

Name : Mrs . KANCHAN K MAURYA
VID : 2317521828
Ref By : Arcofemi Healthcare Limited

Reg Date : 24-Jun-2023 09:38
Age/Gender : 26 Years
Regn Centre : Andheri West (Main Centre)

History and Complaints:

C/O Bodyache on & off since 1 year

EXAMINATION FINDINGS:

Height (cms):	139 cms	Weight (kg):	54 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70 mm of Hg	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

Altered levels of Alkaline phosphatase,
Stress test is positive for stress inducible ischaemia by ST segment criteria,
Rest reports appears to be in normal limits.

ADVICE:

Kindly consult your family physician with all your reports,
Consult Cardiologist in view of stress test positive for further evaluation,
Therapeutic life stykle modification is advised.

CHIEF COMPLAINTS:

- | | |
|--|--------------------------------|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO, Gestational Hypothyroidism |
| 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 |

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- | | |
|-----------------------------|------------------|
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | H/O LSCS in 2018 |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Veg |
| 4) Medication | NO |

Sangeeta Manwani

Dr.Sangeeta Manwani
M.B.B.S. Reg.No.71083



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CID : 2317521828
Name : MRS.KANCHAN K MAURYA
Age / Gender : 26 Years / Female
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 24-Jun-2023 / 09:42
Reported : 24-Jun-2023 / 13:22

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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.46	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.8	36-46 %	Calculated
MCV	87.0	80-100 fl	Measured
MCH	29.0	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7840	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.1	20-40 %	
Absolute Lymphocytes	2590	1000-3000 /cmm	Calculated
Monocytes	8.5	2-10 %	
Absolute Monocytes	660	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	4220	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	320	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	323000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Measured
PDW	18.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		

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Reported : 24-Jun-2023 / 12:46

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 25 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 : 24-Jun-2023 / 14:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	124.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.93	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.60	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	27.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	27.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	36.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	155.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.55	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	142	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

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Reported : 24-Jun-2023 / 19:13

URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	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	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
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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)
Pathologist

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Reported : 24-Jun-2023 / 14:02

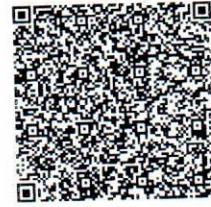
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	144.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	124.0	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	38.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	106.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	82.0	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	24.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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Collected : 24-Jun-2023 / 09:42
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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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	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	0.841	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA

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Reg. Location : Andheri West (Main Centre)

Collected : 24-Jun-2023 / 09:42
Reported : 24-Jun-2023 / 13:44

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)

*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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Reported : 24-Jun-2023 / 17:43

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	10	-	-
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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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 CPL, Andheri West



M. Jain

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

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Reg. Location : Andheri West (Main Center)

Reg. Date : 24-Jun-2023
Reported :

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-----

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023062409391268>

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | **E-MAIL:** customerservice@suburbandiagnosics.com | **WEBSITE:** www.suburbandiagnosics.com

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Reported : 24-Jun-2023 / 14:47

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (10.9cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen.
The main portal vein and CBD appears normal.

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.3 x 3.4cm. Left kidney measures 9.1 x 4.0cm.

SPLEEN:

The spleen is normal in size (8.3cm) 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 5.6 x 4.6 x 2.7cm in size.
The endometrial thickness is 5.8mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.1 x 1.6cm Left ovary = 2.5 x 1.8cm.

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Page no 1 of 2 Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

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IMPRESSION:-

No significant abnormality is seen.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist

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Corporate Identity Number (CIN): U85110MH2002PTC136144

Date:- 24/6/23

CID: 2317521828

Name:- Karehan mawya

Sex / Age: 26 / F

EYE CHECK UP

Chief complaints: -

Systemic Diseases: Nil

Past history: -

Unaided Vision: -

Aided Vision: -

Refraction: -

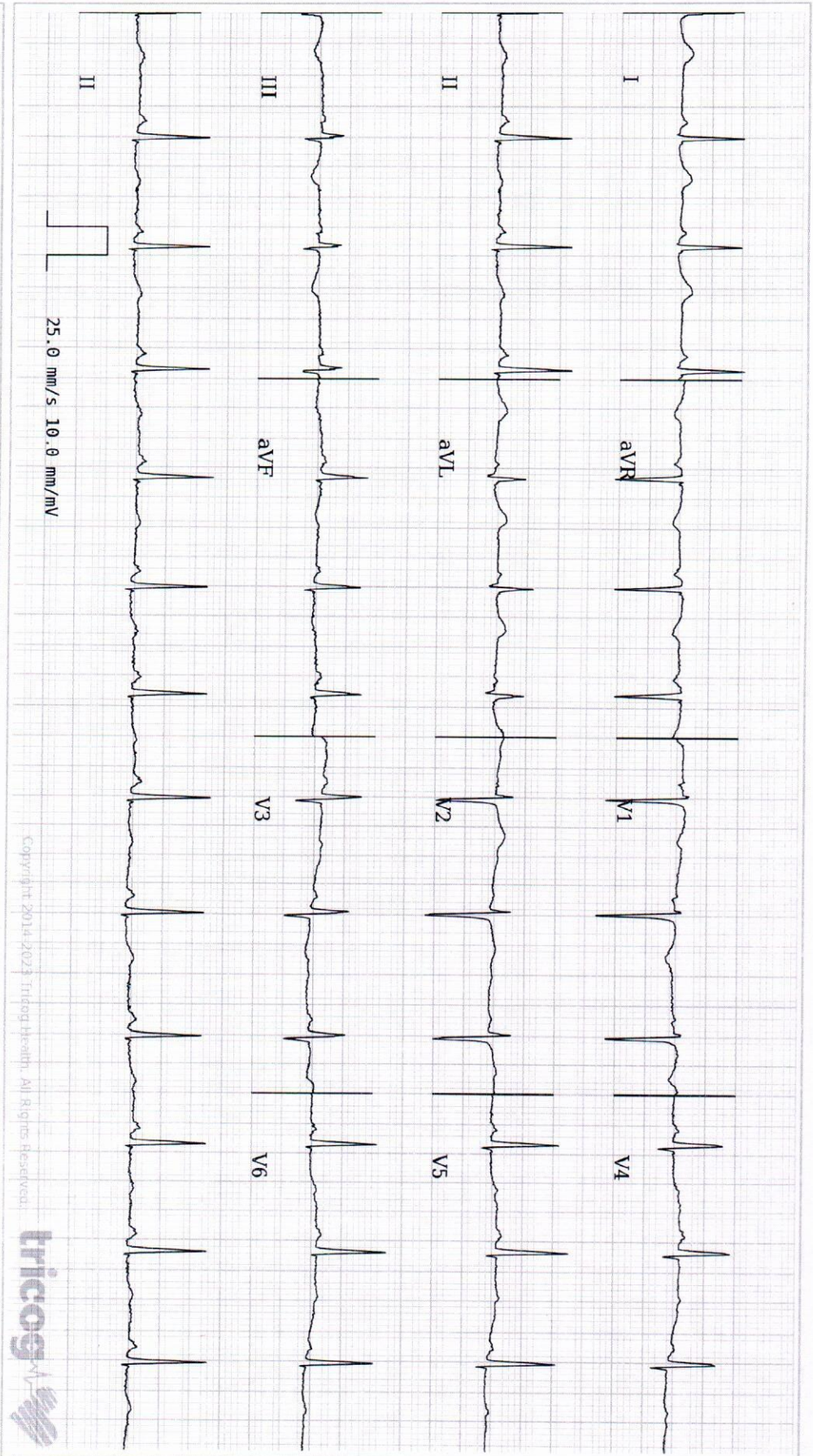
(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	N5	—	—	—	N5

Colour Vision: Normal / Abnormal

Remark: Normal vision



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Age **26** **5** **14**
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

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

Measurements

QRSD: 72ms
QT: 390ms
QTcB: 449ms
PR: 122ms
P-R-T: 43° 38° -15°

ECG Within Normal Limits: Sinus Rhythm. Nonspecific T wave changes. Please correlate clinically.

REPORTED BY

DR RAVI CHAVAN
MD, D.CARD, D. DIABETES
Cardiologist & Diabetologist
2004/06/24/68

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.

SUBURBAN DIAGNOSTICS

Patient Details

Name: KANCHAN K MAURYA ID: 2317521828

Age: 26 y

Clinical History: NONE

Date: 24-Jun-23

Sex: F

Time: 11:38:20

Height: 139 cms.

Weight: 54 Kg.

Medications: NONE

Test Details

Protocol: Bruce

Total Exec. Time: 6 m 57 s

Max. BP: 130 / 70 mmHg

Test Termination Criteria: GIDDINESS, FALL IN BP

Pr.MHR: 194 bpm

Max. HR: 173 (89% of Pr.MHR)bpm

Max. BP x HR: 22490 mmHg/min

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

Max. Mets: 10.20

Min. BP x HR: 5950 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 38	1.0	0	0	85	110 / 70	-0.42 II	0.71 I
Standing	0 : 7	1.0	0	0	92	110 / 70	-0.42 II	0.71 I
Hyperventilation	0 : 42	1.0	0	0	102	110 / 70	-1.49 III	1.42 V2
1	3 : 0	4.6	1.7	10	141	120 / 70	-2.12 II	-2.12 III
2	3 : 0	7.0	2.5	12	157	130 / 70	-2.34 II	2.83 V2
Peak Ex	0 : 57	10.2	3.4	14	173	110 / 70	-3.18 V6	2.12 V2
Recovery(1)	1 : 0	1.8	1	0	150	110 / 70	-2.55 II	2.48 II
Recovery(2)	1 : 0	1.0	0	0	110	110 / 70	-1.49 II	1.77 II
Recovery(3)	1 : 0	1.0	0	0	123	110 / 70	-1.91 II	1.06 I
Recovery(4)	1 : 0	1.0	0	0	109	110 / 70	-1.70 II	0.71 I
Recovery(5)	0 : 31	1.0	0	0	107	110 / 70	-1.27 II	0.71 I

Interpretation

FAIR EFFORT TOLERANCE
ACCELERATED CHRONOTROPIC RESPONSE
INOTROPIC INCOMPETENCE
NO ANGINA/ ANGINA EQUIVALENTS
NO ARRHYTHMIAS

BASELINE MILD ST-T ABNORMALITIES IN INFERIOR LEADS & V3 - V6
SIGNIFICANT ST SEGMENT DEPRESSIONS NOTED IN INFERIOR LEADS & V3-V6 DURNG
STAGE 2 & PEAK EXERCISE. ST ABNORMALITIES PERSISTED THROUGHOUT
RECOVERY.

IMPRESSION: STRESS TEST IS POSITIVE BY ST SEGMENT CRITERIA.

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

Ref. Doctor: ARCOFEMI HEALTHCARE
(Summary Report edited by user)

Dr. Ravi Chavan
MD; D Card
Consultant Cardiologist
Reg. No.: 2004/06/2468

Doctor: DR. RAVI CHAVAN

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KANCHAN K MAURRYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 0 m 0 s

Stage Time : 0 m 32 s

HR: 86 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

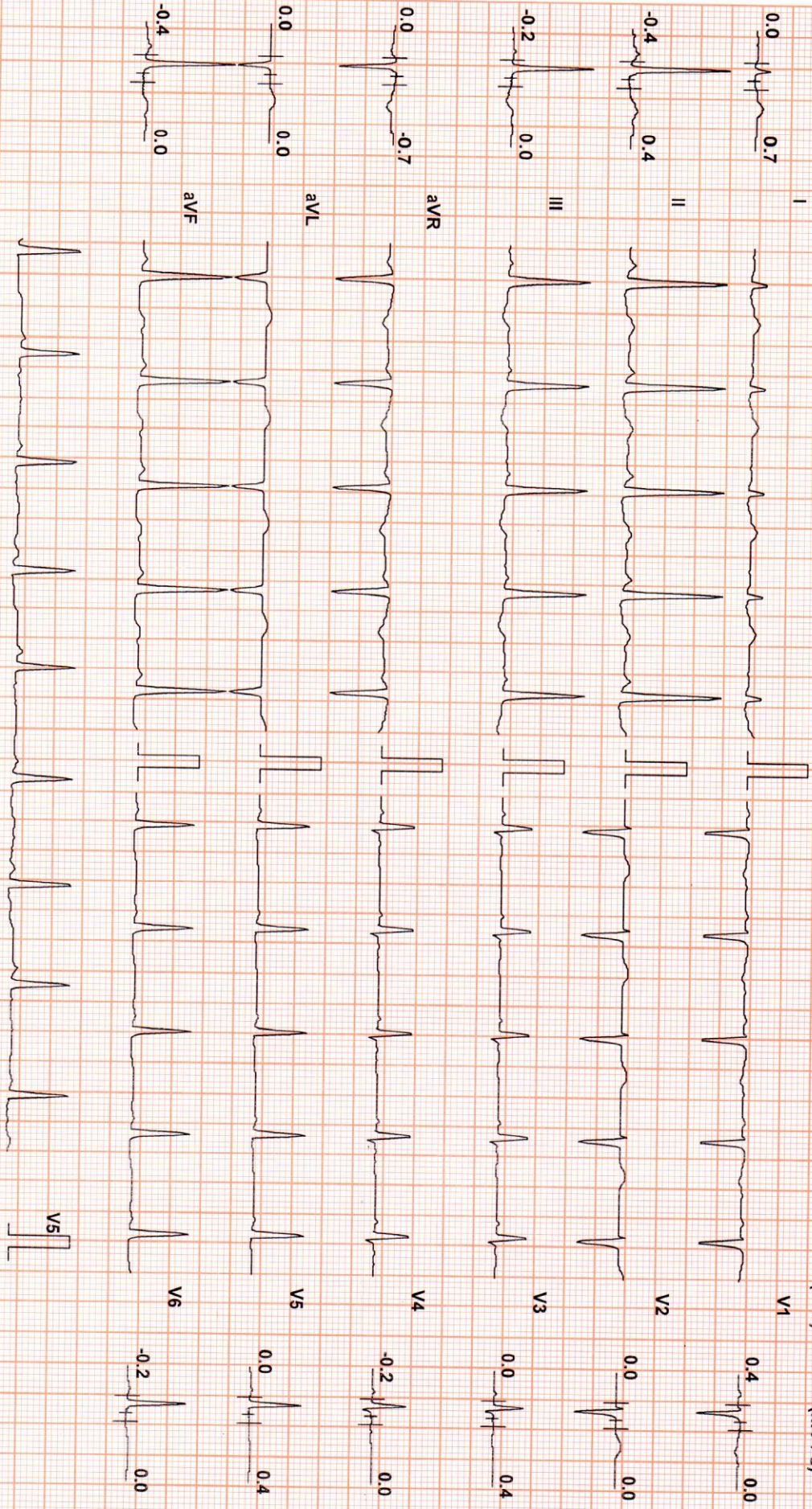


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 87 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

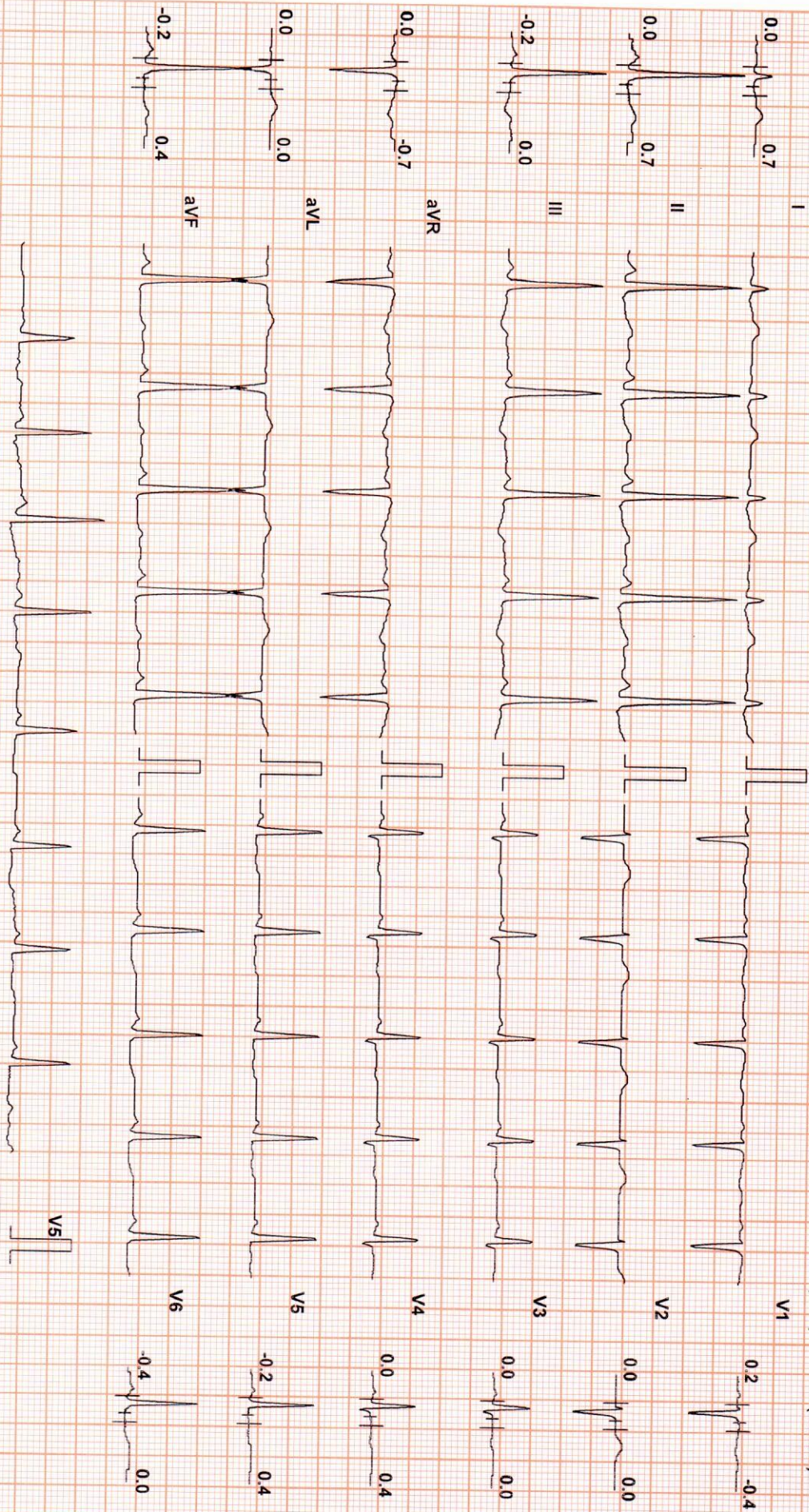


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandau V4.7



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 0 m 0 s

Stage Time : 0 m 36 s

HR: 106 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P.: 110 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

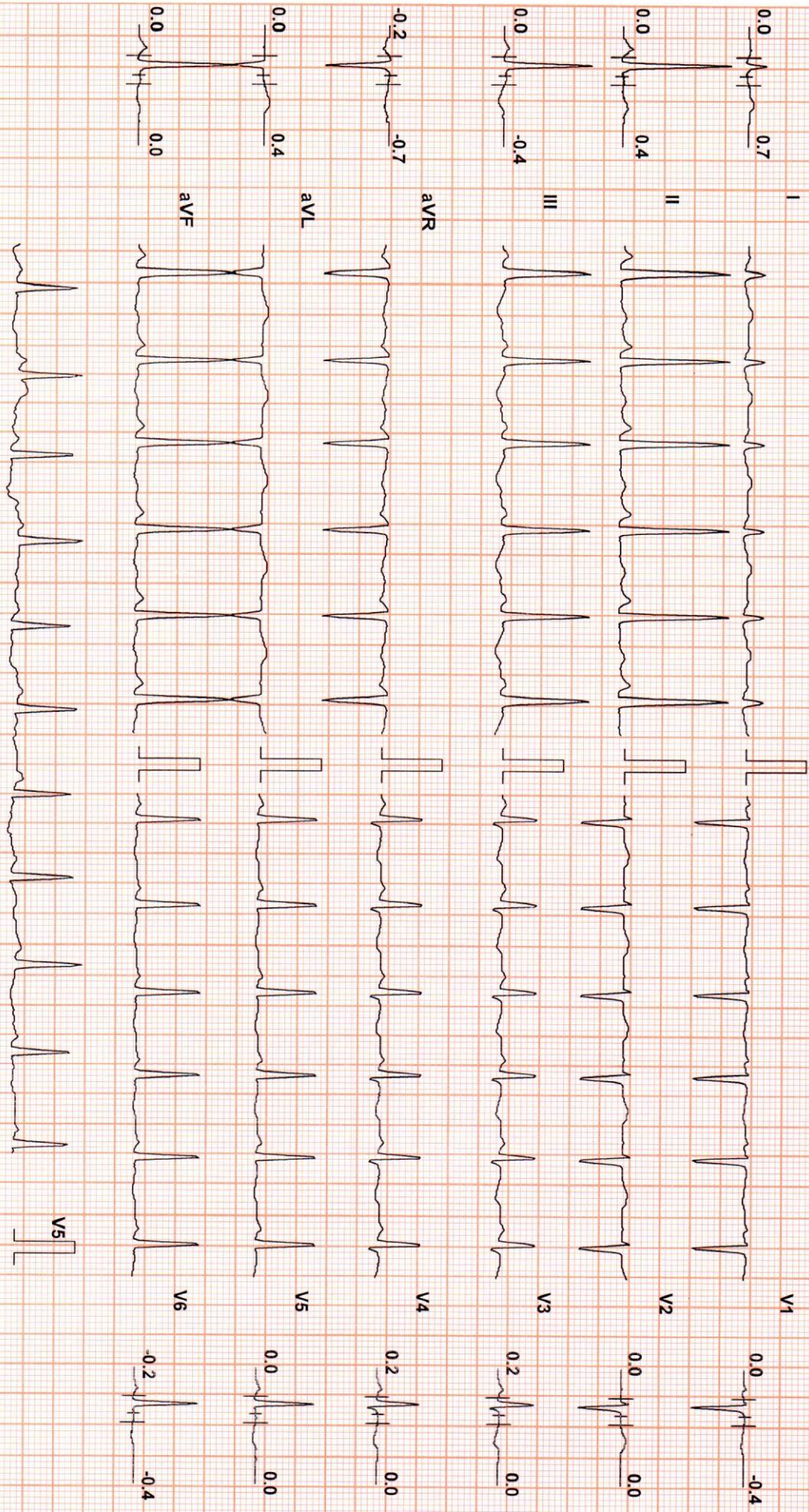


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 2 m 54 s Stage Time : 2 m 54 s **HR: 141 bpm**

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 164 bpm)

B.P: 120 / 70

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

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

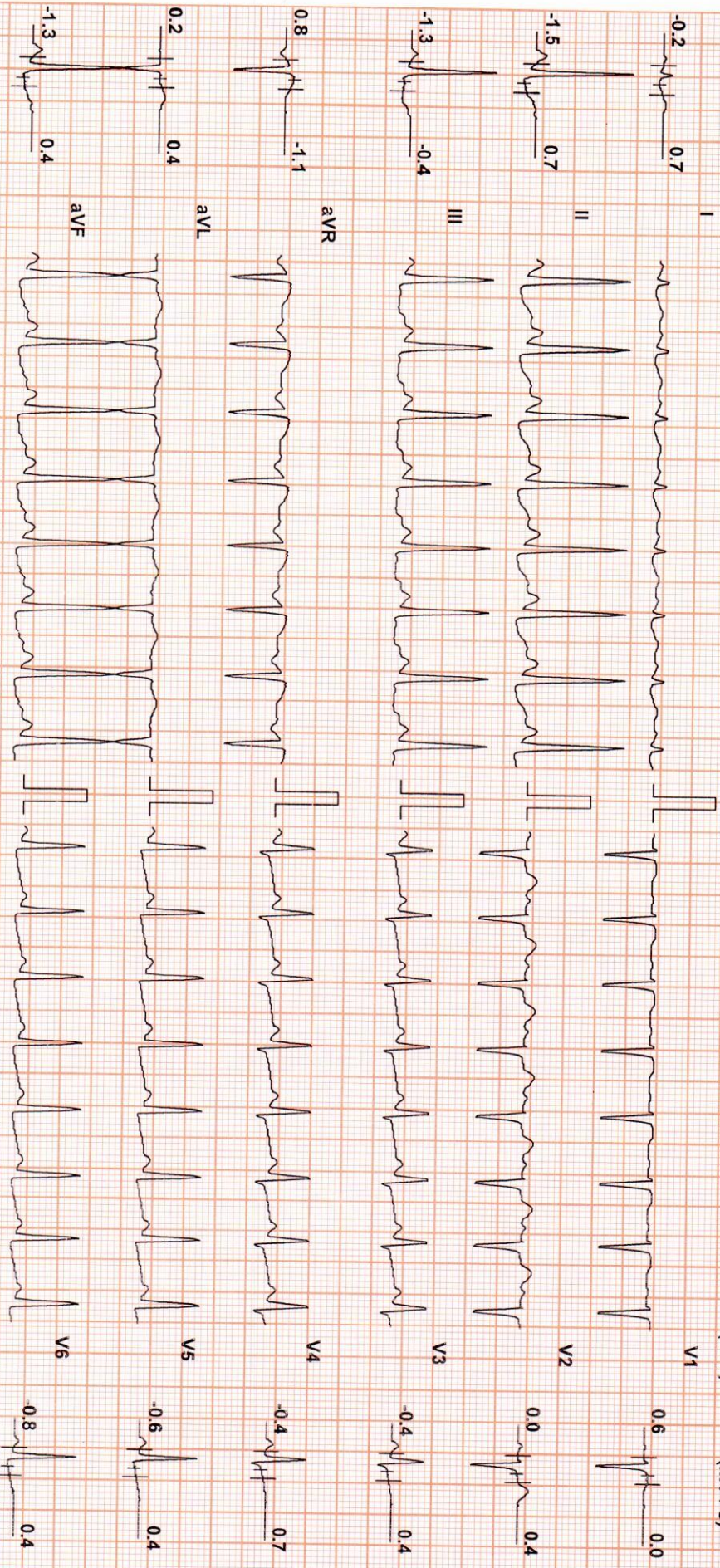


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schifer Spandan V 4.7

Linked Median



KANCHANK MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 157 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 164 bpm)

B.P: 130 / 70

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

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

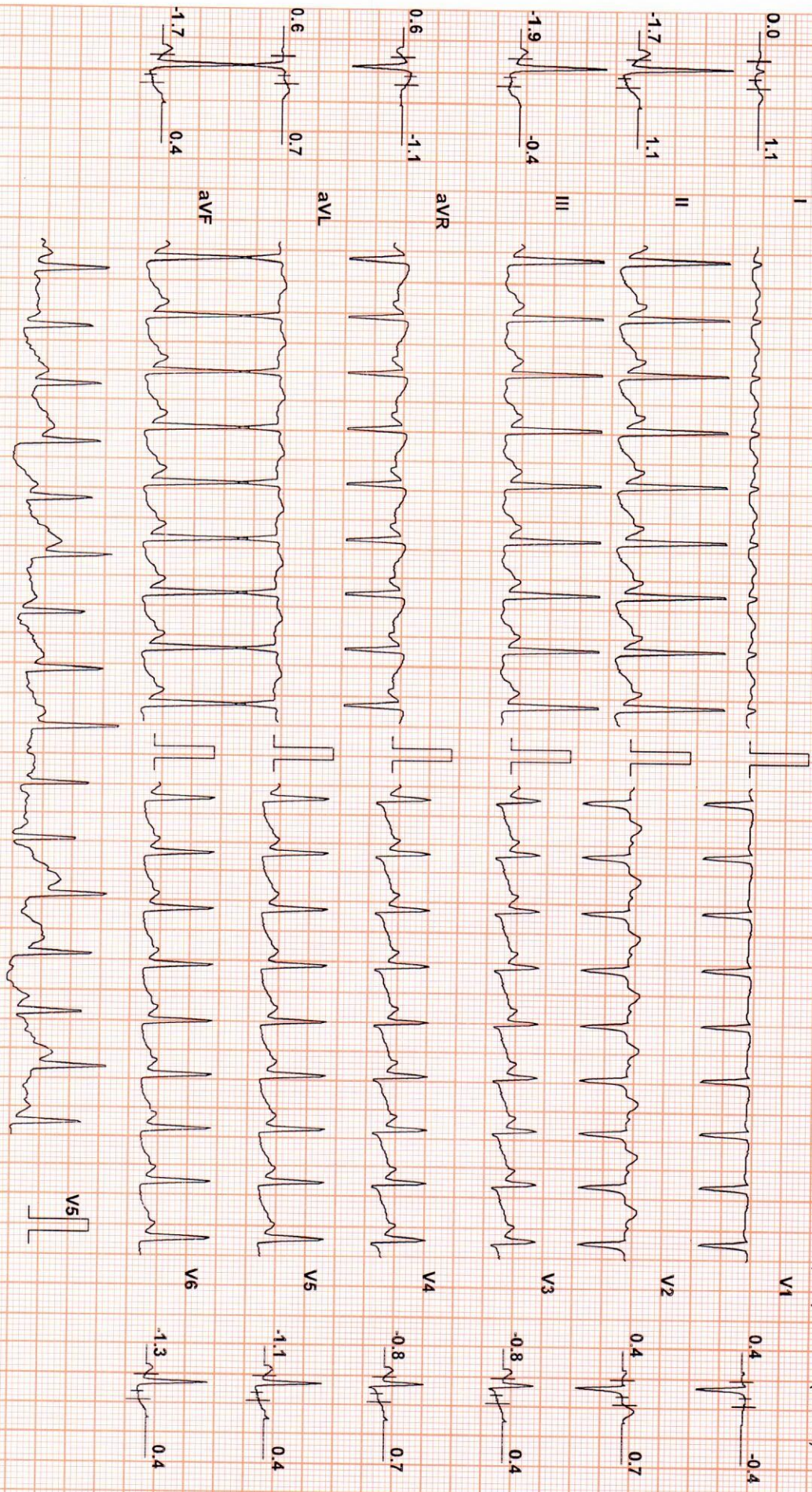


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schlier Spandan V 4.7

SUBURBAN DIAGNOSTICS

KANCHAN K MAURYA (26 F)

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 31 s Stage Time : 0 m 31 s HR: 167 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 164 bpm)

B.P: 110 / 70

ST Level (mm)

ST Slope (mV/s)

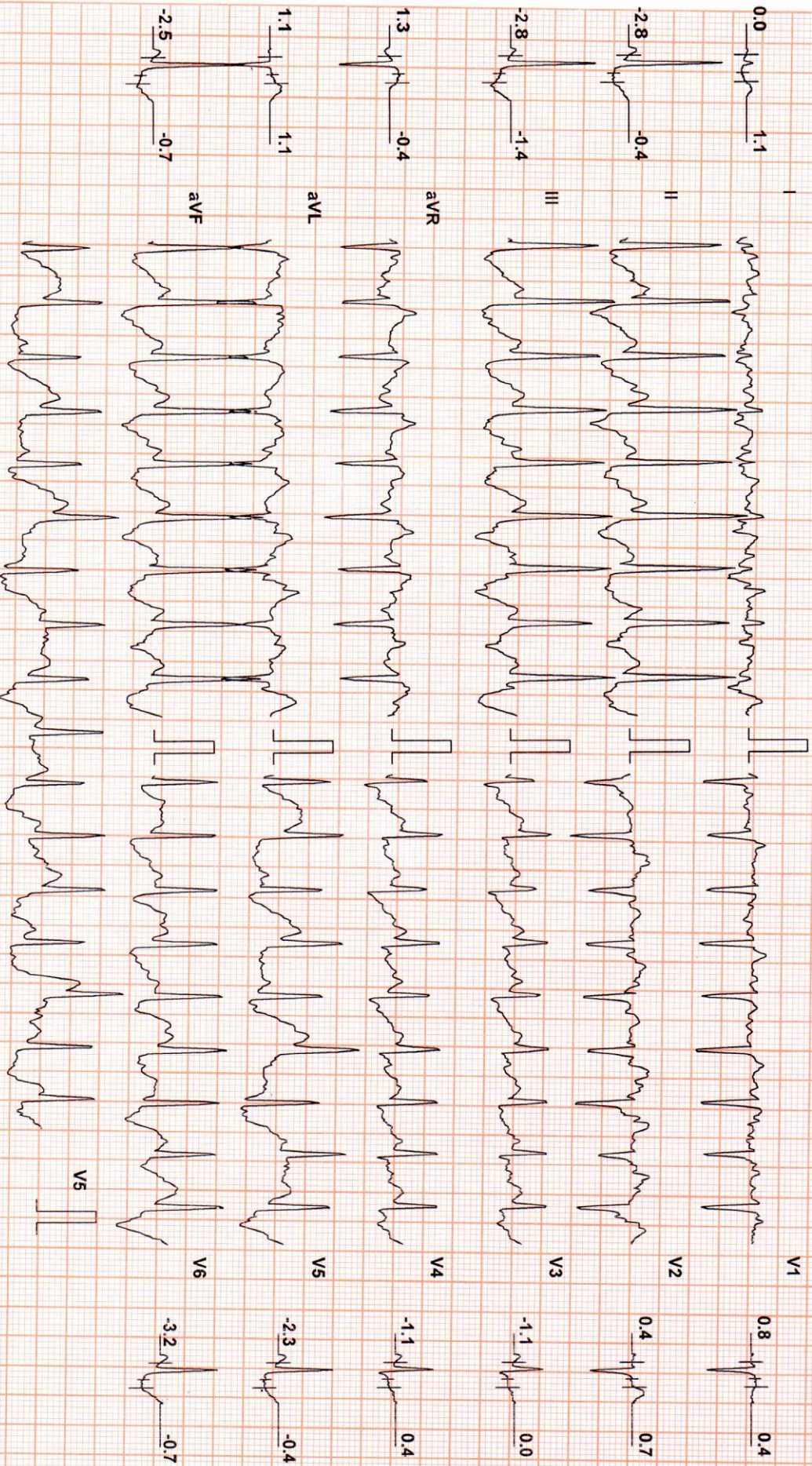


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Posl J = J + 60 ms

Schiller Spandan V 4.7





KANCHAN K MAURRYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 51 s Stage Time : 0 m 51 s **HR: 173 bpm**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

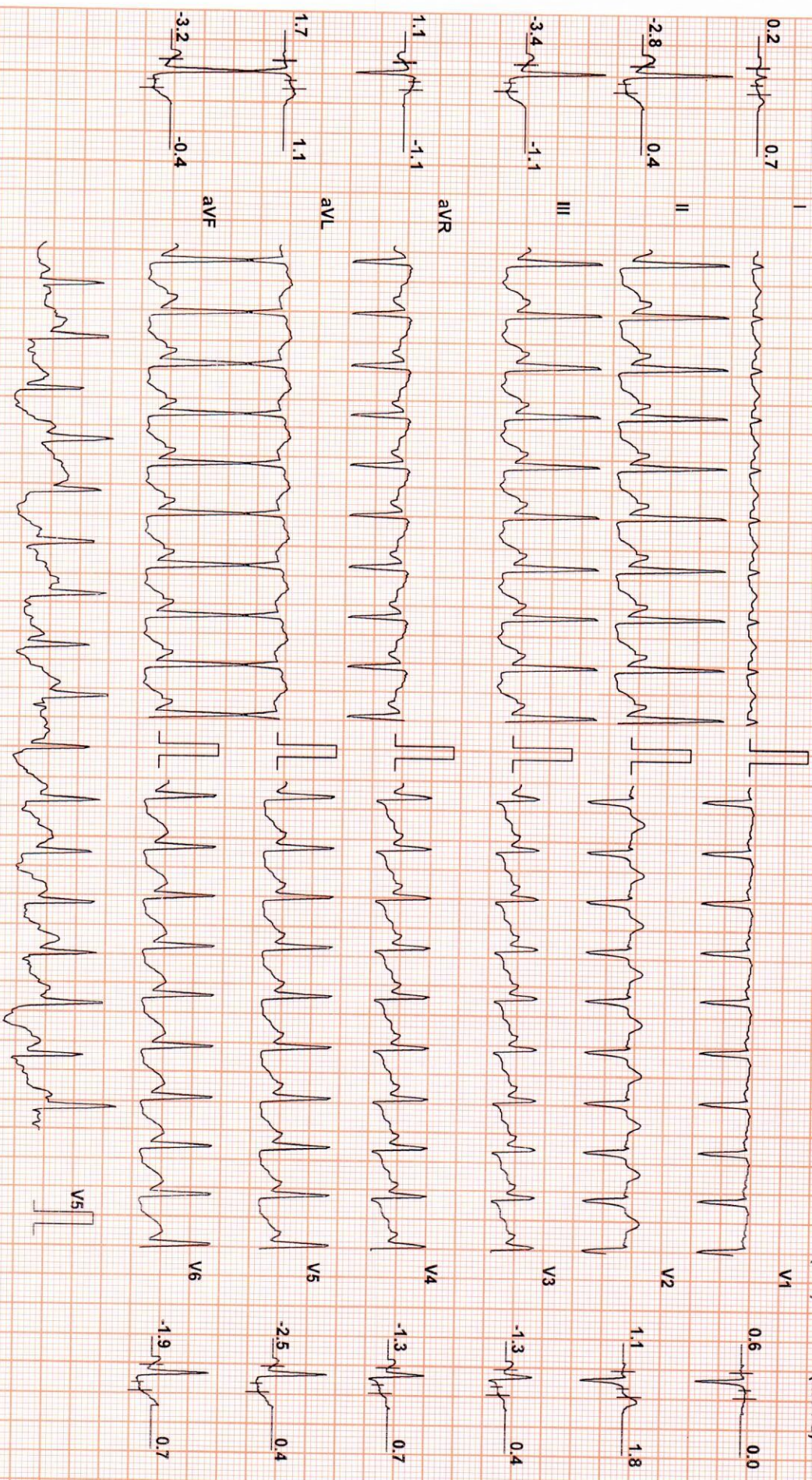


Chart Speed: 25 mm/sec
Scyller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 54 s **HR: 149 bpm**

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

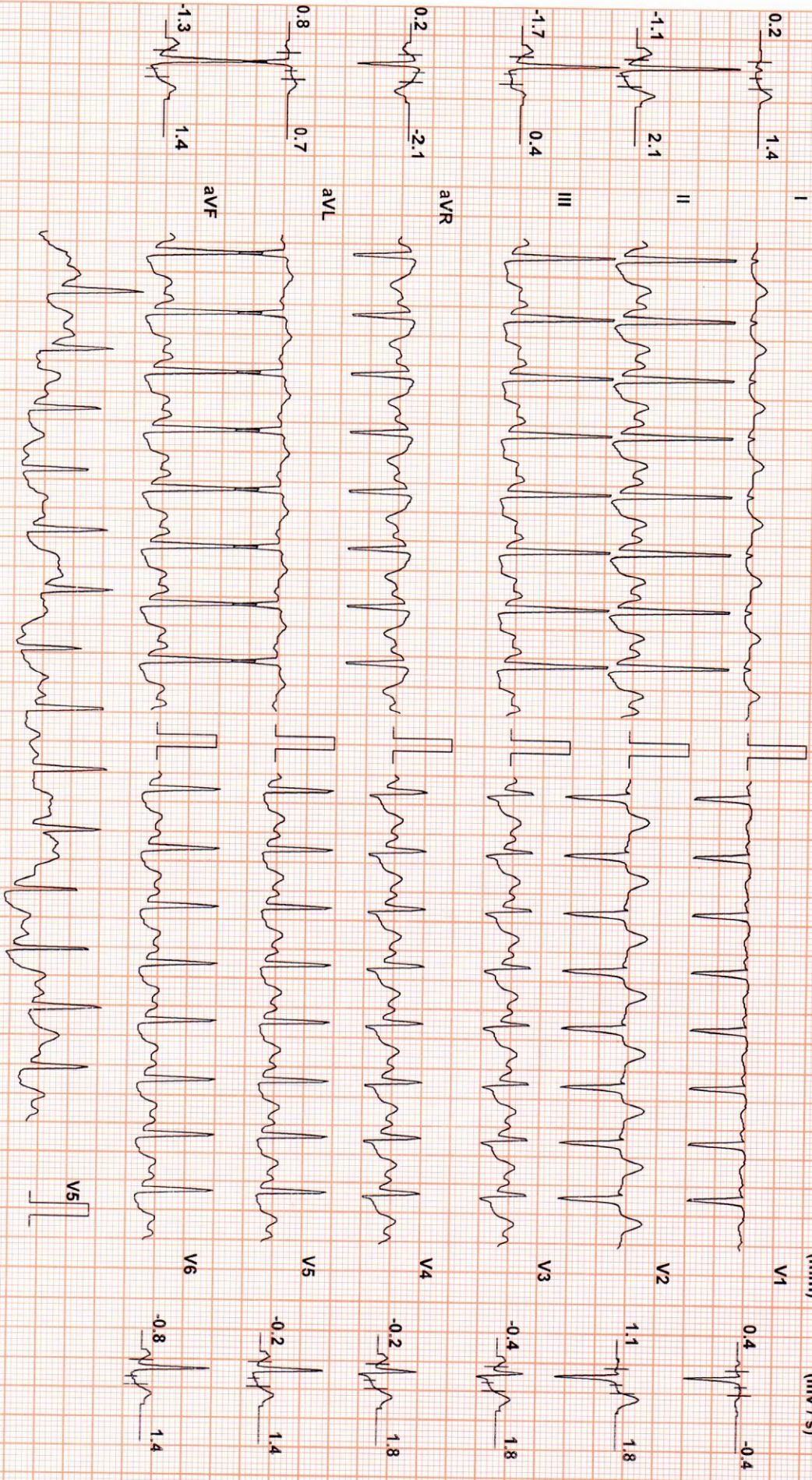


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 34 s **HR: 131 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

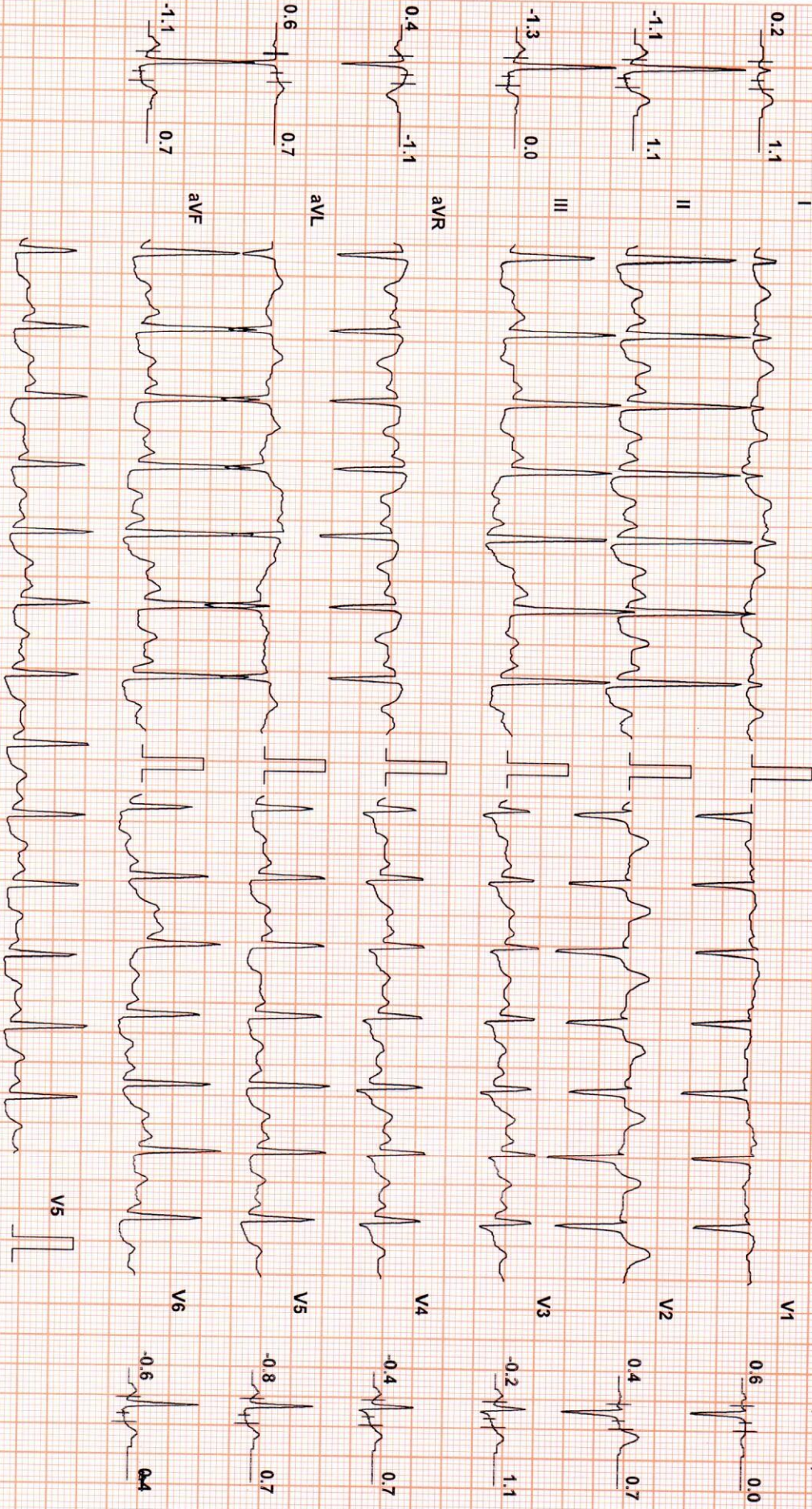


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 54 s **HR: 112 bpm**

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

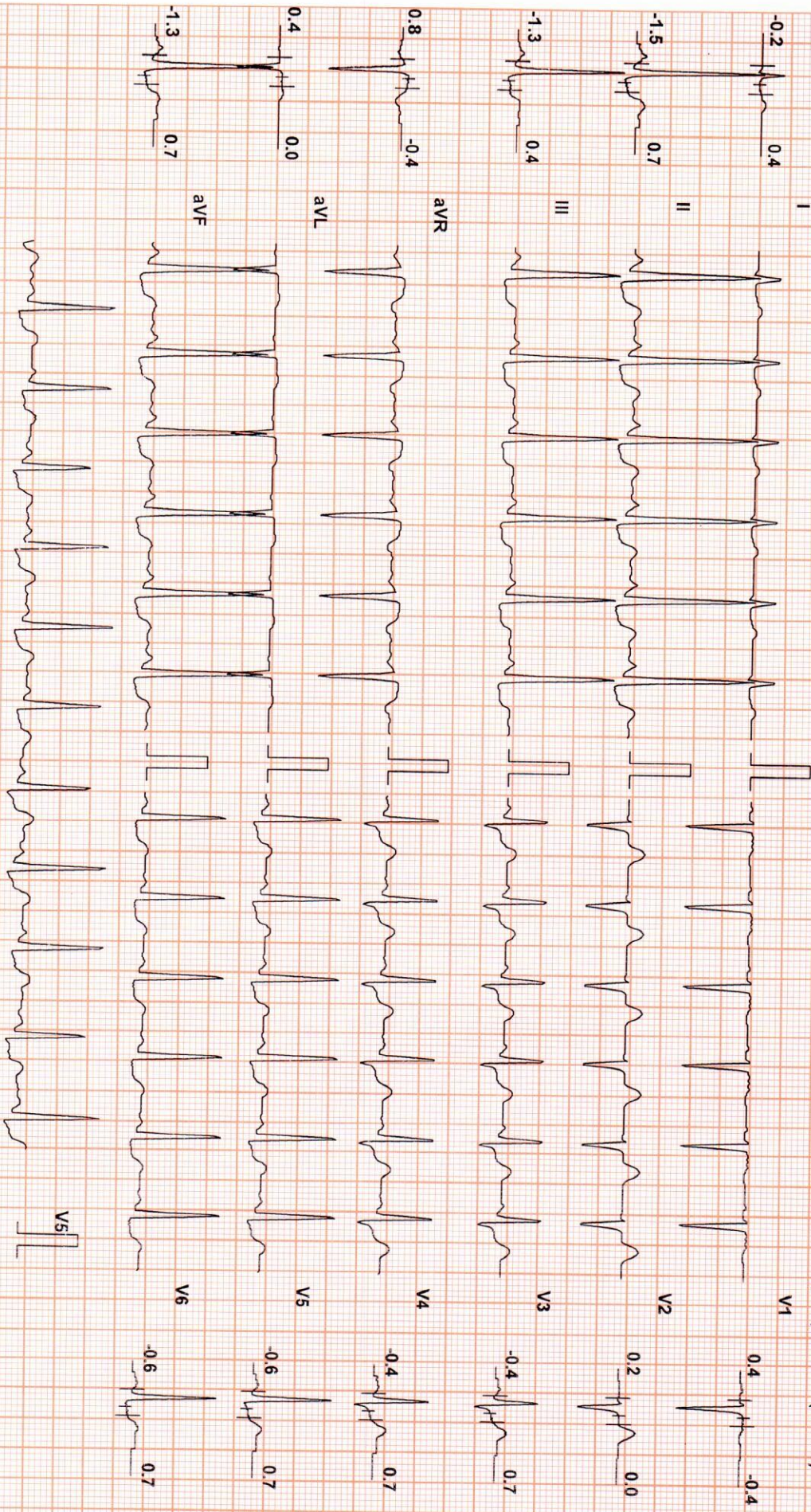


Chart Speed: 25 mm/sec
Schlifer Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 28 s **HR: 123 bpm**

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

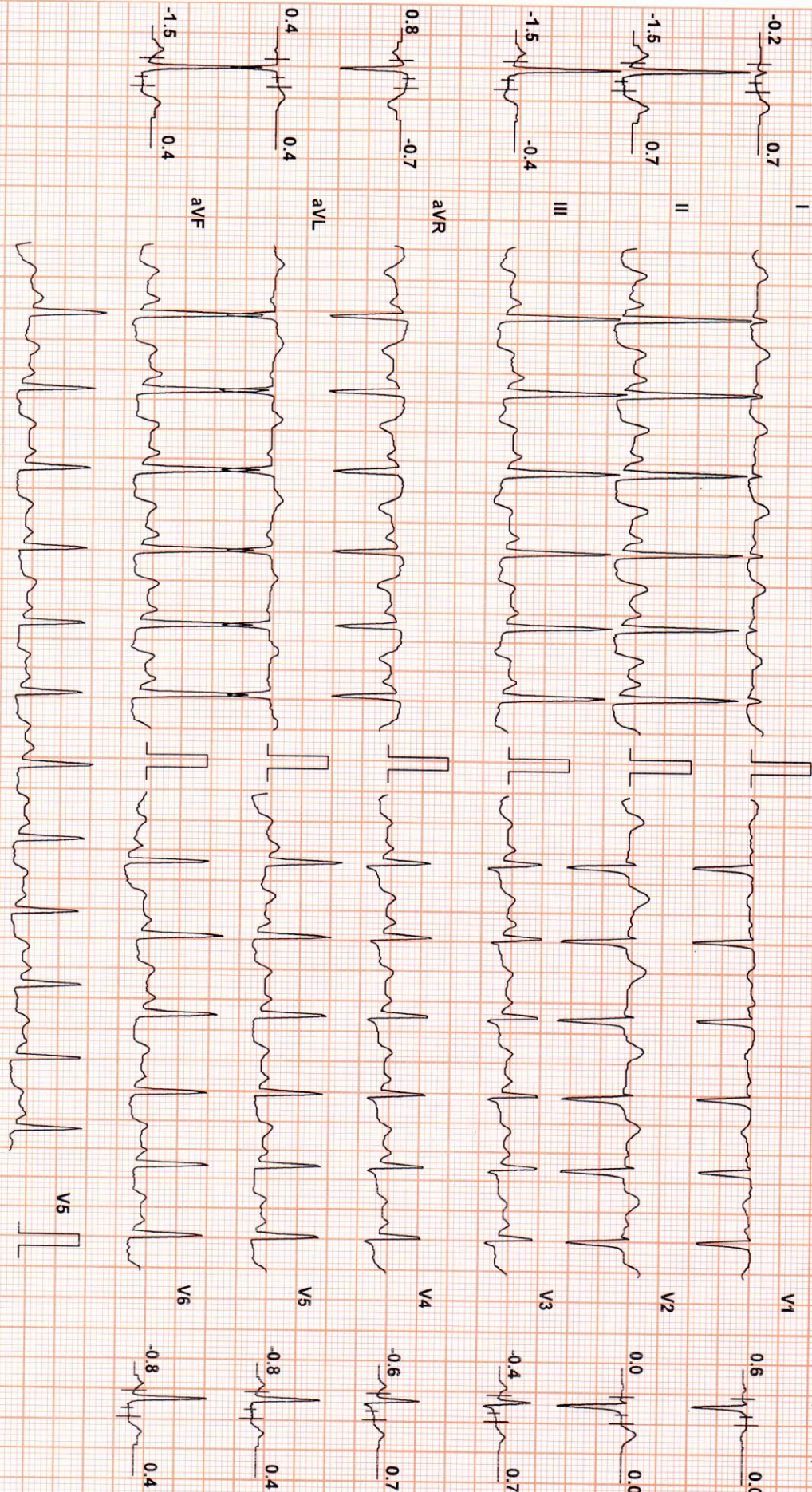


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



KANCHANK MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 54 s

HR: 122 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

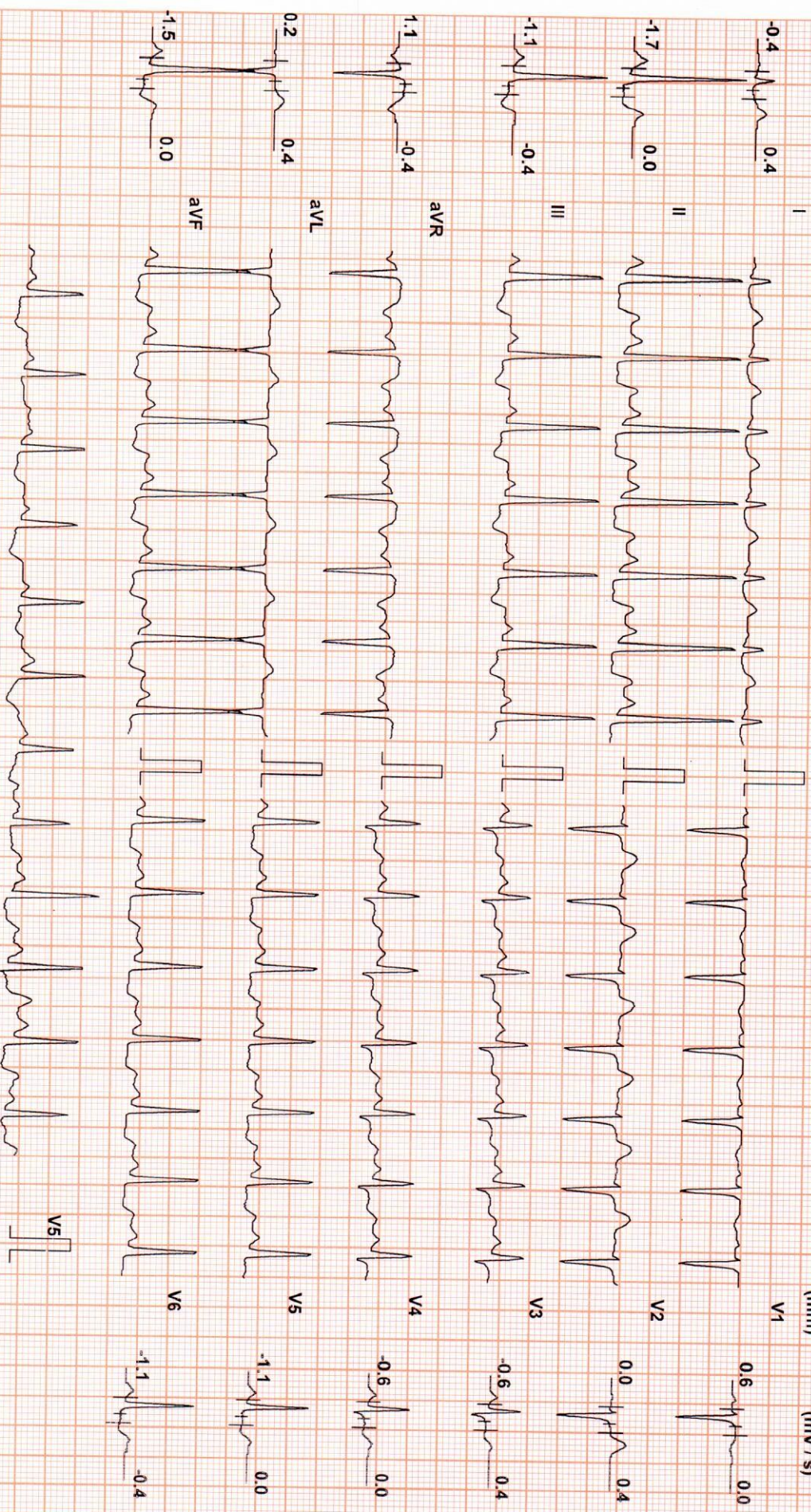


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURRYA (26 F)

SUBURBAN DIAGNOSTICS

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 28 s **HR: 115 bpm**

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

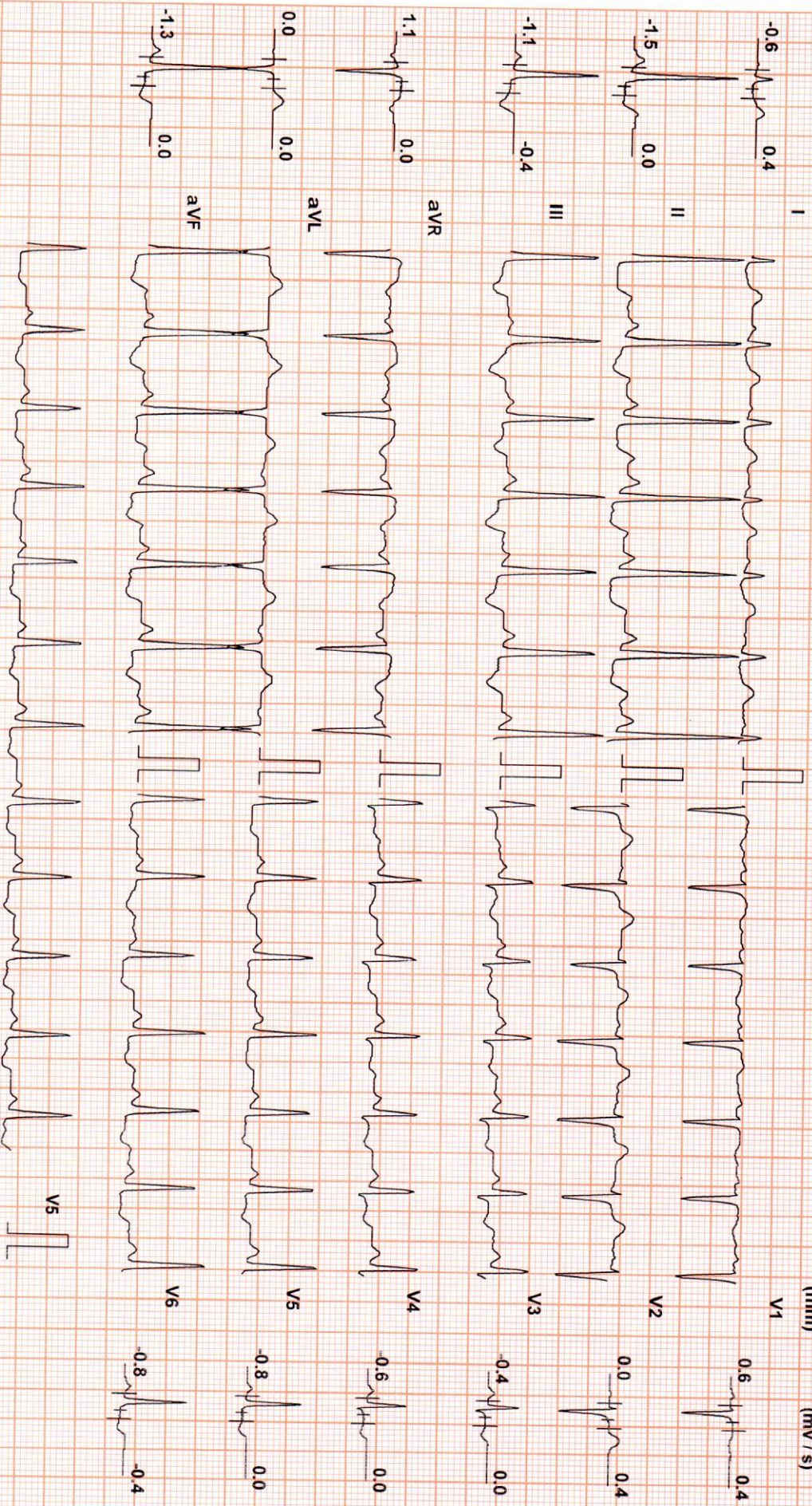


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 54 s **HR: 106 bpm**

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P.: 110 / 70

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

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

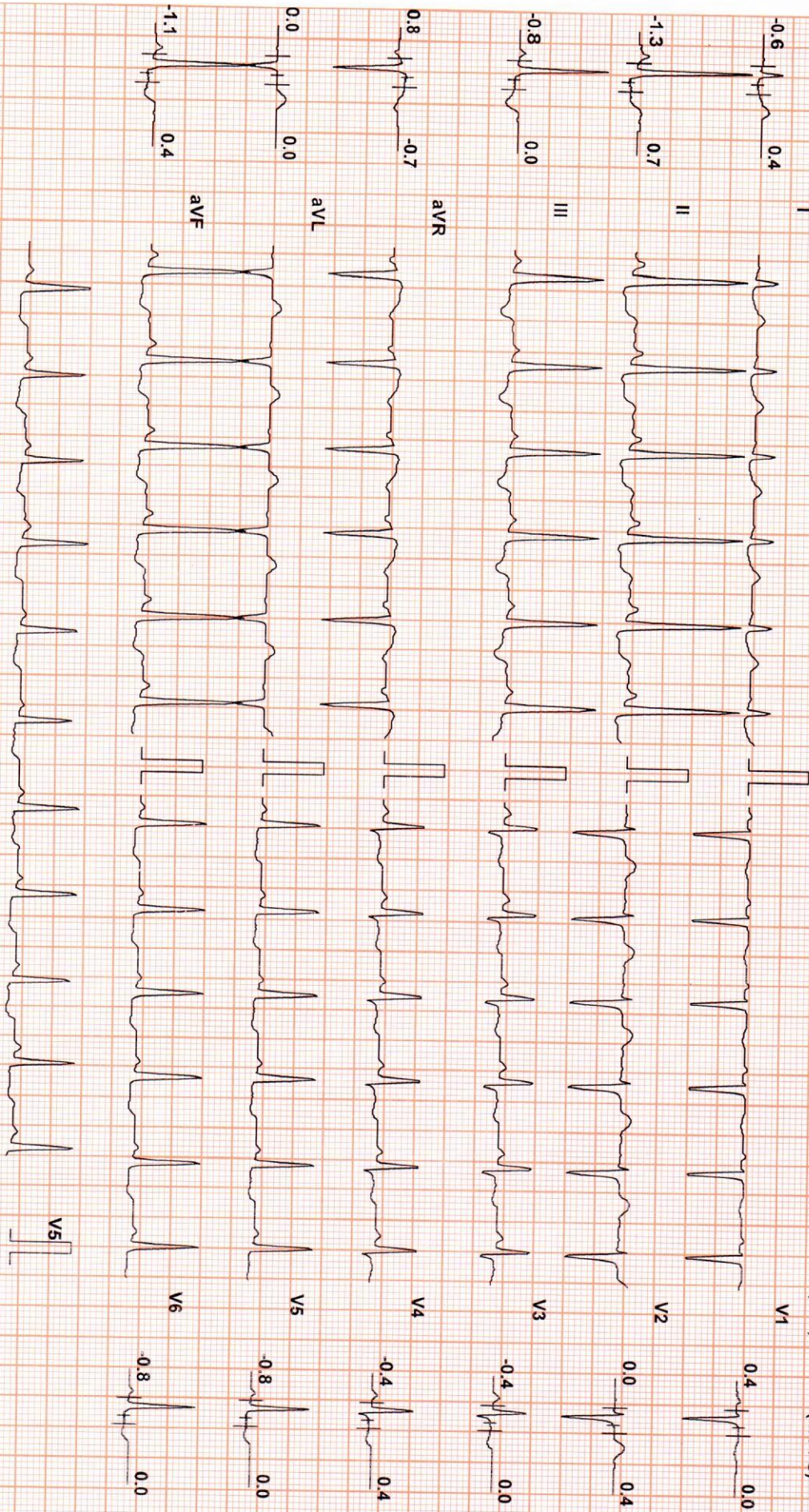


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



KANCHAN K MAURYA (26 F)

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

ID: 2317521828

Date: 24-Jun-23

Exec Time : 6 m 57 s Stage Time : 0 m 25 s **HR: 109 bpm**

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

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

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

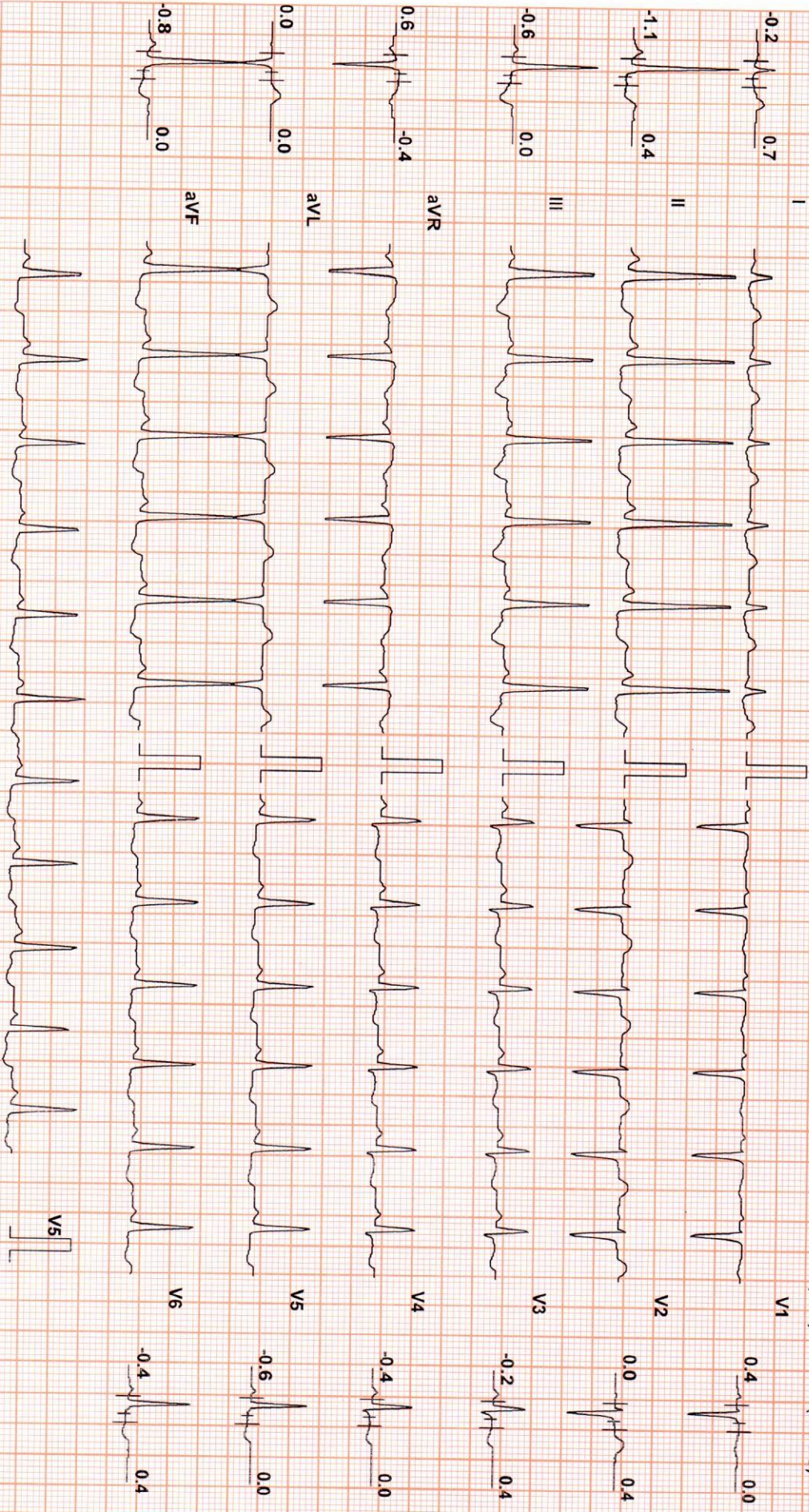


Chart Speed: 25 mm/sec
Schlifer Spandari V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median