

| 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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| IAGNOSTI | c s | | | | E |
|---------------------------------|-------------------|-------------------------|-----------------------|---|---|
| ECISE TESTING - HEALT | HIER LIVING | | | | P |
| CID | : 2334321616 | 5 | | | 0 |
| Name | : MRS.SHWE | ΓΑ RAJIV SOHAIL | | | R |
| Age / Gender | :36 Years / | Female | | Use a QR Code Scanner Application To Scan the Code | т |
| Consulting Dr. Reg. Location | : - :Khar West | (Main Centre) | Collected Reported | :09-Dec-2023 / 13:57 :09-Dec-2023 / 16:34 | |
| 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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| Name | : MRS.SHWETA RAJIV SOHAIL |
| Age / Gender | : 36 Years / Female |
| Consulting Dr. Reg. Location | : - : Khar West (Main Centre) |

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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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| CID Name | : 2334321616 : MRS.SHWETA RAJIV SOHAIL | | | E P O R |
|---|---|---|---|---------|
| 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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Age / Gender

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



Reported

:09-Dec-2023 / 13:57 :09-Dec-2023 / 16:54

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 ***



Ference

Dr.NAMRATA RAUL M.D (Biochem) Biochemist

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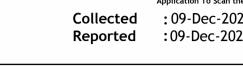
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|---------------------------------|---------------------------------|
| Name | : MRS.SHWETA RAJIV SOHAIL |
| Age / Gender | : 36 Years / Female |
| Consulting Dr. Reg. Location | : - :Khar West (Main Centre) |



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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|----------------------|---------------------------|-----------|---|---|
| IAGNOSTI | cs | | | E |
| ECISE TESTING - NEAL | THIER LIVING | | | P |
| CID | : 2334321616 | | | 0 |
| Name | : MRS.SHWETA RAJIV SOHAIL | | | R |
| Age / Gender | : 36 Years / Female | | Use a QR Code Scanner Application To Scan the Code | т |
| 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 ***



Anopa

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

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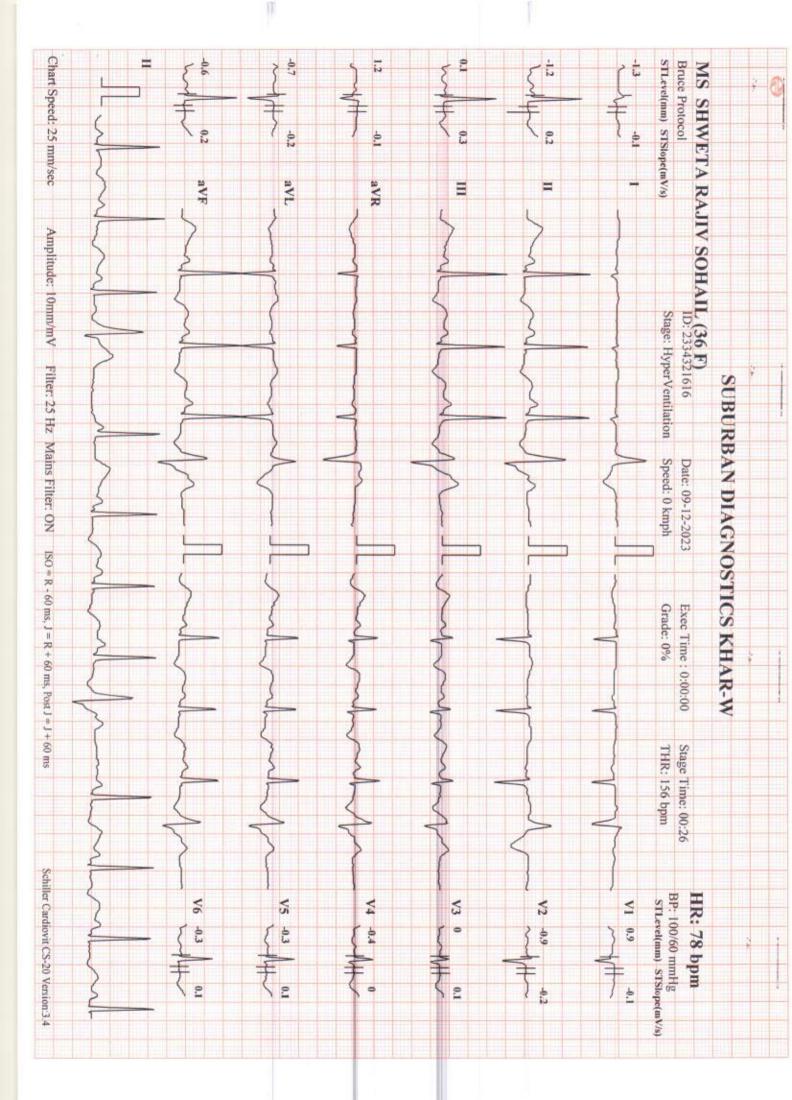
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| | | | SUI | BURBAN | DIAGN | OSTIC | SKH | AR-W | | |
|---|-------------------------------|-----------------|-------------------|-------------|----------------|------------|----------------|----------|--------------|----------------|
| | Name: MS | 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 | | | | | | |
| | NORMAL INOT | | | | | | | | | |
| | NO ANGINA/A | | UIVALE | NIS | | | | | | |
| | NO SIGNIFICA | | IANGES | FROM BAS | ELINE | | | - | | |
| | In concession | | | | | | | | | |
| A | IMPRESSION: STRESS TEST I | SNEGATI | VEFOR | | ISCHEMIA | | | | | |
| | 511(25512511 | 5 NLOAN | VETOR | INDUCIDLE | ISCHEMIA | | | | | |
| | DISCLAIMER: | | | | | | | | | |
| | NEGATIVE STR | | | | | | | | | |
| | POSITIVE STRI HENCE CLINIC | | | | | IRMATOR | Y OF COF | RONARY | ARTERY I | DISEASE |
| | indired editire | AL CORR | Linnon | | IOKI. | | | | | |
| | | | | | | | | | | |
| | Ref. Doctor: | | | | | | | Deate | - D. CID | M |
| | | | - | | | | | | | ISH AGRAV |
| | SCHILLE | | S | uburban Dia | gnostics (I) | Pvt. Ltd. | + | | diovit CS-20 | |
| | The Art of Diagnos | tics | | 6th Floo | r, Gupte House | , | | Dr. | Girish O | . Agrawa |
| | | | 81 | | ar (W), Mumbal | | | | | MD (Med |
| | | | | | 4805 / 26484 | | | 13 | No.: 2002/ | 02/478 |

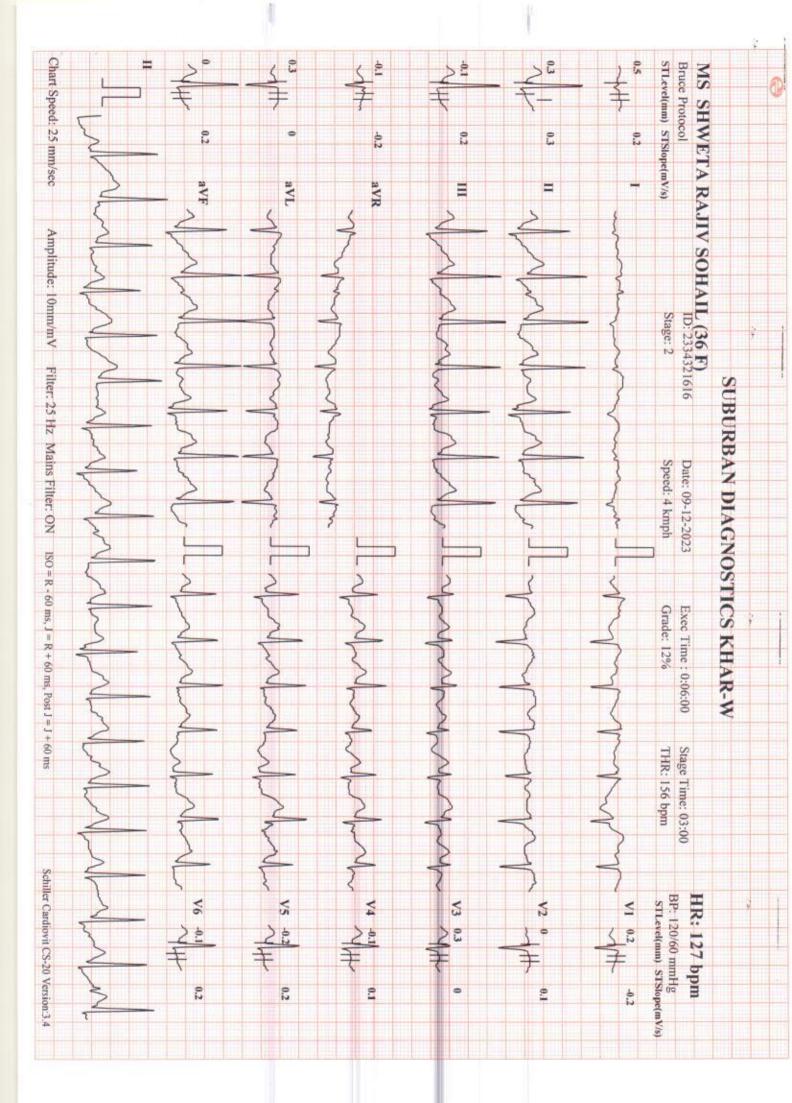
| \$ | SUBU | SUBURBAN DIAGNOSTICS | STICS KHAR-W | | . Tr. |
|--------------------------------|---------------------------------|------------------------------------|---|-------------------|--|
| MS SHWETA RAJIV SOHAIL (36 F) | HAIL (36 F) ID: 2334321616 | Date: 09-12-2023 | Exec Time : 0:00:00 | Stage 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 |

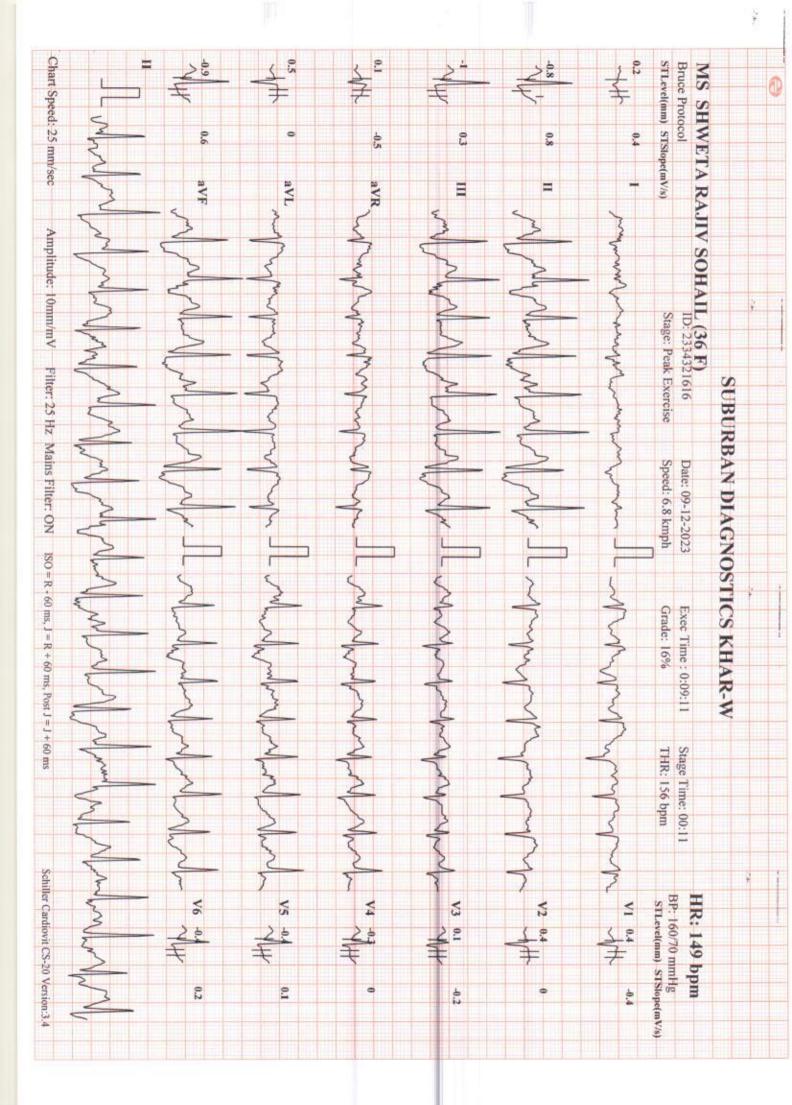


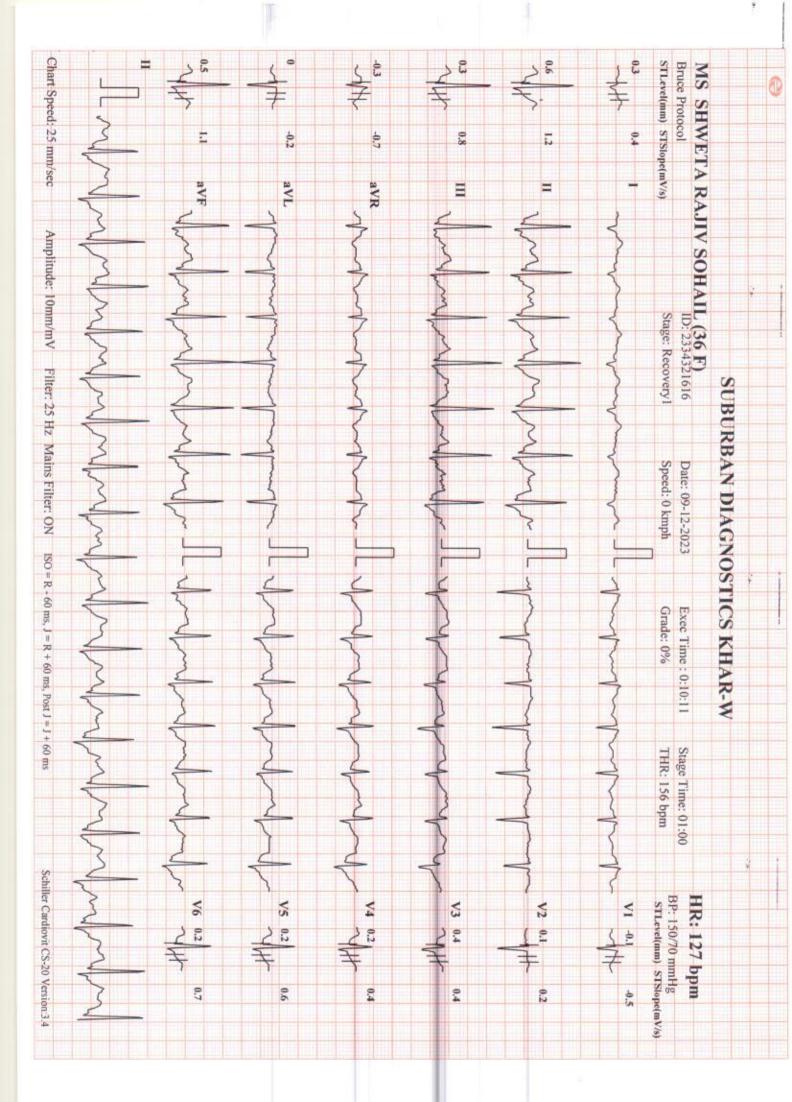
| | | | | | 1 |
|--|-----------------------------------|----------------------------------|-------------------------------------|--|--|
| | | 2 | ~ | | Ima |
| V6 0.1 HOI | | - | | - | Alt ave |
| I vs out | | | | | AH-0 aVL |
| J V4 0 MH-0.1 | | | VV-L | | WH- avr |
| V3 0.1 0.1 | | | | | АЩ Ш |
| V2 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 | |

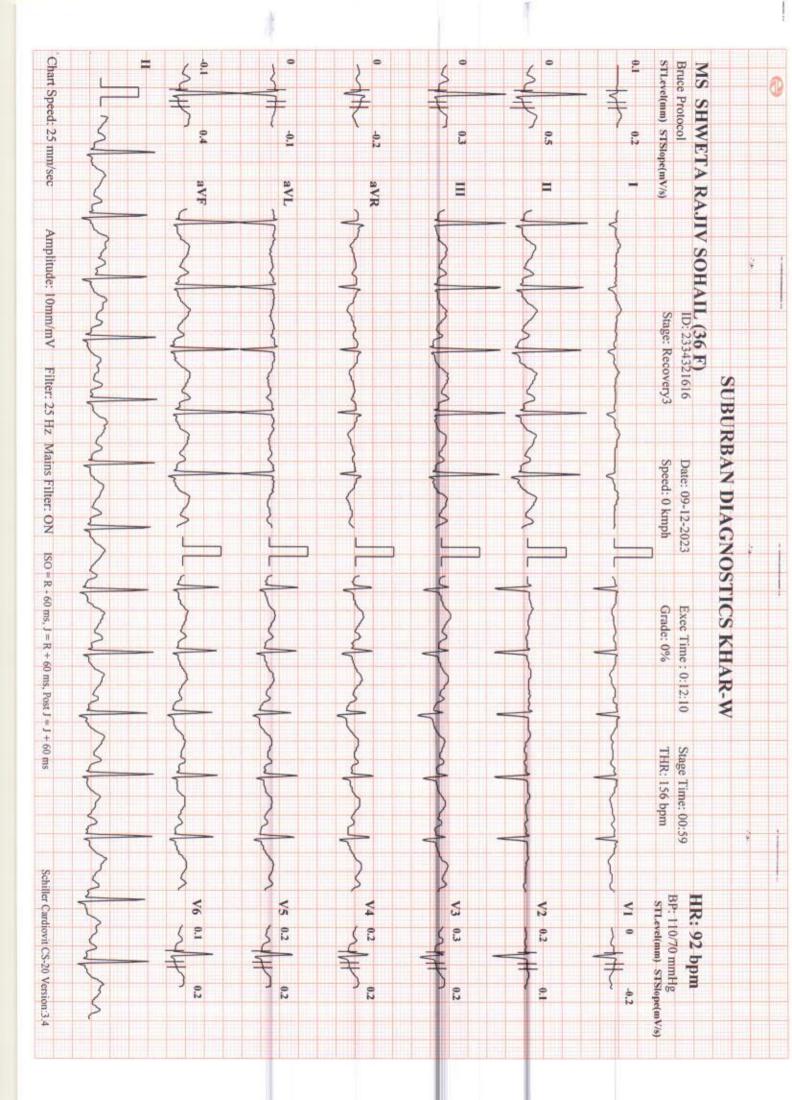


| | SU | SUBURBAN DIAGNOST | TICS KHAR-W | | , |
|--|--|-------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| MS SHWETA R Bruce Protocol STLevel(mm) STSlope(mV/s) | AJIV SOHAIL (36 F) ID: 233432 Stage: 3 | Date: 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 | | | | > | |





| 0 | | | | | |
|--|----------------------------------|--------------------------------------|--|-------------------|--|
| | 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 |
| | | - | | | |
| 0.4 0.7 II M | m mm | JL JW | | - | ~ v2 ° 1/1- ° |
| | | | - | 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>> > > > > ></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 |

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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

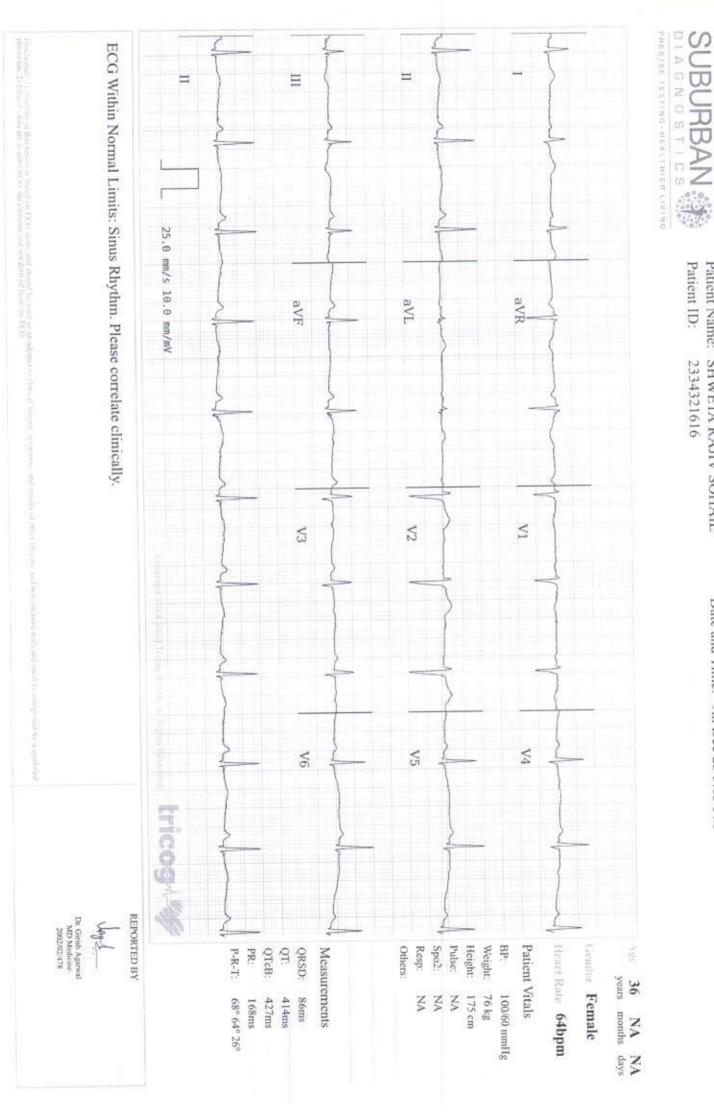
12 भारत सरकार Government of mote श्वेता राजीव सांहेल Shweta Rajiv Sohaii Shweta Rajiv Sohaii way BR/DOB: 27/03/1987 ettery FEMALE 2093 8158 1836 1121 317271 Shwe at M Parkar M.B.B.S. Dr. Ra Regn. No. 072366 Suburban Diagnostics (I) Pvt. Ltd. 6th Floor, Gupte House, 81, S.V. Road, Khar (W), Mumbai - 400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

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: |

R

E

P

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R т

| | (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

Page no 1 of 1

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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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Page no 1 of 2

Authenticity Check

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