

Name : MRS.MADHURI N KUMBHAR

Age / Gender : 27 Years / Female

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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:07-Apr-2023 / 08:22 :07-Apr-2023 / 11:44 E

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Comple	te Blood Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.31	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.9	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4970	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	41.5	20-40 %	
Absolute Lymphocytes	2062.6	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	318.1	200-1000 /cmm	Calculated
Management of the	44.0	40.00.0/	

Lymphocytes	41.5	20-40 %	
Absolute Lymphocytes	2062.6	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	318.1	200-1000 /cmm	Calculated
Neutrophils	44.0	40-80 %	
Absolute Neutrophils	2186.8	2000-7000 /cmm	Calculated
Eosinophils	7.0	1-6 %	
Absolute Eosinophils	347.9	20-500 /cmm	Calculated
Basophils	1.1	0.1-2 %	
Absolute Basophils	54.7	20-100 /cmm	Calculated

Immature Leukocytes

WBC Differential Count by Absorbance & Impedance method/Microscopy.

<u>PLATELET PARAMETERS</u>

Platelet Count	229000	150000-400000 /cmm	Elect. Impedance
MPV	8.6	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

RBC MORPHOLOGY



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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-ESR 24 2-20 mm at 1 hr. Sedimentation

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







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

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Name : MRS.MADHURI N KUMBHAR

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	105.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	29.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	36.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic



Name : MRS.MADHURI N KUMBHAR

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eGFR, Serum

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>60 ml/min/1.73sqm Calculated

Collected

Reported

URIC ACID, Serum 4.2 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

116

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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

*** End Of Report ***







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

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CID : 2309716994

Name : MRS.MADHURI N KUMBHAR

Age / Gender : 27 Years / Female

Consulting Dr. : -

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

BIOLOGICAL REF RANGE PARAMETER RESULTS 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

105.4

mg/dl

Calculated

(eAG), EDTA WB - CC

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 ***



Dr..JYOT THAKKER M.D. (PATH), DPB

Pathologist & AVP(Medical Services)

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Name : MRS.MADHURI N KUMBHAR

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.5) -

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates **Absent** Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf **Absent** Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent







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

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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Name : MRS.MADHURI N KUMBHAR

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
PHYSICAL EXAMINATION				
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)	40	-	-	
CHEMICAL EXAMINATION				
Proteins	Absent	Absent	pH Indicator	
Glucose	Absent	Absent	GOD-POD	
Ketones	Absent	Absent	Legals Test	
Blood	2+	Absent	Peroxidase	
Bilirubin	Absent	Absent	Diazonium Salt	
Urobilinogen	Normal	Normal	Diazonium Salt	
Nitrite	Absent	Absent	Griess Test	
MICROSCOPIC EXAMINATIO	<u>N</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf		
Red Blood Cells / hpf	2-3	0-2/hpf		
Epithelial Cells / hpf	0-1			
Casts	Absent	Absent		
Crystals	Absent	Absent		
Amorphous debris	Absent	Absent		
Bacteria / hpf	8-10	Less than 20/hpf		
Others	-			
Decult week calcad				
Result rechecked. Kindly correlate clinically.				



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Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ \sim 25 mg/dl, 2+ \sim 75 mg/dl, 3+ \sim 150 mg/dl, 4+ \sim 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
*** End Of Report ***







Thakker Dr. IVOT THAKKEI

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

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Name : MRS.MADHURI N KUMBHAR

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Reg Legation : Regivali West (Main Control

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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.

Refernces:

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

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Name : MRS.MADHURI N KUMBHAR

Age / Gender : 27 Years / Female

Consulting Dr. : -

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	151.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	34.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	117.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	98.0	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	19.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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







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

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Name : MRS.MADHURI N KUMBHAR

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.3	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	2.43	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



CID : 2309716994

Name : MRS.MADHURI N KUMBHAR

Age / Gender : 27 Years / Female

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

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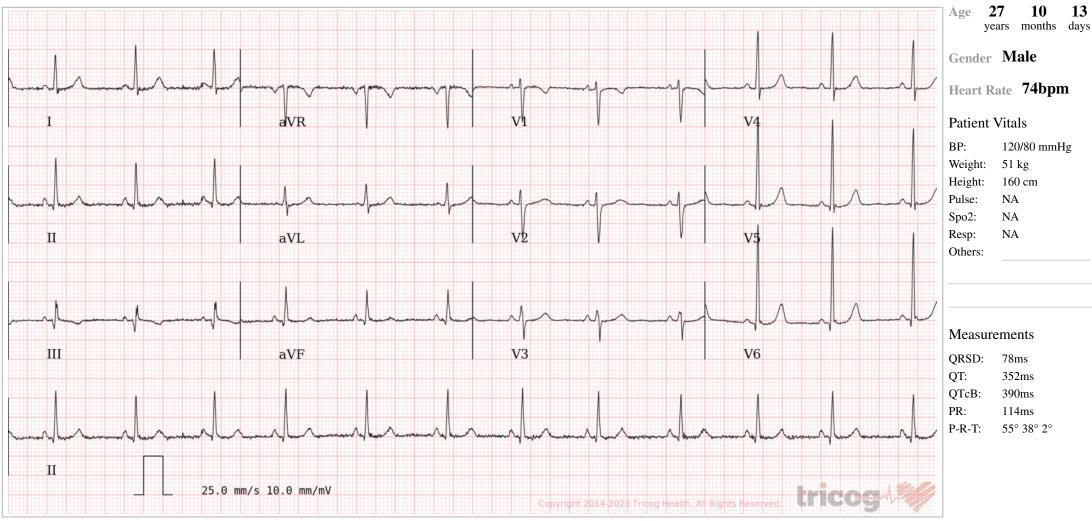
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: MADHURI N KUMBHAR

Date and Time: 7th Apr 23 8:52 AM

Patient ID: 2309716994



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

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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.



भारत सरकार
GOVERNMENT OF INDIA

माधुरी नयन कुंभार Madhuri Nayan Kumbhar जन्म तारीख/ DOB: 25/05/1995 महिला / FEMALE



4834 4964 2980

माझे आधार, माझी ओळख

Suburban Diagnost 30 3rd Fir Acure lanisq JV Borivan (West), Stannish

enence, d, Jun 092.



Name :-MADHURI KUMBHAR

CID:- 230971694

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):160cm

Temp (0c):

Afebrile

Blood Pressure (mm/hg): 110/80 mmhg

Pulse: 74/min

Weight (kg): 51kg

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems:

Cardiovascular:- S1S2 audible

Respiratory:- AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

ADVICE:

phtriciea Resm.

CHIEF COMPLAINTS:

1) Hypertension:No

2) 2) IHD:- No

3) Arrhythmia:- No

4) Diabetes Mellitus:-No

5) Tuberculosis:- NO

- 6) Asthama:- No
- Pulmonary Disease:- No
- 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

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

Suburban Diagnestiss (i) Pst. Ltd.
30-14 July 3rd Floor, Vini Elegenence,
Above 19059 Jweller, L. T. Road,
Boriven (West), Mumbai - 400 092,



CID

: 2309716994

Name

: Mr MADHURI N KUMBHAR

Age / Sex

Reg. Location

: 27 Years/Male

Ref. Dr

:

: Borivali West

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: 07-Apr-2023 / 12:18

X-RAY CHEST PA VIEW

Increased bronchovascular markings are seen bilaterally predominantly in both lower zones with few nodular infiltrates.

Rest of the 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.

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

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708150672



Date: 07/04/2023

CID: 2309716994

Name: Madhuri Kumbhar

Sex / Age: - / 27

EYE CHECK UP

Chief complaints:

Nil

Systemic Diseases:

Past history:

Nil

Unaided Vision:

Aided Vision:

RIE

LIE

Refraction:

616

616

NG

NG

(Right Eye)

(Left Eye)

	Sph	СуІ	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST

REGD. NO.: 87714

Suburban Diagnostics (I) Pxt. Ltd. 301& 302, 3rd Floor, Vini Elegenance, Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.



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CID

: 2309716994

: Borivali West

Name

: Mrs. MADHURI N KUMBHAR

Age / Sex

Reg. Location

: 27 Years/ Female

Ref. Dr

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Reg. Date

: 07-Apr-2023

Reported

: 07-Apr-2023 / 12:38

USG WHOLE ABDOMEN

<u>LIVER:</u> Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious 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.

<u>PANCREAS:</u> Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

<u>KIDNEYS:</u> Right kidney measures 8.4 x 3.7 cm. Left kidney measures 8.9 x 3.8 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.

<u>UTERUS:</u> Uterus is anteverted, normal and measures 6.4 x 3.4 x 5.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 3.3 x 2.1 cm.

The left ovary measures 3.7 x 1.5 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708150666



Authenticity Check



Use a QR Code Scanner Application To Scan the Code

: 07-Apr-2023

: 07-Apr-2023 / 12:38

Reg. Date

Reported

CID

Name

: 2309716994

Age / Sex

: Mrs. MADHURI N KUMBHAR : 27 Years/ Female

Ref. Dr

Reg. Location

: Borivali West

Opinion:

No significant abnormality is detected.

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-----

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

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: MADHURI KUMBHAR

Date: 07-04-2023

Time: 09:18

Age: 27

Gender: F

Height: 160 cms Weight: 50 Kg

ID: 2309716994

Clinical History:

Medications:

NIL

NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 1

Target HR: 164

Exercise Time:

0:06:11

Achieved Max HR:

164 (85% of Predicted MHR)

Max BP:

150/80

Max BP x HR:

24600

Max Mets: 7

Test Termination Criteria:

TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:37	1	0	0	80	110/80	8800	-0.7 V4	-1.6 M
Standing	00:11	1	0	0	83	110/80	9130	-0.5 V3	-1.4 III
HyperVentilation	00:13	1	0	0	93	110/80	10230	-1.1 V3	-1.6 III
PreTest	00:07	1	1.6	0	95	110/80	10450	-0.9 V3	-1,1 III
Stage: 1	03:00	4.7	2.7	10	126	130/80	16380	-5.4 aVR	-2.1 III
Stage: 2	03:00	7	4	12	160	150/80	24000	2.5 aVR	-3.4 II
Peak Exercise	00:11	6.9	5.5	14	164	150/80	24600	-1.7 V4	1.6 V2
Recoveryl	01:00	1	0	0	131	130/80	17030	1.5 aVR	-1.2 III
Recovery2	01:00	1	0	0	118	130/80	15340	-1.8 II	-1.7 III

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:11 achieving a work level of 7 METS.

Resting Heart Rate, initially 80 bpm rose to a max, heart rate of 164bpm (85% of Predicted Maximum Heart Rate).

Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg

Good Effort tolerance Normal HR & BP Respone 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, DIDIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

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Doctor: DR. NITIN SONAVANE

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

Ref. Doctor: ---

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