



CID : 2308422394
Name : MRS.SULAGNA PALAI
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 25-Mar-2023 / 11:24
Reported : 25-Mar-2023 / 15:43

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> |
|---|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 13.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.92 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 40.7 | 36-46 % | Measured |
| MCV | 83 | 80-100 fl | Calculated |
| MCH | 26.8 | 27-32 pg | Calculated |
| MCHC | 32.3 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.0 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 8010 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 26.4 | 20-40 % | |
| Absolute Lymphocytes | 2114.6 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.9 | 2-10 % | |
| Absolute Monocytes | 472.6 | 200-1000 /cmm | Calculated |
| Neutrophils | 64.3 | 40-80 % | |
| Absolute Neutrophils | 5150.4 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.2 | 1-6 % | |
| Absolute Eosinophils | 256.3 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | 16.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 247000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 10.4 | 6-11 fl | Calculated |
| PDW | 20.3 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



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Reported : 25-Mar-2023 / 14:14

| | |
|----------------------|--------------------------|
| Hypochromia | - |
| Microcytosis | - |
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | - |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Normocytic, Normochromic |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | - |

Specimen: EDTA Whole Blood

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

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



Bmhasakar

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



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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 | 88.5 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 111.2 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.55 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.24 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.31 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.9 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.4 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.9 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 27.3 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 35.2 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 15.4 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 71.4 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 17.8 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.3 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.68 | 0.51-0.95 mg/dl | Enzymatic |



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Reported : 25-Mar-2023 / 23:44

| | | | |
|-------------------------|--------|--------------------|------------|
| eGFR, Serum | 105 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 4.0 | 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 Borivali Lab, Borivali West
*** End Of Report ***

Bmhaskar

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





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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 | 4.8 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 91.1 | 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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



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Reported : 25-Mar-2023 / 19:32

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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> |
|---------------------------------------|-------------------------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 6.5 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.015 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 10 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| Proteins | Trace | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | 1+ | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 3-4 | 0-5/hpf | |
| Red Blood Cells / hpf | 1-2 | 0-2/hpf | |
| Epithelial Cells / hpf | 5-6 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | ++ | Less than 20/hpf | |
| Others | Kindly rule out contamination | | |

Note:Sample quantity less than 12ml.



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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 insert

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

VR Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Mar-2023 / 11:24
Reported : 25-Mar-2023 / 19:22

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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
*** End Of Report ***

Anupa

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





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Name : MRS.SULAGNA PALAI
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Reg. Location : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 143.8 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 111.7 | 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 | 32.7 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 111.1 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 89.0 | Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl | Calculated |
| VLDL CHOLESTEROL, Serum | 22.1 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.4 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.7 | 0-3.5 Ratio | Calculated |

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

Bmhasakar

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





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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 25-Mar-2023 / 11:24
Reported : 25-Mar-2023 / 13:58

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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 | 3.8 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.7 | 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 | 2.19 | 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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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 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:

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)

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*** End Of Report ***

Bmhasakar

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



Sulagna Palai



Supurbhan Diagnostics (P) Pvt. Ltd.
301 & 302, 3rd Floor, Juhu Elegance,
Above Tancig, Jweller, L. I. Road,
Borivali (West), Mumbai - 400 092.

CID# : 2308422394
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Age / Gender : 34 Years/Female
Consulting Dr. :
Reg.Location : Borivali West (Main Centre)

Collected : 25-Mar-2023 / 10:30
Reported : 25-Mar-2023 / 17:59

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms): 162
Temp (0c): Afebrile
Blood Pressure (mm/hg): 120/80
Pulse: 72/per min

Weight (kg): 58
Skin: NAD
Nails: NAD
Lymph Node: Not palpable

Systems

Cardiovascular: S1S1- NORMAL
Respiratory: CHEST CLEAR
Genitourinary: NAD
GI System: NAD
CNS: NAD

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

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- | | |
|--|----|
| 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 | MIX |
| 4) Medication | NO |

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714


Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

Date:- 25/03/2023

CID: 2308422394

Name:- Sulagana Patil

Sex / Age: M / 34

EYE CHECK UP

Chief complaints:

Nil

Systemic Diseases:

Nil

Past history:

Nil

Unaided Vision:

R/E

L/E

Aided Vision:

6/6

6/6

Refraction:

NG

NG

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark:

Normal

S

Suburban Diagnostics (I) Pvt. Ltd.
Shop No. 302, 3rd Floor, Vini Elegance,
A. Tanisq Jeweller, L. T. Road,
Bandra (West), Mumbai - 400 092.



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Name : Mrs SULAGNA PALAI
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 13:03

USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 9.5 x 4.2 cm. Left kidney measures 9.7 x 5.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted, normal and measures 4.7 x 4.4 x 5.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 1.9 x 2.4 cm.

The left ovary measures 2.0 x 1.5 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032510311884>



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Reg. Date : 25-Mar-2023
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Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032510311884>

SUBURBAN DIAGNOSTICS - BORIVALI WEST

Date and Time: 25th Mar 23 1:28 PM

Patient Name: SULAGNA PALAI
Patient ID: 2308422394



Age 34 years 7 months 17 days

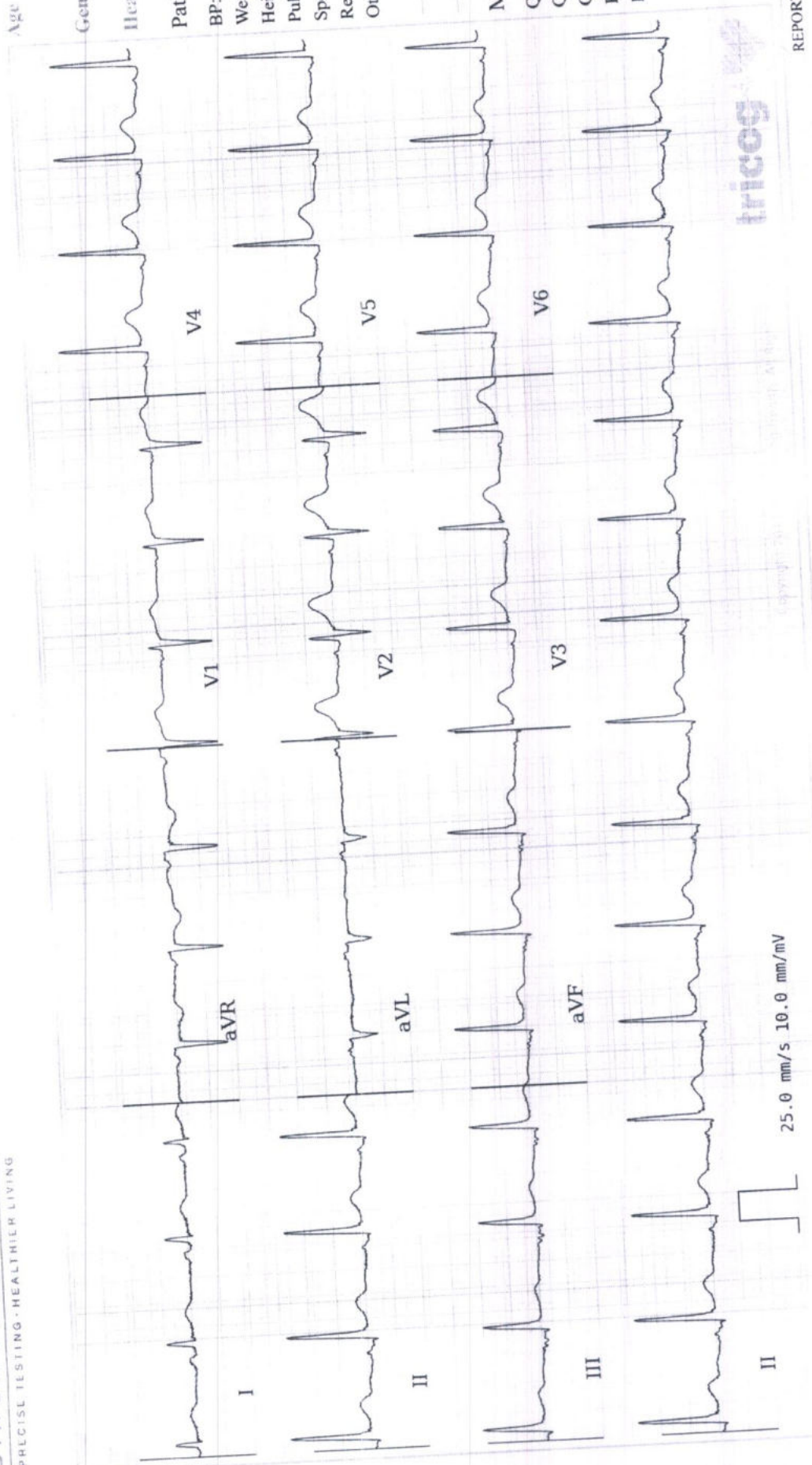
Gender Female
Heart Rate 89bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 80ms
QT: 356ms
QTc: 433ms
PR: 120ms
P-R-T: 8° 75° 64°



tricog

REPORTED BY

[Signature]

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

Dr Nitin Sonawane
M.B.B.S., F.I.H., D.D.IAB, D.C.A.R.D.
Consultant Cardiologist
87714

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308422394
Name : Mrs SULAGNA PALAI
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 25-Mar-2023
Reported : 25-Mar-2023 / 18:25

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-----

Rohit

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032510311892>

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SULAGNA PALAI

Date: 25-03-2023 Time: 12:15

Age: 34

Gender: M

Height: 162 cms

Weight: 58 Kg

ID: 2308422394

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 186

Target HR: 158

Exercise Time: 0:07:08

Achieved Max HR: 159 (85% of Predicted MHR)

Max BP: 160/80

Max BP x HR: 25440

Max Mets: 8

Test Termination Criteria: TEST COMPLET

Protocol Details:

| Stage Name | Stage Time | METS | Speed kmph | Grade % | Heart Rate bpm | BP mmHg | RPP | Max ST Level mm | Max ST Slope mV/s |
|------------------|------------|------|------------|---------|----------------|---------|-------|-----------------|-------------------|
| Supine | 00:08 | 1 | 0 | 0 | 84 | 120/80 | 10080 | 1.3 II | -0.3 II |
| Standing | 00:10 | 1 | 0 | 0 | 83 | 120/80 | 9960 | 1.3 V3 | -0.4 II |
| HyperVentilation | 00:17 | 1 | 0 | 0 | 92 | 120/80 | 11040 | 1.5 III | -0.4 II |
| PreTest | 00:11 | 1 | 1.6 | 0 | 85 | 120/80 | 10200 | 1.4 II | 0.3 V1 |
| Stage: 1 | 03:00 | 4.7 | 2.7 | 10 | 127 | 130/80 | 16510 | 0.8 II | -0.6 II |
| Stage: 2 | 03:00 | 7 | 4 | 12 | 147 | 150/80 | 22050 | -0.5 V6 | -0.8 II |
| Peak Exercise | 01:08 | 8 | 5.5 | 14 | 159 | 160/80 | 25440 | 0.8 aVR | -1.1 II |
| Recovery1 | 01:00 | 1 | 0 | 0 | 132 | 160/80 | 21120 | 0.4 V5 | -0.5 II |
| Recovery2 | 01:00 | 1 | 0 | 0 | 117 | 140/80 | 16380 | 0.3 V3 | -0.6 II |

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:08 achieving a work level of 8 METS.
Resting Heart Rate, initially 84 bpm rose to a max. heart rate of 159bpm (85% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Suburban Diagnostics (I) Pvt. Ltd.
301& 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092

Ref. Doctor: ----

Doctor: **DR. NITIN SONAVANE**

SCHILLER
The Art of Diagnostics

(Summary Report edited by User)
Spandan CS-20 Version:2.14.0

SULAGNA PALAI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2308422394

STLevel(mm) STSlope(mV/s)

Stage: Supine

Date: 25-03-2023
Speed: 0 km/h

Exec Time: 0:00:00
Slope: 0%

Stage Time: 00:08
THR: 158 bpm

HR: 84 bpm

BP: 120/80 mmHg

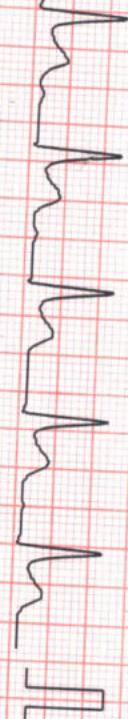
STLevel(mm) STSlope

0.1 -0.1 I



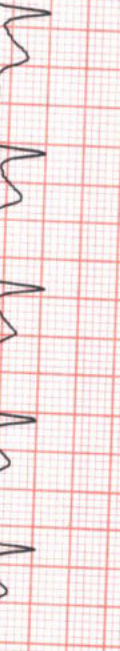
V1 0.2 0.2

1.3 -0.3 II



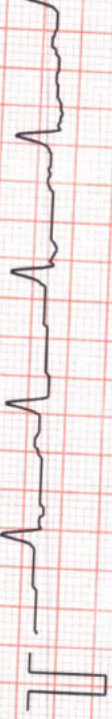
V2 -0.3 0.1

1.2 -0.2 III



V3 1.3 0.1

-0.6 0.2 aVR



V4 1.3 -0.2

-1 0 aVL



V5 1.3 -0.1

1.3 -0.3 aVF



V6 1.2 -0.2

V5

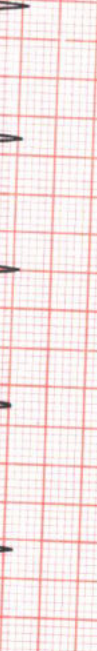


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SULAGNA PALAI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2308422394
Stage: Standing

Date: 25-03-2023
Speed: 0

Exec Time : 0:00:00
Slope: 0 %

Stage Time: 00:10
THR: 158 bpm

HR: 83 bpm

BP: 120/80 mmHg
STLevel(mm) STISlope

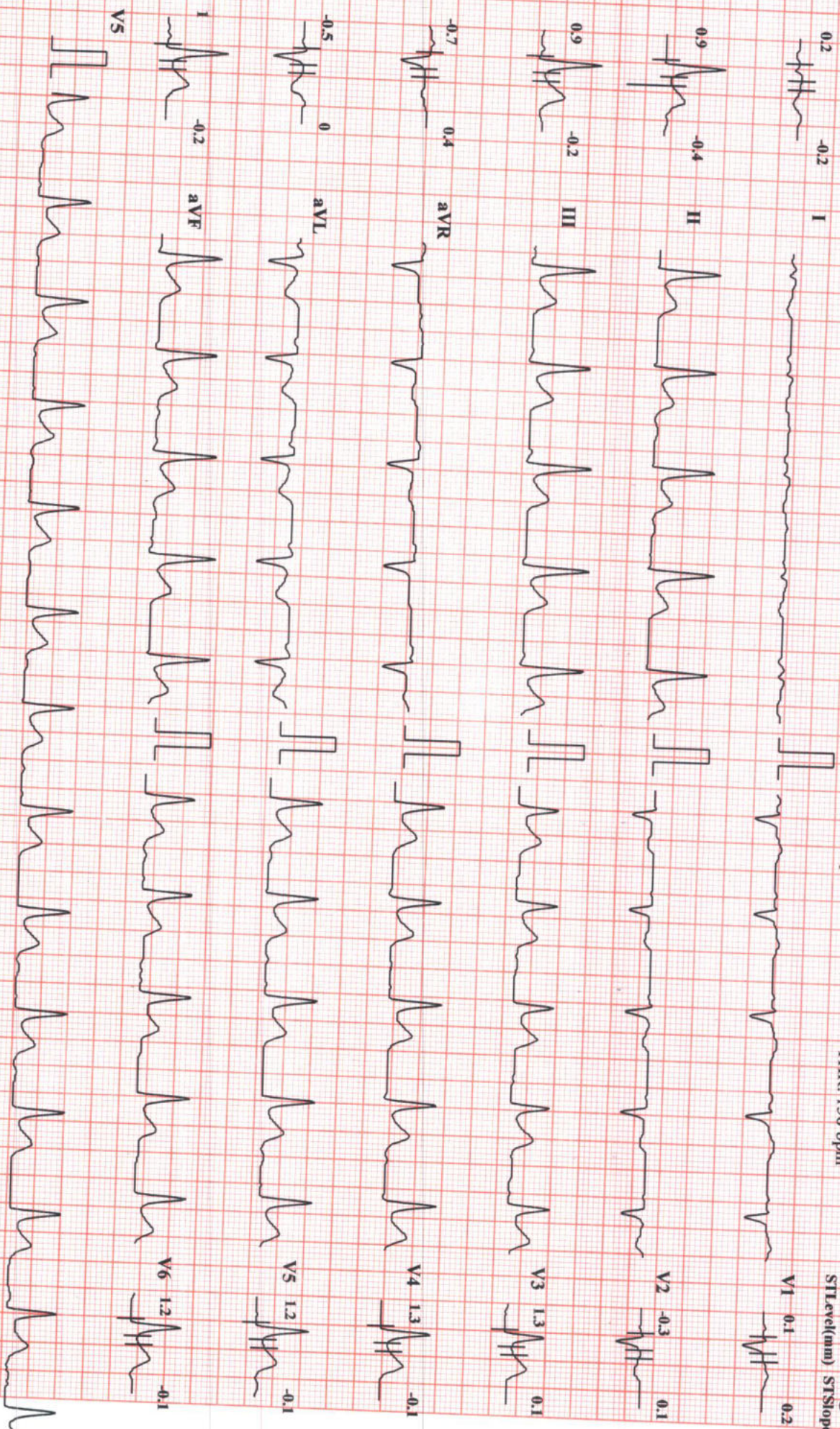


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SULAGNA PALAI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2308422394

Date: 25-03-2023

STLevel(mm) STSlope(mV/s)

Stage: Hyper Ventilation

Speed: 0

Exec Time : 0:00:00

Stage Time: 00:17

HR: 92 bpm

BP: 120/80 mmHg

STLevel(mm) STSlop

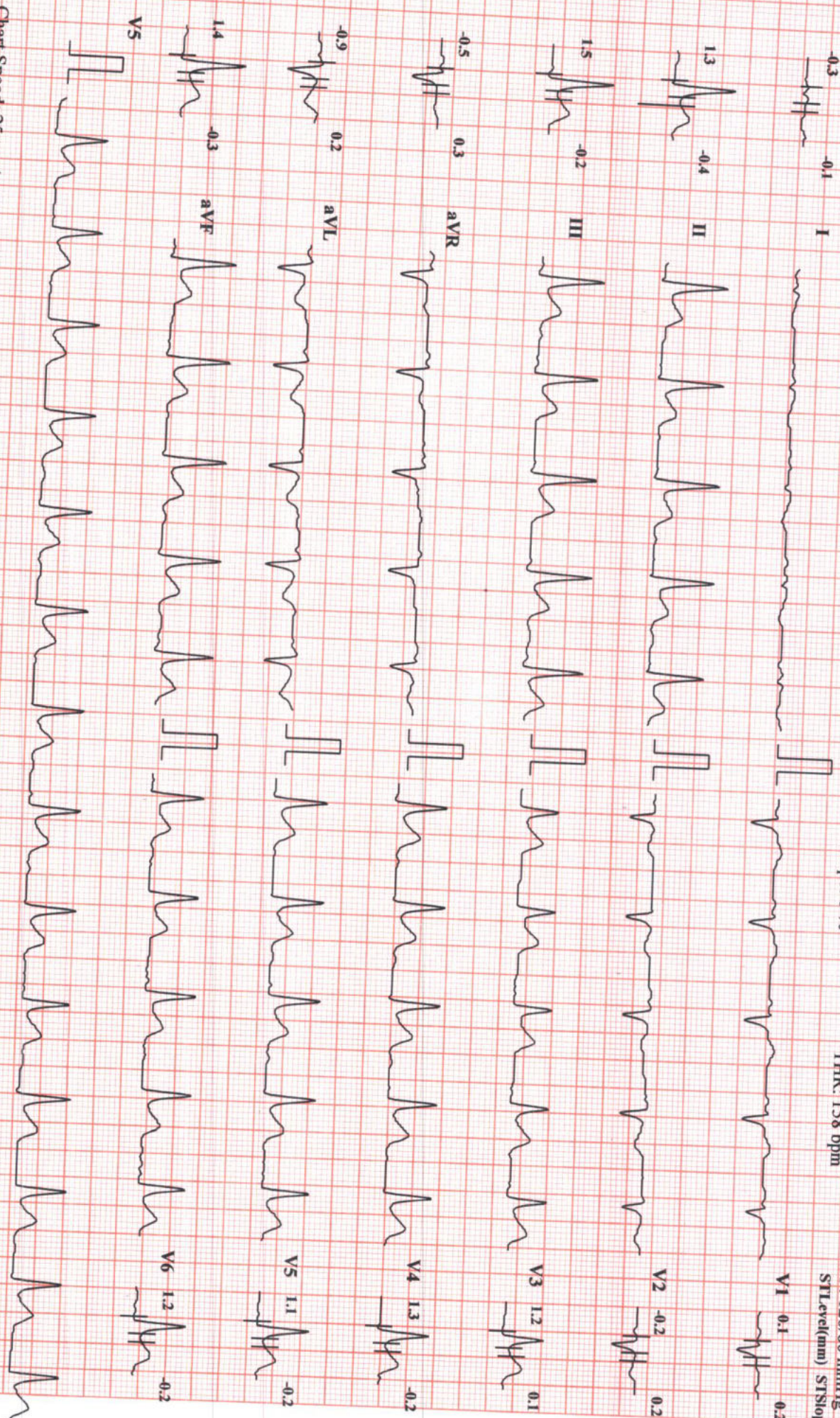


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SULAGNA PALAI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2308422394

Stage: 1

Date: 25-03-2023

Speed: 2.7 kmph

Exec Time : 0:03:00

Slope: 10 %

Stage Time: 03:00

THR: 158 bpm

HR: 127 bpm

BP: 130/80 mmHg

STLevel(mm) STSlope

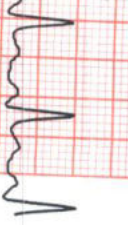
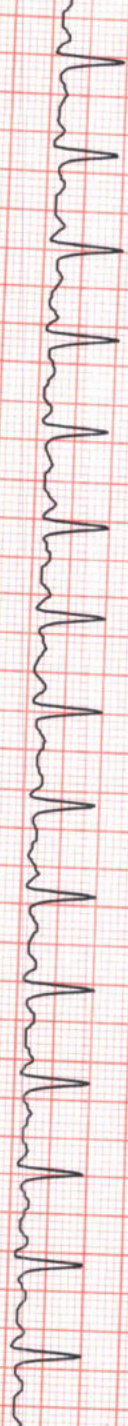
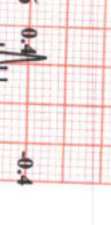
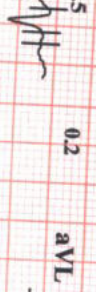
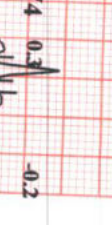
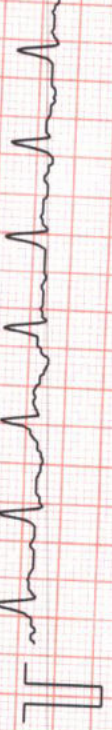
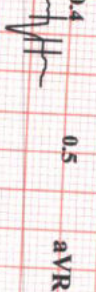
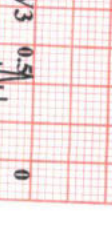
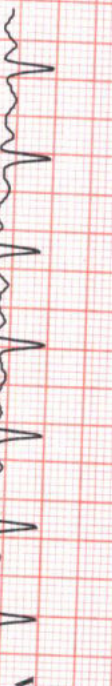
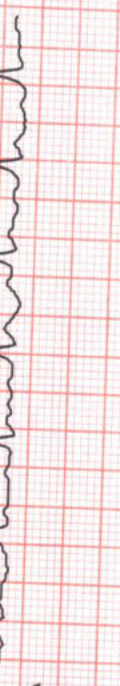
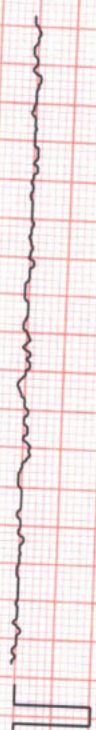


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SULAGNA PALAI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

ID: 2308422394

Date: 25-03-2023

Stage: 2

Speed: 4 kmph

Exec Time : 0:06:00

Stage Time: 03:00

Slope: 12 %

THR: 158 bpm

HR: 147 bpm

BP: 150/80 mmHg
STLevel(mm) STSlope(mV/s)

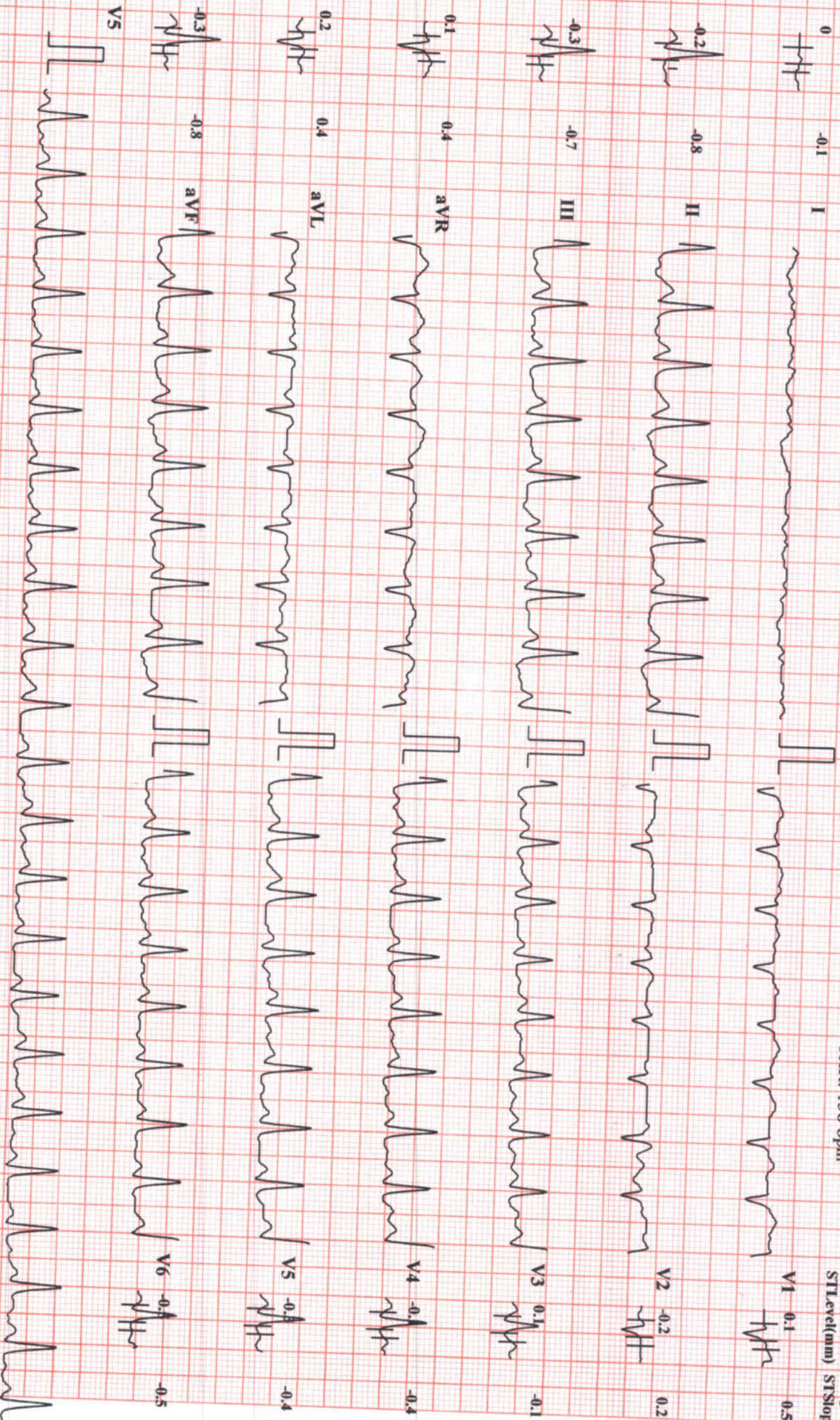


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SULAGNA PALAI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308422394

Date: 25-03-2023

Exec Time : 0:07:08

Stage Time: 01:08

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14 %

THR: 158 bpm

HR: 159 bpm

BP: 160/80 mmHg

STLevel(mm) STSlope(mV/s)

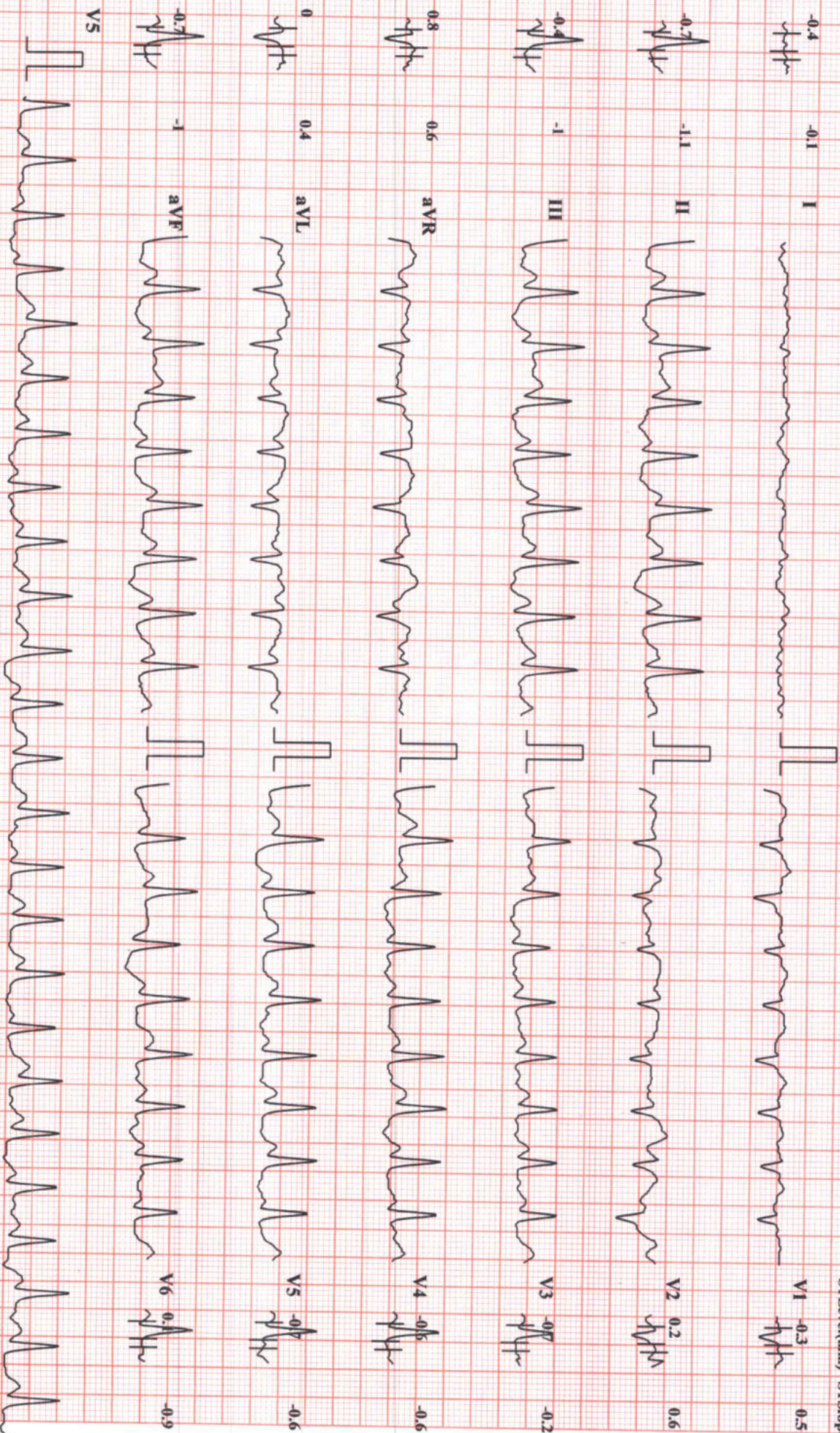


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SULAGNA PALAI

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2308422394

Date: 25-03-2023

Exec Time : 00:00

Stage Time: 01:00

HR: 132 bpm

BP: 160/80 mmHg

STLevel(mm) STISlope(mV/s)

Stage: Recovery1

Speed: 0 kmph

Slope: 0%

THR: 158 bpm

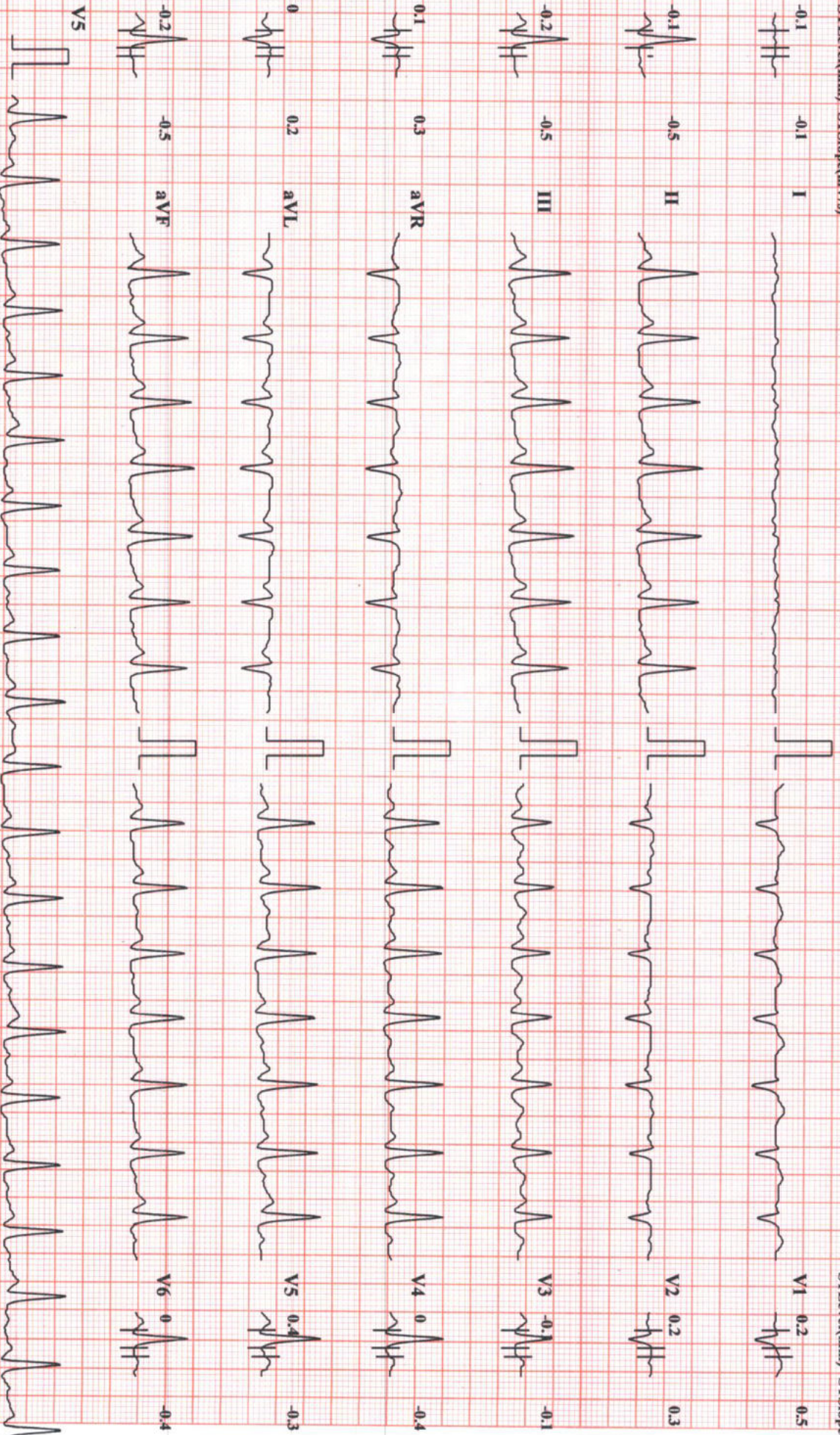


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version: 2.1

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SULAGNA PALAI

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2308422394
Stage: Recovery2

Date: 25-03-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 00:12
THR: 158 bpm

HR: 126 bpm

BP: 140/80 mmHg
STLevel(mm) STISlope(mV/s)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version:2.1

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SULAGNA PALAI

Brice Protocol

STLevel(mm) STSlope(mV/s)

ID: 2308422394

Date: 25-03-2023

Exec Time : 00:00

Stage Time: 01:00

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 158 bpm

HR: 117 bpm

BP: 140/80 mmHg

STLevel(mm) STSlope(mV/s)

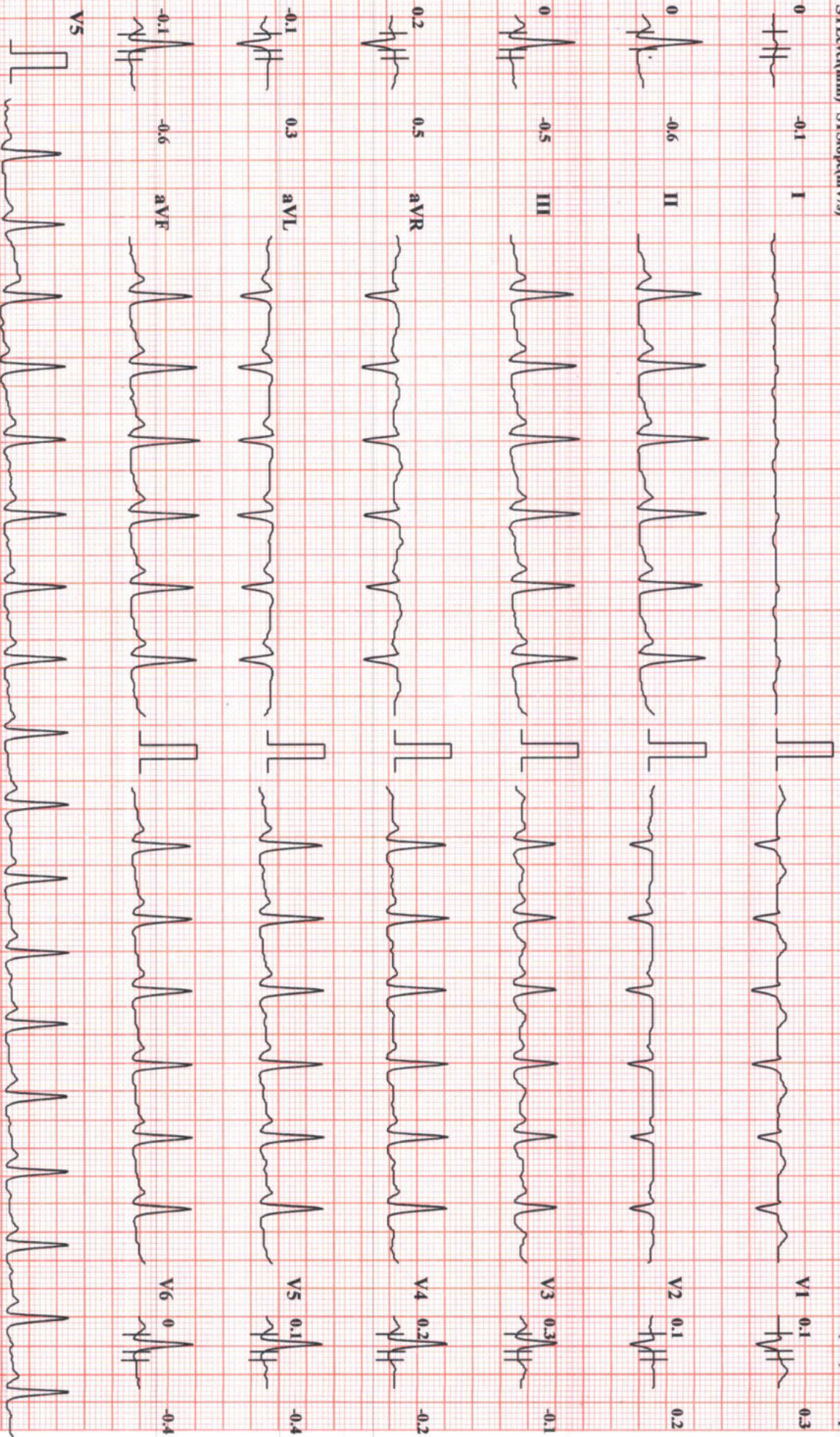


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spardan CS-20 Version 2.1

SULAGNA PALAI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2308422394
Stage: Recovery3

Date: 25-03-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 00:09
THR: 158 bpm

HR: 118 bpm

BP: 130/80 mmHg
STLevel(mm) STSlope

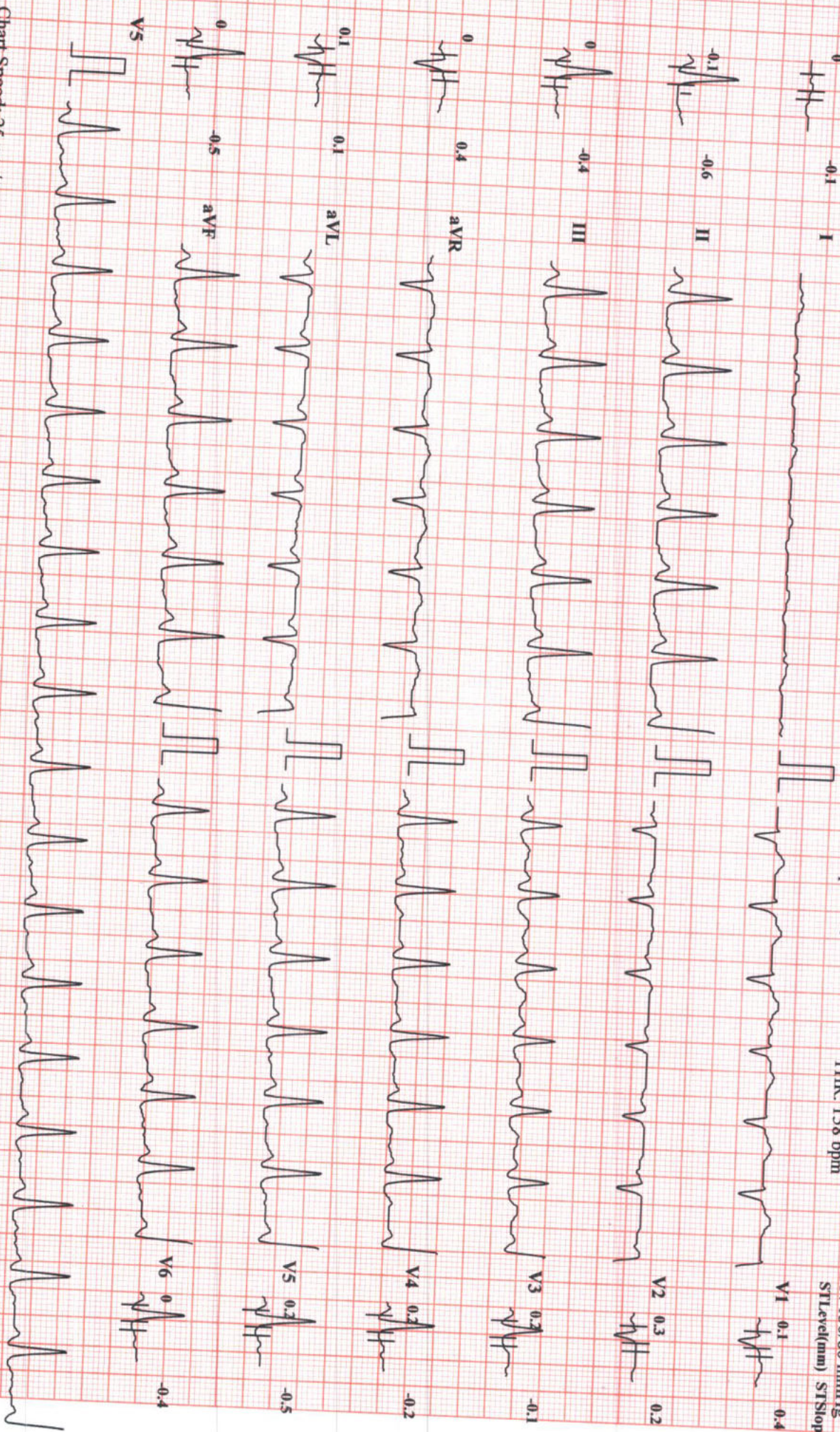


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms