

Name : MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years / Female

Consulting Dr. : -

Reg. Location : Borivali West (Main Centre)



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: 20-Mar-2023 / 08:26 : 20-Mar-2023 / 12:26 E

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Collected

Reported

CBC (Comp	lete B	lood (Count)	<u>, Blood</u>
	•			,	

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.00	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.9	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	30.6	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	12.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8700	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSO	DLUTE COUNTS		
Lymphocytes	27.1	20-40 %	
Absolute Lymphocytes	2357.7	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	582.9	200-1000 /cmm	Calculated
Neutrophils	64.4	40-80 %	
Absolute Neutrophils	5602.8	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	156.6	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.

PLATELET PARAMETERS

Platelet Count	262000	150000-400000 /cmm	Elect. Impedance
MPV	10.0	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia -

Microcytosis -

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 26 2-20 mm at 1 hr. Sedimentation

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







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

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CID : 2307900377

Name : MS.SHIBA AMJAD AHMED FITWALA

: 37 Years / Female Age / Gender

ALKALINE PHOSPHATASE,

BLOOD UREA, Serum

CREATININE, Serum

Serum

BUN, Serum

96.7

20.4

9.5

0.61

Consulting Dr.

Reg. Location

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35-105 U/L

6-20 mg/dl

12.8-42.8 mg/dl

0.51-0.95 mg/dl

:20-Mar-2023 / 08:26 :20-Mar-2023 / 11:33

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	114.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	125.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.24	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.1	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.14	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	13.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.8	3-40 U/L	Enzymatic

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Colorimetric

Kinetic

Calculated

Enzymatic



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Reported

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eGFR, Serum 117 >60 ml/min/1.73sqm Calculated

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

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

Urine Sugar (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

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







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

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CID :2307900377

Name : MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years / Female

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:20-Mar-2023 / 11:33

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

Collected

Reported

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD Glycosylated Hemoglobin **HPLC** 5.3 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Estimated Average Glucose 105.4 mg/dl Calculated (eAG), EDTA WB - CC

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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



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

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Name : MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years / Female

Consulting Dr. : -

Reg. Location: Borivali West (Main Centre)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

Collected

Reported

PARAMETER RESULTS BIOLOGICAL REF RAN	GΕ
--------------------------------------	----

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.0) -

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

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







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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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: 2307900377 CID

Name : MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years / Female

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

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	

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 Borivali Lab, Borivali West





Others



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

BMhaskar

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Consulting Dr. : - Collected
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Consulting Dr. : - Collected : 20-Mar-2023 / 08:26

Reg. Location : Borivali West (Main Centre) Reported : 20-Mar-2023 / 13:41

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

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP AB

Rh TYPING Positive

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

Refernces:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
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Dr.VRUSHALI SHROFF M.D.(PATH) Pathologist

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Consulting Dr. : -

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	178.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	201.7	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	35.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	142.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	121.5	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	21.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

Note: LDL test is performed by direct measurement.

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







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

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Name : MS.SHIBA AMJAD AHMED FITWALA

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Consulting Dr. : -

Reg. Location

: Borivali West (Main Centre)

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:20-Mar-2023 / 08:26

:20-Mar-2023 / 16:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	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	7.09	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



Name : MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years / Female

Consulting Dr. : - Collected : 20-Mar-2023 / 08:26

Reg. Location : Borivali West (Main Centre) Reported : 20-Mar-2023 / 16:55

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 microlU/ml should be correlated clinically or repeat the test with new sample as physiological factors
 - can give falsely high TSH.
- 2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- 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
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SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient SHIBA AMJAD AHMED Name:

FITWALA Patient ID: 2307900377

aVR

Date and Time: 20th Mar 23 8:48 AM

37 years months days Gender Female Heart Rate 91bpm

Patient Vitals NA

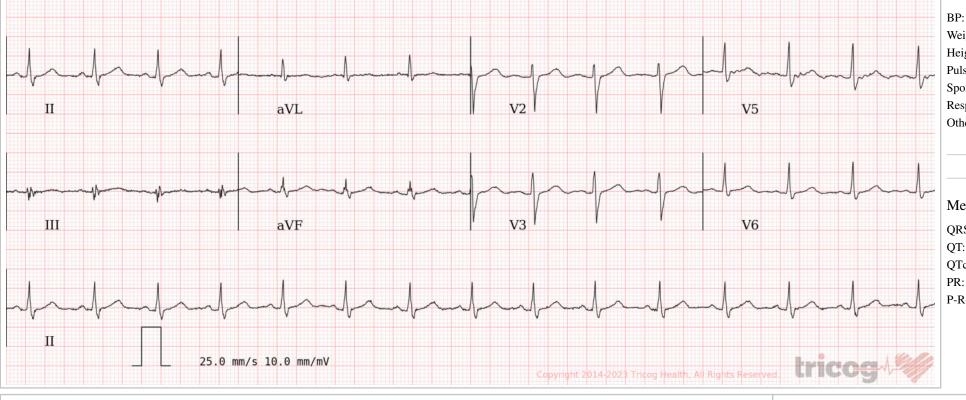
NA Weight: Height: NA Pulse: NA Spo2: NA NA Resp:

Others:

Measurements

QRSD: 92ms QT: 362ms QTc: 445ms PR: 140ms

P-R-T: 52° 27° 59°



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.





Government of India

नोंदणी क्रमांकः/Enrolment No.: 2085/15241/55190

To शिबा अमजद अहमेद फितवला Shiba Amjad Ahmed Fitwala 90/98. Ahmed Suleman BLDG 1ST Room No 13 Ganesh Hari Parundekar Marg Byculla West Mumbai Mumbai Jacob Circle Maharashtra - 400011 9689596083





आपला आधार क्रमांक / Your Aadhaar No. :

6997 1873 5755 आधार, माझी ओळख.



भारत सरकार Government of India

शिबा अमजद अहमेद फितवला Shiba Amjad Ahmed Fitwala जन्म तारीख/ DOB: 25/08/1985 महिला / FEMALE

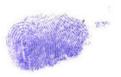




6997 1873 5755

माझे आधार, माझी ओळख

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegenence, Above Tanisq Javener, L. T. Road, Borivali (West), Mumbai - 400 092.





CID#

: 2307900377

Name

: MS.SHIBA AMJAD AHMED FITWALA

Age / Gender : 37 Years/Female

Consulting Dr. :

Collected

: 20-Mar-2023 / 08:21

т

Reg.Location : Borivali West (Main Centre)

Reported

: 21-Mar-2023 / 08:11

PHYSICAL EXAMINATION REPORT

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):

140cms

Weight (kg): 51kg

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 120/70 mm of hg Nails:

Normal

Pulse:

74/min

Lymph Node: Not palpable

Systems

Cardiovascular:

S1S2 audible

Respiratory:

AEBE

Genitourinary:

NAD

GI System:

Liver & Spleen not palpable

CNS:

NAD

IMPRESSION:

Blindness

Normal

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension:

NO

2) IHD

NO

3) Arrhythmia

NO

4) Diabetes Mellitus

NO

5) Tuberculosis

NO

6) Asthama

NO



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Reported

: 21-Mar-2023 / 08:11

7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	Hypothyroidism since 6 yrs
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO
15) Congenital disease	NO
16) Surgeries	NO

PERSONAL HISTORY:

17) Musculoskeletal System

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	Mix
4)	Medication	Yes

*** End Of Report ***

NO

Suburban Diagnostiss (†) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegenene Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.

> Dr.NITIN SONAVANE **PHYSICIAN**

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO.: 87714



21/3/13

CID: 23 7 9003 7 7

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E

Name: Shiba: Fitwala Sex/Age: F/37

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Blindnell

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	, 5							
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								-
Near								

3012

Colour Vision: Normal / Abnormal

Abr. Sie, Borivan Lyvesty, wiumbai - 400 092.

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Authenticity Check



CID

: 2307900377

Name

: Ms SHIBA AMJAD AHMED

FITWALA

Age / Sex

Reg. Location

: 37 Years/Female

: Borivali West

Ref. Dr

Reg. Date

Application To Scan the Code : 20-Mar-2023

Reported

: 20-Mar-2023 / 11:17

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USG WHOLE ABDOMEN

LIVER: Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intrahepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any 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.

KIDNEYS: Right kidney measures 7.7 x 3.5 cm. Left kidney measures 9.1 x 3.7 cm.

Both kidneys are normal in 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 anteverted, normal and measures 6.4 x 3.4 x 4.3 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 5.4 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.0 x1.6 cm.

The left ovary measures 1.9 x1.5 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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Authenticity Check



CID

: 2307900377

Name

: Ms SHIBA AMJAD AHMED

FITWALA

Age / Sex

: 37 Years/Female

Ref. Dr

Reg. Location

: Borivali West

Reg. Date Reported

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Opinion:

Grade I fatty infiltration of liver .

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other

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

DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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Name : Ms SHIBA AMJAD AHMED

FITWALA

Age / Sex : 37 Years/Female

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Reg. Location: Borivali West

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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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis)

RegNo .MMC 2016061376.



Name : Ms SHIBA AMJAD AHMED

FITWALA

Age / Sex : 37 Years/Female

Ref. Dr :

Reg. Location: Borivali West

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