

आयकर विभाग
INCOME TAX DEPARTMENT

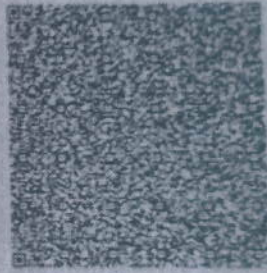


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card


AYAPP3854F



नाम / Name
MAYURI HEMANT PATIL

पिता का नाम / Father's Name
DHONDIRAM RAMBHAU PANGSHE

जन्म की तारीख
Date of Birth
12/07/1986


हस्ताक्षर / Signature

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Mayuri Patil	Sex/Age	F/36
Date	28/1/23	Location	Home

History and Complaints.

NIL

EXAMINATION FINDINGS:

Height (cms):	150	Temp (0c):	Acce
Weight (kg):	42	Skin:	NAD
Blood Pressure	106/70	Nails:	NL
Pulse	68/L	Lymph Node:	NP

Systems :

Cardiovascular:	
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ECG - Non specific ST/T wave Abnormality.

Advice:

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

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mixed
4)	Medication	NO

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439



CID : 2302819465
Name : MRS.MAYURI PATIL
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:51
Reported : 28-Jan-2023 / 11:39

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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.51	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.7	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.2	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.1	20-40 %	
Absolute Lymphocytes	1629.8	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	
Absolute Monocytes	266.8	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	3770.0	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	133.4	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	127000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	20.3	11-18 %	Calculated

Authenticity Check



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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	-

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 16 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Consulting Dr. : -
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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	99.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	74.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	16.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.7	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	9.5	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	52.5	35-105 U/L	PNPP
BLOOD UREA, Serum	17.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated

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Collected : 28-Jan-2023 / 12:32
Reported : 28-Jan-2023 / 15:35

CREATININE, Serum	0.52	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	142	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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Collected : 28-Jan-2023 / 09:51
Reported : 28-Jan-2023 / 13:07

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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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)

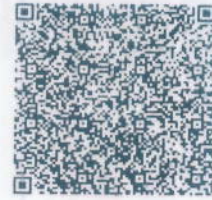
References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



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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)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	7-8	Less than 20/hpf	

Kindly correlate clinically.

Authenticity Check



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Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:51
Reported : 28-Jan-2023 / 15:18

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 G B Road Lab, Thane West
*** End Of Report ***



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

022-6170-0000

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Collected : 28-Jan-2023 / 09:51
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti-H lectin

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 G B Road Lab, Thane West
*** End Of Report ***



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



CID : 2302819465
Name : MRS.MAYURI PATIL
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:51
Reported : 28-Jan-2023 / 12:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	71.4	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	40.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	14.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Ami Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Age / Gender : 36 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:51
Reported : 28-Jan-2023 / 11:45

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	4.6	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	3.64	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

Authenticity Check



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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 ***



Amid Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Date:- 28/1/23

CID:

Name:- Mayuri Patil

Sex / Age: F/36

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: Hb

Past history: Nk

Unaided Vision: 32/6 HV 132M 6-

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

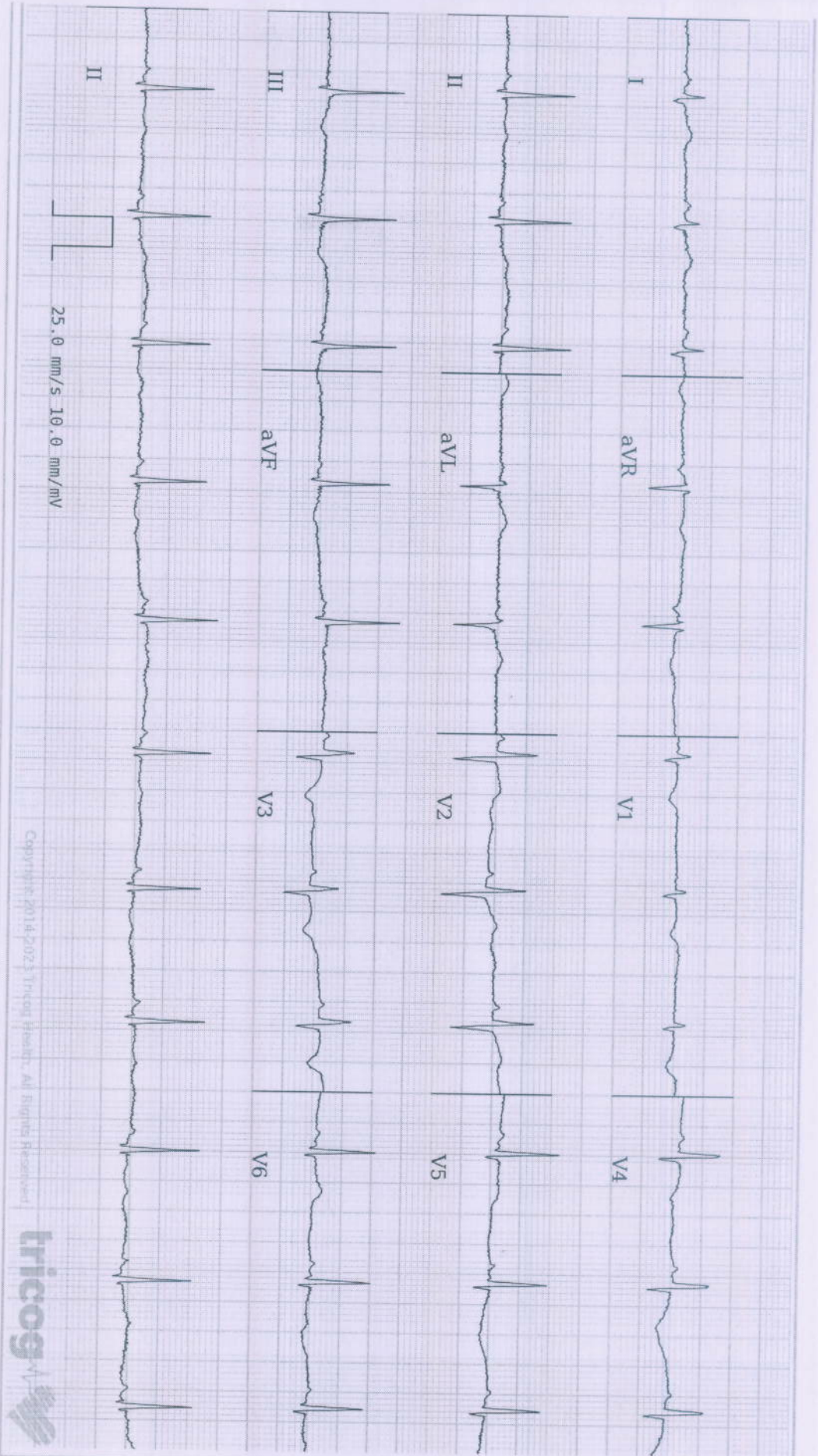
Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST

Patient Name: **MAYURI PATIL**
Patient ID: **2302819465**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **28th Jan 23 11:33 AM**



Age **36** **6** **16**
years months days

Gender **Female**

Heart Rate **68bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **42 kg**

Height: **150 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QT: **386ms**

QTc: **410ms**

PR: **118ms**

P-R-T: **24° 88° 2°**

Sinus Rhythm, Non-specific ST/T wave abnormality. Please correlate clinically.

REPORTED BY

DR SHAULANA PILLAI
MBBS, MD Physician
49972

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.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

303 (2302819465) / MAYURI PATIL / 36 Yrs / F / 150 Cms / 42 Kg
 Date: 28 / 01 / 2023 01:48:11 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	082	45%	---/---	000	00	
Standing	00:11	0:05	00.0	00.0	01.0	078	42%	---/---	000	00	
HV	00:16	0:05	00.0	00.0	01.0	078	42%	---/---	000	00	
Warm Up	00:21	0:05	01.0	00.0	01.0	078	42%	---/---	000	00	
ExStart	00:32	0:11	01.0	00.0	01.0	094	51%	---/---	000	00	
BRUCE Stage 1	03:32	3:00	01.7	10.0	04.7	142	77%	118/80	167	00	
BRUCE Stage 2	06:32	3:00	02.5	12.0	07.1	160	87%	124/80	198	00	
PeakEx	07:02	0:30	03.4	14.0	07.6	172	93%	124/80	213	00	
Recovery	08:02	1:00	01.1	00.0	01.1	133	72%	130/80	172	00	
Recovery	09:02	2:00	00.0	00.0	01.0	115	62%	128/82	147	00	
Recovery	09:11	2:10	00.0	00.0	01.0	110	60%	128/82	140	00	

FINDINGS :

Exercise Time : 06:30
 Initial HR (ExStrt) : 94 bpm 51% of Target 184
 Initial BP (ExStrt) : 0/0 (mm/Hg)
 Max Workload Attained : 7.6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -0.9 mm in Stage 1
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 172 bpm 93% of Target 184
 Max BP Attained 130/80 (mm/Hg)

Doctor : DR. SAMEER DUMIR

(Signature)
DR. SAMEER R. DUMIR
 M.D.
 Reg. No. 073927

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMRI:
303/MAYURI PATIL / 36 Yrs / F / 150 Cms / 42 Kg Date: 28 / 01 / 2023 01:48:11 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Doctor : DR. SAMEER DUMIR

DR. SAMEER R. DUMIR

Reg. No. 073821



Date: 28 / 01 / 2023 01:48:11 PM

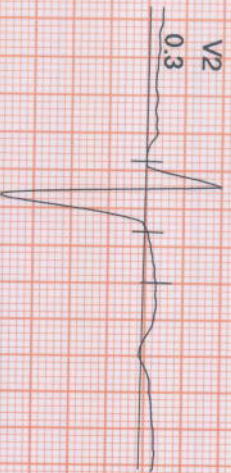
METS: 1.0 / 82 bpm 45% of THR BP: 110/70 mmHg

Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

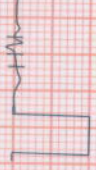
4X

80 ms Post J

ExTime: 00:00 0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



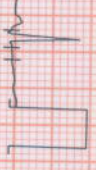
STL 0.3
STs 0.3



V1
0.0
0.0
-0.1



II
0.2
0.1



V2
0.3
0.3
0.3



III
-0.1
-0.2



V3
-0.2
-0.2
-0.1



aVR
-0.2
-0.2



V4
-0.2
-0.2
-0.1



aVL
0.2
0.2



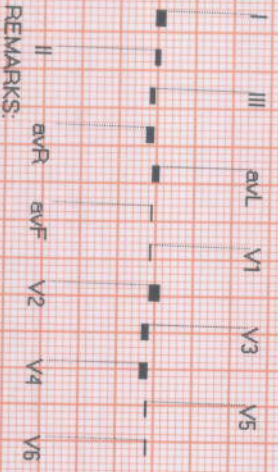
V5
0.0
0.0
0.1



aVF
0.0
0.0



V6
0.0
0.0
0.1



REMARKS:





Date: 28 / 01 / 2023 01:48:11 PM

METS: 1.0 / 78 bpm 42% of THR BP: 110/70 mmHg

Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X

80 ms Post J

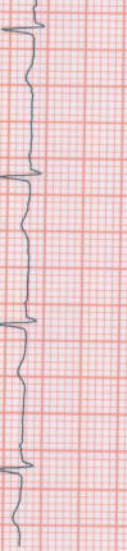
ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec, 1.0 Cm/mV



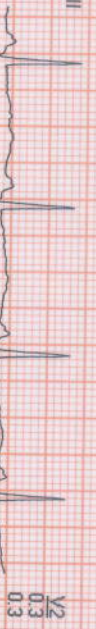
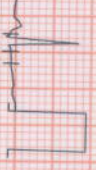
STL 0.3
STs 0.3



V1
0.0
0.0
-0.1



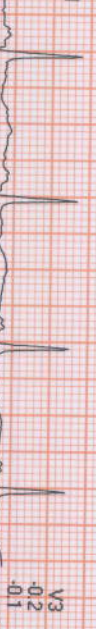
II 0.2
0.1



V2
0.3
0.3
0.3



III -0.1
-0.2



V3
-0.2
-0.2
-0.1



aVR -0.2
-0.2



V4
-0.2
-0.2
-0.1



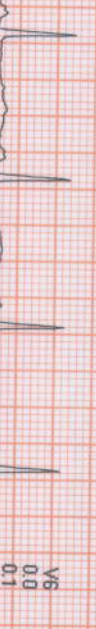
aVL 0.2
0.2



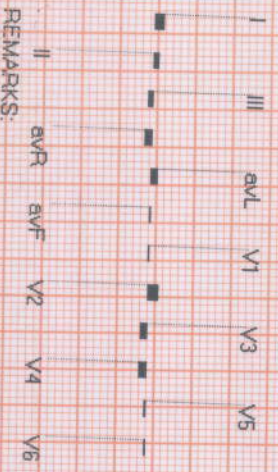
V5
0.0
0.0
0.1



aVF 0.0
0.0



V6
0.0
0.0
0.1



REMARKS:



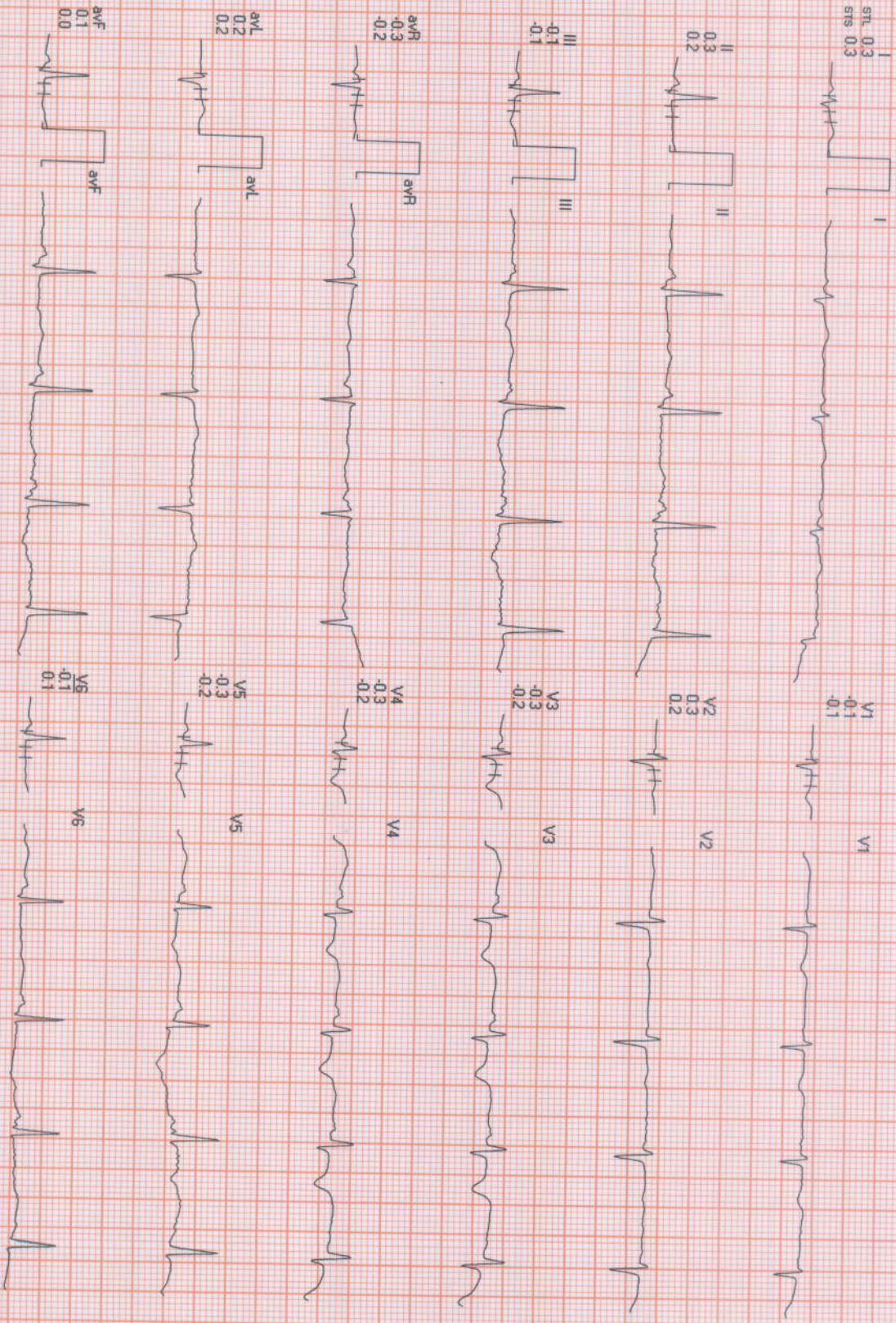
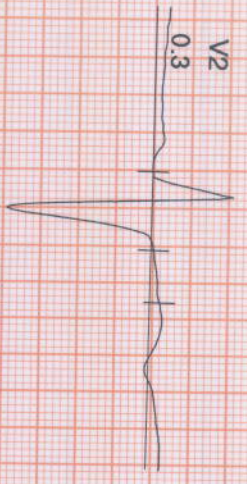


Date: 28 / 01 / 2023 01:48:11 PM

METS: 1.0 / 78 bpm 42% of THR BP: 110/70 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

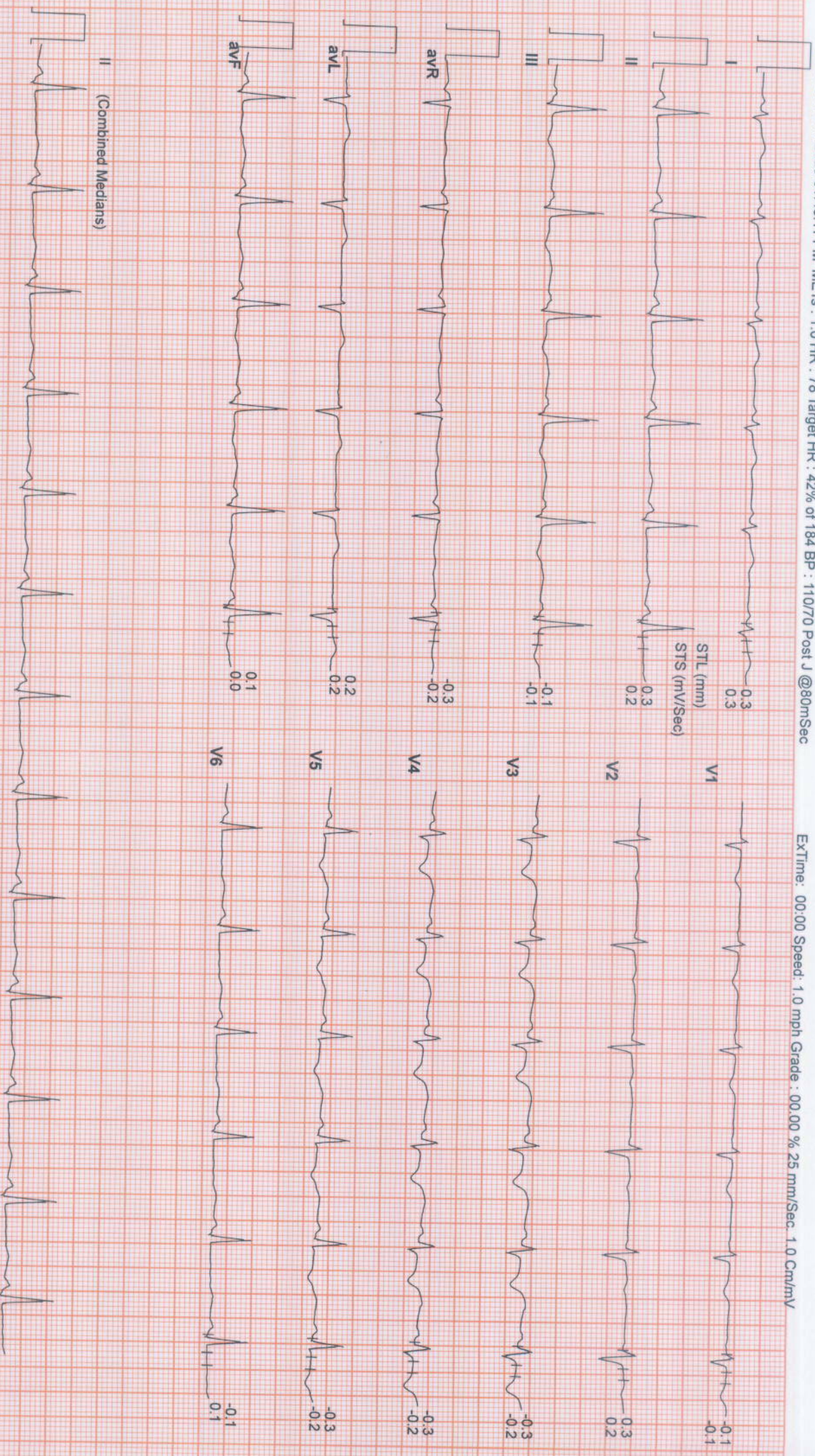
303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 1.0 HR : 78 Target HR : 42% of 184 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
WARM UP (00:00)



ExTime: 00:00 Speed: 1.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

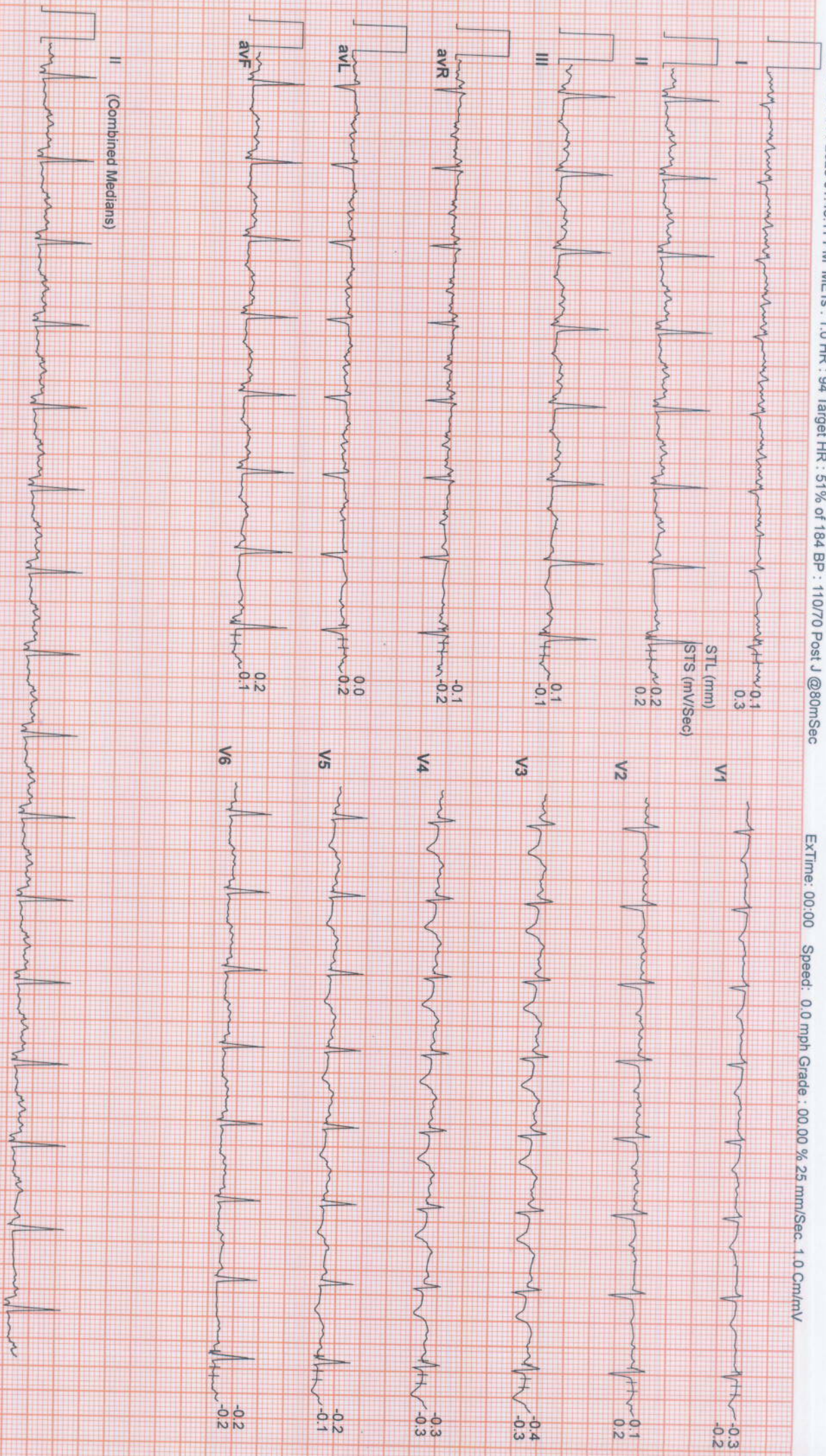
303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 1.0 HR : 94 Target HR : 51% of 184 BP : 110/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

ExSirt



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

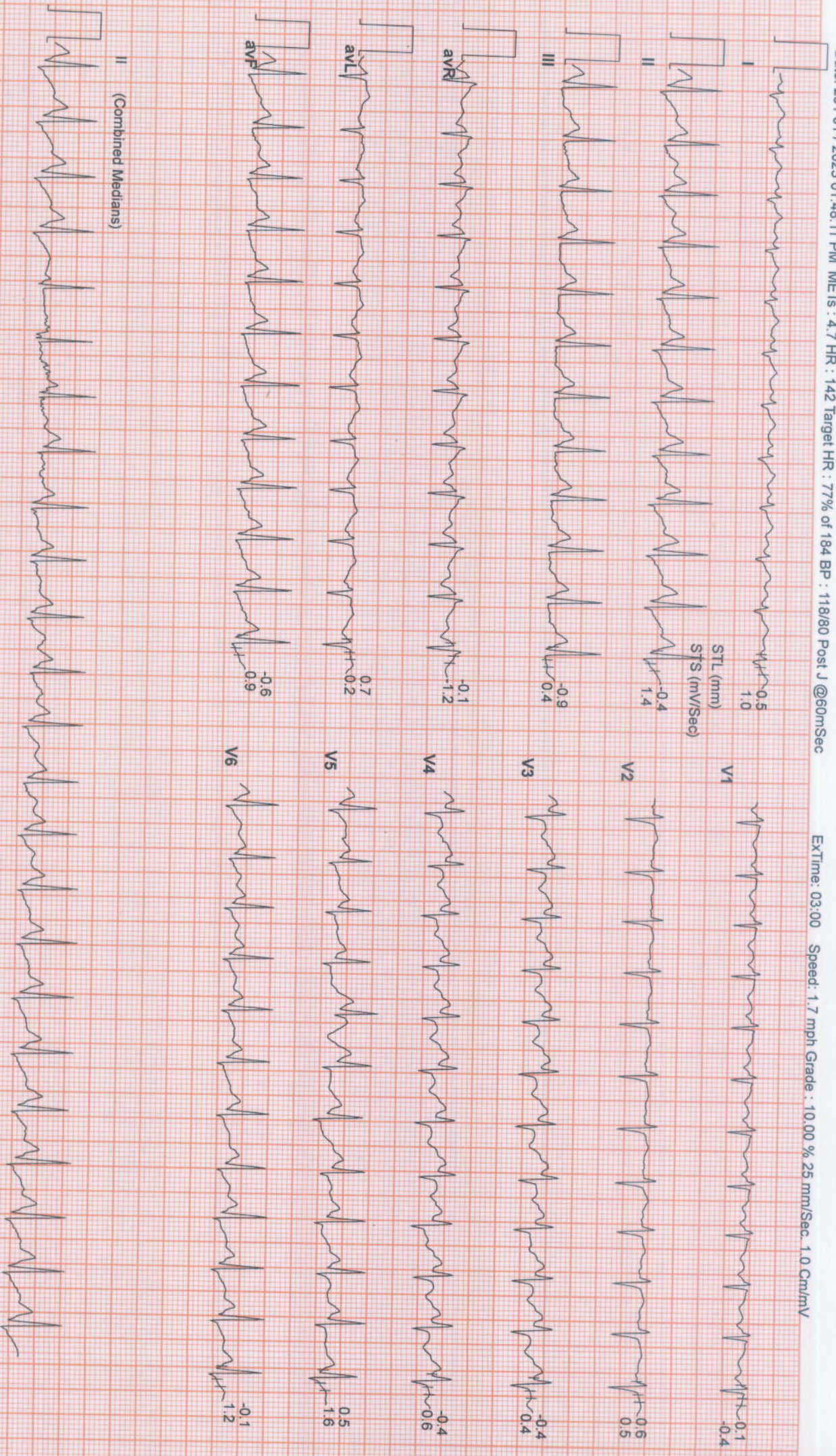
303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 28 / 01 / 2023 01:48:11 PM METs : 4.7 HR : 142 Target HR : 77% of 184 BP : 118/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



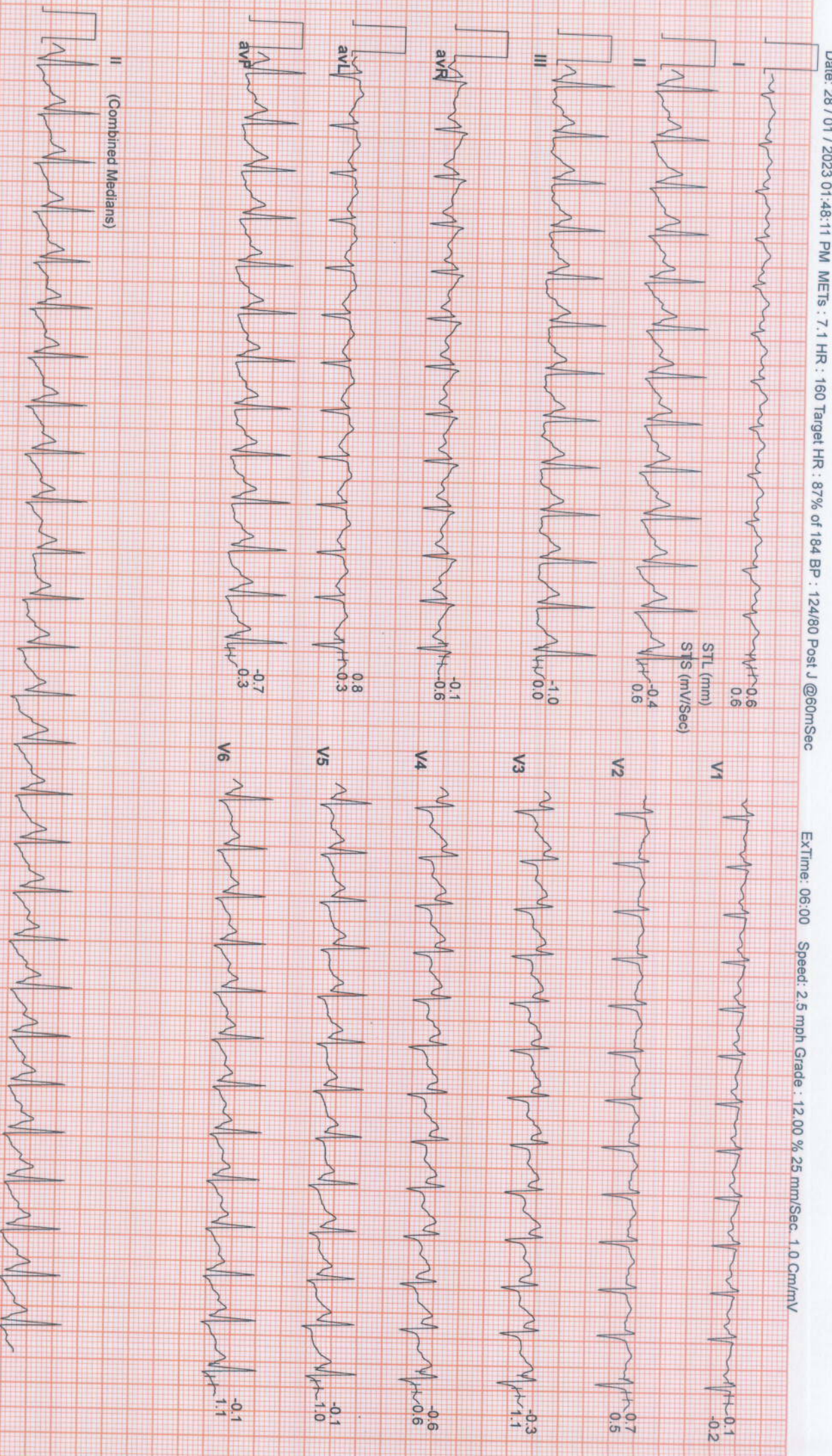
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 7.1 HR : 160 Target HR : 87% of 164 BP : 124/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 2 (03:00)

EXTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

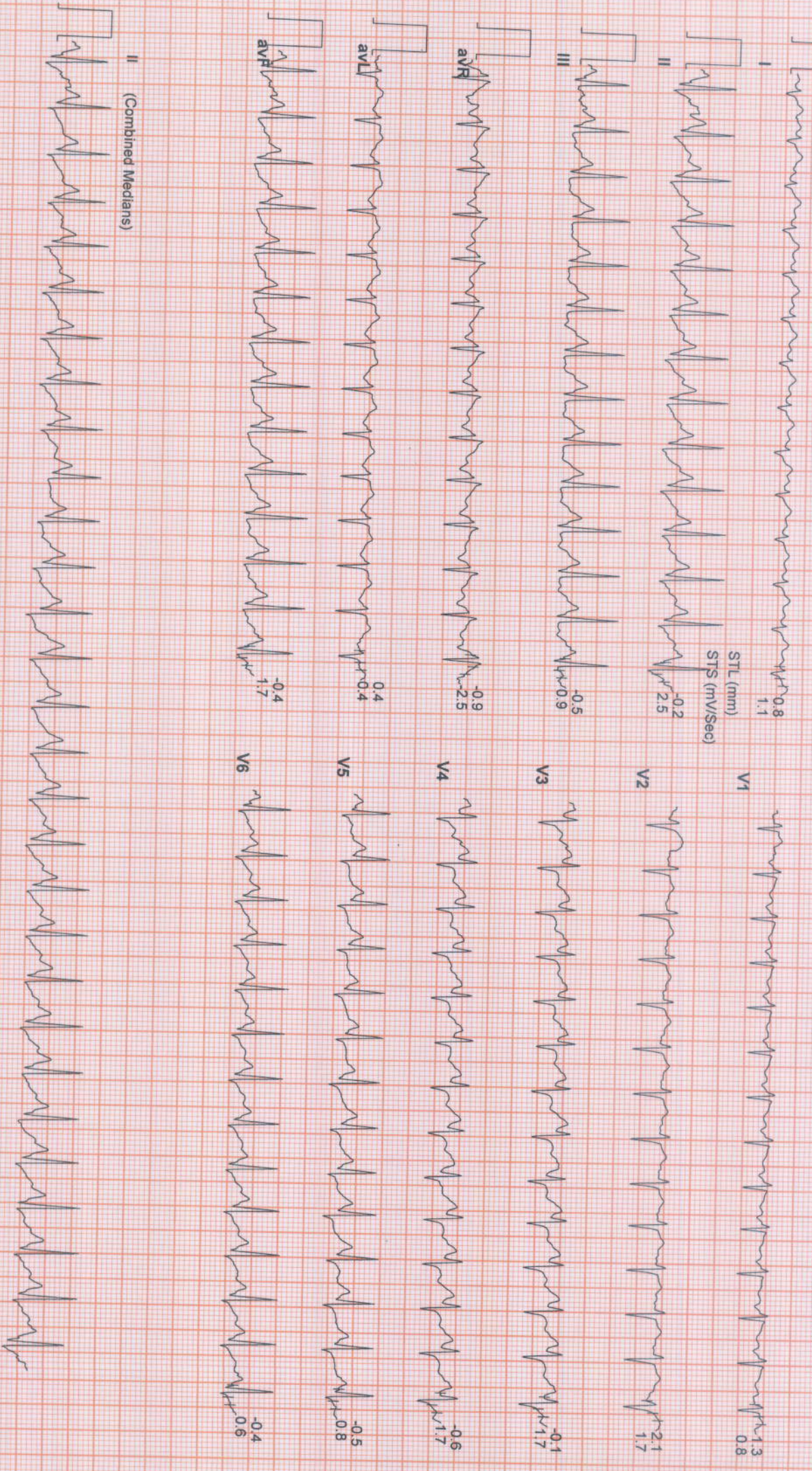
303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 28 / 01 / 2023 01:48:11 PM METs : 7.6 HR : 172 Target HR : 93% of 184 BP : 124/80 Post J @60mSec

EXTime: 06:30 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



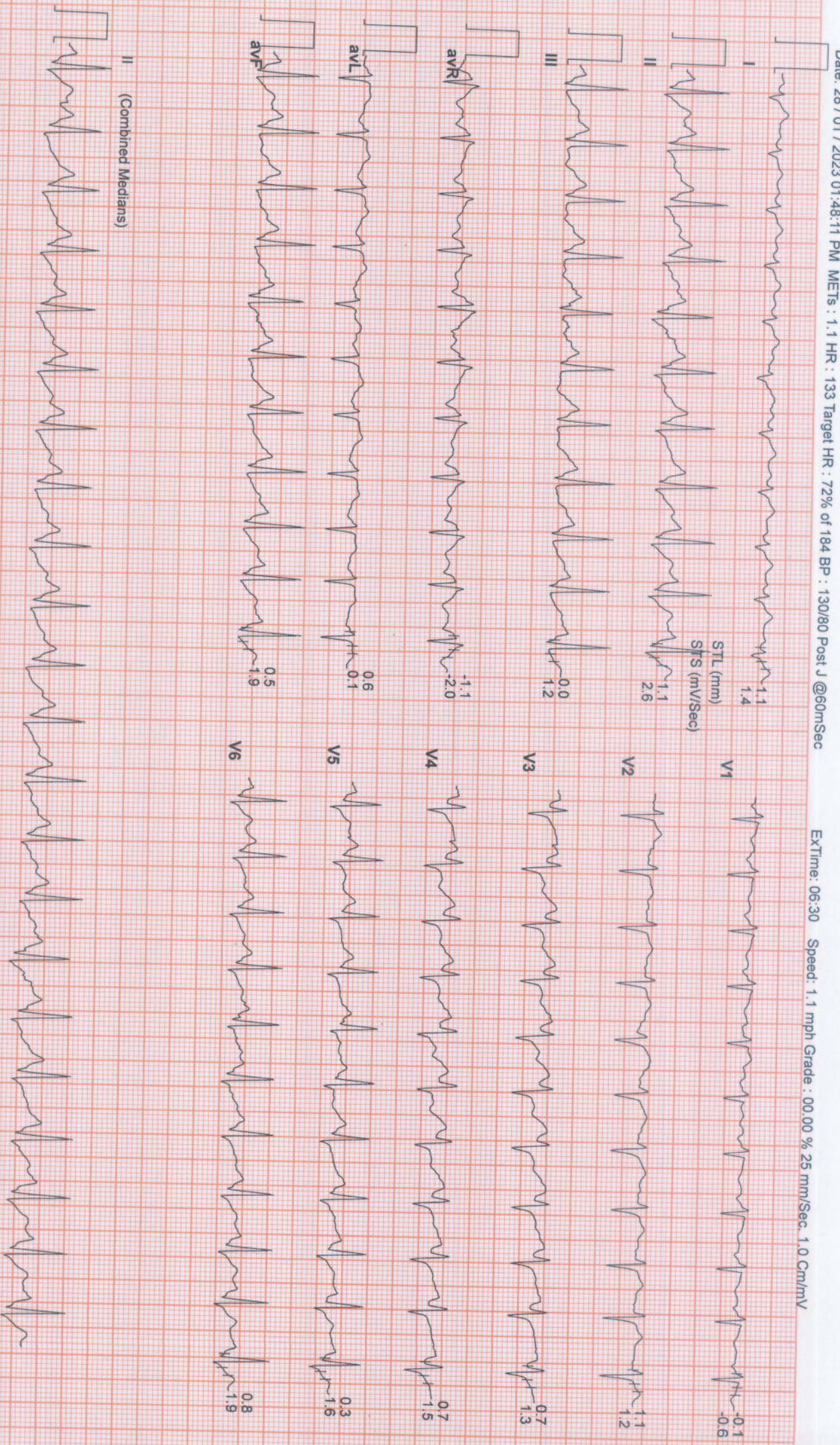
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 1.1 HR : 133 Target HR : 72% of 184 BP : 130/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)

ExTime: 06:30 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



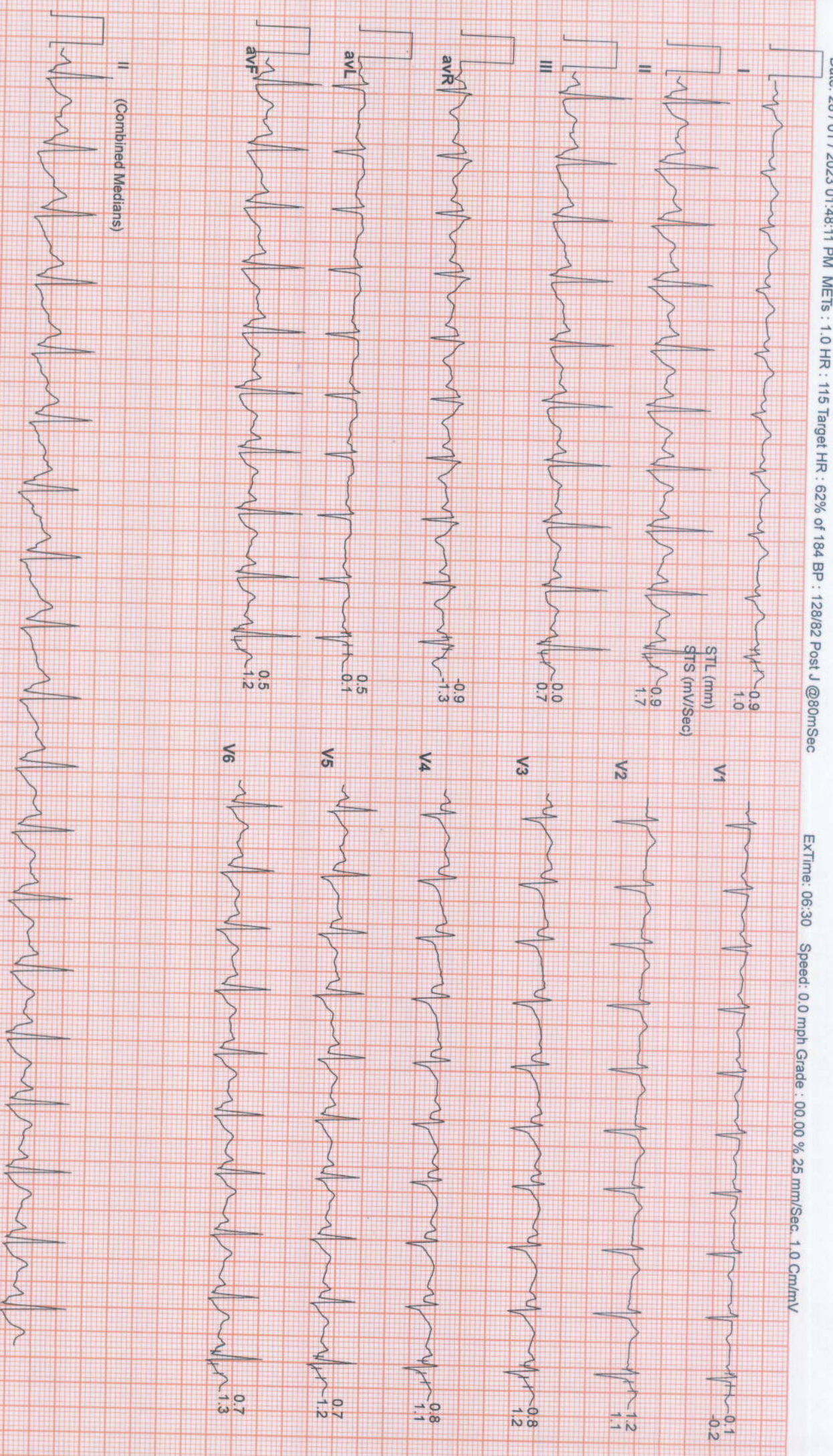
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 1.0 HR : 115 Target HR : 62% of 184 BP : 128/82 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)

EXTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

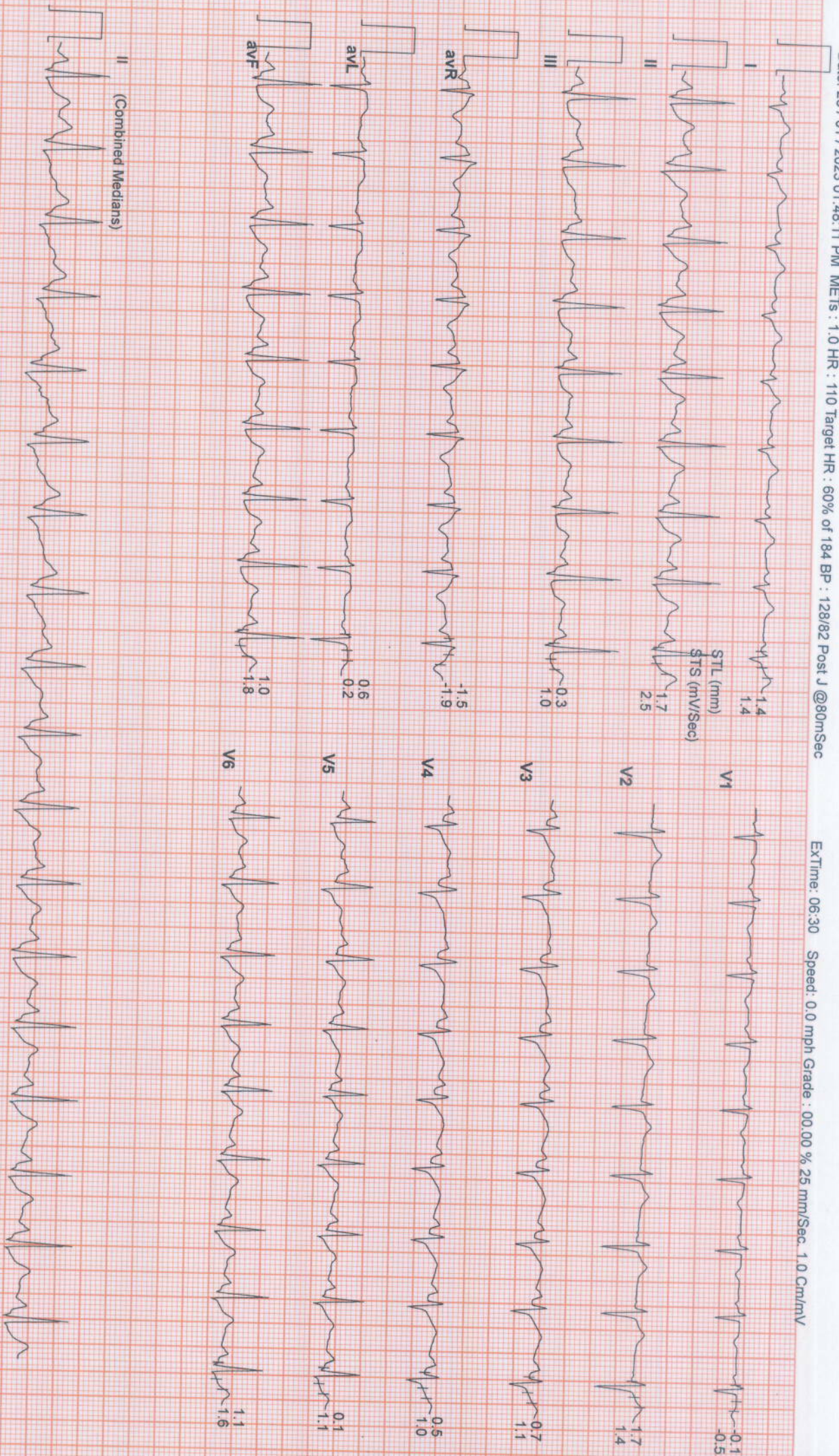
303 / MAYURI PATIL / 36 Yrs / Female / 150 Cm / 42 Kg

Date: 28 / 01 / 2023 01:48:11 PM METs : 1.0 HR : 110 Target HR : 60% of 184 BP : 128/82 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

Recovery : (02:09)

ExTime: 06:30 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Reg. No. : 2302819465	Sex : FEMALE
NAME : MRS.MAYURI PATIL	Age : 36 YRS
Ref. By : -----	Date : 28.01.2023

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.9 x 3.4 cm. Left kidney measures 10.1 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus measures 4.2 x 3.9 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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.

DR. GAURI RODA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2302819465	Sex : FEMALE
Name : MRS. MAYURI PATIL	Age : 36 YRS
Ref. By : -----	Date : 28.01.2023

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.



DR.GAURI RODA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)