

Name : MRS.NUTAN KUMARI

: 35 Years / Female Age / Gender

Consulting Dr. Collected :22-Feb-2024 / 09:47 Reported :22-Feb-2024 / 14:06 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

Calculated

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood					
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
RBC PARAMETERS					
Haemoglobin	11.7	12.0-15.0 g/dL	Spectrophotometric		
RBC	4.19	3.8-4.8 mil/cmm	Elect. Impedance		
PCV	35.3	36-46 %	Measured		
MCV	84	80-100 fl	Calculated		
MCH	27.9	27-32 pg	Calculated		
MCHC	33.2	31.5-34.5 g/dL	Calculated		
RDW	14.5	11.6-14.0 %	Calculated		
WBC PARAMETERS					
WBC Total Count	7210	4000-10000 /cmm	Elect. Impedance		
WBC DIFFERENTIAL AND ABSO	LUTE COUNTS				
Lymphocytes	29.7	20-40 %			
Absolute Lymphocytes	2141.4	1000-3000 /cmm	Calculated		
Monocytes	6.4	2-10 %			
Absolute Monocytes	461.4	200-1000 /cmm	Calculated		
Neutrophils	59.7	40-80 %			
Absolute Neutrophils	4304.4	2000-7000 /cmm	Calculated		
Eosinophils	3.9	1-6 %			

WBC Differential Count by Absorbance & Impedance method/Microscopy.

281.2

0.3

21.6

PLATELET PARAMETERS

Platelet Count	197000	150000-400000 /cmm	Elect. Impedance
MPV	13.2	6-11 fl	Calculated
PDW	36.1	11-18 %	Calculated

20-500 /cmm

20-100 /cmm

0.1-2 %

RBC MORPHOLOGY

Absolute Eosinophils

Absolute Basophils

Immature Leukocytes

Basophils

Hypochromia Microcytosis



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 22-Feb-2024 / 13:26

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 42 2-20 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- · The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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





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

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Page 2 of 15



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 22-Feb-2024 / 15:02

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	111.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.25	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	37.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	41.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	83.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	145.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	17.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	120	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45- 59 Moderate to severe decrease: 30- 44 Severe decrease: 15-29	
		Kidney failure:<15	



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected :

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported :

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

: 22-Feb-2024 / 09:47 : 22-Feb-2024 / 18:20

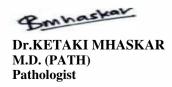
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum 4.6 2.4-5.7 mg/dl Enzymatic

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

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







Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location: Mahavir Nagar, Kandivali West (Main Centre) Reported: 22-Feb-2024 / 13:25

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

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 6.5 Non-Diabetic Level: < 5.7 % HPLC

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Estimated Average Glucose 139.8 mg/dl Calculated

(eAG), EDTA WB - CC

(HbA1c), EDTA WB - CC

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 ***





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

Page 5 of 15



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 22-Feb-2024 / 15:53



Authenticity Check

Use a QR Code Scanner Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	RAMETER RESULTS BIOLOGICAL REF RANGE		<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.025	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	3+	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	25-30	0-5/hpf	
Red Blood Cells / hpf	8-10	0-2/hpf	
Epithelial Cells / hpf	12-15		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	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 inert

Others

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





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

Page 6 of 15



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 22-Feb-2024 / 15:04

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

<u>PARAMETER</u> <u>RESULTS</u>

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.VRUSHALI SHROFF M.D.(PATH) Pathologist

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code

Page 7 of 15

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



Name : MRS.NUTAN KUMARI

: 35 Years / Female Age / Gender

Consulting Dr. Collected :22-Feb-2024 / 09:47 Reported :22-Feb-2024 / 15:02 Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
CHOLESTEROL, Serum	205.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl		
TRIGLYCERIDES, Serum			GPO-POD	
HDL CHOLESTEROL, Serum	39.7	.7 Desirable: >60 mg/dl H Borderline: 40 - 60 mg/dl en Low (High risk): <40 mg/dl co		
NON HDL CHOLESTEROL, Serum	165.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l	
LDL CHOLESTEROL, Serum	129.0 Optimal: <100 mg/dl C 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	36.3	< /= 30 mg/dl	Calculated	
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated	
LDL CHOL / HDL CHOL RATIO, Serum	3.2	0-3.5 Ratio	Calculated	

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





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

Page 8 of 15



Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. Collected : -:22-Feb-2024 / 09:47 Reg. Location

Reported :22-Feb-2024 / 14:58 : Mahavir Nagar, Kandivali West (Main Centre)

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.9	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	3.27	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.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. : - Collected : 22-Feb-2024 / 09:47

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre) Reported :22-Feb-2024 / 14:58

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 ***





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

Authenticity Check

Use a OR Code Scanner

Application To Scan the Code



Name : MRS.NUTAN KUMARI

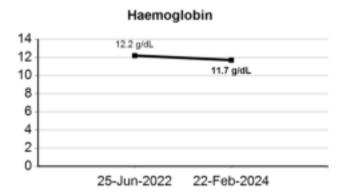
Age / Gender : 35 Years / Female

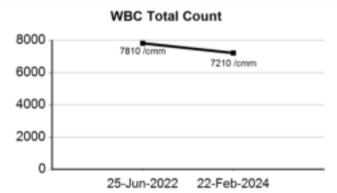
Consulting Dr. :

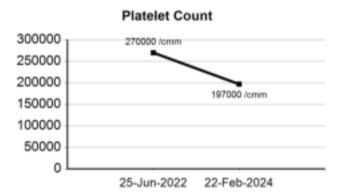
Reg. Location: Mahavir Nagar, Kandivali West (Main Centre)

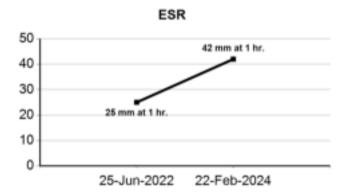


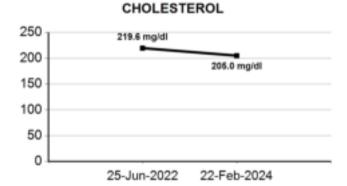
Use a QR Code Scanner Application To Scan the Code

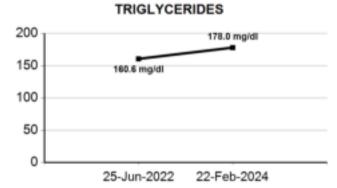














Name : MRS.NUTAN KUMARI

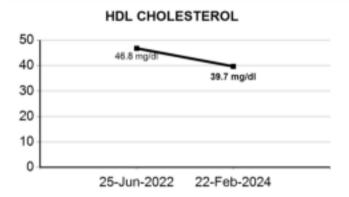
Age / Gender : 35 Years / Female

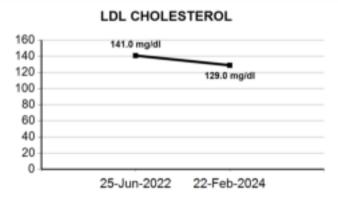
Consulting Dr. :

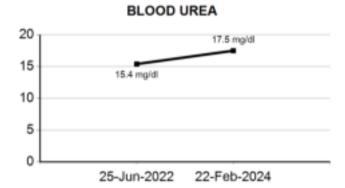
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

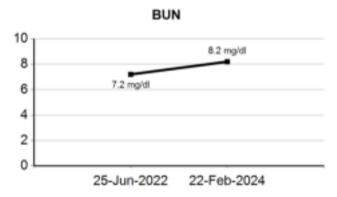


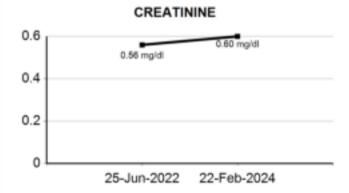
Use a QR Code Scanner Application To Scan the Code

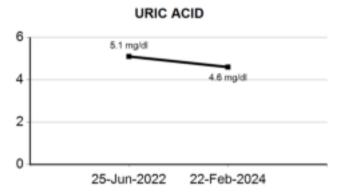














Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

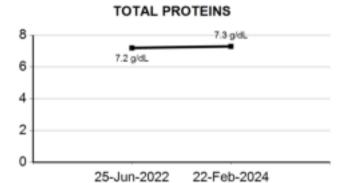
Consulting Dr. :

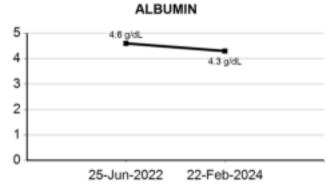
Reg. Location: Mahavir Nagar, Kandivali West (Main Centre)

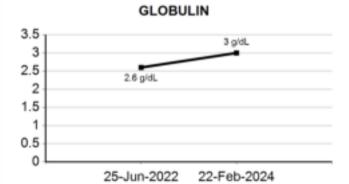


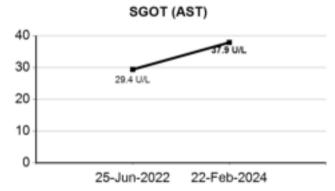
E

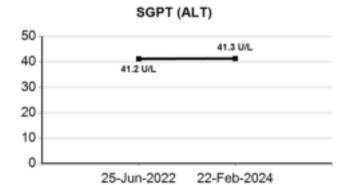
Use a QR Code Scanner Application To Scan the Code

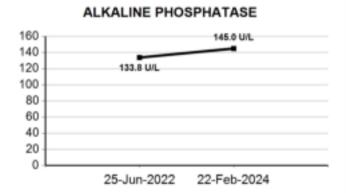














Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

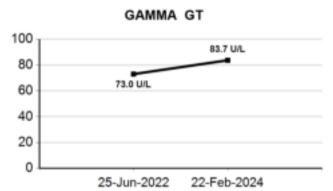
Consulting Dr. :

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

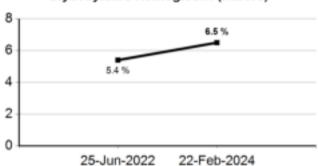


E

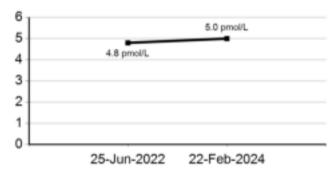
Use a QR Code Scanner Application To Scan the Code

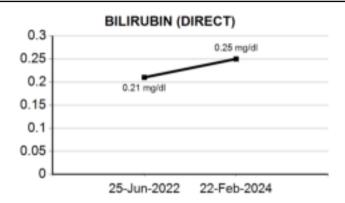




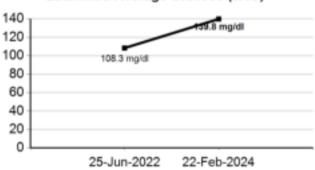


Free T3

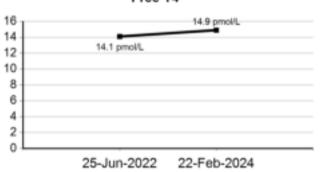




Estimated Average Glucose (eAG)



Free T4





Name : MRS.NUTAN KUMARI

Age / Gender : 35 Years / Female

Consulting Dr. :

Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



Use a QR Code Scanner Application To Scan the Code

3.5 3 2.5 2 1.5 1 0.5 0 25-Jun-2022 22-Feb-2024

DIAGNOSTICS

SUBURBAN DIAGNOSTICS - MAHAVIK NAGAK, KAMUIYALI WEST

Date and Time: 22nd Feb 24 10:46 AM

days

Patient ID: Patient Name: NUTAN KUMARI 2405313883

PRINT BRIEFLYSH DRIEST BRIDGE E aVR1 BVL aVE V2 5 VA 15 V6 Gender Female Beart Rate 73bpm Spo2: Height Weight Patient Vitals Resp: Pulse QRSD: Others PR: QTcB: GT. Measurements 35 NA years months 38,88 Z 120/80 mmHz 74 bpm 169 cm 74ms 418ms 380ms 162mts

=

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

25.0 mm/s 10.0 mm/mV



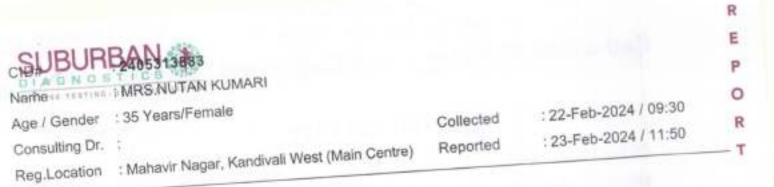
REPORTED BY

ILLICO S 180

P-R-T

57" 10° 29"

Dr.Ajin Bhonkii M.B. S.P.G.D.C.C. (DIP. Cardiology) 2013062290



PHYSICAL EXAMINATION REPORT

History and Complaints: NIL.

EXAMINATION FINDINGS;

88 Weight (kg): 169 Skin:

Normal Height (cms): Afebrile Healthy Temp (0c): Nails:

120/80 Not Palpable Blood Pressure (mm/hg): Lymph Node: **74/MIN**

Pulse:

Systems

Cardiovascular: S1,S2 Normal No Murmurs Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY.

ADVICE: REGULAR EXERCISE. HEALTHY DIET.

CHIEF COMPLAINTS:

CHIE	CHIEF COMPLAINTS:	
1)	Hypertension:	NO
2)	IHD:	NO
3)	Arrhythmia:	NO
4)	Diabetes Mellitus :	NO
5)	Tuberculosis:	NO
6)	Asthama:	NO
7)	Pulmonary Disease:	

Name : THE LARS NUTAN KUMARI

Age / Gender : 35 Years/Female

Consulting Dr. : : Mahavir Nagar, Kandivali West (Main Centre) Reg.Location

Collected

: 22-Feb-2024 / 09:30

R

E

: 23-Feb-2024 / 11:50 Reported

		NO
8)	Thyroid/ Endocrine disorders:	NO
9)	Nervous disorders :	NO
10)	GI system:	NO
11)	Genital urinary disorder:	NO
12)	Rheumatic joint diseases or symptoms :	NO
13)	Blood disease or disorder:	NO
14)	Cancer/lump growth/cyst:	NO
15)	Congenital disease :	NO
16)	Surgeries:	

PERSONAL HISTORY:

	NAL HISTORY.	NO
1)	Alcohol	NO
2)	Smoking	VEG
3)	Diet	NO
4)	Medication	7477.00

*** End Of Report ***



Dr.Ajita Bhosale PHYSICIAN Dr. AJITA BHOSALE Reg. No. 2013/062200 MBBS/D. Cardiology



R E R Т

Date: 22 2/24

CID: 2405313883

Name-MS. Nutur kumati sex/Age: F/35485.

EYE CHECK UP

Chief complaints: - No

Systemic Diseases: - NO

Past history:

Unaided Vision:

Aided Vision:

Refraction:

@ 6/6

@ 0/6

(Left Eye)

				(Left Eye)					
	(Right E)	/e)			Sph	Cyl	Axis	Vn	
	Sph	Cyl	Axis	Vn	φμι	Alesta.		6/6	
			-	616				NIL	
Distance				NIG				The second	
Near									

Colour Vision; Normal / Abnormal

Remark: Marmal Vision.





Alet

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 22-Feb-24

Time: 11:10:09 AM

Age: 35 y

Name: NUTAN KUMARI ID: 2405313883 Sex: F

8 m 16 s

Height: 169 cms

Weight: 88 Kgs

Clinical History: ROUTINE CHECK UP

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 166 (90 % of Pr MHR) bpm

Total Exec. Time:

Max. HR: 167 (90% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 150 / 80 mmHg

Max. BP x HR: 25050 mmHg/min

Min. BP x HR: 6160 mmHg/min

Test Termination Criteria:

THR ACHIEVED

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	1.32	1.0	0	0	77	120 / 80	-3.82 V1	1.771
ı	Standing	1:28	1.0	0	0	98	120 / 80	-1 27 8VR	2.48 II
	Hyperventilation	1:8	1.0	0	0	89	120 / 80	1.06 aVR	1.77.11
	1	3.0	4.6	1.7	10	137	130 / 80	1.06 V3	2.12
	2	3:0	7.0	2.5	12	166	140 / 80	1.27 sVL	2.83 11
	Peak Ex	D:16	10.2	3.4	14	167	150 / 80	-0.421	2.4811
	Recovery(1)	3:0	1.8	1	0	110	120 / 80	-1.06 V3	3.8911
	Recovery(2)	0 39	1.0	0	0	100	110 / 80	-0.641	1.05-11

Interpretation

GOOD EFFORT TOLERANCE. MODERATE WORKLOAD ACHIEVED APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE NO SIGNIFICANT STAT CHANGES AT RECOVERY NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA

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

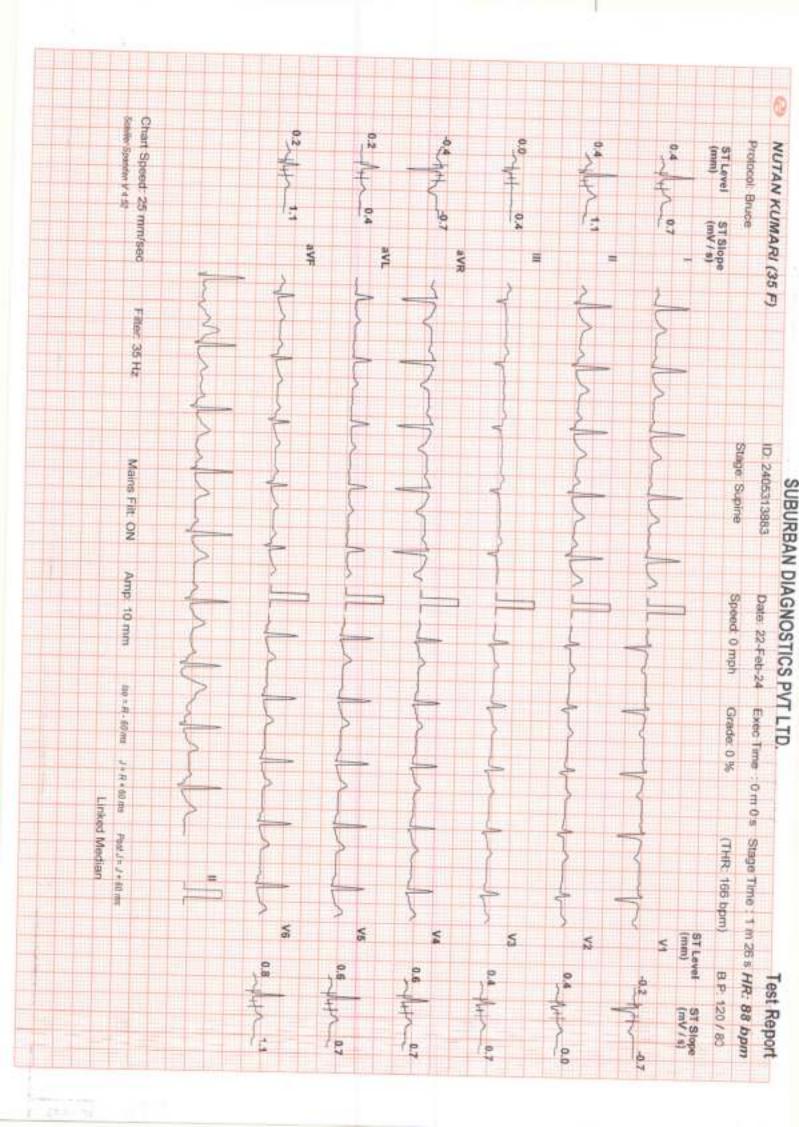
Ref. Doctor. ARCOFEMI HEALTHCARE

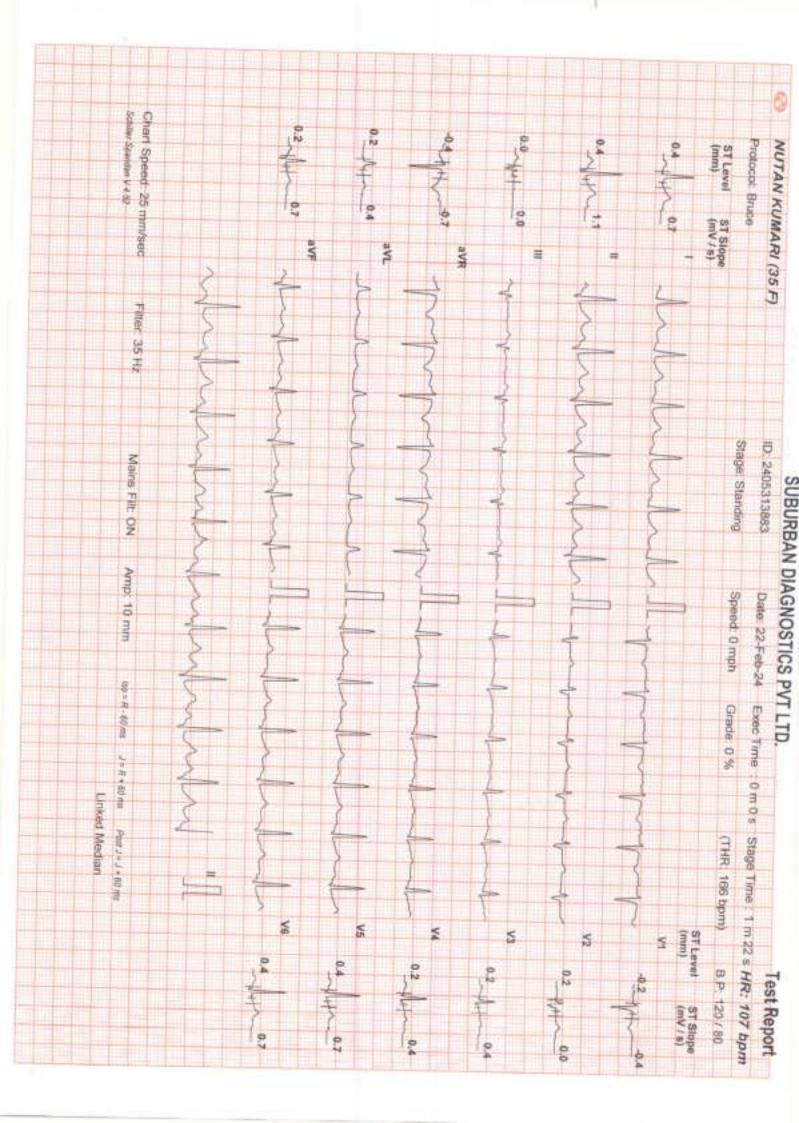
(Summary Report edited by user)

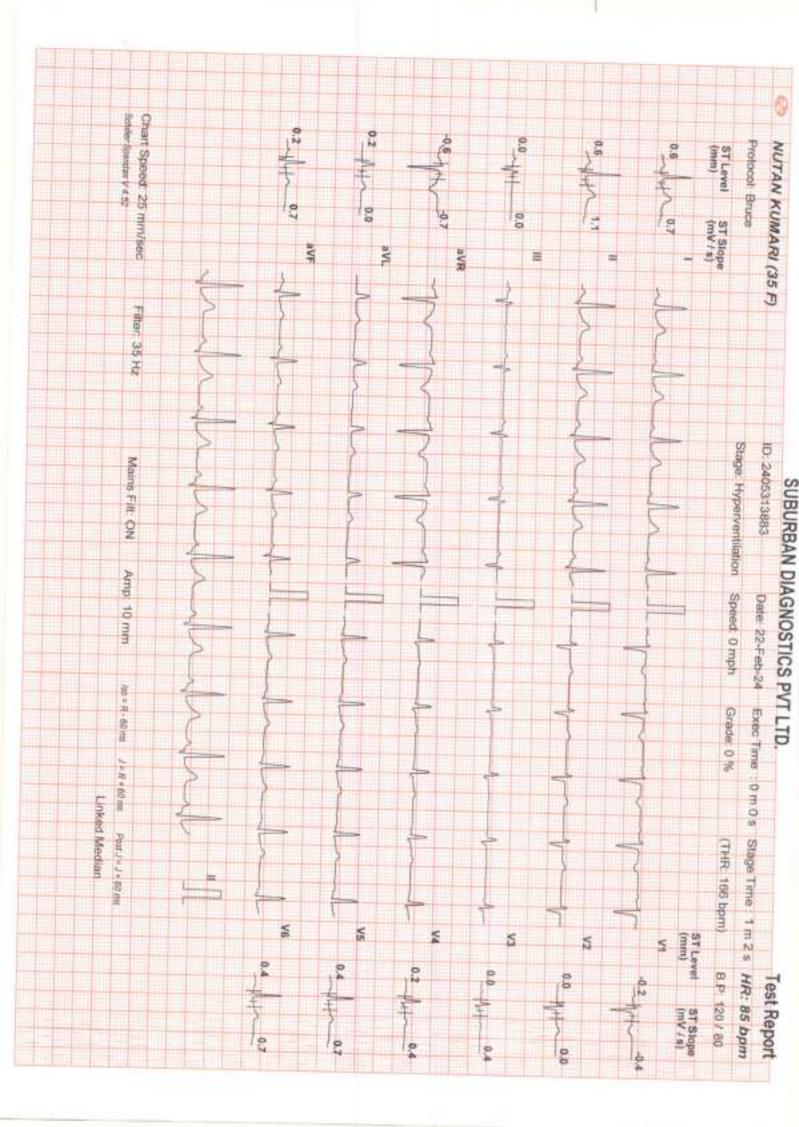
Doctor: DR AJITA BHOSALE

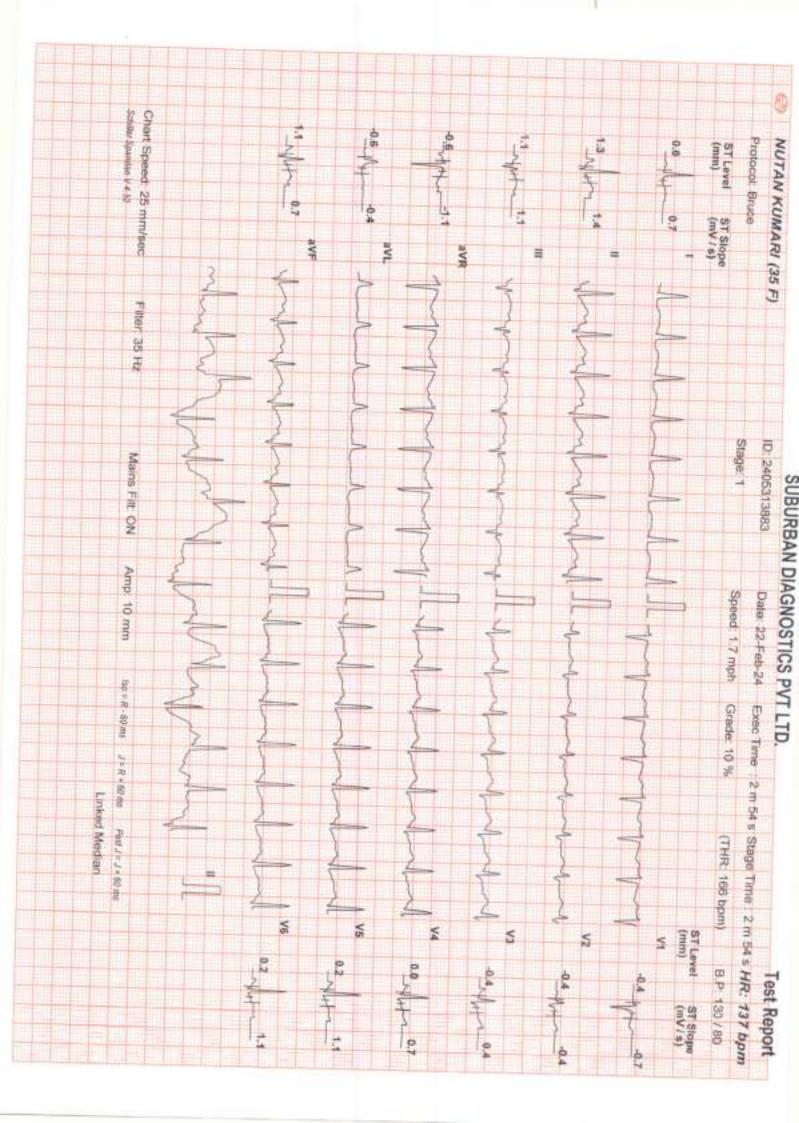
(c) Schiller Healthcare India Pvt. Ltd. V 4 53

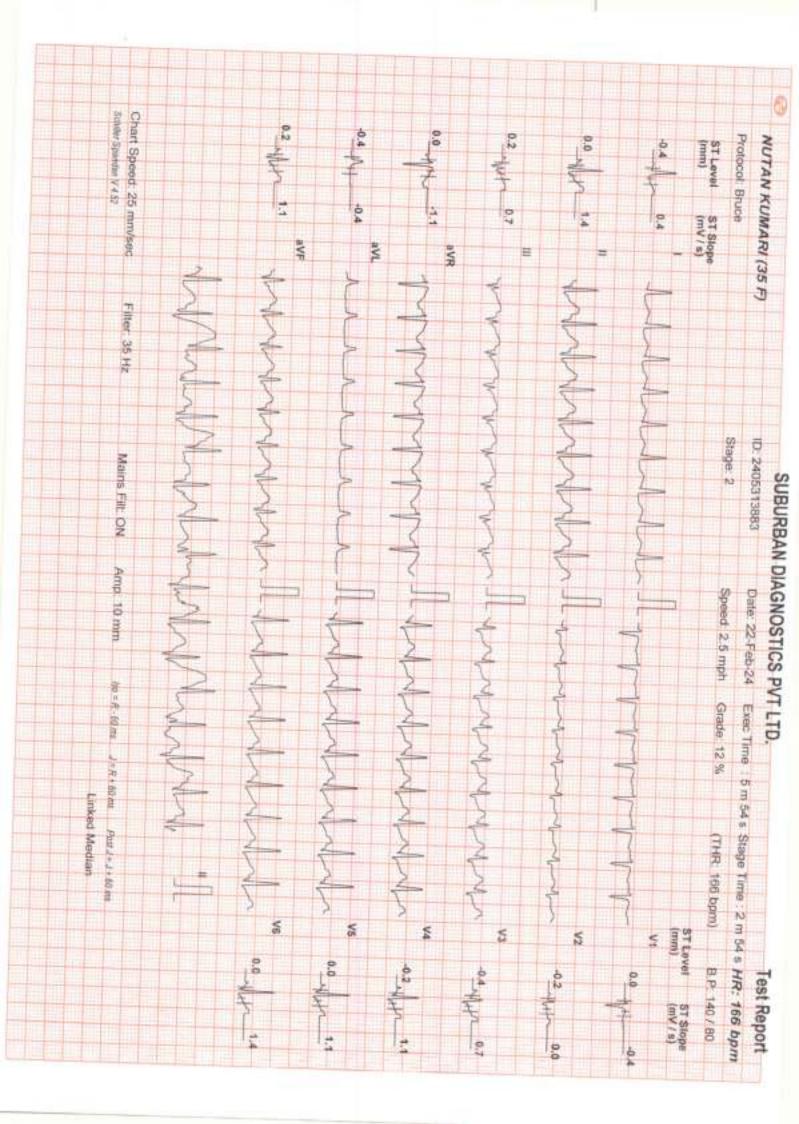
Dr. AJITA BHOSALE Reg. No. 2013/062200 MBBS/D. Cardiology

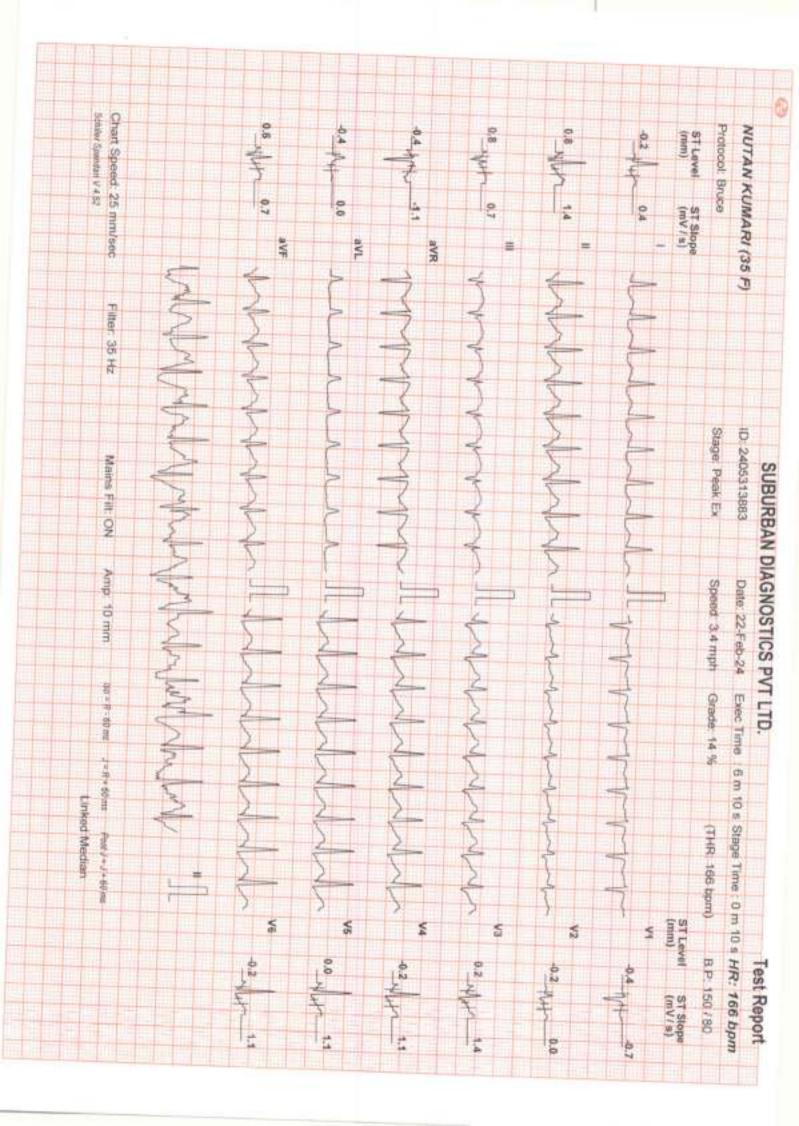


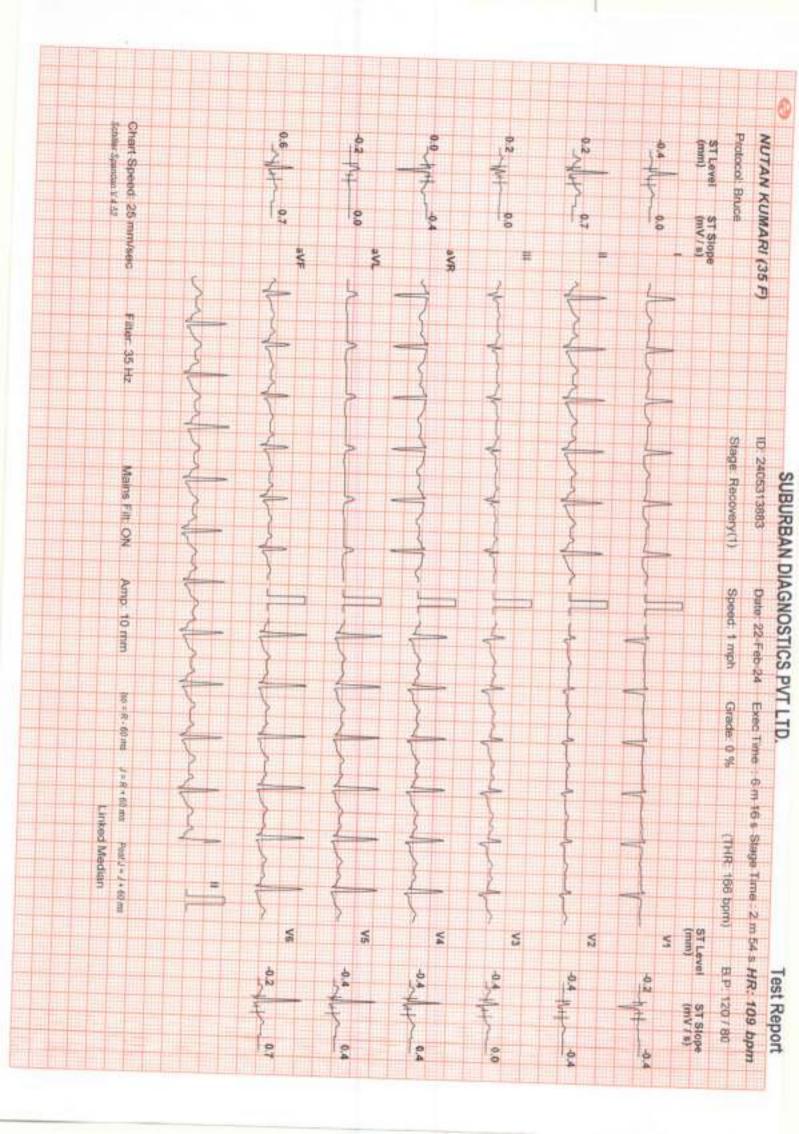


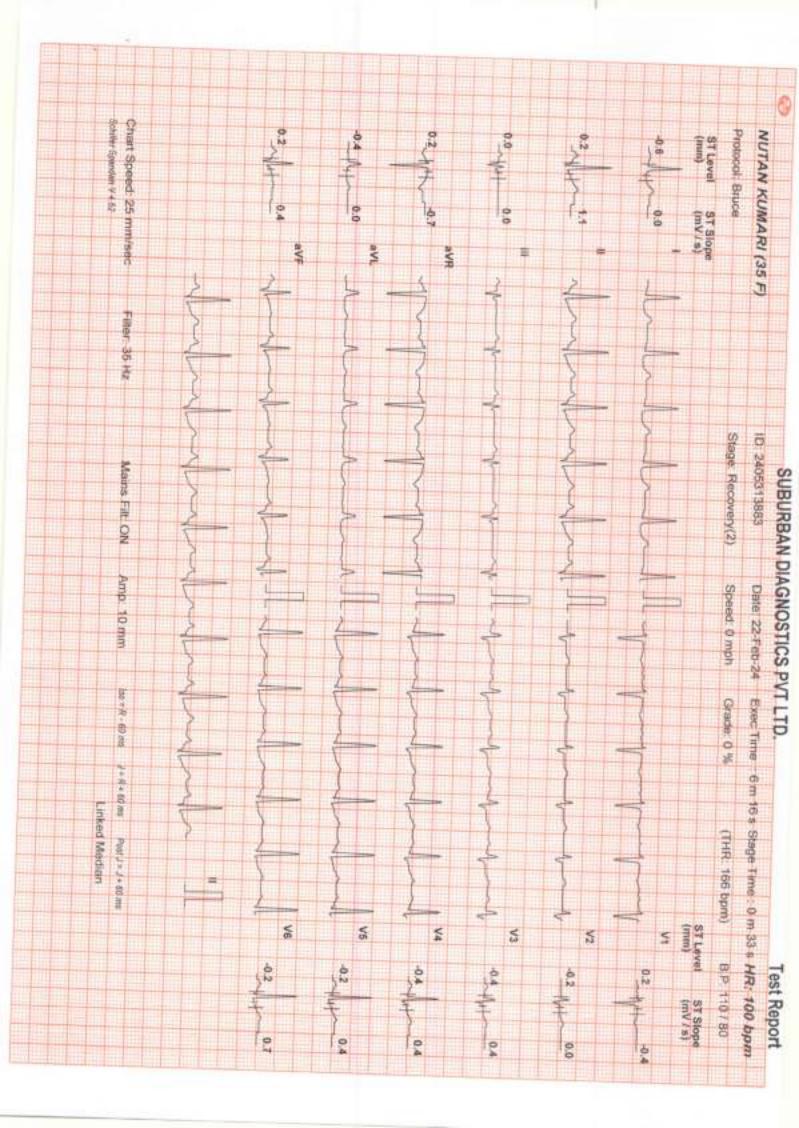














Name : Mrs Nutan Kumari Age / Sex : 35 Years/Female

Ref. Dr : Reg. Date : 22-Feb-2024

Reg. Location: Mahavir Nagar, Kandivali West Main Reported: 22-Feb-2024/12:37

Centre

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.5 cm), echotexture, shape and smooth margins. **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. A mobile, echoreflective calculus is noted within the lumen of Gall Bladder, measuring approx. 15 mm- s/o Cholelithiasis.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.9 x 4.7 cm. Left kidney measures 10.7 x 5.4 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (10.3 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality. Wall thickness appears normal.

UTERUS:(TAS/TVS)

The uterus is anteverted and appears normal. It measures 7.2 x 6.1 x 4.5 cm in size.

The endometrial thickness is 10.5 mm.

OVARIES:

Right ovary = $2.1 \times 1.9 \text{ cm}$ Left ovary = $1.8 \times 1.5 \text{ cm}$.

Both the ovaries are well visualised and appears normal.

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

Authenticity Check

Use a QR Code Scanner

Application To Scan the Code

R E

R



Name : Mrs Nutan Kumari Age / Sex : 35 Years/Female

Ref. Dr : Reg. Date : 22-Feb-2024

Reg. Location: Mahavir Nagar, Kandivali West Main **Reported**: 22-Feb-2024/12:37

Centre

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis. There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- Grade I fatty Liver
- Cholelithiasis

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They 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. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319

Authenticity Check

Use a QR Code Scanner

Application To Scan the Code

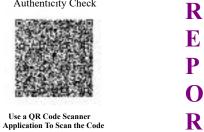


: Mrs Nutan Kumari Name Age / Sex : 35 Years/Female

Ref. Dr Reg. Date : 22-Feb-2024

: 22-Feb-2024/12:37 Reg. Location : Mahavir Nagar, Kandivali West Main Reported

Centre



Authenticity Check



Name : Mrs Nutan Kumari Age / Sex : 35 Years/Female

Ref. Dr Reg. Date Reported

Reg. Location : Mahavir Nagar, Kandivali West Main

Centre



R

Use a QR Code Scanner Application To Scan the Code

: 22-Feb-2024

: 22-Feb-2024/12:56

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-----

Dr. Chirag Patel Consultant Radiologist

M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319

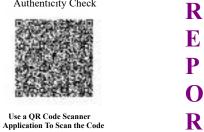


Name : Mrs Nutan Kumari Age / Sex : 35 Years/Female

Ref. Dr Reg. Date : 22-Feb-2024

: 22-Feb-2024/12:56 Reg. Location : Mahavir Nagar, Kandivali West Main Reported

Centre



Authenticity Check