



CID : 2410004388
Name : MRS.KALYANI KALYANI
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 09-Apr-2024 / 09:22
Reported : 09-Apr-2024 / 11:20

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.13	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.3	36-46 %	Calculated
MCV	87.9	80-100 fl	Measured
MCH	28.2	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4620	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.0	20-40 %	
Absolute Lymphocytes	1480	1000-3000 /cmm	Calculated
Monocytes	8.8	2-10 %	
Absolute Monocytes	410	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	2630	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	70	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	188000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Measured
PDW	26.7	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	-



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Sedimentation

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 CPL, Andheri West

*** End Of Report ***



J Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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Reported : 09-Apr-2024 / 13:10

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	93.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.80	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.1	1 - 2	Calculated
SGOT (AST), Serum	15.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	14.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	46.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.7	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	117	(ml/min/1.73sqm) 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	Calculated



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

URIC ACID, Serum	4.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



J. Thakker

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M.D. (PATH), DPB
Pathologist and AVP (Medical
Services)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 CPL, Andheri West

*** End Of Report ***



MC-2111

J. Thakker

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Reported : 09-Apr-2024 / 14:08

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	Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	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	-		

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 CPL, Andheri West
*** End Of Report ***



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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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	132.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.5	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	48.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.0	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	12.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.5	0-3.5 Ratio	Calculated

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*** End Of Report ***



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CID : 2410004388
 Name : MRS.KALYANI KALYANI
 Age / Gender : 38 Years / Female
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)

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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	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.3	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	2.64	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Interpretation:

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

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



J Thakker

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भारत सरकार
Unique Identification Authority of India
Government of India

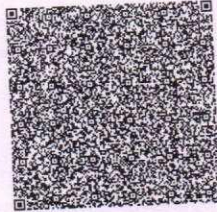
नामांकन क्रम/ Enrolment No.: 2189/20743/56993

To
कल्याणी
Kalyani
W/O: Prafulla Kumar
A- 24, Sachivalya Colony
Infront of Kebdriya Vidyalya
Kankarbagh
Lohia Nagar
Patna Bihar - 800020
7295961169

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AUTHORITY OF INDIA 53
Date: 2018.10.23 15:02:25
IST



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आपका आधार क्रमांक / Your Aadhaar No. :

7755 3373 5996

VID : 9118 7046 4320 0147

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



कल्याणी
Kalyani
जन्म तिथि/DOB: 06/12/1985
महिला/ FEMALE



7755 3373 5996

VID : 9118 7046 4320 0147

मेरा आधार, मेरी पहचान



- सूचना
- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
 - पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
 - यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

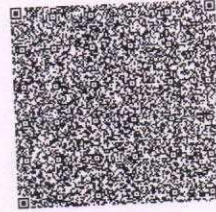
- आधार देश भर में मान्य है।
- आधार भविष्य में सरकारी और गैर-सरकारी सेवाओं का लाभ उठाने में उपयोगी होगा।
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- Aadhaar will be helpful in availing Government and Non-Government services in future.



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ऑफ केन्द्रीय विद्यालय, कंकड़बाग, पटना,
बिहार - 800020

Address:
W/O: Prafulla Kumar, A- 24, Sachivalya
Colony, Infront of Kebdriya Vidyalya,
Kankarbagh, Patna,
Bihar - 800020



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VID : 9118 7046 4320 0147

1047

help@uidai.gov.in

www.uidai.gov.in

Kalyani
09/04/24



PREDICTING · HEALTH
CID# 2410004388

Name : MRS.KALYANI KALYANI

Age / Gender : 38 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 09-Apr-2024 / 09:15

Reported : 09-Apr-2024 / 10:48

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 160
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/80
Pulse: 72/ min

Weight (kg): 58
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

ADVICE:

Drink plenty of liquids

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 |



PREDICTING · HEALING
CID# 2410004388

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- | | |
|--|----|
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | NO |
| | 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 | Veg |
| 4) Medication | No |

*** End Of Report ***

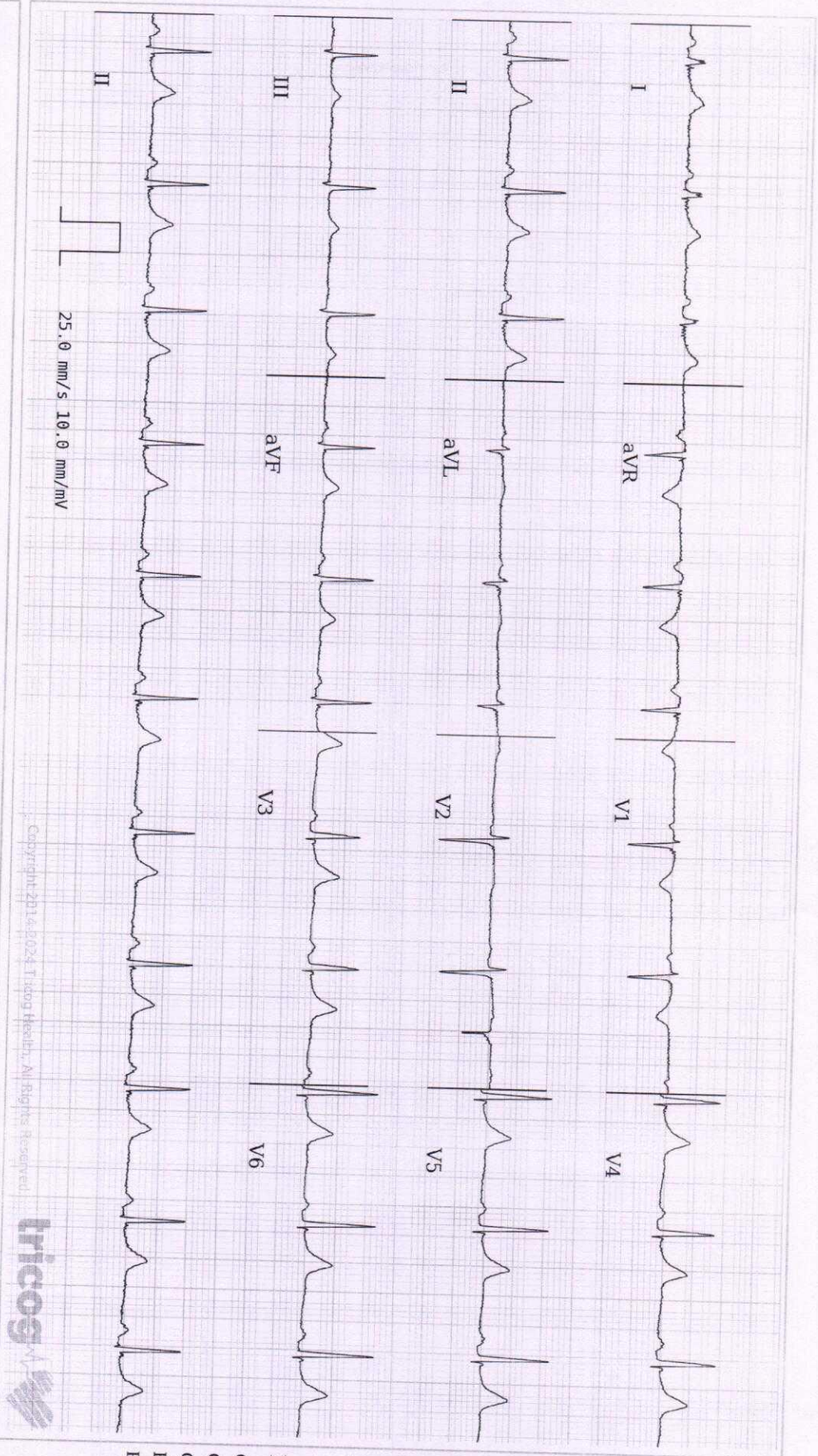
DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhamburda Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Patient Name: **KALYANI KALYANI**
Patient ID: **2410004388**

Date and Time: **9th Apr 24 9:33 AM**



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Age **38** NA
years months

Gender **Female**

Heart Rate **69bpm**

Patient Vitals

BP: **110/80 mmHg**
Weight: **58 kg**
Height: **160 cm**
Pulse: **NA**
SpO2: **NA**
Resp: **NA**
Others:

Measurements
QRSD: **88ms**
QT: **400ms**
QTcB: **428ms**
PR: **146ms**
P-R-T: **41° 78° 53°**

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

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.

Date:- 09/04/24
 Name:- Kalyani

CID: 2410004388
 Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: DV-RE-6/6
 LE-6/6

NV-RE-N/6
 LE-N/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			/	/			/
Near	/			/	/			/

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 102-104, Shivajinagar, Kurla,
 Opp. Goregaon Sports Club,
 Link Road, Malad (W), Mumbai - 400 864.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2410004388
Name : Mrs KALYANI
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024 / 13:09

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. 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.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2410004388
Name : Mrs Kalyani Kalyani
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024 / 10:56

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. 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 appears normal. 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.
Right kidney measures 10.3 x 3.9 cm.
Left kidney measures 10.3 x 5.1 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The IUD noted in position.
The endometrial thickness is 6.0 mm.

OVARIES:

Both the ovaries are well visualised and appear normal.
There is no evidence of any ovarian or adnexal mass seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024040909172002>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2410004388
Name : Mrs Kalyani Kalyani
Age / Sex : 38 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 09-Apr-2024
Reported : 09-Apr-2024 / 10:56

IMPRESSION:-

No significant abnormality is seen.

Suggestion: Clinicopathological 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024040909172002>

--
Malad West

Station
Telephone: --

EXERCISE STRESS TEST REPORT

Patient Name: KALYANI, KALYANI
Patient ID: 2410004388
Height: 160 cm
Weight: 58 kg

DOB: 06.12.1985
Age: 38yrs
Gender: Female
Race: Asian

Study Date: 09.04.2024
Test Type: --
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR SONALI HONRAO
Technician: --

Medications:
--

Medical History:
--

Reason for Exercise Test:
--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:17	0.00	0.00			
	STANDING	00:13	0.00	0.00	64	110/80	
	HYPERV.	00:14	0.00	0.00	65	110/80	
	WARM-UP	00:16	1.00	0.00	68	110/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	66		
	STAGE 2	03:00	2.50	12.00	126	120/80	
	STAGE 3	01:47	3.40	14.00	150	130/80	
RECOVERY		03:02	0.00	0.00	164		
					77	130/80	

The patient exercised according to the BRUCE for 7:46 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 64 bpm rose to a maximal heart rate of 164 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

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



Physician

Sonali P.

Technician

DR. SONALI HONRAC
MD PHYSICIAN
REG. NO. 2001/04/1332

SHIBIRAM DIAGNOSTICS (PVT) LTD.
102-104, Airport Circle,
Opp. Ganga Sagar Club,
Link Road, New Delhi, India. 110 016

KALYANI, KALYANI

Patient ID 2410004388

09:04:2024

10:18:45am

12-Lead Report

PRETEST

SUPINE

00:15

BRUCE

0.0 mph

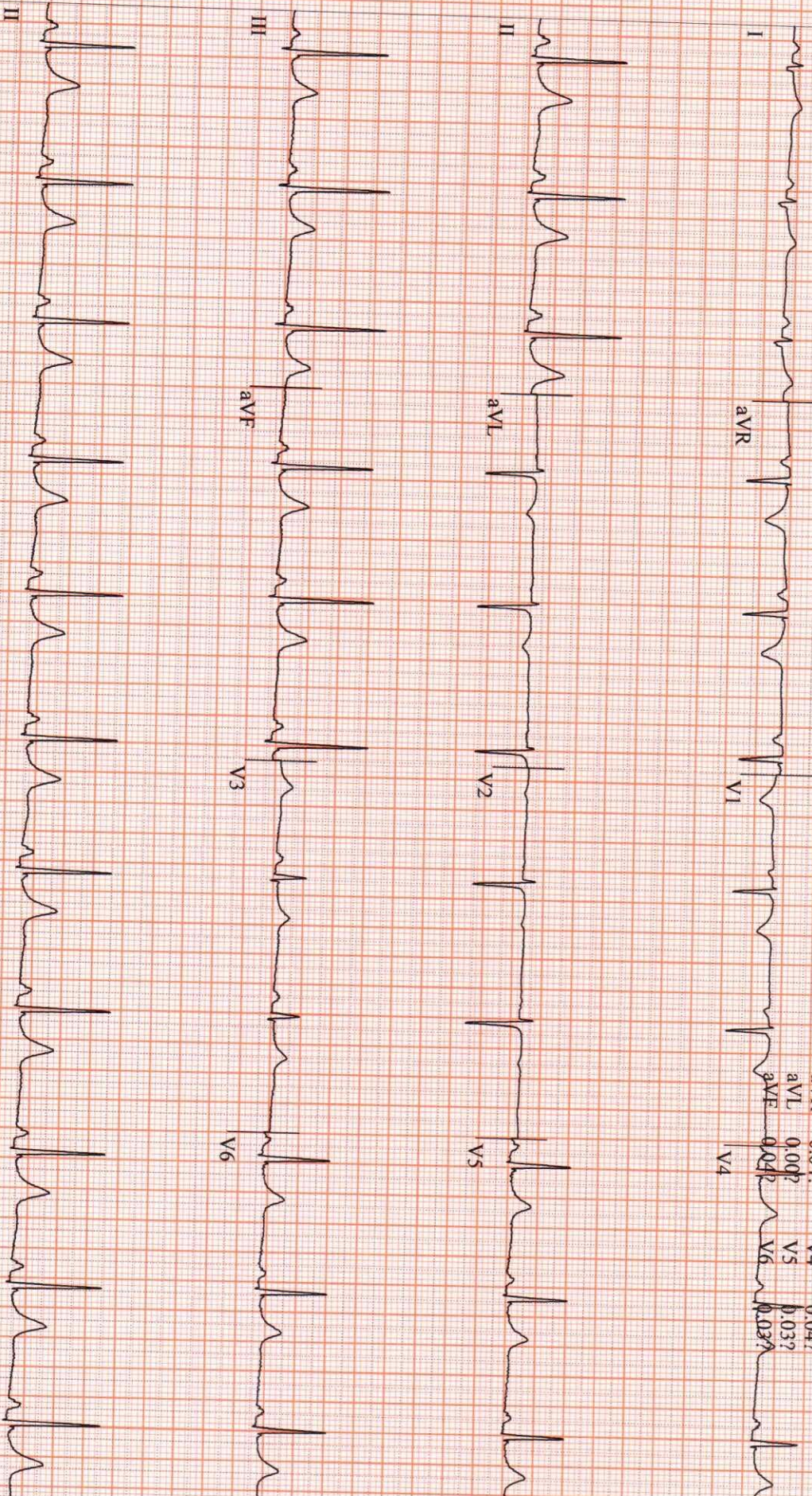
0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

Lead ST(mV) Lead ST(mV)

I	0.032	V1	0.012
II	0.067	V2	0.042
III	0.022	V3	0.042
aVR	-0.042	V4	0.042
aVL	0.002	V5	0.032
aVF	0.042	V6	0.022



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(QI,V6)

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09.04.2024

10:18:59am

12-Lead Report

65 bpm
110/80 mmHg

PRETEST
STANDING
00:28

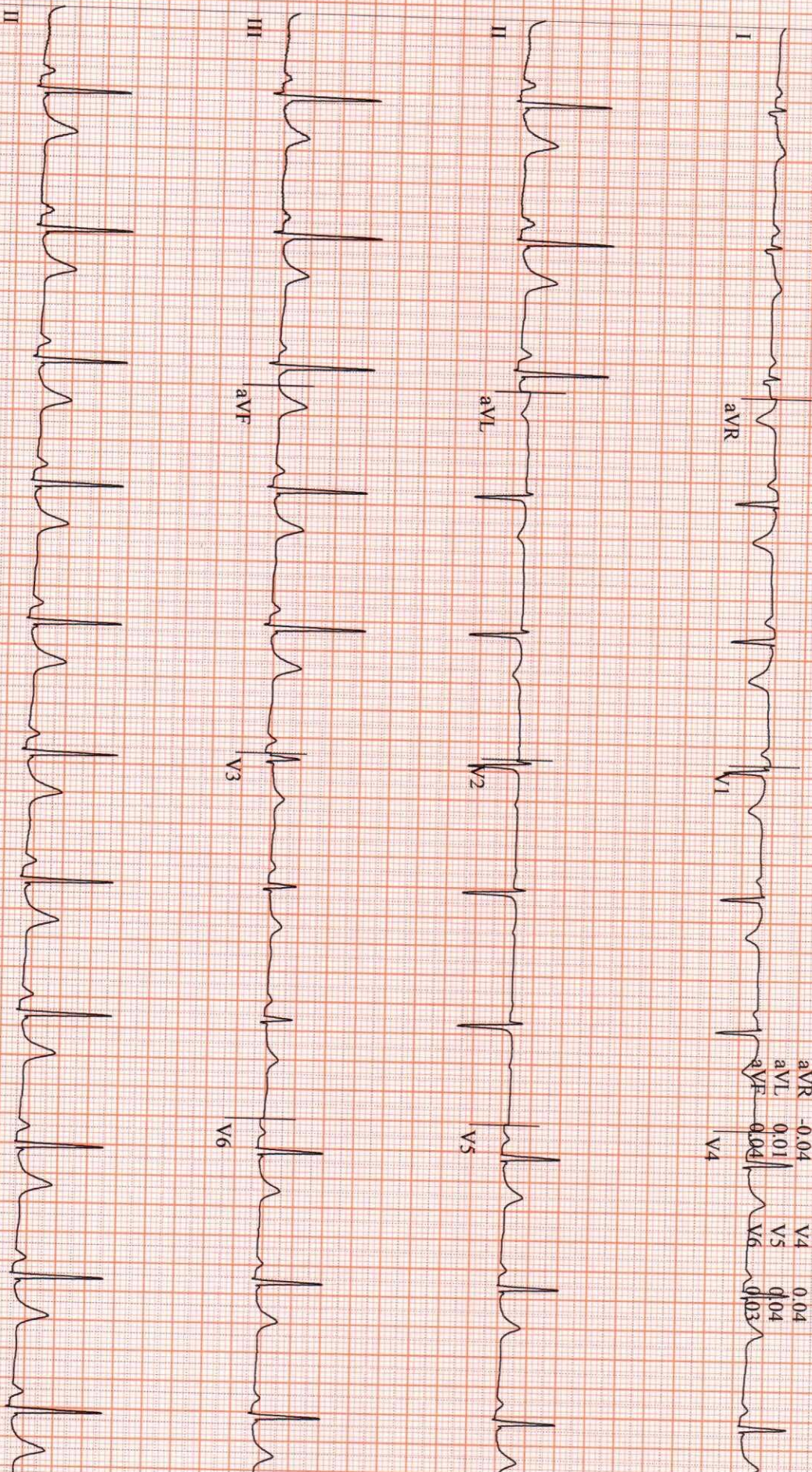
BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI

Measured at 60ms Post J
Auto Points

Lead ST(mV) Lead ST(mV)

I	0.03	V1	0.01
II	0.05	V2	0.04
III	0.02	V3	0.04
aVR	-0.04	V4	0.04
aVL	0.01	V5	0.04
aVF	0.04	V6	0.03



GE CardioSoft V6.73 (2)
25 mm/s 10mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09.04.2024

10:19:12am

12-Lead Report

67 bpm
110/80 mmHg

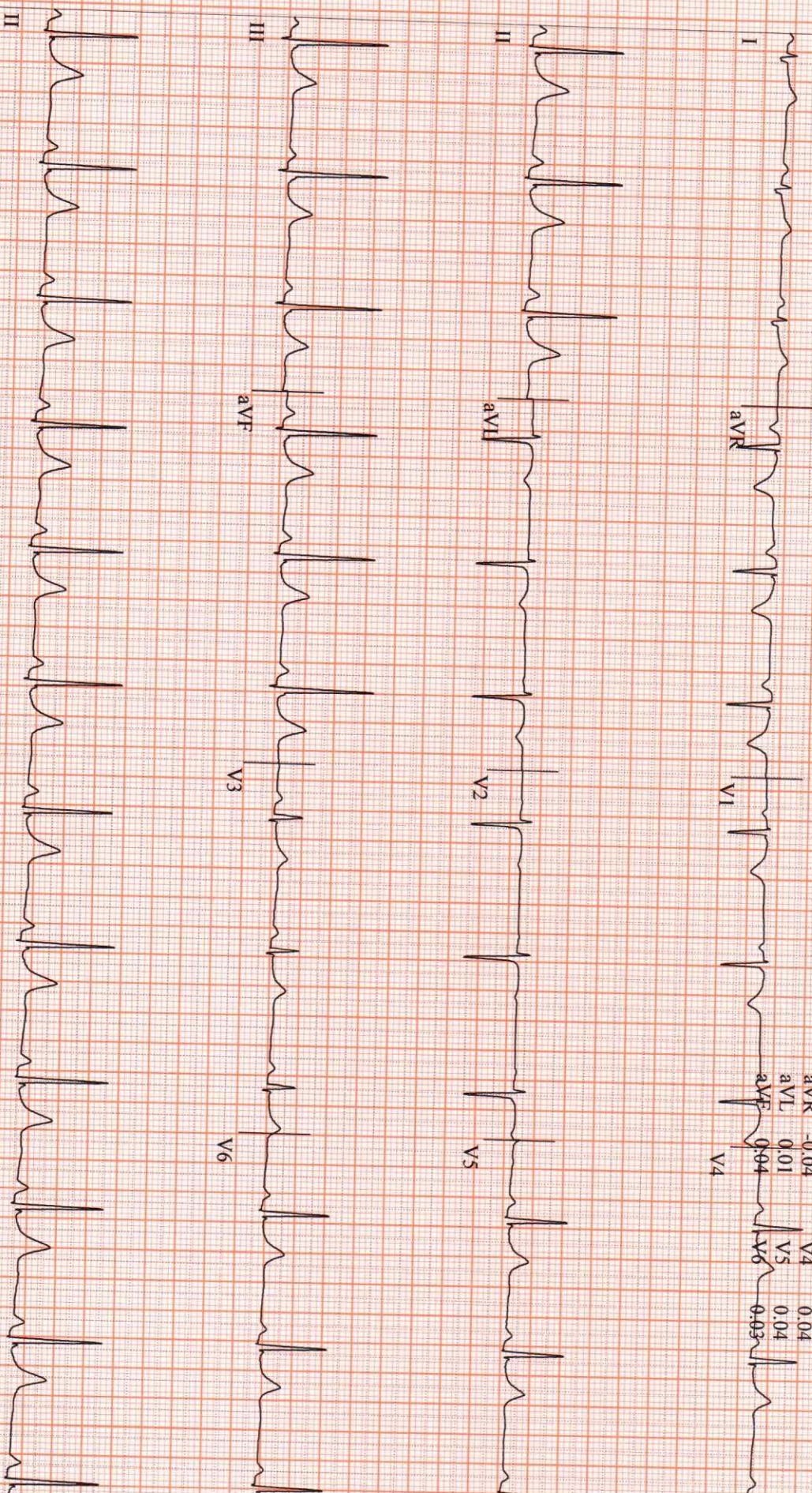
PRETEST
HYPERV.
00:41

BRUCE
0.0 mph
0.0%

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTIC

Lead	ST(mV)	Lead	ST(mV)
I	-0.03	V1	0.01
II	0.05	V2	0.04
III	0.02	V3	0.04
aVR	-0.04	V4	0.04
aVL	0.01	V5	0.04
aVF	0.04	V6	0.03



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09:04:2024

10:22:15am

Linked Medians

EXERCISE

STAGE 1

02:50

BRUCE

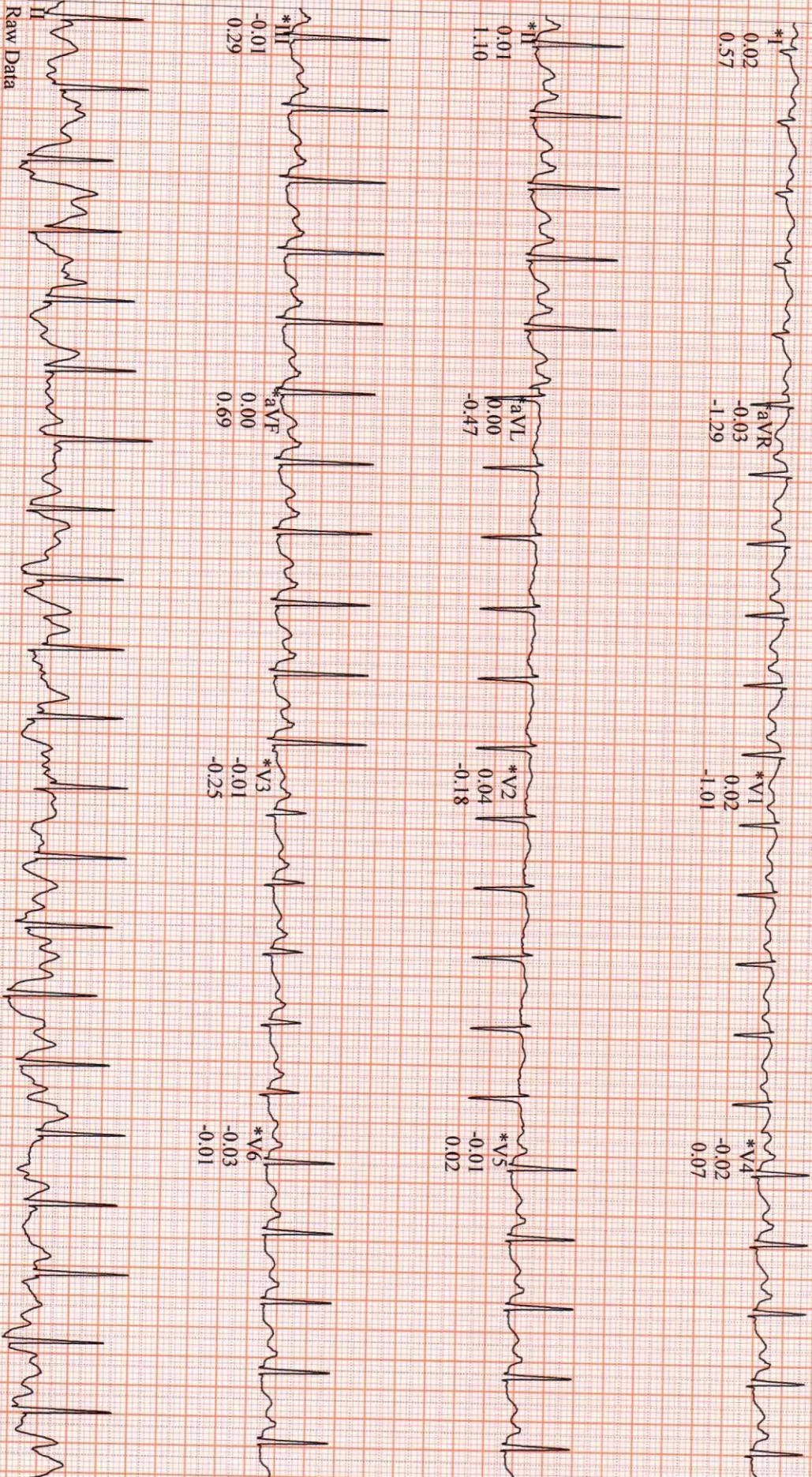
1.7 mph

10.0 %

SUBURBAN DIAGNOSTIC

126 bpm
120/80 mmHg

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V6)

*Computer Synthesized Rhythms

Start of Test: 10:18:25am

KALIYANI, KALIYANI

Patient ID 2410004388

09.04.2024

10:25:15am

Linked Medians

142 bpm

130/80 mmHg

EXERCISE

STAGE 2

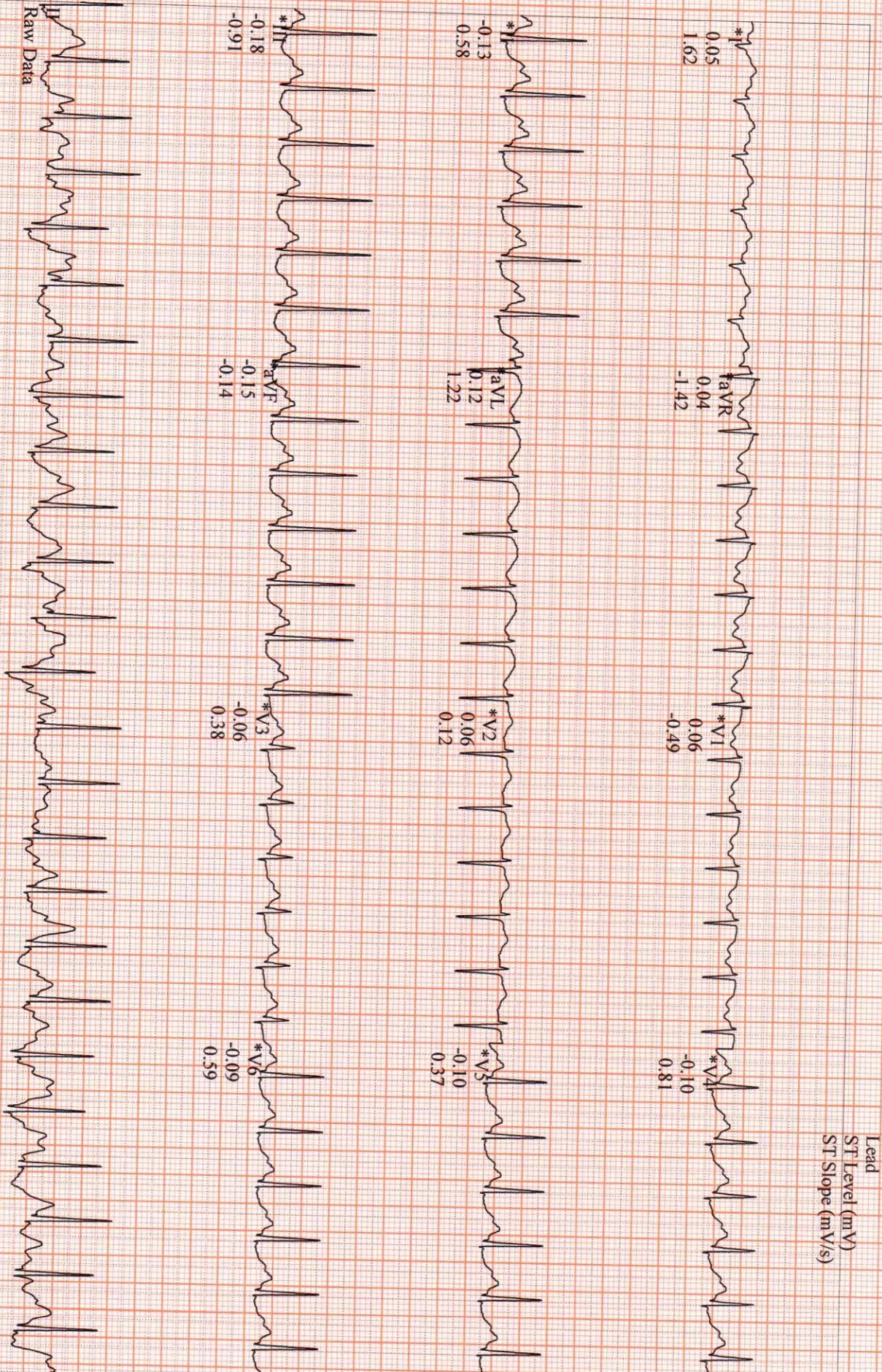
05:50

BRUCE

2.5 mph

12.0%

SUBURBAN DIAGNOSTIC



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

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QI, V6)

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09.04.2024

10:27:17am

12-Lead Report (PEAK EXERCISE)

EXERCISE

STAGE 3

07:47

BRUCE

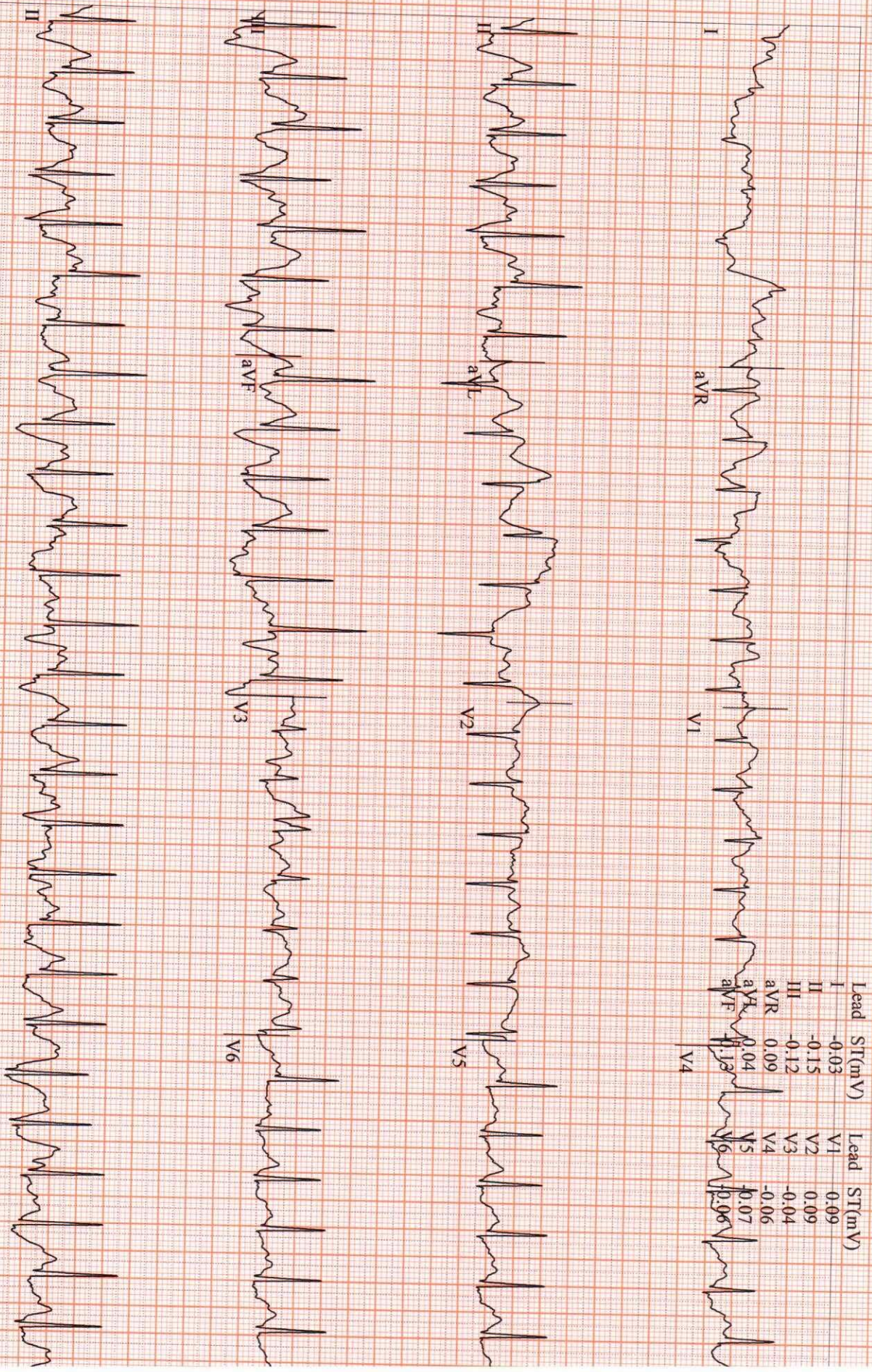
3.4 mph

14.0 %

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J
Auto Points

164 bpm



Lead	ST(mV)	Lead	ST(mV)
I	-0.03	V1	0.09
II	-0.15	V2	0.09
III	-0.12	V3	-0.04
aVR	0.09	V4	-0.06
aVL	0.04	V5	0.07
aVF	0.18	V6	0.06

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II, V6)

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09:04:2024

10:28:11am

Linked Medians

130 bpm

RECOVERY #1

01:00

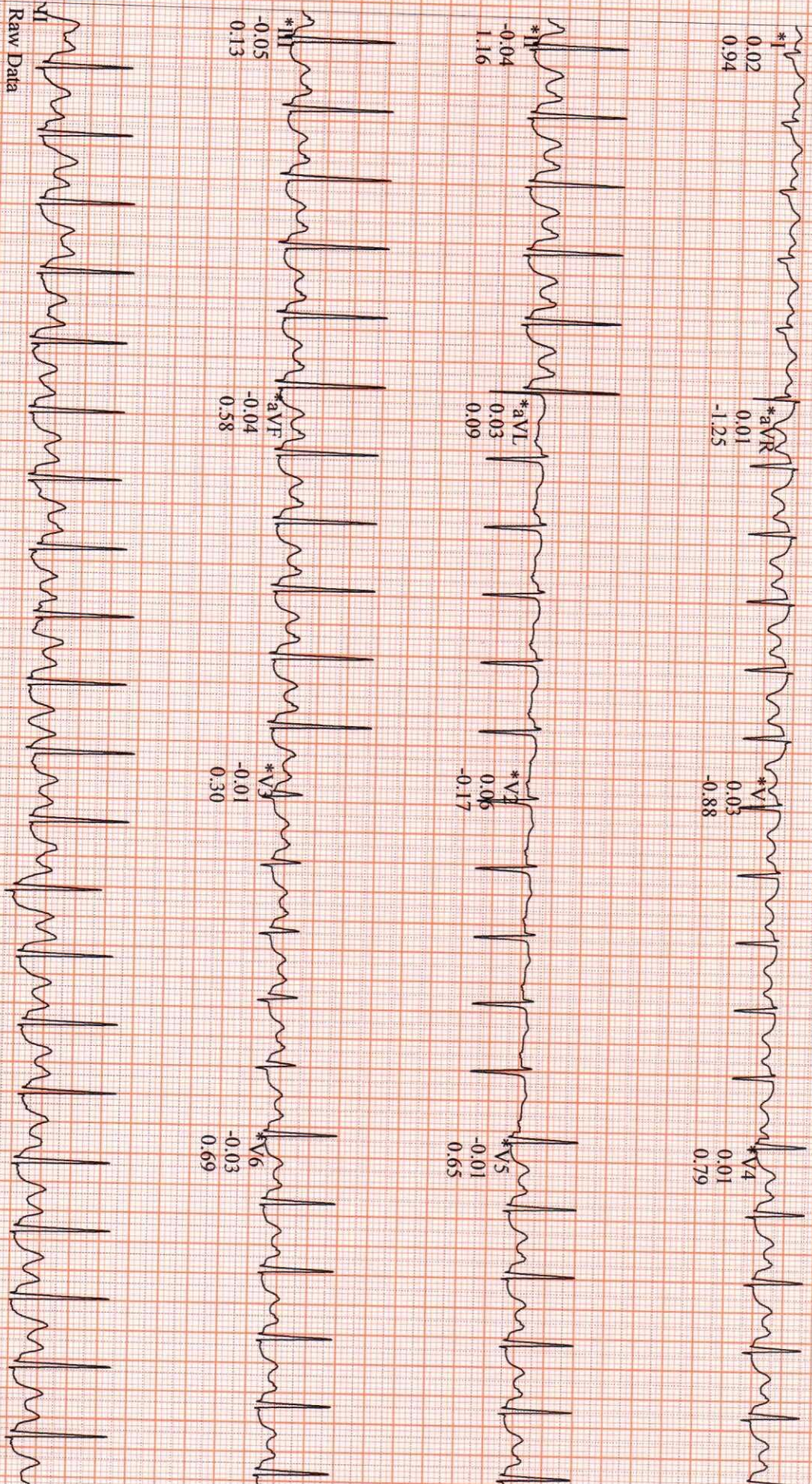
BRUCE

0.0 mph

0.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(II,V6)

Start of Test: 10:18:25am

*Computer Synthesized Rhythms

KALYANI, KALYANI

Patient ID 2410004388

09.04.2024

10:29:11am

83 bpm

Linked Medians

RECOVERY

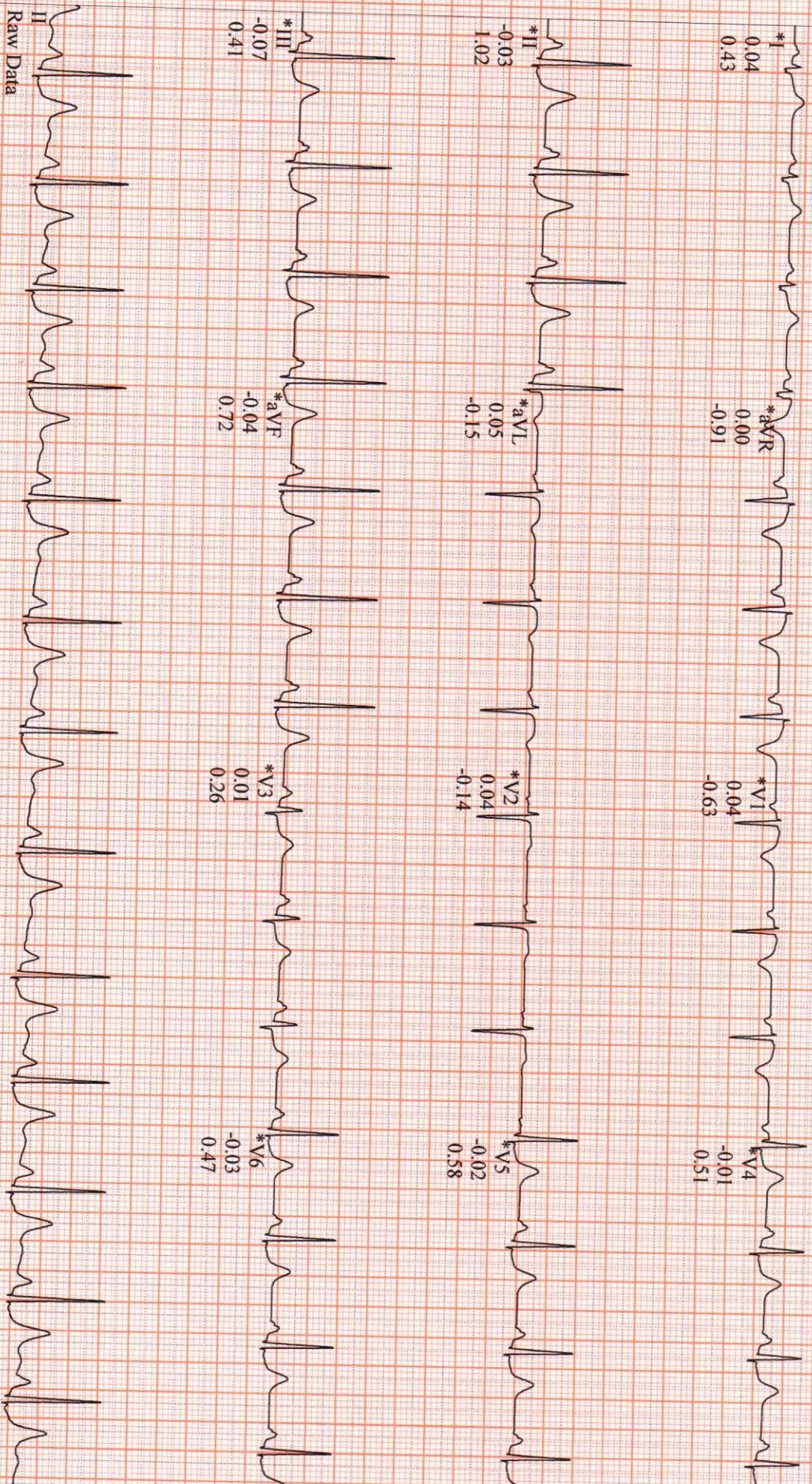
#1

02:00

SUBURBAN DIAGNOSTIC

BRUCE
0.0 mph
0.0%

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



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 10:18:25am

KALYANI, KALYANI

Patient ID 2410004388

09.04.2024

10:30:11am

Linked Medians

RECOVERY

#1

03:00

BRUCE

0.0 mph

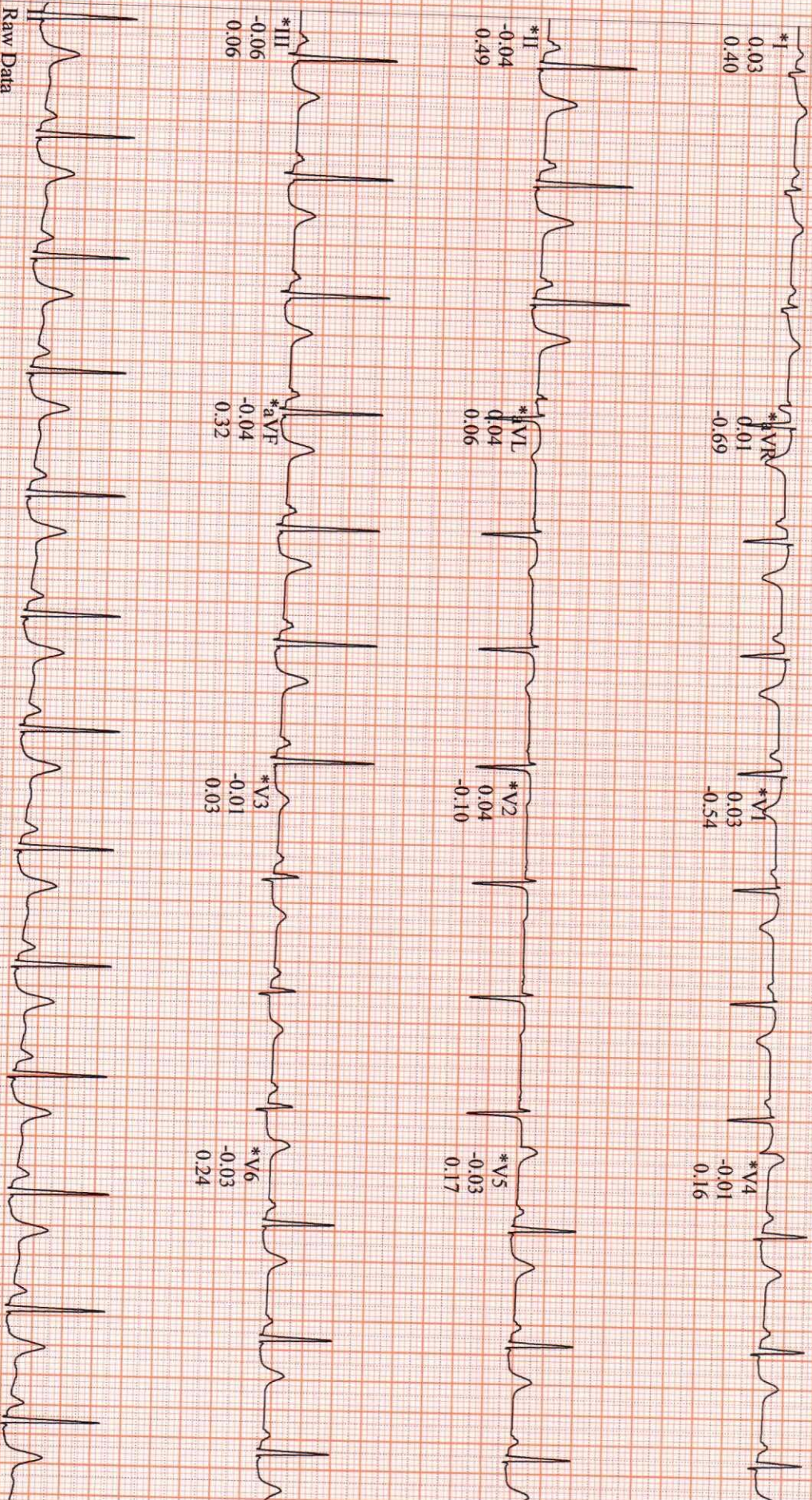
0.0 %

SUBURBAN DIAGNOSTIC

Lead

ST Level (mV)

ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V6)

Start of Test: 10:18:25am

*Computer Synthesized Rhythms