



CID : 2307018202
Name : MRS.BINITA KUMARI
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 11-Mar-2023 / 08:31
Reported : 11-Mar-2023 / 13:17

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.4	36-46 %	Measured
MCV	81	80-100 fl	Calculated
MCH	25.8	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7150	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	1973.4	1000-3000 /cmm	Calculated
Monocytes	7.5	2-10 %	
Absolute Monocytes	536.3	200-1000 /cmm	Calculated
Neutrophils	63.2	40-80 %	
Absolute Neutrophils	4518.8	2000-7000 /cmm	Calculated
Eosinophils	1.3	1-6 %	
Absolute Eosinophils	93.0	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	28.6	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	140000	150000-400000 /cmm	Elect. Impedance
MPV	13.3	6-11 fl	Calculated
PDW	31.7	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Result rechecked
Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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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	92.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.28	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	13.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	72.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic



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Reported : 12-Mar-2023 / 11:50

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eGFR, Serum	131	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	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



MC-2111



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	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 ***



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Reported : 12-Mar-2023 / 11:12

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
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	++	Less than 20/hpf	
Others	Kindly rule out contamination		

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

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

Reference: Pack insert

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

VIPUL JAIN

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



MC-2111



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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

- Limitations:**
- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
 - Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
 - Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
 - Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
 - The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

- References:**
1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
 2. AABB technical manual

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

Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	102.1	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	54.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	128.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	109.0	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	19.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	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	2.35	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 ***

Bmhasakar

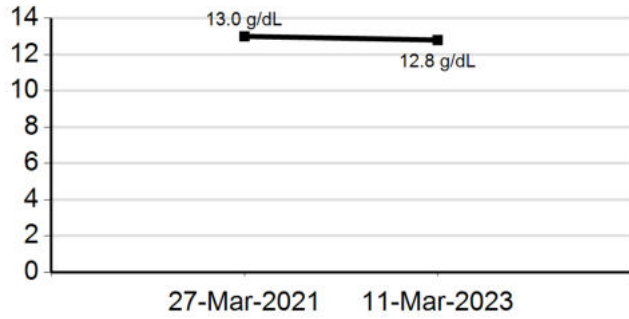
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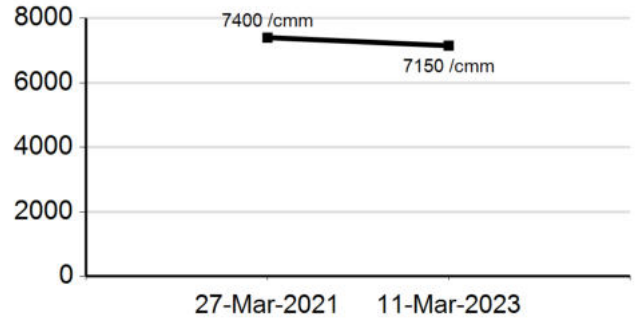
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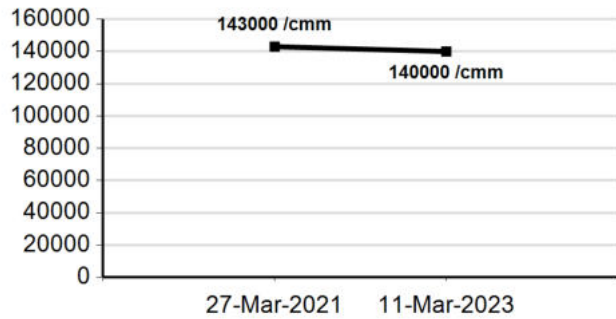
Haemoglobin



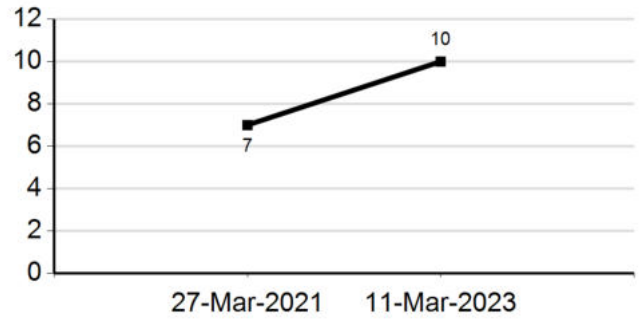
WBC Total Count



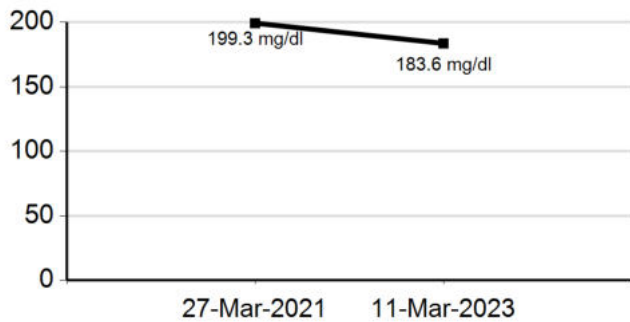
Platelet Count



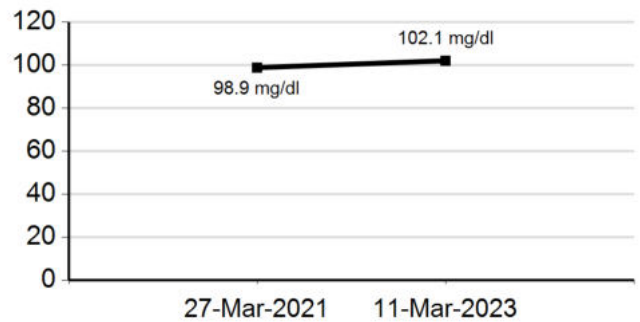
ESR



CHOLESTEROL



TRIGLYCERIDES

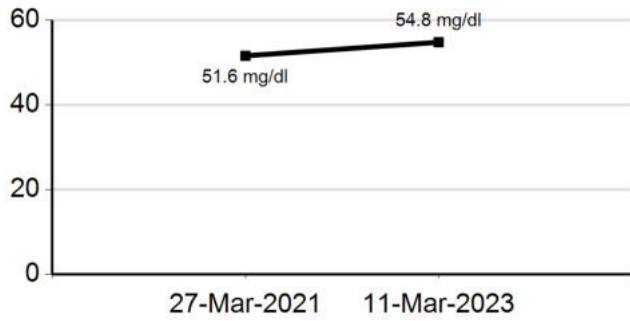




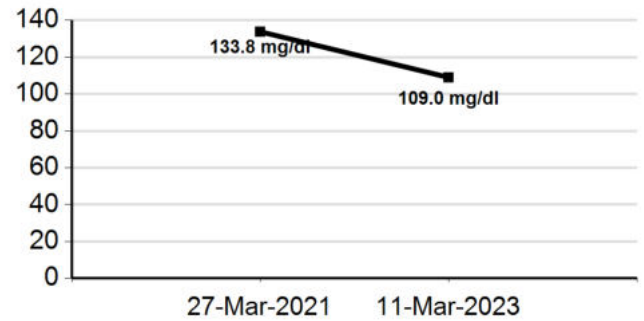
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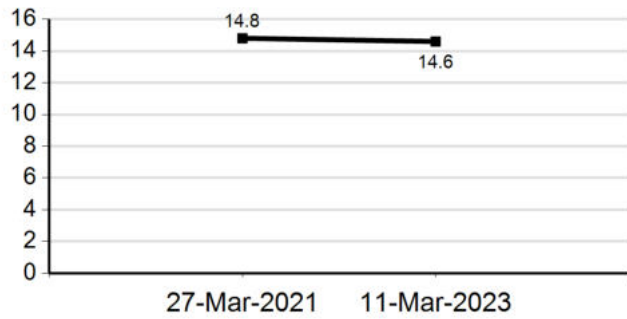
HDL CHOLESTEROL



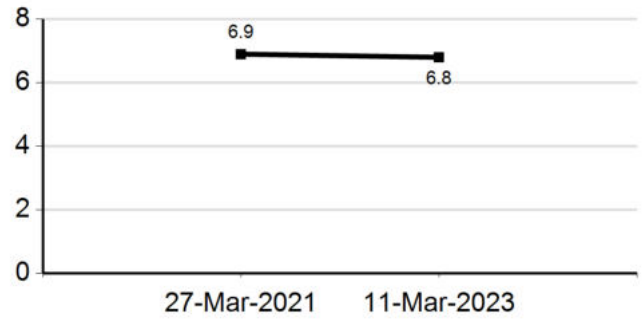
LDL CHOLESTEROL



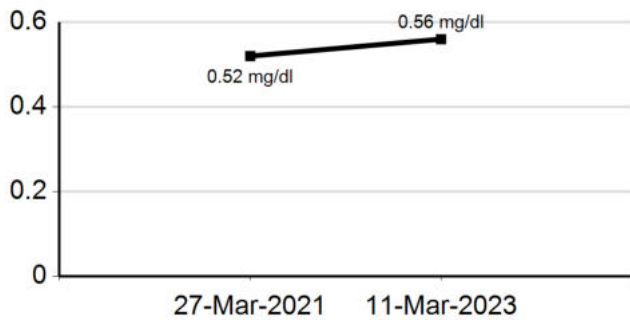
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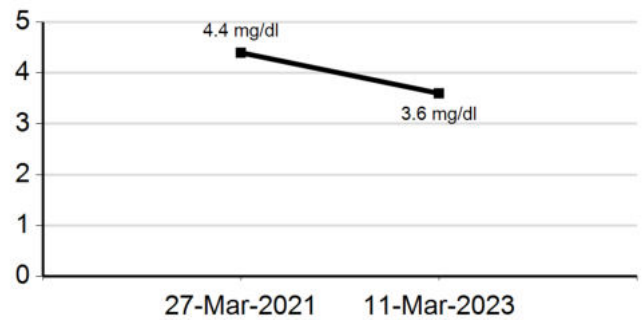
BUN



CREATININE



URIC ACID

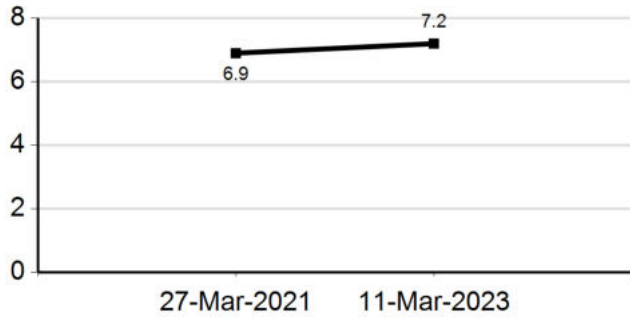




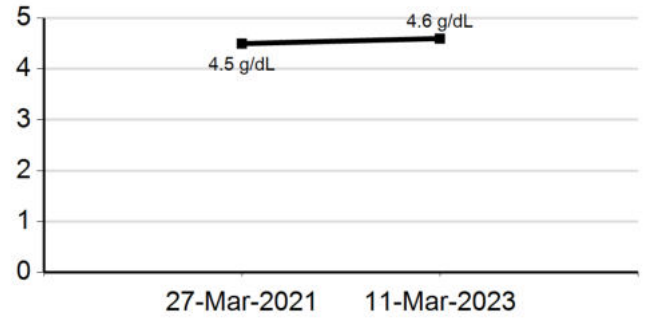
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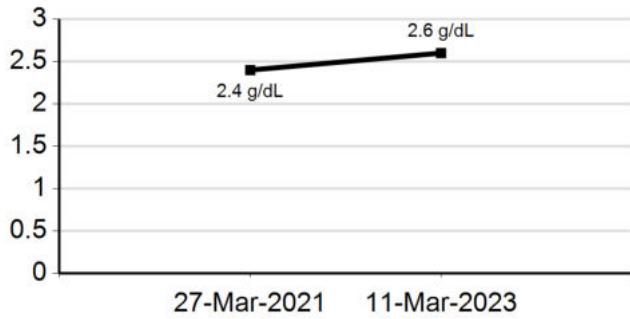
TOTAL PROTEINS



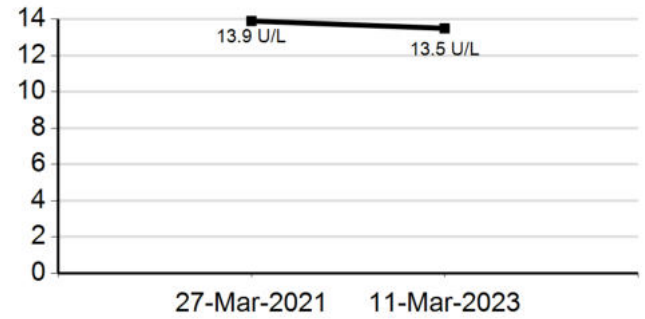
ALBUMIN



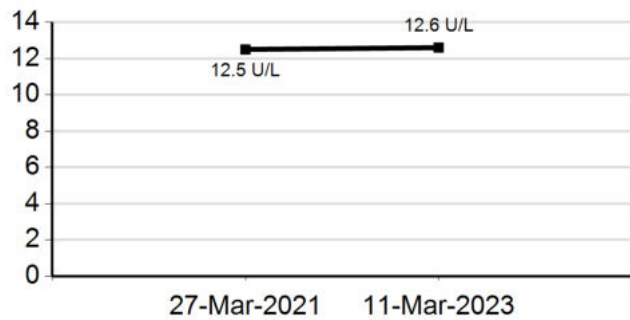
GLOBULIN



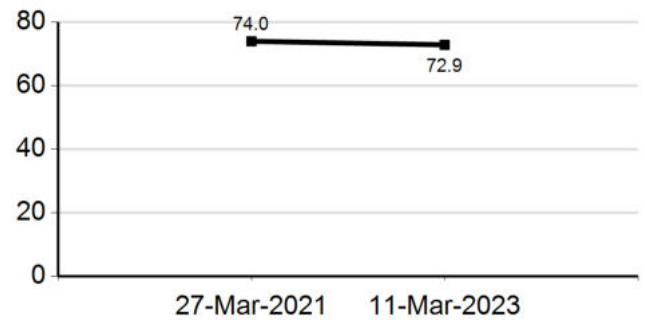
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

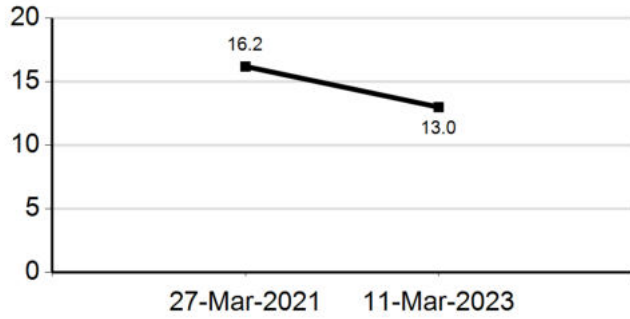




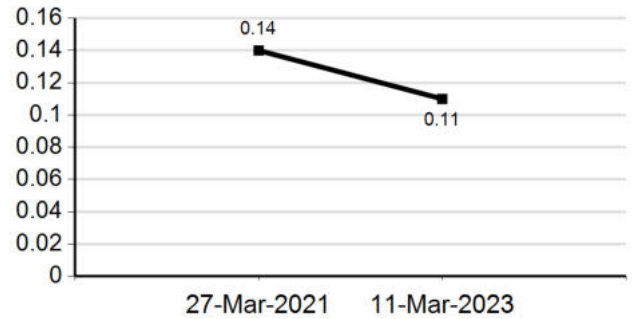
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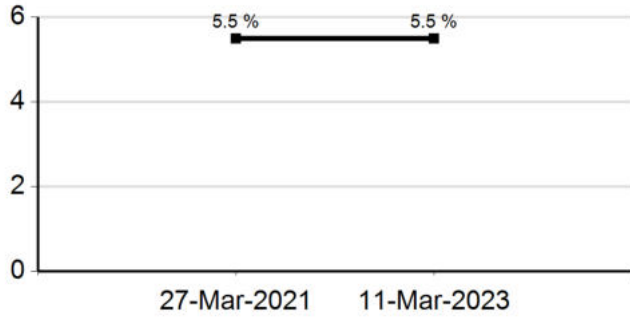
GAMMA GT



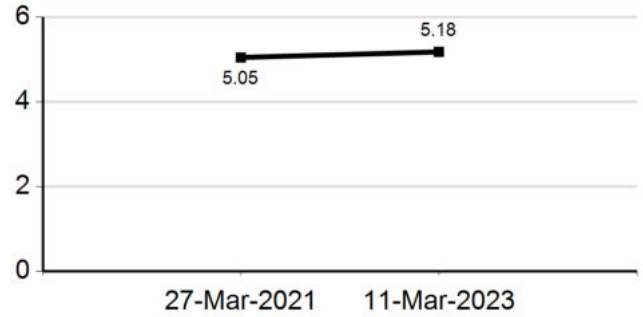
BILIRUBIN (DIRECT)



Glycosylated Hemoglobin (HbA1c)



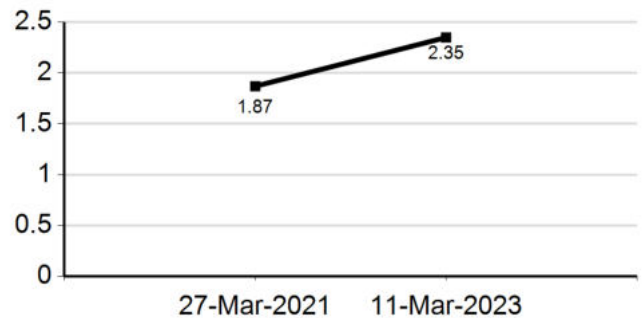
Free T3



Free T4



sensitiveTSH



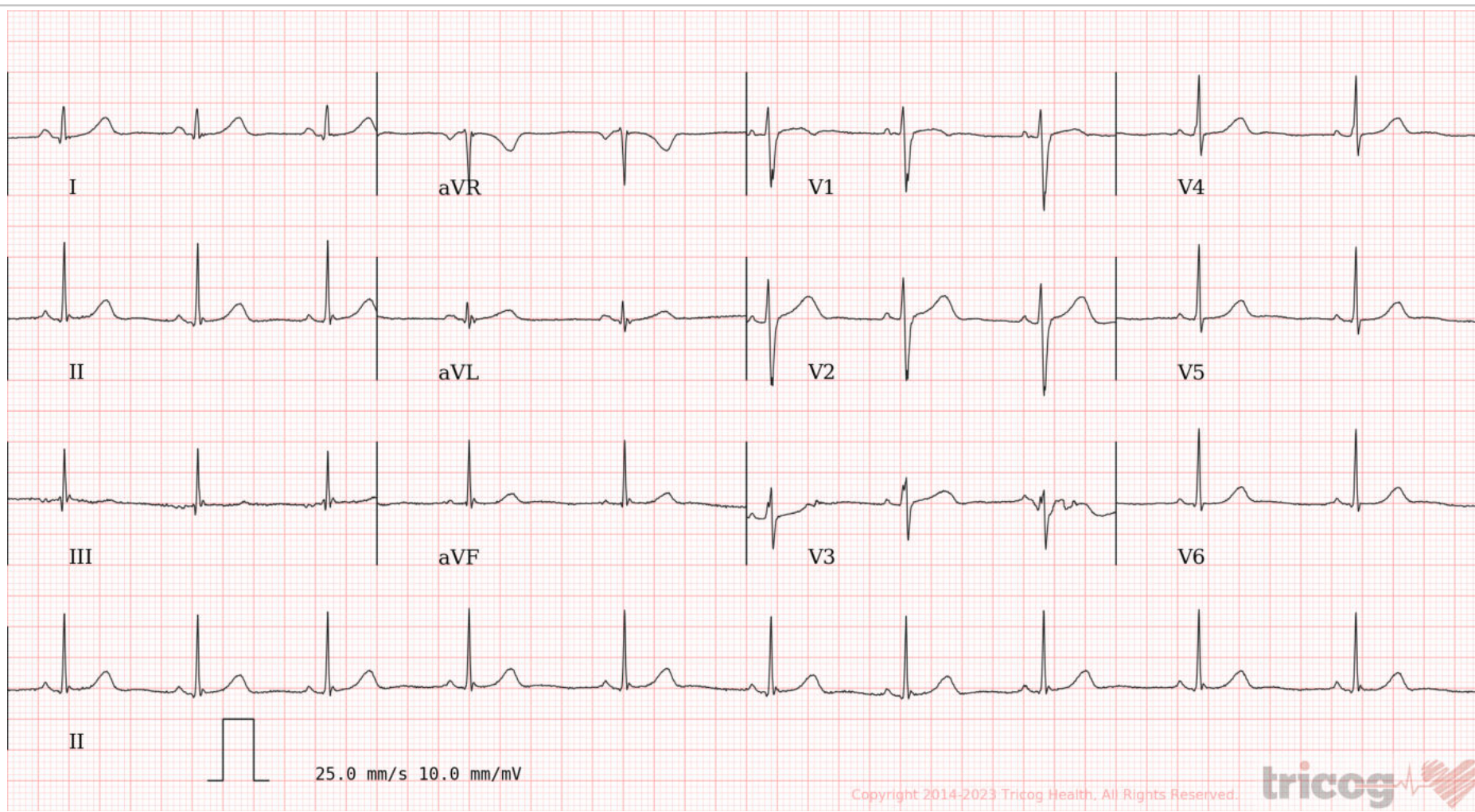
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: BINITA KUMARI

Date and Time: 11th Mar 23 11:48 AM

Patient ID: 2307018202



Age **35** **NA** **NA**
years months days

Gender **Female**

Heart Rate **64bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QRSD: 88ms

QT: 404ms

QTc: 416ms

PR: 126ms

P-R-T: 12° 67° 29°

ECG Within Normal Limits: Sinus Rhythm. Normal axis. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

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.



भारत सरकार
Government of India



बिनीता कुमारी
Binita Kumari
जन्म तिथि / DOB : 21/09/1987
महिला / Female



7814 3987 1505

आधार - आम आदमी का अधिकार

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

CID# : 2307018202
Name : MRS.BINITA KUMARI
Age / Gender : 35 Years/Female
Consulting Dr. : Collected : 11-Mar-2023 / 08:23
Reg.Location : Borivali West (Main Centre) Reported : 11-Mar-2023 / 16:31

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	154	Weight (kg):	55
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Healthy
Pulse:	78/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs
Respiratory: Air Entry Bilaterally Equal
Genitourinary: Normal
GI System: Soft non tender No Organomegaly
CNS: Normal

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:	No
2) IHD:	No
3) Arrhythmia:	No
4) Diabetes Mellitus :	No
5) Tuberculosis :	No
6) Asthama:	No

CID# : 2307018202
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- 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

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Mix
- 4) Medication No

*** End Of Report ***


DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 1871
Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Near Meghanagar,
Above Tanisa, Behind S. V. Road,
Borivali (W), Mumbai - 400 092.

Date:-

CID:

Name:- Kumari Binita

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

NIL

Past history:

NIL

Unaided Vision:

Aided Vision:

R/-

L/-

6/9

6/9

Refraction:

N/6

N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

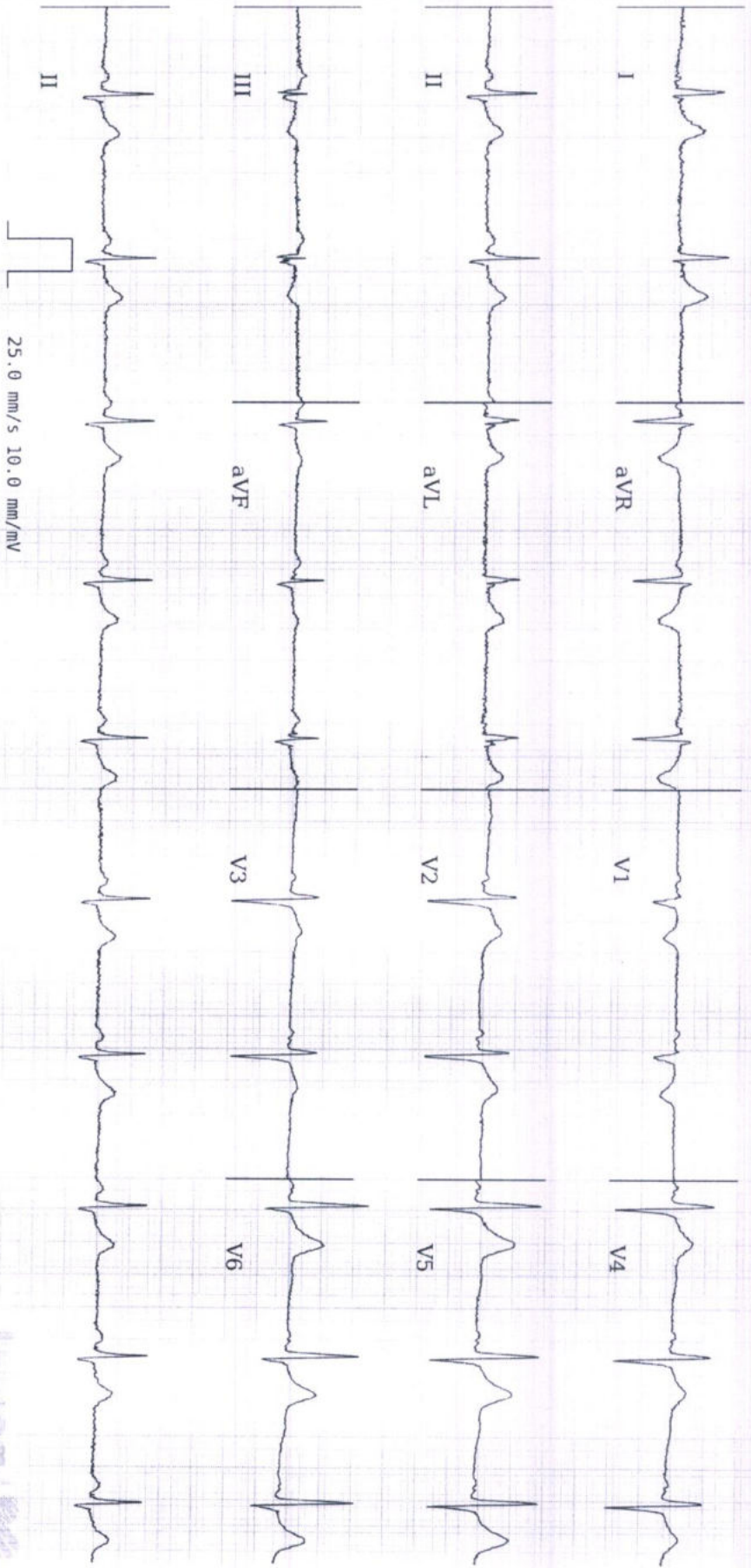
Normal y

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD NO. : 87714

Patient Name: **BINITA KUMARI**

Patient ID: **2307018202**

Date and Time: **13th Mar 23 8:53 AM**



Age: **35** years **NA** months **NA** days

Gender: **Female**

Heart Rate: **62bpm**

Patient Vitals

BP: **NA**

Weight: **NA**

Height: **NA**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **92ms**

QT: **376ms**

QTc: **381ms**

PR: **116ms**

P-R-T: **65° 12° 6°**

REPORTED BY

[Signature]

Dr Nitin Sonawane
M.B.S.AFLH, D.DIAB.D.CARD
Consultant Cardiologist
87714

Disclaimer: This report is based on ECG traces only. It is not intended to replace a physical examination, and results of this test should not be used to diagnose or treat any condition. Please consult your physician for further information.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: BINITA KUMARI

Date: 11-03-2023 Time: 12:59

Age: 35 Gender: F Height: 154 cms Weight: 55 Kg ID: 2307018202

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 185 Target HR: 157

Exercise Time: 0:06:36 Achieved Max HR: 159 (86% of Predicted MHR)

Max BP: 150/70 Max BP x HR: 23850 Max Mets: 7.4

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:21	1	0	0	88	110/70	9680	-1.4 aVR	0.4 V6
Standing	00:13	1	0	0	78	110/70	8580	0.8 V2	-0.1 I
HyperVentilation	00:14	1	0	0	89	110/70	9790	0.8 V4	0.1 I
PreTest	00:12	1	1.6	0	100	110/70	11000	-1.5 I	1.4 aVR
Stage: 1	00:14	0.4	2.7	10	93	110/70	10230	-0.8 aVR	0.7 V1
Stage: 2	03:00	3.8	4	12	128	110/70	14080	-1.4 V3	-0.2 I
Stage: 3	03:00	7	5.5	14	151	130/70	19630	-2 V1	+1.6 V5
Peak Exercise	00:22	7.4	6.8	16	159	150/70	23850	-1.9 V4	0.4 aVR
Recovery1	01:00	1	0	0	129	150/70	19350	0.8 V3	0.5 V3
Recovery2	01:00	1	0	0	98	130/70	12740	0.4 V1	0.2 V1

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:36 achieving a work level of 7.4 METS.
Resting Heart Rate, initially 88 bpm rose to a max. heart rate of 159bpm (86% of Predicted Maximum Heart Rate).
Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
Good Effort tolerance Normal HR & BP Response No Angina or Arrhymias
No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, Vini Elegance,
Above Tanisq Jeweller, L. T. Road,
Borivali (West), Mumbai - 400 092.

Ref. Doctor: ----

Doctor: DR. NITIN SONAVANE

SCHILLER

The Art of Diagnostics

(Summary Report edited by User)

Spandan CS-20 Version:2.14.0

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD
CONSULTANT-CARDIOLOGIST
Phone: 87714

BINITA KUMARI

Bruce Protocol

STLevel(mm) STISlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD, BORIVALI

ID: 2307018202

Stage: Supine

Date: 11-03-2023

Speed: 0 km/h

Exec Time : 0:00:00

Slope: 0%

Stage Time: 00:21

THR: 157 bpm

HR: 88 bpm

BP: 110/70 mmHg

STLevel(mm) STISlope(m

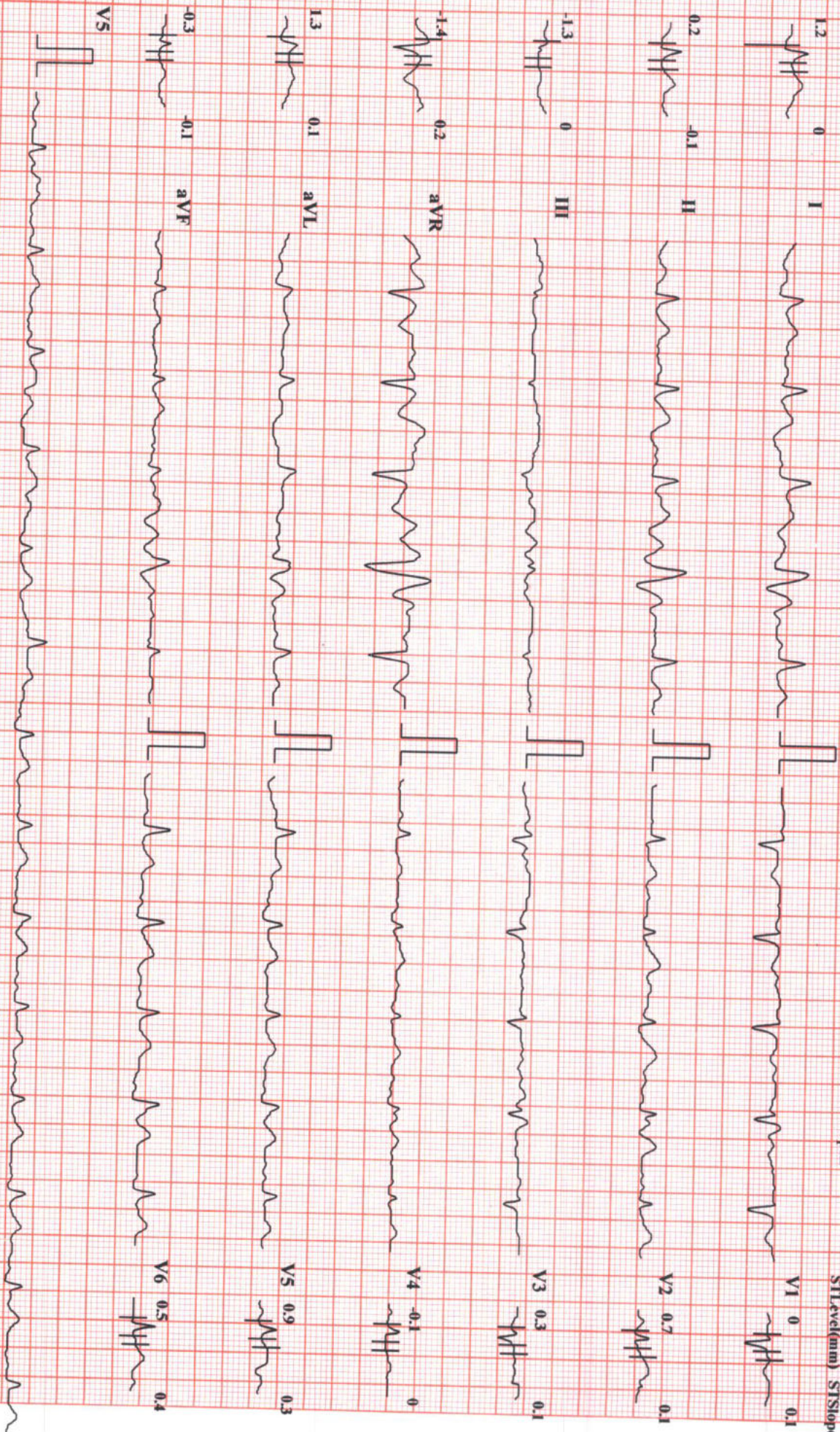


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

BINITA KUMARI

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018202

Date: 11-03-2023

Exec Time : 0:00:00

Stage Time: 00:13

HR: 78 bpm

STLevel(mm) STISlope(mV/s)

Stage: Standing

Speed: 0

Slope: 0%

THR: 157 bpm

Bp: 110/70 mmHg

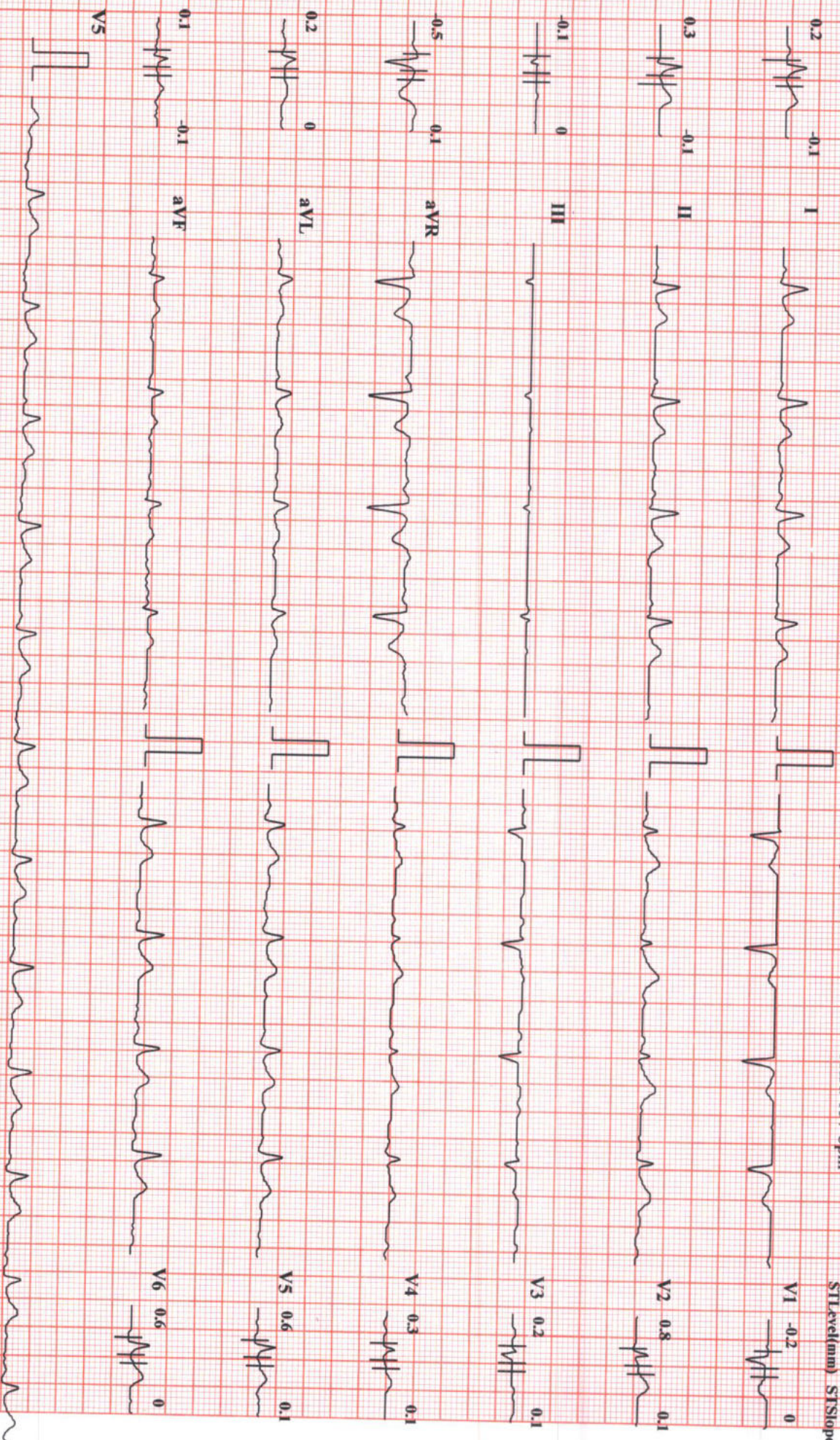


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandart CS20 Version:2.14

BINITA KUMARI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STSlope(mV/s)

ID: 2307018202
Date: 11-03-2023
Stage: HyperVentilation
Speed: 0

Exec Time : 0:00:00
Slope: 0 %
Stage Time: 00:14
THR: 157 bpm

HR: 89 bpm
BP: 110/70 mmHg
STLevel(mm) STSlope(m

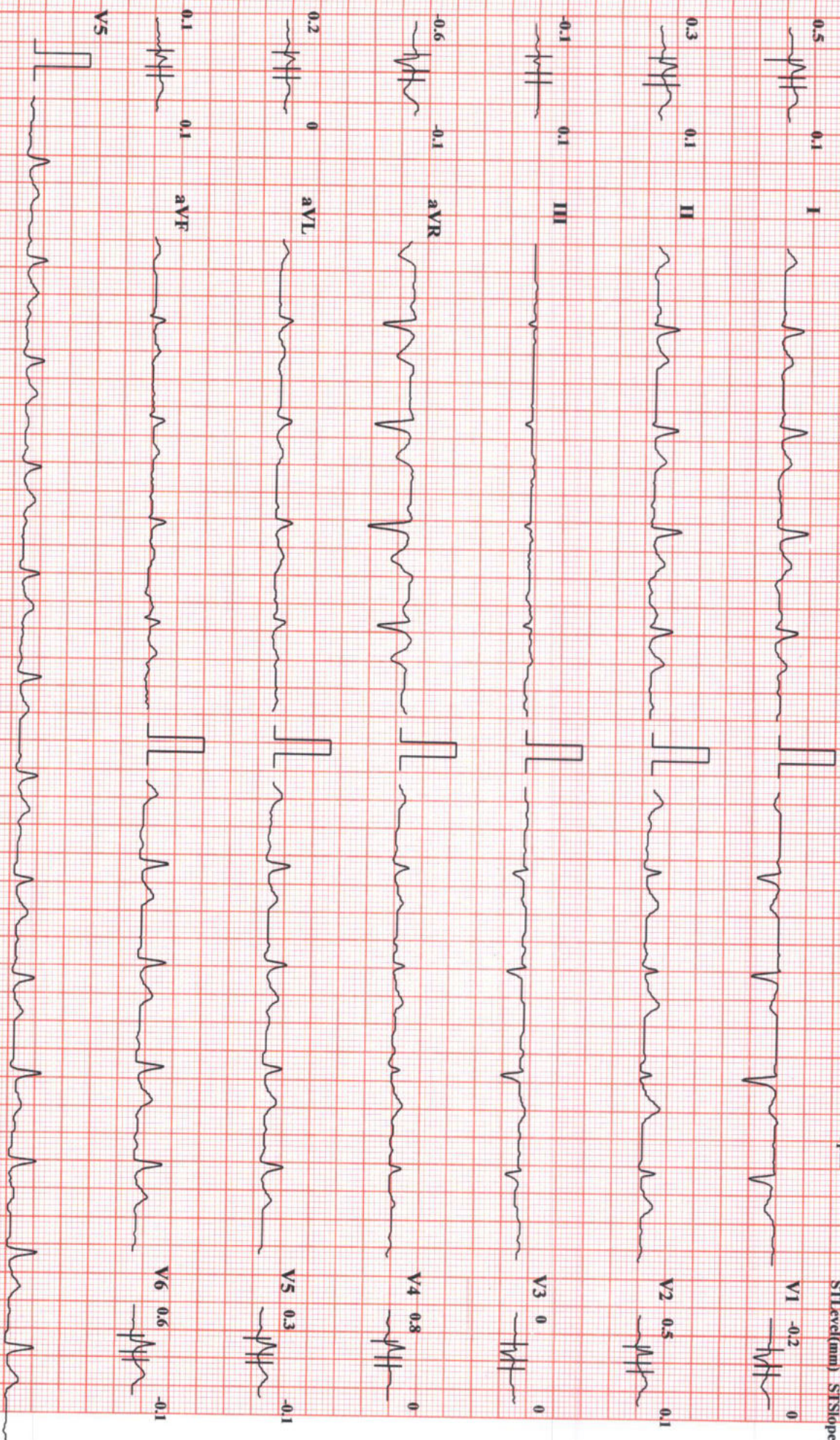


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandau CS-20 Version:2.14

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

BINITA KUMARI

Bruce Protocol

STLevel(mm) STISlope(mV/s)

ID: 2307018202

Stage: 1

Date: 11-03-2023

Speed: 2.7 kmph

Exec Time : 0:00:14

Slope: 10 %

Stage Time: 00:14

THR: 157 bpm

HR: 93 bpm

BP: 110/70 mmHg

STLevel(mm) STISlope(m

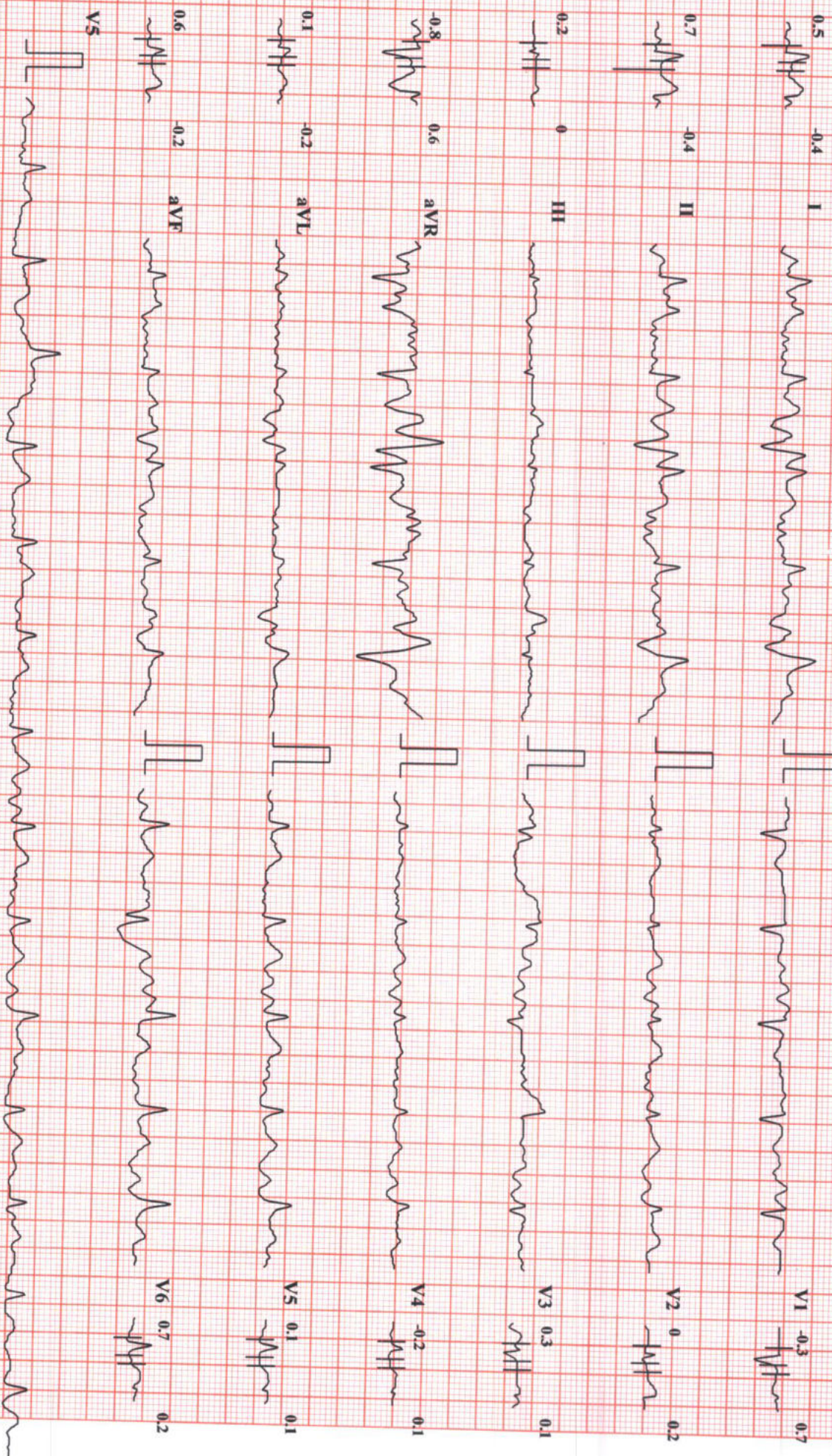


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

BINITA KUMARI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ID: 2307018202

Stage: 2

Date: 11-03-2023

Speed: 4 kmph

Exec Time : 0:03:14

Slope: 12 %

Stage Time: 03:00

THR: 157 bpm

HR: 128 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(m

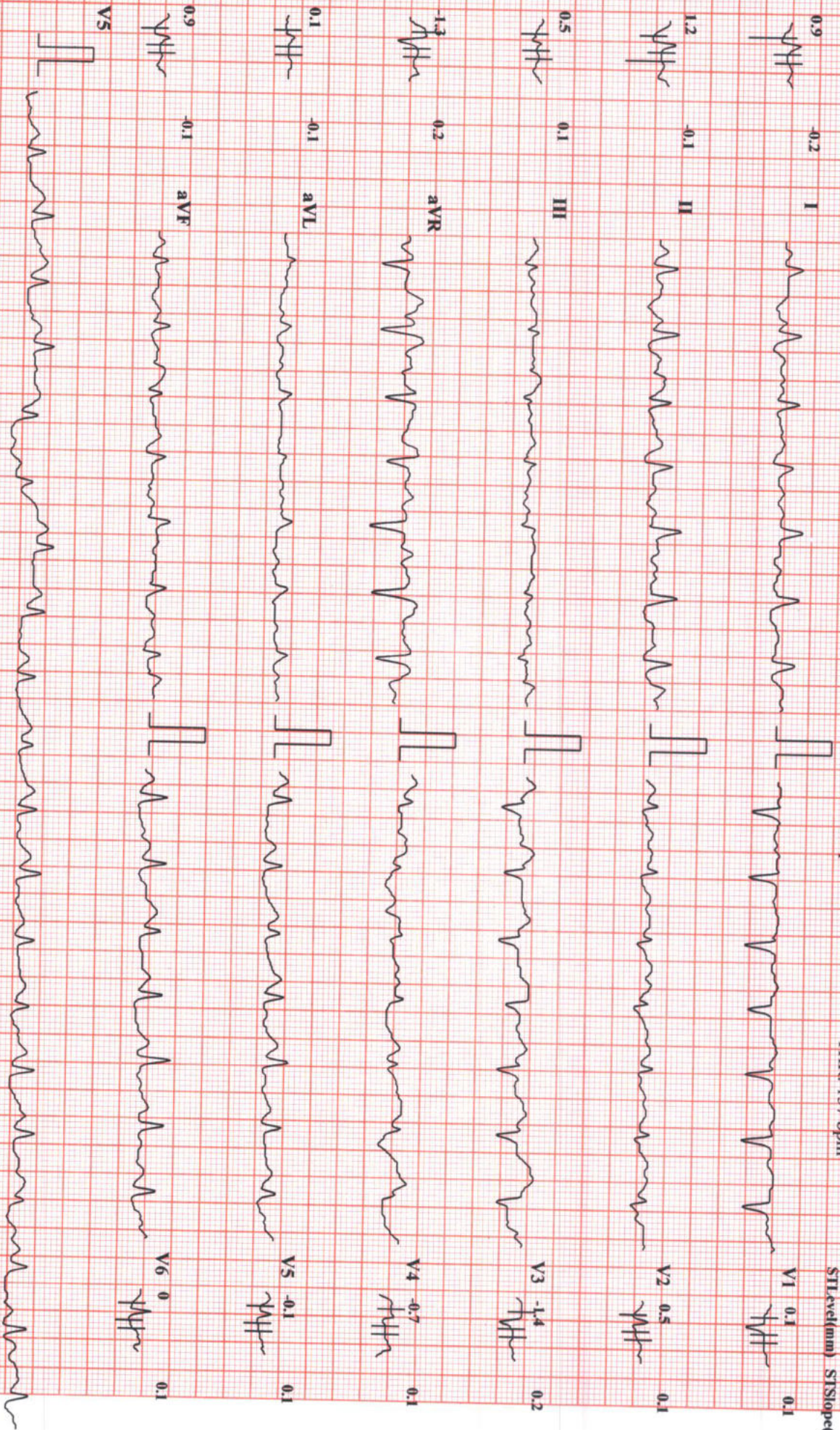


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version:2.14

BINITA KUMARI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018202

Date: 11-03-2023

Exec Time : 0:06:14

Stage Time: 03:00

HR: 151 bpm

STLevel(mm) STSlope(mV/s)

Stage: 3

Speed: 5.5 kmph

Slope: 14 %

THR: 157 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(m

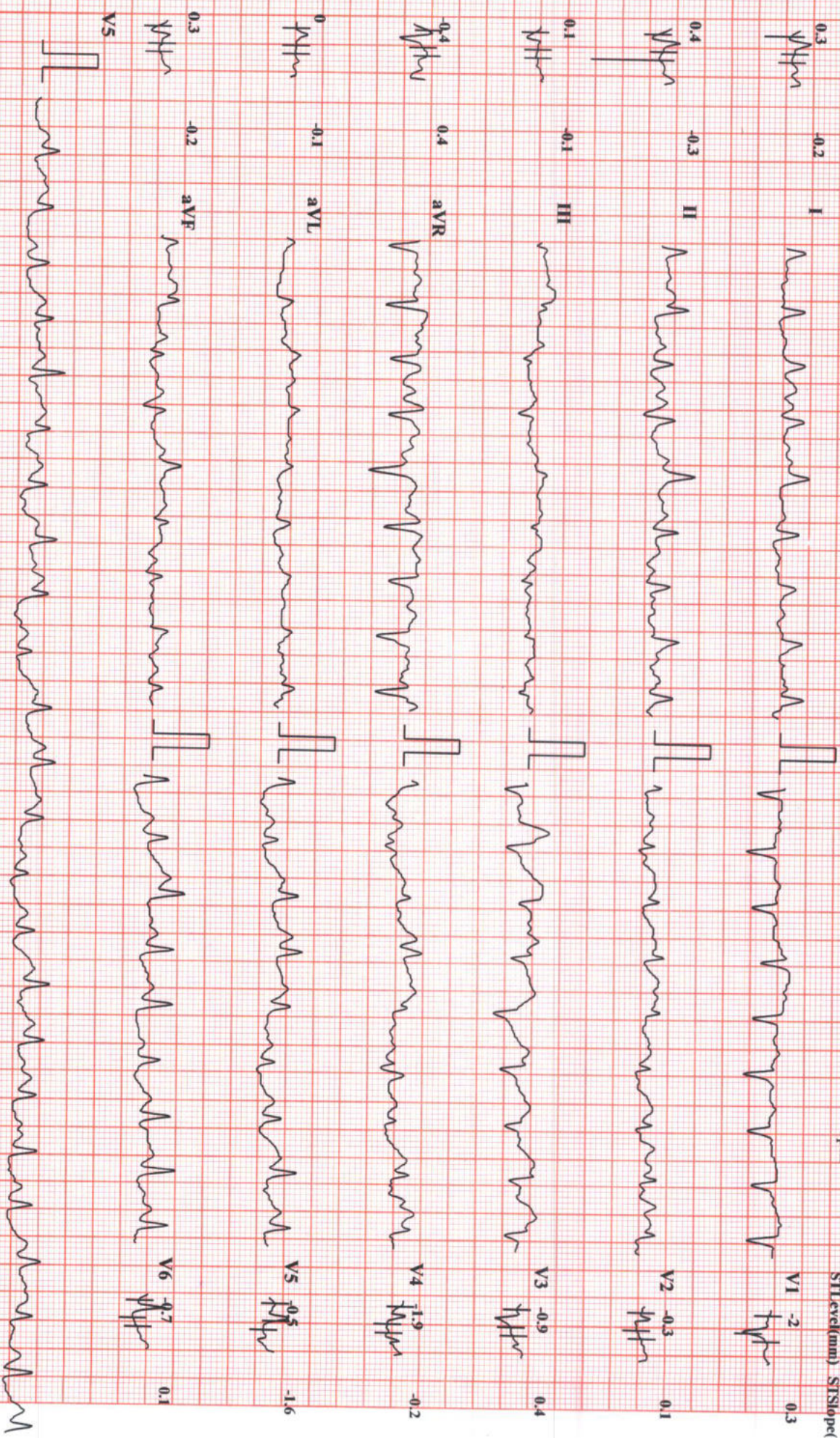


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spardan CS-20 Version: 2.14

BINITA KUMARI

Bruce Protocol

STLevel(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307018202

Stage: 4 Peak Exercise

Date: 11-03-2023

Speed: 6.8 kmph

Exec Time : 0:06:36

Slope: 16 %

Stage Time: 00:22

THR: 157 bpm

HR: 159 bpm

Bp- 150/70 mmHg

STLevel(mm) STSlope(m

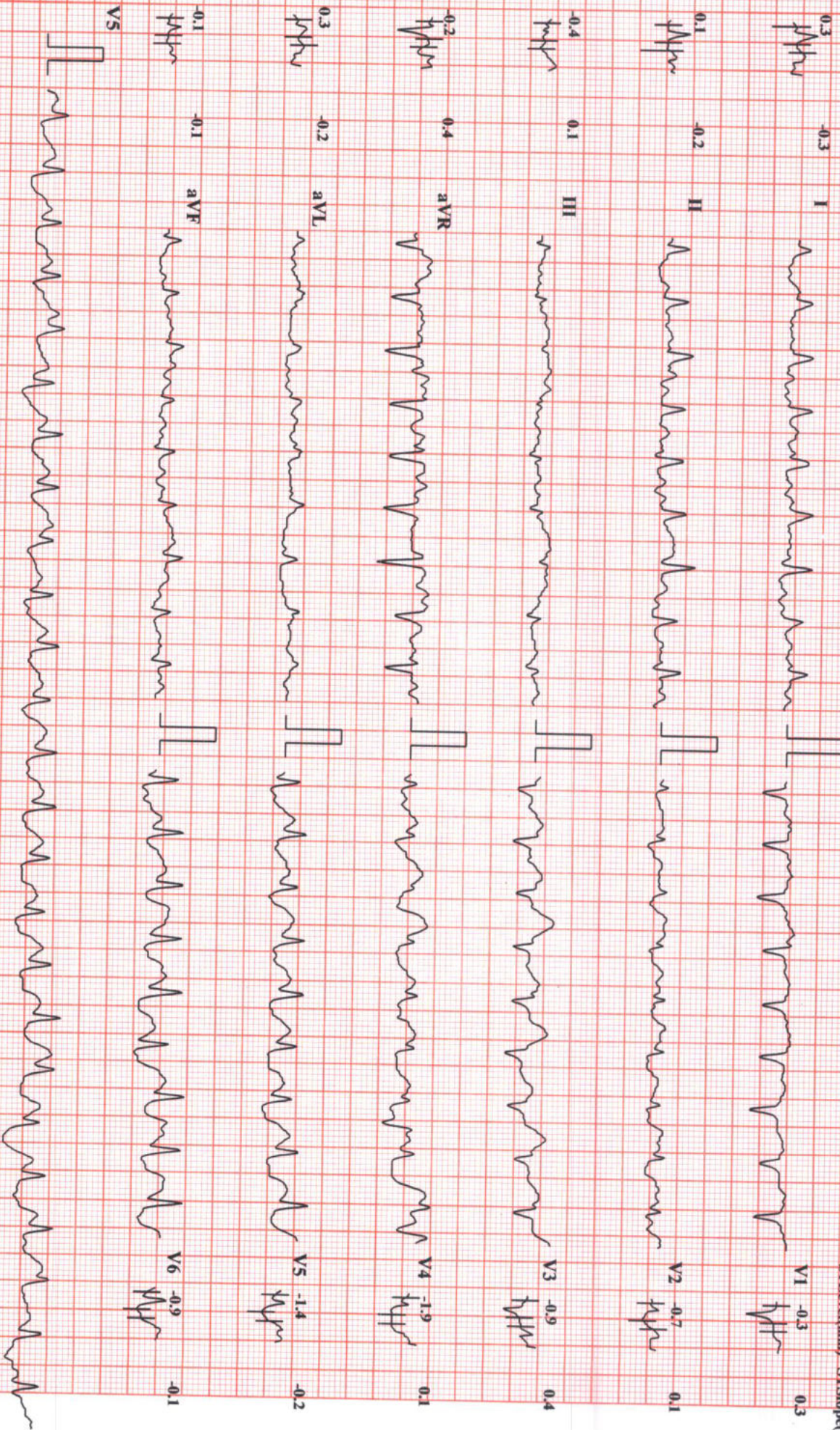


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version:2.14

BINITA KUMARI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol
STLevel(mm) STISlope(mV/s)

ID: 2307018202
Stage: Recovery I

Date: 11-03-2023
Speed: 0 kmph

Exec Time : 00:00
Slope: 0 %

Stage Time: 01:00
THR: 157 bpm

HR: 129 bpm
BP: 150/70 mmHg
STLevel(mm) STISlope(mV/s)

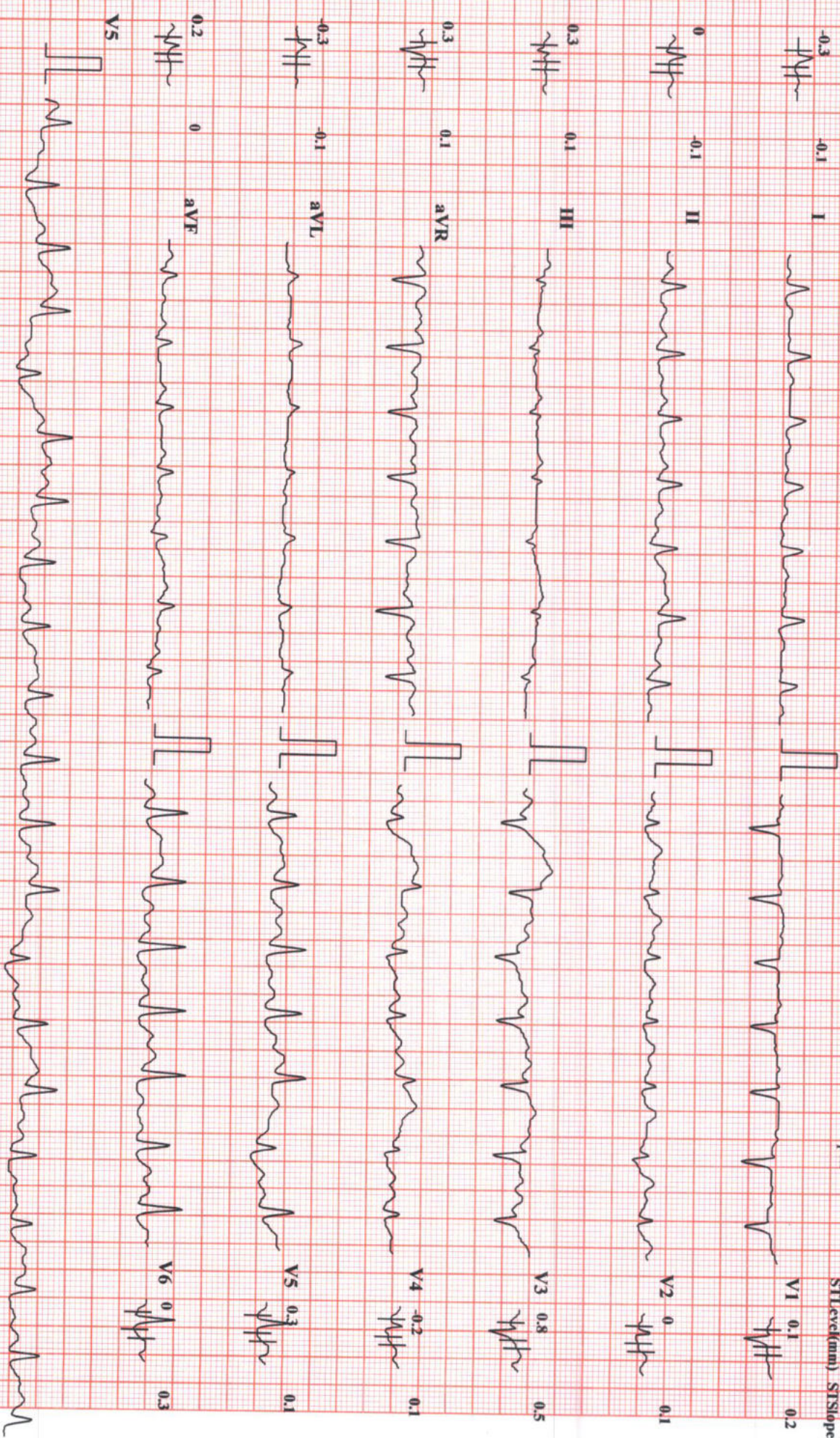


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandam CS-20 Version: 2.14

BINITA KUMARI

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Bruce Protocol

ID: 2307018202

Date: 11-03-2023

Exec Time : 00:00

Stage Time: 01:00

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Slope: 0 %

THR: 157 bpm

HR: 98 bpm

BP: 130/70 mmHg

STLevel(mm) STSlope(mV/s)

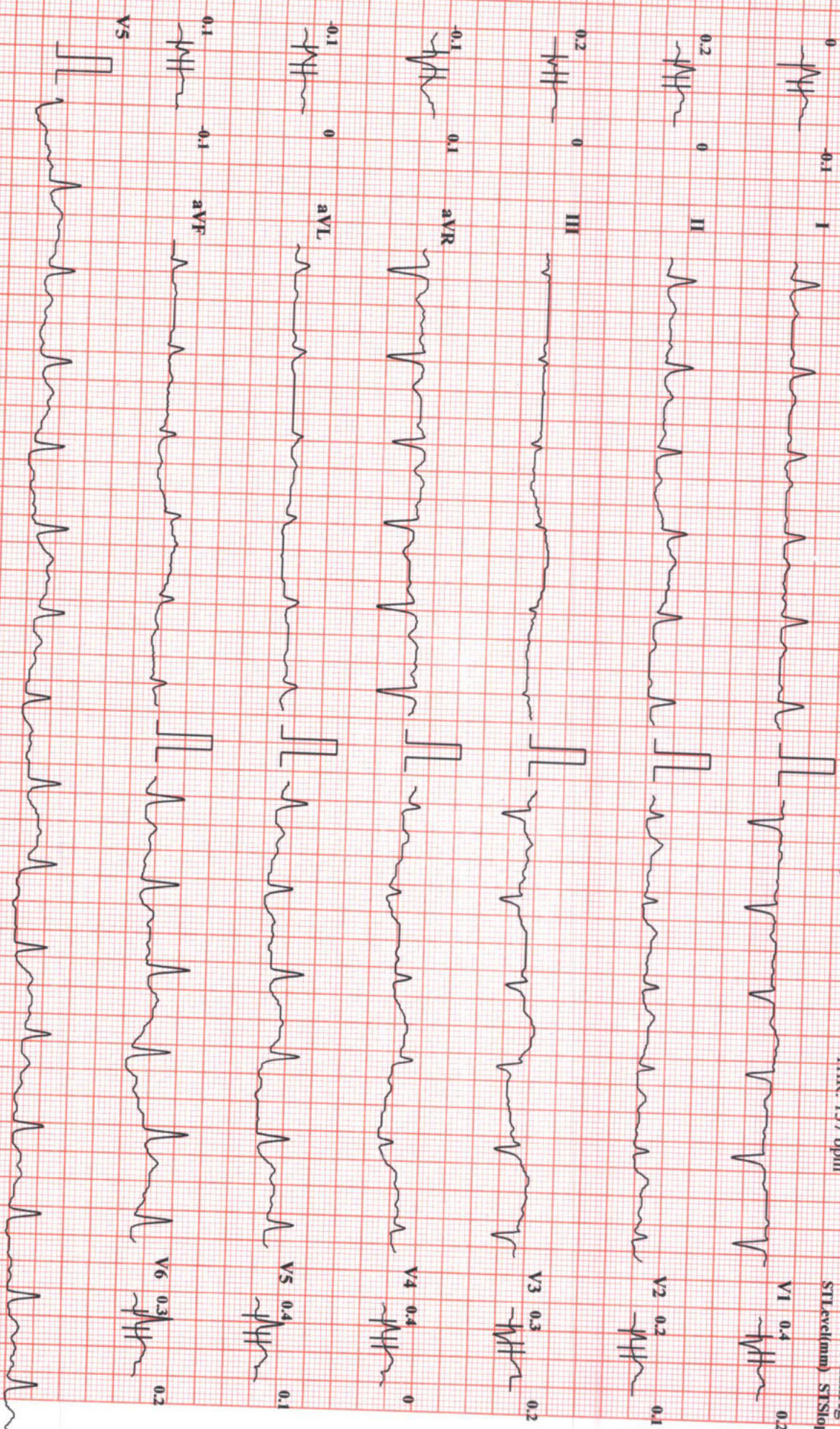


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

BINITA KUMARI

Bruce Protocol

STL:level(mm) STSlope(mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2307018202

Stage: Recovery3

Date: 11-03-2023

Speed: 0 kmph

Exec Time : 00:00

Slope: 0 %

Stage Time: 00:07

THR: 157 bpm

HR: 96 bpm

BP: 110/70 mmHg

STL:level(mm) STSlope(m

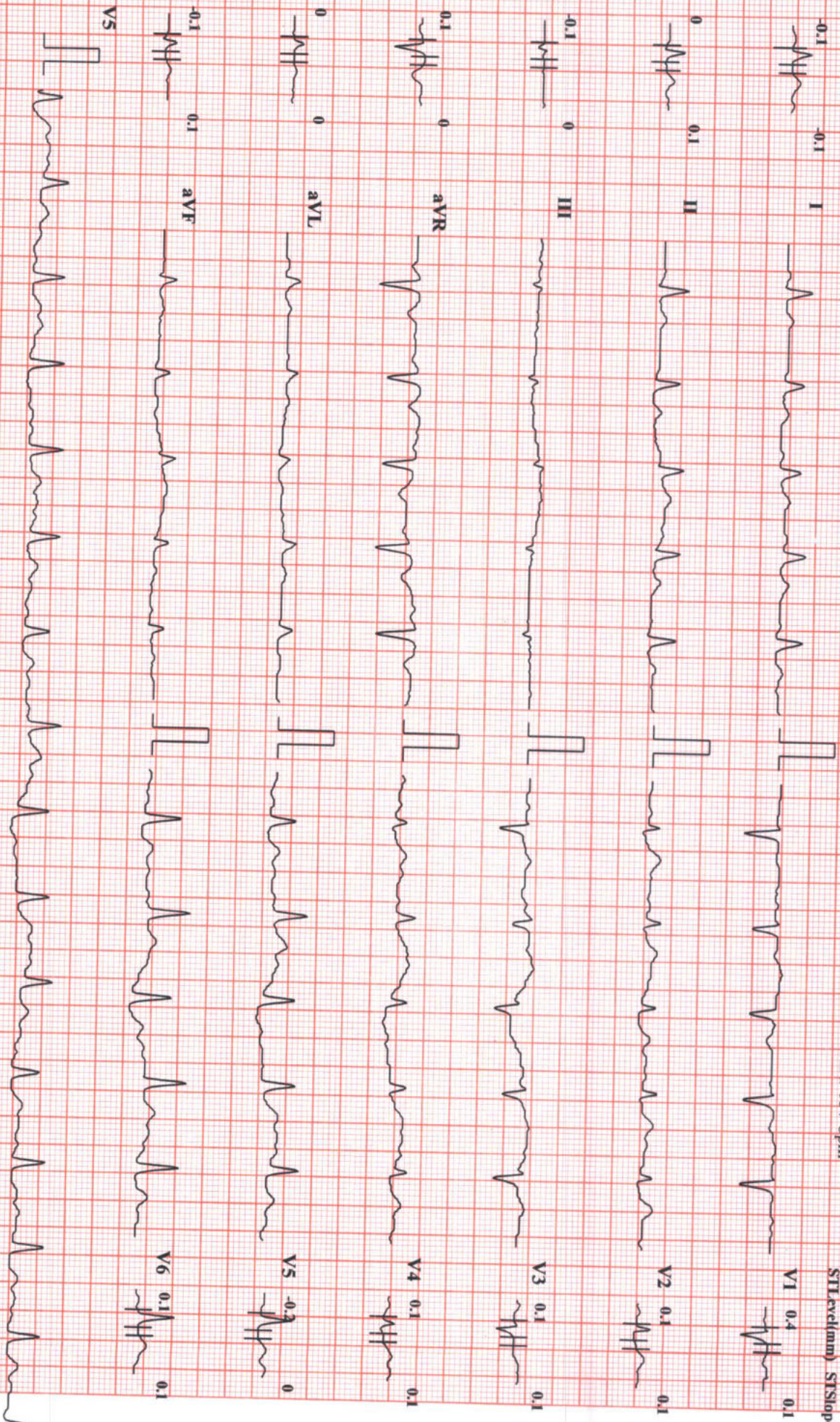


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter 25 Hz Mains Filter ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandart CS-20 Version: 2.14



CID : 2307018202
Name : Mrs Binita Kumari
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/13:59

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 SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.



Use a QR Code Scanner
Application To Scan the Code

CID : 2307018202
Name : Mrs Binita Kumari
Age / Sex : 35 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 11-Mar-2023
Reported : 11-Mar-2023/13:59