

Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : - Collected : 28-Oct-2023 / 10:07
Reg. Location : Thane Kasarvadavali (Main Centre) Reported : 28-Oct-2023 / 14:31

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

Calculated

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.83	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.5	36-46 %	Measured
MCV	75.7	80-100 fl	Calculated
MCH	23.3	27-32 pg	Calculated
MCHC	30.9	31.5-34.5 g/dL	Calculated
RDW	16.6	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7730	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	35.1	20-40 %	

Lymphocytes	35.1	20-40 %	
Absolute Lymphocytes	2713.2	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	510.2	200-1000 /cmm	Calculated
Neutrophils	55.5	40-80 %	
Absolute Neutrophils	4290.1	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	185.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	

Absolute Basophils 30.9
Immature Leukocytes -

WBC Differential Count by Absorbance & Impedance method/Microscopy.

# **PLATELET PARAMETERS**

Platelet Count	298000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	14.8	11-18 %	Calculated

20-100 /cmm

# **RBC MORPHOLOGY**

Hypochromia Mild Microcytosis Mild



CID : 2330120116

Name : MRS.LEENA JOSHI

: 27 Years / Female Age / Gender

Consulting Dr. Collected Reported

: Thane Kasarvadavali (Main Centre) Reg. Location

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

:28-Oct-2023 / 10:07 :28-Oct-2023 / 14:26

Macrocytosis

Mild Anisocytosis Poikilocytosis Mild

Polychromasia

**Target Cells** 

Basophilic Stippling

Normoblasts

Others Elliptocytes-occasional

WBC MORPHOLOGY PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

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

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







Dr.IMRAN MUJAWAR M.D (Path) **Pathologist** 

Page 2 of 10



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : -

Reg. Location

: Thane Kasarvadavali (Main Centre)

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

Collected : 28-Oct-2023 / 10:07 Reported : 28-Oct-2023 / 18:37

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	2.22	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.70	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	24.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	43.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	27.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	59.2	35-105 U/L	PNPP
BLOOD UREA, Serum	12.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.72	0.51-0.95 mg/dl	Enzymatic



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : -

Reg. Location

eGFR, Serum

: Thane Kasarvadavali (Main Centre)

117

Collected

:28-Oct-2023 / 10:10

Calculated

Use a QR Code Scanner Application To Scan the Code

Authenticity Check

**Reported** :28-Oct-2023 / 16:25

(ml/min/1.73sqm)

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

59

Moderate to severe decrease:30

-44

Severe decrease: 15-29 Kidney failure:<15

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 5.3

2.4-5.7 mg/dl

Uricase

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

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







Dr.IMRAN MUJAWAR M.D ( Path ) Pathologist

Page 4 of 10



CID : 2330120116

Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : -Collected Reported :28-Oct-2023 / 14:14 Reg. Location : Thane Kasarvadavali (Main Centre)

Authenticity Check

Use a OR Code Scanner Application To Scan the Code

: 28-Oct-2023 / 10:07

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

**BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD** 

**HPLC** Glycosylated Hemoglobin 5.0 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC

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

Estimated Average Glucose 96.8 mg/dl Calculated

(eAG), EDTA WB - CC

## Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

# Clinical Significance:

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

# Test Interpretation:

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

# Factors affecting HbA1c results:

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

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

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

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

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



Dr.IMRAN MUJAWAR M.D (Path) **Pathologist** 

Page 5 of 10



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : - Collected : 28-Oct-2023 / 10:10

Reg. Location : Thane Kasarvadavali (Main Centre) Reported : 28-Oct-2023 / 17:24



Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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 inert

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







Dr.IMRAN MUJAWAR M.D ( Path ) Pathologist

Page 6 of 10



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : - Collected : 28-Oct-2023 / 10:07

Reg. Location : Thane Kasarvadavali (Main Centre) Reported : 28-Oct-2023 / 16:24



Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

• 28-Oct-2023 / 10.0

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP AB

Rh TYPING Positive

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

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







Dr.IMRAN MUJAWAR M.D ( Path ) Pathologist

Page 7 of 10



CID : 2330120116

Name : MRS.LEENA JOSHI

: 27 Years / Female Age / Gender

Consulting Dr.

Reg. Location : Thane Kasarvadavali (Main Centre)



Use a QR Code Scanner Application To Scan the Code

:28-Oct-2023 / 10:07

Collected Reported :28-Oct-2023 / 18:37

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	137.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	83.4	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	31.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	89.0	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	17.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

<sup>\*</sup>Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  $^{***}$  End Of Report  $^{***}$ 







Dr.IMRAN MUJAWAR M.D (Path) **Pathologist** 

Page 8 of 10



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : -

Reg. Location

: Thane Kasarvadavali (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

Collected : 28-Oct-2023 / 10:07

**Reported** :28-Oct-2023 / 17:14

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
Free T3, Serum	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	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	1.72	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



Name : MRS.LEENA JOSHI

Age / Gender : 27 Years / Female

Consulting Dr. : - Collected : 28-Oct-2023 / 10:07

Reg. Location : Thane Kasarvadavali (Main Centre) Reported : 28-Oct-2023 / 17:14



Authenticity Check

Use a QR Code Scanner Application To Scan the Code

### 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 thyroid 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.
- 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 G B Road Lab, Thane West
\*\*\* End Of Report \*\*\*







Dr.IMRAN MUJAWAR M.D ( Path ) Pathologist

Page 10 of 10





# भारत सरकार Government of India

# भारतीय विशिष्ट ओळख प्राधिकरण Unique Identification Authority of India

नोंदविण्याचा क्रमांक / Enrollment No. : 0013/88010/01656

To
Leena Yashad Joshi
लीना बराद जोशी
C/O Yashad Avinash Joshi,
Flat No. 206, Tower No.22, CASA GREENWOOD B, LODHA AN
KOLSHET,
AIRFORCE STATION, KOLSHET,
KOLSHET,
VTC: Kolshet, PO: Sandozbaugh,
District: Thane,
State: Maharashtra, PIN Code: 400807.
Mobile: 9167919084

KC589055939FL

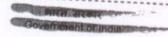


आपला आधार क्रमांक / Your Aadhaar No. :

5317 2178 5966

माझे आधार, माझी ओळख









लीना यशद जोशी Leena Yashad Joshi जन्म तारीख / DOB: 24/02/1996 स्क्री / Female

5317 2178 5966

माझे आधार, माझी ओळख



Lecuation

To,
Suburban Diagnostics (India) Private Limited
Shop No.6, Fenkin Belleza, Ghodbunder Rd,
opp. M.K. Plaza, Kasarvadavali,
Thane, Maharashtra 400607

SUBJECT- TO WHOMSOEVER IT MAY CONCERN

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms.
don't want to performed the following tests:

Dear Sir/ Madam,	
This is to informed you don't want to performed the	that I, Myself Mr/ Mrs/Ms. Leena, Joshi following tests:
1) Sheer - 1 0	2.
2)	
3)	
4)	
5)	
6)	
CID No. & Date	: 2330120116 /28.10.23
Corporate/ TPA/ Insurance Cl	lient Name: Arcoferni Healthan
Thanking you.	
	180000
The state of the s	E Diagnostics
Yours sincerely,	Hesarysdays D Thurs (W)



R E P O R T

# PHYSICAL EXAMINATION REPORT

Patient Name LECTIA JOSHI		F/277
Date 28-10 2023	Location	KASARVADAVALI

**History and Complaints** 

MI)

**EXAMINATION FINDINGS:** 

Temp (0c): 68 au HORIKE Height HORURA 70 /9 Skin: Weight 130/20 HORNKE Nails: **Blood Pressure** Lymph HORIMA 726 Pulse Node:

Systems:

Cardiovascular: Workst

Respiratory: Workst

Genitourinary: Morest

GI System: Workst

CNS:

Impression:

1) PART LIVER & SPLEHOMERRY 2) KB4 3) S BILLEWRIH 1 SEPT1

T



# ADVICE:

TO Rollow up with Risinicy physicity Am

# **CHIEF COMPLAINTS:**

1)	Hypertension:	NO	
2)	IHD	No	
3)	Arrhythmia	NO	
4)	Diabetes Mellitus	NO	
5)	Tuberculosis	100	
6)	Asthma	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 symptom	No	
13)	Blood disease or disorder	No	
14)	Cancer/lump growth/cyst	. No	
15)	Congenital disease	NO	
16)	Surgeries	10	

PER	SONAL HISTORY:	
1)	Alcohol	no
2)	Smoking	100
3)	Diet	Veg
4)	Medication	For Hair loss & skin.



DERAMAND N. MOTWANIII
MOD(GERERALMEDIDONE)
FREGUNO389329(MMCC)



R

E P

0 R

T

Date: 28.10.23

CID: 2-330120116

Name: Mrs. Leena Joshi Sex/Age: Pemale / 27 43

# EYE CHECK UP

Chief complaints:

Mil

Systematic Diseases : Nil

Past History:

Mil

Rt- 6/60

Unaided Vision:

LT - 6/36

Aided Vision: Rt - 6/6, N6

L+. # - 6/6 , NG

Refraction:

Colour Vision: Normal

Remarks:

# SUBURBAN DIAGNOSTICS - THANE KASARAVADAVALI

Date and Time: 28th Oct 23 12:03 PM

SUBURBAN DI A G N O S T I C S

Patient ID: LEENA JOSHI Patient ID: 2330120116

aVR aVF aVL VI √2 V3V4 V6 V5 Spo2: Resp: Pulse: Height: Beart Rate 63bpm QTcB: QT: QRSD: Weight Patient Vitals Gender Female Age 27 NA NA Measurements Others years months days 70 kg 130/70 mmHg 400ms 78ms X 409ms 168 cm 150ms

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

25.0 mm/s 10.0 mm/mV

H

=

REPORTED BY

P-R-T

56° 68° 64°

Auston

Dr.Anand N Motwani M.D (General Medicine) Reg No 39329 M.M.C

# SUBURBAN DIAGNOSTICS THANE KASARVADAVALI

**Patient Details** 

Date: 28-Oct-23

Time: 1:03:15 PM

Name: MRS. LEENA JOSHI ID: 2330120116

Age: 27 y

Sex: F

Height: 168 cms.

Weight: 70 Kg.

Clinical History:

Medications: NIL

**Test Details** 

Protocol: Bruce

**FATIGUE** 

Pr.MHR: 193 bpm

THR: 164 (85 % of Pr.MHR) bpm

Total Exec. Time:

6 m 30 s

NIL

Max. HR: 146 (76% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 210 / 90 mmHg **Test Termination Criteria:**  Max. BP x HR:

30660 mmHg/min

Min. BP x HR:

4900 mmHg/min

**Protocol Details** 

Stage Name	Stage T	ime Mets	Speed	Grade	Heart	Max. BP	Max. ST	Max. ST	
	(min :	sec)	(mph)	(%)	Rate (bpm)	(mm/Hg)	Level (mm)	Slope (mV/s)	
Supine	0:16	1.0	0	0	87	130 / 70	-0.64 aVR	1.06 V3	
Standing	0:26	1.0	0	0	71	130 / 70	-0.64 aVR	1.77 V4	
Hyperventilation	0:9	1.0	0	0	70	130 / 70	-0.42 aVR	1.42 V4	
1	3:0	4.6	1.7	10	117	160 / 80	-1.49 III	3.89 V1	
2	3:0	7.0	2.5	12	131	200 / 90	-0.85 aVR	4.25 V3	
Peak Ex	0:30	10.2	3.4	14	146	210/90	-0.85 V5	3.89 V3	
Recovery(1)	1:0	1.8	1	0	101	210/90	-1.06 aVR	4.60 V4	
Recovery(2)	1:0	1.0	0	0	96	190 / 90	-1.06 aVL	3.89 V4	
Recovery(3)	1:0	1.0	0	0	83	190 / 90	-0.21 II	1.42 V3	4
Recovery(4)	0:22	1.0	0	0	85	180 / 96	-0.42 aVR	1.77 V3	

Interpretation

FAIR EFFORT TOLERANCE

NORMAL HEART RATE AND HYPERTENSIVE BP RESPONSE

NO ARRHYTHMIAS

NO ANGINAL OR ANGINAL EQUIVALENT SYMPTOMS

NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

**IMPRESSION** 

STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL **ISCHAEMIA** 

DISCLAIMER: Negative stress test does not rule out coronary artery disease and positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical co-relation is mandatory.

Ref. Doctor: CORPORATE

( Summary Report edited by user )

Armon

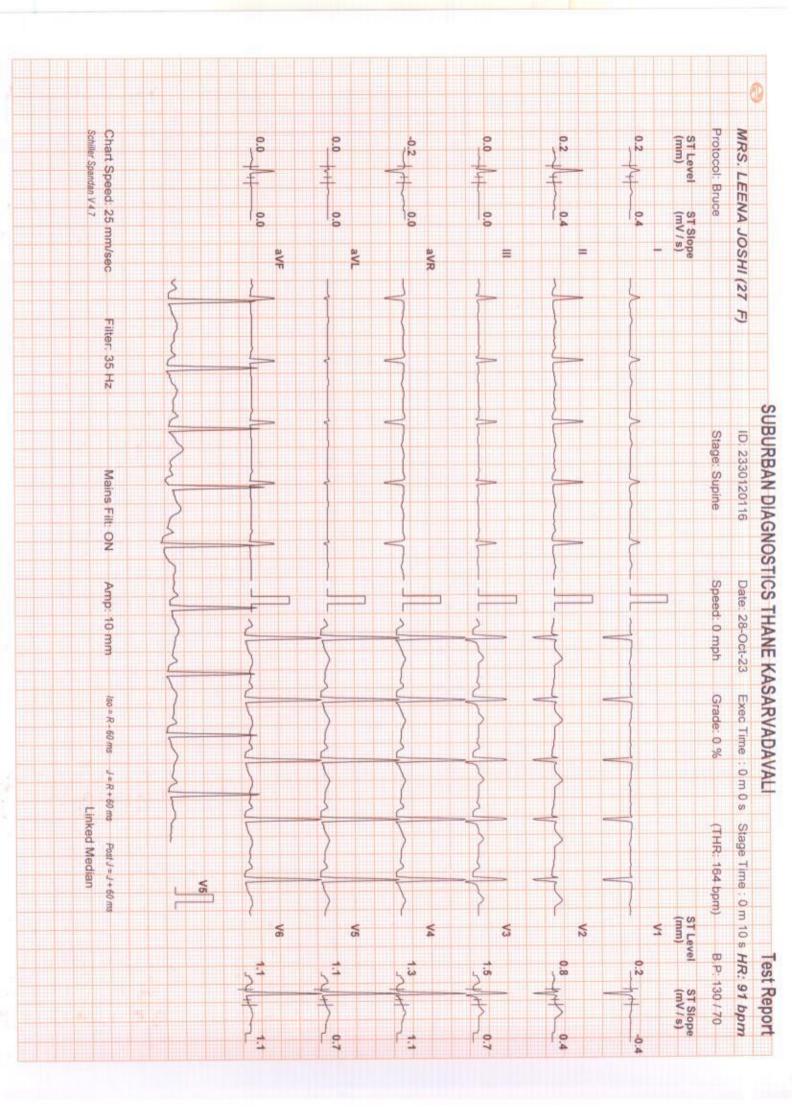
DR. ANAND N. MOTWANI M.D. (GENERAL MEDICINE)

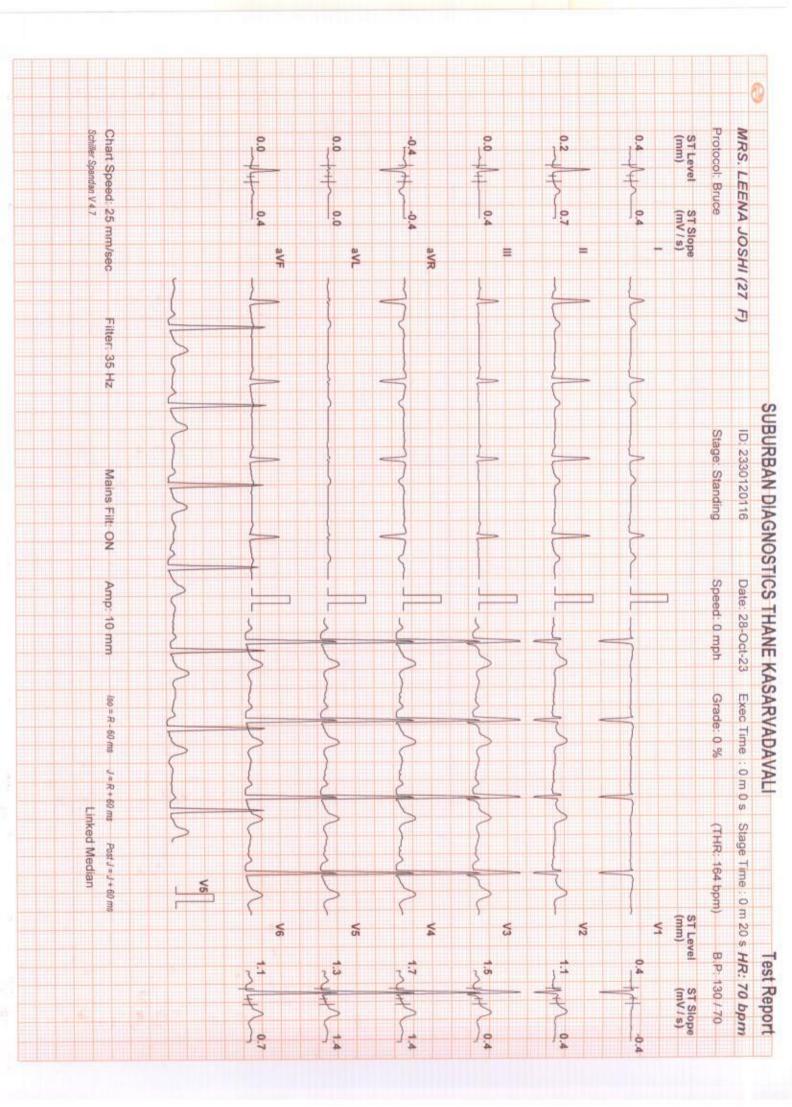
Reg. No. 39329 (M.M.C)

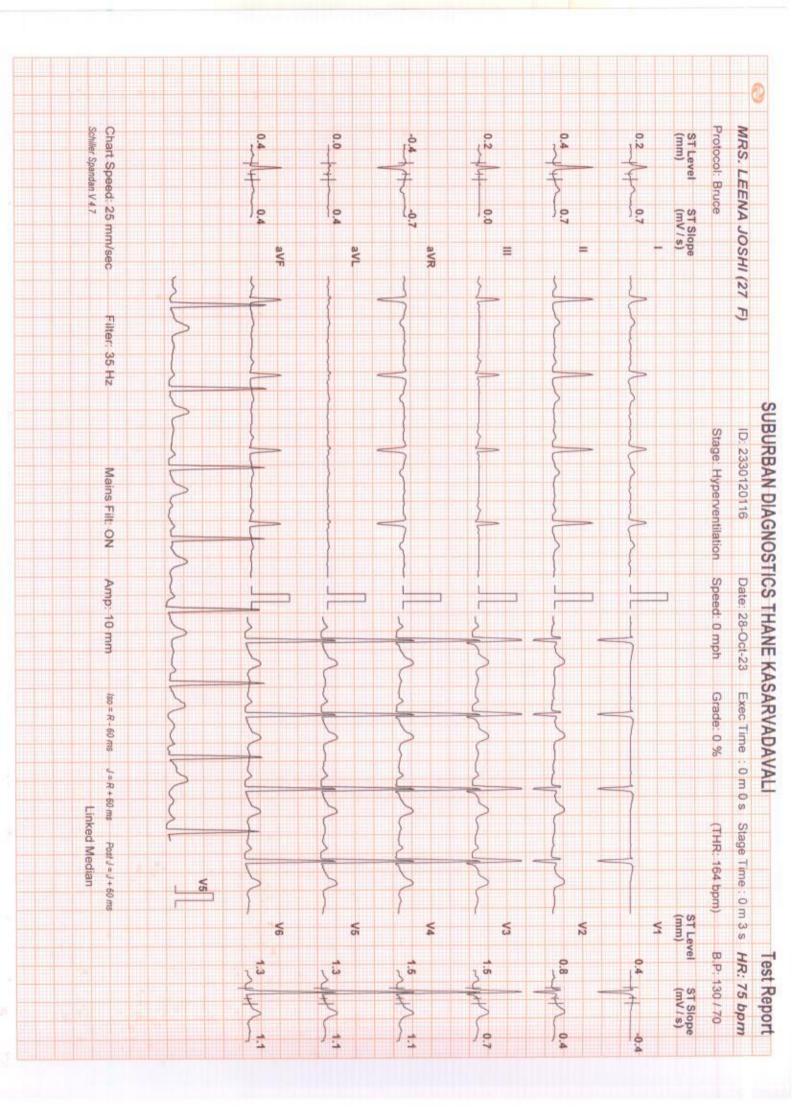


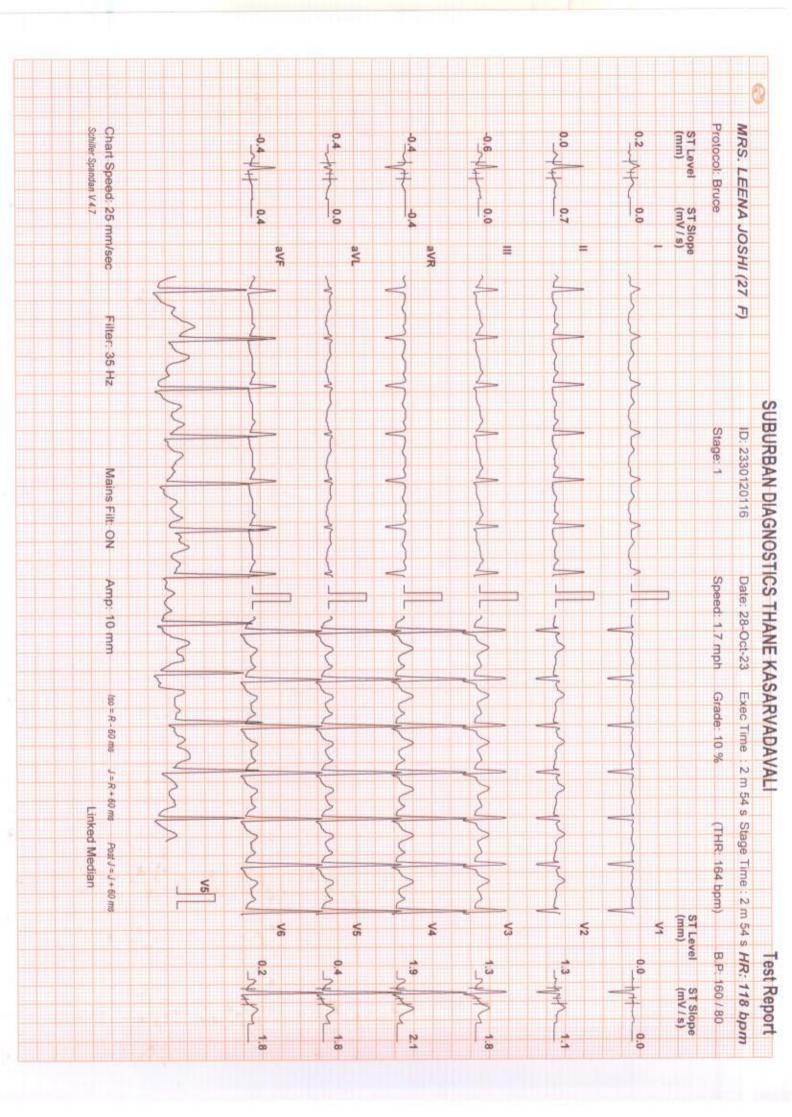
Doctor: Dr. Anand Motwani

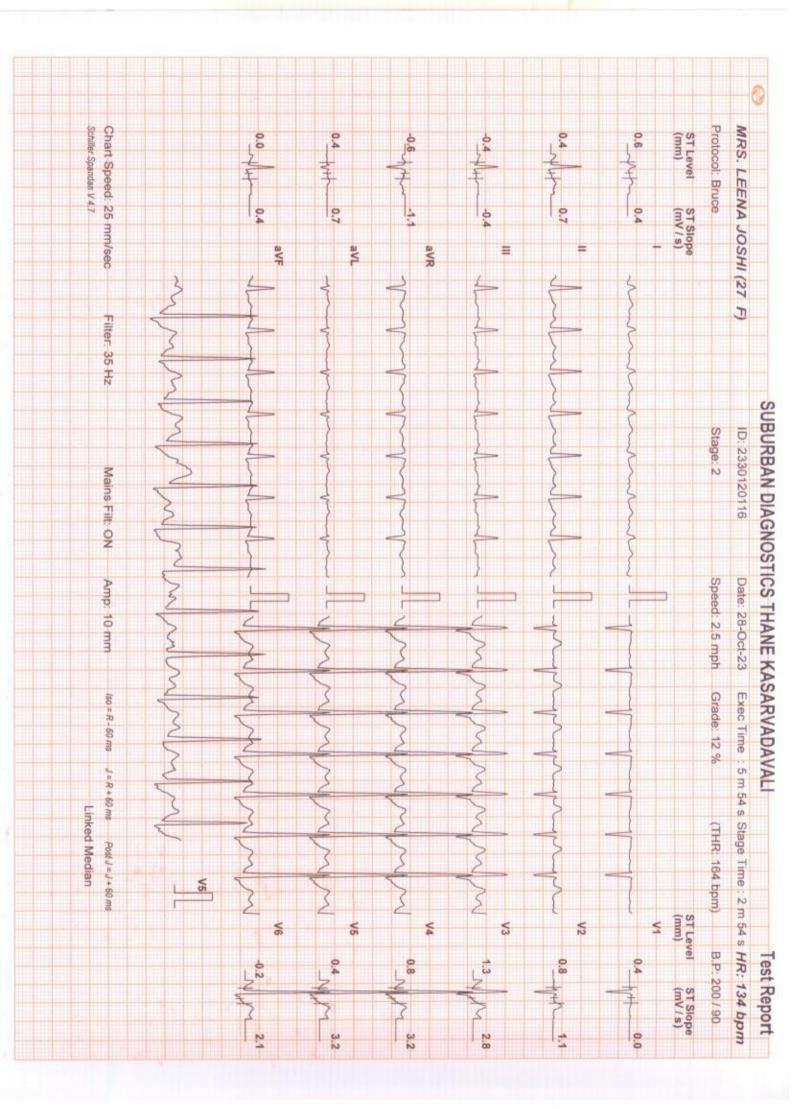
(c) Schiller Healthcare India Pvt. Ltd. V 4.7

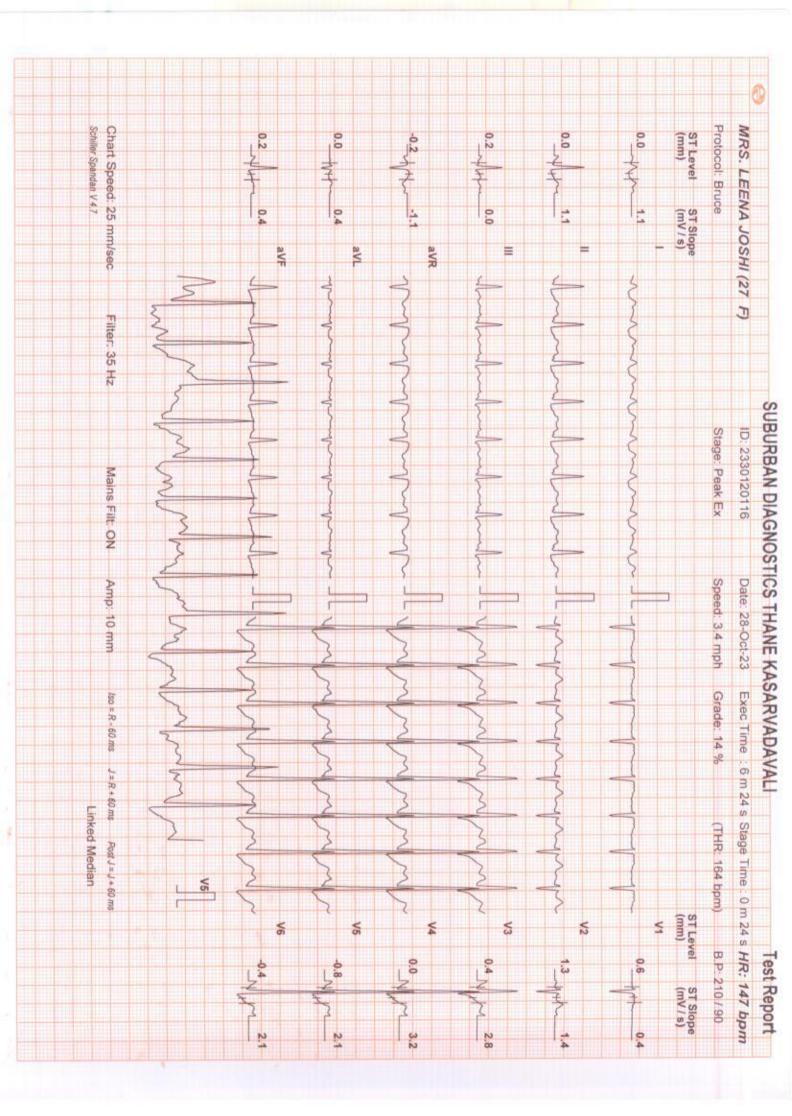


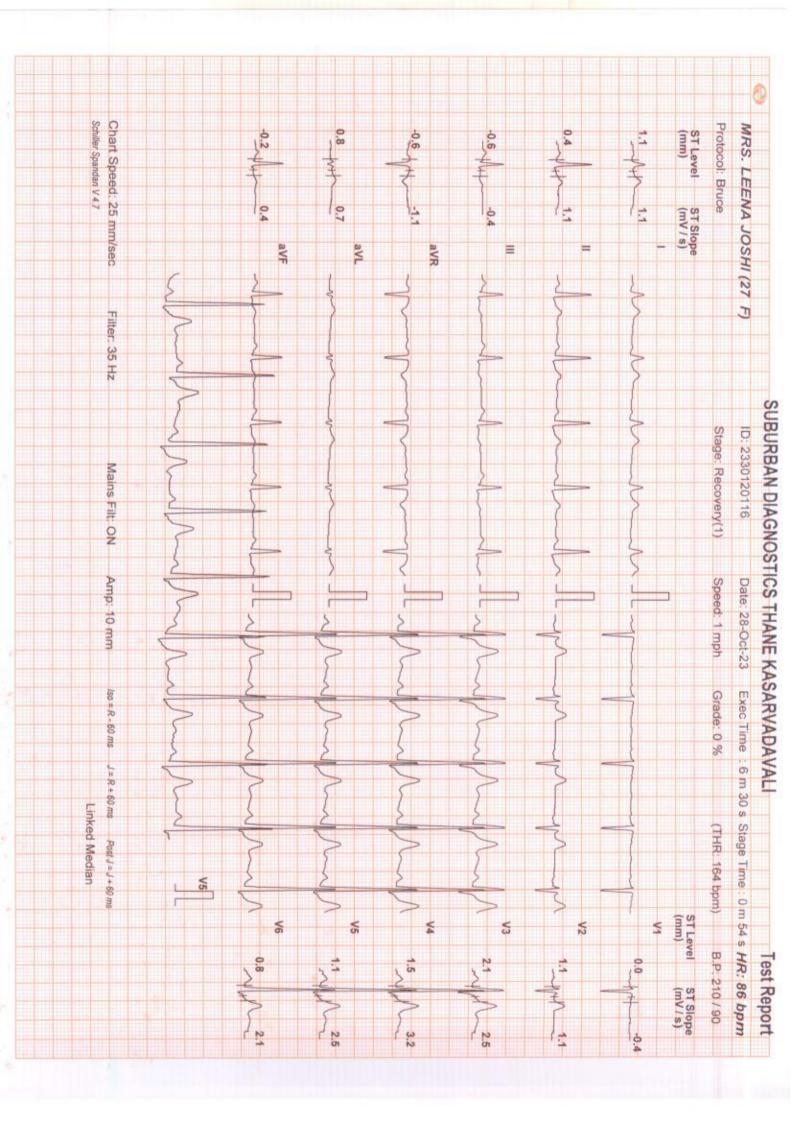


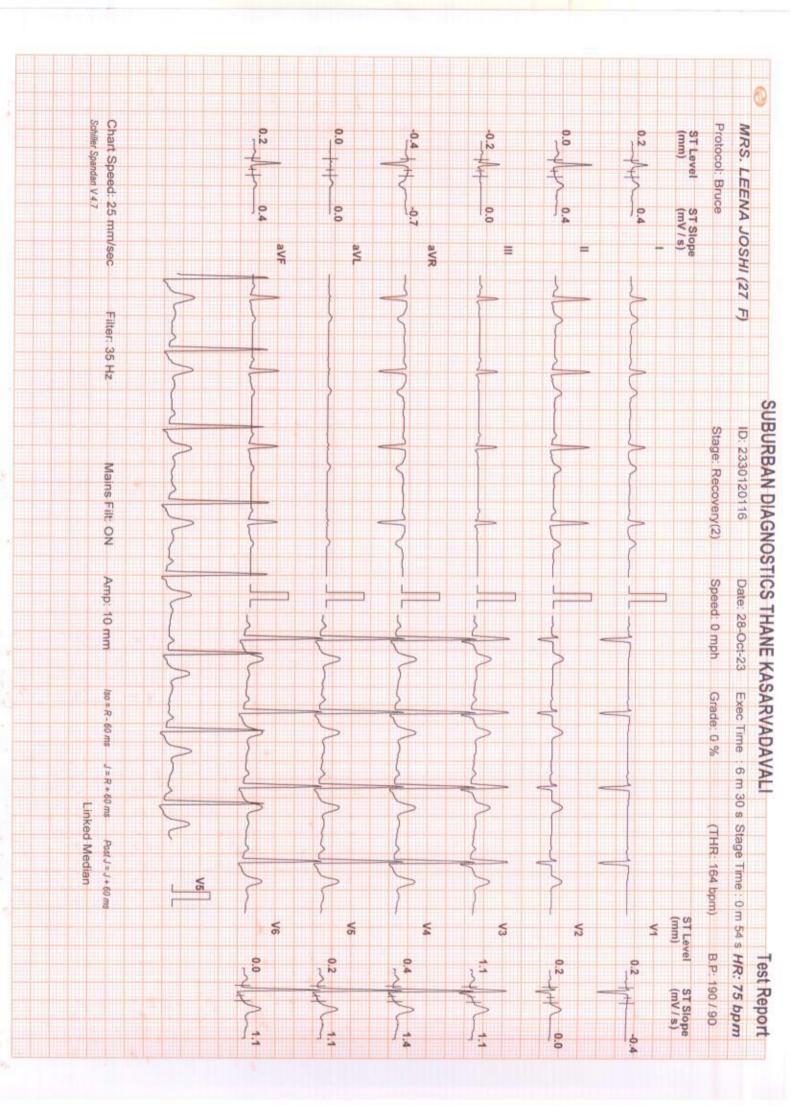


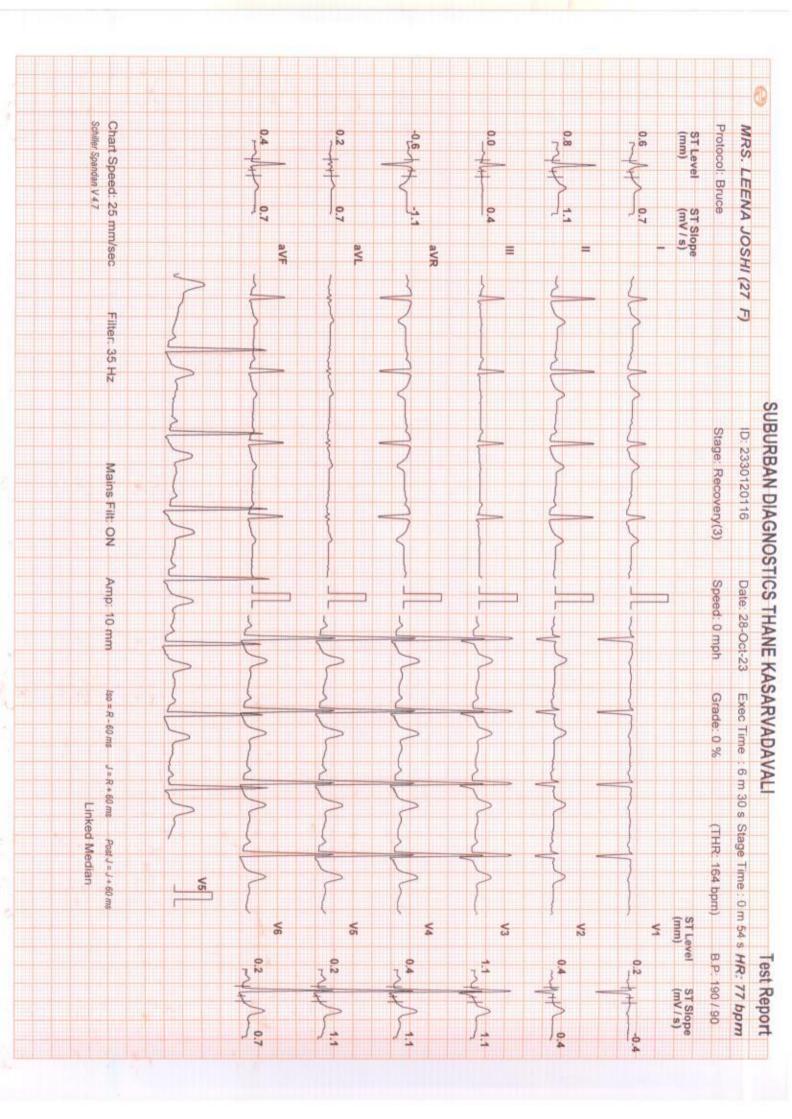


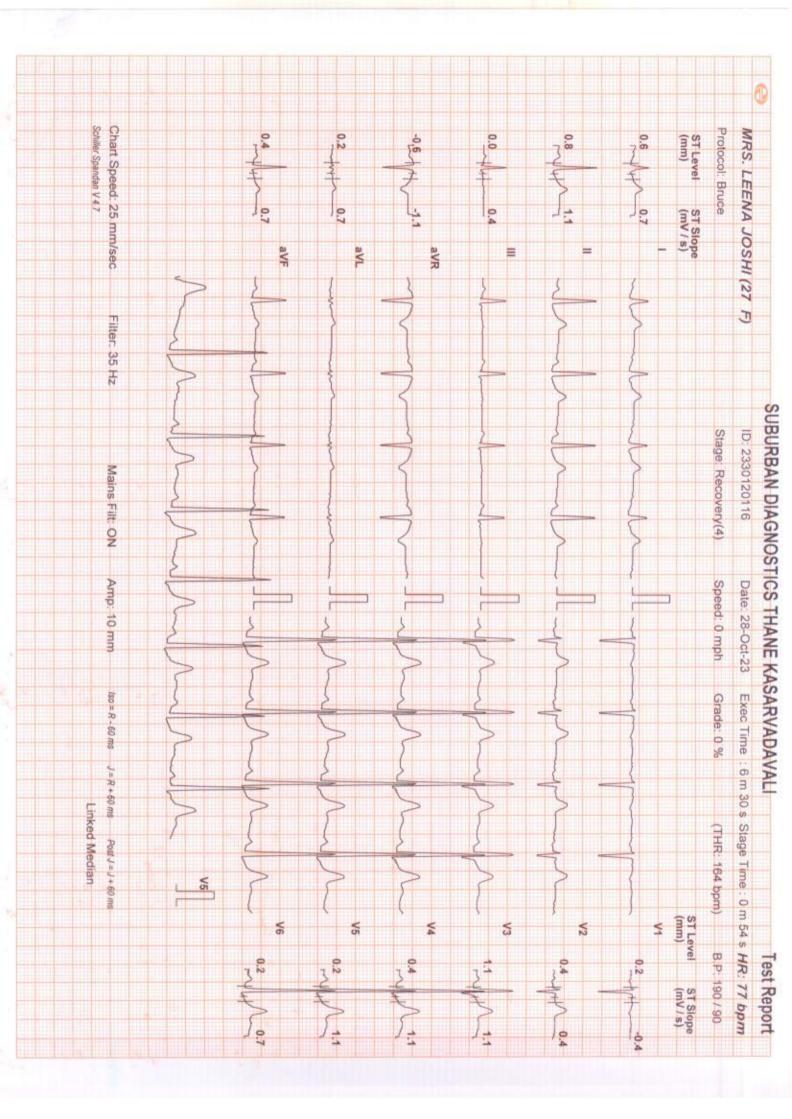














CID

: 2330120116

Name

: Mrs LEENA JOSHI

Age / Sex

: 27 Years/Female

Ref. Dr

Reg. Location

: Thane Kasarvadavali Main Centre

Reg. Date Reported

: 28-Oct-2023

Authenticity Check

R F

0

R

T

: 28-Oct-2023 / 10:39

Use a QR Code Scanner

Application To Scan the Code



# LIVER:

Liver is enlarged in size (16.5 cm) and shows mild fatty infiltrations. 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:

Visualised pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

# KIDNEYS:

Right kidney measures 10.6 x 3.8 cm. Left kidney measures 10.7 x 4.6 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 enlarged in size (12.5 cm) with normal echotexture. No focal lesion is seen.

# URINARY BLADDER:

Urinary bladder is distended and normal. Wall thickness is within normal limits.

Uterus is anteverted and measures 6.0 x 3.7 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.7 mm. Cervix appears normal.

# OVARIES:

Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102810000831

Page no 1 of 2



CID

: 2330120116

Name

: Mrs LEENA JOSHI

Age / Sex

Ref. Dr

: 27 Years/Female

Reg. Location

: Thane Kasarvadavali Main Centre

Reg. Date

Reported

Application To Scan the Code

: 28-Oct-2023

: 28-Oct-2023 / 10:39

Use a QR Code Scanner

T

R

IMPRESSION: HEPATOMEGALY WITH MILD FATTY LIVER. SPLENOMEGALY.

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.

End of Report----

G. R. F-le Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 **Consultant Radiologist** 

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102810000831

Page no 2 of 2



CID

Name

Age / Sex

Authenticity Check



R

E

Use a QR Code Scanner

Application To Scan the Code

: 28-Oct-2023 / 11:32

Reg. Date : 28-Oct-2023

Reported

Ref. Dr Reg. Location

: Thane Kasarvadavali Main Centre

# 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.

: 2330120116

: Mrs LEENA JOSHI

: 27 Years/Female

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-

G. R. Forte Dr.GAURAV FARTADE MBBS, DMRE Reg No -2014/04/1786 Consultant Radiologist

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102810000840