



CID : 2222521864
Name : MRS.SHRAVANI MORE
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 13:45

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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	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	5.26	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Measured
MCV	73	80-100 fl	Calculated
MCH	24.0	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	16.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7650	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	37.2	20-40 %	
Absolute Lymphocytes	2845.8	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	657.9	200-1000 /cmm	Calculated
Neutrophils	49.9	40-80 %	
Absolute Neutrophils	3817.4	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	313.7	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.3	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS



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Reported : 13-Aug-2022 / 13:12

Platelet Count	296000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.7	11-18 %	Calculated

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 8 2-20 mm at 1 hr. Westergren

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



MC-2111

Bmhaskar

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



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Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 14:33

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	95.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	81.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.52	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.31	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	72.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic



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Collected : 13-Aug-2022 / 14:06
Reported : 15-Aug-2022 / 15:58

BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	109	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic
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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director



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Collected : 13-Aug-2022 / 08:52
 Reported : 13-Aug-2022 / 20:13

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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	5.3	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



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Reported : 13-Aug-2022 / 20:13

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 CPL, Andheri West

*** End Of Report ***



MC-2111



Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 16:08

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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	20	-	-
<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	12-15	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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*** End Of Report ***



MC-2111

Bmhaskar

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



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Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 18:04

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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 column agglutination technology (CAT) 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 CPL, Andheri West

*** End Of Report ***



MC-2111



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



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Age / Gender : 37 Years / Female
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Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 14:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	167.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.9	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	52.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	114.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	17.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



Bmhaskar

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



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Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 12:42

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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	3.29	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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Collected : 13-Aug-2022 / 08:52
Reported : 13-Aug-2022 / 12:42

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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*** End Of Report ***



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: SHRAVANI MORE
Patient ID: 2222521864

Date and Time: 13th Aug 22 10:41 AM

Age **37** **8** **19**
years months days

Gender **Female**

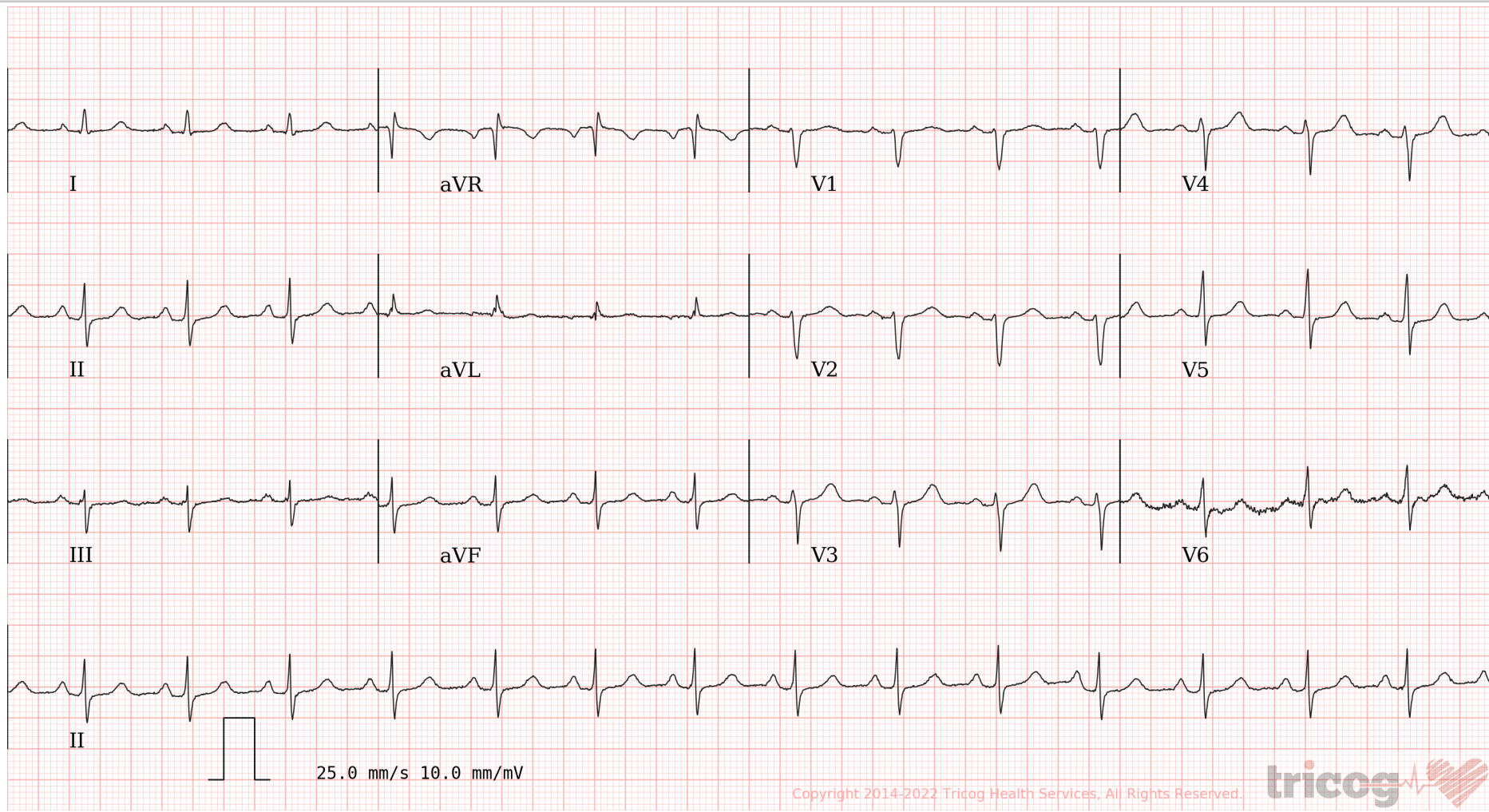
Heart Rate **91bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 72 kg
Height: 161 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 90ms
QT: 362ms
QTc: 445ms
PR: 152ms
P-R-T: 66° 8° 47°



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Poor "R" wave progression in anterior leads. No significant ST-T changes. Please correlate clinically.

REPORTED BY

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

DENTAL CHECK - UP

Name:- *Sharavani More* CID : Sex / Age : *F/37*
 Occupation:- Date: *13/8/22*
 Chief complaints:-
 Medical / dental history:- *No medical history reported by patient*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *No clicking sound present*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus: *+*
- Stains: *+*

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
		<i>Carus</i>											<i>Carus</i>	<i>Carus</i>	<i>Root Pie</i>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: *Advised OPG, Scaling, Extrn \rightarrow 18*
RC & filling

Provisional Diagnosis:-

Dr. [Signature]
13/8/22

Brief Disclaimer: (1)Suburban Diagnostics ensures that the tests are conducted with utmost care and safety and are performed on samples received as per the sample collection guide of Suburban Diagnostics.(2)Sample may be rejected if unacceptable for the requested tests. (3)Test results may vary from laboratory to laboratory and also in some parameters from time to time for the same patient.(4)Report must not be copied in part, only in full.(5)This report is not valid for medico-legal purposes.(6)Patient information or data will not be communicated to a third party except in the case of a notifiable disease to a Public Care Unit.(7)Suburban Diagnostics reserves the right to subcontract samples to other laboratories for testing.(8)For the elaborated disclaimer, please turn to the enclosed leaflet or contact our customer service team at 1800-266-4343.

Date:- 13/8/22

CID: 2222521864

Name:- Shravani more

Sex / Age: 37 F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

RE LE
6/6 6/6
N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

Email:

132 (2222521864) / SHRAVANI MORE / 52 Yrs / F / 161 Cms / 72 Kg
 Date: 13 / 08 / 2022 10:20:20 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	098	58 %	130/80	127	00	
Standing	00:17	0:06	00.0	00.0	01.0	103	61 %	130/80	133	00	
HV	00:23	0:06	00.0	00.0	01.0	103	61 %	130/80	133	00	
ExStart	00:26	0:03	01.7	10.0	01.1	107	64 %	130/80	139	00	
BRUCE Stage 1	03:26	3:00	01.7	10.0	04.7	140	83 %	130/80	182	00	
BRUCE Stage 2	06:26	3:00	02.5	12.0	07.1	159	95 %	140/80	222	00	
PeakEx	06:34	0:08	03.4	14.0	07.3	160	95 %	150/80	240	00	
Recovery	07:34	1:00	01.1	00.0	01.1	133	79 %	150/80	199	00	
Recovery	08:34	2:00	00.0	00.0	01.0	113	67 %	160/80	180	00	
Recovery	10:34	4:00	00.0	00.0	01.0	100	60 %	160/80	160	00	
Recovery	11:14				00.0	000	0 %	130/80	000	00	

FINDINGS :

Exercise Time : 06:08
 Initial HR (ExStrt) : 107 bpm 64% of Target 168
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max WorkLoad Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V6 & -7.4 mm in Recovery
 Duke Treadmill Score : 06.0
 Test End Reasons : Test Complete , Test Complete

Max HR Attained 160 bpm 95% of Target 168
 Max BP Attained 160/80 (mm/Hg)
 VO2Max : 25.6 ml/Kg/min (Fair)

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 Shop No. 101-A, 1st Floor, Kshmi Building
 Above Raymond, Near Tiranga Hospital
 Above Bhayander Road, Bhayander (E)
 Dist. Thane-401105
 Phone No : 022 - 67700000

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

DIAGNOSTICS (BHAYANDER)

15/11/2022
132 / SHRAVANI MORE / 52 Yrs / F / 161 Cms / 72 Kg Date: 13 / 08 / 2022 10:20:20 AM

REPORT :

TERMINATION	:	TEST COMPLETE
EXERCISE TOLERANCE	:	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	:	NO ANGINA OR ANGINA EQUIVALENT NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY.
HAEMODYNAMIC RESPONSE	:	GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE	:	GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESSION	:	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD.

SUBURBAN DIAGNOSTICS (I) PVT. LTD
 11th Floor, Kshirhi Building
 Shop No. 101-A, 1st Floor, Near Thunga Hospital,
 .,Boye Raymond, Road, Bhayander,
 Dist. Thane-401105.
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DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 2011/03/0587

Smita Valani
 Doctor : **SMITA VALANI**



भारतीय विशिष्ट ओळख प्राधिकरण
भारत सरकार
 Unique Identification Authority of India
 Government of India

नोंदविण्याचा क्रमांक / Enrollment No 1218/62252/01757

To,
 श्रावणी मंतोप मोरे
 Shravani Santosh More
 102, Gaurav Darshan, Jai Tirupati Complex
 Goddev Village
 Behind Pandurang Palace
 Bhayander (East)
 Bhayander East Bhayander (East) Thane
 Maharashtra 401105
 9920313214

Ref: 1957 / 13L / 152470 / 153224 / P



UE698235392IN



आपला आधार क्रमांक / Your Aadhaar No. :

5258 9034 2045

आधार - सामान्य माणसाचा अधिकार

Ssmore

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

DR. ANITA CHOUDHARY
 M.P.S.
 CONSULTANT PHYSICIAN
 Reg. No. 2017/121553



भारत सरकार
 GOVERNMENT OF INDIA



श्रावणी मंतोप मोरे
 Shravani Santosh More
 जन्म वर्ष / Year of Birth : 1984
 स्त्री / Female



5258 9034 2045

आधार - सामान्य माणसाचा अधिकार

CID# : 2222521864
 Name : MRS. SHRAVANI MORE
 Age / Gender : 37 Years/Female
 Consulting Dr. : - Collected : 13-Aug-2022 / 08:43
 Reg. Location : Bhayander East (Main Centre) Reported : 13-Aug-2022 / 16:06

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms)	161cms	Weight (kg):	72 kg
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80 mmHg	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
 Respiratory: Chest-Clear
 Genitourinary: NAD
 GI System: NAD
 CNS: NAD

B+ve

IMPRESSION: TMT, CXR, CBC and Biochemistry as per

USG in St. 1- I. Fatty Liver
 R/E in St. Bacteria → + (>20 WPT).

ADVICE:

Experts Consultation.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

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- | | |
|--|----|
| 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 |

PERSONAL HISTORY:

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

*** End Of Report ***

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

SUBURBAN DIAGNOSTICS (I) PVT. LTD
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Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Aug-2022
Reported : 13-Aug-2022/17:32

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2 cm), shape and shows smooth margins. It shows normal 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 or mass lesions 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 11.3 x 4.5 cm. Left kidney measures 11.7 x 4.4 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 (11.0 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 :

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022081308440974>



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The uterus is anteverted and appears bulky. It measures 9.8 x 5.5 x 5.0 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 11.8 mm.

OVARIES:

Right ovary : 3.2 x 2.7 x 2.6 cm, Vol : 12.5 cc.

Left ovary : 3.5 x 1.6 x 1.6 cm, Vol : 4.9 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A thin walled cystic lesion measuring 26.3 x 19.8 mm showing internal echoes is seen in the right ovary. No obvious abnormal vascularity made out - s/o hemorrhagic cyst.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Bulky uterus.**
- **A thin walled cystic lesion showing internal echoes is seen in the right ovary -s/o hemorrhagic cyst.**

Kindly correlate clinically.



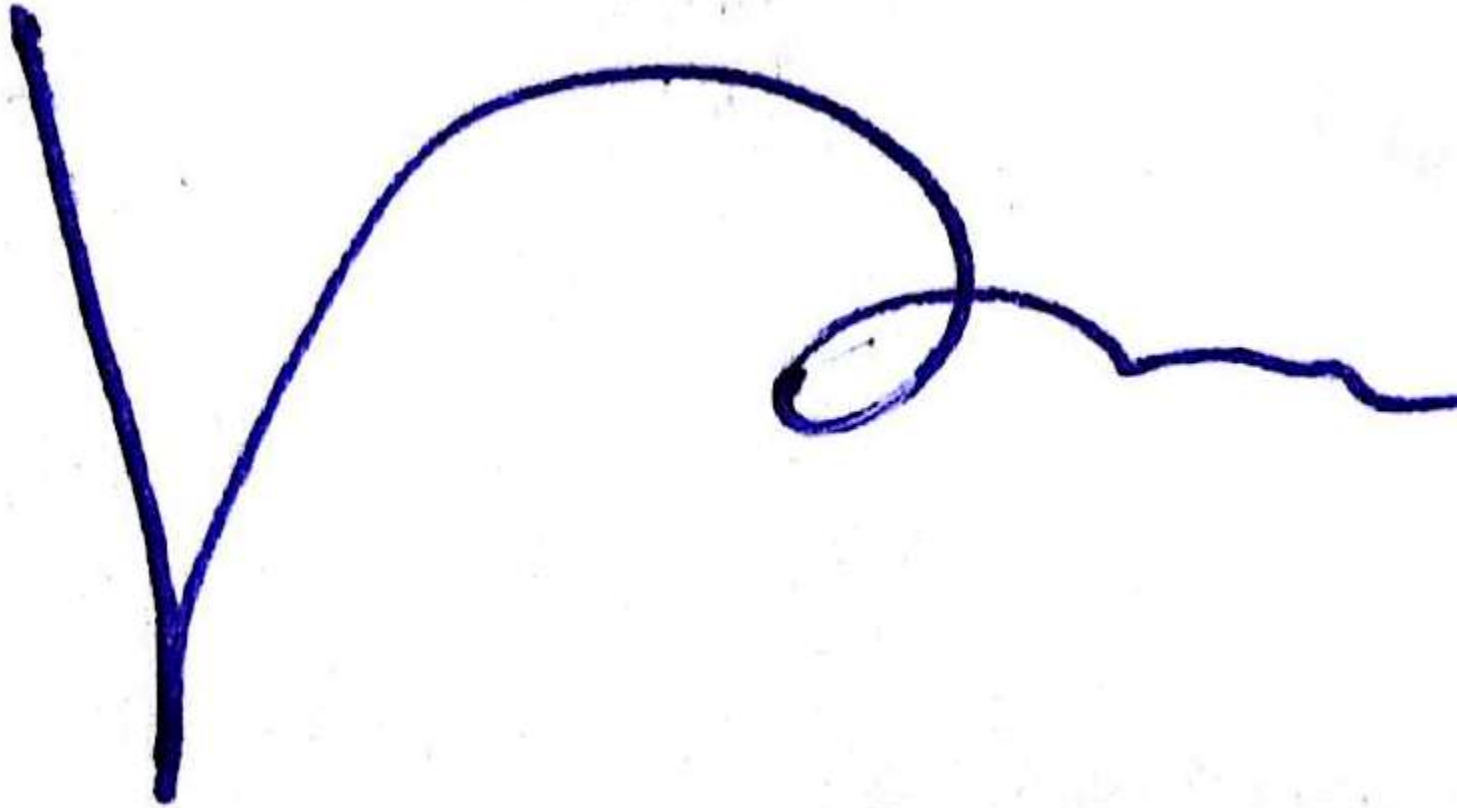
Use a QR Code Scanner
Application To Scan the Code

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**R
E
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T**

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-----

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

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



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X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

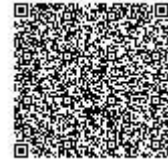
- **No significant abnormality detected.**

Kindly correlate clinically.

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

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MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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