

Name : MRS.VIMALA MEENA

: 28 Years / Female Age / Gender

Consulting Dr.

Reg. Location

: Bhayander East (Main Centre)

Authenticity Check

R

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Use a QR Code Scanner Application To Scan the Code

:11-Feb-2023 / 09:44

Collected Reported :11-Feb-2023 / 16:55

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complet	te Blood Count), Blood	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.67	3.8-4.8 mil/cmm	Elect. Impedance
PCV	42.6	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	29.5	27-32 pg	Calculated
MCHC	32.4	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	2520	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	ABSOLUTE COUNTS		
Lymphocytes	35.8	20-40 %	
Absolute Lymphocytes	902.2	1000-3000 /cmm	Calculated
Monocytes	12.5	2-10 %	
Absolute Monocytes	315.0	200-1000 /cmm	Calculated
Neutrophils	36.0	40-80 %	
Absolute Neutrophils	907.2	2000-7000 /cmm	Calculated
Eosinophils	13.8	1-6 %	
Absolute Eosinophils	347.8	20-500 /cmm	Calculated
Basophils	1.9	0.1-2 %	
Absolute Basophils	47.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	181000	150000-400000 /cmm	Elect. Impedance
MPV	11.2	6-11 fl	Calculated
PDW	22.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Microcytosis



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Reported :11-Feb-2023 / 16:42

Macrocytosis -

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY Megaplatelets seen on smear

COMMENT Leucopenia

Result rechecked

Kindly correlate clinically.

Specimen: EDTA Whole Blood

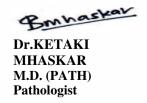
ESR, EDTA WB-ESR 19 2-20 mm at 1 hr. Sedimentation

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











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Collected :11-Feb-2023 / 09:44 :12-Feb-2023 / 15:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

Reported

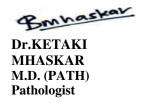
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	74.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	34.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	35.6	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	10.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.49	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	160	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	













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Consulting Dr. : - Collected
Reg. Location : Bhayander East (Main Centre) Reported

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Name : MRS. VIMALA MEENA

Age / Gender : 28 Years / Female

Consulting Dr.

Reg. Location : Bhayander East (Main Centre)

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: 11-Feb-2023 / 09:44

Reported :11-Feb-2023 / 16:55

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

Diabetic Level: >/= 6.5 %

Collected

HPLC

(HbA1c), EDTA WB - CC Estimated Average Glucose

(eAG), EDTA WB - CC

79.6

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 ***



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

REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2rd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.



Name : MRS.VIMALA MEENA

Age / Gender : 28 Years / Female

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:11-Feb-2023 / 09:44

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	5-6		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

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

Others

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







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



Name : MRS.VIMALA MEENA

Age / Gender : 28 Years / Female

Consulting Dr. : -

Reg. Location: Bhayander East (Main Centre)



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: 11-Feb-2023 / 09:44

Reported :11-Feb-2023 / 17:36

Collected

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

PARAMETER

RESULTS

ABO GROUP

0

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.

Refernces:

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

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



Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

Page 7 of 10



Name : MRS.VIMALA MEENA

: 28 Years / Female Age / Gender

Consulting Dr.

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: Bhayander East (Main Centre)



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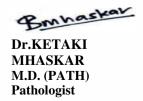
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	129.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.3	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	65.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	64.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	47.0	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	17.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO,	0.7	0-3.5 Ratio	Calculated

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









Name : MRS. VIMALA MEENA

Age / Gender : 28 Years / Female

Consulting Dr. : -

Reg. Location

: Bhayander East (Main Centre)

304222380 BS MAAALA AAFENIA

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:11-Feb-2023 / 09:44

Reported :11-Feb-2023 / 16:20

Collected

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	17.4	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	3.99	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



Name : MRS. VIMALA MEENA

Age / Gender : 28 Years / Female

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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors

can give falsely high TSH.

2)TSH values may be trasiently altered becuase of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

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

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am, and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
- 2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

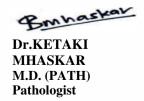
- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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









SUBURBAN DIAGNOSTICS - BHAYANDER EAST

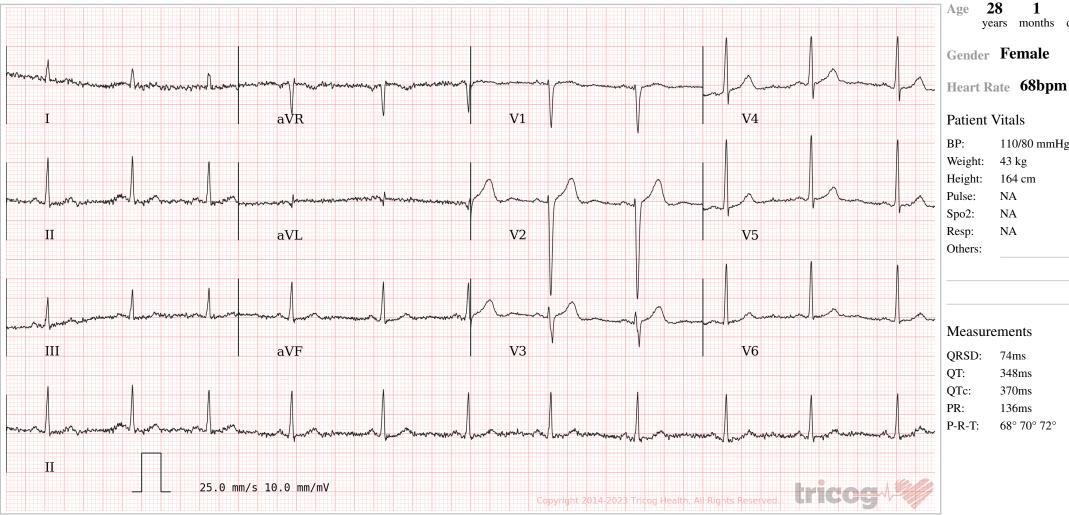


Patient Name: VIMALA MEENA

Patient ID:

2304222380

Date and Time: 11th Feb 23 10:34 AM



years months days

110/80 mmHg

68° 70° 72°

ECG Within Normal Limits: Sinus Rhythm, Normal axis Delayed RS transition in precordial leads No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.



SUBURBAN CIAGN CTICS IN DVT. LTD
Shop I
Abov
Mira
Phone



CID#

2304222380

Name

: MRS.VIMALA MEENA

Age / Gender : 28 Years/Female

Consulting Dr. :

Reg.Location : Bhayander East (Main Centre)

Collected

Reported

: 11-Feb-2023 / 09:29

: 13-Feb-2023 / 10:36

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PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

164

Weight (kg):

43

Afebrile

Skin:

NAD

Temp (0c):

Nails:

NAD

Blood Pressure (mm/hg): 110/80

72/min

Lymph Node:

Not Palpable

Pulse:

Systems Cardiovascular: S1S1-Normal

Respiratory:

Chest-Clear

Genitourinary: GI System:

NAD

NAD

IMPRESSION: CBC, Biochemistry, CRP, TMT me NNL USh is 510. Left Renal Calenters and ADVICE: B/L Poly Cyptic Ovanica, Ly Expert Consultation.

CHIEF COMPLAINTS:

1) Hypertension:

No

2) **IHD**

No

3) Arrhythmia

No

4) Diabetes Mellitus

No

5) Tuberculosis

No



: 2304222380 CID#

: MRS.VIMALA MEENA Name

: 28 Years/Female Age / Gender

: 11-Feb-2023 / 09:29 Collected Consulting Dr.

: 13-Feb-2023 / 10:36 Reported : Bhayander East (Main Centre) Reg.Location

6) Asthama	No
7) Pulmonary Disease	No
8) Thyroid/ Endocrine disorders	No
9) Nervous disorders	No
10) Gl 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	No
17) Musculoskeletal System	No

PERSONAL HISTORY:

No Alcohol 1) No **Smoking** 2)

Vegetarian Diet 3)

No Medication

*** End Of Report ***

SUBURBAN UM Shop No. 101-A, 1st Fi Shini Building Mira - Bhayanda Roug Dist. Thano-401105. , Hader (E) Phone No : 022 - 61700000

DR. ANITA CHOUDHARY

CONSUL.

Reg. No. 2017/12/6553

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12345810 (2304222380) / VIMALA MEENA / 28 Yrs / F / 164 Cms / 43 Kg Date: 11 / 02 / 2023 12:54:12 PM

Supple Comparing Supple Comparing Supple Comparing Supple Comparing Supple Comparing Compari												
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Stage 1 00:14 0:05 00:0 00:0 01:0 Stage 1 03:21 3:00 01:7 10:0 04:7 Stage 2 06:21 3:00 02:5 12:0 07:1 y 08:30 1:00 00:0 01:0 07:0 y 11:30 4:00 00:0 00:0 01:0 y 11:43 4:00 00:0 00:0 01:0 set End Reasons : Test Complete	anding	60:00	0:02	0.00	0.00	0.1.0	078	41%	110/80	085	8	
Stage 1		00:14	0.05	0.00	0.00	0.1.0	690	36 %	110/80	920	8	
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1.00	akEx	07:30	1:09	03.4	14.0		160	83 %	130/80	208	8	
11:30	covery	08:30	1:00	01.1	0.00	1.	147	% 22	150/80	220	8	
11:30	covery	08:60	5:00	0.00	0.00	0.10	107	26 %	140/80	149	8	
11:43 00.0	covery	11:30	4:00	0.00	0.00	01.0	160	47 %	130/80	*************************************	8	
se Time se Time se Time se Dopm 36% of Target 192 MR BP (ExStrt) seg bpm 36% of Target 192 MR Cork Load Attained seg Avg ST Value: II & -1.8 mm in PeakEx Treadmill Score seg Corporation of Test Complete	covery	11:43				0.00	000	% 0	(250/BO	000	8	
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uced stress	Initial HR (E	xStrt)	q 69 :	pm 36% of Tai	get 192		Max HR Att	tained 160 bp	m 83% of Tar	jet 192		
uced stress	Initial BP (E	xStrt)	.: 110/	80 (mm/Hg)			Max BP Att	ained 150/80	(mm/Hg)			
	Max WorkL	oad Attained	. 8.3 F	air response t	o induced st	ress						
	MaxSTDer	o Lead & Avg ST	r Value: II &	-1.8 mm in Pe	akEx							
. , Test Complete	Duke Tread	mill Score	0.70 :									
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EMail: 12345810 / VIMALA MEENA / 28 Yrs / F / 164 Cms / 43 Kg Date: 11 / 02 / 2023 12:54:12 PM

REPORT

REASON FOR TERMINATION REASON FOR TERMINATION TARGET HR ACHIEVED EXERCISE INDUCED ARRYTHMIAS NO ANGINA AND ANGINA EQUIVALENT NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY HAEMODYNAMIC RESPONSE CHRONOTROPIC RESPONSE CHRONOTROPIC RESPONSE FINAL IMPRESION NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA	VALENT VALENT VERING EXERCISE AND RECOVERY 4SE 15 ISCHEMIA
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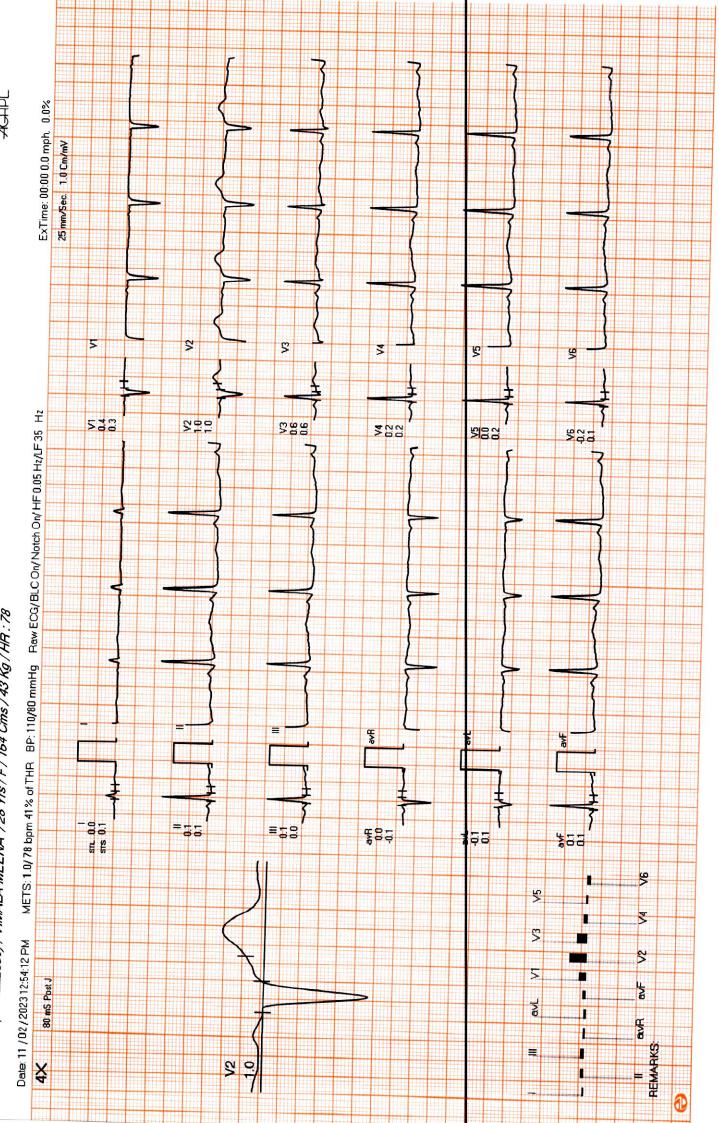
12345810 (2304222380) / VIMALA MEENA | 28 Yrs | F | 164 Cms | 43 Kg | HR : 78



SUPINE (00:01)

12345810 (2304222380) / VIMALA MEENA /28 Yrs/F/ 164 Cms/43 Kg/HR:78

STANDING (00:00)



ExTime: 00:00 0.0 mph, 0.0% 25 mm/Sec. 1.0 Cm/mV 5 2 5 7 9 METS: 1.0/ 77 bpm 40% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz 222 255 285 0.9 0.5<mark>1</mark>25 0.1 0.1 0.1 % ₽ ≣‡5 ₩ 0.0 0.3 ¥000 9 **%** 5 Date:11 / 02 / 2023 12:54:12 PM 22 5 70 mS Post J P. avL avB R REMARKS: A 23 **∞**.

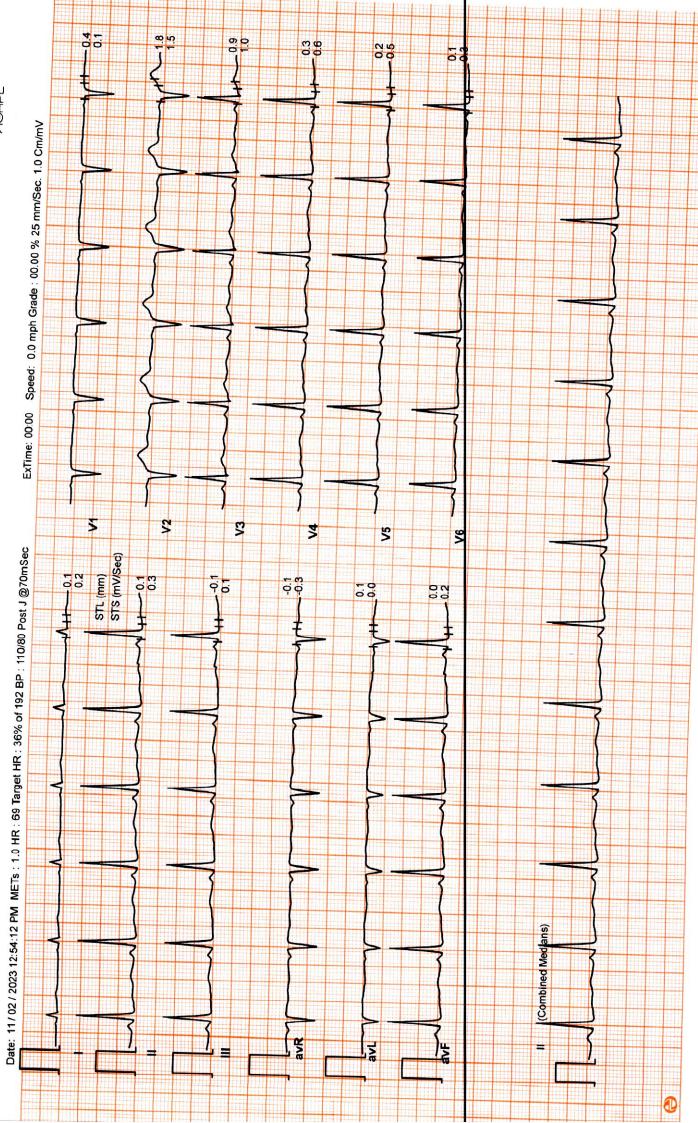
HV (00:00)

12345810 (2304222380) / VINALA MEENA /28 Yis /F/164 Cins / 43 Kg / HR : 77

SUBURBAN DIGNOSTICS BHAYANDER

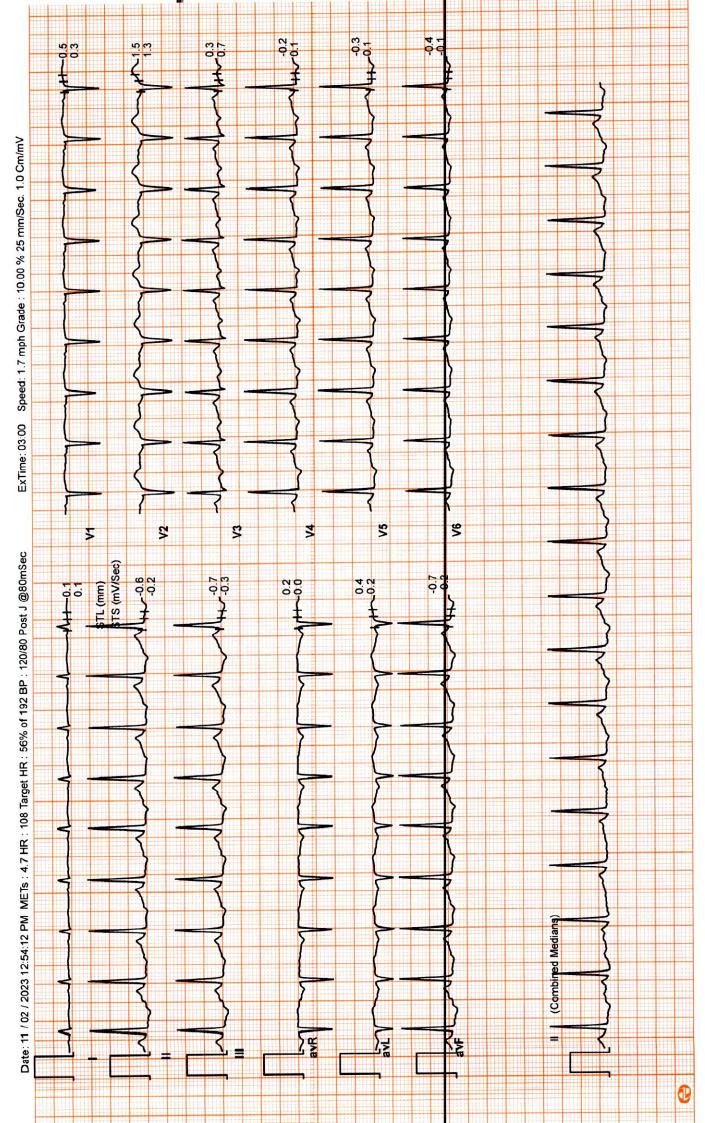
12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

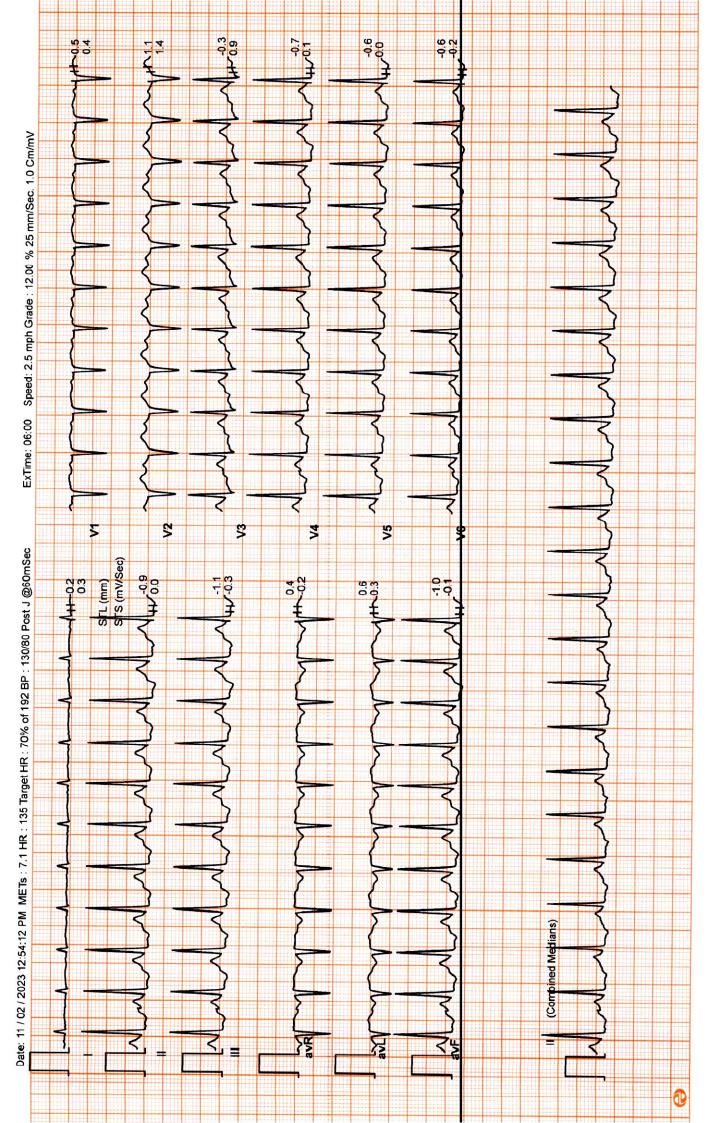




12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

6X2 Combine Medians + 1 Rhythm BRUCE : Stage 2 (03:00)

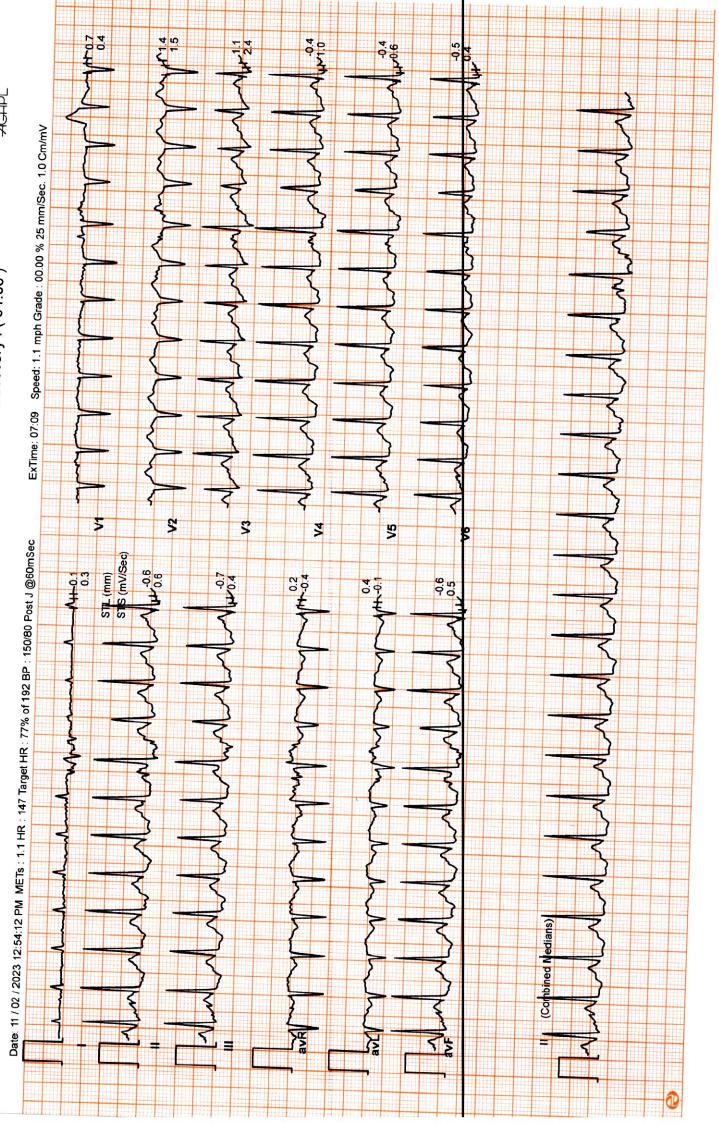




ExTime: 07:09 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV 6X2 Combine Medians + 1 Rhythm PeakEx 3 \$ **%** Date: 11 / 02 / 2023 12:54:12 PM METs: 8.3 HR: 162 Target HR: 84% of 192 BP: 130/80 Post J @50mSec STL (mm) STS (mV/Sec) 12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg (Combined Medians)

12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

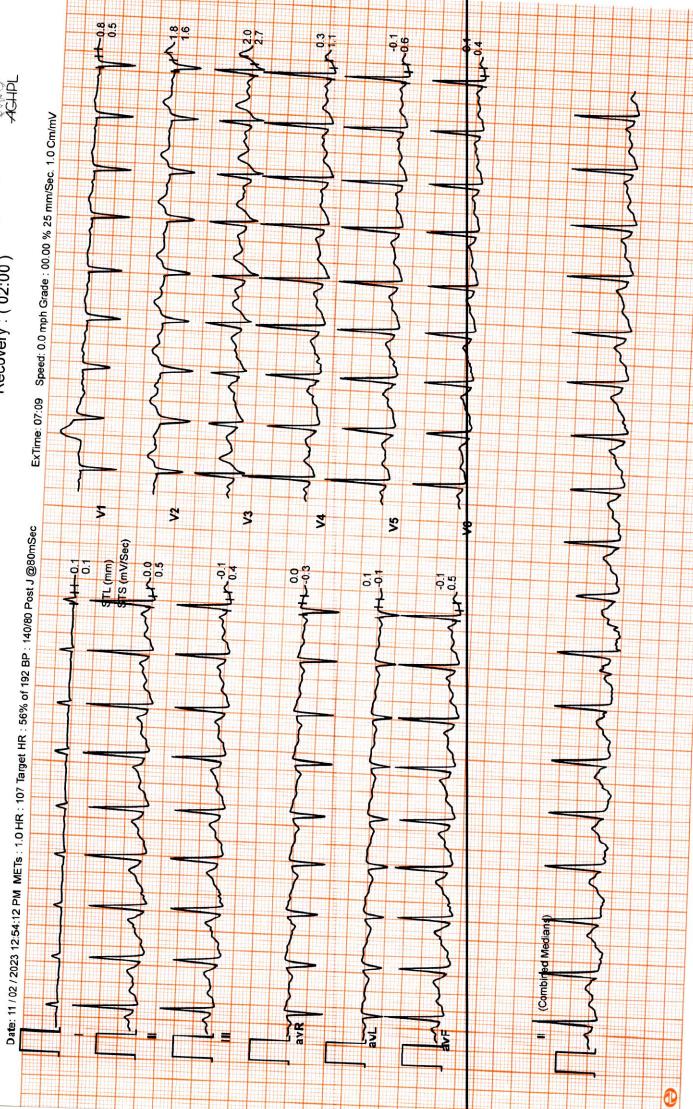
6X2 Combine Medians + 1 Rhythm Recovery : (01:00)



12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (02:00)





12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:00)

0 2 2 4.00 ExTime: 07:09 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV 5 5 \$ * 55 Date: 11 / 02 / 2023 12:54:12 PM METs: 1.0 HR: 91 Target HR: 47% of 192 BP: 130/80 Post J @80mSec STL (mm) STS (mV/Sec) 15 0.5 0.0 (Combined Medians)

12345810 / VIMALA MEENA / 28 Yrs / Female / 164 Cm / 43 Kg

: 2 -0.3 -0.1 6X2 Combine Medians + 1 Rhythm Recovery : (04:13) 5 3 \$ 7 35 Date: 11 / 02 / 2023 12:54:12 PM METs: 1.0 HR: 86 Target HR: 45% of 192 BP: 120/80 Post J @80mSec STL (mm) STS (mV/Sec) 900 -0.7 075 0.5 00 00 (Combined Medians)



Name : Mrs VIMALA MEENA

Age / Sex : 28 Years/Female

Ref. Dr Reg. Date : 11-Feb-2023

Reg. Location : Bhayander East Main Centre Reported



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: 11-Feb-2023/14:39

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.4 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 11.0 x 3.2 cm. Left kidney measures 10.4 x 5.2 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. A 7.2 mm calculus is seen in the lower pole collecting system of the left kidney. No evidence of any calculus seen on the right side. No evidence of any hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.1 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.1 x 4.0 x 3.3 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 6.9 mm and appears normal.



: 2304222380 **CID**

Name : Mrs VIMALA MEENA

Age / Sex : 28 Years/Female

Ref. Dr Reg. Date : 11-Feb-2023

Reg. Location : Bhayander East Main Centre Reported : 11-Feb-2023/14:39



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OVARIES:

Right ovary: 3.1 x 1.9 x 2.1 cm, Vol: 6.9 cc. Left ovary : $3.4 \times 1.7 \times 1.7 \text{ cm}$, Vol : 5.5 cc.

Both the ovaries are well visualised and appear normal in size, shape and position. Multiple small follicles are seen in the periphery of echogenic stroma in both ovaries. A 14.1 mm follicular cyst is seen in the right ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- Left renal calculus.
- Bilateral polycystic ovaries.

Kindly correlate clinically.

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

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE MBBS, DMRD Reg No -65470

Consultant Radiologist



Name : Mrs VIMALA MEENA

Age / Sex : 28 Years/Female

Ref. Dr :

Reg. Location: Bhayander East Main Centre



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Reg. Date : 11-Feb-2023

Reported : 11-Feb-2023/14:39



Name : Mrs VIMALA MEENA

Age / Sex : 28 Years/Female

Ref. Dr :

Reg. Location: Bhayander East Main Centre

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Reg. Date : 11-Feb-2023

Reported : 11-Feb-2023/11:18

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 VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE MBBS ,DMRD Reg No -65470

Consultant Radiologist



Name : Mrs VIMALA MEENA

Age / Sex : 28 Years/Female

Ref. Dr

Reg. Location : Bhayander East Main Centre

Authenticity Check

R



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Reg. Date : 11-Feb-2023

: 11-Feb-2023/11:18 Reported