

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: VAISHNAVI, DARBHE

DOB: 30.06.1990

Patient ID: 2333100569

Age: 33yrs

Height: 150 cm

Gender: Female

Weight: 61 kg

Race: Asian

Study Date: 27.11.2023

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

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	00:15	0.00	0.00	73	110/80	
	STANDING	00:06	0.00	0.00	75	110/80	
	HYPERV.	00:05	0.00	0.00	80	110/80	
EXERCISE	WARM-UP	00:09	1.00	0.00	76	110/80	
	STAGE 1	03:00	1.70	10.00	116	120/80	
	STAGE 2	03:00	2.50	12.00	137	132/80	
	STAGE 3	01:13	3.40	14.00	171		
RECOVERY		03:02	0.00	0.00	77	132/80	

The patient exercised according to the BRUCE for 7:13 mins, achieving a work level of Max. METS: 10.10. The resting heart rate of 74 bpm rose to a maximal heart rate of 171 bpm. This value represents 91% of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 132/80 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.

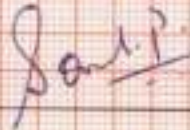
Overall impression: Normal stress test.

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



Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SURESPAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 084.

VAISHNAVI, DARBHIE

Patient ID: 2333100569

27.11.2023

10:37:58am

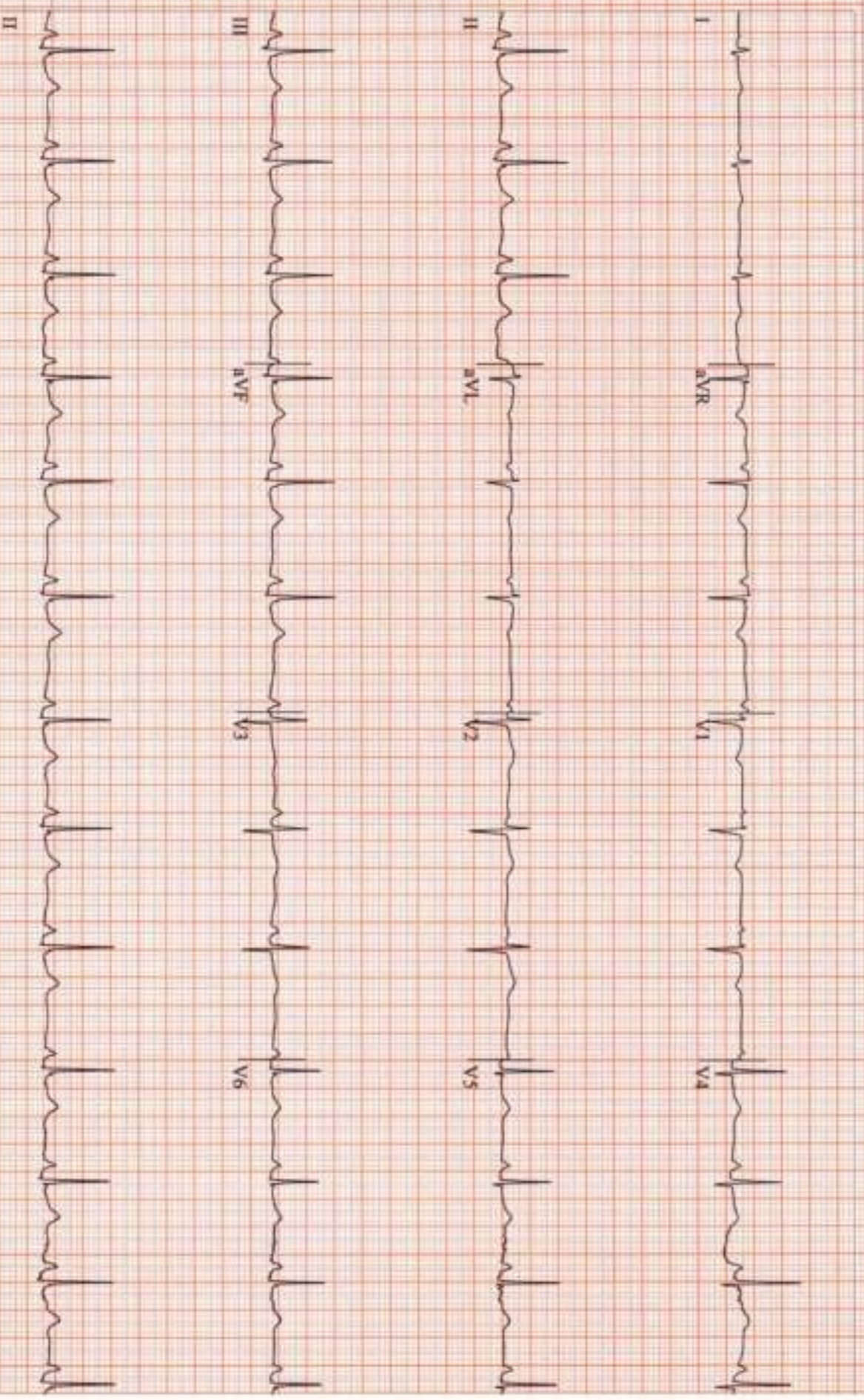
12-Lead Report

74 bpm
110/80 mmHg

PRETEST
SUPINE
00:14

BRUCE
0.0 mph
0.0%

SUBLIBAN DIAGNOSTIC



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

Start of Test: 11:38am

VAISHNAVI, DARBHE

Patient ID 2333100569

27.11.2023

10:38:03am

12-Lead Report

73 bpm

110/80 mmHg

PRETEST

STANDING

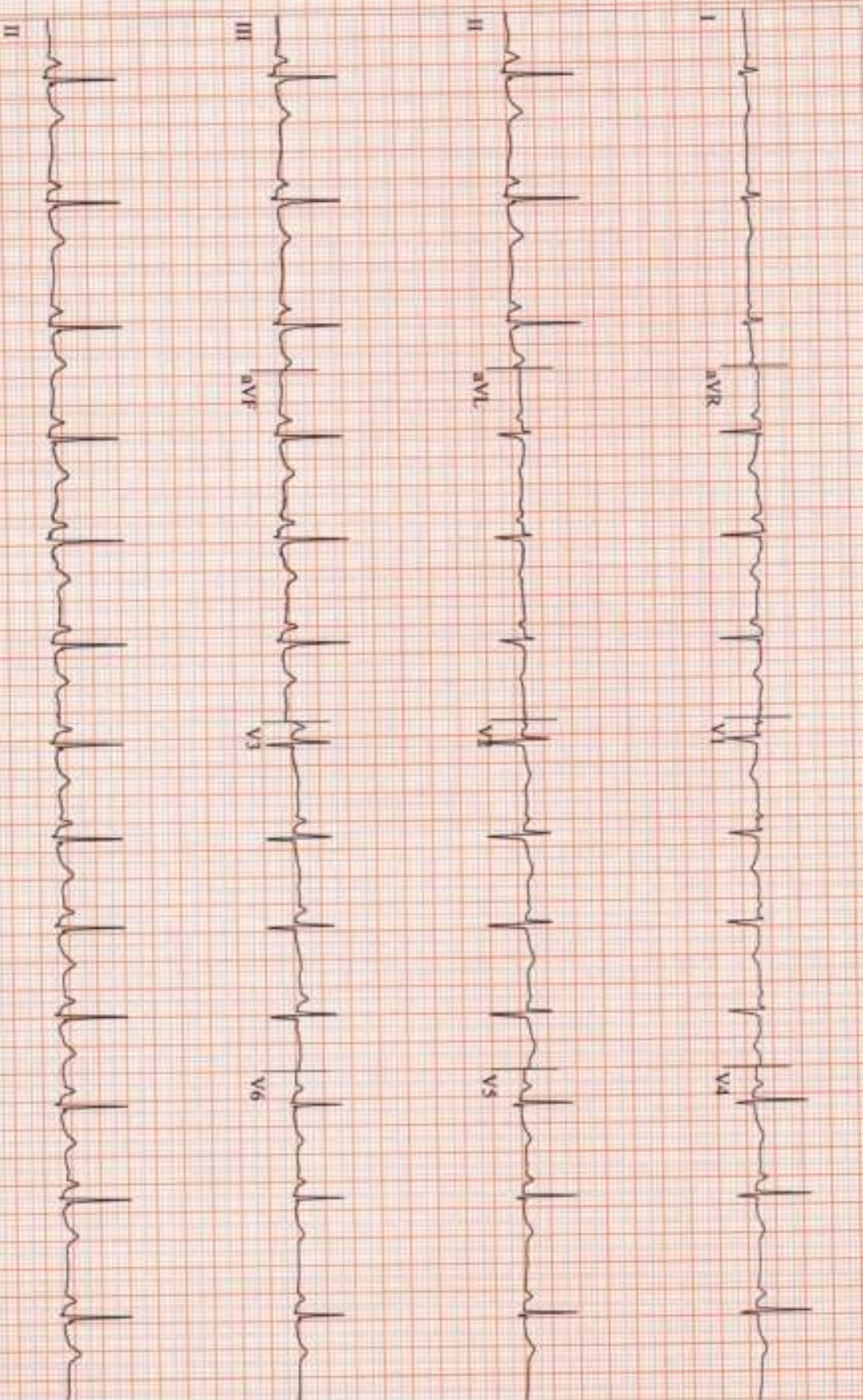
00:19

BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTICS



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

Start of Test: 7:38am



VAISHNAVI, DARSHI

Patient ID 2333100569

27/11/2023

10:38:09am

12-Lead Report

80 bpm

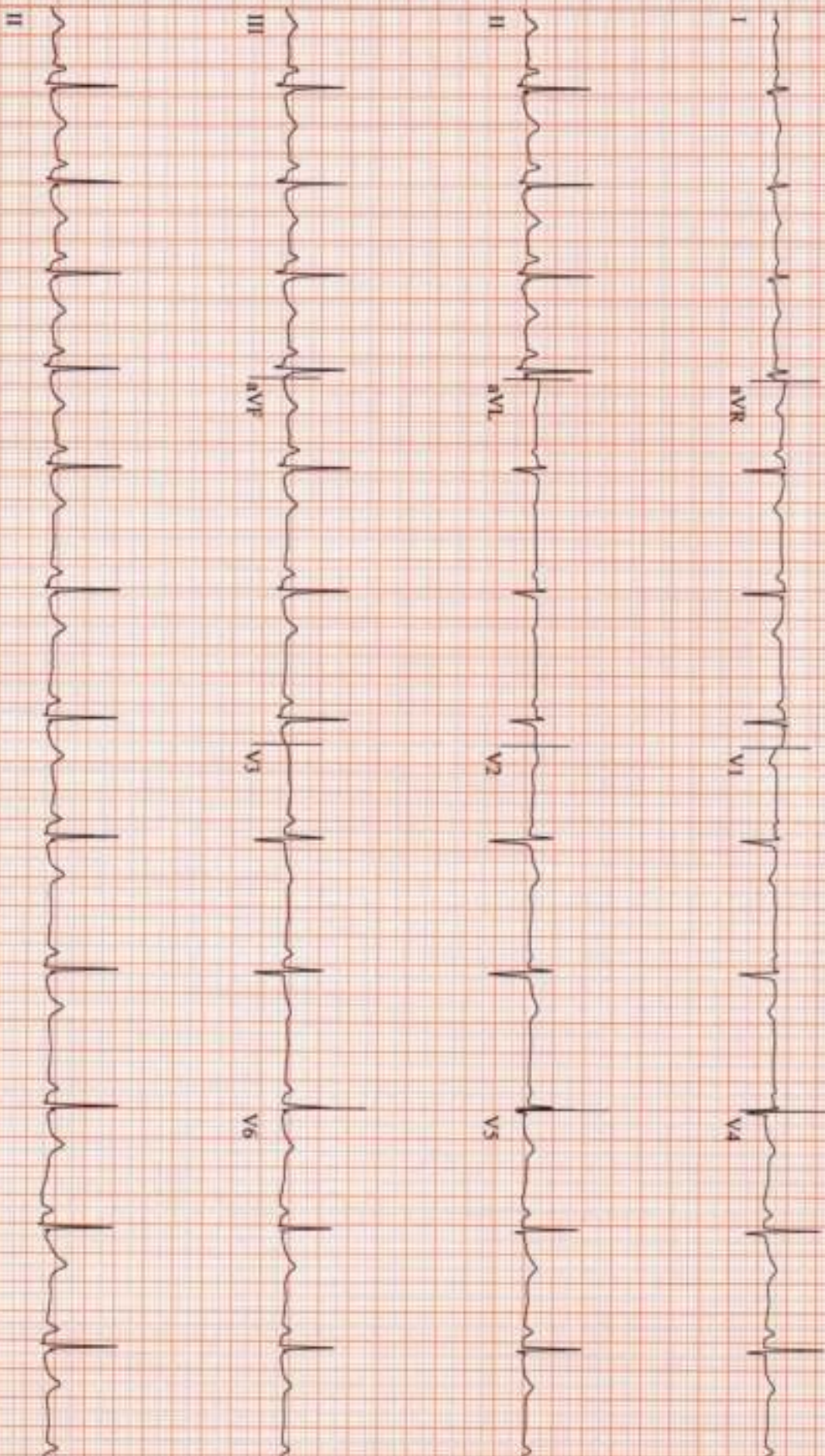
110/80 mmHg

PRETEST
HYPERV:

00:24

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTIC



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

Start of Test: 11/27/2023 7:38am

VAISHNAVI, DARBBHE

Patient ID: 2331100569

27.11.2023

10:41:02am

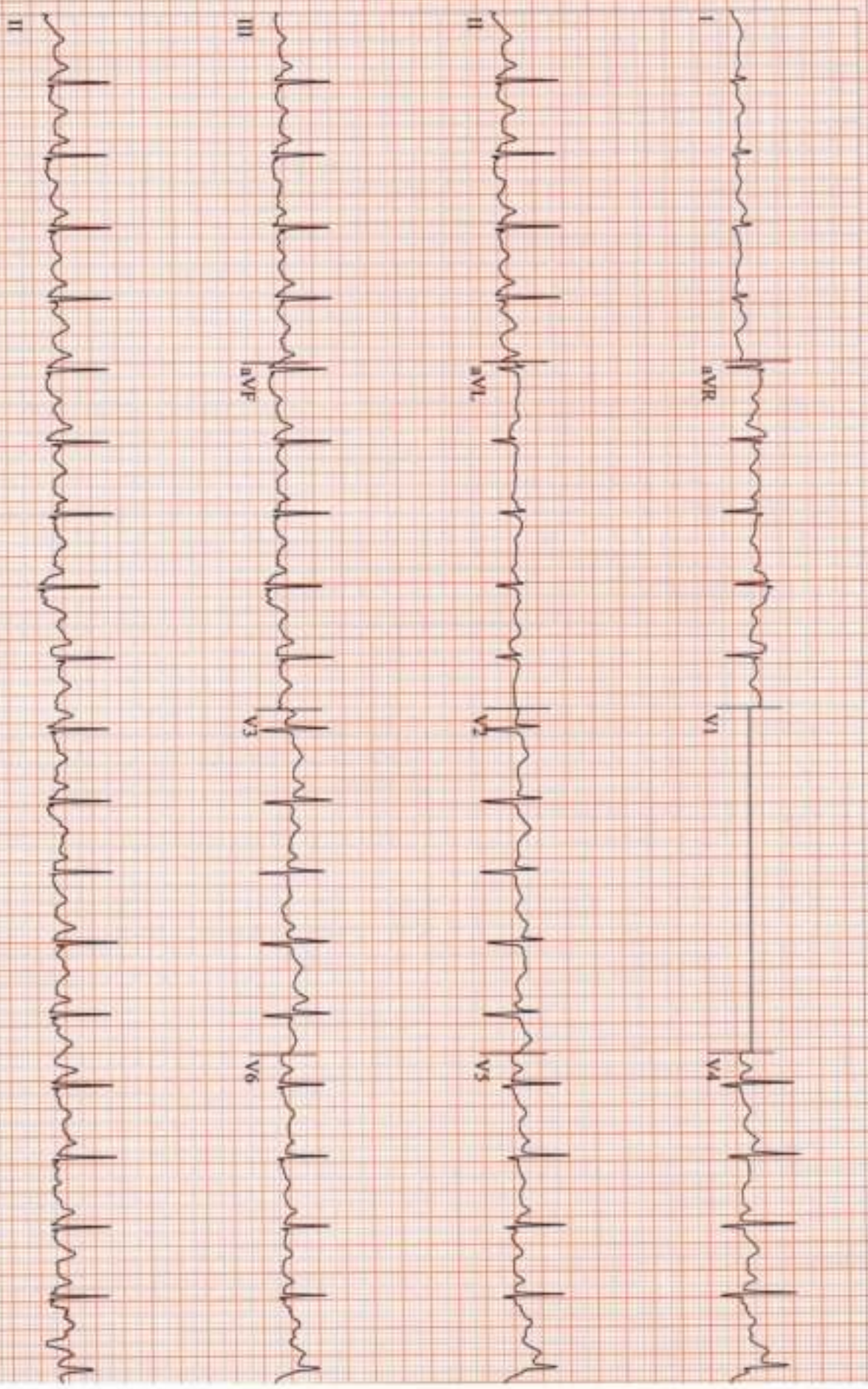
12-Lead Report

116 bpm
120/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s, 10 mm/mV 50Hz 0.01Hz FRF+ HR(QILV2)

Start of Test: 7:38am

VAISHNAVI, DARBBHE

Patient ID 2333100569

27.11.2023

10:44:02am

Linked Medians

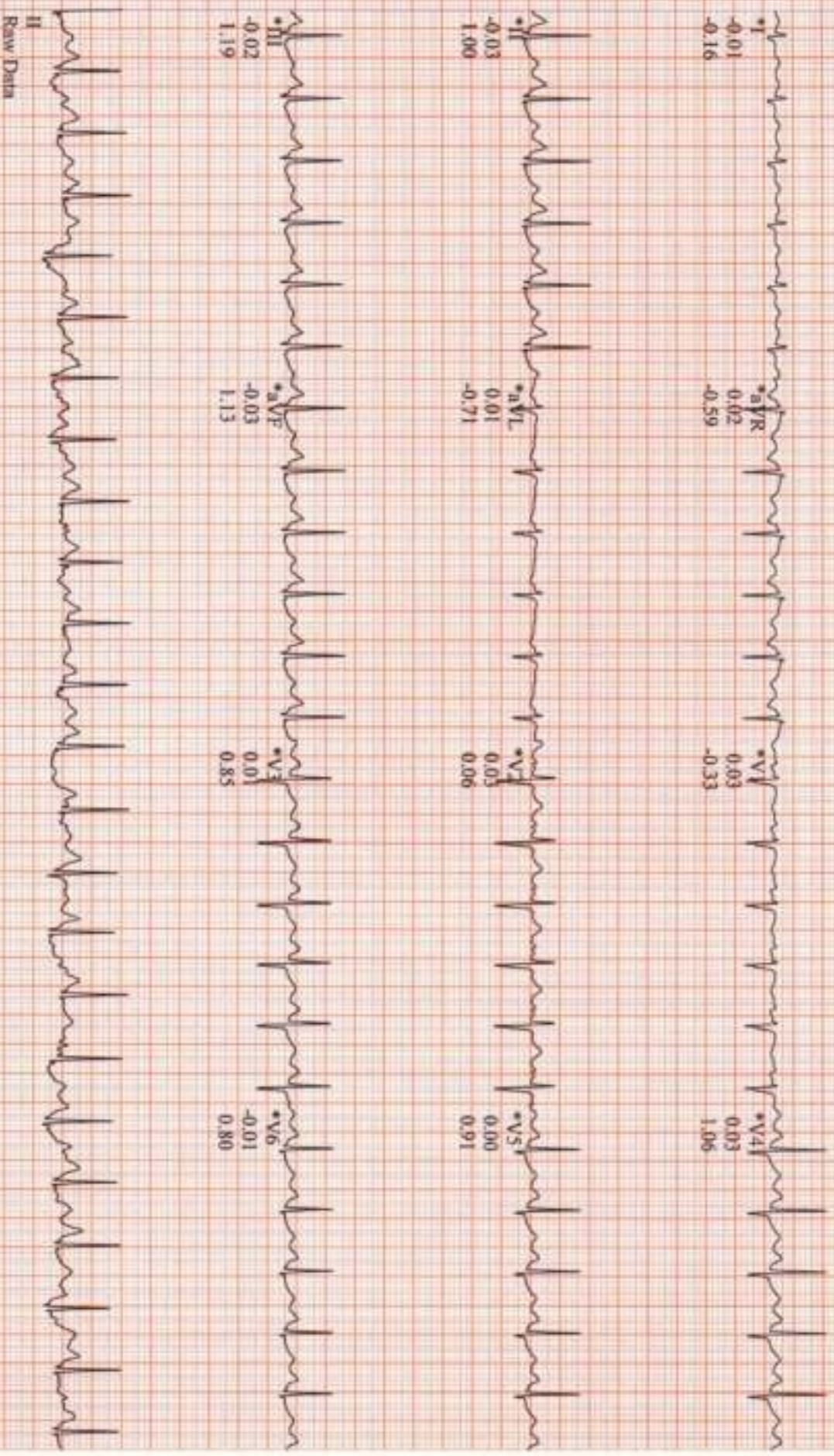
141 bpm
132/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0 %

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 11/27/2023 7:38am

VAISHNAVI, DARBHE

Patient ID 2333100569

27.11.2023

10:45:30am

171 bpm

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

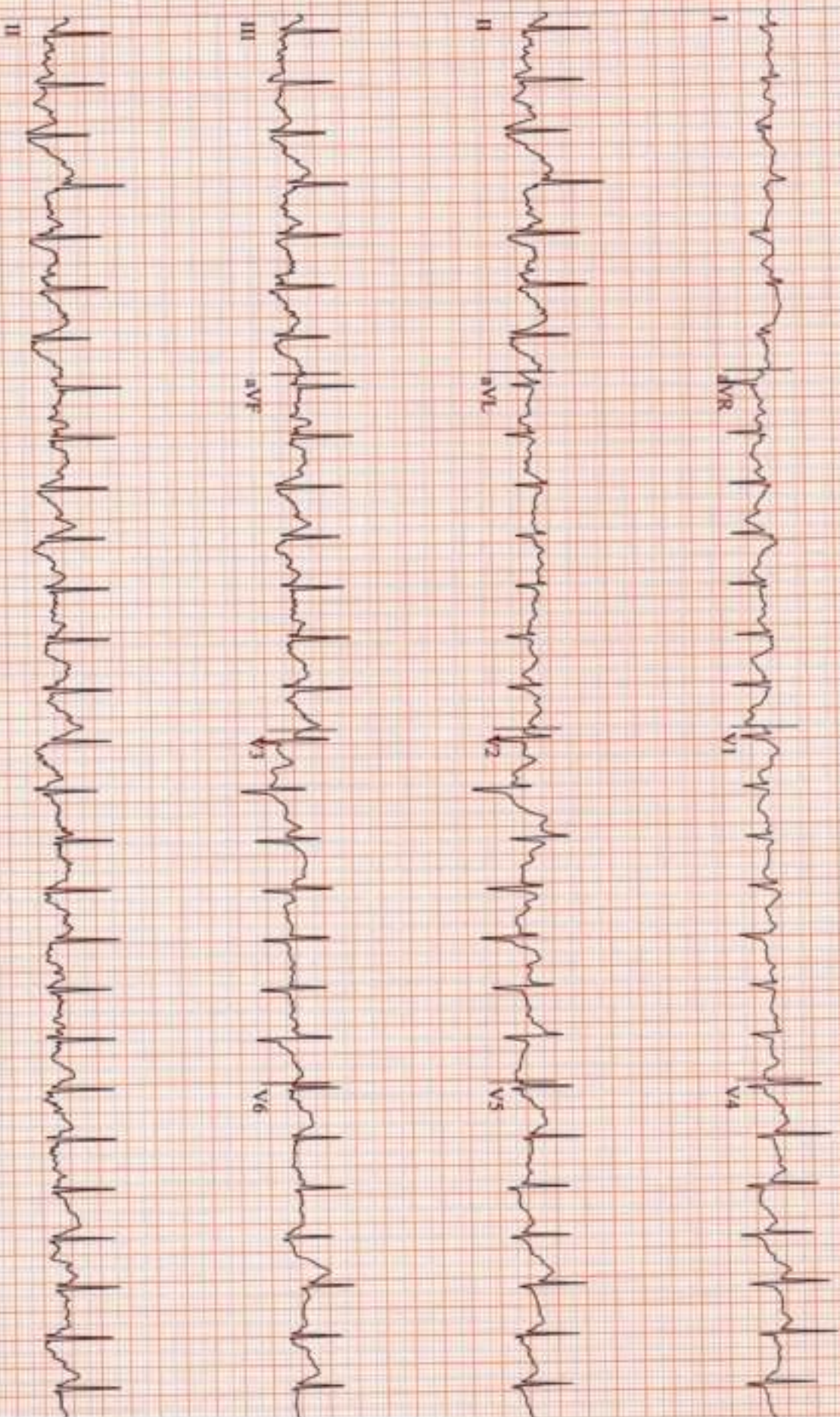
07:13

BRUCE

3.4 mph

14.0 %

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRP+ HR(II, V4)

Start of Test: 7:38am



VAISHNAVI, DARBHE

Patient ID 2333100569

27.11.2023

10:46:25am

Linked Medians

134 bpm

RECOVERY #1

01:00

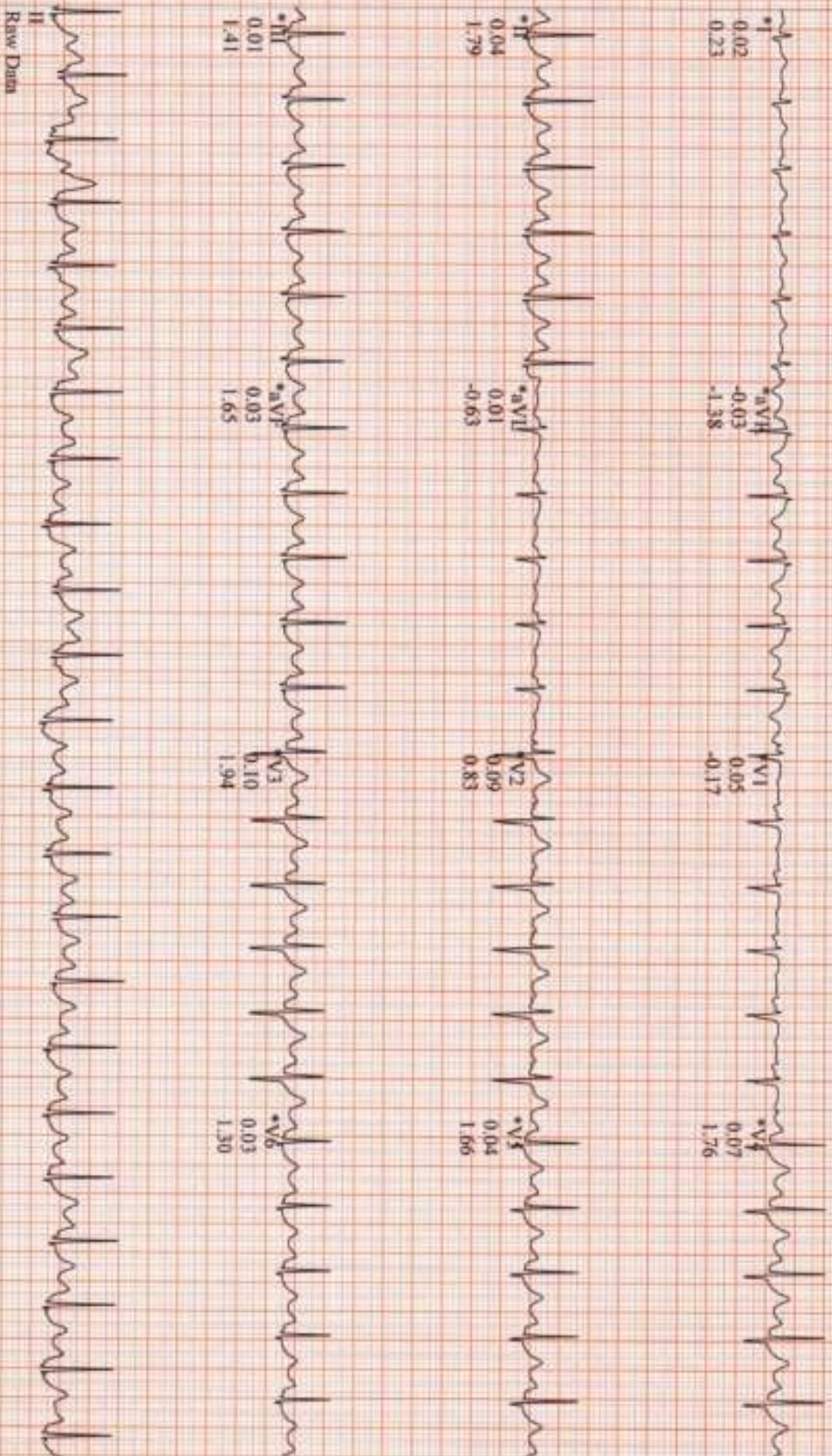
BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 7:38am

VAISHNAVY, DARBHE

Patient ID 2333100569

27.11.2023

10:47:25am

Linked Medians

#7 bpm

RECOVERY

#1

02:00

BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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

*I
0.01
0.21

*aVR
-0.01
-0.84

*V1
-0.03
-0.06

*a4
0.04
0.90

*II
0.02
0.90

*aVL
0.01
-0.38

*V2
0.07
0.51

*V5
0.02
0.74

*III
0.01
0.58

*aVF
0.01
0.74

*V3
0.05
1.06

*V6
0.01
0.59

Raw Data



*Computer Synthesized Rhythms

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

Start of Test: 7:38am

VAISHNAVI, DARBHE

Patient ID 2333100569

27.11.2023

10:48:25 am

Linked Medians

RECOVERY

#1

03:00

BRUCE

0.0 mph

0.0 %

SLURBAN DIAGNOSTIC

77 bpm
132/80 mmHg

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

*I
0.01
0.13

*aVR
-0.01
-0.51

*V1
0.04
0.03

*V4
0.02
0.59

*II
0.01
0.68

*aVL
0.01
-0.23

*V2
0.04
0.43

*V5
0.01
0.50

*III
0.00
0.47

*aVF
0.01
0.58

*V3
0.03
0.61

*V6
0.01
0.46

II
Raw Data



*Computer Synthesized Rhythms

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

Start of Test: 7:38 am



CID : 2333100569
Name : MRS.VAISHNAVI DARBHE
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 09:12
Reported : 27-Nov-2023 / 11:33

Use a QR Code Scanner
Application To Scan the Code

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	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.38	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Calculated
MCV	90.5	80-100 fl	Measured
MCH	29.6	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4360	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.8	20-40 %	
Absolute Lymphocytes	1600	1000-3000 /cmm	Calculated
Monocytes	10.4	2-10 %	
Absolute Monocytes	450	200-1000 /cmm	Calculated
Neutrophils	48.0	40-80 %	
Absolute Neutrophils	2100	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	200	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	224000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Measured
PDW	15.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 11 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)



CID : 2333100569
Name : MRS.VAISHNAVI DARBHE
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 27-Nov-2023 / 09:12
Reported : 27-Nov-2023 / 12:10

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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	90.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	93.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	19.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.6	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic



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Collected : 27-Nov-2023 / 14:35
Reported : 27-Nov-2023 / 18:12

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eGFR, Serum	123	(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	3.5	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 ***



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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 ***



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Use a QR Code Scanner
Application To Scan the Code
Collected : 27-Nov-2023 / 09:12
Reported : 27-Nov-2023 / 13:18

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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	6-8	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

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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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	197.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.3	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	51.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	18.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Collected : 27-Nov-2023 / 09:12
Reported : 27-Nov-2023 / 11:58

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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	4.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.3	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	1.21	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



CID : 2333100569
Name : MRS.VAISHNAVI DARBHE
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 27-Nov-2023 / 09:12
Reported : 27-Nov-2023 / 11:58

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 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 ***



J. Thakker

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

भारत सरकार
Government of India

वैष्णवी अकाश राजे
Vaishnavi Akash Raje
जन्म तिथि / DOB: 30/06/1990
महिला / Female

3288 4823 7318

मेरा आधार, मेरी पहचान



V.V. Datta

Name : Mrs . VAISHNAVI DARBHE
VID : 2333100569
Ref By : Arcofemi Healthcare Limited

Reg Date : 27-Nov-2023 09:04
Age/Gender : 33 Years
Regn Centre : Malad West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):	150	Weight (kg):	61
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

Mild UTI
Mild Dyslipidemia

ADVICE:

Lifestyle modification
Drink plenty of liquids

Name : Mrs . VAISHNAVI DARBHE
VID : 2333100569
Ref By : Aroofemi Healthcare Limited

Reg Date : 27-Nov-2023 09:04
Age/Gender : 33 Years
Regn Centre : Malad West (Main Centre)

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg & Egg |
| 4) Medication | No |

Dr. SONALI HONRAO
MD 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.

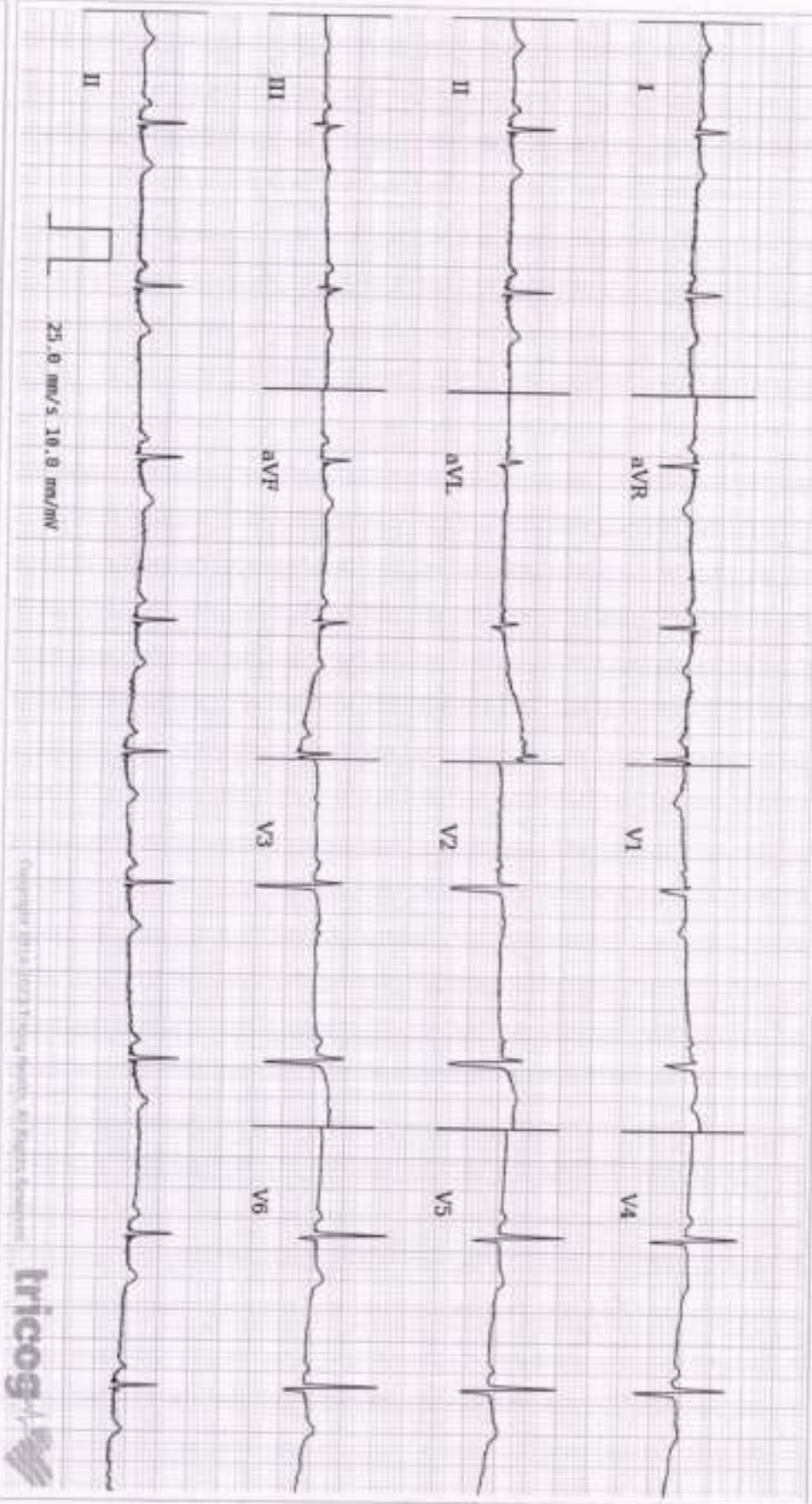
Sonali P.

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

Patient Name: VAISHNAVI DARBHE
Patient ID: 2333100569

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: 27th Nov 23 9:58 AM



25.0 mm/s 10.0 mm/mV



Age **33** NA
years months

Gender **Male**

Heart Rate **59** bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 61 kg

Height: 150 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSd: 68ms

QT: 402ms

QTc: 397ms

PR: 132ms

P-R-T: 56° 47° 54°

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
29/10/2023

Disclaimer: 1) Analysis in this report is based on ECG alone and should be read in conjunction with clinical history, symptoms, and results of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. 2) Contact details are as entered by the clinician and are derived from the ECG.

Date:- 27/11/23

CID: 2333/00569

Name:- Vaishnavi Dangle

Sex / Age: 33y / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

DV-RE-6/6
 LE-6/6

NV-RE-N/6
 LE-N/6

Aided Vision:

Refraction:

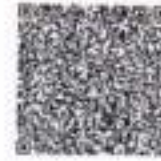
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark:

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

Authenticity Check


 Use a QR Code Scanner
 Application To Scan the Code

CID : 2333100569
Name : Mrs VAISHNAVI DARBHE
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 13:22

X-RAY CHEST PA VIEW

Fibrotic changes seen in right lower lung field.
 Rest of the 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.
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. Akash Chhari
 MBBS, MD, Radio-Diagnosis Mumbai
 MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709052045>

CID : 2333100569
Name : Mr VAISHNAVI DARBHE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:54

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USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

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

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10 x 3.4 cm. Left kidney measures 10.5 x 4.3 cm.

SPLEEN:

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

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. The endometrial thickness is 7.4 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.

Click here to view images <<ImageLink>>

CID : 2333100569
Name : Mr VAISHNAVI DARBHE
Age / Sex : 33 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 27-Nov-2023
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There is no evidence of any ovarian or adnexal mass seen.

IMPRESSION:-

No significant abnormality is seen.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101