

आयकर विभाग
INCOME TAX DEPARTMENT

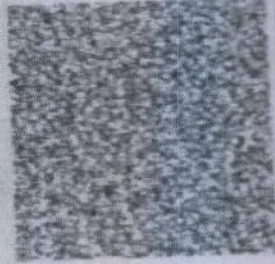


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BKFPK2965L



नाम / Name

PRIYANKA SHARDUL SAMJISKAR

पिता का नाम / Father's Name

SURESH SHRIPAT KARANDE

जन्म की तारीख /

Date of Birth

05/06/1991

हस्ताक्षर / Signature

13042019



PHYSICAL EXAMINATION REPORT

Patient Name	Priyanka Sanjiskar	Sex/Age	F/30
Date	25/9/21	Location	Thane

History and Complaints

NO any h/o major healthy complaints.

EXAMINATION FINDINGS:

Height (cms):	159	Temp (0c):	Afebr
Weight (kg):	71.6	Skin:	NAD
Blood Pressure	12/70 mmHg	Nails:	NAD
Pulse	80/min	Lymph Node:	Not palpable

Systems :

Cardiovascular:	NAD
Respiratory:	NAD
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

Impression: Low HDL, Overweight.
Ectopic Right Kidney.

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Advice:

- wt. Reduction
- Regular Exercise

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	Normal
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	Normal

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	veg. Non veg
4)	Medication	NO

Handwritten signature

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Name : Priyanka Samjiskal
Date 25/9/2021

ENT Examination

History: No any hearing complaint
Examination : Right :- Normal Left :- Normal
External Ear :- Normal
Middle Ear :-

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

Nose and Paranasal sinuses :-

Throat :-

Speech :-

NAD



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

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Application To Scan the Code

CID : 2126842126
Name : MRS.PRIYANKA SAMJISKAR
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 12:06

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	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.87	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.1	36-46 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.9	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.1	20-40 %	
Absolute Lymphocytes	2490.9	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	690.0	200-1000 /cmm	Calculated
Neutrophils	48.9	40-80 %	
Absolute Neutrophils	3374.1	2000-7000 /cmm	Calculated
Eosinophils	5.0	1-6 %	
Absolute Eosinophils	345.0	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	228000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-20 mm at 1 hr. Westergren

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



MC-2427



Lynda Rodrigues
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 11:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	81.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.23	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	10.5	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	53.7	35-105 U/L	PNPP
BLOOD UREA, Serum	24.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	11.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	87	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.0	2.4-5.7 mg/dl	Uricase

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Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 15:37

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

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

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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MC-2111

Dr. LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist

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Age / Gender : 30 Years / Female
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Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 15:44

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	5-6	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

Kindly correlate clinically

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MC-2427



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Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 12:06

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 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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MC-2427

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Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 12:06

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	168.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	42.7	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.5	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	121.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	8.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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



MC-2427



Signature
Dr.LYNDA RODRIGUES
MD Pathology
Pathologist

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Name : MRS.PRIYANKA SAMJISKAR
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 10:45

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	3.31	0.35-5.5 microu/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 : 25-Sep-2021 / 08:37
Reported : 25-Sep-2021 / 10:45

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 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: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.

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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Pat Name:

HR 79/min

..peiyanka.. Samyiskar

Age: 30 Yr / F

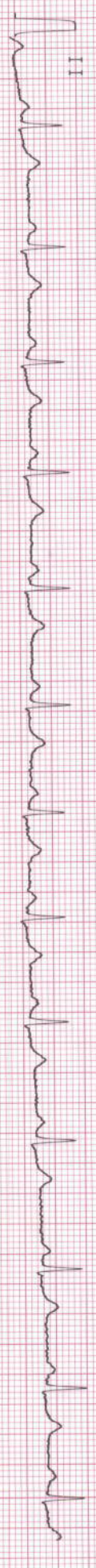
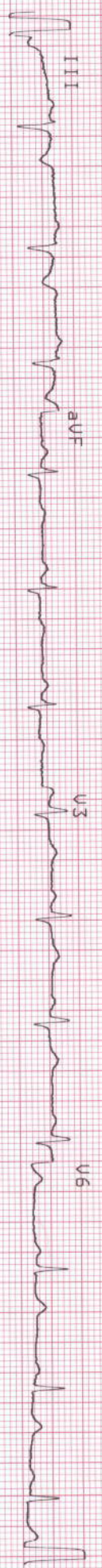
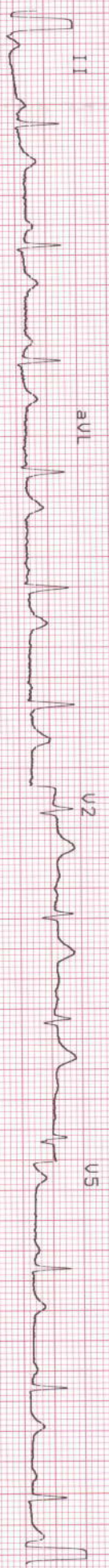
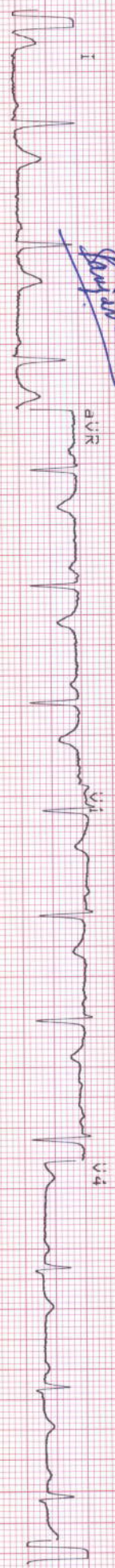
159 cm / 41.6 kg

..... mmHg

CID- 212684 2126

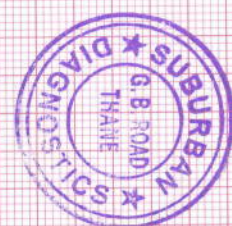
10 mm/mV

10 mm/mV



DR. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

WVK



SUBURBAN DIAGNOSTICS GB RD THANE

Patient Details **Date: 25-Sep-21** **Time: 10:52:16 AM**
Name: PRIYANKA SAMJISKAR ID: 2126842126
Age: 30 y **Sex: F** **Height: 159 cms** **Weight: 71 Kgs**
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR: 190 bpm** **THR: 171 (90 % of Pr.MHR) bpm**
Total Exec. Time: 7 m 10 s **Max. HR: 162 (85% of Pr.MHR)bpm** **Max. Mets: 10.20**
Max. BP: 150 / 80 mmHg **Max. BP x HR: 24300 mmHg/min** **Min. BP x HR: 6000 mmHg/min**
Test Termination Criteria: Fatigue, 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 : 23	1.0	0	0	81	120 / 80	-0.42 aVF	0.35 I
Standing	0 : 1	1.0	0	0	75	120 / 80	-0.42 aVF	0.71 I
Hyperventilation	0 : 1	1.0	0	0	75	120 / 80	-0.42 aVF	0.71 I
1	3 : 0	4.6	1.7	10	118	130 / 80	-1.49 III	1.42 II
2	3 : 0	7.0	2.5	12	140	140 / 80	-3.61 II	2.83 II
Peak Ex	1 : 10	10.2	3.4	14	162	150 / 80	-5.31 II	3.54 II
Recovery(1)	2 : 0	1.8	1	0	77	150 / 80	-4.88 II	-2.83 III
Recovery(2)	2 : 0	1.0	0	0	87	120 / 80	-0.64 II	-1.06 aVR
Recovery(3)	0 : 16	1.0	0	0	95	120 / 80	-0.64 II	0.71 I

Interpretation

The patient exercised according to the Bruce protocol for 7 m 10 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 81 bpm, rose to a max. heart rate of 162 (85% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg. GOOD EFFORT TOLERANCE , NORMAL CHRONOTROPIC RESPONSE , NORMAL INOTROPIC RESPONSE , NO ANGINA/ANGINA EQUIVALENTS , NO ARRHYTHMIAS , NO SIGNIFICANT ST-T CHANGES FROM BASELINE

REMARKS: Test is Negative for inducible ischemia .

Disclaimer : Negative stress test does not rule out Coronary Artery Disease .
 Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease .
 Hence overall Cardiological correlation is mandatory .

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972

Ref. Doctor: _____
 (Summary Report edited by user)



Doctor: DR.SHAILAJA PILLAI
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126842126

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 81 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 120 / 80

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

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

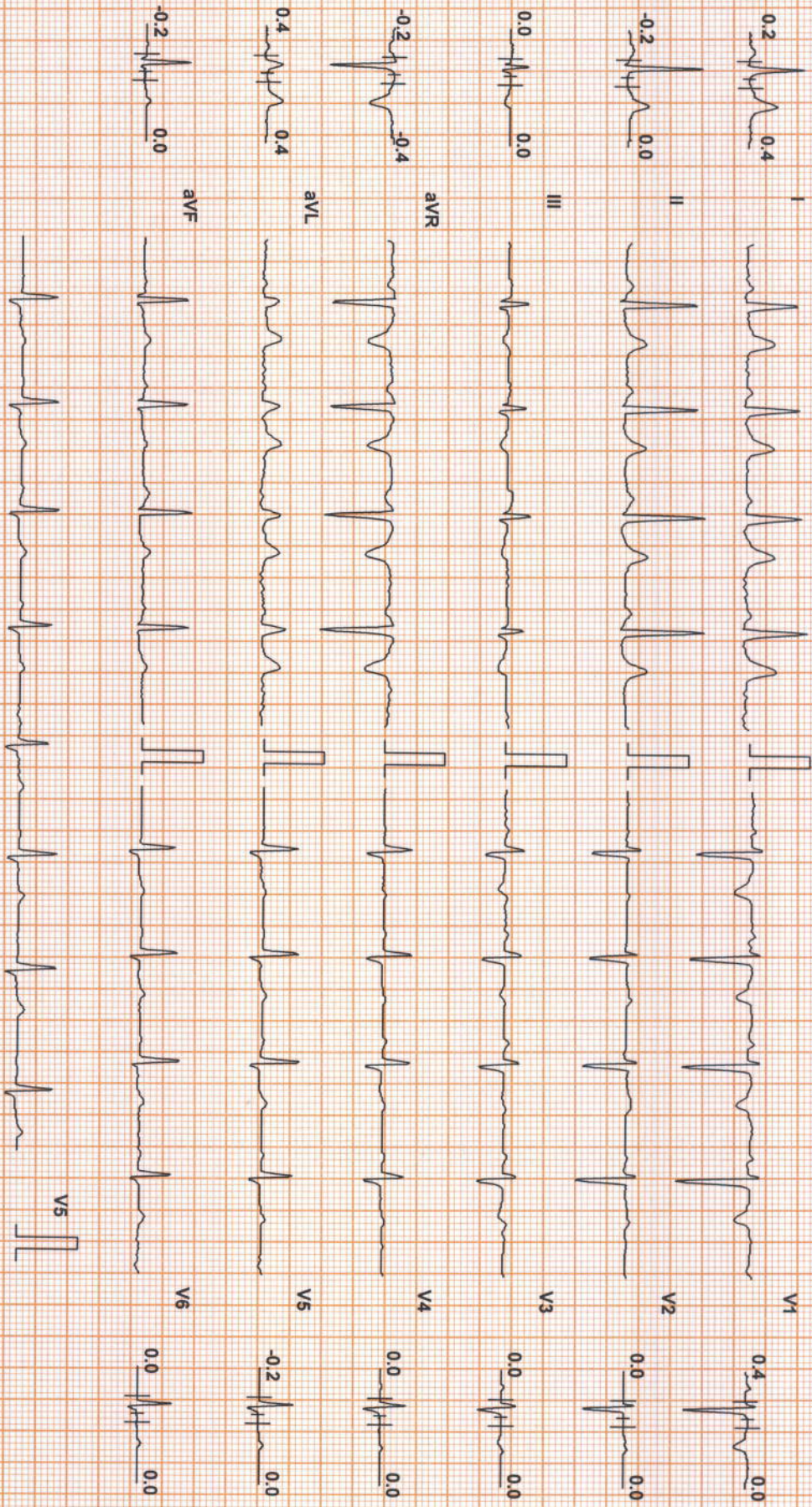


Chart Speed: 25 mm/sec
Schiller Spandian 147

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 50 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126642126

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 75 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 120 / 80

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

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

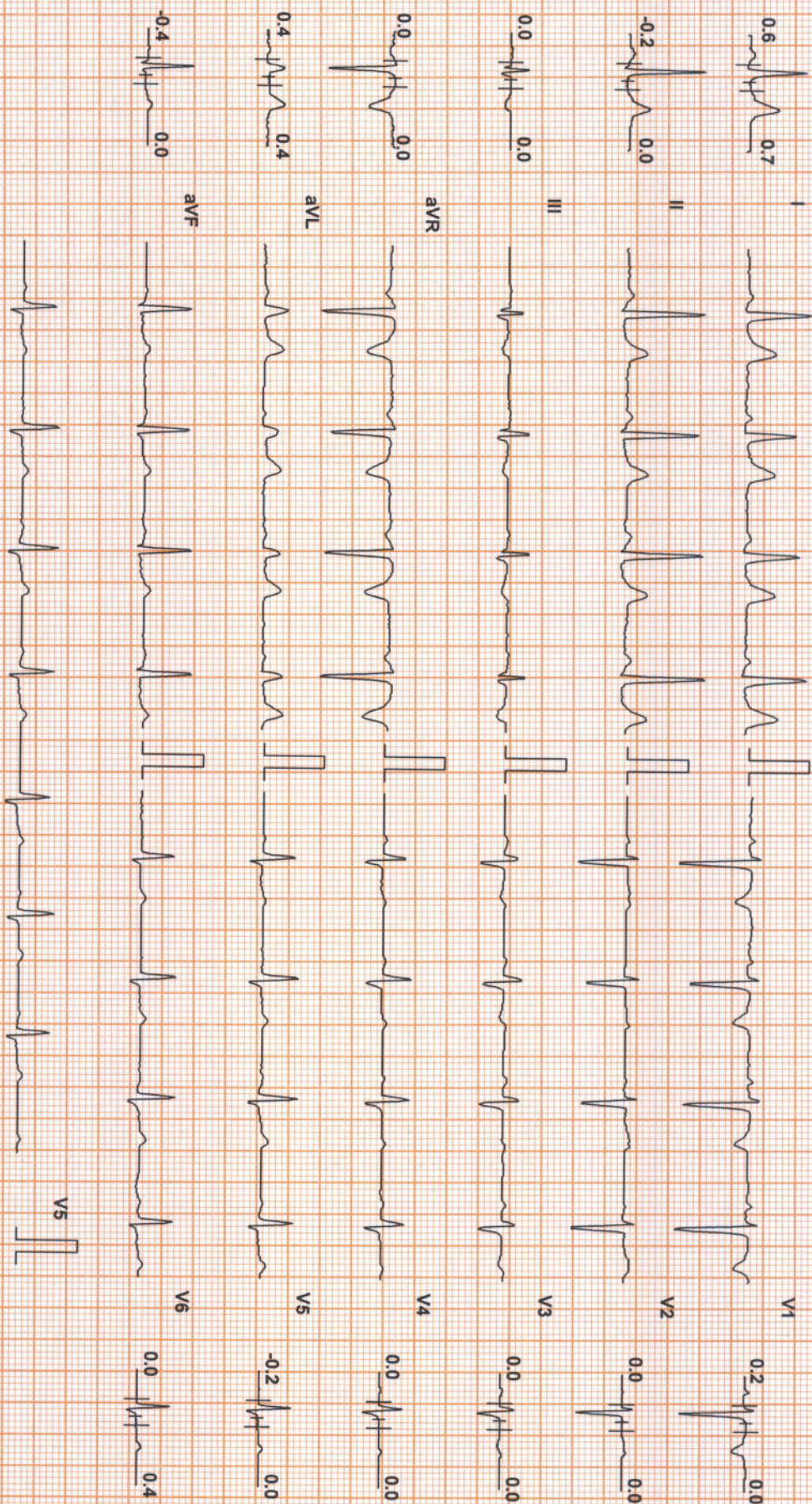


Chart Speed: 25 mm/sec
Schiller Spandem V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126842126

Date: 25-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 75 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P: 120 / 80

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

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

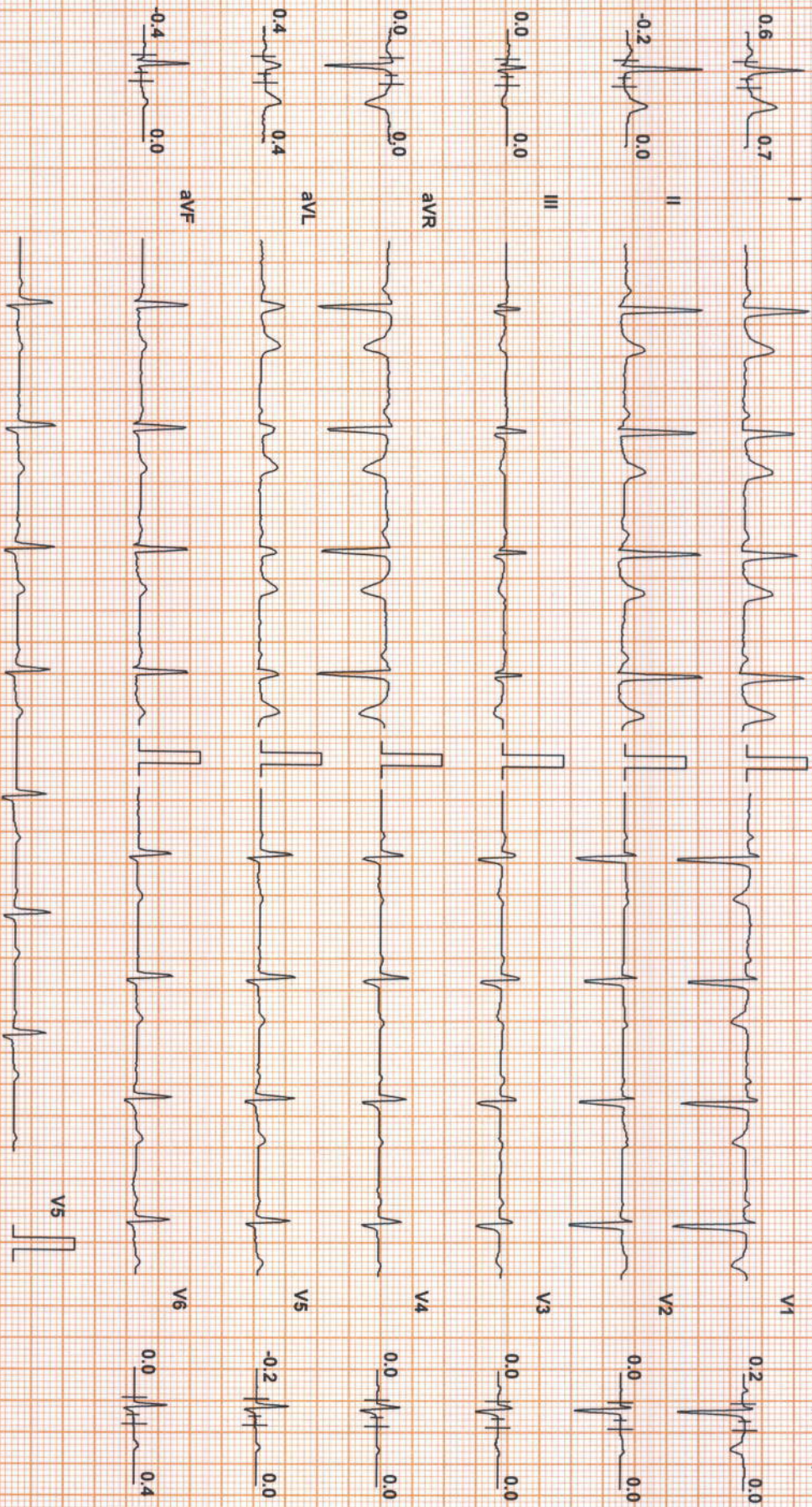


Chart Speed: 25 mm/sec
Schlier Spantian 1 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126942126

Date: 25-Sep-21 Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 118 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 171 bpm)

B.P.: 130 / 80

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

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

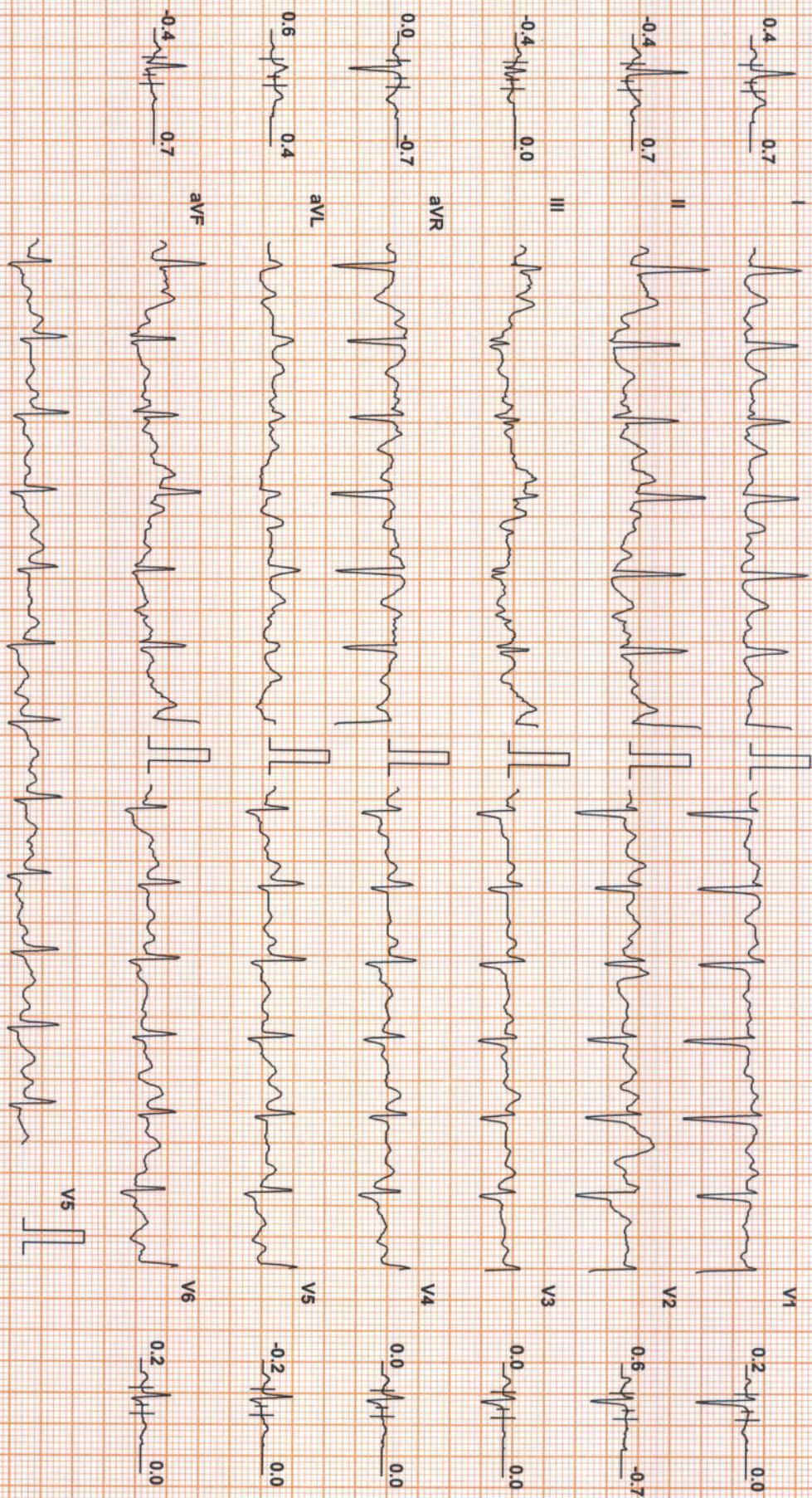


Chart Speed: 25 mm/sec
Schiller Sparden V 4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126642126

Date: 25-Sep-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 140 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 171 bpm)

B.P: 140 / 80

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

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

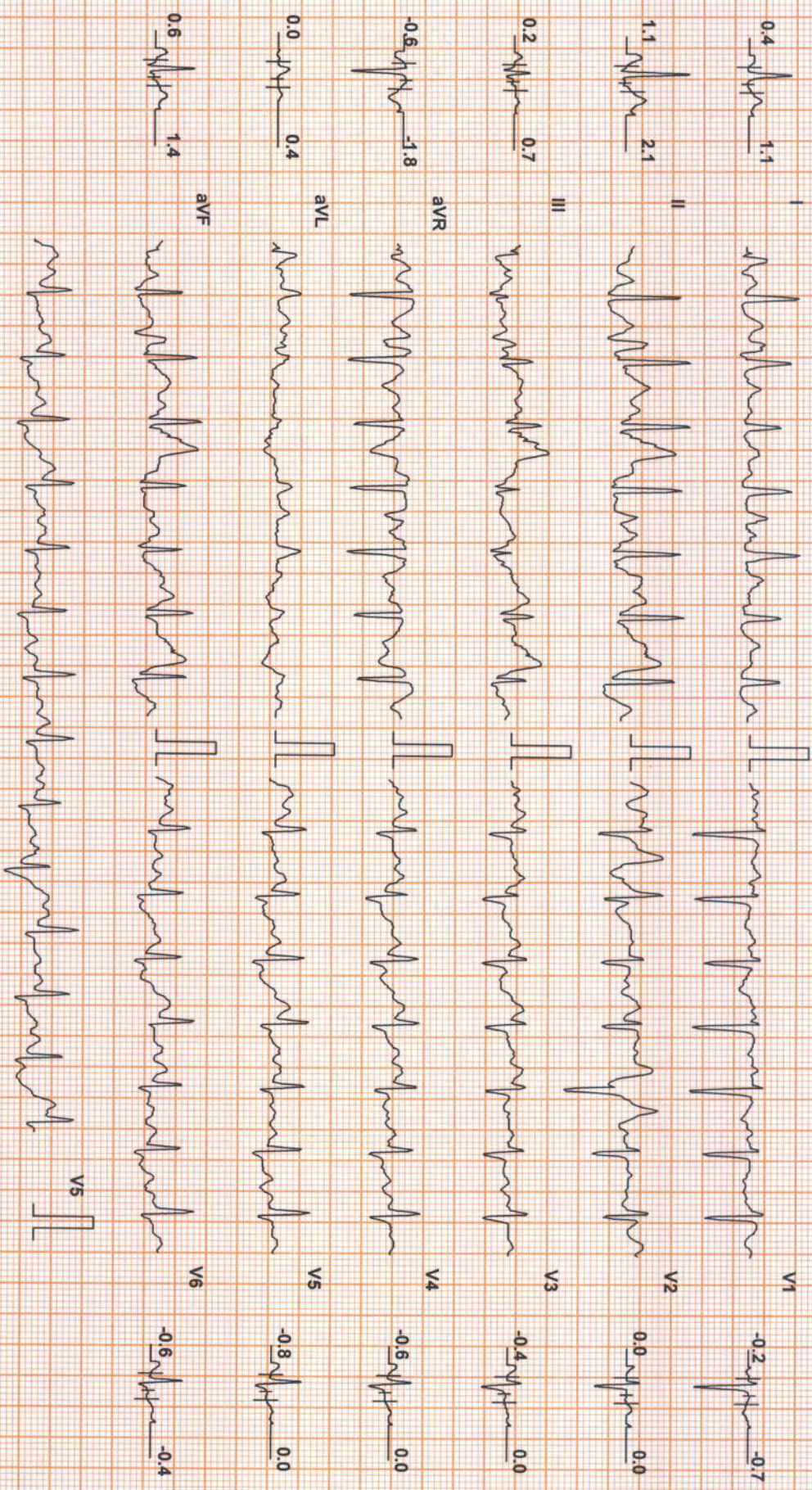


Chart Speed: 25 mm/sec
Schlifer Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R · 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126842126

Date: 25-Sep-21

Exec Time : 7 m 10 s

Stage Time : 1 m 10 s

HR: 162 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P: 150 / 80

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

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

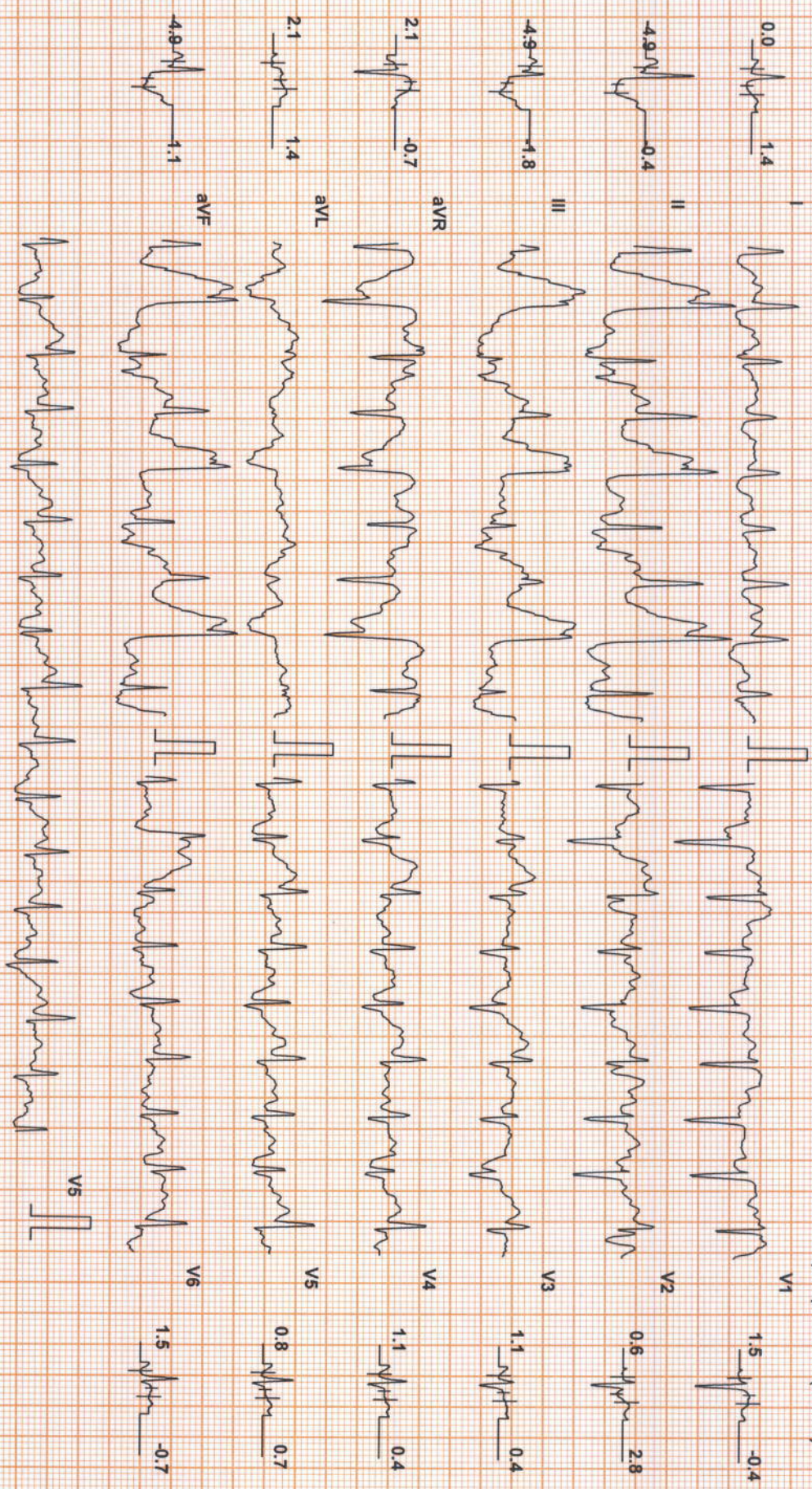


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126842126

Date: 25-Sep-21

Exec Time : 7 m 10 s

Stage Time : 2 m 0 s

HR: 77 bpm

Protocol: Bruce

Stage: Recovery/(1)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P.: 150/80

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

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

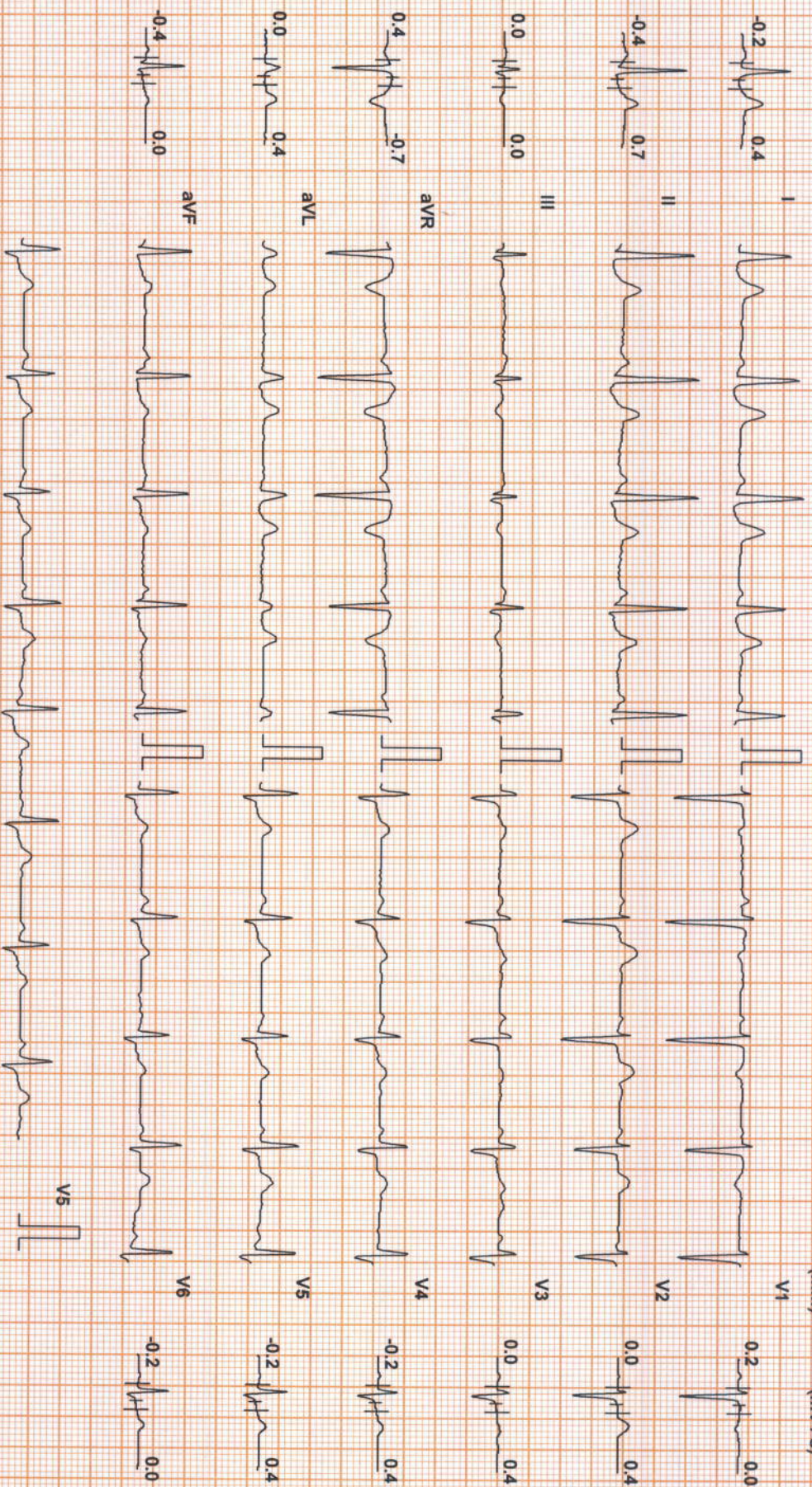


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS GB RD THANE

PRIYANKA SAMJISKAR (30 F)

ID: 2126842126

Date: 25-Sep-21

Exec Time : 7 m 10 s

Stage Time : 2 m 0 s

HR: 87 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 120 / 80

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

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

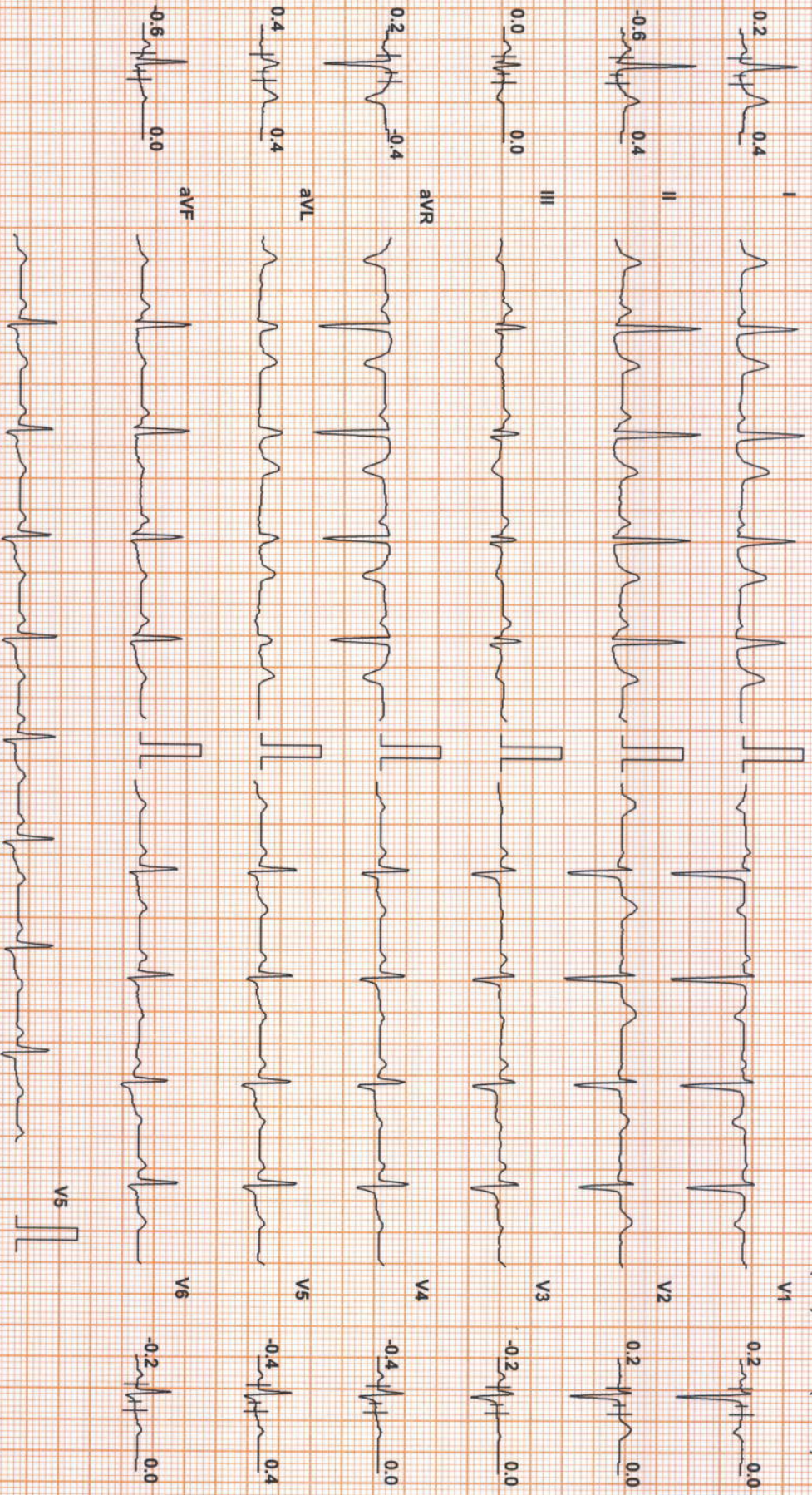


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

CID	: 2126842126	SID	: 177804224369
Name	: MRS.PRIYANKA SAMJISKAR	Registered	: 25-Sep-2021 / 08:35
Age / Gender	: 30 Years/Female	Collected	: 25-Sep-2021 / 08:35
Ref. Dr	: -	Reported	: 25-Sep-2021 / 13:43
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 13:54

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

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. Patil

**Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST**

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

CID	: 2126842126	SID	: 177804224369
Name	: MRS.PRIYANKA SAMJISKAR	Registered	: 25-Sep-2021 / 08:35
Age / Gender	: 30 Years/Female	Collected	: 25-Sep-2021 / 08:35
Ref. Dr	: -	Reported	: 25-Sep-2021 / 13:43
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 25-Sep-2021 / 14:25

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 contracted.(Not evaluated)

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

PANCREAS: Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 9.0 x 3.5 cm. *(Right kidney is not visualised in the right lumbar region however is seen in the right iliac region-ectopic location)*

Left kidney measures 10.5 x 4.5 cm. **(Normal)**

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 anteverted and measures 7.7 x 3.7 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.8 mm. Cervix appears normal.

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

The right ovary measures 1.6 x 1.5 cm .

The left ovary measures 1.9 x 2.5 cm .

No free fluid or significant lymphadenopathy is seen. **Bowel gas++**

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IMPRESSION:

- ECTOPIC RIGHT KIDNEY-IN THE RIGHT ILIAC REGION.

Advice: Clinical co-relation and further evaluation.

*** End Of Report ***

D.Patil

Dr.DEVENDRA PATIL
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RADIOLOGIST

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