

## PHYSICAL EXAMINATION REPORT

Patient Name	Kalyani Sarawade	Sex/Age	F / 29 yrs.
Date	2/10/24	Location	Thane.

### History and Complaints

K/c/o - Asthma's since  
4-5 yrs.

### EXAMINATION FINDINGS:

Height (cms):	= 155	Temp (0c):	(N)
Weight (kg):	= 65-8	Skin:	NAD.
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

### Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

### Impression:

- TSH (↑) - 6.6  
- Fatty Liver.

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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- Low Fat Diet  
- Repeat Thyroid Profile after 6 Months

**Advice:**

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	Nil
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	LSCS
17)	Musculoskeletal System	Arthritis

**PERSONAL HISTORY:**

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Tab. Saaz Tab. P-fol.      Tab. Folitraz

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Name : Kalyani Sonawane  
Date : 2/10/21

**ENT Examination**

History: - SA Allergic rhinitis  
(cold climate)

Examination : Right :- Left :-

External Ear :-



Middle Ear :-

TM - Intact (+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

-ve

Nose and Paranasal sinuses :-

Throat :-

Speech :-

NAD

**Dr. Manasee Kulkarni**

M.B.B.S

2005/09/3439

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Date: - 2/10/21  
 Name: - *Kavya Souvaras*

CID:  
 Sex / Age: /  
*A. 29*

**EYE CHECK UP**

Chief complaints: *R.C.U.*

Systemic Diseases: *All*

Past history: *All*

Unaided Vision: *BE 9/6 NV BE 11-6*

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: *Good Vision*



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Authenticity Check



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CID : 2127554597  
Name : MRS.KALYANI SONAWANE  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 02-Oct-2021 / 11:07  
Reported : 02-Oct-2021 / 18:28

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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.

\*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 : 02-Oct-2021 / 13:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>CBC (Complete Blood Count), Blood</u></b>			
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7000	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	27.8	20-40 %	
Absolute Lymphocytes	1946.0	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	315.0	200-1000 /cmm	Calculated
Neutrophils	62.2	40-80 %	
Absolute Neutrophils	4354.0	2000-7000 /cmm	Calculated
Eosinophils	5.5	1-6 %	
Absolute Eosinophils	385.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	275000	150000-400000 /cmm	Elect. Impedance
MPV	7.4	6-11 fl	Calculated
PDW	12.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Reported : 02-Oct-2021 / 12:42

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-20 mm at 1 hr. Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



MC-2427



*Lynda Rodrigues*  
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Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	109.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	19.5	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.4	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	96.5	35-105 U/L	PNPP
BLOOD UREA, Serum	10.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.6	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	127	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.6	2.4-5.7 mg/dl	Uricase

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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Pathologist





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Collected : 02-Oct-2021 / 11:07  
Reported : 02-Oct-2021 / 14:47

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	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	3-4	Less than 20/hpf	

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\*\*\* End Of Report \*\*\*



MC-2427

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Pathologist

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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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MD Pathology  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	74.7	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	43.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	113.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	14.6	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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MC-2427

*Lynda Rodrigues*  
**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist



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Age / Gender : 28 Years / Female  
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Collected : 02-Oct-2021 / 11:07  
Reported : 02-Oct-2021 / 13:21

**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	4.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.3	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	6.6	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

Kindly correlate clinically.



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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 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 \*\*\*



MC-2427

*Lynda Rodrigues*

**Dr.LYNDA RODRIGUES**  
MD Pathology  
Pathologist

CID	: 2127554597	SID	: 177804264641
Name	: MRS.KALYANI SONAWANE	Registered	: 02-Oct-2021 / 11:05
Age / Gender	: 28 Years/Female	Collected	: 02-Oct-2021 / 11:05
Ref. Dr	: -	Reported	: 02-Oct-2021 / 14:26
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 02-Oct-2021 / 14:55

### **USG WHOLE ABDOMEN**

**LIVER:** *Liver appears enlarged in size (15.4 cm) and shows increased echoreflexivity.* There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 8.8 x 3.5 cm. Left kidney measures 9.2 x 3.9 cm. Both kidneys are normal in size, 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 and measures 7.6 x 4.0 x 3.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8.8 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

#### **IMPRESSION:**

- **MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION .**

**Advice: Clinical co-relation and further evaluation.**

\*\*\* End Of Report \*\*\*

*Dr. Patil*  
**Dr. DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

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Reported : 02-Oct-2021 / 14:26  
Printed : 02-Oct-2021 / 14:31

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
No hilar abnormality is seen.  
The cardiac size and shape are within normal limits.  
The aorta shows normal radiological features.  
The trachea is central.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.

**IMPRESSION:**

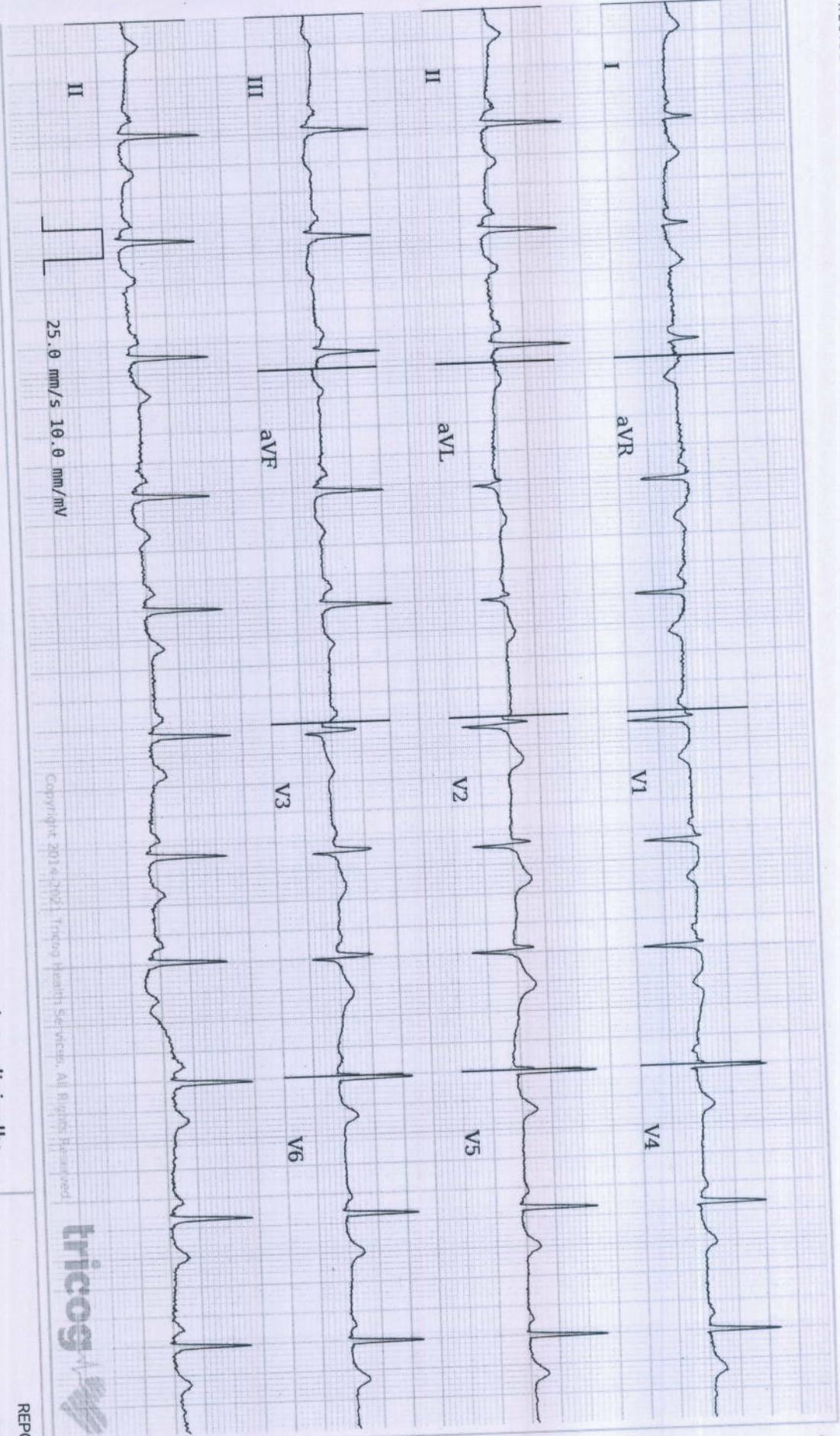
**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

\*\*\* End Of Report \*\*\*

*Dr. Devendra Patil*

**Dr.DEVENDRA PATIL  
M.D(RADIO DIAGNOSIS)  
RADIOLOGIST**

Patient Name: **KALYANI SONAWANE**  
Patient ID: **2127554597**



25.0 mm/s 10.0 mm/mV

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Age **28** **11** **9**  
years months days

Gender **Female**

Heart Rate **74 bpm**

**Patient Vitals**

BP: **110/80 mmHg**

Weight: **64 kg**

Height: **154 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

**Measurements**

QSRD: **74 ms**

QT: **388 ms**

QTc: **430 ms**

PR: **138 ms**

P-R-T: **75° 75° 18°**

REPORTED BY

*[Signature]*

**DR SHALAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. 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.



## SUBURBAN DIAGNOSTICS GB RD THANE

**Patient Details**                      **Date:** 02-Oct-21                      **Time:** 12:18:55 PM  
**Name:** KALYANI SONAWANE ID: 2127554597  
**Age:** 28 y                      **Sex:** F                      **Height:** 154 cms                      **Weight:** 64 Kgs  
**Clinical History:** NIL

**Medications:** NIL

### Test Details

**Protocol:** Bruce                      **Pr.MHR:** 192 bpm                      **THR:** 172 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 6 m 34 s                      **Max. HR:** 165 ( 86% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 150 / 80 mmHg                      **Max. BP x HR:** 24750 mmHg/min                      **Min. BP x HR:** 6090 mmHg/min  
**Test Termination Criteria:** Fatigue, 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 : 43	1.0	0	0	87	110 / 70	-0.85 III	1.06 V2
Standing	0 : 2	1.0	0	0	87	110 / 70	-0.85 III	-0.71 III
Hyperventilation	0 : 2	1.0	0	0	87	110 / 70	-0.85 III	-0.71 III
1	3 : 0	4.6	1.7	10	136	120 / 70	-1.70 III	2.12 V2
2	3 : 0	7.0	2.5	12	149	140 / 80	-2.34 III	2.83 V2
Peak Ex	0 : 34	10.2	3.4	14	165	150 / 80	-2.12 III	2.48 V2
Recovery(1)	2 : 0	1.8	1	0	109	130 / 80	-2.55 III	3.89 V2
Recovery(2)	2 : 0	1.0	0	0	104	130 / 80	-1.27 III	1.77 V2
Recovery(3)	0 : 8	1.0	0	0	97	130 / 80	-1.27 III	0.71 II

### Interpretation

The patient exercised according to the Bruce protocol for 6 m 34 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 87 bpm, rose to a max. heart rate of 165 ( 86% of Pr.MHR ) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg. FAIR EFFORT TOLERANCE , NORMAL CHRONOTROPIC RESPONSE , NORMAL INOTROPIC RESPONSE , NO ANGINA/ANGINA EQUIVALENTS , NO ARRHYTHMIAS , NO SIGNIFICANT ST-T CHANGES FROM BASELINE

REMARKS: Test is Negative for inducible ischemia .

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

**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
**R.NO. 49972**

Ref. Doctor: \_\_\_\_\_  
( Summary Report edited by user )



Doctor: **DR. SHAILAJA PILLAI**  
(c) Schiller Healthcare India Pvt. Ltd. V 4.7



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 43 s

HR: 87 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 110 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

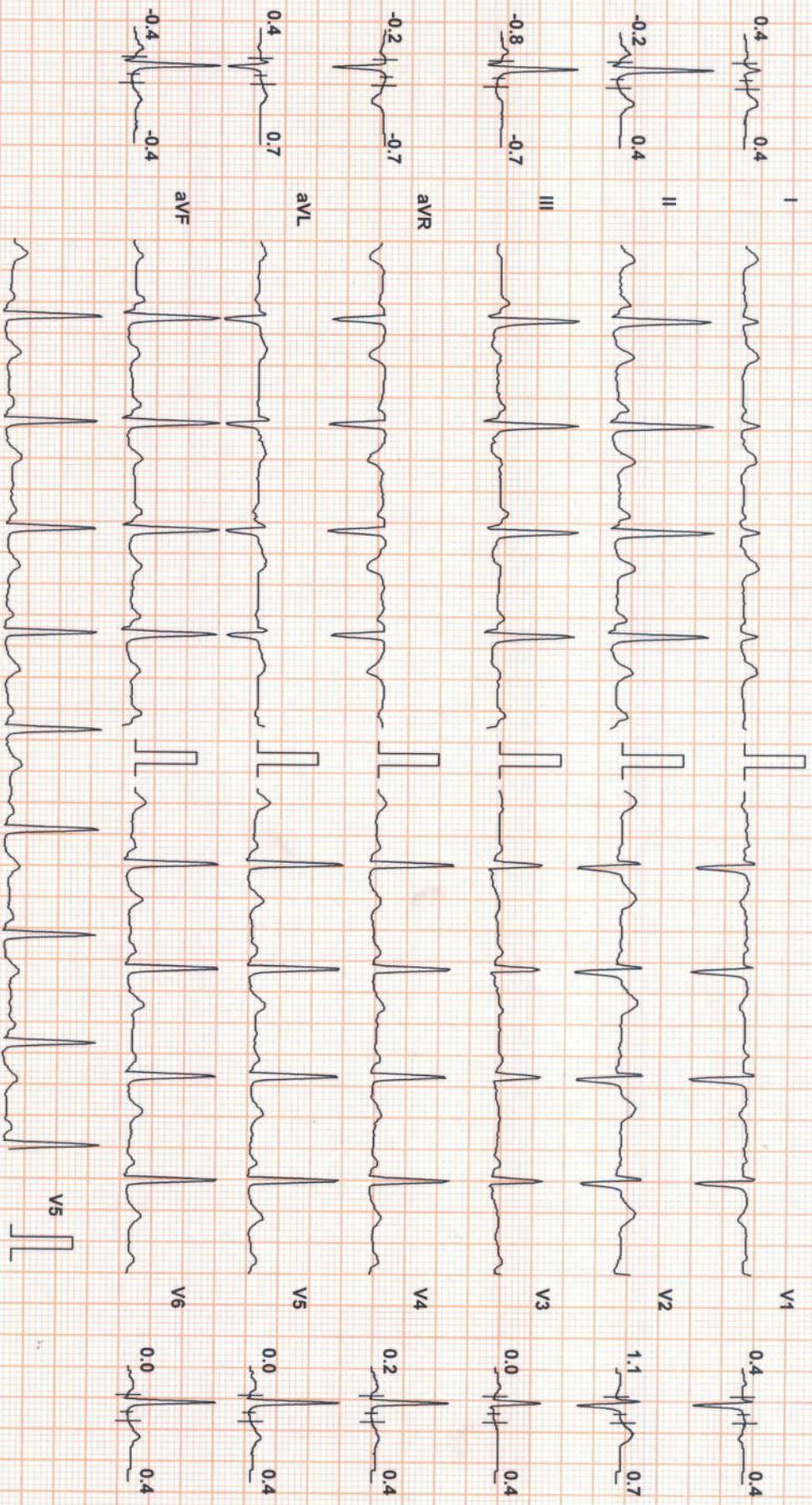


Chart Speed: 25 mm/sec  
Schlier-Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

Protocol: Bruce

ID: 2127554597

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

HR: 87 bpm

ST Level (mm)    ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 172 bpm)

B.P.: 110 / 70

ST Level (mm)    ST Slope (mV/s)

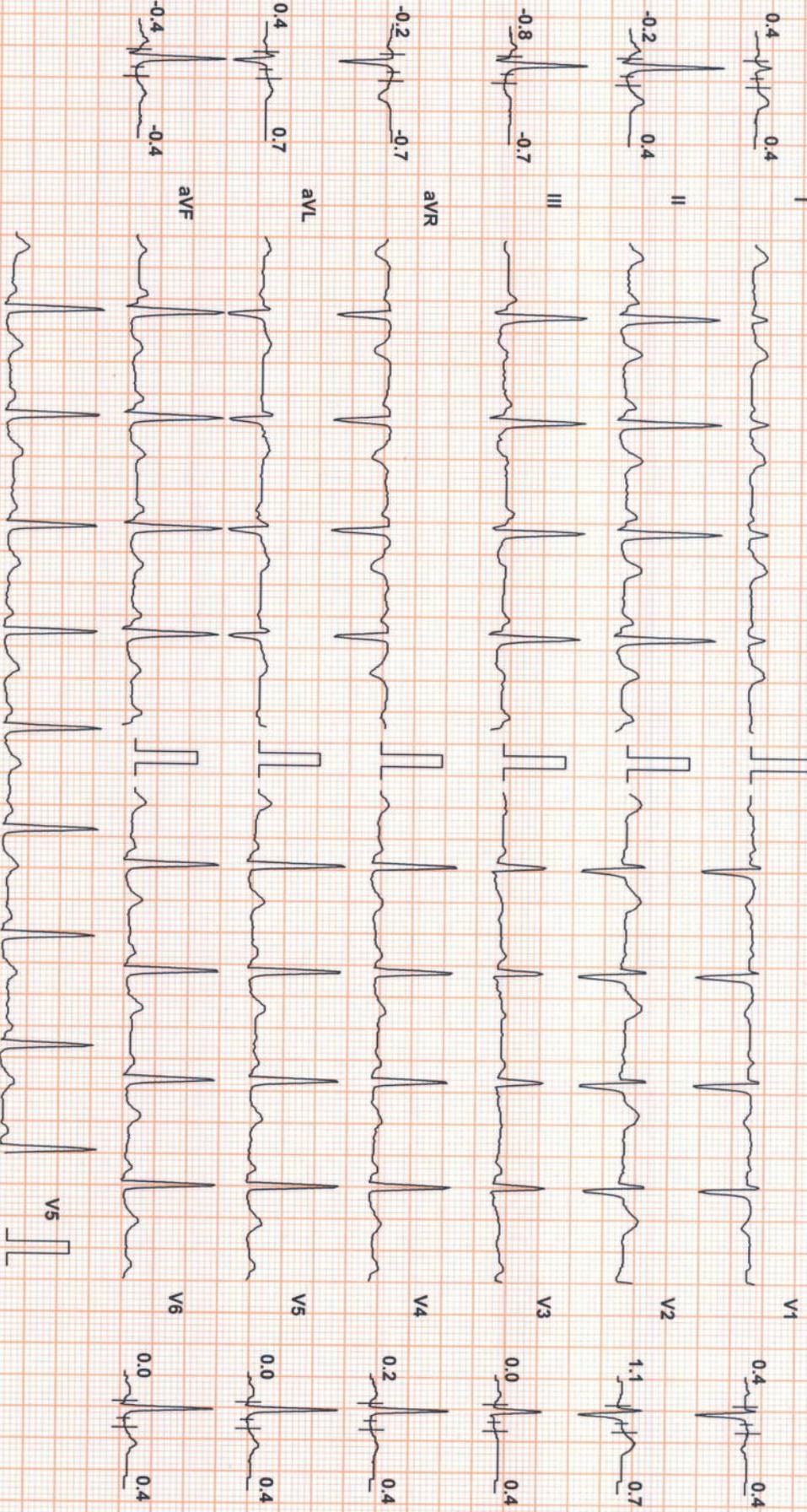


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 0 m 0 s

Stage Time : 0 m 2 s

**HR: 87 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 110/70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

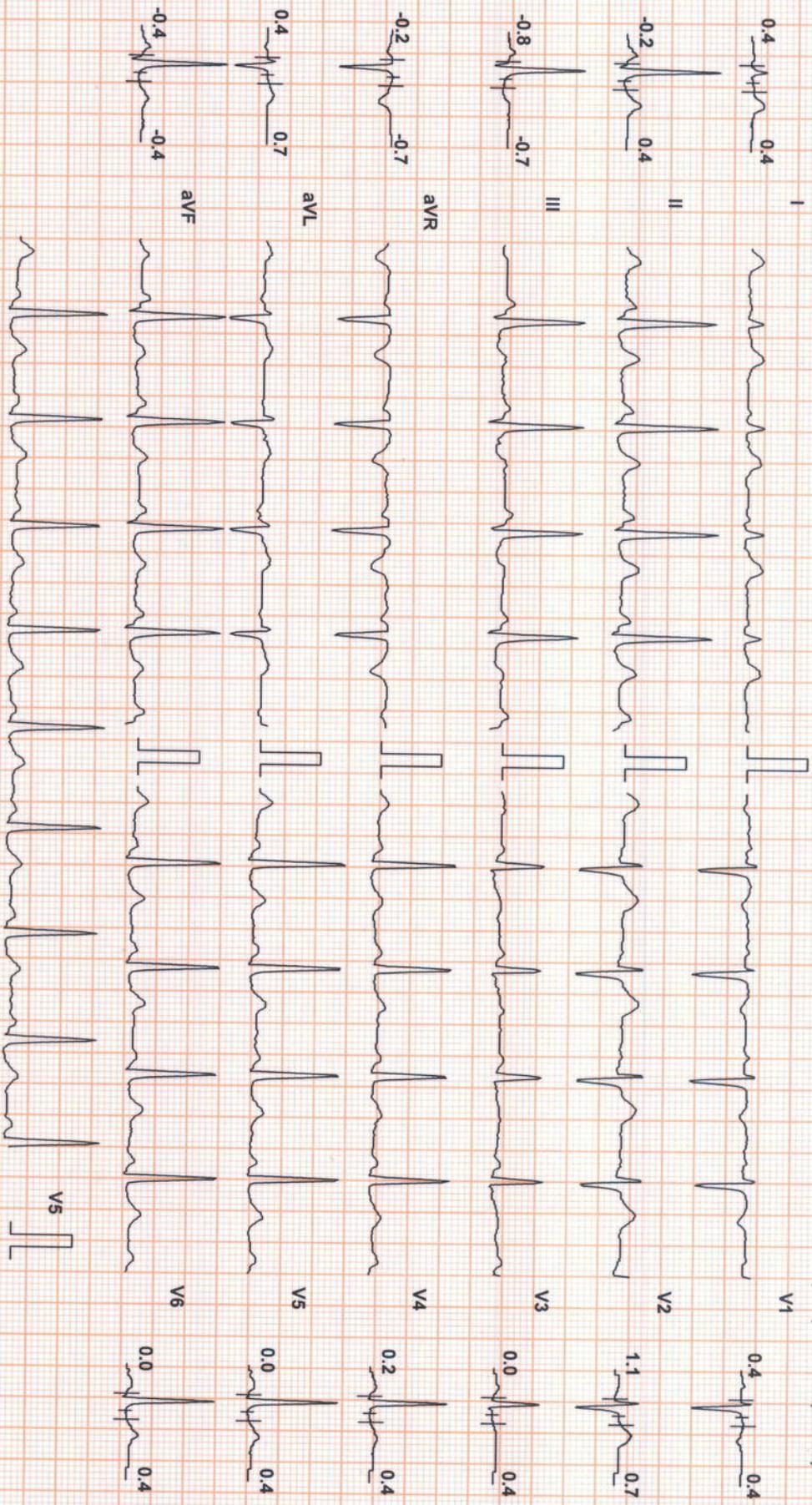


Chart Speed: 25 mm/sec  
Schiller Sparden V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

**HR: 136 bpm**

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 172 bpm)

B.P.: 120 / 70

ST Level (mm)      ST Slope (mV/s)

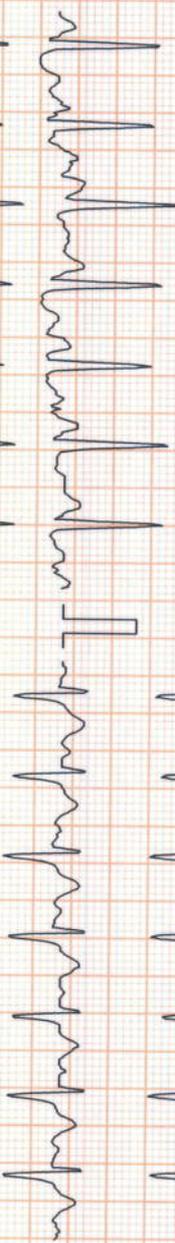
ST Level (mm)      ST Slope (mV/s)

0.2      0.4



0.6      0.4

-0.6      1.1



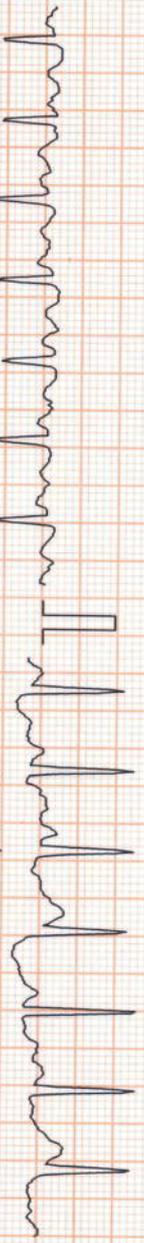
1.3      1.4

-1.3      -0.4



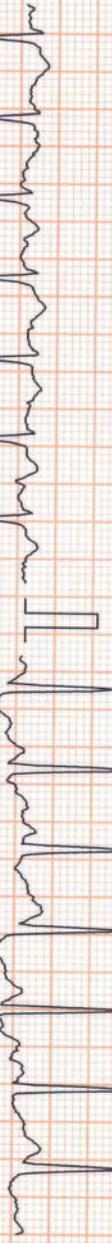
-0.6      0.7

0.0      -1.1



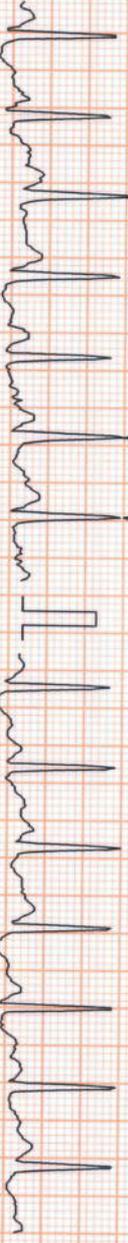
-0.6      0.7

0.6      0.7



-0.6      0.7

-0.8      0.7



-0.4      0.7

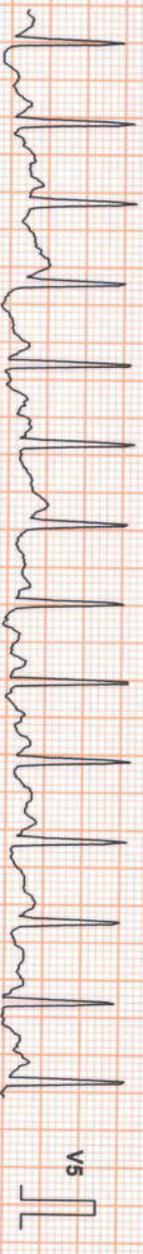


Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms      J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

**HR: 149 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

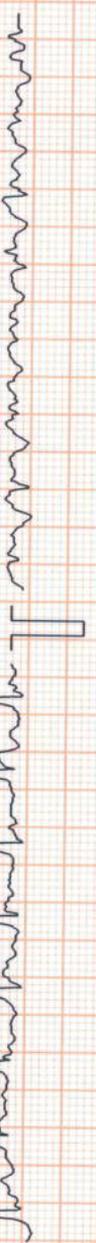
(THR: 172 bpm)

B.P.: 140 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.2      0.7



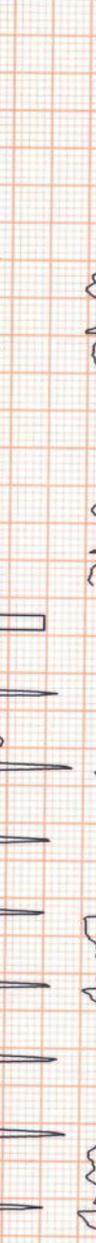
0.8      0.4

-1.1      1.1



2.1      2.5

-1.9      -0.7



-0.6      1.4

0.2      -1.1



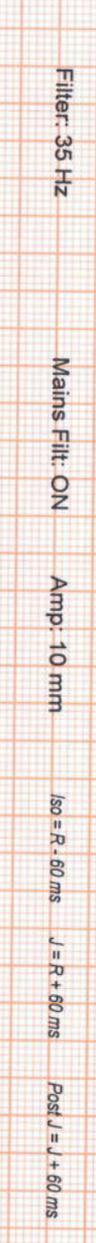
-0.4      1.4

1.1      1.1



-1.1      1.1

-1.5      0.0



-1.1      0.7

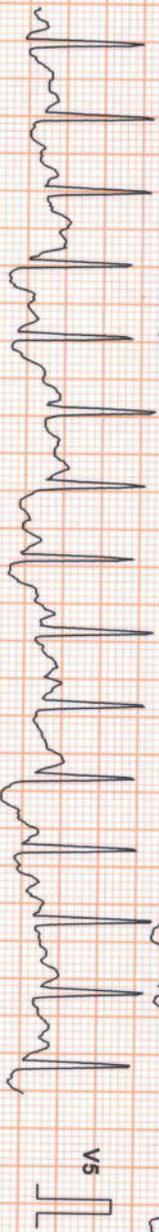


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms      J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 6 m 34 s

Stage Time : 0 m 34 s

HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 172 bpm)

B.P.: 150 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

0.4      1.4

0.4      -0.4

0.4      1.4

0.4      -0.4

-1.5      1.4

1.5      2.1

-2.1      -0.7

-1.1      0.4

0.4      -1.4

-0.8      0.7

1.3      1.1

-1.1      0.7

-1.9      0.4

-1.3      0.7

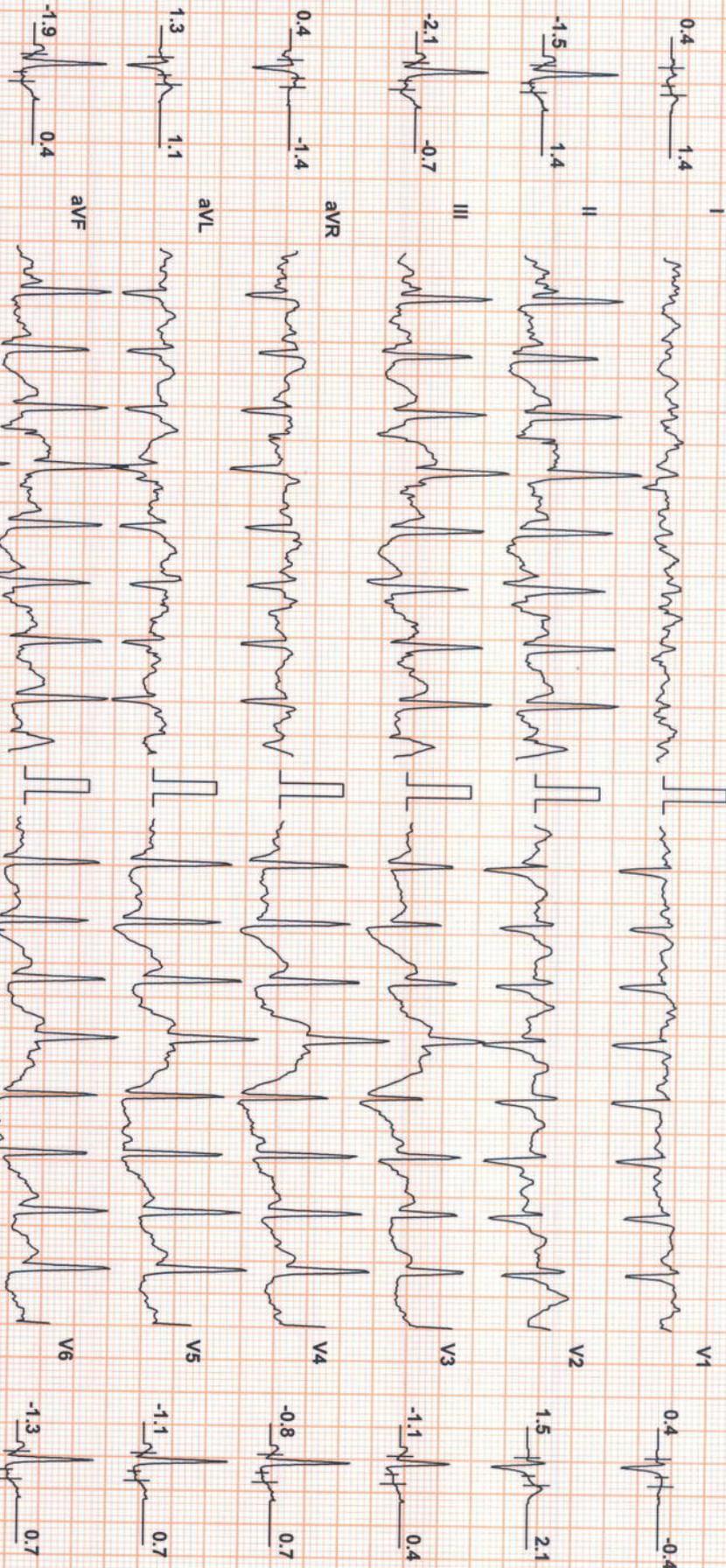


Chart Speed: 25 mm/sec  
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms



**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 6 m 34 s

Stage Time : 2 m 0 s

HR: 109 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 130 / 80

ST Level (mm)    ST Slope (mV/s)

ST Level (mm)    ST Slope (mV/s)

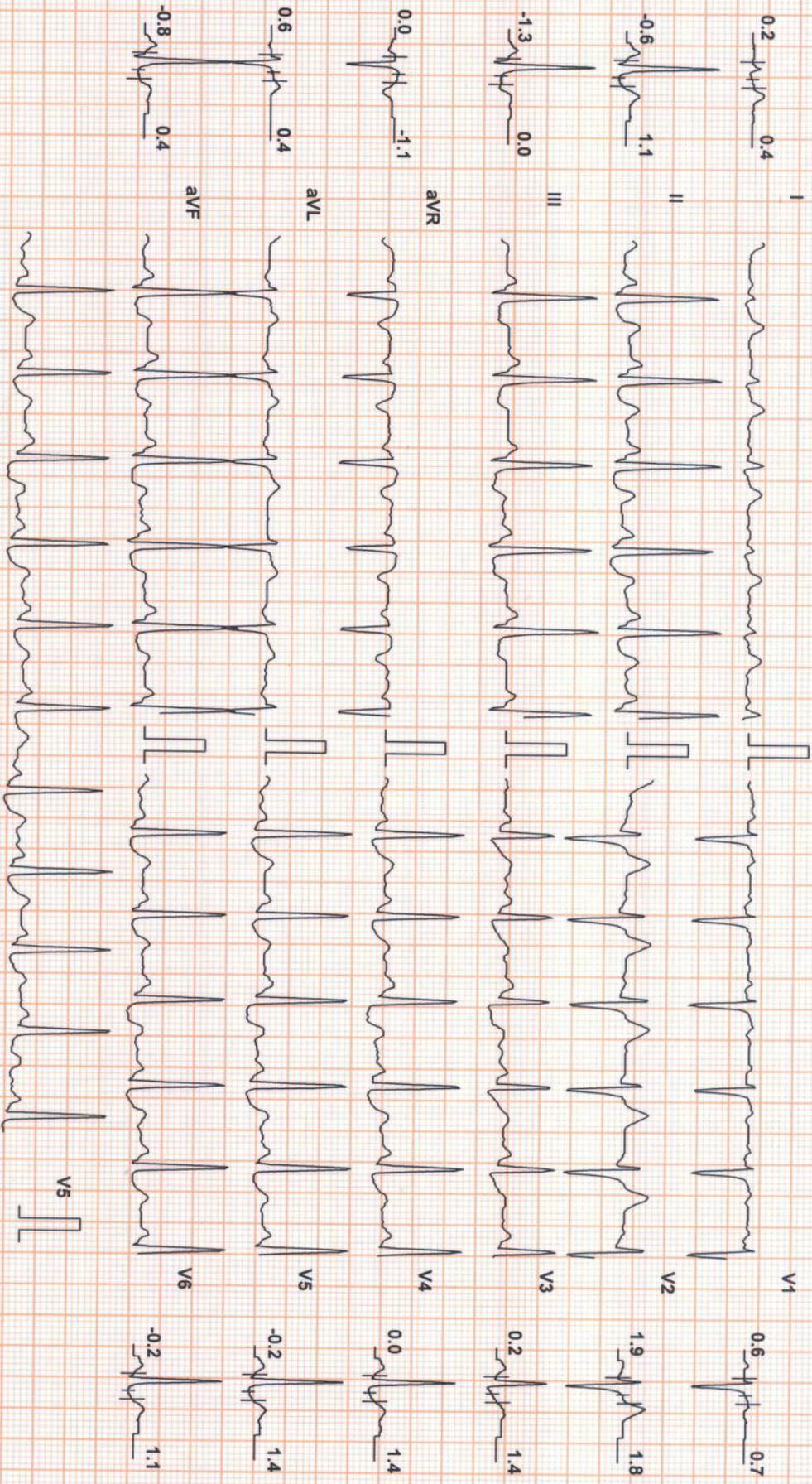


Chart Speed: 25 mm/sec  
Schiller Spandon V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms    J = R + 60 ms

Post J = J + 60 ms





**KALYANI SONAWANE (28 F)**

**SUBURBAN DIAGNOSTICS GB RD THANE**

ID: 2127554597

Date: 02-Oct-21

Exec Time : 6 m 34 s

Stage Time : 2 m 0 s

**HR: 104 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 172 bpm)

B.P.: 130 / 80

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

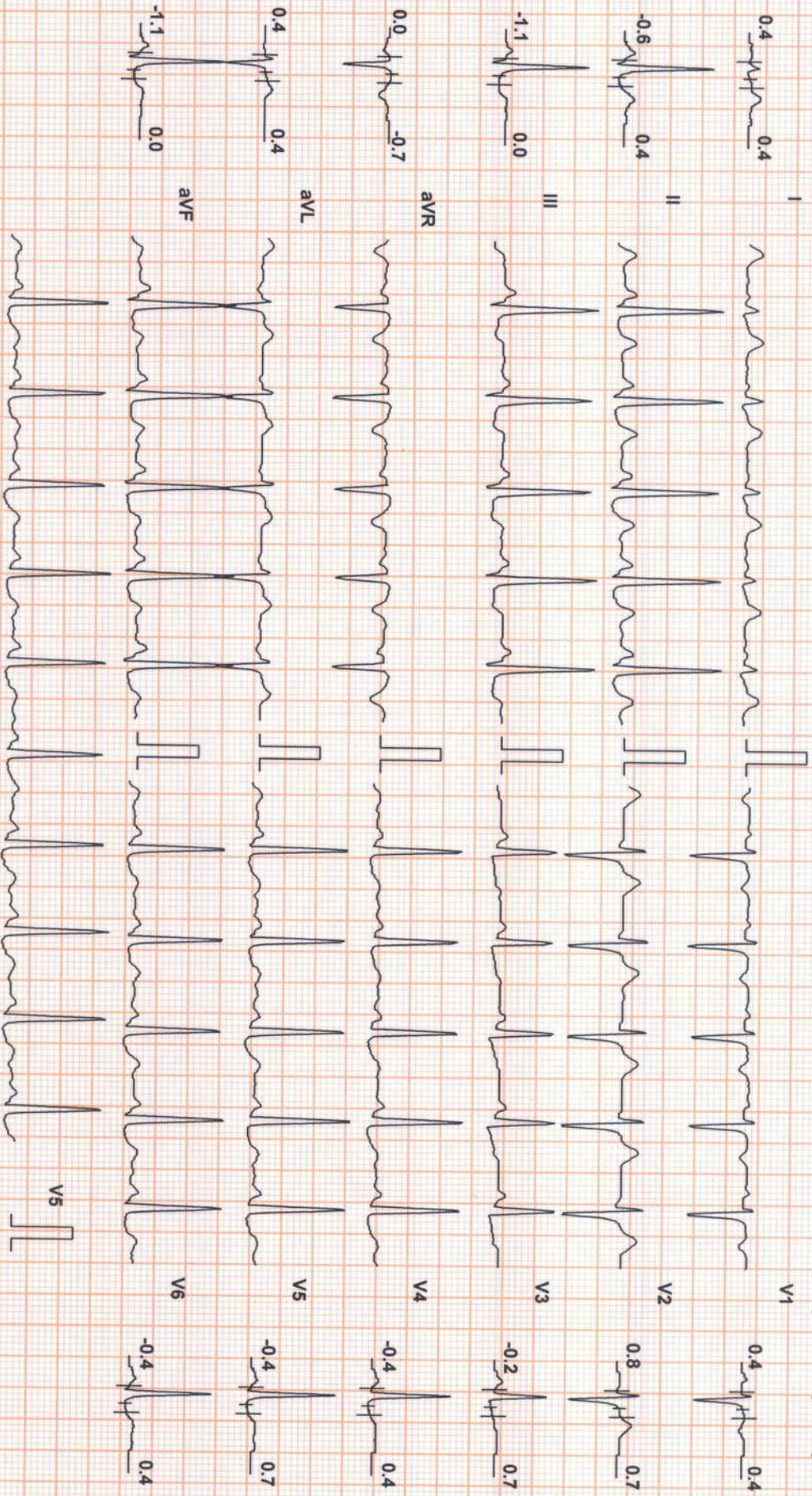


Chart Speed: 25 mm/sec  
Schiller Standen V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms