

## PHYSICAL EXAMINATION REPORT

Patient Name	Prashanti Graykar	Sex/Age	F/28
Date	28/10/23	Location	Thane

### History and Complaints

Nil

### EXAMINATION FINDINGS:

Height (cms):	155	Temp (0c):	<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; margin: 0 5px;">②</span> </div> <p style="font-size: 2em; margin: 0;">NAD</p>
Weight (kg):	53.6	Skin:	
Blood Pressure	110/70	Nails:	
Pulse	72/min	Lymph Node:	

### Systems :

Cardiovascular:	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; padding: 20px;"> <p style="font-size: 2em; margin: 0;">NAD</p> </div>
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ↓ Hb.

↑ Non HDL chol.  
ECG - ST T changes inferolateral leads

Advice:

- Iron Supplement.  
 - Low Fat Diet.  
 Cardiologist's / Physician's  
 Cons. For ECG changes.

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

Nil

- LSCS, D&C  
 Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No No

Neg.

No

*Handwritten signature*

**Dr. Manasee Kulkarni**  
 M.B.B.S

31/10/2005/09/3439

Date: 28/10/23 CID: 1303  
Name: Prashant, Gayatri Sex / Age: F 28

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: xst

Past history: xst.

Unaided Vision: 13/60 20/200

Aided Vision:

Refraction:

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

Colour Vision: Normal / Abnormal

Remark: Good Vision.

MR. PRAKASH KUDVA  
SR. OPTOMETRIST





CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 12:21

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.64	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.7	36-46 %	Measured
MCV	79.1	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	6710	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	44.8	20-40 %	
Absolute Lymphocytes	3006.1	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	402.6	200-1000 /cmm	Calculated
Neutrophils	43.8	40-80 %	
Absolute Neutrophils	2939.0	2000-7000 /cmm	Calculated
Eosinophils	5.4	1-6 %	
Absolute Eosinophils	362.3	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	288000	150000-400000 /cmm	Elect. Impedance
MPV	9.2	6-11 fl	Calculated
PDW	11.8	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	Mild		
Microcytosis	Occasional		

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 12:44

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 14 2-20 mm at 1 hr. Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*  
Dr. IMRAN MUJAWAR  
MD ( Path )  
Pathologist



CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 15:50

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	116.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.22	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.05	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	16.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	12.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	15.8	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	100.9	35-105 U/L	PNPP
BLOOD UREA, Serum	10.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	4.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.67	0.51-0.95 mg/dl	Enzymatic





CID : 2330119828  
Name : MRS.PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 13:25  
Reported : 28-Oct-2023 / 15:56

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	4.1	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 16:25

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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, Waitach's interpretation of diagnostic tests 10th edition.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Imjawan*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist





CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 15:01

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.5)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legal's Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-15	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 insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Dr. Imran Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 13:59

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Dh using anti:H lectin

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 all 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 Harnening, 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Imjawan*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Use a QR Code Scanner Application To Scan the Code

CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 15:50

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	102.6	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	46.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	143.0	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	21.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Imjawar*

Dr. IMRAN MUJAWAR  
M.D ( Path )  
Pathologist





CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 13:54

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.2	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.91	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

Authenticity Check



Use a QR Code Scanner Application To Scan the Code

CID : 2330119828  
Name : MRS. PRASHANTI GAYKAR  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 28-Oct-2023 / 09:51  
Reported : 28-Oct-2023 / 13:54

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1) TSH Values between high abnormal upto 15 microU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2) TSH values may be 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 200%. Biological variation: 19.7% (with in subject variation)

**Reflux 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 6 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. Koutouri 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Imjawar*

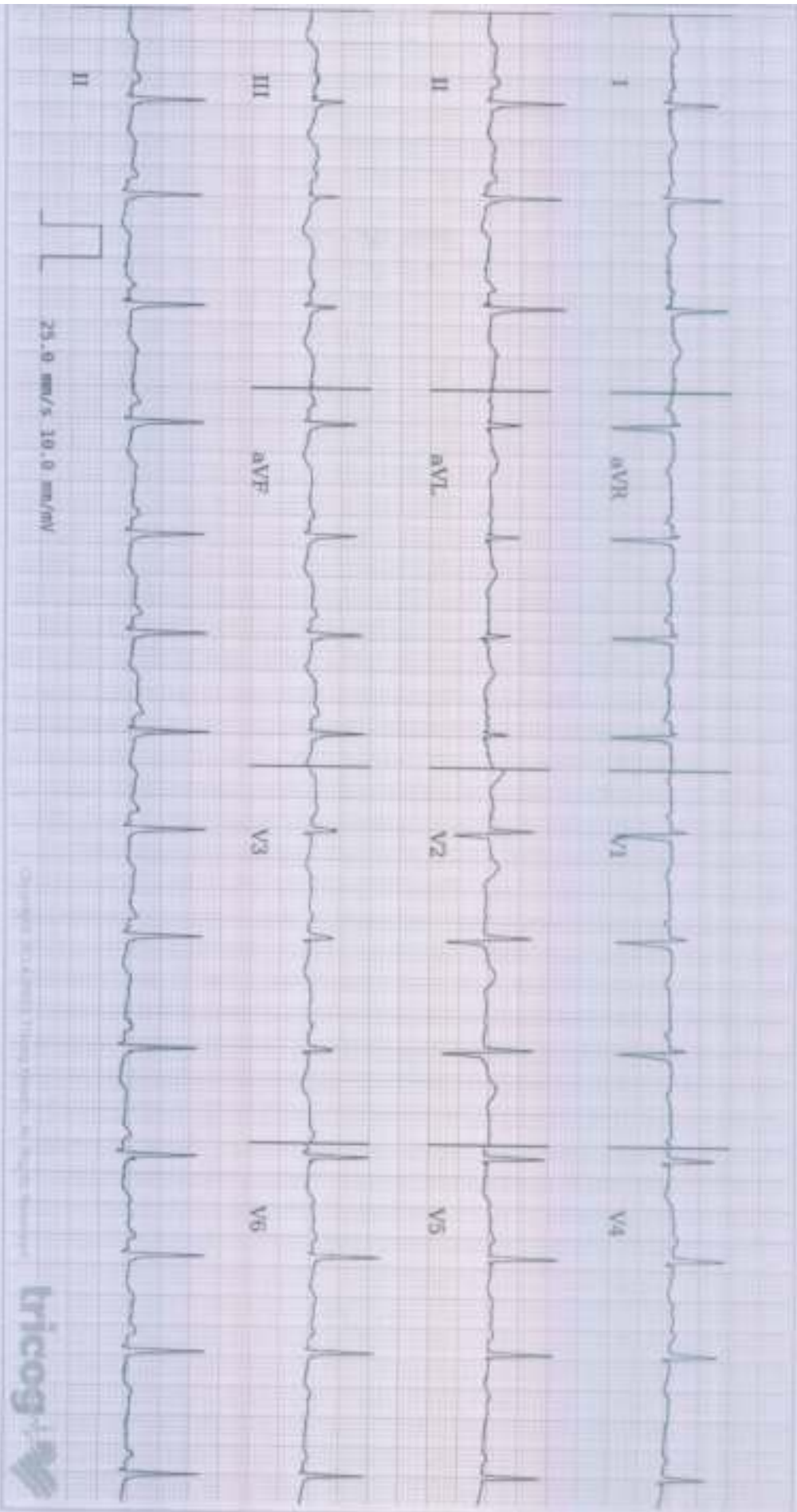
Dr. IMRAN MUJAWAR  
MD ( Path )  
Pathologist



Patient Name: PRASHANTI GAYKAR

Date and Time: 28th Oct 23 11:36 AM

Patient ID: 2330119828



25.0 mm/s 10.0 mm/mV

Changes in ST segment and T waves may be associated with myocardial ischemia.



Age: 28 years  
Sex: Female  
Heart Rate: 88bpm

Gender: Female

Heart Rate: 88bpm

Parent Vitals

BP: 120/70 mmHg

Weight: 63 kg

Height: 155 cm

Pulse: NA

SpO2: NA

Resp: NA

Others: NA

**Measurements**

QRS: 78ms

QT: 365ms

QTc: 44.5ms

PR: 142ms

P-R-T: 62° 48° -15°

Sinus Rhythm, ST T changes inferolateral leads. Please correlate clinically.

REPORTED BY

*[Signature]*

DR. SHILPA PILLAI  
MD, MRCP  
4812

Disclaimer: This document is only intended to provide an ECG interpretation and should be used in conjunction with clinical history, symptoms, and results of other studies and not to be used as a substitute for a physician's diagnosis. All rights reserved. © 2023 Suburban Diagnostics. All other trademarks are the property of their respective owners.



CID : 2330119828  
Name : Mrs PRASHANTI GAYKAR  
Age / Sex : 28 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 14:57

Use a QR Code Scanner  
Application To Scan the Code

### 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-----

*G. R. Fartade*  
Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

[Click here to view images <<ImageLink>>](#)



Use a QR Code Reader  
Application To Scan the Code

CID : 2330119828  
Name : Mrs PRASHANTI GAYKAR  
Age / Sex : 28 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 10:34

### USG WHOLE ABDOMEN

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is partially distended. No obvious calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.3 x 4.0 cm. Left kidney measures 9.8 x 3.9 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is retroverted and measures 4.7 x 3.7 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 10 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809380989>



Use a QR Code Scanner  
Application To Scan the Code

CID : 2330119828  
Name : Mrs PRASHANTI GAYKAR  
Age / Sex : 28 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 28-Oct-2023  
Reported : 28-Oct-2023 / 10:34

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023102809380989>

Page no 2 of 2



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

107 (2330119828) / PRASHANTI GAYKAR / 28 Yrs / F / 155 Cms / 63 Kg  
 Date: 26 / 10 / 2023 12:01:17 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	Rsp	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	117	61%	120/70	140	00	
Standing	00:20	0:09	00.0	00.0	01.0	117	61%	120/70	140	00	
HV	00:29	0:09	00.0	00.0	01.0	120	62%	120/70	144	00	
ExStart	00:38	0:09	00.0	00.0	01.0	106	55%	120/70	127	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	153	80%	130/80	198	00	
PeakEx	05:01	1:23	02.5	12.0	05.8	165	86%	150/80	247	00	
Recovery	06:01	1:00	00.0	00.0	01.0	153	80%	150/80	229	00	
Recovery	07:01	2:00	00.0	00.0	01.0	128	67%	150/80	192	00	
Recovery	08:01	3:00	00.0	00.0	01.0	122	64%	130/80	158	00	
Recovery	08:08	3:06	00.0	00.0	01.0	122	64%	130/80	158	00	

**FINDINGS :**

Exercise Time : 04:23  
 Initial HR (ExStr) : 106 bpm 55% of Target 192  
 Initial BP (ExStr) : 120/70 (mm/Hg)  
 Max Workload Attained : 5.8 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.3 mm in HV  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 165 bpm 86% of Target 192  
 Max BP Attained 150/80 (mm/Hg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GEN.MED)  
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI





EMail: <sup>107</sup>PHASHANTI GAYKAR / 28 Yrs / F / 155 Cms / 63 Kg Date: 28 / 10 / 2023 12:01:17 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 120.0 bpm, and the maximum predicted Target Heart Rate 192.0. The BP increased at the time of generating report as 150/90.0 mmHg The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. Basic ECG ST T changes inferolateral leads. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHAILAJA PILLAI  
M.D. (GENERAL MED)  
R.NO. 43972

Doctor : DR. SHAILAJA PILLAI



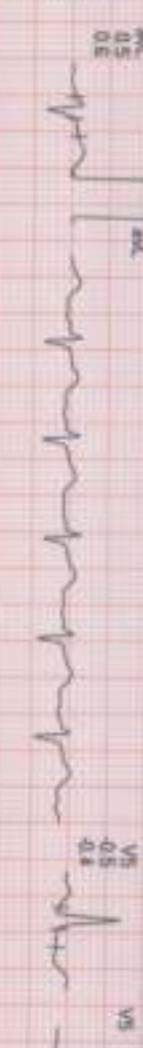
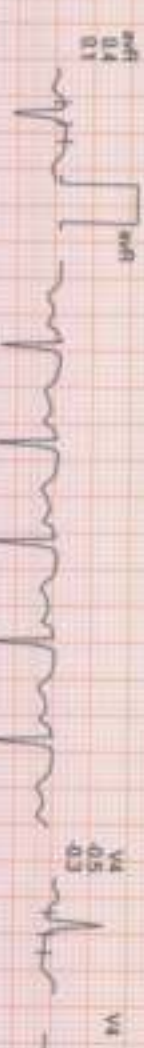


107 (20200119829) / PRASHANTI GAIYKAR / 28 Yrs / F / 155 Cms / 60 Kg / HR : 117

Date: 28 / 11 / 2023 12:01:17 PM METS: 1.0/117 bpm 61% of THR BP: 120/70 mmHg Raw ECG/BLC ON/Width ON/HF 0.05 HRA/F 35 Hz

DX 00:00 PM J

Extreme 00:00 0.0 mV 0.0%  
25 mm/Sec 1.0 CM/MV

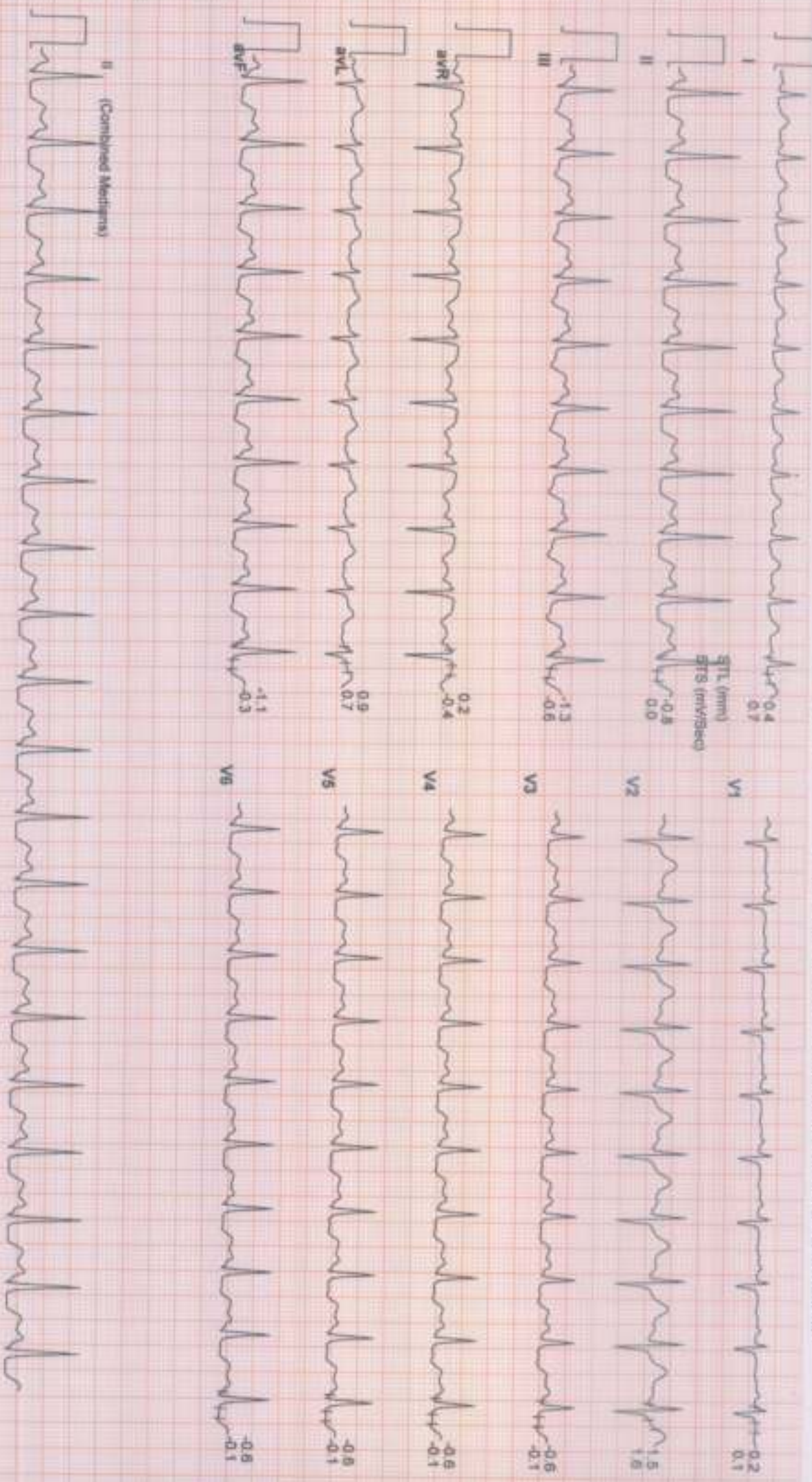






Date: 28 / 10 / 2023 12:01:17 PM METs : 1.0 HR : 120 Target HR : 62% of 192 BP : 120/70 Post J @30mSec

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





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

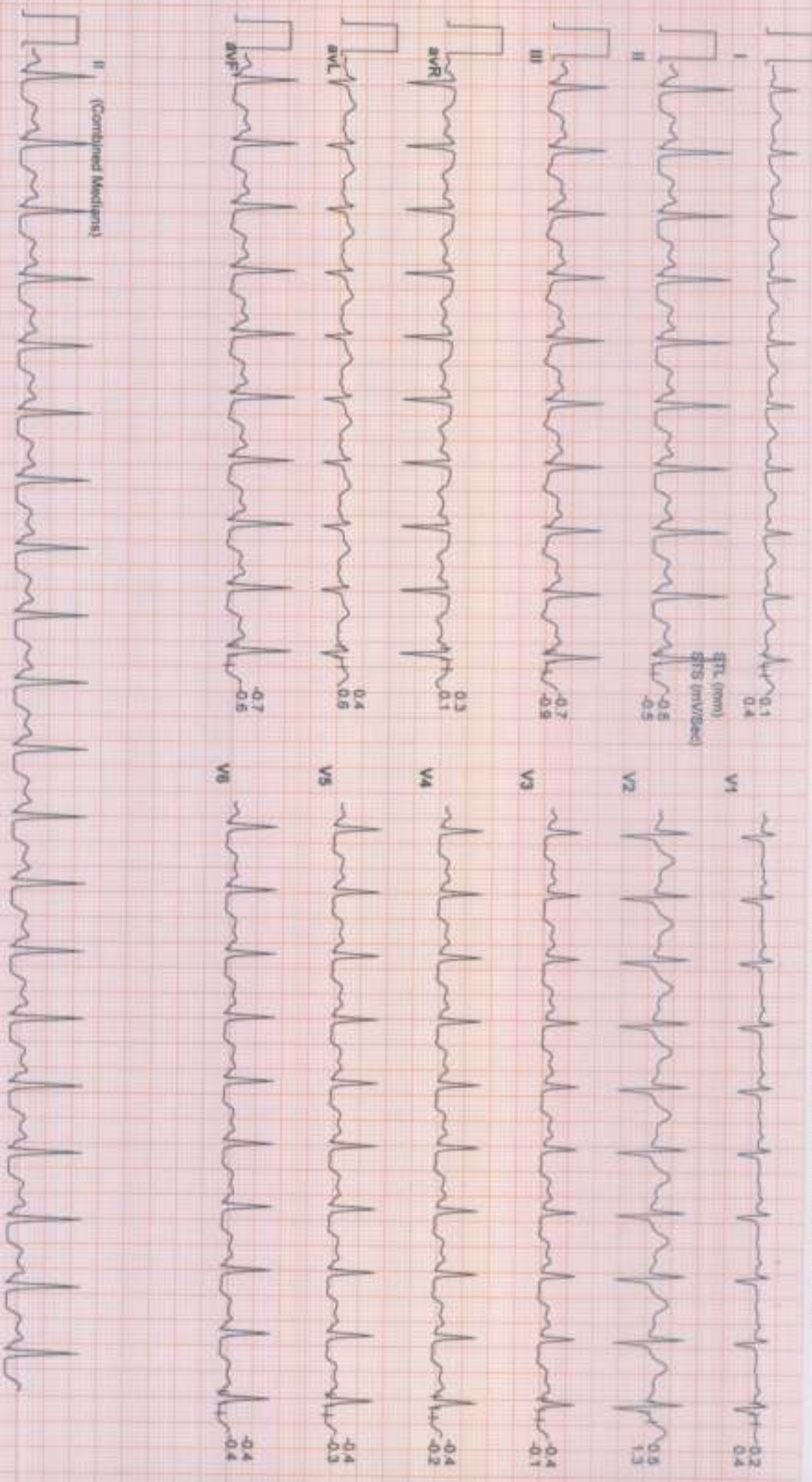
107 / PRASHANTI GAYKAR / 28 Yrs / Female / 155 Cm / 63 Kg

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )

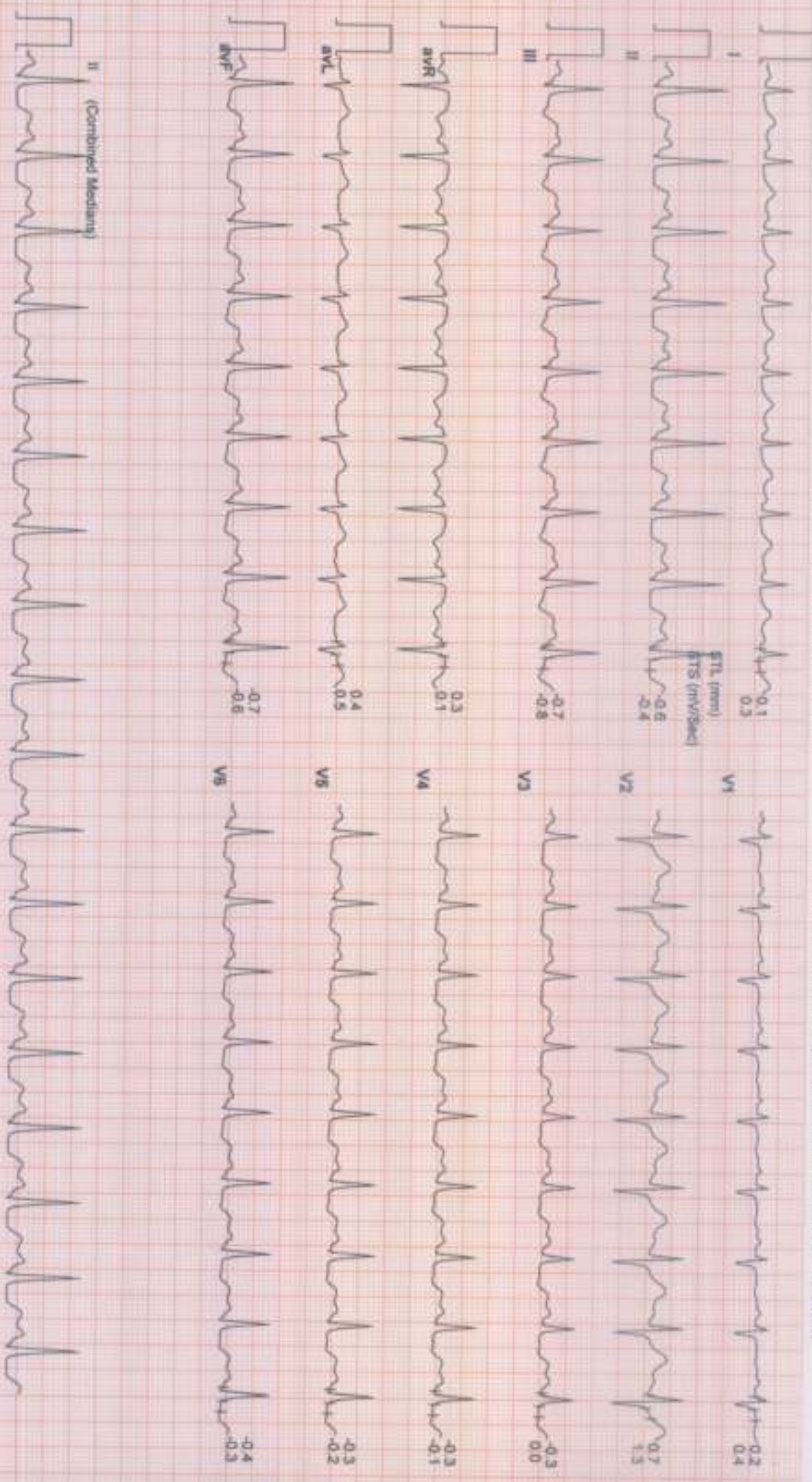


Date: 28 / 10 / 2023 12:01:17 PM METs : 1.0 HR : 120 Target HR : 62% of 192 BP : 120/70 Post J GibsonSec

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









**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

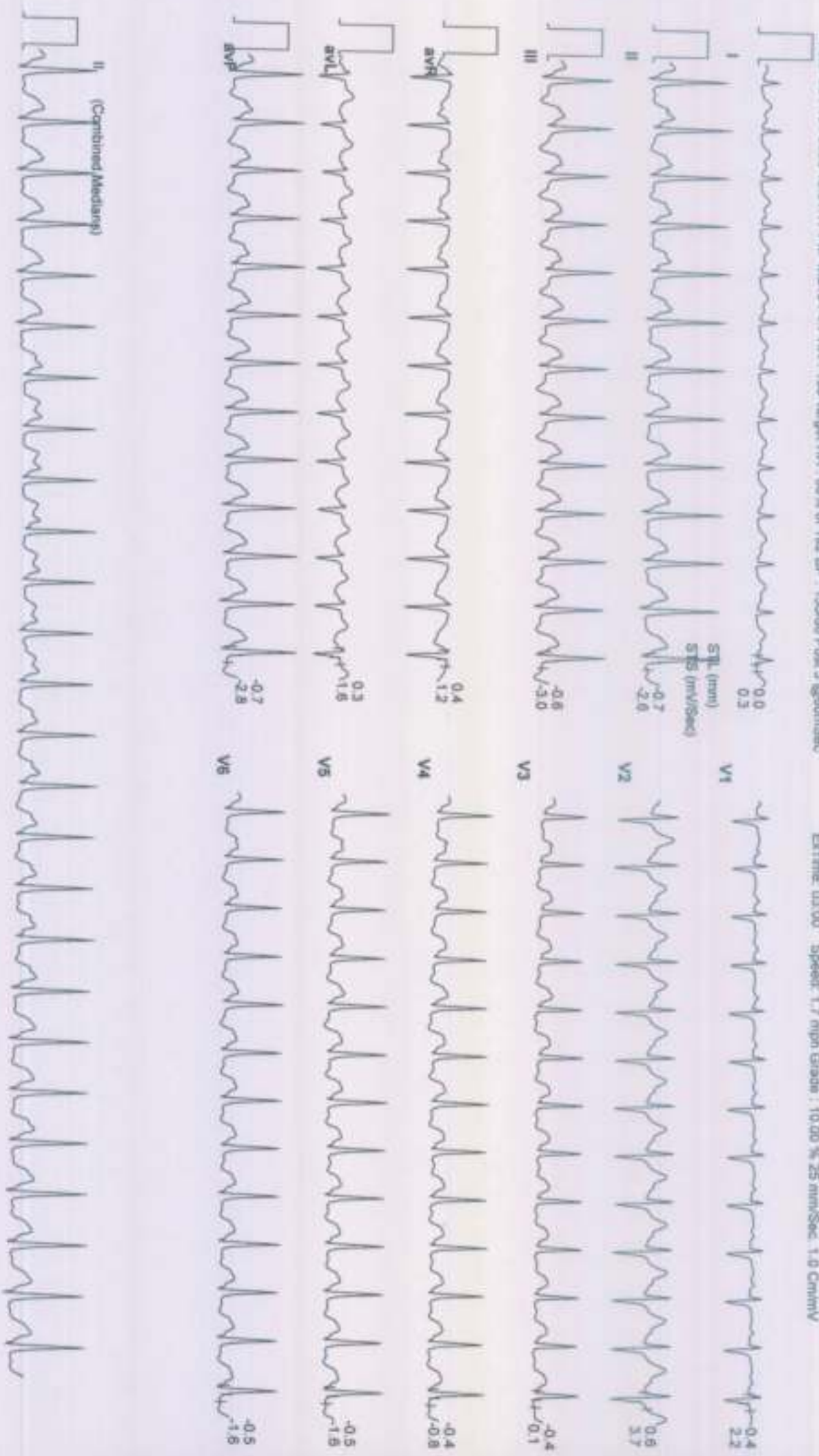
107 / PRASHANTI GAYKAR / 28 Yrs / Female / 155 Cm / 63 Kg

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



Date: 26 / 10 / 2023 12:01:17 PM METS : 4.7 HR : 153 Target HR : 80% of 162 BP : 130/80 Post J @geomSec

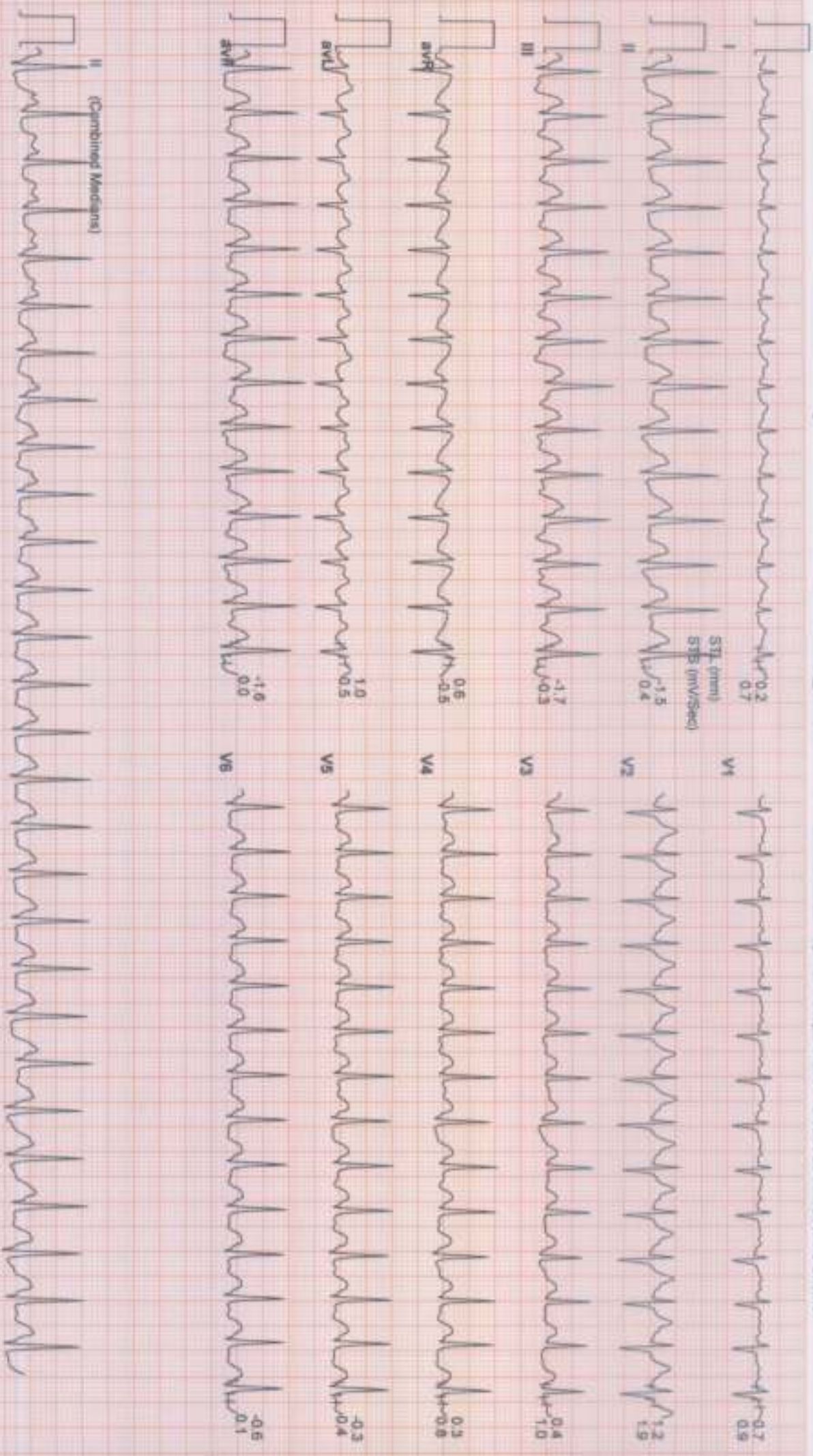
EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV





Date: 29 / 10 / 2023 12:01:17 PM METs : 5.9 HR : 166 Target HR : 86% of 152 BP : 150/80 Post J @50mSec

ExTime: 04:23 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV

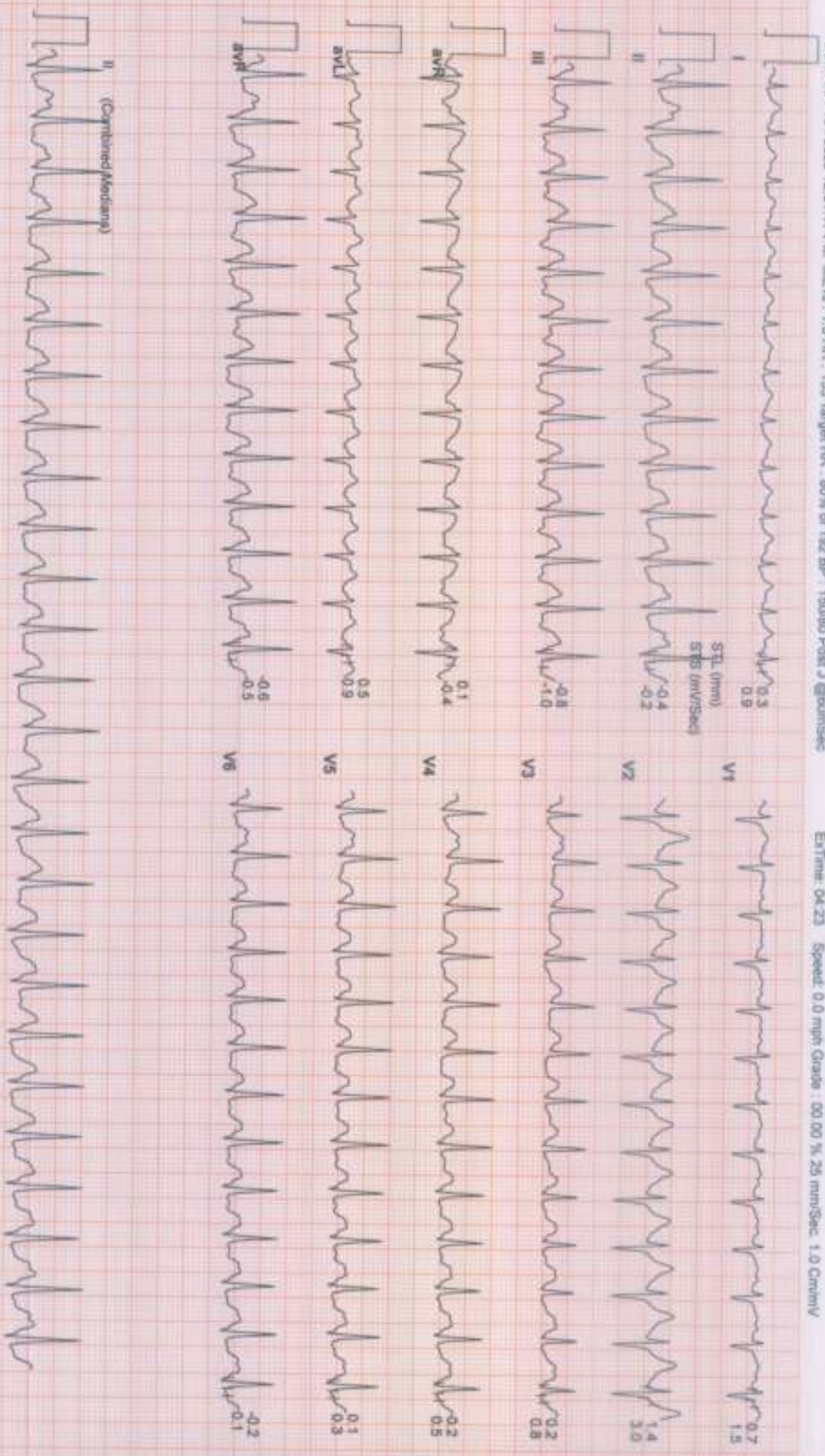






Date: 28 / 10 / 2023 12:01:17 PM METs : 1.0 HR : 163 Target HR : 80% of 182 BP : 150/80 Post J @comSec

ExTime: 04:23 Speed: 0.0 mph Grade : 00.00 % 25 min/Sec 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

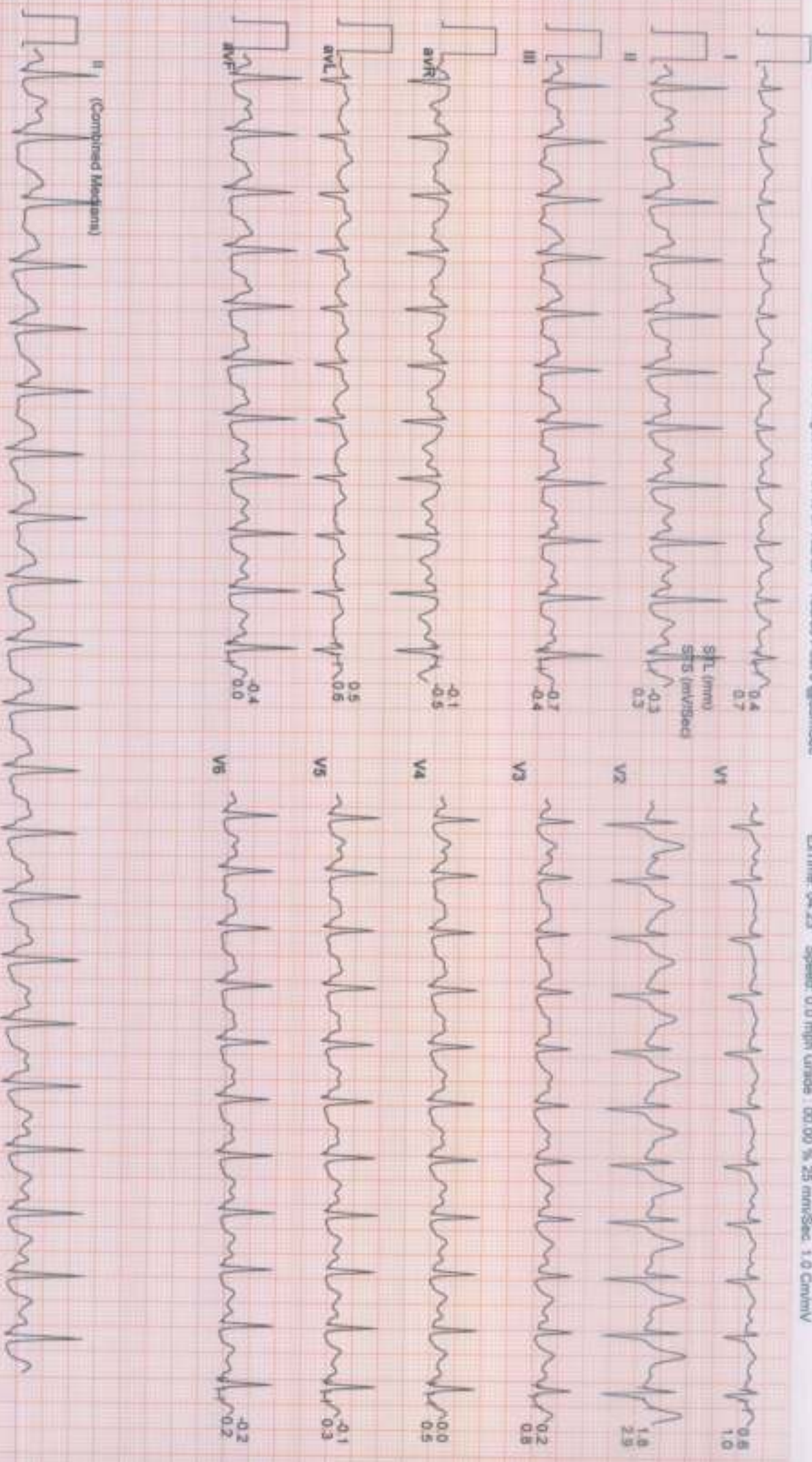
107 / PRASHANTI GAYKAR / 28 Yrs / Female / 155 Cm / 63 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 02:00 )



Date: 28 / 10 / 2023 12:01:17 PM METs : 1.0 HR : 120 Target HR : 67% of 192 BP : 150/80 Post J @dcmSec

ExTime: 04:23 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV









**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

107 / PRASHANTI GAYKAR / 28 Yrs / Female / 155 Cm / 63 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 03:07 )



Date: 26 / 10 / 2023 12:01:17 PM METS : 1.0 HR : 122 Target HR : 64% of 192 BP : 130/80 Post J @80mSec

ExTime: 04:23 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec: 1.0 Cm/IV

