

CID#	: 2216224519	SID#	: 177805241401
Name	: MRS.AKRITI SRIVASTAVA	Registered	: 11-Jun-2022 / 08:59
Age / Gender	: 31 Years/Female	Collected	: 11-Jun-2022 / 08:59
Consulting Dr.	: -	Reported	: 12-Jun-2022 / 08:43
Reg.Location	: Kandivali East (Main Centre)	Printed	: 12-Jun-2022 / 12:20

CHIEF COMPLAINTS:

- | | |
|--|--|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | Yes |
| 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 | Lap choleystectomy dec-2021, fracture rt tibia, fibula -2008, Tissue graffing-2008 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548



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SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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Name : MRS.AKRITI SRIVASTAVA
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 08:57
Reported : 11-Jun-2022 / 14:19

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.97	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	24.7	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9860	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.2	20-40 %	
Absolute Lymphocytes	2780.5	1000-3000 /cmm	Calculated
Monocytes	4.0	2-10 %	
Absolute Monocytes	394.4	200-1000 /cmm	Calculated
Neutrophils	65.3	40-80 %	
Absolute Neutrophils	6438.6	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	246.5	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	151000	150000-400000 /cmm	Elect. Impedance
MPV	12.1	6-11 fl	Calculated
PDW	32.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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Collected : 11-Jun-2022 / 08:57
Reported : 11-Jun-2022 / 13:33

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 14 2-20 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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MC-2111

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Pathologist

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Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 08:57
Reported : 11-Jun-2022 / 14:51

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	89.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	113.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.37	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	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	12.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	13.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.6	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	124	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Enzymatic



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Collected : 11-Jun-2022 / 08:57
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Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent

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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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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M. Sharma
Dr.MEGHA SHARMA
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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	3-4	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	-		

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MC-2111



Bmhaskar

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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 column agglutination technology (CAT) 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.

Refernces:

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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Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	199.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	167.9	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	48.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	34.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.4	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	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.1	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	4.72	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 5.5 to 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%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations: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.

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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Bmhaskar

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DENTAL CHECK - UP

Name:- *Akshi Srivastava*

CID: *2216224519* Sex/Age: *F/31*

Occupation:-

Date: *11/06/2022*

Chief complaints:- *No complaints*

Medical / dental history:- *No relevant history*

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: *Normal movements*

b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

a) Soft Tissue Examination: - *increased recession in lower anterior*

b) Hard Tissue Examination: *± proximal sharp margins*

c) Calculus: *+*

Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: *a) Scaling & Polishing [cleaning]*
b) Polishing of ± sharp margins

Provisional Diagnosis:-

localized Periodontitis

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Date:- 11/6/22

CID: 2216224519

Name:- Mrs. Akarti Sinastava

Sex/Age: F/31

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: 100 Hb, 5.1 gm/ltr
 TSH 0.3 yrs

Past history: Laser sx 10 yrs back

Unaided Vision: 6/9 6/9

Aided Vision: - -

Refraction: Foms! Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+0.25	+0.50	180°	6/6	-0.25	-0.50	180°	6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
 Adv. gl Z ARE

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 Row House No. 3, Aangan,
 Thakur Village, Kandivai (east),
 Mumbai - 400101.
 Tel : 61700000

KAJAL NAGRECHA
OPTOMETRIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

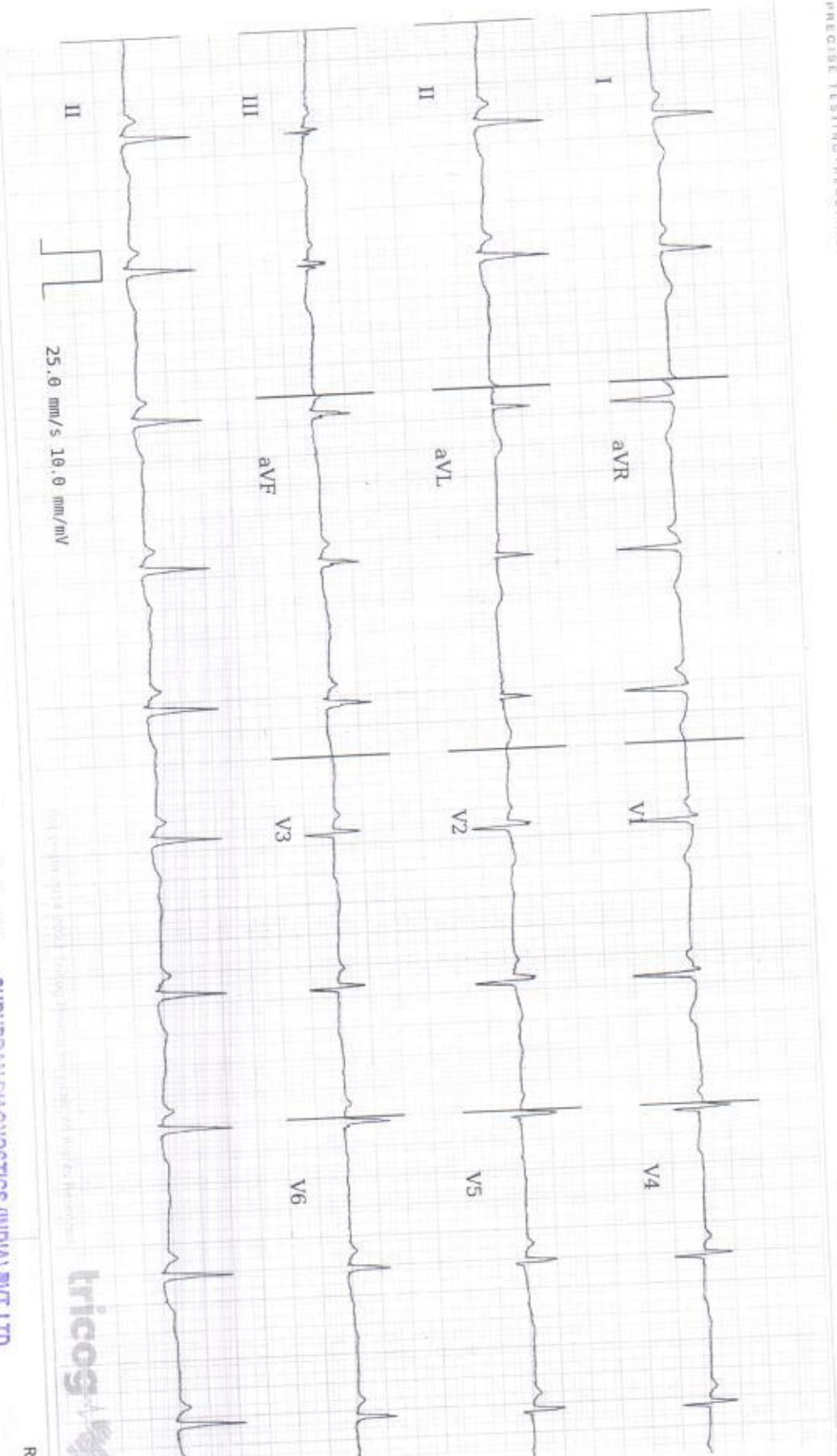
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Patient Name: **AKRITI SRIVASTAVA**
Patient ID: **2216224519**

Date and Time: **11th Jun 22 10:41 AM**



25.0 mm/s 10.0 mm/mV



Age **31** **9** **0**
years months days

Gender **Female**

Heart Rate **63bpm**

Patient Vitals

BP: **110/80 mmHg**

Weight **57 kg**

Height **152 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **68ms**

QT: **408ms**

QTc: **417ms**

PR: **144ms**

P-R-T: **47° 32° 7°**

REPORTED BY

(Signature)

DR AKHIL PARUL EKAR

MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012032483

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Thakur Village, Kandivali (east),
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Tel : **61700000**

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

Disclaimer: 1) Analyzed in this report is based on ECG alone and should be used as an advisory to clinical history symptoms and results of other diagnostic and investigative tests and must be interpreted by a qualified physician. 2) Patient safety may be compromised if a doctor does not follow the instructions from this ECG.

CID#	: 2216224519	SID#	: 177805241401
Name	: MRS.AKRITI SRIVASTAVA	Registered	: 11-Jun-2022 / 08:59
Age / Gender	: 31 Years/Female	Collected	: 11-Jun-2022 / 08:59
Consulting Dr.	: -	Reported	: 11-Jun-2022 / 10:30
Reg.Location	: Kandivali East (Main Centre)	Printed	: 11-Jun-2022 / 10:35

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER :

The gall bladder is not seen (post surgery status).

PANCREAS :

The pancreas well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS :

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures 8.5 x 4.0 cm. Left kidney measures 9.0 x 4.0 cm.

SPLEEN :

The spleen is normal in size and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER :

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS :

The uterus is anteverted and appears normal. It measures 6.1 x 3.1 x 2.4 cm in size. The endometrial thickness is 5.5 mm.
Displaced IUCD.

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CID#	: 2216224519	SID#	: 177805241401
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Consulting Dr.	: -	Reported	: 11-Jun-2022 / 10:30
Reg.Location	: Kandivali East (Main Centre)	Printed	: 11-Jun-2022 / 10:35

OVARIES :

Both the ovaries are well visualised and appears normal.

There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 2.9 x 2.4 x 2.1 cm (volume - 7.9 cc) Left ovary = 2.2 x 1.9 x 1.8 cm (volume - 4.2 cc)

IMPRESSION :

No significant abnormality is seen.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

*** End Of Report ***

Khilji F.R.A

Dr.Faizur Khilji
MBBS, Consultant Radiologist

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भारत सरकार
Unique Identification Authority of India
Government of India



E-Aadhaar Letter

समावेशन क्रमांक/Enrolment No.: 142188808/00664

श्रीमती Srivastava (सकृति श्रीवास्तव)
D/O: Akhlesh Srivastava, 219- Abhishek udyan 1,
Edeco Jai Road, Near P.W.D.Temple, Lucknow,
Bynor, Lucknow,
Uttar Pradesh - 226002

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन अथॉरिटीकेल द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

आपका आधार क्रमांक Your Aadhaar No.:

7747 2034 7839



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- आधार देश भर में मान्य है।
- आधार के लिए आपको एक ही बार नामांकन दर्ज करवाने की आवश्यकता है।
- कृपया अपना नवीनतम मोबाइल नंबर तथा ई-मेल पता दर्ज कराएं, इससे आपको विभिन्न सुविधाएं प्राप्त करने में सहायता होगी।
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आम आदमी का आधार



आम आदमी का आधार
Akshita Srivastava
जन्म तिथि/DOB: 11/09/1990
लड़की / FEMALE



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

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219- अभिशेक उद्यान 1,
एडिको जय रोड,
बिनोर, लखनऊ,
उत्तर प्रदेश - 226002

Address:
D/O: Akhlesh Srivastava, 219-
Akhesh udyan 1, Edeco Jai Road,
Near P.W.D. Temple, Lucknow,
Bynor, Lucknow,
Uttar Pradesh - 226002

7747 2034 7839
आधार-आम आदमी का अधिकार

7747 2034 7839
Aadhaar-Aam Admi ka Adhikar

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

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Row House No. 3, Aangan,
Lakur Village, Kandivalli (east),
Mumbai - 400101.
Tel : 61708800

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Name: AKRITI SRIVASTAVA ID: 2216224519
 Date: 11-Jun-22
 Age: 31 y Sex: F
 Clinical History: Routine Test

Time: 11:56:54 AM

Height: 152 cms

Weight: 57 Kgs

Medications: NONE

Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 23 s

Max. HR: 162 (86% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 150 / 80 mmHg

Max. BP x HR: 24300 mmHg/min

Min. BP x HR: 6160 mmHg/min

Test Termination Criteria: Target HR attained

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 : 15	1.0	0	0	85	110 / 80	-1.06 V6	-0.71 III
Standing	0 : 52	1.0	0	0	77	110 / 80	-2.34 II	2.83 II
Hyperventilation	0 : 19	1.0	0	0	80	110 / 80	-0.85 II	0.71 I
1	3 : 0	4.6	1.7	10	110	110 / 80	-4.46 III	3.89 aVR
2	3 : 0	7.0	2.5	12	135	140 / 80	-2.76 II	2.48 V6
Peak Ex	1 : 23	10.2	3.4	14	162	150 / 80	-2.97 V6	3.18 I
Recovery(1)	1 : 0	1.8	1	0	111	150 / 80	-3.61 V6	4.60 V3
Recovery(2)	0 : 10	1.0	0	0	107	150 / 80	-1.49 II	2.48 V3
Recovery(3)	0 : 10	1.0	0	0	107	150 / 80	-1.49 II	2.12 V3

Interpretation

The patient exercised according to the Bruce protocol for 7 m 23 s achieving a work level of Max. METS : 10.20 Resting heart rate initially 85 bpm, rose to a max. heart rate of 162 (86% of Pr MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg

Good Effort Tolerance. Normal chronotropic and ionotropic response.
 No significant ST T changes as compared to Baseline.
 No Chest pain/ Arrhythmias noted during the test.
 Stress Test is Negative for Stress Induced Ischemia.

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.
 Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.
 Hence clinical correlation is mandatory.

Ref. Doctor: AERFOCAMI

(Summary Report edited by user)

Dr. Akhil P. Parulekar.
MBBS. MD. Medicine
DNB Cardiology
Reg. No. 2012082483

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 Row House No. 3, Aangan,
 Thakur Village, Kandivall (east),
 Mumbai - 400101.
 Tel : 61700000

Doctor: DR. AKHIL PARULEKAR
 (c) Schiller Healthcare India Pvt. Ltd. V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time: 0 m 0 s

Stage Time: 0 m 15 s HR: 85 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 110 / 80

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

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

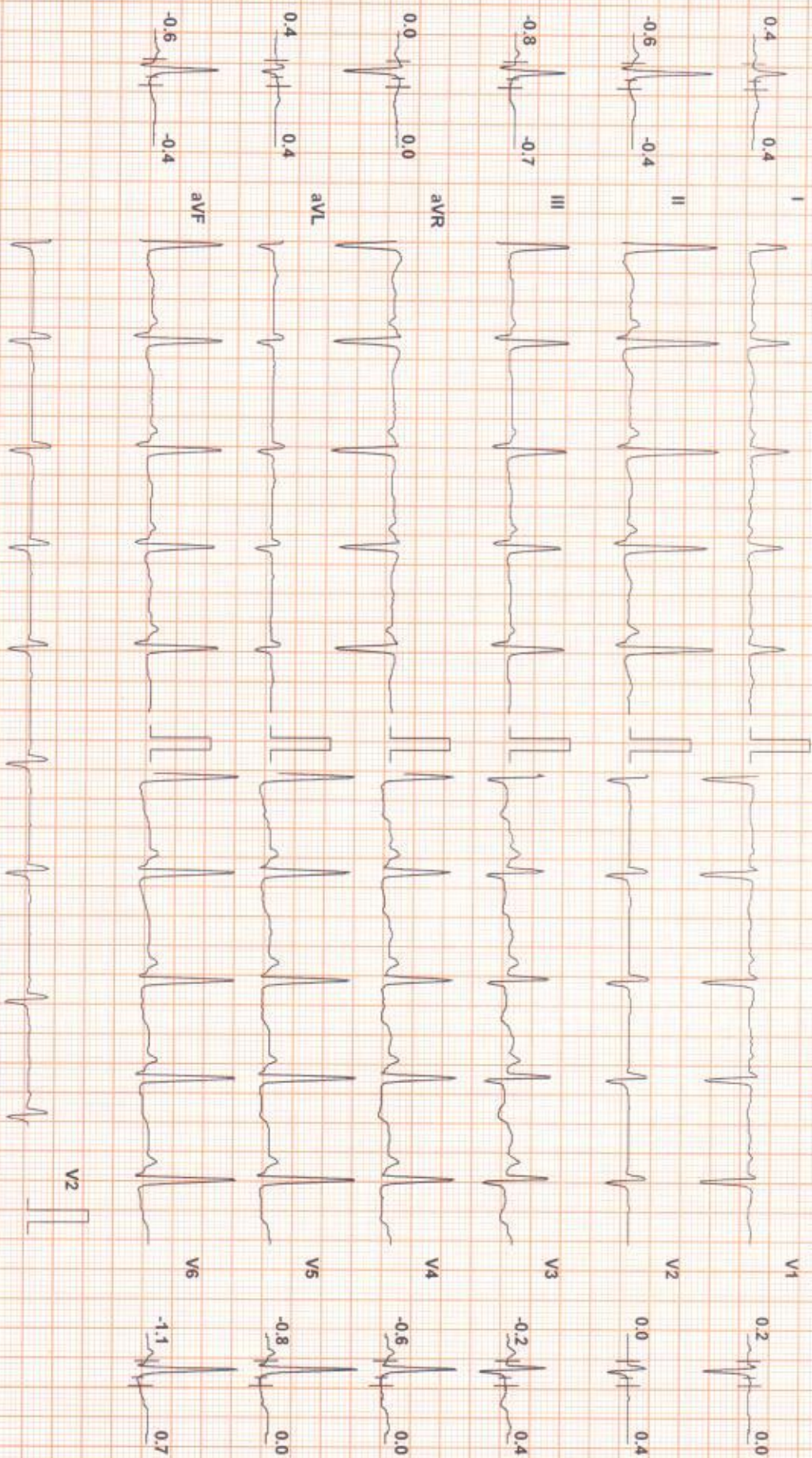


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schneider Standard V 4 /



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time : 0 m 0 s

Stage Time : 0 m 52 s HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 110/80

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

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

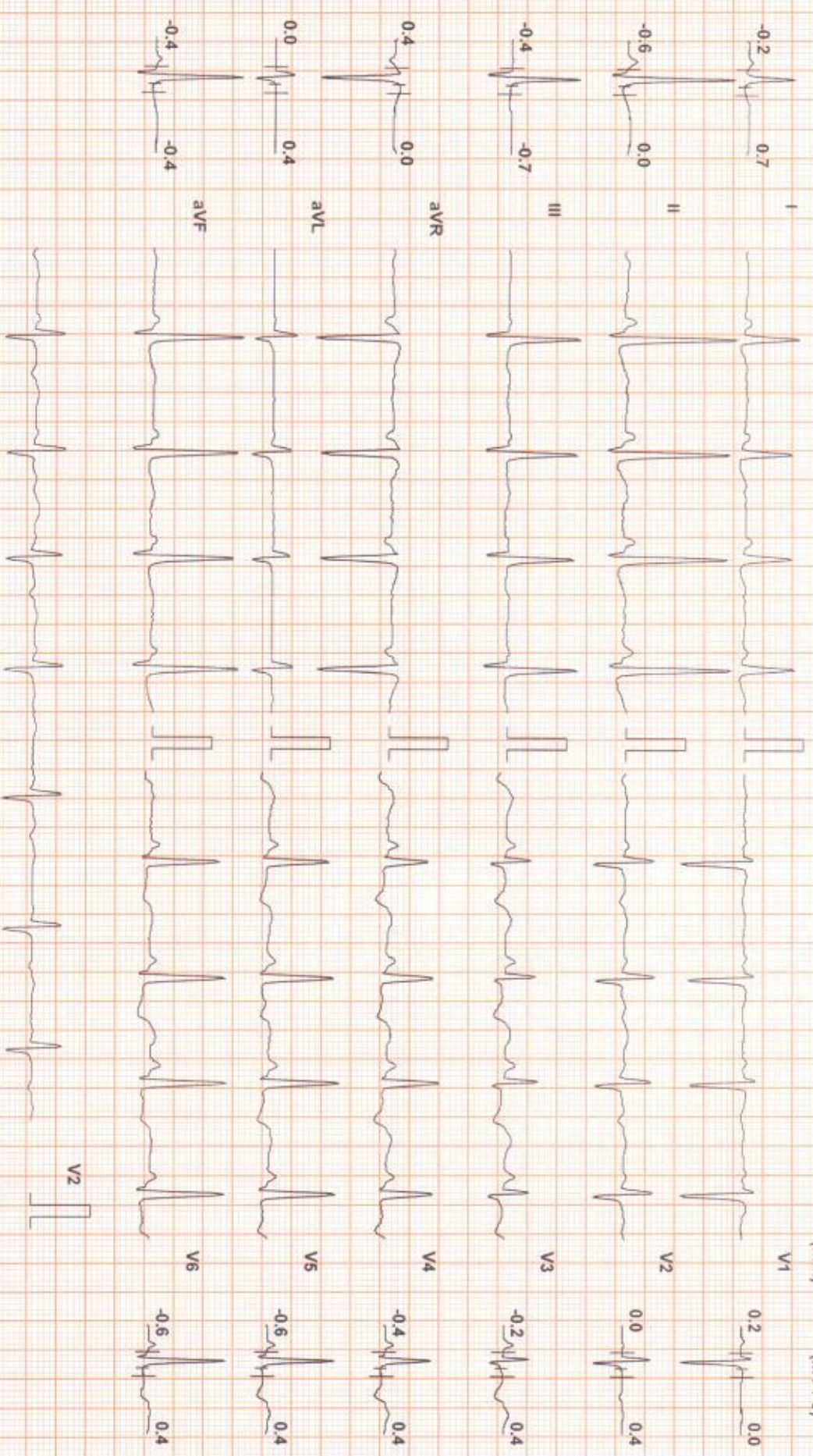


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Standard V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time : 0 m 0 s

Stage Time : 0 m 19 s **HR: 80 bpm**

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 110 / 80

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

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

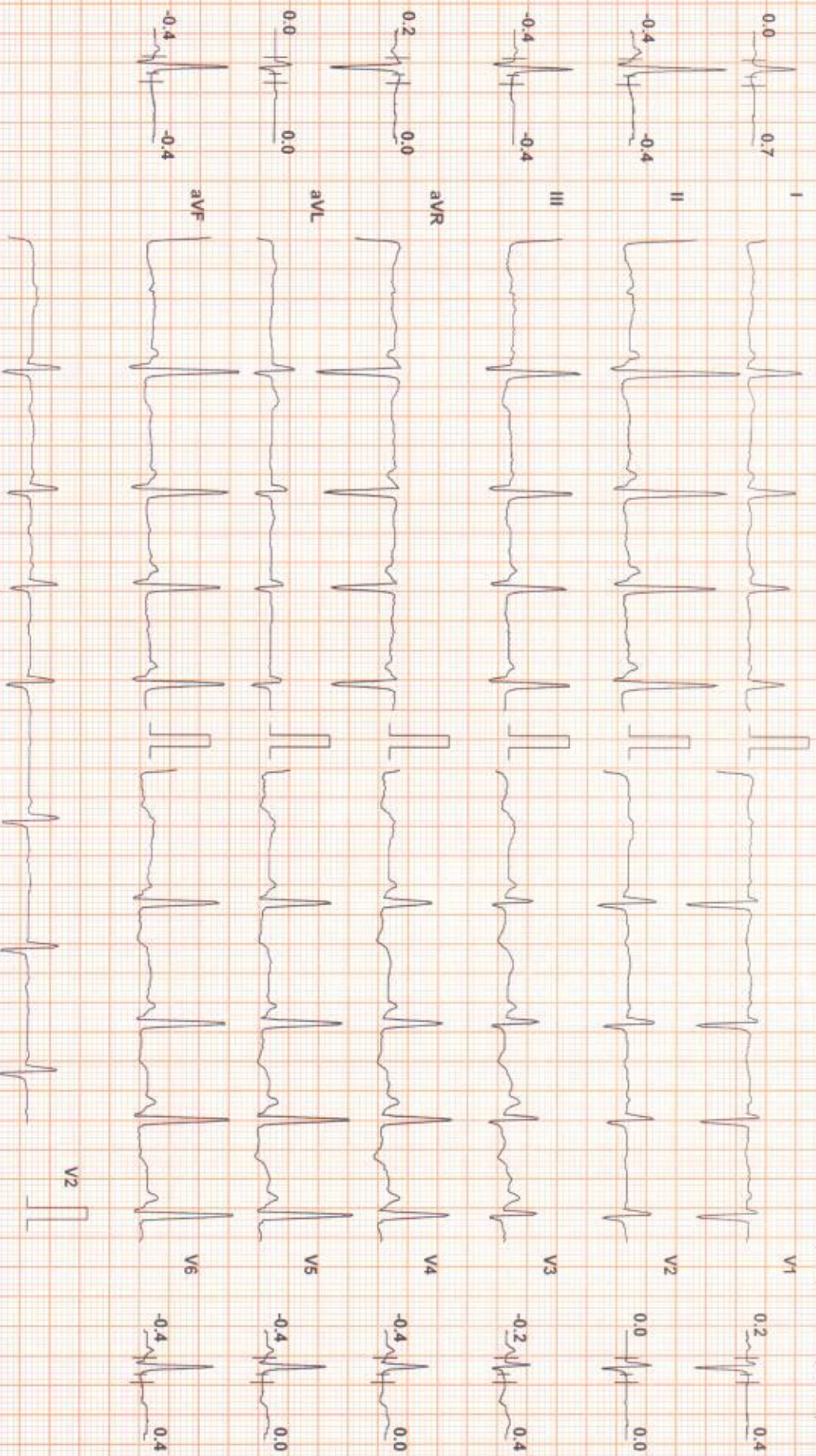


Chart Speed 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Schnee Spender V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 110 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 170 bpm)

B.P.: 110 / 80

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

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

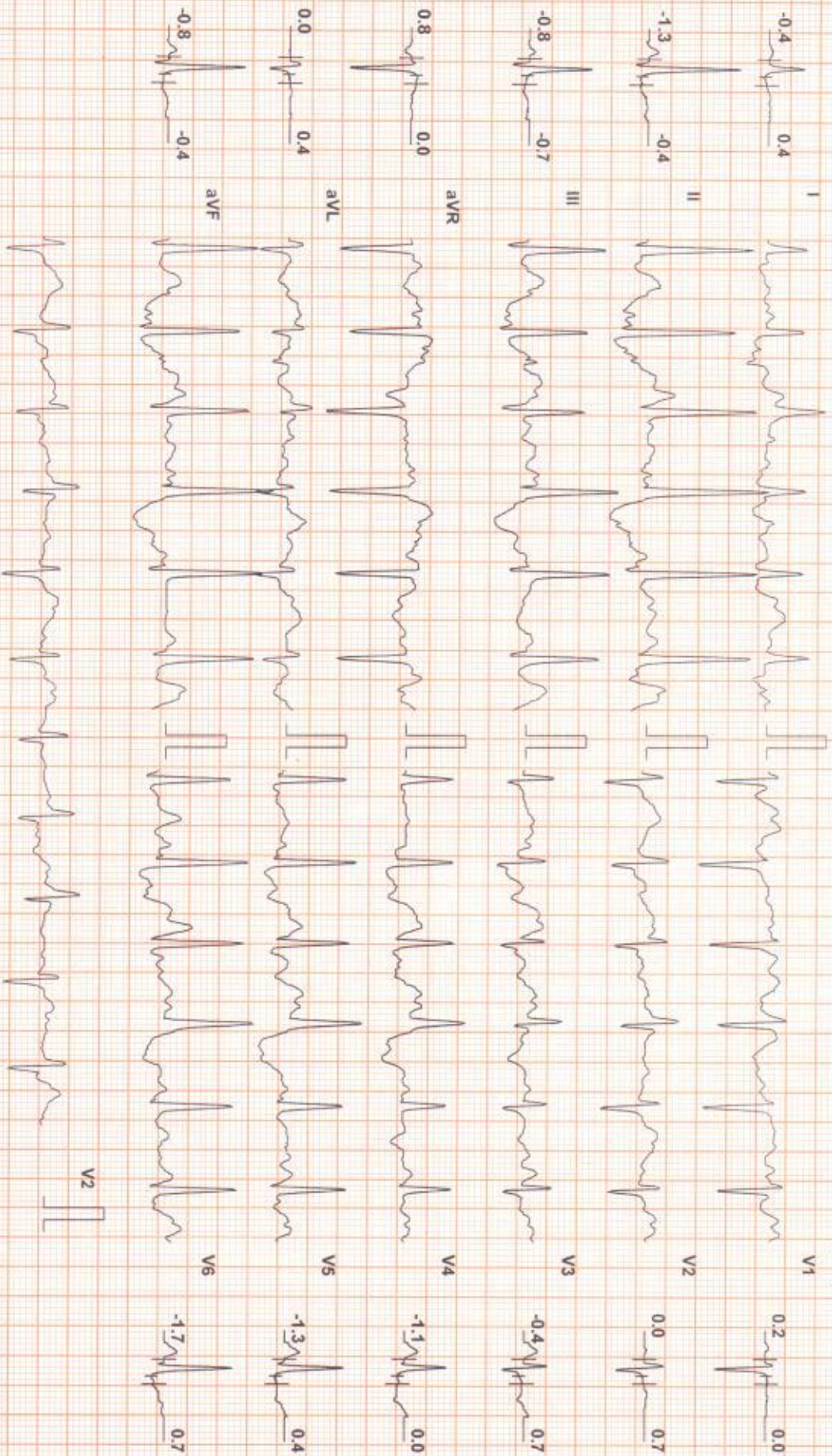


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 135 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 170 bpm)

B.P: 140/80

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

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

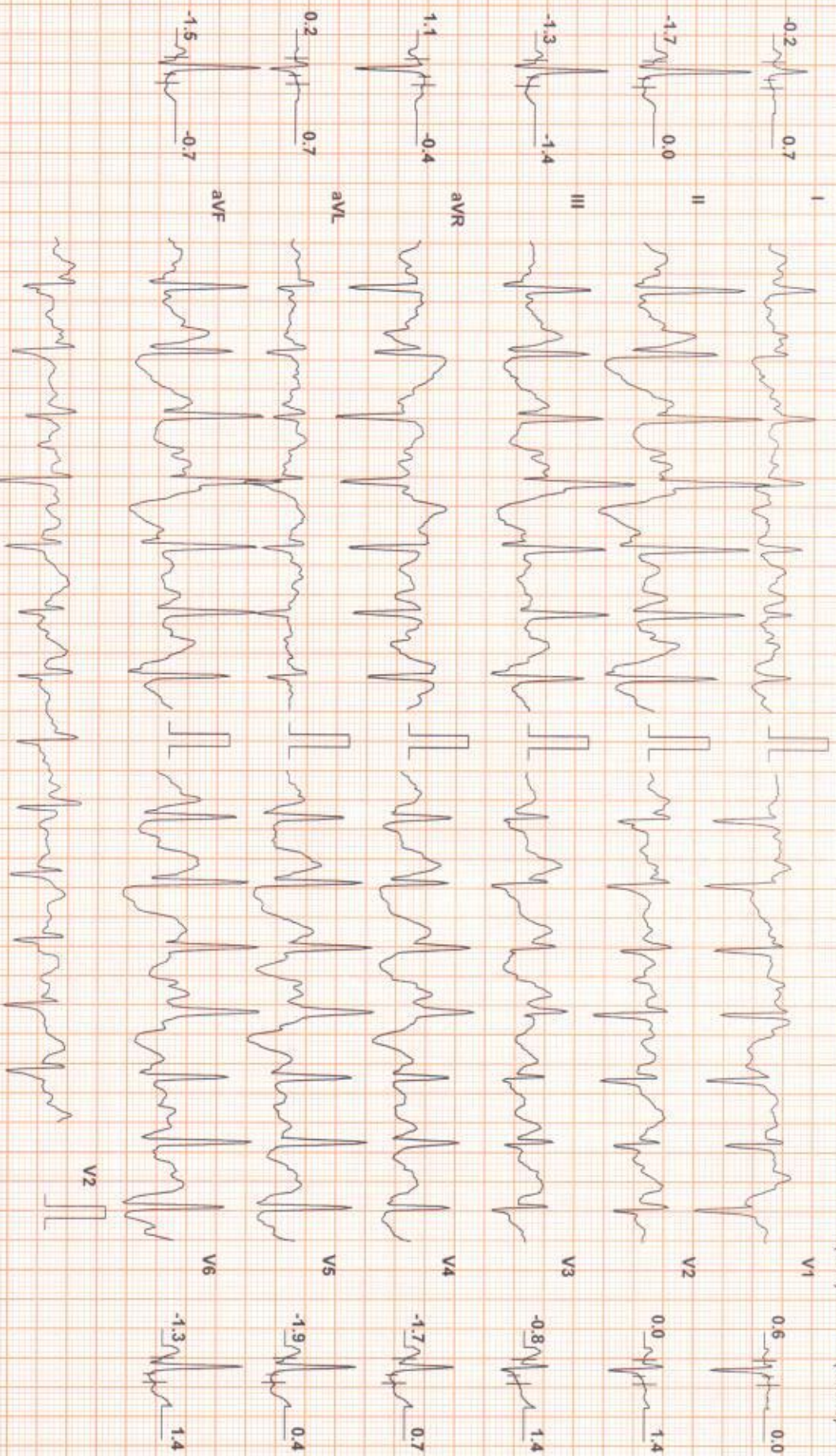


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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time: 7 m 23 s

Stage Time: 1 m 23 s

HR: 162 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

B.P.: 150 / 80

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

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

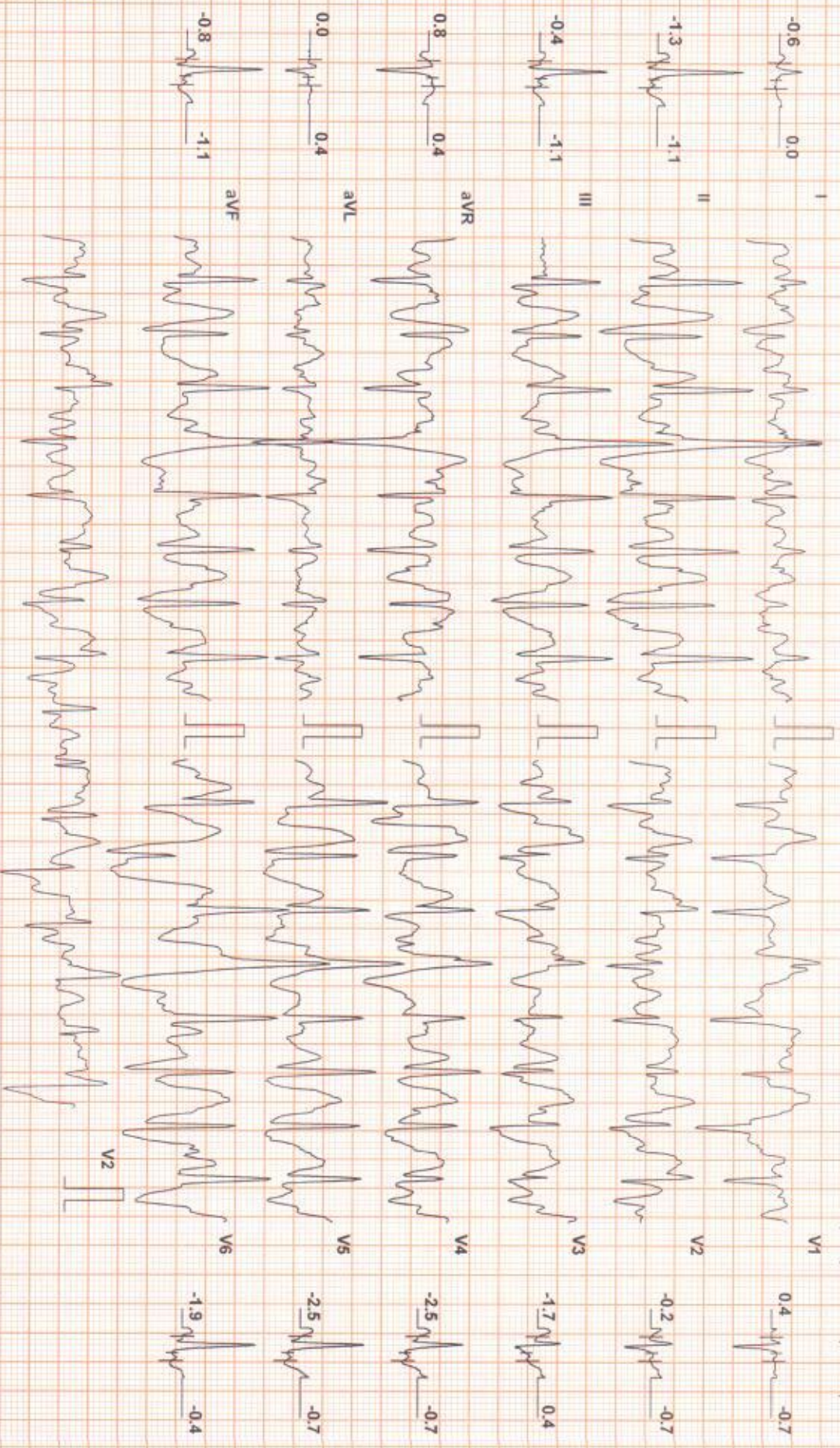


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Schiller Standard V.4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time : 7 m 23 s

Stage Time : 1 m 0 s

HR: 111 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P.: 150 / 80

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

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

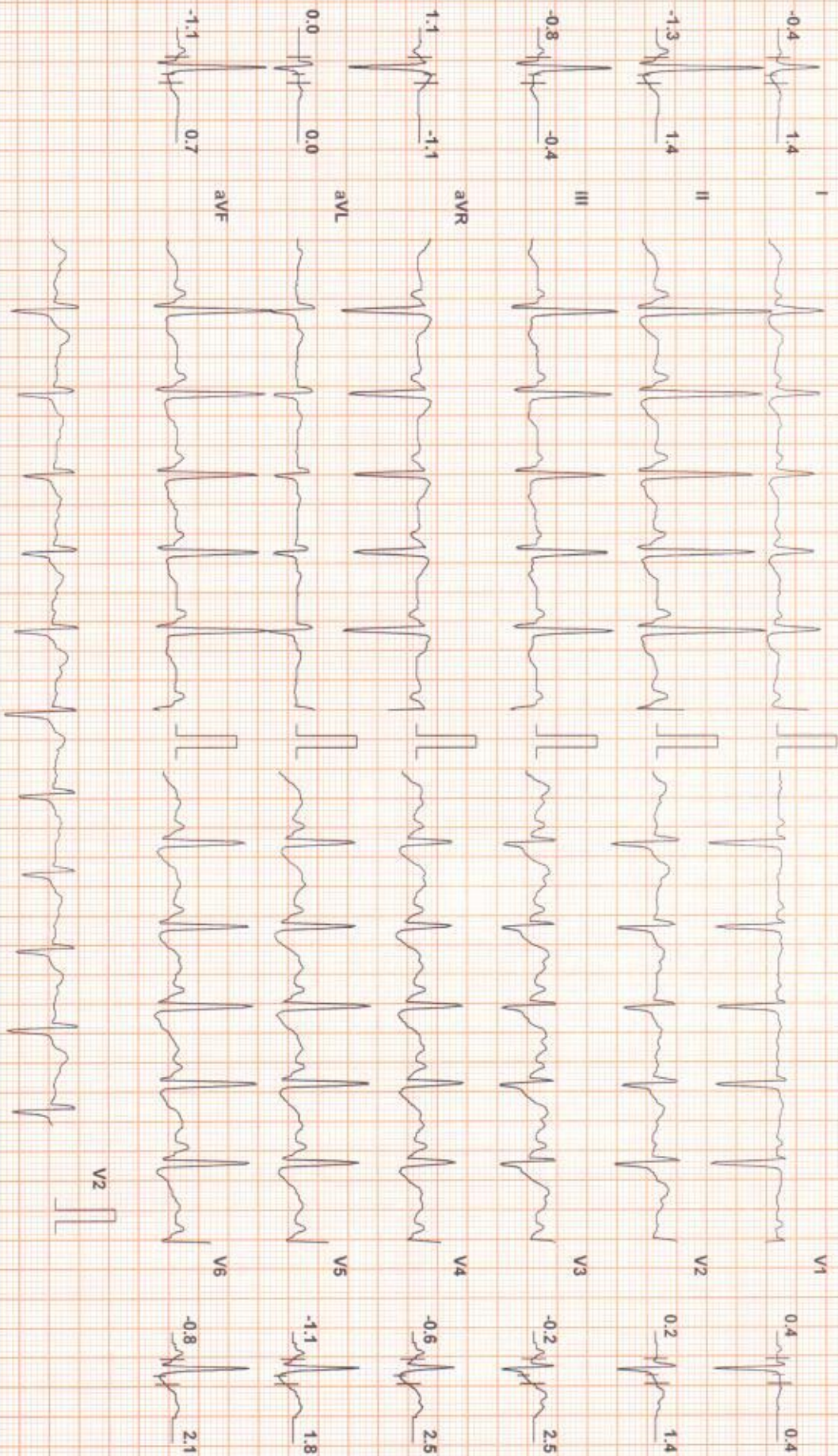


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr ON

Amp: 10 mm

ISO + R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time: 7 m 23 s

Stage Time: 0 m 10 s

HR: 107 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P.: 150 / 80

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

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

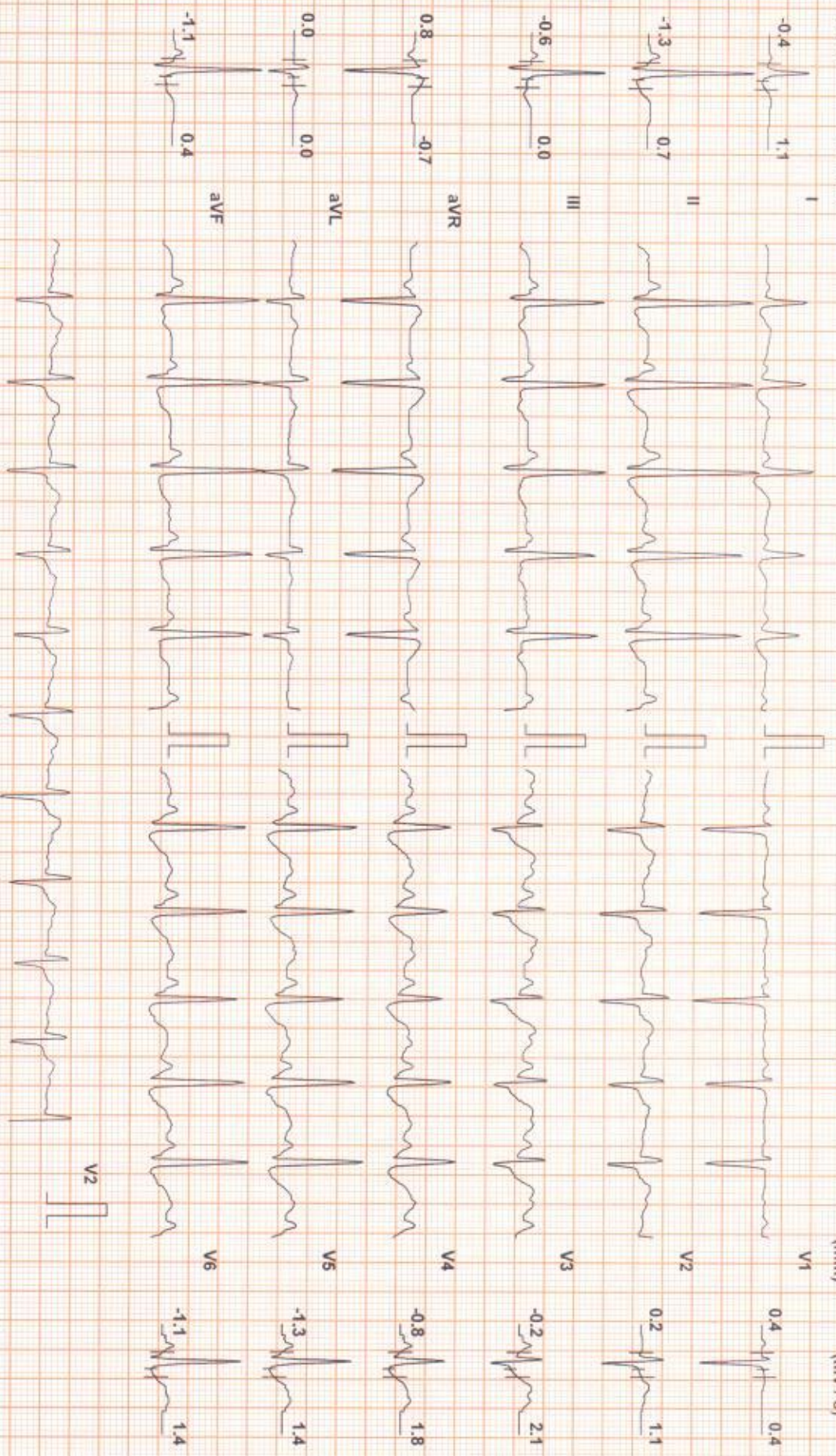


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO - R: 60 ms

J - R: 60 ms

Post J - J: 60 ms

Scholar Standard V4.7



SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

AKRITI SRIVASTAVA (31 F)

ID: 2216224519

Date: 11-Jun-22

Exec Time: 7 m 23 s

Stage Time: 0 m 7 s

HR: 105 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P.: 150 / 80

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

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

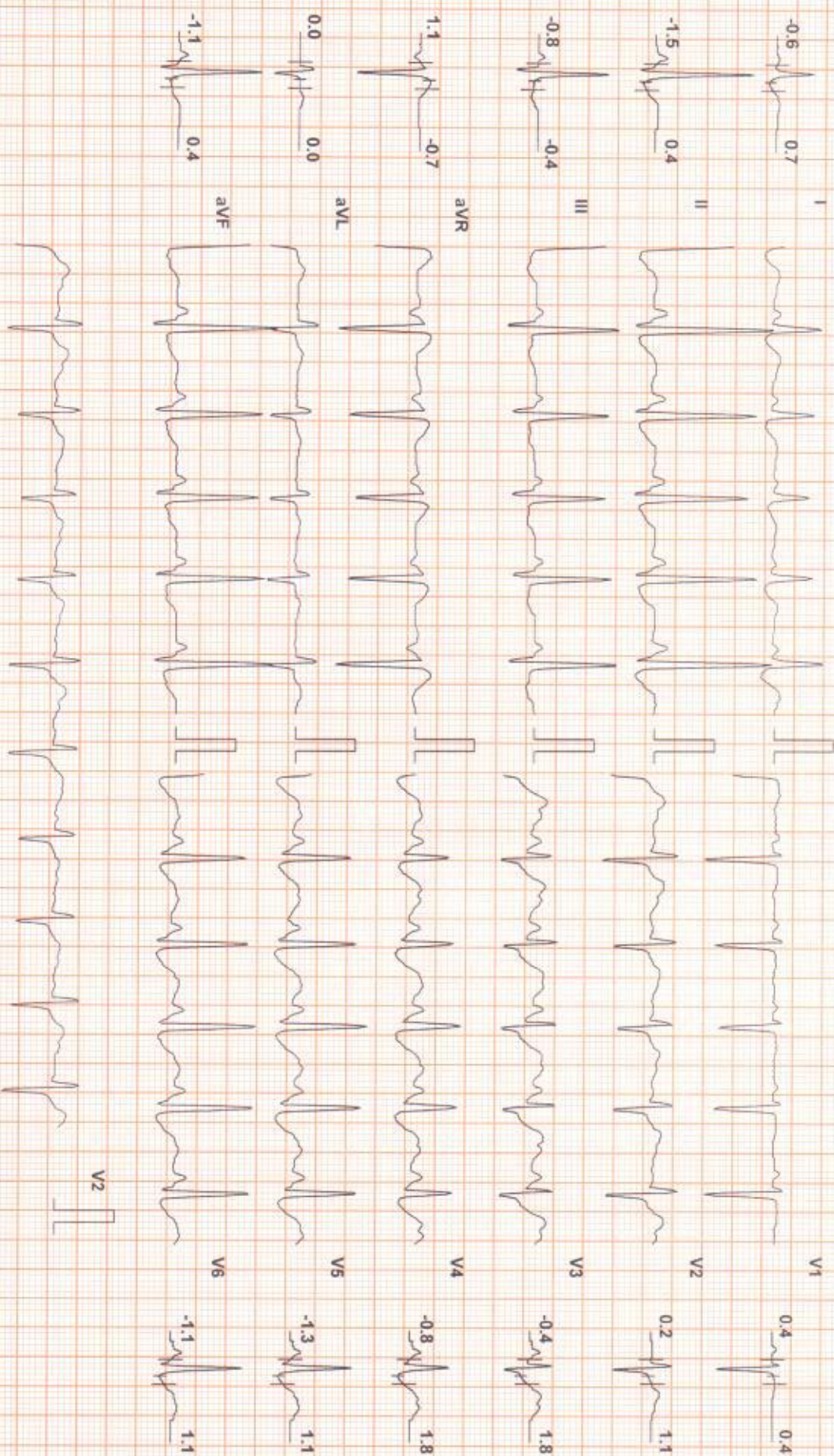


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Standard V 4.7

