



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

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

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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	11.7	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
<u>WBC PARAMETERS</u>			
WBC Total Count	5020	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	184000	150000-410000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Measured
PDW	14.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	89.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	92.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	24.6	<34 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
ALKALINE PHOSPHATASE, Serum	38.9	46-116 U/L	Modified IFCC
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
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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eGFR, Serum	95	(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	4.7	3.1-7.8 mg/dl	Uricase/ Peroxidase
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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



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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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Collected : 09-Dec-2023 / 13:57
Reported : 09-Dec-2023 / 18:46

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

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*** End Of Report ***



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
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 DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	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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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 becuaese 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 ***



Anupa

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

SUBURBAN DIAGNOSTICS KHAR-W

Name: MS SHWETA RAJIV SOHAIL

Date: 09-12-2023 Time: 12:53

Age: 36 Gender: F Height: 175 cms Weight: 76 Kg ID: 2334321616

Clinical History: NIL

Medications: NONE

Test Details:

Protocol: Bruce Predicted Max HR: 184 Target HR: 156 (85% of Pr. MHR)

Exercise Time: 0:09:11 Achieved Max HR: 149 (81% of Pr. MHR)

Max BP: 160/70 Max BP x HR: 23840 Max Mets: 10.3

Test Termination Criteria: FATIGUE

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	00:11	1	0	0	74	100/60	7400	0.5 II	0.3 II
Standing	00:11	1	0	0	70	100/60	7000	0.3 II	0.2 II
HyperVentilation	00:26	1	0	0	78	100/60	7800	-1.3 I	0.3 III
PreTest	00:12	1	1.6	0	81	100/60	8100	0.4 III	-0.1 VI
Stage: 1	03:00	4.7	2.7	10	96	110/60	10560	0.2 II	0.3 aVF
Stage: 2	03:00	7	4	12	127	120/60	15240	0.4 V1	0.5 II
Stage: 3	03:00	10.1	5.5	14	149	140/70	20860	-0.5 V5	0.8 II
Peak Exercise	00:11	10.3	6.8	16	149	160/70	23840	-1 III	0.8 II
Recovery1	01:00	1	0	0	127	150/70	19050	0.6 II	1.2 II
Recovery2	01:00	1	0	0	98	130/70	12740	0.4 II	0.7 II
Recovery3	00:59	1	0	0	92	110/70	10120	0.3 V3	0.5 II

Interpretation

GOOD EFFORT TOLERANCE
NORMAL CHRONOTROPIC RESPONSE
NORMAL INOTROPIC RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRHYTHMIAS
NO SIGNIFICANT ST-T CHANGES FROM BASELINE

IMPRESSION:
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

DISCLAIMER:
NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE
POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE
HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor: ----

Doctor: Dr. GIRISH AGRAWAL

SCHILLER
The Art of Diagnostics

Suburban Diagnostics (I) Pvt. Ltd.
6th Floor, Gupte House,
81, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484805 / 26484807

(Summary Report edited by User)
Cardiovit CS-20 Version:3.4

Dr. Girish O. Agrawal
MD (Med)
Reg. No.: 2002/02/478

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: Supine

Speed: 0 kmph

Exec Time : 0:00:00

Grade: 0%

THR: 156 bpm

HR: 74 bpm

BP: 100/60 mmHg

STLevel(mm) STSlope(mV/s)

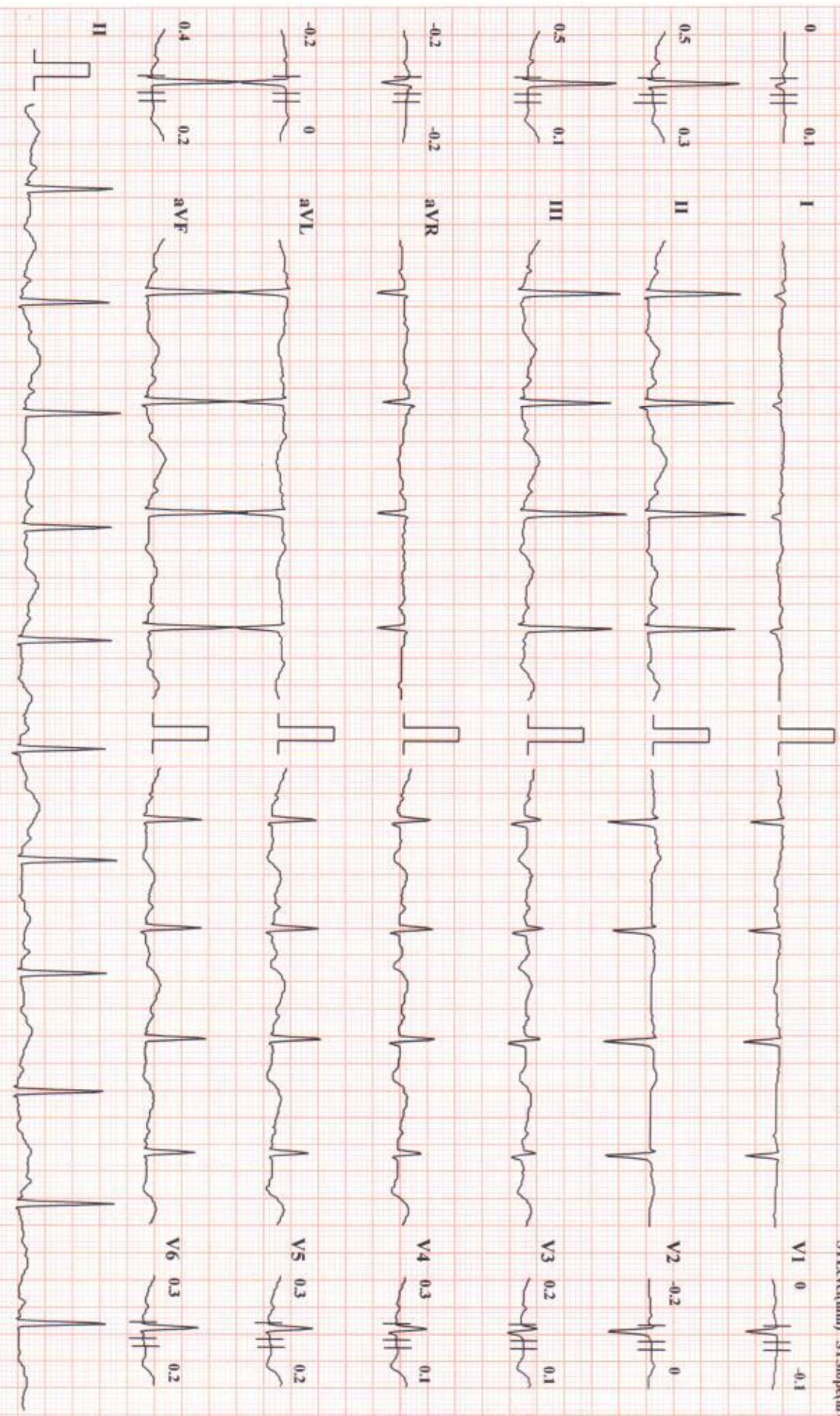


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

M S SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: Standing

Date: 09-12-2023
Speed: 0 kmph

Exec Time : 0:00:00
Grade: 0%

Stage Time: 00:11
THR: 156 bpm

HR: 70 bpm

BP: 100/60 mmHg
STLevel(mm) STSlope(mV/s)

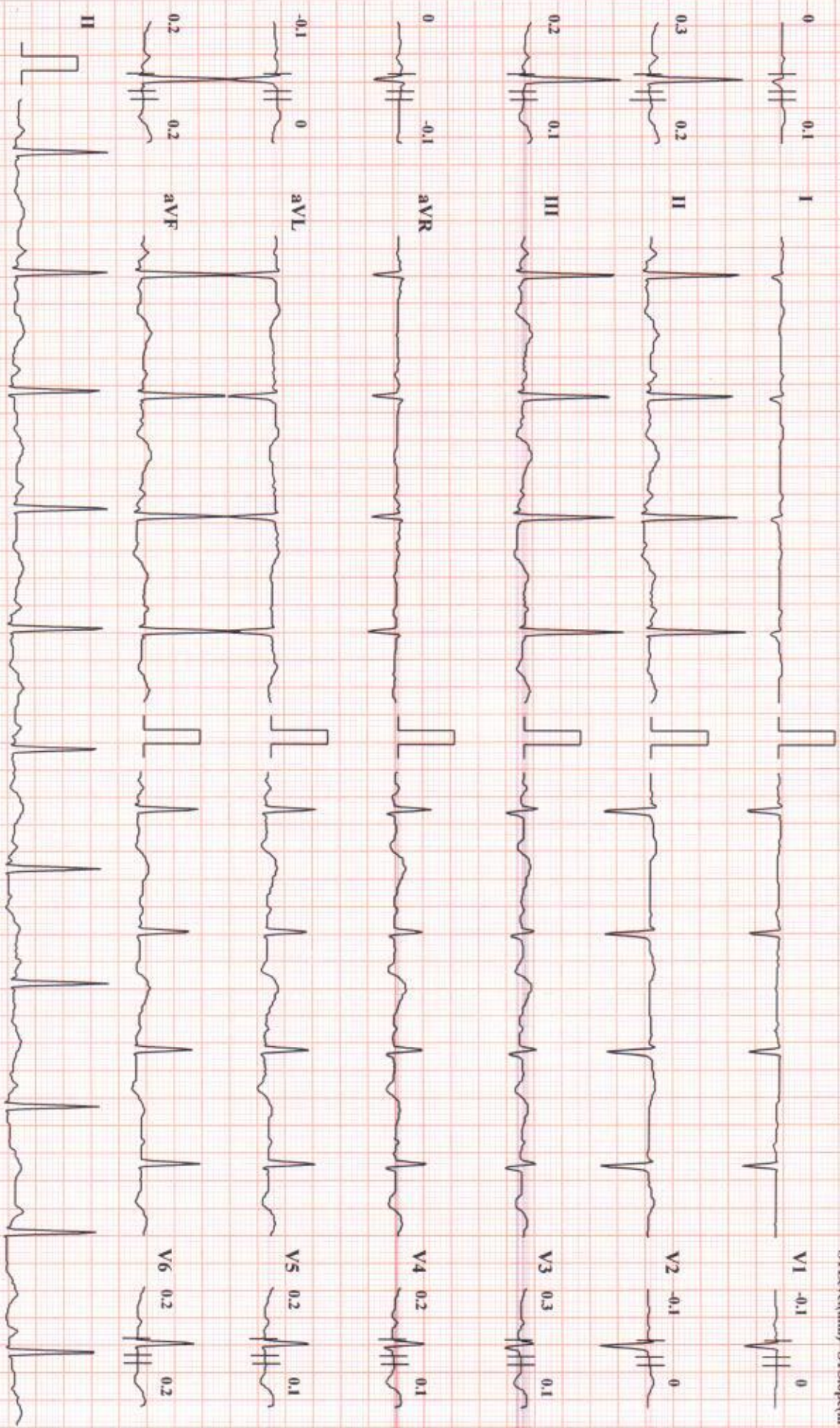


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

Date: 09-12-2023

Exec Time: 0:00:00

Stage Time: 00:26

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation Speed: 0 kmph

Grade: 0%

THR: 156 bpm

HR: 78 bpm

BP: 100/60 mmHg

STLevel(mm) STSlope(mV/s)

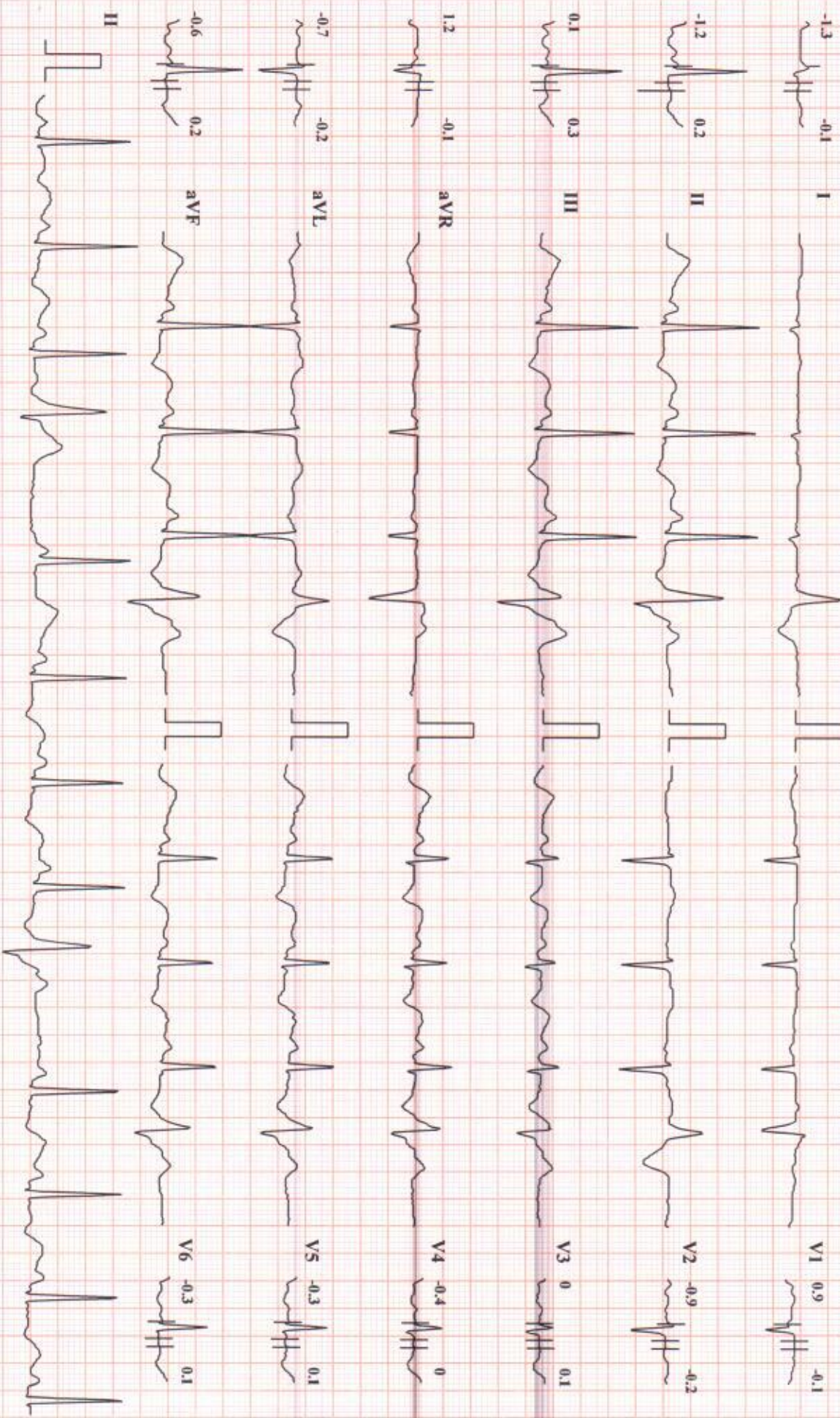


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol

ID: 2334321616

Date: 09-12-2023

Exec Time: 0:00:00

Stage Time: 00:12

STLevel(mm) STSlope(mV/s)

Stage: PreTest

Speed: 1.6 kmph

Grade: 0%

THR: 156 bpm

HR: 81 bpm

BP: 100/60 mmHg

STLevel(mm) STSlope(mV/s)

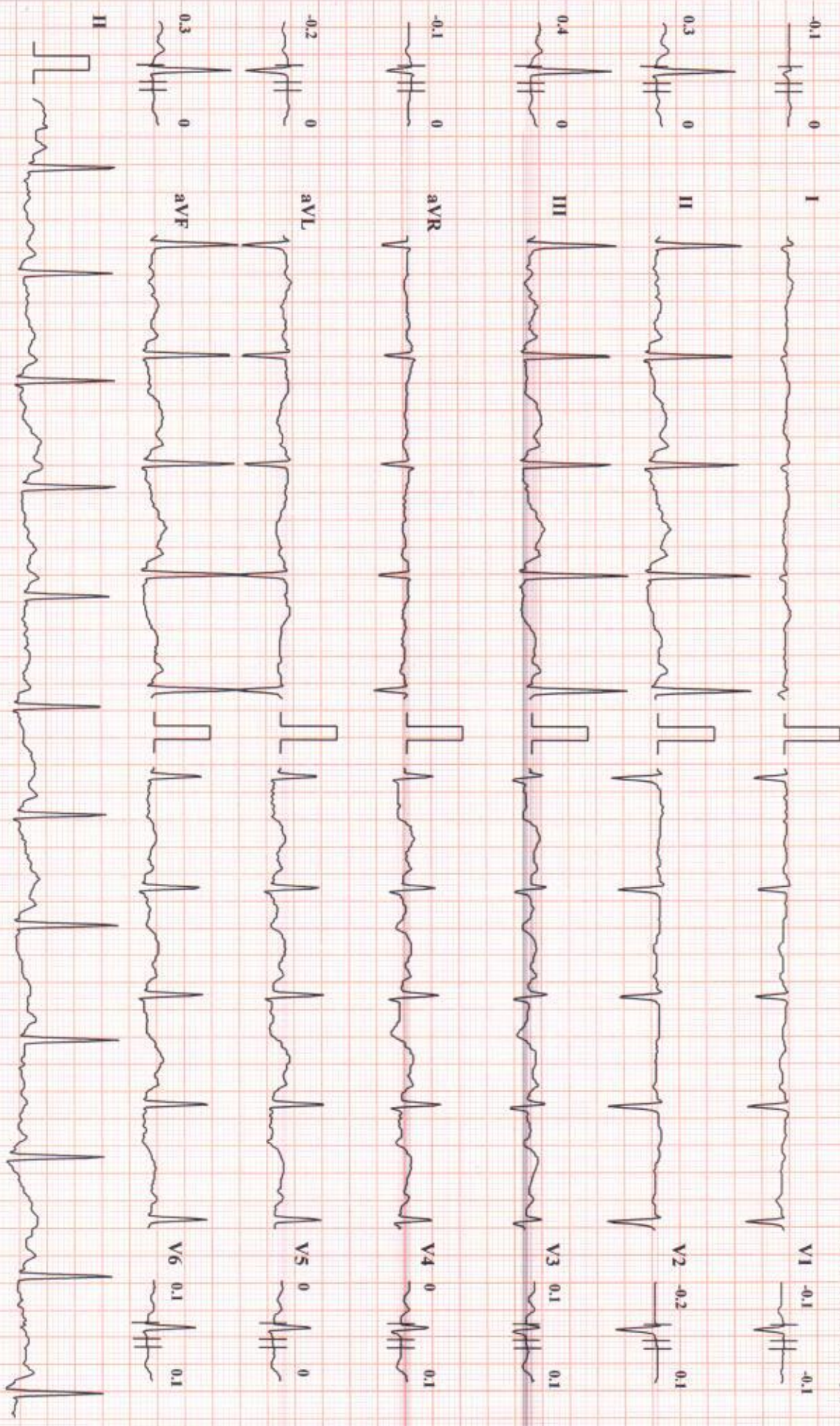


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STL:ved(mm) STSlope(mV/s)

Stage: 1

Date: 09-12-2023

Speed: 2.7 kmph

Exec Time : 0:03:00

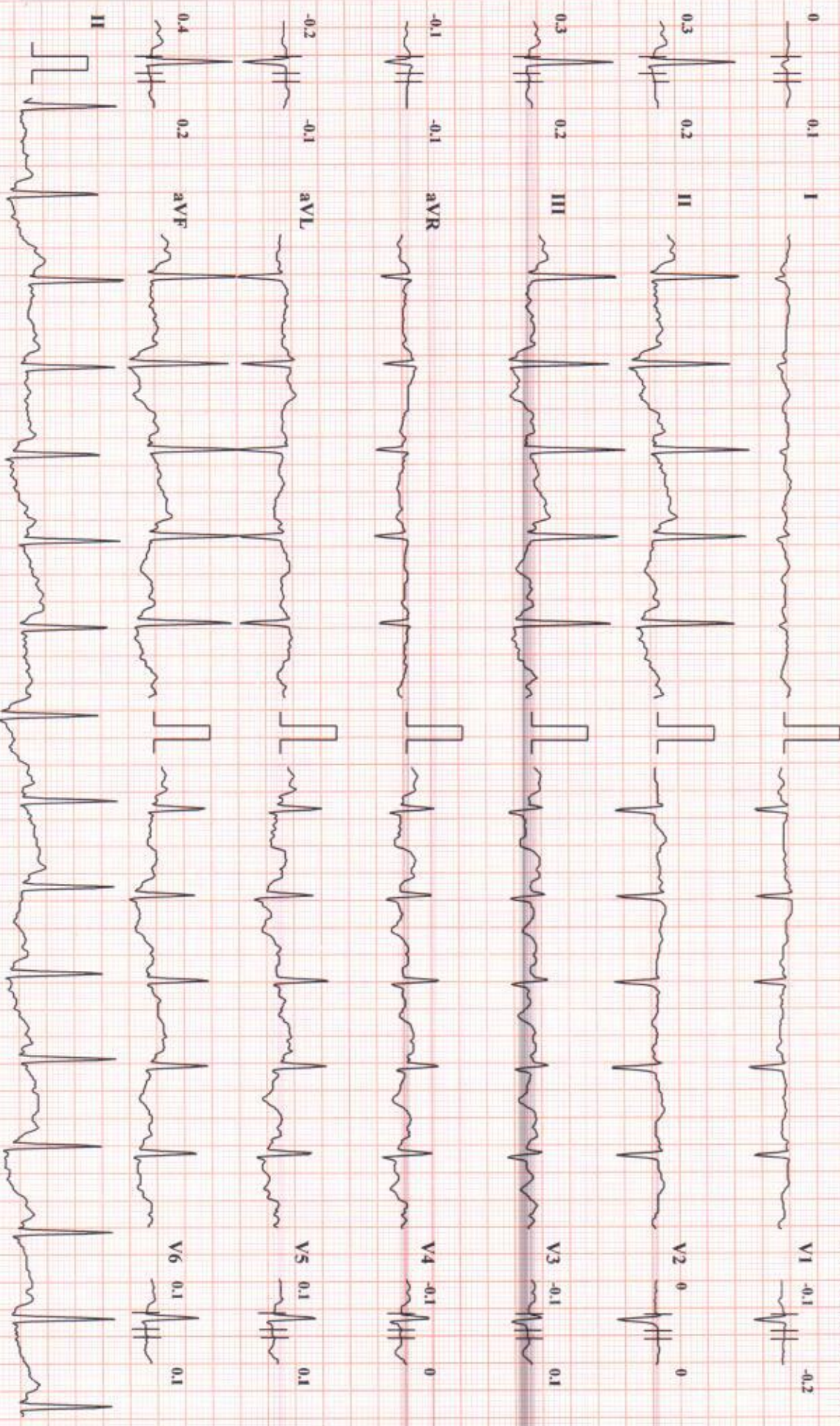
Grade: 10%

Stage Time: 03:00

HR: 96 bpm

BP: 110/60 mmHg

STL:ved(mm) STSlope(mV/s)



SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Brace Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: 2

Date: 09-12-2023

Speed: 4 kmph

Exec Time : 0:06:00

Grade: 12%

Stage Time: 03:00

THR: 156 bpm

HR: 127 bpm

BP: 120/60 mmHg

STLevel(mm) STSlope(mV/s)

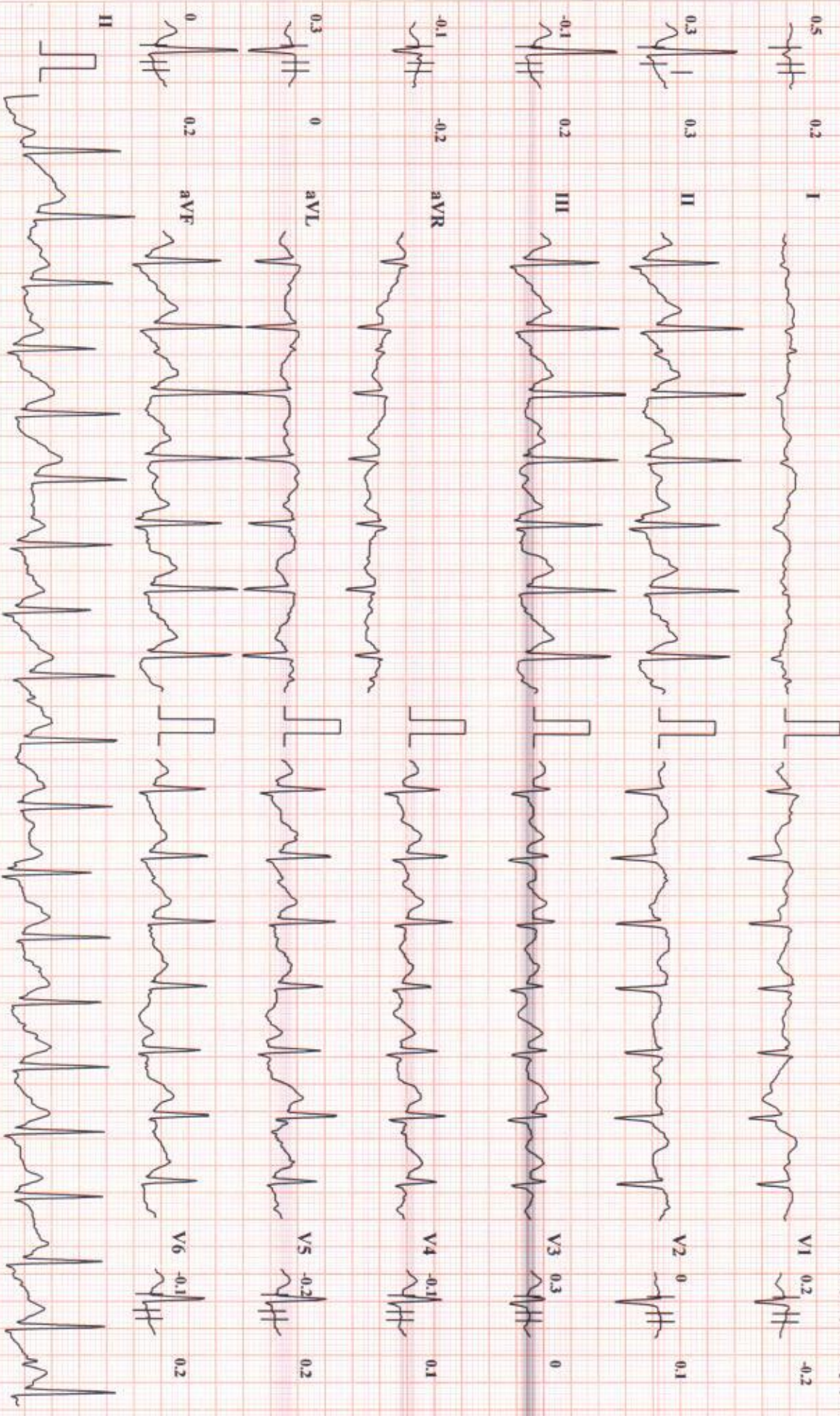


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: 3

Date: 09-12-2023

Speed: 5.5 kmph

Exec Time : 0:09:00

Grade: 14%

Stage Time: 03:00

HR: 149 bpm

BP: 140/70 mmHg

STLevel(mm) STSlope(mV/s)

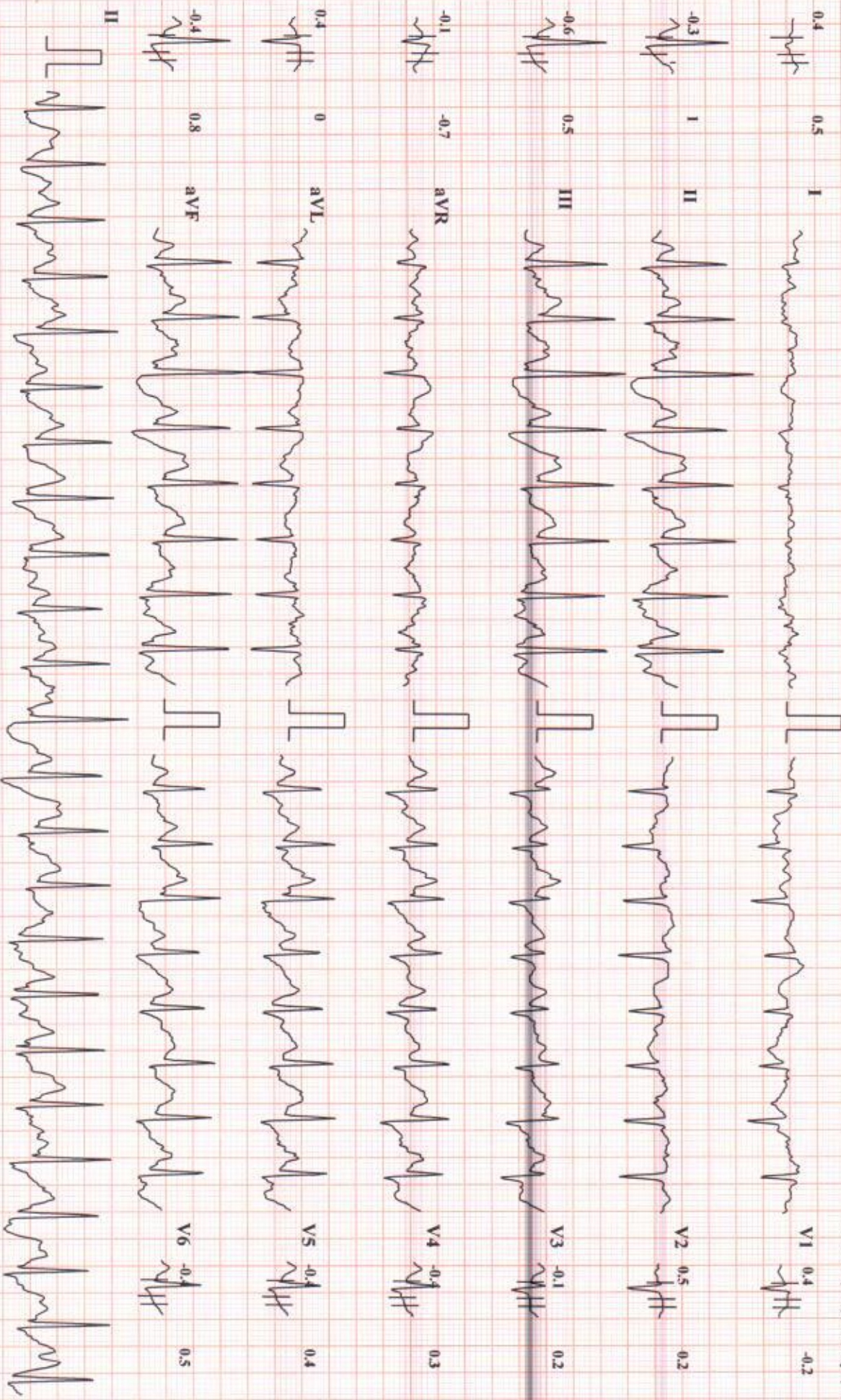


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol

ID: 2334321616

Date: 09-12-2023

Exec Time : 0:09:11

Stage Time: 00:11

HR: 149 bpm

STLevel(mm) STSlope(mV/s)

Stage: Peak Exercise

Speed: 6.8 kmph

Grade: 16%

THR: 156 bpm

Bp: 160/70 mmHg
STLevel(mm) STSlope(mV/s)

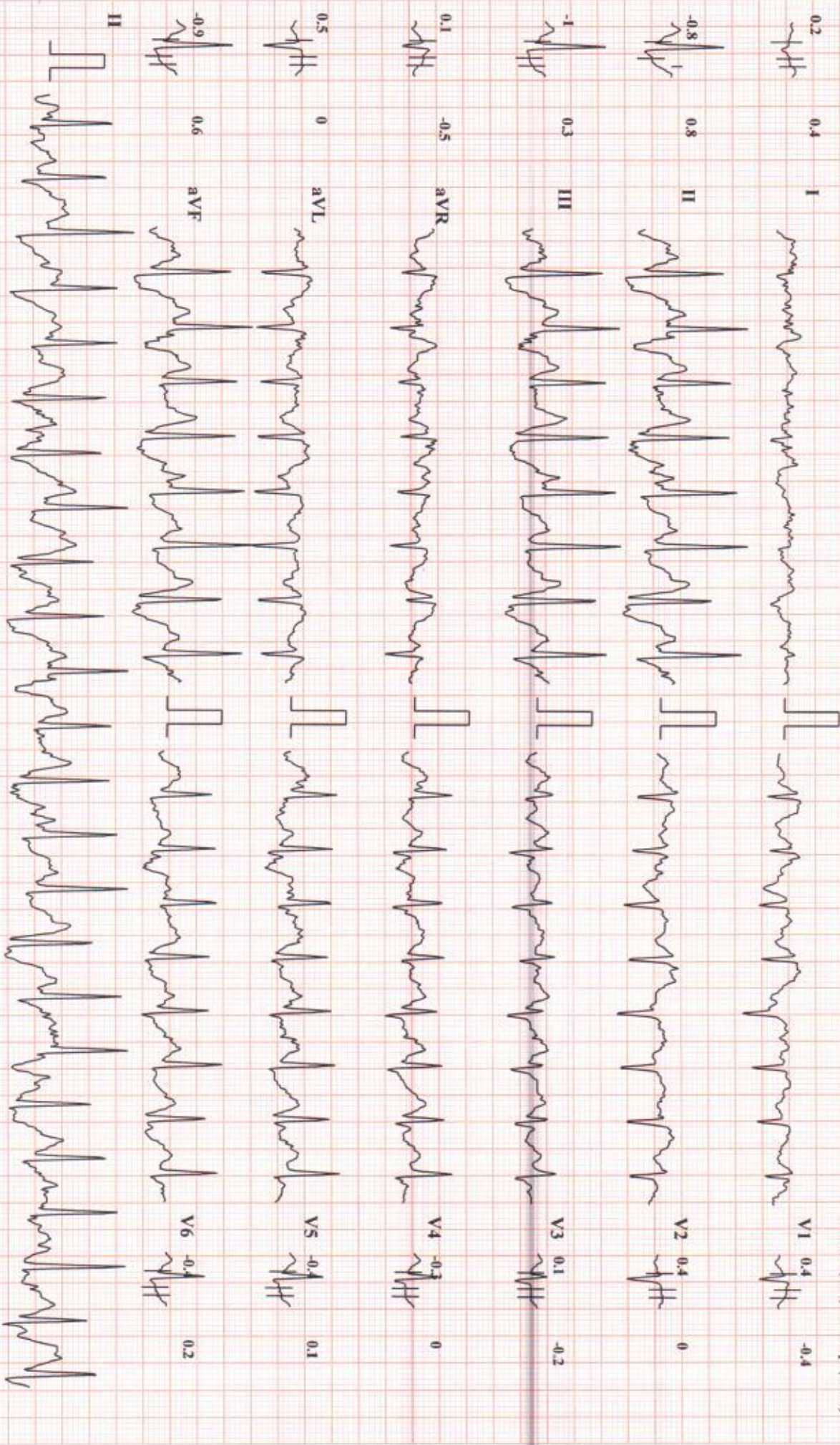


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: Recovery/1

Date: 09-12-2023

Speed: 0 kmph

Exec Time : 0:10:11

Grade: 0%

Stage Time: 01:00

THR: 156 bpm

HR: 127 bpm

BP: 150/70 mmHg

STLevel(mm) STSlope(mV/s)

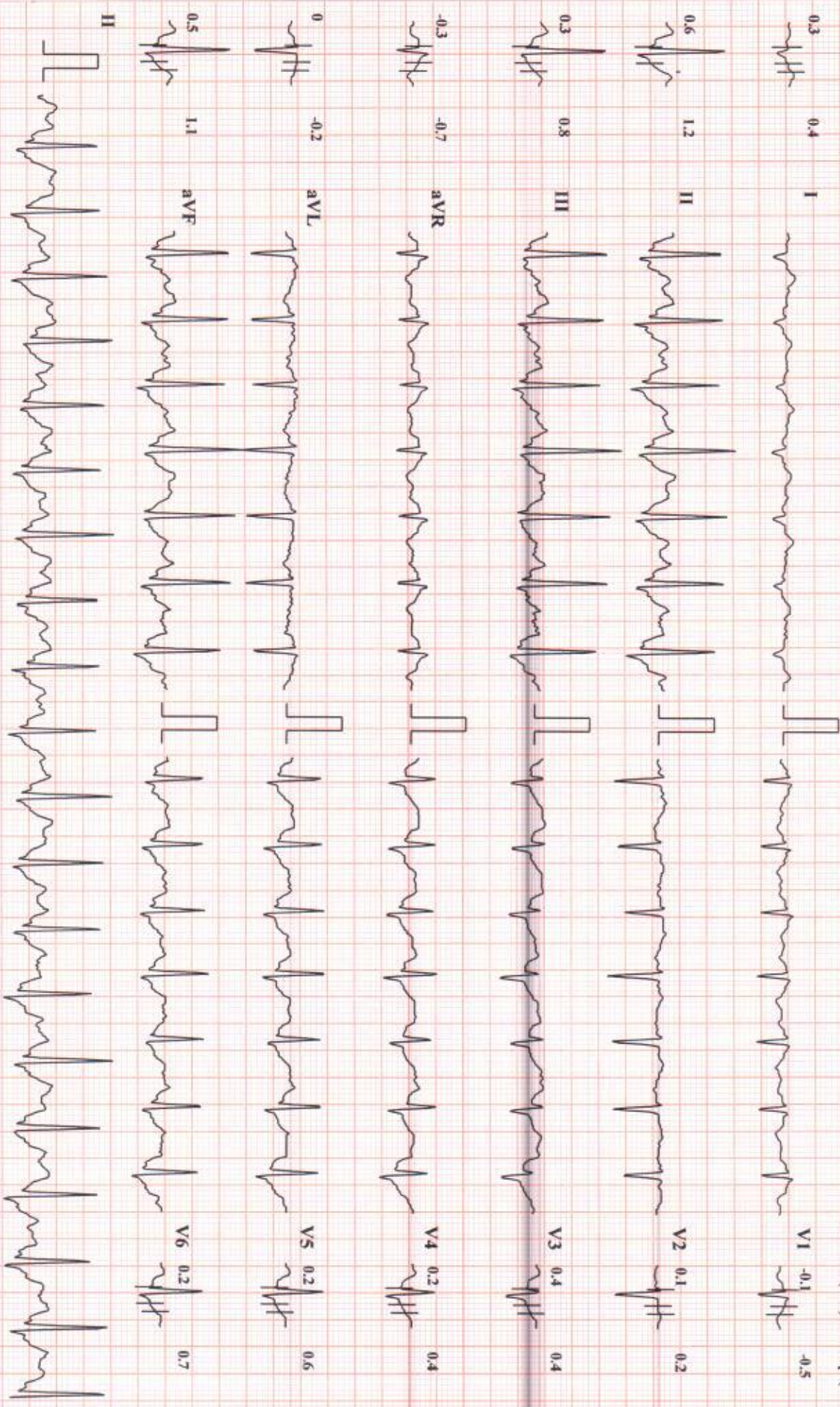


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO = R + 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Cardiovit CS-20 Version:3.4

SUBURBAN DIAGNOSTICS KHAR-W

MIS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol

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

Grade: 0%

THR: 156 bpm

BP: 130/70 mmHg
STLevel(mm) STSlope(mV/s)

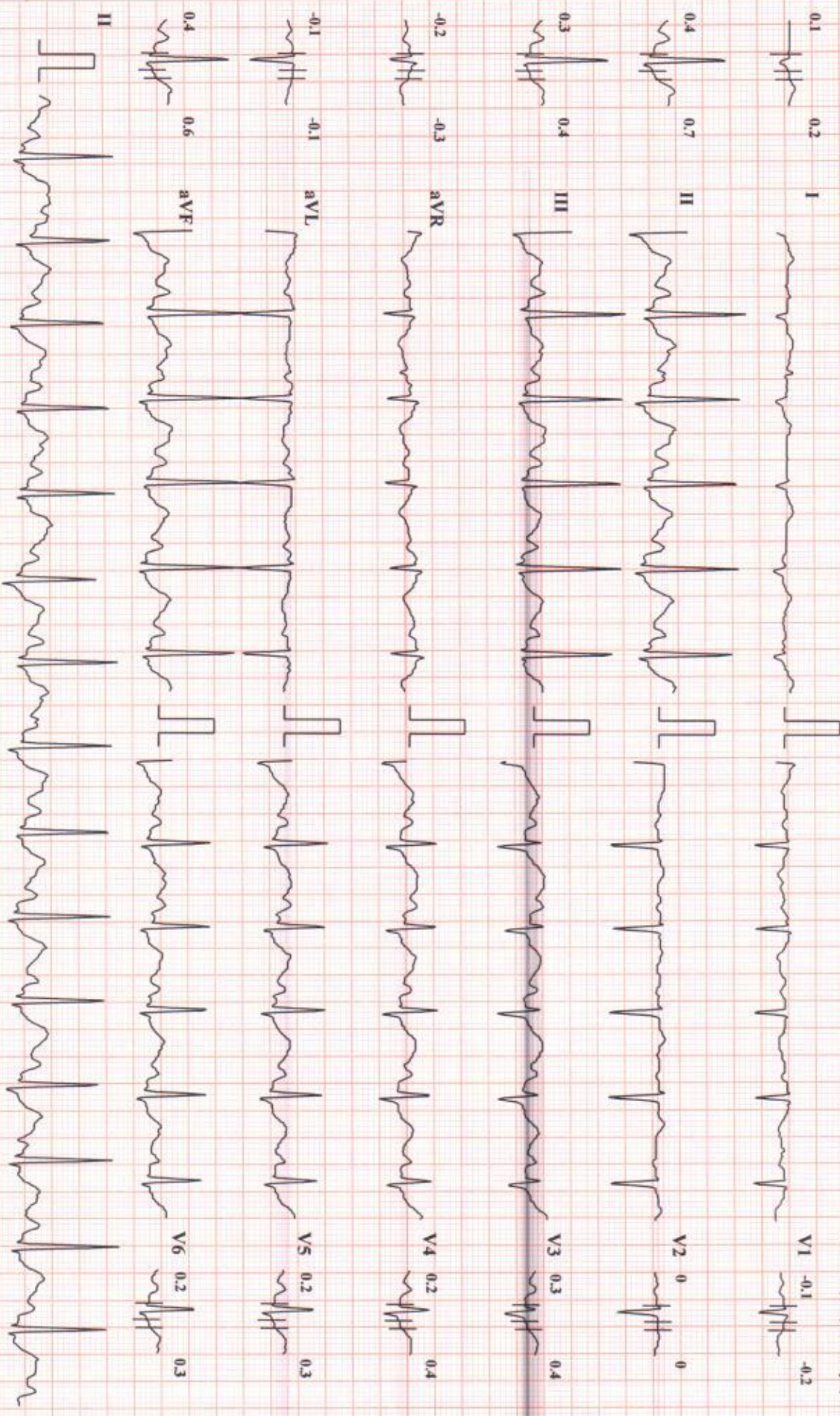


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4

SUBURBAN DIAGNOSTICS KHAR-W

MS SHWETA RAJIV SOHAIL (36 F)

Bruce Protocol ID: 2334321616

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Date: 09-12-2023

Exec Time: 0:12:10

Grade: 0%

Stage Time: 00:59

THR: 156 bpm

HR: 92 bpm

Bp: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

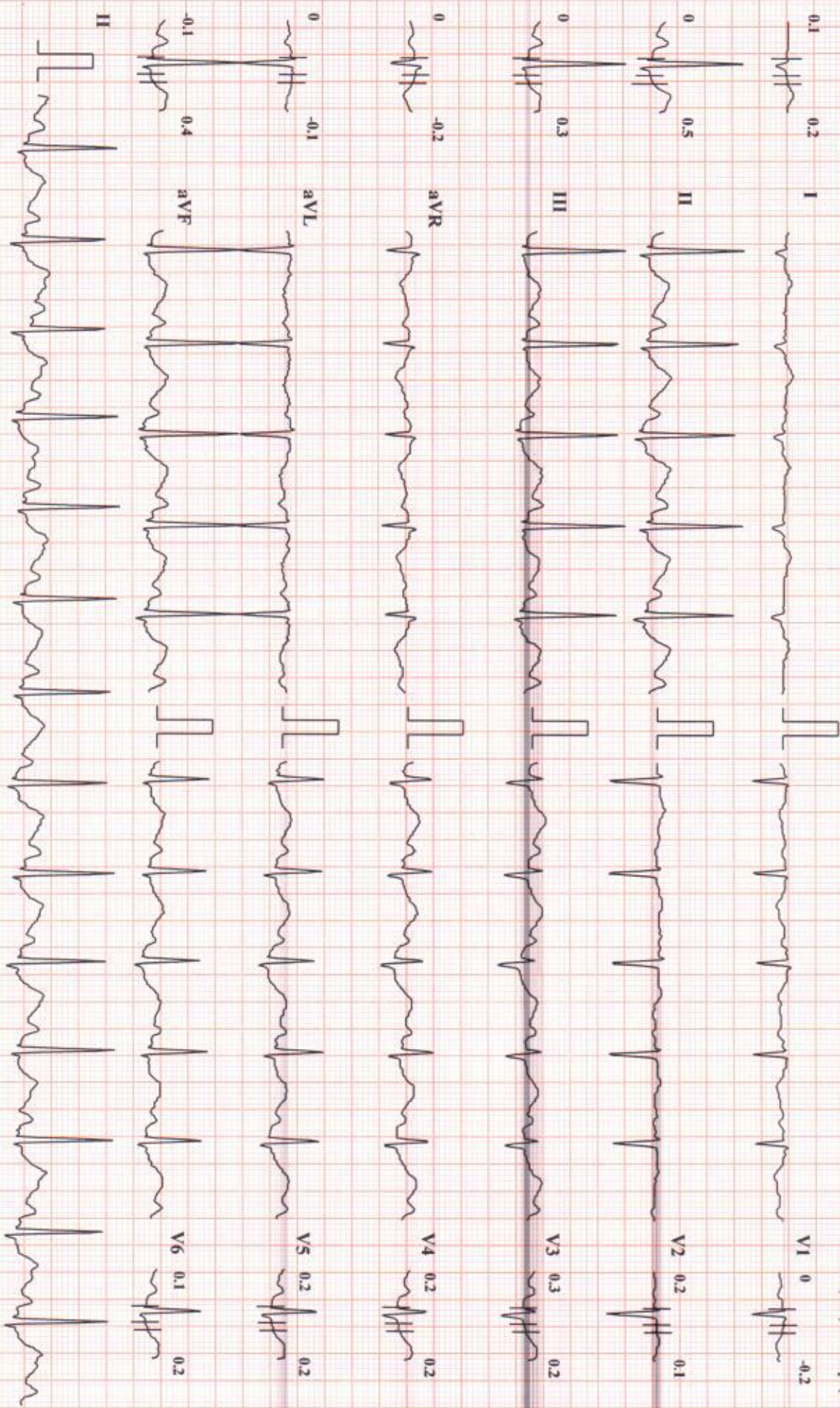


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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

Schiller Cardiovit CS-20 Version 3.4

Name : Mrs . SHWETA RAJIV SOHAIL
VID : 2334321616
Ref By : Arcofemi Healthcare Limited

Reg Date : 09-Dec-2023 10:29
Age/Gender : 36 Years
Regn Centre : Khar West (Main Centre)

17) Musculoskeletal System No

PERSONAL HISTORY:

- 1) Alcohol No
2) Smoking No
3) Diet Veg
4) Medication Yes Softovac Powder , Tab Dicorate



Dr.Rafat Parkar
MBBS
CONSULTANT
PHYSICIAN

भारत सरकार
Government of India



श्वेता राजिव सोहैल
Shweta Rajiv Sohail
जन्म तिथि/DOB: 27/03/1987
लिंग FEMALE

2093 8158 1836
YID: 9181 2423 0403 4003



जोरी आस्था. जोरी पहचान

Shweta

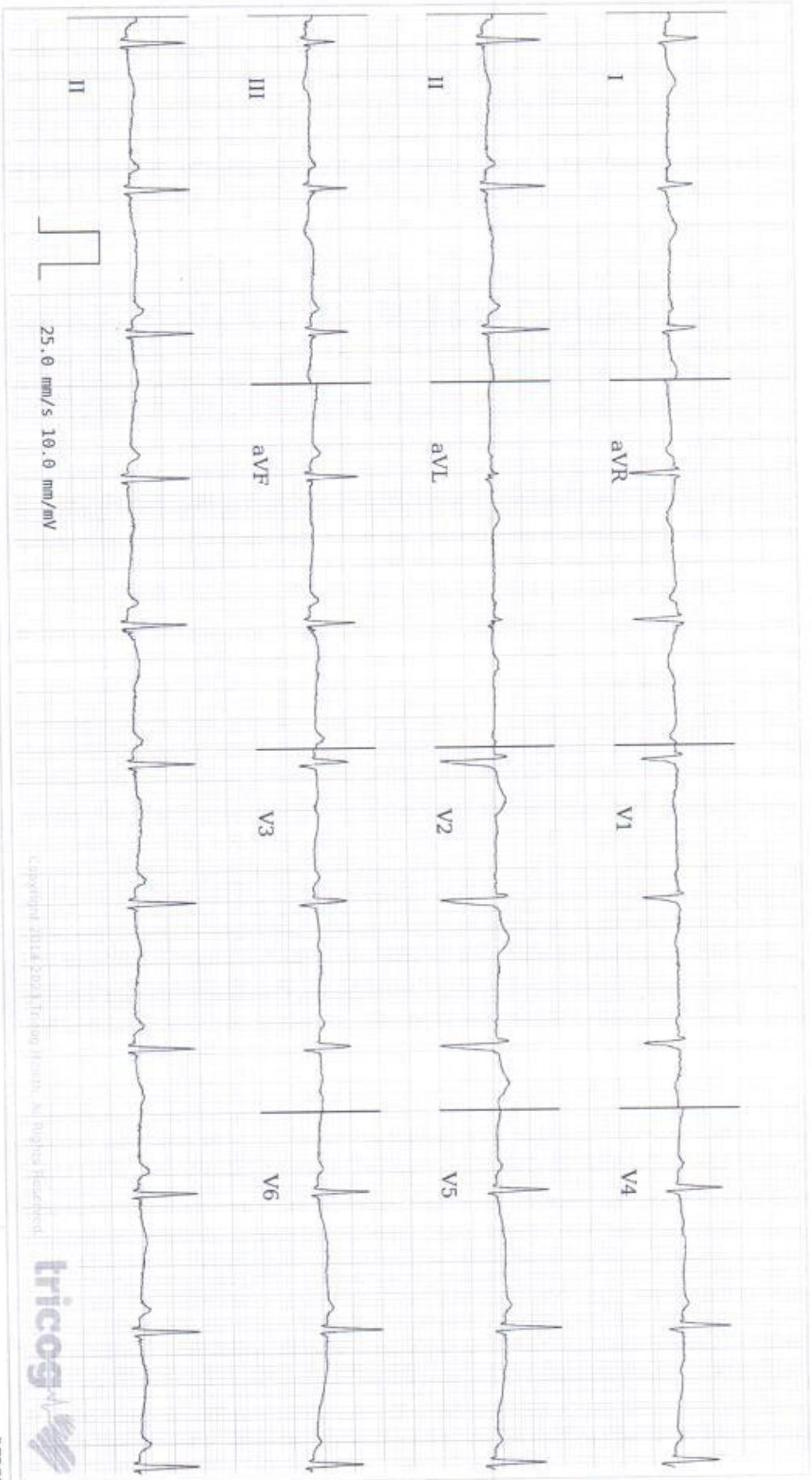
Rafat
Dr. Rafat M Parkar
M.B.B.S.
Regn. No. 072366

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 SOHAL
Patient ID: 2334321616

SUBURBAN DIAGNOSTICS - KHAR WEST

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



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

Age: 36 years
Gender: Female
Heart Rate: 64bpm

BP: 100/60 mmHg

Weight: 76 kg

Height: 175 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 86ms

QT: 414ms

QTcB: 427ms

PR: 168ms

P-R-T: 68° 64° 26°

REPORTED BY

[Signature]

Dr. Gritsh Agarwal
MD Medicine
200202/478

Disclaimer: (1) Analysis of this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other relevant tests and must be interpreted by a qualified physician. (2) Patient's name after is entered in the electronic and not derived from the ECG.

Date:- 09/12/23

CID: 2334321616

Name:- Mrs. Sohail Shweta Sex / Age: F / 22y

EYE CHECK UP

Chief complaints: Nil

Systemic Diseases: K/C/O Hirschsprung's disease (operated)

Past history: Nil

Unaided Vision: N.V - N5 (bil) ← R & L N5

Aided Vision: D.V - 6/12 (bil) ← R & L 6/12

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/12	_____			6/12
Near	_____			N5	_____			N5

Colour Vision: Normal / Abnormal

Remark: Need glasses for myopia

Dr. Rafat M Parkar
M.B.B.S.
Regn. No. 072366



Use a QR Code Scanner
Application To Scan the Code

CID : 2334321616
Name : Mrs. SHWETA RAJIV SOHAIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 09-Dec-2023
Reported : 11-Dec-2023 / 7:28

R
E
P
O
R
T

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-----

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

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

CID : 2334321616
Name : Ms SHWETA RAJIV SOHAIL
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 09-Dec-2023
Reported : 11-Dec-2023 / 9:20

Use a QR Code Scanner
Application To Scan the Code

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.

GALL BLADDER: 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.

KIDNEYS: 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.

UTERUS: 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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