



CID : 2333100741
Name : MRS.HIMANI SONI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 27-Nov-2023 / 09:36
Reported : 27-Nov-2023 / 13:46

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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	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.28	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.3	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7530	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.9	20-40 %	
Absolute Lymphocytes	2100.9	1000-3000 /cmm	Calculated
Monocytes	5.3	2-10 %	
Absolute Monocytes	399.1	200-1000 /cmm	Calculated
Neutrophils	61.9	40-80 %	
Absolute Neutrophils	4661.1	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	346.4	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	22.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	262000	150000-400000 /cmm	Elect. Impedance
MPV	10.2	6-11 fl	Calculated
PDW	22.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 61 2-20 mm at 1 hr. Sedimentation

Result rechecked
Kindly correlate clinically.

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	23.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.2	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	132.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	119	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.9	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



MC-2111

Bmhasakar

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 Borivali Lab, Borivali West

*** End Of Report ***



J. Thakker

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Pathologist & AVP(Medical Services)



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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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	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	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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

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

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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MC-2111

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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.

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 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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	219.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	234.0	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	177.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	131.8	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	45.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurement.

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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	3.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	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	3.4	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 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae 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 ***



MC-2111

J. Thakker

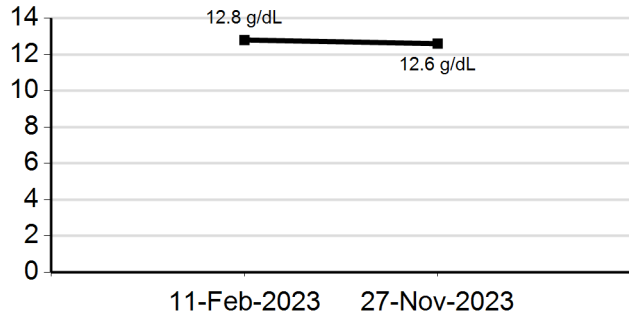
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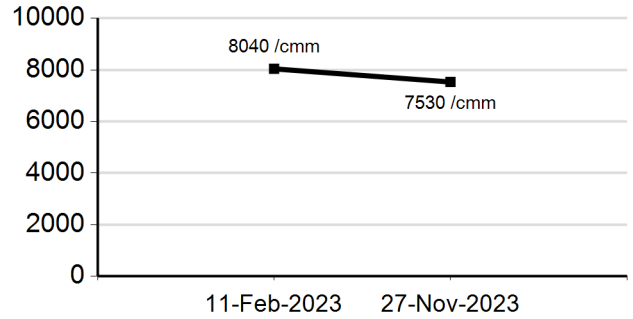
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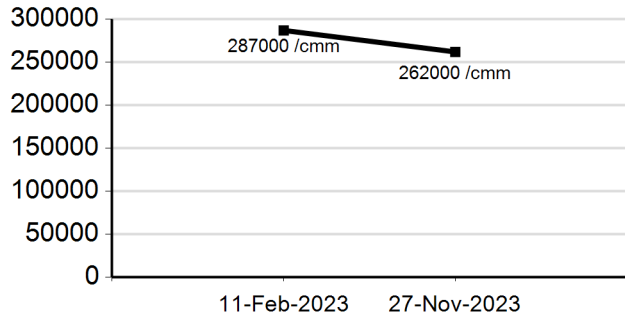
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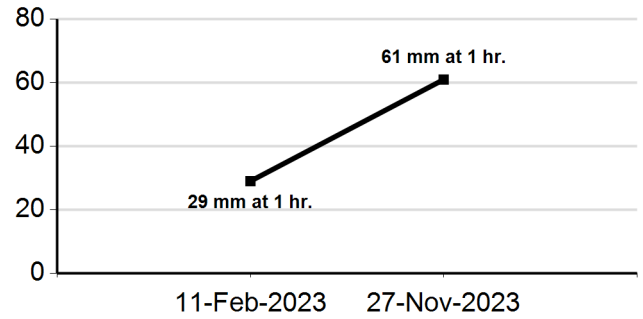
WBC Total Count



Platelet Count



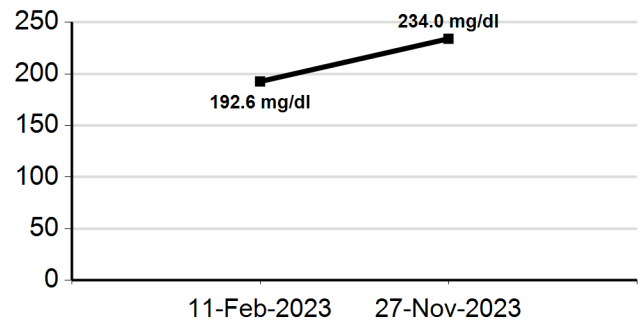
ESR



CHOLESTEROL



TRIGLYCERIDES

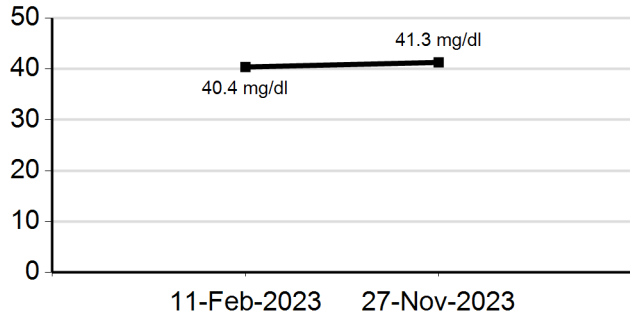




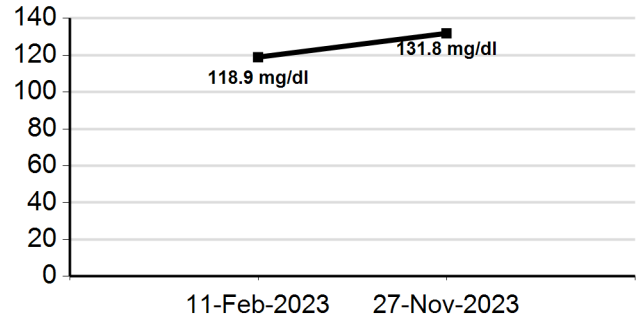
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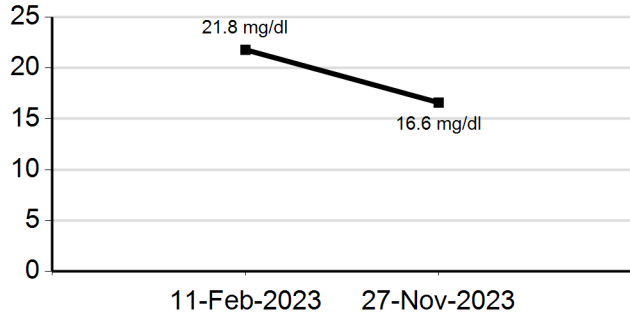
HDL CHOLESTEROL



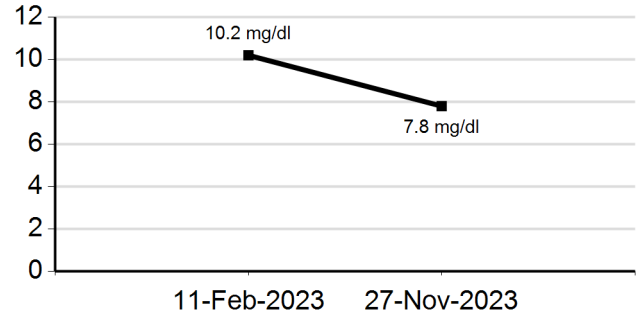
LDL CHOLESTEROL



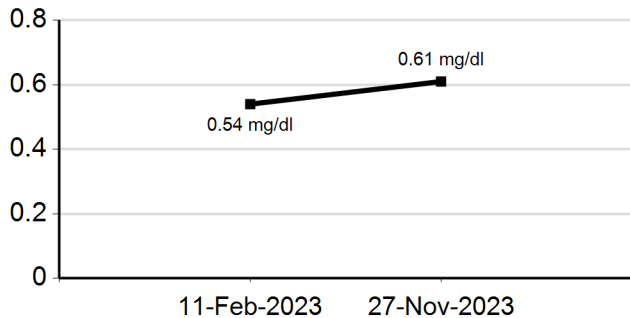
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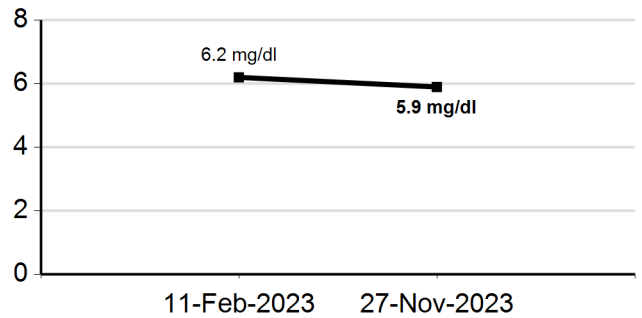
BUN



CREATININE



URIC ACID

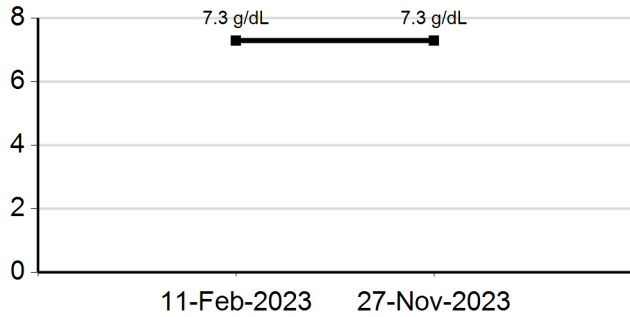




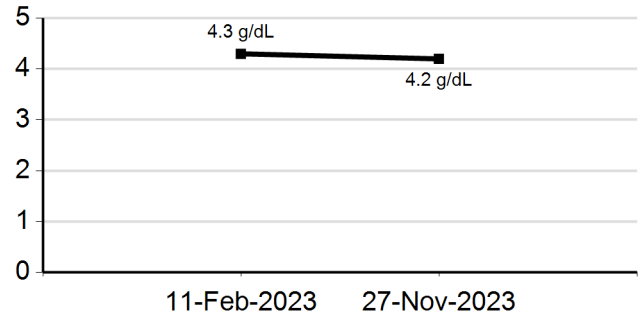
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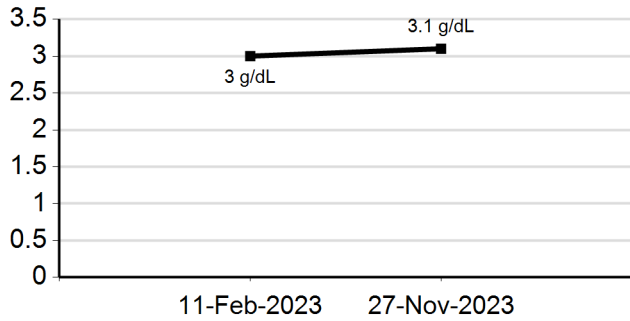
TOTAL PROTEINS



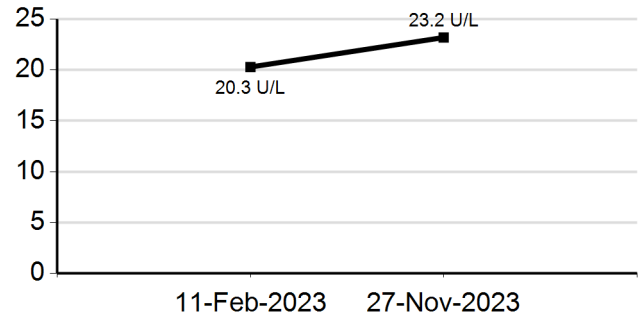
ALBUMIN



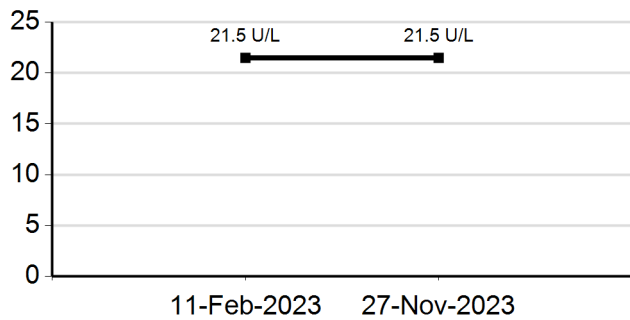
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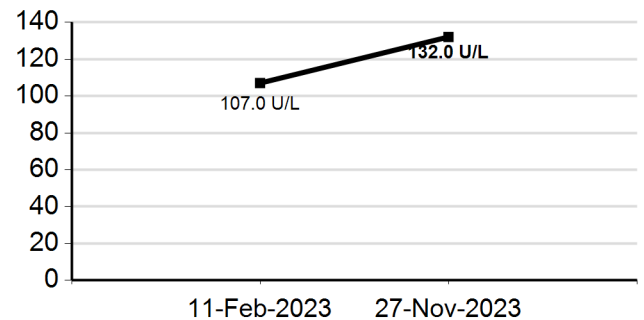
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

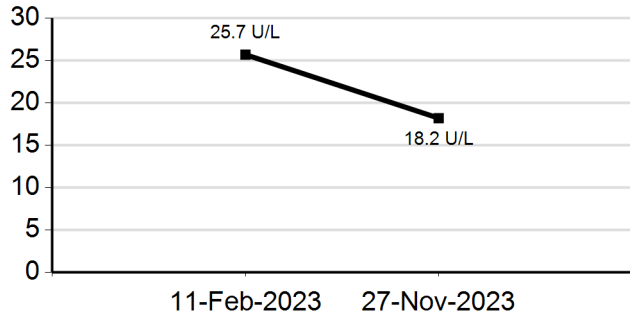




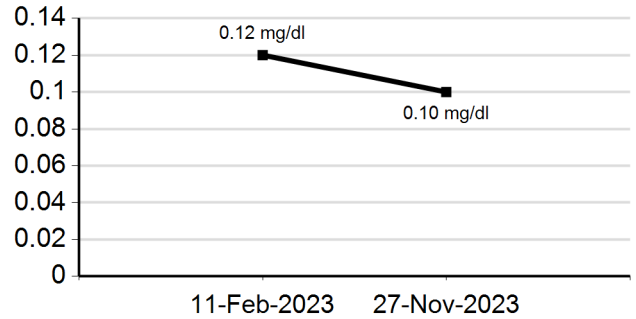
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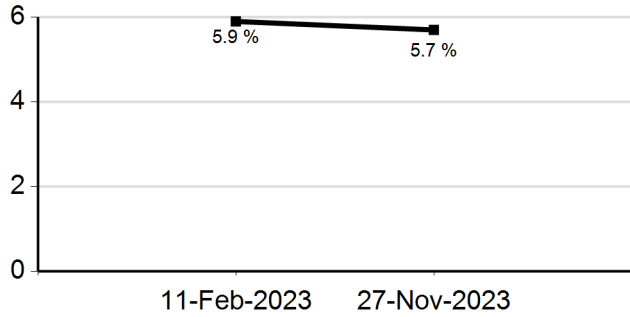
GAMMA GT



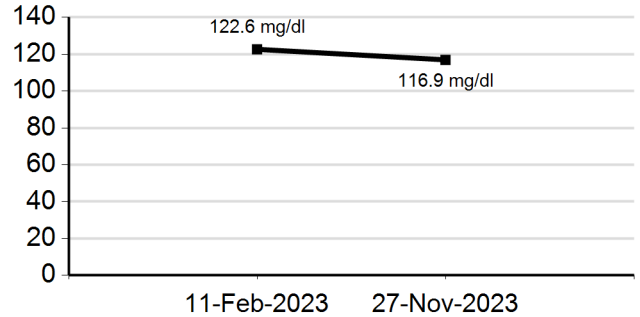
BILIRUBIN (DIRECT)



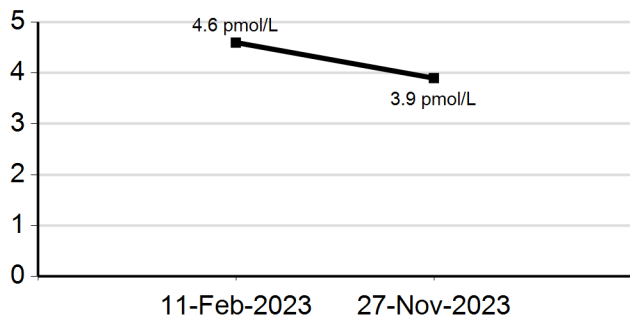
Glycosylated Hemoglobin (HbA1c)



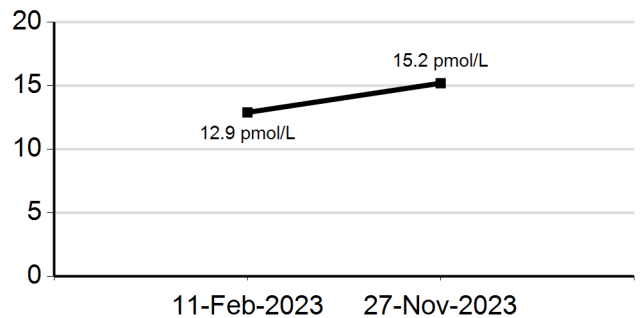
Estimated Average Glucose (eAG)



Free T3



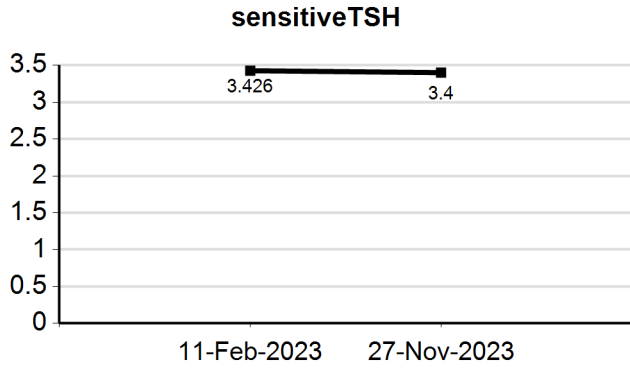
Free T4





Use a QR Code Scanner
Application To Scan the Code

CID : 2333100741
Name : MRS.HIMANI SONI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)



Name : Mrs . Himani Soni
VID : 2333100741
Ref By : Arcofemi Healthcare Limited

Reg Date : 27-Nov-2023 09:27
Age/Gender : 36 Years
Regn Centre : Kandivali East (Main Centre)

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	157 cms	Weight (kg):	90 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	78/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*Hyperlipidaemia
Haematuria
Hepatomegaly & fatty liver.*

ADVICE:

consult MD physician.

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

Print Date : 28-Nov-2023 08:34

Page: 1 of 2

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Name : Mrs . Himani Soni Reg Date : 27-Nov-2023 09:27
VID : 2333100741 Age/Gender : 36 Years
Ref By : Arcofemi Healthcare Limited Regn Centre : Kandivali East (Main Centre)

-
- | | |
|--|---------------------|
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS-2010,2014,2019 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg No. 69548
Jagruti Dhale

Dr. Jagruti Dhale

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangen,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61708060



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CID : 2333100741
Name : Mrs Himani Soni
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 12:51

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. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?
Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023112709280846

Use a QR Code Scanner
Application To Scan the Code

CID : 2333100741
Name : Mrs Himani Soni
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:19

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (18.2 cms) normal in shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD measures 3.8 mm. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 11.7 x 4.8 cm. Left kidney measures 11.8 x 5.1 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (11.8 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.2 x 5.3 x 4.4 cm in size.
The endometrial thickness is 5.4 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.4 x 1.7 cm Left ovary = 1.8 x 1.6 cm

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Access

sionNo=2023112709280832



Use a QR Code Scanner
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CID : 2333100741
Name : Mrs Himani Soni
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:19

IMPRESSION:-

HEPATOMEGALY WITH GRADE II FATTY LIVER.

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

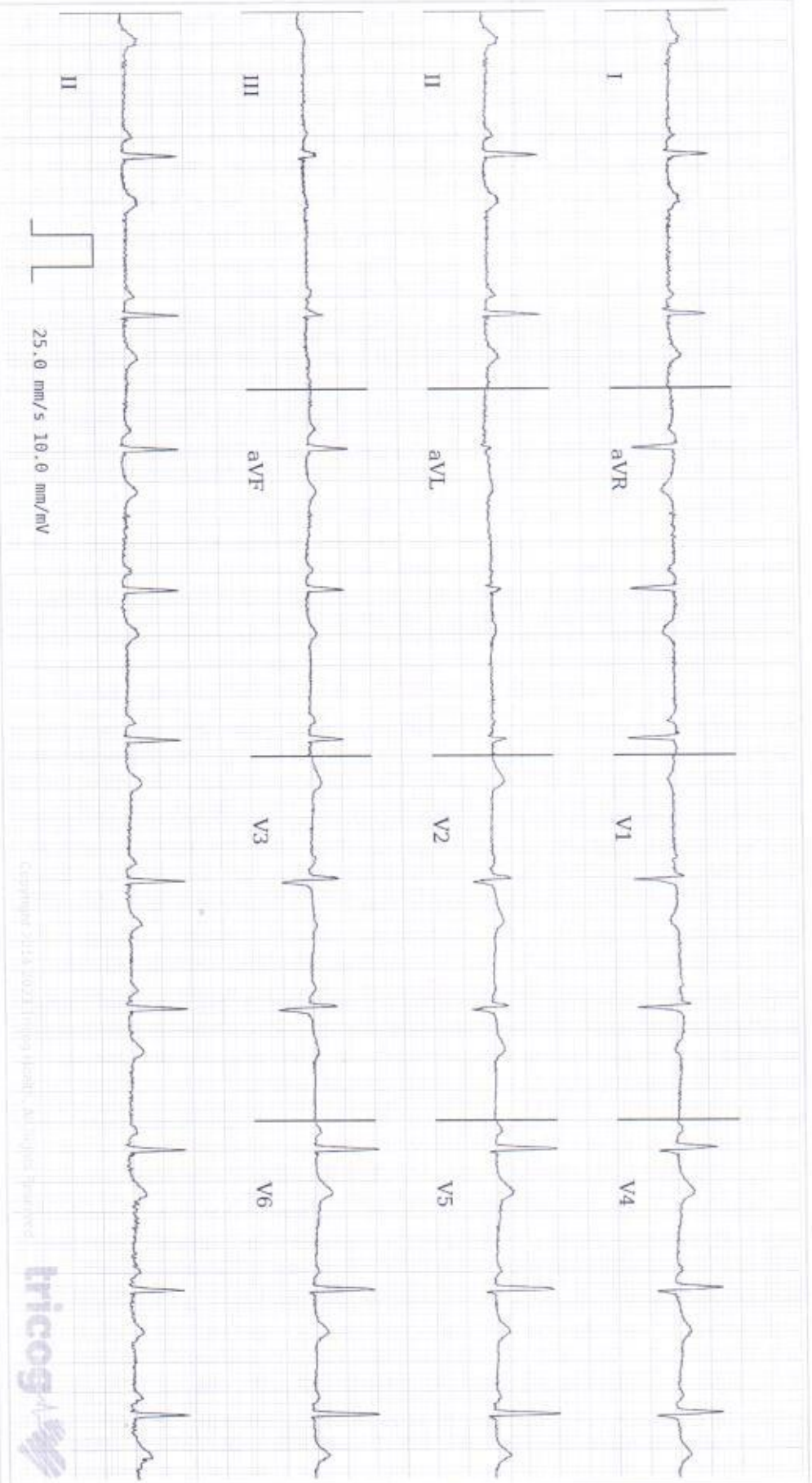
DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sionNo=2023112709280832

Patient Name: **HIMANI SONI**
Patient ID: **2333100741**

SUBURBAN DIAGNOSTICS - KANDIVALI EAST
Date and Time: **27th Nov 23 10:45 AM**



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Age **36** NA
years months
Gender **Female**
Heart Rate **66bpm**
Patient Vitals
BP: **100/70 mmHg**
Weight: **90 kg**
Height: **157 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements
QRSD: **76ms**
QT: **408ms**
QTcB: **427ms**
PR: **130ms**
P-R-T: **51° 50° 39°**

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

REPORTED BY

DR. AKHIL PARULKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
20120824M3

Physician's (1) analysis on this report is based on (1) ECG trace and should be used as an advisory clinical history, symptoms, and records of other diagnostic and non-invasive tests and must be interpreted by a qualified physician. (2) Patient status errors entered by the clinician will not directly affect the ECG.



Email:

2406 / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg Date: 27 / 11 / 2023 10:59:05 AM Refd By : AEFORCAMI

REPORT :

Heart Rate 160.0 bpm

Systolic BP 140.0 mmHg Diastolic BP 70.0 mmHg

Exercise Time 05:26 Mins Ectopic Beats 0.0

METS 6.7 Test End Reason , Heart Rate Achieved Target Heart Rate 89% of 184

TEST OBJECTIVE	✓	ROUTINE CHECK UP
RISK FACTOR	✓	NONE
ACTIVITY	✓	MODERATE ACTIVE
MEDICATION	✓	NONE
REASON FOR TERMINATION	✓	HEART RATE ACHIEVED
EXERCISE TOLERANCE	✓	GOOD
EXERCISE INDUCED ARRHYTHMIAS	✓	NO
HAEMODYNAMIC RESPONSE	✓	NORMAL
CHRONOTROPIC RESPONSE	✓	NORMAL
FINAL IMPRESSION	✓	NO SIGNIFICANT ST T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

Dr. Akhil P. Parulekar.

MBBS. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. L
Row House No. 3, Aangan,
Pachakur Village, Kandivali (east)
Mumbai - 400101.
Tel : 61700000

Doctor : DR. AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

2406 (23333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg
 Date: 27 / 11 / 2023 10:59:05 AM Refd By : AEFORCAMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	069	38%	100/70	069	00	
Standing	00:33	0:26	00.0	00.0	01.0	088	48%	100/70	088	00	
HV	00:50	0:17	00.0	00.0	01.0	076	41%	100/70	076	00	
ExStart	01:20	0:30	00.0	00.0	01.0	089	48%	100/70	089	00	
BRUCE Stage 1	04:20	3:00	02.7	10.0	04.7	134	73%	100/70	134	00	
PeakEx	06:46	2:26	04.0	12.0	06.7	160	87%	140/70	224	00	
Recovery	07:46	1:00	00.0	00.0	01.0	120	65%	140/70	168	00	
Recovery	08:05	1:20	00.0	00.0	01.0	109	59%	140/70	152	00	

FINDINGS :

Exercise Time : 05:26
 Initial HR (ExStrt) : 89 bpm 48% of Target 184
 Initial BP (ExStrt) : 100/70 (mm/Hg)
 Max Workload Attained : 6.7 Fair response to induced stress
 Duke Treadmill Score : 05.2
 Test End Reasons : Heart Rate Achieved

Max HR Attained: 160 bpm 87% of Target 184
 Max BP Attained: 140/70 (mm/Hg)

Dr. Akhil P. Parulekar.

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 20112062483

Doctor : DR.AKHIL PARULEKAR

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Row House No. 3, Aangan,
 Thakur Village, Kandivalli (east),
 Mumbai - 400101.

Tel : 617000000

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:07)



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 69

Date: 27 / 11 / 2023 10:59:05 AM

METS: 1.0 / 69 bpm 38% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 Kmph 0.0%

4X 80 mS (Post J)

25 mm/Sec 1.0 Cm/Div



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:26)

2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 88

Date: 27/11/2023 10:59:05 AM METS: 1.0/88 bpm 48% of THR BP: 100/70 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 KmPh. 0.0%

4X 80ms Post. 1

25 mm/Sec 1.0 Cm/mV

STL 0.6
SRS 1.1

V1 0.1
V1 0.1
V2 0.2

V1

II -0.2
-0.5

II

V2 0.2
0.2
0.3

V2

III -0.8
-1.6

III

V3 0.2
0.2
0.2

V3

avR 0.0
0.0
-0.2

avR

V4 0.2
0.2
0.1

V4

avL 0.5
0.5
0.9

avL

V5 0.4
0.4
0.4

V5

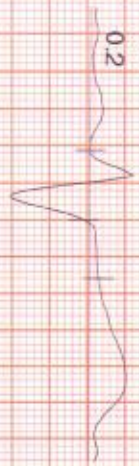
avF -0.4
-0.4
-1.0

avF

V6 0.4
0.4
0.5

V6

V2
0.2



I III avL V1 V3 V5



II avR avF V2 V4 V6



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:17)



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 76

Date: 27 / 11 / 2023 10:59:05 AM METS: 1.0 / 76 bpm 41% of THR BP- 100/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

EXTIME: 00:00 0.0 KmPh 0.0%

4X 80 mS Post #

25 mm/Sec 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 134

Date: 27 / 11 / 2023 10:59:05 AM METS: 4.7 / 134 bpm 73% of THR BP: 100/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime 03:00 2.7 Kmph 10.0%

4X 50ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.1
STB 0.8

V1 0.3
V2 0.1

II 0.7
III 0.5

V2 0.4
V3 0.6

III 0.8
aVR 0.3

V3 0.4
V4 0.1

aVR 0.3
aVL 0.7

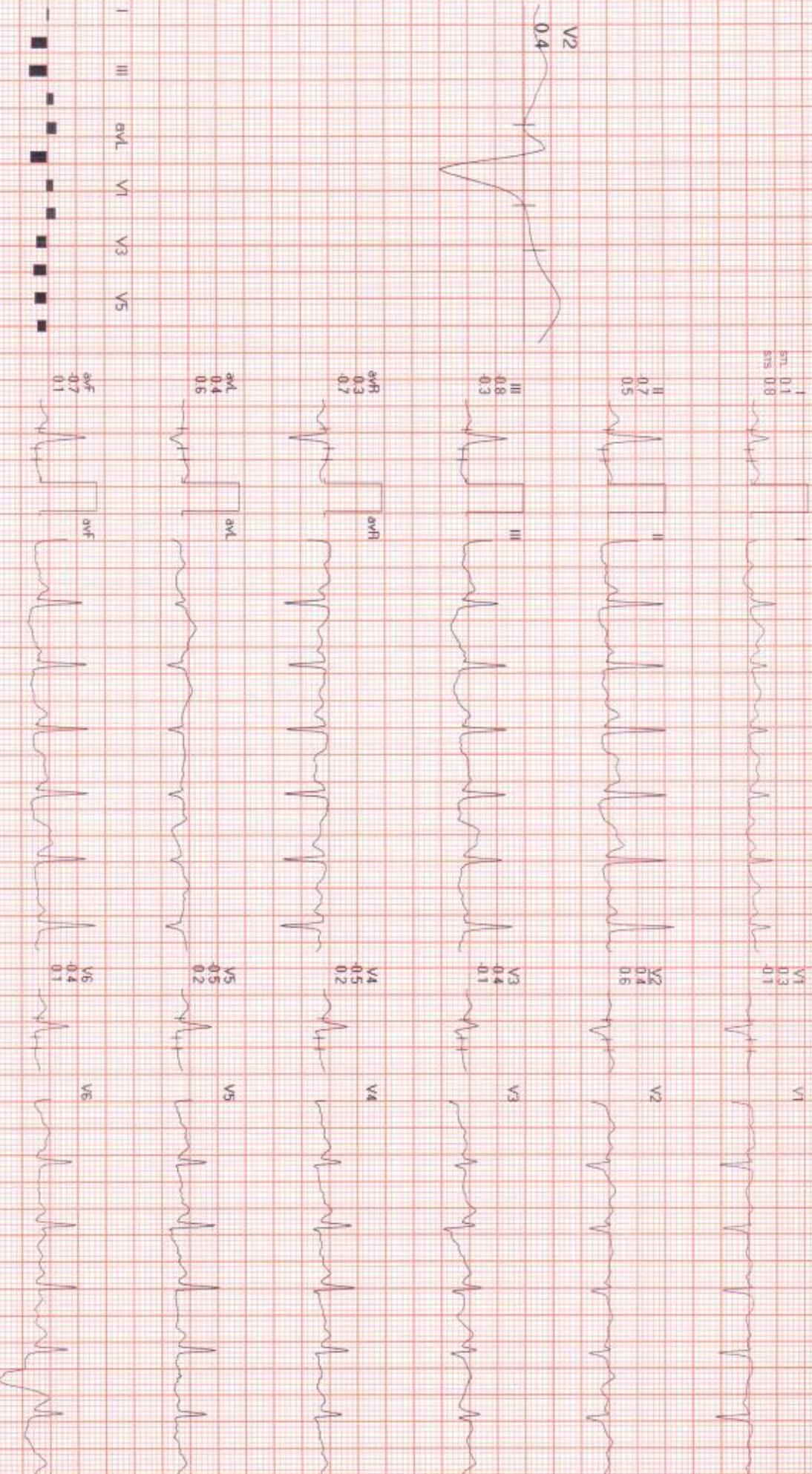
V4 0.5
V5 0.2

aVL 0.4
aVF 0.6

V5 0.5
V6 0.2

aVF 0.7
V1 0.1

V6 0.4
V6 0.1



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeaKEX



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 160

Date: 27 / 11 / 2023 10:59:05 AM METS: 6.7/160 bpm 87% of THR BP: 140/70 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:26 4.0kmph 12.0%

4X 50ms Post

25mm/Sec 1.0Cm/mV

srL 0.1
srB 1.0

V5 0.2
V6 0.2

II 0.8
III 0.4

V2 0.4
V4 0.9

III 0.9
aVL 0.6

V3 0.2
V3 0.9

aVR 0.4
aVL 0.7

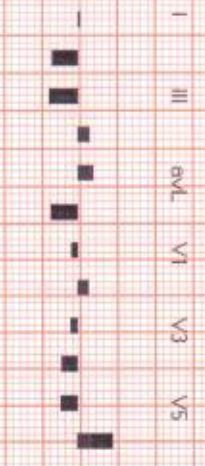
V4 0.5
V4 0.9

aVL 0.5
aVL 0.8

V5 0.5
V5 0.7

aVF 0.9
aVF 0.1

V6 1.2
V6 1.5



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR : 120

Date: 27 / 11 / 2023 10:59:05 AM METS: 1.0 / 120 bpm 65% of THR BP: 140/70 mmHg Rew ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 05:26 0.0Kmph 0.0%

4X 80ms Post 4

25mm/5sec 1.0Ch/mV

SI 0.9
STI 1.4

V1 0.1
V2 0.5

II 0.5
III 1.9

V2 1.2
V3 1.1

III 0.4
0.5

V3 0.5
0.9

avR -0.7
-1.6

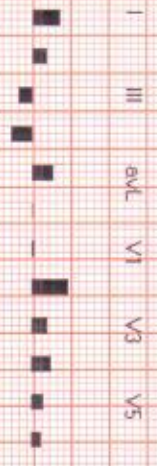
V4 0.6
1.4

avL 0.7
0.5

V5 0.4
1.2

avF 0.0
1.2

V6 0.3
1.1



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:19)



2406 (2333100741) / HIMANI SONI / 36 Yrs / F / 157 Cms / 90 Kg / HR 109

Date : 27 / 11 / 2023 10:59:05 AM METS : 1.0/109 bpm 59% of THR BP : 140/70 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime 05:26 0.0Kmph 0.0%

4X 80 ms Plead

25 mm/Sec 1.0 Cm/mV

STL 0.2
STB 0.8

V1 0.0
V1 0.1

II 0.1
II 0.7

V2 0.5
V2 1.1

III -0.1
III 0.0

V3 0.0
V3 0.9

V2 0.5

avR -0.2
avR 0.8

V4 0.1
V4 1.0

avL 0.2
avL 0.4

V5 -0.1
V5 0.7

avF 0.0
avF 0.4

V6 -0.1
V6 0.5

I III avL V1 V3 V5

II avR avF V2 V4 V6

REMARKS

