



CID : 2235821037
Name : MRS.MANSI KANTHARIA
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 15:42

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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	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.45	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	29.0	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6560	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	35.6	20-40 %	
Absolute Lymphocytes	2335.4	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	465.8	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	3594.9	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	131.2	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	32.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	207000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.9	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, EDTA WB-ESR 20 2-20 mm at 1 hr. Sedimentation

*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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 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 24-Dec-2022 / 10:20
 Reported : 24-Dec-2022 / 18:35

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	86.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	95.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.36	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.23	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	16.7	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	7.0	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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 Collected : 24-Dec-2022 / 12:59
 Reported : 24-Dec-2022 / 19:57

GAMMA GT, Serum	9.8	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	74.4	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	11.3	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	5.3	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.76	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	93	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 Borivali Lab, Borivali West
 *** End Of Report ***



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



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Reported : 24-Dec-2022 / 16:13

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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	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.2	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



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Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 17:41

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
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

*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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Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 16:01

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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-2111

Bmhaskar

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



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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 16:01

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*** End Of Report ***



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Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 16:08

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

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



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



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Collected : 24-Dec-2022 / 10:20
Reported : 24-Dec-2022 / 16:54

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	121.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	31.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	123.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	99.5	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	24.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 24-Dec-2022 / 10:20
 Reported : 24-Dec-2022 / 16:42

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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	4.9	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	12.4	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.615	0.55-4.78 microIU/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 SDRL, Vidyavihar Lab
 *** End Of Report ***

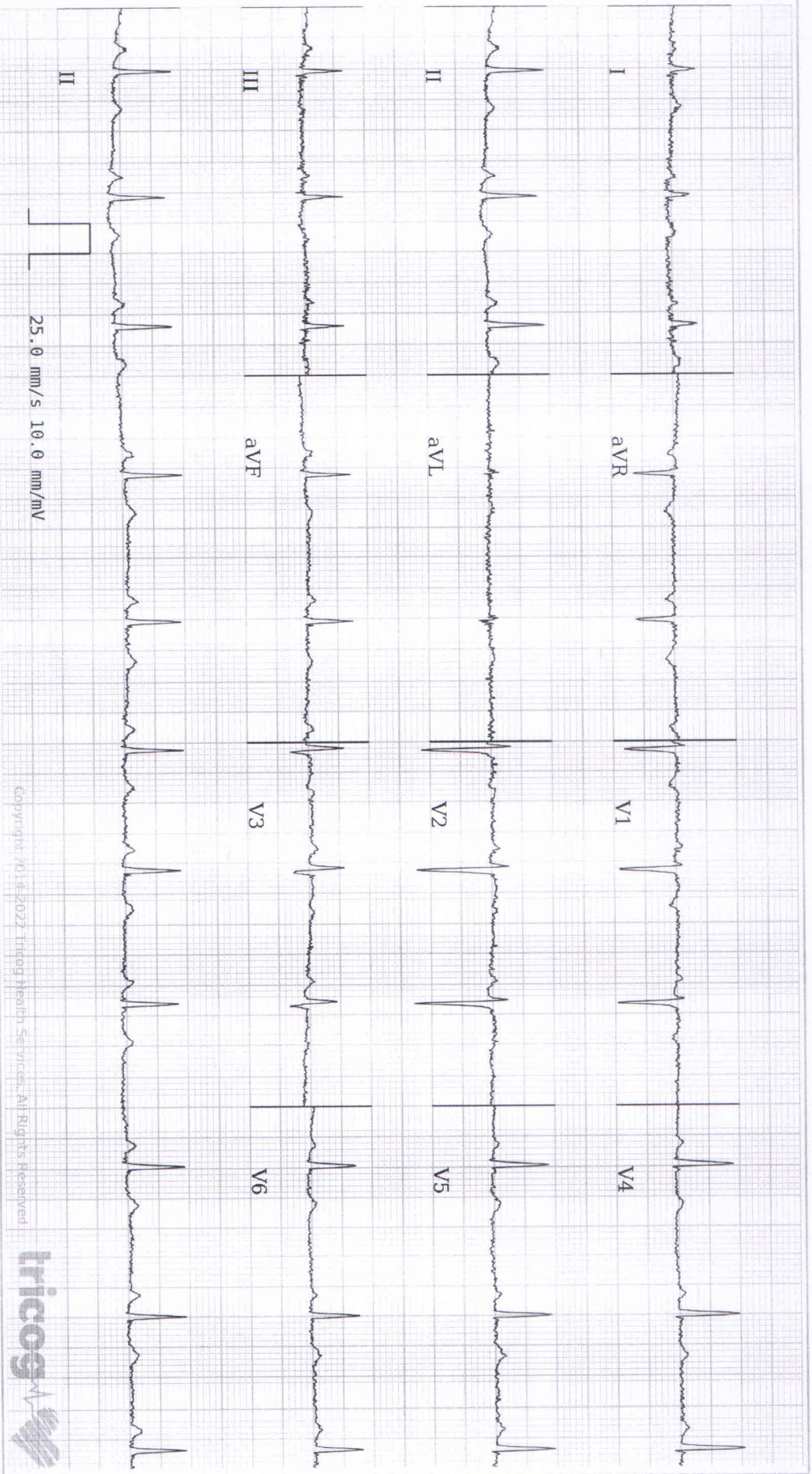


Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

Patient Name: **MANSI KANTHARIA**
Patient ID: **2235821037**

SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
Date and Time: **24th Dec 22 12:13 PM**



ECG Within Normal Limits: Sinus Rhythm, Normal Axis with Sinus Arrhythmia. Please correlate clinically.

Age **33** **1** **30**
years months days

Gender **Female**

Heart Rate **66bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **78 kg**

Height: **158 cm**

Pulse: **66 bpm**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **70ms**

QT: **370ms**

QTc: **387ms**

PR: **146ms**

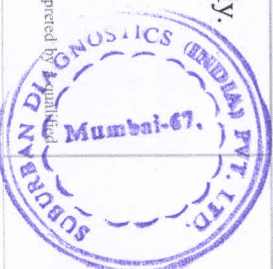
P-R-T: **62° 68° 63°**

REPORTED BY

[Signature]

Dr. Aijia Bhosale
M.B.B.S/P.G.D.C.C (DIP. Cardiology)
2013062200

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.



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 Reported : 26-Dec-2022 / 10:48

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL			
EXAMINATION FINDINGS:			
Height (cms):	158	Weight (kg):	78
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	100/80	Nails:	Healthy
Pulse:	78/MIN	Lymph Node:	Not Palpable
Systems			
Cardiovascular: S1,S2 Normal No Murmurs			
Respiratory: Air Entry Bilaterally Equal			
Genitourinary: NAD			
GI System: Soft non tender No Organomegaly			
CNS: NAD			
IMPRESSION: OVERWEIGHT			
ADVICE: REGULAR EXERCISE. HEALTHY DIET.			

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CHIEF COMPLAINTS:

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

PERSONAL HISTORY:

1)	Alcohol	NO
2)	Smoking	NO
3)	Diet	VEG
4)	Medication	NIL

*** End Of Report ***



Dr. Ajita Bhosale
PHYSICIAN

Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology

Date:- 24/12/22
Name:- Mrs. Mansi Kantharia

CID: 2235821037
Sex / Age: f / 33 yrs

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - No

Past history: - No

Unaided Vision: - No

Aided Vision: - No

Refraction: \odot 6/6 \odot 6/6

	(Right Eye)				(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn	
Distance	/				/				6/6
Near									N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.



mdkantharia
2

 बैंक ऑफ बरोडा
Bank of Baroda
विद्युत बैंक
ELECTRONIC BANK



मानसी देवांग कंथारीया
Name **MANSI DEVANG KANTHARIA**

उपनाम कूट क्र.
E.C. No. **169024**


नियंत्रक अधिकारी
Issuing Authority

mdkantharia
धारक के हस्ताक्षर
Signature of Holder

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details Date: 24-Dec-22 Time: 12:24:28 PM
Name: MANSI KANTHARIA ID: 2235821037
Age: 33 y **Sex:** F **Height:** 158 cms **Weight:** 78 Kgs
Clinical History: ANNUAL CHECK UP

Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 187 bpm **THR:** 158 (85 % of Pr.MHR) bpm
Total Exec. Time: 6 m 32 s **Max. HR:** 138 (74% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 130 / 70 mmHg **Max. BP x HR:** 17940 mmHg/min **Min. BP x HR:** 5740 mmHg/min
Test Termination Criteria: FATIGUE

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	1 : 51	1.0	0	0	82	100 / 70	-1.27 V2	3.18 V6
Standing	1 : 34	1.0	0	0	91	100 / 70	-0.85 aVR	3.18 V6
Hyperventilation	0 : 7	1.0	0	0	94	100 / 70	-0.21 III	0.35 II
1	3 : 0	4.6	1.7	10	113	110 / 70	-0.64 II	1.06 II
2	3 : 0	7.0	2.5	12	127	120 / 70	-0.85 II	1.42 V3
Peak Ex	0 : 32	10.2	3.4	14	138	130 / 70	-1.49 II	-1.06 II
Recovery(1)	3 : 0	1.8	1	0	82	110 / 70	-1.27 aVF	1.42 II
Recovery(2)	1 : 1	1.0	0	0	96	100 / 70	-0.42 II	1.06 II

Interpretation

FAIR EFFORT TOLERANCE.
 MODERATE WORKLOAD ACHIEVED.
 APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
 NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
 NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
 NO ARRHYTHMIAS NOTED.
 THR NOT ACHIEVED
 IMPRESSION: THIS EXERCISE STRESS TEST IS INCONCLUSIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA AS THR WAS NOT ACHIEVED.

Disclaimer: Negative stress test does not rule out coronary Artery Disease.
 Positive test is suggestive but not confirmatory of Coronary artery Disease.
 Hence, clinical coreelation is mandatory..

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



Doctor: DR AJITA BHOSALE
 (c) Schiller Healthcare India Pvt. Ltd. V 4.53

DR. AJITA BHOSALE
 Reg. No. 2013/062200
 MBB, Cardiology



MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22 Exec Time : 0 m 0 s Stage Time : 1 m 45 s **HR: 84 bpm**

Protocol: Bruce

Stage: Supine

Speed: 0 mph Grade: 0 %

(THR: 158 bpm)

B.P: 100 / 70

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

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

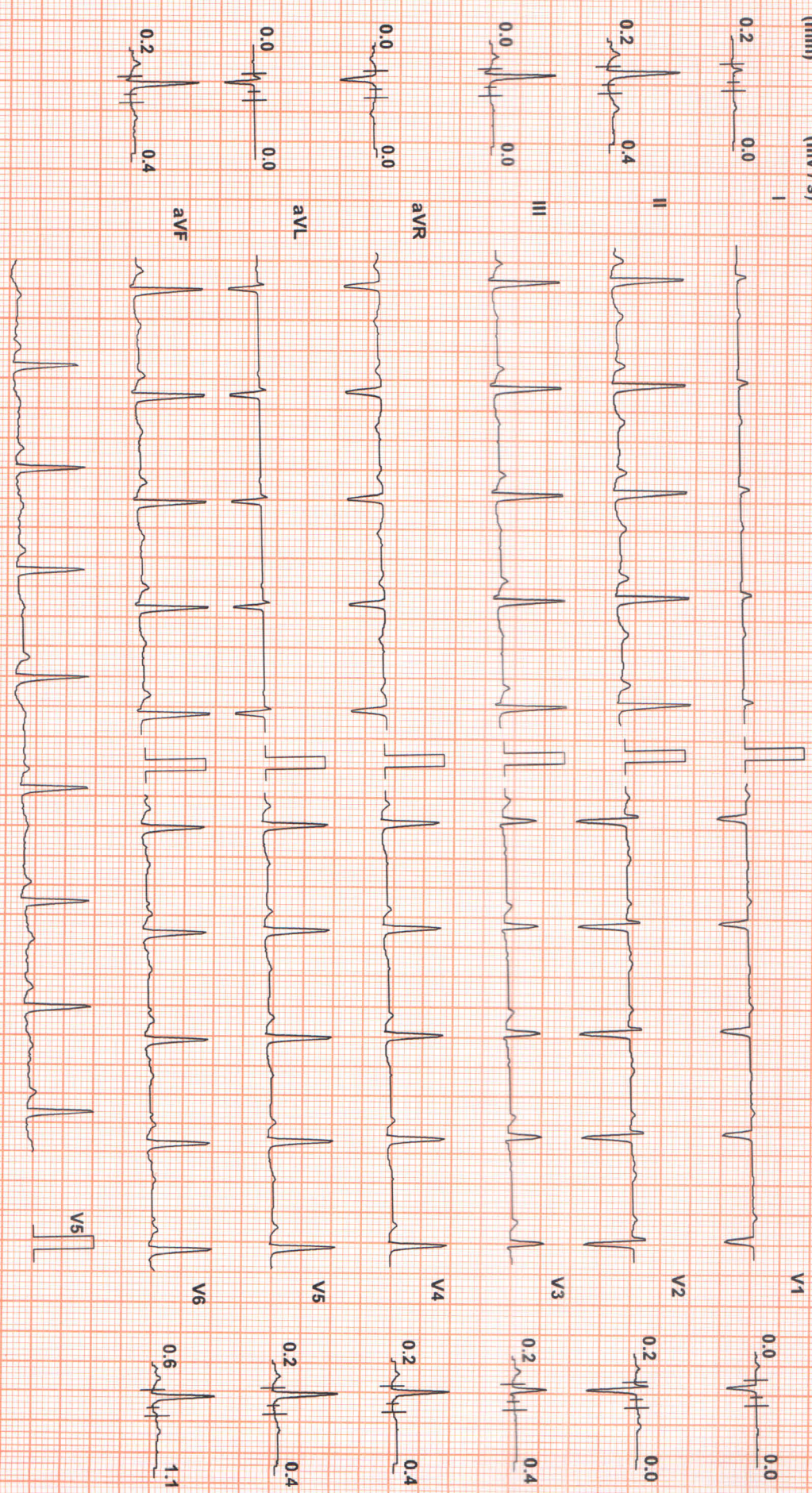


Chart Speed: 25 mm/sec
Schlier Spanden V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 100 / 70

ID: 2236821037

Date: 24-Dec-22

Exec Time : 0 m 0 s

Stage Time : 1 m 28 s HR: 95 bpm

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

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

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

I

V1

0.2 0.0

0.0 0.0

II

V2

-0.2 0.0

0.2 0.0

III

V3

-0.2 0.4

0.2 0.0

aVR

V4

0.0 0.0

0.0 0.4

aVL

V5

0.0 0.0

0.2 0.4

aVF

V6

0.0 0.4

0.0 0.4

V5

Chart Speed: 25 mm/sec
Schiller Spandau V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 92 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0%

(THR: 158 bpm)

B.P.: 100/70

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

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

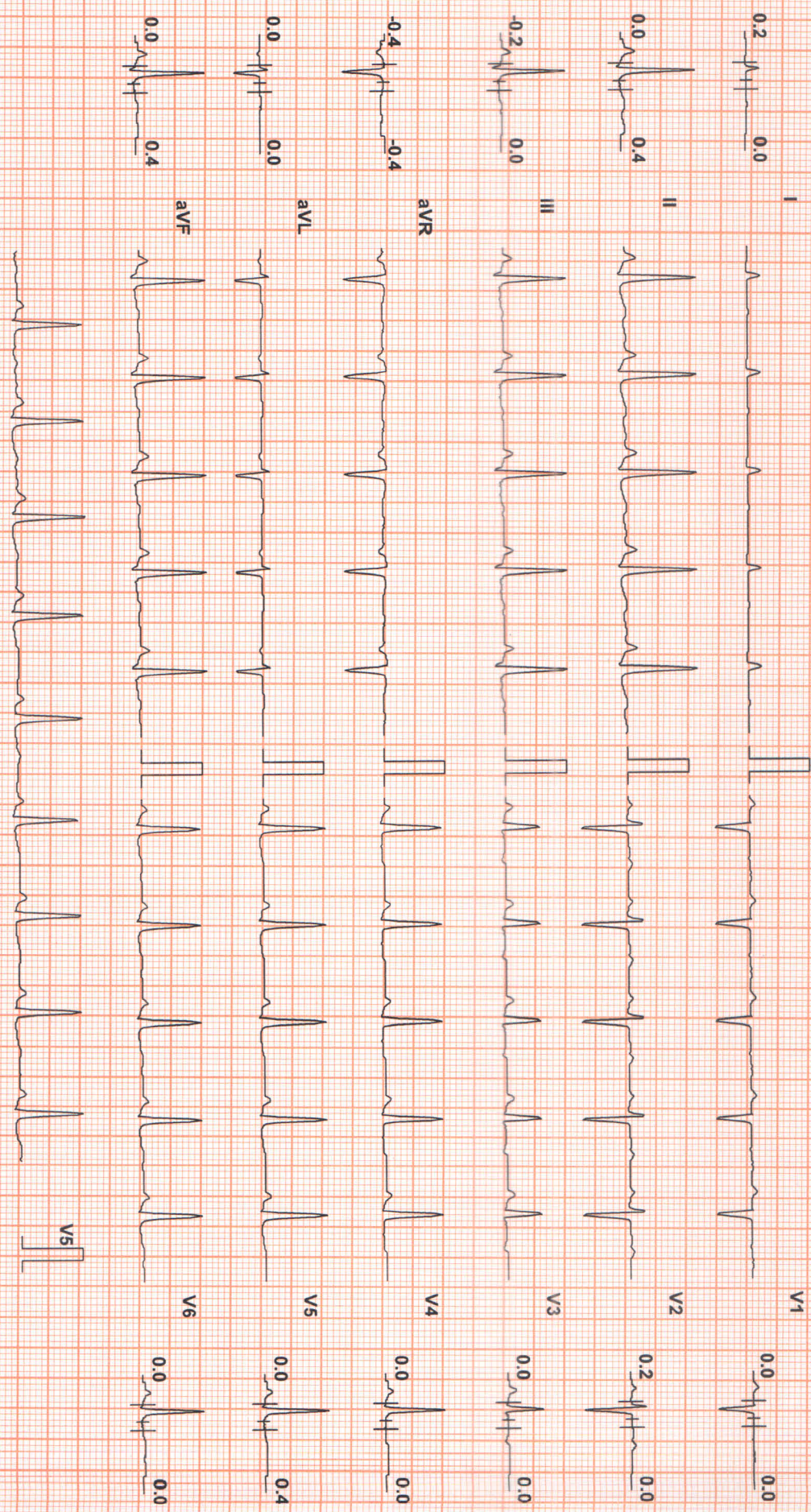


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 112 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph Grade: 10% (THR: 158 bpm) B.P: 110/70

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

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

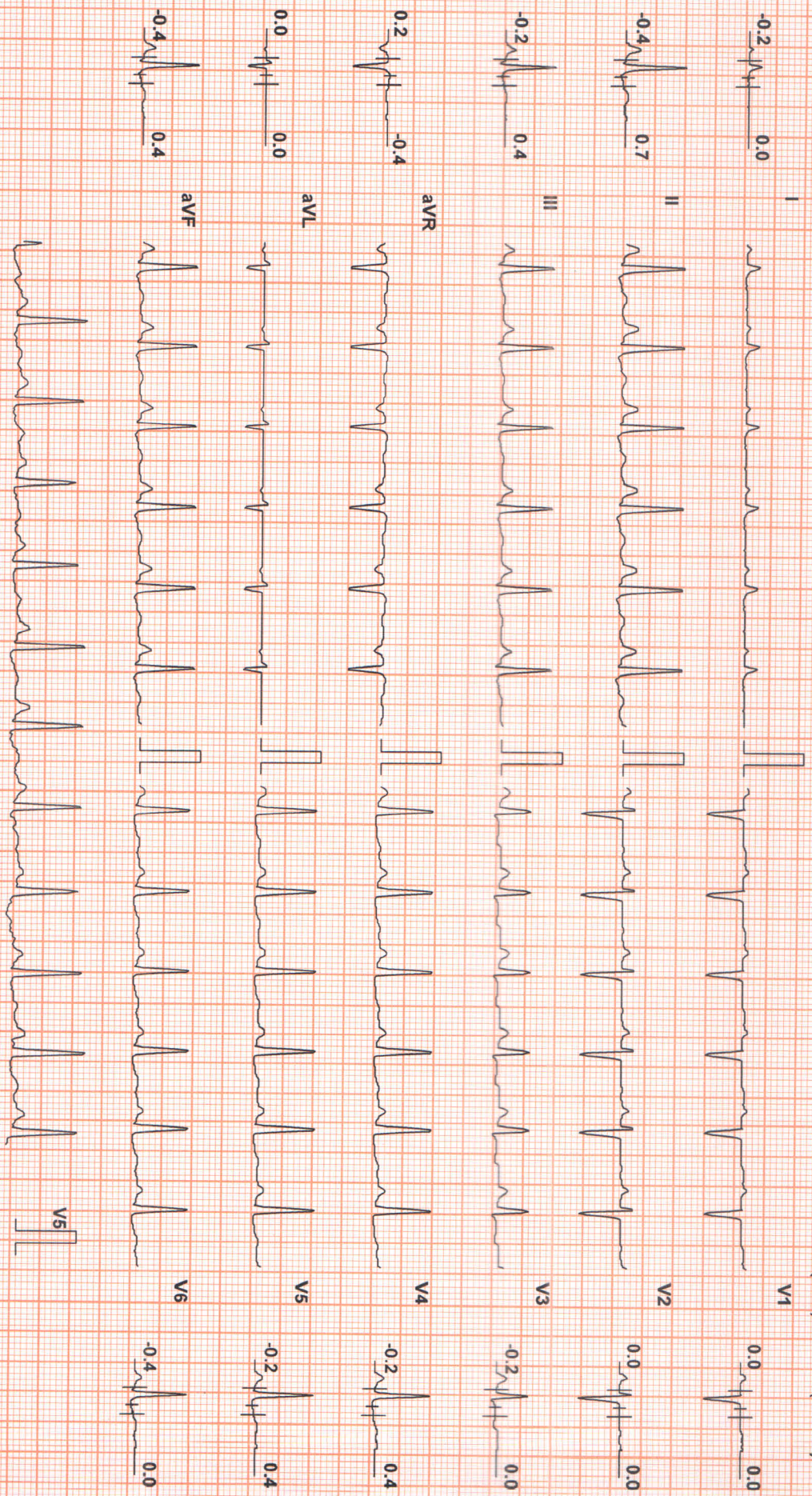


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 127 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 158 bpm)

B.P: 120 / 70

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

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

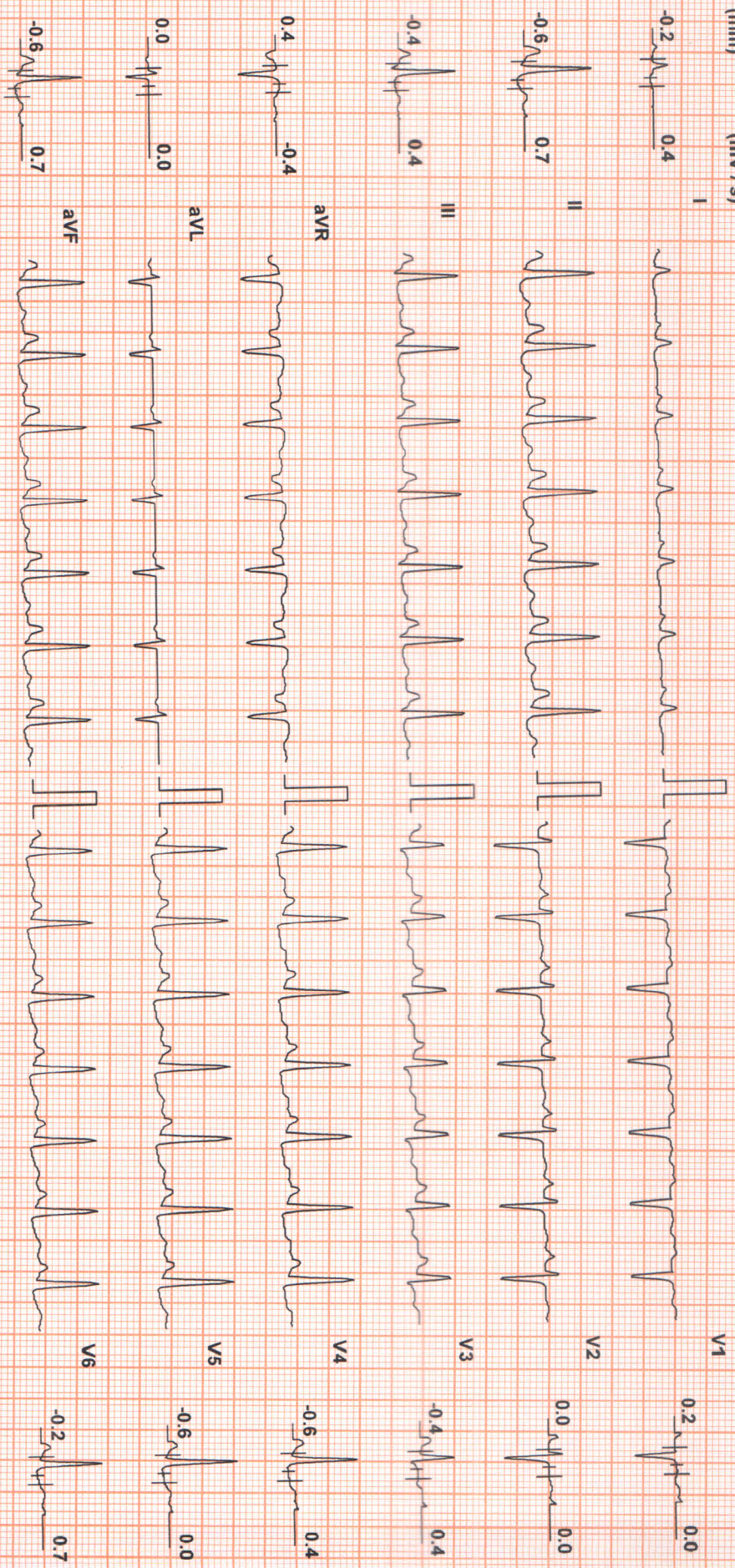


Chart Speed: 25 mm/sec
Schliefers Standard V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

Protocol: Bruce

ID: 2235821037

Date: 24-Dec-22

Exec Time : 6 m 26 s Stage Time : 0 m 26 s **HR: 139 bpm**

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 158 bpm)

B.P: 130 / 70

Test Report

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

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

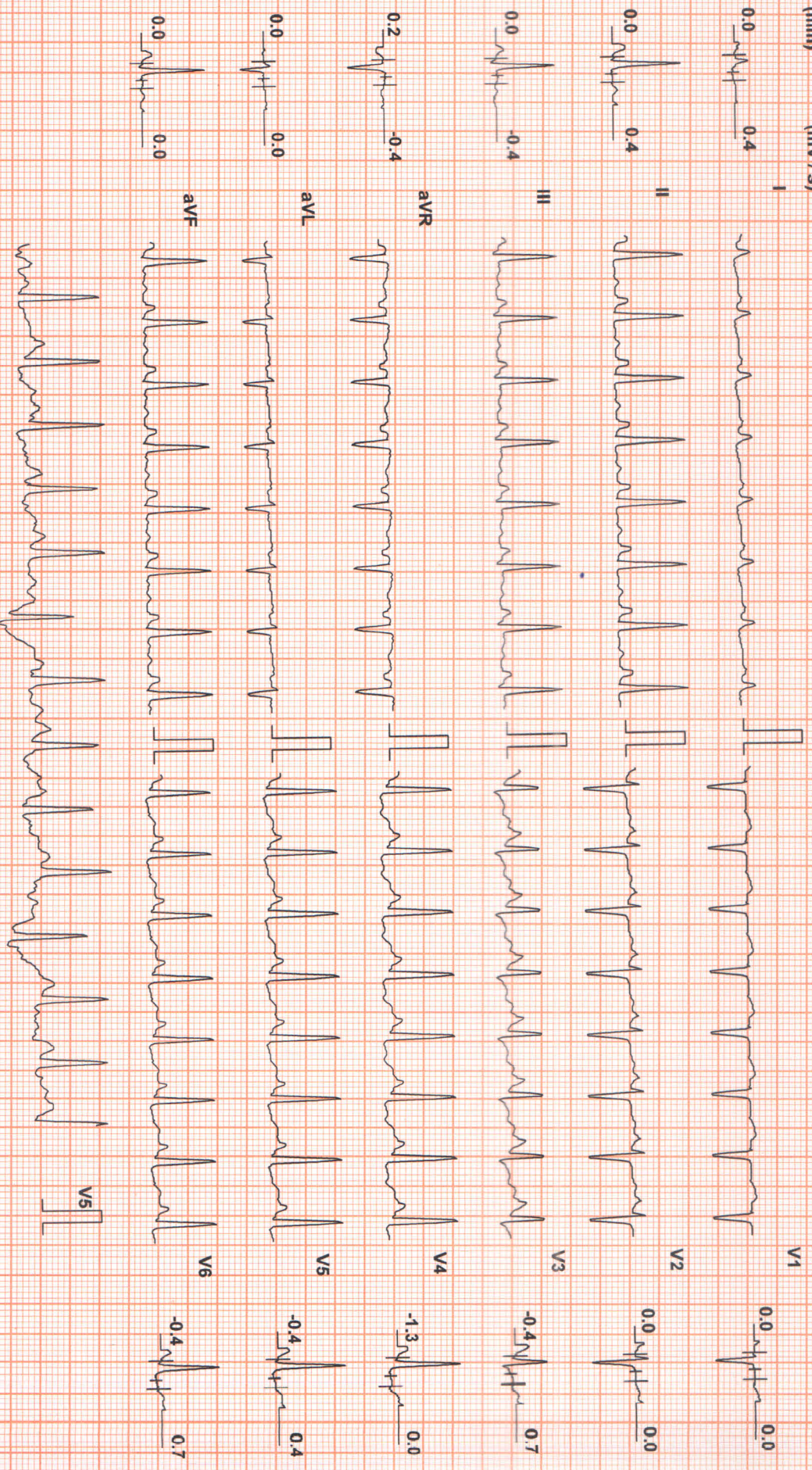


Chart Speed: 25 mm/sec
Schiller Spandau V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22 Exec Time : 6 m 32 s Stage Time : 2 m 54 s HR: 83 bpm

SUBURBAN DIAGNOSTICS PVT LTD.

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 110 / 70

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

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

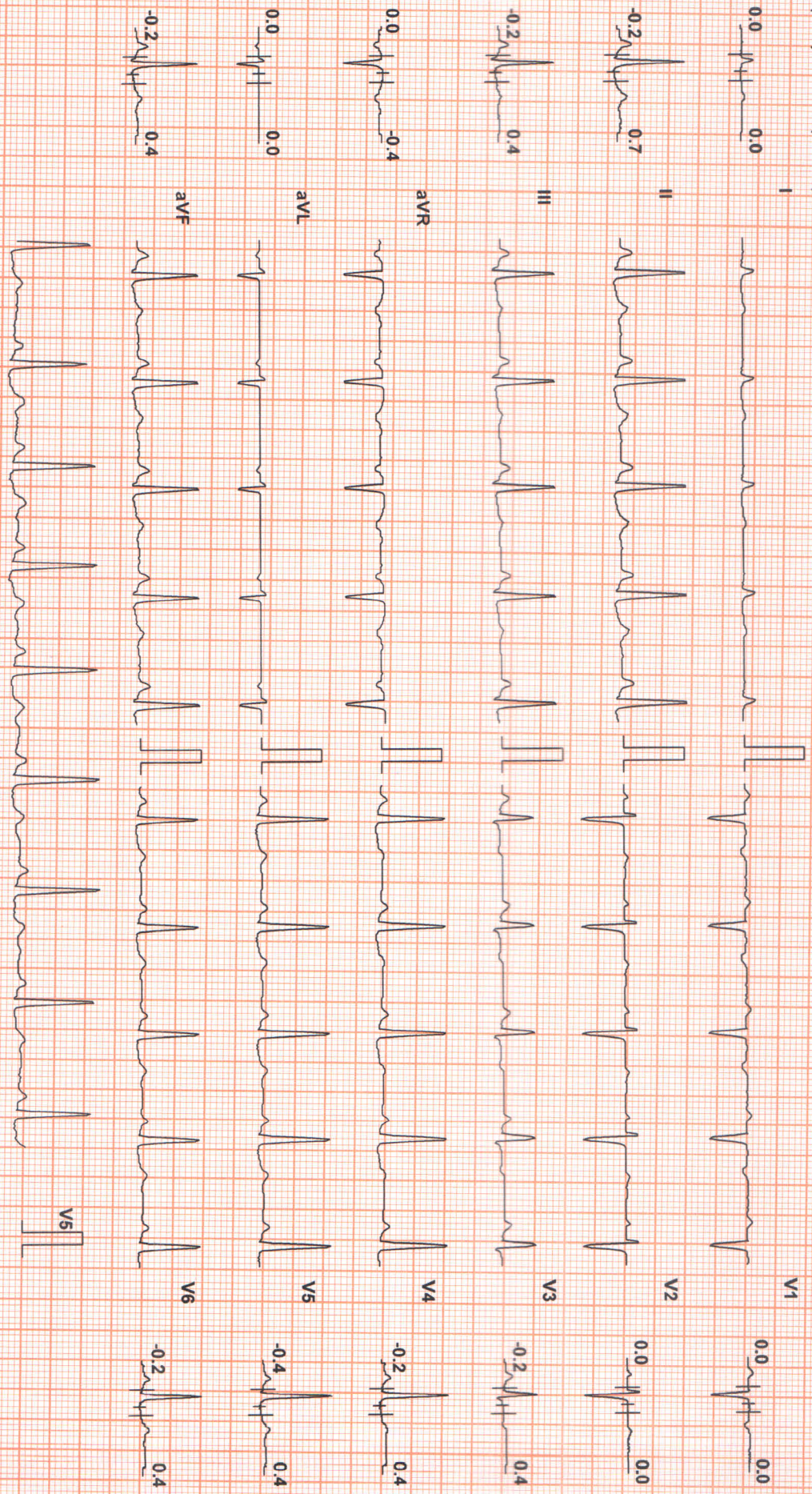


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MANSI KANTHARIA (33 F)

ID: 2235821037

Date: 24-Dec-22

Exec Time : 6 m 32 s Stage Time : 0 m 55 s

HR: 92 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 158 bpm)

B.P: 100 / 70

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

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

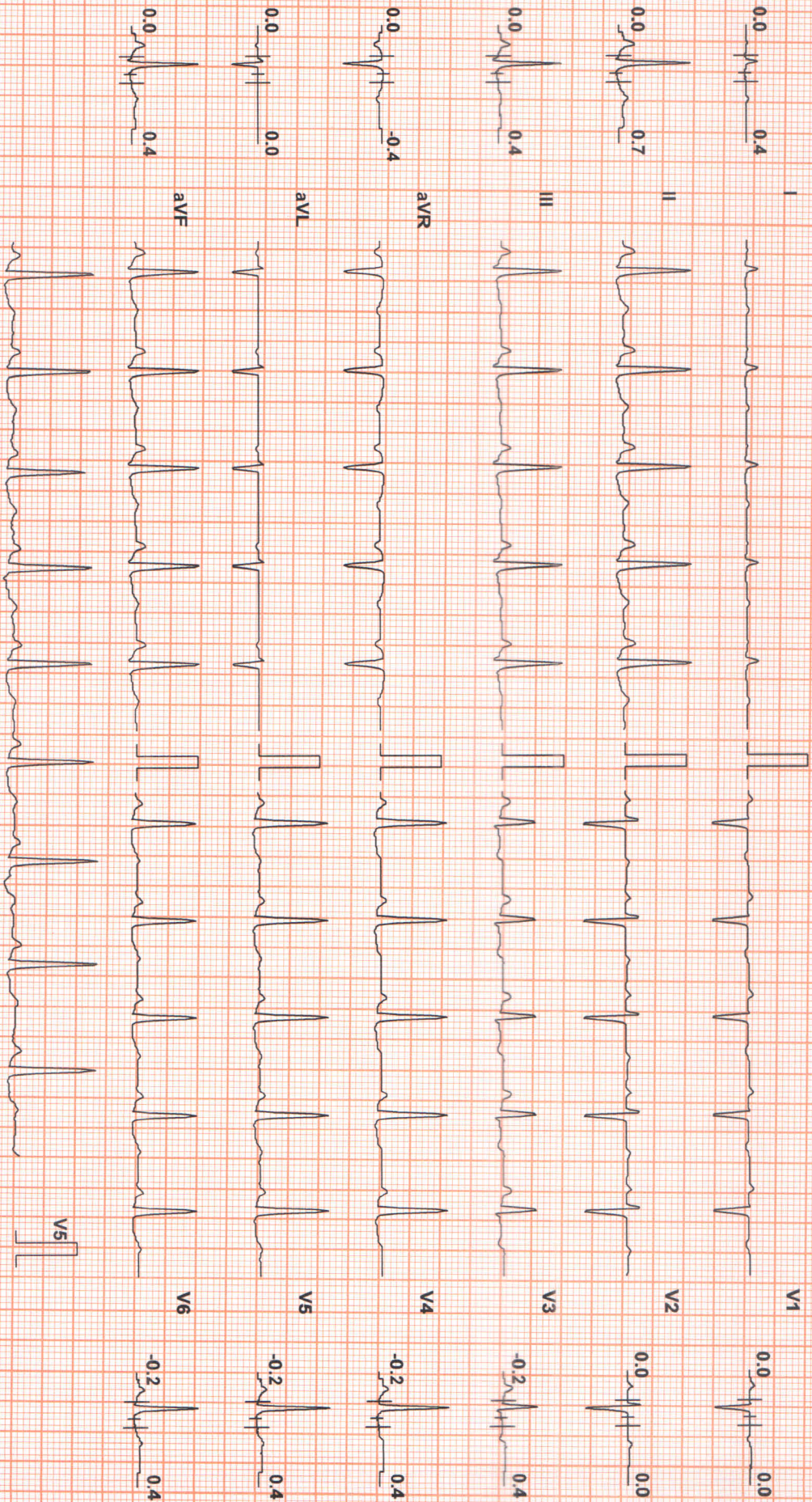


Chart Speed: 25 mm/sec
Schiller Spandax V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2235821037
Name : Mrs MANSI KANTHARIA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 12:16

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.8 cm), echotexture, shape and smooth margins. It shows normal echogenicity. 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 physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

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.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.4 x 3.4 cm. Left kidney measures 9.3 x 4.6 cm.

SPLEEN:

The spleen is normal in size (11.2 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 8.7 x 5.2 x 5.3 cm in size.
The endometrial thickness is 7.0 mm. **A fairly well defined heterogeneously hypoechoic lesion is noted in the anterior myometrium wall of uterus without significant vascularity measuring approx 2.0 x 1.5 cm size - likely suggestive of intramural fibroid .**

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 1.8 x 2.1 cm. Left ovary = 2.3 x 1.9 cm.

ADDITIONAL COMMENTS:

Visualized bowel loops appears unremarkable.
There is no evidence of any lymphadenopathy or ascites.

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Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2235821037
Name : Mrs MANSI KANTHARIA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 12:16

IMPRESSION:-

- Small intramural uterine fibroid
- No other significant abnormality is seen.

ADVICE: Clinical correlation and follow up.

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319

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CID : 2235821037
Name : Mrs MANSI KANTHARIA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 24-Dec-2022
Reported : 24-Dec-2022 / 12:58

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-----

This report is prepared and physically checked by Dr. Chirag Patel before dispatch.

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiologist)
Reg. No. MMC 20170773319

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