

Name : MRS.SWATI NAYAK

Age / Gender : 37 Years / Female

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Blood	d Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	9.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.11	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.7	36-46 %	Measured
MCV	75	80-100 fl	Calculated
MCH	24.1	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5170	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS		
Lymphocytes	21.8	20-40 %	
Absolute Lymphocytes	1127.1	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	398.1	200-1000 /cmm	Calculated
Neutrophils	69.2	40-80 %	
Absolute Neutrophils	3577.6	2000-7000 /cmm	Calculated
Eosinophils	0.9	1-6 %	
Absolute Eosinophils	46.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	222000	150000-400000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Calculated
PDW	25.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Mild



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Macrocytosis

Anisocytosis -

Poikilocytosis Mild Polychromasia Mild

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Elliptocytes-occasional

WBC MORPHOLOGY PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 16 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.SWATI NAYAK

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Reg. Location

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AERFOCAMI	<u>HEALTHCARE</u>	BELOW 40	MALE/FEMALE_

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	17.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	60.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic



CID : 2327708868

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eGFR, Serum

Reg. Location

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(ml/min/1.73sqm)Calculated

Normal or High: Above 90 Mild decrease: 60-89

Mild to moderate decrease: 45-

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 4.3 2.4-5.7 mg/dl

Enzymatic

Urine Sugar (Fasting) Urine Ketones (Fasting) Absent

Absent Absent Absent

Urine Sugar (PP) Urine Ketones (PP)

Absent Absent

Absent Absent

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







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

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:04-Oct-2023 / 08:10

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.0 Non-Diabetic Level: < 5.7 %

> Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Collected

Estimated Average Glucose 96.8 mg/dl Calculated

(eAG), EDTA WB - CC

(HbA1c), 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 ***



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

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Collected :04-Oct-2023 / 14:12 Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **EXAMINATION OF FAECES**

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

PHYSICAL EXAMINATION

Colour Brown Brown Form and Consistency Semi Solid Semi Solid Mucus Absent Absent Blood Absent **Absent**

CHEMICAL EXAMINATION

Reaction (pH) 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
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	0-1	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	+(>20/hpf)	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 inert

Others

*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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:04-Oct-2023 / 15:27

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

PARAMETER RESULTS

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 ***





S. Sakhare
Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	200.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	172.5	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	59.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	140.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	35.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Dr.JYOT THAKKER M.D. (PATH), DPB

Pathologist & AVP(Medical Services)

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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	4.5	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	3.19	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)

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*** End Of Report ***







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

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Name : MRS.SWATI NAYAK

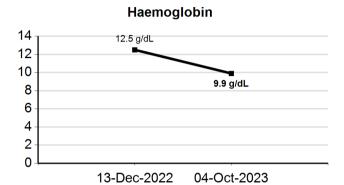
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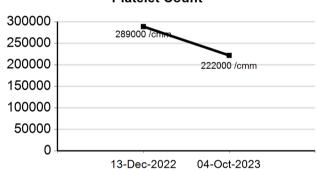
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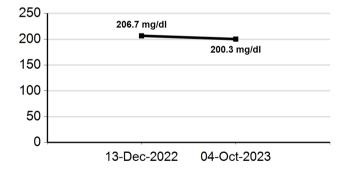
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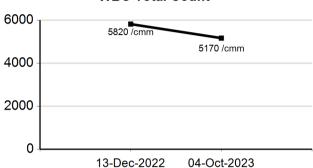




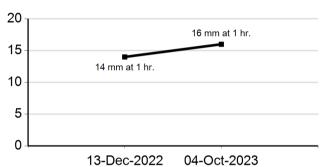
CHOLESTEROL



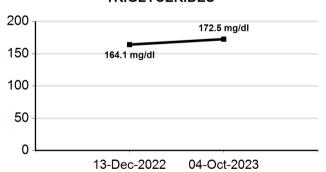
WBC Total Count



ESR



TRIGLYCERIDES





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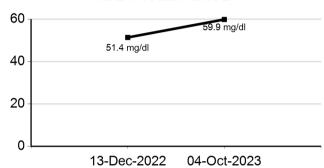
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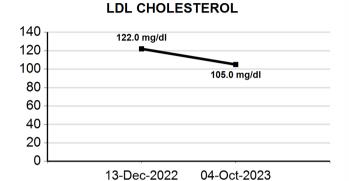
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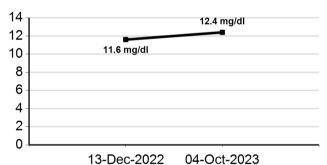
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HDL CHOLESTEROL

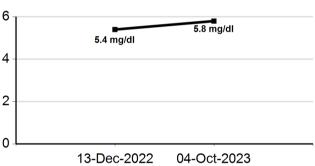




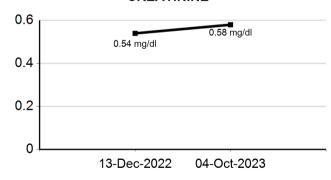
BLOOD UREA



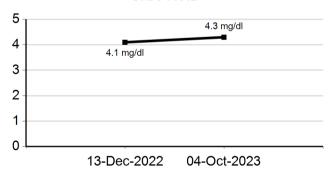




CREATININE



URIC ACID





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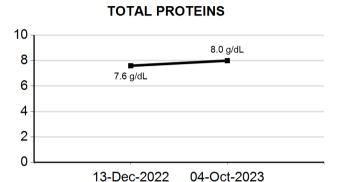
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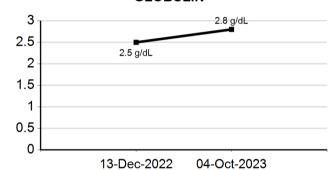
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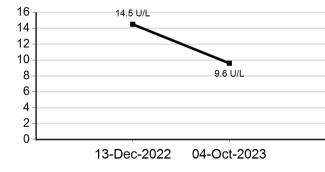
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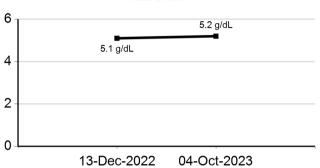




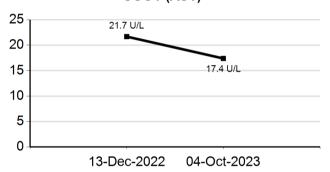
SGPT (ALT)



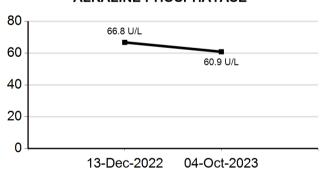
ALBUMIN



SGOT (AST)



ALKALINE PHOSPHATASE





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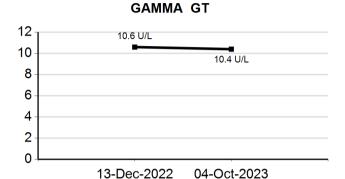
Age / Gender : 37 Years / Female

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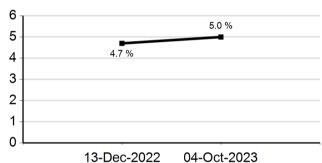
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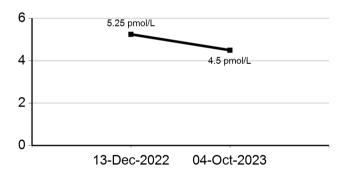
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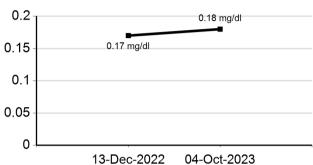




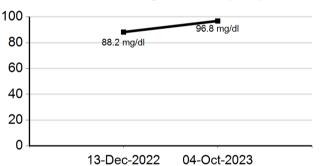
Free T3



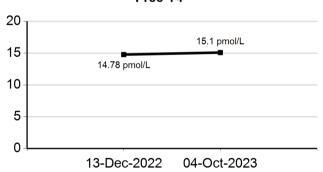
BILIRUBIN (DIRECT)



Estimated Average Glucose (eAG)



Free T4





Name : MRS.SWATI NAYAK

Age / Gender : 37 Years / Female

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sensitiveTSH 3.5 3 2.5 2 1.5 1 0.5 0 13-Dec-2022 04-Oct-2023

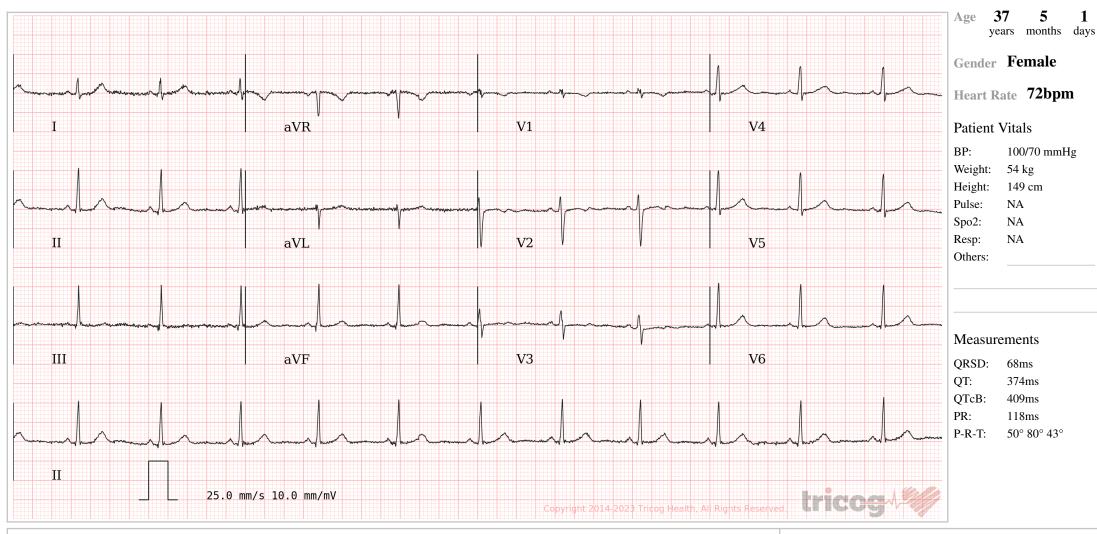
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SWATI NAYAK

Patient ID: 2327708868

Date and Time: 4th Oct 23 9:01 AM



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

REPORTED BY

The

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.



SWATI NAYAK SUDARSAN BEHERA

03/05/1986

Permanent Account Number

- 31 ,

ANUPB5676N

Search Signature

भारत सरकार GOVT. OF INDIA



\$20 009 - IECTILM (USBW) REVINOS. 2018 302, 31d Ploor, Vini Elegandinos. Abeve Tansa Jwaller, L. T. Road. Subwhen Diagnostics (I) Par Md.



Name

: Mrs . Swati Nayak

VID Ref By : 2327708868

: Arcofemi Healthcare Limited

Reg Date

: 04-Oct-2023 08:00

Age/Gender

: 37 Years

Regn Centre

: Borivali West (Main Centre)

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms):

149

Weight (kg):

54

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg):

100/70

Nails:

NAD

Pulse:

82/min

Lymph Node:

Not Palpable

R

E

Systems

Cardiovascular: S1S2-Normal Respiratory: Chest-Clear

Genitourinary:

NAD

GI System:

NAD

CNS:

NAD

IMPRESSION:

ADVICE:

Hb L Lipid profile. Physician Regh.

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
4)	Diabetes Mellitus	No
5)	Tuberculosis	No
6)	Asthama	No
7)	Pulmonary Disease	No .
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	No
11)	Genital urinary disorder	No
12)	Rheumatic joint diseases or symptoms	No
	DI 1	No
14)	Cancer/lump growth/cyst	No
15)	Congenital disease	No
16)	Surgeries	No
17)	Musculoskeletal System	No



Name

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VID

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Age/Gender

: 37 Years

Regn Centre

: Borivali West (Main Centre)

E

PERSONAL HISTORY:

1) Alcohol

2) Smoking

3) Diet

4) Medication

No

No Veg

No

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

Subushan Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegarance Above Tarksq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.



Date:-

Name: - Swati nayak

HU

CID: 2327708868

Sex / Age: 37/ F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SWATI NAYAK

Date: 04-10-2023 Time: 10:39

Age: 37

Gender: F

Height: 149 cms

Weight: 54 Kg

ID: 2327708868

Clinical History: NIL

Medications:

NIL

Test Details:

Protocol: Bruce

Predicted Max HR:

Target HR: 155 (85% of Pr. MHR)

Exercise Time:

0:07:23

Achieved Max HR:

183 (100% of Pr. MHR)

Max BP:

150/70

Max BP x HR:

27450

183

Max Mets: 8.3

Test Termination Criteria:

TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHa	RPP	Max ST Level	Max ST Slope
Supine	01:18	1	0	0	85	100/70	8500	-0.5 aVR	-1.2 111
Standing	00;16	1	0	0	95	100/70	9500	0.21	-0.9 III
HyperVentilation	00:16	1	0	0	80	100/70	8000	0.4 V6	-1.2 III
PreTest	00:06	1	1.6	0	97	100/70	9700	-0.2 III	-0.9 III
Stage: 1	03:00	4.7	2.7	10	133	120/70	15960	-0.6 HI	-1.2 111
Stage: 2	03:00	7	4	12	168	140/70	23520	-1.9 V3	0.8 V2
Peak Exercise	01:23	8.3	5.5	14	183	140/70	25620	-1.7 V5	1 V2
Recovery1	01:00	1	0	0	146	150/70	21900	-0.7 []	-1.4 111
Recovery2	01:00		0	0	125	140/70	17500	-0.5 111	-1.2 III
Recovery3	01:00	1	0	0	117	120/70	14040	-0.5 II	100000
Recovery4	01:00	1	0	0	117	120/70	14040	-0.3 II	-1.1 01
Recovery5	00:07	1	0	0	115	120/70	13800	-0.3 II	-1.2 III

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:23 achieving a work level of 8.3 METS. Resting Heart Rate, initially 85 bpm rose to a max. heart rate of 183bpm (100% of Predicted Maximum Heart Rate). Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 150/70 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.

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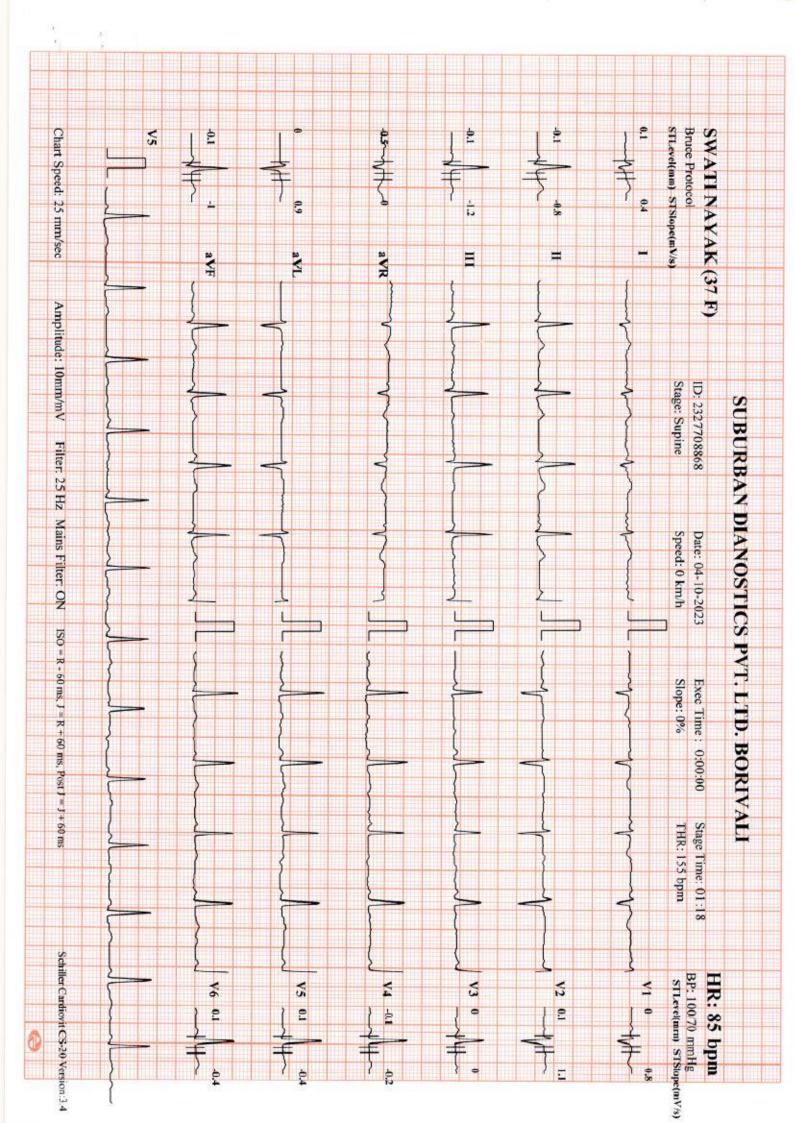
DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CAR CONSULTANT-CARDIOLO 115. REGD. NO. : 877 14

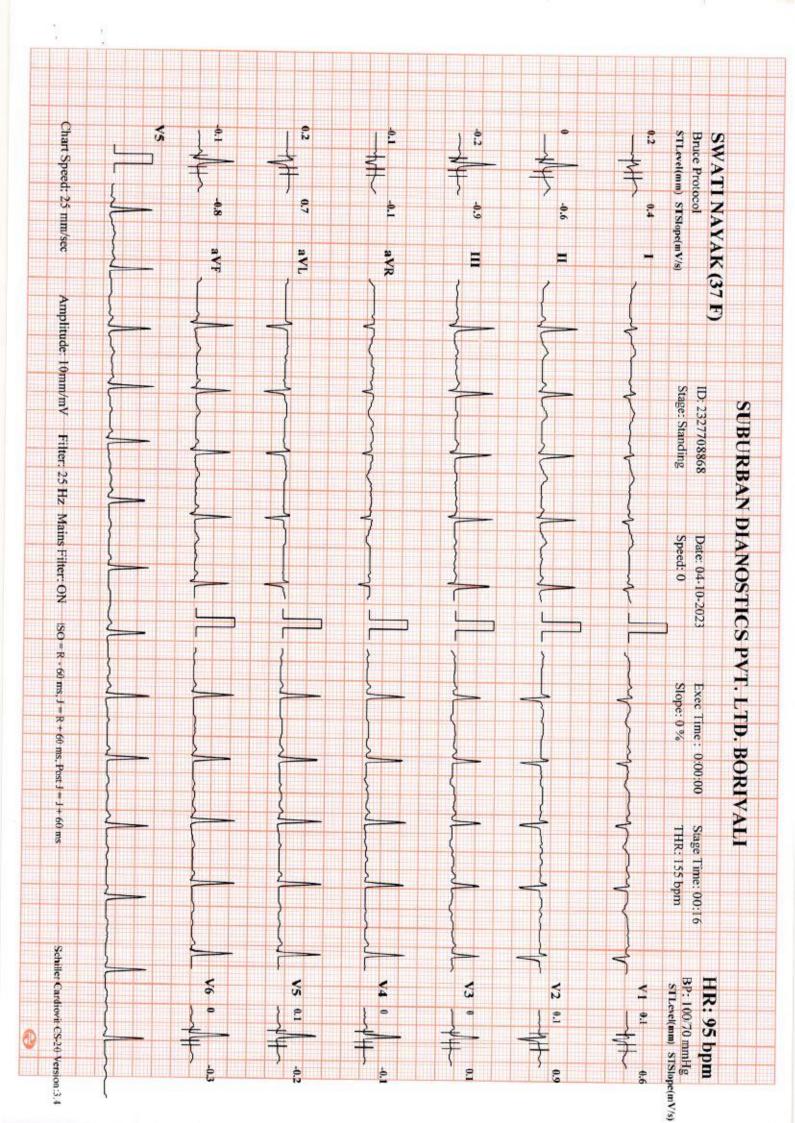
Ref. Doctor: ----

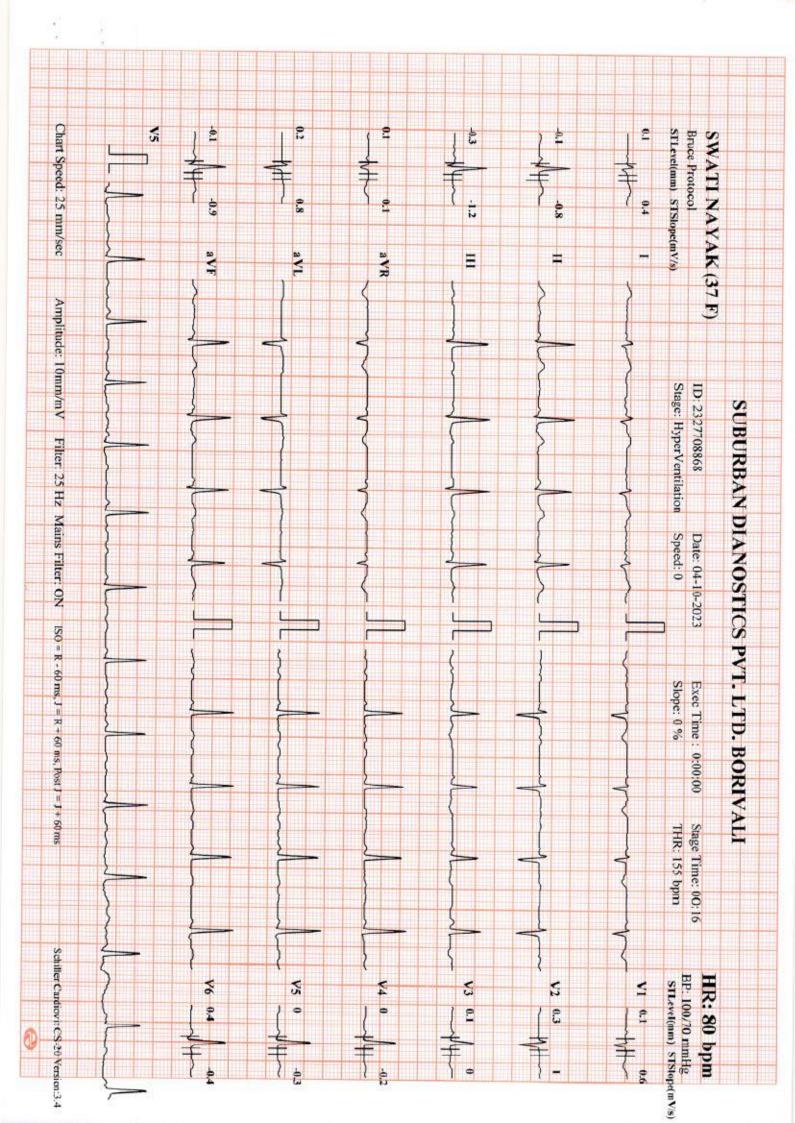
Doctor: DR. NITIN SONAVANE

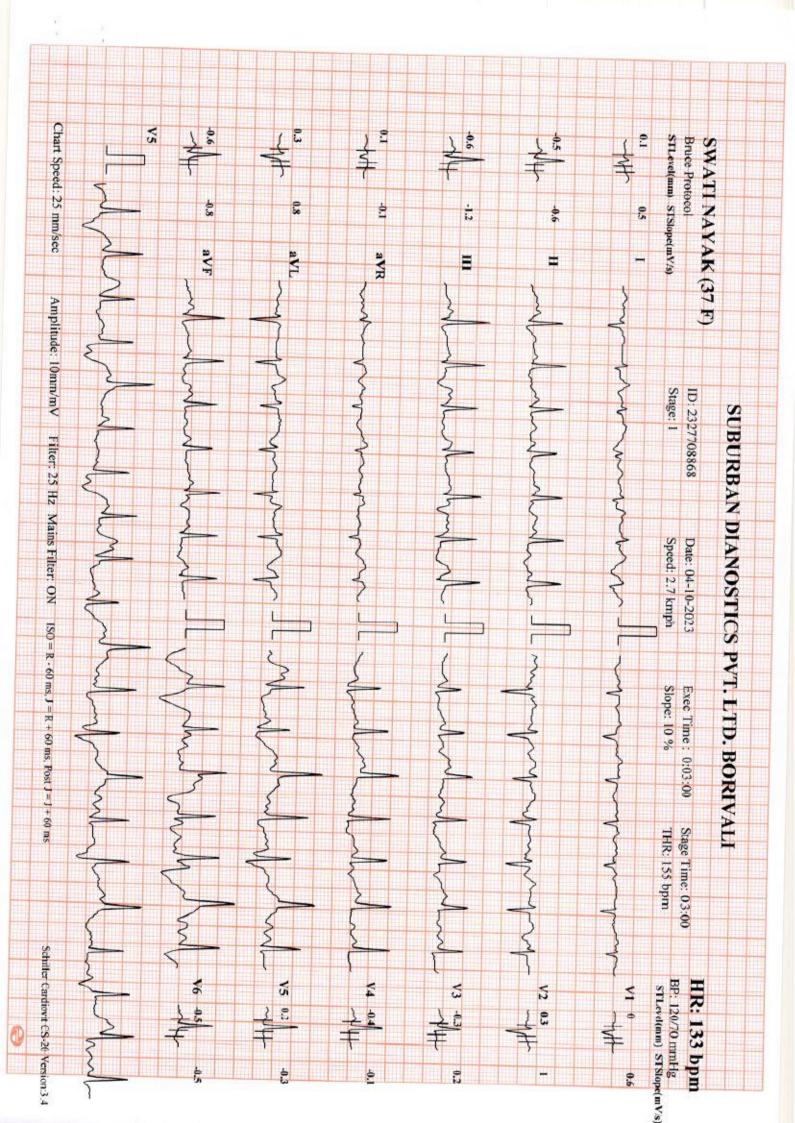
SCHILLER The Art of Diagnostics

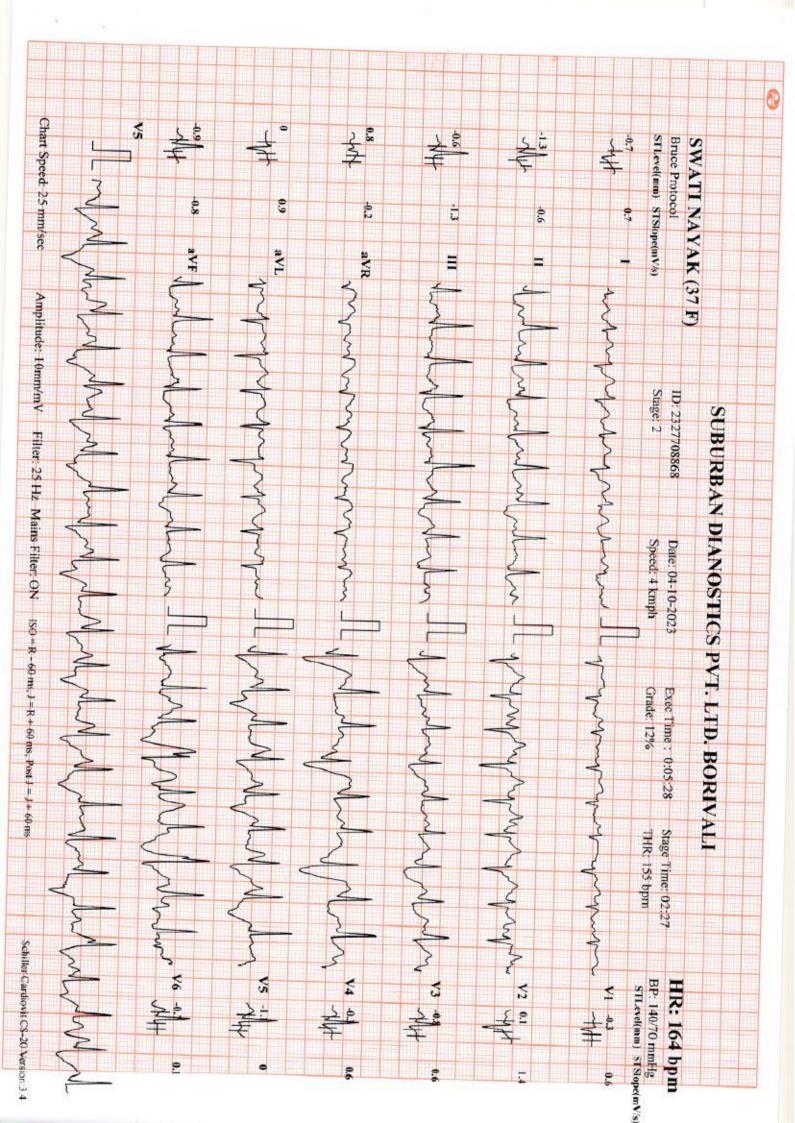
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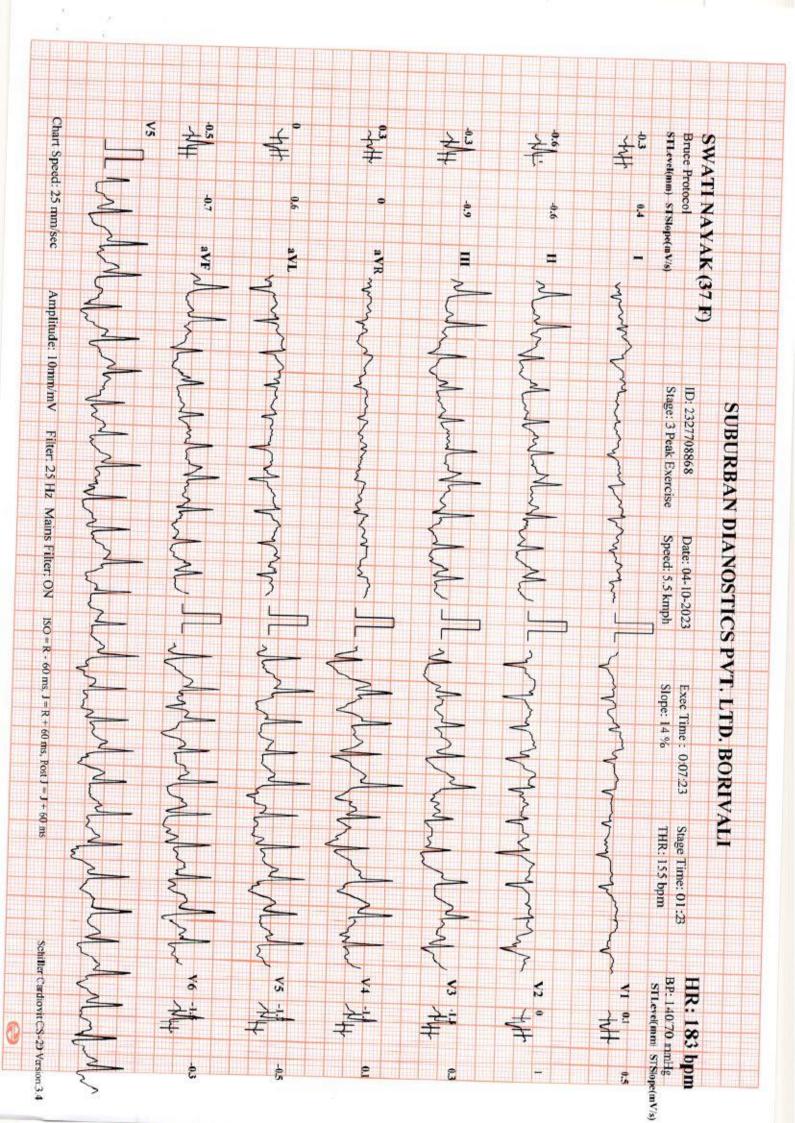


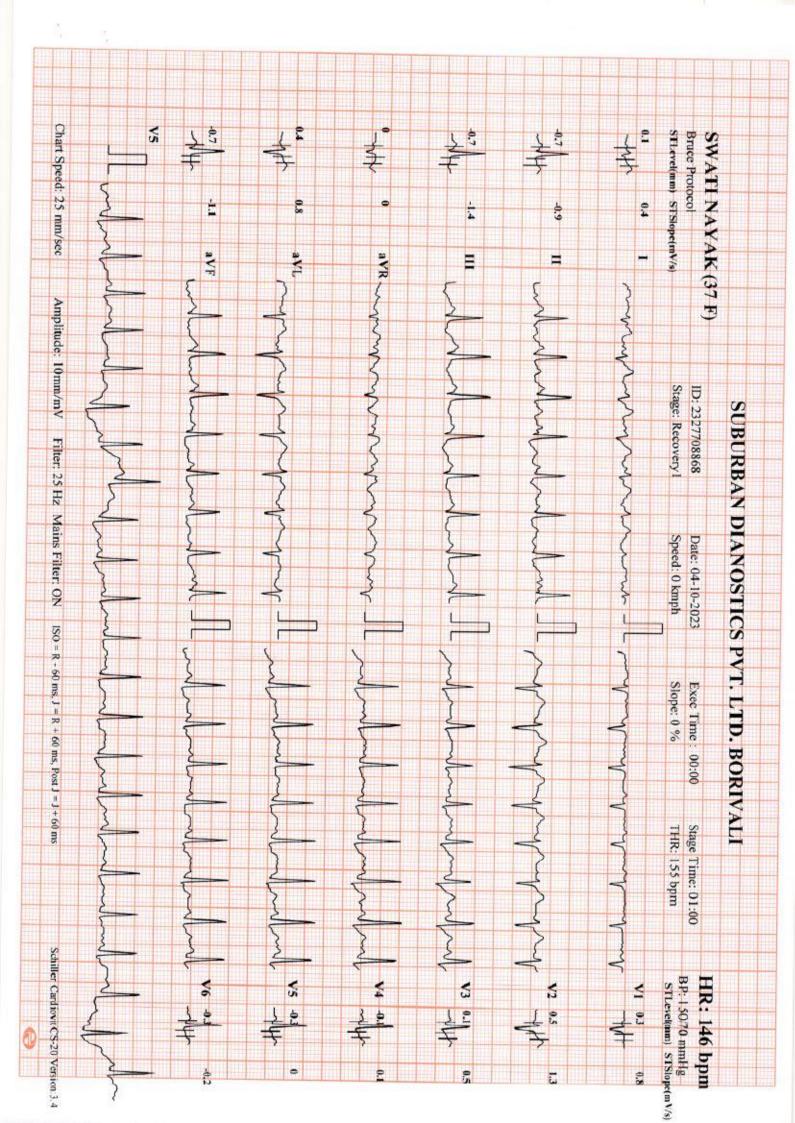


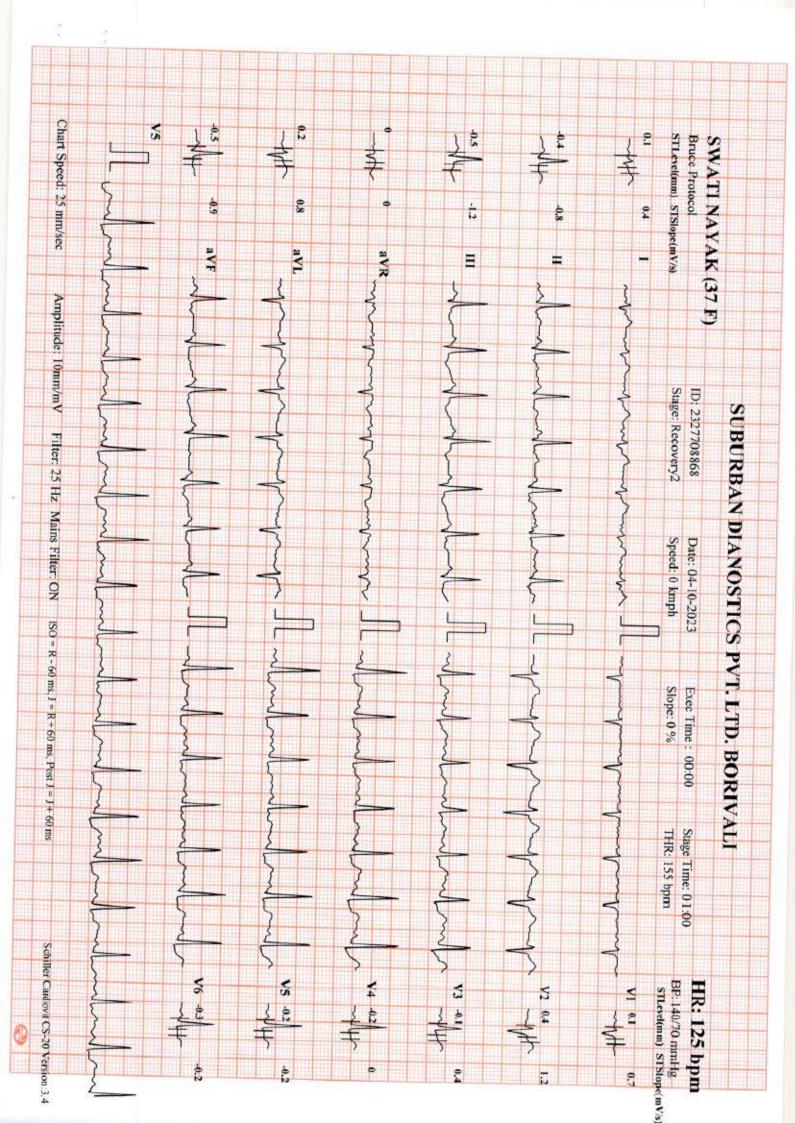


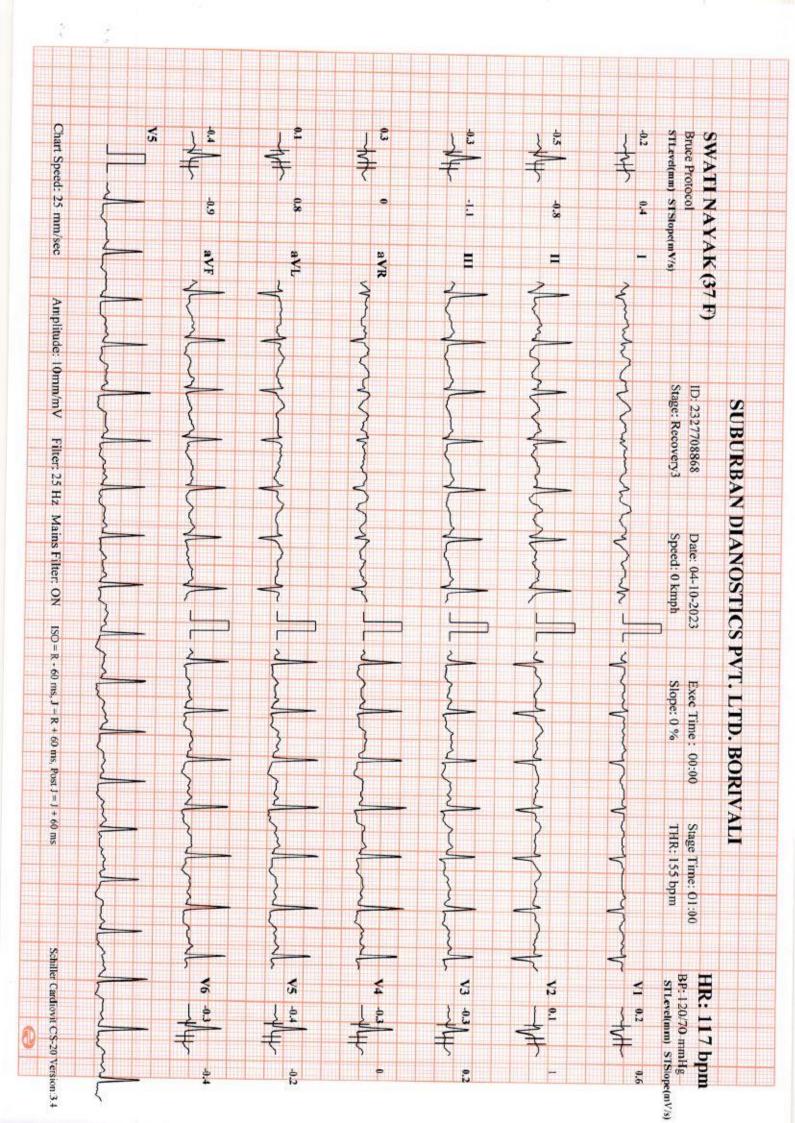


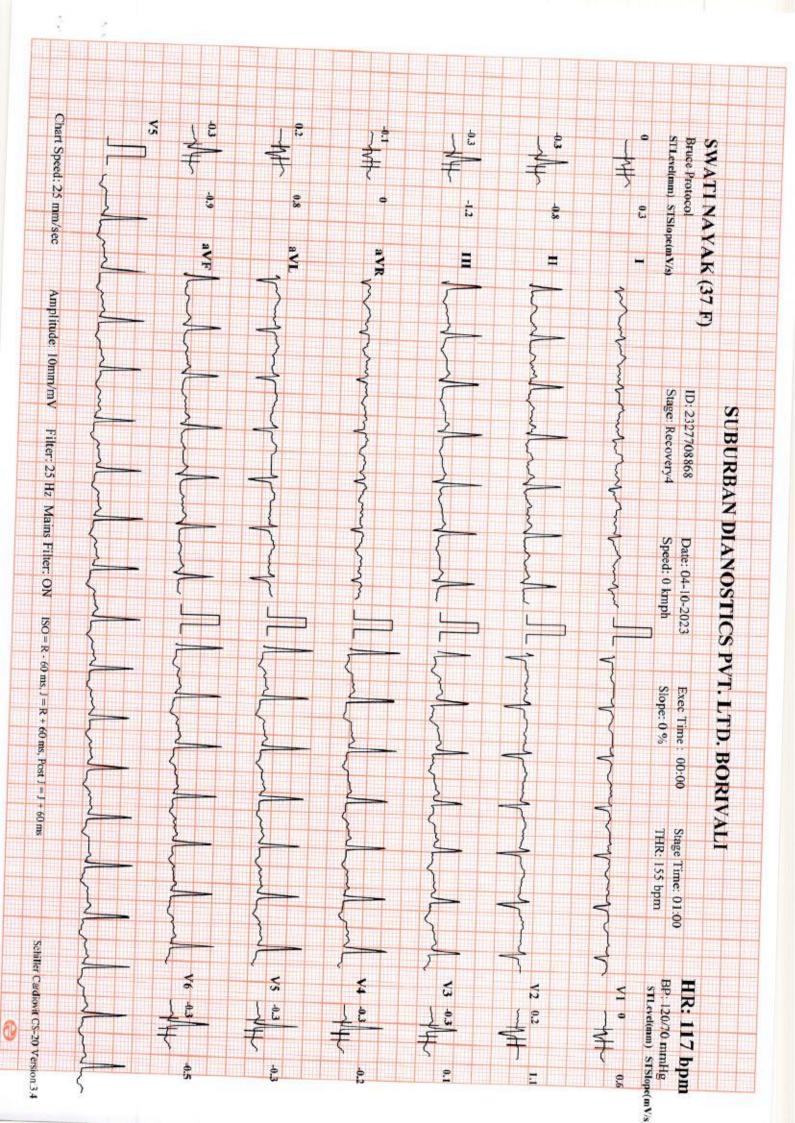


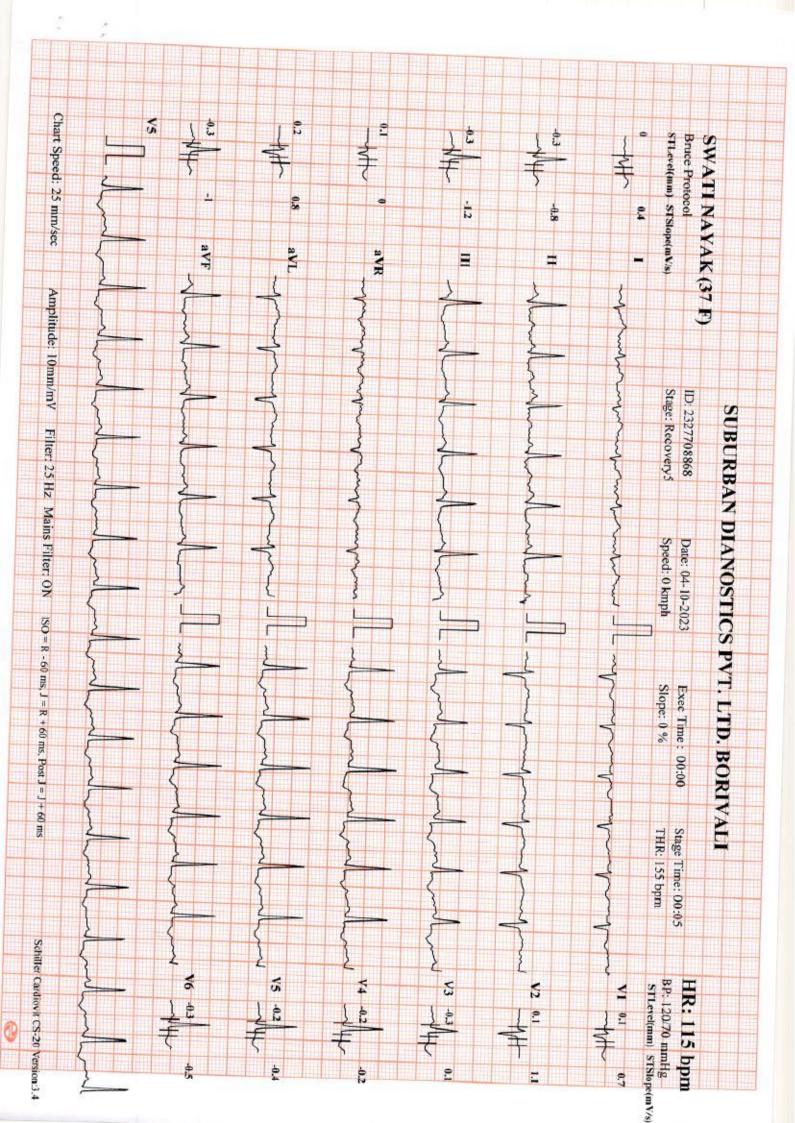














Name : Mrs Swati Nayak Age / Sex : 37 Years/Female

Ref. Dr :

Reg. Location: Borivali West



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Reg. Date : 04-Oct-2023

Reported : 04-Oct-2023/09:26

USG WHOLE ABDOMEN

<u>LIVER:</u> Liver is normal in size 12.5 cm, 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 10.6 mm normal. **CBD:** CBD is 3.4 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

<u>KIDNEYS:</u> Right kidney measures 9.5 x 3.7 cm. Left kidney measures 8.9 x4.2 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 9 cm, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS</u>: Uterus is anteverted, normal and measures 7.1 x 4.3 x 5.8 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.9 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.3 x 2.1 x 2.2 cm (volume 5.8 cc).

The left ovary measures 2.1x 1.9 x 2.6 cm (volume 5.7 cc).

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



Name : Mrs Swati Nayak Age / Sex : 37 Years/Female

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Authenticity Check

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Opinion:

• No significant abnormality is detected.

For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

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



Name : Mrs Swati Nayak Age / Sex : 37 Years/Female

Ref. Dr

Reg. Location: Borivali West

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Reported : 04-Oct-2023/12:11

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.



Name : Mrs Swati Nayak Age / Sex : 37 Years/Female

Ref. Dr

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