

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|---------------|----------|--------|
| Patient Name | Ashvini Salvi | Sex/Age | F / 36 |
| Date | 11/3/23 | Location | Thane |

History and Complaints

C/O - Anxiety since
4-5 Months.

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|------|
| Height (cms): | 153 | Temp (0c): | ⊖ |
| Weight (kg): | 54 | Skin: | NAD. |
| Blood Pressure | 130/80 | Nails: | |
| Pulse | 72/min | Lymph Node: | |

Systems :

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

Impression:
 ↑ ESR (69)
 ↑ Cholesterol, ↑ LDL
 +3 (↓)
 ECG - Non specific ST/T wave changes

Advice:

- Low Fat Diet
- Repeat thyroid profile after
(6) months.

| | | |
|-----|--------------------------------------|--|
| 1) | Hypertension: | |
| 2) | IHD | |
| 3) | Arrhythmia | |
| 4) | Diabetes Mellitus | |
| 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 | |
| 13) | Blood disease or disorder | |
| 14) | Cancer/lump growth/cyst | |
| 15) | Congenital disease | |
| 16) | Surgeries | |
| 17) | Musculoskeletal System | |


Nil

Nil

PERSONAL HISTORY:

| | | |
|----|------------|--|
| 1) | Alcohol | |
| 2) | Smoking | |
| 3) | Diet | |
| 4) | Medication | |

(No) (No)
- mixed
For Anxiety.



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439



Use a QR Code Scanner
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CID : 2307020059
Name : MRS.ASHVINI R SALVI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:11
Reported : 11-Mar-2023 / 17:01

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 | 12.6 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 3.85 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 35.4 | 36-46 % | Measured |
| MCV | 92.0 | 80-100 fl | Calculated |
| MCH | 32.7 | 27-32 pg | Calculated |
| MCHC | 35.5 | 31.5-34.5 g/dL | Calculated |
| RDW | 12.2 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5220 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 37.7 | 20-40 % | |
| Absolute Lymphocytes | 1967.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.2 | 2-10 % | |
| Absolute Monocytes | 323.6 | 200-1000 /cmm | Calculated |
| Neutrophils | 53.9 | 40-80 % | |
| Absolute Neutrophils | 2813.6 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.2 | 1-6 % | |
| Absolute Eosinophils | 114.8 | 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. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 194000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.7 | 6-11 fl | Calculated |
| PDW | 14.8 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |

Authenticity Check



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Hypochromia -
Microcytosis -
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 69 2-20 mm at 1 hr. Sedimentation

Result Rechecked.

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

AREA OF SPECIAL EXPERTISE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:11
Reported : 11-Mar-2023 / 19:36

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 | 81.9 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 104.7 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.65 | 0.1-1.2 mg/dl | Diazo |
| BILIRUBIN (DIRECT), Serum | 0.28 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.37 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.0 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.2 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.8 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.5 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 23.0 | 5-32 U/L | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum | 28.2 | 5-33 U/L | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum | 25.1 | 3-40 U/L | IFCC |
| ALKALINE PHOSPHATASE, Serum | 62.1 | 35-105 U/L | PNPP |
| BLOOD UREA, Serum | 18.0 | 12.8-42.8 mg/dl | Urease & GLDH |
| BUN, Serum | 8.4 | 6-20 mg/dl | Calculated |

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Reported : 11-Mar-2023 / 14:59

| | | | |
|---|--------|--------------------|------------|
| CREATININE, Serum | 0.67 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 106 | >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 | 4.7 | 2.4-5.7 mg/dl | Uricase |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |

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



Amit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Age / Gender : 36 Years / Female
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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:11
Reported : 12-Mar-2023 / 12:20

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 4.8 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 91.1 | 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 G B Road Lab, Thane West
*** End Of Report ***



J. Thakker

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



CID : 2307020059
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Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:11
Reported : 11-Mar-2023 / 19:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|--------------------------------|-------------|----------------------|--------------------|
| PHYSICAL EXAMINATION | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 5.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.001-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 40 | - | - |
| CHEMICAL EXAMINATION | | | |
| Proteins | Absent | Absent | pH Indicator |
| Glucose | Absent | Absent | GOD-POD |
| Ketones | Absent | Absent | Legals Test |
| Blood | Absent | Absent | Peroxidase |
| Bilirubin | Absent | Absent | Diazonium Salt |
| Urobilinogen | Normal | Normal | Diazonium Salt |
| Nitrite | Absent | Absent | Griess Test |
| MICROSCOPIC EXAMINATION | | | |
| Leukocytes(Pus cells)/hpf | 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 | +(>20/hpf) | Less than 20/hpf | |
| Others | - | | |

Kindly rule out contamination.



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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 SDRL, Vidyavihar Lab
*** End Of Report ***



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



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Collected : 11-Mar-2023 / 11:11
Reported : 11-Mar-2023 / 17:38

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T

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | A |
| Rh TYPING | Negative |

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.

Refernces:

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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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Name : MRS.ASHVINI R SALVI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 11:11
Reported : 11-Mar-2023 / 20:29

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 210.7 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 59.3 | 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 | 59.5 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 151.2 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 139.0 | 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 | 12.2 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.5 | 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
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 11-Mar-2023 / 11:11
Reported : 12-Mar-2023 / 00:25

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 | 3.3 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 13.4 | 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 | 1.12 | 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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Reported : 12-Mar-2023 / 00:25

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)

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*** End Of Report ***

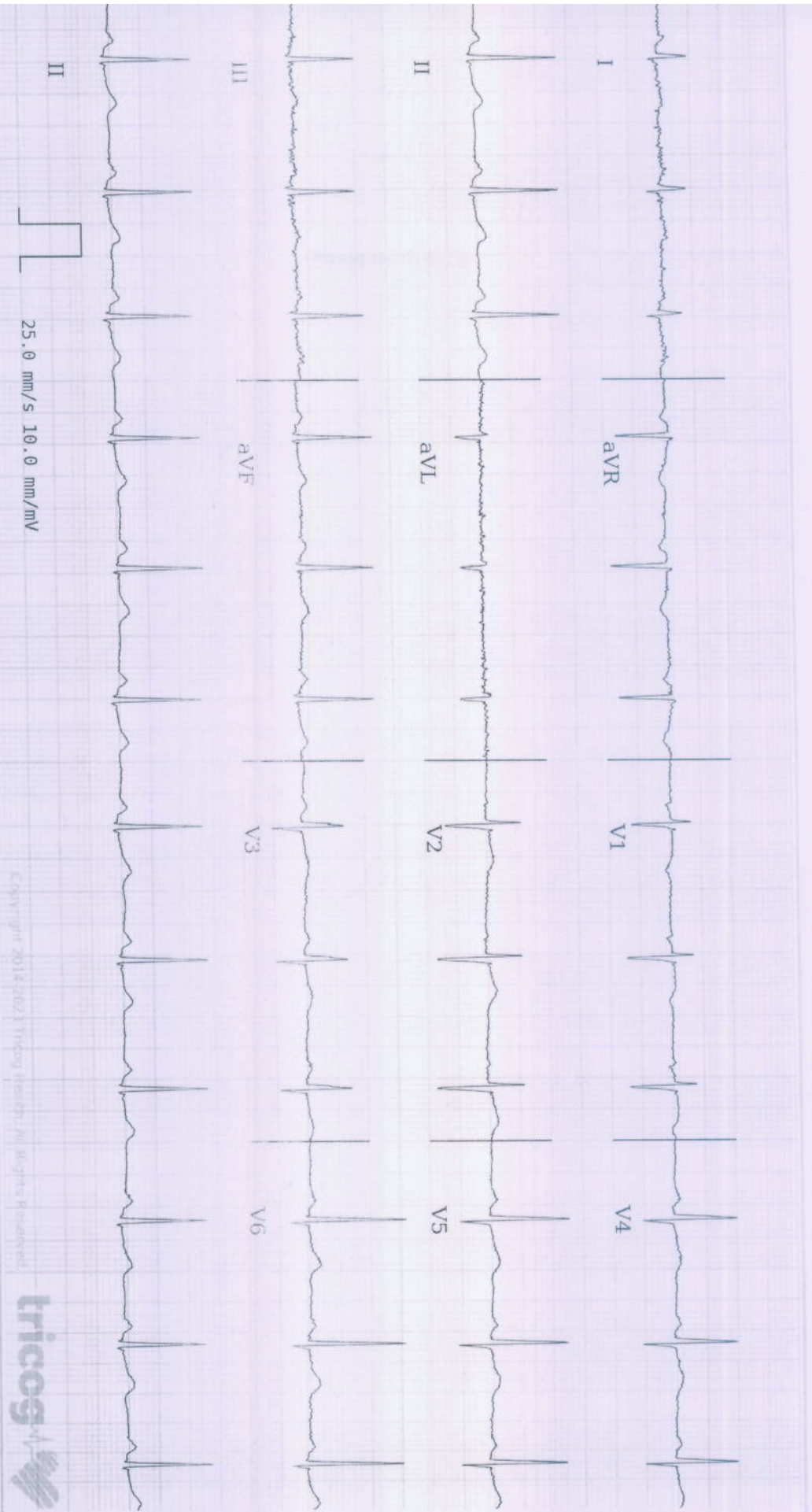


J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Patient Name: **ASHVINI R SALVI**
Patient ID: **2307020059**

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: **11th Mar 23 3:13 PM**



Age **36** years **1** month **30** days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: **NA**
Weight: **53 kg**
Height: **153 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements

QRSD: **74ms**
QT: **396ms**
QTc: **439ms**
PR: **148ms**
P-R-T: **59° 78° 55°**

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REPORTED BY

SR

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

Sinus Rhythm, Non-specific ST/T Wave Changes. 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.

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Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 15:39

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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-----

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr. GAURAV FARTADE

MBBS, DMRE

Reg No -2014/04/1786

Consultant Radiologist

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Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 15:01

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted.(Not evaluated).

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 10.3 x 3.3 cm. Left kidney measures 10.9 x 4.1 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 6.8 x 3.5 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.1 mm. Cervix appears normal.

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

The right ovary measures 2.7 x 1.8 cm.

The left ovary measures 2.9 x 2.0 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031110583311>

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Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023 / 15:01

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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 cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURAV FARTADE before dispatch.

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Date:- 11/02/23

CID:

Name:- Ashwin Salvi

Sex / Age: F 36

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: All

Past history: All

Unaided Vision: 34 6/9 xV 10 10 5

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|----|-----|-----|------|----|
| Distance | | | | | | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark: Normal Vision

MR. PRAKASH KUDVA
 SR. OPTOMETRIST

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

621 (23007020059) / ASHVINI SALVI / 36 Yrs / F / 153 Cms / 54 Kg
Date: 11 / 03 / 2023 01:22:57 PM

| Stage | Time | Duration | Speed(mph) | Elevation | METs | Rate | % THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|---------|-----|-----|----------|
| Supine | 00:07 | 0:07 | 00.0 | 00.0 | 01.0 | 095 | 52 % | 110/70 | 104 | 00 | |
| Standing | 00:16 | 0:09 | 00.0 | 00.0 | 01.0 | 095 | 52 % | 110/70 | 104 | 00 | |
| HV | 00:23 | 0:07 | 00.0 | 00.0 | 01.0 | 093 | 51 % | 110/70 | 102 | 00 | |
| ExStart | 00:30 | 0:07 | 00.0 | 00.0 | 01.0 | 093 | 51 % | 110/70 | 102 | 00 | |
| BRUCE Stage 1 | 03:30 | 3:00 | 01.7 | 10.0 | 04.7 | 146 | 79 % | 120/70 | 175 | 00 | |
| PeakEx | 04:22 | 0:52 | 02.5 | 12.0 | 05.4 | 157 | 85 % | 140/80 | 219 | 00 | |
| Recovery | 05:22 | 1:00 | 00.0 | 00.0 | 01.0 | 127 | 69 % | 140/80 | 177 | 00 | |
| Recovery | 06:22 | 2:00 | 00.0 | 00.0 | 01.0 | 113 | 61 % | 140/80 | 158 | 00 | |
| Recovery | 06:38 | | | | 00.0 | 000 | 0 % | ---/--- | 000 | 00 | |

FINDINGS :

Exercise Time : 03:52
 Initial HR (ExStrt) : 93 bpm 51% of Target 184
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 5.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -1.2 mm in Stage 1
 Test End Reasons : , Heart Rate Achieved, Fatigue,

Max HR Attained 157 bpm 85% of Target 184
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GENMED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





EMail: 621 / ASHVINI SALVI / 36 Yrs / F / 153 Cms / 54 Kg Date: 11 / 03 / 2023 01:22:57 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 95.0 bpm, and the maximum predicted Target Heart Rate 184.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Heart Rate Achieved , Fatigue..

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Doctor : DR SHAILAJA PILLAI


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

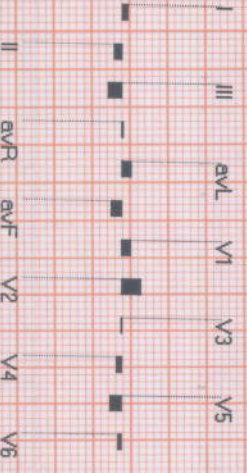
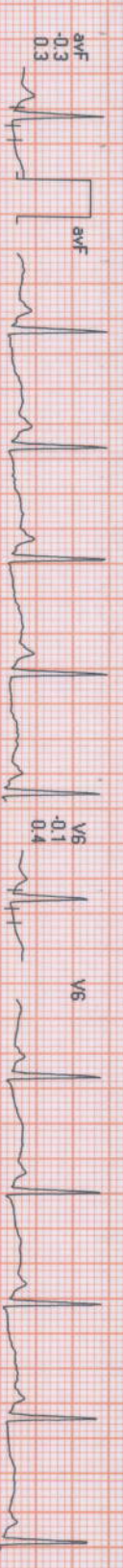
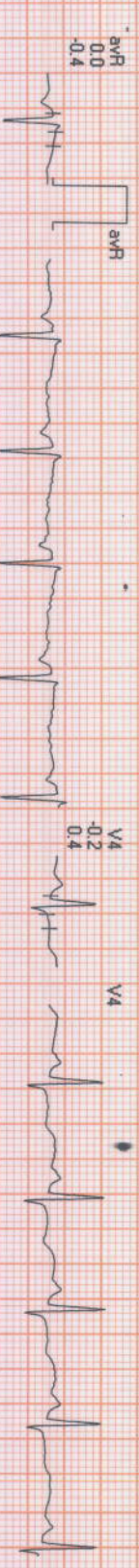
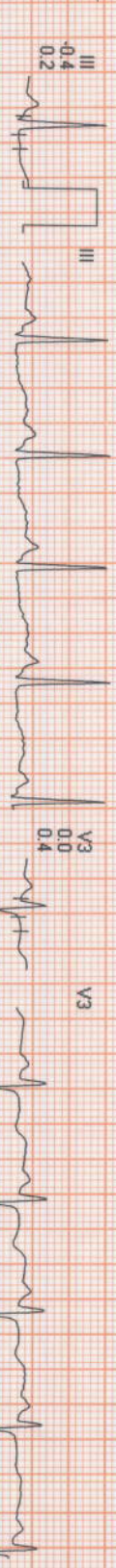
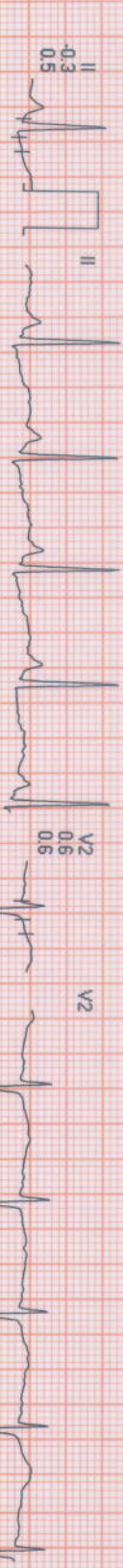
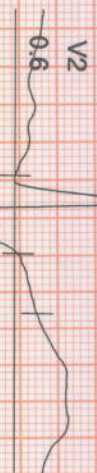


621 (23007020059) / ASHVINI SALVI / 36 Yrs / F / 153 Cms / 54 Kg / HR : 96

Date: 11 / 03 / 2023 01:22:57 PM METS: 1.0/ 96 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

STANDING (00:00)

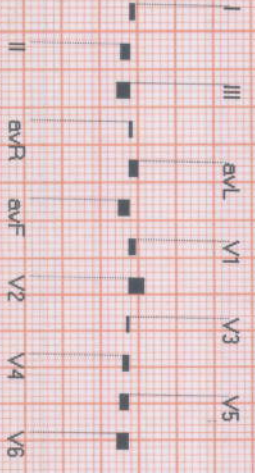
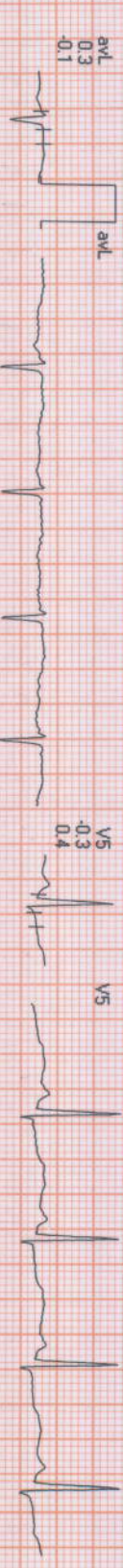
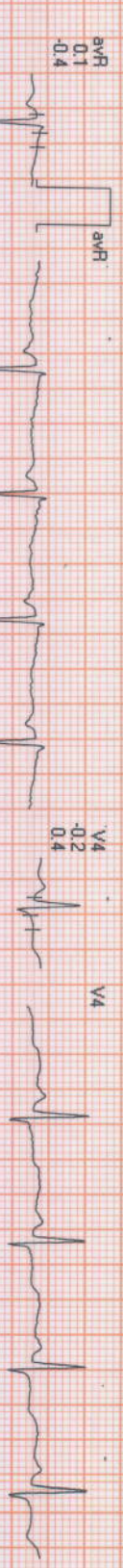
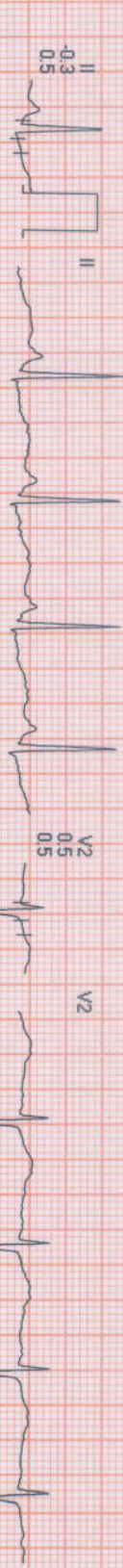
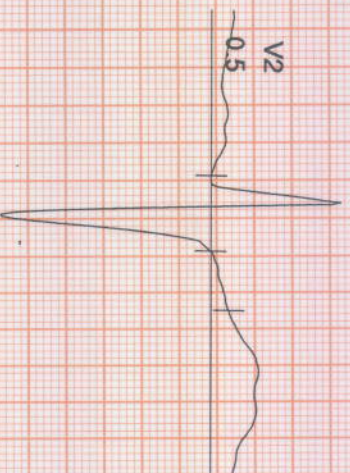


621 (23007020059) / ASHVINI SALVI / 36 Yrs / F / 153 Cms / 54 Kg / HR : 95

Date: 11 / 03 / 2023 01:22:57 PM METS: 1.0/ 95 bpm 52% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 mS Post J

EXTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

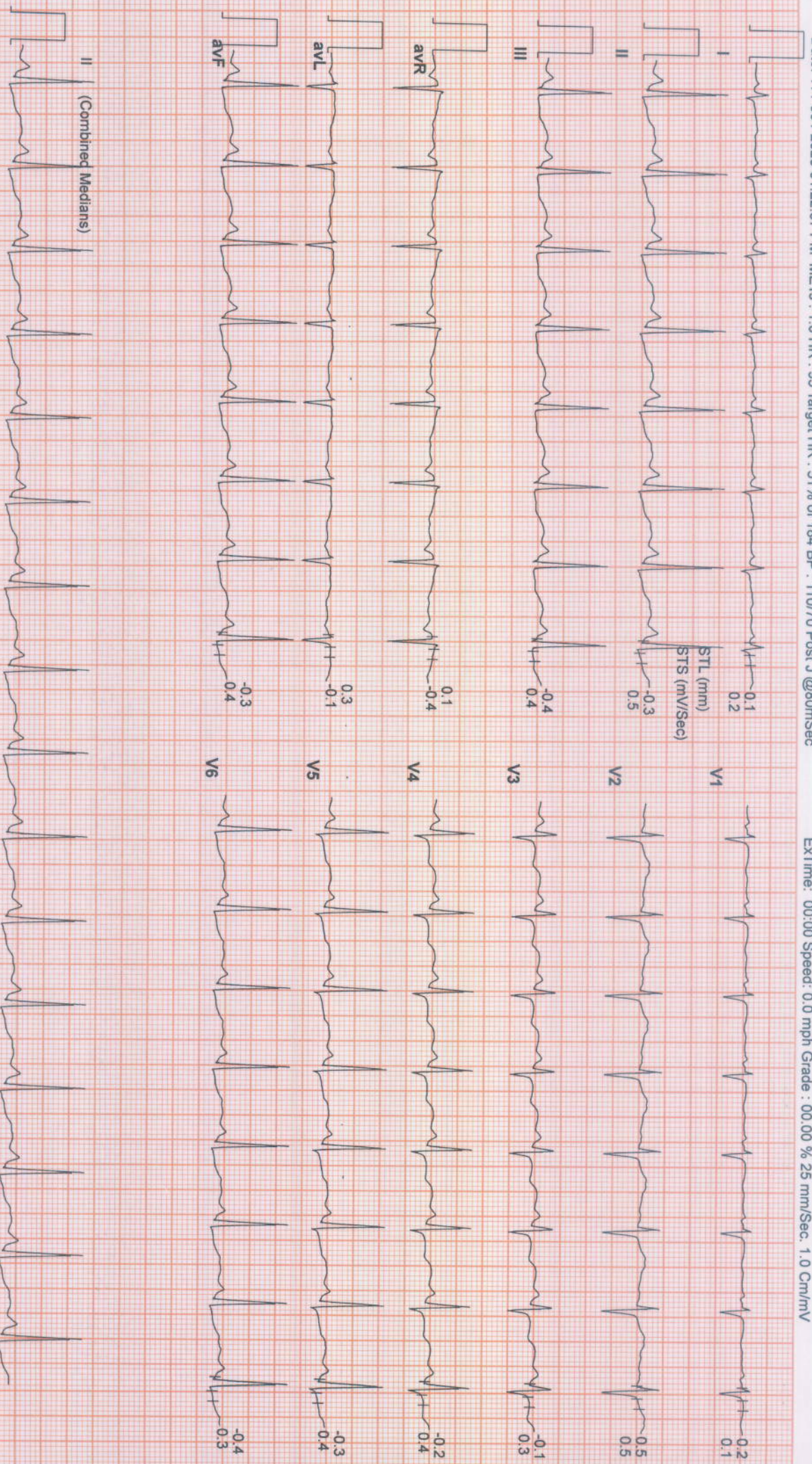
621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

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



Date: 11 / 03 / 2023 01:22:57 PM METs : 1.0 HR : 93 Target HR : 51% of 184 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

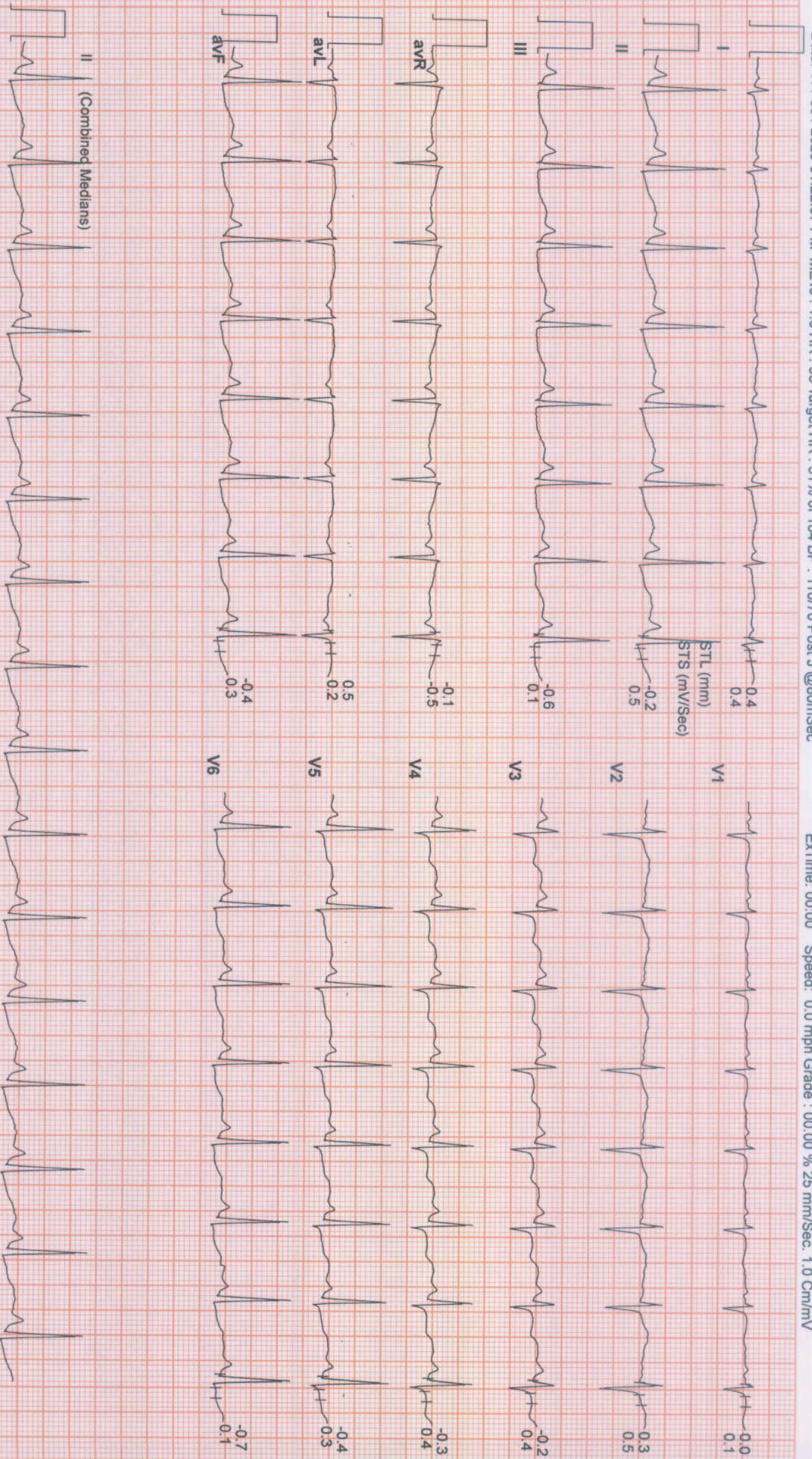
621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

6X2 Combine Medians + 1 Rhythm
EXStt



Date: 11 / 03 / 2023 01:22:57 PM METs : 1.0 HR : 93 Target HR : 51% of 184 BP : 110/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

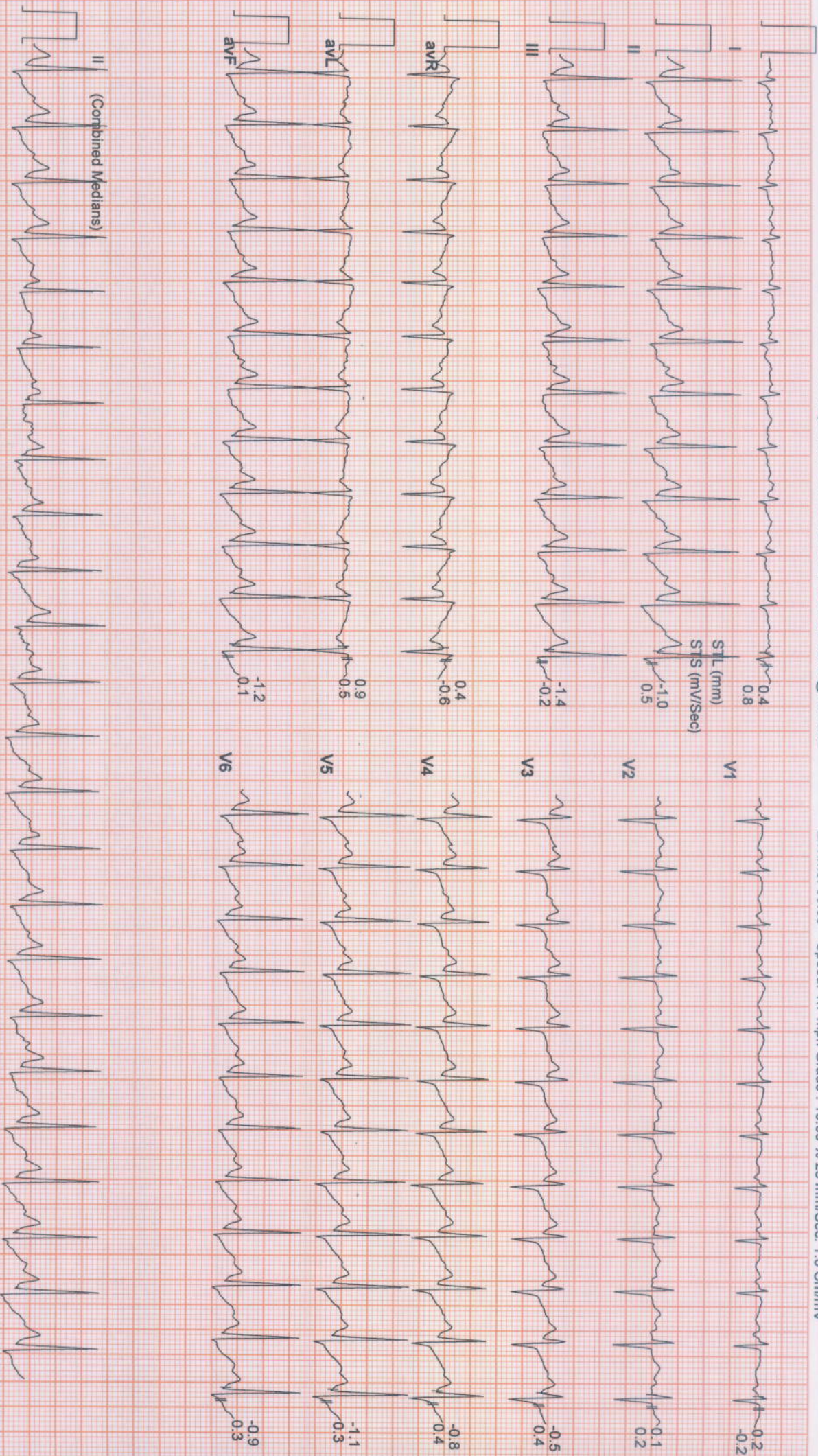
621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

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



Date: 11 / 03 / 2023 01:22:57 PM METs : 4.7 HR : 146 Target HR : 79% of 184 BP : 120/70 Post J @10mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 11 / 03 / 2023 01:22:57 PM METs : 5.4 HR : 157 Target HR : 85% of 184 BP : 140/80 Post J @20mSec

ExTime: 03:52 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

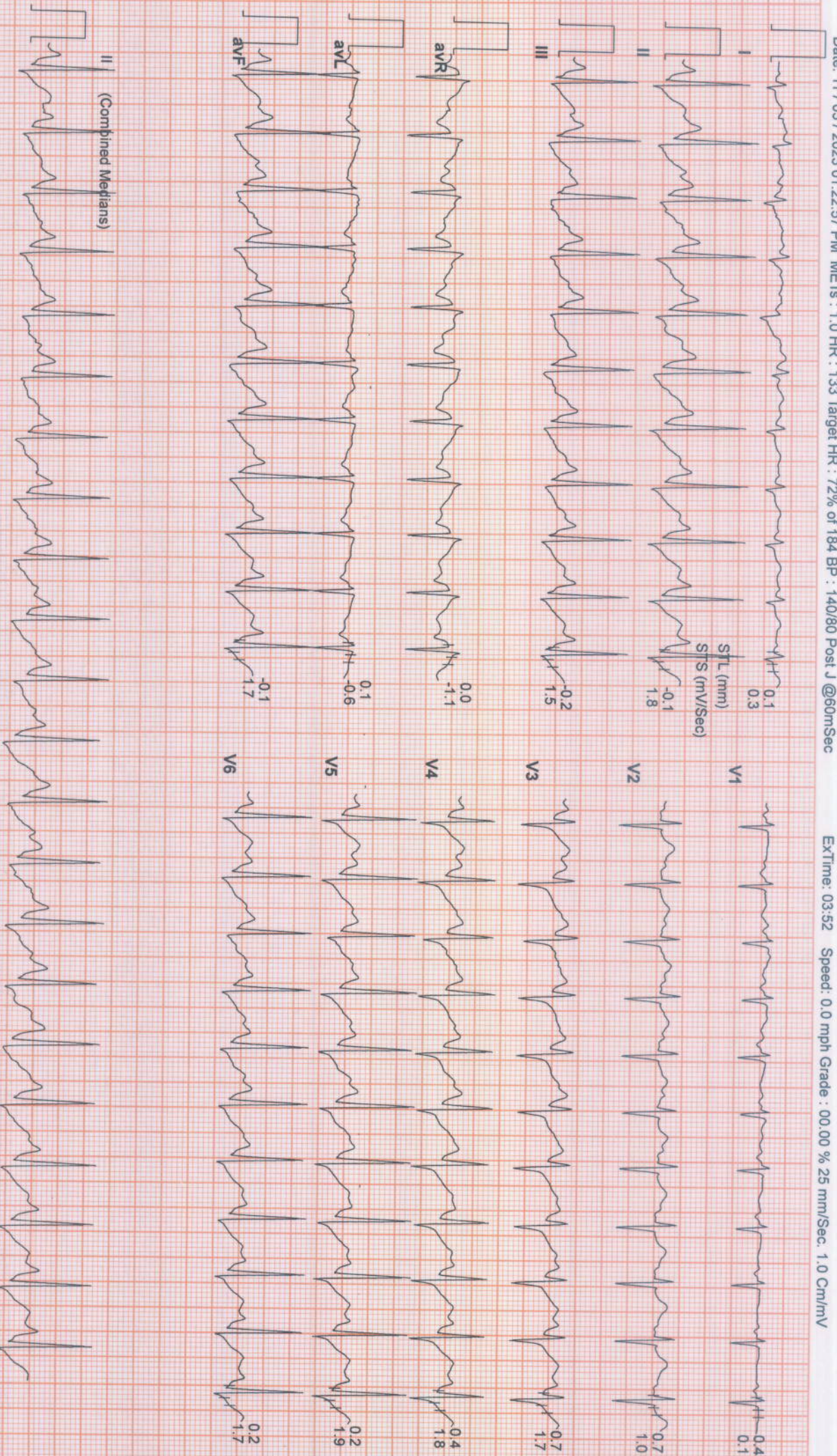
621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

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



Date: 11 / 03 / 2023 01:22:57 PM METs : 1.0 HR : 133 Target HR : 72% of 184 BP : 140/80 Post J @60mSec

ExTime: 03:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

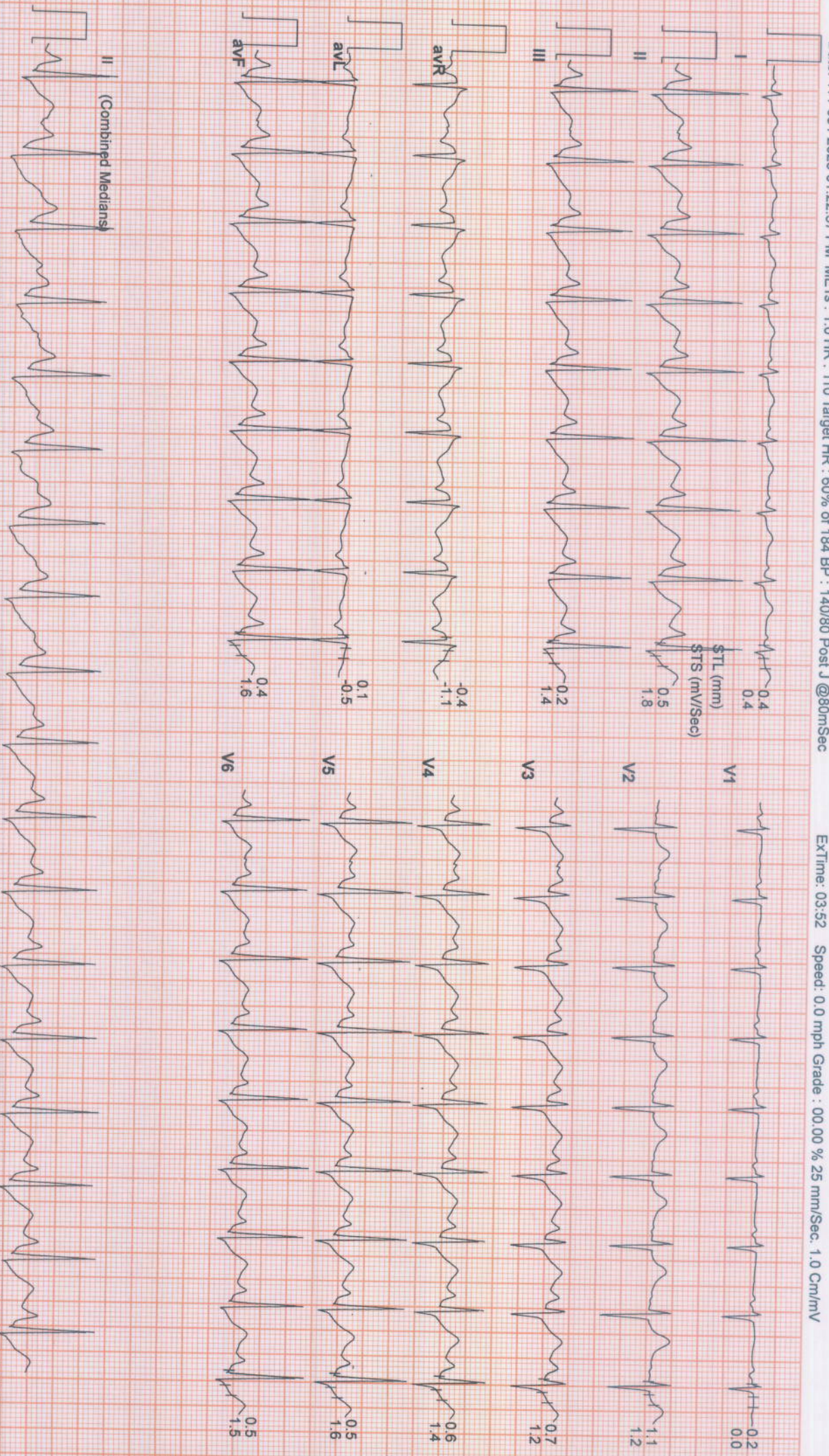
621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

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



Date: 11 / 03 / 2023 01:22:57 PM METs : 1.0 HR : 110 Target HR : 60% of 164 BP : 140/80 Post J @80mSec

EXTime: 03:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

621 / ASHVINI SALVI / 36 Yrs / Female / 153 Cm / 54 Kg

Date: 11 / 03 / 2023 01:22:57 PM METS : 1.0 HR : 112 Target HR : 61% of 184 BP : 120/70 Post J @80mSec

ExTime: 03:52 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:16)

