

Name : MRS.NEETU JAIN

:31 Years / Female Age / Gender

Consulting Dr.

Reg. Location

: Kandivali East (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

:11-Feb-2023 / 09:48 :11-Feb-2023 / 12:44

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

	CBC (Complete Blood	<u>l Count), Blood</u>	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.53	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.7	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	12.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8720	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS		
Lymphocytes	39.4	20-40 %	
Absolute Lymphocytes	3435.7	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	610.4	200-1000 /cmm	Calculated
Neutrophils	51.7	40-80 %	
Absolute Neutrophils	4508.2	2000-7000 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

1.8

0.1

8.7

157.0

### **PLATELET PARAMETERS**

Platelet Count	354000	150000-400000 /cmm	Elect. Impedance
MPV	8.0	6-11 fl	Calculated
PDW	13.4	11-18 %	Calculated

1-6 %

0.1-2 %

20-500 /cmm

20-100 /cmm

### **RBC MORPHOLOGY**

Eosinophils

Basophils

Absolute Eosinophils

Absolute Basophils

Immature Leukocytes

Hypochromia Microcytosis

Calculated

Calculated



CID : 2304222456

Name : MRS.NEETU JAIN

Age / Gender : 31 Years / Female

Consulting Dr. :-

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**Reported** :11-Feb-2023 / 12:34

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

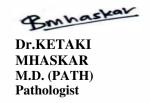
Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 30 2-20 mm at 1 hr. Sedimentation

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









Name : MRS.NEETU JAIN

Age / Gender :31 Years / Female

Consulting Dr.

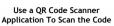
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: Kandivali East (Main Centre)

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Collected :11-Feb-2023 / 09:48

Reported :11-Feb-2023 / 14:56

### AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	136.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	<0.10	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.26	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	20.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.2	10-49 U/L	Modified IFCC
GAMMA GT, Serum	27.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	103.1	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	16.5	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.7	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.49	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	157	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	3.1-7.8 mg/dl	Uricase/ Peroxidase



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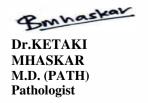
**Reported** :11-Feb-2023 / 11:54

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











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: 11-Feb-2023 / 09:48

Reported :11-Feb-2023 / 18:17

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

### **PARAMETER RESULTS BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin 5.6 **HPLC** Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 114.0 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:

(eAG), EDTA WB - CC

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

### Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

### Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

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

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



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



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: 11-Feb-2023 / 09:48

Reported :11-Feb-2023 / 16:10

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

Collected

**PARAMETER** 

**RESULTS** 

**ABO GROUP** 

0

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

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:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia 1.
- AABB technical manual

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



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

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



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:11-Feb-2023 / 09:48

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:11-Feb-2023 / 15:26

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	208.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	187.7	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	47.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	160.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123.2	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	37.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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



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



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

Collected

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<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOL</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	CLIA
Free T4, Serum	14.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.768	0.55-4.78 microIU/ml	CLIA

### Interpretation:

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

- 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.

- 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)



June Luncia Dr.VRUSHALI **SHROFF** M.D.(PATH) **Pathologist** 

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



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: 2304222456

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Collected

: 11-Feb-2023 / 09:36

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Reported

: 12-Feb-2023 / 09:39

### PHYSICAL EXAMINATION REPORT

### History and Complaints:

No

### **EXAMINATION FINDINGS:**

Height (cms):

167 cms

Weight (kg):

67 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 140/80

Nails:

Normal

Pulse:

80/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

Dyscipidences user fally lines law factly diet

ADVICE:



CID#

2304222456

Name

: MRS.NEETU JAIN

Age / Gender

: 31 Years/Female

Consulting Dr. :

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Collected

: 11-Feb-2023 / 09:36

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Reported

: 12-Feb-2023 / 09:39

### CHIEF COMPLAINTS:

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

### PERSONAL HISTORY:

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

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

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD. Row Herman 1, Aangen, Thakur Vinego (andivali (cast), Tel: 61700000

Dr. Jagruti Dhale MBBB Consultant Physician Reg. No. 69543

## SUBURBAN DIAGNOSTICS - KANDIVALI EAST

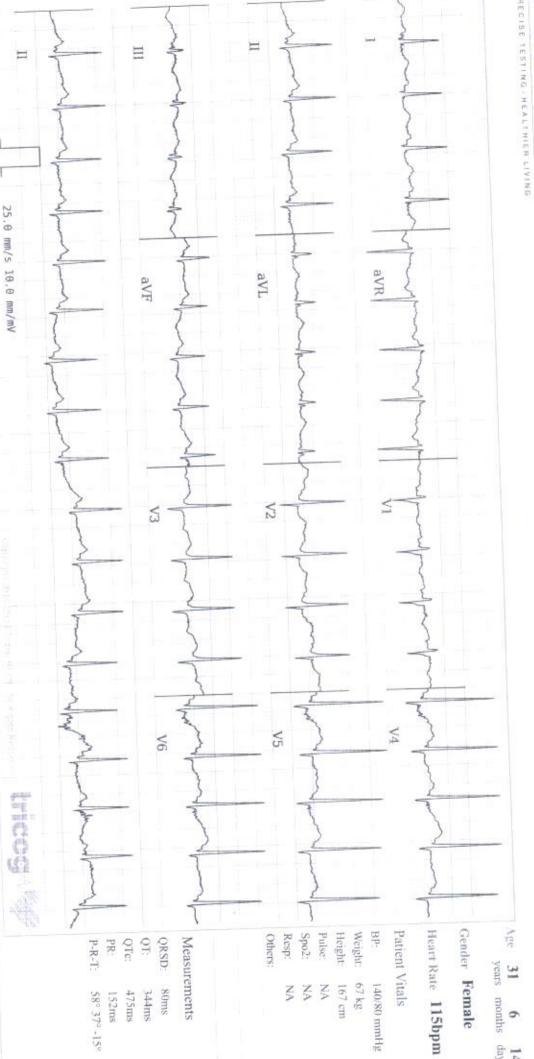
Date and Time: 11th Feb 23 12:04 PM

PRECISE TESTING . HEALTHIER LIVING

Patient ID: 2304222456

14 days

Patient Name: NEETU JAIN



Tel: 61700000

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

REPORTED BY

80ms

475ms 344ms

58° 37° -15° 152ms

Sinus Tachycardia. Please correlate clinically.



R E P 0 R T

### DENTAL CHECK - UP

Name:-	Neete	Jun
A CELL LICE	1	

CID: 2 364 272456 Sex / Age: - / 3/

Occupation:-

Date: 11 /02/ 20123

Chief complaints: No (umplaints

Medical / dental history: No relevant his king

### GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: Numal movements

Bilateral Symmetrical b) Facial Symmetry:

2) Intra Oral Examination:

Numal a) Soft Tissue Examination:

b) Hard Tissue Examination: 5/8 Butally erupted

c) Calculus:

Stains:

15 18 14 28

48 45 44 43 35 38

> Missing Fractured 0 Filled/Restored Root Canal Treatment

0 Cavity Caries Root Piece

Extraction of

Provisional Diagnosis:-

- MIL-



R E P O R T

Date: 1/2/23

CID: 2304221 456

Name: mas Neelse Jain

Sex/Age: F 31

### EYE CHECK UP

Chief complaints: Portine ch-up

Systemic Diseases: NO HO SIZ

Past history: NO HO Ochor 5x lingury

Unaided Vision: 6/6,0/6

Aided Vision:

Refraction:

coms normal

	(Rig	ht Eye)		(Left Eye)								
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn				
Distance	- P1	ano-		016	-P(	ano -		GIL				
Near				1916				1101				

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

KAJAL NAGRECHA OPTOMETRIST



CID

: 2304222456

Name

: Mrs Neetu jain : 31 Years/Female

Age / Sex Ref. Dr

00

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### X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

### IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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

Khilin FRA

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021109370635



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: 11-Feb-2023

: 11-Feb-2023 / 11:27

### USG WHOLE ABDOMEN

The liver is normal in size (14.6 cm), shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD measures 2.3 mm. The main portal vein and CBD appears normal.

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

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

Left kidney measures 10.9 x 4.8 cm. KIDNEYS: Right kidney measures 11.3 x 4.4 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

The spleen is normal in size (9.5 cm) 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.

The uterus is anteverted and appears normal.It measures 6.9 x 3.7 x 4.3 cm in size.

The endometrial thickness is 6.0 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal,

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

Right ovary =  $2.6 \times 1.3 \text{ cm}$ . Left ovary =  $2.7 \times 1.3 \text{ cm}$ .

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer? Acces

sionNo=2023021109370627



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: 11-Feb-2023 : 11-Feb-2023 / 11:27

IMPRESSION:-

GRADE I FATTY LIVER.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari

Reg. Date

Reported

MBBS. MD. Radio-Diagnosis Mumbai MMC REG NO - 2011/08/2862

EMail:

997 (2304222456) / NEETU JAIN / 31 Yrs / F / 167 Cms / 67 Kg
Date: 11 / 02 / 2023 12:52:50 PM Refd By: AERCOFEMI Examined By: DR.AKHIL PARULEKAR

						Test End Reasons	Cure Treatmil Score	Max WorkL	Initiai BP (ExStrt)	Initial HR (ExStrt)	Exercise Time	FINDINGS:	Recovery	Recovery	PeakEx	ExStart	H	Standing	Supine	Stage
						asons	mil Score	Max workLoad Attained	xStrt)	xStrt)	me		07:17	07.07	06:07	03:08	02:40	02:31	02:05	Time
						Fatigue	. 54.2	4.7 P	140/8	. 153 b	02.59		1:11	1:00	2:59	0:28	0:09	0:26	2.05	Duration
						gue		oor respon	140/80 (mm/Hg)	pm 77% of			00.0	00.2	02.7	00.0	00.0	00.0	0.00	Speed(Kmpn)
								4.7 Poor response to induced stress		153 bpm 77% of Target 199			00.0	0.00	10.0	00.0	00.0	00.0	00.0	ipii) Elevation
								stress					04.7	04.7	04.7	01.0	01.0	01.0	010	METS
(0 (0 (2)	3 10	0.74							Max BP Att	Max HR Att			142	146	155	153	140	140	127	Rate
No. 2012982483	BBS. MD. Hasters	10.03							Attained 140/80 (min/Hg)	Max HR Attained 155 bpm 78% of Target 199			71 %	73 %	78 %	77 %	70 %	70 %	64 %	% THR
B2483	D. Filedicity	Darrioxar.							(min/Hg)	n 78% of Targ			140/80	140/80	140/80	140/80	140/80	140/80	140/80	00
DR.AKHIL			yeal	SUS						jet 199			198	204	217	214	196	196	177	Kr P
Doctor: DR.AKHIL PARULEKAR		Tel::61700800	Thakur Villago, (andival (cash),	AKBAN DIAGNOSTICS (IIDIA) PVI									00	00	00	00	00	8	00	PVC

### SUBURBAN DIAGNOSTICS KANDIVALI EAST

### REPORT



EMail:

997 / NEETU JAIN /31 Yrs / F / 167 Cms / 67 Kg Date: 11 / 02 / 2023 12:52:50 PM Refd By : AERCOFEMI

		DISCLAIMER Negative stress test does not rule out do	FINAL IMPRESSION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMIAS	EXERCISE TOLERANCE	REASON FOR TERMINATION	MEDICATION	ACTIVITY	RISKFACTOR	TEST OBJECTIVE	REPORT: Heart Rate 155.0 ppm Heart Rate 155.0 ppm Systolic BP 140.0 mmHg Diastolic BP 80.0 mmHg Exercise Time 02:59 Mins. Ectopic Beats 0.0 METS 4.7Test End Reason , Fatigue Target Heart Rate 80% of 199
Doctor : DR.AKHIL PARULEKAR		DISCLAIMER Negative stress test does not rule out coronary artery diseas. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence climical corellation is mandatory.	NO SIGNIFICANT STIT CHANGES NOTED BASELINE TACHYCARDIA	NORMAL	NORMAL		LOW	FATIGUE	NONE	MODERATE ACTIVE	NONE	ROUTINE CHECK UP	nHg eart Rate 80% of 199



997 (2304222456) / NEETU JAIN / 31 Ks / F / 167 Cms / 67 Kg / HR : 127

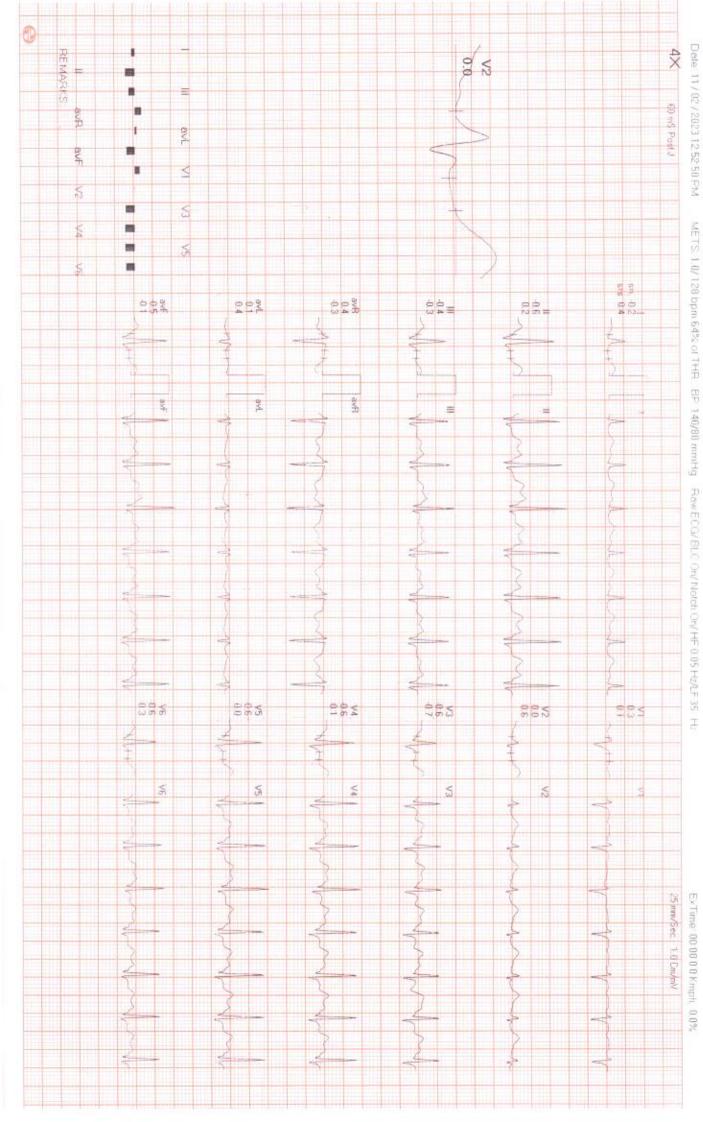
Date 11 / 02 / 2023 12:52:50 FM ı REMARKS 0.2 2 . = 30 mS Post J . BVL BUE < 5 I 5 METS 10/127 bpm 64% of THR BP 140/80 mmHg 15 58.5 02 02 03 000 0703 20E Q.O. 000 - ove ovi AVA Raw ECG/ BLC On/ North On/ HF 0.05 Hz/LF 35 235 225 000 255 T, S 5 <4 5 5 25 mm/Sec. 1.0 Cm/mV ExTrme 00:00 0.0 Kmph 0.0%



# 997 (2304222456) / NEETU JAIN / 31 YIS / F / 167 Cms / 67 Kg / HR 140

Date 11 / 02 / 2023 12:52:50 PM REMARKS 60 mS Post J ≤ S METS 1 0/140 bpm 70% of THF BP 140/80 mmHg S 575 O A 0.1 av 050% 0.7 ava 00E avR avi Raw ECG/ BLC On/ Norch On/ HF () 05 Hz/LF-35 20 323 ₩ 5 4 3 V2 25 mm/Sec 1.0 Cm/mV ExTime: 00:00 0.0 Kmph; 0.0%

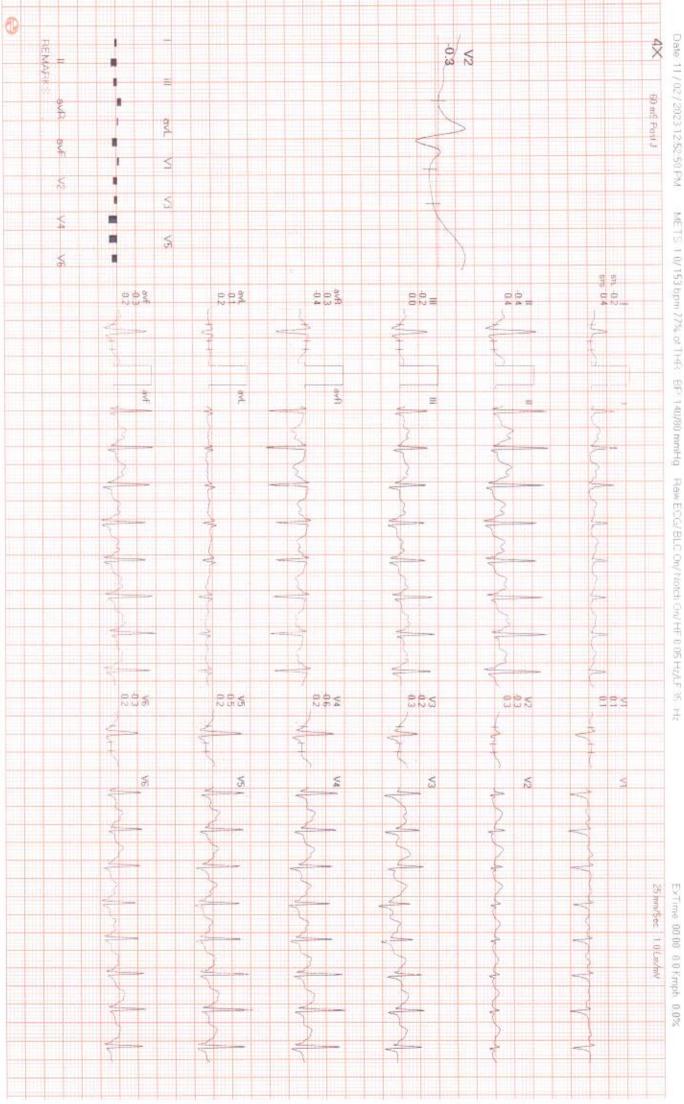
997 (2304222456) / NEETU JAIN / 31 Yrs / F / 167 Cms / 67 Kg / HR - 128





HV (00:09)

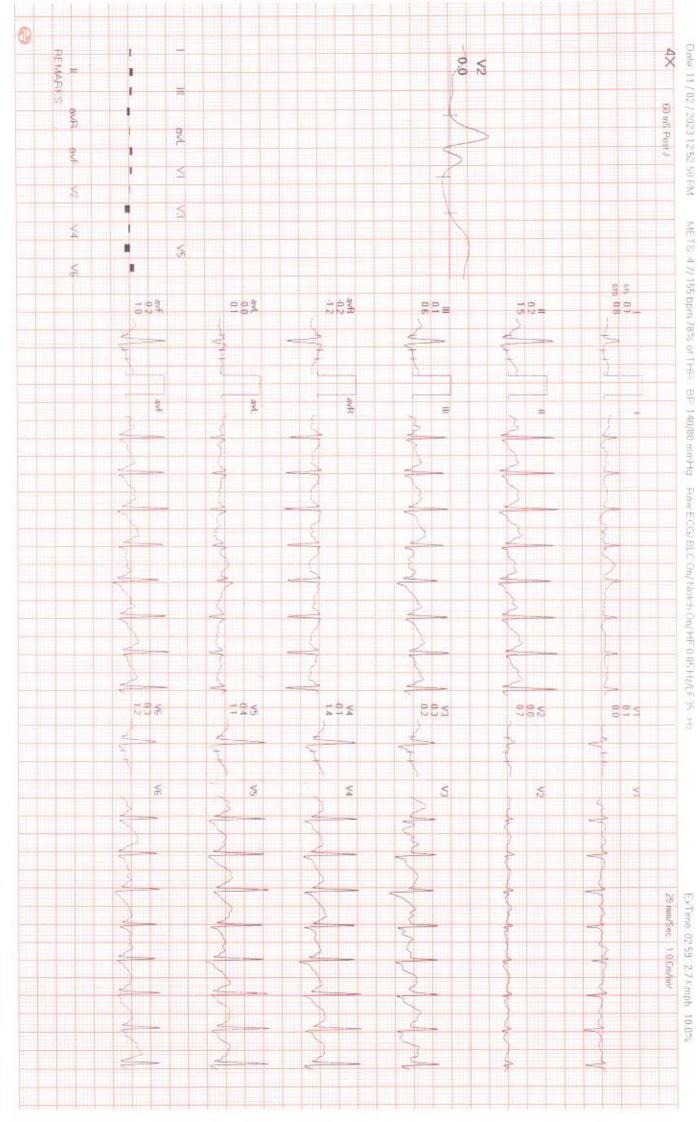
997 (2304222456) / NEETU JAIN / 31 Yrs / F / 167 Cms / 67 Kg / HR : 153







997 (2304222456) / NEETU JAIN 131 VIS / F / 167 Cms / 67 Kg / HR 155





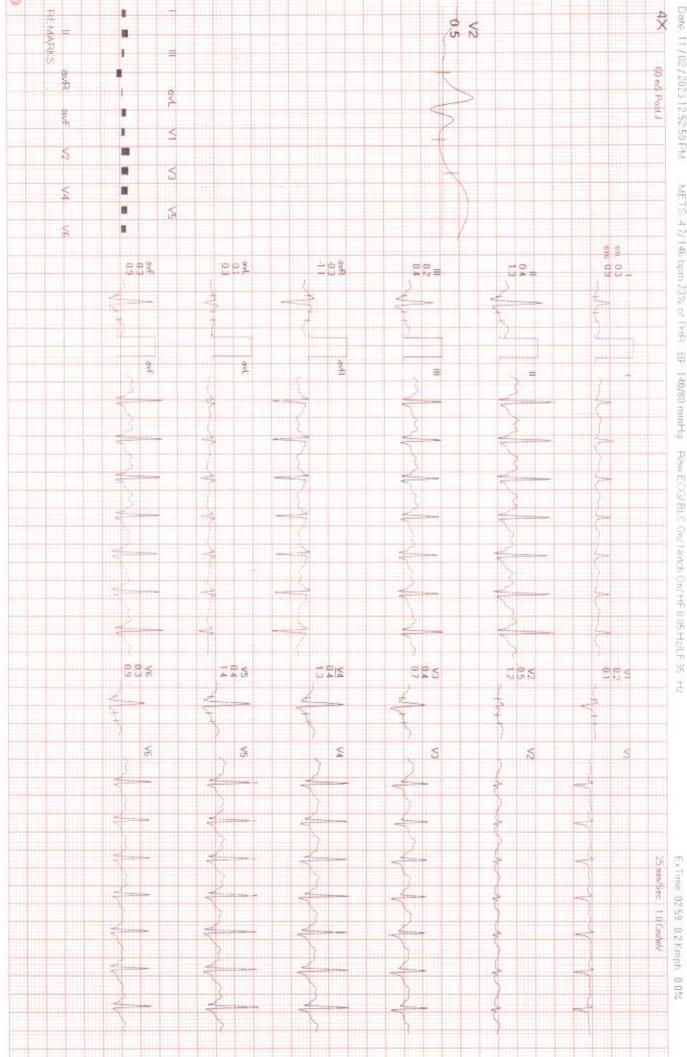
PeakEx

997 (2304222456) / NEETU JAIN / 31 Yrs / F / 167 Cms / 67 Kg / HR

Date: 11 / 02 / 2023 12:52:50 Ft//

METS 47/146 bpm 73% of THR BP 140/80 mmHg

Recovery: (01:00)

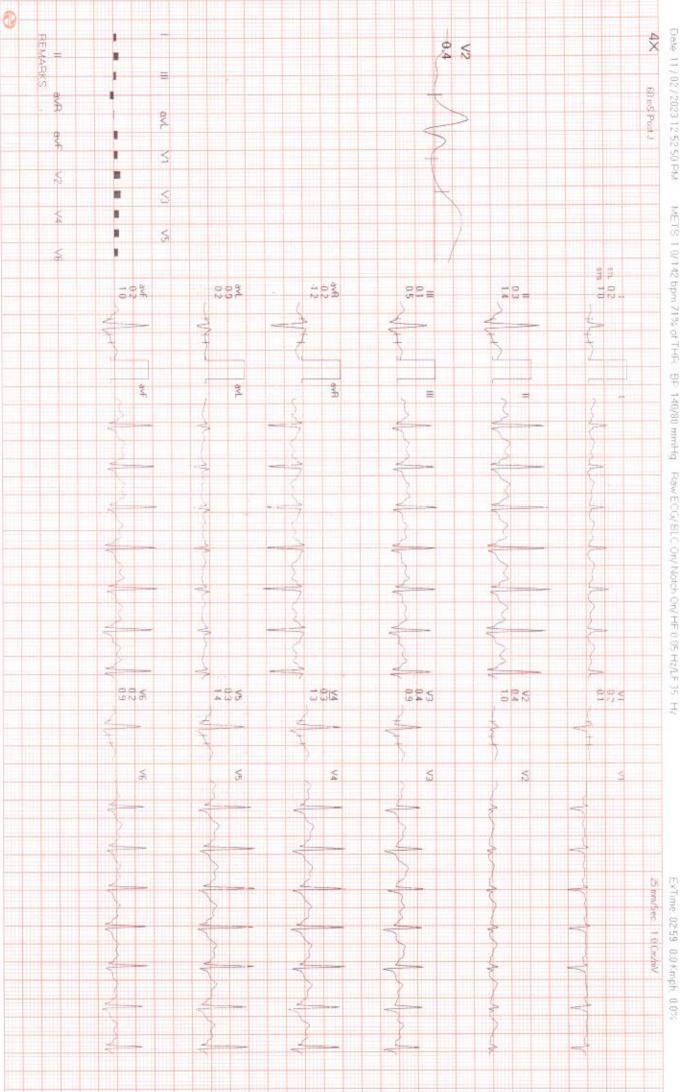




### SUBURBAN DIAGNOSTICS KANDIVALI EAST

997 (2304222456) / NEETU JAIN / 31 Yrs / F / 167 Cms / 67 Kg / HR 142

Date 11/02/2023 12:52:50 PM





Recovery: (01:10)