

**PHYSICAL EXAMINATION REPORT**

Patient Name	Kalpaua Geayakwad	Sex/Age	F/22
Date	24/3/23	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	②
Weight (kg):	53.3	Skin:	Acne, & Pigmentation on face
Blood Pressure	110/70	Nails:	
Pulse	72/min	Lymph Node:	NAD.

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↓ Hb.

E (G- Non specific STT changes .

Iron Supplement

Advice:

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

PERSONAL HISTORY:

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

No  
No  
- mixed  
No



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439



Use a QR Code Scanner Application To Scan the Code

CID : 2308317104  
Name : MRS.KALPNA GAYAKWAD  
Age / Gender : 22 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Mar-2023 / 09:28  
Reported : 24-Mar-2023 / 11:13

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	11.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.45	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.0	36-46 %	Measured
MCV	80.8	80-100 fl	Calculated
MCH	25.9	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5060	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	34.9	20-40 %	
Absolute Lymphocytes	1765.9	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	379.5	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	2783.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	131.6	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.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	383000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	12.1	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 12 2-20 mm at 1 hr. Sedimentation

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



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist



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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	82.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	68.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.08	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	11.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	7.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	101.8	35-105 U/L	PNPP
BLOOD UREA, Serum	11.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.4	6-20 mg/dl	Calculated

Authenticity Check



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Collected : 24-Mar-2023 / 11:55  
Reported : 24-Mar-2023 / 15:34

CREATININE, Serum	0.53	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	153	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	3.2	2.4-5.7 mg/dl	Uricase
------------------	-----	---------------	---------

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



*Amit Taori*

Dr AMIT TAORI  
M.D ( Path )  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	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.

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



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Reported : 24-Mar-2023 / 13:01

**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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	

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 G B Road Lab, Thane West  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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 \*\*\*



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	114.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	54.7	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	48.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	66.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	55.0	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	11.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	0-3.5 Ratio	Calculated

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



*Amit Taori*

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



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 Reported : 24-Mar-2023 / 12:00

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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	ECLIA
Free T4, Serum	15.4	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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Collected : 24-Mar-2023 / 09:28  
Reported : 24-Mar-2023 / 12:00

**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



*Amit Taori*

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

24/3/23

Name: *Salpna Quikwad*

CID:

Sex / Age: *F 22*

**EYE CHECK UP**

Chief complaints: *REU*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: *32/6 110/2 2/6*

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

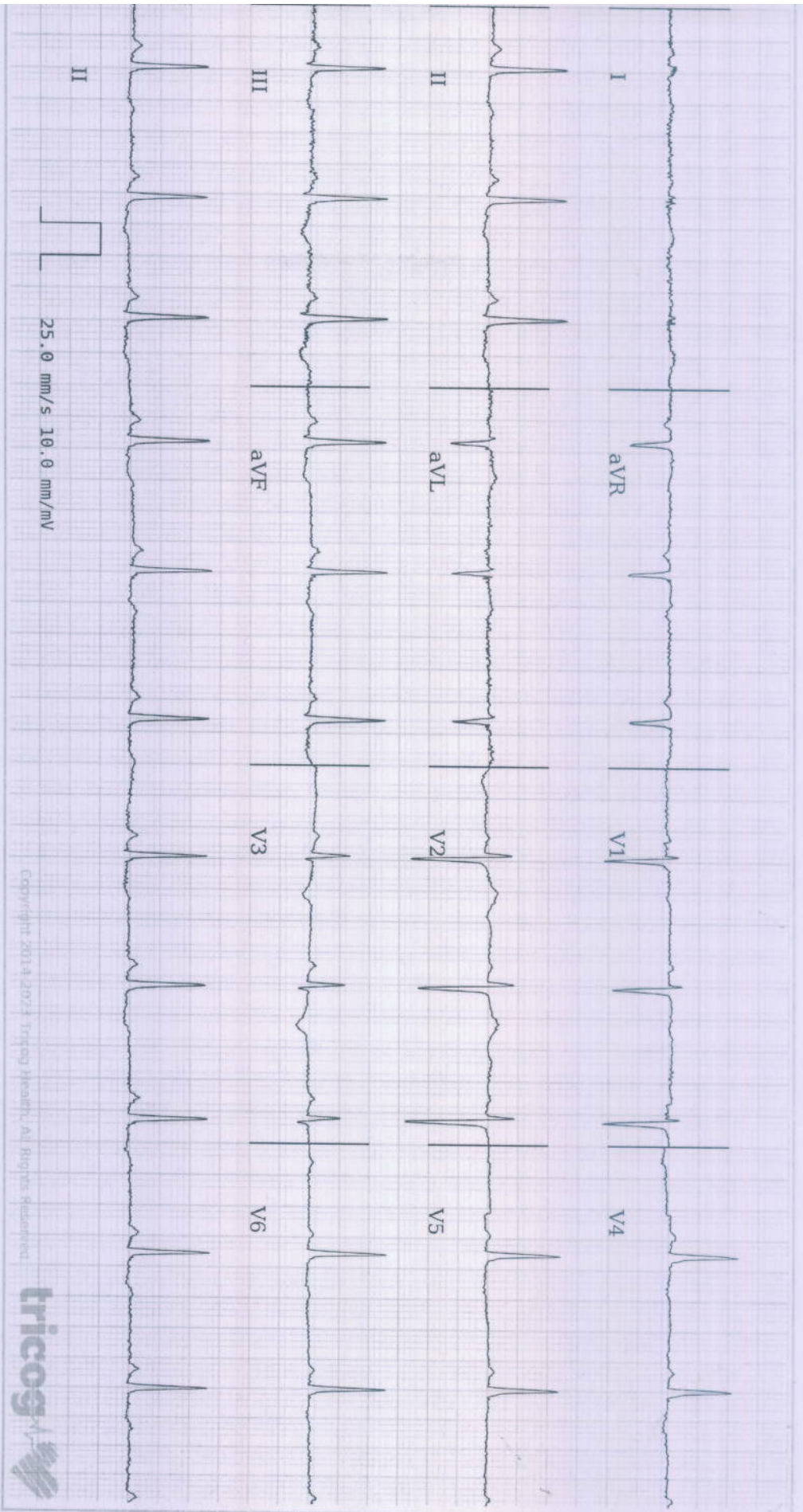
Colour Vision: Normal / Abnormal

Remark: *Good Vision*

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**

Patient Name: **KALPNA .**  
Patient ID: **2308317104**

Date and Time: **24th Mar 23 10:12 AM**



25.0 mm/s 10.0 mm/mV

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Age **22** **8** **28**  
years months days

Gender **Female**

Heart Rate **71bpm**

Patient Vitals

BP: **110/70 mmHg**  
Weight: **43 kg**  
Height: **160 cm**  
Pulse: **NA**  
SpO2: **NA**  
Resp: **NA**  
Others:

Measurements

QRSD: **78ms**  
QT: **388ms**  
QTc: **421ms**  
PR: **130ms**  
P-R-T: **79° 86° -21°**

**Sinus Rhythm, Nonspecific ST T changes. Please correlate clinically.**

REPORTED BY

**DR SHAILAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-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.



Email:

727 (2308317104) / KALPNA / 22 Yrs / F / 160 Cms / 43 Kg  
 Date: 24 / 03 / 2023 12:15:31 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:17	0:17	00.0	00.0	01.0	072	36 %	110/70	079	00	
Standing	00:26	0:09	00.0	00.0	01.0	078	39 %	110/70	085	00	
HV	00:36	0:10	00.0	00.0	01.0	081	41 %	110/70	089	00	
ExStart	00:42	0:06	00.0	00.0	01.0	081	41 %	110/70	089	00	
BRUCE Stage 1	03:42	3:00	01.7	10.0	04.7	129	65 %	120/70	154	00	
BRUCE Stage 2	06:42	3:00	02.5	12.0	07.1	156	79 %	140/80	218	00	
PeakEx	06:56	0:14	03.4	14.0	07.4	160	81 %	150/80	240	00	
Recovery	07:56	1:00	00.0	00.0	01.1	114	58 %	150/80	171	00	
Recovery	08:56	2:00	00.0	00.0	01.0	101	51 %	150/80	151	00	
Recovery	10:11	3:16	00.0	00.0	01.0	098	49 %	120/80	117	00	

**FINDINGS :**

Exercise Time : 06:14  
 Initial HR (ExStrt) : 81 bpm 41% of Target 198  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max WorkLoad Attained : 7.4 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value: III & -2.0 mm in Stage 2  
 Test End Reasons : Feeling Uncomfortable

Max HR Attained 160 bpm 81% of Target 198  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (ED)

RIN...

Doctor : DR SHAILAJA PILLAI





EMail: 727/KALPNA / 22 Yrs / F / 160 Cms / 43 Kg Date: 24 / 03 / 2023 12:15:31 PM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 198.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT seems negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Vibrations seen interpretation difficult.

Dr. SHAILAJA PILLAI

M

24/03/2023

(S)

Doctor : DR SHAILAJA PILLAI



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE ( 00:01 )



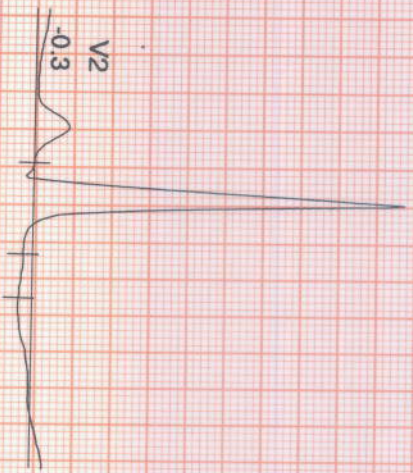
727 (2308317104) / KALPNA / 22 Yrs / F / 160 Cms / 43 Kg / HR : 72

Date: 24 / 03 / 2023 12:15:31 PM METS: 1.0/ 72 bpm 36% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



rS 0.1  
sS 0.2

V1  
0.1  
0.1  
-0.3

V1

II  
-0.6  
-0.3

V2  
-0.3  
-0.1

V2

III  
-0.7  
-0.5

V3  
-0.4  
-0.2

V3

aVR  
0.3  
0.1

V4  
-0.4  
-0.2

V4

aVL  
0.4  
0.3

V5  
-0.3  
-0.1

V5

aVF  
-0.7  
-0.4

V6  
-0.3  
-0.1

V6



REMARKS:



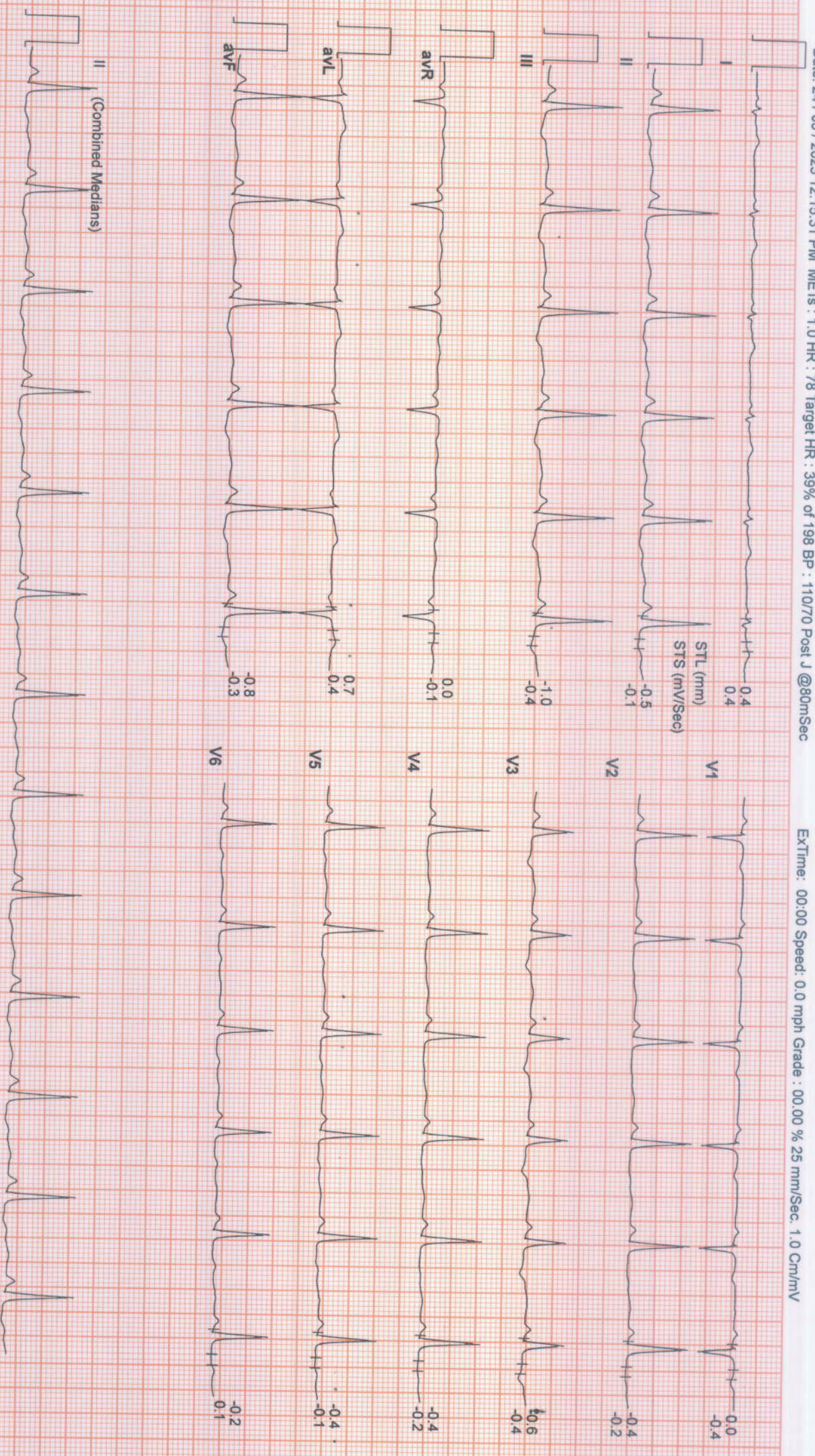
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 1.0 HR : 78 Target HR : 39% of 198 BP : 110/70 Post J @80mSec

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

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

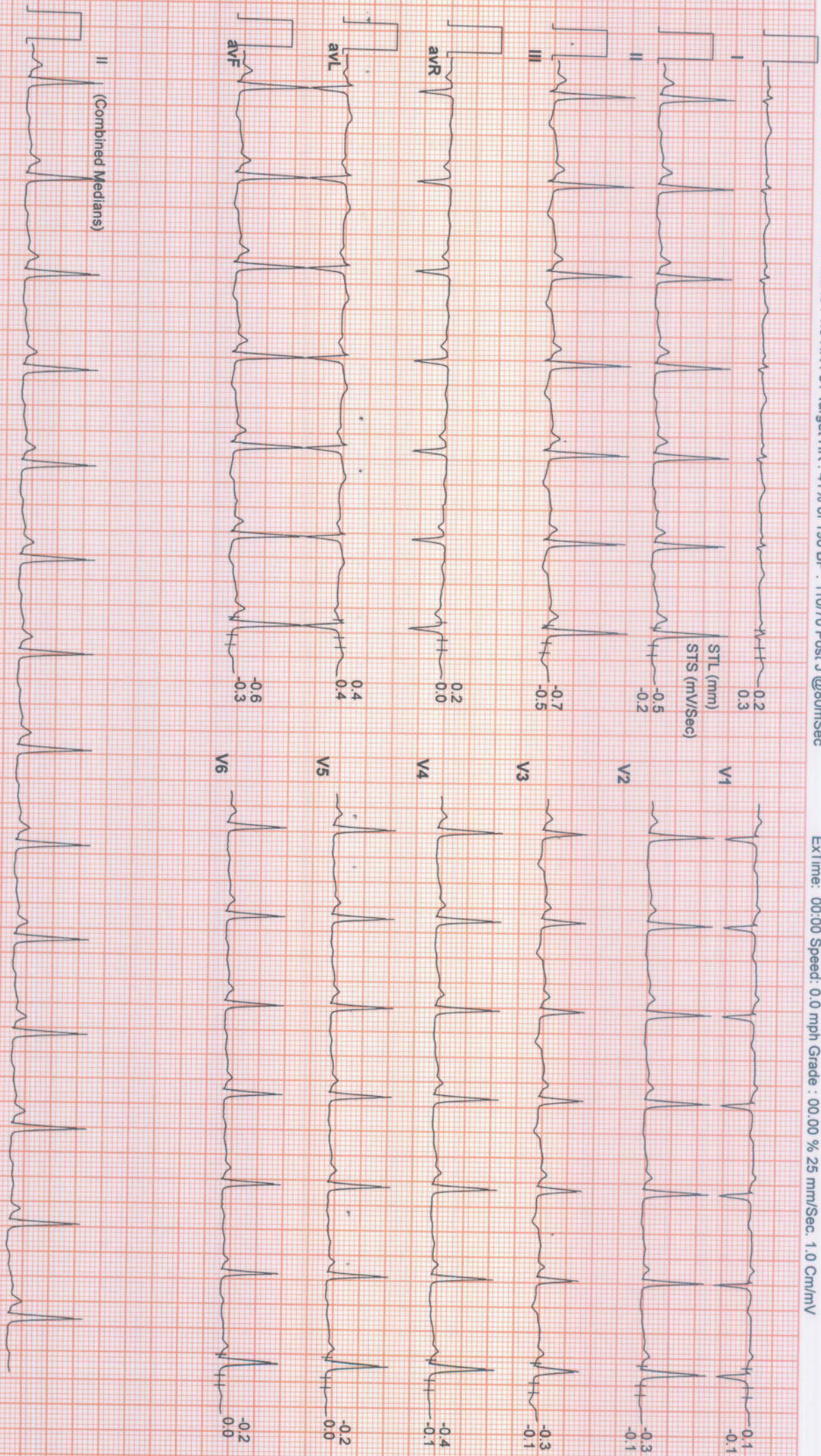
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 1.0 HR : 81 Target HR : 41% of 198 BP : 110/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

HV ( 00:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

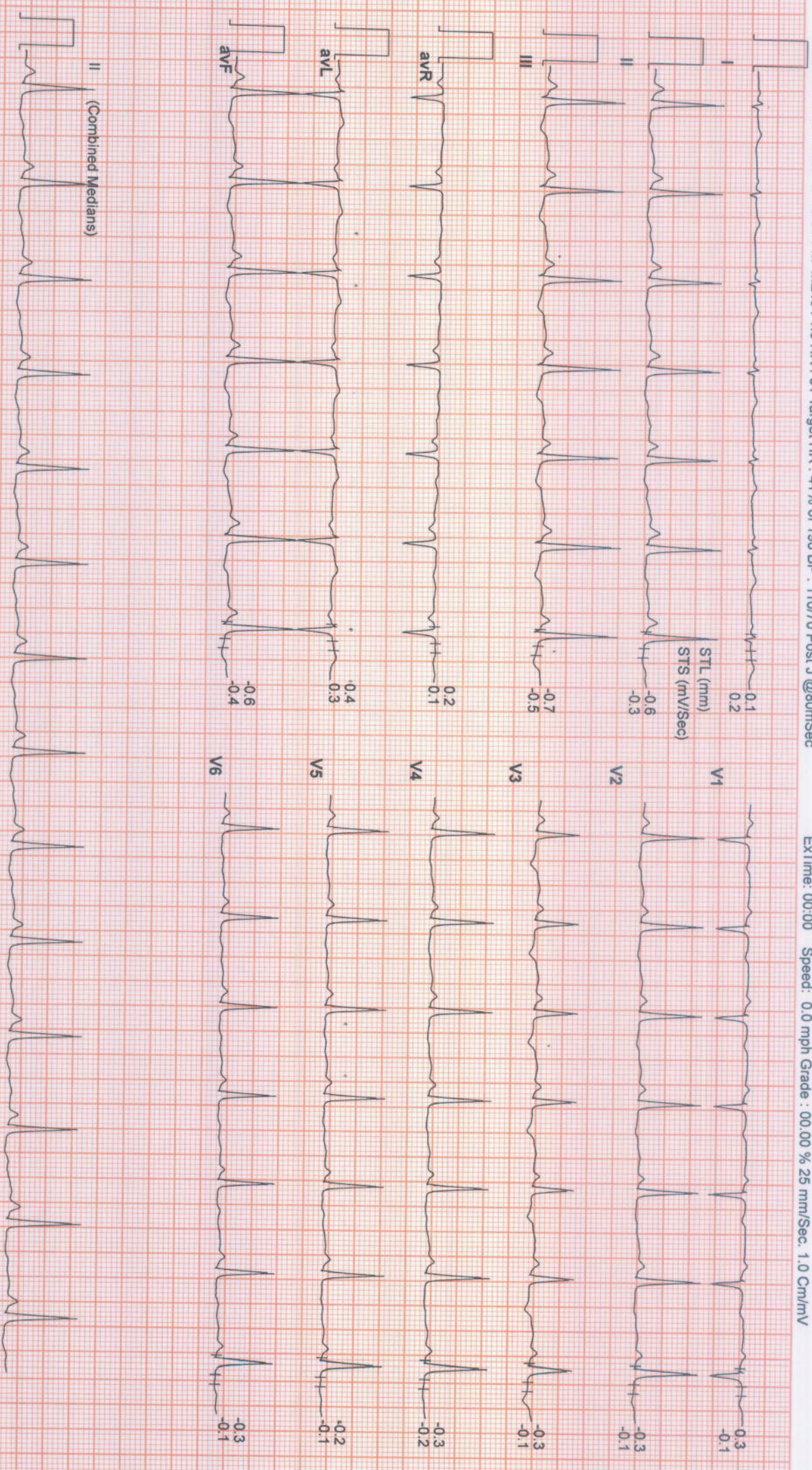
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METS : 1.0 HR : 81 Target HR : 41% of 198 BP : 110/70 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm

ExStr

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

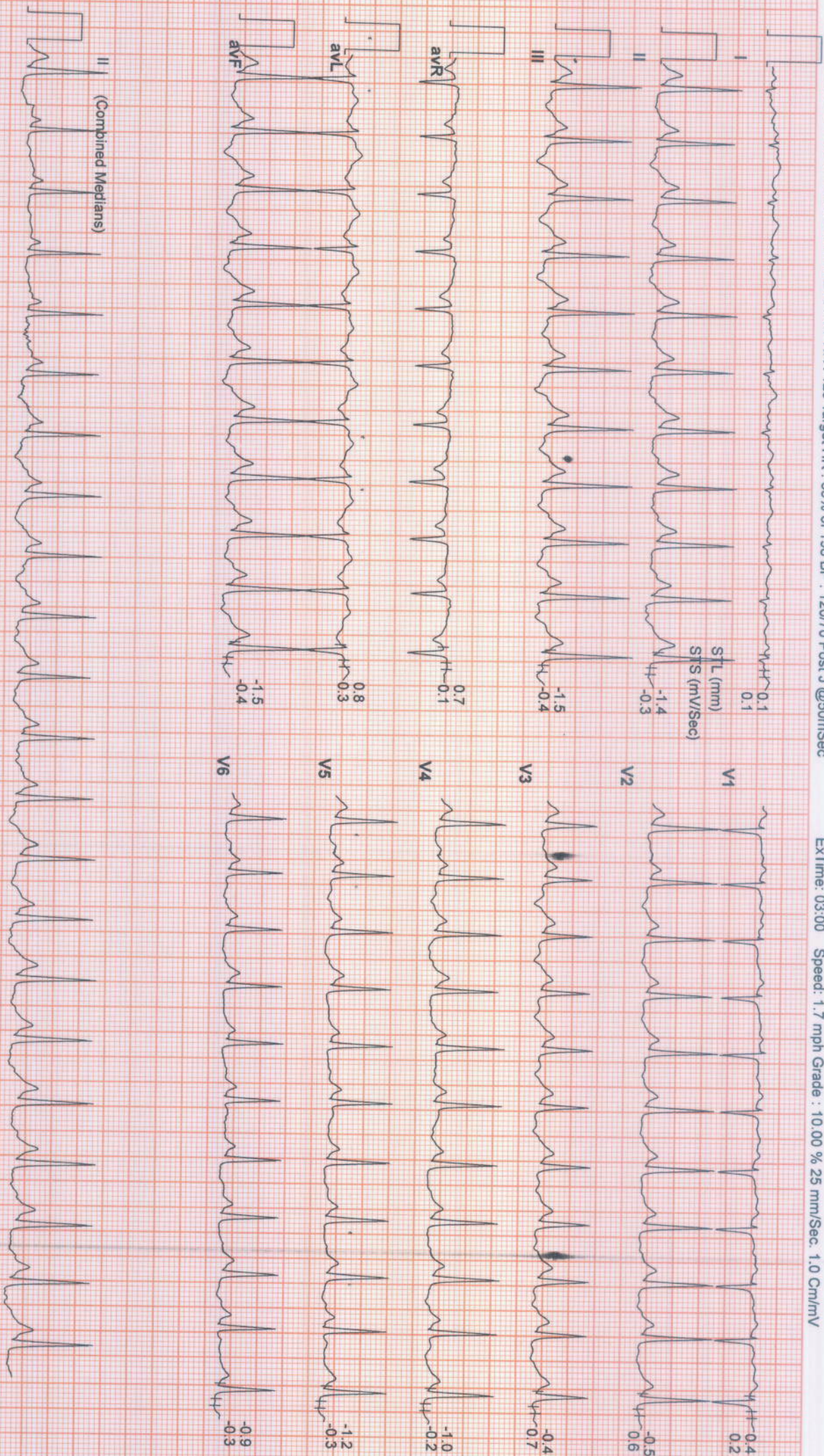
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 4.7 HR : 129 Target HR : 65% of 198 BP : 120/70 Post J @50mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

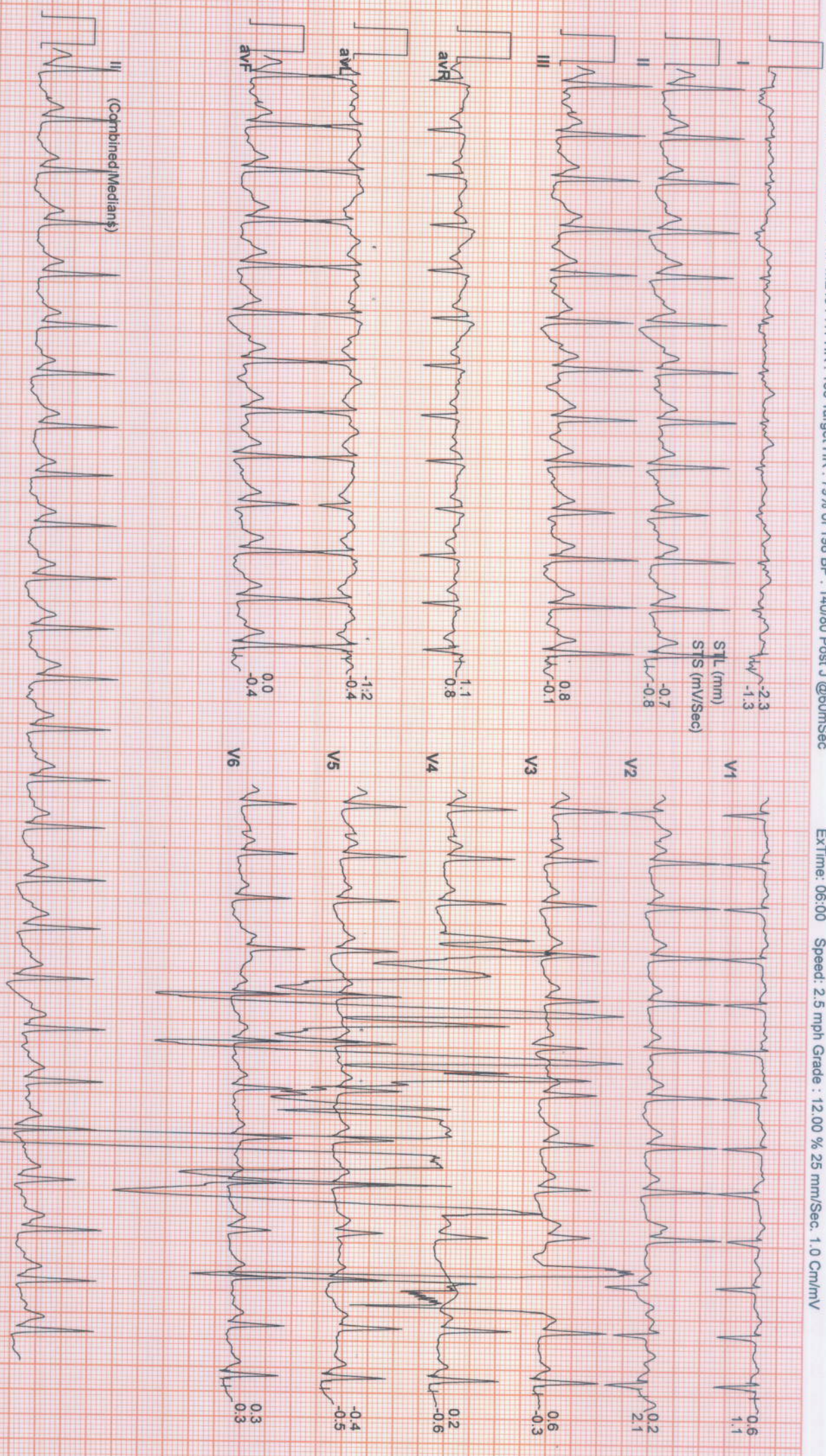
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 7.1 HR : 156 Target HR : 79% of 198 BP : 140/80 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

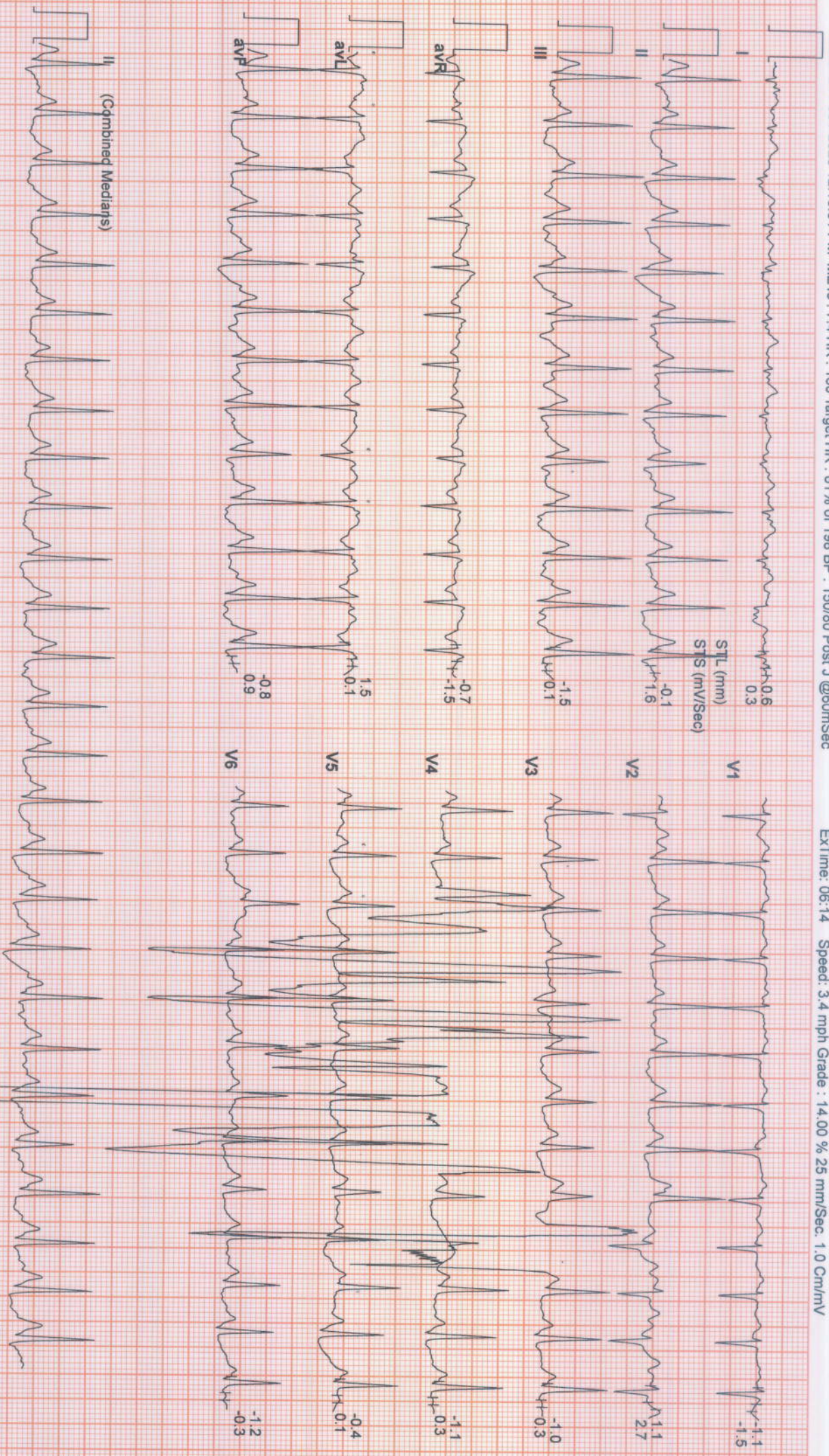
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

## 6X2 Combine Medians + 1 Rhythm



Date: 24 / 03 / 2023 12:15:31 PM METs : 7.4 HR : 160 Target HR : 81% of 198 BP : 150/80 Post J @60mSec

ExTime: 06:14 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

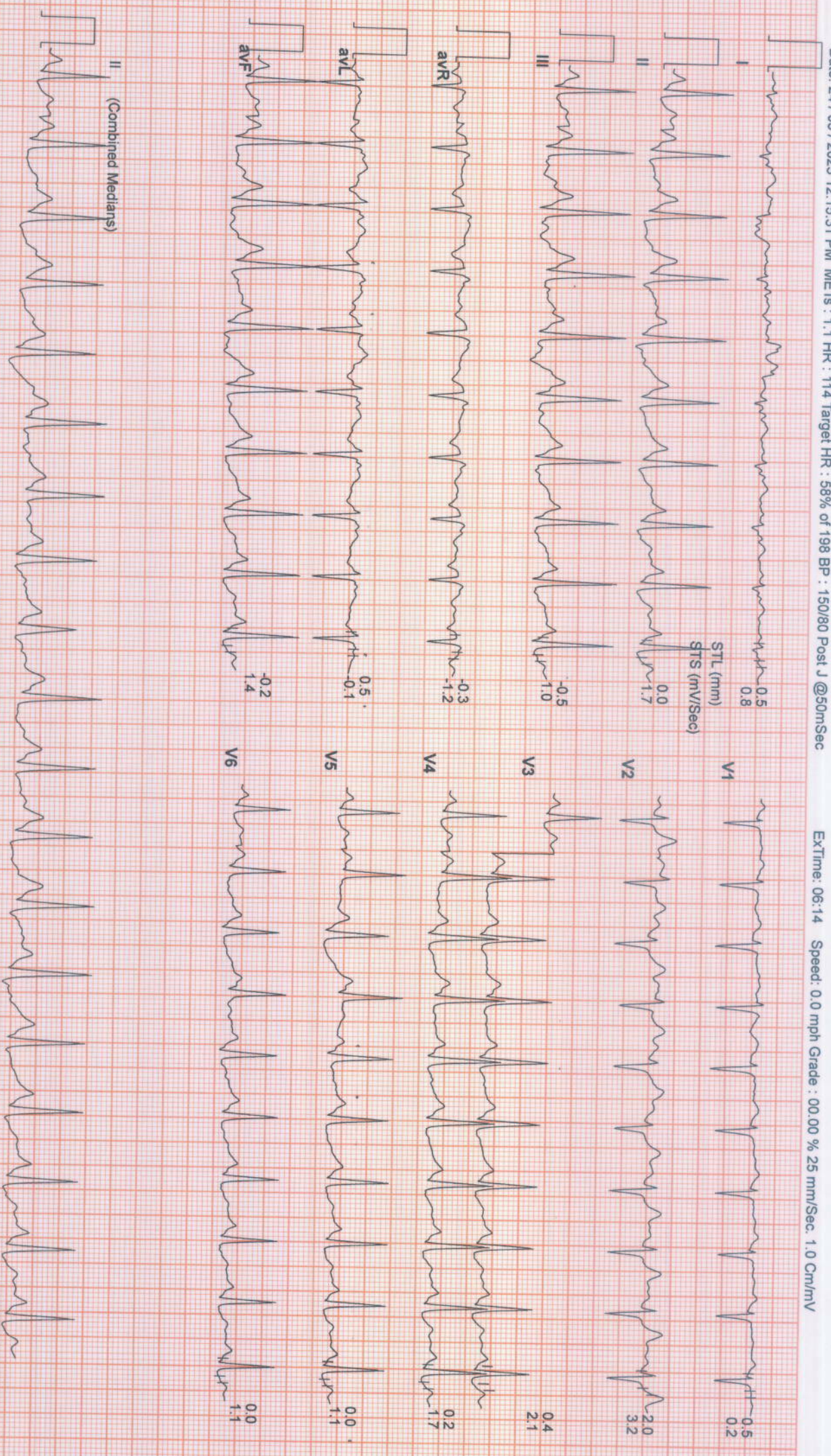
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

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



Date: 24 / 03 / 2023 12:15:31 PM METs : 1.1 HR : 114 Target HR : 58% of 198 BP : 150/80 Post J @50mSec

ExTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

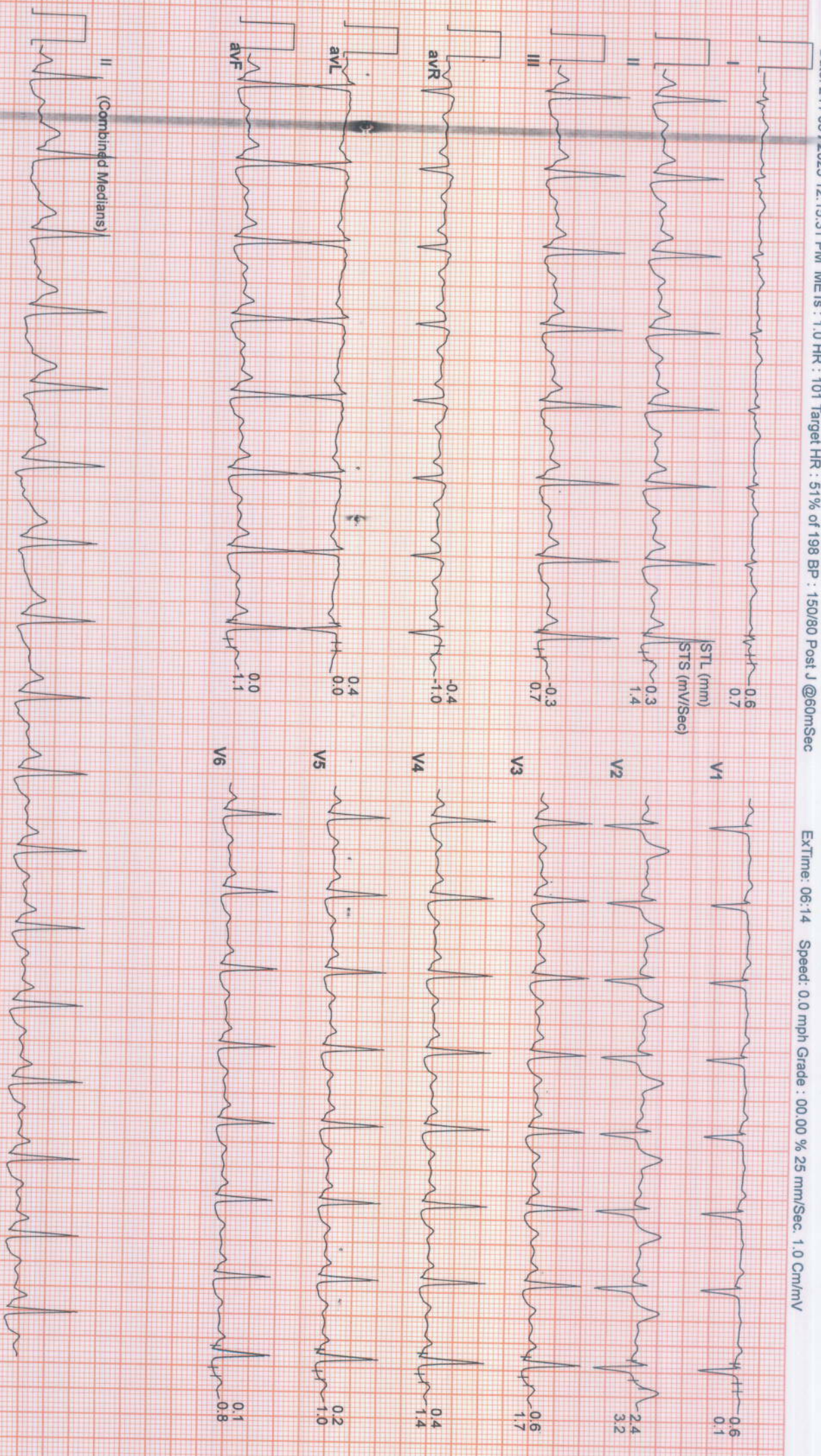
727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 1.0 HR : 101 Target HR : 51% of 198 BP : 150/80 Post J @60mSec

ExtTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



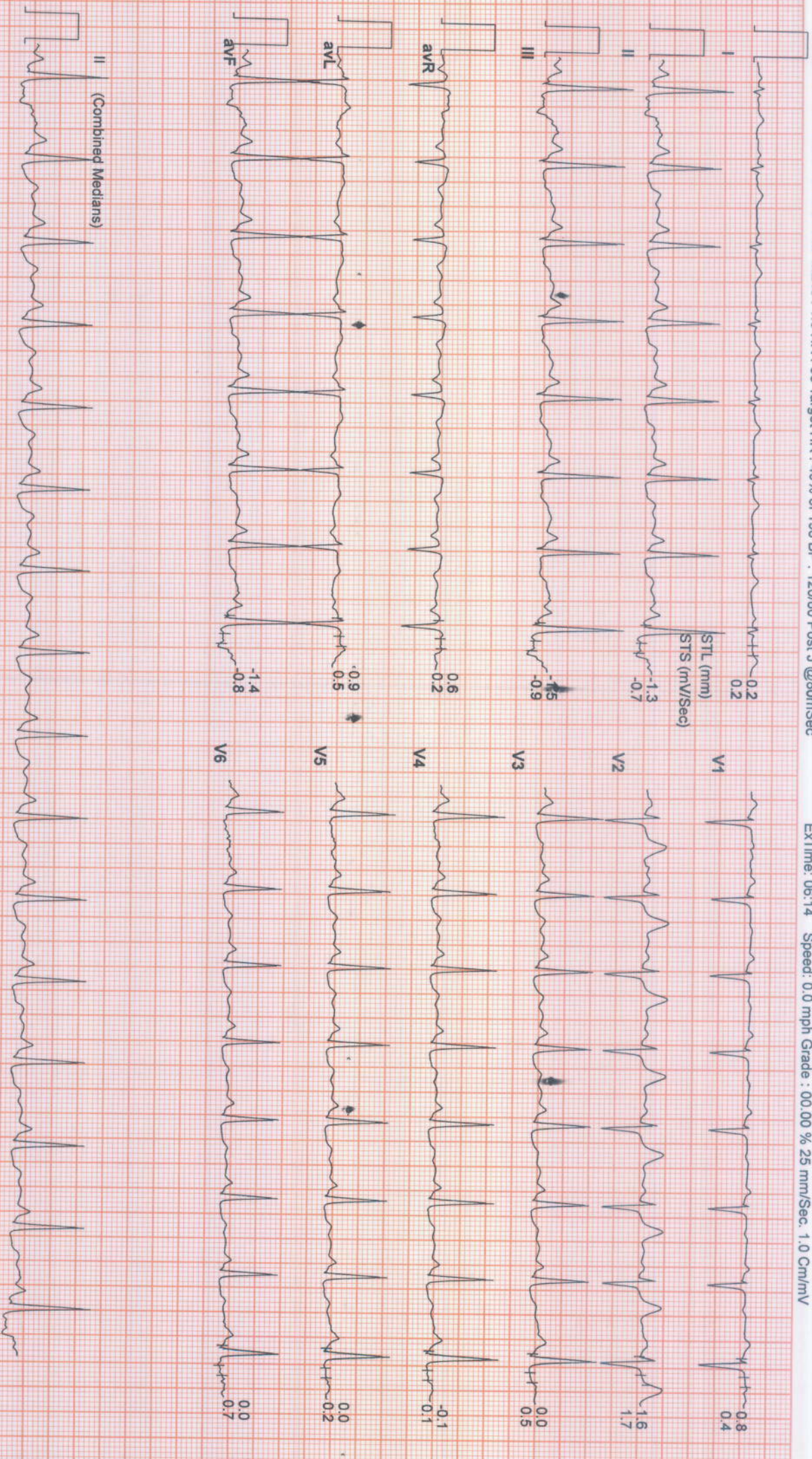
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

727 / KALPNA / 22 Yrs / Female / 160 Cm / 43 Kg

Date: 24 / 03 / 2023 12:15:31 PM METs : 1.0 HR : 98 Target HR : 49% of 198 BP : 120/80 Post J @80mSec

## 6X2 Combine Medians + 1 Rhythm Recovery : ( 03:15 )

EXTime: 06:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2308317104  
**Name** : Mr Kalpna .  
**Age / Sex** : 22 Years/Male  
**Ref. Dr** :  
**Reg. Location** : G B Road, Thane West Main Centre  
**Reg. Date** : 24-Mar-2023  
**Reported** : 24-Mar-2023 / 11:18

**USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.6 x 3.7 cm. Left kidney measures 9.5 x 4.2 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

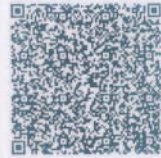
**UTERUS:** Uterus is measures 5.1 x 4.1 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032409182126>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2308317104  
Name : Mr Kalpna .  
Age / Sex : 22 Years/Male  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 24-Mar-2023  
Reported : 24-Mar-2023 / 11:18

**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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032409182126>