

**SUBURBAN DIANOSTICS PVT. LTD. BORIVALI**

**Name: TEJASHREE SAWANT**

Date: 28-01-2023 Time: 11:18

Age: 35 Gender: M Height: 154 cms Weight: 86 Kg ID: 2302818882

Clinical History: NIL

Medications: NIL

**Test Details:**

Protocol: Bruce Predicted Max HR: 185 Target HR: 157  
 Exercise Time: 0:06:02 Achieved Max HR: 172 (93% of Predicted MHR)  
 Max BP: 170/80 Max BP x HR: 29240 Max Mets: 7  
 Test Termination Criteria: TEST COMPLET

**Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:10	1	0	0	90	130/80	11700	1.6 V1	-2.1 II
Standing	00:36	1	0	0	105	130/80	13650	2 V2	-1.7 II
HyperVentilation	00:13	1	0	0	86	130/80	11180	0.5 V1	-1.7 II
PreTest	00:12	1	1.6	0	86	130/80	11180	-0.5 V3	-1.6 II
Stage: 1	03:00	4.7	2.7	10	150	150/80	22500	2.7 V2	1.8 aVR
Stage: 2	03:00	7	4	12	169	170/80	28730	5.3 V1	2.3 V1
Peak Exercise	00:02	6.8	5.5	14	172	170/80	29240	-22.3 aVR	-7.3 aVR
Recovery1	01:00	1	0	0	137	170/80	23290	0.7 II	0.5 V2
Recovery2	01:00	1	0	0	102	150/80	15300	0.6 III	-0.9 V6

**Interpretation**

The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS.  
 Resting Heart Rate, initially 90 bpm rose to a max. heart rate of 172bpm (93% of Predicted Maximum Heart Rate).  
 Resting Blood Pressure of 130/80 mmHg, rose to a maximum Blood Pressure of 170/80 mmHg  
 Good Effort tolerance Normal HR & BP Responce No Angina or Arrhymias  
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

**DR. NITIN SONAVANE**  
 M.B.B.S.AFLH, D.DIAB, D.CARD  
 CONSULTANT-CARDIOLOGIST  
 REGD. NO. 87714

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ----

**SCHILLER**

The Art of Diagnostics

Regd. Office:-

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
 2nd Floor, Aston, Sundevarn Complex,  
 Lokhandwala Road, Andheri (West),  
 Mumbai-400063.

( Summary Report edited by User )  
 Spandan CS-20 Version:2.14.0







**TEJASHREE SAWANT**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

**SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI**

ID: 2302818882

Stage: Supine

Date: 28-01-2023

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:10

THR: 157 bpm

**HR: 90 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

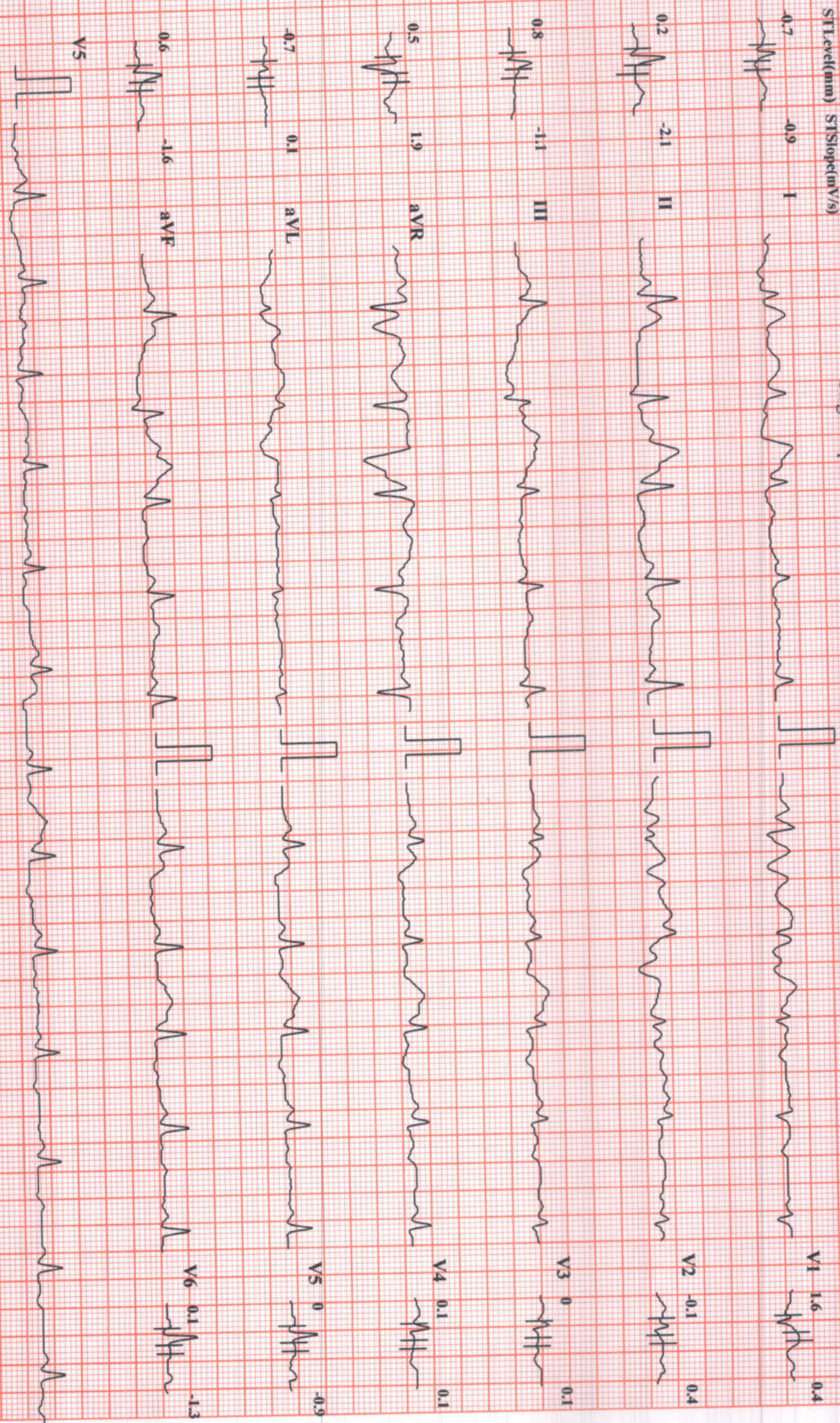


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms. J - R + 60 ms. Post J - J + 60 ms

Schiller Spandan CS-20 Version 2.14





**TEJASHREE SAWANT**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

**SUBRBAN DIANOSTICS PVT. LTD. BORIVALI**

ID: 2302818882  
Stage: Standing

Date: 28-01-2023  
Speed: 0

Exec Time : 0:00:00  
Slope: 0 %

Stage Time: 00:36  
THR: 157 bpm

**HR: 105 bpm**

BP: 130/80 mmHg  
STLevel(mm) STSlope(mV/s)

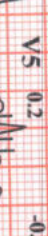
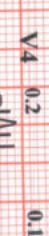
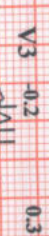
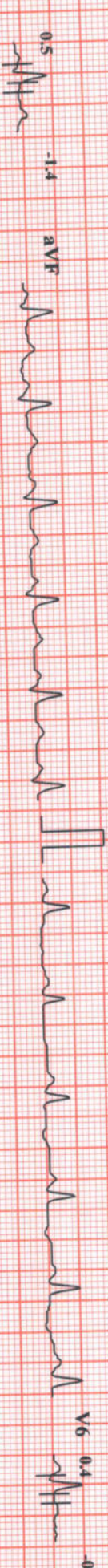
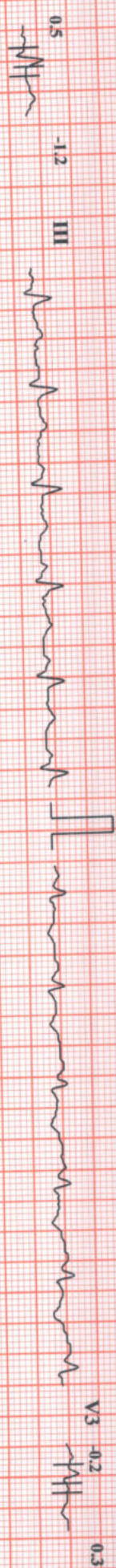
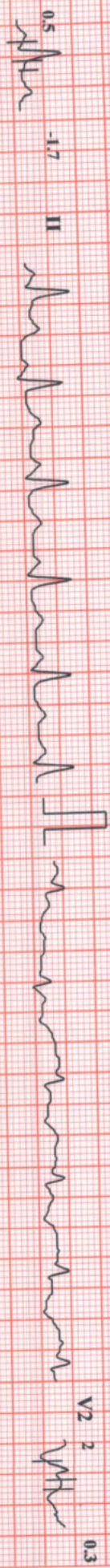


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818882

Date: 28-01-2023

Stage: HyperVentilation

Speed: 0

Exec Time : 0:00:00

Stage Time: 00:13

THHR: 157 bpm

**HR: 86 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

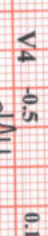
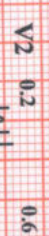
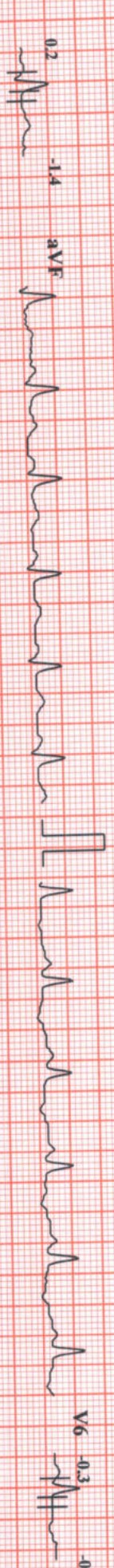
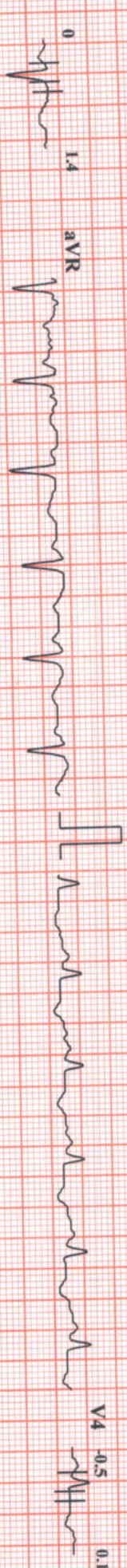
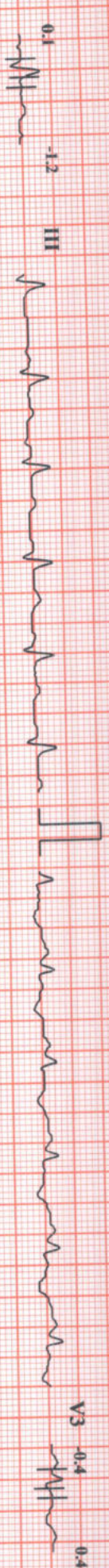
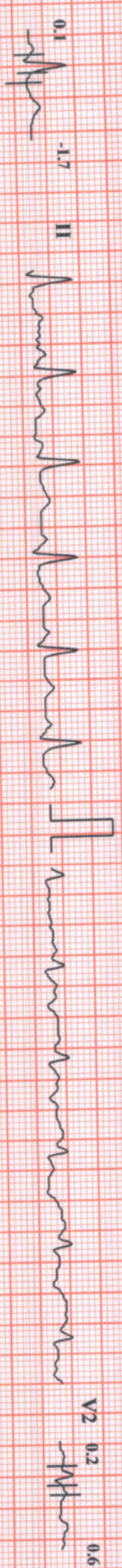
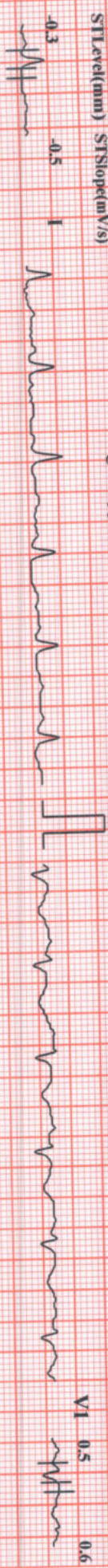


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, I - R + 60 ms, Pst I - J + 60 ms

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

ID: 2302818882

Date: 28-01-2023

Exec Time: 0:03:00

Stage Time: 03:00

**HR: 150 bpm**

Bruce Protocol

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 157 bpm

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

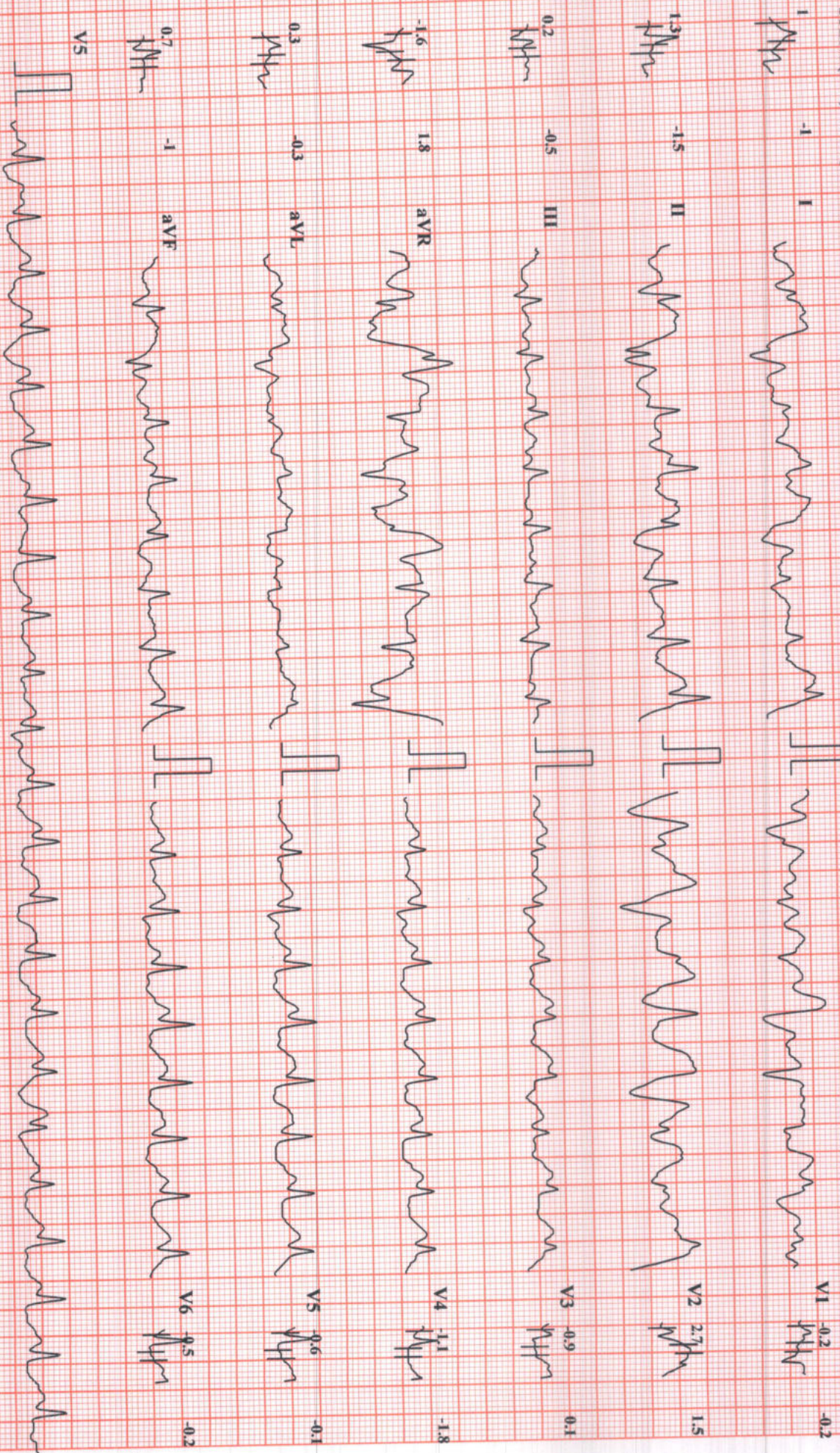


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

ID: 2302818882

Date: 28-01-2023

Exec Time : 0:06:00

Stage Time: 03:00

**HR: 169 bpm**

Bruce Protocol

Stage: 2

Speed: 4 kmph

Slope: 12%

THR: 157 bpm

BP: 170/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

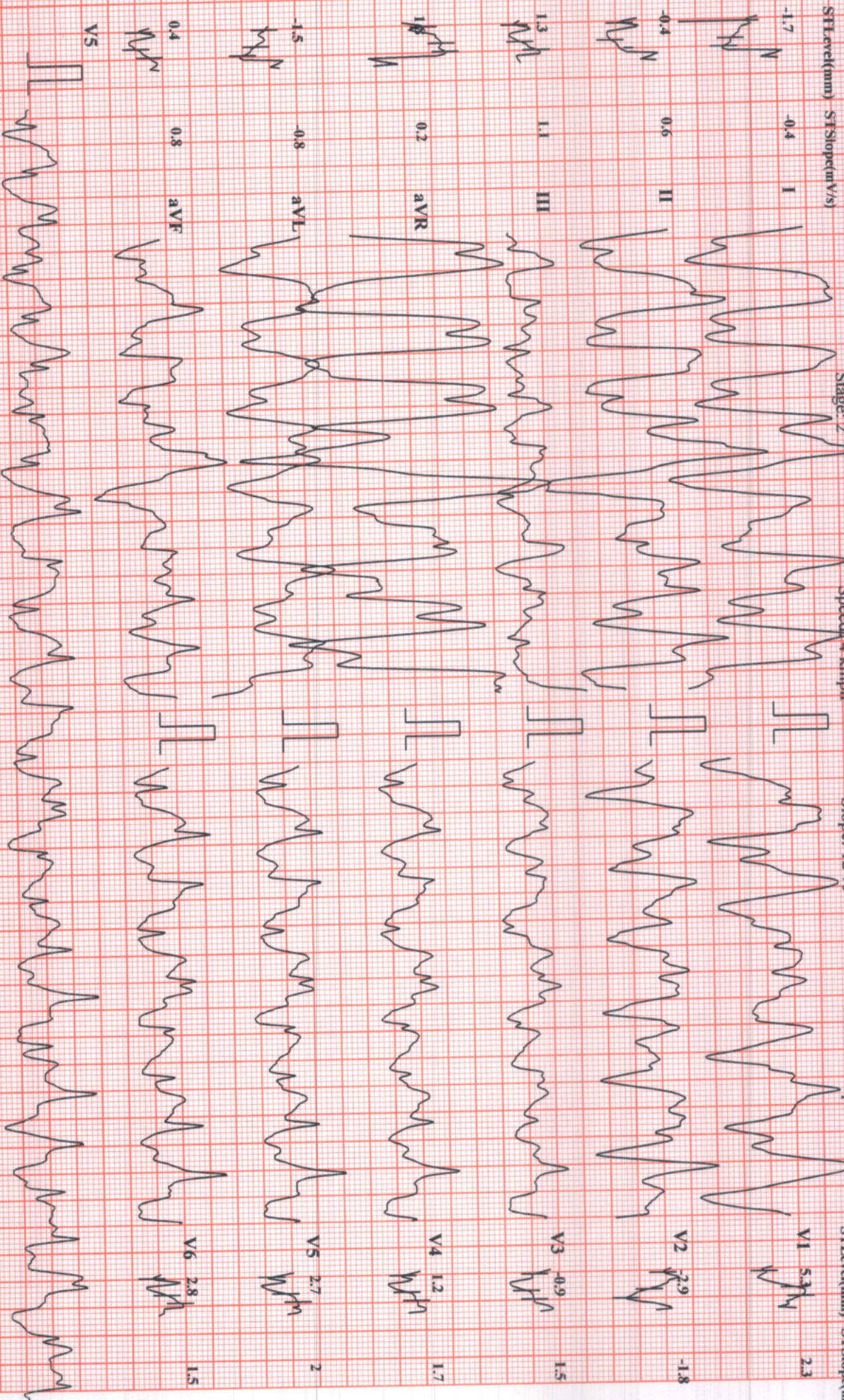


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2302818882

Stage: 3 Peak Exercise

Date: 28-01-2023

Speed: 5.5 kmph

Exec Time: 0:06:02

Slope: 14%

Stage Time: 00:02

THR: 157 bpm

**HR: 172 bpm**

BP: 170/80 mmHg  
STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2302818882  
Stage: Recovery/1

Date: 28-01-2023  
Speed: 0 kmph

Exec Time: 00:00  
Slope: 0%

Stage Time: 01:00  
THR: 157 bpm

**HR: 137 bpm**

BP: 170/80 mmHg  
STLevel(mm) STSlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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





# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2302818882

Stage: Recovery/2

Date: 28-01-2023

Speed: 0 kmph

Exec Time: 00:00

Slope: 0%

Stage Time: 01:00

THR: 157 bpm

**HR: 102 bpm**

BP: 150/80 mmHg

STLevel(mm) STSlope(mV/s)

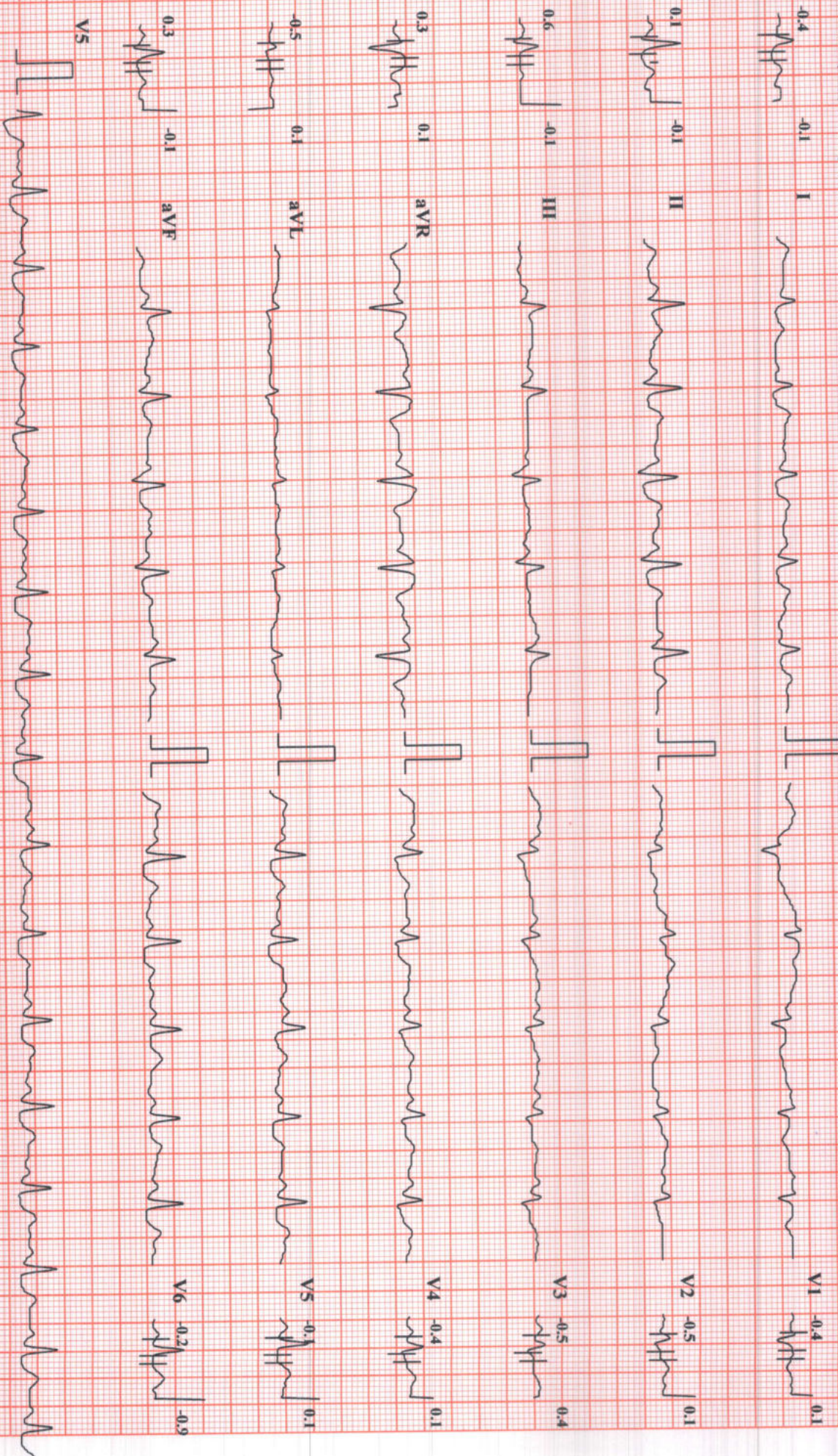


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R . 60 ms, J = R + 60 ms, Post J = J + 60 ms

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

**TEJASHREE SAWANT**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

ID: 2302818882  
Stage: Recovery3

Date: 28-01-2023  
Speed: 0 kmph

Exec Time : 00:00  
Slope: 0 %

Stage Time: 00:11  
THR: 157 bpm

**HR: 109 bpm**

BP: 130/80 mmHg  
STLevel(mm) STSlope(mV/s)

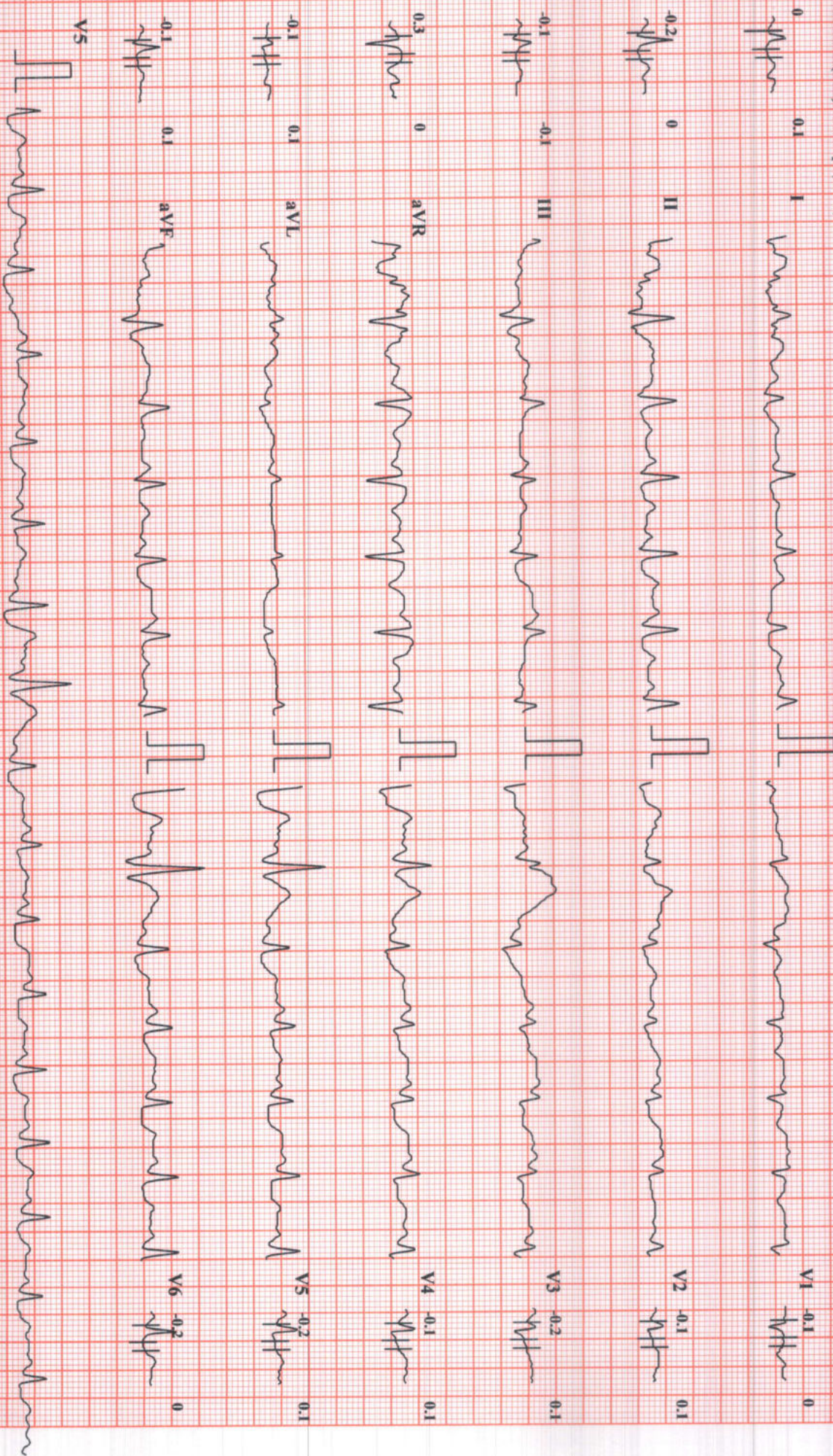


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



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**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

MAHARASHTRA STATE MOTOR DRIVING LICENSE

THE UNION OF INDIA

DL No. MH102 20120030382      DOI: 24-05-2012  
Valid Till: 23-05-2032 (NT)

MAHARASHTRA STATE MOTOR DRIVING LICENSE

FORM 7  
RULE 16 (2)

Authorisation to Drive Following Class of Vehicles Throughout India

COV	DOI
LMV	24-05-2012
MCWG	24-05-2012

DOB: 19-03-1987      BG: O+

Name: TEJASHRI SAWANT  
SDM of ASHOK SAWANT  
Add: J-304, PANCHSHEEL GARDENS, MAHAVIR NGR,  
KANDIVALI (W),  
MUMBAI

FIN: 400067  
Signature & ID of Issuing Authority: MH102 2012333

Signature/Thumb Impression of Holder

*Sawant*

\*



CID# : 2302818882  
Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years/Female  
Consulting Dr. : -  
Reg.Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:50  
Reported : 28-Jan-2023 / 15:00

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

Asymptomatic

#### EXAMINATION FINDINGS:

Height (cms): 154cm  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 130/80mmhg  
Pulse: 72min

Weight (kg): 86kg  
Skin: Normal  
Nails: Normal  
Lymph Node: Normal

#### Systems

Cardiovascular: S1S2  
Respiratory: AEBE  
Genitourinary: NAD  
GI System: Liver & Spleen not palpable  
CNS: NAD

#### IMPRESSION:

*Normal*

#### ADVICE:

#### CHIEF COMPLAINTS:

- |                      |    |
|----------------------|----|
| 1) Hypertension:     | No |
| 2) IHD               | No |
| 3) Arrhythmia        | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis      | No |



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- |  |    |
|--|----|
| 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                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

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

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

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. 87714  
Dr.NITIN SONAVANE  
PHYSICIAN

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CID : 2302818882  
Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:53  
Reported : 28-Jan-2023 / 11:57

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.0	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.7	20-40 %	
Absolute Lymphocytes	1861.4	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	393.6	200-1000 /cmm	Calculated
Neutrophils	69.3	40-80 %	
Absolute Neutrophils	5682.6	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	262.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	228000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.4	11-18 %	Calculated





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**RBC MORPHOLOGY**

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, EDTA WB-ESR 11 2-20 mm at 1 hr. Sedimentation

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



*Bm haskar*

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





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Name : MRS. TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:53  
Reported : 28-Jan-2023 / 12:18

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.89	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.57	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	13.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.9	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			





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Collected : 28-Jan-2023 / 12:08  
Reported : 28-Jan-2023 / 15:20

ALKALINE PHOSPHATASE, Serum	74.5	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	25.9	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	12.1	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.86	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	80	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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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Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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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	5.3	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.

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

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



*Bmhasakar*

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





CID : 2302818882  
Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 28-Jan-2023 / 08:53  
Reported : 28-Jan-2023 / 15:12

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	3-4	0-2/hpf	
Epithelial Cells / hpf	6-8		
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



*Bmhasakar*  
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	O
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 \*\*\*



*[Signature]*  
**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**





CID : 2302818882  
Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	181.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	59.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	46.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	135.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	124.1	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	11.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*  
Dr.NAMRATA RAUL  
M.D (Biochem)  
Biochemist





CID : 2302818882  
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Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	14.5	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.062	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			





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Name : MRS.TEJASHREE SAWANT  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

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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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

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

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

**Limitations:**

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

**Reference:**

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

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



*Anupa Dixit*

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



Date:- 28/01/23  
Name:- Tejasni Sawant

CID: 2302818882  
Sex / Age: 35 / F

**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				6/9				6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Normal

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO. : 87714

Regd. Office:-  
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.  
2nd Floor, Aston, Sundervan Complex,  
Lokhandwala Road, Andheri (West),  
Mumbai-400053.





**CID** : 2302818882  
**Name** : Mrs TEJASHREE SAWANT  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 28-Jan-2023  
**Reported** : 28-Jan-2023 / 12:26

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

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

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

**KIDNEYS:** Right kidney measures 9.0 x 4.5 cm . Left kidney measures 9.9 x 4.2 cm.

Both kidneys are normal in 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, normal and measures 7.2 x 4.8 x 5.8 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.4 mm. Cervix appears normal.

**Two fibroids are seen, anterior wall fibroid measures 2.2 x 1.9 x 1.9 cms and posterior wall fibroid measures 2.1 x 2.0 x 1.6 cms.**

**OVARIES:** Both ovaries appear normal in size and echotexture.

The right ovary measures 2.3 x 1.5 x 2.4 cm (volume 4.6 cc).

The left ovary measures 2.2 x 1.6 x 2.1 cm (volume 4 cc).

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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CID : 2302818882  
Name : Mrs TEJASHREE SAWANT  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 12:26

**Opinion:**

**Grade I fatty infiltration of liver.**

**Uterine fibroids.**

**For clinical correlation and follow up.**

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

**This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.**

**DR.SUDHANSHU SAXENA**  
Consultant Radiologist  
M.B.B.S DMRE (RadioDiagnosis)  
RegNo .MMC 2016061376.

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Name : Mrs TEJASHREE SAWANT  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Borivali West

Reg. Date : 28-Jan-2023  
Reported : 28-Jan-2023 / 14:47

**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 SUDHANSHU SAXENA before dispatch.**

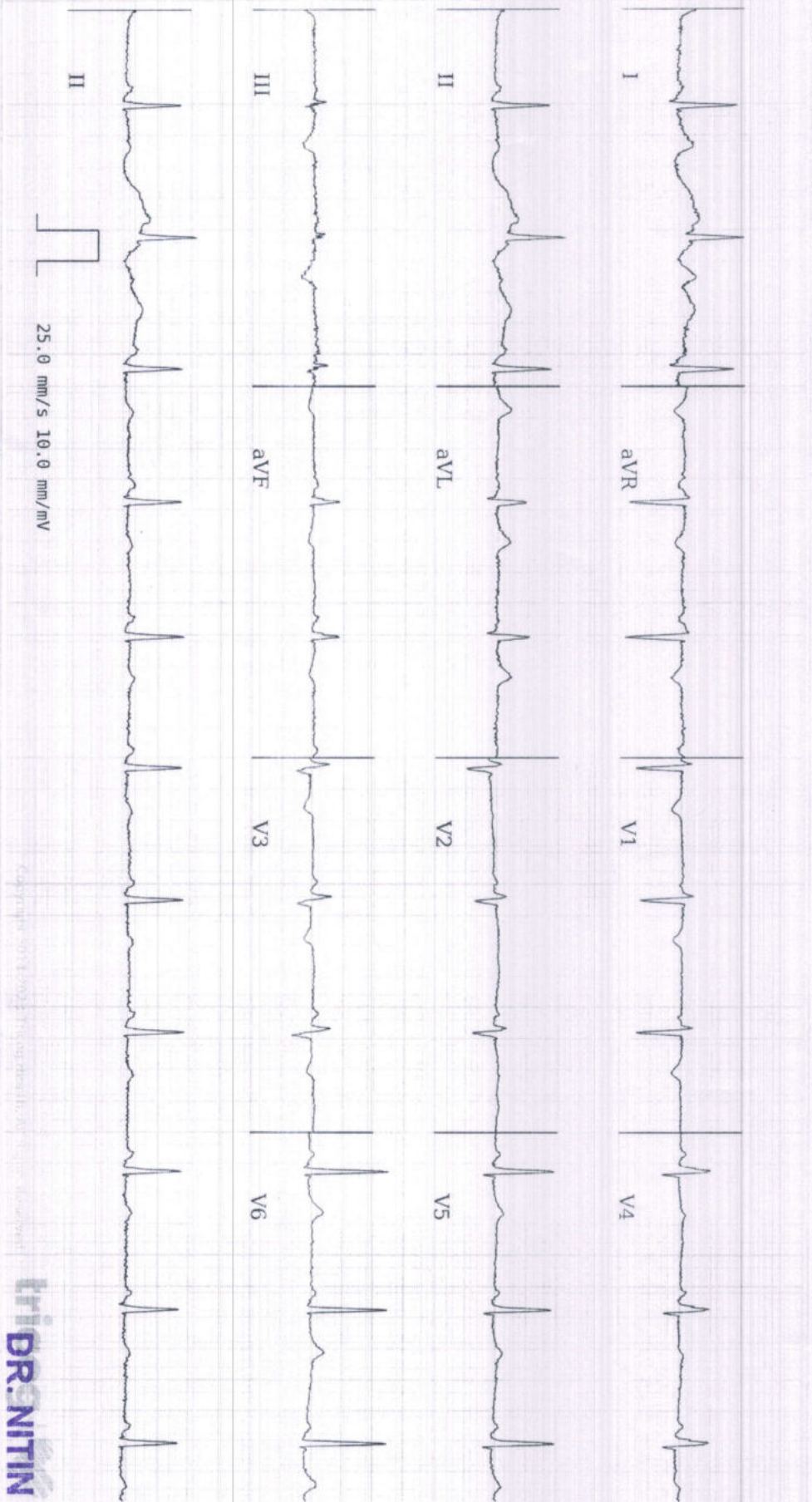
**DR.SUDHANSHU SAXENA**  
**Consultant Radiologist**  
**M.B.B.S DMRE (RadioDiagnosis)**  
**RegNo .MMC 2016061376.**

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Patient Name: TEJASHREE SAWANT  
Patient ID: 2302818882

Date and Time: 28th Jan 23 9:16 AM



Age 35 10 9  
years months days

Gender Female

Heart Rate 70bpm

Patient Vitals

BP: 130/80 mmHg

Weight: 86 kg

Height: 154 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSd: 86ms

QT: 396ms

QTc: 427ms

PR: 114ms

P-R-T: 49° 34° -10°

Sinus Rhythm, Non-specific ST/T wave abnormality. T wave inversions in anterior chest leads is a normal variant in females. Please correlate clinically.

Dr. Nitin Sonavane  
M.B.B.S, A.F.L.H., D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO.: 87714

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Lokhandwala Road, Andheri (West),  
Mumbai-400053.

Disclaimer: 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 entered by the clinician and not derived from the ECG.