



CID : 2304222208
Name : Mr SOMA BISWAS
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023/13:07

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.

To be correlated clinically

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. FThey only help in diagnosing the disease in correlation to clinical symptoms and other related tests.Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

-----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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Reg. Location : Malad West Main Centre

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Reported : 11-Feb-2023/13:07

অলিগুটিং আইডি / Enrollment No. : 1215/13401/05502

08/03/2014

To
Soma Biswas
সোমা বিশ্বাস
BABU PARA
Perangapar
Falakata, Jalpaiguri
West Bengal - 735211
8749360153



KL812381643FT

81238164



আপনার আধার সংখ্যা / Your Aadhaar No. :

3359 8534 6657

আধার - সাধারণ মানুষের অধিকার



ভারত সরকার

Government of India



সোমা বিশ্বাস
Soma Biswas
পিতা : গোপাল চন্দ্র বিশ্বাস
Father : Gopal Chandra Biswas

জন্মতারিখ/DOB: 10/03/1989
লিঙ্গ / Female

3359 8534 6657



আধার - সাধারণ মানুষের অধিকার

Soma Biswas

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.

102-104, Bhoomi Castle,

Opp. Goregaon Sports Club,

Link Road, Malad (W), Mumbai - 400 064.

Date:- 11/2/23.

CID: 2304222208

Name:- Soma Biswas

Sex / Age: F / 33

EYE CHECK UP

Chief complaints: NO.

Systemic Diseases: NO.

Past history: NO.

Unaided Vision:

Aided Vision: Both eye - NV - NG.
DV - 6/6.

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6.	—————			6/6.
Near	—————			NG	—————			NG.

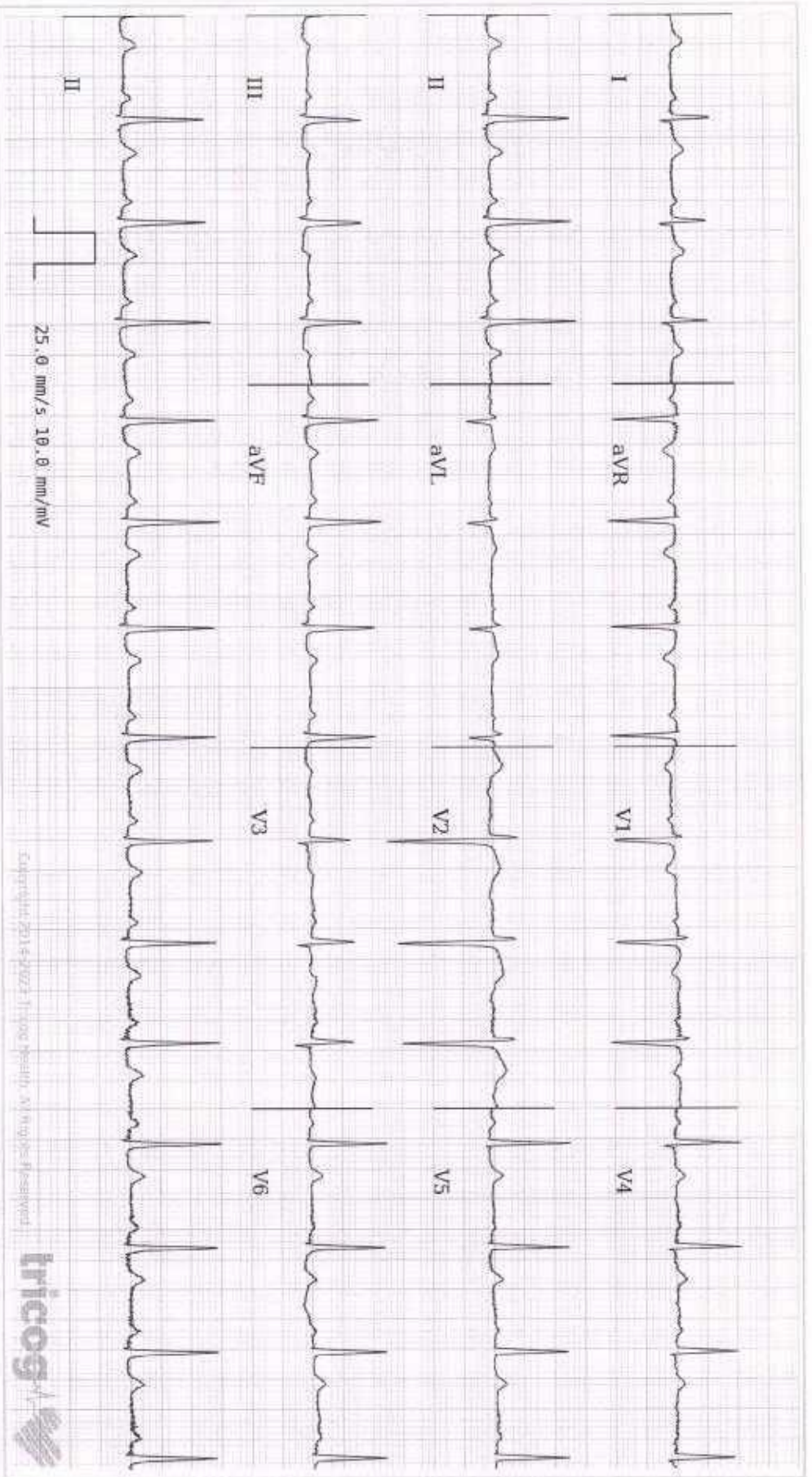
Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

Patient Name: SOMA BISWAS
Patient ID: 2304222208

Date and Time: 11th Feb 23 10:02 AM



Age 33 5 1
years months days

Gender Female

Heart Rate 88bpm

Patient Vitals

BP: 120/80 mmHg

Weight 56 kg

Height 157 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 68ms

QT: 318ms

QTc: 38.4ms

PR: 140ms

P-R-T: 60° 68° 43°

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
200104/1882



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

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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Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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Reported : 11-Feb-2023 / 14:51

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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	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	5.03	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Calculated
MCV	79.6	80-100 fl	Measured
MCH	26.9	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	14.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8440	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.7	20-40 %	
Absolute Lymphocytes	3603.9	1000-3000 /cmm	Calculated
Monocytes	4.7	2-10 %	
Absolute Monocytes	396.7	200-1000 /cmm	Calculated
Neutrophils	46.4	40-80 %	
Absolute Neutrophils	3916.2	2000-7000 /cmm	Calculated
Eosinophils	6.0	1-6 %	
Absolute Eosinophils	506.4	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	16.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	113000	150000-400000 /cmm	Elect. Impedance
MPV	12.8	6-11 fl	Measured
PDW	27.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	-		



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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	87.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.31	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.14	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.17	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.5	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	20.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	17.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	7.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	78.7	35-105 U/L	Colorimetric
BLOOD UREA, Serum	23.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	10.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	104	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic



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



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



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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	5.5	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 CPL, Andheri West

*** End Of Report ***



MC-2111

M Jain

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



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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

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



Anupa

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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	10	-	-
<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	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.

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 CPL, Andheri West



Anupa

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



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Reported :

*** End Of Report ***



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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

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*** End Of Report ***



MC-2111

J. Thakker

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



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	173.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	90.5	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	54.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	119.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	18.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.9	0-3.5 Ratio	Calculated

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*** End Of Report ***



MC-2111



M Jain

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



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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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	18.5	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	7.44	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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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)

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*** End Of Report ***



MC-2111



M Jain

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

CID# : 2304222208
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Age / Gender : 33 Years/Female
Consulting Dr. : Collected : 11-Feb-2023 / 09:14
Reg.Location : Malad West (Main Centre) Reported : 13-Feb-2023 / 11:12

PHYSICAL EXAMINATION REPORT

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):	157 CMS	Weight (kg):	56.7 KGS
Temp (0c):	AFEBRILE	Skin:	NAD
Blood Pressure (mm/hg):	120/80	Nails:	NAD
Pulse:	86/MIN	Lymph Node:	NOT PALPABLE

Systems

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

IMPRESSION:

Mild lymphocytopenia / Thrombocytopenia
Cholelithiasis.

ADVICE:

Flap to 1^o physician.

CHIEF COMPLAINTS:

1) Hypertension: NO

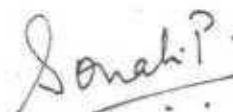
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- | | |
|--|--------------|
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 8) Thyroid/ Endocrine disorders | SINCE 2019 |
| 9) Nervous disorders | NO |
| 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 IN 2021 |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|------------------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | NON VEG |
| 4) Medication | THYROXINE 25mcg. |

*** End Of Report ***



Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

SUBURBAN DIAGNOSTICS

Station

--
Malad West

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: SOMA, BISWAS

Patient ID: 230422208

Height: 157 cm

Weight: 56.7 kg

DOB: 10.09.1989

Age: 33yrs

Gender: Female

Race: Asian

Study Date: 11.02.2023

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

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Medical History:

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Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:16	0.00	0.00	90	120/80	
	STANDING	00:12	0.00	0.00	89	120/80	
	HYPERV.	00:12	0.00	0.00	94	120/80	
EXERCISE	WARM-UP	00:10	1.00	0.00	96	120/80	
	STAGE 1	03:00	1.70	10.00	131	130/80	
	STAGE 2	03:00	2.50	12.00	151	144/80	
RECOVERY	STAGE 3	00:35	3.40	14.00	166		
		03:02	0.00	0.00	111	150/80	

The patient exercised according to the BRUCE for 6:35 min:s, achieving a work level of Max. METS: 8.70. The resting heart rate of 91 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 150/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: none.

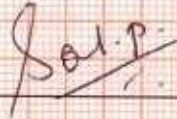
Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.

Physician



Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SUBURBAN DIAGNOCTICS (INDIA) PVT. LTD.
102-104, Bhoomi Castle,
Opp. Goregaon Sports Club,
Link Road, Melad (W), Mumbai - 400 064.

SOMA, BISWAS
 Patient ID 230422208
 11:02:2023
 10:44:42am

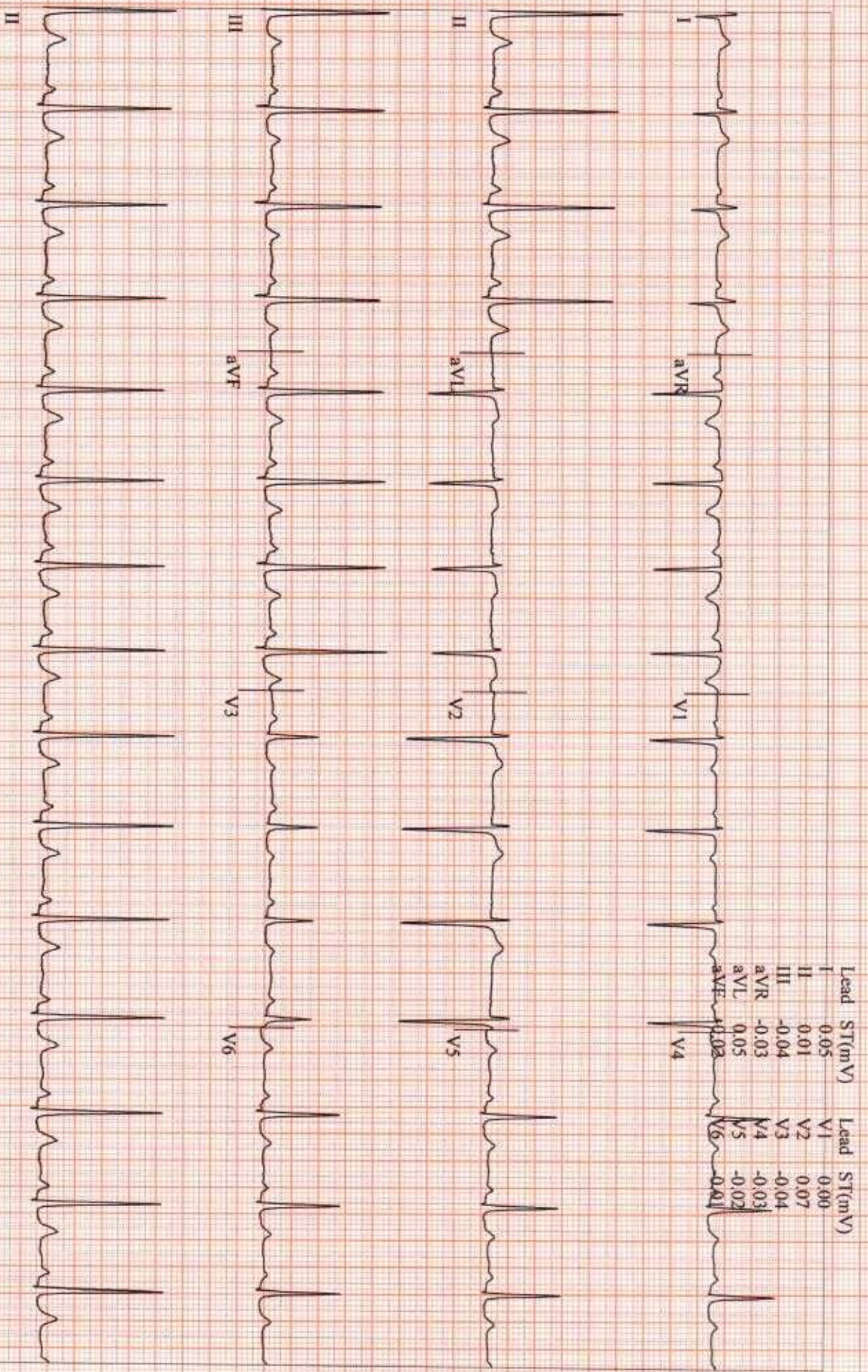
91 bpm
 120/80 mmHg

12-Lead Report
 PRETEST
 SUPINE
 00:14

BRUCE
 0.0 mph
 0.0%

Measured at 60ms Post J
 Auto Points

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(L,V2)

Start of Test: 10:44:22am

12-Lead Report

SOMA, BISWAS
Patient ID 230422208
11.02.2023
10:44:54am

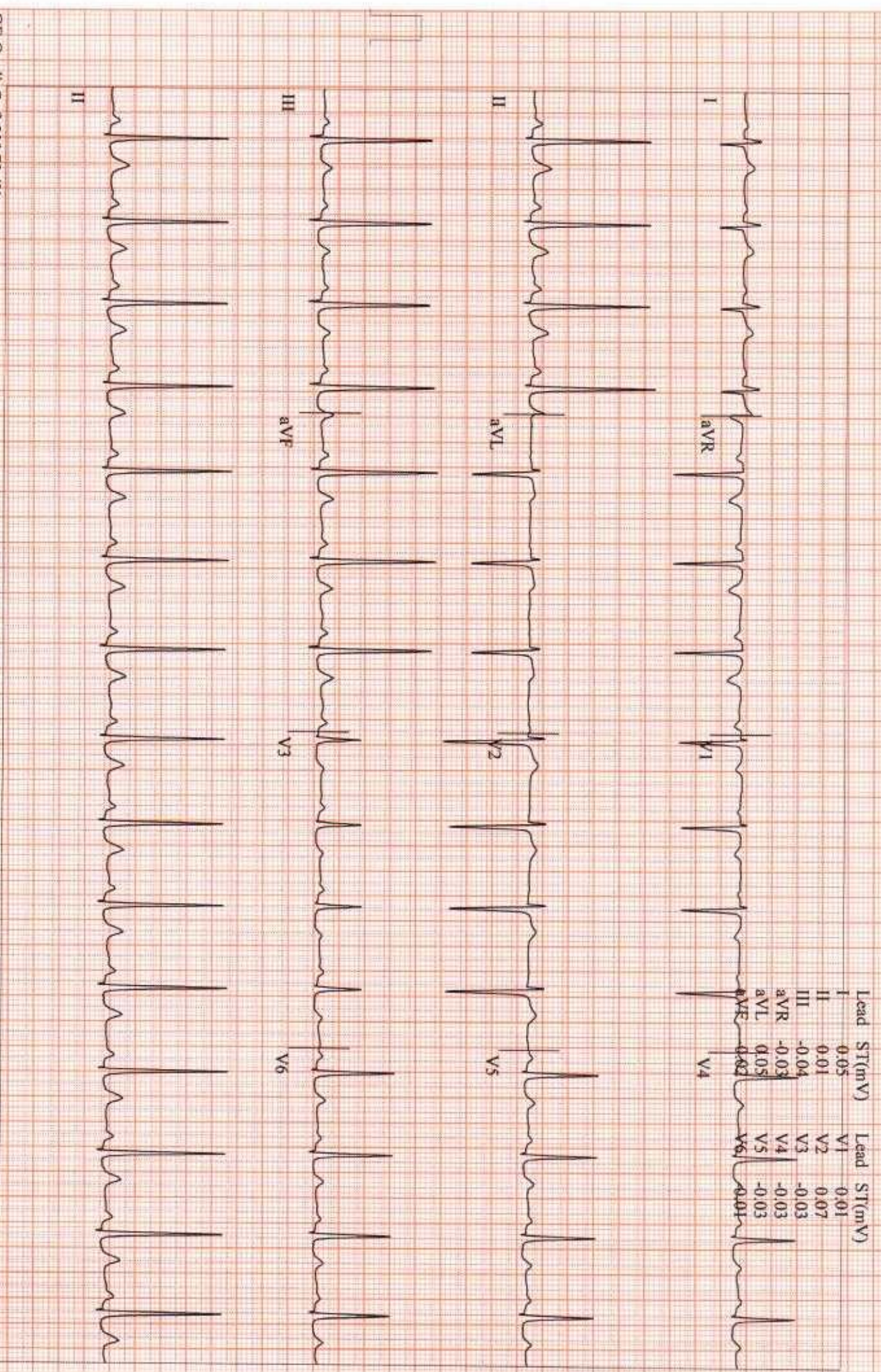
89 bpm
120/80 mmHg

PRETEST
STANDING
00:26

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTICS



GE CardioSoft V6 73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 10:44:22am

12-Lead Report

SUBURBAN DIAGNOSTICS

SOMA, BISWAS

Patient ID 230422208

11/02/2023

10:45:07am

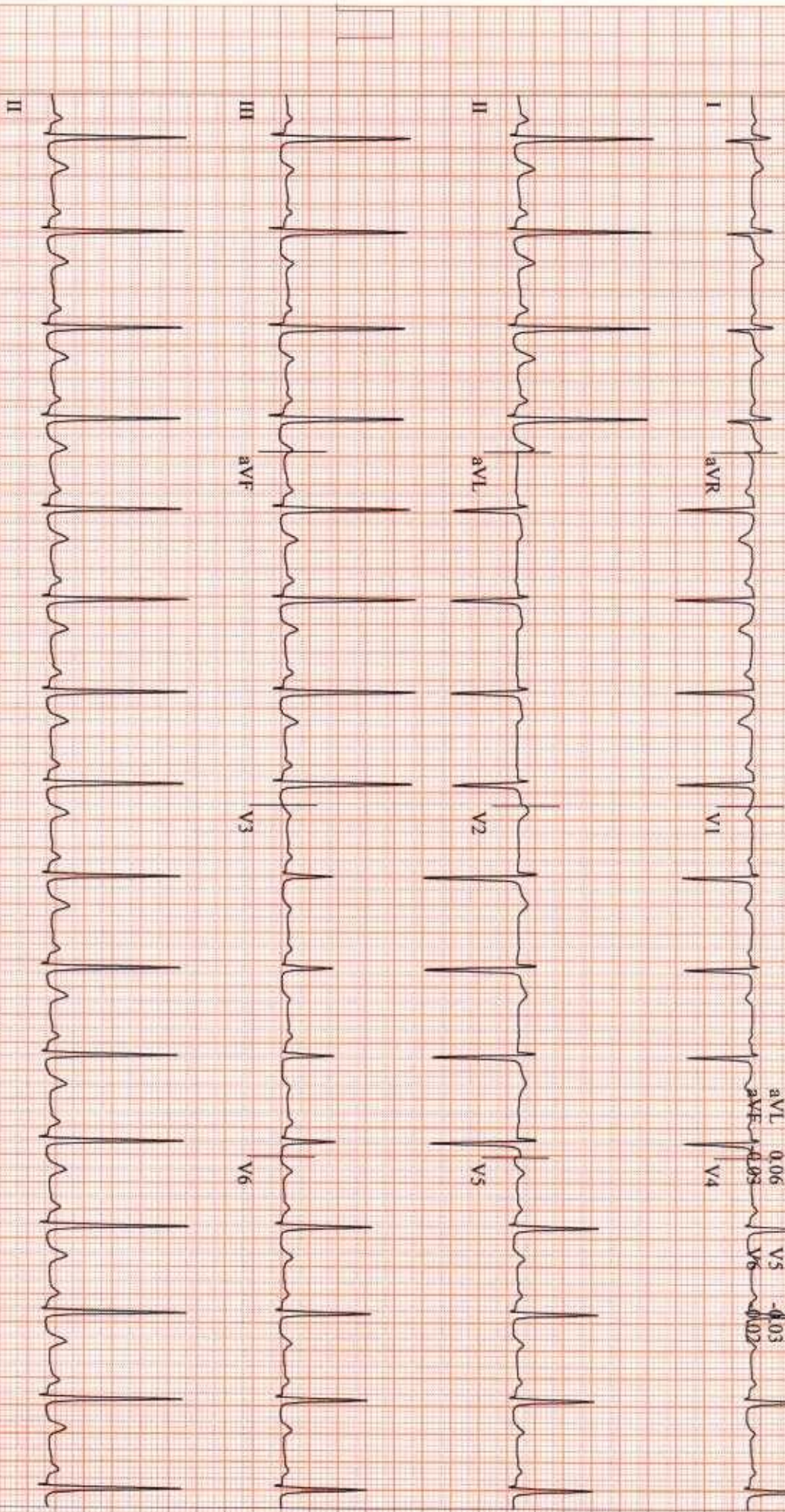
94 bpm
120/80 mmHg

PRETEST
HYPERV.
00:39

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.05	V1	0.00
II	0.00	V2	0.07
III	-0.06	V3	-0.04
aVR	-0.03	V4	-0.04
aVL	0.06	V5	-0.03
aVF	0.03	V6	0.02



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

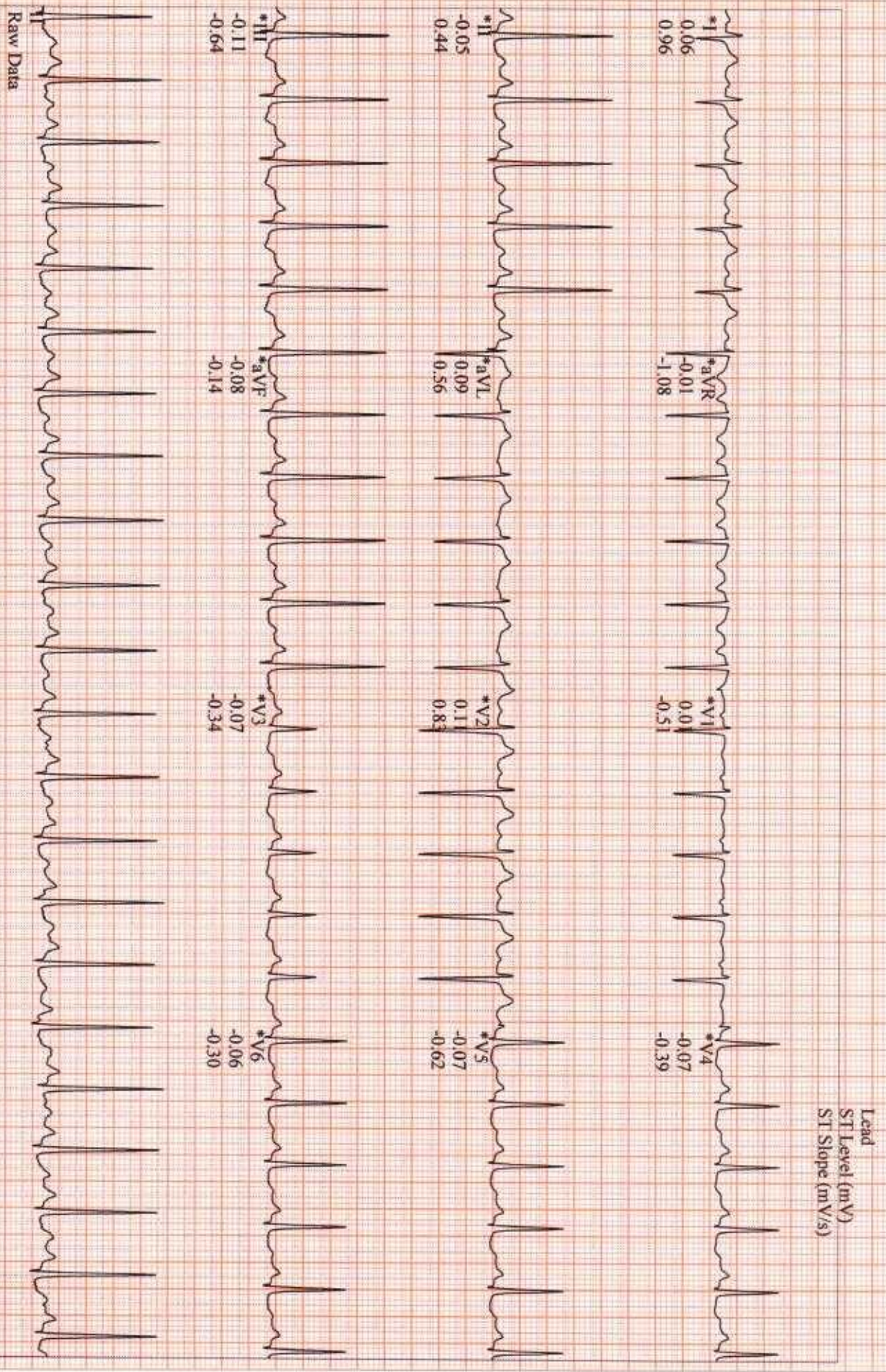
Start of Test: 10:44:22am

SOMA, BISWAS
Patient ID 230422208
11.02.2023
10:48:03am

Linked Medians
129 bpm
130/80 mmHg
EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

SUBURBAN DIAGNOSTICS



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

Start of Test: 10:44:22am

*Computer Synthesized Rhythms

SOMA, BISWAS
 Patient ID 230422208
 11.02.2023
 10:51:03am

151 bpm
 144/80 mmHg

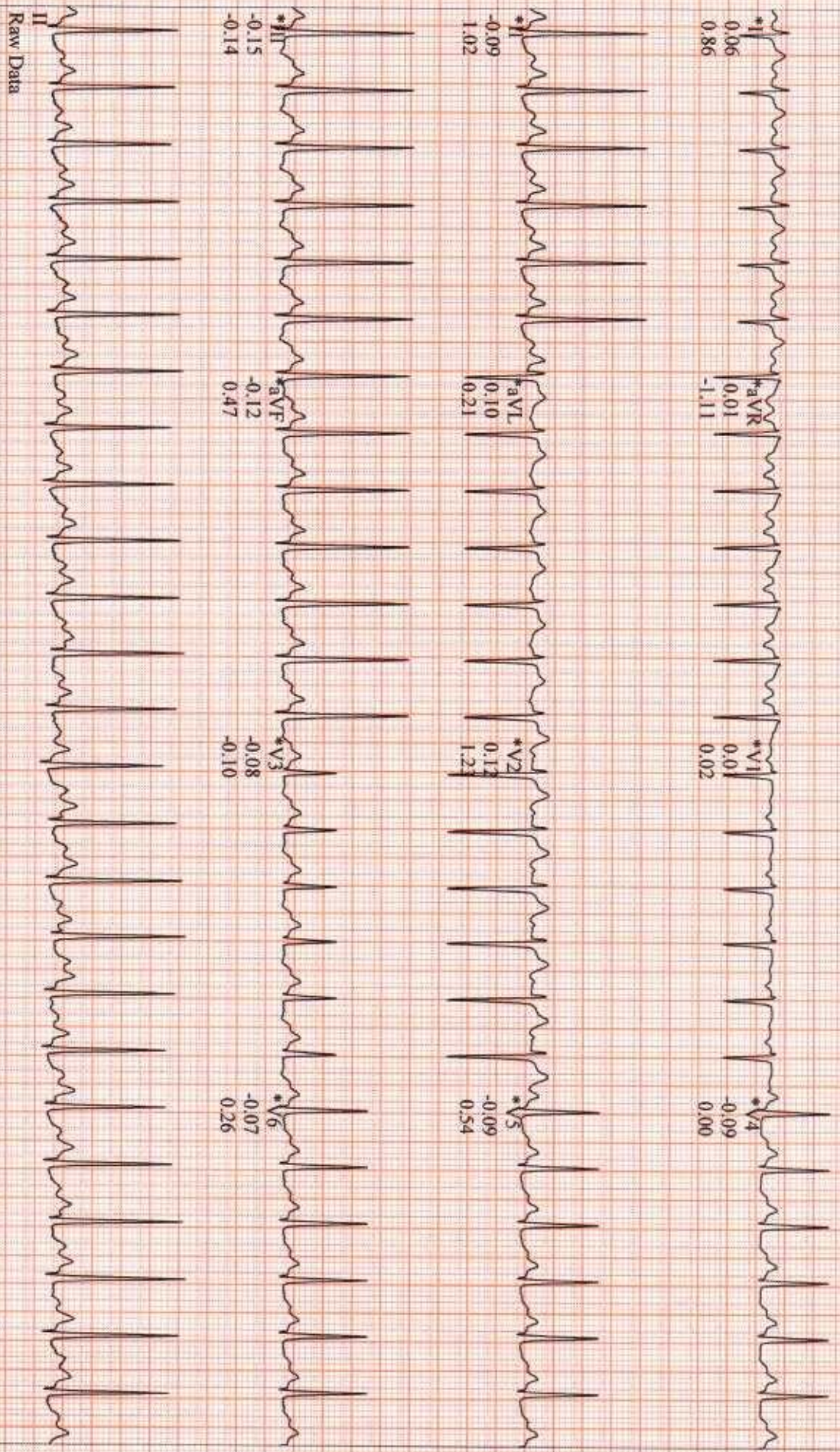
EXERCISE
 STAGE 2
 05:50

BRUCE
 2.5 mph
 12.0 %

Linked Medians

SUBURBAN DIAGNOSTICS

Lead
 ST Level (mV)
 ST Slope (mV/s)



Raw Data

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(IL,V2)

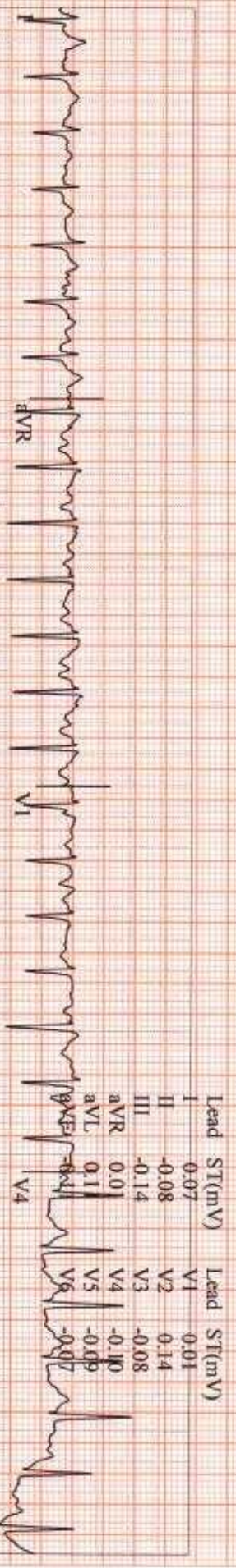
Start of Test: 10:44:22am

*Computer Synthesized Rhythms

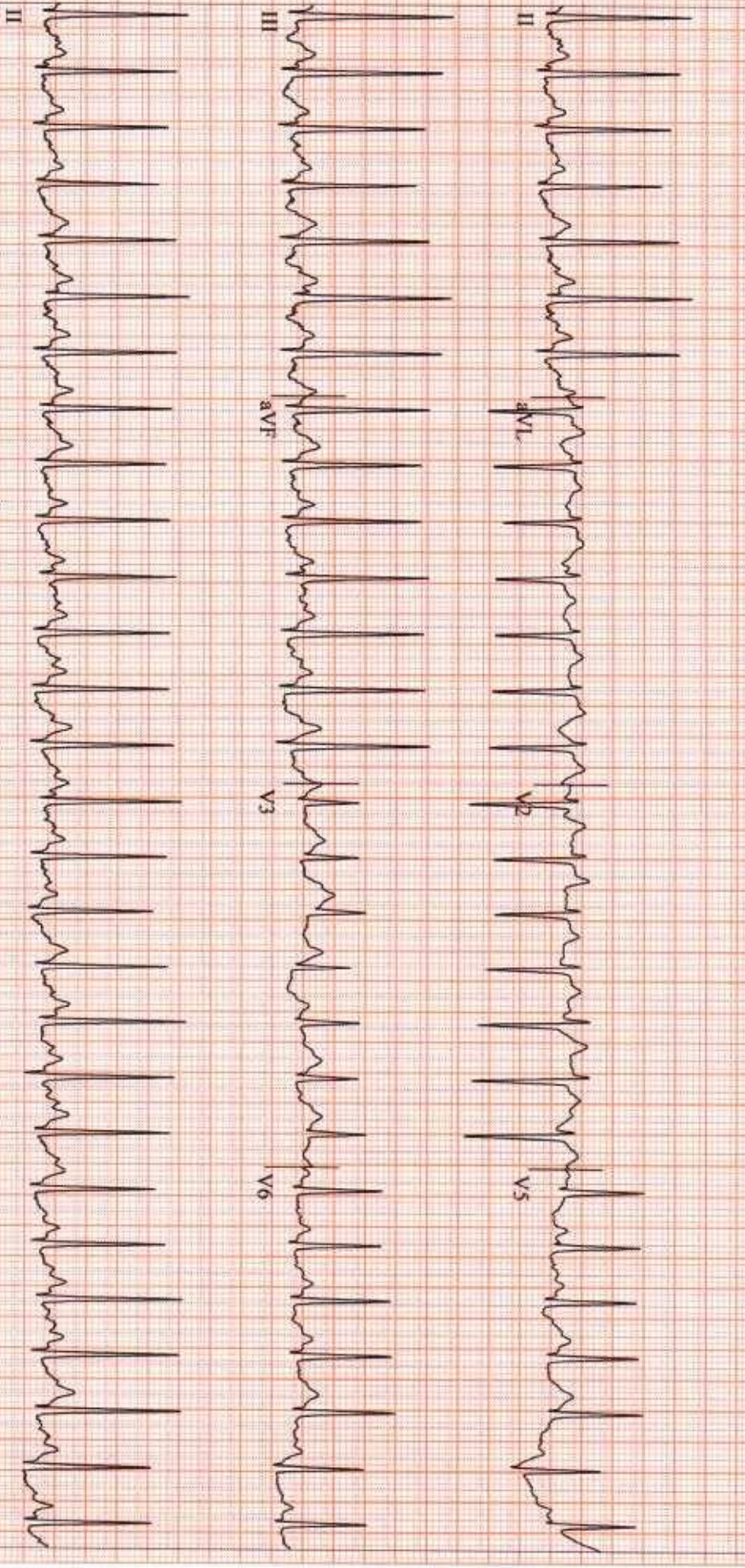
SOMA, BISWAS
 Patient ID 230422208
 11.02.2023
 10:51:53am

12-lead Report (PEAK EXERCISE)
 EXERCISE BRUCE
 STAGE 3 3.4 mph
 06:35 14.0 %

SUBURBAN DIAGNOSTICS
 Measured at 60ms Post J
 Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	0.07	V1	0.01
II	-0.08	V2	0.14
III	-0.14	V3	-0.08
aVR	0.01	V4	-0.10
aVL	0.11	V5	-0.09
		V6	-0.07



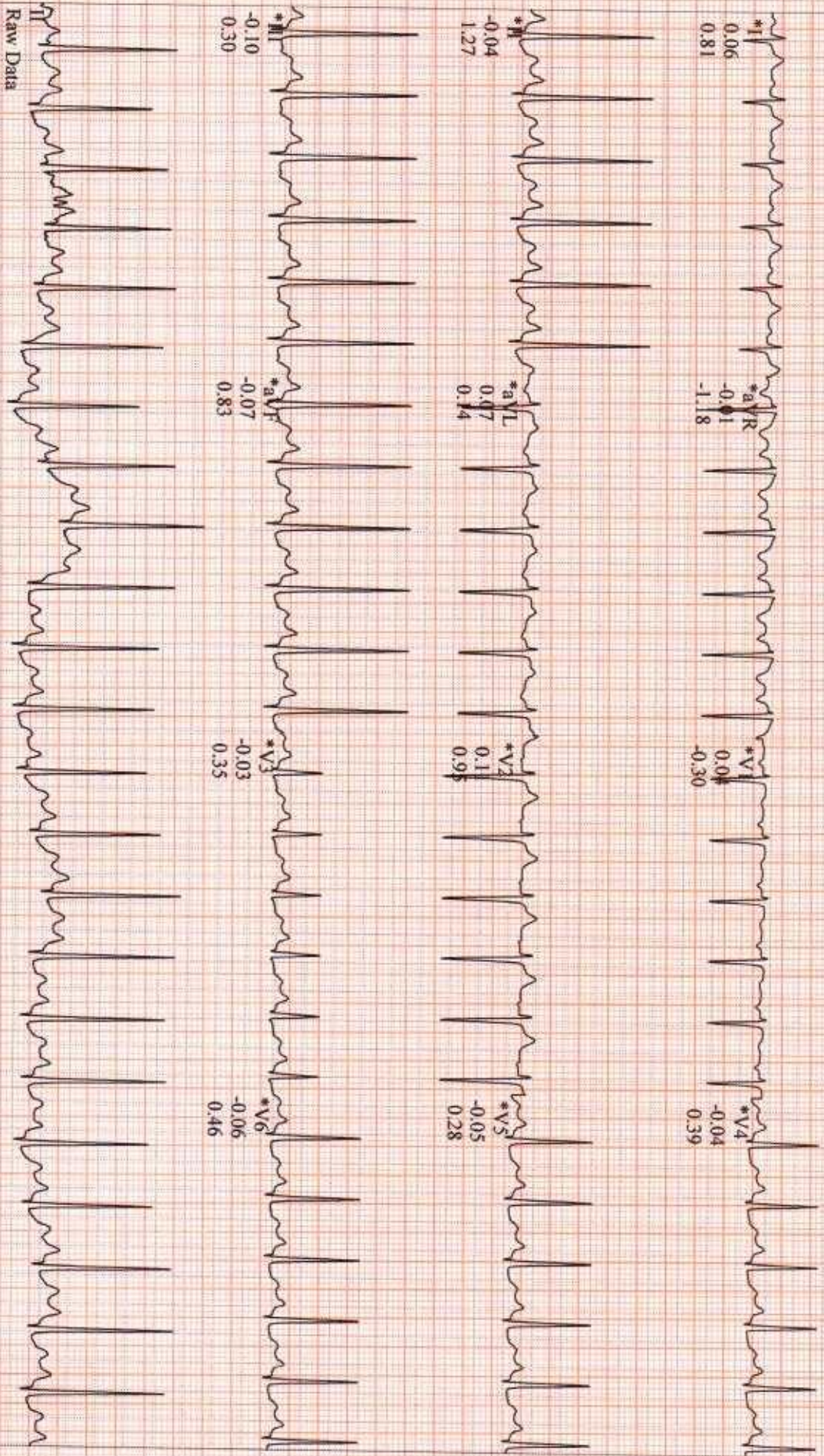
SOMA, BISWAS
Patient ID 230422208
11.02.2023
10:52:48am

Linked Medians
RECOVERY #1
141 bpm
01:00

BRUCE
0.0 mph
0.0%

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II,V2)

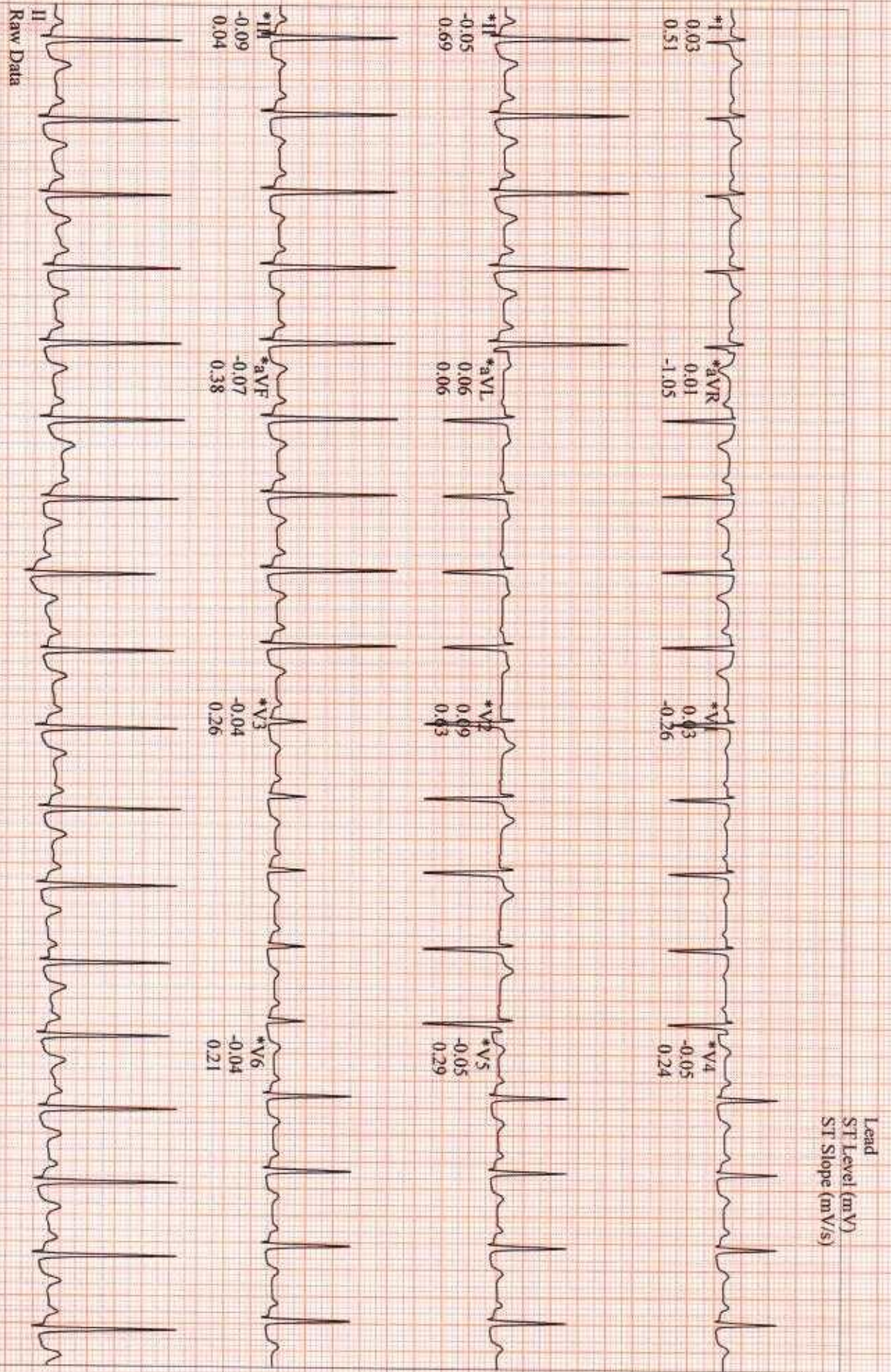
Start of Test: 10:44:22am

SOMA, BISWAS
Patient ID 230422208
11.02.2023
10:53:48am

Linked Medians
RECOVERY #1
108 bpm
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(L,V2)

Start of Test: 10:44:22am

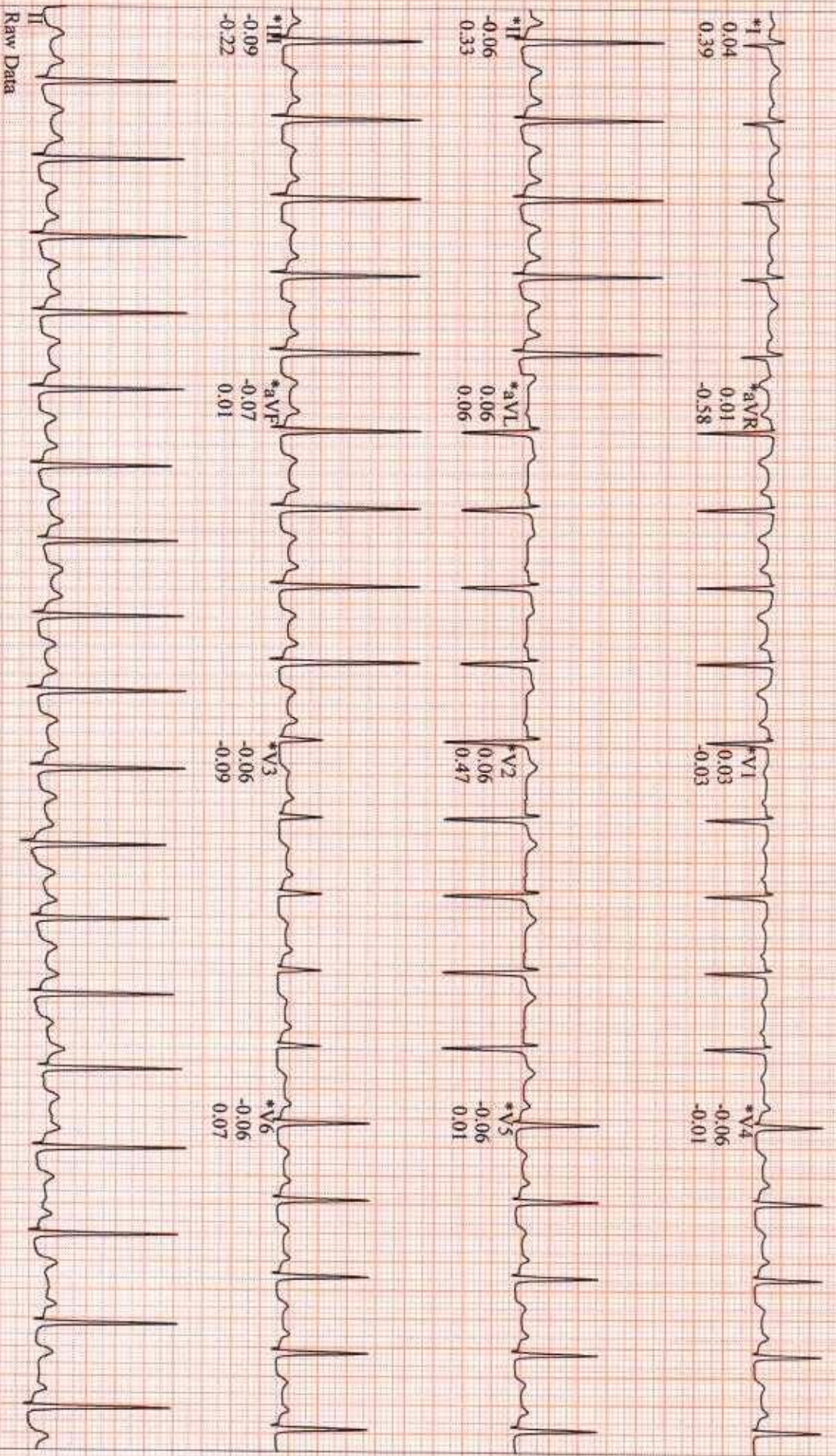
SOMA, BISWAS
Patient ID 230422208
11.02.2023
10:54:47am

Linked Medians
RECOVERY #1
112 bpm
150/80 mmHg
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTICS

Lead
ST Level (mV)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(QI,V2)

Start of Test: 10:44:22am



CID : 2304222208
Name : Mr SOMA BISWAS
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 11-Feb-2023
Reported : 11-Feb-2023/12:23

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. No evidence of mass lesions seen. **Multiple gallstones are noted within the lumen of gall bladder each measuring 6 to 7 mm. There is no evidence of pericholecystic fluid. The wall thickness of gall bladder is within normal limits.**

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 9.4 x 4.1 cm. Left kidney measures 10.4 x 4.3 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 partially distended and reveal no intraluminal abnormality.

UTERUS(TAS):

The uterus is anteverted and appears normal. It measures 6.3 x 5.1 x 4.0 cm in size. The endometrial thickness is 9.1 mm.

OVARIES(TAS):

Right ovary = 2.7 x 2.1 cm.
Left ovary = 4.0 x 2.8 cm.
A 3.6 x 2.0 cm sized anechoic cystic lesion with solitary septa within is noted in the left ovary.
There is no evidence of adnexal mass seen.



Use a QR Code Scanner
Application To Scan the Code

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Name : Mr SOMA BISWAS
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IMPRESSION:

- **Cholelithiasis.**
- **Left 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 interobserver variations. Further / Follow-up imaging may be needed in some case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under 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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Name : Mr SOMA BISWAS
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