



CID : 2304221923  
Name : MRS.MAJI SUSMITA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Feb-2023 / 11:00  
Reported : 11-Feb-2023 / 15:32

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.1	36-46 %	Measured
MCV	93.5	80-100 fl	Calculated
MCH	30.2	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	14.5	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6370	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	32.4	20-40 %	
Absolute Lymphocytes	2063.9	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	401.3	200-1000 /cmm	Calculated
Neutrophils	57.8	40-80 %	
Absolute Neutrophils	3681.9	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	222.9	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	127000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Calculated
PDW	29.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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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	81.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	84.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.63	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.41	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
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	25.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	11.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	14.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	69.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	17.3	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.74	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	95	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.3	3.1-7.8 mg/dl	Uricase/ Peroxidase



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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 \*\*\*



MC-2111



*Bmhasakar*

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





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Collected : 11-Feb-2023 / 11:00  
Reported : 11-Feb-2023 / 18:16

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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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 \*\*\*



*Dr. Leena Salunkhe*  
**Dr.LEENA  
SALUNKHE  
M.B.B.S, DPB (PATH)  
Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West



*Anupa*

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



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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 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 \*\*\*



MC-5460



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





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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	134.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.3	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	44.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	89.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.9	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	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	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**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.7	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	3.956	0.55-4.78 microIU/ml	CLIA

**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)



*Dr. Vrushi Shroff*

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



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**Reg. Location** : Kandivali East (Main Centre)

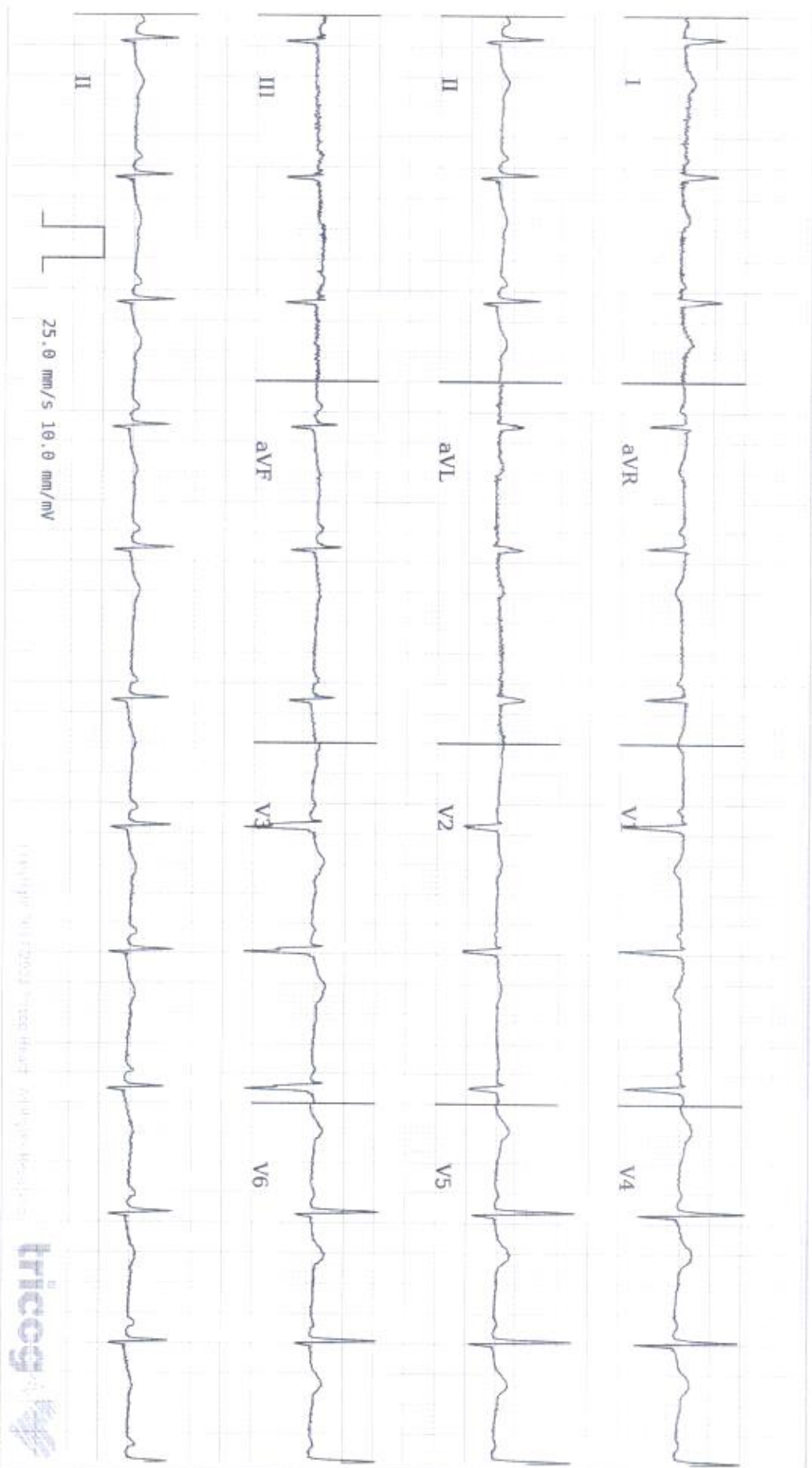
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**Reported** : 11-Feb-2023 / 16:51

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\*\*\* End Of Report \*\*\*

Patient Name: MAJI SUSMITA  
Patient ID: 2304221923

**SUBURBAN DIAGNOSTICS - KANDIVALI EAST**

Date and Time: 11th Feb 23 10:14 AM



Age **34** **9** **24**  
years months days

Gender **Female**

Heart Rate **70bpm**

Patient Vitals

BP: 100/70 mmHg

Weight: 69 kg

Height: 165 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

**Measurements**

QRSD: 74ms

QT: 420ms

QTc: 453ms

PR: 128ms

P-R-T: 66° -6° 23°

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

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REPORTED BY

*[Signature]*

**SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.**

Flow House No. 3, Aangan,

Thakur Vengge, Kandivali (East),

Mumbai - 400103.

Tel : 617000000

DR AJITH PARILKAR  
MBBS MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012082483

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



Date:- 11/2/23

CID: 11/2/23

Name:- Mrs. Sumita Maji

Sex/Age: F | 34

**EYE CHECK UP**

Chief complaints: Routine check

Systemic Diseases: NO H/O ST

Past history: NO H/O Ocular sx/Injury

hlogt axis  
-0.75 -0.75 X 180  
-0.75 -0.75 X 180

Unaided Vision: 6/36 6/36

Aided Vision: 6/9 blur 6/6 blur

Refraction: EOMs Normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	10	10	165	6/6	10	10	180	6/6
Near				N/G				N/G

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.  
KAJAL NAGRECHA  
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
Room No. 3, Aarjan,  
Thakur Village, Andheri West,  
Mumbai - 400101.  
Tel : 61700900

Authenticity Check



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**CID** : 2304221923  
**Name** : Mrs Maji Susmita  
**Age / Sex** : 34 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 11-Feb-2023  
**Reported** : 11-Feb-2023 / 10:05

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 visualized 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 10.3 x 3.5 cm. Left kidney measures 10.0 x 5.0 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 7.6 x 5.6 x 3.2 cm in size.  
The endometrial thickness is 6.0 mm.

### OVARIES:

Both the ovaries are well visualized and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.7 x 2.5 x 2.4 cm and volume is 9.3 cc  
Left ovary = 2.9 x 2.7 x 2.3 cm and volume is 9.9 cc

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108512878>

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Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 10:05

**IMPRESSION:-**

No significant abnormality is seen.

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

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

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

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.

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

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Corporate Identity Number (CIN): U85110MH2002PTC136144





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Reg. Location : Kandivali East Main Centre

Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 14:31

**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**

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CID# : 2304221923  
Name : MRS.MAJI SUSMITA  
Age / Gender : 34 Years/Female  
Consulting Dr. : Collected : 11-Feb-2023 / 08:50  
Reg.Location : Kandivali East (Main Centre) Reported : 12-Feb-2023 / 09:42

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

No

### EXAMINATION FINDINGS:

Height (cms):	165 cms	Weight (kg):	69 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/70	Nails:	Normal
Pulse:	80/min	Lymph Node:	Not Palpable

### Systems

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

### IMPRESSION:

*↓ Platelets on Smear  
Rest all reports are within @ limits*

### ADVICE:

*Repeat CBC in 10 days  
Platelets*

CID# : 2304221923

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Age / Gender : 34 Years/Female

Consulting Dr. :

Collected : 11-Feb-2023 / 08:50

Reg.Location : Kandivali East (Main Centre)

Reported : 12-Feb-2023 / 09:42

**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                            | laparoscopy for infertility-2022 |
| 17) Musculoskeletal System               | No                               |

**PERSONAL HISTORY:**

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

\*\*\* End Of Report \*\*\*

**Dr. Jagruti Dhale**  
MBBS

Consultant Physician

Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.  
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*Jagruti Dhale*



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



Email:

988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg  
 Date: 11 / 02 / 2023 10:50:26 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(kmph)	Elevation	MEts	Rate	% THR	BP	R-P	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	072	39%	100/70	072	00	
Standing	00:41	0:33	00.0	00.0	01.0	097	52%	100/70	097	00	
HV	00:50	0:09	00.0	00.0	01.0	091	49%	100/70	091	00	
EXStart	01:12	0:22	00.0	00.0	01.0	084	45%	100/70	084	00	
BRUCE Stage 1	04:12	3:00	02.7	10.0	04.7	130	70%	100/70	130	00	
BRUCE Stage 2	07:12	3:00	04.0	12.0	07.1	154	83%	140/80	215	00	
PeakEx	07:33	0:21	05.5	14.0	07.5	157	84%	150/80	235	00	
Recovery	08:33	1:00	00.2	00.0	01.1	124	67%	150/80	186	00	
Recovery	08:42	1:10	00.0	00.0	01.0	120	65%	150/80	180	00	

## FINDINGS :

Exercise Time : 06:21  
 Initial HR (ExStrt) : 84 bpm 45% of Target 186  
 Initial BP (ExStrt) : 100/70 (mm/Hg)  
 Max Workload Attained : 7.5-Fair response to induced stress  
 Duke Treadmill Score : 05.7  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 157 bpm 84% of Target 186  
 Max BP Attained 150/80 (mm/Hg)

**Dr. Akhil P. Parulekar**

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 Mumbai - 400101,  
 Tel : 61700800

Doctor : DR.AKHIL PARULEKAR





Email:

988 / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg Date: 11 / 02 / 2023 10:50:26 AM Refd By : ARCOFEMI

**REPORT :**

Heart Rate 157.0 ppm  
 Systolic BP 150.0 mmHg Diastolic BP 80.0 mmHg  
 Exercise Time 06:21 Mins. Ectopic Beats 0.0  
 METS 7.5 Test End Reason , Heart Rate Achieved Target Heart Rate 88% 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, M.D. Medicine

DND Cardiology

Reg. No. 2012082483

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Mumbai - 400101.

Tel : 017006600

Doctor : DR. AKHIL PARULEKAR







988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 72

Date: 11 / 02 / 2023 10:50:26 AM METS: 1 01/72 bpm 39% of THR BP: 100/70 mmHg Raw ECG/BLC On/Notch On/ HF: 0.05 Hz/ LF: 35 Hz

EXTIME: 00:00:00 Kmph: 0.0%

4X

80 and Pwr4.3

25 mm/Sec 1.00 Cm/mV

STI 0.5  
ST2 0.5  
ST3 0.5

V1 -0.1  
V2 -0.5

II 0.6  
III 0.0  
aVR -0.6

V2 0.7  
V3 0.4  
V4 0.4

III 0.0  
aVL 0.3  
aVF 0.5

V3 0.4  
V4 0.4  
V5 0.2  
V6 0.3

aVR -0.6  
aVL 0.3  
aVF 0.5

V4 0.4  
V5 0.2  
V6 0.3

aVL 0.3  
aVF 0.5

V5 0.2  
V6 0.3

aVF 0.5

V6 0.3

V2  
0.7



REMARKS:





988 (2304221923) / SUSMITA MAJJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 91

Date: 11/02/2023 10:50:26 AM METS: 1.0/91 bpm 49% of THR BP: 100/70 mmHg Raw ECG/BLG Cm/Notch Qr/HF 0.05 Hz/LF 3% Hz

ExTime: 00:00 0.0 KmPh. 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV

STL 0.3  
STB 0.2

V1 0.1  
V1 0.1

V1

II 0.0  
III 0.1

V2 0.5  
V2 0.4

V2

III -0.2  
-0.1

V3 0.4  
V3 0.5

V3

avR -0.1  
-0.2

V4 0.0  
V4 0.2

V4

avL 0.2  
0.1

V5 0.1  
V5 0.2

V5

avF -0.1  
0.0

V6 0.1  
V6 0.0

V6



REMARKS:  
I avR avL V1 V2 V3 V4 V5 V6





SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:09 )



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR . 91

Date 11 / 02 / 2023 10:50:26 AM METS 1 0/91 bpm 49% of THR BP 100/70 mmHg Raw ECG/BLD Ch/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

STL 0.2  
SLS 0.2

V1 0.2  
V2 0.2

II 0.0  
III 0.2

V2 0.5  
V3 0.4

III -0.3  
aVL 0.1

V3 0.3  
V4 0.7

aVR -0.1  
aVL -0.2

V4 0.2  
V5 0.4

aVL 0.2  
aVF 0.1

V5 0.0  
V6 0.2

aVF -0.1  
V5 0.1

V6 0.0  
V6 0.1



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXSIRT



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR - 84

Date 11/02/2023 10:50:26 AM METS 1.0/84 bpm 45% of THR BP-100/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime 00:00 0.0 Km/h 0.0%

4X 30 ms/Div 1

25 mm/sec 1.0 cm/mV

I 0.1  
II 0.1  
III 0.0

V1 0.0  
V2 0.2

V1

II 0.0  
III 0.3

V2 0.1  
V3 0.2

V2

III 0.0  
aVR 0.1  
aVL 0.2

V3 0.3  
V4 0.8

V3

aVR 0.1  
aVL 0.1  
aVF 0.2

V4 0.9  
V5 0.1

V4

aVL 0.2  
aVF 0.1

V5 0.5  
V6 0.0

V5

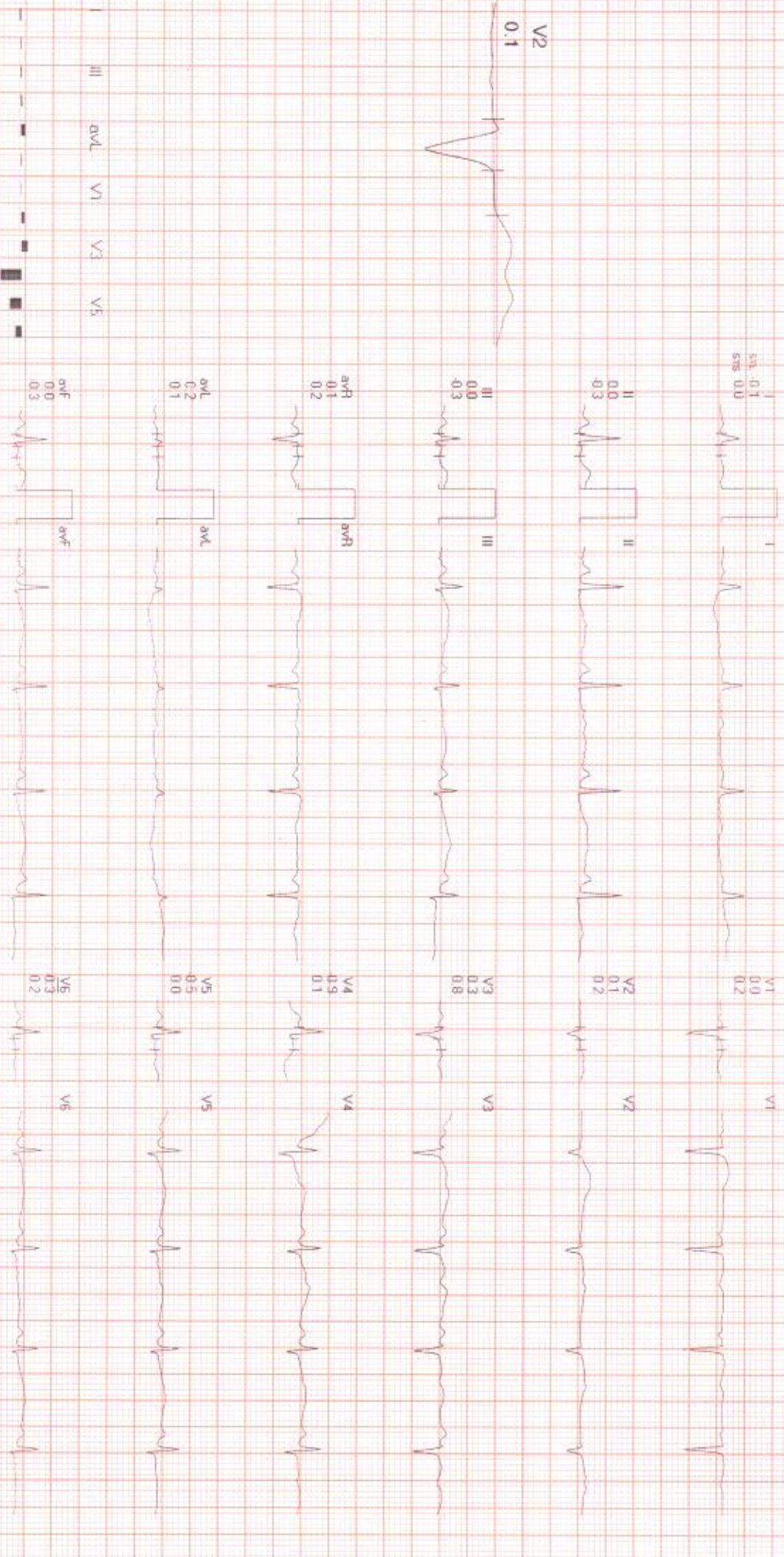
aVF 0.0  
V5 0.3

V6 0.3  
V6 0.2

V6



REMARKS  
II aVR aVL V1 V2 V3 V4 V5 V6





SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 ( 03:00 )



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 136

Date: 11 / 02 / 2023 10:50:26 AM METS: 47 / 136 bpm 73% of THR BP: 100/70 mmHg Raw ECG/ BLC Dry/ Natch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 03:00 2.7 Kmph 10.0%

4X

80 m/s Post J

25 mm/Sec 1.0 Cm/mV

RA 0.0  
SA 0.1

V1 0.5  
V2 0.3



II 0.4  
III 0.5

V2 0.4  
V3 0.3



III 0.4  
aVR 0.3

V3 0.6  
V4 1.4



aVR 0.2  
aVL 0.3

V4 0.5  
V5 0.9



aVL 0.2  
aVF 0.1

V5 0.1  
V6 0.5



aVF 0.4  
V6 0.4

V6 0.1  
V6 0.6



REMARKS







988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 152

Date: 11/02/2023 10:50:26 AM METS: 7.1/152 bpm 82% of THR: BP: 140/80 mmHg Raw ECG: BLO On/Notch On/HE 0.05 Hz/VF 35 Hz

EXTime: 06:00 4.0 Km/h 12.0%

4X 60 and Post J

25 mm/sec 1.0 Cm/mV

STL: 0.1  
STP: 0.5

V1 0.0  
V2 0.0  
V3 -0.6

II 1.4  
III 1.4  
aVR 1.7

V2 0.8  
V3 0.8  
V4 0.3

III 1.5  
aVR 1.1

V3 1.4  
V4 1.3

aVR 0.6  
aVL 0.7  
aVF 1.1

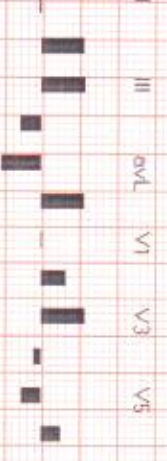
V4 0.2  
V5 0.8

aVL 1.3  
aVF 1.2

V5 0.6  
V6 0.7

aVR 1.4  
aVL 1.4

V6 0.6  
V7 1.2



REMARKS:



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

**PeaKEX**



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 157

Date: 11/02/2023 10:50:26 AM METS: 7.5/157 bpm 84% of THR BP: 150/80 mmHg Raw ECG/BLG Dry/Noch Dry/HE 0.05 Hz/LF 35 Hz

ExTime: 06:21 5.5 Kmph 14.0%

4X 00 and Post J

25 mm/sec 1.0I/mV

SI -0.1  
SII -0.1  
SIS 0.1

V1 0.7  
V2 0.9

II 1.0  
III 1.0  
aVF 0.2

V2 0.5  
V3 0.7

III 0.9  
aVR 0.2

V3 0.5  
V4 1.7

aVR 0.6  
aVL 0.1

V4 0.5  
V5 1.5

aVL 0.3  
aVF 0.1

V5 0.6  
V6 0.4

aVF 0.9  
aVR 0.2

V6 0.5  
V7 0.7



REMARKS:



**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

Recovery : ( 01:00 )



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR : 124

Date: 11 / 02 / 2023 10:50:26 AM METS : 1 / 124 bpm 67% of THR BP: 150/80 mmHg Raw ECG/BLG 0m/Notch 0m/HF 0.05 Hz/LF 35 Hz

EXTime 06:21 0.2 Kmph 0.0%

4X \$0 m/s Post J

25 mm/Sec 1.00 cm/mV

SNL 0.2  
SNR 0.5

V1 0.4  
V2 0.1



II 0.7  
III 1.8

V2 0.6  
V3 0.8



III 0.5  
aVR -0.4  
aVL -1.2

V3 1.4  
V4 2.5



aVR -0.4  
aVL -1.2

V4 0.5  
V5 1.9



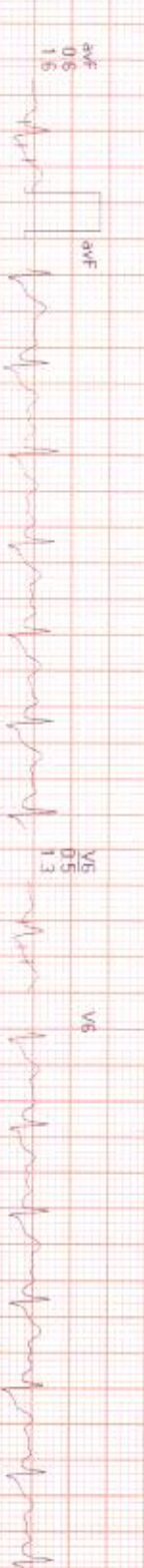
aVL -0.2  
aVF -0.3

V5 0.4  
V6 1.5



aVF 0.6  
V5 1.3

V6 0.5



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 01:09 )



988 (2304221923) / SUSMITA MAJI / 34 Yrs / F / 165 Cms / 69 Kg / HR 120

Date 11 / 02 / 2023 10:50:26 AM METS 1.07/120 bpm 65% of THR EP- 150/80 mmHg Raw ECG/BLC Qry/Notch Qry/HF 0.05 Hz/LF 35 Hz

ExTime 06:21 0.0 Km/h 0.0%

4X 20 mV 10 s

25 mm/Sec 1.00 mV/mV

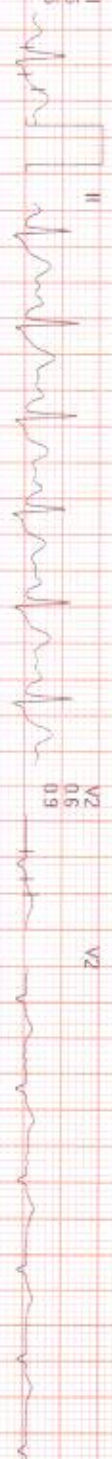
SNL 0.4  
SRS 0.8

V1 0.0  
V2 0.6



II 1.5  
III 1.1  
aVR -0.9

V2 0.9  
V3 3.6



III 1.1  
aVR -0.9

V3 2.7  
V4 2.0



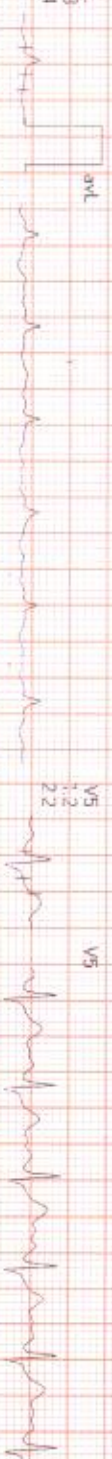
aVL -0.3  
aVF 1.3

V4 3.0  
V5 1.2



aVL -0.3  
aVF 1.3

V5 1.2  
V6 1.8



aVL -0.3  
aVF 1.3

V5 1.8  
V6 1.8



REMARKS  
I II aVR aVL V1 V2 V3 V4 V5 V6

