

CID : 2307018424 Name : MRS.PRIYANKA KODIYALAMATH Age / Gender : 33 Years / Female Consulting Dr. : -Reg. Location : Bhayander East (Main Centre)



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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Blood Count), Blood				
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>		
<b>RBC PARAMETERS</b>					
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric		
RBC	4.13	3.8-4.8 mil/cmm	Elect. Impedance		
PCV	36.2	36-46 %	Measured		
MCV	88	80-100 fl	Calculated		
MCH	28.9	27-32 pg	Calculated		
MCHC	33.0	31.5-34.5 g/dL	Calculated		
RDW	14.1	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7700	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS				
Lymphocytes	33.0	20-40 %			
Absolute Lymphocytes	2541.0	1000-3000 /cmm	Calculated		
Monocytes	6.1	2-10 %			
Absolute Monocytes	469.7	200-1000 /cmm	Calculated		
Neutrophils	57.9	40-80 %			
Absolute Neutrophils	4458.3	2000-7000 /cmm	Calculated		
Eosinophils	3.0	1-6 %			
Absolute Eosinophils	231.0	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	367000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	9.5	11-18 %	Calculated
RBC MORPHOLOGY			

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Corporate Identity Number (CIN): U85110MH2002PTC136144



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PRECISE TESTING - HEAL			69 9 <b>2</b> 5 7 9	P
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Consulting Dr.	: -	Collected	:11-Mar-2023 / 08:54	•
Reg. Location	: Bhayander East (Main Centre)	Reported	:11-Mar-2023 / 13:56	

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	28	2-20 mm at 1 hr.	Sedimentation
*Sample processed at SUBURBAN I	DIAGNOSTICS (INDIA) PVT. LTD BO	privali Lab, Borivali West	

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Bmhaskar

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

Authenticity Check

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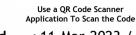
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Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)



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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	90.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum	0.47	0.3-1.2 mg/dl	Vanadate oxidation		
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation		
BILIRUBIN (INDIRECT), Serum	0.30	<1.2 mg/dl	Calculated		
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret		
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG		
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	1.6	1 - 2	Calculated		
SGOT (AST), Serum	14.2	<34 U/L	Modified IFCC		
SGPT (ALT), Serum	14.6	10-49 U/L	Modified IFCC		
GAMMA GT, Serum	16.3	<38 U/L	Modified IFCC		
ALKALINE PHOSPHATASE, Serum	110.5	46-116 U/L	Modified IFCC		
BLOOD UREA, Serum	23.4	19.29-49.28 mg/dl	Calculated		
BUN, Serum	10.9	9.0-23.0 mg/dl	Urease with GLDH		
CREATININE, Serum	0.65	0.50-0.80 mg/dl	Enzymatic		

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Name Age / Gender Consulting Dr. Reg. Location	: 33 Years / Fe : -	(A KODIYALAMATH emale ast (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 11-Mar-2023 / 13:28 : 12-Mar-2023 / 00:30	R T
	R estimation is cal	112 culated using MDRD (Modificat		study group) equation	
Note: This	s is an amended rep	oort. Kindly ignore previous re	port of eGFR dated 11/03/2	.023	
URIC AC	ID, Serum	3.3	3.1-7.8 mg/dl	Uricase/ Per	roxidase
Urine Sug	jar (PP)	Absent	Absent		
Urine Kete	ones (PP)	Absent	Absent		
*Sample p	rocessed at SUBURI	BAN DIAGNOSTICS (INDIA) PVT. *** E	. LTD Borivali Lab, Borivali V End Of Report ***	West	



Bmhaskar

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

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Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

:11-Mar-2023 / 08:54 :11-Mar-2023 / 12:44

Calculated

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) RESULTS **BIOLOGICAL REF RANGE** METHOD HPLC Non-Diabetic Level: < 5.7 %

mg/dl

Glycosylated Hemoglobin 5.3 (HbA1c), EDTA WB - CC

Estimated Average Glucose 105.4 (eAG), EDTA WB - CC

Intended use:

PARAMETER

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

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BIOLOGICAL REF RANGE METHOD

Collected Reported :11-Mar-2023 / 08:54 :11-Mar-2023 / 20:28

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

RESULTS

# PARAMETER

			<u></u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	20-25	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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





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Dr.VIPUL JAIN M.D. (PATH) Pathologist

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Reg. Location	: Bhayander East (Main Centre)	Reported	:	

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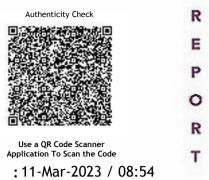
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:11-Mar-2023 / 15:00

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

Collected

Reported

# PARAMETER

# <u>RESULTS</u>

ABO GROUP Rh TYPING

Positive

В

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

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

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>LIPID PROI</u> <u>RESULTS</u>		<u>METHOD</u>
CHOLESTEROL, Serum	152.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	64.4	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	113.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.4	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	12.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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

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:11-Mar-2023 / 08:54 :11-Mar-2023 / 14:08

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.6	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.804	0.55-4.78 microIU/ml	CLIA

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## Interpretation:

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

## **Clinical Significance:**

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be 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)

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



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

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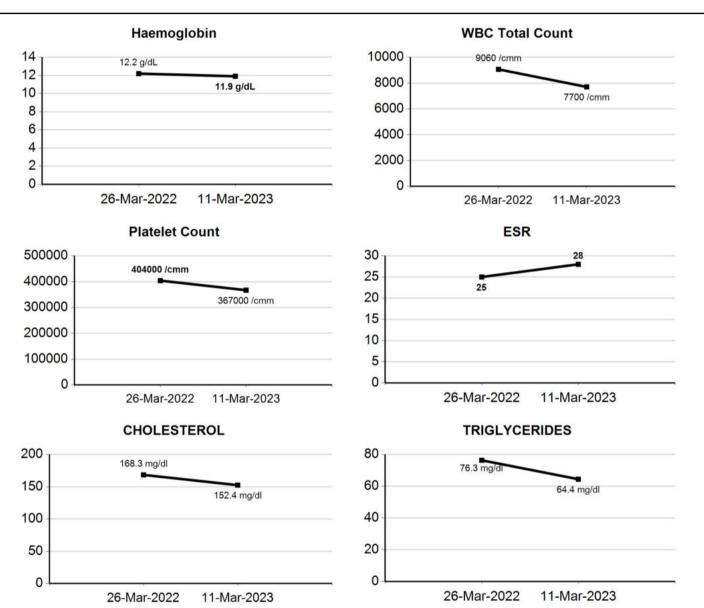
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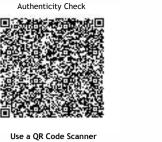




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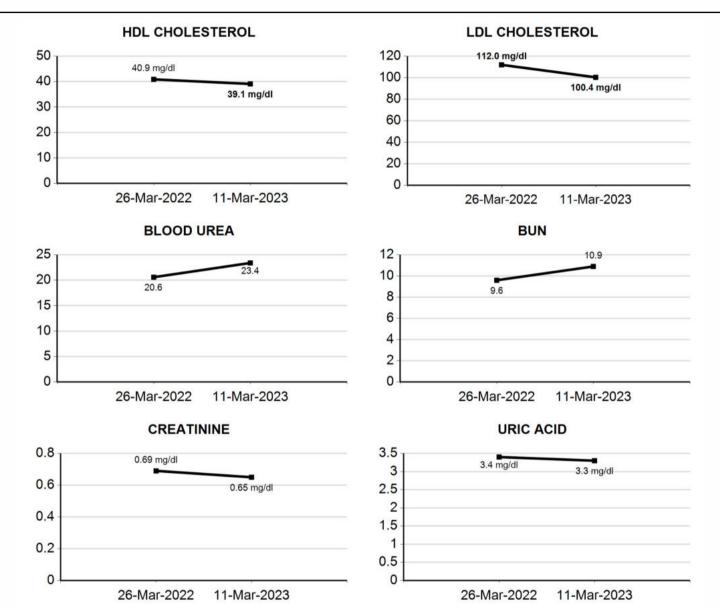
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Application To Scan the Code

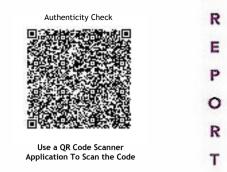


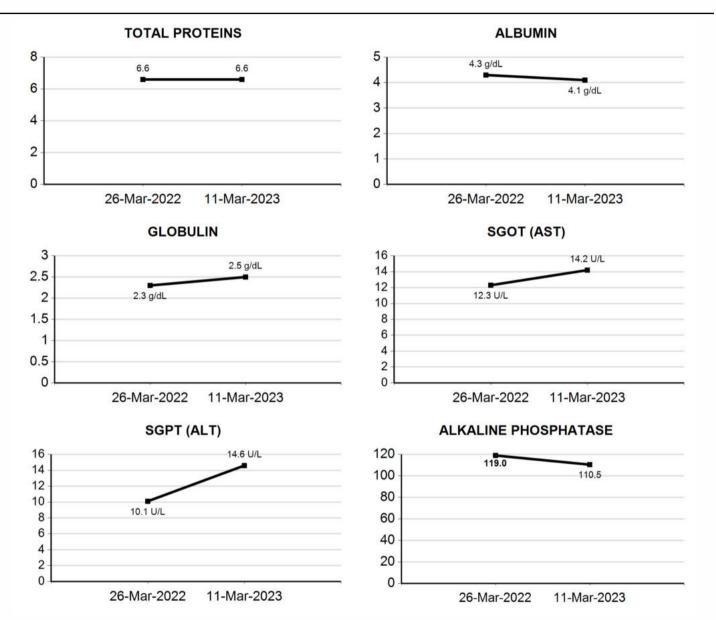
Page 13 of 16

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> 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), Mumbal - 400086. HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): U85110MH2002PTC136144



CID	: 2307018424
Name	: MRS.PRIYANKA KODIYALAMATH
Age / Gender	: 33 Years / Female
Consulting Dr.	: -
Reg. Location	: Bhayander East (Main Centre)





Page 14 of 16

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CID	: 2307018424
Name	: MRS.PRIYANKA KODIYALAMATH
Age / Gender	: 33 Years / Female
Consulting Dr.	: -
Reg. Location	: Bhayander East (Main Centre)

17.6

26-Mar-2022

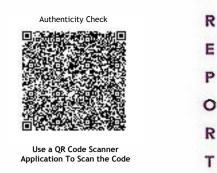
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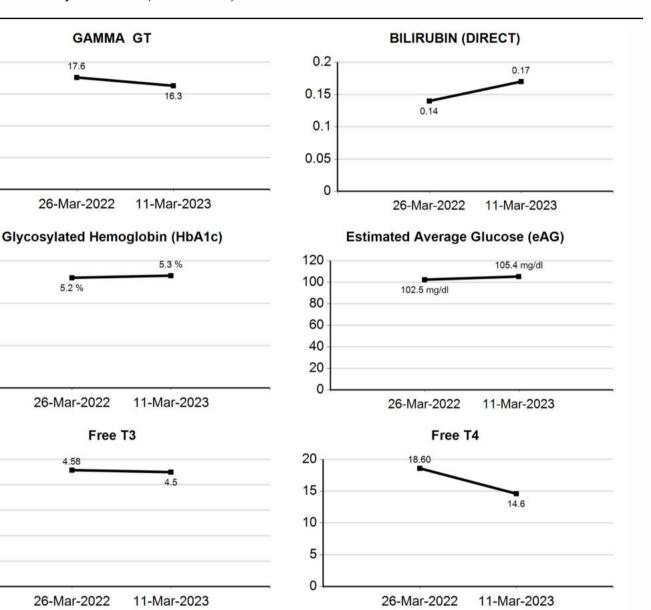
26-Mar-2022

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26-Mar-2022

Free T3



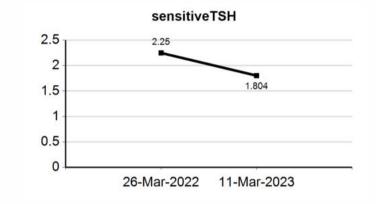


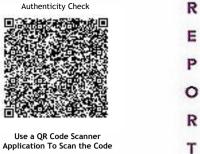
Page 15 of 16

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Consulting Dr.	: -
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Page 16 of 16

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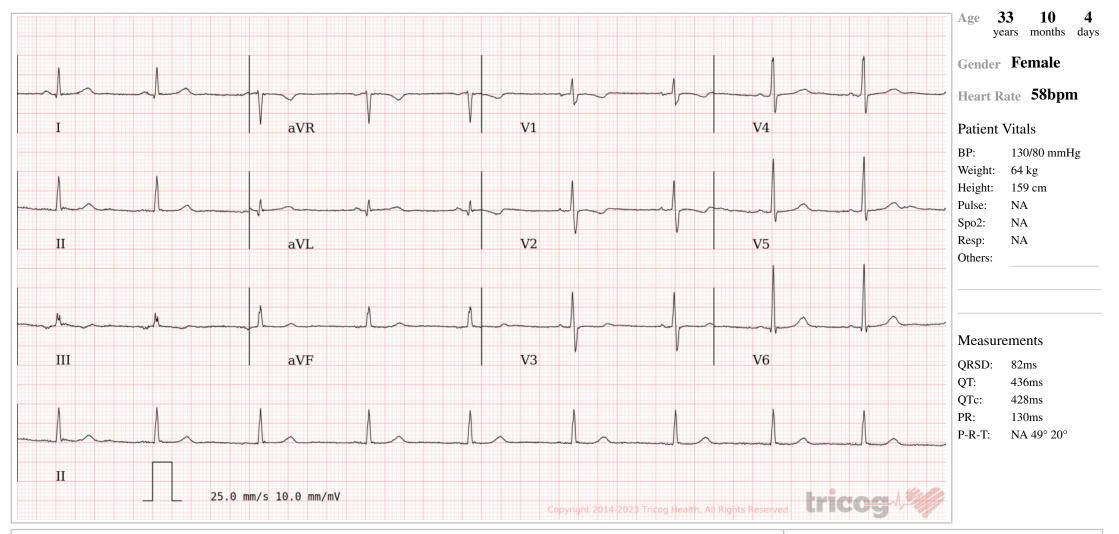
# **SUBURBAN DIAGNOSTICS - BHAYANDER EAST**

Date and Time: 11th Mar 23 9:15 AM

Patient Name: PRIYANKA KODIYALAMATH SUBURB Patient ID:

PRECISE TESTING . HEALTHIER LIVING

2307018424



ECG Within Normal Limits: Sinus Bradycardia, Normal axis Prominent R wave in V1-V3 with T wave inversion. No significant ST-T changes. Please correlate clinically.

REPORTED BY

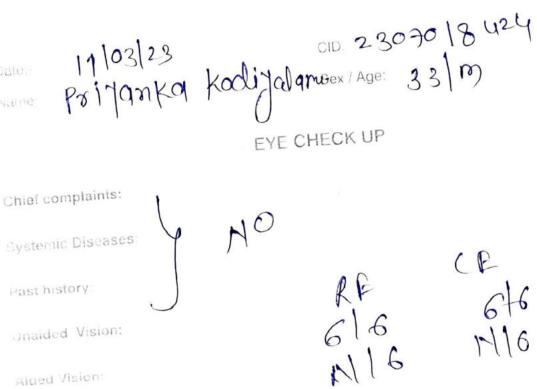


Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.

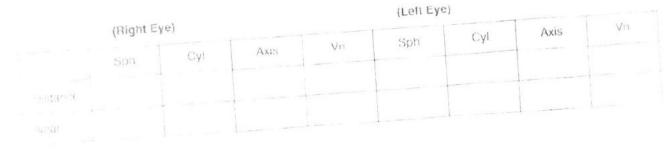






Aided Vision:

Retraction



Colour Vision. Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (1) PVT. LTD Shop No. 101-A. 1st FioC, Kshiti) Building Above Reymond, Mast - age Hospital fira - Bhayardar Rost, and Anarak Diel. Thang-401105. Phone No : 022 - 61700000

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> 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@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com Corporate Identity Number (CIN): U85110MH2002PTC136144



Sector Manual FICS (I) PVT. LTL Shop No. 101-A, 1st Floor Kshitil Building Above Reymond, Near Mira - Bhayander Rosd - Aynader (E) Dist. Thane-401105. Phone No : 022 - 61700000



3) Arrhythmia

5) Tuberculosis

Diabetes Mellitus

				E
PRECISE TESTING . H	EALTHIER LIVING			Ρ
PRECINITESTING				0
	2307018424			R
CID#				Т
Name	: MRS.PRIYANKA KODIYALAMATH			
Age / Gender	: 33 Years/Female	Collected	: 11-Mar-2023 / 08:42	
Consulting Dr.			: 13-Mar-2023 / 09:44	
Reg.Location	: Bhayander East (Main Centre)	Reported	. 10 110 202	

R

# PHYSICAL EXAMINATION REPORT

# History and Complaints: No Complaint EXAMINATION FINDINGS: 64 Weight (kg): 159 Height (cms): NAD Skin: Afebrile Temp (0c): NAD Nails: Blood Pressure (mm/hg): 130/80 Not Palpable Lymph Node: 76/min Pulse: Systems Cardiovascular: S1S2-Normal Chest-Clear Respiratory: NAD Genitourinary: GI System: NAD IMPRESSION: EIG, CBC, Biochemity and NG ADVICE: USU L'HO for Faity linel. CHIEF COMPLAINTS: No 1) Hypertension: No 2) IHD No

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>rd</sup> 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@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com 1 of 2

No

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Corporate Identity Number (CIN): U85110MH2002PTC136144

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Name	: MRS.PRIYANKA KODIYALAMATH		
Age / Gender	: 33 Years/Female	Collected	: 11-Mar-2023 / 08:42
Consulting Dr.	:	Reported	: 13-Mar-2023 / 09:44
Reg Location	: Bhayander East (Main Centre)		

	No
6) Asthama	No
	No
	No
9) Nervous disorders	No
10) GI system	No
<ul><li>11) Genital urinary disorder</li><li>12) Rheumatic joint diseases or symptoms</li></ul>	No
13) Blood disease or disorder	No
14) Cancer/lump growth/cyst	No
	No
15) Congenital disease	No
<ul><li>16) Surgeries</li><li>17) Musculoskeletal System</li></ul>	No
TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	reasionally

PERSONAL HISTORY:

- Alcohol 1)
- Smoking 2)
- Diet 3)
- Medication 4)

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No		

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

DR. ANITA CHOUDHARY M.8.8.S CONSULTANT FINALCIAN Reg. No. 2017/12/5553

MOSTICS (I) PVT. LTD SUBURB (shift) Building tospital Shop Mo. Mira - Bhayanan an antaynadar (E) Above Regit Dist. Thane-401105. Phone No : 022 - 61700000

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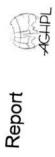
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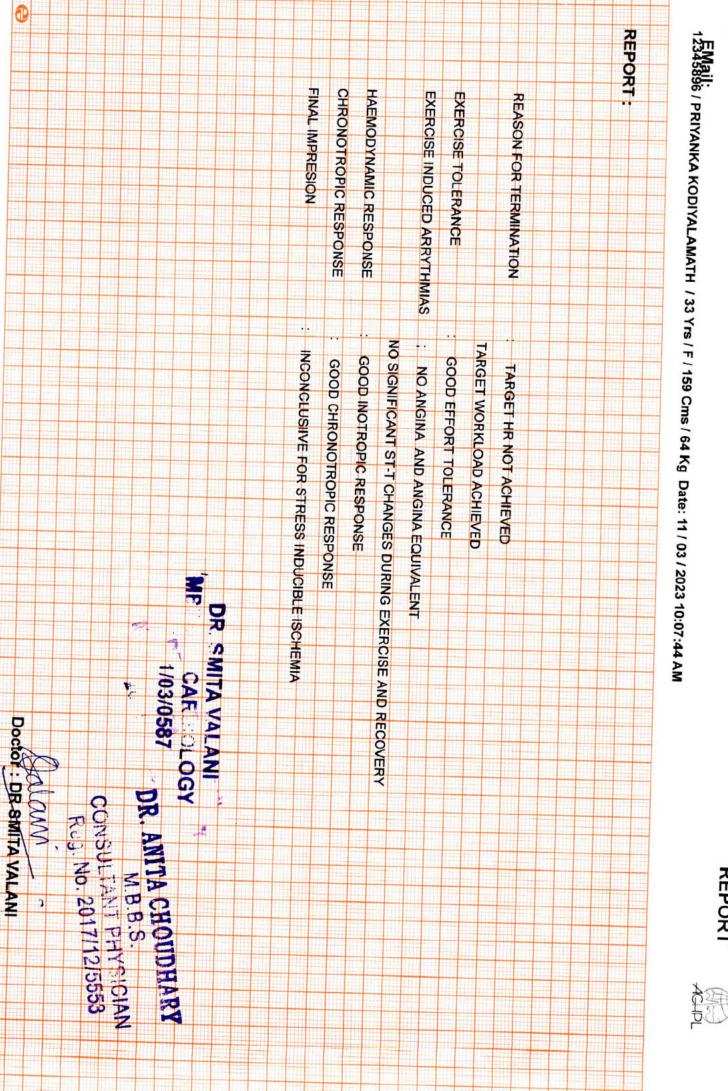


12345896 (2307018424) / PRIYANKA KODIYALAMATH / 33 Yrs / F / 159 Cms / 64 Kg Date: 11 / 03 / 2023 10:07:44 AM

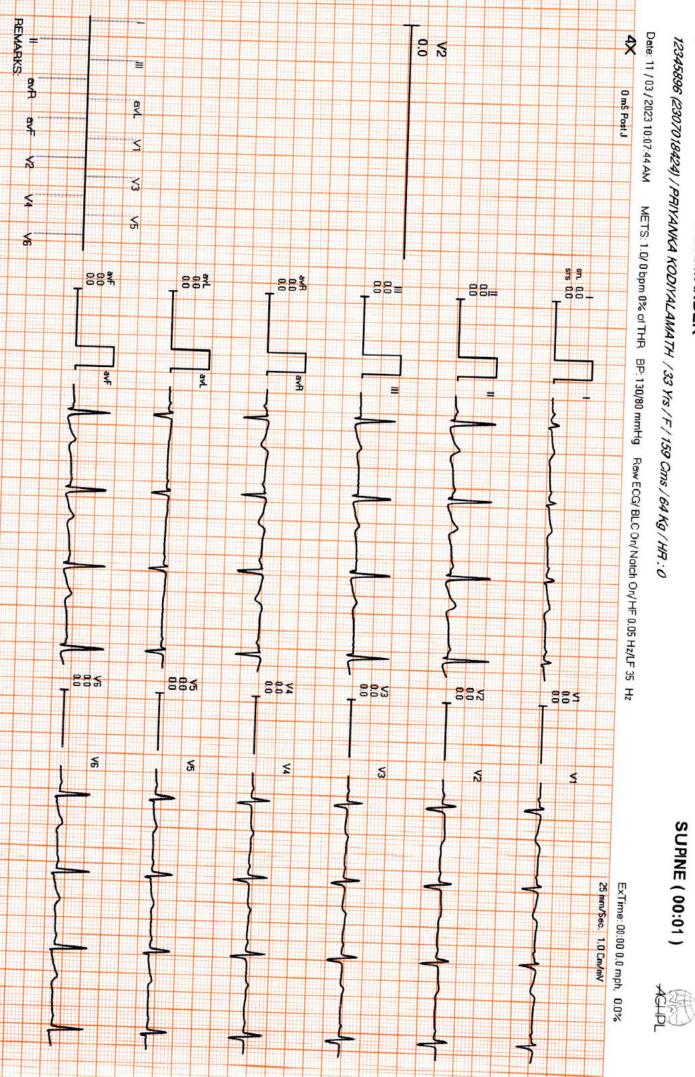


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Initial BP (Event)		73 bpm 39% of Target 187	rget 187							
Max Work! and At		130/80 (mm/Hg)			ax HR Attain	led 151 bpm	Max HR Attained 151 bpm 81% of Taract 102	10		
av or non-vad Attaine		: 8.7 Fair response to induced atte	Cindinad att		Max BP Attained 160/80 (mm/Ha)	ed 160/80 /r		101		
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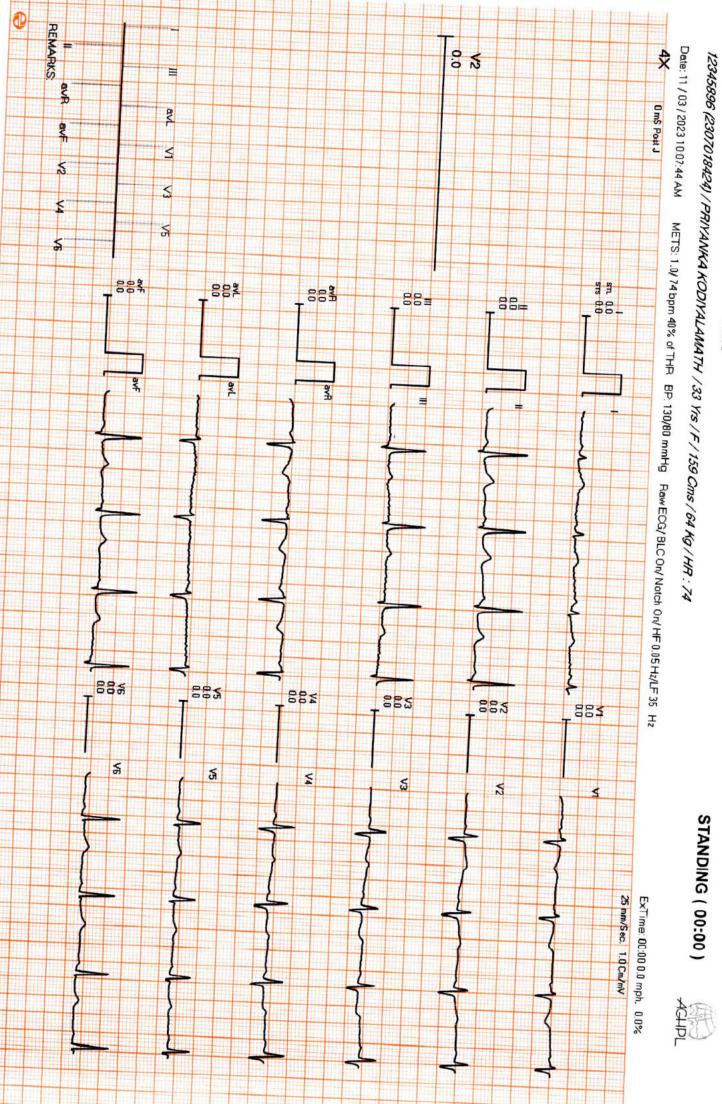


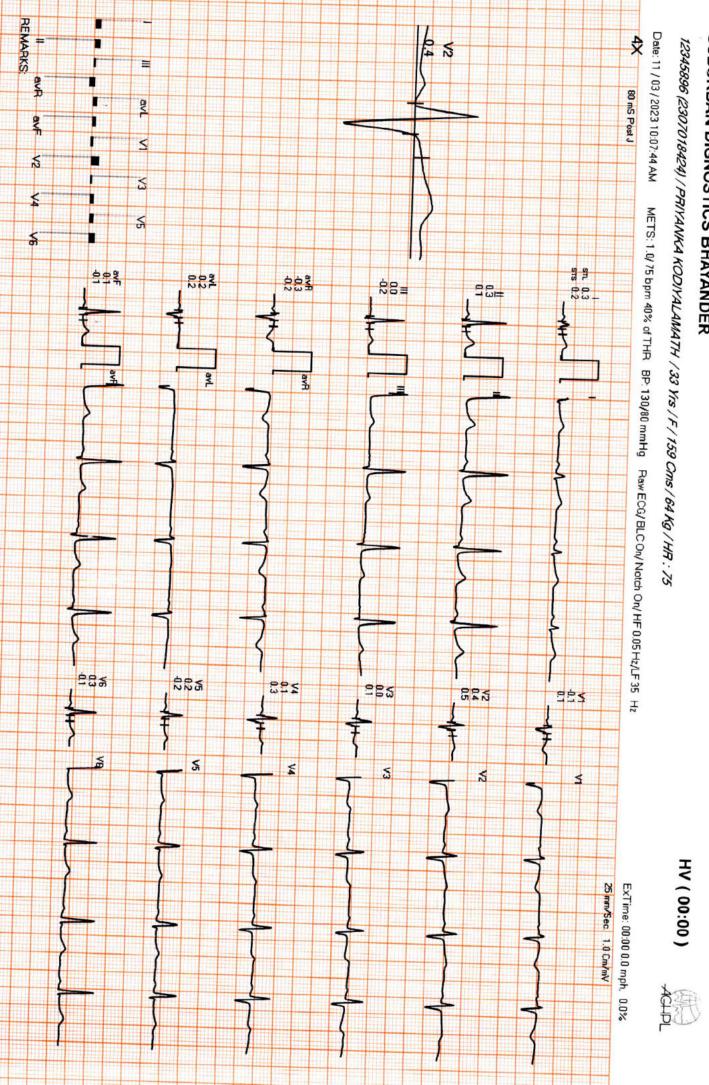
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STANDING ( 00:00 )





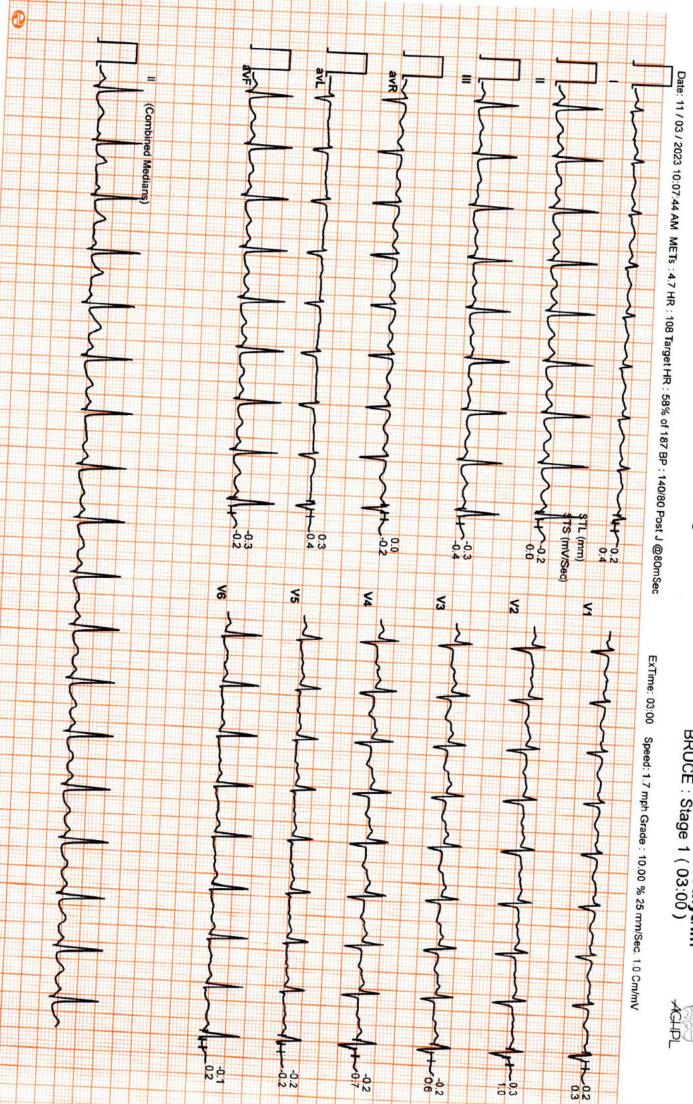


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6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 ( 03:00 )



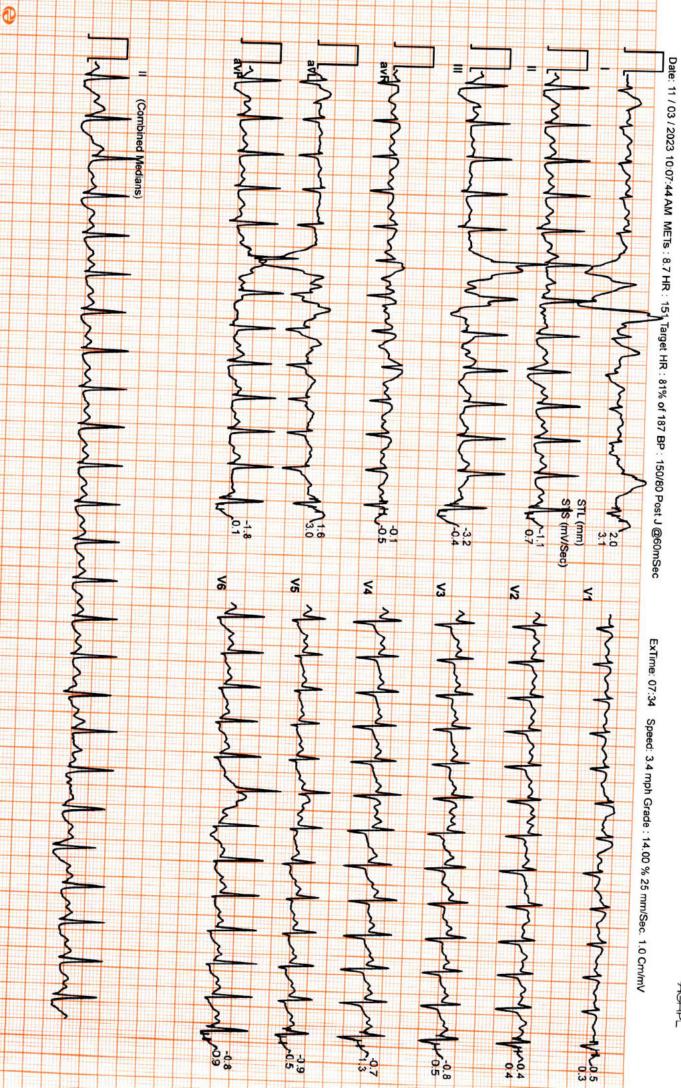




12345896 / PRIYANKA KODIYALAMATH / 33 Yrs / Female / 159 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



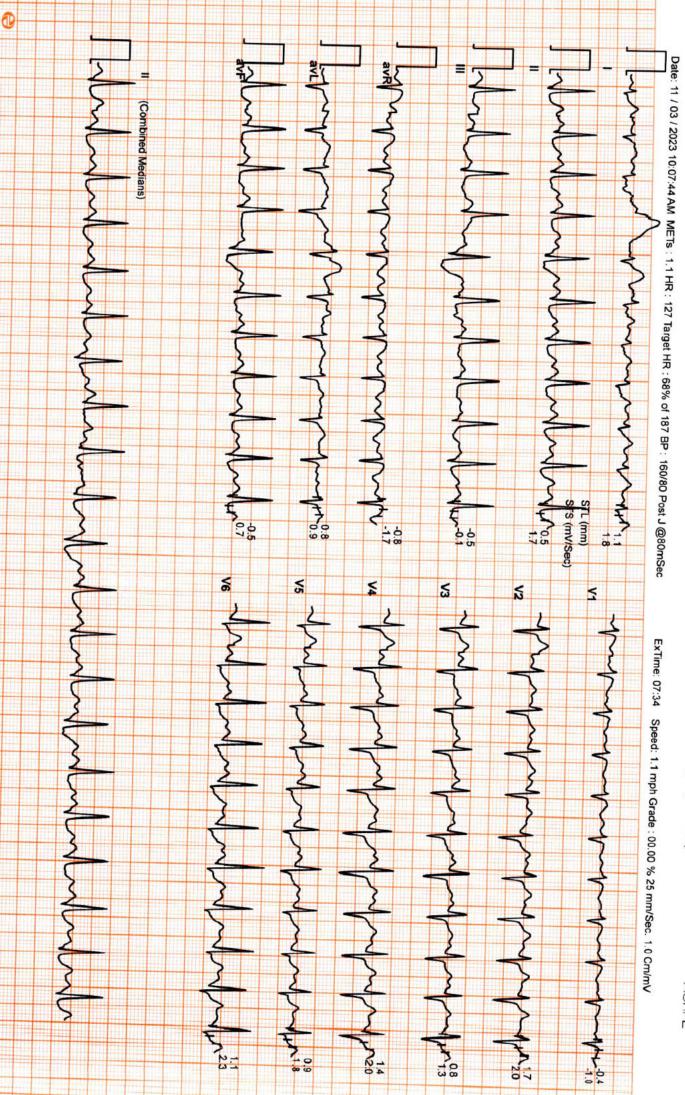


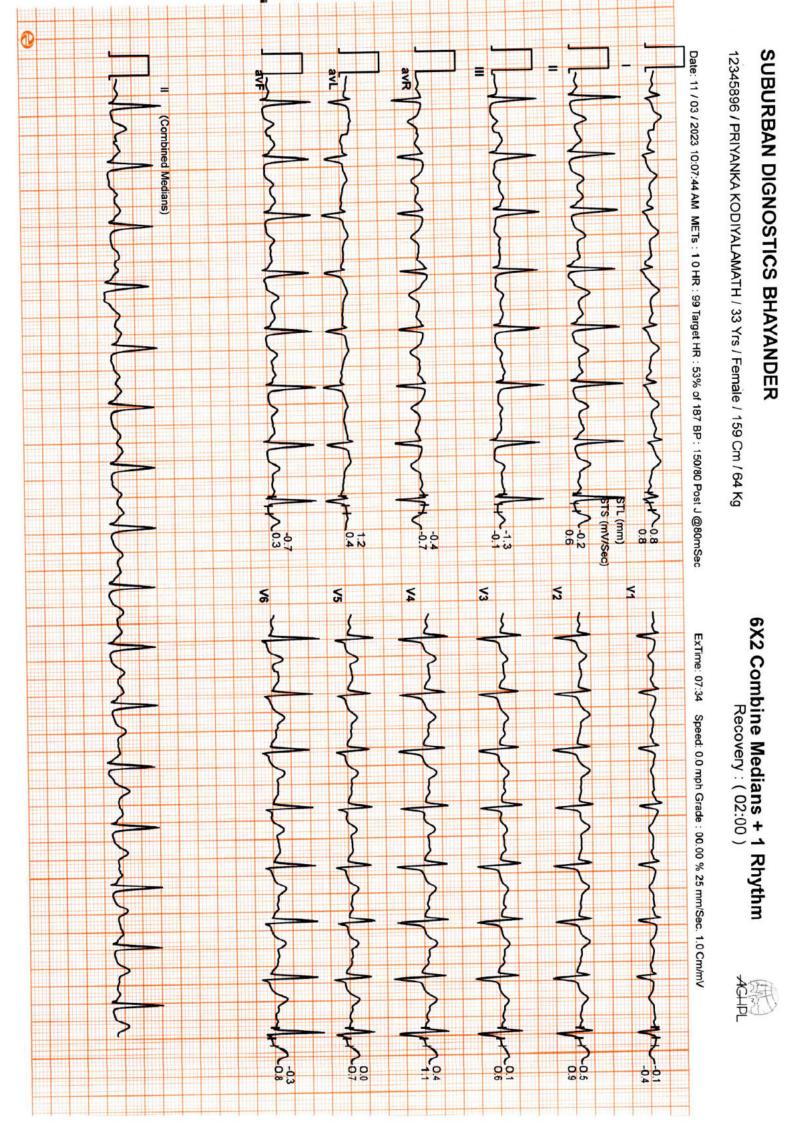




6X2 Combine Medians + 1 Rhythm Recovery : ( 01:00 )



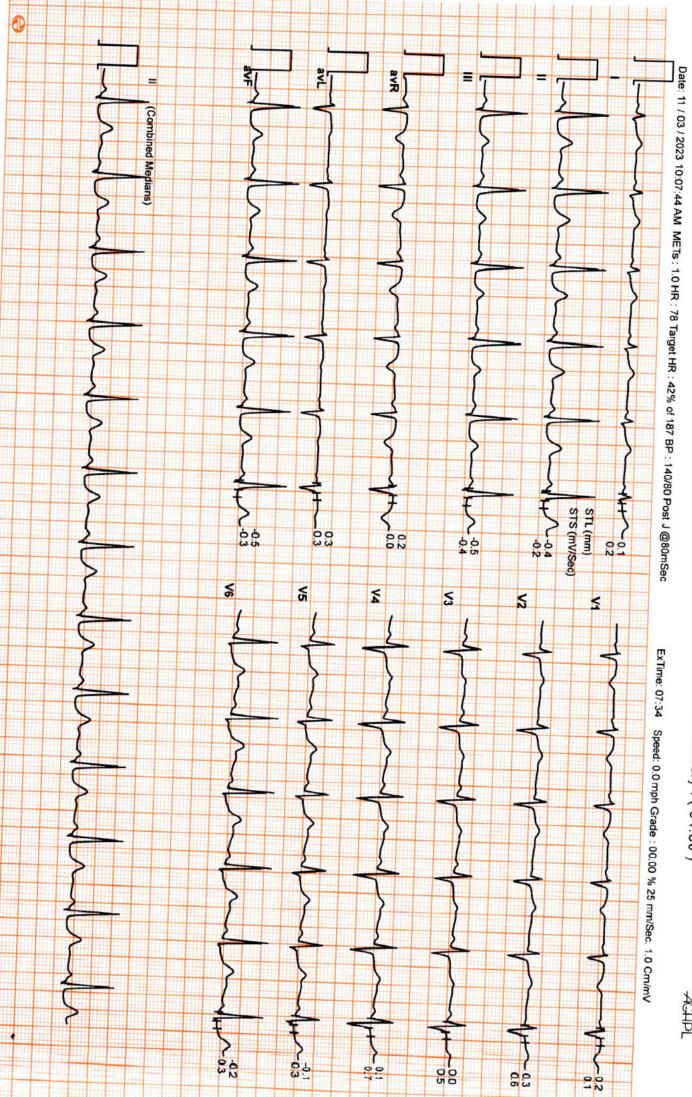




12345896 / PRIYANKA KODIYALAMATH / 33 Yrs / Female / 159 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery : ( 04:00 )

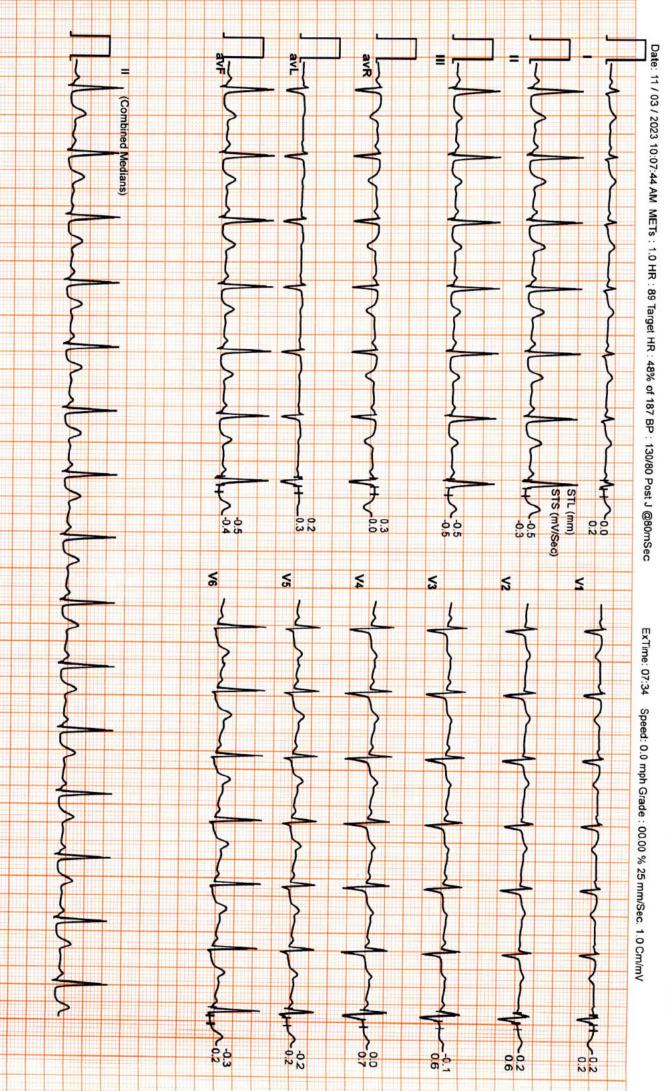




12345896 / PRIYANKA KODIYALAMATH / 33 Yrs / Female / 159 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm Recovery : ( 04:09 )



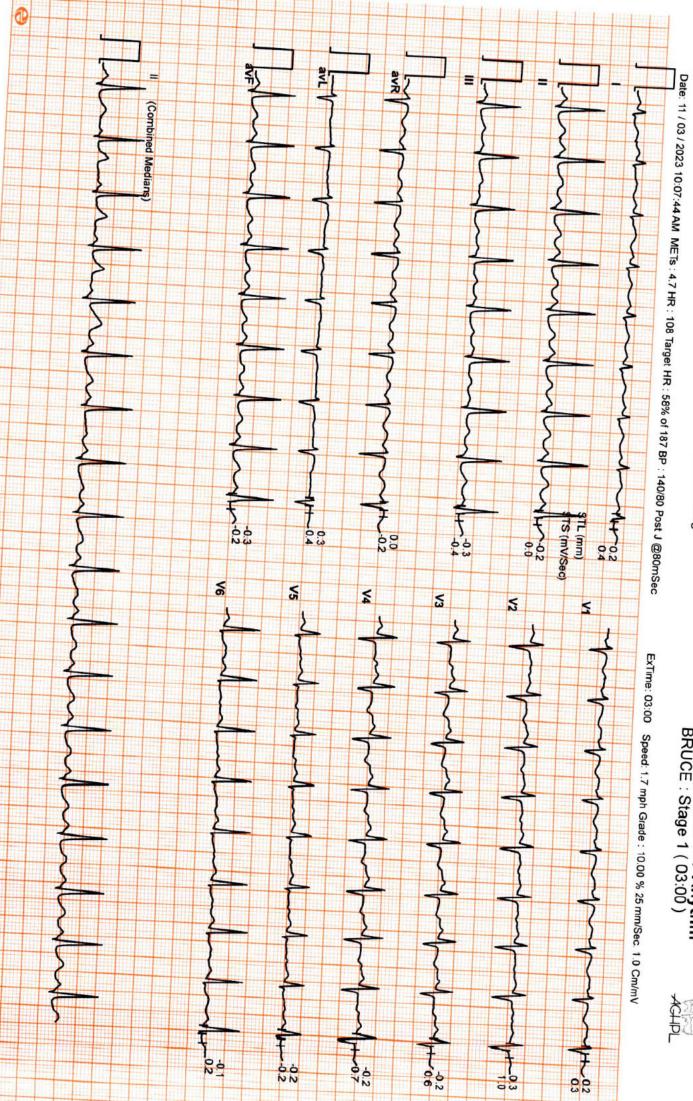


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12345896 / PRIYANKA KODIYALAMATH / 33 Yrs / Female / 159 Cm / 64 Kg

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



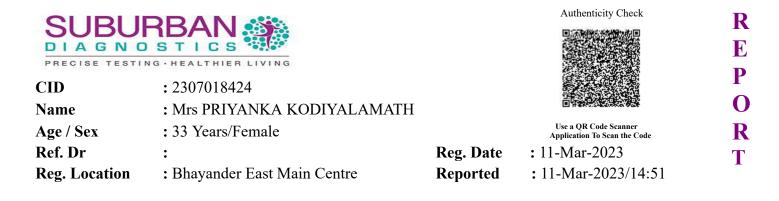


12345896 / PRIYANKA KODIYALAMATH / 33 Yrs / Female / 159 Cm / 64 Kg

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



0 Date: 11 / 03 / 2023 10:07:44 AM METs : 7.1 HR : 129 Target HR : 69% of 187 BP : 150/80 Post J @80mSec AVR = 2 3 I A (Combined Medians) { -WH-0.1 STL (mm) STS (mV/Sec) WH-0.3 F H-0.0 7-0.2 50.3 5 ≤4 53 ≤2 4 6 5 47 ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV 5 T **1**,0.1 0.4 10.2 0.2 0.2 20.1 1.4



# **USG WHOLE ABDOMEN**

# LIVER:

The liver is normal in size (13.9 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

# GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

# **COMMON BILE DUCT:**

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

# PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

# **KIDNEYS:**

Right kidney measures 10.8 x 3.2cm. Left kidney measures 10.5 x 4.8 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

# **SPLEEN:**

The spleen is normal in size (9.5 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

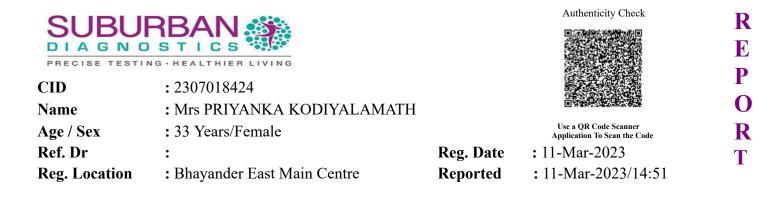
# **URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

# **UTERUS**:

The uterus is retroverted and appears normal. It measures 8.2 x 4.4 x 5.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 9.8 mm and appears normal.



# **OVARIES:**

Right ovary : 2.8 x 1.6 x 1.7 cm, Vol : 4.3 cc. Left ovary : 3.0 x 1.9 x 1.9 cm, Vol : 6.8 cc. Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

# **IMPRESSION:**

- Grade I fatty infiltration of liver.
- No other significant abnormality made out.

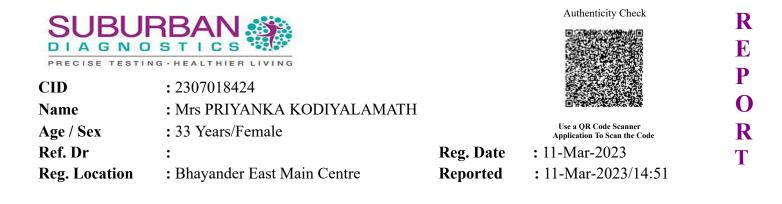
# Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE MBBS ,DMRD Reg No -65470 Consultant Radiologist





:2307018424

: 33 Years/Female



Application To Scan the Code

: 11-Mar-2023/10:09

: 11-Mar-2023

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# **X-RAY CHEST PA VIEW**

**Reg.** Date

Reported

Positional rotation seen.

CID

Name

Age / Sex

**Reg.** Location

Ref. Dr

The lung fields are clear with no active parenchymal lesion.

: Bhayander East Main Centre

Both hila are prominent.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

: Mrs PRIYANKA KODIYALAMATH

The domes of the diaphragm normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION:** No significant active parenchymal abnormality made out.

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE MBBS ,DMRD Reg No -65470 Consultant Radiologist

