



CID : 2302819546
 Name : MRS.AKSHITA BOHRA
 Age / Gender : 33 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

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 Reported : 28-Jan-2023 / 14:58

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	13.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.10	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.3	36-46 %	Measured
MCV	98	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	28.3	20-40 %	
Absolute Lymphocytes	1386.7	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	392.0	200-1000 /cmm	Calculated
Neutrophils	60.1	40-80 %	
Absolute Neutrophils	2944.9	2000-7000 /cmm	Calculated
Eosinophils	2.7	1-6 %	
Absolute Eosinophils	132.3	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	44.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	219000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Calculated
PDW	17.1	11-18 %	Calculated



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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR 16 2-20 mm at 1 hr. Sedimentation

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



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



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 Age / Gender : 33 Years / Female
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 Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 10:13
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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	86.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	96.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (DIRECT), Serum	0.33	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and method w.e.f.11-07-2022			
BILIRUBIN (INDIRECT), Serum	0.43	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.8	5.7-8.2 g/dL	Biuret
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	27.7	<34 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
SGPT (ALT), Serum	20.9	10-49 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			



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GAMMA GT, Serum	21.7	<38 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
ALKALINE PHOSPHATASE, Serum	58.8	46-116 U/L	Modified IFCC
Kindly note change in Ref range and method w.e.f.11-07-2022			
BLOOD UREA, Serum	17.1	19.29-49.28 mg/dl	Calculated
Kindly note change in Ref range and method w.e.f.11-07-2022			
BUN, Serum	8.0	9.0-23.0 mg/dl	Urease with GLDH
Kindly note change in Ref range and method w.e.f.11-07-2022			
CREATININE, Serum	0.63	0.50-0.80 mg/dl	Enzymatic
Kindly note change in Ref range and method w.e.f.11-07-2022			
eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.5	3.1-7.8 mg/dl	Uricase/ Peroxidase
Kindly note change in Ref range and method w.e.f.11-07-2022			
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 ***



MC-2111

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



CID : 2302819546
 Name : MRS.AKSHITA BOHRA
 Age / Gender : 33 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 10:13
 Reported : 28-Jan-2023 / 20:09

Use a QR Code Scanner
 Application To Scan the Code

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	4.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	93.9	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 ***



N.R.Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



CID : 2302819546
 Name : MRS.AKSHITA BOHRA
 Age / Gender : 33 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

Use a QR Code Scanner
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 Collected : 28-Jan-2023 / 10:13
 Reported : 28-Jan-2023 / 17:35

**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)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	++	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 insert



MC-2111



Bmhaskar

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

Authenticity Check



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*** End Of Report ***



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Collected : 28-Jan-2023 / 10:13
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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. Vrushi Shroff

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



CID : 2302819546
 Name : MRS.AKSHITA BOHRA
 Age / Gender : 33 Years / Female
 Consulting Dr. : -
 Reg. Location : Kandivali East (Main Centre)

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Collected : 28-Jan-2023 / 10:13
 Reported : 28-Jan-2023 / 17:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	117.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	48.4	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	34.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	83	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	73.4	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	9.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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



Dr. Vrushi Shroff

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



CID : 2302819546
 Name : MRS.AKSHITA BOHRA
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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	4.9	3.5-6.5 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
Free T4, Serum	13.6	11.5-22.7 pmol/L	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			
sensitiveTSH, Serum	1.817	0.55-4.78 microu/ml	CLIA
Kindly note change in Ref range and method w.e.f.11-07-2022			



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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 upto 15 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 at least 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

Date: 28/1/23

CID: 2302819546

Name: Mrs. Akshita Bohra

Sex/Age: F/33

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: No H/O st

Past history: No H/O Ocular surgery

Unaided Vision: 6/36 6/36

Hlogt axis
-0.75 -1.50 x 90
-1.0 -1.75 x 90

Aided Vision: 6/6, 6/6 6/6, 6/6

Refraction:

Compl. normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-0.75	-1.50	180	6/6	-1.0	-1.75	80	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

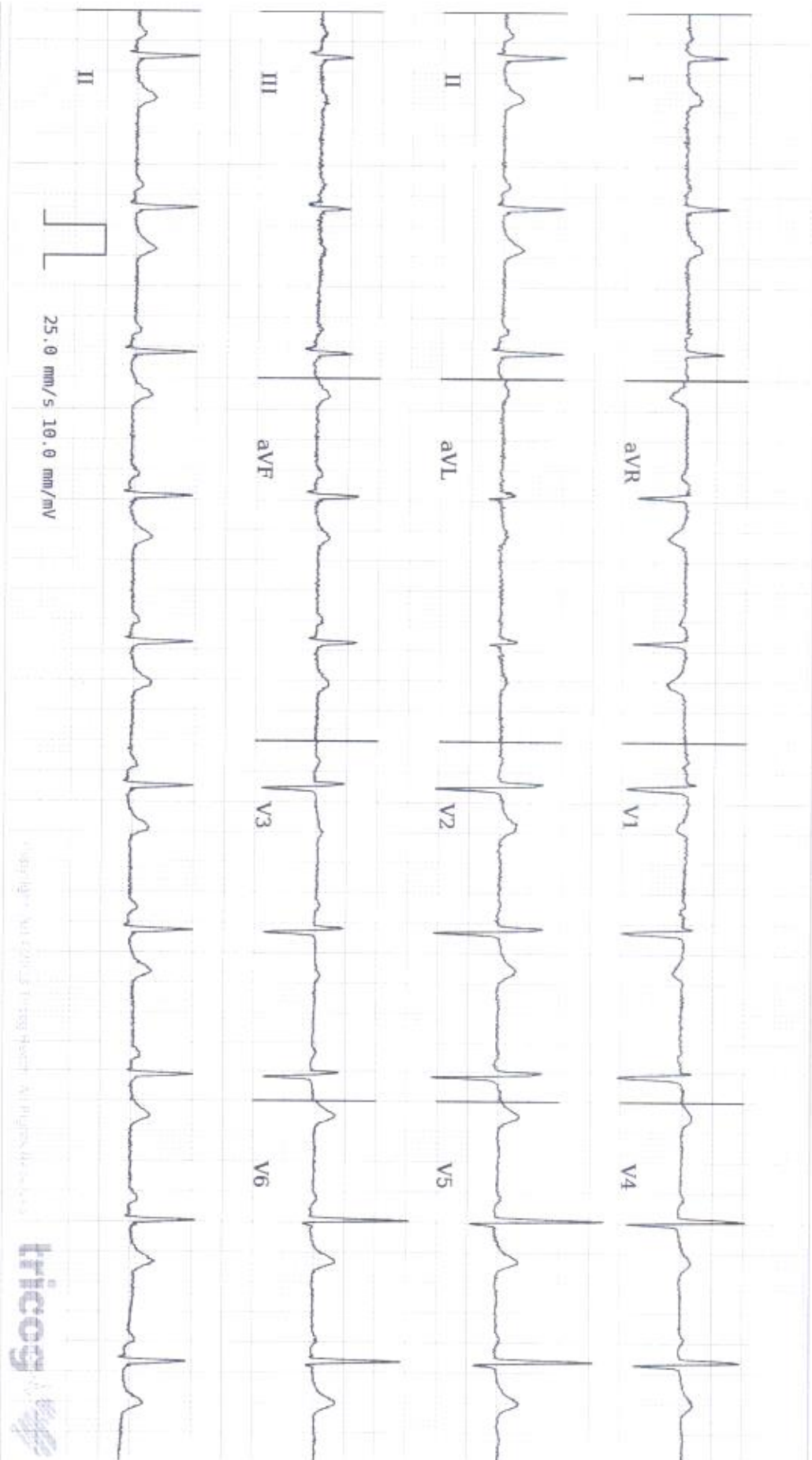
Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row 1, Lane No. 3, Astoria,
Thakur Village, Kandivli (east),
Mumbai - 400101.
Tel : 61700800

Patient Name: AKSHITA BOHRA
Patient ID: 2302819546

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 28th Jan 23 11:18 AM



Age **33** 6 14
years months days

Gender **Female**

Heart Rate **63bpm**

Patient Vitals

BP: 130/80 mmHg
Weight: 71 kg
Height: 150 cm
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSd: 74ms
QT: 396ms
QTc: 405ms
PR: 164ms
P-R-T: 56° 52° 52°

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

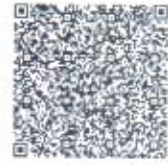
REPORTED BY

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Azadnagar,
Thakur Village, Kandivali East,
Mumbai - 400 061,
Tel : 817003462



DR AKHIL PARULEKAR
MBBS AND MEDICINE, DNB Cardiology
Cardiologist
2017082483

Disclaimer: 1) Analyze in this report is based on ECG done and should be used as an adjunct to clinical history, symptoms, and results of other studies and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



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Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 14:32

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X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

Khilji FA

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012809520591>



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Ref. Dr :
Reg. Location : Kandivali East Main Centre
Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 15:09

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 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 head, body and partial tail is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.1 x 4.2 cm.
Left kidney measures 10.2 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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 7.9 x 3.9 x 6.1 cm in size.
The endometrial thickness is 8.6 mm.

OVARIES:

Right ovary = 3.8 x 3.4 cm.
Left ovary = 2.5 x 1.6 cm.

Anechoic cystic lesion is noted in right ovary measuring 3.0 x 2.8 cm.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023012809520583>



Use a QR Code Scanner
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Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 15:09

IMPRESSION:

- Right ovarian simple cyst.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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CID# : 2302819546
Name : MRS.AKSHITA BOHRA
Age / Gender : 33 Years/Female
Consulting Dr. : - Collected : 28-Jan-2023 / 09:51
Reg.Location : Kandivali East (Main Centre) Reported : 29-Jan-2023 / 10:42

PHYSICAL EXAMINATION REPORT

History and Complaints:

Pain over tailbone since 2021

EXAMINATION FINDINGS:

Height (cms):	150 cms	Weight (kg):	71 kgs
Temp (0c):	Afebrile	Skin:	rashes
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:

- USG - Rt ovarian simple cyst

ADVICE:

Gynaec opinion

CID# : 2302819546
Name : MRS.AKSHITA BOHRA
Age / Gender : 33 Years/Female
Consulting Dr. :-
Reg.Location : Kandivali East (Main Centre)

Collected : 28-Jan-2023 / 09:51
Reported : 29-Jan-2023 / 10:42

CHIEF COMPLAINTS:

- | | |
|--|-----------|
| 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 | LSCS-2018 |
| 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

SUBURBAN DIAGNOSTICS (INDIA) PVT LTD.
Row House No. 3, Aangari,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700800

Date: - 28/1/23

CID: 2302819546

Name: - Mrs. Akshita Babra

Sex/Age: F/33

EYE CHECK UP

Chief complaints: Routine ch-up

Systemic Diseases: No H/O st

Past history: No H/O Oruba surgery

Unaided Vision: 6/36 6/36

4log(ant)
-0.75 -1.50 x 90
-1.00 -1.75 x 90

Aided Vision: 6/6, 6/6 6/6, 6/6

Refraction:

Compl. normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-0.75	-1.50	180	6/6	-1.00	-1.75	80	6/6
Near				6/6				6/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

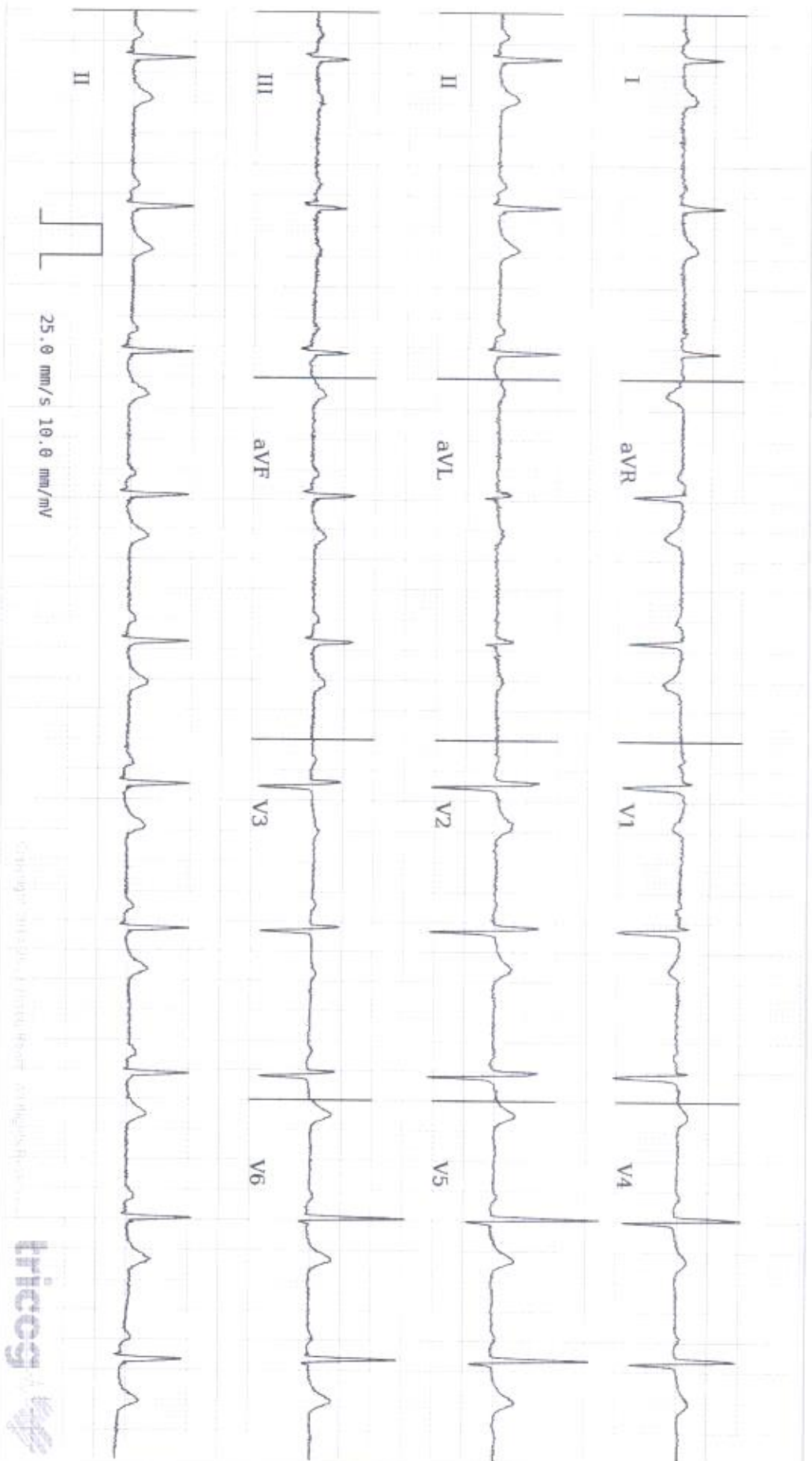
Kajal H.
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row No. 3, A-10/11,
Thakur Village, Handivali (East),
Mumbai - 400101.
Tel : 61700800

Patient Name: AKSHITA BOHRA
Patient ID: 2302819546

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: 28th Jan 23 11:18 AM



Age **33** 6 14
years months days

Gender **Female**

Heart Rate **63bpm**

Patient Vitals

BP: 130/80 mmHg

Weight: 71 kg

Height: 150 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 396ms

QTc: 405ms

PR: 164ms

P-R-T: 56° 52° 52°

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

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REPORTED BY

(Signature)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Flow House No. 3, Azadpur,

Thakur Vihage, Kandivali (East),

Mumbai - 400104,

Tel : 011-2658403

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology

Cardiologist
3012082485

Disclaimer: 1. Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2. Patient's data are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner
Application To Scan the Code

CID : 2302819546
Name : Mrs AKSHITA BOHRA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 15:09

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 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 head, body and partial tail is visualized and appears normal. No evidence of solid or cystic mass lesion. Rest of the pancreas is obscured due to bowel gas shadows.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.1 x 4.2 cm.
Left kidney measures 10.2 x 4.5 cm.

SPLEEN:

The spleen is normal in size 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 7.9 x 3.9 x 6.1 cm in size.
The endometrial thickness is 8.6 mm.

OVARIES:

Right ovary = 3.8 x 3.4 cm.
Left ovary = 2.5 x 1.6 cm.
Anechoic cystic lesion is noted in right ovary measuring 3.0 x 2.8 cm.

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

Report No = 2023012809520583



Use a QR Code Scanner
Application To Scan the Code

CID : 2302819546
Name : Mrs AKSHITA BOHRA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 15:09

IMPRESSION:

- Right ovarian simple cyst.

Suggestion: Clinicopathological correlation.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

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

This report is prepared and physically checked by Dr Vivek Singh before dispatch.

Dr. Vivek Singh
MD Radiodiagnosis
Reg No: 2013/03/0388

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Access](http://3.111.232.119/iRISViewer/NeoradViewer?Access)

sessionNo=2023012809520583



Use a QR Code Scanner
Application To Scan the Code

CID : 2302819546
Name : Mrs AKSHITA BOHRA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 28-Jan-2023
Reported : 28-Jan-2023 / 14:32

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 and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR. FAIZUR KHILJI before dispatch.

**Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist**

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SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report



921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg
 Date: 28 / 01 / 2023 11:42:37 AM Refd By : ARCOFEMI Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	SBP	RPP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	063	34%	130/80	081	00	
Standing	00:42	0:29	00.0	00.0	01.0	067	35%	130/80	087	00	
HV	00:51	0:09	00.0	00.0	01.0	065	35%	130/80	084	00	
ExStart	01:09	0:18	00.0	00.0	01.0	071	38%	130/80	092	00	
BRUCE Stage 1	04:09	3:00	02.7	10.0	04.7	131	70%	130/80	170	00	
BRUCE Stage 2	07:09	3:00	04.0	12.0	07.1	146	78%	130/80	189	00	
PeakEX	08:06	0:57	05.5	14.0	08.1	166	89%	160/80	265	00	
Recovery	09:06	1:00	00.2	00.0	01.1	140	75%	160/80	224	00	
Recovery	09:15				00.0	000	0%	---	000	00	

FINDINGS :

Exercise Time : 06:57
Initial HR (ExStt) : 71 bpm 38% of Target 187
Initial BP (ExStt) : 130/80 (mm/Hg)
Max Workload Attained : 8.1 Fair response to induced stress
Duke Treadmill Score : 06.5
Test End Reasons : Heart Rate Achieved

Max HR Attained 166 bpm 89% of Target 187
Max BP Attained 160/80 (mm/Hg)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Row House No. 3, Aangan,
 Thakur Village, Kandivali (east),
 Mumbai - 400101,
 Tel : 61700000

Dr. Akhil P. Parulekar,
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

REPORT



Email:

921 / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg Date: 28 / 01 / 2023 11:42:37 AM Refd By : ARCOFEMI

REPORT :

Heart Rate 166.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:57 Mins. Ectopic Beats 0.0

METS 8.1 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	NO SIGNIFICANT ST-T CHANGES NOTED

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.

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 617700600

Dr. Akhil P. Parulekar
MBBS, MD, Medicine
DNB Cardiology
Reg. No. 2012082483

Doctor : DR. AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:13)

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR 63



Date: 28 / 01 / 2023 11:42:37 AM

METS: 1.0/6.3 bpm 34% of THER

BP: 130/80 mmHg

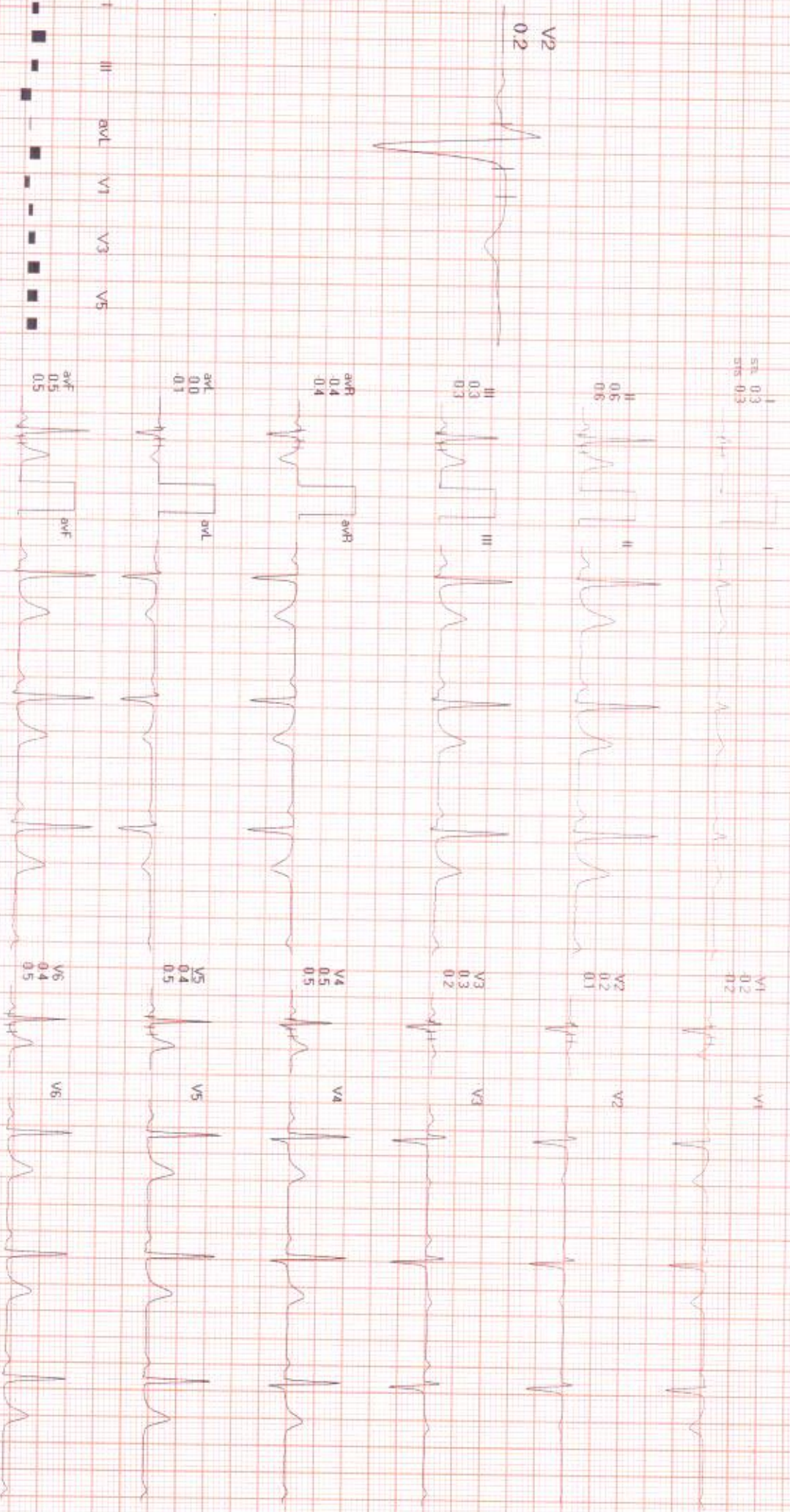
Raw ECG/BLG On/Watch On/HF 0.05 Hz/LF 35 Hz

4X

30 ms Post J

EXTIME 00:00:00 KmPh 0.0%

25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:29)

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR 67

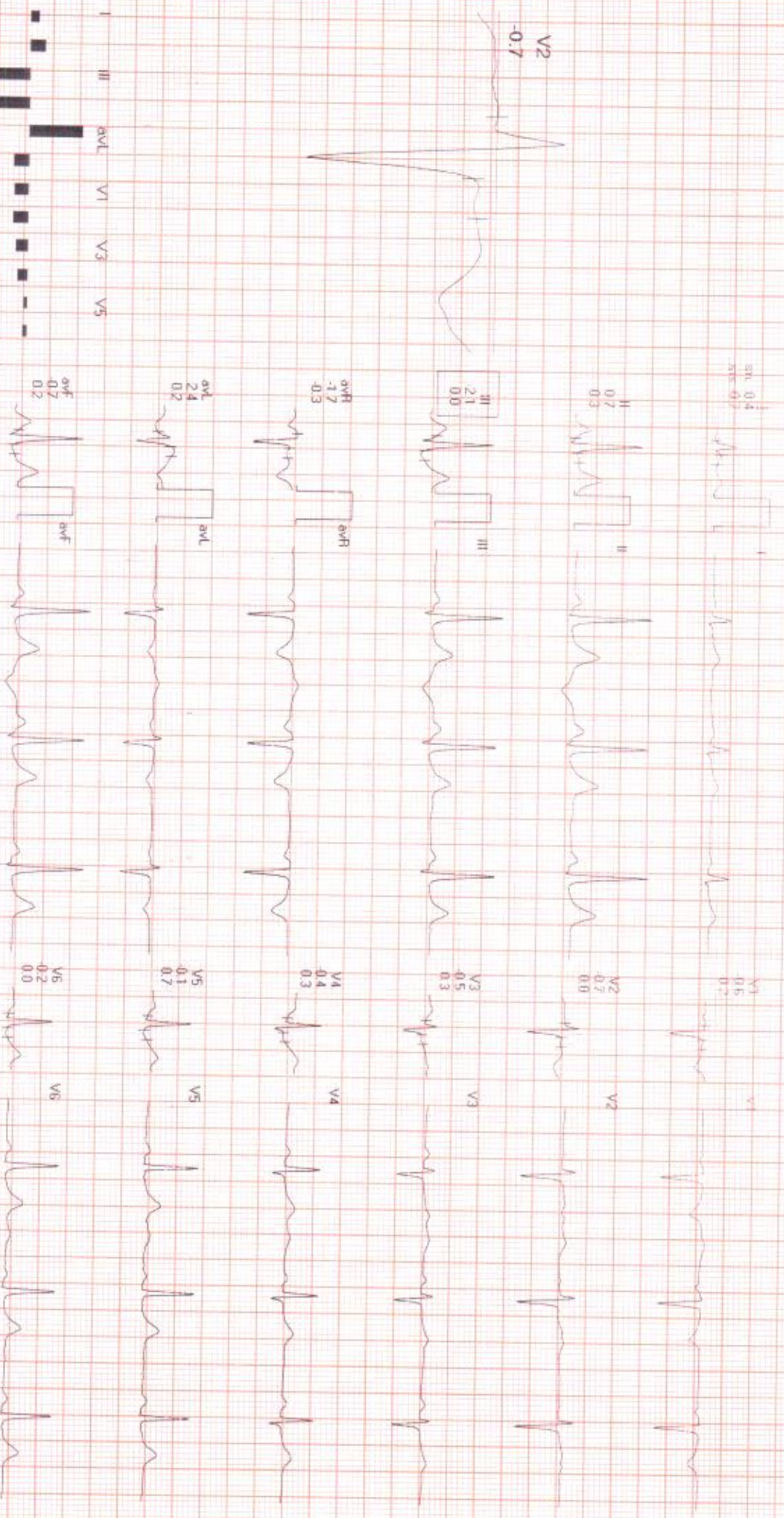
Date: 28 / 01 / 2023 11:42:37 AM METS 1 (0/67 bpm) 36% of THR BP 130/80 mmHg P aW ECG/BL/CL/CR/Lead/CR/HF 0.05 Hz/AF 15 Hz

4X

80 mS PostU

25mm/sec 1.0cm/mV

ExTime 00:00:00 K mph 0.0%



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR : 65

HV (00:09)

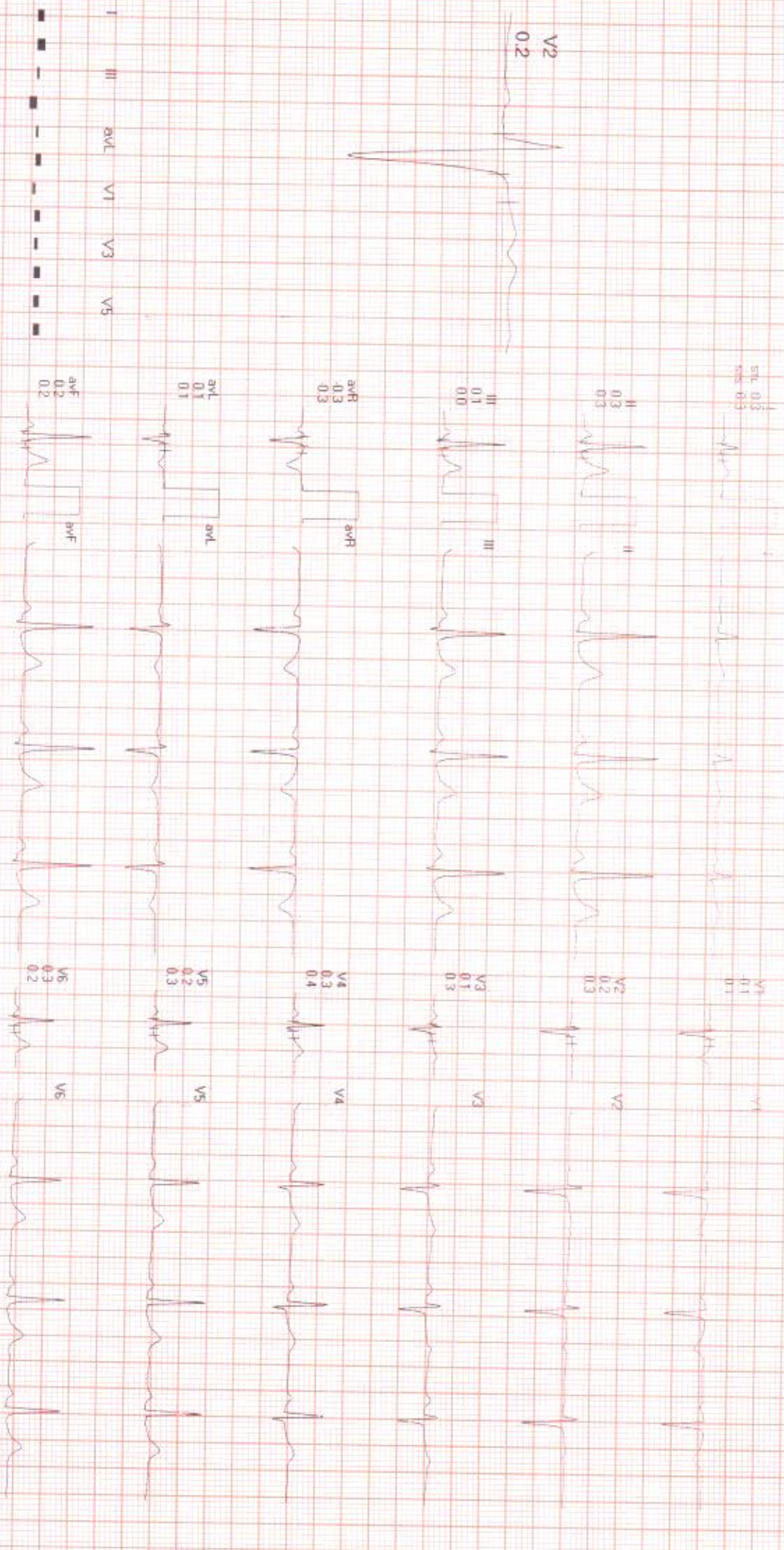


Date: 28/01/2023 11:42:37 AM METS: 1.0/ 65 bpm 35% of THR BP: 130/80 mmHg Row ECG/ ELC Div/ Patch Div/ HF 0.05 Hz/ LF 05 Hz

Ex Time: 00:09:00 Kmph: 0.0%

25mm/sec 1.0mV

4X 30ms Paper



REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

EXSIRT

ACAPL

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR : 71

Date 28/01/2023 11:42:37 AM

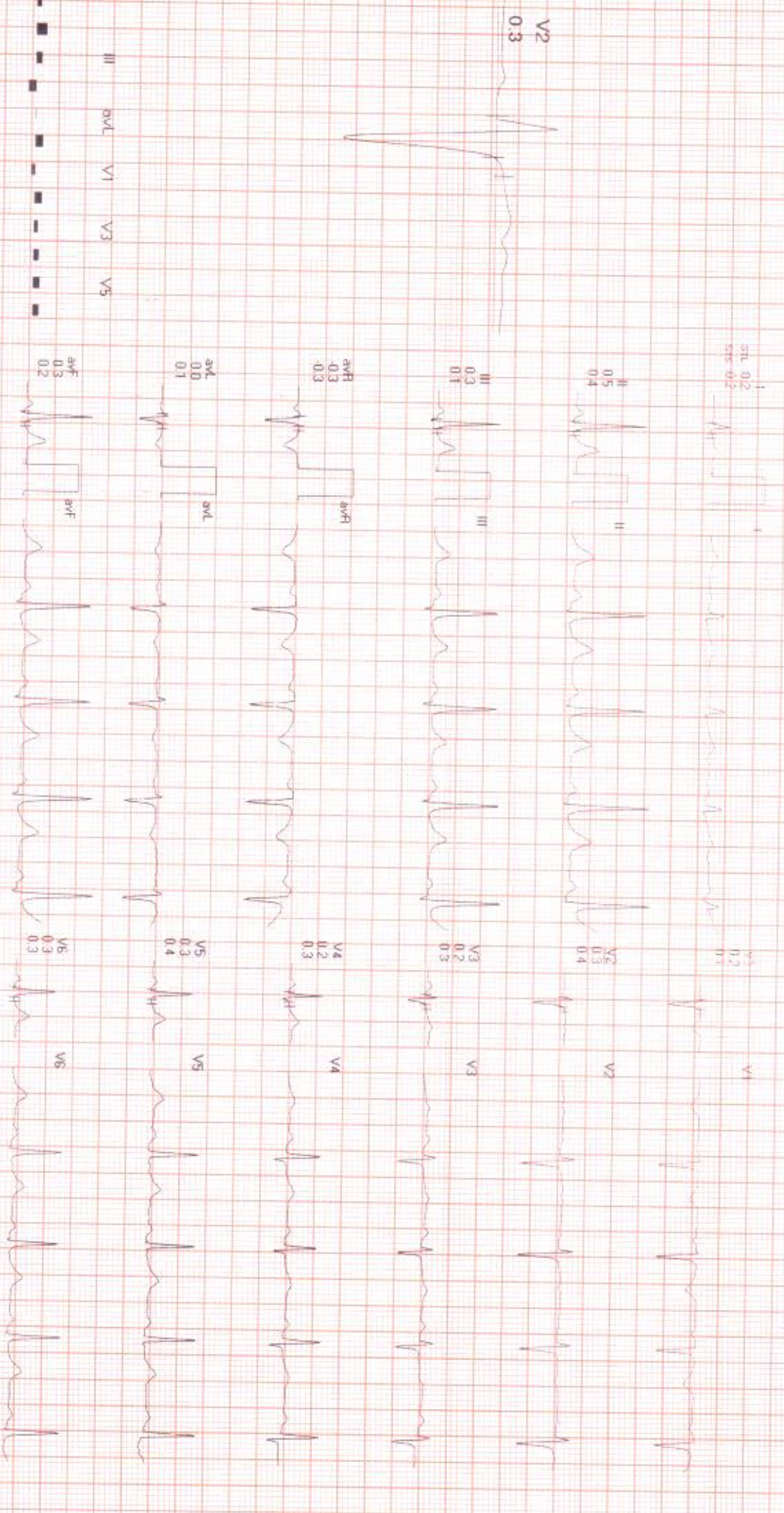
NETS 1.0/71 bpm 38% of THR BP 130/80 mmHg Raw ECG/PLC On/Match On/HF 0.05 HEALF 35 Hz

4X

50 ms Post J

ExTime 00:00 0.0 Kmph 0.0%

StimSpec 1.0 (Good)



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

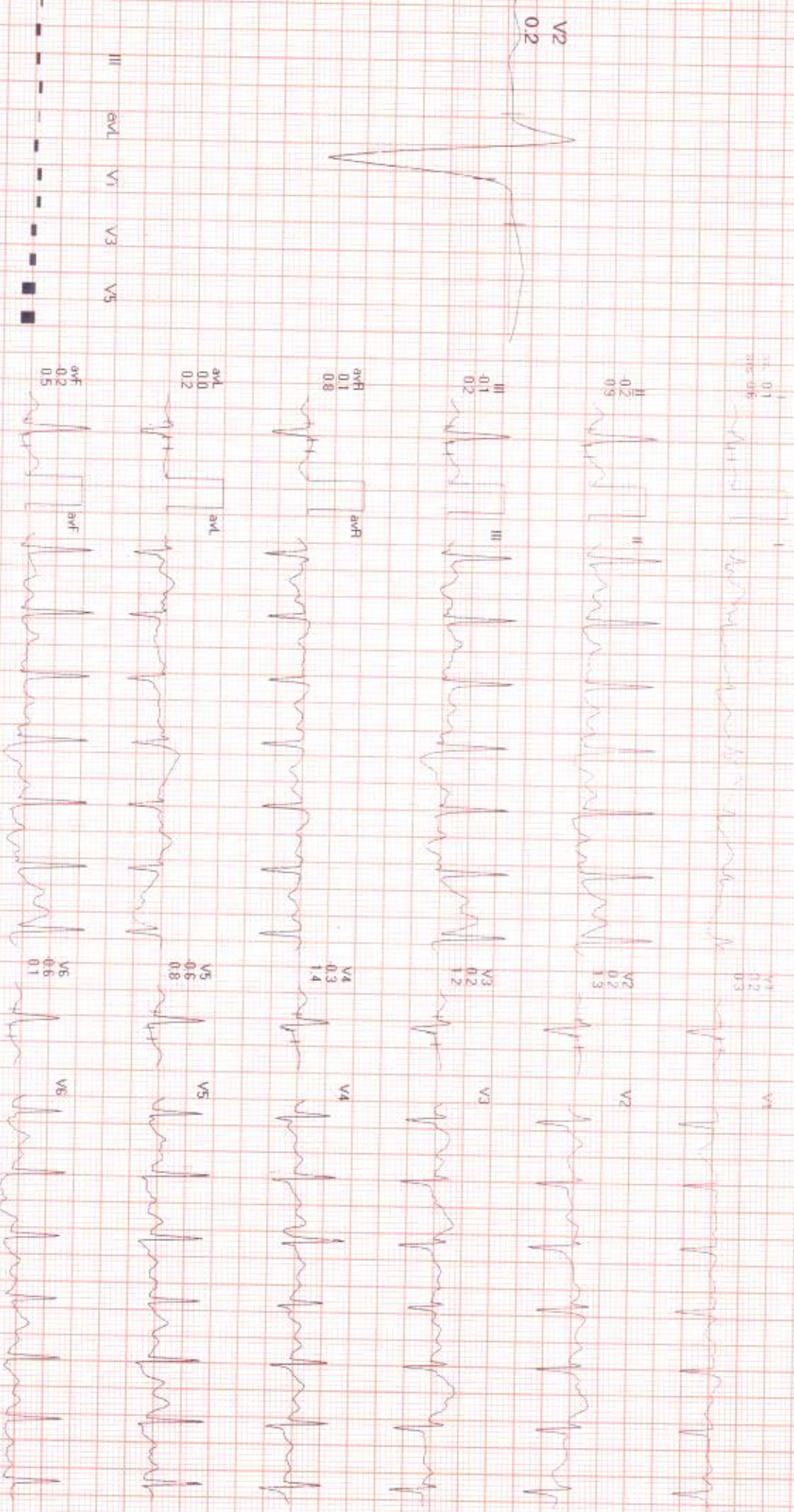
921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR : 131

Date 28/01/2023 11:42:37 AM METS 47/131 bpm 70% of THF EIP 130/80 mmHg Raw ECG BLG On/Notch On/HF 0.05 Hz/AF 35 Hz

EXTime 03:00 2.7 kmph 10.0%

4X 50 ms Post V

25 mm/sec 1.0 cm/mV



REMARKS I aVR aVL V1 V2 V3 V4 V5 V6

BRUCE : Stage 1 (03:00)

ACAPL

SUBURBAN DIAGNOSTICS KANDIVALI EAST

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR. 146

BRUCE : Stage 2 (03:00)

Date: 28/01/2023 11:42:37 AM

METS: 7.1 / 146 bpm 78% of THR EPR 130/80 mmHg Rew ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime 06:00 4.0 Km/h 12.0%

4X 90ms Post J

25mm/sec 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR : 166

PeaKEx

Date: 28 / 01 / 2023 11:42:37 AM

METS: 8.1 / 166 bpm 89% of THR BP: 160/80 mmHg Rew ECG: BLC On/ Natch On/ HF: 0.05 Hz/VF: 35 Hz

ExTime: 06:57 5.5 Kmph 140%

4X

90 ms Post 3

25 mm/sac 100µV



REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR : 140

Recovery : (01:00)



Date : 28 / 01 / 2023 11 42 37 AM

METS : 1.1 / 140 bpm 75% of THR BP : 100/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

ExTime : 06:57 0.2 Kmph 0.0%

AX 80 m/s Post J

25 mm/Sec 1.0 Cm/mV

SR 0.2
STs 0.7



V1 0.2
0.1



II 0.2
1.3



V2 0.4
1.2



III 0.1
0.6



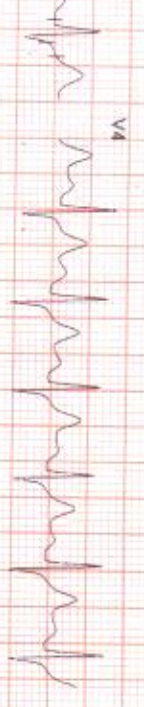
V3 1.0
2.8



aVR -0.2
-1.0



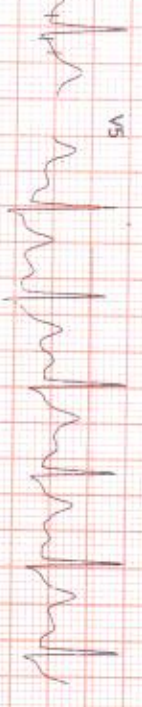
V4 0.4
2.2



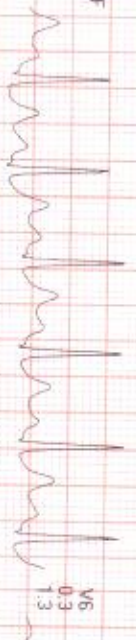
aVL 0.2
0.0



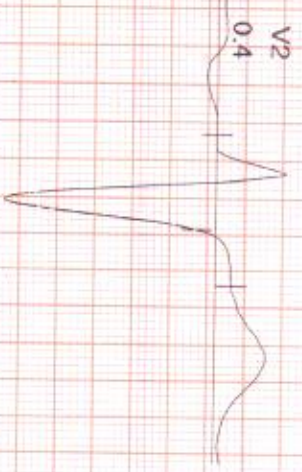
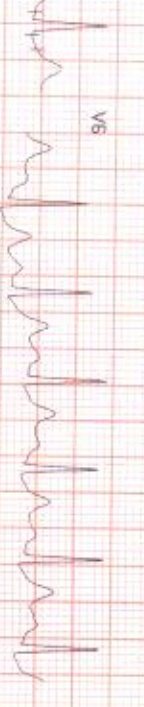
V5 0.5
1.9



aVF 0.1
1.0



V6 0.3
1.3



REMARKS
aVR aVF V2 V4 V6

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:09)

921 (2302819546) / AKSHITA BOHRA / 33 Yrs / F / 150 Cms / 71 Kg / HR 121



Date: 28 / 01 / 2023 11:42:37 AM

METS: 1.0 / 121 bpm 85% of THR BP: 160/80 mmHg Raw ECG/ BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

ExTime: 06:57 0.0 Kmph 0.0%

4X

90 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.3
STB 0.6

V1 0.0
V2 0.1

II 0.6
III 0.3
T4 1.4

V2 0.5
V3 0.9

III 0.3
T4 0.8

V3 1.3
V4 2.4

avR -0.5
avL -1.0

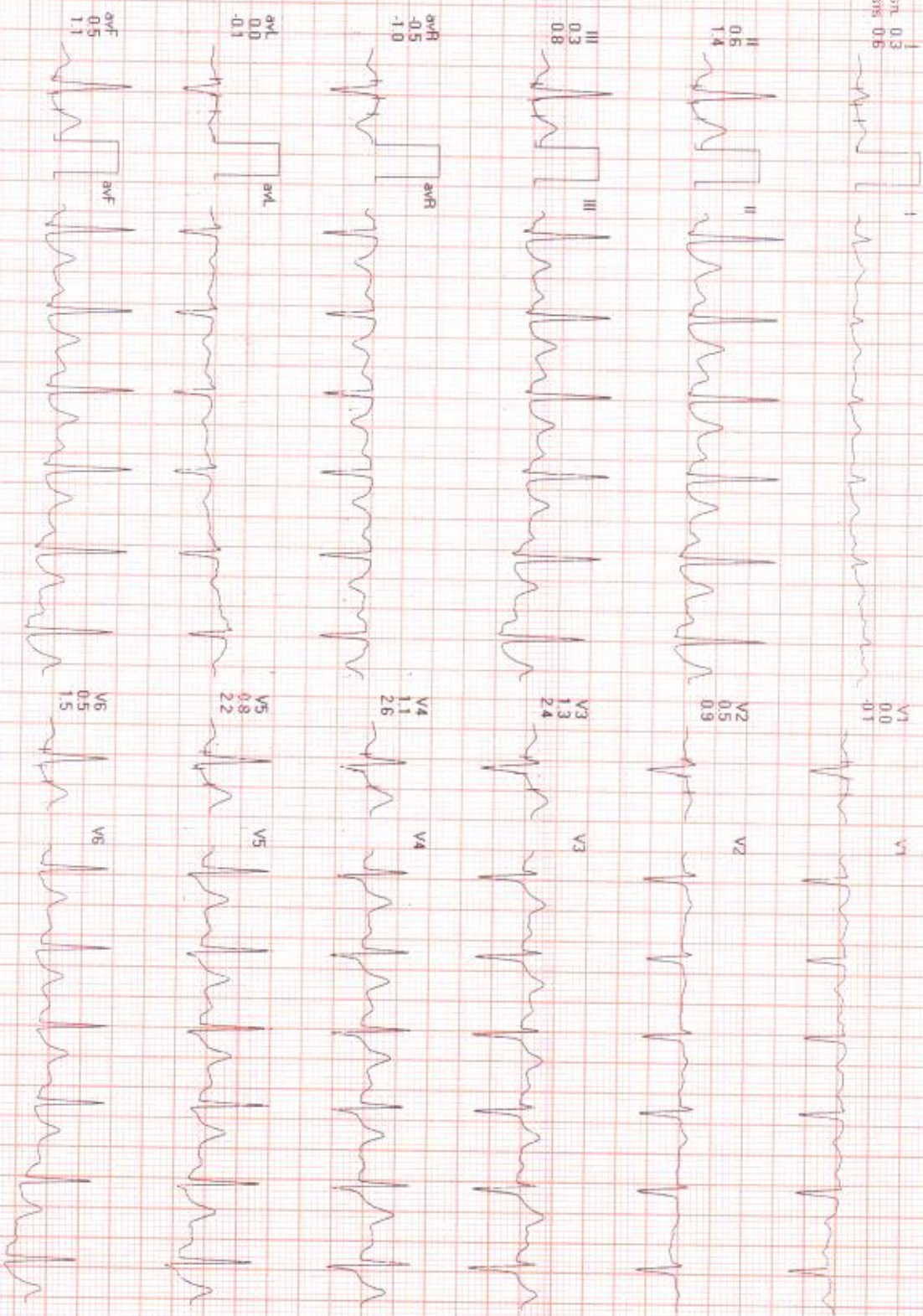
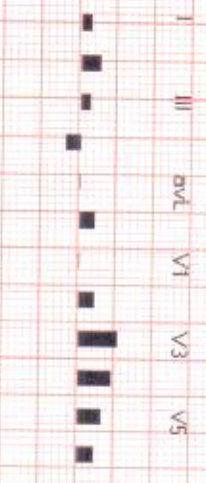
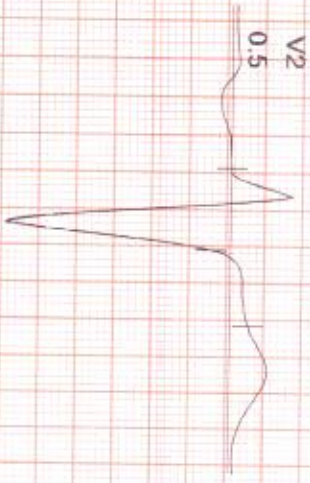
V4 1.1
V5 2.6

avL 0.0
avF -0.1

V5 0.8
V6 2.2

avF 0.5
avR 1.1

V6 0.5
V7 1.5



REMARKS

