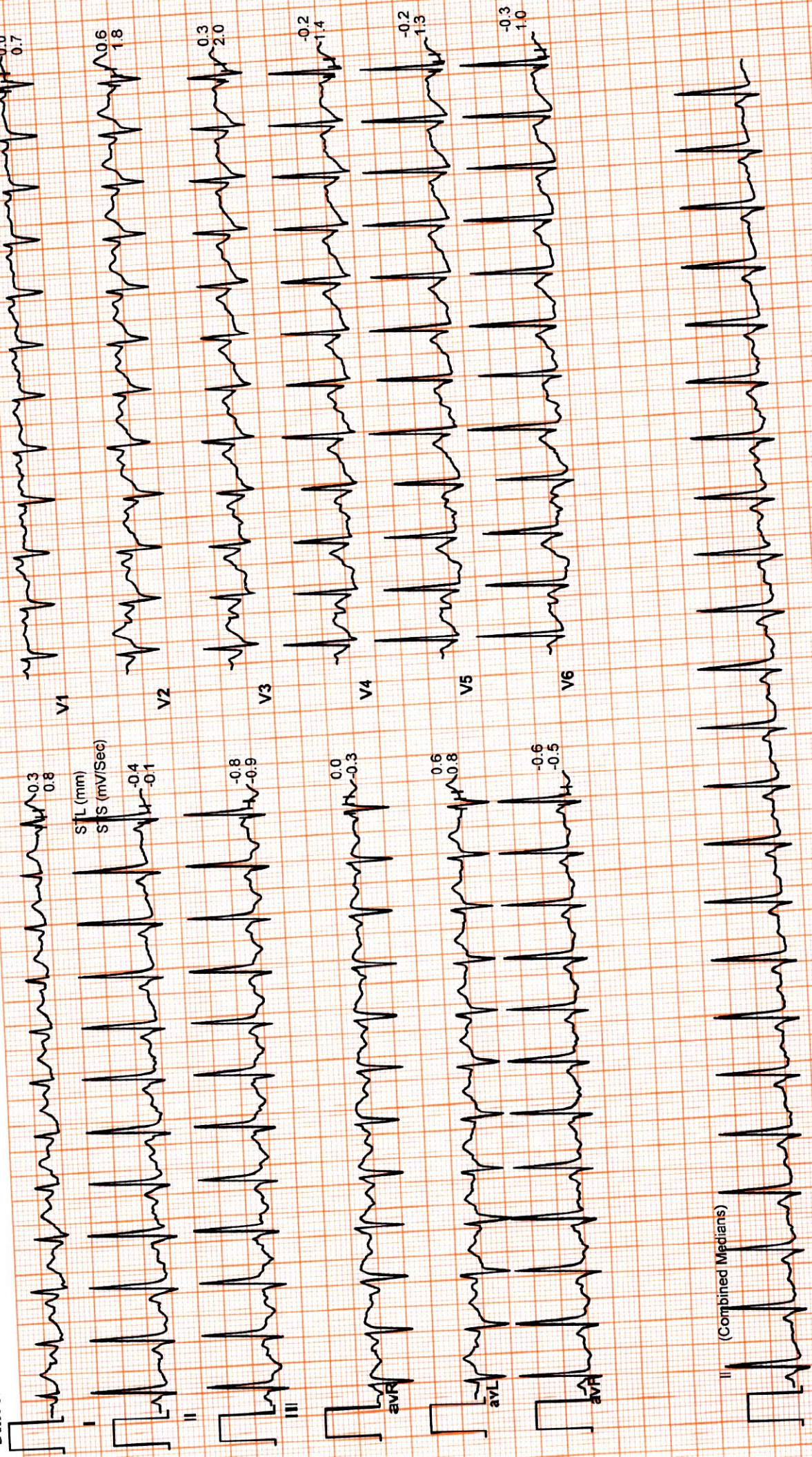






Date: 07 / 01 / 2023 09:18:02 AM METs : 1.1 HR : 138 Target HR : 72% of 193 BP : 150/80 Post J @60mSec

ExTime: 07:01 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIGNOSTICS BHAYANDER

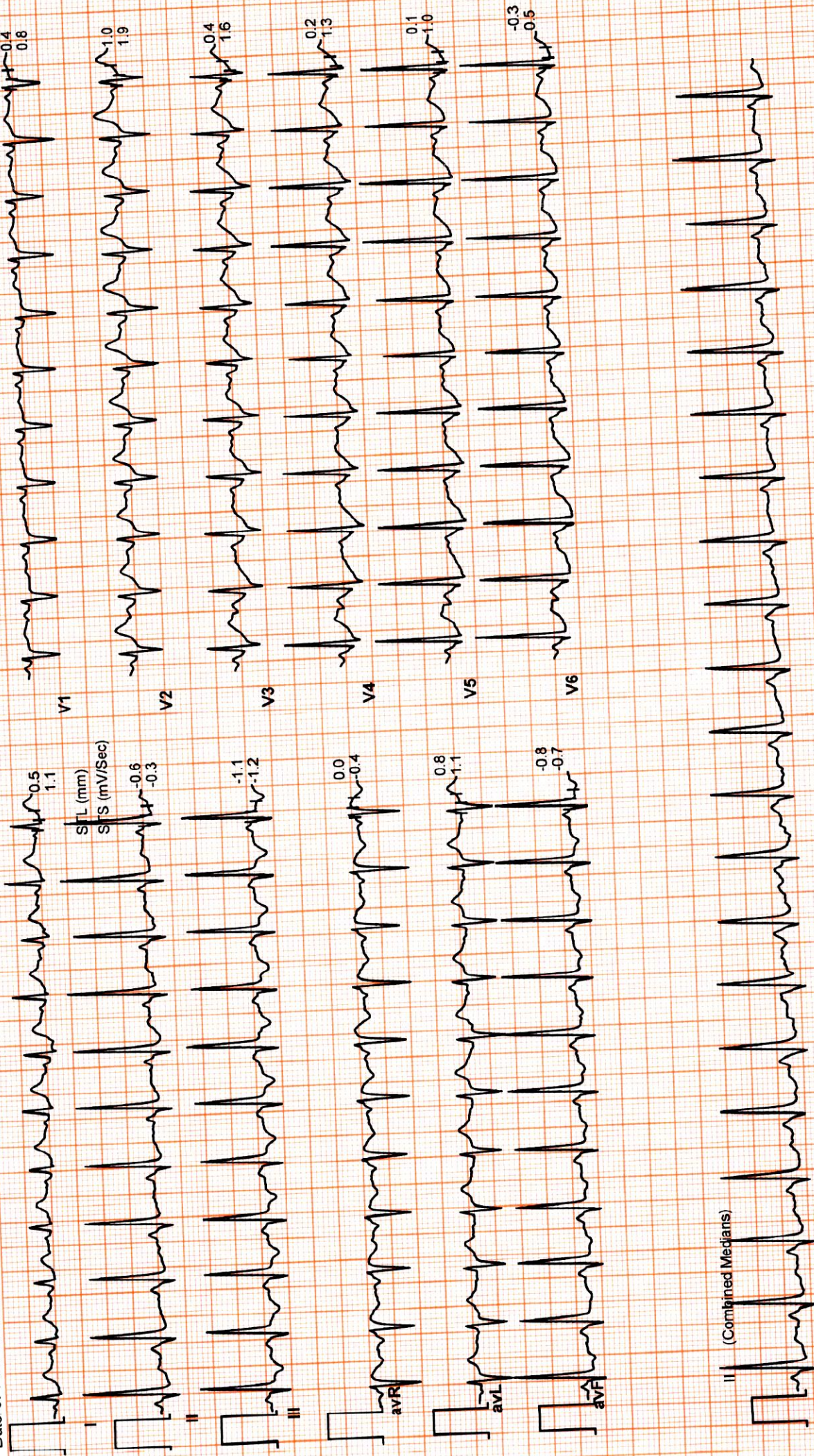
12345696 / REKHA CHAVAN / 27 Yrs / Female / 156 Cm / 85 Kg

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



EXTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date 07 / 01 / 2023 09:18:02 AM METs : 1.0 HR : 128 Target HR : 66% of 193 BP : 140/80 Post J @80mSec



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

12345696 / REKHA CHAVAN / 27 Yrs / Female / 156 Cm / 85 Kg

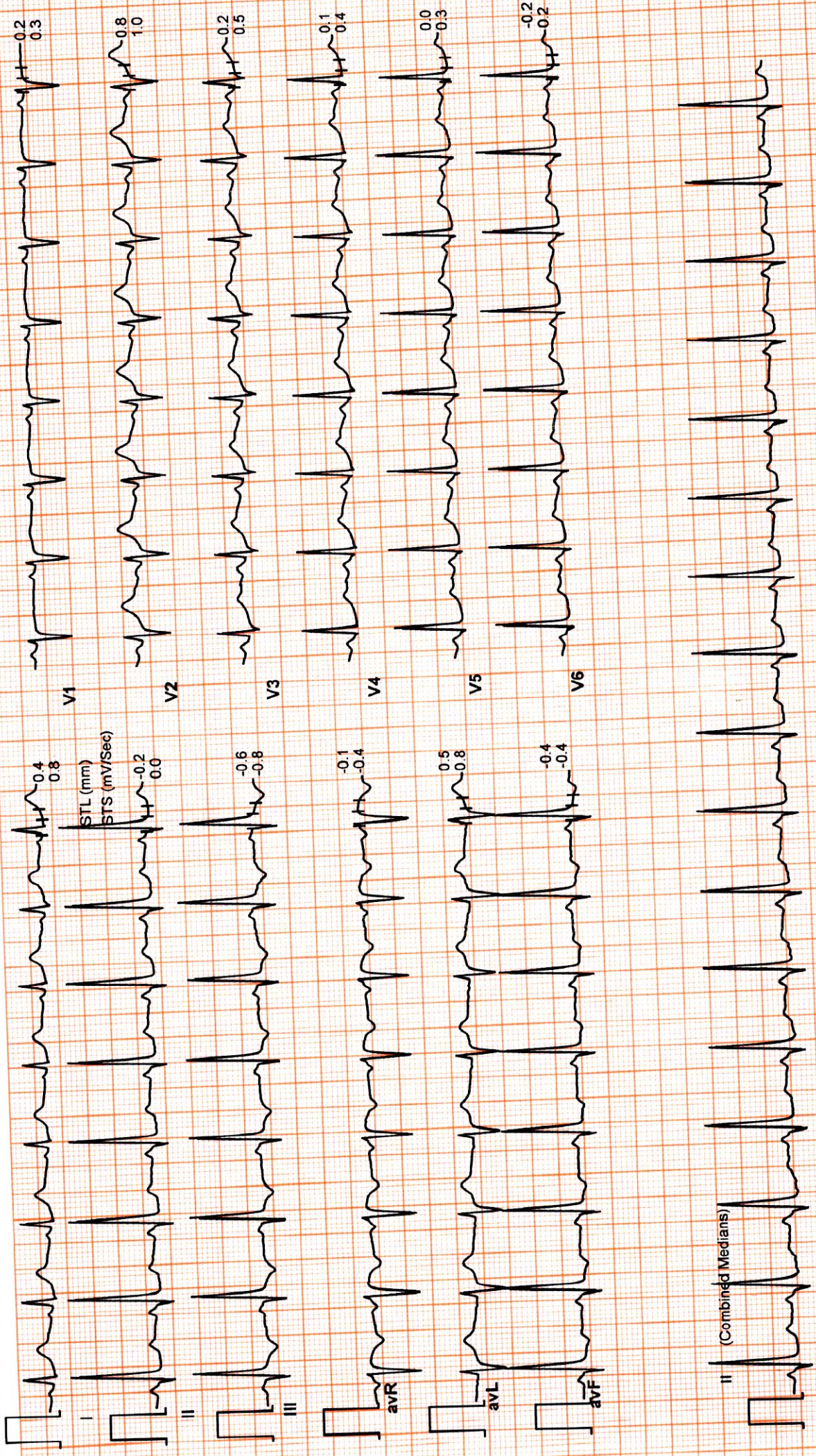
# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:00 )



ExTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 07 / 01 / 2023 09:18:02 AM METs : 1.0 HR : 102 Target HR : 53% of 193 BP : 130/80 Post J @80mSec

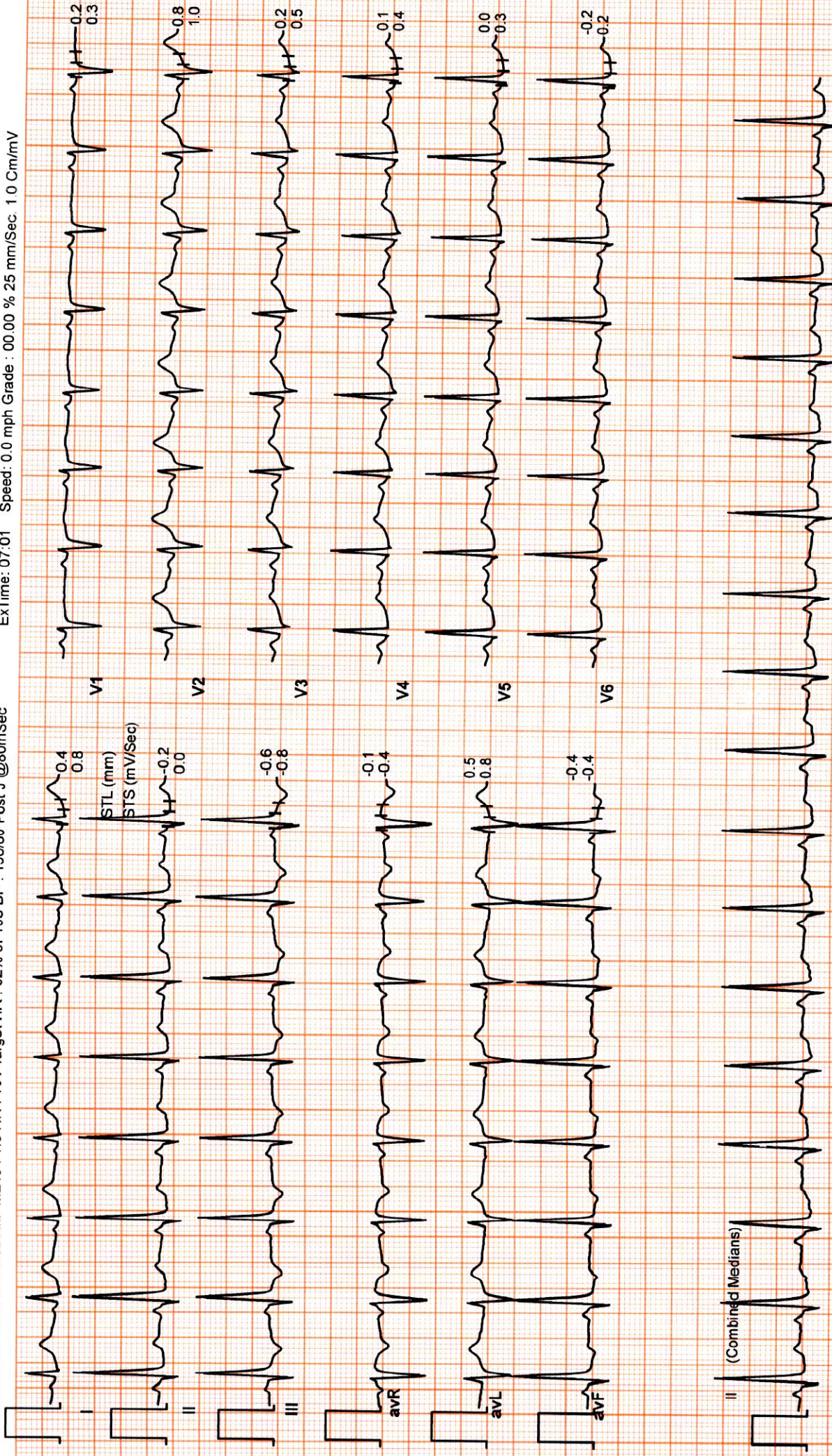






Date: 07 / 01 / 2023 09:18:02 AM METs : 1.0 HR : 101 Target HR : 52% of 193 BP : 130/80 Post J @80mSec

ExTime: 07:01 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV







**CID** : 2300720702  
**Name** : Mrs Chavan rekha  
**Age / Sex** : 27 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 07-Jan-2023  
**Reported** : 07-Jan-2023/11:14

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (12 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. No Eobvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

### COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

### KIDNEYS:

Right kidney measures 9.3 x 4.0 cm. Left kidney measures 10.7 x 12.4 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### SPLEEN:

The spleen is normal in size . Parenchyma appears normal. No evidence of focal lesion is noted.

### URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

### UTERUS :

The uterus is anteverted and appears normal. It measures 7.5 x 3.8 x 2.9 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 6 mm.



Use a QR Code Scanner  
Application To Scan the Code

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**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 07-Jan-2023  
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**OVARIES:**

Right ovary : 2.4 x 2.1 x 1.7 cm, Vol : 4.8 cc.

Left ovary : 2.0 x 1.7 x 1.9 cm, Vol : 3.7 cc.

Both the ovaries are well visualised and appear normal in size, shape and position.

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

No free fluid is seen in the pouch of douglas.

**IMPRESSION:**

- **No significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.**

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**



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**Reg. Date** : 07-Jan-2023  
**Reported** : 07-Jan-2023/13:28

**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.

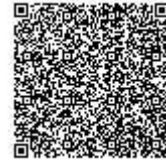
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**



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