



CID : 2408914200  
Name : MRS.PINKLE PATEL  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:15  
Reported : 29-Mar-2024 / 16:21

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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	10.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.68	3.8-4.8 mil/cmm	Elect. Impedance
PCV	31.5	36-46 %	Measured
MCV	55	80-100 fl	Calculated
MCH	18.4	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	19.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6670	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	28.1	20-40 %	
Absolute Lymphocytes	1874.3	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	466.9	200-1000 /cmm	Calculated
Neutrophils	63.3	40-80 %	
Absolute Neutrophils	4222.1	2000-7000 /cmm	Calculated
Eosinophils	1.5	1-6 %	
Absolute Eosinophils	100.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.7	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	410000	150000-400000 /cmm	Elect. Impedance
MPV	7.7	6-11 fl	Calculated
PDW	14.7	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	++
Microcytosis	+++



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**Reported** : 29-Mar-2024 / 16:32

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

Feature suggestive of beta thalassemia trait and/or iron deficiency anaemia.  
 Advice : 1. Iron studies & Serum ferritin.  
 2. Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **29**                      2-20 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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Collected : 29-Mar-2024 / 12:15  
Reported : 29-Mar-2024 / 19:25

**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	85.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	100.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.75	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.66	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.09	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	19.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	23.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	63.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	23.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	11.1	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic



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Collected : 29-Mar-2024 / 15:41  
Reported : 29-Mar-2024 / 20:48

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eGFR, Serum	122	(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	3.6	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 \*\*\*



*Bmhasakar*

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



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Reported : 29-Mar-2024 / 18:24

**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 Borivali Lab, Borivali West

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



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Reg. Location : Bhayander East (Main Centre)

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Reported : 29-Mar-2024 / 19:50

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	15	-	-
<b><u>CHEMICAL EXAMINATION</u></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><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
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 \*\*\*



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**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

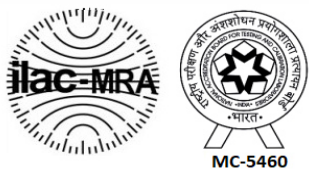
**Limitations:**

- 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 \*\*\*



*Anupa*

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	171.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	156.0	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	33.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.0	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	30.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	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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Name : MRS.PINKLE PATEL  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 12:15  
Reported : 29-Mar-2024 / 19:04

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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	17.4	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	5.49	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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Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

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Reported : 29-Mar-2024 / 19:04

**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

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: PINKLE PATEL

Date and Time: 29th Mar 24 10:50 AM

Patient ID: 2408913493

Age **32** **NA** **NA**  
years months days

Gender **Female**

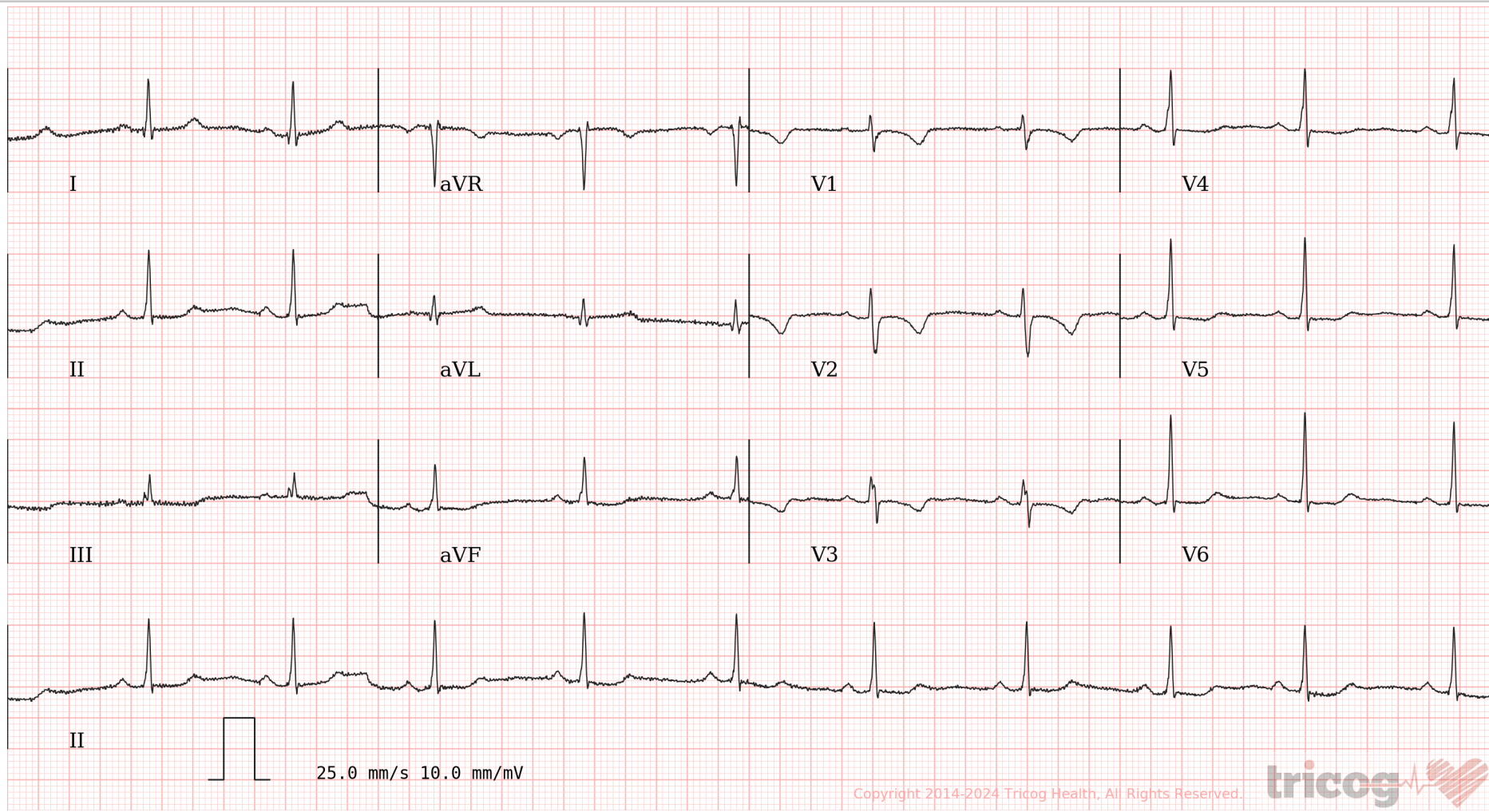
Heart Rate **64bpm**

### Patient Vitals

BP: 110/80 mmHg  
Weight: 62 kg  
Height: 153 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 70ms  
QT: 416ms  
QTcB: 429ms  
PR: 182ms  
P-R-T: 47° 51° 5°



Sinus Rhythm, Normal axis. Prominent R wave with T wave inversion in V1-V5. Please correlate clinically.

REPORTED BY

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

Age / Gender : 32 Years/Female

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 11:20

Reported : 29-Mar-2024 / 15:15

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms): 153  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 110/80  
Pulse: 76/min

Weight (kg): 62  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

**Systems**

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

(B+ve)

**IMPRESSION:**

R/E of Uterus w/o. Bacteremia + 20 / hpts.  
CBC, Biochemistry, CXR all WNL

**ADVICE:**

USG w/o. Hepatomegaly with G-I fatty liver and Uterine fibroids.  
Ad! - Expert consultation.

**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

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

No Complaint

**EXAMINATION FINDINGS:**

Height (cms):	153	Weight (kg):	62
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(B+ve)

**IMPRESSION:**

R/E of Urine w/ 20 Bacteria + 20 l/hpts.  
CBC, Biochemistry, CXR all WNL

**ADVICE:**

USG w/ 20. Hepatomegaly with G-I fatty liver and Uterine fibroids.  
Ad. -> Expert consultation.

**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 |

Age / Gender : 32 Years/Female

Consulting Dr. :

Reg. Location : Bhayander East (Main Centre)

Collected : 29-Mar-2024 / 11:20

Reported : 29-Mar-2024 / 15:15

- |  |    |
|--|----|
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             |    |
| 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 CHOUDHARY**  
M.B.B.S.  
CONSULTANT PHYSICIAN  
Reg. No. 2017/125553

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
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**Government of India**

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ओज्जपंजीकरण नं. / Enrollment No. 0124/3 22 00754

To  
**Pinkle Hiren Patel**  
 पिंके हिरेन पटेल  
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 Poonam sagar complex  
 101/1st road, near parvat hills,  
 mira road east,  
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 Sub District Thane, District Thane,  
 State Maharashtra, PIN Code 401 107  
 Mobile: 9979654197

50856550



KC568565503FL



आपणो आधार नं. / Your Aadhaar No.

**9611 4685 8428**

मारो आधार, मारी ओज्ज



**भारत सरकार**  
**Government of India**



Issue Date: 22/03/2012



पिंके हिरेन पटेल  
**Pinkle Hiren Patel**  
 जनम तारीख / DOB: 30/11/1991  
 लिंग / Gender

**DR. ANITA CHOUDHARY**

**CONSULTANT GYNECIAN**

**Reg. No. 2017/12/5553**

9611 4685 8428

मारो आधार, मारी ओज्ज



Date:- 29/3/24

CID: 2408914200

Name:- Pinkle Patel

Sex / Age: 32/F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO

RE CE

6/6 6/6

M/6 M/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

DR. ANITA SODHARY

OPHTHALMIC PHYSICIAN  
REG. NO. 403553

# SUBURBAN DIAGNOSTICS BHAYANDER

EMail:

AGHPL

Report

12347458 (2408914200) / PINKLE PATEL / 32 Yrs / F / 153 Cms / 62 Kg  
 Date: 29 / 03 / 2024 12:40:54 PM

Stage	Time	Duration	Speed(mph)	Elevation	MEIs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	088	47%	110/80	096	00	
Standing	00:11	0:05	00.0	00.0	01.0	081	43%	110/80	089	00	
HV	00:15	0:04	00.0	00.0	01.0	081	43%	110/80	089	00	
ExStart	00:17	0:02	01.7	10.0	01.1	080	43%	110/80	088	00	
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	132	70%	120/80	158	00	
BRUCE Stage 2	06:17	3:00	02.5	12.0	07.1	149	79%	130/80	193	00	
PeakEx	07:50	1:33	03.4	14.0	08.7	163	87%	150/80	244	00	
Recovery	08:50	1:00	01.1	00.0	01.1	149	79%	140/80	208	00	
Recovery	09:50	2:00	00.0	00.0	01.0	118	63%	130/80	153	00	
Recovery	11:50	4:00	00.0	00.0	01.0	097	52%	120/80	116	00	
Recovery	11:53	4:04	00.0	00.0	01.0	102	54%	120/80	122	00	

## FINDINGS :

**Exercise Time** : 07:33  
**Initial HR (ExStrt)** : 80 bpm 43% of Target 188  
**Initial BP (ExStrt)** : 110/80 (mm/Hg)  
**Max WorkLoad Attained** : 8.7 Fair response to induced stress  
**Max ST Dep Lead & Avg ST Value** : III & -0.7 mm in Stage 1  
**Duke Treadmill Score** : 06.4  
**Test End Reasons** : Test Complete ... Test Complete

**Max HR Attained** 163 bpm 87% of Target 188  
**Max BP Attained** 150/80 (mm/Hg)

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

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No. 111, 1st Floor, Pimple Chinchwad Building,  
 Above No. 111 Hospital,  
 Mira - Banejwade Road, Banejwade (E),  
 Dist. Thane - 401105.  
 Phone: 022 - 61700000

  
 Doctor : DR. SMITA VALANI

34/458 / PINKLE PATEL / 32 Yrs / F / 153 Cms / 62 Kg Date: 29 / 03 / 2024 12:40:54 PM

REPORT :

REASON FOR TERMINATION	TARGET HR ACHIEVED
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	NO ANGINA AND ANGINA EQUIVALENT
HAEMODYNAMIC RESPONSE	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
CHRONOTROPIC RESPONSE	GOOD INOTROPIC RESPONSE
FINAL IMPRESSION	GOOD CHRONOTROPIC RESPONSE
	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**  
 Shop No. 101/102/103/104/105  
 Above Hospital,  
 Mira - Bhayli Road, Bhayli, Mira (E),  
 Dist. Thane - 401 105,  
 Phone: 022 - 61700080

DR. SMITA VALANI  
CARDIOLOGY

Doctor : DR. SMITA VALANI

SUPINE ( 00:01 )

AGLIDIL

DIAGNOSTICS BHAYANDER

258 (2408914200) / PINKLE PATEL / 32 Yrs / F / 153 Cms / 62 Kg / HR . 88

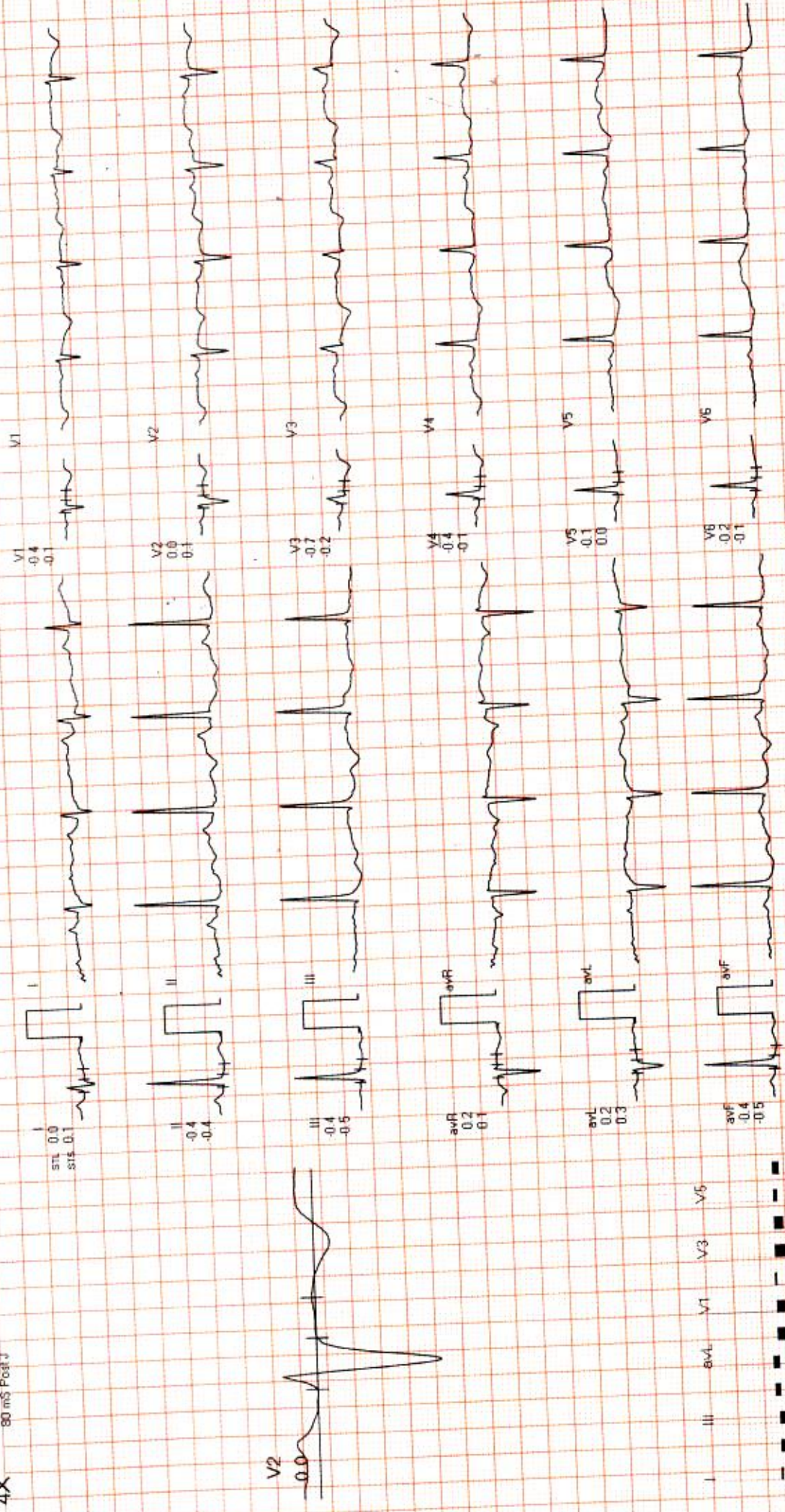
ExTime 00:00:01 min 0.0%

METS: 1.0/ 88 bpm 47% of THR, BP 110/80 mmHg Raw ECG; BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

Date: 29 / 03 / 2024 12:40:54 PM

25 mm/Sec 50 Cm/mV

4X 80 mS Post J



REMARKS:

# SUBURBAN DIAGNOSTICS BHAYANDER

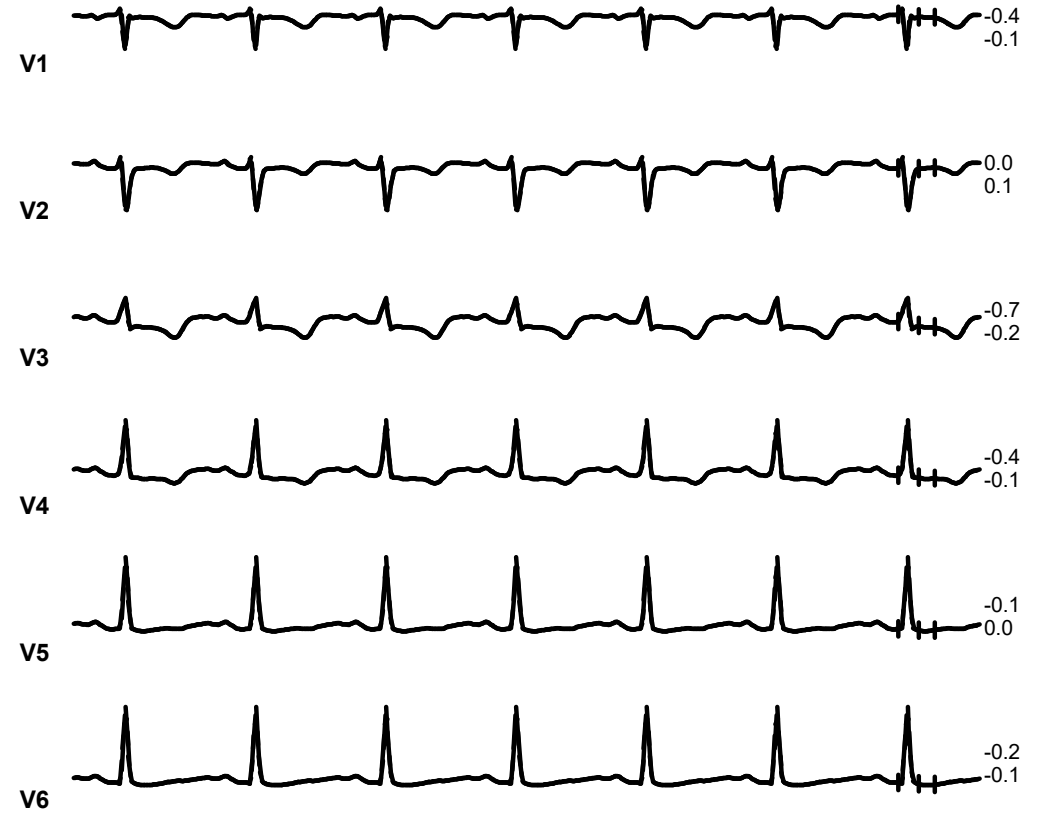
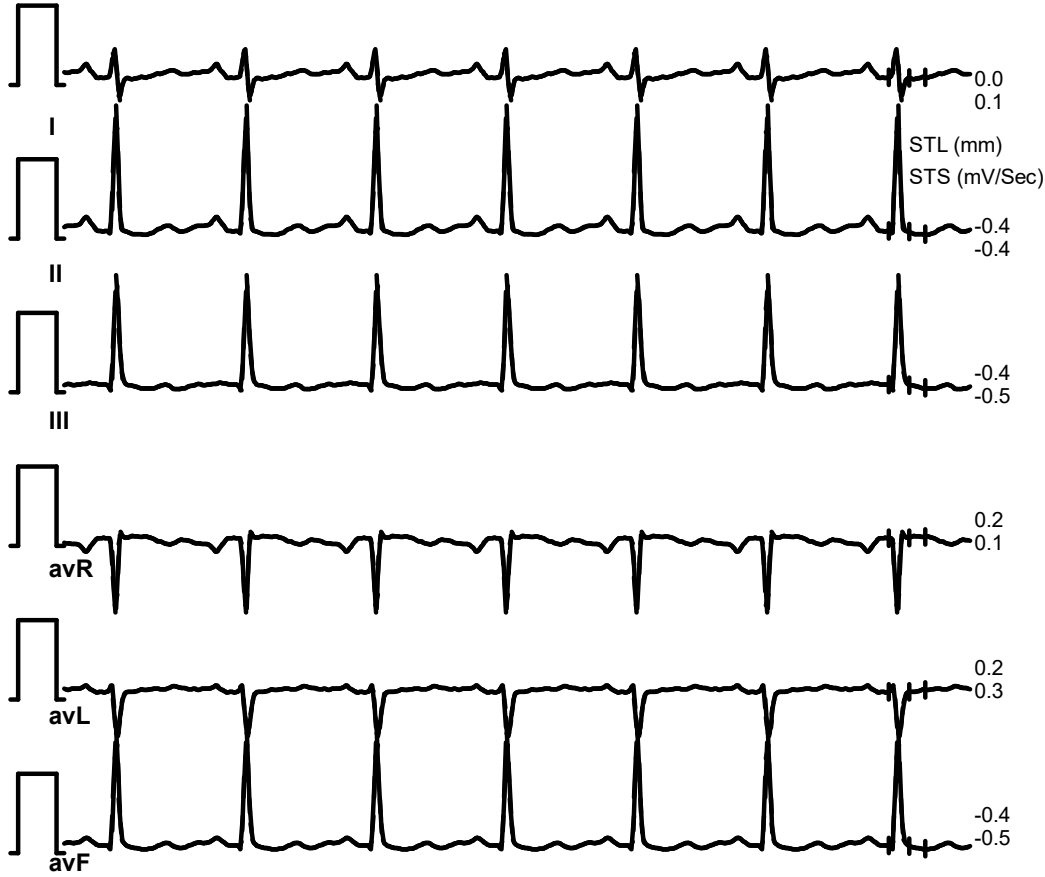
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE:Supine(0:07)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 88 Target HR : 47% of 188 BP : 110/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

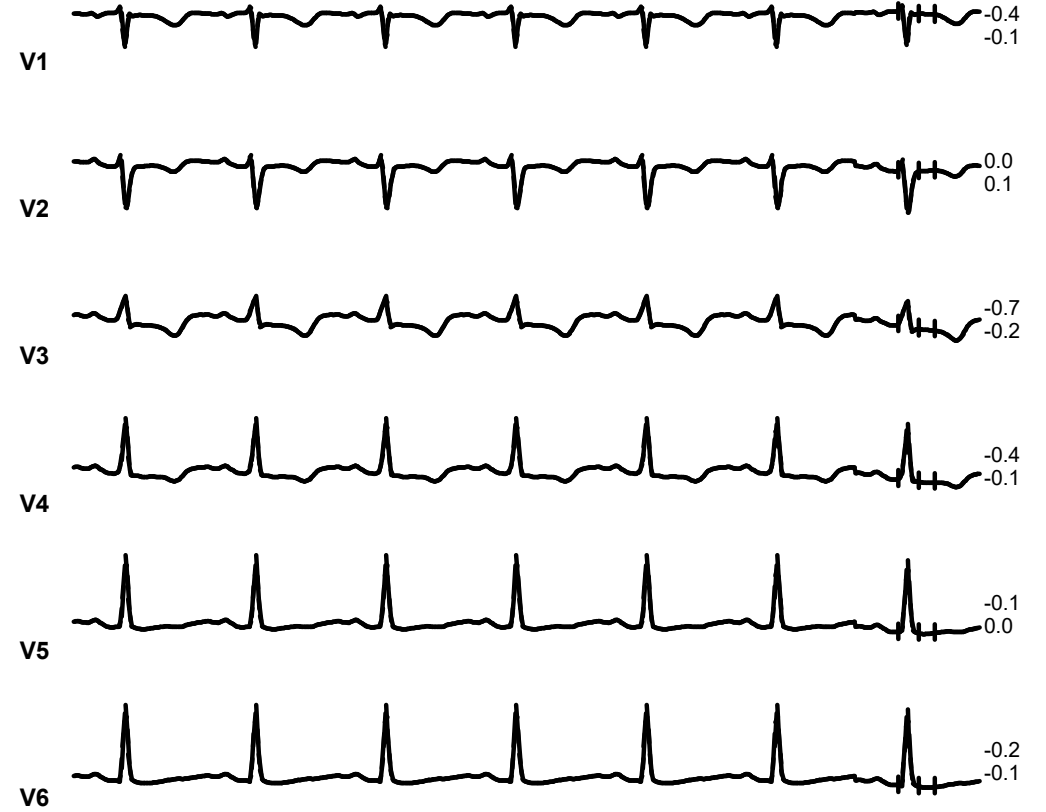
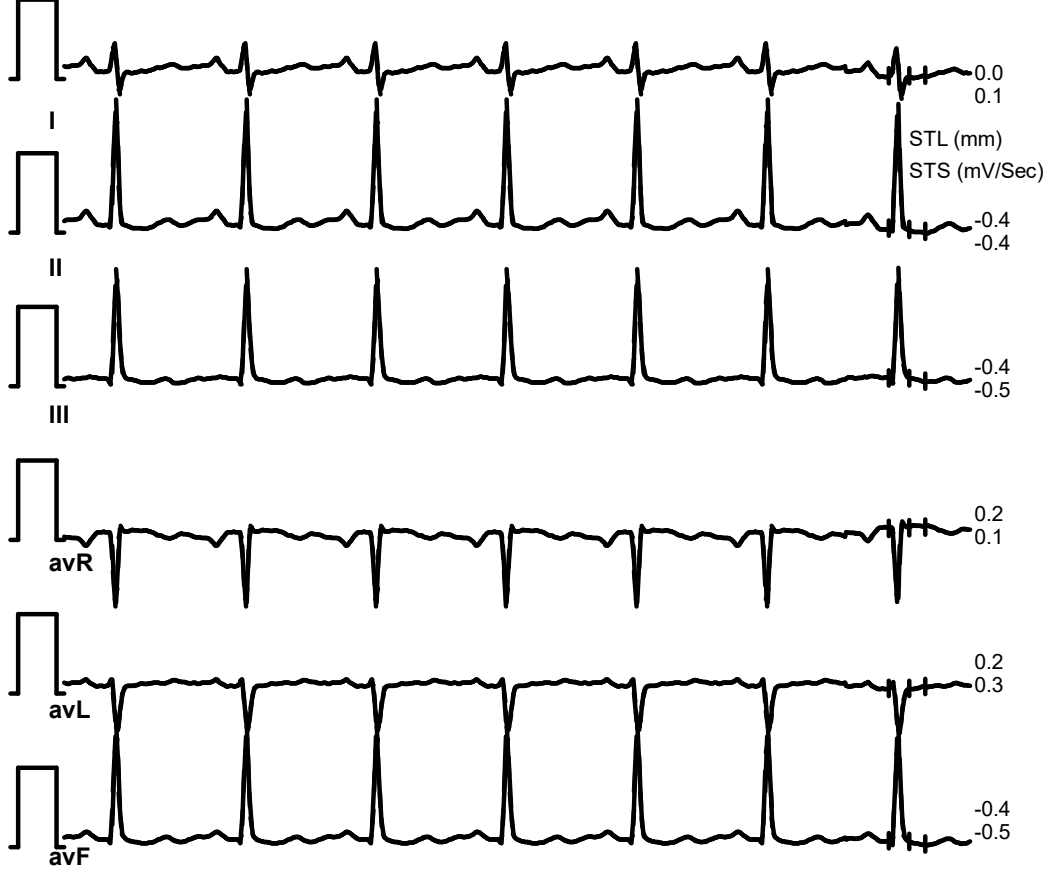
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE:Standing(0:06)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 81 Target HR : 43% of 188 BP : 110/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

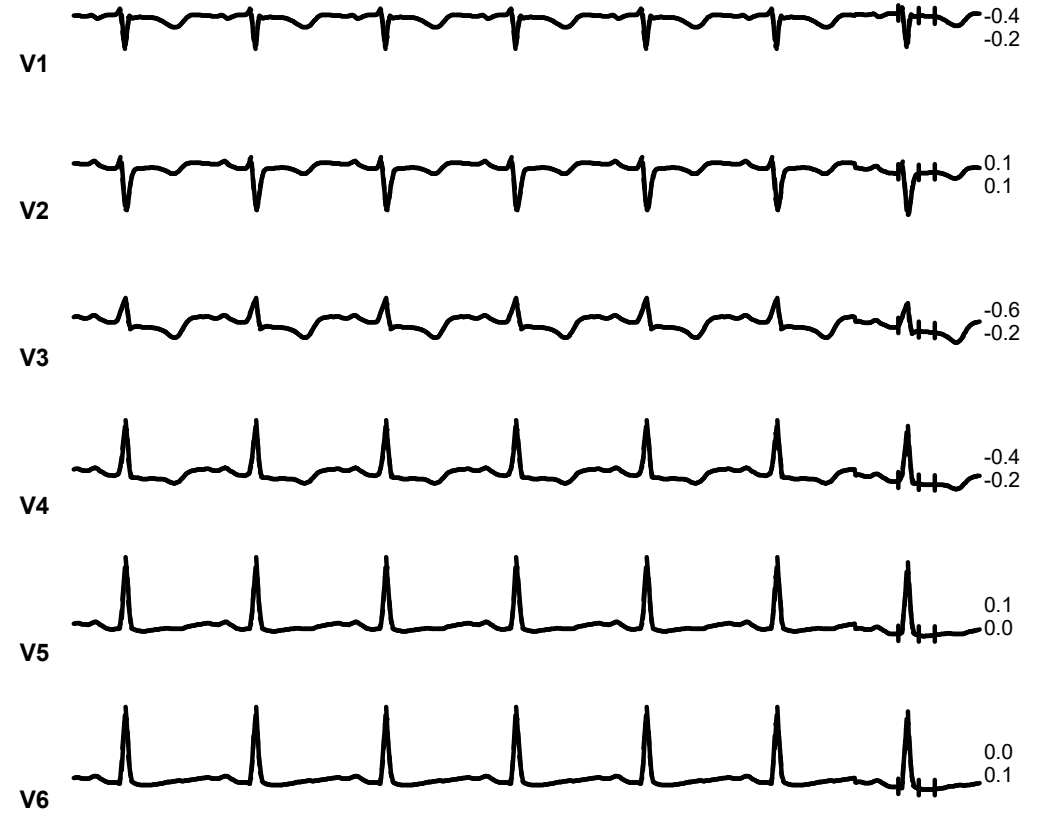
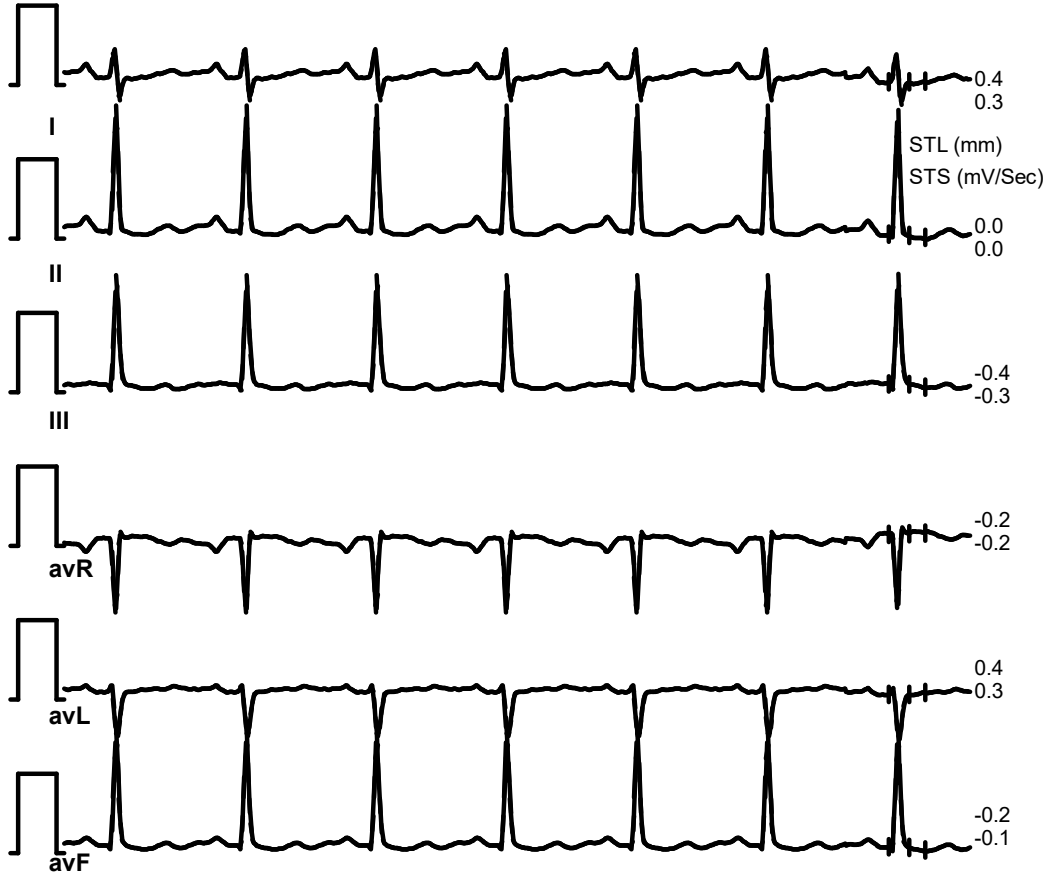
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE:HV(0:06)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 81 Target HR : 43% of 188 BP : 110/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS BHAYANDER

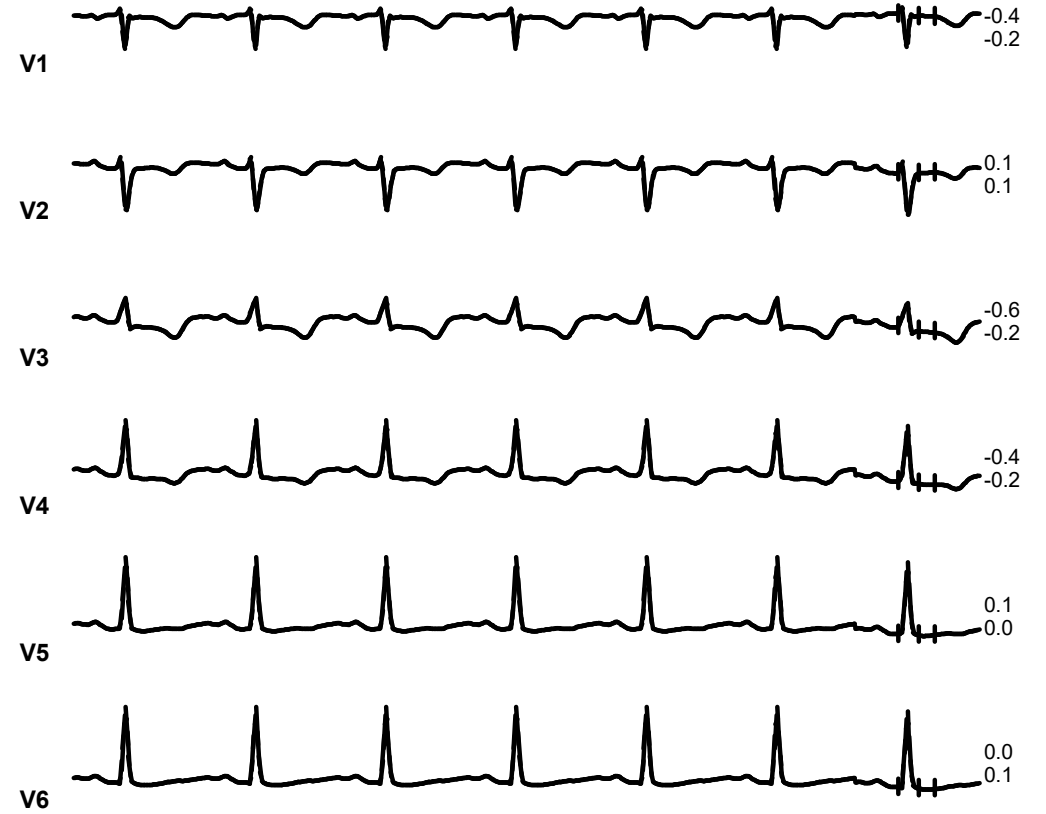
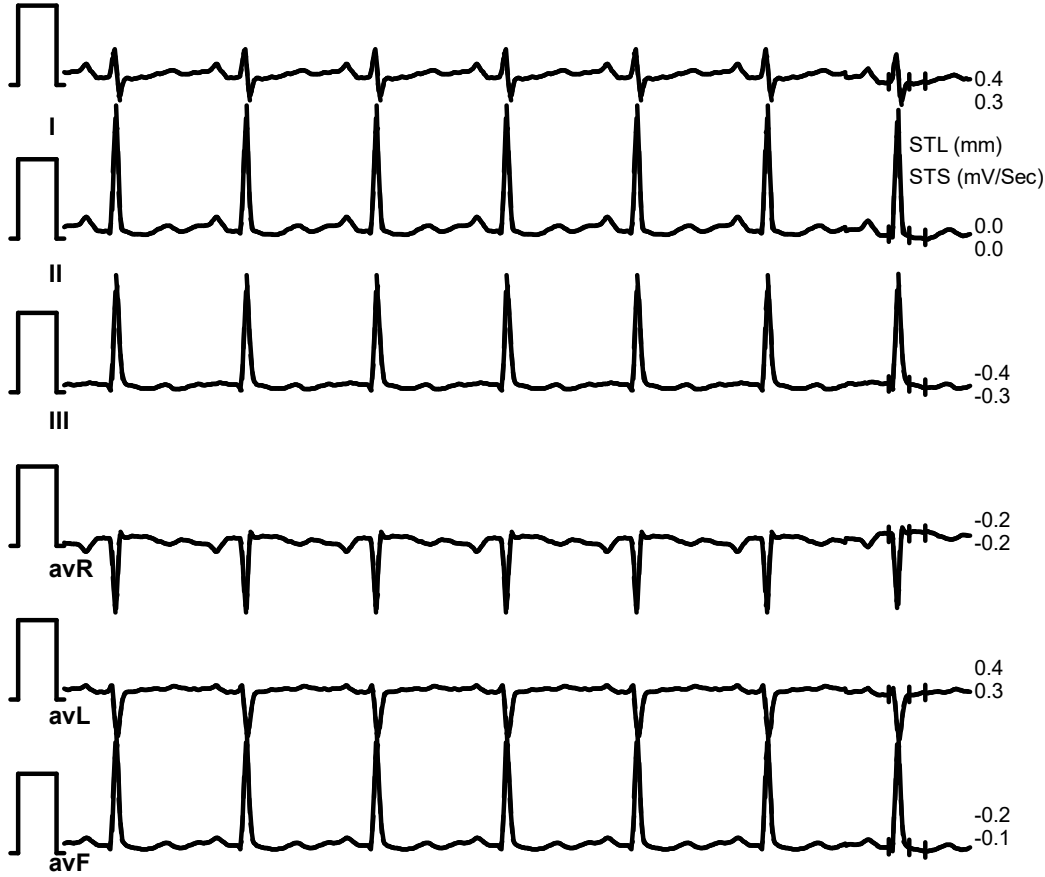
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

6X2 Combine Medians + 1 Rhythm  
ExStart



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.1 HR : 80 Target HR : 43% of 188 BP : 110/80 Post J @80mSec

ExTime: 00:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS BHAYANDER

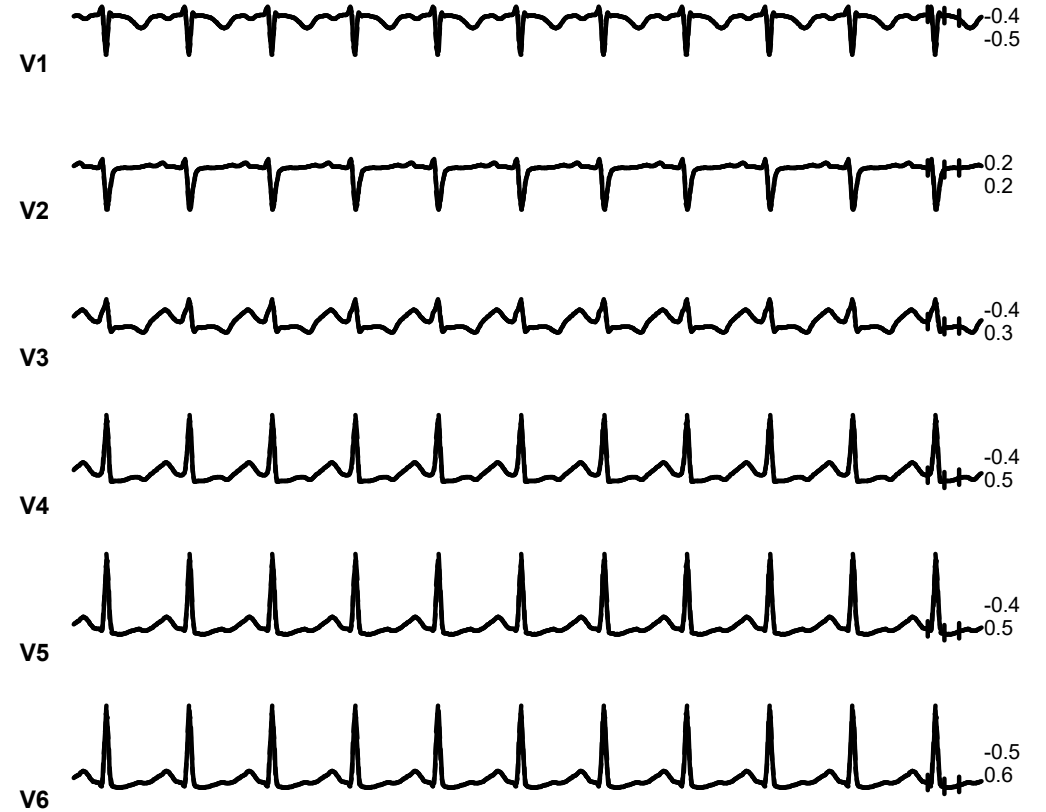
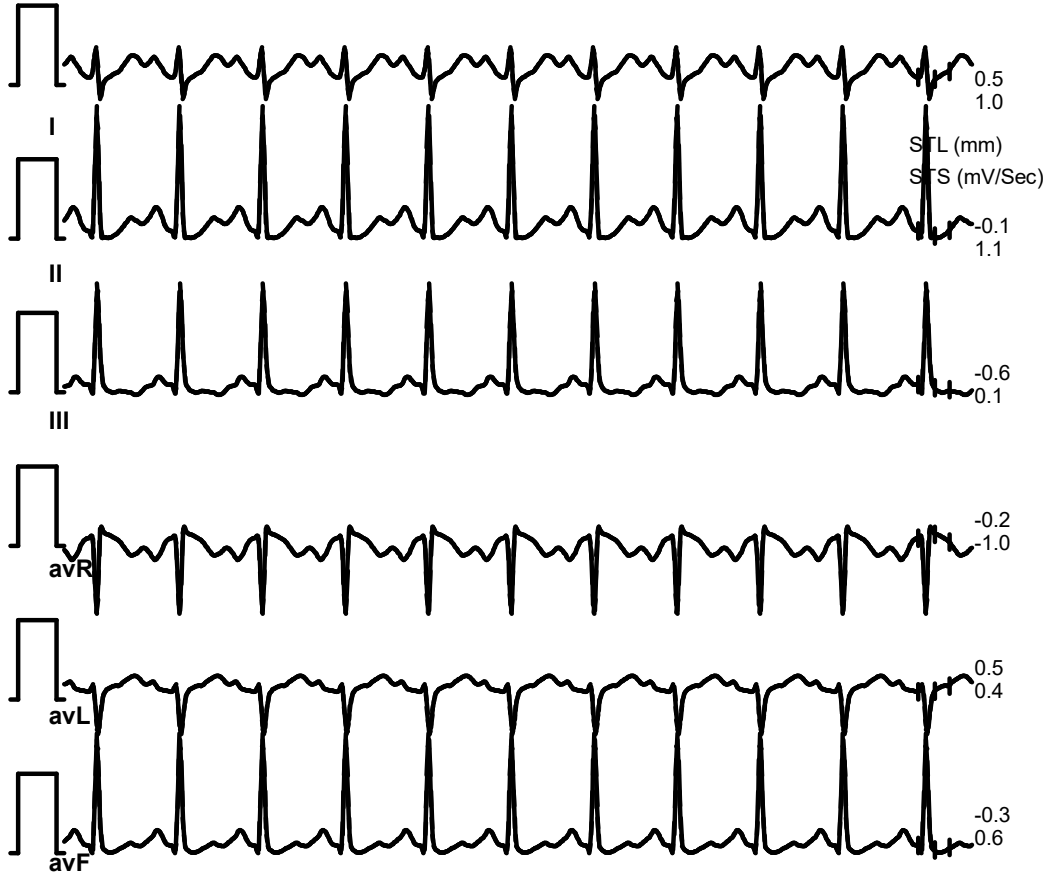
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE:Stage 1(3:00)



Date: 29 / 03 / 2024 12:40:54 PM METs : 4.7 HR : 132 Target HR : 70% of 188 BP : 120/80 Post J @80mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

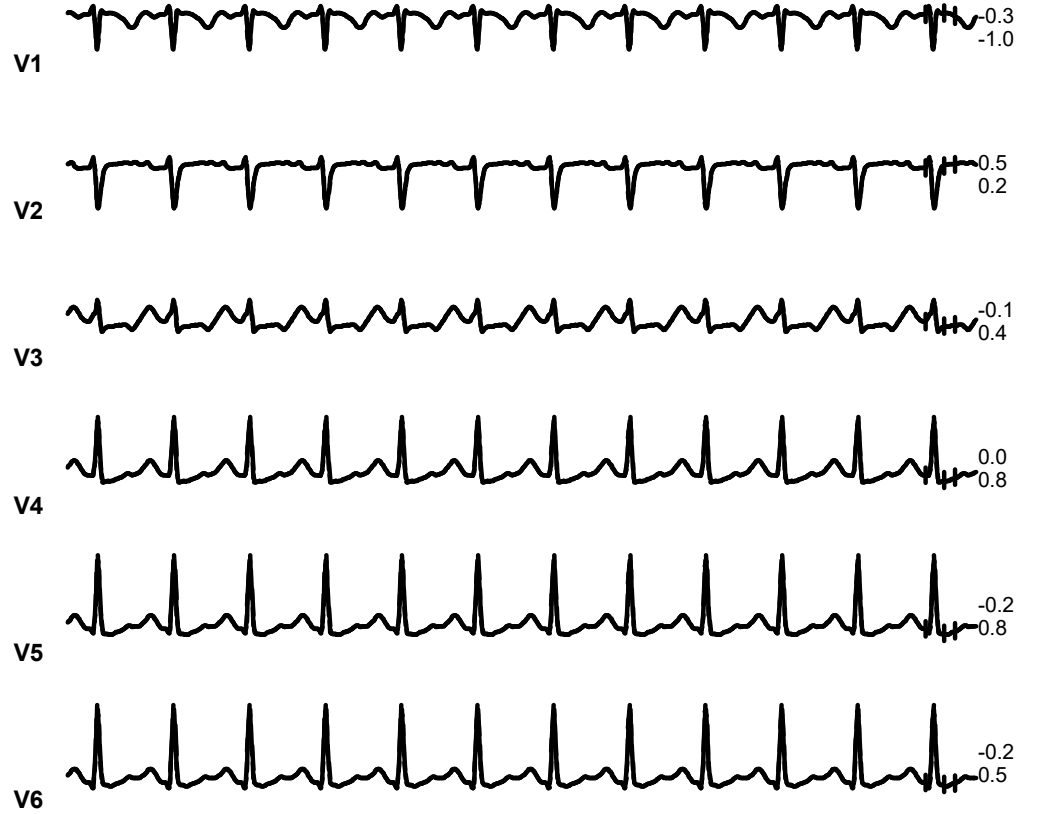
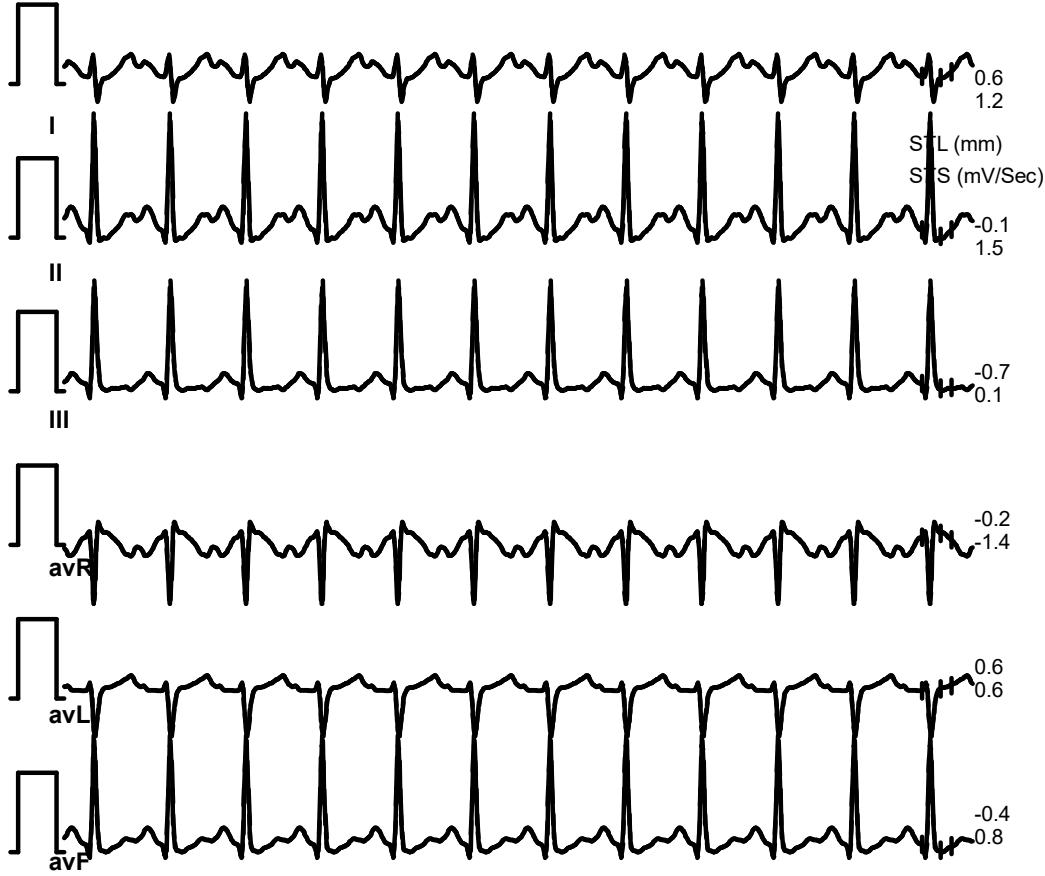
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

**6X2 Combine Medians + 1 Rhythm**  
BRUCE:Stage 2(3:00)



Date: 29 / 03 / 2024 12:40:54 PM METs : 7.1 HR : 149 Target HR : 79% of 188 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

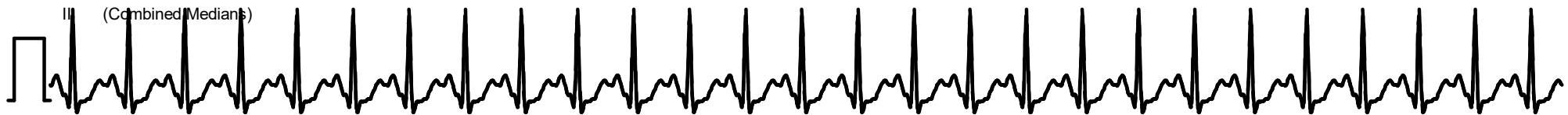
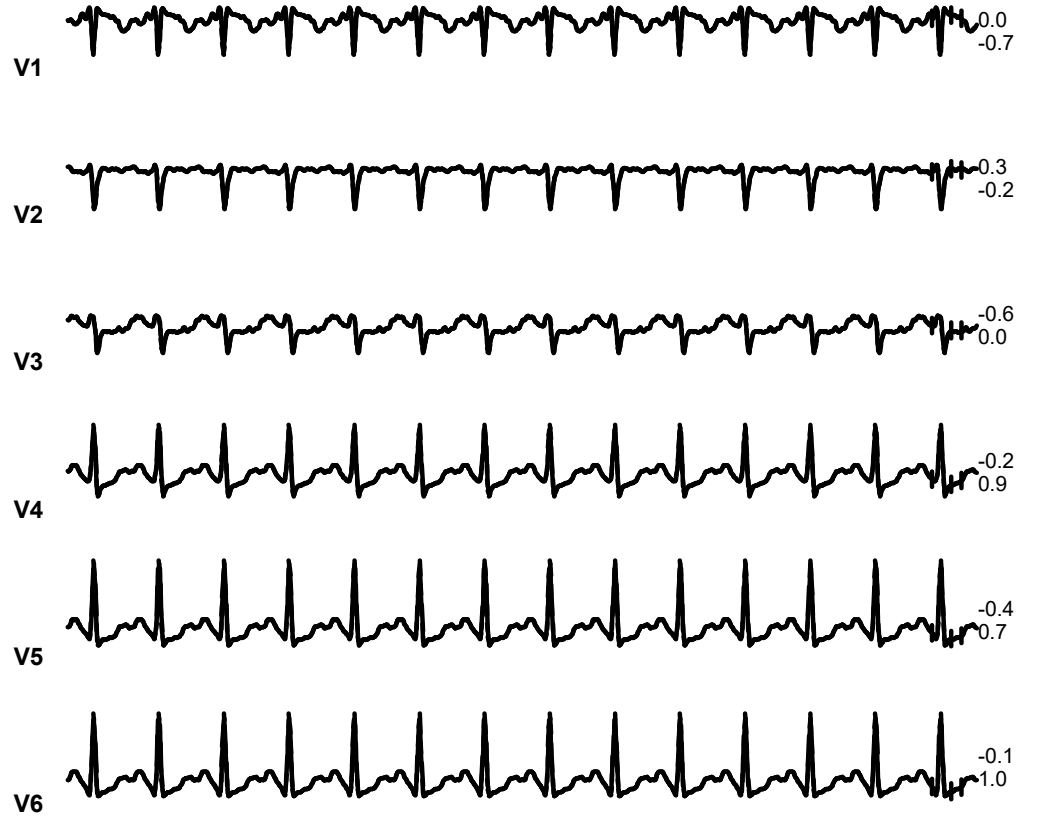
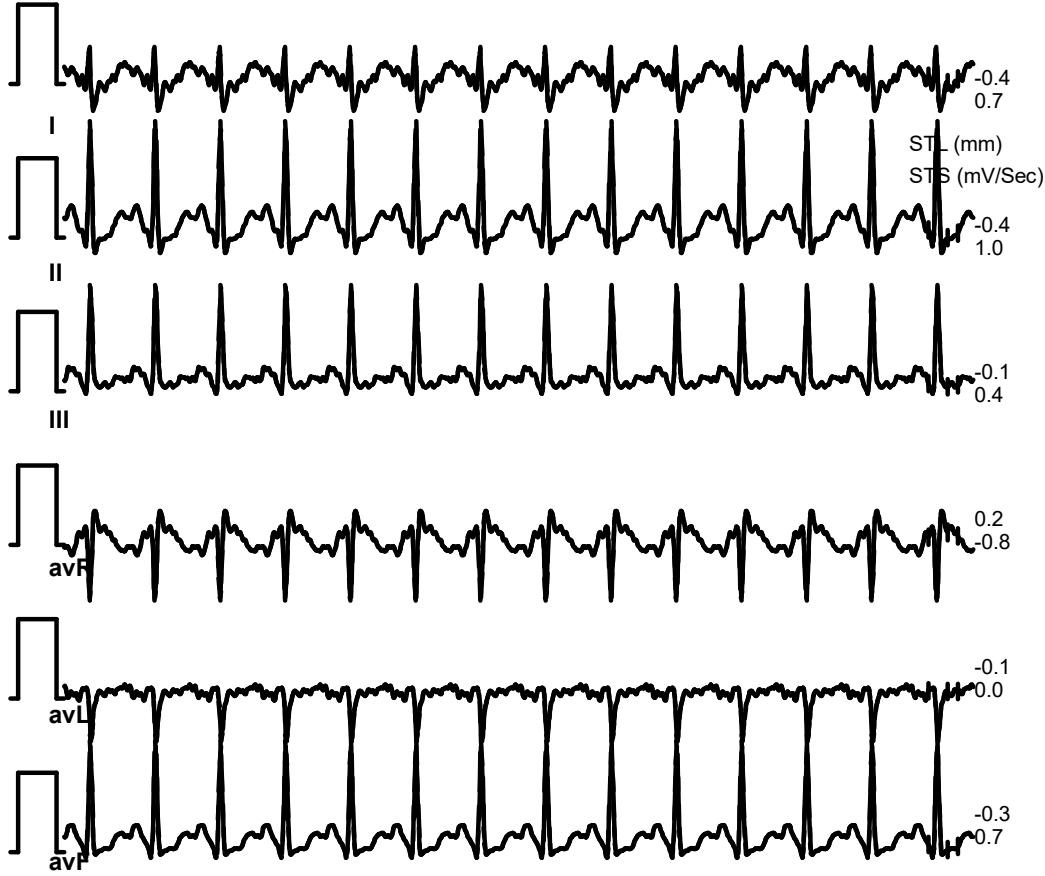
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 29 / 03 / 2024 12:40:54 PM METs : 8.7 HR : 163 Target HR : 87% of 188 BP : 150/80 Post J @60mSec

ExTime: 07:34 Speed: 3.4 mph Grade : 14.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

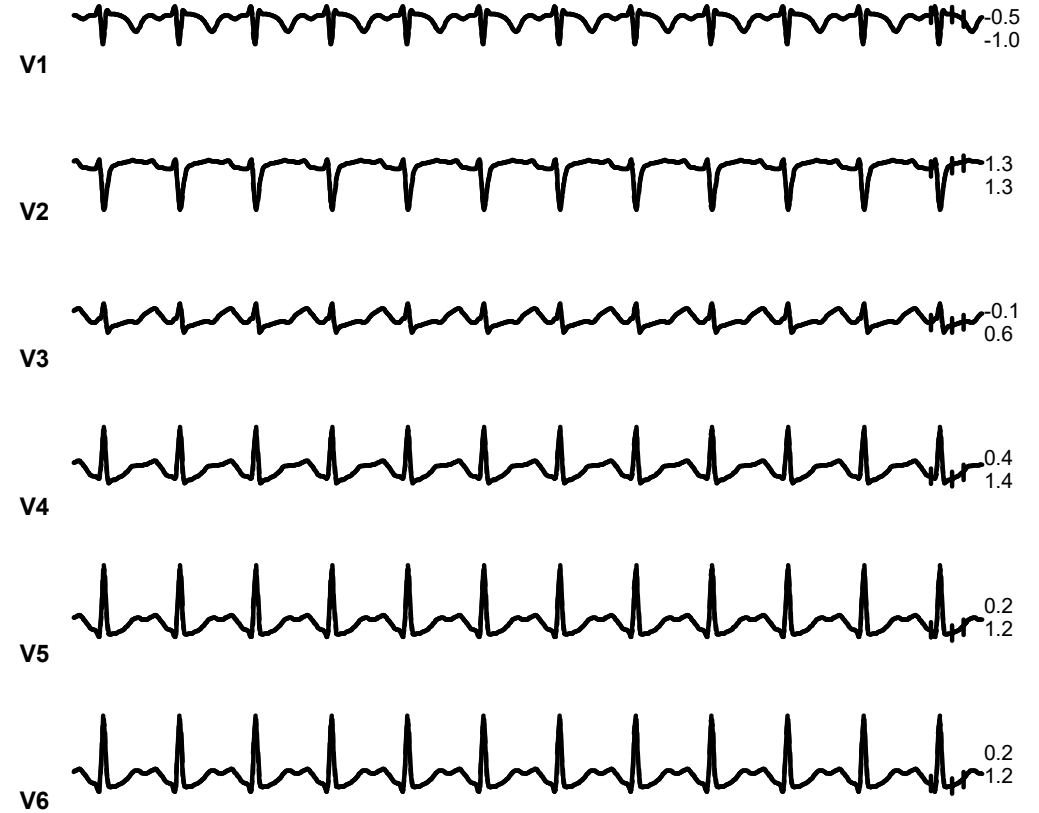
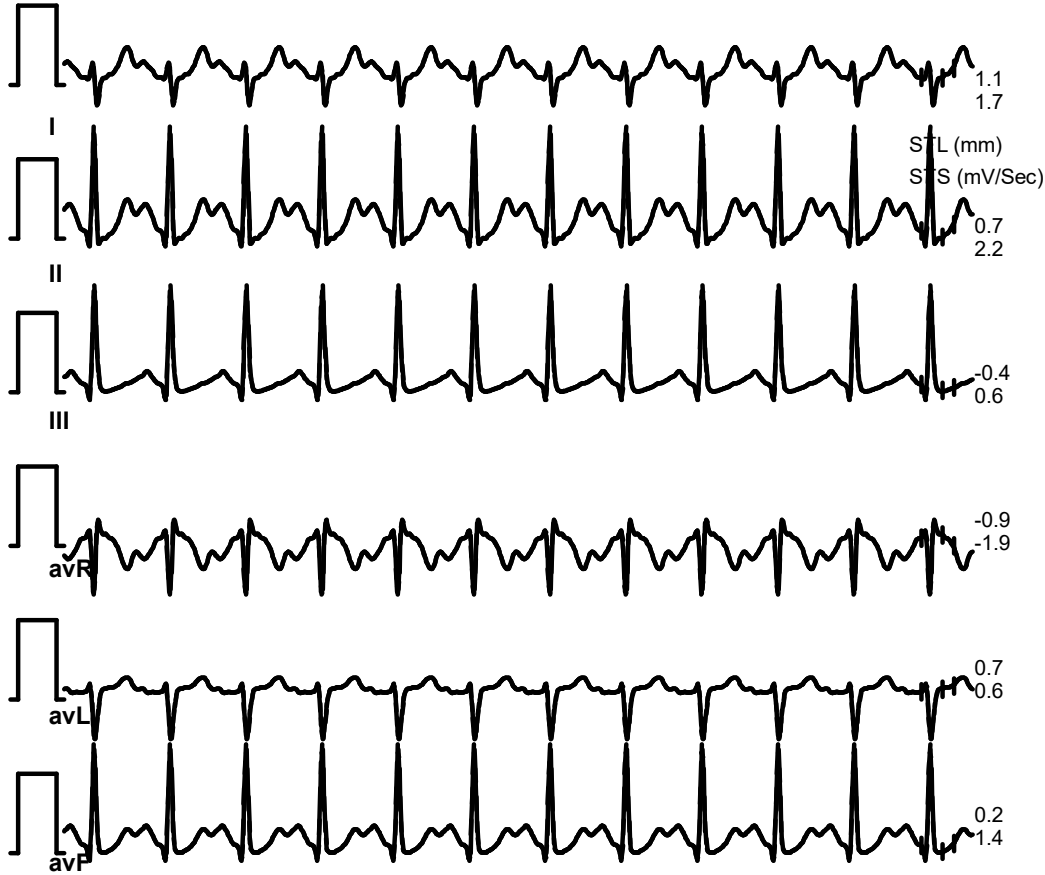
12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

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



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.1 HR : 149 Target HR : 79% of 188 BP : 140/80 Post J @60mSec

ExTime: 07:33 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

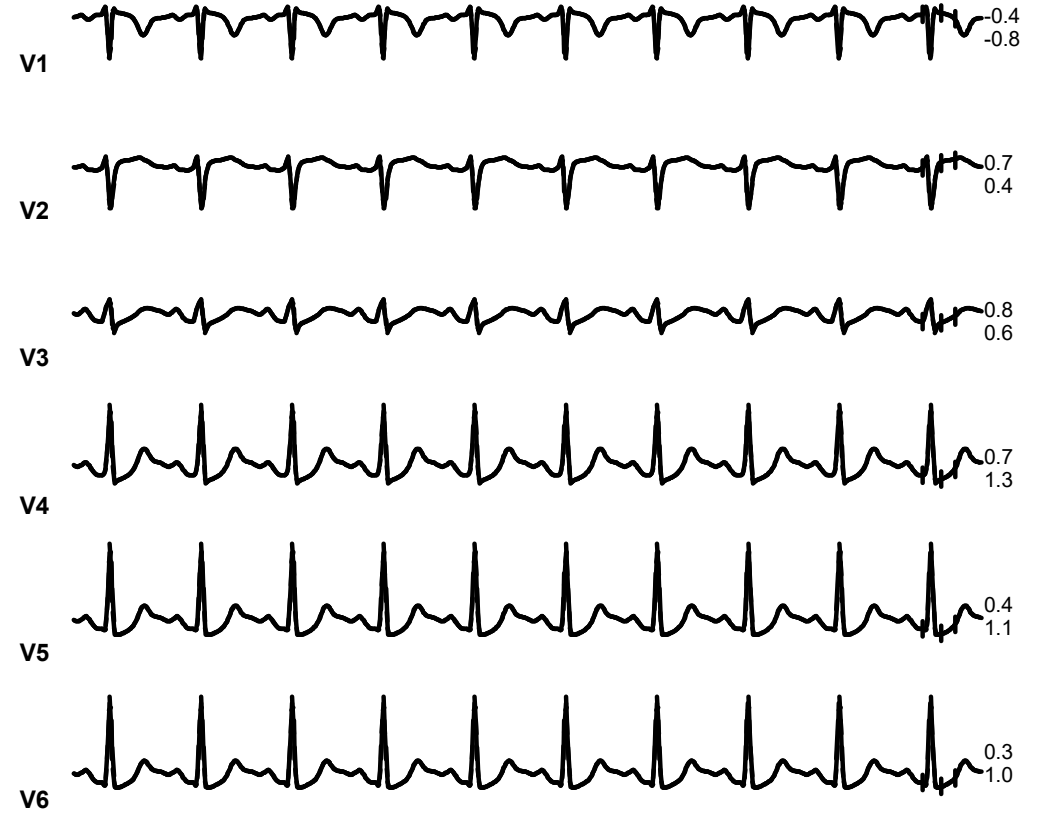
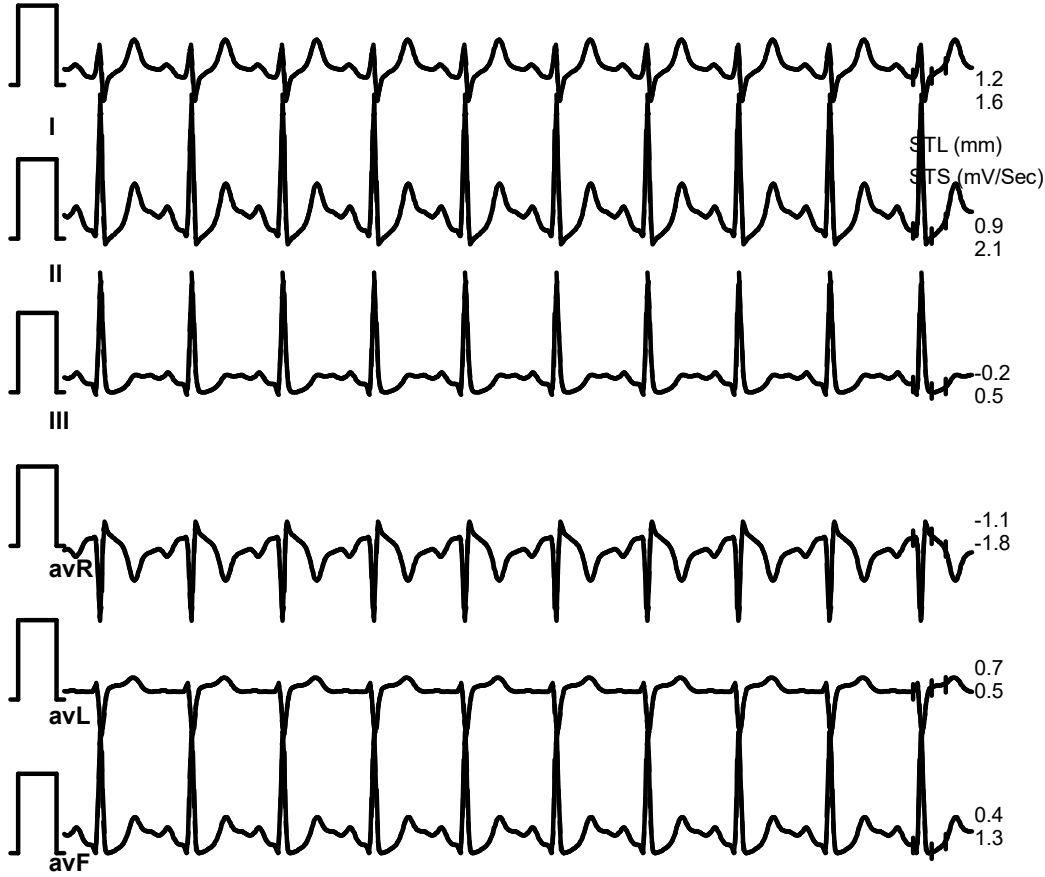
## 6X2 Combine Medians + 1 Rhythm

Recovery(2:00)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 118 Target HR : 63% of 188 BP : 130/80 Post J @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

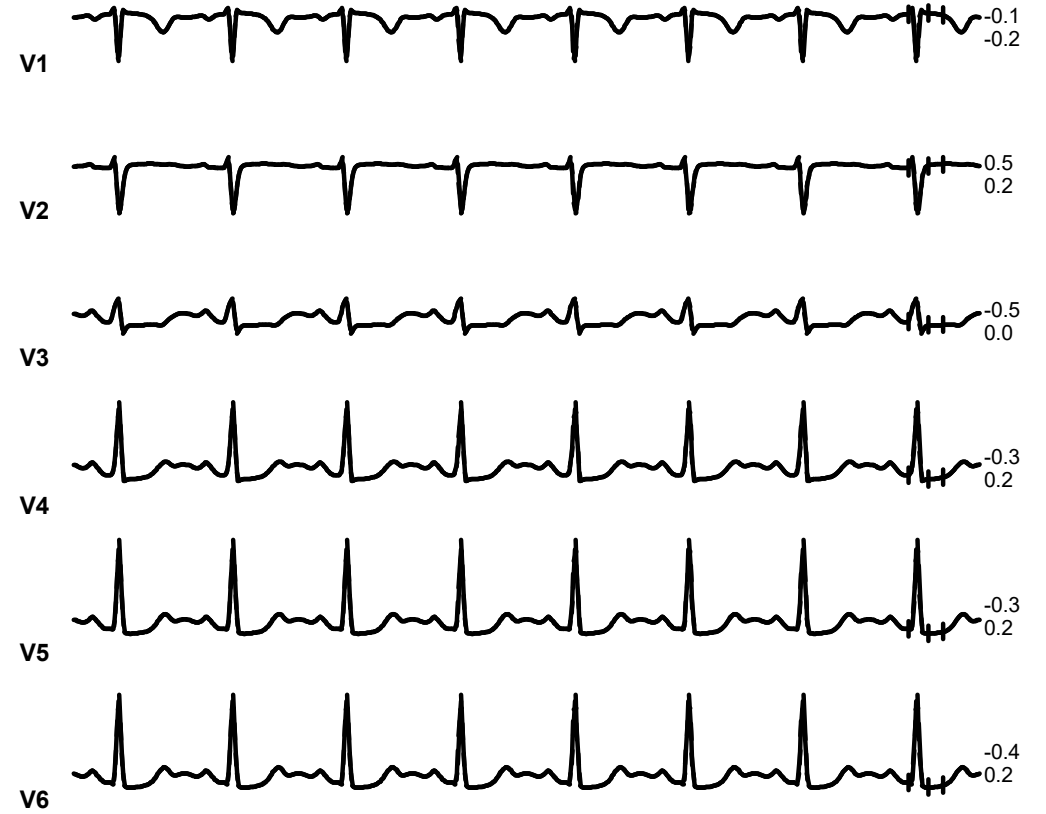
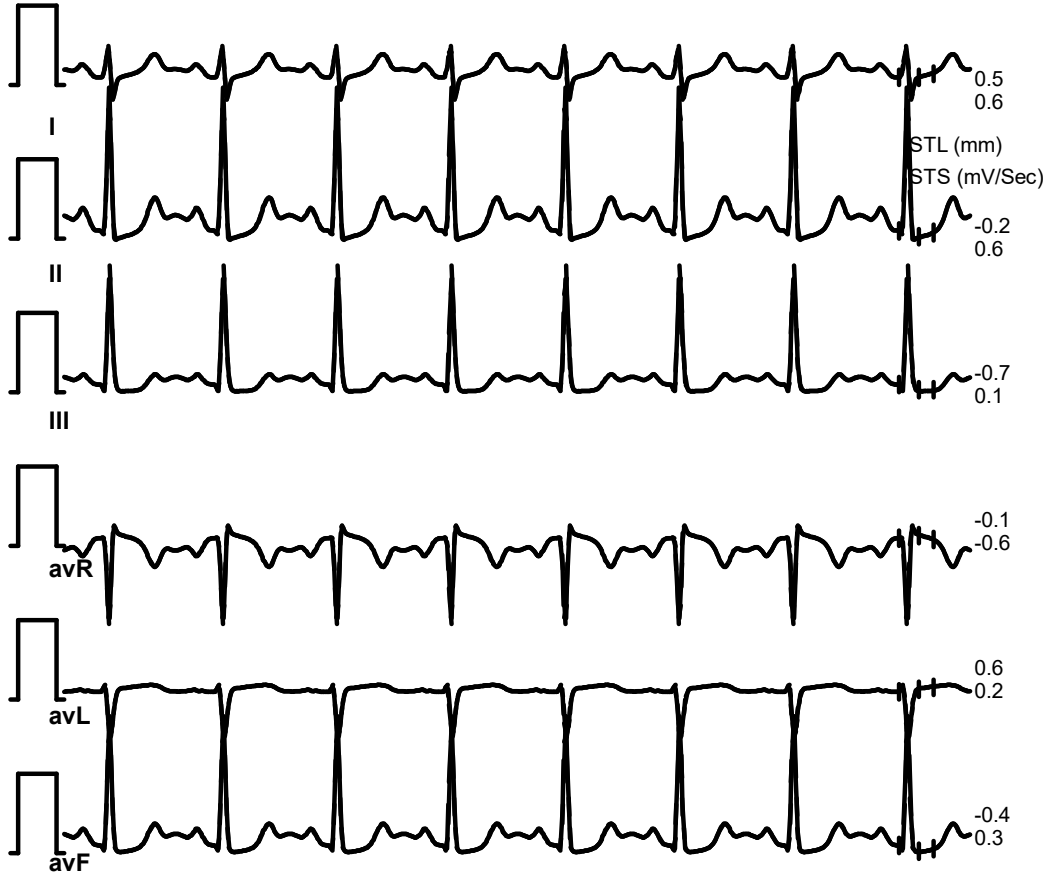
## 6X2 Combine Medians + 1 Rhythm

Recovery(4:00)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 97 Target HR : 52% of 188 BP : 120/80 Post J @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS BHAYANDER

12347458 / PINKLE PATEL / 32 Yrs / Female / 153 Cm / 62 Kg

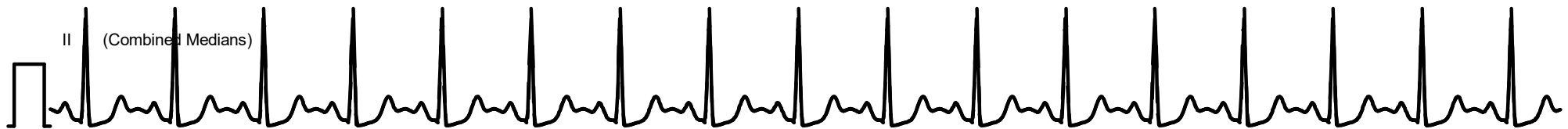
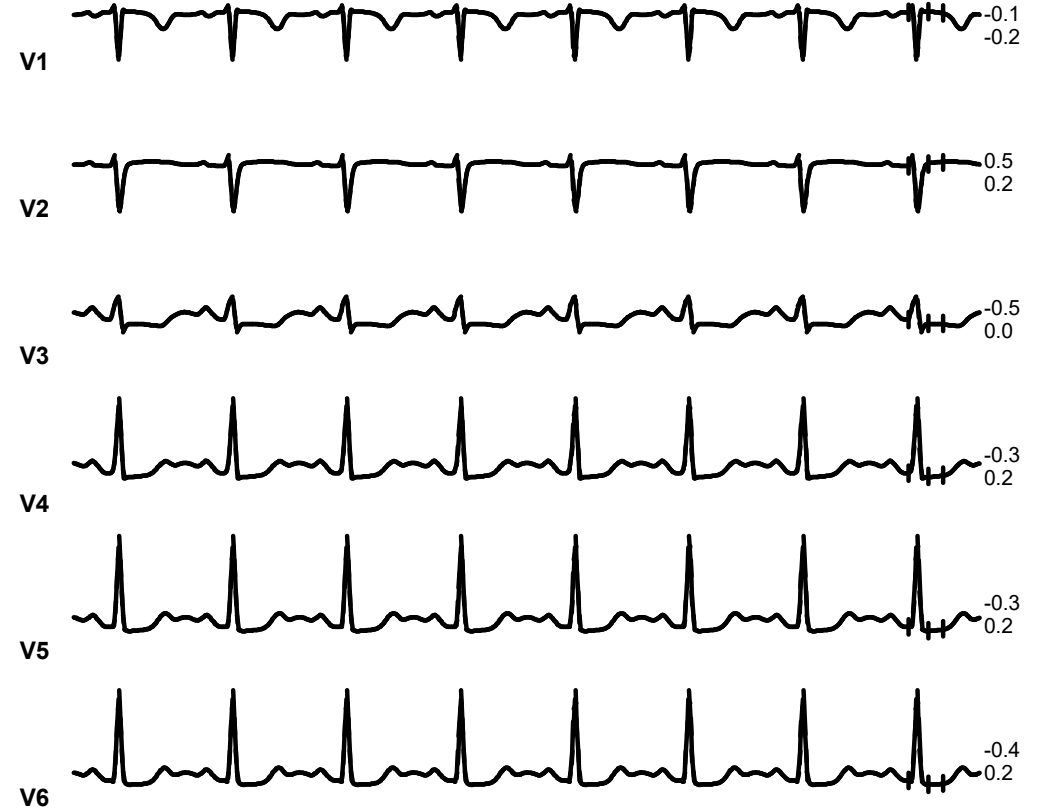
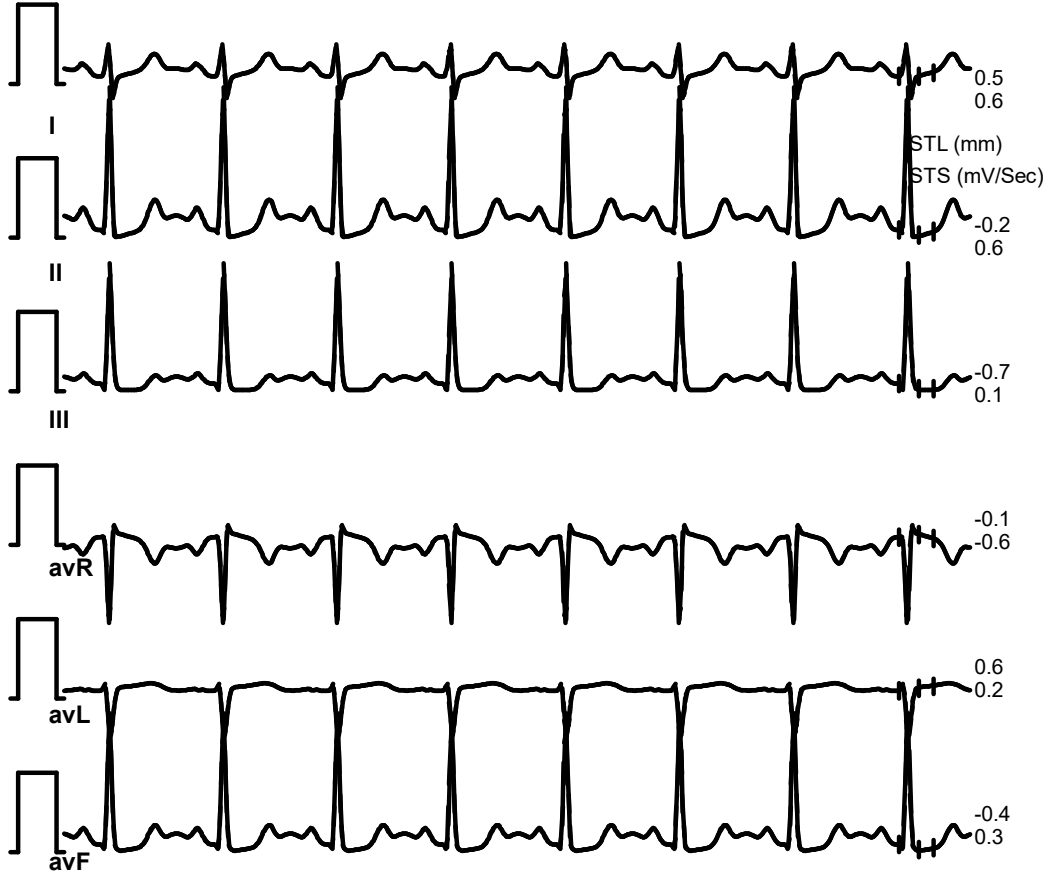
## 6X2 Combine Medians + 1 Rhythm

Recovery(4:04)



Date: 29 / 03 / 2024 12:40:54 PM METs : 1.0 HR : 102 Target HR : 54% of 188 BP : 120/80 Post J @80mSec

ExTime: 07:33 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





**CID** : 2408914200  
**Name** : Mrs PINKLE PATEL  
**Age / Sex** : 32 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/21:02

**USG WHOLE ABDOMEN**

**LIVER:**

The liver is enlarged in size (15.6 cm) with normal in shape and shows smooth margins. It shows raised 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, mass lesion or sludge seen in the visualized lumen.

**COMMON BILE DUCT:**

The visualized common bile duct is normal in caliber. 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 9.9 x 3.4 cm. Left kidney measures 9.8 x 4.6 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 (11.5 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:**

The uterus is anteverted and appears normal. It measures 7.1 x 4.1 x 2.9 cms in size.

**Fundal wall intramural fibroid is seen measuring 11 x 9 mm (FIGO-4)**

The endometrium measures ~ 2.8 mm and appears normal.





Use a QR Code Scanner  
Application To Scan the Code

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**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/21:02

**OVARIES:**

Right ovary : 2.4 x 1.8 cm.

Left ovary : 2.9 x 1.8 cm.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

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

No free fluid is seen in the pouch of douglas.

**IMPRESSION**

- **Hepatomegaly with Grade I fatty infiltration of liver.**
- **Uterine fibroid.**

**Kindly correlate clinically.**

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-----

**Dr. Aisha Lakhani**  
**Mbbs, Md (Radio**  
**Diagnosis)**  
**Bhayander center**



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**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/21:02



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**CID** : 2408914200  
**Name** : Mrs PINKLE PATEL  
**Age / Sex** : 32 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/22:25

**X-RAY CHEST PA VIEW**

Positional rotation seen.

Both the lung fields are clear with no active 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 obvious active parenchymal lesion made out.**

**Kindly correlate clinically.**

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

**Dr. Aisha Lakhani  
Mbbs, Md (Radio  
Diagnosis)  
Bhayander center**



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Application To Scan the Code

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**Name** : Mrs PINKLE PATEL  
**Age / Sex** : 32 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 29-Mar-2024  
**Reported** : 29-Mar-2024/22:25