



CID : 2309120747  
Name : MRS.PRIYANKA MOHITE  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 01-Apr-2023 / 09:35  
Reported : 01-Apr-2023 / 12:30

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	10.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.25	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.5	36-46 %	Measured
MCV	77	80-100 fl	Calculated
MCH	24.1	27-32 pg	Calculated
MCHC	31.4	31.5-34.5 g/dL	Calculated
RDW	16.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6050	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	37.1	20-40 %	
Absolute Lymphocytes	2244.6	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	484.0	200-1000 /cmm	Calculated
Neutrophils	51.3	40-80 %	
Absolute Neutrophils	3103.7	2000-7000 /cmm	Calculated
Eosinophils	3.1	1-6 %	
Absolute Eosinophils	187.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	30.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	276000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
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 Borivali Lab, Borivali West  
\*\*\* End Of Report \*\*\*

*Bmhasakar*

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



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Reported : 01-Apr-2023 / 14:50

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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	98.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.33	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	19.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	17.7	10-49 U/L	Modified IFCC
GAMMA GT, Serum	11.7	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	61.2	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.0	19.29-49.28 mg/dl	Calculated
BUN, Serum	7.9	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.68	0.50-0.80 mg/dl	Enzymatic



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eGFR, Serum	105	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	5.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

*Bmhasakar*

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







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Reported : 01-Apr-2023 / 14:11

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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Bmhasakar*

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



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Reported : 01-Apr-2023 / 18:57

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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 Borivali Lab, Borivali West

*NR Jain*

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



MC-2111



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Collected :  
Reported :

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



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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 Erythrocytes magnetized technology (EMT) 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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	150.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	64.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	47.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	103.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	90.4	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	12.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata*

**Dr.NAMRATA RAUL**  
M.D (Biochem)  
Biochemist



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Reported : 01-Apr-2023 / 14:04

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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	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.942	0.55-4.78 microIU/ml	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*

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





# SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: PRIYANKA MOHITE  
Patient ID: 2309120747

Date and Time: 1st Apr 23 9:14 AM

Age **35** **7** **15**  
years months days

Gender **Female**

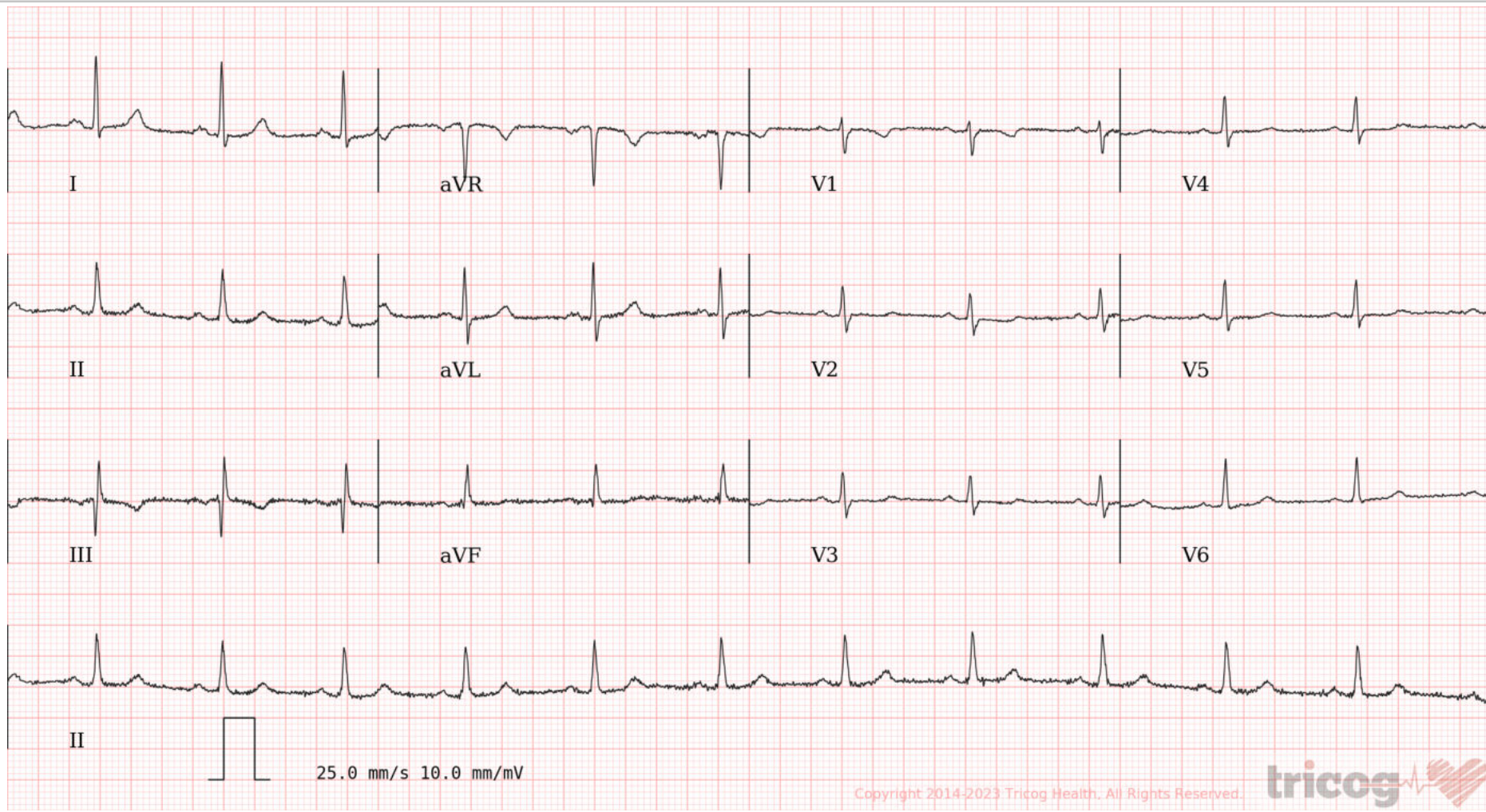
Heart Rate **73bpm**

### Patient Vitals

BP: 130/80 mmHg  
Weight: 72 kg  
Height: 151 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 74ms  
QT: 394ms  
QTcB: 434ms  
PR: 148ms  
P-R-T: 22° 29° NA



ECG Within Normal Limits: Low Voltage Complexes, Sinus Rhythm, Normal axis No significant ST-T changes.  
Please correlate clinically.

REPORTED BY

Dr. Smita Valani  
MBBS, D. Cardiology  
2011/03/0587



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## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No Complaint

### EXAMINATION FINDINGS:

Height (cms):	151	Weight (kg):	72
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	130/80	Nails:	NAD
Pulse:	78/min	Lymph Node:	Not palpable

### Systems

Cardiovascular: S1S2-Normal  
Respiratory: Chest-Clear  
Genitourinary: NAD  
GI System: NAD  
CNS: NAD

IMPRESSION: CBC, Biochemistry, extra wbc  
USG of Ho. GI - Fatty liver.

### ADVICE:

### CHIEF COMPLAINTS:

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

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- |  |      |
|--|------|
| 6) Asthama                               | No   |
| 7) Pulmonary Disease                     | No   |
| 8) Thyroid/ Endocrine disorders          | No   |
| 9) Nervous disorders                     | No   |
| 10) GI system                            | No   |
| 11) Genital urinary disorder             | No   |
| 12) Rheumatic joint diseases or symptoms | No   |
| 13) Blood disease or disorder            | No   |
| 14) Cancer/lump growth/cyst              | No   |
| 15) Congenital disease                   | No   |
| 16) Surgeries                            | YES, |
| 17) Musculoskeletal System               | No.  |

*Sx for Tubal Pregnancy in 2009*

**PERSONAL HISTORY:**

- |               |       |
|---------------|-------|
| 1) Alcohol    | No    |
| 2) Smoking    | No    |
| 3) Diet       | Mixed |
| 4) Medication | No    |

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

**DR. ANITA CHAUDHARY**

CONSULTANT GYNAECOLOGIAN  
Reg. No. 201112/5553

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
Shop No. 101-A, 1st Floor, Chhatraj Building,  
Above Rayatwadi, Near Chhatraj Hospital,  
Mira - Bhayander Road, Chhatraj Hospital,  
Dist. Thane-401305.  
Phone No : 022 - 61700000

*Anita*



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Government of India

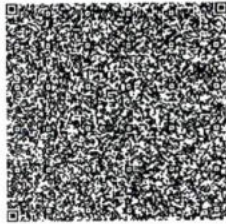
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नोंदणी क्रमांक: / Enrolment No.: 0656/69460/03173

To  
प्रियांका सचिन मोहिते  
Priyanka Sachin Mohite  
C/O: Sachin Mohite  
C 206 Marigold Bldg-5  
M G M Road  
Yashwant Nagar  
Virar West  
Virar (West)  
Palghar Maharashtra - 401303  
9702292367

Signature valid

Digitally signed by Priyanka Sachin Mohite  
DN: cn=Priyanka Sachin Mohite, o=Unique Identification Authority of India, email=sachin.mohite@uidai.gov.in, c=IN, date=2012.11.15 15:57:07Z



आपला आधार क्रमांक / Your Aadhaar No. :

4404 2155 3008  
VID : 9189 5056 1866 5177

माझे आधार, माझी ओळख



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Government of India



प्रियांका सचिन मोहिते  
Priyanka Sachin Mohite  
जन्म तारीख/DOB: 17/08/1987  
महिला/ FEMALE

*Sachin Mohite*

4404 2155 3008

VID : 9189 5056 1866 5177

माझे आधार, माझी ओळख



Government of India



माहिती

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- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अद्यावत ठेवा
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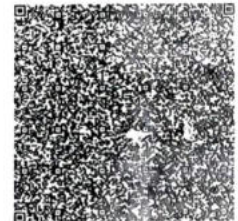
पत्ता:

मार्फत: सचिन मोहिते, सी 206 मेरीगोल्ड बिल्डिंग-5, एम जी एम रोड, यशवंत नगर, विरार वेस्ट, विरार (पश्चिम), पालघर, महाराष्ट्र - 401303

Address:

C/O: Sachin Mohite, C 206 Marigold Bldg-5, M G M Road, Yashwant Nagar, Virar West, Virar (West), Palghar, Maharashtra - 401303

Download Date: 18/08/2012



4404 2155 3008

VID : 9189 5056 1866 5177

1947 | help@uidai.gov.in | www.uidai.gov.in

DR. ANITA CHOUHARY

CONSULTANT  
Reg. No. 2017/2/5553



Date:- 11/4/23  
Name:- Priyanka

CID: 2309120747  
Sex / Age: 35 / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO  
RE LE  
6/6 6/6  
N/6 N/0

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
Shop No. 101-A, 1st Floor, Kshitij Building  
Above Raymond, Near Thane Hospital,  
Mira - Bhayander Road, Thane (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000



**SUBURBAN DIAGNOSTICS BHAYANDER**

Email:

Report



12346012 (2309120747) / PRIYANKA MOHITE / 35 Yrs / F / 157 Cms / 72 Kg  
 Date: 01 / 04 / 2023 10:22:04 AM

Stage	Time	Duration	Speed(Imph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Standing	00:09	0:09	00.0	00.0	01.0	071	38%	130/80	092	00	
Supine	00:17	0:08	00.0	00.0	01.0	066	36%	130/80	085	00	
HV	00:22	0:05	00.0	00.0	01.0	071	38%	130/80	092	00	
ExStart	00:28	0:06	01.7	10.0	01.1	073	39%	130/80	094	00	
BRUCE Stage 1	03:28	3:00	01.7	10.0	04.7	138	75%	140/80	193	00	
BRUCE Stage 2	06:28	3:00	02.5	12.0	07.1	154	83%	150/80	231	00	
PeakEx	07:27	0:59	03.4	14.0	08.1	164	89%	150/80	246	00	
Recovery	08:27	1:00	01.1	00.0	01.1	146	79%	160/80	233	00	
Recovery	09:27	2:00	00.0	00.0	01.0	110	59%	150/80	165	00	
Recovery	11:27	4:00	00.0	00.0	01.0	085	46%	130/80	110	00	
Recovery	11:35	4:09	00.0	00.0	01.0	086	46%	130/80	111	00	

**FINDINGS :**

Exercise Time : 06:59  
 Initial HR (ExStrt) : 73 bpm 39% of Target 185  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max Workload Attained : 8.1 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.2 mm in Recovery  
 Duke Treadmill Score : -01.9  
 Test End Reasons : Test Complete

Max HR Attained 164 bpm 89% of Target 185  
 Max BP Attained 160/80 (mm/Hg)

**SUBURBAN DIAGNOSTICS (I) PVT. LTD**  
 Shop No. 101-A, 1st Floor, Kshiti Building  
 Above Raymond, Near Thunga Hospital,  
 Mira - Bhayander Road, Bhayander (E)  
 Dist. Thane-401105.  
 Phone No : 022 - 61700000

**DR. SMITA VALANI**  
**MBBS, D. CAE, RADIOLOGY**  
 201110310587

Doctor : *Dr. Smita Valani*  
**DR SMITA VALANI**





EMSI / PRIYANKA MOHITE / 35 Yrs / F / 157 Cms / 72 Kg Date: 01 / 04 / 2023 10:22:04 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIGNOSTICS (I) PVT. LTD  
 Shop No. 101-A, 1st Floor, Kasturji Building  
 Akash Karyanand, Near Thunga Hospital,  
 1st & 2nd Stage Road, Udaynagar (E)  
 Dist. Thane-401105.  
 Phone No : 022 - 61700000

DR. SMITA VALANI  
 MBBS, D. CARDIOLOGY  
 2011/03/0587

Doctor: DR. SMITA VALANI  
*Smita*





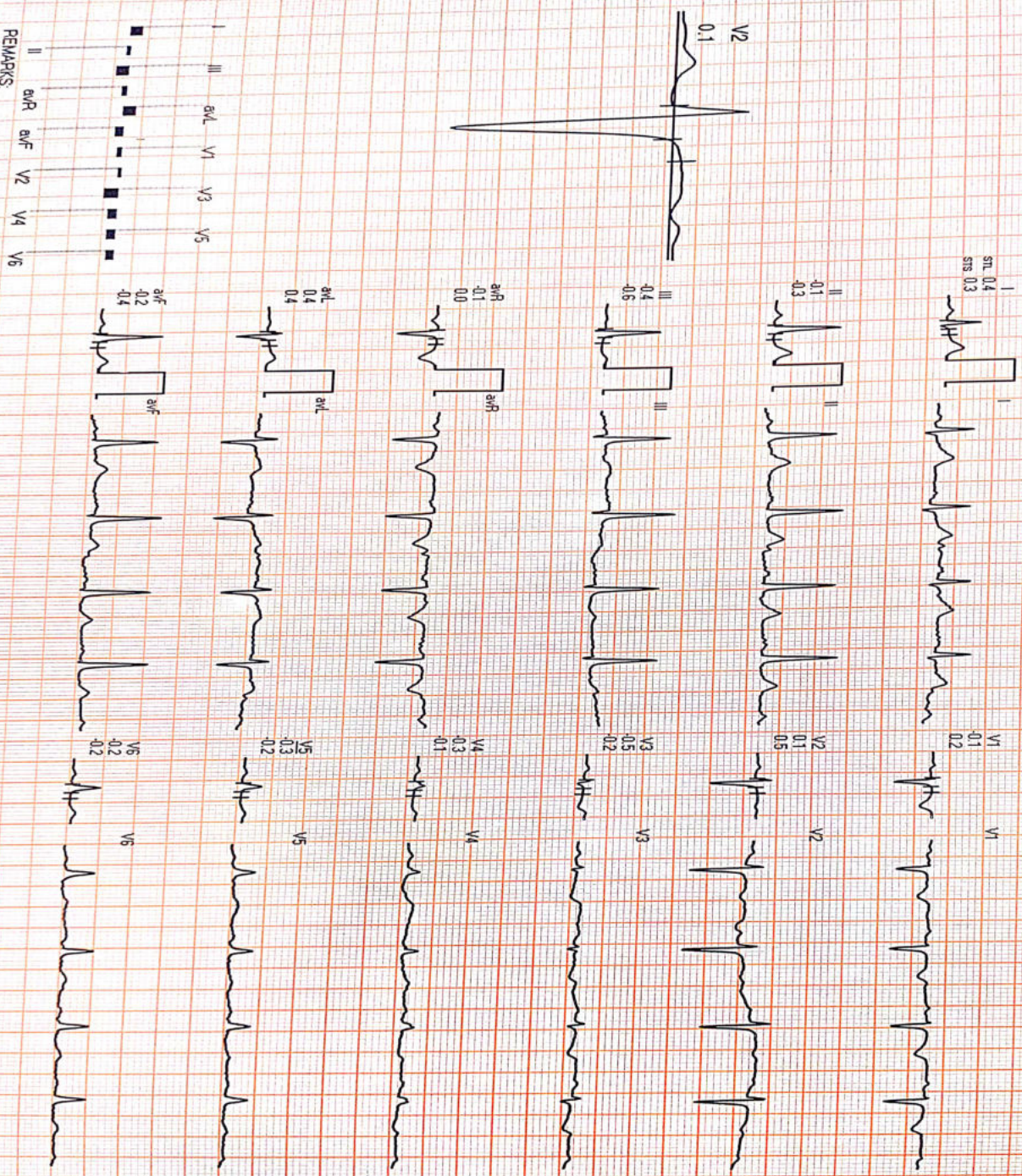
12346011 (2309120747) / PRIYANKA MOHITE / 35 Yrs / F / 157 Cms / 72 Kg / HR : 116

Date: 01/04/2023 10:21:29 AM METS: 1.0/116bpm 63% of THR BP: 130/80 mmHg Raw ECG/BL/CL/ML/HL/FL/FR/HR/HR - 116

4X 60 ms Paper

ExTime: 00:00:0.0 mph - 0.0%

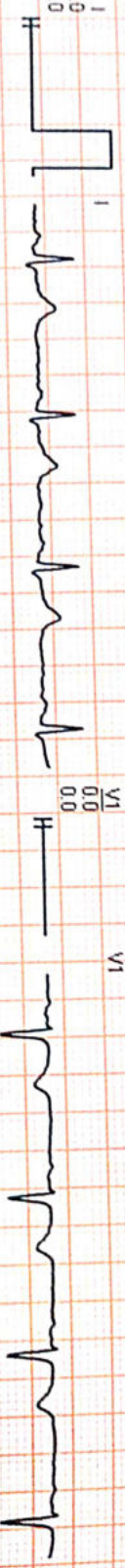
25 mm/Sec - 1.0 Cm/mV



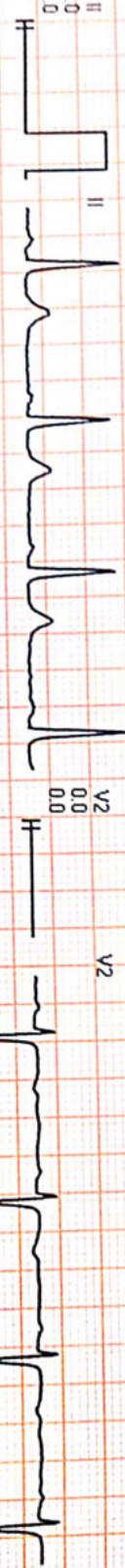


4X 0.05 Ppd/L

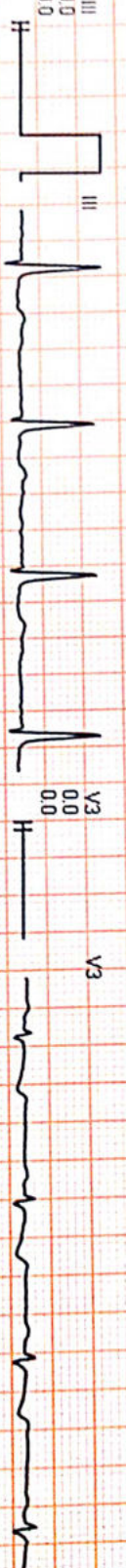
I  
ST: 0.0  
STs: 0.0



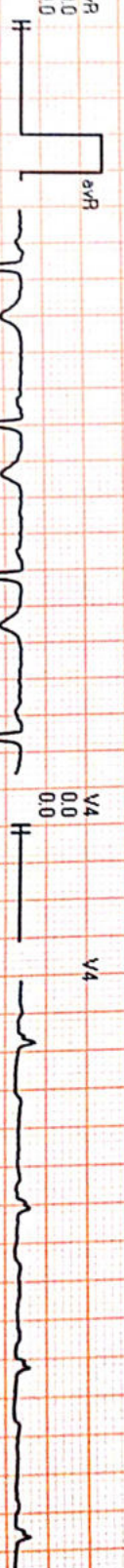
II  
0.0  
0.0



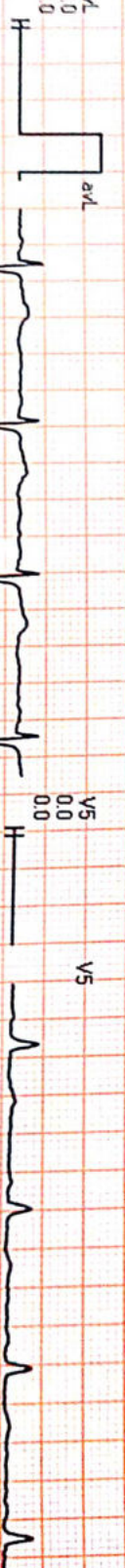
III  
0.0  
0.0



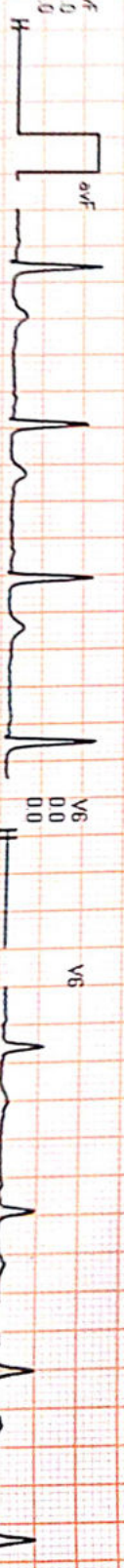
aVR  
0.0  
0.0



aVL  
0.0  
0.0



aVF  
0.0  
0.0



V1  
0.0  
0.0



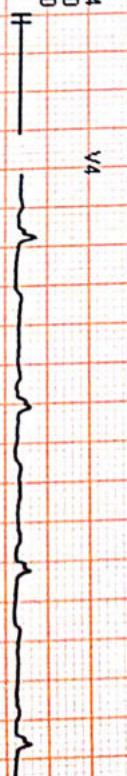
V2  
0.0  
0.0



V3  
0.0  
0.0



V4  
0.0  
0.0



V5  
0.0  
0.0



V6  
0.0  
0.0



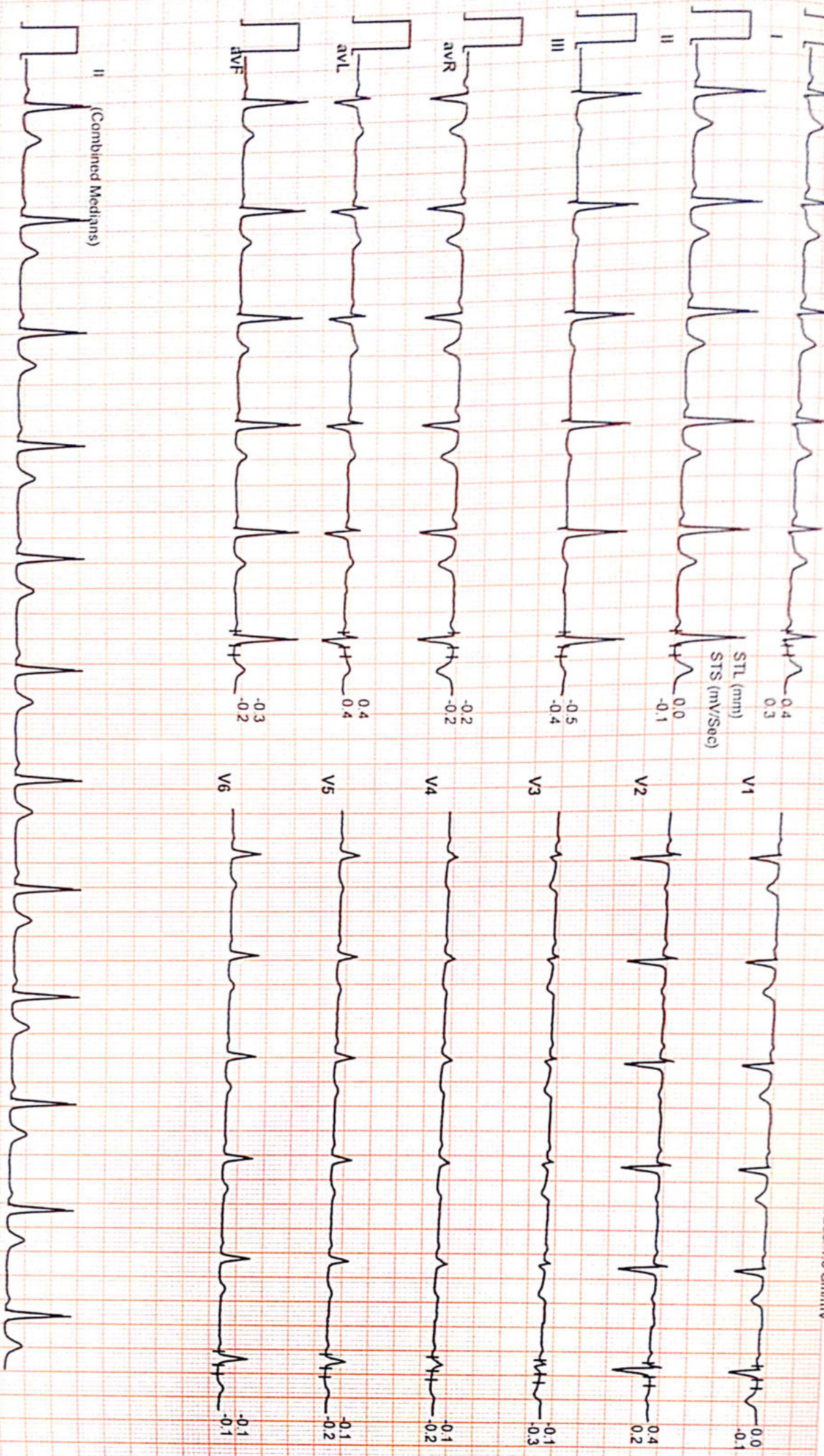


12345678 / PRIYANKA MOHITE / 35 Yrs / Female / 157 Cm / 72 Kg

Date: 01 / 04 / 2023 10:22:04 AM METS: 1.0 HR: 71 Target HR: 35% of 185 BP: 130/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )





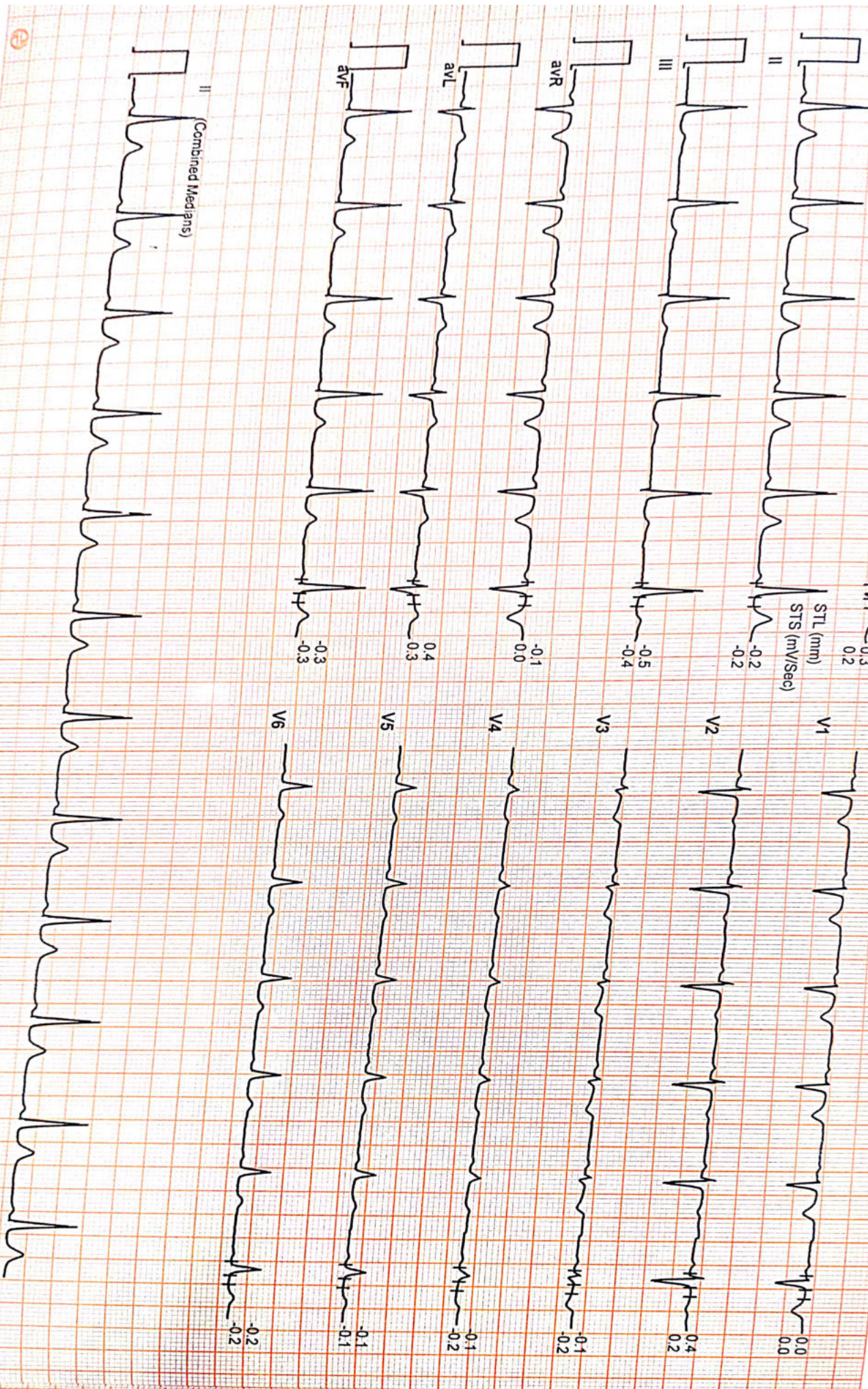
# 6X2 Combine Medians + 1 Rhythm

EXStt



Date: 01/04/2023 10:22:04 AM METs : 1.0 HR : 73 Target HR : 39% of 185 BP : 130/80 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



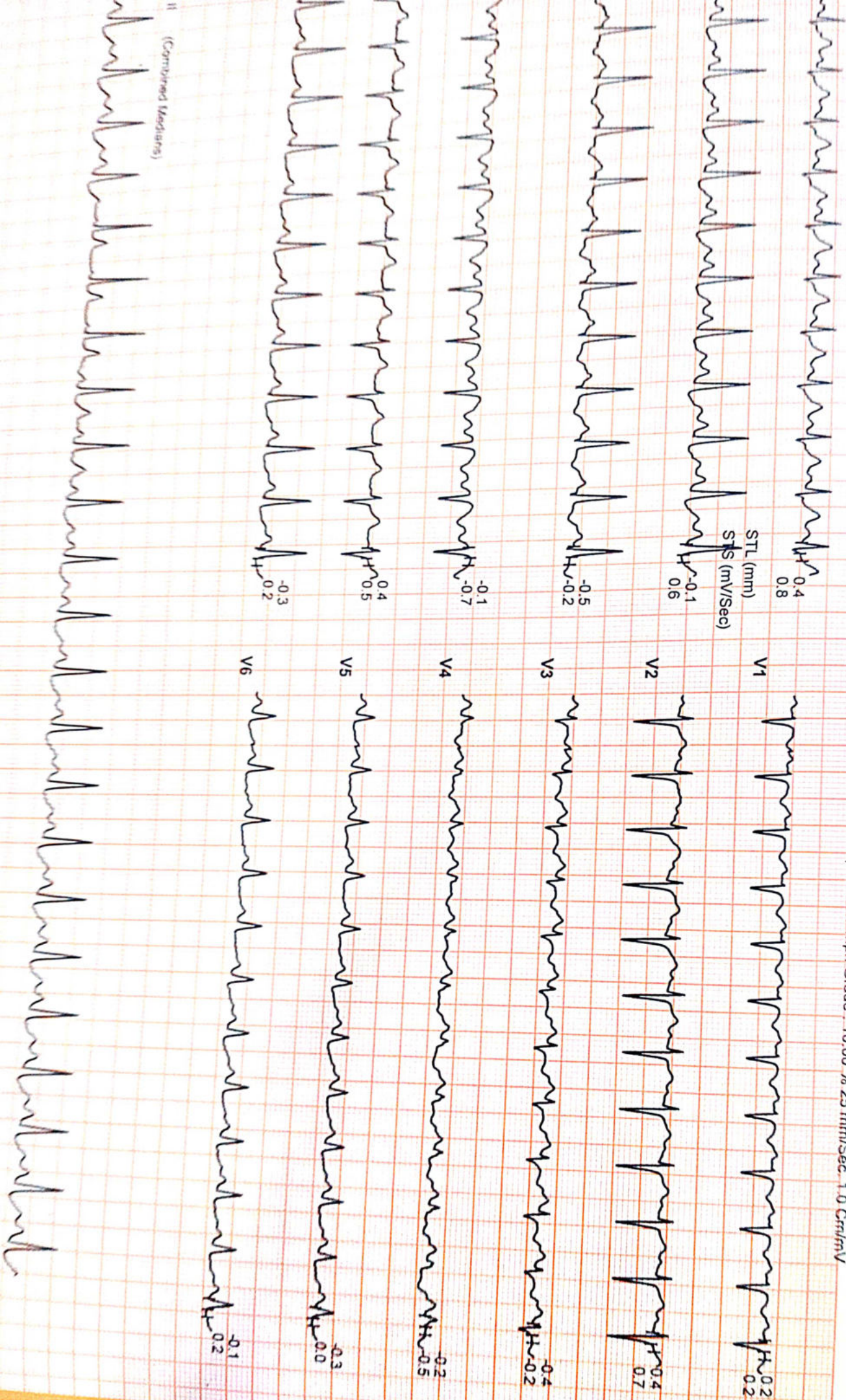


6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 1 ( 03:00 )



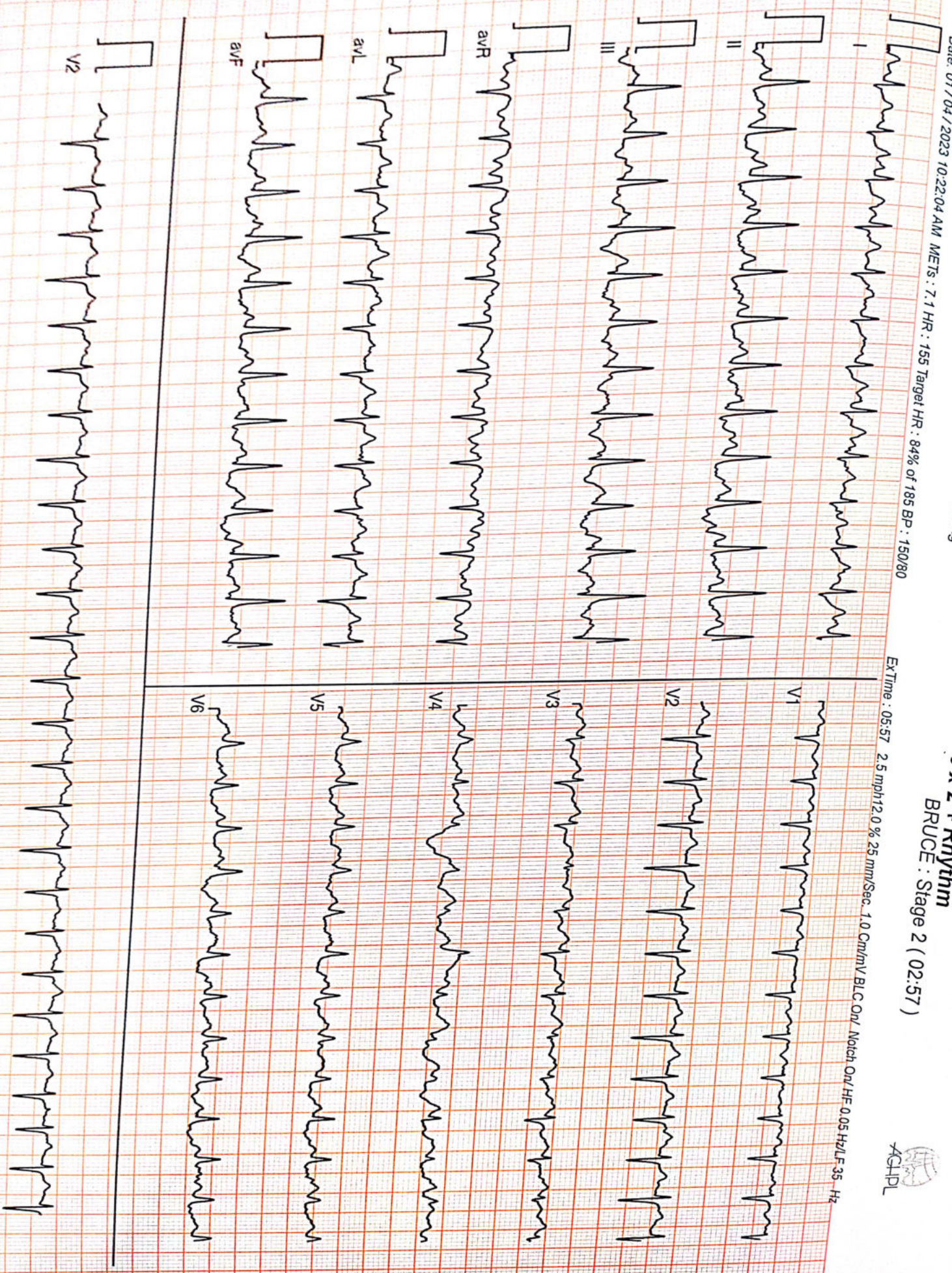
2023 10 22 04 AM METS : 4.7 HR : 135 Target HR : 75% of 185 BP : 140/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)



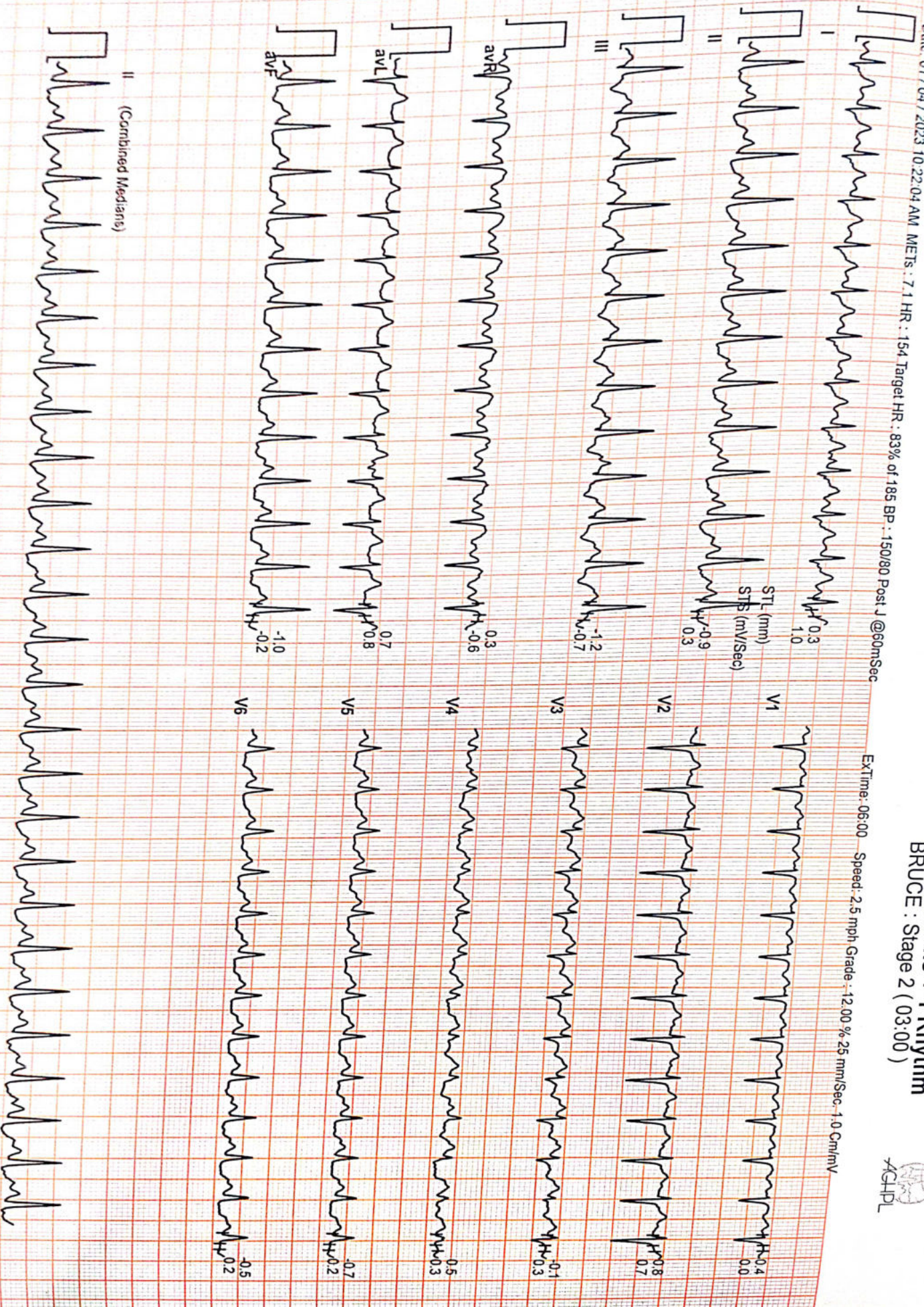






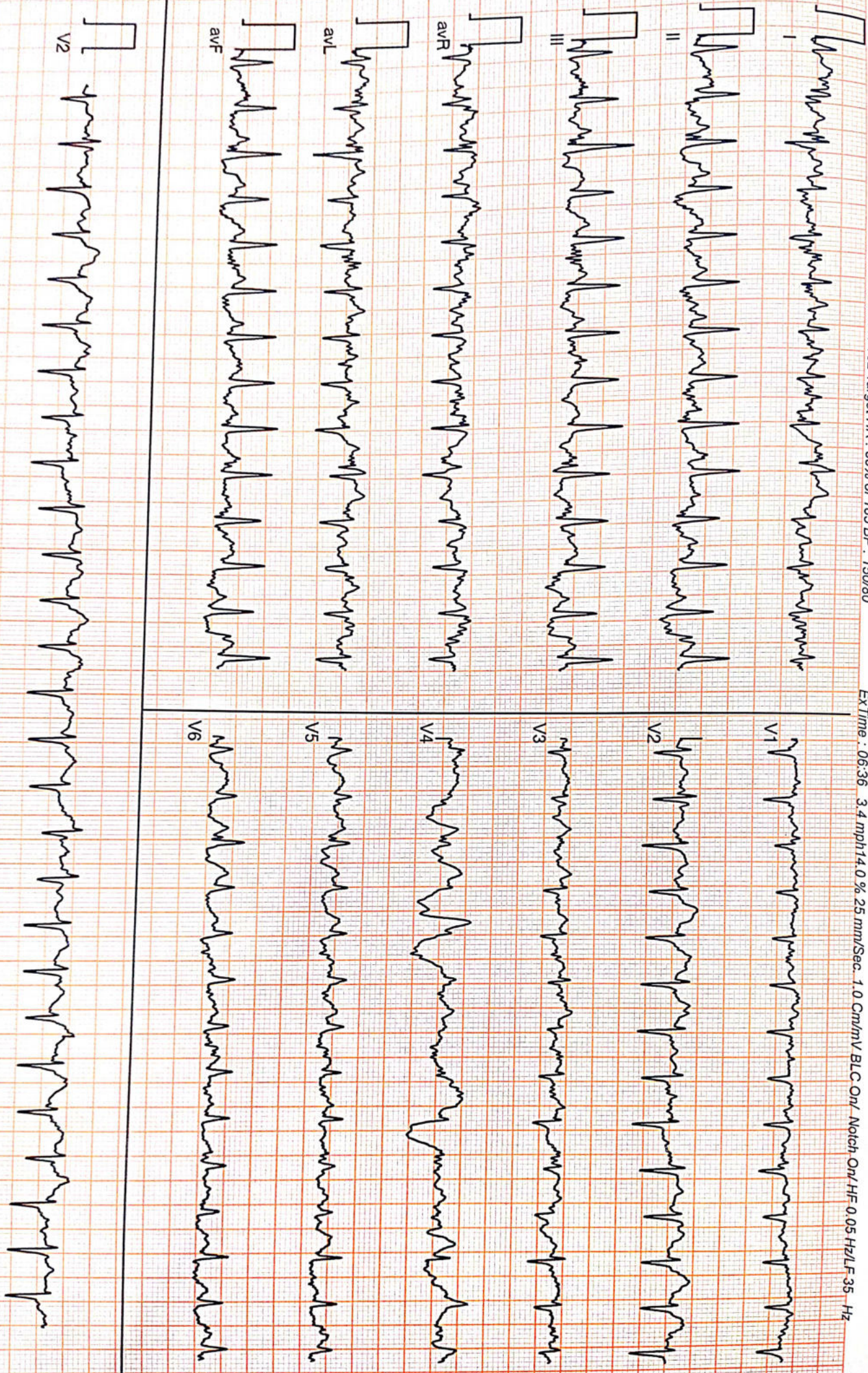
Date: 01 / 04 / 2023 10:22:04 AM METs : 7.1 HR : 154 Target HR : 83% of 185 BP : 150/80 Post ↓ @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : -12.00 % 25 mm/Sec 1.0 Cm/mV





6 x 2 + Rhythm  
BRUCE (PeakEX) ( 00:36 )



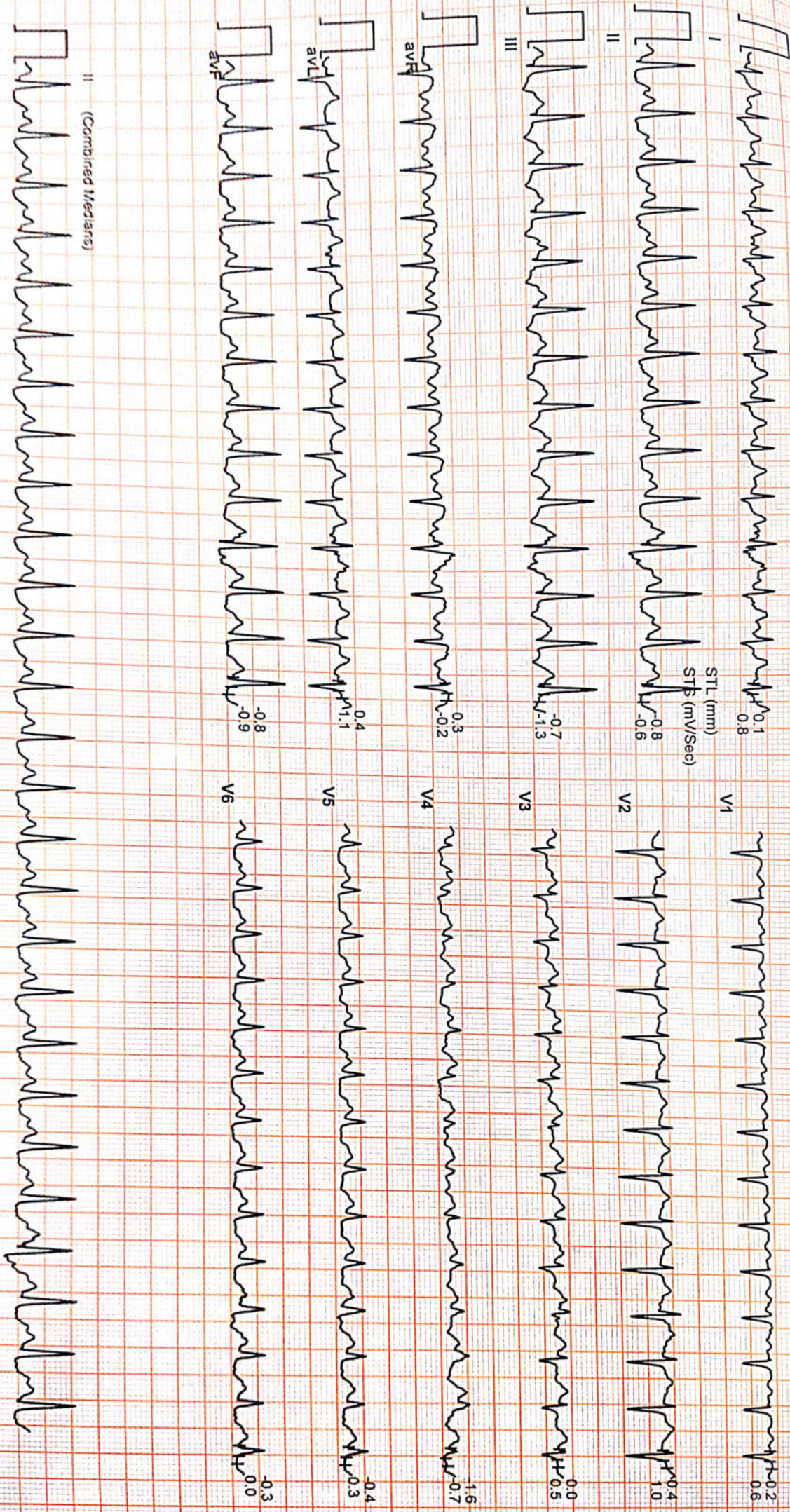


DIAGNOSTICS BHAYANDER  
 PRIYANKA MOHITE / 35 Yrs / Female / 157 Cm / 72 Kg

Date: 01/04/2023 10:22:04 AM METS : 8.1 HR : 164 Target HR : 89% of 185 BP : 150/80 Post J @60mSec

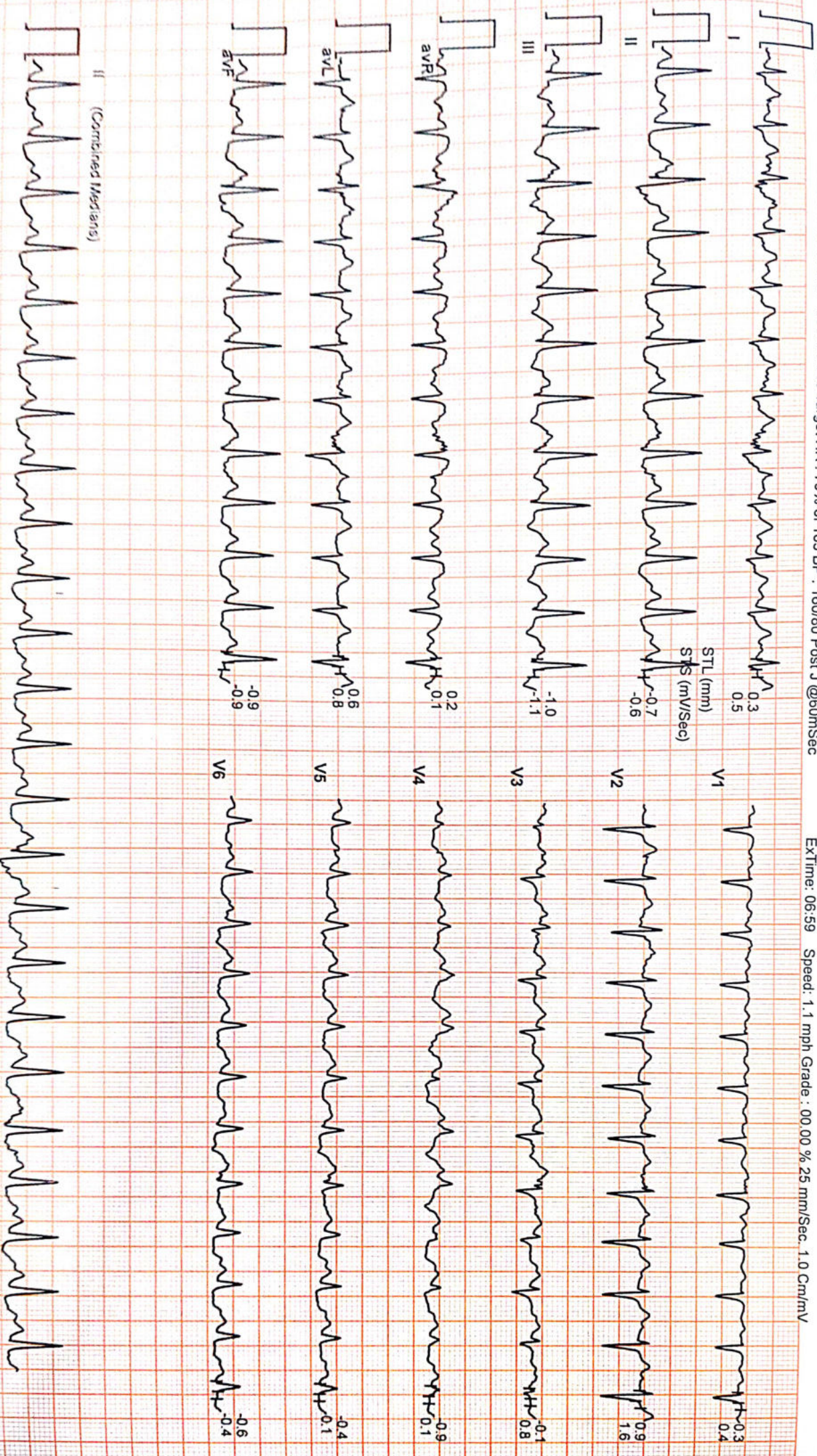
EXTime: 06:59 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec -1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm  
 PeakEx





6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



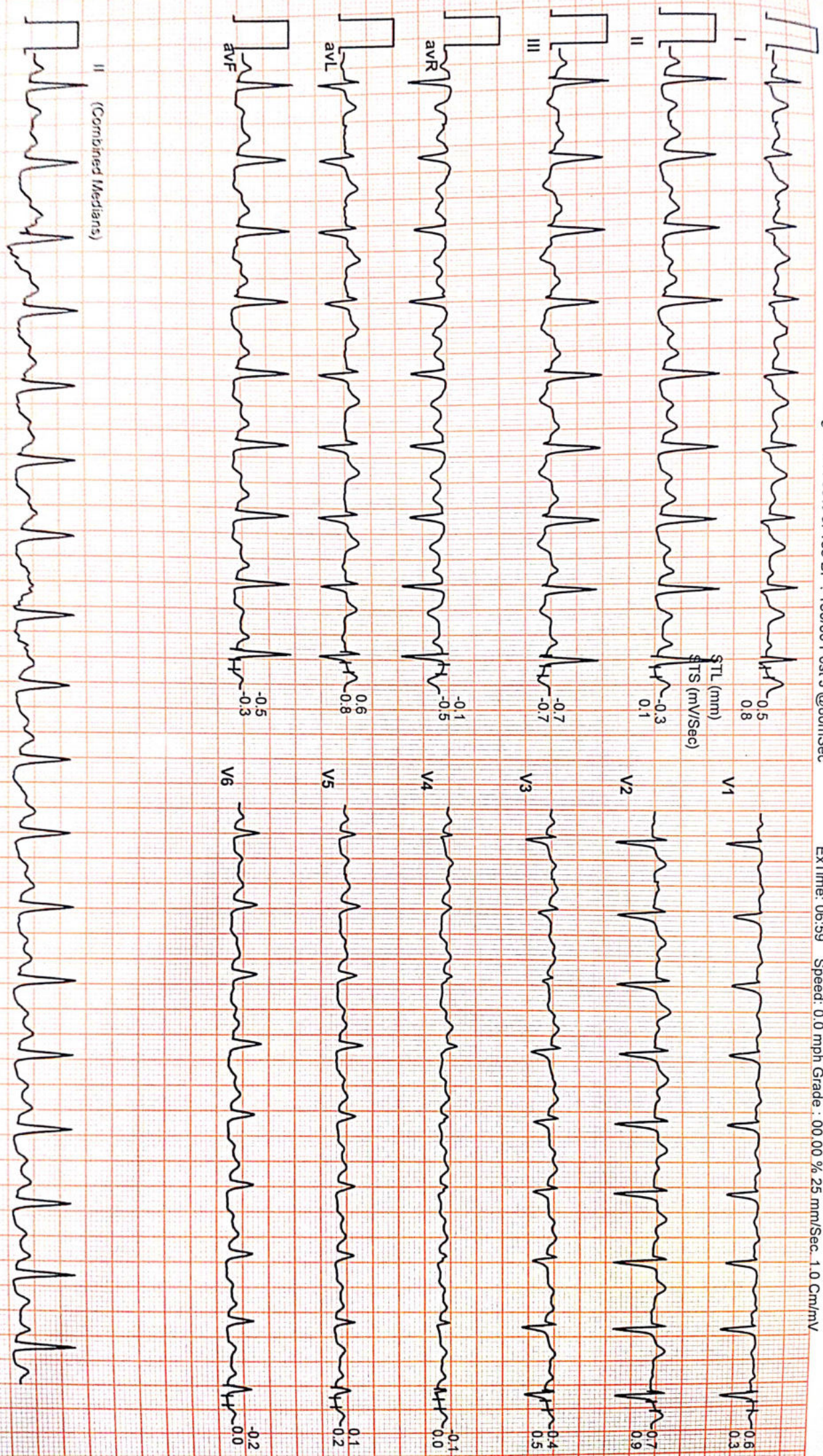


2023/12 / PRIYANKA MOHITE / 35 Yrs / Female / 157 Cm / 72 Kg

Date: 01 / 04 / 2023 10:22:04 AM METs : 1.0 HR : 110 Target HR : 59% of 185 BP : 150/80 Post J @80mSec

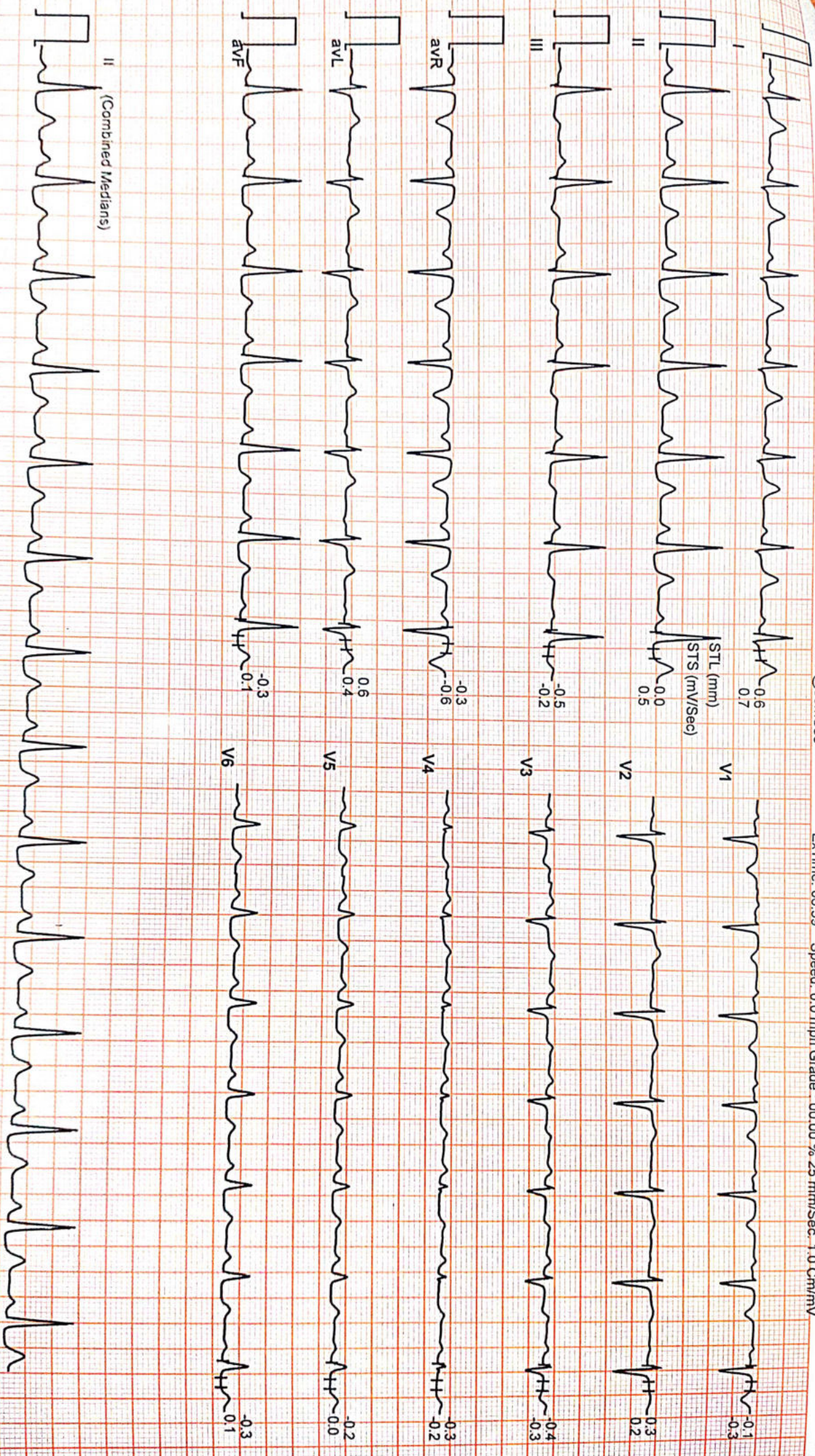
EXTime: 06:59 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



II (Combined Medians)





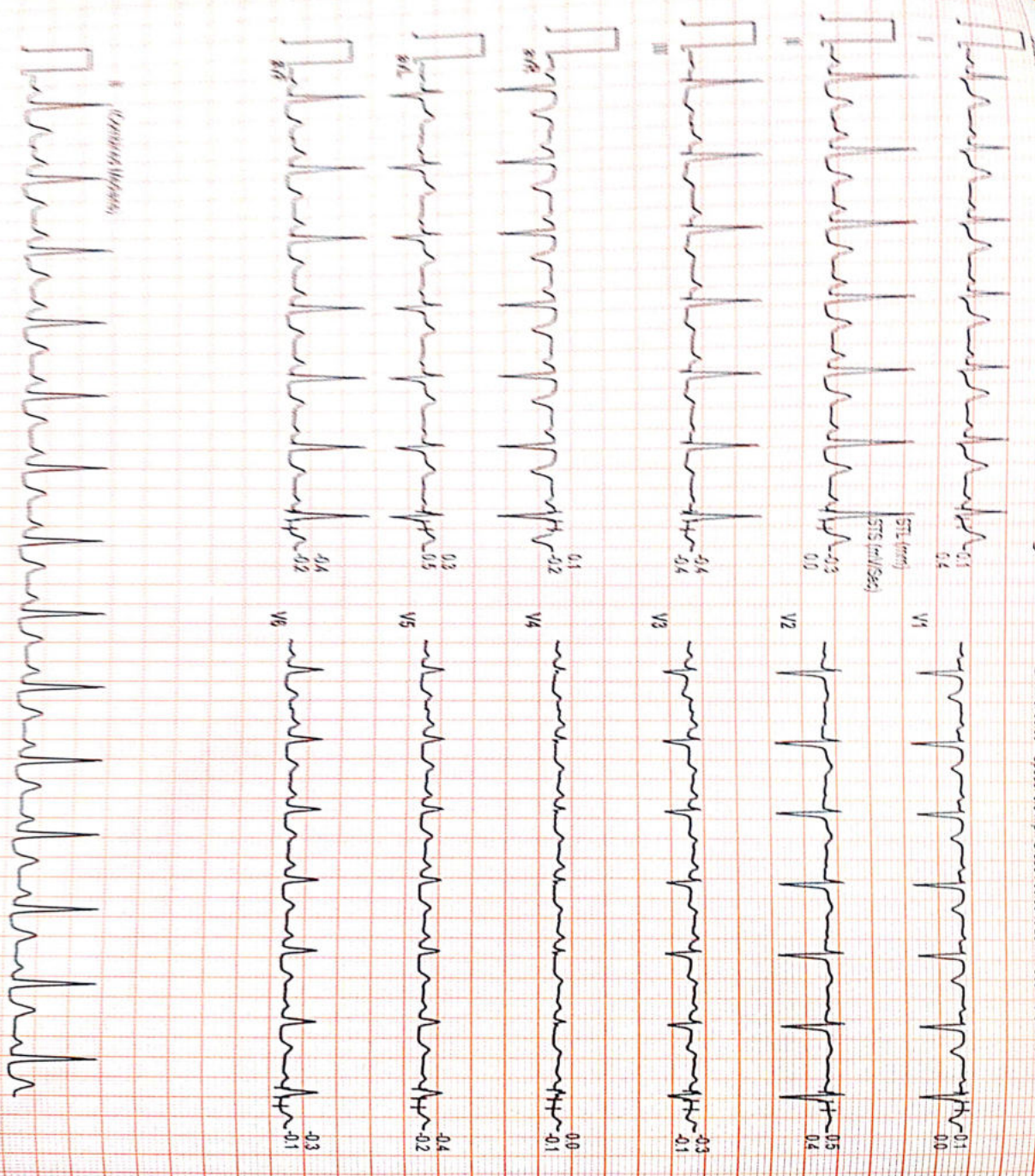




DR. PANKAJ MOHITE / 35 Yrs / Female / 157 Cm / 72 Kg

DATE: 11/04/2023 10:22:34 AM MED: 1.1 Hz. 35 Temp: 36.45°C. 45% O2 Sat: 95% PaO2: 85 mm Hg

Estim: 56.59 - Speed: 2.0 mm/s - Gain: 10.00 % 25 mm/Sec - 1.0 Cm/mV





**CID** : 2309120747  
**Name** : Mrs PRIYANKA MOHITE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 01-Apr-2023  
**Reported** : 01-Apr-2023/16:09

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (14.4 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

### **GALL BLADDER:**

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

### **COMMON BILE DUCT:**

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

### **PANCREAS:**

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

### **KIDNEYS:**

Right kidney measures 9.7 x 4.0 cm. Left kidney measures 9.2 x 4.4 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

### **SPLEEN:**

The spleen is normal in size ( 10.6 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

### **URINARY BLADDER:**

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

### **UTERUS :**

The uterus is anteverted and appears normal. It measures 8.0 x 4.9 x 4.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 5.9 mm and appears normal.





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2309120747  
**Name** : Mrs PRIYANKA MOHITE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 01-Apr-2023  
**Reported** : 01-Apr-2023/16:09

**OVARIES:**

Right ovary : 3.9 x 2.5 x 2.4 cm, Vol : 12.7 cc.

Left ovary : 3.0 x 1.7 x 1.9 cm, Vol : 5.3 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION:**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

**Kindly correlate clinically.**

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

**DR.VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**



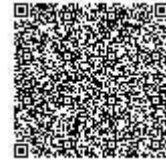


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**CID** : 2309120747  
**Name** : Mrs PRIYANKA MOHITE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 01-Apr-2023  
**Reported** : 01-Apr-2023/16:09





**CID** : 2309120747  
**Name** : Mrs PRIYANKA MOHITE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 01-Apr-2023  
**Reported** : 01-Apr-2023/12:03

**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.

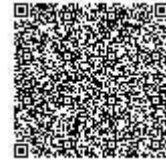
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

**DR.VIBHA S KAMBLE**  
**MBBS ,DMRD**  
**Reg No -65470**  
**Consultant Radiologist**





Use a QR Code Scanner  
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**CID** : 2309120747  
**Name** : Mrs PRIYANKA MOHITE  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 01-Apr-2023  
**Reported** : 01-Apr-2023/12:03