

CID# : 2305621675
Name : MRS.HINDU BHASHINI S
Age / Gender : 29 Years/Female
Consulting Dr. : Collected : 25-Feb-2023 / 08:53
Reg.Location : Andheri West (Main Centre) Reported : 27-Feb-2023 / 12:08

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	84 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110 / 70	Nails:	Normal
Pulse:	86 / min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver and spleen not palpable
CNS: NAD

IMPRESSION:

Altered level of Alkaline phosphatase,
Urine shows Pus cells=50-55/hpf,bacteria=++,Urinary tract infection,
USG shows Polycystic ovaries,ruptured follicle/haemorrhagic cyst in Right ovary,paraovarian cyst in right ovary,anechoic area seen just adjacent to left ovary-may represent hydrosalpinx,minimal free fluid in pod,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Treatment for U.T.I,Repeat urine after treatment,
Therapeutic life style modification is advised.

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CHIEF COMPLAINTS:

- | | |
|--|----------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | 2 LSCS IN 2008, 2016 |
| 17) Musculoskeletal System | NO |

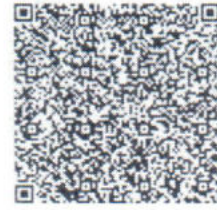
PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | MIXED |
| 4) Medication | NO |

*** End Of Report ***

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083



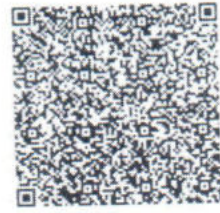
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Reported : 25-Feb-2023 / 10:59

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	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.27	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.4	36-46 %	Calculated
MCV	89.9	80-100 fl	Measured
MCH	30.6	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	13.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7390	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.1	20-40 %	
Absolute Lymphocytes	2730	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	410	200-1000 /cmm	Calculated
Neutrophils	53.1	40-80 %	
Absolute Neutrophils	3930	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	290	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	294000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Measured
PDW	16.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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

Specimen: EDTA Whole Blood

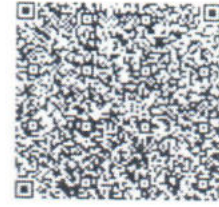
ESR, EDTA WB-ESR 27 2-20 mm at 1 hr. Sedimentation

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



J. Thakker

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

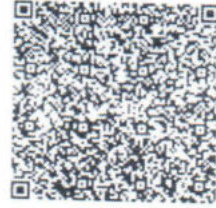


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Collected : 25-Feb-2023 / 09:14
Reported : 25-Feb-2023 / 11:56

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	77.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.70	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	10.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	116.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.51	0.51-0.95 mg/dl	Enzymatic



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Reported : 25-Feb-2023 / 19:32

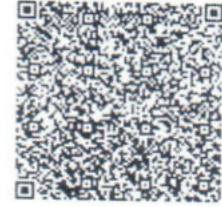
eGFR, Serum	152	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

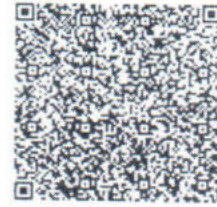
<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	160.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.6	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	55.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	104.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	87.0	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	17.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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*** End Of Report ***



J Thakker

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Vitami 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.

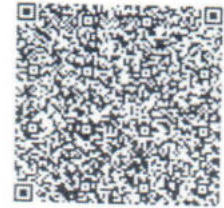
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*** End Of Report ***



MC-2111

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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 column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

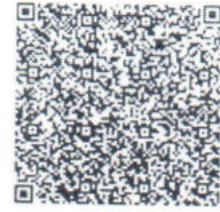
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



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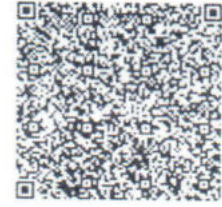
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.7	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	1.59	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 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, tyrosin kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Anupa

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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	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<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	50-55	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	++	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

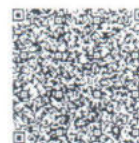
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Authenticity Check



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Ref. Dr :
Reg. Location : Andheri West (Main Center)

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 12:22

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 R K Bhandari before dispatch.

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

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Page no 1 of 1

Date:- 28-02-2023

CID: 2305621675

Name:- HINDU BHASHINI

Sex / Age: F / 29

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: -

Aided Vision: -

Refraction: -

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision

Age **29** NA **3**
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: 76ms
QT: 386ms
QTc: 425ms
PR: 124ms
P-R-T: 56° 33° 21°



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

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/2468

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.

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Reported : 25-Feb-2023 / 13:01

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USG WHOLE ABDOMEN
(TAS+TVS)

LIVER:

The liver is normal in size, 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 physiologically distended and appears normal. 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:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.4 x 3.3 cm.
Left kidney measures 11.6 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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.

Click here to view images <<ImageLink>>

CID : 2305621675
Name : Mrs HINDU BHASHINI S
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Date : 25-Feb-2023
Reg. Location : Andheri West (Main Center)
Reported : 25-Feb-2023 / 13:01

Use a QR Code Scanner
Application To Scan the Code

UTERUS:

The uterus is anteverted and appears normal. It measures 6.0 x 5.4 x 3.1 cm. in size. The endometrial thickness is 7.2 mm.

OVARIES:

Both ovaries appear bulky with multiple small peripheral follicles and shows increased volume.

Right ovary = 3.9 x 2.6 x 2.1 - volume 11 cc.

A 1.9 x 1.8 cm. cystic area with septate within it seen in right ovary - may suggest ruptured follicle / hemorrhagic cyst.

Right ovary shows paraovarian cyst measures 1.1 x 1.0 cm.

Left ovary = 4.3 x 2.6 x 2.0 cm - volume 11.2 cc.

A 2.4 x 0.5 cm anechoic area seen just adjacent to left ovary- may represent hydrosalpinx.

Minimal free fluid seen in pod.

Click here to view images <<ImageLink>>

Page no 2 of 3

Authenticity Check
<<QRCode>>

CID : 2305621675
Name : Mrs HINDU BHASHINI S
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : Andheri West (Main Center)

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 13:01

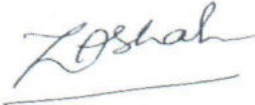
IMPRESSION:-

- POLYCYSTIC OVARIES.
- A CYSTIC AREA WITH SEPTATE WITHIN IT SEEN IN RIGHT OVARY - MAY SUGGEST RUPTURED FOLLICLE / HEMORRHAGIC CYST.
- ANECHOIC AREA SEEN JUST ADJACENT TO LEFT OVARY- MAY REPRESENT HYDROSALPINX.

CLINICAL CORRELATION IS SUGGESTED .

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

This report is prepared and physically checked by DR ZARNA SHAH before dispatch.



DR. ZARNA SHAH
M.B.B.S DMRE
CONSULTANT RADIOLOGIST
REG NO. 90639

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Patient Details

Name: HINDU BHASHINI S **Date:** 25-Feb-23 **Time:** 10:10:15
Age: 29 y **ID:** 2305621672 **Sex:** F
Clinical History: NONE **Height:** 158 cms **Weight:** 61 Kgs

Medications: NONE

Test Details

Protocol: Bruce **Pr.MHR:** 191 bpm **THR:** 162 (85 % of Pr.MHR) bpm
Total Exec. Time: 10 m 25 s **Max. HR:** 172 (90% of Pr.MHR) bpm **Max. Mets:** 13.50
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 25800 mmHg/min **Min. BP x HR:** 6320 mmHg/min
Test Termination Criteria: Target HR attained

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	0 : 44	1.0	0	0				
Standing	0 : 5	1.0	0	0	95	110 / 80	-3.40 II	4.95 II
Hyperventilation	0 : 6	1.0	0	0	88	110 / 80	-0.42 II	1.06 II
1	3 : 0	4.6	1.7	10	79	110 / 80	-0.42 II	0.71 II
2	3 : 0	7.0	2.5	12	103	120 / 80	-0.85 II	1.06 II
3	3 : 0	10.2	3.4	14	117	130 / 80	-0.85 II	2.12 II
Peak Ex	1 : 25	13.5	4.2	16	142	140 / 80	-2.34 III	2.12 II
Recovery(1)	1 : 0	1.8	1	0	172	150 / 80	-2.12 II	3.54 V3
Recovery(2)	1 : 0	1.0	0	0	138	130 / 80	-1.06 III	3.18 II
Recovery(3)	0 : 22	1.0	0	0	119	120 / 80	-0.85 V6	2.48 II
					109	110 / 80	-0.64 II	2.48 II

Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA/ ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE
 IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA

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. Ravi Chavan
 MD; D Card
 Consultant Cardiologist
 Reg. No.: 2004/06/2468

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)

Doctor: DR. RAVI CHAVAN
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

ID: 2305621672

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 38 s

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P.: 110 / 80

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

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

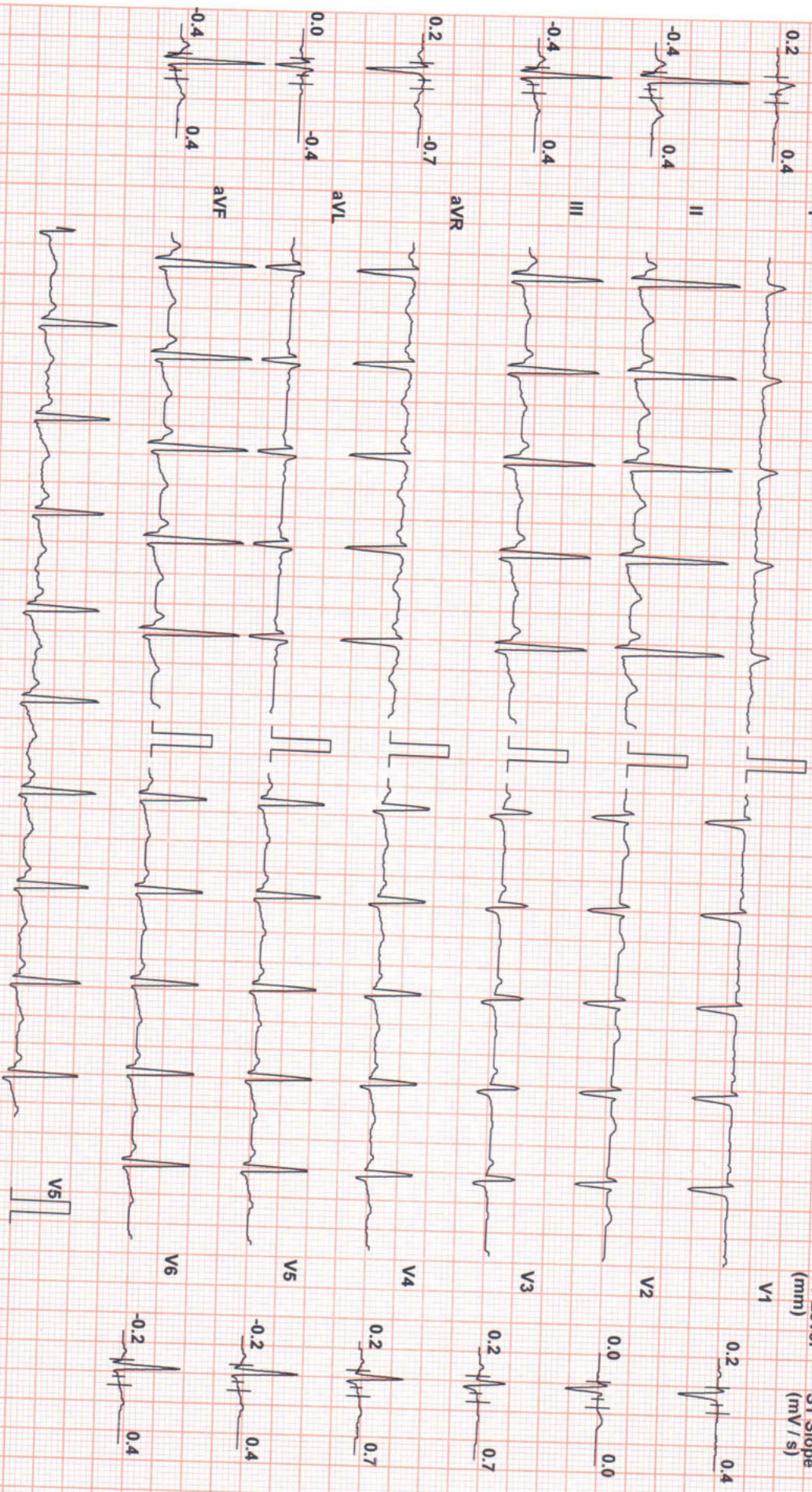


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 43 s

Test Report

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 110 / 80

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

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

0.2 0.4

I



0.2 0.4

-0.4 0.4

II



0.2 0.4

-0.4 0.4

III



0.0 0.0

0.2 -0.7

aVR



0.2 0.7

0.0 -0.4

aVL



0.2 0.7

-0.4 0.4

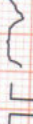
AVF



-0.2 0.4

0.2 0.4

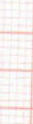
V1



0.2 0.4

0.0 0.0

V2



0.0 0.0

0.2 0.7

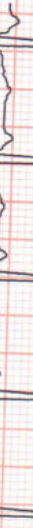
V3



0.2 0.7

0.2 0.7

V4



0.2 0.7

-0.2 0.4

V5



-0.2 0.4

-0.2 0.4

V6



-0.2 0.4

Chart Speed: 25 mm/sec
Schlierer Spankan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 2305621672

Date: 25-Feb-23

Exec Time: 0 m 0 s

Stage Time: 0 m 0 s

Test Report

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

HR: 79 bpm

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

B.P.: 110 / 80

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

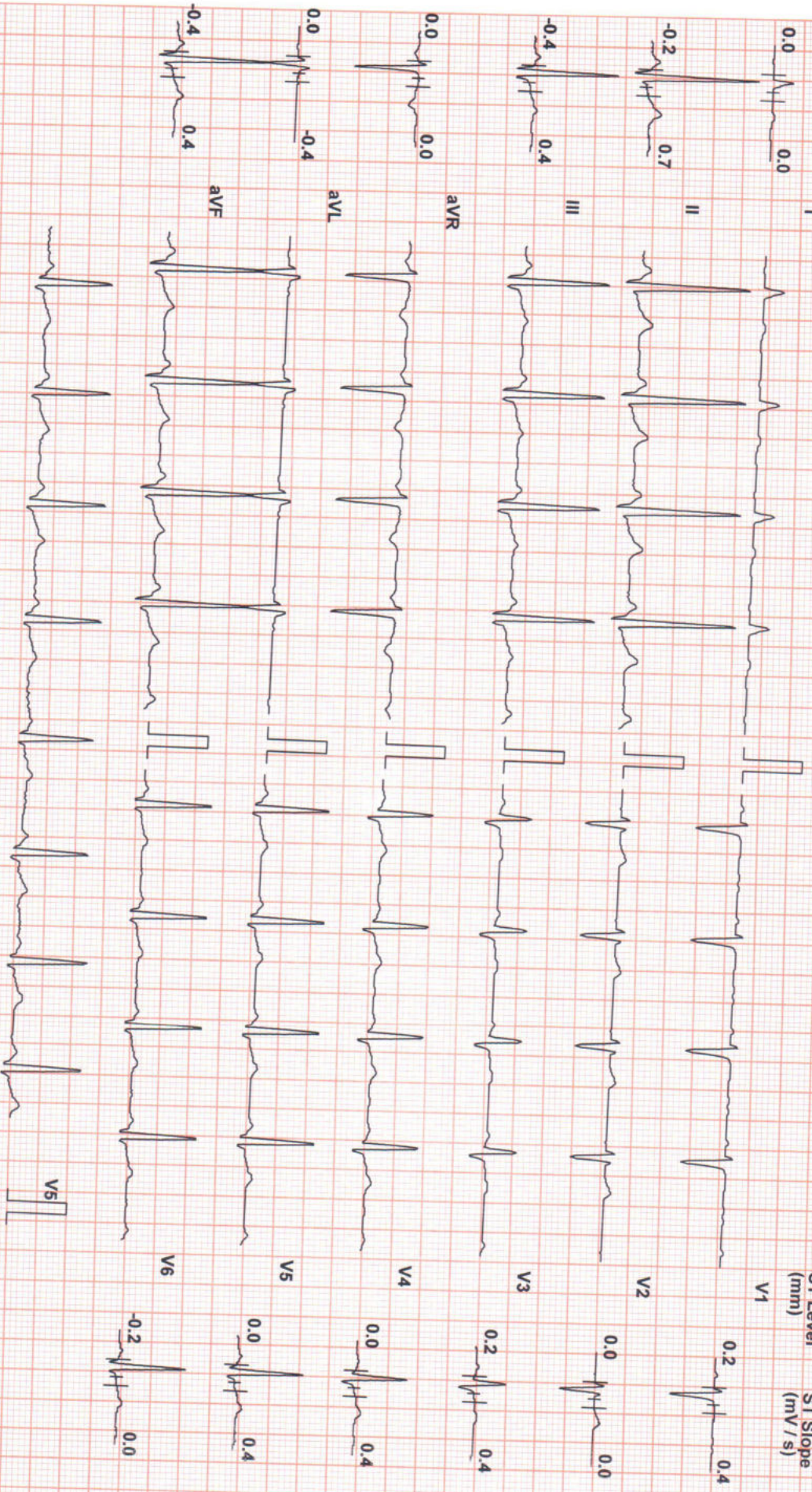


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672

Date: 25-Feb-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 102 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 120 / 80

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

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

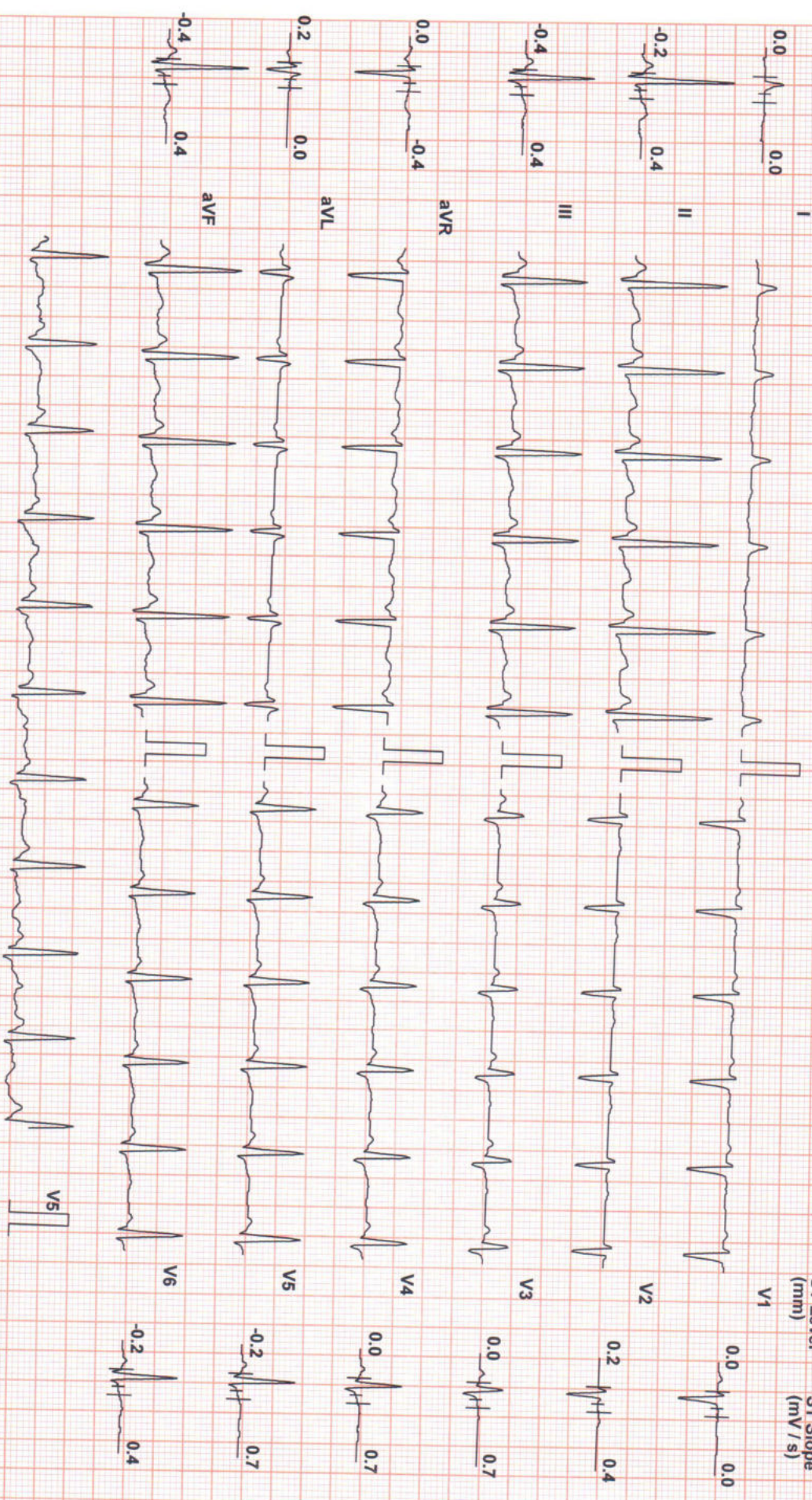


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 130 / 80

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

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

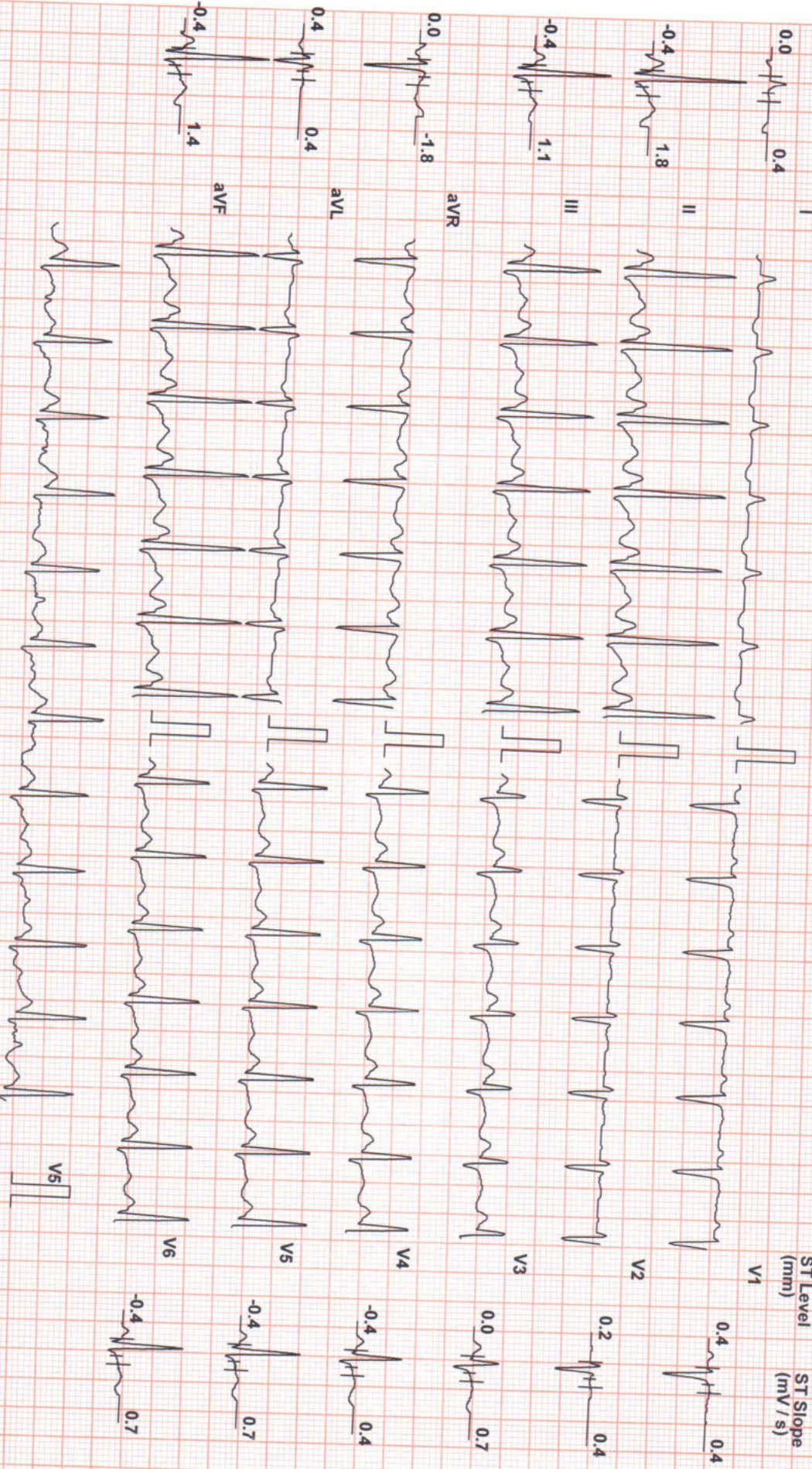


Chart Speed: 25 mm/sec
Schiller Spantian V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672
Stage: 3

Date: 25-Feb-23 Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 139 bpm
Speed: 3.4 mph Grade: 14 % (THR: 162 bpm) B.P: 140 / 80

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

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

I 0.0 1.8

V1 -0.8 -0.4

II -0.2 1.8

V2 0.0 0.0

III 0.4 1.8

V3 -0.4 1.1

aVR -0.2 -1.1

V4 -0.6 1.4

aVL -0.2 -0.7

V5 -0.8 0.7

aVF 0.0 1.8

V6 -0.2 0.7

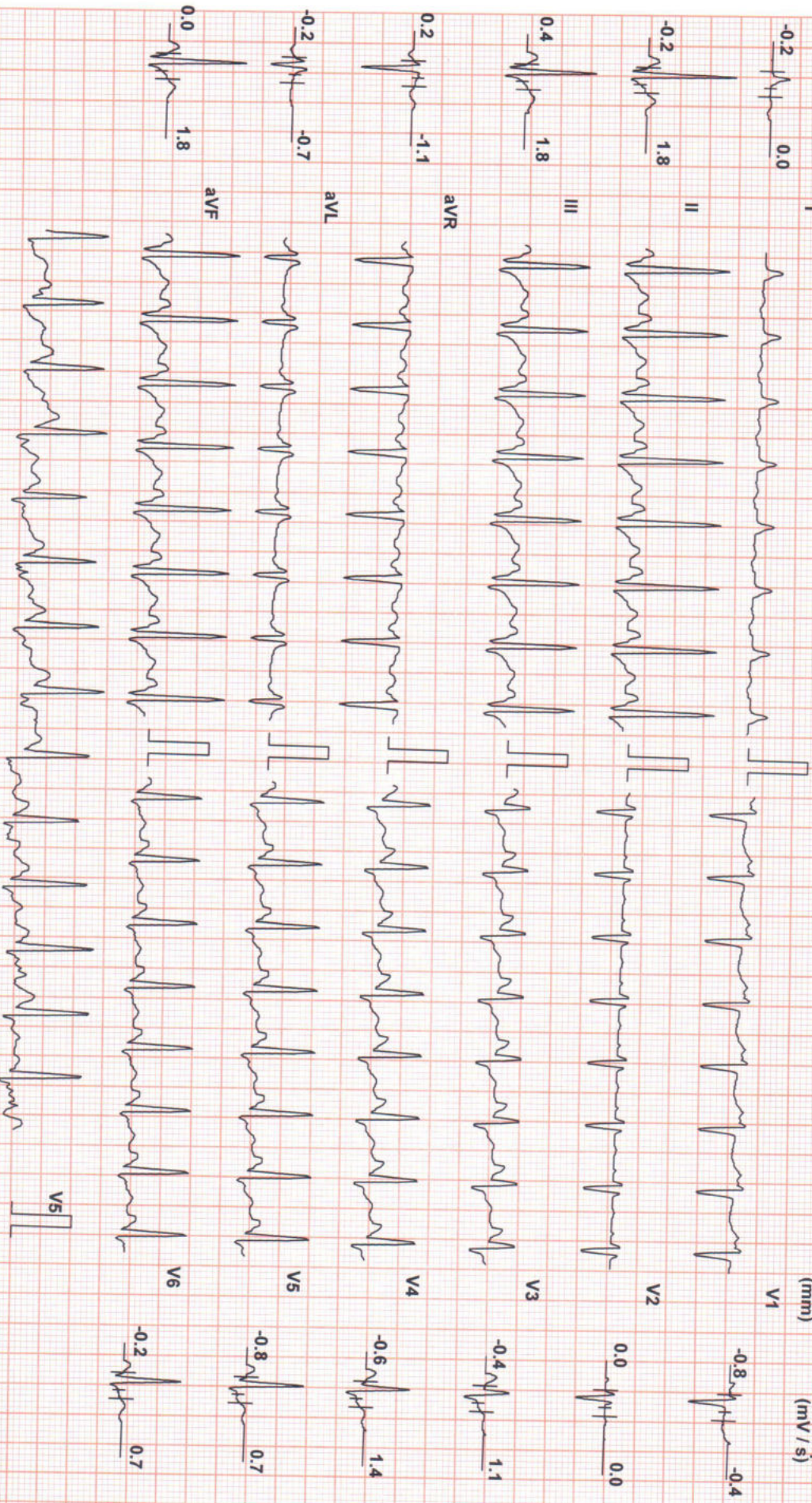


Chart Speed: 25 mm/sec
Schiller Spandian V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672

Date: 25-Feb-23

Exec Time : 10 m 19 s

HR: 171 bpm

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16%

(THR: 162 bpm)

B.P: 150 / 80

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

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

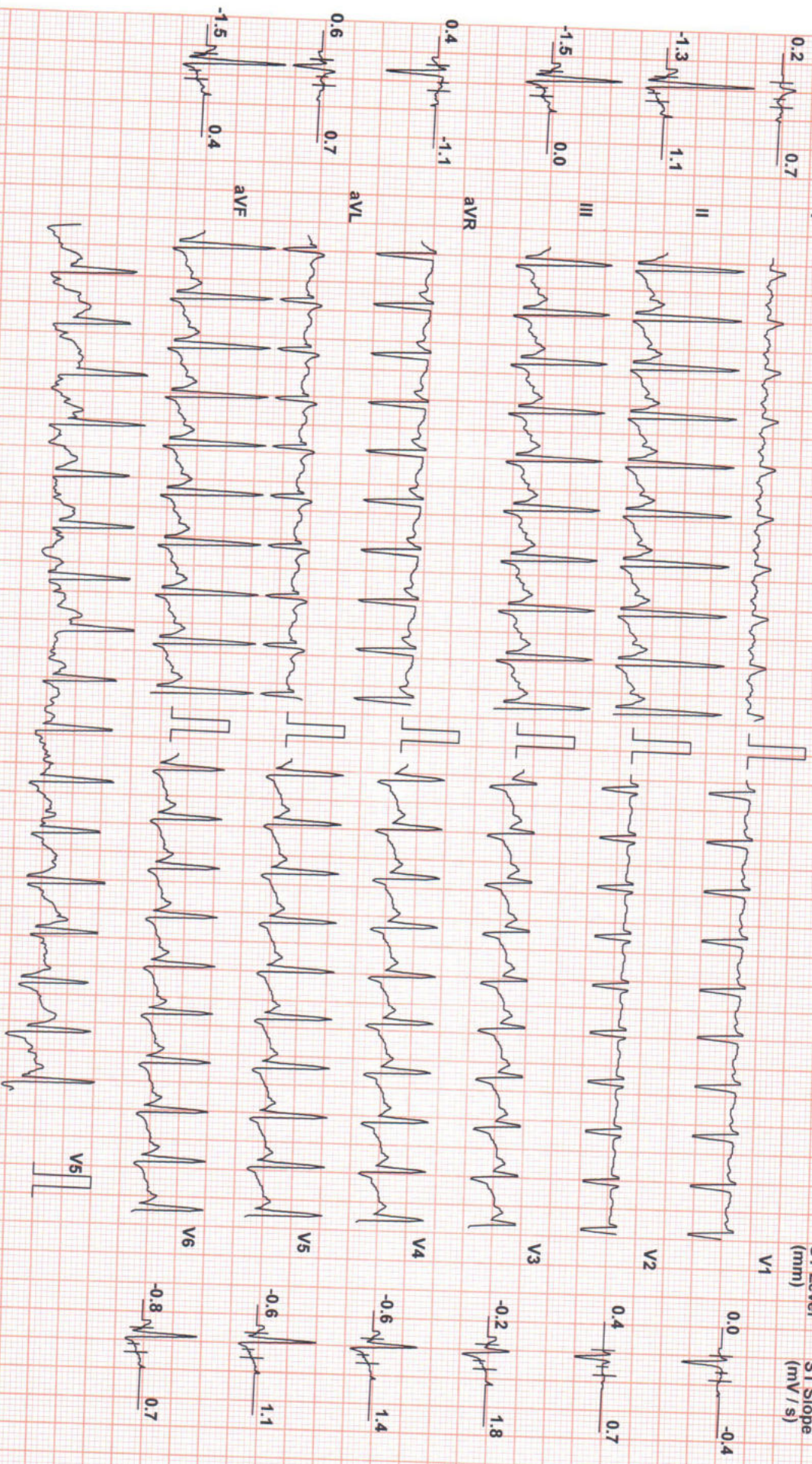


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672

Date: 25-Feb-23

Exec Time : 10 m 25 s

Stage Time : 0 m 54 s

HR: 145 bpm

Test Report

ST Level (mm)

Stage: Recovery(1)

Speed: 1 mph

Grade: 0%

(THR: 162 bpm)

B.P: 130 / 80

ST Slope (mV/s)

Speed: 1 mph

Grade: 0%

(THR: 162 bpm)

B.P: 130 / 80

0.2

I



0.4

II



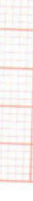
0.0

III



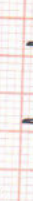
-0.6

avR



0.0

avL



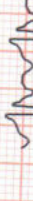
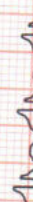
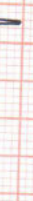
0.4

avF



0.4

V5



0.4

V6

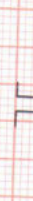
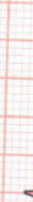


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621672

Date: 25-Feb-23

Exec Time : 10 m 25 s Stage Time : 0 m 54 s HR: 115 bpm

Test Report

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

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 120 / 80

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

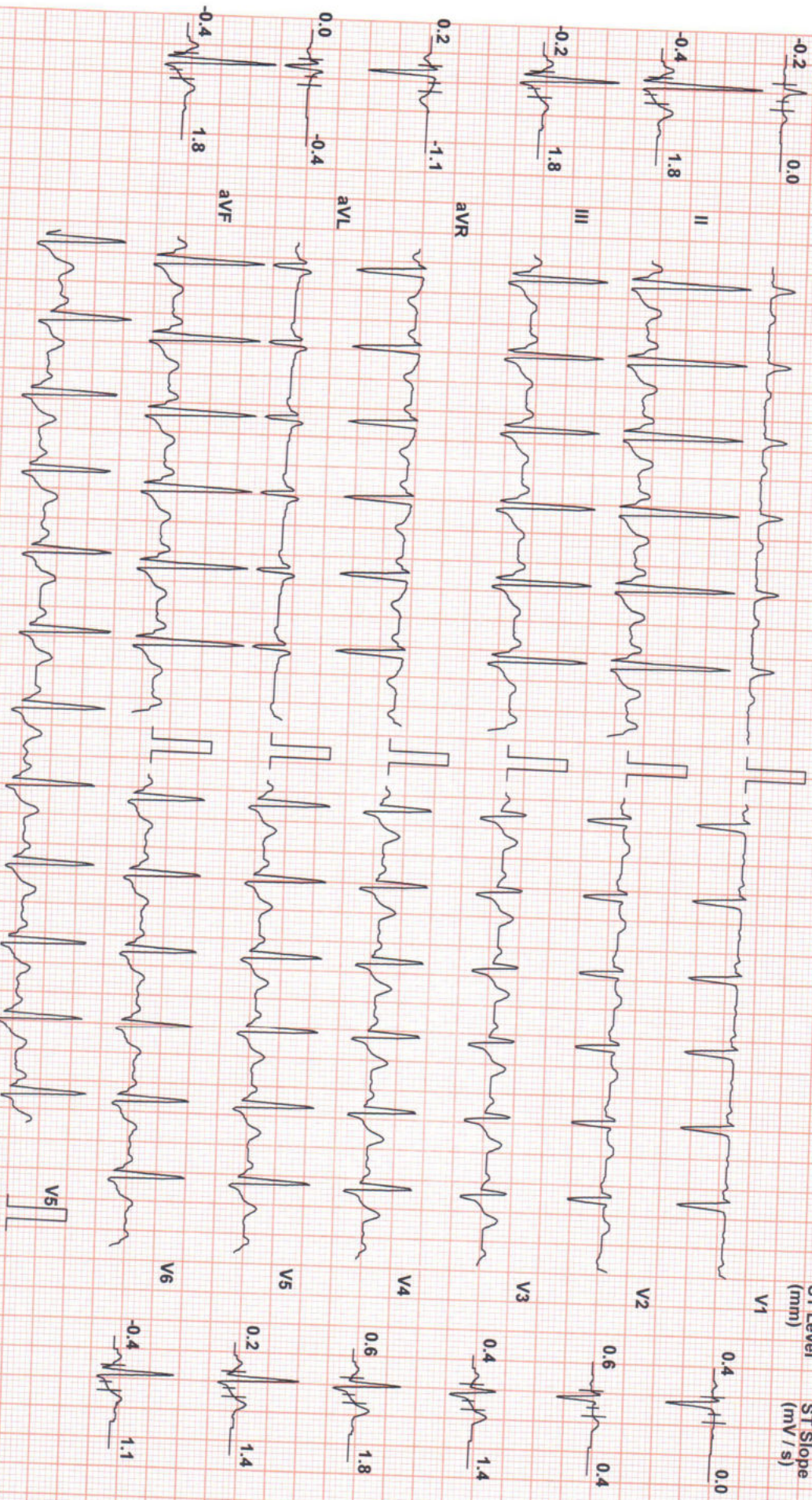


Chart Speed: 25 mm/sec
Schlier Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 2305621672

Date: 25-Feb-23

Exec Time : 10 m 25 s

Stage Time : 0 m 16 s

HR: 111 bpm

Test Report

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 162 bpm)

B.P: 110 / 80

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

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

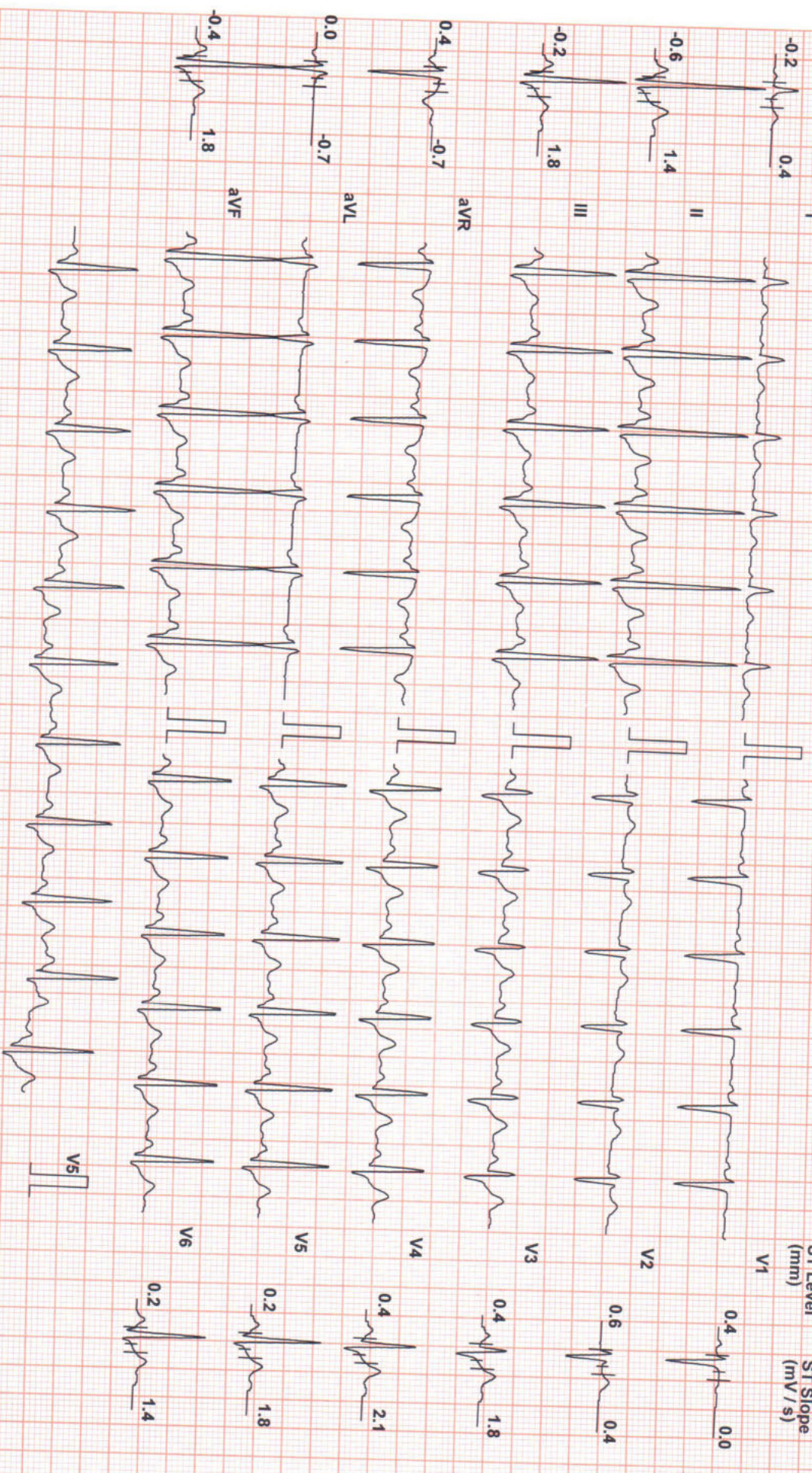


Chart Speed: 25 mm/sec
Schiller Spandian V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median