



CID : 2231519754
Name : MRS.DUHITA SACHIN NAIK
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Nov-2022 / 11:10
Reported : 12-Nov-2022 / 16:30

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.41	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.5	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9170	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.9	20-40 %	
Absolute Lymphocytes	2375.0	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	412.7	200-1000 /cmm	Calculated
Neutrophils	68.6	40-80 %	
Absolute Neutrophils	6290.6	2000-7000 /cmm	Calculated
Eosinophils	0.9	1-6 %	
Absolute Eosinophils	82.5	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	320000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	17.0	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 5 2-20 mm at 1 hr. Westergren

*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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Collected : 12-Nov-2022 / 11:10
Reported : 12-Nov-2022 / 15:48

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	93.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	111.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.01	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	0.34	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.67	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.5	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	22.7	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	36.8	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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Reported : 12-Nov-2022 / 20:54

GAMMA GT, Serum	16.4	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	67.8	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	17.0	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	7.9	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	0.63	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.2	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	

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*** End Of Report ***



Bmhasakar

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



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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 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 / 11:11
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Collected : 12-Nov-2022 / 11:10
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	172.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	122.6	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	32.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	140.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.1	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	24.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

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



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Pathologist & AVP(Medical Services)



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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	5.6	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.4	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	2.548	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 ***



J. Thakker

Dr.JYOT THAKKER

Pathologist & AVP(Medical Services)

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Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 11-Nov-2022 / 13:17
Reported : 13-Nov-2022 / 08:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

COVID -2021 April

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	86 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

near optimal dyslipidemia
↓ HTD
· ECG. chest PR.
· USG. fatty liver

ADVICE:

· Low fatty diet
· T. D-Smart once a week / sweets
ecg cardiologist 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-JUNE-2021 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61706000


Dr. Jagruti Dhale
MBBS
Consultant Physician

Reg. No. 69548

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

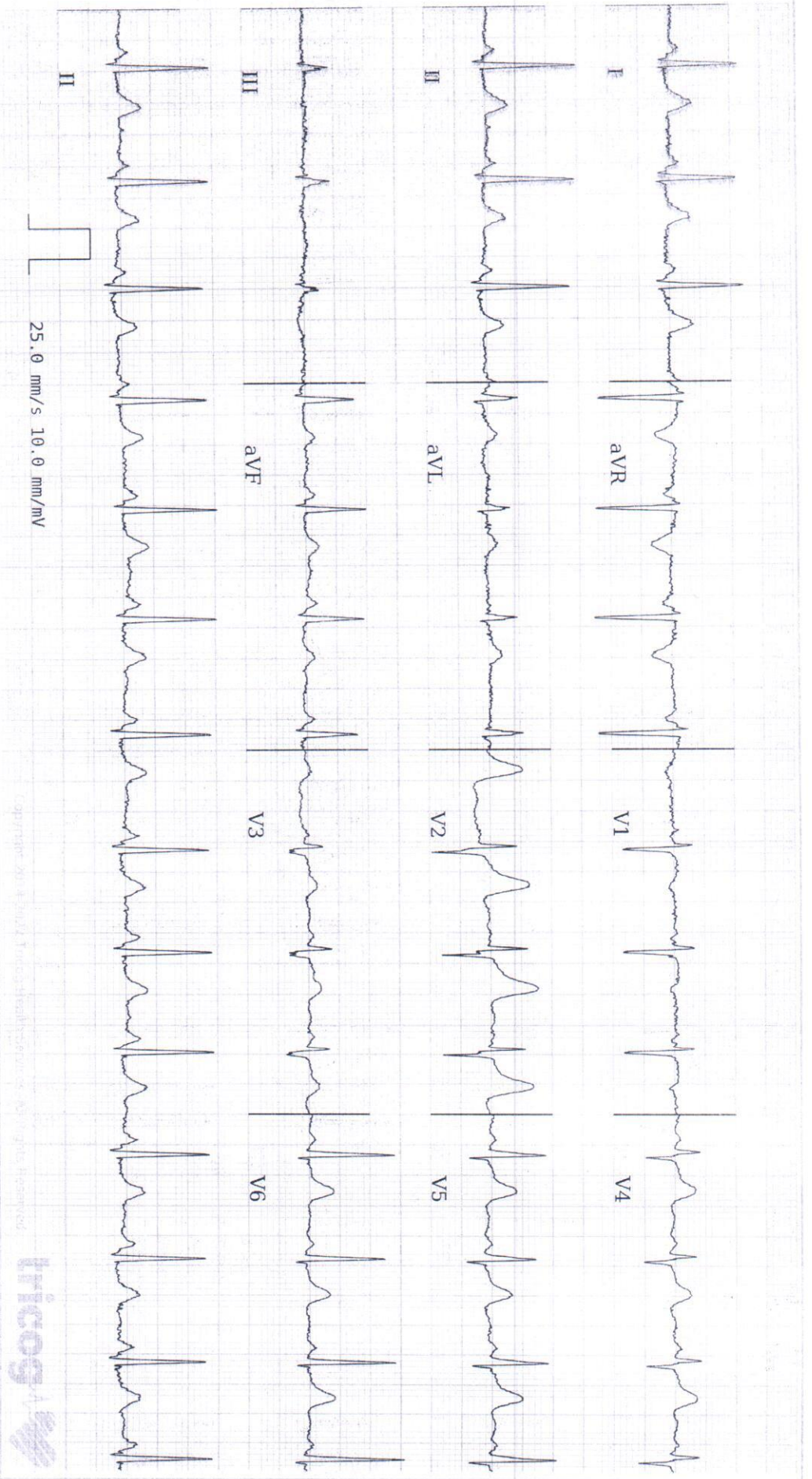
Corporate Identity Number (CIN): U85110MH2002PTC136144

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Patient Name: **DUHITA SACHIN NAIK**

Patient ID: **2231519754**

Date and Time: **12th Nov 22 9:17 AM**



Sinus Rhythm, Normal Axis, with Short PR. Please correlate clinically.

Age **30** 10 2
years months day

Gender **Female**

Heart Rate **85bpm**

Patient Vitals

BP: **120/80 mmHg**

Weight: **86 kg**

Height: **163 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **84ms**

QT: **374ms**

QTc: **445ms**

PR: **104ms**

P-R-T: **52° 39° 22°**



REPORTED BY

[Signature]

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

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.

Date:-

12/11/22

Name:- Mrs. Dulita Naik

CID:

2231519754

Sex/Age: F/60

R
E
P
O
R
T

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: No H/O STI

Past history: No H/O Ocular surgery

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction:

EOMS: Normal

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	- plano -			6/6	- plano -			6/6
Near				2/6				2/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal N
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



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Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 12-Nov-2022
Reported : 12-Nov-2022 / 13:39

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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-----

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

KLJA FAJ

**Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist**

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
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Reg. Date : 11-Nov-2022
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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.5cm), shape and smooth margins. It shows bright 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 11.5mm and CBD 3.1mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.6 x 3.8 cm. Left kidney measures 10.8 x 4.2 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 (10.7cm) 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 retroverted and appears normal. It measures 7.8 x 4.9 x 3.5 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 = 2.8 x 1.7 cm Left ovary = 2.3 x 2.0 cm

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2231519754
Name : Mrs DUHITA SACHIN NAIK
Age / Sex : 30 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Nov-2022
Reported : 12-Nov-2022 / 8:53

IMPRESSION:-

GRADE I FATTY LIVER.

-----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

Email:

410 / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg Date: 12 / 11 / 2022

Refd By : AERFOCAMI

REPORT :

Heart Rate 175.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg

Exercise Time 06:25 Mins. Ectopic Beats 0.0 METS 7.5

Test End Reason , Heart Rate Achieved Target Heart Rate 94% of 190

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

Disclaimer Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.

MBBS. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Angan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 617000000

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg
 Date: 12 / 11 / 2022 Refd By : AERFOCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	081	43%	120/80	097	00	
Standing	00:29	0:22	00.0	00.0	01.0	081	43%	120/80	097	00	
HV	00:38	0:09	00.0	00.0	01.0	086	45%	120/80	103	00	
ExStart	00:52	0:14	00.0	00.0	01.0	106	56%	120/80	127	00	
BRUCE Stage 1	03:52	3:00	02.7	10.0	04.7	146	77%	120/80	175	00	
BRUCE Stage 2	06:52	3:00	04.0	12.0	07.1	168	88%	140/80	235	00	
PeakEx	07:17	0:25	05.5	14.0	07.5	175	92%	150/80	262	00	
Recovery	08:17	1:00	00.2	00.0	01.1	138	73%	150/80	207	00	
Recovery	08:35	1:19	00.0	00.0	01.0	125	66%	160/90	200	00	

FINDINGS :

Exercise Time : 06:25
 Initial HR (ExStrt) : 106 bpm 56% of Target 190
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Duke Treadmill Score : 07.0
 Test End Reasons : Heart Rate Achieved

Max HR Attained 175 bpm 92% of Target 190
 Max BP Attained 160/90 (mm/Hg)

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS KANDIVALI PVT. LTD.
 Row House No. 3, Aungmyi,
 Thakur Village, Kandivali (East),
 Mumbai - 400101.
 Tel : 61700000

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 86

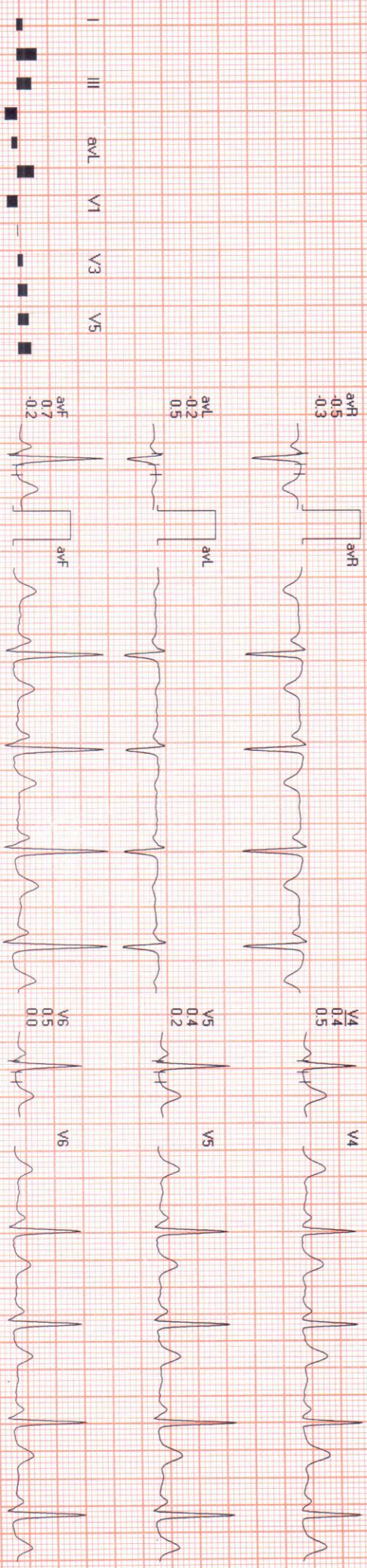
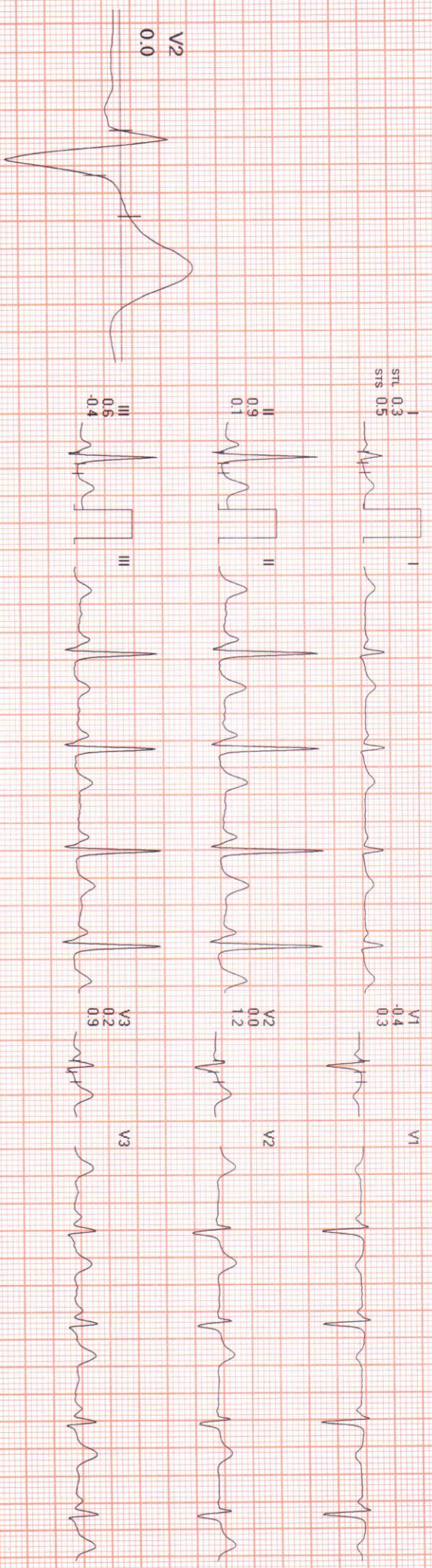
Date: 12/11 / 2022

METS: 1.0/ 86 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 kmph, 0.0%

4X 80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I aVR aVL aVF V1 V2 V3 V4 V5 V6





410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 81

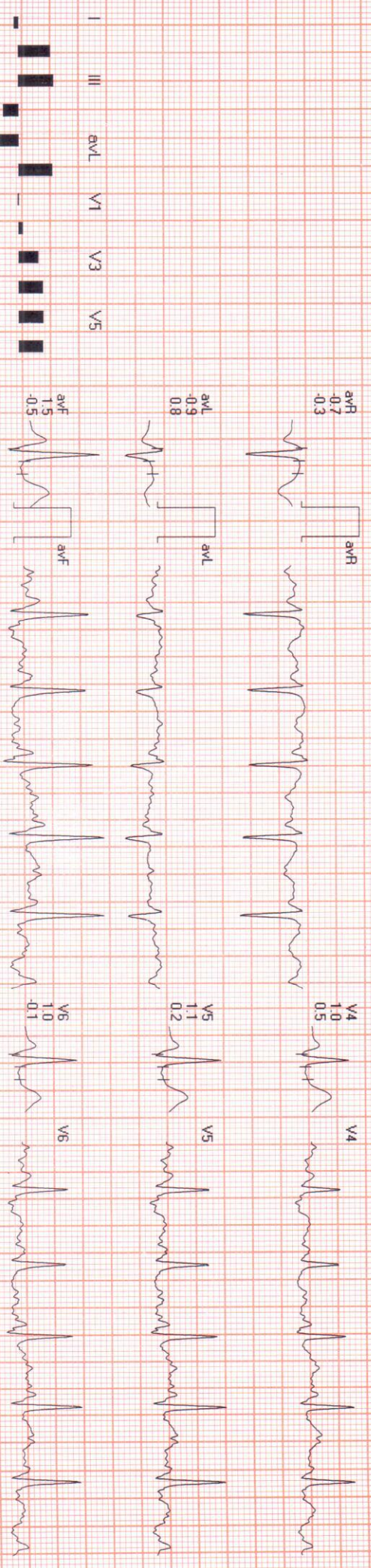
Date: 12 / 11 / 2022

METS: 1.0 / 81 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

EXTime: 00:00 0.0 KmPh, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 86

Date: 12 / 11 / 2022

METS: 1.0/ 86 bpm 45% of THR BP: 120/80 mmHg Raw ECG/ BLCOn/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.1
STR 0.5

V1 -0.6
V1 0.5

II 0.6
II -0.4

V2 -0.1
V2 1.4

III 0.5
III -1.1

V3 -0.1
V3 0.7

aVR -0.3
aVR -0.1

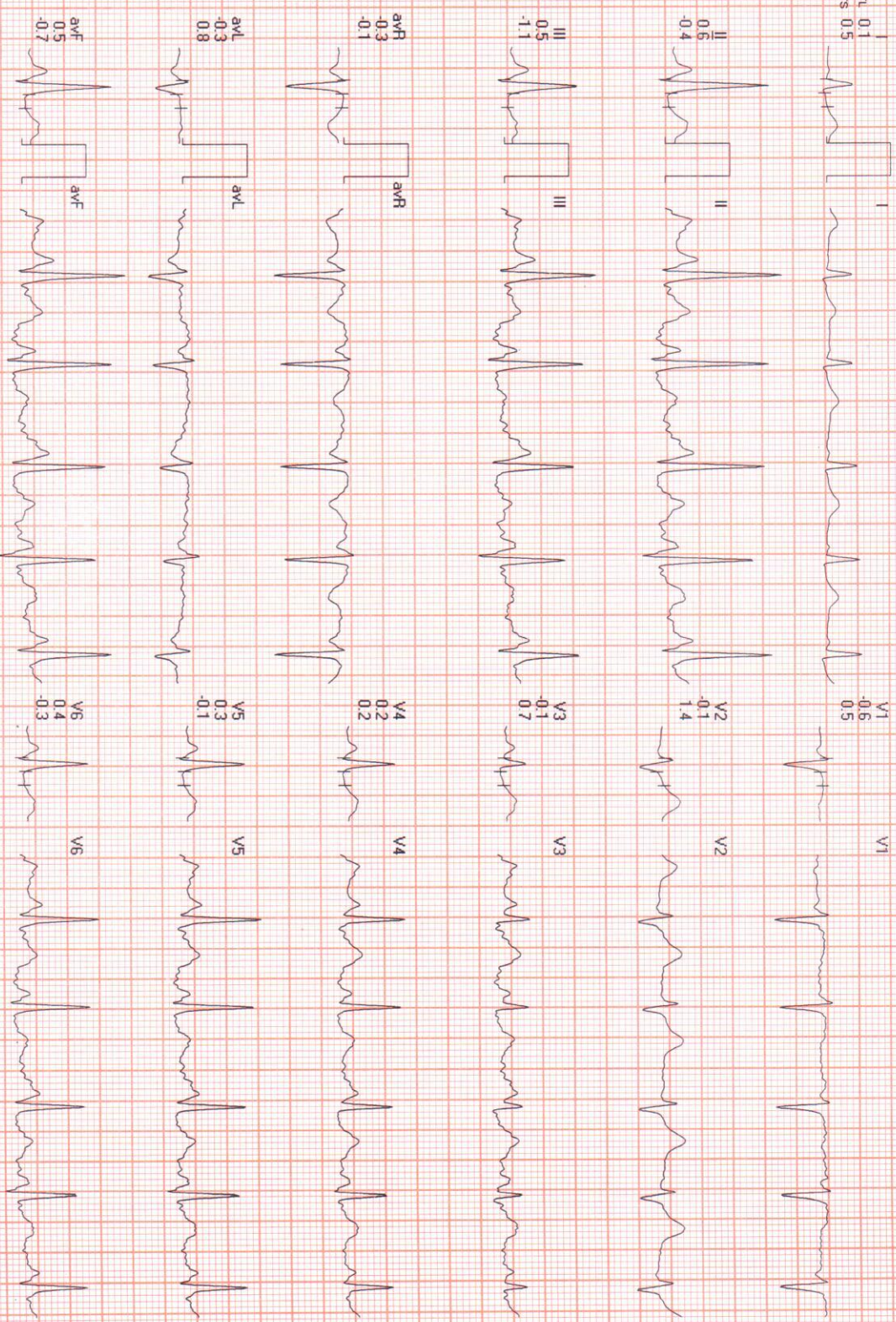
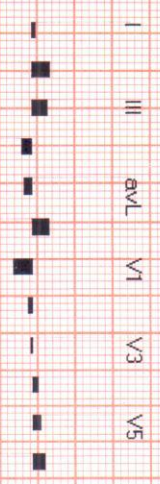
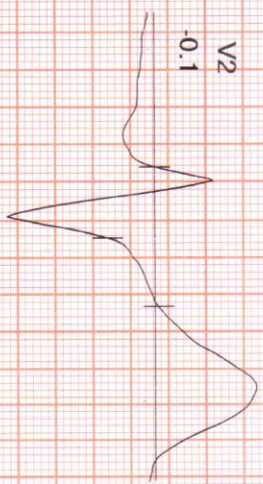
V4 0.2
V4 0.2

aVL -0.3
aVL 0.8

V5 0.3
V5 -0.1

aVF 0.5
aVF -0.7

V6 0.4
V6 -0.3



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 106

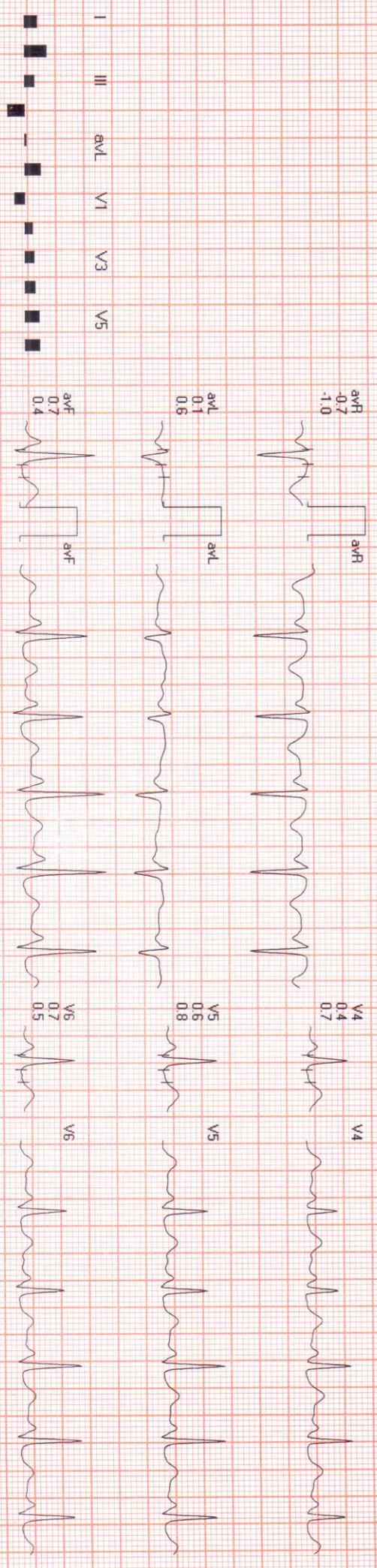
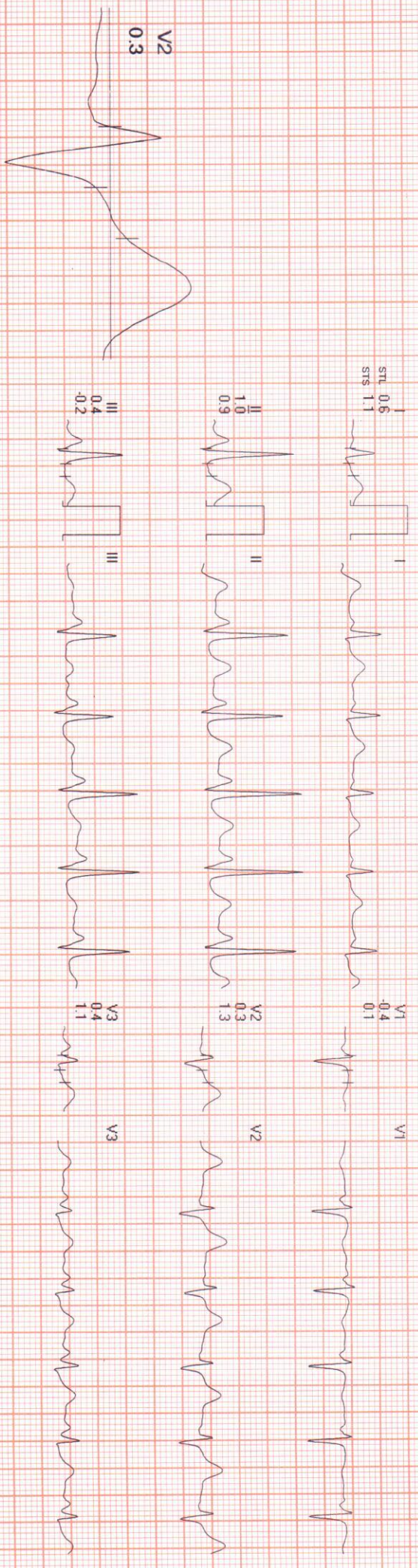
Date: 12 / 11 / 2022

METS: 1.0/106 bpm 56% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 00:00 0.0 Kmph. 0.0%

4X 800 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 146

Date: 12 / 11 / 2022

METS: 4.7/1.46 bpm 77% of THR BP: 140/80 mmHg Raw ECG/BLOn/Notch On/HF 0.05 Hz/LF 20 Hz

EXTime: 03:00 2.7 Kmph. 10.0%

4X 50 ms Post J

25 mm/Sec. 1.0 Cm/mV

I -0.1
STL -0.1
STB 1.2

V1 -0.5
0.7

II 0.1
0.1
0.8

V2 -0.3
2.8

III 0.2
0.2
2.1

V3 -0.5
2.1

aVR 0.0
0.0
0.1

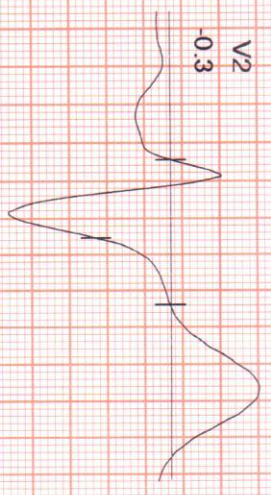
V4 -0.2
1.1

aVL -0.2
-0.2
1.7

V5 -0.3
0.2

aVF 0.2
0.2
1.4

V6 -0.2
0.7



REMARKS:
I aVR aVL V1 V3 V5
II aVF aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 168

Date: 12 / 11 / 2022

METS: 7.1 / 168 bpm 88% of THR BP: 140/80 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 20 Hz

EXTime: 06:00 4.0 Kmph. 12.0%

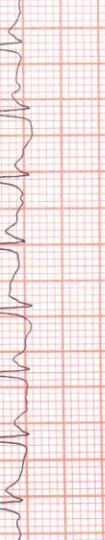
4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

I
STL 0.2
STS 1.5



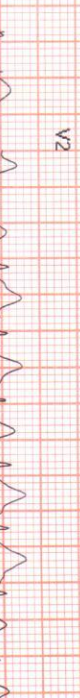
V1
-0.5
0.7



II
0.3
0.1



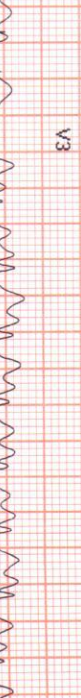
V2
-0.2
3.2



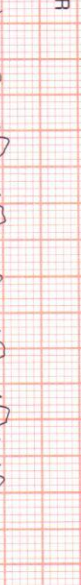
III
0.1
-1.7



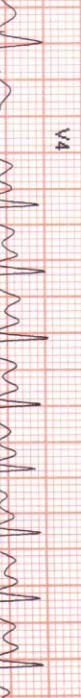
V3
-0.5
3.5



aVR
-0.2
-0.7



V4
-0.5
2.2



aVL
0.0
1.5



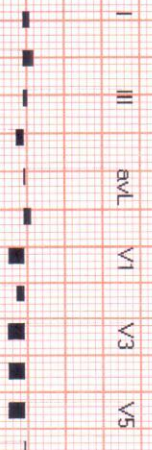
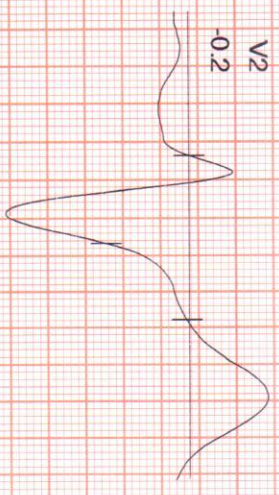
V5
-0.5
0.8



aVF
0.2
-1.0



V6
0.0
0.5



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEx



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 175

Date: 12 / 11 / 2022

METS: 7.5 / 175 bpm 92% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:25 5.5 KmPh. 14.0%

4X 60 mS Post-V

25 mm/Sec 1.0 Cm/mV

STL 0.2
STS 1.2

V1
-0.5
0.4

V1

II
0.4
0.8

V2
-0.5
2.0

V2

III
0.1
0.5

V3
-0.3
3.7

V3

aVR
-0.3
1.0

V4
-0.4
2.8

V4

aVL
0.1
0.8

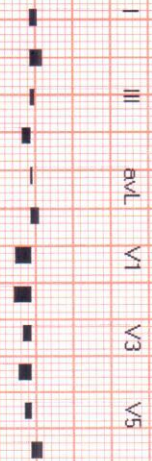
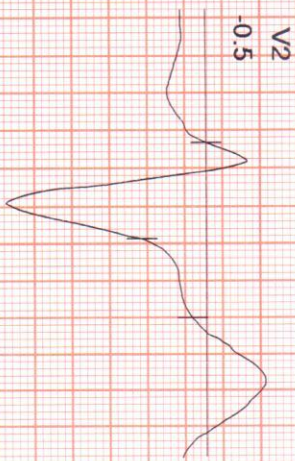
V5
-0.2
1.9

V5

aVF
0.3
0.2

V6
0.3
1.3

V6



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR : 138

Date: 12 / 11 / 2022

METS: 1.1 / 138 bpm 73% of THR BP: 150/80 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

EXTime: 06:25 0.2 Kmph, 0.0%

4X 60 mS Pos J

25 mm/Sec 1.0 Cm/mV

STL 0.3
STS 1.4

V1
0.6
0.4

V1

I
1.0
1.6

V2
0.1
2.8

V2

V2
0.1

II
0.8
0.2

V3
0.8
5.1

V3

III
0.7
1.5

V4
0.8
3.7

V4

aVR
-0.3
0.6

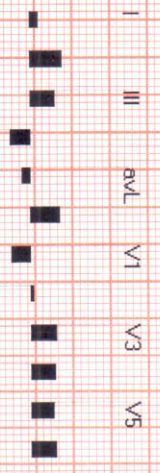
V5
0.7
2.2

V5

aVL
1.0
0.9

V6
0.8
1.4

V6



I
III
aVL
V1
V3
V5

REMARKS:

II
aVR
aVF
V2
V4
V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:18)



410 (2231519754) / DUHITA NAIK / 30 Yrs / F / 163 Cms / 86 Kg / HR 125

Date: 12 / 11 / 2022

METS: 1.0 / 125 bpm 66% of THR BP: 160/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 20 Hz

ExTime: 06:25 0.0 Kmph. 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

