



Email:

2835 / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg Date: 10 / 02 / 2024 09:36:54 AM Refd By : ARCOFEMI

REPORT :

Heart Rate 167.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:21 Mins. Ectopic Beats 0.0

METS 7.5 Test End Reason , Heart Rate Achieved Target Heart Rate 89% of 187

TEST OBJECTIVE	:	ROUTINE CHECK UP
RISK FACTOR	:	NONE
ACTIVITY	:	MODERATE ACTIVE
MEDICATION	:	NONE
REASON FOR TERMINATION	:	HEART RATE ACHIEVED
EXERCISE TOLERANCE	:	GOOD
EXERCISE INDUCED ARRHYTHMIAS	:	NO
HAEMODYNAMIC RESPONSE	:	NORMAL
CHRONOTROPIC RESPONSE	:	NORMAL
FINAL IMPRESSION	:	ST DEPRESSION NOTED AT PEAK AND IN RECOVERY STRESS TEST IS POSITIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE.

DISCLAIMER Negative stress test does not rule out coronary artery diseases. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Plot No. 3, Aangan,

Thakur Village, Mandivali (east),

Mumbai - 400101.

Tel : 617000000

Dr. Akhil P. Parulekar

MBBS, MD, FRAC (C)

Diagn Cardiology

Reg. No. 201203248

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST



Report

2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg
Date: 10 / 02 / 2024 09:36:54 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	077	41 %	130/80	100	00	
Standing	00:34	0:28	00.0	00.0	01.0	088	47 %	130/80	114	00	
HV	00:43	0:09	00.0	00.0	01.0	096	51 %	130/80	124	00	
ExStart	01:08	0:25	00.0	00.0	01.0	108	58 %	130/80	140	00	
BRUCE Stage 1	04:08	3:00	02.7	10.0	04.7	139	74 %	130/80	180	00	
BRUCE Stage 2	07:08	3:00	04.0	12.0	07.1	164	88 %	150/80	246	00	
PeakEx	07:29	0:21	05.5	14.0	07.5	165	88 %	160/80	264	00	
Recovery	08:29	1:00	00.0	00.0	01.1	136	73 %	160/80	217	00	
Recovery	09:07	1:39	00.0	00.0	01.0	111	59 %	160/80	177	00	

FINDINGS :

Exercise Time : 06:21
Initial HR (ExStrt) : 108 bpm 58% of Target 187
Initial BP (ExStrt) : 130/80 (mm/Hg)
Max Workload Attained : 7.5 Fair response to induced stress
Duke Treadmill Score : 05.4
Test End Reasons : Heart Rate Achieved

Max HR Attained 165 bpm 88% of Target 187
Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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Tel : 61700000

Dr. Akhil P. Parulekar
MBBS, MCh, DMCC
DNB Cardiology
Reg. No. 2012082483

(Signature)
Doctor : DR.AKHIL PARULEKAR



SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:06)



2835 (9958714283) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 78

Date: 10/02/2024 09:36:54 AM METS: 1.0/ 78 bpm 42% of THR. BP: 130/80 mmHg Raw ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

4X 30 ms Post J

ExTime: 00:00 0.0 Kmph. 0.0% 29 mm/Sec. 1.0 Cm/mV



REMARKS
II avR avF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:28)

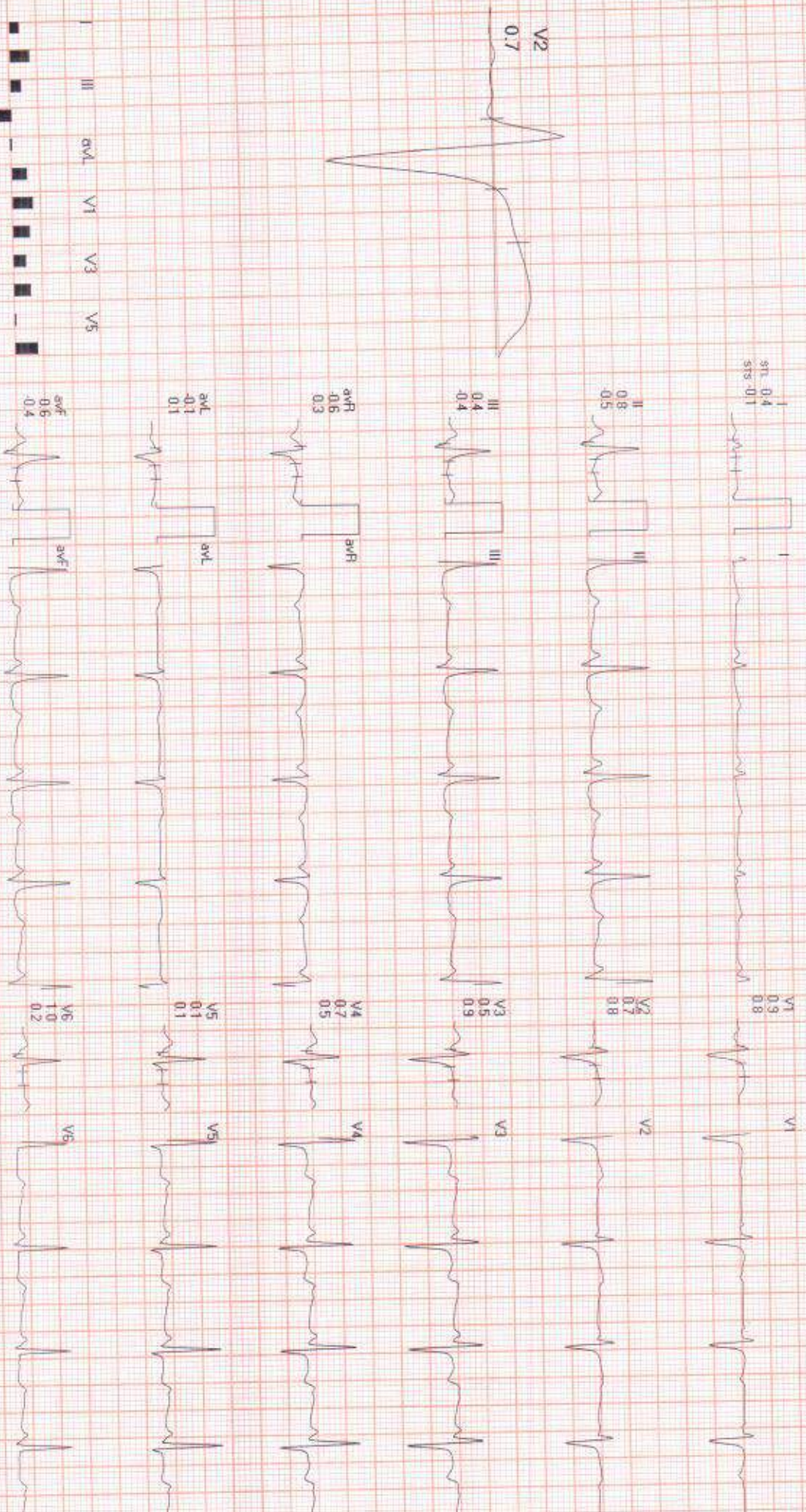


2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 88

Date: 10 / 02 / 2024 09:36:54 AM METS: 1.0/88 bpm 47% of THR BP: 130/80 mmHg Raw ECG/BLC/On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

ExTime: 00:00:0.0 KmPh: 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS: I avR avF V2 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:09)



2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 kg / HR : 96

Date: 10 / 02 / 2024 09:36:54 AM

METS: 1.0/ 96 bpm 51% of THR BP 130/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00:0.0 KmPh. 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

I 0.0
II 0.0
III 0.1

V1 0.4
V2 1.2



II 0.7
III 0.9

V2 0.4
V3 1.2



III 0.7
IV 0.9

V3 0.1
V4 1.5



avR 0.4
avL 0.4
avF 0.4

V4 0.2
V5 1.0



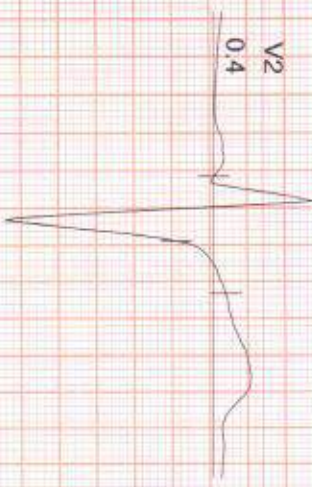
avL 0.3
avF 0.5

V5 0.4
V6 1.0



avF 0.7
V6 0.9

V6 0.3
V6 0.1



REMARKS:
II avR avL avF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStt



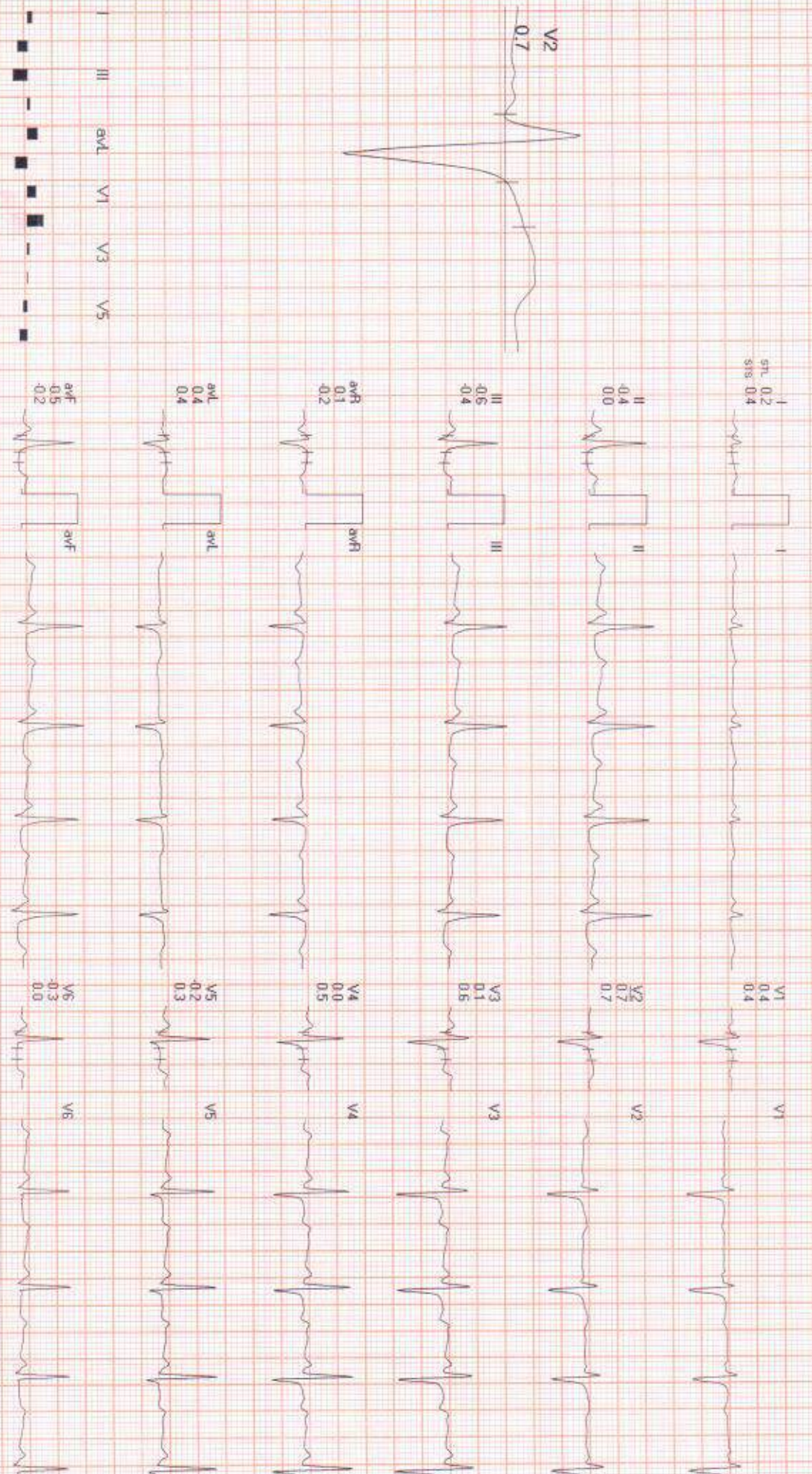
2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 108

Date: 10 / 02 / 2024 09:38:54 AM METS: 1.0 / 108 bpm 58% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 ms Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:
II aVR aVL aVF V1 V2 V3 V4 V5 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)

2835 /9958714263 / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 139

Date: 10 / 02 / 2024 09:36:54 AM METS: 4.7 / 139 bpm 74% of THR BP: 130/80 mmHg Raw ECG/BLOCK/Notch On/ HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

EXTime: 03:00 2.7 Kmph. 10.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS
II aVR aVF V2 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 2 (03:00)



2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 164

Date: 10 / 02 / 2024 09:36:54 AM METS: 7.1 / 164 bpm 88% of THR BP: 150/80 mmHg Row ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 06:00 4.0 Kmph 12.0%

4X 50 ms Post J

25 mm/Sec 1.0 Cm/mV

STL -1.0
STB -0.5

V1 -0.7
V2 0.3

II -1.7
III -1.1

V2 -0.5
V3 0.8

II -0.6
III -1.1

V3 -2.4
V4 0.1

avR 1.3
avL 0.4

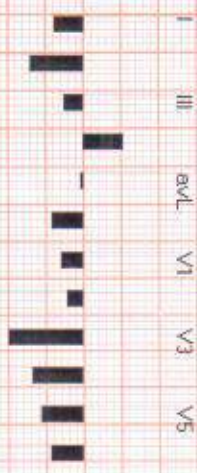
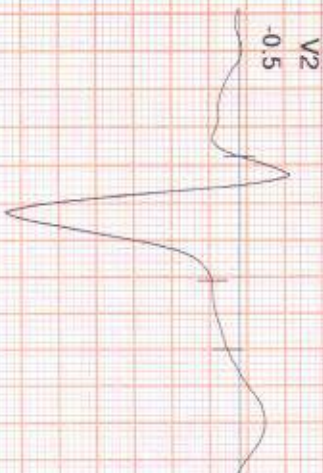
V4 -1.6
V5 -0.5

avL -0.1
avF 0.5

V5 -1.4
V6 -0.8

avF -1.0
avR -1.1

V5 -1.0
V6 -1.0



REMARKS:

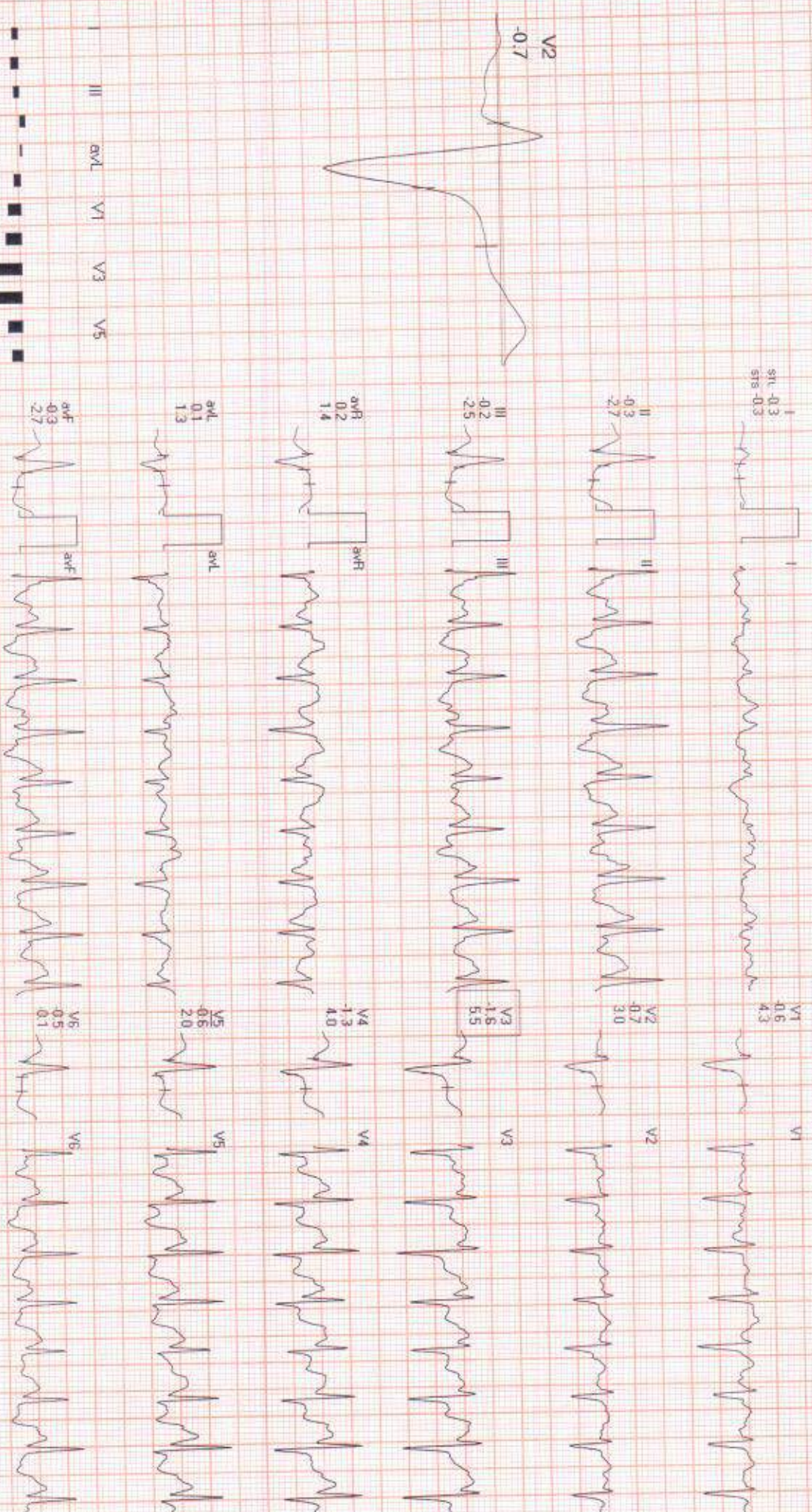
SUBURBAN DIAGNOSTICS KANDIVALI EAST

2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 165

Date: 10 / 02 / 2024 09:36:54 AM METS: 7.5 / 165 bpm 88% of THR BP: 160/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 ms Post J

ExTime: 06:21 5.5 Kmph 14.0%
25 mm/Sec 1.0 Cm/mV



REMARKS
II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (00:48)



2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 140

Date: 10/02/2024 09:36:54 AM

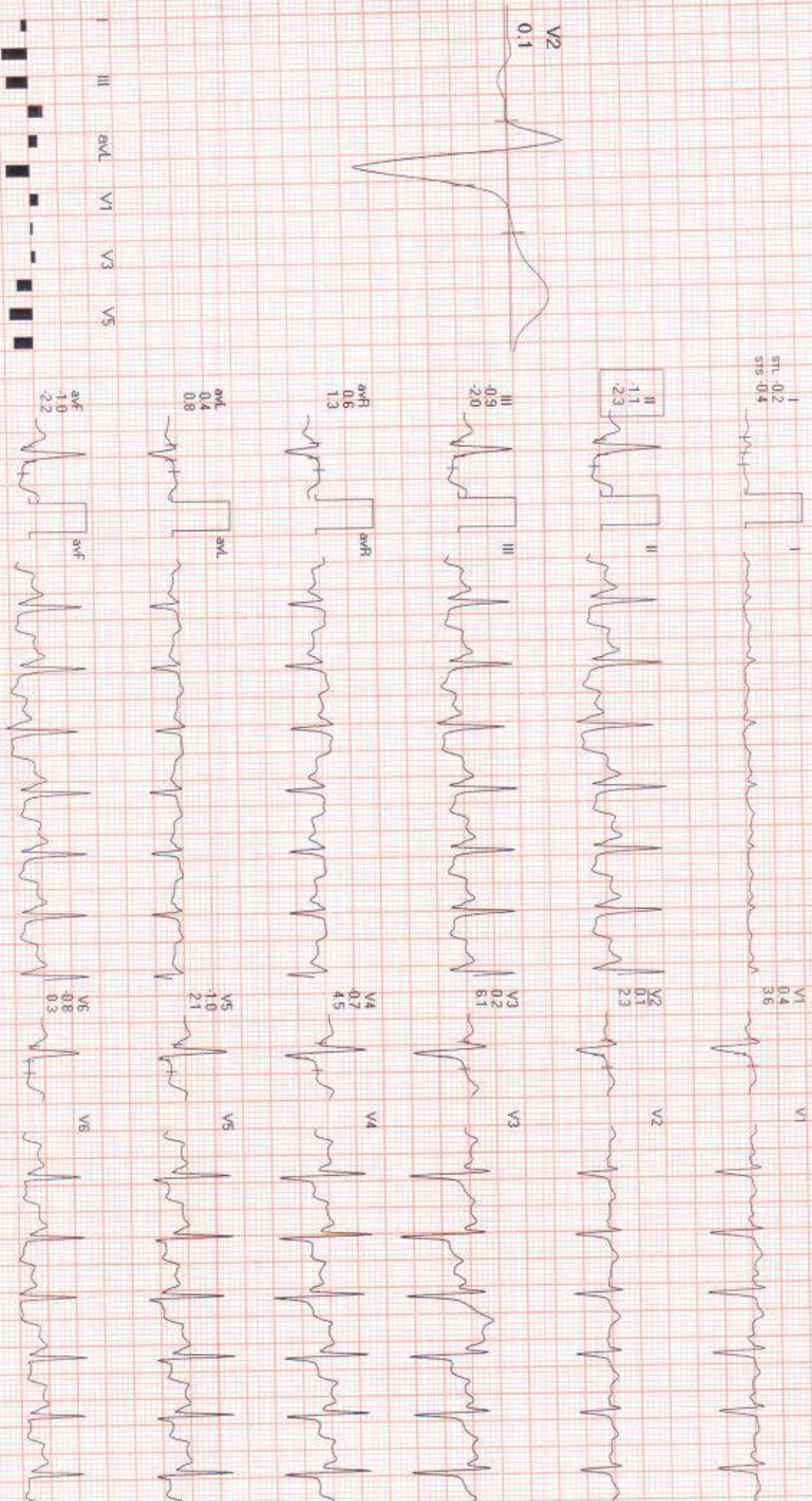
METS: 2.2 / 1.40 bpm 75% of THR

BP: 160/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

4X 60 mS Post J

EXTIME: 06:21 0.0 kmph 0.0%
25 mm/Sec 1.0 Cm/Div



REMARKS:
II aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)

2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR : 136

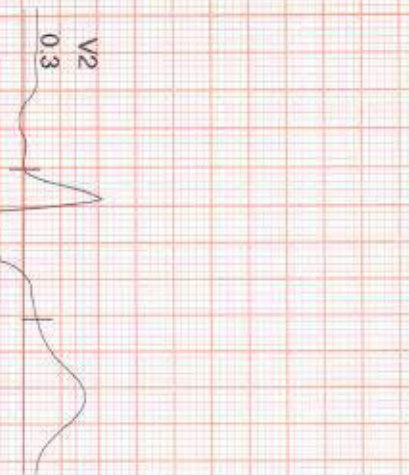
Date: 10/02/2024 09:36:54 AM

METS: 1.1/1.36 bpm 73% of THR BP: 160/80 mmHg Raw ECG/BLC On/Naich On/HF 0.05 Hz/LF 35 Hz

EXTime: 06:21 0.0 Kmph. 0.0%

4X 60 mS Paper J

25 mm/Sec 1.0 Cm/mV



I
ST: 0.1
ST: 0.1
ST: 0.1



V1
0.5
2.7



II
1.2
1.5



V2
0.3
1.8



III
1.1
1.3



V3
0.4
4.5



aVR
0.6
0.8



V4
0.7
3.4



aVL
0.6
0.6



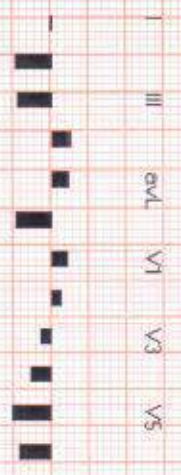
V5
1.3
1.4



aVF
1.2
1.5



V6
1.0
0.2



REMARKS:
II aVR aVL aVF V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:38)

2835 (9958714263) / MINAKSHI BANDUNI / 33 Yrs / F / 163 Cms / 70 Kg / HR 111

Date: 10/02/2024 09:36:54 AM METS: 1.0/111 bpm 59% of THR BP: 160/80 mmHg Raw ECG/ ELC On/ Notch On/ HF 0.05 HZLF 35 Hz

4X 80 mS Prol J

EXTime: 06:21 0.0 KmPh, 0.0%

STL -0.3
STs -0.2

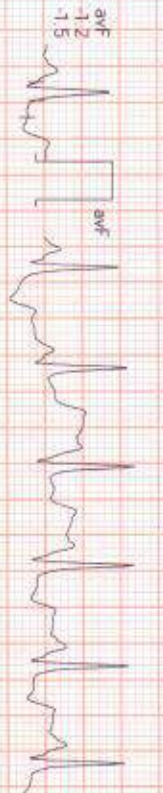
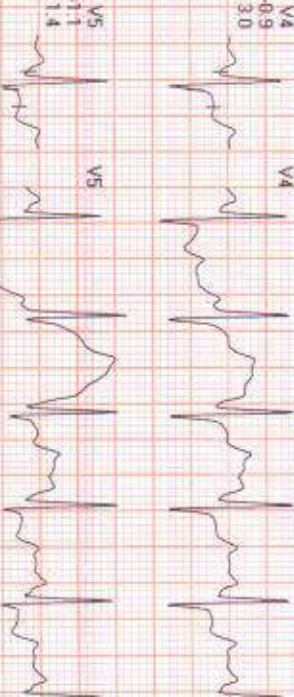
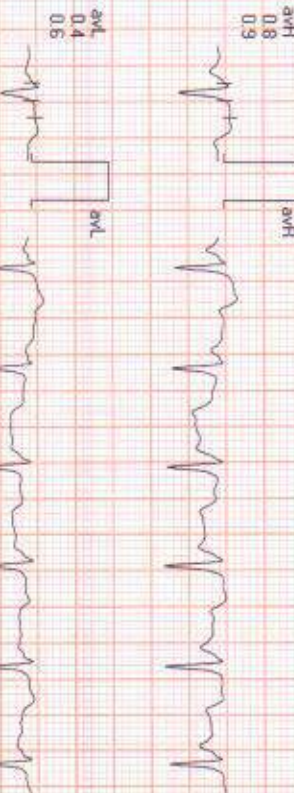
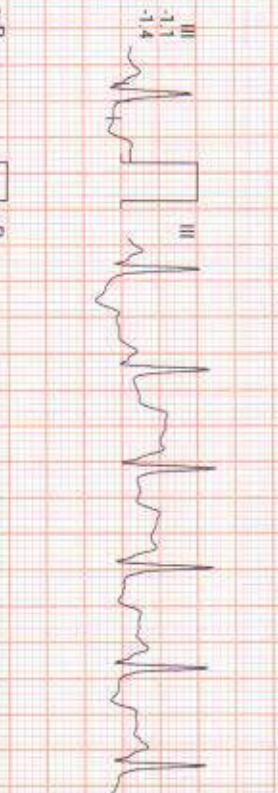
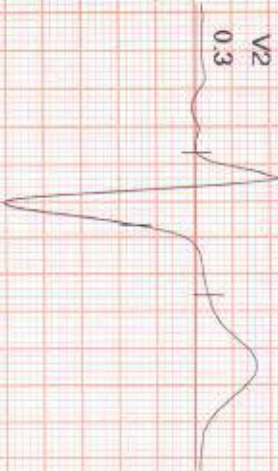
V1 0.9
V2 2.8

II -1.3
III -1.6

V2 0.3
V3 1.9

III -1.1
aVR 0.8
aVL 0.4
aVF 1.2
V5 -1.1
V6 -1.5

V3 0.4
V4 -0.9
V5 -1.1
V6 -1.0



REMARKS:
I aVR aVL V1 V2 V3 V4 V5 V6





CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 14:40

Use a QR Code Scanner
Application To Scan the Code

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	12.6	12.0-15.0 g/dL	Spectrophotometric
RBC	4.49	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.0	36-46 %	Measured
MCV	85	80-100 fl	Calculated
MCH	28.1	27-32 pg	Calculated
MCHC	33.2	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	10540	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.5	20-40 %	
Absolute Lymphocytes	3109.3	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	748.3	200-1000 /cmm	Calculated
Neutrophils	60.7	40-80 %	
Absolute Neutrophils	6397.8	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	253.0	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	31.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	346000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	19.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 15:38

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 24 2-20 mm at 1 hr. Sedimentation

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

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

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



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 16:42

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	107.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	181.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.33	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	30.7	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	33.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	25.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	100.3	35-105 U/L	Colorimetric
BLOOD UREA, Serum	21.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.75	0.51-0.95 mg/dl	Enzymatic



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 11:08
Reported : 10-Feb-2024 / 16:42

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eGFR, Serum	108	(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	6.1	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Bm haskar

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



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Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 10-Feb-2024 / 14:24

Use a QR Code Scanner
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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	6.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	139.8	mg/dl	Calculated

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Thakker

Dr.JYOT THAKKER..
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 11:48
Reported : 10-Feb-2024 / 18:54

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

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



Dr.JAGESHWAR MANDAL
CHOUPAL
MBBS, DNB PATH
Pathologist



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 15:58

Use a QR Code Scanner
Application To Scan the Code

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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



Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 16:42

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	195.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	152.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	46.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	148.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	118.0	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	30.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated

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



Bmhasakar

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



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
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Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 18:32

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	4.39	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



CID : 2404122657
Name : MRS.MINAKSHI BANDUNI
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:07
Reported : 10-Feb-2024 / 18:32

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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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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

Name : MRS. MINAKSHI BANDUNI
 Age / Gender : 33 Years/Female
 Consulting Dr. :
 Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:06
 Reported : 11-Feb-2024 / 10:47

PHYSICAL EXAMINATION REPORT

History and Complaints:
 No

EXAMINATION FINDINGS:

Height (cms):	163 cms	Weight (kg):	70 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

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

IMPRESSION:

*CBC - leucocytosis
 - ↑ WBC
 - ↑ urine acid PP
 - HbA1c - 6.5%
 - Dyslipidemia
 TMT Stress test is Post
 foot occlusion normal
 usg - fatty liver*

ADVICE:

*Low fatty diet
 " cardio diet
 Diabetologist / opines
 Cardiologist*

CHIEF COMPLAINTS:

Name : MRS. MINAKSHI BANDUNI
Age / Gender : 33 Years/Female
Consulting Dr. :
Reg. Location : Kandivali East (Main Centre)

Collected : 10-Feb-2024 / 10:06
Reported : 11-Feb-2024 / 10:47

- | | |
|--|---|
| 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 | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | Left eye patency of nasolacrimal duct-6-1-24,LSCS-2013,2017 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-----|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | No |

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548
J. Dhale
Dr. JAGRUTI DHALE

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700060

CID : 2404122657
Name : Mrs Minakshi BANDUNI
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

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Application To Scan the Code
Reg. Date : 10-Feb-2024
Reported : 11-Feb-2024 / 7:46

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Note: Investigations have their limitations, solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. X ray is known to have inter-observer variations. Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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



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

[Click here to view images <<ImageLink>>](#)

NAME : MRS. MINAKSHI BANDUNI	DATE : 10/02/2024
REF BY :	AGE / SEX : 34 YR / F
CID NO :-	

USG WHOLE ABDOMEN

LIVER:

The liver is enlarged in size (17.8 cm) normal in shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 12 mm and CBD appears measures 3.1 mm. The main portal vein and CBD appears normal.

GALL BLADDER: The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS: The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS: Right kidney measures 10.4 x 4.5 cm. Left kidney measures 10.7 x 4.9 cm. Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN: The spleen is normal in size (8.4 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER: The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS: The uterus is anteverted and appears normal. It measures 8.4 x 5.0 x 4.2 cm in size. The endometrial thickness is 7.6 mm.

OVARIES: Both the ovaries are well visualized and appears normal. There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.0 x 1.9 cm. Left ovary = 2.6 x 1.5 cm.

IMPRESSION:

HEPATOMEGALY WITH GRADE II FATTY LIVER.

----End of Report----

DR AKASH CHHARI
MD, RADIOLOGY
CONSULTANT RADIOLOGIST

Date:- 10/2/24

CID:

Name:- Minakshi Bardyn

Sex/Age: 84/F

EYE CHECK UP

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

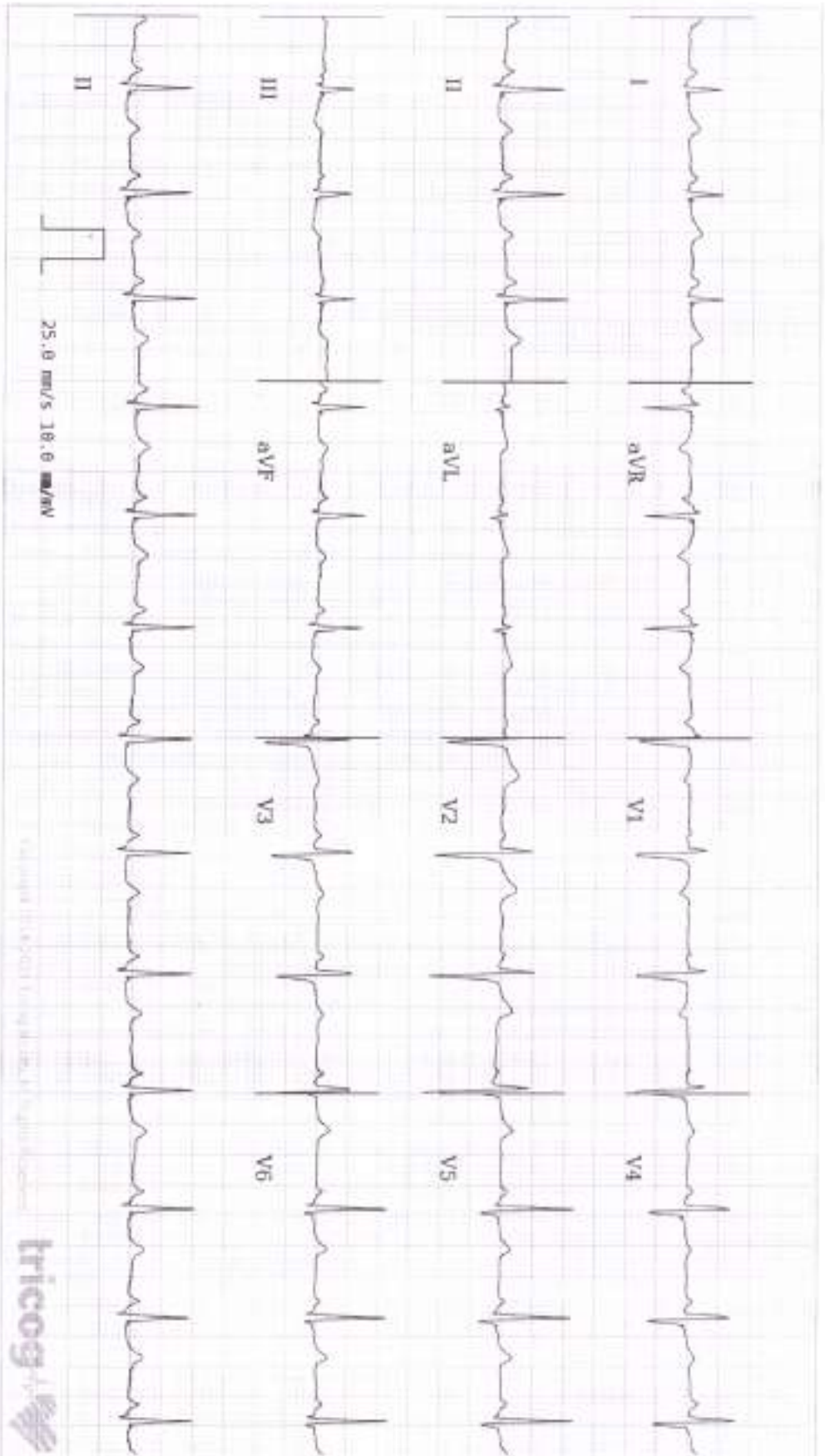
(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	6/0	-	-	-	6/0
Near				NIG				NIG

Colour Vision: Normal/ Abnormal

Remark: Normal

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row 17, Lane No. 3, Angan,
Thakur Vihar, Kandivall (east),
Mumbai - 400101.
Tel : 61790080



Age **34** NA NA
years months days

Gender **Female**

Heart Rate **81bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 70 kg

Height: 163 cm

Pulse: NA

SpO2: NA

Resp: NA

Others: NA

Measurements

QRSD: 96ms

QT: 382ms

QTcB: 443ms

PR: 126ms

P-R-T: 18° 57° 28°

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

REPORTED BY

DR ANIL PADALKAR
MBBS AND MRCP (C), DNB Cardiology
Cardiologist
20120301

