



CID : 2309717825  
Name : MRS. DEEPSHIKHA ASHISH MANDOWARA  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 07-Apr-2023 / 09:58  
Reported : 07-Apr-2023 / 17:49

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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	11.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.09	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.8	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	27.4	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6550	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.2	20-40 %	
Absolute Lymphocytes	1847.1	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	425.8	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	4231.3	2000-7000 /cmm	Calculated
Eosinophils	0.4	1-6 %	
Absolute Eosinophils	26.2	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	19.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	354000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	15.0	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	92.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	16.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	74.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	8.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	119	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhaskar*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 \*\*\*



*J. Thakker*

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



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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	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	3-4	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)**





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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.

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







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	48.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	69.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	108.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	9.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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

*J. Thakker*

**Dr. JYOT THAKKER**  
**M.D. (PATH), DPB**  
**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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.6	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.45	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1) TSH Values between high abnormal 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 at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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

*Bmhaskar*

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



Date:- 7/6/23

CID: 2309717828

Name:- Mrs. Deepshikha

Sex/Age: F/36

**EYE CHECK UP**

Chief complaints: Routine ch-up

Systemic Diseases: No H/O S/H

Past history: No H/O Ocular sx/ing/ing

Unaided Vision: 6/6 6/6

Aided Vision: - -

Refraction:

COMS: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-Plane	-	-	6/6	-Plane	-	-	6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

*Kajal H*  
**KAJAL NAGRECHA**  
OPTOMETRIST

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700860

Name : Mrs . DEEPSHIKHA ASHISH MANDOWARA Reg Date : 07-Apr-2023 09:53  
VID : 2309717825 Age/Gender : 35 Years  
Ref By : Regn Centre : Kandivali East (Main Centre)

**History and Complaints:**

No

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	145 cms	<b>Weight (kg):</b>	45 kgs
<b>Temp (0c):</b>	Afebrile	<b>Skin:</b>	Normal
<b>Blood Pressure (mm/hg):</b>	120/70	<b>Nails:</b>	Normal
<b>Pulse:</b>	72/min	<b>Lymph Node:</b>	Not palpable

**Systems**

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

**IMPRESSION:**

*ECG - Non-specific ST/T. wave changes*

**ADVICE:**

**CHIEF COMPLAINTS:**


Name : Mrs . DEEPSHIKHA ASHISH MANDOWARA Reg Date : 07-Apr-2023 09:53  
VID : 2309717825 Age/Gender : 35 Years  
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- |  |           |
|--|-----------|
| 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 2017 |
| 17) Musculoskeletal System               | No        |

**PERSONAL HISTORY:**

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

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

**DENTAL CHECK - UP**

Name:- *Deep Shikha* CID: *2309717825* Sex / Age: *F / 36*  
Occupation:- Date: *7/14/2023*

Chief complaints:- *No complaints.*  
Medical / dental history:- *Trauma in childhood.*  
**GENERAL EXAMINATION:** *Extraction, RCT & crown.*

**1) Extra Oral Examination:**

- a) TMJ: *Normal movements.*
- b) Facial Symmetry: *Bilateral dymmetrical*

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal*
  - b) Hard Tissue Examination: *missing ti*
  - c) Calculus: *+*
  - Stains: *+*
- Trauma in upper incisors so RCT & crown done #12*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

**Advised:** a) *Replacement of missing ti*  
b) *Scaling & Polishing [cleaning]*

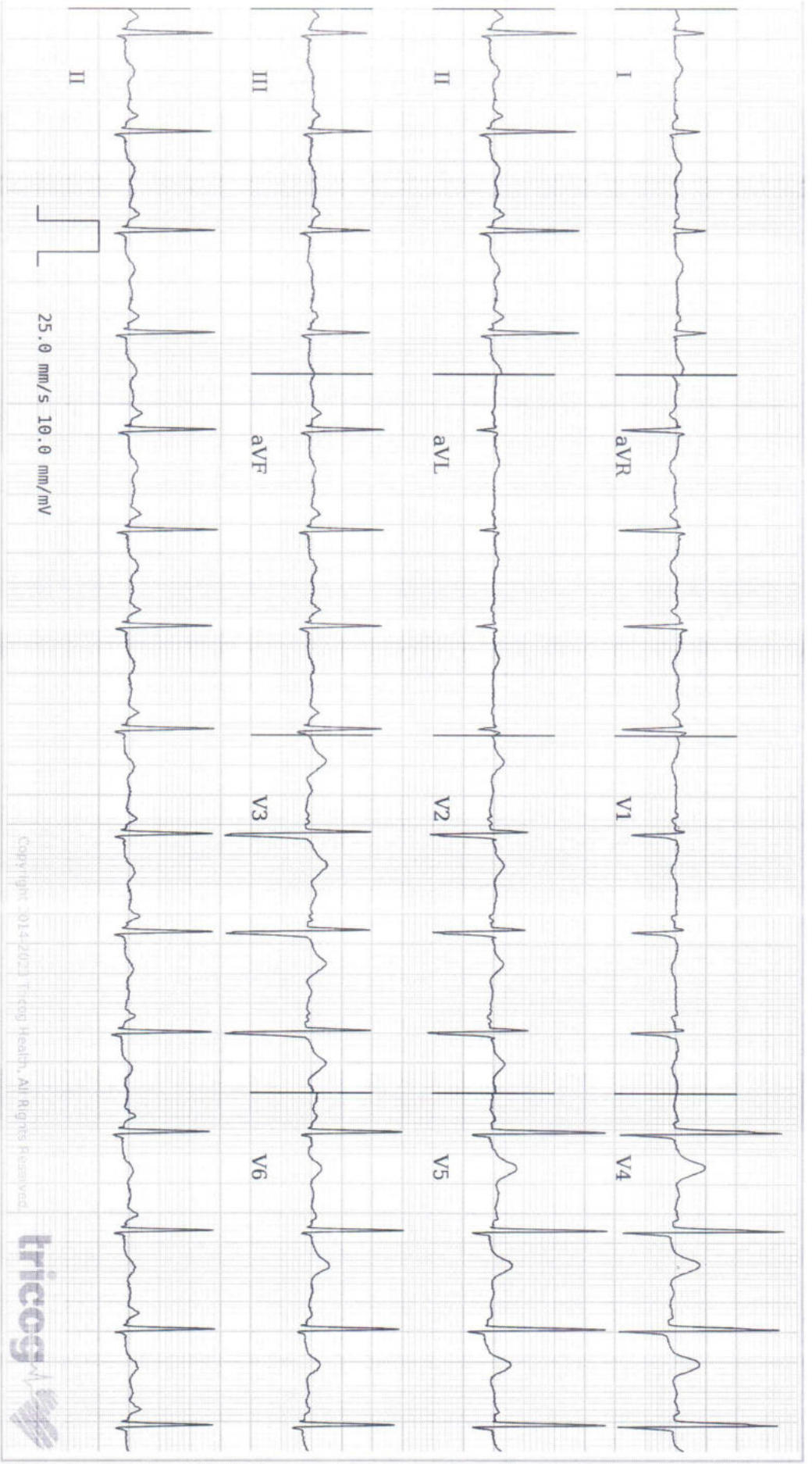
**Provisional Diagnosis:-**  
*- NIL -*

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Tel: 61700800

**DR. BHUMIK PATEL**  
**(B.D.S) A - 23378**  
*DR Bhumik Patel*

Patient Name: **DEEPSHIKHA ASHISH**  
Patient ID: **MANDOWARA 2309717825**

Date and Time: **7th Apr 23 11:14 AM**



Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

Age **35** 11 28  
years months days

Gender **Female**

Heart Rate **91bpm**

Patient Vitals

BP: 120/70 mmHg  
Weight: 45 kg  
Height: 145 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 70ms  
QT: 372ms  
QTcB: 457ms  
PR: 116ms  
P-R-T: 67° 70° 19°

REPORTED BY

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

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Disclaimer: This analysis 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. Patient vitals are as entered by the clinician and not derived from the ECG.



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MANDOWARA  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

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## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, 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 and CBD 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:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.0 x 3.7 cm. Left kidney measures 9.7 x 4.6 cm.

### SPLEEN:

The spleen is normal in size 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 6.9 x 3.4 x 3.3 cm in size.  
The endometrial thickness is 4.5 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.3 x 1.9 x 1.6 cm and volume is 4.0 cc  
Left ovary = 3.1 x 2.3 x 2.1 cm and volume is 8.2 cc

[Click here to view images <<ImageLink>>](#)

Authenticity Check  
<<QRCode>>

CID : 2309717825  
Name : Mrs DEEPSHIKHA ASHISH  
MANDOWARA  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 10:42

**IMPRESSION:-**

No significant abnormality is seen.

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

*Khilji Faizur*

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification.

[Click here to view images <<ImageLink>>](#)

CID : 2309717825  
Name : Mrs DEEPSHIKHA ASHISH  
MANDOWARA  
Age / Sex : 35 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
Reg. Date : 07-Apr-2023  
Reported : 07-Apr-2023 / 19:31

**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.

Click here to view images <<ImageLink>>



**Email:**

1453 / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg Date: 07 / 04 / 2023 11:35:38 AM Refd By : AERCOFEMI

**REPORT :**

Heart Rate 157.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06.16 Mins. Ectopic Beats 0.0

METS 8.4 Test End Reason , Heart Rate Achieved Target Heart Rate 85% of 185

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 DURATION 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 (INDIA) PVT. LTD**  
 Row House no. 3, Aangart,  
 Thakar Village, Kandivali (East),  
 Mumbai - 400101.  
 Tel : 9177009900

**DR. AKHIL P. PARULEKAR,**  
 MBBS, MCh, Medc,  
 DNB Cardiology,  
 Reg. No. 2012032483

Doctor : DR.AKHIL PARULEKAR

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg  
 Date: 07 / 04 / 2023 11:35:38 AM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METs	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	098	53 %	120/70	117	00	
Standing	00:31	0:27	00.0	00.0	01.0	101	55 %	120/70	121	00	
HV	00:40	0:09	00.0	00.0	01.0	106	57 %	120/70	127	00	
ExStart	00:54	0:14	00.0	00.0	01.0	106	57 %	120/70	127	00	
BRUCE Stage 1	02:54	2:00	02.7	10.0	03.5	126	68 %	120/70	151	00	
BRUCE Stage 2	05:54	3:00	04.0	12.0	07.1	149	81 %	130/80	193	00	
PeakEX	07:10	1:16	05.5	14.0	08.4	157	85 %	140/80	219	00	
Recovery	08:10	1:00	00.0	00.0	01.1	124	67 %	140/80	173	00	
Recovery	08:19	1:10	00.0	00.0	01.0	112	61 %	140/80	156	00	

## FINDINGS :

Exercise Time : 06:16  
 Initial HR (ExStrt) : 106 bpm 57% of Target 185  
 Initial BP (ExStrt) : 120/70 (mm/Hg)  
 Max Workload Attained : 8.4 Fair response to induced stress  
 Duke Treadmill Score : 02.5  
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 157 bpm 85% of Target 185  
 Max BP Attained 140/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

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

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Medicine,  
 DNB Cardiology  
 Reg. No. 2012082403

Doctor : DR.AKHIL PARULEKAR

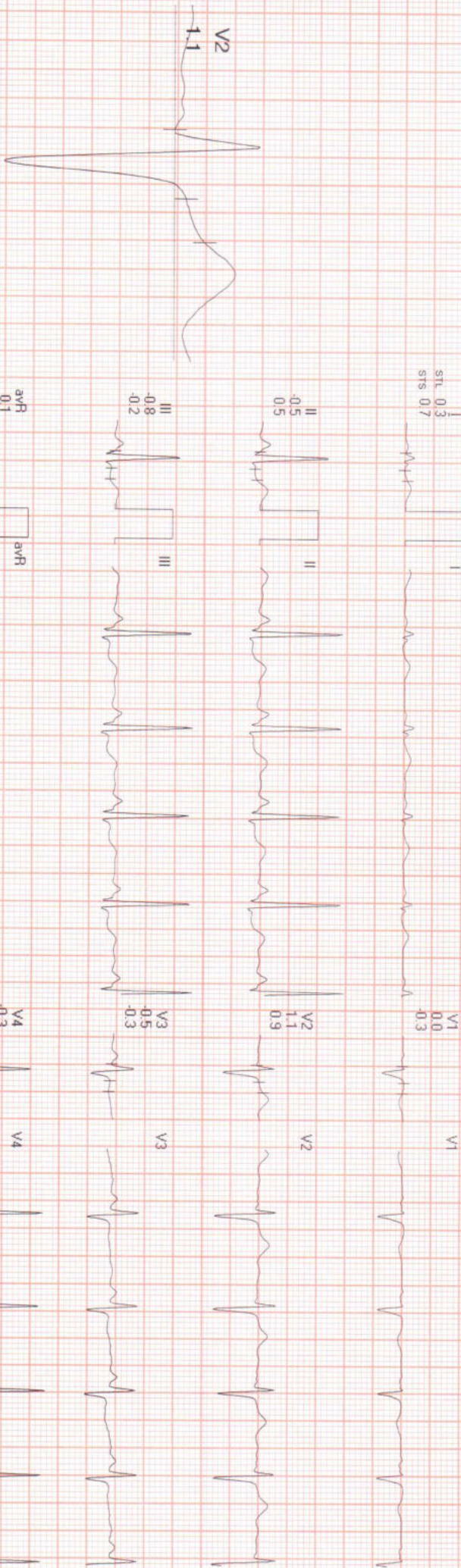


1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 91

Date: 07 / 04 / 2023 11:35:38 AM METS: 1.0/91 bpm 49% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X \$0 mS Post J

EXTime: 00:00 0.0 KmPh, 0.0%  
25 mm/Sec 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

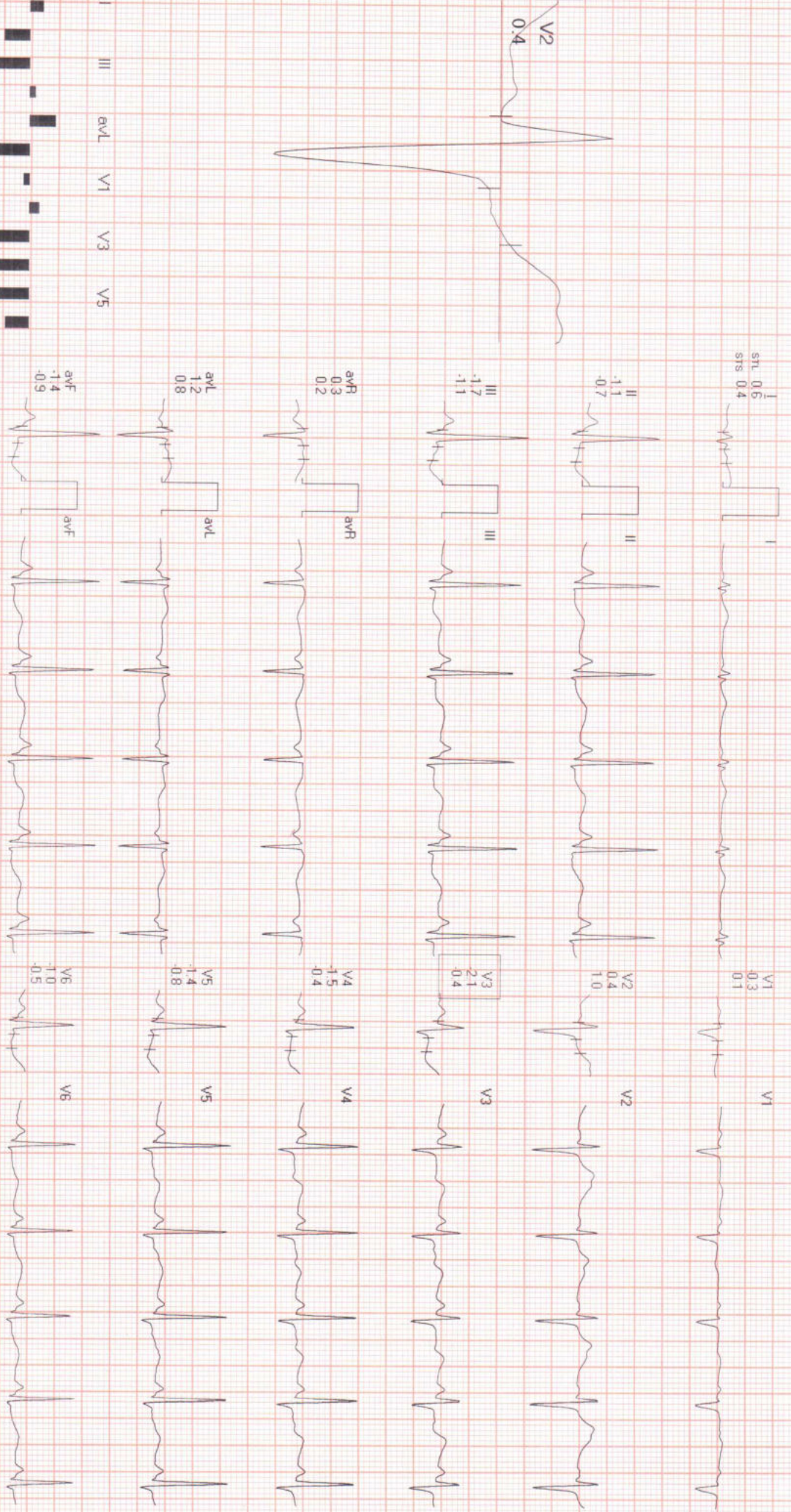
STANDING ( 00:27 )



1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 101

Date: 07 / 04 / 2023 11:35:38 AM METS: 1.0/1.01 bpm 55% of THR BP: 120/70 mmHg Raw ECG/ BLOC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J 25 mm/Sec. 1.0 Cm/mV EXTime: 00:00 0.0 KmPh. 0.0%



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

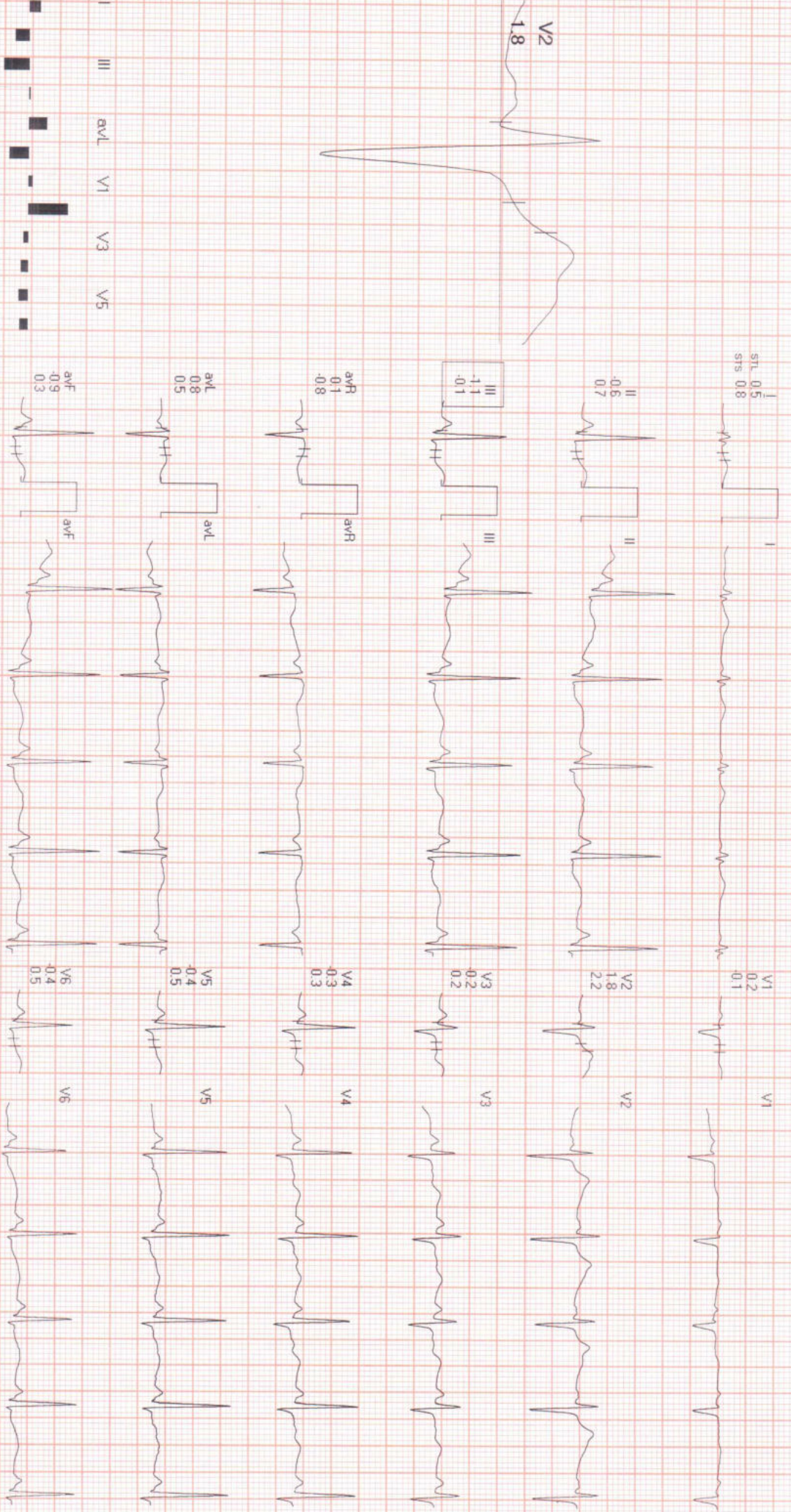
HV ( 00:09 )



1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 106

Date: 07 / 04 / 2023 11:35:38 AM METS: 1.0 / 106 bpm 57% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 50 ms Post J STL 0.5 STS 0.8 EXTTime: 00:00:00 KmPh. 0.0%



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





1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 106

Date: 07 / 04 / 2023 11:35:38 AM

METS: 1.07 106 bpm 57% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

AXX 50 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.3  
STs 0.6

V1 0.7  
-0.1

II -0.4  
0.8

V2 2.0  
2.2

III -0.8  
0.2

V3 0.1  
0.2

aVR 0.1  
-0.7

V4 0.2  
0.6

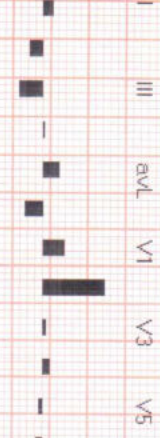
aVL 0.5  
0.1

V5 -0.1  
0.7

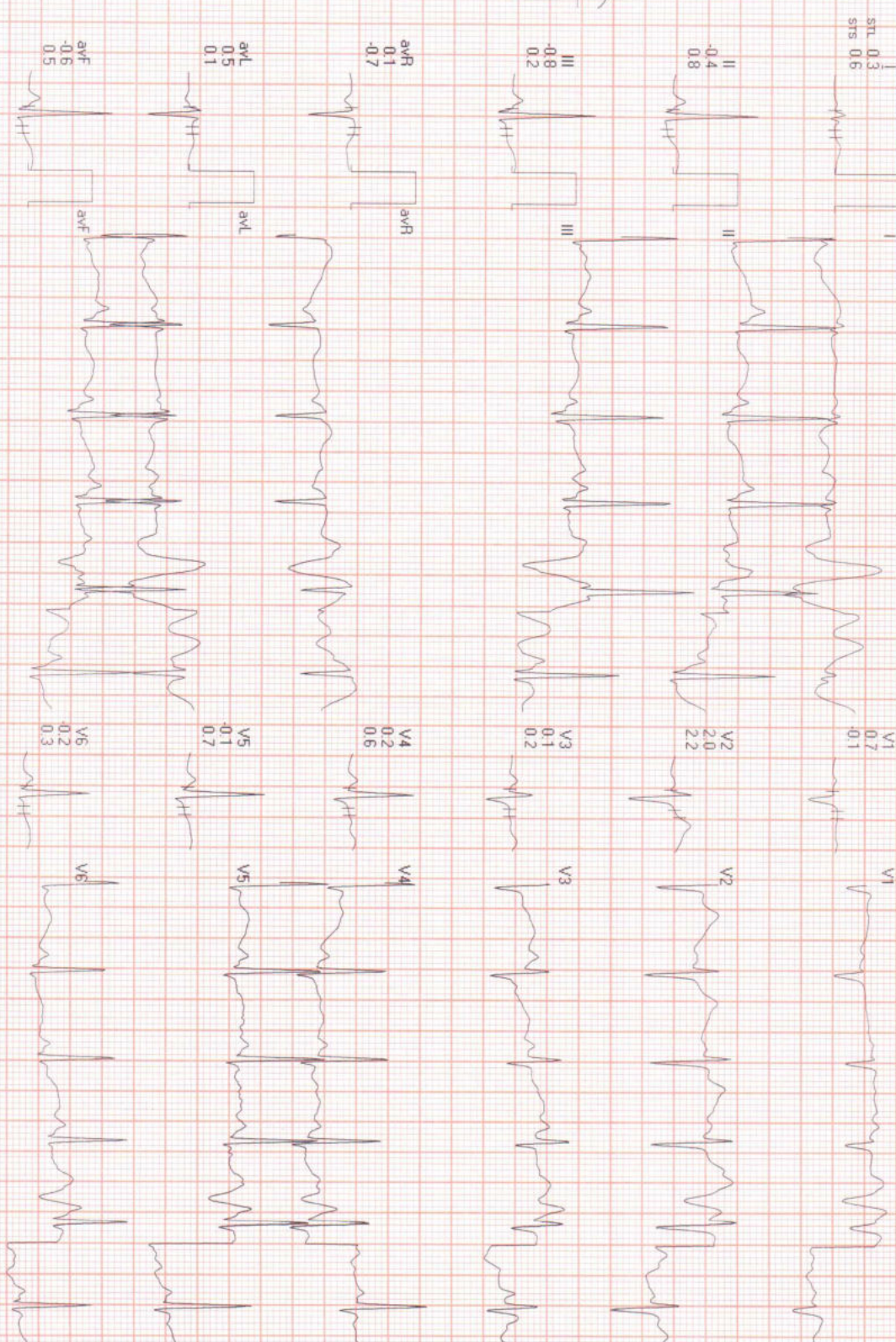
aVF -0.6  
0.5

V6 0.2  
0.3

V2  
2.0



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





1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 126

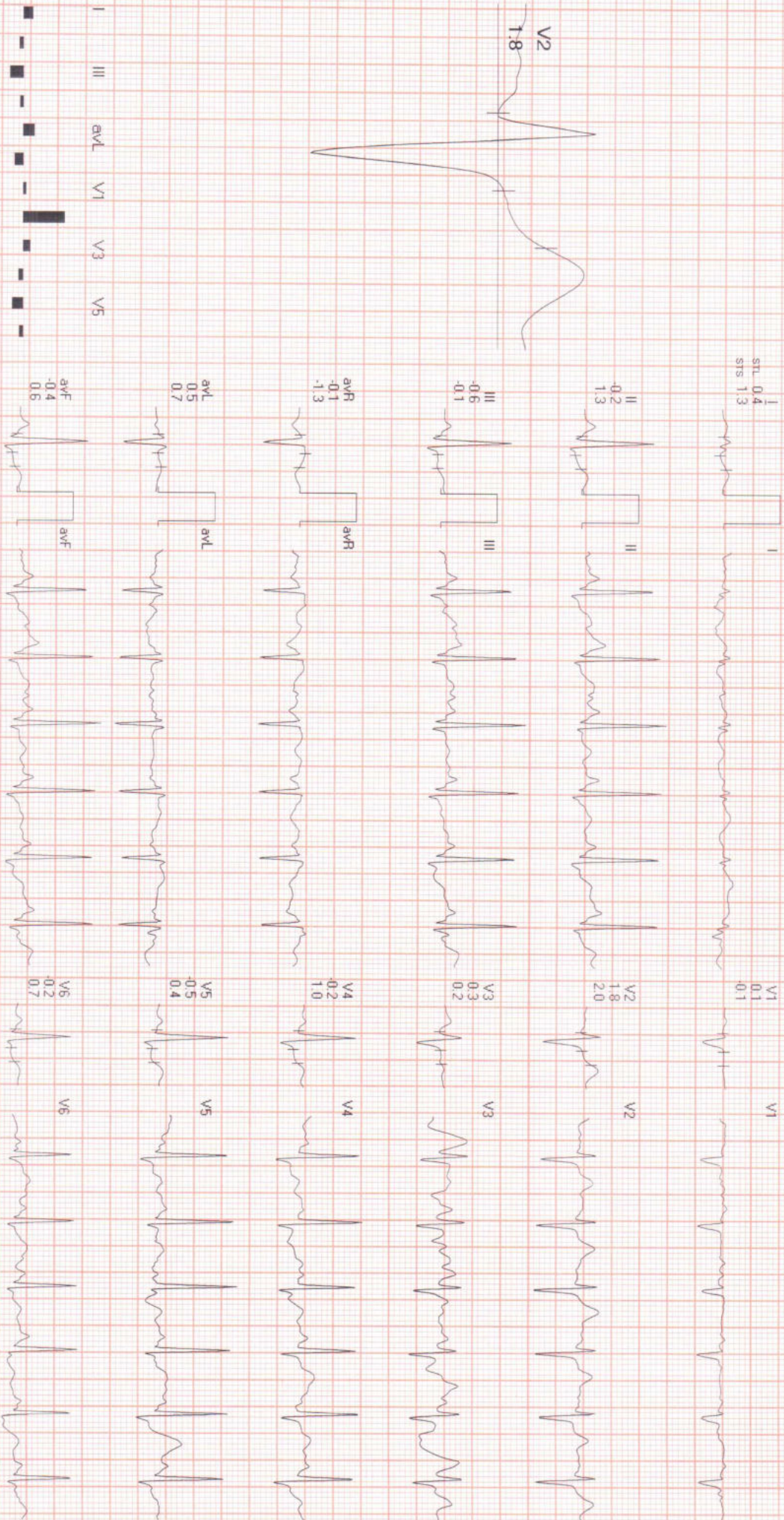
Date: 07 / 04 / 2023 11:35:38 AM

METS: 3.5 / 126 bpm 68% of THR BP: 120/70 mmHg Raw ECG/ BLC Orig/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 02:00 2.7 Kmph, 10.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: avR avL avF V1 V2 V3 V4 V5 V6



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**BRUCE : Stage 2 ( 03:00 )**



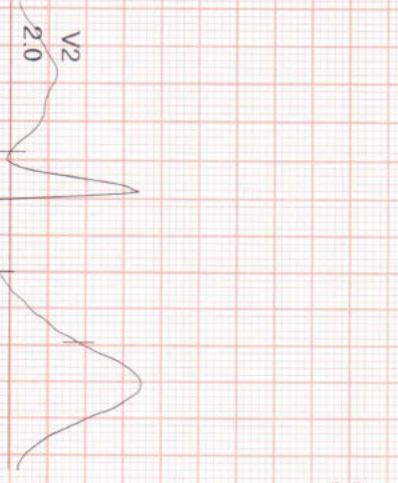
1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 149

Date: 07 / 04 / 2023 11:35:38 AM METS: 7.1 / 149 bpm 81% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:00 4.0 Kmph, 12.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV



I  
STL 0.4  
STB 0.1

V1  
0.8  
0.8  
1.0

II  
0.2  
2.3

V2  
2.0  
2.0  
3.6

III  
-0.5  
1.6

V3  
1.6  
1.6  
0.6

aVR  
-0.4  
-1.5

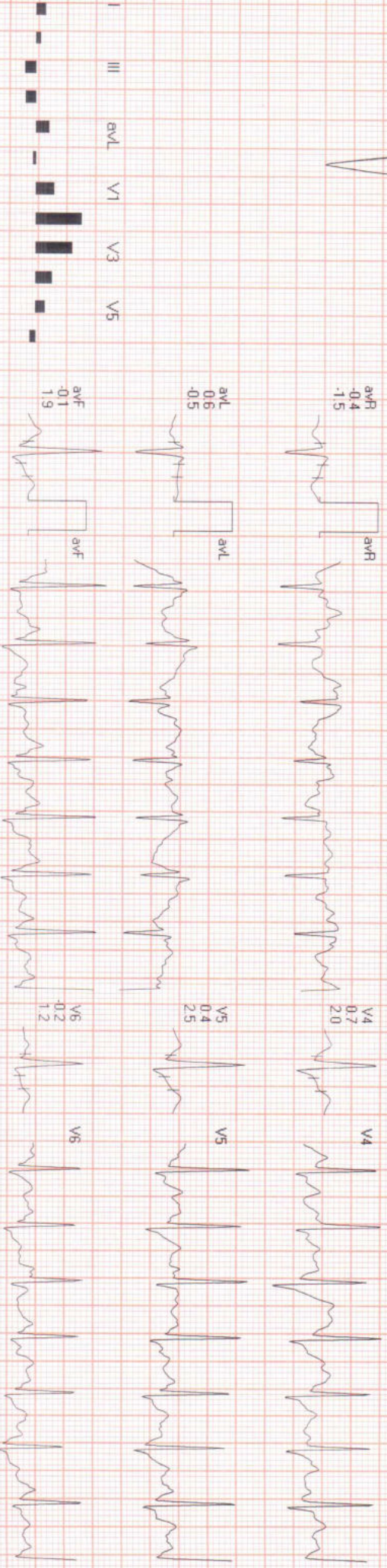
V4  
0.7  
0.7  
2.0

aVL  
0.6  
-0.5

V5  
0.4  
0.4  
2.5

aVF  
-0.1  
1.9

V6  
-0.2  
-0.2  
1.2



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



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**PeakEX**



1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 157

Date: 07 / 04 / 2023 11 :35:38 AM

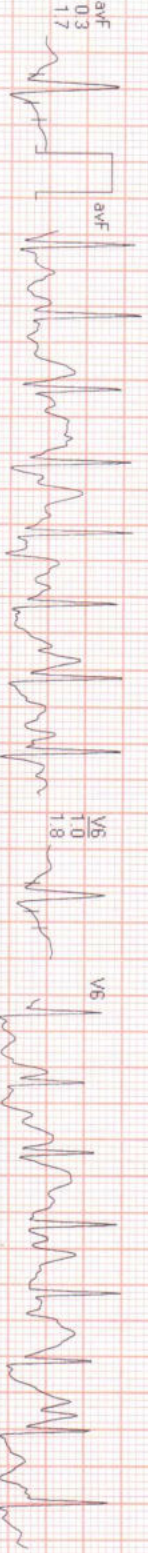
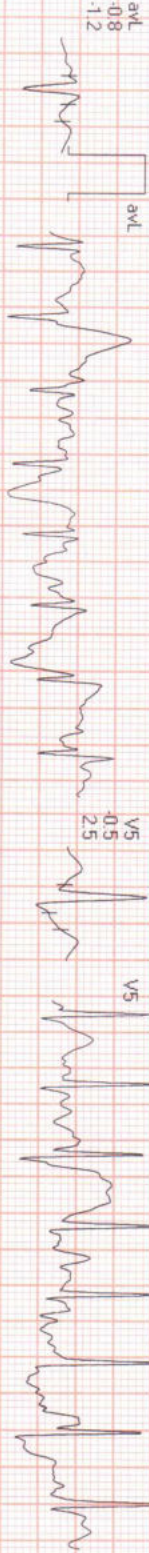
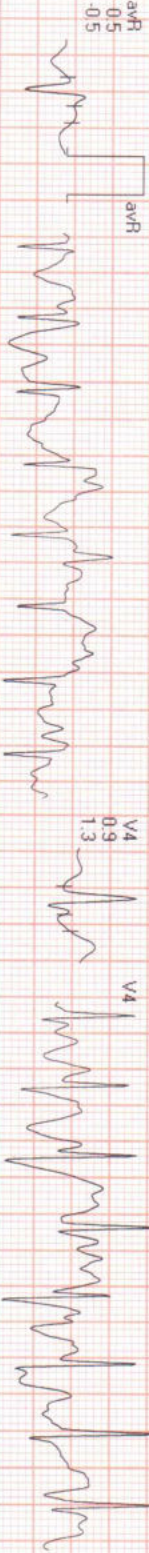
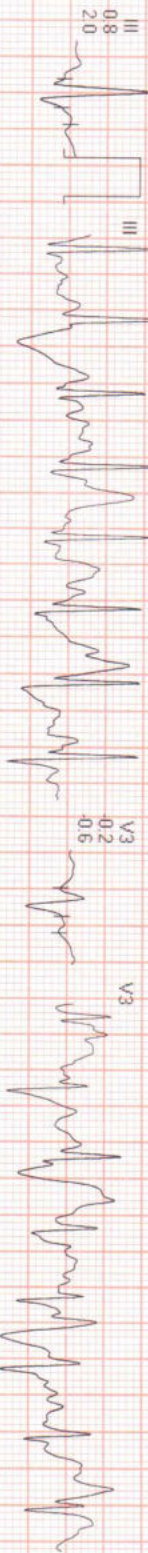
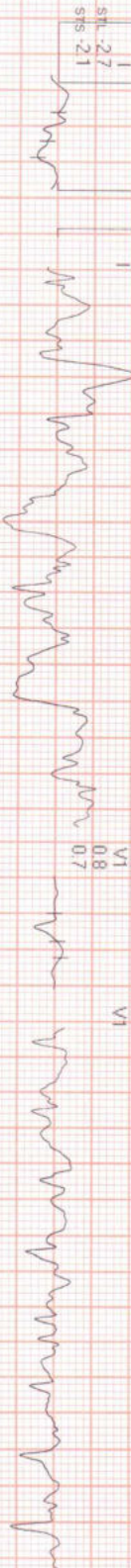
METS: 8.4/ 157 bpm 85% of THR BP: 140/80 mmHg Raw ECG: BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:16 5.5 Km/Ph. 14.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

I  
ST: -2.7  
STs: 2.1



REMARKS:

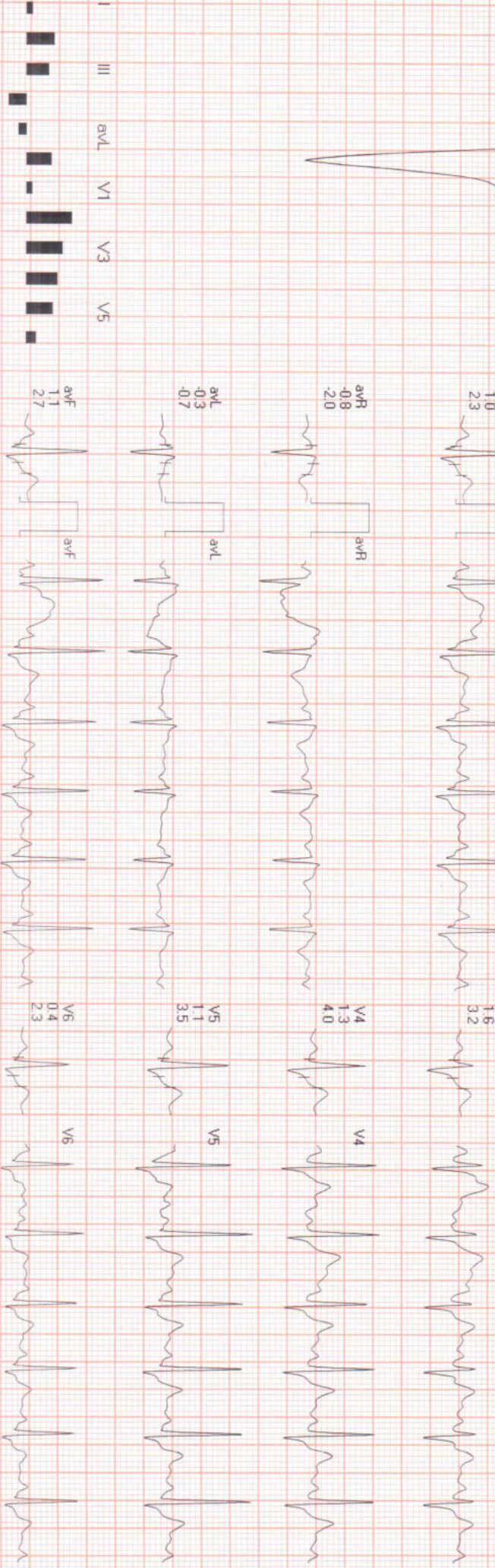




1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR : 124

Date: 07/04/2023 11:35:38 AM METS: 1.1/124 bpm 67% of THR BP: 140/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 60 mS Post V 25 mm/Sec 1.0 Cm/mV EXTime: 06:16 0.0 Km/h 0.0%



REMARKS



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:09 )

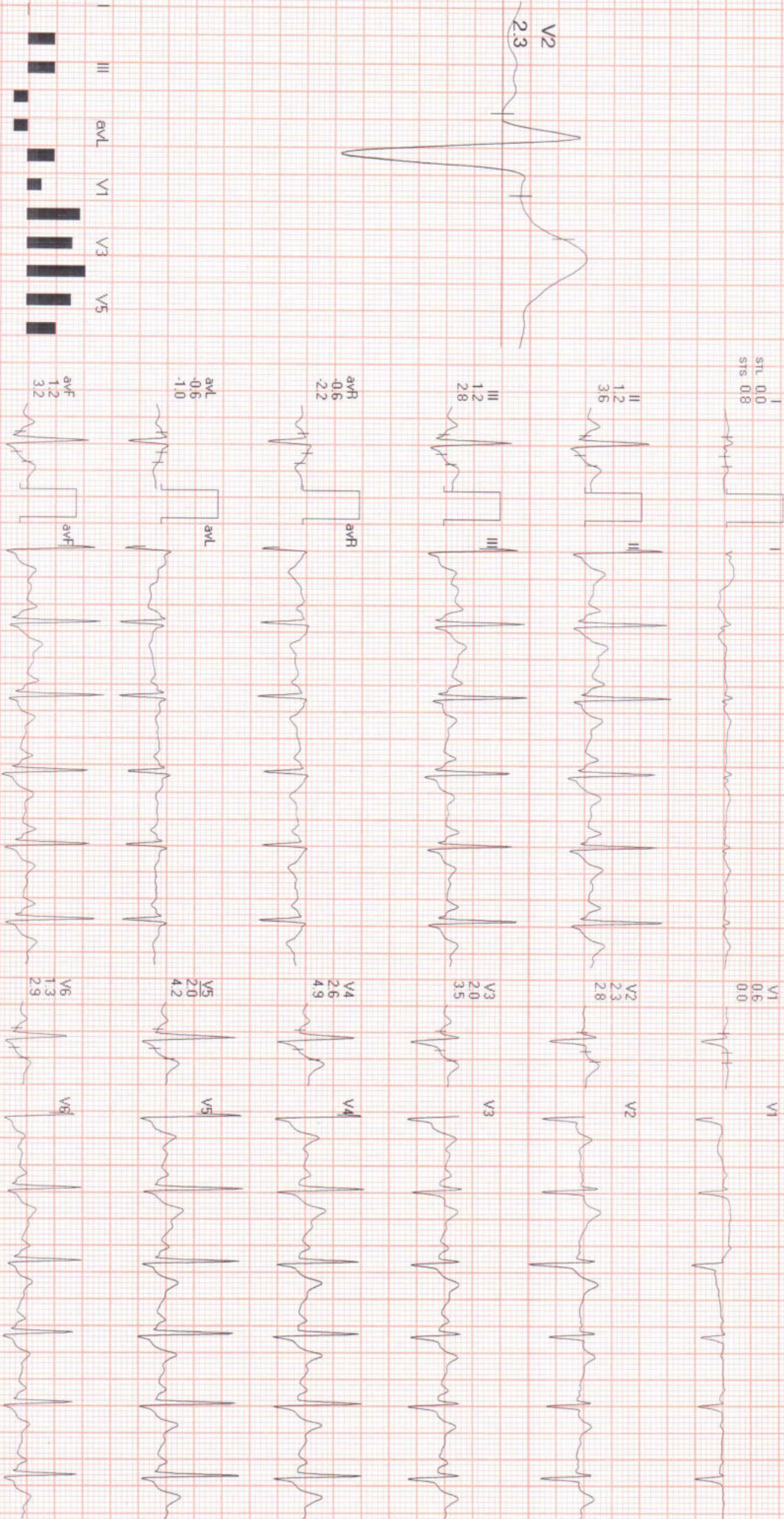


1453 (2309717825) / DEEPSHIKHA MANDOWARA / 35 Yrs / F / 145 Cms / 45 Kg / HR 112

Date: 07 / 04 / 2023 11:35:38 AM METS: 1.0/112 bpm 61% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post V

EXTime: 06:16 0.0 Km/ph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



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

