

CID# : 2236104285

Name : MRS.SAKKUNTALA ROY

Age / Gender : 34 Years/Female

Consulting Dr. : -

Collected : 27-Dec-2022 / 08:23

Reg.Location : Borivali West (Main Centre)

Reported : 27-Dec-2022 / 16:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms): 149cm
Temp (0c): Afebrile
Blood Pressure (mm/hg): 130/90mmhg
Pulse: 74/min

Weight (kg): 84kg
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen Not Palpable
CNS: NAD

IMPRESSION:

Hb ↓
TSH ↑

ADVICE:

physician Ref.

CHIEF COMPLAINTS:

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

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

PERSONAL HISTORY:

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

*** End Of Report ***

Regd. Office:-
SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. 187714

Dr.NITIN SONAVANE
PHYSICIAN



CID : 2236104285
Name : MRS.SAKKUNTALA ROY
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Dec-2022 / 08:28
Reported : 27-Dec-2022 / 12:23

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	9.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.77	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.7	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	17.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7070	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.9	20-40 %	
Absolute Lymphocytes	2113.9	1000-3000 /cmm	Calculated
Monocytes	7.9	2-10 %	
Absolute Monocytes	558.5	200-1000 /cmm	Calculated
Neutrophils	58.7	40-80 %	
Absolute Neutrophils	4150.1	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	240.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	217000	150000-400000 /cmm	Elect. Impedance
MPV	10.9	6-11 fl	Calculated
PDW	22.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	-
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 50

2-20 mm at 1 hr.

Sedimentation

Result rechecked

Kindly correlate clinically.

*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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Name : MRS.SAKKUNTALA ROY
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Collected : 27-Dec-2022 / 08:28
Reported : 27-Dec-2022 / 11:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	14.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	129	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.0	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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 27-Dec-2022 / 08:28
Reported : 27-Dec-2022 / 15:51

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	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



J. Thakker

Dr. JYOT THAKKER

Pathologist & AVP (Medical Services)



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*** End Of Report ***



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

PARAMETER

RESULTS

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



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Name : MRS.SAKKUNTALA ROY
Age / Gender : 34 Years / Female
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Reg. Location : Borivali West (Main Centre)

Collected : 27-Dec-2022 / 08:28
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	135.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.1	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	40.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	95.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	18.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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



Bm haskar

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



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Name : MRS.SAKKUNTALA ROY
Age / Gender : 34 Years / Female
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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	12.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	13.19	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 upto 15 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% (within 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 at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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



Bmhasakar

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



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Unique Identification Authority of India
Government of India

నమోదు సంఖ్య / Enrollment No. : 2017/60444/01806

To
Sakkuntala Roy
శక్కుంతల రాయ్
W/O: Rajeev Kumar
krishna 10/D
Nausena Baugh
Malkapuram
Malkapuram
Pedagantyada
Gandhigram, Visakhapatnam
Andhra Pradesh - 530005
8886308977

24/05/2013



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మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

7917 6464 6991

ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం
Government of India

శక్కుంతల రాయ్
Sakkuntala Roy



పుట్టిన సంవత్సరం / Year of Birth: 1988
స్త్రీ / Female

7917 6464 6991



Saku
27/12/2022
4

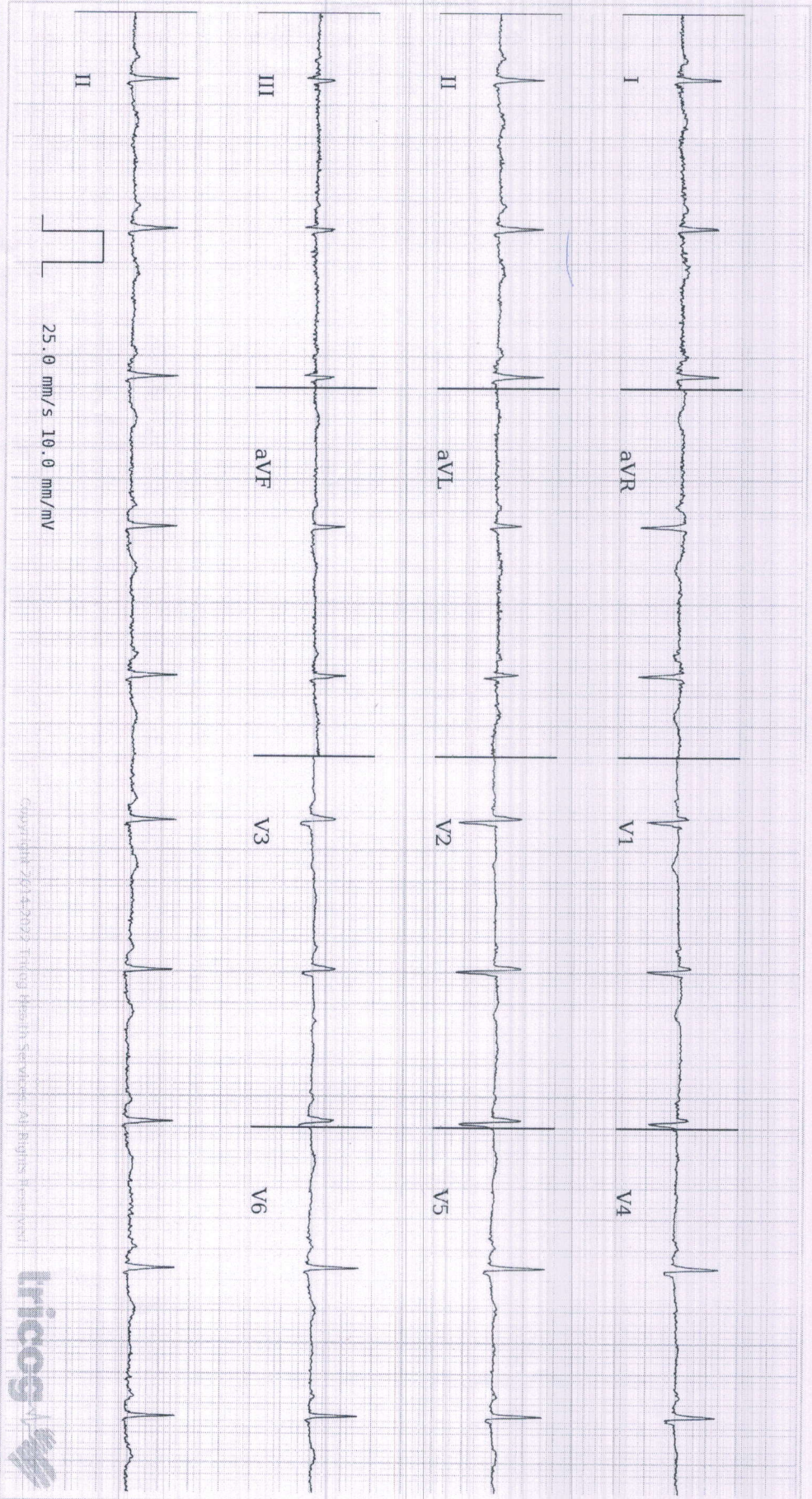
DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

ఆధార్ - సామాన్యని హక్కు

Regd. Office:-
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2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053.

Patient Name: SAKKUNTALA ROY
Patient ID: 2236104285

Date and Time: 27th Dec 22 9:44 AM



Age 34 7 20
years months days

Gender Female

Heart Rate 62bpm

Patient Vitals

BP: 130/90 mmHg

Weight: 78 kg

Height: 149 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 394ms

QTc: 399ms

PR: 146ms

P-R-T: 46° 41° 36°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

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Mumbai-400053.

REPORTED BY

Dr. Nitin Sawant
M.B.B.S.A.F.L.H., D.D.I.A.B.D.C.A.R.D
Consultant Cardiologist
87714

Date:- 27/12/22

CID: 2236104285

Name:- Sakuntala Roy

Sex / Age: 34/F

EYE CHECK UP

Chief complaints:

| NIL

Systemic Diseases:

| NIL

Past history:

Unaided Vision:

RE

LE

Aided Vision:

6/6

6/6

Refraction:

N/6

N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

(N)

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

CID NO: 2236104285		
NAME: MRS. SAKKUNTALA ROY	AGE: 34 YRS	SEX: F
REF. BY : ----	DATE: 27/12/2022	

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 14.1 cm , shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 9.1 x 4.2 cm. Left kidney measures 8.9 x 4.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size 6.8 cm , 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, normal and measures 7.7 x 4.4 x 5.3 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 9 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 1.7 x 2.7 cm
The left ovary measures 1.7 x 3.0 cm.

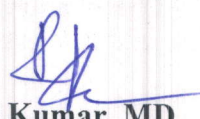
Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.


Dr. Ravi Kumar, MD
Consultant Radiologist
Reg no.2008041721

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

• PATIENT NAME : MRS.SHAKUNTALA ROY	• SEX : FEMALE
• REF DR NAME : -----	• AGE : 34 YEARS
• CID NO : 2236106278	• DATE : 27.12.2022

ECHO & DOPPLER FINDINGS:

- No diastolic dysfunction at present.
- No regional wall motion abnormality seen at rest.
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 20 mm and 15 mm respectively.
- PASP by TR jet measured to 22 mm Hg.
- Visual LVEF of 65%

MEASUREMENTS:

IVS d (mm)	07	EDV (ml)	99	Ao (mm)	28
IVS s (mm)	11	ESV (ml)	23	LA (mm)	35
LVIDd (mm)	46	SV (ml)	76	EPSS (mm)	01
LVIDs (mm)	25	FS (mm)	33	EF SLOPE (ml/s)	70
Pwd (mm)	07	EF (%)	65	MV (mm)	18
Pws (mm)	14				

• PATIENT NAME : MRS.SHAKUNTALA ROY	• SEX : FEMALE
• REF DR NAME : -----	• AGE : 34 YEARS
• CID NO : 2236106278	• DATE : 27.12.2022

DOPPLER: Mitral E / A

Mitral (m/s)	0.7	Aortic (m/s)	1.36
Tricuspid (m/s)	0.8	Pulmonary (m/s)	0.9

TDI

Septal e' = 0.1 m/s [E/e' = 07]

Lateral e' = 0.09 m/s

Septal a' = 0.06 m/s

Lateral a' = 0.06 m/s

Septal s' = 0.05 m/s

Lateral s' = 0.06 m/s

Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

Cert in 2D Echo & Doppler Studies

NOTE : 2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as indicated.

***** END OF THE REPORT *****

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2236104285
Name : Mrs SAKKUNTALA ROY
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 27-Dec-2022
Reported : 27-Dec-2022 / 16:36

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 Rohit before dispatch.

DR. ROHIT MALIK
DNB, DMRD, DMRE (MUM)
RADIO DIAGNOSIS
REG. No. 82356

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022122708240737>

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Name: SAKKUNTALA ROY ID: 2236104285
 Date: 27-Dec-22
 Age: 34 y Sex: F
 Clinical History: ROUTINE CHECK UP

Time: 12:13:07 PM

Height: 149 cms.

Weight: 84 Kg.

Medications: NIL

Test Details

Protocol: Bruce

Total Exec. Time: 4 m 19 s

Max. BP: 160 / 90 mmHg

Test Termination Criteria: FATIGUE

Pr.MHR: 183 bpm

Max. HR: 156 (85% of Pr.MHR)bpm

Max. BP x HR: 24960 mmHg/min

THR: 155 (85 % of Pr.MHR) bpm

Max. Mets: 7.00

Min. BP x HR: 7290 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 31	1.0	0	0	81	130 / 90	-0.42 II	-0.35 III
Standing	1 : 10	1.0	0	0	90	130 / 90	-0.64 II	-0.71 II
Hyperventilation	0 : 10	1.0	0	0	88	130 / 90	-0.42 II	-0.35 II
1	3 : 0	4.6	1.7	10	129	150 / 90	-0.85 II	1.06 V3
Peak Ex	1 : 19	7.0	2.5	12	156	160 / 90	-1.06 V6	1.42 II
Recovery(1)	3 : 0	1.8	1	0	92	140 / 90	-0.85 V5	1.77 V5
Recovery(2)	1 : 2	1.0	0	0	85	130 / 90	-0.64 II	0.35 I

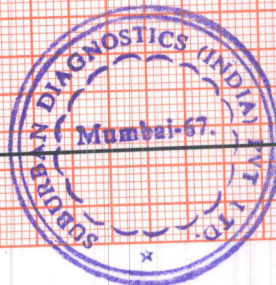
Interpretation

FAIR EFFORT TOLERANCE.
 LOW WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease.
 Positive test is suggestive but not confirmatory of Coronay Artery Disease.
 Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

Dr. AJITA BHOSALE
 Reg. No. 2013/062200
 MBBS/D. Cardiology



SAKKUNTALA ROY (34 F)

Protocol: Bruce

ID: 2236104285
Stage: Supine

Date: 27-Dec-22
Speed: 0 mph
Grade: 0 %
Exec Time : 0 m 0 s
Stage Time : 0 m 25 s
HR: 80 bpm
B.P: 130 / 90
(THR: 155 bpm)

ST Level (mm) ST Slope (mV/s)

0.0 0.0

-0.4 0.0

-0.2 -0.4

0.2 0.0

0.0 0.0

-0.4 -0.4

0.0 0.0

0.0 0.0

0.0 0.0

ST Level (mm) ST Slope (mV/s)

0.0 0.0

0.0 0.0

0.0 0.0

0.0 0.0

0.0 0.0

0.0 0.4

0.0 0.4

0.0 0.0

0.2 0.0

Chart Speed: 25 mm/sec
Schiller Spandata V 4.52

Filter: 35 Hz

Mains Fit: ON

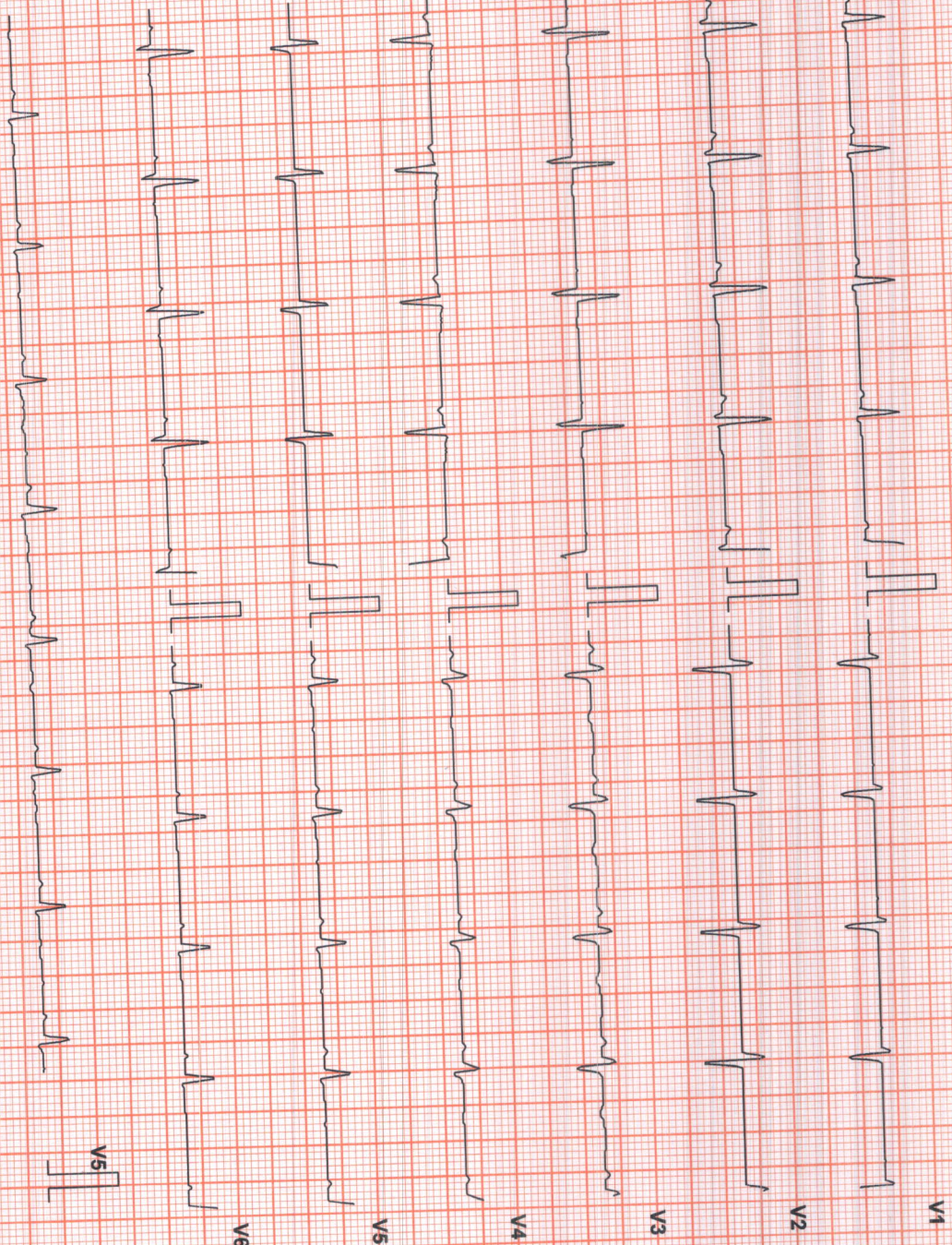
Amp: 10 mm

iso - R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

Linked Median





SAKKUNTALA ROY (34 F)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ID: 2236104285 Date: 27-Dec-22 Exec Time : 0 m 0 s Stage Time : 1 m 4 s HR: 88 bpm
Stage: Standing Speed: 0 mph Grade: 0 % (THR: 155 bpm) B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

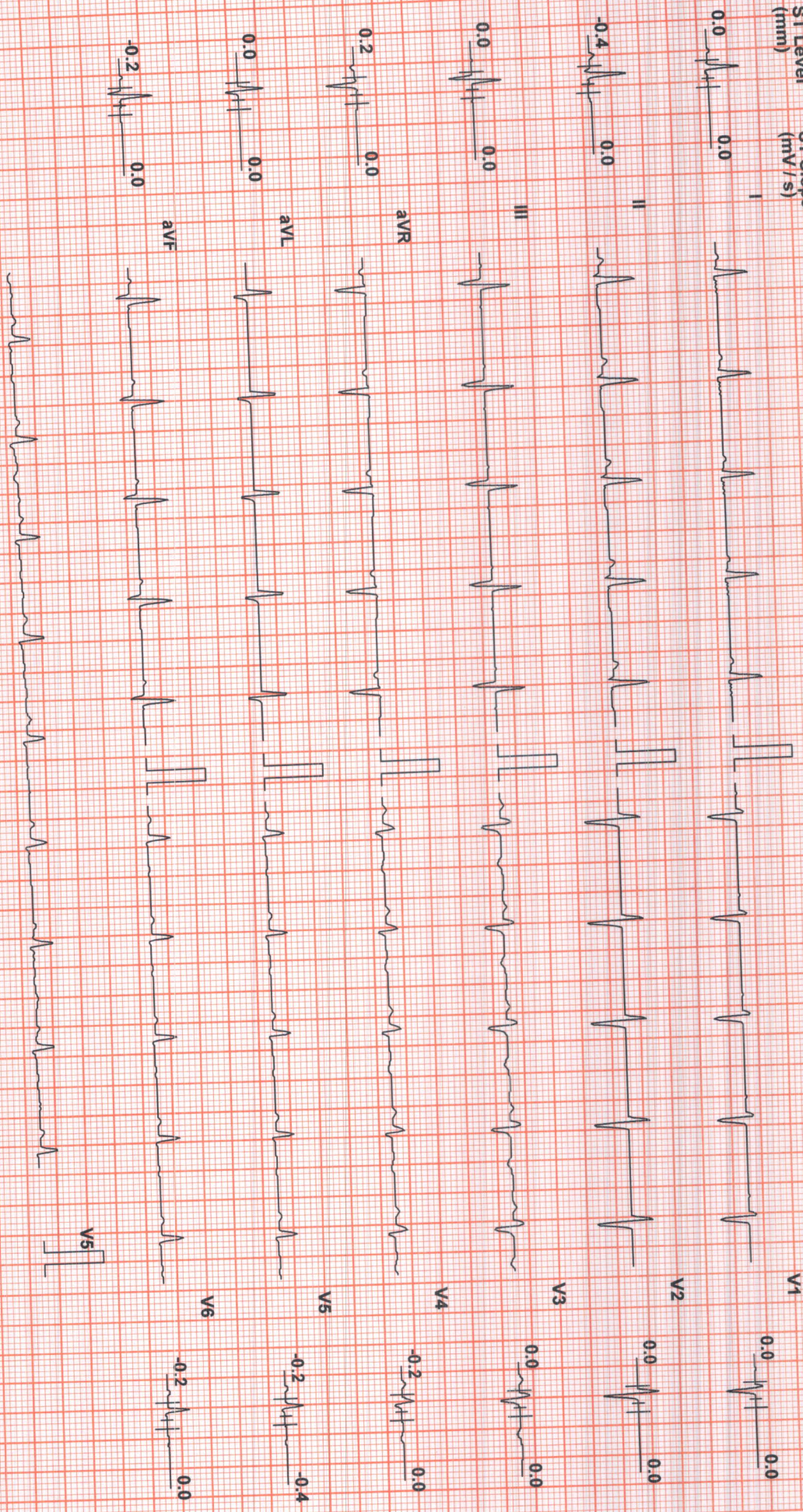


Chart Speed: 25 mm/sec
Schiller Spandani V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SAKKUNTALA ROY (34 F)

ID: 2236104285

Date: 27-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 86 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

B.P: 130 / 90

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

0.0 0.0

-0.2 0.0

-0.2 -0.4

0.2 0.0

0.0 0.0

-0.2 0.0

ST Level (mm) ST Slope (mV/s)

0.0 0.0

0.0 0.0

0.0 0.0

-0.2 0.0

-0.2 -0.4

-0.2 0.0

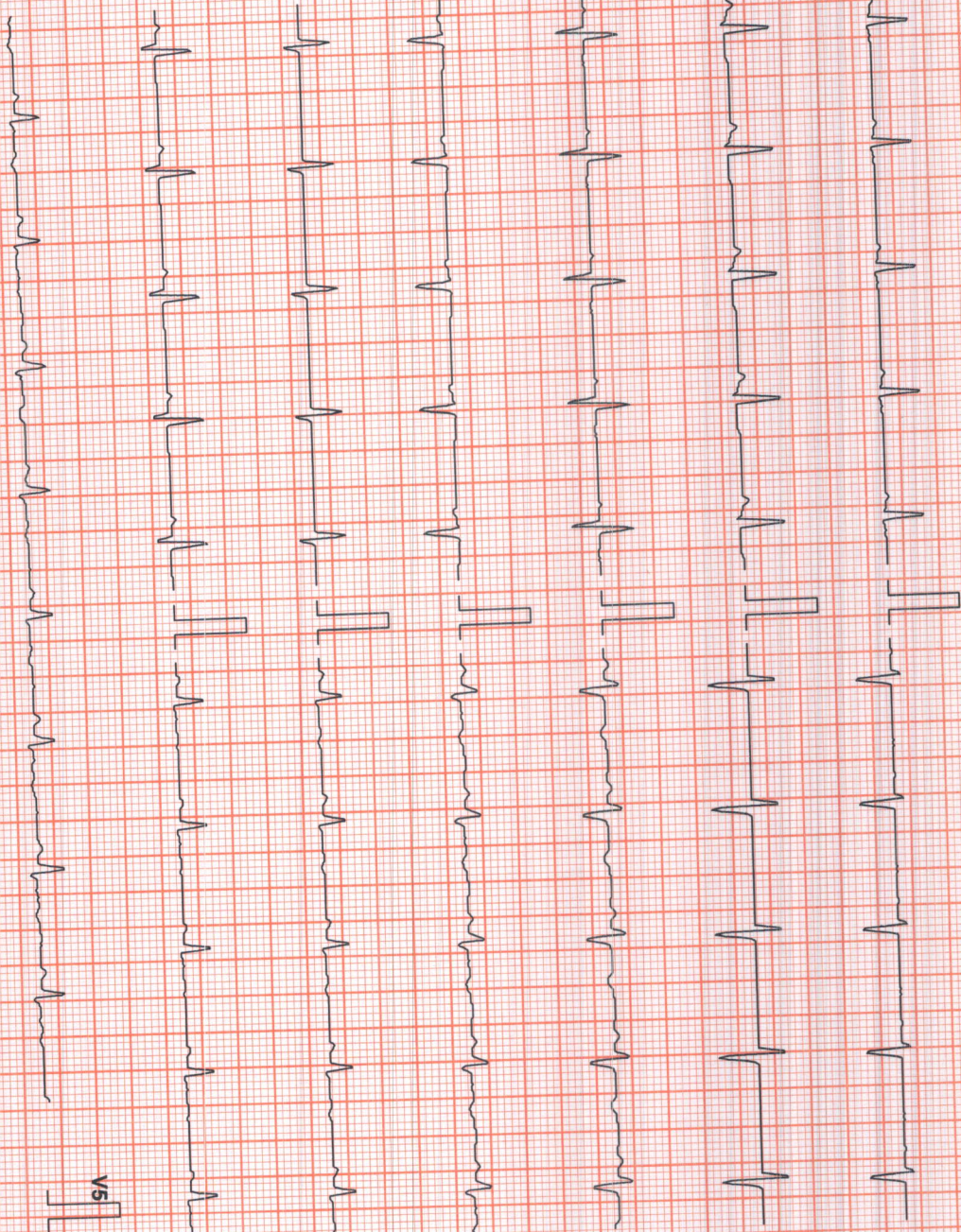


Chart Speed: 25 mm/sec
Schiller Spandam V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SAKKUNTALA ROY (34 F)

Protocol: Bruce

ID: 2236104285
Stage: 1

Date: 27-Dec-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 131 bpm
Speed: 1.7 mph Grade: 10% (THR: 155 bpm) B.P: 150 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

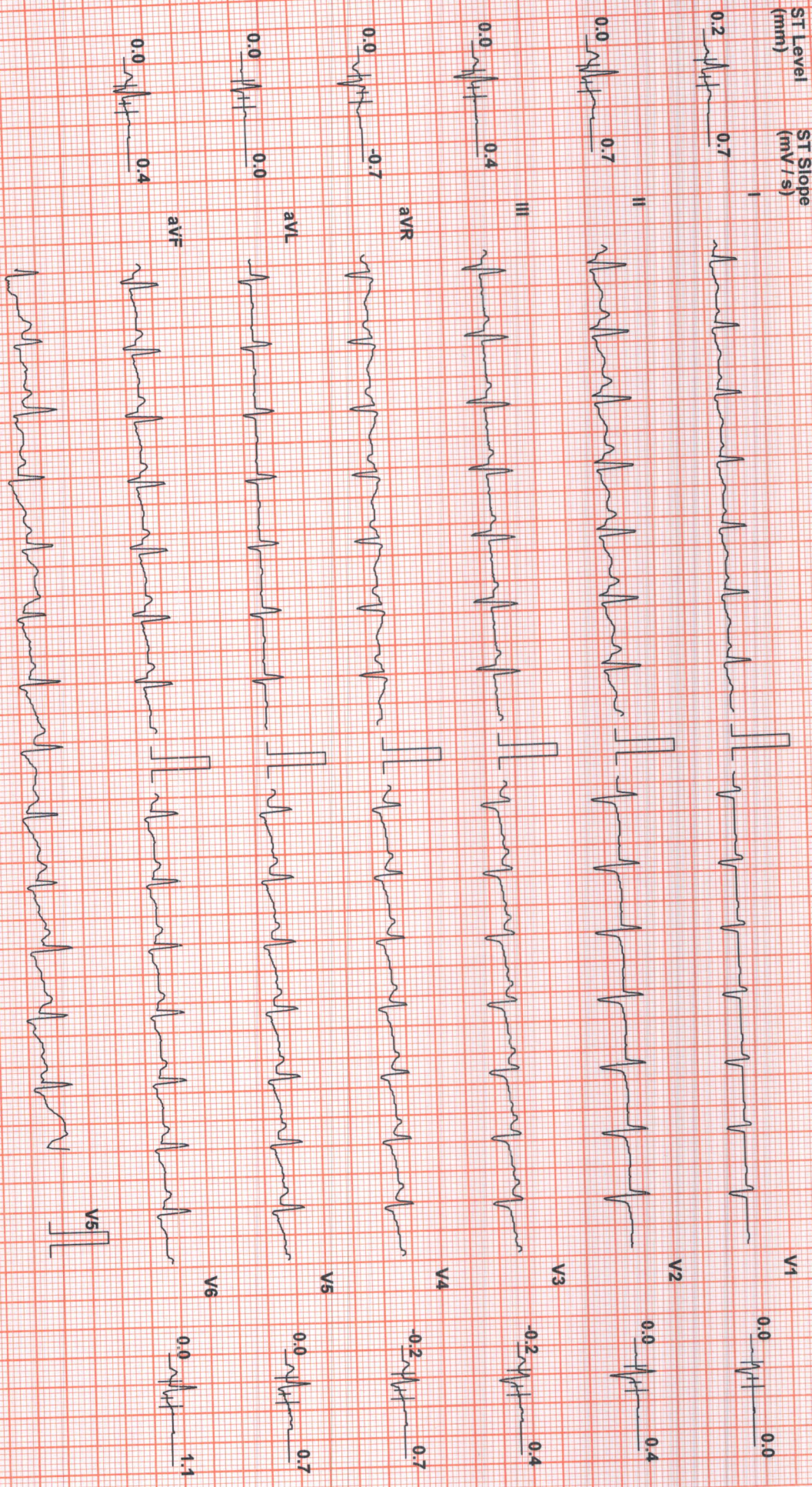


Chart Speed: 25 mm/sec
Schiller Spentan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SAKKUNTALA ROY (34 F)

ID: 2236104285
Stage: Peak Ex

Date: 27-Dec-22
Speed: 2.5 mph
Grade: 12 %
Exec Time : 4 m 13 s
Stage Time : 1 m 13 s
HR: 156 bpm
B.P: 160 / 90

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

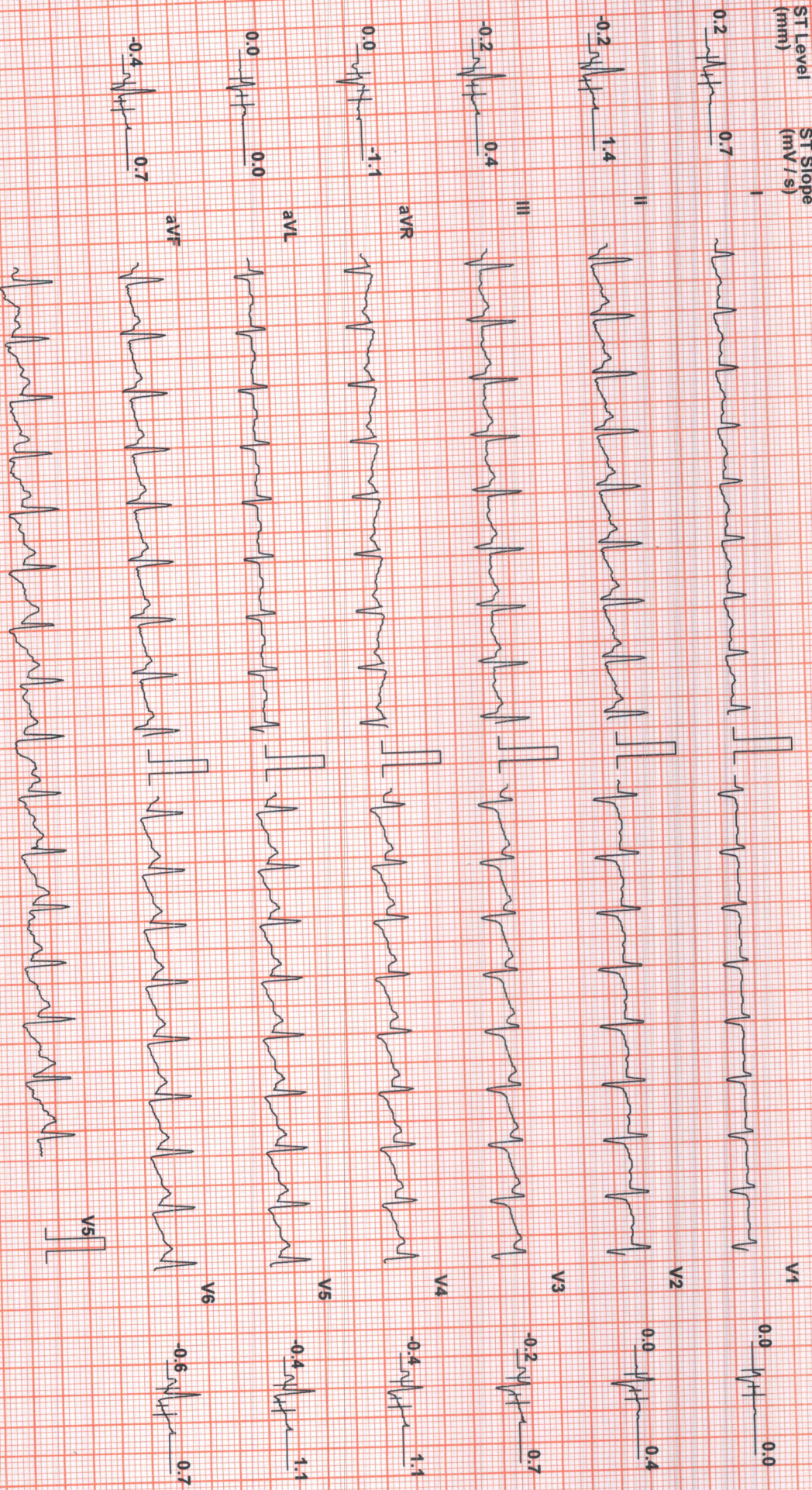


Chart Speed: 25 mm/sec
 Filter: 35 Hz
 Mains Fil: ON
 Amp: 10 mm
 Iso = R - 60 ms J = R + 60 ms
 Post J = J + 60 ms
 Schiller Spandart V 4 52
 Linked Median



SAKKUNTALA ROY (34 F)

Protocol: Bruce

ID: 2236104285
Stage: Recovery(1)

Date: 27-Dec-22
Speed: 1 mph

Exec Time : 4 m 19 s Stage Time : 2 m 54 s HR: 93 bpm
Grade: 0 % (IHR: 155 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

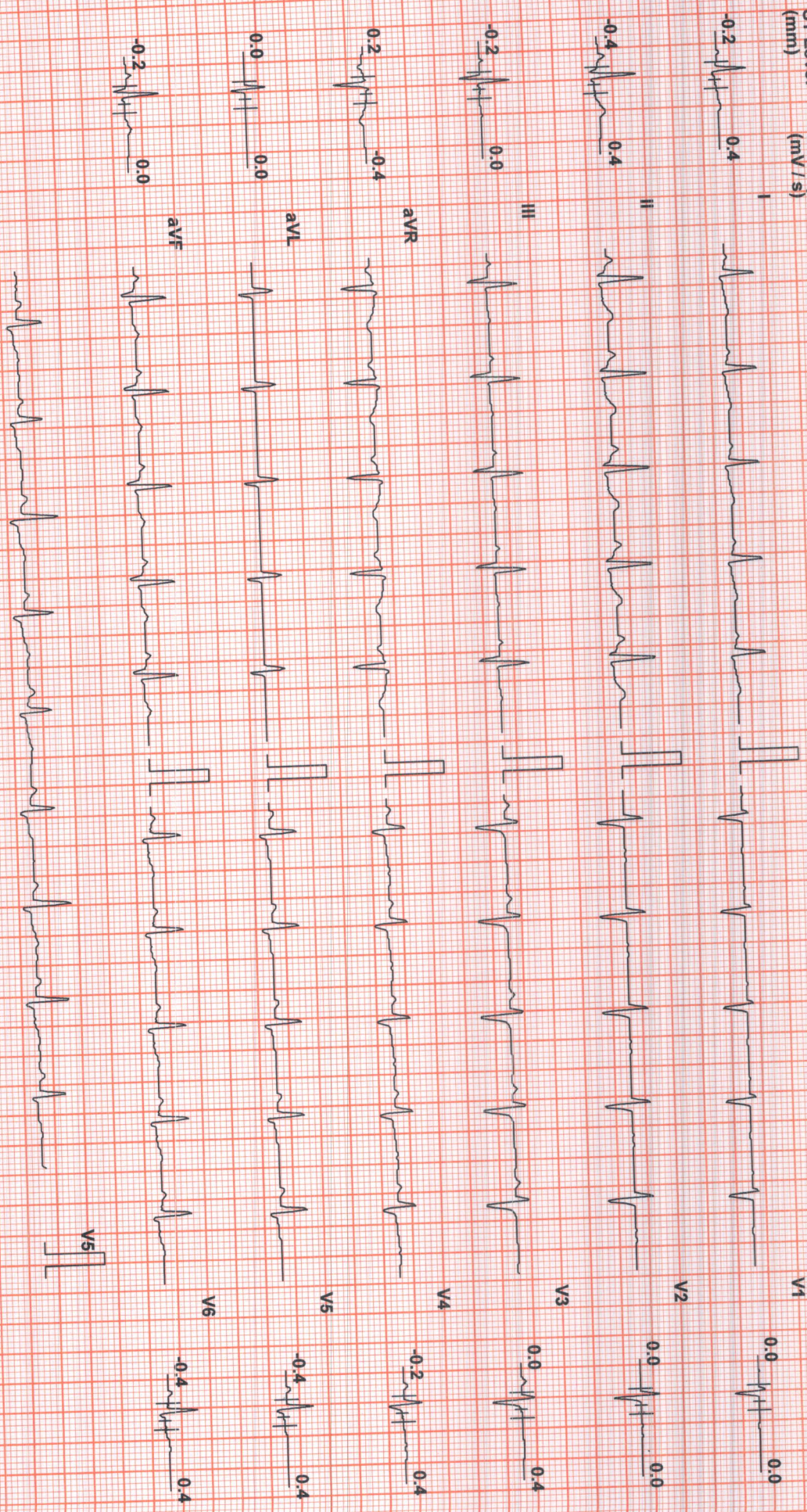


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SAKKUNTALA ROY (34 F)

ID: 2236104285

Date: 27-Dec-22

Exec Time : 4 m 19 s

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 155 bpm)

Protocol: Bruce

ST Level (mm)

ST Slope (mV/s)

B.P.: 130/90

HR: 85 bpm

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

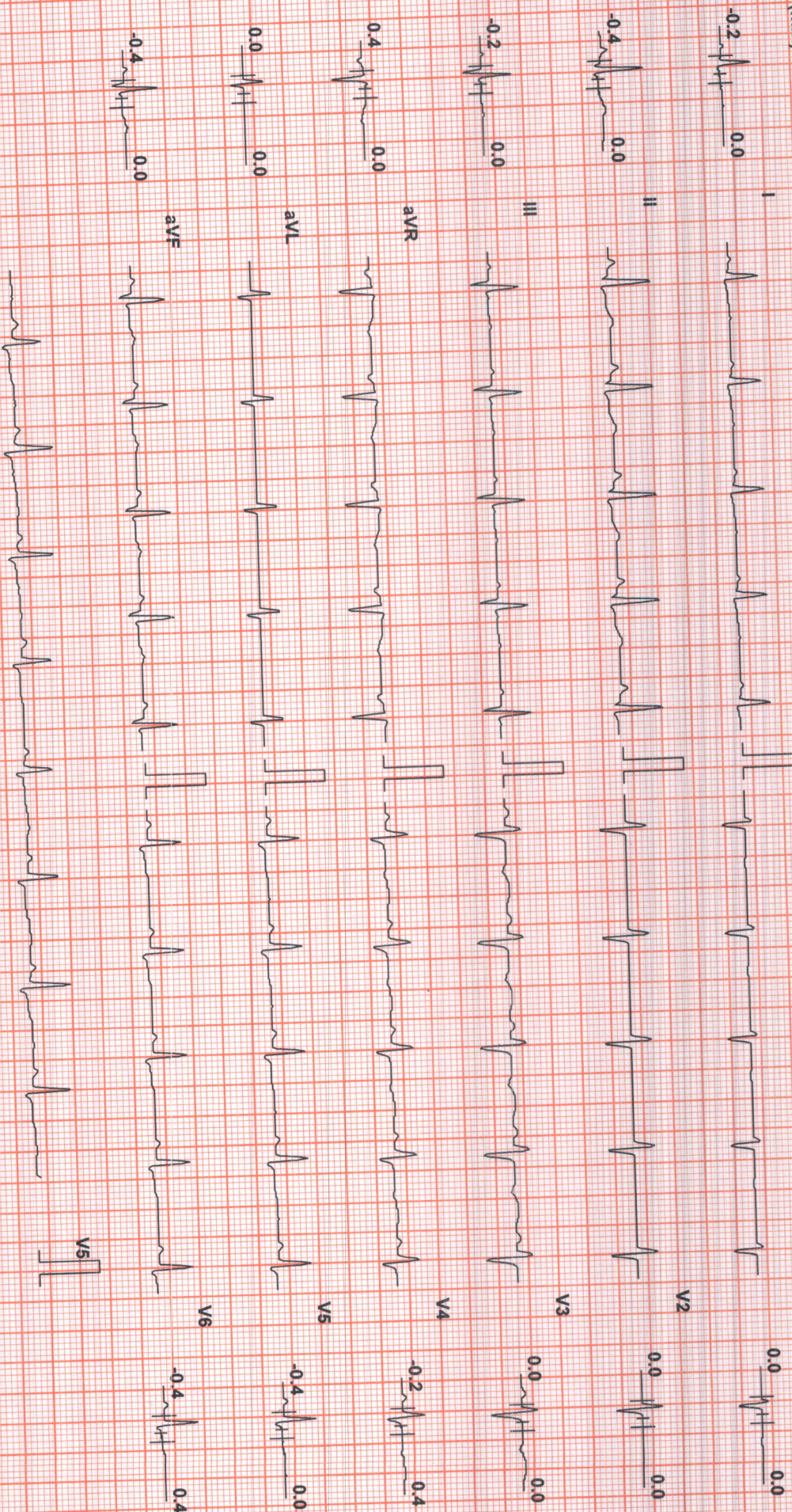


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.52