



CID : 2308912925  
Name : MRS.MOOLYA SANGITA TANIYA  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 09:14  
Reported : 30-Mar-2023 / 12:53

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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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.75	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5830	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	26.6	20-40 %	
Absolute Lymphocytes	1550.8	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	483.9	200-1000 /cmm	Calculated
Neutrophils	63.6	40-80 %	
Absolute Neutrophils	3707.9	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	75.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	11.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	221000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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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	82.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	120.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.72	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.45	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	14.6	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	9.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	131	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
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 : 30-Mar-2023 / 13:33

**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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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.

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



*Bmhasakar*

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	<b>Trace</b>	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	2-3	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 Borivali Lab, Borivali West

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



MC-2111



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Collected :  
Reported :

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



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Collected : 30-Mar-2023 / 09:14  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<b><u>PARAMETER</u></b>	<b><u>RESULTS</u></b>
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. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**







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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	206.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.2	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	60.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	146.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	130.0	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	16.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

\*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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Collected : 30-Mar-2023 / 09:14  
Reported : 30-Mar-2023 / 16:42

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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	ECLIA
Free T4, Serum	14.8	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	2.96	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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**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 \*\*\*

*Bmhaskar*

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





# SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: MOOLYA SANGITA TANIYA

Date and Time: 30th Mar 23 10:10 AM

Patient ID: 2308912925

Age **35** **5** **5**  
years months days

Gender **Female**

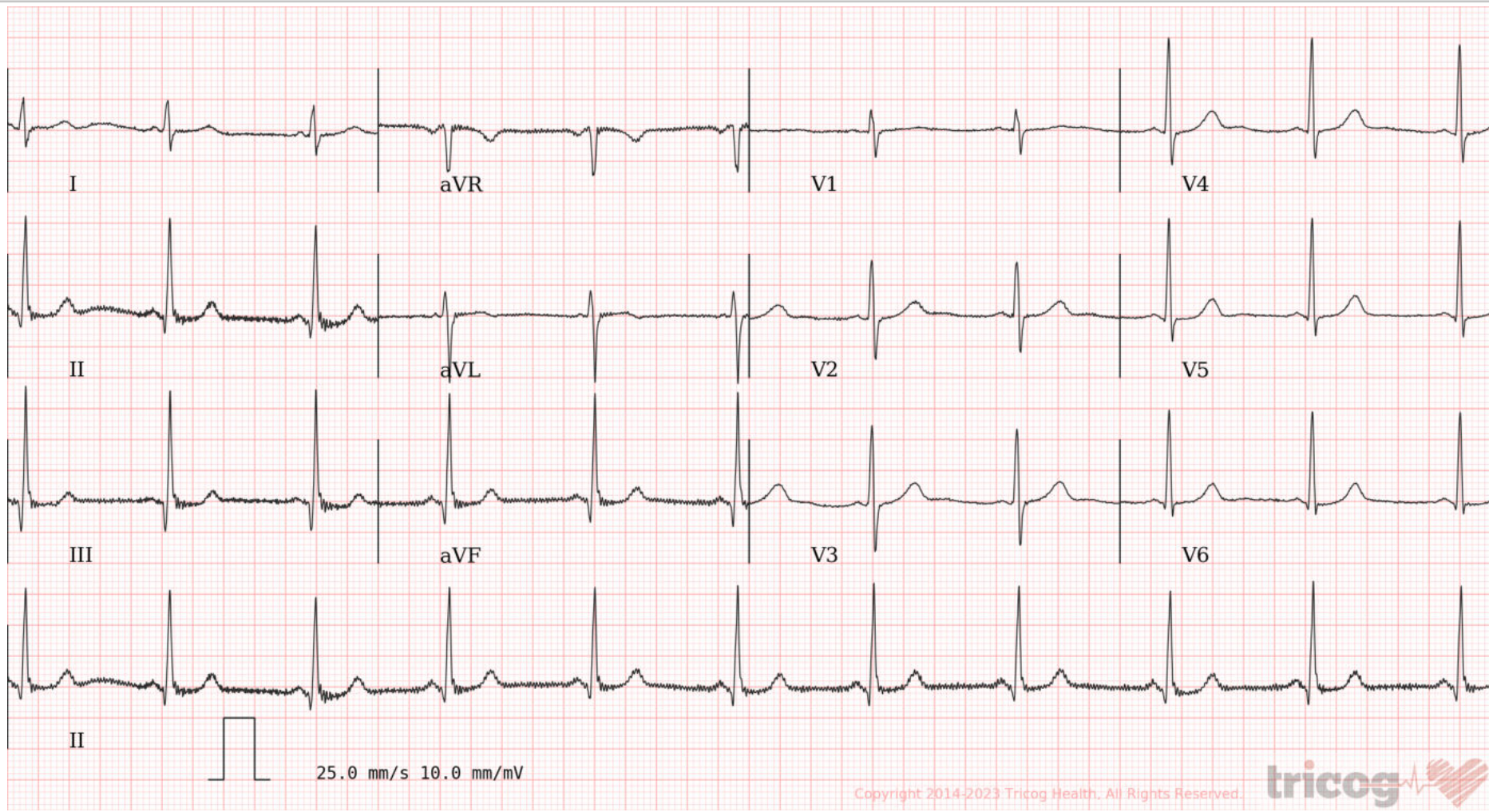
Heart Rate **65bpm**

### Patient Vitals

BP: 120/70 mmHg  
Weight: 64 kg  
Height: 154 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 86ms  
QT: 406ms  
QTcB: 422ms  
PR: 82ms  
P-R-T: 29° 85° 64°



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

REPORTED BY

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

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.



Date:- 30/3/23  
Name:- Moolya Sangita  
CID: 2308912925  
Sex / Age: 35/M

**EYE CHECK UP**

Chief complaints:  
Systemic Diseases:  
Past history:  
Unaided Vision:  
Aided Vision:  
Refraction:

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

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

Colour Vision:  Normal /  Abnormal

Remark:

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Above Raymond, Near Thunga Hospital  
Mira - Bhayander Road, Bhayander (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

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Reg.Location : Bhayander East (Main Centre)  
Collected : 30-Mar-2023 / 09:09  
Reported : 30-Mar-2023 / 15:29

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No Complaint

#### EXAMINATION FINDINGS:

Height (cms):	154	Weight (kg):	64
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/70	Nails:	NAD
Pulse:	67/min	Lymph Node:	Not Palpable

#### Systems

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

(B+ve)

#### IMPRESSION:

R/E w/o Bacteria + (> 20 / hpf).  
ECG, CXR are normal

#### ADVICE:

#### CHIEF COMPLAINTS:

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

*Awita*

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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                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

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

History of Present Illness:  
No Complaint

*Anita*  
**DR. ANITA CHOUDHARY**  
M.B.B.S.  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

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Dist. Thane-401105.  
Phone No: 022-61700000

Signature  
Consultant's Name





भारत सरकार  
GOVERNMENT OF INDIA



संगिता तनिया मूल्या  
Sangita Taniya Moolya  
जन्म वर्ष / Year of Birth : 1987  
स्त्री / Female



2173 9239 7275

आधार - सामान्य माणसाचा अधिकार

**DR. ANITA CHOUDHARY**

M.B.B.S.

CONSULTANT PHYSICIAN

Reg. No. 2017/12/5553

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Dist. Thane-401105.  
Phone No : 022 - 61700000



# SUBURBAN DIGNOSTICS BHAYANDER

Report



EMail:

12345995 (2308912925) / MOOLYA SANGITA TANIYA / 35 Yrs / F / 154 Cms / 64 Kg

Date: 30 / 03 / 2023 12:20:25 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	093	50 %	120/70	111	00	
Standing	00:10	0:06	00.0	00.0	01.0	093	50 %	120/70	111	00	
HV	00:20	0:10	00.0	00.0	01.0	095	51 %	120/70	114	00	
ExStart	00:58	0:38	00.0	00.0	01.0	101	55 %	120/70	121	00	
BRUCE Stage 1	03:58	3:00	01.7	10.0	04.7	124	67 %	130/70	161	00	
BRUCE Stage 2	06:58	3:00	02.5	12.0	07.1	141	76 %	140/70	197	00	
PeakEx	08:31	1:33	03.4	14.0	08.7	158	85 %	150/70	237	00	
Recovery	09:31	1:00	01.1	00.0	01.1	130	70 %	160/70	208	00	
Recovery	10:31	2:00	00.0	00.0	01.0	114	62 %	150/70	171	00	
Recovery	12:31	4:00	00.0	00.0	01.0	105	57 %	130/70	136	00	
Recovery	12:38	4:08	00.0	00.0	01.0	111	60 %	130/70	144	00	

## FINDINGS :

Exercise Time : 07:33  
 Initial HR (ExStrt) : 101 bpm 55% of Target 185  
 Initial BP (ExStrt) : 120/70 (mm/Hg)  
 Max Workload Attained : 8.7 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -4.8 mm in PeakEx  
 Duke Treadmill Score : 09.2  
 Test End Reasons : , Test Complete

Max HR Attained 158 bpm 85% of Target 185  
 Max BP Attained 160/70 (mm/Hg)

**SUBURBAN DIGNOSTICS (I) PVT. LIT**  
 Shop No. 101-A, 1st Floor, Kashid Building  
 Above Raymond, Near Tiwanga Hospital,  
 Above Kalyanagar Road, Bhayander (E)  
 Mirc - Bhayander - 401105.  
 Dist. Thane - 61700000  
 Phone No : 022 - 61700000

**DR. SMITA VALANI**  
**MBS, D. CARDIOLOGY**  
 2011/03/0587

Doctor:   
**DR. SMITA VALANI**



# SUBURBAN DIGNOSTICS BHAYANDER

EMail: 12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / F / 154 Cms / 64 Kg Date: 30 / 03 / 2023 12:20:25 PM

## REPORT



### 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  
FINAL IMPRESION : GOOD CHRONOTROPIC RESPONSE  
: NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

SUBURBAN DIAGNOSTICS (I) PVT. LTD  
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Above Raymond, Near Thunga Hospital,  
Mira - Bhayander Road, Bhayander (E)  
Dist. Thane-401105.  
Phone No : 022 - 61700000

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

Doctor:   
DR. SMITA VALANI



**SUBURBAN DIGNOSTICS BHAYANDER**

12345695 (2308912925) / MOOL YA SANGITA TANIYA / 35 Yrs / F / 154 Cms / 64 Kg / HR : 96

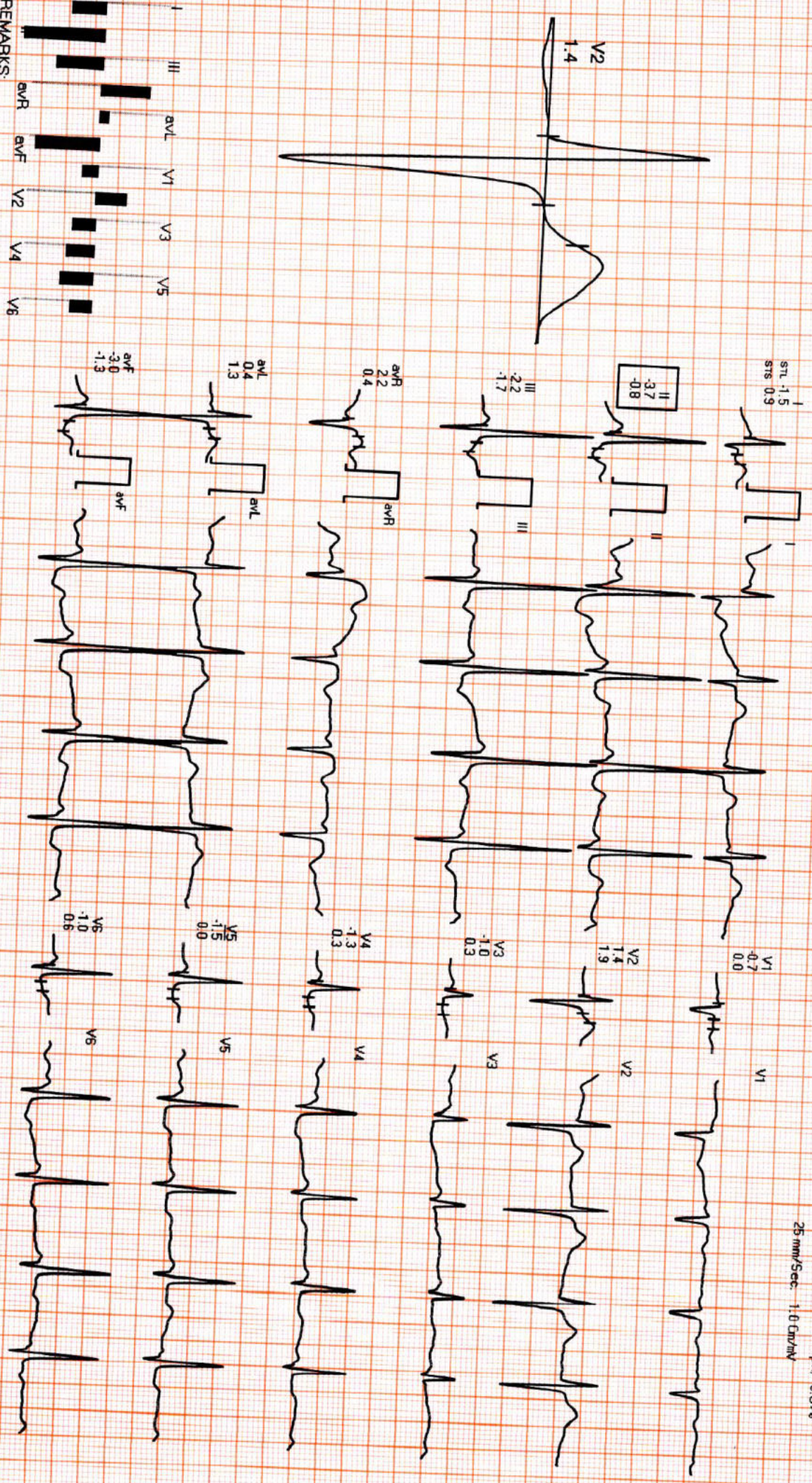
Date: 30 / 03 / 2023 12:20:25 PM METS: 1.0/96 bpm 52% of THR BP: 120/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

**SUPINE (00:01)**



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





**SUBURBAN DIAGNOSTICS BHAYANDER**

12345995 (2308912925) / MOOLYA SANGITA TANUYA / 35 Yrs / F / 154 Cms / 64 Kg / HR : 93

Date: 30 / 03 / 2023 12:20:25 PM METS: 1.0/ 93 bpm 50% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

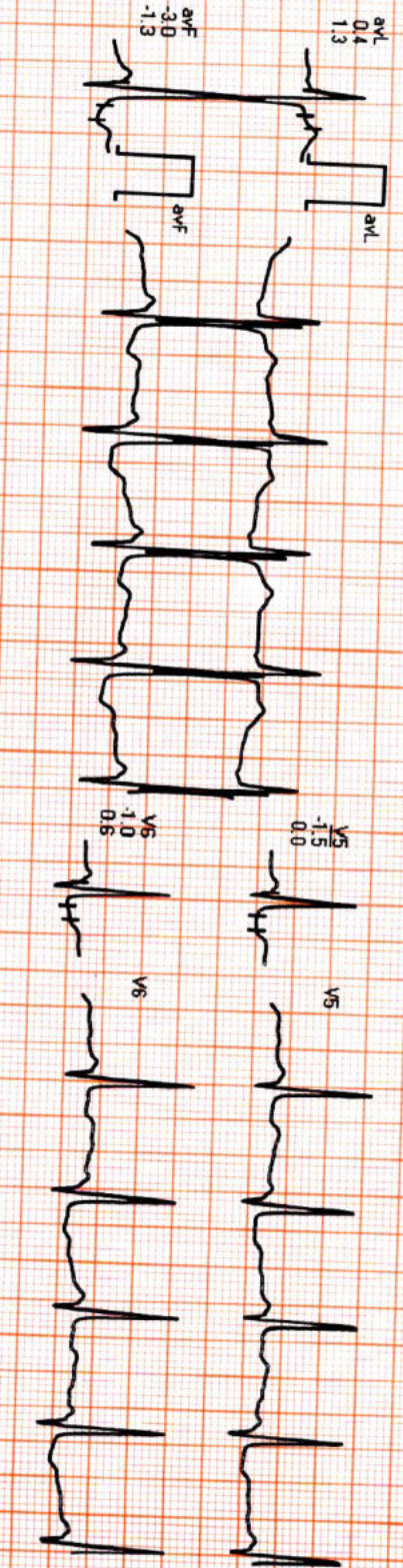
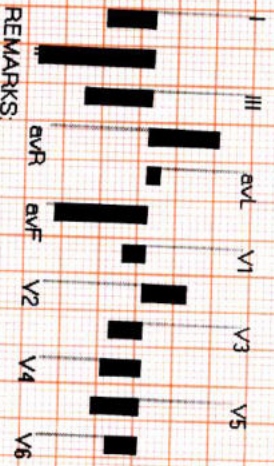
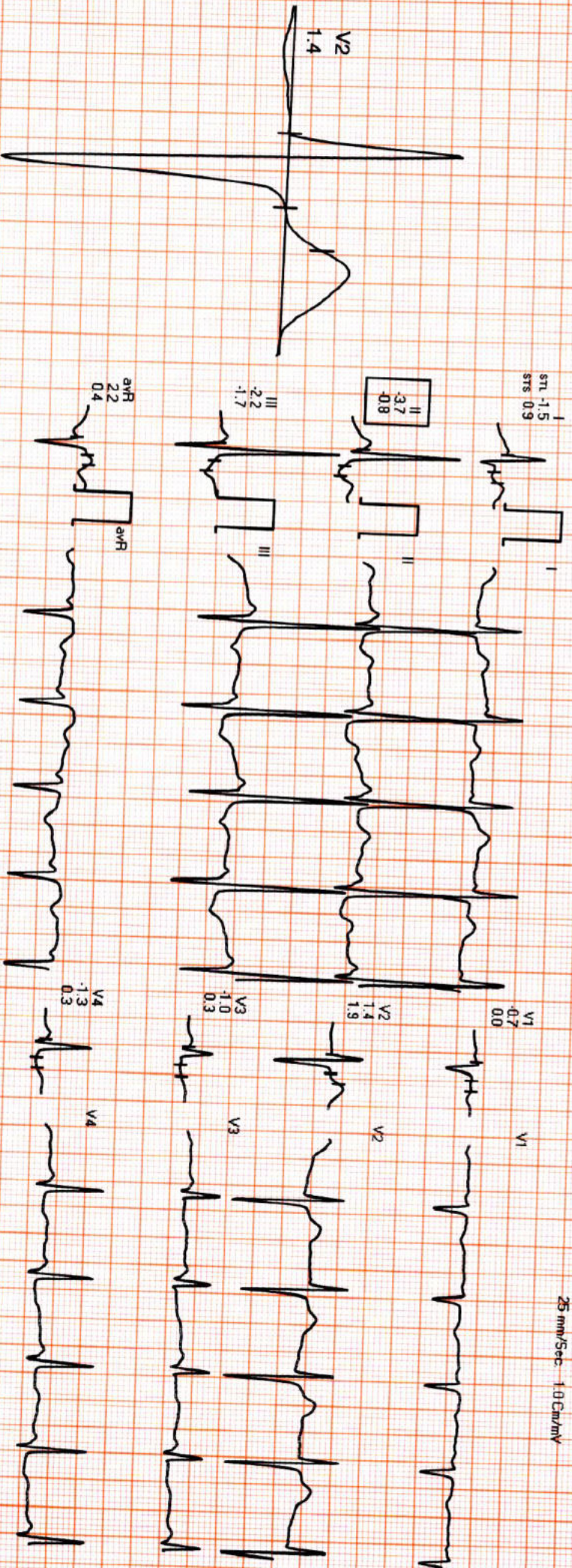
4X

80 ms Post J

**STANDING ( 00:00 )**



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



REMARKS:





# SUBURBAN DIGNOSTICS BHAYANDER

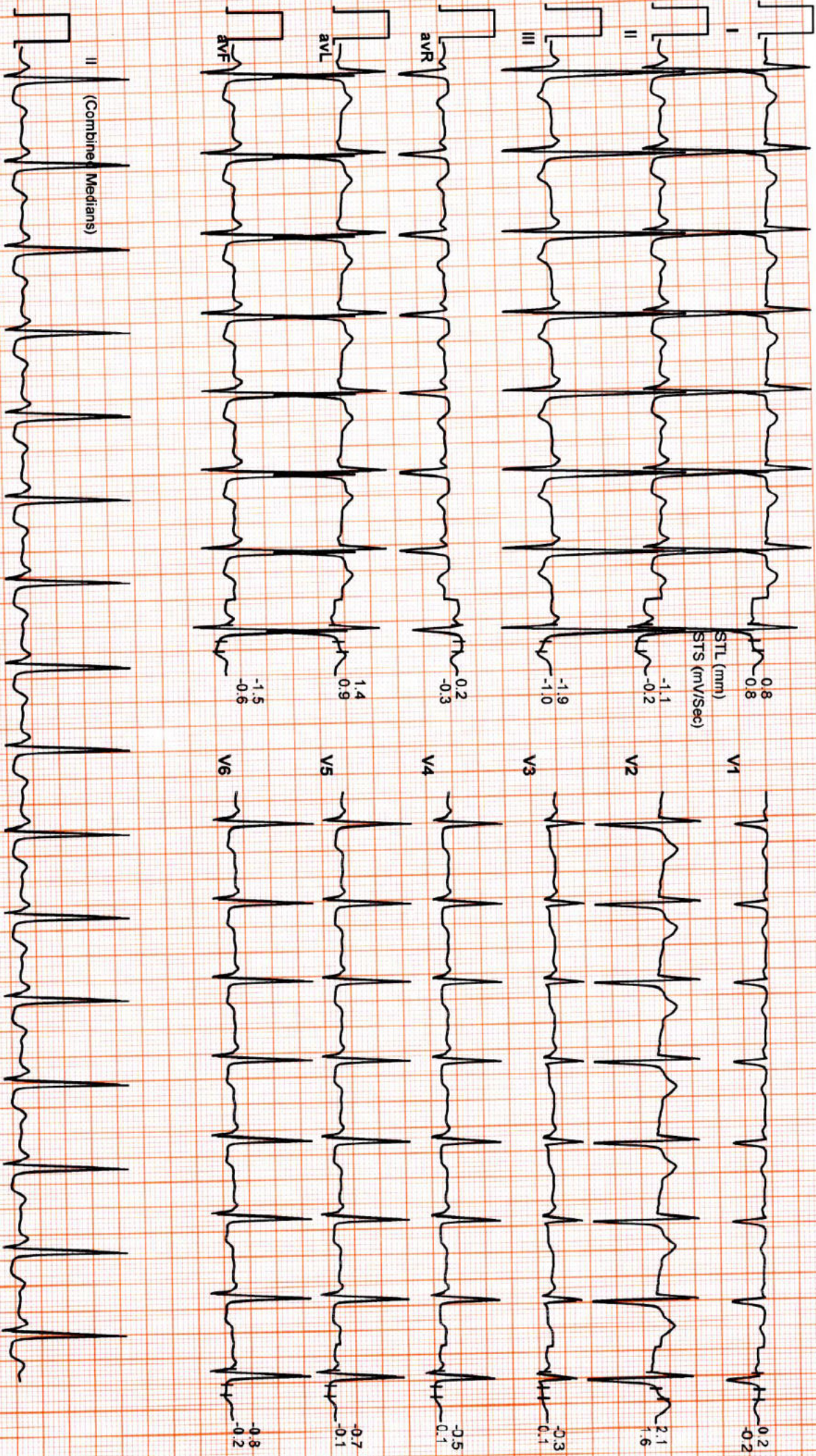
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

## 6X2 Combine Medians + 1 Rhythm



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.0 HR : 95 Target HR : 51% of 185 BP : 120/70 Post J @80mSec

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





# SUBURBAN DIGNOSTICS BHAYANDER

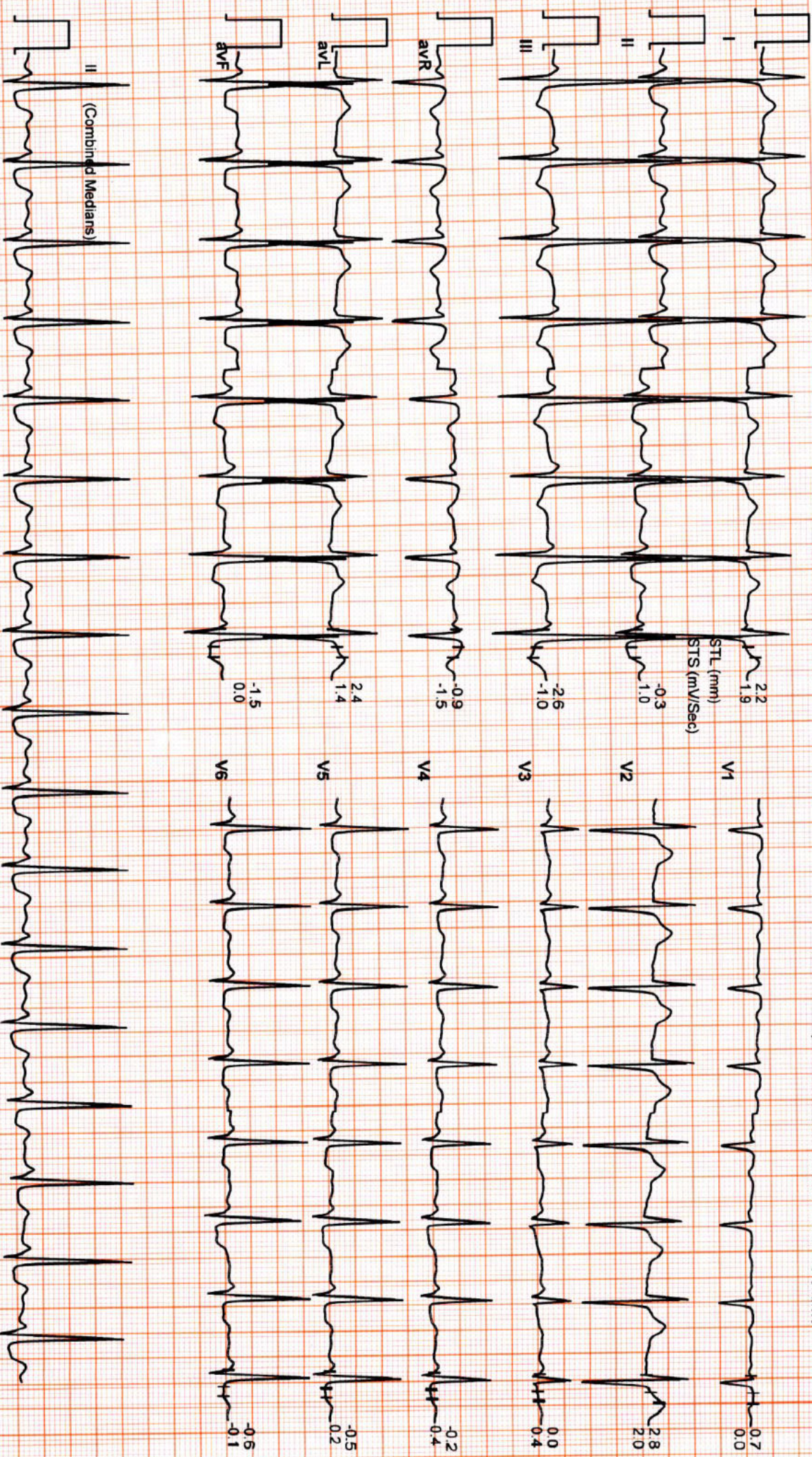
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

6X2 Combine Medians + 1 Rhythm  
ExStt



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.0 HR : 101 Target HR : 55% of 185 BP : 120/70 Post J @80mSec

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





# SUBURBAN DIGNOSTICS BHAYANDER

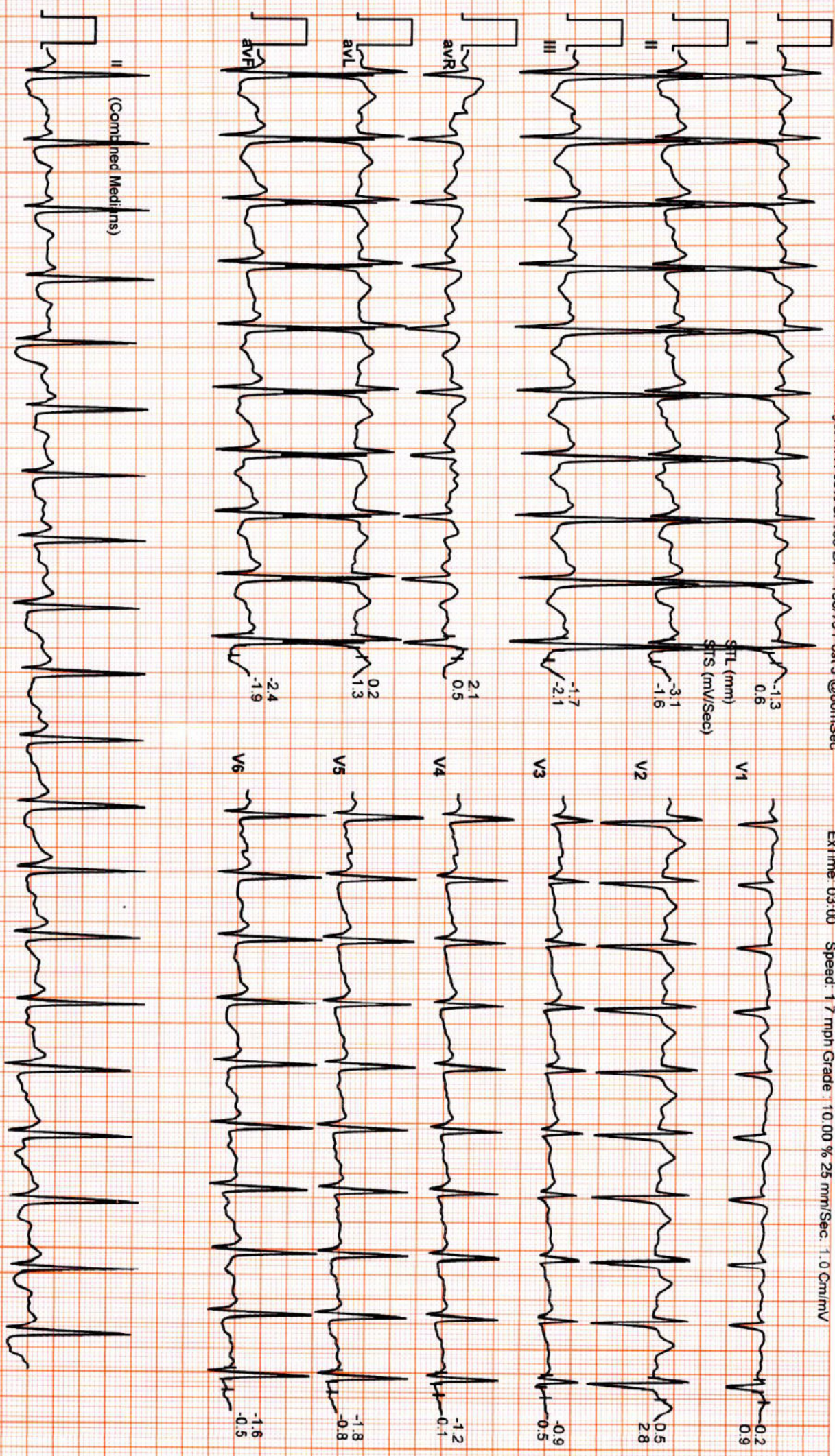
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

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



Date: 30 / 03 / 2023 12:20:25 PM METs : 4.7 HR : 123 Target HR : 66% of 185 BP : 130/70 Post J @60mSec

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





# SUBURBAN DIAGNOSTICS BHAYANDER

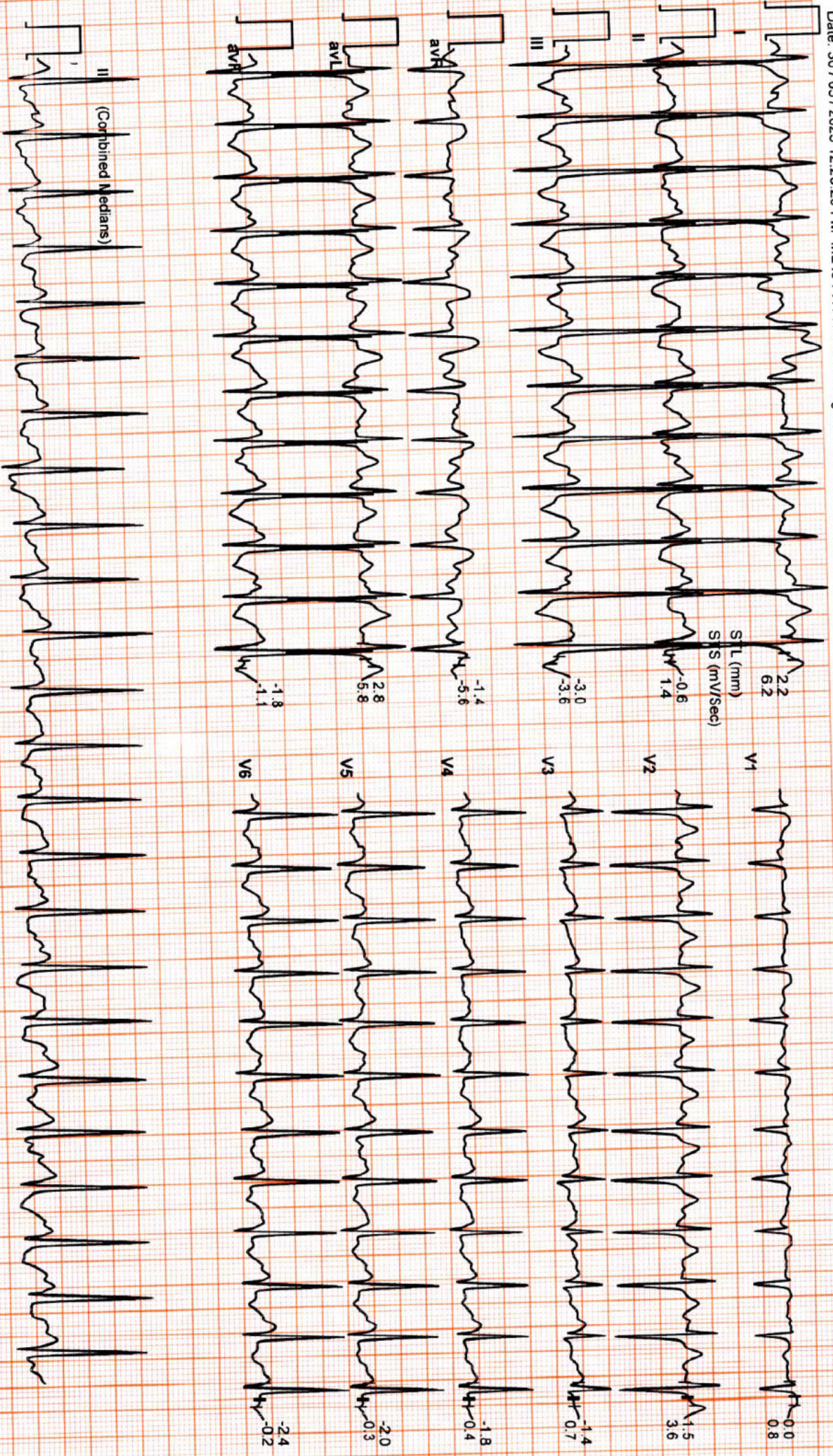
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

Date: 30 / 03 / 2023 12:20:25 PM METs : 7.1 HR : 142 Target HR : 77% of 185 BP : 140/70 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 ( 03:00 )



(Combined Medians)





# SUBURBAN DIGNOSTICS BHAYANDER

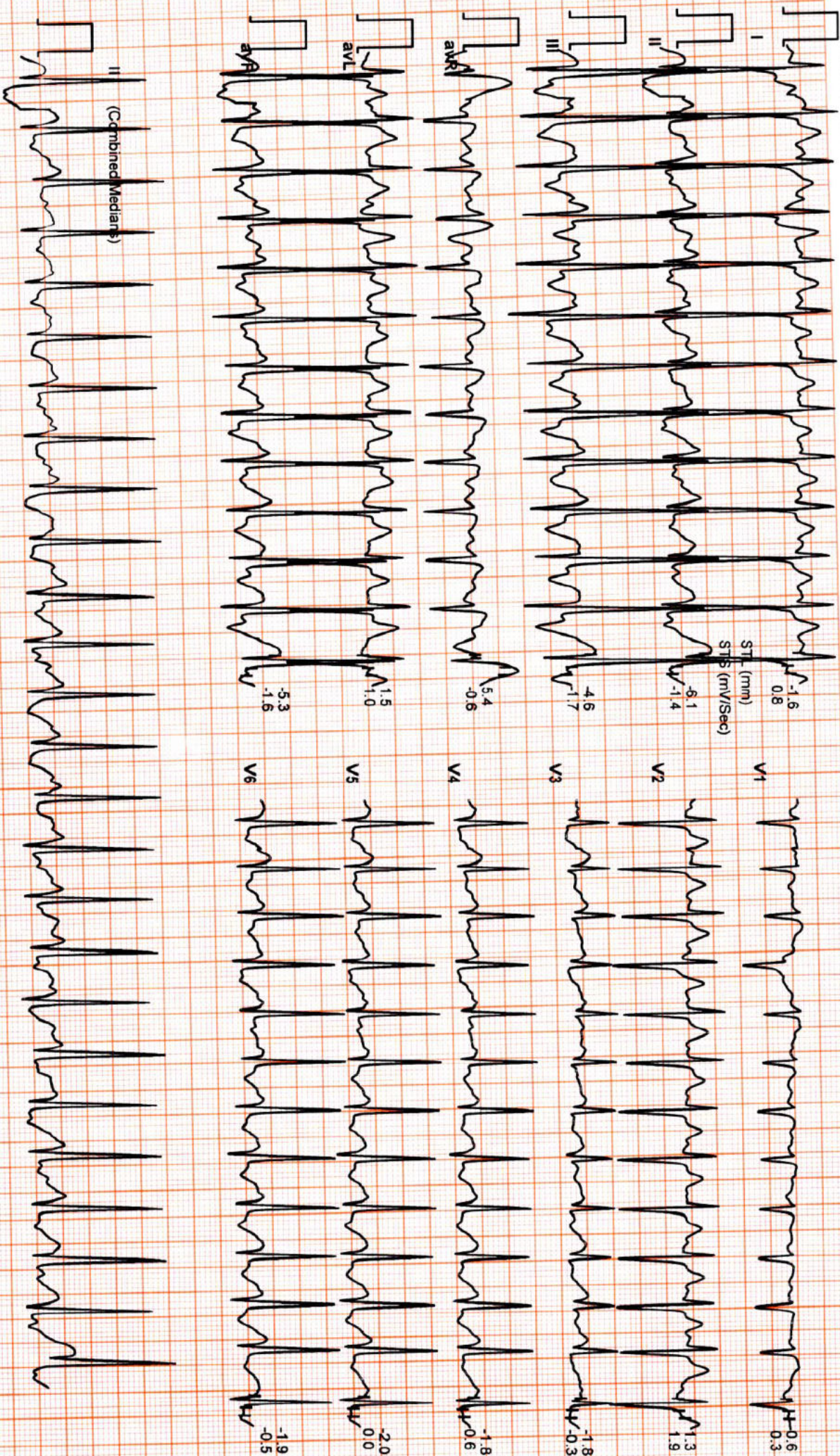
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

## 6X2 Combine Medians + 1 Rhythm PeaKEX



Date: 30 / 03 / 2023 12:20:25 PM METs : 8.7 HR : 158 Target HR : 85% of 185 BP : 150/70 Pos: J @60mSec

ExTime: 07:33 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec: 1.0 Cm/mV



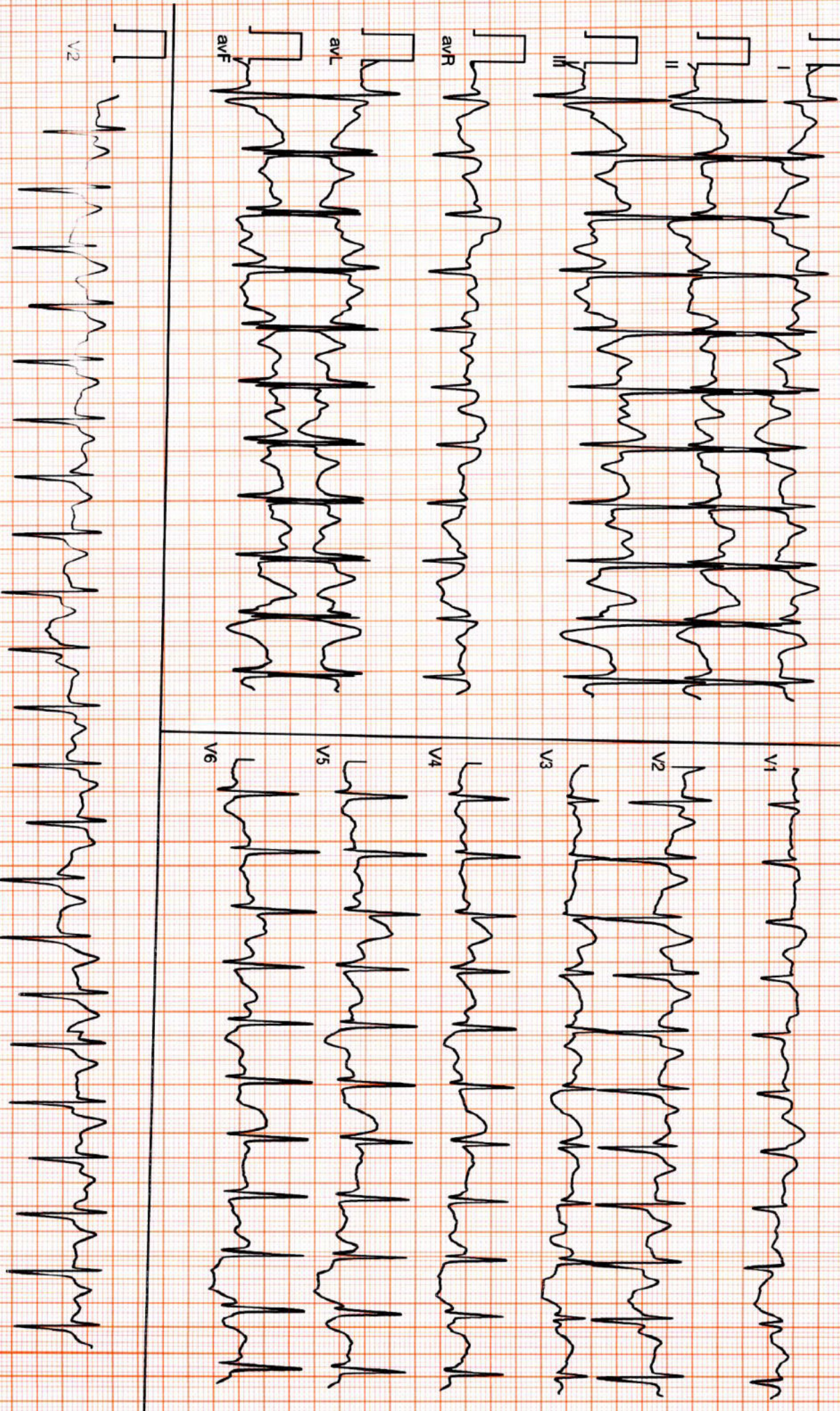


12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

Date: 30 / 03 / 2023 12:20:25 PM METS : 1.6 HR : 130 Target HR : 70% of 185 BP : 160/70

**6 x 2 + Rhythm**  
Recovery : ( 00:54 )

Ex Time : 07:33 1.1 mph 0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LE 35 Hz





# SUBURBAN DIGNOSTICS BHAYANDER

12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

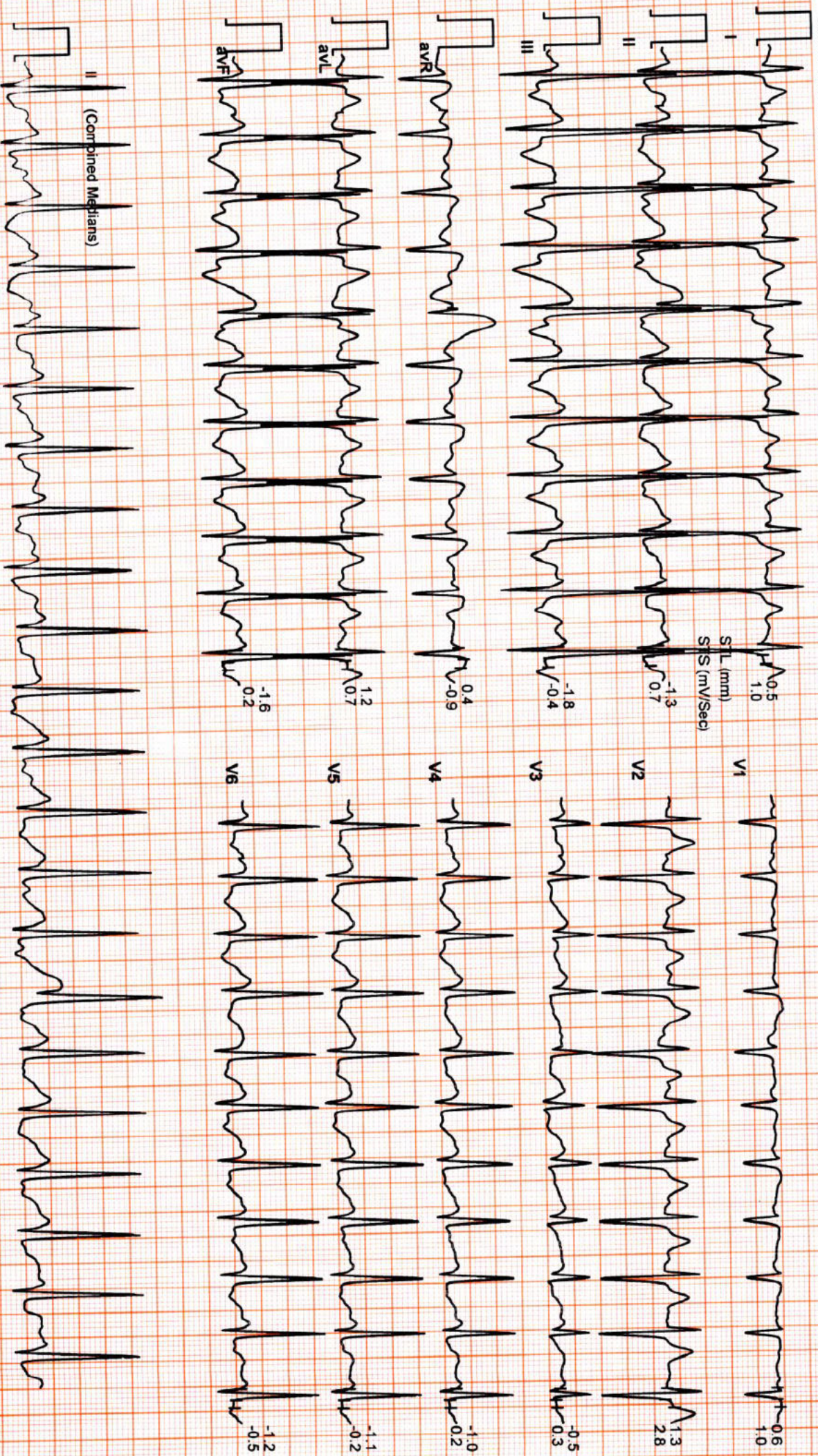
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.1 HR : 130 Target HR : 70% of 185 BP : 160/70 Post J @60mSec

ExTime: 07:33 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





# SUBURBAN DIGNOSTICS BHAYANDER

12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

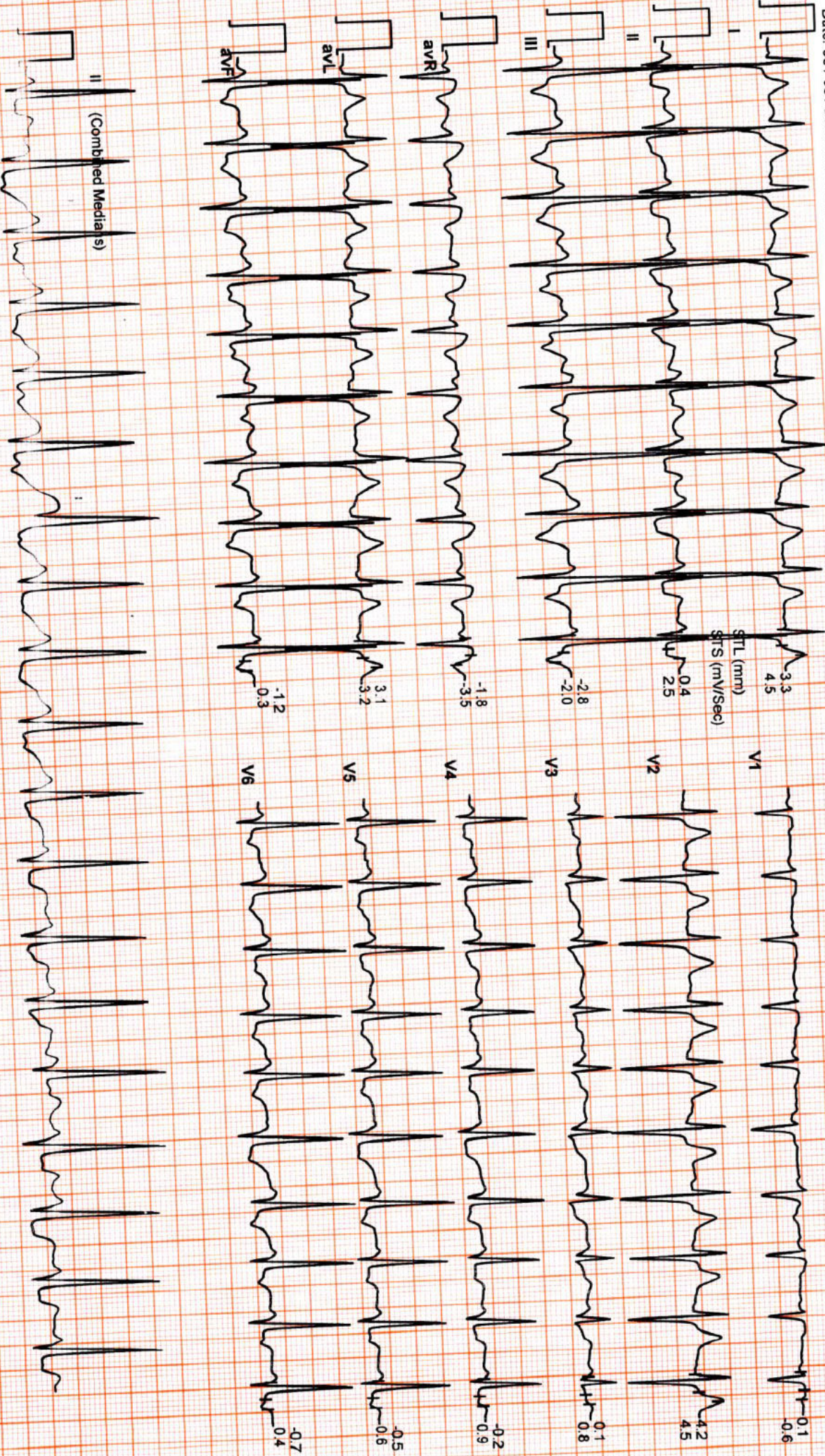
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:00 )



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.0 HR : 114 Target HR : 62% of 185 BP : 150/70 Post J @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)



# SUBURBAN DIGNOSTICS BHAYANDER

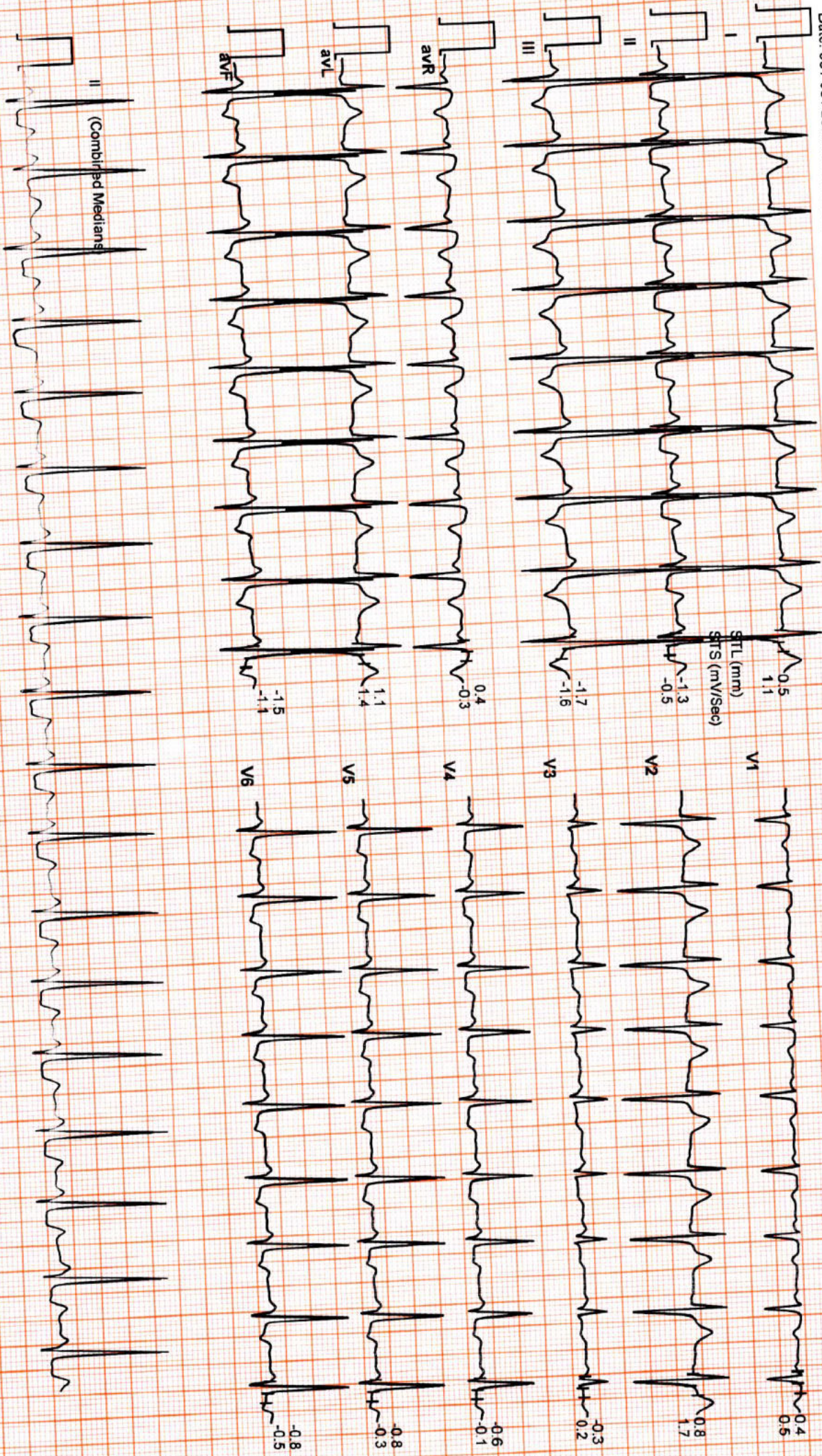
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

## 6X2 Combine Medians + 1 Rhythm



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.0 HR : 105 Target HR : 57% of 185 BP : 130/70 Post U @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

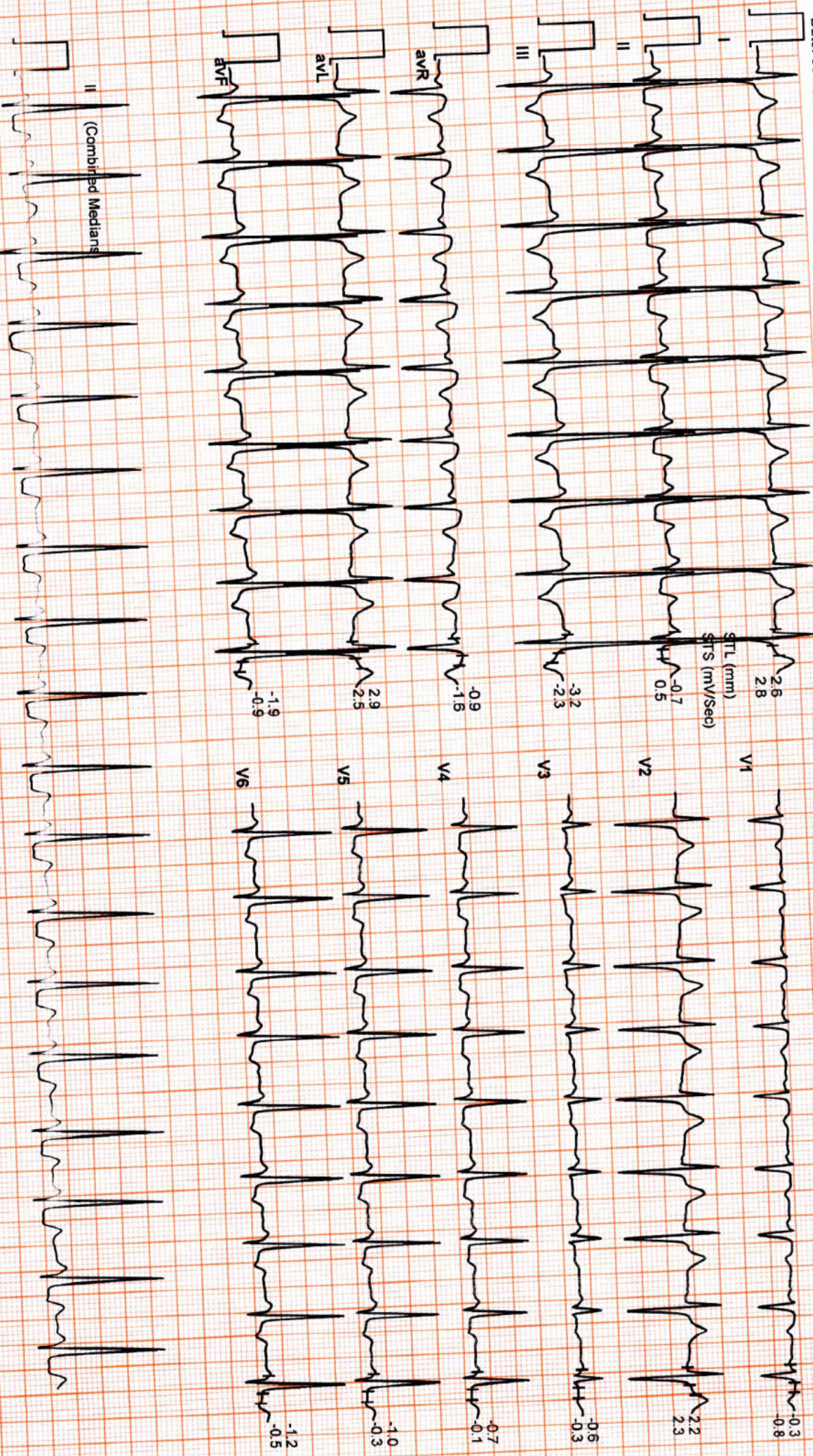
12345995 / MOOLYA SANGITA TANIYA / 35 Yrs / Female / 154 Cm / 64 Kg

# 6X2 Combine Medians + 1 Rhythm



Date: 30 / 03 / 2023 12:20:25 PM METs : 1.0 HR : 111 Target HR : 60% of 185 BP : 130/70 Post J @80mmSec

ExTime: 07:33 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)





**CID** : 2308912925  
**Name** : Mrs MOOLYA SANGITA TANIYA  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 30-Mar-2023  
**Reported** : 31-Mar-2023 / 14:27

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### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (15.1 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. A 8.4 mm well defined, hyperechoic lesion is made out in the left lobe of liver. No obvious abnormal vascularity made out - s/o haemangioma. No other 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 or mass lesions seen in the visualised lumen.

#### COMMON BILE DUCT:

The visualized common bile duct is normal in caliber. Terminal common bile duct is obscured due to bowel gas artifacts.

#### PANCREAS:

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

#### KIDNEYS:

Right kidney measures 12.0 x 3.5 cm. Left kidney measures 12.6 x 5.2 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 (9.8 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

#### 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.

[Click here to view images <<ImageLink>>](#)



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There is no evidence of any lymphadenopathy or ascites.

**UTERUS :**

The uterus is anteverted and appears normal. It measures 7.1 x 5.3 x 3.0 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 8.1 mm.

**OVARIES:**

Right ovary : 3.8 x 1.8 x 2.0 cm, Vol : 7.7 cc.

Left ovary : 3.7 x 1.6 x 1.8 cm, Vol : 5.9 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:**

- **Small haemangioma in the left lobe 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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**Name** : Mrs MOOLYA SANGITA TANIYA  
**Age / Sex** : 35 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre  
**Reg. Date** : 30-Mar-2023  
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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-----

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





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