



CID : 2234600425
Name : MRS.PRIYANKA DEV
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 12-Dec-2022 / 09:13
Reported : 12-Dec-2022 / 12:52

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	11.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.20	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.7	36-46 %	Measured
MCV	83	80-100 fl	Calculated
MCH	26.6	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	9500	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	34.3	20-40 %	
Absolute Lymphocytes	3258.5	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	636.5	200-1000 /cmm	Calculated
Neutrophils	56.2	40-80 %	
Absolute Neutrophils	5339.0	2000-7000 /cmm	Calculated
Eosinophils	2.6	1-6 %	
Absolute Eosinophils	247.0	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	19.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	233000	150000-400000 /cmm	Elect. Impedance
MPV	11.2	6-11 fl	Calculated
PDW	23.2	11-18 %	Calculated



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Reported : 12-Dec-2022 / 14:13

RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 41 2-20 mm at 1 hr. Sedimentation

Result rechecked.
Kindly correlate clinically.

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

*** End Of Report ***



Bmhaskar

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



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Collected : 12-Dec-2022 / 09:13
Reported : 12-Dec-2022 / 13:42

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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	111.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	102.8	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	Colorimetric
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	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	45.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	50.8	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	90.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	20.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.0	2.4-5.7 mg/dl	Enzymatic
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 Borivali Lab, Borivali West
 *** End Of Report ***



Bmhaskar

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



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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	6.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	134.1	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
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Collected : 12-Dec-2022 / 09:13
Reported : 12-Dec-2022 / 15:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	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	20-25	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Yeast cells +		

Note:Sample quantity less than 12ml.



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Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein:(1+ ~25 mg/dl, 2+ ~75 mg/dl, 3+ ~ 150 mg/dl, 4+ ~ 500 mg/dl)
- Glucose:(1+ ~ 50 mg/dl, 2+ ~100 mg/dl, 3+ ~300 mg/dl,4+ ~1000 mg/dl)
- Ketone:(1+ ~5 mg/dl, 2+ ~15 mg/dl, 3+ ~ 50 mg/dl, 4+ ~ 150 mg/dl)

Reference: Pack insert

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

*** End Of Report ***



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Collected : 12-Dec-2022 / 09:13
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	142.6	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	29.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.4	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	29.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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



Bmhaskar

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 Reg. Location : Kandivali East (Main Centre)

Collected : 12-Dec-2022 / 09:13
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	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	6.24	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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Collected : 12-Dec-2022 / 09:13
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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 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)

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*** End Of Report ***



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CID# : 2234600425
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Age / Gender : 39 Years/Female
Consulting Dr. : - Collected : 12-Dec-2022 / 08:28
Reg.Location : Kandivali East (Main Centre) Reported : 13-Dec-2022 / 09:07

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):	151 cms	Weight (kg):	75 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80	Nails:	Normal
Pulse:	98/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

- Pre-diabetic

ADVICE:

lifestyle modification

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Row House No. 3, Mangal,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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CHIEF COMPLAINTS:

- | | |
|--|-----------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | 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 | LSCS-2016 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|---------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Non Veg |
| 4) Medication | No |

*** End Of Report ***

Authenticity Check



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 Age / Sex : 39 Years/Female
 Ref. Dr :
 Reg. Location : Kandivali East Main Centre

Reg. Date : 12-Dec-2022
 Reported : 12-Dec-2022 / 13:17

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 Akash Chhari before dispatch.

DR. Akash Chhari
 MBBS, MD. Radio-Diagnosis Mumbai
 MMC REG NO - 2011/08/2862

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Age / Sex : 39 Years/Female
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Reg. Location : Kandivali East Main Centre

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Reported : 12-Dec-2022 / 9:39

USG WHOLE ABDOMEN

LIVER:

The liver is mildly enlarged in size (16.2cm), normal in shape and smooth margins. It shows bright 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 10mm and CBD 3.7mm appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Right kidney measures 10.3 x 4.4 cm. Left kidney measures 11.2 x 5.2 cm.
A 1.7 x 1.7 cm sized simple cortical cyst is seen at mid pole of right kidney.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis seen.

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 well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 6.8 x 4.8 x 3.7 cm in size.
The endometrial thickness is 6.1mm.

OVARIES:

Both the ovaries are well visualized and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 3.2 x 2.0 cm Left ovary = 3.0 x 1.7cm

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IMPRESSION:-

MILD HEPATOMEGALY WITH GRADE II FATTY LIVER.

RIGHT RENAL SIMPLE CORTICAL CYST.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862

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CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar (W), Mumbai - 400086.

HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnosics.com | WEBSITE: www.suburbandiagnosics.com

Corporate Identity Number (CIN): U85110MH2002PTC136144

Date:- 12/12/22

CID:
2234600425

Name:- Mrs. Priyanka Dev

Sex/Age: F/39

EYE CHECK UP

Chief complaints: Routine check

Systemic Diseases: no H/O SH

Past history: no H/O Ocular surgery

H/O G
(-0.75 -0.75 x 180)

Unaided Vision: 6/18 6/18

Aided Vision: 6/6 10/6 6/6 10/6

Refraction:

Coms! normal

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	+0.75	-0.75	180	6/6	-0.75	-0.75	180	6/6
Near				10/6				10/6

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal H.

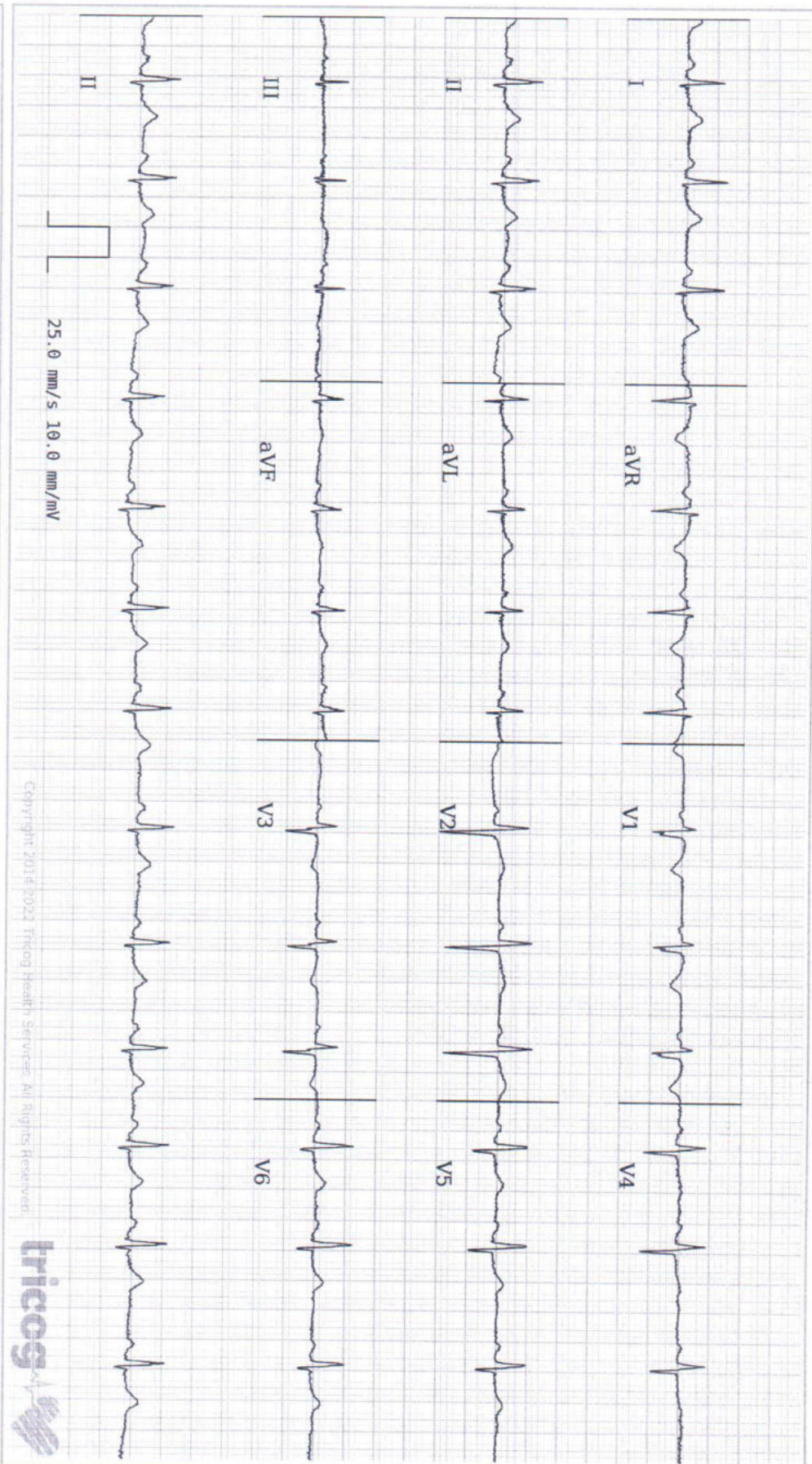
KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

Patient Name: **PRIYANKA DEV**
Patient ID: **2234600425**

SUBURBAN DIAGNOSTICS - KANDIVALI EAST

Date and Time: **12th Dec 22 12:17 PM**



25.0 mm/s 10.0 mm/mV

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Age **39** **7** **19**
years months days

Gender **Female**

Heart Rate **83bpm**

Patient Vitals

BP: **130/80 mmHg**

Weight: **75 kg**

Height: **151 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QT: **370ms**

QTc: **434ms**

PR: **134ms**

P-R-T: **22° 41° 19°**

REPORTED BY

DR AKHIL PARULEKAR
MBBS,MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. T wave inversions in anterior chest leads is a normal variant in females, however, please rule out ischemia. 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 performed by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Vastage, Kandivali (east),
Mumbai - 400 041
Tel : 61700000

SUBURBAN DIAGNOSTICS KANDIVALI EAST

Email:

Report



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg
 Date: 12 / 12 / 2022 12:33:18 PM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:21	0:21	00.0	00.0	01.0	078	43 %	130/80	101	00	
Standing	01:06	0:45	00.0	00.0	01.0	108	60 %	130/80	140	00	
HV	01:25	0:19	00.0	00.0	01.0	111	61 %	130/80	144	00	
ExStart	01:44	0:19	00.0	00.0	01.0	105	58 %	130/80	136	00	
BRUCE Stage 1	04:44	3:00	02.7	10.0	04.7	146	81 %	130/80	189	00	
PeakEx	05:25	0:41	04.0	12.0	05.3	156	86 %	160/80	249	00	
Recovery	06:25	1:00	00.2	00.0	01.0	155	86 %	160/80	248	00	
Recovery	06:51				00.0	000	0 %	---/---	000	00	

FINDINGS :

Exercise Time : 03:41
 Initial HR (ExStrt) : 105 bpm 58% of Target 181
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 5.3 Fair response to induced stress
 Duke Treadmill Score : 02.9
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 156 bpm 86% of Target 181
 Max BP Attained 160/80 (mm/Hg)

Dr. Akhil P. Parulekar.
 MBBS, MD, Medicine
 DNB Cardiology
 Reg. No. 2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
 Plot No. 1, Danganer,
 Traktor Vadiya, Kandivali (East),
 Mumbai - 400 071.
 Tel : 91700000

Doctor : DR.AKHIL PARULEKAR



Email:

579 / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg Date: 12 / 12 / 2022 12:33:18 PM Refd By : MEDIWHEEL

REPORT :

Heart Rate 156.0 bpm

Systolic BP 160.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 03:41 Mins. Ectopic Beats 0 0

METs 5.3 Test End Reason , Heart Rate Achieved Target Heart Rate 88% of 181

TEST OBJECTIVE

ROUTINE CHECK UP

RISK FACTOR

NONE

ACTIVITY

MODERATE ACTIVE

MEDICATION

NONE

REASON FOR TERMINATION

HEART RATE ACHIEVED

EXERCISE TOLERANCE

LOW

EXERCISE INDUCED ARRHYTHMIAS

NO

HAEMODYNAMIC RESPONSE

NORMAL

CHRONOTROPIC RESPONSE

NORMAL

FINAL IMPRESSION

NO SIGNIFICANT ST T CHANGES NOTED

STRESS TEST IS NEGATIVE FOR EXERCISE INDUCED ISCHAEMIC HEART DISEASE FOR GIVEN DURATION OF EXERCISE

DISCLAIMER Negative stress test does not rule out coronary artery disease. Positive stress test is suggestive but not confirmatory of coronary artery disease. Hence clinical correlation is mandatory.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD

Row House No. 3, Aangan,

Thekur Village, Kandivali (east)

Mumbai - 400101.

Tel : 61700000

Dr. Akhil P. Parulekar,

MBBS, MD, Medicine

DNB Cardiology

Reg. No. 2012082463

Doctor : DR.AKHIL PARULEKAR

SUBURBAN DIAGNOSTICS KANDIVALI EAST

SUPINE (00:21)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 78

Date: 12 / 12 / 2022 12:33:18 PM METS: 1.0 / 78 bpm 43% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmph, 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.4
STS 0.4

V1 -0.1
V1 -0.2

V1

II 0.4
II 0.4

V2 0.5
V2 0.5

V2

III 0.0
III 0.0

V3 0.3
V3 0.3

V3

aVR -0.4
aVR -0.4

V4 0.3
V4 0.3

V4

aVL 0.1
aVL 0.2

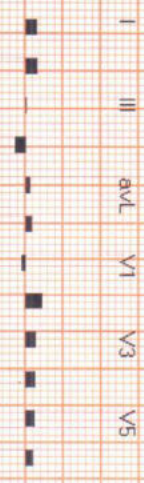
V5 0.3
V5 0.3

V5

aVF 0.2
aVF 0.2

V6 0.2
V6 0.2

V6



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

STANDING (00:45)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 108

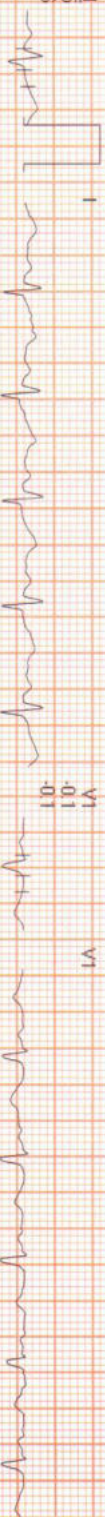
Date: 12 / 12 / 2022 12:33:18 PM METS: 1.0 / 108 bpm 60% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 00:00 0.0 Kmpl, 0.0%

4X 80 ms Post J

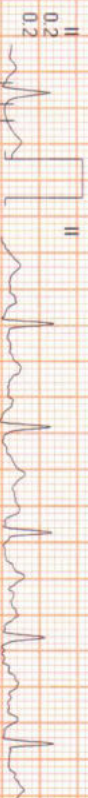
25 mm/Sec. 1.0 Cm/mV

STL 0.5
STB 0.6



V1
-0.1
-0.1

II



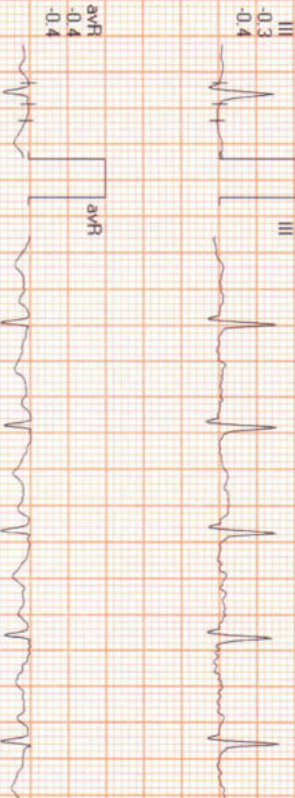
V2
0.5
0.4

III



V3
-0.1
0.0

IV



V4
0.1
0.1

V5

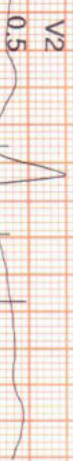


V5
0.1
0.0

V6



V6
-0.2
-0.2



REMARKS: II aVR aVL V1 V3 V5

SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV (00:19)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 111

Date: 12/12/2022 12:33:18 PM METS: 1.0/111 bpm 61% of THR BP: 130/80 mmHg Raw ECG/BLCON/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 00:00 0.0 Kmpl. 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV

STL 0.6
STR 0.5

V1
-0.1
-0.1

V1

II
0.2
0.0

V2
0.5
0.6

V2

III
-0.3
-0.5

V3
-0.1
-0.1

V3

aVR
-0.4
-0.3

V4
0.0
0.1

V4

aVL
0.4
0.5

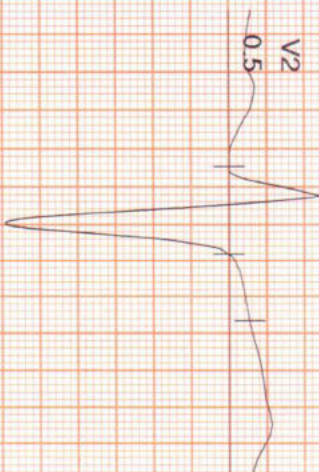
V5
0.0
0.1

V5

aVF
0.0
0.3

V6
0.0
0.1

V6



REMARKS:
II aVR aVF V2 V4 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit



579 (22346004251) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 105

Date: 12/12/2022 12:33:18 PM

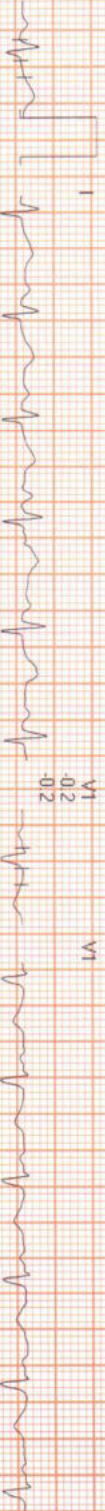
METS: 1.0/1.05 bpm 58% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 Kmph, 0.0%

4X 80 m5 Post J

25 mm/Sec 1.0 Cm/mV

STL 0.6
STS 0.7



V1

V1

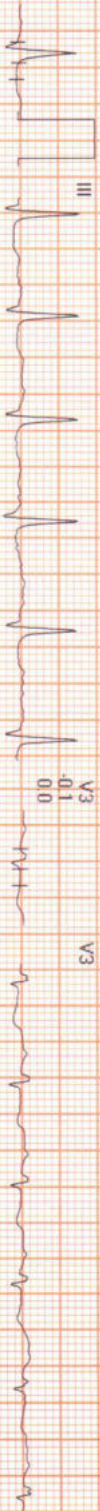
II 0.5
0.3



V2

V2

III -0.2
-0.4



V3

V3

aVR -0.5
-0.5



V4

V4

aVL 0.4
0.5



V5

V5

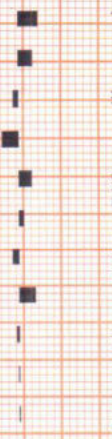
aVF 0.2
0.0



V6

V6

I III aVL V1 V3 V5



II BVF BVF V2 V4 V6

REMARKS:



SUBURBAN DIAGNOSTICS KANDIVALI EAST

BRUCE : Stage 1 (03:00)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 146

Date: 12/12/2022 12:33:18 PM METS: 4.7/146 bpm 81% of THR BP: 160/80 mmHg Raw ECG/BLCOn/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:00 2.7 Km/h, 10.0%

4X 60 mS PostJ

25 mm/Sec. 1.0 Cm/mV

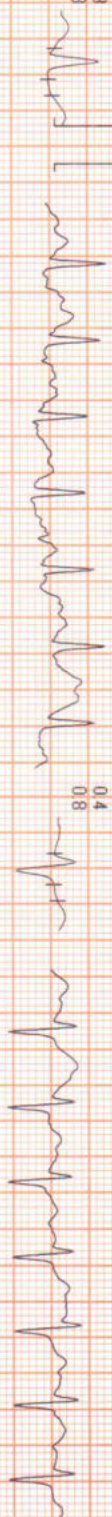
STL 0.4
STS 1.1



V1
0.2
0.4

II
-0.3
0.8

V2
0.4
0.8



III
-0.7
-0.2

V3
-0.3
0.2



aVR
0.0
-1.0

V4
-1.0
0.4



aVL
0.5
0.6

V5
-0.6
0.2



aVF
-0.5
0.3

V6
-0.7
0.1



V6



V6



V6



V6



V6



V6

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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

PeakEX



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 156

Date: 12 / 12 / 2022 12:33:18 PM METS: 5.3 / 156 bpm 86% of THR BP: 160/80 mmHg Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 03:41 4.0 Km/h, 12.0%

4X 60 m/s Post J

25 mm/Sec 1.0 Cm/mV

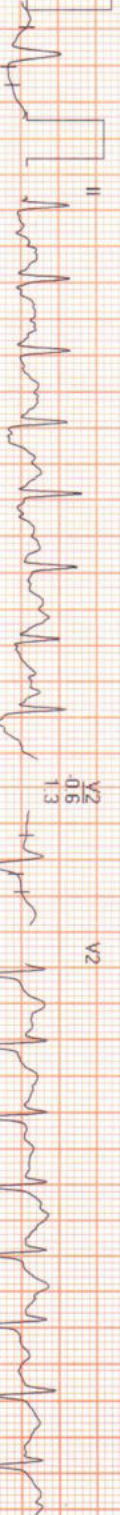
SNL -0.7
STRS 0.8



V1 0.4
0.3

V1

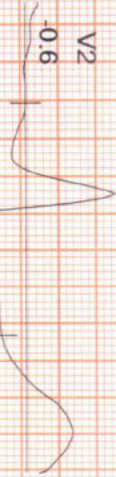
II -1.9
0.8



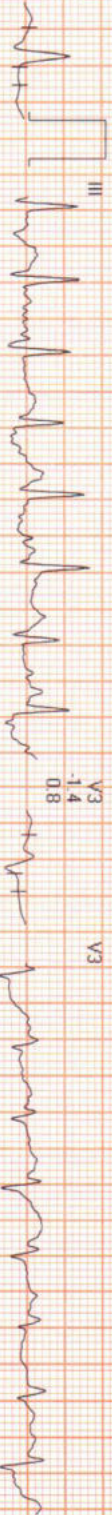
V2 -0.6
1.3

V2

V2 0.6

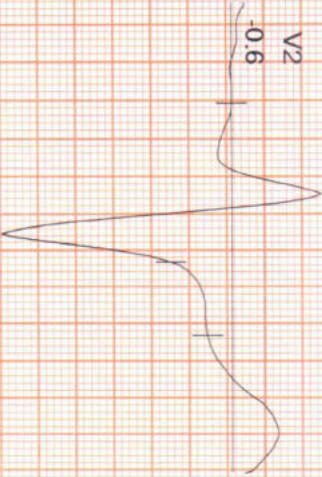


III -1.3
0.0

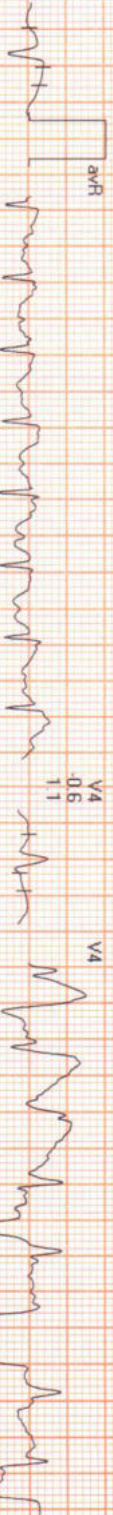


V3 -1.4
0.8

V3



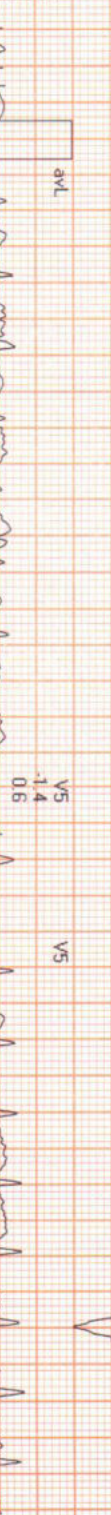
aVR 1.3
-0.8



V4 0.6
1.1

V4

aVL 0.3
0.4

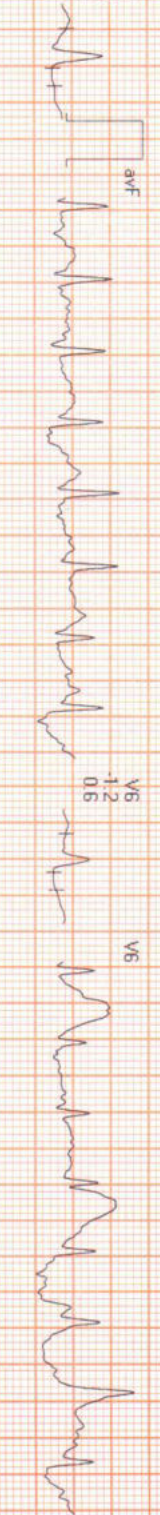


V5 -1.4
0.6

V5

I III aVL V1 V3 V5

aVF -1.6
-1.6
0.4



V6 -1.2
0.6

V6



REMARKS: aVR aVL V1 V2 V3 V4 V5 V6



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:00)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR : 155

Date: 12/12/2022 12:33:18 PM METS: 1.0/155 bpm 86% of THR BP: 160/80 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 03:41 0.2 Km/h, 0.0%

4X 60 m/s Post J

25 mm/Sec 1.0 Cm/mV

STL 0.5
STR 1.2



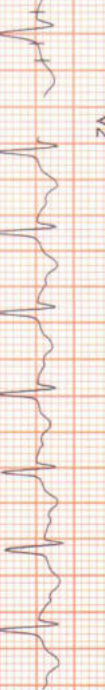
V1 0.1
0.3



II 0.0
0.5
1.5



V2 0.6
1.2



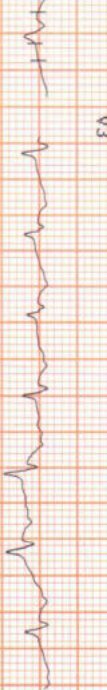
V2 0.6



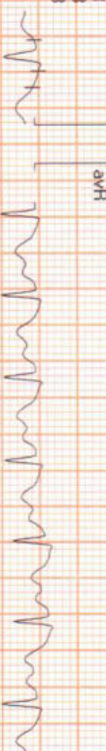
III -0.5
0.3



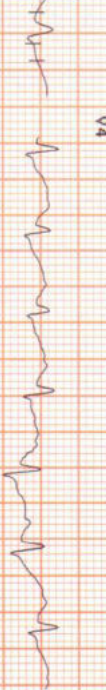
V3 0.1
0.7



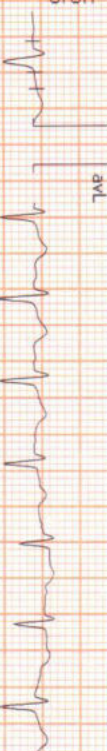
aVR -0.3
-1.3



V4 0.1
0.8



aVL 0.5
0.5



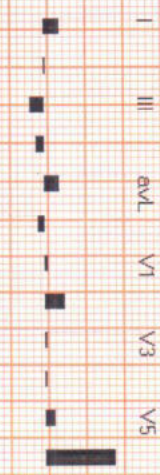
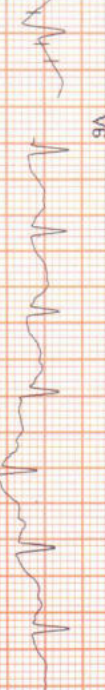
V5 0.3
1.0



aVF 0.2
0.3



V6 2.3
2.1



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : (01:26)



579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg / HR 140

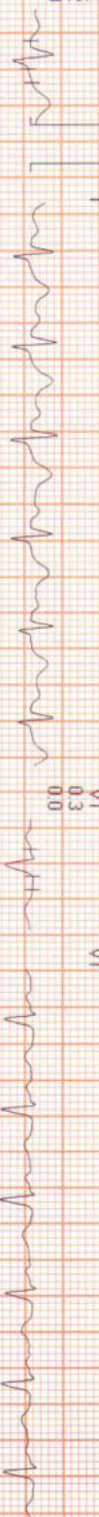
Date: 12 / 12 / 2022 12:33:18 PM METS: 1.0 / 140 bpm 77% of THR BP: 160/80 mmHg Rew ECG/ BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:41 0.0 Kmph, 0.0%

4X 60 ms Post J

25 mm/Sec. 1.0 Cm/mV

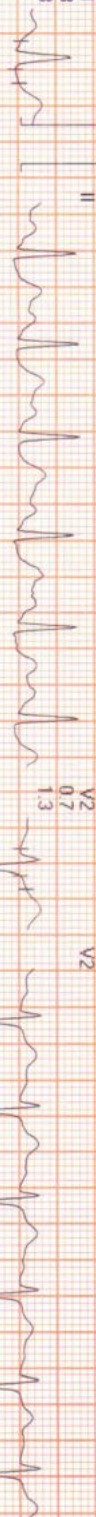
STL 0.2
STS 0.9



V1 0.3
0.0

V1

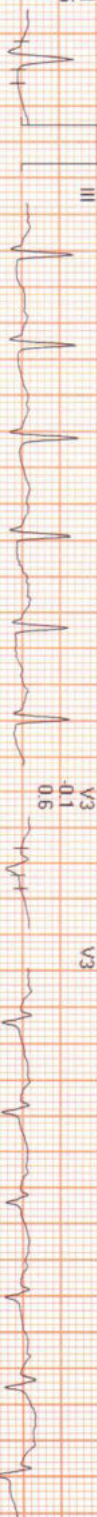
II -0.3
0.8



V2 0.7
0.7
1.3

V2

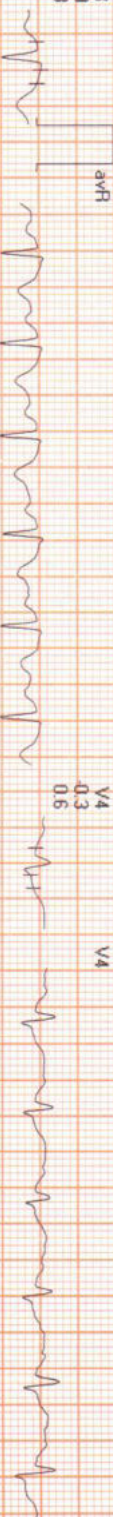
III -0.5
-0.1



V3 -0.1
0.1
0.6

V3

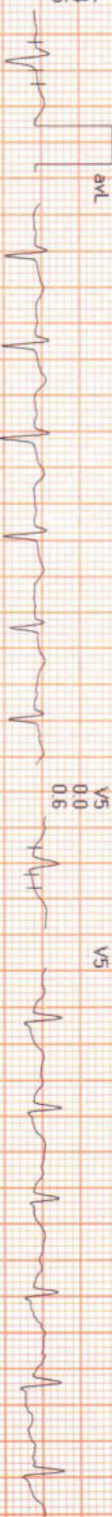
aVR 0.0
0.0
-0.8



V4 -0.3
0.3
0.6

V4

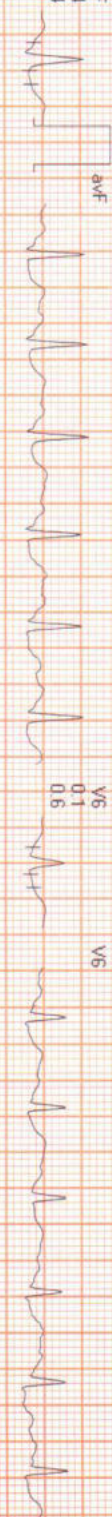
aVL 0.4
0.4
0.5



V5 0.0
0.0
0.6

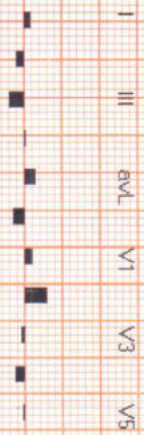
V5

aVF -0.4
-0.4
0.4



V6 0.1
0.1
0.6

V6



I aVR aVL V1 V3 V5
II aVF aVF V2 V4 V6

REMARKS:





579 (2234600425) / PRIYANKA DEV / 39 Yrs / F / 151 Cms / 75 Kg

Date: 12 / 12 / 2022 12:33:18 PM Refd By : MEDIWHEEL Examined By: DR.AKHIL PARULEKAR

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:21	0:21	00.0	00.0	01.0	078	43%	130/80	101	00	
Standing	01:06	0:45	00.0	00.0	01.0	108	60%	130/80	140	00	
HV	01:25	0:19	00.0	00.0	01.0	111	61%	130/80	144	00	
ExStart	01:44	0:19	00.0	00.0	01.0	105	58%	130/80	136	00	
BRUCE Stage 1	04:44	3:00	02.7	10.0	04.7	146	81%	130/80	189	00	
PeakEx	05:25	0:41	04.0	12.0	05.3	156	86%	160/80	249	00	
Recovery	06:25	1:00	00.2	00.0	01.0	155	86%	160/80	248	00	
Recovery	06:51				00.0	000	0%	---/---	000	00	

FINDINGS :

Exercise Time : 03:41
 Initial HR (ExStrt) : 105 bpm 58% of Target 181
 Initial BP (ExStrt) : 130/80 (mm/Hg)
 Max Workload Attained : 5.3 Fair response to induced stress
 Duke Treadmill Score : 02.9
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 156 bpm 86% of Target 181
 Max BP Attained 160/80 (mm/Hg)

Doctor : DR.AKHIL PARULEKAR

