

PHYSICAL EXAMINATION REPORT

Patient Name	Puja kumar.	Sex/Age	F/34
Date	25/2/23	Location	Thane.

History and Complaints

- Anxiety, Acidity
 Clo - ↑ Cholesterol since
 ① Month.

EXAMINATION FINDINGS:

Height (cms):	153	Temp (0c):	②
Weight (kg):	58	Skin:	NAD
Blood Pressure	110/70	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:	NAD.
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

Impression: ↓ Hb. Urine-Blood (+)
 BSL (f) - Impaired occ. yeast cells.
 ↓ HDL, ↑ TC's

Advice:

- Iron supplement.
- Drink Plenty of Liquids.
- Low Fat, Low sugar Diet.
- Reg. Exercise.
- Repeat sugar & Lipid Profile after 6 months.

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

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mixed
4)	Medication	Tab. Rozumac F.



Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date: - 25/2/23

CID:

Name: Puja Kumbhar

Sex / Age: F / 34

EYE CHECK UP

Chief complaints: RCV

Systemic Diseases: XHP

Past history: N/A

Unaided Vision: BR 6/6 XHPC 1/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Good Vision

MR. PRAKASH KUDVA
SR. OPTOMETRIST



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CID : 2305621583
Name : MRS.PUJA KUMARI
Age / Gender : 35 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Feb-2023 / 08:49
Reported : 25-Feb-2023 / 11:54

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	4.51	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.3	36-46 %	Measured
MCV	87.3	80-100 fl	Calculated
MCH	26.5	27-32 pg	Calculated
MCHC	30.3	31.5-34.5 g/dL	Calculated
RDW	17.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5210	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.4	20-40 %	
Absolute Lymphocytes	1427.5	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	349.1	200-1000 /cmm	Calculated
Neutrophils	64.7	40-80 %	
Absolute Neutrophils	3370.9	2000-7000 /cmm	Calculated
Eosinophils	1.2	1-6 %	
Absolute Eosinophils	62.5	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	164000	150000-400000 /cmm	Elect. Impedance
MPV	10.7	6-11 fl	Calculated
PDW	16.2	11-18 %	Calculated

RBC MORPHOLOGY



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Hypochromia	Mild
Microcytosis	Occasional
Macrocytosis	-
Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

022-6170-0000



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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	114.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.15	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.09	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.06	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	24.1	5-32 U/L	IFCC without pyridoxa phosphate activation
SGPT (ALT), Serum	31.3	5-33 U/L	IFCC without pyridoxa phosphate activation
GAMMA GT, Serum	8.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	75.3	35-105 U/L	PNPP
BLOOD UREA, Serum	14.4	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.64	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	112	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Uricase



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Urine Sugar (Fasting) Absent Absent
Urine Ketones (Fasting) Absent Absent

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Reported : 25-Feb-2023 / 12:04

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 G B Road Lab, Thane West

*** End Of Report ***



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Collected : 25-Feb-2023 / 08:49
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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 (6.0)	-
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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	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	1+	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	2-3	0-5/hpf	
Red Blood Cells / hpf	1-2	0-2/hpf	
Epithelial Cells / hpf	5-7		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	15-18	Less than 20/hpf	
Others	Yeast cells : Occasional		

Kindly correlate clinically.



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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

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



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Collected : 25-Feb-2023 / 08:49
Reported : 25-Feb-2023 / 14:07

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 Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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*** End Of Report ***

AREA OF SPECIAL EXPERTISE

OUR PRESENCE



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M.D (Path)
Pathologist



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Collected : 25-Feb-2023 / 08:49
Reported : 25-Feb-2023 / 12:59

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	113.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	161.3	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	33.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	79.2	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	32.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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*** End Of Report ***

OUR PRESENCE



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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	5.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.0	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	1.69	0.35-5.5 microlU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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% (within 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)

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*** End Of Report ***

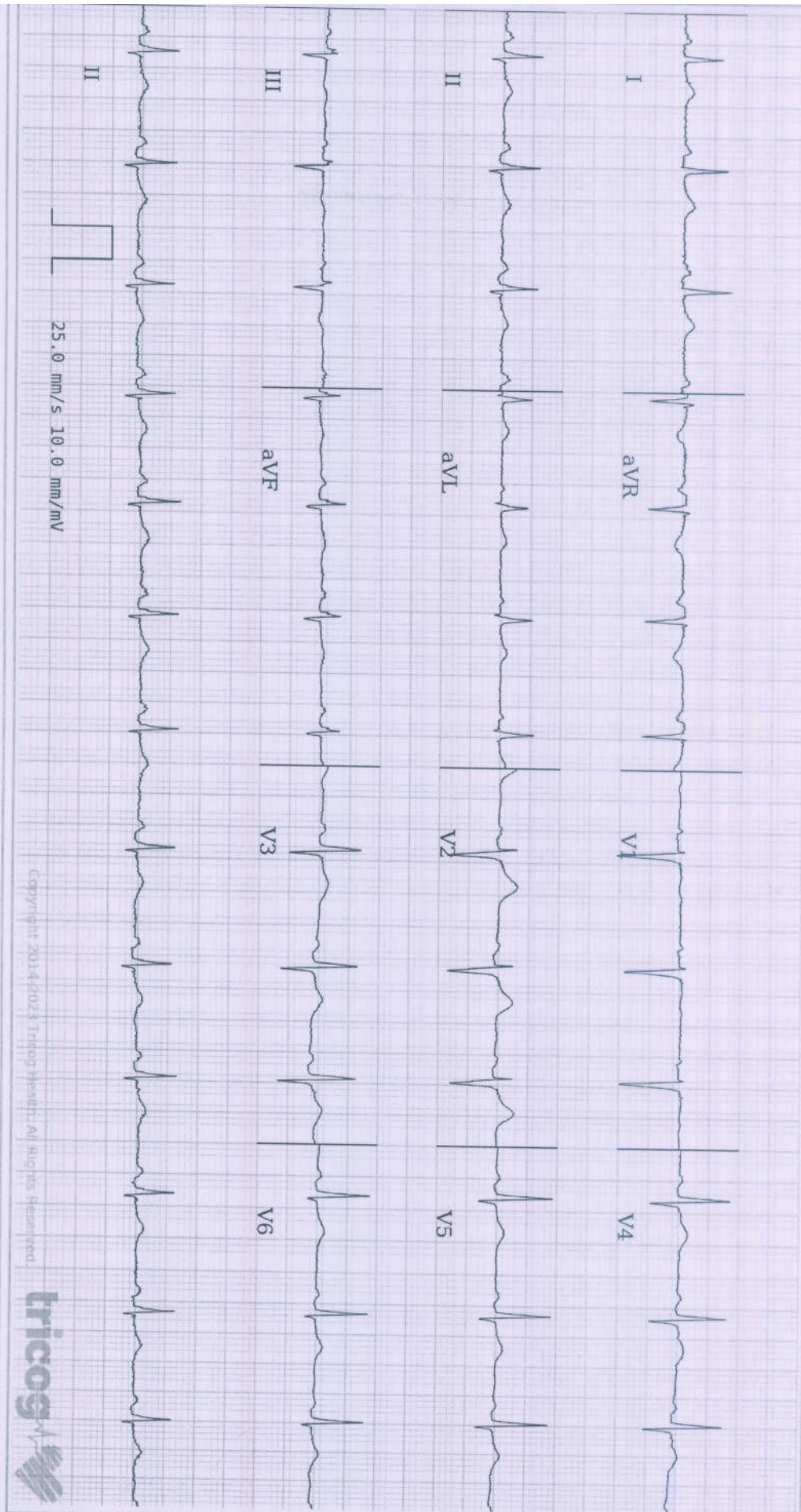


Amit Taori

Dr. AMIT TAORI
M.D (Path)
Pathologist

Patient Name: PUJA KUMARI
Patient ID: 2305621583

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 25th Feb 23 11:39 AM



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Age **35** NA NA
years months days

Gender **Female**

Heart Rate **83bpm**

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

QRSD: 82ms
QT: 360ms
QTc: 423ms
PR: 138ms
P-R-T: 35° 6° 13°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS, MD Physician
MD Physician
49972

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.



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Reported : 25-Feb-2023 / 12:30

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 GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

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Authenticity Check



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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 25-Feb-2023
Reported : 25-Feb-2023 / 10:18

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.5 x 4.4 cm. Left kidney measures 10.1 x 5.0 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

UTERUS: Uterus is measures 4.7 x 4.8 x 4.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5 mm. Cervix appears normal.

OVARIES: Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508461027>

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IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Advice: Clinical co-relation, further evaluation and follow up.

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.

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

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022508461027>

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

499 (2305621583) / PUJA KUMARI / 35 Yrs / F / 153 Cms / 58 Kg
 Date: 25 / 02 / 2023 10:41:07 AM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:16	0:16	00.0	00.0	01.0	104	56 %	120/70	124	00	
Standing	00:24	0:08	00.0	00.0	01.0	104	56 %	120/70	124	00	
HV	00:32	0:08	00.0	00.0	01.0	116	63 %	120/70	139	00	
ExStart	00:40	0:08	00.0	00.0	01.0	107	58 %	120/70	128	00	
PeakEx	02:35	1:55	01.7	10.0	03.4	170	92 %	150/80	255	00	
Recovery	03:35	1:00	00.0	00.0	03.4	130	70 %	150/80	195	00	
Recovery	04:35	2:00	00.0	00.0	03.4	114	62 %	130/80	148	00	
Recovery	06:35	4:00	00.0	00.0	03.4	110	59 %	130/80	143	00	
Recovery	06:42	4:07	00.0	00.0	03.4	110	59 %	130/80	143	00	

FINDINGS :

Exercise Time : 01:55
 Initial HR (ExStrt) : 107 bpm 58% of Target 185
 Initial BP (ExStrt) : 120/70 (mm/Hg)
 Max Workload Attained : 3.4 Poor response to induced stress
 Max ST Dep Lead & Avg ST Value: III & -0.7 mm in Recovery
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 170 bpm 92% of Target 185
 Max BP Attained 150/80 (mm/Hg)

Doctor : DR SHAILAJA PILLAI

(Signature)
Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972



EMaji:
499 / P U J A K U M A R I / 35 Yrs / F / 153 Cms / 58 Kg Date: 25 / 02 / 2023 10:41:07 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 116.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.2. 0.0 Ectopic Beats were observed during the Test.

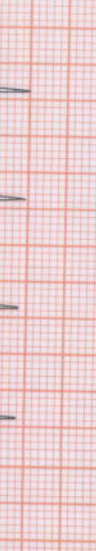
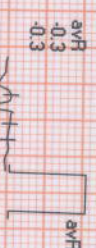
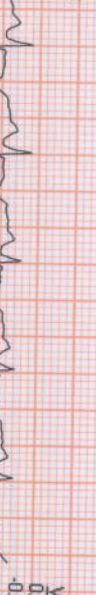
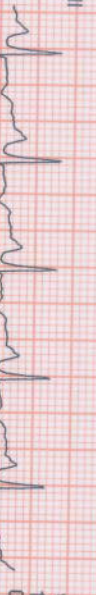
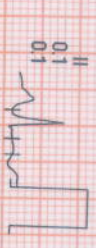
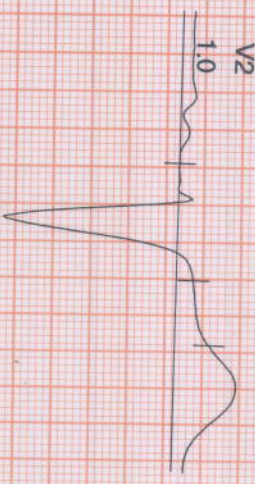
CONCLUSIONS:

1. TMT is negative for exercise induced ischemia.
2. Accelerated chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Basic ECG Nonspecific ST T changes.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

Doctor : DR SHAILAJA PILLAI R.NO. 49972



REMARKS:

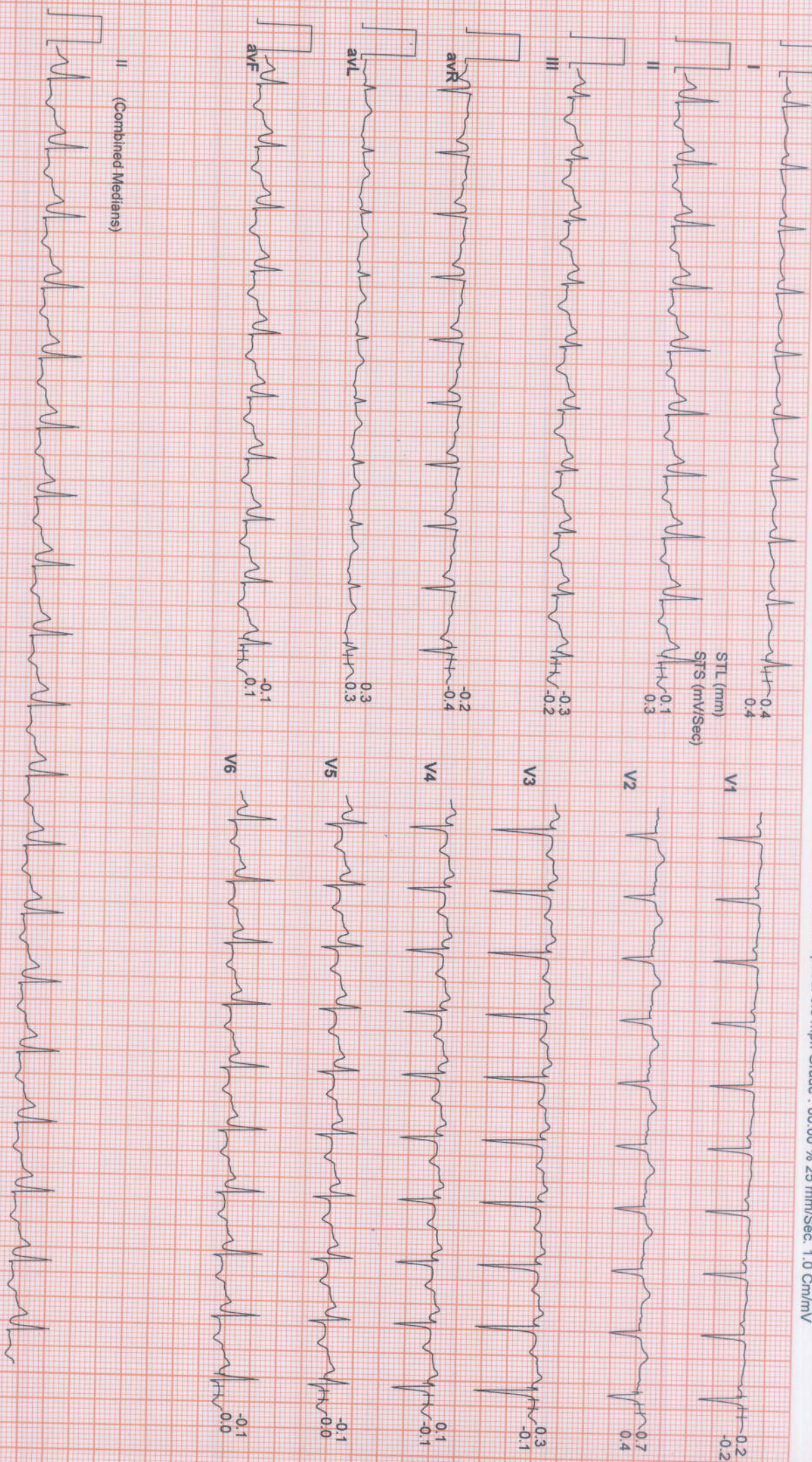
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METS : 1.0 HR : 116 Target HR : 63% of 165 BP : 120/70 Post J @80mSec

EXTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm STANDING (00:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

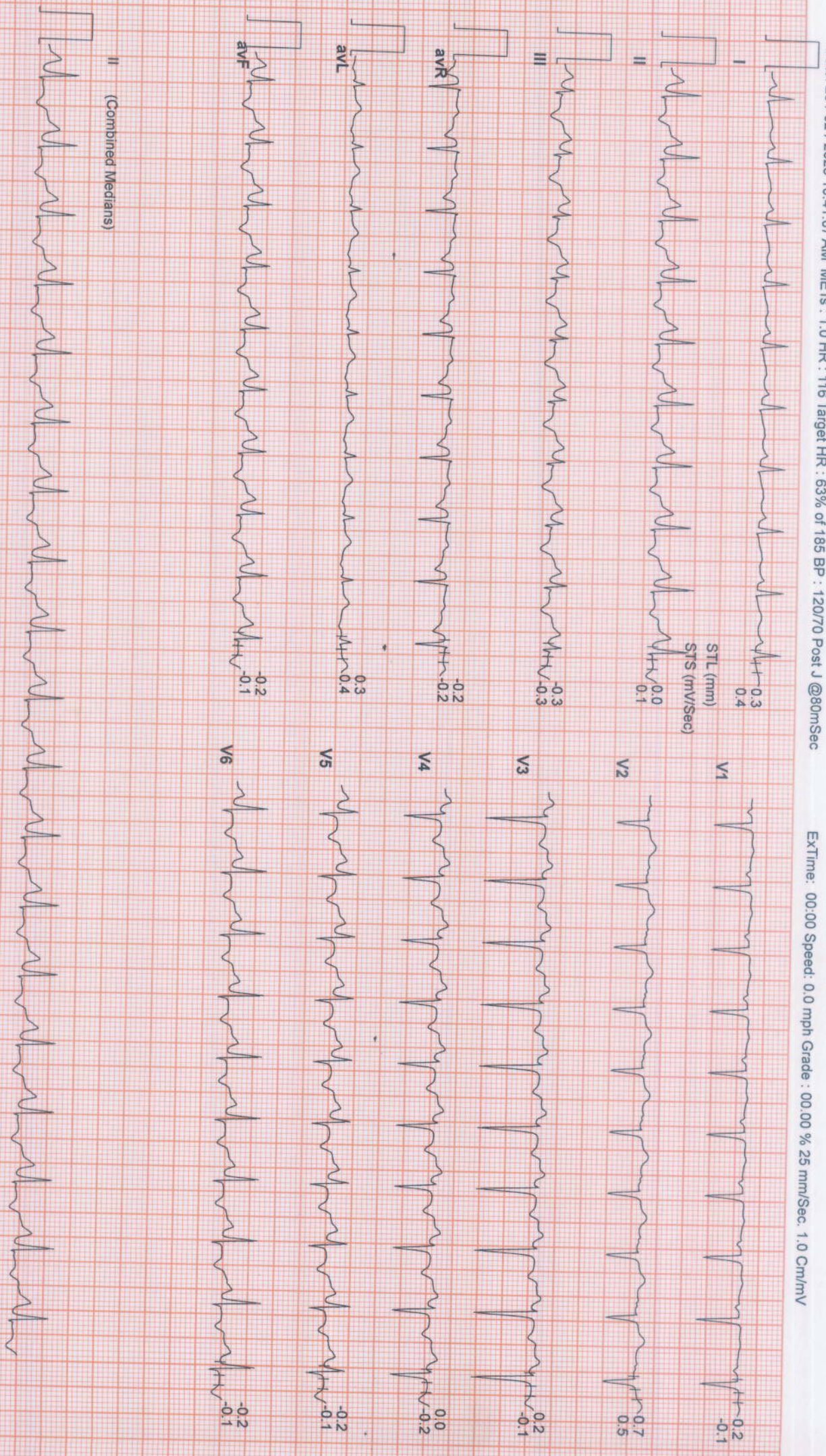
499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 1.0 HR : 116 Target HR : 63% of 185 BP : 120/70 Post J @80mSec

ExtTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

HV (00:00)



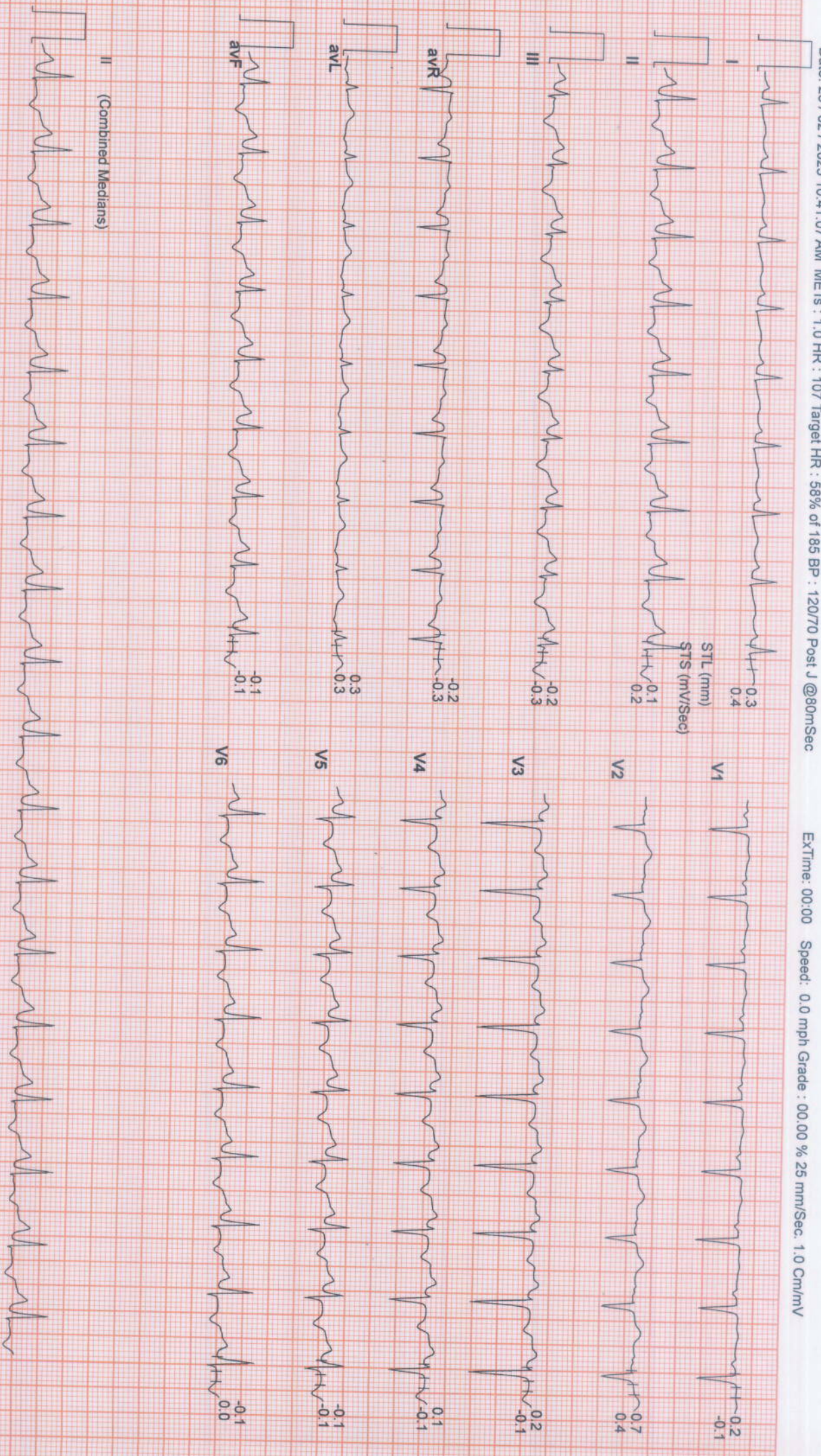
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 1.0 HR : 107 Target HR : 58% of 185 BP : 120/70 Post J @80mSec

ExTime: 00:00 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm
ExStt



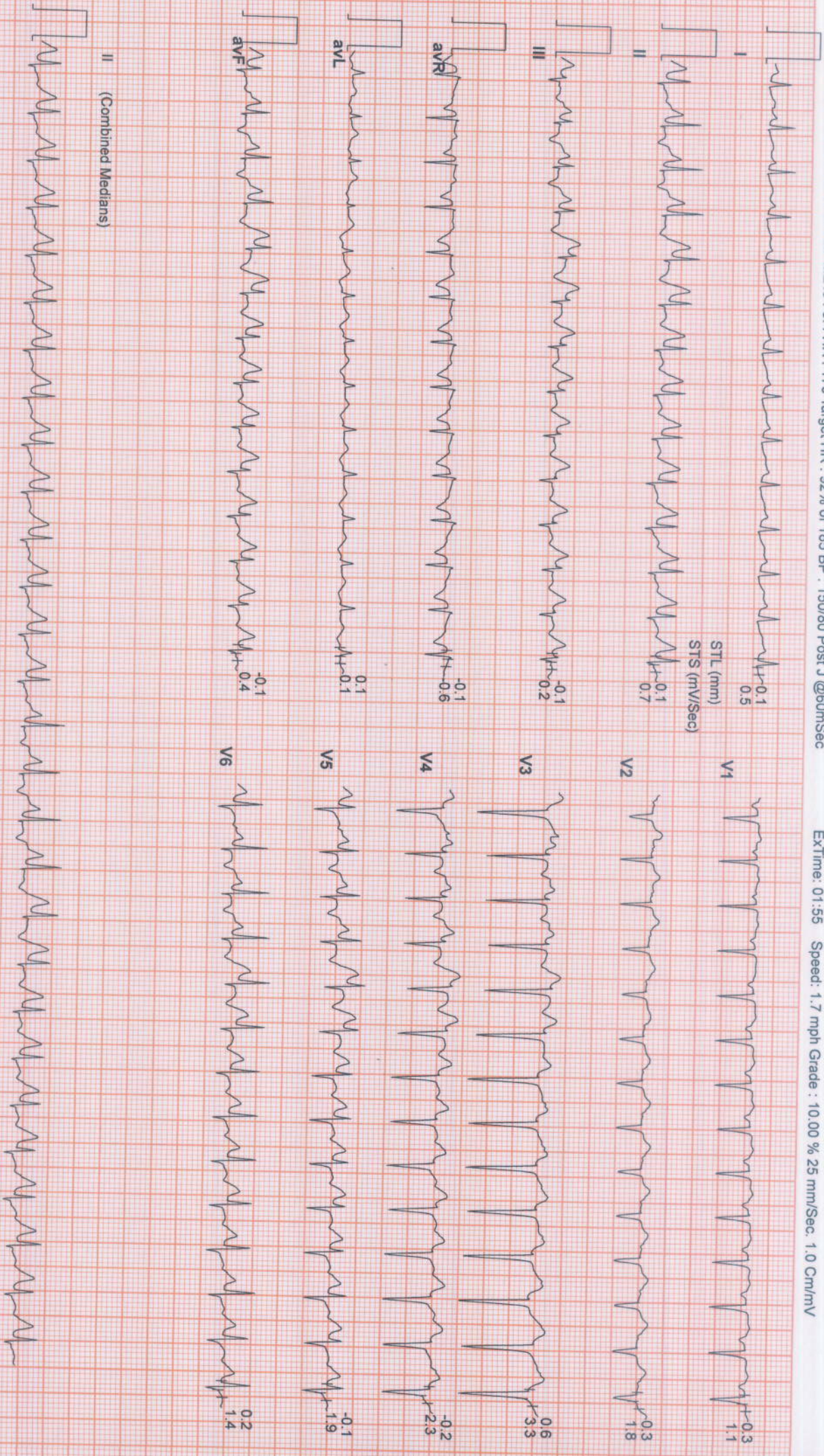
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 3.4 HR : 170 Target HR : 92% of 185 BP : 150/80 Post J @60mSec

EXTime: 01:55 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm PeakEx



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

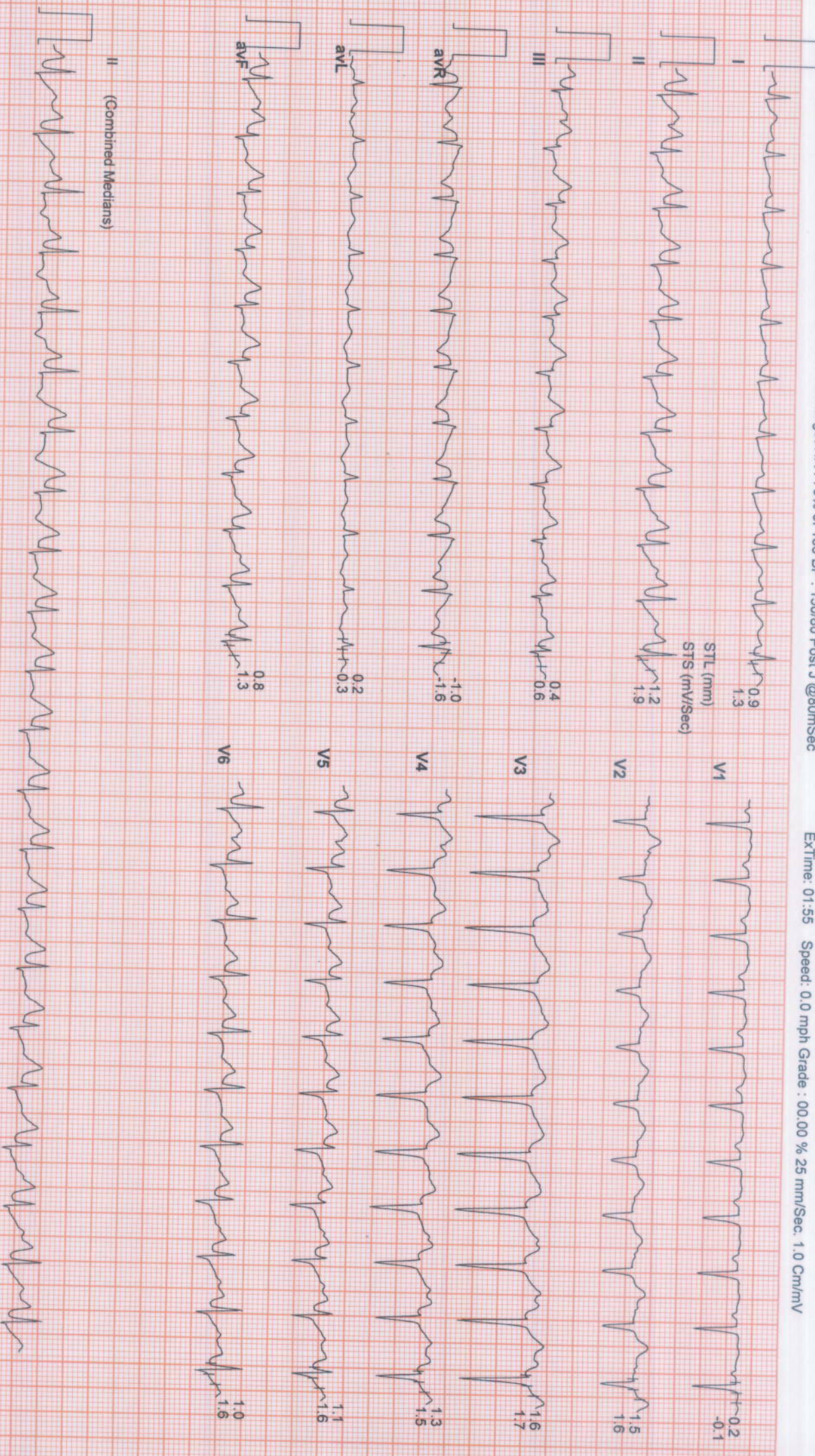
499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 3.4 HR : 130 Target HR : 70% of 185 BP : 150/80 Post J @80mSec

ExTime: 01:55 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (01:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

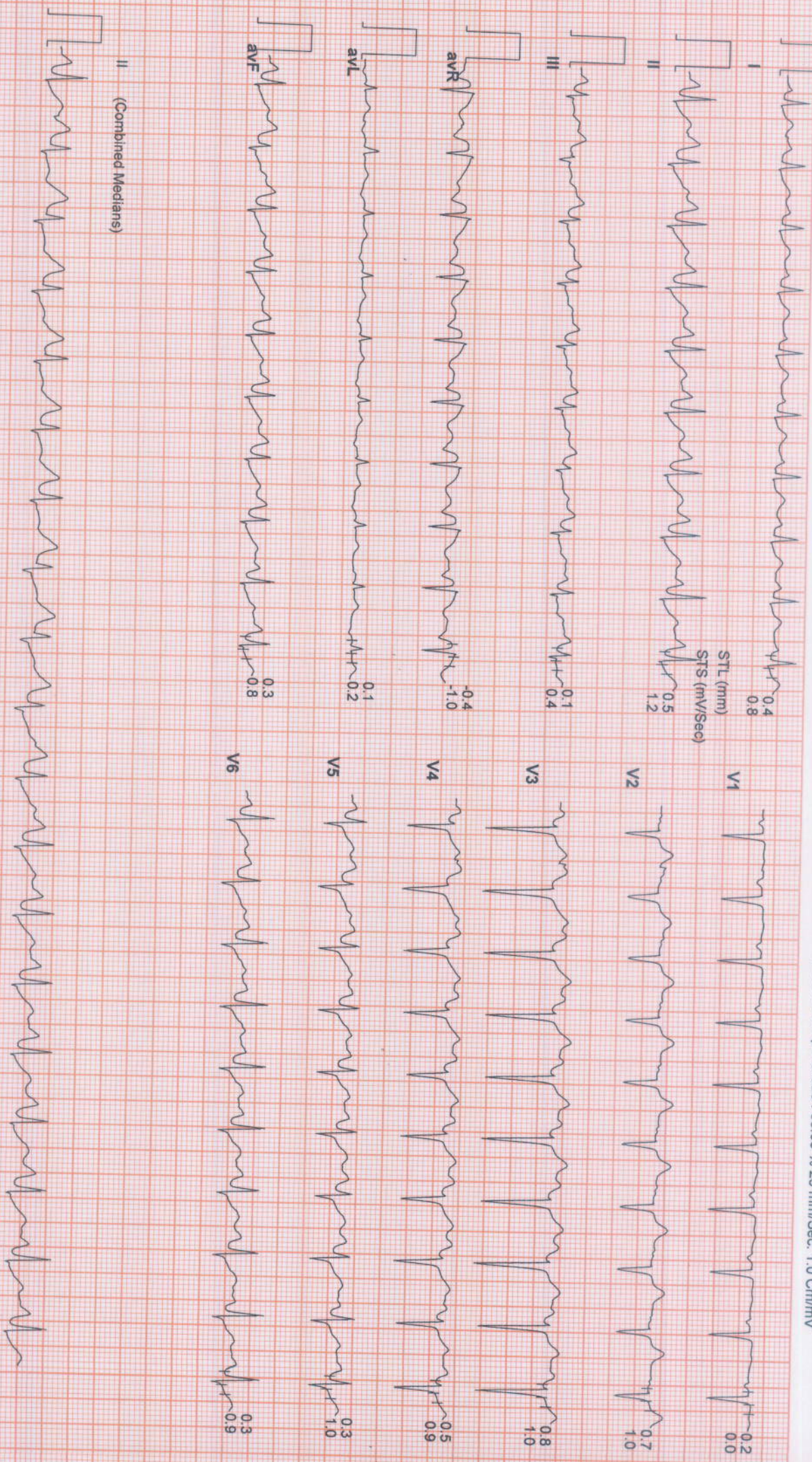
499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 3.4 HR : 114 Target HR : 62% of 185 BP : 130/80 Post J @80mSec

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



EXTime: 01:55 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

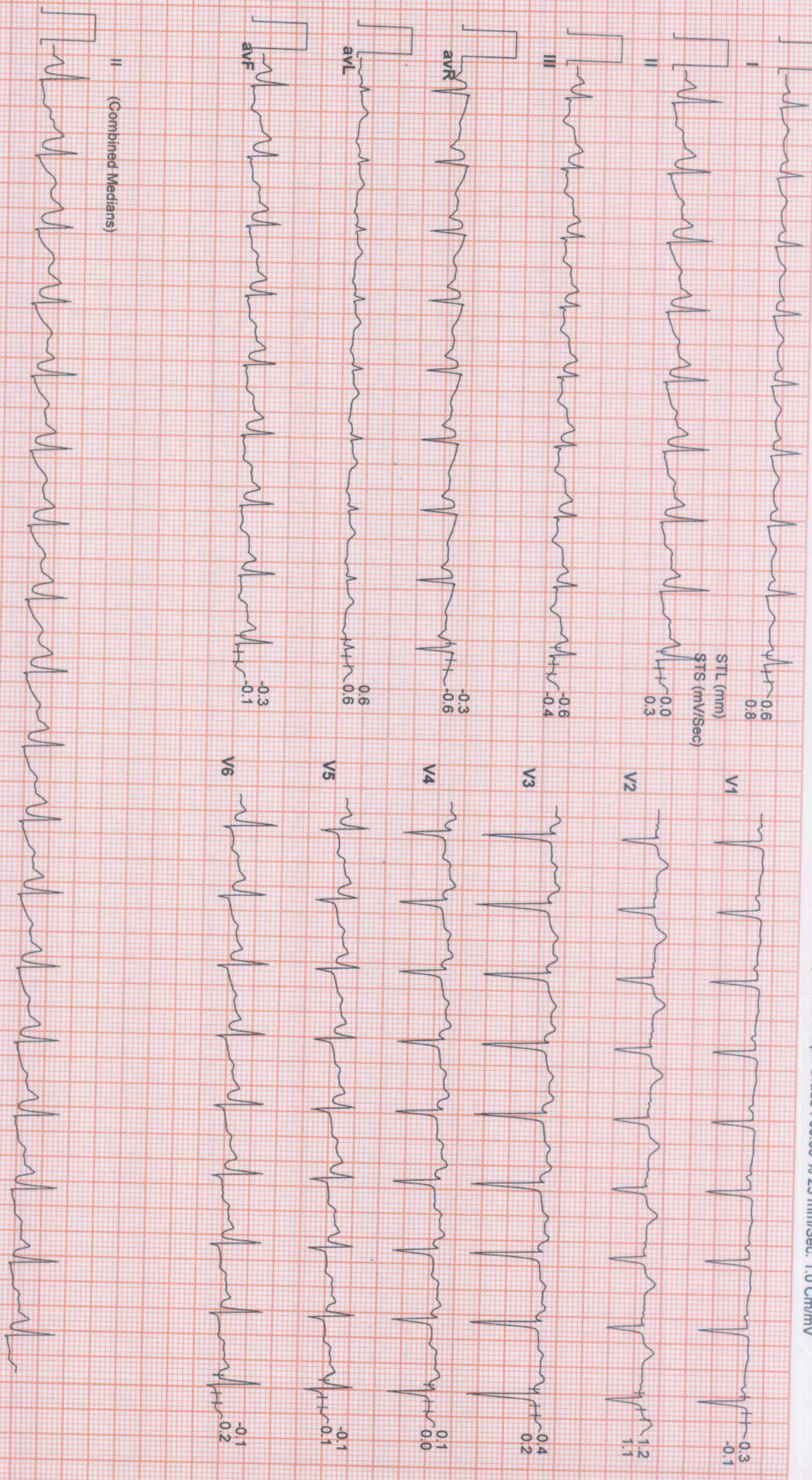
499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METS : 3.4 HR : 110 Target HR : 59% of 185 BP : 130/80 Post J @80mSec

EXTime: 01:55 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:00)



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

499 / PUJA KUMARI / 35 Yrs / Female / 153 Cm / 58 Kg

Date: 25 / 02 / 2023 10:41:07 AM METs : 1.0 HR : 110 Target HR : 59% of 185 BP : 130/80 Post J @80mSec

EXTime: 01:55 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

6X2 Combine Medians + 1 Rhythm

Recovery : (04:07)

