



CID : 2410601155
Name : MRS.ANJALI TIWARI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 15-Apr-2024 / 09:15
Reported : 15-Apr-2024 / 12:52

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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	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.45	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.4	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	33.3	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4430	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.8	20-40 %	
Absolute Lymphocytes	1541.6	1000-3000 /cmm	Calculated
Monocytes	7.6	2-10 %	
Absolute Monocytes	336.7	200-1000 /cmm	Calculated
Neutrophils	53.2	40-80 %	
Absolute Neutrophils	2356.8	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	163.9	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	31.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	289000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	16.1	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	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 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 ***



Bmhasakar

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



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Reported : 15-Apr-2024 / 15:57

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	82.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	106.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.6	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.36	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	16.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	107.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	16.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	122	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	2+	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	2-3	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
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Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	198.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	168.3	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	39.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	159.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	126.0	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	33.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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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	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	2.01	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 upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

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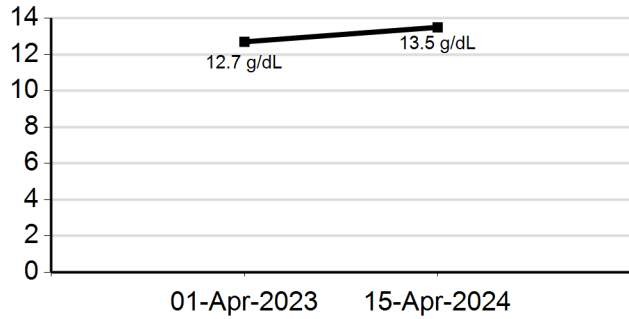
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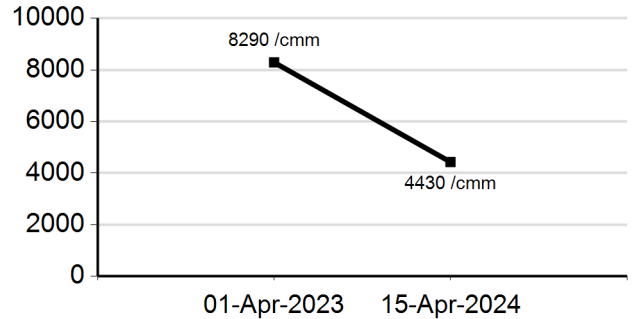
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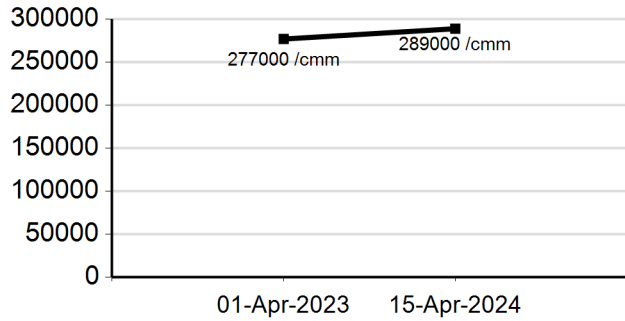
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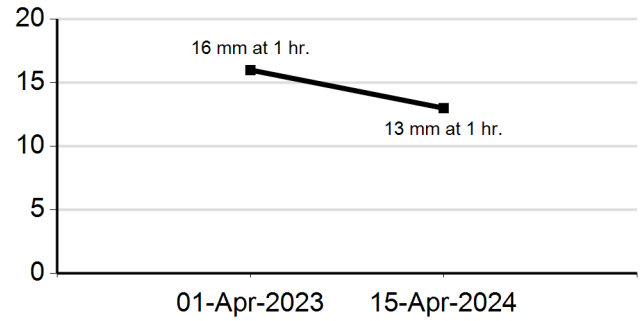
WBC Total Count



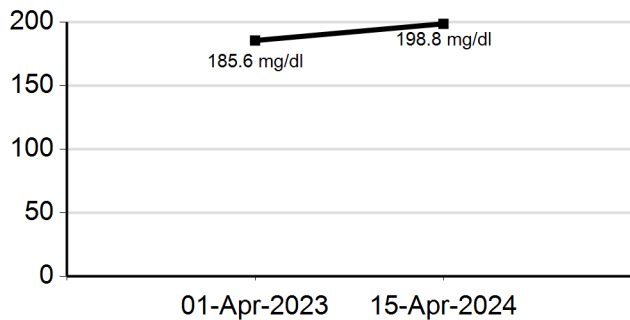
Platelet Count



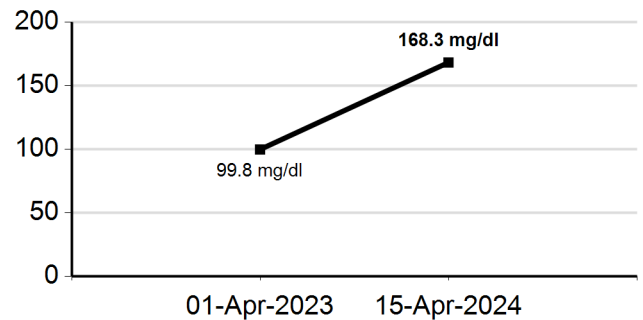
ESR



CHOLESTEROL



TRIGLYCERIDES

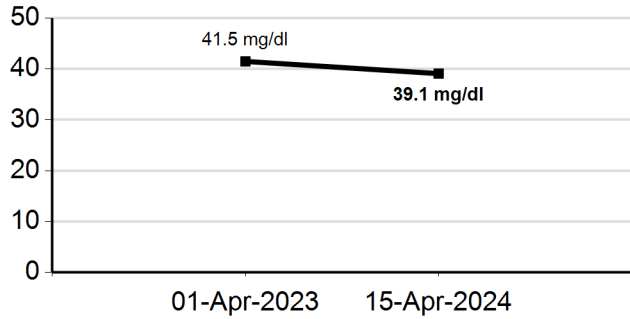




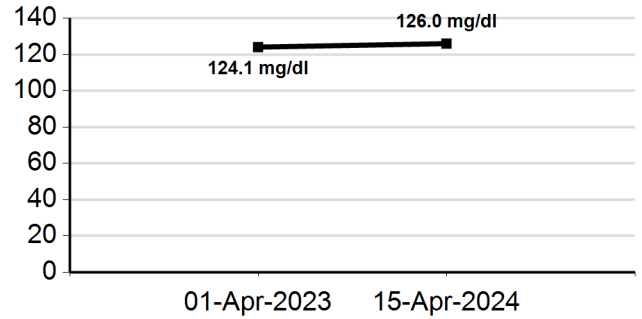
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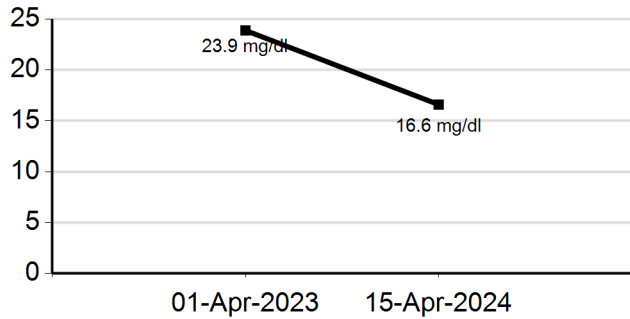
HDL CHOLESTEROL



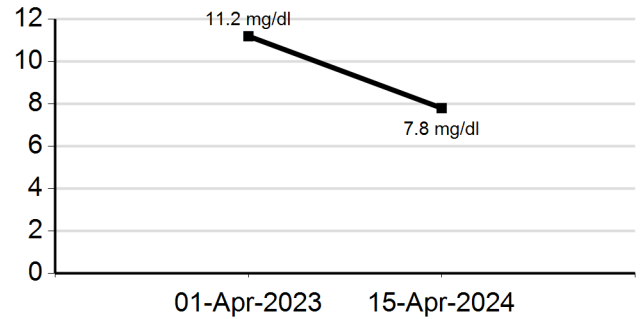
LDL CHOLESTEROL



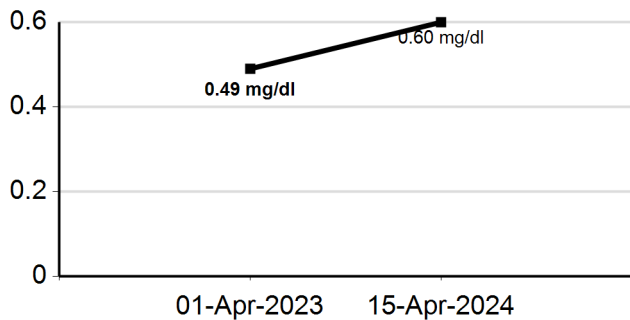
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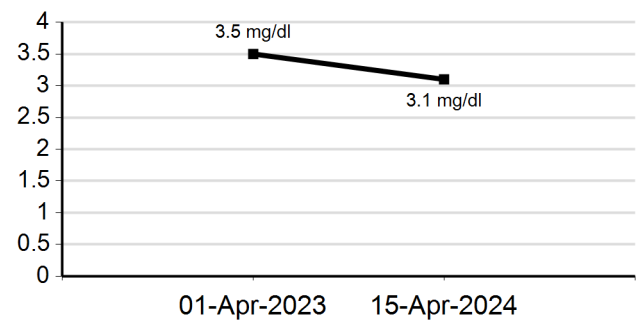
BUN



CREATININE



URIC ACID

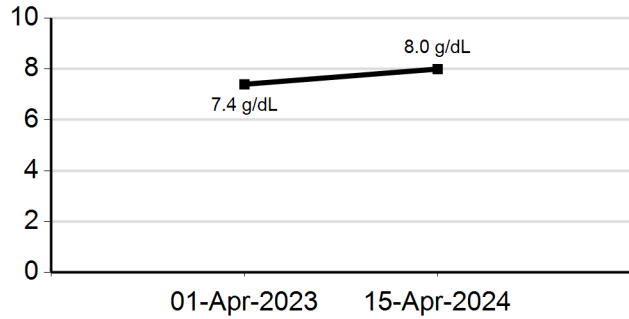




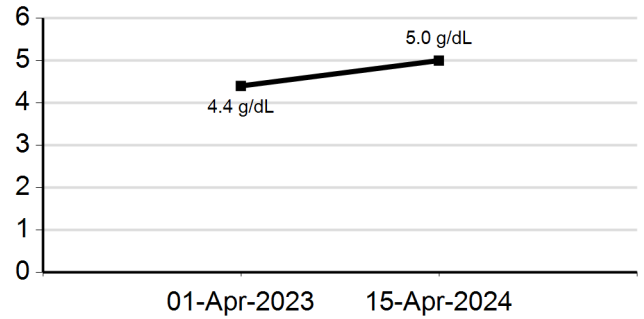
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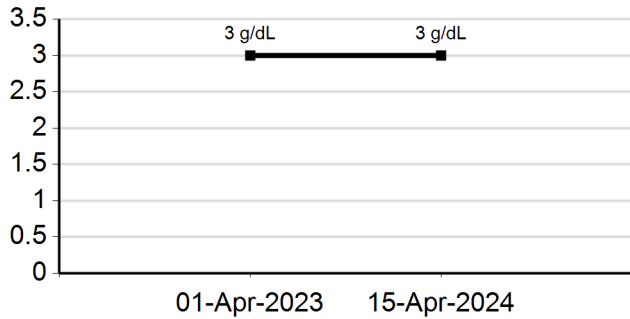
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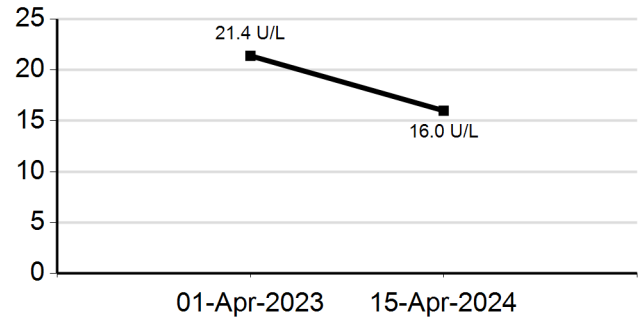
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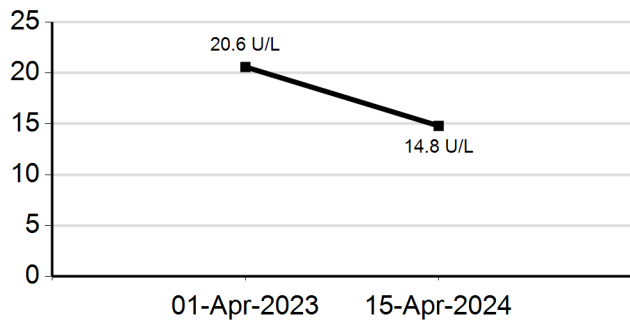
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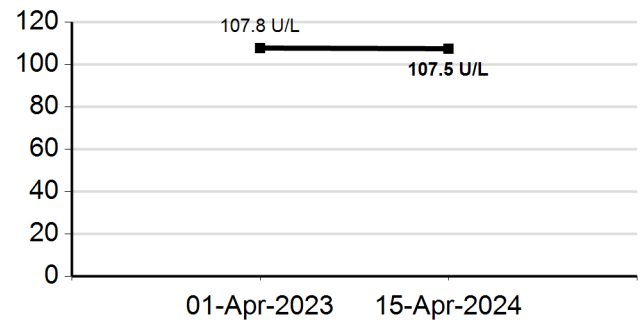
SGOT (AST)



SGPT (ALT)



ALKALINE PHOSPHATASE

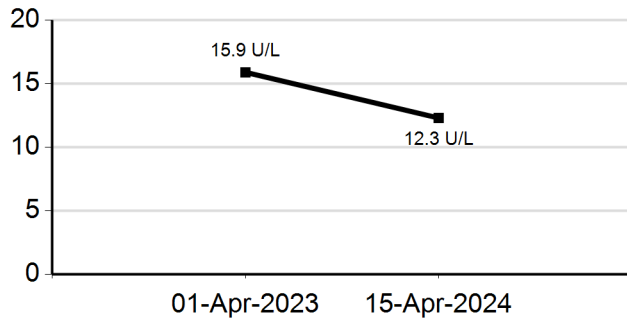




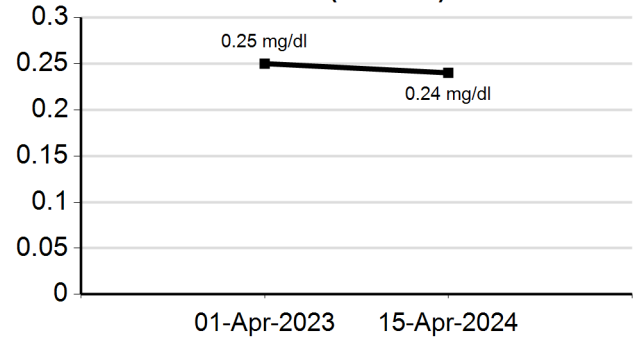
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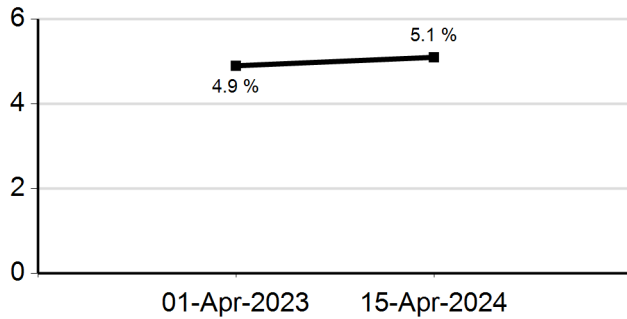
GAMMA GT



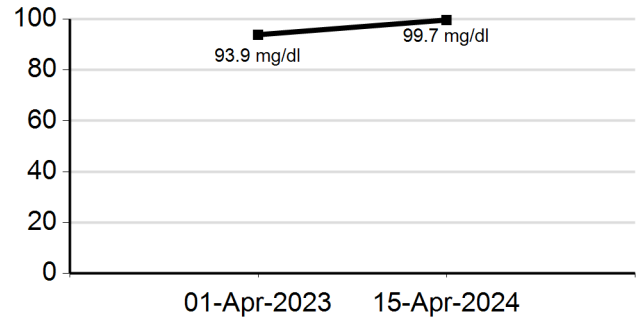
BILIRUBIN (DIRECT)



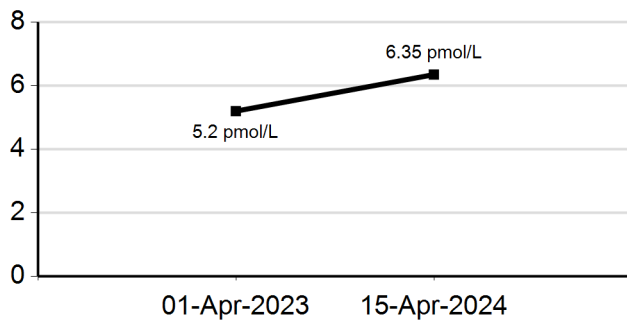
Glycosylated Hemoglobin (HbA1c)



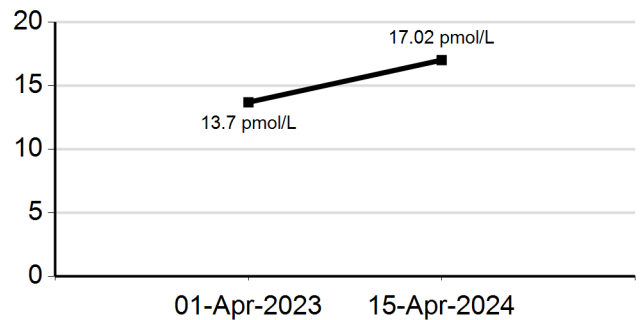
Estimated Average Glucose (eAG)



Free T3



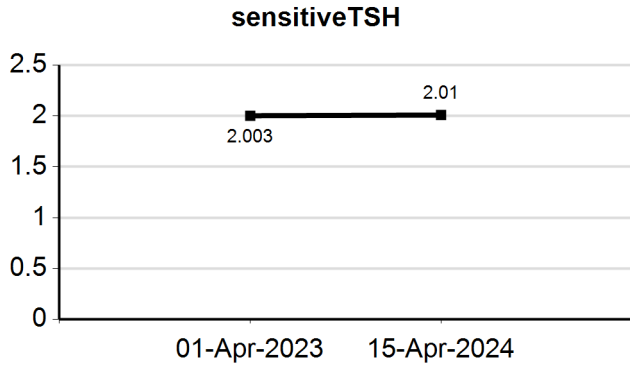
Free T4





Use a QR Code Scanner
Application To Scan the Code

CID : 2410601155
Name : MRS.ANJALI TIWARI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)



Name : MRS. ANJALI TIWARI

Age / Gender : 32 Years/Female

Consulting Dr. :

Collected : 15-Apr-2024 / 09:05

Reg. Location : Kandivali East (Main Centre)

Reported : 15-Apr-2024 / 15:50

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 162 cms

Weight (kg): 61 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 110/80

Nails: Normal

Pulse: 80

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

All the Blood Reports normal

USG - Left Renal calculus

with Haematuria

EKG - sinus bradycardia - consult
Cardiologist

ADVICE:

• Low fat Diet

• Regular exercise

• Plenty of water

Repeat urine $\frac{R}{m}$ after antibiotic course

Name : MRS.ANJALI TIWARI

Age / Gender : 32 Years/Female

Consulting Dr. :

Collected : 15-Apr-2024 / 09:05

Reg.Location : Kandivali East (Main Centre)

Reported : 15-Apr-2024 / 15:50

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

Dr. Jagruti Dhale
MBBS

Consultant Physician
Reg. No. 89548

Dr.JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Rct. House no. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700098

Date: - 15/4/23

CID: 2410601155

Name: - Ajali Tiwari

Sex/Age: 34 F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	Blur	-	-	-	Blur
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: Normal / Abnormal

Remark: Normal

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Rose House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000



Use a QR Code Scanner
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CID : 2410601155
Name : Mrs Anjali tiwari
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Apr-2024
Reported : 15-Apr-2024 / 12:47

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. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041509061873>



Use a QR Code Scanner
Application To Scan the Code

CID : 2410601155
Name : Mrs Anjali tiwari
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Apr-2024
Reported : 15-Apr-2024 / 10:51

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14 cm), shape and smooth margins. It shows normal 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 measures 10 mm and CBD measures 3.2 mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 10.0 x 4.0 cm. Left kidney measures 10.4 x 5.5 cm.

Non obstructive calculus measuring 2.5 mm is noted at the upper pole of left kidney.

Both the kidneys are normal in size shape and echotexture.

No evidence of any hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.2 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 7.9 x 5.2 x 3.9 cm in size. The endometrial thickness is 4.4 mm.

OVARIES:

Both the ovaries are well visualized and appears normal.

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

Right ovary = 2.9 x 1.7 cm. Left ovary = 2.4 x 1.6 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041509061863>



Use a QR Code Scanner
Application To Scan the Code

CID : 2410601155
Name : Mrs Anjali tiwari
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 15-Apr-2024
Reported : 15-Apr-2024 / 10:51

IMPRESSION:-

LEFT RENAL NON OBSTRUCTIVE CALCULUS.

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

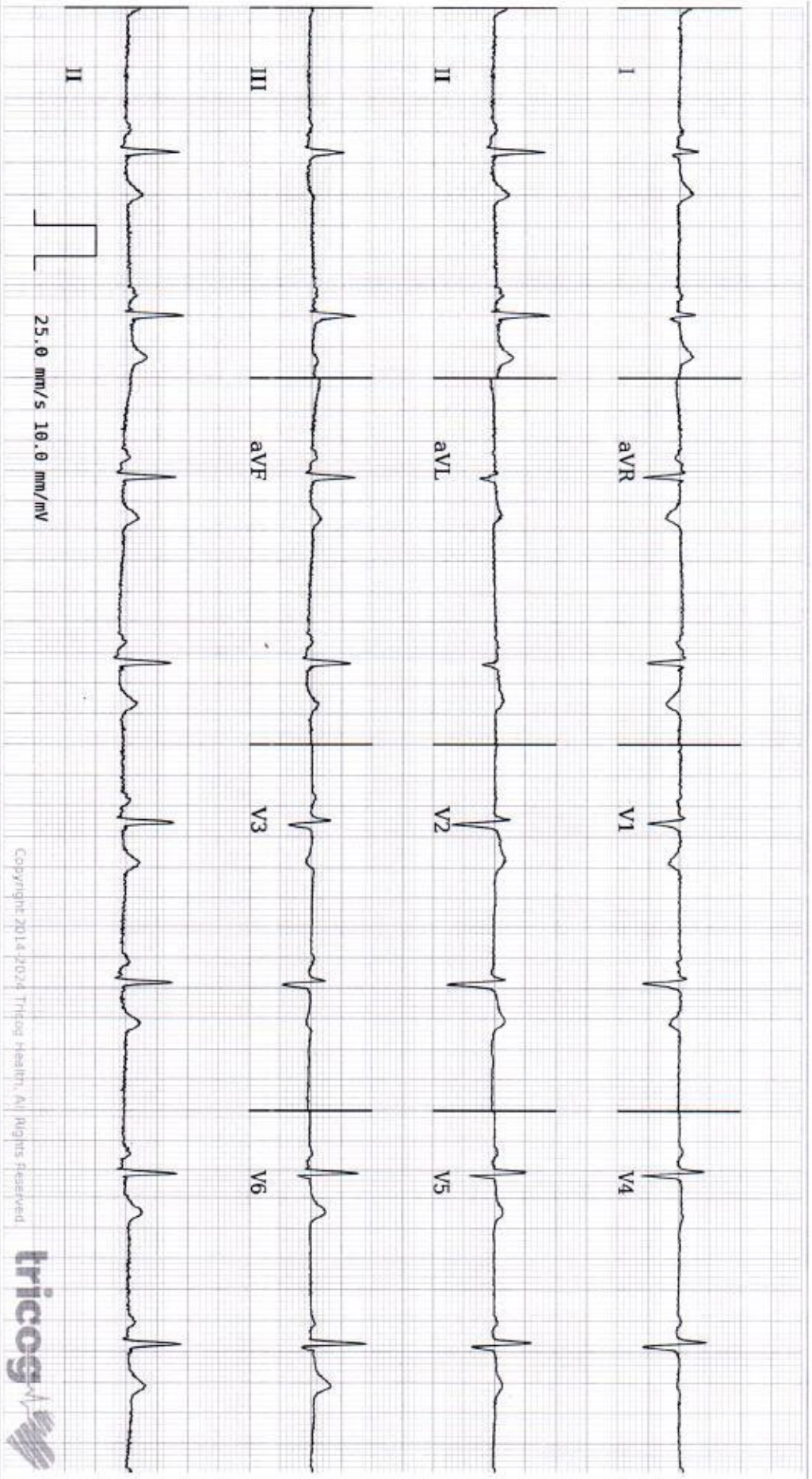
DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024041509061863>

Patient Name: ANJALI TIWARI
Patient ID: 2410601155

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 15th Apr 24 9:55 AM



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Age 32 NA NA
years months days

Gender Female

Heart Rate 54bpm

Patient Vitals

BP: 110/80 mmHg

Weight: 61 kg

Height: 162 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 400ms

QTcB: 379ms

PR: 146ms

P-R-T: 54° 74° 43°

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Sinus Arrhythmia Seen, Sinus Bradycardia. Please correlate clinically.

Disclaimer: 1) Analysis in this report is based on ECG alone. 2) This report 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. 3) Patient vitals are as provided by the clinician and are not derived from the ECG.



EMail:

3347 / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg Date: 15 / 04 / 2024 09:57:22 AM Refd By : AERCOFEMI

REPORT :

Heart Rate 172.0 bpm

Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:53 Mins. Ectopic Beats 0.0

METS 8.0 Test End Reason . Heart Rate Achieved Target Heart Rate 91% of 188

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST T CHANGES NOTED

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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Rcty House No. 3, Aangan,

Thakur Village, Kandivali (East)

Mumbai - 400701.

Tel : 61700000

Dr. Akhil P. Parulekar.

MBBS. MD. Medicine

DNB Cardiology

Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



E-Mail:

3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg
 Date: 15 / 04 / 2024 09:57:22 AM Refd By : AERCOFEMI Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	MEts	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:17	0:17	00.0	00.0	01.0	055	29%	110/80	060	00	
Standing	00:44	0:27	00.0	00.0	01.0	066	35%	110/80	072	00	
HV	00:55	0:11	00.0	00.0	01.0	062	33%	110/80	068	00	
ExStart	01:38	0:43	00.0	00.0	01.0	083	44%	110/80	091	00	
BRUCE Stage 1	04:38	3:00	02.7	10.0	04.7	116	62%	110/80	127	00	
BRUCE Stage 2	07:38	3:00	04.0	12.0	07.1	156	83%	140/80	218	00	
PeakEx	08:31	0:53	05.5	14.0	08.0	168	89%	150/80	251	00	
Recovery	09:31	1:00	00.0	00.0	01.1	123	65%	150/80	184	00	
Recovery	09:40				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 06:53
Initial HR (ExStrt) : 83 bpm 44% of Target 188
Initial BP (ExStrt) : 110/80 (mm/Hg)
Max Workload Attained : 8 Fair response to induced stress
Duke Treadmill Score : 06.3
Test End Reasons : Heart Rate Achieved

Max HR Attained 168 bpm 89% of Target 188
Max BP Attained 150/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (KADIA) PVT. LTD.
 Rony House No. 3, Aerodrom,
 Thakur Vihar, Kandivali (east),
 Mumbai - 400101.
 Tel : 61700000

Dr. Akhil P. Parulekar.
 MBBS, M.D. Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:17)



3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 55

Date: 15 / 04 / 2024 09:57:22 AM METS: 1 0/55 bpm 29% of THR BP: 110/80 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00:0.0 KmPh: 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

SI 0.2
ST 0.2
STs 0.2

V1 0.1
V1 0.1
V1 0.1

V1

I

I

V2 0.5
V2 0.5
V2 0.3

V2

II 0.8
II 0.8
II 0.4

II

V3 0.4
V3 0.4
V3 0.2

V3

V2 0.5

III 0.5
III 0.5
III 0.2

III

V4 0.5
V4 0.5
V4 0.3

V4



aVR 0.5
aVR 0.5
aVR 0.3

aVR

V5 0.7
V5 0.7
V5 0.4

V5

aVL 0.2
aVL 0.2
aVL 0.1

aVL

V6 0.5
V6 0.5
V6 0.3

V6

aVF 0.7
aVF 0.7
aVF 0.3

aVF



REMARKS
II aVR aVL V1 V2 V3 V4 V5 V6



3347 (2410601155) / ANJALI TIMARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 66

Date: 15 / 04 / 2024 09:57:22 AM

MEETS: 1 0/ 66 bpm 35% of THR BP: 110/80 mmHg Raw ECG/ BLC Om/Notch Om/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Km/ph. 0.0%

4X 80.95 Post J

25 mm/Sec 1.0 Cm/mV

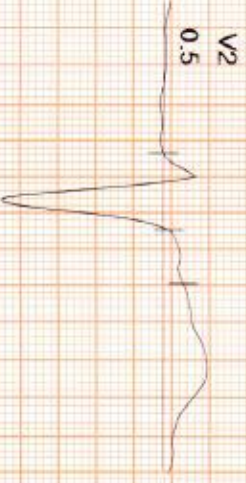
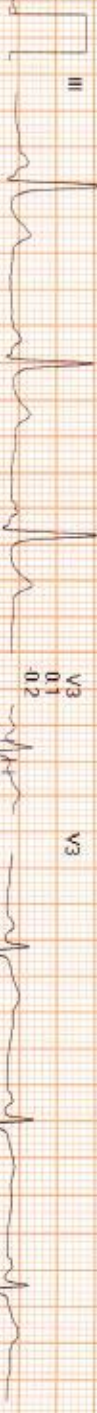
STL 0.1
STR 0.2



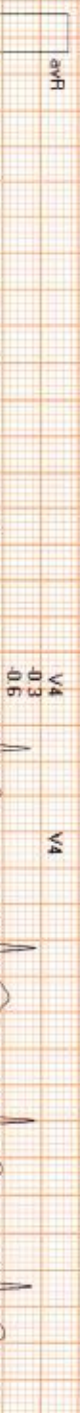
I
-0.1
-0.3



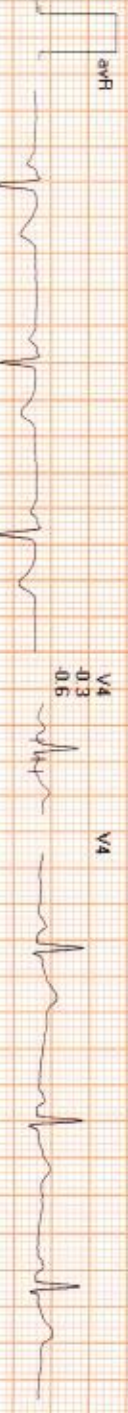
II
0.2
0.2



III
0.2
0.2



avR
0.1
0.3



avL
0.2
0.3



avF
0.1
0.1



V1
0.6
0.6



V2
0.5
0.4



V3
0.1
-0.2



V4
-0.3
0.6



V5
0.7
0.1



V6
0.3
0.4



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:11)

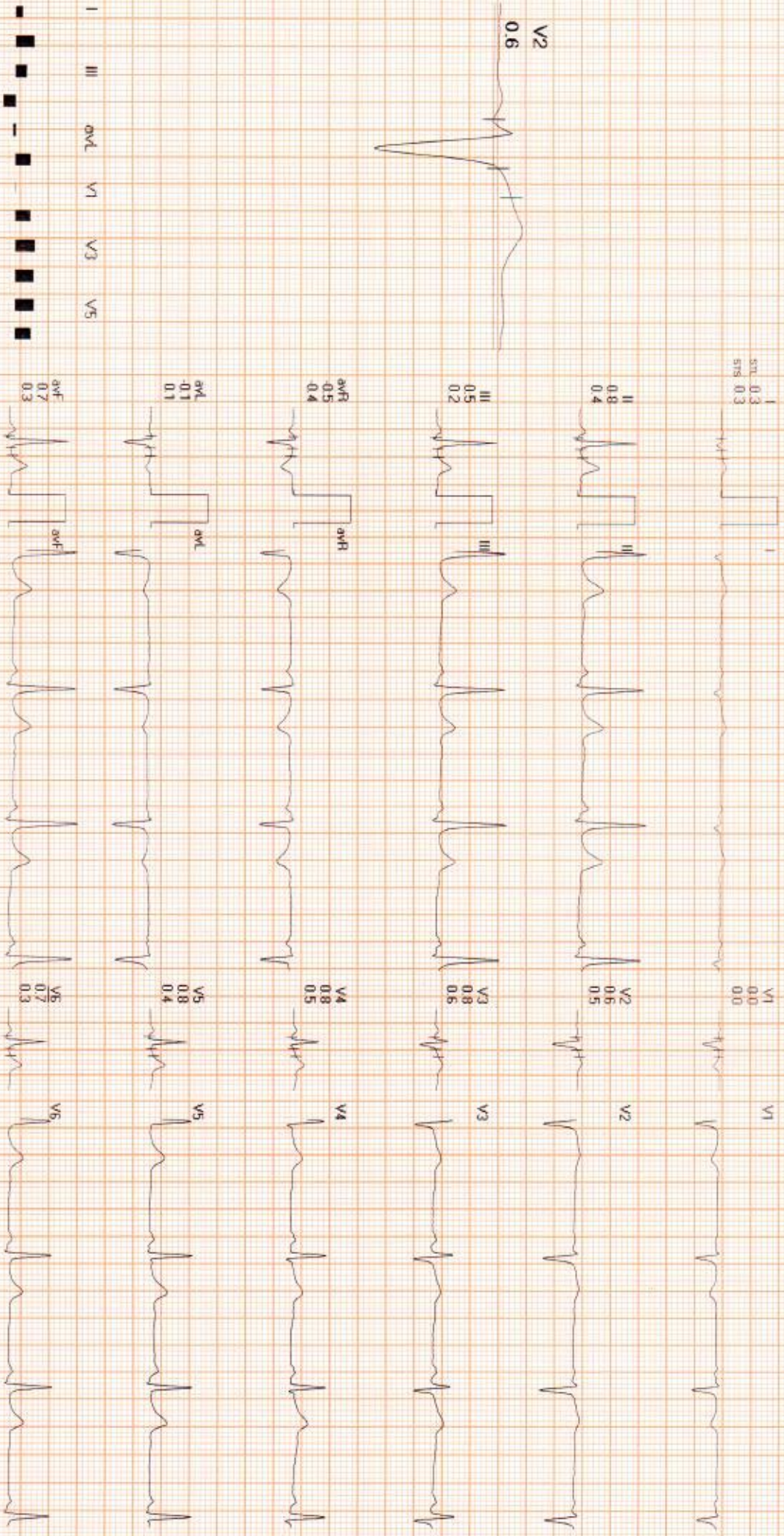


3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 62

Date: 15 / 04 / 2024 09:57:22 AM METS: 1.0/62 bpm 33% of THR. BP: 110/80 mmHg Rew ECG/BLC On/Notch On/HF:0.05 Hz/LE 35 Hz

4X 30 ms Post J

ExTime: 00:00:00 Km/h: 0.0%
25 mm/Sec 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXStt



3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 83

Date: 15 / 04 / 2024 09:57:22 AM

METS: 1.0/83 bpm 44% of THR BP: 110/80 mmHg Raw ECG/BLC On/Notch On/HR 0.05 Hz/LF 35 Hz

4X 80 ms Pool 2

ExTime: 00:00 0.0 Km/Ph. 0.0%
25 mm/Sec. 1.0 Cm/mV

I 0.4
aVL 0.4
aVR 0.3

II 0.6
aVF 0.6
aVR 0.1

III 0.4
aVF 0.4
aVR 0.2

V1 0.1
aVR 0.1
aVL 0.1

V2 0.6

V3 0.9
aVR 0.7
aVL 0.7

V4 0.7
aVR 0.5
aVL 0.5

V5 1.0
aVR 1.0
aVL 0.5

V6 0.6
aVR 0.2
aVL 0.2



I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 116

Date: 15/04/2024 09:57:22 AM METS: 4.7/11.6 bpm 62% of THR BP: 110/80 mmHg Rew ECG/BLC ON/Notch ON/HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 03:00 2.7 Km/h 10.0%
25 mm/Sec 1.0 Cm/mV

I
STL 0.4
STS 0.5



V1
0.1
0.1



II
0.7
0.8



V2
0.6
0.6



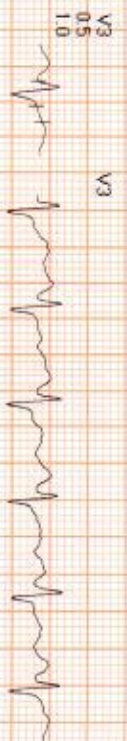
V2
0.6



III
0.3
0.2



V3
0.5
1.0



avR
0.5
0.6



V4
0.7
1.0



avL
0.1
0.2



V5
1.0
1.4



avF
0.5
0.5



V6
0.4
1.4



II avR avF V2 V4 V6
REMARKS:

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 156

Date: 15/04/2024 09:57:22 AM

METS: 7.1 / 156 bpm 83% of THR BP: 140/80 mmHg Raw ECG: ELC On/Notch On/HR: 0.05 Hz/LF: 35 Hz

4X 50 ms Post J

EXTime: 06:00 4.0 Kmph. 12.0%
25 mm/Sec. 1.0 Cm/mV

srL 0.1
srS 0.6



V1

V1

srL 0.5
srS 0.6



V2

V2

srL -0.4
srS 0.1



V3

V3

srL 0.2
srS 0.6



V4

V4

srL 0.2
srS 0.2



V5

V5

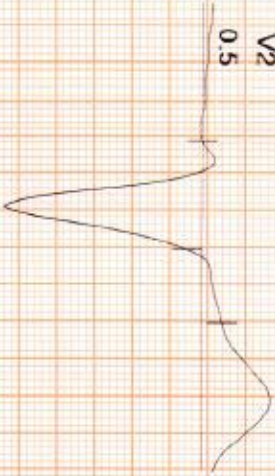
srL -0.4
srS 0.4



V6

V6

V2
0.5



I III aVL V1 V3 V5

II aVR aVF V2 V4 V6

REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 168

Date: 15 / 04 / 2024 09:57:22 AM

METS: 8.0 / 168 bpm 89% of THR BP: 150/80 mmHg Raw ECG/ ELC Onv Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:53 5.5 Km/Ph 14.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV

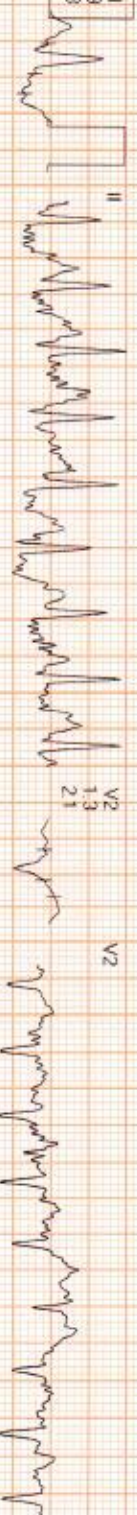
sin 0.0
STs -0.2

V1 0.9
V2 1.3



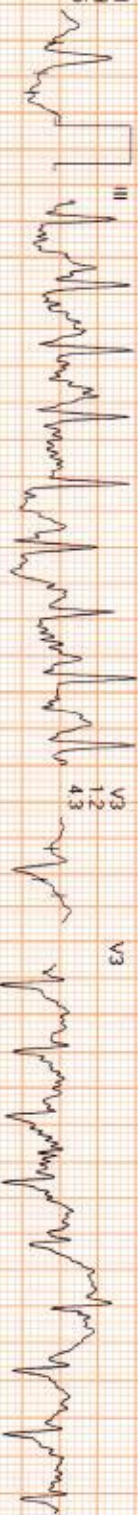
II -0.29
-1.8

V2 1.3
2.1



III -0.29
-1.5

V3 1.2
4.3



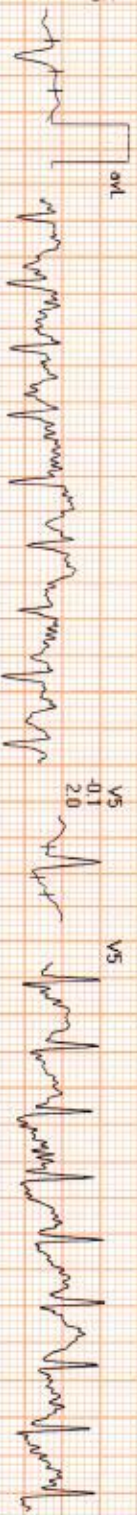
aVR 1.5
1.0

V4 -1.0
3.8



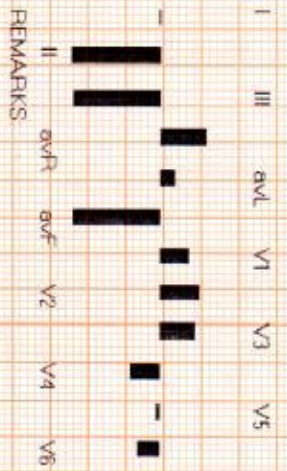
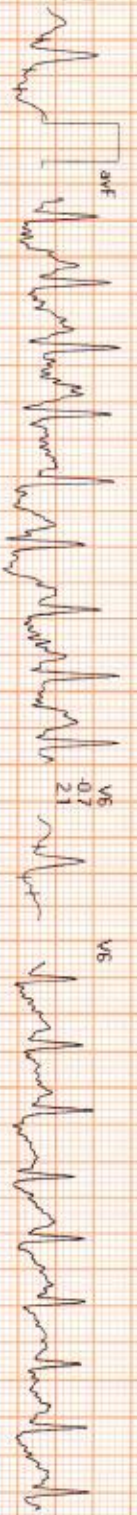
aVL 0.5
-0.1

V5 -0.1
2.0



aVF 2.9
1.6

V6 -0.7
2.1



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



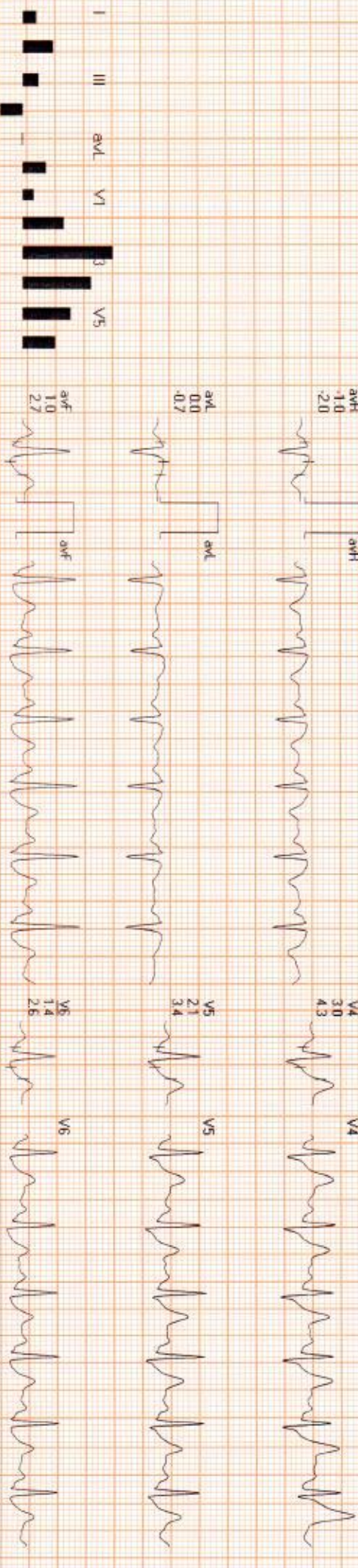
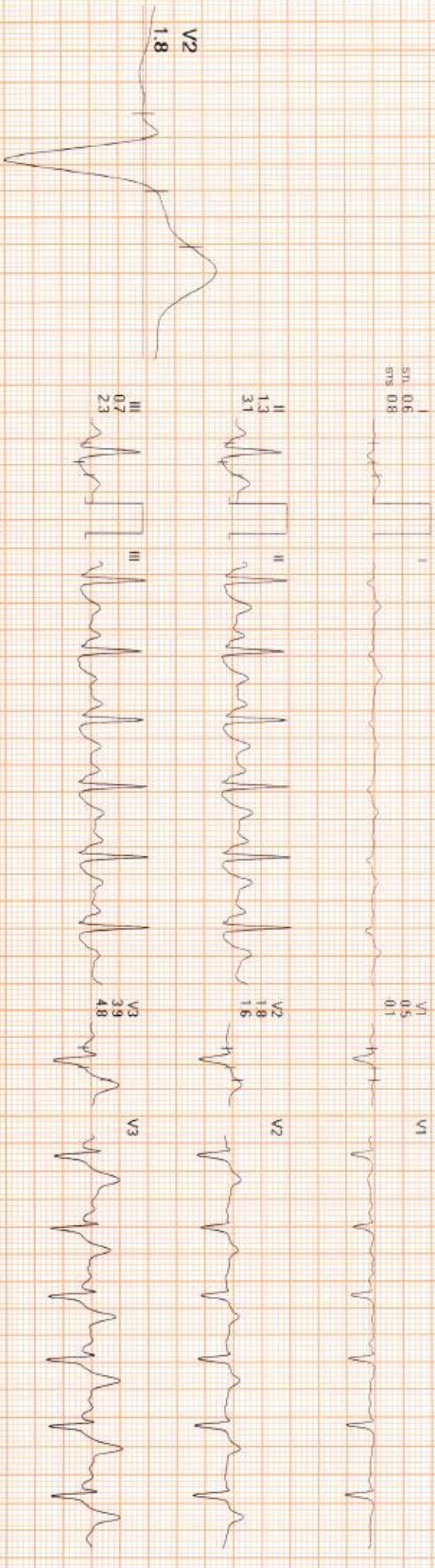
3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR : 123

Date: 15 / 04 / 2024 09:57:22 AM METS: 1 / 1 / 23 bpm 65% of THR BP: 150/80 mmHg Raw ECG/ ELC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

ExTime: 06:53 0.0 Km/ph 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

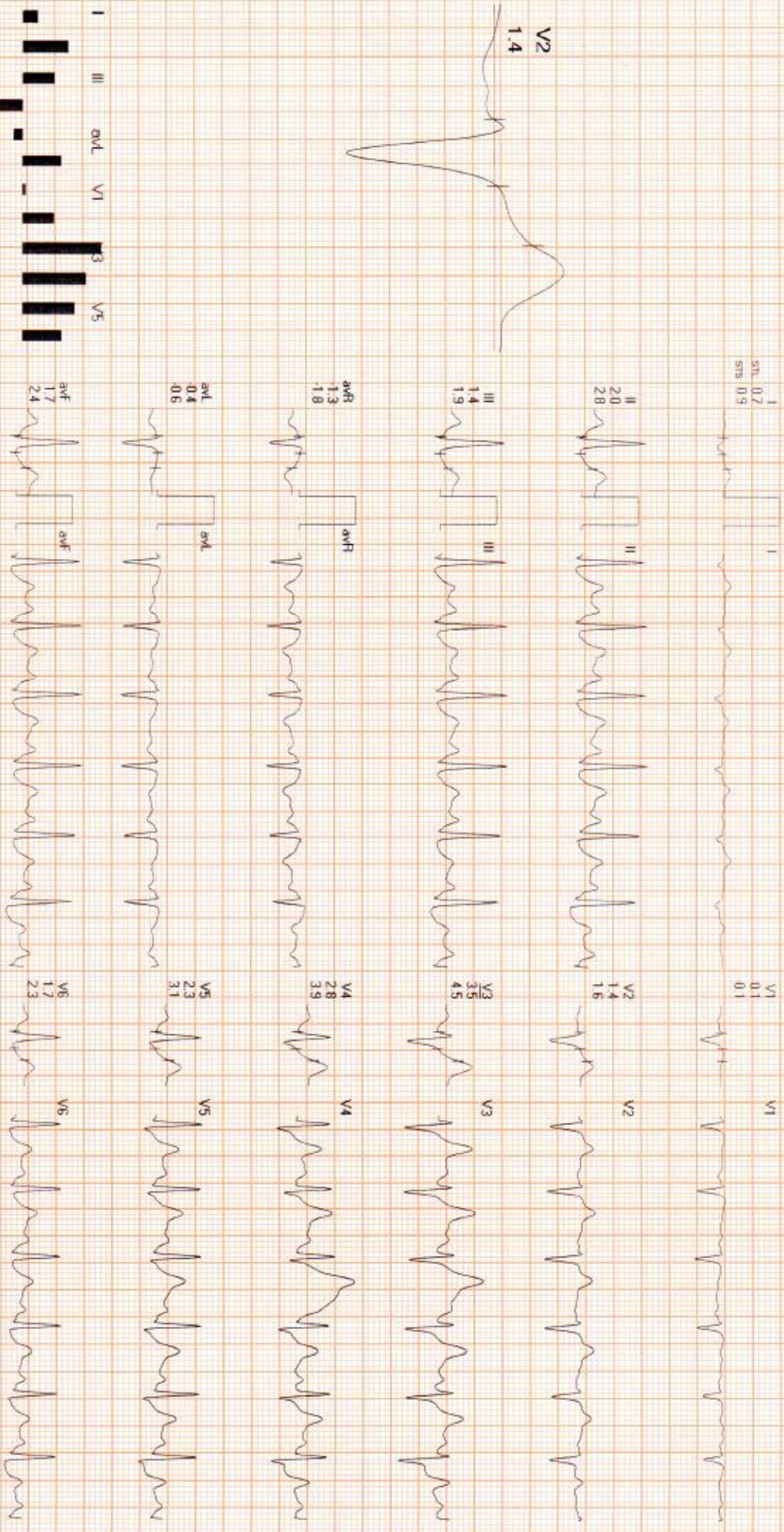


3347 (2410601155) / ANJALI TIWARI / 32 Yrs / F / 162 Cms / 61 Kg / HR 124

Date: 15/04/2024 09:57:22 AM METS: 1.0 / 124 bpm 66% of THR BP: 150/80 mmHg Raw ECG/BLC Ony/Notch Ony/HF 0.05 Hz/LF 35 Hz

4X 90 mS PostU

ExTime: 06:53 0.0 Km/ph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS