



CID : 2408320485  
Name : MS.VALLARI DIVEKAR  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 08:07  
Reported : 23-Mar-2024 / 13:13

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.77	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.8	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	29.2	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9560	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.1	20-40 %	
Absolute Lymphocytes	2686.4	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	573.6	200-1000 /cmm	Calculated
Neutrophils	42.3	40-80 %	
Absolute Neutrophils	4043.9	2000-7000 /cmm	Calculated
Eosinophils	23.3	1-6 %	
Absolute Eosinophils	2227.5	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	28.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	244000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.3	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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

Note : In view of Eosinophilia, Chest X Ray, test for Microfilaria, stool routine, S.IgE and CBC follow up recommended.  
 Result rechecked  
 Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **24**                      2-15 mm at 1 hr.                      Sedimentation



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**Clinical Significance:** The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

**Limitations:**

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

**Reflex Test:** C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

**Reference:**

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

\*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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**Age / Gender** : 33 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Mahavir Nagar, Kandivali West (Main Centre)

**Collected** : 23-Mar-2024 / 08:07  
**Reported** : 23-Mar-2024 / 15:23

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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	104.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	140.0	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	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	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	35.3	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	51.7	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	21.0	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.2	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.86	0.67-1.17 mg/dl	Enzymatic



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Collected : 23-Mar-2024 / 11:51  
Reported : 23-Mar-2024 / 17:09

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eGFR, Serum	117	(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	4.9	3.5-7.2 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 \*\*\*



*Bmhasakar*

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



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Reported : 23-Mar-2024 / 11:57

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 \*\*\*



*Bmhasakar*

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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 23-Mar-2024 / 08:07  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/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 inert

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



**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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. Vrushi Shroff*

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





CID : 2408320485  
Name : MS.VALLARI DIVEKAR  
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	169.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	119.1	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	39.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	106.0	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	23.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

\*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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 Consulting Dr. : -  
 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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 Reported : 23-Mar-2024 / 18:06

**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	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.9	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	4.33	0.35-5.5 microIU/ml	ECLIA



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Collected : 23-Mar-2024 / 08:07  
Reported : 23-Mar-2024 / 18:06

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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 trasiently altered becuae 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 \*\*\*

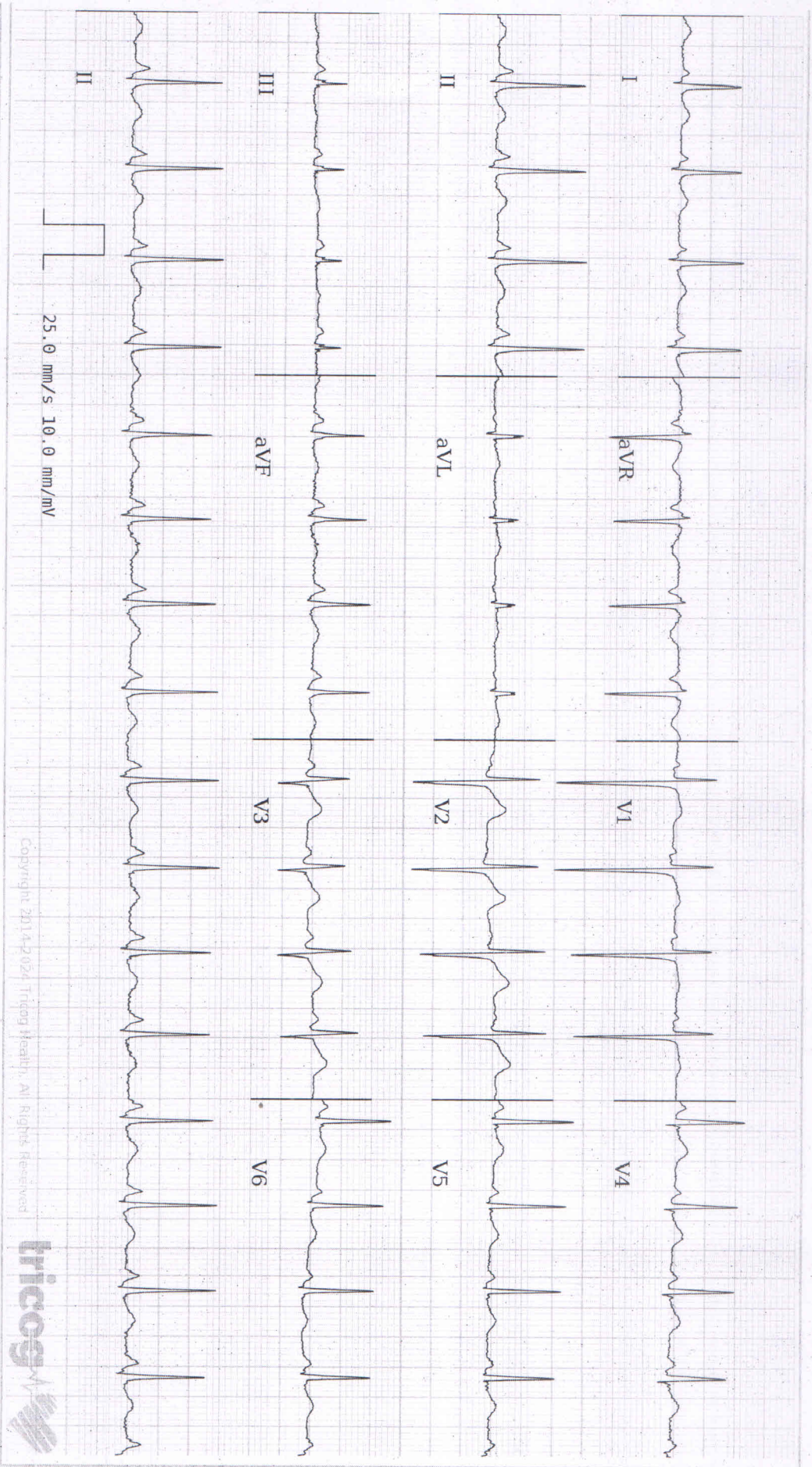


*Bmhasakar*

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

Patient Name: VALLARI DIVEKAR  
Patient ID: 2408320485

Date and Time: 23rd Mar 24 10:41 AM



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Age 33 NA NA  
years months days

Gender Male

Heart Rate 105bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 68 kg

Height: 152 cm

Pulse: 106 bpm

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 78ms

QT: 328ms

QTcB: 433ms

PR: 112ms

P-R-T: 64° 49° 46°

REPORTED BY

*[Signature]*

Dr. Alita Bhosale  
M.B.B.S/P.G.D.C.C (DIP Cardiology)  
2013062200



Disclaimer: This analysis is based on ECG alone and should be used as a reference for clinical diagnosis. Any symptoms, history or other test results of other tests should be interpreted by the physician. The patient's details are as entered by the clinician and not derived from the ECG.

Date:- 23/3/24.

CID: 2408320485

Name:- Ms. Vallab Divakar.

Sex / Age: F/33

**EYE CHECK UP**

Chief complaints: - No

Systemic Diseases: - No

Past history: - No

Unaided Vision: - No

Aided Vision: - NO

Refraction: (R) 6/12 (L) 6/12

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/12				6/12
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: ophthal opinion for far vision  
other wise normal vision.



CID# 2408820485  
Name: MS. VALARI DIVEKAR

Age / Gender : 33 Years/Female

Consulting Dr. :

Collected : 23-Mar-2024 / 07:59

Reg.Location : Mahavir Nagar, Kandivali West (Main Centre)

Reported : 26-Mar-2024 / 09:57

**PHYSICAL EXAMINATION REPORT**

History and Complaints: NIL

**EXAMINATION FINDINGS:**

Height (cms):	152	Weight (kg):	68
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	110/70	Nails:	Healthy
Pulse:	106	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: HEALTHY**

**ADVICE: REGULAR EXERCISE & HEALTHY DIET**

**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 |

Name : MRS VALLARI DIVEKAR

Age / Gender : 33 Years

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- 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

**PERSONAL HISTORY:**

- 1) Alcohol NO
- 2) Smoking NO
- 3) Diet MIXED
- 4) Medication NO

\*\*\* End Of Report \*\*\*



*[Signature]*  
Dr. Ajita Bhosale  
PHYSICIAN  
Dr. AJITA BHOSALE  
Reg. No. 2013/062200  
MBBS/D. Cardiology



भारत सरकार  
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 2722/24118/72223

To  
वल्लरी अरुण दिवेकर  
Vallari Arun Divekar  
C/O: Arun Divekar,  
301 Blue Ocean 2A Mahavir Nagar Extension,  
VTC: Mumbai,  
PO: Kandivali West,  
Sub District: Borivali,  
District: Mumbai Suburban,  
State: Maharashtra,  
PIN Code: 400067,  
Mobile: 9890911651



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AUTHORITY OF INDIA 05  
Date: 2023.12.11 17:32:15  
GMT +05:30

आपला आधार क्रमांक / Your Aadhaar No. :

2435 4302 5060

VID : 9176 2409 3468 5400

माझे आधार, माझी ओळख



भारत सरकार  
Government of India



Aadhaar no. issued: 12/09/2013



वल्लरी अरुण दिवेकर  
Vallari Arun Divekar  
जन्म तारीख/DOB: 03/12/1990  
महिला/ FEMALE

आधार हा ओळखीचा पुरावा आहे, नागरिकत्व किंवा जन्मतारखेचा नाही.  
हे फक्त पडताळणीसाठी वापरले जावे (ऑनलाइन प्रमाणीकरण किंवा QR कोडचे स्कॅनिंग/ ऑफलाइन XML).  
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or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

2435 4302 5060

माझे आधार, माझी ओळख



Government of India



माहिती / INFORMATION

- आधार हा ओळखीचा पुरावा आहे, नागरिकत्वाचा किंवा जन्मतारखेचा नाही. जन्मतारीख आधार क्रमांक धारकाने प्रस्तुत केलेल्या नियमांमध्ये निर्दिष्ट केलेल्या जन्मतारीख दस्तऐवजाच्या पुराव्याद्वारे समर्थित असलेल्या माहितीवर आधारित आहे.
- ह्या आधार पत्राची पडताळणी UIDAI-नियुक्त प्रमाणीकरण एजन्सीद्वारे ऑनलाइन प्रमाणीकरणाद्वारे किंवा अॅप स्टोअरमध्ये उपलब्ध mAadhaar किंवा Aadhaar QR स्कॅनर अॅप वापरून किंवा [www.uidai.gov.in](http://www.uidai.gov.in) वर उपलब्ध सुरक्षित QR कोड रीडर अॅप वापरून QR कोड स्कॅनिंगद्वारे सत्यापित केले जावे.
- आधार अद्वितीय आणि सुरक्षित आहे.
- ओळख आणि पत्त्याला आधार देणारी कागदपत्रे आधार नोंदणीच्या तारखेपासून दर 10 वर्षांनी आधारमध्ये अद्यतनित केली जावीत.
- आधार तुम्हाला विविध सरकारी आणि गैर-सरकारी लाभ/सेवांचा लाभ घेण्यास मदत करते.
- आधारमध्ये तुमचा मोबाईल नंबर आणि ईमेल आयडी अपडेट ठेवा.
- आधार सेवांचा लाभ घेण्यासाठी mAadhaar अॅप डाउनलोड करा.
- आधार/बायोमेट्रिक्स वापरत नसताना सुरक्षितता सुनिश्चित करण्यासाठी लॉक/अनलॉक आधार/बायोमेट्रिक्सचे वैशिष्ट्य वापरा.
- आधारची मागणी करणाऱ्या संस्थांनी संमती घेणे बंधनकारक आहे.
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



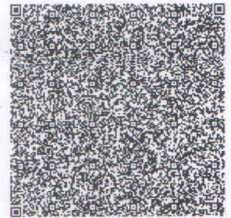
भारतीय विशिष्ट ओळख प्राधिकरण  
Unique Identification Authority of India



पत्ता:  
मार्फत: अरुण दिवेकर, 301 ब्लू ओशन 2ए महावीर नगर  
एक्सटेंशन, मुंबई, कांदिवली वेस्ट, मुंबई उपनगर,  
महाराष्ट्र - 400067

Address:  
C/O: Arun Divekar, 301 Blue Ocean 2A  
Mahavir Nagar Extension, Mumbai, PO:  
Kandivali West, DIST: Mumbai Suburban,  
Maharashtra - 400067

Details as on: 11/12/2023



2435 4302 5060

VID : 9176 2409 3468 5400

1947 | help@uidai.gov.in | www.uidai.gov.in

Vallari Arun Divekar



# SUBURBAN DIAGNOSTICS PVT LTD.

**Patient Details**                      **Date:** 23-Mar-24                      **Time:** 11:34:06 AM  
**Name:** VALLARI DIVEKAR ID: 2408320485  
**Age:** 33 y                                      **Sex:** F                                      **Height:** 152 cms                                      **Weight:** 68 Kgs  
**Clinical History:** ROUTINE CHECK UP

**Medications:** NIL

## Test Details

**Protocol:** Bruce                                      **Pr.MHR:** 187 bpm                                      **THR:** 168 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 5 m 6 s                                      **Max. HR:** 160 (86% of Pr.MHR) bpm                                      **Max. Mets:** 7.00  
**Max. BP:** 150 / 70 mmHg                                      **Max. BP x HR:** 24000 mmHg/min                                      **Min. BP x HR:** 8260 mmHg/min  
**Test Termination Criteria:** THR ACHIEVED

## Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 34	1.0	0	0	119	110 / 70	-2.55 III	-4.60 aVR
Standing	0 : 56	1.0	0	0	125	110 / 70	-1.06 aVR	2.48 V2
Hyperventilation	0 : 7	1.0	0	0	132	110 / 70	-0.85 III	2.12 V2
1	3 : 0	4.6	1.7	10	137	140 / 70	-1.49 III	3.18 V2
Peak Ex	2 : 6	7.0	2.5	12	160	150 / 70	-1.49 III	3.54 V2
Recovery(1)	3 : 0	1.8	1	0	121	130 / 70	-2.12 V6	4.25 V2
Recovery(2)	0 : 40	1.0	0	0	118	110 / 70	-0.85 III	1.77 V2

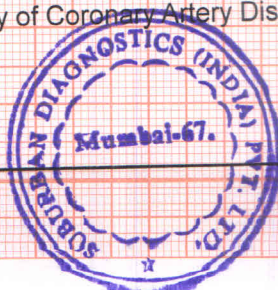
## Interpretation

GOOD EFFORT TOLERANCE.  
 LOW WORKLOAD ACHIEVED.  
 BASELINE TACHYCARDIA NOTED.  
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.  
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.  
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.  
 NO ARRHYTHMIAS NOTED.

**IMPRESSION:** THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease.  
 Positive test is suggestive but not confirmatory of Coronary Artery Disease.  
 Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI  
 ( Summary Report edited by user )



Doctor: DR AJITA BHOSALE  
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53  
**Dr. AJITA BHOSALE**  
 Reg. No. 2013/062200  
 MBBS/D. Cardiology



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

Protocol: Bruce

ID: 2408320485

Date: 23-Mar-24

Exec Time: 0 m 0 s

Stage Time: 1 m 28 s

HR: 120 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 168 bpm)

B.P.: 110 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

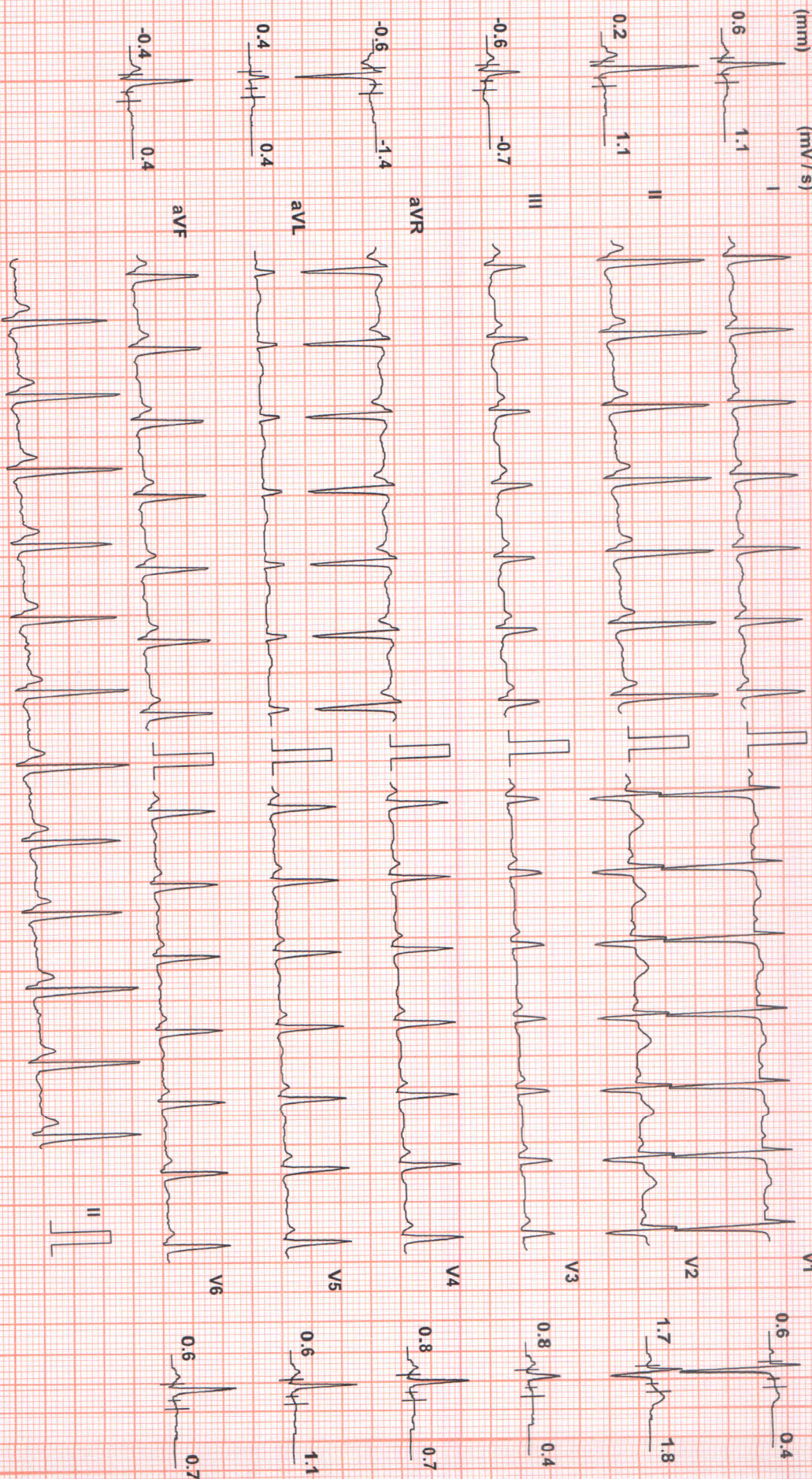


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V 4.52



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

Protocol: Bruce

ST Level (mm)      ST Slope (mV/s)

ID: 2408320485      Date: 23-Mar-24      Exec Time : 0 m 0 s      Stage Time : 0 m 50 s      HR: 132 bpm  
Stage: Standing      Speed: 0 mph      Grade: 0 %      (THR: 168 bpm)      B.P: 110 / 70

ST Level (mm)      ST Slope (mV/s)

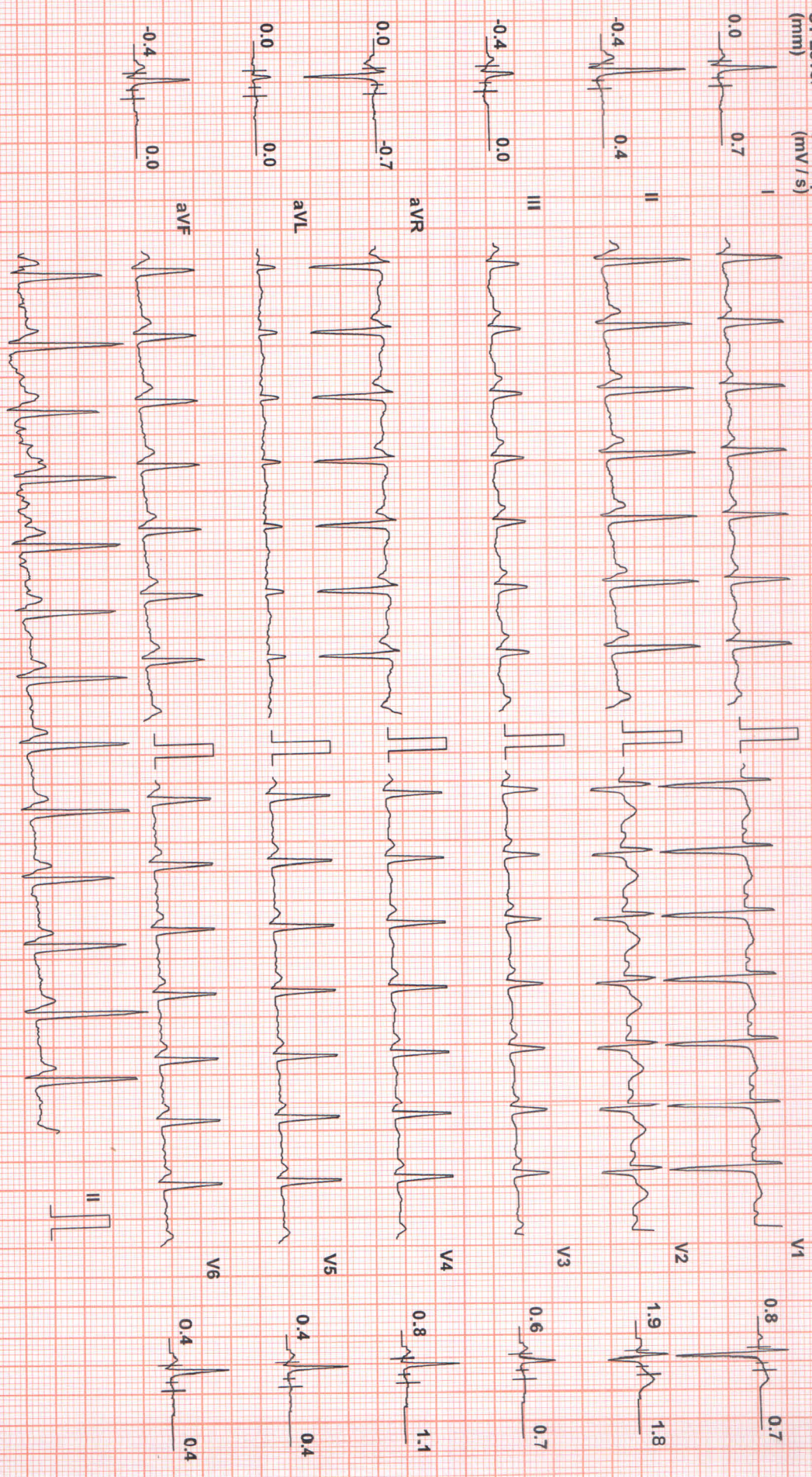


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON      Amp: 10 mm

Isr = R - 60 ms      J = R + 60 ms      Post J = J + 60 ms

Linked Median



VALLARI DIVEKAR (33 F)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ID: 2408320485 Date: 23-Mar-24 Exec Time : 0 m 0 s Stage Time : 0 m 1 s HR: 129 bpm  
Stage: Hyperventilation Speed: 0 mph Grade: 0% (THR: 168 bpm) B.P: 110/70

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

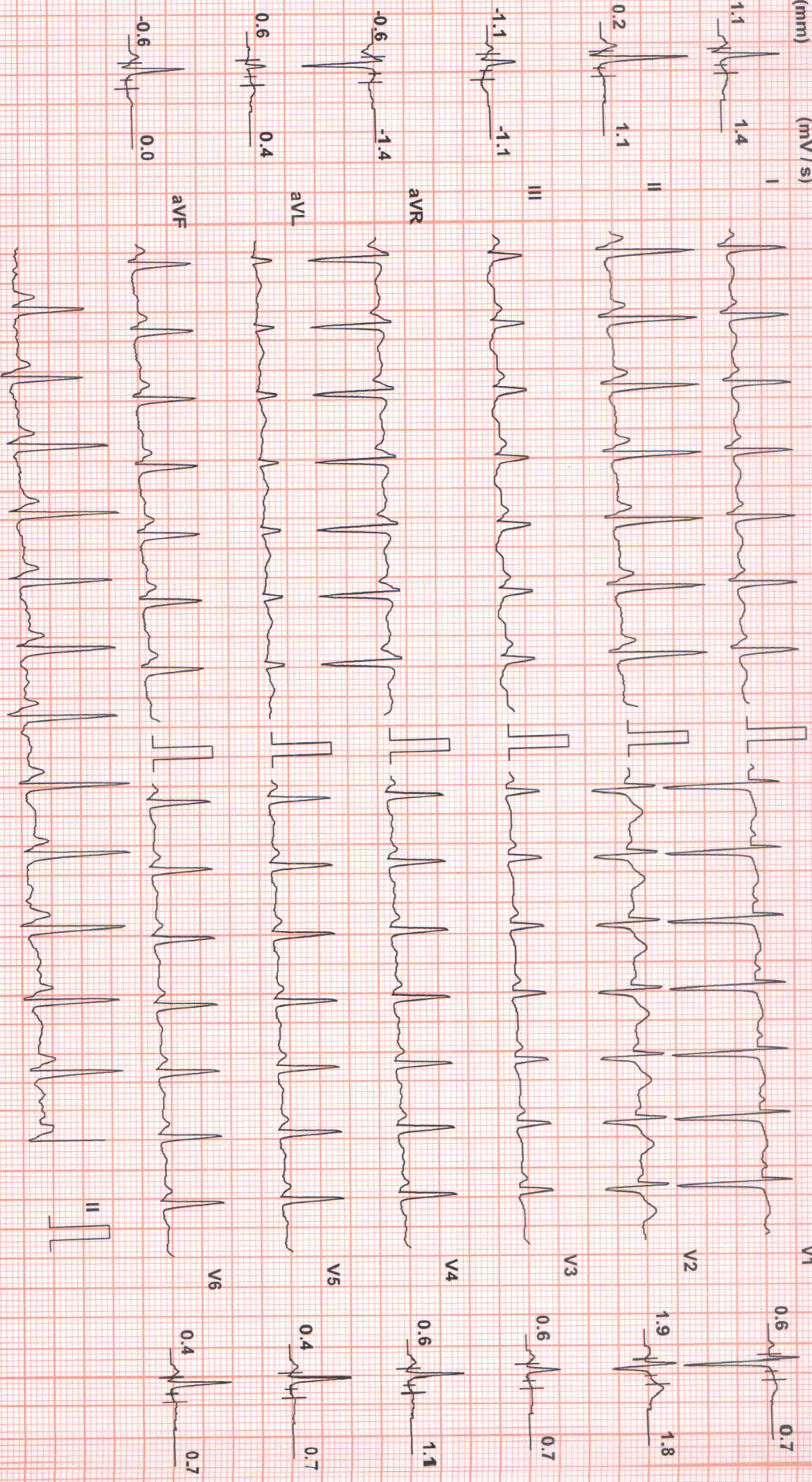


Chart Speed: 25 mm/sec  
Schlier, Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ID: 2408320485

Date: 23-Mar-24

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 137 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 % (THR: 168 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mV/s)

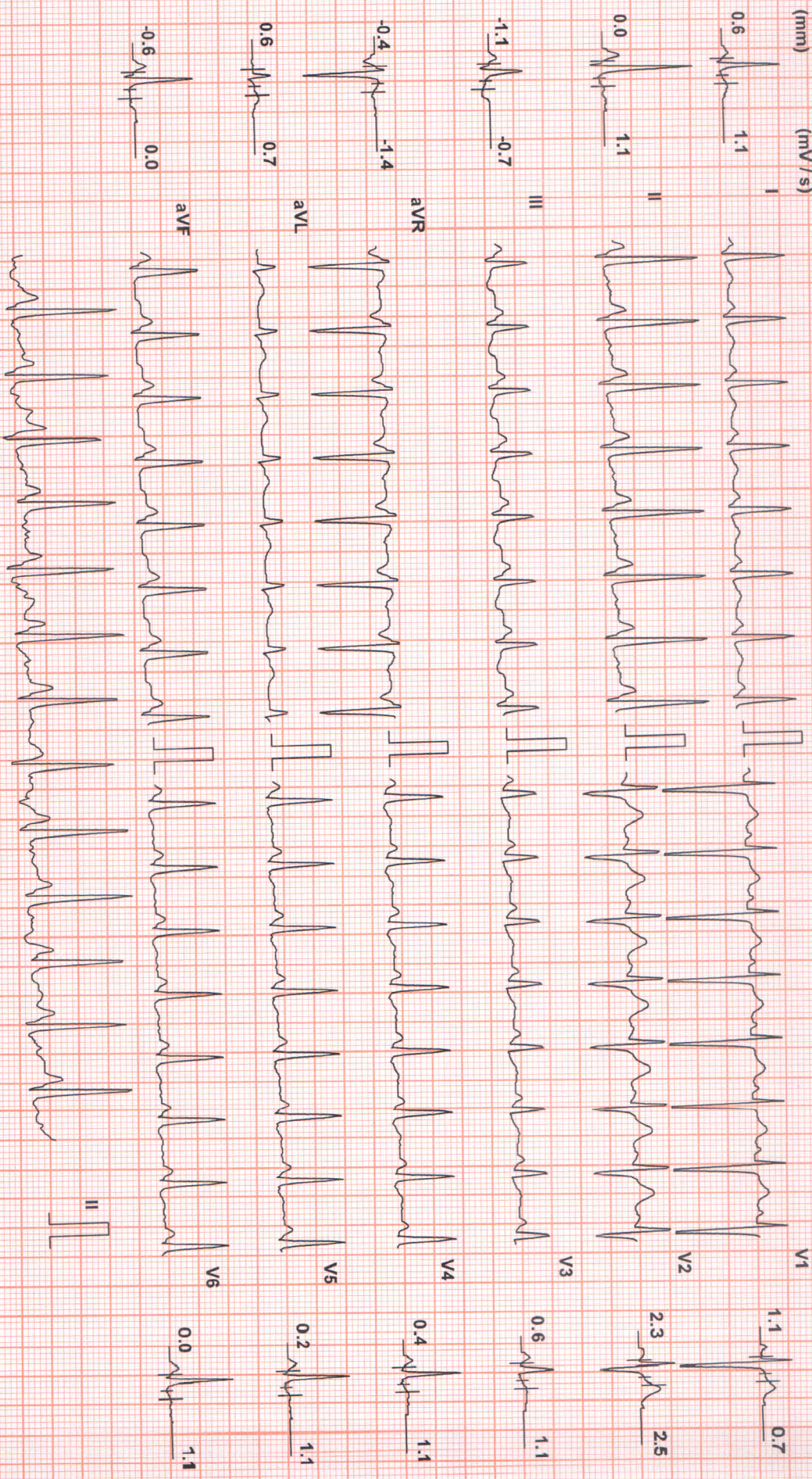


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

ID: 2408320485

Date: 23-Mar-24

Exec Time : 5 m 0 s

Stage Time : 2 m 0 s

HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 168 bpm)

B.P: 150 / 70

ST Level (mm)      ST Slope (mV/s)

ST Level (mm)      ST Slope (mV/s)

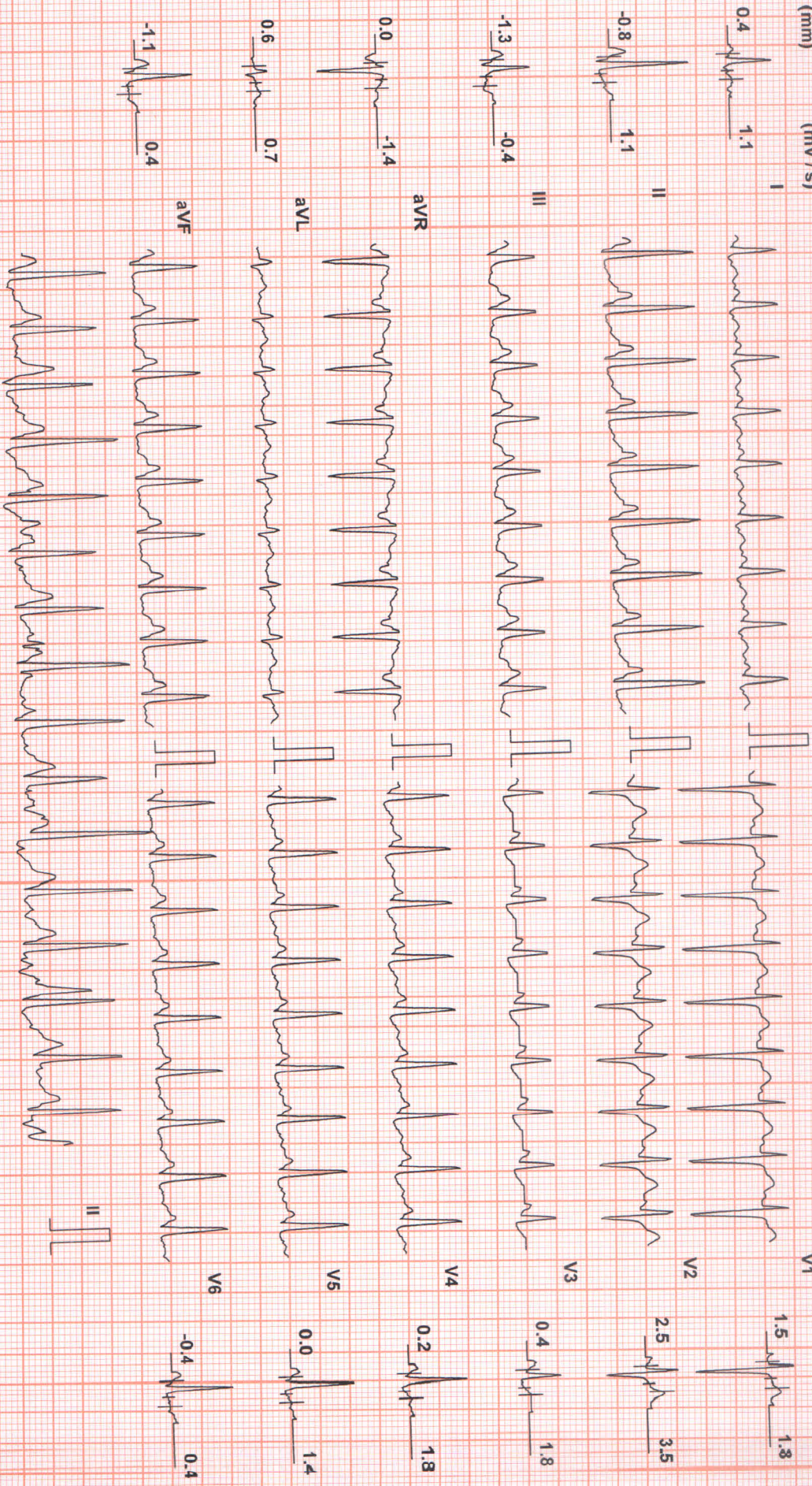


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

Protocol: Bruce

ID: 2408320485

Date: 23-Mar-24

Exec Time : 5 m 6 s

Stage Time : 2 m 54 s HR: 120 bpm

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 168 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

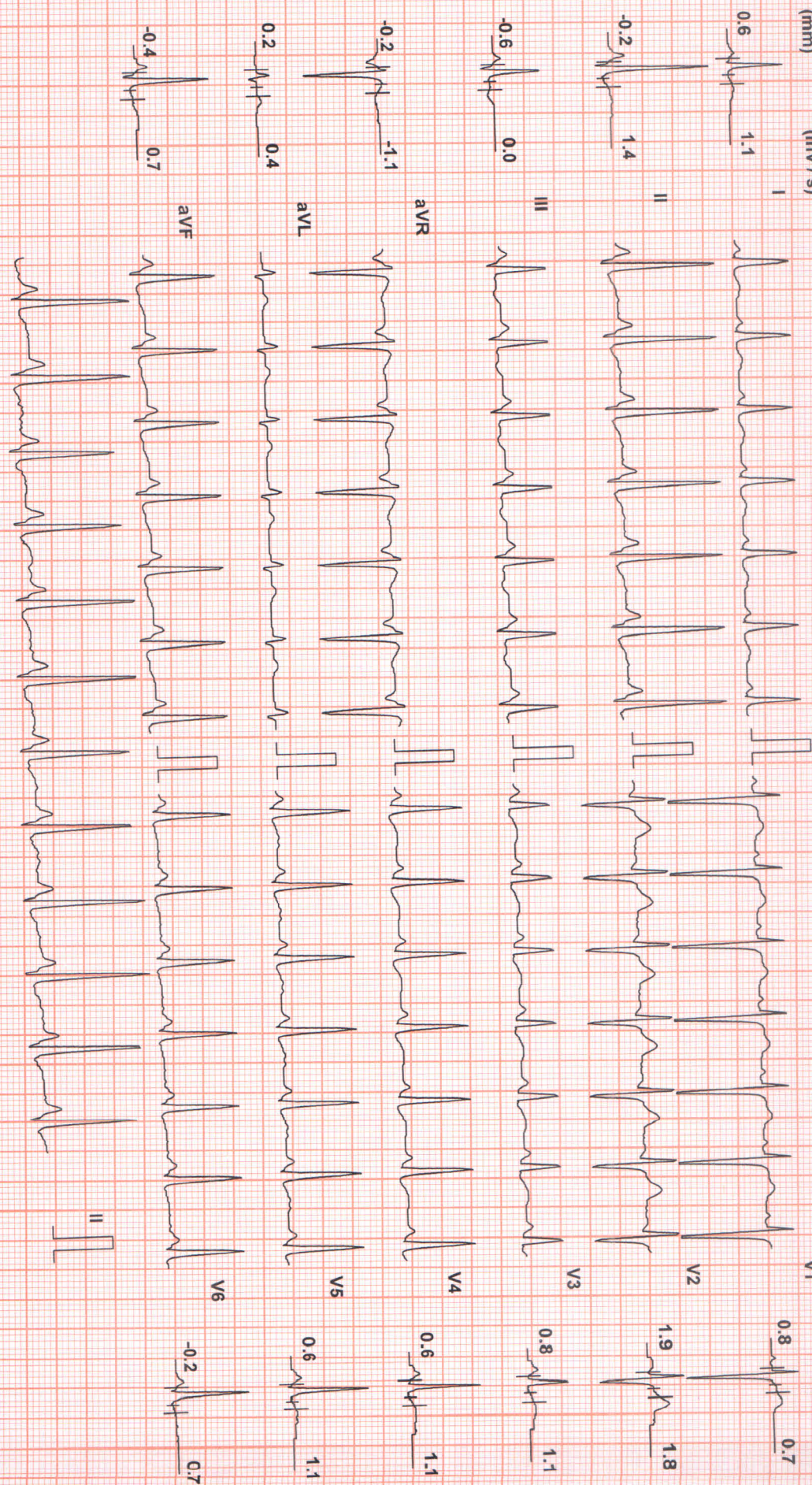


Chart Speed: 25 mm/sec  
Schiller Spandau V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



# SUBURBAN DIAGNOSTICS PVT LTD.

## Test Report

VALLARI DIVEKAR (33 F)

Protocol: Bruce

ST Level (mm)      ST Slope (mV/s)

ID: 2408320485      Date: 23-Mar-24      Exec Time : 5 m 6 s      Stage Time : 0 m 34 s      HR: 119 bpm  
Stage: Recovery(2)      Speed: 0 mph      Grade: 0 %      (THR: 168 bpm)      B.P: 110 / 70

ST Level (mm)      ST Slope (mV/s)

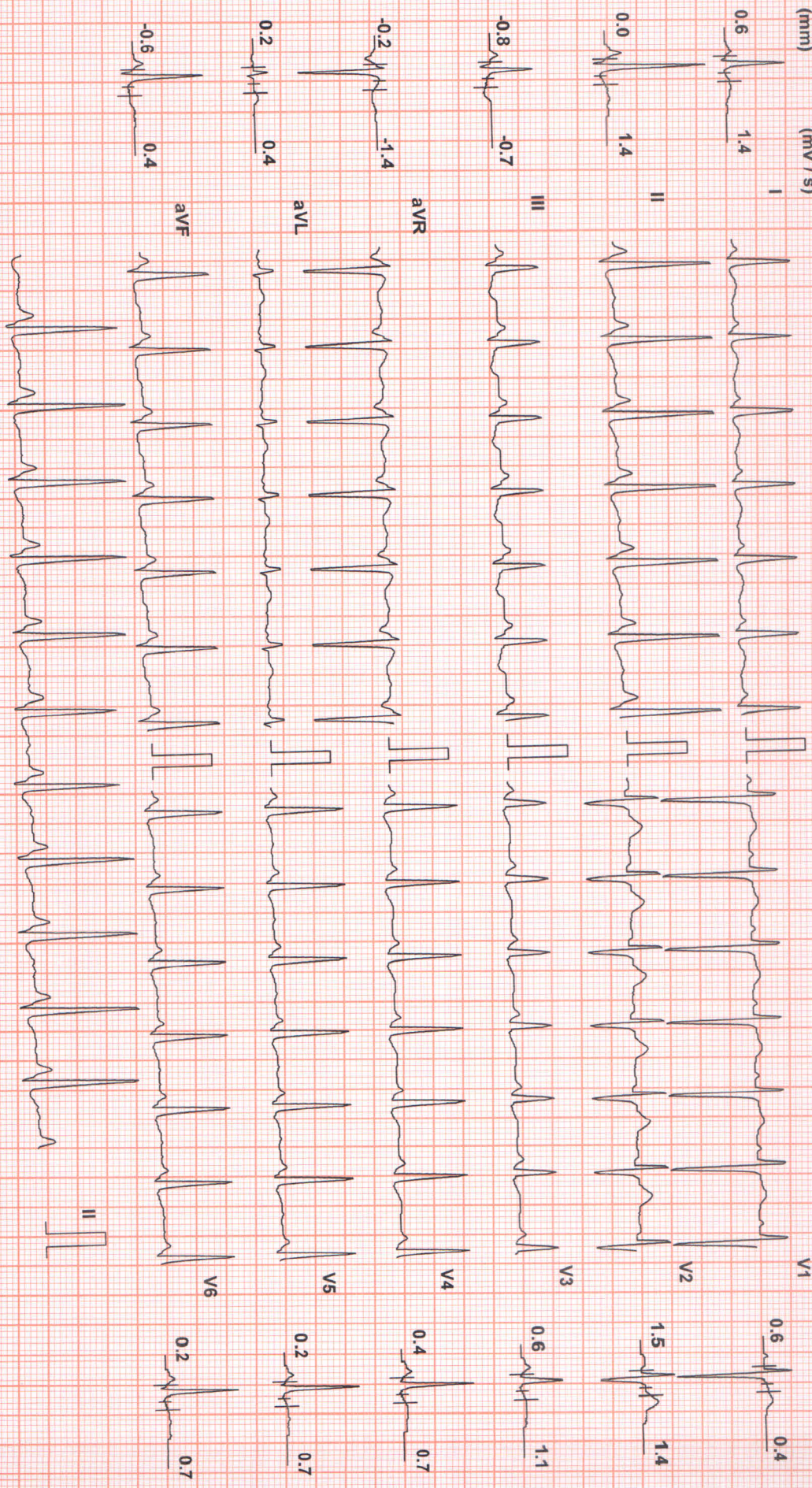


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2408320485  
Name : MS VALLARI DIVEKAR  
Age / Sex : 33 Years/Male  
Ref. Dr :  
Reg. Location : Mahavir Nagar, Kandivali West Main Centre  
Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 11:44

## USG WHOLE ABDOMEN

**LIVER:** The liver is normal in size, shape and smooth margins. It shows normal echogenicity. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

**GALL BLADDER:** The gall bladder is physiologically distended and shows normal wall thickness. No evidence of gall stones or mass lesions seen

**PANCREAS:** The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

**KIDNEYS:** Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

**SPLEEN:** The spleen is normal in size and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:** The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

**UTERUS:** The uterus is anteverted and appears normal. The endometrial thickness is 7mm.

**OVARIES:**  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary is normal in size.  
Left ovary obscured due to bowel gas

**ADDITIONAL COMMENTS:**  
Visualized bowel loops shows normal peristalsis.  
There is no evidence of any lymphadenopathy or ascites.

**CID** : 2408320485  
**Name** : MS VALLARI DIVEKAR  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Mahavir Nagar, Kandivali West Main Centre  
**Reg. Date** : 23-Mar-2024  
**Reported** : 23-Mar-2024 / 11:44

**IMPRESSION:-**

- No significant abnormality detected

**ADVICE: Clinical correlation**

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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



**Dr. VIKRANT S. PATIL**  
**M. D. Radio Diagnosis**  
**Reg No 2014052421**

CID : 2408320485  
Name : MS. VALLARI DIVEKAR  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Location : Mahavir Nagar, Kandivali West Main Centre  
Reg. Date : 23-Mar-2024  
Reported : 23-Mar-2024 / 17:07

Use a QR Code Scanner  
Application To Scan the Code

**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. NIKHIL DEV  
M.B.B.S, MD (Radiology)  
Reg No – 2014/11/4764  
Consultant Radiologist

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