

PHYSICAL EXAMINATION REPORT

|              |               |          |       |
|--------------|---------------|----------|-------|
| Patient Name | Jisna Johnson | Sex/Age  | F/27  |
| Date         | 27/11/23      | Location | Thane |

History and Complaints

H/O - Ear infection (Rt) (2019)  
- Key-hole surgery was done.

EXAMINATION FINDINGS:

|                |        |             |      |
|----------------|--------|-------------|------|
| Height (cms):  | 161    | Temp (0c):  | 37.2 |
| Weight (kg):   | 72.5   | Skin:       |      |
| Blood Pressure | 120/80 | Nails:      | NAD  |
| Pulse          | 72/min | Lymph Node: |      |

Systems :

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

Impression: BSL (+) - Impaired. + ↓ HDL.  
Urine - 6-8 pus cells/hpf.  
- Trace Blood.  
ECG - Non specific T wave changes in lead V1, V2, V3



Date: 27/11/23 CID: 2333/00485  
 Name: Tina Thorson Sex / Age: F. 27

**EYE CHECK UP**

Chief complaints: Red

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 36/6 NUB2 N.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.

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**





CID : 2333100405  
Name : MRS. JISNA JOHNSON  
Age / Gender : 27 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:41  
Reported : 27-Nov-2023 / 11:40

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

| PARAMETER   | RESULTS | BIOLOGICAL REF RANGE | METHOD             |
|---|---------|----------------------|--------------------|
| <b>RBC PARAMETERS</b>   |         |                      |                    |
| Haemoglobin   | 12.2    | 12.0-15.0 g/dL       | Spectrophotometric |
| RBC   | 3.98    | 3.8-4.8 mil/cmm      | Elect. Impedance   |
| PCV   | 36.0    | 36-46 %              | Measured           |
| MCV   | 90.4    | 80-100 fl            | Calculated         |
| MCH   | 30.5    | 27-32 pg             | Calculated         |
| MCHC  | 33.7    | 31.5-34.5 g/dL       | Calculated         |
| RDW   | 13.3    | 11.6-14.0 %          | Calculated         |
| <b>WBC PARAMETERS</b>   |         |                      |                    |
| WBC Total Count   | 7750    | 4000-10000 /cmm      | Elect. Impedance   |
| <b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>                         |         |                      |                    |
| Lymphocytes   | 32.6    | 20-40 %              |                    |
| Absolute Lymphocytes  | 2526.5  | 1000-3000 /cmm       | Calculated         |
| Monocytes   | 6.0     | 2-10 %               |                    |
| Absolute Monocytes  | 465.0   | 200-1000 /cmm        | Calculated         |
| Neutrophils   | 60.6    | 40-80 %              |                    |
| Absolute Neutrophils  | 4696.5  | 2000-7000 /cmm       | Calculated         |
| Eosinophils   | 0.8     | 1-6 %                |                    |
| Absolute Eosinophils  | 62.0    | 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>PLATELET PARAMETERS</b>  |         |                      |                    |
| Platelet Count  | 354000  | 150000-400000 /cmm   | Elect. Impedance   |
| MPV   | 7.9     | 6-11 fl              | Calculated         |
| PDW   | 9.4     | 11-18 %              | Calculated         |
| <b>RBC MORPHOLOGY</b>   |         |                      |                    |
| Hypochromia   | -       |                      |                    |
| Microcytosis  | -       |                      |                    |

Authenticity Check



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 22 2-20 mm at 1 hr. Sedimentation

\*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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Reg. Location : G. B Road, Thane West (Main Centre)

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Reported : 27-Nov-2023 / 12:07

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

| PARAMETER                                | RESULTS | BIOLOGICAL REF RANGE  | METHOD                                      |
|--|---------|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 110.7   | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: > / = 126 mg/dl   | Hexokinase                                  |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 129.2   | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: > / = 200 mg/dl | Hexokinase                                  |
| BILIRUBIN (TOTAL), Serum                 | 0.57    | 0.1-1.2 mg/dl   | Diazo                                       |
| BILIRUBIN (DIRECT), Serum                | 0.19    | 0-0.3 mg/dl   | Diazo                                       |
| BILIRUBIN (INDIRECT), Serum              | 0.38    | 0.1-1.0 mg/dl   | Calculated                                  |
| TOTAL PROTEINS, Serum                    | 6.6     | 6.4-8.3 g/dL  | Biuret                                      |
| ALBUMIN, Serum                           | 4.5     | 3.5-5.2 g/dL  | BGG   |
| GLOBULIN, Serum                          | 2.1     | 2.3-3.5 g/dL  | Calculated                                  |
| AVG RATIO, Serum                         | 2.1     | 1 - 2   | Calculated                                  |
| SGOT (AST), Serum                        | 14.1    | 5-32 U/L  | IFCC without pyridoxal phosphate activation |
| SGPT (ALT), Serum                        | 8.0     | 5-33 U/L  | IFCC without pyridoxal phosphate activation |
| GAMMA GT, Serum                          | 10.7    | 3-40 U/L  | IFCC  |
| ALKALINE PHOSPHATASE, Serum              | 83.7    | 35-105 U/L  | PNPP  |
| BLOOD UREA, Serum                        | 18.2    | 12.8-42.8 mg/dl   | Urease & GLDH                               |
| BUN, Serum                               | 8.5     | 6-20 mg/dl  | Calculated                                  |
| CREATININE, Serum                        | 0.74    | 0.51-0.95 mg/dl   | Enzymatic                                   |



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 12:21  
Reported : 27-Nov-2023 / 15:23

|             |     |                                    |            |
|-------------|-----|------------------------------------|------------|
| eGFR, Serum | 114 | (ml/min/1.73sqm)                   | Calculated |
|             |     | Normal or High: Above 90           |            |
|             |     | Mild decrease: 60-89               |            |
|             |     | Mild to moderate decrease: 45-59   |            |
|             |     | Moderate to severe decrease: 30-44 |            |
|             |     | Severe decrease: 15-29             |            |
|             |     | Kidney failure: <15                |            |

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

|                         |        |               |         |
|-------------------------|--------|---------------|---------|
| URIC ACID, Serum        | 5.3    | 2.4-5.7 mg/dl | Uricase |
| 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
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MD ( Path )  
Pathologist

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Collected : 27-Nov-2023 / 09:41  
Reported : 27-Nov-2023 / 11:36

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

| PARAMETER                                     | RESULTS | BIOLOGICAL REF RANGE   | METHOD     |
|---|---------|--|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.4     | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: > / = 6.5 % | HPLC       |
| Estimated Average Glucose (eAG), EDTA WB - CC | 108.3   | 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 \*\*\*

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Pathologist





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Collected : 27-Nov-2023 / 09:41  
Reported : 27-Nov-2023 / 13:54

**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                   | Slight hazy  | Clear                | -                  |
| Volume (ml)                    | 50           | -                    | -                  |
| <b>CHEMICAL EXAMINATION</b>    |              |                      |                    |
| Proteins                       | Absent       | Absent               | pH Indicator       |
| Glucose                        | Absent       | Absent               | GOD-POD            |
| Ketones                        | Absent       | Absent               | Legals Test        |
| Blood                          | Trace        | Absent               | Peroxidase         |
| Bilirubin                      | Absent       | Absent               | Diazonium Salt     |
| Urobilinogen                   | Normal       | Normal               | Diazonium Salt     |
| Nitrite                        | Absent       | Absent               | Griess Test        |
| <b>MICROSCOPIC EXAMINATION</b> |              |                      |                    |
| Leukocytes(Pus cells)/hpf      | 6-8          | 0-5/hpf              |                    |
| Red Blood Cells / hpf          | Occasional   | 0-2/hpf              |                    |
| Epithelial Cells / hpf         | 10-12        |                      |                    |
| Casts                          | Absent       | Absent               |                    |
| Crystals                       | Absent       | Absent               |                    |
| Amorphous debris               | Absent       | Absent               |                    |
| Bacteria / hpf                 | 10-12        | Less than 20/hpf     |                    |
| Others                         | -            |                      |                    |

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack Insert

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

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Reported : 27-Nov-2023 / 13:37

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

| PARAMETER | RESULTS  |
|-----------|----------|
| ABO GROUP | B        |
| 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 isagglutinins are fully developed at 2 to 4 years of age. It 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 Hammenig, 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 \*\*\*

*Dr. Imran Mujawar*  
**Dr. IMRAN MUJAWAR**  
MD (Path)  
Pathologist



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

| PARAMETER                        | RESULTS | BIOLOGICAL REF RANGE   | METHOD                                   |
|----------------------------------|---------|--|--|
| CHOLESTEROL, Serum               | 108.0   | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >=240 mg/dl  | CHOD-POD                                 |
| TRIGLYCERIDES, Serum             | 97.1    | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high: >=500 mg/dl                                    | GPO-POD                                  |
| HDL CHOLESTEROL, Serum           | 34.3    | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl  | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum       | 73.7    | Desirable: <130 mg/dl<br>Borderline-high: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very high: >=190 mg/dl                                 | Calculated                               |
| LDL CHOLESTEROL, Serum           | 55.0    | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >= 190 mg/dl | Calculated                               |
| VLDL CHOLESTEROL, Serum          | 18.7    | < / = 30 mg/dl   | Calculated                               |
| CHOL / HDL CHOL RATIO, Serum     | 3.1     | 0-4.5 Ratio  | Calculated                               |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.6     | 0-3.5 Ratio  | Calculated                               |

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

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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      | 5.6            | 3.5-6.5 pmol/L  | ECLIA         |
| Free T4, Serum      | 16.9           | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59 | ECLIA         |
| sensitiveTSH, Serum | 1.28           | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0   | ECLIA         |



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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 upto 15 microIU/ml should be correlated clinically or repeat this 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 200%. **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. >6 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 kouroun 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) PYT, LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*J. Mujawar*  
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Pathologist

Authenticity Check



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Age / Sex : 27 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2023  
Reported : 27-Nov-2023 / 9:42

**X-RAY CHEST PA VIEW**

Rotation +

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 Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112708411027>





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Age / Sex : 27 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 27-Nov-2023  
Reported : 27-Nov-2023 / 9:52

### 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 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 9.2 x 4.2 cm. Left kidney measures 10.3 x 4.7 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 6.1 x 3.8 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112708411013>



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**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

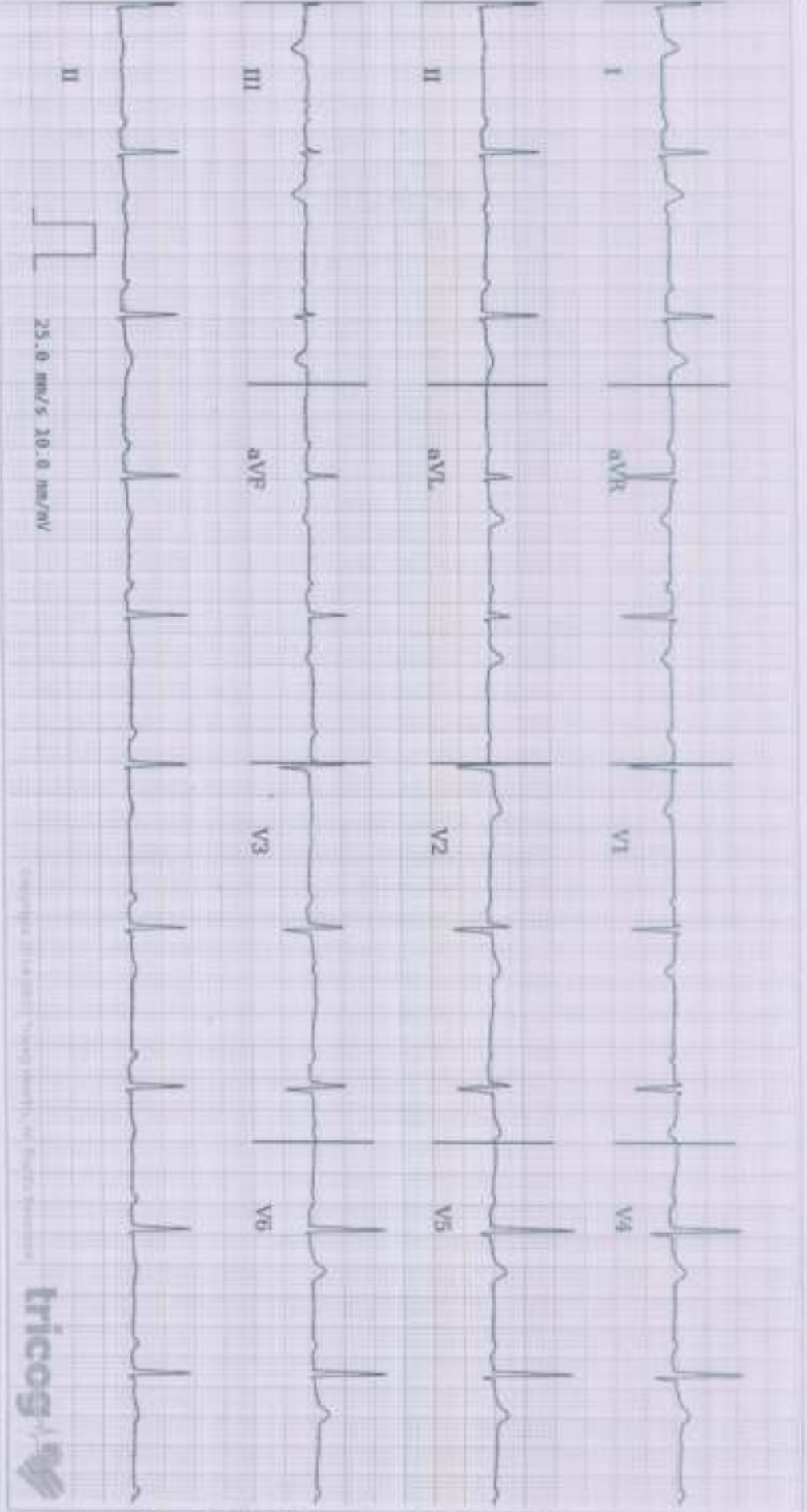
Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112708411013>

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Patient Name: JISNA JOHNSON  
Patient ID: 2333100405  
Date and Time: 27th Nov 23 9:00 AM



25.0 mm/s 10.0 mm/mV

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Age: 27 NA NA  
years months days

Gender: Female

Heart Rate: 62bpm

Patient Vitals

BP: 120/80 mmHg

Weight: 72 kg

Height: 161 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 68ms

QT: 407ms

QTcd: 408ms

PR: 198ms

P-R-T: 35° 37° -5°

REPORTED BY

*Arundha*

Dr. Arundha S. Menon  
MD Internal Medicine  
Reg No. 20079 M.M.C.

Simus Rhythm. rsT' Pattern in V1. Nonspecific T wave changes seen in Inferior wall and V3 leads. Kindly correlate clinically. Please correlate clinically.

Reference: 1) Standard 12-lead ECG. Used on ECG sheet, and should be used for all standard or clinical purposes, regardless of other devices, and also requires code and name, be interpreted by a qualified physician. 2) Standard 12-lead ECG. Used on ECG sheet, and should be used for all standard or clinical purposes, regardless of other devices, and also requires code and name, be interpreted by a qualified physician.



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

Report



EMAIL:

240 (23333100320) / JISNA JOHNSON / 27 Yrs / F / 161 Cms / 72 Kg

Date: 27 / 11 / 2023 11:22:26 AM

| Stage         | Time  | Duration | Speed(mph) | Elevation | METS | Rate | % THR | BP     | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|-------|--------|-----|-----|----------|
| Supine        | 00:03 | 0:03     | 00.0       | 00.0      | 01.0 | 088  | 51 %  | 110/80 | 107 | 00  |          |
| Standing      | 00:06 | 0:03     | 00.0       | 00.0      | 01.0 | 083  | 48 %  | 110/80 | 102 | 00  |          |
| HV            | 00:08 | 0:02     | 00.0       | 00.0      | 01.0 | 093  | 48 %  | 110/80 | 102 | 00  |          |
| ExStart       | 00:18 | 0:08     | 00.0       | 00.0      | 01.0 | 088  | 46 %  | 110/80 | 096 | 00  |          |
| BRUCE Stage 1 | 03:16 | 3:00     | 01.7       | 10.0      | 04.7 | 118  | 61 %  | 120/80 | 141 | 00  |          |
| BRUCE Stage 2 | 06:16 | 3:00     | 02.5       | 12.0      | 07.1 | 143  | 74 %  | 130/80 | 186 | 00  |          |
| BRUCE Stage 3 | 09:16 | 3:00     | 03.4       | 14.0      | 10.2 | 163  | 84 %  | 140/80 | 228 | 00  |          |
| PeakEx        | 09:30 | 0:14     | 04.2       | 16.0      | 10.5 | 166  | 86 %  | 140/80 | 232 | 00  |          |
| Recovery      | 10:30 | 1:00     | 00.0       | 00.0      | 04.2 | 142  | 74 %  | 130/80 | 184 | 00  |          |
| Recovery      | 11:30 | 2:00     | 00.0       | 00.0      | 01.0 | 106  | 65 %  | 130/80 | 137 | 00  |          |
| Recovery      | 12:16 |          |            |           | 00.0 | 000  | 0 %   | ---    | 000 | 00  |          |

**FINDINGS :**

Exercise Time : 09:14  
 Initial HR (ExStrt) : 88 bpm 46% of Target 193  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max Workload Attained : 10.5 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : V4 & -1.8 mm In Stage 3  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 166 bpm 86% of Target 193  
 Max BP Attained 140/80 (mm/Hg)

**DR KAVIN SHAH**  
 MBBS D CARD  
 CARDIOLOGIST  
 3488

Doctor : DR KAVIN SHAH



EMail: 240 / JISNA JOHNSON / 27 Yrs / F / 161 Cms / 72 Kg Date: 27 / 11 / 2023 11:22:26 AM

**REPORT :**

Sample Name: Stress Test Graded Exercise Treadmill

**CONCLUSIONS:**

1. Stress test is negative for ischemia at moderate workload.
2. No significant ST - T changes.
3. No evidence of arrhythmias.
4. Blood pressure response to exercise is normal.
5. Good effort tolerance.

**DR KAVIN SHAH**  
MBBS D CARO  
CARDIOLOGIST  
3488

Doctor - DR KAVIN SHAH



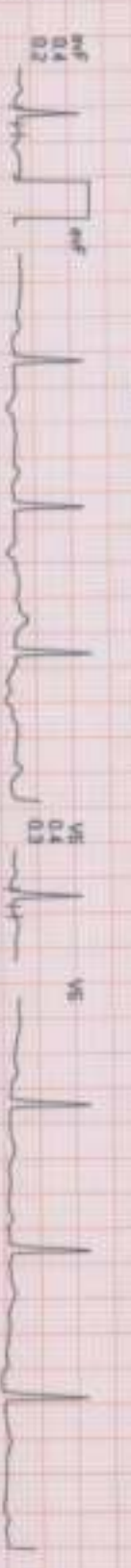
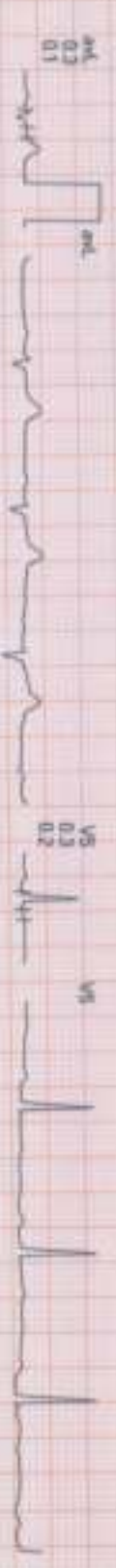
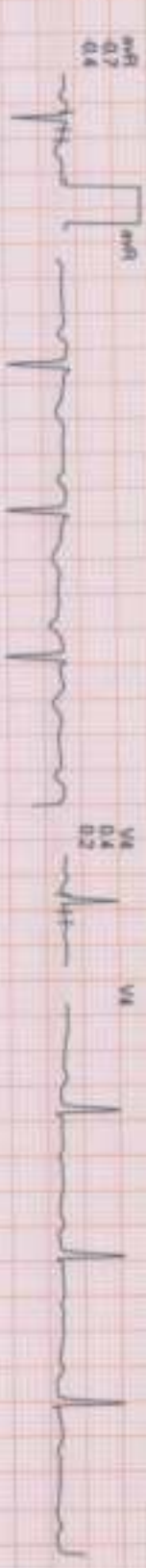
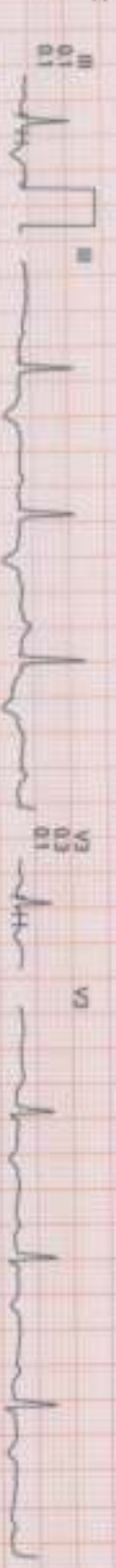
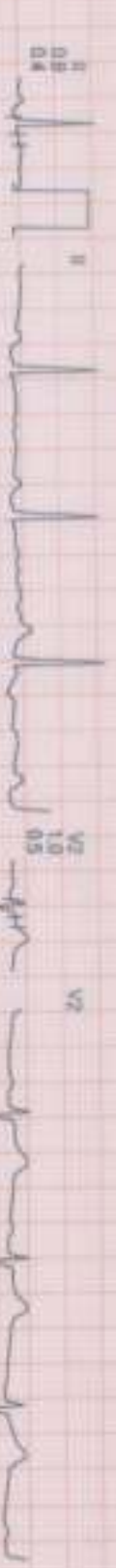
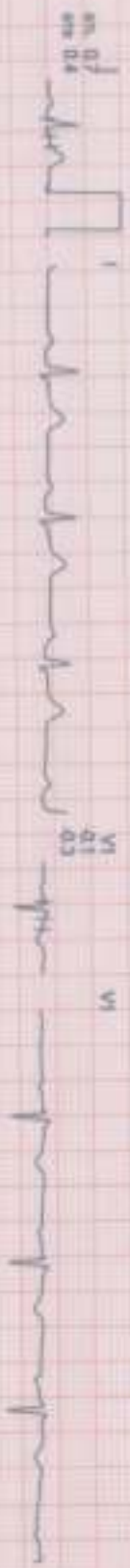


240 (2023100220) / JISNA JOHANSON / 27 Yrs / F / 161 Cms / 72 Kg / HR : 98

Date: 27 / 11 / 2023 11:22:28 AM METS: 1.0/ 98 bpm 51% of THR EP: 110/00 mmHg Pw ECG/ BLD On/Noch On/HP: 0.05 H/L/F: 35 /4

4X 80 mc Pw J

EstTime: 00:00 0.0 mph 0.0% 25mmSec 1.0 DmmV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

**STANDING ( 00:00 )**

240 (23339100320) / JISNA JOHNSON / 27 Yrs / F / 161 Cms / 72 Kg / HR : 98

Date: 27 / 11 / 2023 11:22:26 AM METS: 1.0/ 98 bpm 51% of THR BP: 110/88 mmHg Raw ECG/BLC ON/NAOH ON/HF 0.05 Hz/LF 35 Hz

AX 88 and Final 1

ECTime: 00:00 0.0 mph 0.0%  
25 mm/sec 1.0 Cm/Div



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

HV ( 00:00 )

240 (23337003220) / JISNA JOHNSON / 27 Yrs / F / 161 Cms / 72 Kg / HR : 83



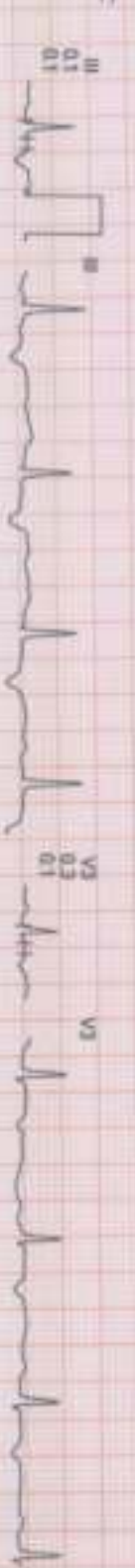
Date: 27 / 11 / 2023 11:22:26 AM

METS: 1.0 / 93 bpm 48% of THER BP: 110/80 mmHg Paw ECG/BLC/OW/Noch/OW/HF 0.05-HALF 35 Hz

EXTIME: 00:00 0.0 mPA 0.0%

4X 90 x5 Print J

25 mm/Sec 1.00mV/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

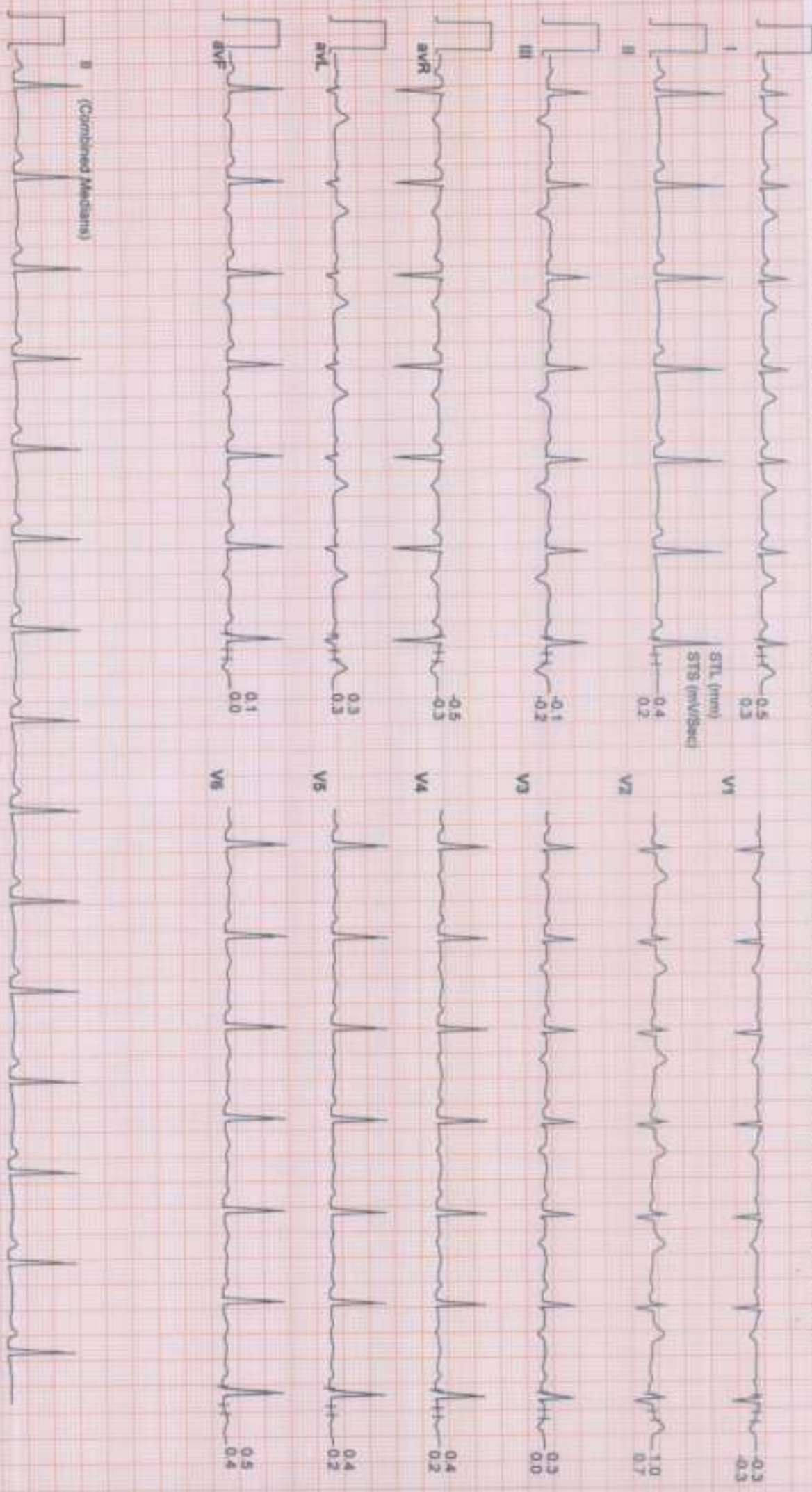
240 / JISNA JOHNSON / 27 Yrs / Female / 161 Cm / 72 Kg

6X2 Combine Medians + 1 Rhythm  
ExStr



Date: 27 / 11 / 2023 11:22:26 AM METs : 1.0 HR : 86 Target HR : 49% of 193 BP : 110/80 Post J @60mSec

EXTime: 00:00 Speed: 0.0 mph/Grade : 00.00 % 2.5 mm/Sec 1.0 Cm/mV

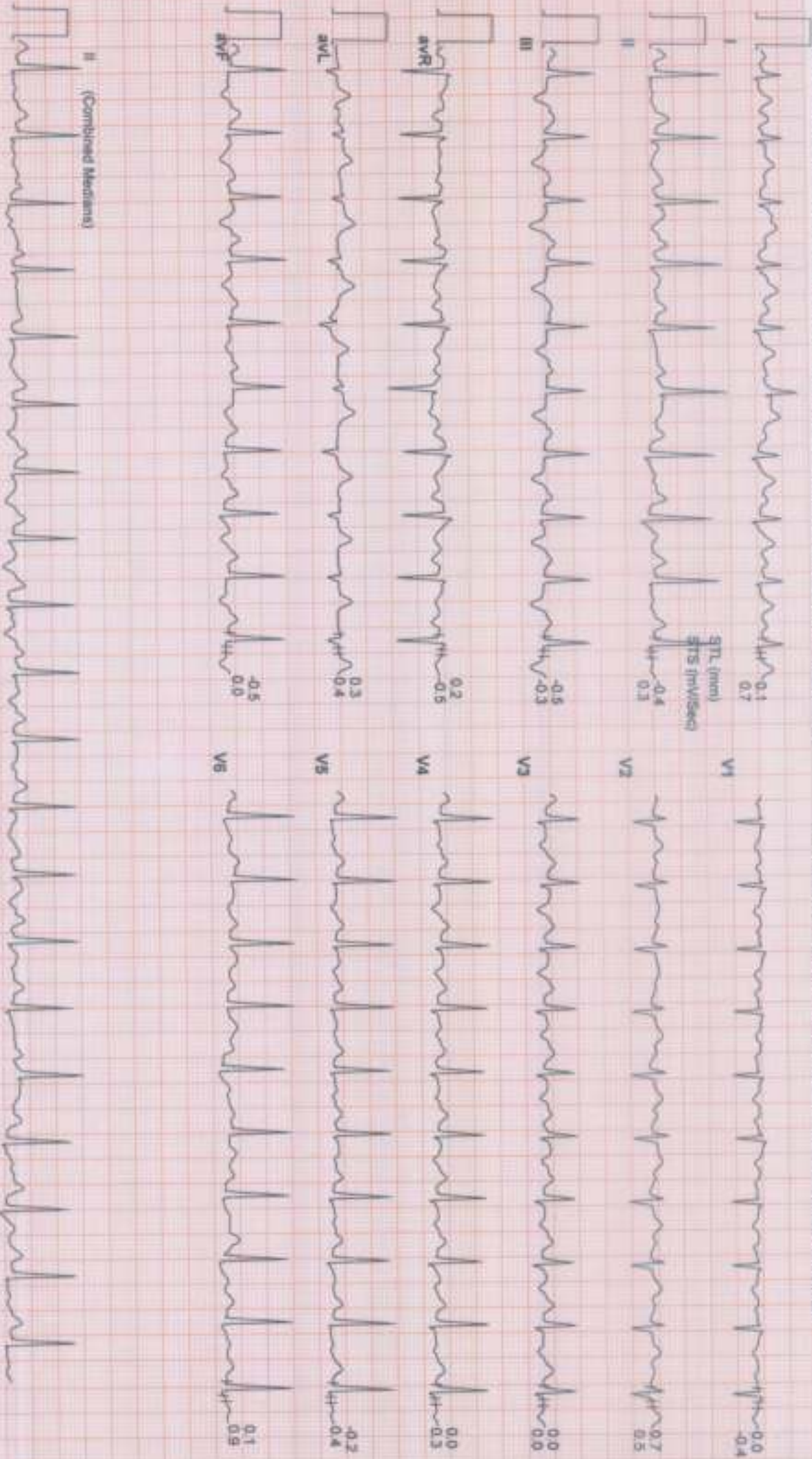






Date: 27 / 11 / 2023 11:22:25 AM METs : 4.7 HR : 118 Target HR : 61% of 193 BP : 120/80 Post J @5cm/Sec

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

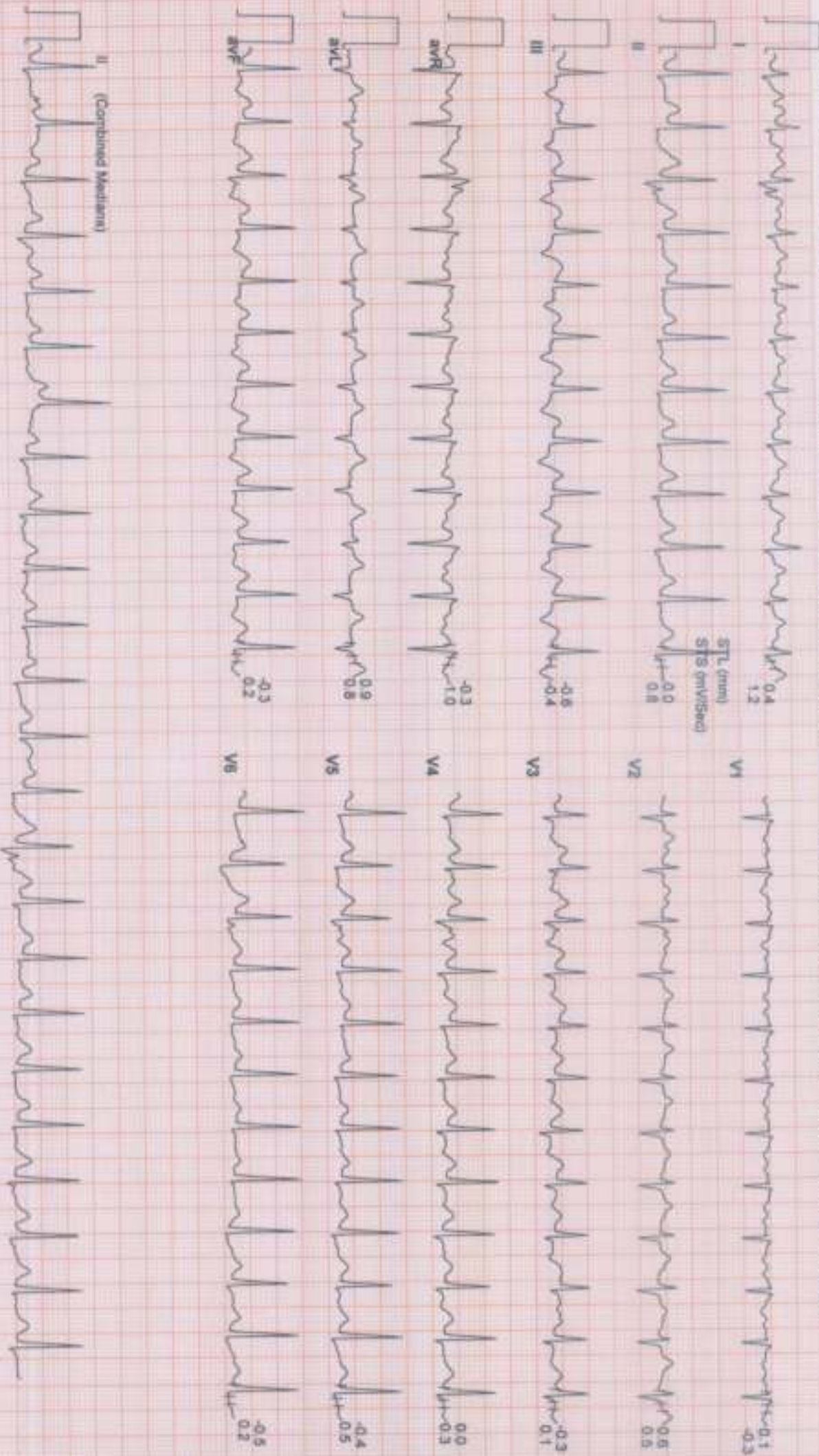






Date: 27 / 11 / 2023 11:22:26 AM METR : 7.1 HR : 143 Target HR : 74% of 193 BP : 130/80 Post J @60mSec

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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

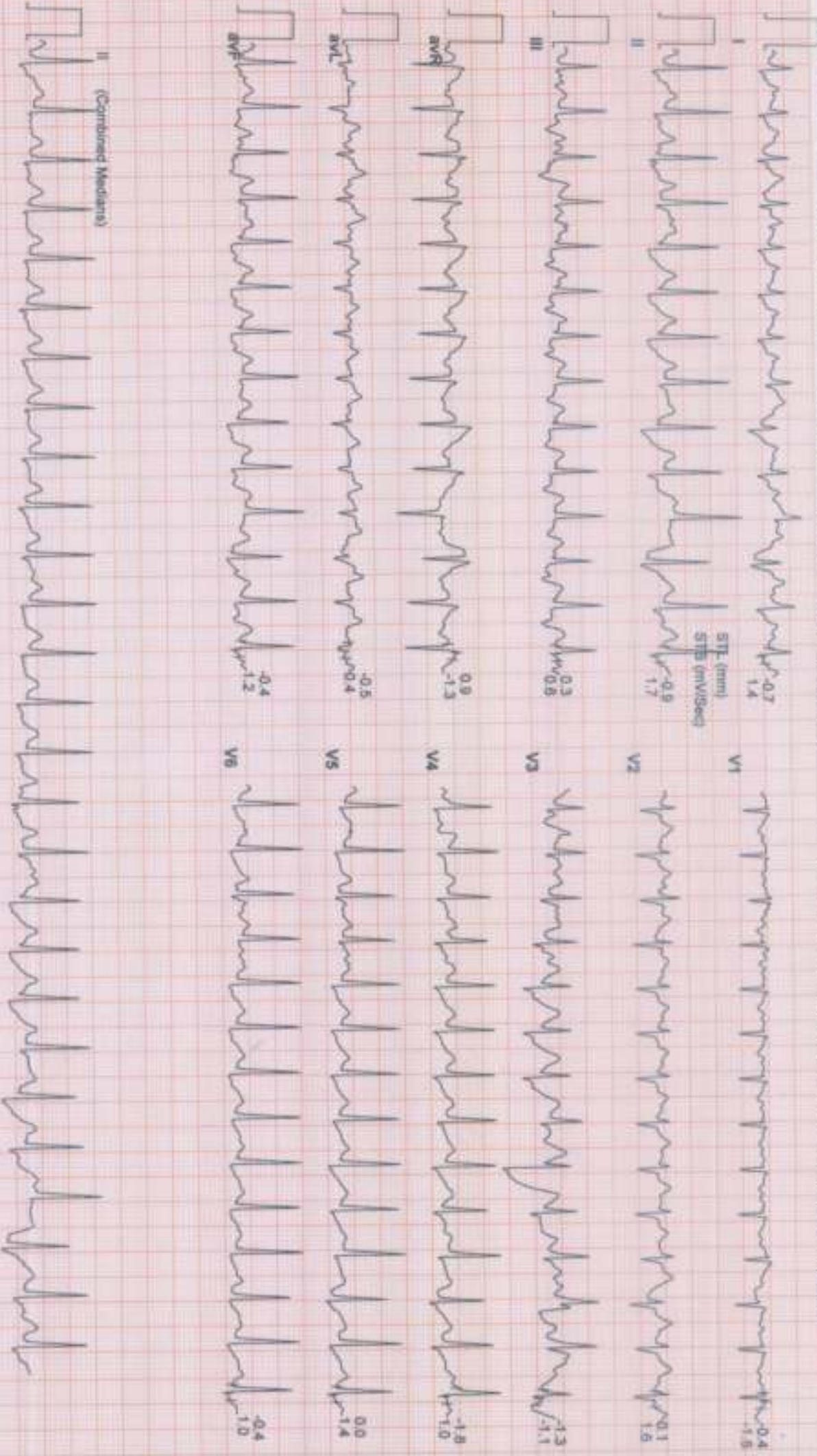
240 / JISNA JOHNSON / 27 Yrs / Female / 161 Cm / 72 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 3 ( 03:00 )



Date: 27 / 11 / 2023 11:22:26 AM METs : 10.2 HR : 163 Target HR : 84% of 193 BP : 140/90 Post J @6cm/Sec

ExTime: 09:00 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV

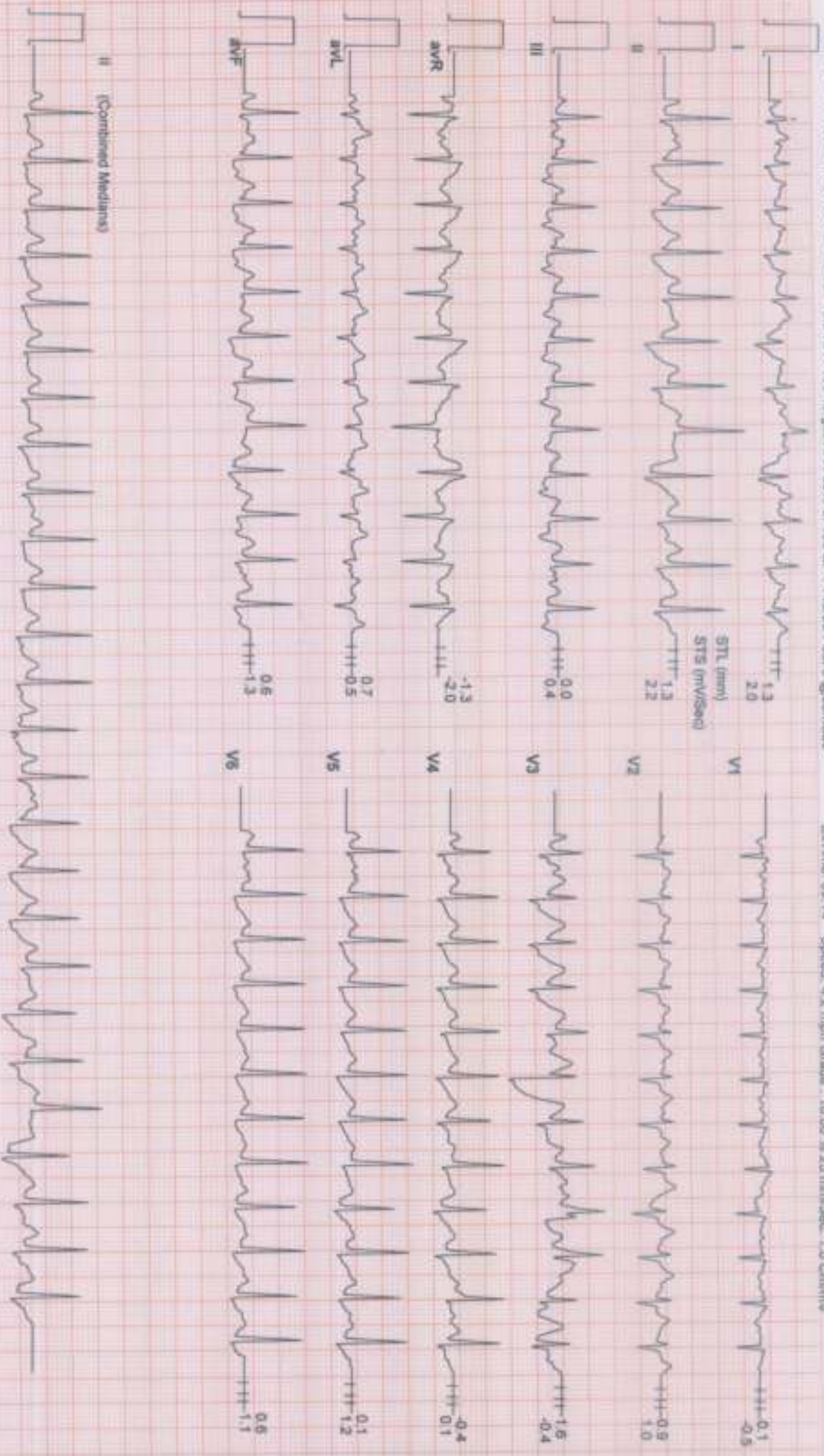






Date: 27 / 11 / 2023 11:22:26 AM METs : 10.5 HR : 166 Target HR : 86% of 193 BP : 140/80 Post J @50mSec

ExTime: 09:14 Speed: 4.2 mph Grade: 16.00 % 25 min:Sec 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

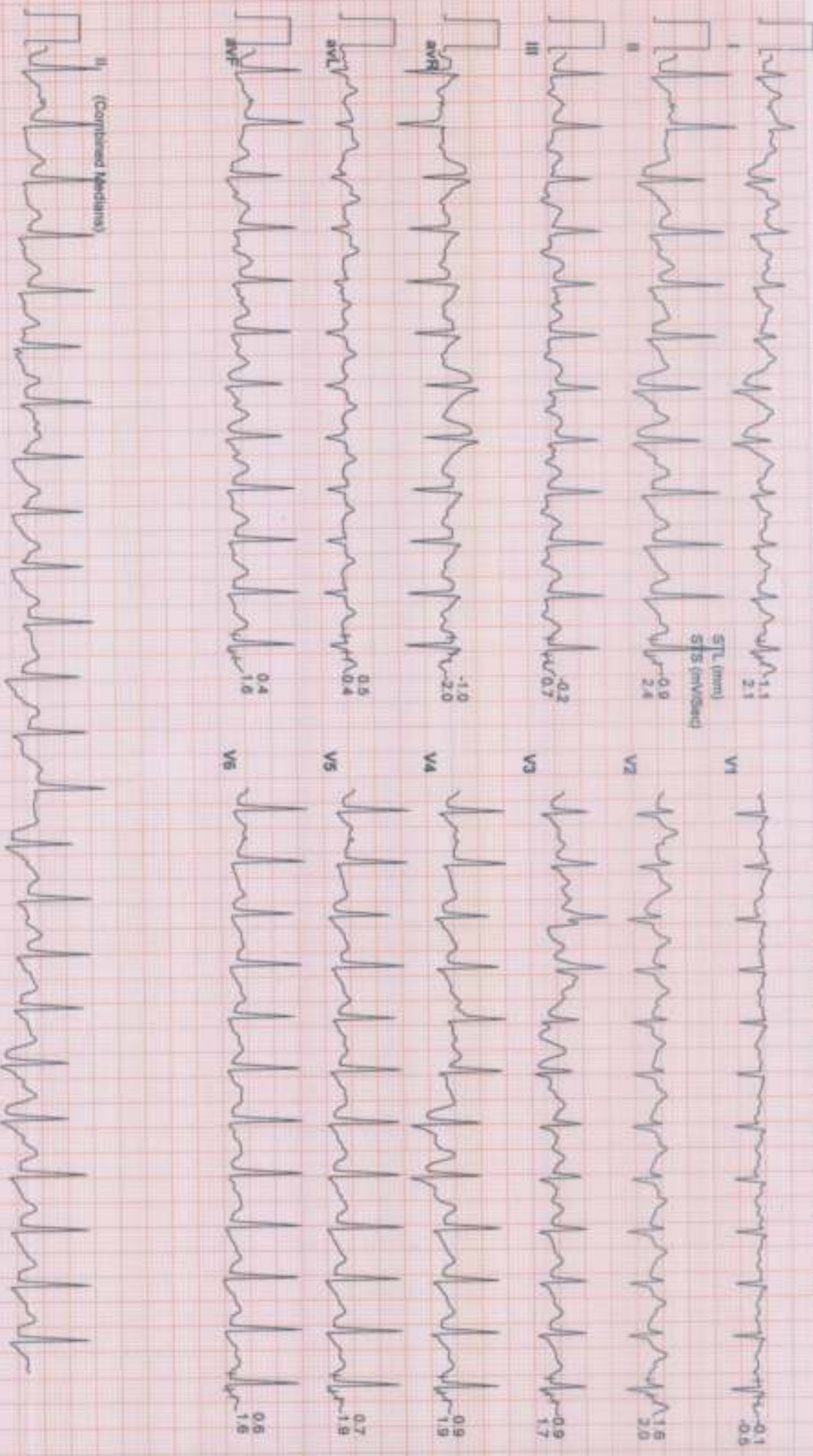
240 / JISNA JOHNSON / 27 Yrs / Female / 161 Cm / 72 Kg

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



Date: 27 / 11 / 2023 11:22:26 AM METs : 4.2 HR : 142 Target HR : 74% of 183 BP : 130/80 Post J @ComSec

ExTime: 08:14 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

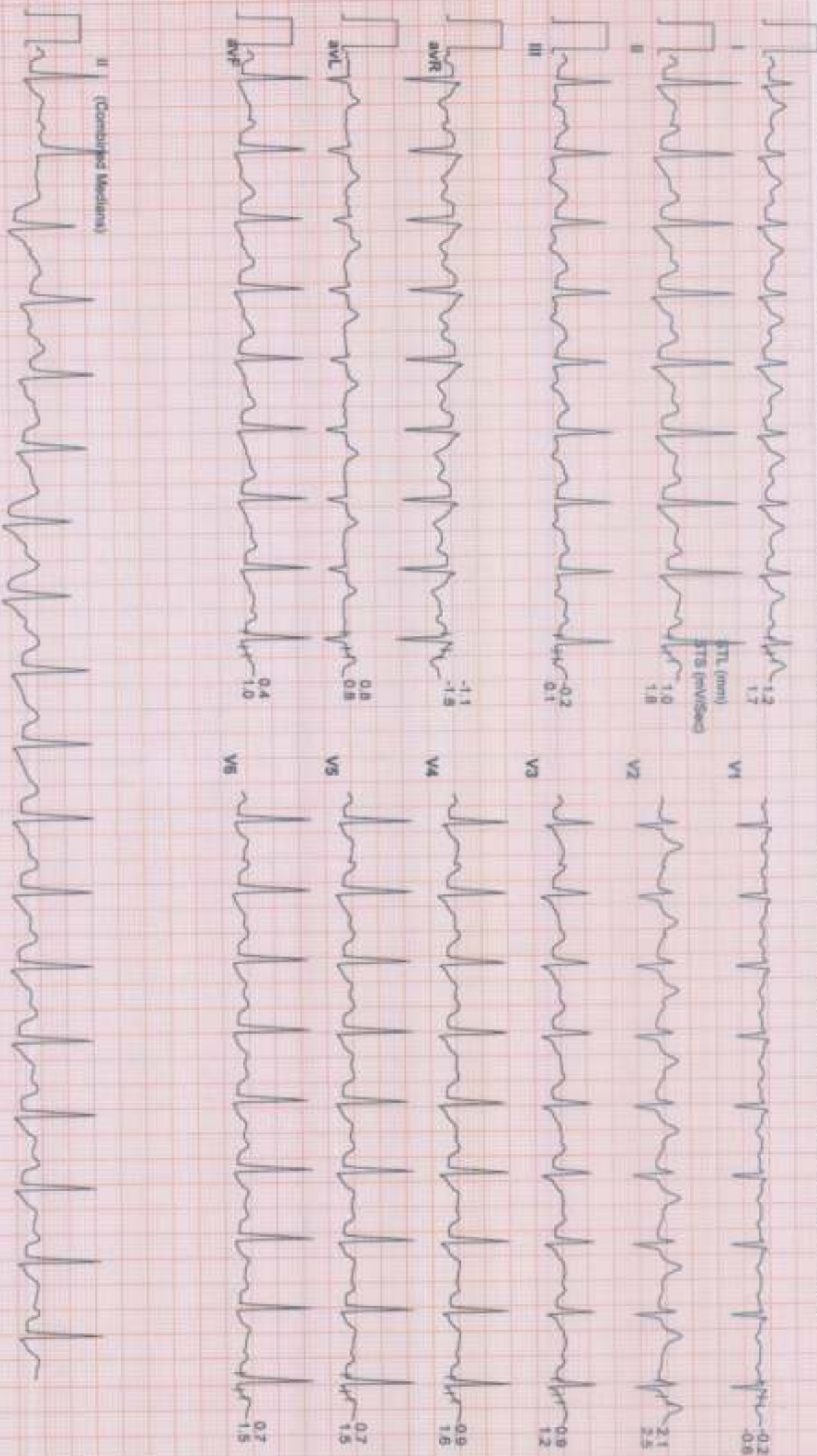
240 / JISNA JOHNSON / 27 Yrs / Female / 161 Cm / 72 Kg

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



Date: 27 / 11 / 2023 11:22:26 AM METs : 1.0 HR : 106 Target HR : 55% of 193 BP : 130/80 Power J @ 70mSec

ExTime: 09:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV







Date: 27 / 11 / 2023 11:22:26 AM METs : 1.0 HR : 100 Target HR : 52% of 193 BP : 110/80 Post J @50m/Sec

ExTime: 09:14 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/IV

