

**PHYSICAL EXAMINATION REPORT**

Patient Name	Neha Shahi	Sex/Age	30/ (F)
Date	15/3/24	Location	Thane

**History and Complaints**

C/o- tachycardia .  
 - Anemia .  
 - Anxiety, Anorexia .  
 - Premenstrual symptoms

**EXAMINATION FINDINGS:**

Height (cms):	165	Temp (0c):	(P)
Weight (kg):	64	Skin:	- skin tags (+)
Blood Pressure	110/80	Nails:	
Pulse	86/min	Lymph Node:	NAD

**Systems :**

Cardiovascular:  
 Respiratory:  
 Genitourinary:  
 GI System:  
 CNS:  
 Impression: ↓ Hb .

| NAD .

Iron Supplement

Advice:

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	veg
4)	Medication	No Tab Dilizem (505)

Dr. Manasee Kulkarni  
M.B.B.S  
2005/09/3439  
18/3/24

Date:- 15/11  
Name:- Alpha Shahu

CID: 2407829578  
Sex / Age: M / 29

**EYE CHECK UP**

Chief complaints: RCD

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13/60 R 20/24 L

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 : 2407527379  
Name : MRS.NEHA SHAHI  
Age / Gender : 30 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 15-Mar-2024 / 09:30  
Reported : 15-Mar-2024 / 12:46

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	9.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 ml/cmm	Elect. Impedance
PCV	31.8	36-46 %	Measured
MCV	74.3	80-100 fl	Calculated
MCH	22.5	27-32 pg	Calculated
MCHC	30.4	31.5-34.5 g/dL	Calculated
RDW	18.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8040	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	24.5	20-40 %	
Absolute Lymphocytes	1969.8	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	385.9	200-1000 /cmm	Calculated
Neutrophils	69.5	40-80 %	
Absolute Neutrophils	5587.8	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	96.5	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.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	321000	150000-400000 /cmm	Elect. Impedance
MPV	9.6	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	Mild		



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Eliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      28                      2-20 mm at 1 hr.                      Sedimentation

**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigiden ML. Clinical utility of the erythrocyte sedimentation rate. *American family physician*. 1999 Oct 1;60(5):1443-50.

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

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

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	92.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.79	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.47	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	12.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	6.5	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	4.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	60.4	35-105 U/L	PNPP
BLOOD UREA, Serum	14.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.59	0.51-0.95 mg/dl	Enzymatic

Authenticity Check



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eGFR, Serum	124	(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	3.7	2.4-5.7 mg/dl	Urinary
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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

**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	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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

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Reported : 15-Mar-2024 / 12:55

**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 (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
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 insert

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
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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 Rh 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 W Harrison, 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

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Reported : 15-Mar-2024 / 15:22

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: > / =240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	77.3	Normal: <150 mg/dl Bordertine-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: > / =500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	48.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	81.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: > / =190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	66.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Bordertine High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: > / = 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	15.3	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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

*Vandana Kulkarni*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



Authenticity Check  
 Use a QR Code Scanner Application to Scan the Code

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 Name : MRS.NEHA SHAHI  
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Collected : 15-Mar-2024 / 09:30  
 Reported : 15-Mar-2024 / 13:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.3	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	3.61	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

Authenticity Check



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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 (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 8 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 at least 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. This assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

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

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

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

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Age / Sex : 30 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 15-Mar-2024  
Reported : 15-Mar-2024 / 14:09

**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  
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*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/RISViewer/NeoradViewer?](http://3.111.232.119/RISViewer/NeoradViewer?Access)  
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Report No - 2024011509082723

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No. U74999DL1995PLC099398

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Patient Name: **NEHA SHAHI**  
Patient ID: **2407527379**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **15th Mar 24 1:52 PM**



Age: **30** years  
Sex: **Female**  
Heart Rate: **99bpm**

Gender: **Female**  
Heart Rate: **99bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Other: NA

**Measurements**

QRSd: 86ms  
QT: 348ms  
QTc: 44ms  
PR: 132ms  
P-R-T: 71° 62° 50°



REPORTED BY

*[Signature]*

DR SURESH TELAI  
MBBS, MD Physician  
SAD Physician  
40072

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

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Reg. Date : 15-Mar-2024  
Reported : 15-Mar-2024 / 14:25

**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 9.9 x 3.3 cm. Left kidney measures 9.6 x 4.6 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 anteverted and measures 6.6 x 3.4 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.7 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

29 x 23 cm. A 20 x 19 mm sized DF noted right ovary.





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**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 9.9 x 3.3 cm. Left kidney measures 9.6 x 4.6 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 anteverted and measures 6.6 x 3.4 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.7 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

The right ovary measures 2.9 x 2.3 cm. A 20 x 19 mm sized DF noted right ovary.  
The left ovary measures 2.7 x 2.1 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoridViewer?AccessionNo=2024031509082713>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code!

CID : 2407527379  
Name : Mrs Neha shahi  
Age / Sex : 30 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 15-Mar-2024  
Reported : 15-Mar-2024 / 14:25

**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

*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=2024031509082713>

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

1186 (2407627379) / NEHA SHAHI / 30 Yrs / F / 164 Cms / 64 Kg  
 Date: 15 / 03 / 2024 02:24:55 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	PPp	PVC	Comments
Supine	00:05	0:05	00.0	00.0	01.0	098	62 %	110/70	108	00	
Standing	00:15	0:10	00.0	00.0	01.0	102	64 %	110/70	112	00	
HV	00:28	0:13	00.0	00.0	01.0	093	49 %	110/70	102	00	
ExStart	00:41	0:13	00.0	00.0	01.0	101	53 %	110/70	111	00	
PeakEx	02:28	1:47	01.7	10.0	03.2	155	82 %	130/80	201	00	
Recovery	03:28	1:00	00.0	00.0	03.2	125	66 %	130/80	162	00	
Recovery	04:28	2:00	00.0	00.0	03.2	115	61 %	130/80	149	00	
Recovery	05:28	3:00	00.0	00.0	03.2	111	58 %	120/70	139	00	
Recovery	06:30	3:03	00.0	00.0	03.2	111	58 %	120/70	133	00	

## FINDINGS :

Exercise Time : 01:47  
 Initial HR (ExStrt) : 101 bpm 53% of Target 190  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 3.2 Poor response to induced stress  
 Max ST Dep Lead & Avg ST Value : V1 & -1.0 mm in Recovery  
 History : Np  
 Test End Reasons : Fatigue

Max HR Attained 155 bpm 82% of Target 190  
 Max BP Attained 130/80 (mm/Hg)

Dr. SHALAJA PILLAI  
 M.D. (G.O. MED)  
 RMO. 49912

Doctor : DR. SHAI AJA PILLAI



EMail: 1188 / Neha SHAH / 30 Yrs / F / 164 Cms / 64 Kg Date: 15 / 03 / 2024 02:24:55 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 102.0 bpm, and the maximum predicted Target Heart Rate 190.0. The BP increased at the time of generating report as 130.0/90.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test

The Test was completed because of Fatigue

CONCLUSIONS:

1. Stress test seems negative for ischemia.
2. No significant ST T changes seen.
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Dr. SHAILAJA PILLAI  
M.D. (C. S.E.D)  
CRNO. 49812

Doctor - DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

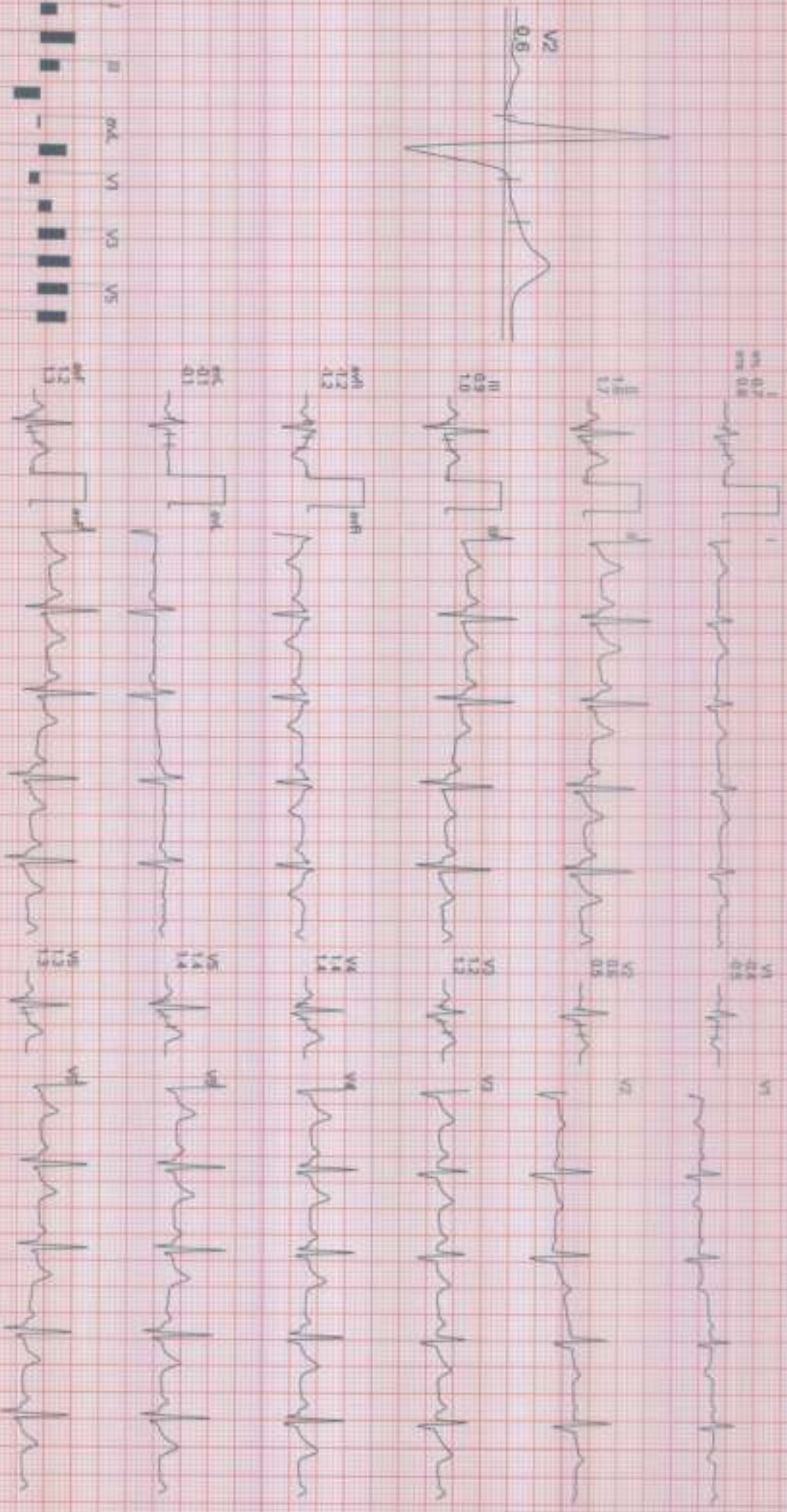
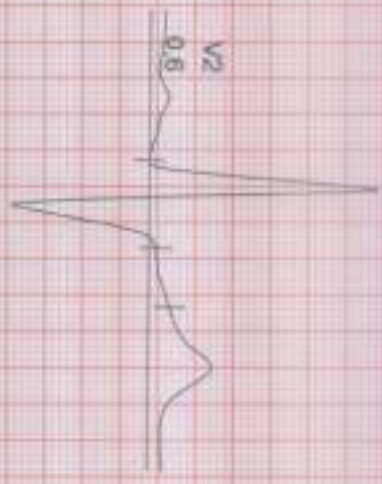
1186 (2407327379) / NEHA SHAH / 30 Yrs / F / 164 Cms / 64 Kg / HR : 89

SUPINE ( 00:01 )



Date: 15/03/2024 02:24:55 PM METS: 14/58 bpm 52% of THR BP: 110/78 mmHg Pw ECG/ELC/OW/MSH/OW/HF 0.05 Hz/LF 25 Hz  
4X PR: 45/Lead I

ExTime: 00:00 0.0 mpa, 0.0%  
Sensitivity: 1.0 mV/cm



I aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

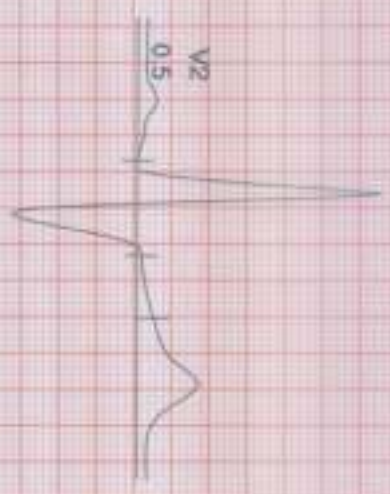
STANDING ( 00:00 )

1186 (2407527379) / NEHA SHAH / 30 Yrs / F / 164 Cms / 64 Kg / HR : 102

Date: 15/03/2024 02:24:56 PM METS: 1.07/102 bpm 54% of THR. BP: 110/70 mmHg. Pwv ECG/BLC On March On/HR: 0.05 Hz/AF: 35 Hz

40X ECG

Extreme: 00:00 0.01 mph 0.0%  
25 mm/sec: 1.00 mV



# SUBURBAN DIAGNOSTICS (17 HANE GB ROAD)

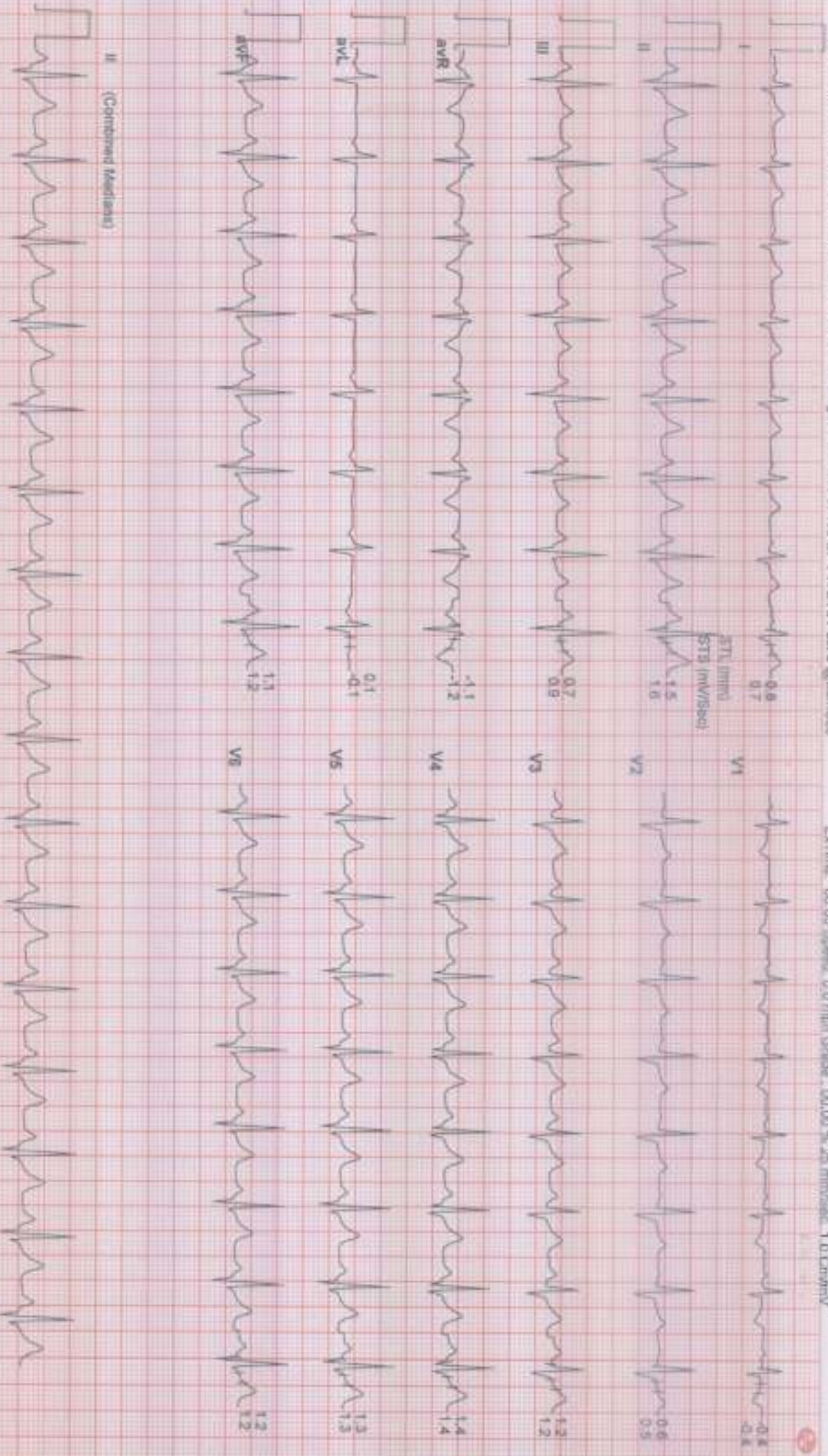
1198 / NEHA SHAHI / 30 Yrs / Female / 164 Cm / 64 Kg

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



Date: 15 / 03 / 2024 02:24:55 PM METa : 1.0 HR : 83 Target HR : 49% of 190 BP : 110/70 Pwd J @100Sec

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

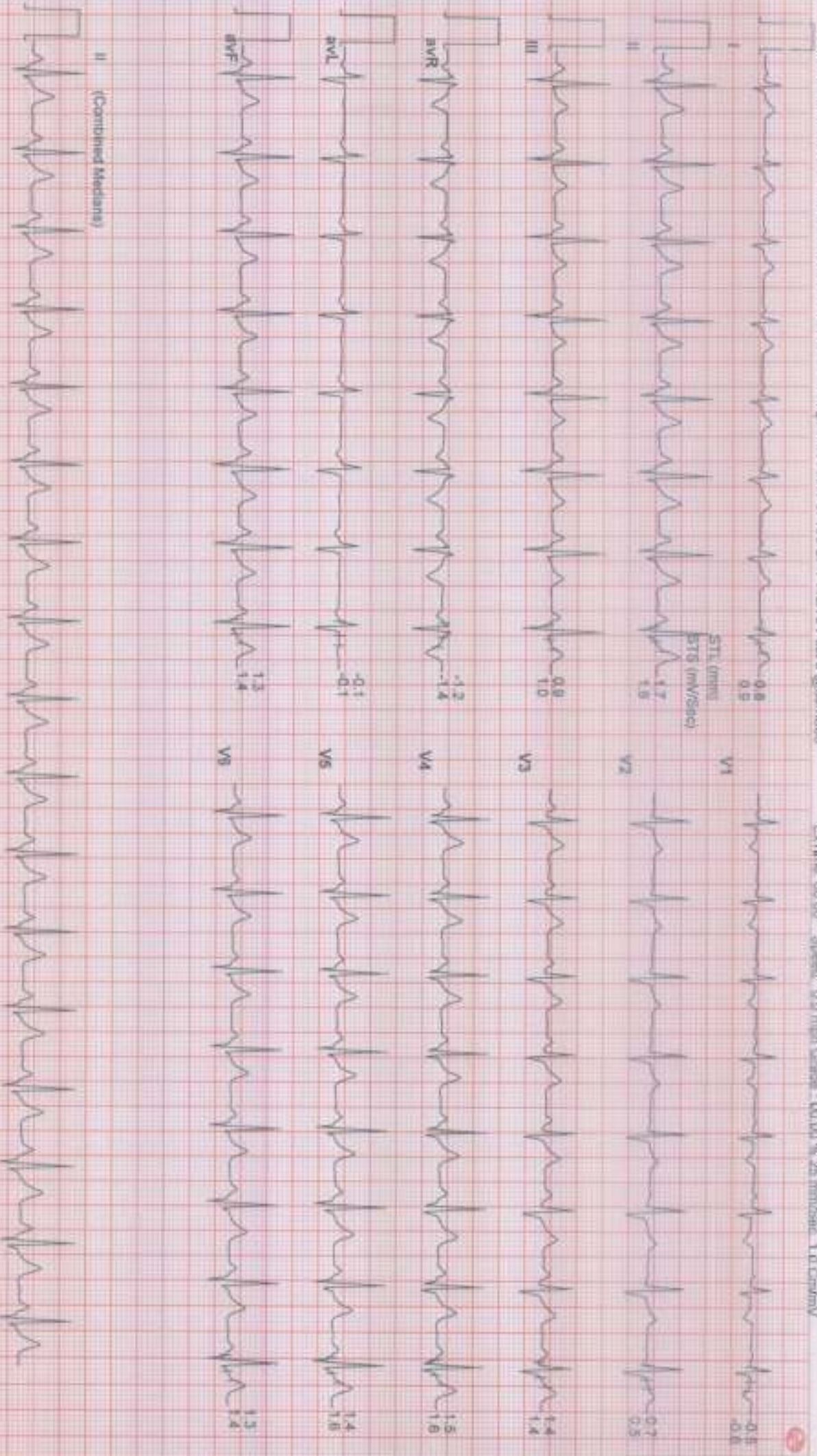


II (Combined Medians)



Date: 15 / 03 / 2024 02:24:55 PM METs : 1.0 HR : 101 Target HR : 83% of 190 BP : 110/70 Post J @ponSoc

ExTime: 00:00 Speed: 0.9 mm/Sec Grade: 00:00 % 25 mm/Sec 1.0 Cm/mV

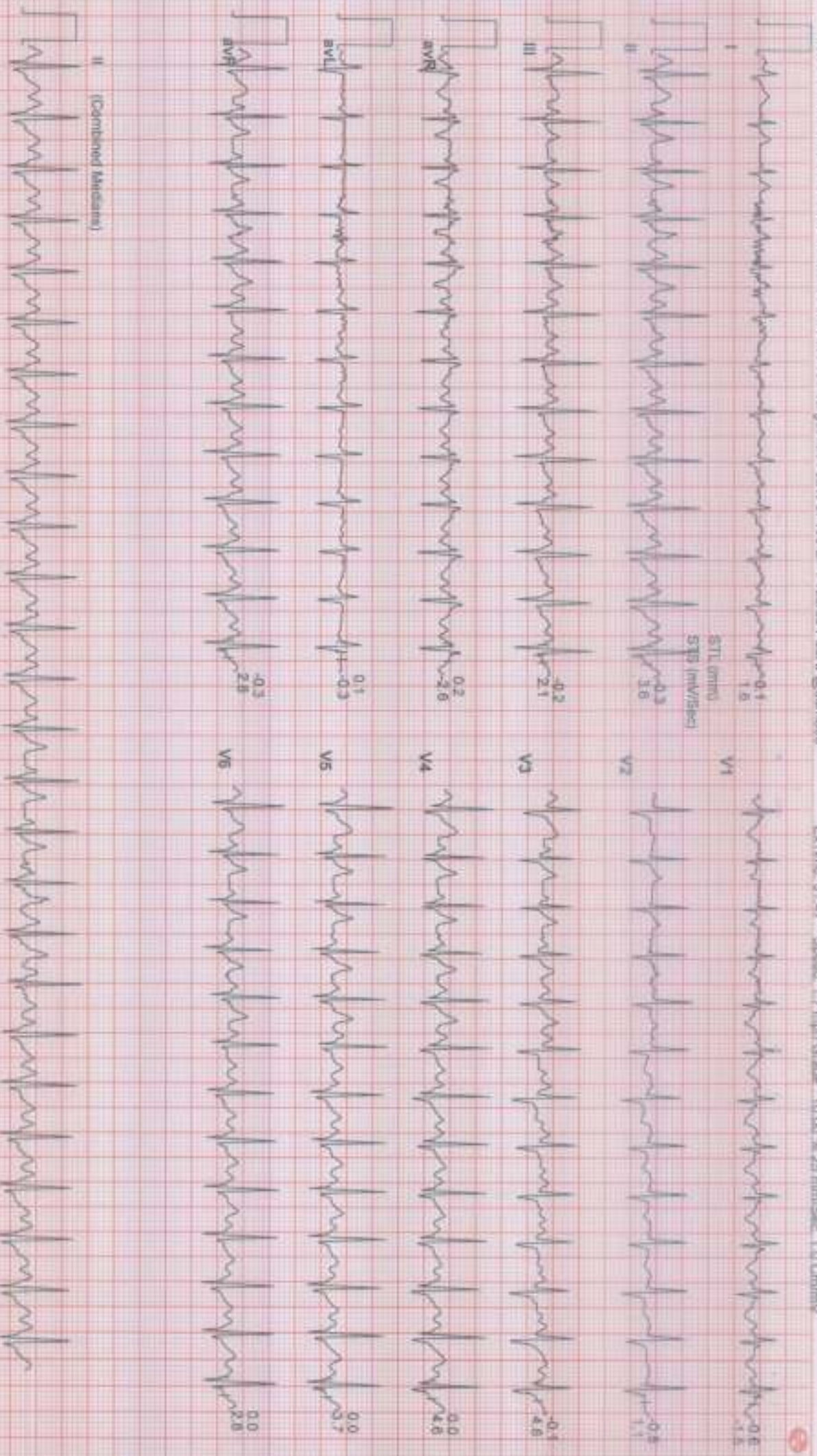






Date: 15 / 03 / 2024 02:24:56 PM METR : 3.2 HR : 195 Temp:HR : 92% of 190 BP : 130/80 Post J @60mSec

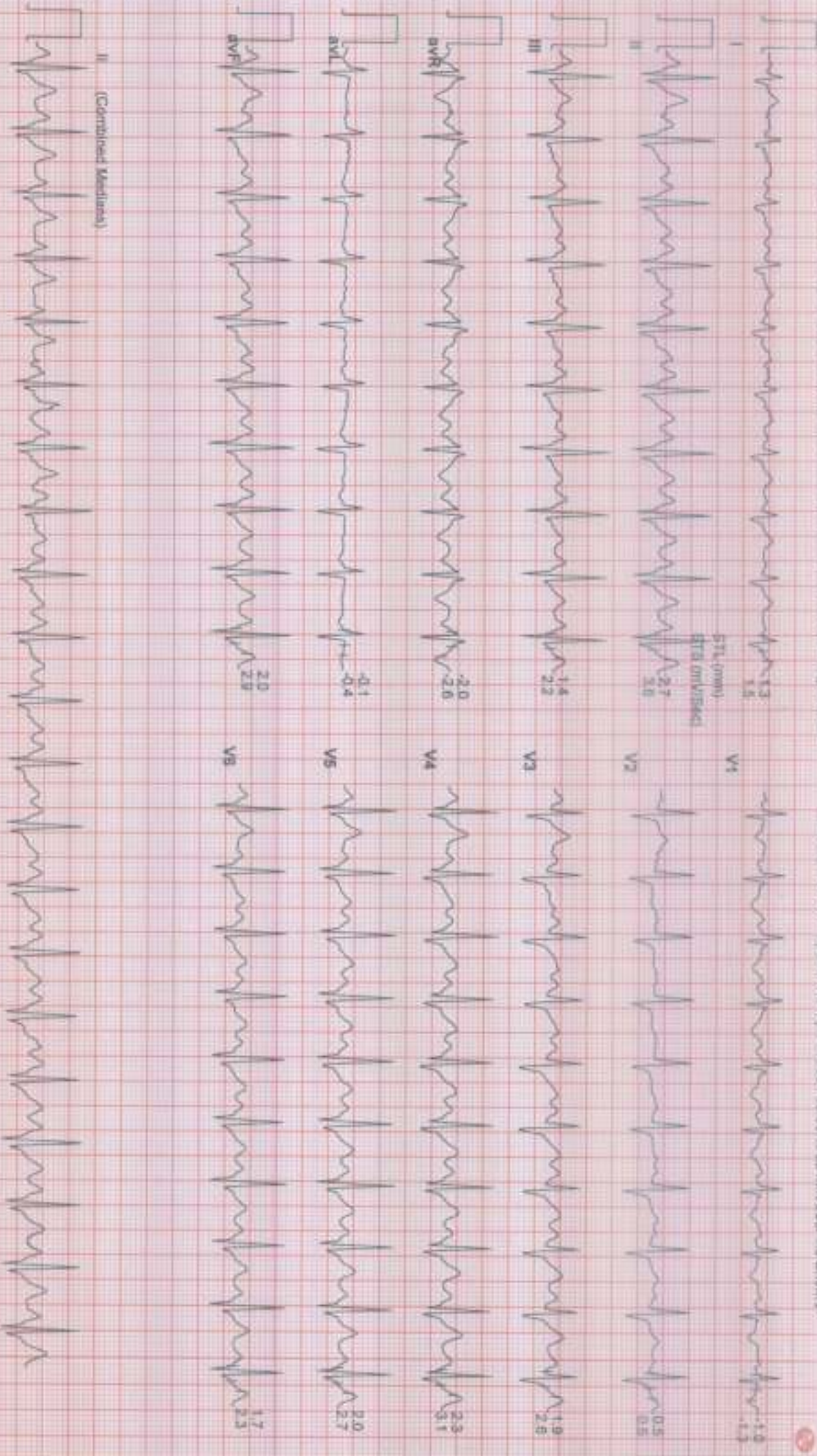
ExTime: 01:47 Speed: 1.7 mph Grade: 10.00 % 25 minSec: 1.0 OhmV





Date: 15 / 03 / 2024 02:24:55 PM, METS : 3.2 HR : 125 Target HR : 60% of 160 BP : 130/110 Post J @MunDac

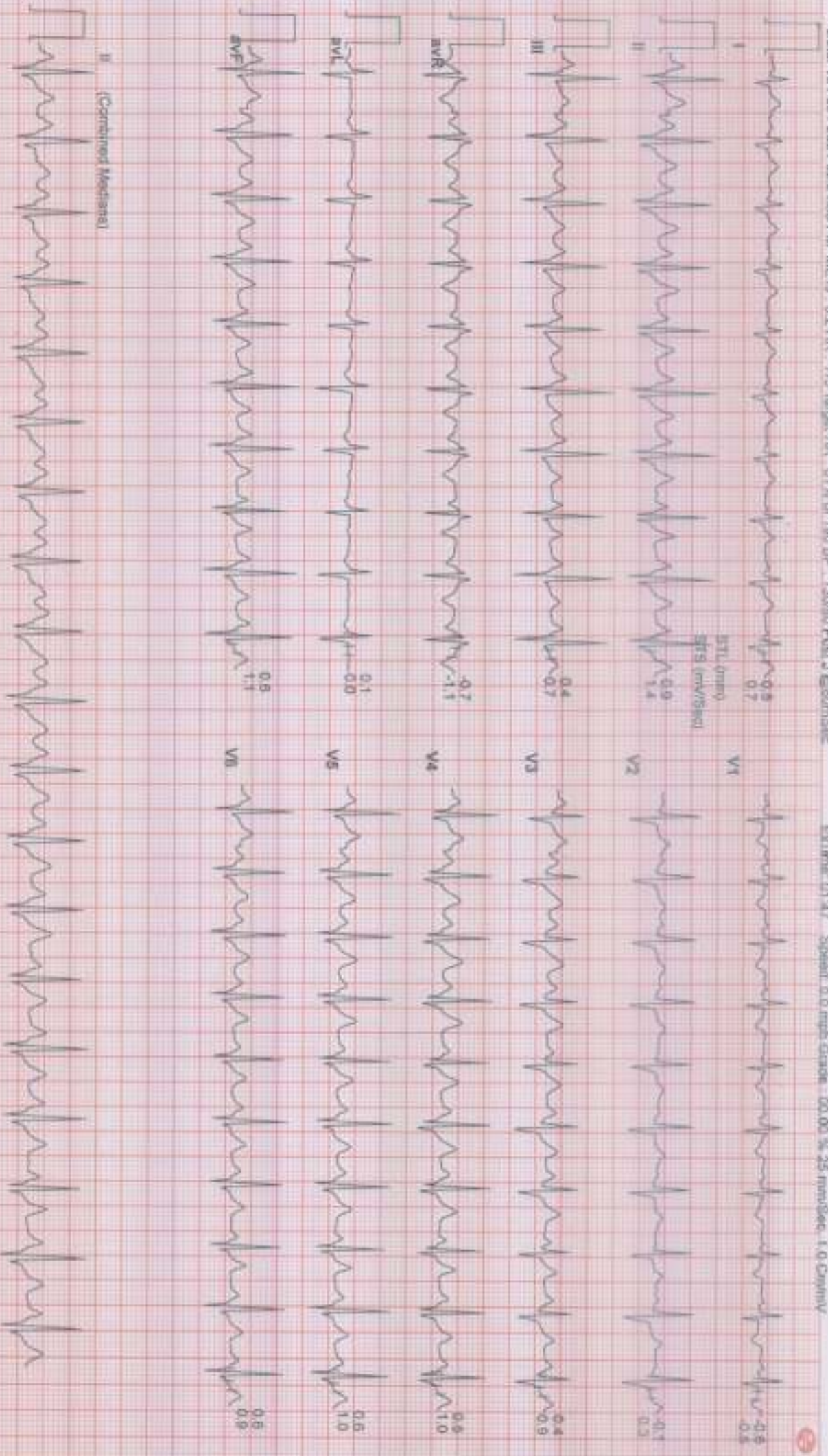
ExTime: 01:47 Speed: 0.0 mm/Sec Grade: 00.00 % 25 mm/Sec - 1.0 Cm/Div





Date: 15/03/2024 02:24:26 PM METs : 3.2 HR : 115 Target HR : 61% of 190 BP : 130/90 Pwrt J @60ms/Sec

EulTime: 01:47 Spent: 2.0 min Grade : 00.00 % 25 mm/Sec, 1.0 Cm/mV



# SUBUKBAN DIAGNOSTICS (THANE GB ROAD)

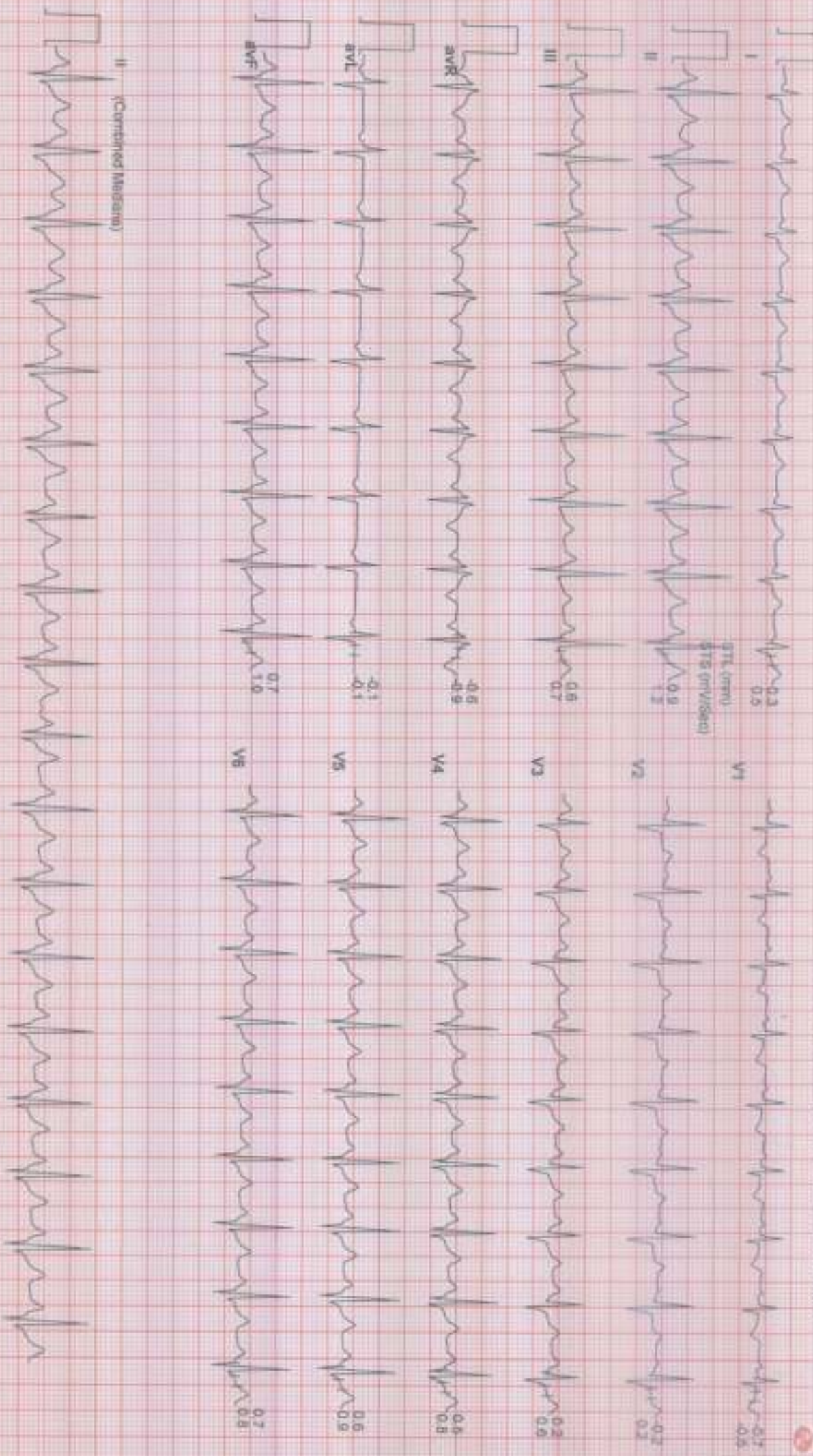
1186 / NEHA SHAHI / 30 Yrs / Female / 164 Cm / 64 Kg

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



Date: 15 / 03 / 2024 02:24:56 PM METN : 2.2 HR : 111 Tavgd HR : 69% of 190 BP : 120/70 Post J @KishinSec

ExTime: 01:47 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/Div





Date: 16 / 03 / 2024 02:24:55 PM METS : 1.0 HR : 111 Target HR : 80% of 160 BPM : 120/70 Post J Gerson/Sac

EstTime: 01:47 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cal/Min

