



CID : 2305621945
Name : MRS.PAYAL NANDKISHOR
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 25-Feb-2023 / 09:21
Reported : 25-Feb-2023 / 13:58

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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 | 11.1 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.41 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 35.7 | 36-46 % | Measured |
| MCV | 81 | 80-100 fl | Calculated |
| MCH | 25.2 | 27-32 pg | Calculated |
| MCHC | 31.1 | 31.5-34.5 g/dL | Calculated |
| RDW | 15.7 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5740 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 23.9 | 20-40 % | |
| Absolute Lymphocytes | 1371.9 | 1000-3000 /cmm | Calculated |
| Monocytes | 5.4 | 2-10 % | |
| Absolute Monocytes | 310.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 67.9 | 40-80 % | |
| Absolute Neutrophils | 3897.5 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.8 | 1-6 % | |
| Absolute Eosinophils | 103.3 | 20-500 /cmm | Calculated |
| Basophils | 1.0 | 0.1-2 % | |
| Absolute Basophils | 57.4 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 226000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 11.8 | 6-11 fl | Calculated |
| PDW | 20.6 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



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| | |
|----------------------|------------|
| Hypochromia | Mild |
| Microcytosis | Occasional |
| Macrocytosis | - |
| Anisocytosis | Mild |
| Poikilocytosis | Mild |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | - |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 33 2-20 mm at 1 hr. Sedimentation

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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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 | 87.5 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 117.7 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.61 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.26 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.35 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.6 | 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 | 23.9 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 18.8 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 14.1 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 70.3 | 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 | 0.8 | 0.51-0.95 mg/dl | Enzymatic |



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| | | | |
|-------------------------|--------|--------------------|------------|
| eGFR, Serum | 85 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 3.7 | 2.4-5.7 mg/dl | Enzymatic |
| 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 Panvel Lab, Panvel East
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



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

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|-----------------------------------------------|----------------|------------------------------------------------------------------------------------------|---------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.2 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 102.5 | 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 Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

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Reported : 25-Feb-2023 / 19:42

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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) | Acidic (6.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 25 | - | - |
| <u>CHEMICAL EXAMINATION</u> | | | |
| 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 |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leukocytes(Pus cells)/hpf | 1-2 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 3-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 5-6 | Less than 20/hpf | |

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

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

Reference: Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 25-Feb-2023 / 09:21
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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 ***



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| CHOLESTEROL, Serum | 178.9 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 131.3 | 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 | 53.5 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 125.4 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 99.0 | 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 | 26.4 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.3 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.9 | 0-3.5 Ratio | Calculated |

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



J. Mujawar

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Pathologist



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Age / Gender : 38 Years / Female
Consulting Dr. : -
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Collected : 25-Feb-2023 / 09:21
Reported : 25-Feb-2023 / 14:55

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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 | 4.1 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 14.8 | 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 | 3.88 | 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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

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M.D (Path)
Pathologist



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Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023/14:45

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.

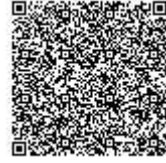
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078



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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PAYAL N JAMUNPANE

NANDKISHOR BALRAM JAMUNPANE

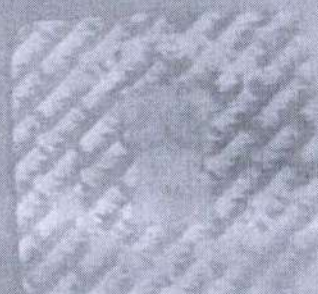
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Payal.

Signature



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Payal



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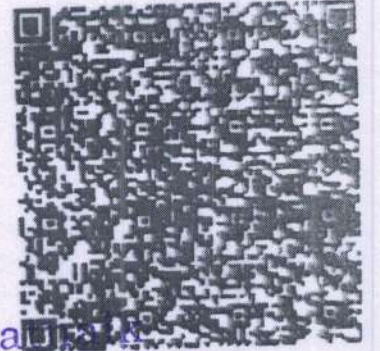


पायल उमेशकुमार निनावे

Payal Umeshkumar Ninawe

जन्म तारीख/ DOB: 04/08/1984

महिला / FEMALE



Dr. Alka Patil

M.B.B.S., C.G.O. Nagpur Reg. No. 73987

Dip. Psysextherapy-U.K. Reg. No. Of 395

4809 6033 2098

माझे आधार, माझी ओळख

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Sector-17, Vashi, Navi Mumbai - 400 703

Tel: 27884547 / 27364548.

PHYSICAL EXAMINATION REPORT

| | | | |
|--------------|-----------------------|---------|-------------|
| Patient Name | Mr. Pooja Nandkishore | Sex/Age | F/38 |
| Date | 25/02/23 | CID | 2305021945. |

History and Complaints

NO CLC

EXAMINATION FINDINGS:

| | | | |
|----------------|--------|-------------|-------------------|
| Height (cms): | 160 | Temp (0c): | NO |
| Weight (kg): | 63 | Skin: | Normal |
| Blood Pressure | 110/70 | Nails: | Pallor (+) |
| Pulse | 68/m | Lymph Node: | Submental 2/3 (+) |
| BMI | 24.6 | | |

Systems :

| | |
|-----------------|-----------------------------------|
| Cardiovascular: | S, O ₂ Lead, NO murmur |
| Respiratory: | ABBS |
| Genitourinary: | Normal |
| GI System: | Normal, |
| CNS: | Normal |

Impression: Uterus Abdomen - Bulky Uterus

Advice: Good Health

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

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

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

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 |
| 13) | Blood disease or disorder | No |
| 14) | Cancer/lump growth/cyst | No |
| 15) | Congenital disease | No |
| 16) | Surgeries | DTC, LSCG |
| 17) | Musculoskeletal System | NOP |

PERSONAL HISTORY:

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


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395.

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Date:- 25/02/23

CID: 2305021945

Name:- Mrs Payal Nandkishore

Sex / Age: F / 38

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - No

Past history: - No

Unaided Vision: - No

Aided Vision: - Yes

Refraction: With glass

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-------|-----|------|-----|-------|-----|------|-----|
| Distance | _____ | | | 6/6 | _____ | | | 6/6 |
| Near | _____ | | | NH | _____ | | | NH |

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Show. No. 22, Ground Floor, Raikar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel 27884547 / 27864548.

Dr. Alka Patnaik
M.B.B.S., C.G.O. Nagpur Reg. No. 73367
Dip. Psysextherapy-U.K. Reg. No. OF395

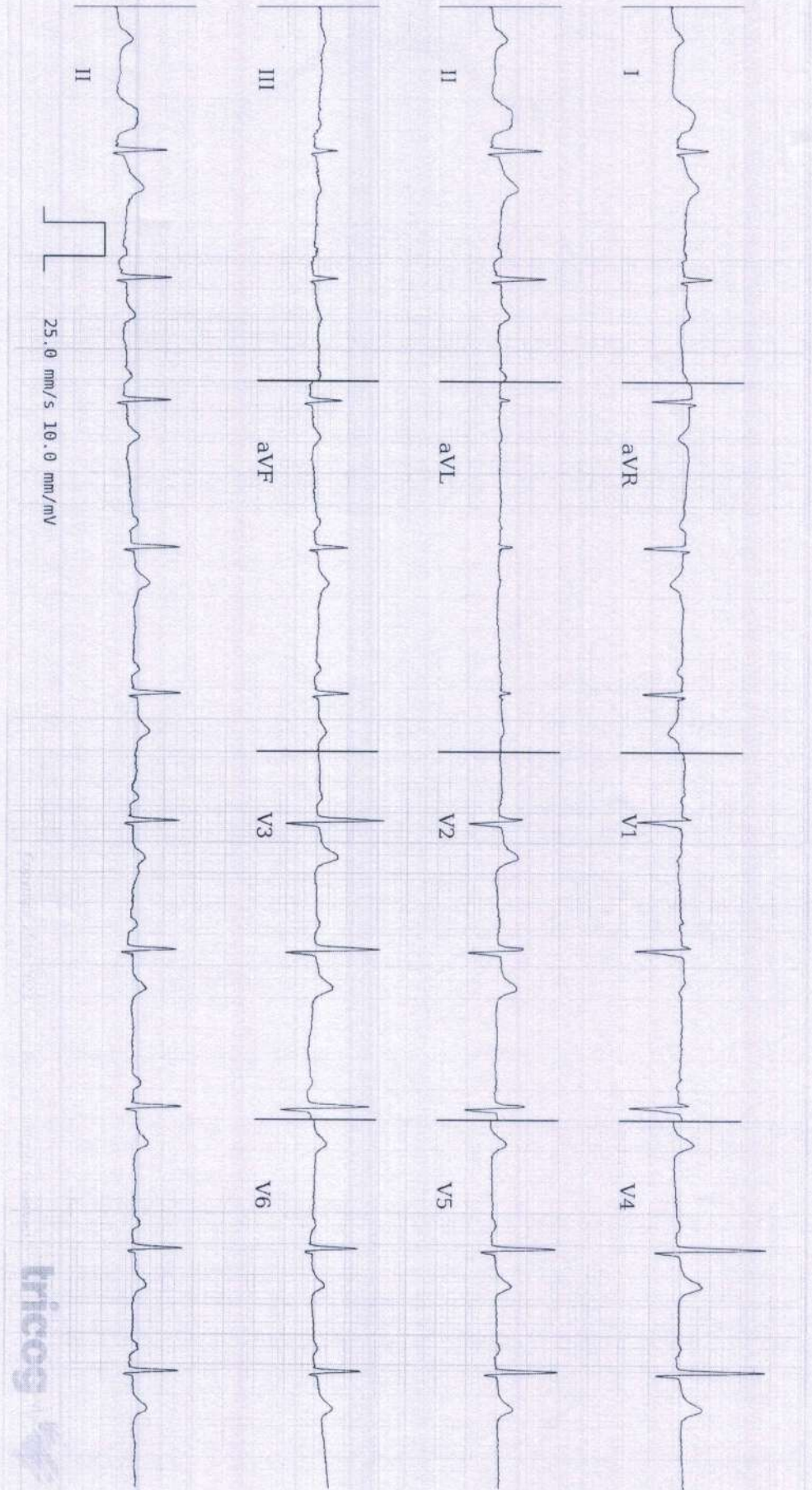
ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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

Patient Name: PAVAL NANDKISHOR
Patient ID: 2305621945

Date and Time: 25th Feb 23 10:23 AM



Age: 38 years 6 months 21 days

Gender: Female

Heart Rate: 68bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 63 kg

Height: 160 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 76ms

QT: 370ms

QTc: 393ms

PR: 176ms

P-R-T: 59° 53° 58°

REPORTED BY

Arund N. Mousavi

Dr. Arund N. Mousavi
M.D. (General Medicine)
Reg No 39329 M.M.C

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Otherwise. Please correlate clinically.





CID : 2305621945
Name : Mrs PAYAL NANDKISHOR
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Feb-2023
Reported : 27-Feb-2023 / 11:15

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5 x 3.4 cm. Left kidney measures 10.4 x 3.4 cm.

SPLEEN:

The spleen is normal in size 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 bulky. It measures 10.8 x 3.9 x 6.1 cm in size. The endometrial thickness is 7.9 mm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509172091>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2305621945
Name : Mrs PAYAL NANDKISHOR
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 25-Feb-2023
Reported : 27-Feb-2023 / 11:15

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.1 x 1.9 cm. Left ovary = 3.0 x 2.7 cm.

IMPRESSION:-

Bulky uterus.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022509172091>

SUBURBAN DIAGNOSTICS

Patient Details

Name: MS PAYAL NANDKISHOR
Age: 38 y
Clinical History: NIL
Medications: NIL

Date: 25-Feb-23
ID: 2305621945

Time: 1:17:12 PM
Height: 160 cms

Weight: 63 Kgs

Test Details

Protocol: Bruce
Total Exec. Time: 6 m 32 s
Max. BP: 150 / 84 mmHg
Test Termination Criteria: THR ACHIEVED

Pr.MHR: 182 bpm
Max. HR: 162 (89% of Pr.MHR) bpm
Max. BP x HR: 24300 mmHg/min

THR: 154 (85 % of Pr.MHR) bpm
Max. Mets: 10.20
Min. BP x HR: 6020 mmHg/min

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 | 1 : 6 | 1.0 | 0 | 0 | 87 | 110 / 70 | -0.85 aVR | 1.06 II |
| Standing | 0 : 13 | 1.0 | 0 | 0 | 88 | 110 / 70 | -0.64 aVR | 1.06 II |
| Hyperventilation | 0 : 15 | 1.0 | 0 | 0 | 86 | 110 / 70 | -0.85 aVR | 1.06 V5 |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 125 | 130 / 74 | -1.27 aVR | 2.12 II |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 153 | 140 / 80 | -0.85 aVR | 2.48 II |
| Peak Ex | 0 : 32 | 10.2 | 3.4 | 14 | 162 | 144 / 84 | -0.64 aVR | 2.48 II |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 129 | 144 / 84 | -1.06 aVR | 2.83 II |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 101 | 150 / 84 | -1.06 aVR | 2.83 V4 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 103 | 140 / 80 | -0.42 aVR | 1.77 V4 |
| Recovery(4) | 1 : 0 | 1.0 | 0 | 0 | 102 | 124 / 80 | -0.42 aVR | 1.06 II |
| Recovery(5) | 0 : 9 | 1.0 | 0 | 0 | 97 | 124 / 80 | -0.42 aVR | 1.06 V4 |

SUBURBAN DIAGNOSTICS

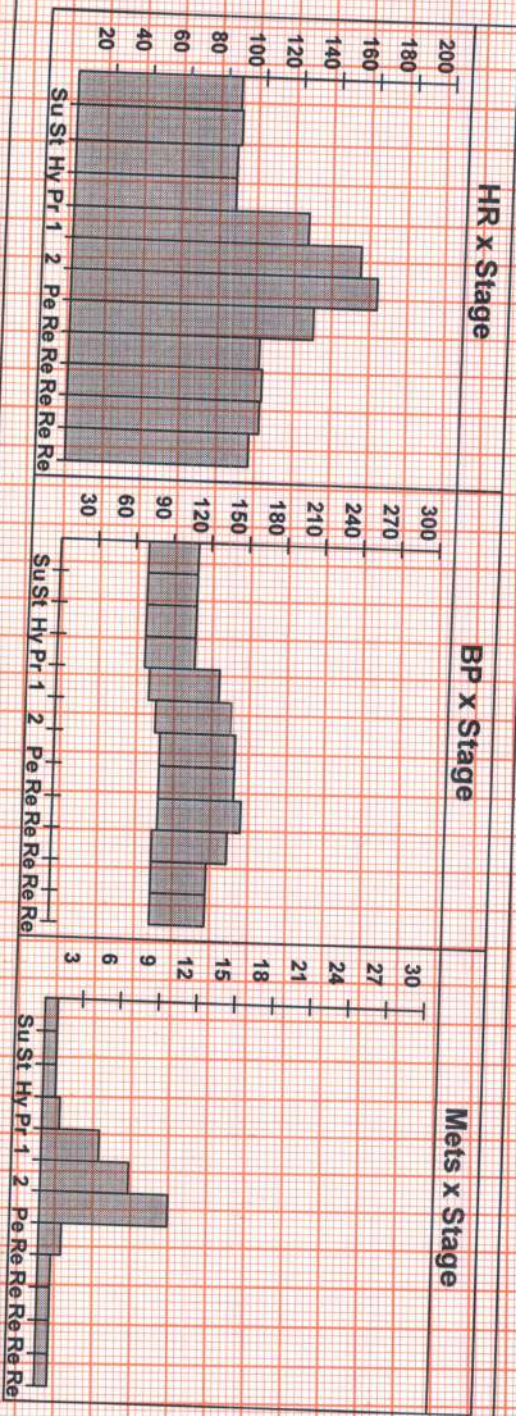
Patient Details

Name: **MS PAYAL NANDKISHOR** Date: **25-Feb-23**
 Age: **38 Y** Sex: **F** ID: **2305621945**

Time: **1:17:12 PM**

Height: **160 cms**

Weight: **63 Kgs**



Interpretation

FAIR EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS
 NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION:
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA.

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.

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
 Shop No. 22, Ground Floor, Parkar Bhawan,
 Sector-17, Vasant Vihar, New Delhi - 400 703

Ref. Doctor:

(Summary Report edited by user)
 Tel: 27564547 / 27804548

Doctor: **DR. ANAND N. MOTWANI**
 M.D. (GENERAL MEDICINE)
 Reg. No. **38329 (M.M.C)**

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 1 m 0 s

HR: 89 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 110 / 70

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

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

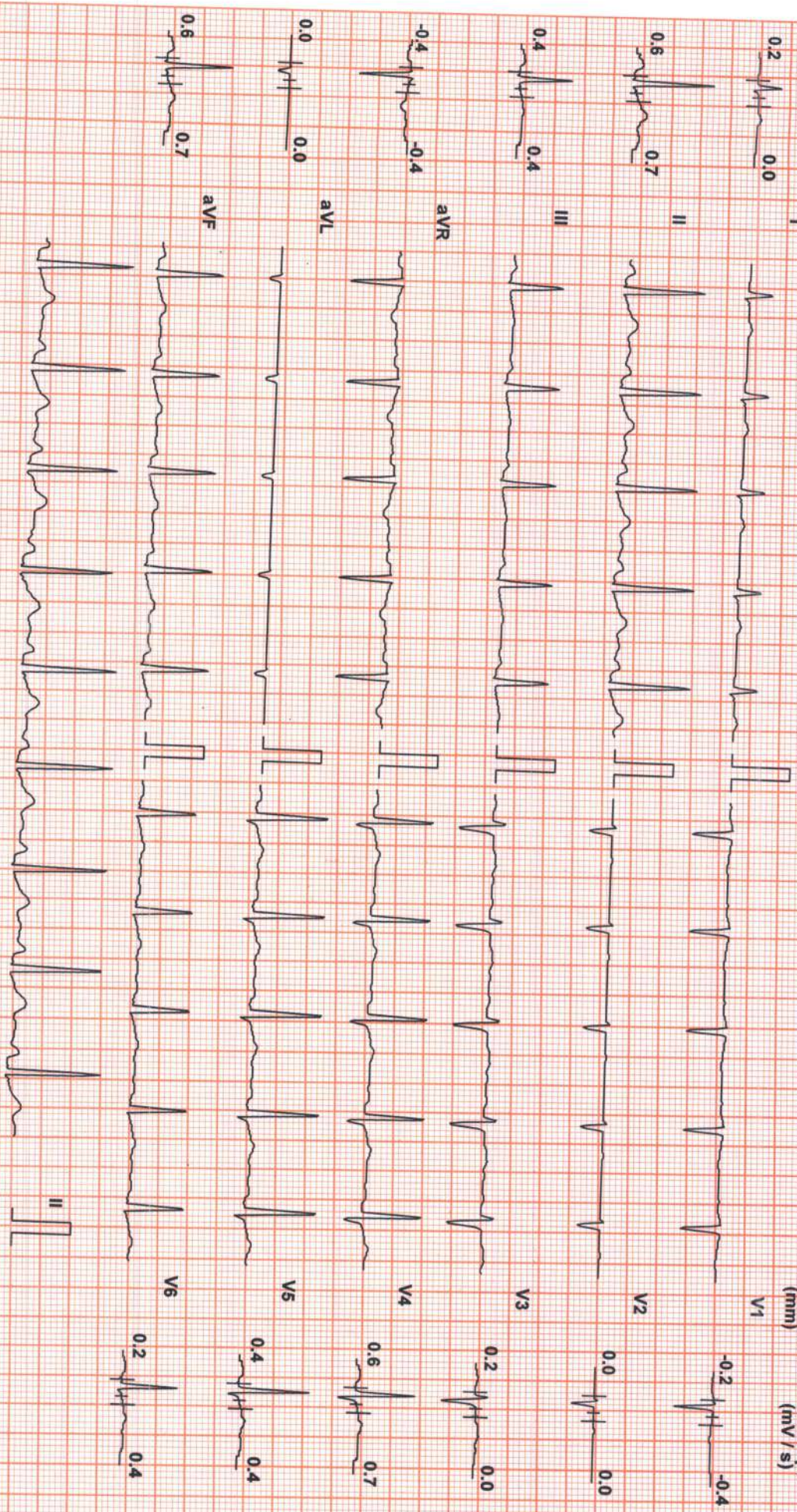


Chart Speed: 25 mm/sec
Schiller Spandak V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time: 0 m 0 s

Stage Time: 0 m 7 s

HR: 91 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 110 / 70

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

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

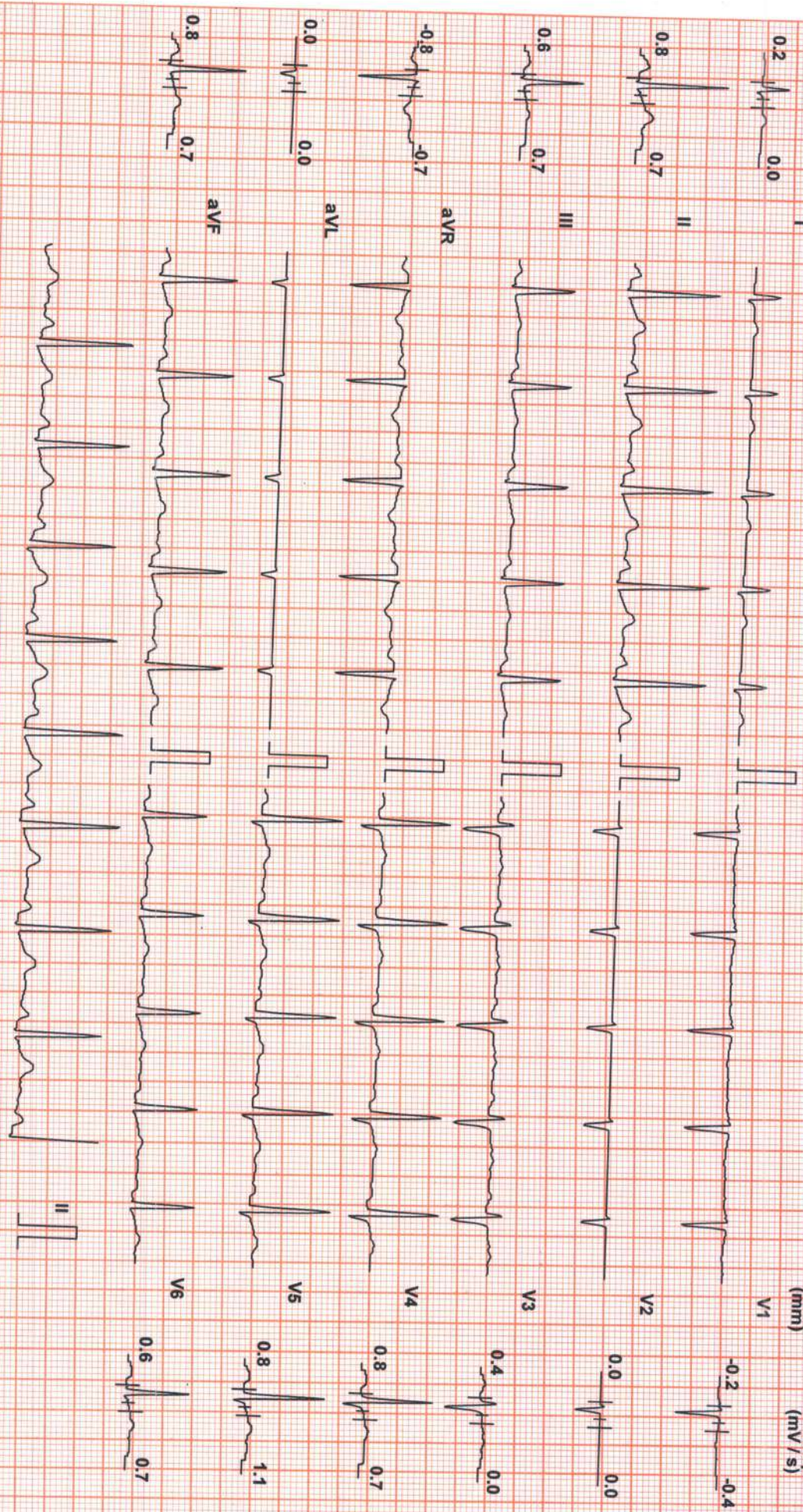


Chart Speed: 25 mm/sec
Schiller Spandax V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 9 s

HR: 86 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 110 / 70

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

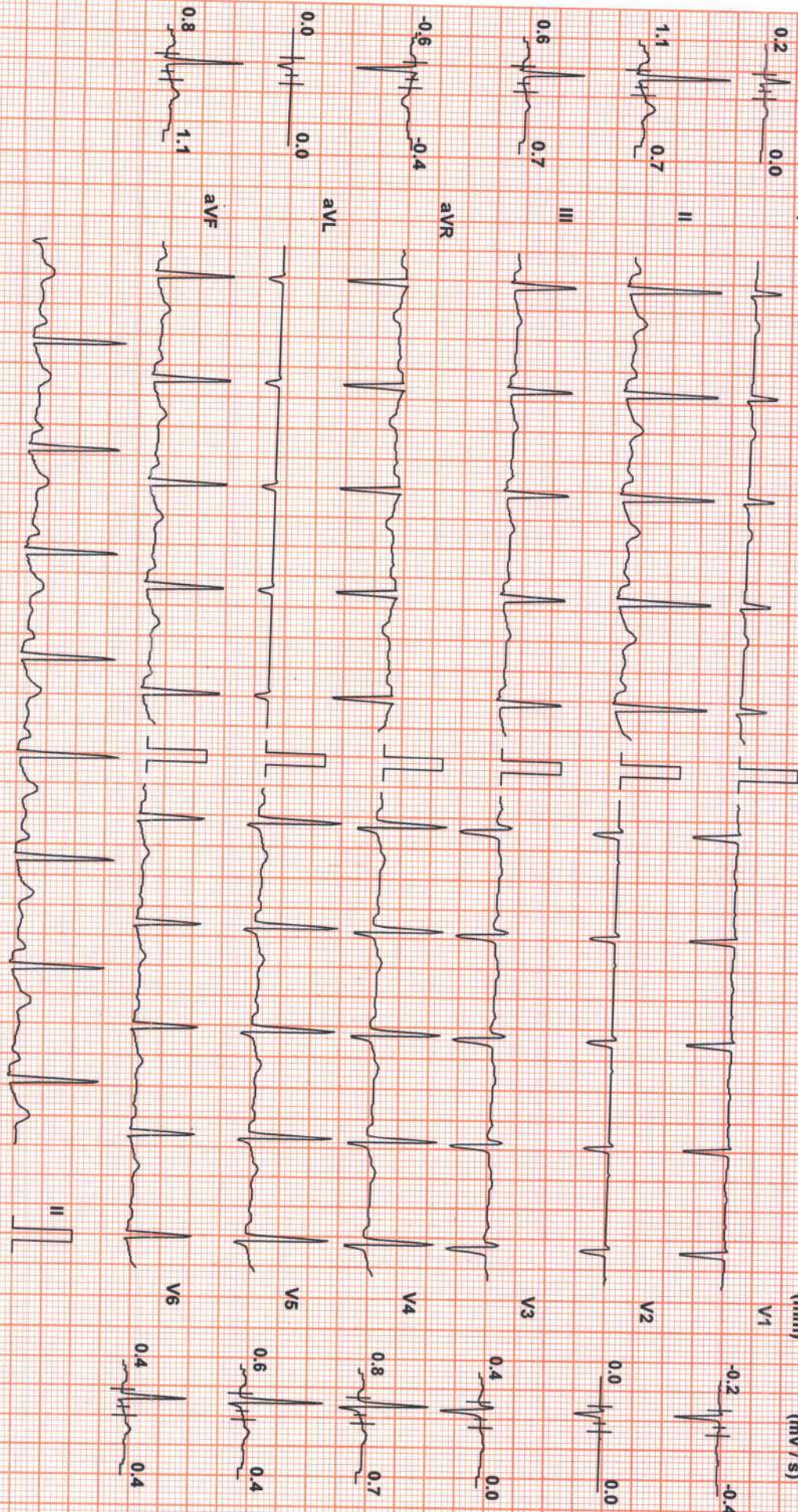


Chart Speed: 25 mm/sec
Schiller Spandon V47

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 154 bpm)

B.P: 130 / 74

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

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

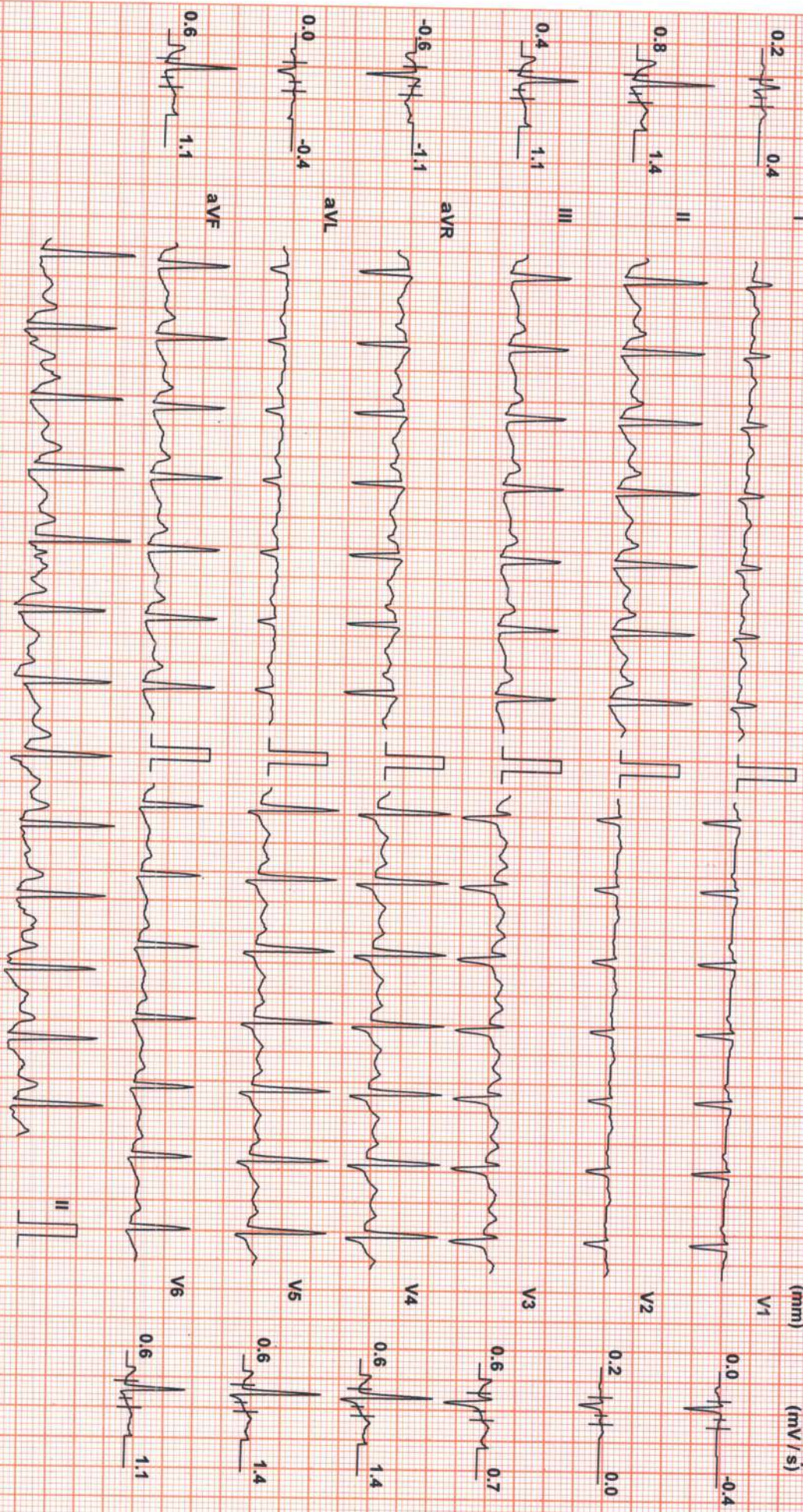


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 153 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 154 bpm)

B.P: 140 / 80

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

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

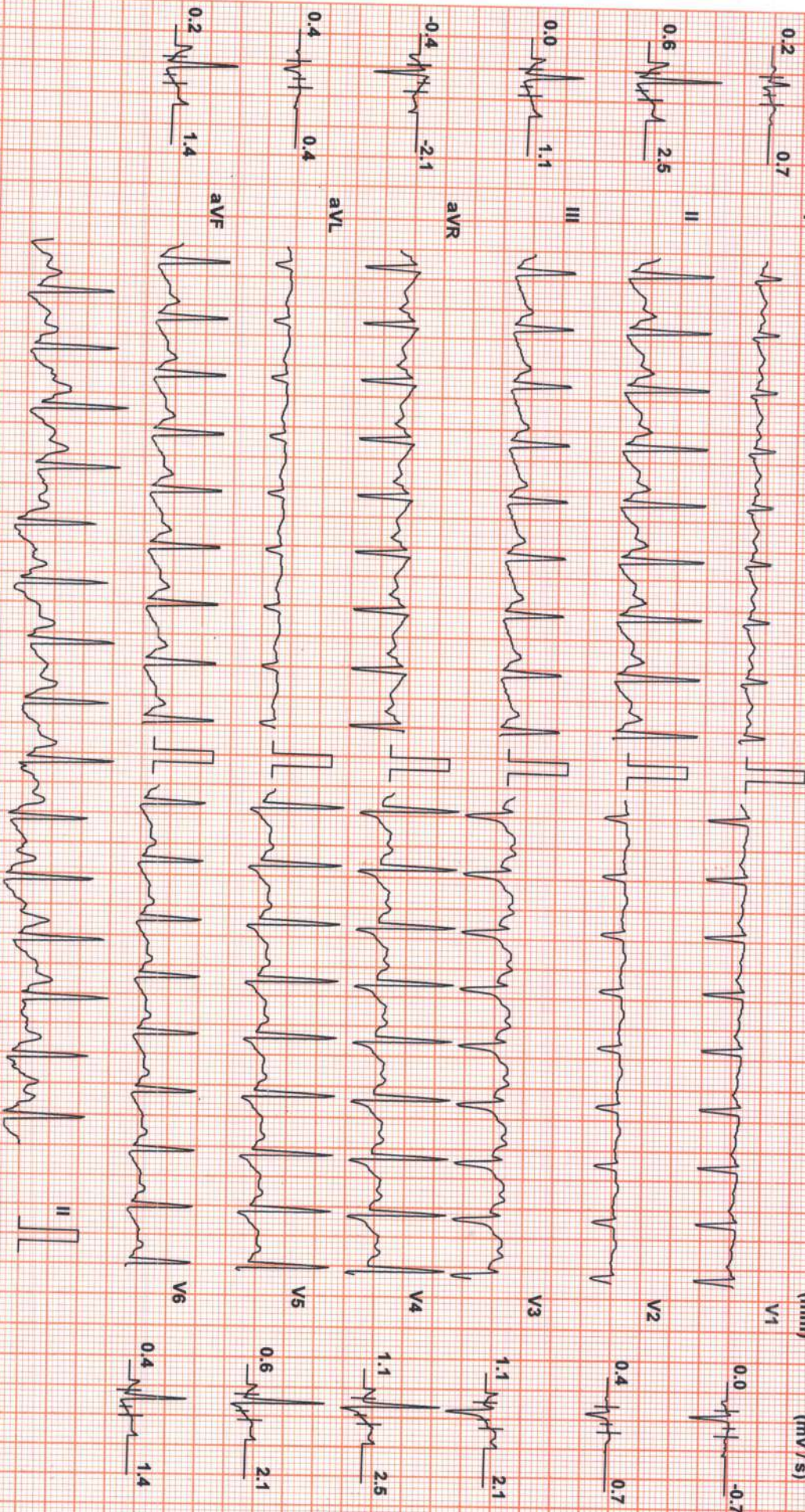


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 26 s Stage Time : 0 m 26 s HR: 163 bpm

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

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 154 bpm)

B.P: 144 / 84

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

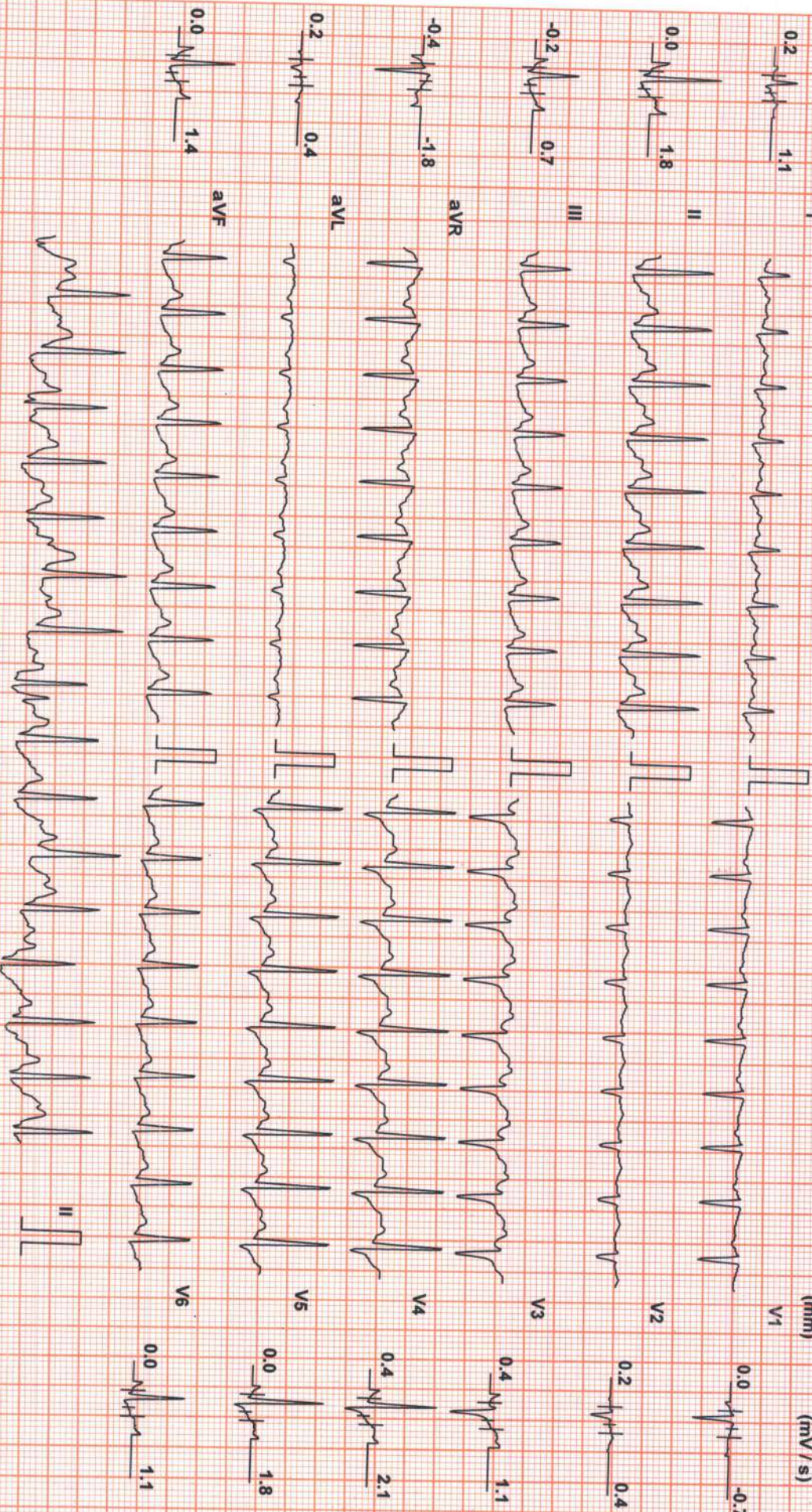


Chart Speed: 25 mm/sec
Schiller Spandax V47

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 32 s Stage Time : 0 m 54 s HR: 123 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 144 / 84

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

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

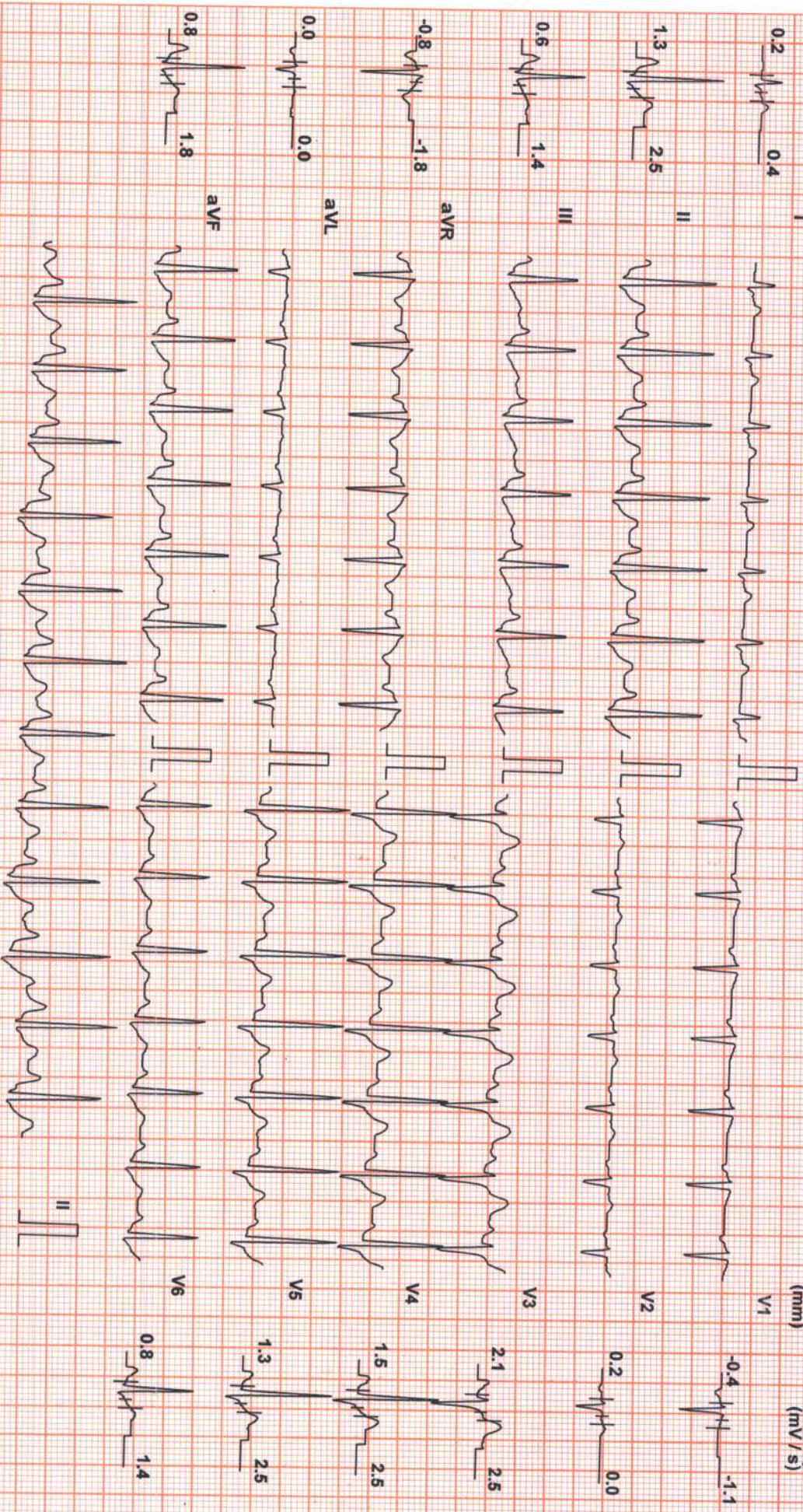


Chart Speed: 25 mm/sec
Schiller Spandah V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 32 s Stage Time : 0 m 54 s HR: 99 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 150 / 84

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

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

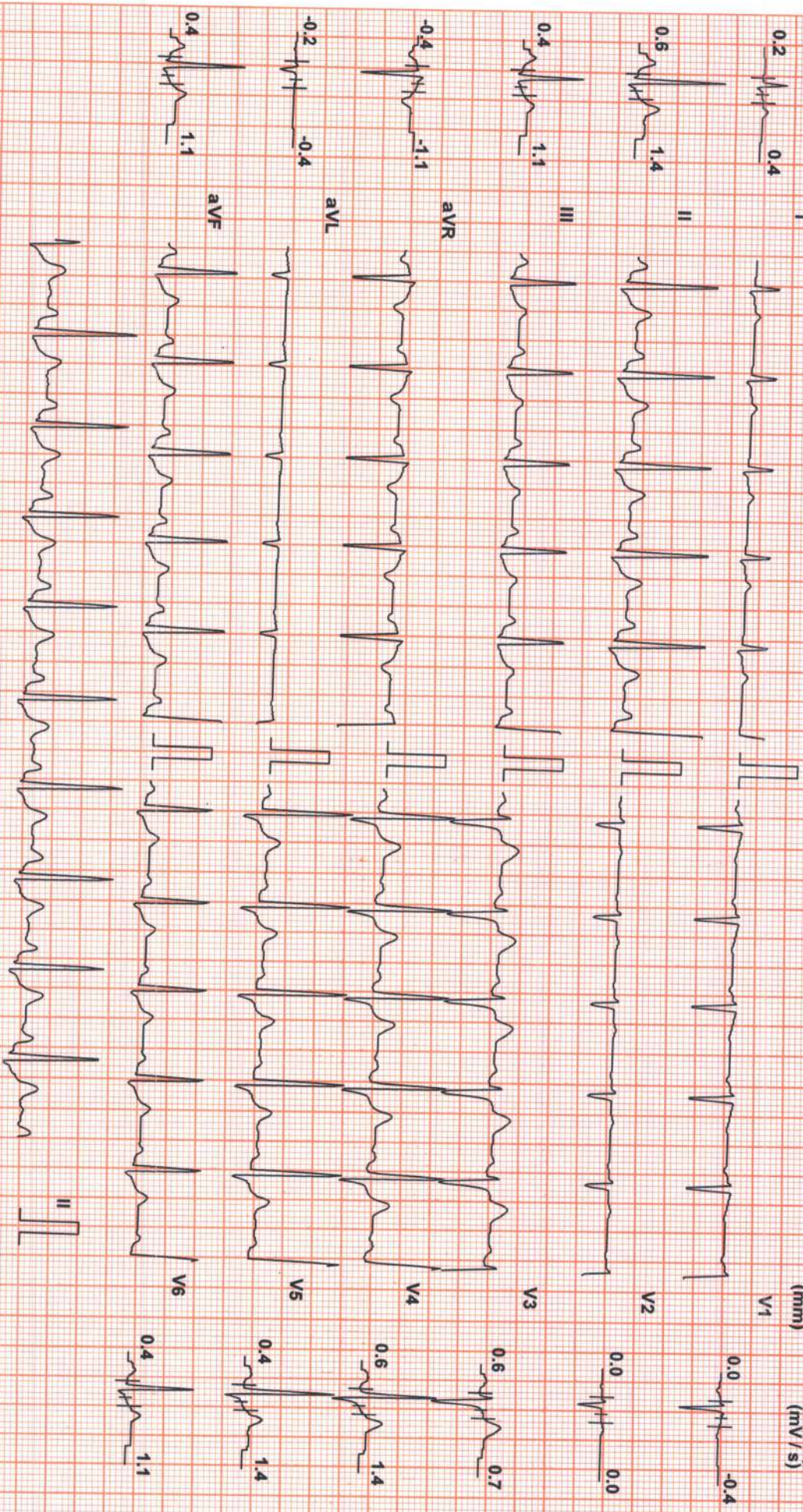


Chart Speed: 25 mm/sec
Schiller Spandah V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 32 s Stage Time : 0 m 54 s HR: 105 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 140 / 80

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

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

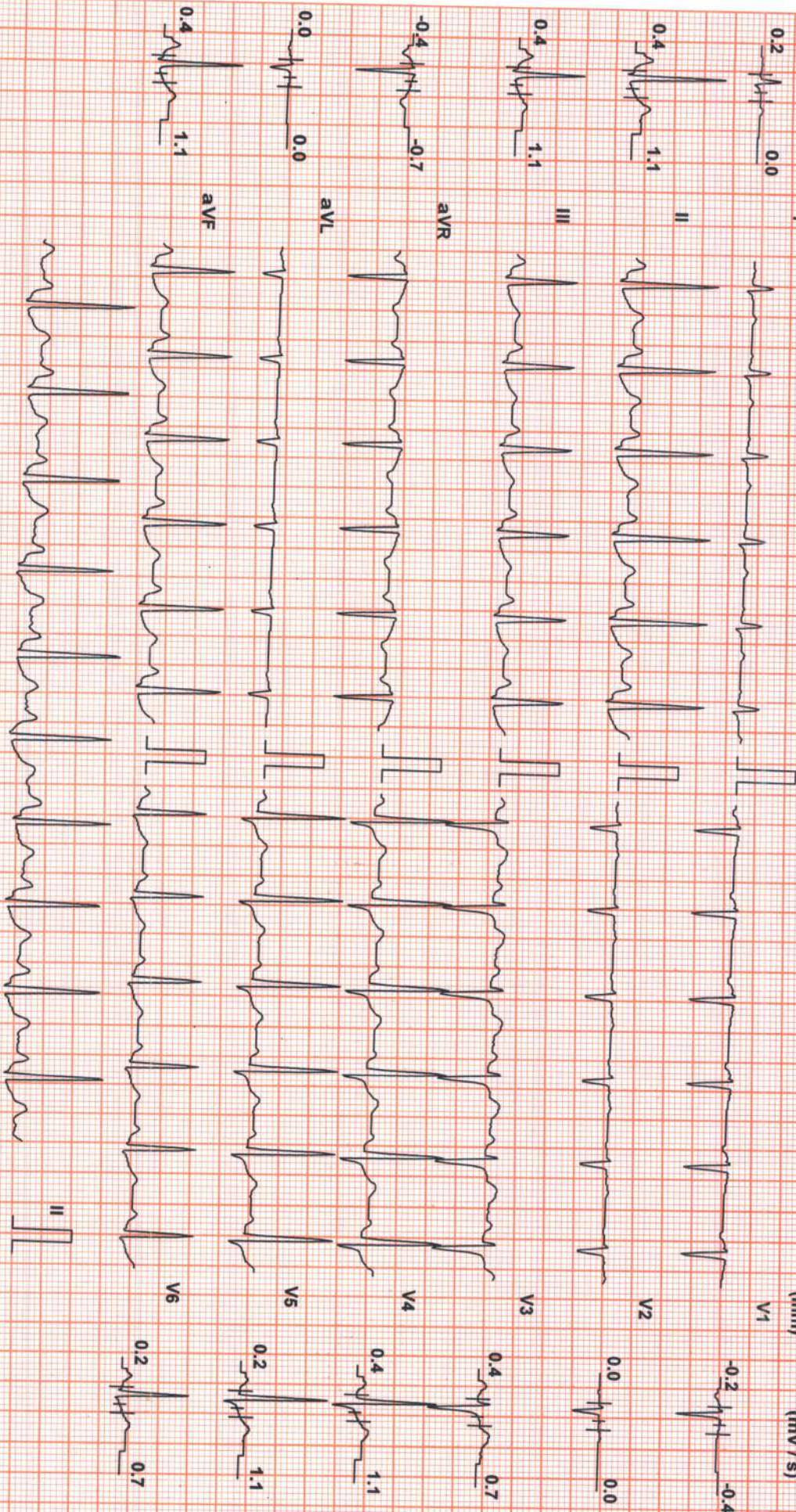


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V47

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 32 s Stage Time : 0 m 54 s HR: 99 bpm

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 124 / 80

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

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

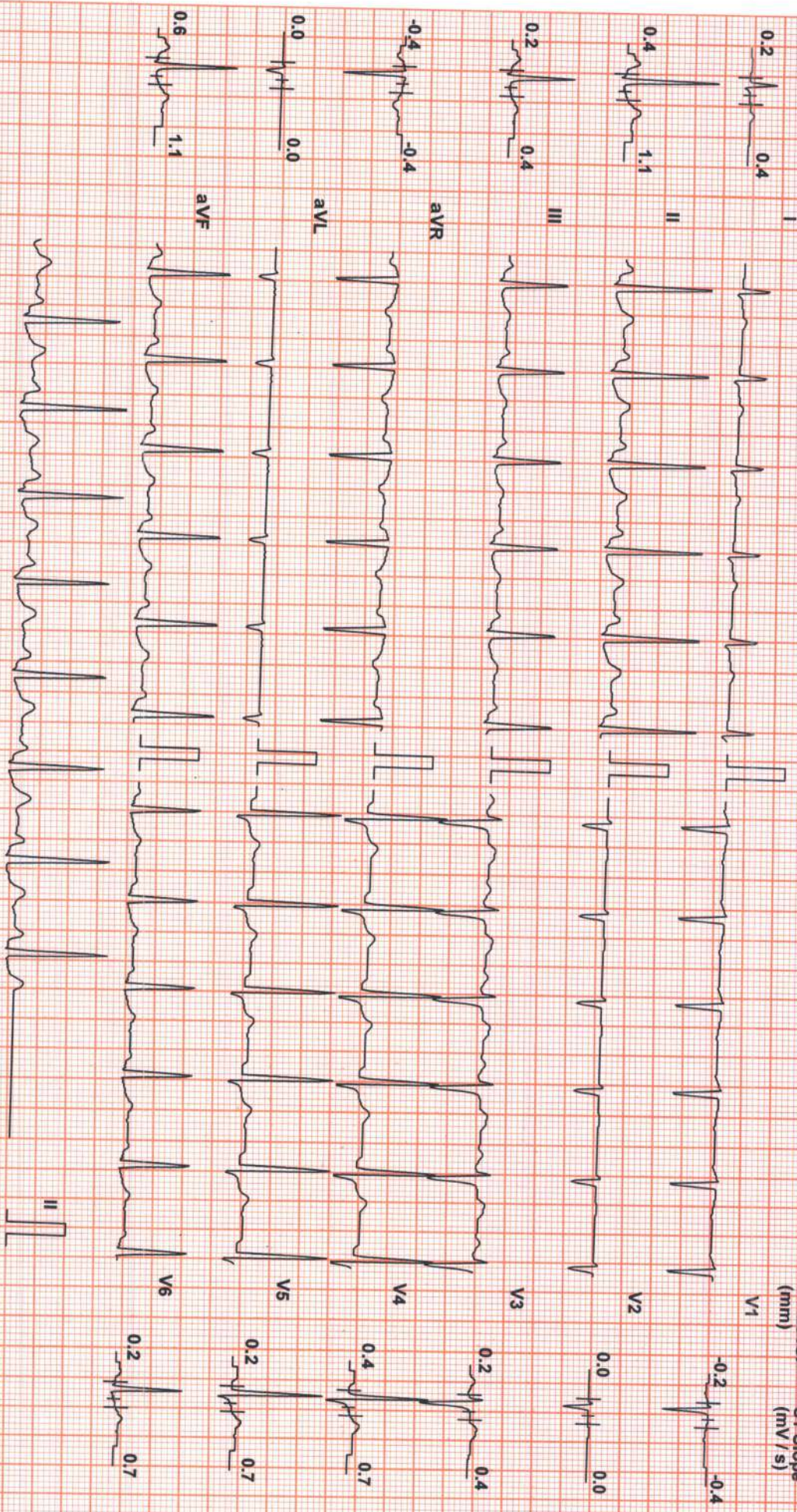


Chart Speed: 25 mm/sec
Schiller Spanden V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2305621945

Date: 25-Feb-23

Exec Time : 6 m 32 s Stage Time : 0 m 54 s HR: 99 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 154 bpm)

B.P: 124 / 80

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

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

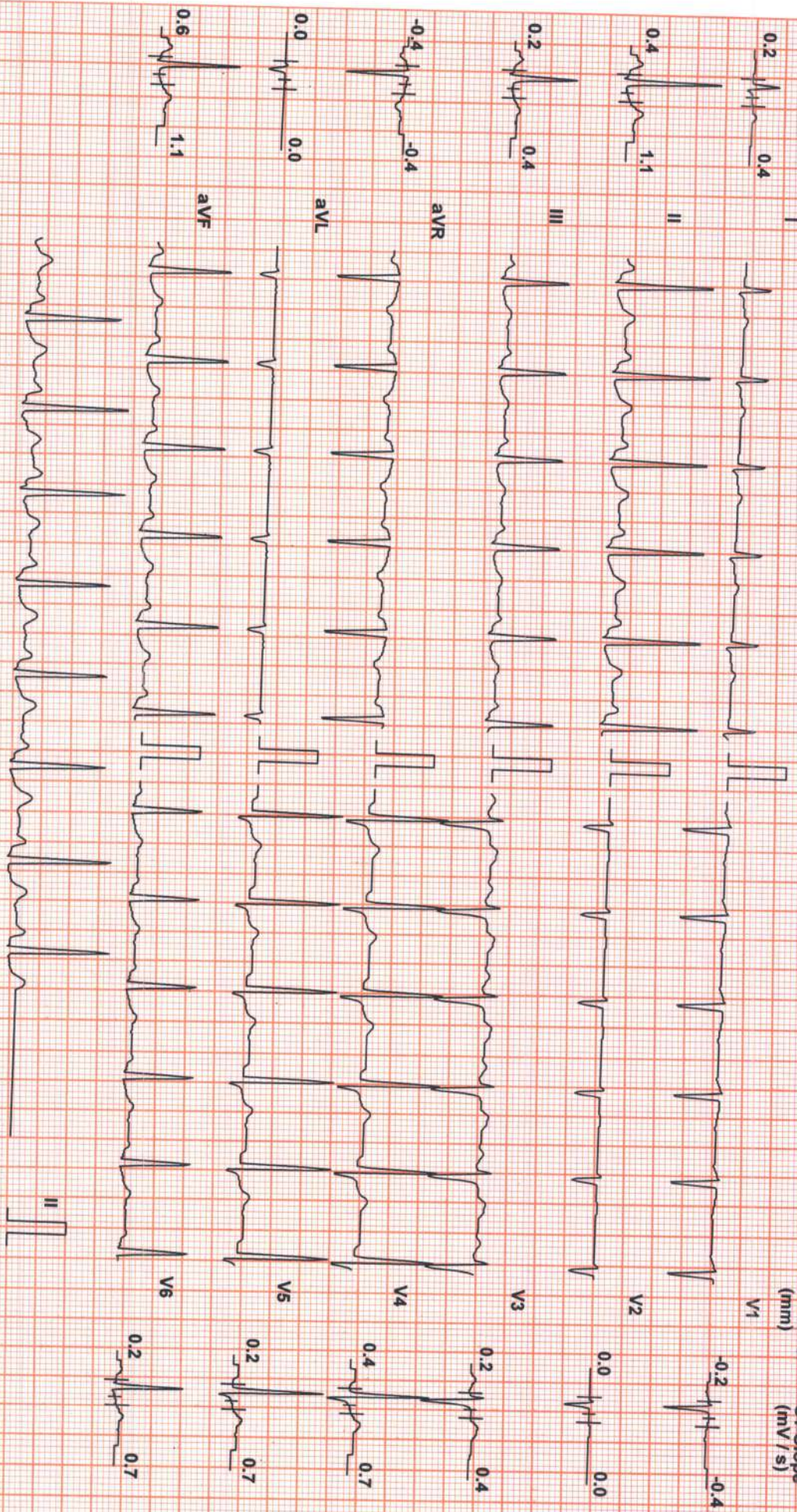


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median