

PHYSICAL EXAMINATION REPORT

Patient Name	Mamisha Mali	Sex/Age	F / 43
Date	25/4/23	Location	Thane

History and Complaints

C/O - Cough, cold
- Leg pain & swelling (L)

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	37.2
Weight (kg):	72.6	Skin:	Boils in Axilla (L)
Blood Pressure	120/90	Nails:	NAD
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression: - ↓ Hb .
- Eosinophilia .
Mammography - Abscess in
Calcification in B/L Breasts .
B/L Axilla Lymph Nodes (+) .
↓ total proteins .
Hb A_{1c} - Pre-Diabetic .
↑ Non HDL .
Fatty liver .

Bulky Uterus

R
E
P
O
R
T

Advice:

- Iron Supplement
- Rx of Eosinophilia
- Low Fat, Low sugar Diet
- ↑ Protein Intake

Repeat
Sugar
Profile
after 6
Months

Gynaec
consultation

1)	Hypertension:	
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	Nil
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	H/o kidney stones (Recurrent)
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	Nil
14)	Cancer/lump growth/cyst	Baill's cyst in Rt-Axilla (+)
15)	Congenital disease	
16)	Surgeries	Abscess cyst in Rt-Axilla (8 yrs back)
17)	Musculoskeletal System	Nil

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

For Leg (lt)
Pain &
Swelling



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

Date:- 25/4/23
Name:- Mansha Mali
CID:
Sex / Age: F 42

EYE CHECK UP

Chief complaints: REU
Systemic Diseases: All
Past history: All.
Unaided Vision: BC 6/6 NUBC N/6
Aided Vision: BC 6/6 NUBC N/6
Refraction:

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

Colour Vision: Normal / ~~Abnormal~~

Remark: USC over Spectles

MR. PRAKASH KUDVA
SR. OPTOMETRIST

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CID : 2311504838
Name : MRS.MANISHA MALI
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Apr-2023 / 09:18
Reported : 25-Apr-2023 / 11:11

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.18	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.4	36-46 %	Measured
MCV	84.6	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7310	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	24.2	20-40 %	
Absolute Lymphocytes	1769.0	1000-3000 /cmm	Calculated
Monocytes	7.4	2-10 %	
Absolute Monocytes	540.9	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	3837.8	2000-7000 /cmm	Calculated
Eosinophils	15.9	1-6 %	
Absolute Eosinophils	1162.3	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.			
PLATELET PARAMETERS			
Platelet Count	263000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	10.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 18 2-20 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Dr. Imran Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000

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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	95.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	108.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.2	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	11.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	16.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	57.9	35-105 U/L	PNPP
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.49	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	149	>60 ml/min/1.73sqm	Calculated

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Reported : 25-Apr-2023 / 17:02

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	4.0	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	

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J. Mujawar

Dr. IMRAN MUJAWAR
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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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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Reported : 25-Apr-2023 / 14:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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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)	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	-	-
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	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

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

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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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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AREAS OF SPECIAL EXPERTISE

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022-6170-0000

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	186.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	120.9	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	40.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	23.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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Collected : 25-Apr-2023 / 09:18
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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.5	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.55	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 ***



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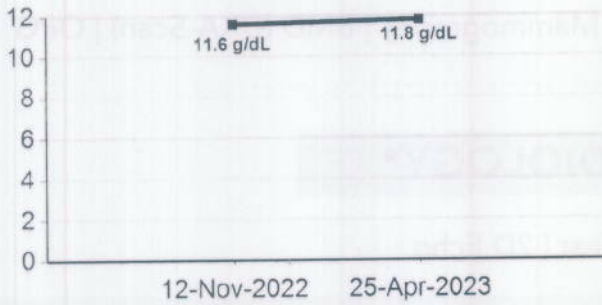
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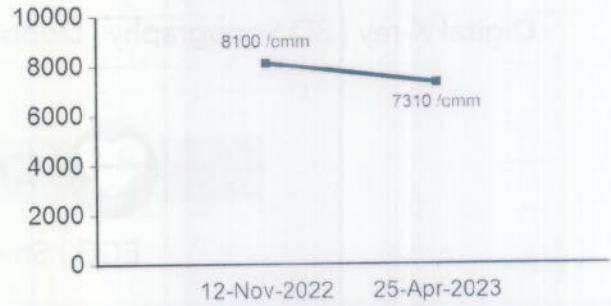
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Haemoglobin



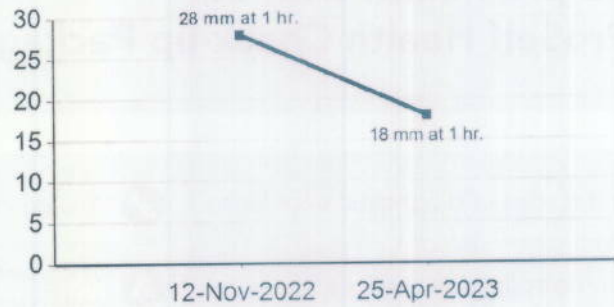
WBC Total Count



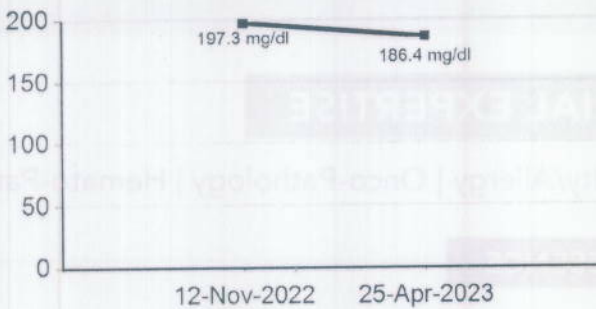
Platelet Count



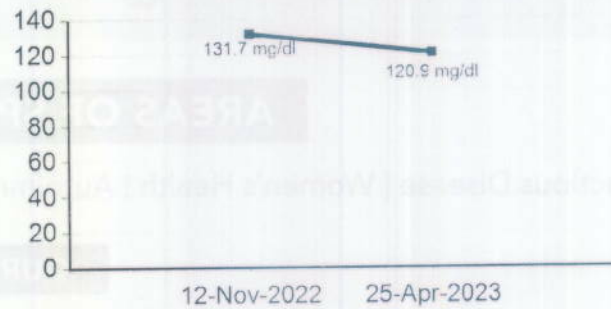
ESR



CHOLESTEROL



TRIGLYCERIDES



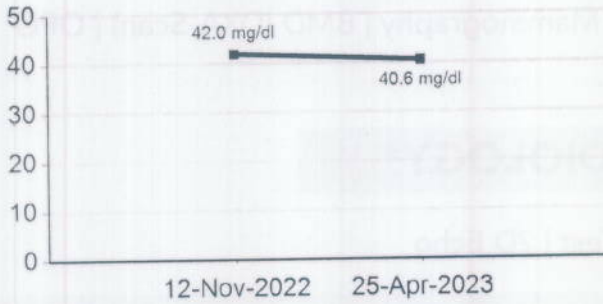
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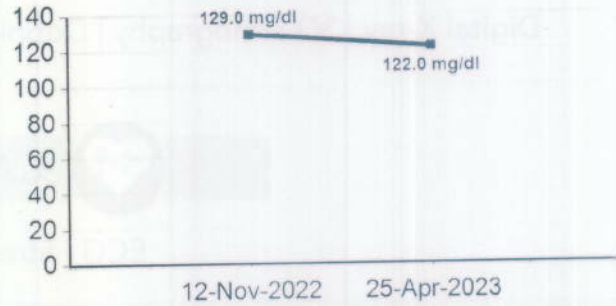
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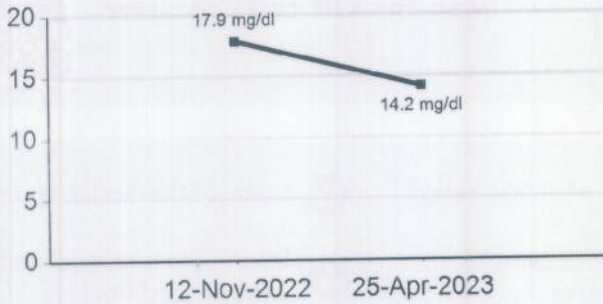
HDL CHOLESTEROL



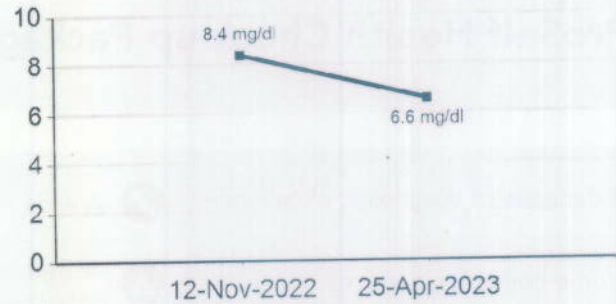
LDL CHOLESTEROL



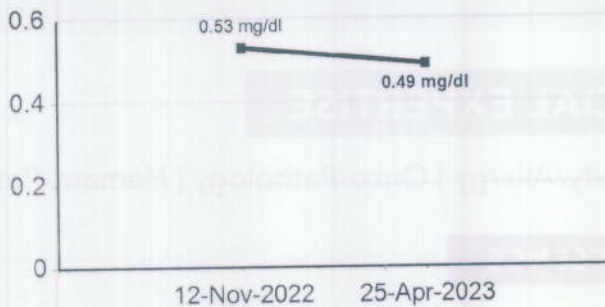
BLOOD UREA



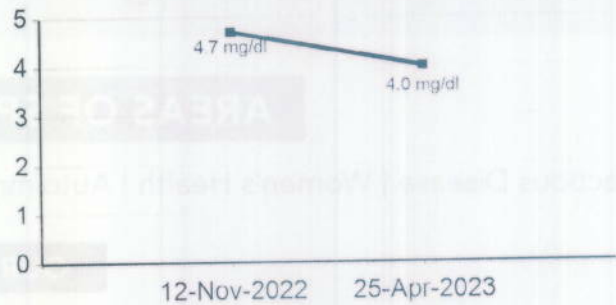
BUN



CREATININE



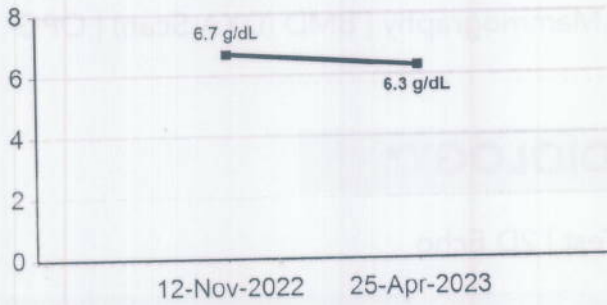
URIC ACID



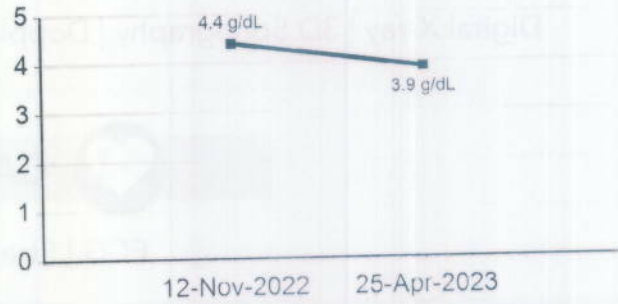


CID : 2311504838
 Name : MRS.MANISHA MALI
 Age / Gender : 40 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

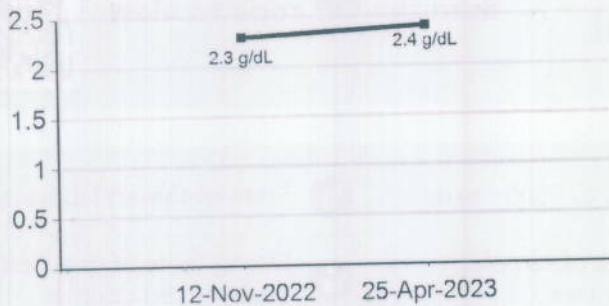
TOTAL PROTEINS



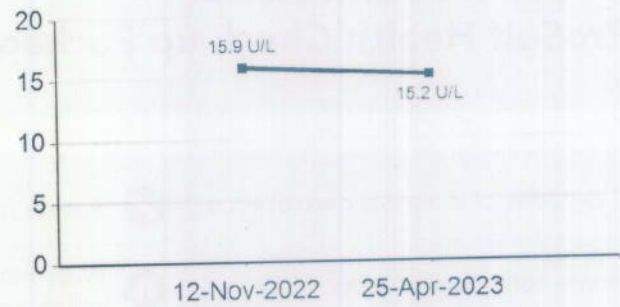
ALBUMIN



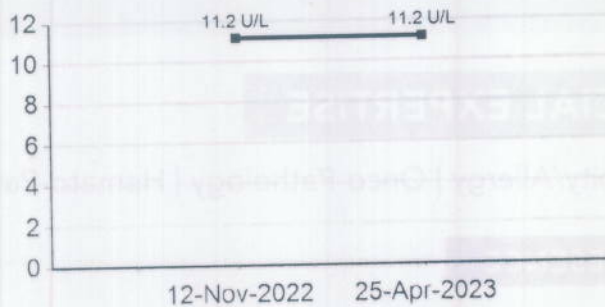
GLOBULIN



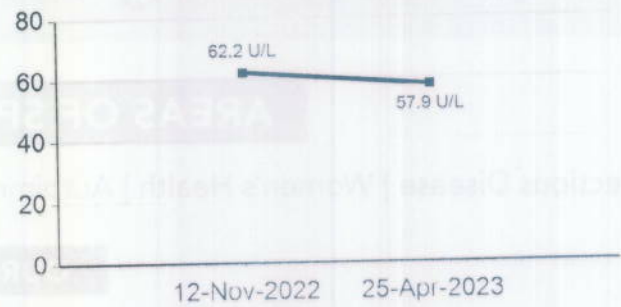
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE



0000-0718-5507

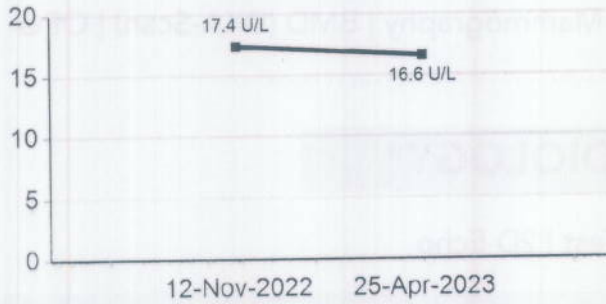
CID : 2311504838
 Name : MRS.MANISHA MALI
 Age / Gender : 40 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)

Authenticity Check

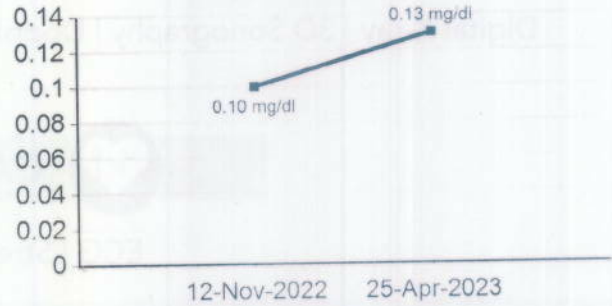


Use a QR Code Scanner Application To Scan the Code

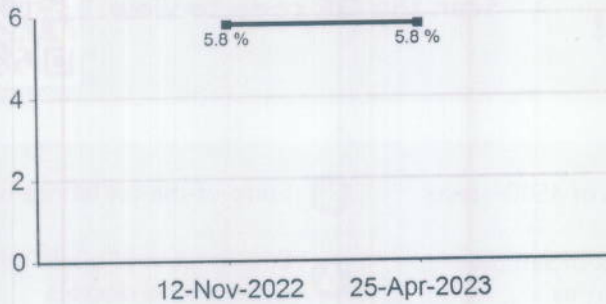
GAMMA GT



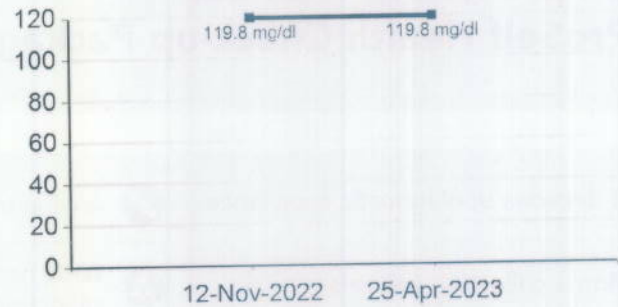
BILIRUBIN (DIRECT)



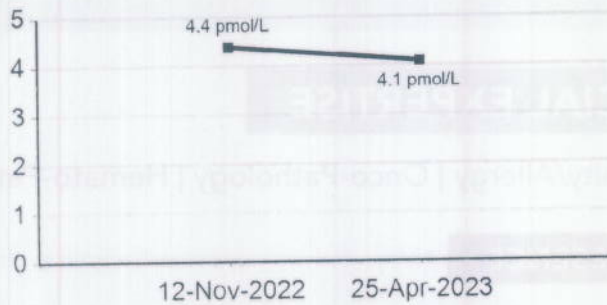
Glycosylated Hemoglobin (HbA1c)



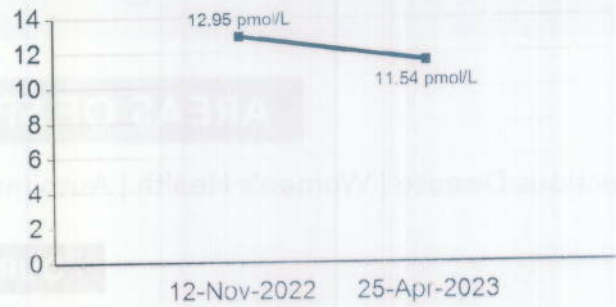
Estimated Average Glucose (eAG)



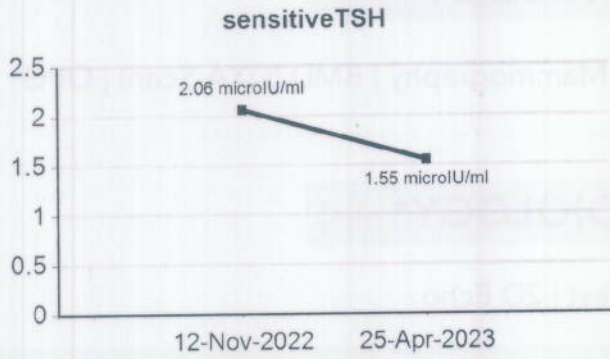
Free T3



Free T4



CID : 2311504838
 Name : MRS.MANISHA MALI
 Age / Gender : 40 Years / Female
 Consulting Dr. : -
 Reg. Location : G B Road, Thane West (Main Centre)



AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000

CID : 2311504838
Name : Mrs MANISHA MALI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 25-Apr-2023
Reported : 25-Apr-2023 / 12:02

Use a QR Code Scanner
Application To Scan the Code

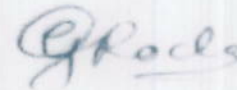
X-RAY CHEST PA VIEW

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

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

Page no 1 of 1

Reg. No. :2311506513	Sex : FEMALE
NAME : MRS. MANISHA MALI	Age : 40 YRS
Ref. By :-----	Date : 25.04.2023

MAMMOGRAPHY

Bilateral mammograms have been obtained using a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Dense fibroglandular pattern is noted in both breasts limiting optimal evaluation.

Calcification seen in both breasts.

No evidence of any abnormal density mass lesion / nipple retraction is seen.

No architectural distortion is seen.

Both nipple shadows and subcutaneous soft tissue shadows appear normal. No abnormal skin thickening is seen. Few lymph nodes noted in both axilla with preserved fatty hilum.

On Sonomammography of both breasts mixed fibroglandular tissues are seen.

A 16 x 4 mm sized well circumscribed, oval hypoechoic area with internal echoes noted in left axilla, Another similar lesion measuring 8 x 5 mm is noted in right axilla s/o abscess.

Few lymphnodes are noted in both axillae with preserved fatty hilum largest in right axilla measuring 11 x 7 mm and largest in left axilla measuring 10 x 7 mm.

No duct ectasia is seen. Both retromammary regions appear normal.

IMPRESSION:

F/S/O ABSCESS IN BOTH AXILLA.

FEW LYMPHNODES ARE NOTED IN BOTH AXILLAE.

CALCIFICATION SEEN IN BOTH BREASTS.

ACR BIRADS CATEGORY II BOTH BREAST.

Advice: Clinical co-relation sos further evaluation and follow up.

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.

DR. GAURI VARMA
MBBS DMRE
(CONSULTANT RADIOLOGIST)



Use a QR Code Scanner
Application To Scan the Code

CID : 2311504838
Name : Mrs MANISHA MALI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Apr-2023
Reported : 25-Apr-2023 / 11:20

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and *shows increased echorefectivity*. 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 10.4 x 4.0 cm. Left kidney measures 10.2 x 5.2 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 bulky, anteverted and measures 6.5 x 3.7 x 5.4 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023042509141004>



Use a QR Code Scanner
Application To Scan the Code

CID : 2311504838
Name : Mrs MANISHA MALI
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Apr-2023
Reported : 25-Apr-2023 / 11:20

IMPRESSION:

**GRADE I FATTY INFILTRATION OF LIVER.
BULKY UTERUS.**

Advice: Clinical co-relation sos further evaluation and follow up.

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.

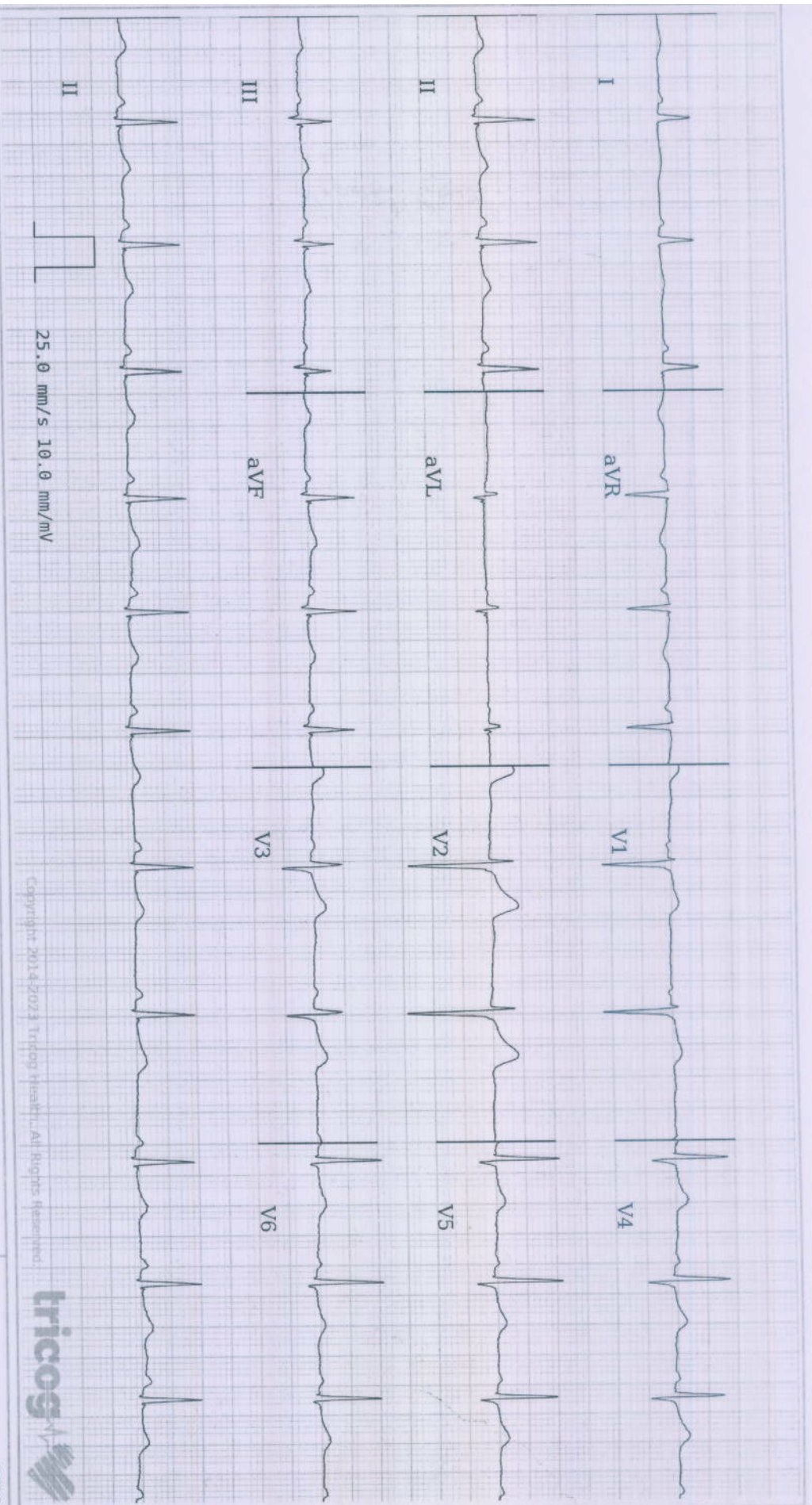
-----End of Report-----

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023042509141004>

Page no 2 of 2

Patient Name: MANISHA MALI
Patient ID: 2311504838



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Age 40 9 20
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: 120/90 mmHg
Weight: 72 kg
Height: 160 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: NA

Measurements

QRSD: 82ms
QT: 410ms
QTcB: 451ms
PR: 138ms
P-R-T: 53° 55° 67°

REPORTED BY

DR. SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: (1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. (2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

936 (2300504838) / MANISHA MALI / 41 Yrs / F / 160 Cms / 72 Kg
 Date: 25 / 04 / 2023 11:29:46 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	01:13	1:13	00.0	00.0	01.0	102	57 %	110/70	112	00	
Standing	01:24	0:11	00.0	00.0	01.0	114	64 %	110/70	125	00	
HV	01:36	0:12	00.0	00.0	01.0	108	60 %	110/70	118	00	
ExStart	01:44	0:08	00.0	00.0	01.0	099	55 %	110/70	108	00	
BRUCE Stage 1	04:44	3:00	01.7	10.0	04.7	136	76 %	130/80	176	00	
PeakEx	05:48	1:04	02.5	12.0	05.6	153	85 %	140/80	214	00	

FINDINGS :

Exercise Time : 04:04
 Initial HR (ExStrt) : 99 bpm 55% of Target 179
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 5.6 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -0.9 mm in PeakEx
 Test End Reasons :

Max HR Attained 153 bpm 85% of Target 179
 Max BP Attained 140/80 (mm/Hg)

Doctor : DR SHAILAJA PILLAI


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





EMail: 936 / MANISHA MALI / 41 Yrs / F / 160 Cms / 72 Kg Date: 25 / 04 / 2023 11:29:46 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 114.0 bpm, and the maximum predicted Target Heart Rate 179.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.0. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

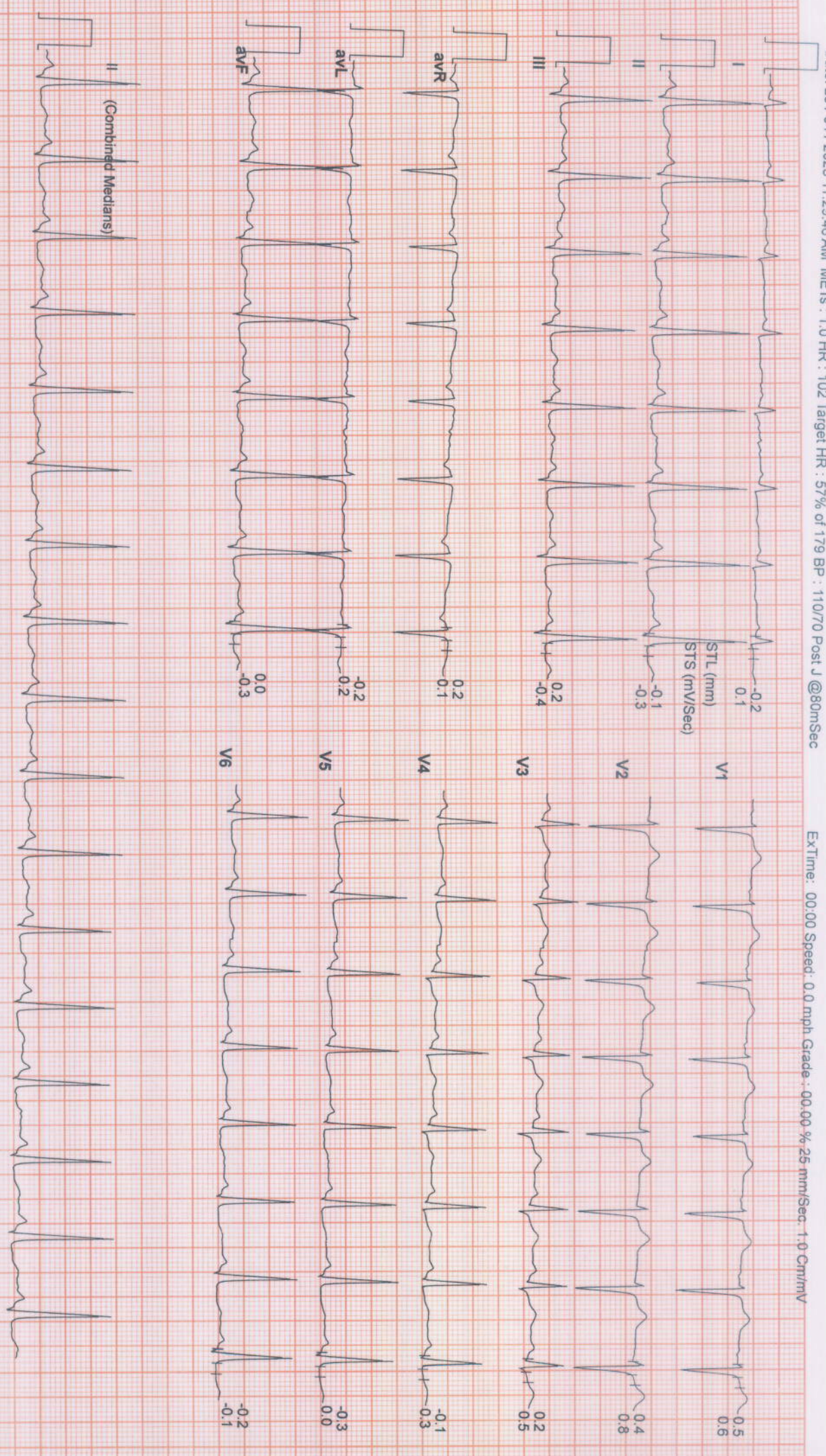
1. TMT seems negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Recovery prints not taken as machine got hung up.

DR. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 40972

Doctor : DR SHAILAJA PILLAI



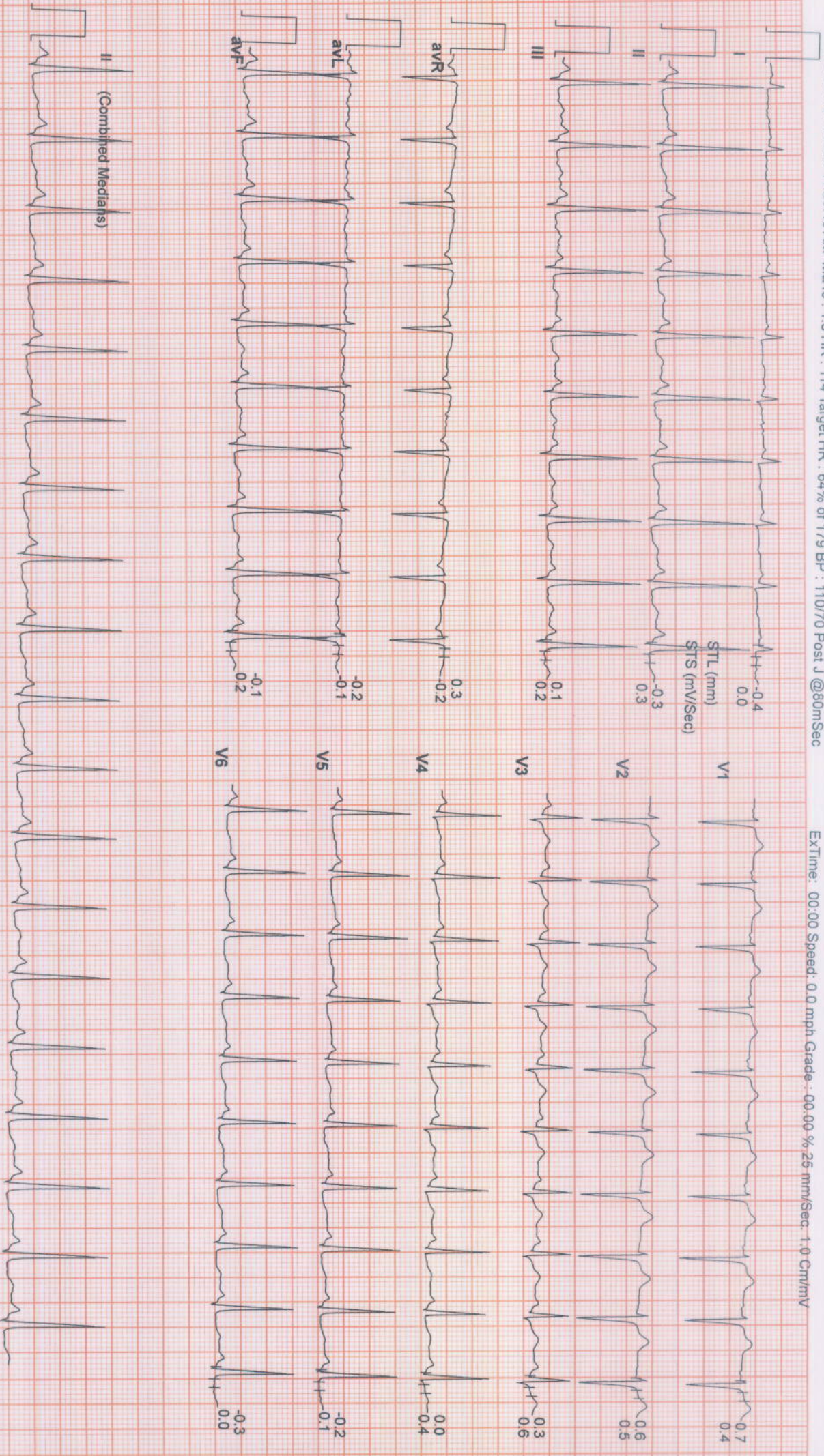
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

936 / MANISHA MALLI / 41 Yrs / Female / 160 Cm / 72 Kg

Date: 25 / 04 / 2023 11:29:46 AM METs : 1.0 HR : 114 Target HR : 64% of 179 BP : 110/70 Post J @80mSec

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

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



II (Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

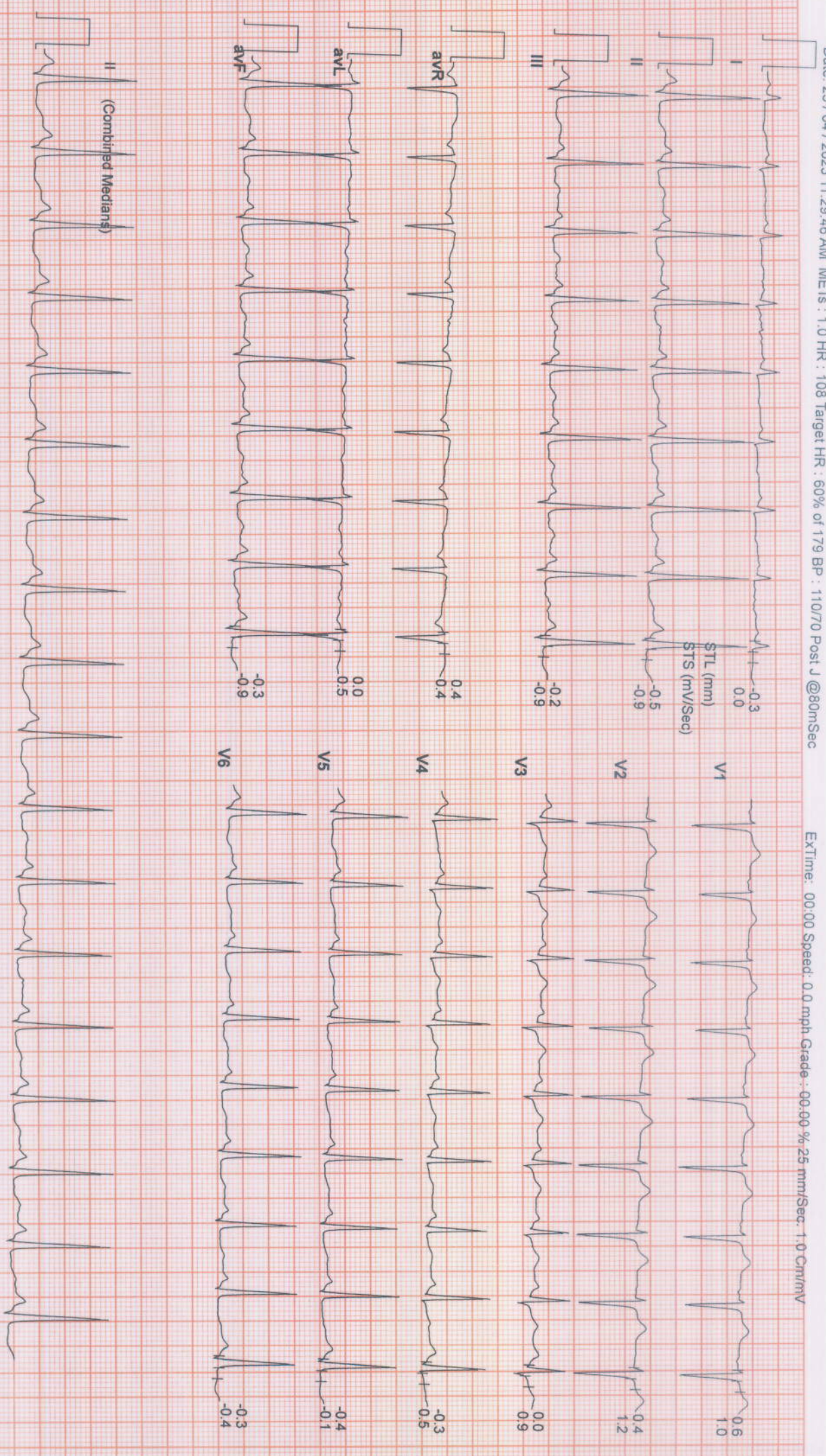
936 / MANISHA MALL / 41 Yrs / Female / 160 Cm / 72 Kg

Date: 25 / 04 / 2023 11:29:46 AM METs : 1.0 HR : 108 Target HR : 60% of 179 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

HV (00:00)

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

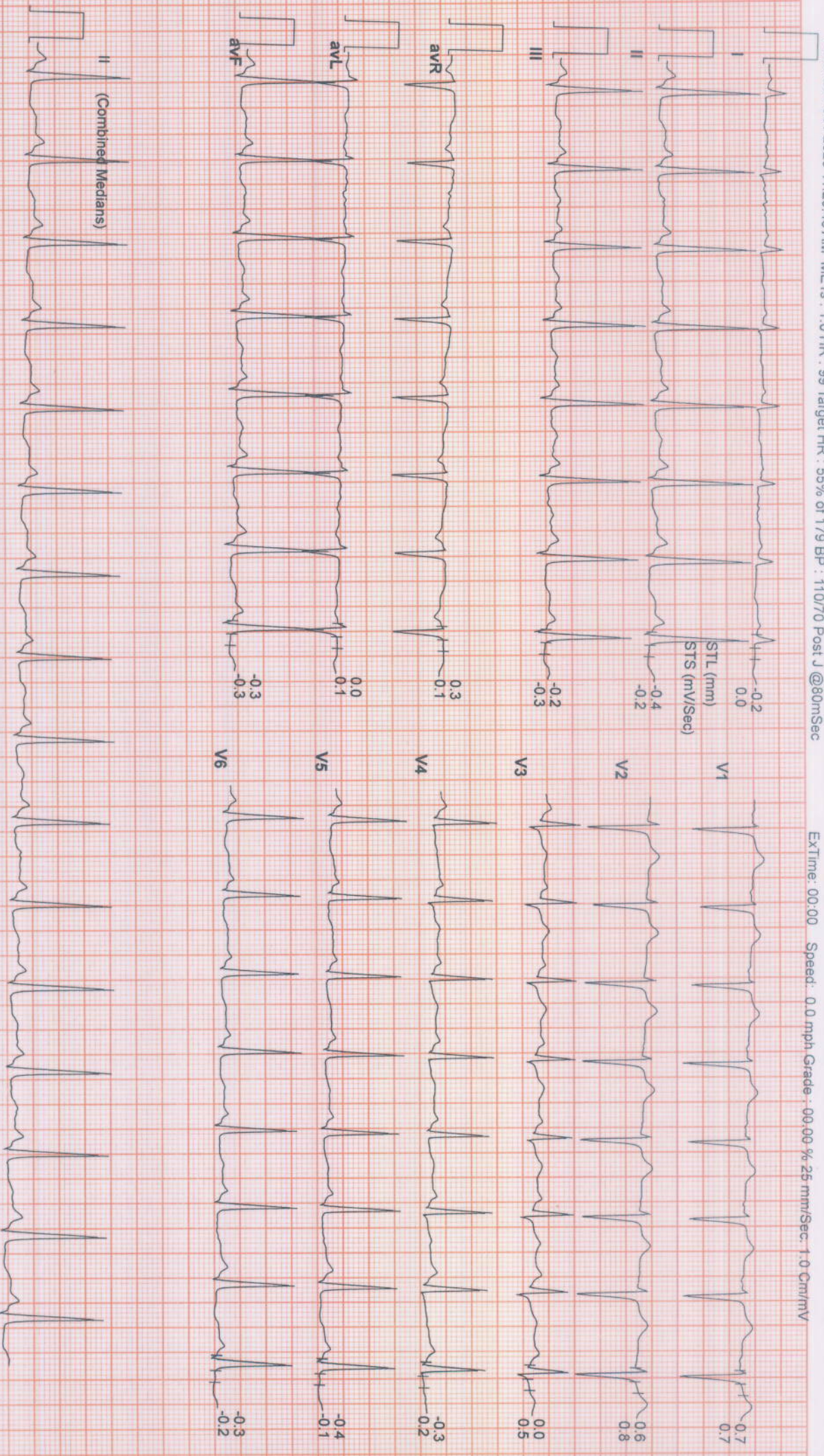
936 / MANISHA MALL / 41 Yrs / Female / 160 Cm / 72 Kg

Date: 25 / 04 / 2023 11:29:46 AM METs : 1.0 HR : 99 Target HR : 55% of 179 BP : 110/70 Post J @80mSec

6X2 Combine Medians + 1 Rhythm
ExStt



ExTime: 00:00 Speed: 0.0 mph Grade: -09.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

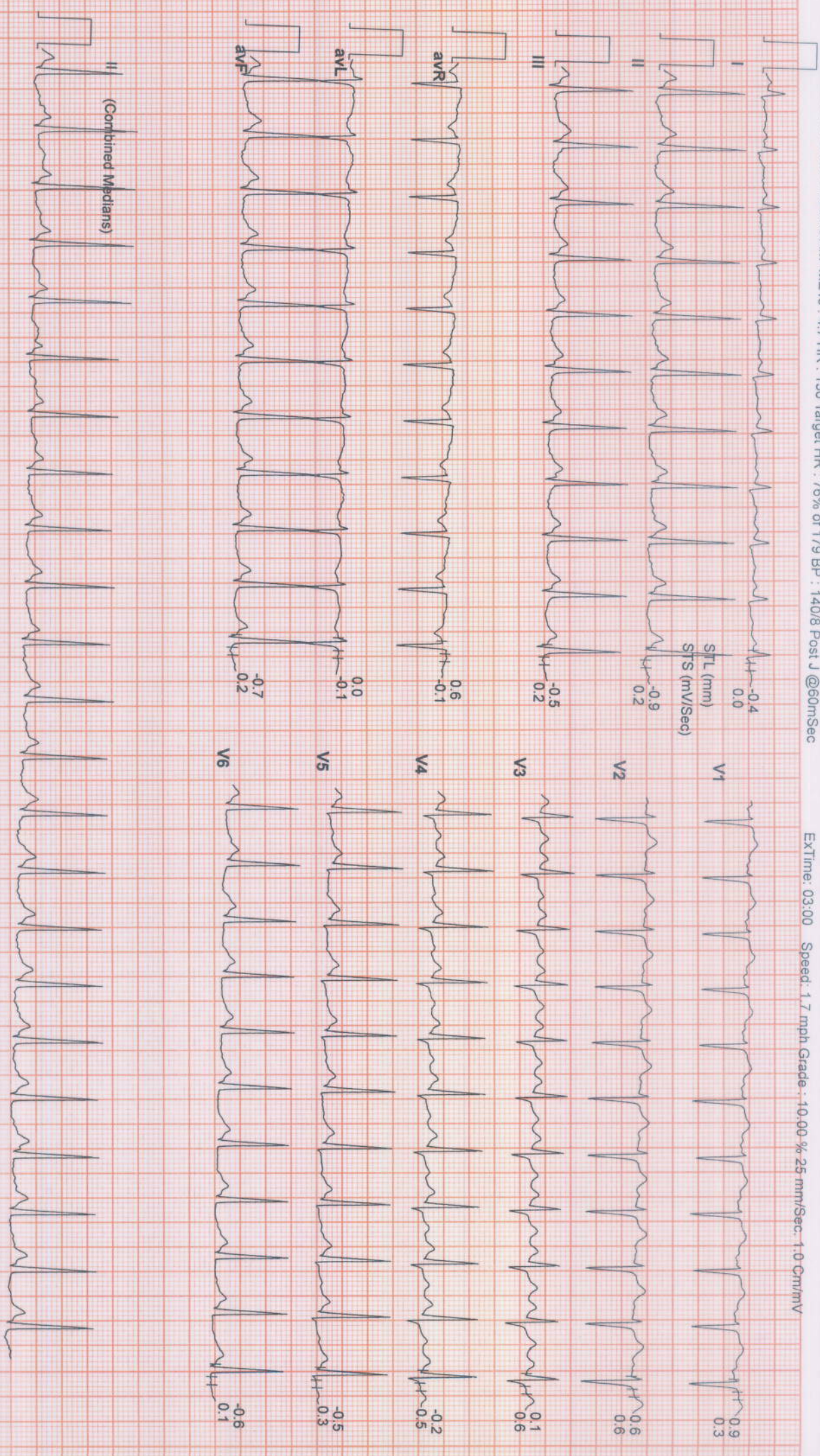
936 / MANISHA MALI / 41 Yrs / Female / 160 Cm / 72 Kg

Date: 25 / 04 / 2023 11:29:46 AM METs : 4.7 HR : 136 Target HR : 76% of 179 BP : 140/8 Post J @60mSec

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



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



SUEBUREAN DIAGNOSTICS (THANE GB ROAD)

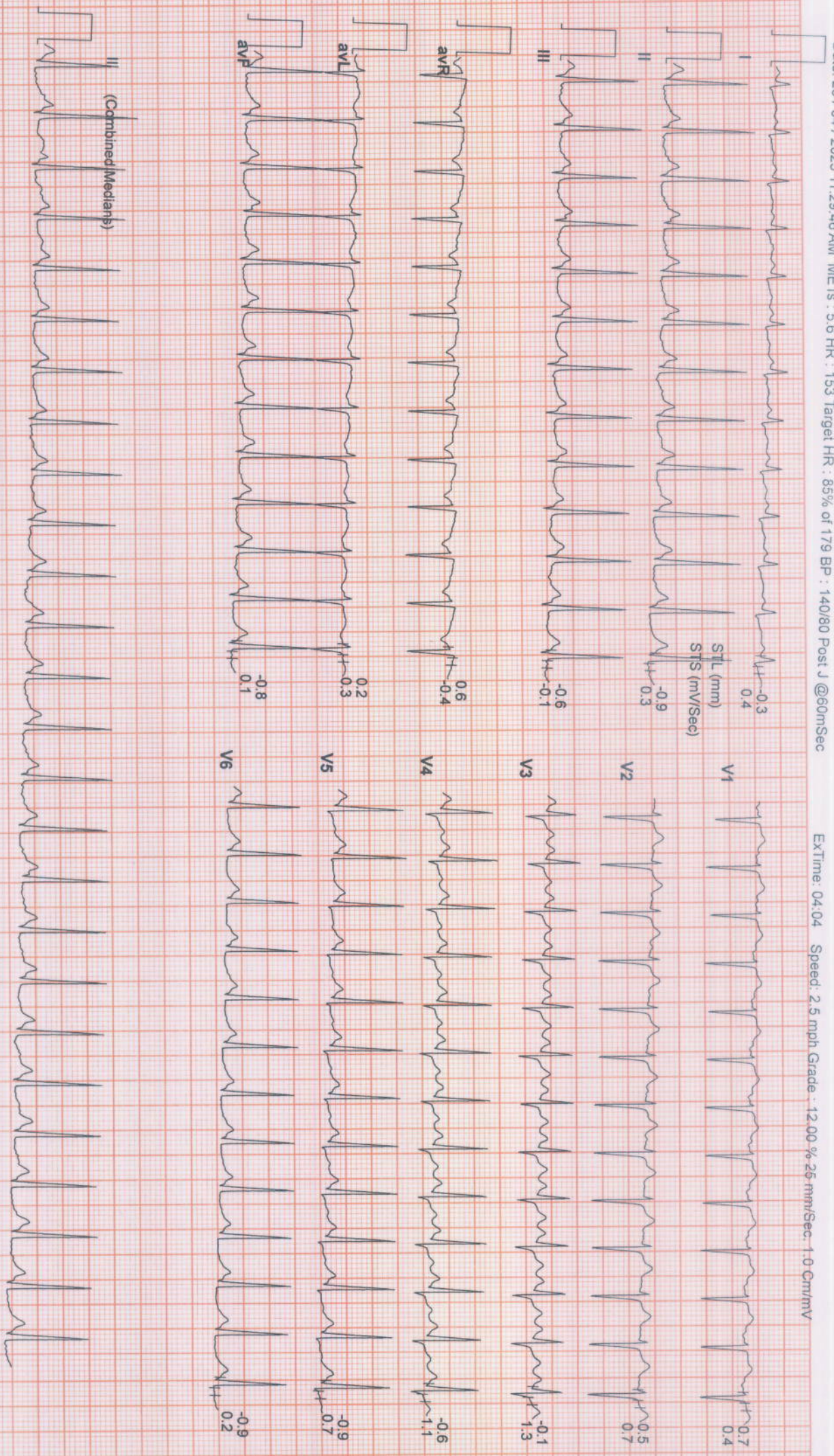
936 / MANISHA MALI / 41 Yrs / Female / 160 Cm / 72 Kg

Date: 26 / 04 / 2023 11:29:46 AM METs : 5.6 HR : 153 Target HR : 85% of 179 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
PeakEx



ExTime: 04:04 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV





Date: 25 / 04 / 2023 11:37:41 AM METs : 1.0 HR : 114 Target HR : 64% of 179 BP : 120/70 Post J @80mSec

ExTime: 00:23 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

