



CID : 2304221864
Name : MS.MEHTA POOJA
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 11-Feb-2023 / 09:05
Reported : 11-Feb-2023 / 15:00

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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	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.33	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.0	36-46 %	Calculated
MCV	83.2	80-100 fl	Measured
MCH	27.4	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4870	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.7	20-40 %	
Absolute Lymphocytes	1780	1000-3000 /cmm	Calculated
Monocytes	9.8	2-10 %	
Absolute Monocytes	480	200-1000 /cmm	Calculated
Neutrophils	49.2	40-80 %	
Absolute Neutrophils	2400	2000-7000 /cmm	Calculated
Eosinophils	4.1	1-6 %	
Absolute Eosinophils	200	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	201000	150000-400000 /cmm	Elect. Impedance
MPV	14.0	6-11 fl	Measured
PDW	33.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 25 2-20 mm at 1 hr. Sedimentation

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



J. Thakker

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



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Age / Gender : 36 Years / Female
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Reg. Location : Kalina, Santacruz East (Main Centre)

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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	81.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.63	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.43	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	35.8	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	47.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	75.0	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	148.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	22.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.71	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	99	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.6	2.4-5.7 mg/dl	Enzymatic



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Age / Gender : 36 Years / Female
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Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 11-Feb-2023 / 09:05
Reported : 11-Feb-2023 / 16:24

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



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



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Reported : 11-Feb-2023 / 16:15

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 CPL, Andheri West

*** End Of Report ***



MC-2111



M. Jain

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



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Age / Gender : 36 Years / Female
Consulting Dr. : -
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Reported : 11-Feb-2023 / 19:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<u>PHYSICAL EXAMINATION</u>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<u>CHEMICAL EXAMINATION</u>		
Reaction (pH)	Acidic (6.5)	-
Occult Blood	Absent	Absent
<u>MICROSCOPIC EXAMINATION</u>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present ++	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

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*** End Of Report ***



MC-2111

Anupa

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Consultant Pathologist &
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Reported : 11-Feb-2023 / 15:39

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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 column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***



MC-2111



J. Thakker

Dr. JYOT THAKKER
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Medical Services)



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	187.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	71.2	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	66.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	120.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	107.0	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	13.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.6	0-3.5 Ratio	Calculated

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



MC-2111



M Jain

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



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Collected : 11-Feb-2023 / 09:05
 Reported : 11-Feb-2023 / 16:56

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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	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.8	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	1.25	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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Reg. Location : Kalina, Santacruz East (Main Centre)

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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 CPL, Andheri West
*** End Of Report ***



MC-2111

Anupa

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

FORM 7
Rule 16(2)

OLA :: HR-23 License No:: HR-2320180042301 Dated 11/09/2015

Name : POOJA MEHTA
D/o : SUBHASH MEHTA

Date of Birth : 12/04/1988 **Blood Group** B+

Address : RIO MEHTA BOOT HOUSE , NAYA BAZAR TOHANA TEH
TOHANA DISTT FATEHABAD HARYANA 125120

is licenced to drive throughtout India vehicle of the following descriptions :
M.C with Gear, LMV-NT-Car Only

Non-Tr Valid Upto: 10/09/2035
Tr. Valid upto

Signature of Holder

Endorsements

Licencing Authority
SUB DIVISIONAL OFFICER (CIVIL), TOHANA

Pooja Mehta

4560061380

D.G. Hatalkar
DR. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

Suburban Diagnostics (I) Pvt. Ltd.
1st Floor, Harbhajan, Above HDFC Bank,
Opp. Nafa Petrol Pump, Kalina, CST Road,
Santacruz (East),
Tel. No. 022-61700000

PHYSICAL EXAMINATION FORM

Patient Name: Pooja Mehta.

CID: 1864

Sex/Age: F / 35.

Date: 11/2/23

History and Complaints:

NI
emp 5th day.

EXAMINATION FINDINGS:

Height: 161

Temp: Norm.

Weight: 63.2

Skin: / NAD

Blood Pressure: 110/80

Nails:

Pulse: 74 bpm.

Lymph Node: NP.

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

IMPRESSION: BT 36 Pt 48 Gamma Gt 75 Alk. Phosase 148

Diagnostics (I) Pvt. Ltd.
Chajan, Above HDFC Bank,
Opp. Control Pump, Kalina, CST Road,
(East),
Tel. No. 022-61700000

ADVICE: - Avoid eating outside food, junk food.

- High Carb, low fat diet, preferably boiled food.

- Rpt Liver profile after 6 months.

Dr. D.G. HATALKAR
R.No. 61067 M.D. (Ob.Gy)

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries

NIL

PERSONAL HISTORY:

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

NIL

Vegetarian.

for ce

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Santacruz (East),
Tel. No. 022-61700000

Suburban Diagnostics Kalina

Patient Details

Name: MS. POOJA MEHTA ID: 2304221864
 Age: 36 y Sex: F
 Clinical History: Routine Test

Date: 10-Feb-23

Time: 2:06:05 PM

Height: 161 cms.

Weight: 63 Kg.

Medications: NONE

Test Details

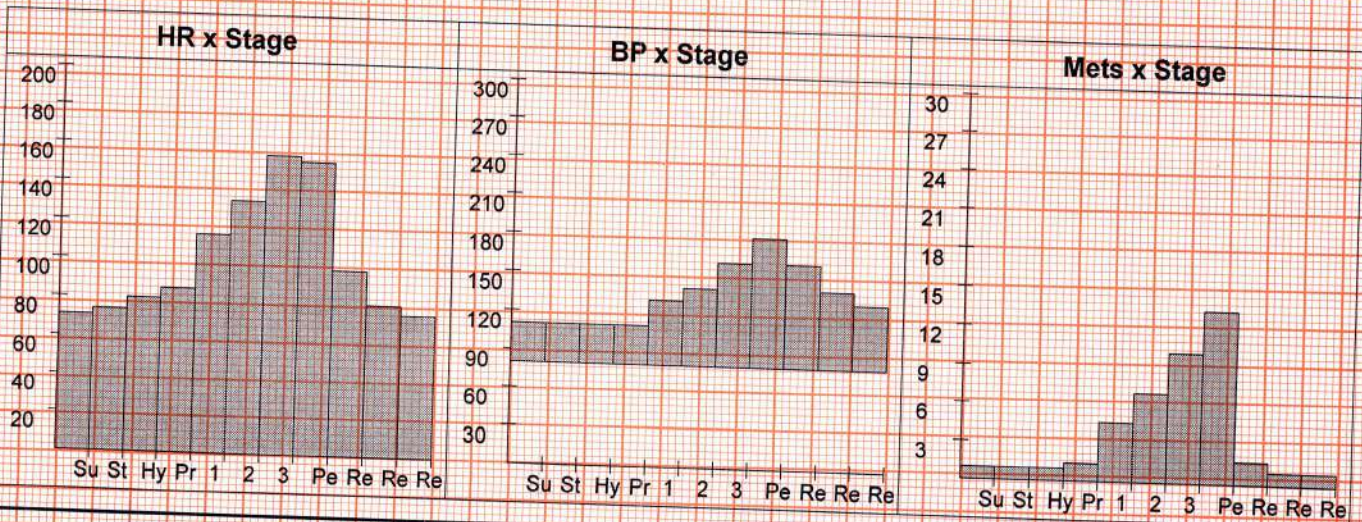
Protocol: Bruce
 Total Exec. Time: 9 m 7 s
 Max. BP: 180 / 80 mmHg
 Test Termination Criteria: Target HR attained

Pr.MHR: 184 bpm
 Max. HR: 155 (84% of Pr.MHR)bpm
 Max. BP x HR: 27900 mmHg/min

THR: 156 (85 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 5680 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 26	1.0	0	0	71	110 / 80	-1.70 I	1.42 V2
Standing	0 : 7	1.0	0	0	74	110 / 80	-1.70 I	-1.06 I
Hyperventilation	0 : 16	1.0	0	0	80	110 / 80	-0.42 aVR	1.06 II
1	3 : 0	4.6	1.7	10	113	130 / 80	-1.06 III	1.77 V2
2	3 : 0	7.0	2.5	12	131	140 / 80	-1.06 III	2.48 V2
3	3 : 0	10.2	3.4	14	155	160 / 80	-2.34 III	3.18 II
Peak Ex	0 : 7	13.5	4.2	16	152	180 / 80	-1.06 III	3.18 V2
Recovery(1)	2 : 0	1.8	1	0	96	160 / 80	-2.12 II	4.60 II
Recovery(2)	2 : 0	1.0	0	0	79	140 / 80	-1.49 II	1.42 V2
Recovery(3)	1 : 7	1.0	0	0	74	130 / 80	-0.42 III	1.06 II



Suburban Diagnostics Kalina

Patient Details

Date: 10-Feb-23 Time: 2:06:05 PM
Name: MS. POOJA MEHTA ID: 2304221864
Age: 36 y Sex: F Height: 161 cms. Weight: 63 Kg.


Interpretation

GOOD EFFORT TOLERENCE
NORMAL HEART RATE RESPONSE
NORMAL BLOOD PRESSURE RESPONSE
NO ANGINA/ANGINA EQUIVALENTS
NO ARRTHYMIAS
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE
ECG
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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

Suburban Diagnostics (I) Pvt. Ltd.

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Tel. No. 022-61700000


DR. SHEIKH NAVEED
MBBS/PGDCC
Clinical Cardiologist
Reg. No. 2016/11/4694

Ref. Doctor:

Doctor:

(Summary Report edited by user)

Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 110 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 20 s

HR: 77 bpm

(THR: 156 bpm)

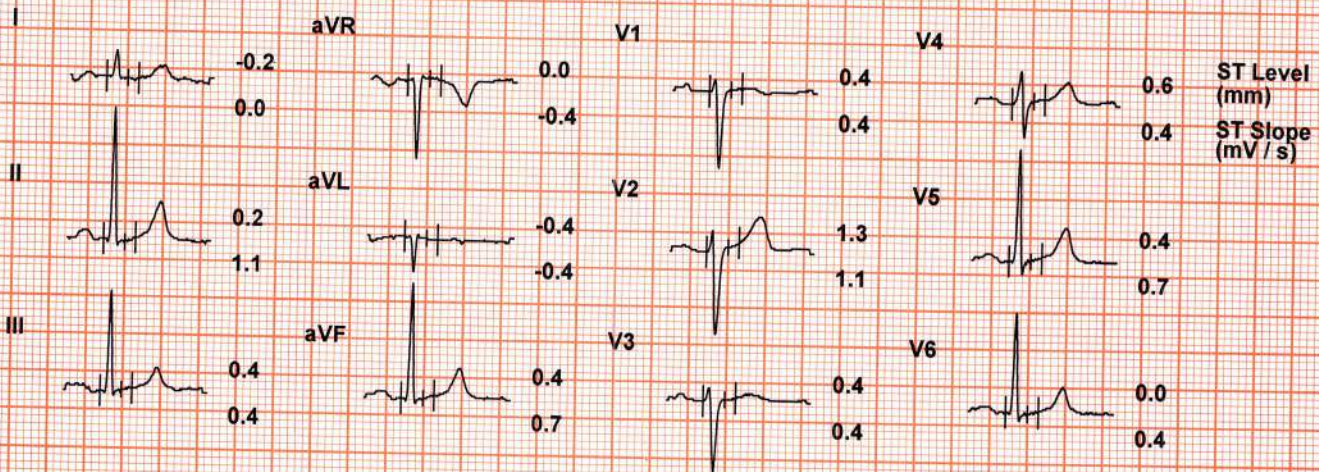
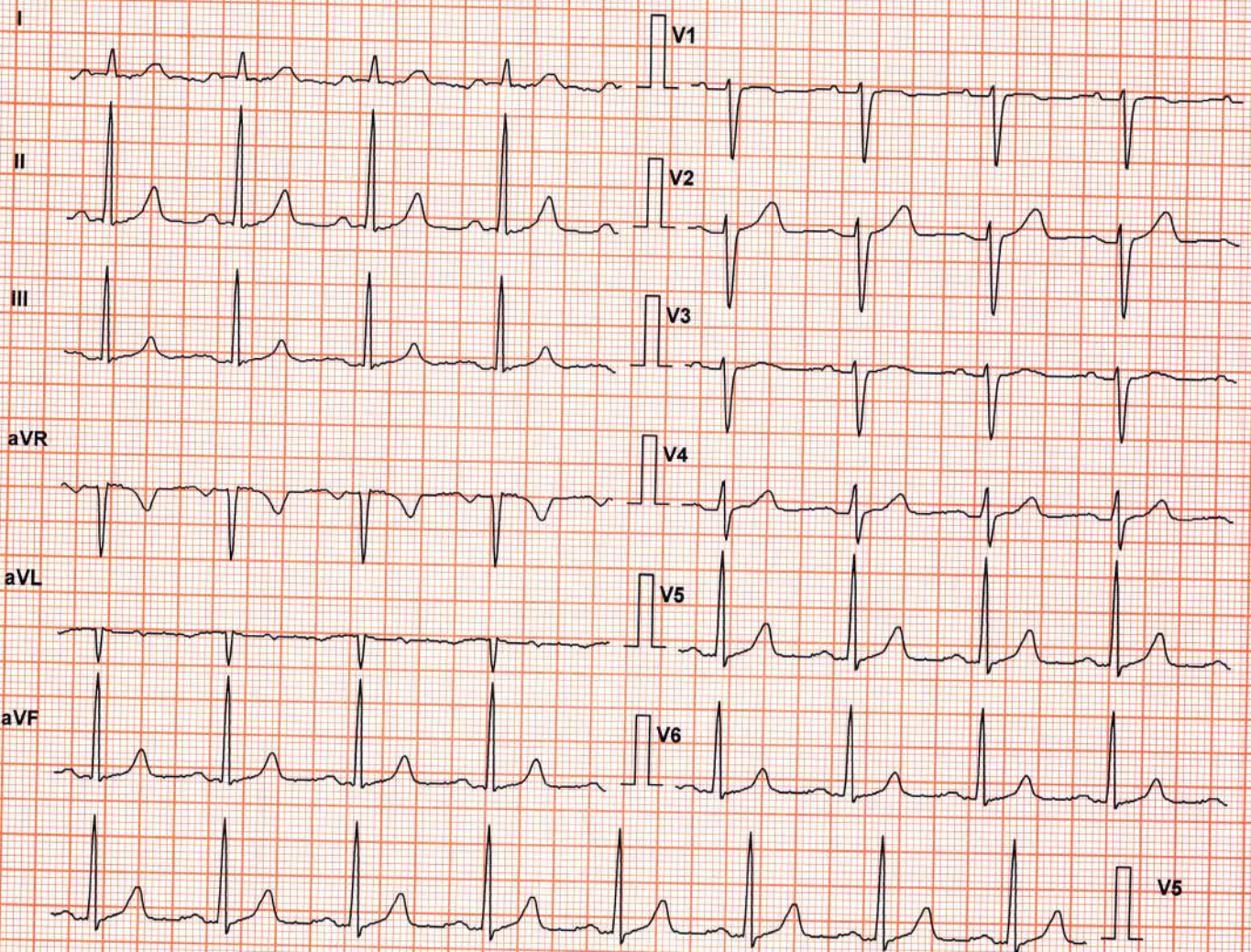


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 110 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

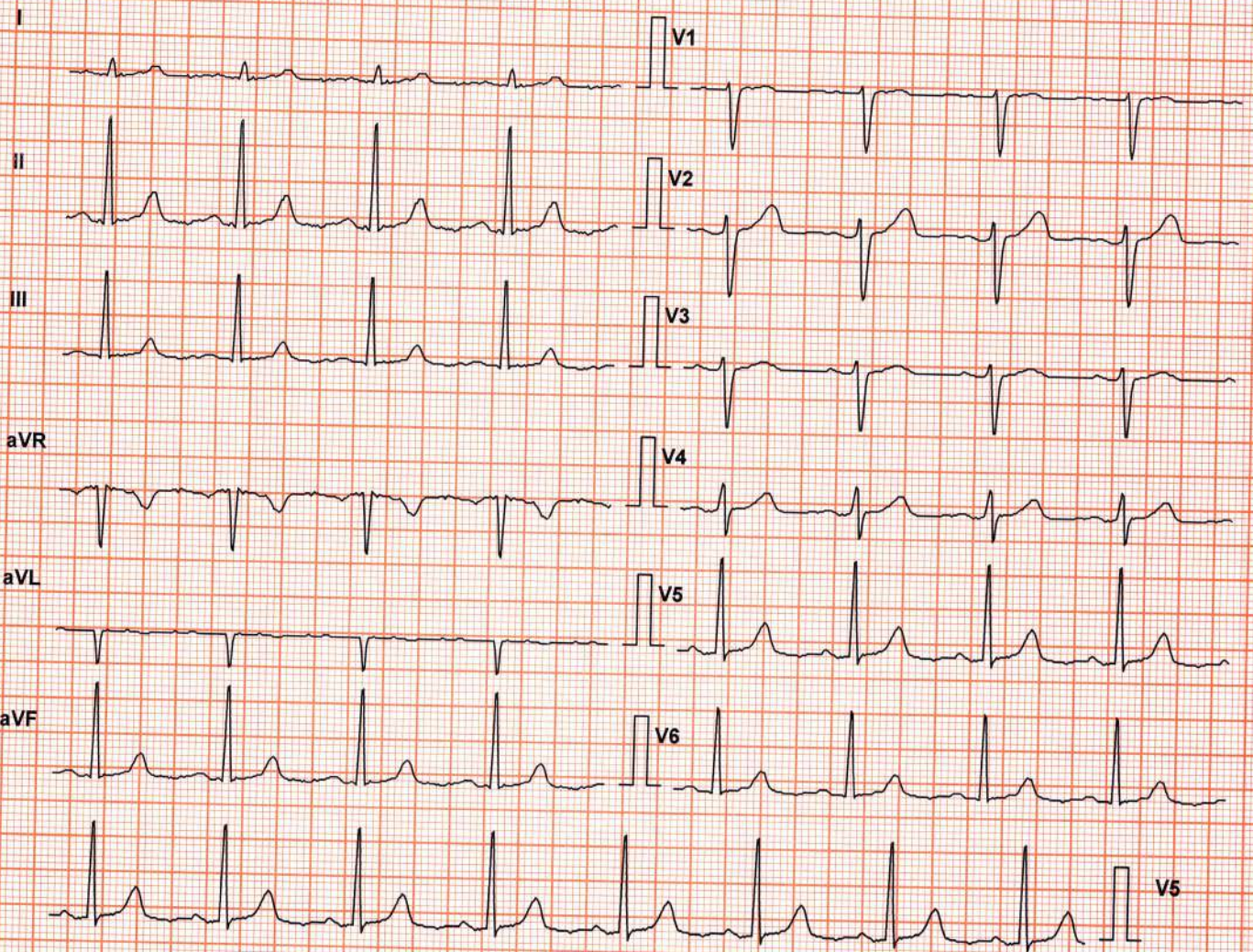
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 76 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.7
II	0.4	0.7
III	0.2	0.4
aVR	-0.2	-0.7
aVL	0.0	0.0
aVF	0.2	0.4
V1	0.4	0.4
V2	0.8	0.7
V3	0.2	0.4
V4	0.4	0.0
V5	0.6	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

MS. POOJA MEHTA (36 F)

Suburban Diagnostics Kalina

Protocol: Bruce

ID: 2304221864

Date: 16-Feb-23

B.P: 110 / 80

Exec Time : 0 m 0 s

Stage: Hyperventilation

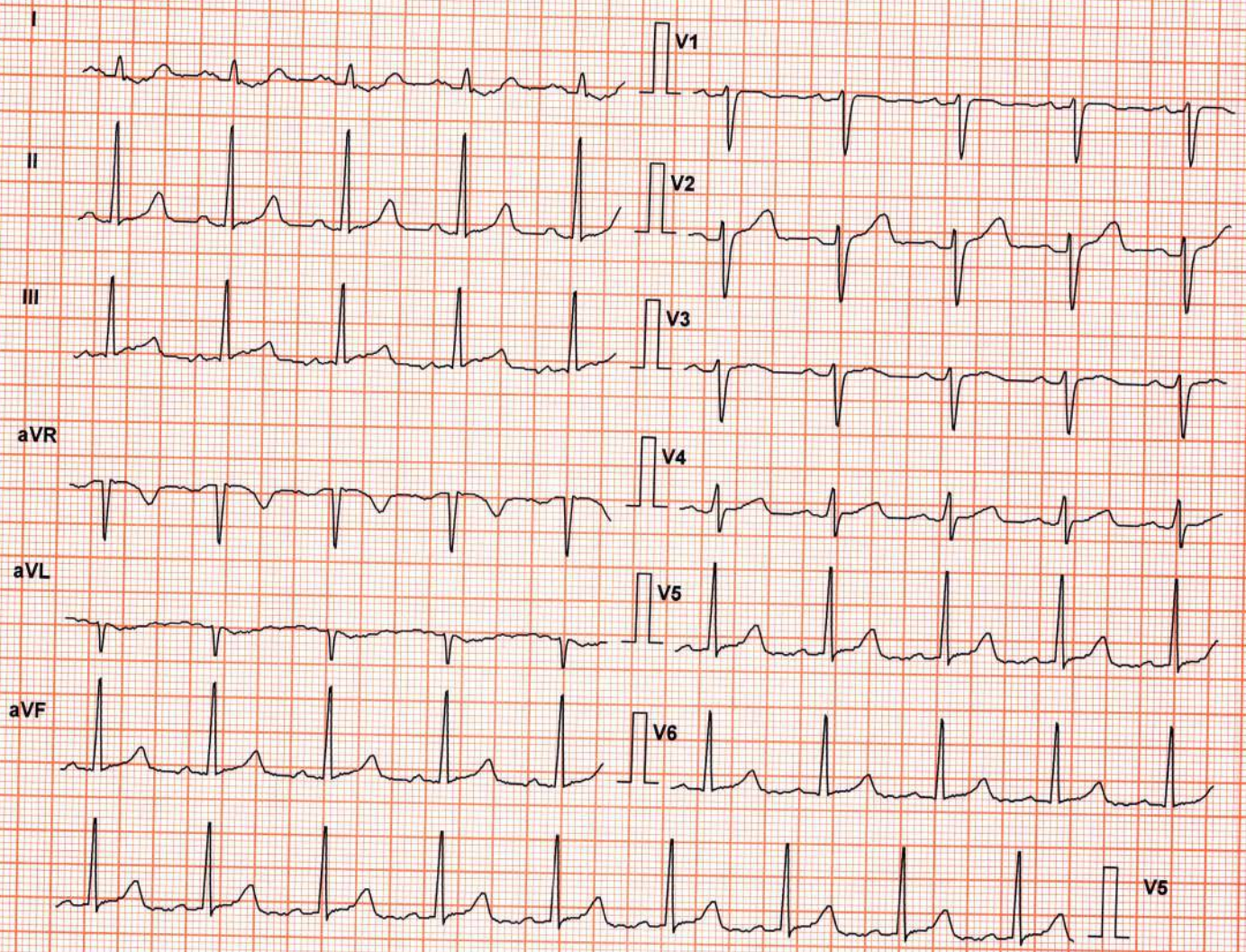
Speed: 0 mph

Grade: 0 %

Stage Time : 0 m 10 s

HR: 86 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	-0.6	0.2
II	-0.4	0.4
III	0.6	0.8
aVR	0.2	0.4
aVL	-0.6	0.4
aVF	-0.7	0.6
V1	0.6	0.6
V2	0.0	1.7
V3	1.1	1.1
V4	0.8	0.4
V5	0.6	0.6
V6	0.6	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 130 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

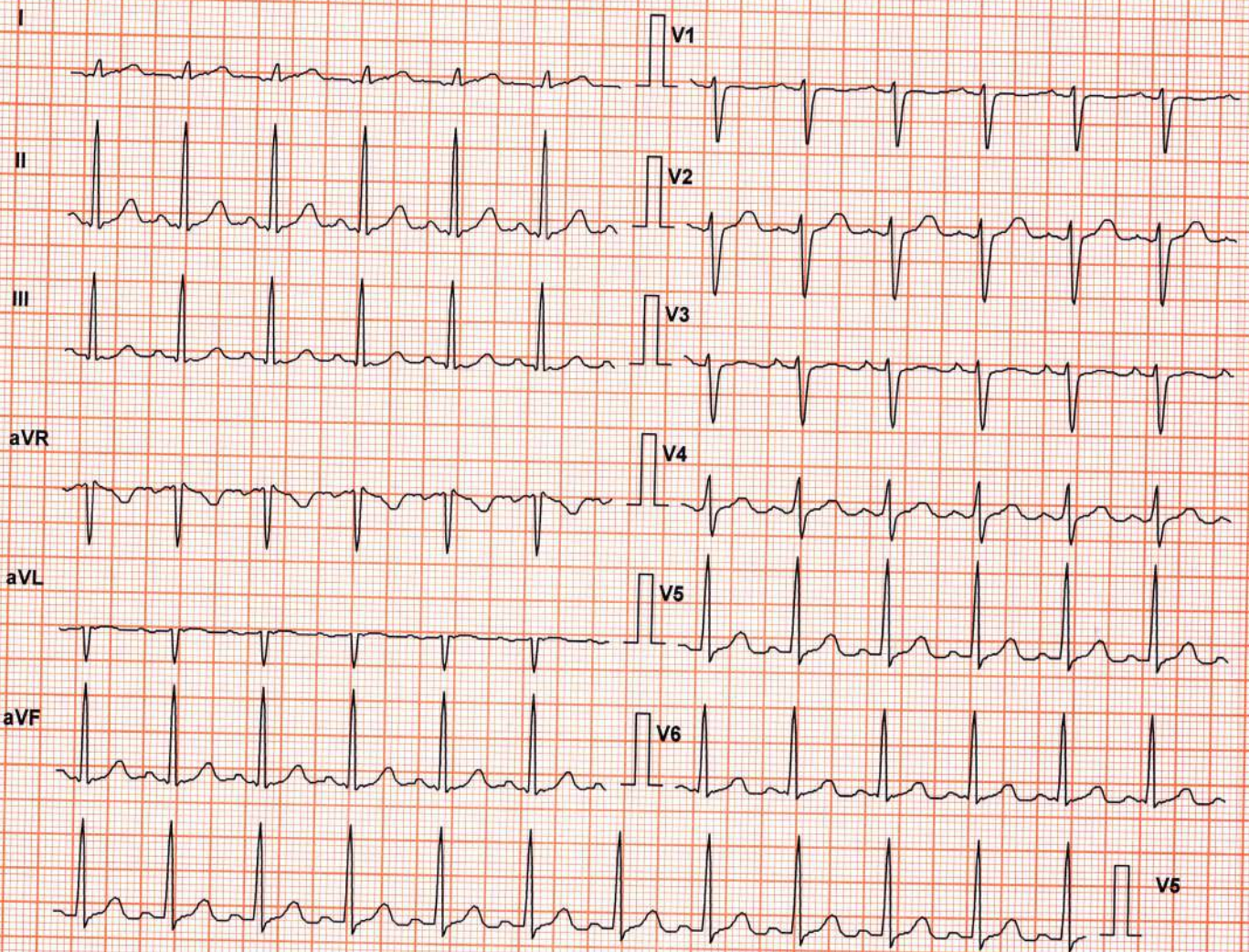
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 113 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.0
II	0.8	1.4
III	0.0	0.7
aVR	-0.6	-1.1
aVL	0.2	0.0
aVF	0.2	0.7
V1	0.2	0.0
V2	0.8	1.1
V3	0.2	0.4
V4	0.6	0.4
V5	0.6	0.7
V6	0.2	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 140 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

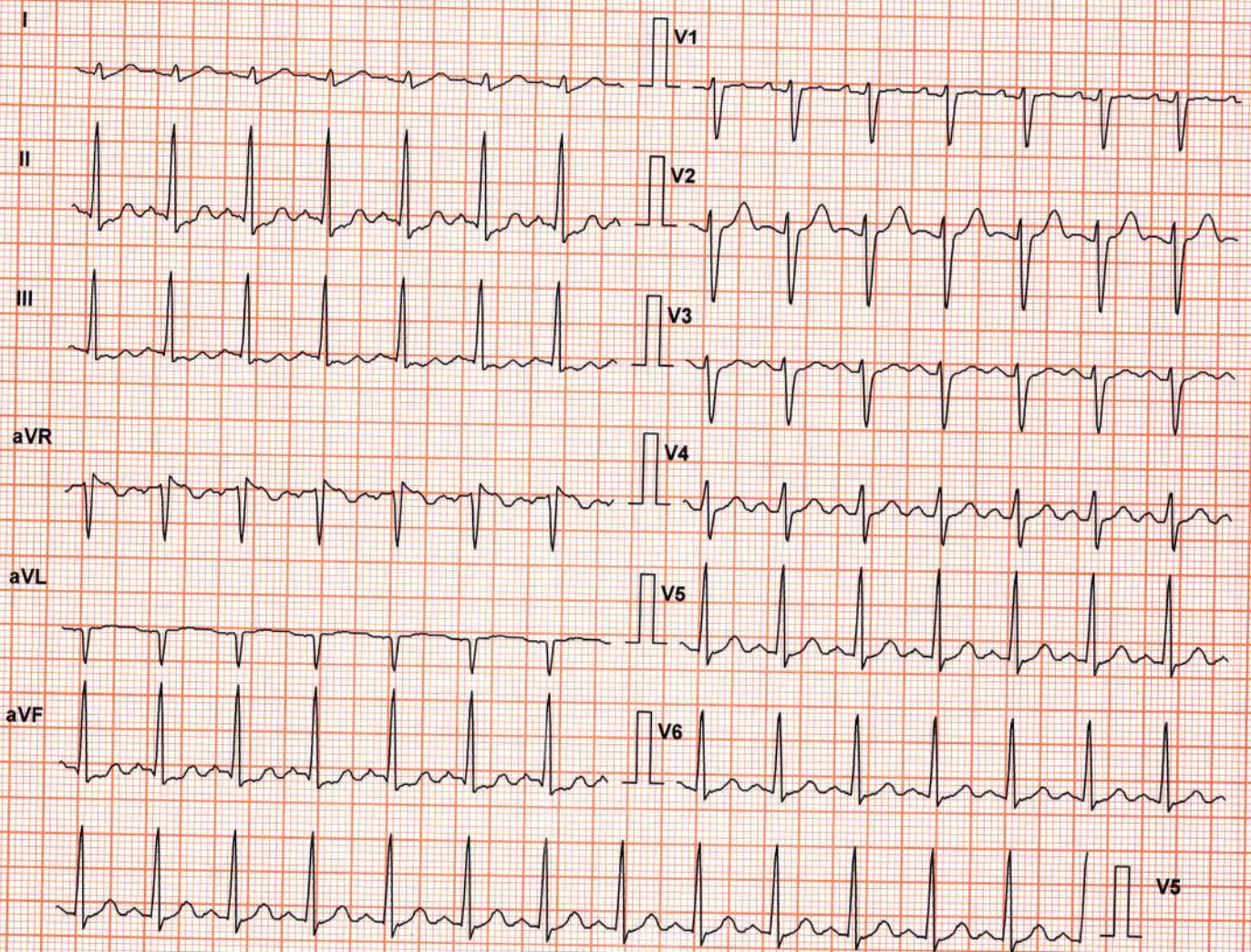
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 130 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	1.1
II	-0.6	0.7
III	-0.8	-0.4
aVR	0.0	-0.7
aVL	0.4	0.4
aVF	-1.1	0.0
V1	0.6	0.4
V2	1.7	1.8
V3	0.6	0.7
V4	0.6	0.7
V5	0.6	1.4
V6	0.4	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 160 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

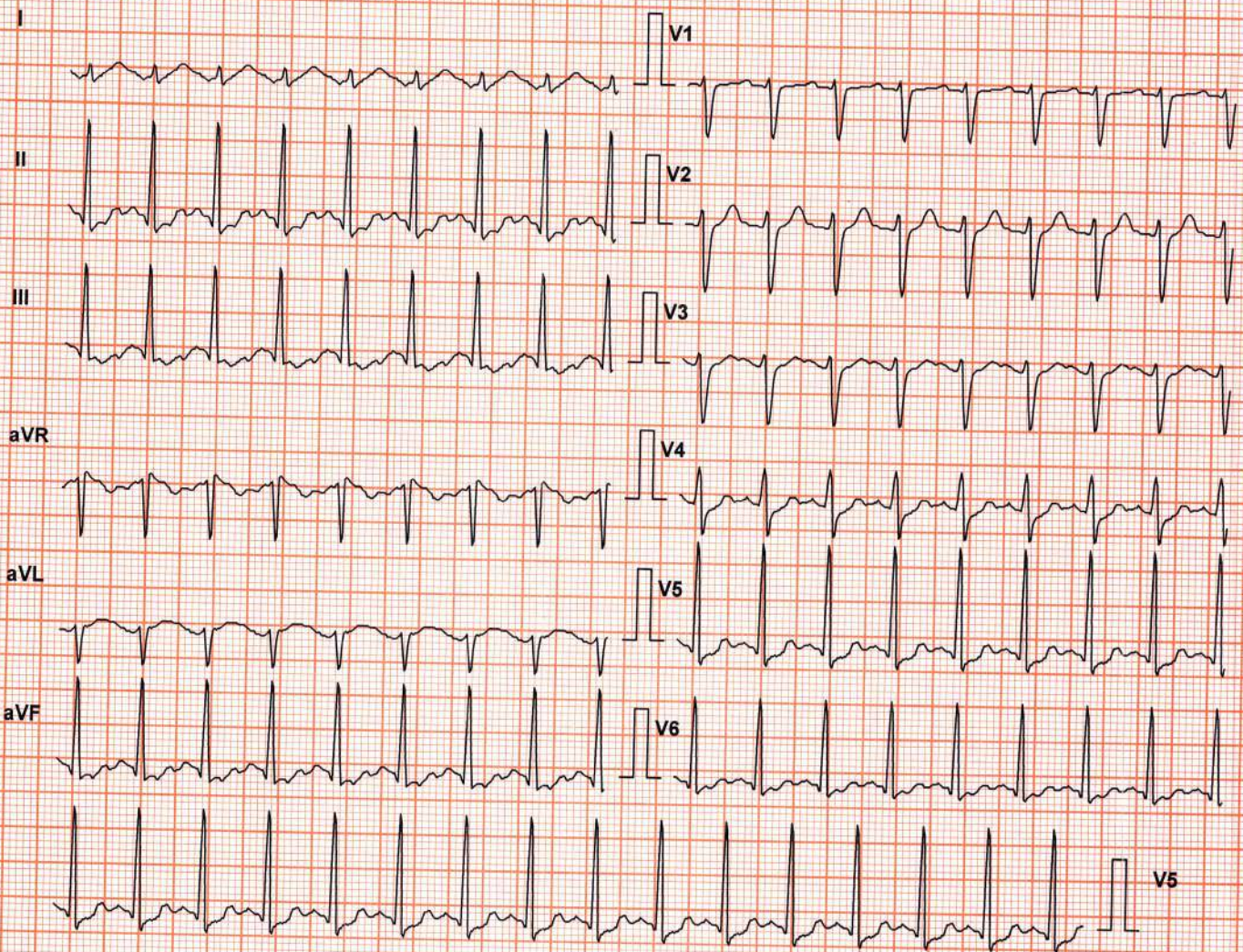
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 155 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	1.4
II	-0.4	1.1
III	-1.7	-1.1
aVR	-0.4	-1.4
aVL	1.5	1.4
aVF	-1.3	-0.4
V1	0.2	0.0
V2	1.7	2.5
V3	0.8	1.1
V4	0.2	1.4
V5	-0.2	1.1
V6	-0.2	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median



Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 180 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

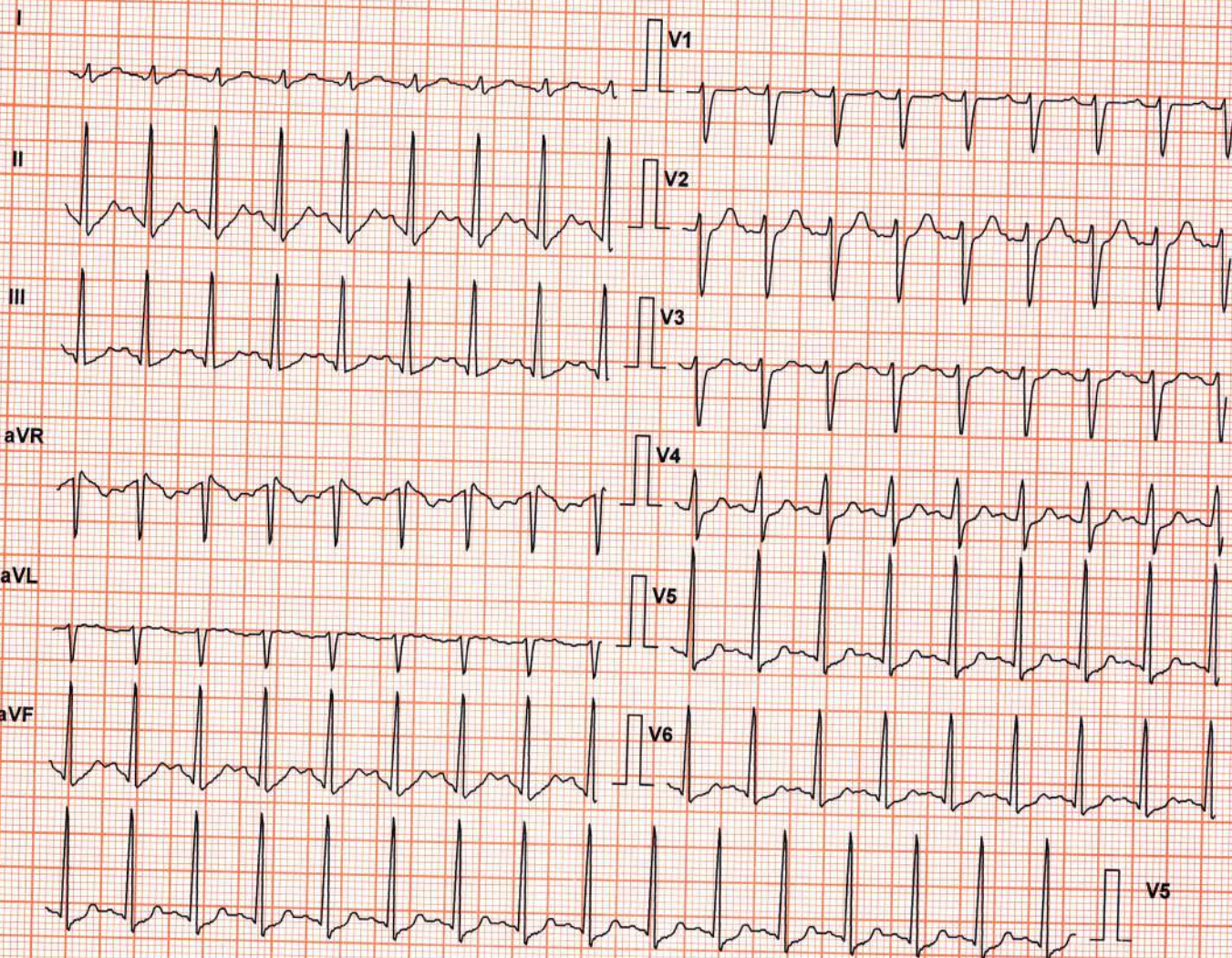
Grade: 16 %

Exec Time : 9 m 1 s

Stage Time : 0 m 1 s

HR: 154 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.8	2.1
III	0.0	1.1
aVR	-0.8	-1.4
aVL	0.4	0.0
aVF	0.4	1.8
V1	0.4	0.0
V2	1.9	2.8
V3	0.8	1.4
V4	0.6	1.4
V5	0.0	1.4
V6	-0.2	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Fil: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 160 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

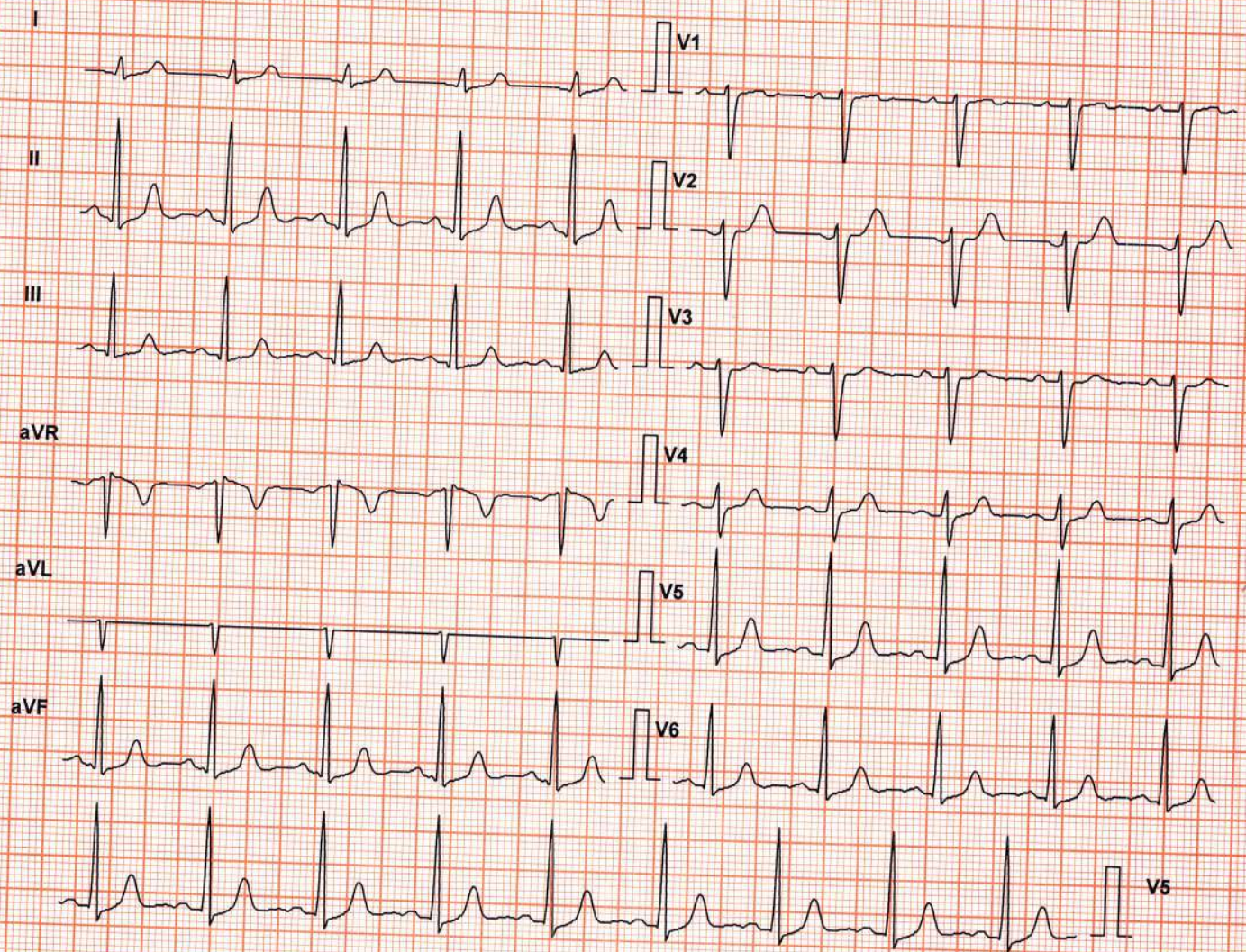
Grade: 0 %

Exec Time : 9 m 7 s

Stage Time : 1 m 54 s

HR: 88 bpm

(THR: 156 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.0	0.4
II	0.2	1.1
III	0.0	0.7
aVR	-0.2	-1.1
aVL	0.0	0.0
aVF	0.0	0.7
V1	0.4	0.4
V2	0.6	0.4
V3	0.2	0.4
V4	0.4	0.4
V5	0.2	1.1
V6	0.2	0.7

Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

MS. POOJA MEHTA (36 F)

Suburban Diagnostics Kalina

Protocol: Bruce

ID: 2304221864

Date: 10-Feb-23

B.P: 140 / 80

Exec Time : 9 m 7 s

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

Stage Time : 1 m 54 s

HR: 89 bpm

(THR: 156 bpm)

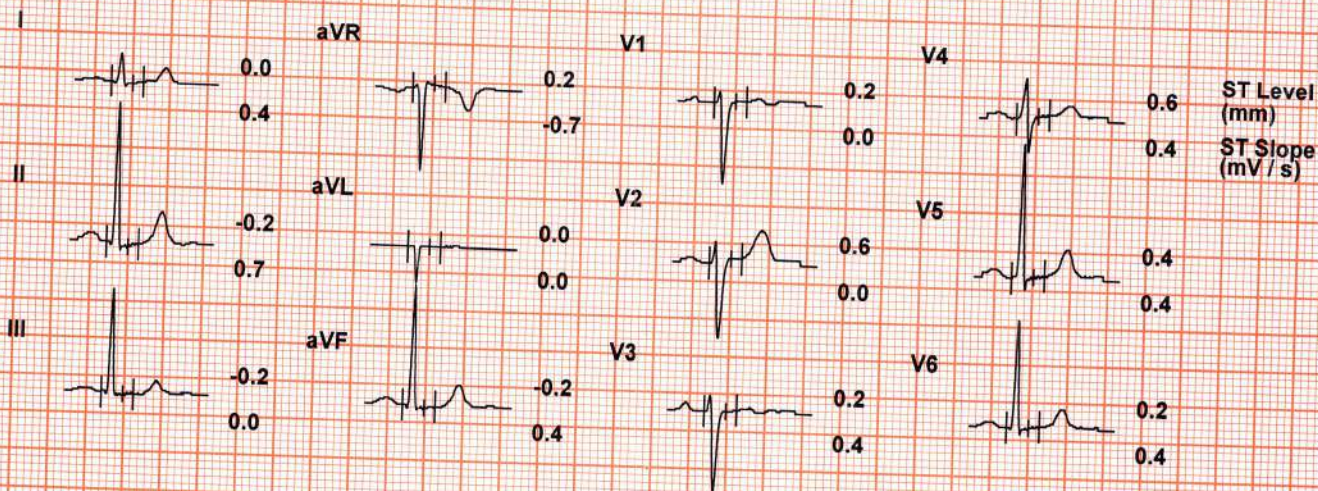
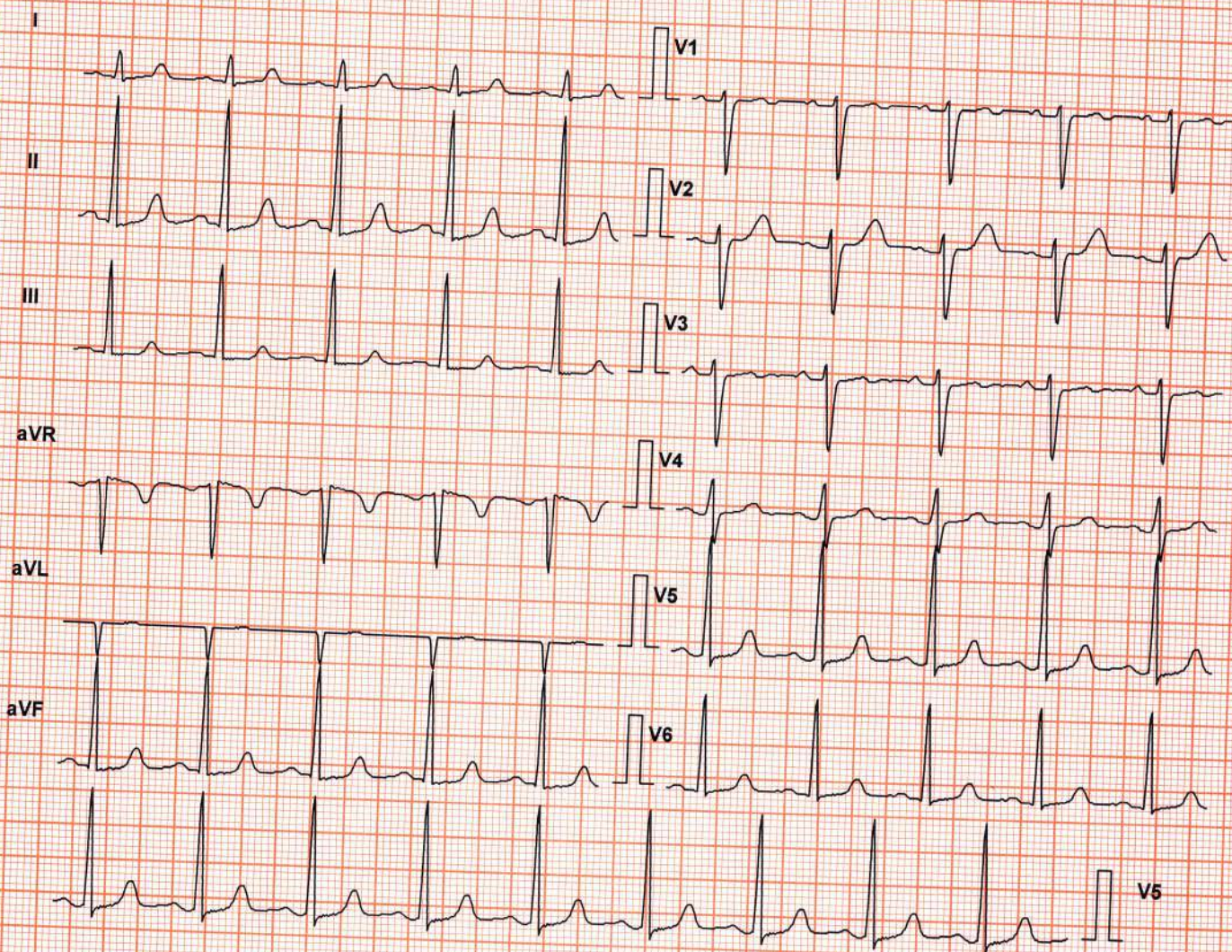


Chart Speed: 25 mm/sec
Schiller Spandan V 4.51

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 10 mm
Linked Median

Suburban Diagnostics Kalina

MS. POOJA MEHTA (36 F)

ID: 2304221864

Date: 10-Feb-23

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 9 m 7 s

Stage Time : 1 m 1 s

HR: 86 bpm

(THR: 156 bpm)

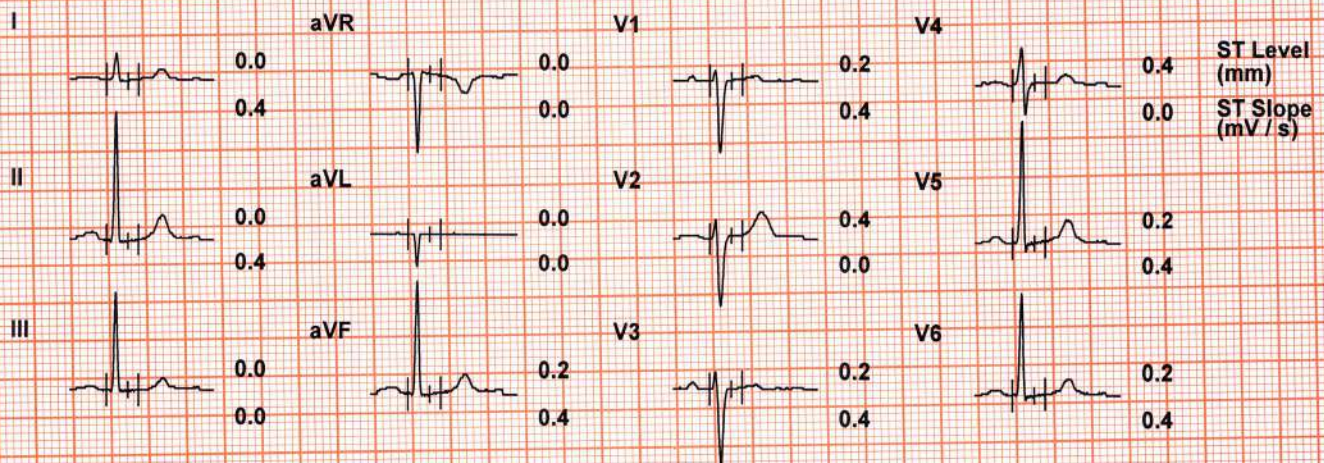
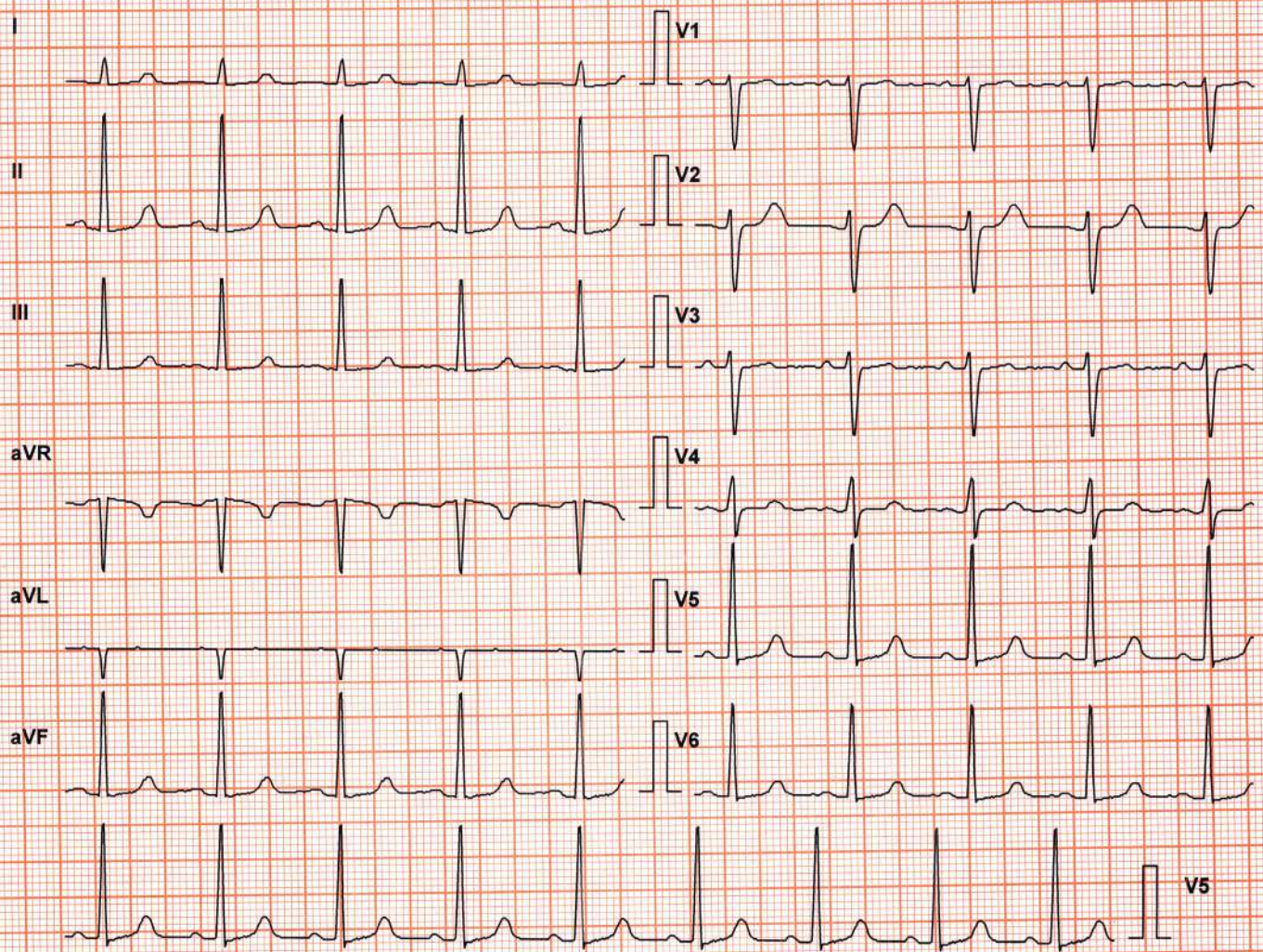


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Schiller Spandan V.4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

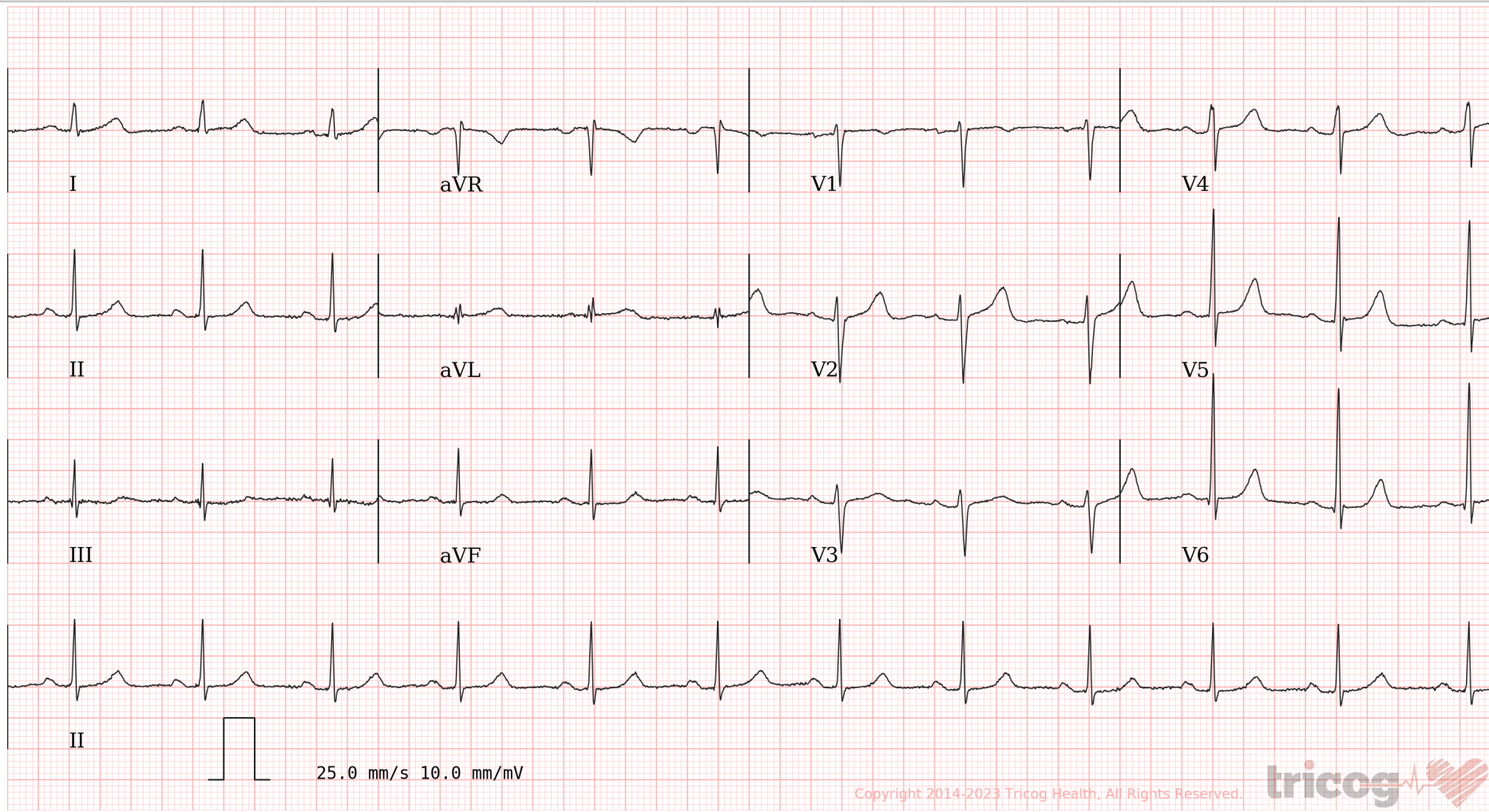


SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: POOJA MEHTA
Patient ID: 2304221864

Date and Time: 11th Feb 23 8:58 AM



Age **36** NA NA
years months days

Gender **Female**

Heart Rate **73bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 63 kg
Height: 161 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 76ms
QT: 400ms
QTc: 440ms
PR: 168ms
P-R-T: 53° 62° 31°



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

REPORTED BY

Dr Naveed Sheikh
PGDCC
2016/11/4694

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 vitals are as entered by the clinician and not derived from the ECG.



Use a QR Code Scanner
Application To Scan the Code

CID : 2304221864
 Name : Ms Mehta Pooja
 Age /Sex : 36 Years/Female
 Ref. Dr :
 Reg. Location : Kalina, Santacruz East Main Centre
 Reg. Date : 11-Feb-2023
 Reported : 11-Feb-2023 /10:14

USG OF WHOLE ABDOMEN

Clinical profile : for routine checkup. Overdue in present menstrual cycle by 2 weeks. Patient denies any health related issues with no history of medical or surgical problems in the past. No previous reports provided at the time of ultrasound study.

Real time ultrasonography of whole abdomen was performed using transabdominal approach only.

Liver:

Liver is normal in size (14.8 cm) and echopattern. No focal mass lesion is seen. The intrahepatic biliary radicals are normal. Hepatic veins & IVC are normal in caliber. Portal vein is normal in caliber and measures 10.4 mm.

Gallbladder:

Gallbladder is well distended and reveals normal wall thickness. No evidence of calculus or mass lesion seen. No obvious pericholecystic collection visualized.

CBD is normal in caliber (3.1 mm).

Spleen:

Spleen is normal in size (7.9 cm), shape and echotexture. No focal lesions seen. Splenic vein appears normal in caliber.

Pancreas:

Pancreas is visualized and is normal in size shape and echopattern. No focal lesions seen. Part of pancreatic tail and adjacent retroperitoneum obscured due to bowel gases.

Kidneys:

Both kidneys are normal in size, shape and position. No evidence of hydronephrosis, calculi or scarring.

Right Kidney measures: 10.7 x 4.1 cm.

Left Kidney measures: 10.9 x 4.3 cm.

Corticomedullary differentiation appears preserved.

No evidence of free fluid in abdomen and pelvis.

Visualized retroperitoneum appears unremarkable with no obvious lymphadenopathy.

Urinary bladder:

Urinary bladder is well distended and shows normal wall thickness. No evidence of any calculi or focal mass lesion is seen within it.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023021108461752>



Use a QR Code Scanner
Application To Scan the Code

CID : 2304221864
 Name : Ms Mehta Pooja
 Age /Sex : 36 Years/Female
 Ref. Dr :
 Reg. Location : Kalina, Santacruz East Main Centre
 Reg. Date : 11-Feb-2023
 Reported : 11-Feb-2023 /10:14

Uterus:

Uterus is anteverted, normal in size and echotexture.

It measures 8.4 x 4.2 x 2.4 cm (Volume ~ 46.4 cc).

No evidence of focal mass lesion is seen within it.

Endometrium shows normal appearance and thickness measures 7.2 mm.

Both ovaries:

Both **ovaries** are normal in size and echotexture.

Right ovary measures 3.3 x 1.8 x 1.7 cm.

Left ovary measures 2.6 x 2.2 x 1.3 cm.

There is no evidence of pelvic or adnexal mass seen.

There is no free fluid in pouch of Douglas.

IMPRESSION

No significant abnormality detected in abdomen and pelvis.

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

This report is prepared and physically checked by Dr Vaseem Anjum Ansari before dispatch.

Dr Vaseem Anjum Ansari
Radiologist (MBBS,DMRD)
Reg No. 2003/06/2275

Investigations have their limitations. Solitary Pathological / Radiological and other investigations never confirm the final diagnosis of disease. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.



Use a QR Code Scanner
Application To Scan the Code

CID : 2304221864
Name : Ms Mehta Pooja
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Kalina, Santacruz East Main Centre
Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023 /11:55

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 Vaseem Anjum Ansari before dispatch.

**Dr Vaseem Anjum Ansari
Radiologist (MBBS,DMRD)
Reg No. 2003/06/2275**