

CID	: 2334321616
Name	: MRS.SHWETA RAJIV SOHAIL
Age / Gender	: 36 Years / Female
Consulting Dr. Reg. Location	: - :Khar West (Main Centre)

Authenticity Check

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:09-Dec-2023 / 13:57 :09-Dec-2023 / 16:49

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric
RBC	3.87	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.9	36-46 %	Calculated
MCV	92.7	81-101 fl	Measured
MCH	30.2	27-32 pg	Calculated
MCHC	32.6	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5020	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	38.7	20-40 %	
Absolute Lymphocytes	1940	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	350	200-1000 /cmm	Calculated
Neutrophils	50.6	40-80 %	
Absolute Neutrophils	2540	2000-7000 /cmm	Calculated
Eosinophils	2.9	1-6 %	
Absolute Eosinophils	150	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	40	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	184000	150000-410000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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

Corporate Identity Number (CIN): U85110MH2002PTC136144



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ECISE TESTING - HEALT	HIER LIVING				P
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Macrocytosis		-			
Anisocytosis		-			
Poikilocytosis		-			
Polychromasia		-			
Target Cells		-			
Basophilic Stipp	oling	-			
Normoblasts		-			
Others		Normocytic,Normochromic			
WBC MORPHO	LOGY				
PLATELET MO	RPHOLOGY	-			

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR

2-20 mm at 1 hr.

Sedimentation

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

Interpretation:

COMMENT

Factors that increase ESR: Old age, Pregnancy, Anemia Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

8

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 SDRL, Vidyavihar Lab *** End Of Report ***



Juniar Kinnet

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

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PARAMETERRESULTSBIOLOGICAL REF RANGEMETHODGLUCOSE (SUGAR) FASTING, Fluoride Plasma89.3Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dlHexokinaseGLUCOSE (SUGAR) PP, Fluoride Plasma PP/R92.9Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dlHexokinaseBILIRUBIN (TOTAL), Serum0.410.3-1.2 mg/dl 0.16Vanadate oxidation CalculatedBILIRUBIN (IDIRECT), Serum0.160-0.3 mg/dl 0.25Vanadate oxidation CalculatedTOTAL PROTEINS, Serum6.85.7-8.2 g/dL 2.5Biuret 2.3-3.5 g/dLALBUMIN, Serum2.52.3-3.5 g/dL 1.7Calculated	AERFOC	AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
Fluoride PlasmaImpaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dlGLUCOSE (SUGAR) PP, Fluoride92.9Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dlHexokinaseBILIRUBIN (TOTAL), Serum0.410.3-1.2 mg/dlVanadate oxidationBILIRUBIN (DIRECT), Serum0.160-0.3 mg/dlVanadate oxidationBILIRUBIN (INDIRECT), Serum0.25<1.2 mg/dlCalculatedTOTAL PROTEINS, Serum6.85.7-8.2 g/dLBiuretALBUMIN, Serum4.33.2-4.8 g/dLBCGGLOBULIN, Serum2.52.3-3.5 g/dLCalculated	PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
Plasma PP/RImpaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dlBILIRUBIN (TOTAL), Serum0.410.3-1.2 mg/dlVanadate oxidationBILIRUBIN (DIRECT), Serum0.160-0.3 mg/dlVanadate oxidationBILIRUBIN (INDIRECT), Serum0.25<1.2 mg/dl		89.3	Impaired Fasting Glucose: 100-125 mg/dl	Hexokinase	
BILIRUBIN (DIRECT), Serum0.160-0.3 mg/dlVanadate oxidationBILIRUBIN (INDIRECT), Serum0.25<1.2 mg/dl		92.9	Impaired Glucose Tolerance: 140-199 mg/dl	Hexokinase	
BILIRUBIN (INDIRECT), Serum0.25<1.2 mg/dlCalculatedTOTAL PROTEINS, Serum6.85.7-8.2 g/dLBiuretALBUMIN, Serum4.33.2-4.8 g/dLBCGGLOBULIN, Serum2.52.3-3.5 g/dLCalculated	BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation	
TOTAL PROTEINS, Serum6.85.7-8.2 g/dLBiuretALBUMIN, Serum4.33.2-4.8 g/dLBCGGLOBULIN, Serum2.52.3-3.5 g/dLCalculated	BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation	
ALBUMIN, Serum 4.3 3.2-4.8 g/dL BCG GLOBULIN, Serum 2.5 2.3-3.5 g/dL Calculated	BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated	
GLOBULIN, Serum 2.5 2.3-3.5 g/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	
A/G RATIO, Serum 1.7 1 - 2 Calculated	GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated	
	A/G RATIO, Serum	1.7	1 - 2	Calculated	
SGOT (AST), Serum 24.6 <34 U/L Modified IFCC	SGOT (AST), Serum	24.6	<34 U/L	Modified IFCC	
SGPT (ALT), Serum 22.8 10-49 U/L Modified IFCC	SGPT (ALT), Serum	22.8	10-49 U/L	Modified IFCC	
GAMMA GT, Serum 14.4 <38 U/L Modified IFCC	GAMMA GT, Serum	14.4	<38 U/L	Modified IFCC	
ALKALINE PHOSPHATASE, 38.9 46-116 U/L Modified IFCC Serum		38.9	46-116 U/L	Modified IFCC	
BLOOD UREA, Serum 23.2 19.29-49.28 mg/dl Calculated	BLOOD UREA, Serum	23.2	19.29-49.28 mg/dl	Calculated	
BUN, Serum 10.8 9.0-23.0 mg/dl Urease with GLDH	BUN, Serum	10.8	9.0-23.0 mg/dl	Urease with GLDH	
CREATININE, Serum 0.82 0.55-1.02 mg/dl Enzymatic	CREATININE, Serum	0.82	0.55-1.02 mg/dl	Enzymatic	

Note: Kindly note in change in reference range w.e.f. 07-09-2023

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Age / Gender Consulting Dr. Reg. Location	: 36 Years / Female : - : Khar West (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code :09-Dec-2023 / 13:57 :09-Dec-2023 / 16:12	т
eGFR, Serum	95	(ml/min/1.73sqm) Normal or High: Above Mild decrease: 60-89 Mild to moderate decr 59 Moderate to severe de -44 Severe decrease: 15-2 Kidney failure:<15	ease: 45- crease:30	
Note: eGFR estir	mation is calculated using 2021 CKD-EPI GFR	equation w.e.f 16-08-2023		
URIC ACID, Se	rum 4.7	3.1-7.8 mg/dl	Uricase/ Peroxidase	
*Sample process	ed at SUBURBAN DIAGNOSTICS (INDIA) PVT	TD SDRL, Vidvavihar Lab		

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



Anto

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

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:2334321616

: -

: 36 Years / Female

: MRS.SHWETA RAJIV SOHAIL

: Khar West (Main Centre)

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **GLYCOSYLATED HEMOGLOBIN (HbA1c) BIOLOGICAL REF RANGE** PARAMETER RESULTS METHOD HPLC Glycosylated Hemoglobin 5.1 Non-Diabetic Level: < 5.7 % (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % Estimated Average Glucose 99.7 mg/dl Calculated (eAG), EDTA WB - CC

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 ***



Course

Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

PARAMETER

RESULTS

Positive

В

ABO GROUP Rh TYPING

: -

:2334321616

: 36 Years / Female

: MRS.SHWETA RAJIV SOHAIL

: Khar West (Main Centre)

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.

Refernces:

- 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 ***



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Dr.TRUPTI SHETTY M. D. (PATH) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	133.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	80.0	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	63.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	70.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	54.0	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	16.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated
*Sample processed at SUBURBAN DI		l Vidvavibar Lab	

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



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Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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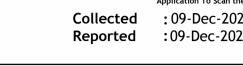
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Consulting Dr. Reg. Location	: - :Khar West (Main Centre)



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	3.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.5	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.318	0.55-4.78 microIU/ml mIU/ml	CLIA

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Consulting Dr.	: -	Collected	:09-Dec-2023 / 13:57	•
Reg. Location	: Khar West (Main Centre)	Reported	:09-Dec-2023 / 16:12	

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.

this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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

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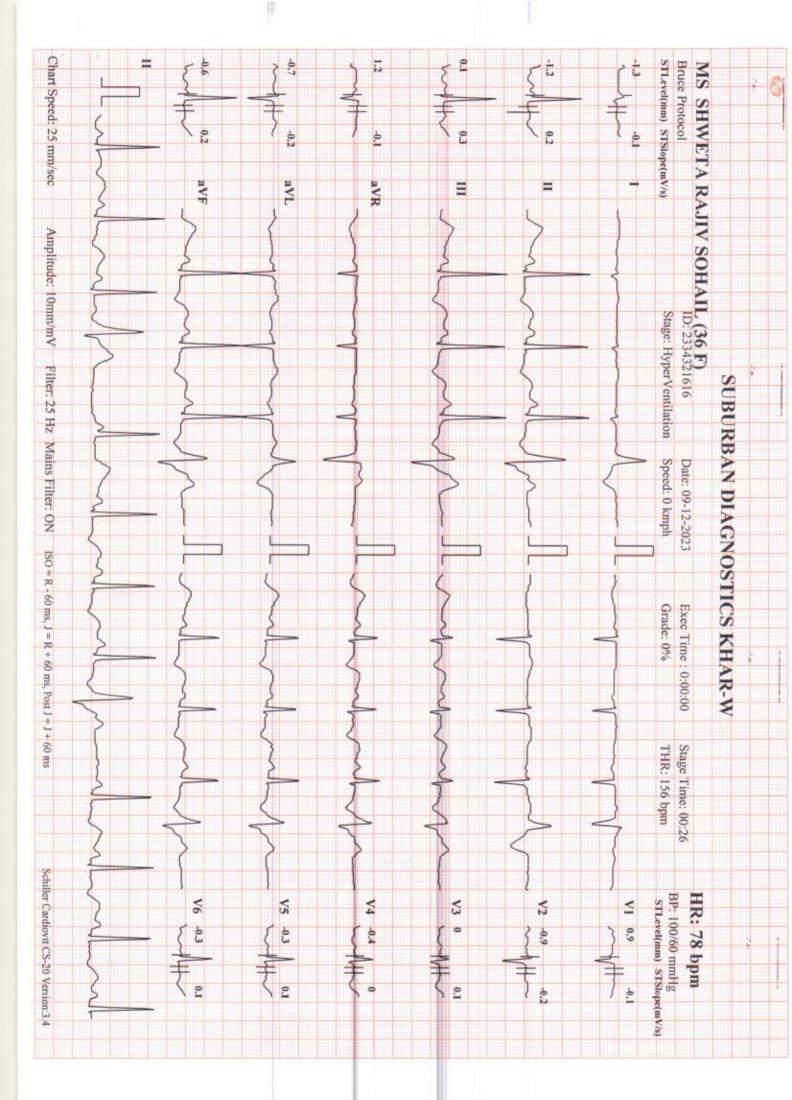
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	Name: MS	SHWE	TAR	A IIV SO	HAII			Date:	09-12-2023	Time: 1
	Age: 36	Gende	CONTRACTOR OF THE			Weisha	76.14			
	10.9.5 02	1.000	i. r	reign	t: 175 cms	weight:	76 Kg	ID:	23343216	16
	Clinical Histor									
	Medications:	NONE								
	Test Detai	ls:								
	Protocol: Bru	1958 (115 (11))		Predic	ted Max HR	. 194		Farget U	D. 156 (95	0/ of Dr. M
	Exercise Time:					an isan ar			A: 150 (85	% of Pr. M
		0.05			ved Max HR:					
	Max BP:	160/	70	Max E	BP x HR:	23840	1	Max Mets	: 10.3	
	Test Terminati	on Criteria	: FAT	IGUE		-				
	Protocol D	etails:								
	Stage Name	Stage Time	METS	Speed	Grade	Heart Rate	BP	RPP	Max ST Le	vel Max ST S
	Supine	00:11	1	kmph 0	0	6pm 74	mmHg 100/60	7400	mm 0.5 П	0.3 II
	Standing	00:11	i	0	0	70	100/60	7000	0.3 11	0.2 H
	HyperVentilation	00:26	1	0	0	78	100/60	7800	-1.31	0.3 III
	PreTest	00:12	1	1.6	0	81	100/60	8100	0.4 111	-0.1 VI
	Stage: 1	03:00	4.7	2.7	10	96	110/60	10560	0.2 11	0.3 aVF
1	Stage: 2	03:00	7	4	12	127	120/60	15240	0.4 V1	0.5 11
	Stage: 3	03:00	10.1	5.5	14	149	140/70	20860	-0.5 V5	0.8 11
	Peak Exercise	00:11	10.3	6.8	16	149	160/70	23840	-1 111	0.8 11
	Recoveryl	01:00	1	0	0	127	150/70	19050	0.6 11	1.2 11
	Recovery2	01:00	1	0	0	98	130/70	12740	0.4 11	0.7 11
	Recovery3	00:59	1	0	0	92	110/70	10120	0.3 V3	0.5 11
	Interpretat	tion							FICE PT	
	GOOD EFFORT	TOLERAN	JCE							
	NORMAL CHR			ONSE						
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	NO ANGINA/A		UIVALE	NIS						
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	In concession									
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	POSITIVE STRI HENCE CLINIC					IRMATOR	Y OF COF	RONARY	ARTERY I	DISEASE
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	SCHILLE		S	uburban Dia	gnostics (I)	Pvt. Ltd.	+		diovit CS-20	
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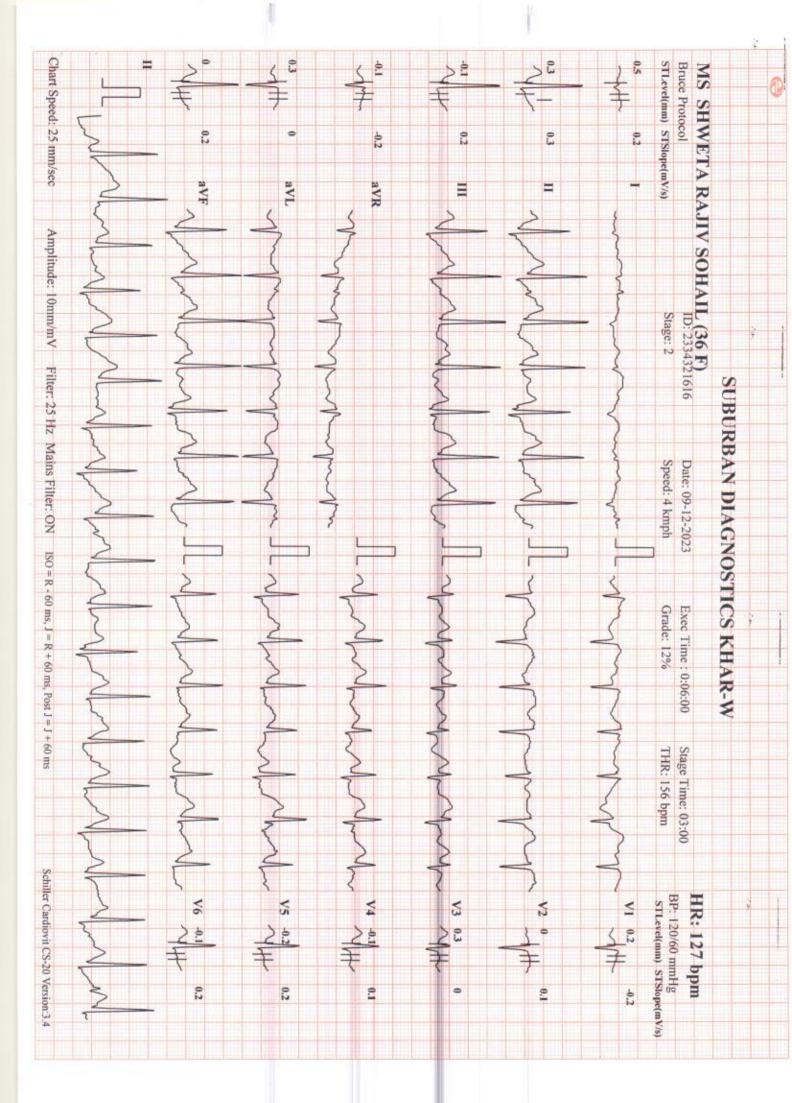
\$	SUBU	SUBURBAN DIAGNOSTICS	STICS KHAR-W		. Tr.
MS SHWETA RAJIV SOHAIL (36 F)	HAIL (36 F) ID: 2334321616	Date: 09-12-2023	Exec Time : 0:00:00	Stage Time: 00-11	HR: 74 bpm
STLevel(mm) STSlope(mV/s)	Stage: Supine	Speed: 0 kmph	Grade: 0%	THR: 156 bpm	BP: 100/60 mmHg STLevel(mm) STSlope(mV/s)
	- ~		- The second	- VV	
					V2 -0.2 0
			-		V3 0.2 0.1
-0.2 -0.2 aVR			-		V4 0.3 AH
-0,2 0 aVL					V5 0.3 4 0.2
					V6 0.3 0.2
Chart Speed: 25 mm/sec Amplitu	Amplitude: 10mm/mV Filter: 25 H	Filter: 25 Hz Mains Filter: ON ISO	ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms		Schiller Cardiovit CS-20 Version.3.4

0					
24	ý				2
	SUBU	SUBURBAN DIAGNOSTICS	STICS KHAR-W		
MS SHWETA RAJIV SOHAIL (36 F)	AIL (36 F)	Dete: 00 10 2002	F	7.	HR: 70 bpm
STLevel(mm) STSlope(mV/s)	Stage: Standing	Speed: 0 kmph		THR: 156 bpm	BP: 100/60 mmHg STLevel(mm) STSlope(mV/s)
0 0.1 1					V1 -0.1 0
	- ~		-h-h	1 - M	
0.3 0.2 II					V2 61
0,2 0,1 III					V3 0.3 0.1
					\ { \$
					V4 0.2 0.1
		-			
-0,1 0 aVL	m		-		VS 0.2 0.1
0.2 0.2 aVF	alteralt				V6 0.2 0.2
			~~~l		
Chart Speed: 25 mm/sec Amplitude	Amplitude: 10mm/mV Filter: 25 H	Filter: 25 Hz Mains Filter: ON ISO =	ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms	J + 60 ms	Schiller Cardiovit CS-20 Version;3,4

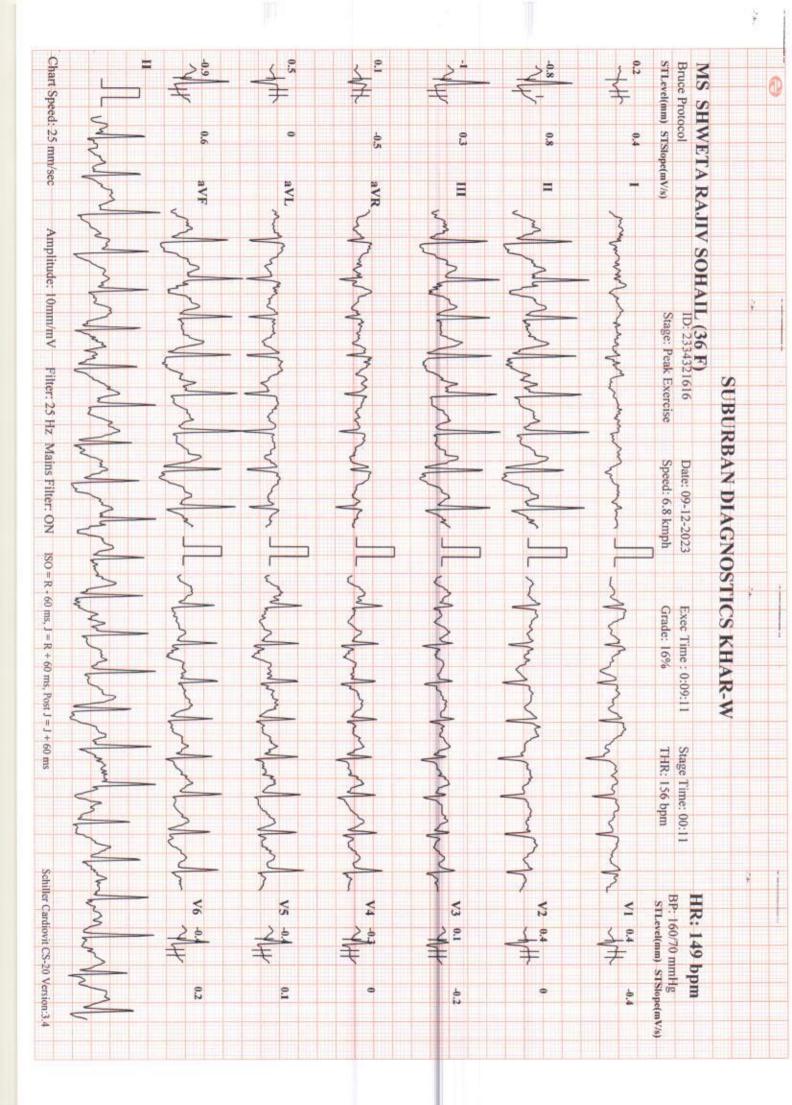


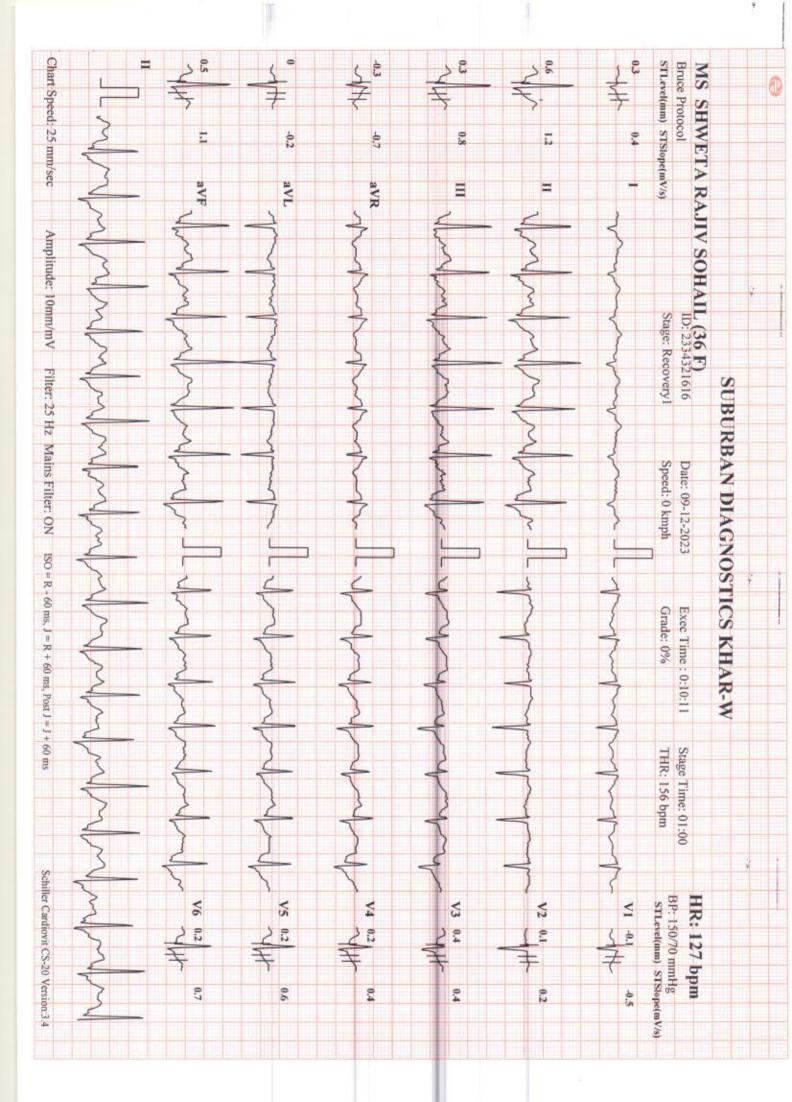
					1
		2	~		Ima
V6 0.1 HOI		-		-	Alt ave
I vs out					AH-0 aVL
J V4 0 MH-0.1			VV-L		WH- avr
V3 0.1 0.1					АЩ Ш
V2 0.2 0.1					
VI -0.1 -0.1	And	V			
HR: 81 bpm BP: 100/60 mmHg STLevel(mm) STSlope(mV/s)	Stage Time: 00:12 THR: 156 bpm	Exec Time : 0:00:00 Grade: 0%	Date: 09-12-2023 Speed: 1.6 kmph	SHWETA RAJIV SOHAIL (36 F) Protocol ID: 2334321616 (mm) STSlope(mV/s) Stage: PreTest	MS SHWETA RAJIV Bruce Protocol STLevel(mm) STSlope(mV/s)
		TICS KHAR-W	SUBURBAN DIAGNOSTICS	SUBU	

Chart Speed: 25 mm/sec Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms	- I land and a start of the sta	-12 -14 -14 -14 -10 -12 -14 -12 -14 -14 -14 -14 -14 -14 -14 -14 -14 -14	WH and ave	The sea of the second s		"ime : 0:03:00	CHIDIDDAN DIACNOCTICE VIIAD W
ns, Post J = J + 60 ms Schiller Cardiovit.CS-20 Version:3.4	and and and a	When the set of the se	When the second	When we	The second secon	IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W IN-W	

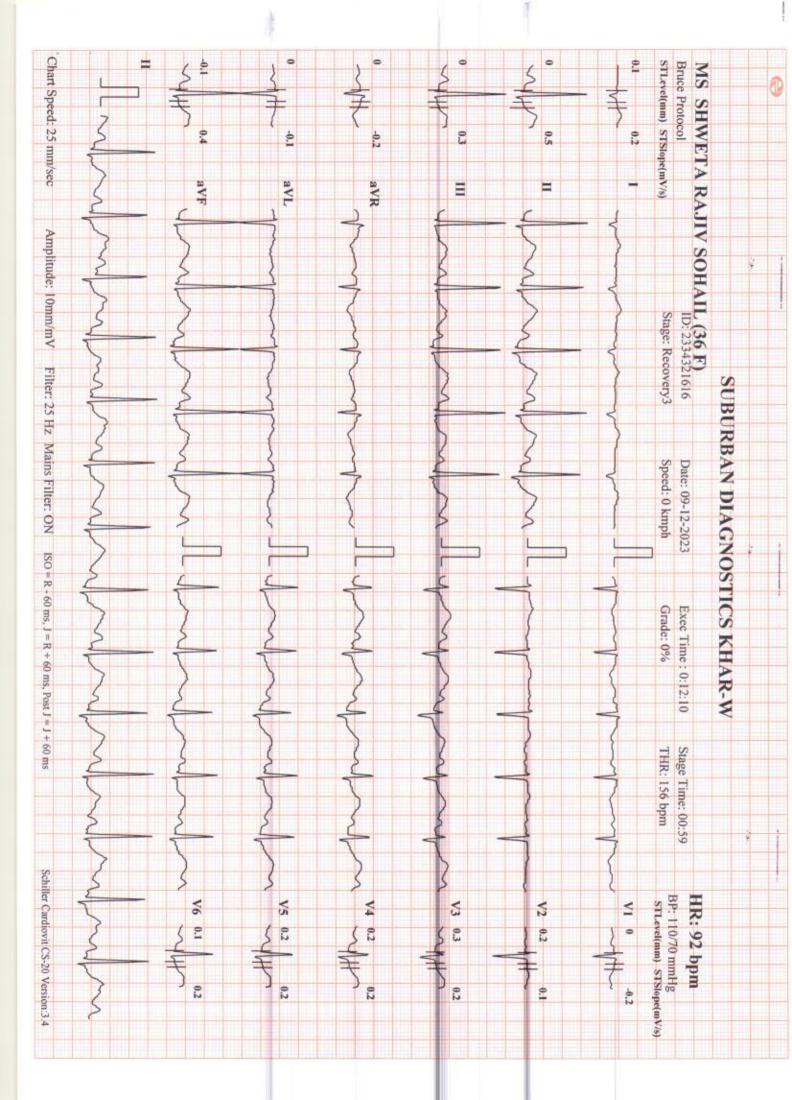


	SU	SUBURBAN DIAGNOST	TICS KHAR-W		,
MS SHWETA R Bruce Protocol STLevel(mm) STSlope(mV/s)	AJIV SOHAIL (36 F) ID: 233432 Stage: 3	Date: 09-12-2023 Speed: 5.5 kmph	Exec Time : 0:09:00 Grade: 14%	Stage Time: 03:00 THR: 156 bpm	HR: 149 bpm BP: 140/70 mmHg
0.4 0.5	1 mmmmmmm	man 1	Multur	when	VI 0.4 -0.2
-0.3	" Manny M	My JL ~	Juluu	Muhuh	V2 0.5 0.2
-0.6 0.5	" Mannal M	VIII I	huhuhu	Andraha	V3 -0.1 0.2
-0.1 	ave when have	www.l	Mr Mr Mr	Manda	V4 -04 0.3
and a	ave	- T when he	Many	Marya	VS tot 0.4
-0.4 0.8 VH 0.8	ave Martin My	NWW I	Mala	Malala	V6 -0.4 0.5
"JL NM				>	





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	SUBU	SUBURBAN DIAGNOSTICS	STICS KHAR-W	*	
MS SHWETA RAJIV SOHAIL (36 F) Bruce Protocol ID: 2334321616	AIL (36 F) ID: 2334321616	Date: 09-12-2023	Exec Time : 0:11:11	Stage Time: 01:00	HR: 98 bpm
STLevel(mm) STSlope(mV/s)	Stage: Recovery2	Speed: 0 kmph		THR: 156 bpm	BP: 130/70 mmHg STLevel(mm) STSlope(mV/s)
		v l	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		VI -0.1 -0.2
		-			
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			-	V V V	
M M	while	I why IL	Mun	munt	V3 0.3 0.4
-0.2 -0.3 avr					
-At	- And	J-J-L-L	Mult	mun	AF
-0,1 -0.1 aVL		\$   	<pre>&gt; &gt; &gt; &gt; &gt; &gt;</pre>		VS 0.2 0.3
			An And	the the Am	HA-
NHT 0.6 aVF	when		Trada and	al al al	V6 0.2 0.3
Trymy	mm	mont	mm	Andrah	what
Chart Speed: 25 mm/sec Amplitude:	Amplitude: 10mm/mV Filter: 25 Hz	Filter: 25 Hz. Mains Filter: ON Iso-	ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms		Schiller Cardiovit CS-20 Version:3.4





Name	: Mrs . SHWETA RAJIV SOHAIL	Reg Date	: 09-Dec-2023 10:29
VID	: 2334321616	Age/Gender	: 36 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Khar West (Main Centre)

History and Complaints: H/o Depression On Tab Dicorate

# EXAMINATION FINDINGS:

Height (cms):	
Temp (0c):	
Blood Pressure (mm/hg):	
Pulse:	

175cms Afebrile 100/90mmHg 74/min Weight (kg): 76Kgs Skin: Normal Nails: Normal

Lymph Node:

Not palpable

## Systems

Cardiovascular:	S1S2 audible,No murmurs
Respiratory:	AEBE clear
Genitourinary:	Normal
GI System:	Normal
CNS:	Normal

IMPRESSION: HB - 11.7, USG ABD - ABNORMAL FINDINGS ARE NOTED (REPORT ATTACHED), ALL OTHER ATTACHED REPORTS ARE WNL.

# ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

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	Constipation , K/C/O Hirschsprung disease Operated
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	Hirschsprung disease Operated

REGD. OFTITEDataburbarDece2023cl 5:00a) Pvt. Ltd., Aston, 2⁻⁴ Floor, SundervarDegenLeof 2 bove Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL 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



Name	: Mrs . SHWETA RAJIV SOHAIL	Reg Date	: 09-Dec-2023 10:29
VID	: 2334321616	Age/Gender	: 36 Years
Ref By	: Arcofemi Healthcare Limited	Regn Centre	: Khar West (Main Centre)

No

Veq

### 17) Musculoskeletal System

### PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

No No

Yes Softovac Powder, Tab Dicorate

your

**Dr.Rafat Parkar** MBBS CONSULTANT PHYSICIAN

REGD. OF TO Dateburble Dece2028ct 5x01a) Pvt. Ltd., Aston, 2" Floor, Sundervar Pager 2 of 2bove Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL 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 Corporate Identity Number (CIN): U85110MH2002PTC136144

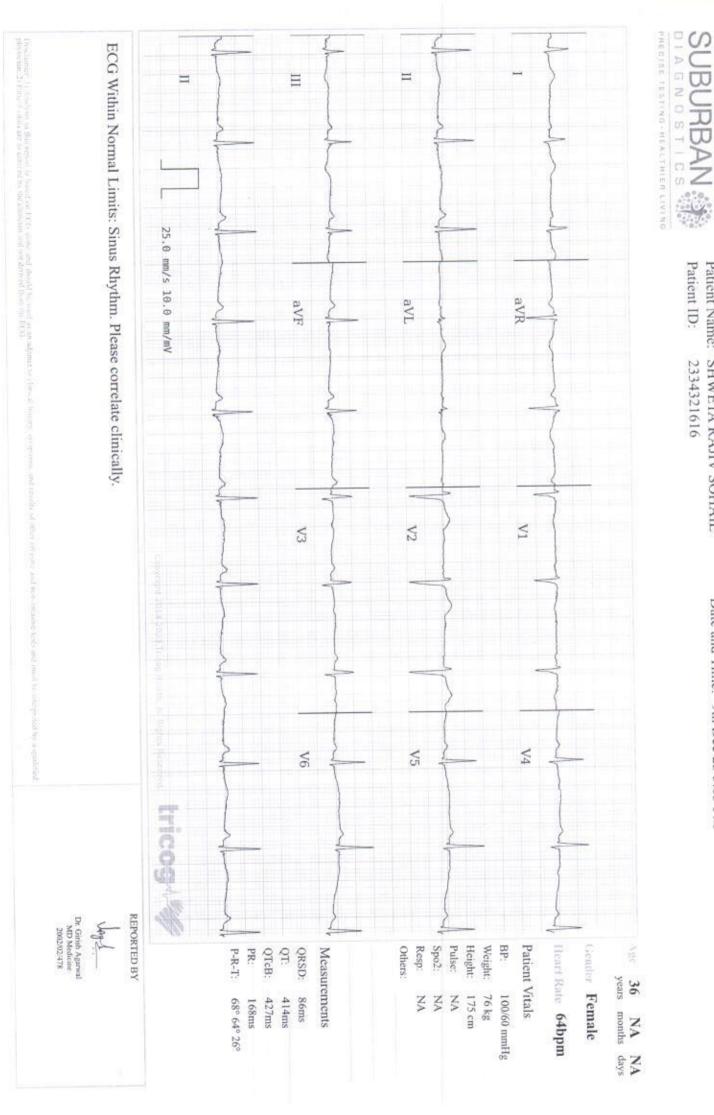
12 भारत सरकार Government of mote श्वेता राजीव सांहेल Shweta Rajiv Sohaii Shweta Rajiv Sohaii way BR/DOB: 27/03/1987 ettery FEMALE 2093 8158 1836 1121 317271 Shwe at M Parkar M.B.B.S. Dr. Ra Regn. No. 072366 Suburban Diagnostics (I) Pvt. Ltd. 6th Floor, Gupte House, 81, S.V. Road, Khar (W), Mumbai - 400 052.

Tel.: 26484805 / 26484807



Patient Name: SHWETA RAJIV SOHAIL 2334321616

Date and Time: 9th Dec 23 3:03 PM





.....

Date: 09/12/23 CID: 23343216/6 Name: Mrs. Schail Shweta Sex/Age: F1224
Name:- Mrs. Sohand Shweta Sex/Age: F122y
EYE CHECK UP
Chief complaints: Ni
Systemic Diseases: K/C/O Hirschspring's distay (operated)
Past history: Ni
Unaided Vision: N.V-NSLBSID KANS
Unaided Vision: $N \cdot V - N \leq (Bi) \leq R \leq N \leq$ Aided Vision: $D \cdot V - 6/12  (Bi) = R \leq 6/12  (G) = 2 \leq 6/12  (G) \leq 12 $
Refraction:

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	(Right Eye)			(Left Eye)				
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-			6/12				6/12
Near				NS				NS

Colour Vision Normal Abnormal glasses for myopia Remark: Need Dr. Rafat M Parkar M.B.B.S. Regn. No. 072366 1

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Corporate Identity Number (CIN): U85110MH2002PTC136144



CID

Name

Age / Sex Ref. Dr

Reg. Location

VING		■ signised sie
: 2334321616		
: Mrs. SHWETA RAJIV SOHAIL		() <u>227</u> 2-9272-7277-7277
: 36 Years/Female		Use a QR Code Scanner Application To Scan the Code
:	Reg. Date	: 09-Dec-2023
: Khar West Main Centre	Reported	: 11-Dec-2023 / 7:28

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Authenticity Check

# X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

# **IMPRESSION:** NO SIGNIFICANT ABNORMALITY IS DETECTED.

# SUGGEST CLINICAL CORRELATION.

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

日時

Dr. Vishal Kumar Mulchandani MD DMRE REG No : 2006/03/1660 Consultant Radiologost

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023120910303339

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SU	B	U	F	R	В	A		1	5
AIA	G	N	0	S	Т	1	C		

CID	: 2334321616		
Name	: Ms SHWETA RAJIV SOHAIL	12207 9 <u>1</u> 2 11	Use a QR Code Scanner
Age / Sex	: 36 Years/Female		Application To Scan the Code
Ref. Dr	:	Reg. Date	: 09-Dec-2023
Reg. Location	: Khar West Main Centre	Reported	: 11-Dec-2023 / 9:20

# USG WHOLE ABDOMEN

**LIVER:** Liver is **mildly enlarged** in size (measures 16.4 cm). Liver shows normal echotexture There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at present scan.

<u>GALL BLADDER:</u> Gall bladder is distended. Minimal sludge is noted within gallbladder lumen. Wall thickness is within normal limits.

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

Approx. 16 x 8 mm(ML x AP) periportal lymph node with maintained fatty hilum is noted.

**PANCREAS:** Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

**<u>KIDNEYS</u>**: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Right kidney measures 11.6 x 3.8 cm.

Left kidney measures 11.7 x 4.7 cm.

SPLEEN: Spleen is normal in size (measures 9.5 cm) and echotexture. No focal lesion is seen.

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

**<u>UTERUS</u>**: Uterus is anteverted and measures 7.4 x 4.8 x 3.5 cm. Uterine myometrium shows homogenous echotexture.

Endometrial echo is in midline and endometrium thickness is 6.3 mm.

**OVARIES**: Both ovaries are visualized.

The right ovary measures 4.0 x 3.0 x 2.1 cm and ovarian volume is 13.1 cc.

Approx.18 x 13 mm dominant follicle is noted in right ovary.

The left ovary measures 4.2 x 3.1 x 1.6 cm and ovarian volume is 10.9 cc.

Minimal free fluid is noted in pouch of douglas.

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