

Name : MRS.JIGISHA DINESH JADAV

Age / Gender : 34 Years / Female

Consulting Dr. : -

Reg. Location: Bhayander East (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

Collected : 29-Mar-2024 / 08:44 Reported : 29-Mar-2024 / 12:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC ((Com	plete	Blood	Count)	<u>, Blood</u>

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.52	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.8	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7060	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	25.6	20-40 %	
Absolute Lymphocytes	1807.4	1000-3000 /cmm	Calculated
Monocytes	6.8	2-10 %	
Absolute Monocytes	480.1	200-1000 /cmm	Calculated
Neutrophils	62.6	40-80 %	
Absolute Neutrophils	4419.6	2000-7000 /cmm	Calculated
Eosinophils	4.7	1-6 %	
Absolute Eosinophils	331.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	21.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	281000	150000-400000 /cmm	Elect. Impedance
MPV	8.4	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia -Microcytosis -

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Consulting Dr. : - Collected : 29-Mar-2024 / 08:44

Reg. Location : Bhayander East (Main Centre) Reported : 29-Mar-2024 / 12:10

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 16 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 Borivali Lab, Borivali West
*** End Of Report ***





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

Authenticity Check

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Page 2 of 9

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.



Name : MRS.JIGISHA DINESH JADAV

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Reported :29-Mar-2024 / 15:12

<u>AERFO</u>	CAMI HEALTHCARE BE	LOW 40 MALE/FEMALE	_
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.74	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	18.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	64.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.3	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	114	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45- 59 Moderate to severe decrease: 30 -44 Severe decrease: 15-29 Kidney failure: < 15	



Name : MRS.JIGISHA DINESH JADAV

: 34 Years / Female Age / Gender

Consulting Dr.

: Bhayander East (Main Centre) Reg. Location

Authenticity Check

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:29-Mar-2024 / 08:44 :29-Mar-2024 / 17:42

Reported

Collected

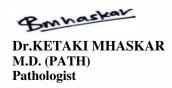
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 5.2 2.4-5.7 mg/dl Enzymatic

Urine Sugar (Fasting) Absent Absent Urine Ketones (Fasting) Absent **Absent**

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





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Name : MRS.JIGISHA DINESH JADAV

Age / Gender : 34 Years / Female

Consulting Dr. Collected Reported

Reg. Location : Bhayander East (Main Centre)



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: 29-Mar-2024 / 08:44 :29-Mar-2024 / 15:26

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

BIOLOGICAL REF RANGE PARAMETER RESULTS METHOD

HPLC Glycosylated Hemoglobin 5.6 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Estimated Average Glucose 114.0 mg/dl Calculated (eAG), EDTA WB - CC

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 ***





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

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Name : MRS.JIGISHA DINESH JADAV

Age / Gender : 34 Years / Female

Consulting Dr. Collected : 29-Mar-2024 / 08:44 Reported :29-Mar-2024 / 15:43 Reg. Location : Bhayander East (Main Centre)

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

RESULTS PARAMETER

ABO GROUP В

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.

Refernces:

- 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 ***





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

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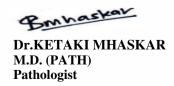
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	156.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.4	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	34.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	122.5	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	16.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***









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Consulting Dr. : -

Reg. Location: Bhayander East (Main Centre)



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Reported :29-Mar-2024 / 13:54

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.2	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	1.51	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



Name : MRS.JIGISHA DINESH JADAV

Age / Gender : 34 Years / Female

Consulting Dr. : - Collected : 29-Mar-2024 / 08:44

Reg. Location : Bhayander East (Main Centre) Reported :29-Mar-2024 / 13:54

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 becuase 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.
- Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

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

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





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

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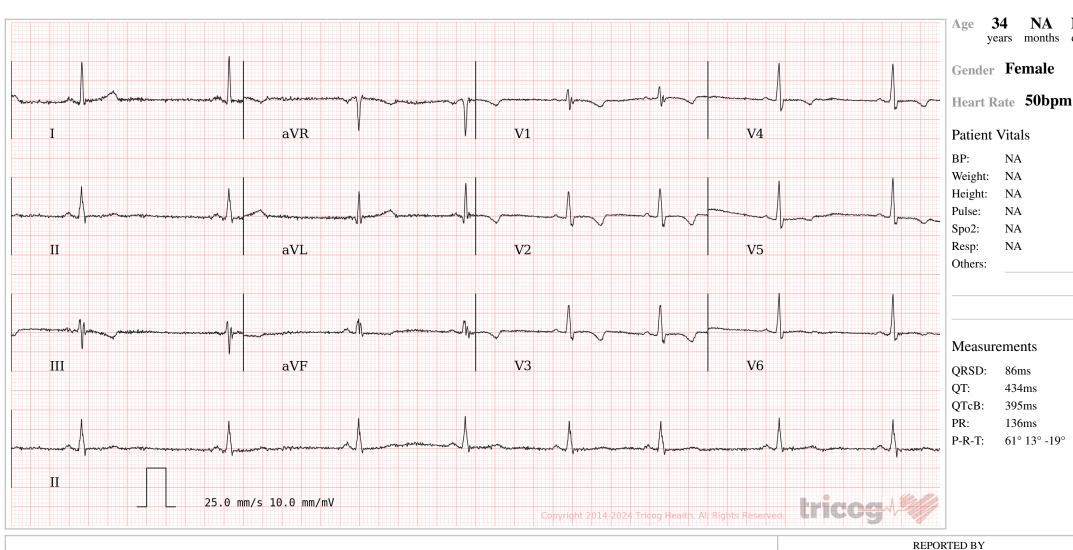
SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: JIGISHA DINESH JADAV

Date and Time: 29th Mar 24 8:53 AM

Patient ID: 2408912815



Sinus Bradycardia, Normal axis. Prominent R wave with T wave inversion in V1-V5 and inferior leads. Please correlate clinically.

.

Hom

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

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.

Name 5 N 0 5: MRS.JIGISHA DINESH JADAV

Age / Gender : 34 Years/Female

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

: 29-Mar-2024 / 08:34

Reported

: 29-Mar-2024 / 15:13

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PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

156

Weight (kg):

77

Temp (0c):

Afebrile

Skin:

NAD

Blood Pressure (mm/hg): 120/80

Nails:

NAD

Pulse:

88/min

Lymph Node:

Not Palpable

Systems

Cardiovascular: S1S2-Normal Chest-Clear Respiratory:

Genitourinary:

NAD

GI System:

NAD

IMPRESSION: CBC, Brochemistry, TMT, CXR

OSG 10 90. He patomegaly with & I faithy like

ADVICE: B/L Polyaphic Overmond Nother Huian Cyst.

CHIEF COMPLAINTS

CHIEF COMPLAINTS:

1) Hypertension:

No

2) IHD No

Arrhythmia

No

4) Diabetes Mellitus

No

5) Tuberculosis

No

6) Asthama

No

Pulmonary Disease

No

G N O S: MRS. JIGISHA DINESH JADAV

kge / Gender : 34 Years/Female

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

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: 29-Mar-2024 / 08:34

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Reported : 29-Mar-2

: 29-Mar-2024 / 15:13

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

Reg. No. 2017/12/5653



2468912815 CID: 29/3/24 Jigisha Dabhojs Sex/Age: 34/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

NO

RE (F 616 616 N16 N10

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:



आयकर विभाग

INCOME TAX DEPARTMENT

JIGISHA SHAILESH DABHOYA DINESH BHIKABHAI JADAV

25/05/1989

Permanent Account Number

AJXPJ4246M

Duka

भारत सरकार GOVT. OF INDIA





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SOBORE	EMail:

12347448 (2408912815) / JIGISHA DINEŞH JADAV / 34 Yrs / F / 156 Cms / 77 Kg Date: 29 / 03 / 2024 09:11:12 AM

Report

	Comments					,		16				
	PVC 00	00	00	00 00	00 00	00	06			INV IV	ADQ ICIDA	, 3
	R РР		133	217	192	105	60	186			9.110	W Composition of the composition
	120/80	120/80	130/80	150/80	160/80	120/80		Max HR Attained 163 bpm 88% of Target 186	nm/Hg)	DR	MBES	
100	28 % 28 %	29 %	55 % 66 %	78%	65 % 54 %	47%		ed 163 bpm (n) 08/80 (n		2000	
Rate	053	054	123	163	101	088		x HR Attain		1	SUBURBAN DIACHTOTIOS III PALL SIGNAL	15 2 2
METs	01.0	01.0	04.7	10.7	010	010					MCModul	
	0.00	10.0	12.0	16.0	00.00	00.0		1386	II & -4.7 mm in PeakEx		SUBURBANDIA	Silva Majoria
Speed(mph)	0.00	7.10	02.5	04.2	0.00	0.00		. 54 bpm 29% of Target 186 . 120/80 (mm/Hg) . 10.7 Good respect	nm in PeakE			
Duration 0:16	0:06	3:00	3:00	1.00			: 09.27	54 bpm 29% of T 120/80 (mm/Hg)	07.7	Test Complete		
30:16	00:22	03.29	09.29					Ped	vg ST Value			
						-	Time	Initial BP (ExStr) Max WorkLoad Attained Max ST Dec	Duke Treadmill Score : 07.7 Test End Reasons			
Supine	HV Exstart	BRUCE Stage 1	BRUCE Stage 3 PeakEx	Recovery	Recovery	FINDINGS:	Exercise Time Initial HR (Exstre)	Initial BP (Exstrt) Max WorkLoad At Max ST Des	Duke Treadmill Sc Test End Reasons			

AGTE

234/448 / JIGISHA DINESH JADAV / 34 Yrs / F / 156 Cms / 77 Kg Date: 29 / 03 / 2024 09:11:12 AM

SUBURBAN DITCHO TO AN PUT LTD. MBBS, D. CARDIOLOGY 2011/03/0587 Phone: 422-64100000 DR. SMITA VALANI Doctor: DR.SMITA VALANI Modow Korne Ton Shop N. NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY BASELINE ECG S/O T WAVE INVERSION IN V2-V5 NO ANGINA AND ANGINA WOUNALENT GOOD CHRONOTROPIC RESPONSE GOOD INOTROPIC RESPONSE GOOD EFFORT TOLERANCE TARGET HR ACHIEVED EXERCISE INDUCED ARRYTHMIAS HAEMODYNAMIC RESPONSE CHRONOTROPIC RESPONSE REASON FOR TERMINATION EXERCISE TOLERANCE FINAL IMPRESSION REPORT:

DIAGNOSTICS BHAYANDER

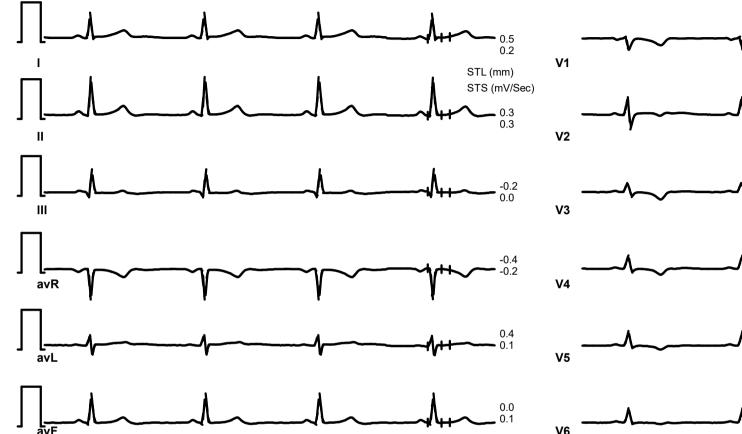
*GHPL SUPINE (00:01)

12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 RhythmBRUCE:Supine(0:17)

AGHPL

Date: 29 / 03 / 2024 09:11:12 AM METs: 1.0 HR: 53 Target HR: 28% of 186 BP: 120/80 Post J @80mSec



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



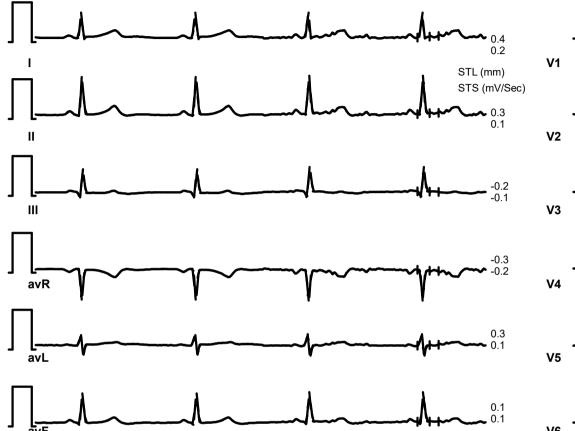


12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

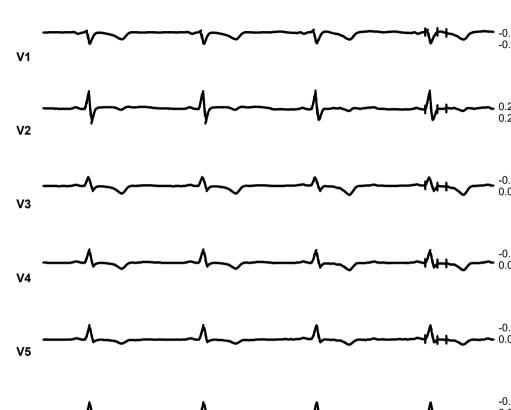
6X2 Combine Medians + 1 RhythmBRUCE:Standing(0:07)



Date: 29 / 03 / 2024 09:11:12 AM METs: 1.0 HR: 53 Target HR: 28% of 186 BP: 120/80 Post J @80mSec



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





12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

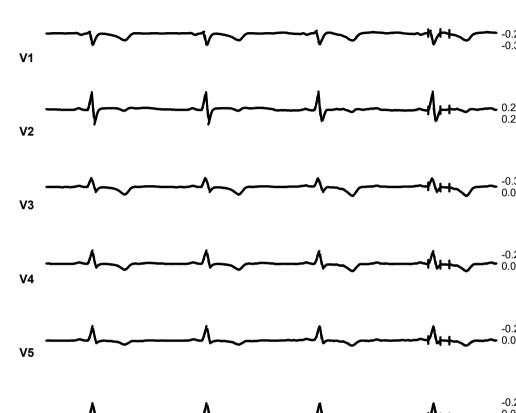
6X2 Combine Medians + 1 Rhythm BRUCE:HV(0:05)

ÄGHPL

Date: 29 / 03 / 2024 09:11:12 AM METs: 1.0 HR: 54 Target HR: 29% of 186 BP: 120/80 Post J @80mSec



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





12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 RhythmExStart



Date: 29 / 03 / 2024 09:11:12 AM METs : 1.1 HR : 54 Target HR : 29% of 186 BP : 120/80 Post J @80mSec



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





12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 RhythmBRUCE:Stage 1(3:00)

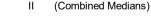
AGHPL

Date: 29 / 03 / 2024 09:11:12 AM METs: 4.7 HR: 103 Target HR: 55% of 186 BP: 130/80 Post J @80mSec



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







12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

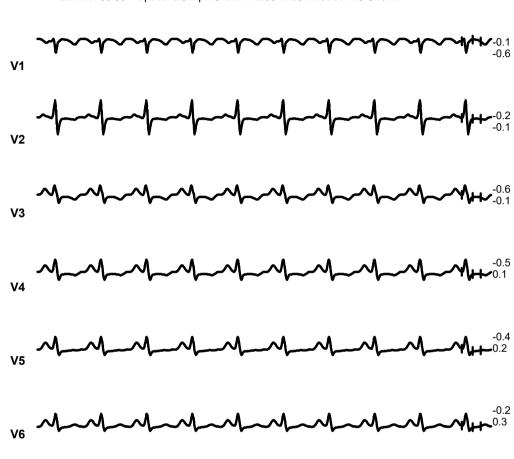
6X2 Combine Medians + 1 Rhythm BRUCE:Stage 2(3:00)



Date: 29 / 03 / 2024 09:11:12 AM METs: 7.1 HR: 123 Target HR: 66% of 186 BP: 140/80 Post J @80mSec



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



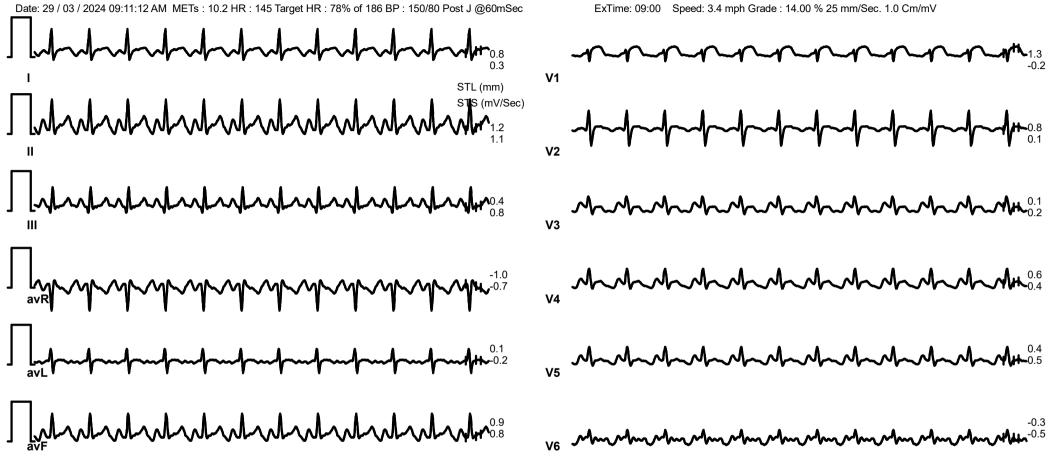
(Combined Medians)

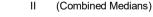


12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

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

ExTime: 09:00 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV





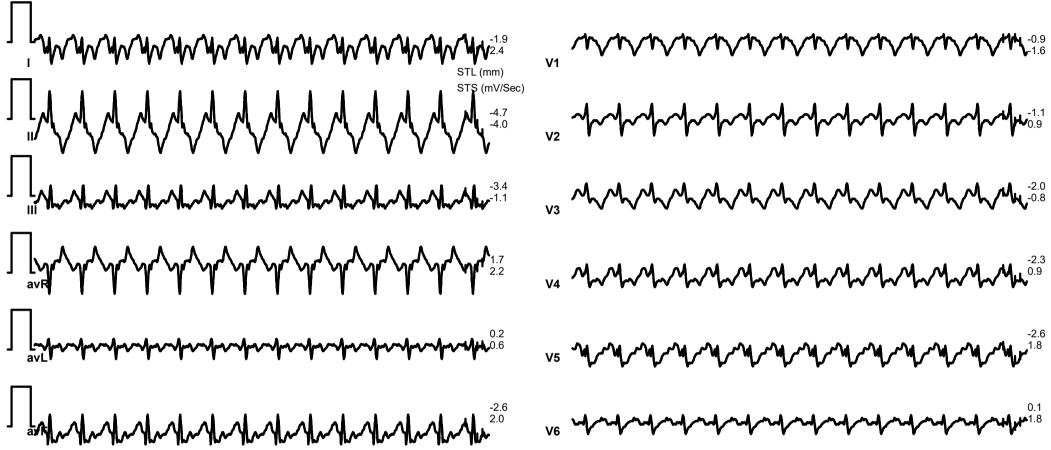


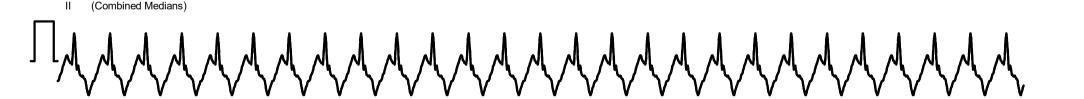
12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 29 / 03 / 2024 09:11:12 AM METs: 10.7 HR: 163 Target HR: 88% of 186 BP: 150/80 Post J @60mSec ExTime: 09:28 Speed: 4.2 mph Grade: 16.00 % 25 mm/Sec. 1.0 Cm/mV



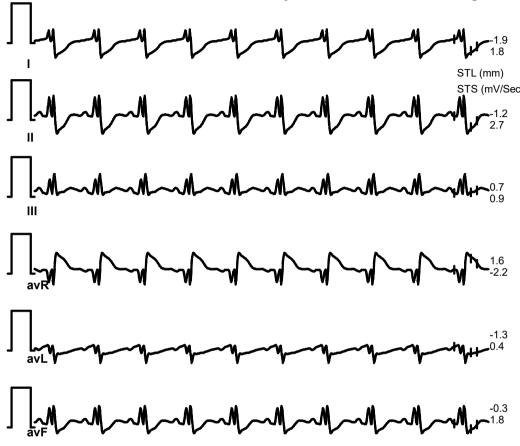


12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

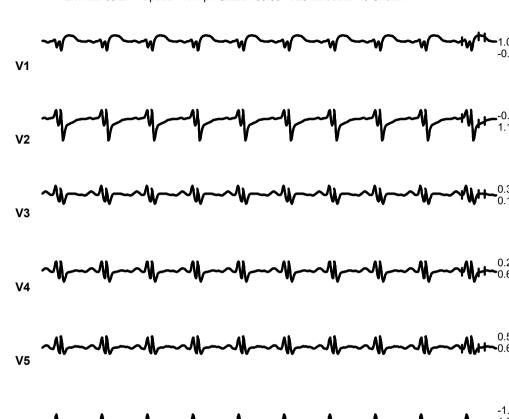
6X2 Combine Medians + 1 Rhythm Recovery(1:00)



Date: 29 / 03 / 2024 09:11:12 AM METs: 4.2 HR: 120 Target HR: 65% of 186 BP: 160/80 Post J @60mSec



ExTime: 09:27 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV





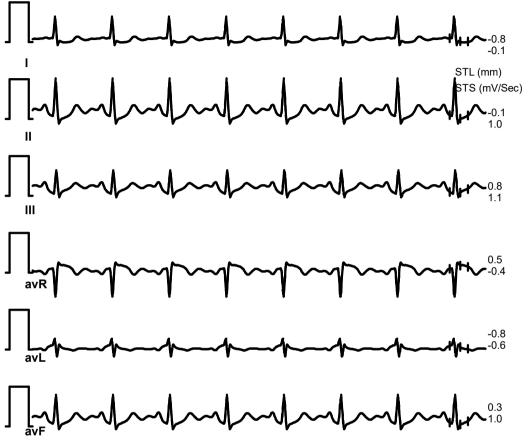


12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

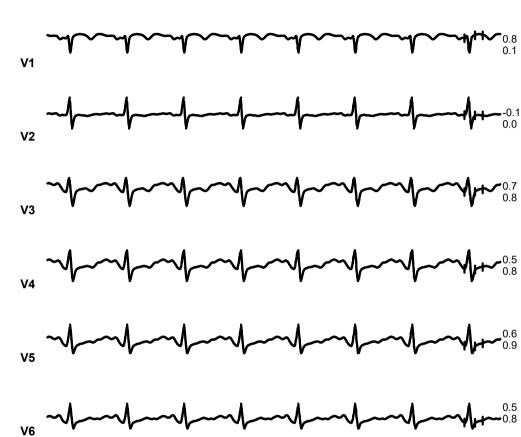
6X2 Combine Medians + 1 Rhythm Recovery(2:00)







ExTime: 09:27 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



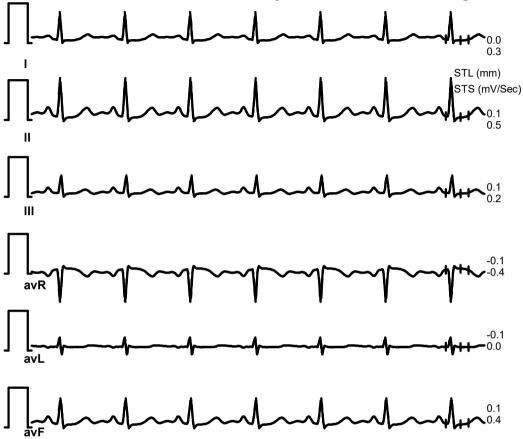


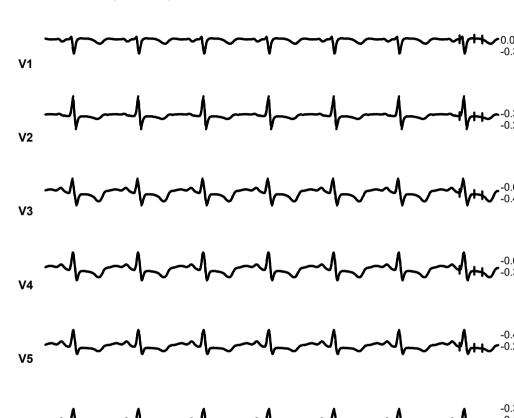
12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm Recovery(4:00)



Date: 29 / 03 / 2024 09:11:12 AM METs: 1.0 HR: 88 Target HR: 47% of 186 BP: 120/80 Post J @80mSec





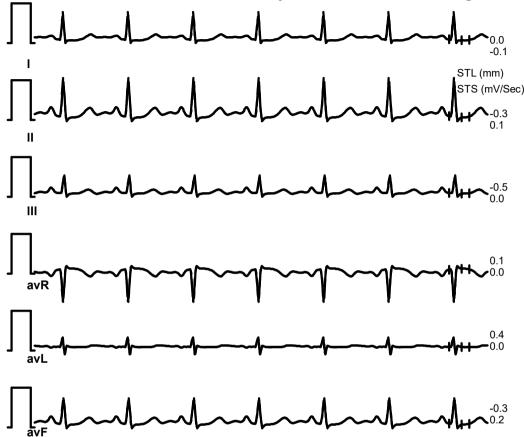


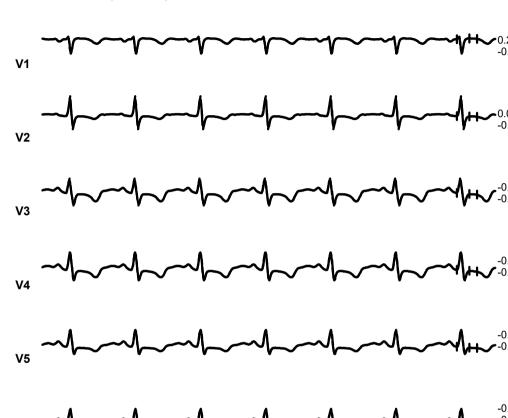
12347448 / JIGISHA DINESH JADAV / 34 Yrs / Female / 156 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm Recovery(4:07)



Date: 29 / 03 / 2024 09:11:12 AM METs: 1.0 HR: 88 Target HR: 47% of 186 BP: 120/80 Post J @80mSec









Name : Mrs JIGISHA DINESH JADAV

Age / Sex : 34 Years/Female

Ref. Dr : Reg. Date : 29-Mar-2024

Reg. Location: Bhayander East Main Centre **Reported**: 29-Mar-2024/21:13



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USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (17.3 cm) with 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. (PV- 7.8 mm)

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 visualised 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 9.8×4.0 cm. Left kidney measures $\sim 9.5 \times 4.3$ 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. 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 $8.6 \times 5.1 \times 3.1$ cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 3.2 mm and appears normal. A $1.0 \times 0.9 \times 1.0 \times$



Name : Mrs JIGISHA DINESH JADAV

Age / Sex : 34 Years/Female

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OVARIES:

Right ovary: 3.6 x 2.5 x 1.2 cm, Vol: 5.9 cc. Left ovary: 3.1 x 2.9 x 1.7 cm, Vol: 8.3 cc.

Normal size ovaries with few small peripherally placed follicles.

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.
- Normal size ovaries with few small peripherally placed follicles- Suggest Hormonal correlation.
- Nabothian cyst.

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



Name : Mrs JIGISHA DINESH JADAV

Age / Sex : 34 Years/Female

Ref. Dr

Reg. Location : Bhayander East Main Centre

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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



Name : Mrs JIGISHA DINESH JADAV

Age / Sex : 34 Years/Female

Ref. Dr

Reg. Location : Bhayander East Main Centre

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: 30-Mar-2024/09:20 Reported