



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 14:36

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	12.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.16	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4800	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	39.6	20-40 %	
Absolute Lymphocytes	1900.8	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	292.8	200-1000 /cmm	Calculated
Neutrophils	49.8	40-80 %	
Absolute Neutrophils	2390.4	2000-7000 /cmm	Calculated
Eosinophils	3.9	1-6 %	
Absolute Eosinophils	187.2	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	28.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	78000	150000-400000 /cmm	Elect. Impedance
MPV	11.7	6-11 fl	Calculated
PDW	24.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 11:48

Use a QR Code Scanner
Application To Scan the Code

Hypochromia	-
Microcytosis	-
Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Platelet count may not be representative due to presence of megaplatelets seen on smear
COMMENT	Manual platelet count 165000/cmm

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 20 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



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 13:47

Use a QR Code Scanner
Application To Scan the Code

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	93.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	14.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	8.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	61.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.59	0.51-0.95 mg/dl	Enzymatic



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 13:47

Use a QR Code Scanner
Application To Scan the Code

eGFR, Serum 126 >60 ml/min/1.73sqm Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum 2.9 2.4-5.7 mg/dl Enzymatic

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 12:35

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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	131.2	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 Panvel Lab, Panvel East

*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 13:02

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 automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

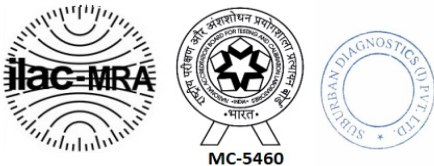
Specimen: EDTA Whole Blood and/or serum

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 ***



[Signature]
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 13:47

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	204.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	134.9	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	37.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	166.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	140.0	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	26.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

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



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 12:44

Use a QR Code Scanner
Application To Scan the Code

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	3.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	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	4.71	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



CID : 2308109184
Name : MRS.DEVAPRIYA CHATTERJEE
Age / Gender : 31 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Use a QR Code Scanner
Application To Scan the Code
Collected : 22-Mar-2023 / 09:11
Reported : 22-Mar-2023 / 12:44

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

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

PHYSICAL EXAMINATION REPORT

Patient Name	Ms Devapriya Chatterjee	Sex/Age	F/37
Date	22/03/23	CID	2308709184

History and Complaints

no/c/c

EXAMINATION FINDINGS:

Height (cms):	170	Temp (0c):	NAD
Weight (kg):	65	Skin:	NO
Blood Pressure	90/60	Nails:	Bluish discoloration
Pulse	82/min	Lymph Node:	NP
BMI	22.5		

Systems :

Cardiovascular:	S & L Loud, NO murmur
Respiratory:	ARBB
Genitourinary:	Normal
GI System:	Constipation -
CNS:	Normal

Impression: All other Reposh suggestive & in Normal Limit
Use Abd - uterine fibroids

Advice:

--

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	(+)
9)	Nervous disorders	Depression.
10)	GI system	Normal
11)	Genital urinary disorder	Normal
12)	Rheumatic joint diseases or symptoms	See
13)	Blood disease or disorder	NO
14)	Cancer/lump growth/cyst	NO
15)	Congenital disease	NO
16)	Surgeries	NO
17)	Musculoskeletal System	NAD

PERSONAL HISTORY:

1)	Alcohol	NO.
2)	Smoking	NO
3)	Diet	Normal
4)	Medication	Thyronorm 50mg OD


Dr. Alka Patnaik
M.B.B.S., C.G.O.-Nagpur Reg. No. 72077
Dip. Psysextherapy-U.K. Reg. No. OF395

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



भारत सरकार
Government of India



देवप्रिया चटर्जी
Devapriya Chatterjee
जन्म तिथि/DOB: 23/05/1991
महिला/ FEMALE

6761 4139 7329

VID: 9139 2100 0138 4802



मेरा आधार, मेरी पहचान

Deey . *ASL*

Dr. Alka Patnaik

M.B.B.S., C.G.O.-Nagpur Reg. No. 73917

Dip. Psysextherapy-U.K. Reg. No. OF369

SUBURBAN DIAGNOSTICS (I) PVT. LTD.

Shop No. 22, Ground Floor, Raikar Bhavan,

Sector-17, Vashi, Navi Mumbai - 400 703

Tel. 27884547 / 27864548.

Date:- 22/03/23

CID: 2308109184

Name:- Mrs Devapriya Chatterjee Sex / Age: F / 31

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - YES

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/9				6/12
Near				NO				NO

Colour Vision: Normal / Abnormal

Remark:



Dr. Alka Patnaik

M.B.B.S., C.G.O. - Nagpur Reg. No. 7117

Dip. Psysextherapy - U.K. Reg. No. OF-595

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

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

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308109184
Name : Mrs Devapriya Chatterjee
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 9:47

R
E
P
O
R
T

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032209091574>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2308109184
Name : Mrs Devapriya Chatterjee
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 12:06

R
E
P
O
R
T

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 11.1 x 3.4 cm. Left kidney measures 10.5 x 4.6 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. It measures 6.7 x 3.0 x 4.6 cm in size. Multiple tiny fibroids are noted in anterior and posterior walls. The endometrial thickness is 6.1 mm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023032209091566>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

R
E
P
O
R
T

CID : 2308109184
Name : Mrs Devapriya Chatterjee
Age / Sex : 31 Years/Female
Ref. Dr :
Reg. Location : Vashi Main Centre

Reg. Date : 22-Mar-2023
Reported : 22-Mar-2023 / 12:06

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.2 x 1.1 cm. Left ovary = 2.2 x 1.8 cm

IMPRESSION:-

Uterine fibroids.

-----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=2023032209091566>

Patient Details

Name: MRS.DEVAPRIYA CHATTERJEE ID: 2308109184
 Date: 22-Mar-23
 Age: 31 Y Sex: F
 Clinical History: H/O HYPOTHYROIDISM

Time: 11:44:23 AM

Height: 170 cms.

Weight: 65 Kg.

SUBURBAN DIAGNOSTICS

Medications: FOR HYPOTHYROIDISM

Test Details

Protocol: Bruce
 Total Exec. Time: 3 m 20 s
 Max. BP: 110 / 64 mmHg
 Test Termination Criteria: LEG PAINS

P.MHR: 189 bpm
 Max. HR: 114 (60% of P.MHR) bpm
 Max. BP x HR: 12540 mmHg/min

THR: 160 (85 % of P.MHR) bpm
 Max. Mets: 7.00
 Min. BP x HR: 4800 mmHg/min

Protocol Details

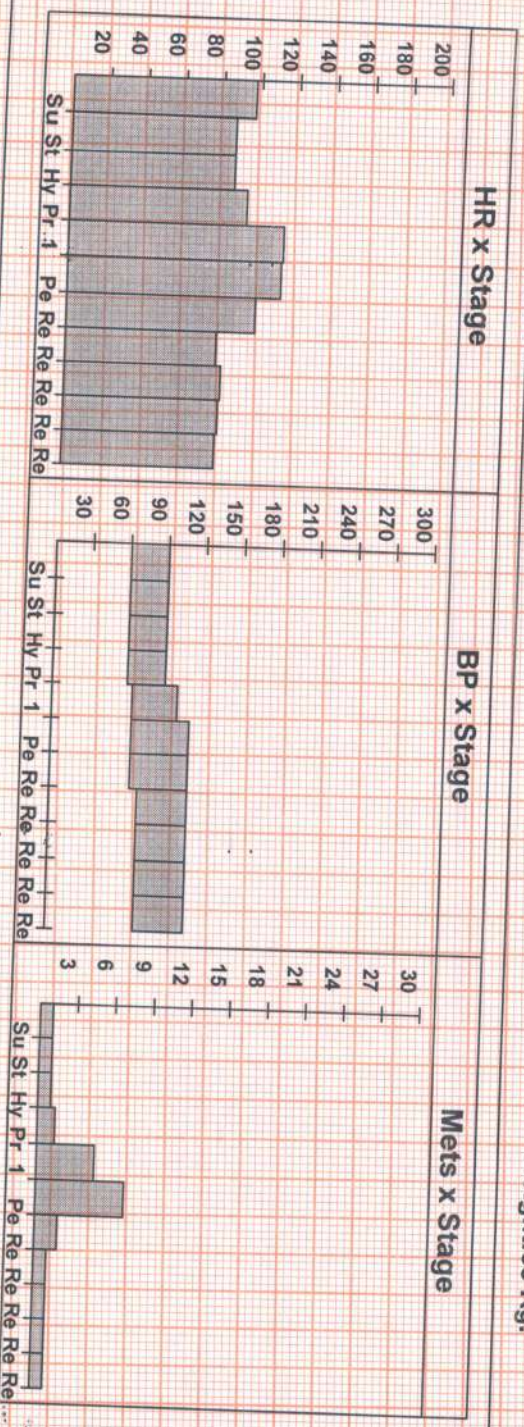
Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 43	1.0	0	0	97	90 / 60	-0.85 aVR	1.42 III
Standing	0 : 18	1.0	0	0	87	90 / 60	-0.42 aVR	0.71 II
Hyperventilation	0 : 38	1.0	0	0	87	90 / 60	-0.42 aVR	1.06 II
1	3 : 0	4.6	1.7	10	114	100 / 64	-3.61 V3	-2.83 V3
Peak Ex	0 : 20	7.0	2.5	12	113	110 / 64	-0.21 III	0.71 II
Recovery(1)	1 : 0	1.8	1	0	100	110 / 64	-0.64 III	2.48 V2
Recovery(2)	1 : 0	1.0	0	0	80	110 / 70	-0.21 aVR	1.06 II
Recovery(3)	1 : 0	1.0	0	0	83	110 / 70	-0.64 II	1.06 II
Recovery(4)	1 : 0	1.0	0	0	82	110 / 70	-0.42 aVR	1.06 II
Recovery(5)	0 : 9	1.0	0	0	81	110 / 70	-0.42 aVR	1.06 II

SUBURBAN DIAGNOSTICS

Patient Details

Name: MRS. DEVAPRIYA CHATTERJEE ID: 2308109184
 Age: 31 Y Sex: F

Date: 22-Mar-23 Time: 11:44:23 AM
 Height: 170 cms. Weight: 65 Kg.



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 27, Ground Floor, Raikar Bhavan,
 Sector-17, Vashi, Navi Mumbai - 400 703

DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)

Ref. Doctor:

Doctor: Dr. Anand Motwani No. 39329 (M.M.C)

(Summary Report edited by user)
 Tel: 27684547 / 27684548

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

MRS. DEVAPRIYA CHATTERJEE (31 F) ID: 2308109184

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Supine

Date: 22-Mar-23 Exec Time : 0 m 0 s Stage Time : 0 m 37 s HR: 92 bpm

Speed: 0 mph Grade: 0% (THR: 160 bpm) B.P: 90 / 60

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

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

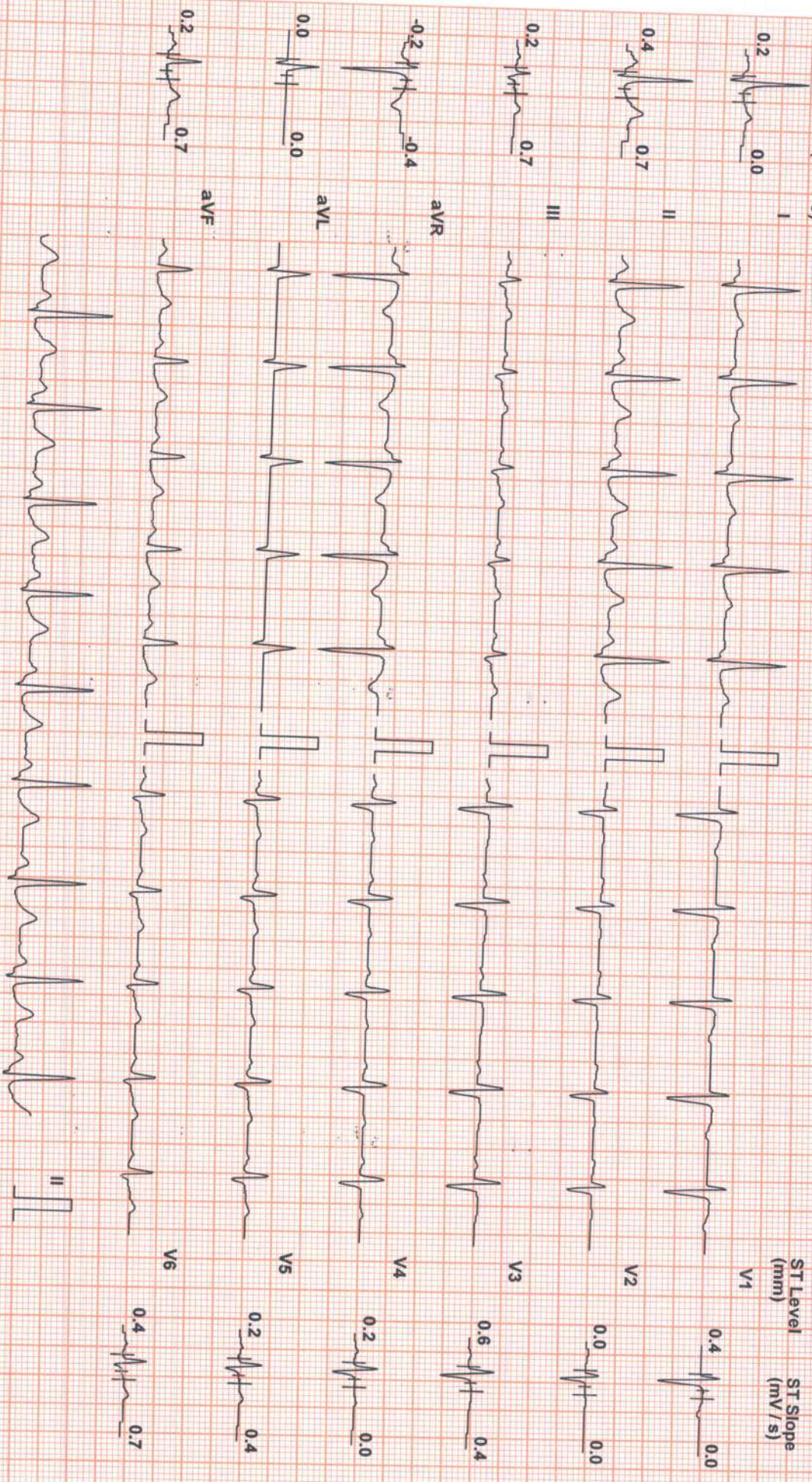


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Standing

Date: 22-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 12 s **HR: 90 bpm**

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 90 / 60

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

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

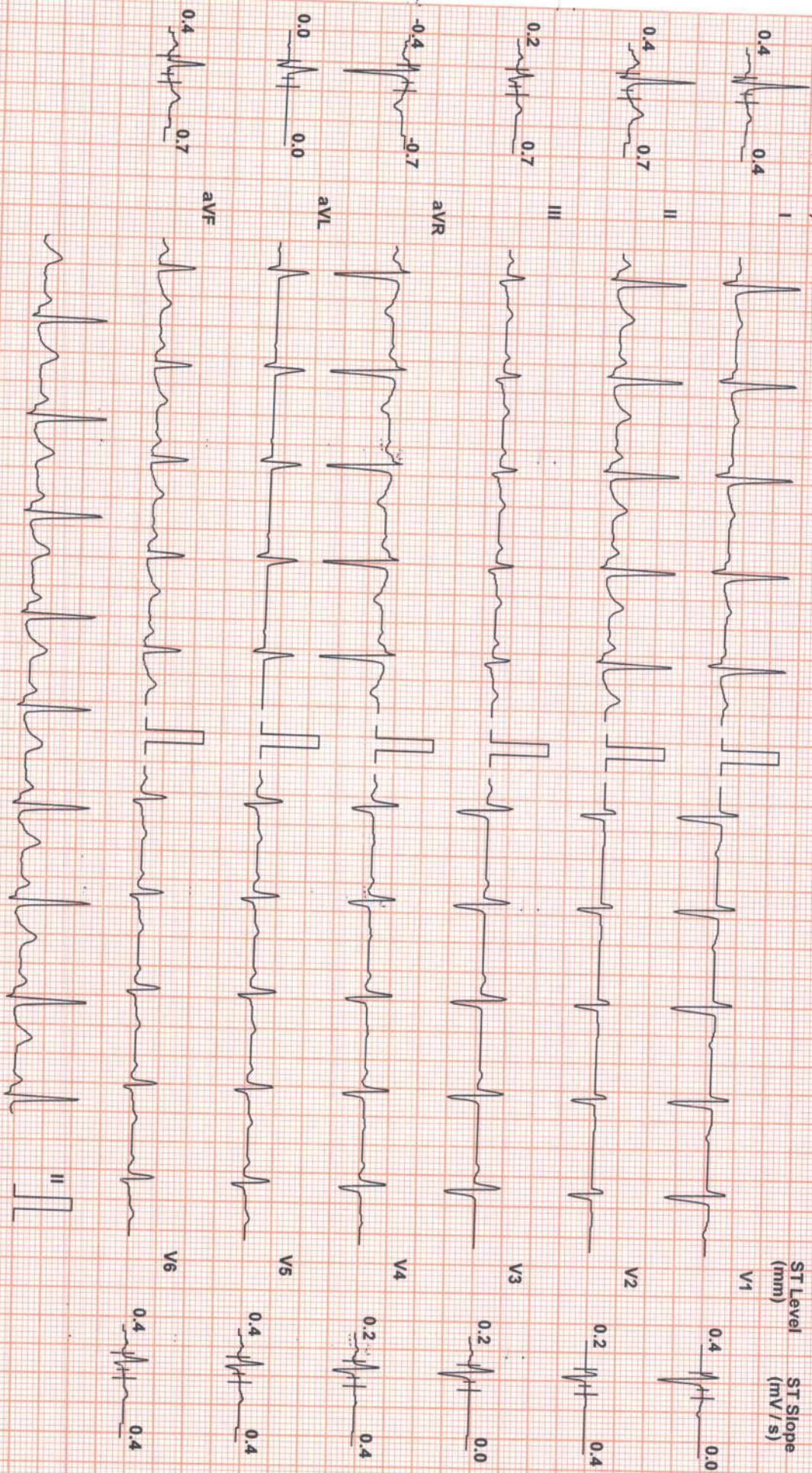


Chart Speed: 25 mm/sec
Schiller Spandau V 4, 7

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

Date: 22-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 32 s **HR: 88 bpm**

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P: 90 / 60

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

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

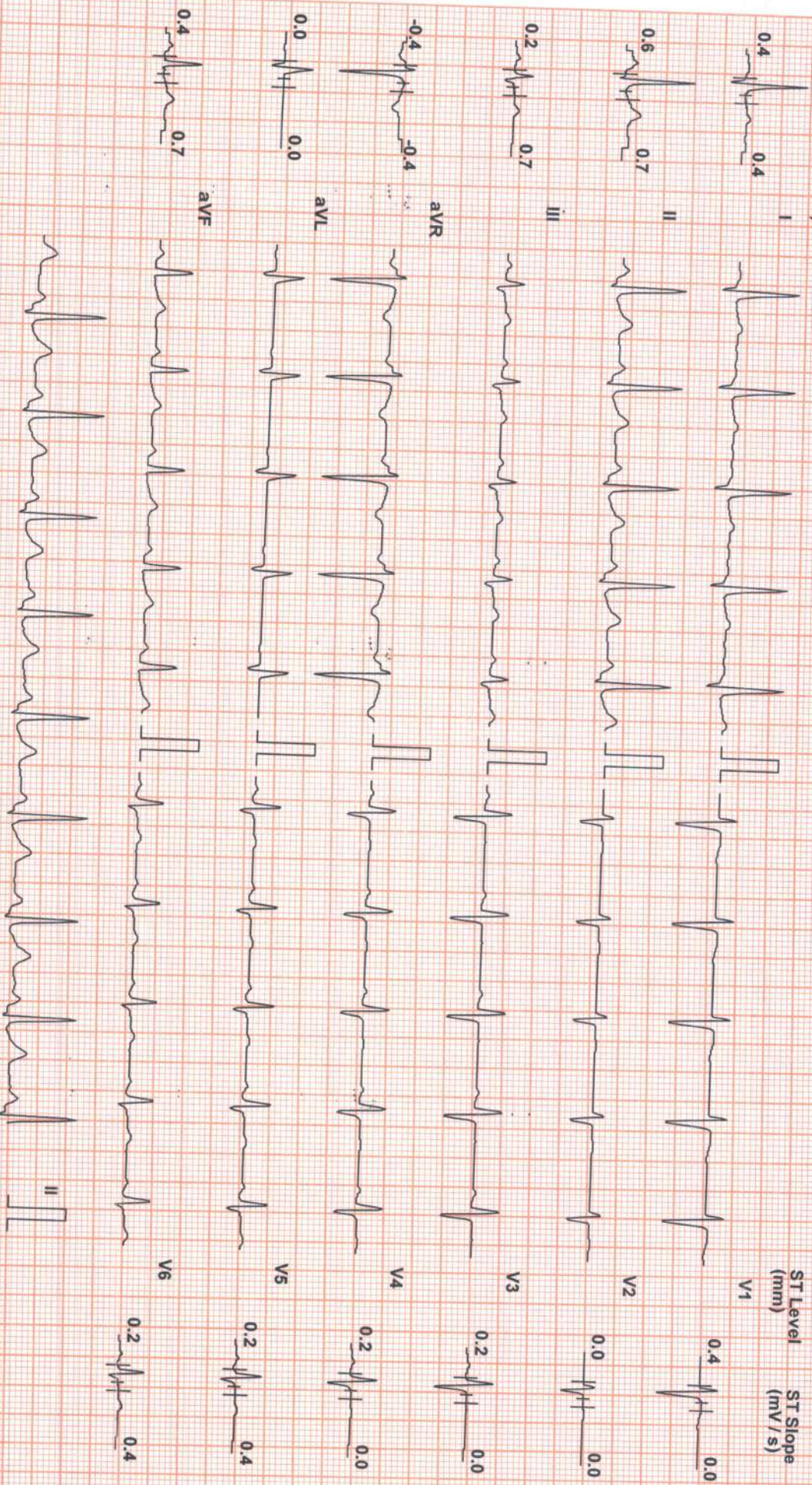


Chart Speed: 25 mm/sec
Schiller Spandau V.4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: 1

Date: 22-Mar-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 114 bpm

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

Speed: 1.7 mph Grade: 10 %

(THR: 160 bpm)

B.P: 100 / 64

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

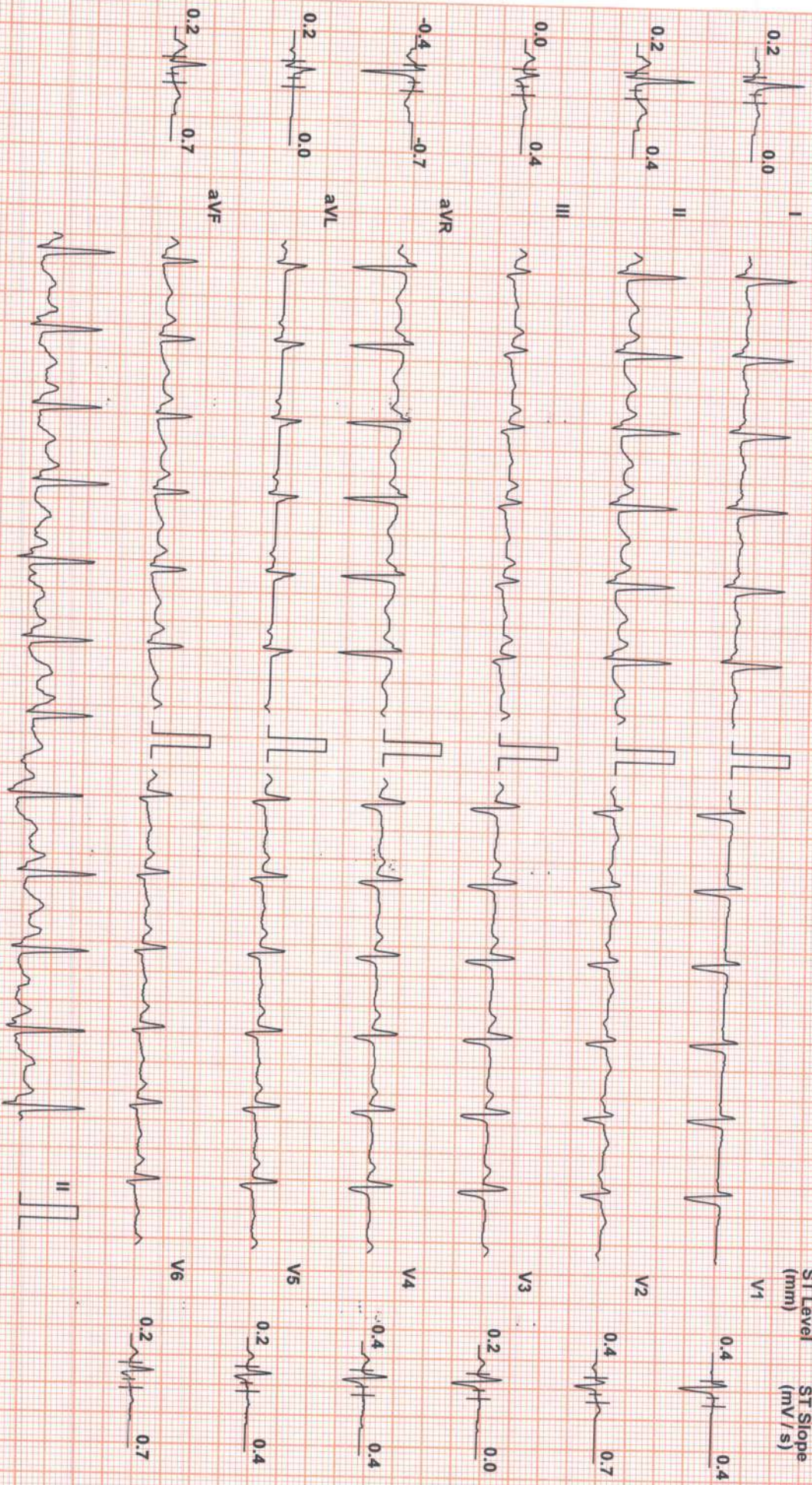


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

SUBURBAN DIAGNOSTICS

Test Report

MRS. DEVAPRIYA CHATTERJEE (31 F) ID: 2308109184

Date: 22-Mar-23 Exec Time : 3 m 14 s Stage Time : 0 m 14 s HR: 113 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph Grade: 12 %

(THR: 160 bpm)

B.P.: 110/64

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

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

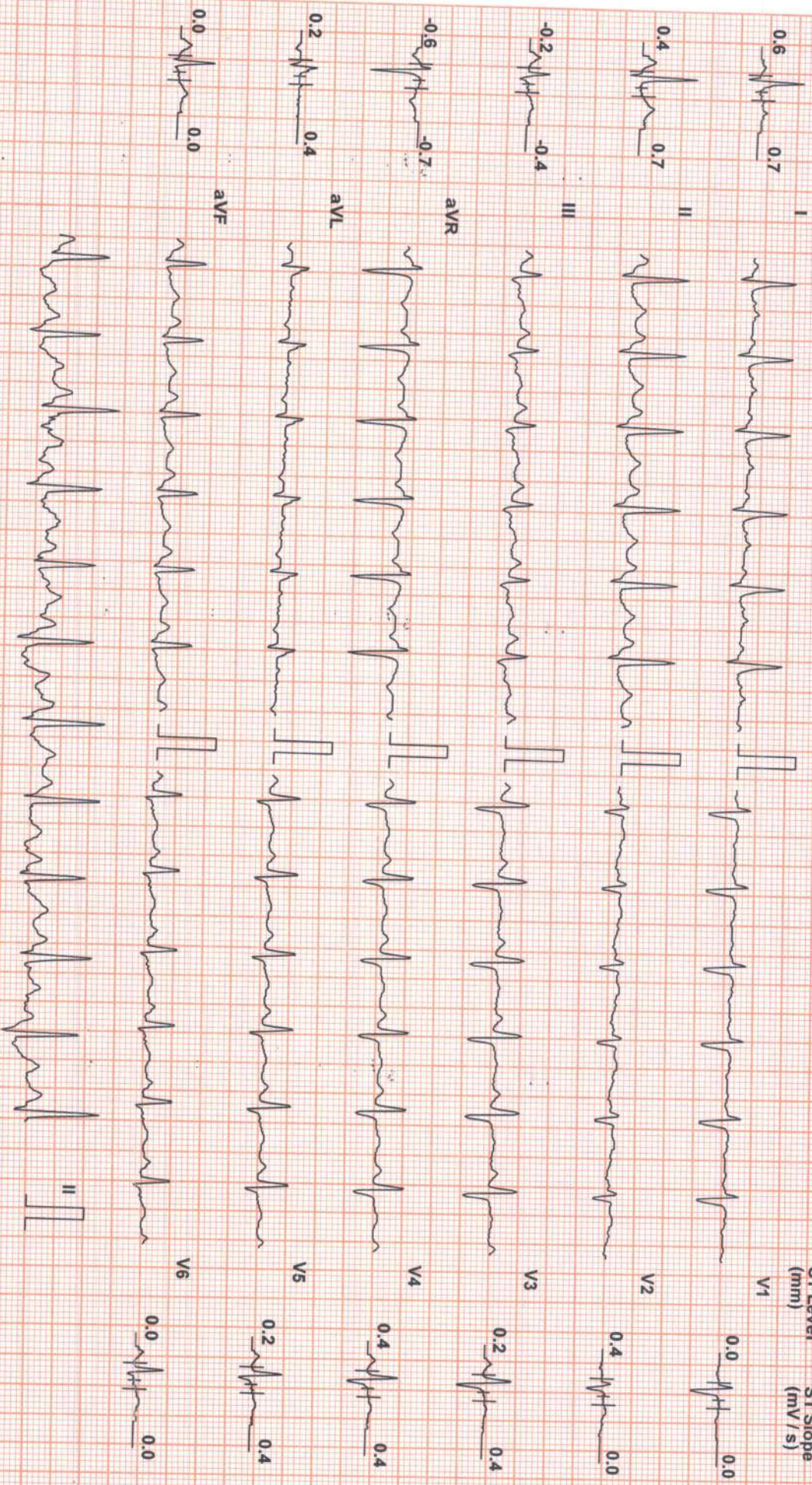


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2308109184

Date: 22-Mar-23

Exec Time : 3 m 20 s Stage Time : 0 m 54 s HR: 92 bpm

ST Level (mm)

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 160 bpm)

B.P.: 110 / 64

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

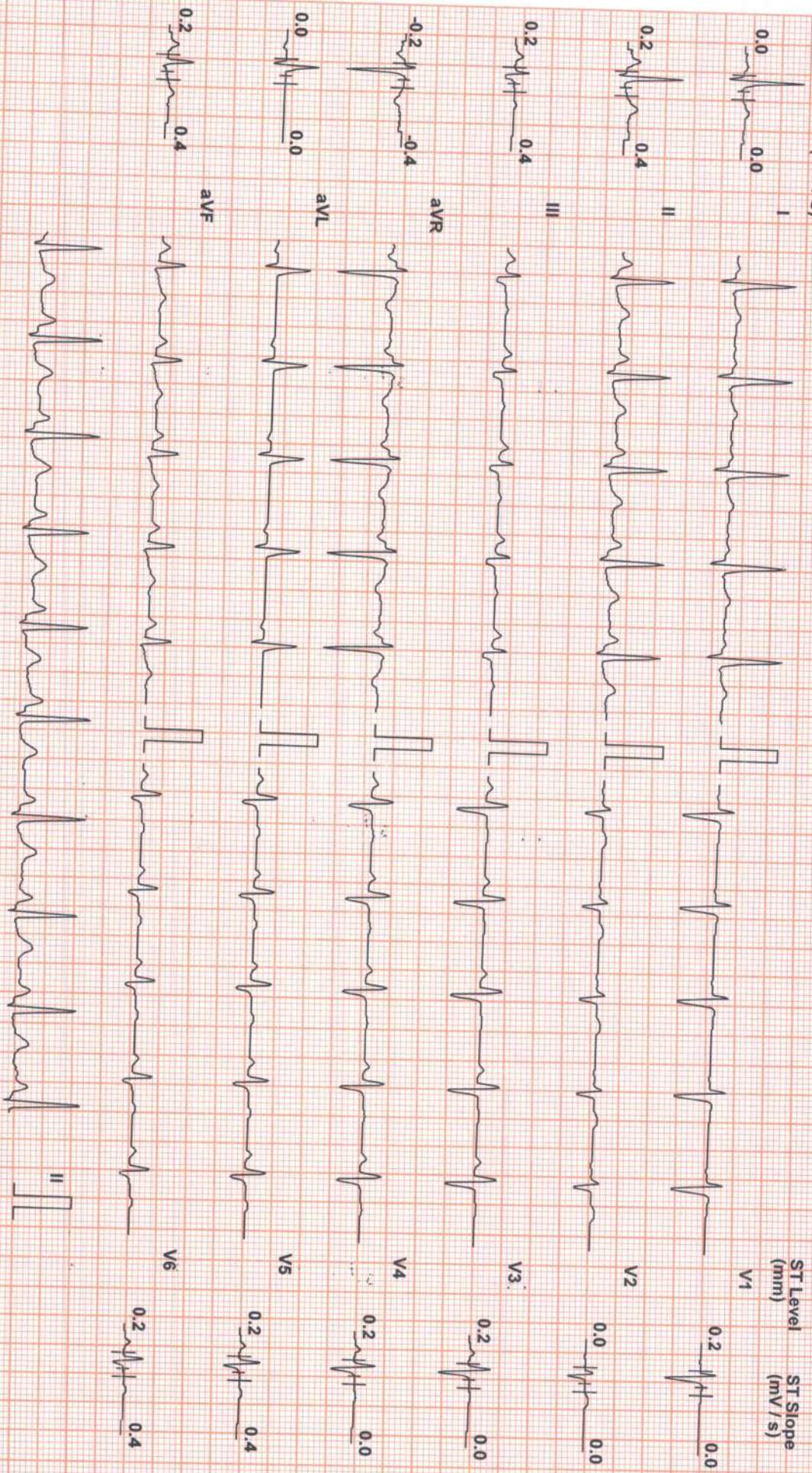


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Recovery(2)

Date: 22-Mar-23

Exec Time : 3 m 20 s

Stage Time : 0 m 54 s HR: 80 bpm

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

Speed: 0 mph

Grade: 0%

Grade: 0%

(THR: 160 bpm)

B.P: 110 / 70

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

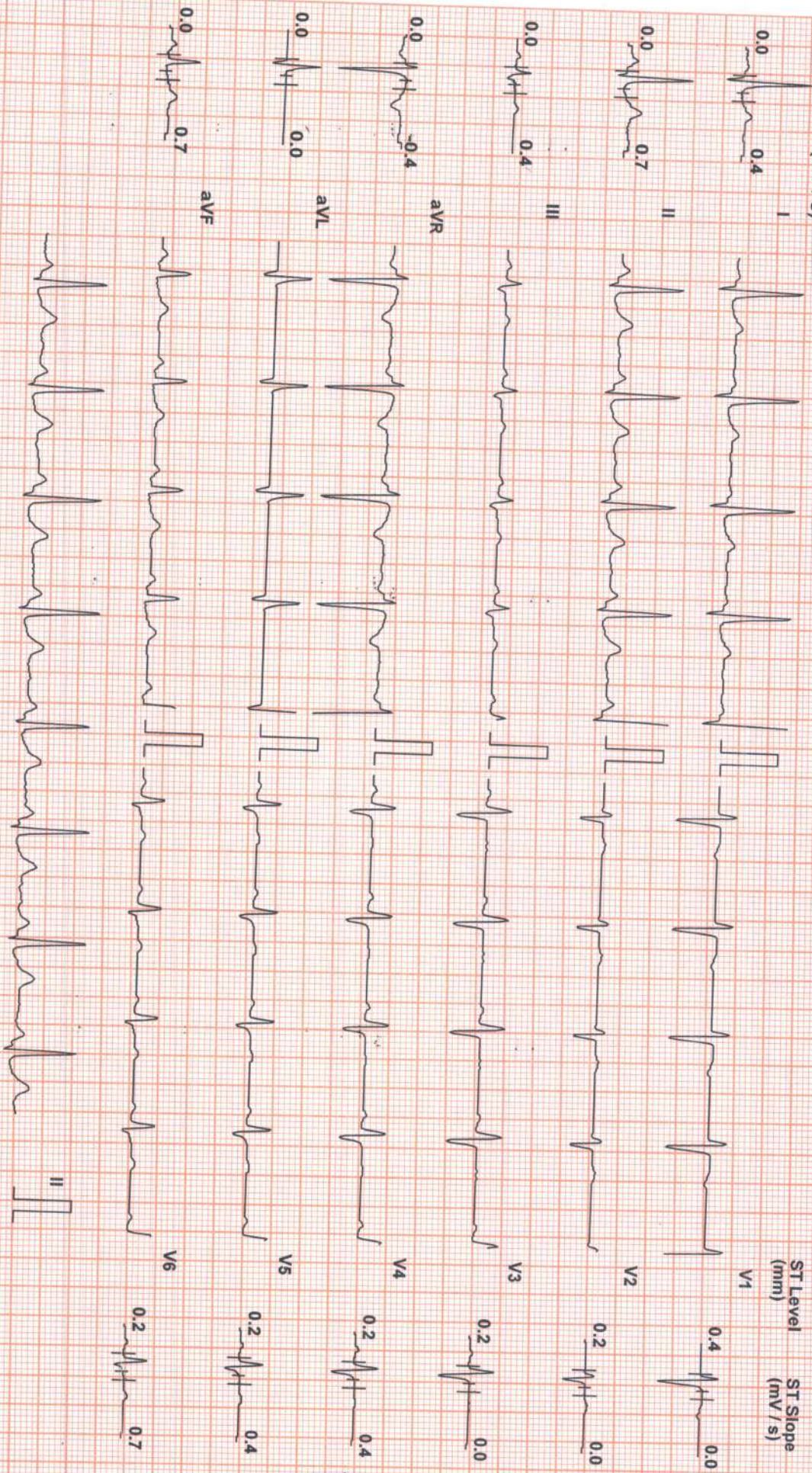


Chart Speed: 25 mm/sec
Schlitz Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2308109184

Date: 22-Mar-23

Exec Time : 3 m 20 s

Stage Time : 0 m 54 s

HR: 81 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P.: 110 / 70

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

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

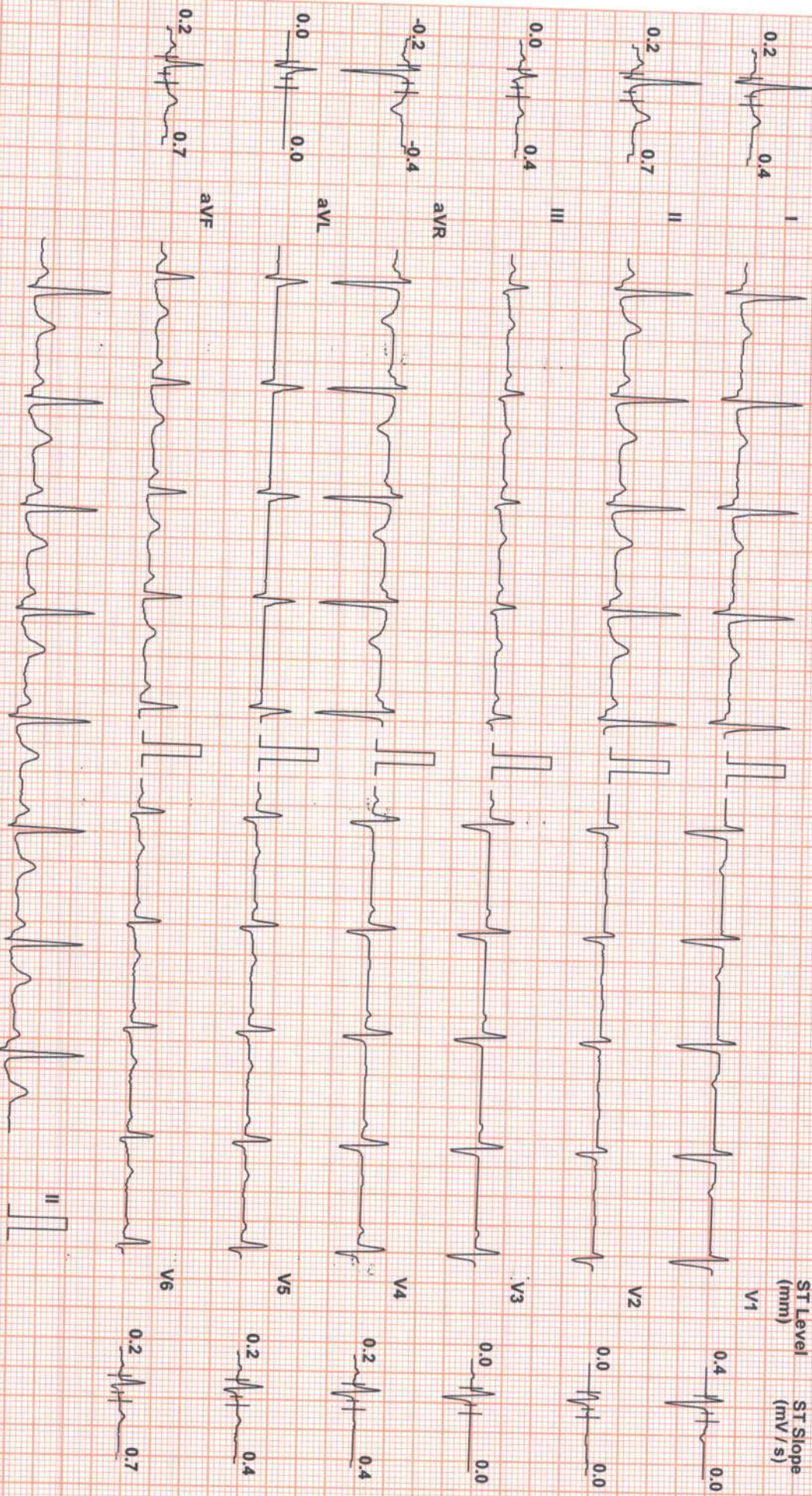


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

Stage: Recovery(4)

Date: 22-Mar-23

Exec Time : 3 m 20 s

Stage Time : 0 m 54 s

HR: 79 bpm

Speed: 0 mph

Grade: 0 %

(THR: 160 bpm)

B.P.: 110 / 70

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

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

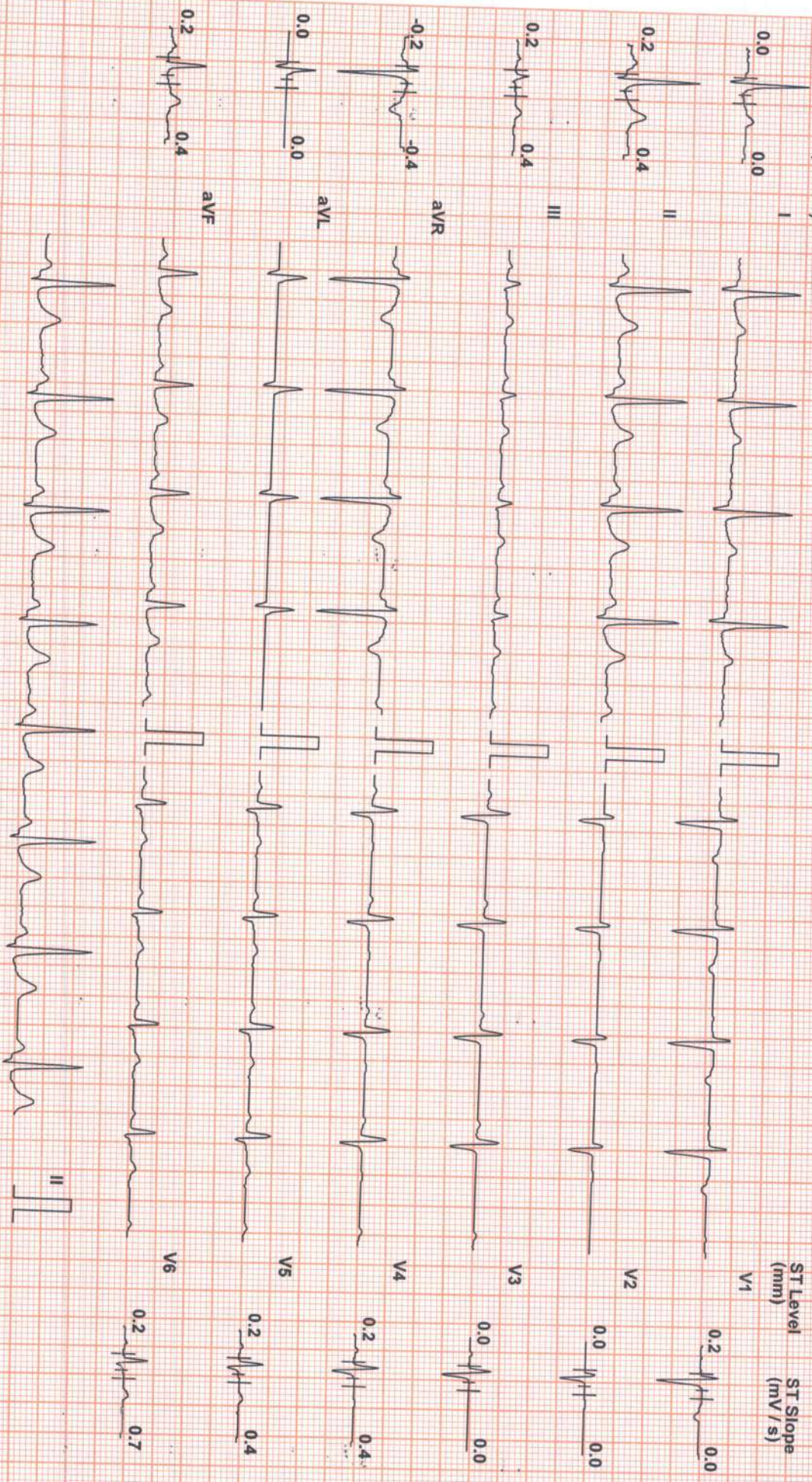


Chart Speed: 25 mm/sec
Schiller Standart V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MRS. DEVAPRIYA CHATTERJEE (31 F) ID: 2308109184

Date: 22-Mar-23 Exec Time : 3 m 20 s Stage Time : 0 m 54 s HR: 79 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 160 bpm)

B.P: 110 / 70

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

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

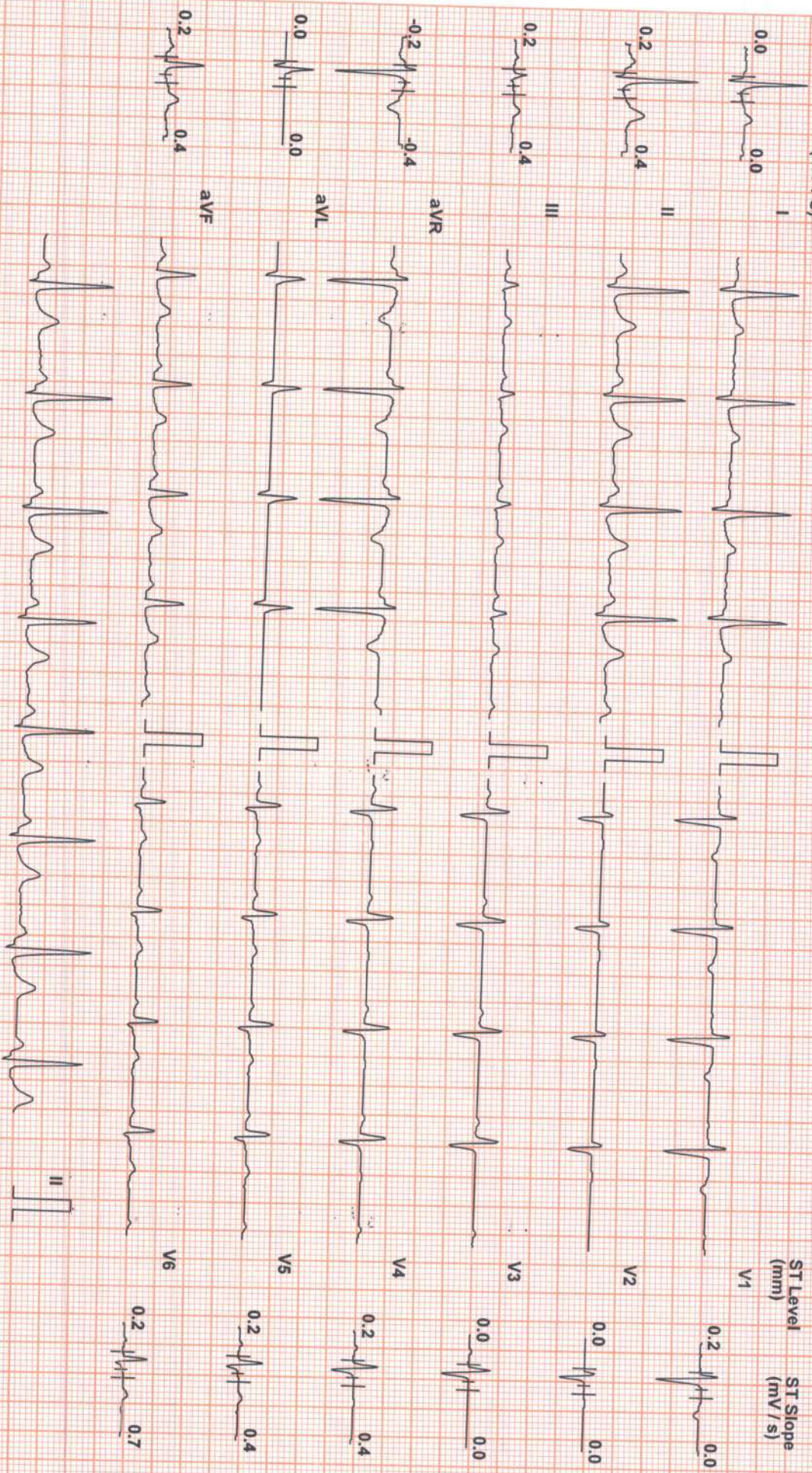


Chart Speed: 25 mm/sec
Schiller Standart V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

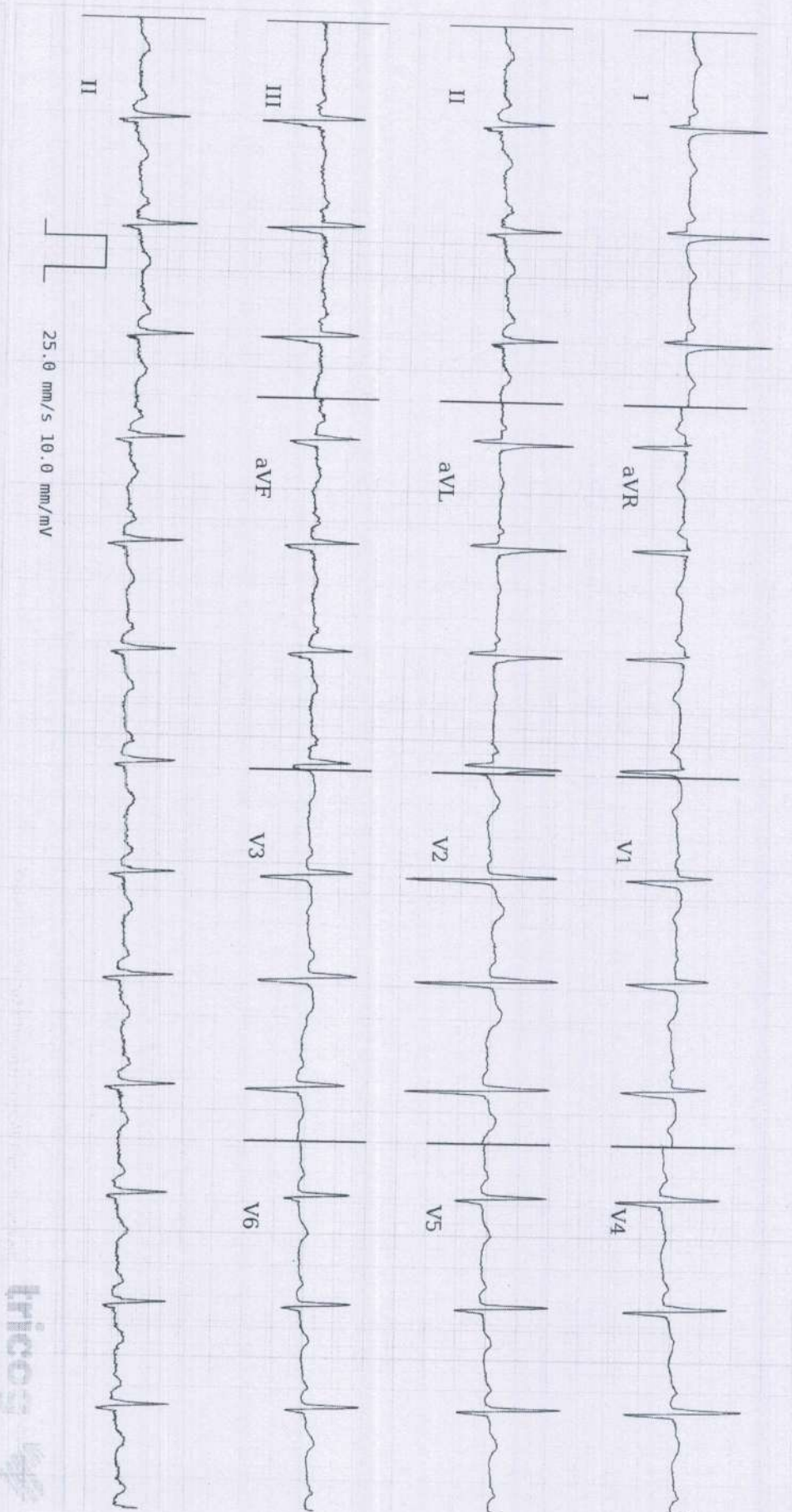
J = R + 60 ms

Post J = J + 60 ms

Linked Median

Patient Name: DEVAPRIYA CHATTERJEE
Patient ID: 2308109184

Date and Time: 22nd Mar 23 11:24 AM



25.0 mm/s 10.0 mm/mV



Age 31 9 30
years months days

Gender Female

Heart Rate 87bpm

Patient Vitals

BP: 90/60 mmHg

Weight: 65 kg

Height: 170 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 370ms

QTc: 445ms

PR: 162ms

P-R-T: 48° 11° 43°

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

REPORTED BY

Arund N. Morwani

Dr. Arund N. Morwani
M.D. (General Medicine)
Reg. No. 59329 M.M.C.