



CID : 2401322197
Name : MRS.RITIKA SHAW
Age / Gender : 34 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 13-Jan-2024 / 10:08
Reported : 13-Jan-2024 / 16:49

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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	10.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.68	3.8-4.8 mil/cmm	Elect. Impedance
PCV	32.7	36-46 %	Measured
MCV	70	80-100 fl	Calculated
MCH	22.9	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	18.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7110	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.0	20-40 %	
Absolute Lymphocytes	2061.9	1000-3000 /cmm	Calculated
Monocytes	5.0	2-10 %	
Absolute Monocytes	355.5	200-1000 /cmm	Calculated
Neutrophils	63.7	40-80 %	
Absolute Neutrophils	4529.1	2000-7000 /cmm	Calculated
Eosinophils	2.1	1-6 %	
Absolute Eosinophils	149.3	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	14.2	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	140000(Manual method)	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	14.7	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	+



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Features suggestive of Iron deficiency anaemia.
 Advice:1.Iron studies, Serum ferritin & Reticulocyte count
 2.Stool for occult blood

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **28** 2-20 mm at 1 hr. Sedimentation



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Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



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Collected : 13-Jan-2024 / 10:08
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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	105.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.13	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	85.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.1	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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Reported : 13-Jan-2024 / 16:46

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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	6.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	125.5	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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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
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 inert

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



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	165.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	133.0	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	45.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.0	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	27.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Reported : 13-Jan-2024 / 15:50

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	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	4.48	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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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 becuaese 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)

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Bmhasakar

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M.D. (PATH)
Pathologist



SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST.
 Patient Name: **RTIKA SHAW**
 Patient ID: **2401322197**
 Date and Time: **13th Jun 24 10:30 AM**



Age **34** NA NA
 years months days

Gender **Female**

Heart Rate **74bpm**

Patient Vitals

BP: **130/90 mmHg**

Weight: **81 Kg**

Height: **160 cm**

Pulse: **74 bpm**

SpO2: **NA**

Resp: **NA**

Other:

Measurements:

QRSD: **80ms**

QT: **394ms**

QTcB: **437ms**

PR: **128ms**

P-R-T: **41° 32° 20°**

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



REPORTED BY

[Signature]

Dr. Anir Basak
 M.D.B.S.P.D.C.C. (DIP. Cardiology)
 2013062506

Disclaimer: 1. Notable in this report is based on ECG done and should be read in conjunction with clinical history, symptoms, and results of other studies and the treating physician. 2. Patient's safety is our priority. We do not accept any liability for any injury or damage caused by the use of this report.

Date:-

CID: 2401322197

Name:- Mrs Ritika Shaw

Sex / Age: /

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: -

Aided Vision: - YES.

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

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision.



Name : MRS. RITIKA SHAW
Age / Gender : 34 Years/Female
Consulting Dr. :
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 13-Jan-2024 / 09:42
Reported : 15-Jan-2024 / 11:42

PHYSICAL EXAMINATION REPORT

History and Complaints: K/C/O HYPOTHYROIDISM

EXAMINATION FINDINGS:

Height (cms):	160	Weight (kg):	81
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	130/90	Nails:	Healthy
Pulse:	74/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: OVER WEIGHT.

ADVICE: HEALTHY DIET. REGULAR EXERCISIES.

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 |

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- | | |
|--|-----|
| 8) Thyroid/ Endocrine disorders : | YES |
| 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 | MIXED |
| 4) Medication | YES |

*** End Of Report ***



[Signature]
Dr. Ajita Bhosale
PHYSICIAN

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

Ritika Shaw

भारत के निर्वाचन आयोग
भारत का निर्वाचन आयोग
ELECTION COMMISSION OF INDIA
IDENTITY CARD
XYR1112127



निर्वाचक नाम : रिटिका शॉ
Elector's Name : Ritika Shaw
पिता का नाम : राजीव शॉ
Father's Name : Rajiv Shaw
लिंग/Sex : ♀
जन्म तिथि
Date of Birth : 03/04/1989

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details Date: 13-Jan-24 Time: 12:52:28 PM
Name: RITIKA SHAW ID: 2401322197
Age: 34 y **Sex:** F **Height:** 160 cms **Weight:** 81 Kgs
Clinical History: ROUTINE CHECK UP
Medications: TABN THYRONORM

Test Details

Protocol: Bruce **Pr.MHR:** 186 bpm **THR:** 167 (90 % of Pr.MHR) bpm
Total Exec. Time: 8 m 46 s **Max. HR:** 160 (86% of Pr.MHR)bpm **Max. Mets:** 10.20
Max. BP: 160 / 90 mmHg **Max. BP x HR:** 25600 mmHg/min **Min. BP x HR:** 7920 mmHg/min
Test Termination Criteria: THR ACHIEVED

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 : 26	1.0	0	0	88	130 / 90	-0.85 III	1.06 V5
Standing	1 : 5	1.0	0	0	106	130 / 90	-1.49 III	2.12 V4
Hyperventilation	0 : 8	1.0	0	0	110	130 / 90	-1.06 III	-1.42 III
1	3 : 0	4.6	1.7	10	129	140 / 90	-2.76 III	-2.46 III
2	3 : 0	7.0	2.5	12	144	150 / 90	-2.34 III	-3.54 III
Peak Ex	0 : 46	10.2	3.4	14	160	160 / 90	-2.34 II	3.89 II
Recovery(1)	3 : 0	1.8	1	0	103	130 / 90	-1.70 III	4.60 II
Recovery(2)	1 : 1	1.0	0	0	100	110 / 90	-0.64 III	1.06 V4

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.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease
 Positive test is suggestive but not confirmatory of Coronay Artery Disease.
 Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI HEALTHCARE
 (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
 MBBS/D. Cardiology



RITIKA SHAW (34 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

ID: 2401322-197

Date: 19-Jan-24

Exec Time: 0 m 0 s

Stage Time: 0 m 20 s

HR: 97 bpm

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 130 / 90

Protocol: Bruce

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

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

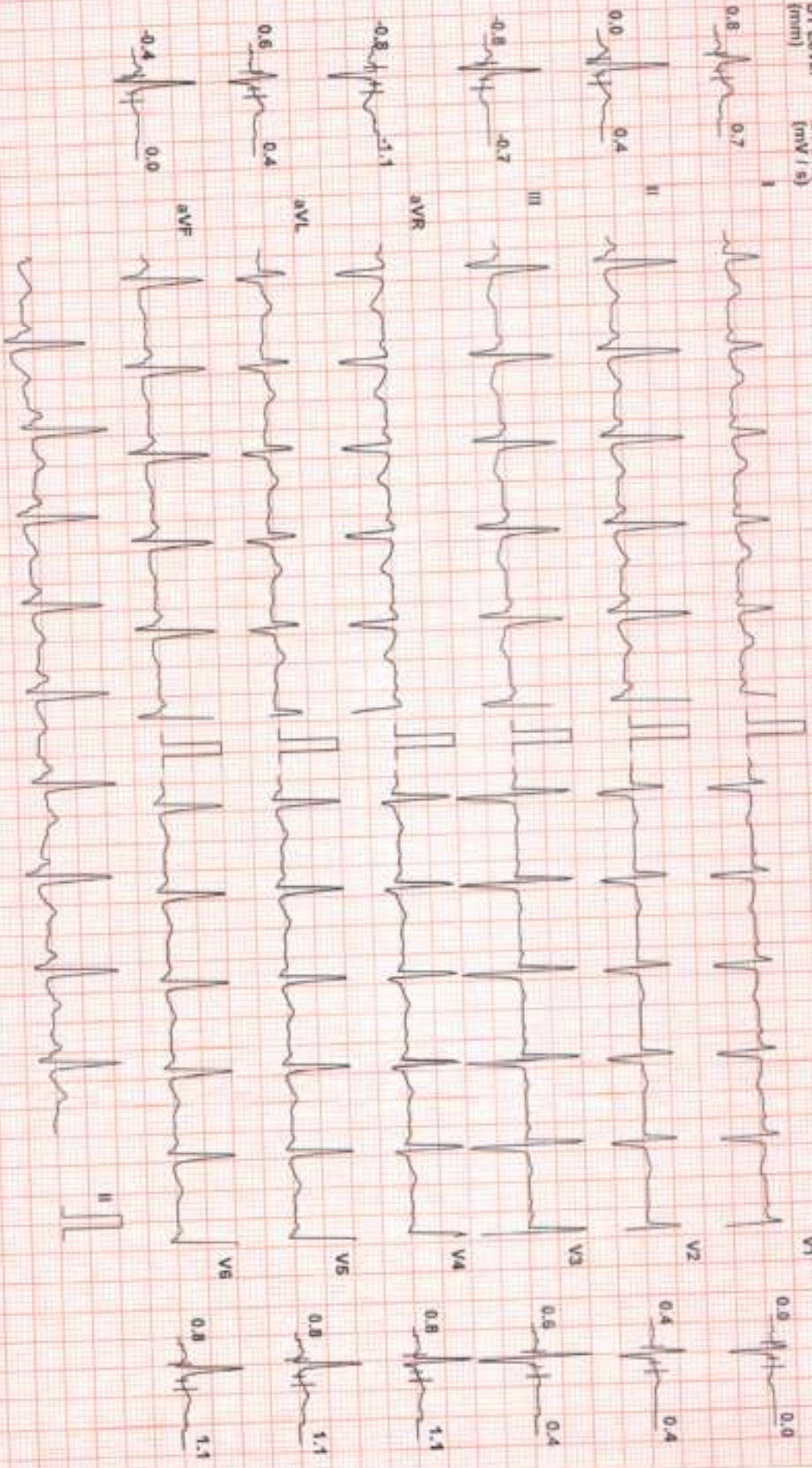


Chart Speed: 25 mm/sec
Schlitz Spindel V432

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

Up = R = 60 ms

Down = R = 60 ms

Post J = J + 60 ms

Linked Median

RITIKA SHAW (34 F)

ID: 2401322197

Date: 13-Jan-24

Exec Time: 0 m 0 s

Stage Time: 0 m 59 s

HR: 110 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 130 / 90

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

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

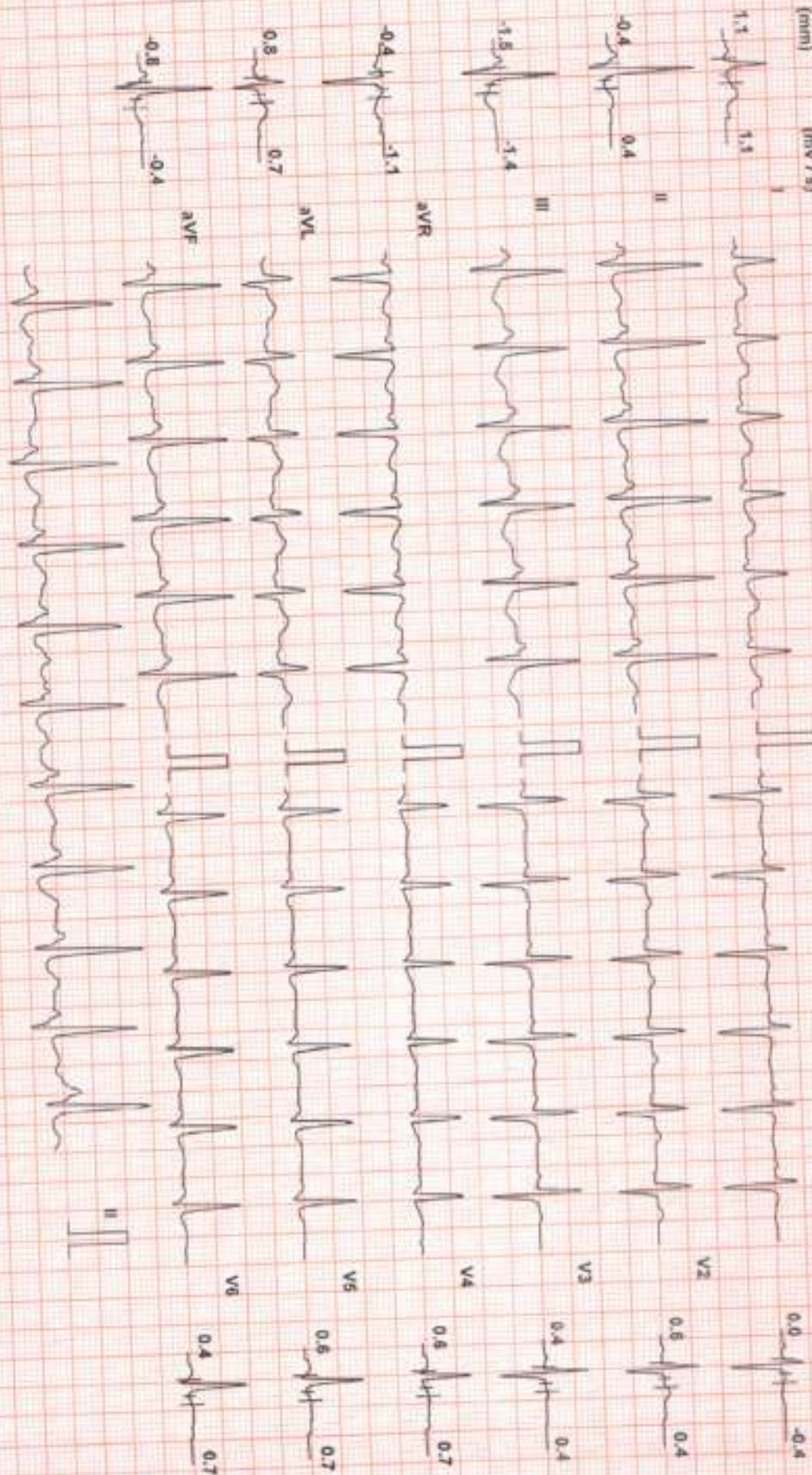


Chart Speed: 25 mm/sec
Scales: Standard V & ST

Filter: 35 Hz

Main: Fit ON

Amp: 10 mm

100 μV - 50 ms

J = R + 50 ms

Post J = J + 50 ms

Linked Median

RITIKA SHAW (34 F)

Protocol: BRUCE

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

ID: 2401322197

Date: 13-Jan-24

Exec Time: 0 m 0 s

Stage Time: 0 m 2 s

HR: 112 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 167 bpm)

B.P: 130 / 90

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

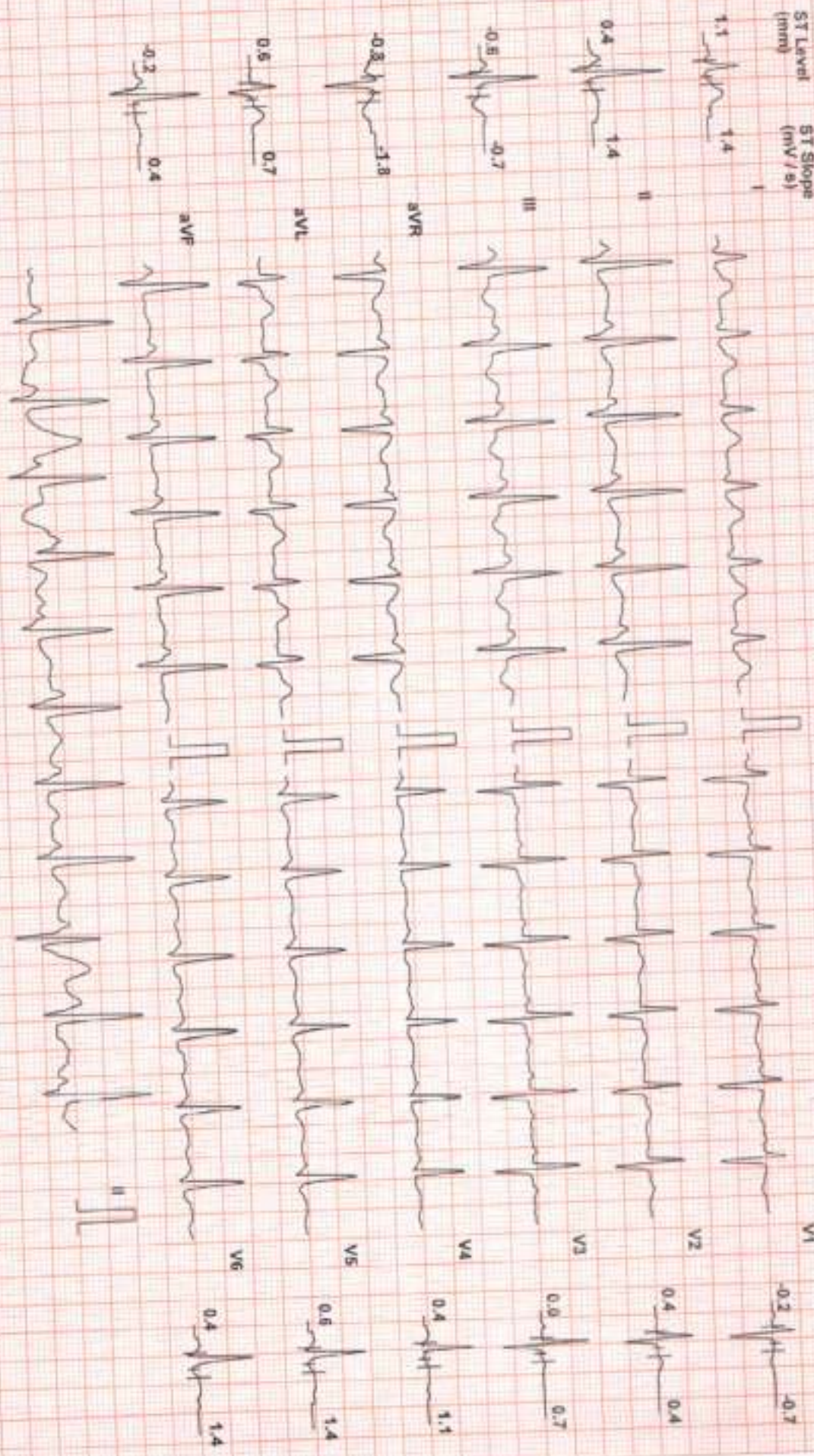


Chart Speed: 25 mm/sec
Scale: Standard V 452

Filter: 35 Hz

Main: Filt. ON

Amp: 10 mm

RR = R = 60 ms

J = R = 60 ms

Post J = J + 60 ms

Ur: Kod Median



RITIKA SHAW (34 F)

Protocol: Bruce

ID: 2401322197

Date: 13-Jan-24

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 128 bpm

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 167 bpm)

B.P: 140 / 90

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

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

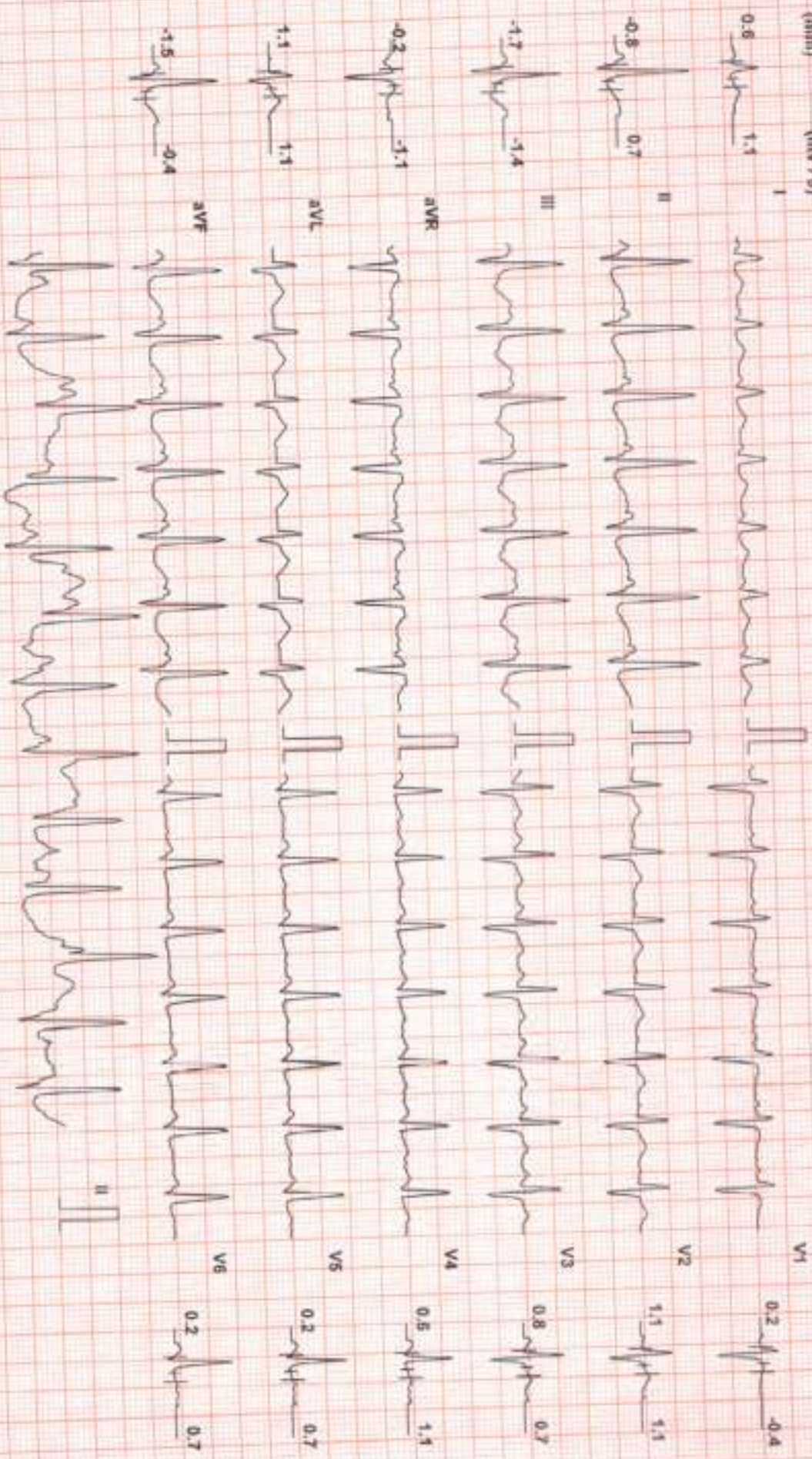


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

40 * R - 50 mm

J * R * 50 mm

Post J * J * 60 mm

Scale: Standard V x 4x

Linked Median



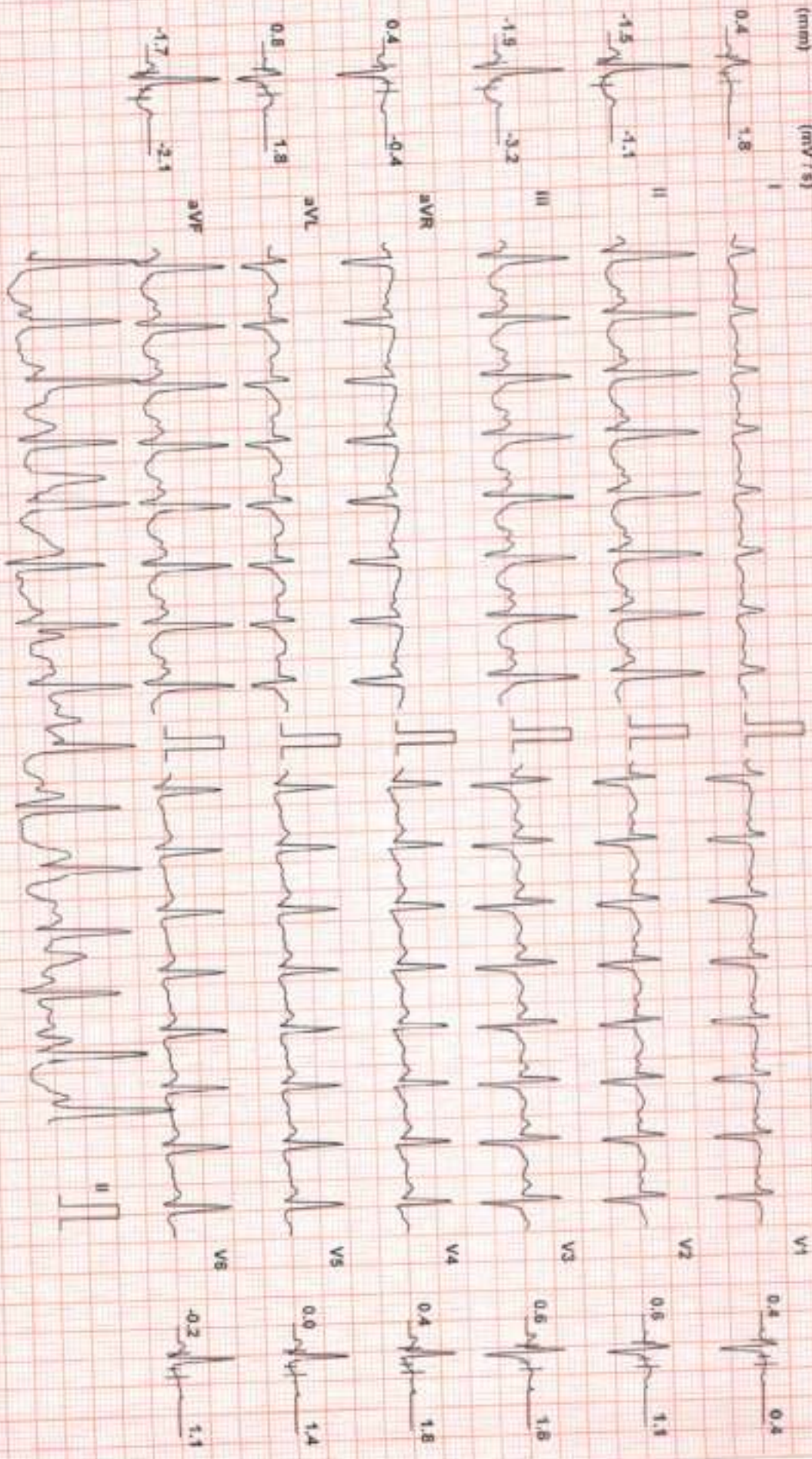
RITIKA SHAW (34 F)

ID: 2401322197 Date: 13-Jan-24 Exec Time: 5 m 54 s Stage Time: 2 m 54 s HR: 144 bpm
Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 167 bpm) B.P: 150 / 90

Protocol: Bruce

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

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



Chest Speed: 25 mm/sec
Scale: Speed V 4.52

Filter: 35 Hz

Main: Filt ON Amp: 10 mm

fs = R - 60 ms J = R * 80 ms Post J = J * 60 ms

Linked Median

RITIKA SHAW (34 F)

ID: 2401322197

Date: 13-Jan-24

Exec Time : 6 m 40 s Stage Time 0 m 40 s

HR: 160 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 167 bpm)

B.P: 150 / 90

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

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

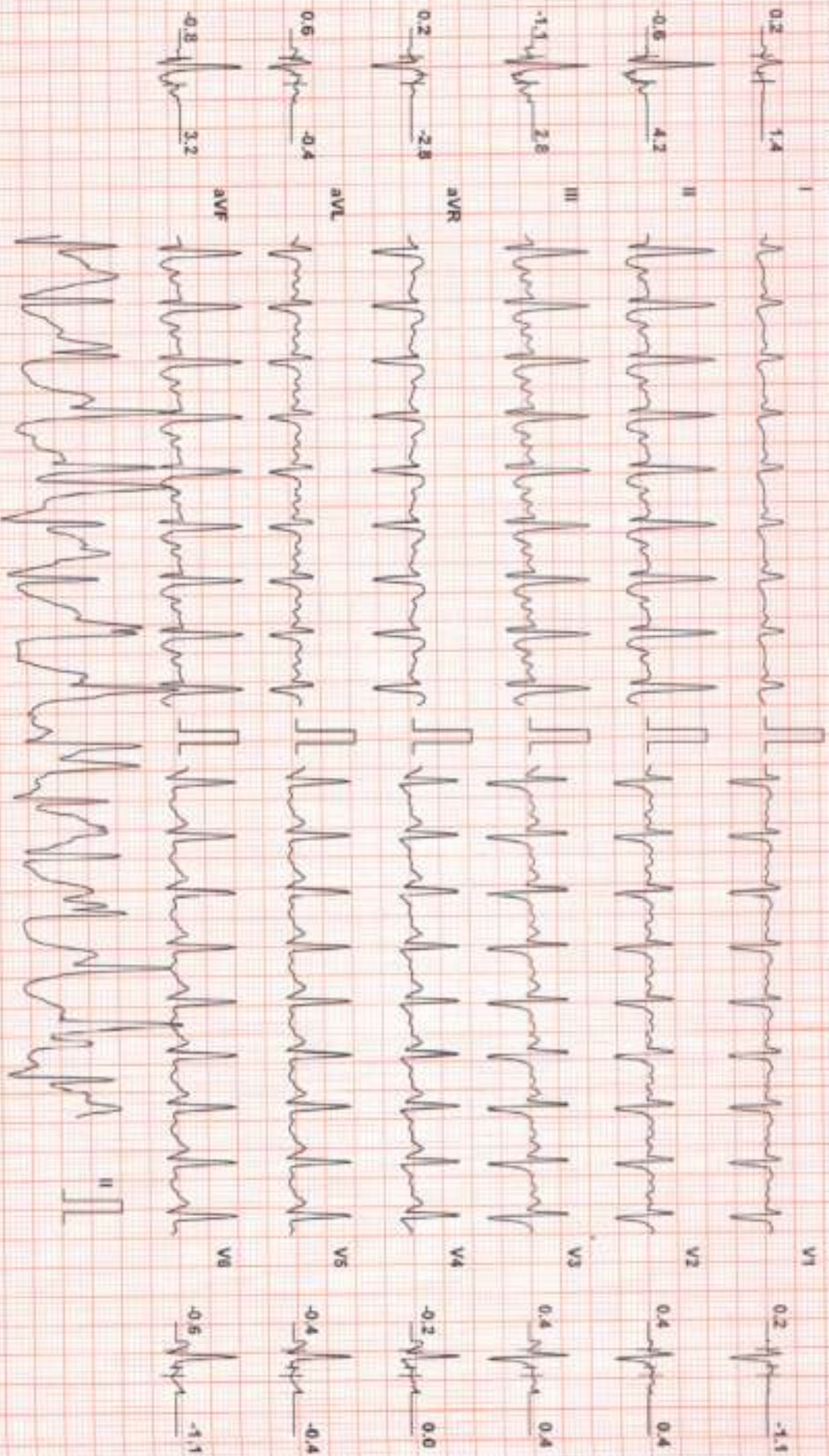


Chart Speed: 25 mm/sec
Scale: Standard V x 5

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

I = R - 60 ms

J = R - 60 ms

Post J = J * 60 ms

Linked Median

RITIKA SHAW (34 F)

ID: 2401322197

Date: 13-Jan-24

Exec Time: 6 m 46 s Stage Time: 2 m 54 s HR: 97 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

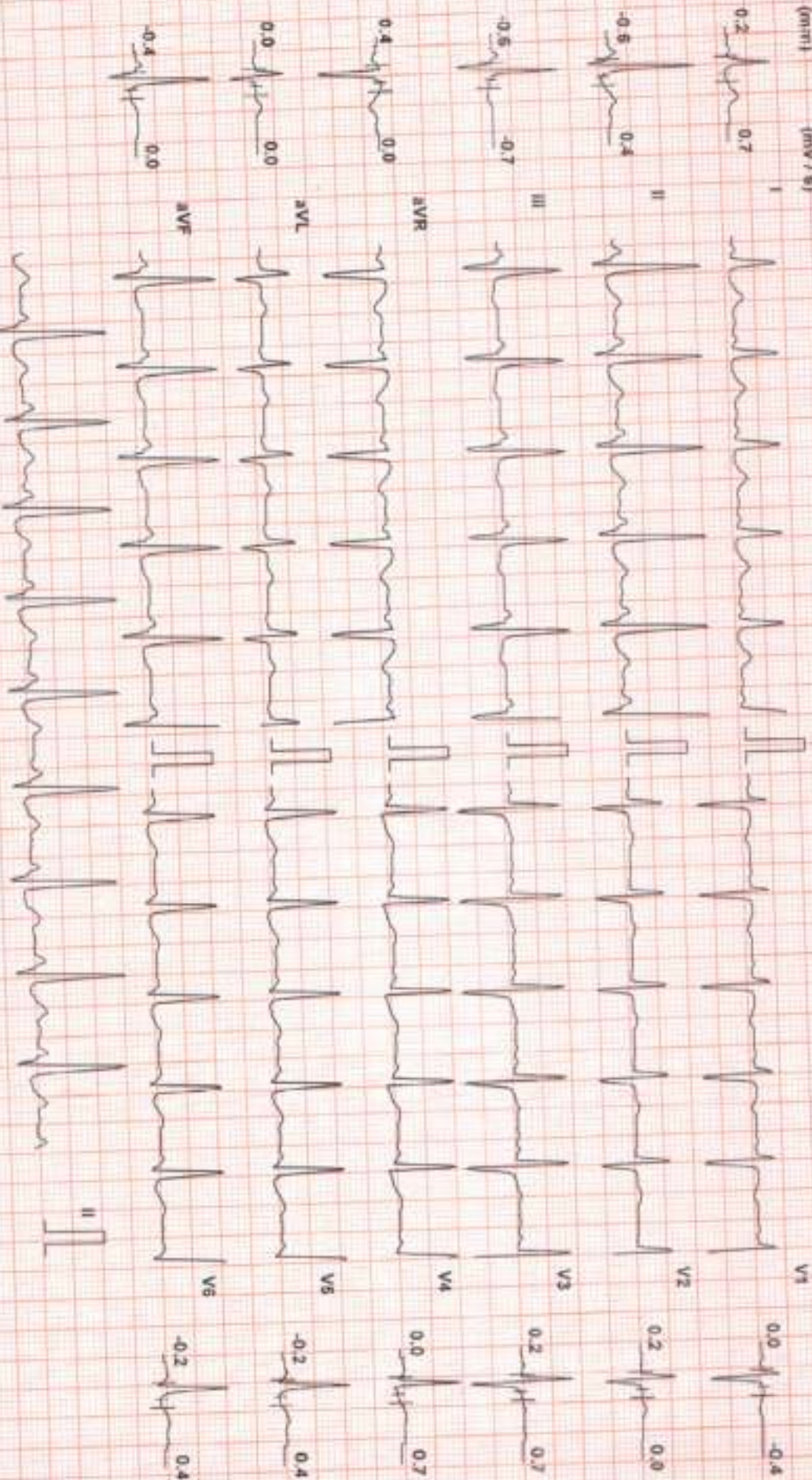
Grade: 0 %

(T)HR: 167 bpm

B.P.: 130 / 90

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

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



Chest Speed: 25 mm/sec
Scale: Standard V4.5T

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Inc = F - 60 ms

J = R + 60 ms

Foot J = J + 60 ms

Linked Median

RITIKA SHAW (34 F)

ID: 2401322197

Date: 13-Jan-24

Exec Time: 0 m 43 s Stage Time: 0 m 05 s HR: 95 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(THR: 167 bpm)

B.p: 110 / 90

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

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

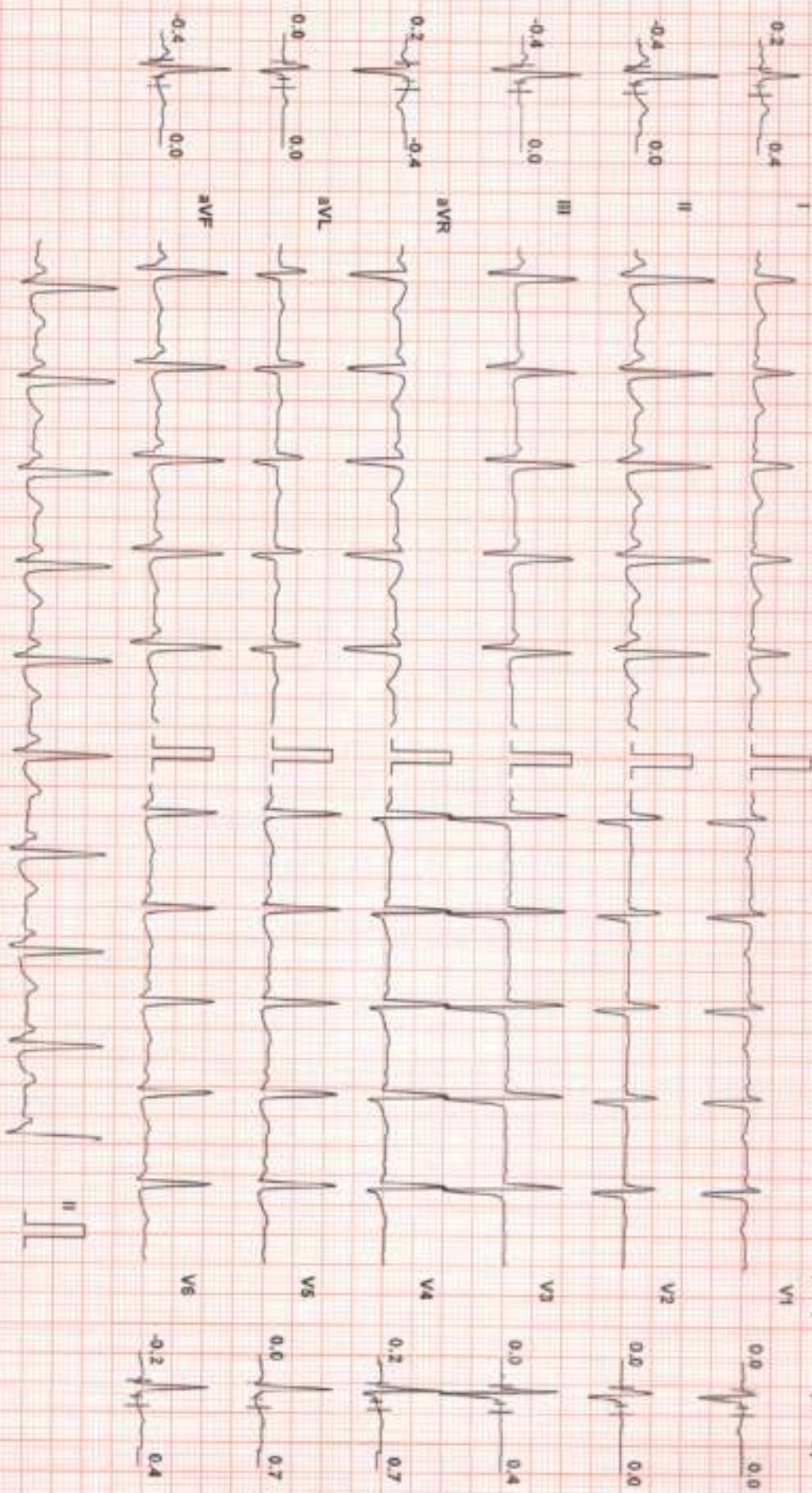


Chart Speed: 25 mm/sec
Schuler Standard V 4.15

Filter: 35 Hz

Main Filter ON

Amp: 10 mm

fs = R - 60 ms

J = R + 10 ms

Post J = J + 60 ms

Unipad Median



CID : 2401322197
Name : Mrs RITIKA SHAW
Age / Sex : 34 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024/11:12

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (16.2 cm), and normal in shape and echotexture. It shows raised 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 shows normal wall thickness. 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:

Right kidney measures 10.1 x 4.3 cm. Left kidney measures 10.0 x 4.3 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

UTERUS:

The uterus is retroverted and appears normal. It measures 7.1 x 5.1 x 4.3 cm in size.
The endometrial thickness is 7.9 mm.

OVARIES:

Right ovary = 2.4 x 2.0 cm Left ovary = 3.1 x 2.2 cm
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024011309430833>



Use a QR Code Scanner
Application To Scan the Code

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Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024/11:12

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:-

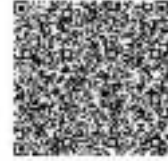
➤ **Mild Hepatomegaly with Grade I fatty Liver**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Name : Mrs RITIKA SHAW
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Centre

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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. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist



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