

CID# : 2233900658
Name : MS.SHABANA MUKTHAR AHMED
Age / Gender : 40 Years/Female
Consulting Dr. : -
Reg.Location : Swargate, Pune (Main Centre)

Collected : 05-Dec-2022 / 08:56
Reported : 05-Dec-2022 / 16:17

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	148cm	Weight (kg):	77kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Healthy
Pulse:	84/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal No murmurs
Respiratory: Normal
Genitourinary: Normal
GI System: Soft non tender no Organomegaly
CNS: Normal

IMPRESSION:

*HbA1c ↑ + haematuric + fatty liver
+ bulky (LH) ovary.*

ADVICE:

*Adv! -
1) consult family physician
2) low fat diet
3) Ref to Gynae
4) Repeat urine (R)*

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

↙
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

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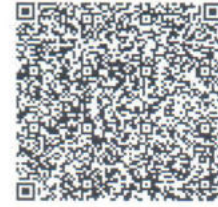
6) Asthama	NO
7) Pulmonary Disease	NO
8) Thyroid/ Endocrine disorders	NO
9) Nervous disorders	NO
10) GI system	NO
11) Genital urinary disorder	NO
12) Rheumatic joint diseases or symptoms	NO
13) Blood disease or disorder	NO
14) Cancer/lump growth/cyst	NO
15) Congenital disease	NO
16) Surgeries	NO
17)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

PERSONAL HISTORY:

1) Alcohol	NO
2) Smoking	NO
3) Diet	Mixed
4) Medication	NO

*** End Of Report ***

Dr.I U BAMB



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Reg. Location : Swargate, Pune (Main Centre)

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Reported : 05-Dec-2022 / 11:29

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.58	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.1	36-46 %	Calculated
MCV	85	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.5	20-40 %	
Absolute Lymphocytes	2470.5	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	364.5	200-1000 /cmm	Calculated
Neutrophils	60.5	40-80 %	
Absolute Neutrophils	4900.5	2000-7000 /cmm	Calculated
Eosinophils	4.5	1-6 %	
Absolute Eosinophils	364.5	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	317000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated



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RBC MORPHOLOGY

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 27 2-20 mm at 1 hr. Westergren

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



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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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	87.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.42	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	13.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	16.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	67.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	9.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	4.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.57	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	125	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet)
URIC ACID, Serum	3.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



MC-2463

Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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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*** End Of Report ***



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Collected : 05-Dec-2022 / 09:02
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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>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.001	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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



MC-2463

Shamla Kulkarni

Dr.SHAMLA KULKARNI
MD (PATH)
Consultant Pathologist



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*** End Of Report ***



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

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

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

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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	166.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	86.1	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	37.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	128.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.0	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	16.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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



MC-2463

Signature

Dr.SHRUTI RAMTEKE
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Collected : 05-Dec-2022 / 09:02
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.1	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	10.2	9-19 pmol/L Pregnant Women (pmol/L): First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	0.94	0.35-4.94 microIU/ml Pregnant Women (microIU/ml): First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 1) TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.



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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 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 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 Pune Lab, Pune Swargate
*** End Of Report ***



Dr. Shamla Kulkarni
Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist

Name: *Shabana Ahmed*

Sex / Age: *6074 / F*

CID : *2233900658*

Date: *5/12/22*

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye <i>6/6</i>	Left Eye <i>5/6</i>
Distance Vision With Glasses	Right Eye	Left Eye
Near Vision Without Glasses	Right Eye <i>5/6</i>	Left Eye <i>5/6</i>
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

10

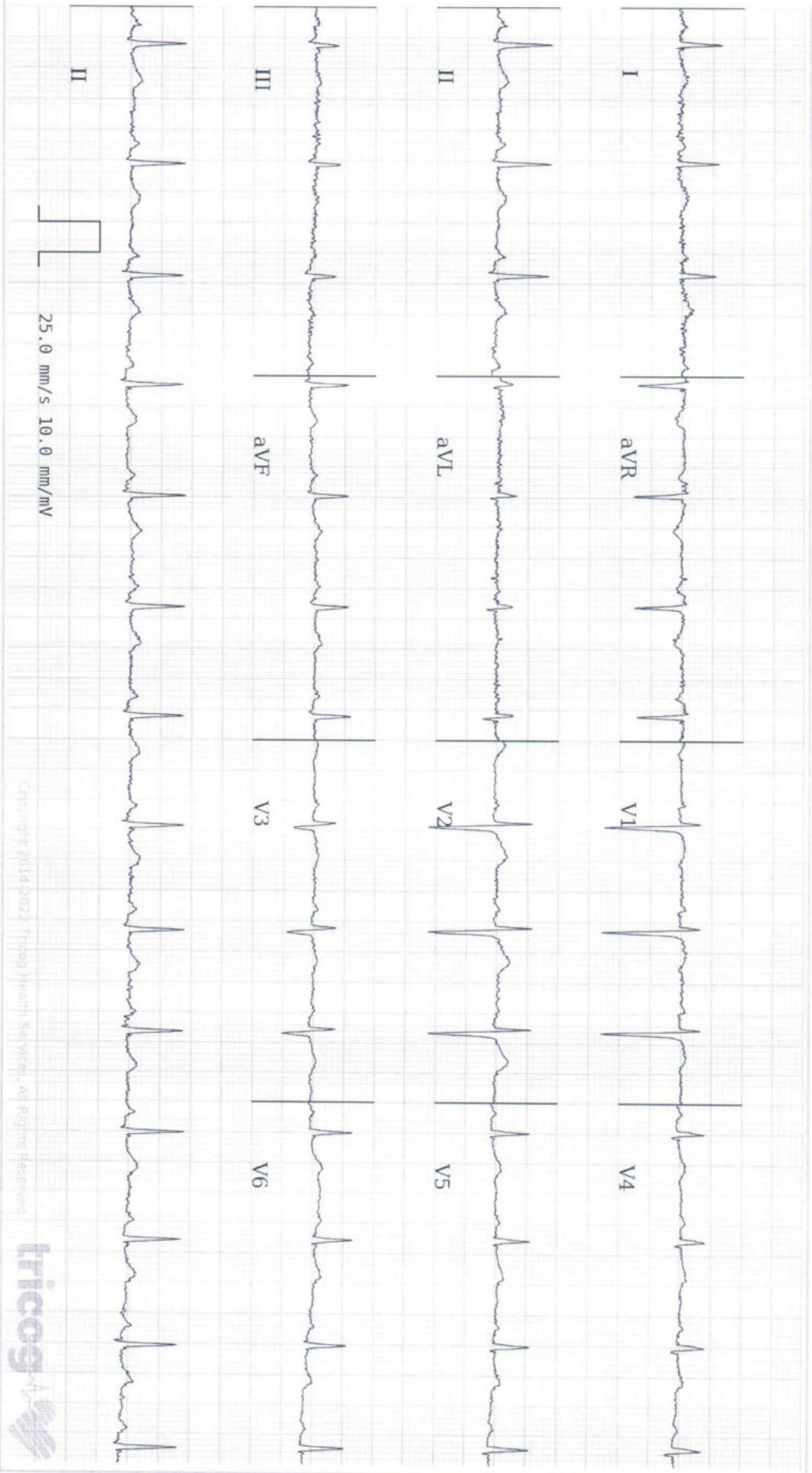
DR I.U.BAMB

M.B.B.S MD (Medicine)

Reg No 39452

[Signature]

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE
Patient Name: MUKTHAR SHABANA AHMED Date and Time: 5th Dec 22 11:34 AM
Patient ID: 2233900658



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Age **40** **5** **1**
years months days

Gender **Female**

Heart Rate **84bpm**

Patient Vitals

BP: 120/80 mmHg
Weight: 77 kg
Height: 148 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 72ms
QT: 346ms
QTc: 408ms
PR: 144ms
P-R-T: 51° 49° 52°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Within NORMAL LIMIT. Please correlate clinically.

REPORTED BY

[Signature]

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Shahu College Road Pune-411 009.
Tel.: 020-41057900

Dr. I. U. BAMB
M.D., Ph.D. (Medicine)
Reg. No. 39452

DR ISHWARLAL BAMB
M.B.B.S MD (MEDICINE)
cardiologist
39452

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.

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2233900658	SID	: 177804474070
Name	: MS.SHABANA MUKTHAR AHMED	Registered	: 05-Dec-2022 / 08:56
Age / Gender	: 40 Years/Female	Collected	: 05-Dec-2022 / 08:56
Ref. Dr	: -	Reported	: 05-Dec-2022 / 12:17
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 05-Dec-2022 / 12:17

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***



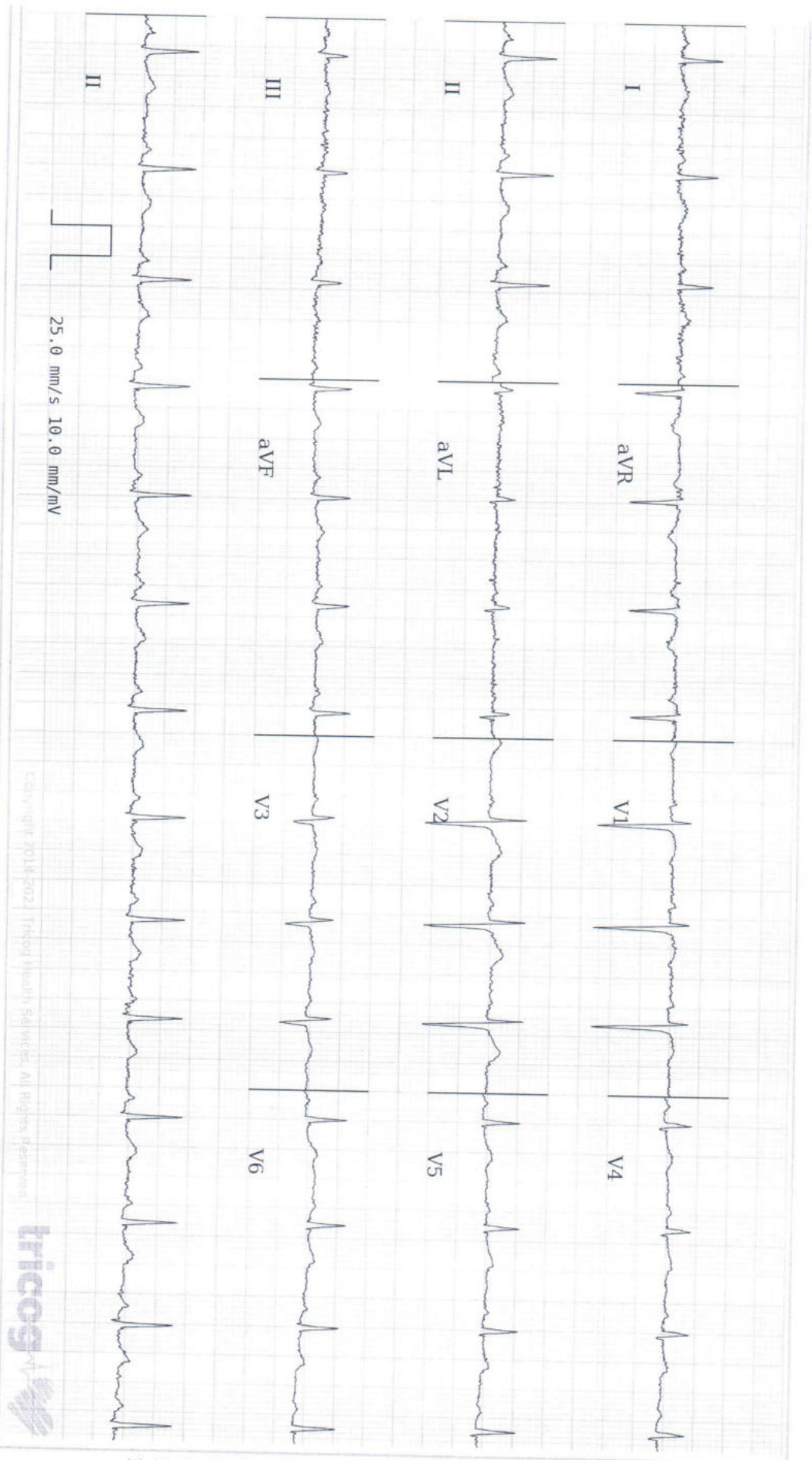
Dr. NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

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SUBURBAN DIAGNOSTICS - SWARGATE, PUNE
 Patient Name: MUKTHAR SHABANA AHMED Date and Time: 5th Dec 22 11:34 AM
 Patient ID: 2233900658



Age **40** 5 1
 years months days

Gender **Female**

Heart Rate **84bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 77 kg

Height: 148 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 72ms

QT: 346ms

QTc: 408ms

PR: 144ms

P-R-T: 51° 49° 52°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Within NORMAL LIMIT. Please correlate clinically.

REPORTED BY

VP

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 Tel. 020-4109-2009

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 M.D. (P.S.) (Medicine)
 Reg. No. 39452

DR. ISHWARLAL BAMB
 M.B.B.S MD (MEDICINE)
 cardiologist
 39452

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 stats are as entered by the clinician and not derived from the ECG.

Suburban Diagnostics Center ,Pune

Patient Details Date: 05-Dec-22 Time: 11:32:49 AM
Name: SHABANA AHMED ID: 2233900658
Age: 40 y Sex: F Height: 148 cms Weight: 77 Kgs
Clinical History: NO

Medications: NO

Test Details

Protocol: Bruce Pr.MHR: 180 bpm THR: 162 (90 % of Pr.MHR) bpm
Total Exec. Time: 6 m 7 s Max. HR: 154 (86% of Pr.MHR)bpm Max. Mets: 10.20
Max. BP: 154 / 82 mmHg Max. BP x HR: 23716 mmHg/min Min. BP x HR: 7840 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 33	1.0	0	0	98	120 / 80	-2.34 V6	4.60 V6
Standing	0 : 2	1.0	0	0	101	120 / 80	-0.42 aVR	0.71 II
Hyperventilation	0 : 5	1.0	0	0	101	120 / 80	-0.21 III	-0.71 aVR
1	3 : 0	4.6	1.7	10	133	134 / 80	-1.49 III	-1.77 V4
2	3 : 0	7.0	2.5	12	153	148 / 82	-1.49 III	-1.77 V3
Peak Ex	0 : 7	10.2	3.4	14	154	154 / 82	-1.06 III	0.71 I
Recovery(1)	1 : 0	1.8	1	0	128	154 / 82	-1.91 III	1.77 V2
Recovery(2)	1 : 0	1.0	0	0	117	154 / 82	-1.27 V6	1.42 V2
Recovery(3)	1 : 0	1.0	0	0	113	154 / 82	-1.06 V6	1.42 V6
Recovery(4)	0 : 18	1.0	0	0	115	154 / 82	-0.64 V6	-0.71 V6

Interpretation

Good Effort Tolerance.
 No Significant ST T Changes as compared to Baseline.
 No Chest Pain / Arrhythmias noted during the test.
 Stress Test is Negative For Stress Induced Ischemia

Disclaimer : Negative Stress test dose not rule out coronary artery Diseases
 Positive Stress Test is Suggestive but not confirmatory of Coronary Artery Disease.
 Hence Clinical Correlation is mandatory.

Ref. Doctor: ARCOFEMI HELATH
 (Summary Report edited by user)

B. B. B.
 Doctor: I U BAMB

(c) Schiller Healthcare India Pvt. Ltd. V 4.7



Suburban Diagnostics Center, Pune

Test Report

SHABANA AHMED (40 F)

ID: 2233900658

Date: 05-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 27 s

HR: 101 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

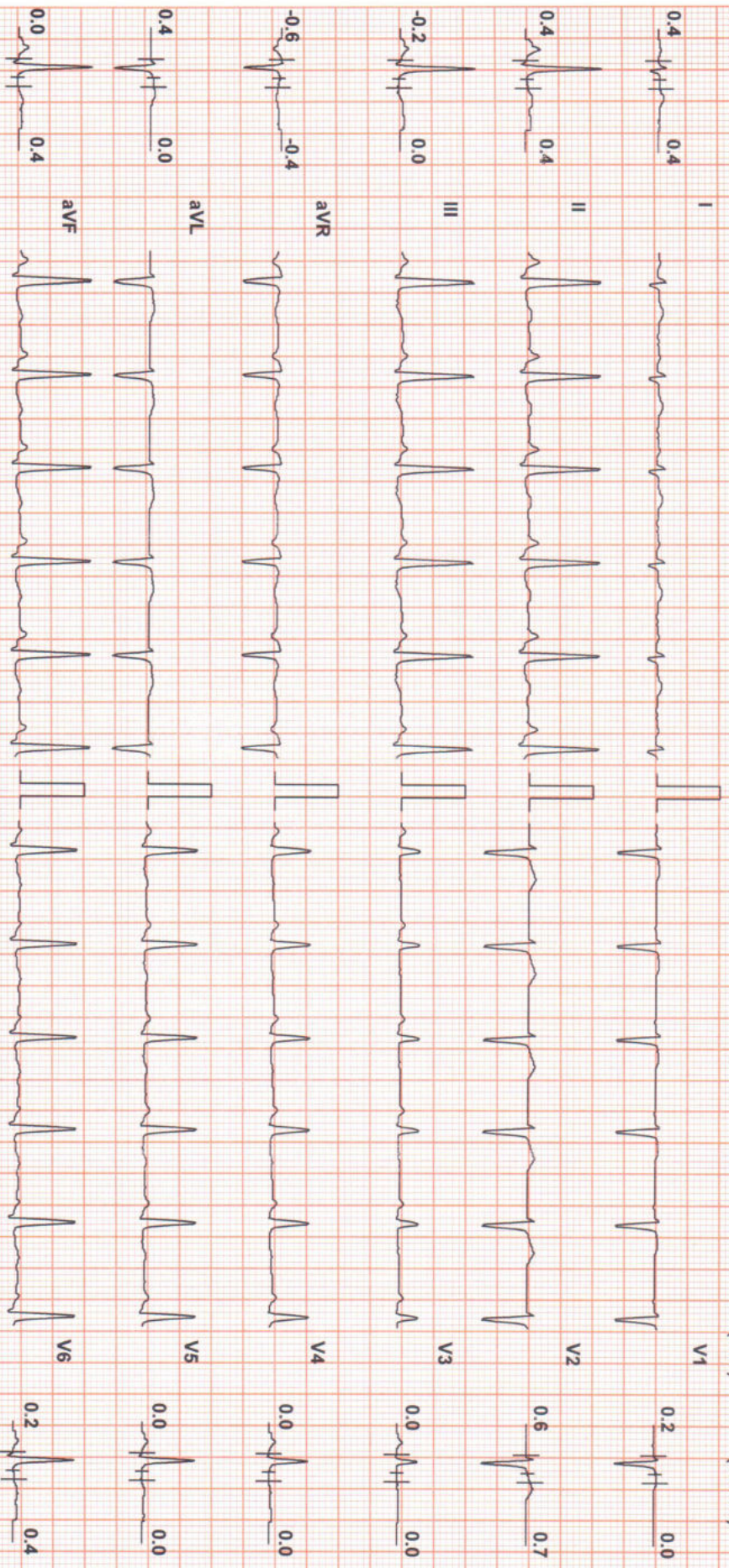


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



SHABANA AHMED (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 29 s HR: 101 bpm

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

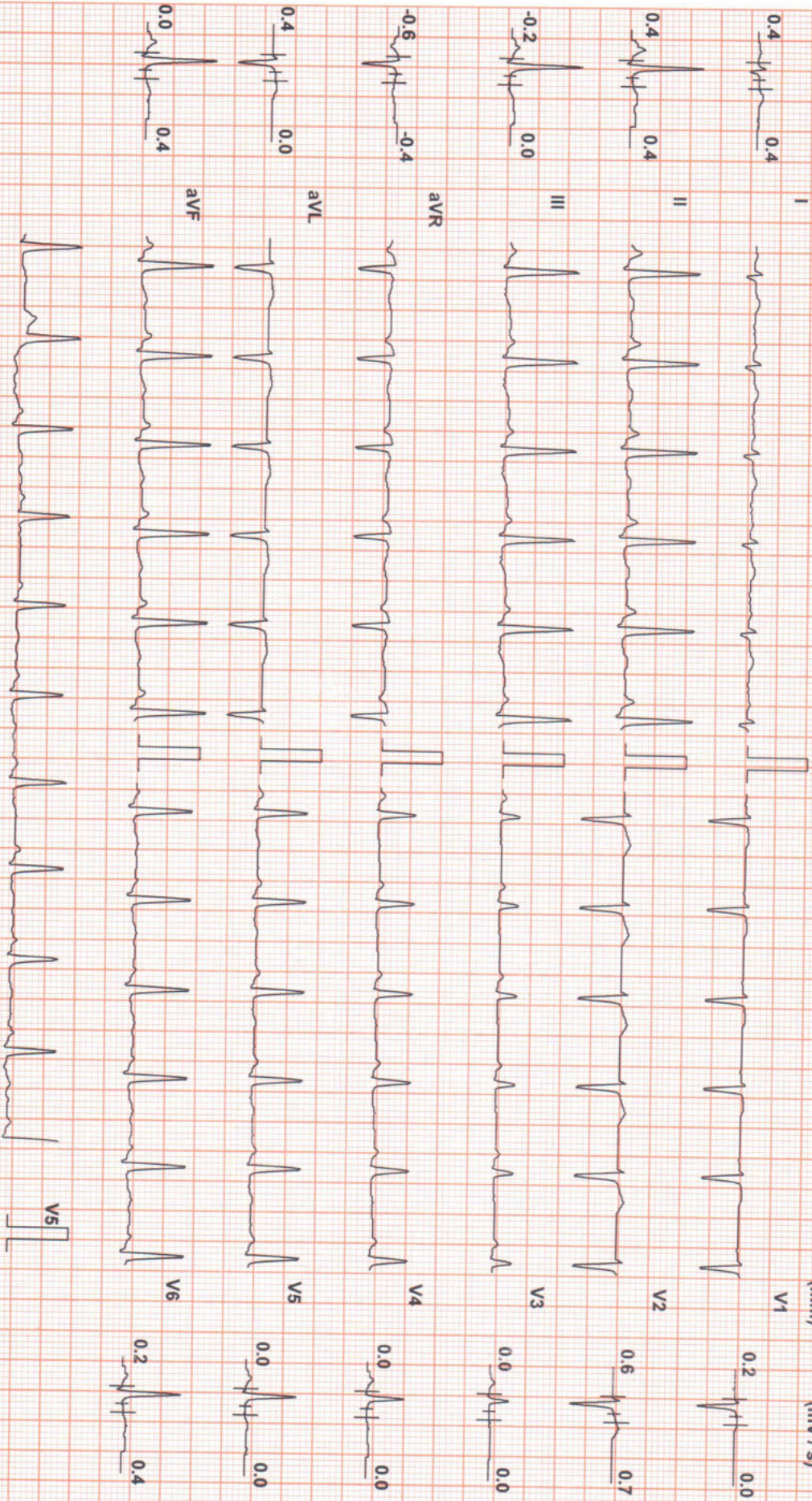


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA AHMED (440 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 95 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 120 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

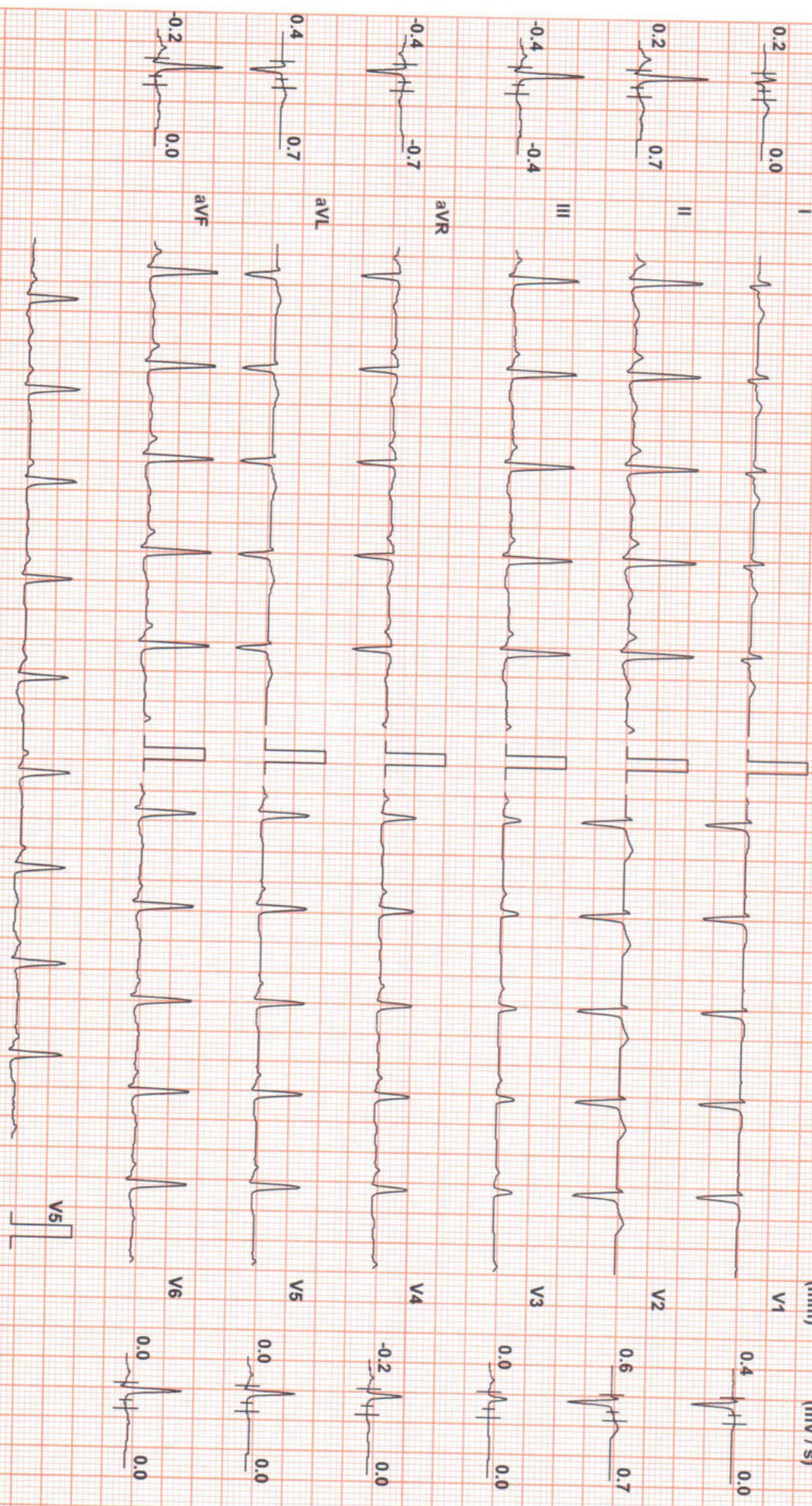


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fit: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 133 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 162 bpm)

B.P: 134 / 80

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

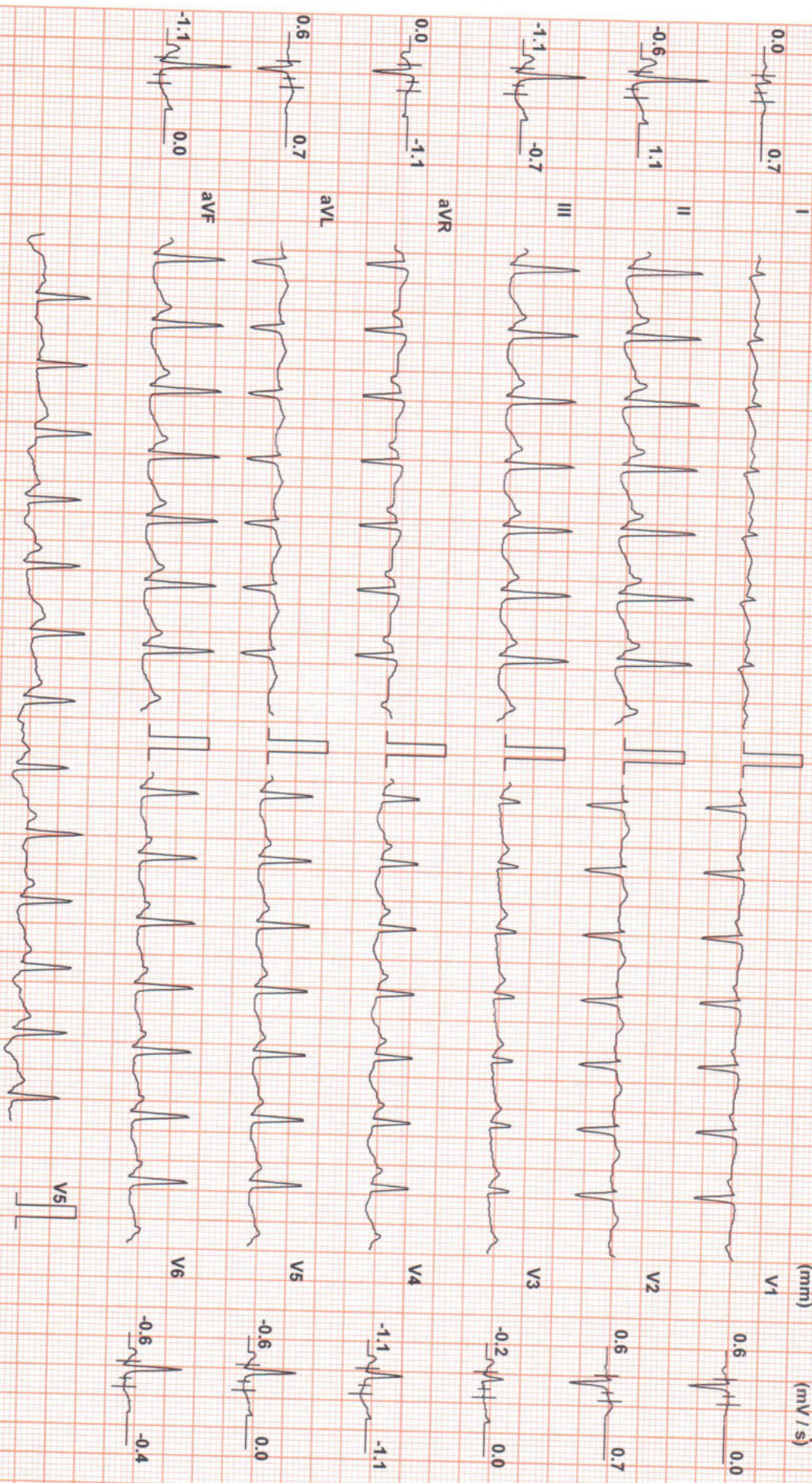


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ID: 2233900658

Date: 05-Dec-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 151 bpm

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 162 bpm)

B.P: 148 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

0.0 0.4 I

0.6 0.0 V1

-1.1 0.7 II

0.8 1.1 V2

-1.3 0.0 III

-0.4 0.0 V3

0.4 -0.7 aVR

-0.6 0.4 V4

0.6 0.4 aVL

-0.5 0.4 V5

-1.1 0.4 aVF

-0.8 0.4 V6

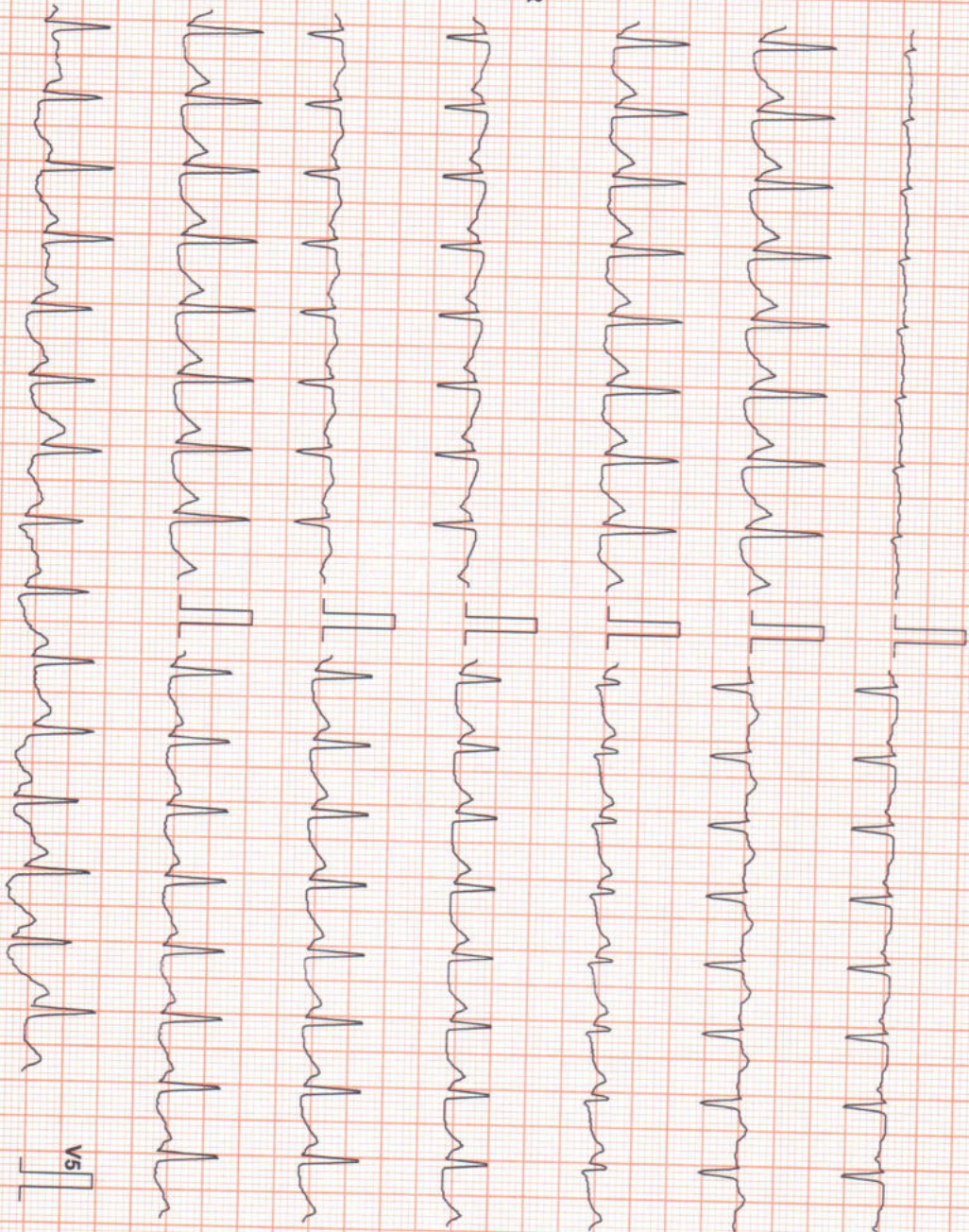


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 6 m 1 s

Stage Time : 0 m 1 s

HR: 153 bpm

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

0.0 0.4

I

V1

0.6 0.0

-1.1 0.4

II

V2

0.6 0.7

-1.3 -0.4

III

V3

-0.2 0.4

0.4 -0.4

avR

V4

-0.6 0.4

0.6 0.7

avL

V5

-0.8 0.0

-1.3 0.0

avF

V6

-0.6 0.0

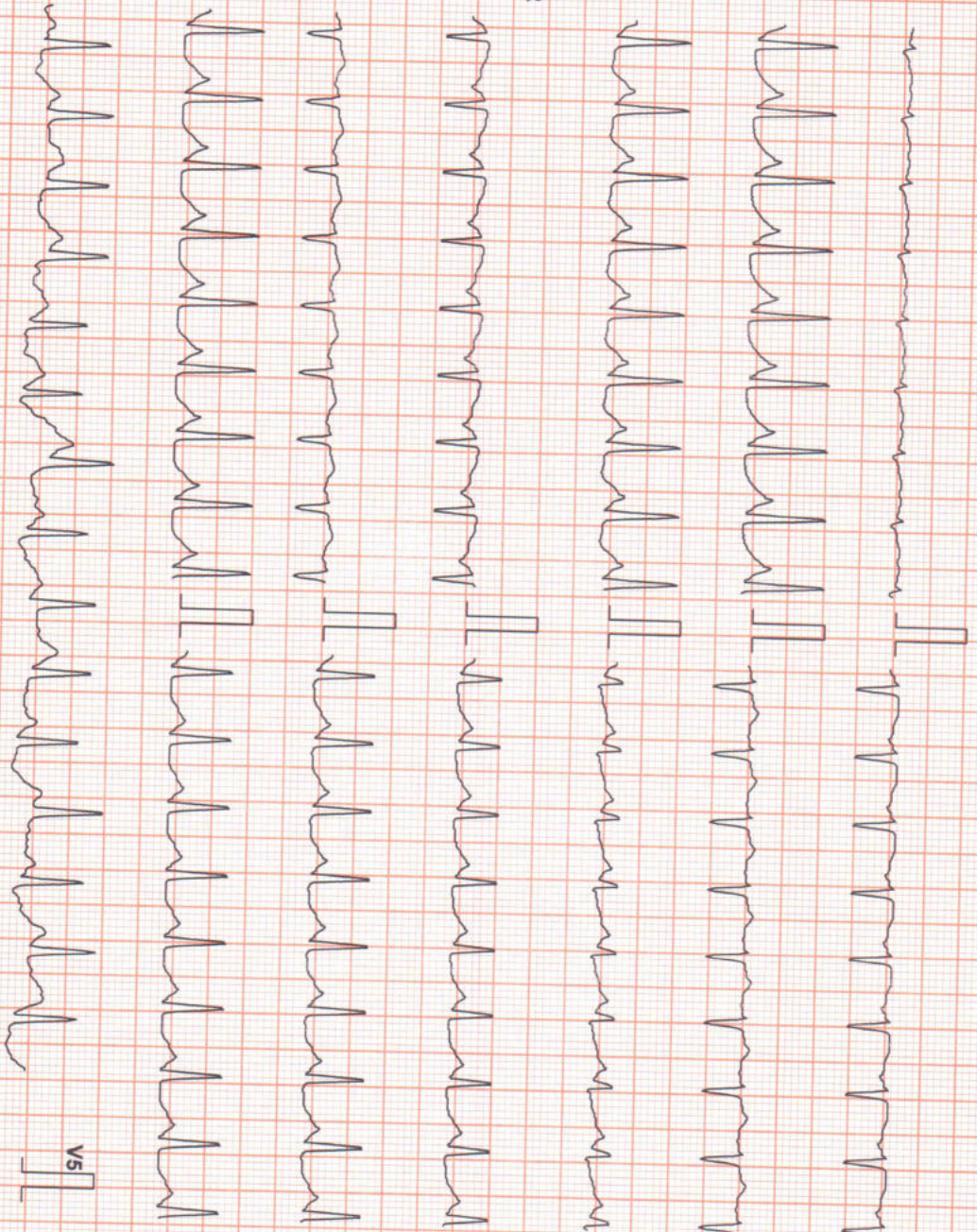


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 6 m 7 s

Stage Time : 0 m 54 s

HR: 131 bpm

Stage: Recovery(1)

Speed 1 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

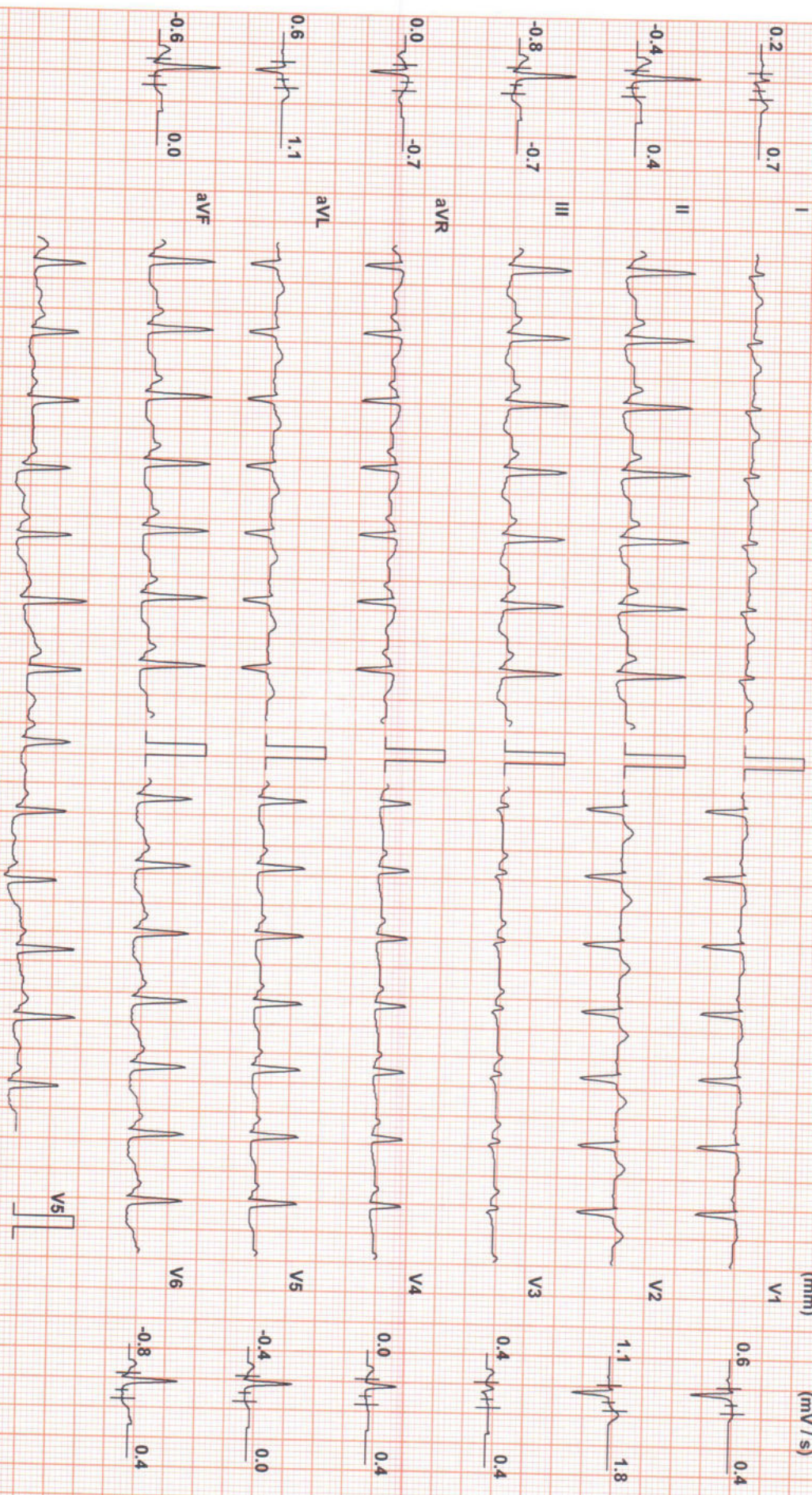


Chart Speed: 25 mm/sec
Schiller Spandau V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 6 m 7 s

Stage Time : 0 m 54 s

HR: 115 bpm

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

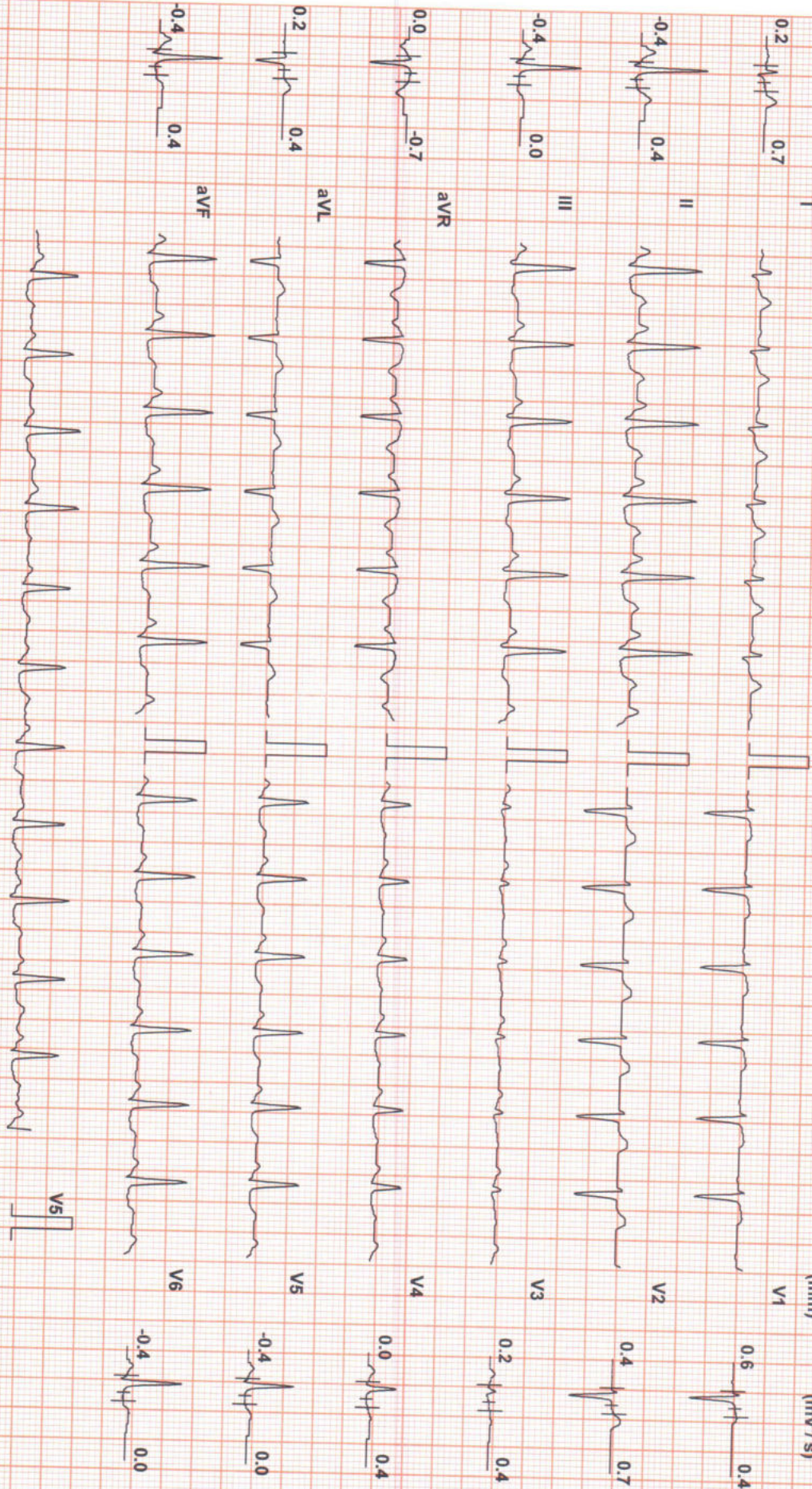


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median



SHABANA AHMED (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 6 m 7 s

Stage Time : 0 m 54 s **HR: 114 bpm**

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

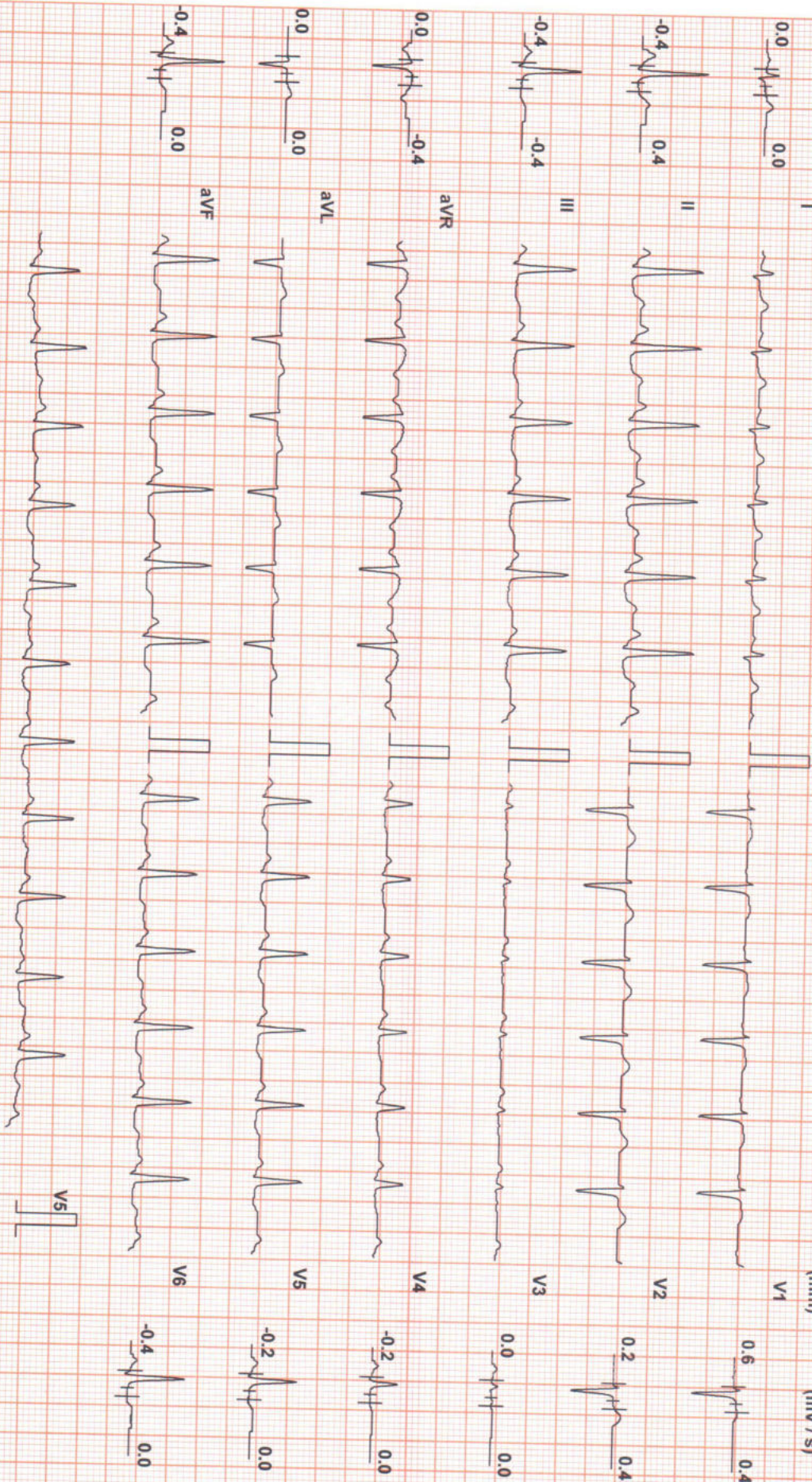


Chart Speed: 25 mm/sec
Schlier Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SHABANA AHMED (40 F)

Suburban Diagnostics Center, Pune

Test Report

Protocol: Bruce

ID: 2233900658

Date: 05-Dec-22

Exec Time : 6 m 7 s

Stage Time : 0 m 12 s **HR: 112 bpm**

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 162 bpm)

B.P: 154 / 82

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

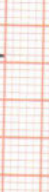


Chart Speed: 25 mm/sec
Schlifer Spandean V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2233900658	SID	: 177804474070
Name	: MS.SHABANA MUKTHAR AHMED	Registered	: 05-Dec-2022 / 08:56
Age / Gender	: 40 Years/Female	Collected	: 05-Dec-2022 / 08:56
Ref. Dr	: -	Reported	: 05-Dec-2022 / 11:56
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 05-Dec-2022 / 11:56

USG WHOLE ABDOMEN

LIVER: Normal in size (measures 13.5 cms) and **shows generalised increased echogenicity.** No IHBR dilatation. Hepatic veins appear normal.Portal vein and common bile duct show normal caliber.

GALL BLADDER : Partially distended .No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.8 x 4.0 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 10.6 x 4.6 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium,paraaortic and flanks obscured due to excessive bowel gas.

Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Anteverted normal in size, measures 7.5 x 4.1 x 3.7 cm. No area of increased or decreased echogenicity.
Endometrial echoes are normal. Endometrial thickness is 8.2 mm.

Right ovary is normal and measures 2.7 x 2.3 x 2.2 cms.(Volume 7.2 cc)
Left ovary bulky and measures 4.4 x 2.2 x 2.9 cms.(Volume 15.4 cc)
No obvious abnormal ovarian or adnexal mass lesion.
No free fluid noted in the POD.

IMPRESSION :

Normal size liver with grade I fatty changes.
Bulky left ovary. No focal lesion.

SUGGEST:SOS Hormonal evaluation/Follow up.

Clinical correlation is indicated.

*** End Of Report ***


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M.B.B.S., D.M.R.E.
Reg. No. 2001/02/397

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