

Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

:11-Mar-2023 / 08:58 :11-Mar-2023 / 13:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

	CBC (Complete Bloo	d Count), Blood		
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	12.0	12.0-15.0 g/dL	Spectrophotometric	
RBC	5.18	3.8-4.8 mil/cmm	Elect. Impedance	
PCV	39.0	36-46 %	Measured	
MCV	75	80-100 fl	Calculated	
MCH	23.3	27-32 pg	Calculated	
MCHC	30.9	31.5-34.5 g/dL	Calculated	
RDW	15.4	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	5710	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABSO	OLUTE COUNTS			
Lymphocytes	36.7	20-40 %		
Absolute Lymphocytes	2095.6	1000-3000 /cmm	Calculated	
Monocytes	8.6	2-10 %		
Absolute Monocytes	491.1	200-1000 /cmm	Calculated	
Neutrophils	50.0	40-80 %		
Absolute Neutrophils	2855.0	2000-7000 /cmm	Calculated	
Eosinophils	4.5	1-6 %		
Absolute Eosinophils	256.9	20-500 /cmm	Calculated	
Basophils	0.2	0.1-2 %		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

11.4

PLATELET PARAMETERS

Platelet Count	149000	150000-400000 /cmm	Elect. Impedance
MPV	13.5	6-11 fl	Calculated
PDW	34.7	11-18 %	Calculated

20-100 /cmm

RBC MORPHOLOGY

Absolute Basophils

Immature Leukocytes

Calculated



CID : 2307018328

Name : MRS.SANGEETA .

: 32 Years / Female Age / Gender

Consulting Dr. Reg. Location

Collected Reported : Borivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

:11-Mar-2023 / 08:58 :11-Mar-2023 / 12:14

Hypochromia Mild Mild Microcytosis Macrocytosis Anisocytosis Poikilocytosis Polychromasia **Target Cells Basophilic Stippling** Normoblasts Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 16 2-20 mm at 1 hr. Sedimentation

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







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

Page 2 of 11



Name : MRS.SANGEETA .

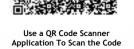
Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location

: Borivali West (Main Centre)

Authenticity Check



Application To Scan the Code : 11-Mar-2023 / 08:58

Reported :11-Mar-2023 / 18:16

Collected

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	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	20.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	6.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	98.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

Collected : 11-Mar-2023 / 1

Reported

:11-Mar-2023 / 13:22 :12-Mar-2023 / 11:49

eGFR, Serum 107 >60 ml/min/1.73sqm Calculated

URIC ACID, Serum 6.0 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent Absent

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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







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

Page 4 of 11



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. : -

Reg. Location: Borivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

: 11-Mar-2023 / 08:58

Reported :11-Mar-2023 / 12:37

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

Collected

Diabetic Level: >/= 6.5 %

PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGlycosylated Hemoglobin
(HbA1c), EDTA WB - CC5.3Non-Diabetic Level: < 5.7 %
Prediabetic Level: 5.7-6.4 %

Estimated Average Glucose 105.4 mg/dl Calculated (eAG), EDTA WB - CC

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 ***



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

Page 5 of 11



CID : 2307018328

Name : MRS.SANGEETA .

: 32 Years / Female Age / Gender

Collected Consulting Dr. :11-Mar-2023 / 16:23 : Borivali West (Main Centre) Reported Reg. Location



Authenticity Check

Use a OR Code Scanner Application To Scan the Code

:11-Mar-2023 / 08:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	RAMETER RESULTS BIOLOGICAL REF RANGE		<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	

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

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

Reference: Pack insert

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





Others



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

BMhaskar

Page 6 of 11



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. : - Collected
Reg. Location : Borivali West (Main Centre) Reported

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

*** End Of Report ***



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. : - Collected : 11-Mar-2023 / 08:58
Reg. Location : Borivali West (Main Centre) Reported : 11-Mar-2023 / 12:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

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.

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 ***







Dr.TRUPTI SHETTY M. D. (PATH) Pathologist

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Page 8 of 11



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Application To Scan the Code

:11-Mar-2023 / 08:58 :11-Mar-2023 / 15:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	190.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.1	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	133.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	114.0	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	19.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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







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

Page 9 of 11



Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

:11-Mar-2023 / 08:58

Reported :11-Mar-2023 / 18:18

Collected

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.9	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	2.52	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 : 2307018328

Name : MRS.SANGEETA .

Age / Gender : 32 Years / Female

Consulting Dr. Collected :11-Mar-2023 / 08:58 :11-Mar-2023 / 18:18

Reported Reg. Location : Borivali West (Main Centre)

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
 - 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 ***







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

BMhaskar

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Page 11 of 11



Songeeta Das 11.03.23



CID#

: 2307018328

Name

: MRS.SANGEETA .

Consulting Dr. :

Age / Gender : 32 Years/Female

Reg.Location : Borivali West (Main Centre)

Collected

: 11-Mar-2023 / 08:34

R E

P

0

T

Reported ·

: 11-Mar-2023 / 16:32

PHYSICAL EXAMINATION REPORT

History and Complaints:

EXAMINATION FINDINGS:

Height (cms):

151

Weight (kg):

54

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg):

120/80

Nails:

Healthy

Pulse:

78/min

Lymph Node:

Not Palpable

Systems

Cardiovascular:

S1,S2 Normal No Murmurs

Respiratory:

Air Entry Bilaterally Equal

Genitourinary:

Normal

GI System:

Soft non tender No Organomegaly

CNS:

Normal

IMPRESSION:

ADVICE:

Normal

CHIEF COMPLAINTS:

Hypertension: 1)

No

IHD: 2)

No

Arrhythmia: 3)

No

Diabetes Mellitus: 4)

No

Tuberculosis: 5)

No

Asthama: 6)

No

Pulmonary Disease: 7)

No



CID#

2307018328

Name

: MRS.SANGEETA .

Age / Gender : 32 Years/Female

Consulting Dr. :

Alcohol

Diet

Smoking

Medication

1)

2)

3)

4)

Reg.Location : Borivali West (Main Centre)

Collected

: 11-Mar-2023 / 08:34

R

E

Reported

: 11-Mar-2023 / 16:32

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
,	SONAL HISTORY:	

*** End Of Report ***

DR. NITIN SONAVANEDINITIN SONAVANE M.B.3 S.AFLH, D.DIAB, D.CARD. **PHYSICIAN**

No

No

Mix

No

CONSULTANT-CARDIOLOGIST REGD. NO.: 87714

Borivski (West), Mumbai - 400 092.



Date:-

Name: Sangeoba

CID:

Sex / Age 32/F

R

E

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

NO

6 9 6 19

H 6 H 6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	Орг		30.300.000					
Near								

Colour Vision: Normal / Abnormal

Remark:

Substitute of annostics in Pvt Ltd.

Substitute of annostic of annostics in Pvt Ltd.

Substitute of annostics in Pvt Ltd.



SUBURBAN DIANOSTICS PVT, LTD, BORIVAL

Name: SANGEETA DAS

Date: 11-03-2023 Time: 10:22

Age: 32

è

Gender: F

Height: 151 cms

Weight: 54 Kg

ID: 8917227933

Clinical History:

NIL

Medications:

NIL

Test Details:

Protocol: Bruce

Predicted Max HR: 188

Target HR: 159

Exercise Time:

0:05:29

Achieved Max HR:

160 (85% of Predicted MHR)

Max BP:

150/80

Max BP x HR:

24000

Max Mets: 6.4

Test Termination Criteria:

TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:08	1	0	0	76	120/80	9120	-0.5 V3	-1.6 II
Standing	00:14	1	0	0	70	120/80	8400	-0.6 V5	-1.1 П
HyperVentilation	00:13	1	0	0	75	120/80	9000	-0.5 V3	0.9 V2
PreTest	00:11	1	1.6	0	77	120/80	9240	-0.5 V4	-1.3 II
Stage: 1	03:00	4.7	2.7	10	127	130/80	16510	-3.2 V6	-0.4 V1
Peak Exercise	02:29	6.4	4	12	160	150/80	24000	6.5 aVR	-1.8 III
Recovery1	01:00	1	0	0	112	150/80	16800	-1.1 V5	-0.2 II
Recovery2	01:00	1	0	0	91	130/80	11830	-1.2 V4	1.2 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:05:29 achieving a work level of 6.4 METS. Resting Heart Rate, initially 76 bpm rose to a max. heart rate of 160bpm (85% of Predicted Maximum Heart Rate). Resting Blood Pressure of 120/80 mmHg, rose to a maximum Blood Pressure of 150/80 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.

> DR. NITIN SONAVANE M.B.R S AFLH, D DIAB, D.CARD. CONTULTANT CARDIOLOGIST HLGD. NO. 187714

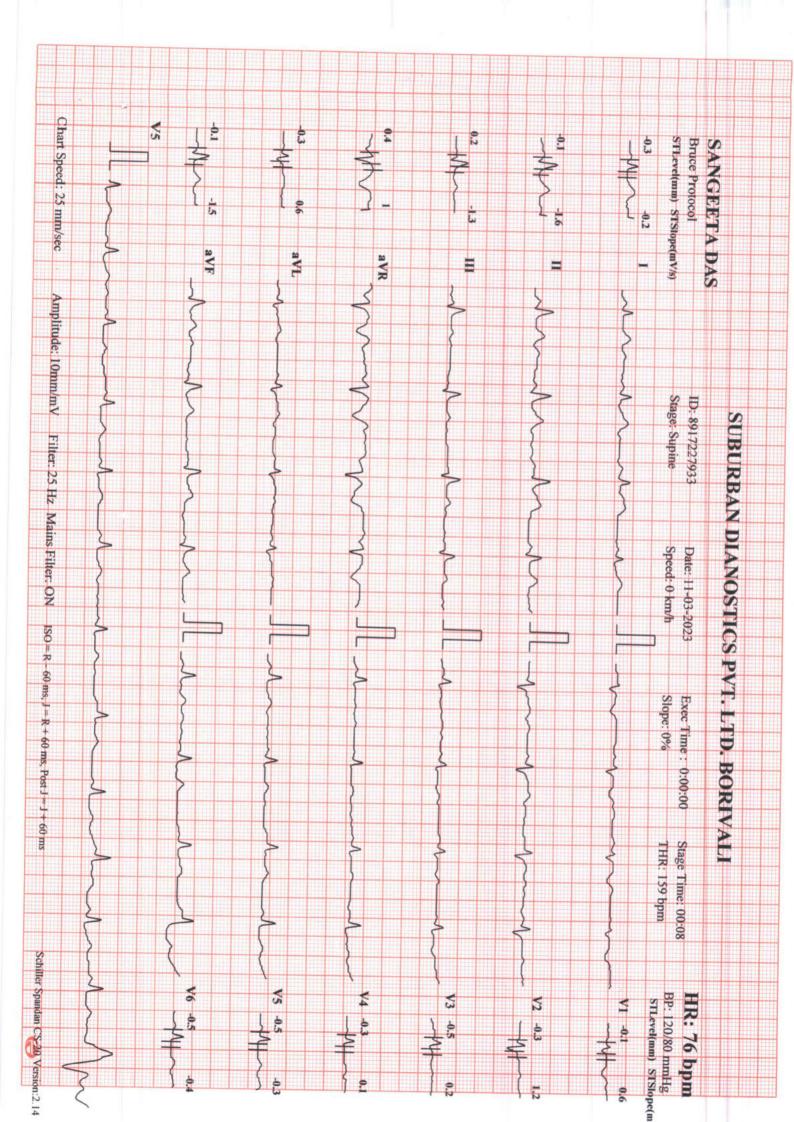
Ref. Doctor: ----

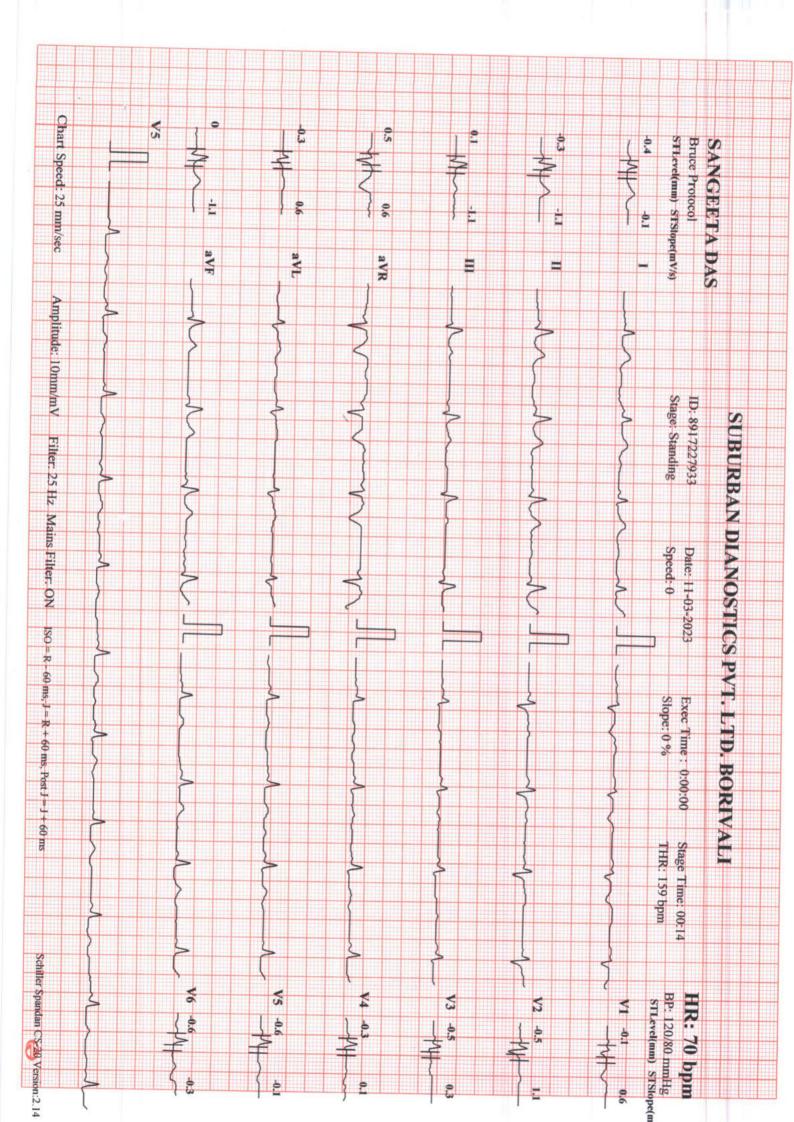
Doctor: DR. NITIN SONAVANE

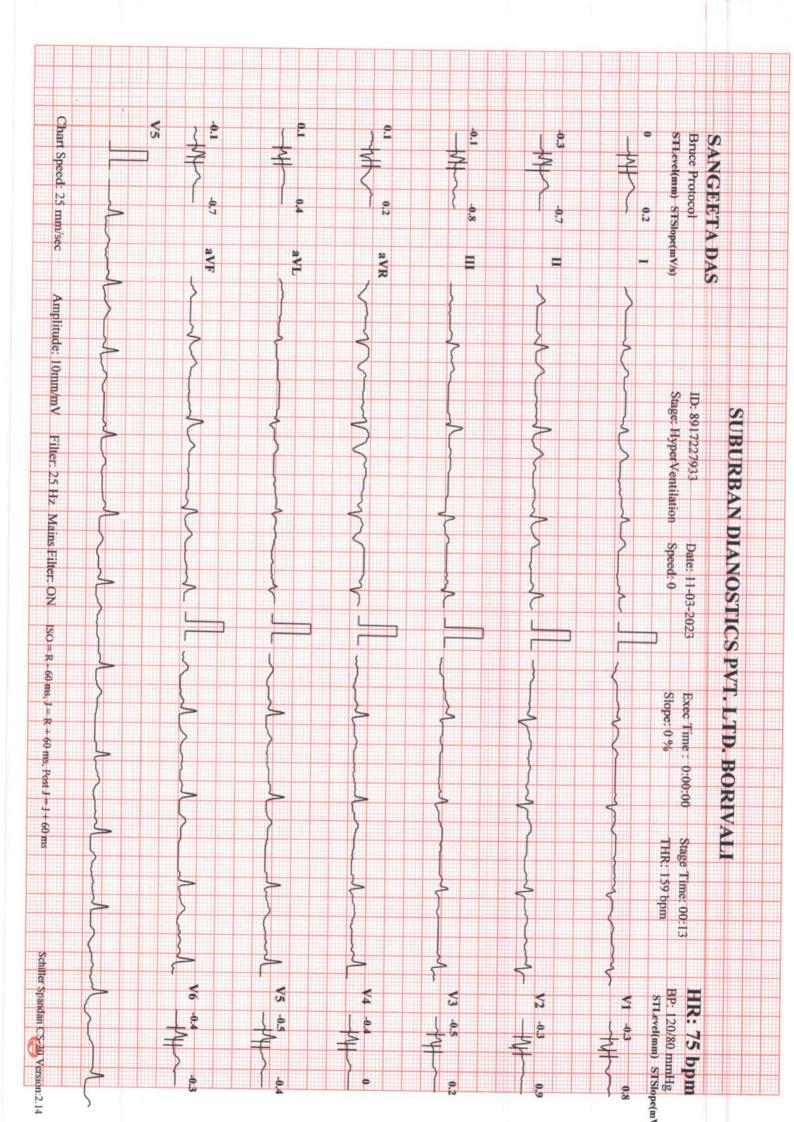
SCHILLER The Art of Diagnostics

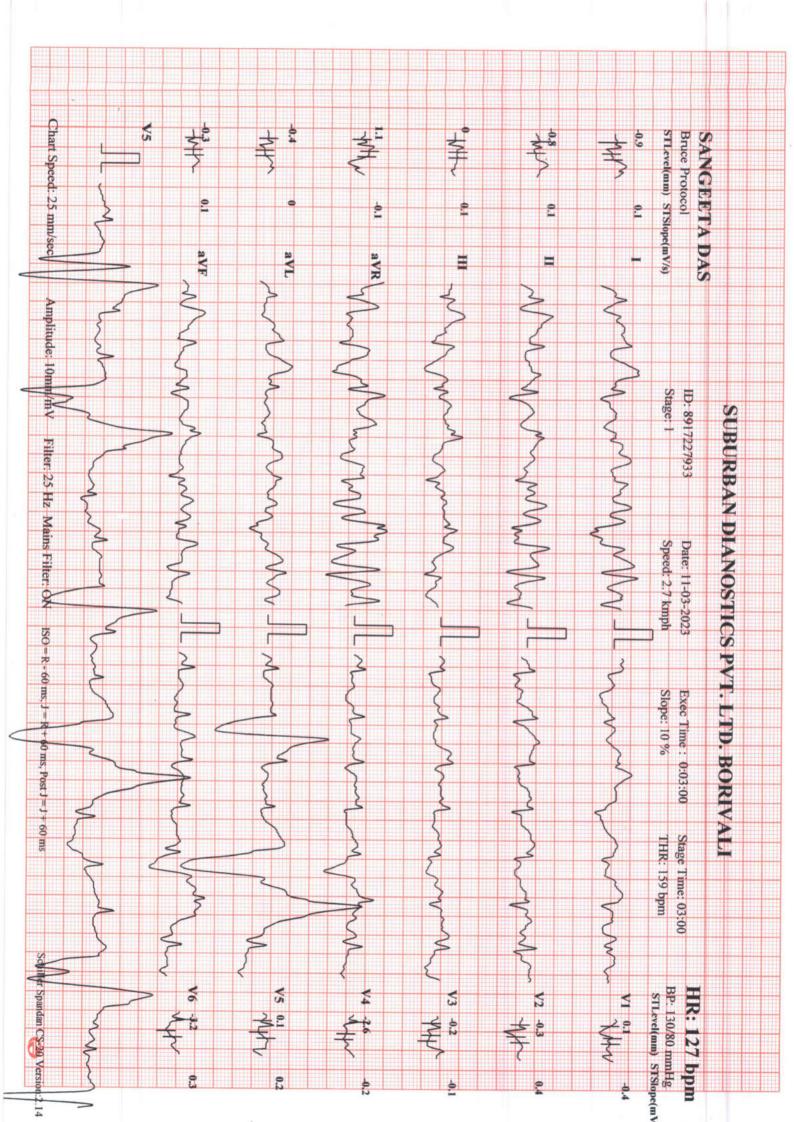
Summary Report Son Spandan CS-20 Version: 2.14.0 (Summary Report edited by User) Aboys Sa Syerier, L. T. Road

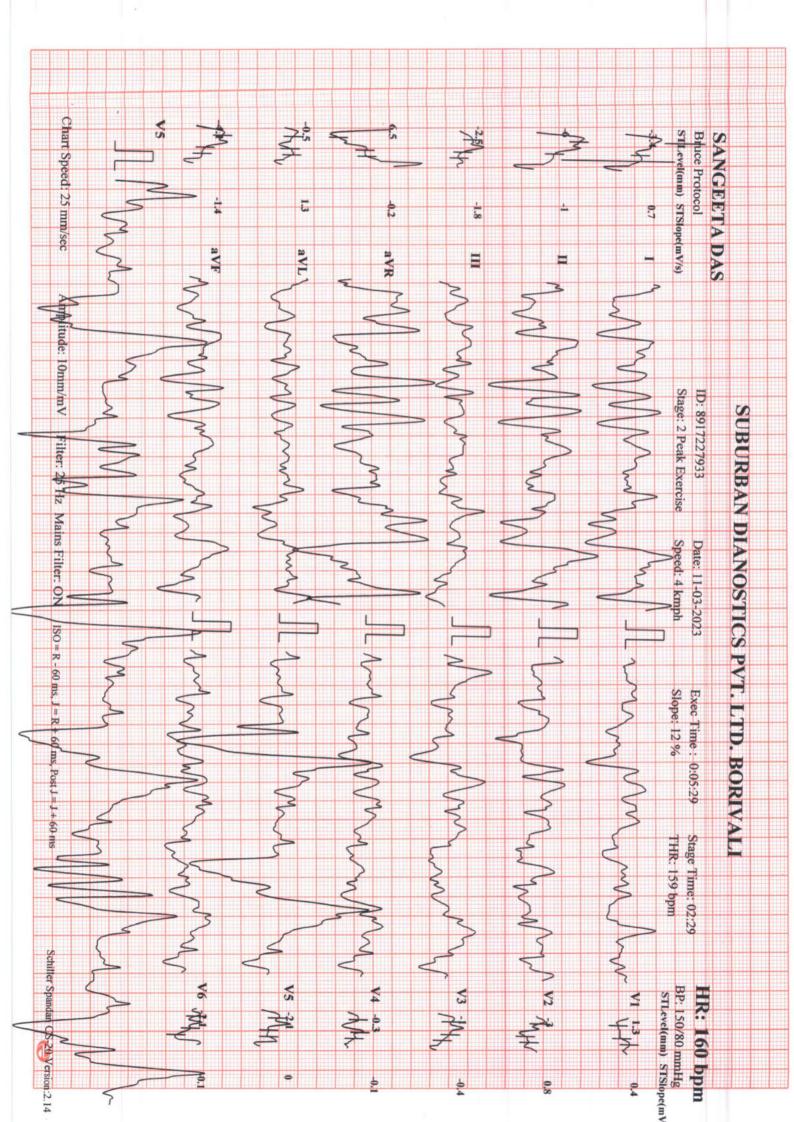
Boilvol (Mest), Mumbai - 400 092

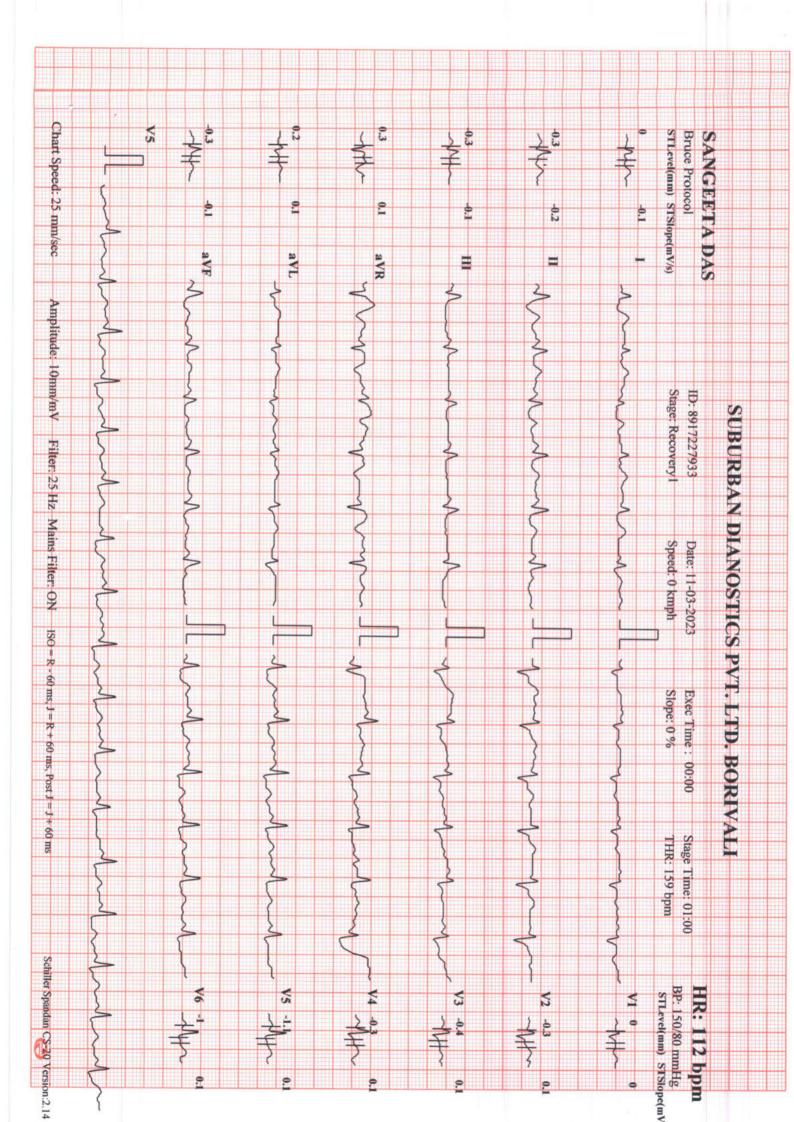


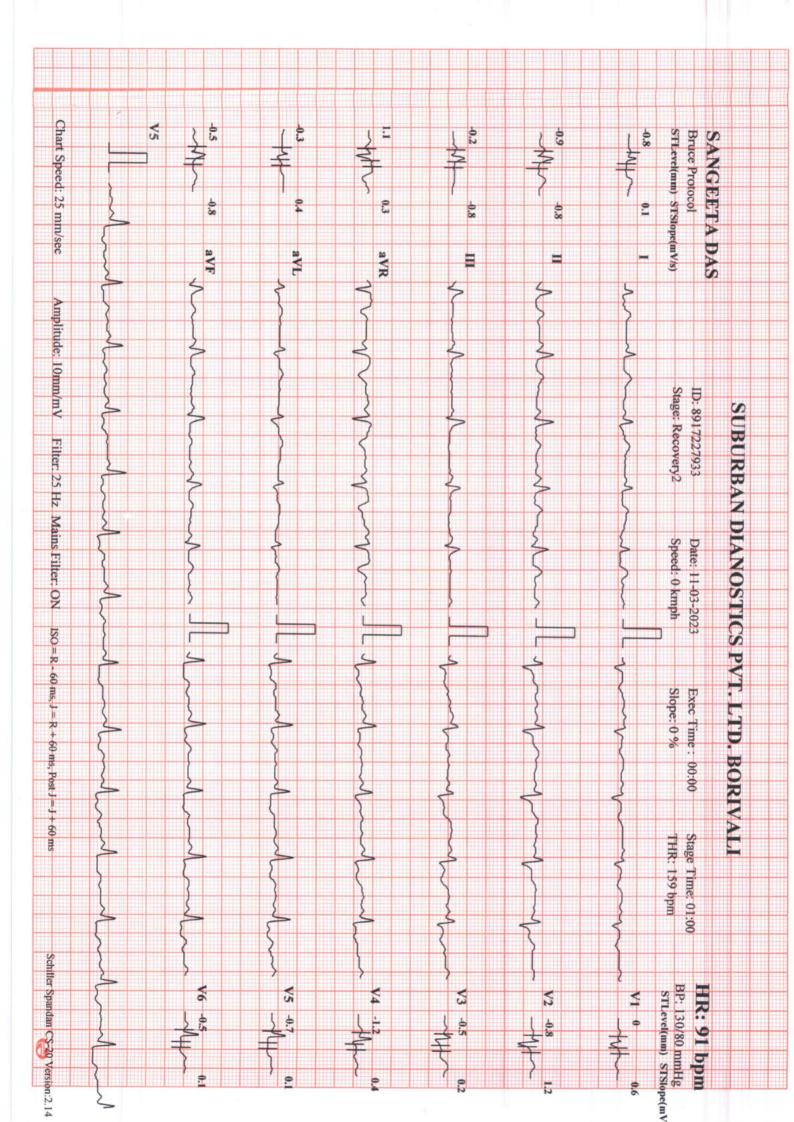


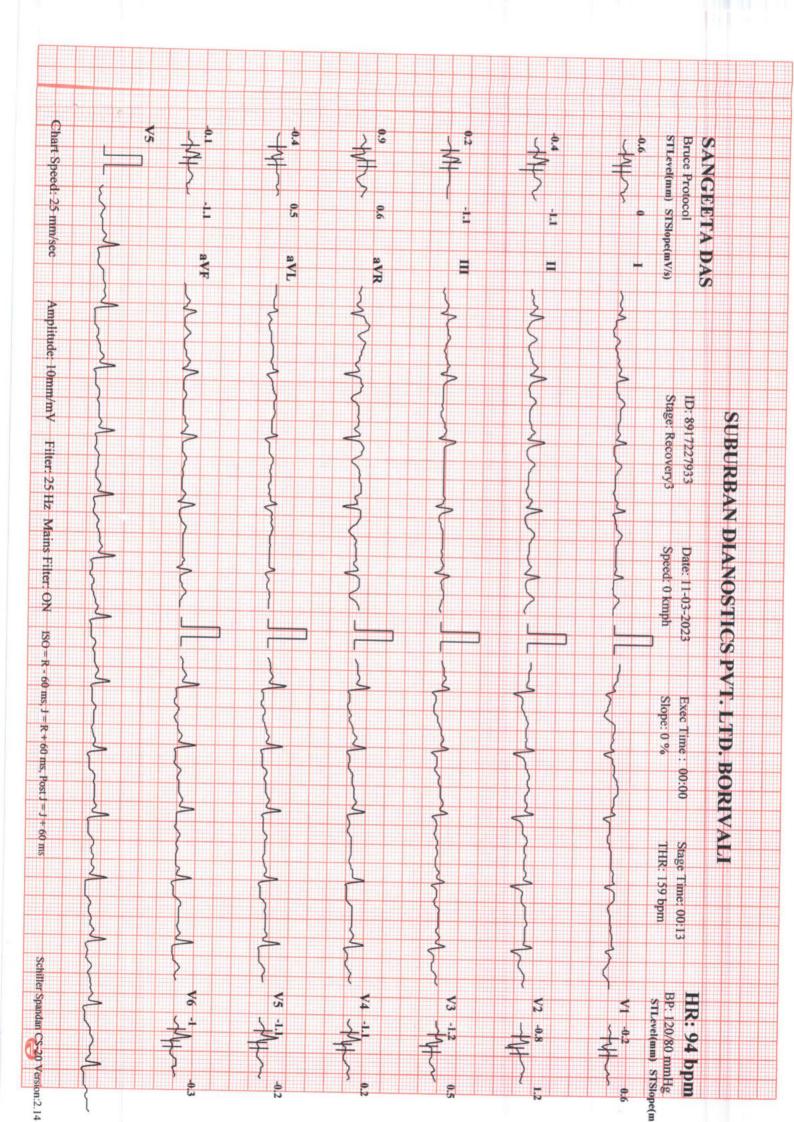














Ref. Dr :

Reg. Location: Borivali West



R

Use a QR Code Scanner Application To Scan the Code

Reg. Date : 11-Mar-2023

Reported : 11-Mar-2023/13:09

USG WHOLE ABDOMEN

<u>LIVER:</u> Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intrahepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 9.6 x 3.9 cm. Left kidney measures 10.1 x 3.9 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 6.1 x3.3 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.1 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.8 x 1.8 cm.

The left ovary measures 2.4 x 2.3 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



Ref. Dr :

Reg. Location: Borivali West



R

Use a QR Code Scanner Application To Scan the Code

Reg. Date : 11-Mar-2023

Reported : 11-Mar-2023/13:09

Opinion:

• Grade I fatty infiltration of liver.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

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



Ref. Dr

Reg. Location: Borivali West

Authenticity Check

R

E

Use a QR Code Scanner Application To Scan the Code

Reg. Date : 11-Mar-2023

Reported : 11-Mar-2023/13:09



Ref. Dr :

Reg. Location: Borivali West



R

 \mathbf{E}

Use a QR Code Scanner Application To Scan the Code

Reg. Date : 11-Mar-2023

Reported : 11-Mar-2023/13:18

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.



This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

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



Ref. Dr

Reg. Location : Borivali West

Authenticity Check

R

E



Use a QR Code Scanner Application To Scan the Code

Reg. Date : 11-Mar-2023

Reported : 11-Mar-2023/13:18

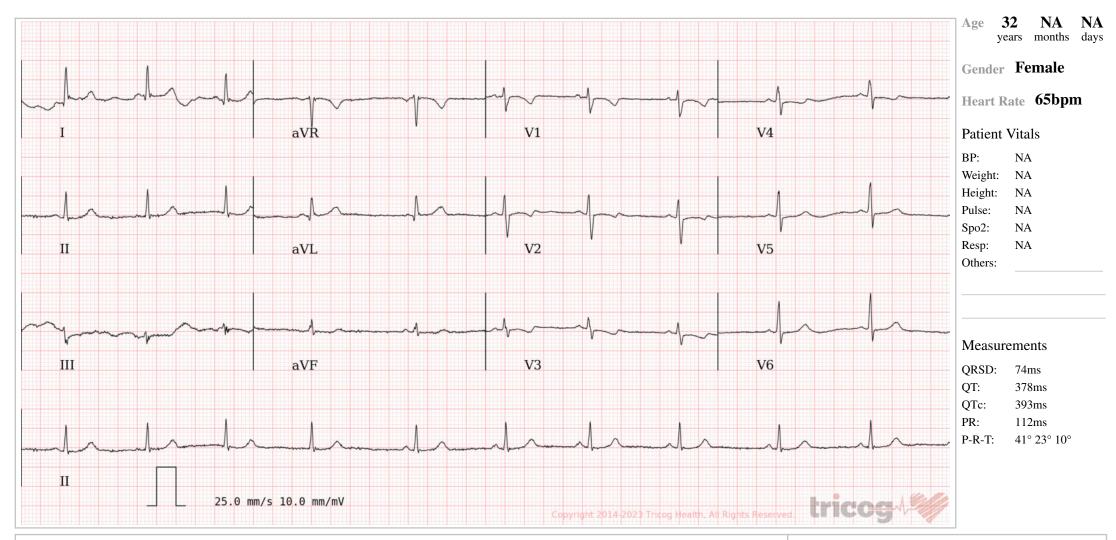
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SANGEETA

Patient ID: 2307018328

Date and Time: 11th Mar 23 10:04 AM



Sinus Rhythm, Sinus Arrhythmia Seen, Short PR Interval, Non-specific ST/T Wave Changes. Please correlate clinically.

REPORTED BY

ATr.

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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.