



CID : 2309405558
Name : MRS.PRIYANKA A PATIL
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 04-Apr-2023 / 10:00
Reported : 04-Apr-2023 / 14:38

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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 | 11.6 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.40 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 36.4 | 36-46 % | Measured |
| MCV | 83 | 80-100 fl | Calculated |
| MCH | 26.4 | 27-32 pg | Calculated |
| MCHC | 31.9 | 31.5-34.5 g/dL | Calculated |
| RDW | 14.2 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5240 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 42.0 | 20-40 % | |
| Absolute Lymphocytes | 2200.8 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.5 | 2-10 % | |
| Absolute Monocytes | 393.0 | 200-1000 /cmm | Calculated |
| Neutrophils | 48.5 | 40-80 % | |
| Absolute Neutrophils | 2541.4 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.6 | 1-6 % | |
| Absolute Eosinophils | 83.8 | 20-500 /cmm | Calculated |
| Basophils | 0.4 | 0.1-2 % | |
| Absolute Basophils | 21.0 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |
| WBC Differential Count by Absorbance & Impedance method/Microscopy. | | | |
| <u>PLATELET PARAMETERS</u> | | | |
| Platelet Count | 298000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 8.2 | 6-11 fl | Calculated |
| PDW | 12.7 | 11-18 % | Calculated |
| <u>RBC MORPHOLOGY</u> | | | |



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| | |
|----------------------|--------------------------|
| Hypochromia | - |
| Microcytosis | - |
| Macrocytosis | - |
| Anisocytosis | - |
| Poikilocytosis | - |
| Polychromasia | - |
| Target Cells | - |
| Basophilic Stippling | - |
| Normoblasts | - |
| Others | Normocytic, Normochromic |
| WBC MORPHOLOGY | - |
| PLATELET MORPHOLOGY | - |
| COMMENT | - |

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-20 mm at 1 hr. Sedimentation

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

Bmhasakar

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



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Reg. Location : Bhayander East (Main Centre)

Collected : 04-Apr-2023 / 10:00
Reported : 04-Apr-2023 / 15:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 91.0 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 112.2 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.65 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.22 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.43 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.1 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.7 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 15.1 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 14.1 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 13.4 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 59.6 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 17.6 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 8.2 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.62 | 0.51-0.95 mg/dl | Enzymatic |



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| | | | |
|-------------------------|--------|--------------------|------------|
| eGFR, Serum | 116 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 2.8 | 2.4-5.7 mg/dl | Enzymatic |
| Urine Sugar (Fasting) | Absent | Absent | |
| Urine Ketones (Fasting) | Absent | Absent | |
| Urine Sugar (PP) | Trace | Absent | |
| Urine Ketones (PP) | Absent | Absent | |

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

Bmhasakar

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





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Reported : 04-Apr-2023 / 15:46

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 | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | mg/dl | Calculated |

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



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Dr.KETAKI MHASKAR
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Reported : 04-Apr-2023 / 18:28

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 6.5 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.001-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 30 | - | - |
| <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 | 10-12 | 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 | ++ | Less than 20/hpf | |
| Others | - | | |

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

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

Reference: Pack insert

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

Bmhasakar

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



MC-2111



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Reg. Location : Bhayander East (Main Centre)

Collected :
Reported :

*** End Of Report ***



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Reg. Location : Bhayander East (Main Centre)

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Reported : 04-Apr-2023 / 15:51

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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 ***

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist





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Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 04-Apr-2023 / 10:00
Reported : 04-Apr-2023 / 15:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 173.7 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 80.3 | 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 | 47.9 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 125.8 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 110.0 | 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 | 15.8 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 3.6 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 2.3 | 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



MC-2111





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Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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Reported : 04-Apr-2023 / 16:38

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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 | 4.6 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 17.3 | 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 | 1.3 | 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 Borivali Lab, Borivali West

*** End Of Report ***

Bmhaskar

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



MC-2111



SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: PRIYANKA A PATIL

Date and Time: 4th Apr 23 10:40 PM

Patient ID: 2309405558

Age **36** **10** **17**
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

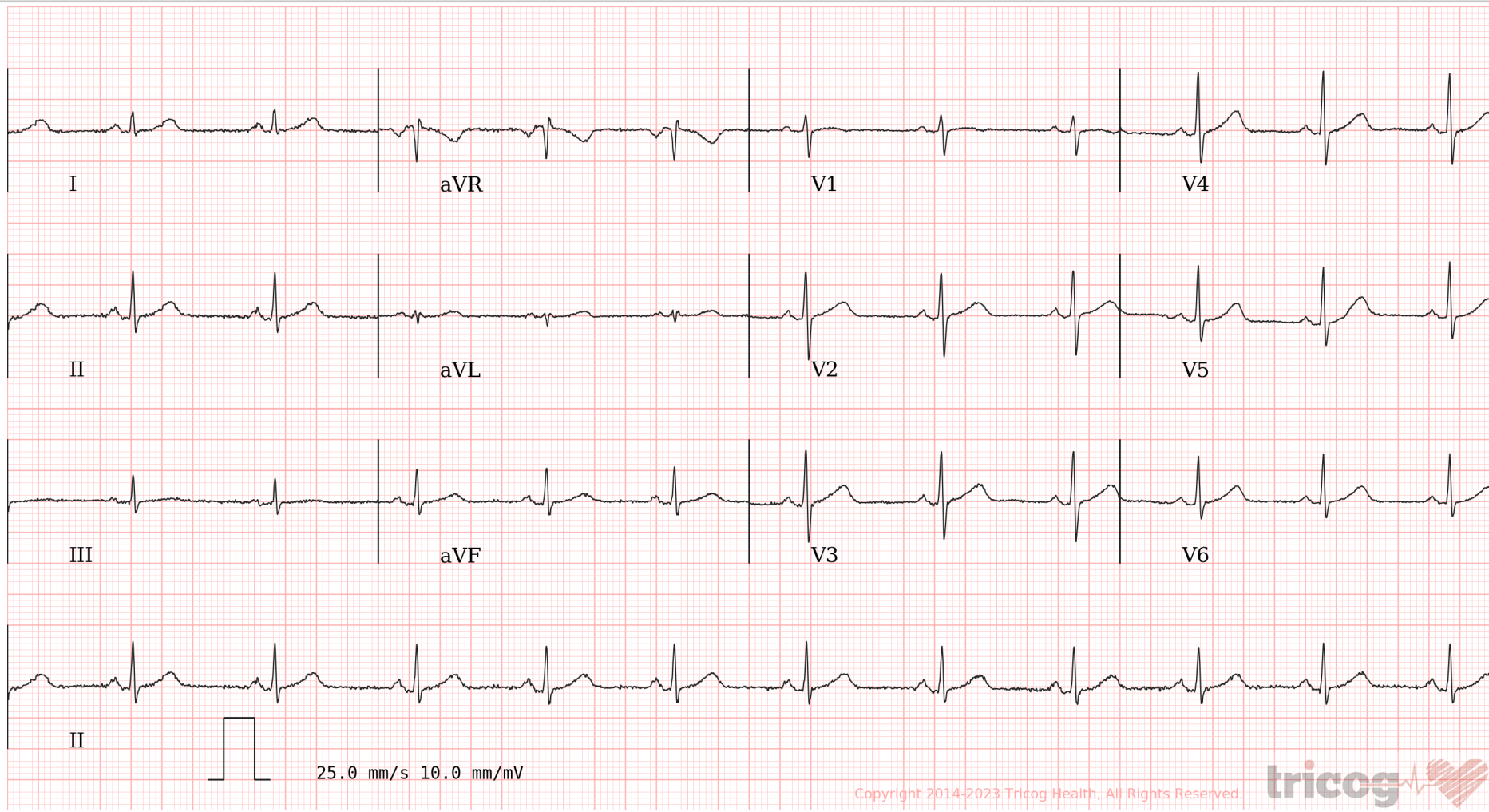
QRSD: 66ms

QT: 372ms

QTcB: 401ms

PR: 146ms

P-R-T: 43° 63° 49°



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ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

Date:- 4/4/23

CID: 23090105558

Name:- Prifanka Padil.

Sex / Age: 36 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

RE LE

6/6 6/6

N/G N/G

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Kshitij Building
 Above Raymond, Near Thunga Hospital
 Mira - Bhayander Road, Bhaynadar (E)
 Dist. Thane-401105.
 Phone No : 022 - 61700000



DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 2011/12/5553

Anita

Anita

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Kanika Building,
Above Raymond, Near T. S. Hospital,
Mira - Bhayander Road, B. K. (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

Name : Mrs . PRIYANKA A PATIL
VID : 2309405558
Ref By : Arcofemi Healthcare Limited
Reg Date : 04-Apr-2023 09:54
Age/Gender : 36 Years
Regn Centre : Bhayander East (Main Centre)

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

| | | | |
|-------------------------|----------|--------------|--------------|
| Height (cms): | 162 | Weight (kg): | 62 |
| Temp (0c): | Afebrile | Skin: | NAD |
| Blood Pressure (mm/hg): | 120/80 | Nails: | NAD |
| Pulse: | 76/min | Lymph Node: | Not Palpable |

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

A+M /

IMPRESSION: CBC, Biochemistry, CXR, and
USG upto GI - I Fatty Liver.

ADVICE: Expert consultation.

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 | No |
| 17) Musculoskeletal System | No |

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VID : 2309405558
Ref By : Arcofemi Healthcare Limited
Reg Date : 04-Apr-2023 09:54
Age/Gender : 36 Years
Regn Centre : Bhayander East (Main Centre)

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Mixed
- 4) Medication No

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Phone No. 022-25555555

DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Anita

SUBURBAN DIAGNOSTICS BHAYANDER

Email:

12346029 (2309405558) / PRIYANKA PATIL / 36 Yrs / F / 162 Cms / 62 Kg
 Date: 04 / 04 / 2023 01:30:31 PM

Report



| Stage | Time | Duration | Speed(mph) | Elevation | METS | Rate | %THR | BP | RPP | PVC | Comments |
|---------------|-------|----------|------------|-----------|------|------|------|--------|-----|-----|----------|
| Supine | 00:05 | 0:05 | 00.0 | 00.0 | 01.0 | 086 | 47% | 120/80 | 103 | 00 | |
| Standing | 00:11 | 0:06 | 00.0 | 00.0 | 01.0 | 086 | 47% | 120/80 | 103 | 00 | |
| HV | 00:18 | 0:07 | 00.0 | 00.0 | 01.0 | 078 | 42% | 120/80 | 093 | 00 | |
| ExStart | 00:23 | 0:05 | 01.7 | 10.0 | 01.1 | 085 | 46% | 120/80 | 102 | 00 | |
| BRUCE Stage 1 | 03:23 | 3:00 | 01.7 | 10.0 | 04.7 | 128 | 70% | 130/80 | 166 | 00 | |
| BRUCE Stage 2 | 06:23 | 3:00 | 02.5 | 12.0 | 07.1 | 163 | 89% | 140/80 | 228 | 00 | |
| PeakEx | 07:11 | 0:48 | 03.4 | 14.0 | 07.9 | 173 | 94% | 140/80 | 242 | 00 | |
| Recovery | 08:11 | 1:00 | 01.1 | 00.0 | 01.1 | 155 | 84% | 160/80 | 248 | 00 | |
| Recovery | 09:11 | 2:00 | 00.0 | 00.0 | 01.0 | 126 | 68% | 150/80 | 189 | 00 | |
| Recovery | 11:10 | 4:00 | 00.0 | 00.0 | 01.0 | 096 | 52% | 130/80 | 124 | 00 | |

FINDINGS :

Exercise Time : 06:48
Initial HR (ExStrt) : 85 bpm 46% of Target 184
Initial BP (ExStrt) : 120/80 (mm/Hg)
Max WorkLoad Attained : 7.9 Fair response to induced stress
Max ST Dep Lead & Avg ST Value : 11 & -1.0 mm in PeakEx
Duke Treadmill Score : 09.0
Test End Reasons : Test Complete , , Test Complete

Max HR Attained 173 bpm 94% of Target 184
Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (I) PVT. LTL
 Shop No. 401A, 1st Floor, Kshiti Building
 Above Flavortown Hospital, Mira - Bhayander (E)
 Dist. Thane-401106.
 Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

Doctor: **DR SMITA VALANI**



EMail: 12346029 / PRIYANKA PATIL / 36 Yrs / F / 162 Cms / 62 Kg Date: 04 / 04 / 2023 01:30:31 PM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE

EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE

FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

SUBURBAN DIGNOSTICS (I) PVT LTD

Shop No. 101-A, 1st Floor, Kshitij Building

Above Raymond Hospital

Mira - Bhayander Road, Mira (E)

Dist. Thane-401105. Phone No : 922 - 6170006

DR. SMITA VALANI
M.D. CARDIOLOGY
20/11/03/0587

Doctor : DR. SMITA VALANI



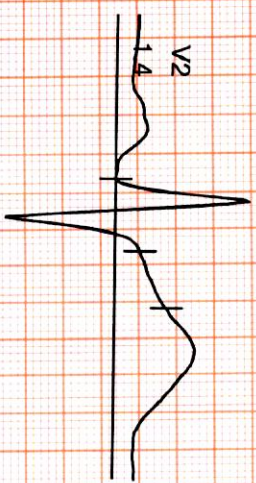


12346029 (2309405558) / PRIYANKA PATTIL / 36 Yrs / F / 162 Cms / 62 Kg / HR : 93

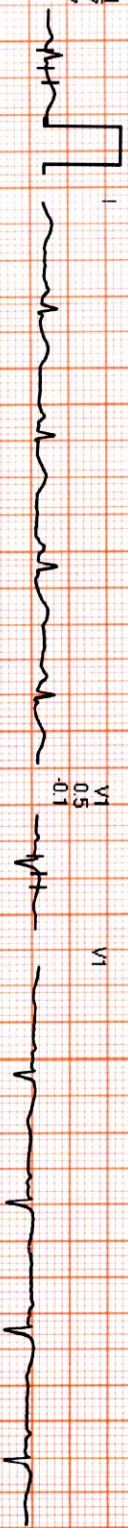
Date: 04 / 04 / 2023 01:30:31 PM METS: 1.0/93 bpm 51% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

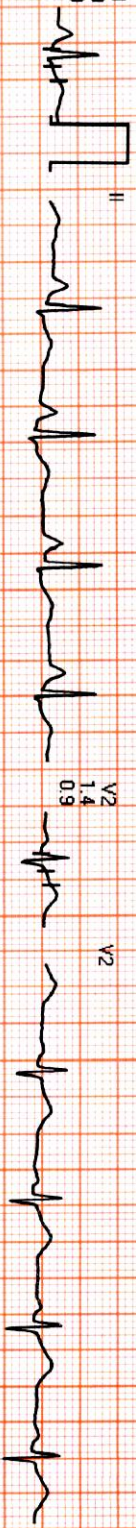
EXTime: 00:00 0.0 mph, 0.0% 25 mm/Sec: 1.0 Cm/mV



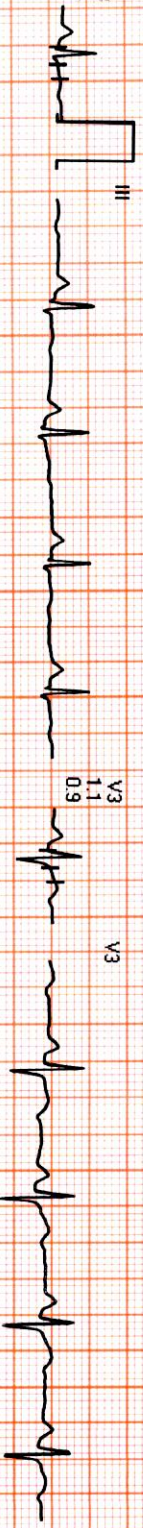
STL 0.7
STs 0.7



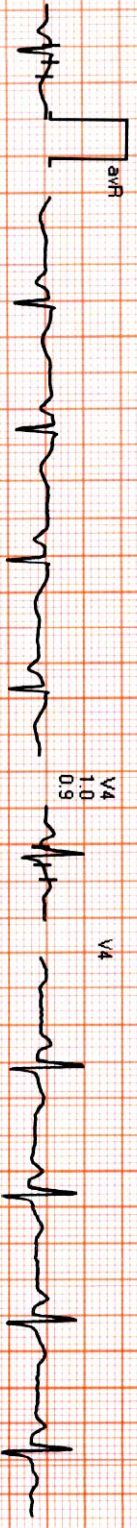
II 1.0
1.0



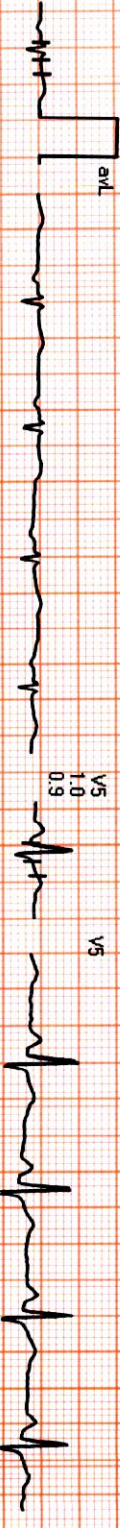
III 0.3
0.4



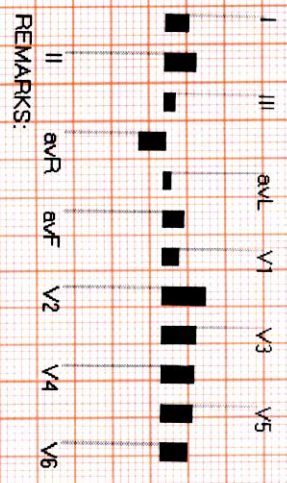
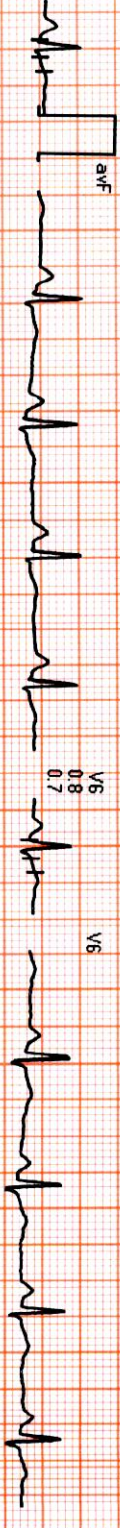
aVR -0.8
-0.9



aVL 0.2
0.2



aVF 0.6
0.7



REMARKS:



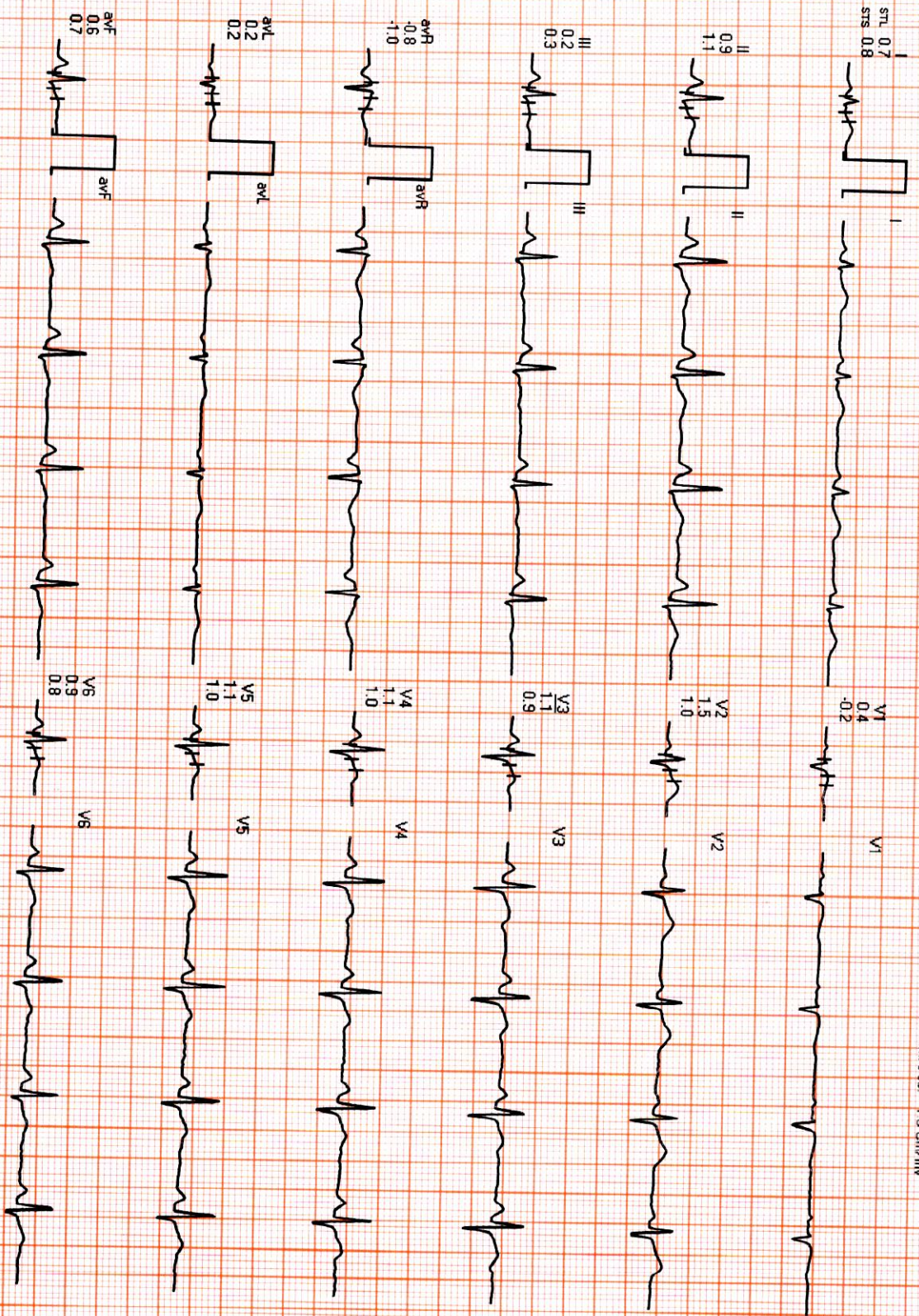
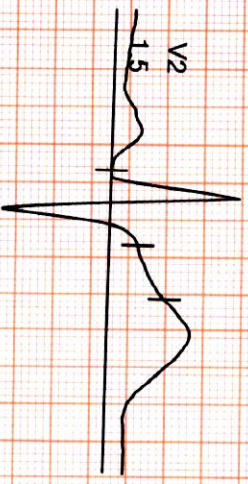
SUBURBAN DIGNOSTICS BHAYANDER

12346029 (2309405558) / PRIYANKA PATTI / 36 Yrs / F / 162 Cms / 62 Kg / HR : 86

Date: 04 / 04 / 2023 01 : 30 : 31 PM METS: 1.0 / 86 bpm / 47% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime 00:00 0.0 mph, 0.0%
25 mm/Sec: 1.0 Cm/mV



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



STANDING (00:00)



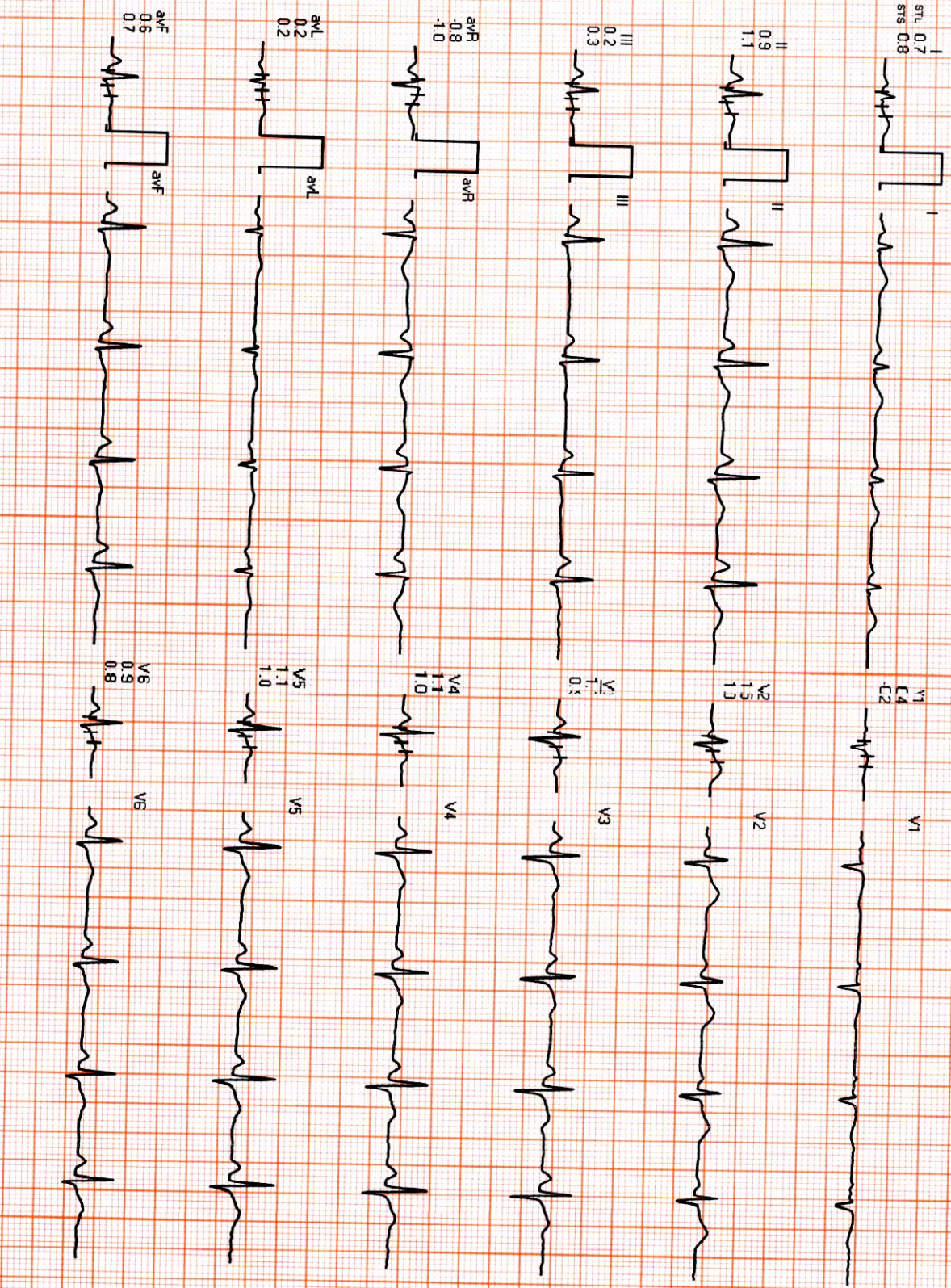
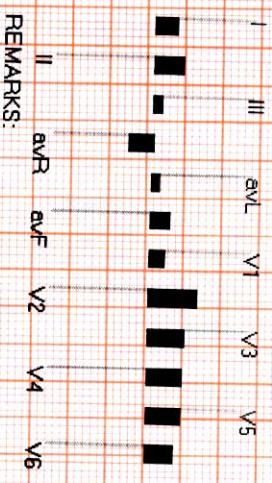
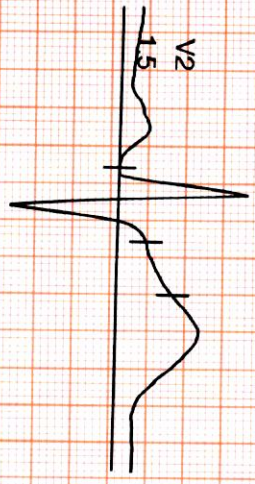
SUBURBAN DIGNOSTICS BHAYANDER

12346029 (2309405558) / PRIYANKA PATIL / 36 Yrs / F / 162 Cms / 62 Kg / HR : 78

Date: 04/04/2023 01:30:31 PM METS: 1.0178 bpm 42% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

HV (00:00)
 ACHPL

ExTime: 00:00 0.0 mph, 0.0%
 25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS BHAYANDER

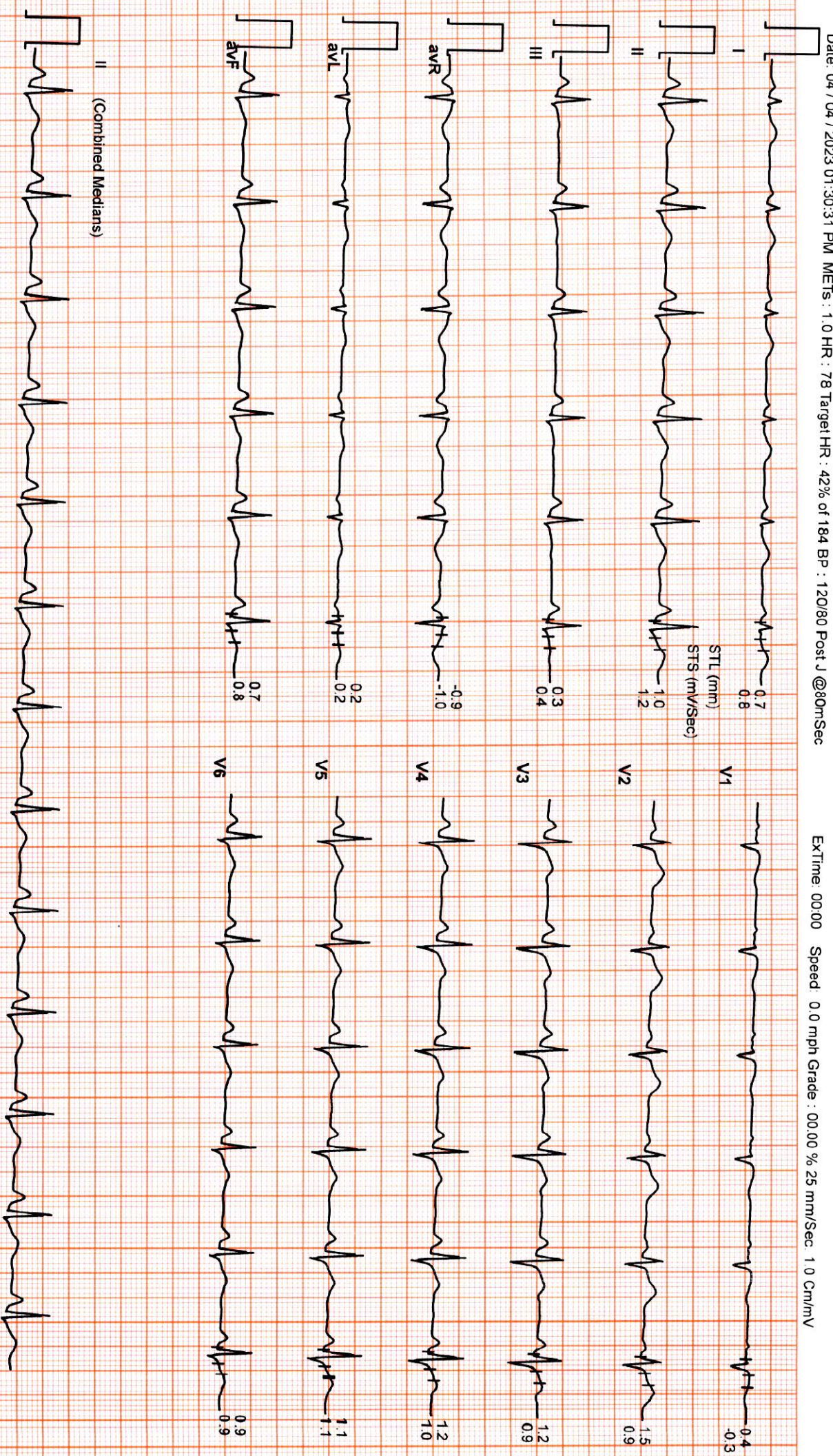
12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

Date: 04 / 04 / 2023 01:30:31 PM METs : 1.0 HR : 78 Target HR : 42% of 184 BP : 120/80 Post J @80mSec

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

6X2 Combine Medians + 1 Rhythm

ExSirt



SUBURBAN DIAGNOSTICS BHAYANDER

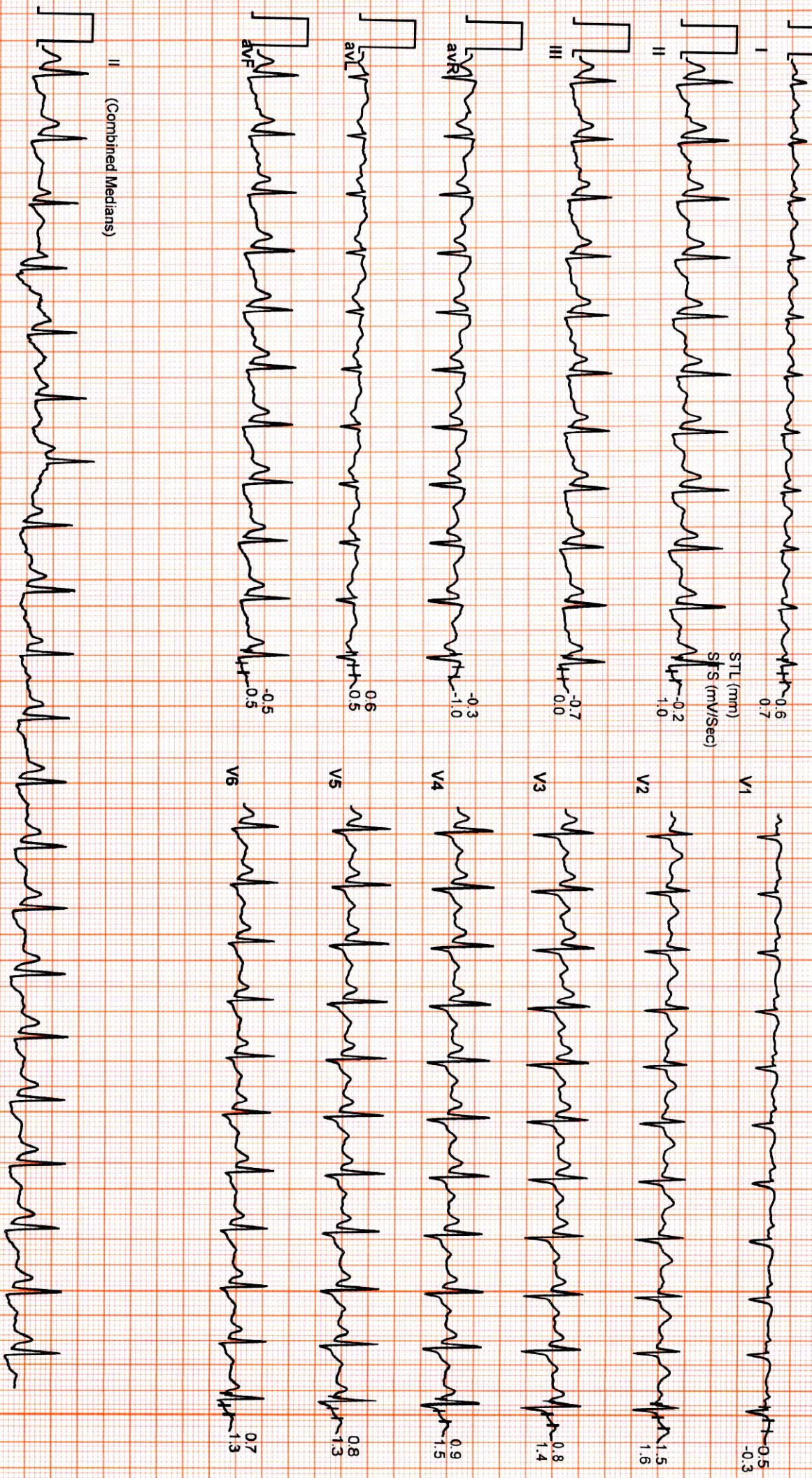
12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

Date: 04 / 04 / 2023 01:30:31 PM METS : 4.7 HR : 128 Target HR : 70% of 184 BP : 130/80 Post J @70mSec

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



ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1 0 Cm/mV



SUBURBAN DIAGNOSTICS BHAYANDER

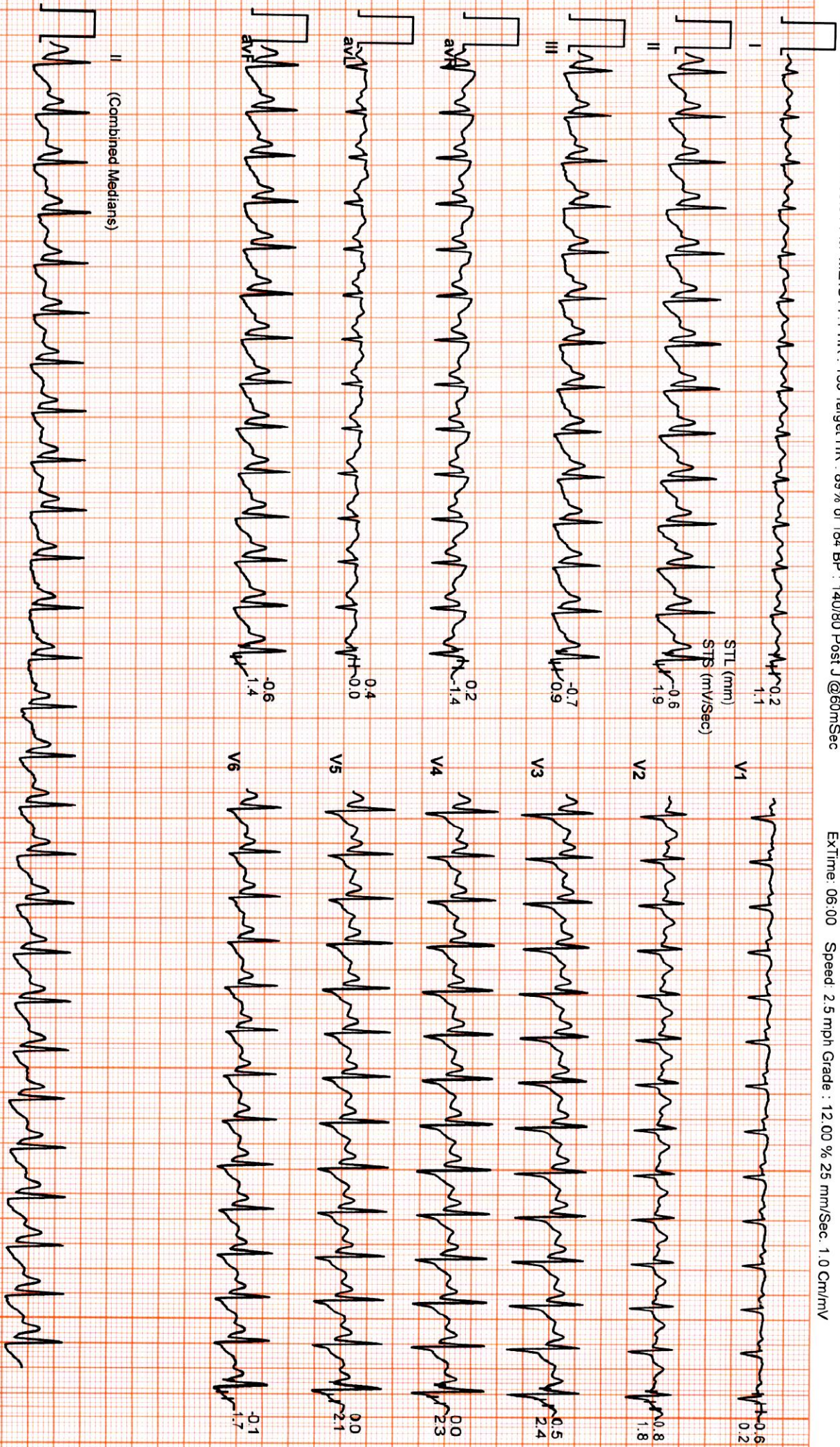
12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

Date: 04 / 04 / 2023 01:30:31 PM METs : 7.1 HR : 163 Target HR : 89% of 184 BP : 140/80 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 BHAYANDER

12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

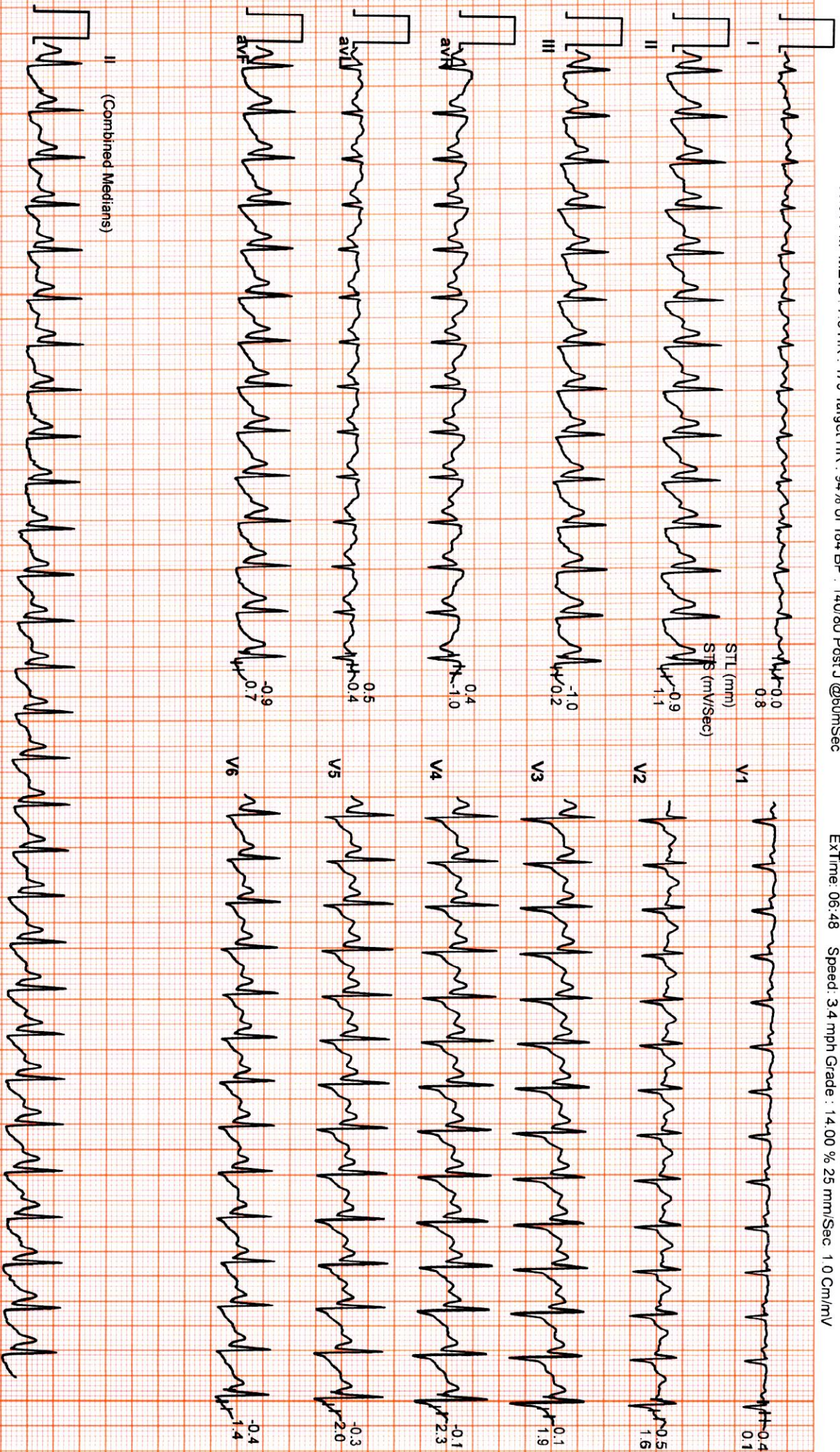
6X2 Combine Medians + 1 Rhythm

PeakEX



Date: 04 / 04 / 2023 01:30:31 PM METs : 7.9 HR : 173 Target HR : 94% of 184 BP : 140/80 Post J @60mSec

ExTime: 06:48 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec 1.0 Cm/rV



SUBURBAN DIAGNOSTICS BHAYANDER

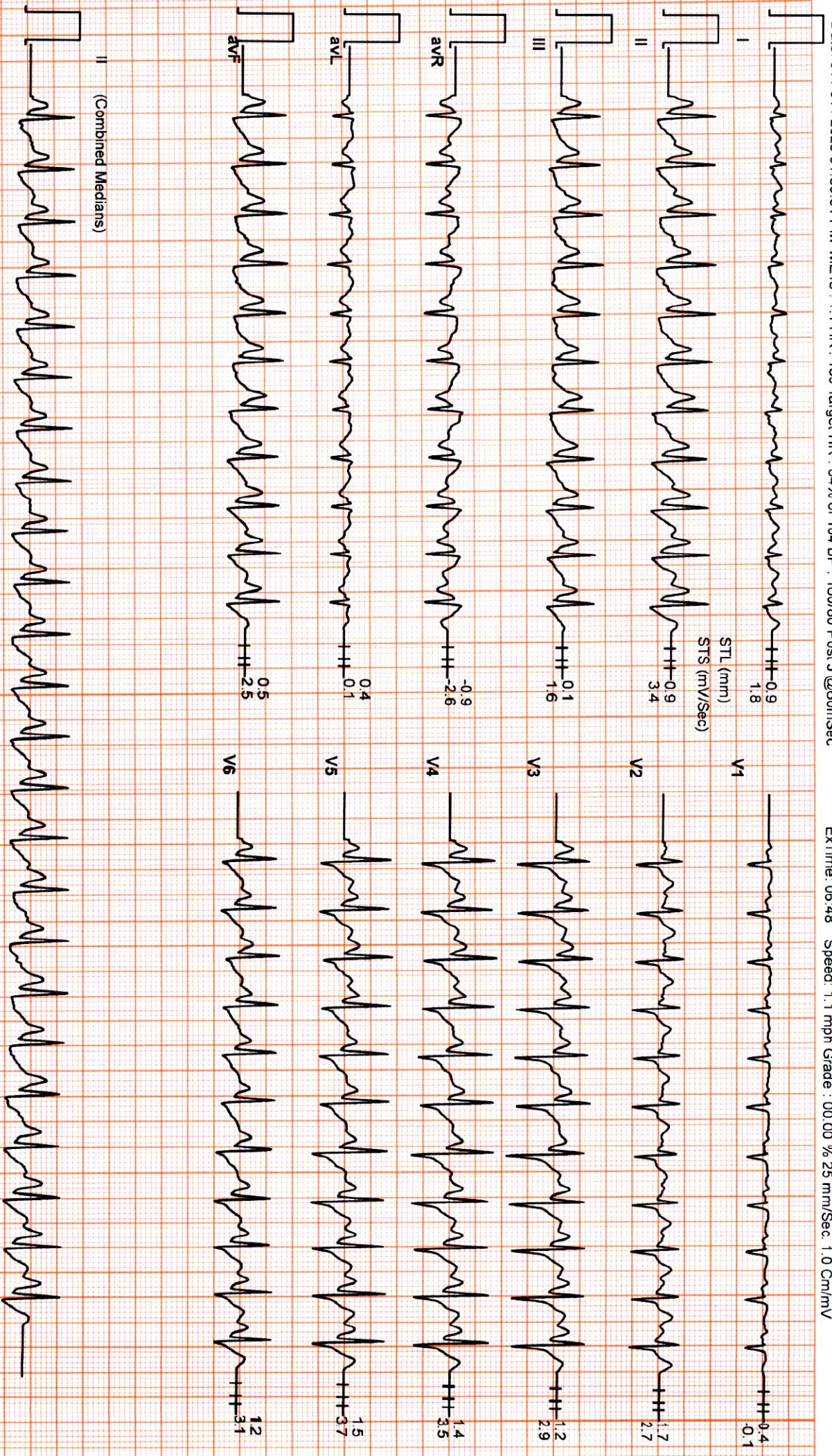
12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

Date: 04 / 04 / 2023 01:30:31 PM METS : 1.1 HR : 155 Target HR : 84% of 184 BP : 160/80 Post J @60mSec

ExTime: 06:48 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBRBAN DIGNOSTICS BHAYANDER

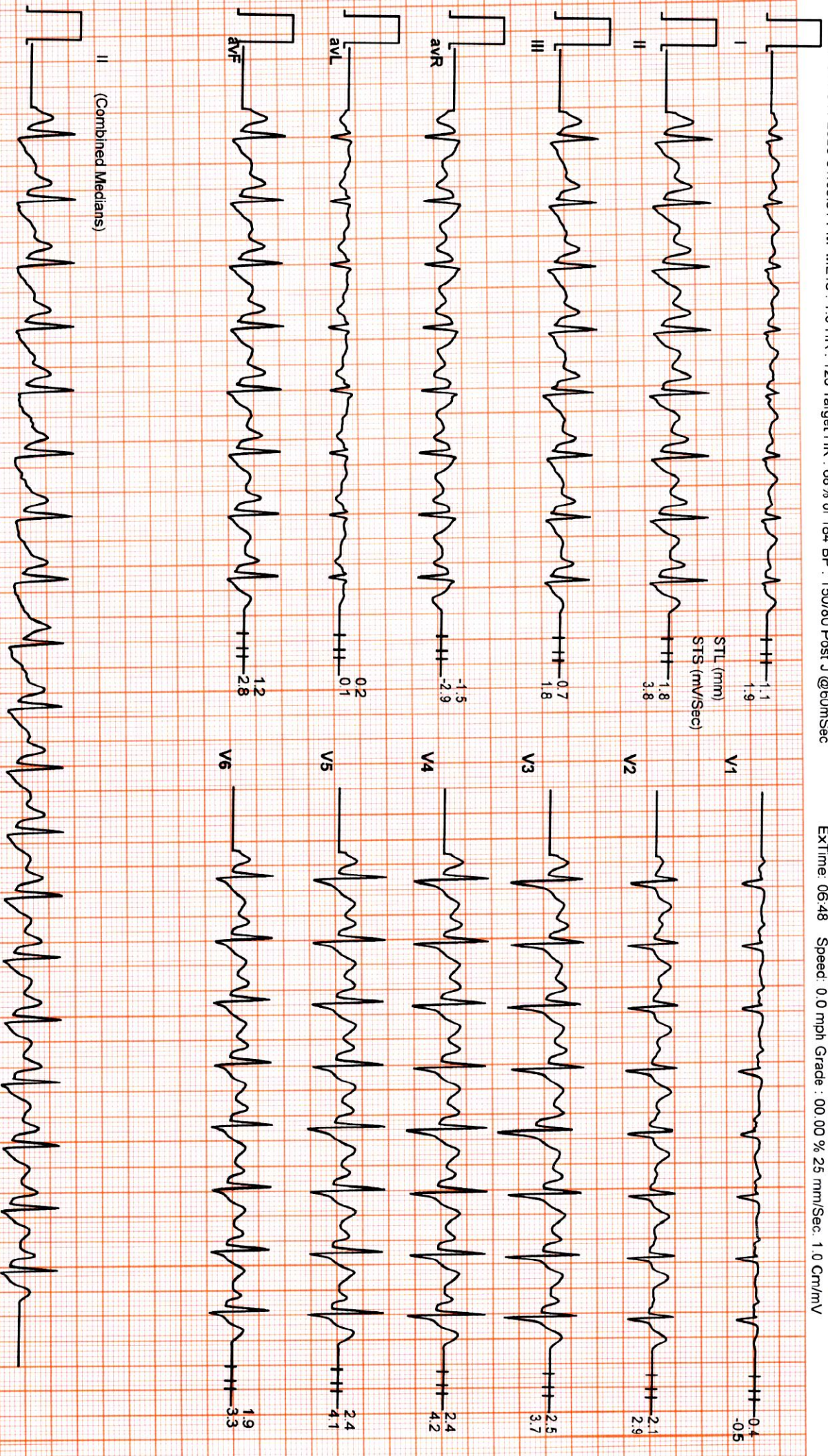
12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (02:00)



Date: 04 / 04 / 2023 01:30:31 PM METs : 1.0 HR : 126 Target HR : 68% of 184 BP : 150/80 Post J @50mSec

EXTime: 06:48 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV



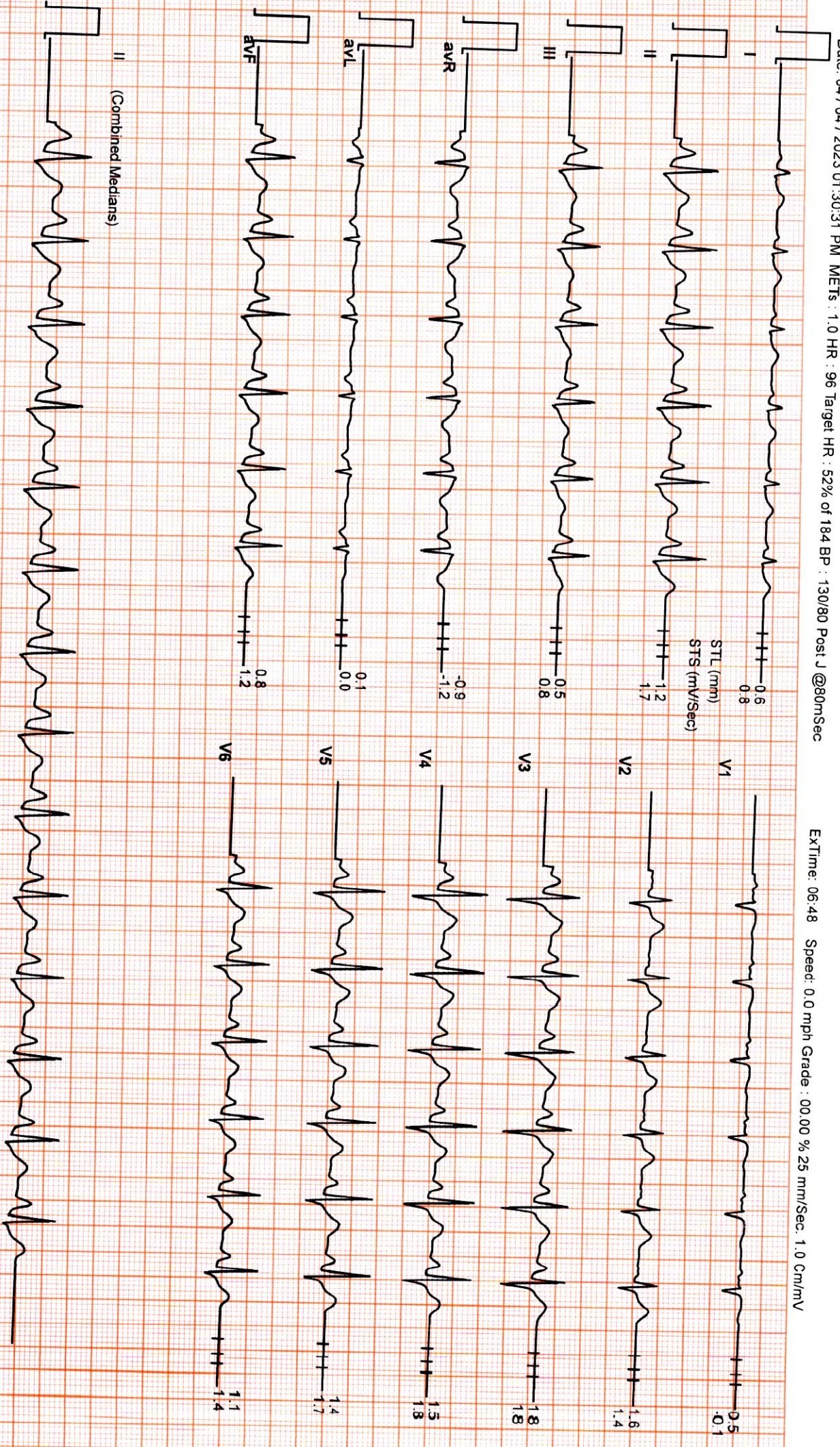
SUBRBAN DIGNOSTICS BHAYANDER

12346029 / PRIYANKA PATIL / 36 Yrs / Female / 162 Cm / 62 Kg

Date: 04 / 04 / 2023 01:30:31 PM METs : 1.0 HR : 96 Target HR : 52% of 184 BP : 130/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExTime: 06:48 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





CID : 2309405558
Name : Mrs PRIYANKA A PATIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023/13:08

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.2 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.7 x 3.5 cm. Left kidney measures 9.3 x 4.0 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (7.4 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

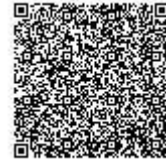
URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS :

The uterus is anteverted and appears normal. It measures 6.0 x 4.0 x 3.2 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 5.5 mm and appears normal.



Use a QR Code Scanner
Application To Scan the Code

CID : 2309405558
Name : Mrs PRIYANKA A PATIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023/13:08

OVARIES:

Right ovary : 2.9 x 1.8 x 1.8 cm, Vol : 5.1 cc.

Left ovary : 2.7 x 1.7 x 1.6 cm, Vol : 4.2 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

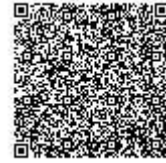
- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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CID : 2309405558
Name : Mrs PRIYANKA A PATIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023/13:08



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CID : 2309405558
Name : Mrs PRIYANKA A PATIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023/10:46

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.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2309405558
Name : Mrs PRIYANKA A PATIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 04-Apr-2023
Reported : 04-Apr-2023/10:46