



Use a QR Code Scanner
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CID : 2302819352
Name : MS.SANDHYA SONI
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 10:04
Reported : 28-Jan-2023 / 14:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.48	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.7	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	15.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5320	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.6	20-40 %	
Absolute Lymphocytes	1627.9	1000-3000 /cmm	Calculated
Monocytes	6.5	2-10 %	
Absolute Monocytes	345.8	200-1000 /cmm	Calculated
Neutrophils	53.6	40-80 %	
Absolute Neutrophils	2851.5	2000-7000 /cmm	Calculated
Eosinophils	8.9	1-6 %	
Absolute Eosinophils	473.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	21.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	258000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	15.3	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 8 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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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	86.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	60.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	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	0.19	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.26	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	14.5	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	8.7	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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GAMMA GT, Serum	11.5	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	61.7	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	16.0	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	7.5	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	0.71	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	100	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.4	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			

*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 : 28-Jan-2023 / 10:04
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*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



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Collected : 28-Jan-2023 / 10:04
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

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

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

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

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

Limitations:

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

References:

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

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



Dr. Vrushi Shroff

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



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Collected : 28-Jan-2023 / 10:04
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	70.1	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	43.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	86.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.1	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	14.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	0-3.5 Ratio	Calculated

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



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



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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	4.8	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	16.7	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.301	0.55-4.78 microu/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 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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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

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Age / Gender : 34 Years/Female
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)
Collected : 28-Jan-2023 / 09:30
Reported : 29-Jan-2023 / 10:42

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	159 cms	Weight (kg):	80 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Plapable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

*Eosinophilia
↑ urea - 5.9,
- usg - fatty liver
ECG - Rt axis deviat?*

ADVICE:

*Low fatty diet
11 cause
Diastolepit specimen*

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Collected : 28-Jan-2023 / 09:30

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Reported : 29-Jan-2023 / 10:42

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 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

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

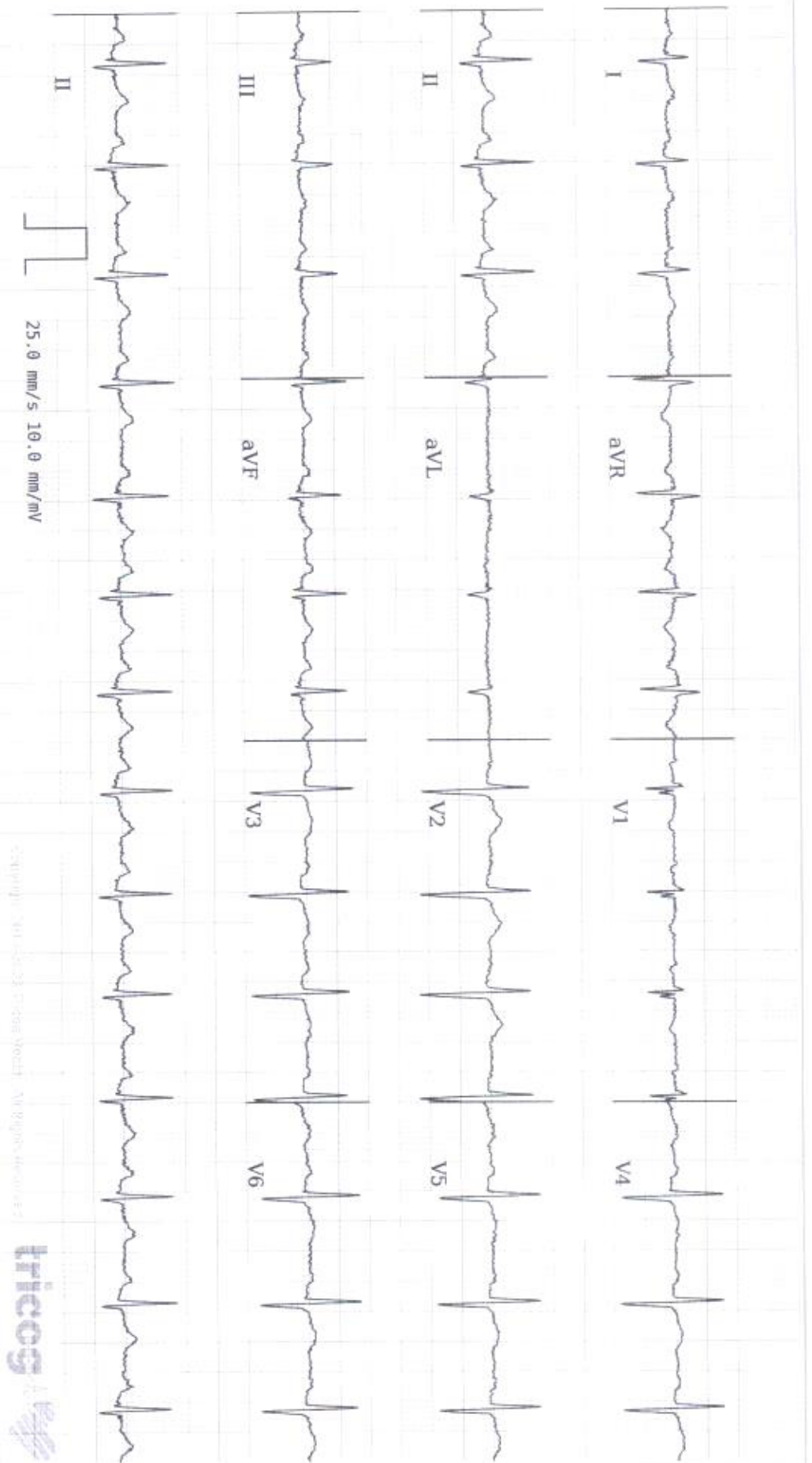
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
- Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 81730800

Jagruti Dhale

Patient Name: SANDHYA SONI
Patient ID: 2302819352

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 28th Jan 23 1:00 PM



25.0 mm/s 10.0 mm/mV

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Age **34** 6 26
years months days

Gender **Female**

Heart Rate **87bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 80 kg

Height: 159 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 88ms

QT: 372ms

QTc: 447ms

PR: 182ms

P-R-T: 69° 93° 63°

REPORTED BY

DR AKHIL PARULEKAR
MIBOS MD, MEDICINE, DNB Cardiology
Cardiologist
2012082484

Sinus Rhythm, Right Axis Deviation. Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aagam,
Thakur Village, Kandivali (East),
Mumbai - 400101.
Tel : 61700960

Disclaimer: This analysis in this report is based on ECG above 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. All patient risks are as entered by the clinician and not derived from the ECG.



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Name : Ms SANDHYA soni
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 14:51

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Craniocaudal and Mediolateral Oblique views

Mixed fibroglandular pattern is noted in both breasts limiting optimal evaluation (Type A).

No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.

No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Both breasts reveal normal parenchymal echotexture.

No focal solid or cystic mass lesion is seen.

No ductal dilatation is seen.

Bilateral axillae appear normal.

IMPRESSION:

Normal Mammography and Sonomammography of both breasts.

ACR BIRADS Category - I (Negative).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?Access=2023012814040663>



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ACR BIRADS CATEGORY

- I. **Negative.**
- II. Benign.
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have interobserver variations. False negative rate of Mammography is approximately 10 %. Management of palpable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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USG WHOLE ABDOMEN

LIVER:

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

GALL BLADDER:

The gall bladder is 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 10.0 x 5.0 cm. Left kidney measures 11.3 x 5.2 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. It measures 6.6 x 3.0 x 2.8 cm in size.
The endometrial thickness is 4 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 2.0 x 1.9 cm and volume is 6.0 cc
Left ovary = 2.8 x 2.1 x 1.8 cm and volume is 7.0 cc

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IMPRESSION:-
Grade I fatty liver.

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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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tionNo=2023012809312106

Page no 2 of 2

Date:- 28/1/23

CID:
2302819352

Name:- Mrs. Sani Samkhya

Sex/Age: F/36

EYE CHECK UP

Chief complaints: Routine check up

Systemic Diseases: No H/O St

Past history: No H/O Ocular surgery

←
-5.50 -0.50 X 180
-5.50 -0.75 X 90

Unaided Vision: < 6/60 6/60

Aided Vision: 6/6, P/C 6/6, P/C

Refraction:

Coms: Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-5.75	-0.50	180	6/6	-5.75	-0.75	90	6/6
Near				P/C				P/C

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit
Continue with same glass


KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Adagan,
Thakur Village, Kandivli (East),
Mumbai - 400101.
Tel : 61700890

DENTAL CHECK - UP

Name:- *Soni Sandhya*

CID : *2307819352* Sex, Age : *F/34*

Occupation:-

Date: *28/11/2023*

Chief complaints:- *No complaints*

Medical / dental history - *Aligners treatment going*

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: *Normal movements*
- b) Facial Symmetry: *Bilateral symmetrical*

2) Intra Oral Examination:

- a) Soft Tissue Examination: *Normal*
- b) Hard Tissue Examination: *Normal*
- c) Calculus:
Stains:

18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

	Missing	#	Fractured
○	Filled/Restored	RCT	Root Canal Treatment
○	Cavity/Lines	RP	Root Piece

Advised: *a) Follow up after year*

DR. BHUMIK PATEL
(B.D.S) A - 23378

Provisional Diagnosis:-

- NIL -

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Room No. 3/3, Akshay, DR
Thakur Vasthi, K. D. Well (east),
Mumbai - 400021.
Tel : 61700880

Bhumik Patel
[Signature]



Use a QR Code Scanner
Application To Scan the Code

CID : 2302819352
Name : Ms SANDHYA soni
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 12:09

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. FAIZUR KHILJI before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images [http://3.111.232.119/iRISViewer/NeoradViewer?](http://3.111.232.119/iRISViewer/NeoradViewer?Access) sionNo=2023012809312113
Access

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EMail:

Report



929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg
 Date: 28 / 01 / 2023 01:37:50 PM Refd By : AERCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:09	0:09	00.0	00.0	01.0	086	46%	120/80	103	00	
Standing	00:36	0:27	00.0	00.0	01.0	112	60%	120/80	134	00	
HV	00:46	0:10	00.0	00.0	01.0	107	58%	120/80	128	00	
ExStart	00:59	0:13	00.0	00.0	01.0	097	52%	120/80	116	00	
BRUCE Stage 1	03:59	3:00	02.7	10.0	04.7	132	71%	120/80	158	00	
BRUCE Stage 2	06:59	3:00	04.0	12.0	07.1	144	77%	140/80	201	00	
PeakEX	08:20	1:21	05.5	14.0	08.5	158	85%	160/90	252	00	
Recovery	09:20	1:00	00.2	00.0	01.1	113	61%	160/90	180	00	
Recovery	09:29				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 07:21
 Initial HR (ExStrt) : 97 bpm 52% of Target 186
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 8.5 Fair response to induced stress
 Duke Treadmill Score : 05.8
 Test End Reasons : Heart Rate Achieved

Max HR Attained 158 bpm 85% of Target 186
 Max BP Attained 160/90 (mm/Hg)

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

SUBURBAN DIAGNOSTICS INDIA
 Row 3, 3rd Floor
 Thakur Vinayak, Kandivali East,
 Mumbai - 400101.
 Tel : 61700999

Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

REPORT



Email:

929 / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg Date: 28 / 01 / 2023 01:37:50 PM Refd By : AERCOFEMI

REPORT :

Heart Rate 158.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 90.0 mmHg

Exercise Time 07:21 Mins. Ectopic Beats 0.0

METS 8.51 Test End Reason , Heart Rate Achieved Target Heart Rate 85% of 186

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	GOOD
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
FINAL IMPRESSION	NO SIGNIFICANT ST-T CHANGES NOTED STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

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

Dr. Akhil P. Parulekar,

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082483

SUBURBAN DIAGNOSTICS INDIA PVT. LTD.

Row 1, Col 1, 9, 3, A&M, 1st

Thakur Village, Kandivali (East),

Mumbai - 400101.

Tel: 81700600

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:09)



929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 86

Date: 28 / 01 / 2023 01:37:50 PM

MEETS: 1.0 / 86 bpm 46% of THR

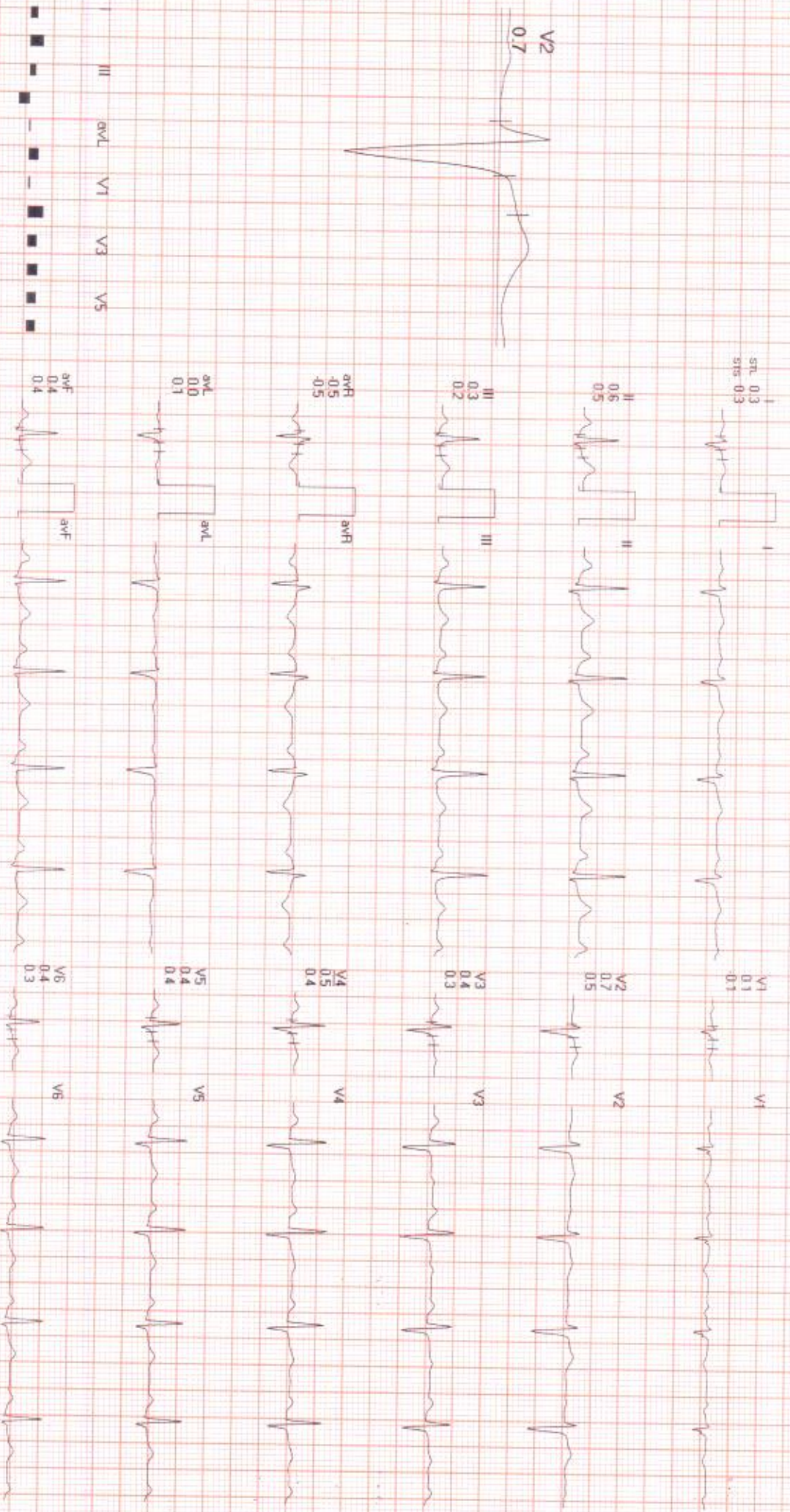
BP: 120/80 mmHg

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

ExTime: 00:00 0.0 Km/h 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:27)



929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 112

Date: 28 / 01 / 2023 01:37:50 PM

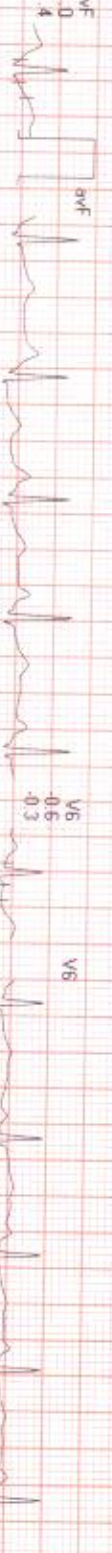
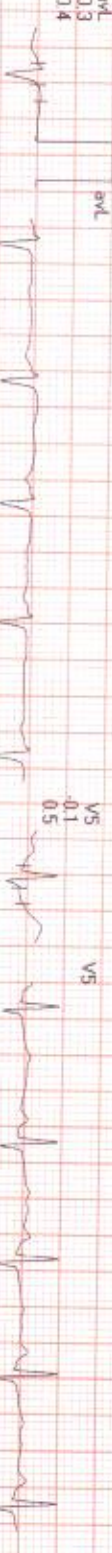
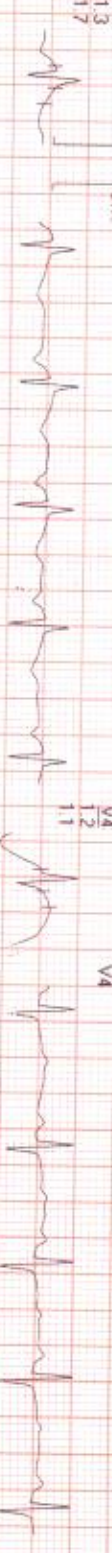
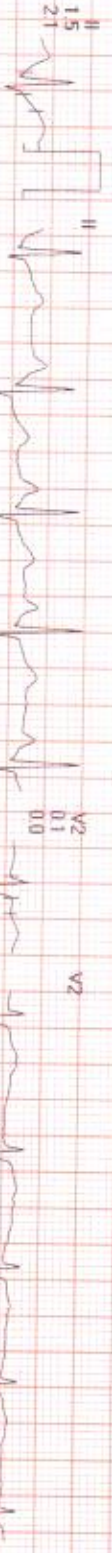
METS: 1.07/112 bpm 60% of THR BP: 120/80 mmHg

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

ExTime: 00:00:00 Kmph: 0.0%

4X 80 ms Post J

25 mm/Sec 110 Cm/mV



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 102

HV (00:10)



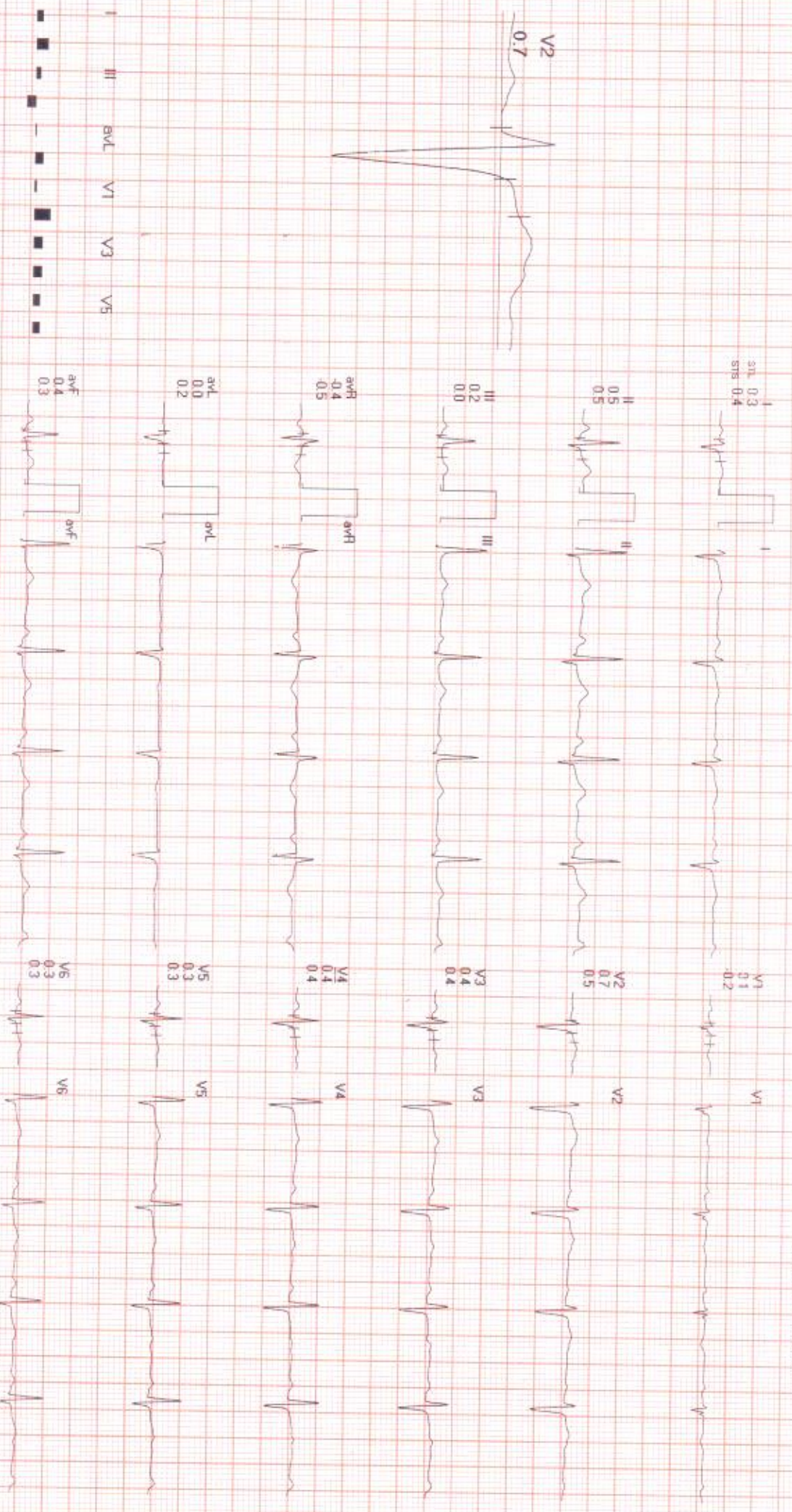
Date: 28 / 01 / 2023 01:37:50 PM

METS: 1.0 / 102 bpm 55% of THR BP: 120/80 mmHg Raw ECG/ BLC Orig/ Natch Orig/ HF 0.05 Hz/LF 35 Hz

ExtTime: 00:00:0.0 Km/h. 0.0%

4X 80 m/s Post J

25 mm/sec 1.0 Cm/mV



REMARKS: I aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXStit



929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 97

Date: 28 / 01 / 2023 01:37:50 PM

METS: 1.0/97 bpm 52% of THR BP: 120/80 mmHg

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

ExTime: 00:00 0.0 KmPh. 0.0%

4X

30 ms Post d

25 mm/Sec. 1.0 Cm/mV

STL 1.2
STB 1.0

V1 0.3
V2 0.2

II 0.5
III 0.4

V2 0.6
V3 0.4

III -0.7
aVL -0.5

V3 0.3
V4 0.4

aVR -0.8
aVL -0.7

V4 -0.4
V5 0.0

aVL 0.9
aVF 0.7

V5 0.3
V6 0.0

aVR -0.1
aVL 0.0

V6 1.0
V6 0.9



REMARKS:

929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 132



Date: 28 / 01 / 2023 01:37:50 PM

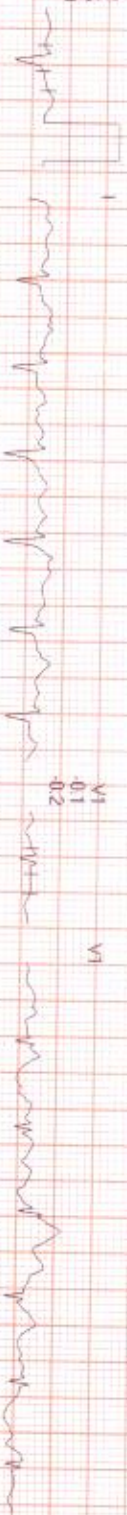
METS: 47/132 bpm 71% of THR BP: 120/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X

80 mS Post 1

25 mm/Sec 1.0 Cm/mV

I 0.5
STI 0.9



V1 0.1
0.2



II 1.2
1.5



V2 0.8
0.8



III 0.7
0.6



V3 0.3
0.7



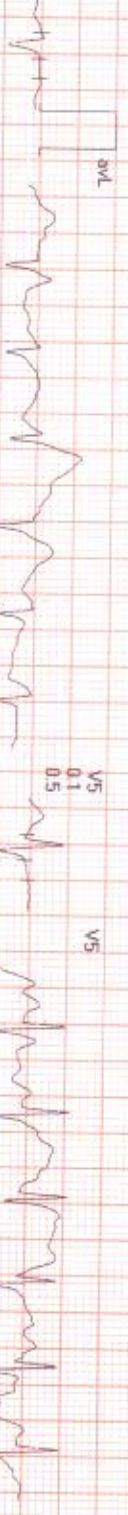
aVR -0.8
-1.2



V4 0.3
0.9



aVL -0.1
0.1



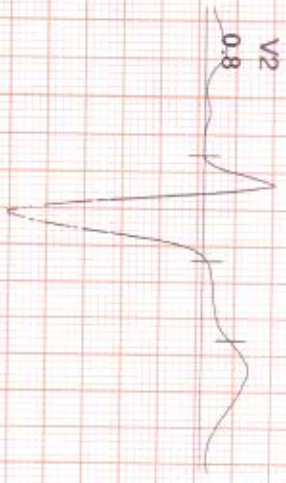
V5 0.1
0.5



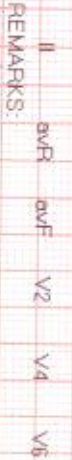
aVF 0.9
1.1



V6 0.6
0.9



0.8



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 144

BRUCE : Stage 2 (03:00)



Date: 28 / 01 / 2023 01:37:50 PM

METS: 7.1 / 144 bpm 77% of THR BP: 140/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ AF 35 Hz

EXTime 06:00 4.0 KmPh 12.0%

4X 50 mS Post J

25 mm/Sec 1 (0.0mV)



REMARKS: I aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 158

Date: 28 / 01 / 2023 01:37:50 PM METS: 8.5 / 158 bpm 85% of THR BP: 160/90 mmHg Raw ECG/BLC Dev/Naich Dev/HR 0.05 Hz/LF 35 Hz

4X

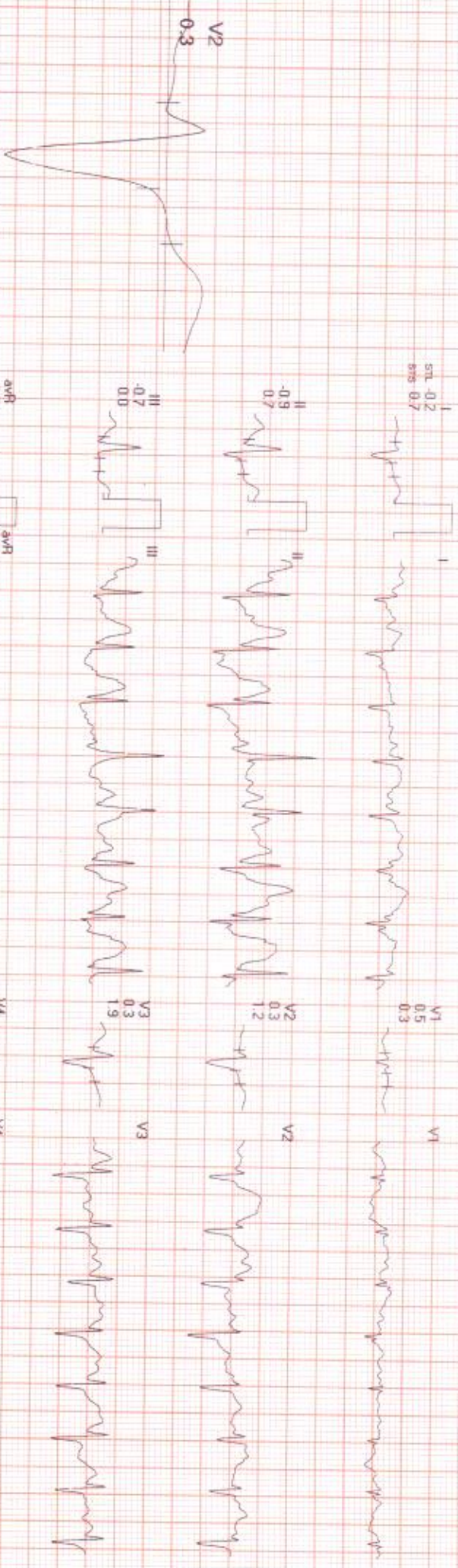
50ms Post J

25mm/Sec 1.0 Cm/mV

PeaKEx



EXTime 07:21 5.5 Kmph 140%



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

929 (2302819352) / SONI SANDHYA / 34 Yrs / F / 159 Cms / 80 Kg / HR : 113

Date: 28 / 01 / 2023 01:37:50 PM

METS 1 1/113 bpm 61% of THR BP: 160/90 mmHg

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

Recovery : (01:00)



4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 1.1
STB 1.4

V1 0.0
V2 0.3



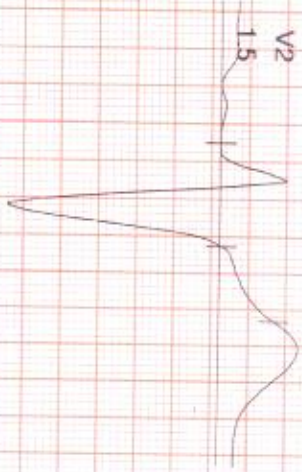
II 1.7
III 2.3

V2 1.7
V3 1.5



III 0.6
aVR -1.4
aVL -1.9

V3 1.4
V4 1.4
V5 1.7



aVL 0.2
aVF 1.2
1.5

V5 1.0
V6 1.5



aVR -1.2
aVL 1.2
1.5

V6 1.0
V5 1.5



REMARKS:

II aVR aVL V1 V2 V3 V4 V5 V6

V6 V5 V4 V3 V2 V1



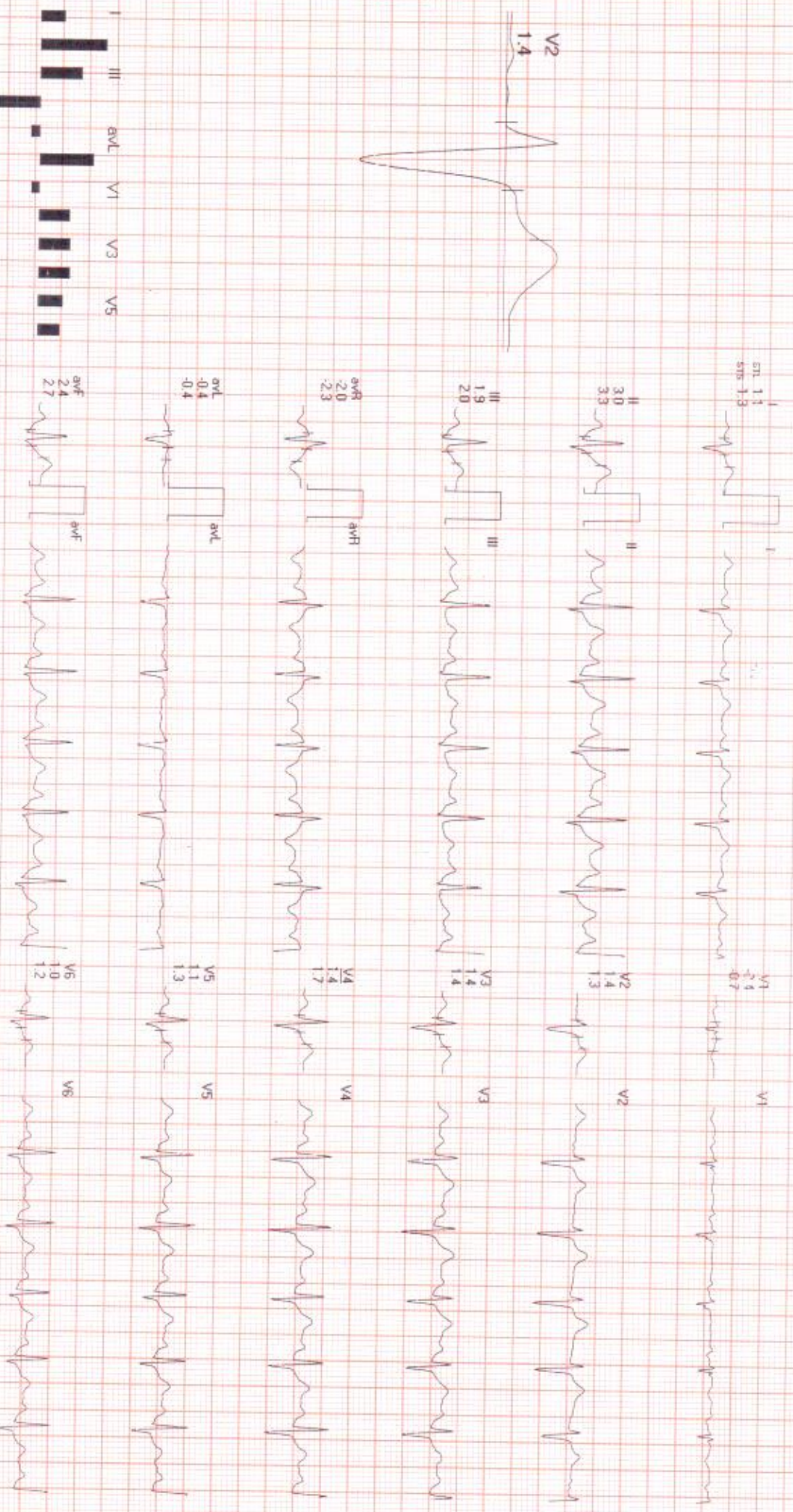
Date: 28 / 01 / 2023 01:37:50 PM

METS: 1.0 / 115 bpm 62% of THR BP: 160/90 mmHg Raw ECG/BLC On/ Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 07:21 0.0 Kmph, 0.0%

4X 90 mS Pulk 4

25 mm/Sec 1.0 Cm/mV



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

