

**PHYSICAL EXAMINATION REPORT**

Patient Name	Anusha Bajaj	Sex/Age	F, 37
Date	19/2/24	Location	Thane.

**History and Complaints**

C/o. Headache & giddiness.  
 - Pain in pelvic (B/L) -  
 Region on & off  
 - Allergic to Fluoroquinolones

**EXAMINATION FINDINGS:**

Height (cms):	- 167	Temp (0c):	(M)
Weight (kg):	- 71.7	Skin:	
Blood Pressure	120/80	Nails:	NAD.
Pulse	72/44	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

NAD.  
 ↓ globulin, ↑ A/G Ratio.  
 ECG - Non specific STT changes.

Advice:

• ↑ Intake of Proteins  
- Regular Exercise

- |     |                                      |     |
|-----|--------------------------------------|-----|
| 1)  | Hypertension:                        | Nil |
| 2)  | IHD                                  |     |
| 3)  | Arrhythmia                           |     |
| 4)  | Diabetes Mellitus                    |     |
| 5)  | Tuberculosis                         |     |
| 6)  | Asthma                               |     |
| 7)  | Pulmonary Disease                    |     |
| 8)  | Thyroid/ Endocrine disorders         |     |
| 9)  | Nervous disorders                    |     |
| 10) | GI system                            |     |
| 11) | Genital urinary disorder             | Nil |
| 12) | Rheumatic joint diseases or symptoms |     |
| 13) | Blood disease or disorder            |     |
| 14) | Cancer/lump growth/cyst              |     |
| 15) | Congenital disease                   |     |
| 16) | Surgeries                            |     |
| 17) | Musculoskeletal System               |     |

5 yrs. Rx taken for convulsions  
Migraine, febrile convulsions  
Pain in Abdo. (Cura left off)

PERSONAL HISTORY:

- |    |            |  |
|----|------------|--|
| 1) | Alcohol    | Rare                                     |
| 2) | Smoking    |  |
| 3) | Diet       |  |
| 4) | Medication | (No) mixed<br>(No) Tab. Migraine (5.0-5) |

*[Handwritten signature]*  
21/2/25

**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/05/3439

Date: 12/12/24  
Name: Anusha Bajaj  
CID: 2005000754  
Sex / Age: F 39

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: All

Past history: All

Unaided Vision: 03E 04 20/20/16

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST  
10/12/24



CID : 2405000754  
Name : MRS.ANUSHA BAJAJ  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.71	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.6	36-46 %	Measured
MCV	88.3	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	31.8	31.5-34.5 g/dL	Calculated
RDW	12.8	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	7350	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	2160.9	1000-3000 /cmm	Calculated
Monocytes	6.1	2-10 %	
Absolute Monocytes	448.4	200-1000 /cmm	Calculated
Neutrophils	62.9	40-80 %	
Absolute Neutrophils	4623.1	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	117.6	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>PLATELET PARAMETERS</b>			
Platelet Count	260000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		

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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 9 2-20 mm at 1 hr. Sedimentation

**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
- Bridgen 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 G B Road Lab, Thane West

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

*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	91.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	1.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	14.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.9	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	14.7	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	56.9	35-105 U/L	PNPP
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.74	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	107	(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	3.5	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Imjawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: > / = 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Caests	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Vandana Kulkarni*  
**Dr.VANDANA KULKARNI**  
MD ( Path )  
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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 Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*W. Kulkarni*  
**Dr. VANDANA KULKARNI**  
M.D ( Path )  
Pathologist



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	140.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.1	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high: >=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	94.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*

*Dr. Imran Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



Authenticity Check



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	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	1.18	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 upto 15 microU/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 200%. **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)

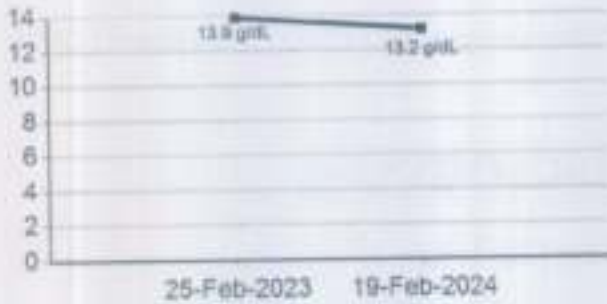
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\*\*\* End Of Report \*\*\*

*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
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**Haemoglobin**



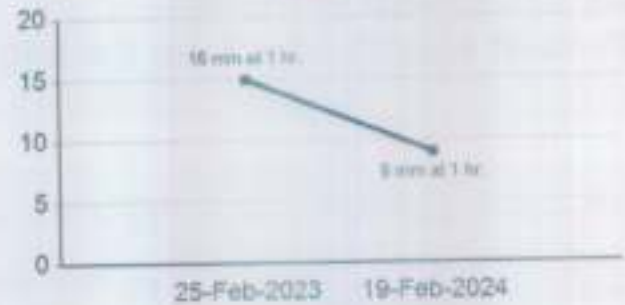
**WBC Total Count**



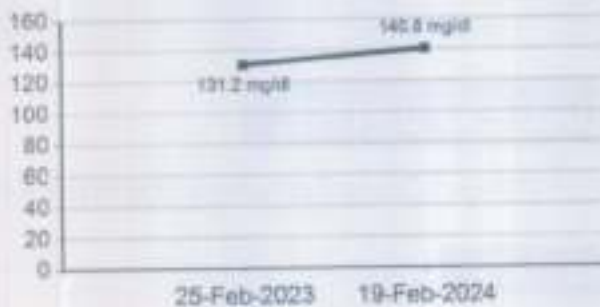
**Platelet Count**



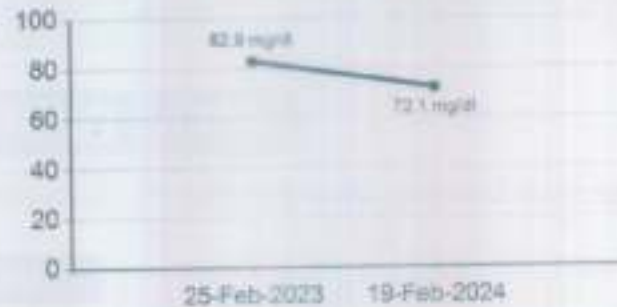
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**CHOLESTEROL**



**TRIGLYCERIDES**

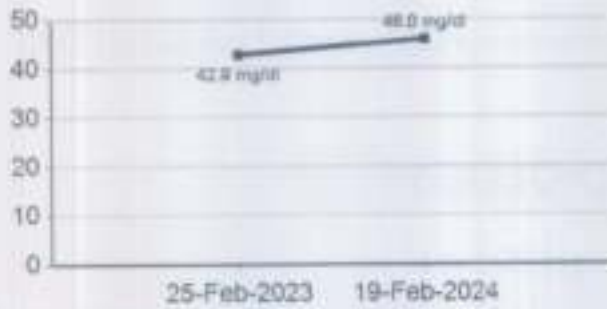




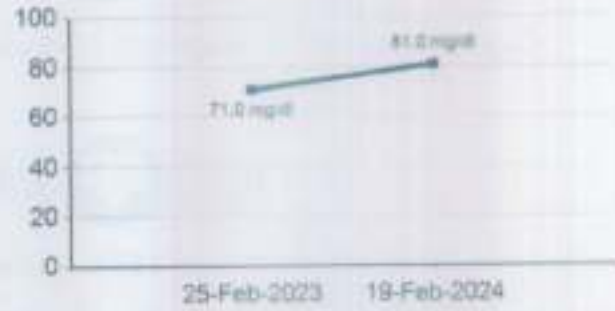
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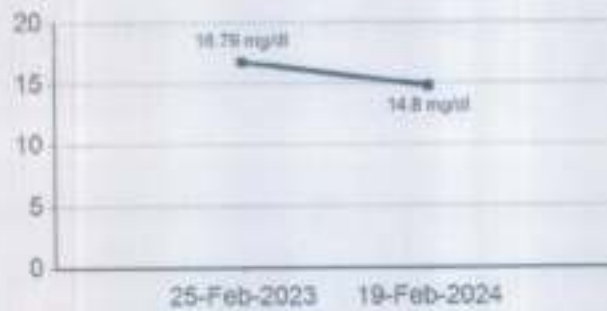
**HDL CHOLESTEROL**



**LDL CHOLESTEROL**



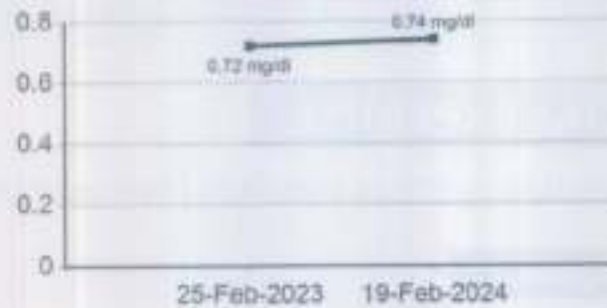
**BLOOD UREA**



**BUN**



**CREATININE**



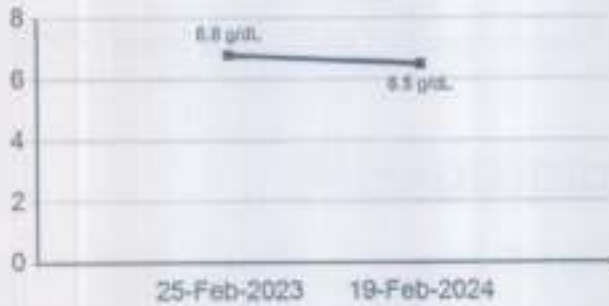
**URIC ACID**



CID : 2405000754  
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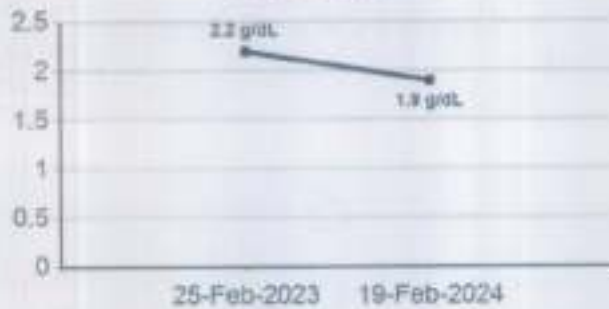
**TOTAL PROTEINS**



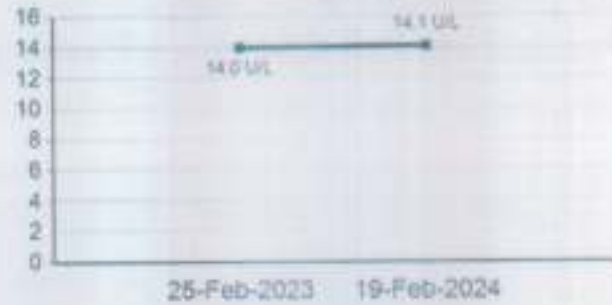
**ALBUMIN**



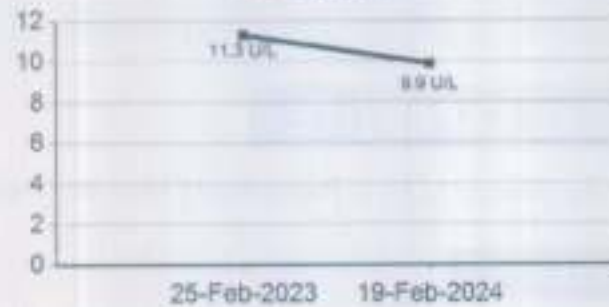
**GLOBULIN**



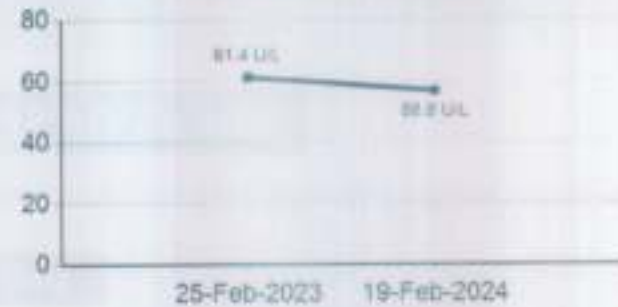
**SGOT (AST)**



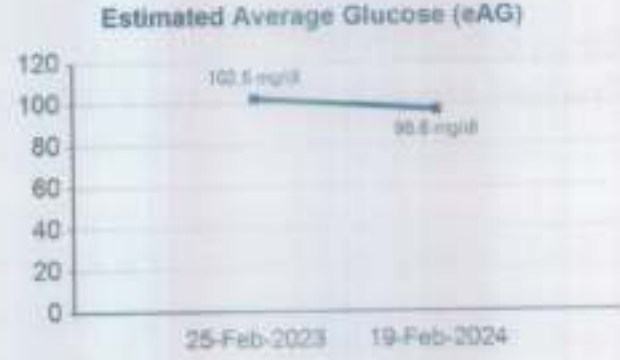
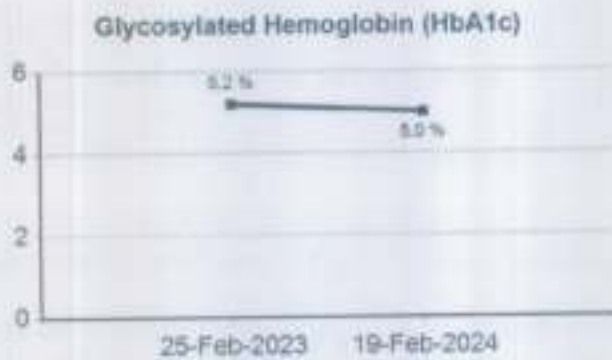
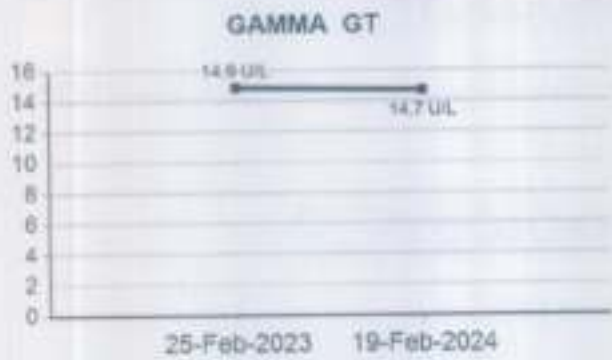
**SGPT (ALT)**



**ALKALINE PHOSPHATASE**



CID : 2405000754  
 Name : MRS. ANUSHA BAJAJ  
 Age / Gender : 37 Years / Female  
 Consulting Dr. : -  
 Reg. Location : G B Road, Thane West (Main Centre)





CID : 2405000754  
Name : MRS. ANUSHA BAJAJ  
Age / Gender : 37 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code!

CID : 2405000754  
Name : Mrs anusha bajaj  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 19-Feb-2024  
Reported : 19-Feb-2024 / 16:11

**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-----

*G. R. Fartade*

Dr. GAURAV FARTADE  
MBBS, DMRE  
Reg No -2014/04/1786  
Consultant Radiologist

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

sionNo=2024021909190702

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405000754  
Name : Mrs anusha bajaj  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 19-Feb-2024  
Reported : 19-Feb-2024 / 9:54

### USG WHOLE ABDOMEN

#### EXCESSIVE BOWEL GAS:

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.4 x 4.0 cm. Left kidney measures 9.8 x 4.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted and measures 6.2 x 3.7 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 7 mm with IUCD. Cervix appears normal.

**OVARIES:** Both ovaries are normal.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909150688>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405000754  
Name : Mrs anusha bajaj  
Age / Sex : 37 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 19-Feb-2024  
Reported : 19-Feb-2024 / 9:54

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

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

**Dr Gauri Varma**  
**Consultant Radiologist**  
**MBBS / DMRE**  
**MMC- 2007/12/4113**

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024021909150688>

Patient Name: **ANUSHA BALAJI**  
Patient ID: **2405000754**

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: **19th Feb 24 11:40 AM**



Age: **37** NA NA  
Sex: **Female**  
Height: **5'3"** NA NA  
Weight: **135** NA NA

Heart Rate: **83bpm**  
Patient Vitals

BP: **110/70** NA NA  
Temp: **98.6** NA NA  
Pulse: **83** NA NA  
SpO2: **98** NA NA  
Resp: **18** NA NA  
O2Sat: **98** NA NA

Measurements  
QRSd: **88ms**  
QT: **376ms**  
QTcd: **441ms**  
PR: **122ms**  
P-R-T: **S2-T2-T+**

Sinus Rhythm, nonspecific ST T changes. Please correlate clinically.

REPORTED BY  
*[Signature]*

DR ANUSHA BALAJI  
MD, MD (Internal Medicine)  
MD (Hospital Administration)  
MD (CCU)

Information on this report is based on ECG data only and should not be used for diagnosis. Please correlate clinically. This report is for informational purposes only and should not be used for medical decisions. All rights reserved. © 2024 Suburban Diagnostics Corporation.



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

870 (2405000754) / ANUSHA BAJAJ / 37 Yrs / F / 167 Cms / 71 Kg  
 Date: 19 / 02 / 2024 09:57:57 AM

Report



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	100	55%	110/70	110	00	
Standing	00:23	0:09	00.0	00.0	01.0	082	45%	110/70	090	00	
HV	00:33	0:10	00.0	00.0	01.0	067	48%	110/70	095	00	
ExStart	00:43	0:10	00.0	00.0	01.0	094	51%	110/70	103	00	
BRUCE Stage 1	03:43	3:00	01.7	10.0	04.7	136	74%	120/70	163	00	
PeakEx	06:20	1:37	02.5	12.0	06.0	156	85%	130/80	202	00	
Recovery	06:20	1:00	00.0	00.0	01.0	118	63%	130/80	150	00	
Recovery	07:20	2:00	00.0	00.0	01.0	113	82%	130/80	146	00	
Recovery	08:20	3:00	00.0	00.0	01.0	099	54%	130/80	128	00	
Recovery	08:43	3:23	00.0	00.0	01.0	105	57%	110/70	115	00	

**FINDINGS :**

Exercise Time : 04:37  
 Initial HR (ExStrt) : 94 bpm 51% of Target 183  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 6 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value: II & -3.4 mm in Recovery  
 History : No  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 156 bpm 85% of Target 183  
 Max BP Attained 130/80 (mm/Hg)

Dr. SHAILAJA PILLAI  
 M.D. (GEN.MED.)  
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI





EMail: ANUSHKA BAJAJ / 37 Yrs / F / 157 Cms / 71 Kg Date: 19 / 02 / 2024 09:57:57 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 82.0 bpm, and the maximum predicted Target Heart Rate 163.0. The BP increased at the time of generating report as 130/80.0 mmHg The Max Dep went upto 0.0. 0.0 Ectopic Beats were observed during the Test.

The Test was completed because of Heart Rate Achieved.

CONCLUSIONS:

1. Stress test seems negative for ischemia
2. Basic ECG ST T changes. No significant ST T changes seen.
3. HR and Blood pressure response to exercise is normal.
4. Vibrations and artifacts seen interpretation difficult.

Dr. SHAILAJA PILLAI  
M.D. (GEN.MED)  
R.NO. 49872

Doctor : DR. SHAILAJA PILLAI



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

070 (2405000754) / ANUSHKA BALAJI / 37 Yrs / F / 167 Cms / 71 Kg / HR : 100

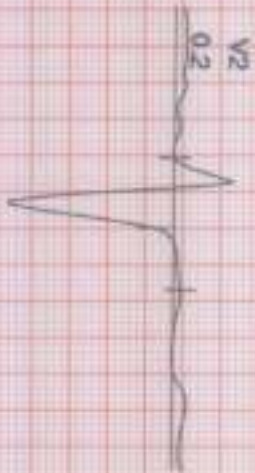
Date: 19/02/2024 09:57:57 AM METS: 1.0/100 bpm 35% of THR BP: 110/70 mmHg Pwm ECG/BLG On/Neck On/HR 0.05 Hz/AF 35 Hz

4X 80ms Pw/1

SUPINE ( 00:01 )



ExTime: 00:00:0.0 mph: 0.0%  
Zs: 1.0 Ohm/V



VI 0.1  
V7 0.1  
V8 0.6



V2 0.2  
V3 0.6



V3 0.2  
V4 0.1



V4 0.2  
V5 0.1



V5 0.4  
V6 0.3



V6 0.3  
V7 0.3



REMARKS:



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

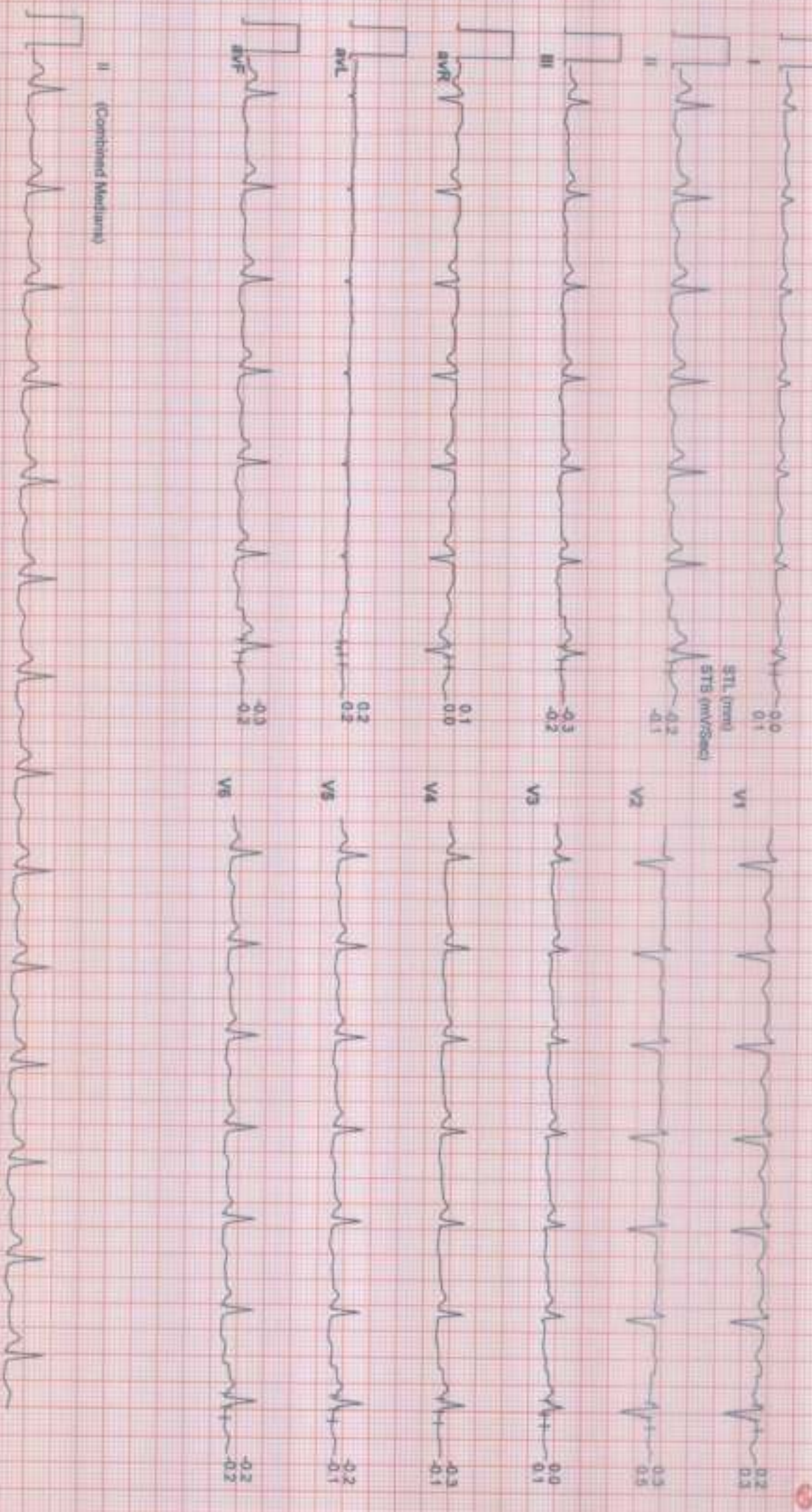
870 / ANUSHKA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

**6X2 Combine Medians + 1 Rhythm**  
STANDING ( 00:00 )

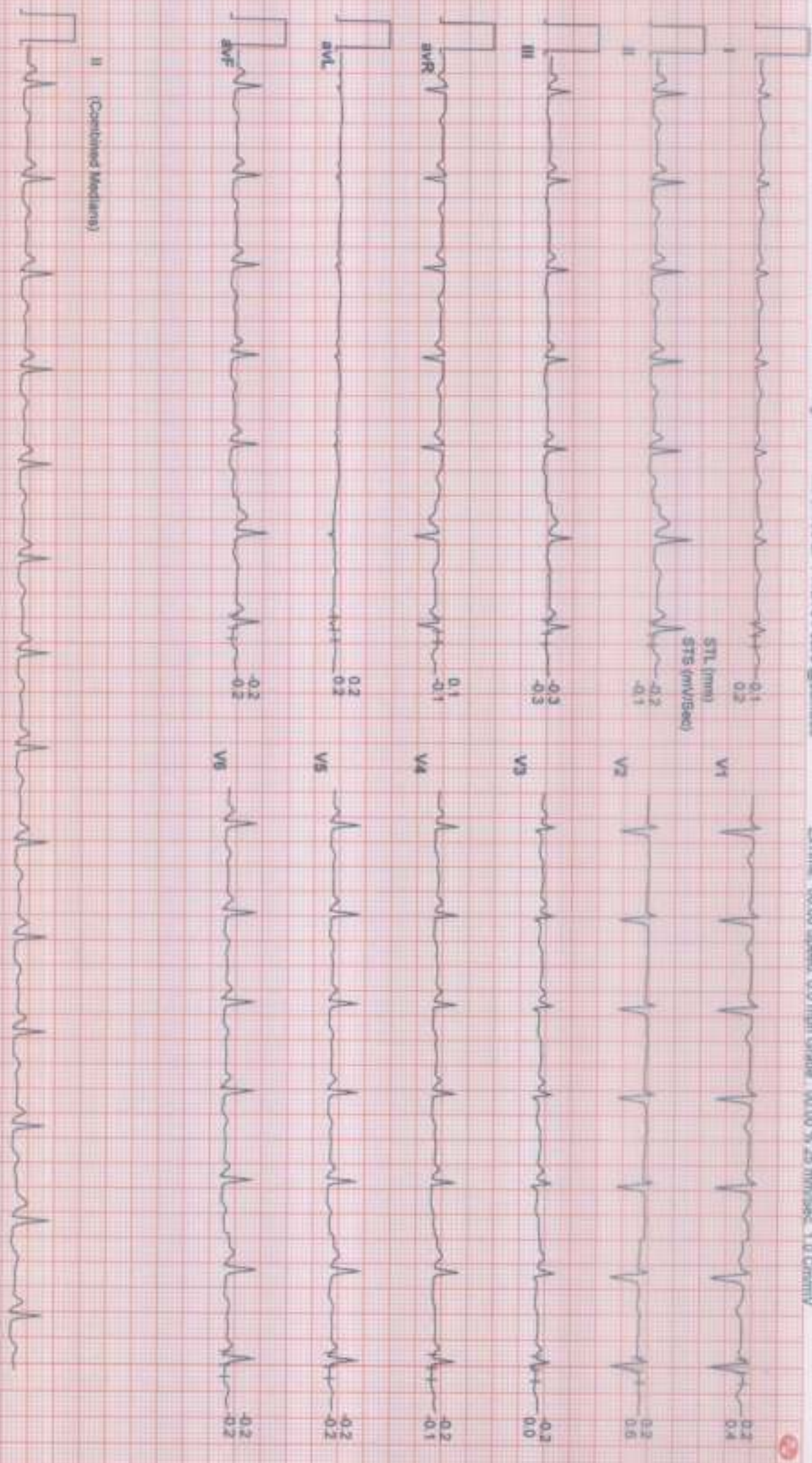


Date: 19 / 02 / 2024 09:57:57 AM METs : 1.0 HR : 02 Target HR : 45% of 183 BP : 110/70 Post J @GlobeSec

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/IV







II (Combined Medians)



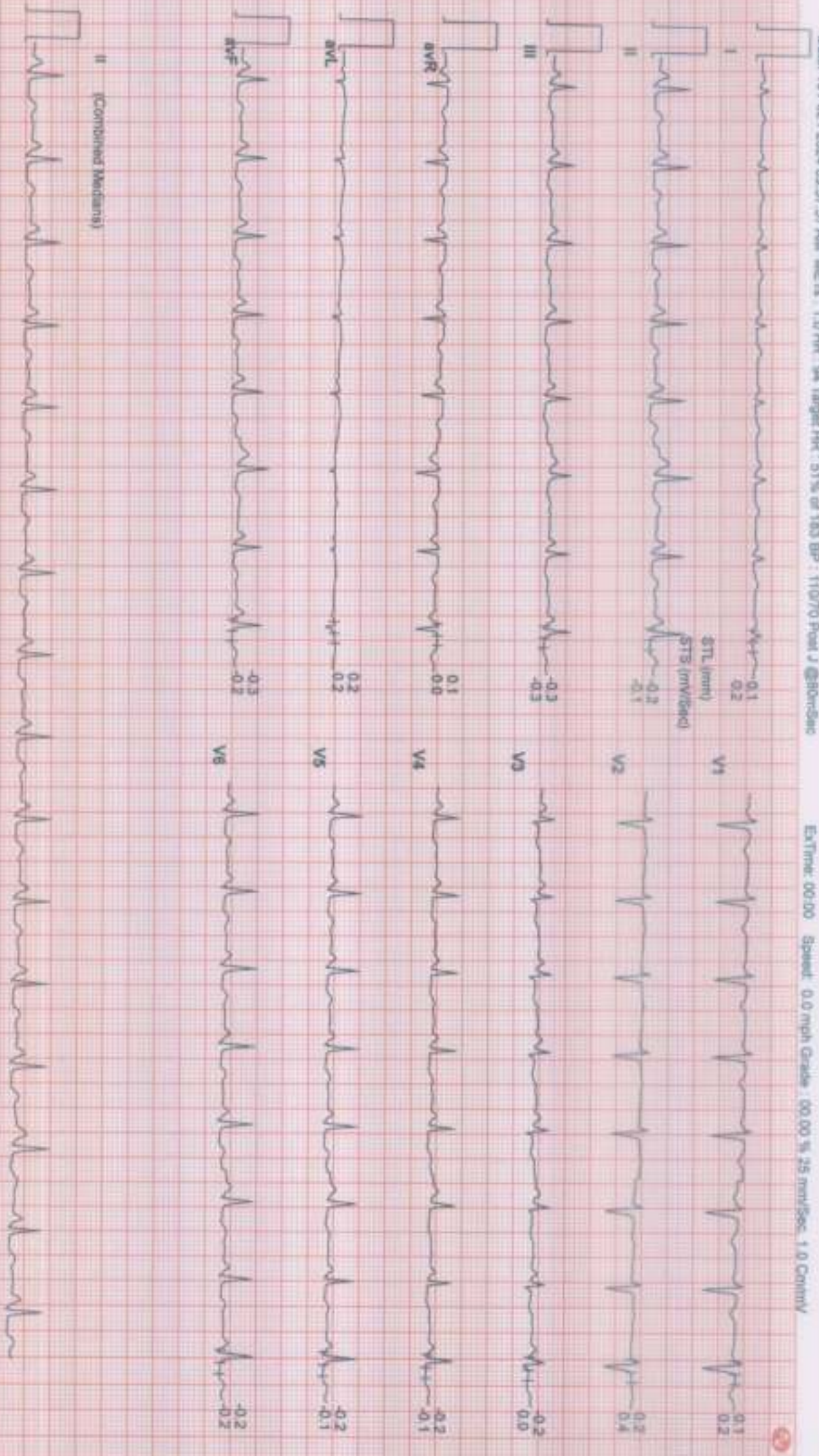
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

670 / ANUSHKA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

Date: 19 / 02 / 2024 09:57:57 AM METk : 1.0 HR : 94 Target HR : 51% of 163 BP : 110/70 Post J @Biondacc

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 ContinV

6X2 Combine Medians + 1 Rhythm  
EXStrt





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

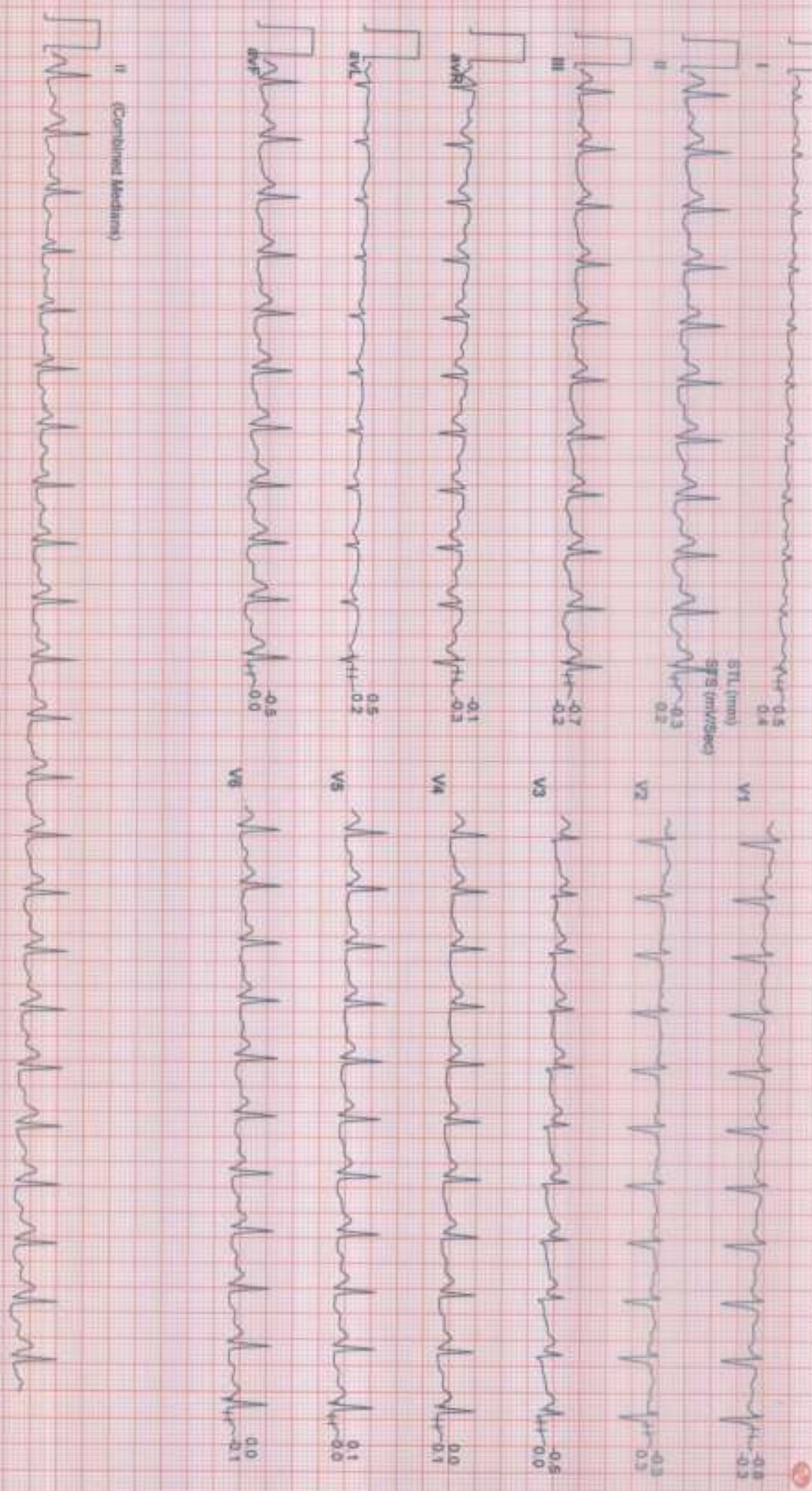
870 / ANUSHKA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

Date: 19 / 02 / 2024 09:57:57 AM METs : 4.7 HR : 136 Target HR : 74% of 183 BP : 120/70 Post J @60mSec

**6X2 Combine Medians + 1 Rhythm**  
BRUCE : Stage 1 ( 03:00 )



EstTime 03:00 Speed 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



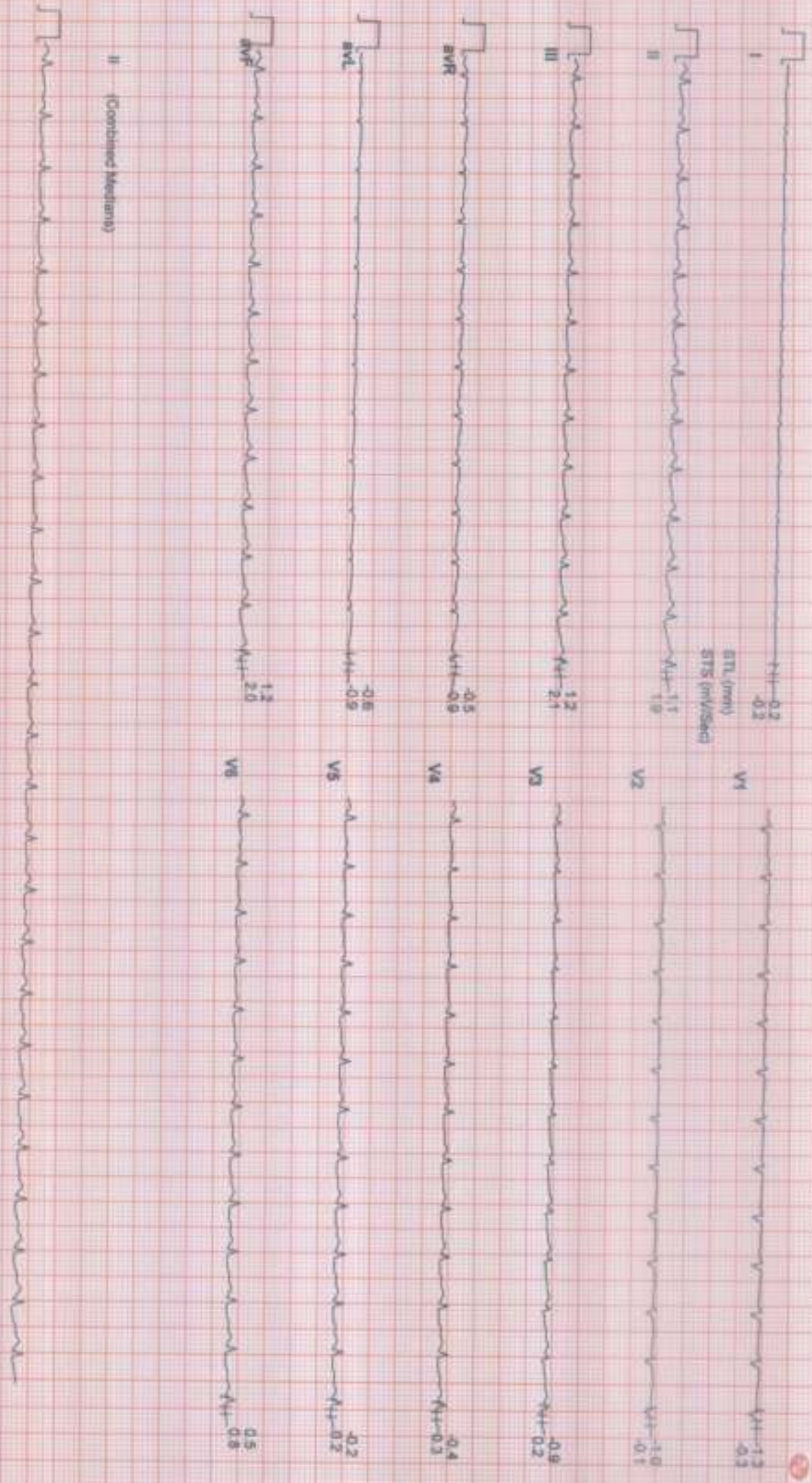
**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

870 / ANUSHA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

Date: 19 / 02 / 2024 08:57:57 AM METs : 6.0 HR : 156 Target HR : 85% of 163 BP : 130/80 Post J @rongsac

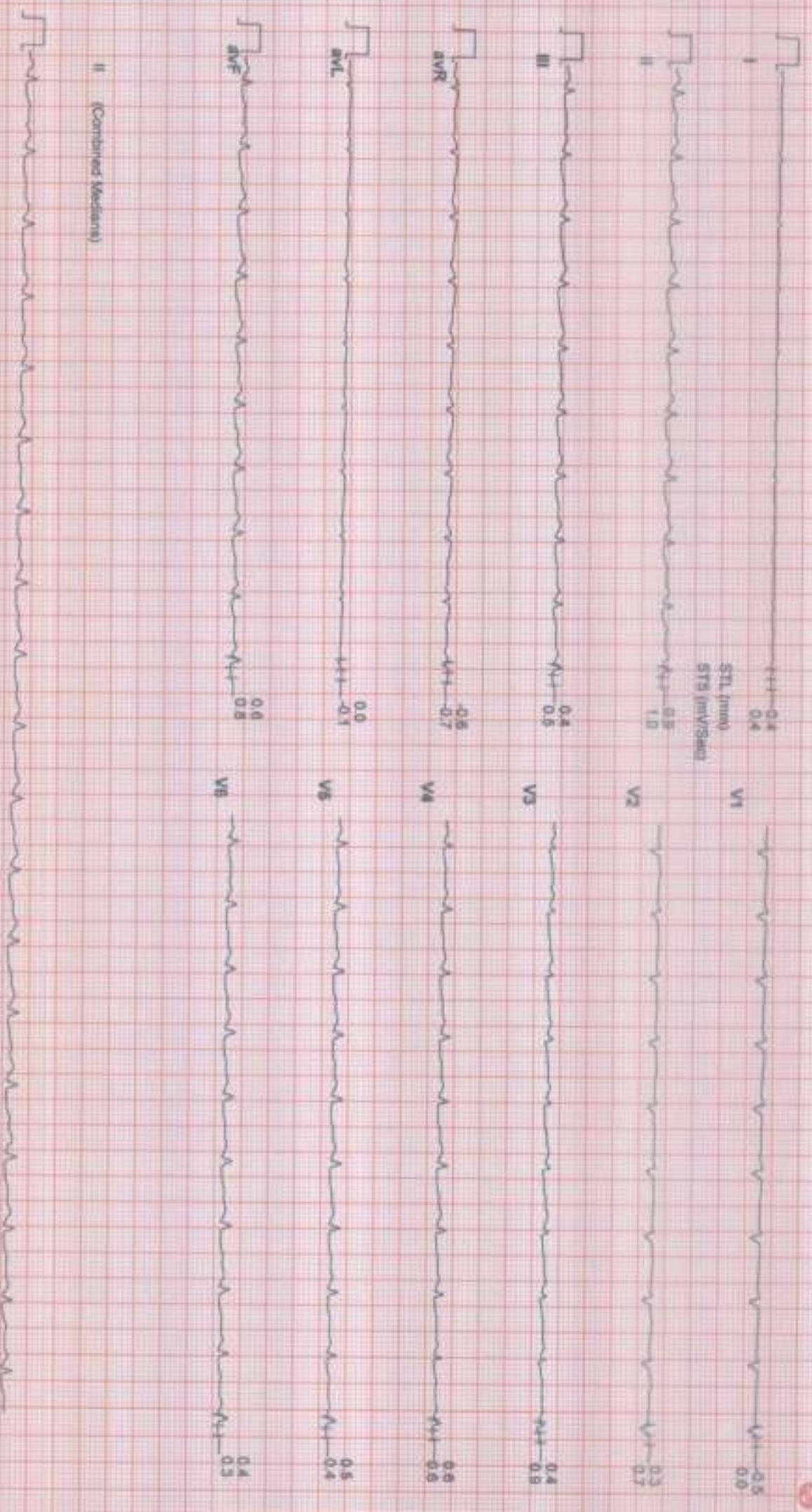
EXTIME: 04:37 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 0.3 Ormivv

**6X2 Combine Medians + 1 Rhythm**  
PeakEx





6X2 Combine Medians + 1 Rhythm Recovery : ( 01:00 )





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

870 / ANUSHKA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

Date: 19 / 02 / 2024 09:57:57 AM METR : 1.0 HR : 113 Target HR : 62% of 163 BP : 130/80 Pwrk J @50mmSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 02:00 )



ExTime: 04:37 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 0.3 Cm/mV

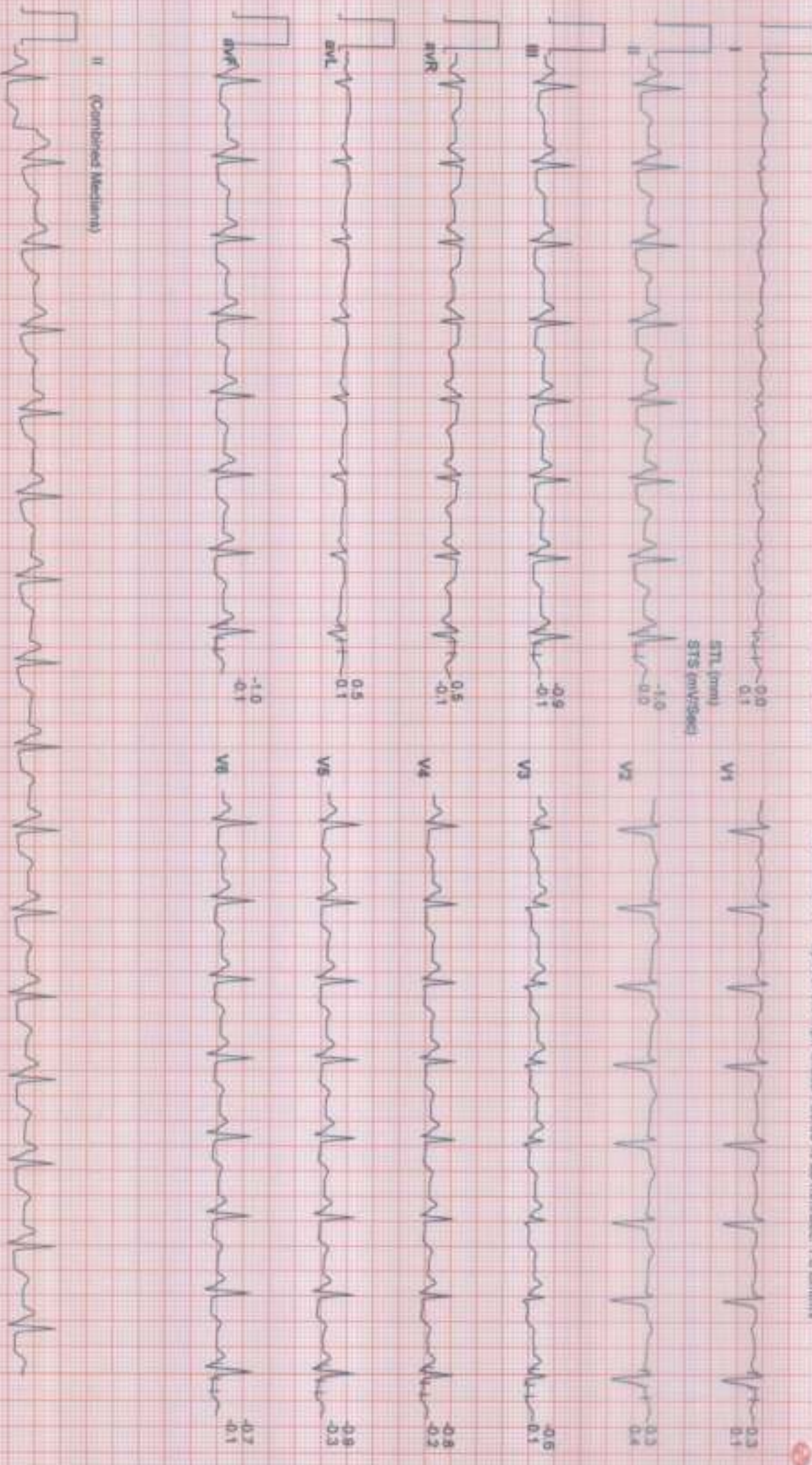






Date: 19/02/2024 09:57:57 AM METs : 1.0 HR : 99 Target HR : 54% of 183 BP : 130/100 Pwr J @60Sec

ExTime: 04:37 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV





SUBURBAN DIAGNOSTICS (THANE GB ROAD)

870 / ANUSHA BAJAJ / 37 Yrs / Female / 167 Cm / 71 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 03:23 )



Date: 19/02/2024 09:57:57 AM METs : 1.0 HR : 105 Target HR : 57% of 183 BP : 110/70 Ppt 1 @30mSec

ExTime: 04:37 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)

