



CID : 2129211074
Name : MRS.ANJU GUPTA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 19-Oct-2021 / 11:03
Reported : 19-Oct-2021 / 15:59

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.90	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.0	36-46 %	Measured
MCV	83.7	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7050	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.6	20-40 %	
Absolute Lymphocytes	2070	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	520	200-1000 /cmm	Calculated
Neutrophils	58.2	40-80 %	
Absolute Neutrophils	4090	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	310	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	230000	150000-400000 /cmm	Elect. Impedance
MPV	12.0	6-11 fl	Calculated
PDW	23.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	-
Macrocytosis	-



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Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 40 2-20 mm at 1 hr. Westergren

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



Anju Gupta
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

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

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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	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	19.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.4	5-33 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	84.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	9.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	119	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.9	2.4-5.7 mg/dl	Enzymatic

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*** End Of Report ***



MC-2111

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 ***



MC-2111

Anupa

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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)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Trace	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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	Less than 20/hpf	
Others	-		

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*** End Of Report ***



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Shashi D
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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 ***



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Dr.MILLU JAIN
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	105.5	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	44.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	140.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	20.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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*** End Of Report ***



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Anupa

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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.5	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	5.44	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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Collected : 19-Oct-2021 / 11:03
Reported : 19-Oct-2021 / 14:18

Interpretation:

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

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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: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.

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 ***



Anupa

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CID#	: 2129211074	SID#	: 177804334748
Name	: MRS.ANJU GUPTA	Registered	: 19-Oct-2021 / 10:44
Age / Gender	: 38 Years/Female	Collected	: 19-Oct-2021 / 10:44
Ref. Dr	: -	Reported	: 20-Oct-2021 / 08:06
Reg.Location	: Malad West (Main Centre)	Printed	: 20-Oct-2021 / 08:47

PHYSICAL EXAMINATION REPORT

History and Complaints:

C/ o allergic cold.

EXAMINATION FINDINGS:

Height (cms):	157 cms	Weight (kg):	64 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	140 / 90 mm of Hg	Nails:	Normal
Pulse:	88 /min	Lymph Node:	Normal

Systems

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

IMPRESSION: *Mild dyslipidemia.*

ADVICE: *Lifestyle modifications. BP monitoring.
Gastroenterologist opinion & USG report.*

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD No

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Reported : 20-Oct-2021 / 08:06
Printed : 20-Oct-2021 / 08:47

- | | |
|--|---------------|
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Since 4-5 yrs |
| 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 | Non-veg |
| 4) Medication | No |

*** End Of Report ***

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG. NO.2001/04/1882
Sonali P.
Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
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Link Road, Malad (W), Mumbai - 400 064.



CID : 2129211074
Name : Mrs Anju Gupta
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Malad West Main Centre

Reg. Date : 19-Oct-2021 / 12:24
Report Date : 19-Oct-2021 / 12:30
Printed : 19-Oct-2021 / 12:30

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size (13.2 cm), shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER :

The gall bladder is physiologically distended. No evidence of mass lesions seen.
Multiple gallstones are noted within the lumen of gall bladder, largest measuring 13.3 mm.
Gall bladder wall thickness increased measuring 6.5 mm.
No evidence of pericholecystic fluid is noted.
Mobile echoes are noted within the lumen, suggestive of GB sludge.

PANCREAS :

The pancreas head and body is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS :

Both the kidneys are normal in size, shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 10.2 x 3.8 cm. Left kidney measures 11.0 x 3.8 cm.

SPLEEN :

The spleen is normal in size (8.4 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER :

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

UTERUS : (TAS)

The uterus is anteverted and appears normal. It measures 8.4 x 5.9 x 3.8 cms in size. The endometrial thickness is 9.1 mm.

OVARIES : (TAS)

Right ovary = 2.6 x 2.5 x 1.0 cms (Volume is 3.4 cc).
Left ovary = 3.1 x 2.8 x 1.5 cms (Volume is 6.9 cc).

Evidence of anechoic cystic lesion noted in the left adnexa measuring 2.9 x 2.1 cm.

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Reg. Date : 19-Oct-2021 / 12:24
Report Date : 19-Oct-2021 / 12:30
Printed : 19-Oct-2021 / 12:30

IMPRESSION :

**Cholelithiasis with features of cholecystitis.
Gall bladder sludge.
Left adnexal simple cyst.**

Suggest :- Clinicopathological correlation.

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

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

Dr. Vivek Singh
MD Radiodiagnosis
Reg No : 2013/03/0388

CID : 2129211074
Name : Mrs Anju Gupta
Age / Sex : 38 Years/Female
Ref. Dr :
Reg.Location : Malad West Main Centre



Reg. Date : 19-Oct-2021 / 10:55
Report Date : 19-Oct-2021 / 14:27
Printed : 19-Oct-2021 / 14:27

X-RAY CHEST PA VIEW

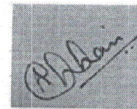
Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

TO BE CORRELATED CLINICALLY.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X-ray is known to have inter-observer variations. 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

Anju Gupta

CID - 2129211074

ENT Examination

History

cpo allergic cold

Examination

Right

Left

External Ear

ⓐ

ⓐ

Middle Ears

-(Tympanic membrane, Eustachean Tube, Mastoid)

Rinnes, Webers

Nose and Paranasal Sinuses - (airway, septum, polyp)

Throat

Speech

Audiometry (when done)

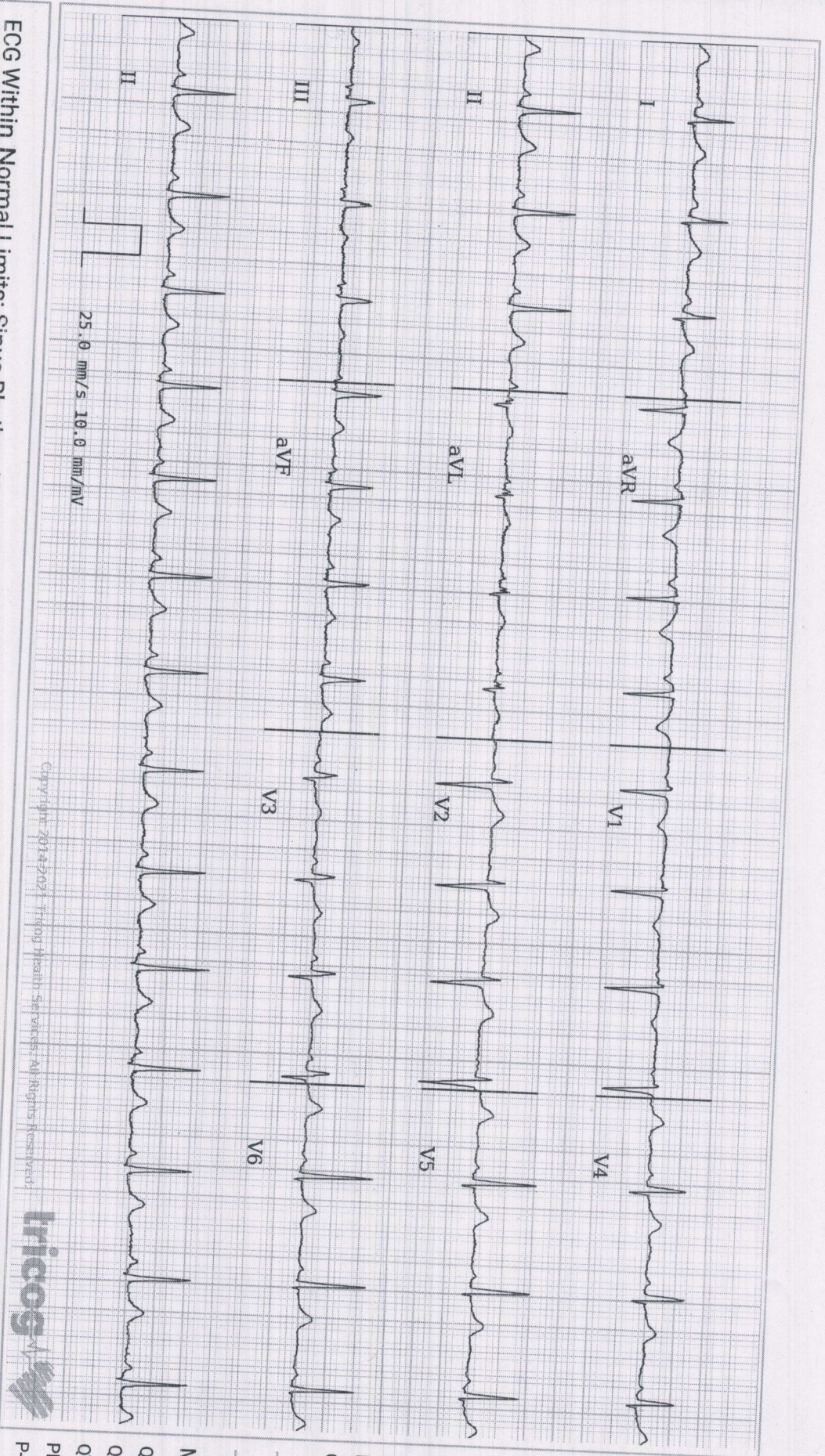
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SUBURBAN DIAGNOSTICS - MALAD WEST

Patient Name: ANJU GUPTA
Patient ID: 2129211074

Date and Time: 19th Oct 21 12:00 PM



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

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.

Age 38 3
years month

Gender Female

Heart Rate 89

Patient Vitals

BP: 140 / 90
Weight: 64 kg
Height: 157 cm
Pulse: 88 bpm
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 68 ms
QT: 360 ms
QTc: 438 ms
PR: 114 ms
P-R-T: 40° 63° 44°

REPORTED BY

Dr. Sonali Honrao

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MD (General Medicine)
Physician
2001/04/1882



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SUBURBAN DIAGNOSTICS MALAD(W)

Patient Details **Date:** 19-Oct-21 **Time:** 12:37:12
Name: ANJU GUPTA ID: 2129211074
Age: 38 y **Sex:** F **Height:** 157 cms **Weight:** 64 Kgs
Clinical History:

Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 182 bpm **THR:** 163 (90 % of Pr.MHR) bpm
Total Exec. Time: 4 m 5 s **Max. HR:** 171 (94% of Pr.MHR)bpm **Max. Mets:** 7.00
Max. BP: 160 / 90 mmHg **Max. BP x HR:** 27360 mmHg/min **Min. BP x HR:** 8910 mmHg/min
Test Termination Criteria: Target HR attained

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 : 52	1.0	0	0	99	140 / 90	-0.42 III	1.42 V5
Standing	0 : 18	1.0	0	0	107	140 / 90	-0.42 III	1.06 V3
Hyperventilation	0 : 14	1.0	0	0	112	140 / 90	-0.42 III	1.06 V3
1	3 : 0	4.6	1.7	10	157	160 / 90	-0.64 III	3.54 V2
Peak Ex	1 : 5	7.0	2.5	12	171	160 / 90	-1.06 V1	4.25 V2
Recovery(1)	1 : 0	1.8	1	0	156	160 / 90	-0.85 III	4.60 V2
Recovery(2)	1 : 0	1.0	0	0	127	160 / 90	-0.64 III	3.89 V2
Recovery(3)	1 : 0	1.0	0	0	120	160 / 90	-0.64 III	2.12 V3
Recovery(4)	1 : 0	1.0	0	0	120	160 / 90	-0.64 III	1.42 V3
Recovery(5)	1 : 0	1.0	0	0	110	160 / 90	-0.64 III	1.06 V3
Recovery(6)	0 : 4	1.0	0	0	106	160 / 90	-0.42 III	1.06 V4

Interpretation

The patient exercised according to the Bruce protocol for 4 m 5 s achieving a work level of Max. METS : 7.00. Resting heart rate initially 99 bpm, rose to a max. heart rate of 171 (94% of Pr.MHR) bpm. Resting blood Pressure 140 / 90 mmHg, rose to a maximum blood pressure of 160 / 90 mmHg.
 Fair effort tolerance. Hyper chronotropic response ? due to anxiety. Normal ionotropic response. No angina/ angina equivalents. No arrythmia. No significant ST-T changes from baseline.

IMPRESSION: STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

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

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

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 140 / 90

Protocol: Bruce

Stage: Supine

Speed: 0 mph

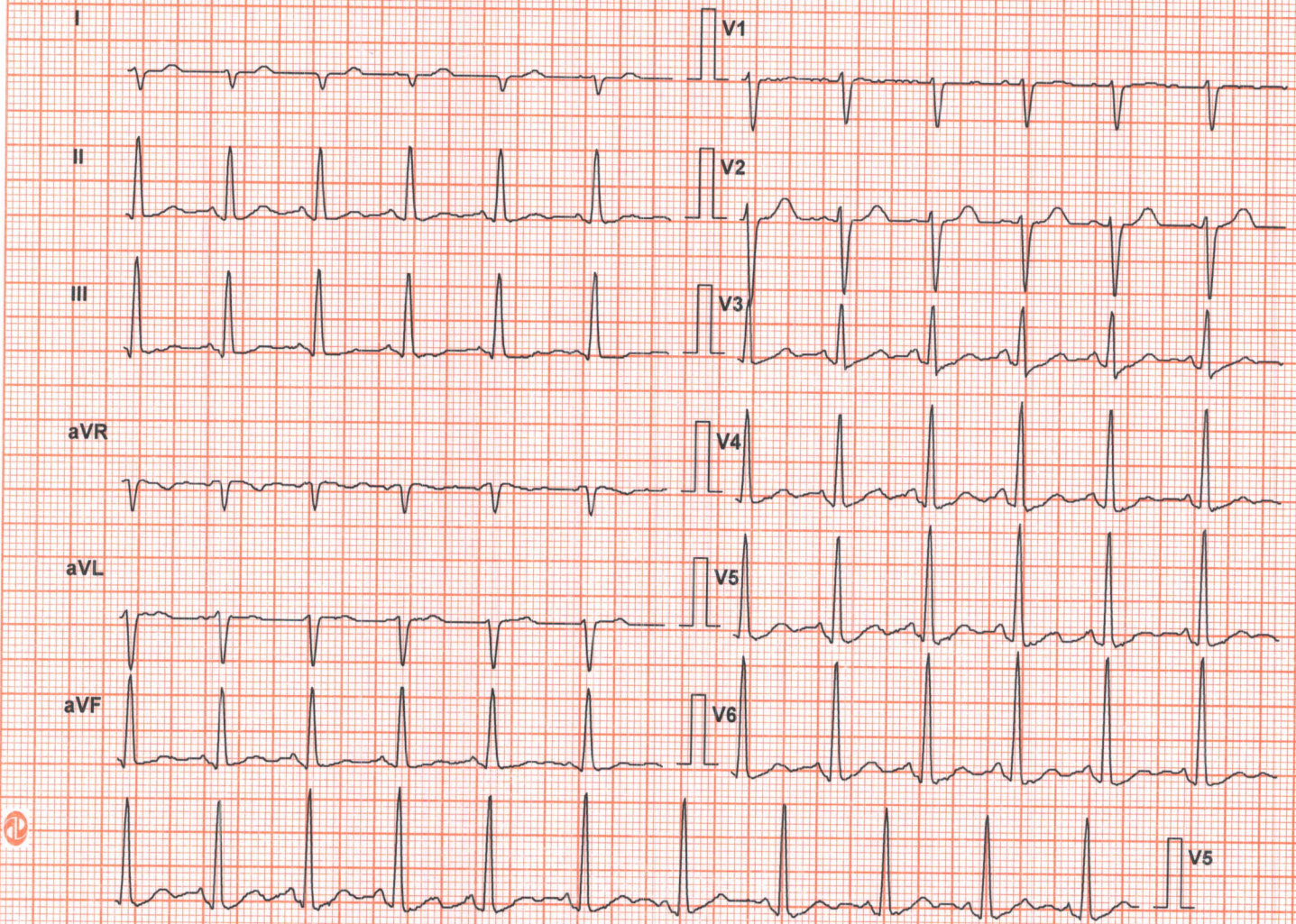
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 52 s

HR: 99 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.4
V1	0.0	0.0
V4	0.4	0.7
II	0.2	0.7
aVL	0.2	0.0
V2	0.4	0.7
V5	0.4	0.7
III	-0.4	0.0
aVF	-0.2	0.4
V3	0.4	0.7
V6	0.4	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON Amp: 10 mm
Post J = J + 60 ms

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 140 / 90

Protocol: Bruce

Stage: Standing

Speed: 0 mph

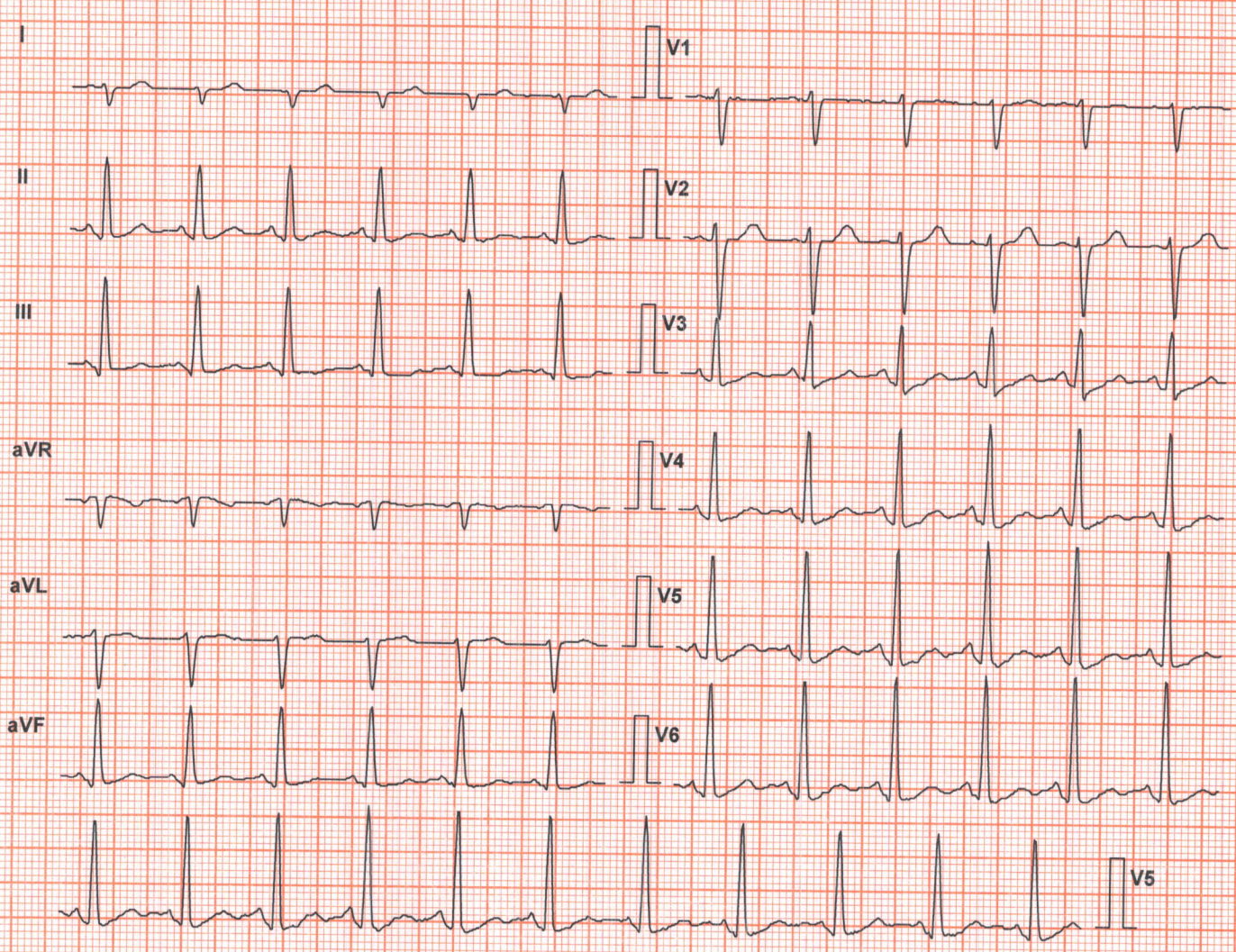
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s

HR: 107 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.7
V1	0.0	0.0
V4	0.2	0.7
II	0.0	0.4
aVL	0.2	0.0
V2	0.4	0.7
V5	0.2	1.1
III	-0.4	0.4
aVF	-0.2	0.4
V3	0.4	0.7
V6	0.2	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Fil: ON Amp: 10 mm
Post J = J + 60 ms

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 140 / 90

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

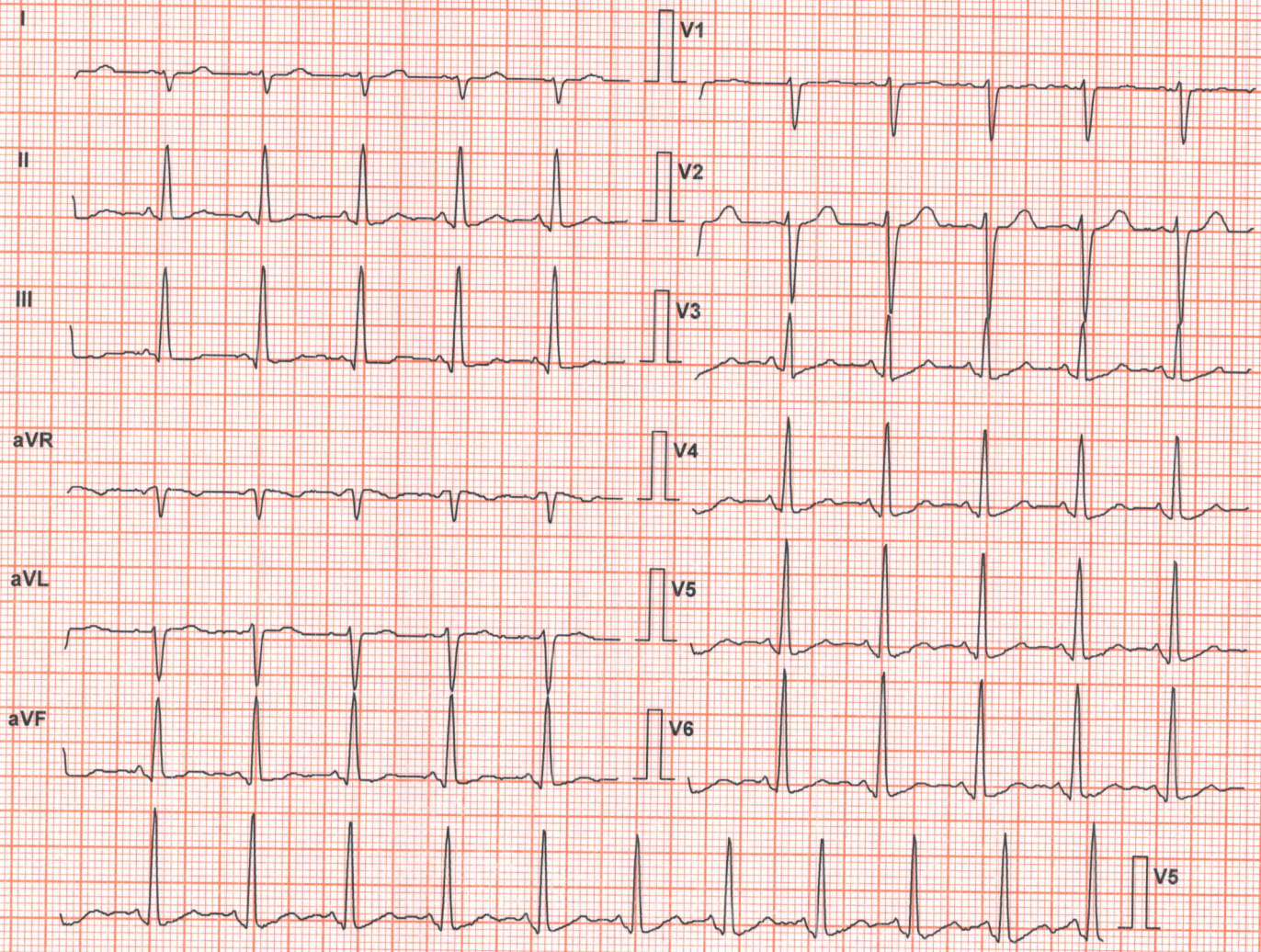
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s

HR: 112 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.2	-0.7
V1	0.0	0.0
V4	0.2	0.7
II	0.2	0.7
aVL	0.2	0.0
V2	0.4	0.7
V5	0.4	1.1
III	-0.2	0.0
aVF	-0.2	0.4
V3	0.2	0.7
V6	0.2	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

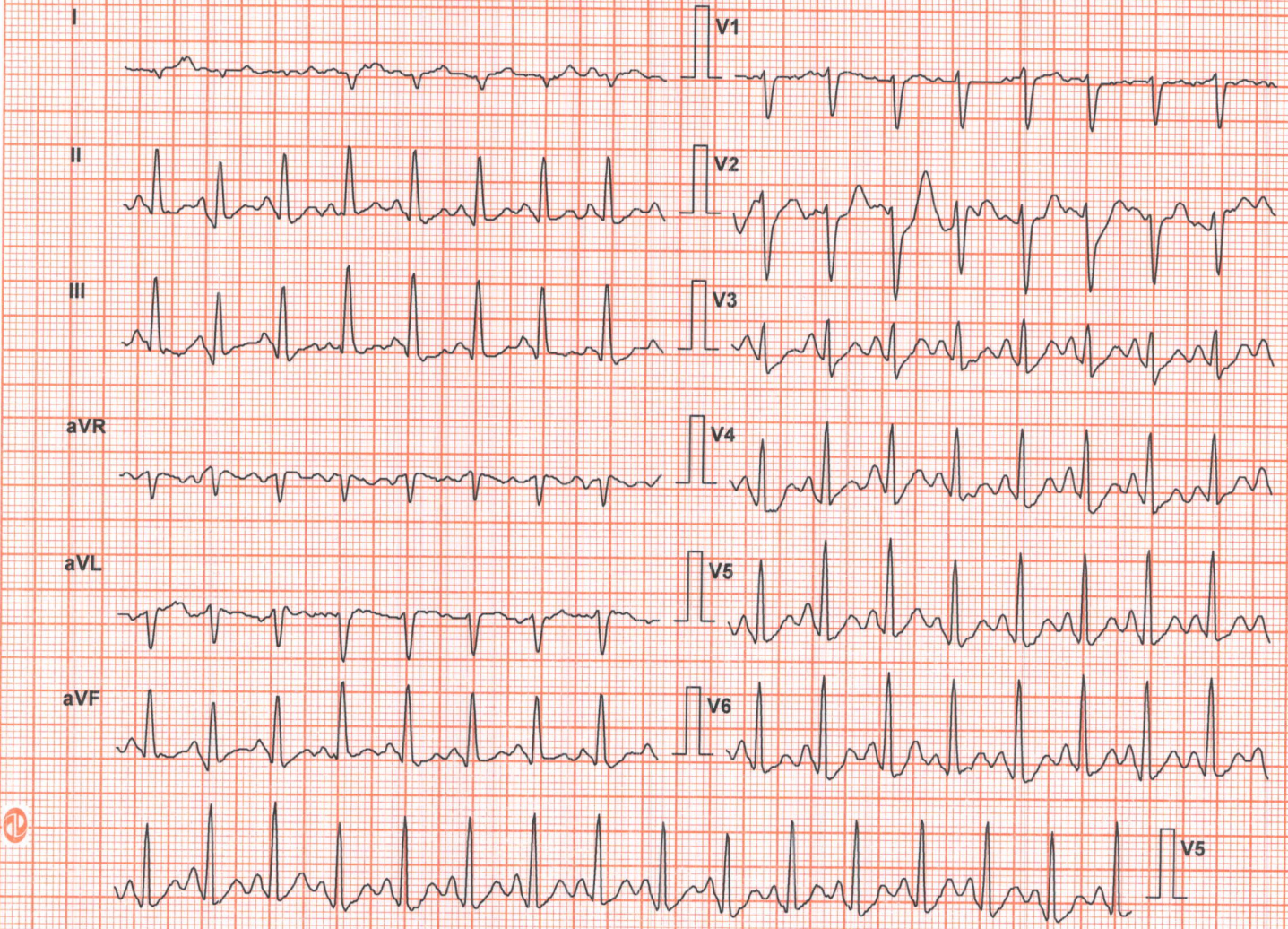
Grade: 10 %

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 157 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
aVR	-0.4	-1.1
V1	0.2	0.0
V4	0.8	2.5
II	0.4	1.8
aVL	0.4	0.0
V2	1.3	2.5
V5	1.1	2.8
III	-0.2	1.1
aVF	0.2	1.4
V3	0.6	2.1
V6	1.1	3.2

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

Filter: 35 Hz
Mains Filt: ON
Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Amp: 10 mm

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

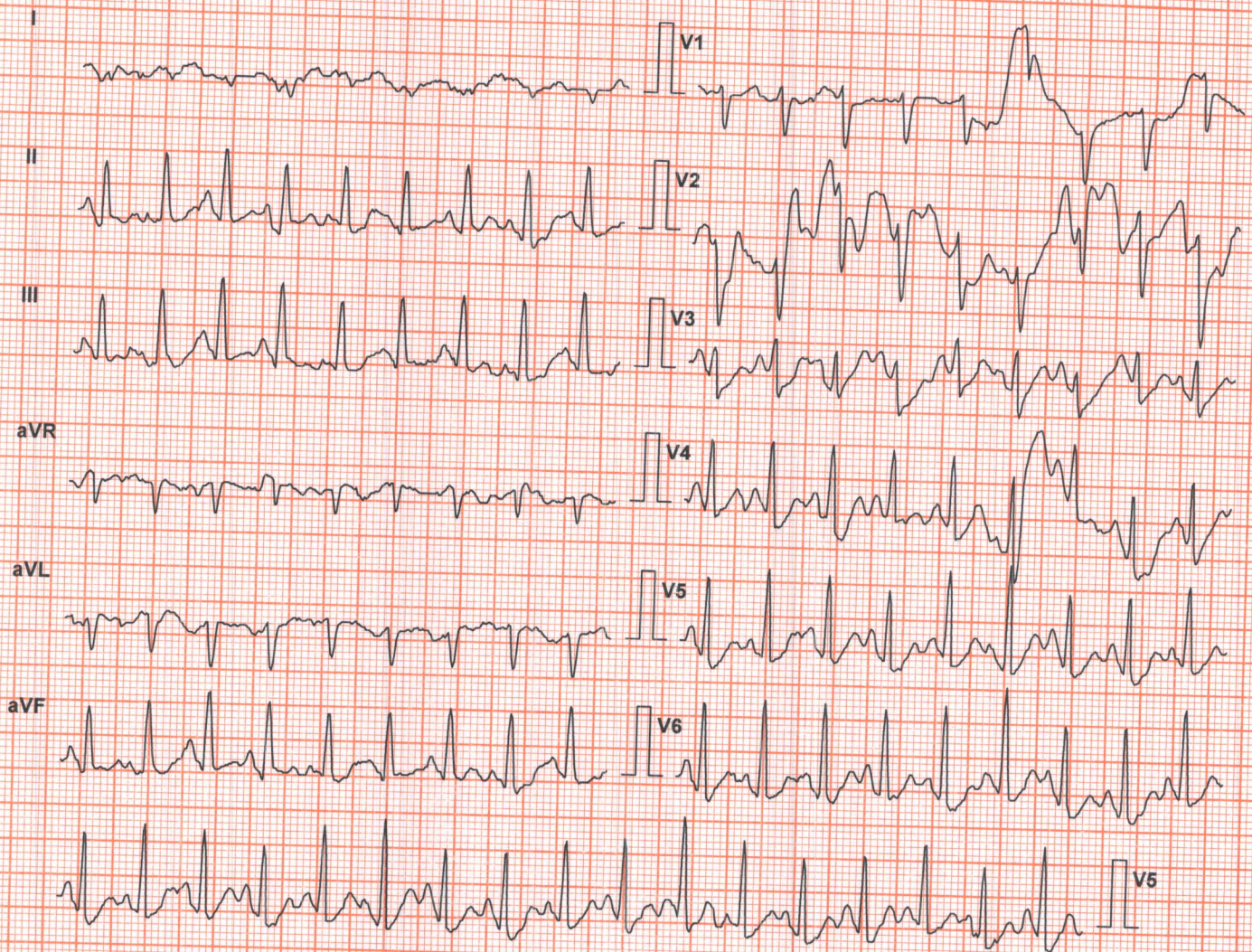
Grade: 12 %

Exec Time : 4 m 5 s

Stage Time : 1 m 5 s

HR: 171 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.4	2.1
III	-0.6	0.7
aVR	-0.4	-1.1
aVL	0.6	0.4
aVF	0.0	1.4
V1	-1.1	0.0
V2	1.9	1.8
V3	0.4	3.2
V4	0.6	3.2
V5	0.6	3.2
V6	0.6	3.2

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

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Fil: ON
Post J = J + 60 ms

Amp: 10 mm

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

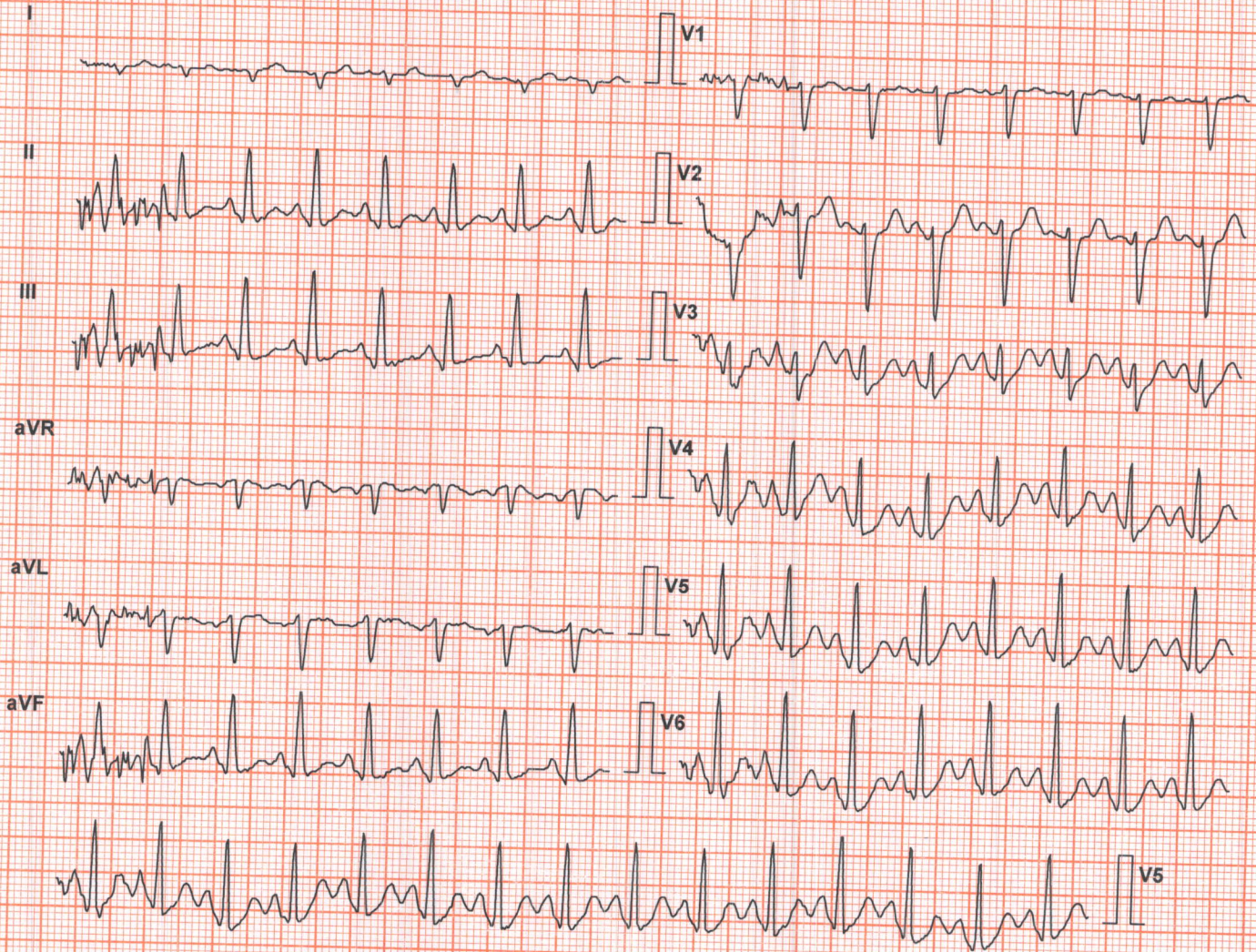
Grade: 0 %

Exec Time : 4 m 5 s

Stage Time : 1 m 0 s

HR: 156 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	1.1	1.8
III	0.0	0.7
aVR	-0.4	-0.7
aVL	0.6	0.4
aVF	0.6	1.4
V1	0.4	0.4
V2	2.5	3.9
V3	2.1	3.5
V4	2.5	3.9
V5	2.3	3.9
V6	1.9	3.9

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R + 60 ms J = R + 60 ms

Mains Fil: ON

Post J = J + 60 ms

Amp: 10 mm

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

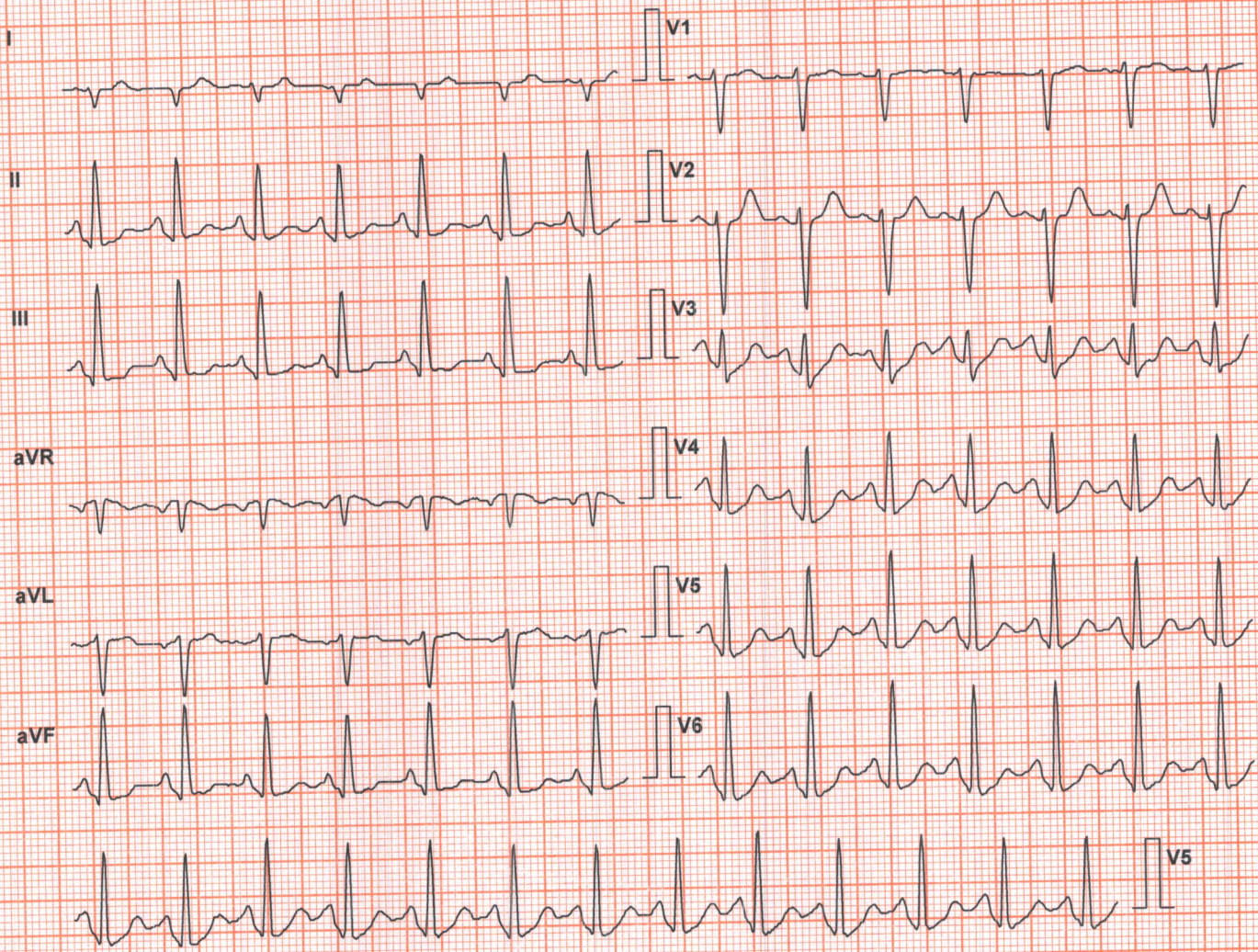
Grade: 0 %

Exec Time : 4 m 5 s

Stage Time : 1 m 0 s

HR: 127 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.4
aVR	-0.4	-1.1
V1	0.2	0.4
V4	0.8	2.1
II	0.2	1.1
aVL	0.6	0.4
V2	1.5	1.8
V5	0.8	2.1
III	-0.4	0.4
aVF	0.0	0.7
V3	0.6	1.8
V6	0.6	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

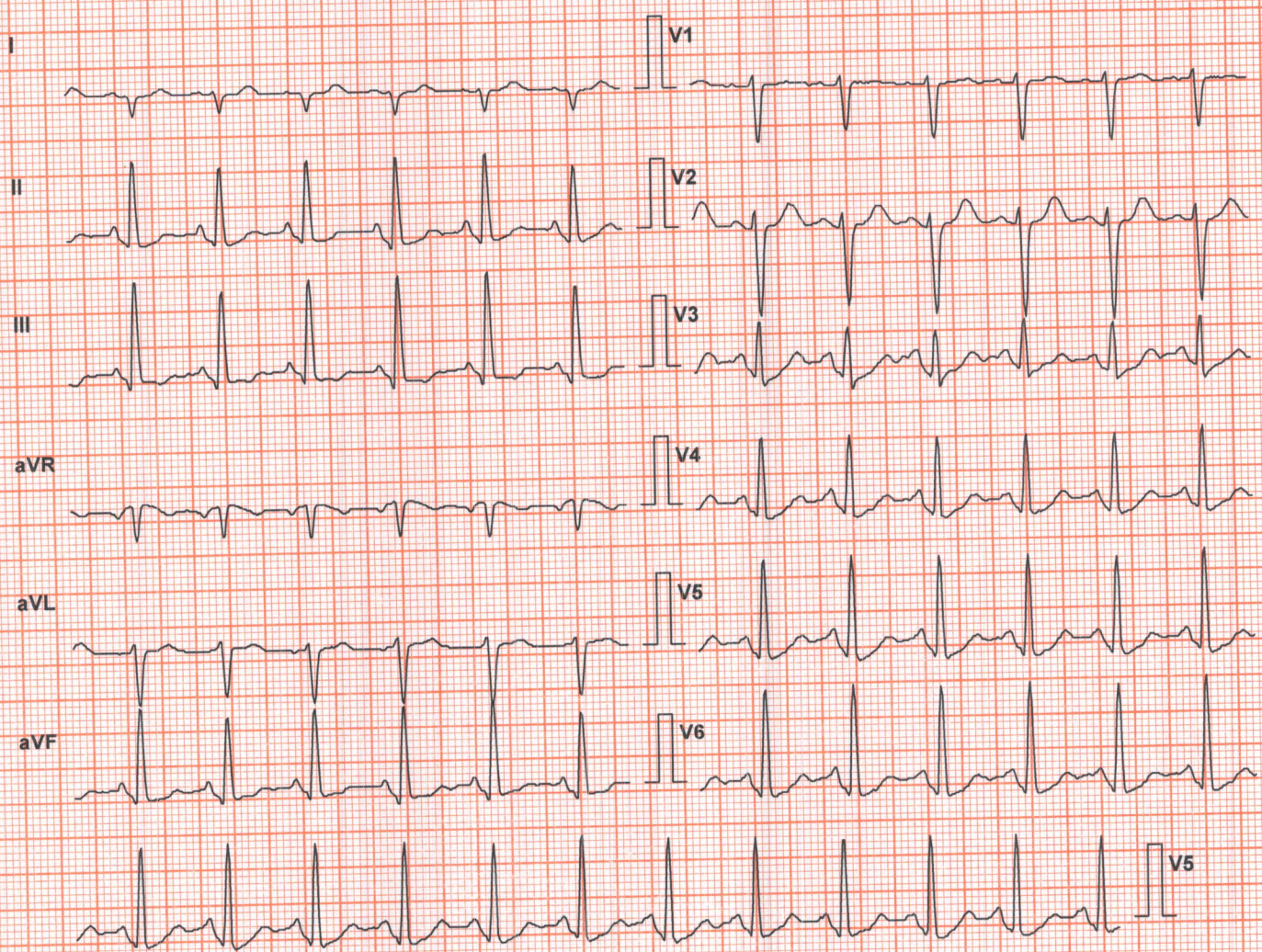
Grade: 0 %

Exec Time : 4 m 5 s

Stage Time : 1 m 0 s

HR: 120 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
aVR	-0.4	-1.1
V1	0.2	0.4
V4	0.2	1.4
II	0.0	0.7
aVL	0.4	0.0
V2	0.8	1.1
V5	0.0	1.4
III	-0.6	0.4
aVF	-0.4	0.4
V3	0.2	1.4
V6	0.2	1.4

Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm
 Schiller Spandan V 4.7 Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

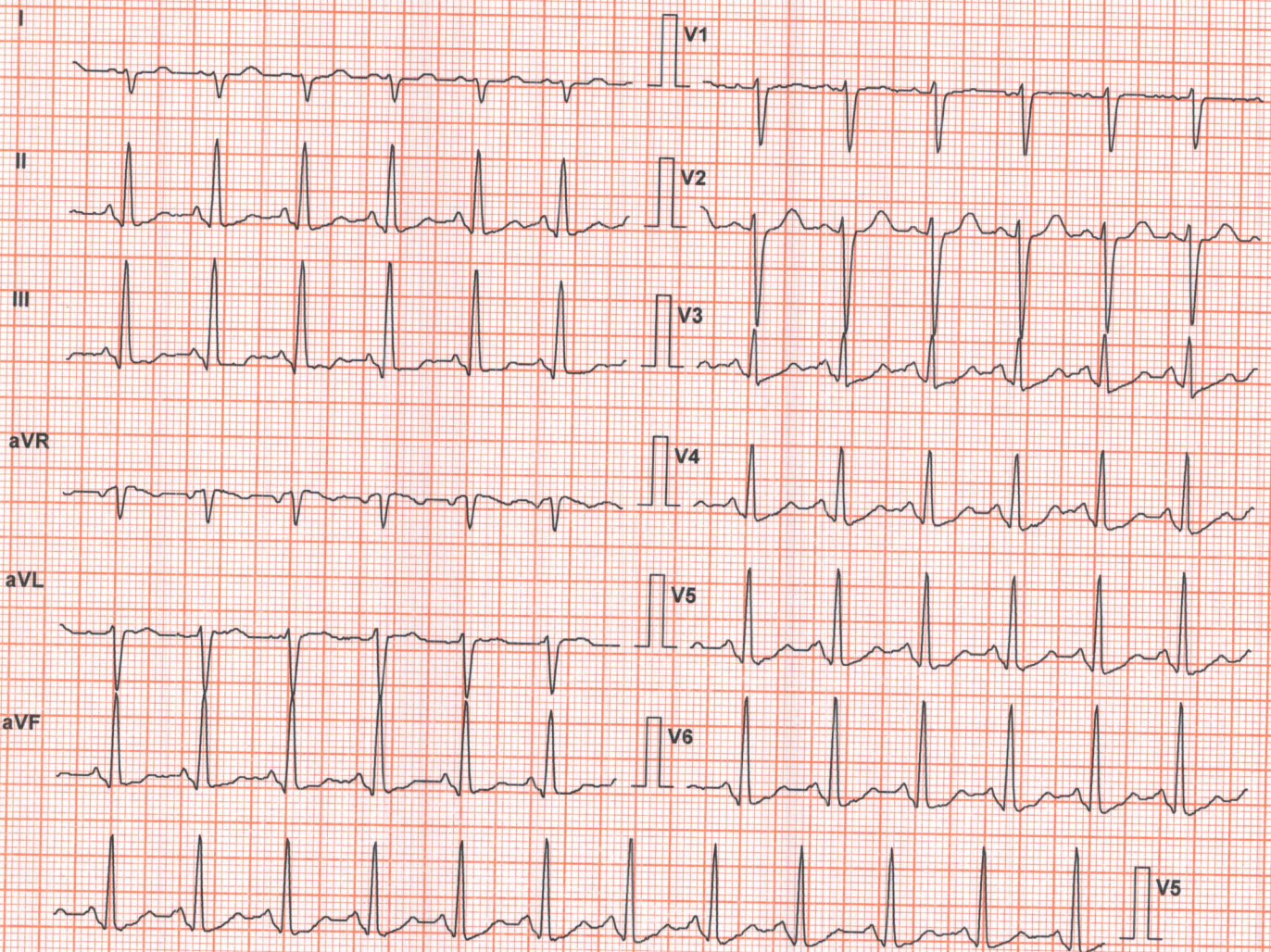
Grade: 0 %

Exec Time : 4 m 5 s

Stage Time : 1 m 0 s

HR: 120 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	-0.2	0.7
III	-0.6	0.0
aVR	0.0	-0.7
aVL	0.4	0.0
aVF	-0.4	0.4
V1	0.2	0.4
V2	0.4	0.7
V3	0.0	1.1
V4	-0.2	0.7
V5	-0.2	1.1
V6	-0.2	0.7

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm

SUBURBAN DIAGNOSTICS MALAD(W)

ANJU GUPTA (38 F)

ID: 2129211074

Date: 19-Oct-21

B.P: 160 / 90

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

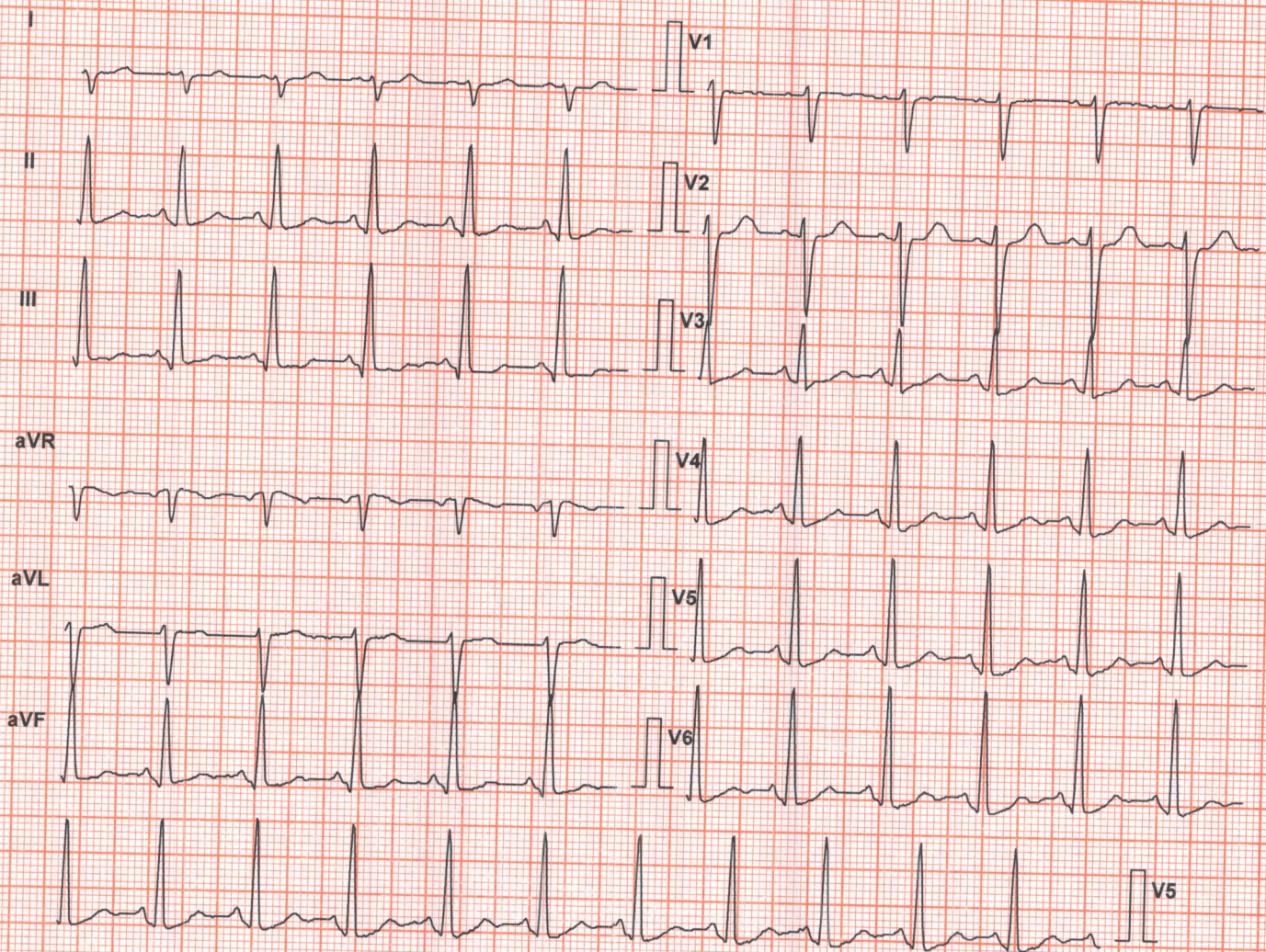
Grade: 0 %

Exec Time : 4 m 5 s

Stage Time : 1 m 0 s

HR: 110 bpm

(THR: 163 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.0
II	-0.2	0.7
III	-0.4	0.0
aVR	-0.2	-0.7
aVL	0.2	0.0
aVF	-0.4	0.4
V1	0.0	0.0
V2	0.2	0.4
V3	0.0	0.7
V4	0.0	1.1
V5	0.0	0.7
V6	0.0	1.1

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

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm