



CID : 2307020455  
Name : MRS.KHATEKAR PRIYA PRAKASHRAO  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Mar-2023 / 11:51  
Reported : 11-Mar-2023 / 18:19

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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	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.88	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.9	36-46 %	Measured
MCV	93	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9960	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.5	20-40 %	
Absolute Lymphocytes	2241.0	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	727.1	200-1000 /cmm	Calculated
Neutrophils	64.0	40-80 %	
Absolute Neutrophils	6374.4	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	557.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	59.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	401000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated

**RBC MORPHOLOGY**





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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	70.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	135.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.61	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	36.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	48.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	20.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	98.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	10.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	5.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.59	0.50-0.80 mg/dl	Enzymatic



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eGFR, Serum 126 >60 ml/min/1.73sqm Calculated

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

URIC ACID, Serum 2.7 3.1-7.8 mg/dl Uricase/ Peroxidase

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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 \*\*\*



*Bmhasakar*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	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

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

*J. Thakker*

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



MC-2111



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Reported :

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated 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 \*\*\*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**







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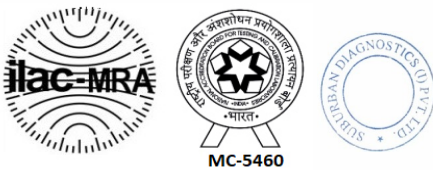
**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	161.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	70.0	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	40.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	120.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.7	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	14.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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

*Anupa*

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





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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	4.1	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.996	0.55-4.78 microIU/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, 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*

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



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Reg.Location : Kandivali East (Main Centre)  
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Reported : 12-Mar-2023 / 11:15

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No

#### EXAMINATION FINDINGS:

Height (cms):	157 cms	Weight (kg):	43 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

#### Systems

Cardiovascular: Normal  
Respiratory: Normal  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

#### IMPRESSION:

- USG - Gall - Bladder - Polyp

#### ADVICE:

Surgical opinion



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**CHIEF COMPLAINTS:**

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

**PERSONAL HISTORY:**

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

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

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Row House No. 3, Aangan,  
Thakur Village, Kandivali (East),  
Mumbai - 400101.  
Tel : 61700000

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548

CID : 2307020455  
Name : Mrs KHATEKAR PRIYA  
PRAKASHRAO  
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Reg. Location : Kandivali East Main Centre

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### 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-----



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

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**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 11-Mar-2023  
**Reported** : 11-Mar-2023 / 12:26

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (13.7 cm) shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD appears measures 2.6 mm .  
The main portal vein and CBD appears normal.

### GALL BLADDER:

The gall bladder is physiologically distended and shows solitary polyp within gallbladder lumen measuring 4 mm . No evidence of any gall bladder calculi noted.

### PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Right kidney measures 9.7 x 3.5 cm. Left kidney measures 9.8 x 4.7 cm.  
Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.

### SPLEEN:

The spleen is normal in size (10.2 cm) and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

The uterus is anteverted and appears normal. It measures 8.3 x 4.7 x 3.8 cm in size.  
The endometrial thickness is 5.5 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.7 x 1.6 cm Left ovary = 2.9 x 1.6 cm

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**IMPRESSION:-**

**GALL BLADDER POLYP.**

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

**This report is prepared and physically checked by Dr Akash Chhari before dispatch.**

DR. Akash Chhari  
MBBS. MD. Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

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Date:- 11/3/23

CID: 2307020455

Name:- Mrs Priya Khatekar

Sex/Age: F/31

**EYE CHECK UP**

Chief complaints: Routine check

Systemic Diseases: no hb sb

Past history: no hb Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision:

Refraction: Const. Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-Plano			6/6	-Plano			6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal*  
**KAJAL NAGRECHA**  
 OPTOMETRIST

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 Regd. Office: Andheri, Mumbai,  
 Thakur Village, Kankarali (east),  
 Mumbai - 400101,  
 Tel : 61700900

Patient Name: **KHATEKAR PRIYA PRAKASHRAO**  
Patient ID: **2307020455**

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Date and Time: **11th Mar 23 1:50 PM**

Age **31** 8 13  
years months days

Gender **Female**

Heart Rate **91bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight: **43 kg**

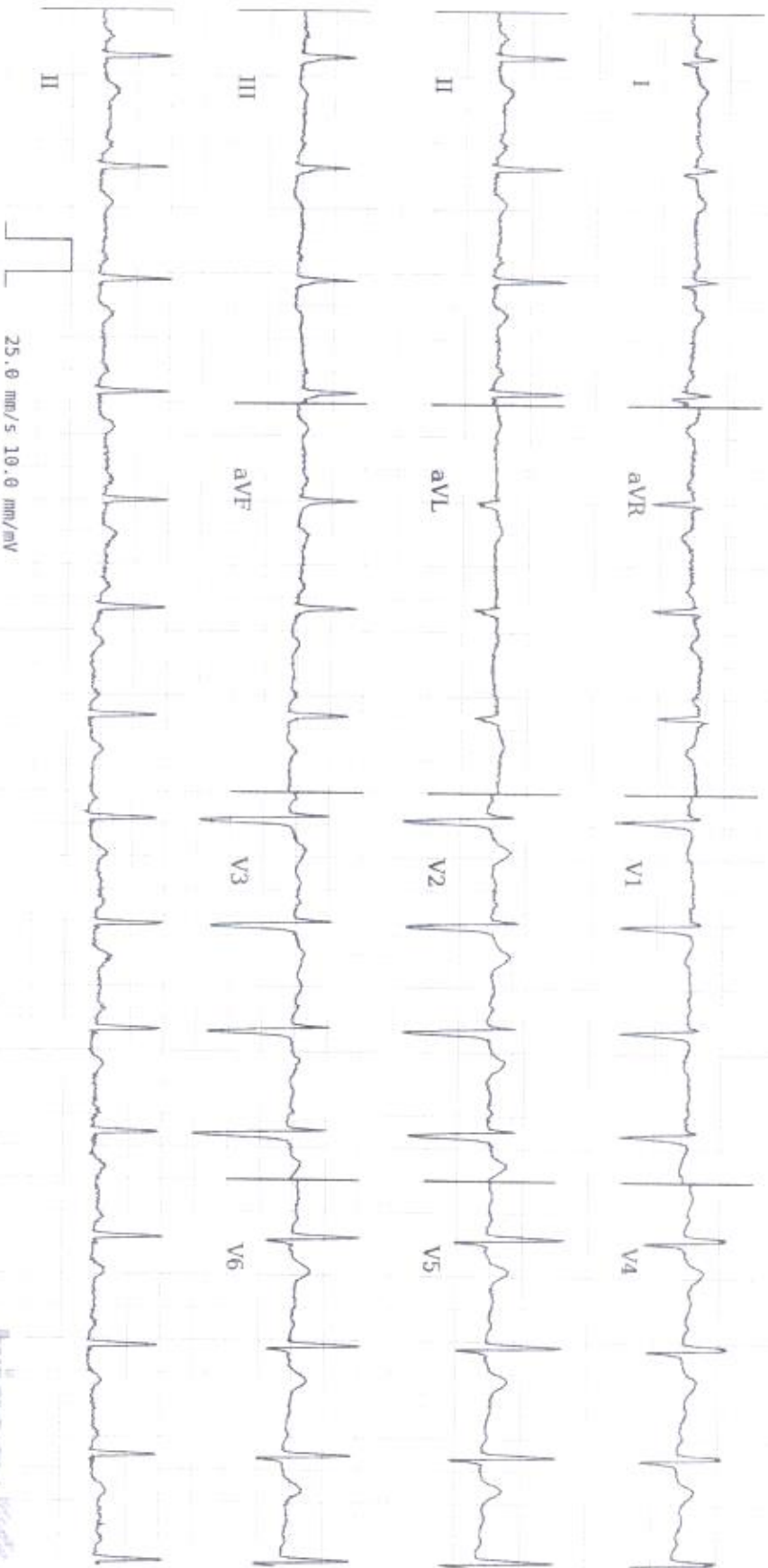
Height: **157 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:



25.0 mm/s 10.0 mm/mV



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

**SUBURBAN DIAGNOSTICS (INDIA) PVT LTD.**

Row House No. 3, Aarigan,

Takkur Village, Kandivall (east),

MUMBAI - 400101.

Tel : 81700860

REPORTED BY

DR ANSH PARTHEKAR

MBBS, MD, MEDICINE, DNB Cardiology

Cardiologist

201262883

Disclaimer: 1) Analysis of this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other investigations. 2) Patient vitals are as entered by the technician and not derived from the ECG.

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg  
 Date: 11 / 03 / 2023 02:08:45 PM Refd By : AERFOCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Frequency (bpm)	Elevation	RR (b/min)	SpO2	HR	HR %	HR	HR	HR
Supine	00:27	0:27	00:0	00:0	01:0	092	49%	110/80	101	00	00
Standing	01:05	0:38	00:0	00:0	01:0	096	51%	110/80	105	00	00
HV	01:12	0:07	00:0	00:0	01:0	094	50%	110/80	103	00	00
ExStart	01:41	0:29	00:0	00:0	01:0	107	57%	110/80	117	00	00
BRUCE Stage 1	04:41	3:00	02:7	10:0	04:7	142	75%	110/80	156	00	00
PeakEx	07:02	2:21	04:0	12:0	06:6	160	85%	140/80	224	00	00
Recovery	08:02	1:00	00:2	00:0	01:0	121	64%	140/80	169	00	00
Recovery	08:18				00:0	000	0%	---	000	00	00

## FINDINGS :

Exercise time : 05:21  
 Initial HR (ExStart) : 107 bpm 57% of Target 189  
 Initial BP (ExStart) : 110/80 (mmHg)  
 Max HR/RR attained : 224 bpm / 140/80 (mmHg)  
 Duke treadmill score : -01:0  
 Test End Reasons : Heart Rate Achieved

**SUBURBAN DIAGNOSTICS (INDIA) PVT.LTD.**  
 Row House, No. 3, Aazgan,  
 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 6770999

**DR. AKHIL P. PARULEKAR,**  
 MBBS, MD, MRCGP  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR





Email:

1203 / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg Date: 11 / 03 / 2023 02:08:45 PM Refd By : AERFOCAMI

REPORT :

Heart Rate 100.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 05:21 Mins Ectopic Beats 0.0

METS 6.61 Test End Reason Heart Rate Achieved Target Heart Rate 85% of 189

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN PORTION OF EXERCISE
DISCLAIMER	Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS KANDIVALI EAST LTD  
 Row House, No. 2, Aangan,  
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 Tel : 017000000

Dr. Akhil P. Parulekar.

M.B.B.S. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE ( 00:27 )

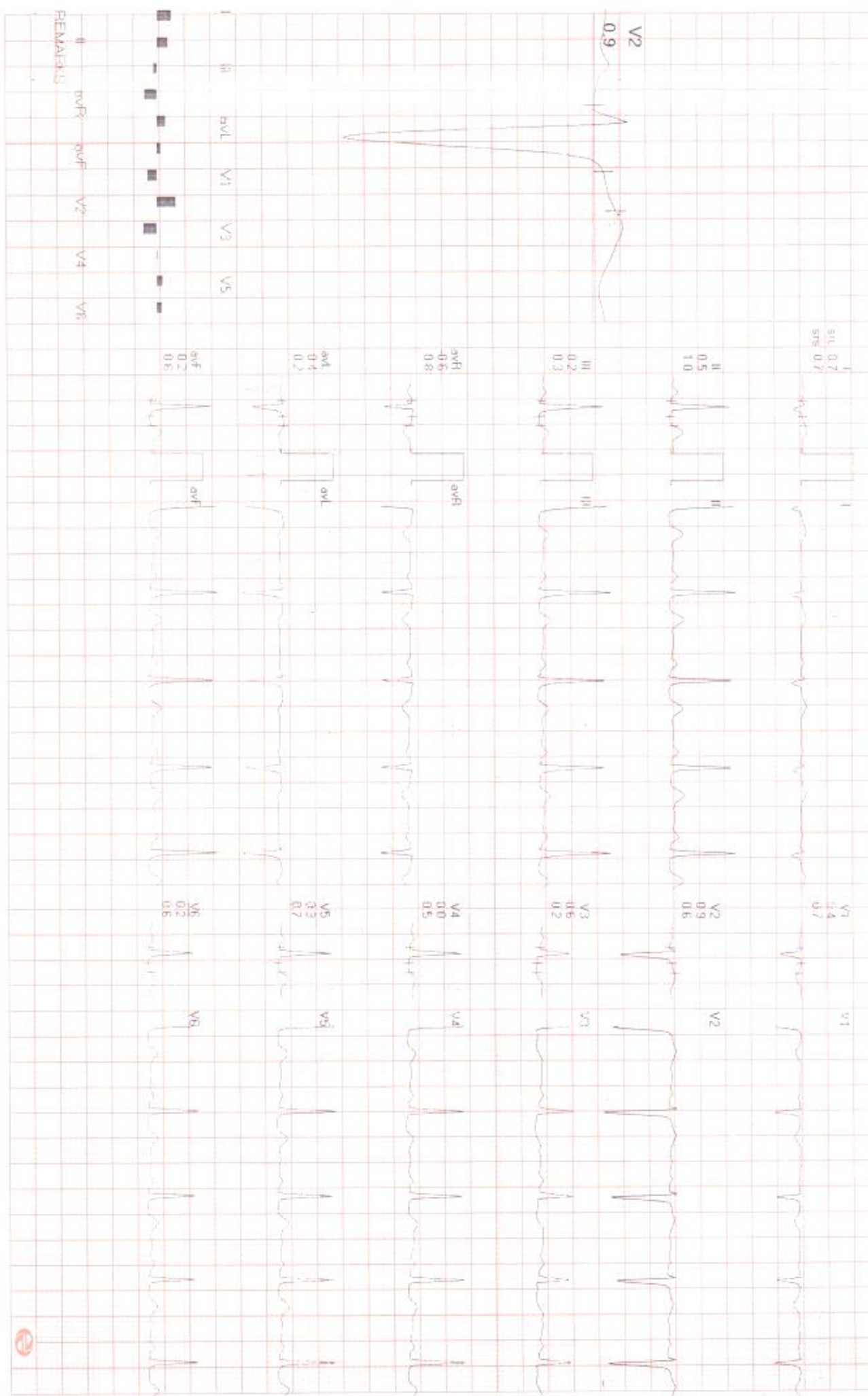
AGLJDL

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR : 92

Date: 11 / 03 / 2023 02:08:45 PM METS: 110/92 bpm 49% of THR EP: 110/80 mmHg Rew ECG/BLC On/Noch On/HF 0.05 Hz A.F. 35 Hz

4X 30 ms Post J

ExTime: 00:00 0.0 Kmph 0.0%  
25 mm/Sec 1.0 cm/mV



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING ( 00:38 )

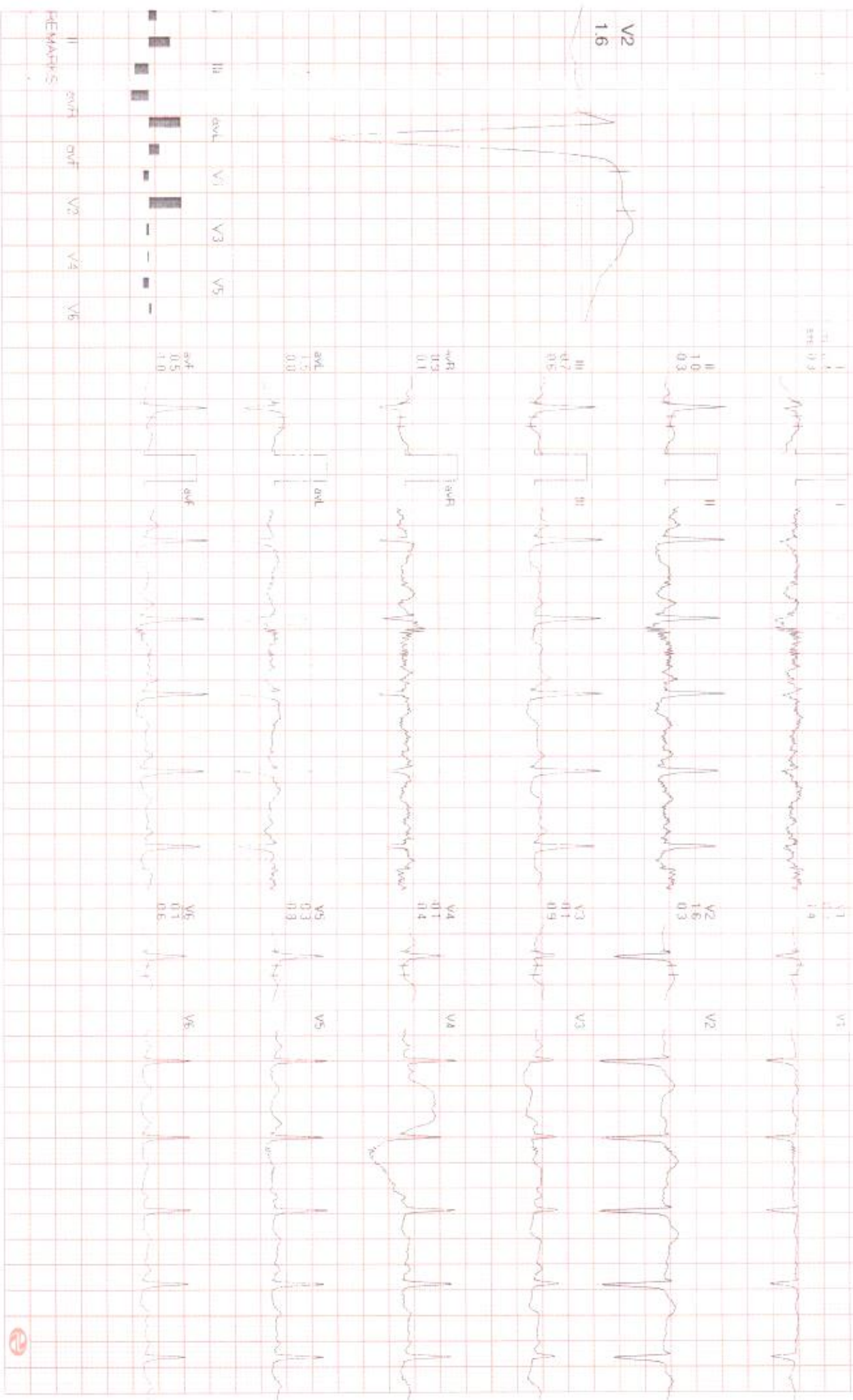


1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR : 96

Date: 11 / 03 / 2023 02:06:45 PM METS: 16/96 bpm 51% of THR BP: 110/80 mmHg Pwv ECG/BLG Qm/Notch On/ HF 0.05 Hz/LF 35 Hz

4X (90 sec Post)

ExTime: 00:00:00 Kmph: 0.0%  
 25 mV/Sec 1.0 Cm/Div



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

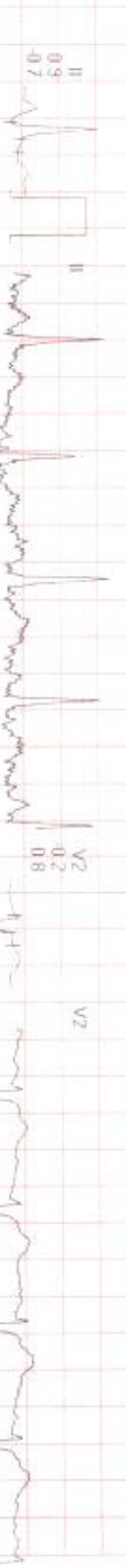
HV ( 00:07 )

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR : 94

Date: 11 / 03 / 2023 02:08:45 PM METS: 1.0 / 94 bpm 50% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz LF: 35 Hz

Ex Time: 00:00 0.0 Kmph, 0.0%  
25 mm/5 sec 1 J/ Cm/mV

4X 20ms Paper ↓



REMARKS:





SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStn

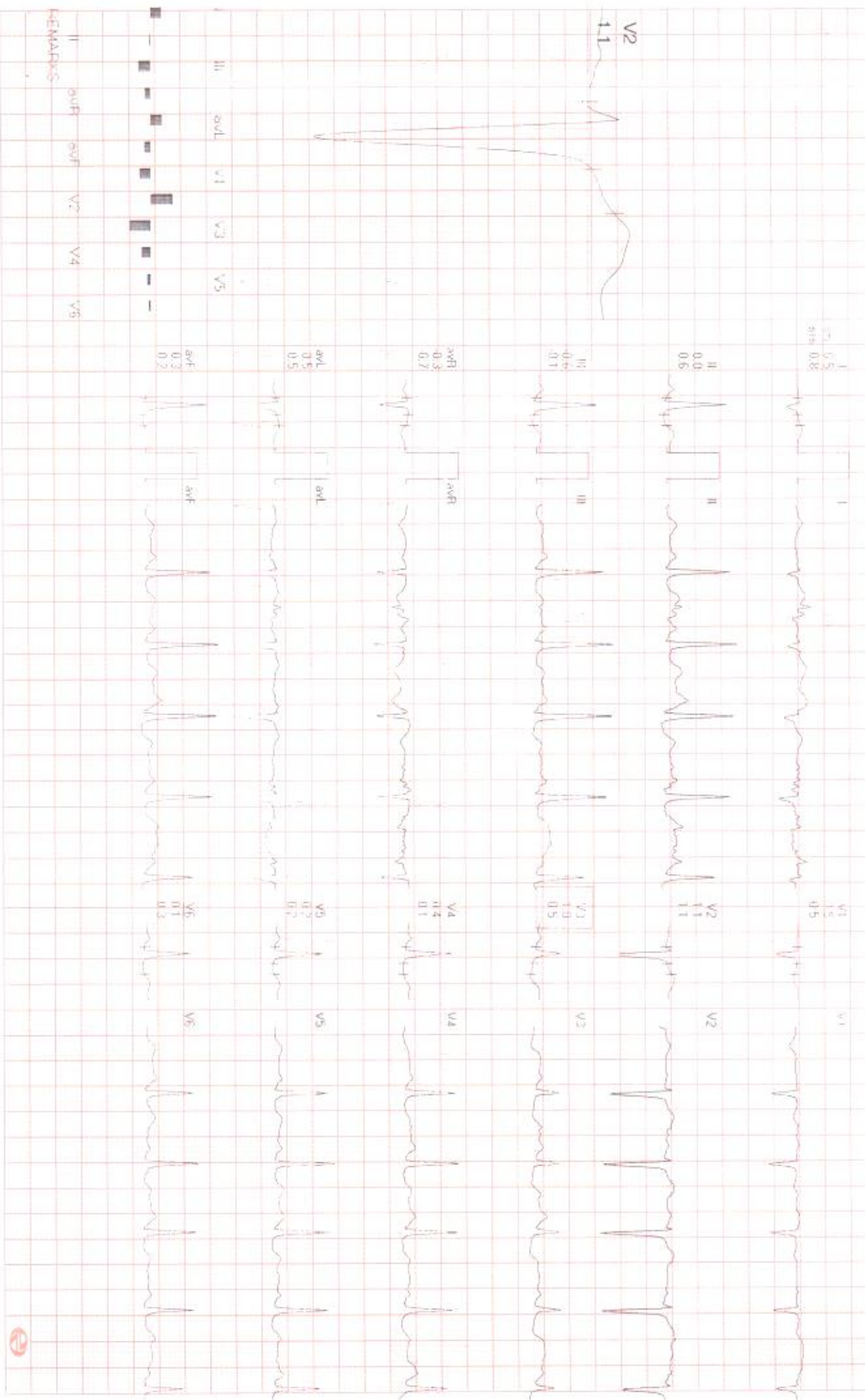
1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR : 107

Date: 11 / 03 / 2023 02:08:45 PM METS: 1.0 / 107 bpm 57% of THR BP: 110/80 mmHg Raw ECG/BLC On/Naich On/ HF 0.05 Hz/VF 35 Hz

ExTime 00:00 0.0Kmph 0.0%

4X 59 ns Port J

25 mm/Sec 1.5 Cm/mV



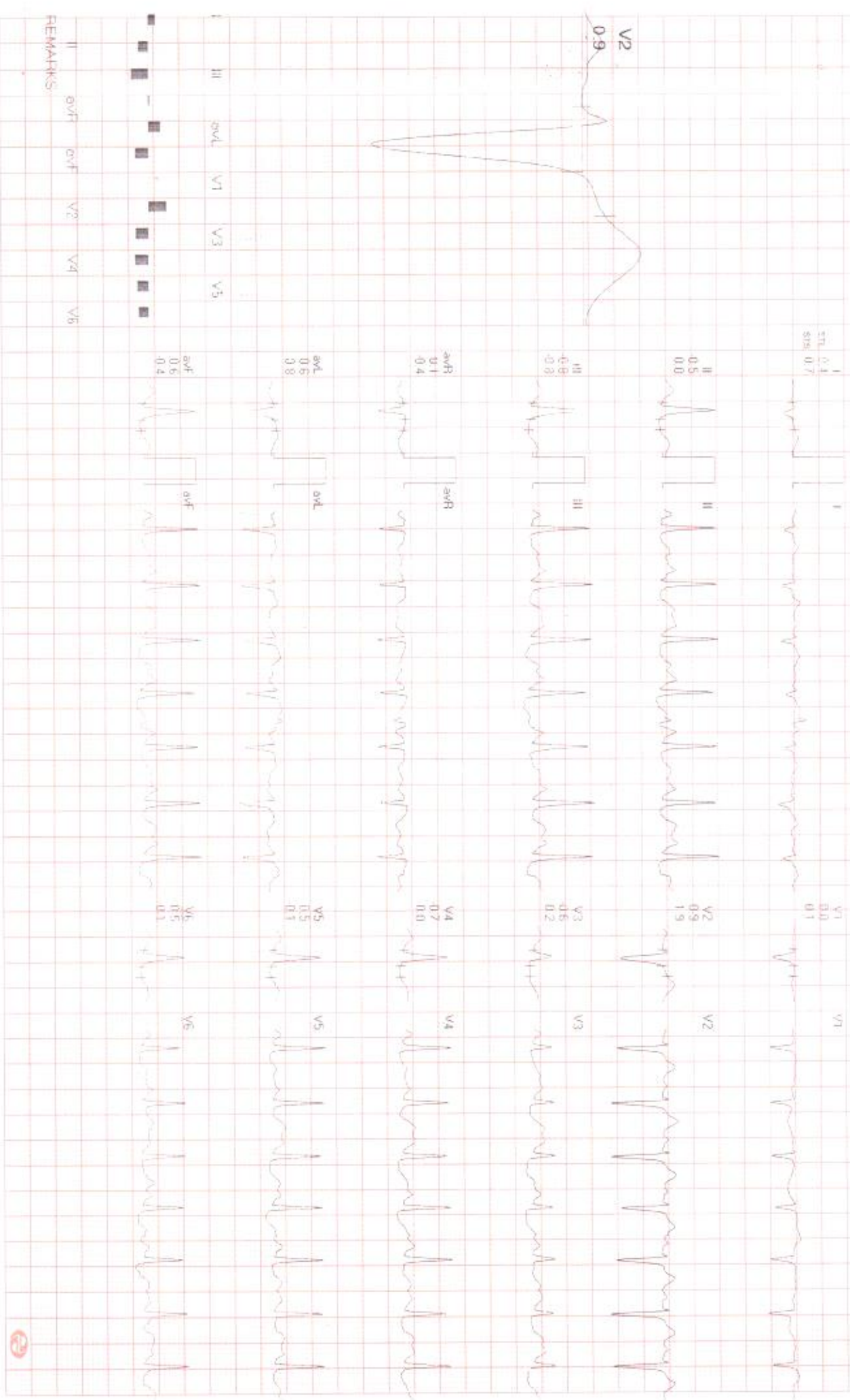
**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 1 ( 03:00 )**

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR : 142

Date: 11 / 03 / 2023 02:08:45 PM METS: 4.7 / 142 bpm / 75% of THR BP: 110/80 mmHg Paws ECG/ BLC Ord/ Naich Qm/ HF: 0.05 HzVLF 35 Hz  
 4X 50 mS Page 1

EXTime: 03:00 2.71kmph 10.0%  
 25mm/Sec 10Cm/Div



REMARKS





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**PeakEx**

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 Kg / HR: 160

Date 11 / 03 / 2023 02:08:45 PM ME TS: 6.6 / 160 bpm 85% of THR BP: 140/80 mmHg Flow ECG/ BLC On/Notch On/HR 0.05 Hz VLF 35 Hz

ExTime 05:29 4.0 kmph 12.0%

4X 90 ms Post J

25 mm/Sec 10 Cm/mV

I  
RA 0.5  
SB 1.0

V1  
0.1  
0.0

V1

II  
0.8  
0.4

V2  
1.3  
2.7

V2

III  
1.3  
0.6

V3  
0.9  
0.6

V3

aVR  
0.2  
0.7

V4  
1.2  
0.3

V4

aVL  
0.3  
0.9

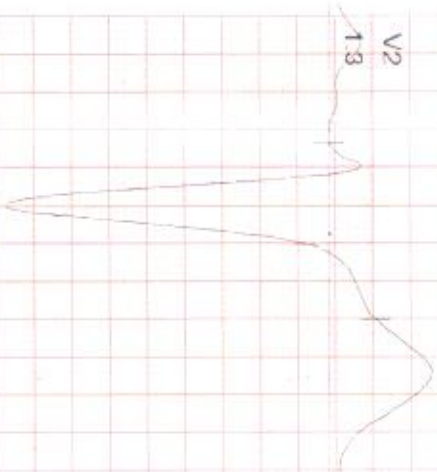
V5  
1.1  
0.0

V5

aVF  
1.0  
0.1

V6  
0.5  
0.1

V6



REMARKS





SUBURBAN DIAGNOSTICS KANDIVALI EAST

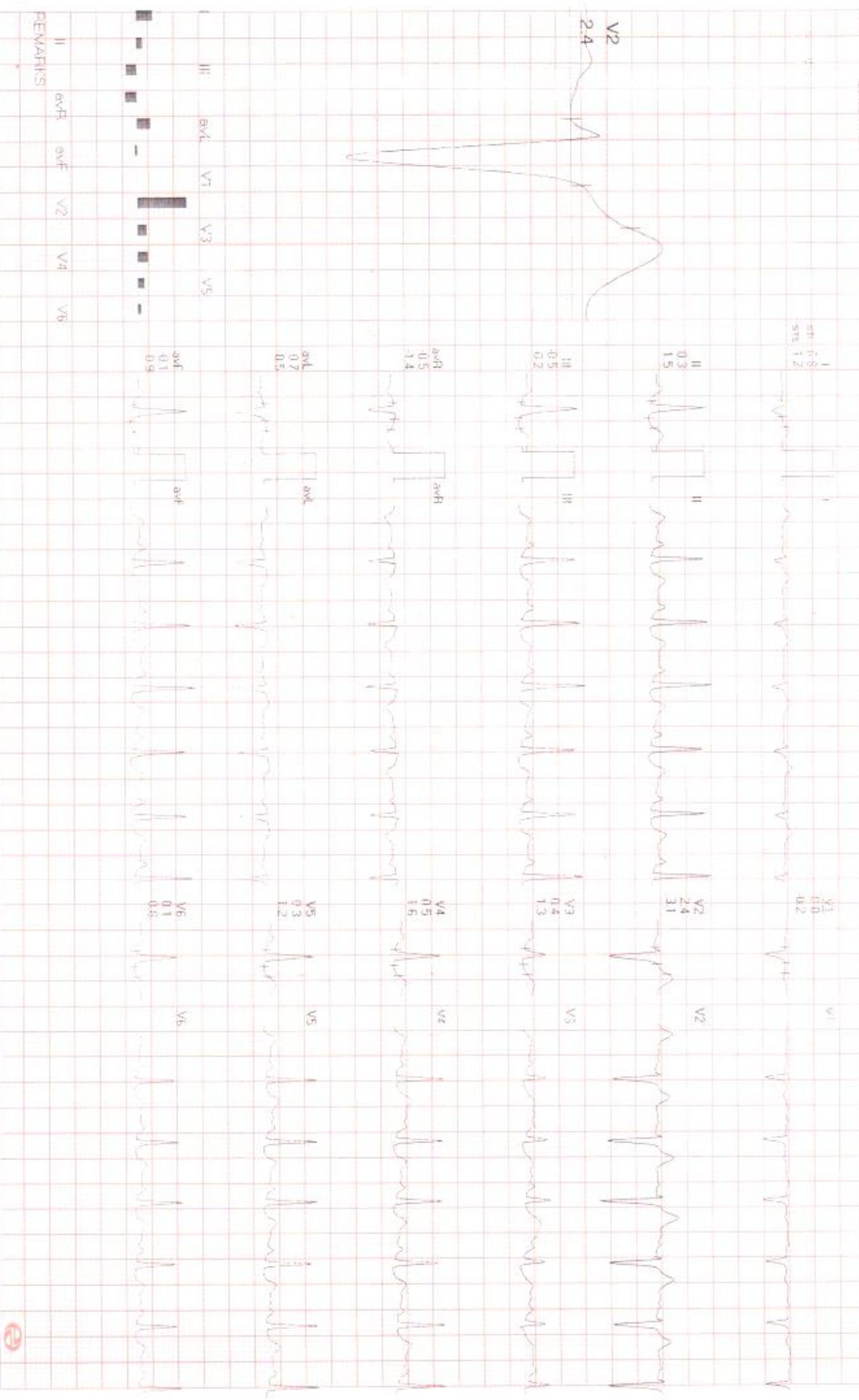
Recovery : ( 01:00 )

1203 (2307020455) / PARIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 kg / HR - 121

Date: 11 / 03 / 2023 02:08:45 PM METS: 1.0 / 121 bpm 64% of THR BP: 140/80 mmHg Flow ECG/BLU Cuv/Notch Cuv/HF: 0.05 Hz/LF: 35 Hz

Ex Time: 05:21 0.2 Kmph 0.0%  
25 mm/Sec 1.0 Cm/Div

4X ECG Page 1



REMARKS



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

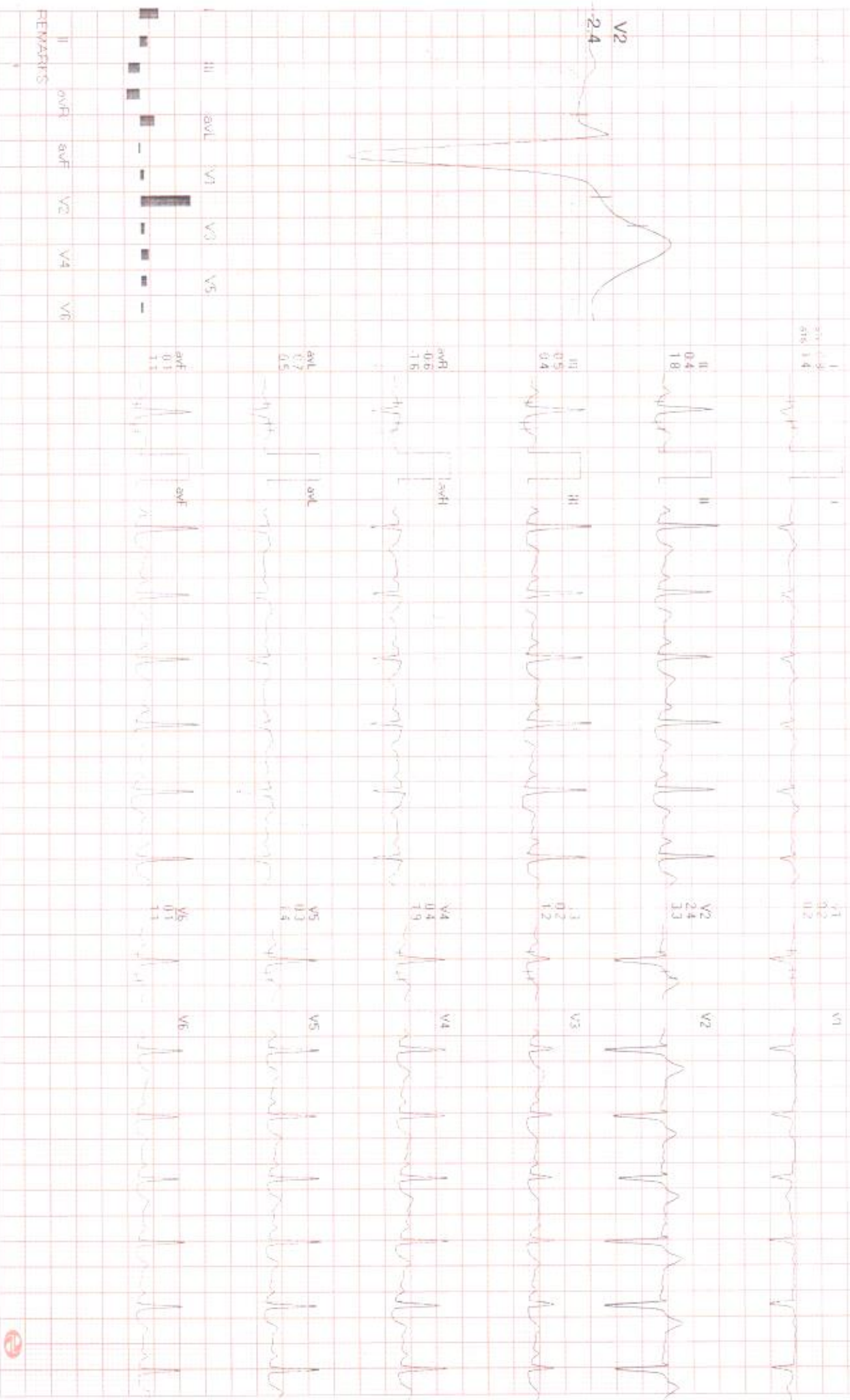
**Recovery : ( 01:16 )**

1203 (2307020455) / PRIYA KHATEKAR / 31 Yrs / F / 157 Cms / 43 kg / HR 118

Date: 11 / 03 / 2023 02:08:45 PM METS: 1.0 / 118 bpm 62% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/HR 0.05 Hz/LF 35 Hz

4X 50 mS Post 1

EXTime 05:21 0.0 Kmoh 0.0%  
25 mmSec 1.0 VolDiv



REMARKS

