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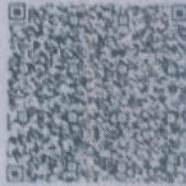
नामांकन क्रम / Enrollment No.: 1193/60319/00585

To
वर्षा विठ्ठल यादव
Varsha Vithal Yadav
B-04, Balaji Palace Pandit Deendayal Cross Road
Near Samrat Hotel Dombivali West
Kalyan
Vishnunagar
Kalyan Thane
Maharashtra-421202
9819902148

21/04/2013
10159114



MN101591148FT



आपका आधार क्रमांक / Your Aadhaar No. :

6970 3779 7059

आधार - आम आदमी का अधिकार



भारत सरकार
Government of India



वर्षा विठ्ठल यादव
Varsha Vithal Yadav
जन्म वर्ष / Year of Birth : 1989
महिला / Female



6970 3779 7059

आधार - आम आदमी का अधिकार

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Varsha Vaclav.	Sex/Age	F / 31 yrs.
Date	17/9/21	Location	Thane.

History and Complaints

C/O - Irregular Menses.
- Constipation.

EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	(N)
Weight (kg):	54 kg	Skin:	Dry skin (+)
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

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

Impression: TMT - Equivocal
USG - Fatty Liver
- R2. ovarian simple cyst.

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- Cardiologist's consultation.
- Gynaec consultation

Advice:

1)	Hypertension:	
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 ^{clp} GB stones,	- Acidity, constipation.
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 ^{USG (2017)}	• MFP (D&C) (2019)
17)	Musculoskeletal System	- Stiffness in Body (+)

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Ayurvedic R _p for Acidity

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Name : Varsha Yadav
Date 17/9/21.

ENT Examination

History: - sinusitis, Allergic rhinitis (Dust)

Examination : Right :- Left :-

External Ear :-

(N)

(N)

Middle Ear :- TM - Intact

(+)

(Tympanic Membrane Eustachean Tube, Mastoid)

Rinnes, Webers :-

-ve

Nose and Paranasal sinuses :-

NAD

Throat :-

Speech :-

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

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CID : 2126033805
Name : MRS. VARSHA YADAV
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 17-Sep-2021 / 09:59
Reported : 17-Sep-2021 / 13:53

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	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.23	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.8	36-46 %	Measured
MCV	89	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	34.3	31.5-34.5 g/dL	Calculated
RDW	12.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.7	20-40 %	
Absolute Lymphocytes	1506.7	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	359.9	200-1000 /cmm	Calculated
Neutrophils	67.5	40-80 %	
Absolute Neutrophils	4117.5	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	115.9	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	232000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		
Macrocytosis	-		

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Reported : 17-Sep-2021 / 12:03

Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 7 2-20 mm at 1 hr. Westergren

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



MC-2427



Lynda Rodrigues
Dr. LYNDA RODRIGUES
MD Pathology
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	101.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.35	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	16.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	14.3	5-33 U/L	IFCC without pyridoxal phosphate activation
ALKALINE PHOSPHATASE, Serum	47.6	35-105 U/L	PNPP
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.7	2.4-5.7 mg/dl	Uricase

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Collected : 17-Sep-2021 / 09:59
Reported : 17-Sep-2021 / 16:45

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	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 ***



Dr. Vrushi Shroff
Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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Reported : 17-Sep-2021 / 15:26

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 (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	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	2-3	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	2-3	Less than 20/hpf	

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MC-2427

Lynda Rodrigues

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MD Pathology
Pathologist

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Reported : 17-Sep-2021 / 14:29

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

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Reported : 17-Sep-2021 / 13:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	142.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	54.7	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	56.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	86.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	75.0	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	11.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.3	0-3.5 Ratio	Calculated

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MC-2427

Lynda Rodrigues

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MD Pathology
Pathologist

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Age / Gender : 31 Years / Female

Consulting Dr. : -

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

Collected : 17-Sep-2021 / 09:59

Reported : 17-Sep-2021 / 11:48

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	4.2	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	1.35	0.35-5.5 microu/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA

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

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Reported : 17-Sep-2021 / 11:48

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1) TSH Values between 5.5 to 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: 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.

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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CID	: 2126033805	SID	: 177804169194
Name	: MRS.VARSHA YADAV	Registered	: 17-Sep-2021 / 09:57
Age / Gender	: 31 Years/Female	Collected	: 17-Sep-2021 / 09:57
Ref. Dr	: -	Reported	: 17-Sep-2021 / 13:55
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 17-Sep-2021 / 15:00

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

No hilar abnormality is seen.

The cardiac size and shape are within normal limits.

The aorta shows normal radiological features.

The trachea is central.

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 ***

DrPatil

**Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST**

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID	: 2126033805	SID	: 177804169194
Name	: MRS.VARSHA YADAV	Registered	: 17-Sep-2021 / 09:57
Age / Gender	: 31 Years/Female	Collected	: 17-Sep-2021 / 09:57
Ref. Dr	: -	Reported	: 17-Sep-2021 / 13:55
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USG WHOLE ABDOMEN

LIVER: Liver appears enlarged in size (17.2 cm) & shows increased echoreflectivity. 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 9.1 x 3.8 cm. Left kidney measures 9.2 x 4.5 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 6.9 x 3.7 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.2 mm. Cervix appears normal.

OVARIES:

The right ovary measures 2.5 x 2.9 x 3.8 cm and ovarian volume is 15.1 cc. **(Bulky)**
A 2.2 x 1.8 cm sized well circumscribed, anechoic area noted in right ovary s/o simple ovarian cyst.
The left ovary measures 1.7 x 2.3 x 2.4 cm and ovarian volume is 5.0 cc. (Normal)

No free fluid or significant lymphadenopathy is seen.

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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID	: 2126033805	SID	: 177804169194
Name	: MRS.VARSHA YADAV	Registered	: 17-Sep-2021 / 09:57
Age / Gender	: 31 Years/Female	Collected	: 17-Sep-2021 / 09:57
Ref. Dr	: -	Reported	: 17-Sep-2021 / 13:55
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 17-Sep-2021 / 14:20

IMPRESSION:

- HEPATOMEGALY WITH GRADE I FATTY INFILTRATION.
- BULKY RIGHT OVARY WITH SIMPLE CYST.

Advice: Clinical co-relation and further evaluation.

*** End Of Report ***

Dr Patil

Dr.DEVENDRA PATIL
M.D(RADIO DIAGNOSIS)
RADIOLOGIST

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

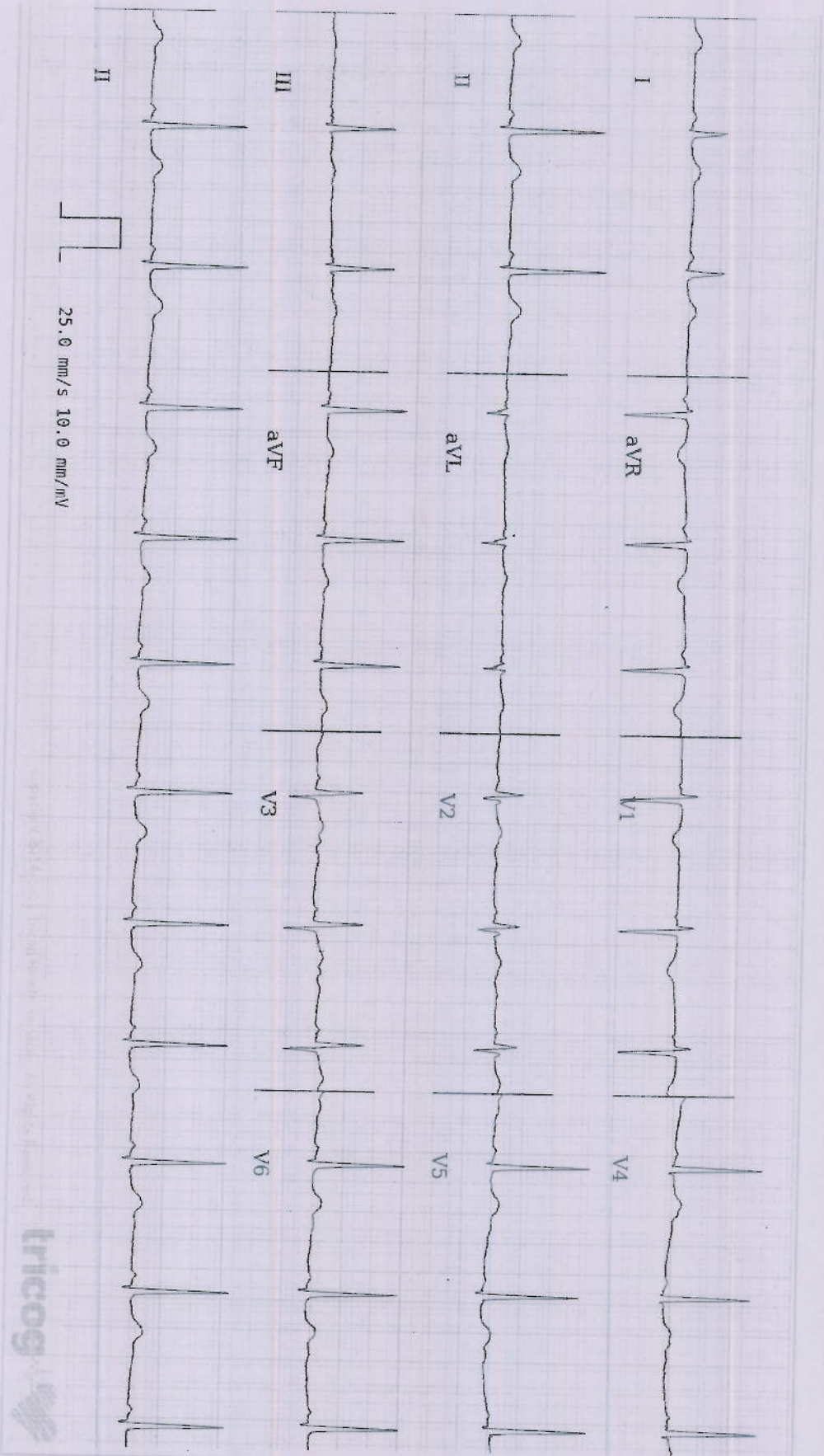
HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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Patient Name: VARSHA YADAV

Patient ID: 2126033805

Date and Time: 17th Sep 21 11:47 AM



Age **31** 8 29
years months days

Gender **Female**

Heart Rate **69 bpm**

Patient Vitals

BP: NA
Weight: 54 kg
Height: 155 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

OSRD: 78 ms
QT: 394 ms
QTc: 422 ms
PR: 172 ms
P-R-T: 21° 72° 48°

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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

Disclaimer: (1) Analysis in the 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 details are as entered by the operator and not derived from the ECG.

SUBURBAN DIAGNOSTICS GB RD THANE

Patient Details

Date: 17-Sep-21 **Time:** 12:45:08 PM
Name: VARSHA YADAV ID: 2126033805
Age: 31 y **Sex:** F **Height:** 155 cms **Weight:** 54 Kgs
Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 189 bpm **THR:** 170 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 18 s **Max. HR:** 160 (85% of Pr.MHR) bpm **Max. Mets:** 13.50
Max. BP: 150 / 80 mmHg **Max. BP x HR:** 24000 mmHg/min **Min. BP x HR:** 6160 mmHg/min
Test Termination Criteria: Fatigue, Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 23	1.0	0	0	88	110 / 70	-0.21 II	0.35 I
Standing	0 : 1	1.0	0	0	91	110 / 70	-0.21 II	0.35 I
Hyperventilation	0 : 1	1.0	0	0	91	110 / 70	-0.21 II	0.35 I
1	3 : 0	4.6	1.7	10	118	120 / 70	-1.91 III	3.54 V2
2	3 : 0	7.0	2.5	12	134	130 / 70	-2.76 III	-2.12 III
3	3 : 0	10.2	3.4	14	157	140 / 80	-5.52 II	-5.66 III
Peak Ex	0 : 18	13.5	4.2	16	160	150 / 80	-3.18 V6	-4.25 V6
Recovery(1)	2 : 0	1.8	1	0	119	130 / 80	-4.03 III	-2.48 V6
Recovery(2)	2 : 0	1.0	0	0	112	120 / 80	-1.27 II	0.71 I
Recovery(3)	0 : 8	1.0	0	0	116	120 / 80	-1.27 V5	-0.71 V5

Interpretation

The patient exercised according to the Bruce protocol for 9 m 18 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 88 bpm, rose to a max. heart rate of 160 (85% of Pr.MHR) bpm. Resting blood Pressure 110 / 70 mmHg, rose to a maximum blood pressure of 150 / 80 mmHg. GOOD EFFORT TOLERANCE, NORMAL CHRONOTROPIC RESPONSE, NORMAL INOTROPIC RESPONSE, NO ANGINA/ANGINA EQUIVALENTS, NO ARRHYTHMIAS, ST-T CHANGES FROM BASELINE SEEN INFLAT LEADS IN RECOVERY. VIBRATIONS SEEN INTERPRETATION DIFFICULT

REMARKS: Test is EQUIVOCAL for inducible ischemia.
 ADV CARDIOLOGIST S OPINION

Disclaimer : Negative stress test does not rule out Coronary Artery Disease.
 Positive stress test is suggestive of but not confirmatory of Coronary Artery Disease.
 Hence overall Cardiological correlation is mandatory.

Ref. Doctor: _____

(Summary Report edited by user)

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

Doctor: DR.SHAILAJA PILLAI

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 23 s

HR: 88 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 110/70

ST Level (mm) ST Slope (mV/s)

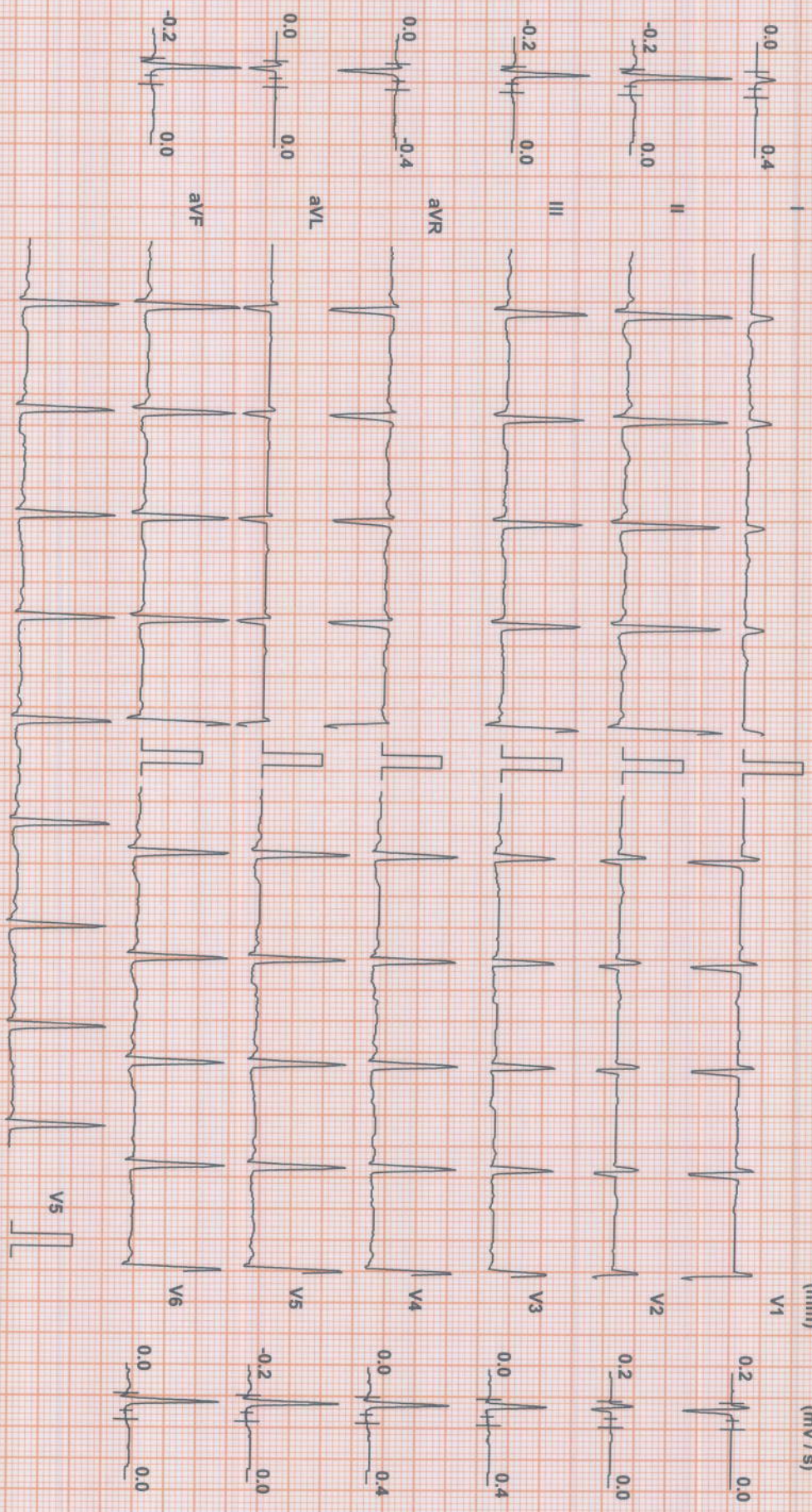


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Schiller Standard V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 91 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Standing

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

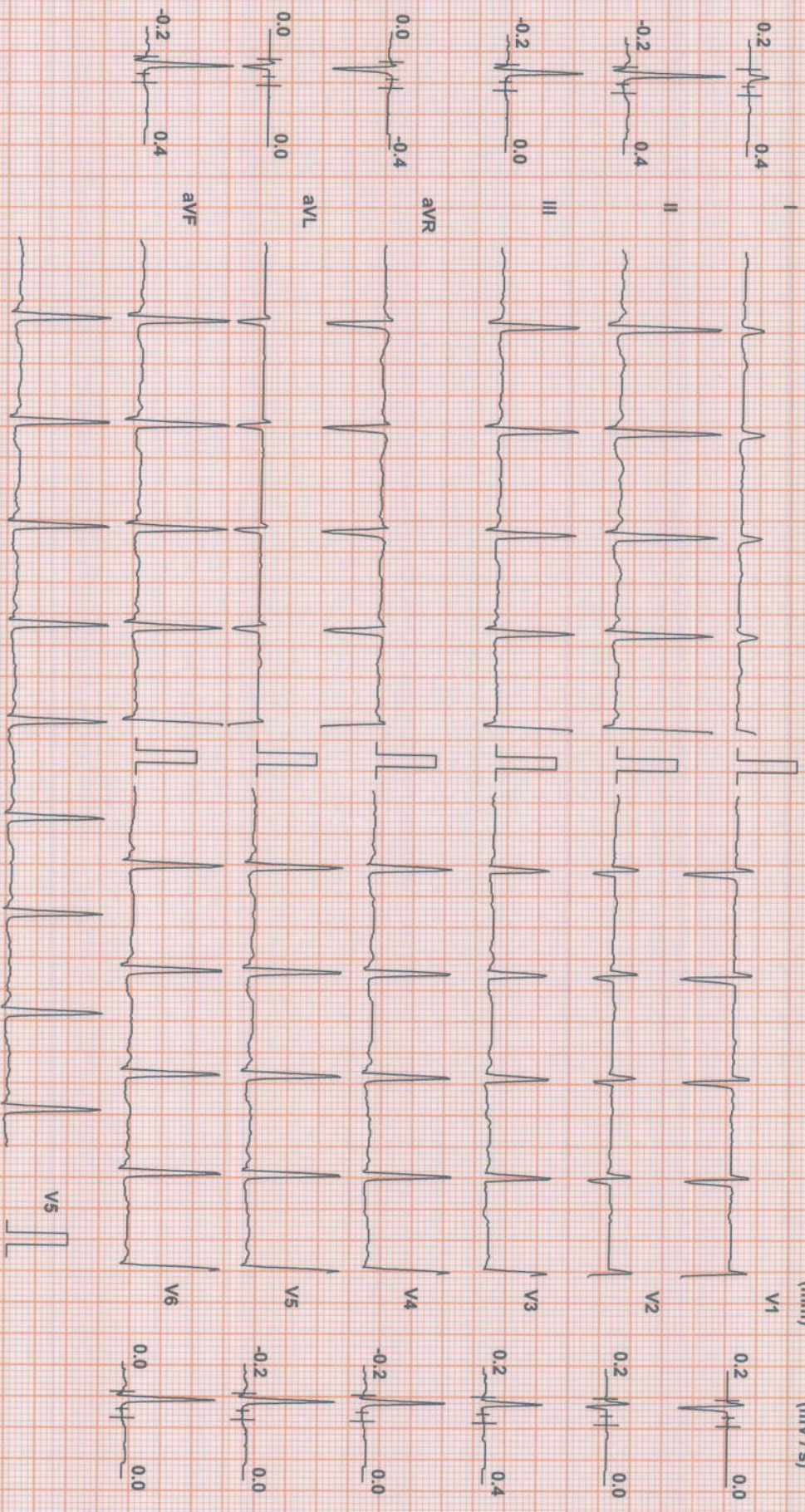


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Schlier Spandan V.4.7

Filter: 35 Hz

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Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 91 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

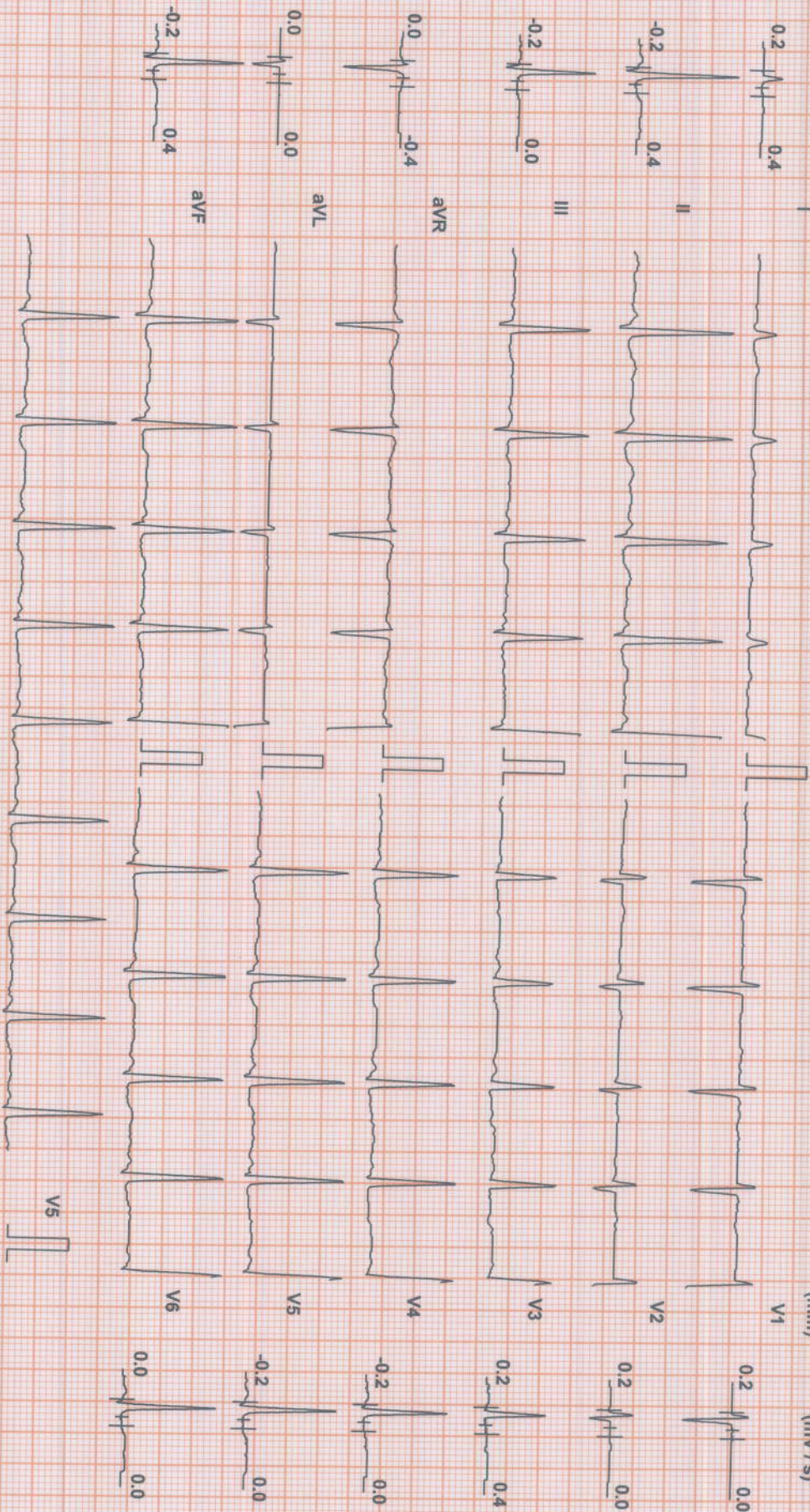


Chart Speed: 25 mm/sec
Schiller Spanan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post V = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033806

Date: 17-Sep-21

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 118 bpm

ST Level (mm) ST Slope (mV/s)

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 170 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

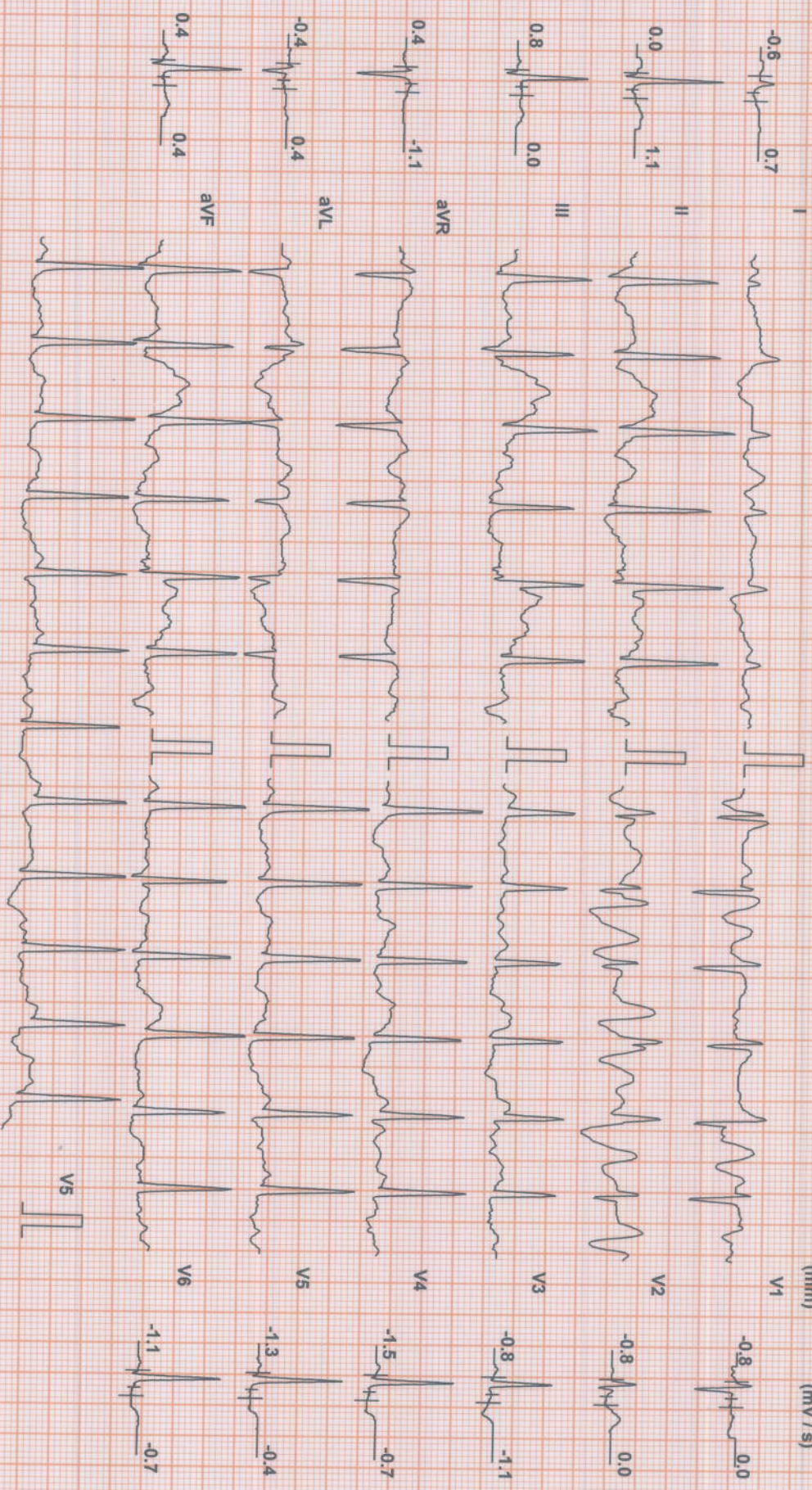


Chart Speed: 25 mm/sec
Schiller Spandax V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 80 ms J = R + 80 ms

Post J = J + 80 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21 Exec Time : 6 m 0 s

Stage Time : 3 m 0 s HR: 134 bpm

Stage: 2

Speed: 2.5 mph Grade: 12 %

(THR: 170 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

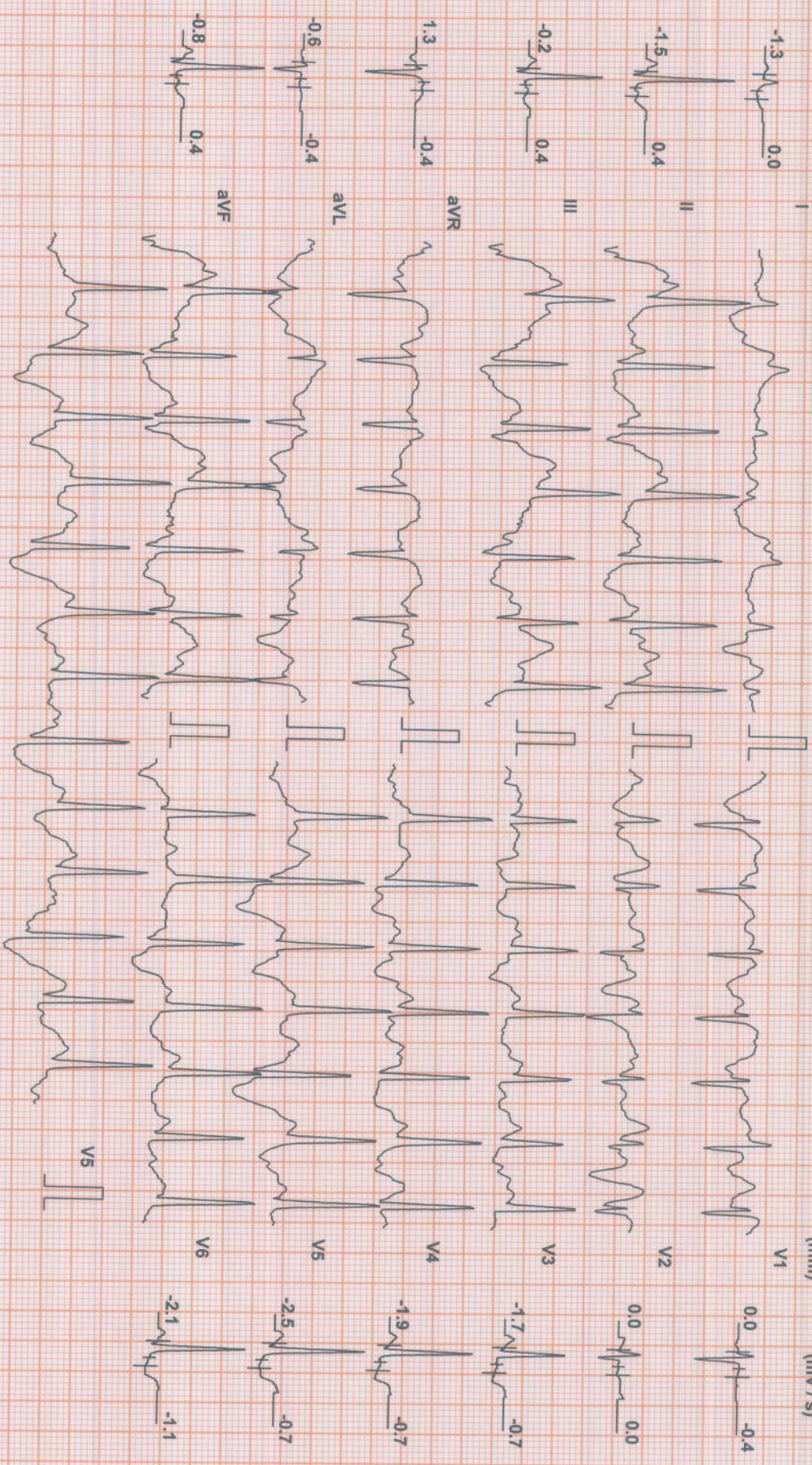


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 157 bpm

ST Level (mm) ST Slope (mV/s)

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 170 bpm)

B.P: 140 / 80

ST Level (mm) ST Slope (mV/s)

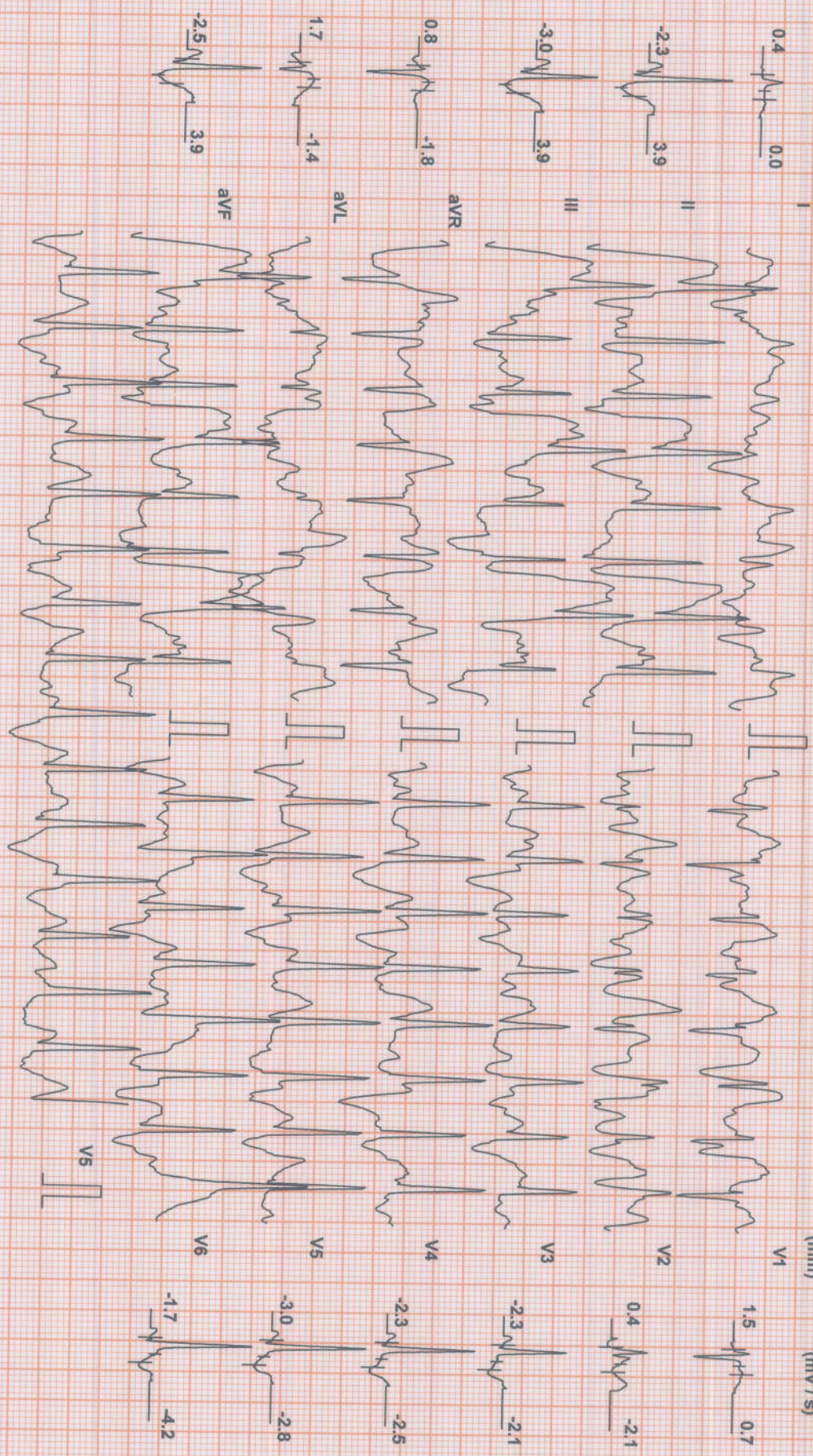


Chart Speed: 25 mm/sec
Schiller-Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

ID: 2126033805

Date: 17-Sep-21

Exec Time : 9 m 18 s

Stage Time : 0 m 18 s

HR: 160 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 170 bpm)

B.P: 150 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

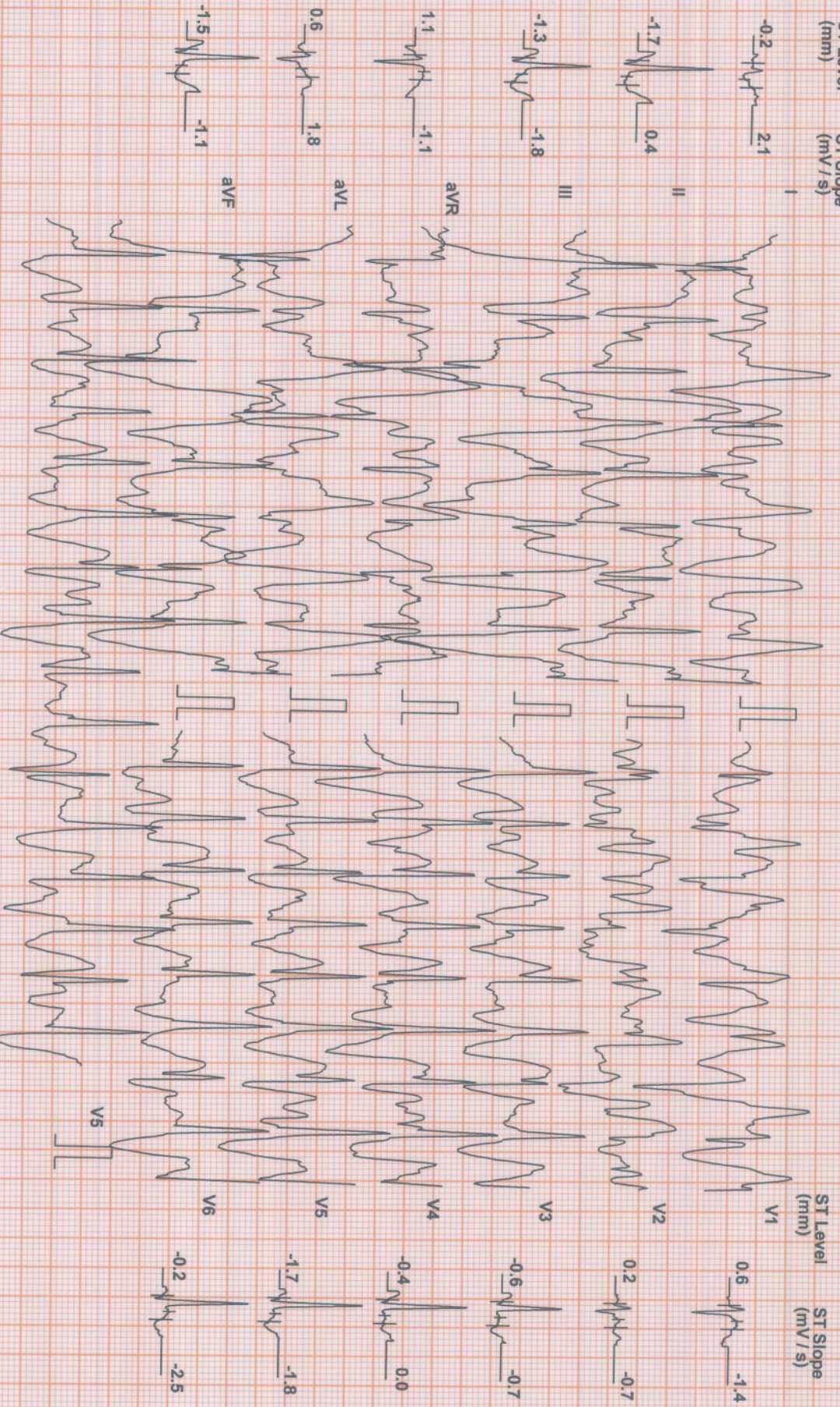


Chart Speed: 25 mm/sec
Schiller Spandart V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 9 m 18 s Stage Time : 2 m 0 s

HR: 119 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 170 bpm)

B.P.: 130 / 80

ST Level (mm) ST Slope (mV/s)

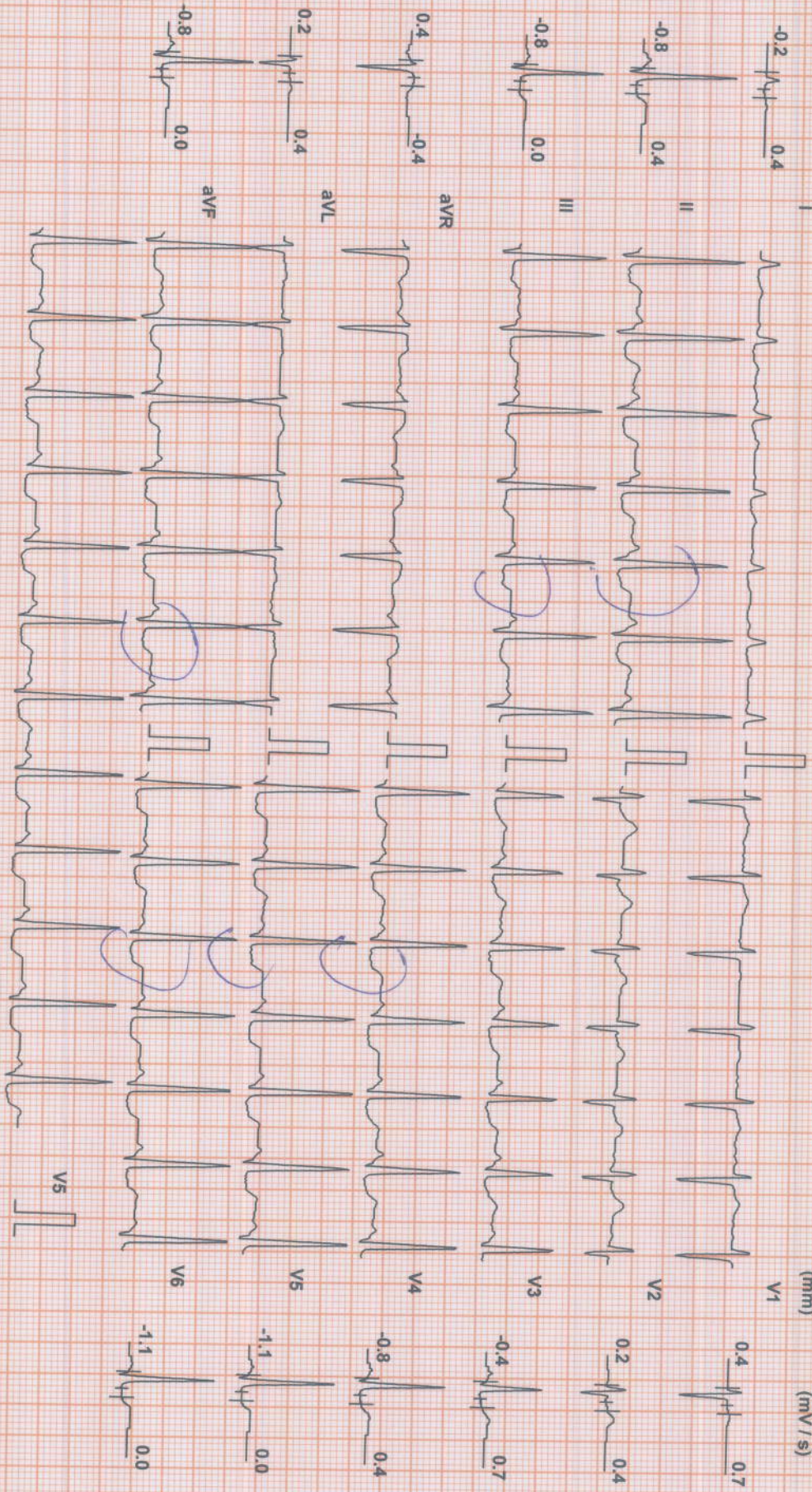


Chart Speed: 25 mm/sec
Schiller Spanden V.4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

VARSHA YADAV (31 F)

SUBURBAN DIAGNOSTICS GB RD THANE

Protocol: Bruce

ID: 2126033805

Date: 17-Sep-21

Exec Time : 9 m 18 s Stage Time : 2 m 0 s

HR: 112 bpm

ST Level (mm) ST Slope (mV/s)

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 170 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

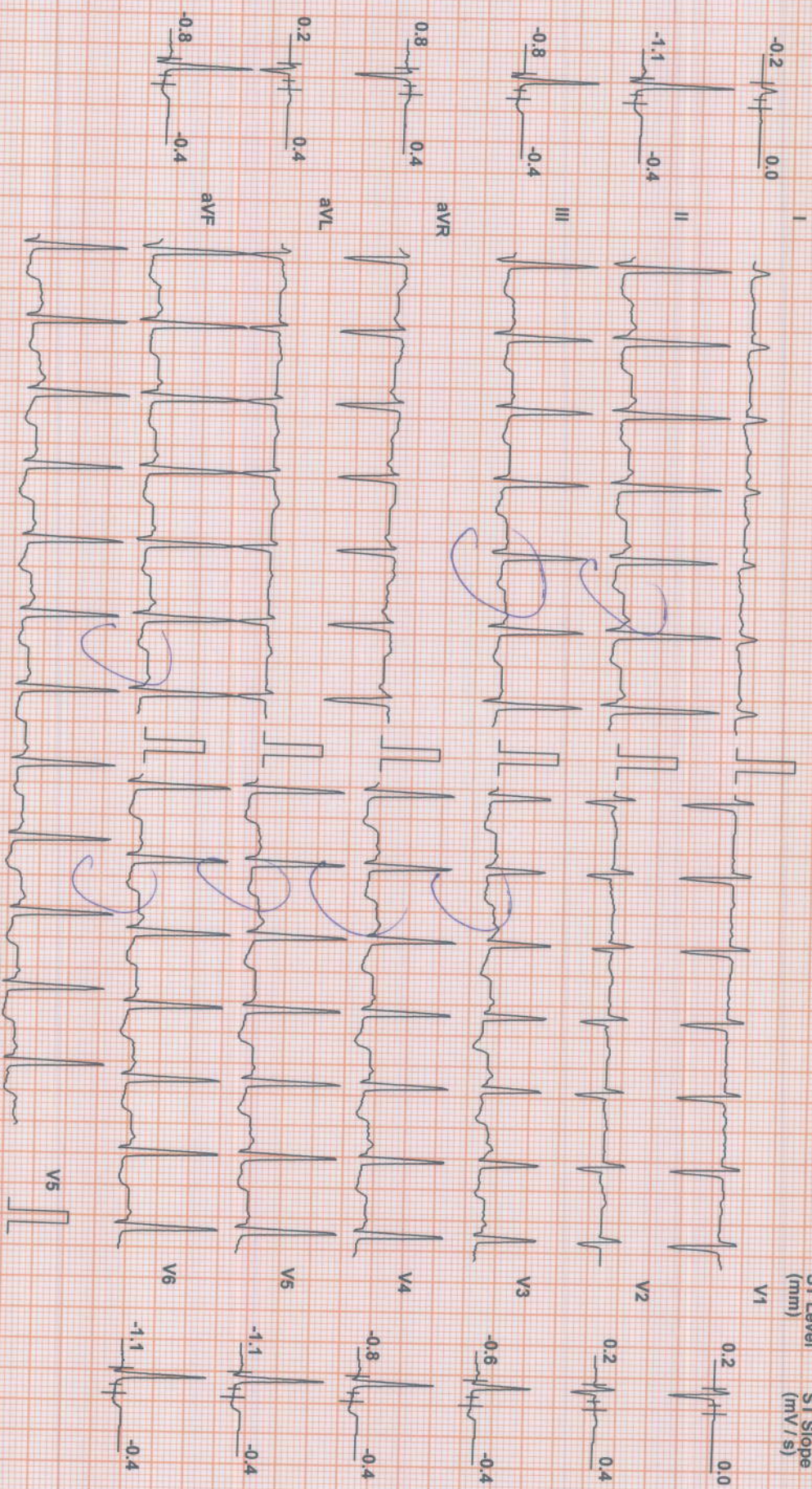


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms