



CID : 2406923345
Name : MRS.RASHMIREKHA GHADEI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 09-Mar-2024 / 11:13
Reported : 09-Mar-2024 / 14:58

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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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.2	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7330	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	
Absolute Lymphocytes	2243.0	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	645.0	200-1000 /cmm	Calculated
Neutrophils	59.1	40-80 %	
Absolute Neutrophils	4332.0	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	110.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	212000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	20.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **30** 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*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 : 09-Mar-2024 / 11:13
Reported : 09-Mar-2024 / 19:43

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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	88.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.4	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 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	25.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	15.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	70.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



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Reported : 09-Mar-2024 / 20:02

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eGFR, Serum	121	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	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 Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

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



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Collected : 09-Mar-2024 / 11:13
Reported : 09-Mar-2024 / 18:48

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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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 inert

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



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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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 ***



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	163.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	173.0	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	33.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	34.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



Dr. JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



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Collected : 09-Mar-2024 / 11:13
 Reported : 09-Mar-2024 / 19:38

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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	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	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	1.73	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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 ***



Bmhasakar

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



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नामांकन क्रम / Enrollment No.: 1007/10516/84871

To
 रश्मिरेखा घडी
 Rashmirekha Ghadei
 D/O Chaitanya Ghadei
 Q.R NO-C-138 NALCO NAGAR
 NEAR KALINGA HOSPITAL
 CHANDRASEKHAR PUR BIRUBANESWAR
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UG20412884871



आपका आधार क्रमांक / Your Aadhaar No. :

4066 4988 5824

आधार – आम आदमी का अधिकार



भारत सरकार
GOVERNMENT OF INDIA



रश्मिरेखा घडी
 Rashmirekha Ghadei
 जन्म वर्ष / Year of Birth : 1990
 महिला / Female

4066 4988 5824



आधार – आम आदमी का अधिकार

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 09-Mar-24 Time: 2:24:53 PM
 Name: RASHMIREKHA GHADEI ID: 2406923345
 Age: 33 y Sex: F Height: 162 cms Weight: 68 Kgs
 Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce Pr.MHR: 187 bpm THR: 168 (90 % of Pr.MHR) bpm
 Total Exec. Time: 6 m 38 s Max. HR: 169 (90% of Pr.MHR)bpm Max. Mets: 10.20
 Max. BP: 140 / 70 mmHg Max. BP x HR: 23660 mmHg/min Min. BP x HR: 5600 mmHg/min
 Test Termination Criteria: TARGET HR 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 : 9	1.0	0	0	80	110 / 70	-1.49 III	4.80 V6
Standing	0 : 47	1.0	0	0	99	110 / 70	-1.06 aVR	-4.60 III
Hyperventilation	0 : 10	1.0	0	0	97	110 / 70	-0.85 aVR	1.06 I
1	3 : 0	4.8	1.7	10	117	120 / 70	-1.27 II	1.42 I
2	3 : 0	7.0	2.5	12	150	130 / 70	-1.91 II	2.12 I
Peak Ex	0 : 38	10.2	3.4	14	169	140 / 70	-3.40 III	2.48 V2
Recovery(1)	3 : 0	1.8	1	0	104	120 / 70	-3.40 III	2.48 V2
Recovery(2)	3 : 0	1.0	0	0	99	110 / 70	-0.64 III	1.06 I
Recovery(3)	0 : 4	1.0	0	0	99	110 / 70	-0.21 III	0.71 I

Interpretation

GOOD EFFORT TOLERANCE
 TARGET WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND EXAGGERATED INOTROPIC RESPONSE
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY
 NO ANGINA/ARRYTHMIAS NOTED.

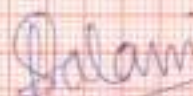
IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

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.SMITA VALANI

(C) Schiller Healthcare India Pvt. Ltd. V 4.53



RASHMIREKHA GHADGI (33 F)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2408923345

Date: 09-Mar-24

Exec Time: 0 m 0 s

Stage Time: 1 m 3 s

HR: 83 bpm

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

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P.: 110 / 70

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

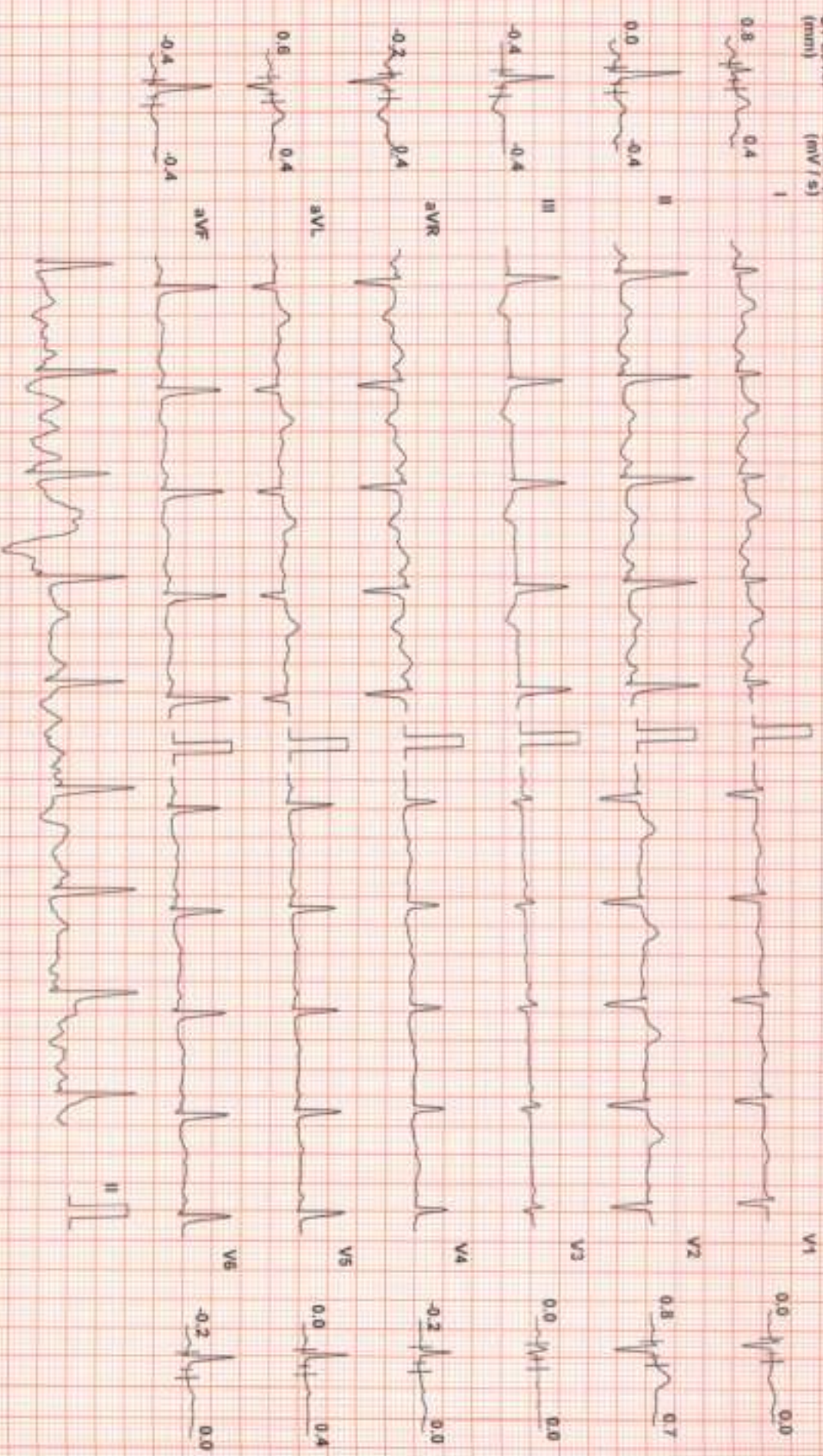


Chart Speed: 25 mm/sec
Scale: Standard V x 5

Filter: 35 Hz

Main Filter: ON

Ampl: 10 mm

90 = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Linked Median

RASHMI/REKHA GHADGE (33 F)

ID: 2406923345

Date: 09-Mar-24 Exec Time: 0 m 0 s Stage Time: 0 m 41 s HR: 94 bpm

Protocol: Bruuch

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 166 bpm)

B.P: 110 / 70

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

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

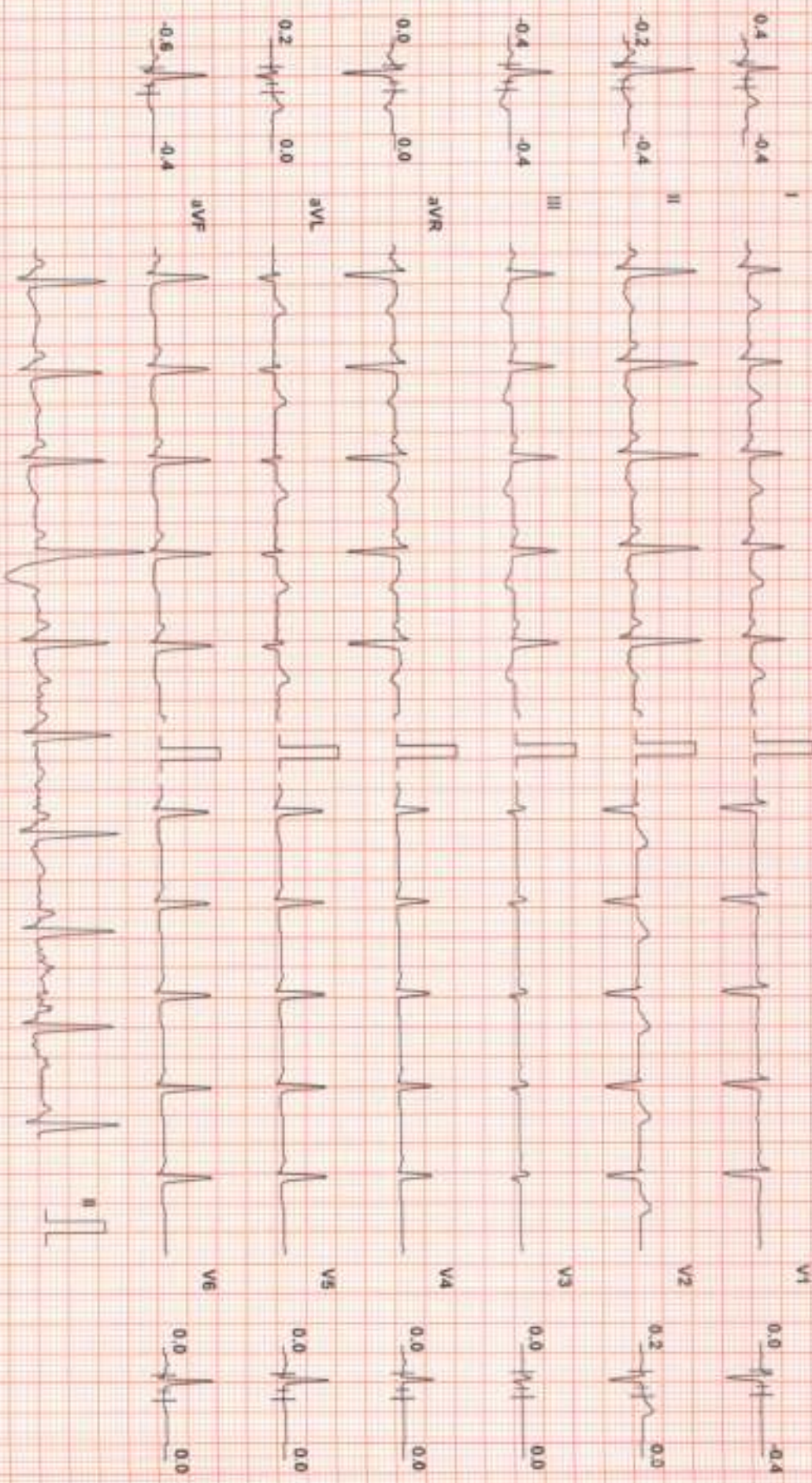


Chart Speed: 25 mm/sec
Schick-Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Imp = R - 30 ms

J = R - 40 ms

Post J = J = 60 ms

Linked Median



RASHMIREKHA GHADGI (33 F)

ID: 2406923945 Date: 09-Mar-24 Exec Time: 0 m 0 s Stage Time: 0 m 4 s HR: 94 bpm
Stage: Hyperventilation Speed: 0 mph Grade: 0% (THR: 168 bpm) B.P: 110/70

Protocol: Bruce

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

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

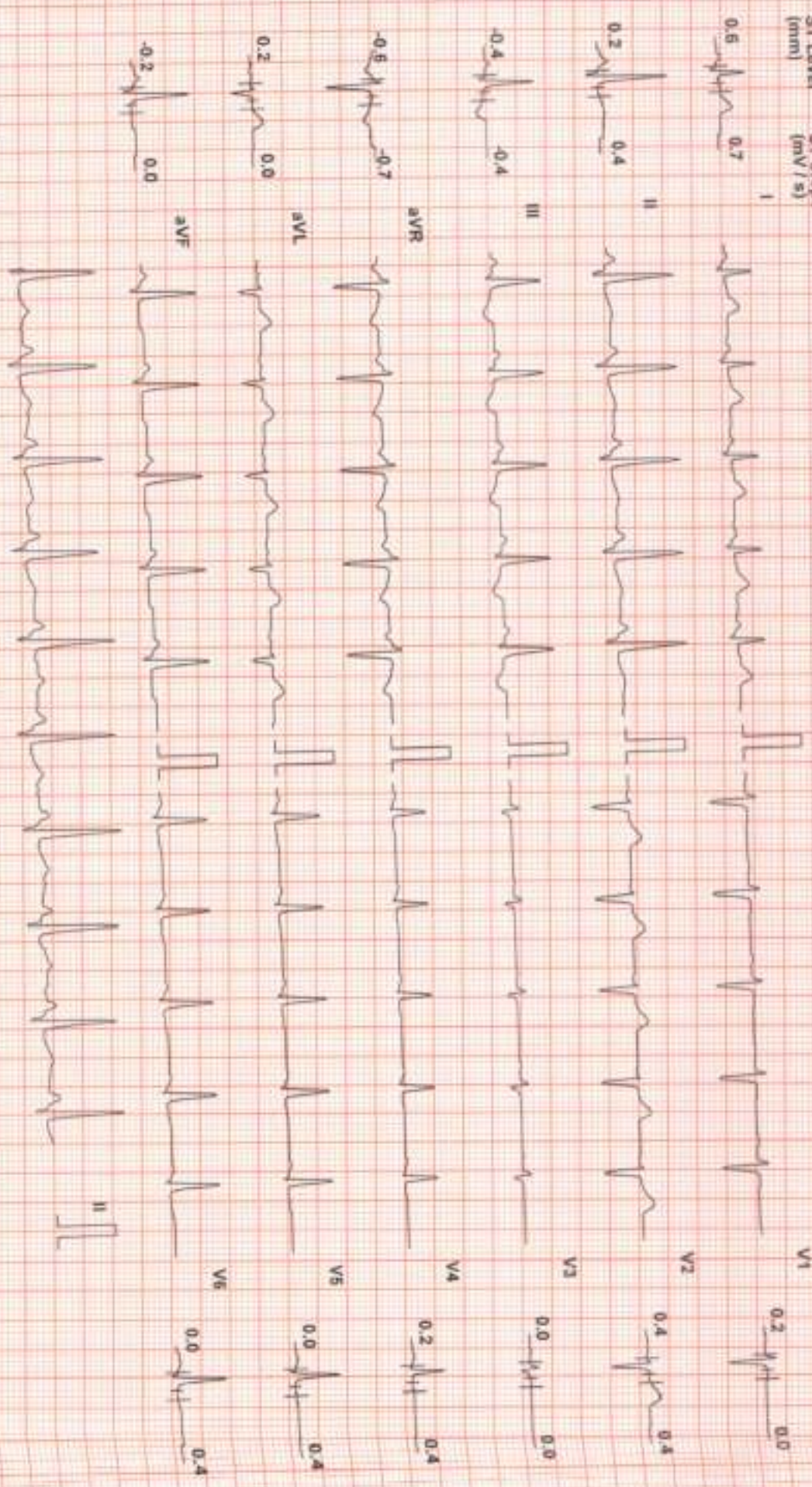


Chart Speed: 25 mm/spc
Sattel Standard V4.55

Filter: 35 Hz

Main: Fil: ON

Amp: 10 mm

Int: R - 30 ms

P: R - 60 ms

Post: J - J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

RASHMIREKHA GHADEI (33 F)

ID: 2408923345

Date: 09-Mar-24 Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 116 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10 %

(THR: 189 bpm)

B.P.: 120 / 70

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

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

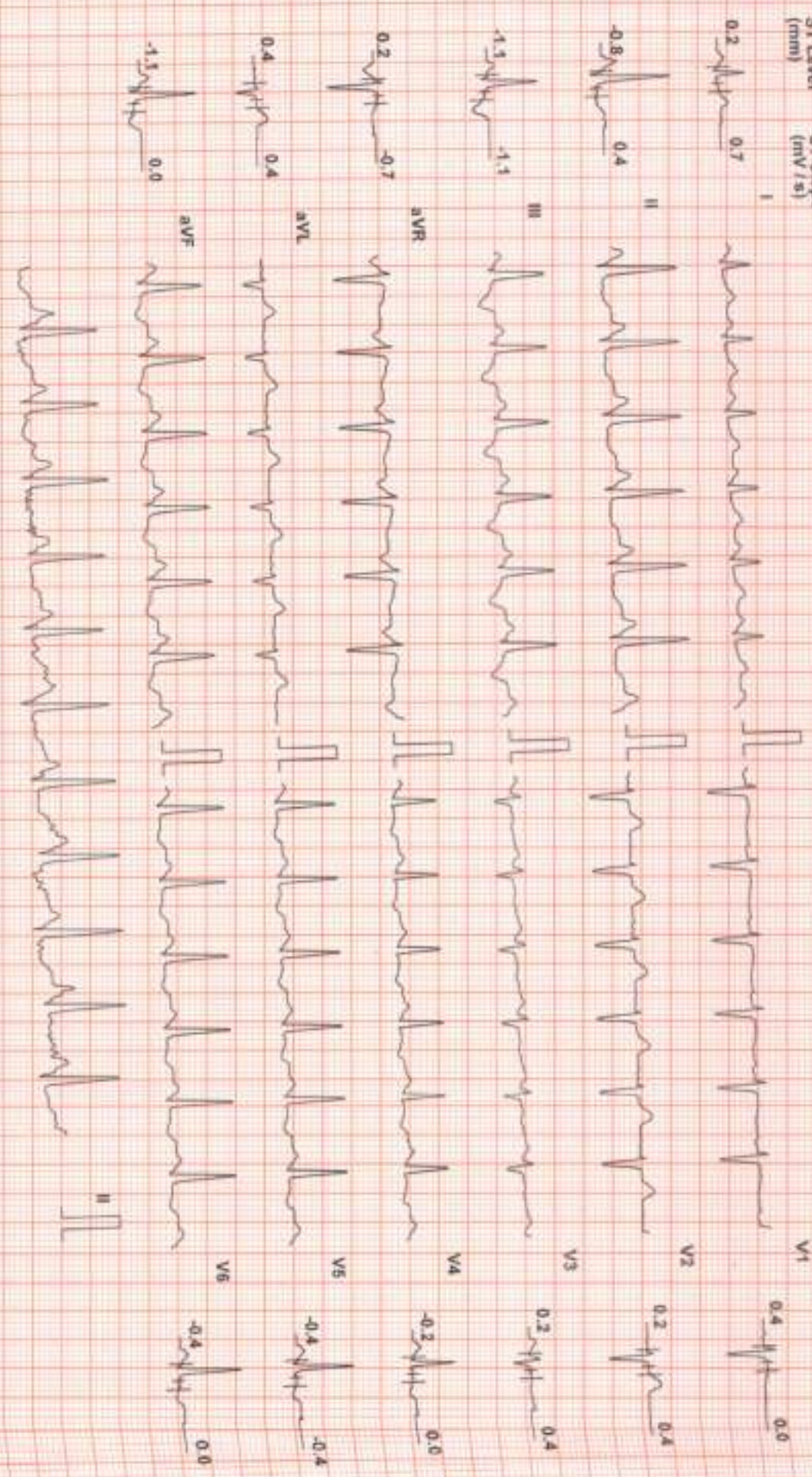


Chart Speed: 25 mm/sec
Strip Speed: V4.52

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

100 + R - 50 ms

J - H + 50 ms

Pool J - J + 50 ms

Linked Median

RASHMIREKHA GHADGI (33 F)

ID: 2406823346

Date: 09-Mar-24 Exec Time: 5 m 33 s Stage Time: 2 m 33 s HR: 148 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 168 bpm)

B.P: 130 / 70

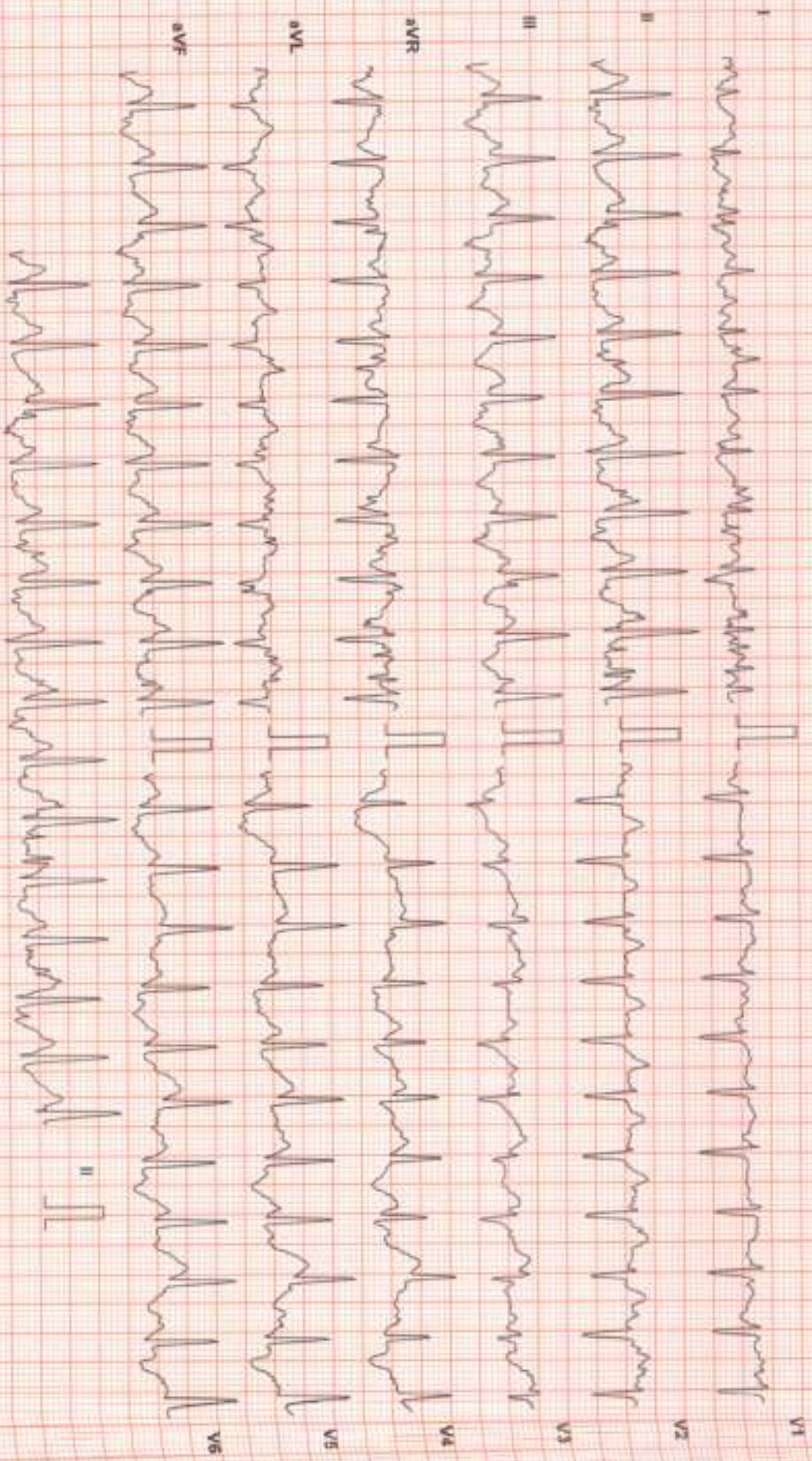


Chart Speed: 25 mm/sec
Scales: Standard V & S2

Filter: 35 Hz

Mains: Filter ON

Amp: 10 mm

50 = R - 60 ms

J = R - 60 ms

Paper = 1 + 60 ms

RASHMIREKHA GHADGI (33 F)

Protocol: Bruce

ID: 2408923345

Stage: Peak Ex

Date: 09-Mar-24 Exec Time: 6 m 27 s Stage Time: 0 m 27 s HR: 166 bpm

Speed: 3.4 mph

Grade: 14 %

THR: 168 bpm

B.P: 140 / 70

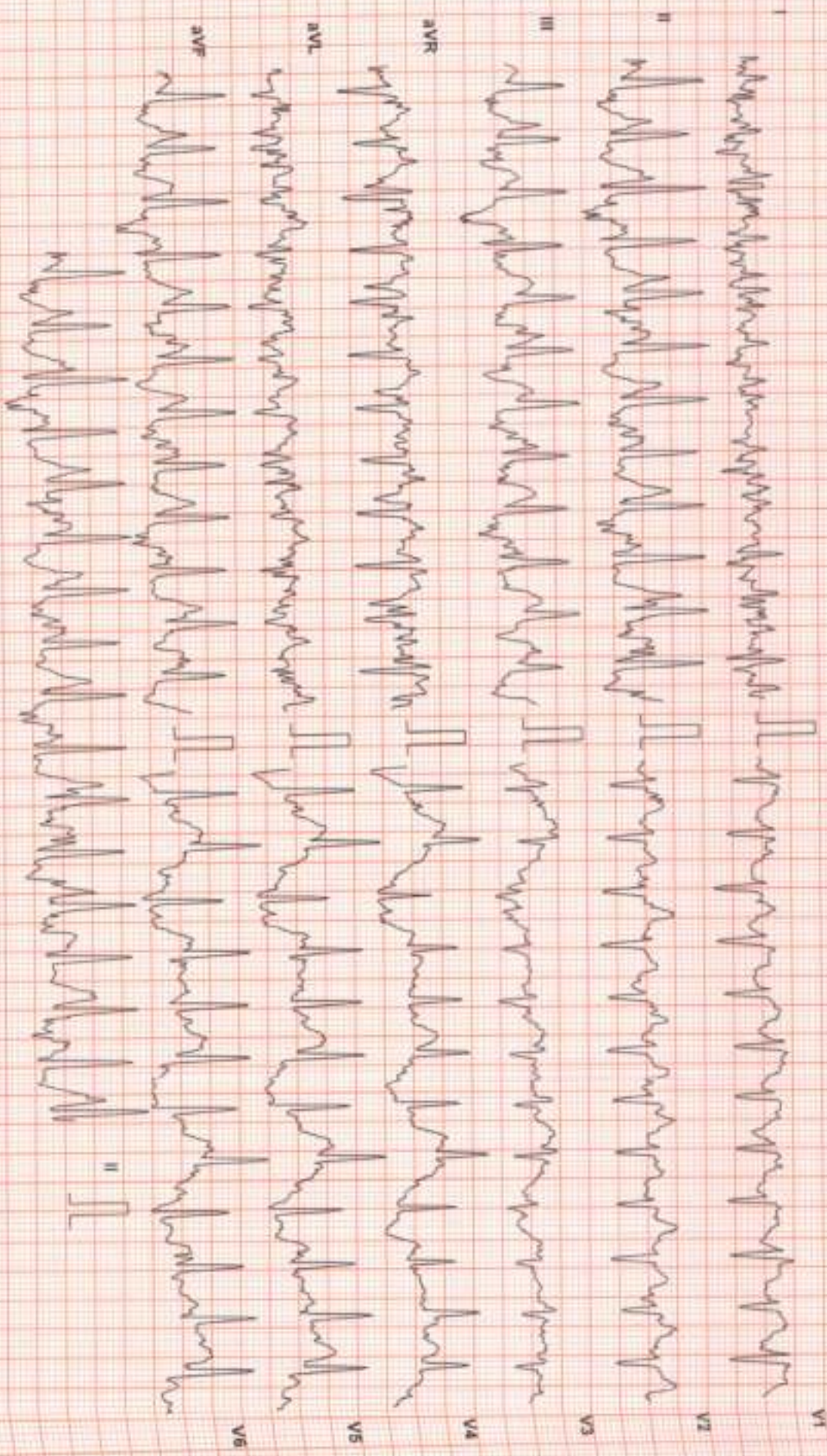


Chart Speed: 25 mm/sec
Scalier Speed: V4-V6

Filter: 35 Hz

Main: Fil. ON

Amp: 10 mm

I = R - 50 mm

V = R - 50 mm

Print: V = 1 * 50 mm/s



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

RASHMIREKHA GHADEI (33 F)

ID: 2406923345

Date: 09-Mar-24

Exec Time: 6 m 32 s

Stage Time: 0 m 32 s

HR: 167 bpm

B.P: 140 / 70

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 168 bpm)

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

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

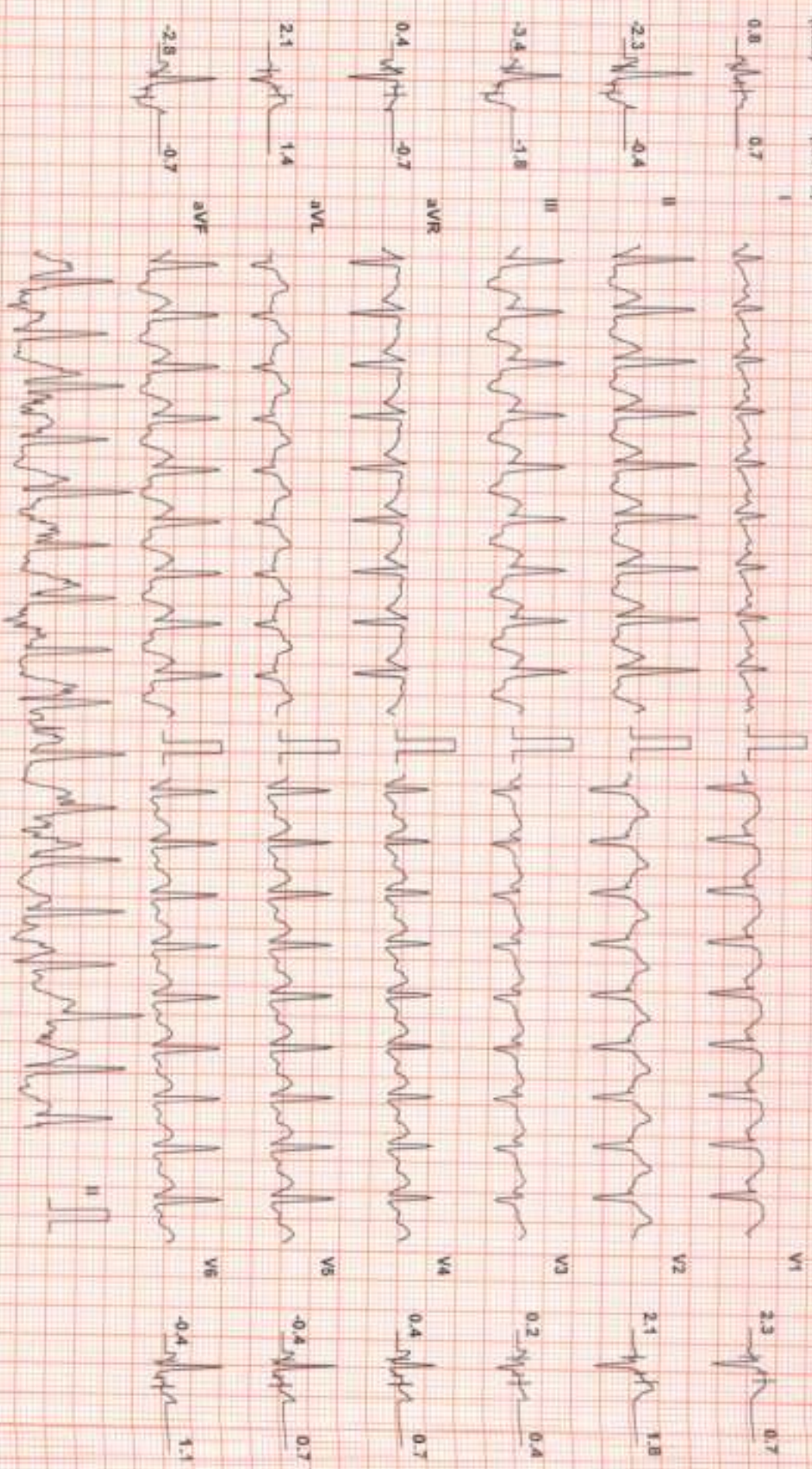


Chart Speed: 25 mm/sec
Scriber Speed: V 4.37

Filter: 35 Hz

Means Fil: ON

Amp: 10 mm

10 x 5 - 50 ms

1 x 5 - 60 ms

Pulse 1 - 1 - 60 ms

Linked Median



RASHMIREKHA GHADEI (33 F)

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

ID: 2406923345

Date: 09-Mar-24

Exec Time: 6 m 38 s

Stage Time: 2 m 54 s

HR: 103 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 168 bpm)

B.P: 120/76

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

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

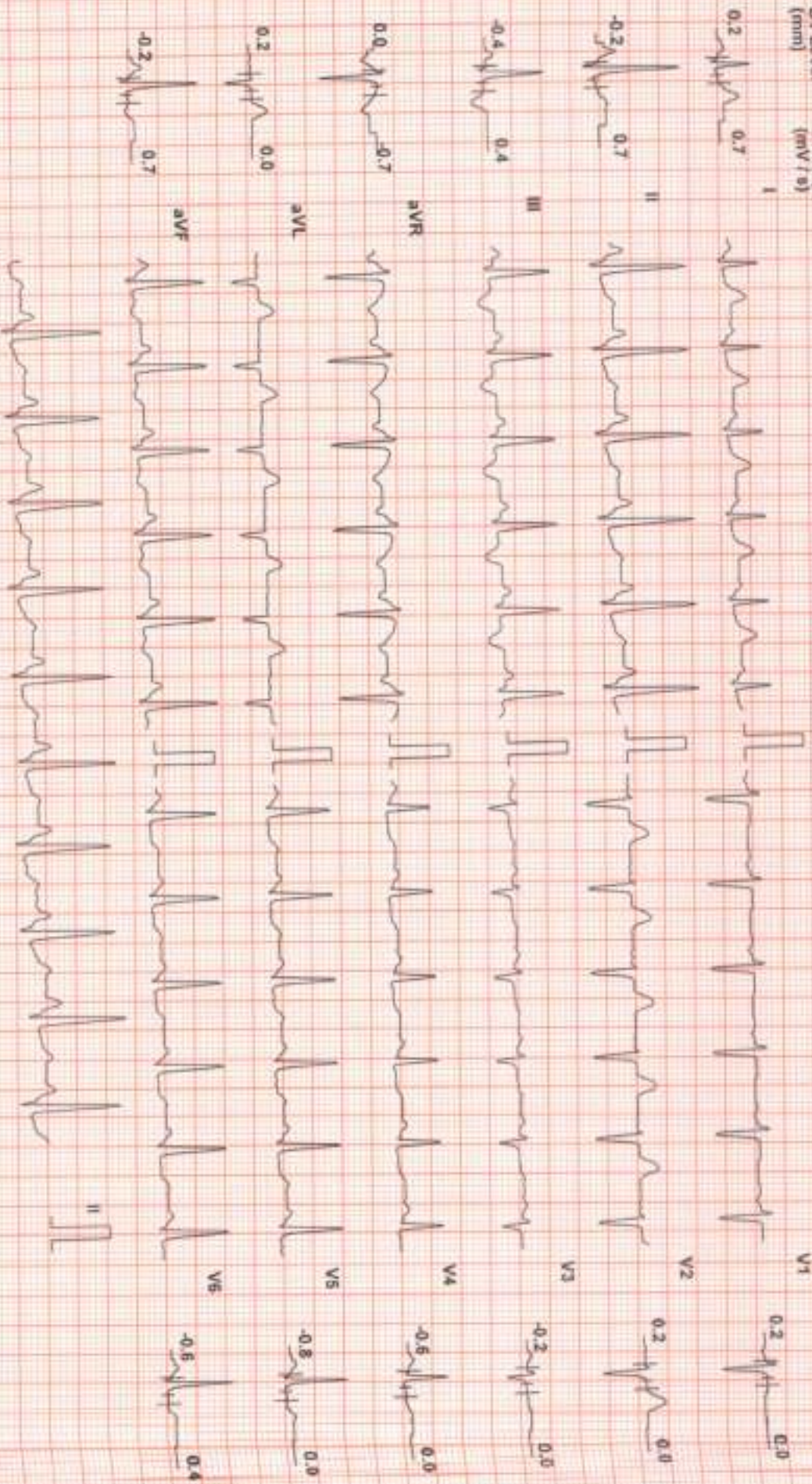


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main: Filter ON

Amp: 10 mm

20 = R - 50 ms

J = R - 50 ms

Post/J = J - 50 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

1001, Sector 14, Gurgaon

RASHMIREKHA GHADEI (33 F)

Protocol: Bruce

ID: 2406923345

Date: 09-Mar-24

Exec Time: 0 m 38 s

Stage Time: 2 m 54 s

HR: 99 bpm

ST Level (mm)

ST Slope (mV/s)

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P.: 110 / 70

ST Level (mm)

ST Slope (mV/s)

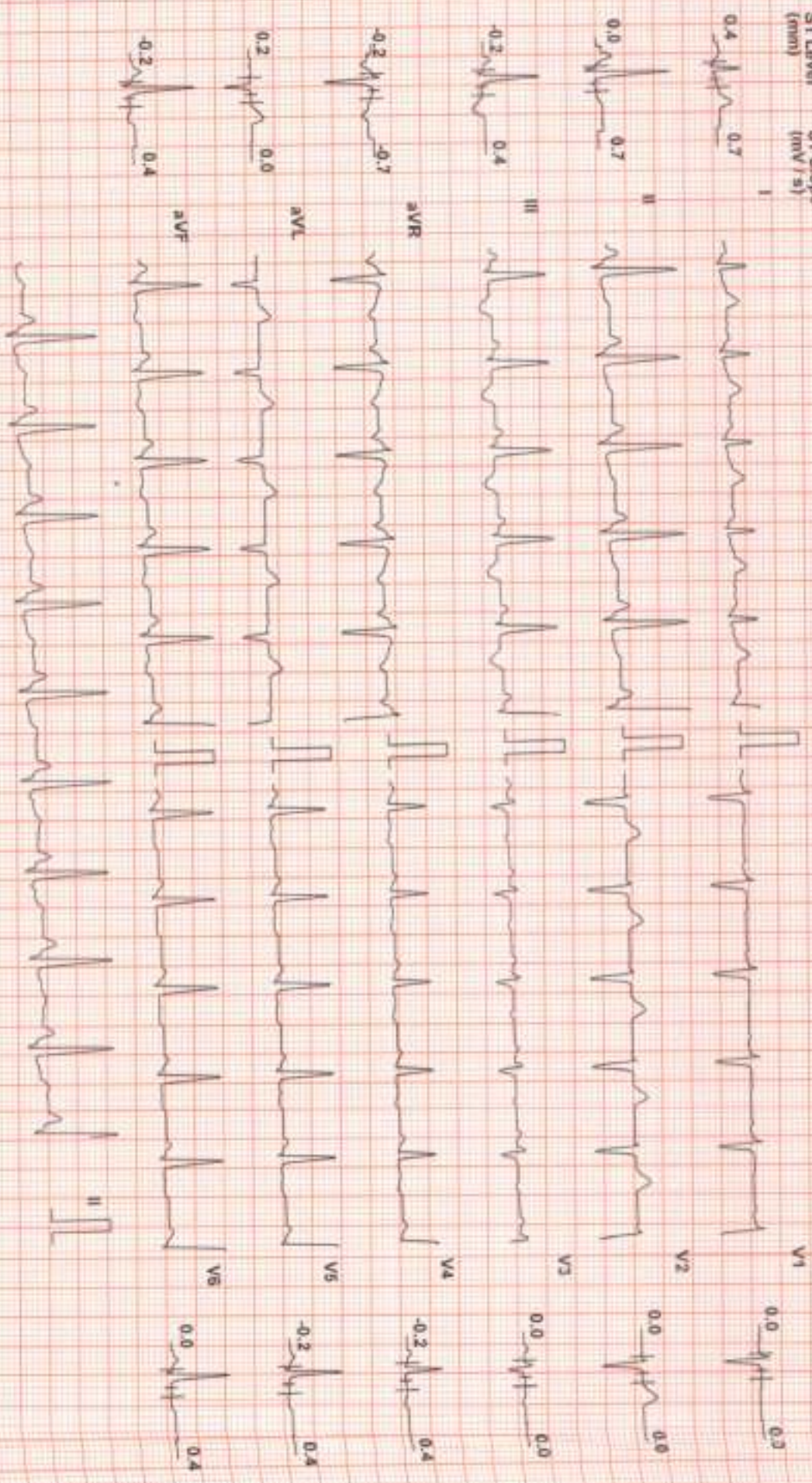


Chart Speed: 25 mm/sec
Sensit: Standard V & ST

Filter: 35 Hz

Main: Filtr: ON

Amp: 10 mm

PR = 160 ms

QT = 380 ms

QTc = 40 ms

Linked Median



SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

RASHMIREKHA GHADGI (33 F)

ID: 2406923345

Date: 09-Mar-24

Exec Time: 6 m 38 s

Sludge Time: 2 m 58 s

HR: 99 bpm

Protocol: Bruce

Stages: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 168 bpm)

B.P: 110/70

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

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

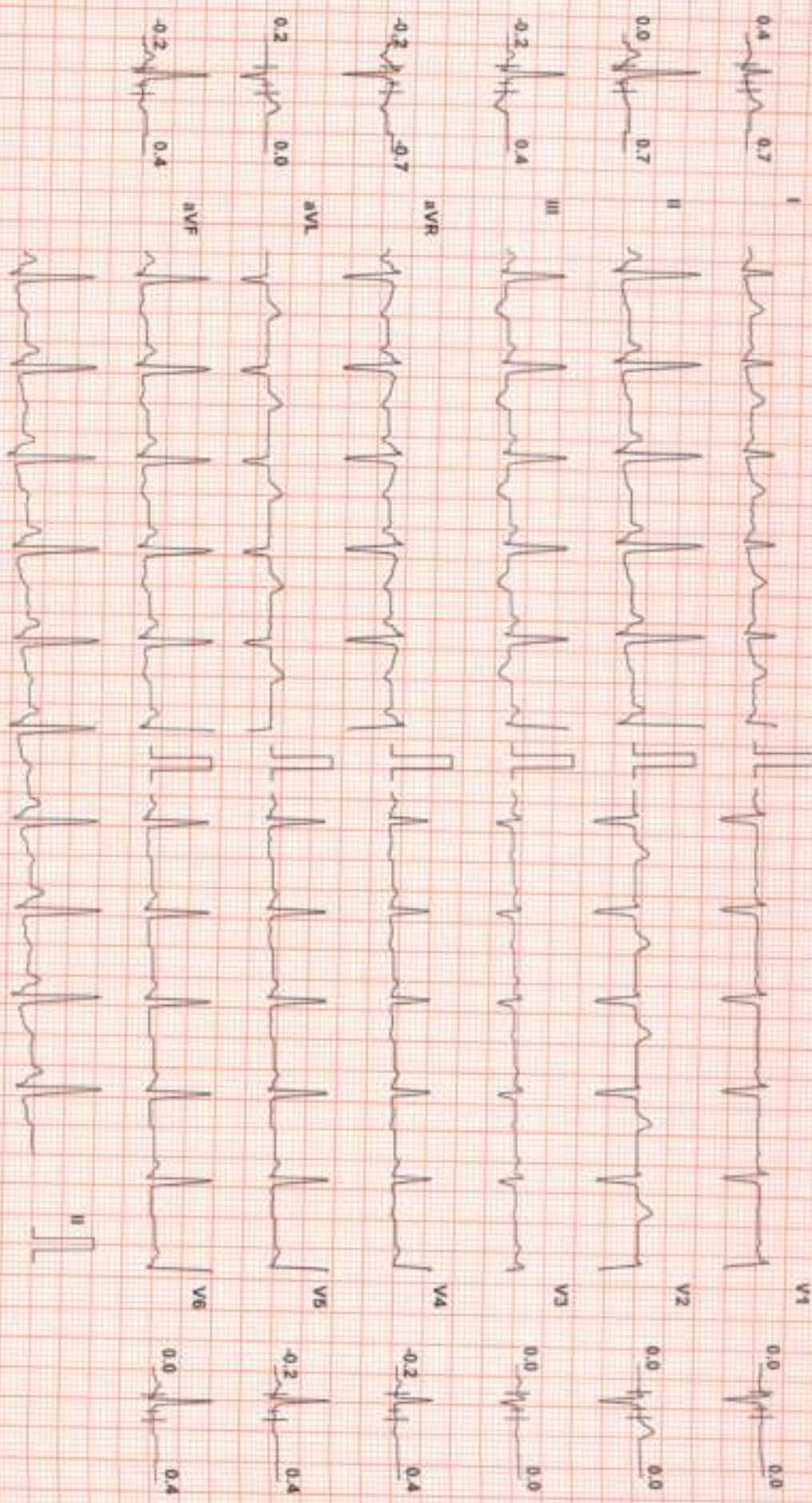


Chart Speed: 25 mm/sec
Schluter Standard V 450

Filter: 35 Hz

Main: Fil: ON

Amp: 10 mm

100 x R - 60 mm

J = R + 60 mm

Post J = J + 60 mm

Linked Median



Use a QR Code Scanner
Application To Scan the Code

CID : 2406923345
Name : Mr RASHMIREKHA GHADEI
Age / Sex : 33 Years/Male
Ref. Dr : **Reg. Date** : 09-Mar-2024
Reg. Location : Mahavir Nagar, Kandivali West Main **Reported** : 09-Mar-2024/12:31
Centre

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.3 cm), shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.0 x 4.3 cm. Left kidney measures 10.7 x 4.6 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8.1cm) and echotexture.No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.0 x 4.0 x 3.1 cm in size.
The endometrial thickness is 5.7 mm.

OVARIES:

Both the ovaries are not well visualized due to overlying bowel gas.
There is no evidence of obvious adnexal mass seen.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030910511693>



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Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/12:31

IMPRESSION:

➤ **Grade I fatty Liver**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/12:31



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Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/12:59

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Name : Mr RASHMIREKHA GHADEI
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 09-Mar-2024
Reported : 09-Mar-2024/12:59