

PHYSICAL EXAMINATION REPORT

Patient Name	Mudavath Lalitha	Sex/Age	F / 29
Date	23/9/23	Location	Thane

History and Complaints

NIL

EXAMINATION FINDINGS:

Height (cms):	160	Temp (0c):	Ac
Weight (kg):	53	Skin:	MAD
Blood Pressure	104/72	Nails:	✓
Pulse	64/✓	Lymph Node:	NP

Systems :

Cardiovascular:	} MAD
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression:

1) Hb ↓ + Eosinophil ↑ 2) Systolic BP ↑ 3) PCOB ↑ 4) PCOB ↑ 40g

Advice:

To follow up with primary physician, hypertensionist & endocrinologist
Armed

Dr. Anand N. Motwani
 Reg. No. 39329 M.D. (Bom.)
 CONSULTANT PHYSICIAN
 SPECIAL INTEREST IN DIABETES
 & CHRONIC DISEASES

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

NO

NAD

NO

(LASIK) - LSCS

NAD

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	

NO

NO

Mixed

NO

0000-0170-0000

Date: 23/9/23
 Name: Mukharath Lalite
 CID: 8618426
 Sex / Age: M / 29

EYE CHECK UP

Chief complaints: RW

Systemic Diseases: All

Past history: All

Unaided Vision: BK Laser done

Aided Vision: BC 6/6 HW 12x16

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
(Signature)
SR. OPTOMETRIST



CID : 2326618425
Name : MRS.MUDAVATH LALITHA
Age / Gender : 29 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Sep-2023 / 08:50
Reported : 23-Sep-2023 / 12:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.96	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.1	36-46 %	Measured
MCV	60.7	80-100 fl	Calculated
MCH	19.4	27-32 pg	Calculated
MCHC	31.9	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7250	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	37.8	20-40 %	
Absolute Lymphocytes	2740.5	1000-3000 /cmm	Calculated
Monocytes	7.2	2-10 %	
Absolute Monocytes	522.0	200-1000 /cmm	Calculated
Neutrophils	42.5	40-80 %	
Absolute Neutrophils	3081.3	2000-7000 /cmm	Calculated
Eosinophils	12.5	1-6 %	
Absolute Eosinophils	906.3	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	332000	150000-400000 /cmm	Elect. Impedance
MPV	9.4	6-11 fl	Calculated
PDW	16.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	++		
Microcytosis	+++		

Authenticity Check



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Reported : 23-Sep-2023 / 10:50

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 4 2-20 mm at 1 hr. Sedimentation

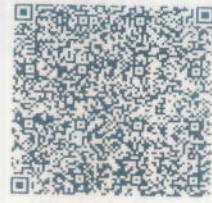
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.05	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.3	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.75	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
AVG RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	15.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	8.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	5.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	89.2	35-105 U/L	PNPP
BLOOD UREA, Serum	16.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.70	0.51-0.95 mg/dl	Enzymatic

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Collected : 23-Sep-2023 / 12:51
Reported : 23-Sep-2023 / 15:58

eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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M.D (Path)
Pathologist

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Reported : 23-Sep-2023 / 12:05

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

0000-0118-5500



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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)	40	-	-
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	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 inert

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



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M.D (Path)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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

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

022-6170-0000

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	211.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.1	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	64.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	147.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	136.0	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	11.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

0000-0276-5507



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Consulting Dr. : -
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Reported : 23-Sep-2023 / 12:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.2	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	7.75	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

Kindly correlate clinically.

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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

Reg. No. : 2326618425	Sex : FEMALE
NAME : MRS.MUDAVATH LALITHA	Age : 29 YRS
Ref. By : -----	Date : 23.09.2023

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 10.2 x 4.6 cm. Left kidney measures 9.6 x 3.6 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 5.3 x 2.2 x 3.0 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4.5 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 1.9 x 2.6 x 3.7 cm and ovarian volume is 10.2 cc.

The left ovary measures 2.0 x 3.2 x 4.7 cm and ovarian volume is 16.3 cc.

No free fluid or significant lymphadenopathy is seen.

IMPRESSION:

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

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.

Advice:Clinical co-relation and further evaluation.



Dr. Patil

**DR.DEVENDRA PATIL
MD (RADIO DIAGNOSIS)
(CONSULTANT RADIOLOGIST)**

Authenticity Check



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Name : Mrs Mudavath Lalitha
Age / Sex : 29 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 23-Sep-2023
Reported : 23-Sept-2023 / 9:32

X-RAY CHEST PA VIEW

Rotation +

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023092308461319>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

1766 (2326618425) / MUDEVATH LALITHA / 29 Yrs / F / 160 Cms / 53 Kg
 Date: 23 / 09 / 2023 12:26:41 PM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	083	43 %	120/80	099	00	
Standing	00:20	0:09	00.0	00.0	01.0	088	46 %	120/80	105	00	
HV	00:29	0:09	00.0	00.0	01.0	081	42 %	120/80	097	00	
ExStart	00:38	0:09	00.0	00.0	01.0	080	42 %	120/80	096	00	
BRUCE Stage 1	03:38	3:00	01.7	10.0	04.7	138	72 %	130/80	179	00	
BRUCE Stage 2	06:38	3:00	02.5	12.0	07.1	149	78 %	140/80	208	00	
PeakEx	06:59	0:21	03.4	14.0	07.5	160	84 %	150/80	240	00	
Recovery	07:59	1:00	00.0	00.0	01.1	120	63 %	150/80	180	00	
Recovery	08:59	2:00	00.0	00.0	01.0	113	59 %	150/80	169	00	
Recovery	09:13	2:15	00.0	00.0	01.0	108	57 %	120/80	129	00	

FINDINGS :

Exercise Time : 06:21
 Initial HR (ExStrt) : 80 bpm 42% of Target 191
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value: III & -0.8 mm in PeakEx
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 160 bpm 84% of Target 191
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR SHAILAJA PILLAI





EMail: 1766 / MUDAVATH LALITHA / 29 Yrs / F / 160 Cms / 53 Kg Date: 23 / 09 / 2023 12:26:41 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 191.0. The BP increased at the time of generating report as 150.0/80.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.

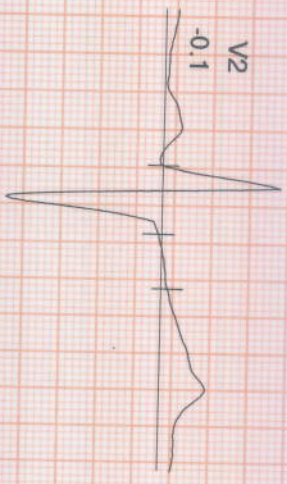

Dr. SHAILAJA PILLAI
M.D. (GEN.MED)
R.NO. 49972
Doctor : DR SHAILAJA PILLAI



AX 80 ms Post J

Date: 23 / 09 / 2023 12:26:41 PM METS: 1.0 / 83 bpm 43% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

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



I
STL 0.2
STS 0.3



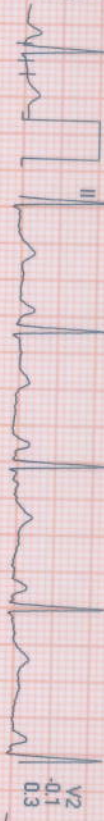
V1

II
0.5
0.3



V2

III
0.3
0.0



V3

aVR
-0.4
-0.3



V4

aVL
0.0
0.2



V5

aVF
0.4
0.1



V6

V6
0.3
0.2



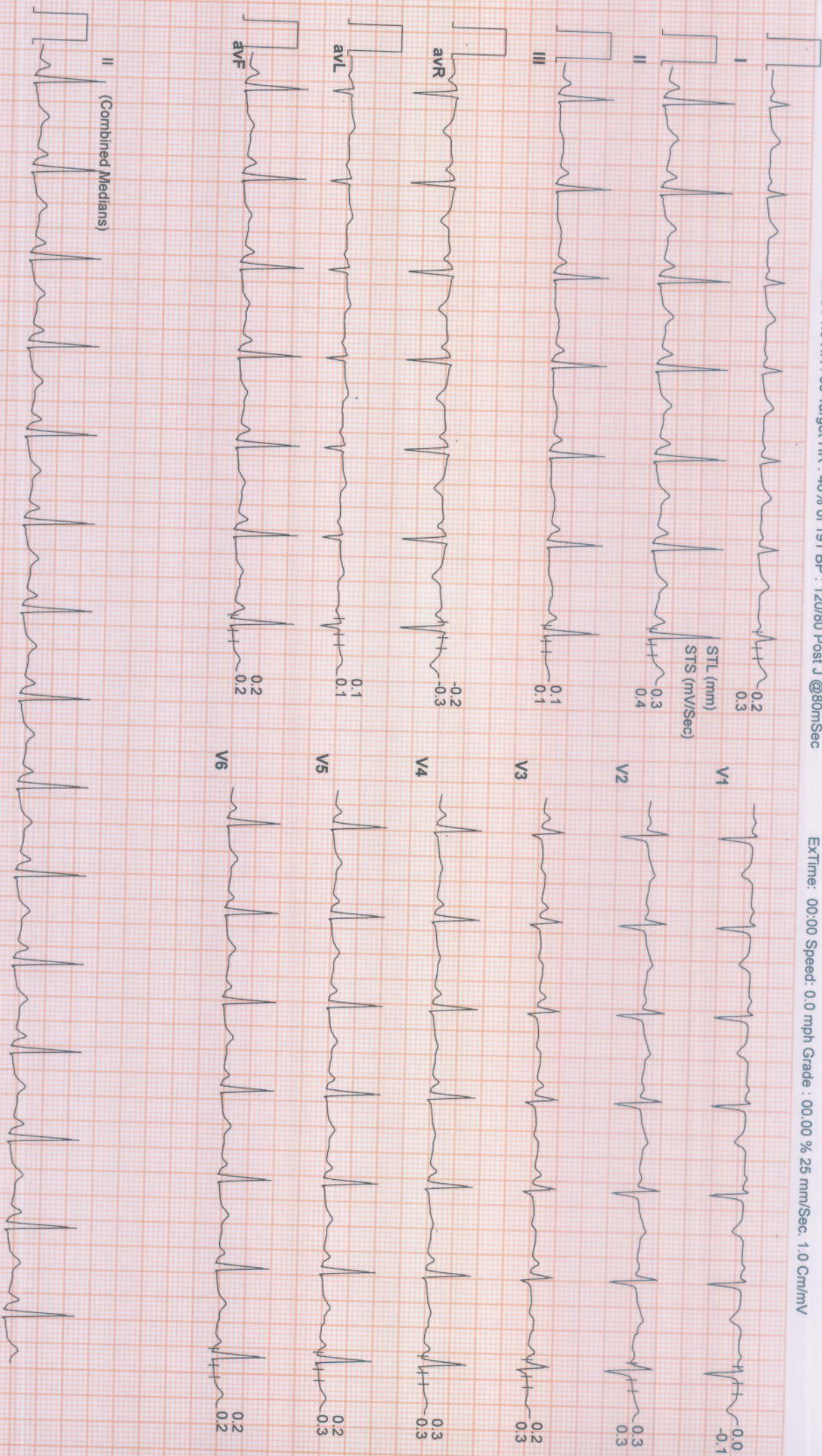
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1766 / MUDEVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 1.0 HR : 88 Target HR : 46% of 191 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 STANDING (00:00)



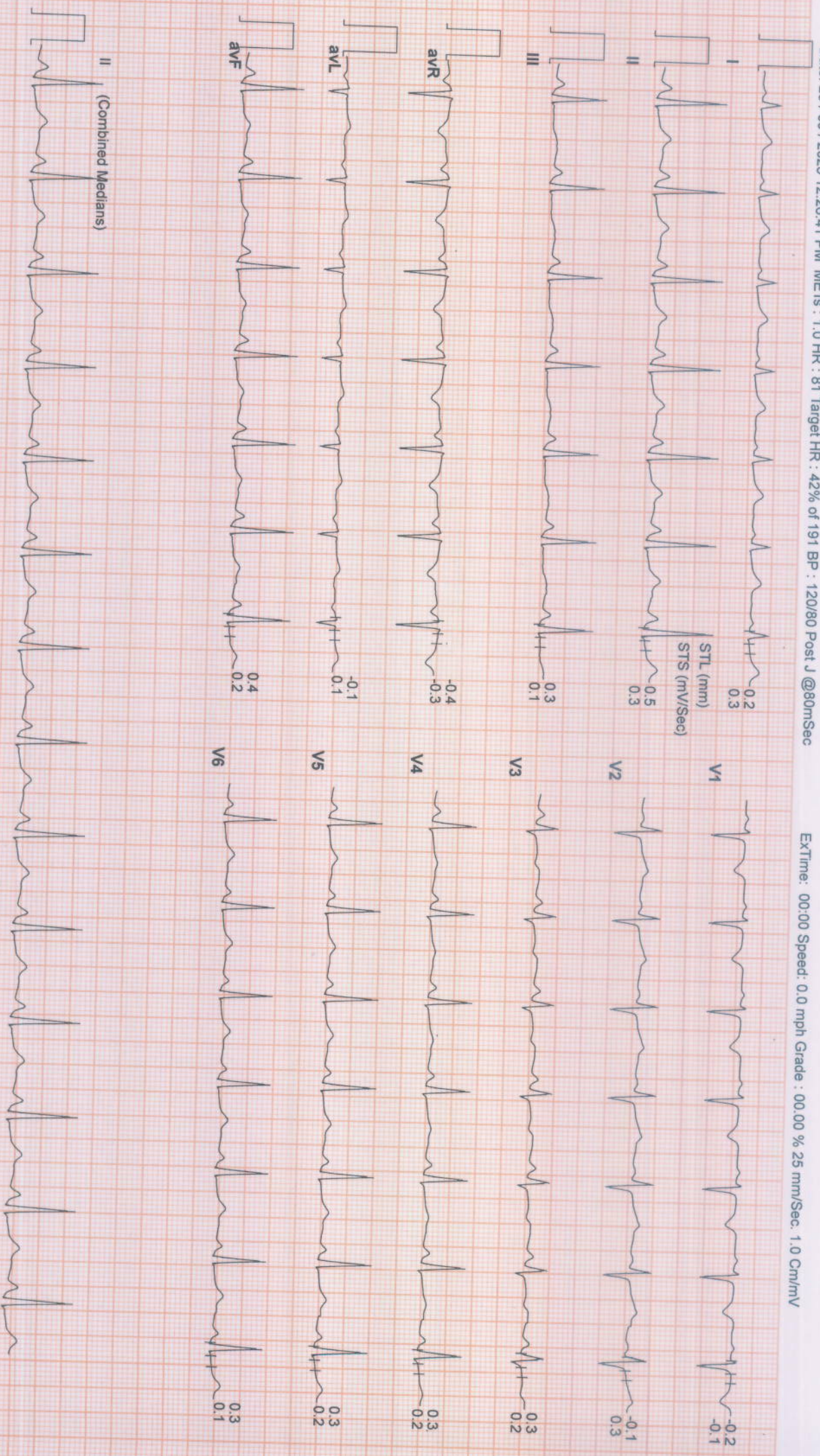
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1766 / MUDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 1.0 HR : 81 Target HR : 42% of 191 BP : 120/80 Post J @80mSec

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

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1766 / MUDEVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

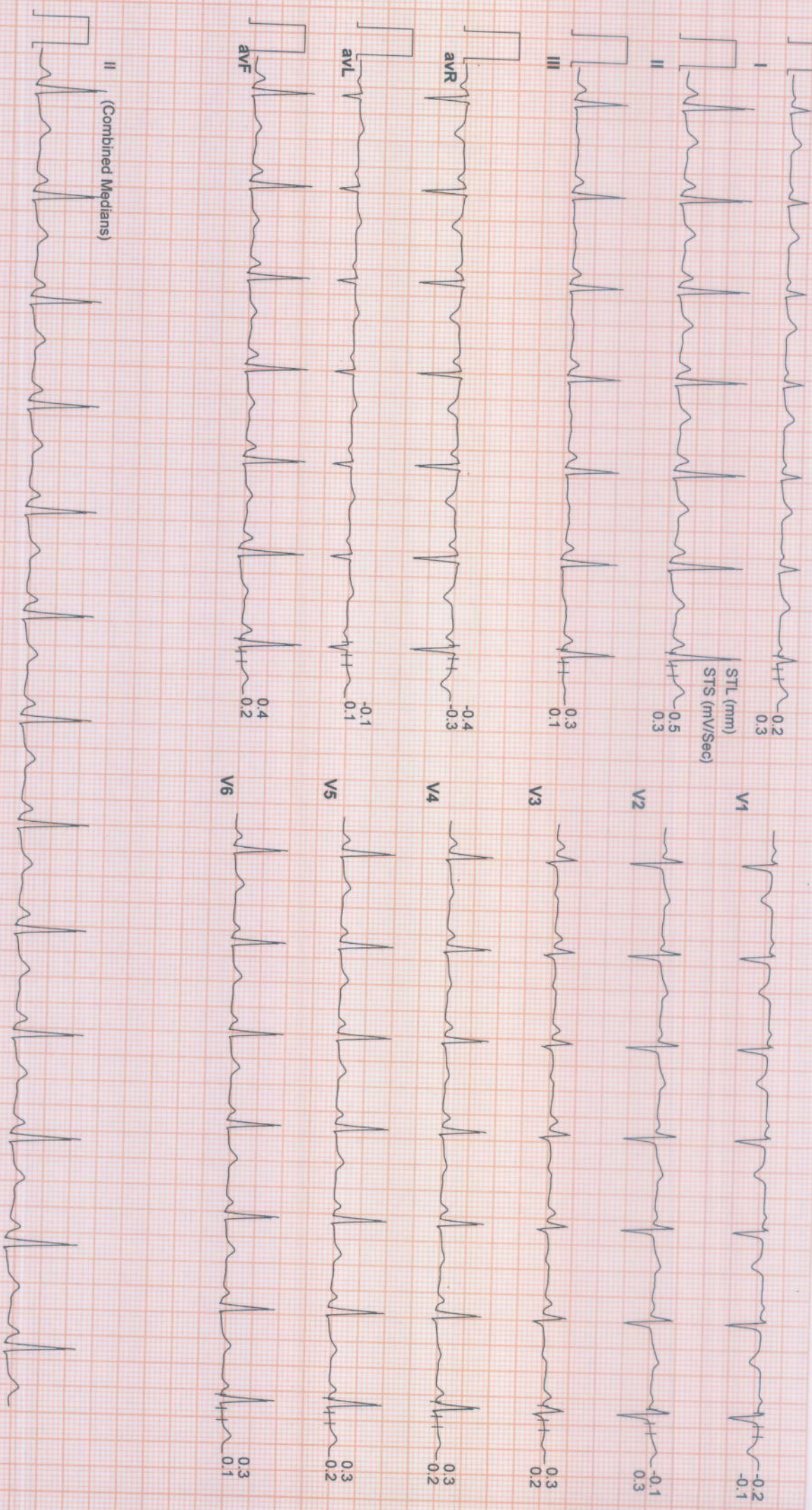
Date: 23 / 09 / 2023 12:26:41 PM METs : 1.0 HR : 80 Target HR : 42% of 191 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm

ExStrt



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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

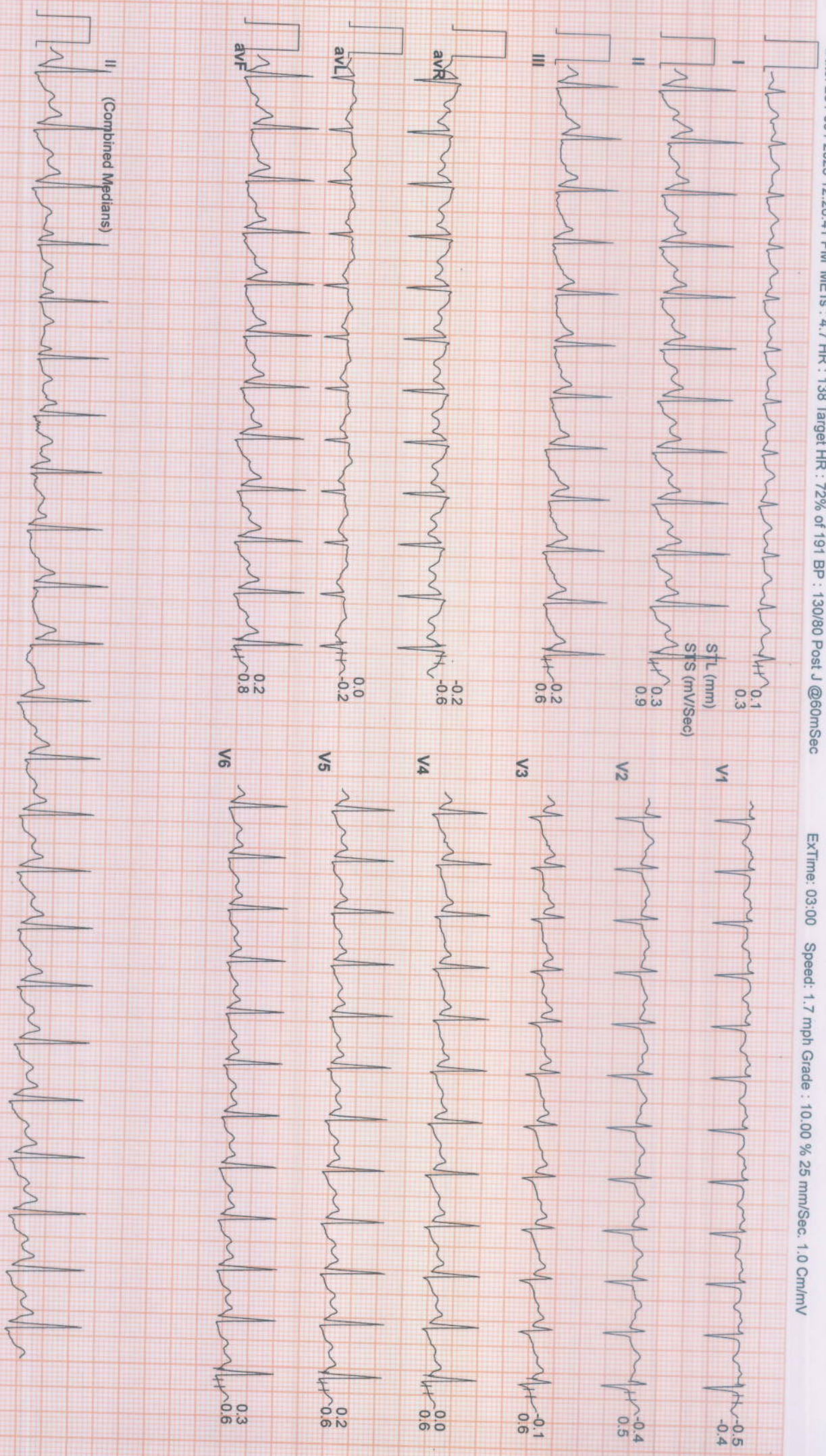
1766 / MUDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 4.7 HR : 138 Target HR : 72% of 191 BP : 130/80 Post J @60mSec

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



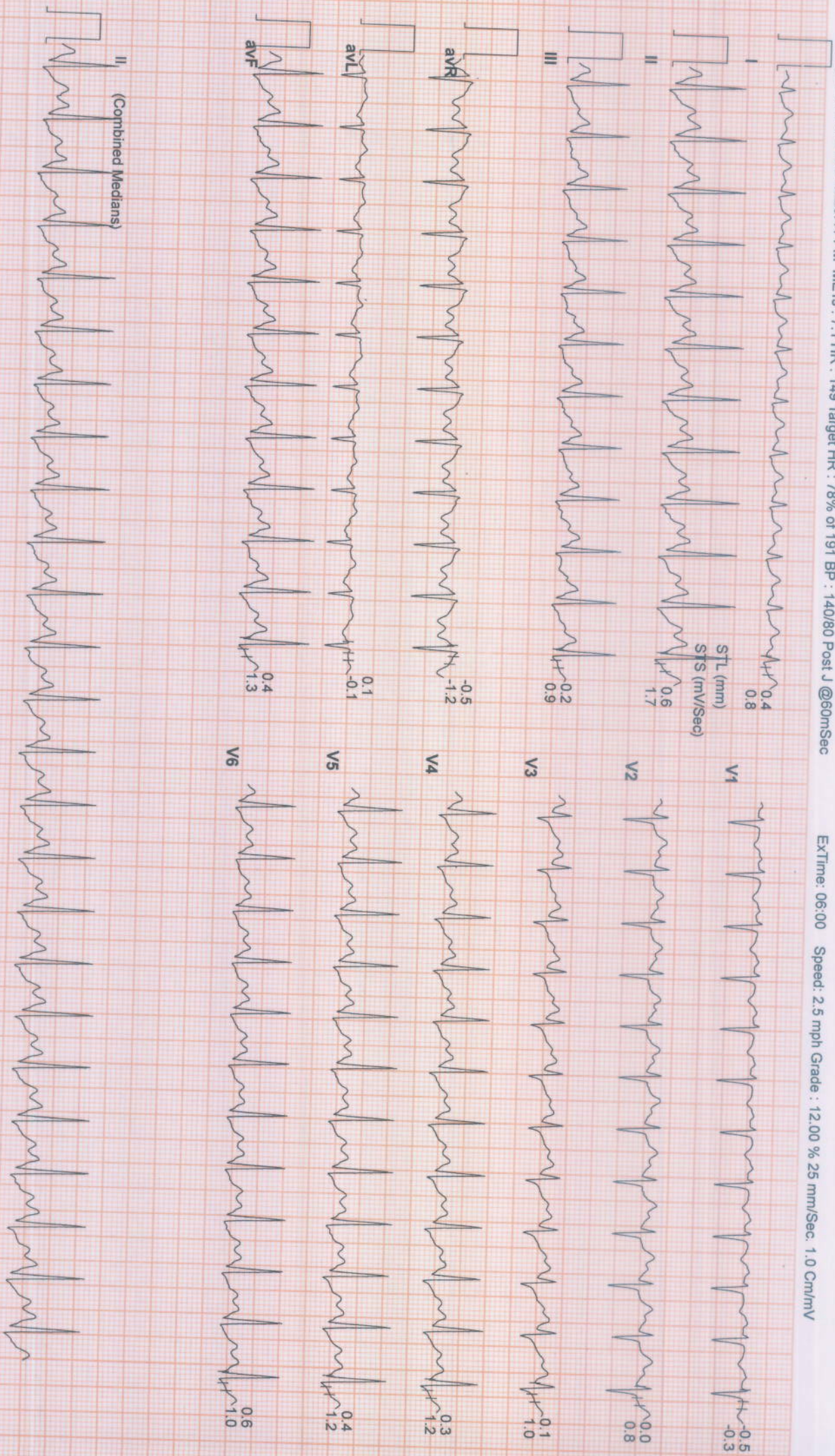
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1766 / MUDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 7.1 HR : 149 Target HR : 78% of 191 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 (THANE GB ROAD)

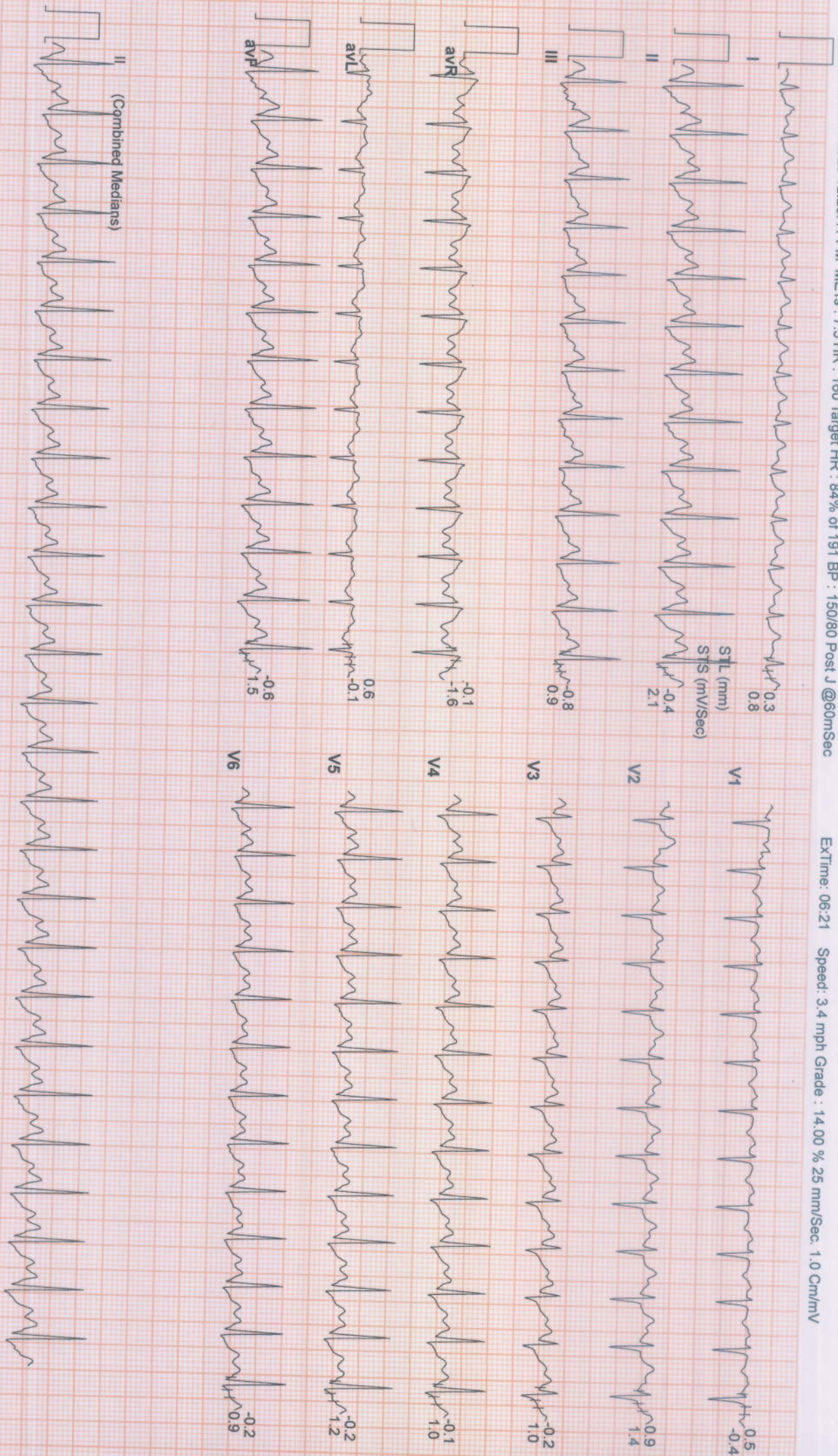
1766 / MUDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 7.5 HR : 160 Target HR : 84% of 191 BP : 150/80 Post J @60mSec

EXTime: 06:21 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

PeakEX



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

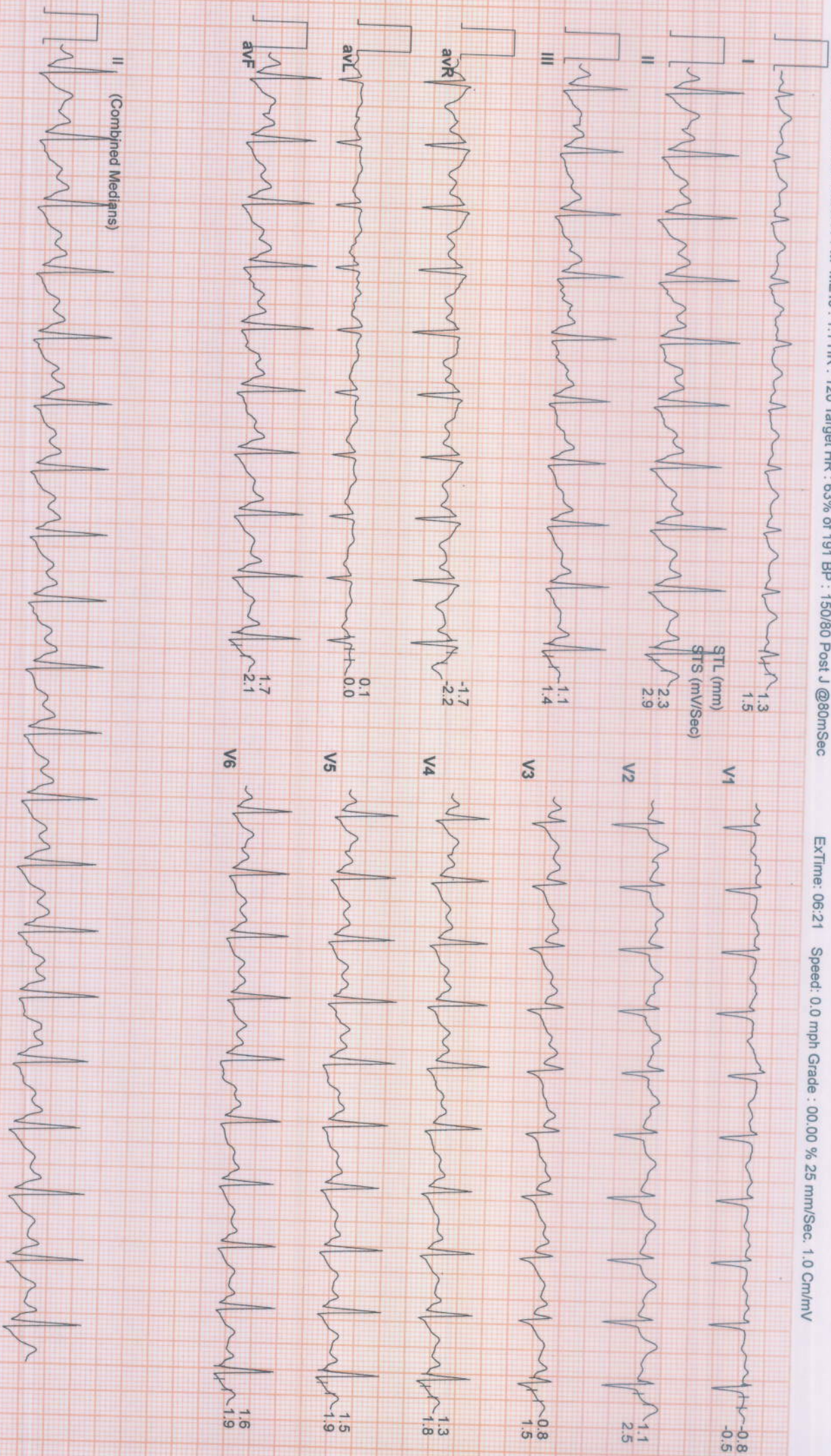
1766 / MUDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 1.1 HR : 120 Target HR : 63% of 191 BP : 150/80 Post J @80mSec

EXTime: 06:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

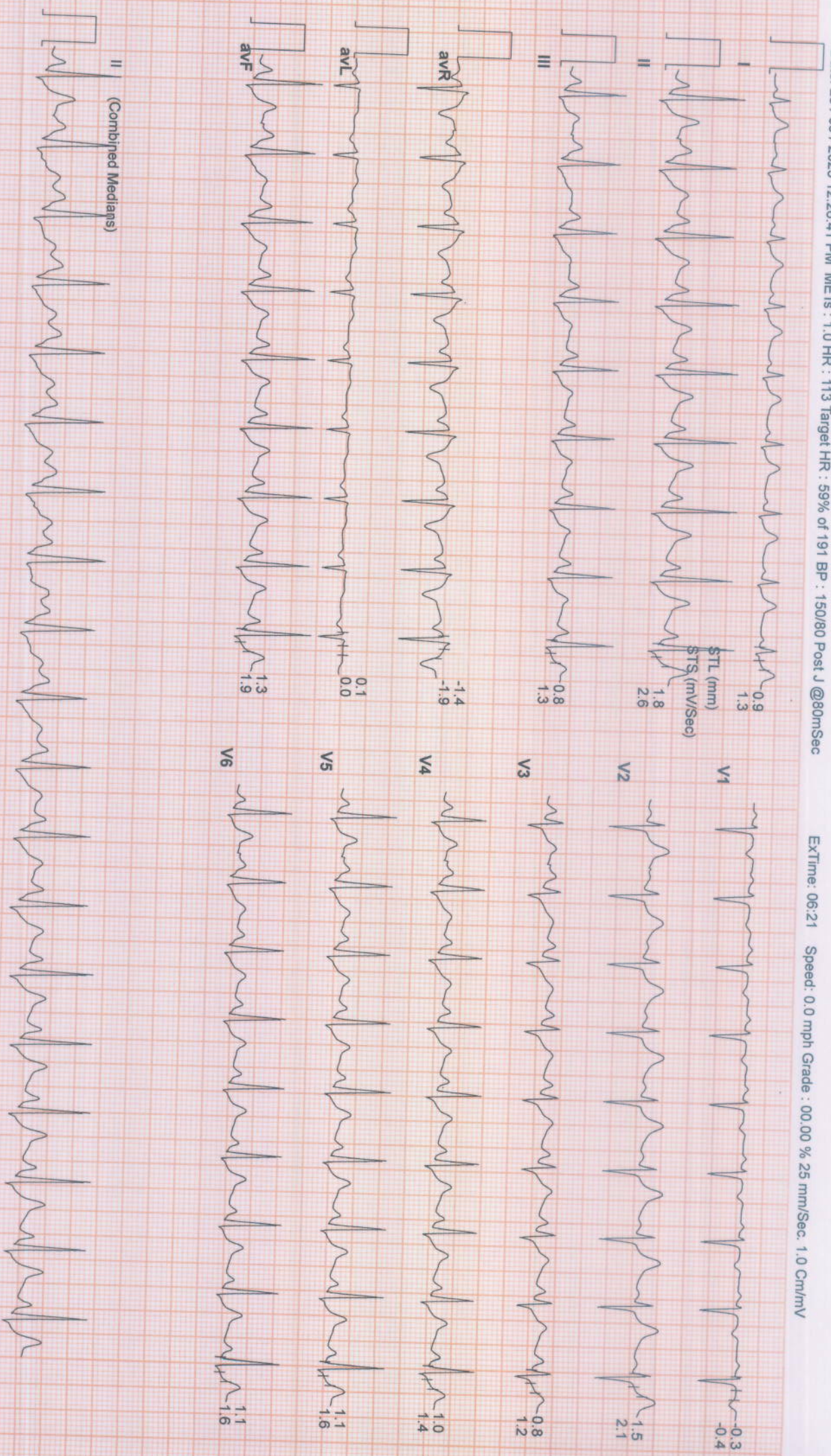
1766 / MUDDAVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 1.0 HR : 113 Target HR : 59% of 191 BP : 150/80 Post J @80mSec

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



EXTime: 06:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

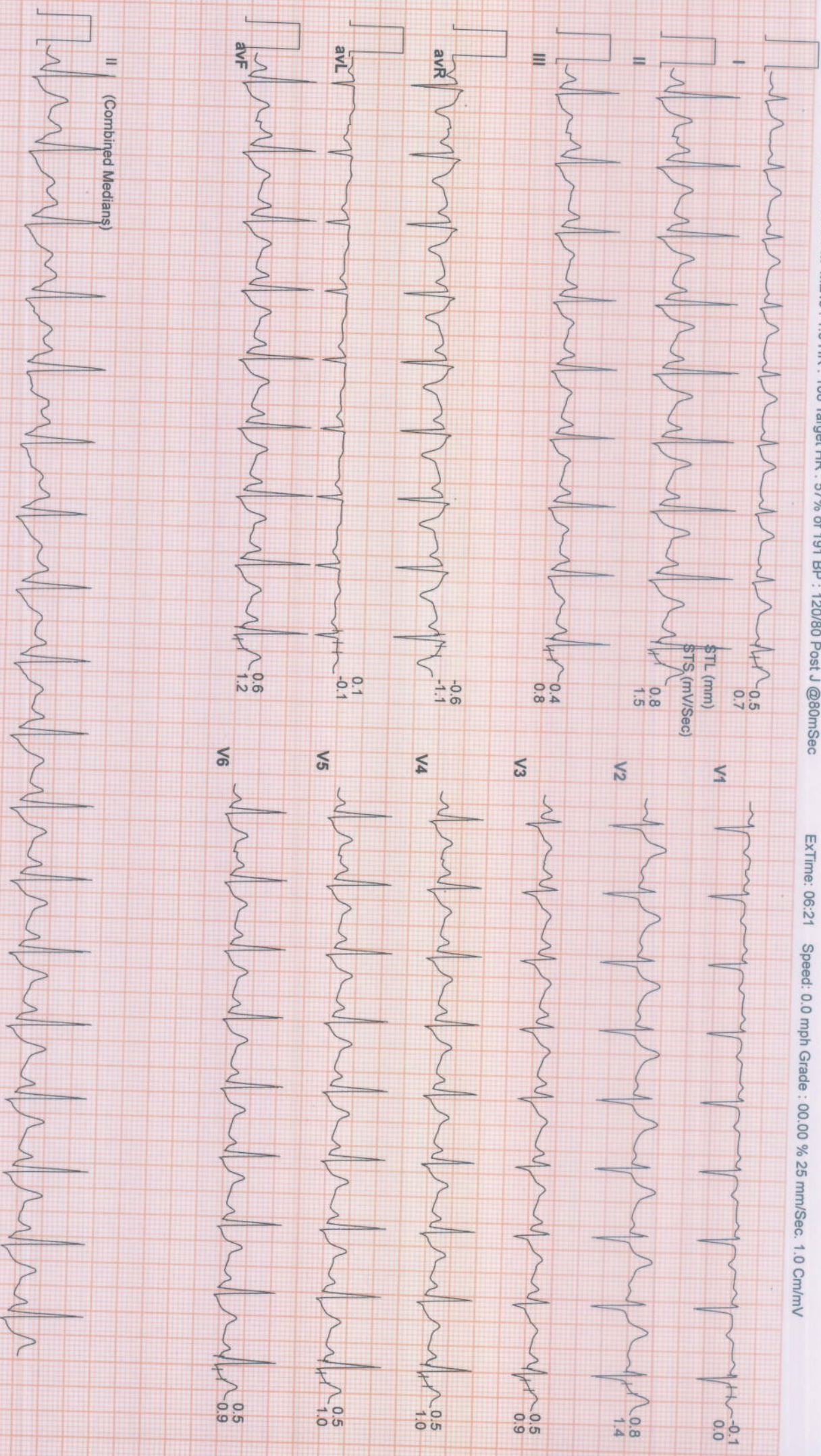
1766 / MUDEVATH LALITHA / 29 Yrs / Female / 160 Cm / 53 Kg

Date: 23 / 09 / 2023 12:26:41 PM METs : 1.0 HR : 108 Target HR : 57% of 191 BP : 120/80 Post J @80mSec

EXTime: 06:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

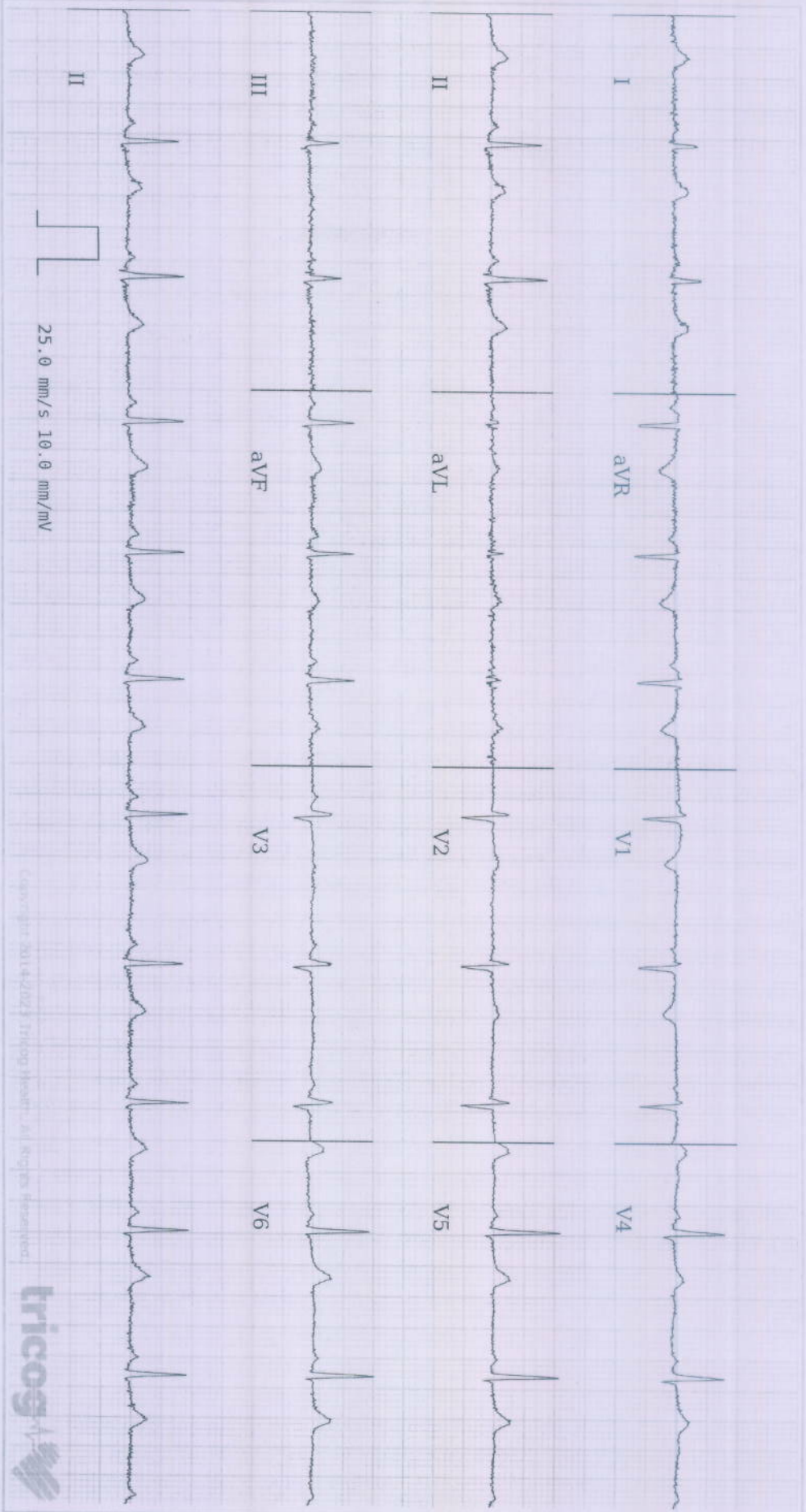
6X2 Combine Medians + 1 Rhythm

Recovery : (02:14)



Patient Name: MUDAVATH LALITHA
Patient ID: 2326618425

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 23rd Sep 23 9:21 AM



25.0 mm/s 10.0 mm/mV

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Age 29 3 4
years months days

Gender Female

Heart Rate 68bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QRSD: 76ms
QT: 422ms
QTcB: 448ms
PR: 114ms
P-R-T: 58° 66° 43°

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

REPORTED BY

[Signature]

DR SHAH AJA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: This report is based on ECG alone and should be used in an adjunct to clinical history, symptoms, and results of other studies and not in isolation and must be interpreted by a qualified physician. This report is for informational purposes only and is not intended to be used for any other purpose.