

**PHYSICAL EXAMINATION REPORT**

Patient Name	Anjali Sharma	Sex/Age	F/34 years
Date	11/04/2024	Location	Thane West

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	156	Temp (0c):	⊖
Weight (kg):	82.5	Skin:	+ Pigmentation on face
Blood Pressure	130/80	Nails:	
Pulse	72/min	Lymph Node:	: NAD.

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

**Impression:**

Overweight, Eosinophilia, Short PR.  
 ↑ Creatinine Cr, Alk-phosphatase.  
 ↑ Uric Acid.  
 Urine - Trace - Proteins, Blood.  
 ↓ HDL, mild splenomegaly.  
 Hepatomegaly.

- Wt. Reduction,

**Advice:**

Treatment of Eosinophilia

- Low Fat, Low sugar Diet

- Drink Plenty of Liquids

- Repeat s.c. uric Acid (6 months)

1)	Hypertension:
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

Nil

Nil

LSCS (2004)  
Nil

**PERSONAL HISTORY:**

1)	Alcohol
2)	Smoking
3)	Diet
4)	Medication

No

No

Mixed

N/A

VitD Supplement

*[Handwritten signature]*

**Dr. Manasee Kulkarni**  
M.B.B.S.

2005/09/3439

Date:- 11/11/20  
 Name:- Anjali Sharda  
 CID: 2410210981  
 Sex / Age: F 34

**EYE CHECK UP**

Chief complaints: RCU  
 Systemic Diseases: All  
 Past history: All.  
 Unaided Vision: 36/60 NVN 4/6

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: RCU Vision

MR. PRAKASH KUDVA  
 SR. OPTOMETRIST



CID : 2410210981  
Name : MRS. ANJALI SHARMA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.98	3.8-4.8 mil/cmm	Elect. Impedance
PCV	44.9	36-46 %	Measured
MCV	90.2	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	29.5	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7330	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	25.5	20-40 %	
Absolute Lymphocytes	1869.2	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	520.4	200-1000 /cmm	Calculated
Neutrophils	57.7	40-80 %	
Absolute Neutrophils	4229.4	2000-7000 /cmm	Calculated
Eosinophils	9.7	1-6 %	
Absolute Eosinophils	711.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	324000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	14.2	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      40                      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 G B Road Lab, Thane West

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

*[Signature]*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	131.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.4	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	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	26.3	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	22.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	45.2	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	138.9	35-105 U/L	PNPP
BLOOD UREA, Serum	17.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	8.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic



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Collected : 11-Apr-2024 / 13:04  
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eGFR, Serum	117	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	6.9	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  
\*\*\* End Of Report \*\*\*

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*V. Vandana Kulkarni*

**Dr. VANDANA KULKARNI**  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	
Volume (ml)	30	-	
<b>CHEMICAL EXAMINATION</b>			
Proteins	Trace	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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	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 G B Road Lab, Thane 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 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

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

*V. Kulkarni*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	156.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	148.5	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	93.0	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	29.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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

*Vandana Kulkarni*

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.1	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	2.95	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**  
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Pathologist



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Reg. Date : 11-Apr-2024  
Reported : 11-Apr-2024 / 11:54

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**USG WHOLE ABDOMEN**

**EXCESSIVE BOWEL GAS:**

**LIVER:** Liver appears mildly enlarged in size (16.1 cm) and normal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is partially distended . No obvious 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 10.8 x 4.2 cm. Left kidney measures 11.2 x 4.9 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 6.2 x 3.3 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 4 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

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Reg. Date : 11-Apr-2024  
Reported : 11-Apr-2024 / 11:54

**IMPRESSION:**

- **MILD HEPATOMEGALY.**

**Advice: Clinical co-relation sos further evaluation and follow up.**

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-----

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

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**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Patient Name: ANJALI SHARMA  
Patient ID: 2410210981  
Date and Time: 11th Apr 24 9:57 AM



Age 34 NA NA  
years months days

Gender Female

Heart Rate 76bpm

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSD: 78ms  
QT: 350ms  
QTcB: 393ms  
PR: 118ms  
P-R-T: 5° 36° 10°

Short PR Interval, Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR. SHALAJA PILLAI  
MBBS, 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.





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Age / Sex : 34 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 11-Apr-2024  
Reported : 11-Apr-2024 / 12:03

**X-RAY CHEST PA VIEW**

Rotation +

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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

Dr Gauri Varma  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access)  
Access

sionNo-2024041108502850

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

1452 (2410210981) / ANJALI SHARMA / 34 Yrs / F / 150 Cms / 82 Kg  
 Date: 11 / 04 / 2024 11:01:34 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	097	52 %	130/80	126	00	
Standing	00:16	0:13	00.0	00.0	01.0	099	53 %	130/80	128	00	
HV	00:29	0:13	00.0	00.0	01.0	101	54 %	130/80	131	00	
ExStart	00:40	0:11	00.0	00.0	01.0	102	55 %	130/80	132	00	
BRUCE Stage 1	03:40	3:00	01.7	10.0	04.7	136	73 %	150/80	204	00	
PeakEx	05:55	2:15	02.5	12.0	06.5	158	85 %	160/80	252	00	
Recovery	06:55	1:00	00.0	00.0	01.0	121	65 %	160/80	193	00	
Recovery	07:55	2:00	00.0	00.0	01.0	114	61 %	140/80	159	00	
Recovery	07:59				00.0	000	0 %	140/80	000	00	

**FINDINGS :**

Exercise Time : 05:15  
 Initial HR (ExStrt) : 102 bpm 55% of Target 186  
 Initial BP (ExStrt) : 130/80 (mm/Hg)  
 Max WorkLoad Attained : 6.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -0.6 mm in Stage 1  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 85% of Target 186  
 Max BP Attained 160/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 43972

Doctor : DR. SHAILAJA PILLAI

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 99.0 bpm, and the maximum predicted Target Heart Rate 186.0. The BP increased at the time of generating report as 160.0/80.0 mmHg. The Max Dep went upto 0.0. 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

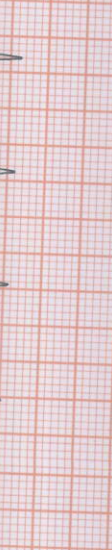
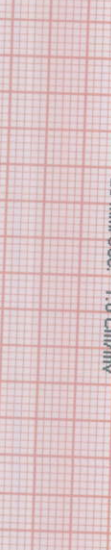
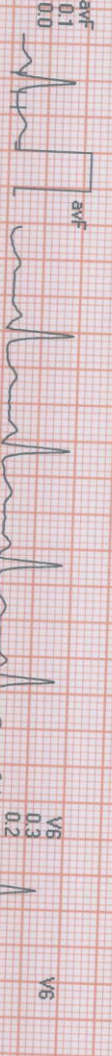
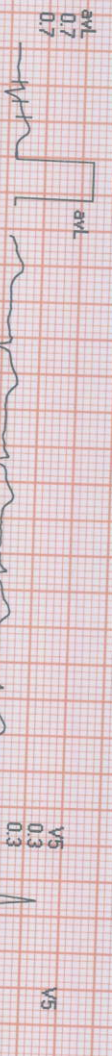
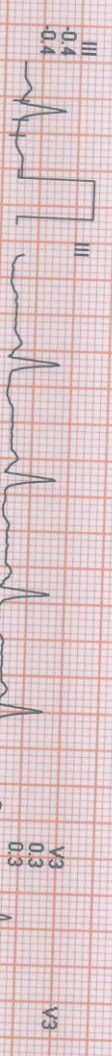
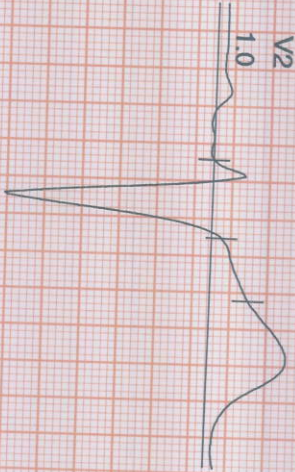
M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



ExTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/mV



REMARKS:

1452 (2410210987) / ANUJAL SHARMA / 34 Yrs / F / 150 Cms / 82 Kg / HR : 99

Date: 11 / 04 / 2024 11:01:34 AM

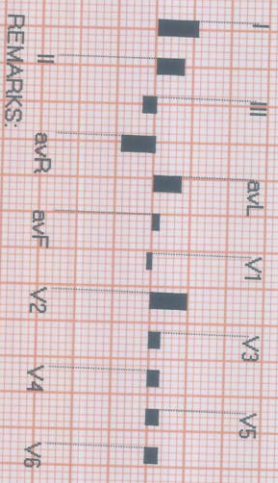
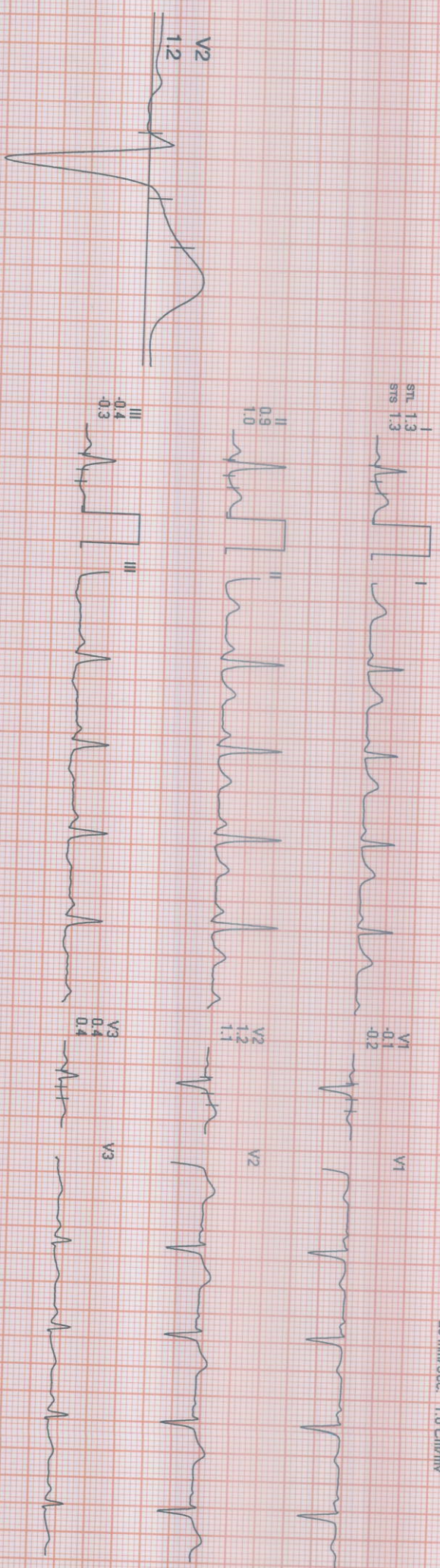
METS: 1.0/99 bpm 53% of THR BP: 130/80 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS:

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

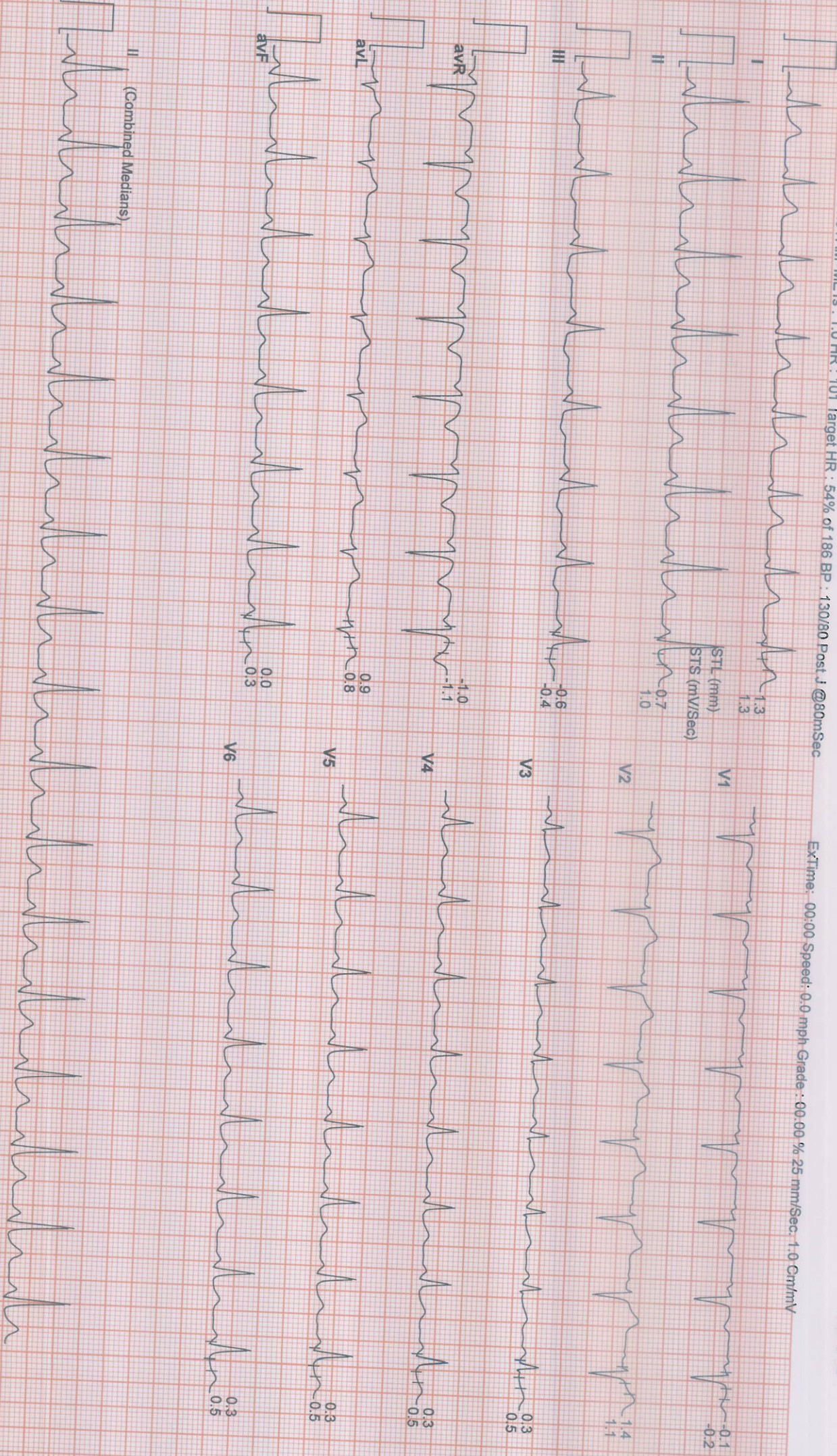
1452 / ANJALI SHARMA / 34 Yrs / Female / 150 Cm / 82 Kg

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



Date: 11 / 04 / 2024 11:04:34 AM METs : 1.0 HR : 101 Target HR : 54% of 186 BP : 130/80 Post J @80mSec

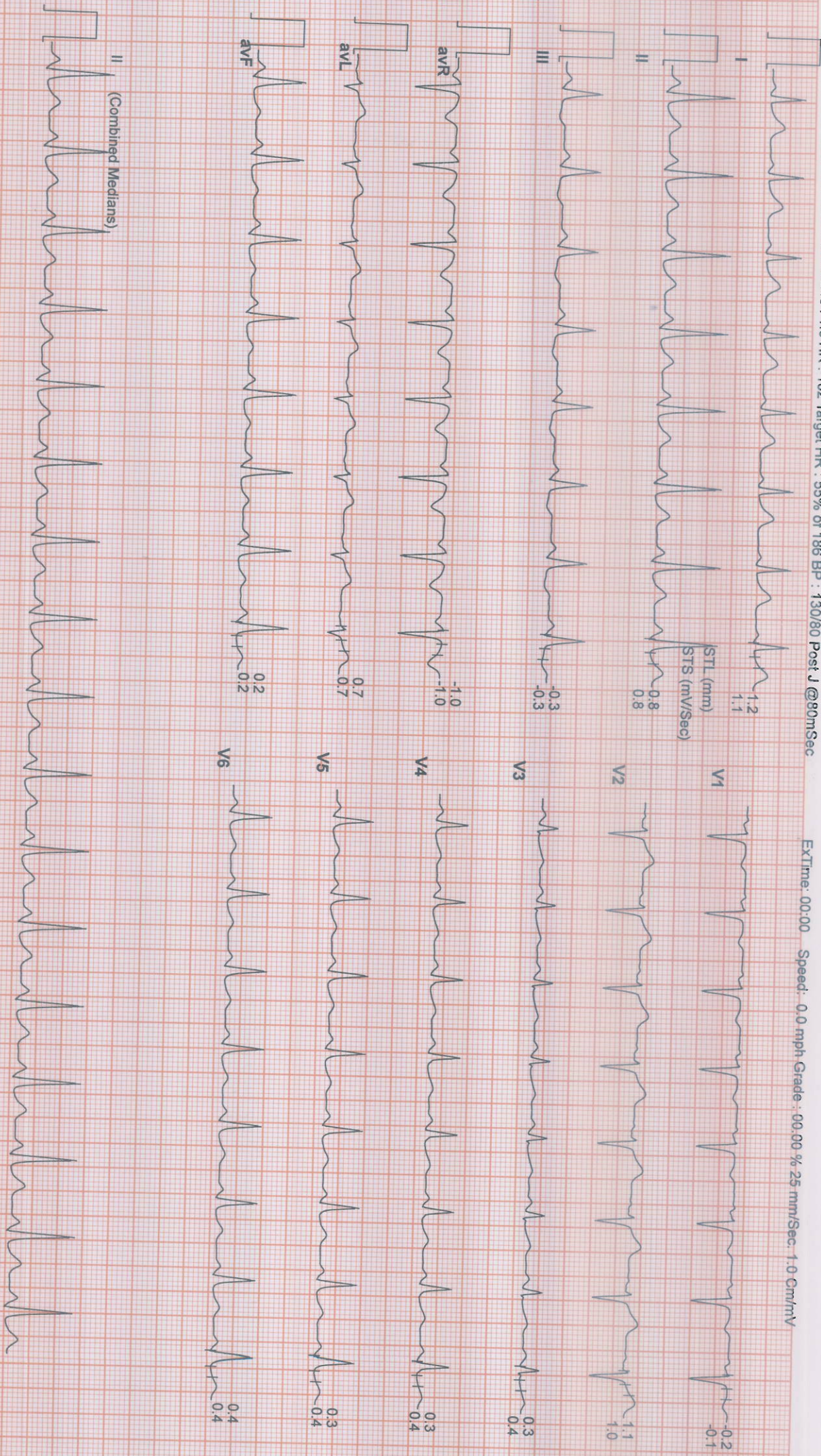
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





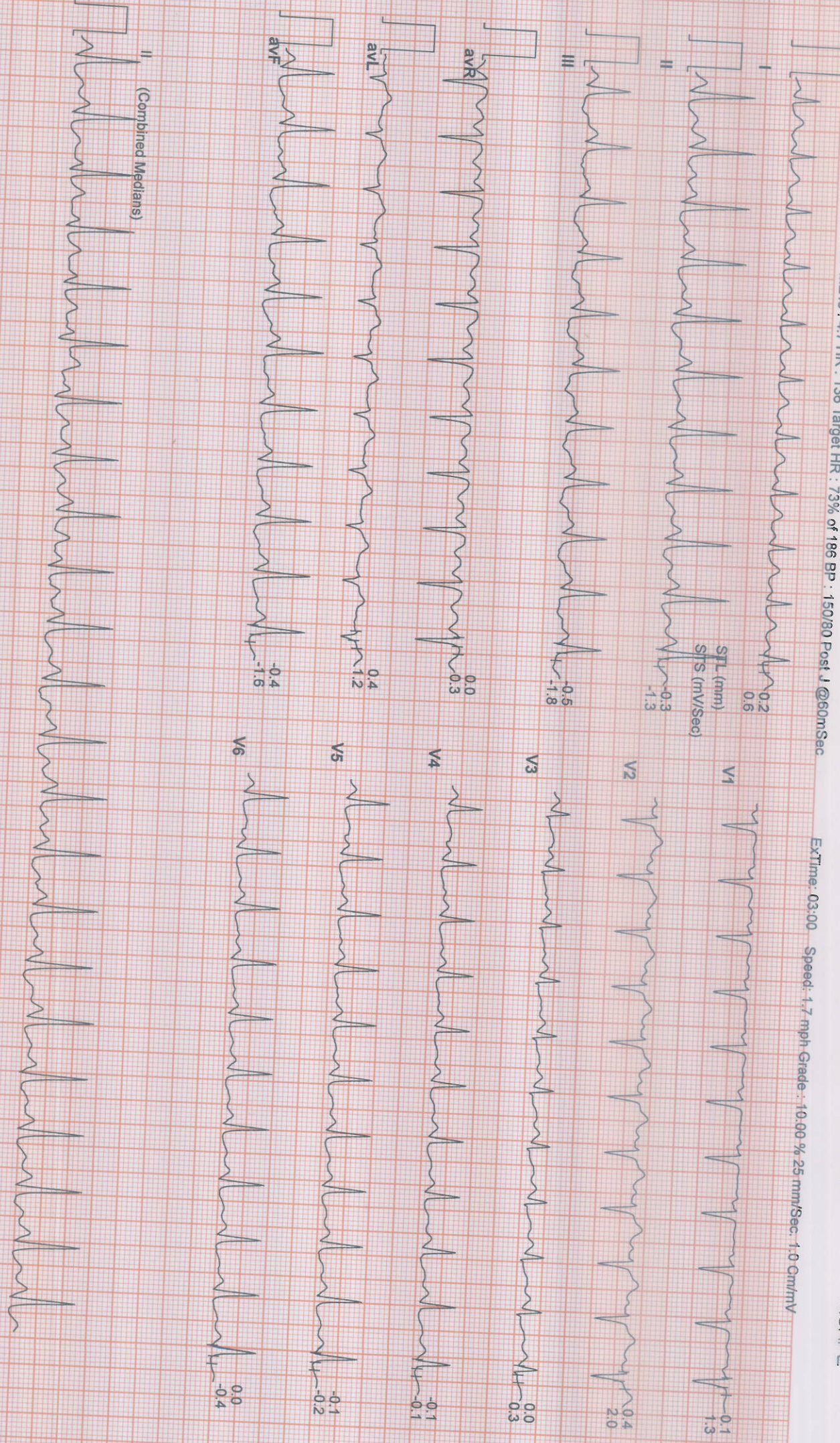
Date: 11 / 04 / 2024 11:01:34 AM METs : 1.0 HR : 102 Target HR : 55% of 186 BP : 130/80 Post J @80mSec

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





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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

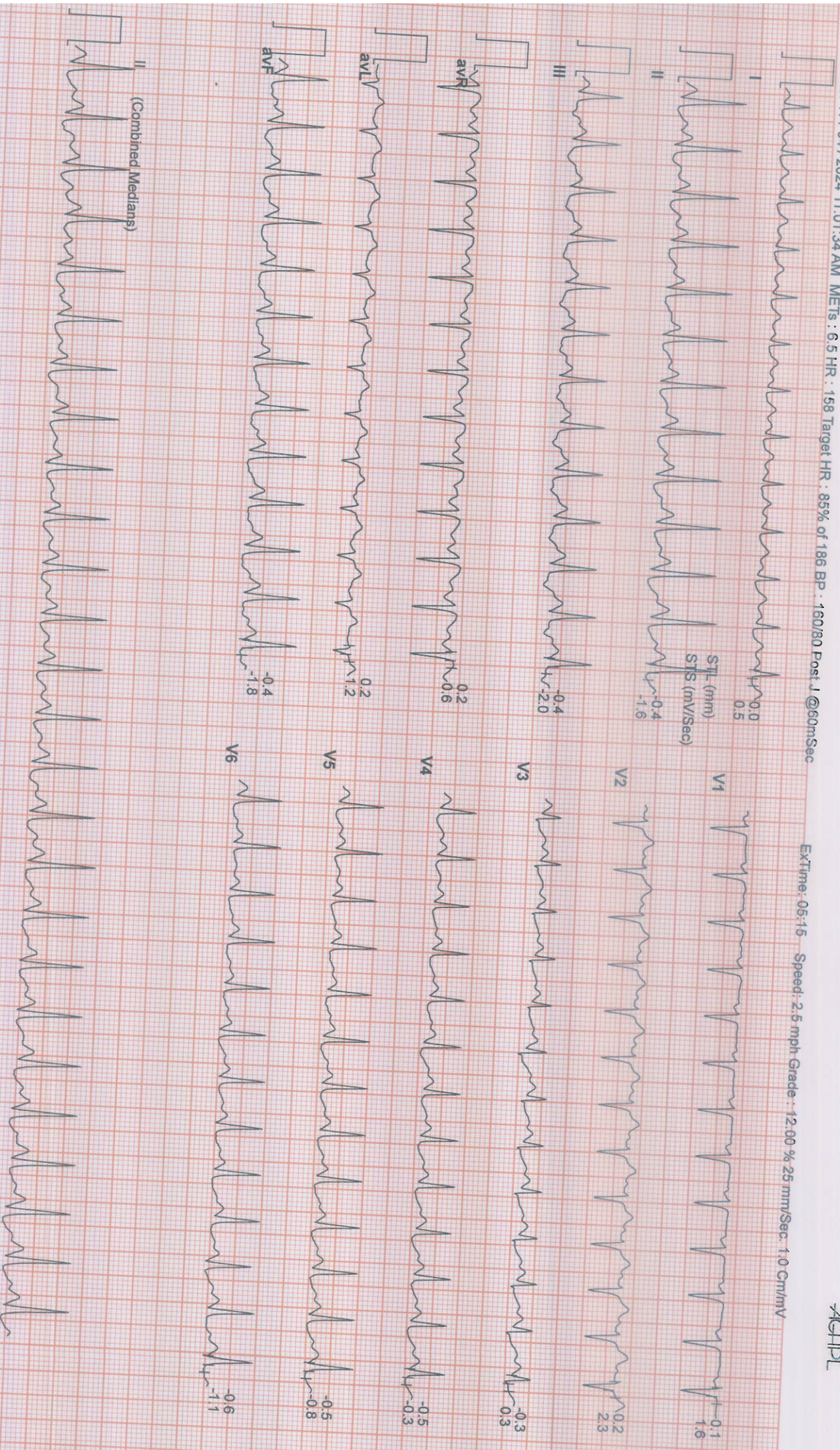
1452 / ANJALI SHARMA / 34 Yrs / Female / 150 Cm / 82 Kg

Date: 11 / 04 / 2024 11:01:34 AM METs : 6.5 HR : 158 Target HR : 85% of 186 BP : 160/80 Post J @50mSec

**6X2 Combine Medians + 1 Rhythm**  
PeakEx



ExTime: 05:15 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec: 1.0 Cm/mV



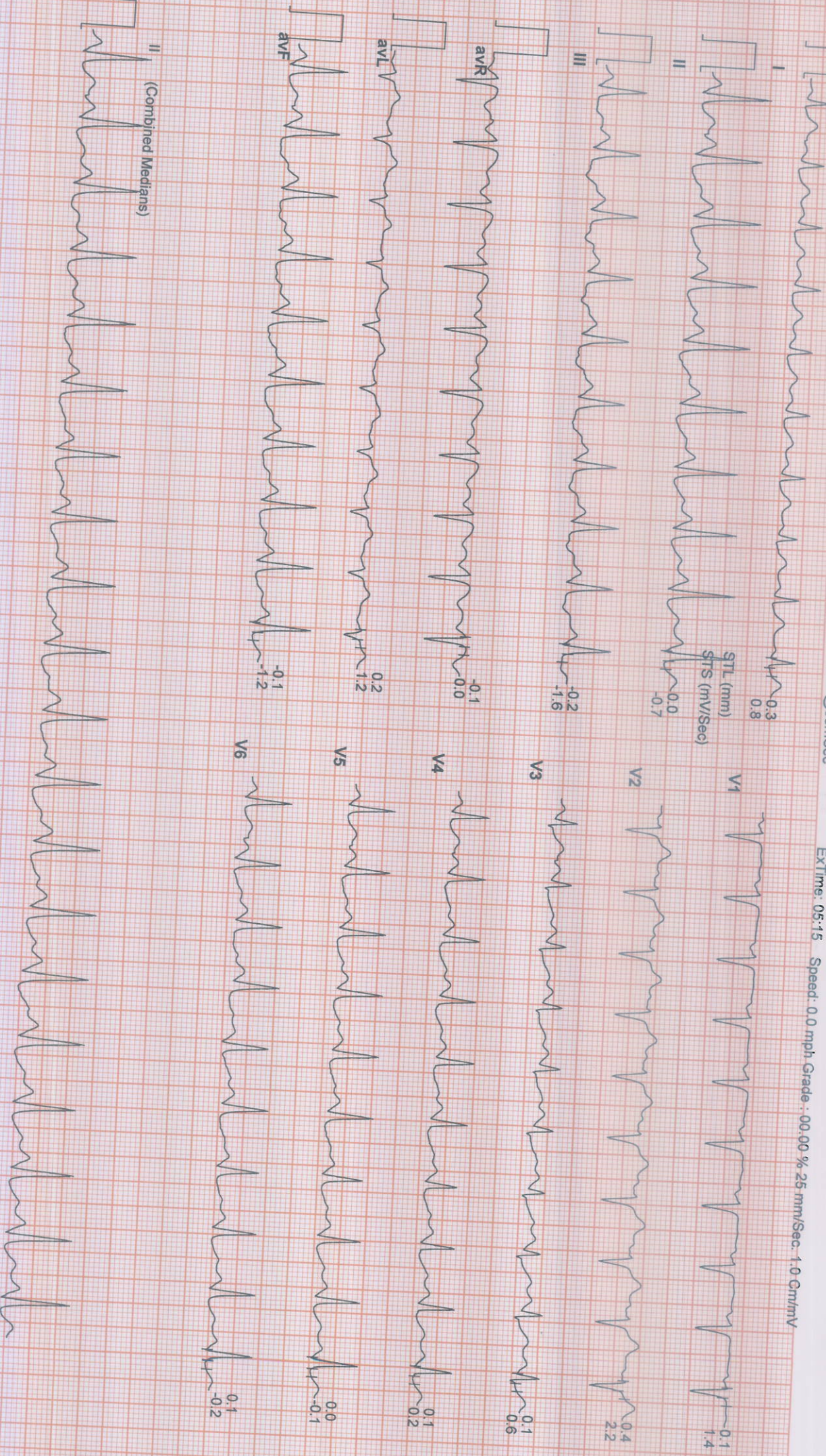
Date: 11 / 04 / 2024 11:01:34 AM METs : 1.0 HR : 121 Target HR : 65% of 186 BP : 160/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



EXTime: 05:15

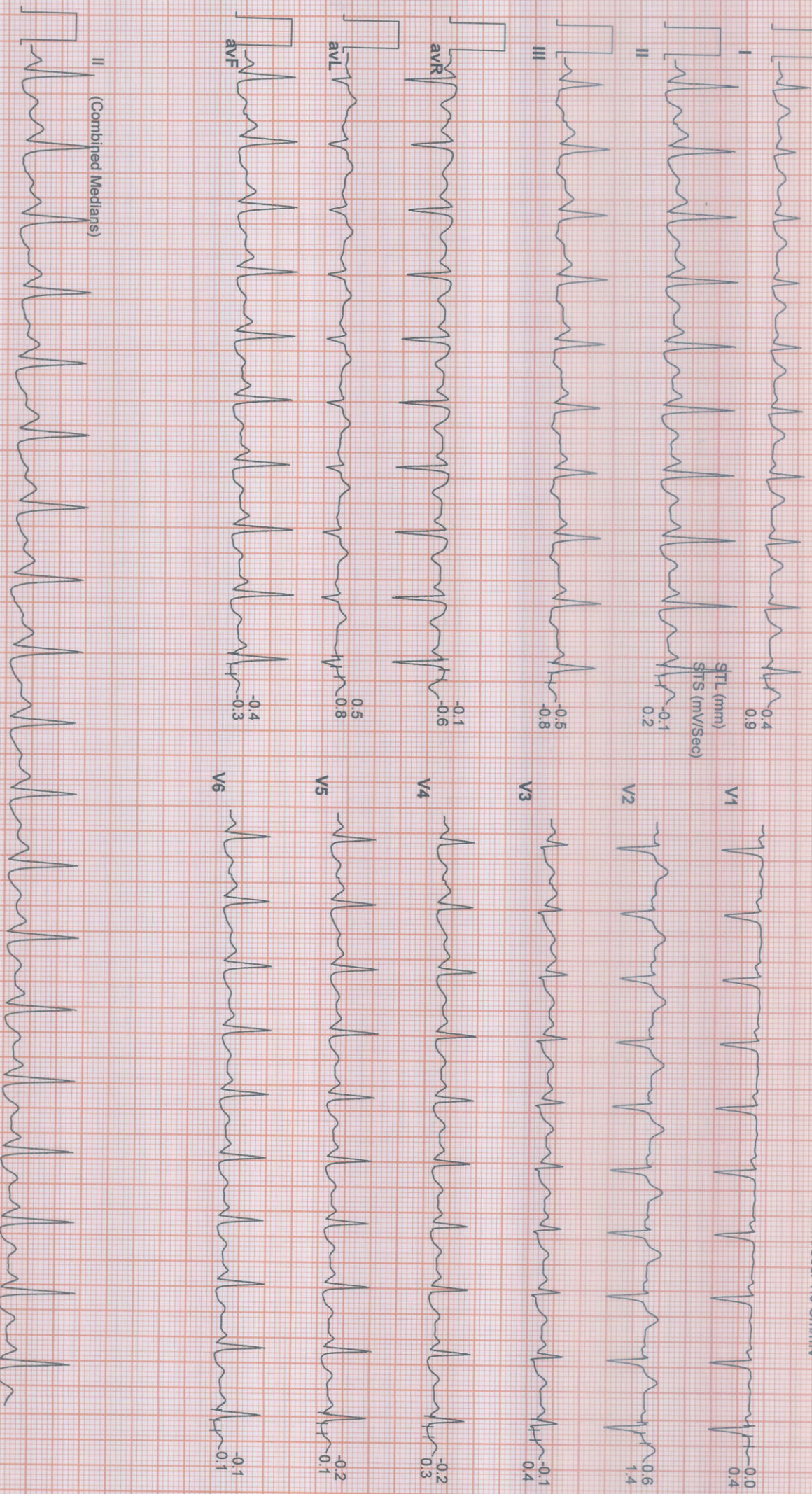
Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





Date: 11 / 04 / 2024 11:01:34 AM METs : 1.0 HR : 114 Target HR : 61% of 186 BP : 140/80 Post: J @80mSec

ExTime: 05:15 Speed: 0.0 mph Grade : 00:00 % 25 mm/Sec: 1.0 Cm/mV





Date: 11 / 04 / 2024 11:01:34 AM METs : 1.0 HR : 114 Target HR : 61% of 186 BP : 140/80 Post J @80mSec

EXTime: 05:15 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV

