

Name : MRS.SUSHMITA GURAWA

Age / Gender : 37 Years / Female

Consulting Dr. : -

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

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

:04-Apr-2023 / 09:26

:04-Apr-2023 / 09:26

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

	CBC (Complet	e Blood Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	5.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.5	36-46 %	Measured
MCV	79	80-100 fl	Calculated
MCH	24.7	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6840	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	2284.6	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	410.4	200-1000 /cmm	Calculated
Neutrophils	54.9	40-80 %	
Absolute Neutrophils	3755.2	2000-7000 /cmm	Calculated
Eosinophils	5.1	1-6 %	
Absolute Eosinophils	348.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	41.0	20-100 /cmm	Calculated

WBC Differential Count by Absorbance & Impedance method/Microscopy.

## **PLATELET PARAMETERS**

Platelet Count	286000	150000-400000 /cmm	Elect. Impedance
MPV	10.4	6-11 fl	Calculated
PDW	21.0	11-18 %	Calculated

**RBC MORPHOLOGY** 

Immature Leukocytes



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:04-Apr-2023 / 13:52

Hypochromia Mild

Microcytosis Occasional

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others -

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 15 2-20 mm at 1 hr. Sedimentation

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







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

Page 2 of 11



Name : MRS.SUSHMITA GURAWA

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**Reported** :04-Apr-2023 / 13:39

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>					
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase					
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase					
BILIRUBIN (TOTAL), Serum	0.49	0.1-1.2 mg/dl	Colorimetric					
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo					
BILIRUBIN (INDIRECT), Serum	0.26	0.1-1.0 mg/dl	Calculated					
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret					
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG					
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated					
A/G RATIO, Serum	1.6	1 - 2	Calculated					
SGOT (AST), Serum	17.4	5-32 U/L	NADH (w/o P-5-P)					
SGPT (ALT), Serum	14.9	5-33 U/L	NADH (w/o P-5-P)					
GAMMA GT, Serum	14.7	3-40 U/L	Enzymatic					
ALKALINE PHOSPHATASE, Serum	83.4	35-105 U/L	Colorimetric					
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic					
BUN, Serum	9.5	6-20 mg/dl	Calculated					
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic					



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Reported :04-Apr-2023 / 19:29

Collected

eGFR, Serum 98 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 4.1 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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







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

Page 4 of 11



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:04-Apr-2023 / 13:51

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

<u>PARAMETER</u> <u>RESULTS</u> <u>BIOLOGICAL REF RANGE</u> <u>METHOD</u>

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.4

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Collected

Reported

HPLC

108.3

mg/dl

Calculated

Estimated Average Glucose (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 Borivali Lab, Borivali West
\*\*\* End Of Report \*\*\*



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

Page 5 of 11



Name : MRS.SUSHMITA GURAWA

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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
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	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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





Others



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

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:04-Apr-2023 / 14:15

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

**PARAMETER RESULTS** 

**ABO GROUP** В

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

Page 8 of 11



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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	189.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	110.7	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	65.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	123.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	102.0	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	21.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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







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

Page 9 of 11



Name : MRS.SUSHMITA GURAWA

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Collected Reported :04-Apr-2023 / 13:58

## 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	4.2	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	1.22	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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Age / Gender : 37 Years / Female

Consulting Dr. : - Collected : 04-Apr-2023 / 09:26

Reg. Location : Bhayander East (Main Centre) Reported : 04-Apr-2023 / 13:58



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## Interpretation:

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

## Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors
  - can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

## Limitations:

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- 2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

## Reference:

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

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







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

Page 11 of 11

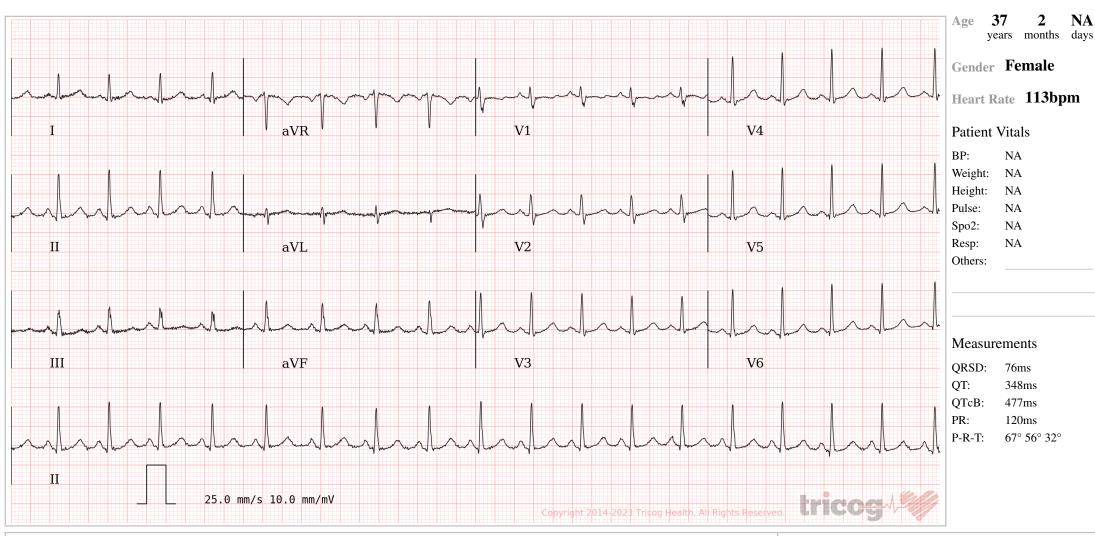
## SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: SUSHMITA GURAWA

Date and Time: 4th Apr 23 10:39 PM

Patient ID: 2309405147



ECG Within Normal Limits: Sinus Tachycardia, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY



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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



R E

P O

R T

Date:- 9/4/23 CID: 23098/05/47
Name:- Sushmita hurawa Sex/Age: 37/1 m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

**Unaided Vision:** 

Aided Vision:

Refraction:

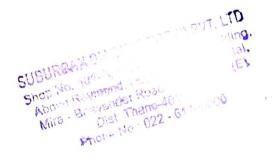
(Right Eye)

(Left Eye)

	(Right E	ye)					1	
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:





S (1) PVT. LTD SUBURBAN BLACK. Kahifij Building Above Reymend, Acet Thomas Hospital. Shop No. 101-A, 151 Flo. Above Reymand, Masi Langu Hospital.

Alira - Bhayander Road, Eheynader (E)

Dist. Thano-401105.

Phone No: 022 - 61700000

DR. ANTA CHOUDHARY MAIDIEY CONSUL AVSICIAL ROG. No. 2011/12/5553



E.

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Name

: Mrs . SUSHMITA GURAWA

: 2309405147

VID Ref By

: Arcofemi Healthcare Limited

Reg Date

: 04-Apr-2023 09:17

Age/Gender

: 37 Years

Regn Centre

: Bhayander East (Main Centre)

## **History and Complaints:**

No Complaint

## **EXAMINATION FINDINGS:**

Height (cms):

160

Weight (kg):

51

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg):

120/80

Nails:

NAD

Pulse:

78/min

Lymph Node:

Not Palpable

**Systems** 

Cardiovascular: S1S2-Normal

Respiratory: Genitourinary: Chest-Clear NAD

GI System:

NAD

NI-

IMPRESSION: USG TMT CBC and Brochemistry on work.

RIE of Union - Brefuse + (>20 / mpt.

ADVICE:

## CHIEF COMPLAINTS:

1)	Hypertension:	No
,		No
,	Arrhythmia	No
4)		No
5)		No
6)	Asthama	No
7)	Pulmonary Disease	No
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
,	GI system	No
,	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
	Blood disease or disorder	No
	Cancer/lump growth/cyst	No
	Congenital disease	No
	Surgeries	No
	Musculoskeletal System	No
17)	Minachina de le con la contra la con	



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Name

: Mrs . SUSHMITA GURAWA

VID

: 2309405147

Ref By

: Arcofemi Healthcare Limited

Reg Date

: 04-Apr-2023 09:17

Age/Gender

: 37 Years

Regn Centre

: Bhayander East (Main Centre)

## PERSONAL HISTORY:

1) Alcohol

2) Smoking

3) Diet

4) Medication

No

No

Vegetarian

No

--- TOUARY

Reg. No. 201111215553 CON

SUBURBAN DIAGNOSTICS (I) PVT. LTD Shop No. 101 A. 1st Piece 118615, Building

toppital.

Above Registrand, New Mira - Bhayender Ro -

mader (E)

Dist. Thans-Jun 105. Phone No: 022 - 61705000

CONSULT. SICIAN Reg. No. 2017/12/5553

Report

12346026 (2309404963) / GURAWA SUSHMITA PRAVEEN /37 Yrs / F / 160 Cms / 51 Kg Date: v4 / 04 / 2023 09:33:07 AM

									Test End Reasons	Duke Treadmill Score	Max ST Dep Lead & Avg ST Value:    &	Max WorkLoad Attained	Initial BP (ExStrt)	Exercise Time Initial HR (ExStrt)	FINDINGS:	Recovery	n ecovery		Perovery 5	Recovery	PeakEv cugor	BRUCF Stage 2	BRUCE Stage 1	ExStart	7	Standing	Supine	0
									ons	Score	ead & Avg ST	Attained	3	ā		11:44	11:35	9.33		07.35	07.55	0 0 1 1 1	03:33	00 1	00.15 5	00:11	00:08	lime
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									Test Complete		-1.6 mm in PeakEx	8.2 Fair response to induced stress	120/80 (mm/Hg)	07:03 111 bpm 61% of Target 183		00.0	00.0	00.0	01.1	03.4	02.5	3 -	1 6			95	0000	Speed(mph)
											akex	to induced str		arget 183		00.0	00.0	00.0	00.0	14.0	12.0	10.0					$\Box$	) Elevation
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Doct				9								(mm/Hg)	90% of large			120/80	130/80	150/80	160/80	140/80	140/80	130/80	120/80	120/80	120/80	120/80	9	
Doctor DR SMITA VALANI	32	<b>S</b>			20		DR. SM						et 183			<b>1</b> 8	5	<u></u>	225	231	218	169	133	121	124	124	RPP	
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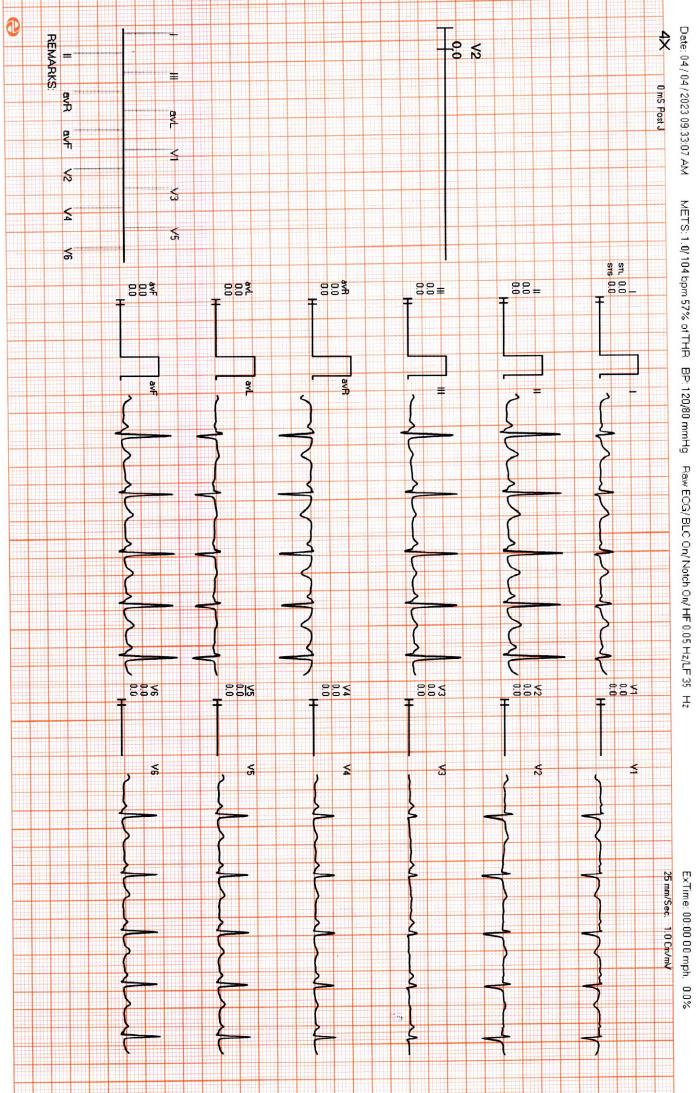


EMail: 12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / F / 160 Cms / 51 Kg Date: 04 / 04 / 2023 09:33:07 AM

		CHRONOTROPIC RESPONSE FINAL IMPRESION	HAEMODYNAMIC RESPONSE	EXERCISE INDUCED ARRYTHMIAS	REPORT:
Doctor: DR SMITA-VALANI	SUBURBANIUM PATENTO DR. SMITA VALANTO SHOP NO. 191-14.  SHOP NO. 1	. GOOD CHRONOTROPIC RESPONSE  . NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY : GOOD INOTROPIC RESPONSE	: GOOD EFFORT TOLERANCE : NO ANGINA AND ANGINA EQUIVALENT	



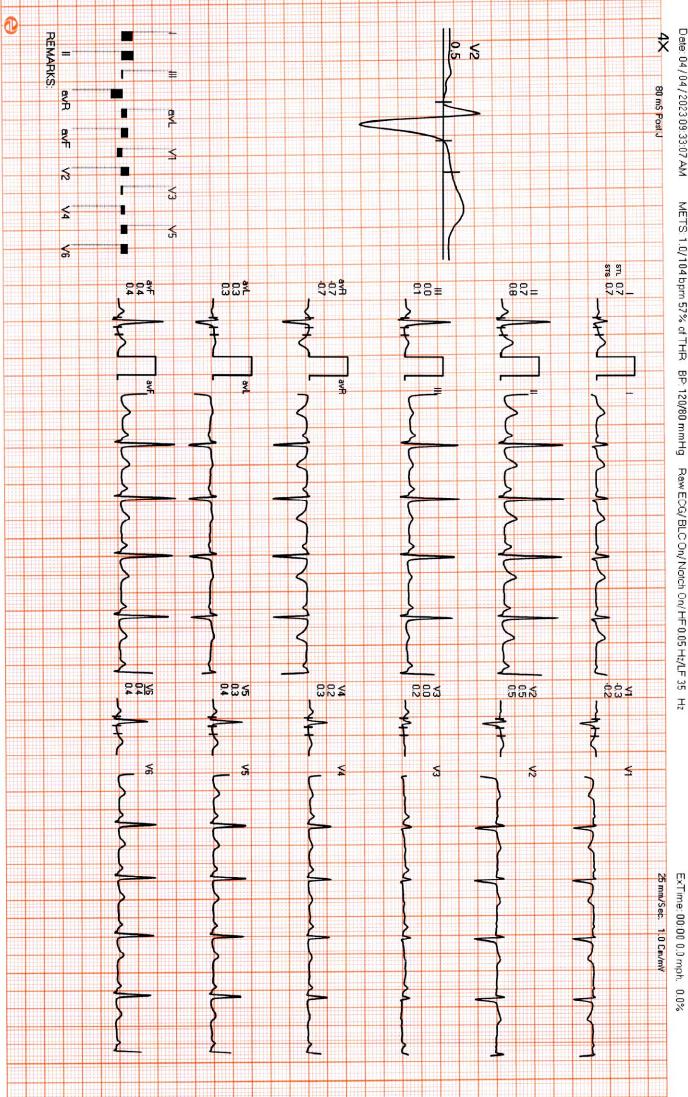
12346026 (2309404963) / GURAWA SUSHMITA PRAVEEN / 37 Vrs / F / 160 Cms / 51 Kg / HR : 104





12346026 (2309404963) / GURAWA SUSHMITA PRAVEEN / 37 Yrs / F / 160 Cms / 51 Kg / HR : 104

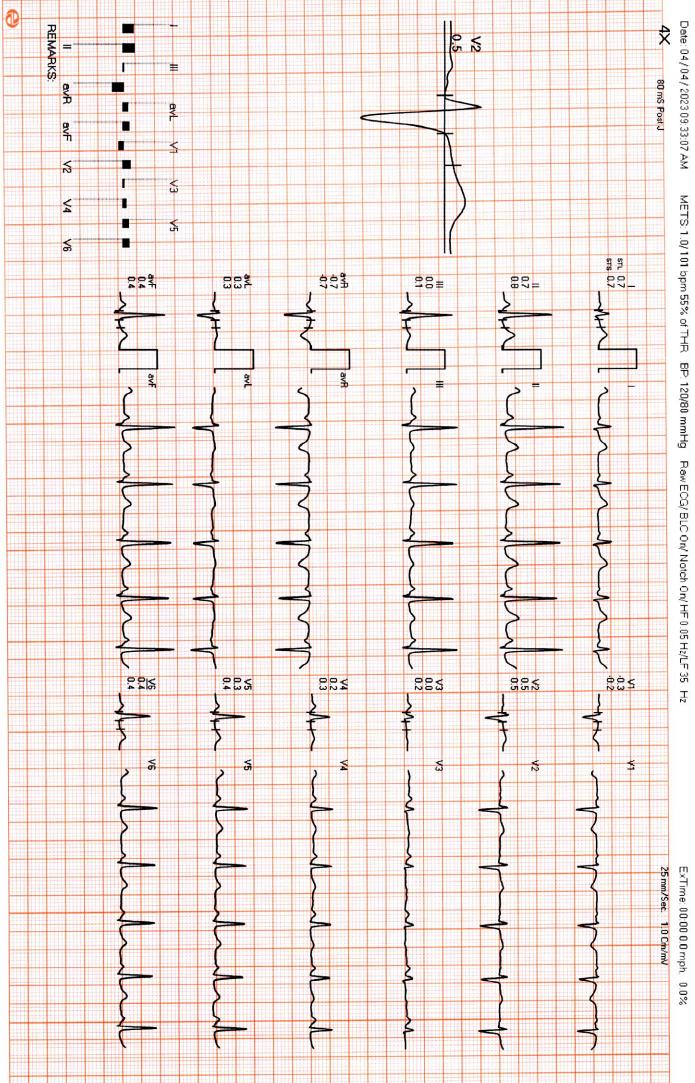
Date: 04/04/2023 09:33:07 AM METS: 1.0/104 bpm 57% of THR BP: 120/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz



HV (00:00)



12346026 (2309404963) / GURAWA SUSHMITA PRAVEEN / 37 Yrs / F / 160 Cms / 51 Kg / HR : 101



12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

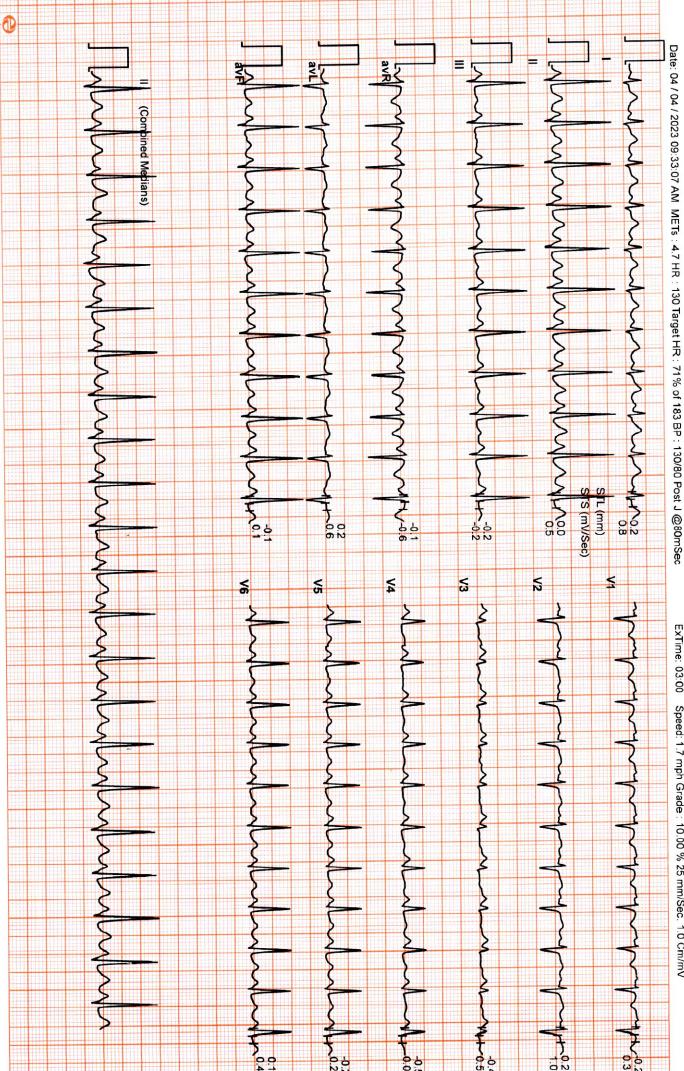
## 6X2 Combine Medians + 1 Rhythm ExStrt

Date: 04 / 04 / 2023 09:33:07 AM METs: 1.0 HR: 111 Target HR: 61% of 183 BP: 120/80 Post J @80mSec avL ay 5 (Combined Medians **₩** 0.6 STL (mm) STS (mV/Sec) 7 0.3 4 **S**3 S **\$** Ś 5 8 ExTime: 00:00 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec. 1.0 Cm/mV

12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

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

ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV



12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

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

Date: 04 / 04 / 2023 09:33:07 AM METs: 7.1 HR: 156 Target HR: 85% of 183 BP: 140/80 Post J @60mSec (Combined Medians STL (mm) STS (mV/Sec) T 0.6 **S**2 **& ¥ \**3 ₹ ఠ ExTime: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec. 1.0 Cm/mV

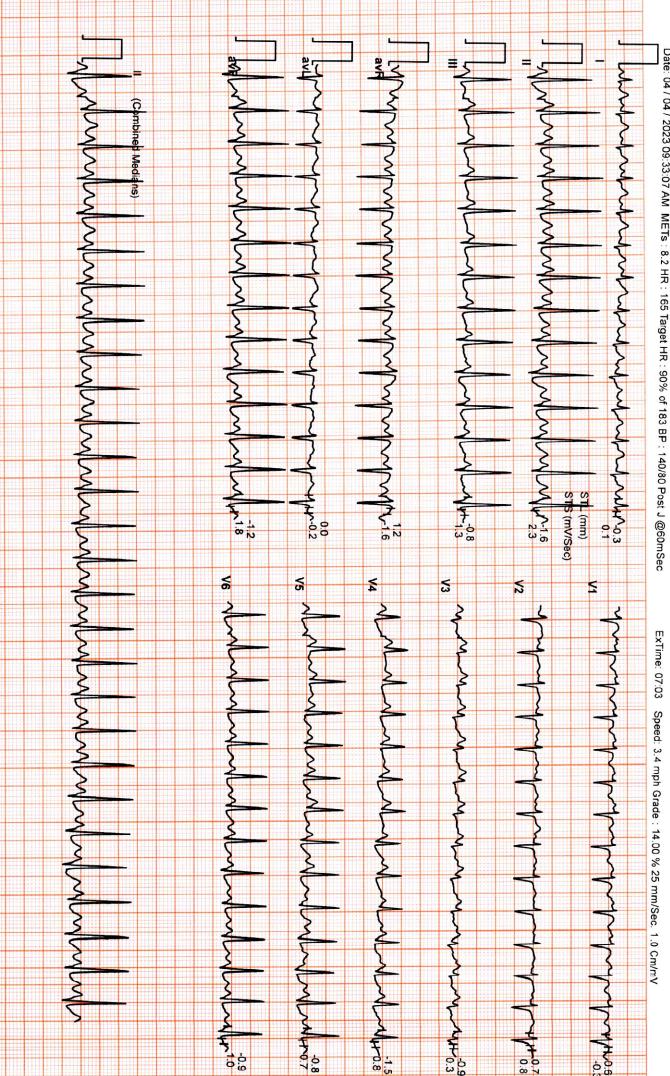
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12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 04 / 04 / 2023 09:33:07 AM METs: 8.2 HR: 165 Target HR: 90% of 183 BP: 140/80 Post J @60mSec



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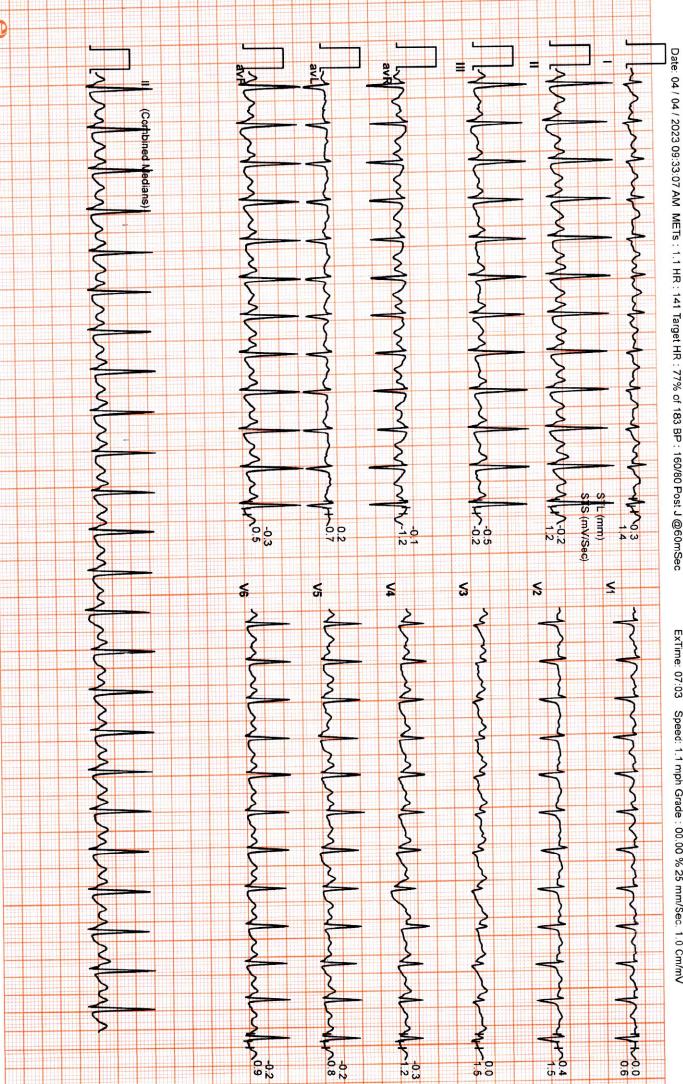
12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

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



Date: 04 / 04 / 2023 09:33:07 AM METs: 1.1 HR: 141 Target HR: 77% of 183 BP: 160/80 Post J @60mSec

ExTime: 07:03 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

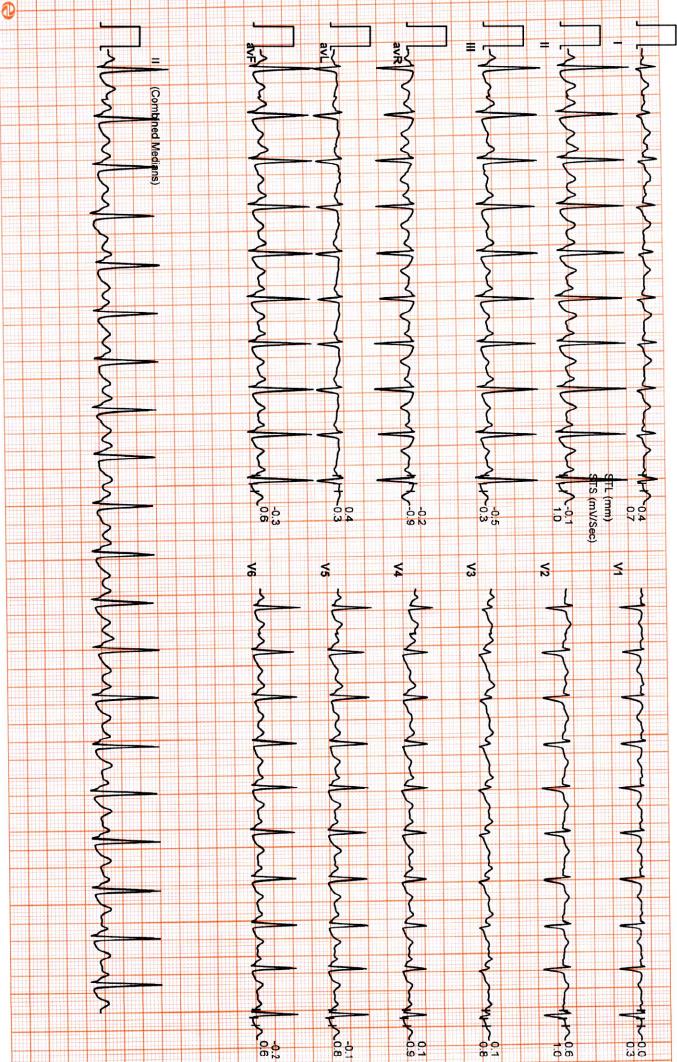


12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

## 6X2 Combine Medians + 1 Rhythm Recovery: (02:00)



Date: 04 / 04 / 2023 09:33:07 AM METs: 1.0 HR: 121 Target HR: 66% of 183 BP: 150/80 Post J @80mSec ExTime: 07:03 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



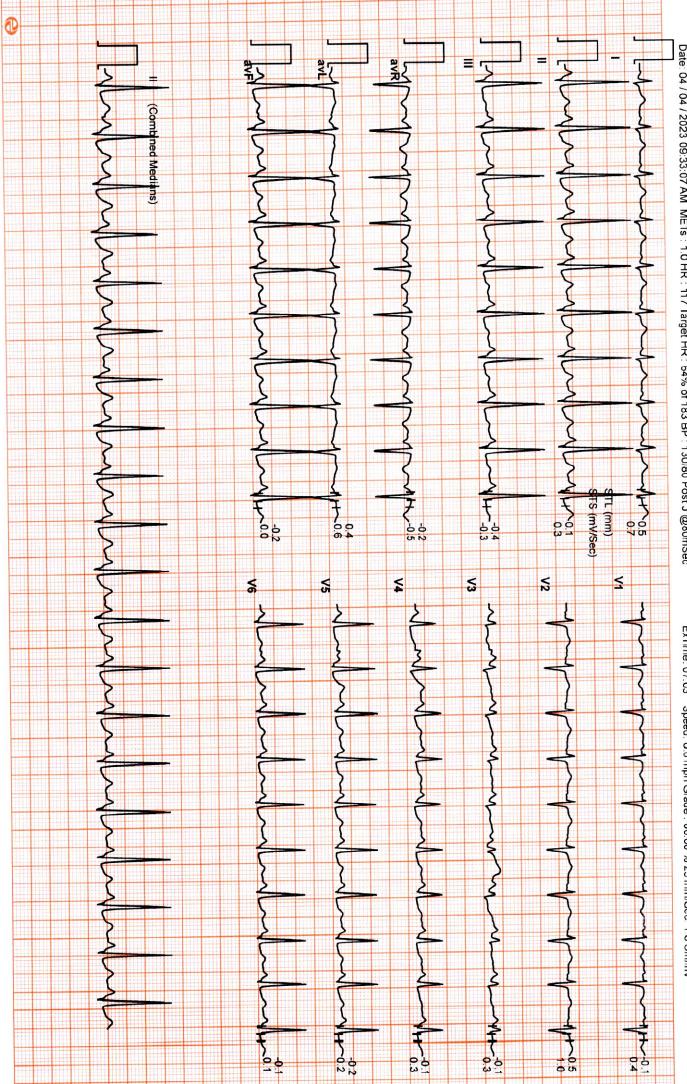
12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

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



Date: 04 / 04 / 2023 09:33:07 AM METs: 1.0 HR: 117 Target HR: 64% of 183 BP: 130/80 Post J @80mSec

ExTime: 07:03 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

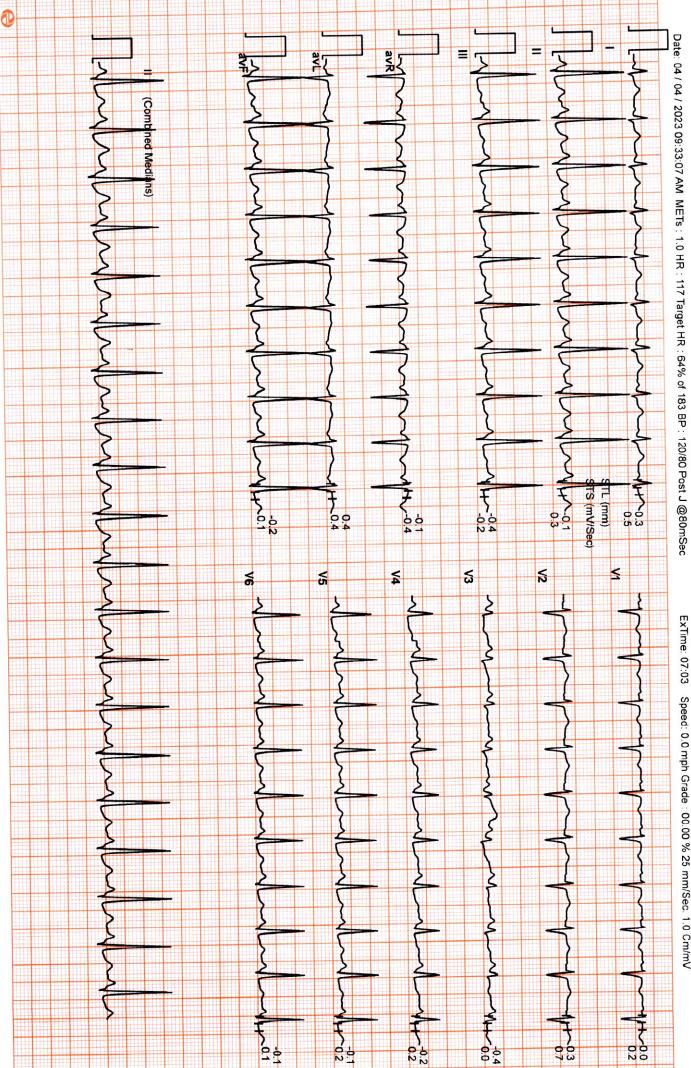


12346026 / GURAWA SUSHMITA PRAVEEN / 37 Yrs / Female / 160 Cm / 51 Kg

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



ExTime: 07:03 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Name : Mrs SUSHMITA GURAWA

Age / Sex : 37 Years/Female

Ref. Dr Reg. Date : 04-Apr-2023

Reg. Location : Bhayander East Main Centre Reported



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: 04-Apr-2023/12:24

## **USG WHOLE ABDOMEN**

## LIVER:

The liver is normal in size (11.7 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

## **GALL BLADDER:**

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

## **COMMON BILE DUCT:**

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

## **PANCREAS:**

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

## **KIDNEYS:**

Right kidney measures 9.2 x 3.6 cm. Left kidney measures 9.6 x 4.7 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

## **SPLEEN:**

The spleen is normal in size (8.9 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

## **URINARY BLADDER:**

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

There is no evidence of any lymphadenopathy or ascites.

## **UTERUS:**

The uterus is retroverted and appears normal. It measures 6.5 x 4.6 x 4.3 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 11.3 mm, is hyperechoic and appears normal.



Name : Mrs SUSHMITA GURAWA

Age / Sex : 37 Years/Female

Ref. Dr Reg. Date : 04-Apr-2023

Reg. Location : Bhayander East Main Centre Reported : 04-Apr-2023/12:24



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## **OVARIES:**

Right ovary: 3.2 x 1.9 x 1.9 cm, Vol: 6.5 cc. Left ovary :  $3.1 \times 1.7 \times 1.9 \text{ cm}$ , Vol : 5.7 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

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

Minimal free fluid is seen in the pouch of douglas.

## **IMPRESSION:**

No significant abnormality made out.

## Kindly correlate clinically.

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

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

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

**Consultant Radiologist** 



Name : Mrs SUSHMITA GURAWA

Age / Sex : 37 Years/Female

Ref. Dr

Reg. Location : Bhayander East Main Centre

Authenticity Check

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Reg. Date : 04-Apr-2023

: 04-Apr-2023/12:24 Reported



Name : Mrs SUSHMITA GURAWA

Age / Sex : 37 Years/Female

Ref. Dr Reg. Date : 04-Apr-2023

Reported : 04-Apr-2023/10:46 Reg. Location : Bhayander East Main Centre

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

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



Name : Mrs SUSHMITA GURAWA

Age / Sex : 37 Years/Female

Ref. Dr :

**Reg. Location**: Bhayander East Main Centre



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**Reg. Date** : 04-Apr-2023

**Reported** : 04-Apr-2023/10:46