



CID : 2131024327  
Name : MRS.ARPITA BARUA  
Age / Gender : 30 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 06-Nov-2021 / 09:51  
Reported : 06-Nov-2021 / 12:59

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	5.10	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.1	36-46 %	Measured
MCV	73	80-100 fl	Calculated
MCH	23.6	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9360	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.8	20-40 %	
Absolute Lymphocytes	2508.5	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	524.2	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	6084.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	243.4	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	316000	150000-400000 /cmm	Elect. Impedance
MPV	11.1	6-11 fl	Calculated
PDW	22.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Mild		
Macrocytosis	-		



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Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **24**                                      2-20 mm at 1 hr.                                      Westergren

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



MC-2111



*Dr. Trupti Shetty*  
**Dr. TRUPTI SHETTY**  
**M.D. (PATH)**  
**Pathologist**

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**HEALTHLINE - MUMBAI:** 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

**For Feedback -** customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**



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Reported : 06-Nov-2021 / 13:06

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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	94.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.12	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	24.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.4	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	<b>134.0</b>	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	141	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic

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



MC-2111



*Anupa*

**Dr.ANUPA DIXIT**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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.

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



MC-2111

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Reported : 06-Nov-2021 / 13:29

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	
Others	-		

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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MC-2111



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

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

**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 CPL, Andheri West

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MC-2111

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	184.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	167.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	60.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	123.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	91.0	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	32.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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Reported : 06-Nov-2021 / 12:21

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	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	1.78	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA





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

**Collected** : 06-Nov-2021 / 09:51  
**Reported** : 06-Nov-2021 / 12:21

**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**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.

**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 \*\*\*



MC-2111



*Anupa*

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CID#	: 2131024327	SID#	: 177804437518
Name	: MRS.ARPITA BARUA	Registered	: 06-Nov-2021 / 09:51
Age / Gender	: 30 Years/Female	Collected	: 06-Nov-2021 / 09:51
Ref. Dr	: -	Reported	: 07-Nov-2021 / 08:21
Reg.Location	: Kandivali East (Main Centre)	Printed	: 07-Nov-2021 / 09:48

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

PCOD since 14yrs, fibroid in uterus.

#### EXAMINATION FINDINGS:

Height (cms):	156 cms	Weight (kg):	60.7kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Normal
Pulse:	72/ min	Lymph Node:	Not Palpable

#### Systems

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

#### IMPRESSION:

↑ Triglycerides  
USG - PCOD -

#### ADVICE:

- ↓ fatty diet  
→ Gynae consultation

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Name	: MRS.ARPITA BARUA	Registered	: 06-Nov-2021 / 09:51
Age / Gender	: 30 Years/Female	Collected	: 06-Nov-2021 / 09:51
Ref. Dr	: -	Reported	: 07-Nov-2021 / 08:21
Reg.Location	: Kandivali East (Main Centre)	Printed	: 07-Nov-2021 / 09:48

**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                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

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

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

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

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*J. Dhale*

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CID : 2131024327  
Name : Mrs ARPITA BARUA  
Age / Sex : 30 Years/Female  
Ref. Dr :  
Reg.Location : Kandivali East Main Centre

Reg. Date : 06-Nov-2021 / 10:44  
Report Date : 08-Nov-2021 / 13:55  
Printed : 08-Nov-2021 / 13:55

**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

**DENTAL CHECK - UP**

Name:- *Arpita Barua*

CID: *2131024327* Sex / Age : *F / 31*

Occupation:-

Date: *8 / 11 / 2021*

Chief complaints:- *NO complaints.*

Medical / dental history:- *Extractions done of third molar*

**GENERAL EXAMINATION:**

**1) Extra Oral Examination:**

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

**2) Intra Oral Examination:**

- a) Soft Tissue Examination: *Normal.*
- b) Hard Tissue Examination: *White flakes of enamel.*
- c) Calculus: *+*
- Stains: *+*

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

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Caries	RP	Root Piece

Advised: a) *Scaling & Polishing [cleaning].*

b) *Follow up regularly*

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

**Provisional Diagnosis:-**

*Diagnosis: Fluorosis / Enamel hypoplasia*

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Date:- 6/11/21

CID:  
21 31024327

Name:- Mrs. Apita Bora

Sex/Age: F/30

**EYE CHECK UP**

Chief complaints: Routine check up

Systemic Diseases: No H/O S/I

Past history: No H/O Ocular & injury

H/O ref  
L - 20 - 0.75 x 90°

Unaided Vision: 6/60 B/W                      6/60 B/W

Aided Vision: 6/6p, 2/6                      6/6, 2/6

Refraction: 60ms! Normal

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

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

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**KAJAL NAGRECHA**  
OPTOMETRIST

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

ENT Examination

Name :- *Arpita Bama* Age :- *30/F*

History *Allergic Rhinitis*

Examination	Right	Left
External Ear	- <i>NAD</i>	- <i>NAD</i>
Middle Ears (Tympanic, membrane, Eustachan Tube, mastoid)	<i>NAD</i>	- <i>NAD</i>
Rinnes, Webers	-	-
Nose and paranasal Sinuses-(airwy, septum, polyp)	- <i>NAD</i>	

Thorax */*

Speech *(N)*

Audiometry ( when done ) -

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
Row House No. 3, Aangan,  
Thakur Village, Kandivali (east),  
Mumbai - 400101.  
Tel : 61700000

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**CID** : 2131024327  
**Name** : MRS ARPITA BARUA  
**Age / Sex** : 30 / F  
**Ref. Dr** :  
**Reg.Location** :Kandivali East Main Centre

**Report Date** :08-Nov-2021 / 12:30  
**Printed** :08-Nov-2021 / 12:30

## USG WHOLE ABDOMEN

### LIVER:

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

### GALL BLADDER:

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

### PANCREAS:

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

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 10.9 x 3.4 cm. Left kidney measures 12.1 x 4.6 cm.

### SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascites.

### URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

### UTERUS:

The uterus is anteverted and appears normal. It measures 7.3 x 4.5 x 3.8 cm in size. The endometrial thickness is 8.3 mm.

### OVARIES:

Both ovaries show multiple peripherally located small subcentimeter sized follicles with central echogenic stroma suggest polycystic appearance. Right ovary is also mildly bulky. Left ovary is normal in size. No evidence of any adnexal or ovarian mass is seen.

The right ovary measures 4.1 x 2.2 x 1.8 cm and ovarian volume is 8.7 cc.

The left ovary measures 3.0 x 2.0 x 1.6 cm and ovarian volume is 5.3 cc.

No free fluid is seen in pouch of Douglas.

<<ImageLink>> Page 1 of 2

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**IMPRESSION:**

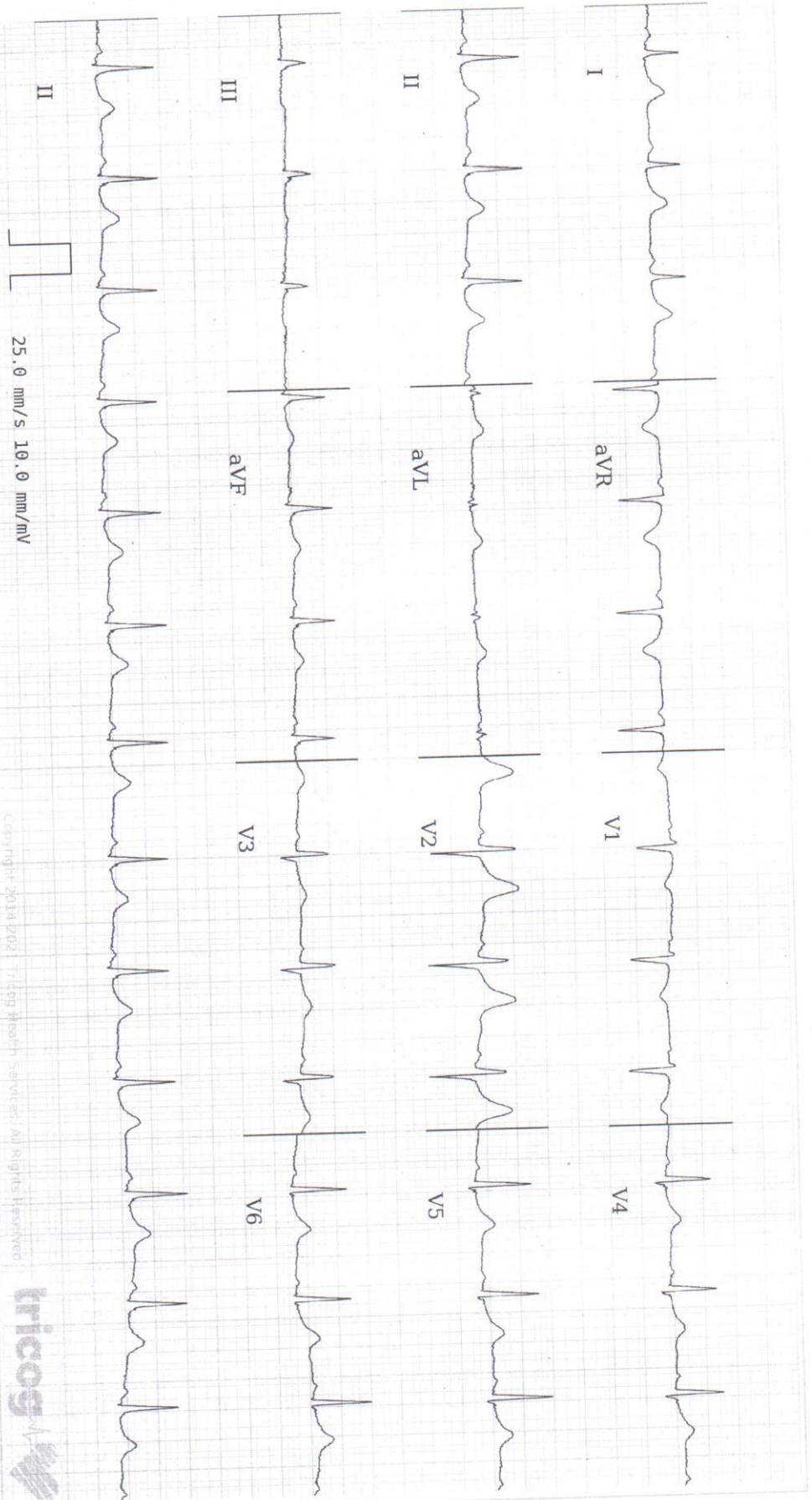
*Polycystic appearance of both the ovaries (suggest : clinical and hormonal correlation for PCOD)*

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



Dr. Sunil Bhutka  
DMRD DNB  
MMC REG NO:2011051101

Patient Name: ARPITA BARUA  
Patient ID: 2131024327



Age 30 5 13  
years months days

Gender Female

HeartRate 83 bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 60 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

**Measurements**

QSRD: 82 ms

QT: 388 ms

QTc: 455 ms

PR: 116 ms

P-R-T: 38° 54° 31°

REPORTED BY

*Dr. Akhil Parulekar*

DR AKHIL PARULEKAR

MBBS, MD, MEDICINE, DNB Cardiology

Cardiologist

2012082483

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

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## SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

**Patient Details**                      **Date:** 08-Nov-21                      **Time:** 10:59:11 AM  
**Name:** ARPITA BARUA    **ID:** 2131024327  
**Age:** 30 y                      **Sex:** F                      **Height:** 156 cms                      **Weight:** 60 Kgs  
**Clinical History:**

**Medications:**

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 190 bpm                      **THR:** 171 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 52 s                      **Max. HR:** 164 ( 86% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 150 / 80 mmHg                      **Max. BP x HR:** 24600 mmHg/min                      **Min. BP x HR:** 6720 mmHg/min  
**Test Termination Criteria:** Target HR attained

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 18	1.0	0	0	96	110 / 70	-0.21 II	1.06 I
Standing	0 : 31	1.0	0	0	112	110 / 70	-3.61 II	-5.66 I
Hyperventilation	0 : 11	1.0	0	0	100	110 / 70	-0.64 III	1.06 I
1	3 : 0	4.6	1.7	10	143	110 / 70	-1.49 III	2.48 I
2	3 : 0	7.0	2.5	12	150	110 / 70	-1.70 III	-2.48 III
Peak Ex	0 : 52	10.2	3.4	14	164	140 / 70	-1.70 III	2.48 V4
Recovery(1)	1 : 0	1.8	1	0	138	150 / 80	-2.12 III	2.83 I
Recovery(2)	0 : 15	1.0	0	0	131	150 / 80	-1.70 III	2.83 V4
Recovery(3)	0 : 10	1.0	0	0	126	150 / 80	-1.49 III	2.48 V4

### Interpretation

The patient exercised according to the Bruce protocol for 6 m 52 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 96 bpm, rose to a max. heart rate of 164 ( 86% of Pr.MHR ) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg.

Good Effort Tolerance. Normal chronotropic and ionotropic response.  
 No significant ST T changes as compared to Baseline.  
 No Chest pain/ Arrhythmias noted during the test.  
 Stress Test is Negative for Stress Induced Ischemia..

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.  
 Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence clinical correlation is mandatory.

Ref. Doctor: BOB  
 ( Summary Report edited by user )

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 Thakur Village, Kandivalli (east),  
 Mumbai - 409101.  
 Tel : 61700000

**Dr. Akhil P. Parulekar.**  
**MBBS. MD. Medicine**  
**DNB Cardiology**  
**Reg. No. 2012082483**

Doctor: DR.AKHIL PARULEKAR  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

ARPITA BARUA (30 F)

SUBURBAN DIAGNOSTICS (PVT) LTD THAKUR VILLAGE

ID: 2131024327

Date: 08-Nov-21

Exec Time: 0 m 0 s

Stage Time: 0 m 18 s

HR: 96 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B:P: 110/70

ST Level (mm)

ST Slope (mV/s)

0.4

0.0

0.7

-0.4

-0.2

0.0

-0.4

0.0

-0.2

0.0

-0.4

0.0

-0.2

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-0.4

0.0

-0.2

0.2

-0.7

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Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

ARPITA BARUA (30 F)

ID: 2131024327

Date: 08-Nov-21

Exec Time: 0 m 0 s

Stage Time: 0 m 31 s

HR: 112 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 171 bpm)

B.P.: 110/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

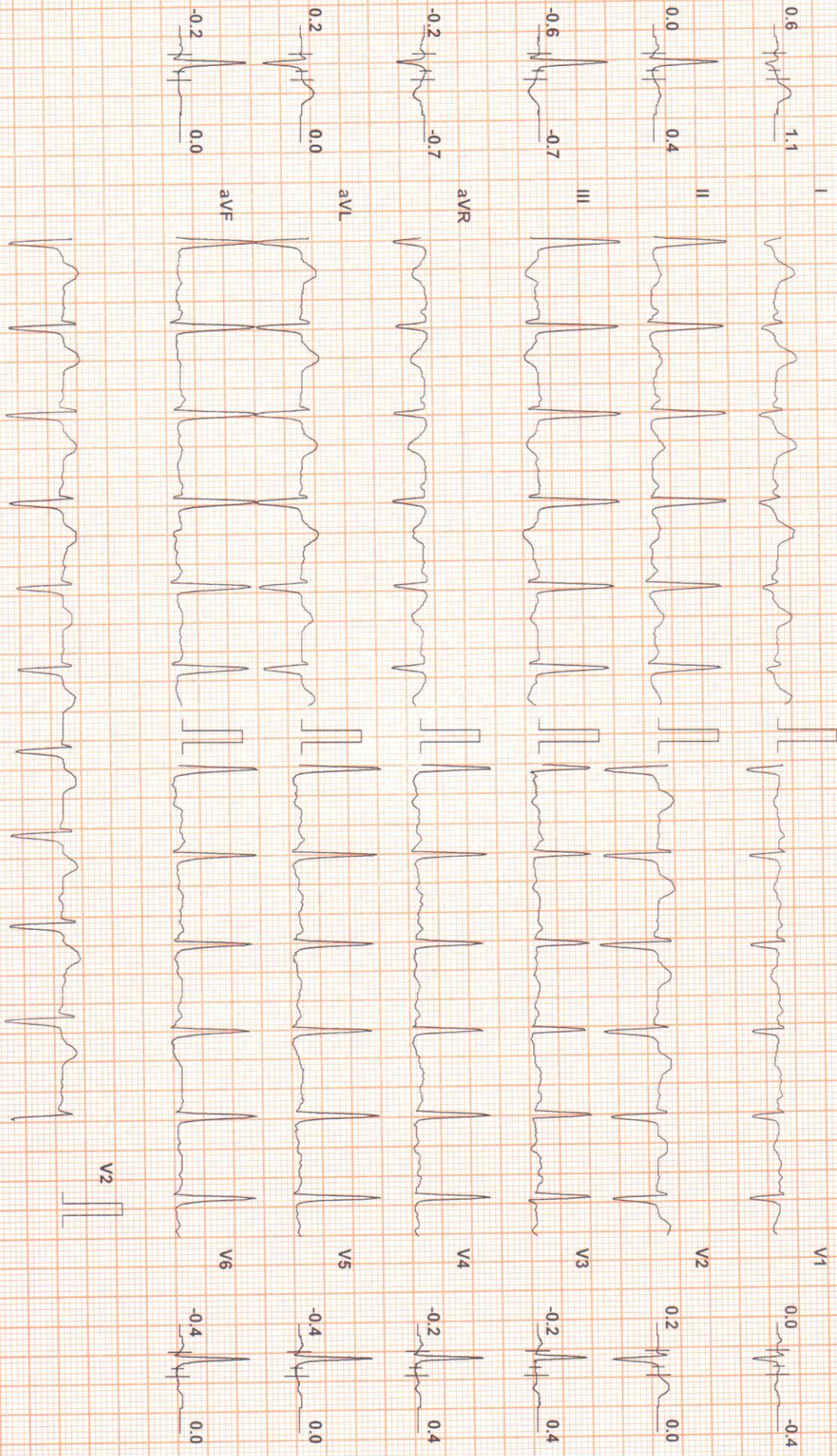


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Schiller Spandam V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

ARPITA BARUA (30 F)

SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE)

ID: 2131024327

Date: 08-Nov-21

Exec Time: 0 m 0 s

Stage Time: 0 m 11 s HR: 100 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(TTHR: 171 bpm)

B.P: 110/70

ST Level (mm)

ST Slope (mV/s)

I

V1

0.6 0.7

0.0 -0.4

II

V2

0.0 0.4

0.2 0.0

III

V3

-0.6 -0.7

0.2 0.4

aVR

V4

-0.4 -0.7

0.0 0.4

aVL

V5

0.2 0.4

-0.2 0.0

aVF

V6

-0.4 0.0

-0.2 0.0

V2

Chart Speed: 25 mm/sec  
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**SUBURBAN DIAGNOSTICS** PVT LTD THAKUR VILLAGE

**ARPITA BARUA (30 F)**

Protocol: Bruce

ID: 2131024327

Date: 08-Nov-21

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 143 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10%

(THR: 171 bpm)

B.P: 110/70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

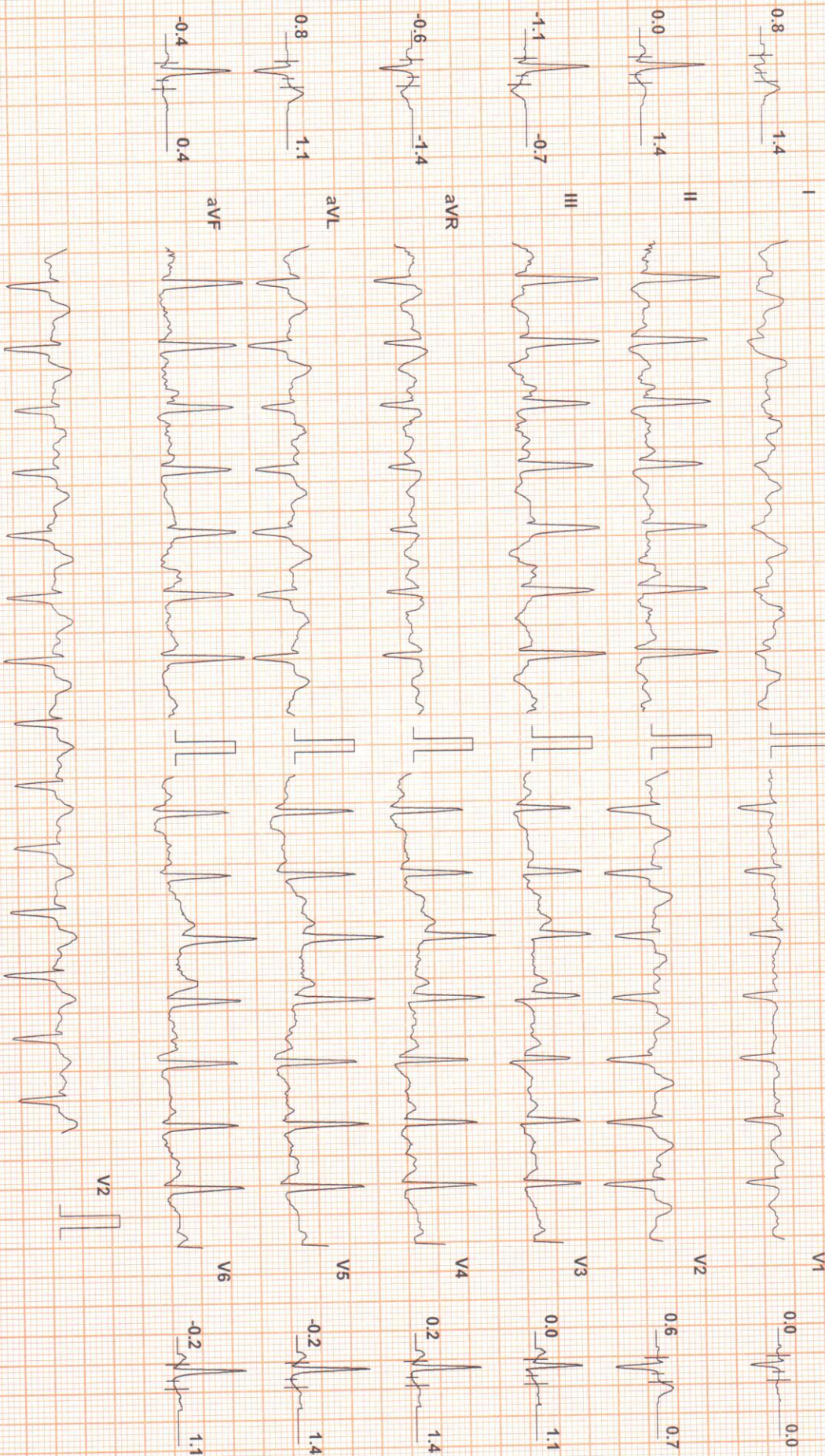


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandau V 4.7

ARPITA BARUA (30 F)

SUBURBAN DIAGNOSTICS (PVT) LTD THAKUR VILLAGE

ID: 2131024327

Date: 08-Nov-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 150 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(TTHR: 171 bpm)

B.P: 110/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

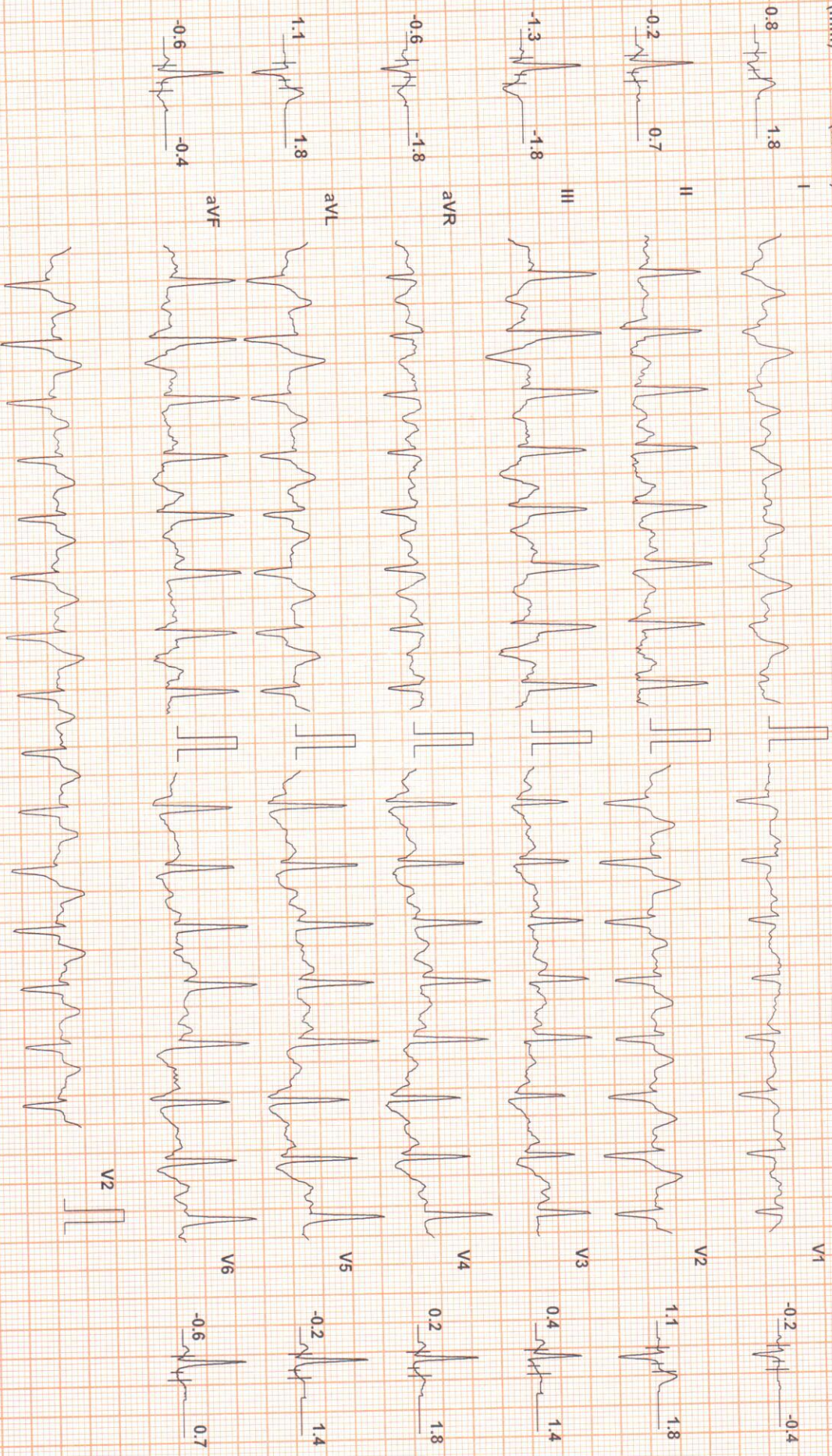


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Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spardan V 4.7



SUBURBAN DIAGNOSTICS (PVT LTD THAKUR VILLAGE

ARPITA BARUA (30 F)

ID: 2131024327

Date: 08-Nov-21

Exec Time : 6 m 52 s

Stage Time : 0 m 52 s

HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P: 140/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

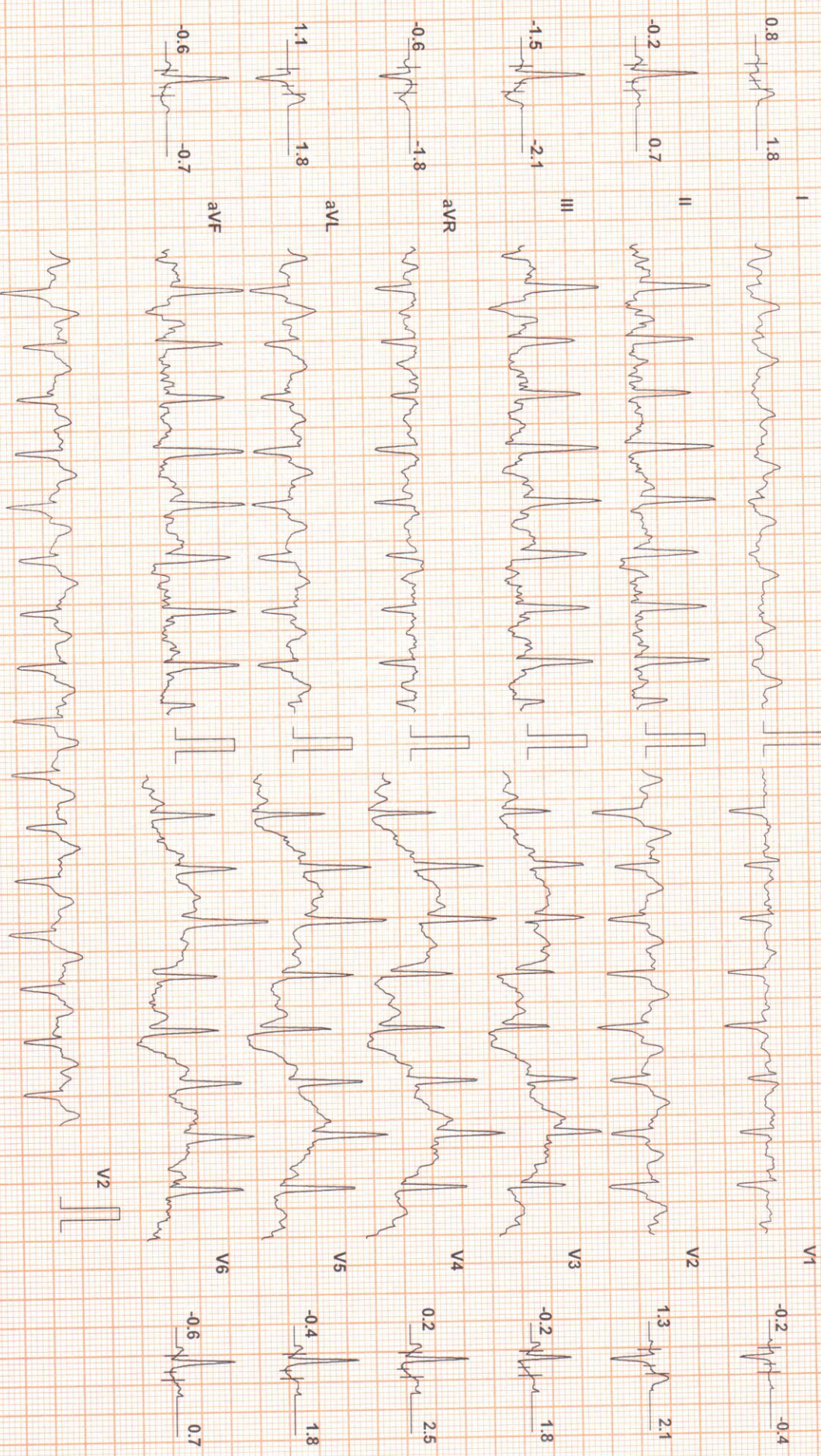


Chart Speed: 25 mm/sec  
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

**SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE**

**ARPITA BARUA (30 F)**

ID: 2131024327

Date: 08-Nov-21

Exec Time : 6 m 52 s

Stage Time : 1 m 0 s

**HR: 138 bpm**

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

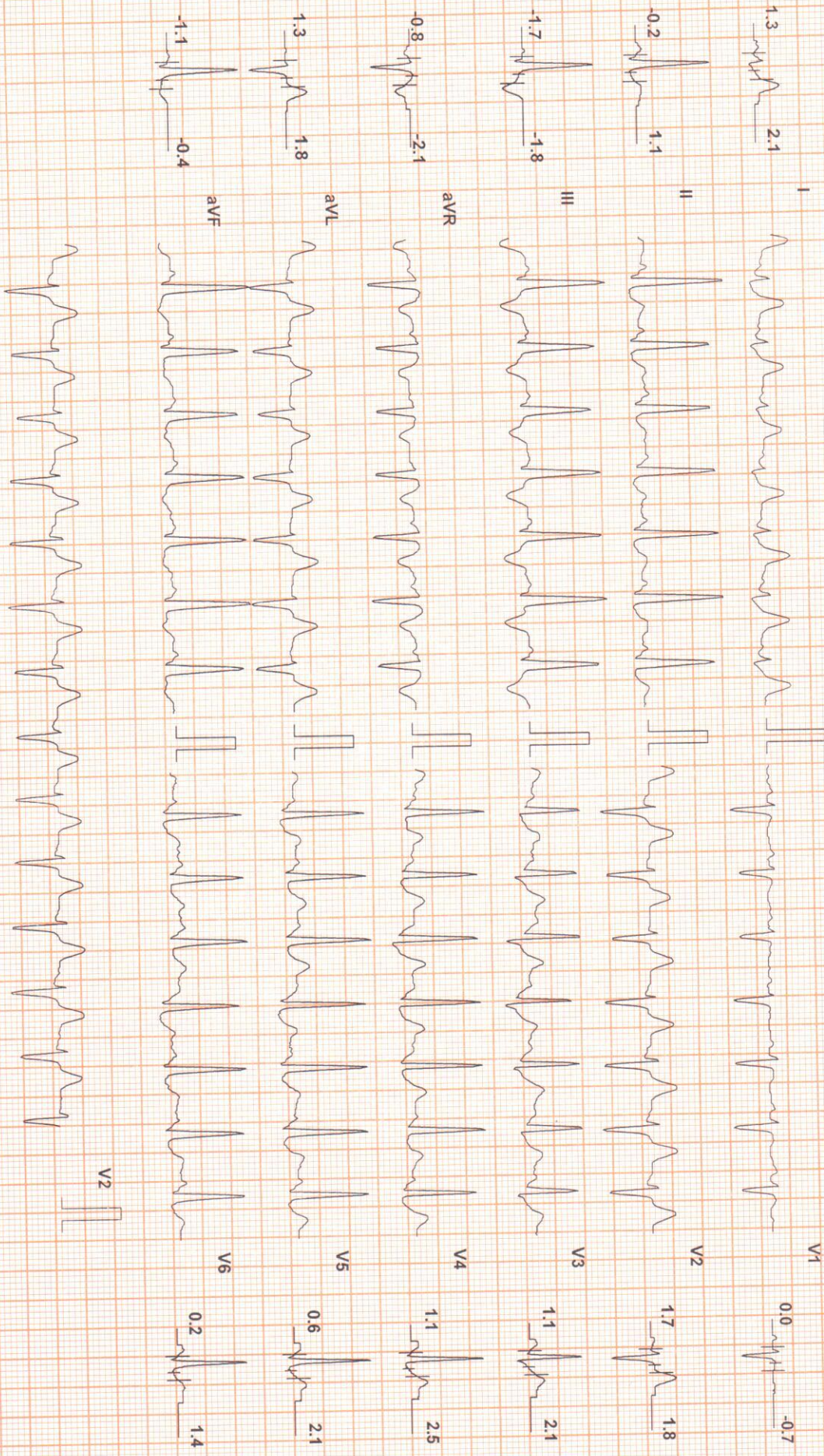


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandem V 4.7

**SUBURBAN DIAGNOSTICS (PVT) LTD THAKUR VILLAGE**

**ARPITA BARUA (30 F)**

ID: 2131024327

Date: 08-Nov-21

Exec Time : 6 m 52 s

Stage Time : 0 m 15 s

HR: 131 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

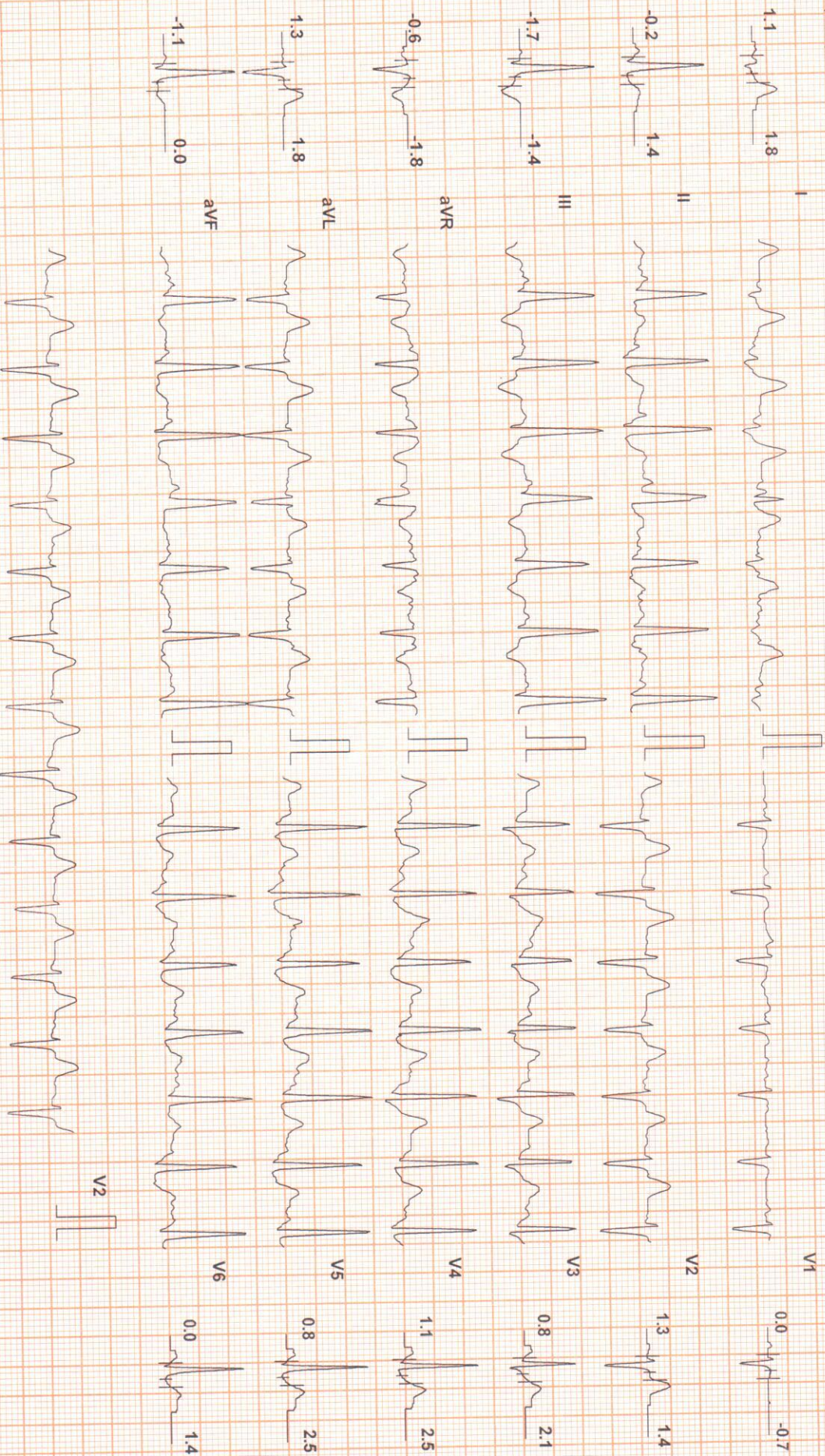


Chart Speed: 25 mm/sec  
Schiller Spentan V 4-7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = V + 60 ms

**SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE**

**ARPITA BARUA (30 F)**

ID: 2131024327

Date: 08-Nov-21

Exec Time : 6 m 52 s

Stage Time : 0 m 6 s

HR: 126 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

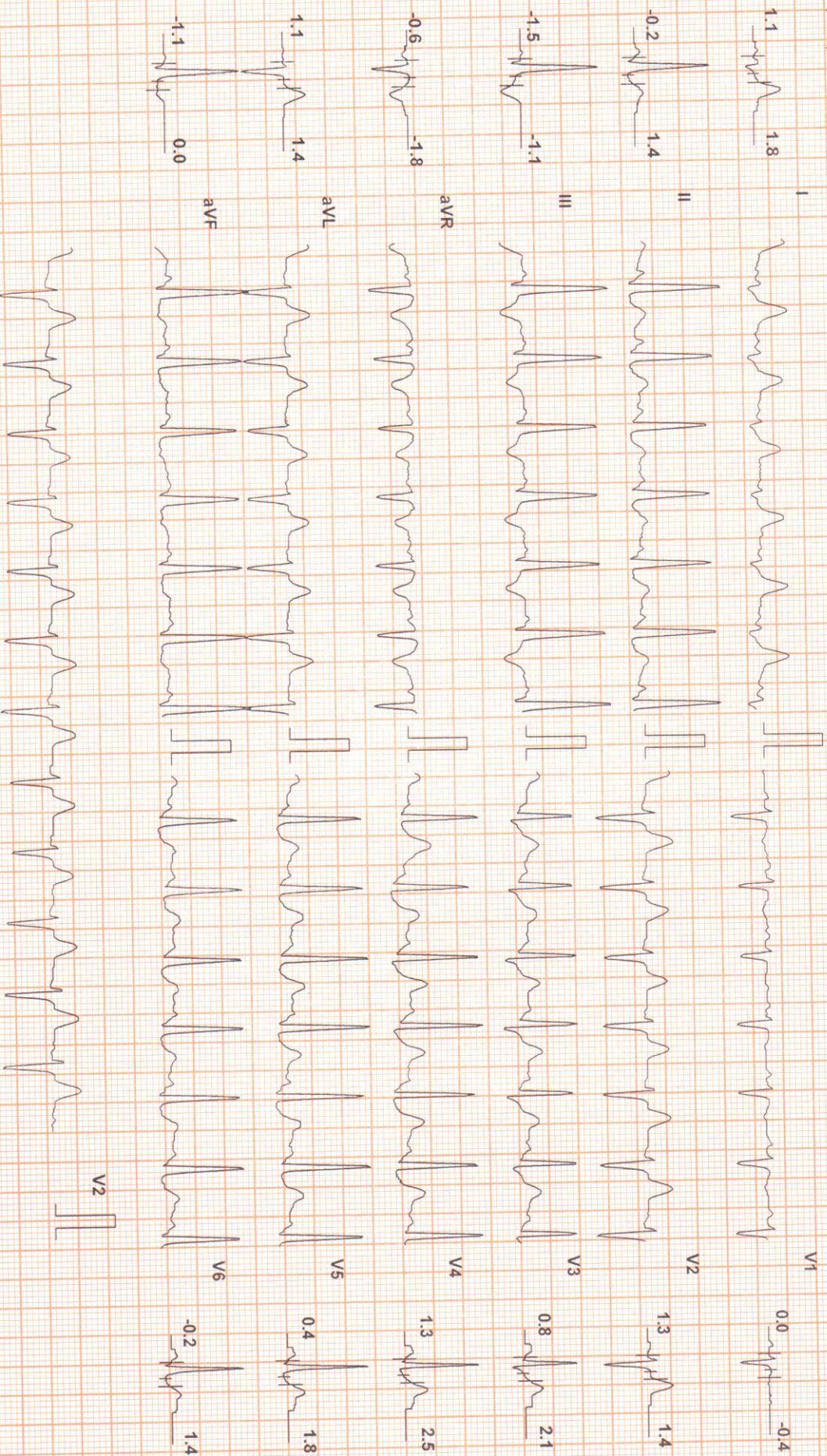


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms