

भारत सरकार
GOVT. OF INDIA

क्याही अकाउंट नंबर
Permanent Account Number

BJRPP9795A



Abble Pathi

Signature/Singature

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PHYSICAL EXAMINATION REPORT

Patient Name	Ritika Patel	Sex/Age	F/33.
Date	28/1/2023	Location	Thane.

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	159	Temp (0c):	②
Weight (kg):	67.8	Skin:	NAD.
Blood Pressure	140/90	Nails:	
Pulse	76/min	Lymph Node:	

Systems :

Cardiovascular:	NAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

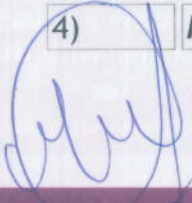
↑ Non HDL
 - ↑ BP.
 - Eosinophilia.
 - BSL < F PP (Impaired)
 ↑ ESR (30)
 Urine-Blood (1+)
 Pus cells (8-10/hpf)

Advice:
 - Monitor B.P.
 - Treatment of Eosinophilia
 - Low sugar Diet.
 - Drink Plenty of Liquids.
 Repeat sugar Profile after 6 Months

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

PERSONAL HISTORY:

1)	Alcohol	quit
2)	Smoking	quit
3)	Diet	Mixed
4)	Medication	No.



Dr. Manasee Kulkarni
M.B.B.S
2005/00/3439

0000-0518-5507

Date:- 28/1/23

CID:

Name:- Ristika Patel

Sex / Age: F 33

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: All

Past history: All

Unaided Vision: 32/60 NUBA 1/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: G.O.V. Vasava

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2302819541
Name : MRS.RITIKA PATEL
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 11:41

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	12.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.27	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.4	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.0	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9300	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.3	20-40 %	
Absolute Lymphocytes	3096.9	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	437.1	200-1000 /cmm	Calculated
Neutrophils	54.0	40-80 %	
Absolute Neutrophils	5022.0	2000-7000 /cmm	Calculated
Eosinophils	7.9	1-6 %	
Absolute Eosinophils	734.7	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	200000	150000-400000 /cmm	Elect. Impedance
MPV	11.6	6-11 fl	Calculated
PDW	21.0	11-18 %	Calculated



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Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 11:21

RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 30 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



Ami Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 12:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	109.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	141.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	14.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	6.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	7.5	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	63.5	35-105 U/L	PNPP
BLOOD UREA, Serum	16.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.9	6-20 mg/dl	Calculated

Authenticity Check



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Collected : 28-Jan-2023 / 13:13
Reported : 28-Jan-2023 / 15:36

CREATININE, Serum	0.48	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	158	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

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Ami Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 11:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	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 ***



Amil Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist



CID : 2302819541
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Age / Gender : 33 Years / Female
Consulting Dr. : -
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Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 15:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	2-3	0-2/hpf	
Epithelial Cells / hpf	12-15		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

Kindly correlate clinically.

Authenticity Check



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Age / Gender : 33 Years / Female

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:59

Reported : 28-Jan-2023 / 15:18

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 ***



AREAS OF SPECIAL EXPERTISE

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Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 13:19

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

PARAMETER	RESULTS
ABO GROUP	AB
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 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

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

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Ami Taori

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Pathologist

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Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 12:12

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	81.7	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	45.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	138.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	16.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.0	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 ***



Amrit Taori

Dr.AMIT TAORI
M.D (Path)
Pathologist

Authenticity Check



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Name : MRS.RITIKA PATEL
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Jan-2023 / 09:59
Reported : 28-Jan-2023 / 12:33

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.48	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 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)

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*** End Of Report ***

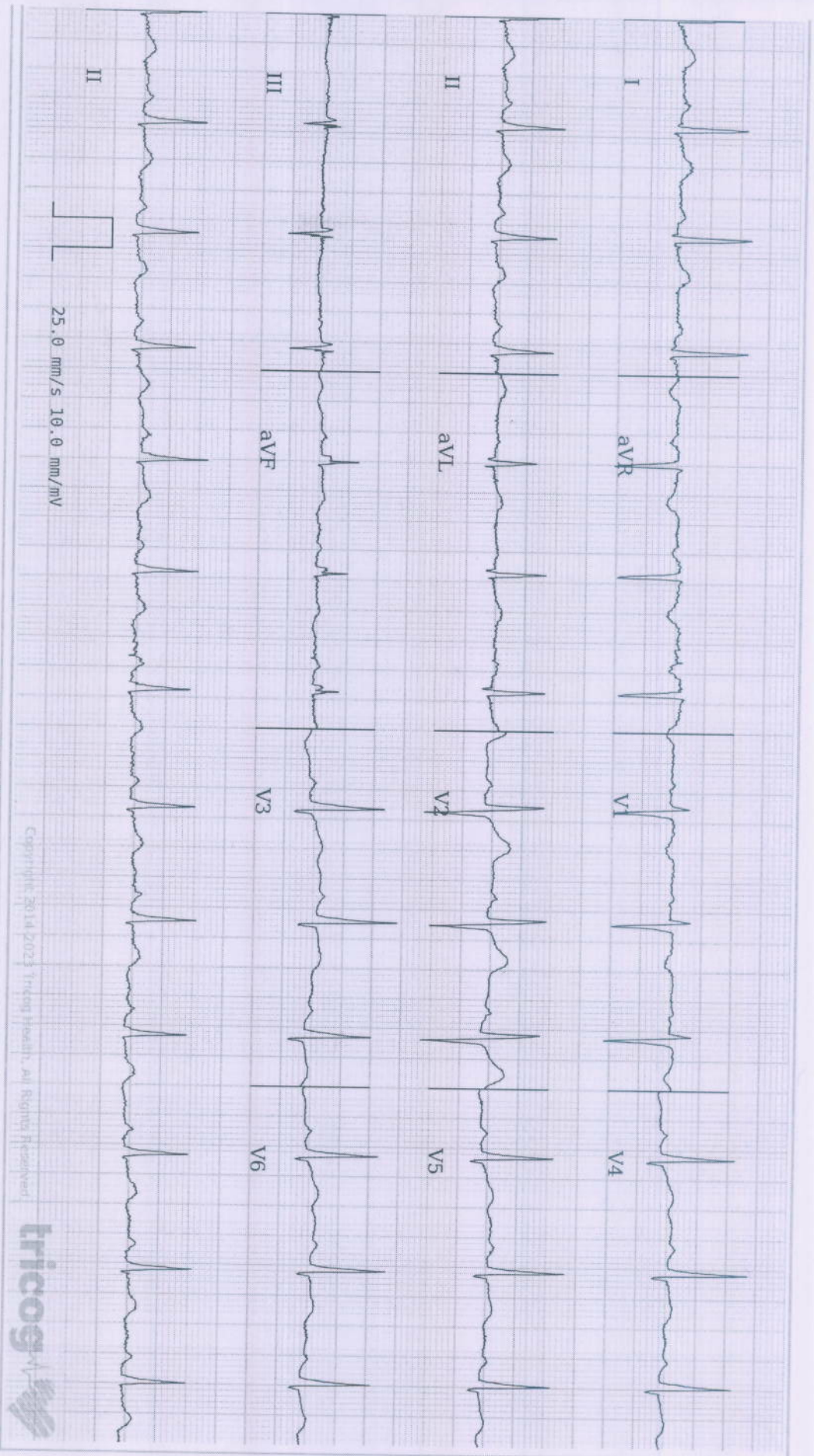
Amit Taori
Dr. AMIT TAORI
M.D (Path)
Pathologist



Patient Name: **RITIKA PATEL**
Patient ID: **2302819541**

SUBURBAN DIAGNOSTICS - G B ROAD, IHANE WEST

Date and Time: **28th Jan 23 12:08 PM**



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Age **33** **11** **22**
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: 84ms
QT: 402ms
QTc: 458ms
PR: 172ms
P-R-T: 37° 17° 2°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

304 (2302819541) / RITIKA PATEL / 33 Yrs / F / 159 Cms / 67 Kg
 Date: 28 / 01 / 2023 02:03:30 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	217	116 %	140/90	303	00	
Standing	00:11	0:05	00.0	00.0	01.0	217	116 %	140/90	303	00	
HV	00:14	0:03	00.0	00.0	01.0	197	105 %	140/90	275	00	
Warm Up	00:20	0:06	01.0	00.0	01.0	177	95 %	140/90	247	00	
ExStart	00:31	0:11	01.0	00.0	01.0	177	95 %	140/90	247	00	
BRUCE Stage 1	03:31	3:00	01.7	10.0	04.7	138	74 %	144/84	198	00	
PeakEx	06:11	2:40	02.5	12.0	06.8	170	91 %	148/80	251	00	
Recovery	07:11	1:00	01.1	00.0	01.0	137	73 %	150/80	205	00	
Recovery	08:11	2:00	00.0	00.0	01.0	114	61 %	144/80	164	00	
Recovery	08:21				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 05:40
 Initial HR (ExStrt) : 177 bpm 95% of Target 187
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 6.8 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : II & -0.9 mm in PeakEX
 Test End Reasons : Heart Rate Achieved

Max HR Attained 217 bpm 116% of Target 187
 Max BP Attained 150/80 (mm/Hg)

DR. SAMEER R. DUMIR

Reg. No. 073027

Doctor : DR. SAMEER DUMIR



EMail: 304/RITIKA PATEL / 33 Yrs / F / 159 Cms / 67 Kg Date: 28 / 01 / 2023 02:03:30 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 91.0 bpm, and the maximum predicted Target Heart Rate 177.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test.
The Test was completed because of Heart Rate Achieved, Fatigue.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

Doctor : DR. SAMEER DUMIR


DR. SAMEER R. DUMIR
M.D.
Reg. No. 073827



Date: 28 / 01 / 2023 02:03:30 PM

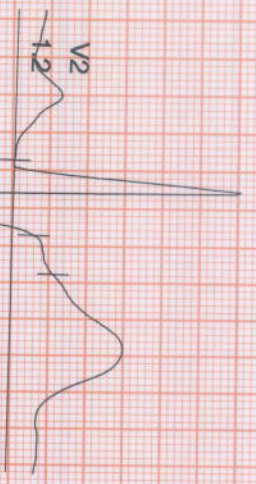
METS: 1.0 / 217 bpm 116% of THR

BP: 140/90 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 60 ms Post J

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



rS 0.2
sS 0.7

II 0.3
0.8

III 0.2
0.1

aVR -0.3
-0.7

aVL 0.0
0.3

aVF 0.2
0.4

V1 0.7
0.1

V2 1.2
0.8

V3 0.6
0.5

V4 0.4
0.5

V5 0.2
0.6

V6 0.1
0.4

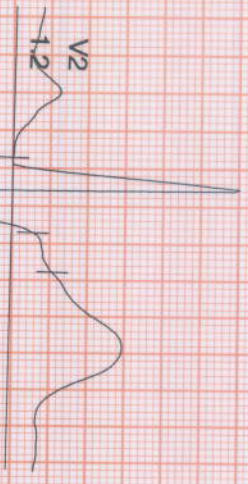


REMARKS:





4X 60 ms Post J



rS 0.2
sS 0.7

II 0.3
0.8

III 0.2
0.1

aVR -0.3
-0.7

aVL 0.0
0.3

aVF 0.2
0.4

V1 0.7
0.1

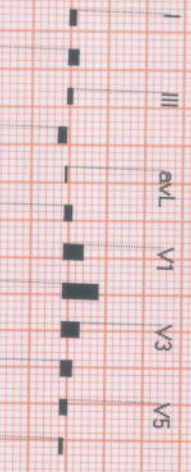
V2 1.2
0.8

V3 0.6
0.5

V4 0.4
0.5

V5 0.2
0.6

V6 0.1
0.4



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

304 (2302819541) / RITIKA PATEL / 33 Yrs / F / 159 Cms / 67 Kg / HR : 197

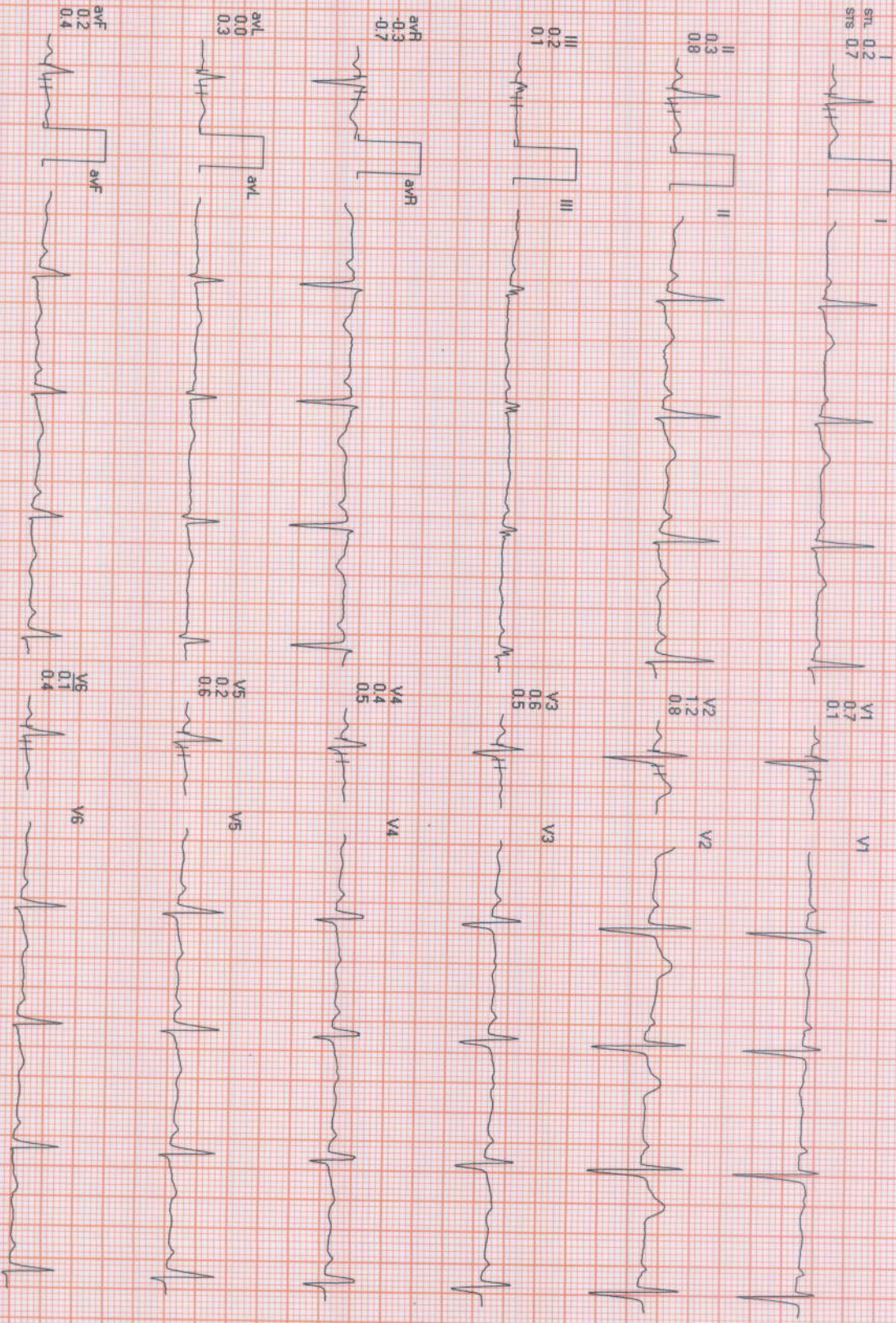
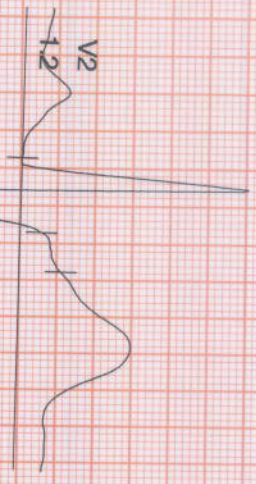
Date: 28 / 01 / 2023 02:03:30 PM METS: 1.0 / 197 bpm 105% of THR BP: 140/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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

HV (00:00)



4X 60 ms Post J



REMARKS: I II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

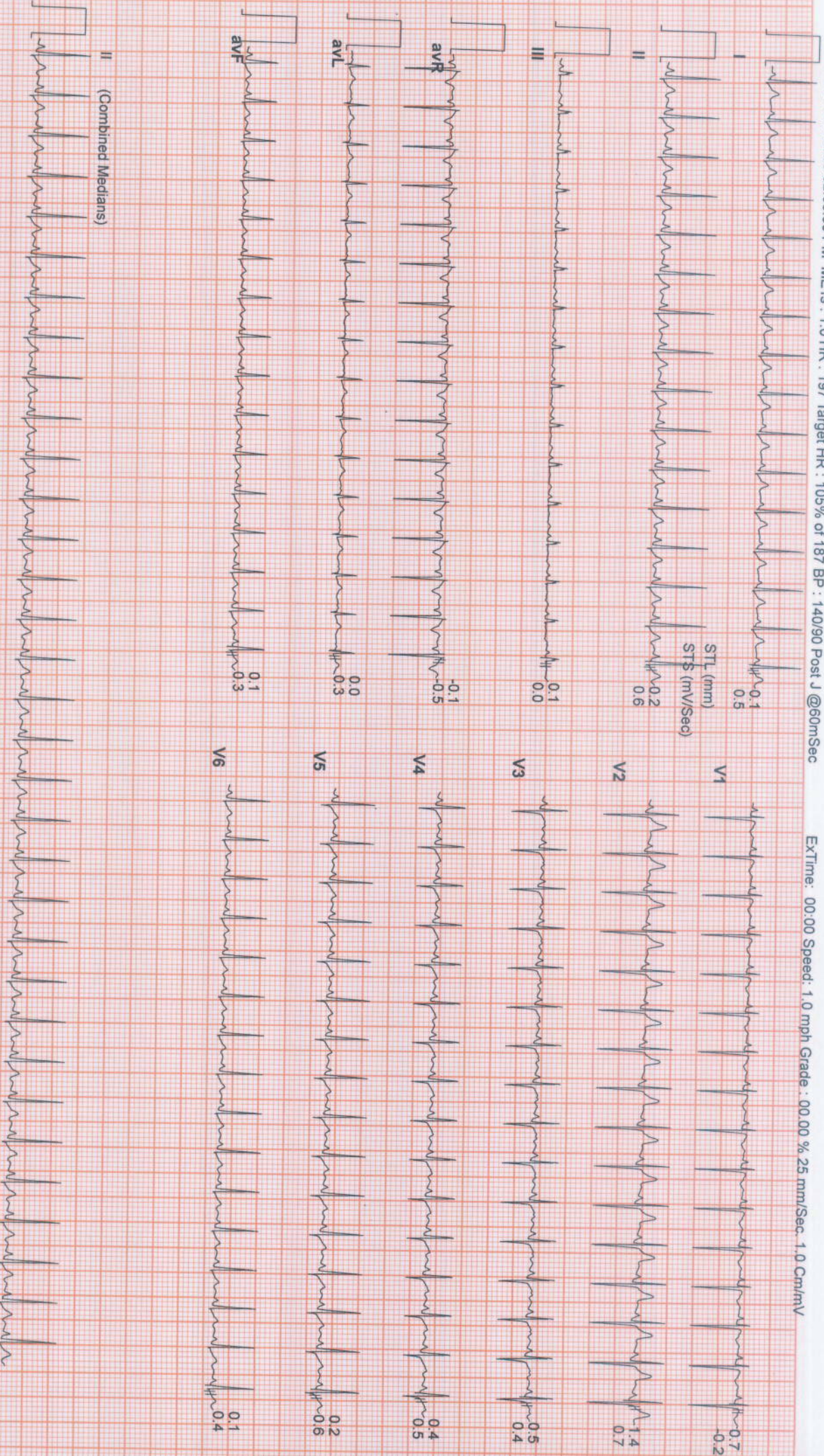
304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 1.0 HR : 197 Target HR : 105% of 187 BP : 140/90 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

WARM UP (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

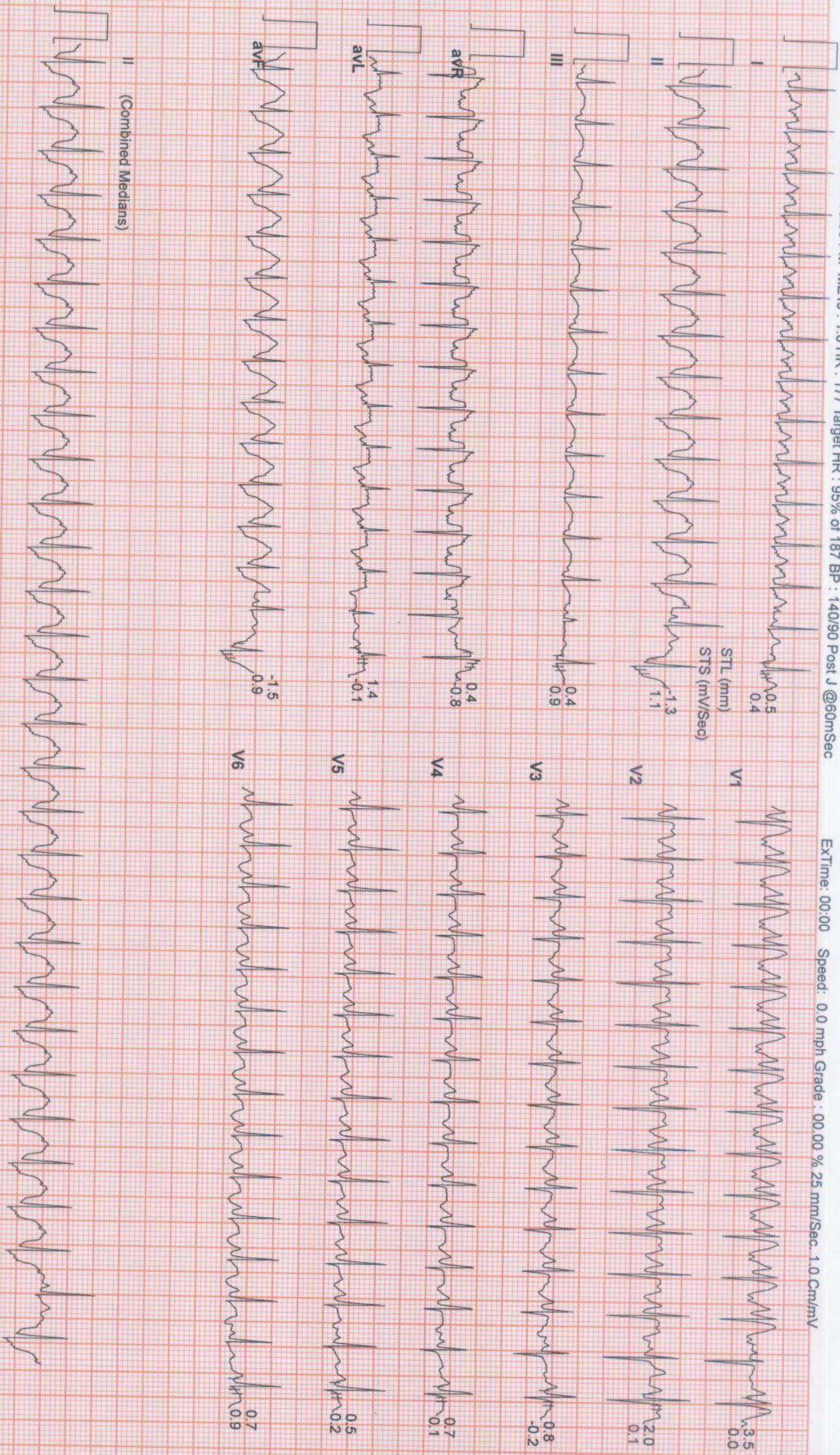
304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 1.0 HR : 177 Target HR : 95% of 187 BP : 140/90 Post J @60mSec

6X2 Combine Medians + 1 Rhythm

EXStt

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

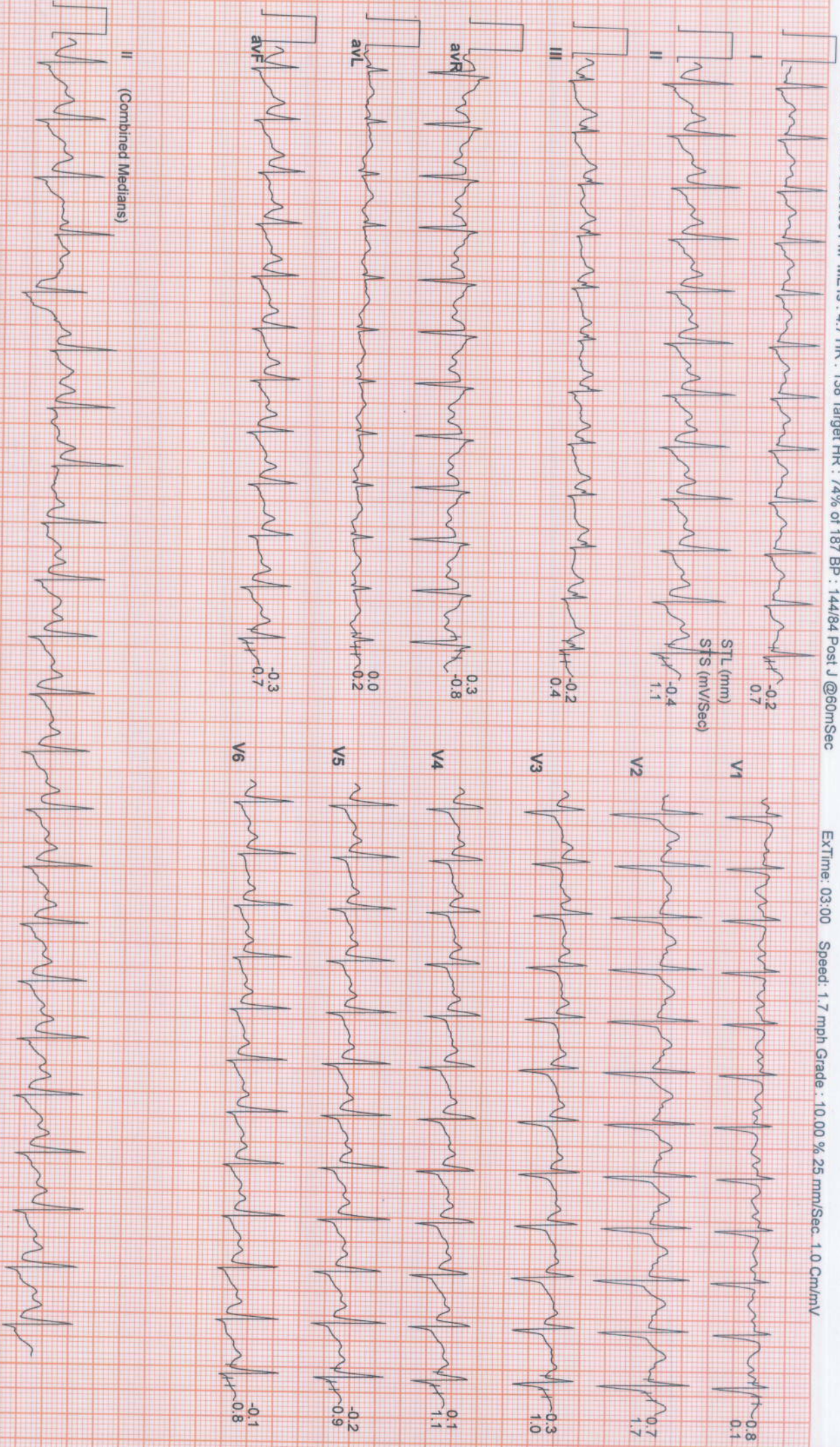
304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 4.7 HR : 138 Target HR : 74% of 187 BP : 144/84 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



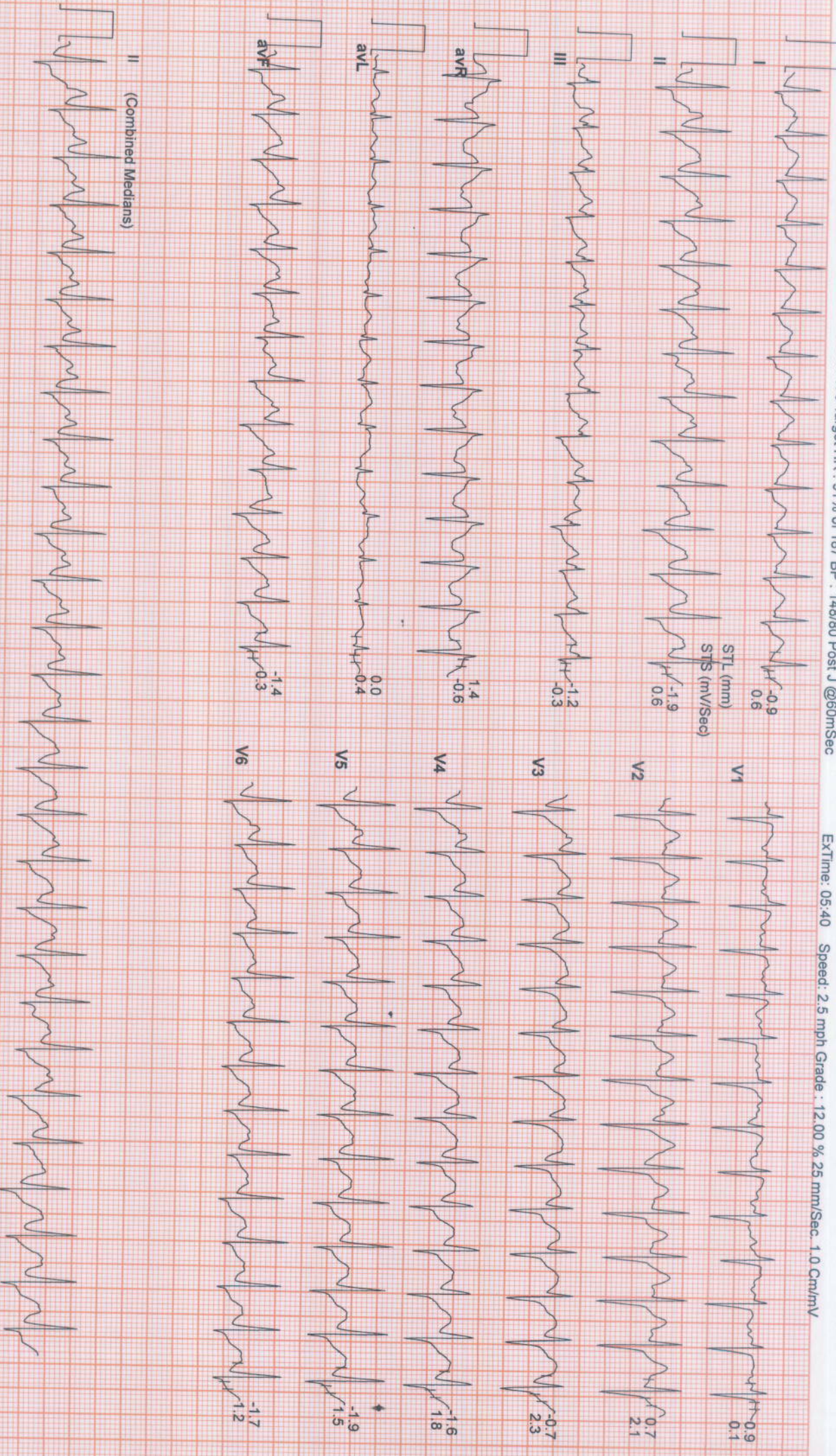
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 6.8 HR : 170 Target HR : 91% of 187 BP : 148/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm PeakEx

EXTime: 05:40 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



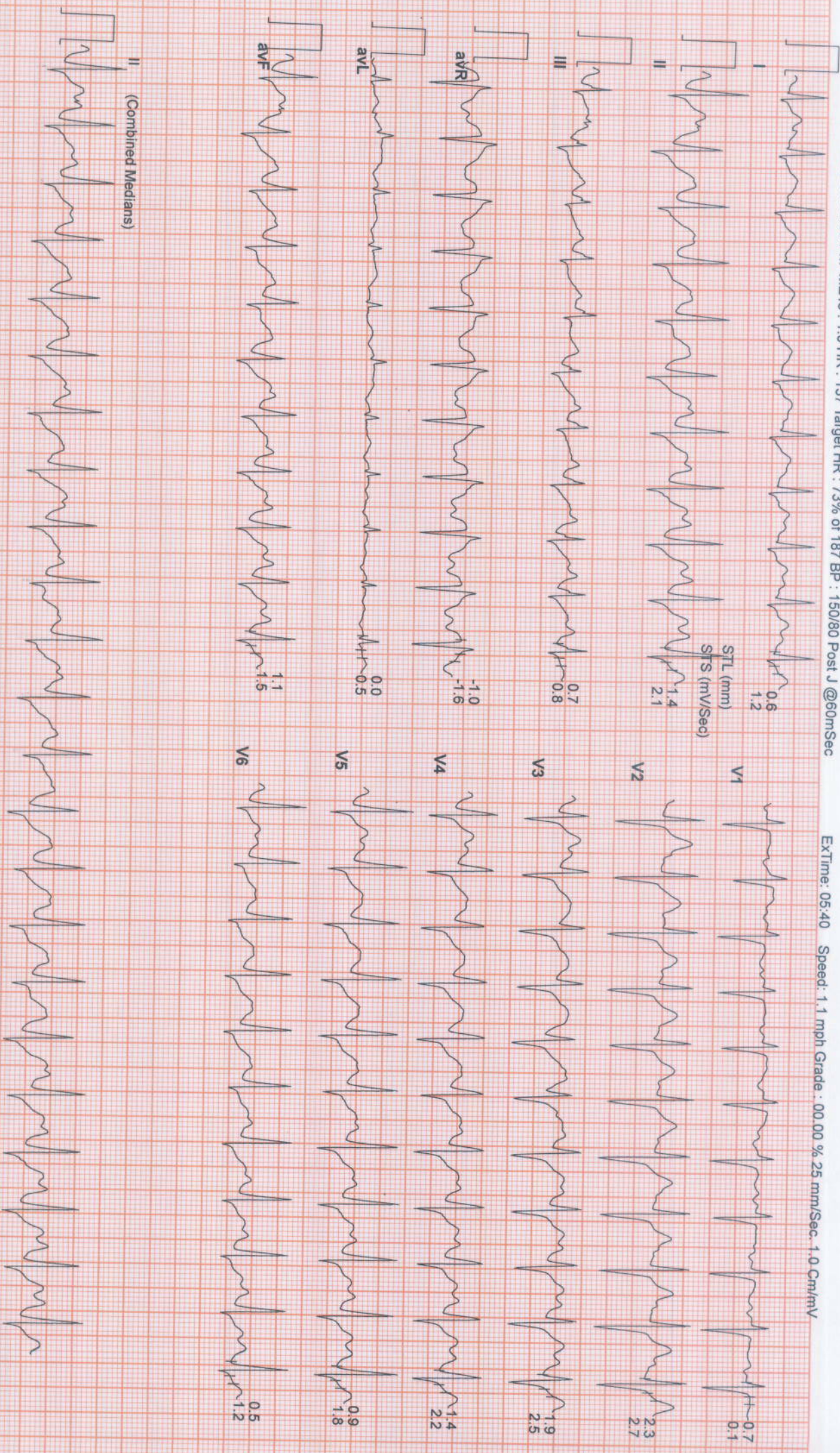
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 1.0 HR : 137 Target HR : 73% of 187 BP : 150/80 Post J @60mSec

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

ExTime: 05:40 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

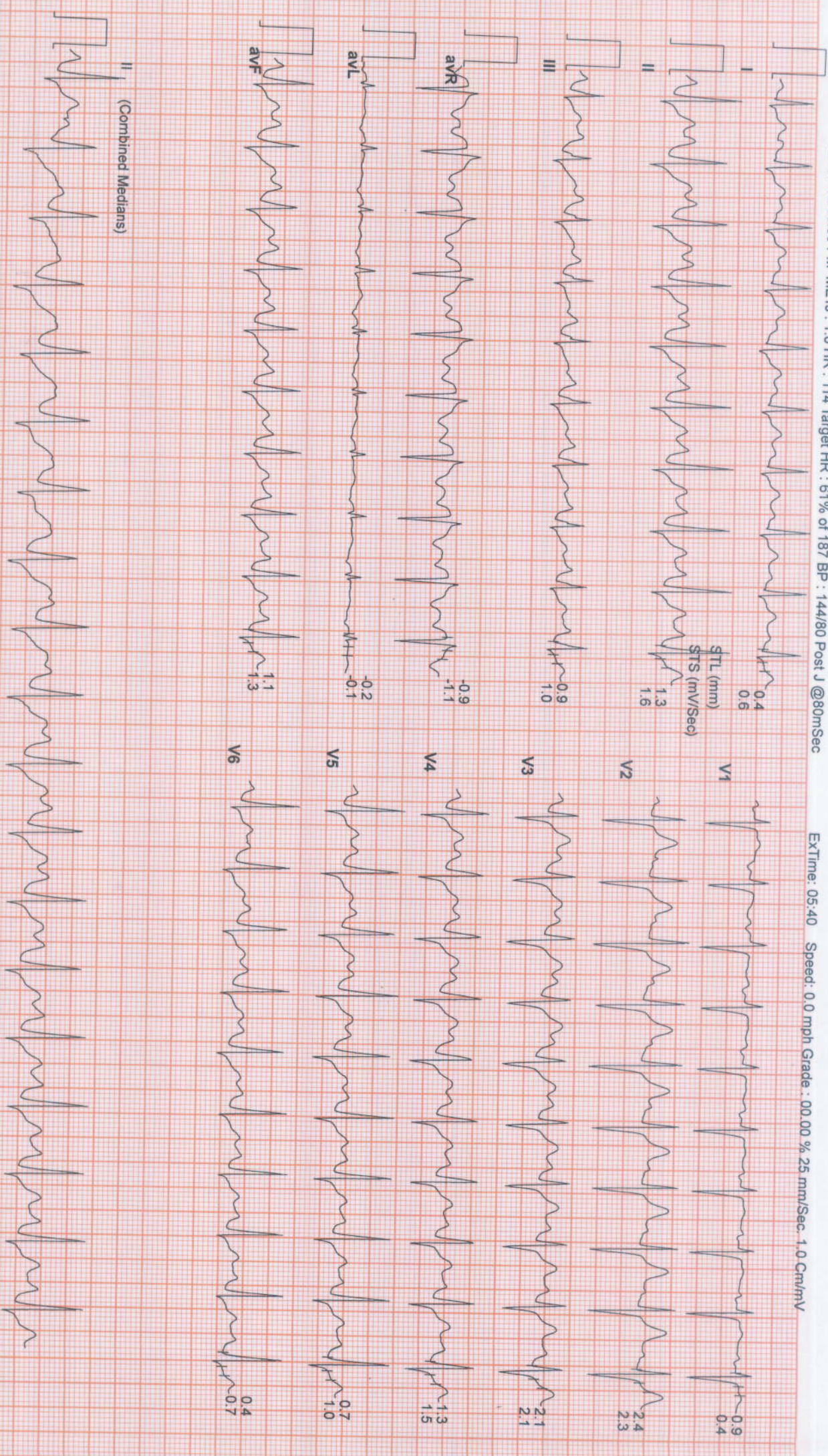
304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 1.0 HR : 114 Target HR : 61% of 187 BP : 144/80 Post J @80mSec

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



EXTime: 05:40 Speed: 0.0 mph Grade : .00 00 % .25 mm/Sec. 1.0 Cm/mV



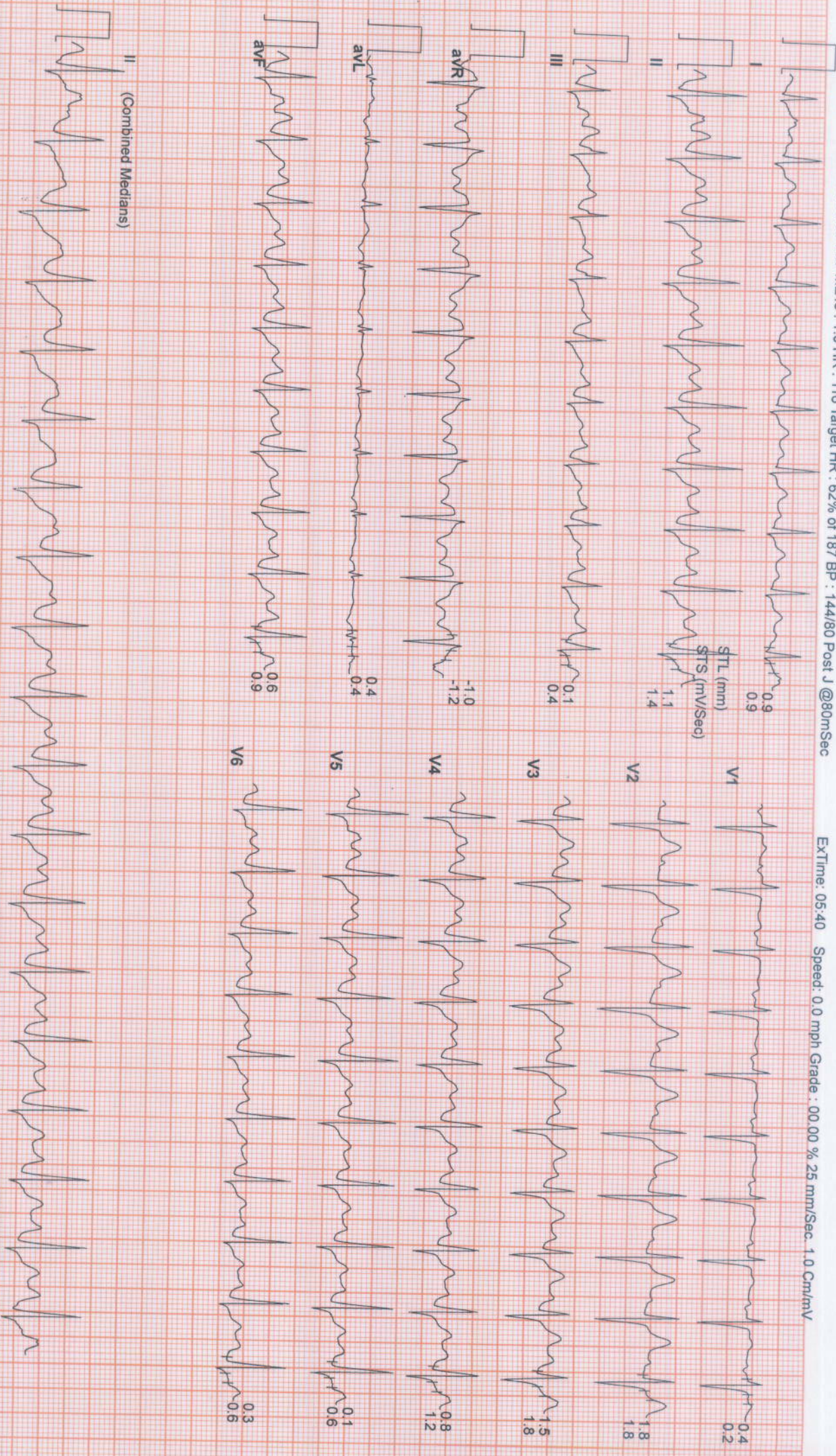
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

304 / RITIKA PATEL / 33 Yrs / Female / 159 Cm / 67 Kg

Date: 28 / 01 / 2023 02:03:30 PM METs : 1.0 HR : 116 Target HR : 62% of 187 BP : 144/80 Post J @90mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (02:10)

ExTime: 05:40 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



Reg. No. : 2302819541	Sex : FEMALE
NAME : MRS.RITIKA PATEL	Age : 33YRS
Ref. By : -----	Date : 28.01.2023

USG ABDOMEN AND PELVIS

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 not visualised (post cholecystectomy status) .

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 11.2 x 4.6 cm. Left kidney measures 11.0 x 4.7 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted and measures 5.7 x 3.1 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

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.

DR. GAURI RODA
MBBS, DMRE
(CONSULTANT RADIOLOGIST)

Reg. No. : 2302819541	Sex : FEMALE
NAME : MRS.RITIKA PATEL	Age : 33YRS
Ref. By : -----	Date : 28.01.2023

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.

DR.GAURI RODA
MBBS,DMRE
(CONSULTANT RADIOLOGIST)

AREA OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000