

Name : MRS.NIVISHA SINGH

Age / Gender : 32 Years / Female

Consulting Dr.

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

E

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Reported

:07-Apr-2023 / 08:36 :07-Apr-2023 / 12:20

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood					
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	12.5	12.0-15.0 g/dL	Spectrophotometric		
RBC	4.22	3.8-4.8 mil/cmm	Elect. Impedance		
PCV	39.3	36-46 %	Measured		
MCV	93	80-100 fl	Calculated		
MCH	29.7	27-32 pg	Calculated		
MCHC	31.8	31.5-34.5 g/dL	Calculated		
RDW	12.3	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	8700	4000-10000 /cmm	Elect. Impedance		
WRC DIFFERENTIAL	AND ARSOLLITE COLINTS				

WBC DIFFERENTIAL AND A	SSOLUTE COUNTS		
Lymphocytes	21.5	20-40 %	
Absolute Lymphocytes	1870.5	1000-3000 /cmm	Calculated
Monocytes	8.1	2-10 %	
Absolute Monocytes	704.7	200-1000 /cmm	Calculated
Neutrophils	66.3	40-80 %	
Absolute Neutrophils	5768.1	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	295.8	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	60.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	270000	150000-400000 /cmm	Elect. Impedance
MPV	10.6	6-11 fl	Calculated
PDW	20.5	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia Microcytosis

уросптотпа -

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 25 2-20 mm at 1 hr. Sedimentation

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







Dr.JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)

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Name : MRS.NIVISHA SINGH

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<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.15	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.04	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	5.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum 103 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 3.6 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting)AbsentAbsentUrine Ketones (Fasting)AbsentAbsent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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







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

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Name : MRS.NIVISHA SINGH

Age / Gender : 32 Years / Female

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:07-Apr-2023 / 11:49

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC

Estimated Average Glucose 96.8 mg/dl Calculated (eAG), EDTA WB - CC

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.

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

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Dr.JYOT THAKKER
M.D. (PATH), DPB

Pathologist & AVP(Medical Services)

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Name : MRS.NIVISHA SINGH

Age / Gender : 32 Years / Female

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:07-Apr-2023 / 08:36 :07-Apr-2023 / 15:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE
------------------	----------------	-----------------------------

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

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 Reducing Substances Absent







Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Name : MRS.NIVISHA SINGH

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

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGI	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	8.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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 EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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+ \sim 25 mg/dl, 2+ \sim 75 mg/dl, 3+ \sim 150 mg/dl, 4+ \sim 500 mg/dl)
- Glucose: (1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone: (1 + ~5 mg/dl, 2 + ~15 mg/dl, 3 + ~50 mg/dl, 4 + ~150 mg/dl)

Reference: Pack insert

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







Dr.JYOT THAKKER M.D. (PATH), DPB Pathologist & AVP(Medical Services)

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Name : MRS.NIVISHA SINGH

Age / Gender : 32 Years / Female

Consulting Dr.

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP 0

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.

Refernces:

- 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.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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Name : MRS.NIVISHA SINGH

Age / Gender : 32 Years / Female

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	182.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	118.3	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	46.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	136.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	113.0	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	23.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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

*** End Of Report ***





Dr.JYOT THAKKER M.D. (PATH), DPB

Pathologist & AVP(Medical Services)

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Name : MRS.NIVISHA SINGH

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:07-Apr-2023 / 08:36

Reported :07-Apr-2023 / 12:22

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	3.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.1	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	4.81	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 trasiently altered becuase 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)

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







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

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SUBURBAN DIAGNOSTICS - BORIVALI WEST

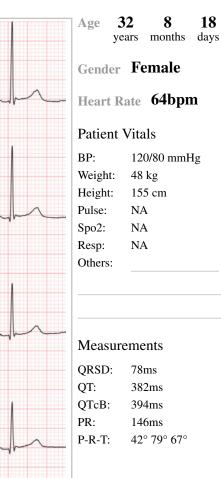


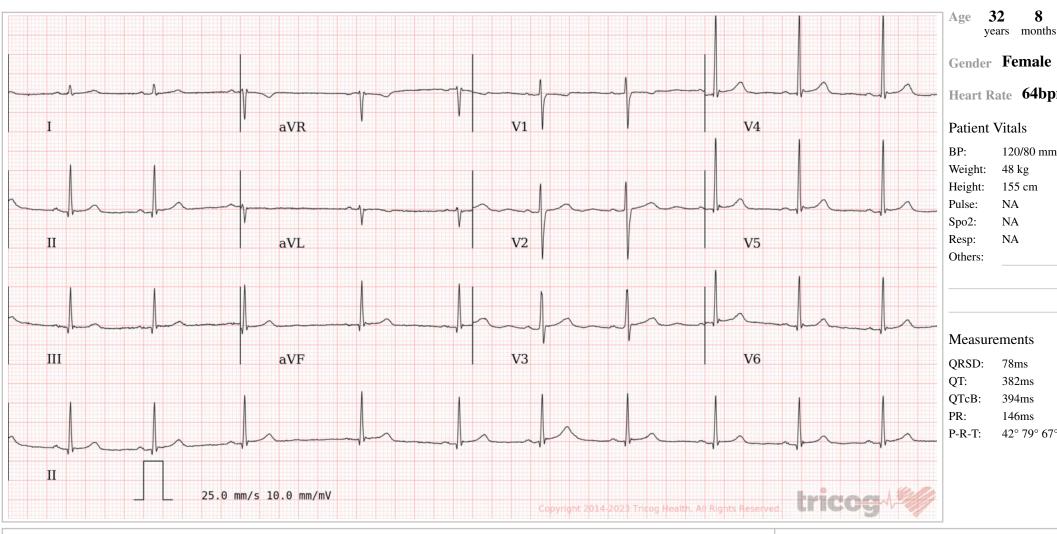
Patient Name: NIVISHA SINGH

Patient ID:

2309717061

Date and Time: 7th Apr 23 9:30 AM





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

REPORTED BY

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

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

Name: NIVISHA SINGH

CID:- 23097170061

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):155cm

Temp (Oc): Afebrile

Blood Pressure (mm/hg): 120/80 mmhg

Pulse: 74/min

Systems:

Cardiovascular:- S1S2 audible

Respiratory:- AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:No

2) IHD:- No

3) Arrhythmia:- No

4) Diabetes Mellitus:-No

Weight (kg): 48kg

Skin: Normal

Nails: Normal

R

E

Lymph Node: Not palpable



Date: 07/04/2023

Name: Nivisha Singh

CID: 2309717061

Sex / Age: 4 / 32

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

RIE

LE

R

E

Aided Vision:

619

6/9

Refraction:

Remark:

NG

NG

(Right Eve)

(Left Eye)

	(mgm =	, - ,					Axis	Vn
	Sph	Cyl	Axis	Vn	Sph	Cyl	AXIS	
Distance								
Near								

Colour Vision: Normal / Abnormal

Suburban Diagnestics (I) Pxt. Ltd.

301& 302, 3rd Floor, Vini Elegenance, Above Tanisq Jweller, L. T. Road,

Borivali (West), Mumbai - 400 092.

DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST

REGD. NO.: 67714



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CID

: 2309717061

Name

: Mrs Nivisha Singh

Age / Sex

: 32 Years/Female

Ref. Dr

Reg. Location

: Borivali West

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size, 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 8.7 x 3.4 cm. Left kidney measures 9.1 x 4.0 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, 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 6.5 x 3.5 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4.8 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 4.1 x 2.5 cm.

The left ovary measures 2.1 x 1.3 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708241519



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: 2309717061

Name

CID

: Mrs Nivisha Singh

Age / Sex Ref. Dr

: 32 Years/Female

Reg. Location

: Borivali West

Reg. Date

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: 07-Apr-2023

: 07-Apr-2023 / 12:41

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Opinion:

No significant abnormality is detected.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other

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

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



5)	Tuberculosis:- NO
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:-VEG
- 4) Medication:-No

DR. NITIN SONAVAR E M.B.B.S.AFLH, D.DIAB, D.C. D. CONSULTANT-CARDIOLOGIST 11500 NO. 187714

Suburban Diagnostics (i) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegandoe, Above Tanisq Jweller, L. T. Ross. Borivali (West), Mumbai - 400 092.



CID

: 2309717061

Name

: Mrs Nivisha Singh

Age / Sex

: 32 Years/Female

Ref. Dr

Reg. Location

: Borivali West

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Reg. Date

: 07-Apr-2023

Reported : 07-Apr-2023 / 14:05

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040708241528

Time: 10:36

SUBURBAN DIANOSTICS PVT. LTD. BORIVAL

Name: NIVISHA SINGH

Date: 07-04-2023

Age: 32

Gender: F

Height: 155 cms

Weight: 48 Kg

ID: 2309717061

Clinical History:

MIGRAINE

Medications:

RX. SOS

Test Details:

Protocol: Bruce

Predicted Max HR:

188

Target HR: 159

Exercise Time:

0:07:06

Achieved Max HR:

170 (90% of Predicted MHR)

Max BP:

150/80

Max BP x HR:

25500

Max Mets: 8

Test Termination Criteria:

TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade	Heart Rate	BP			
Supine	00:15	1	kmph	%	bpm	mmHg	RPP	Max ST Level	Max ST Slope
Standing	00:14	1	0	0	92	124/80	11408	-0.9 aVR	-0.3 III
HyperVentilation	00:16	1	0	0	82	124/80	10168	0,3 111	-0.3 aVF
PreTest	00:16	1	0	0	83	124/80	10292	-0.4 aVR	-0.2 III
Stage: 1		1	1.6	0	101	124/80	12524	1,1 III	-0.5 III
Stage: 2	03:00	4.7	2.7	10	111	130/80	14430		0.9 V2
Peak Exercise	03:00	7	4	12	148	140/80	20720		
	01:06	8	5.5	14	170	150/80	25500		0.4 V1
Recovery1	01:00	1	0	0	129	150/80			-1.6 III
Recovery2	01:00	1	0	0	113	130/80			0.3 V2
lecovery3	01:00	1	0	0		0.000	14690	CONTRACTOR OF STREET	0.2 V2
					116	130/80	15080	-0.8 II	-0.3 II

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:06 achieving a work level of 8 METS. Resting Heart Rate, initially 92 bpm rose to a max, heart rate of 170bpm (90% of Predicted Maximum Heart Rate). Resting Blood Pressure of 124/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

Ref. Doctor: ----

The Art of Diagnostics

DR. NITIN SONAVANE M.B.B.S.AFLH D.DIAB D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO. 197714

Doctor: DR. NITIN SONAVANE

(Summary Report edited by User) Spandan CS-20 Version:2.14.0

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