

**PHYSICAL EXAMINATION REPORT**

Patient Name	Kalyani Sonawane	Sex/Age	F / 31 years
Date	28/10/23	Location	

**History and Complaints**

Arthritis      D.R.A  
↓

**EXAMINATION FINDINGS:**

Height (cms):	153	Temp (0c):	36.5
Weight (kg):	65	Skin:	—
Blood Pressure	110/76	Nails:	—
Pulse	88/—	Lymph Node:	MP

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↓ Ab, ↑ ESR, ↓ HDL, ↑ TSH (7.21)      MAD

Advice:

- Iron Supplement
- Reg. Exercise
- Physician's Cons. for ↑ TSH

1)	Hypertension:
2)	IHD
3)	Arrhythmia
4)	Diabetes Mellitus
5)	Tuberculosis
6)	Asthma
7)	Pulmonary Disease
8)	Thyroid/ Endocrine disorders
9)	Nervous disorders
10)	GI system
11)	Genital urinary disorder
12)	Rheumatic joint diseases or symptoms
13)	Blood disease or disorder
14)	Cancer/lump growth/cyst
15)	Congenital disease
16)	Surgeries
17)	Musculoskeletal System

Handwritten notes on the right side of the table:  
 - A large bracket on the right side of items 1-15, with "NO" written next to it.  
 - A bracket on the right side of items 11-15, with "NO" written next to it.  
 - "LCS" written near item 16.  
 - "? R.A ↓" written near item 17.

PERSONAL HISTORY:

1)	Alcohol
2)	Smoking
3)	Diet
4)	Medication

Handwritten notes on the right side of the personal history table:  
 - "NO" written next to Alcohol.  
 - "NO" written next to Smoking.  
 - "mixed" written next to Diet.  
 - "LCS for R.A ?" written next to Medication.

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439  
Handwritten signature and date: 3/1/2022

Date: 28/10/23 CID: 23301198 10  
Name: Kalyani Sonavane Sex / Age: F 31

**EYE CHECK UP**

Chief complaints: RCW

Systemic Diseases: HT

Past history: HA

Unaided Vision: 15/200 AU 15/200 LU

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



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CID : 2330119910  
Name : MRS. KALYANI SONAWANE  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:59  
Reported : 28-Oct-2023 / 12:47

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.09	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.6	36-46 %	Measured
MCV	89.6	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	15.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	5970	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	28.7	20-40 %	
Absolute Lymphocytes	1713.4	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	400.0	200-1000 /cmm	Calculated
Neutrophils	60.6	40-80 %	
Absolute Neutrophils	3617.8	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	208.9	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	29.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	264000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	10.0	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia : -  
Microcytosis : -

Authenticity Check



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 50 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*  
Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	83.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPR	85.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	13.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.7	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	13.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	88.3	35-105 U/L	PNPP
BLOOD UREA, Serum	15.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	123	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	2.7	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	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*  
Dr. IMRAN MUJAWAR  
MD ( Path )  
Pathologist

Authenticity Check



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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, Wafach's interpretation of diagnostic tests 10th edition.

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



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Pathologist





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.030	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	4-5	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	
Others	-		

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

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

Reference: Pack Inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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

PARAMETER	RESULTS
ABO GROUP	A
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 isagglutinins 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 Harnening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012, F.A. Davis company, Philadelphia
2. AABB technical manual

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.6	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	39.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	127.7	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	116.0	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	11.7	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
 THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.4	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	7.21	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 microU/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 (hypoparathyroidism, 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 200%. 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. D. Koukouri 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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**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-----

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2023102809431591>



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### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and echotexture. 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 9.8 x 3.8 cm. Left kidney measures 10.0 x 3.7 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 measures 5.6 x 4.2 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

The right ovary measures 2.5 x 1.6 cm.

The left ovary measures 2.3 x 2.2 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809431576>

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Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 12:14

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED**

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-----

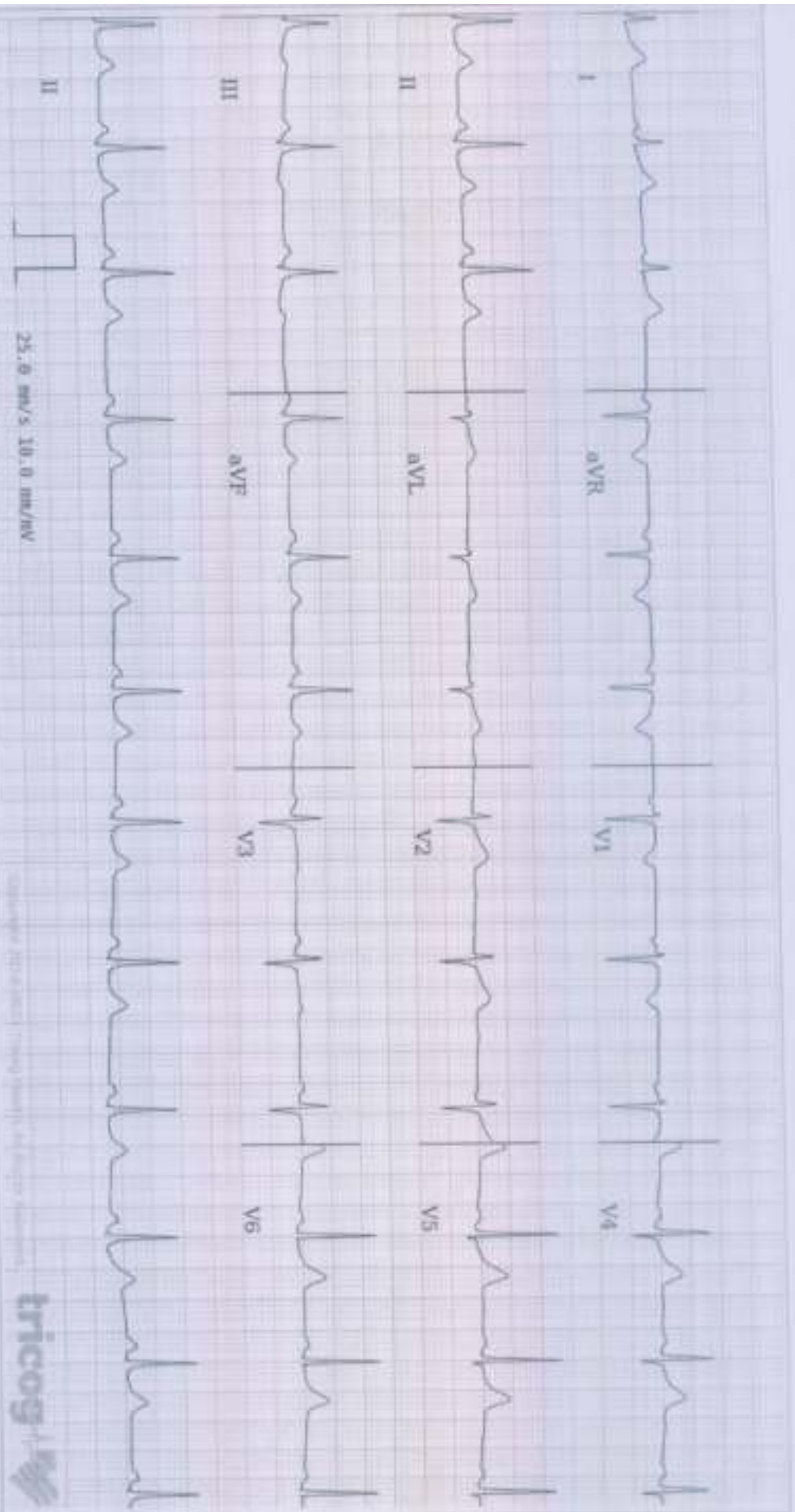
**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

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Patient Name: **KALYANI SONAWANE**  
Patient ID: **2330119910**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **28th Oct 23 10:21 AM**



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

Age: **31** NA NA  
years months days

Gender: **Female**

Heart Rate: **69bpm**

Patient Vitals

BP: **110/70 mmHg**

Weight: **65 kg**

Height: **153 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements  
QRSD: **80ms**  
QT: **394ms**  
QTcB: **422ms**  
PR: **138ms**  
P-R-T: **70° 70° 29°**

REPORTED BY

*[Signature]*

DR. MOHAMED FELLAH  
MD, PhD  
MD (Internal Medicine)  
49973



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Email:

114 (2330119910) / KALYANI SONAWANE / 31 Yrs / F / 153 Cms / 65 Kg  
 Date: 28 / 10 / 2023 02:03:13 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	093	49 %	110/70	102	00	
Standing	00:20	0:10	00.0	00.0	01.0	097	51 %	110/70	106	00	
HV	00:28	0:08	00.0	00.0	01.0	101	53 %	110/70	111	00	
ExStart	00:37	0:09	00.0	00.0	01.0	101	53 %	110/70	111	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	147	78 %	120/70	176	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	169	89 %	140/90	236	00	
PeakEx	06:46	0:09	03.4	14.0	07.3	169	89 %	150/80	253	00	
Recovery	07:46	1:00	00.0	00.0	01.1	140	74 %	150/80	210	00	
Recovery	08:46	2:00	00.0	00.0	01.0	120	63 %	150/80	180	00	
Recovery	09:46	3:00	00.0	00.0	01.0	126	67 %	120/70	151	00	
Recovery	09:50				00.0	000	0 %	---	000	00	

**FINDINGS :**

Exercise Time : 06:09  
 Initial HR (ExStrt) : 101 bpm 53% of Target 189  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 7.3 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : II & -3.7 mm in Stage 2  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 169 bpm 89% of Target 189  
 Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 RNO-49972

Doctor : DR. SHAILAJA PILLAI



EMail: +91 / KALYANI SONAWANE / 31 Yrs / F / 153 Cms / 65 Kg Date: 28 / 10 / 2023 02:03:13 PM

## REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 97.0 bpm, and the maximum predicted Target Heart Rate 169.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of . Heart Rate Achieved.

## CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI  
MBD. (GEN. MED.)  
R.NO. 49972

Doctor : DR, SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE ( 00:01 )

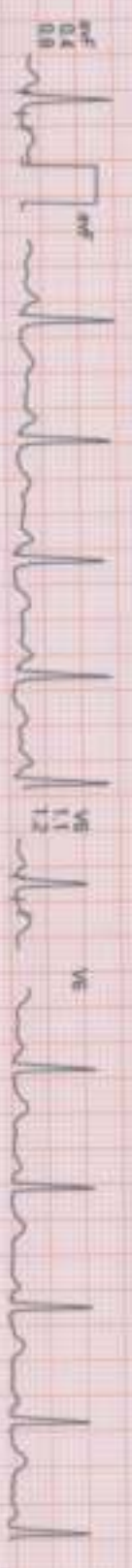
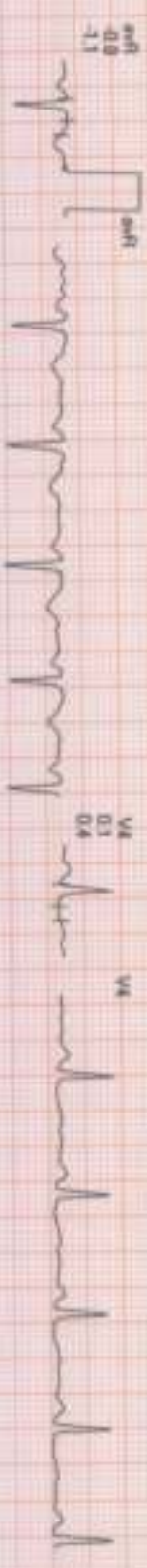
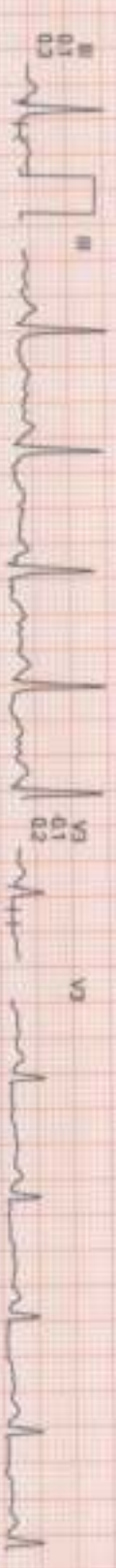
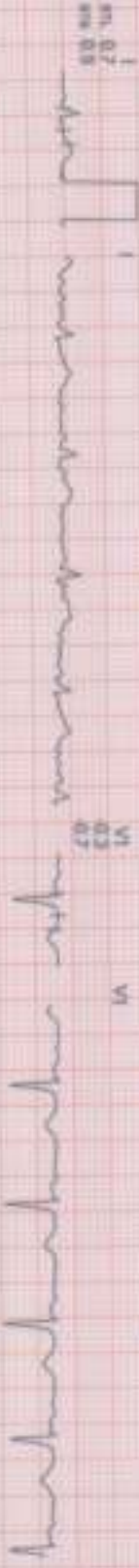


114 (2330119910) / KALYANI SONAWANE / 31 Yrs / F / 153 Cms / 65 Kg / HR : 93

Date: 28/10/2023 02:03:13 PM METS: 1.0/ 93 bpm 49% of T-R BP: 110/70 mmHg Flow ECG/BLC On/Noch On/HF 0.05 HALF 35 Hz

4X 80 mg Pwd J

Est Time: 00:00 0.0 mgh / 0.0%  
25 mm/Sec 1.00 Cm/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

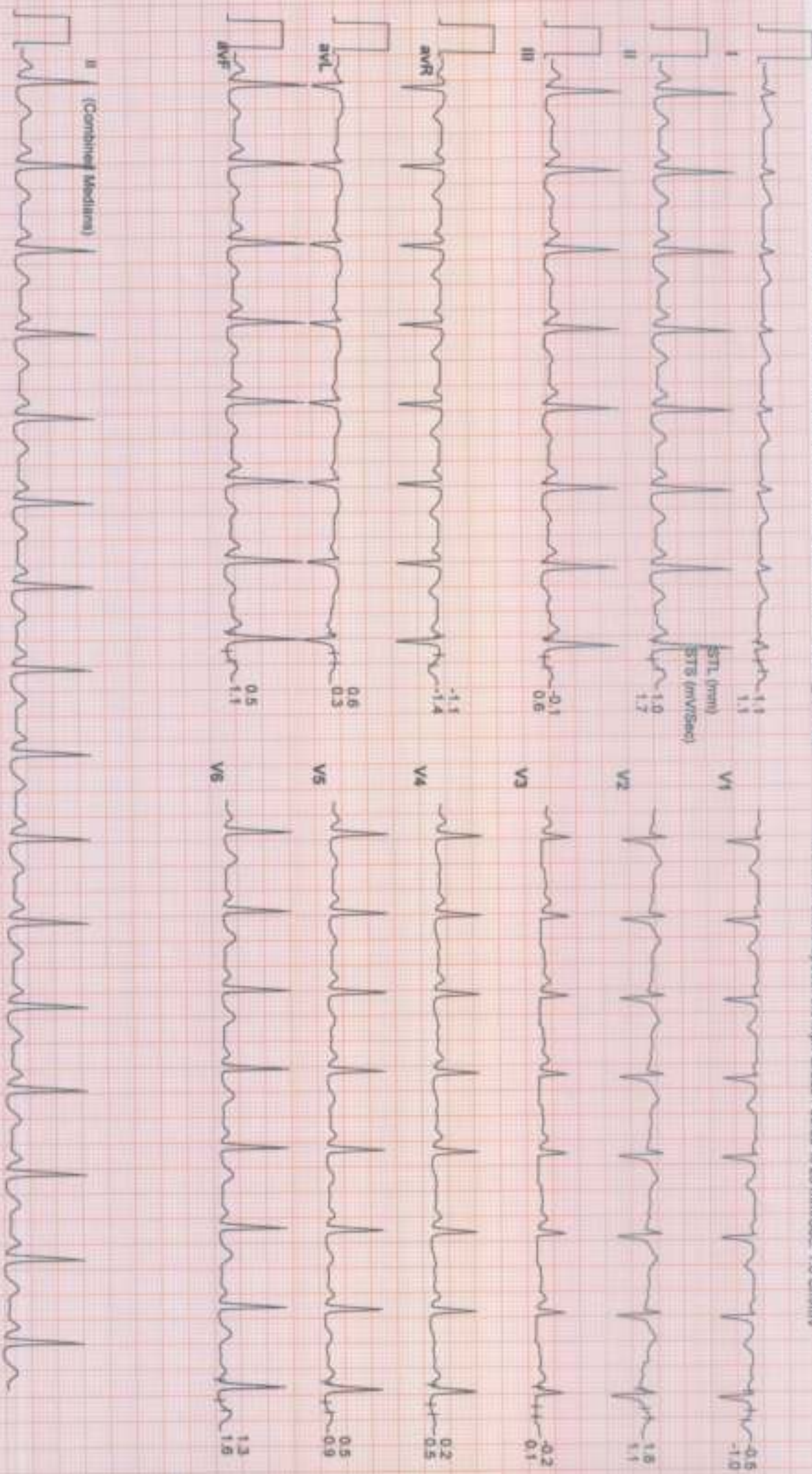
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

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



Date: 28 / 10 / 2023 02:03:13 PM METR : 1.0 HR : 97 Target HR : 51% of 169 BP : 110/70 Post J @sonSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mmv/Sec: 1.0 Cm/mv



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

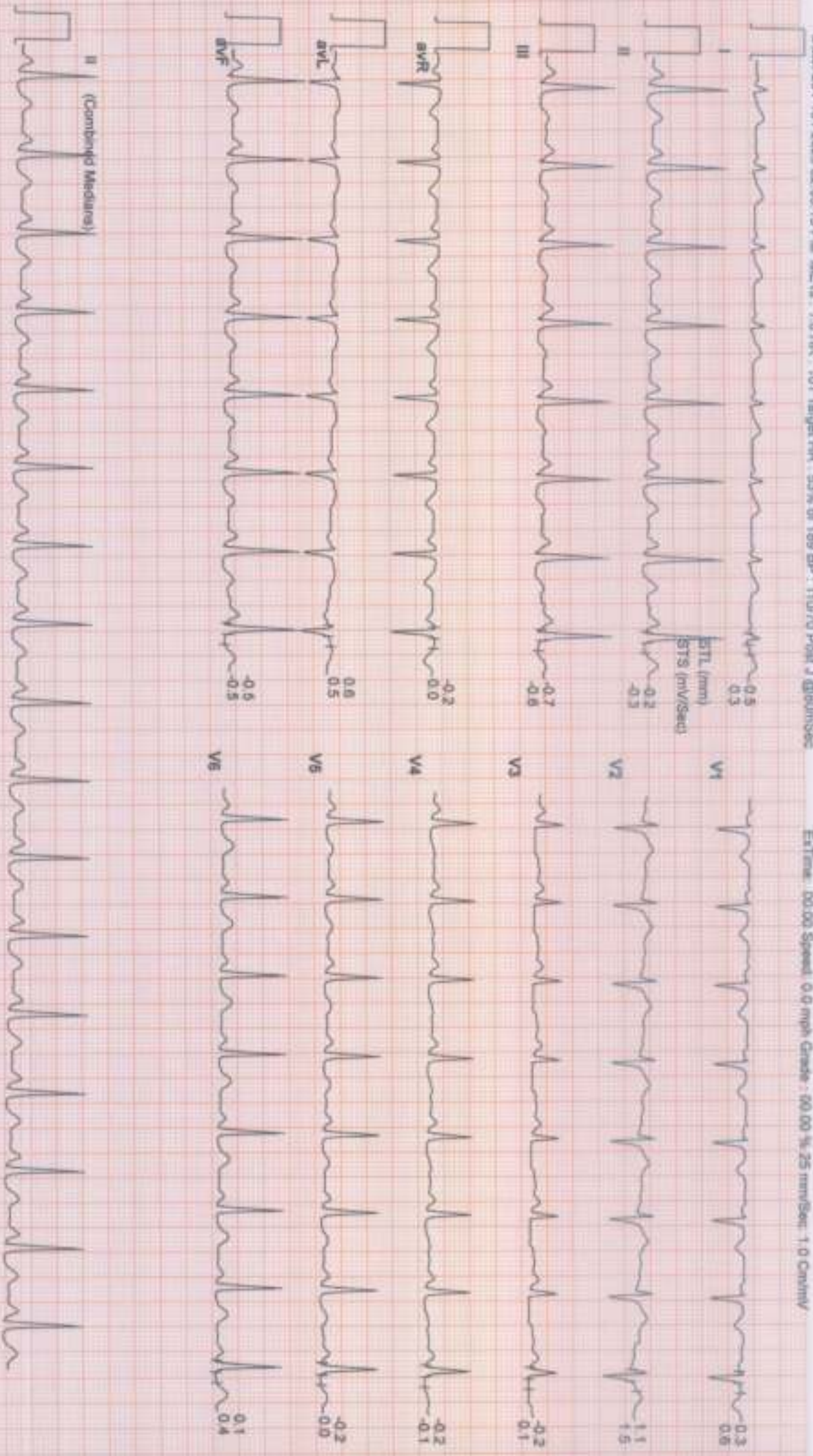
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )



Date: 28 / 10 / 2023 02:03:13 PM METs : 1.0 HR : 101 Target HR : 53% of 169 BP : 110/70 Post J @BiosSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

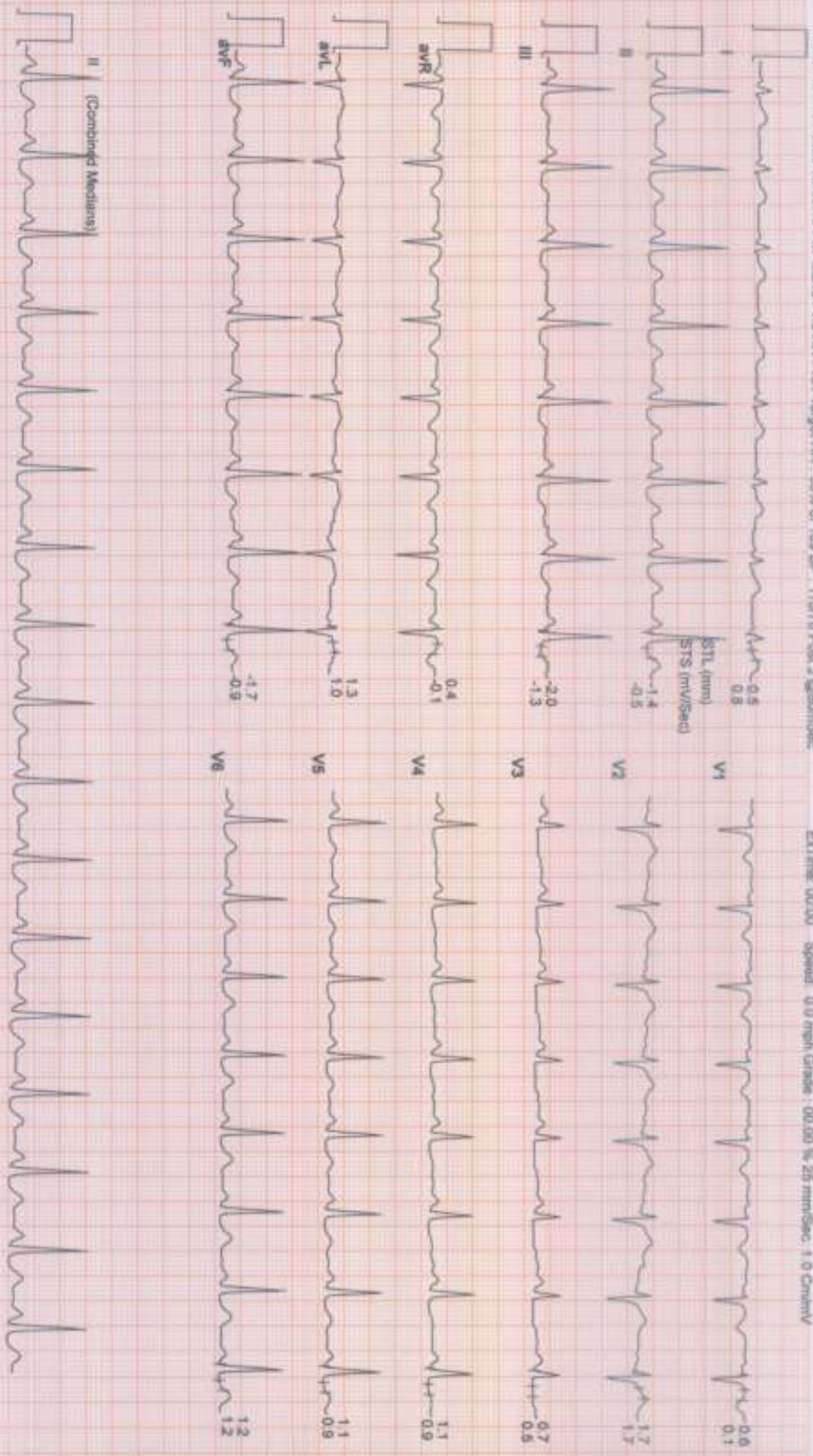
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

Date: 28 / 10 / 2023 02:03:13 PM METs : 1.0 HR : 101 Target HR : 53% of 169 BP : 110/70 Post J @SubSec

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

## 6X2 Combine Medians + 1 Rhythm

ExStr



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

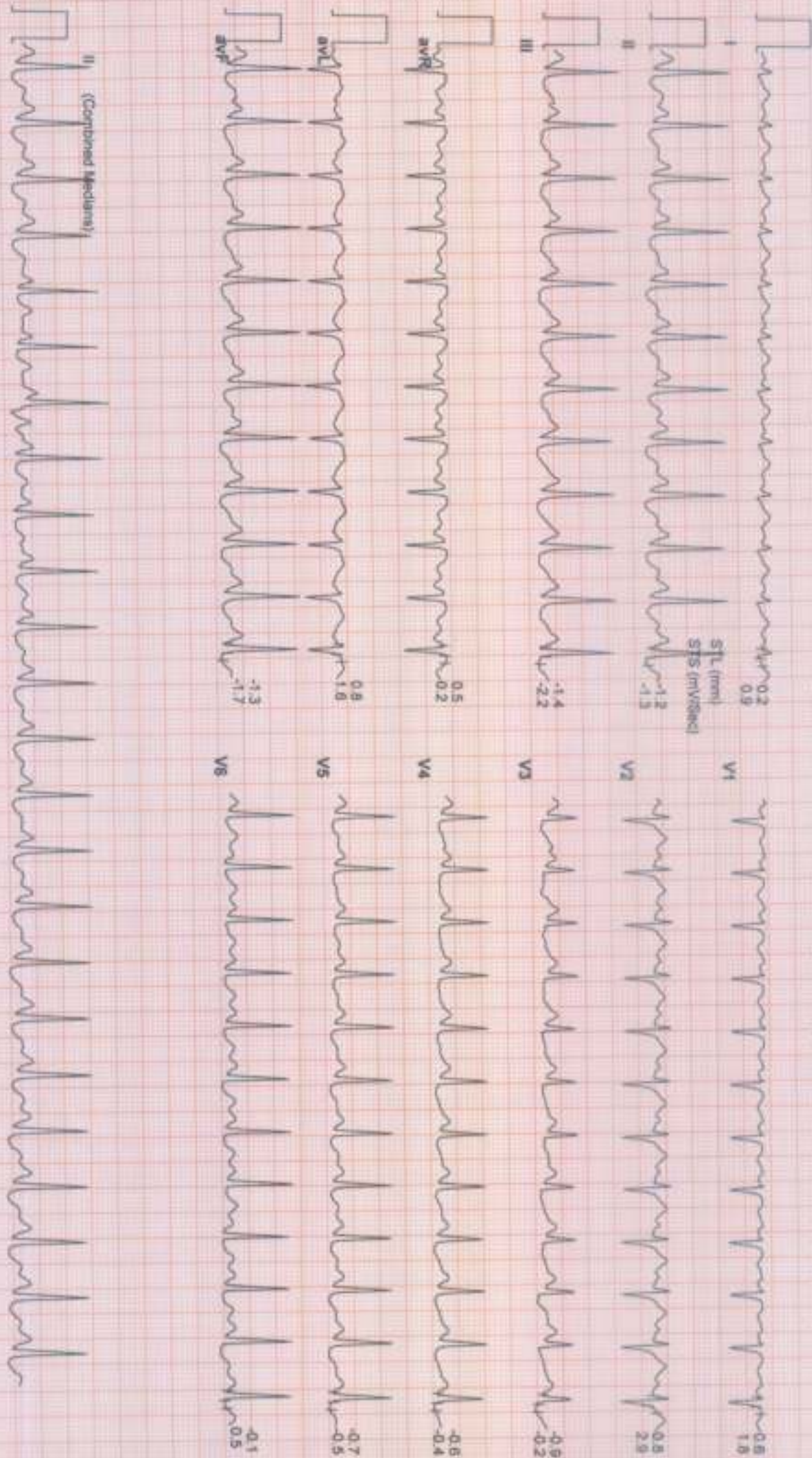
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

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



Date: 28 / 10 / 2023 02:03:13 PM METs : 4.7 HR : 147 Target HR : 78% of 188 BP : 120/70 Post J @60msSec

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



II (Combined Medians)



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

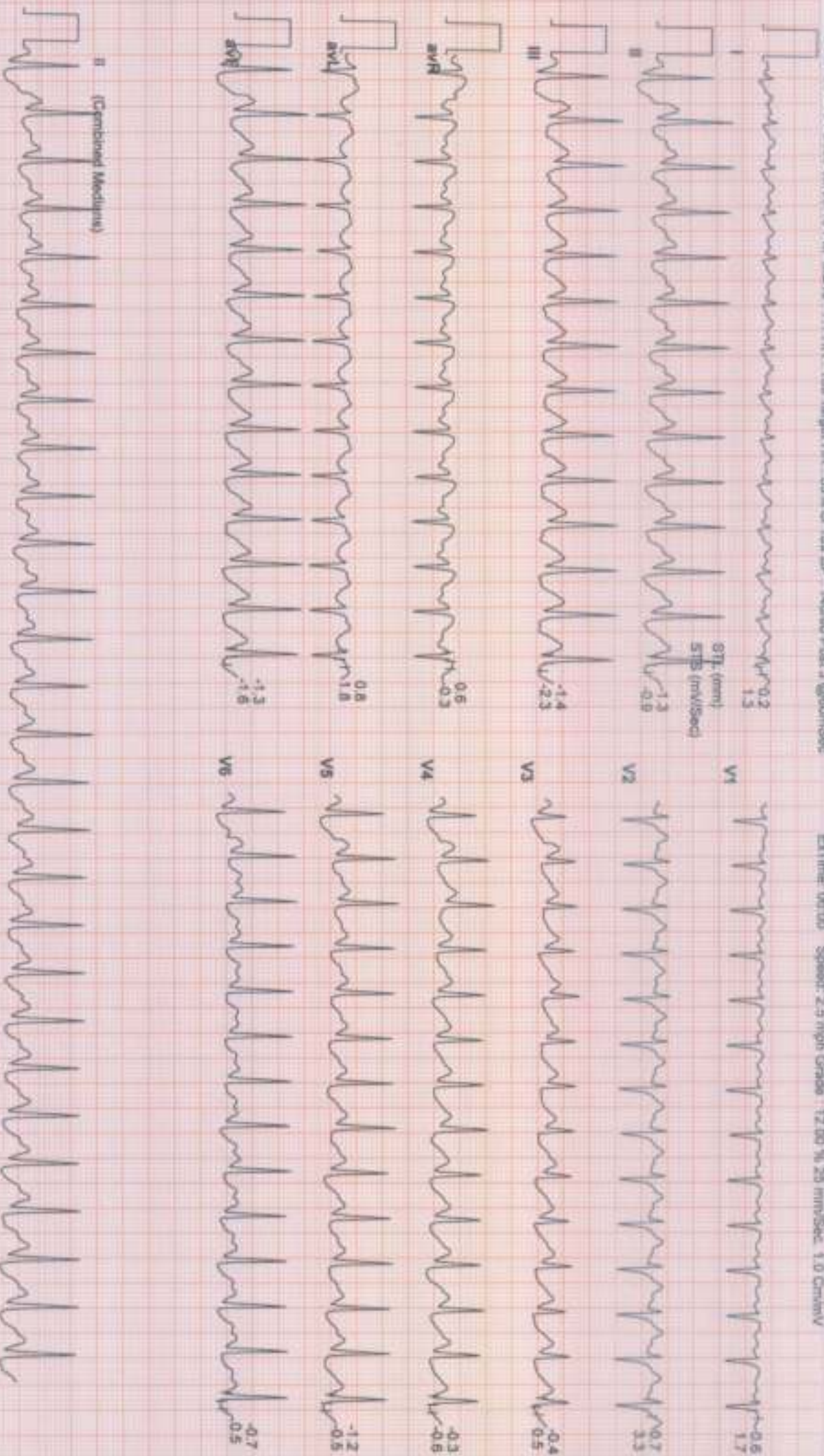
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 2 ( 03:00 )



Date: 28 / 10 / 2023 02:03:13 PM METs : 7.1 HR : 169 Target HR : 89% of 169 BP : 140/80 Post J @60mmSec

ExTime: 00:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Crs/IV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

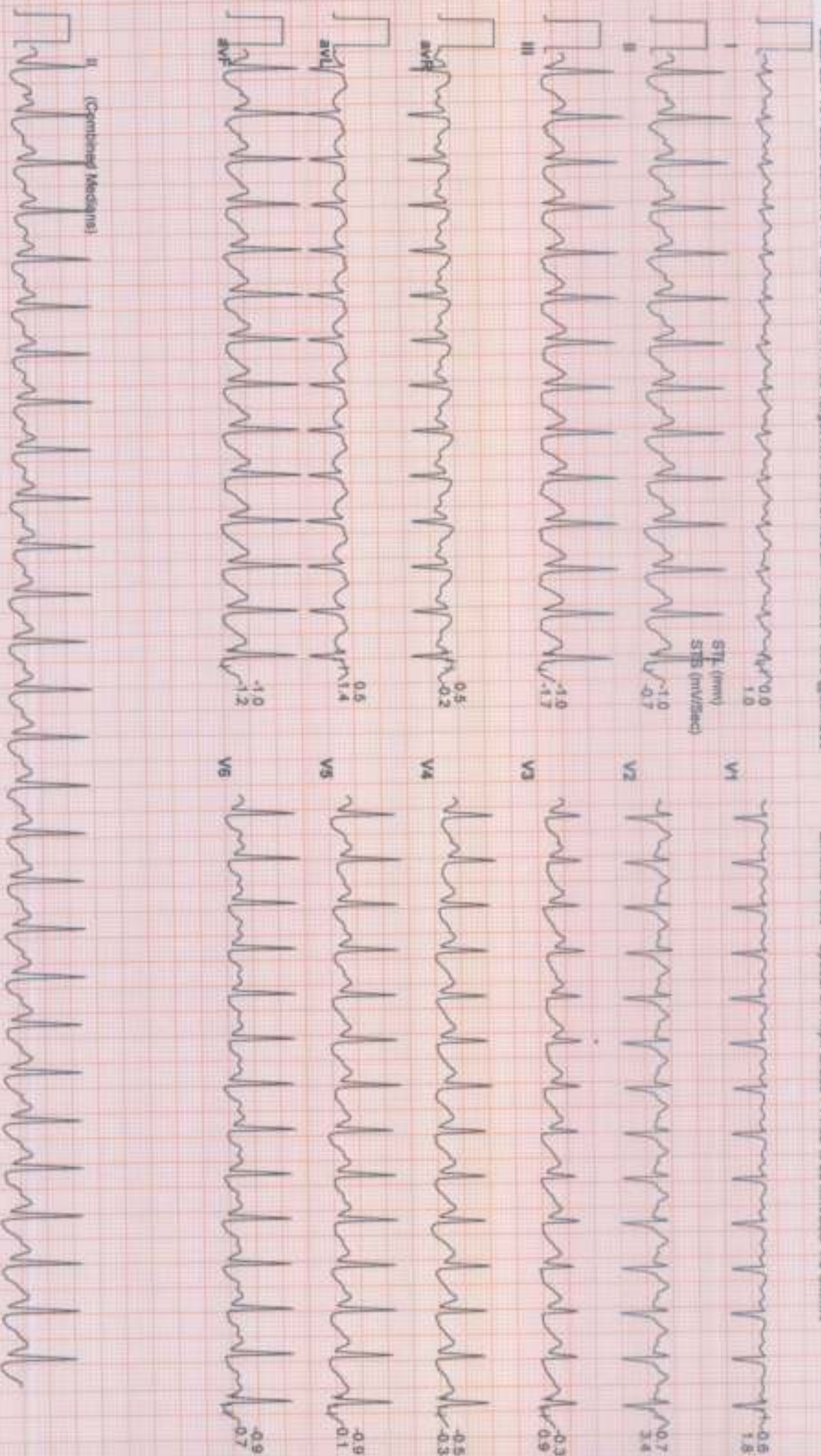
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 28 / 10 / 2023 02:03 13 PM METs : 7.3 HR : 169 Target HR : 89% of 169 BP : 150/80 Post J @GimSec

ExTime: 06:09 Speed: 3.4 mph Grade : 14.00 % 25 min/Sec 1.0 Ori/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

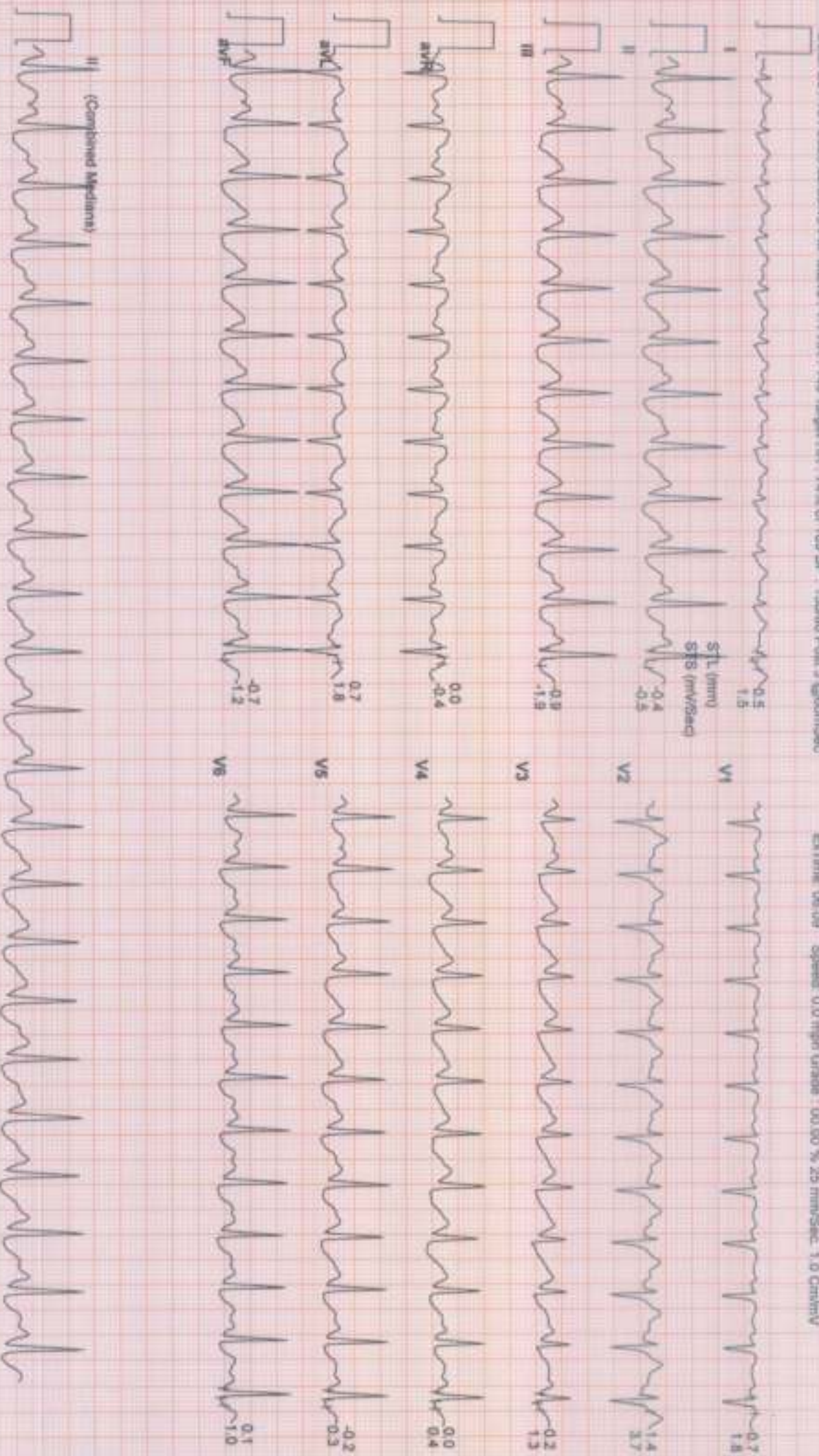
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



Date: 28 / 10 / 2023 02:03:13 PM METs : 1.1 HR : 140 Target HR : 74% of 169 BP : 150/110 Post J @comSec

EXTIME: 06:09 Speed: 0.0 rph Grade: 00.00 % 25 min/Sec: 1.0 Crs/mV



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

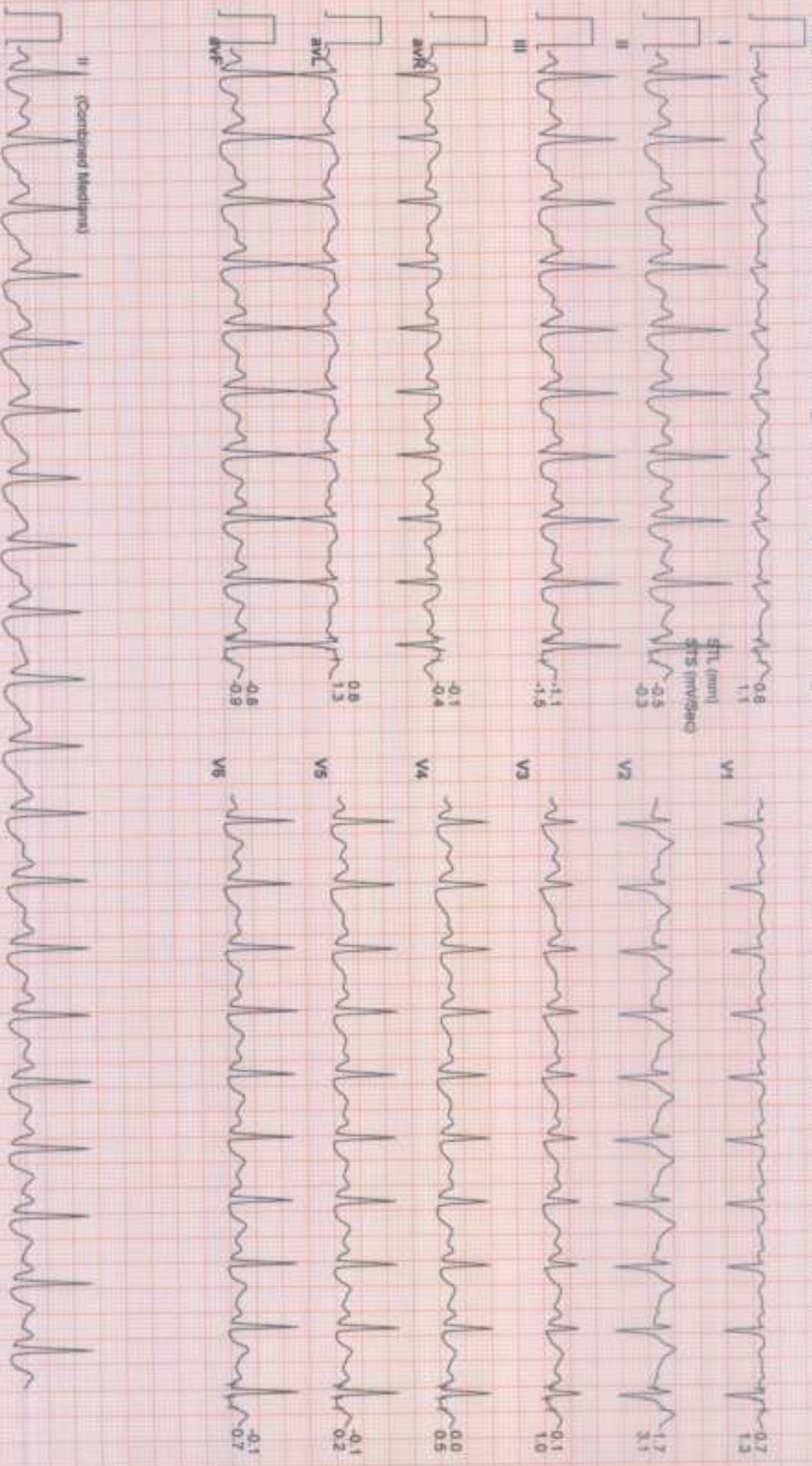
114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:00 )



Date: 26 / 10 / 2023 02:03:13 PM METs : 1.6 HR : 120 Target HR : 63% of 166 BP : 150/80 Pwr J/g/min/Sec

ExTime: 06:09 Speed: 0.0 rph Grade: 00.00 % 25 min/Sec 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

114 / KALYANI SONAWANE / 31 Yrs / Female / 153 Cm / 65 Kg

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



Date: 26 / 10 / 2023 02:03:13 PM METS - 1.0 HR : 126 Target HR : 67% of 169 BP : 120/70 Pwrt J @60mmSec

EXTime: 06:09 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

