



CID : 2406922315
Name : MS.SHAMA KAMBLE
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 09-Mar-2024 / 09:41
Reported : 09-Mar-2024 / 13:53

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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	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.8	36-46 %	Measured
MCV	77	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5440	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.4	20-40 %	
Absolute Lymphocytes	1599.4	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	359.0	200-1000 /cmm	Calculated
Neutrophils	62.3	40-80 %	
Absolute Neutrophils	3389.1	2000-7000 /cmm	Calculated
Eosinophils	1.1	1-6 %	
Absolute Eosinophils	59.8	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	32.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	305000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	17.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **22** 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
- 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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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	97.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.58	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	10.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	7.4	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	57.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	11.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.56	0.51-0.95 mg/dl	Enzymatic



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Reported : 09-Mar-2024 / 19:21

eGFR, Serum	121	(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	2.6	2.4-5.7 mg/dl	Enzymatic
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 ***



Bmhasakar

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



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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	5.9	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.

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*** End Of Report ***



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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)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	1+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	6-8	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / 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	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 ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	183.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	79.4	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	48.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	134.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	119.0	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	15.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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Collected : 09-Mar-2024 / 09:41
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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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.0	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	0.891	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	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 becuae 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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*** End Of Report ***



Bmhasakar

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Pathologist

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Age / Gender : 36 Years/Female
Consulting Dr. :
Reg.Location : Borivali West (Main Centre)

Collected : 09-Mar-2024 / 09:23
Reported : 11-Mar-2024 / 08:39

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 154
Temp (0c): Afebrile
Blood Pressure (mm/hg): 110/80
Pulse: 72/min

Weight (kg): 53
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

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

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

- | | |
|------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |



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- | | |
|--|----|
| 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 | Mix |
| 4) Medication | No |

*** End Of Report ***

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D. CARD.
CONSULTANT-CARDIOLOGIST

Dr.NITIN SONAVANE
PHYSICIAN

Suburban Diagnostics Pvt. Ltd.
3012 3rd Floor, 3rd Floor, Vastu
Park, Borivali West, Mumbai - 400063
Borivali West, Mumbai - 400063



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Reg. Location : Borivall West

Reg. Date : 09-Mar-2024
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USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. 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.

KIDNEYS: Right kidney measures 9.2 x 3.2 cm. Left kidney measures 9.3 x 4.8 cm. Both kidneys are normal in 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, normal and measures 7.3 x 3.3 x 4.4 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.1 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.
The right ovary measures 2.3 x 1.4 cm
The left ovary measures 2.0 x 1.5 cm

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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

stonNo=2024030909243345

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085 | CIN No.: L74899DL1998110005082

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Atron, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

Age 36 NA NA
years months days

Gender Female

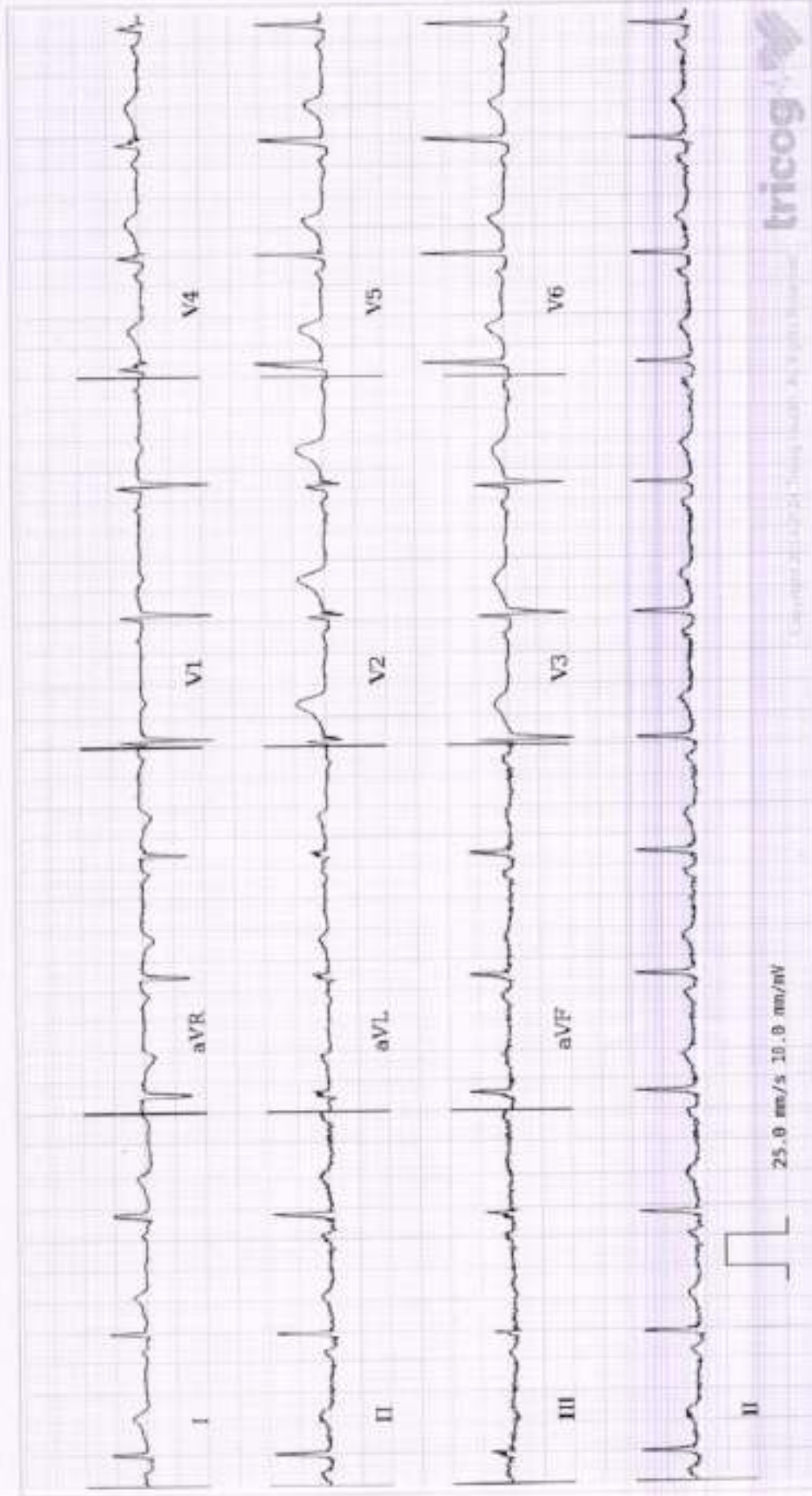
Heart Rate 77bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others: NA

Measurements

QRSD: 66ms
QT: 362ms
QTcb: 409ms
PR: 142ms
P-R-T: 60° 50° 30°



REPORTED BY
mc

Dr. B. P. DIXIT
M.D. (S) MEDICINE
4458

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

Disclaimer: 1) Analysis & this report is based on ECG image and should be used as an adjunct to clinical history, symptoms, and results of other studies and not to be interpreted as a specific diagnosis. 2) Patient status is secondary to physician and not derived from this ECG.

Authenticity Check



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Opinion:

- No significant abnormality is detected.

For clinical correlation and follow up.

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

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

DR.SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
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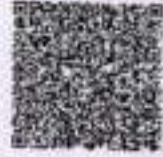
sessionNo=2024030909243345

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector 18, Rohini, New Delhi - 110085 | CIN No.: L74099DL1999PLC023612

MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aeron, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Ambli West, Mumbai - 400053

WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400066.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



CID : 2406922315
Name : Ms SHAMA KAMBLE
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 09-Mar-2024
Reported : 11-Mar-2024 / 11:11

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-----

DR. SUDHANSHU SAXENA
Consultant Radiologist
M.B.B.S DMRE (RadioDiagnosis)
RegNo .MMC 2016061376.

Click here to view images <http://3.111.232.119/iRISViewer/NeuradViewer?AccessionNo=2024030909243362>

Date:-

CID:

Name:- **Shama Kamble**

Sex / Age: /

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
RE LE
6/6 6/6
H/G H/G

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (I) Pvt. Ltd.
3015 Suk. 2nd Floor, Vigneshwari
Haveli, 4th Cross, L. T. Road,
Borivli (West), Mumbai - 400 052.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SHAMA KAMBLE Date: 09-03-2024 Time: 13:07
 Age: 36 Gender: F Height: 154 cms Weight: 53 Kg ID: 2406922315
 Clinical History: NIL
 Medications: NIL

Test Details:
 Protocol: Bruce Predicted Max HR: 184 Target HR: 156 (85% of Pr. MHR)
 Exercise Time: 0:06:02 Achieved Max HR: 162 (88% of Pr. MHR)
 Max BP: 160/80 Max BP x HR: 25920 Max Mets: 7
 Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:50	1	0	0	96	110/80	10560	0.4 V2	-0.5 II
Standing	00:16	1	0	0	101	110/80	11110	0.4 V2	-0.5 II
HyperVentilation	00:20	1	0	0	107	110/80	11770	0.4 V2	-0.2 II
PreTest	00:12	1	1.6	0	112	110/80	12320	0.4 II	-0.5 II
Stage 1	03:00	4.7	2.7	10	130	130/80	16900	-0.5 II	-0.5 II
Stage 2	03:00	7	4	12	162	160/80	25920	-0.8 V5	-0.6 II
Peak Exercise	00:02	6.8	5.5	14	162	160/80	25920	-0.8 V5	-0.6 II
Recovery1	01:00	1	0	0	132	160/80	21120	-0.5 aVF	0.4 V2
Recovery2	01:00	1	0	0	127	140/80	17780	-0.6 II	0.2 V2
Recovery3	00:10	1	0	0	119	120/80	14280	-0.6 V5	-0.2 II

Interpretation
 The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS.
 Resting Heart Rate, initially 96 bpm rose to a max. heart rate of 162bpm (88% of Predicted Maximum Heart Rate).
 Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 160/80 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

*Suburban Diagnostics Pvt. Ltd.
 10th Floor, 2nd Phase, V.K. Rajwade
 Mahadev Nagar, Borivali East, Mumbai - 400082
 Phone: 022-25521111*

DR. NITIN SONAVANE
 M.B.B.A (P), D.I.P.H. (DIPLOMA)
 CONSULTANT CARDIOLOGIST

Ref. Doctor: --- Doctor: DR. NITIN SONAVANE

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

SHAMA KAMBLE (36 F)

Brush Protocol
ST1 (Lead II) ST3 (Lead V1)

ID: 2406922315

Date: 09-03-2024

End Time: 0:00:00

Start Time: 00:50

HR: 96 bpm

Bp: 110/80 mmHg

ST1 (Lead II) ST3 (Lead V1)

Stage: Supine

Speed: 0 km/h

Slope: 0%

THR: 156 bpm

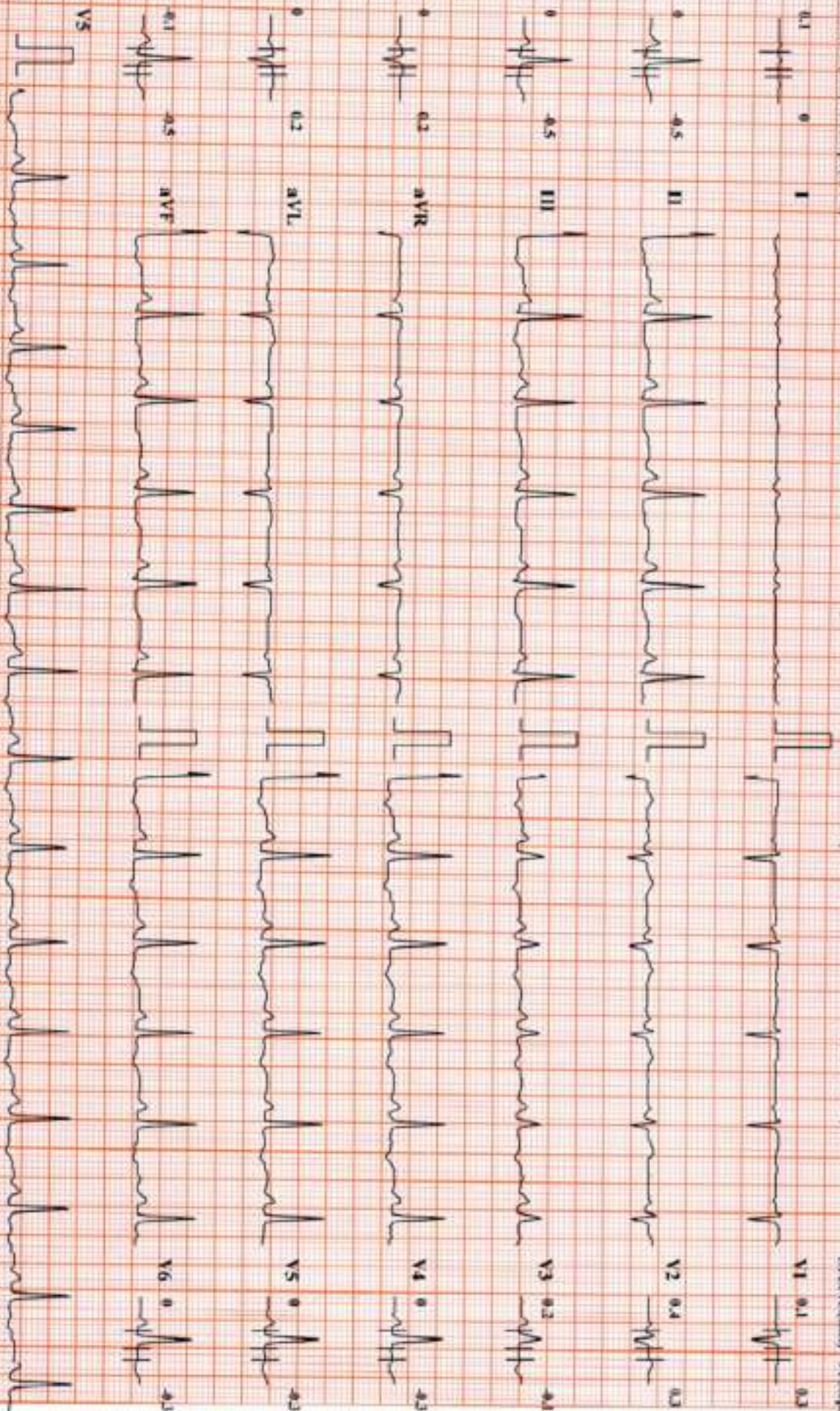


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

150 - R - 60 ms, J - R - 60 ms, Post J - J - 40 ms

Scanner: CardioartCS-30 Version: 3.4

SHAMAKAMBLE (36 F)

Brace Protocol
ST1 (red) ST1 Slope (mV/s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALLI

ID: 2406922315

Date: 09-03-2024

Exec Time: 0:00:00

Stage Time: 00:20

HR: 107 bpm

Stop: 0%

BP: 110/80 mmHg
ST1 (red) ST1 Slope (mV/s)

Stage: Hyper Ventilation

Speed: 0

0.1 0 1



0.1 0.2 II



0.1 0.2 III



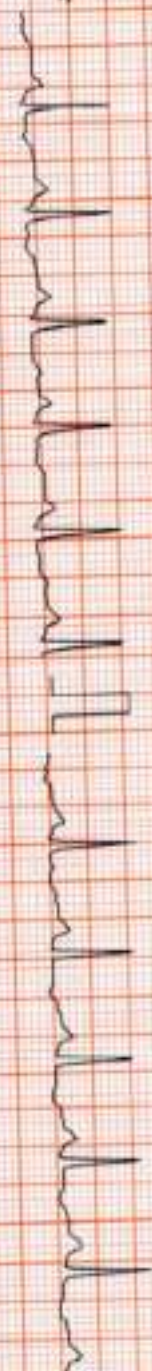
0.1 0.1 aVR



0.2 0.1 aVL



0.1 0.2 aVF



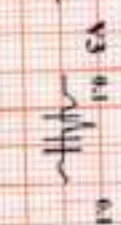
0.1 0.1 V5



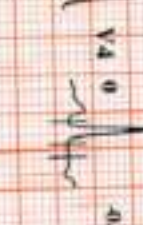
V2 0.1 0.2



V3 0.1 0.1



V4 0 0.1



V5 0.1 0.1



V6 0.1 0.1



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

STO = P - 60 ms, J - R - 60 ms, Pw = J - J + 60 ms

SHAMA KAMBLE (36 F)

Breast Protocol
SIT (v1.0) (mm) - STISajpetmV(s)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2406922315

Date: 09-03-2024

Exec Time: 0:03:00

Stage Time: 03:00

HR: 130 bpm

BP: 130/80 mmHg

Stage: 1

Speed: 2.7 kmph

Slope: 10%

THR: 156 bpm

SIT (v1.0) (mm) - STISajpetmV(s)

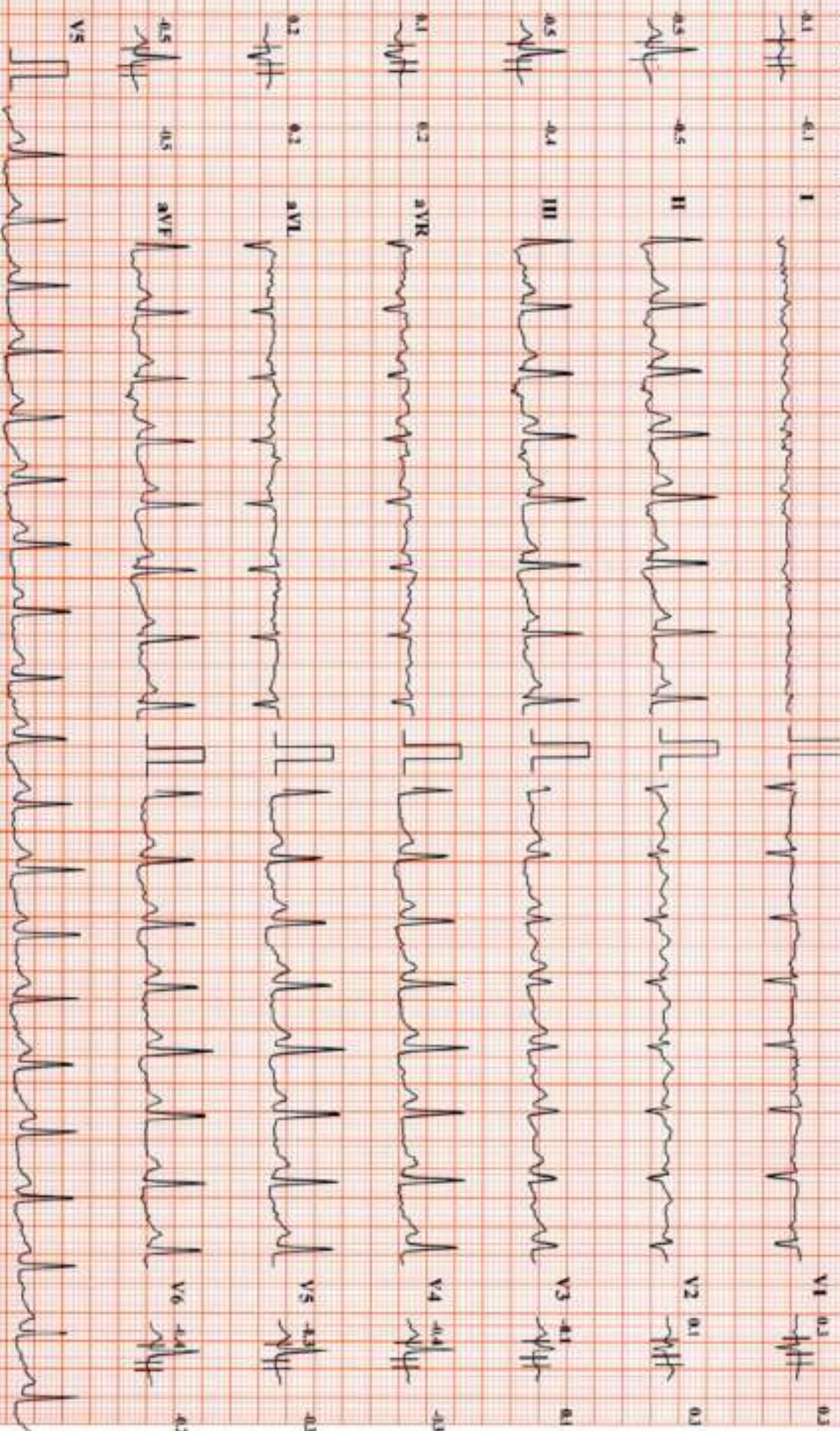


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz, Main Filter: ON

ISO - R - 60 ms, T - R - 0.9 ms, Post - J - J - 0.9 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHAMIA KAMBLE (36 F)

Trace Protocol
ST12(ecm) ST12(ecmV9)

ID: 2406922315

Date: 09-03-2024

Exec Time: 0:05:00

Stage Time: 03:00

Stage: 2

Speed: 4 mmph

Slope: 12 %

HR: 162 bpm

HR: 162 bpm

BP: 160/80 mmHg

ST12(ecm) ST12(ecmV9)

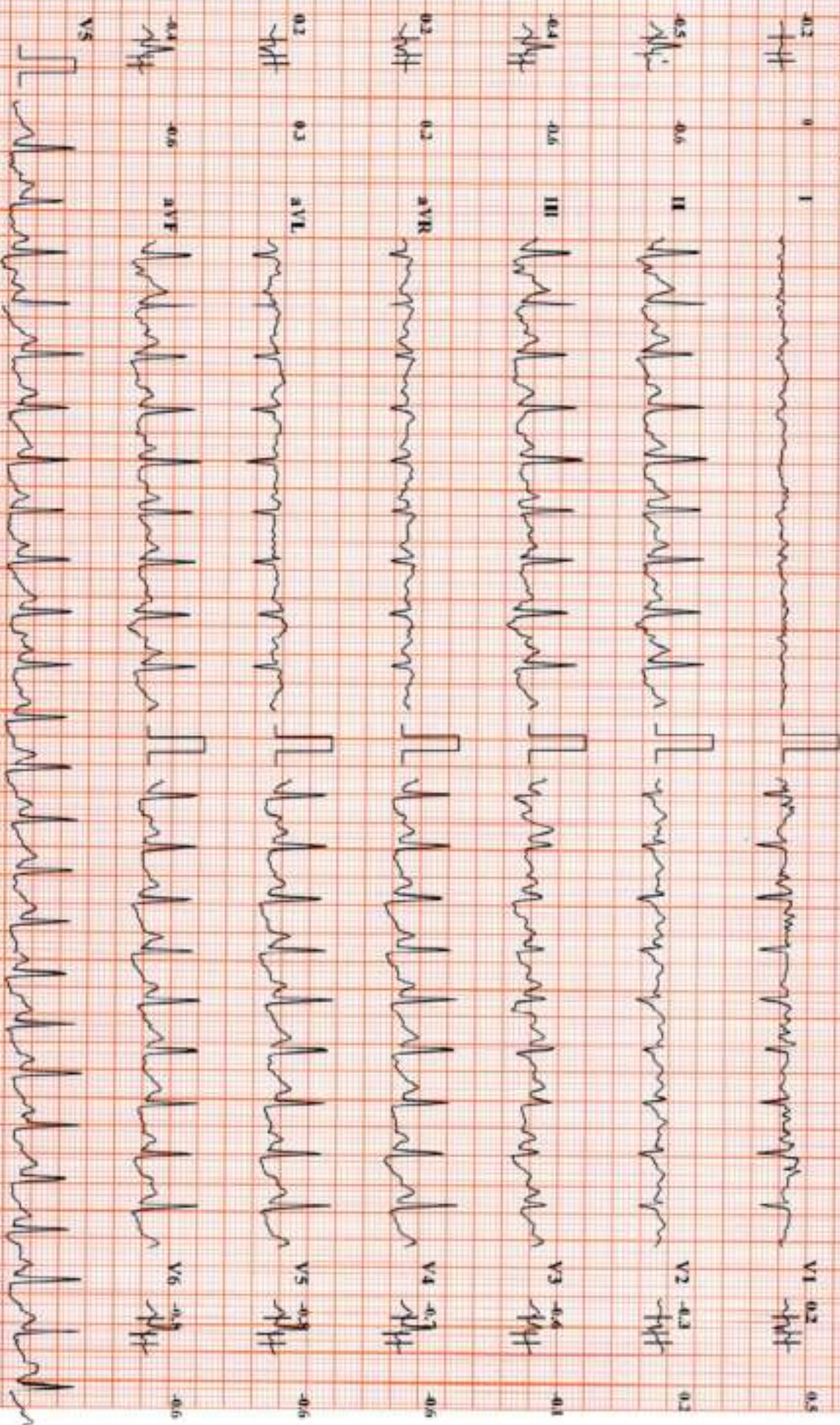


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - I - 66 ms, J - I - 60 ms, P - I - 60 ms

Sublet Cardio CS-20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHAMA KAMBLE (36 F)

Bridge Protocol
STL:evl(amb) STS:lope(mV/9)

ID: 2406922315

Date: 09-03-2024

Exam Time: 0:06:02

Stage Time: 00:02

HR: 162 bpm

BP: 160/80 mmHg
STL:evl(amb) STS:lope(mV/9)

Stage: 3 Peak Exercise

Speed: 5.5 kmph

Slope: 14%

THR: 156 bpm



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

50 - R - 46 ms, J - R - 60 ms, Post J - J + 60 ms

Scatter: Calaverie(CS-2) Version: 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHAMA KAMBLE (36 F)

Brace Protocol
SITL (pre/d/imm) SI/Sigpctm(V/a)

ID: 2406922315
Stage: Recovery 1

Date: 09-05-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0 %e

Stage Time: 00:23
THR: 156 bpm

HR: 160 bpm

BP: 160/80 mmHg
SITL (pre/d/imm) SI/Sigpctm(V/a)

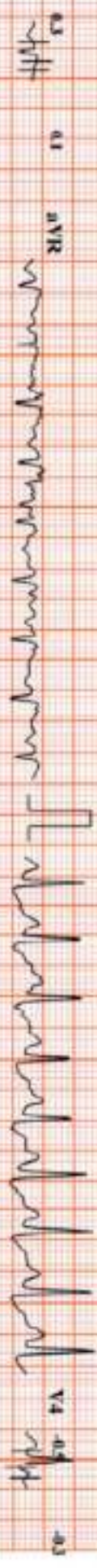
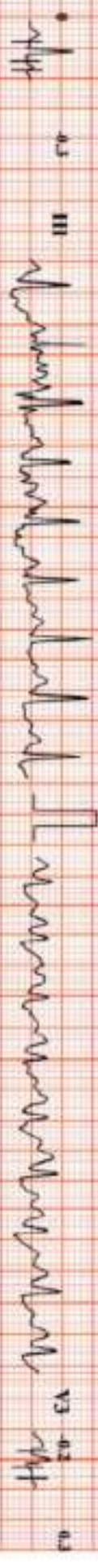


Chart Speed: 25 mm/sec

Amplitude: 1mm/mV

Filter: 25 Hz

Main: Filter: ON ISO - R - 60 ms, J - R - 60 ms, Post - J - 175 ms

SchillerCardioport CS-20 Version: 3.4

SHAMA KAMBLE (36 F)

Bruce Protocol
STL(eo)(mu) STS(ept)(V)s

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

ID: 2406922115
Stage: Recovery I

Date: 09-03-2024
Speed: 0 kmph

Exec Time: 00:00
Slope: 0%

Stage Time: 01:00
THR: 150 bpm

HR: 132 bpm

BP: 160/80 mmHg
STL(eo)(mu) STS(ept)(V)s

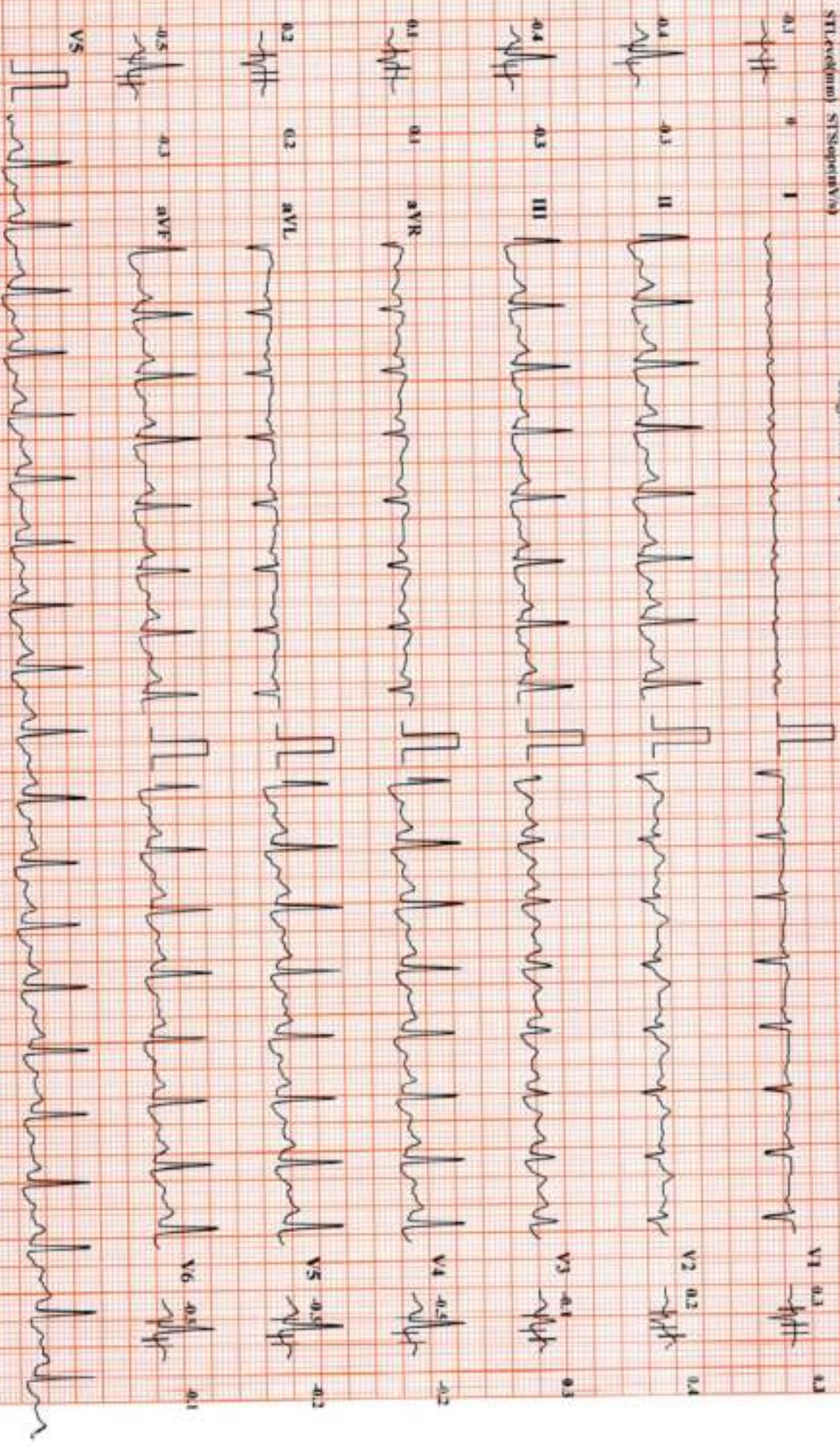


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 60 ms, J - R + 60 ms, Post J - J + 40 ms

SHAMA KAMBLE (36 F)

Brucel Protocol

ST(Slope(m)) ST(Slope(m)/V)

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2406922315
Stage: Recovery 2

Date: 09-03-2024
Spool: 0 Temp

Exec Time: 00:00
Slope: 0%

Stage Time: 00:48
TFR: 156 bpm

HR: 123 bpm

BP: 140/80 mmHg
ST(Slope(m)) ST(Slope(m)/V)

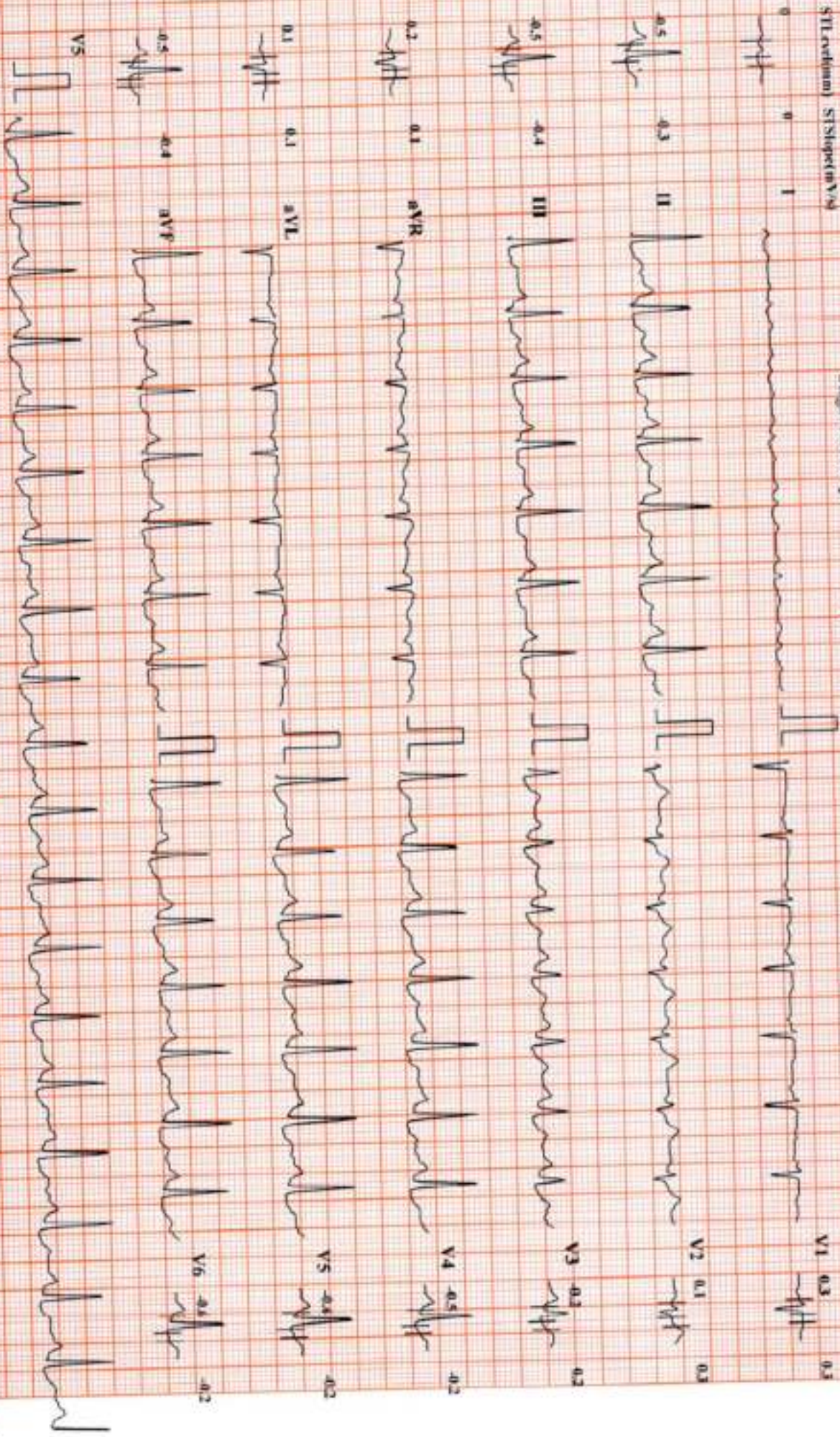


Chart Speed: 25 mm/sec

Amplitude: 1 mm/mV Filter: 25 Hz Main Filter: GN ISO: R-60 ms, J-R-60 ms, Lead I-1+60 ms

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALLI

SHAMIA KAMBLE (36 F)

HR: 127 bpm

Brace Protocol
ST1 (chest/limb) ST3 (slight arm/V6)

ID: 240609223115
Surge: Recovery2

Date: 09-03-2024
Speed: 0 kmph

Exec Time: 00:30
Stop: 0:96

Surge Time: 01:30
THR: 156 bpm

BP: 140/80 mmHg
ST1 (chest/limb) ST3 (slight arm/V6)

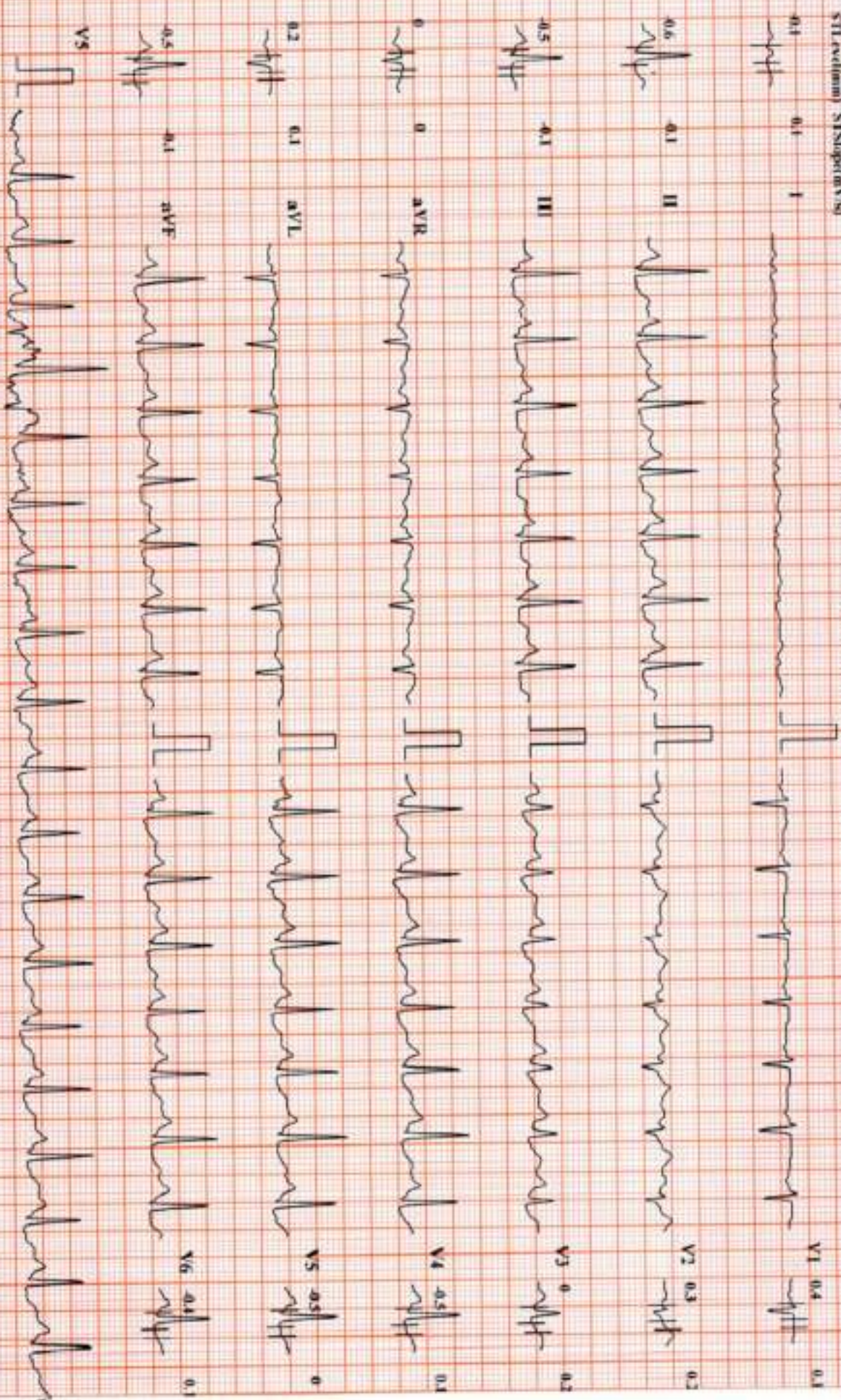


Chart Speed: 25 mm/sec

Amp: 10mm/mV

Filter: 25 Hz Main Filter ON

ISO - R - 60 ms, J - R - 60 ms, Post1 - J - 60 ms



SHAMA KAMBLE (36 F)

Brace Protocol
SIL (lead III) ST (Superior V) 0

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

ID: 2406922115
Stage: Recovery/3

Date: 09-13-2024
Speed: 0.4mmph

Exec Time: 00:00
Slope: 0.5%

Stage Time: 00:07
THR: 156 bpm

HR: 128 bpm

BP: 120/80 mmHg
SIL (lead III) ST (Superior V) 0

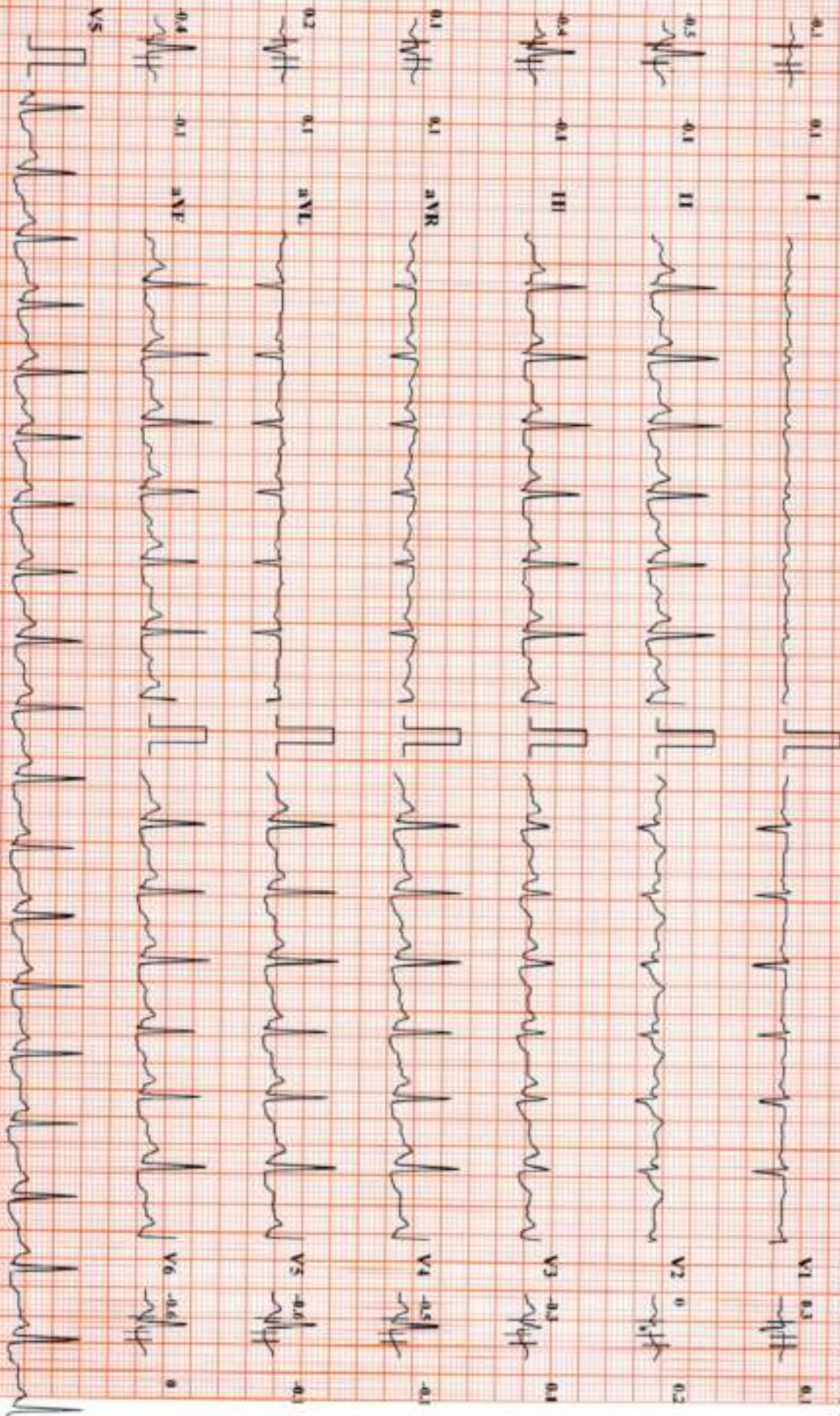


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

IS3 = R -60 mm, J = R +60 mm, Pos. J = J +60 mm

Schiller CardioSoft CS 20 Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

SHAMA KAMBLE (36 F)

Bruce Protocol
STL Level (mm) ST Slope (mV/s)

ID: 2406922315
Stage: Standing

Date: 09-03-2024
Speed: 0

Exec Time: 0:00:00
Slope: 0 %

Stage Time: 00:16
THR: 156 bpm

HR: 101 bpm

BP: 110/80 mmHg
STL Level (mm) ST Slope (mV/s)

