



CID : 2423724631  
Name : MRS.KAMALINI NAIK  
Age / Gender : 38 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 24-Aug-2024 / 10:07  
Reported : 24-Aug-2024 / 15:16

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.49	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.7	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	14.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	7290	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	2210.0	1000-3000 /cmm	Calculated
Monocytes	8.6	2-10 %	
Absolute Monocytes	630.0	200-1000 /cmm	Calculated
Neutrophils	58.8	40-80 %	
Absolute Neutrophils	4270.0	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	140.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	20.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	16.6	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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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 Fasting	81.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	85.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.24	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	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	16.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	16.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	96.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.3	6-20 mg/dl	Calculated
CREATININE, Serum	<b>0.46</b>	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	126	(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

URIC ACID, Serum	3.3	2.4-5.7 mg/dl	Enzymatic
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\*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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Age / Gender : 38 Years / Female  
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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	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

**Test Interpretation:**

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

**Factors affecting HbA1c results:**

**Increased in:** High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

**Decreased in:** Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

**Reflex tests:** Blood glucose levels, CGM (Continuous Glucose monitoring)

**References:** ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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

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



*Bmhasakar*

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



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Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 25-Aug-2024 / 15:20  
Reported : 25-Aug-2024 / 18:00

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (5.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present +	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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*Bmhasakar*

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**M.D. (PATH)**  
**Pathologist**



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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Slight hazy	Clear	Light scattering
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.007	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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	Negative	Negative	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	1.4	0-5/hpf	
Red Blood Cells / hpf	0.0	0-2/hpf	
Epithelial Cells / hpf	25.8	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Crystals	0.0	0-1.4/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	0-29.5/hpf	
Bacteria / hpf	<b>50.8</b>	0-29.5/hpf	
Yeast	0.0	0-0.7/hpf	



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Others -

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

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





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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
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**  
**M.D.(PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	55.2	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	55.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	129.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	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	11.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

\*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 : 24-Aug-2024 / 15:42

**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	5.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.8	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	2.7	0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/ml	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)

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

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



*Bmhasakar*

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Reported : 25-Aug-2024 / 16:33

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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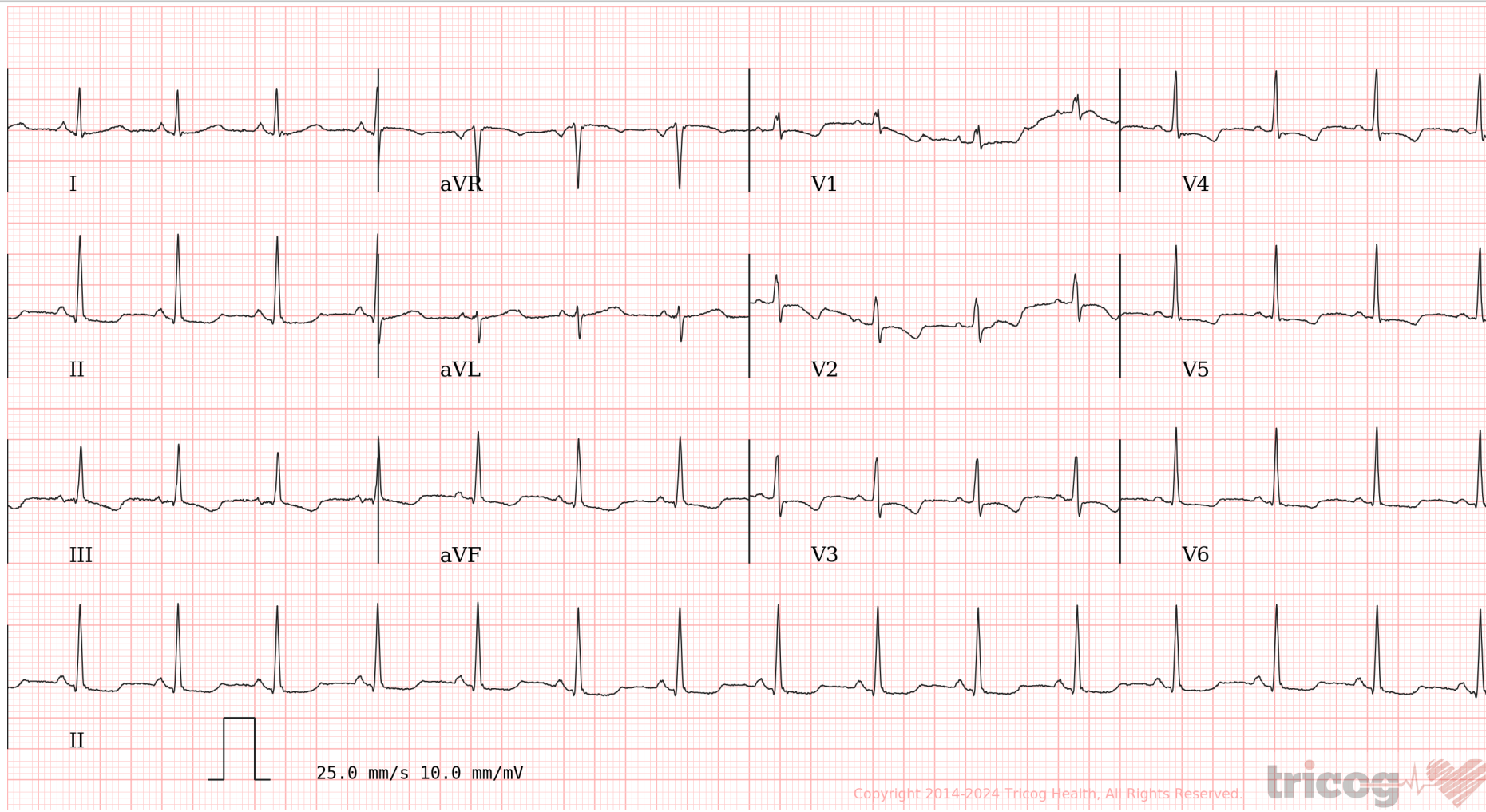
*M Jain*

**Dr.MILLU JAIN**  
**M.D.(PATH)**  
**Pathologist**

# SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: KAMALINI NAIK  
Patient ID: 2423724631

Date and Time: 24th Aug 24 11:39 AM



Age **38** NA NA  
years months days

Gender **Female**

Heart Rate **93bpm**

### Patient Vitals

BP: 110/80 mmHg  
Weight: 52 kg  
Height: 148 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 68ms  
QT: 366ms  
QTcB: 455ms  
PR: 114ms  
P-R-T: 37° 64° -33°

Sinus Rhythm, Normal axis. T wave inversion in inferolateral leads. ADV: 2D Echo. Please correlate clinically.

REPORTED BY

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

आयकर विभाग  
INCOME TAX DEPARTMENT  
KAMALINI NAIK  
ARTANAYAK  
10/06/1986  
Permanent Account Number  
BDL PN2677M  
Kamalini Nayak  
Signature

भारत सरकार  
GOVT. OF INDIA



21122018

Kamalini Nayak

SUBUDHAN DEVI  
Shop No. 10  
New Pagar  
Mrs. K. S. Devi  
Phone: 123-456789

Date:- 24/8/24  
Name:- Kamelini Naik

CID: 24237224631  
Sex / Age: 58 / F

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:



NO

RE	LE
N/G	N/G
N/G	N/G

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

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Shop No. 9, 101 to 105, Skyline Wealth Space Building,  
Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.  
Phone: 022-61700000



# SUBURBAN DIAGNOSTICS BHAYANDER

E-Mail:

12347872 (2423724631) / KAMALINI NAIK / 39 Yrs / F / 148 Cms / 52 Kg  
 Date: 24 / 08 / 2024 11:08:22 AM Refd By: - Examined By: DR SMITA VALANI

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	087	48 %	110/80	095	00	
Standing	00:12	0:04	00.0	00.0	01.0	087	48 %	110/80	095	00	
HV	00:16	0:04	00.0	00.0	01.0	087	48 %	110/80	095	00	
ExStart	00:19	0:03	01.7	10.0	01.1	090	50 %	110/80	099	00	
BRUCE Stage 1	03:19	3:00	01.7	10.0	04.7	120	66 %	120/80	144	00	
BRUCE Stage 2	06:19	3:00	02.5	12.0	07.1	140	77 %	130/80	182	00	
PeakEx	08:06	1:47	03.4	14.0	09.0	153	85 %	140/80	214	00	
Recovery	09:06	1:00	01.1	00.0	01.1	130	72 %	150/80	195	00	
Recovery	10:06	2:00	00.0	00.0	01.0	105	58 %	130/80	136	00	
Recovery	12:06	4:00	00.0	00.0	01.0	093	51 %	120/80	111	00	
Recovery	12:08	4:01	00.0	00.0	01.0	093	51 %	120/80	111	00	

## FINDINGS :

Exercise Time : 07:47  
 Initial HR (ExStrt) : 90 bpm 50% of Target 181  
 Initial BP (ExStrt) : 110/80 (mm/Hg)  
 Max Workload Attained : 9 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -2.6 mm in Stage 1  
 Duke Treadmill Score : -01.0  
 Test End Reasons : Test Complete ; Test Complete

Max HR Attained : 153 bpm 85% of Target 181  
 Max BP Attained : 150/80 (mm/Hg)

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
 2011/03/0587

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 Mira Road (East), Dist. Thane - 401 105  
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SUBURBAN DIAGNOSTICS (I) PVT. LTD.  
 Shop No. 101A, 1st Floor,  
 Sshri Building, Opp. Kewnd,  
 Near Thunga Hospital, Mira-Sity Road,  
 Mira Road (East), Dist. Thane - 401 105  
 Phone: 022 - 61700000

Doctor: DR SMITA VALANI



15 May 2024 / KAMALINI NAIK / 39 Yrs / F / 148 Cms / 52 Kg Date: 24 / 08 / 2024 11:08:22 AM ReId By : ---

REPORT :

REASON FOR TERMINATION	TARGET HR ACHIEVED
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	BASELINE ECG S/O T WAVE INVERSION IN INFEROLATERAL LEADS NO ANGINA AND ANGINA EQUIVALENT EXAGGERATION OF T WAVE INVERSION DURING EXERCISE
HAEMODYNAMIC RESPONSE	GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESSION	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA AT THIS WORKLOAD EXAGGERATION OF T WAVE INVERSION DURING EXERCISE

ADV: Repeat TMT X 4mths  
SOS Coronary Angiography

**DR. SMITA VALANI**  
**MBBS, D. CARDIOLOGY**  
2011/03/0587

SUBURBAN DIAGNOSTICS (P) PVT. LTD.  
Keston, Thane District, Maharashtra  
Near 33rd Mile, Thane-Bhayander Road,  
Mira Road (East), Thane - 401 105  
Phone : 022 - 61700000

*Smita*  
Doctor : DR. SMITA VALANI

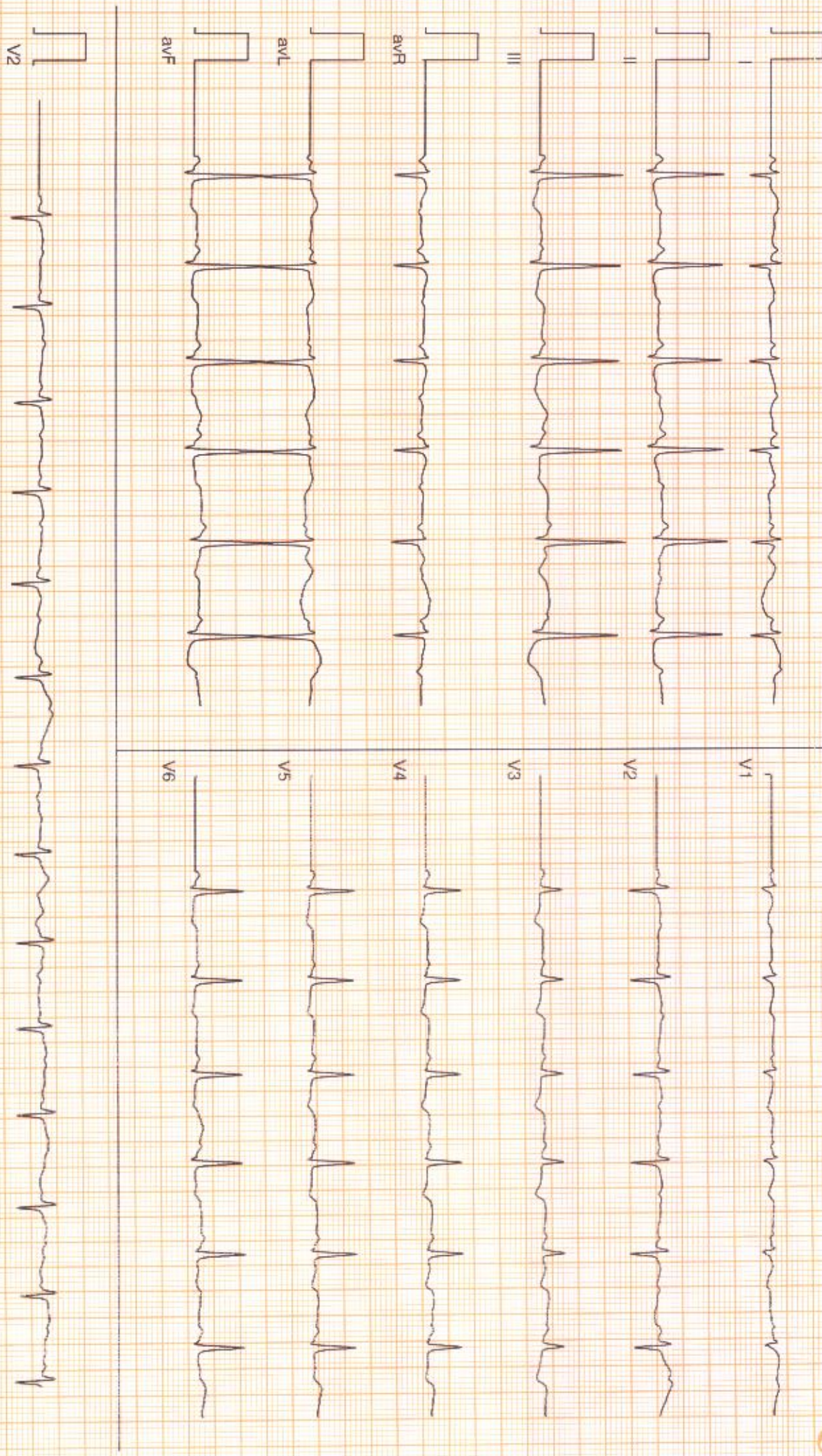
SUBURBAN DIAGNOSTICS BHAYANDER

1234/872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6 x 2 + Rhythm  
BRUCE: Supine(0.08)

Date: 24/08/2024 11:08:22 AM METS: 1.0 HR: 87 Target HR: 48% of HR BP: 110/80

ExTime: 00:00 - 01:00:00 @ 25 mm/Sec 1.0 cm/mV BL C On/ Match On/HF 0.05 Hz/AF 35 Hz



# SUBURBAN DIAGNOSTICS BHAYANDER

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

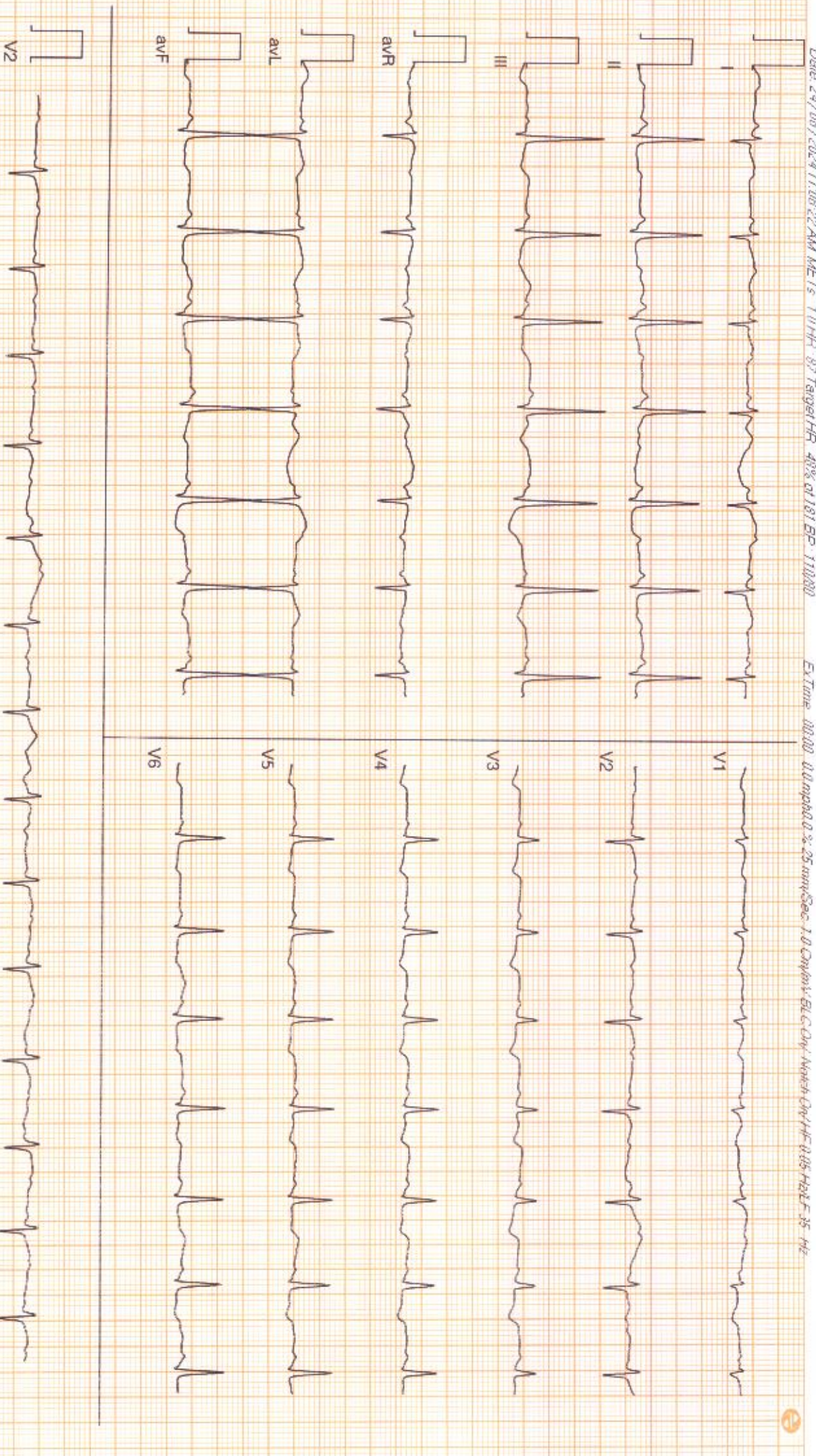
Date: 24/08/2024 11:08:22 AM METS 111 HR 87 Target HR 48% of 181 BP 110/80

Ex Time: 00:00 0.0 mph 0.0 % 25 mmHg Sec: 1.0 Cm/min ECG Day: Month Day: HR: 85 Hz: 35 Hz

6 x 2 + Rhythm  
BRUCE: Standing(0:05)



AGAPL



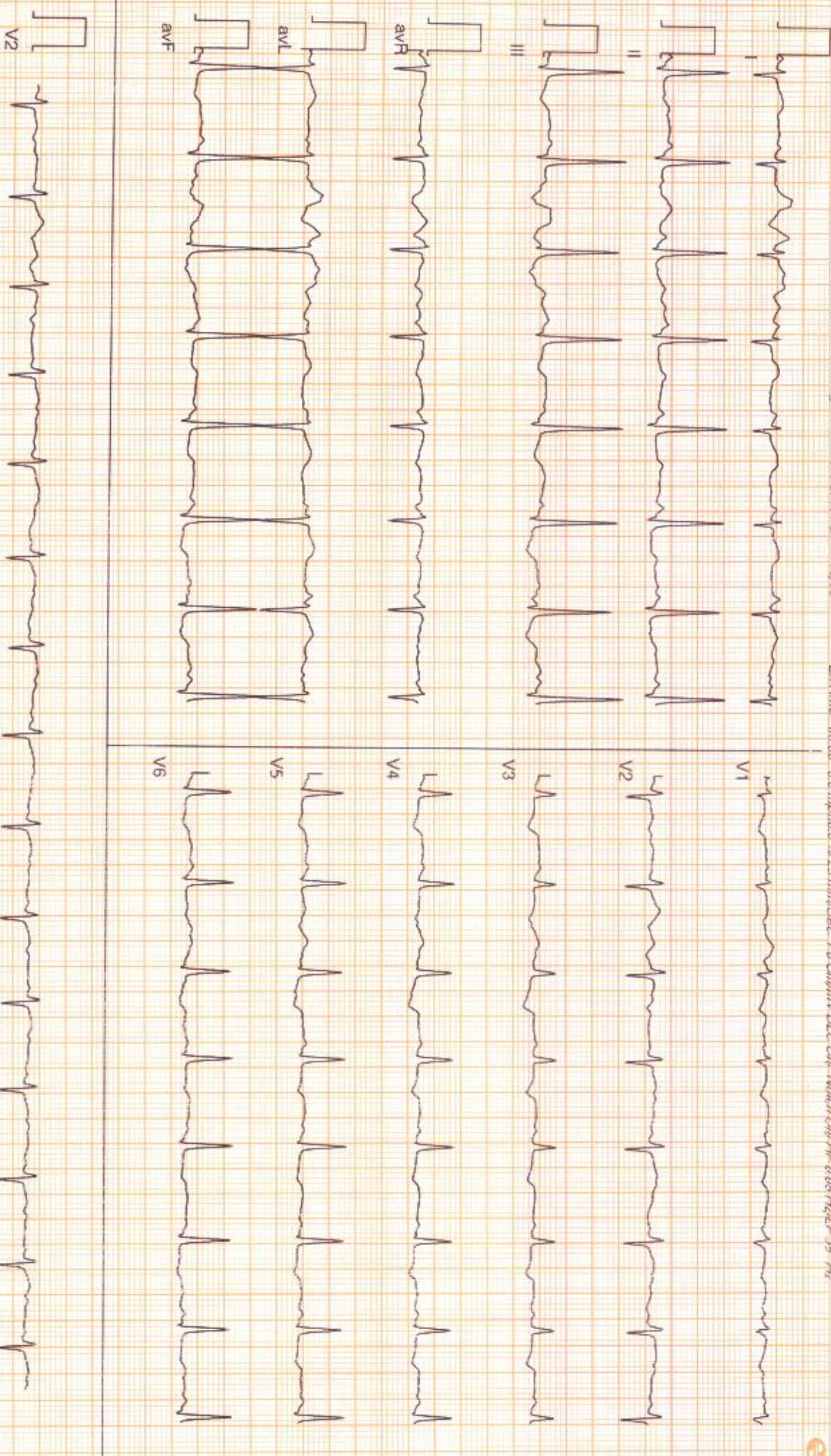
SUBURBAN DIAGNOSTICS BHAYANDER

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6 x 2 + Rhythm  
BRUCE:HV(0:05)



Date: 24/08/2024 11:08:22 AM METs: 1.0 HR: 87 Target HR: 48% of 181 BP: 110/80 EXTime: 00:00 0.0 mph/0.0 % 25 mm/Sec 1.0 Cm/mV BLC On/ Noise On/ HF 0.05 Hz LF 35 Hz



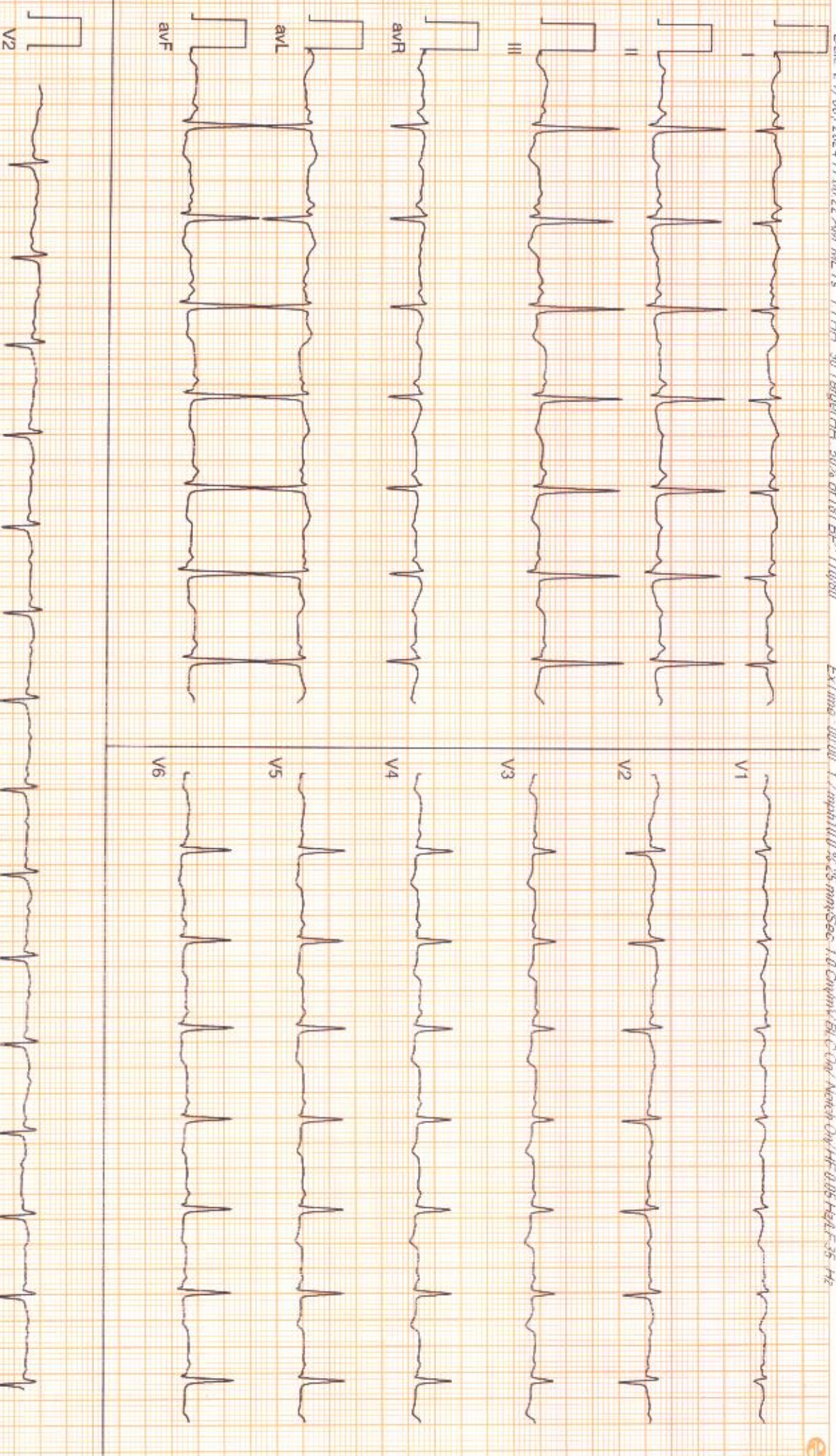
# SUBURBAN DIAGNOSTICS BHAYANDER

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

Date: 24/08/2024 11:08:22 AM METS: 11 HR: 90 Target HR: 50% of 181 BP: 110/80

ExTime: 00:00 1.2 mph 10.0 % 25 min/Sec 1.0 Chyml/Bl C.0hr Month Day/Hr 0.05 HzALF 35 Hz

6 x 2 + Rhythm  
EXStart



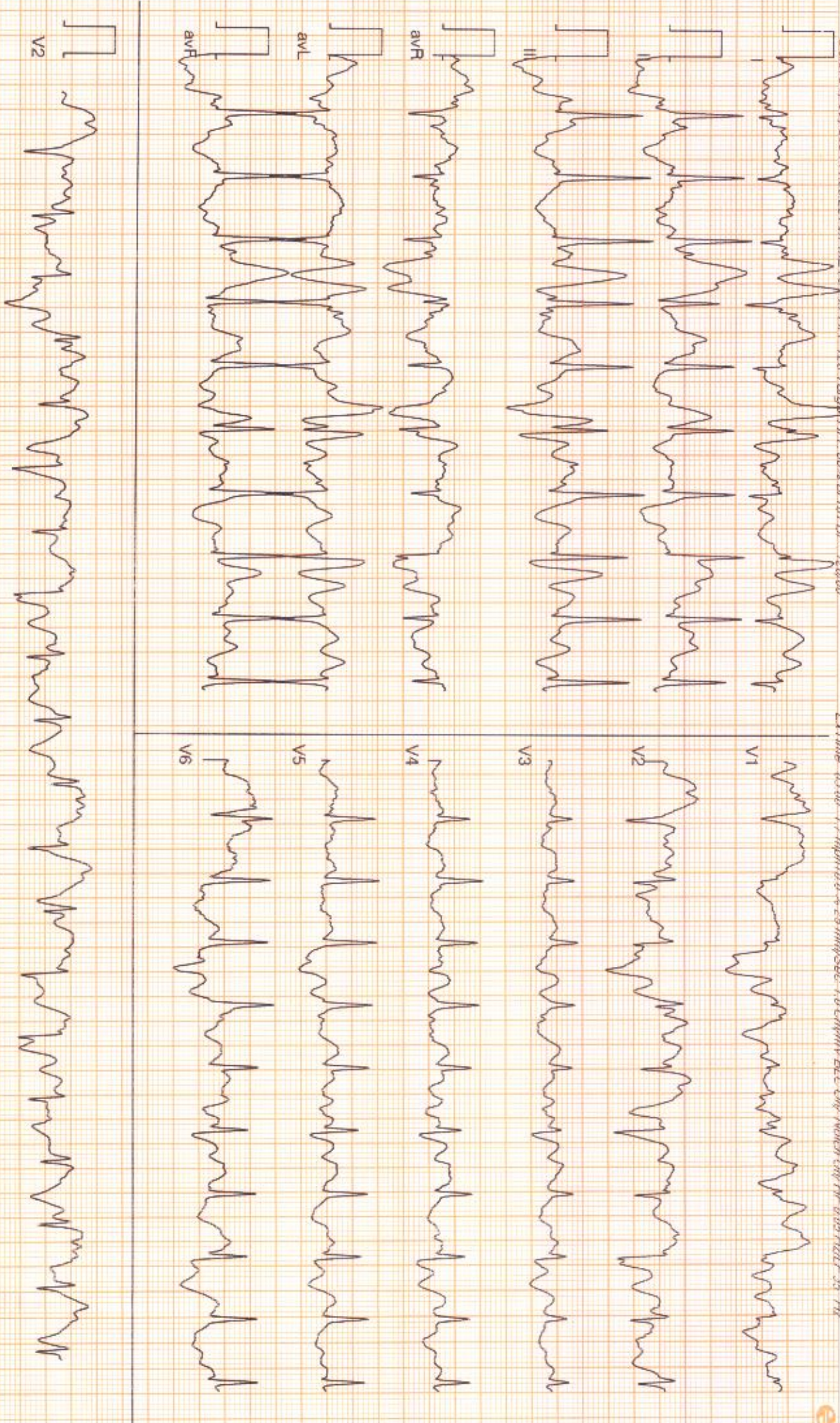
**SUBURBAN DIAGNOSTICS BHAYANDER**

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

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

Date: 24/08/2024 11:08:22 AM METS: 4.7 HR: 120 Taps/HR: 68% of 181 BP: 120/80

EXTime: 03:00 1.7 mph 10.0 % 28 min/Sec: 1.0 CPMV BLC: 0m/ March 0m/ HF: 0.05 Hz LF: 36 Hz



SUBURBAN DIAGNOSTICS BHAYANDER

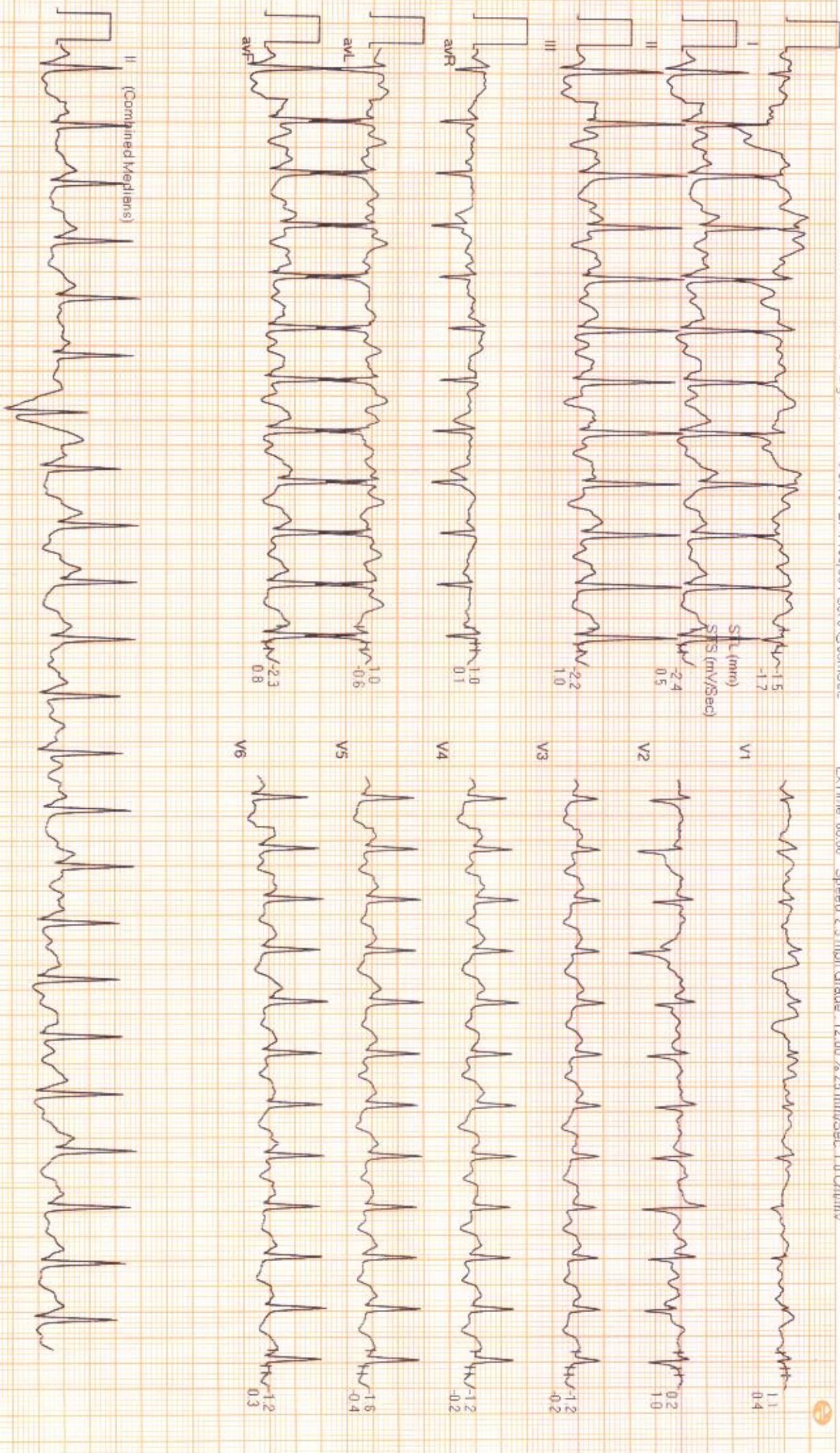
12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 (03:00)



Date: 24/08/2024 11:08:22 AM METs : 7.1 HR : 140 Target HR : 77% of 181 BP : 130/80 Post J @60mSec

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





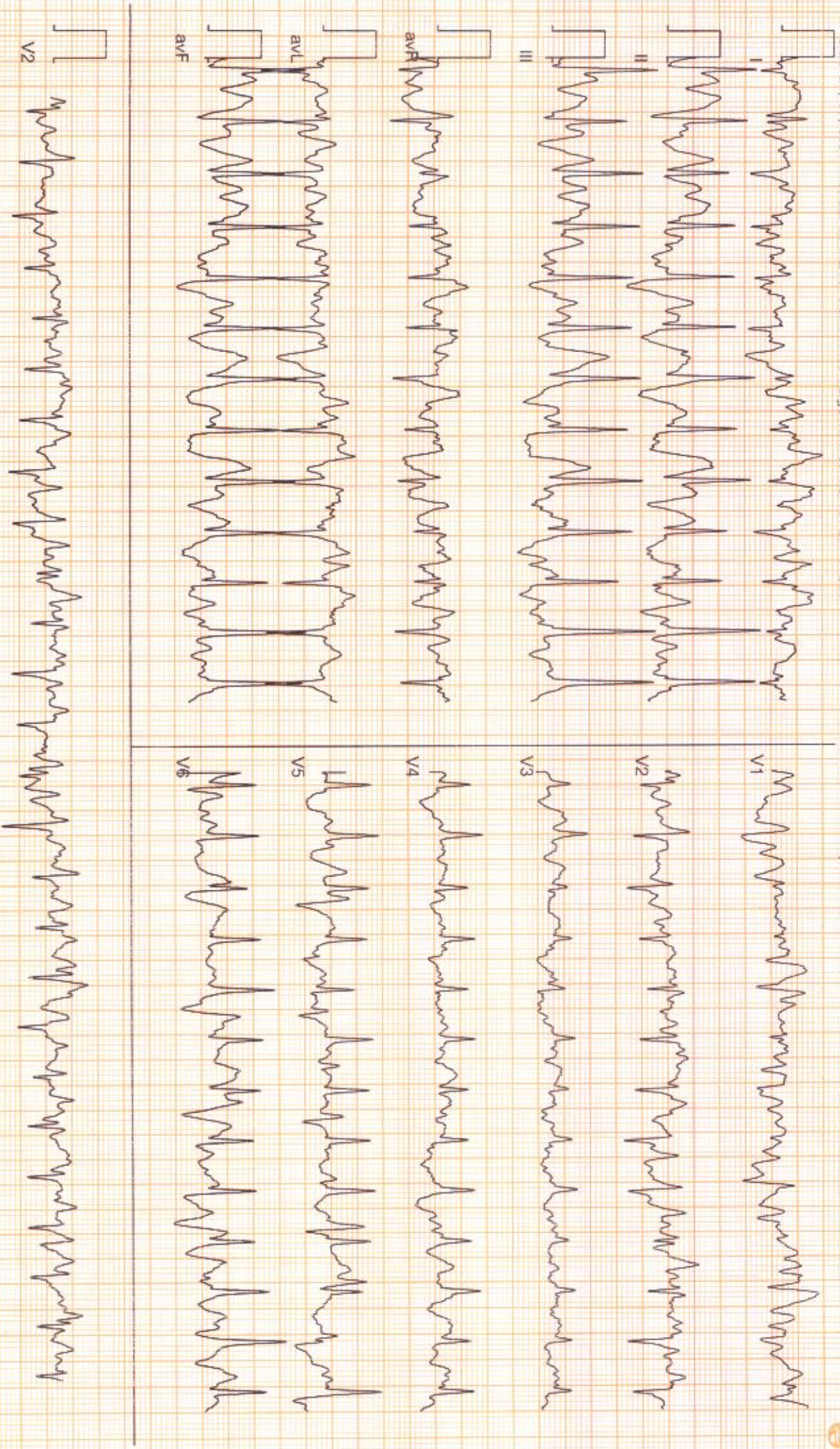
SUBURBAN DIAGNOSTICS BHAYANDER

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6 x 2 + Rhythm  
PeakEx

Date: 24/08/2024 11:08:22 AM HE16: 90 HR: 153 Target HR: 85% of 187 BP: 140/80

ExTime: 07:47 - 3.4 mph 14.0 % 28 min Sec 1.0 0.0 min V ELC On/ Noch On/ HF 0.05 Hz LF 35 Hz



# SUBURBAN DIAGNOSTICS BHAYANDER

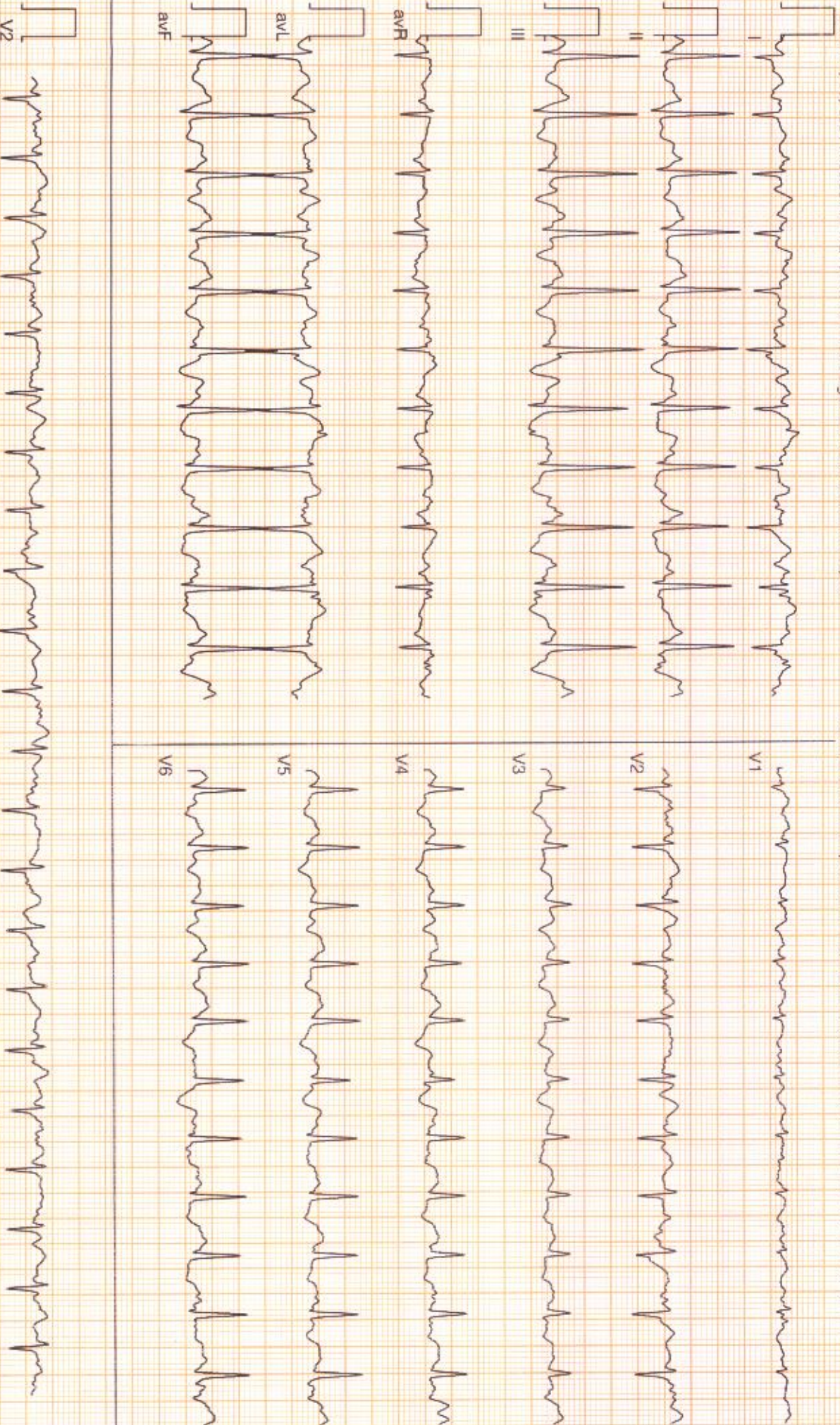
12347872 / KAMMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6 x 2 + Rhythm  
Recovery(1:00)



Date: 24/08/2024 11:08:22 AM METs 1.1 HR 130 Target HR 72% of 181 BP 150/80

Ex Time 07:42 1.1 mph @ 25 rpm/sec 1.0 CrimV B/C On/ Notch On/ HF 0.05 Hz @ 35 Hz



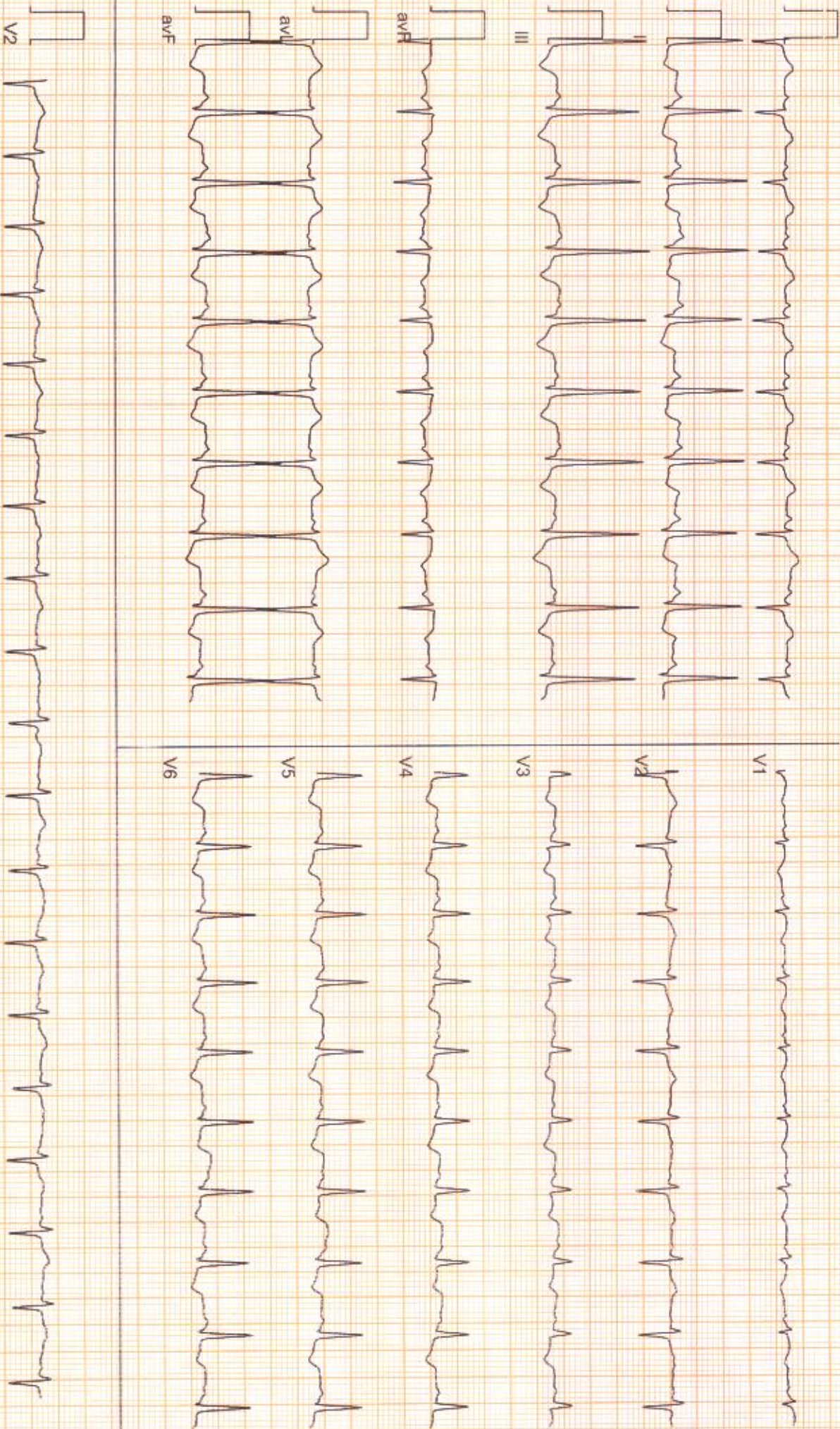
SUBURBAN DIAGNOSTICS BHAYANDER

12347872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

6 x 2 + Rhythm  
Recovery(2:00)

Date: 24/08/2024 11:08:22 AM METS: 1.0 HR: 105 Tavg/HR: 58% at 181 BP: 130/80

ExTime: 07:47 0.0 mps @ 25 mm/Sec 1.0 Cm/mV ECG On/ Natch On HF 0.05 Hz @ 35 Hz



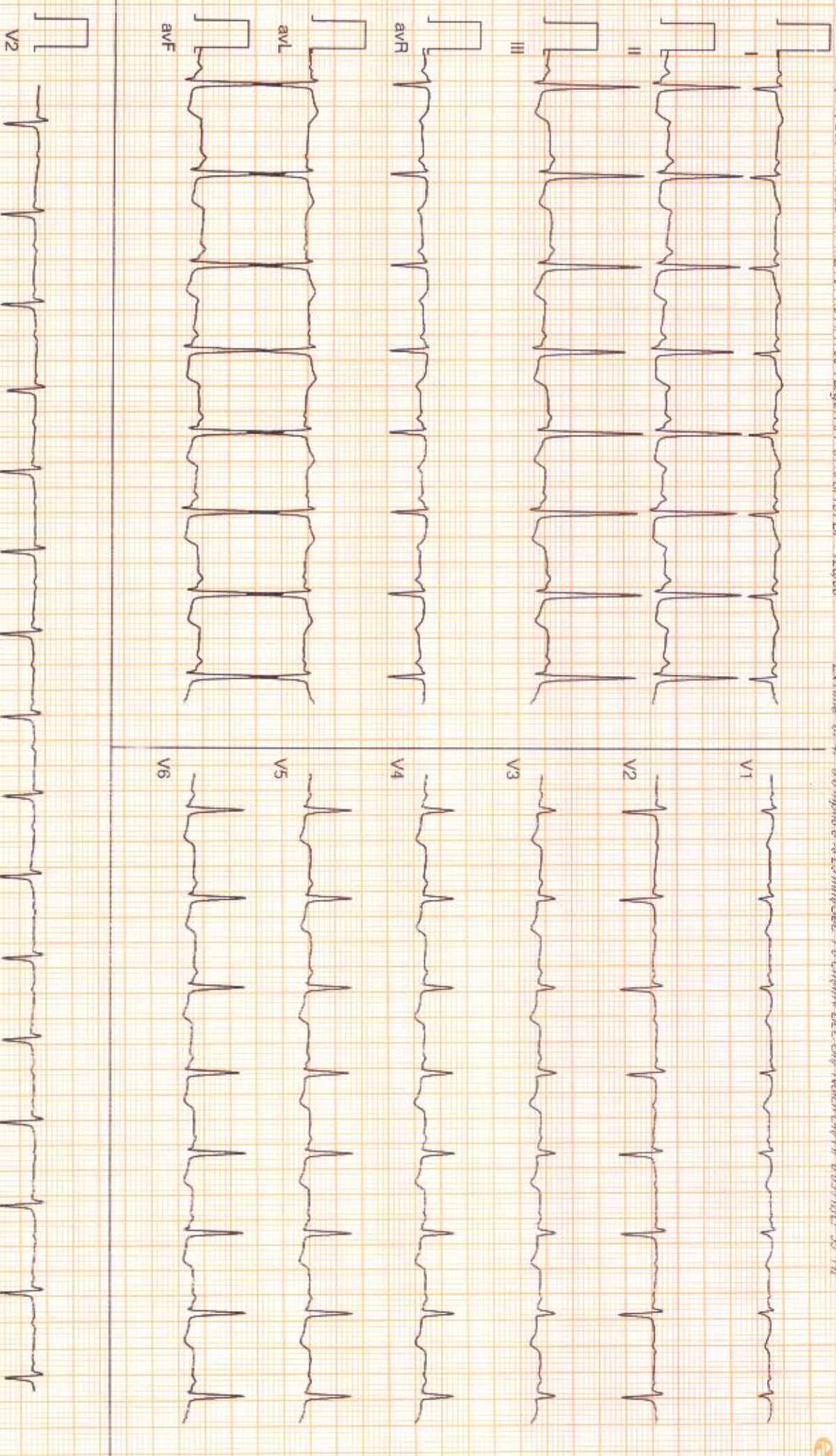
**SUBURBAN DIAGNOSTICS BHAYANDER**

1237872 / KAMALINI NAIK / 39 Yrs / Female / 148 Cm / 52 Kg

Date: 24/08/2024 11:08:22 AM METS - 1.0 HR. 93 Target HR 51% of 181 BP 120/80

ExTime: 07:47 0.0 mph 0.0 % 25 mm/Sec + 0.0 Crd/V BLC/DV/ANSH/DV/HF 0.00 HAA/F 35 Hz

**6 x 2 + Rhythm  
Recovery(4:00)**





**CID** : 2423724631  
**Name** : Mrs KAMALINI NAIK  
**Age / Sex** : 38 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 24-Aug-2024  
**Reported** : 24-Aug-2024/16:11

### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (12.5 cm), normal in 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.

#### 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 8.0 x 3.0 cm. Left kidney measures 9.4 x 4.0 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 (7.0 cm). 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.

Prevoid vol :- 250.0 cc

Postvoid vol:- Nil

#### UTERUS:

The uterus is anteverted and appears normal. It measures 7.0 x 4.0 x 3.0 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 4.0 mm and appears normal.

#### OVARIES:

Right ovary : 2.2 x 2.0 x 1.0 cm, (Vol : 5.0 cc).

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024082409565778>



Use a QR Code Scanner  
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Left ovary : 2.0 x 2.0 x 0.5 cm, (Vol : 4.0 cc).  
Both the ovaries are well visualised and appear normal in size, shape and position.  
There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

**IMPRESSION**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

**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.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**



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**Reg. Date** : 24-Aug-2024  
**Reported** : 24-Aug-2024/16:37

**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-----

*Khilji FA*

**Dr.FAIZUR KHILJI**  
**MBBS,RADIO DIAGNOSIS**  
**Reg No-74850**  
**Consultant Radiologist**





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**Age / Sex** : 38 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Bhayander East Main Centre

**Reg. Date** : 24-Aug-2024  
**Reported** : 24-Aug-2024/16:37