

**PHYSICAL EXAMINATION REPORT**

Patient Name	<u>Shamika Mohale</u>	Sex/Age	<u>F/31</u>
Date	<u>11/2/23</u>	Location	<u>Thane</u>

**History and Complaints**

Dm since 37m  
n/a gestational Dm

**EXAMINATION FINDINGS:**

Height (cms):	<u>144</u>	Temp (0c):	<u>Arcs</u>
Weight (kg):	<u>58.2</u>	Skin:	<u>MAID</u>
Blood Pressure	<u>120/80</u>	Nails:	<u>UL</u>
Pulse	<u>72/-</u>	Lymph Node:	<u>NP</u>

**Systems :**

Cardiovascular:	}
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

U/Sr Impression:  
Fatty liver - ↑ ESR (45) , ECG - occ. PAC's.  
Urtic sugar (++) - BSL / F (Prabetic) (↑↑) HbA1c  
Diabetic  
↑ Alkaline phosphatase (↑)  
↑ Hightos, ↓ HDL, ↑ Non HDL.


- Low Fat, Low sugar Diet  
- Physician's consultation for Control of DM & Dyslipidemia

**Advice:**

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

**PERSONAL HISTORY:**

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

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



CID : 2304221692  
Name : MRS.SHRAMIKA MOHADE  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 08:35  
Reported : 11-Feb-2023 / 13:14

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.54	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	84	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5900	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	31.2	20-40 %	
Absolute Lymphocytes	1840.8	1000-3000 /cmm	Calculated
Monocytes	6.3	2-10 %	
Absolute Monocytes	371.7	200-1000 /cmm	Calculated
Neutrophils	54.8	40-80 %	
Absolute Neutrophils	3233.2	2000-7000 /cmm	Calculated
Eosinophils	7.7	1-6 %	
Absolute Eosinophils	454.3	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	315000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 45 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 SERVICES



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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Reported : 11-Feb-2023 / 12:00

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	145.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	303.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.41	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.7	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	25.4	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	26.8	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	113.6	35-105 U/L	PNPP
BLOOD UREA, Serum	11.7	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.53	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	143	>60 ml/min/1.73sqm	Calculated

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Collected : 11-Feb-2023 / 12:35  
Reported : 11-Feb-2023 / 18:42

URIC ACID, Serum	5.2	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENT



*Amit Taori*

Dr.AMIT TAORI  
M.D ( Path )  
Pathologist

Authenticity Check



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Collected : 11-Feb-2023 / 08:35  
Reported : 11-Feb-2023 / 16:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	180.0	mg/dl	Calculated

Kindly correlate clinically.

**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 \*\*\*



*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Reported : 11-Feb-2023 / 13:25

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>
<b><u>PHYSICAL EXAMINATION</u></b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b><u>CHEMICAL EXAMINATION</u></b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b><u>MICROSCOPIC EXAMINATION</u></b>		
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 \*\*\*



*Amit Taori*

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Reported : 11-Feb-2023 / 15:15

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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

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\*\*\* End Of Report \*\*\*



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Reported : 11-Feb-2023 / 14:25

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*Amit Taori*

**Dr.AMIT TAORI**  
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Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 08:35  
Reported : 11-Feb-2023 / 12:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	180.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	277.9	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	31.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	149.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	127.0	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	22.3	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

Kindly correlate clinically.  
Note : LDL test is performed by direct measurement.

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



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Feb-2023 / 08:35  
Reported : 11-Feb-2023 / 18:00

**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	16.3	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	1.63	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 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%(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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amit Taori*

**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

Date:- 11/2/23  
 Name:- Sheamita Mohade  
 CID:  
 Sex / Age: F 31

**EYE CHECK UP**

Chief complaints: RCV

Systemic Diseases: Nil

Past history: Nil.

Unaided Vision: 3/6 6/6 HVIS = 1/6

Aided Vision:

Refraction:

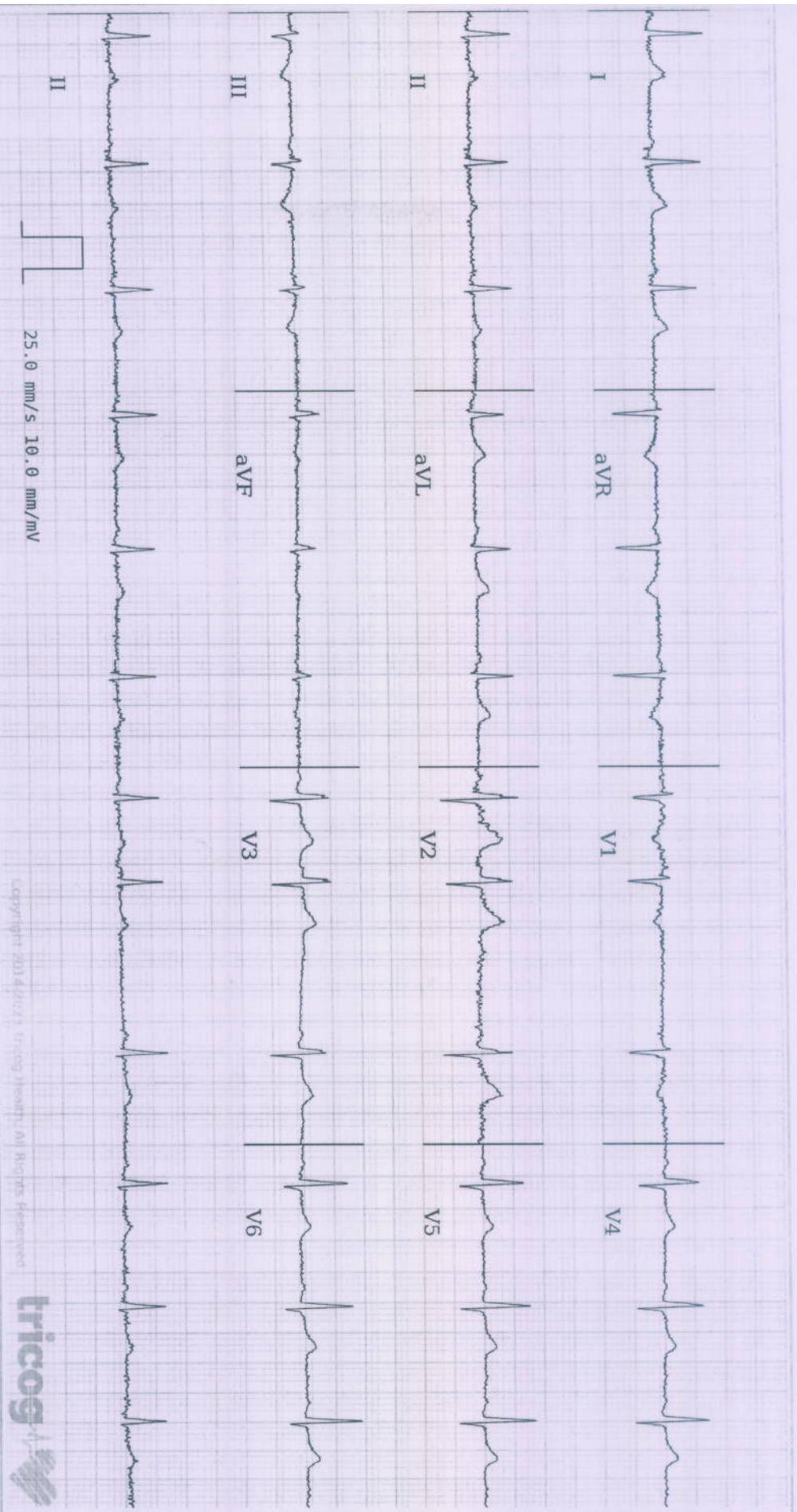
	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: Good Vision

**MR. PRAKASH KUDVA**  
 SR. OPTOMETRIST

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
 Patient Name: SHAMIKA MOHADE  
 Patient ID: 2304221692  
 Date and Time: 11th Feb 23 9:09 AM



ECG Within Normal Limits: Sinus Rhythm, Occasional PACs seen. Baseline artefacts. Please correlate clinically.

Age 31 10 30  
 years months days

Gender Female

Heart Rate 75bpm

Patient Vitals

BP: 120/80 mmHg  
 Weight: 581 kg  
 Height: 144 cm  
 Pulse: NA  
 SpO2: NA  
 Resp: NA  
 Others:

Measurements

QRSD: 70ms  
 QT: 382ms  
 QTc: 426ms  
 PR: 122ms  
 P-R-T: 13° 19° -3°

REPORTED BY

DR SHALIKA PILLAI  
 MBBS, MD Physician  
 MD Physician  
 49972



The data on this report is the property of the patient. It should be used as an adjunct to clinical history, symptoms, and records of other investigative and non-invasive tests and must be interpreted by a qualified physician. The patient's health care provider should be notified of the results and not derived from the ECG.

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

395 (2304221692) / SHRAMIKA MOHADE / 31 Yrs / F / 144 Cms / 58 Kg  
Date: 11 / 02 / 2023 11:19:56 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	088	47 %	110/70	096	00	
Standing	00:14	0:08	00.0	00.0	01.0	088	47 %	110/70	096	00	
HV	00:22	0:08	00.0	00.0	01.0	085	45 %	110/70	093	00	
ExStart	00:30	0:08	00.0	00.0	01.0	085	45 %	110/70	093	00	
BRUCE Stage 1	03:30	3:00	01.7	10.0	04.7	159	84 %	130/80	206	00	
PeakEx	03:51	0:21	02.5	12.0	05.0	161	85 %	140/80	225	00	
Recovery	04:51	1:00	00.0	00.0	01.0	134	71 %	140/80	187	00	
Recovery	05:51	2:00	00.0	00.0	01.0	098	52 %	140/80	137	00	
Recovery	07:51	4:00	00.0	00.0	01.0	096	51 %	120/70	115	00	
Recovery	08:11				00.0	000	0 %	---/--	000	00	

## FINDINGS :

Exercise Time : 03:21  
 Initial HR (ExStrt) : 85 bpm 45% of Target 189  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : V6 & -1.1 mm in PeakEx  
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 161 bpm 85% of Target 189  
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN. MED)

RNO. 49972

Doctor : DR SHAILAJA PILLAI







EMail: 395 / SHRAMIKA MOHADE / 31 Yrs / F / 144 Cms / 58 Kg Date: 11 / 02 / 2023 11:19:56 AM

**REPORT :**

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 88.0 bpm, and the maximum predicted Target Heart Rate 189.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.1. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is negative for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. No significant ST T changes seen.
4. Minor ST T changes seen inferolateral leads.

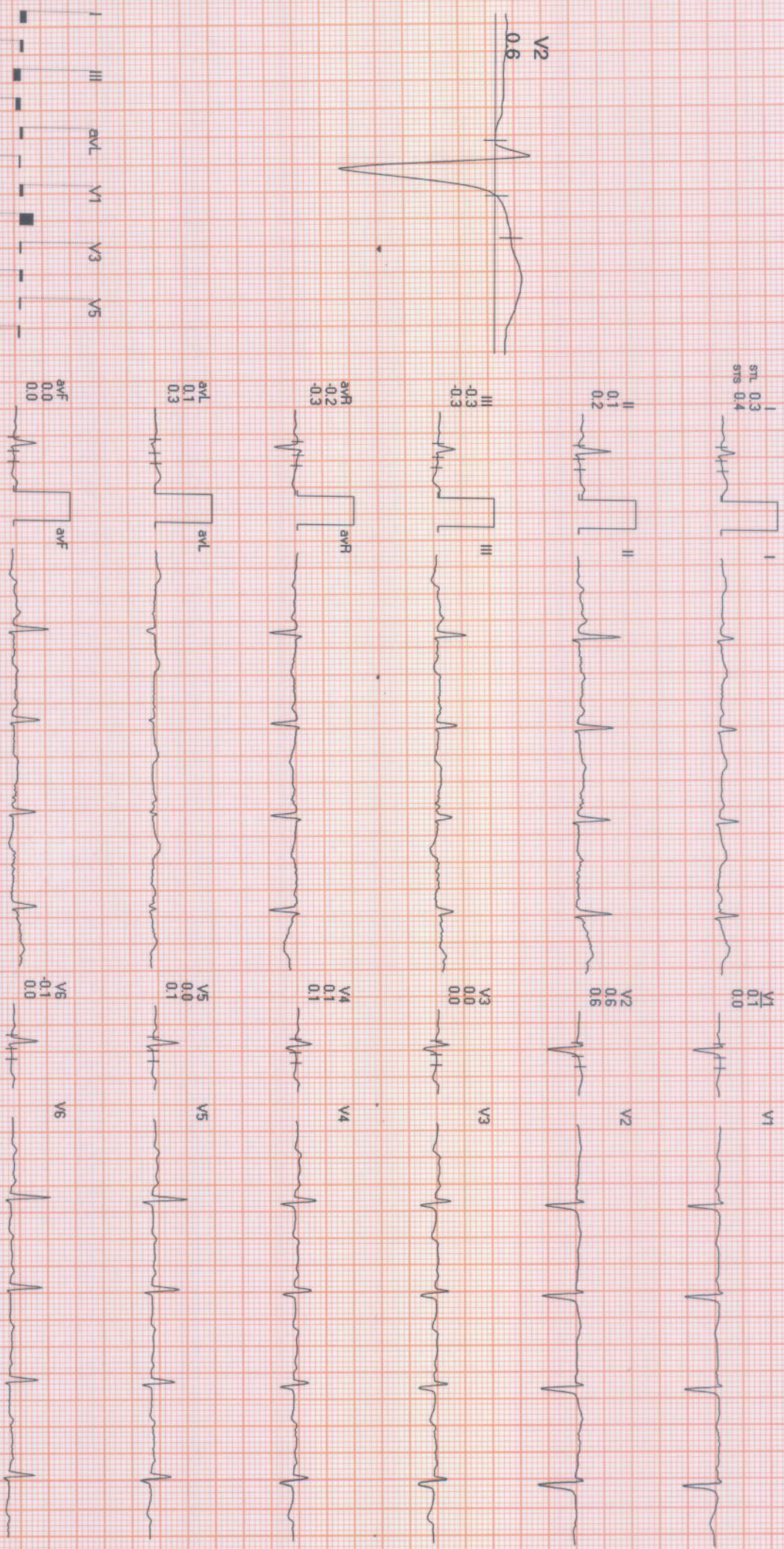
Doctor : DR SHAHAJJA PILLAI

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



4X 80 MS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS:





395 (2304221692) / SHRAMIKA MOHADE / 31 Yrs / F / 144 Cms / 58 Kg / HR : 88

Date: 11 / 02 / 2023 11:19:56 AM METS: 1.0/ 88 bpm 47% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

ExTime: 00:00 0.0 mph, 0.0%

4X 80 ms Post J

25 mm/Sec. 1.0 Cm/mV

I  
sTL 0.3  
sTS 0.4



V1  
0.1  
0.1  
0.0



II  
0.1  
0.2



V2  
0.6  
0.6  
0.6



III  
-0.3  
-0.3



V3  
0.0  
0.0  
0.0



aVR  
-0.2  
-0.3



V4  
0.1  
0.1  
0.1



aVL  
0.1  
0.3



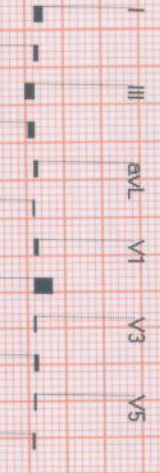
V5  
0.0  
0.1  
0.1



aVF  
0.0  
0.0



V6  
-0.1  
0.0  
0.0



REMARKS:  
I  
II  
III  
aVR  
aVL  
aVF  
V1  
V2  
V3  
V4  
V5  
V6



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

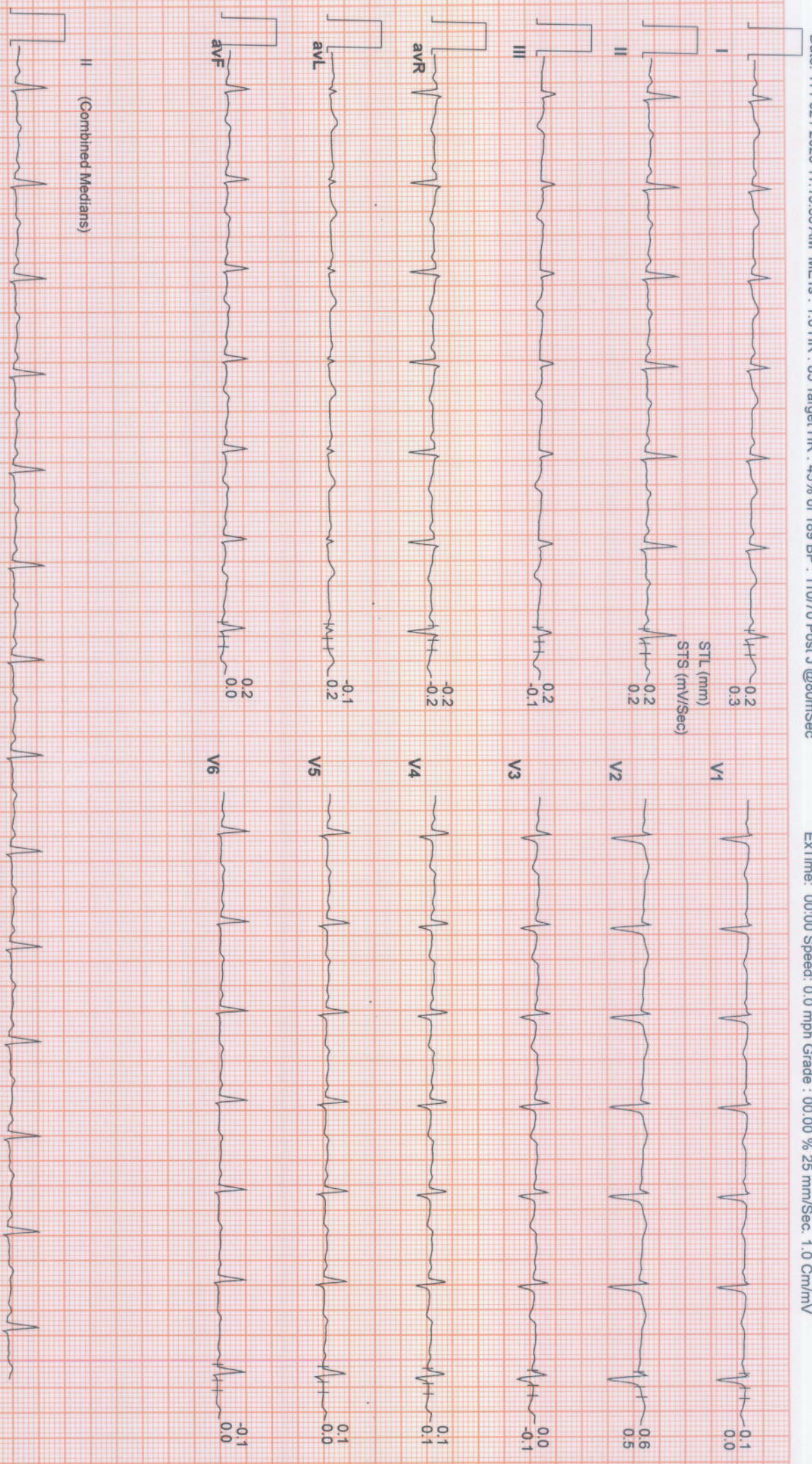
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 85 Target HR : 45% of 189 BP : 110/70 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

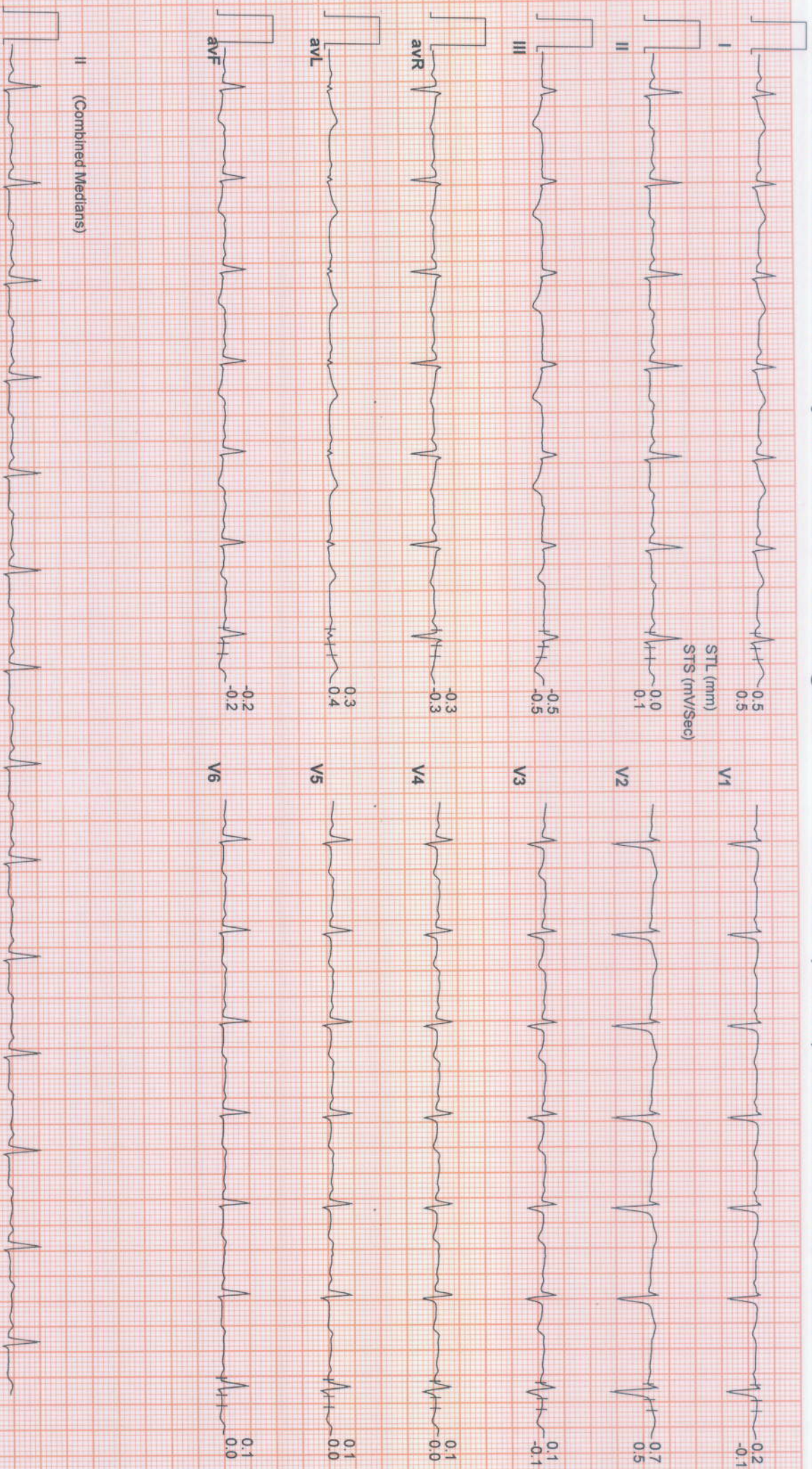
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm  
EXStf



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 85 Target HR : 45% of 189 BP : 110/70 Post J @80mSec

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



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

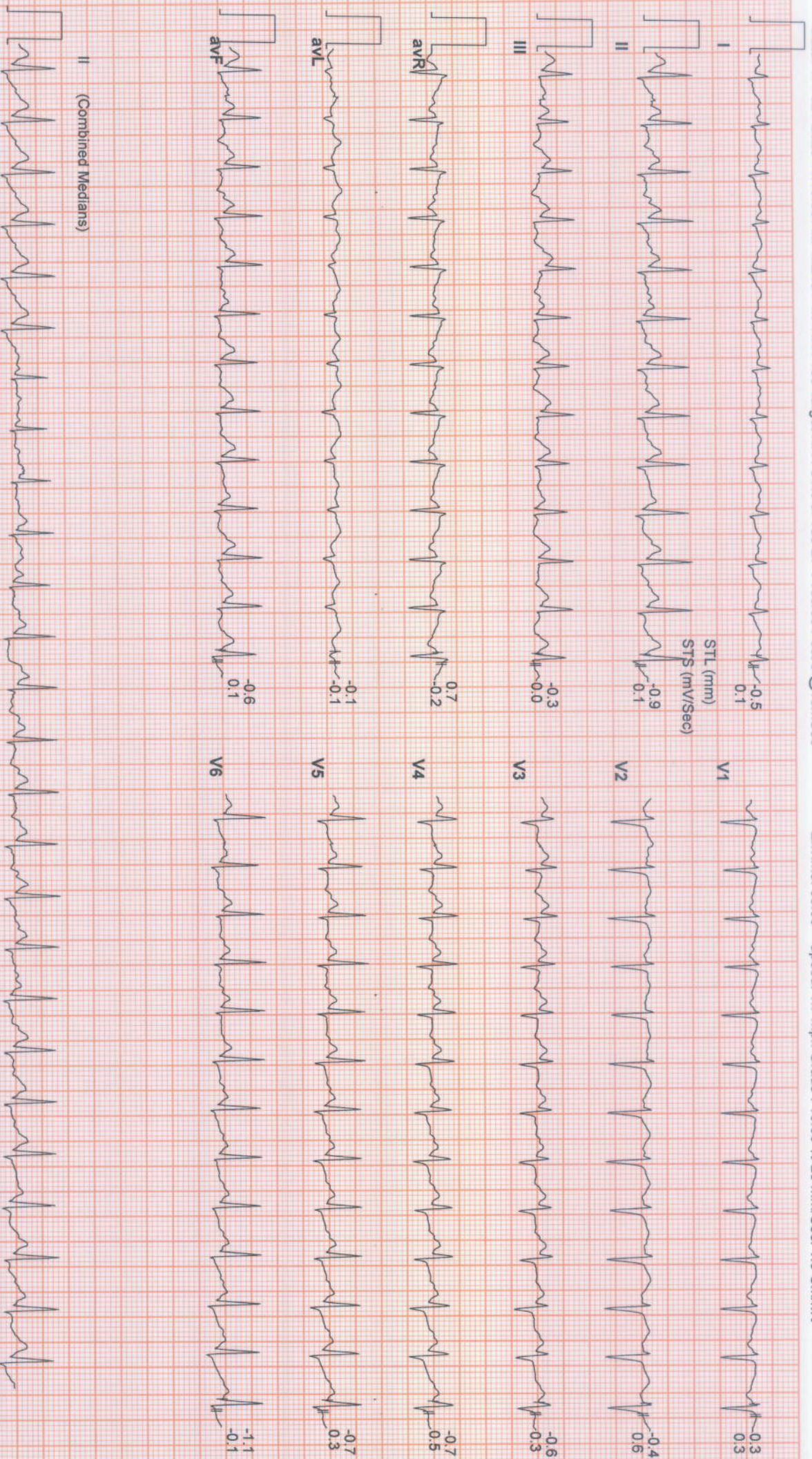
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

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



Date: 11 / 02 / 2023 11:19:56 AM METs : 4.7 HR : 159 Target HR : 84% of 189 BP : 130/80 Post J @10mSec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

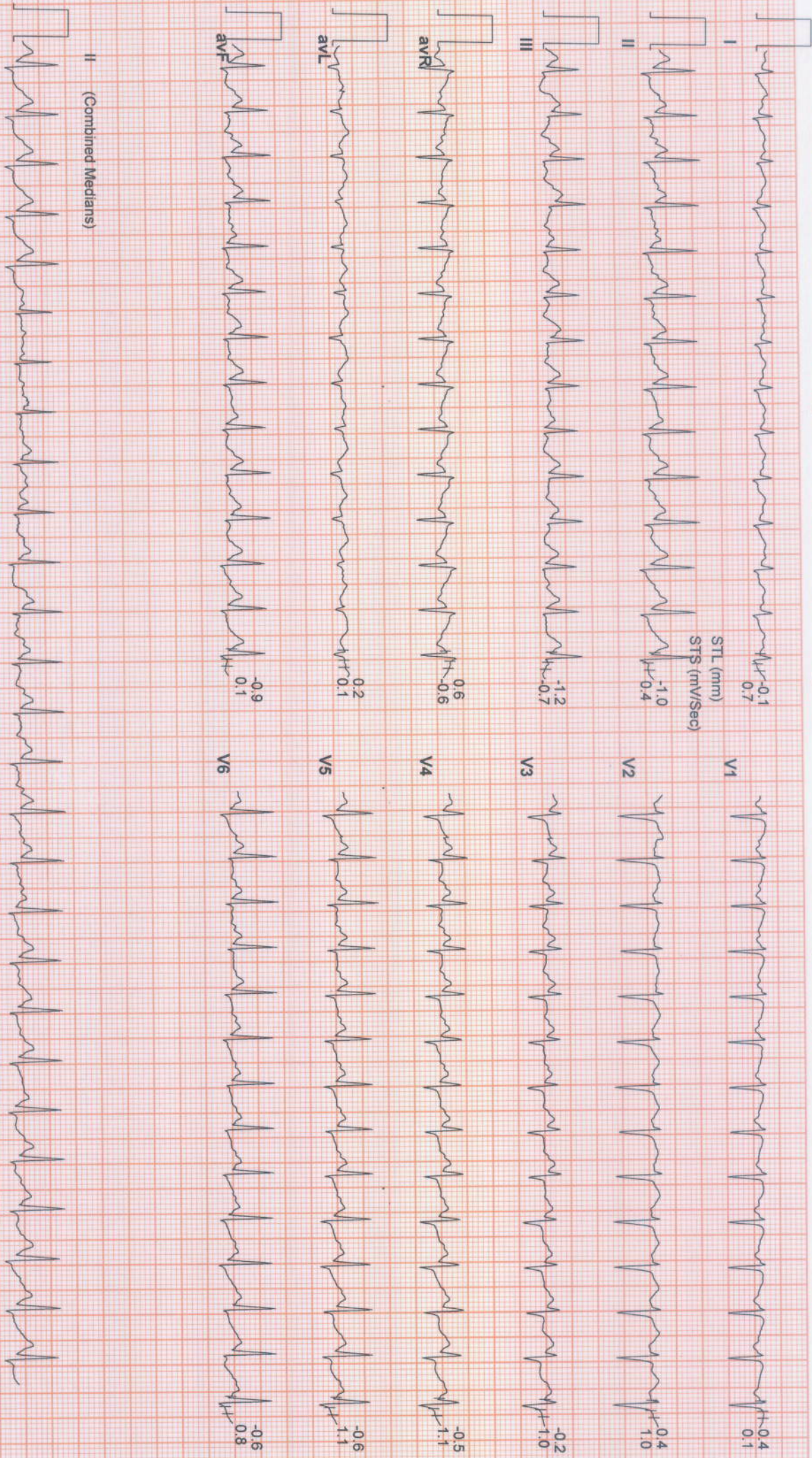
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

## 6X2 Combine Medians + 1 Rhythm PeakEx



Date: 11 / 02 / 2023 11:19:56 AM METs : 5.0 HR : 164 Target HR : 87% of 189 BP : 140/80 Post J @60mSec

EXTime: 03:21 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

395 / SHRANIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

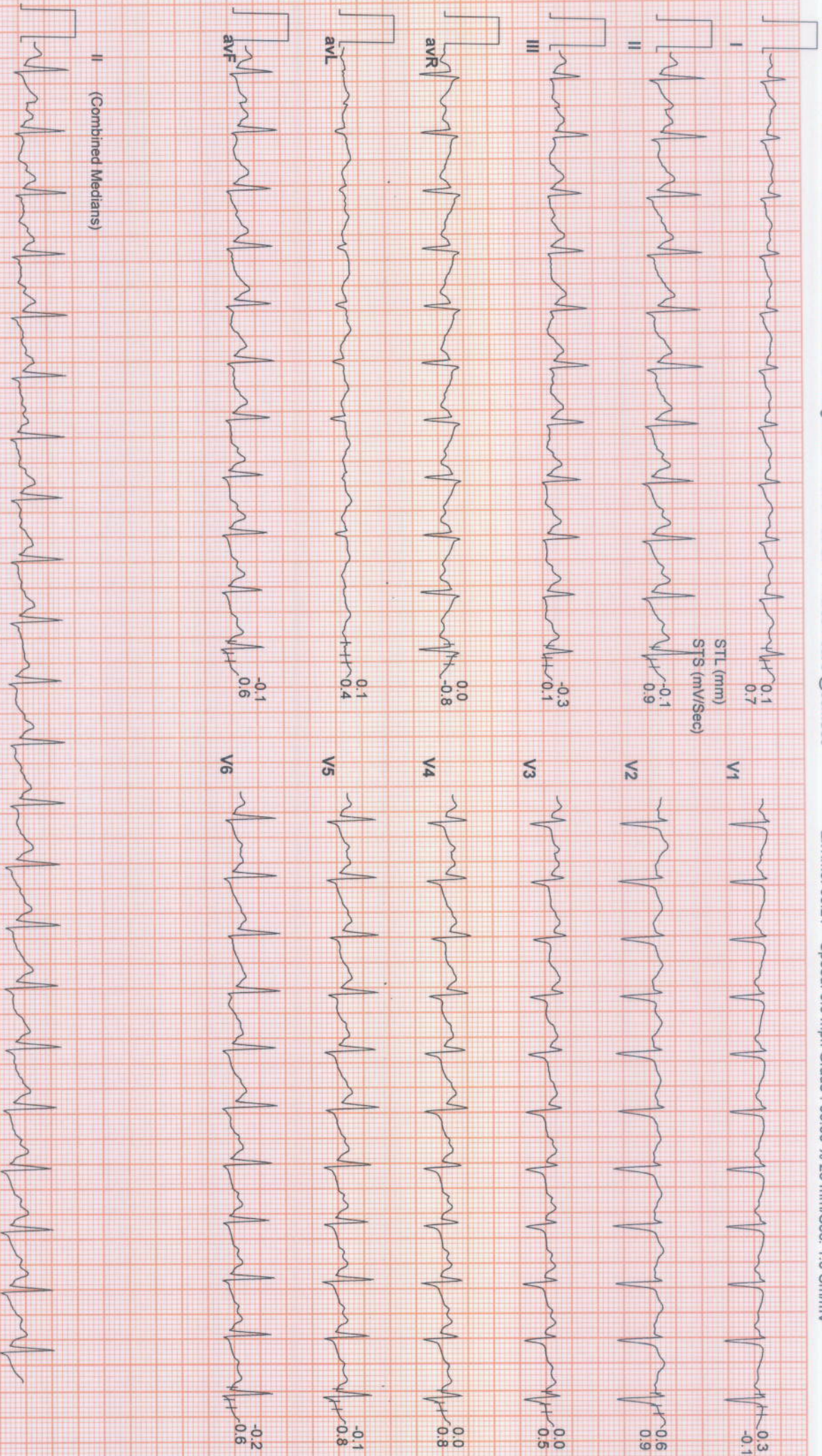
## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 134 Target HR : 71% of 189 BP : 140/80 Post J @60mSec

ExTime: 03:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

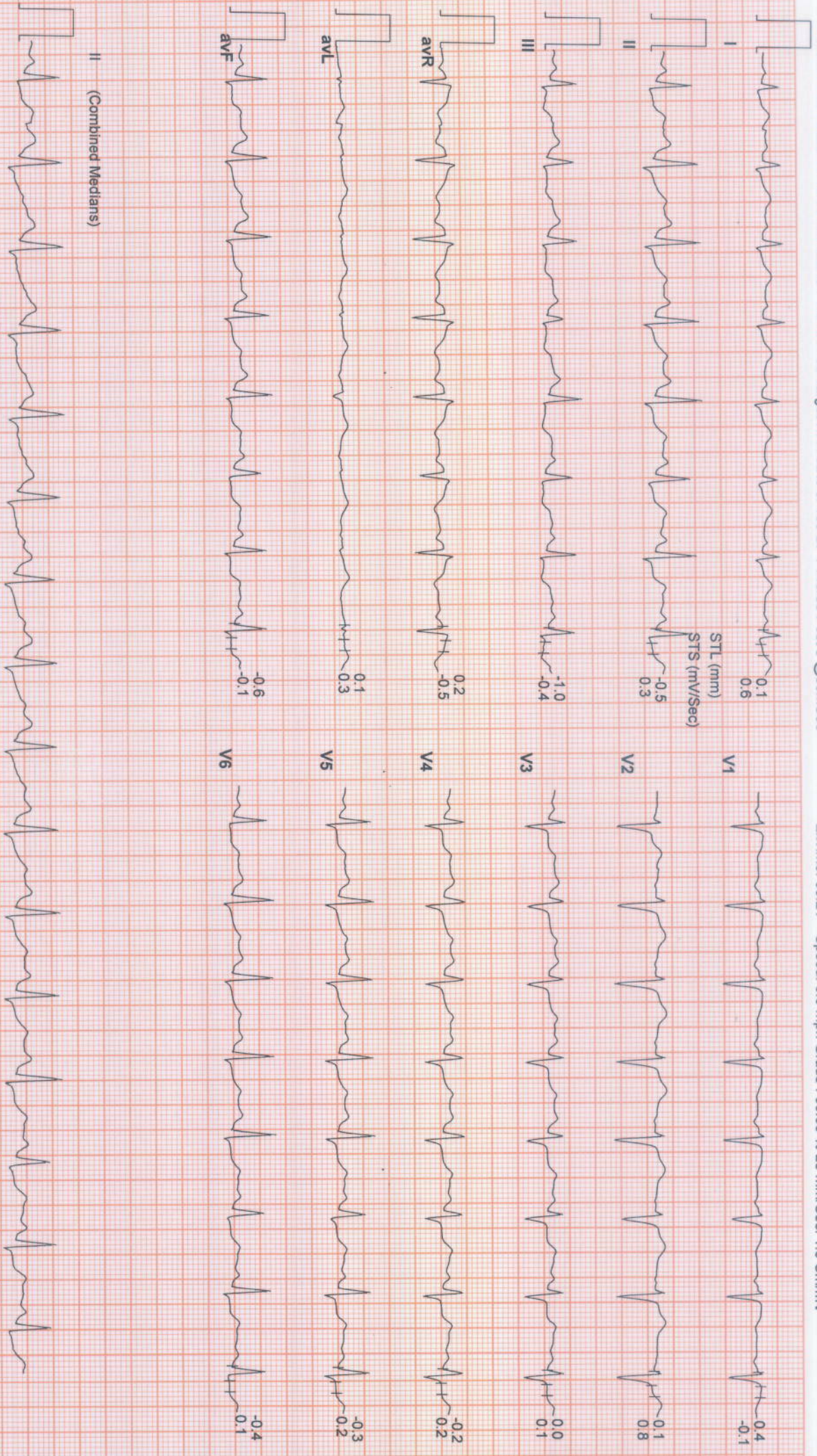
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

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



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 98 Target HR : 52% of 189 BP : 140/80 Post J @80mSec

EXTime: 03:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

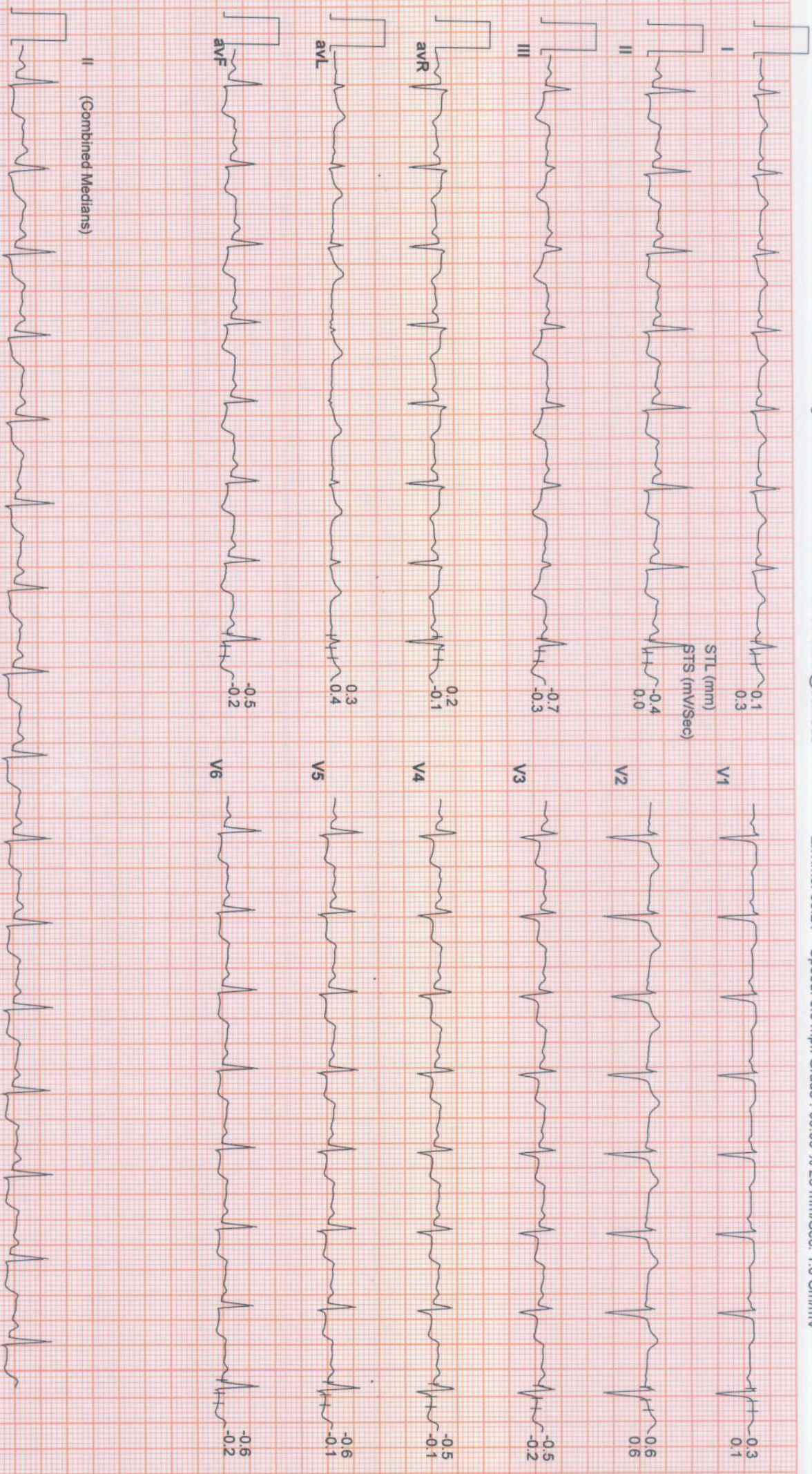
395 / SHRANIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

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



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 96 Target HR : 51% of 189 BP : 120/70 Post J @80mSec

EXTime: 03:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

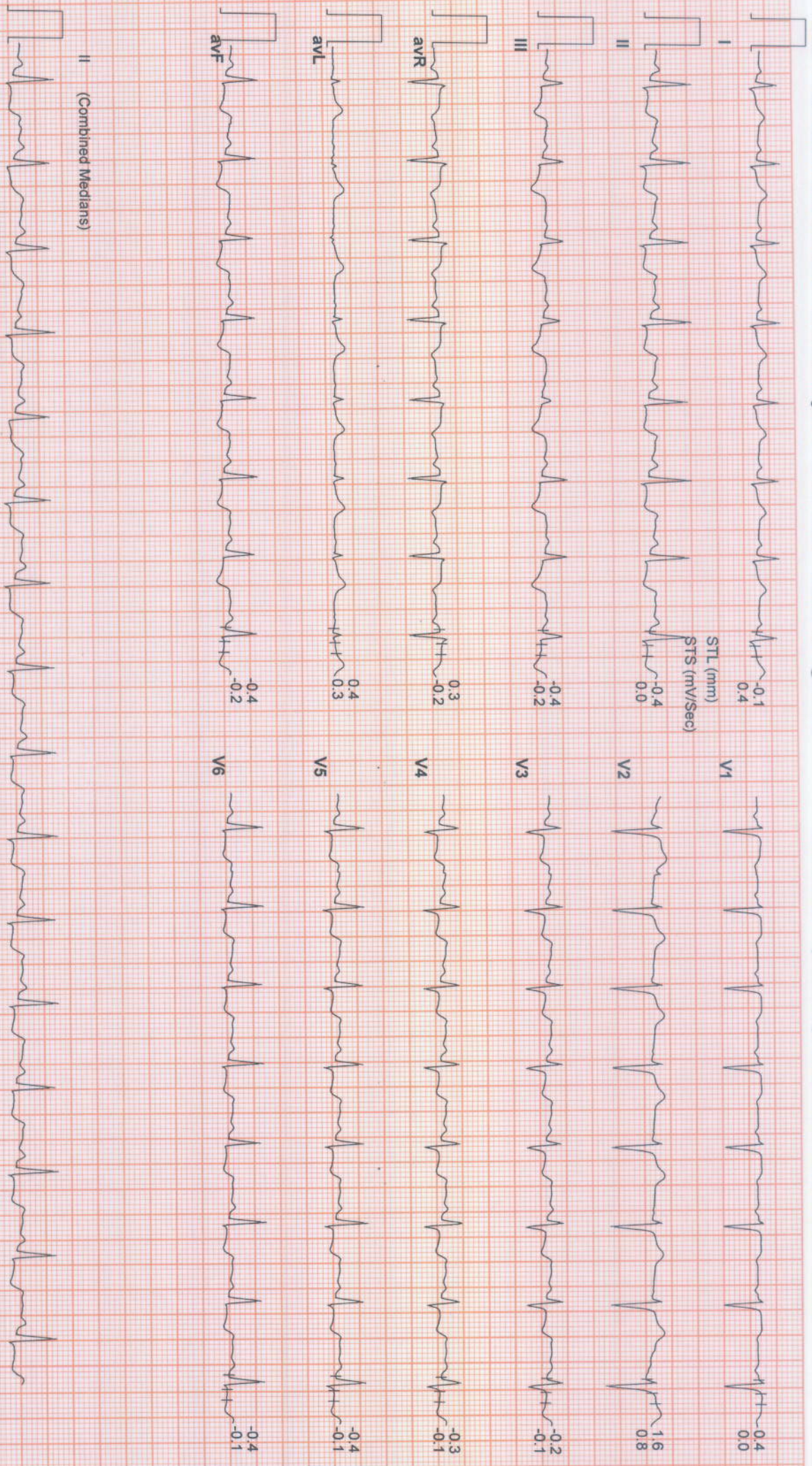
395 / SHRAMIKA MOHADE / 31 Yrs / Female / 144 Cm / 58 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:20 )



Date: 11 / 02 / 2023 11:19:56 AM METs : 1.0 HR : 99 Target HR : 52% of 189 BP : 120/70 Post J @80mSec

EXTime: 03:21 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



Reg. No. : 2304221692	Sex : FEMALE
NAME : MRS.SHRAMIKA MOHADE	Age : 31 YRS
Ref. By : -----	Date : 11.02.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears enlarged in size (17.5 cm) and shows increased echoreflectivity. 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 9.0 x 3.9 cm. Left kidney measures 9.3 x 3.9 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 anteverted and measures 6.5 x 3.8 x 3.8 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 5.1 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

Reg. No. : 2304221692	Sex : FEMALE
NAME : MRS.SHRAMIKA MOHADE	Age : 31 YRS
Ref. By : -----	Date : 11.02.2023

**IMPRESSION:**

**HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.**

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.

**Advice: Clinical co-relation and further evaluation.**

*Patil*

**DR.DEVENDRA PATIL  
MD (RADIO DIAGNOSIS)  
(CONSULTANT RADIOLOGIST)**

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE

022-6170-0000



Use a QR Code Scanner  
Application To Scan the Code

CID : 2304221692  
Name : Mrs SHAMIKA MOHADE  
Age / Sex : 31 Years/Female  
Ref. Dr :  
Reg. Location : G B Road, Thane West Main Centre  
Reg. Date : 11-Feb-2023  
Reported : 11-Feb-2023 / 10:56

**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-----

**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=2023021108311920>

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