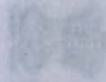


Issue Date: 30/11/2011



भारत सरकार
GOVERNMENT OF INDIA

सर्वज्ञा शर्मा
SARVASWATI NAND
सह रक्षक/DOR: 04/09/1982
स्त्री/ FEMALE

65334 1763 5548

VID : 9142 5816 6863 7784

भारत सरकार, भारत अधिका

Dr. Manasee Kulkarni
M.B.B.S

2005/09/3439

PHYSICAL EXAMINATION REPORT

Patient Name	Sarswati Navd	Sex/Age	F/40
Date	24/2/23	Location	Thane

History and Complaints

C/O - Body Pain
- Allergic skin rashes (on & off)

EXAMINATION FINDINGS:

Height (cms):	156	Temp (0c):	37.2
Weight (kg):	87.7	Skin:	NAD
Blood Pressure	140/90	Nails:	NAD
Pulse	76/44	Lymph Node:	NAD

Systems :

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

Impression:

Overweight
↓ Hb
BSL < FPP (Impaired)
↑ ESR (49)
↑ Alkaline phosphatase
Urinary sugar (+)
USG - Fatty Liver

Advice:

- wt. Reduction.
- Monitor B.P.
- Iron supplement.
- Low Fat, low sugar Diet
- Repeat sugar Profile after 6 months.

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

PERSONAL HISTORY:

1)	Alcohol	<p style="text-align: center;">No</p> <p style="text-align: center;">No</p> <p>- Veg + Eggs.</p> <p>- Local Application (S.O.S) for Allergic skin rash.</p>
2)	Smoking	
3)	Diet	
4)	Medication	



Dr. Manasee Kulkarni
M.B.B.S



CID : 2305517274
Name : MRS.SARSWATI NAND
Age / Gender : 40 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 24-Feb-2023 / 08:31
Reported : 24-Feb-2023 / 11:48

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	10.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.93	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.9	36-46 %	Measured
MCV	91.3	80-100 fl	Calculated
MCH	26.7	27-32 pg	Calculated
MCHC	29.3	31.5-34.5 g/dL	Calculated
RDW	18.6	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7270	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.2	20-40 %	
Absolute Lymphocytes	1832.0	1000-3000 /cmm	Calculated
Monocytes	7.8	2-10 %	
Absolute Monocytes	567.1	200-1000 /cmm	Calculated
Neutrophils	65.4	40-80 %	
Absolute Neutrophils	4754.6	2000-7000 /cmm	Calculated
Eosinophils	1.6	1-6 %	
Absolute Eosinophils	116.3	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.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	221000	150000-400000 /cmm	Elect. Impedance
MPV	12.2	6-11 fl	Calculated
PDW	27.8	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 49 2-20 mm at 1 hr. Sedimentation

*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 : 24-Feb-2023 / 08:31
Reported : 24-Feb-2023 / 11:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	114.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	195.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	24.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	26.2	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	10.8	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	115.2	35-105 U/L	PNPP
BLOOD UREA, Serum	12.1	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	5.7	6-20 mg/dl	Calculated

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Age / Gender : 40 Years / Female

Consulting Dr. : -

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

Collected : 24-Feb-2023 / 11:26

Reported : 24-Feb-2023 / 14:47

CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	118	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	3.6	2.4-5.7 mg/dl	Uricase
Urine Sugar (Fasting)	+	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*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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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 : 24-Feb-2023 / 08:31
Reported : 24-Feb-2023 / 13:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	1+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
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

*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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Collected : 24-Feb-2023 / 08:31

Reported : 24-Feb-2023 / 13:18

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Negative

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

*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)
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Reported : 24-Feb-2023 / 11:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	153.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	108.4	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	42.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	110.5	Desirable: <130 mg/dl Borderline-high: 130 -.159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	88.0	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	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

*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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Age / Gender : 40 Years / Female

Consulting Dr. : -

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

Collected : 24-Feb-2023 / 08:31

Reported : 24-Feb-2023 / 10:36

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	5.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.6	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	3.73	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

AREAS OF SPECIAL EXPERTISE

EXPERTISE

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

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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

0000-0578-5

Date:- 24/2/24
Name: Sureshwar Mand. CID:

Sex / Age: F 40

EYE CHECK UP

Chief complaints: DCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: BR 6/6 XN 02 N6

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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Name : Mrs SARSWATI NAND
Age / Sex : 40 Years/Female
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Feb-2023
Reported : 24-Feb-2023 / 10:58

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=2023022408290915>

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Reported : 24-Feb-2023 / 10:36

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

LIVER: Liver appears normal in size and *shows increased echorefectivity*. 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 10.8 x 4.0 cm. Left kidney measures 10.7 x 4.6 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 6.7 x 4.0 x 4.9 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9 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=2023022408290908>

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Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 24-Feb-2023
Reported : 24-Feb-2023 / 10:36

IMPRESSION:

GRADE I FATTY INFILTRATION OF LIVER.

Advice: Clinical co-relation sos 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-----

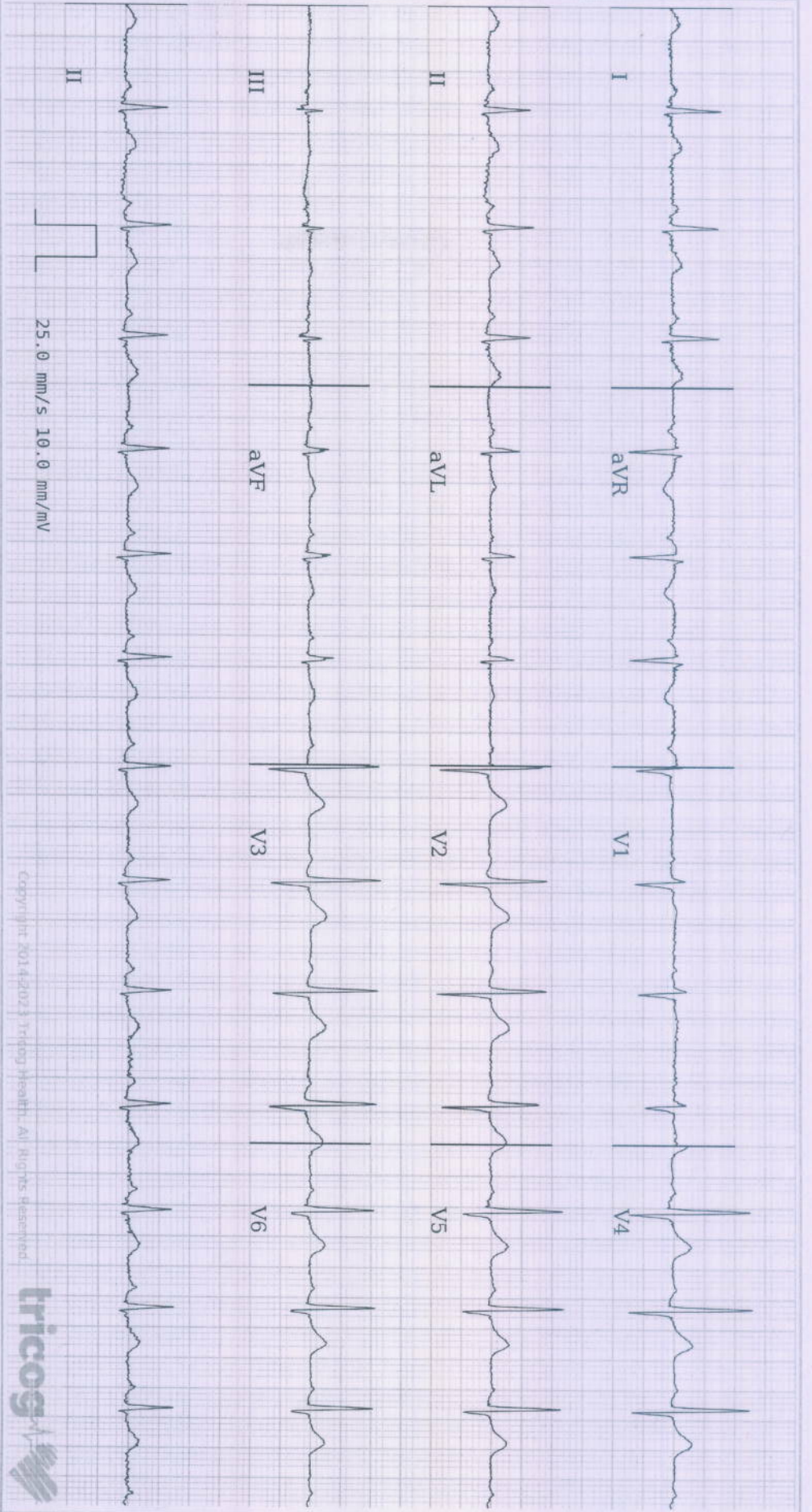
This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023022408290908>

Patient Name: SARSWATI NAND
Patient ID: 2305517274

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 24th Feb 23 9:03 AM



Age **40** 5 20
years months days

Gender **Female**

Heart Rate **87bpm**

Patient Vitals

BP: 140/90 mmHg

Weight: 87 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 80ms

QT: 366ms

QTc: 440ms

PR: 144ms

P-R-T: 34° 36° 47°

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

REPORTED BY

DR SHAILAJA PILLAI
MBBS MD Physician
MD Physician
49972

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Disclaimer: (1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. (2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

490 (2305517274) / SARASWATI NAND / 40 Yrs / F / 156 Cms / 87 Kg
 Date: 24 / 02 / 2023 12:21:33 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:11	0:11	00.0	00.0	01.0	114	63 %	140/90	159	00	
Standing	00:18	0:07	00.0	00.0	01.0	109	61 %	140/90	152	00	
HV	00:25	0:07	00.0	00.0	01.0	109	61 %	140/90	152	00	
ExStart	00:32	0:07	00.0	00.0	01.0	108	60 %	140/90	151	00	
BRUCE Stage 1	03:32	3:00	01.7	10.0	04.7	166	92 %	150/90	249	00	
PeakEX	03:53	0:21	02.5	12.0	05.0	171	95 %	160/90	273	00	
Recovery	04:53	1:00	00.0	00.0	01.0	129	72 %	160/90	206	00	
Recovery	05:53	2:00	00.0	00.0	01.0	114	63 %	160/90	182	00	
Recovery	07:53	4:00	00.0	00.0	01.0	102	57 %	140/90	142	00	
Recovery	08:04	4:12	00.0	00.0	01.0	100	56 %	140/90	140	00	

FINDINGS :

Exercise Time : 03:21
 Initial HR (ExStrt) : 108 bpm 60% of Target 180
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -0.9 mm in PeakEX
 Test End Reasons : , Fatigue, Heart Rate Achieved

Max HR Attained 171 bpm 95% of Target 180
 Max BP Attained 160/90 (mm/Hg)

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

Doctor : DR SHAILAJA PILLAI



EMail: SARASWATI NAND / 40 Yrs / F / 156 Cms / 87 Kg Date: 24 / 02 / 2023 12:21:33 PM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 109.0 bpm and the maximum predicted Target Heart Rate 180.0. The BP increased at the time of generating report as 160.0/90.0 mmHg. The Max Dep went upto 0.4. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of , Fatigue. Heart Rate Achieved.

CONCLUSIONS:

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

Doctor : DR SHAILAJA PILLAI


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

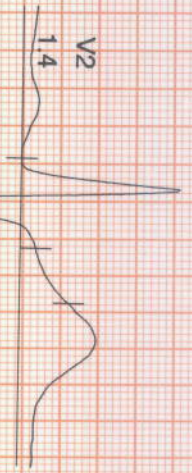


490 (2305517274) / SARASWATI NAND / 40 Yrs / F / 156 Cms / 87 Kg / HR : 114

Date: 24 / 02 / 2023 12:21:33 PM METS: 1.0/11.4 bpm 63% of THR BP: 140/90 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



I
STL 1.0
STB 1.2



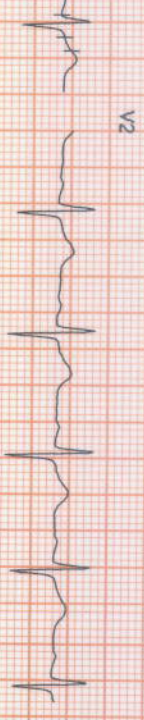
V1
0.3
0.1



II
1.5
1.4



V2
1.4
1.2



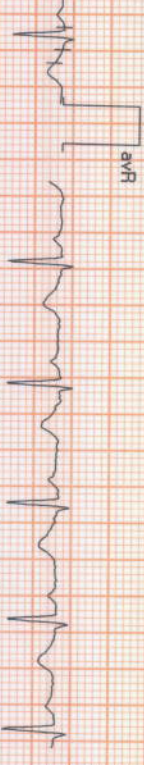
III
0.5
0.8



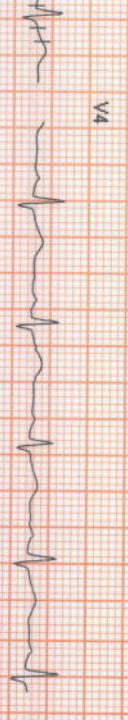
V3
0.9
0.8



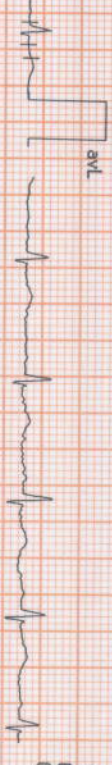
aVR
-1.2
-1.3



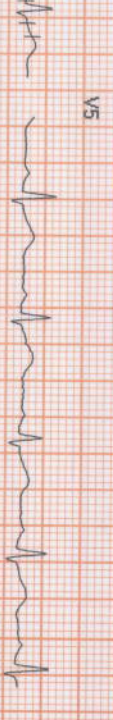
V4
0.8
0.8



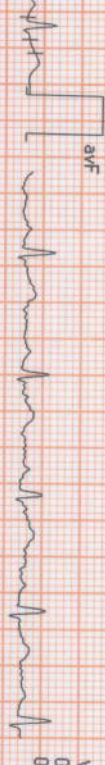
aVL
0.2
0.5



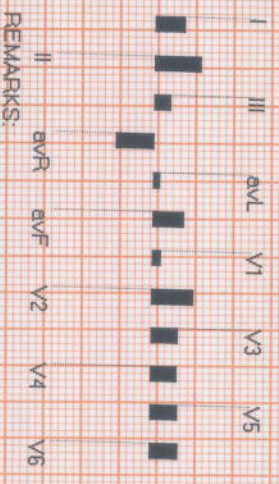
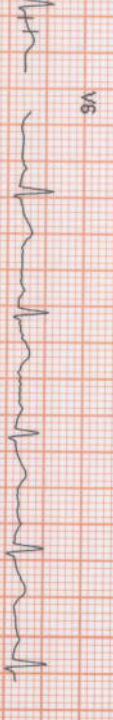
V5
0.9
0.9



aVF
1.0
0.9



V6
0.9
0.8



REMARKS:



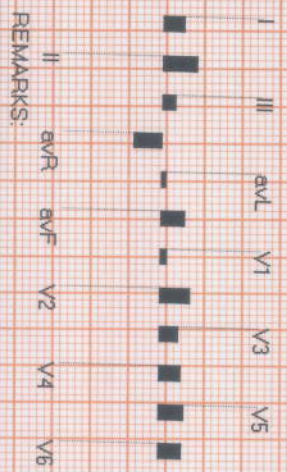
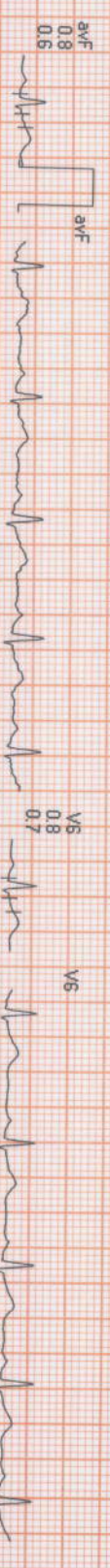
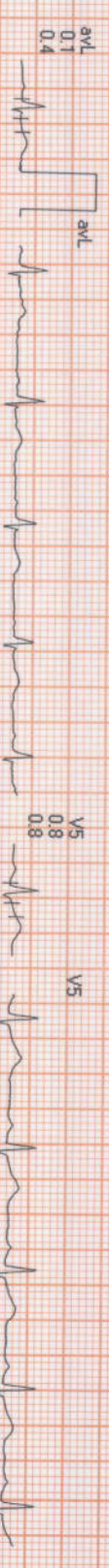
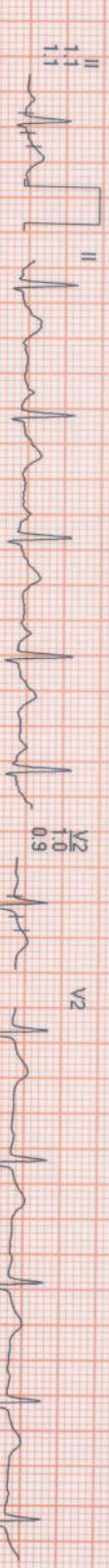
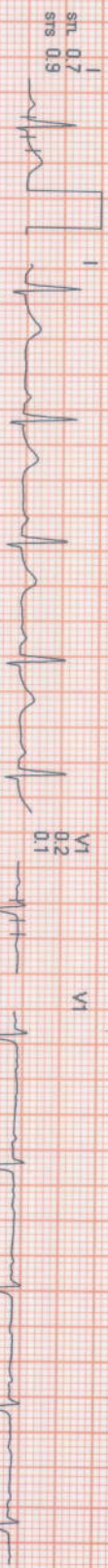
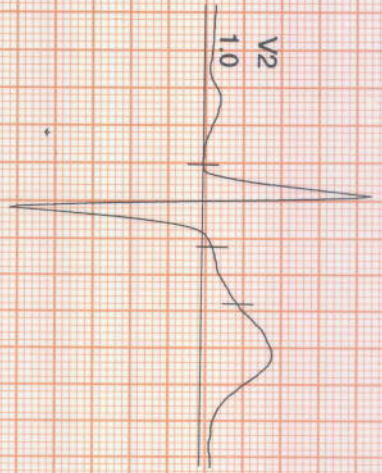


490 (2305517274) / SARASWATI NAND / 40 Yrs / F / 156 Cms / 87 Kg / HR : 109

Date: 24 / 02 / 2023 12:21:33 PM METS: 1.0/ 109 bpm 61% of THR BP- 140/90 mmHg Raw ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 100 Hz

4X 80 ms Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

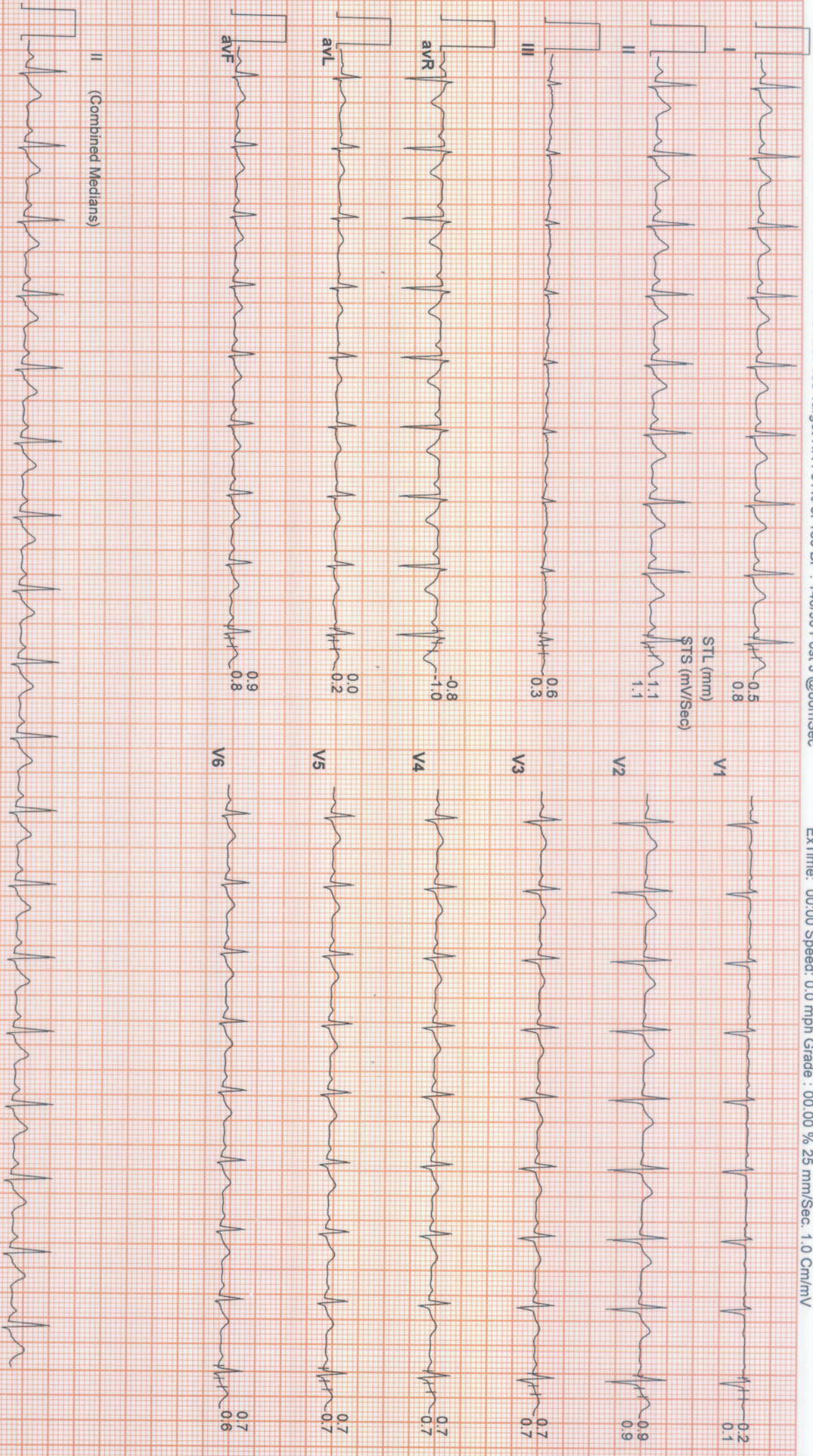
490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

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



Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 109 Target HR : 61% of 180 BP : 140/90 Post J @90mSec

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



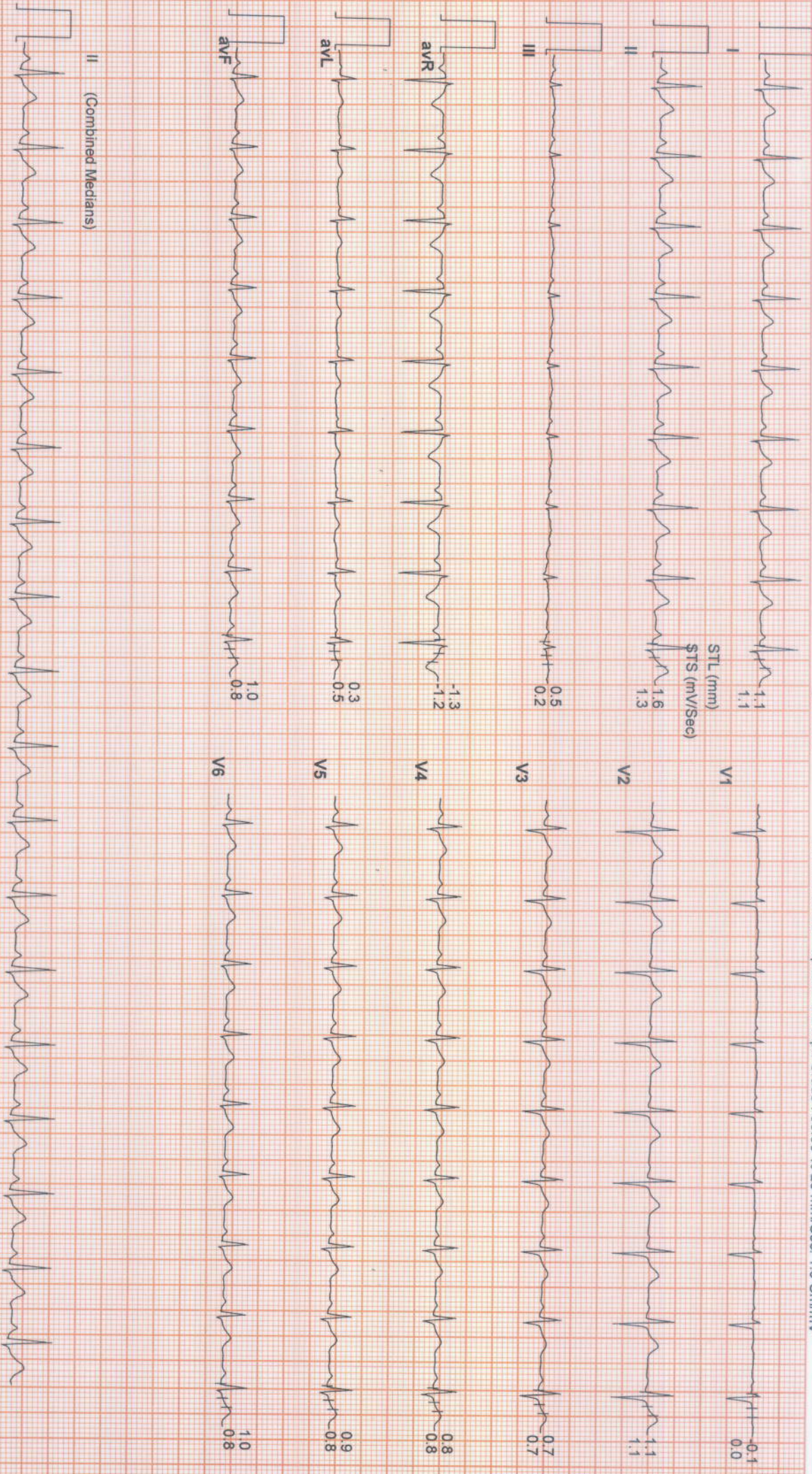
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 108 Target HR : 60% of 180 BP : 140/90 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)

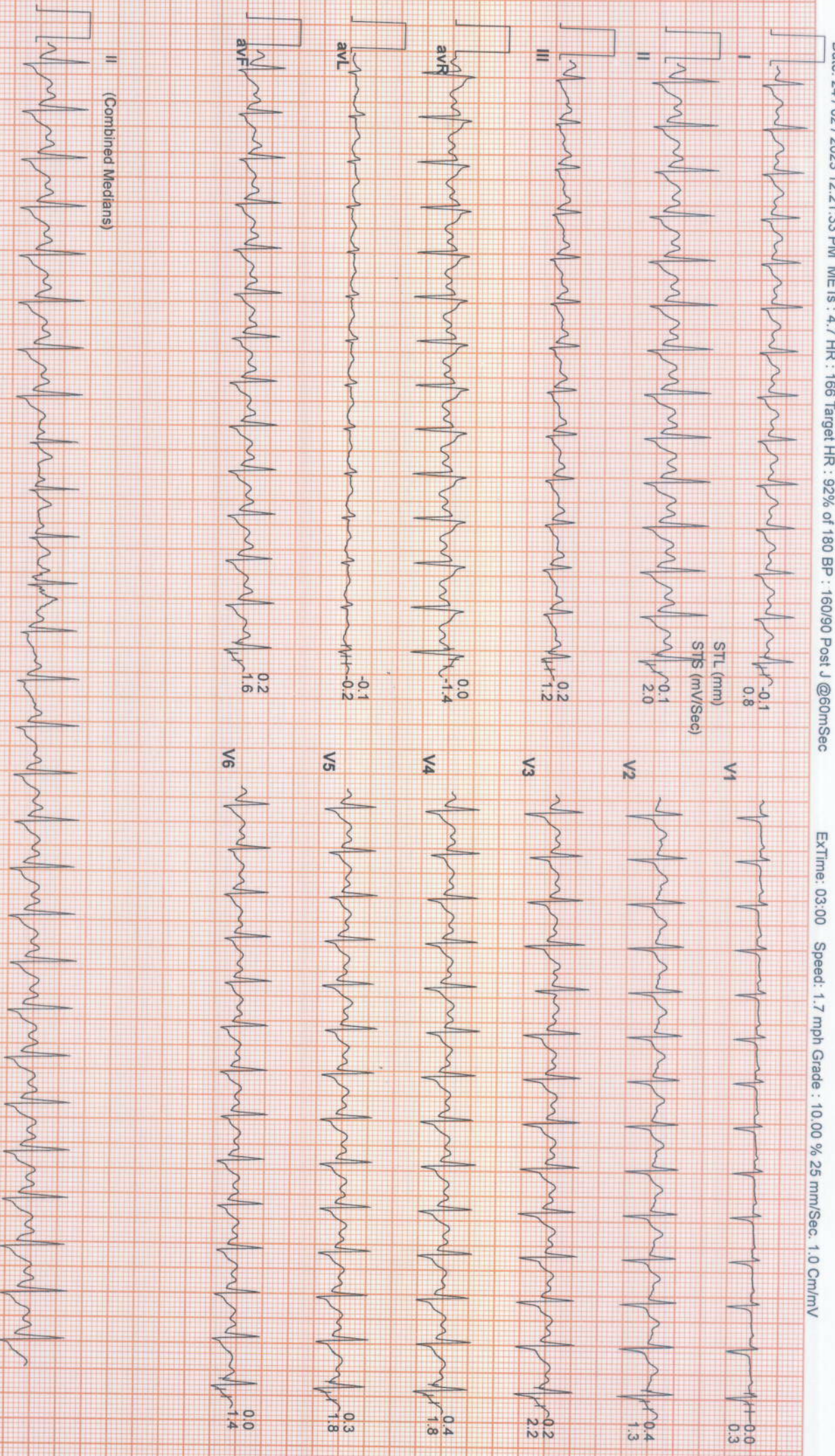
490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

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



Date: 24 / 02 / 2023 12:21:33 PM METs : 4.7 HR : 166 Target HR : 92% of 180 BP : 160/90 Post J @60mSec

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



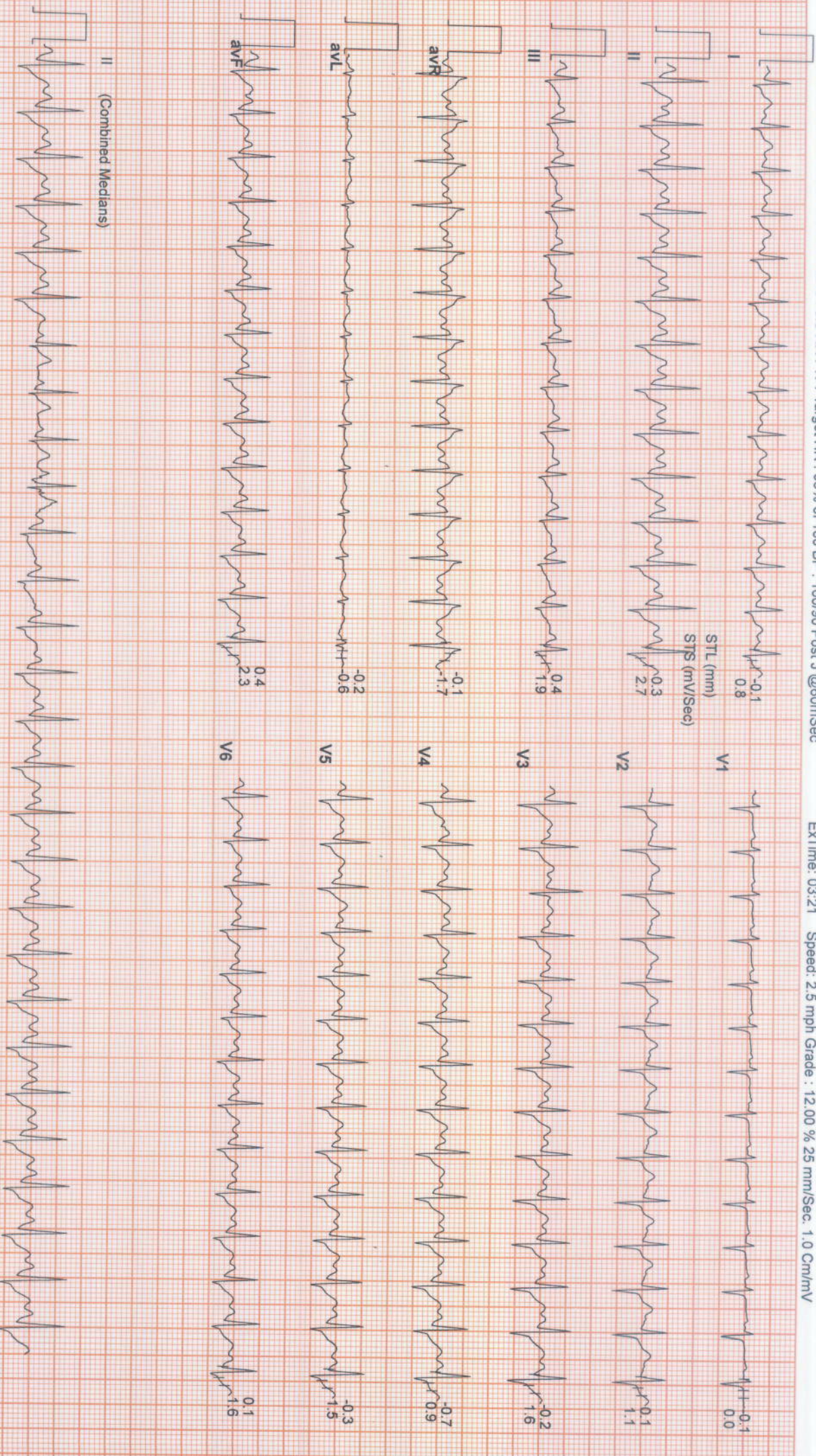
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

Date: 24 / 02 / 2023 12:21:33 PM METs : 5.0 HR : 171 Target HR : 95% of 180 BP : 160/90 Post J @60mSec

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

6X2 Combine Medians + 1 Rhythm PeakEx



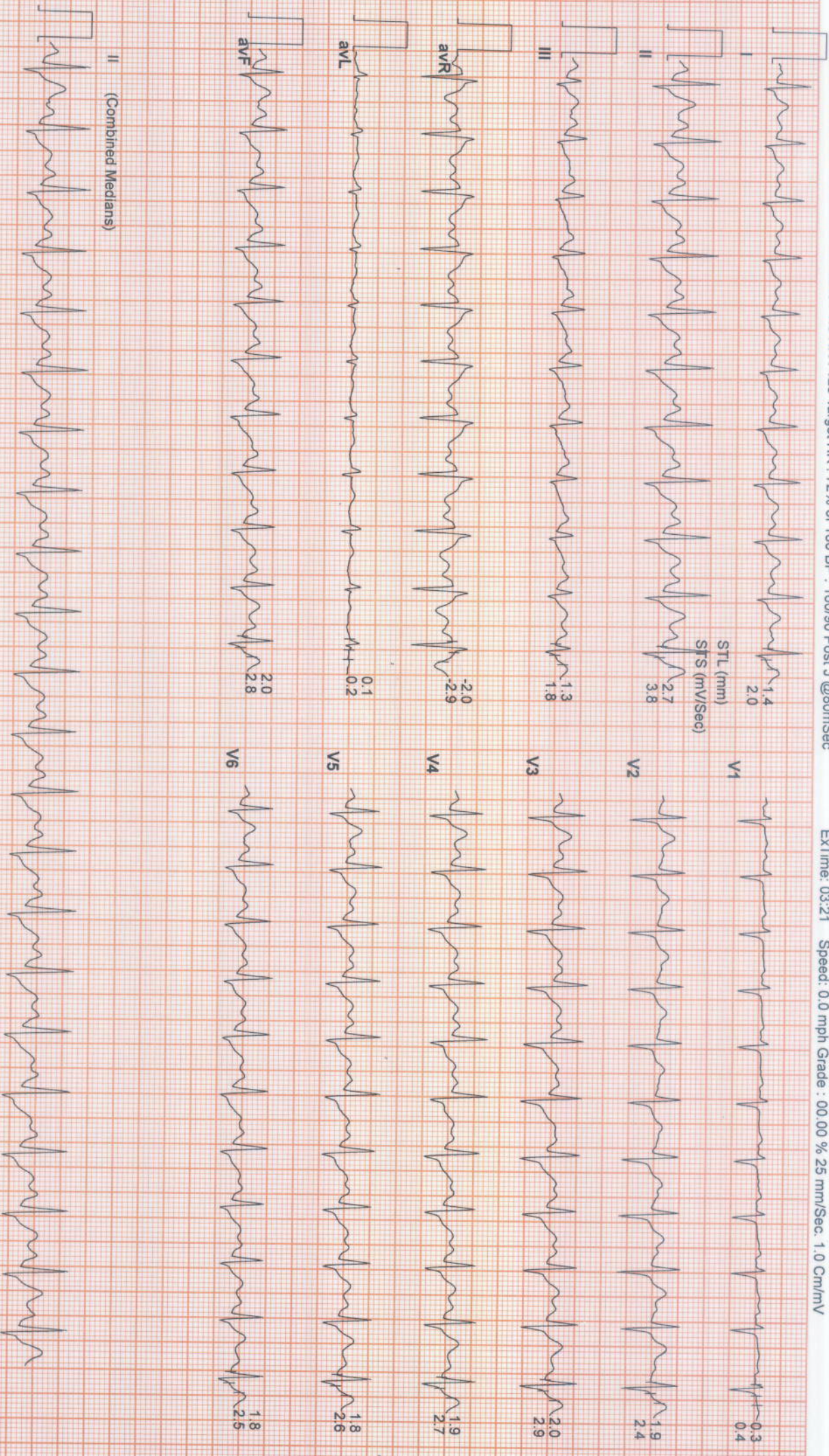
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 129 Target HR : 72% of 180 BP : 160/90 Post J @80mSec

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

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



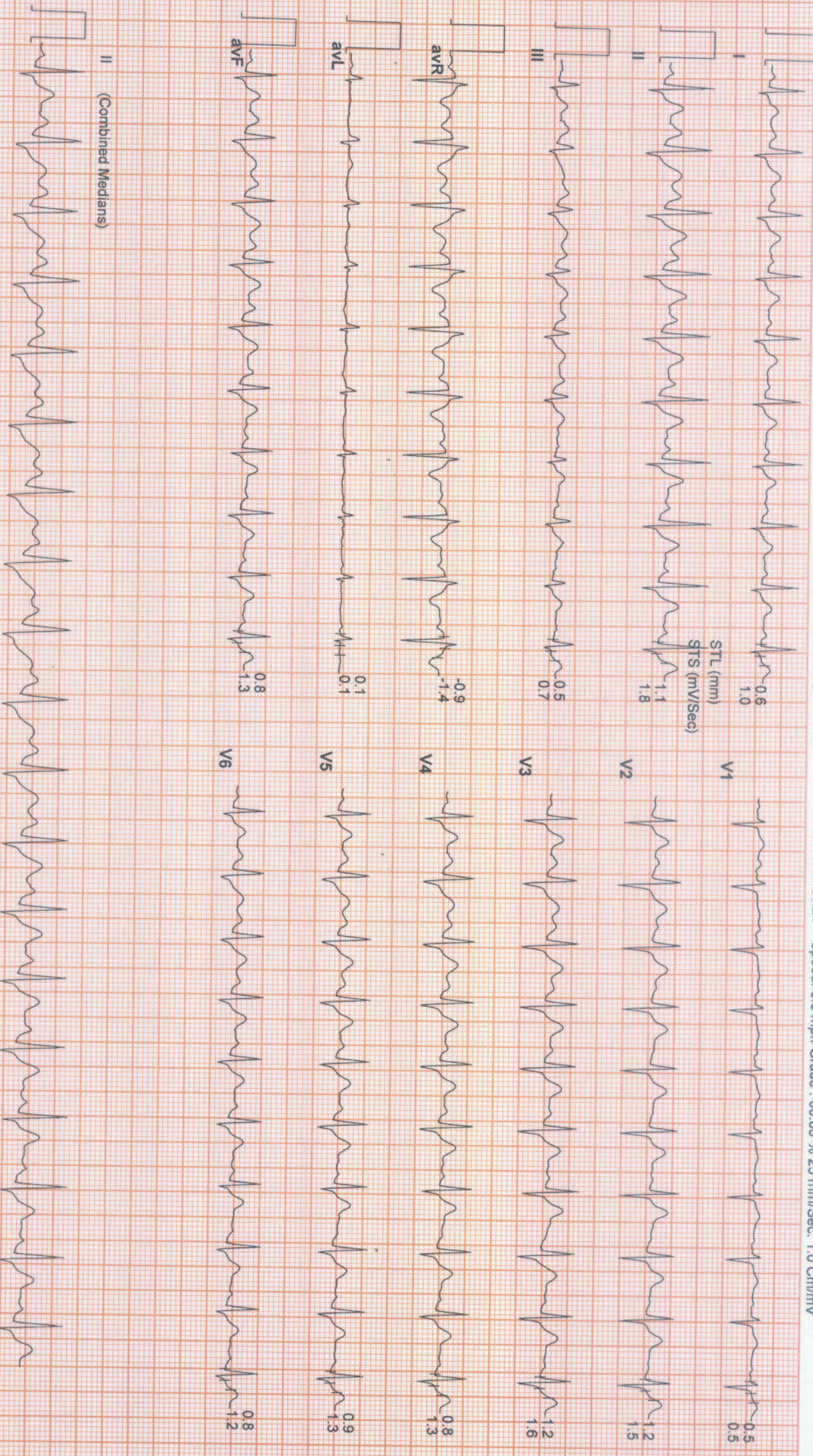
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 114 Target HR : 63% of 180 BP : 160/90 Post J @80mSec

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

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

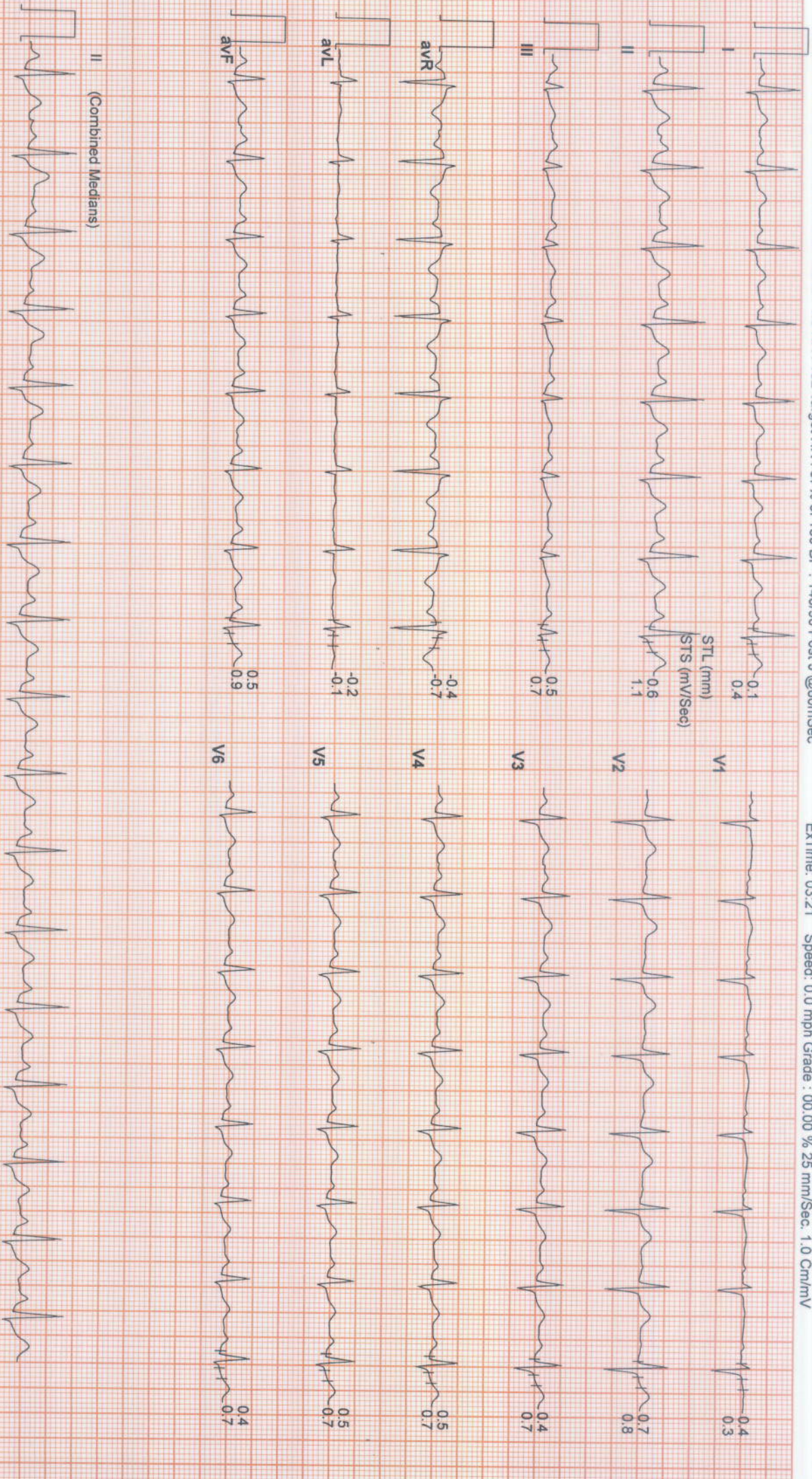
490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

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



Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 102 Target HR : 57% of 180 BP : 140/90 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)

490 / SARASWATI NAND / 40 Yrs / Female / 156 Cm / 87 Kg

6X2 Combine Medians + 1 Rhythm
Recovery : (04:11)



Date: 24 / 02 / 2023 12:21:33 PM METs : 1.0 HR : 100 Target HR : 56% of 180 BP : 140/90 Post J @80mSec

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

