



CID : 2327217197  
Name : MRS.SHAHI RUPAM  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 29-Sep-2023 / 10:02  
Reported : 29-Sep-2023 / 14:54

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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	10.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.08	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.7	36-46 %	Calculated
MCV	82.6	80-100 fl	Measured
MCH	26.1	27-32 pg	Calculated
MCHC	31.6	31.5-34.5 g/dL	Calculated
RDW	16.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6380	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.9	20-40 %	
Absolute Lymphocytes	1652.4	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	376.4	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	3585.6	2000-7000 /cmm	Calculated
Eosinophils	10.7	1-6 %	
Absolute Eosinophils	682.7	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	82.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	168000	150000-400000 /cmm	Elect. Impedance
MPV	13.8	6-11 fl	Measured
PDW	32.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      31                      2-20 mm at 1 hr.                      Sedimentation

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



*J. Thakker*

**Dr. JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



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Reported : 29-Sep-2023 / 14:00

**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	90.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.37	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	23.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		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	3.7	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



*Anupa*

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





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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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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



MC-2111

*J. Thakker*

**Dr. JYOT THAKKER**  
**M.D. (PATH), DPB**  
**Pathologist & AVP (Medical Services)**



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Collected : 29-Sep-2023 / 10:02  
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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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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.

**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



*J. Thakker*

**Dr. JYOT THAKKER**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.5	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	50.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	14.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	0-3.5 Ratio	Calculated

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



MC-2111

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**M.D. (PATH), DPB**  
**Pathologist & AVP( Medical Services)**



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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.0	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	2.51	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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Reg. Location : Malad West (Main Centre)

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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 microU/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 becuae 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:**

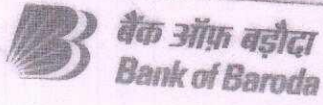
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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



*Anupa*

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



नाम  
Name  
रुपम शाही  
Rupam Shahi  
कर्मचारी कूट क्र.  
E.C. No. 116029



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Link Road, Mumbai - 400 084.



Name : Mrs . SHAHI RUPAM  
VID : 2327217197  
Ref By : Arcofemi Healthcare Limited

Reg Date : 29-Sep-2023 09:39  
Age/Gender : 33 Years  
Regn Centre : Malad West (Main Centre)

**History and Complaints:**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	159	Weight (kg):	57
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	68/min	Lymph Node:	Not Palpable

**Systems**

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

**IMPRESSION:**

*Mild anemia*  
*Mild dyslipidemia*

**ADVICE:**

*Increase intake of iron - rich food*  
*Lifestyle modification*

**CHIEF COMPLAINTS:**

Name : Mrs . SHAHI RUPAM

VID : 2327217197

Ref By : Arcofemi Healthcare Limited

Reg Date : 29-Sep-2023 09:39

Age/Gender : 33 Years

Regn Centre : Malad West (Main Centre)

- |  |                    |
|--|--------------------|
| 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                            | LSC in 2017 & 2021 |
| 17) Musculoskeletal System               | No                 |

**PERSONAL HISTORY:**

- |               |         |
|---------------|---------|
| 1) Alcohol    | No      |
| 2) Smoking    | No      |
| 3) Diet       | Non-veg |
| 4) Medication | No      |

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

*Sonali P.*

Dr.Sonali Honrao  
MD physician  
Sr. Manager-Medical  
Services (Cardiology)

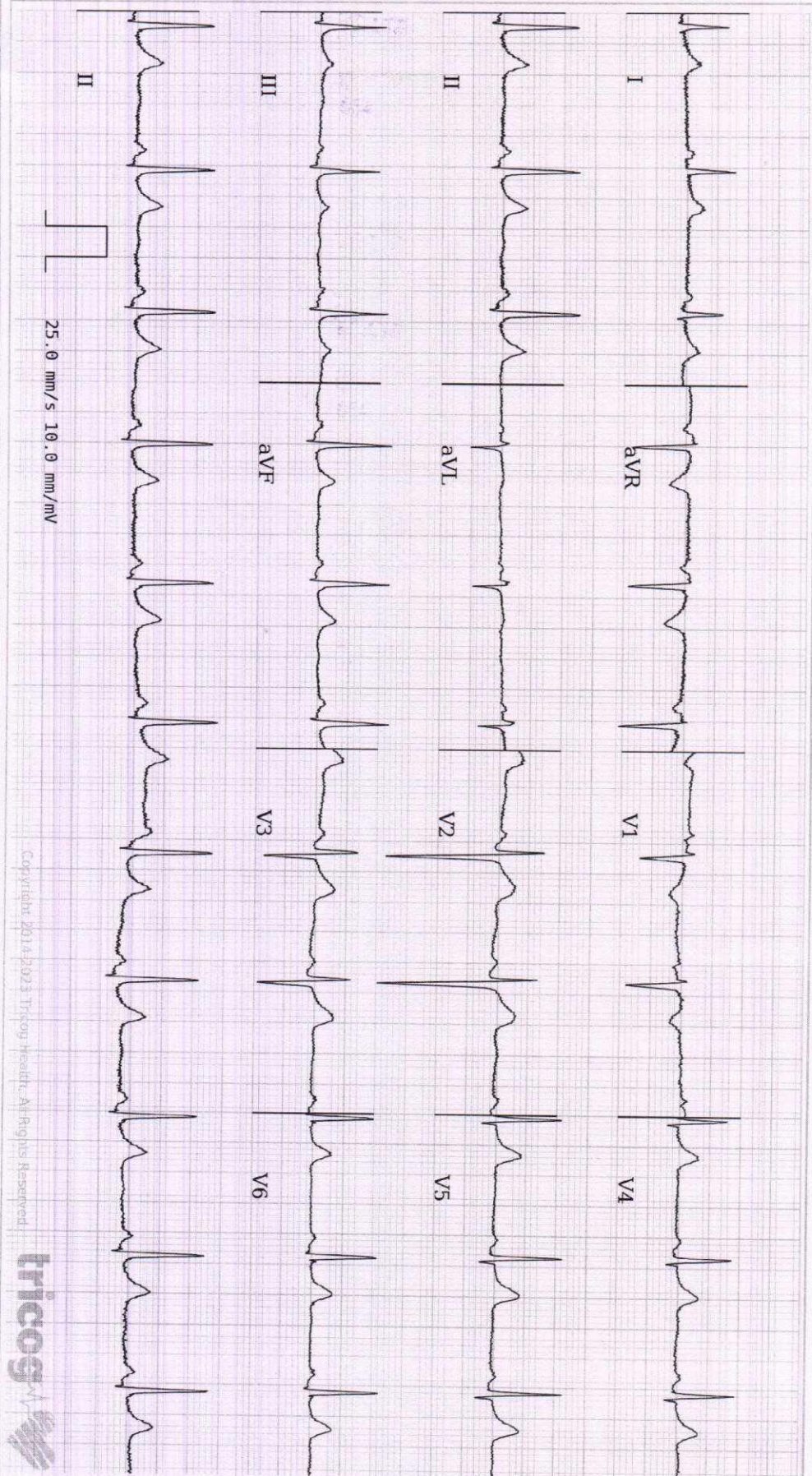
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102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.



Patient Name: SHAHI RUPAM  
Patient ID: 2327217197

**SUBURBAN DIAGNOSTICS - MALAD WEST**

Date and Time: 29th Sep 23 10:12 AM



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Age **33** years months **7**

Gender **Female**

Heart Rate **67bpm**

**Patient Vitals**

BP: 120/80 mmHg  
Weight: 57 kg  
Height: 159 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSD: 70ms  
QT: 364ms  
QTcB: 384ms  
PR: 134ms  
P-R-T: 48° 67° 52°

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

REPORTED BY

*[Signature]*

DR SONALI HONRAO  
MD (General Medicine)  
Physician  
2001/04/1882

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.



Date:- 29/09/23  
 Name:- Rupam Shahi

CID: 2327217197  
 Sex / Age: 33y / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV - LE - 6/6 RE - 6/6  
 Aided Vision: NV - LE - N/6 RE - N/6

Refraction:

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

Colour Vision: Normal / Abnormal

Remark:

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 Opp, Goregaon Sports Club,  
 Link Road, Malad (W), Mumbai - 400 064.



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Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Sep-2023  
Reported : 29-Sept-2023 / 14:06

R  
E  
P  
O  
R  
T

**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.**

**Kindly correlate clinically.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. NILIMA CHOUDHARY  
DNB (RADIOLOGY)  
REG NO. 2009072865

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092909401924>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2327217197  
Name : Mrs SHAHI RUPAM  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Sep-2023  
Reported : 29-Sept-2023 / 10:43

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size (12.0 cm), 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 (11 mm) and CBD (2.8 mm) 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 8.9 x 2.6 cm.  
Left kidney measures 9.9 x 4.4 cm.

### SPLEEN:

The spleen is normal in size (8.7 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.

### UTERUS:

The uterus is anteverted and appears normal. It measures 5.3 x 5.0 x 3.1 cm in size. The endometrial thickness is 5.1 mm.

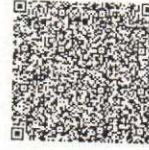
### OVARIES:

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.6 x 2.0 cm.                      Left ovary = 3.2 x 1.7 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092909401915>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2327217197  
Name : Mrs SHAHI RUPAM  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 29-Sep-2023  
Reported : 29-Sept-2023 / 10:43

**IMPRESSION:-**

No significant abnormality is seen.

**Suggestion: Clinicopathological correlation.**

**Note :** Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

DR. NILIMA CHOUDHARY  
DNB (RADIOLOGY)  
REG NO. 2009072865

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092909401915>

Page no 2 of 2



--  
Malad WestStation  
Telephone:**EXERCISE STRESS TEST REPORT**Patient Name: SHAHI, ARUNESH  
Patient ID: 2327217152  
Height: 171 cm  
Weight: 69 kgDOB: 10.12.1983  
Age: 39yrs  
Gender: Male  
Race: AsianStudy Date: 29.09.2023  
Test Type: --  
Protocol: BRUCEReferring Physician: --  
Attending Physician: DR SONALI HONRAO  
Technician: --Medications:  
--Medical History:  
--Reason for Exercise Test:  
--Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	65	120/80	
	STANDING	00:16	0.00	0.00	67	120/80	
	HYPERV.	00:16	0.00	0.00	68	120/80	
EXERCISE	WARM-UP	00:09	1.00	0.00	68	120/80	
	STAGE 1	03:00	1.70	10.00	94	130/80	
	STAGE 2	03:00	2.50	12.00	121	140/80	
	STAGE 3	03:00	3.40	14.00	155	156/80	
	STAGE 4	01:11	4.20	16.00	169		
RECOVERY		03:08	0.00	0.00	97	156/80	

The patient exercised according to the BRUCE for 10:10 min:s, achieving a work level of Max. METS: 13.40. The resting heart rate of 68 bpm rose to a maximal heart rate of 169 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 156/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: none.  
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is negative for inducible ischemia.



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



Physician

*Sonali P.*

Technician

**DR. SONALI HONRAO**  
MD (G.MED)  
CONSULTING PHYSICIAN  
REG NO.2001/04/1882

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**  
102-104, Bhoomi Castle,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.



SHAH, ARUNESH

Patient ID 2327217152

29.09.2023

11:30:23am

12-Lead Report

PRETEST

SUPINE

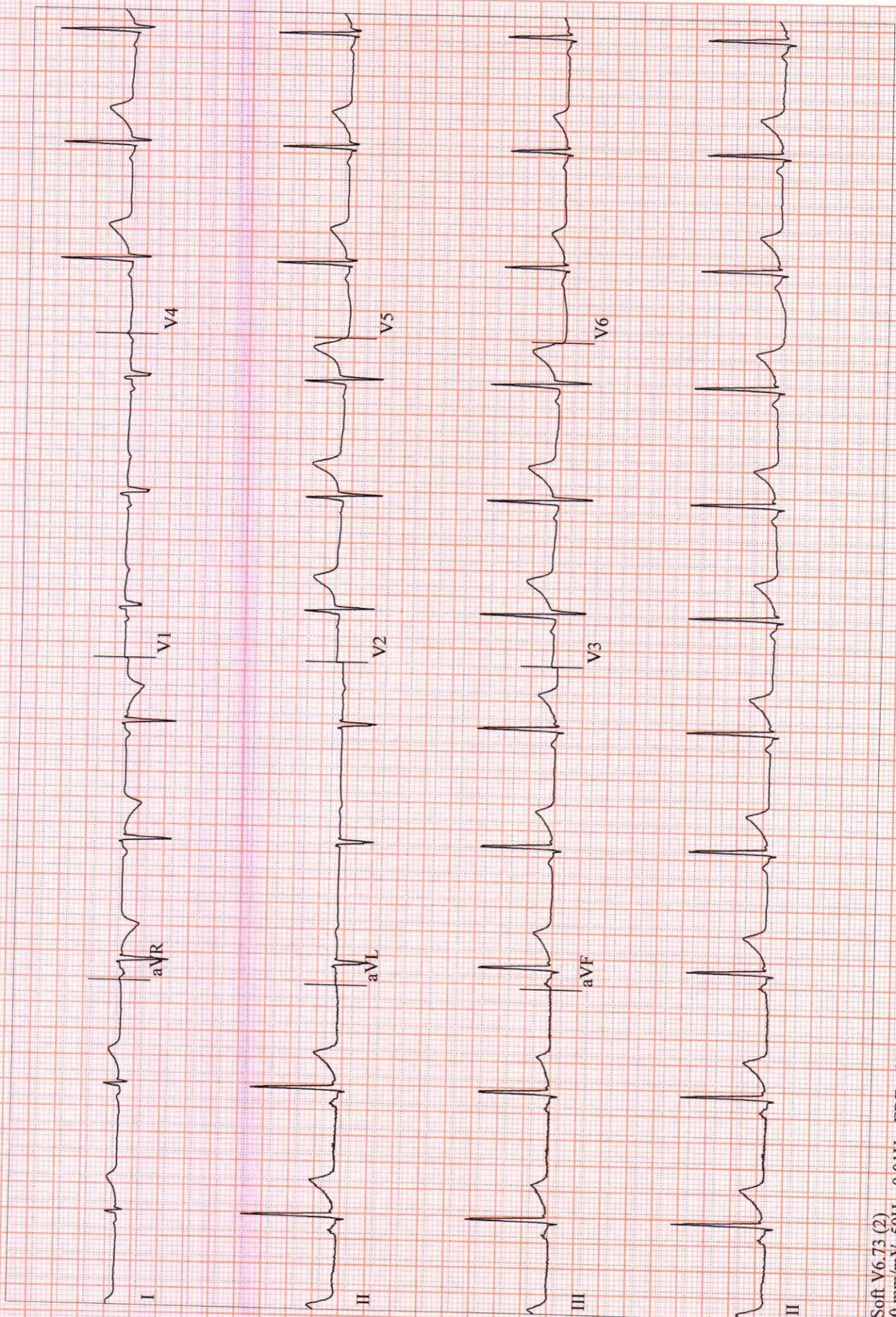
00:13

66 bpm

120/80 mmHg

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

Start of Test: 11:30:04am



SHAH, ARUNESH

Patient ID 2327217152

29.09.2023

11:30:39am

12-Lead Report

PRETEST

STANDING

00:29

67 bpm

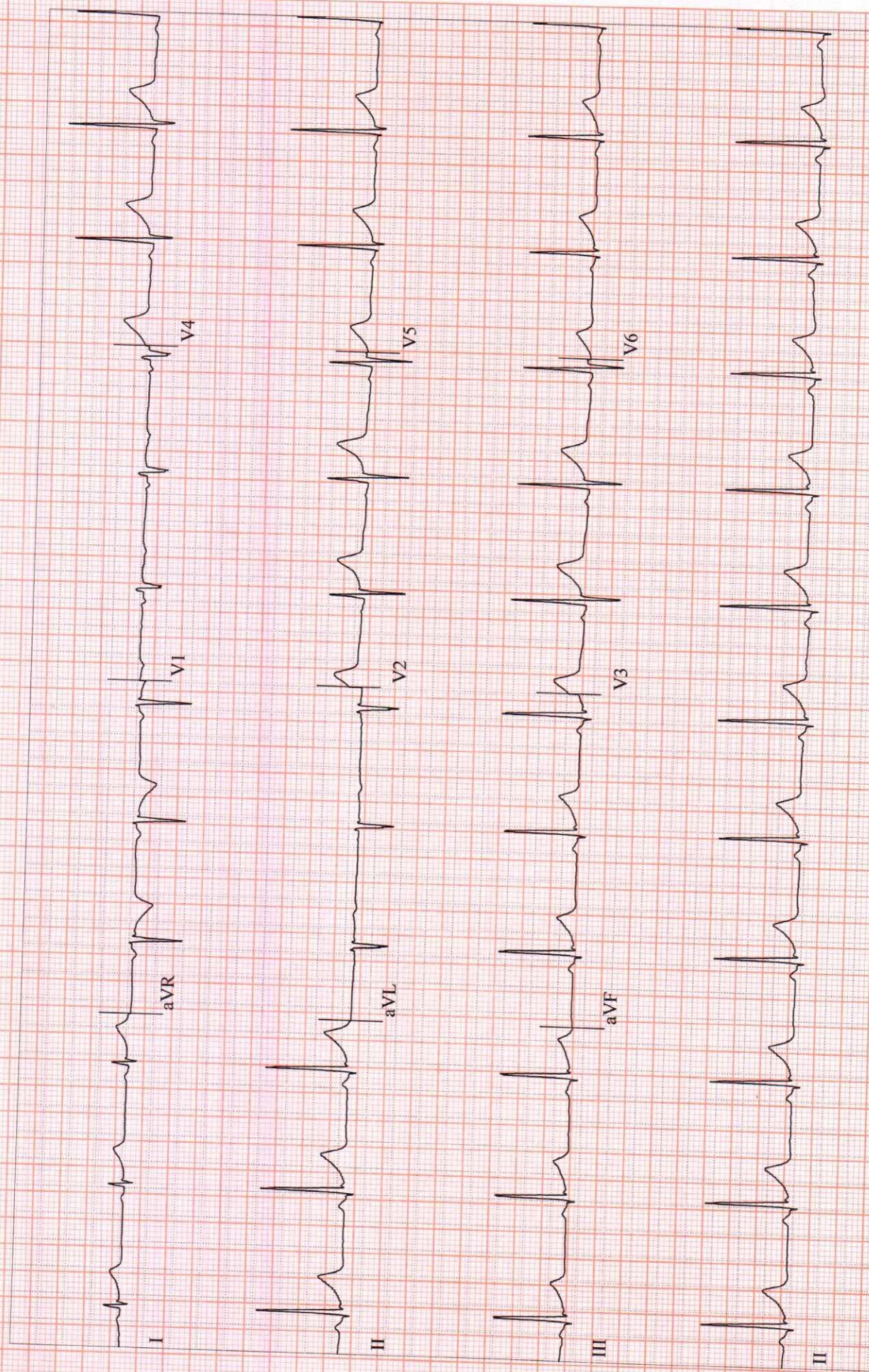
120/80 mmHg

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

Start of Test: 11:30:04am

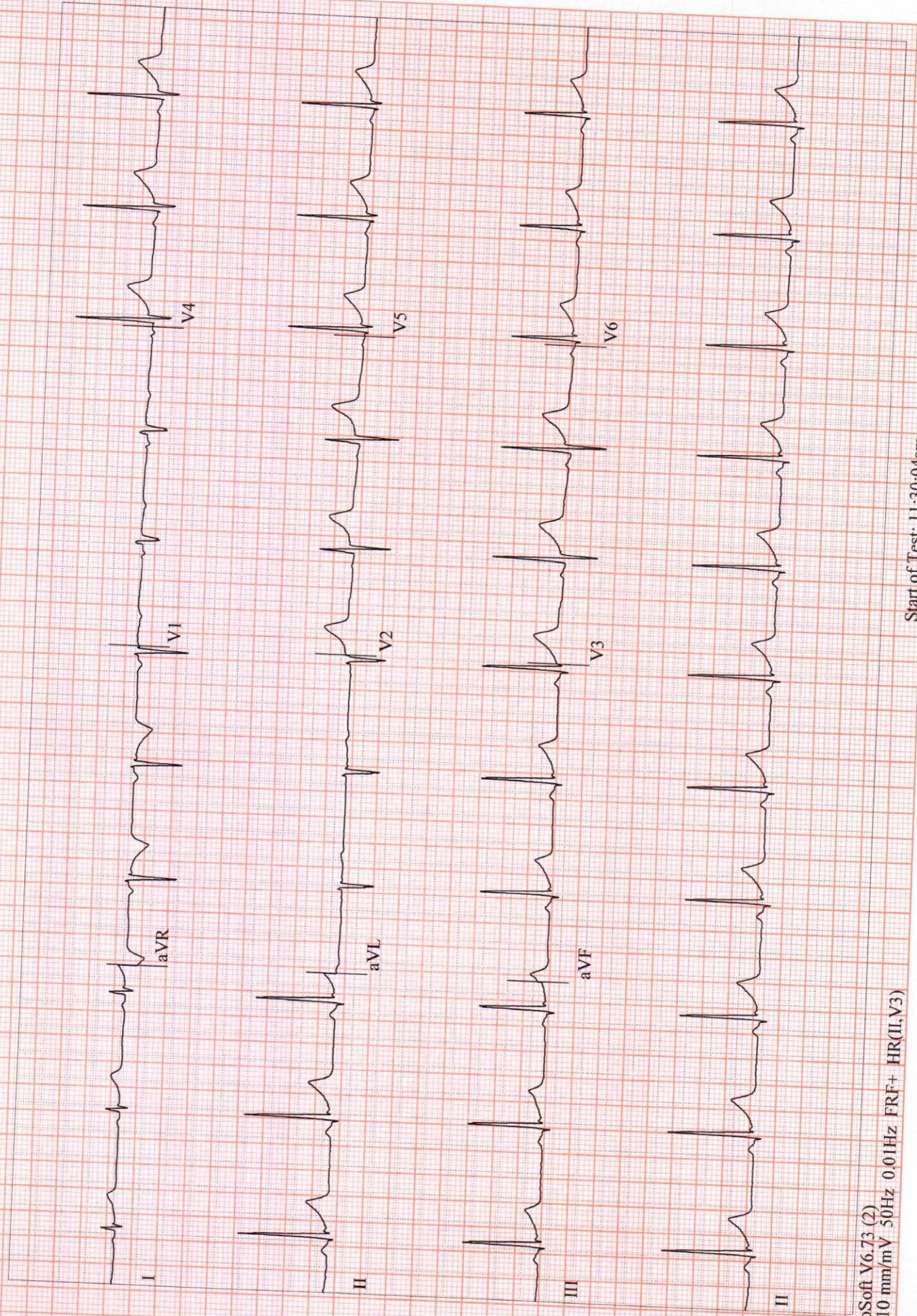


SHAH, ARUNESH  
Patient ID 2327217152  
29.09.2023  
11:30:54am

68 bpm  
120/80 mmHg  
12-Lead Report  
PRETEST  
HYPERV.  
00:44

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

Start of Test: 11:30:04am



SHAH, ARUNESH

Patient ID 2327217152

29.09.2023

11:33:47am

Linked Medians

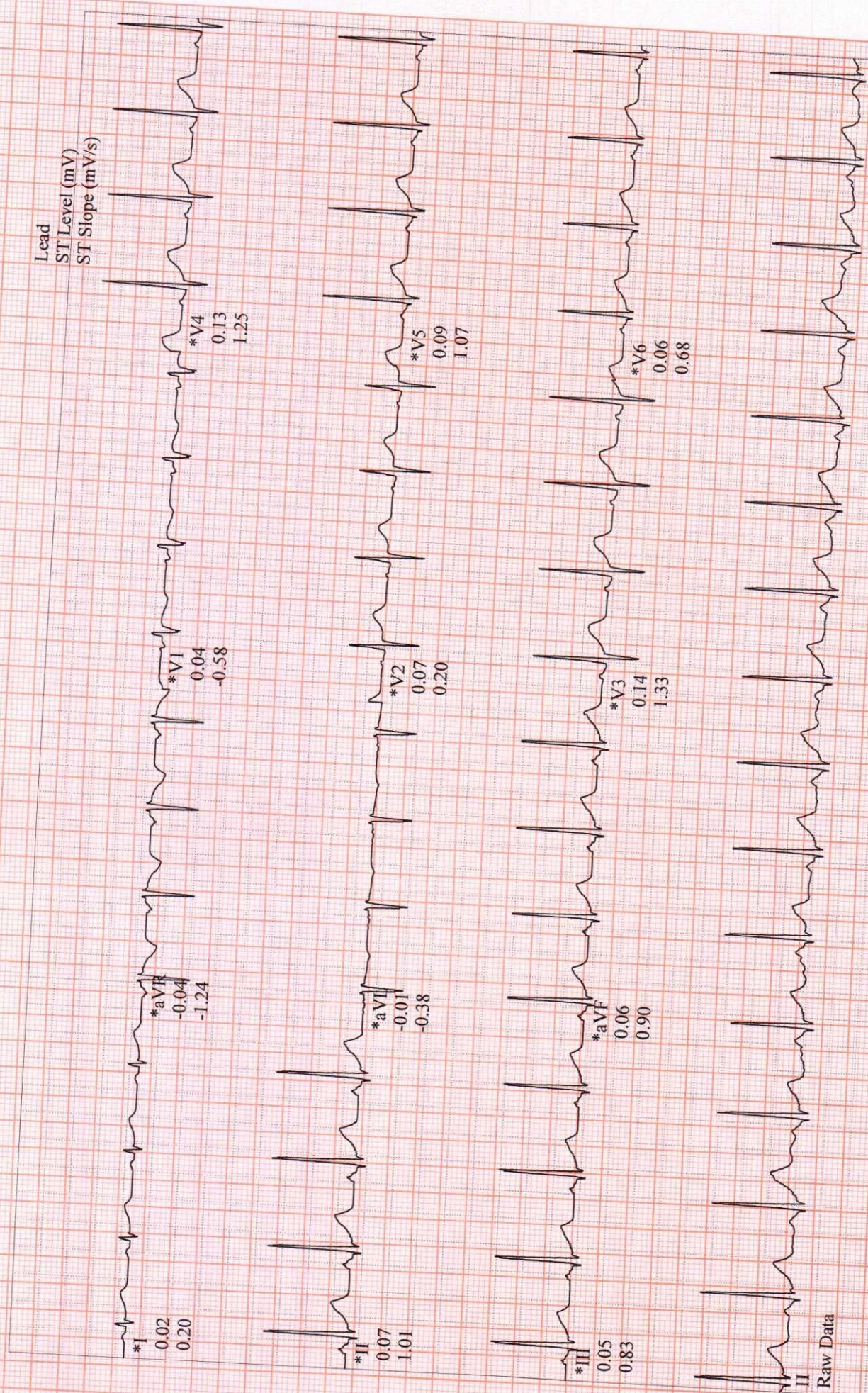
EXERCISE  
STAGE 1

02:50

93 bpm  
130/80 mmHg

BRUCE  
1.7 mph  
10.0 %

SUBURBAN DIAGNOSTICS



ardioSoft V6.73 (2)

n/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

ardioSoft V6.73 (2)

m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V3)

\*Computer Synthesized Rhythms

Start of Test: 11:30:04am



SHAH, ARUNESH

Patient ID 2327217152

29.09.2023

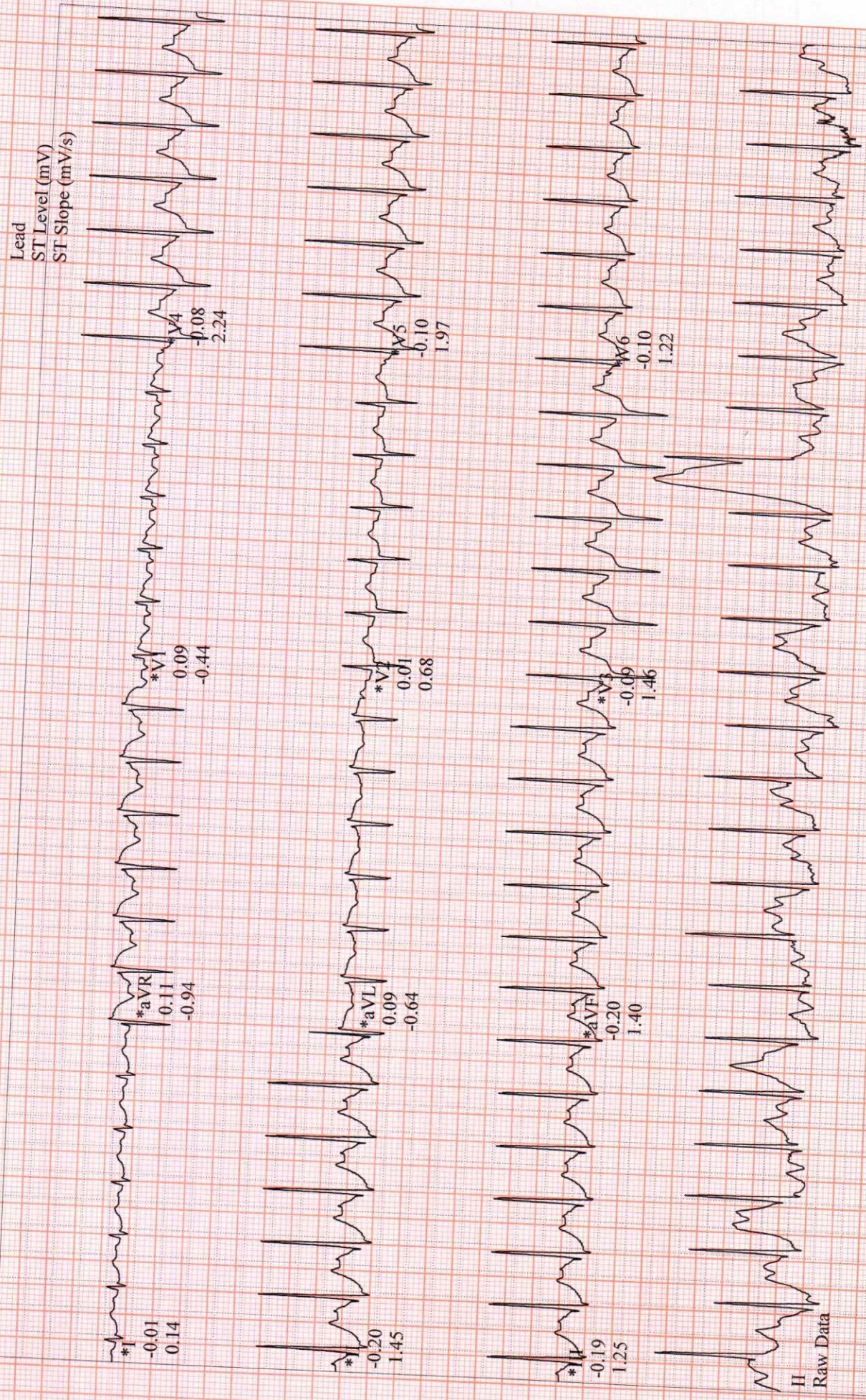
11:39:47am

153 bpm  
156/80 mmHg

Linked Medians  
EXERCISE  
STAGE 3  
08:50

BRUCE  
3.4 mph  
14.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)

m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V3,II)

\*Computer Synthesized Rhythms

Start of Test: 11:30:04am

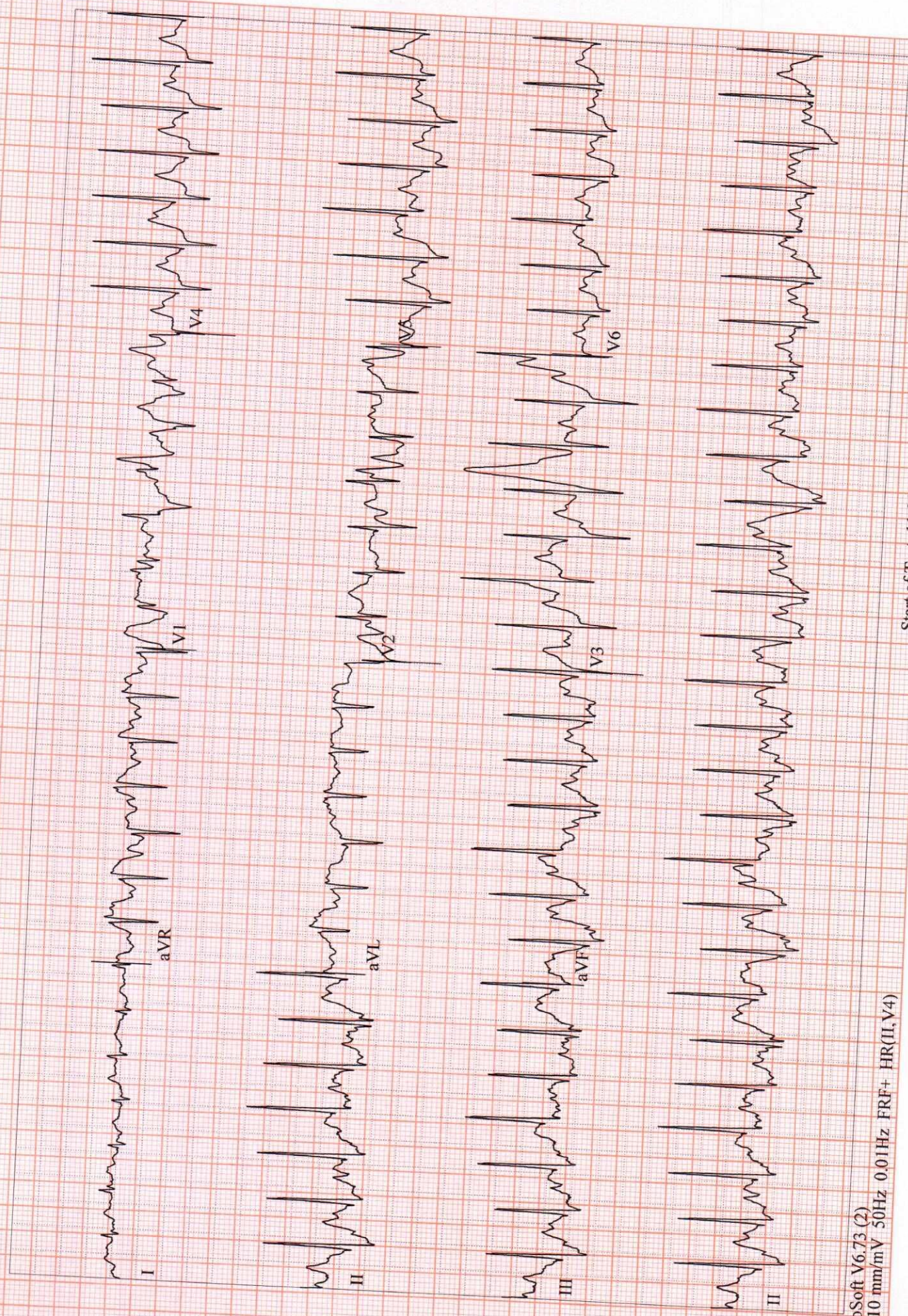


SHAH, ARUNESH  
Patient ID 2327217152  
29.09.2023  
11:41:13am

12-Lead Report ( PEAK EXERCISE )  
EXERCISE  
STAGE 4  
10:11  
BRUCE  
4.2 mph  
16.0 %

169 bpm

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

Start of Test: 11:30:04am



SHAH, ARUNESH

Patient ID 2327217152

29.09.2023

11:42:07am

133 bpm

Linked Medians

RECOVERY

#1

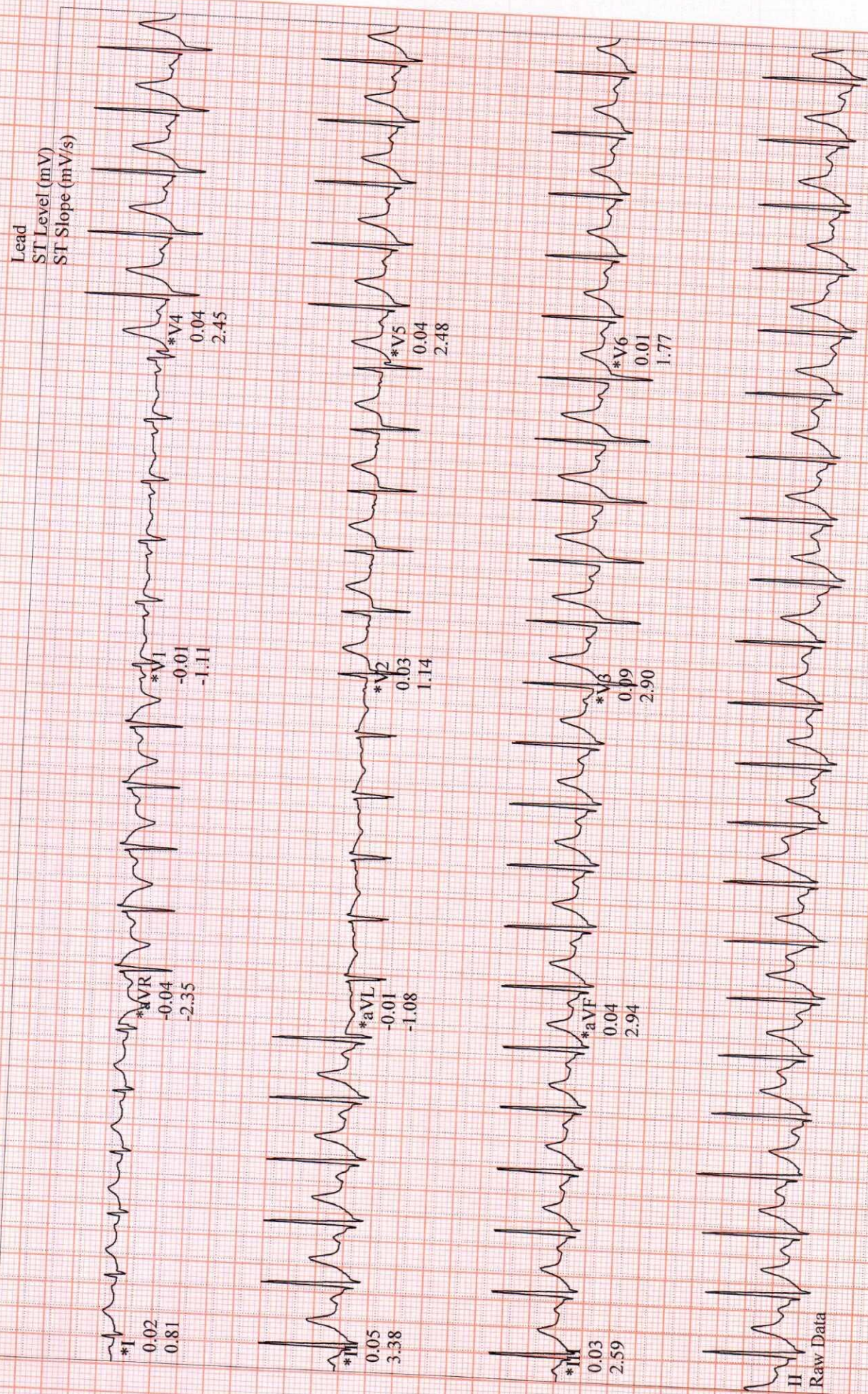
01:00

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)

m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

\*Computer Synthesized Rhythms

Start of Test: 11:30:04am



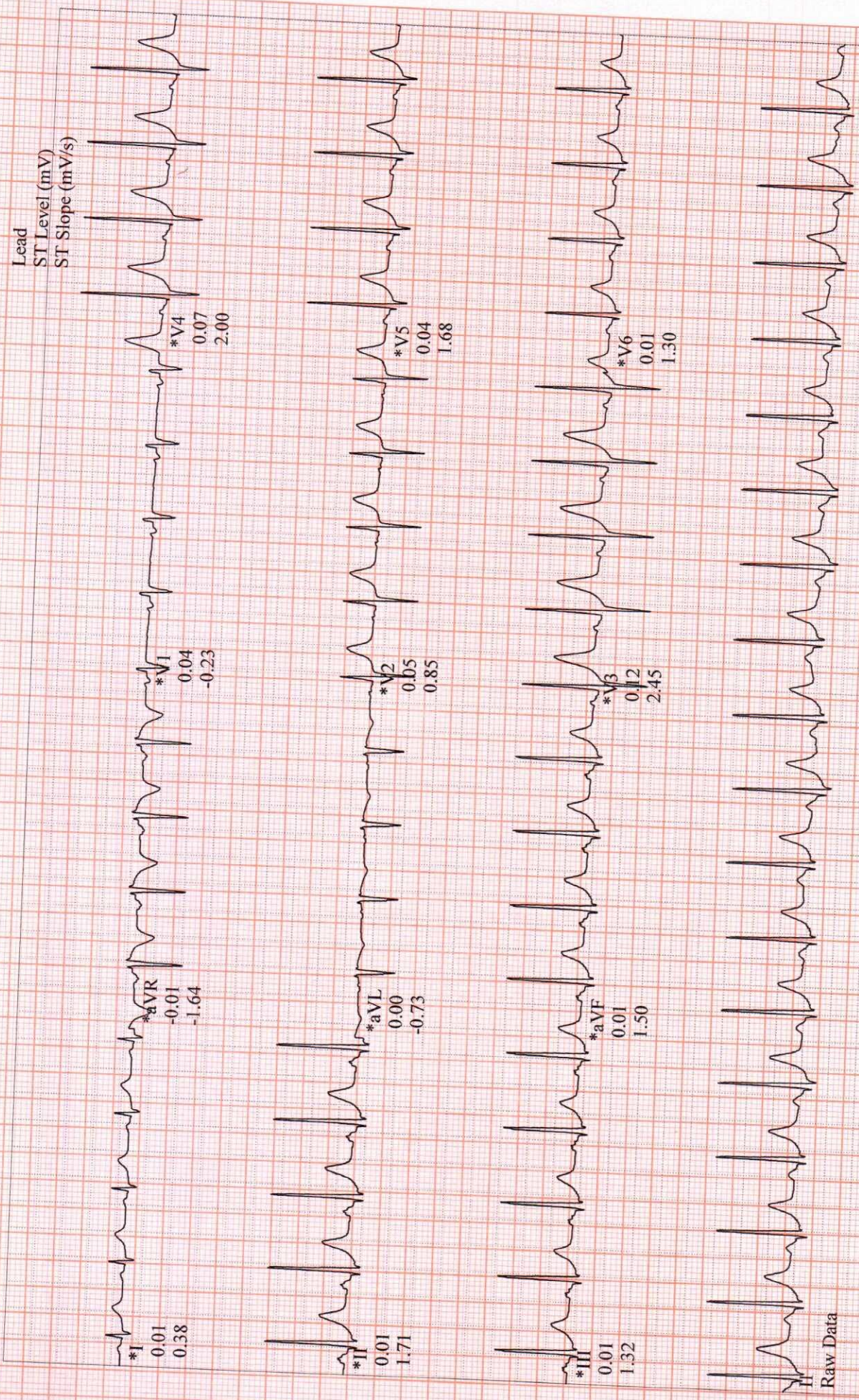
SHAH, ARUNESH  
Patient ID 2327217152  
29.09.2023  
11:43:07am

109 bpm

Linked Medians  
RECOVERY  
#1  
02:00

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTICS



Raw Data

CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

\*Computer Synthesized Rhythms

Start of Test: 11:30:04am



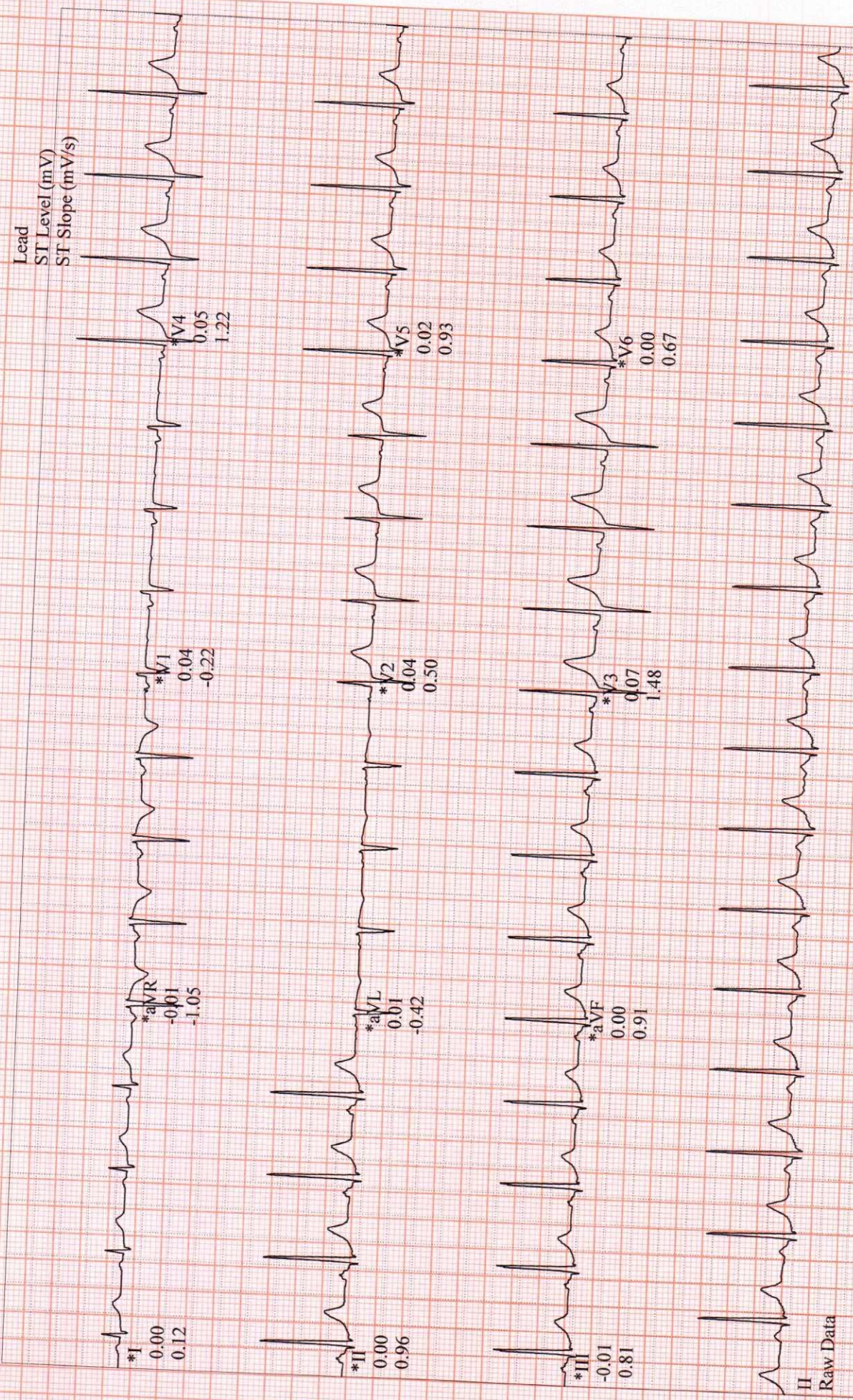
SHAHIL, ARUNESH  
Patient ID 2327217152  
29.09.2023  
11:44:07am

98 bpm  
156/80 mmHg

Linked Medians  
RECOVERY  
#1  
03:00

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOSTICS



CardioSoft V6.73 (2)  
m/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V4)

\*Computer Synthesized Rhythms

Start of Test: 11:30:04am



--  
Malad WestStation  
Telephone:**EXERCISE STRESS TEST REPORT**Patient Name: SHAHI, RUPAM  
Patient ID: 2327217197  
Height: 159 cm  
Weight: 57 kgDOB: 22.02.1992  
Age: 31yrs  
Gender: Female  
Race: AsianStudy Date: 29.09.2023  
Test Type: --  
Protocol: BRUCEReferring Physician: --  
Attending Physician: DR SONALI HONRAO  
Technician: --Medications:  
--Medical History:  
--Reason for Exercise Test:  
--Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	81	120/80	
	STANDING	00:07	0.00	0.00	79	120/80	
	HYPERV.	00:06	0.00	0.00	81	120/80	
EXERCISE	WARM-UP	00:12	1.00	0.00	80	120/80	
	STAGE 1	03:00	1.70	10.00	126	132/80	
	STAGE 2	03:00	2.50	12.00	155	140/80	
	STAGE 3	01:14	3.40	14.00	171		
RECOVERY		03:08	0.00	0.00	112	140/80	

The patient exercised according to the BRUCE for 7:14 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 83 bpm rose to a maximal heart rate of 171 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.  
Functional Capacity: normal.  
HR Response to Exercise: appropriate.  
BP Response to Exercise: normal resting BP - appropriate response.  
Chest Pain: none.  
Arrhythmias: none.  
ST Changes: Depression horizontal.  
Overall impression: Positive stress test suggestive of ischemia.

Conclusions

Good effort tolerance. Mid ST- T changes seen in II, III, aVf & V5-V6 as compared to baseline. No chest pain / arrhythmia noted. Stress test is MILDLY POSITIVE for inducible ischemia.







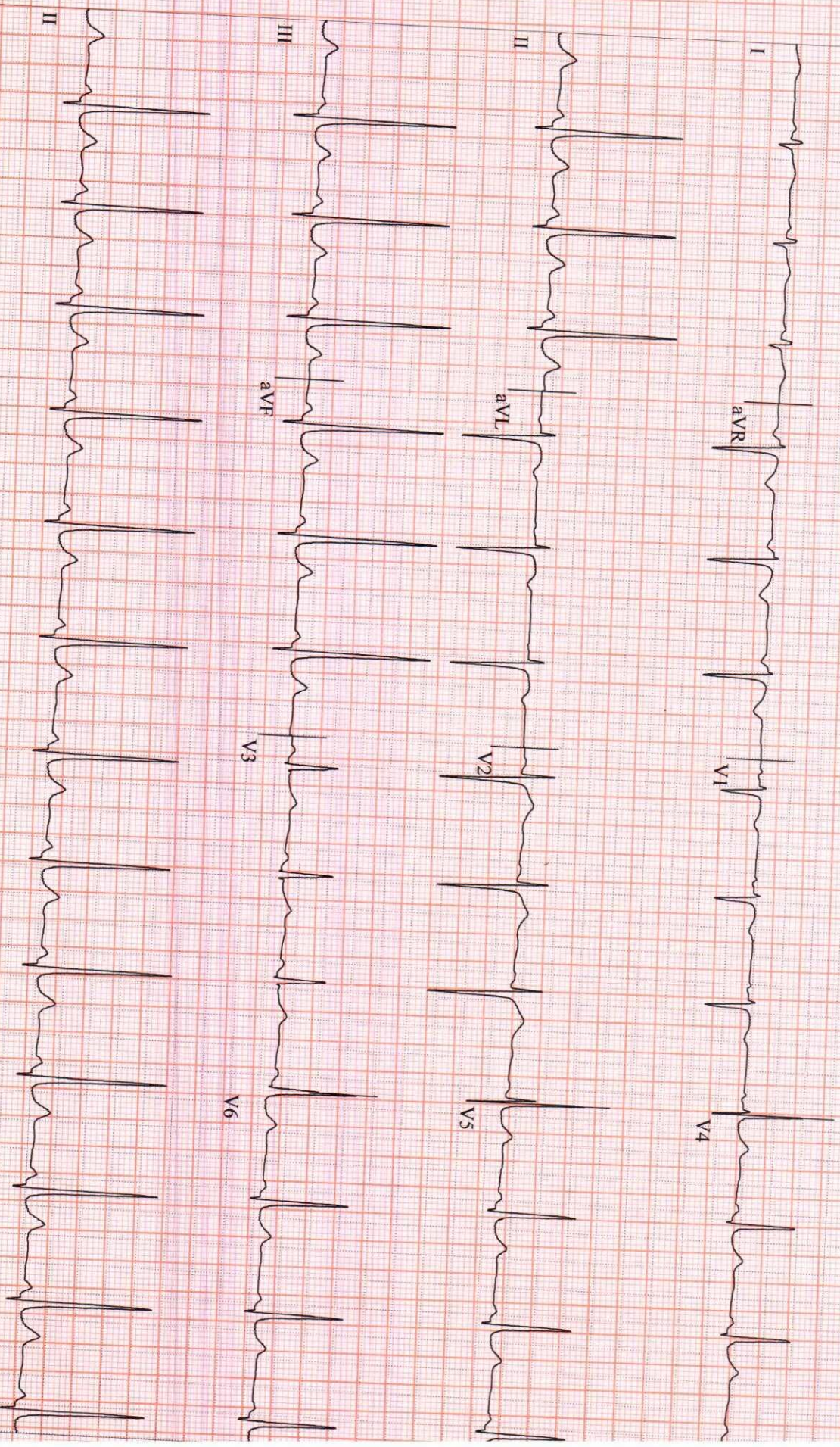
**SHAH, RUPAM**  
Patient ID 2327217197  
29.09.2023  
11:12:06am

81 bpm  
120/80 mmHg

12-Lead Report  
PRETEST  
SUPINE  
00:13

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QI, V2)

Start of Test: 11:11:47am







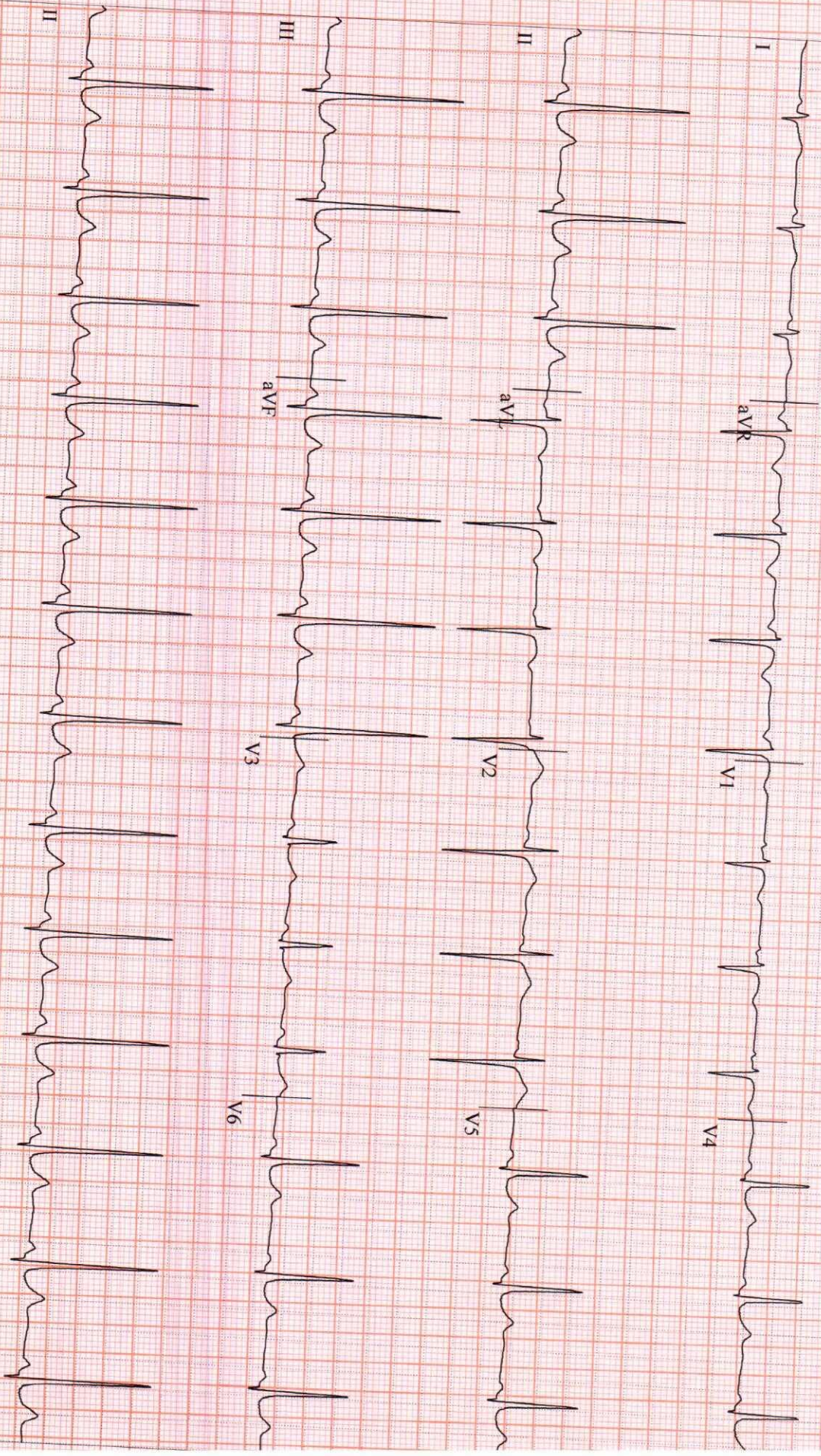
SHAHI, RUPAM  
Patient ID 2327217197  
29.09.2023  
11:12:18am

79 bpm  
120/80 mmHg

12-Lead Report  
PRETEST  
HYPERV.  
00:25

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 11:11:47am



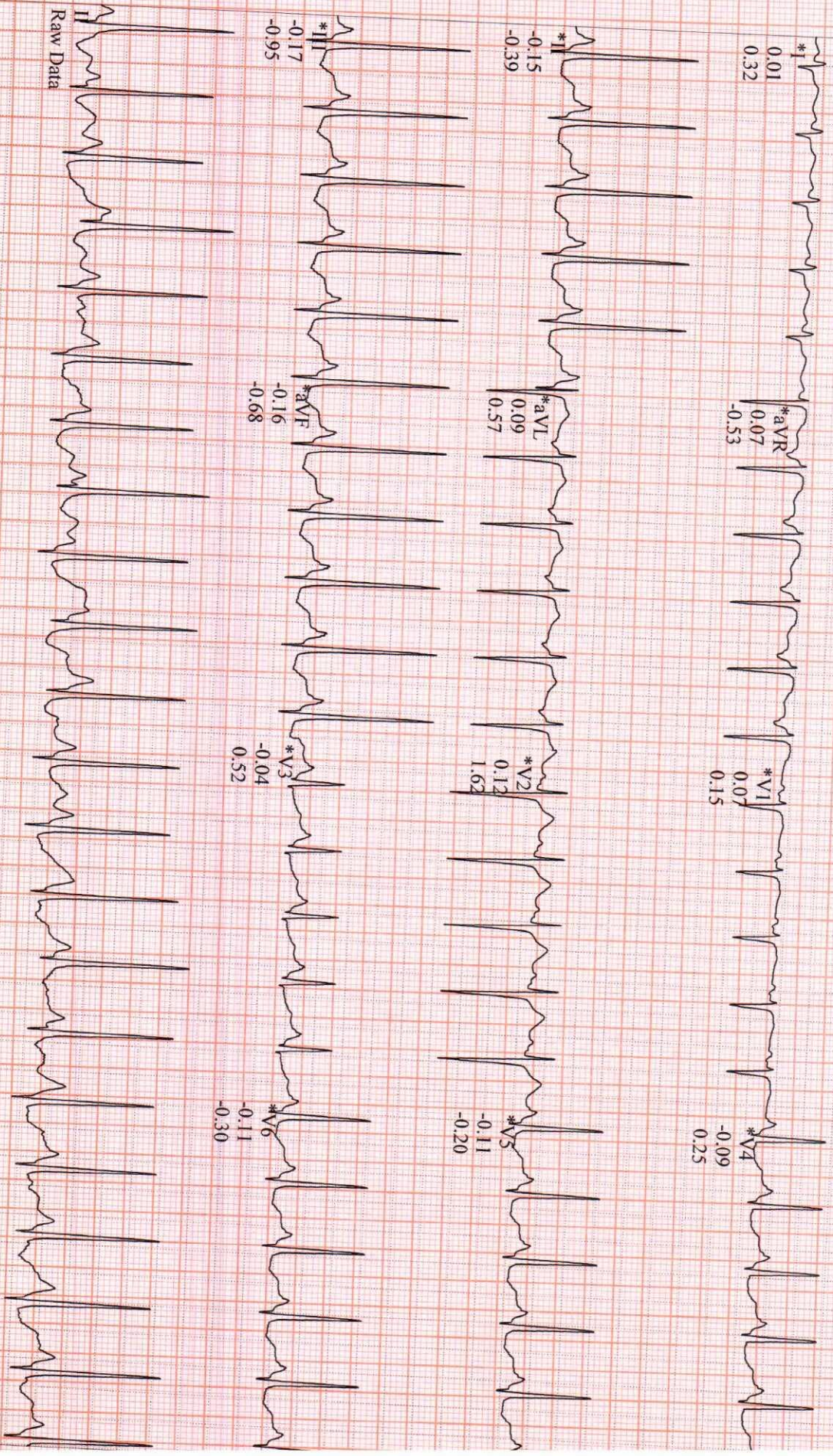
SHAH, RUPAM  
Patient ID 2327217197  
29.09.2023  
11:15:14am

129 bpm  
132/80 mmHg  
EXERCISE  
STAGE 1  
02:50

BRUCE  
1.7 mph  
10.0%

Linked Medians

SUBURBAN DIAGNOST



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

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 11:11:47am

\*Computer Synthesized Rhythms



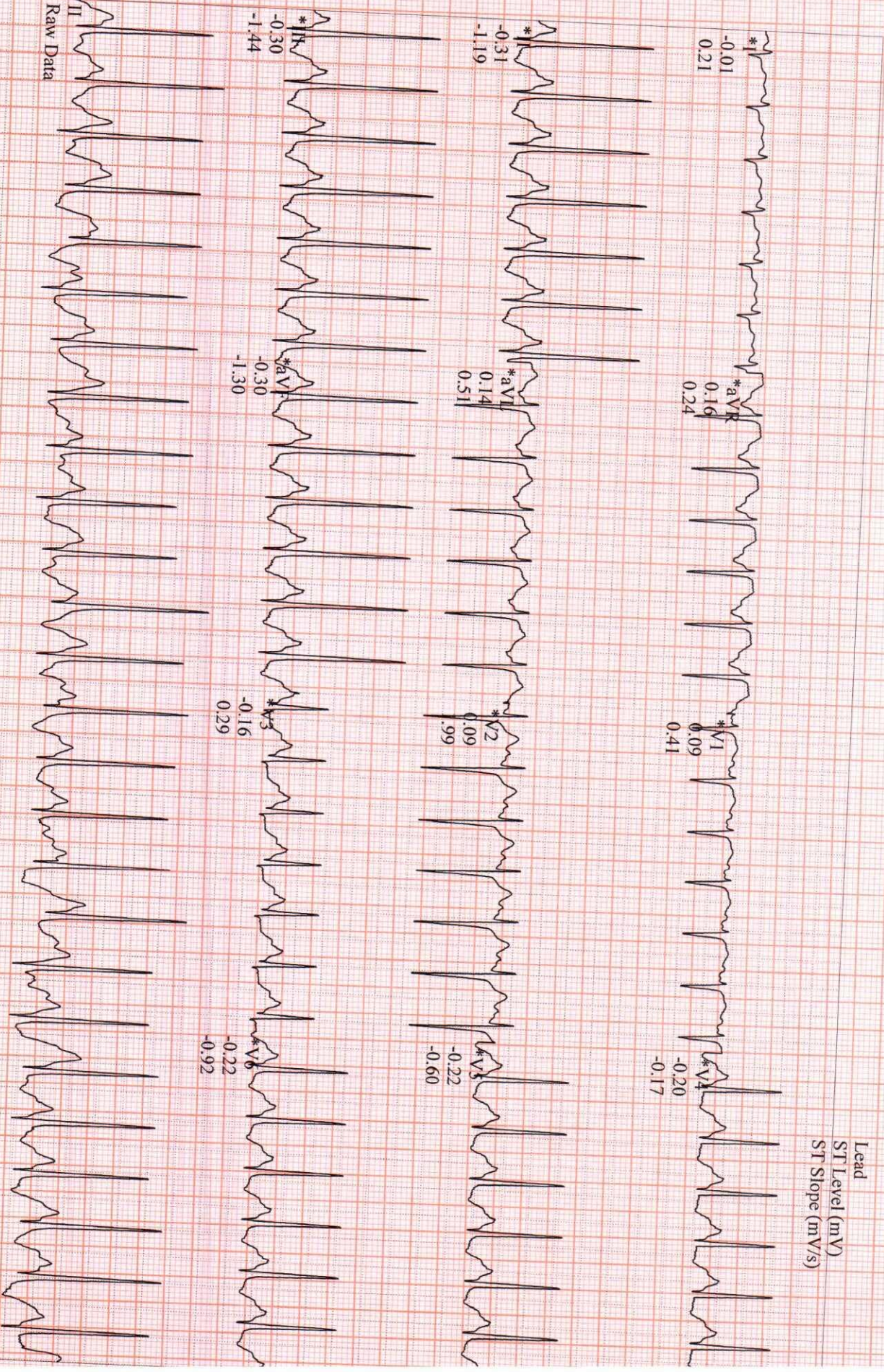
**SHAH, RUPAM**  
Patient ID 2327217197  
29.09.2023  
11:18:14am

157 bpm  
140/80 mmHg

Linked Medians  
EXERCISE  
STAGE 2  
05:50

BRUCE  
2.5 mph  
12.0%

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 11:11:47am

\*Computer Synthesized Rhythms

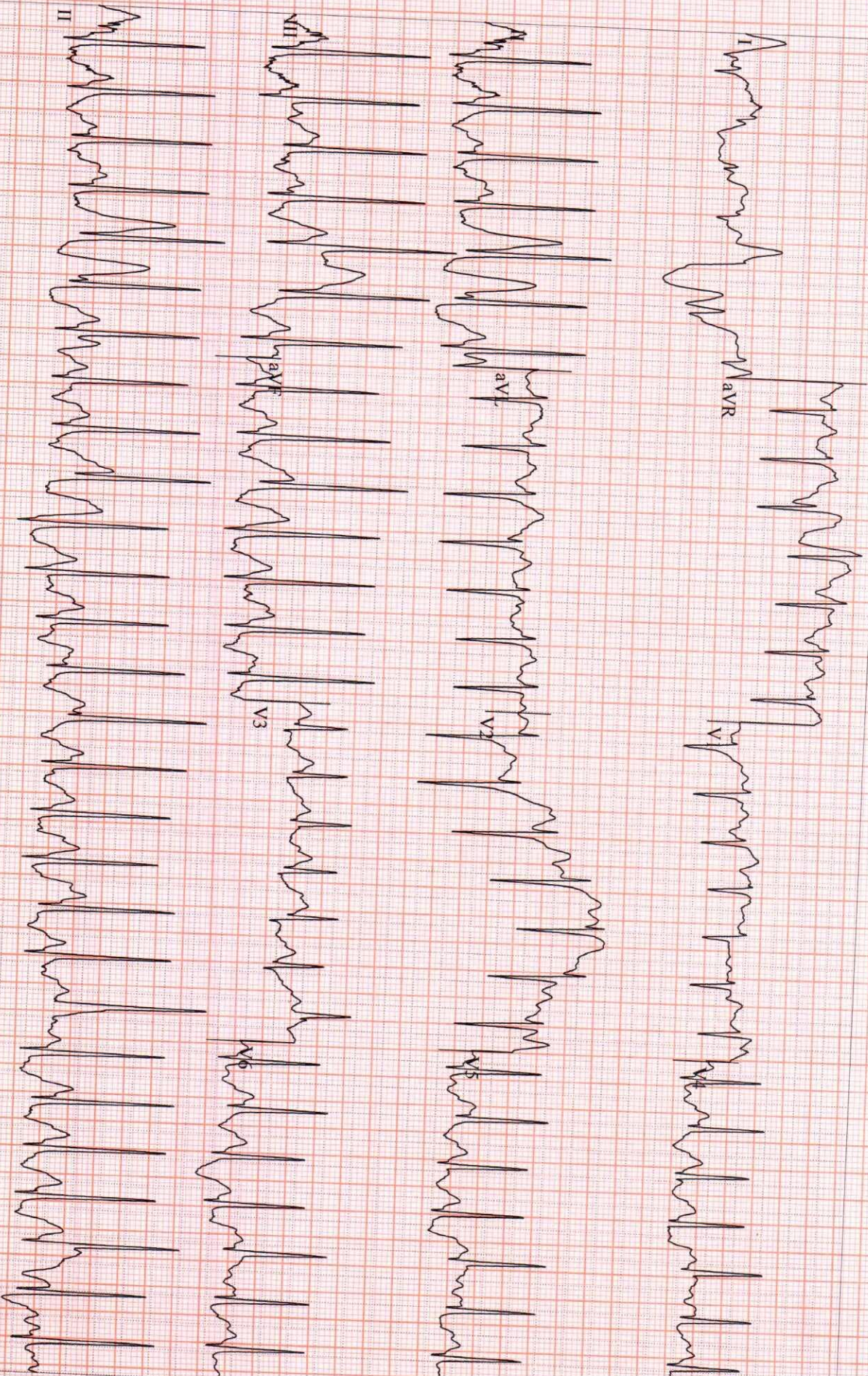


SHAHI, RUPAM  
Patient ID 2327217197  
29.09.2023  
11:19:43am

171 bpm

12-Lead Report ( PEAK EXERCISE )  
EXERCISE  
STAGE 3  
07:14  
BRUCE  
3.4 mph  
14.0%

SUBURBAN DIAGNOST



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:11:47am



SHAH, RUPAM  
Patient ID 2327217197  
29.09.2023  
11:20:38am

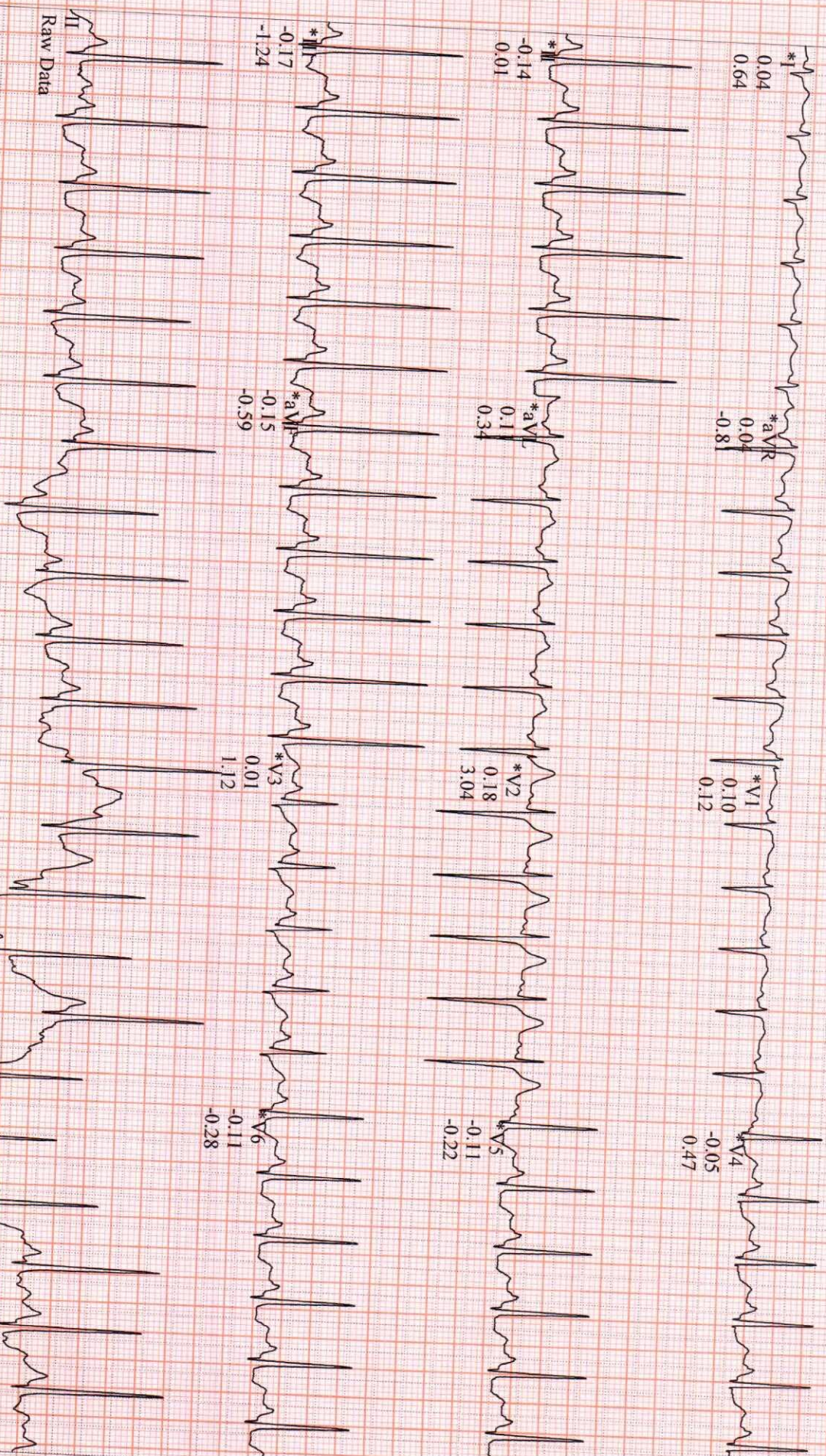
137 bpm

Linked Medians  
RECOVERY #1  
01:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOST

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



GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:11:47am

\*Computer Synthesized Rhythms

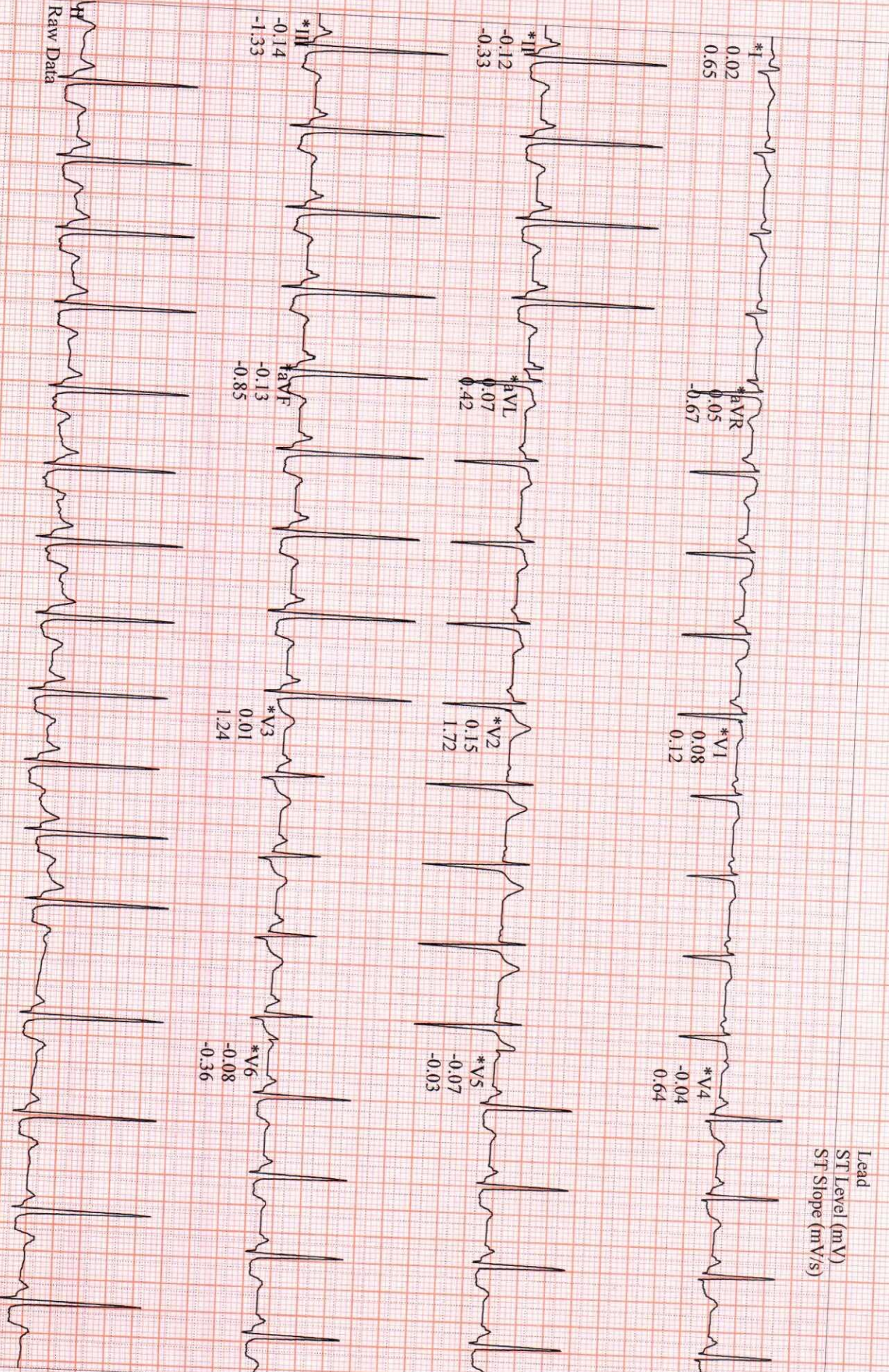


101 bpm

Linked Medians  
RECOVERY #1  
02:00

BRUCE  
0.0 mph  
0.0%

SUBURBAN DIAGNOST



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



SHAH, RUPAM

Patient ID 2327217197

29.09.2023

11:22:38am

Linked Medians

RECOVERY

#1

03:00

101 bpm

140/80 mmHg

BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOST



Raw Data

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

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,II)

Start of Test: 11:11:47am

\*Computer Synthesized Rhythms