



CID : 2408321814
Name : MS.PRIYA KUMARI
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : J B Nagar, Andheri East (Main Centre)

Collected : 23-Mar-2024 / 10:06
Reported : 23-Mar-2024 / 14:01

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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	10.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.78	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.2	36-46 %	Calculated
MCV	85.2	81-101 fl	Measured
MCH	28.3	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7910	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	32.8	20-40 %	
Absolute Lymphocytes	2594.5	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	450.9	200-1000 /cmm	Calculated
Neutrophils	57.2	40-80 %	
Absolute Neutrophils	4524.5	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	332.2	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	192000	150000-410000 /cmm	Elect. Impedance
MPV	11.5	6-11 fl	Measured
PDW	27.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **59** 2-20 mm at 1 hr. Sedimentation

Result rechecked.



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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 SDRL, Vidyavihar Lab

*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	30.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	31.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	20.4	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	86.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	21.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	10.2	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.59	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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eGFR, Serum	120	(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	6.3	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

*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
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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.

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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	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	-		

Kindly rule out contamination



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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 SDRL, Vidyavihar Lab
*** 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	AB
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

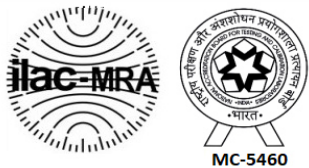
Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	235.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	338.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	33.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	202.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	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	58.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.3	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

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



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Collected : 23-Mar-2024 / 10:06
 Reported : 23-Mar-2024 / 14:04

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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	4.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.904	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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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 microU/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 ***



Anupa

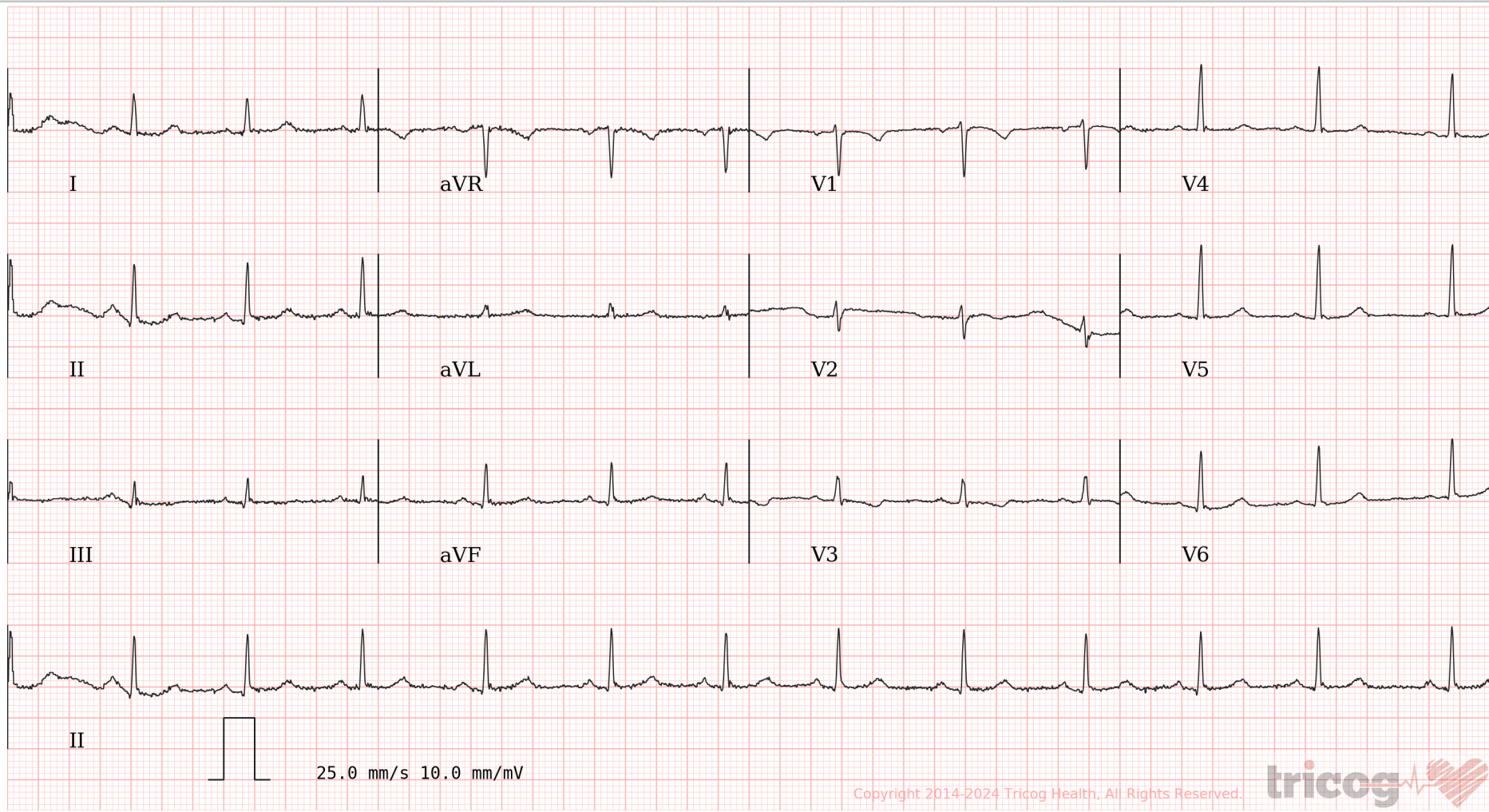
Dr.ANUPA DIXIT
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SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: PRIYA KUMARI
Patient ID: 2408321814

Date and Time: 23rd Mar 24 11:25 AM



Age **36** NA NA
years months days

Gender **Female**

Heart Rate **77bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 62 kg
Height: 150 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 72ms
QT: 386ms
QTcB: 436ms
PR: 148ms
P-R-T: 62° 51° 30°

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

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

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:-

CID:

Name:-

Ms Priya

Sex / Age: /

EYE CHECK UP

Chief complaints:

Nil

Systemic Diseases:

Nil

Past history:

Nil

Unaided Vision:

DL 6/6
6/6

MLO
MLO

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____	_____	_____	6/6	_____	_____	_____	6/6
Near	_____	_____	_____	M10	_____	_____	_____	M10

Colour Vision: Normal / Abnormal

Remark:

 **बैंक ऑफ बड़ोदा**
Bank of Baroda



नाम **प्रिया कुमारी**
Name **Priya Kumari**

कर्मचारी कूट क्र.
E.C. No. **119164**


जारीकर्ता प्राधिकारी
Issuing Authority


धारक के हस्ताक्षर
Signature of Holder

Priya Kumari

7709971567

DOB - 04-03-1988

Suburban Diagnostics India Pvt Ltd
Shop No.9/10/19/20, Wing -A, Bonanza Building ,
Sahar Plaza , Near Kohinoor Hotel,
Below J B Nagar Metro Station ,
Andheri -Kurla Road ,Andheri East ,Mumbai -400059

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Reg.Location : J B Nagar, Andheri East (Main Centre) Reported : 26-Mar-2024 / 12:27

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO PRESENT MEDICAL COMPLAINTS

EXAMINATION FINDINGS:

Height (cms):	150 CMS	Weight (kg):	63 KGS
Temp (0c):	AFBERILE	Skin:	NAD
Blood Pressure (mm/hg):	120/80 MMHG	Nails:	NAD
Pulse:	77/ MIN	Lymph Node:	NOT PALPABLE

Systems

Cardiovascular: S1 S2 HEARD

Respiratory: AEBE

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

CLIENT IS IN GOOD GENERAL HEALTH

DYSLIPIDEMIA,

USG- MILD HEPATOMEGALY, GRADE 1 FATTY LIVER, CHLELITHIASIS.

ADVICE:

CONSULT TO PHYSICIAN

CHIEF COMPLAINTS:

- | | |
|-----------------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

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- | | |
|--|------------|
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | LSCS- 2022 |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | VEG |
| 4) Medication | NO |

*** End Of Report ***

Dr.Anjana Maheshwari

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Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:03	0:03	00.0	00.0	01.0	091	49%	120/80	109	00	
Standing	00:22	0:19	00.0	00.0	01.0	094	51%	120/80	112	00	
Warm Up	00:42	0:20	00.0	00.0	01.0	092	50%	120/80	110	00	
Warm Up	01:02	0:20	00.0	00.0	01.0	085	46%	120/80	102	00	
ExStart	01:22	0:20	01.0	00.0	01.0	102	55%	120/80	122	00	
BRUCE Stage 1	04:22	3:00	01.7	10.0	04.7	142	77%	140/80	198	00	
BRUCE Stage 2	07:22	3:00	02.5	12.0	07.1	163	89%	160/80	260	00	
PeakEx	07:31	0:09	03.4	14.0	07.3	164	89%	180/80	295	00	
Recovery	08:31	1:00	01.1	00.0	01.2	150	82%	160/80	240	00	
Recovery	09:31	2:00	00.0	00.0	01.0	130	71%	140/80	182	00	
Recovery	10:31	3:00	00.0	00.0	01.0	116	63%	120/80	139	00	
Recovery	10:40	3:09	00.0	00.0	01.0	114	62%	120/80	136	00	

FINDINGS :

Exercise Time : 06:09
 Max HR Attained : 164 bpm 89% of Target 184
 Max BP Attained : 180/80
 Max Workload Attained : 7.3 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -0.8 mm in Stage 2
 History : Nil
 Test End Reasons : Test Complete, Heart Rate Achieved

DR. ASHISH V. DESHMUKH
 MD. (MEDICINE)
 CONSULTING PHYSICIAN
 REG. NO. 100001

(Signature)

Doctor : Dr. Ashish V Deshmukh

Suburban Diagnostics India Pvt Ltd
 Shop No. 9/10/19/20 Wing - A Balanza Building,
 Sahar Plaza, Near Fortinor Hotel,
 Below J B Nagar Metro Station,
 Andheri West, Mumbai - 400059



REPORT :

Interpretation :

GOOD EFFORT TOLERANCE
TACHYCARDIC CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA / ANGINAL EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION : STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

Disclaimer : Negative Stress test does not rule out Coronary Artery Disease
Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease
Hence Clinical Correlation is mandatory.

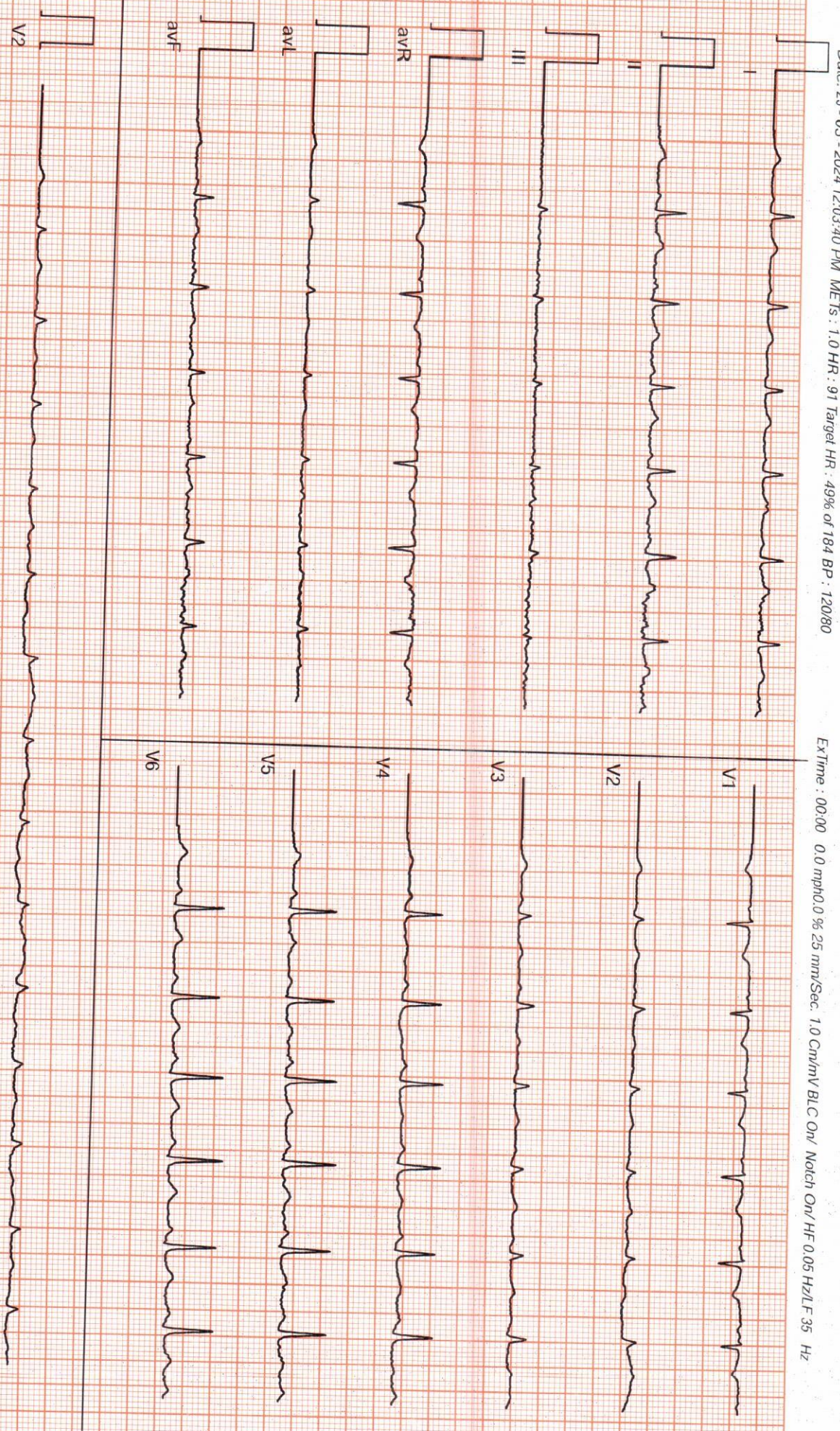
DR. ASHISH V. DESHMUKH
MD. (MEDICINE)
CONSULTING PHYSICIAN
REG. NO. 59997

Doctor : Dr Ashish V Deshmukh
Suburban Diagnostics India Pvt Ltd
Shop No. 9/117 Wing A, Boranra Building,
Sahar Plaza, 1st floor Hflr 1,
Below JB Nagar Metro Station,
Andheri, Kurla Road, Andheri East, Mumbai, 400059

Date: 23 - 03 - 2024 12:03:40 PM METS : 1.0 HR : 91 Target HR : 49% of 184 BP : 120/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm
BRUCE:Supine(0:07)



Date: 23 - 03 - 2024 12:03:40 PM METS : 1.0 HR : 94 Target HR : 51% of 184 BP : 120/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz/ LF 35 Hz

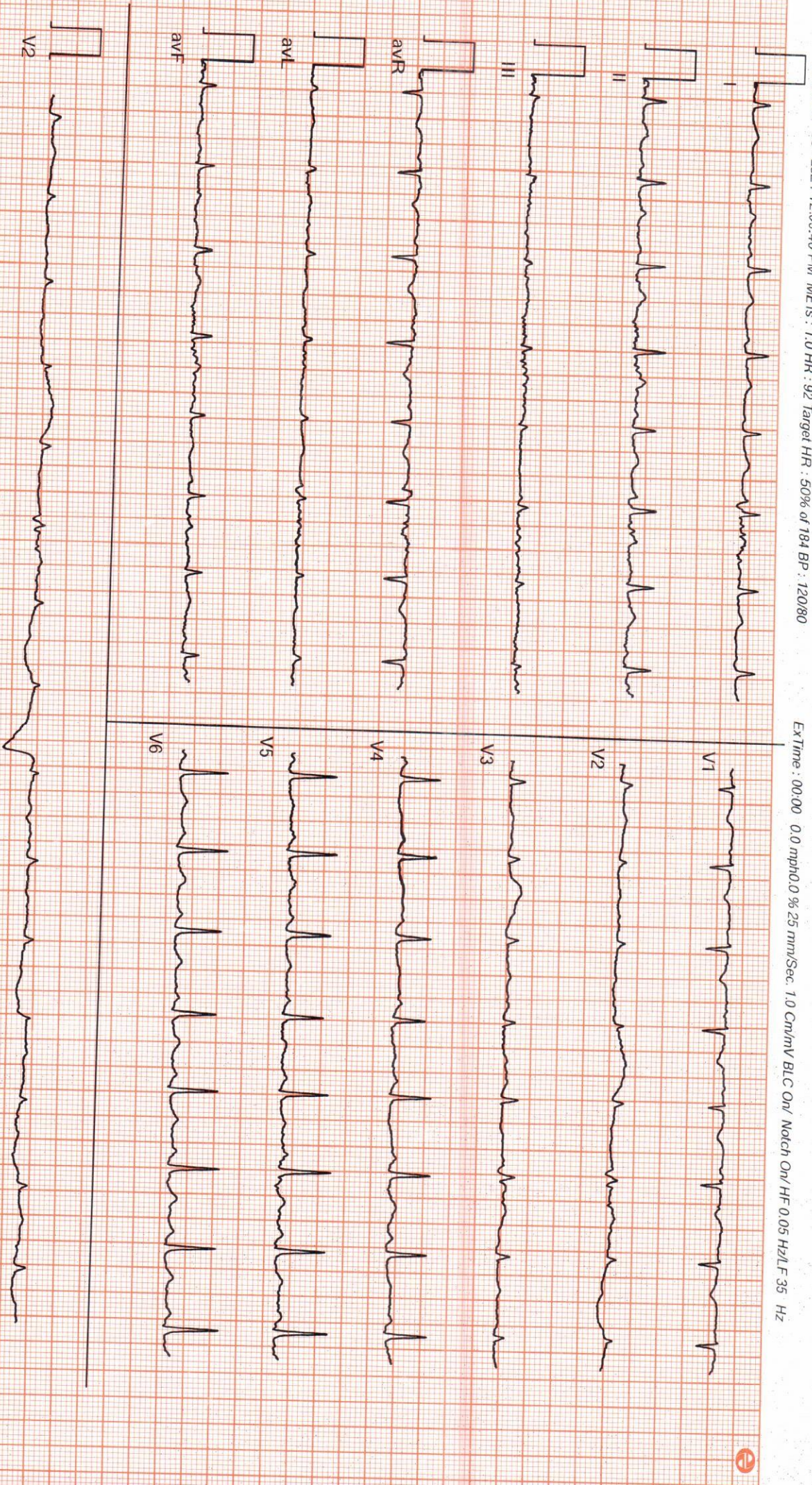
6 x 2 + Rhythm
BRUCE: Standing(0:19)



Date: 23 - 03 - 2024 12:03:40 PM METS : 1.0 HR : 92 Target HR : 50% of 184 BP : 120/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cn/mV BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

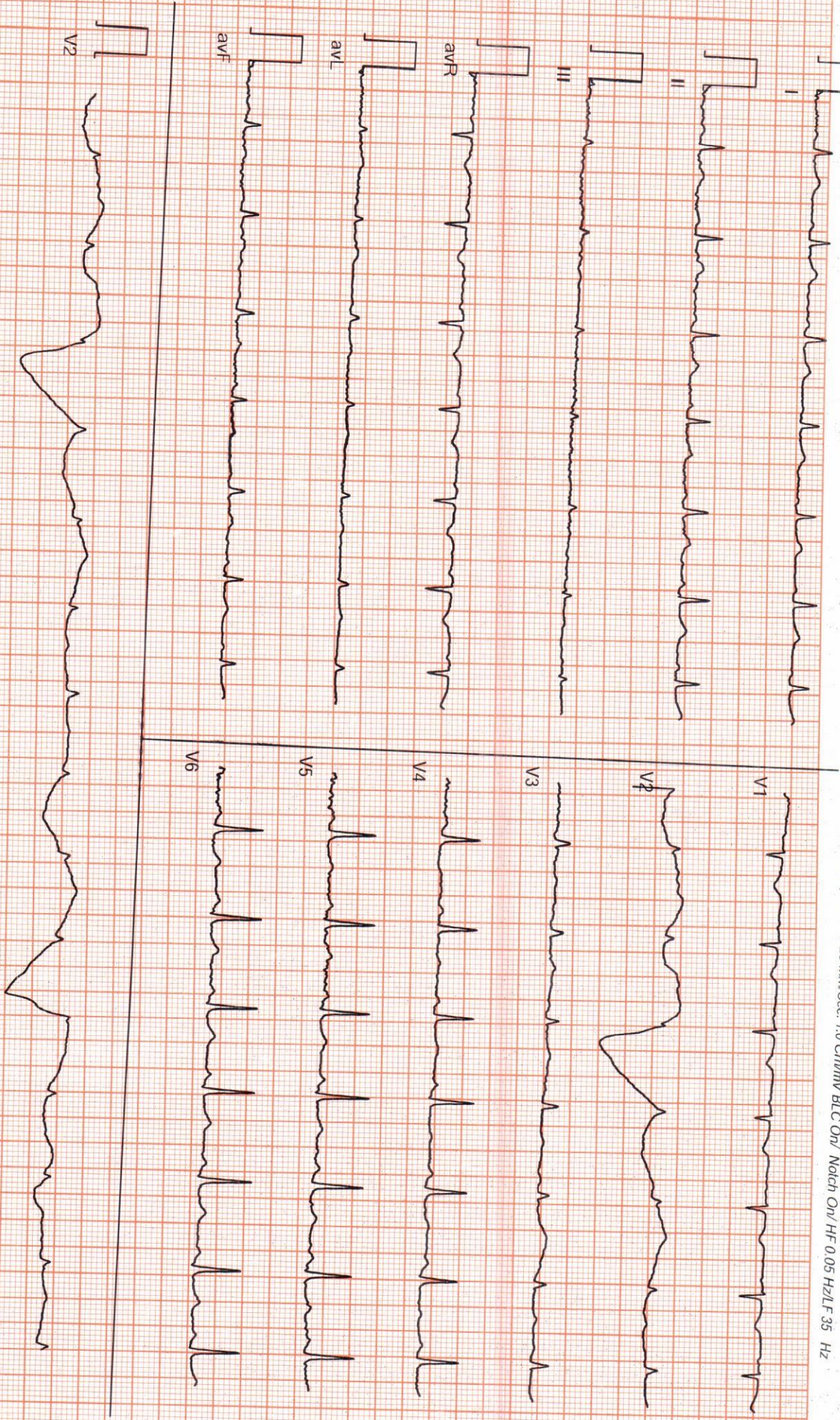
6 x 2 + Rhythm
BRUCE:HV(0:20)



Date: 23-03-2024 12:03:40 PM METs : 1.0 HR : 85 Target HR : 46% of 184 BP : 120/80

ExTime : 00:00 0.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

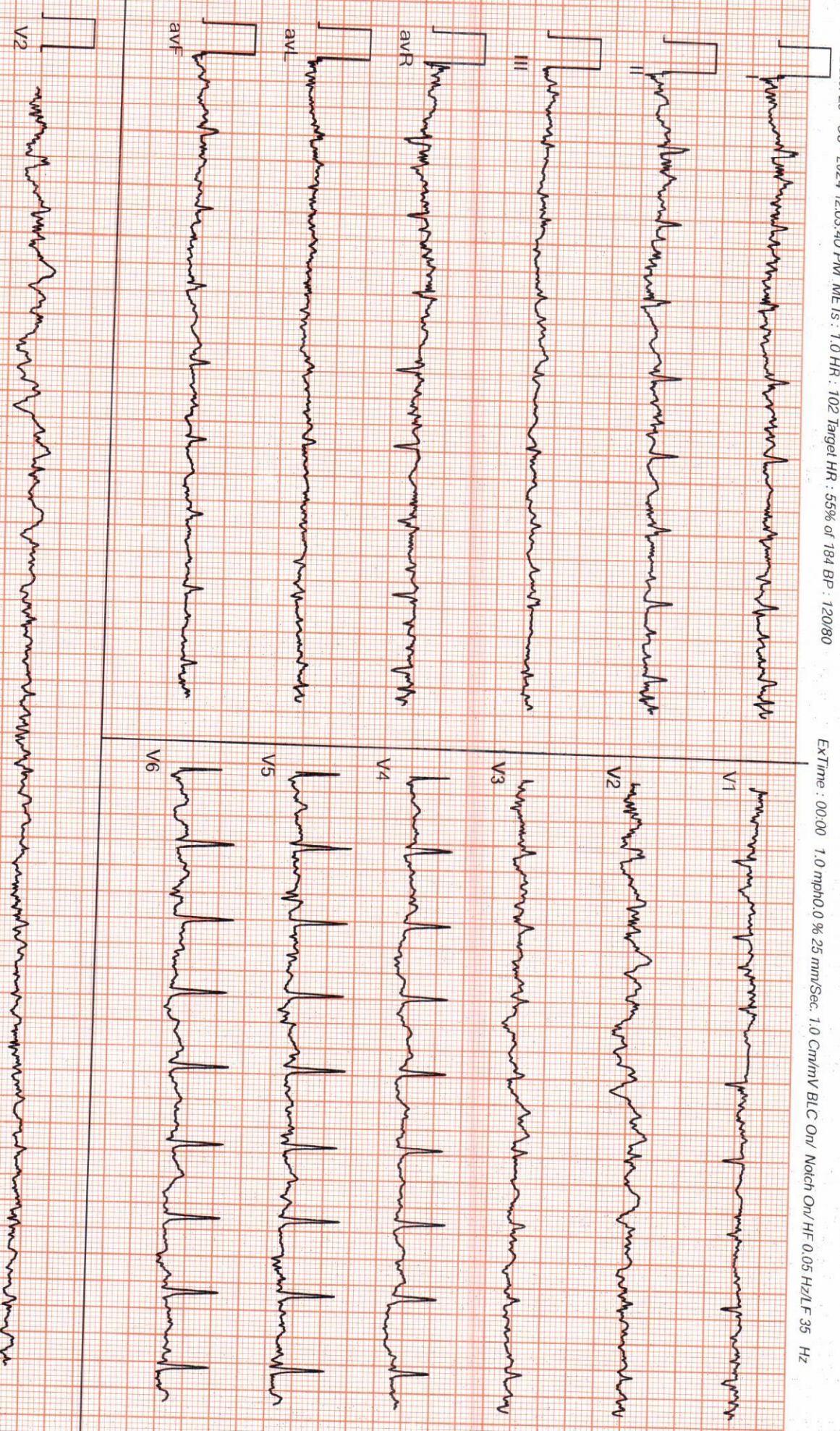
6 x 2 + Rhythm
BRUCE:Warm Up(0:20)



Date: 23 - 03 - 2024 12:03:40 PM METS : 1.0 HR : 102 Target HR : 55% of 184 BP : 120/80

EXTime : 00:00 1.0 mph/0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

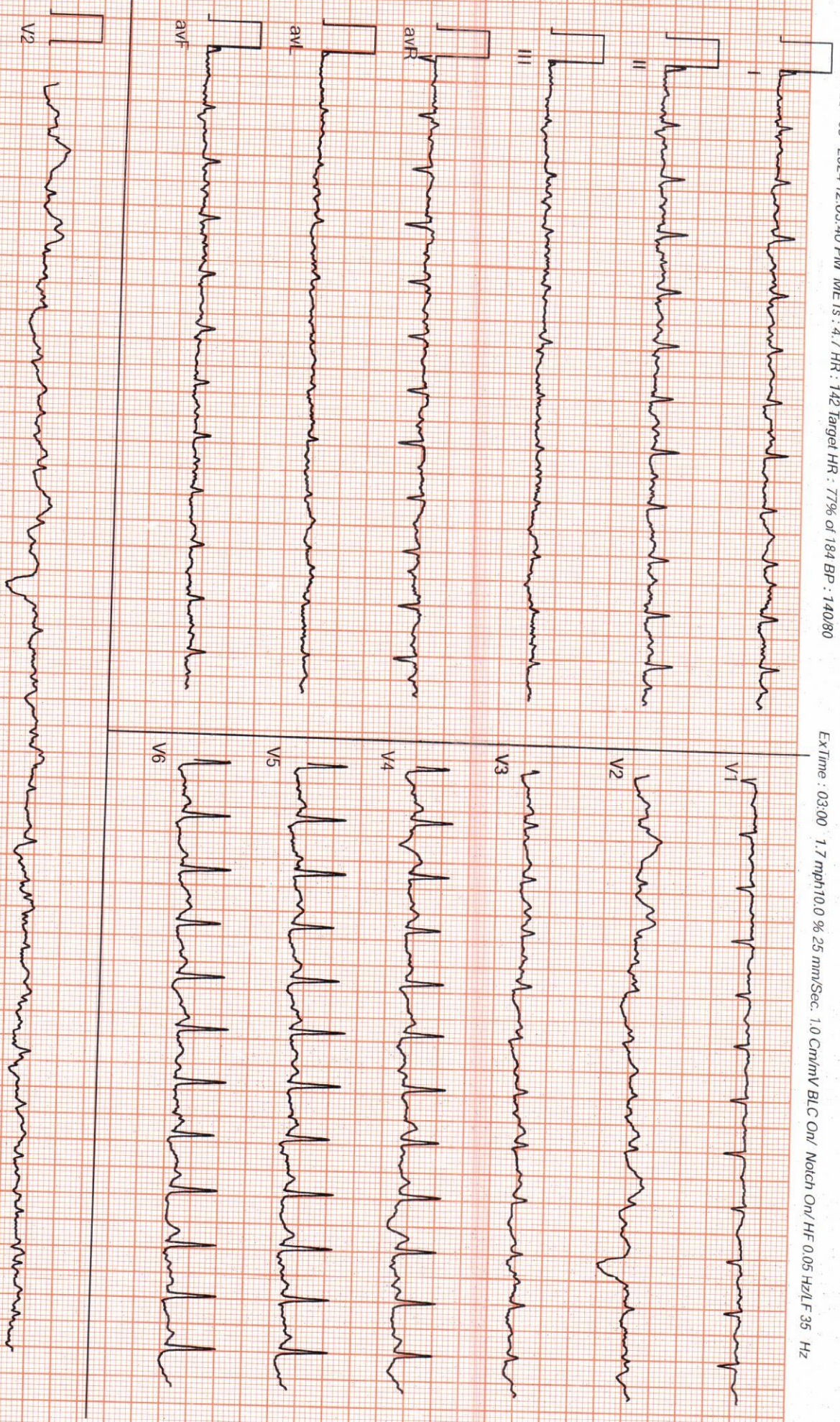
6 x 2 + Rhythm
ExStart



Date: 23-03-2024 12:03:40 PM METs: 4.7 HR: 142 Target HR: 77% of 184 BP: 140/80

EXTime: 03:00 1.7 mph 10.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

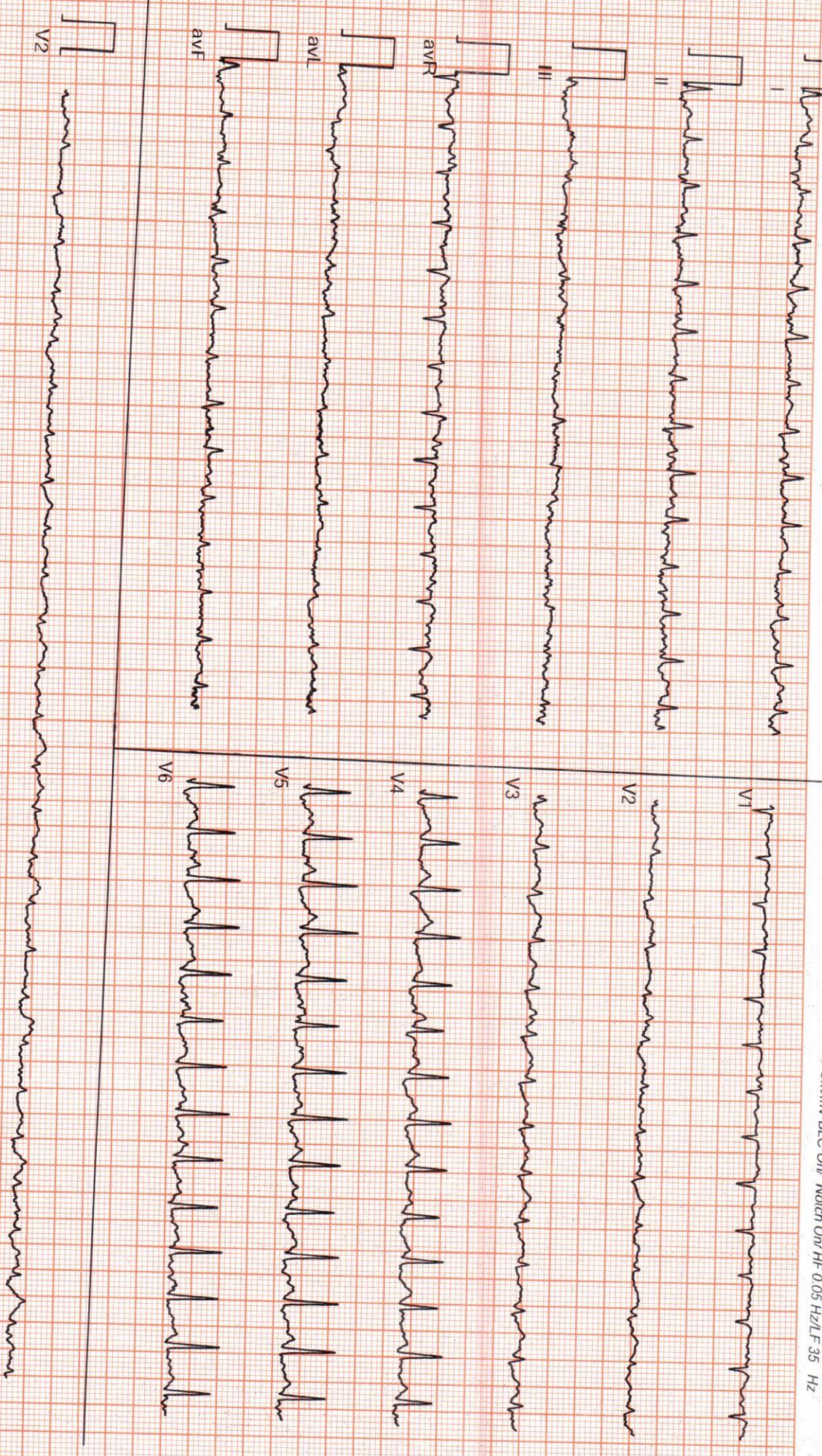
6 x 2 + Rhythm
BRUCE: Stage 1(3:00)



Date: 23-03-2024 12:03:40 PM METS : 7.1 HR : 163 Target HR : 89% of 184 BP : 160/80

ExTime : 06:00 2.5 mmh 12.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

6 x 2 + Rhythm
BRUCE: Stage 2(3:00)

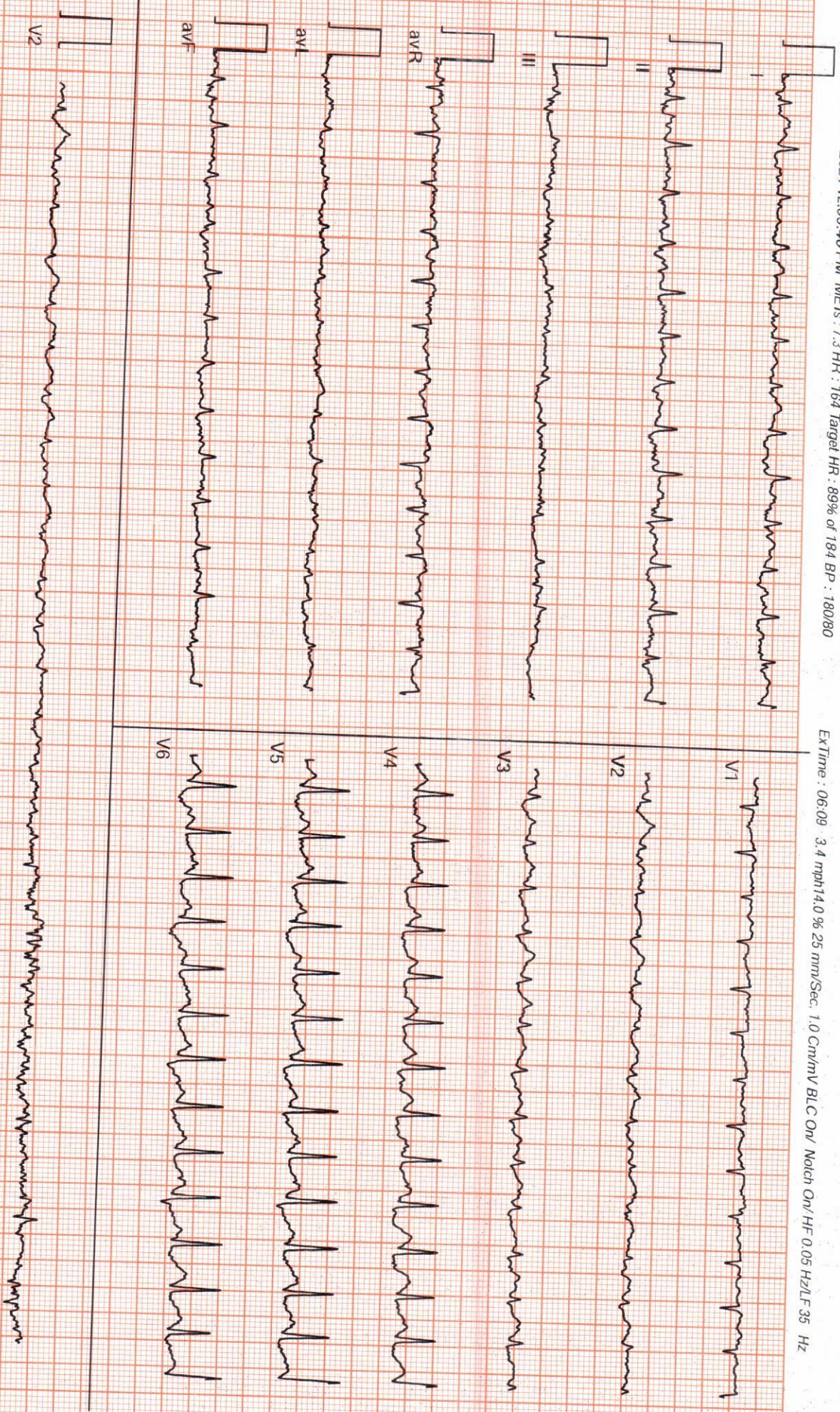


6 x 2 + Rhythm
PeakEx



Date: 23-03-2024 12:03:40 PM METs : 7.3 HR : 164 Target HR : 89% of 184 BP : 180/80

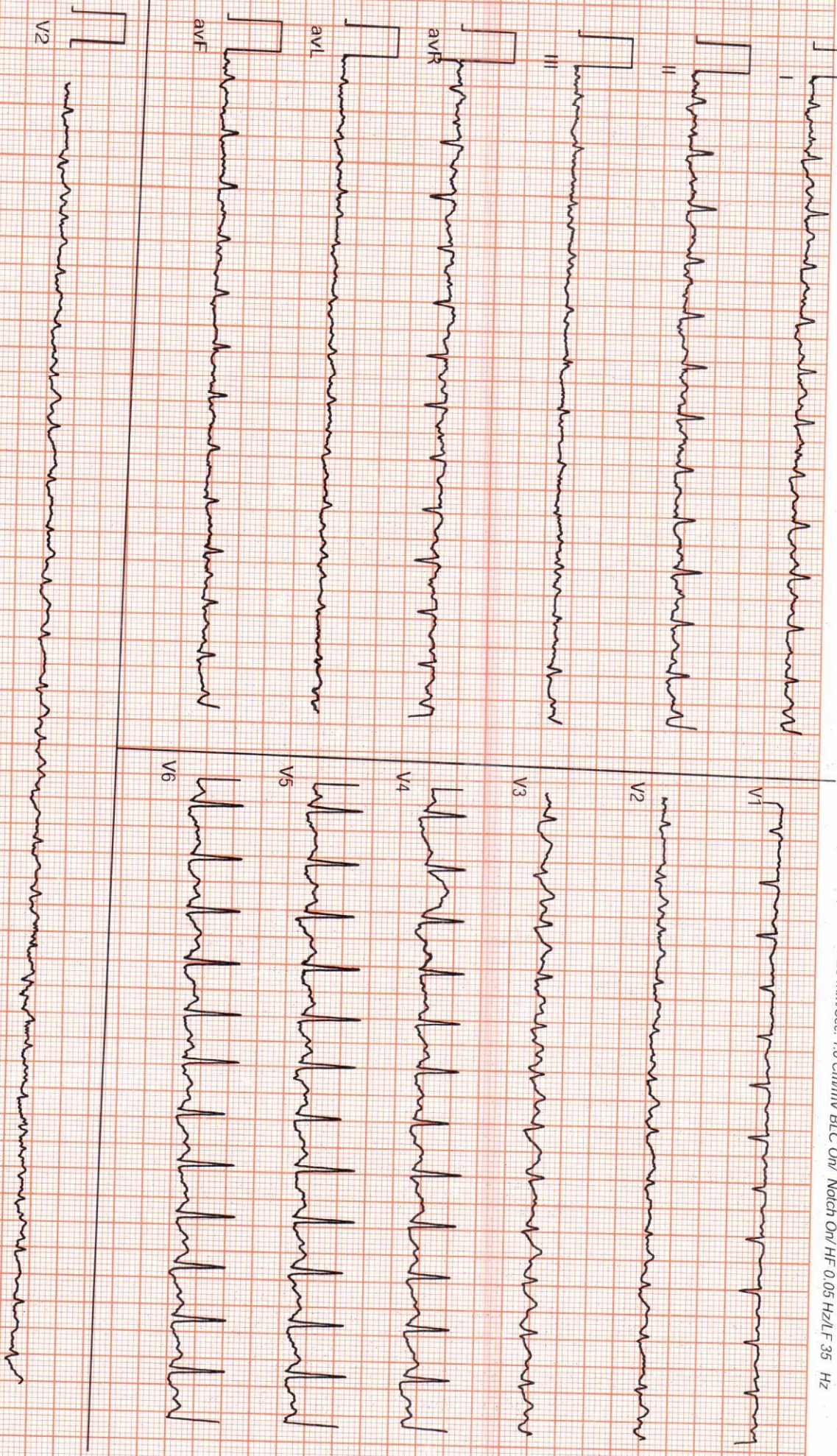
EXTime : 06:09 3.4 mph 14.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz



Date: 23-03-2024 12:03:40 PM METS : 1.2 HR : 150 Target HR : 82% of 184 BP : 160/80

6 x 2 + Rhythm
Recovery(1:00)

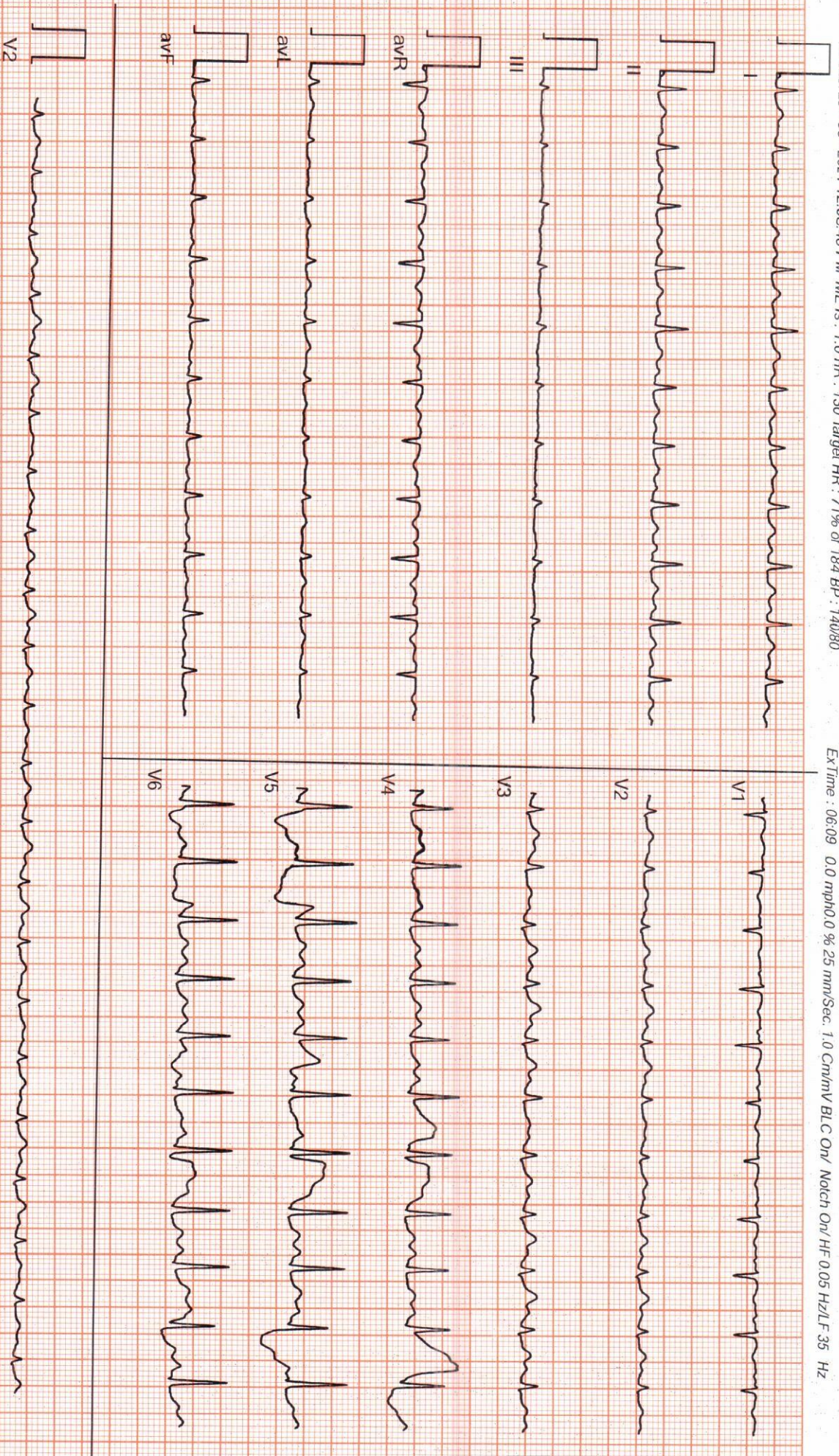
ExTime : 06:09 1.1 mph/0.0 % 25 mm/Sec. 1.0 Cm/rV BLC On/ Notch On/HF 0.05 HZLF 35 Hz



Date: 23 - 03 - 2024 12:03:40 PM METs : 1.0 HR : 130 Target HR : 71% of 184 BP : 140/80

ExTime : 06:09 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Notch On/ HF 0.05 HZ LF 35 Hz

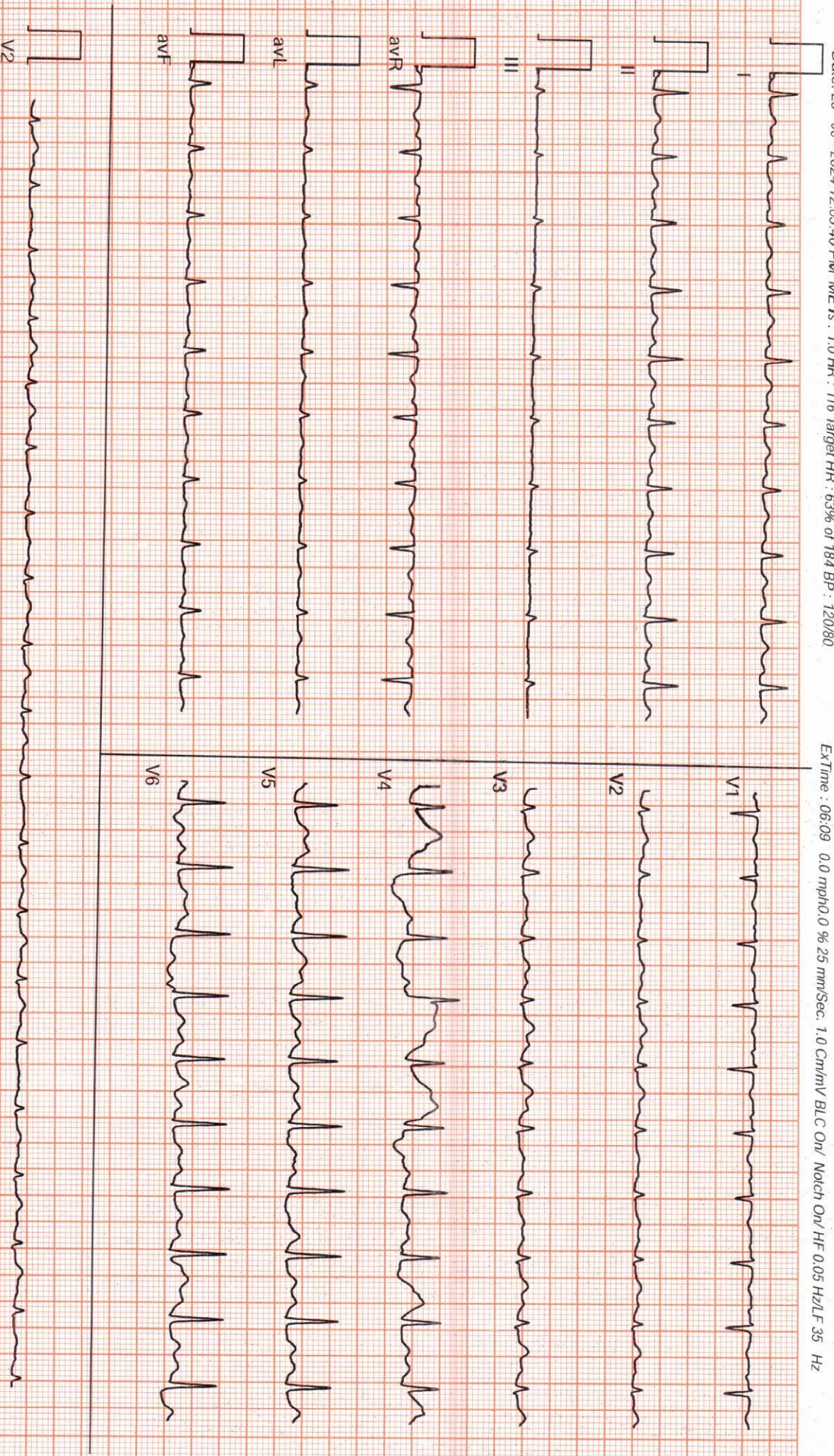
6 x 2 + Rhythm
Recovery(2:00)



Date: 23 - 03 - 2024 12:03:40 PM METs : 1.0 HR : 116 Target HR : 63% of 184 BP : 120/80

ExTime : 06:09 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz LF 35 Hz

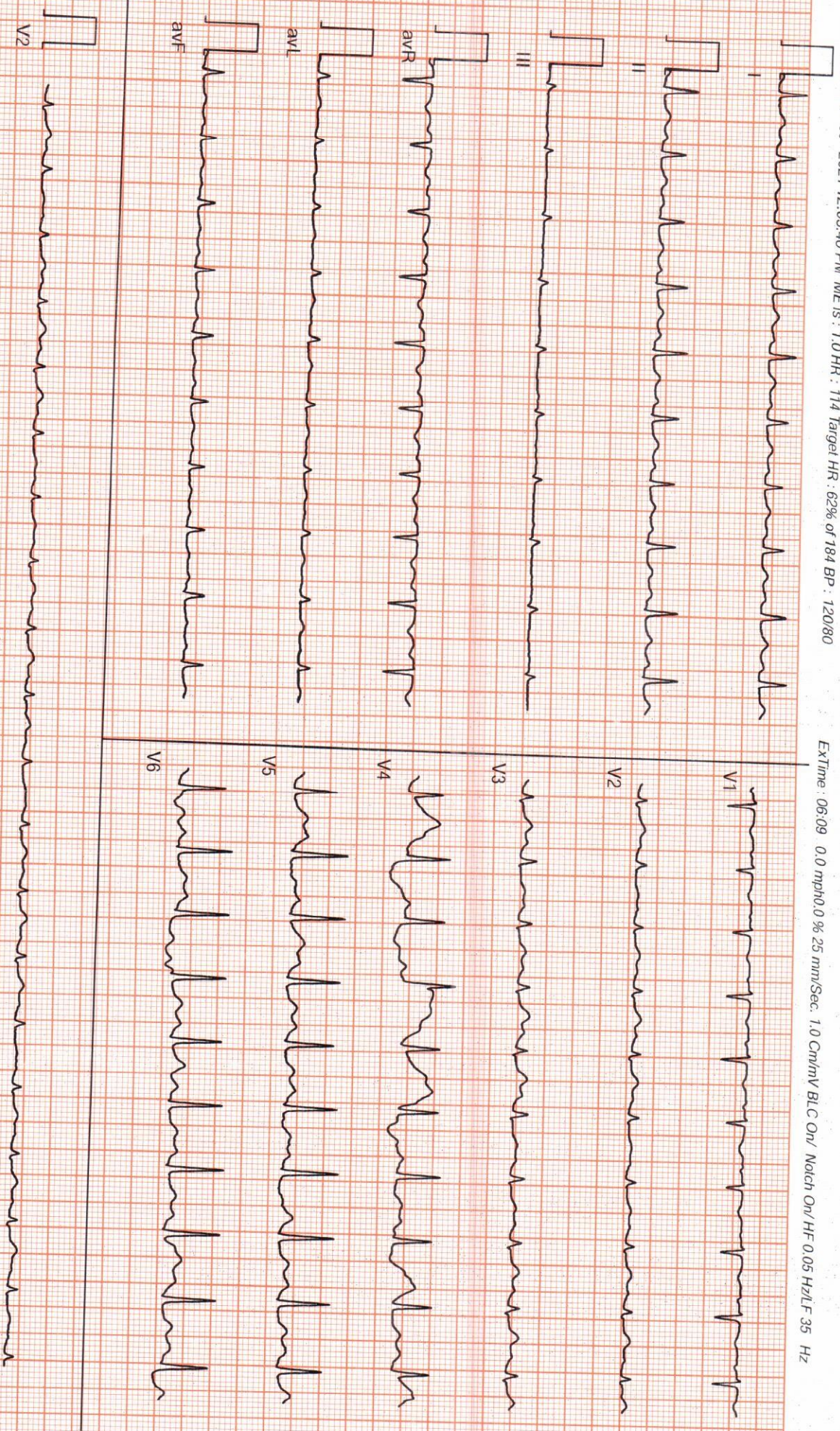
6 x 2 + Rhythm
Recovery(3:00)



Date: 23 - 03 - 2024 12:03:40 PM METs : 1.0 HR : 114 Target HR : 62% of 184 BP : 120/80

ExTime : 06:09 0.0 mph 0.0 % 25 mm/Sec. 1.0 Cm/mV BLC On/ Natch On/ HF 0.05 Hz LF 35 Hz

6 x 2 + Rhythm
Recovery(3:09)





CID : 2408321814
Name : Ms PRIYA KUMARI
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024/11:48

USG WHOLE ABDOMEN

LIVER:

The liver is **mildly enlarged** in size(15.4 cm), shape and smooth margins. It shows **raised** 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 distended .No evidence of mass lesions seen.

Evidence of multiple echogenic calculi are noted in gall bladder, largest measuring 14 x 7 mm in size.

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 9.9 x 3.7 cm.

Left kidney measures 10.4 x 4.7 cm.

SPLEEN:

The spleen is normal in size (10.5 cm)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 reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.It measures 7.2 x 3.7 x 4.5 cm in size.The endometrial thickness is 5.1 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.

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

Right ovary = 2.5 x 1.6 cm.

Evidence of a dominant follicle measuring 10 x 7 mm is noted in right ovary.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032310050285>



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Reg. Date : 23-Mar-2024
Reported : 23-Mar-2024/11:48

Left ovary = 2.5 x 1.6 cm.

No free fluid in POD.

IMPRESSION:-

- **Mild hepatomegaly with grade I fatty liver.**
- **Cholelithiasis without cholecystitis.**

ADV: Clinical correlation.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



Use a QR Code Scanner
Application To Scan the Code

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Name : Ms PRIYA KUMARI
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 23-Mar-2024
Reported : 26-Mar-2024/09:10

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297



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Reg. Location : J B Nagar, Andheri East Main Centre

Reg. Date : 23-Mar-2024
Reported : 26-Mar-2024/09:10
