

PHYSICAL EXAMINATION REPORT

Patient Name	Neha Pare .	Sex/Age	F / 35
Date	25/2/23.	Location	Thane .

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	157	Temp (0c):	② NAD.
Weight (kg):	68	Skin:	
Blood Pressure	130/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:

NAD

Impression: ↓ Hb. , USG - Rt. Renal simple cyst .

Chest Xray
↓
B/L cervical Ribs .

↑ TG's, ↑ Non HDL
ECG - Non specific ST/T wave
Abnormality .

TMT
Equi.
Vocal

Advice: - Iron Supplement
- Low Fat Diet
- Cardiologist's consultation

1)	Hypertension:	- gestational HTN	
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		Nil
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		
13)	Blood disease or disorder		Nil
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		LSCS.
17)	Musculoskeletal System		Nil

PERSONAL HISTORY:

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

No No
- Veg
No



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

Date:- 25/2/23

CID:

Name:- Meha Patel

Sex / Age: F 35

EYE CHECK UP

Chief complaints: PCV

Systemic Diseases: HLL

Past history: HLL

Unaided Vision: 02/35 2/10 B U 1/6

Aided Vision: 02/64 2/10 B U 1/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: USC own spectacles

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2305622366
Name : MRS.PARE NEHA VISHWAS
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 11:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.39	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	84.1	80-100 fl	Calculated
MCH	27.1	27-32 pg	Calculated
MCHC	32.2	31.5-34.5 g/dL	Calculated
RDW	15.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.8	20-40 %	
Absolute Lymphocytes	2023.0	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	518.5	200-1000 /cmm	Calculated
Neutrophils	67.2	40-80 %	
Absolute Neutrophils	5712.0	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	229.5	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	17.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	243000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	14.4	11-18 %	Calculated

RBC MORPHOLOGY

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Hypochromia	-
Microcytosis	-
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 10 2-20 mm at 1 hr. Sedimentation

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

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Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 13:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	119.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	16.9	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.6	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	59.3	35-105 U/L	PNPP
BLOOD UREA, Serum	14.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.9	6-20 mg/dl	Calculated

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Collected : 25-Feb-2023 / 10:09
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CREATININE, Serum	0.73	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	97	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.7	2.4-5.7 mg/dl	Uricase
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 ***



Amit Taori

Dr.AMIT TAORI
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Pathologist

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Reported : 25-Feb-2023 / 12:05

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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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*** End Of Report ***



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Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 14:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	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	3-4	Less than 20/hpf	

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

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

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 14:02

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Negative

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 13:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	170.0	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	44.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	120.0	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	34.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



Amit Taori

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M.D (Path)
Pathologist

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Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 10:09
Reported : 25-Feb-2023 / 12:50

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.63	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 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine). Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

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

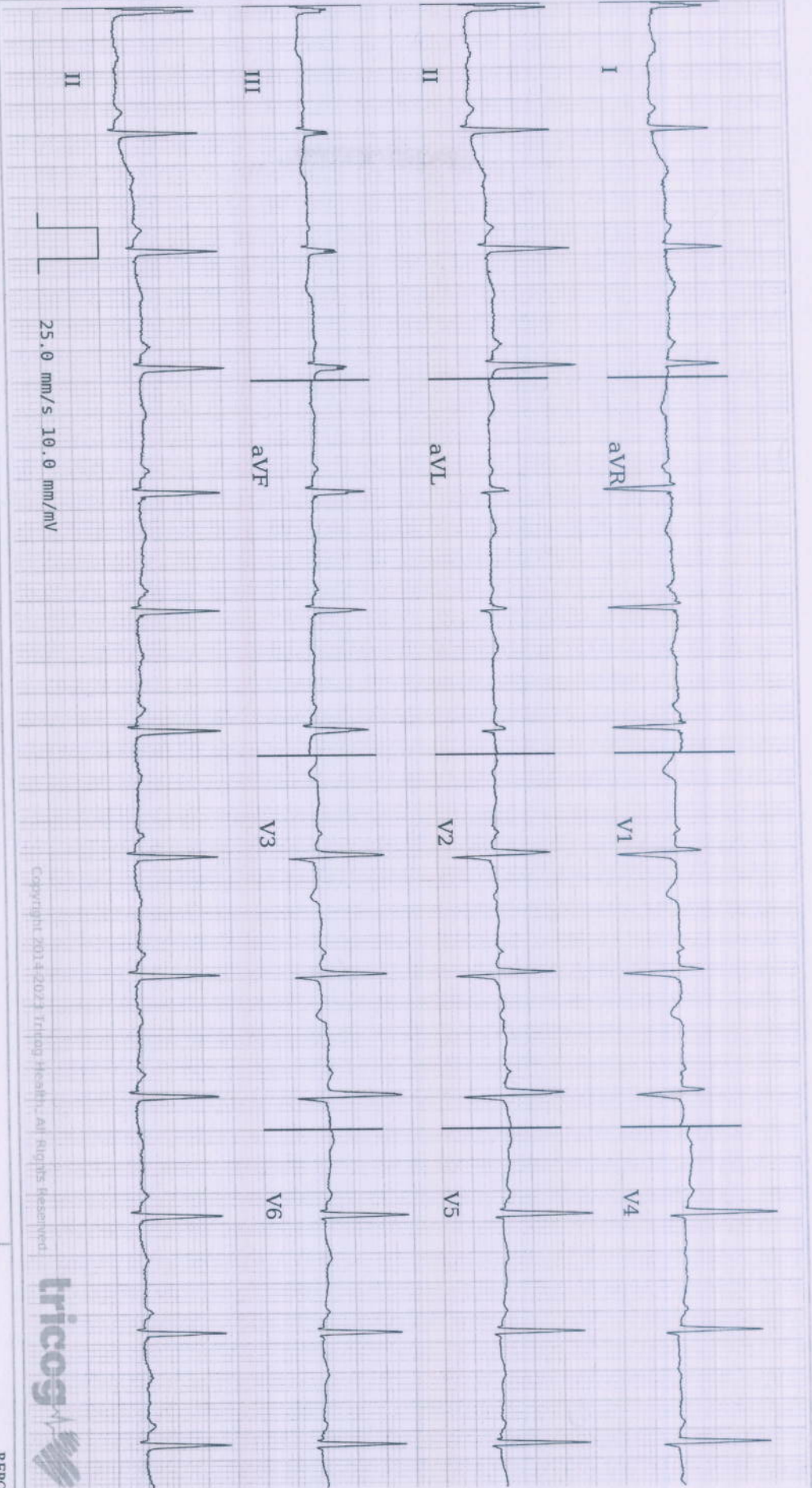
Limitations:
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:
1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Amit Taori
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M.D (Path)
Pathologist

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
 Patient Name: PARE NEHA VISHWAS
 Patient ID: 2305622366
 Date and Time: 25th Feb 23 12:56 PM



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Age **34** 11 12
 years months days

Gender **Female**

Heart Rate **78bpm**

Patient Vitals

BP: NA
 Weight: NA
 Height: NA
 Pulse: NA
 Spo2: NA
 Resp: NA
 Others: NA

Measurements

QRSD: 80ms
 QT: 396ms
 QTc: 451ms
 PR: 144ms
 P-R-T: 35° 44° 10°

REPORTED BY

DR SHAILAJA PILLAI
 MBBS, MD Physician
 MD Physician
 49972

Sinus Rhythm, Non-specific ST/T wave abnormality. Please correlate clinically.

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



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Reported : 25-Feb-2023 / 12:33

R
E
P
O
R
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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.

Bilateral cervicle ribs noted .

IMPRESSION:

Bilateral cervicle ribs noted .

Suggest clinical co-relation.

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

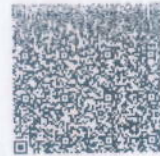
This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

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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 4.9 cm. *A simple cyst measuring 3.7 x 2.7 cm is noted at the mid pole in right kidney.*

Left kidney measures 10.5 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 6.2 x 2.7 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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Reported : 25-Feb-2023 / 12:20

IMPRESSION:

- **RIGHT RENAL SIMPLE CYST.**

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

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

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OUR PRESENCE

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Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	082	44 %	122/70	000	00	
Standing	00:20	0:09	00.0	00.0	01.0	078	42 %	122/70	000	00	
HV	00:30	0:10	00.0	00.0	01.0	077	41 %	122/70	000	00	
ExStart	00:37	0:07	00.0	00.0	01.0	077	41 %	122/70	000	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	139	75 %	130/80	180	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	148	80 %	150/80	222	00	
PeakEX	07:53	1:16	03.4	14.0	08.4	158	85 %	160/80	252	00	
Recovery	08:53	1:00	00.0	00.0	01.1	116	62 %	160/80	185	00	
Recovery	09:53	2:00	00.0	00.0	01.0	101	54 %	160/80	161	00	
Recovery	11:53	4:00	00.0	00.0	01.0	095	51 %	160/80	152	00	
Recovery	12:02				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 07:16
 Initial HR (ExStrt) : 77 bpm 41% of Target 186
 Initial BP (ExStrt) : 0/0 (mm/Hg)
 Max Workload Attained : 8.4 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value: V6 & -1.8 mm in PeakEX
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 158 bpm 85% of Target 186
 Max BP Attained 160/80 (mm/Hg)

Doctor : DR SHAILAJA PILLAI


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



EMail: 509 / NEHA PARE / 34 Yrs / F / 157 Cms / 68 Kg Date: 25 / 02 / 2023 01:16:04 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 78.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue. Heart Rate Achieved.

CONCLUSIONS:

1. TMT is Equivocal for exercise induced ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. Basic ECG minor ST T changes V3, V4, V5, V6. Accentuation of ST T changes and ST T changes inferior leads seen during recovery.
4. Adv Cardiologist s opinion.

Doctor : DR SHAILAJA PILLAI

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

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE (00:01)

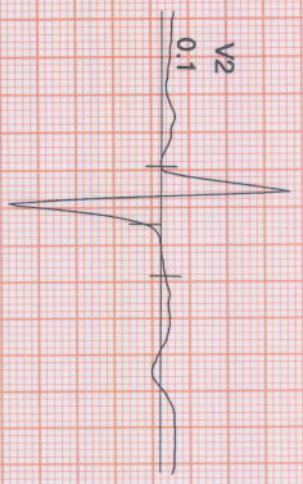


509 (2305622366) / NEHA PARE / 34 Yrs / F / 157 Cms / 68 Kg / HR : 82

Date: 25 / 02 / 2023 01:16:04 PM METS: 1.0/ 82 bpm 44% of THR BP: 120/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

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



STL 0.1
STs 0.1

II -0.3
III -0.4

III -0.4
aVR 0.1
aVL 0.3

aVR 0.1
aVL 0.3
aVF -0.3
-0.4

aVL 0.3
aVF -0.3
-0.4

aVF -0.3
-0.4

V1 0.1
0.5

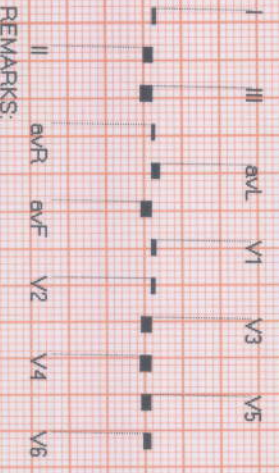
V2 0.1
0.5

V3 -0.3
0.6

V4 -0.4
0.2

V5 -0.3
-0.1

V6 -0.2
-0.1



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

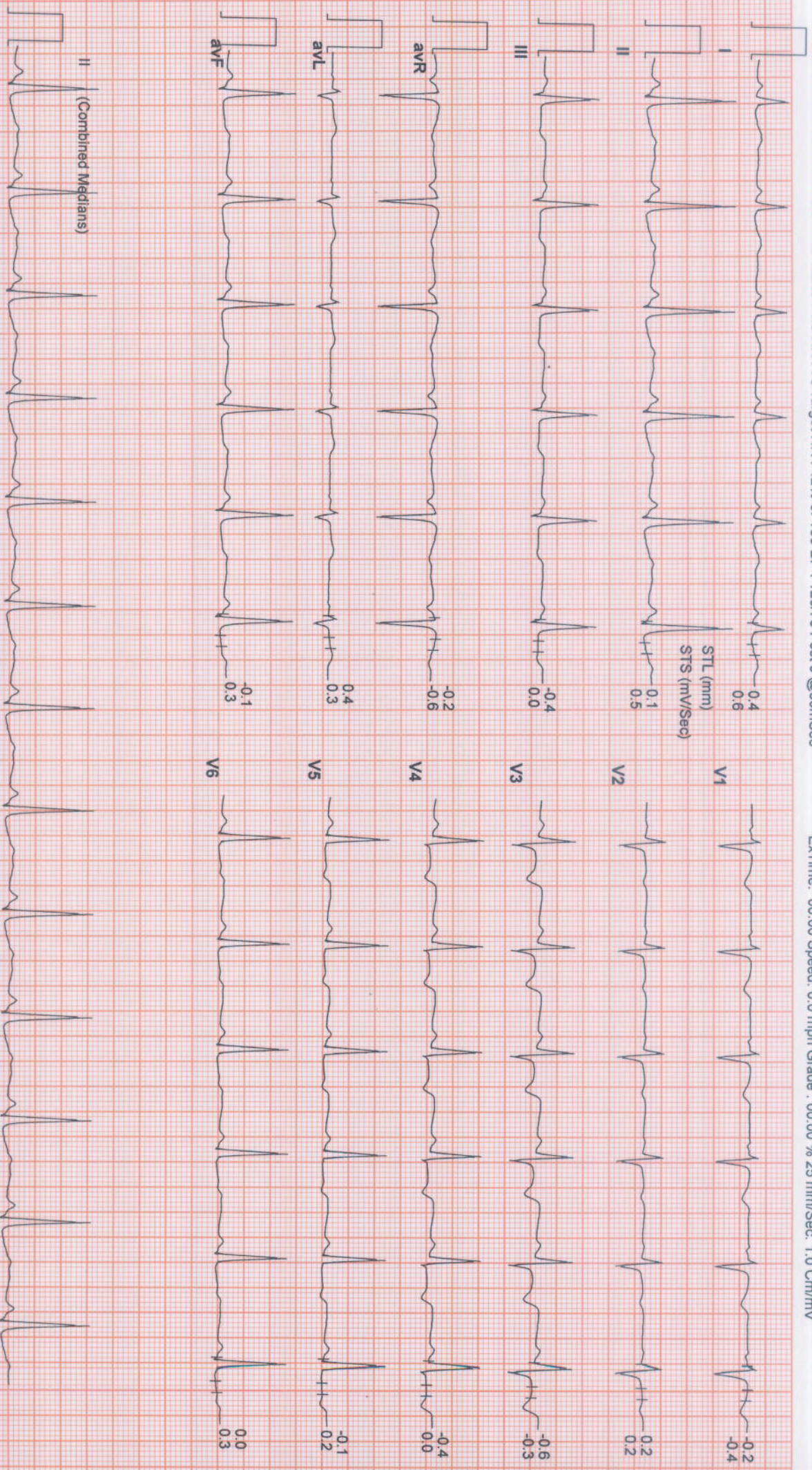
509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

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



Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 78 Target HR : 42% of 186 BP : 120/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

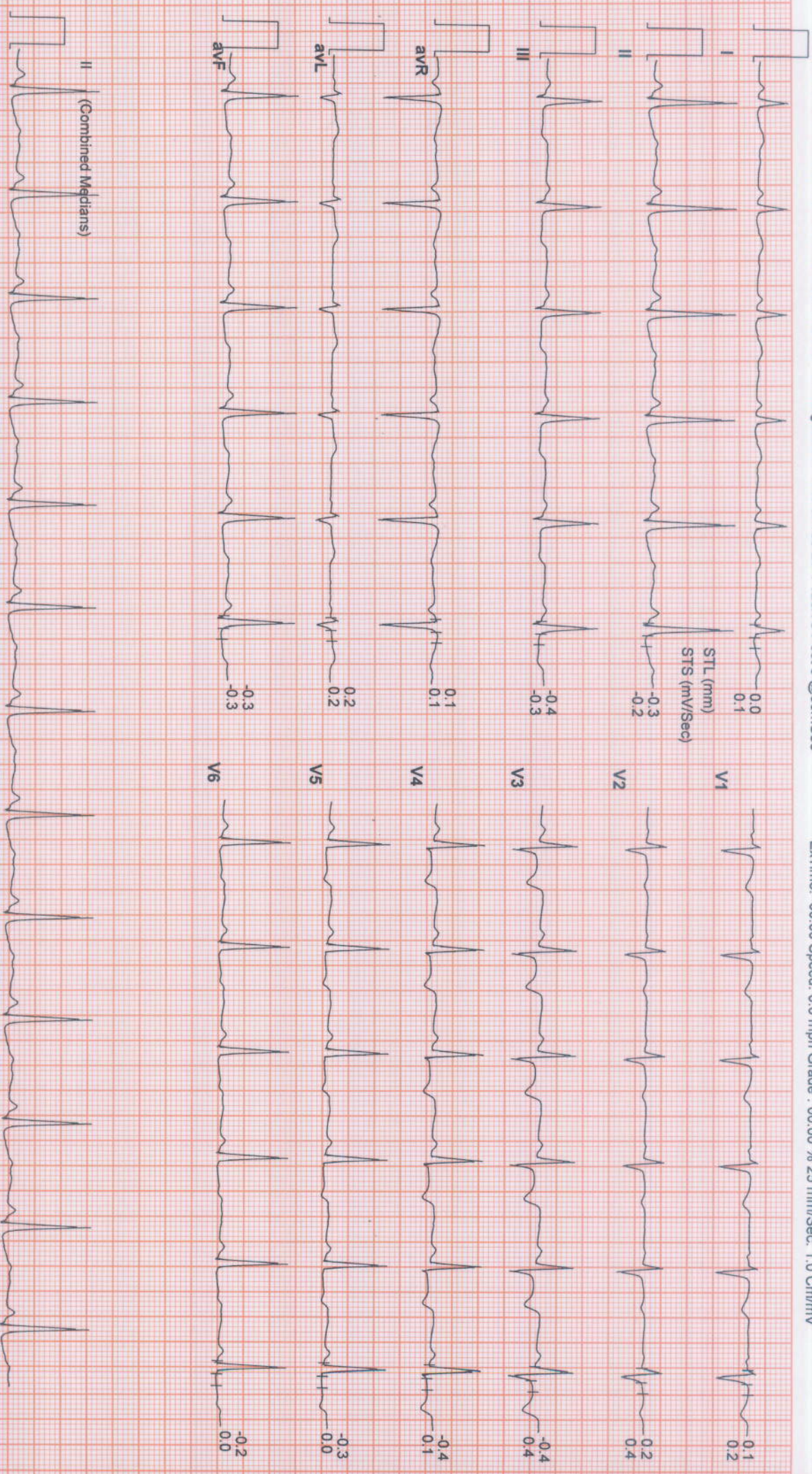
509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

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



Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 77 Target HR : 41% of 186 BP : 120/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

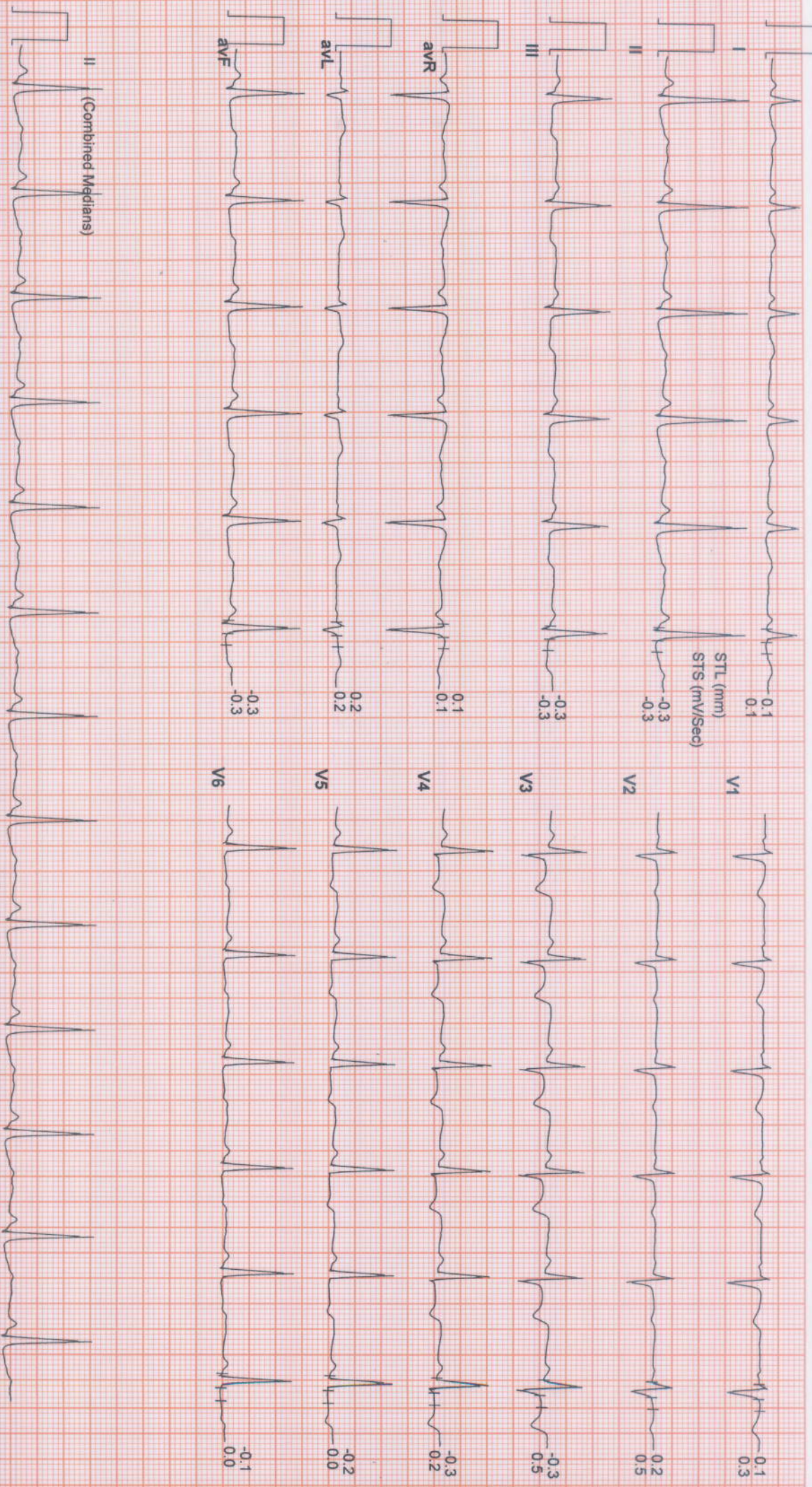
509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm
EXStt



Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 77 Target HR : 41% of 186 BP : 120/70 Post J @80mSec

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

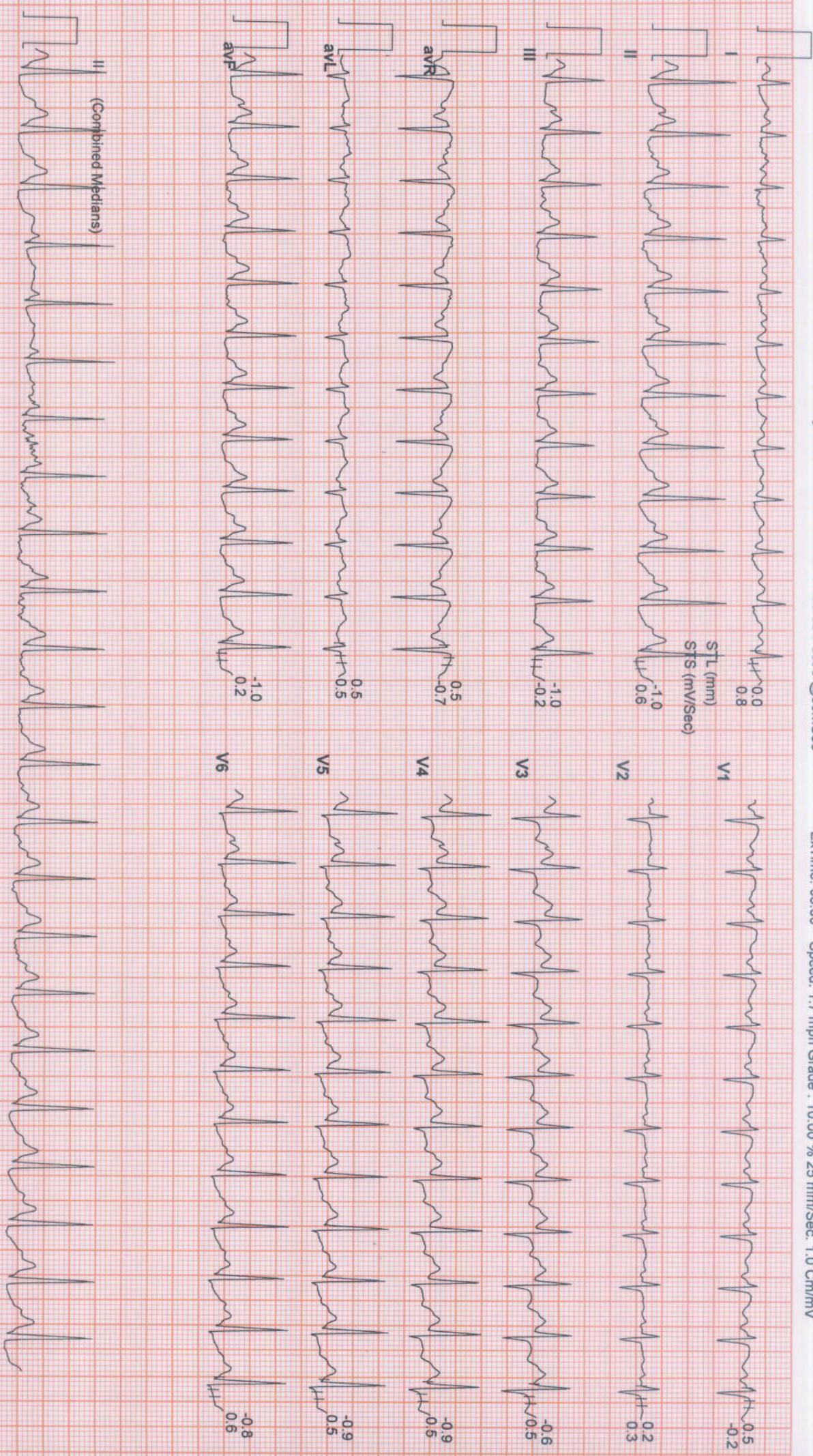
509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

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



Date: 25 / 02 / 2023 01:16:04 PM METs : 4.7 HR : 139 Target HR : 75% of 186 BP : 130/80 Post J @60mSec

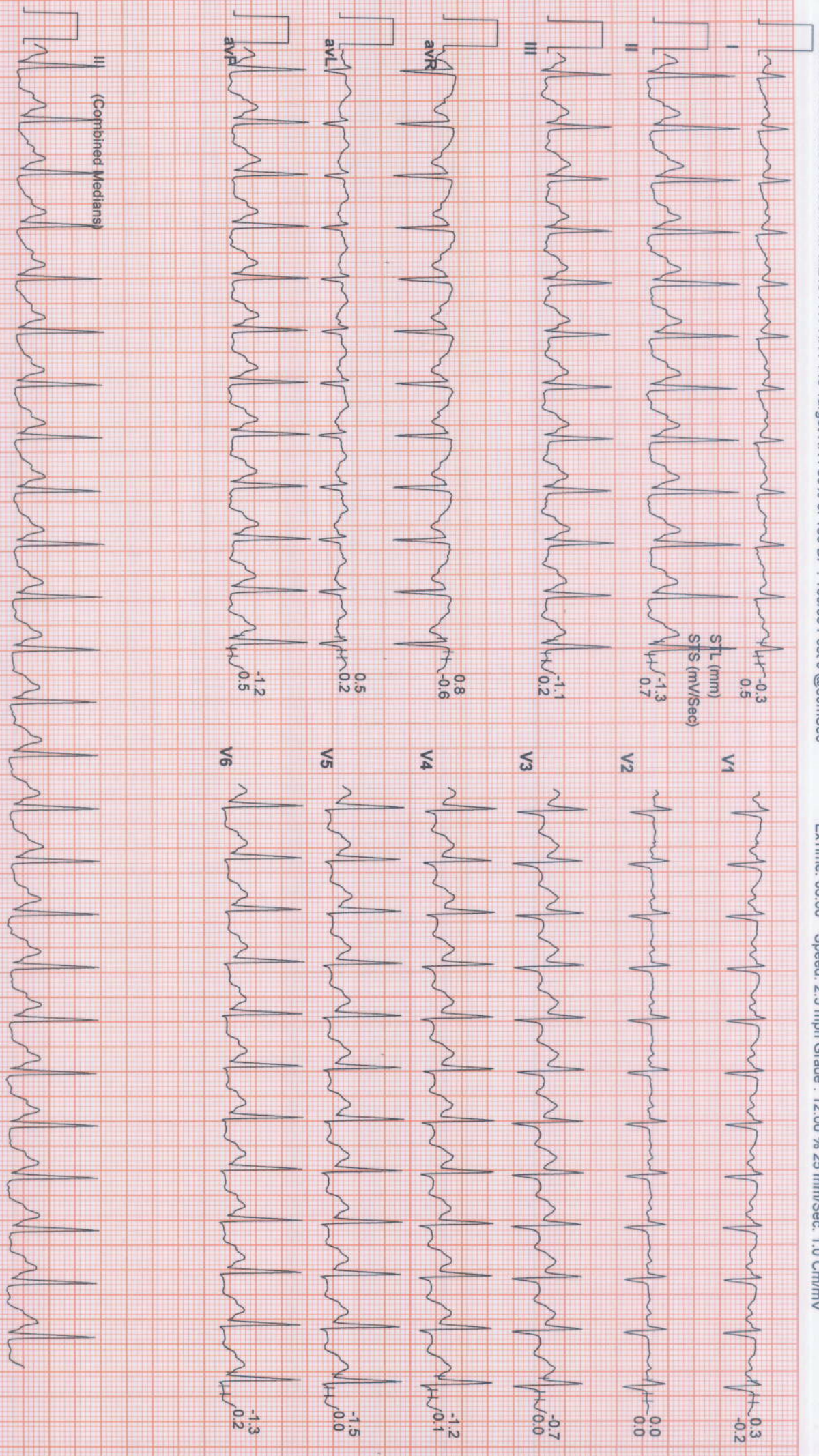
ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 25 / 02 / 2023 01:16:04 PM METs : 7.1 HR : 148 Target HR : 80% of 186 BP : 160/80 Post J @60mSec

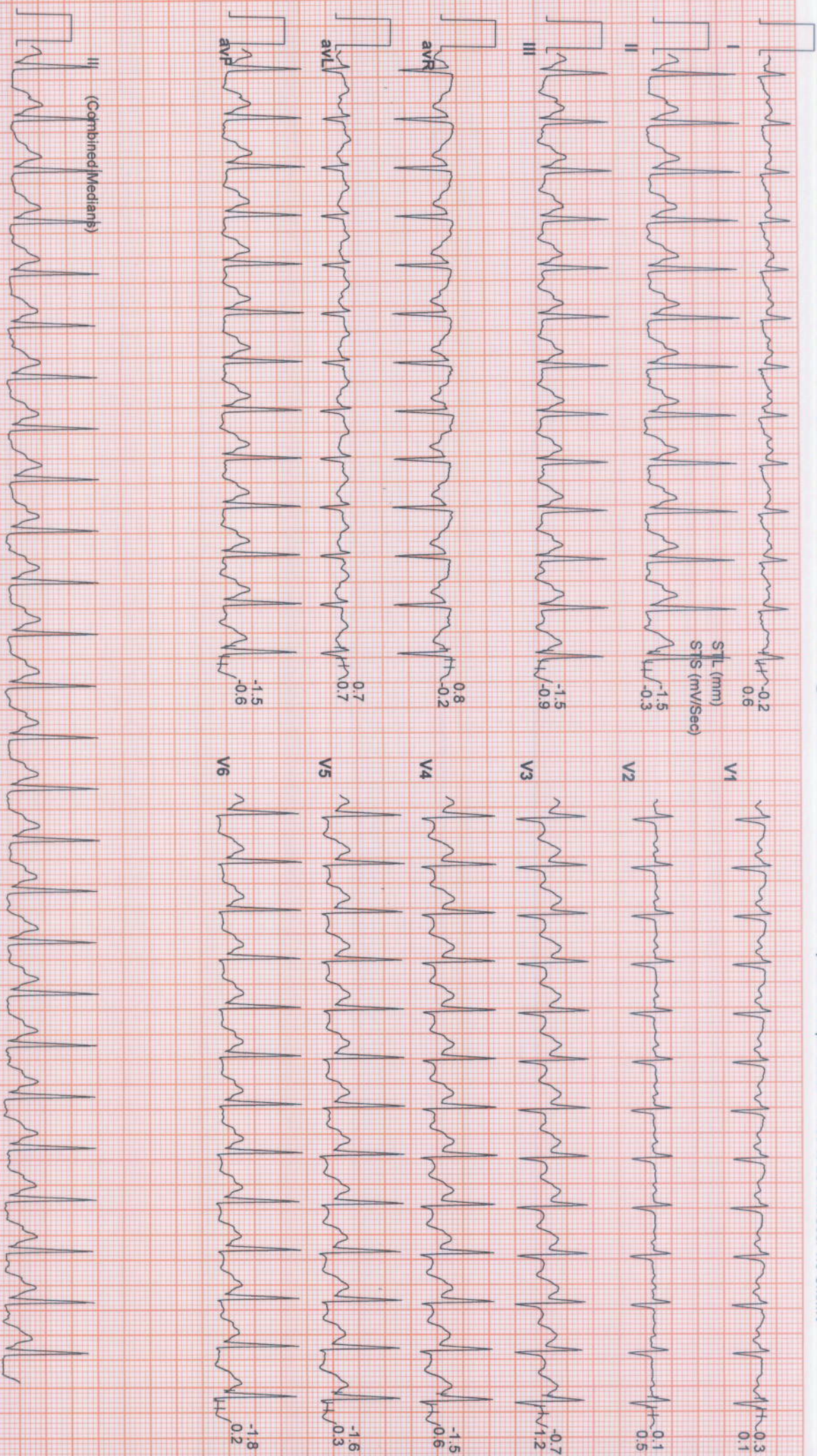
ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 25 / 02 / 2023 01:16:04 PM METs : 8.4 HR : 158 Target HR : 85% of 186 BP : 160/80 Post J @60mSec

ExTime: 07:16 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

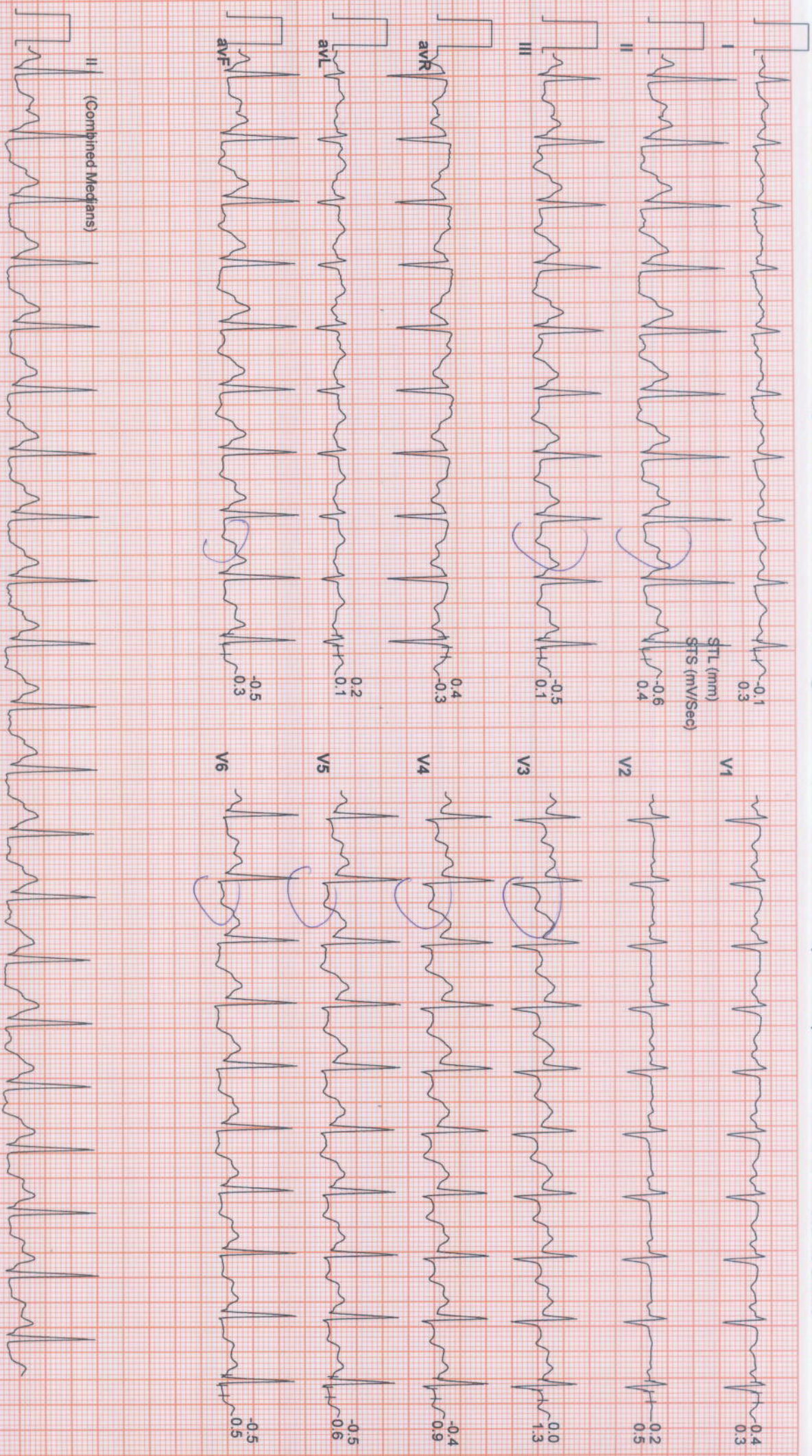
6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



Date: 25 / 02 / 2023 01:16:04 PM METs : 1.1 HR : 124 Target HR : 67% of 186 BP : 160/80 Post J @80mSec

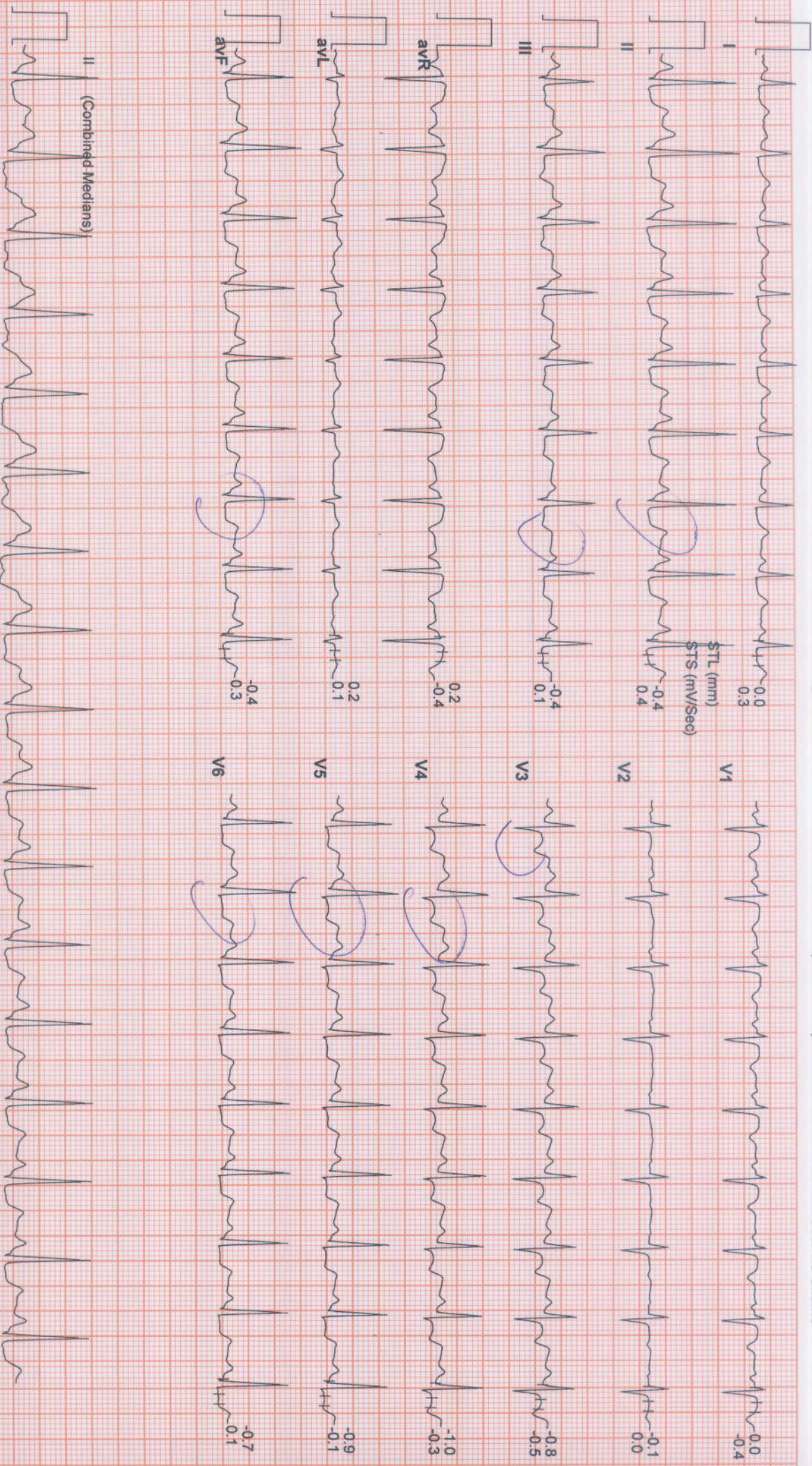
ExTime: 07:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 103 Target HR : 55% of 186 BP : 160/80 Post J @80mSec

ExTime: 07:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



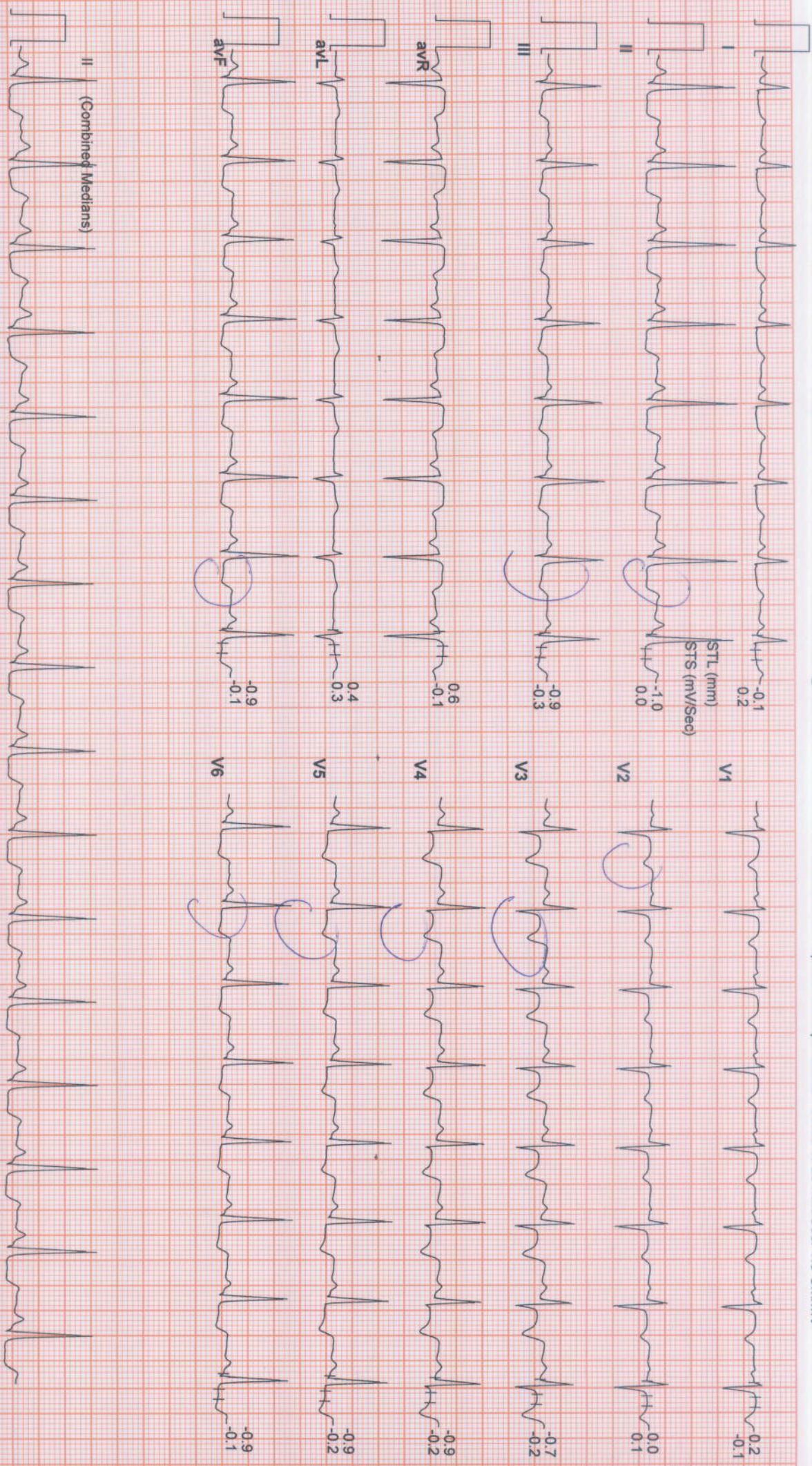
II (Combined Medians)





Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 97 Target HR : 52% of 186 BP : 160/80 Post J @80mSec

ExTime: 07:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

509 / NEHA PARE / 34 Yrs / Female / 157 Cm / 68 Kg

6X2 Combine Medians + 1 Rhythm

Recovery : (04:09)



Date: 25 / 02 / 2023 01:16:04 PM METs : 1.0 HR : 95 Target HR : 51% of 186 BP : 160/80 Post J @80mSec

ExTime: 07:16 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

