



CID : 2231622459
Name : MRS.REENA MONTEIRO
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 12-Nov-2022 / 09:14
Reported : 12-Nov-2022 / 13:33

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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	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.90	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.3	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	26.9	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6470	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	52.8	20-40 %	
Absolute Lymphocytes	3416.2	1000-3000 /cmm	Calculated
Monocytes	5.8	2-10 %	
Absolute Monocytes	375.3	200-1000 /cmm	Calculated
Neutrophils	39.4	40-80 %	
Absolute Neutrophils	2549.2	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	116.5	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	12.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	19.7	11-18 %	Calculated



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RBC MORPHOLOGY

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 24 2-20 mm at 1 hr. Westergren

*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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	139.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	19.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	26.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	62.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	34.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	15.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.84	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	80	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.3	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhaskar
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	5.7	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 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 ***



Bmhaskar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Trace	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Present	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Flakes +	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Occasional*	Absent

*small clumps restricted to mucus flakes

Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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*** End Of Report ***



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
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Pathologist



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Collected : 12-Nov-2022 / 09:14
Reported : 12-Nov-2022 / 18:47

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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	3-4	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	+++	Less than 20/hpf	
Others	Kindly rule out contamination		

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



Bmhaskar

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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 ***



J. Thakker

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



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Collected : 12-Nov-2022 / 09:14
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	215.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	148.0	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	45.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	170	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.0	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	30.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



Bmhaskar

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



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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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	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	9.5	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 becuase 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 ***



Bmhaskar

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

Patient Name: REENA MONTEIRO
Patient ID: 2231622459

Date and Time: 14th Nov 22 8:22 AM

Age **40** **3** **18**
years months days

Gender **Female**

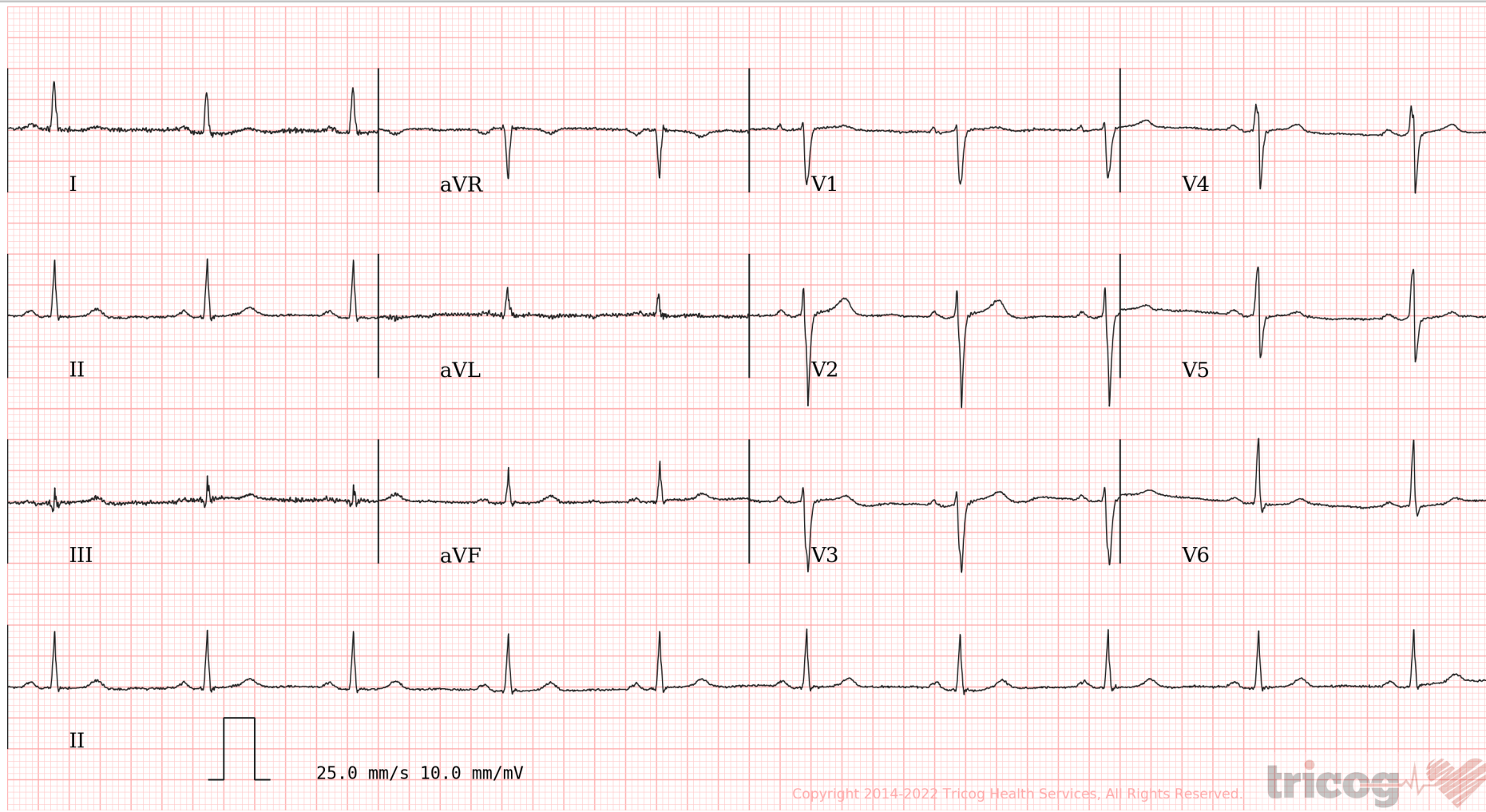
Heart Rate **61bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 62 kg
Height: 153 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 88ms
QT: 374ms
QTc: 376ms
PR: 166ms
P-R-T: 43° 41° 67°



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

REPORTED BY

Smita Valani

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

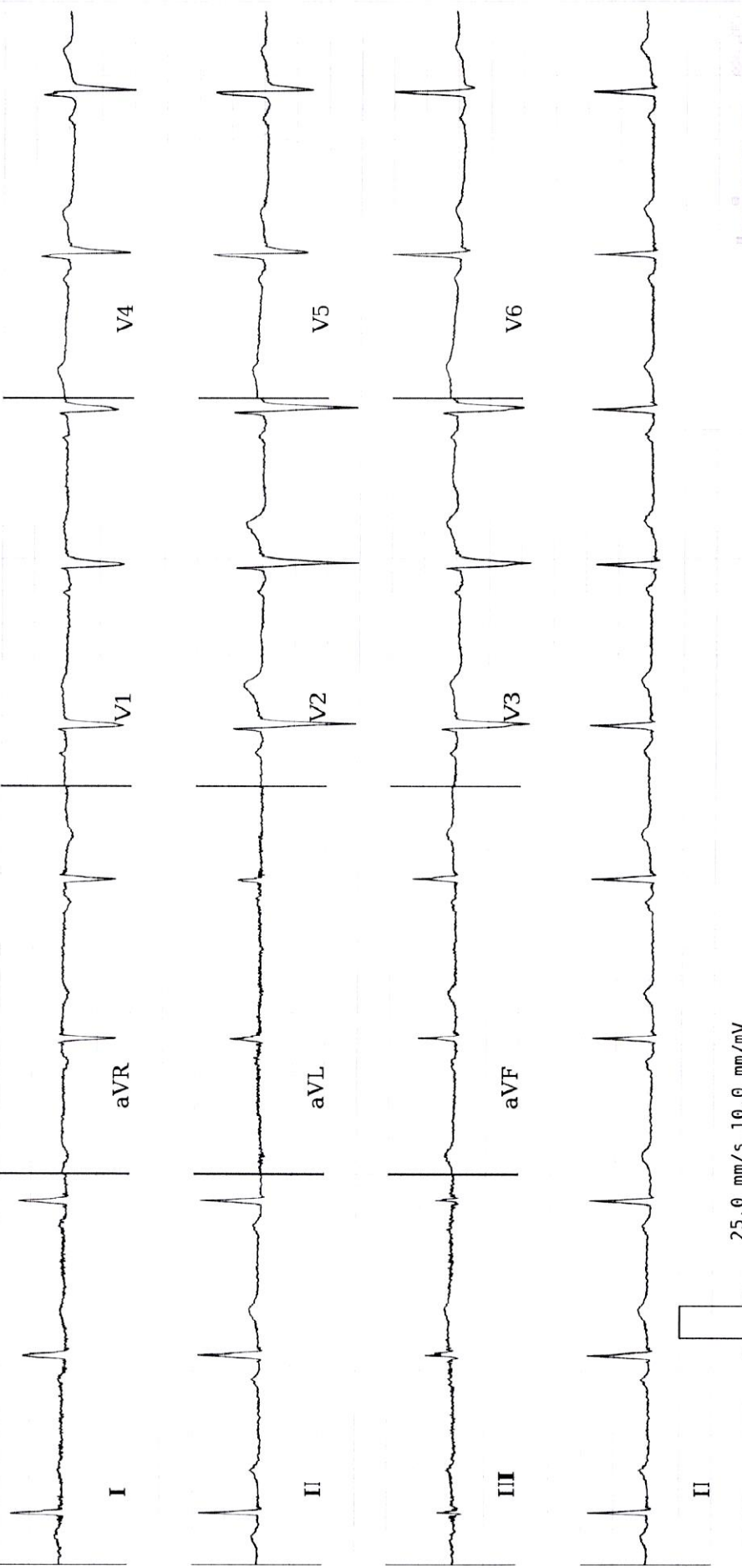
SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: REENA MONTEIRO
Patient ID: 2231622459

Date and Time: 14th Nov 22 8:22 AM

Age 40 years 3 months 18 days



Gender **Female**
Heart Rate **61bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 62 kg
Height: 153 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 88ms
QT: 374ms
QTc: 376ms
PR: 166ms
P-R-T: 43° 41° 67°

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

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

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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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.9 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. Evidence of calcification seen in the right lobe of liver. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

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

COMMON BILE DUCT:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.8 x 3.6 cm. Left kidney measures 10.2 x 4.4 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Right pelvicalyceal system is mildly dilated. A 17.2 mm calculus is seen at the pelvic region of right kidney. Pelvicalyceal system is mildly opened out in the left kidney. Both ureters are not visualised. No evidence of any calculus, hydronephrosis or mass lesion seen on the left side.

SPLEEN:

The spleen is normal in size (8.3 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

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

There is no evidence of any lymphadenopathy or ascites.

UTERUS ; POST MENOPAUSAL:

The uterus is anteverted and appears normal. It measures 5.7 x 3.7 x 4.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 2.6 mm.

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OVARIES:POST MENOPAUSAL:

Both ovaries are not visualised – possibly atrophic.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- Calculus at the right renal pelvic region causing mild right hydronephrosis.
- Mildly opened out pelvicalyceal system of left kidney.
-

Kindly correlate clinically.

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

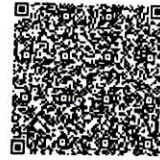
-----End of Report-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist

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X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS, DMRD
Reg No -65470
Consultant Radiologist

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Collected : 12-Nov-2022 / 09:09
Reported : 12-Nov-2022 / 16:20

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

Menopause at age - 34.

EXAMINATION FINDINGS:

Height (cms):	153	Weight (kg):	62
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80 mmHg	Nails:	NAD
Pulse:	82/min	Lymph Node:	Not Palpable

Systems

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

(A B +ve)

IMPRESSION: ECG, CBC, M, W, R

USG is Ho, Calculus at Rt renal pelvis region with mild hydronephrosis and mildly open out pelvicalyceal system of (L) kidney.

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension: No

CID# : 2231622459
Name : MRS.REENA MONTEIRO
Age / Gender : 40 Years/Female
Consulting Dr. :-
Reg.Location : Bhayander East (Main Centre)

Collected : 12-Nov-2022 / 09:09
Reported : 12-Nov-2022 / 16:20

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

PERSONAL HISTORY:

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

Thyroidism - 50 mcg.

*** End Of Report ***

DR. ANITA CHOUDHARY

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

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

Anita

Date:- 12/11/2022
Name:- Reena Monteiro

CID: 2231622459
Sex / Age: 40 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} - NTO

RE LE
6/6 6/6
N/G N/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

DR. ANITA CHAUDHARY
MBBS
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kshitij Building,
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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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भारत सरकार
Government of India
रीना मॉटैरो
Reena Montelro
जन्म तिथि/DOB: 25/07/1982
महिला/ FEMALE
Mobile No: 8554867755

6580 6172 1874
VID : 9100 5870 4659 1278

मेरा आधार, मेरी पहचान

Reena

SUBURBAN DIAGNOSTICS (I) PVT. LTD
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Phone No : 022 - 61700000

DR. ANITA CHAUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

SUBURBAN DIGNOSTICS BHAYANDER

EMail:

12345479-(2231622459)/REENA MOHTEIRA / 40 Yrs / F / 153 Cms / 62 Kg

Date: 12 / 11 / 2022 11:55:02 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	072	40 %	120/80	086	00	
Standing	00:18	0:06	00.0	00.0	01.0	072	40 %	120/80	086	00	
HV	00:21	0:03	00.0	00.0	01.0	072	40 %	120/80	086	00	
ExStart	00:29	0:08	00.0	00.0	01.0	078	43 %	120/80	093	00	
BRUCE Stage 1	03:29	3:00	01.7	10.0	04.7	104	58 %	120/80	124	00	
BRUCE Stage 2	06:29	3:00	02.5	12.0	07.1	118	66 %	140/80	165	00	
BRUCE Stage 3	09:29	3:00	03.4	14.0	10.2	144	80 %	150/80	216	00	
PeakEx	09:53	0:24	04.2	16.0	10.7	148	82 %	150/80	222	00	
Recovery	10:53	1:00	01.1	00.0	04.3	117	65 %	150/80	175	00	
Recovery	11:53	2:00	00.0	00.0	01.0	085	47 %	160/80	136	00	
Recovery	13:53	4:00	00.0	00.0	01.0	082	46 %	120/80	098	00	
Recovery	14:12	4:19	00.0	00.0	01.0	082	46 %	120/80	098	00	

FINDINGS :

Exercise Time : 09:24
Initial HR (ExStrt) : 78 bpm 43% of Target 180
Initial BP (ExStrt) : 120/80 (mm/Hg)
Max WorkLoad Attained : 10.7 Good response to induced stress
Max ST Dep Lead & Avg ST Value : III & -1.5 mm in Stage 3
Duke Treadmill Score : 09.4
Test End Reasons : Test Complete

Max HR Attained 148 bpm 82% of Target 180
Max BP Attained 160/80 (mm/Hg)

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 Dist. Thane-401105.

Phone No : 022 - 61700000

DR. SMITA VALANI

MBBS, D. CARDIOLOGY

2011/03/0587

Doctor :- DR SMITA VALANI





REPORT

SUBURBAN DIGNOSTICS BHAYANDER

EMail: 12345479 / REENA MOHTEIRA / 40 Yrs / F / 153 Gms / 62 Kg Date: 12 / 11 / 2022 11:55:02 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Kshiti Building
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 Mitra - Bhayander Road, Bhayander (E)
 Dist. Thane-401105
 Phone No : 022 - 61700000

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

Smita Valani
 Doctor / DR SMITA VALANI



SUBURBAN DIGNOSTICS BHAYANDER

12345479 (2231622459) / REENA MOHITEIRA / 40 Yrs / F / 153 Cms / 62 Kg / HR : 72

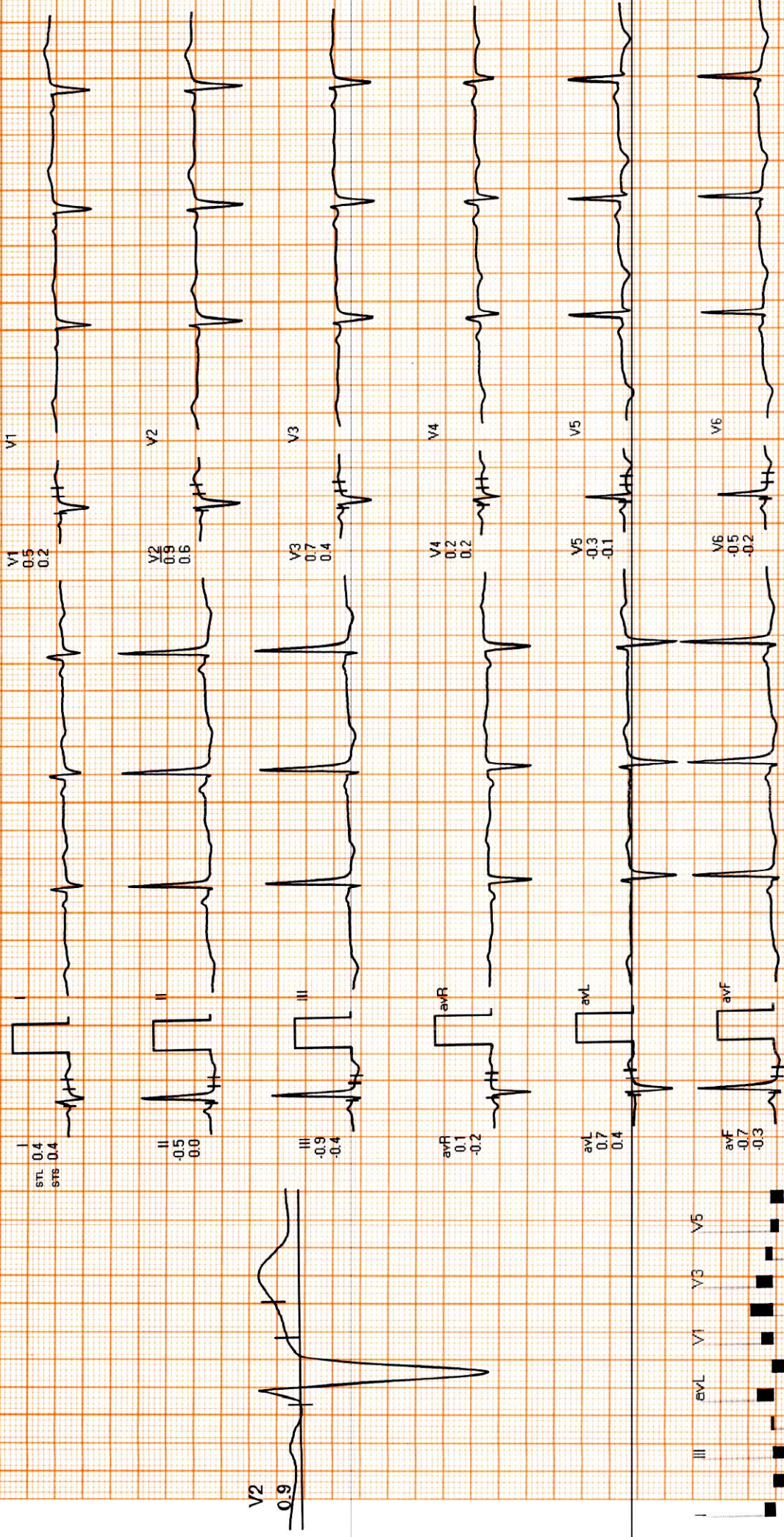
Date: 12/11/2022 11:55:02 AM METS: 1.0/72 bpm 40% of THR BP: 120/80 mmHg Raw ECG/BLC Om/Notch Om/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

SUPINE (00:01)



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



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

12345479 (2231622459) / REENA MOHTEIRA / 40 Yrs / F / 153 Cms / 62 Kg / HR : 72

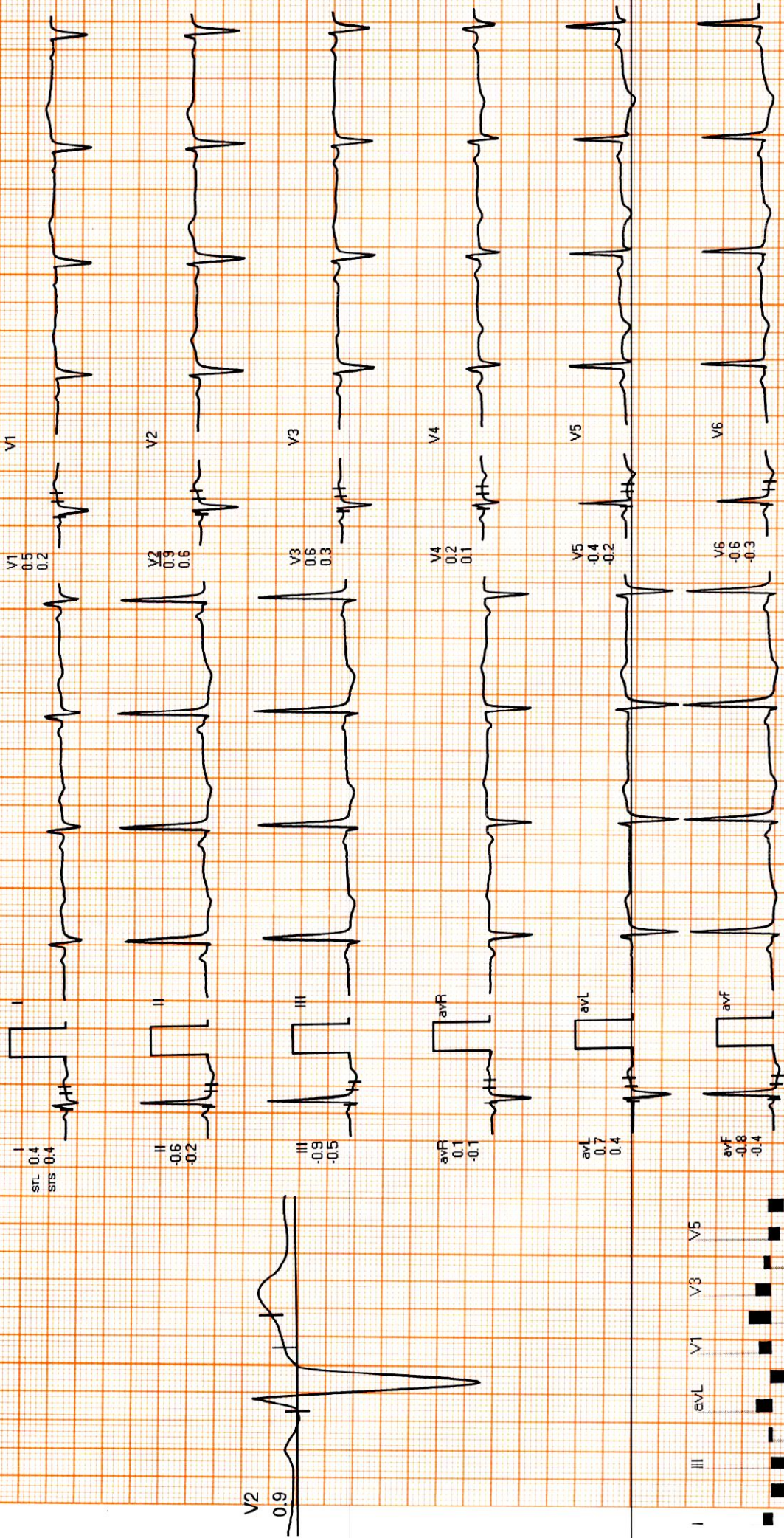
Date: 12/11/2022 11:55:02 AM METS: 1 07 72 bpm 40% at THR BP: 12/80 mmHg Raw ECG/BLC On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

STANDING (00:00)

AGIPL

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



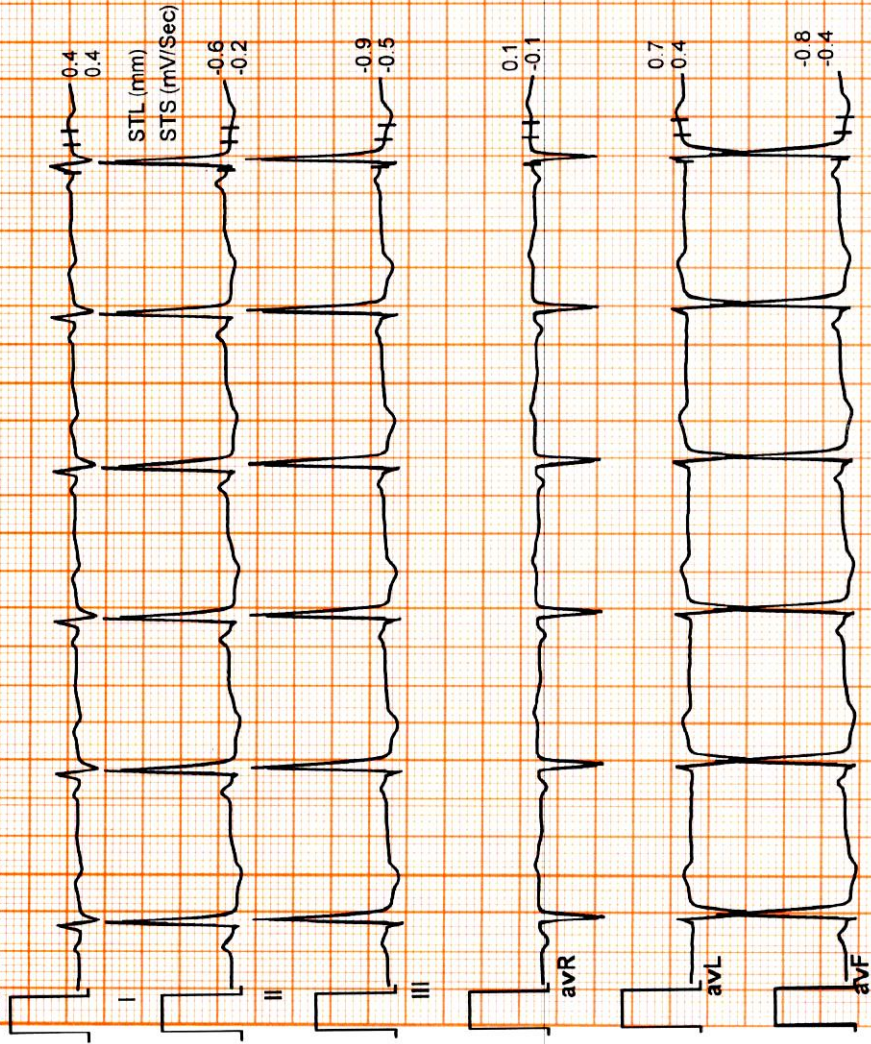
REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

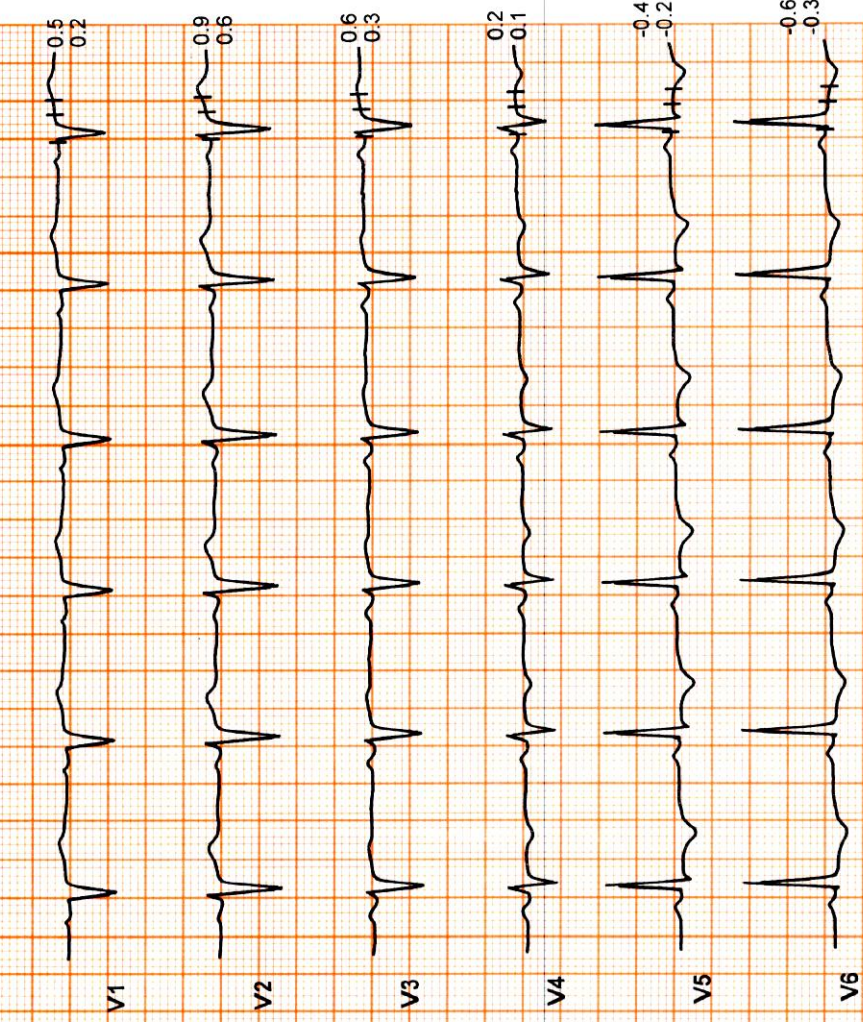
Date: 12 / 11 / 2022 11:55:02 AM METs : 1.0 HR : 78 Target HR : 43% of 180 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

HV (00:00)

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



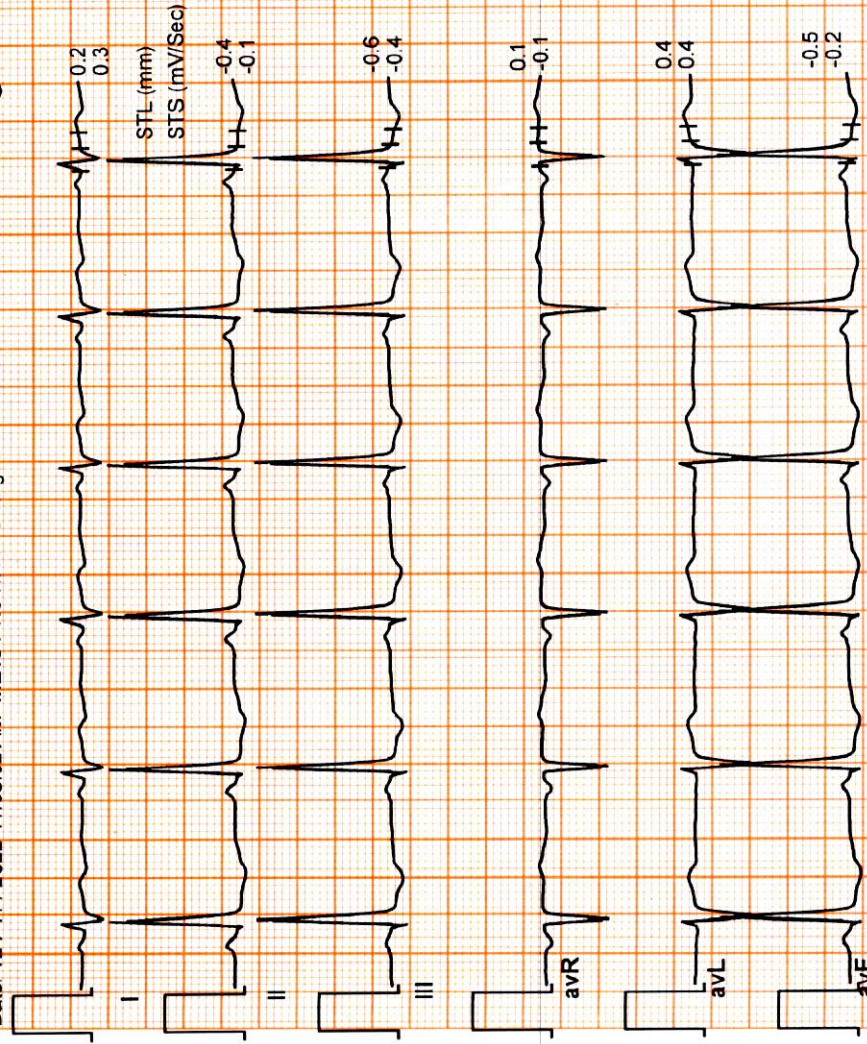
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

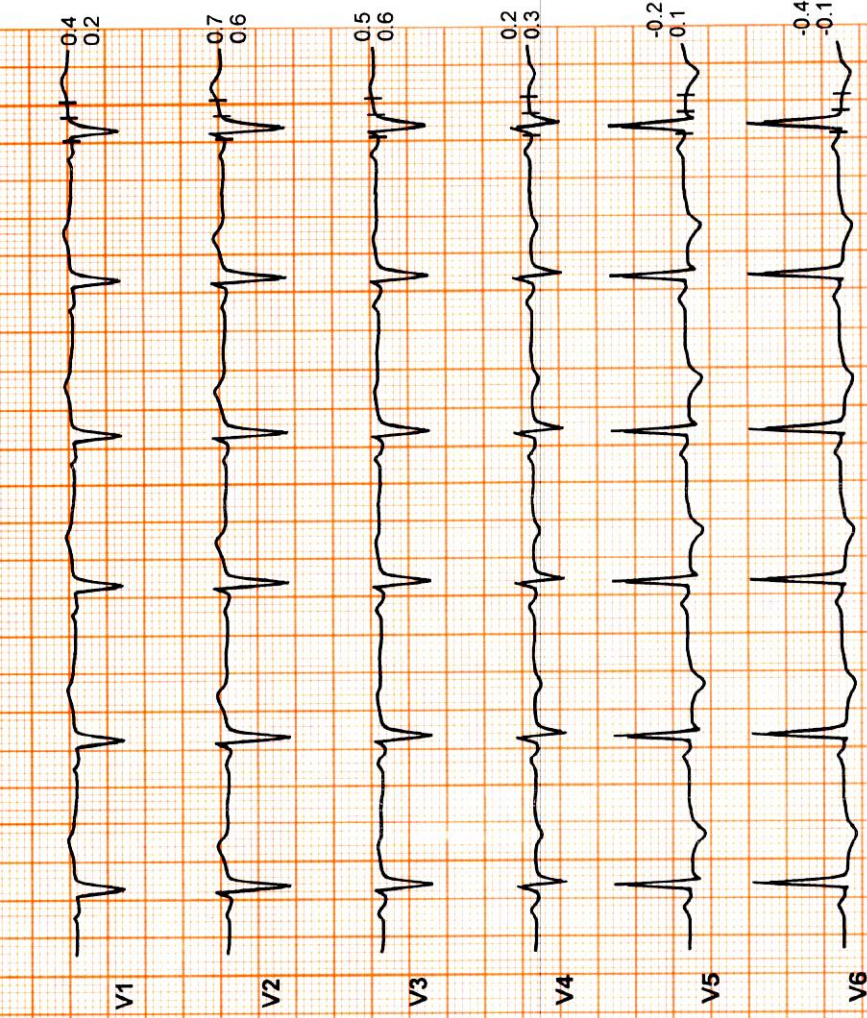
Date: 12 / 11 / 2022 11:55:02 AM METs : 1.0 HR : 78 Target HR : 43% of 180 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

ExSirt

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



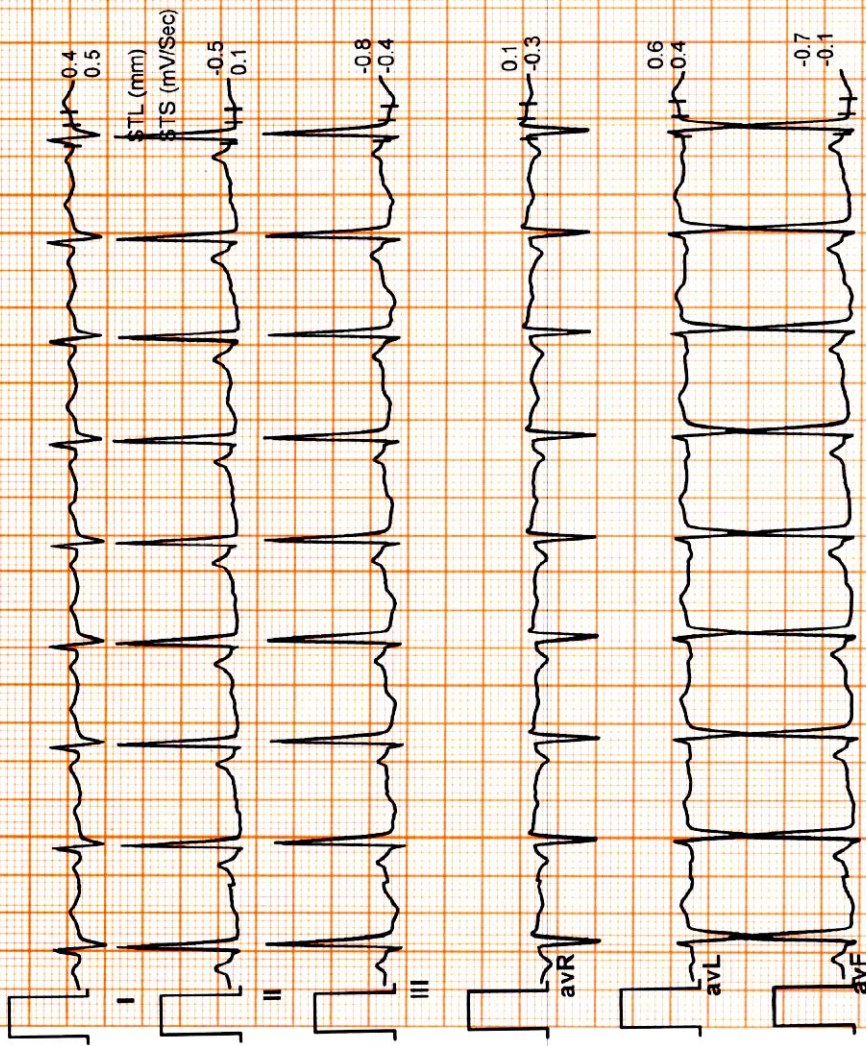
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

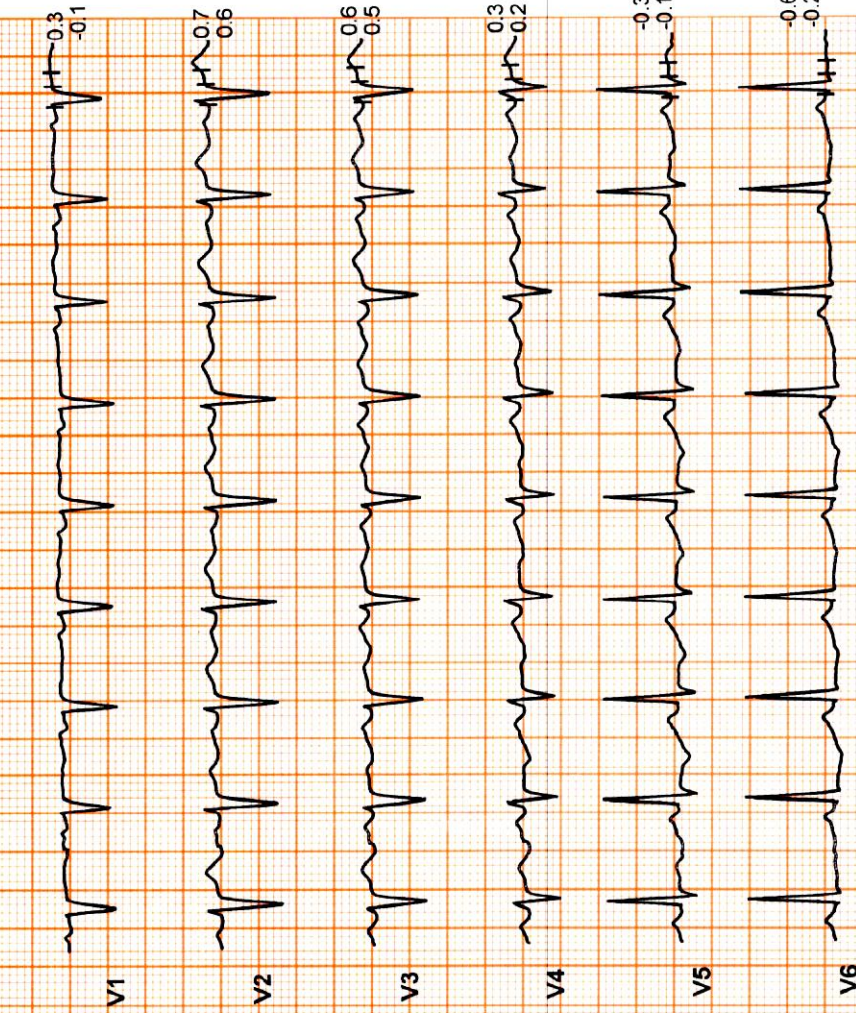
Date: 12 / 11 / 2022 11:55:02 AM METs : 4.7 HR : 104 Target HR : 58% of 180 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)

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



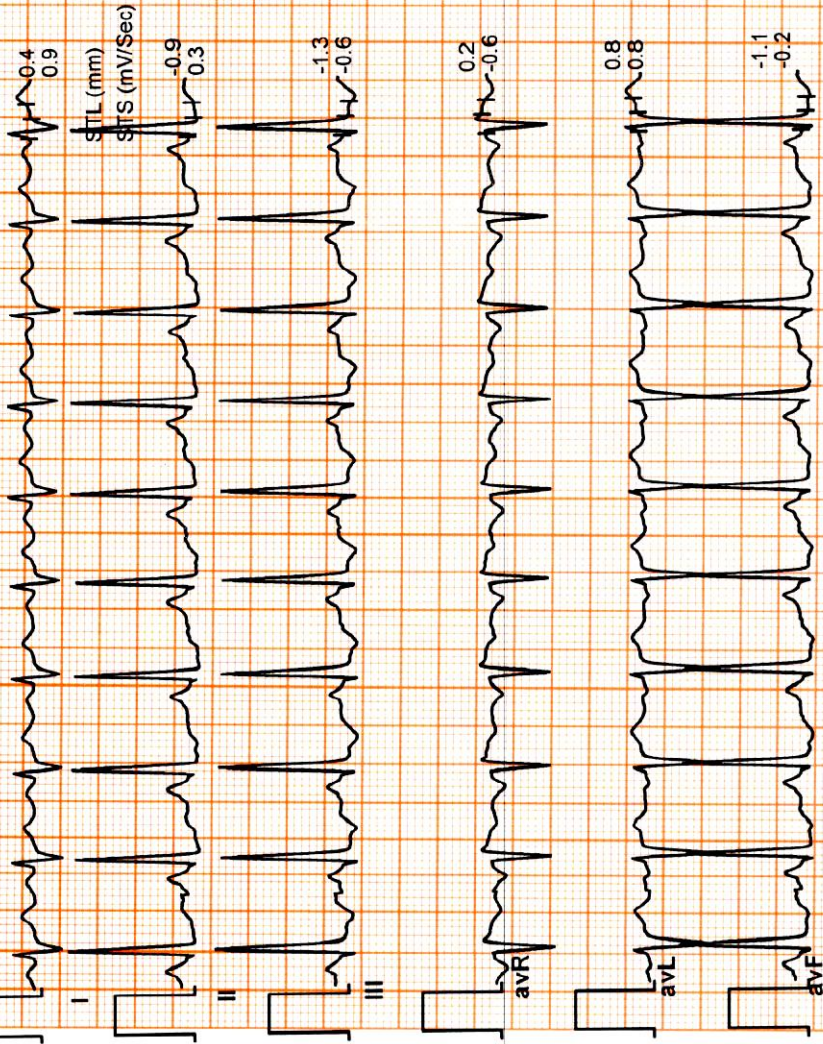
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

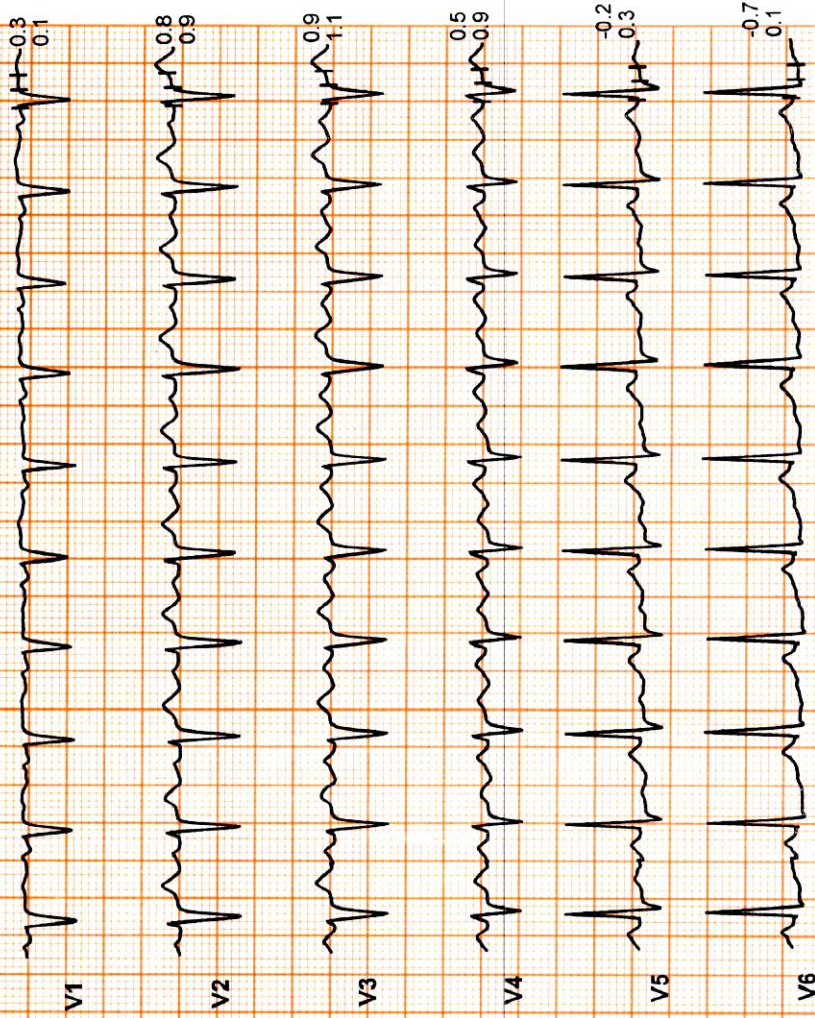
Date: 12 / 11 / 2022 11:55:02 AM METs : 7.1 HR : 118 Target HR : 66% of 180 BP : 140/80 Post J @80mSec



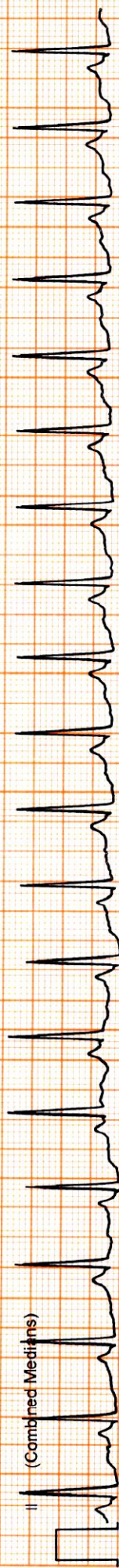
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)

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



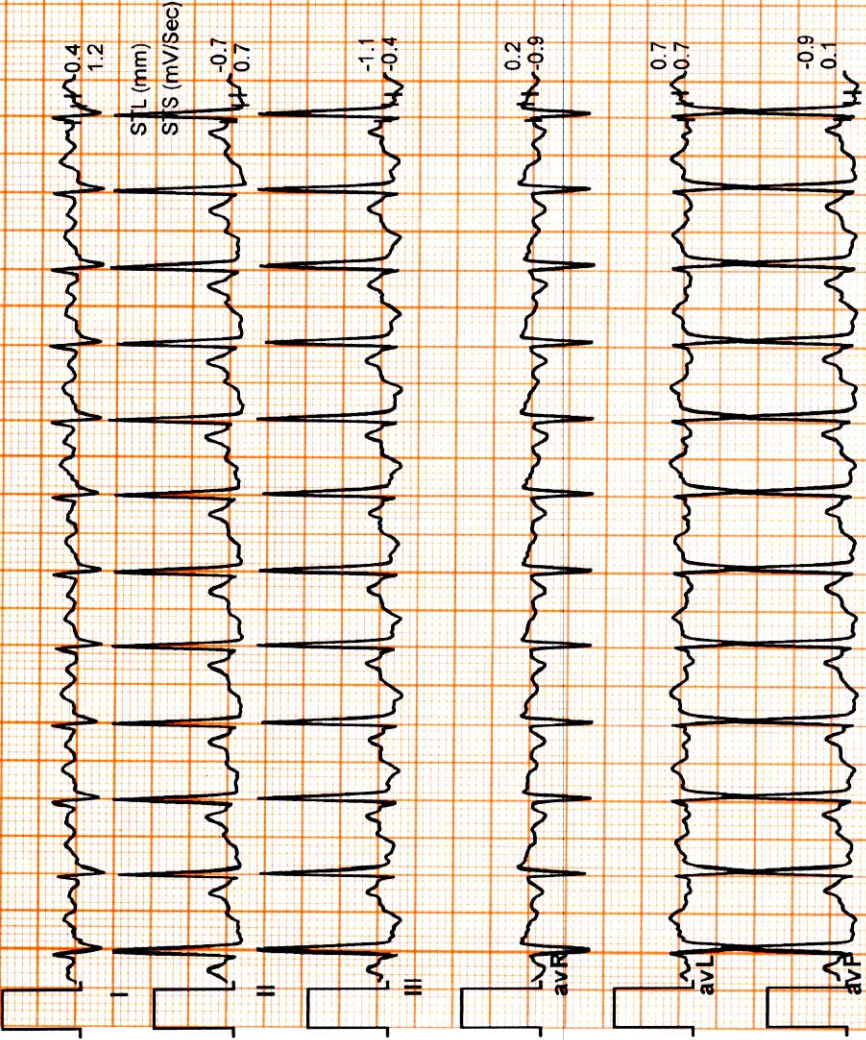
|| (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

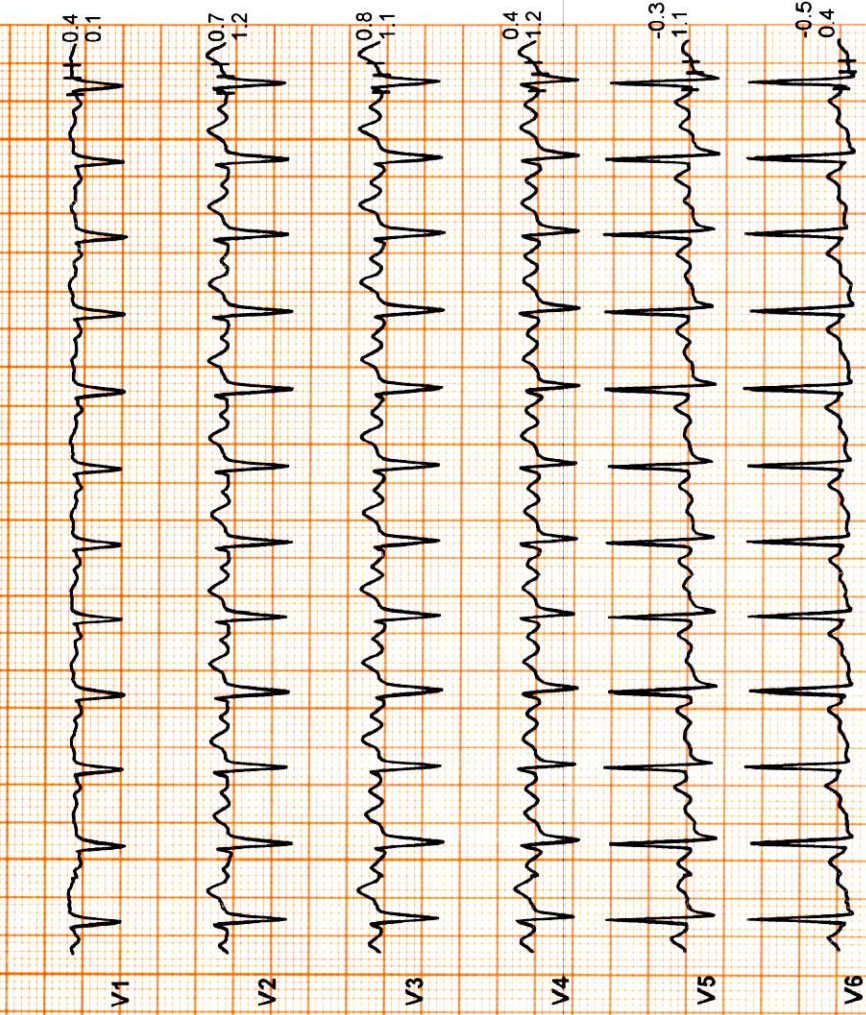
Date: 12/11/2022 11:55:02 AM METs : 10.2 HR : 144 Target HR : 80% of 180 BP : 150/80 Post J @60mSec



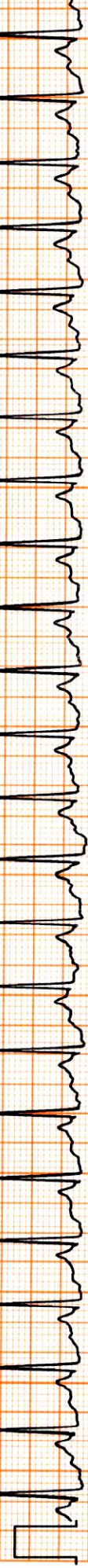
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 3 (03:00)

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



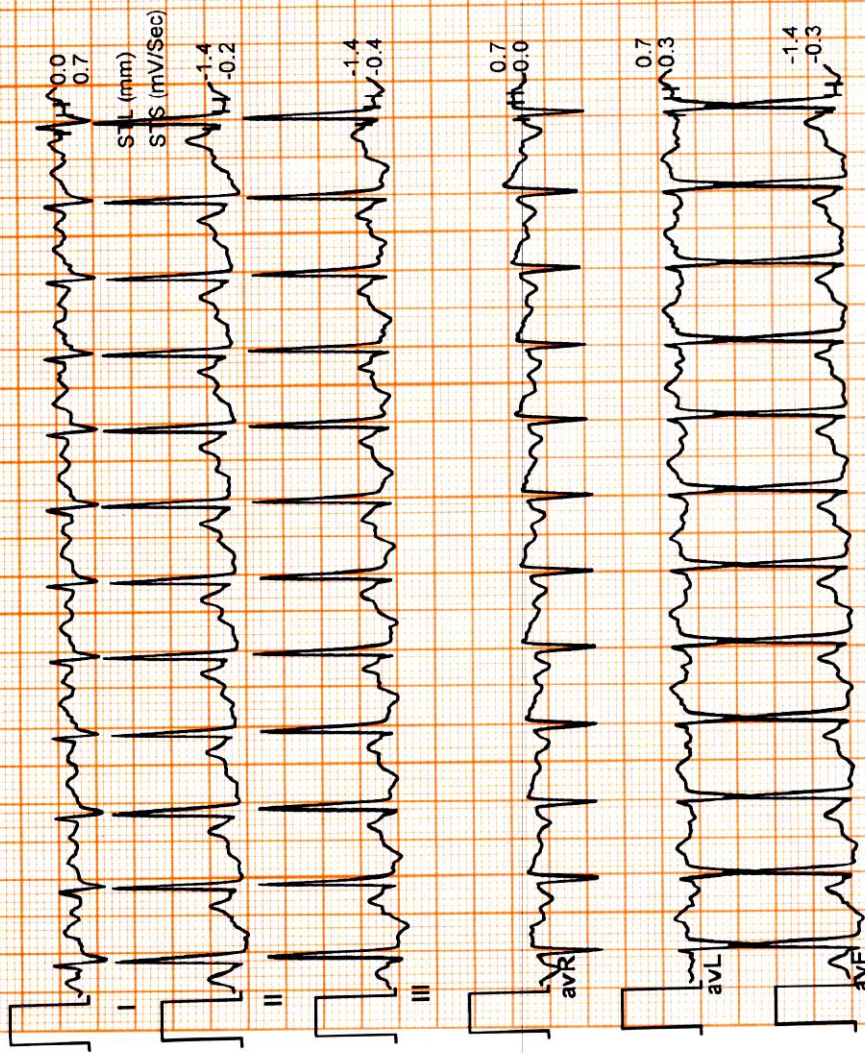
II (Continued Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

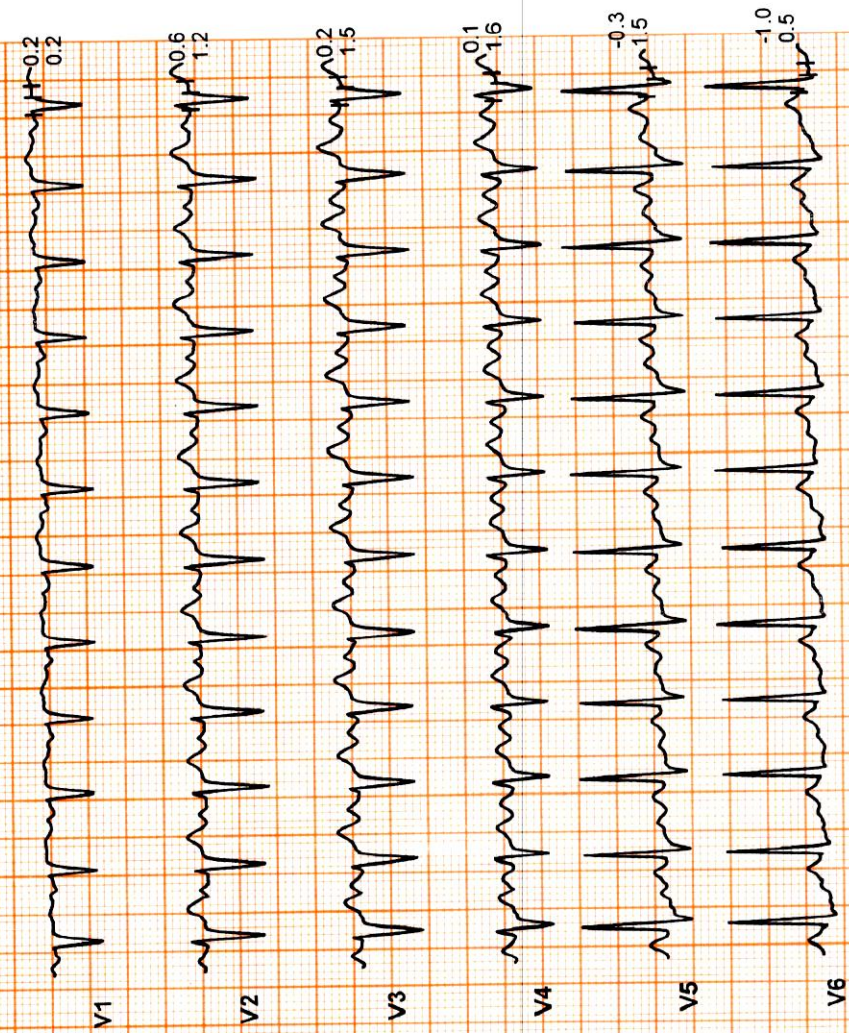
Date: 12/11/2022 11:55:02 AM METs : 10.7 HR : 148 Target HR : 82% of 180 BP : 150/80 Post J @60mSec



II (Combined Medians)

6X2 Combine Medians + 1 Rhythm PeakEx

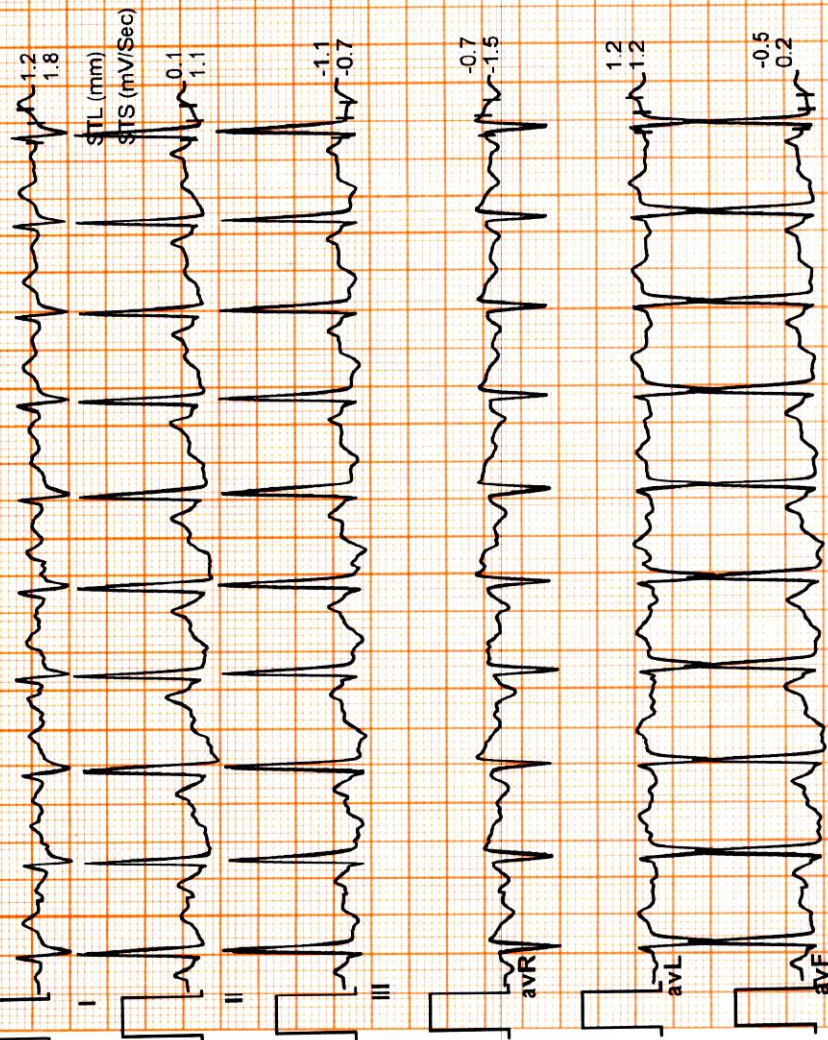
ExTime: 09:24 Speed: 4.2 mph Grade : 16.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

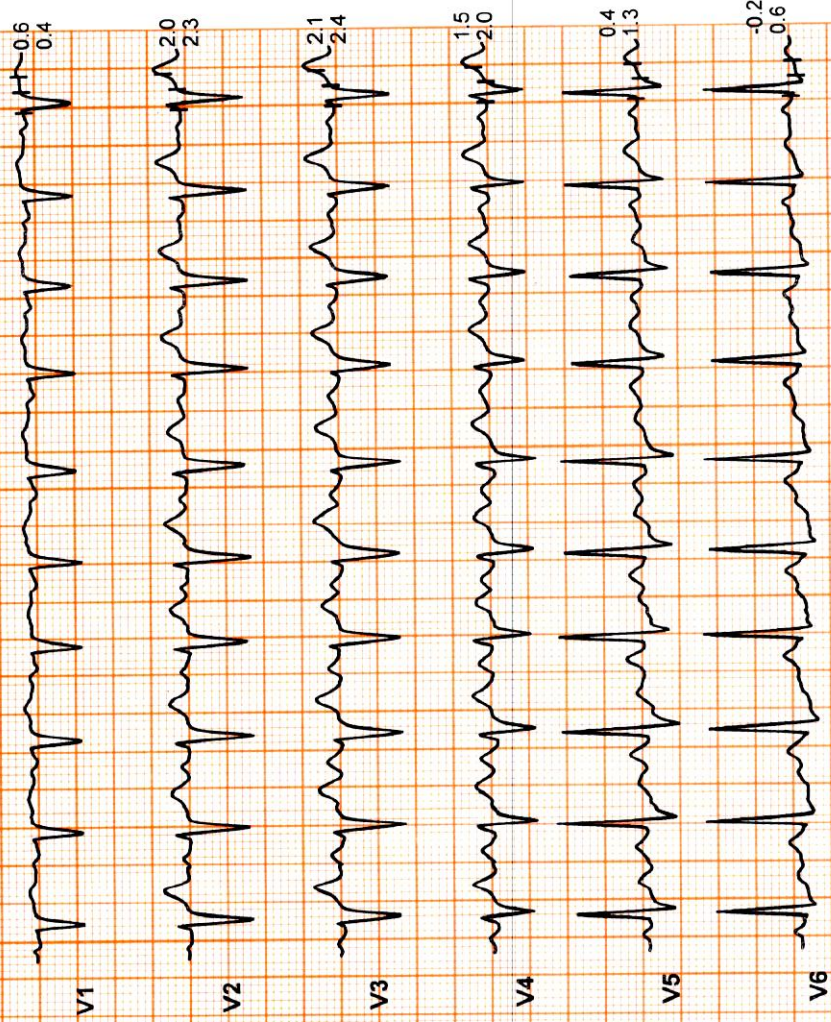
Date: 12 / 11 / 2022 11:55:02 AM METs : 4.2 HR : 117 Target HR : 65% of 160 BP : 150/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)

ExTime: 09:24 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



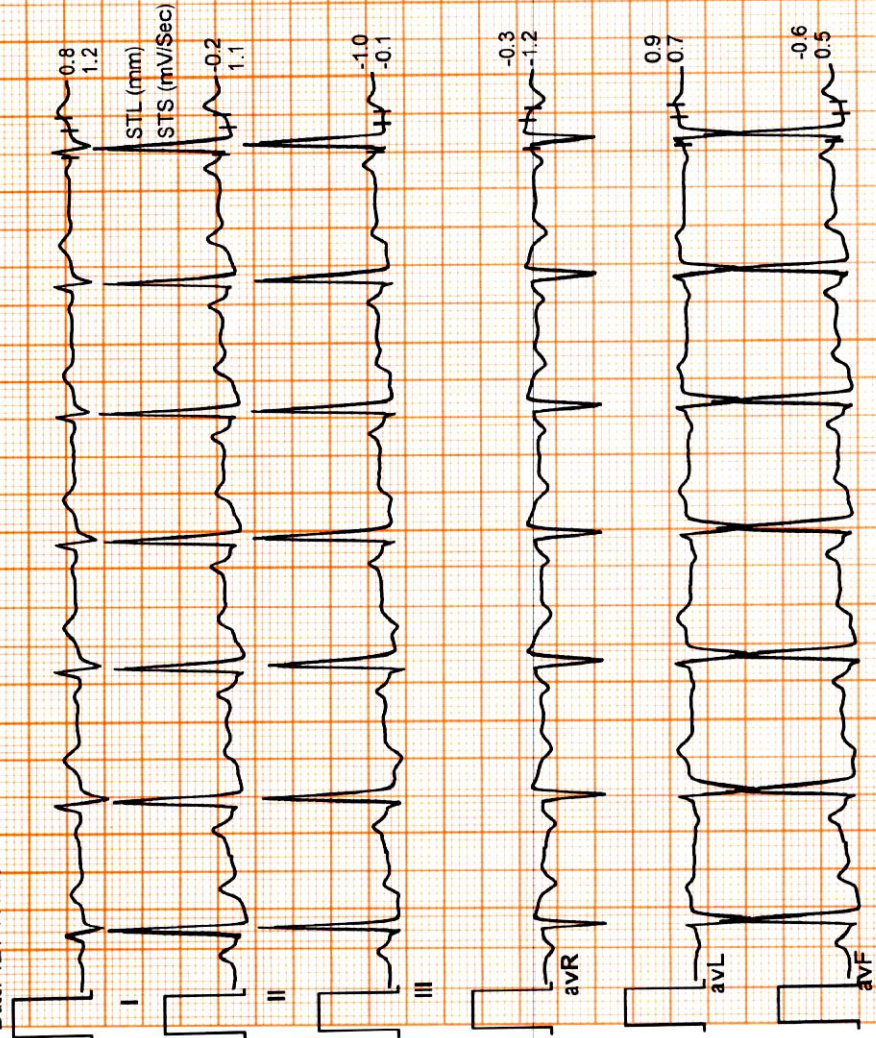
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHITEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

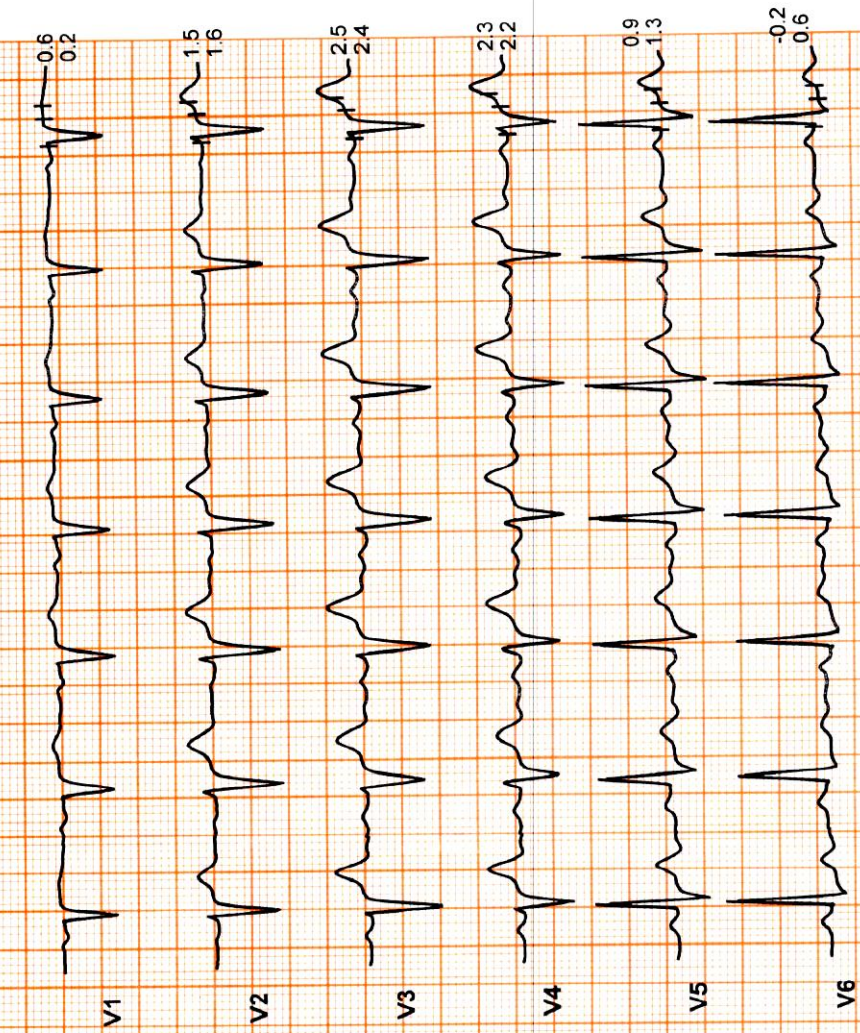
Date: 12/11/2022 11:55:02 AM METs: 1.0 HR: 85 Target HR: 47% of 180 BP: 160/80 Post J @ 60mSec



6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)

ExTime: 09:24 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



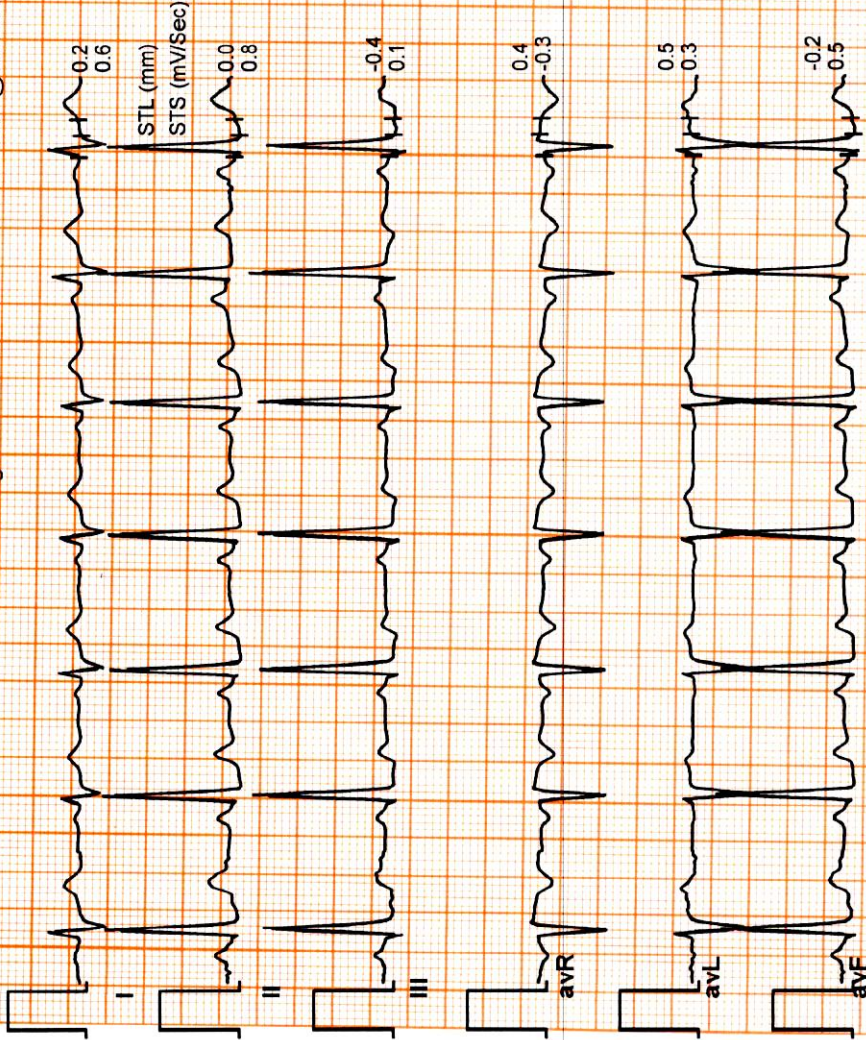
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHTEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

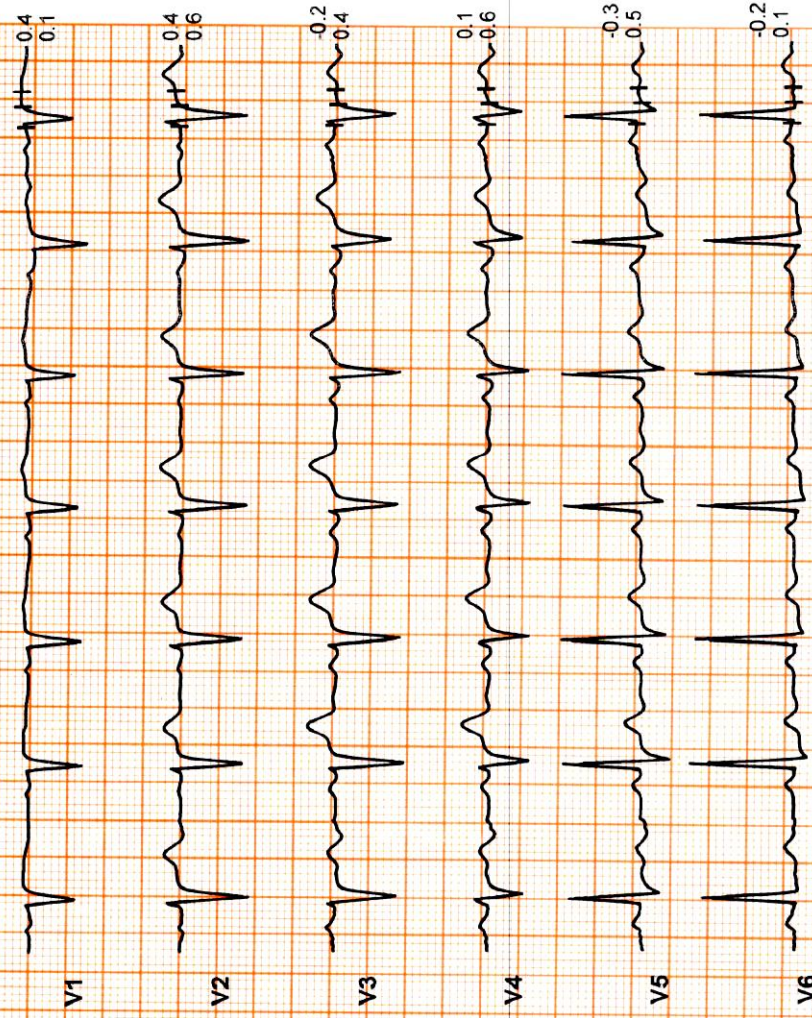
Date: 12/11/2022 11:55:02 AM METs : 1.0 HR : 82 Target HR : 46% of 180 BP : 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)

ExTime: 09:24 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



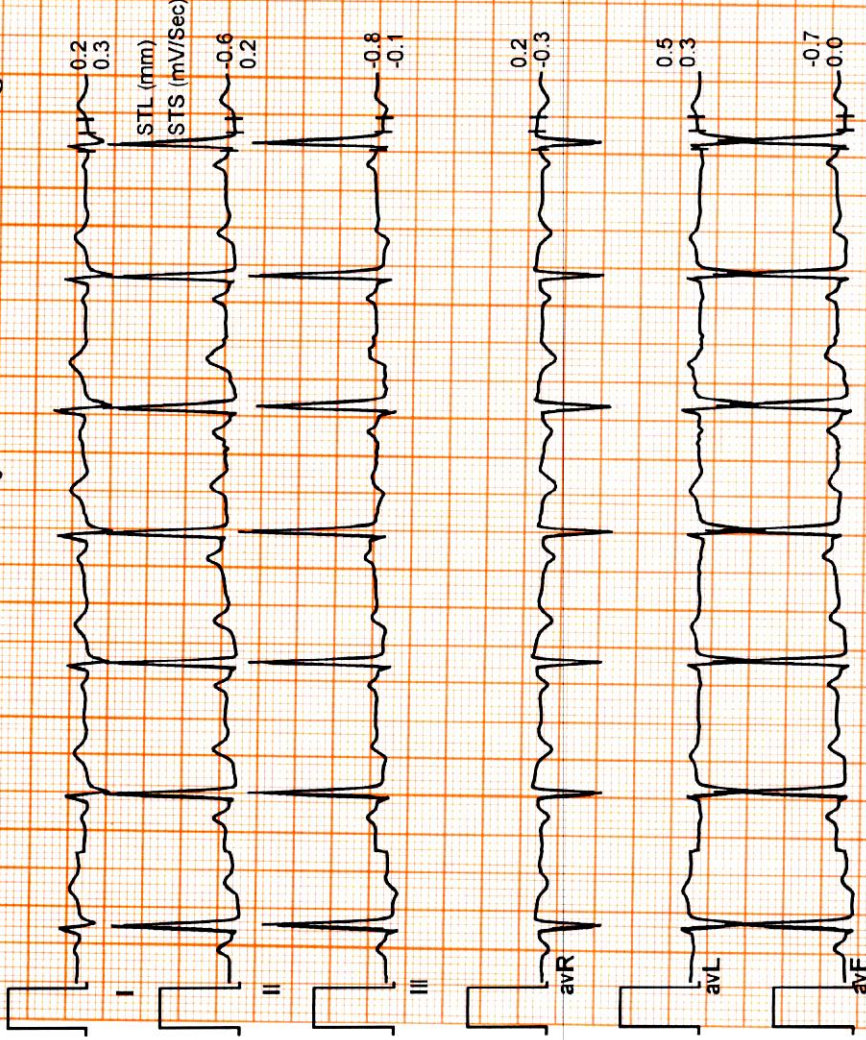
II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345479 / REENA MOHITEIRA / 40 Yrs / Female / 153 Cm / 62 Kg

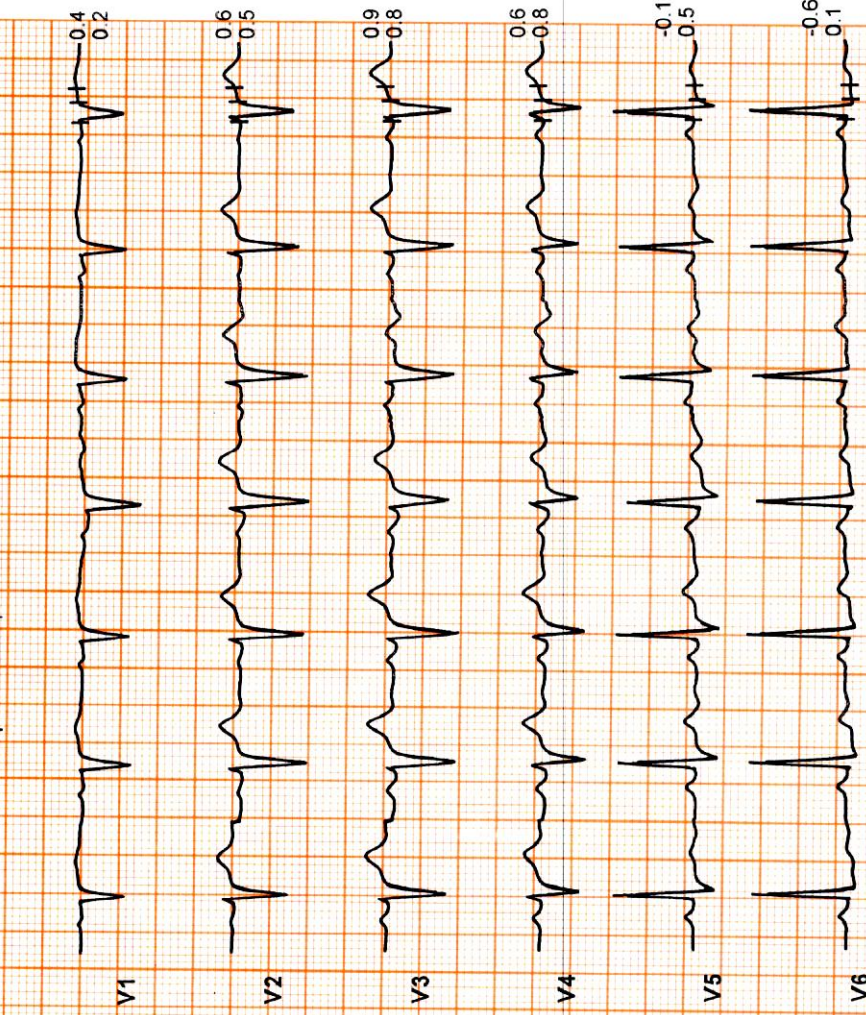
Date: 12/11/2022 11:55:02 AM METs: 1.0 HR: 82 Target HR: 46% of 180 BP: 120/80 Post J @80mSec



6X2 Combine Medians + 1 Rhythm

Recovery : (04:19)

ExTime: 09:24 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





CID : 2231622459
Name : Mrs REENA MONTEIRO
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/16:26

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.9 cm), normal in shape and shows smooth margins. It shows normal parenchymal echotexture. Evidence of calcification seen in the right lobe of liver. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

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

COMMON BILE DUCT:

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

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.8 x 3.6 cm. Left kidney measures 10.2 x 4.4 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Right pelvicalyceal system is mildly dilated. A 17.2 mm calculus is seen at the pelvic region of right kidney. Pelvicalyceal system is mildly opened out in the left kidney. Both ureters are not visualised. No evidence of any calculus, hydronephrosis or mass lesion seen on the left side.

SPLEEN:

The spleen is normal in size (8.3 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

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

There is no evidence of any lymphadenopathy or ascites.

UTERUS : POST MENOPAUSAL:

The uterus is anteverted and appears normal. It measures 5.7 x 3.7 x 4.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 2.6 mm.



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622459
Name : Mrs REENA MONTEIRO
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/16:26

OVARIES:POST MENOPAUSAL:

Both ovaries are not visualised – possibly atrophic.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Calculus at the right renal pelvic region causing mild right hydronephrosis.**
- **Mildly opened out pelvicalyceal system of left kidney.**
-

Kindly correlate clinically.

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

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

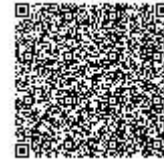
DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622459
Name : Mrs REENA MONTEIRO
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/16:26



CID : 2231622459
Name : Mrs REENA MONTEIRO
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/11:18

X-RAY CHEST PA VIEW

Positional rotation seen.

Both the lung fields are clear with no active parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

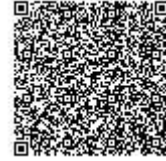
- **No obvious active parenchymal lesion made out.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2231622459
Name : Mrs REENA MONTEIRO
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022/11:18