



CID : 2426208790  
Name : MRS.SEEMA JHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 18-Sep-2024 / 09:01  
Reported : 18-Sep-2024 / 14:22

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.4	36-46 %	Measured
MCV	81	80-100 fl	Calculated
MCH	26.3	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	22.0	20-40 %	
Absolute Lymphocytes	2024.0	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	506.0	200-1000 /cmm	Calculated
Neutrophils	69.9	40-80 %	
Absolute Neutrophils	6430.8	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	165.6	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	73.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	302000	150000-400000 /cmm	Elect. Impedance
MPV	11.3	6-11 fl	Calculated
PDW	19.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others -  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **32** 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 : 18-Sep-2024 / 18:28

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	93.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	92.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.88	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	82	(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	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	4.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	0.9	1 - 2	Calculated
URIC ACID, Serum	5.9	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.7	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.2	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	139	135-148 mmol/l	ISE
POTASSIUM, Serum	4.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	103	98-107 mmol/l	ISE

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**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 (6.0)	-	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

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



**Dr. JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**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	-
Transparency	Slight hazy	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.005	1.002-1.035	Chemical Indicator
Reaction (pH)	7.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	10-12	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	0-20/hpf	
Yeast	Absent	Absent	
Others	-		



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**Note:**

- Microscopic examination performed by Automated Cuvette based technology.
- All the Abnormal results are confirmed by reagent strips and Manual method.
- The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

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



**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
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**Pathologist**





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Reported : 18-Sep-2024 / 15:03

**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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  
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*Dr. Vrushi Shroff*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	33.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	144.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	123.0	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	21.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.7	0-3.5 Ratio	Calculated

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*Bmhasakar*

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.7	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	4.45	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 upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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 \*\*\*



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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.32	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.12	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	3.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	4.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	0.9	1 - 2	Calculated
SGOT (AST), Serum	30.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	46.9	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	30.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	161.0	35-105 U/L	Colorimetric

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**MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO**  
**FUS and KETONES**

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

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



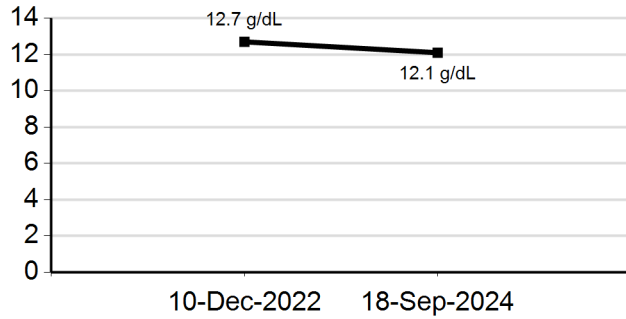
**Dr.JAGESHWAR MANDAL**  
**CHOUPAL**  
**MBBS, DNB PATH**  
**Pathologist**



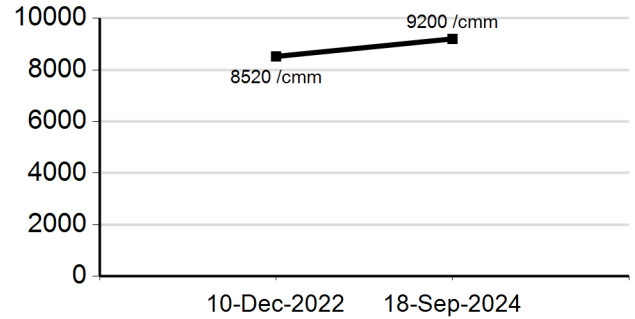
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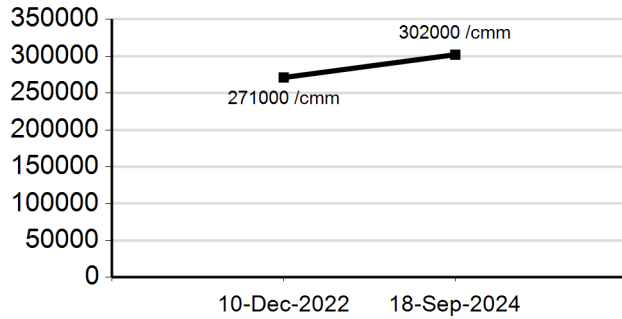
**Haemoglobin**



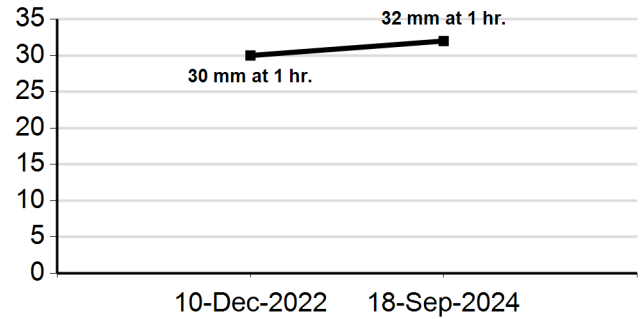
**WBC Total Count**



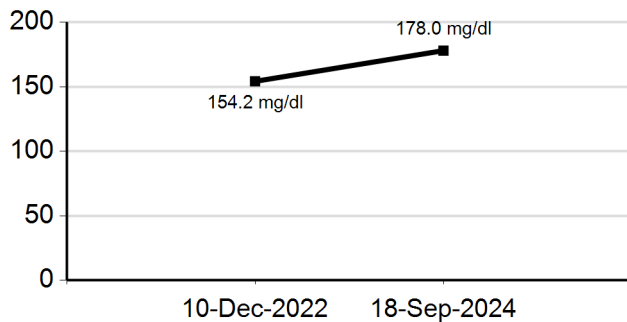
**Platelet Count**



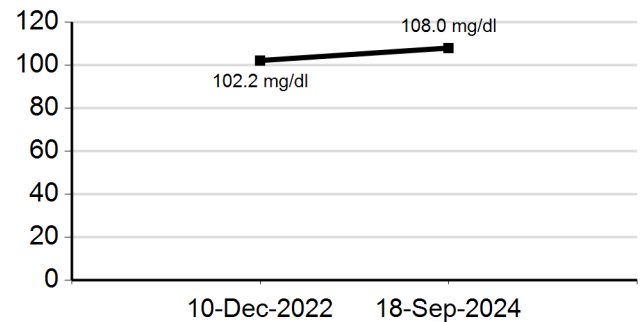
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

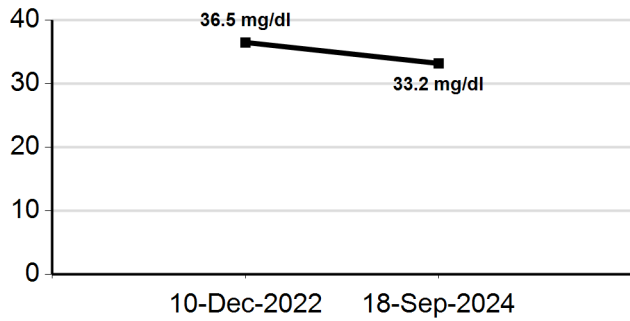




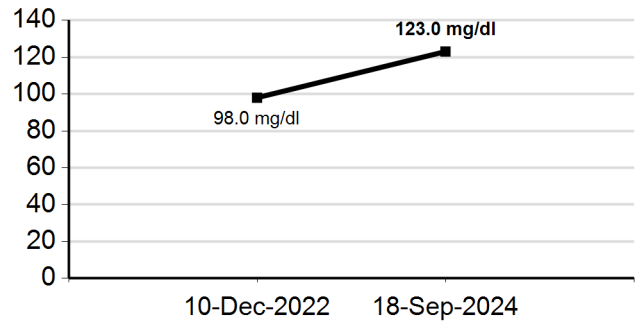
Use a QR Code Scanner Application To Scan the Code

CID : 2426208790  
 Name : MRS.SEEMA JHA  
 Age / Gender : 46 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

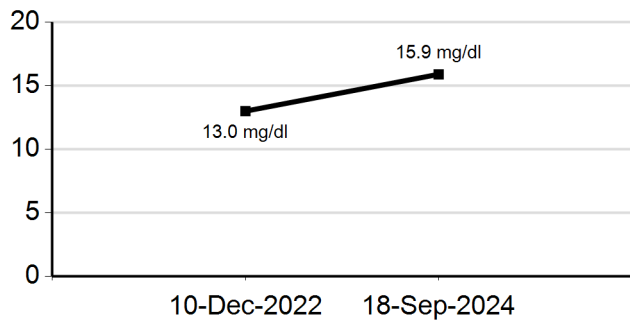
**HDL CHOLESTEROL**



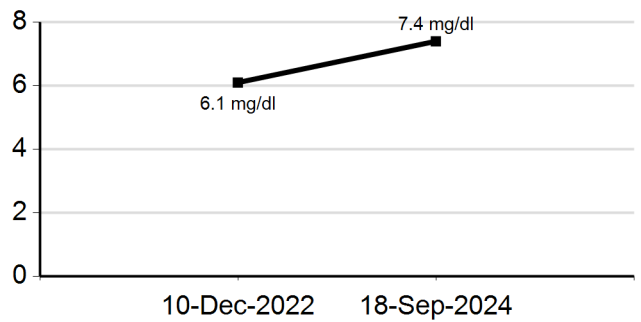
**LDL CHOLESTEROL**



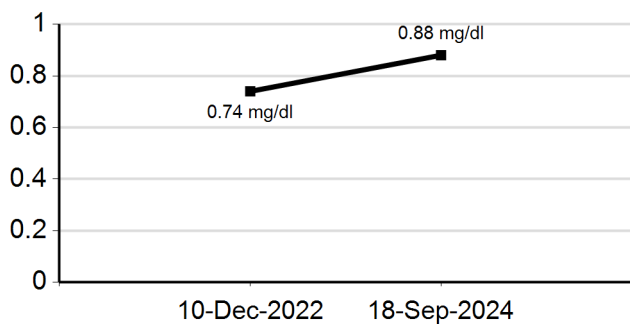
**BLOOD UREA**



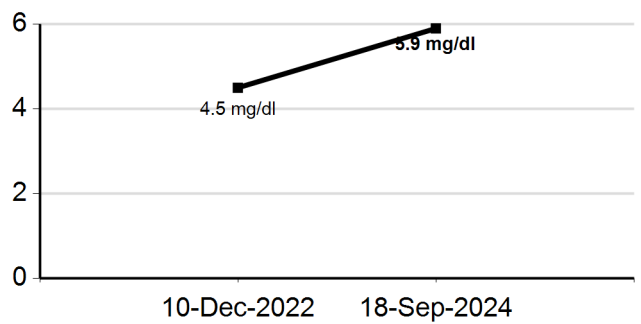
**BUN**



**CREATININE**



**URIC ACID**



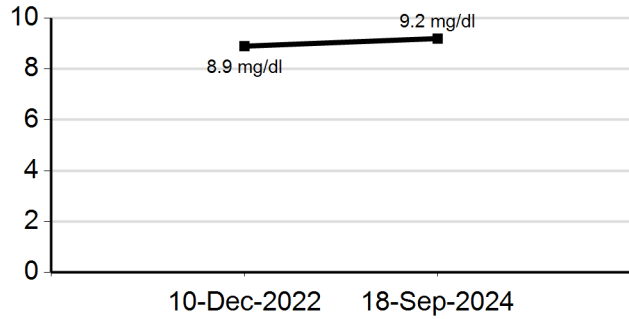




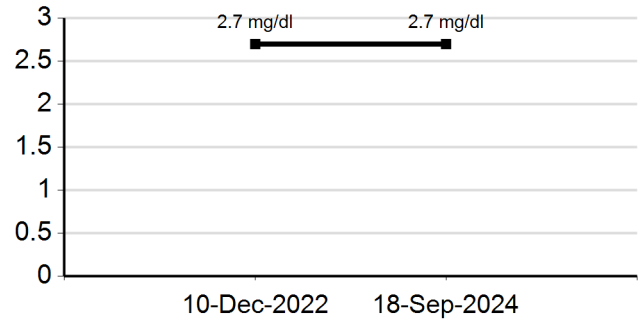
Use a QR Code Scanner Application To Scan the Code

CID : 2426208790  
 Name : MRS. SEEMA JHA  
 Age / Gender : 46 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

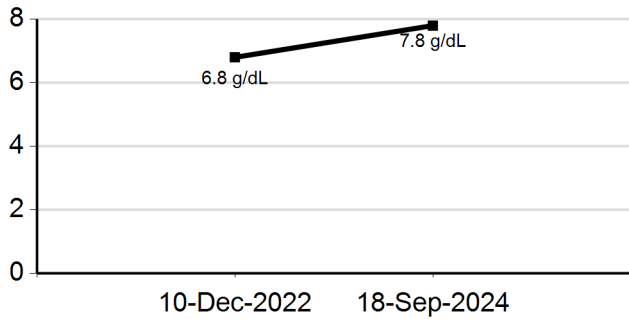
**CALCIUM**



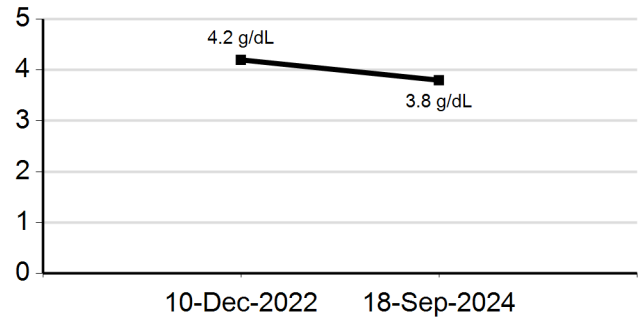
**PHOSPHORUS**



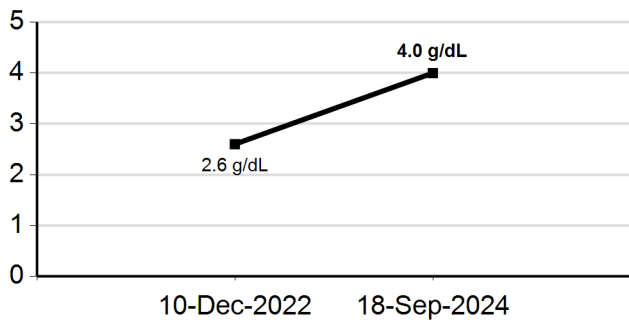
**TOTAL PROTEINS**



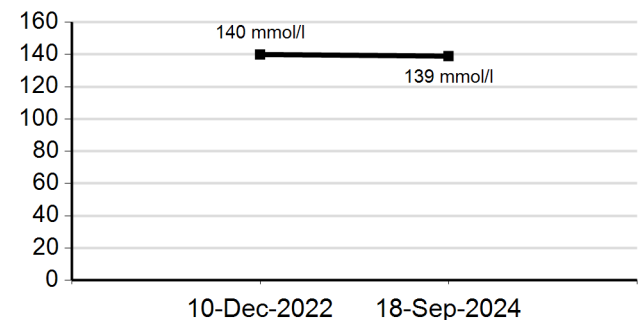
**ALBUMIN**



**GLOBULIN**



**SODIUM**

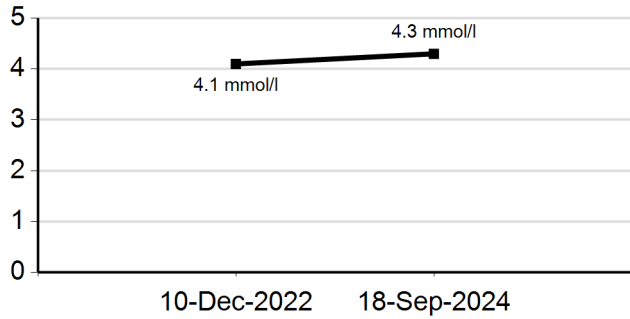




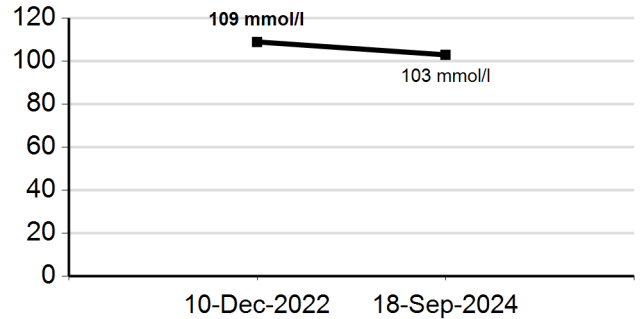
Use a QR Code Scanner  
 Application To Scan the Code

CID : 2426208790  
 Name : MRS.SEEMA JHA  
 Age / Gender : 46 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

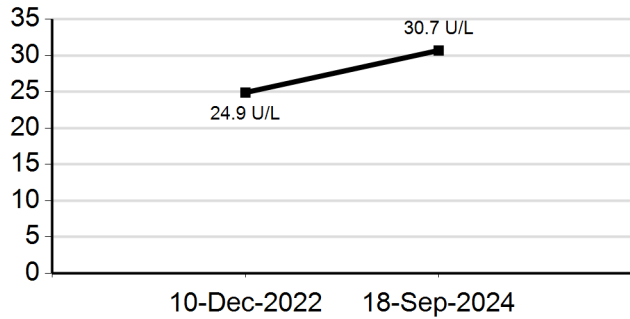
**POTASSIUM**



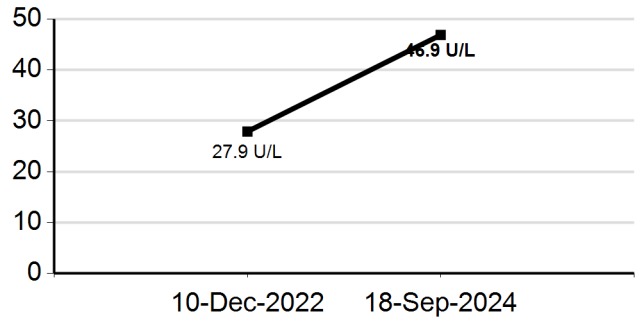
**CHLORIDE**



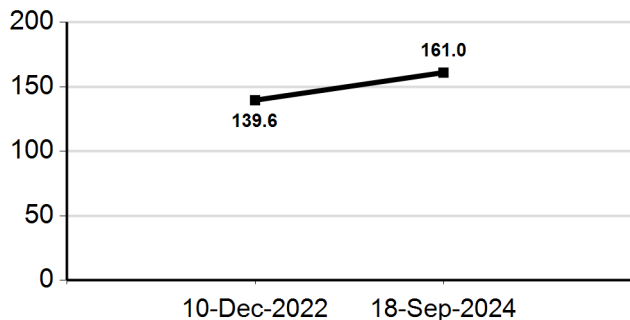
**SGOT (AST)**



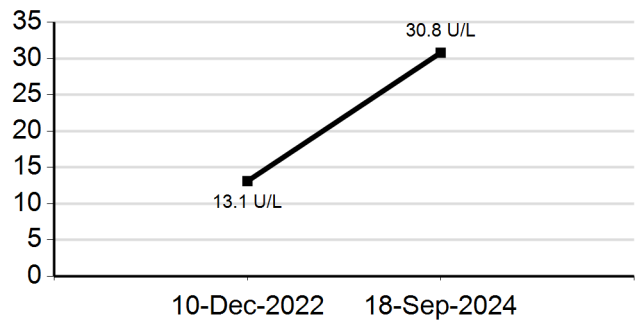
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



**GAMMA GT**

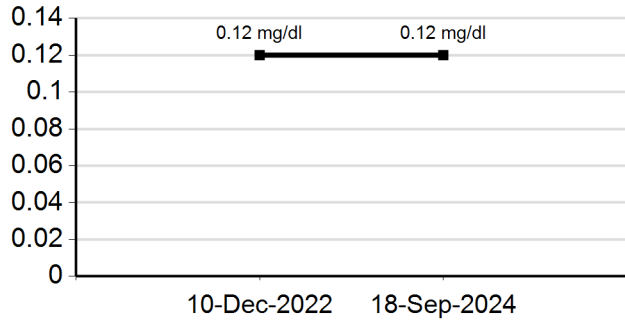




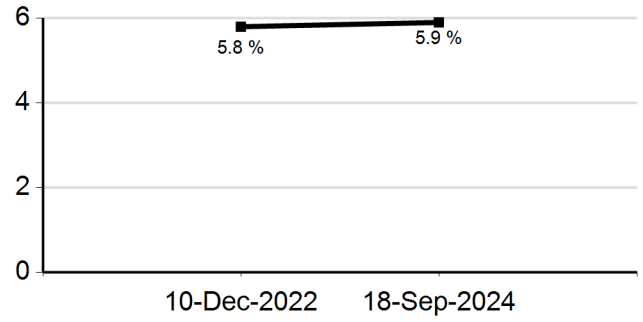
Use a QR Code Scanner Application To Scan the Code

CID : 2426208790  
 Name : MRS.SEEMA JHA  
 Age / Gender : 46 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

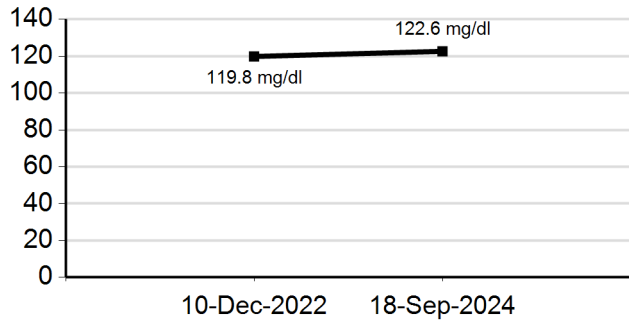
**BILIRUBIN (DIRECT)**



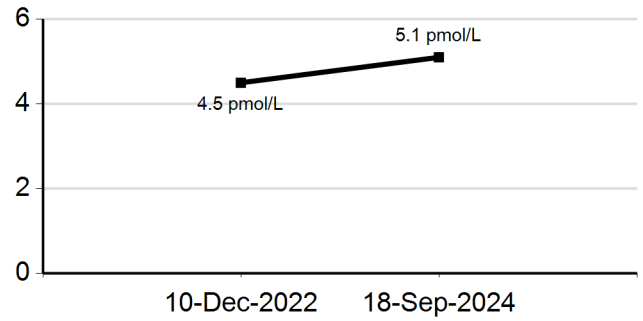
**Glycosylated Hemoglobin (HbA1c)**



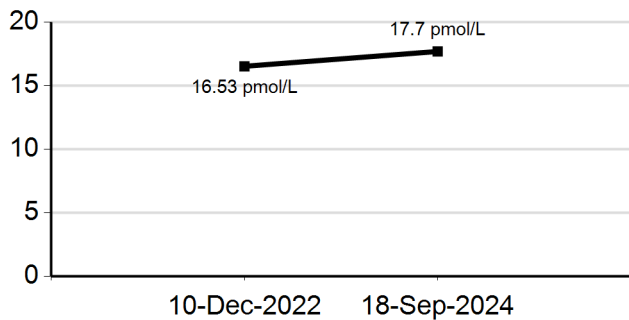
**Estimated Average Glucose (eAG)**



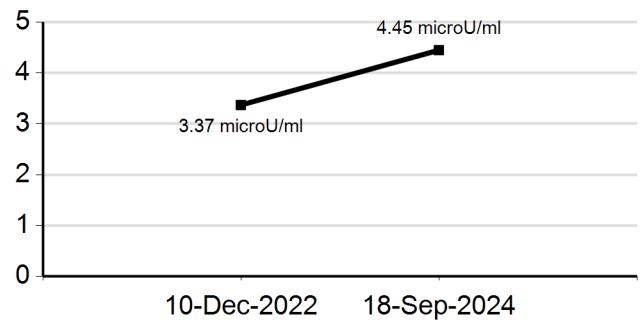
**Free T3**



**Free T4**



**sensitiveTSH**

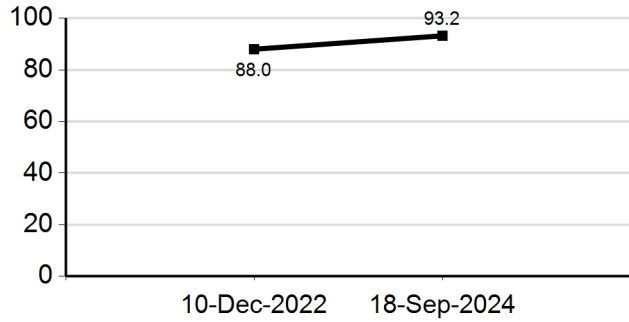




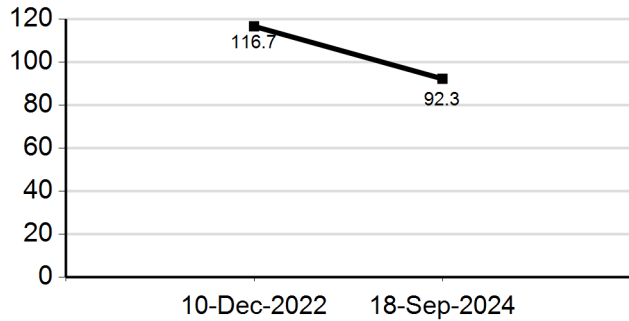
Use a QR Code Scanner  
Application To Scan the Code

CID : 2426208790  
Name : MRS.SEEMA JHA  
Age / Gender : 46 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

**GLUCOSE (SUGAR) FASTING**



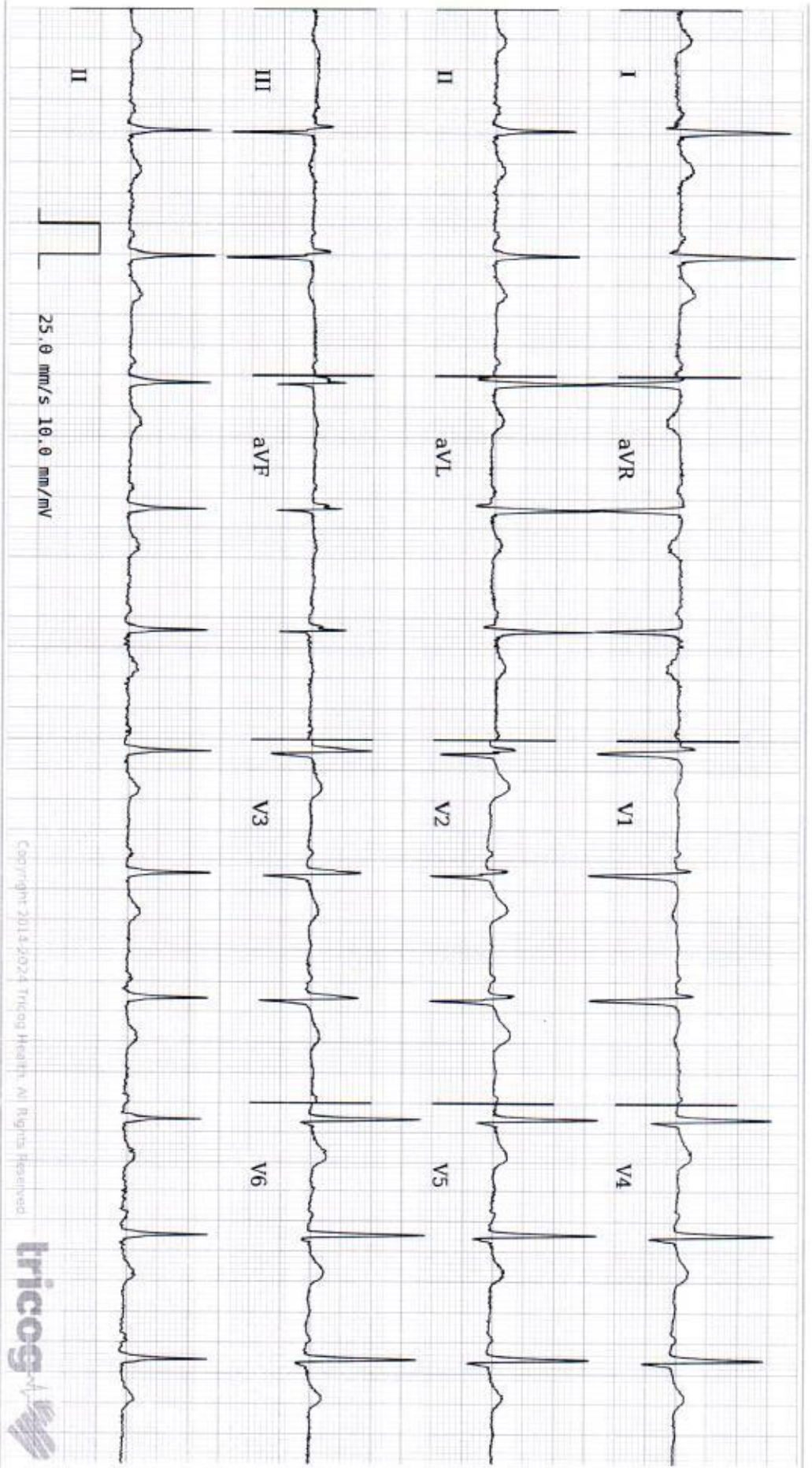
**GLUCOSE (SUGAR) PP**



Patient Name: SEEMA JHA

Patient ID: 2426208790

Date and Time: 18th Sep 24 9:36 AM



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Age **46** NA NA  
years months days

Gender **Female**

Heart Rate **74bpm**

**Patient Vitals**

BP: 150/90 mmHg

Weight: 68 kg

Height: 162 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 90ms

QT: 398ms

QTcB: 441ms

PR: 128ms

P-R-T: 33° 3° 11°

REPORTED BY

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

**Borderline Left Ventricular Hypertrophy suspected, Sinus Rhythm. Please correlate clinically.**

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2426208790  
**Name** : Mrs Seema jha  
**Age / Sex** : 46 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 18-Sep-2024  
**Reported** : 18-Sept-2024 / 12:38

### USG WHOLE ABDOMEN

#### LIVER:

The liver is normal in size (12cm), shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

#### GALL BLADDER:

The gall bladder is not seen, post cholecystectomy status.

#### PANCREAS:

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

#### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

**Cortical scarring is seen in the lower pole of right kidney.**

No evidence of any calculus, hydronephrosis or mass lesion seen.

Right kidney measures 8.7 x 4.4 cm. Left kidney measures 11.0 x 4.7 cm.

#### SPLEEN:

The spleen is normal in size (7.8cm) 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 slightly bulky. It measures 10.1 x 3.4 x 4.9 cm in size.** The endometrial thickness is 5.5 mm.

**Few Nabothian cysts are noted in cervix.**

#### OVARIES:

Both the ovaries are well visualised and appears normal.

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

Right ovary = 2.8 x 2.0 cm Left ovary = 3.0 x 1.9 cm

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024091808560749>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL195210065886 Page no 1 of 2

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2<sup>nd</sup> Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

about:blank HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2426208790  
**Name** : Mrs Seema jha  
**Age / Sex** : 46 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre  
**Reg. Date** : 18-Sep-2024  
**Reported** : 18-Sept-2024 / 12:38

**IMPRESSION:-**

- **GRADE I FATTY LIVER**
- **CORTICAL SCARRING IN THE LOWER POLE OF RIGHT KIDNEY.**
- **SLIGHTLY BULKY UTERUS.**

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

**DR. RAVI KUMAR**  
**MBBS, MD RADIODIANOSIS**  
**MMC REG NO. 2008/04/1721**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024091808560749>

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1905PLC065298

Page no 2 of 2

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about:blank HEALTHLINE: 022-61700000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

<b>CID</b>	: 2426208790	<b>Reg. Date</b>	: 18-Sep-2024
<b>Name</b>	: Mrs Seema jha	<b>Reported</b>	: 18-Sept-2024 / 14:10
<b>Age / Sex</b>	: 46 Years/Female		
<b>Ref. Dr</b>	:		
<b>Reg. Location</b>	: Kandivali East Main Centre		

**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 R K Bhandari  
 M D , DMRE  
 MMC REG NO. 34078

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024091808560858>



Name : Seena Jha

Age / Gender : 45 F

Dr. :

Date : 18/9/24

## GYNAEC EXAMINATION REPORTS

### PERSONAL HISTORY

CHIEF COMPLAINTS :

- NO

MARITAL STATUS :

married

MENSTRUAL HISTORY :

(i) MENARCHE :

@ age 13 1/2

(ii) PRESENT MENSTRUAL HISTORY :

Reg

(iii) PAST MENSTRUAL HISTORY :

- 6th day m.c

OBSTETRIC HISTORY :

G, P, 4 A0 (~~1~~ - baby born via ZVF procedure)

PAST HISTORY :

- HNT, slip disc

PREVIOUS SURGERIES :

- USG, Lap cholecystectomy

ALLERGIES :

Dust

FAMILY HISTORY :

father - HNT, DM

DRUG HISTORY :

- NO

BOWEL HABITS :

BLADDER HABITS :

(+)

**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548

Name : Seema Jha	Age / Gender
Dr. :	Date : - 18/9/24

**GYNAEC EXAMINATION REPORTS**

**GENERAL EXAMINATION**

TEMPERATURE : ①  
PULSE : 72/min  
BP : 150/90  
RS :  
CVs : MAD  
Breasts :  
Per Abdomen : - <sup>MAD</sup> L50 Scar, lap Scar, Healthy  
Per vaginal :  
P/S - Pending (Sunday Amc)

**RECOMMENDATIONS**

ADVISE :

  
**Dr. Jagruti Dhale**  
MBBS  
Consultant Physician  
Reg.No.69548

Date: - 18/9/2024

CID: 2426208790

Name: - Mrs. Seema Jha

Sex/Age: 46/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	-	-	-	6/18	-	-	-	6/18
Near	-	-	-	N/36	-	-	-	N/36

Colour Vision: Normal / Abnormal

Remark: Normal

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Thakur Village, Kandivah (east),  
Mumbai - 400101.  
Tel : 61700000



75/82/2024  
 MAHEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg Date: 07 - 09 - 2024 07:51:36 AM Refd By : MEDIWHEEL

REPORT :

Heart Rate 80.0 bpm Systolic BP 170.0 mmHg Diastolic BP 80.0 mmHg  
 Exercise Time 09:49 Mins. METS 6.2  
 Test End Reason , Heart Rate Achieved Target Heart Rate 175.0

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NO
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NO
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 NO ANGINA STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative test does not rule out coronary artery disease Positive stress test is suggestive of but not confirmative of coronary artery disease. Hence clinical correlation is mandatory.

Dr Akhil Parulekar.  
 MBBS, MD, DM (Cardiology)  
 Reg. No. 2012082483  
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 Thakur Village, Kandivali (east),  
 Mumbai - 400101.  
 Tel : 61700000

Doctor : DR AKHIL PARULEKAR

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

Report



ACIPL

Email:

78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg

Date: 07 - 09 - 2024 07:51:36 AM Refd By : MEDIWHEEL Examined By: DR AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:10	0:10	00.0	00.0	01.0	075	43%	150/90	112	00	
Standing	00:23	0:13	00.0	00.0	01.0	079	45%	150/90	118	00	
HV	00:31	0:08	00.0	00.0	01.0	080	46%	150/90	120	00	
ExStart	00:36	0:05	02.7	00.0	01.1	083	47%	150/90	124	00	
M.BRUCES Stage 1	03:36	3:00	02.7	00.0	02.3	088	50%	150/90	132	00	
M.BRUCES Stage 2	06:36	3:00	02.7	05.0	03.5	111	63%	150/90	166	00	
M.BRUCES Stage 3	08:36	2:00	02.7	10.0	04.3	136	78%	150/90	204	00	
PeakEx	10:25	1:49	04.0	12.0	06.2	160	91%	170/80	272	00	
Recovery	11:25	1:00	00.0	00.0	01.0	141	81%	170/80	239	00	
Recovery	12:14	1:50	00.0	00.0	01.0	118	67%	170/80	200	00	

## FINDINGS :

Exercise Time : 09:49  
 Initial HR (ExStrt) : 83 bpm 47% of Target 175  
 Initial BP (ExStrt) : 150/90 (mm/Hg)  
 Max Workload Attained : 6.2 Fair response to induced stress  
 Duke Treadmill Score : 00.0  
 Test End Reasons : Heart Rate Achieved

Max HR Attained : 160 bpm 91% of Target 175  
 Max BP Attained : 170/80 (mm/Hg)

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 Tel : 6172000000

**Dr. Akhil P. Parulekar,**  
 MBBS, MD, Medicine  
 DNB Cardiology  
 Reg. No. 2012082483

Doctor : DR AKHIL PARULEKAR

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

SUPINE ( 00:10 )



78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 75

Date: 07 - 09 - 2024 07:51:36 AM

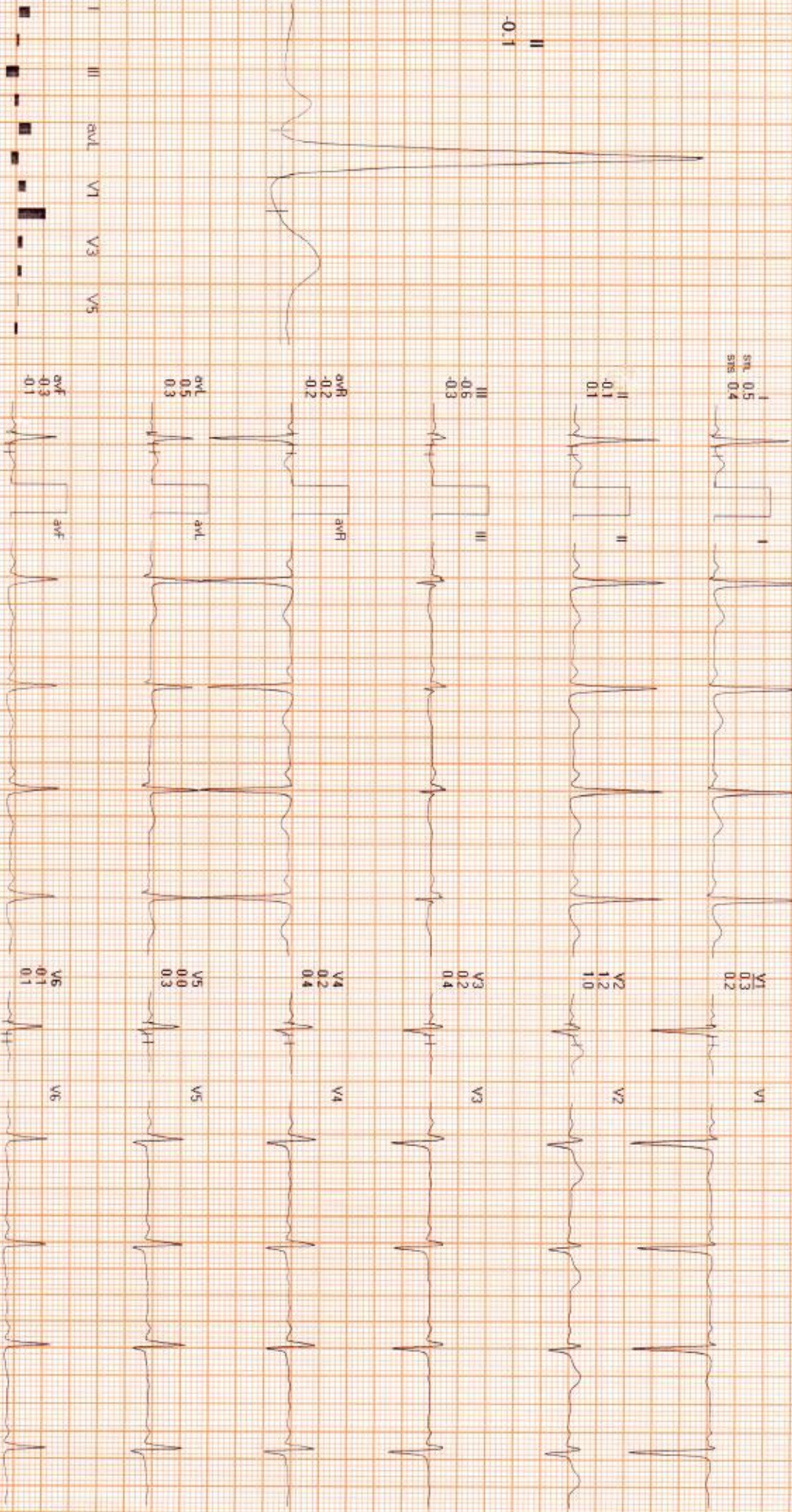
METS: 1.0 / 75 bpm 43% of THR

BP: 150/90 mmHg

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

4X 80 mS Post J

EXTIME: 00:00:00 Kmph. 0.0%



REMARKS

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

STANDING ( 00:13 )

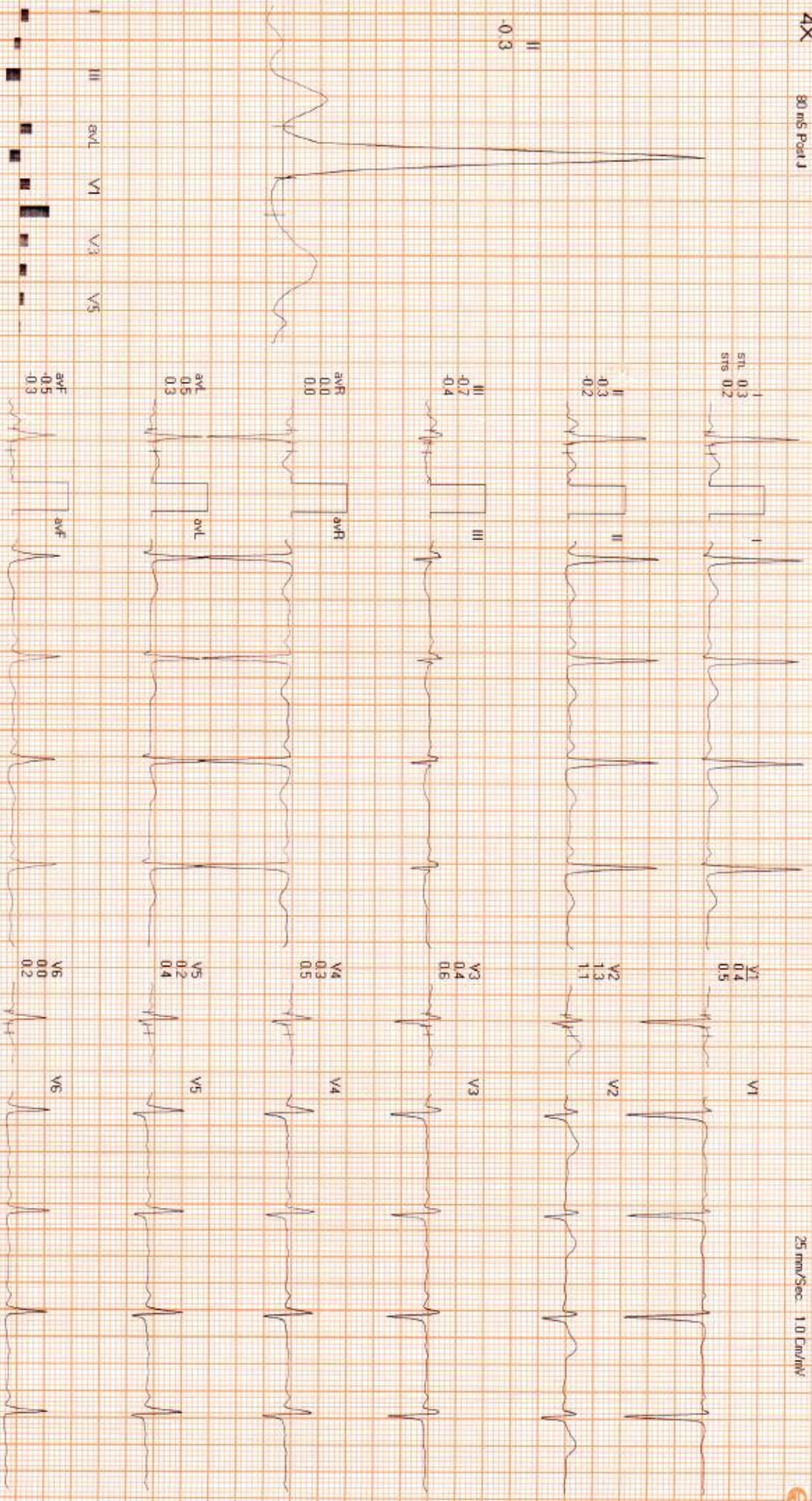


78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 80

Date: 07 - 09 - 2024 07:51:36 AM METS: 1.0/ 80 bpm 46% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Paper 1

25 mm/Sec 1.0 Div/Div



REMARKS

SUBURBAN DIAGNOSTIC KANDIVALI EAST

HV (00:08)



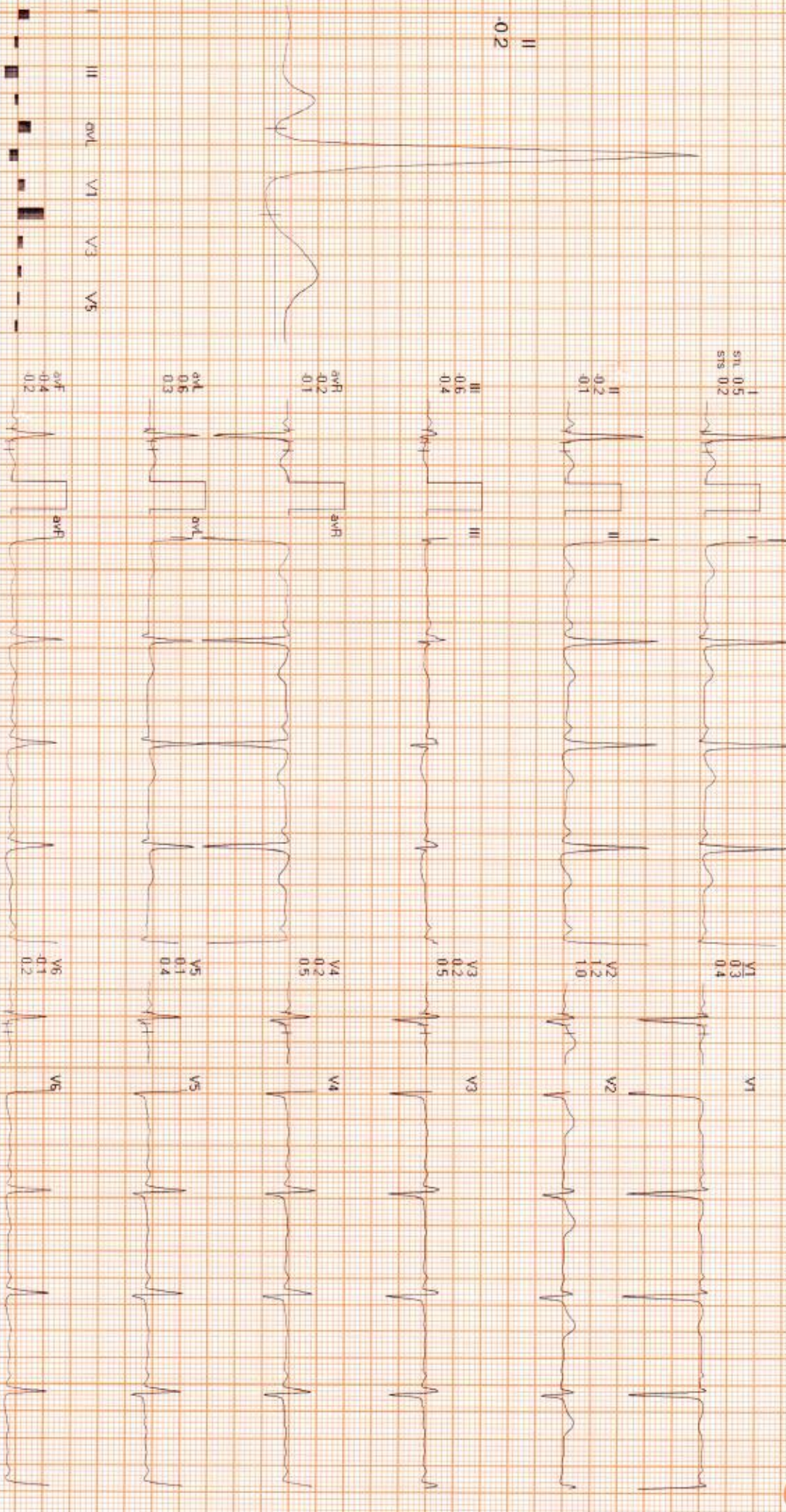
78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 80

Date: 07 - 09 - 2024 07:51:36 AM METS: 1.0/ 80 bpm 46% of THR BP: 150/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00:00 Kmph. 0.0%

4X 80 m/s Post J

25 mm/Sec 1.0 Cm/mV



REMARKS



SUBURBAN DIAGNOSTIC KANDIVALI EAST

EXStr



78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 83

Date: 07 - 09 - 2024 07:51:36 AM

METS: 1.0/ 83 bpm 47% of THR

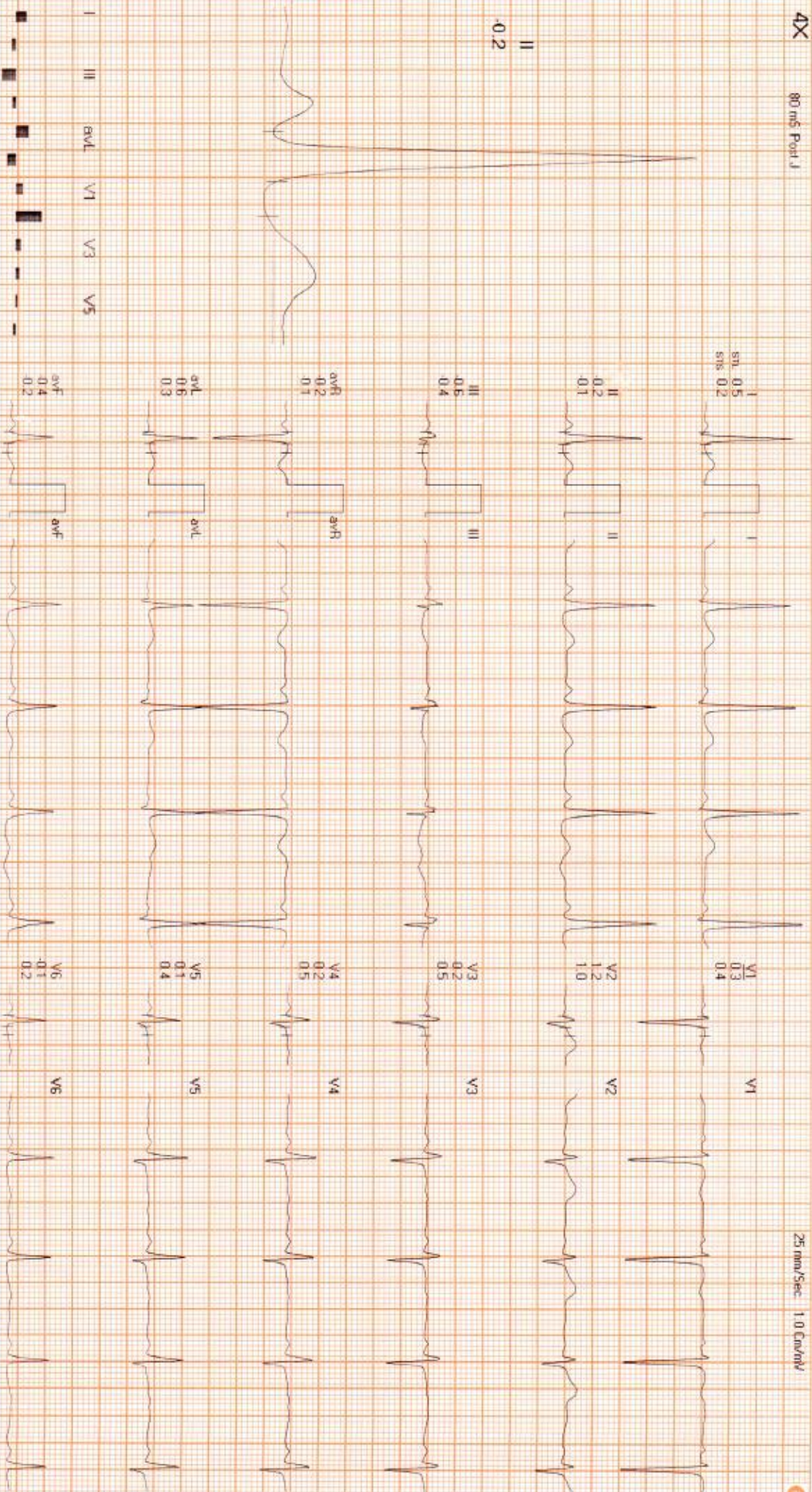
BP 150/90 mmHg

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



REMARKS:

# SUBURBAN DIAGNOSTIC KANDIVALI EAST

M. BRUCE : Stage 1 ( 03:00 )



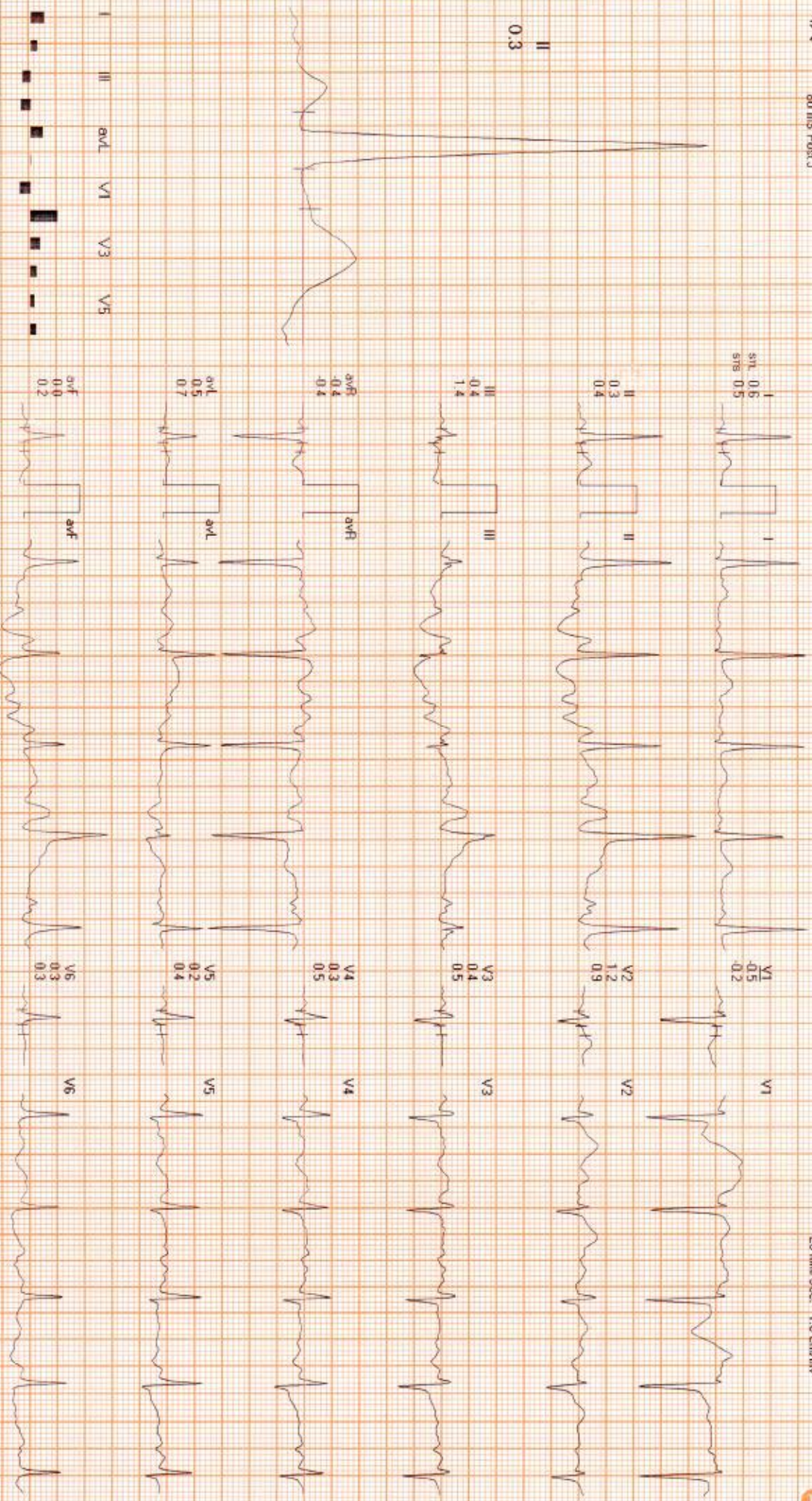
78 (P426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 69 Kg / HR : 88

Date: 07 - 09 - 2024 07:51:36 AM METS: 2.3 / 88 bpm 50% of THR BP: 150/90 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 2.7 Kmph 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

M. BRUCE : Stage 2 ( 03:00 )



78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 111

Date: 07 - 09 - 2024 07:51:36 AM

METS: 3.5/111 bpm 63% of THA BP: 150/90 mmHg

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

EXTime: 06:00 2.7 Kmph 5.0%

4X 80 mS Post J

25 mm/Sec: 1.0 Cm/mV



REMARKS:

**SUBURBAN DIAGNOSTIC KANDIVALI EAST**

**M. BRUCE : Stage 3 ( 02:00 )**



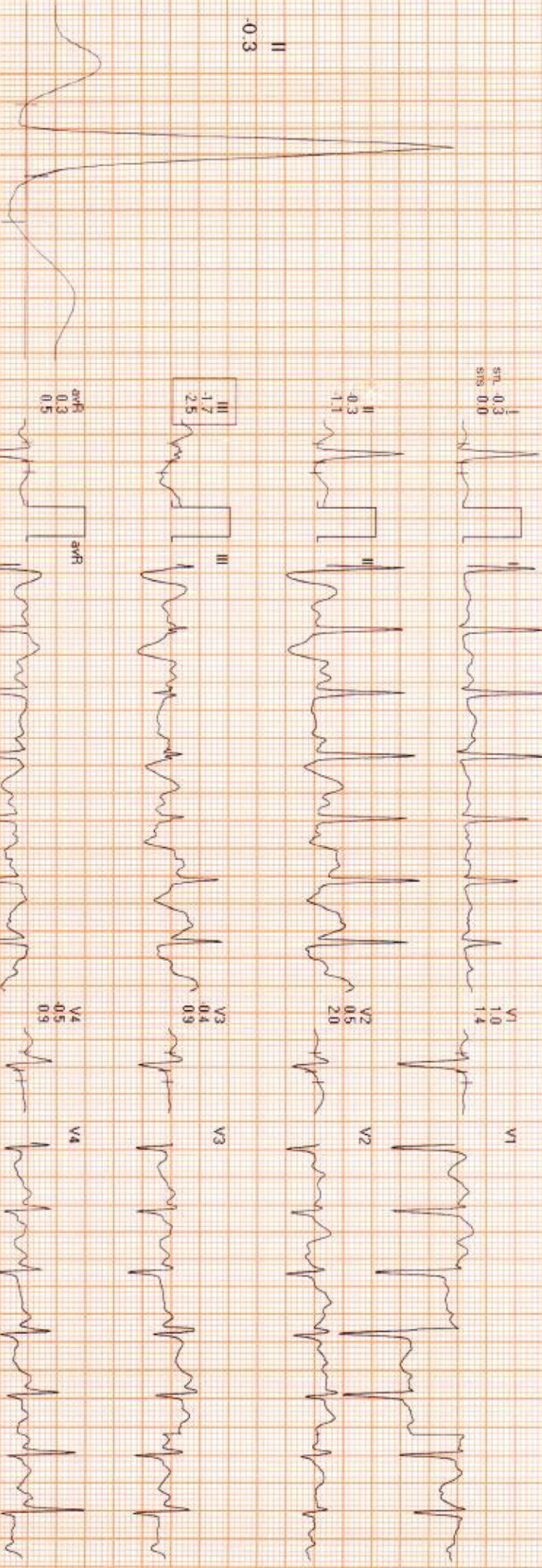
78 (24262208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 136

Date: 07 - 09 - 2024 07:51:36 AM METS: 4.3 / 136 bpm 78% of THR BP: 150/90 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 HZ LF 35 Hz

EXTime: 08:00 2.7 Km/Ph 10.0%

4X 60 ms Post J

25 mm/Sec 1.0 Cm/mV



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

**SUBURBAN DIAGNOSTIC KANDIVALI EAST**

**PeakEX**



78 (2428208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 160

Date: 07 - 09 - 2024 07:51:36 AM METS: 6.2 / 160 bpm 91% of THR BP: 170/80 mmHg Row ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 09:49 4.0Kmph, 12.0%

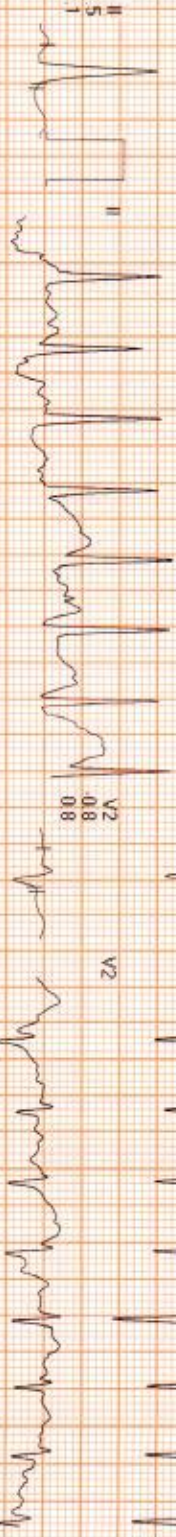
4X 20 ms Post 1

25 mm/sec 1.0 Cm/mV

ST1 -1.2  
ST2 0.0  
ST3 0.0



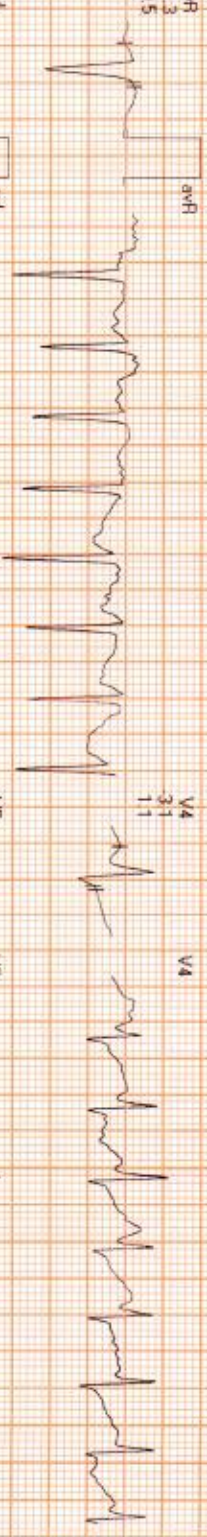
II -1.5  
III -1.1



III -0.5  
aVR 1.3  
aVL 0.5



V1 0.5  
V2 4.8  
V3 2.8  
V4 3.1  
V5 3.5  
V6 3.5



aVR 0.3  
aVL 0.4



aVF 0.9  
V6 0.1



REMARKS:

I aVR aVL V1 V2 V3 V4 V5



SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : ( 01:00 )



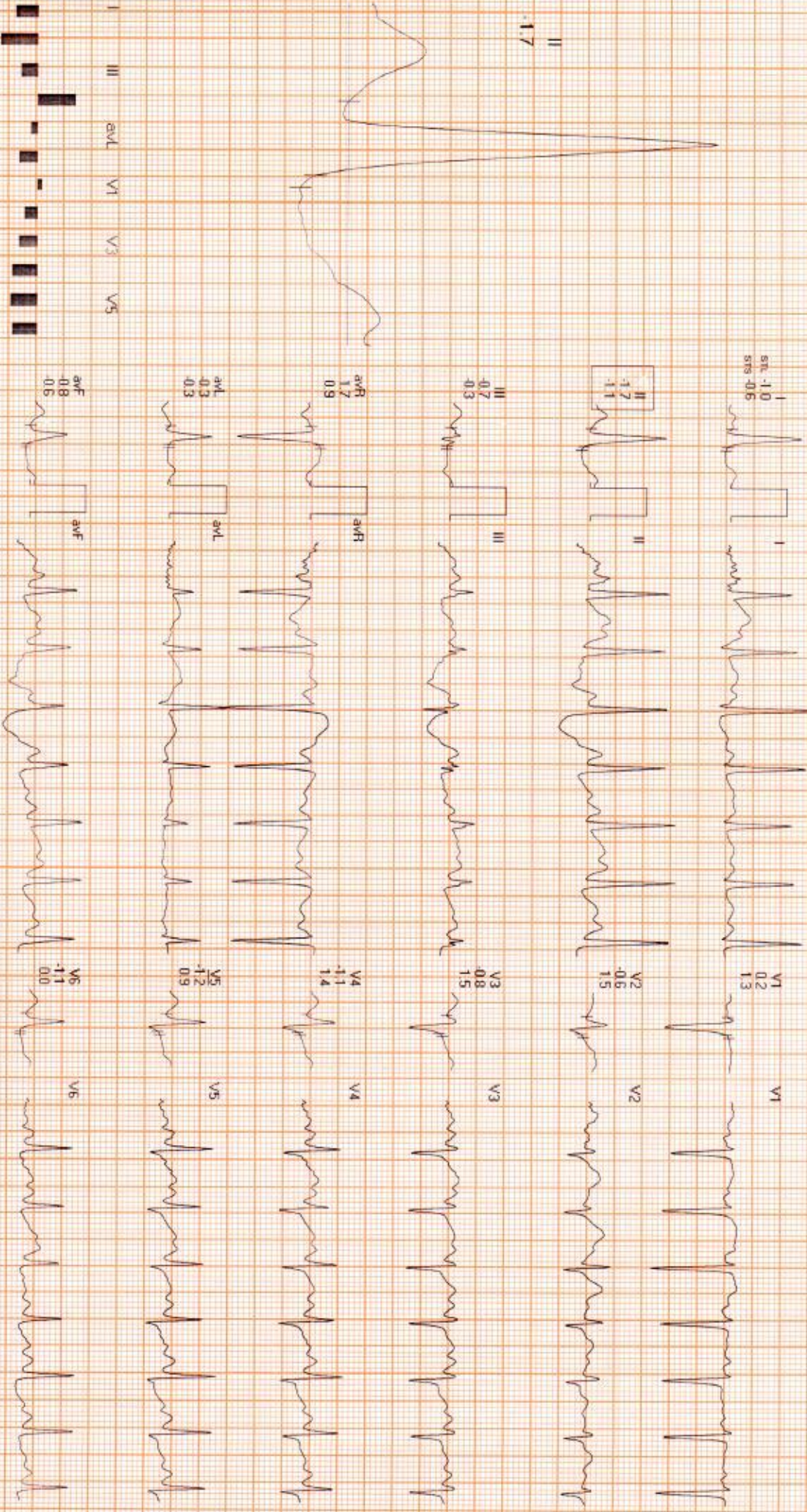
78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR : 141

Date: 07 - 09 - 2024 07:51:36 AM METS: 1.0/1.41 bpm 81% of THR BP: 170/80 mmHg Raw ECG/ BLC Orig/ Natch Orig/ HF 0.05 Hz/ AF 35 Hz

ExTime: 09:49 0.0 Kmph 0.0%

4X 20 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTIC KANDIVALI EAST

Recovery : ( 01:49 )



78 (2426208790) / SEEMA JHA / 45 Yrs / F / 162 Cms / 68 Kg / HR 118

Date: 07 - 09 - 2024 07:51 :36 AM

METS: 1.0/118 bpm 67% of THR BP: 170/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime 09:49 0.0Kmph 0.0%

4X No ms Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS