

PHYSICAL EXAMINATION REPORT

Patient Name	Mithila Tagade	Sex/Age	37 Y
Date	23/3/24	Location	

History and Complaints

Thyroid since 4y's
C-section 5y's back. 1 Boy
headach occasionally.

EXAMINATION FINDINGS:

Height (cms):	158 cm	Temp (0c):	Normal
Weight (kg):	69 69	Skin:	Acne marks
Blood Pressure	110/70	Nails:	No
Pulse	70/min	Lymph Node:	No

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

} Normal

Impression:

↓ Hb, ↓ T3, No major illness other than Thyroid.

Advice:

- Iron supplement
 - Repeat Thyroid Profile
 (6 Months)

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

Father passed - C.A
 Mother had valve replacement

PERSONAL HISTORY:

1)	Alcohol	
2)	Smoking	
3)	Diet	
4)	Medication	Thyron 75 mg O.D.

[Handwritten Signature]

29/3/24

Dr. Manasee Kulkarni
 M.B.B.S
 2006/09/3439

NAME : *Mithila Jagade*

DATE : *23.3.24*

ENT EXAMINATION

HISTORY: *No major history of any trauma*

EXAMINATION :

EXTERNAL EAR :

} Normal.

MIDDLE EAR :

(Tympanic Membrane Eustachean Tube, Mastoid)

RINNES WEBERS :-

St.

NOSE AND PARANASAL SINUSES :-

no polyp polyp

THROAT :-

- clear. no redness swelling or lump.

SPEECH :-

clear.

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

NAME :- *Mithila Jagde* AGE / SEX :- *37 / F*
REGN NO :- REF DR :-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS :- *No complains*
MARITAL STATUS :- *Married 7 yrs*
MENSTRUAL HISTORY :- *Regular.*
• MENARCHE :- *14 yrs*
• PRESENT MENSTRUAL HISTORY :- *Regular 28-34 hours Normal*
• PAST MENSTRUAL HISTORY :- *Regular*
• OBSTERIC HISTORY :- *C-section heavy Baby.*
• PAST HISTORY :- *L2-3-24 L.M.P*
• PREVIOUS SURGERIES :- *C-Sect 5 yrs*
• ALLERGIES :- *Dust*
• FAMILY HISTORY :- *cardiac disease both
pat parents*

- DRUG HISTORY :- *Thyronin 75 mg OD*
- BOWEL HABITS :- *-*
- BLADDER HABITS :- *- Normal*

PERSONAL HISTORY :-

- TEMPERATURE :- *Normal*
- RS :- *congestion*
- CVS :-
- PULSE / MIN :- *70 / min*
- BP (mm of hg):- *110/70 mmHg*
- BREAST EXAMINATION:-
- PER ABDOMEN :- *bulky.*
- PRE VAGINAL:-
- RECOMMENDATION :-

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Authenticity Check



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Application To Scan the Code

CID : 2408321764
Name : MRS.MITHILA TAGADE
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 10:05
Reported : 23-Mar-2024 / 15:46

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	9.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	30.3	36-46 %	Measured
MCV	72.2	80-100 fl	Calculated
MCH	21.3	27-32 pg	Calculated
MCHC	29.6	31.5-34.5 g/dL	Calculated
RDW	19.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7710	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.6	20-40 %	
Absolute Lymphocytes	2513.5	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	547.4	200-1000 /cmm	Calculated
Neutrophils	55.4	40-80 %	
Absolute Neutrophils	4271.3	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	362.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	15.4	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	301000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	18.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	Mild		



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	Features suggest iron deficiency anemia

Advice : Iron studies, Serum ferritin & Reticulocyte count estimation recommended. Stool for occult blood.

Specimen: EDTA Whole Blood

ESR. EDTA WB-ESR **38** 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- Sick 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.

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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reported : 23-Mar-2024 / 17:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	82.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	97.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.21	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	14.9	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	15.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	12.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	75.1	35-105 U/L	PNPP
BLOOD UREA, Serum	10.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 14:07
Reported : 23-Mar-2024 / 17:38

eGFR, Serum	115	(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	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

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Reported : 23-Mar-2024 / 20:51

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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.

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J. Thakker

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

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Collected : 23-Mar-2024 / 10:05
Reported : 23-Mar-2024 / 17:38

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	3-4	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	4-5	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

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Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Mar-2024 / 10:05
Reported : 23-Mar-2024 / 12:35

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	174.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	112.7	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	46.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	128.8	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	22.8	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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

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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	3.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.1	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	1.76	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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

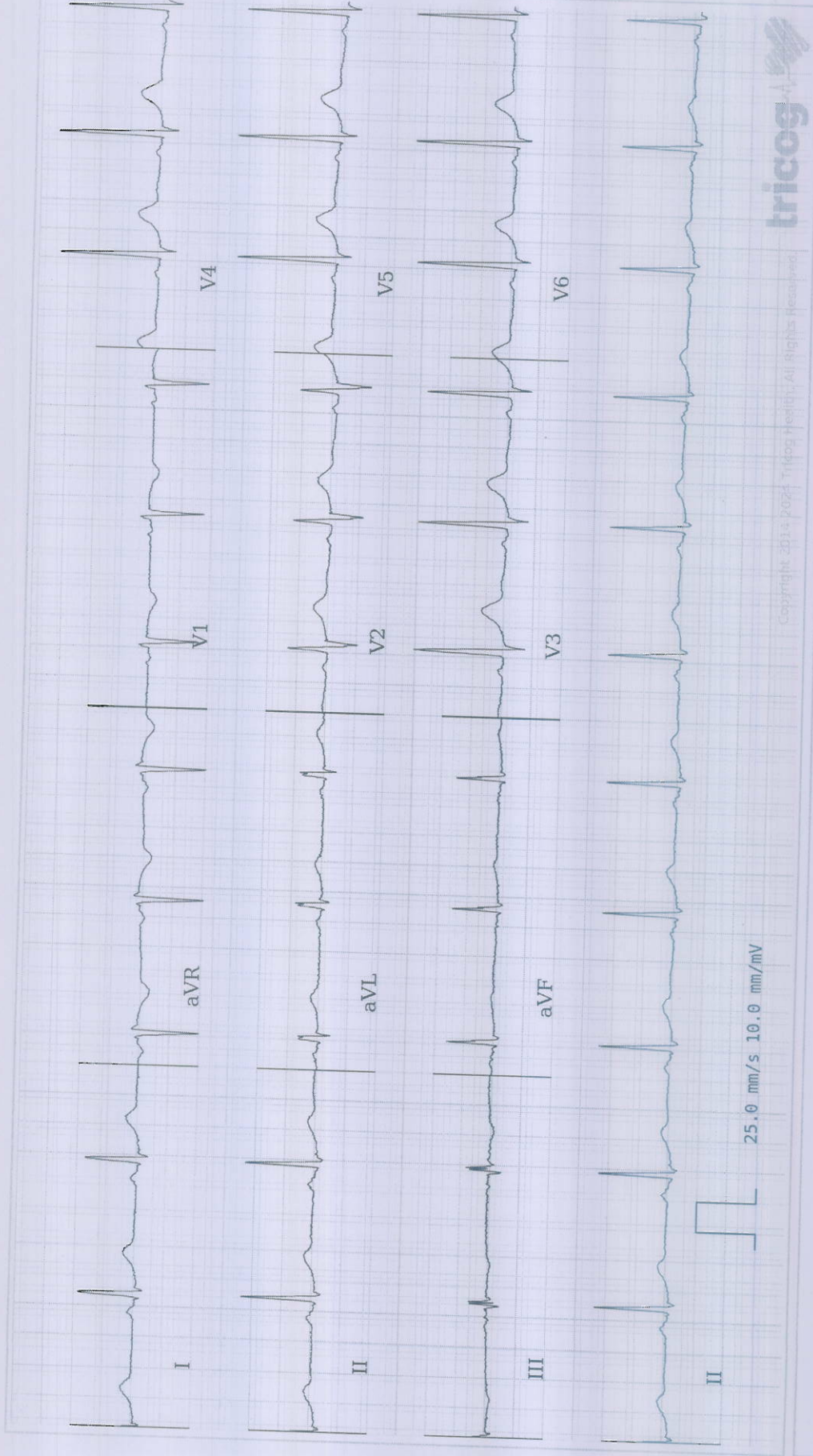
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*** End Of Report ***

J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist

Age: 37 years NA months NA days
Gender: Female
Heart Rate: 69bpm
Patient Vitals
BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements
QRSd: 90ms
QT: 420ms
QTcB: 450ms
PR: 128ms
P-R-T: 21° 41° 16°



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

REPORTED BY

[Signature]

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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.

CID : 2408321764
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Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 11:31

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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 3.9 cm. Left kidney measures 9.9 x 5.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is anteverted and measures 7.8 x 3.6 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.1 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 3.0 x 1.7 cm.

The left ovary measures 2.7 x 1.9 cm.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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Date:- 20/3/24 CID: 2408321784
Name:- Mithila Tagade Sex / Age: F 37

EYE CHECK UP

Chief complaints: RCW

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 02/6 RW 04/6

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: - Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST

CID : 2408321764
Name : Mrs MITHILA TAGADE
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024 / 17:52

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-----

G. R. Fartade

Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report



1291 (2408321764) / MITHILA TAGADE / 37 Yrs / F / 158 Cms / 71 Kg
 Date: 23 / 03 / 2024 12:57:02 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	084	46 %	120/80	100	00	
Standing	00:15	0:11	00.0	00.0	01.0	084	46 %	120/80	100	00	
HV	00:26	0:11	00.0	00.0	01.0	080	44 %	120/80	096	00	
ExStart	00:37	0:11	00.0	00.0	01.0	088	48 %	120/80	105	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	032	17 %	120/80	038	00	
BRUCE Stage 2	06:37	3:00	02.5	12.0	07.1	151	83 %	140/80	211	00	
PeakEx	06:58	0:21	03.4	14.0	07.5	161	88 %	150/80	241	00	
Recovery	07:58	1:00	00.0	00.0	01.1	126	69 %	150/80	189	00	
Recovery	08:15				00.0	000	0 %	130/80	000	00	

FINDINGS :

Exercise Time : 06:21
 Initial HR (ExStrt) : 88 bpm 48% of Target 183
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max WorkLoad Attained : 7.5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -128.9 mm in Stage 1
 History : No
 Test End Reasons : Heart Rate Achieved

Max HR Attained 161 bpm 88% of Target 183
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 RND. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: 1291
WITTHILA TAGADE / 37 Yrs / F / 158 Cms / 71 Kg Date: 23 / 03 / 2024 12:57:02 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 76.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 150/0/80.0 mmHg The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49872

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1291 (2408321764) / MITHILA TAGADE / 37 Yrs / F / 158 Cms / 71 Kg / HR : 79

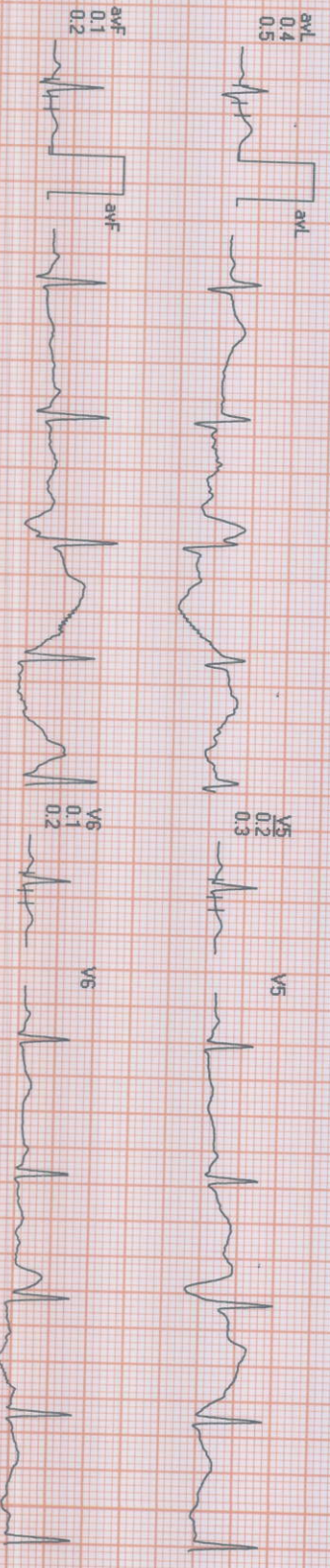
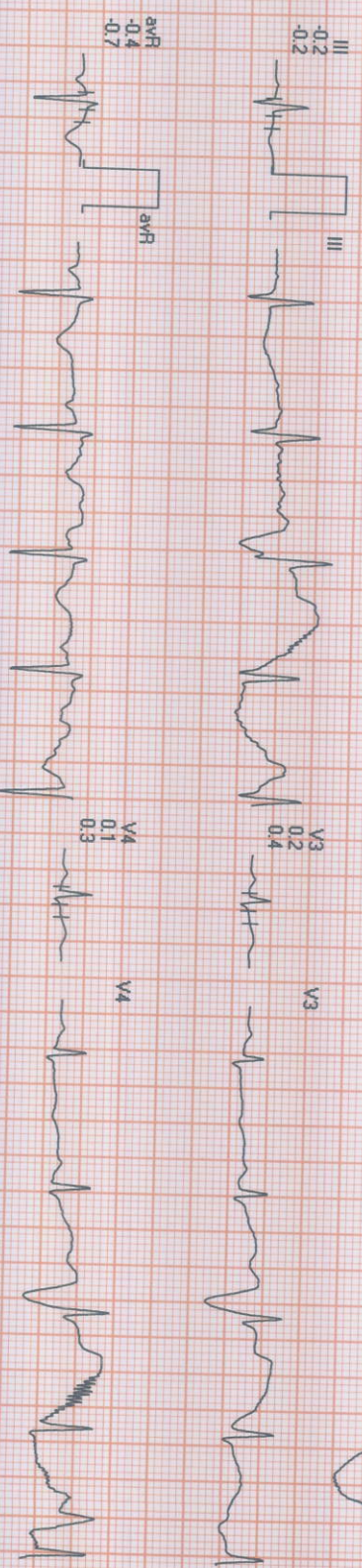
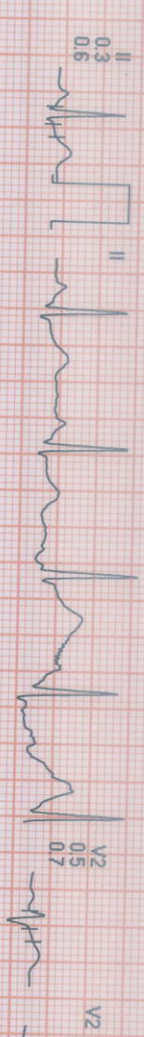
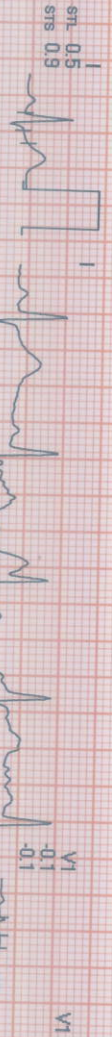
Date: 23 / 03 / 2024 12:57:02 PM

METS: 1.07/79 bpm 43% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HE 0.05 Hz/F 35 Hz

EXTime: 00:00 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV

4X 80 mS Post J

SUPINE (00:01)



REMARKS:
I II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1291 (2408321764) / MITHILA TAGADE / 37 Yrs / F / 158 Cms / 71 Kg / HR : 84

STANDING (00:00)



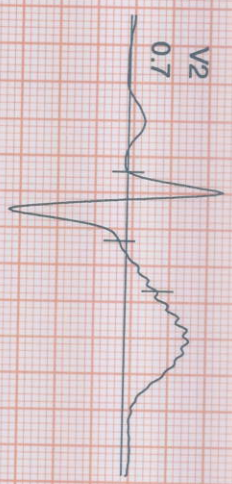
Date: 23/03/2024 12:57:02 PM

METS: 1.0/84 bpm 46% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

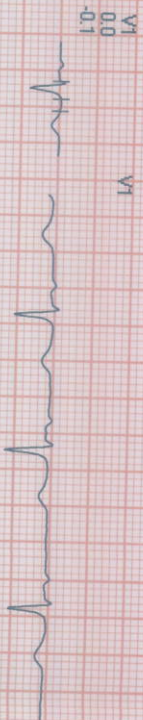
4X 80 ms Post J



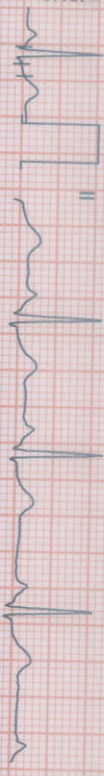
I
STL 0.6
SRS 1.0



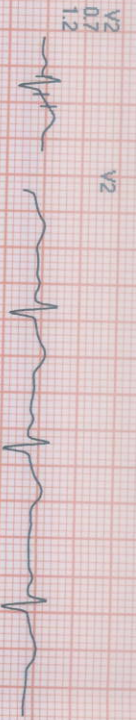
V1
0.0
-0.1



II
0.2
0.6



V2
0.7
1.2



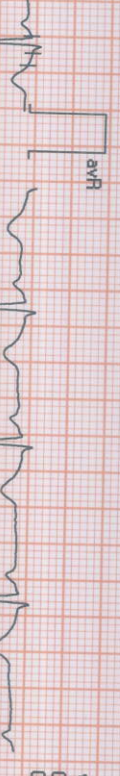
III
-0.4
-0.4



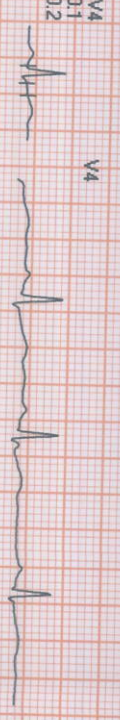
V3
0.0
0.0



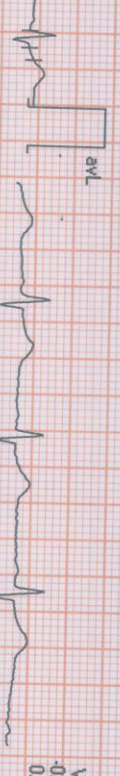
aVR
-0.4
-0.8



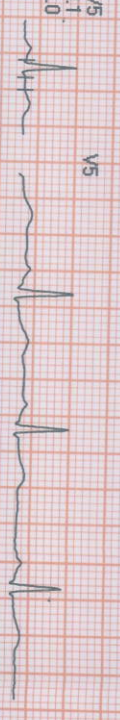
V4
0.1
0.2



aVL
0.5
0.7



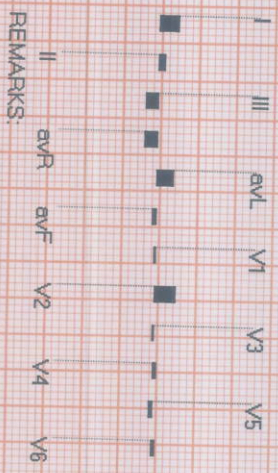
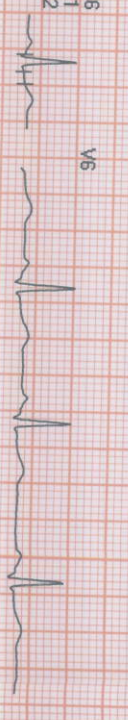
V5
-0.1
0.0



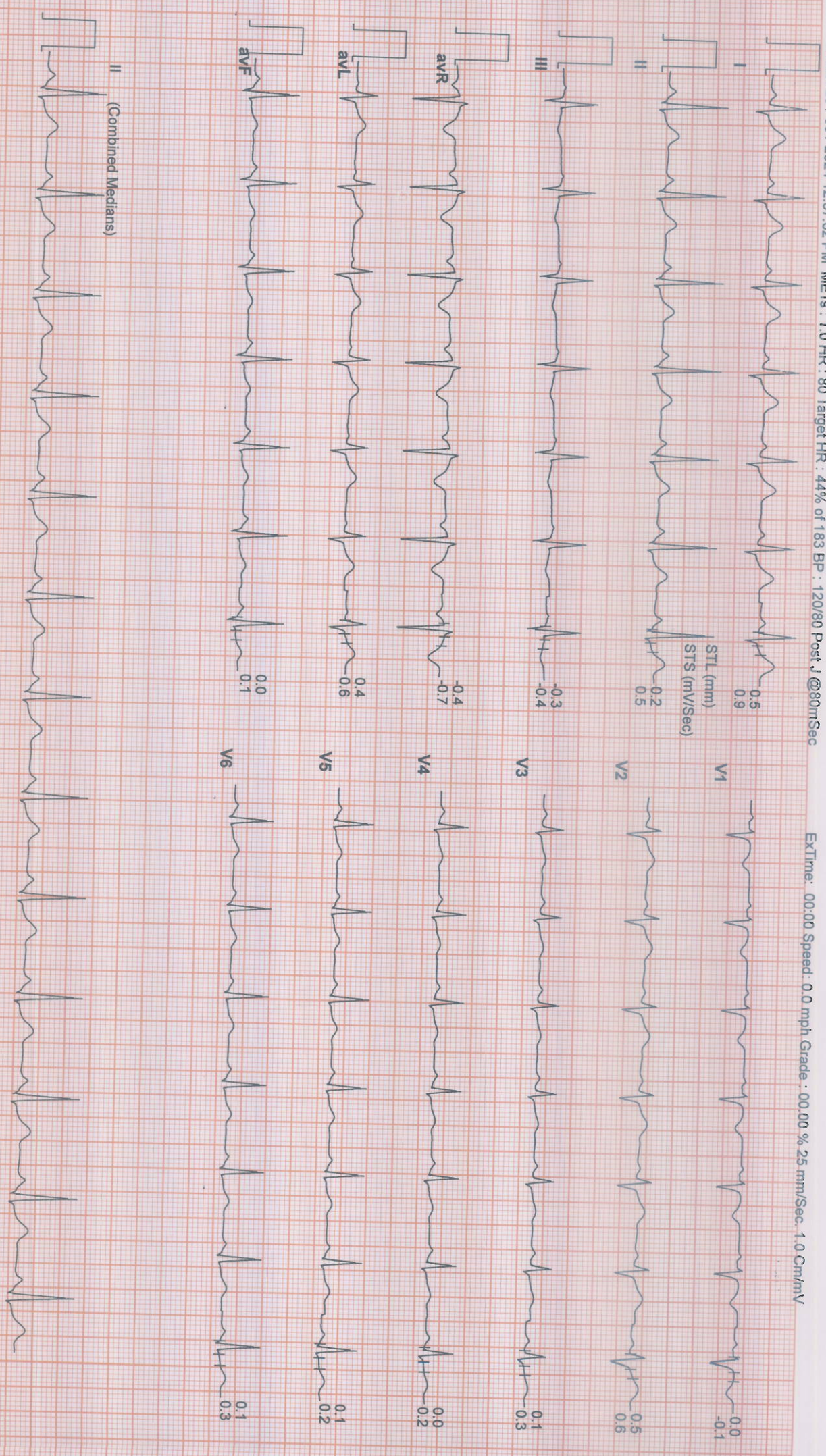
aVF
-0.1
0.1



V6
0.1
0.2

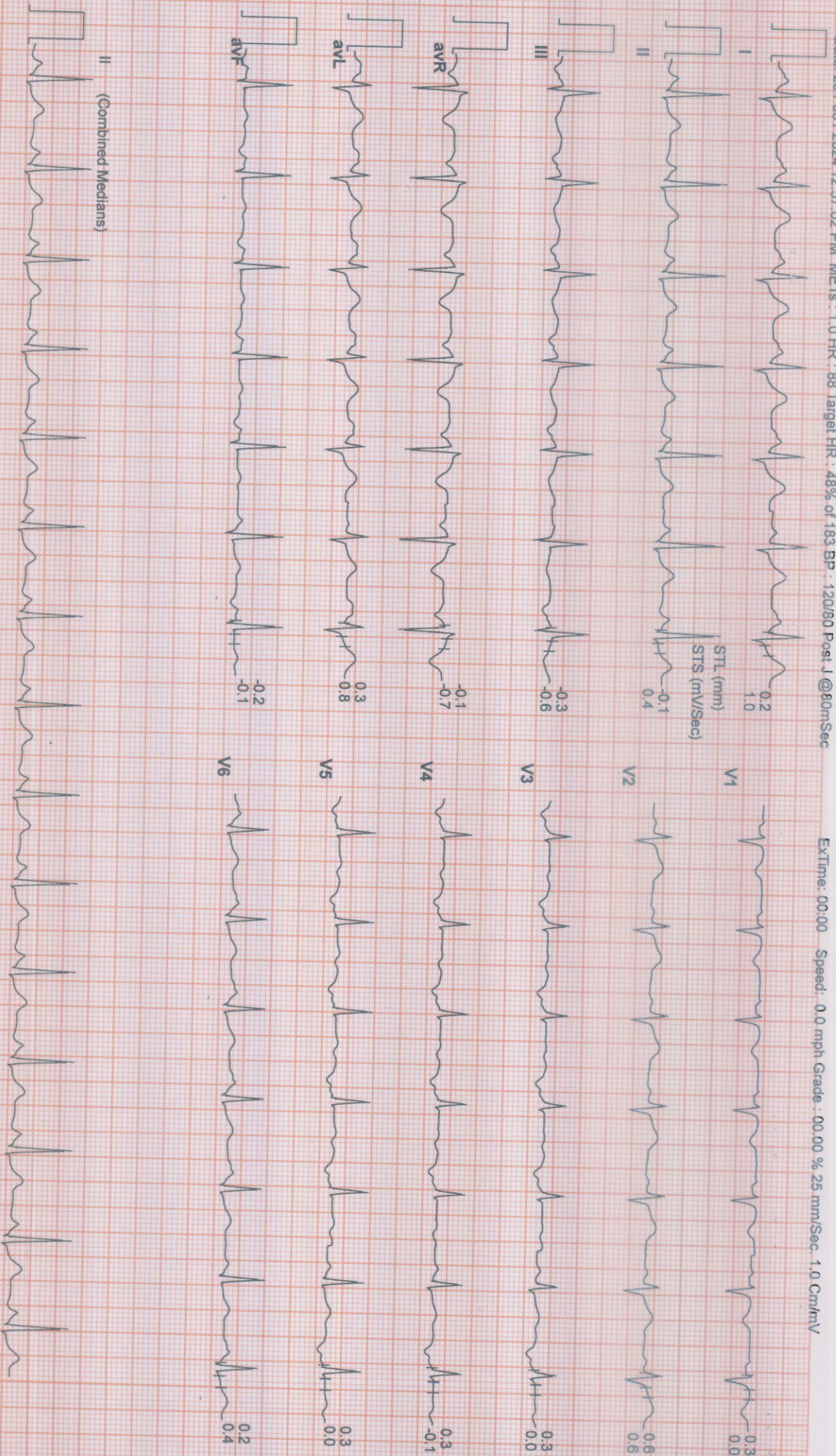


REMARKS:



Date: 23 / 03 / 2024 12:57:02 PM METs : 1.0 HR : 88 Target HR : 48% of 183 BP : 120/80 Post J @80mSec

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



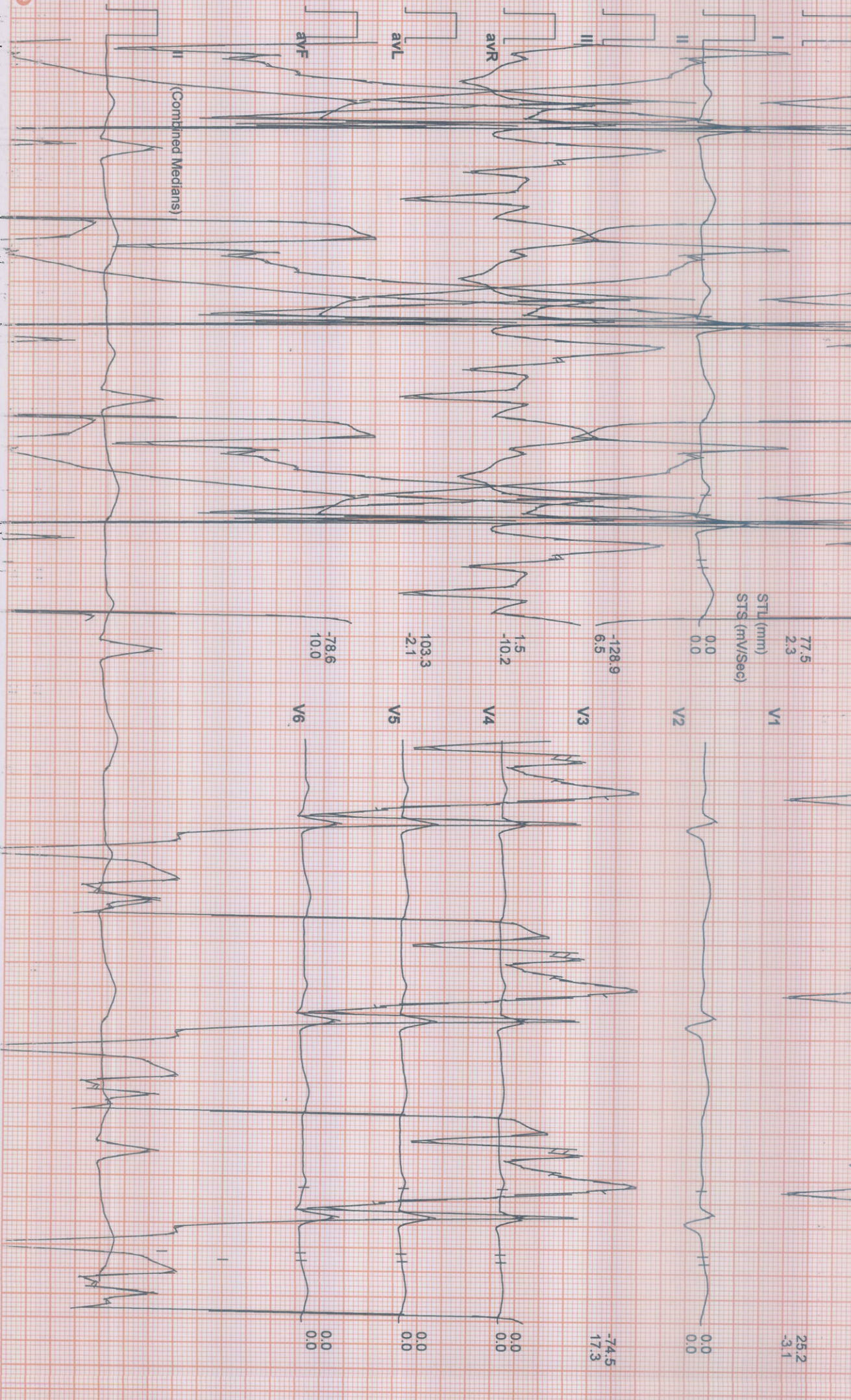
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

1291 / MITHILA TAGADE 37 Yrs / Female / 158 Cm / 71 Kg

Date: 23 / 08 / 2024 12:57:02 PM METs : 4.17 HR : 38 Target HR : 17% of 183 BP : 120/80 Post : @50mSec

EXTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. V6 Crn/IV

6X2 Combine Medians + Rhythm
BRUCE Stage 1 (03:00)



77.5

2.3

STL (mm)
STS (mV/Sec)

0.0

0.0

V1

0.0

0.0

V2

-128.9

6.5

V3

1.5

-10.2

V4

103.3

-2.1

V5

-78.6

10.0

V6

25.2

-3.1

0.0

0.0

0.0

0.0

0.0

0.0

-74.5

17.3

0.0

0.0

0.0

0.0

0.0

0.0

0.0

0.0

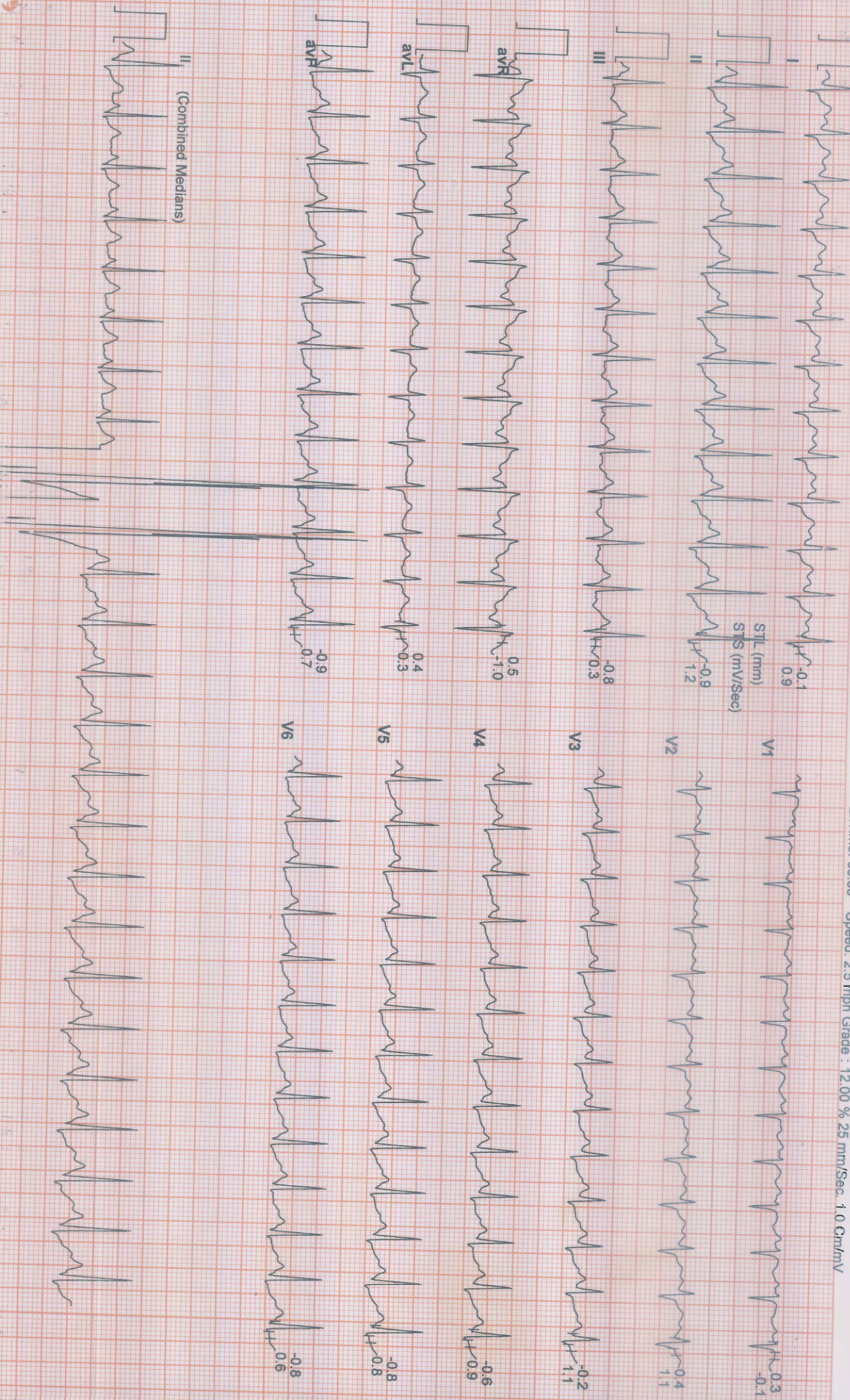
0.0

0.0

0.0

0.0

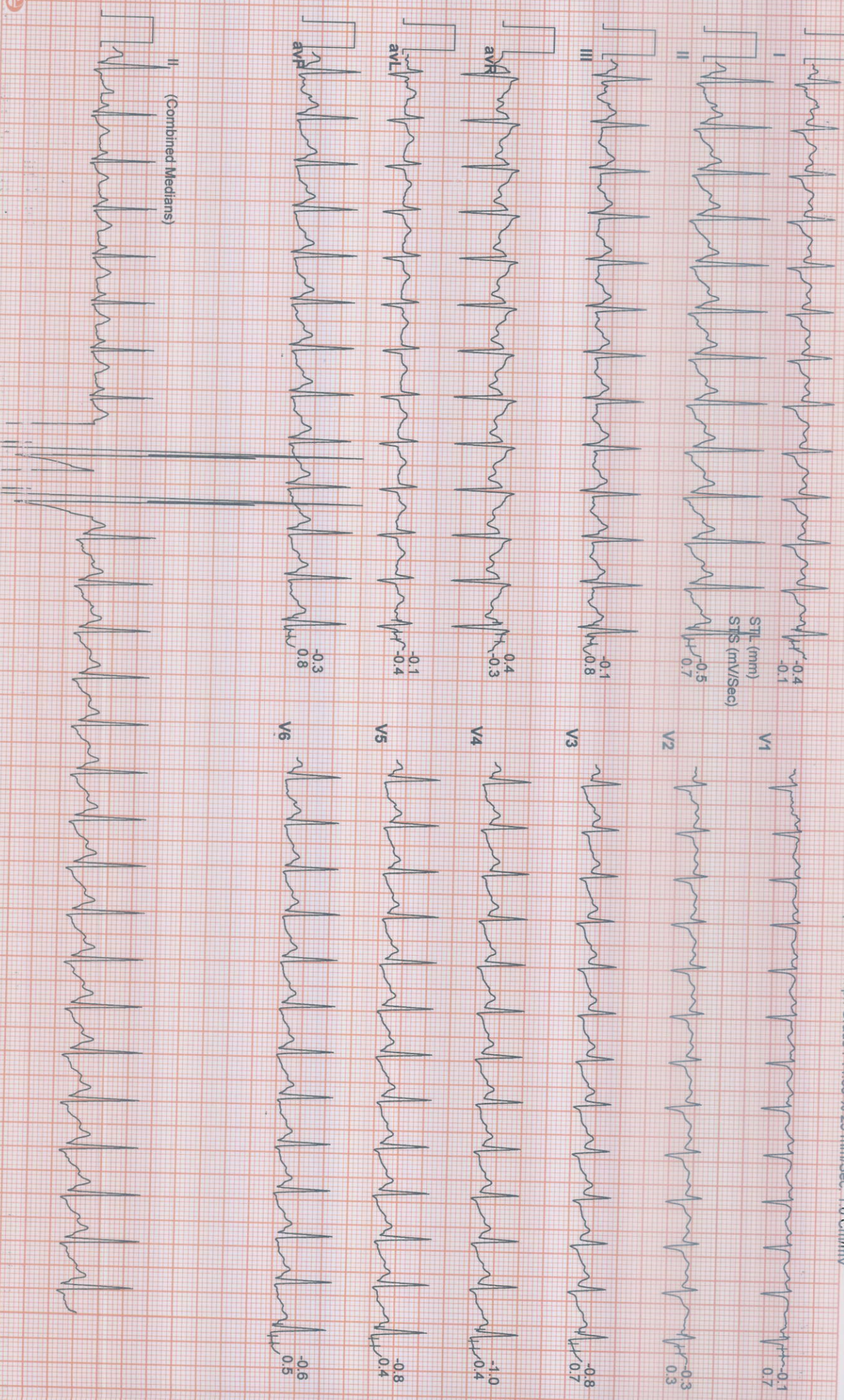
(Combined Medians)





Date: 23 / 03 / 2024 12:57:02 PM METs : 7.5 HR : 161 Target HR : 88% of 183 BP : 150/80 Post J @60mSec

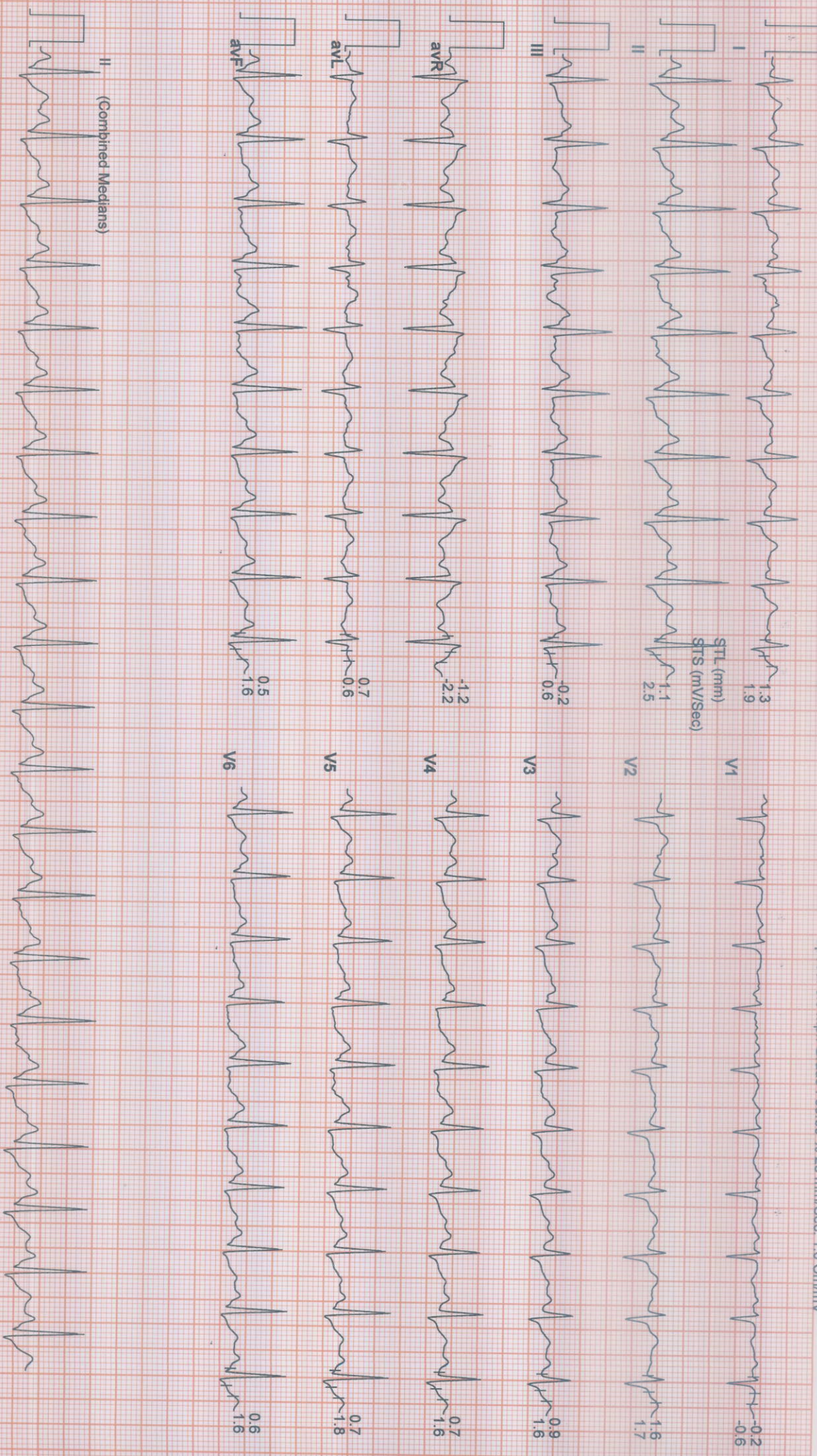
ExTime: 06:21 Speed: 3.4 mph Grade : -14.00 % 25 mm/Sec 1.0 Cm/mV





Date: 23/03/2024 12:57:02 PM METs : 1.1 HR : 126 Target HR : 69% of 183 BP : 150/80 Post J @80mSec

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



II (Combined Medians)



Date: 23 / 03 / 2024 12:57:02 PM METs : 1.0 HR : 118 Target HR : 64% of 183 BP : 130/80 Post J @80mSec

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

