

PHYSICAL EXAMINATION REPORT

Patient Name	Rajashree Chaudhary	Sex/Age	F/30
Date	14/9/23	Location	Thane

History and Complaints

Qo - Low Back Pain.

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	Ⓜ
Weight (kg):	63	Skin:	Acute (+)
Blood Pressure	130/80	Nails:	NAD.
Pulse	76/min	Lymph Node:	

Systems :

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

Impression: ↑ ESR (32).
 Urine - (Trace) Blood
 ↓ HDL
 USG - Polycystic changes

Advice: Drink Plenty of Liquids.
Regular Exercise.
Gynaec Consultation.

1)	Hypertension:	Nil
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	AKT taken. Pulmonary (10 yrs Back)
6)	Asthama	
7)	Pulmonary Disease	H/O - TB (10 yrs Back)
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	Nil
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	Low Back Pain

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Veg + Eggs.
4)	Medication	No

Manasee

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

Date:- 14/4/23

CID:

Name:- Rajashree Chaudhari

Sex / Age: F 30

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: All

Past history: All

Unaided Vision: 13/20 E/O LWB/N/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



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CID : 2310417624
Name : MRS. RAJASHREE MADAN CHAUDHARI
Age / Gender : 30 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 14-Apr-2023 / 10:05
Reported : 14-Apr-2023 / 11:28

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	5.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.7	36-46 %	Measured
MCV	78.4	80-100 fl	Calculated
MCH	26.1	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6910	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	21.3	20-40 %	Calculated
Absolute Lymphocytes	1471.8	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	Calculated
Absolute Monocytes	428.4	200-1000 /cmm	Calculated
Neutrophils	70.3	40-80 %	Calculated
Absolute Neutrophils	4857.7	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	Calculated
Absolute Eosinophils	152.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	Calculated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	381000	150000-400000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	Mild		
Microcytosis	Occasional		

Authenticity Check



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **32** **2-20 mm at 1 hr.** **Sedimentation**

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000



CID : 2310417624
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	85.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	83.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.8	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	24.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	70.2	35-105 U/L	PNPP
BLOOD UREA, Serum	17.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	141	>60 ml/min/1.73sqm	Calculated

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Reported : 14-Apr-2023 / 16:13

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

URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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Pathologist

022-6170-0000

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1c goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
PHYSICAL EXAMINATION		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
CHEMICAL EXAMINATION		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
MICROSCOPIC EXAMINATION		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	4-5	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	

Kindly correlate clinically.

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 G B Road Lab, Thane West
*** End Of Report ***



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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



Dr. Imjarwar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

022-6170-0000



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Reported : 14-Apr-2023 / 12:48

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	98.9	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	39.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.3	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	125.0	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	20.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

0000-0000



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	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	2.16	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

AREAS OF SPECIAL EXPERTISE

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022-6170-0000



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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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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 ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

0000-0570-0000



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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 Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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USG ABDOMEN AND PELVIS

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

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

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

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.5 x 4.4 cm. Left kidney measures 11.2 x 5.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

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

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

UTERUS: Uterus is anteverted and measures 4.4 x 2.7 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

OVARIES:

Both ovaries are mildly bulky in size and show central echogenic stroma with multiple peripherally arranged small follicles.

The right ovary measures 3.0 x 1.7 x 3.5 cm and ovarian volume is 10 cc.
The left ovary measures 2.5 x 2.2 x 2.8 cm and ovarian volume is 8.5 cc.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:

BILATERAL MILDLY BULKY OVARIES WITH ? POLYCYSTIC CHANGES.SUGGEST SR.FSH,SR LH,SR PROLACTIN CORRELATION.

Advice:Clinical co-relation,further evaluation and follow up.

Note:Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

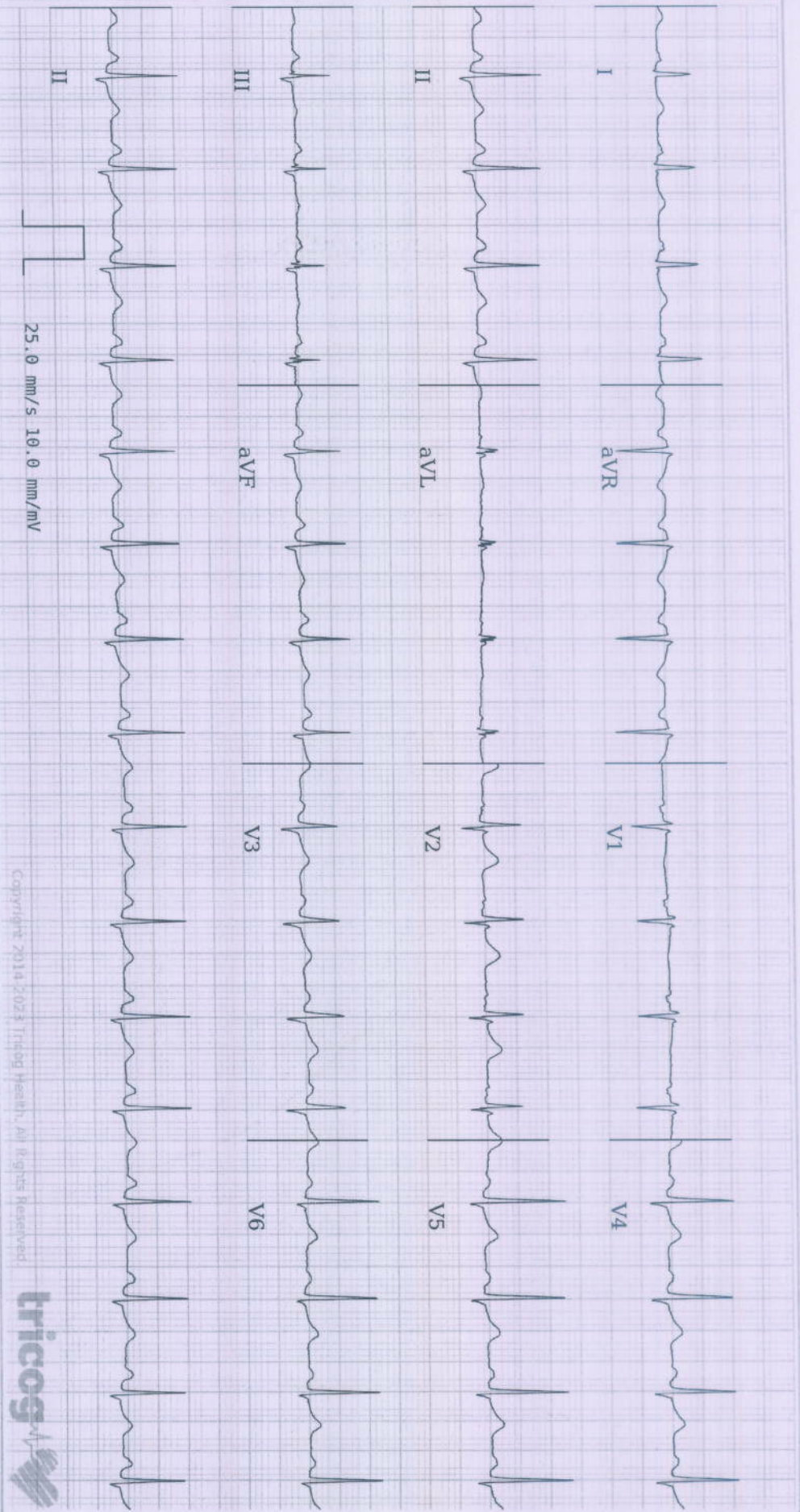
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Page no 2 of 2



Patient Name: **RAJASHREE MADAN CHAUDHARI**
Patient ID: **2310417624**

Date and Time: **14th Apr 23 12:36 PM**



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Age **30** years **8** months **9** days

Gender **Female**

Heart Rate **100bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **63 kg**

Height: **156 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **76ms**
QT: **338ms**
QTcB: **436ms**
PR: **136ms**
P-R-T: **60° 47° 40°**

REPORTED BY

DR SHALIKA PILLAI
MBBS, MD Physician
49972

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

889 (2310417624) / RAJASHREE CHOUDHARI / 30 Yrs / F / 156 Cms / 63 Kg
 Date: 14 / 04 / 2023 11:02:57 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:43	0:43	00.0	00.0	01.0	110	58 %	120/80	132	00	
Standing	00:55	0:12	00.0	00.0	01.0	113	59 %	120/80	135	00	
HV	01:05	0:10	00.0	00.0	01.0	117	62 %	120/80	140	00	
ExStart	01:14	0:09	00.0	00.0	01.0	109	57 %	120/80	130	00	
BRUCE Stage 1	04:14	3:00	01.7	10.0	04.7	148	78 %	130/80	192	00	
BRUCE Stage 2	07:14	3:00	02.5	12.0	07.1	158	83 %	150/80	237	00	
PeakEx	07:39	0:25	03.4	14.0	07.5	161	85 %	160/80	257	00	
Recovery	08:39	1:00	00.0	00.0	01.1	140	74 %	160/80	224	00	
Recovery	09:39	2:00	00.0	00.0	01.0	125	66 %	160/80	200	00	
Recovery	11:39	4:00	00.0	00.0	01.0	122	64 %	130/80	158	00	
Recovery	11:46	4:08	00.0	00.0	01.0	122	64 %	130/80	158	00	

FINDINGS :

Exercise Time : 06:25
 Initial HR (ExStrt) : 109 bpm 57% of Target 190
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value: V6 & -2.3 mm in PeakEx
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 161 bpm 85% of Target 190
 Max BP Attained 160/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





EMail: 889 / RAJASHREE CHOUDHARI / 30 Yrs / F / 156 Cms / 63 Kg Date: 14 / 04 / 2023 11:02:57 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 113.0 bpm, and the maximum predicted Target Heart Rate 190.0. The BP increased at the time of generating report as 160.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue, Heart Rate Achieved.

CONCLUSIONS:

1. TMT is negative for exercise induced Ischemia.
2. Normal chronotropic and Normal Inotropic response.
3. No significant ST T changes seen.
4. Basic ECG Nonspecific ST T changes.

D. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

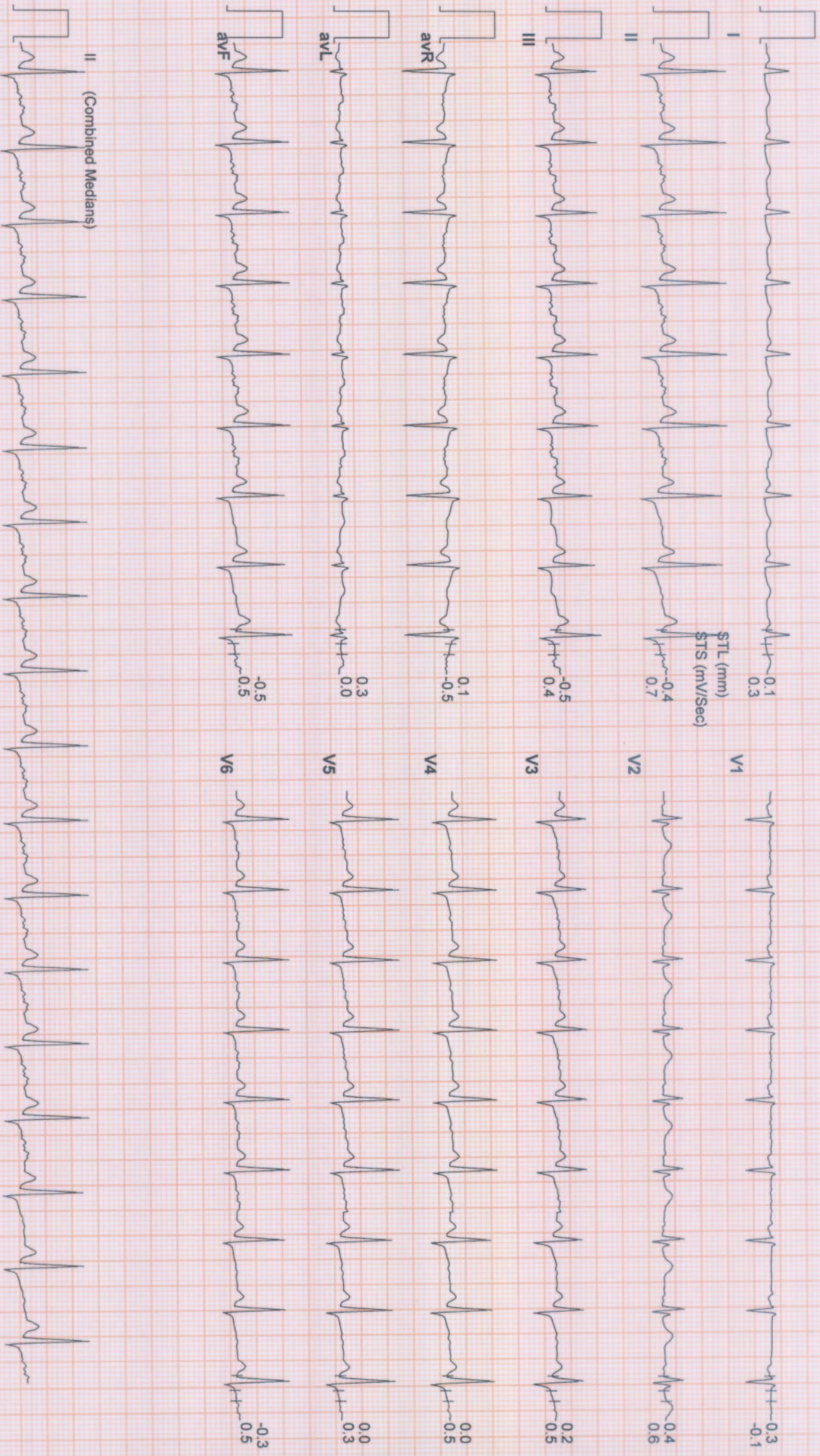
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
SUPINE (00:01)



Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 110 Target HR : 58% of 190 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

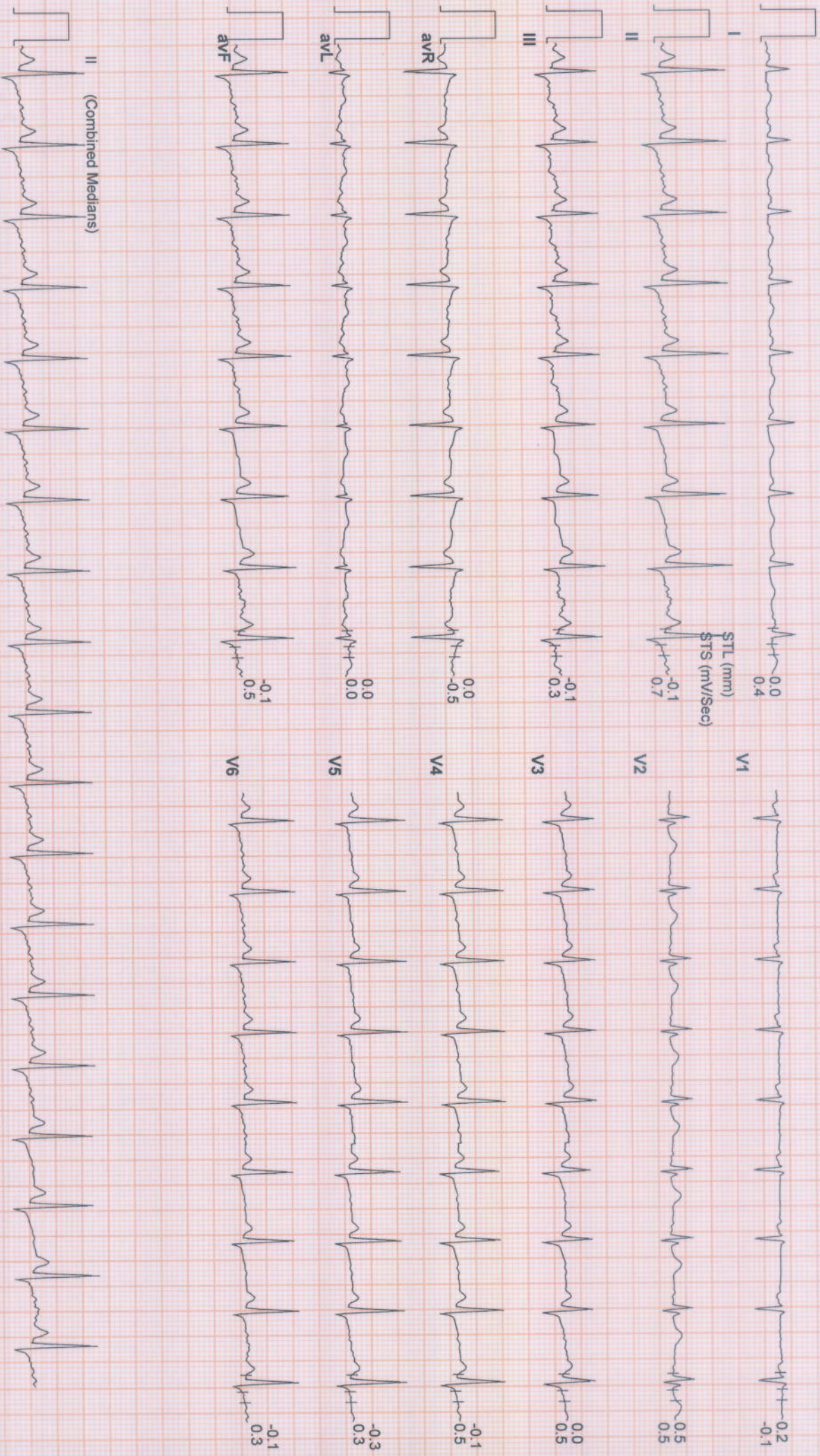
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm STANDING (00:00)



Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 113 Target HR : 59% of 190 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

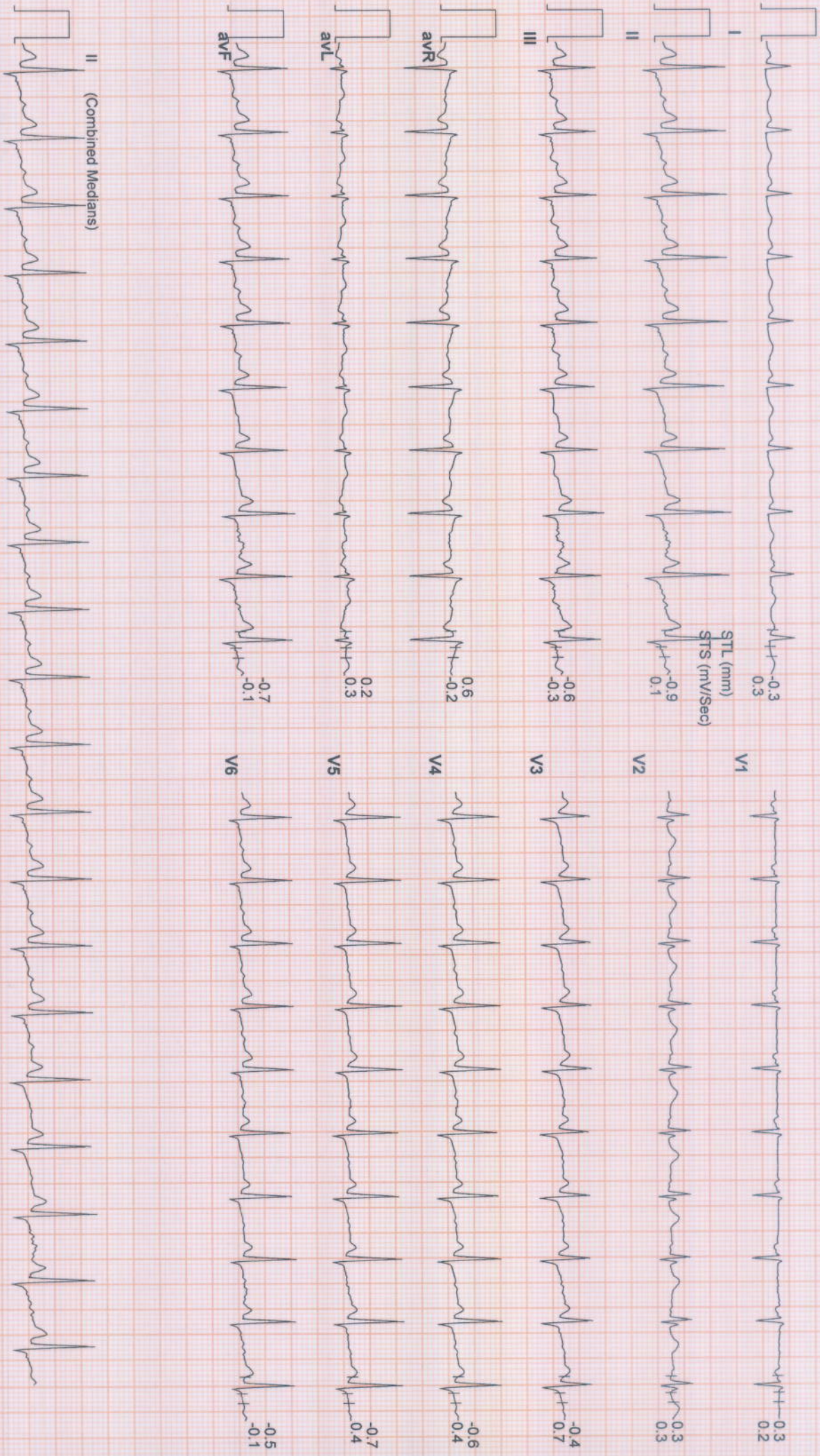
6X2 Combine Medians + 1 Rhythm

HV (00:00)



Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 117 Target HR : 62% of 190 BP : 120/80 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

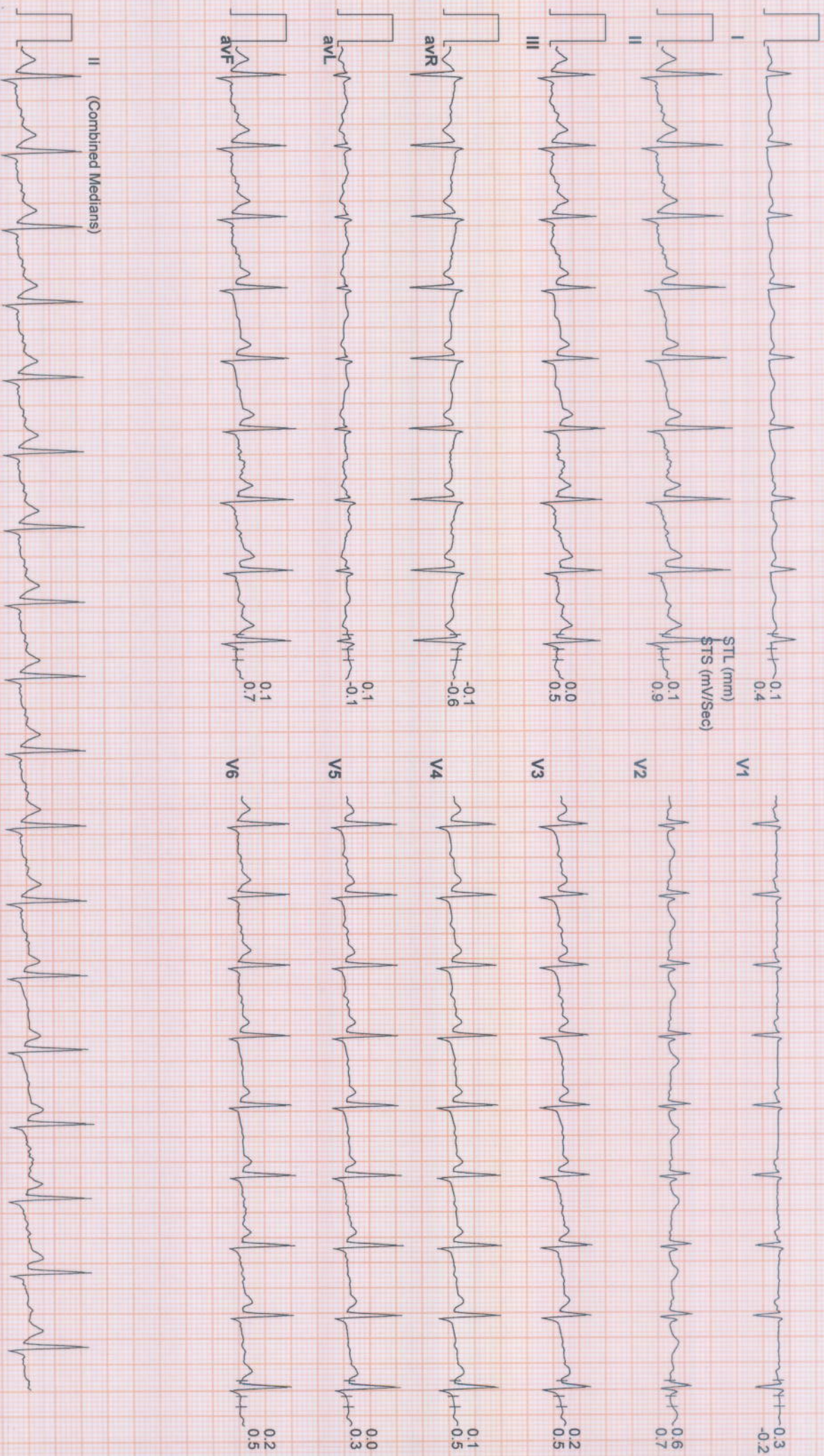
6X2 Combine Medians + 1 Rhythm

ExStt



Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 109 Target HR : 57% of 190 BP : 120/80 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

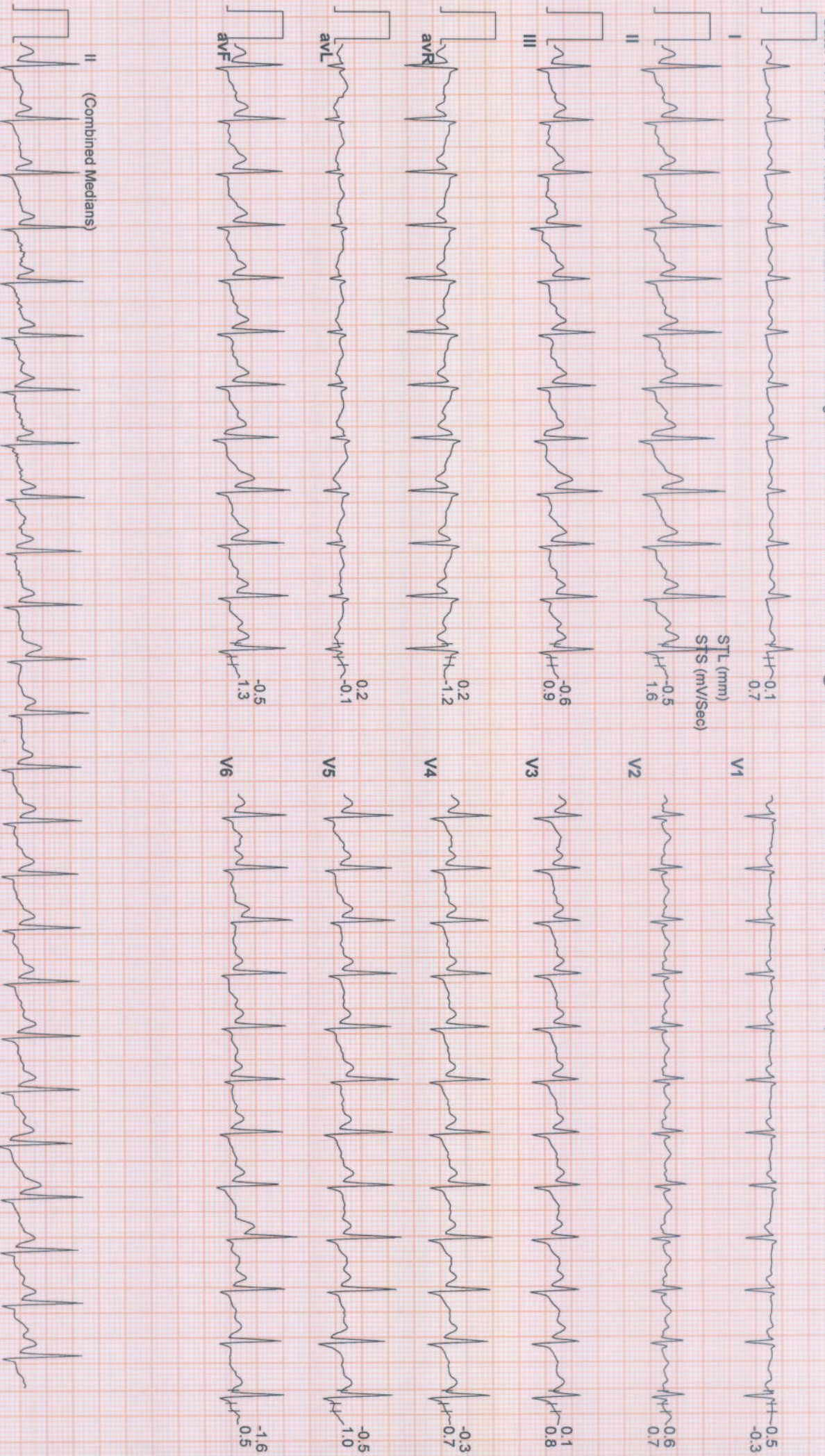
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 14 / 04 / 2023 11:02:57 AM METs : 4.7 HR : 148 Target HR : 78% of 190 BP : 130/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec: 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

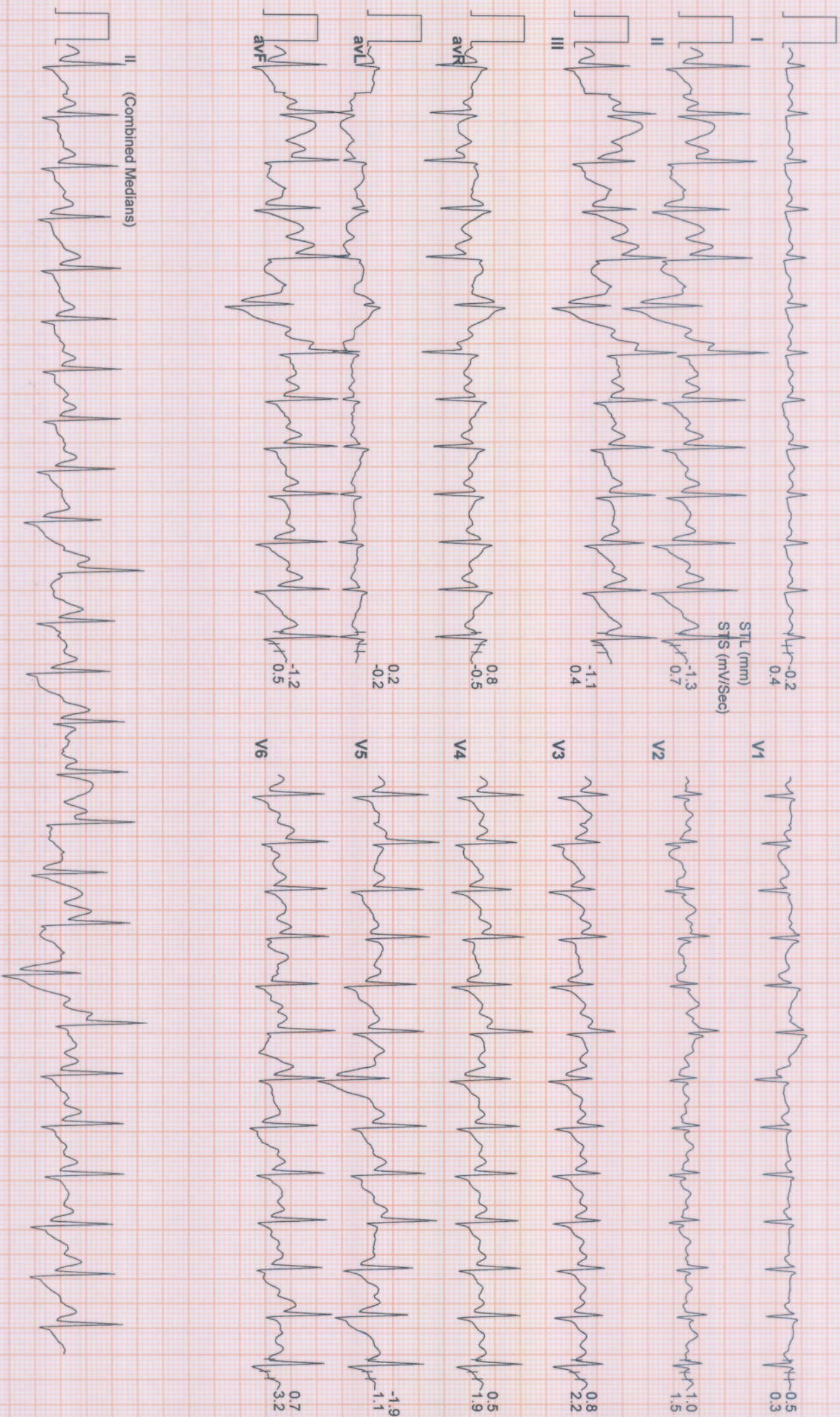
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

Date: 14 / 04 / 2023 11:02:57 AM METs : 7.1 HR : 158 Target HR : 83% of 180 BP : 150/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 2 (03:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

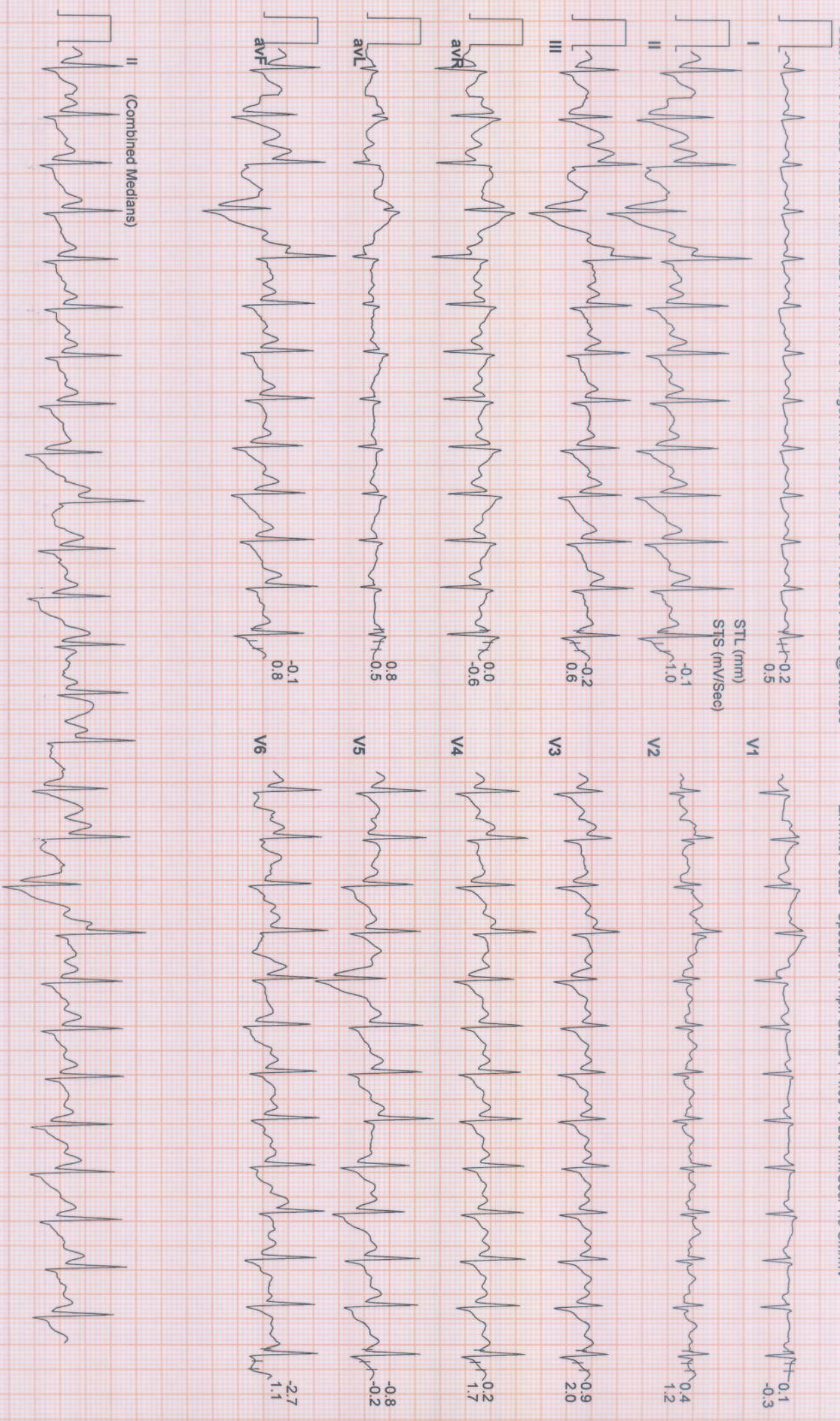
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

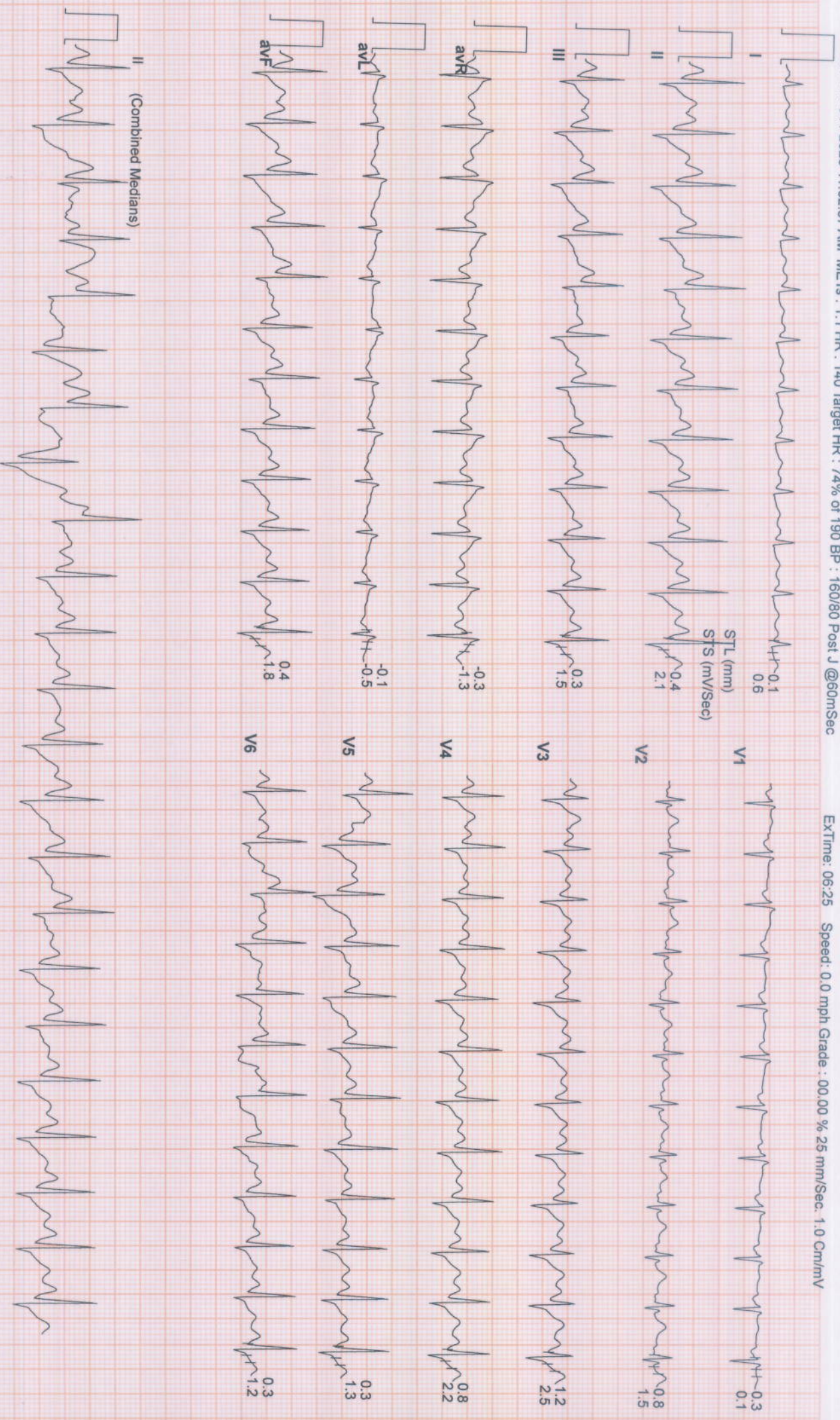
6X2 Combine Medians + 1 Rhythm
PeakEX



Date: 14 / 04 / 2023 11:02:57 AM METs : 7.5 HR : 161 Target HR : 85% of 190 BP : 160/80 Post J @60mSec

ExTime: 06:25 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec: 1.0 Cm/mV





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

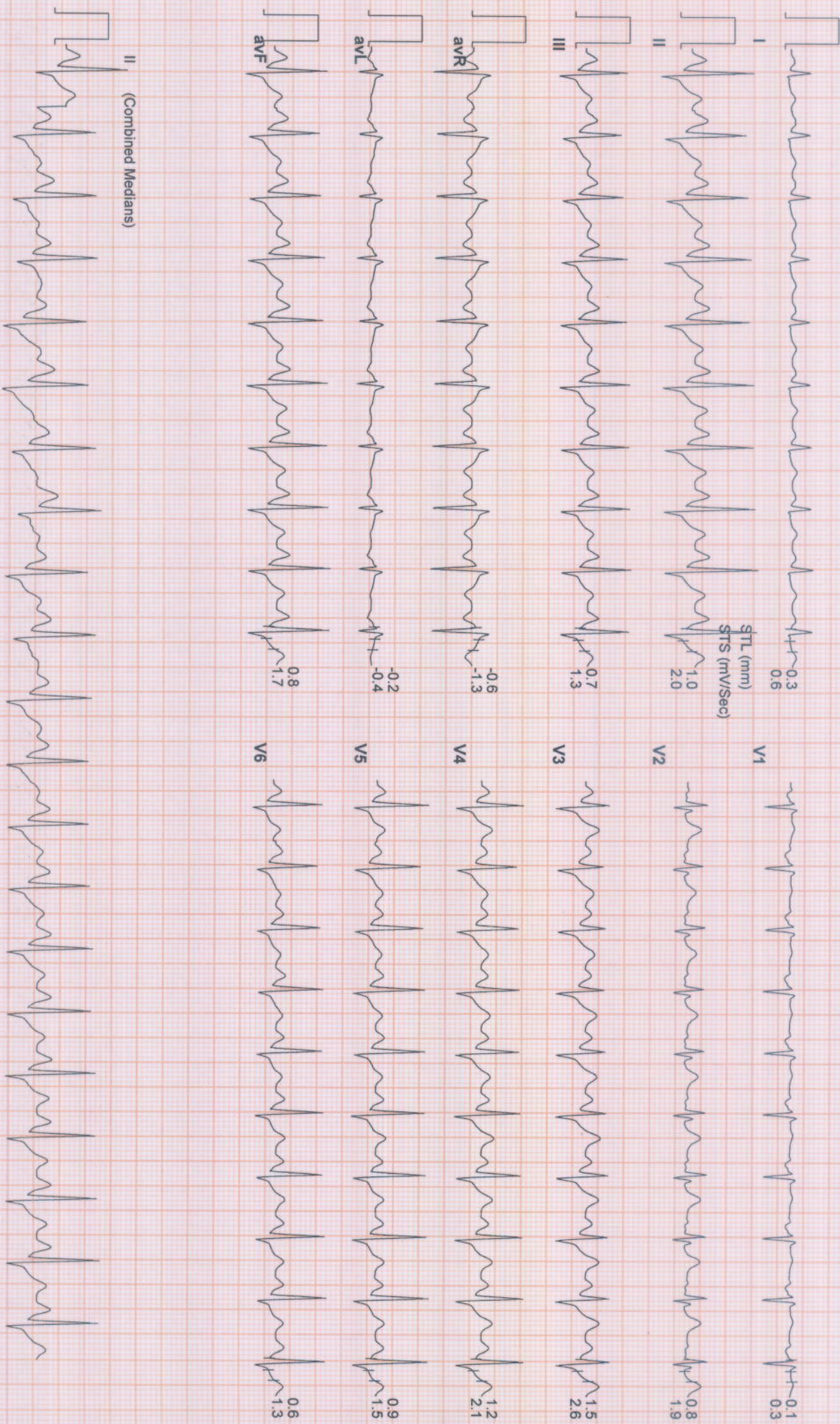
889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 125 Target HR : 66% of 190 BP : 160/80 Post J @80mSec

ExTime: 06:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (02:00)



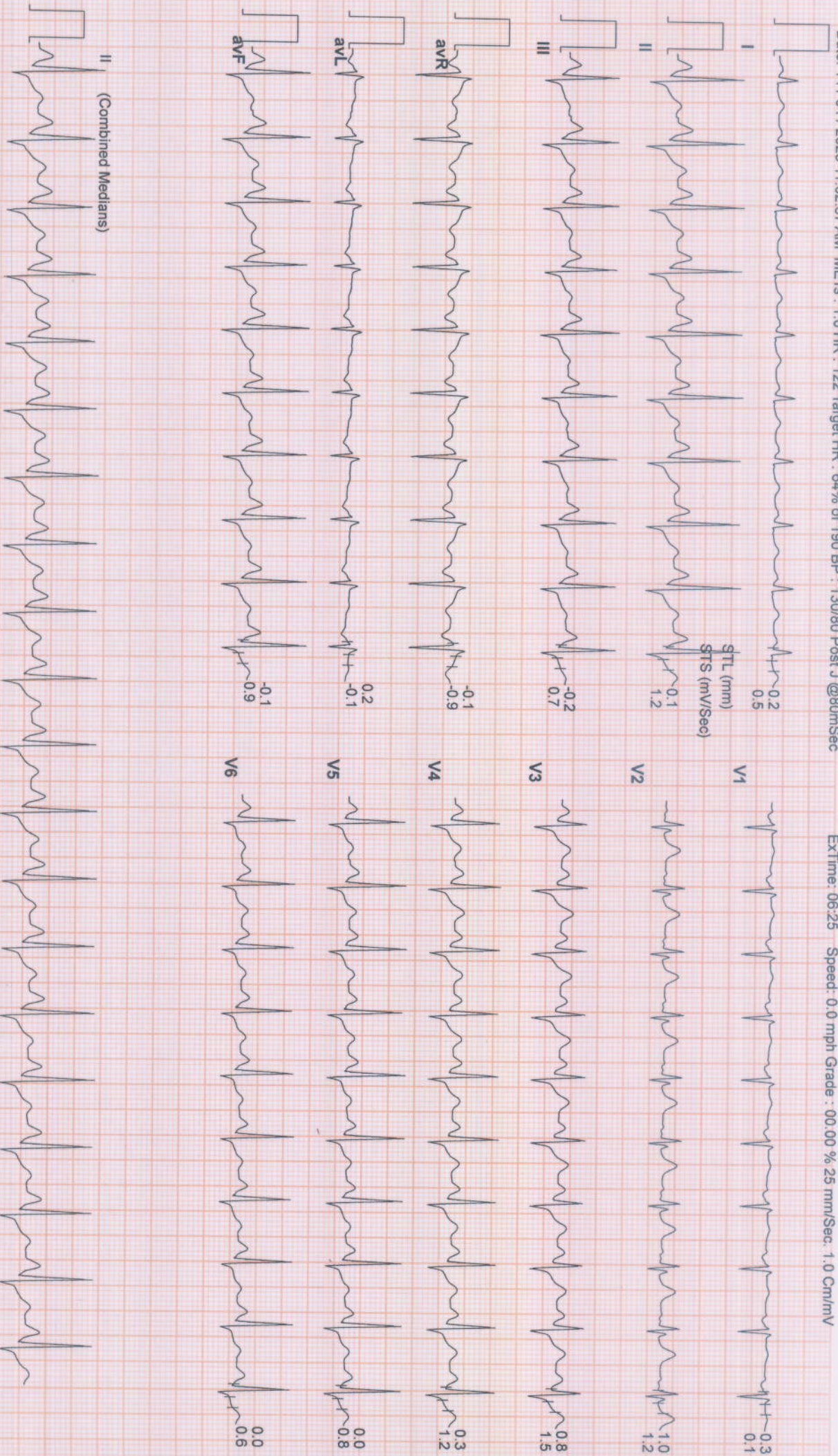
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 122 Target HR : 64% of 190 BP : 130/80 Post J @80mSec

ExTime: 06:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm Recovery : (04:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

889 / RAJASHREE CHOUDHARI / 30 Yrs / Female / 156 Cm / 63 Kg

Date: 14 / 04 / 2023 11:02:57 AM METs : 1.0 HR : 127 Target HR : 67% of 190 BP : 130/80 Post J @80mSec

ExTime: 06:25 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mv

6X2 Combine Medians + 1 Rhythm

Recovery : (04:07)

