	SUBURBAN	DIANOSTIC	S PVT.	LTD 1		DIAGNO	STICS
Name: DE	EPALI SETHI						
Age: 33	Gender: F	Height: 158 cms				25-03-2023	
Clinical Histor	y: NIL	Toght. 138 chis	Weight:	59 Kg	ID:	2308421837	
Medications:	NIL						

Test Details:

Protocol: Bruce	>	Predicted Max H	R: 187	
Exercise Time:	0:06:17			Target HR: 158
Max BP:	160/80	Max BP x HR:		Predicted MHR)
Test Termination	Criteria: TES	T COMPLET	31360	Max Mets: 7

Protocol Details:

Stage Name	Stage Time	METS	Speed	Grade	Heart Rate	BP	RPP		
Supine	00:19	1	0	%	bpm	mmHg	KII	mm Level	Max ST Slope
Standing	00:17	1		0	87	110/80	9570	0.9 V1	-0.2 III
HyperVentilation	00:09		0	0	79	110/80	8690	-0.8 Ш	0.3 V1
PreTest	00:09	1	0	0	83	110/80	9130	+0.4 III	0.2 aVR
Stage: 1	03:00	1	1.6	0	93	110/80	10230	1.2 V2	-0.6 V6
Stage: 2	- BED: Lager series ag	4.7	2.7	10	118	110/80	12980	-2 V1	0.6 V2
Peak Exercise	03:00	7	4	12	154	150/80	23100	-3.7 11	
	00:17	7	5.5	14	196	160/80	31360		-0.9 V5
Recovery1	01:00	1	0	0	141	140/80		-7.7 aVR	1.6 V1
Recovery2	01:00	1	0	0		un an ann an a	19740	-1.5 V1	-0.4 II
					119	140/80	16660	-4.8 V6	0.6 aVR

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:17 achieving a work level of 7 METS. Resting Heart Rate, initially 87 bpm rose to a max. heart rate of 196bpm (105% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

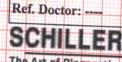
Boriveli (West), Mumbai - 400 002. PROVE LANS OWNER LANDAR 'aougus? 3018 305' 349 8100 comeau del a nechudus 121 -

Doctor: DR. NITIN SONAVANE

SUBURBAN:

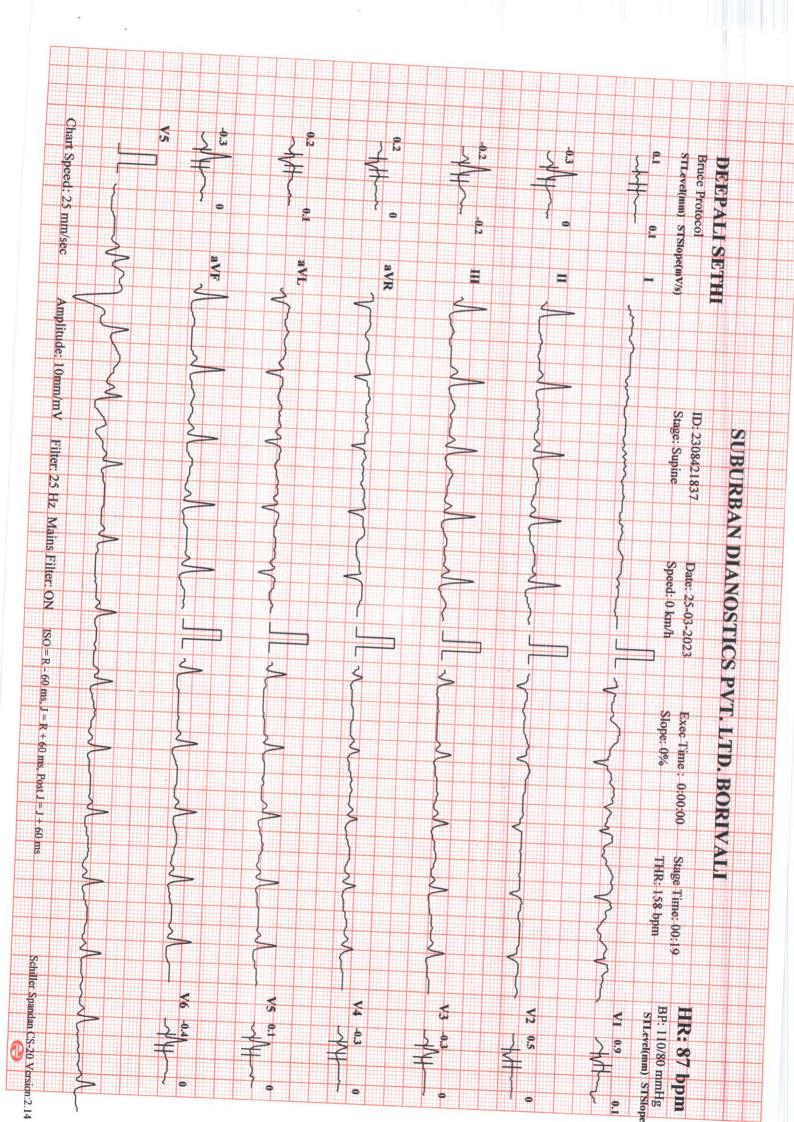
VING

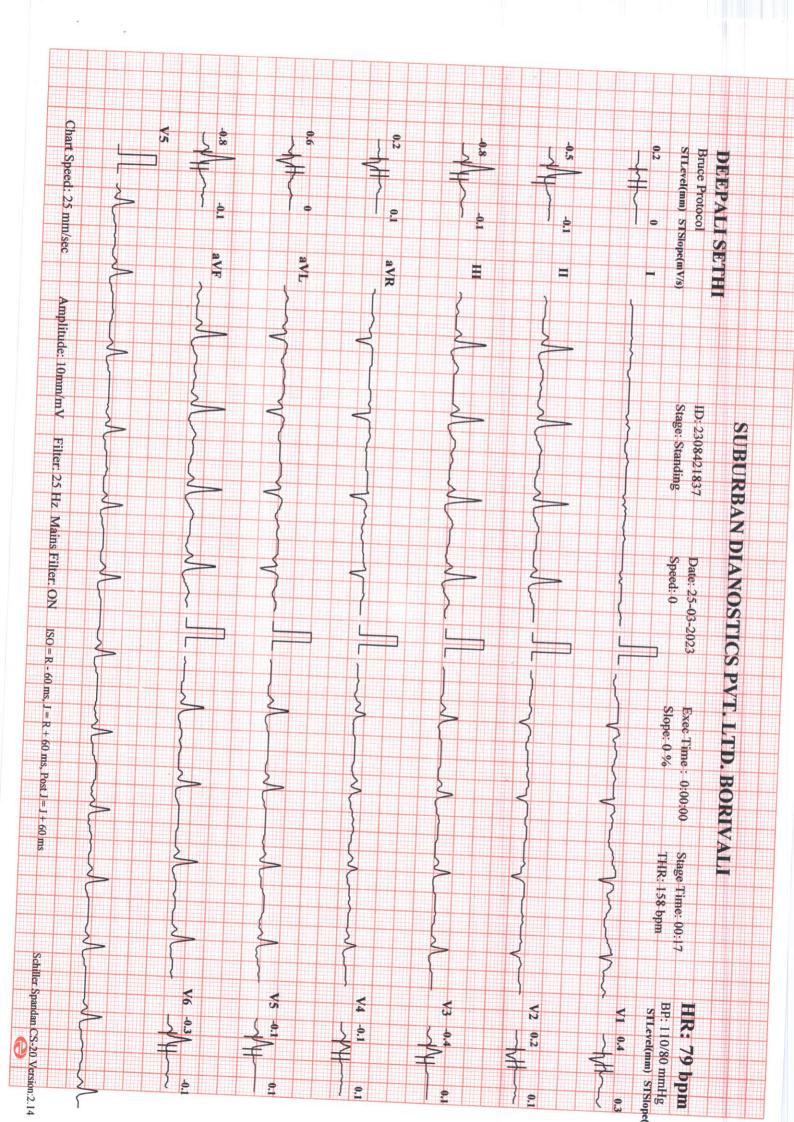
Summary Report edited by User) DR. NITIN SONAVANE Spandan CS-20 Version:2.14.0 M.B.B.S AFLH, D TAR, D CARD.

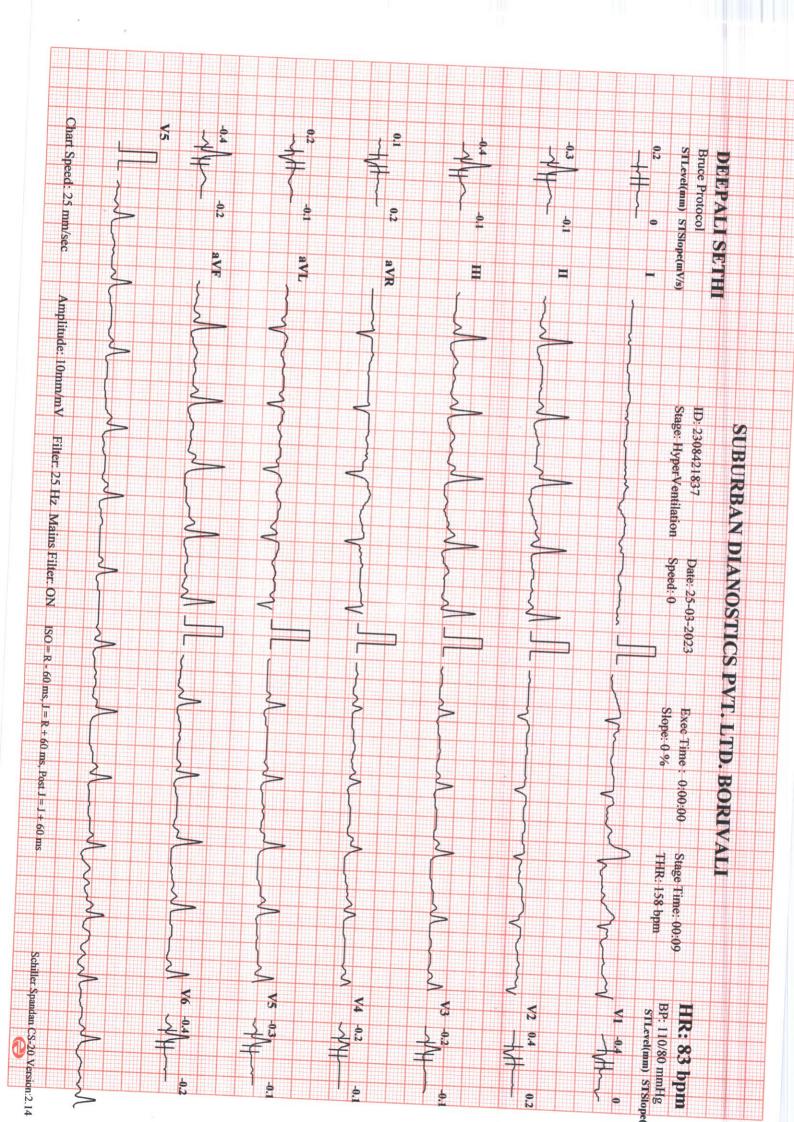


The Art of Diagnostics

CONSULTANTA DIOLOGIST REGD. NG. : 87714



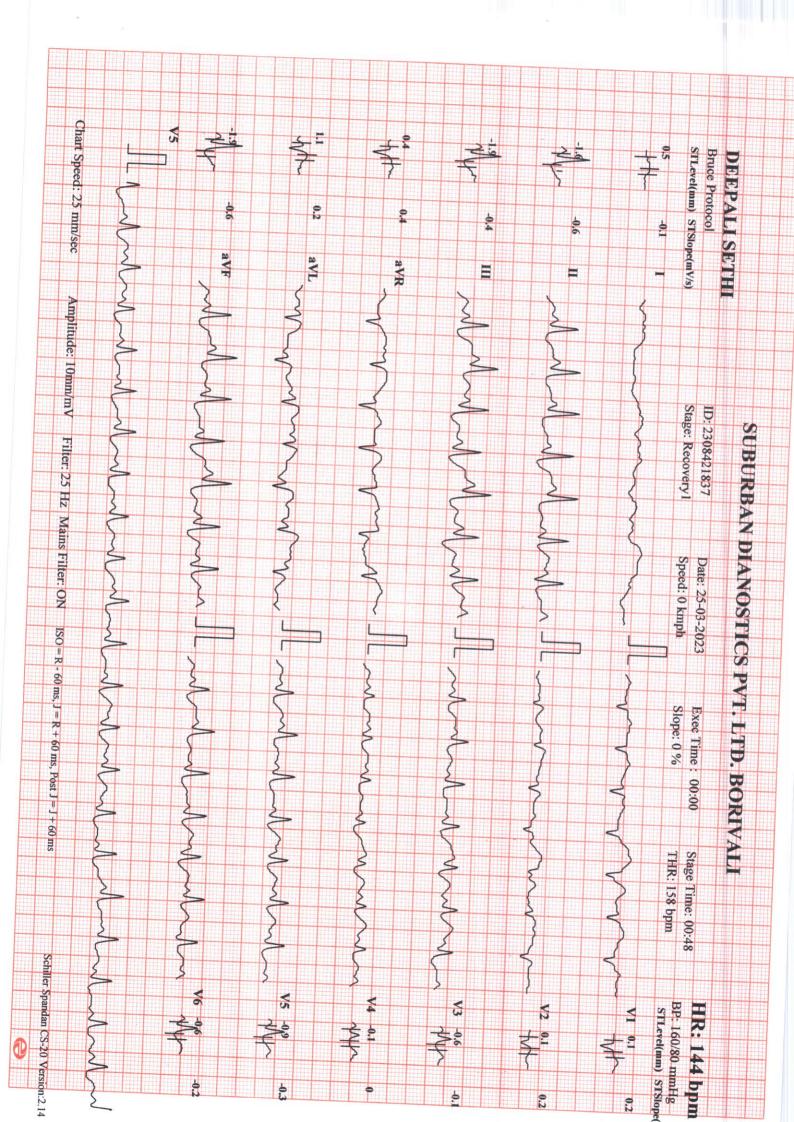


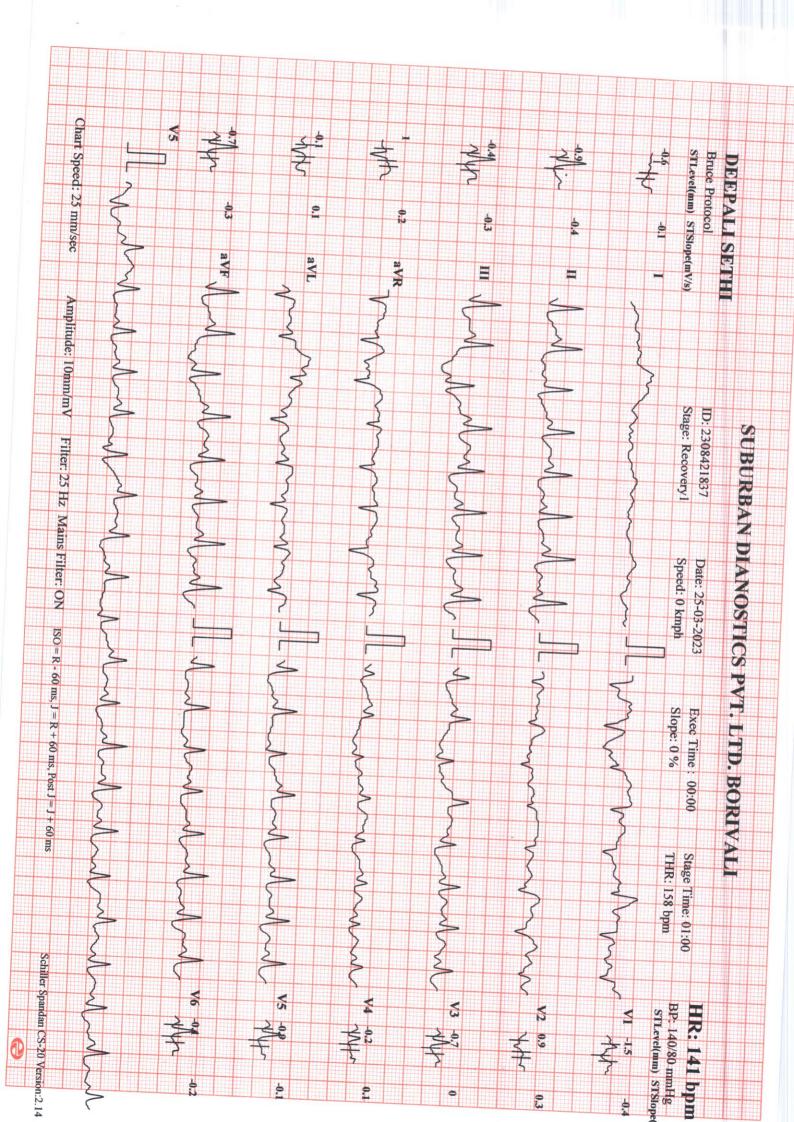


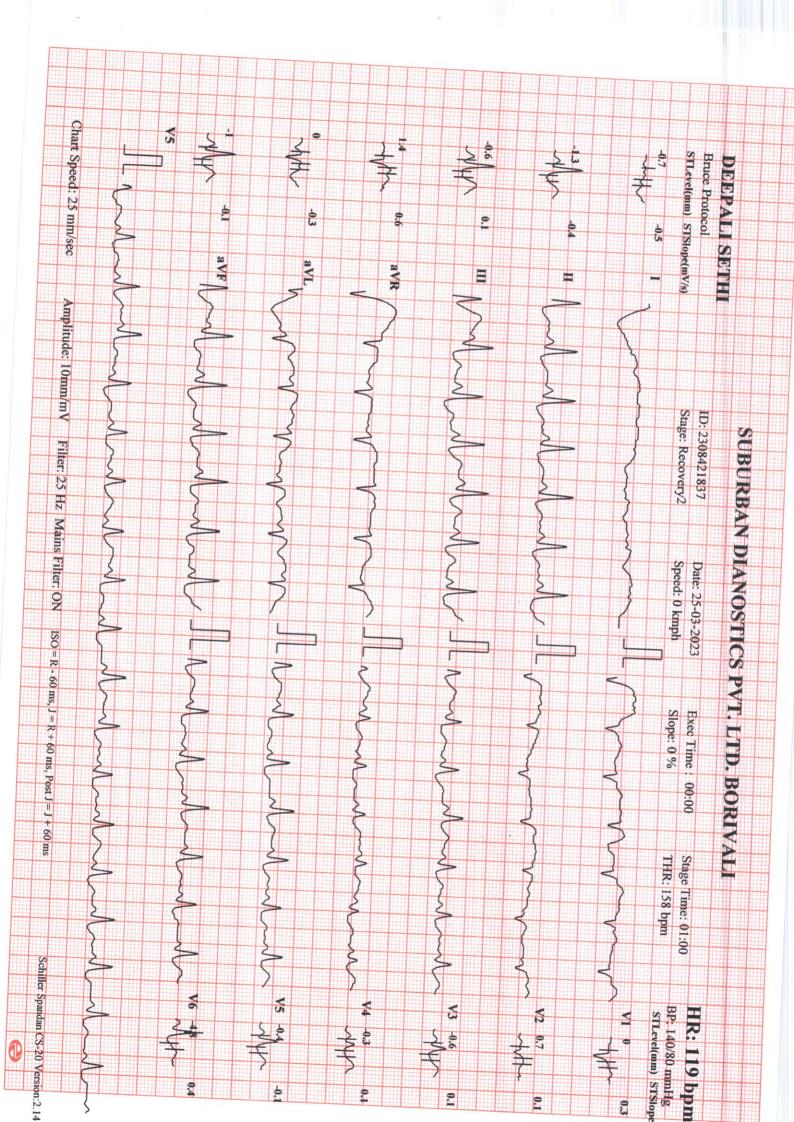


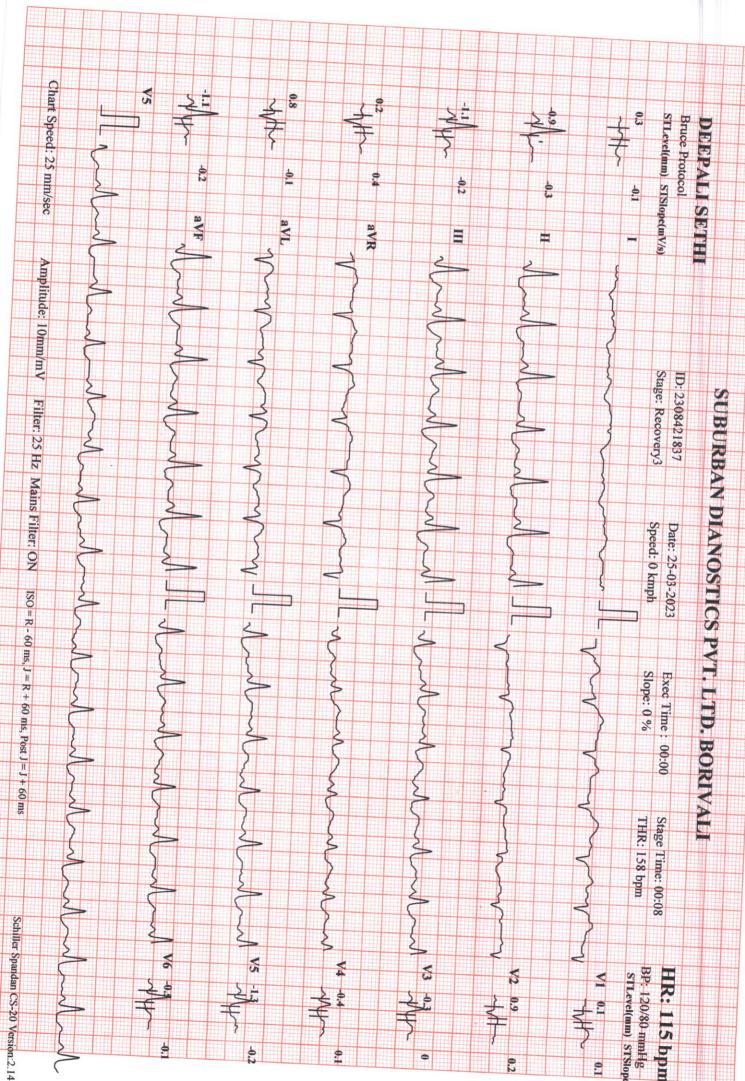












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CID	: 2308421837
Name	: MRS.DEEPALI SETHI
Age / Gender	: 33 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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Use a QR Code Scanner Application To Scan the Code : 25-Mar-2023 /

Collected Reported :25-Mar-2023 / 09:52 :25-Mar-2023 / 12:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood							
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>				
RBC PARAMETERS							
Haemoglobin	12.3	12.0-15.0 g/dL	Spectrophotometric				
RBC	4.91	3.8-4.8 mil/cmm	Elect. Impedance				
PCV	38.9	36-46 %	Measured				
MCV	79	80-100 fl	Calculated				
MCH	25.1	27-32 pg	Calculated				
MCHC	31.7	31.5-34.5 g/dL	Calculated				
RDW	13.3	11.6-14.0 %	Calculated				
WBC PARAMETERS							
WBC Total Count	14940	4000-10000 /cmm	Elect. Impedance				
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS						
Lymphocytes	25.2	20-40 %					
Absolute Lymphocytes	3764.9	1000-3000 /cmm	Calculated				
Monocytes	6.0	2-10 %					
Absolute Monocytes	896.4	200-1000 /cmm	Calculated				
Neutrophils	68.0	40-80 %					
Absolute Neutrophils	10159.2	2000-7000 /cmm	Calculated				
Eosinophils	0.8	1-6 %					
Absolute Eosinophils	119.5	20-500 /cmm	Calculated				
Basophils	0.0	0.1-2 %					
Absolute Basophils	0.0	20-100 /cmm	Calculated				
Immature Leukocytes							

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	320000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated
RBC MORPHOLOGY			

Page 1 of 9

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



DIAGNOSTI	CS		Sector Sector	
RECISE TESTING - HEAL	THIER LIVING			
CID Name	: 2308421837 : MRS.DEEPALI SETHI			
Age / Gender	: 33 Years / Female		Use a QR Code Scanner Application To Scan the Code	
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)	Collected Reported	: 25-Mar-2023 / 09:52 : 25-Mar-2023 / 18:15	

Hypochromia	Mild		
Microcytosis	Occasional		
Macrocytosis	-		
Anisocytosis	-		
Poikilocytosis	-		
Polychromasia	-		
Target Cells	-		
Basophilic Stippling	-		
Normoblasts	-		
Others	-		
WBC MORPHOLOGY	-		
PLATELET MORPHOLOGY	-		
COMMENT	Neutrophilic Leukocytosis		
Specimen: EDTA Whole Blood			
ESR, EDTA WB-ESR	10	2-20 mm at 1 hr.	Sedimentation
*Sample processed at SUBURBAN	DIAGNOSTICS (INDIA) PVT. LTD B *** End Of R	orivali Lab, Borivali West eport ***	



Bmhaskar

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

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CID

Name

Authenticity Check

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Collected Reported :25-Mar-2023 / 09:52 :25-Mar-2023 / 15:41

Age / Gender: 33 Years / FemaleConsulting Dr.: -Reg. Location: Borivali West (Main Centre)

:2308421837

: MRS.DEEPALI SETHI

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE						
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>			
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase			
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase			
BILIRUBIN (TOTAL), Serum	0.79	0.1-1.2 mg/dl	Colorimetric			
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Diazo			
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated			
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret			
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG			
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated			
A/G RATIO, Serum	1.6	1 - 2	Calculated			
SGOT (AST), Serum	17.8	5-32 U/L	NADH (w/o P-5-P)			
SGPT (ALT), Serum	45.2	5-33 U/L	NADH (w/o P-5-P)			
GAMMA GT, Serum	64.2	3-40 U/L	Enzymatic			
ALKALINE PHOSPHATASE, Serum	99.6	35-105 U/L	Colorimetric			
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic			
BUN, Serum	7.3	6-20 mg/dl	Calculated			
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic			

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DIAGNOSTI	ICS				E
PRECISE TESTING - HEA	LTHIER LIVING				Р
CID	:230842183	7			0
Name	: MRS.DEEPA	LI SETHI			R
Age / Gender	:33 Years /	Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -		Collected	:25-Mar-2023 / 0	9:52
Reg. Location	: Borivali We	est (Main Centre)	Reported	:25-Mar-2023 / 15	5:41
eGFR, S	Serum	114	>60 ml/min/1.7	73sqm Calcul	ated

URIC ACID, Serum 3.4 2.4-5.7 mg/dl *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



Bmhaskar

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

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Enzymatic

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CID :2308421837 Name : MRS. DEEPALI SETHI Age / Gender : 33 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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Application To Scan the Code Collected Reported

: 25-Mar-2023 / 09:52 :25-Mar-2023 / 12:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS **BIOLOGICAL REF RANGE** METHOD Glycosylated Hemoglobin HPLC 5.5 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 111.1 mg/dl Calculated

Intended use:

(eAG), EDTA WB - CC

- 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 ***





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

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Corporate Identity Number (CIN): U85110MH2002PTC136144



CID : 2308421837 Name : MRS.DEEPALI SETHI Age / Gender : 33 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre)



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

Collected

Reported

PARAMETER

<u>RESULTS</u>

ABO GROUP Rh TYPING

Positive

А

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.

Refernces:

- 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 **



M. Jain

Dr.MILLU JAIN M.D.(PATH) Pathologist

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CID	: 2308421837
Name	: MRS.DEEPALI SETHI
Age / Gender	: 33 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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Collected Reported :25-Mar-2023 / 09:52 :25-Mar-2023 / 15:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE	
LIPID PROFILE	

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	185.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	107.5	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	57.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	127.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	22.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



Bmhaskar

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

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 Corporate Identity Number (CIN): U85110MH2002PTC136144



CID	: 2308421837
Name	: MRS.DEEPALI SETHI
Age / Gender	: 33 Years / Female
Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)



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Use a QR Code Scanner Application To Scan the Code

Collected Reported :25-Mar-2023 / 09:52 :25-Mar-2023 / 17:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	3.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.12	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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DIAGNOSTI	CS			E
PRECISE TESTING - HEAL	THER LIVING			P
CID	: 2308421837			0
Name	: MRS.DEEPALI SETHI			R
Age / Gender	: 33 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:25-Mar-2023 / 09:52	
Reg. Location	: Borivali West (Main Centre)	Reported	:25-Mar-2023 / 17:31	

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 trasiently altered becuase 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 Borivali Lab, Borivali West *** End Of Report ***



Bmhaskar

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

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Consulting Dr. : Reg.Location : Boriv	ali West (Main Centre)	Reported	: 25-Mar-2023 / 18:00
Consulting Dr. :			
0		Collected	: 25-Mar-2023 / 09:36
Age / Gender : 33 Ye	ears/Female		
Name : MRS	DEEPALI SETHI		
CID# : 2308	421837		

PHYSICAL EXAMINATION REPORT

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History and Complaints:

EXAMINATION FINDINGS:

Height (cms):	158	Weight (kg):	59
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg)	: 110/80	Nails:	NAD
Pulse:	72/per min	Lymph Node:	Not palpable

Systems

Cardiovascular:	S1S2- NORMAL
Respiratory :	CHEST CLEAR
Genitourinary:	NAD
GI System:	NAD
CNS:	NAD

IM	PR	ES	SI	ON	:

Normal

ADVICE:

CHIEF COMPLAINTS:

1)	Hypertension:	NO
2)	IHD	NO
3)	Arrhythmia	NO
4)	Diabetes Mellitus	NO
5)	Tuberculosis	NO

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N.L.

CID#	*	: 2308421837

Name	: MRS.DEEPALI SETHI		
Age / Gender	: 33 Years/Female		
Consulting Dr.	:	Collected	: 25-Mar-2023 / 09:36
Reg.Location	: Borivali West (Main Centre)	Reported	: 25-Mar-2023 / 18:00

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	NO
17)	Musculoskeletal System	NO
PEF	SONAL HISTORY:	

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	MIX
4)	Medication	NO

*** End Of Report ***

Dr.NITIN SONAVANE PHYSICIAN

Suburban Diagnestics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegenance, Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.

DR. NITIN SOME M.B.B.S.AFLH, D.DI/ CONSULTANT-CAF REGD. NO. :

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SUBURBAN			
PRECISE TESTING · HEALTHIER	LIVING		Authenticity Check
CID	: 2308421837		
Name	: Mrs DEEPALI SETHI		
Age / Sex	: 33 Years/Female		Use a QR Code Scanner
Ref. Dr	:	Reg. Date	Application To Scan the Code : 25-Mar-2023
Reg. Location	: Borivali West	Reported	: 25-Mar-2023 / 13:08

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended with two calculi are seen measuring 1.2 cm and 8.8 mm in gall bladder.No obvious wall thickening is noted.

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

<u>KIDNEYS</u>: Right kidney measures 7.2 x3.1 cm. Left kidney measures 9.8 x 4.2 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

<u>UTERUS</u>: Uterus is anteverted, normal and measures 6.5 x 2.8 x5.4 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.4 mm. Cervix appears normal.

<u>OVARIES:</u> Both ovaries appear normal in size and echotexture. The right ovary measures $2.6 \times 2.2 \times 2.4 \text{ cm}$ (volume 7.5 cc). The left ovary measures $3.5 \times 1.9 \times 2.2 \text{ cm}$ (volume 7.9 cc).

Bilateral adnexa is clear. No free fluid or obvious significant lymphadenopathy is seen.

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CID Name	: 2308421837 : Mrs DEEPALI SETHI					
Age / Sex	: 33 Years/Female					
Ref. Dr	:	_	Use a QR Code Scanner Application To Scan the Code			
Reg. Location	: Borivali West	Reg. Date	: 25-Mar-2023			
		Reported	: 25-Mar-2023 / 13:08			

Opinion:

Cholelithiasis without cholecystitis.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376. R

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Authenticity Check

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Date:- 29	5/03/2	023		CID: 2308421837			
Name:- Deepali Sethi Sex/Age: F/33							
			EYE	CHECK	UP		
Chief comp	plaints:	N	•				
Systemic D)iseases:						
Past histor	y:	Ni	1				
Unaided V	ision:			10			
Aided Visio	on:		R	E (6		LE 616	
			Ģ	(6		6/6	
Refraction	:		N	8		N8	
(Right Eye)					(Left Eye	e)	
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near						ŝ		

Colour Vision: Normal / Abnormal

Remark:

Normal

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Name Age / Sex Ref. Dr Reg. Location

CID

: Mrs DEEPALI SETHI : 33 Years/Female : : Borivali West

: 2308421837

Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 25-Mar-2023 : 25-Mar-2023 / 15:04

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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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