

CID	: 2217634662
Name	: MRS.KASHISH ARIF SHAIKH
Age / Gender	: 35 Years / Female
Consulting Dr.	: -
Reg. Location	: Bhayander East (Main Centre)

Authenticity Check

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Use a QR Code Scanner Application To Scan the Code Collected :25-Jun-2022 / 08:56 Reported :25-Jun-2022 / 15:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.00	3.8-4.8 mil/cmm	Elect. Impedance
PCV	36.4	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	29.8	27-32 pg	Calculated
MCHC	32.8	31.5-34.5 g/dL	Calculated
RDW	13.9	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4550	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	51.0	20-40 %	
Absolute Lymphocytes	2320.5	1000-3000 /cmm	Calculated
Monocytes	8.3	2-10 %	
Absolute Monocytes	377.7	200-1000 /cmm	Calculated
Neutrophils	32.9	40-80 %	
Absolute Neutrophils	1497.0	2000-7000 /cmm	Calculated
Eosinophils	7.1	1-6 %	
Absolute Eosinophils	323.1	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	31.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS			
Platelet Count	225000	150000-400000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Calculated
PDW	15.0	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

Page 1 of 13

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CID	• 2217034002			-
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Consulting Dr.	: -	Collected	:25-Jun-2022 / 08:56	
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Jun-2022 / 13:33	т

ESR, EDTA WB	7	2-20 mm at 1 hr.	Westergren
Specimen: EDTA Whole Blood			
COMMENT	-		
PLATELET MORPHOLOGY	-		
WBC MORPHOLOGY	-		
Others	Normocytic,Normochromic		
Normoblasts	-		
Basophilic Stippling	-		
Target Cells	-		
Polychromasia	-		
Poikilocytosis	-		
Anisocytosis	-		
Macrocytosis	-		

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



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

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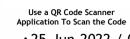
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Name	: MRS.KASHISH ARIF SHAIKH
Age / Gender	: 35 Years / Female
Consulting Dr.	:-
Reg. Location	: Bhayander East (Main Centre)



Collected Reported

AERFO	CAMI HEALTHCARE BE	LOW 40 MALE/FEMALE	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	114.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.21	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.08	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	18.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	61.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.46	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	164	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	2.9	2.4-5.7 mg/dl	Enzymatic

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Age / Gender	: 35 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Consulting Dr.	: -	Collected	:25-Jun-2022 / 13:35	
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Jun-2022 / 16:38	т
Urine Sugar (Fa	asting) Absent	Absent		

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

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



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

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		VTEC		
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Jun-2022 / 11:54	т
Consulting Dr.	: -	Collected	:25-Jun-2022 / 08:56	
Age / Gender	: 35 Years / Female		Use a QR Code Scanner Application To Scan the Code	R
Name	: MRS.KASHISH ARIF SHAIKH			0
CID	: 2217634662			
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RECISE TESTING - HEAL				E
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	ELECTROL	<u>YTES</u>	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.0	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	105	98-107 mmol/l	ISE
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*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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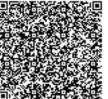
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD Glycosylated Hemoglobin (HbA1c), EDTA WB - CC 4.9 Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % HPLC

Estimated Average Glucose 93.9 (eAG), EDTA WB - CC

: -

:2217634662

: MRS. KASHISH ARIF SHAIKH

: Bhayander East (Main Centre)

: 35 Years / Female

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.

mg/dl

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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





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

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Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)	Collected Reported	: 25-Jun-2022 / 08:56 : 25-Jun-2022 / 14:31	т

	<u>M</u> 4	AGNESIUM	
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RA	ANGE
MAGNESIUM, Serum	2.0	1.8-2.4 mg/dl	Colorimetric
*Completered of CUDUDDA			

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



Sonia Kher

Dr.SONIA KHER M.D (PATH) Pathologist

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:25-Jun-2022 / 11:30 :25-Jun-2022 / 14:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

	EXAMINATION OF FAELES		
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	
PHYSICAL EXAMINATION			
Colour	Brown	Brown	
Form and Consistency	Semi Solid	Semi Solid	
Mucus	Absent	Absent	
Blood	Absent	Absent	
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.0)	-	
Occult Blood	Absent	Absent	
MICROSCOPIC EXAMINATION			
Protozoa	Absent	Absent	
Flagellates	Absent	Absent	
Ciliates	Absent	Absent	
Parasites	Absent	Absent	
Macrophages	Absent	Absent	
Mucus Strands	Absent	Absent	
Fat Globules	Absent	Absent	
RBC/hpf	Absent	Absent	
WBC/hpf	Absent	Absent	
Yeast Cells	Absent	Absent	
Undigested Particles	Present +	-	
Concentration Method (for ova)	No ova detected	Absent	
Reducing Substances	-	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD 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 URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATIO	N		
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
Others	-		

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

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: 25-Jun-2022 / 08:56 : 25-Jun-2022 / 17:55

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

PARAMETER

<u>RESULTS</u>

ABO GROUP A Rh TYPING POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

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

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 CPL, Andheri West

*** End Of Report **



M. Jain

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

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Age / Gender	: 35 Years / Female
Consulting Dr. Reg. Location	: - : Bhayander East (Main Centre)



AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	122.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.3	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	24.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	97.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.0	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	16.6	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated
*Commission and at CURUREAN DI	CHOCTICS (INDIA) DVT I TO David	valilah Davivali Waat	

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





Bmhaskar

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

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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:2217634662

: -

: MRS. KASHISH ARIF SHAIKH

: Bhayander East (Main Centre)

: 35 Years / Female

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

Authenticity Check R E E Use a QR Code Scanner Application To Scan the Code R

Collected : Reported :

Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0

: 25-Jun-2022 / 08:56 : 25-Jun-2022 / 13:36

т

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS RESULTS **BIOLOGICAL REF RANGE** PARAMETER **METHOD** Free T3, Serum 4.7 3.5-6.5 pmol/L **ECLIA** Free T4, Serum 14.7 11.5-22.7 pmol/L ECLIA First Trimester:9.0-24.7 Second Trimester: 6.4-20.59 Third Trimester: 6.4-20.59 sensitiveTSH, Serum 0.35-5.5 microIU/ml **ECLIA** 1.12 First Trimester:0.1-2.5

Page 12 of 13

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CID	: 2217634662			
Name	: MRS.KASHISH ARIF SHAIKH			0
Age / Gender	: 35 Years / Female		Use a QR Code Scanner Application To Scan the Code	
Consulting Dr.	:-	Collected	:25-Jun-2022 / 08:56	
Reg. Location	: Bhayander East (Main Centre)	Reported	:25-Jun-2022 / 13:36	6

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1)TSH Values between 5.5 to 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 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: 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.

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 ***



Anto

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

ADDRESS: 2" Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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CID: 2217634662		E
Name : Mrs. Kashish Arif Shaikh	Age/Gender : 35 Years/Female	Р
Ref. By: Dr	Registered : 25/06/2022	0
	Reported : 25/06/2022	R
Reg.Location : Bhayander		Т
	Printed : 25/06/2022	

2D-Echocardigram & Doppler Report

Cardiac Evalution:

DIMENSIONS:

IVSd		
IVSs	8.8	mm
LVIDd	9.6	mm
LVIDa	37.5	mm
LVPWd	26.6	mm
	9.9	mm
LVPWS	11.9	mm
LVEF	60	%
AO	26.4	mm
LA	29.1	
AVC	13.0	mm
		mm

MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Intact
IAS / IVS	Normal
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
Pericardium	Normal
LV Studies	Normal

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DOPPLER DATA:

Mitral E velocity Mitral A velocity	1.00 0.81 1.64	cm/s cm/s	
Mitral E/A AV max	1.64 1.09 0.78		PG 4.8 mmhg PG 2.4 mmhg
PV max TR max	1.96		PG 25 mmhg

IMPRESSION:

- Normal dimensions of all cardiac chambers.
- No RWMA.
- Good LV systolic Function. LVEF = 60 %.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 25 mm Hg).

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

DR. SMAITA VALANI

Kashish

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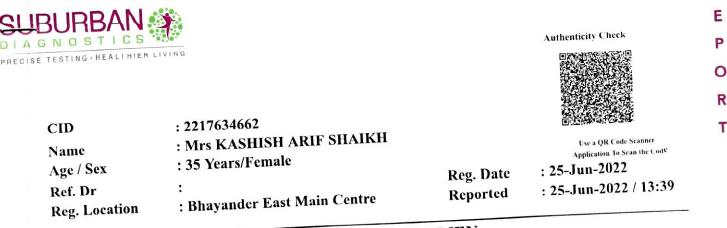
DR. ŠMHTA VALANI M.B.B.S., D. Cardiology Reg. No. 2011/03/0587 CONSULTANT CARDIOLOGIST

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USG WHOLE ABDOMEN

The liver is normal in size (15.0 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. Foci of calcification seen in the right lobe of liver. No evidence of any intrahepatic cystic or solid lesion seen. The main portal vein appears normal.

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.7 x 3.6 cm. Left kidney measures 9.5 x 4.7 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

nage of visit our web

The spleen is normal in size (9.5 cm) and echotexture. No evidence of focal lesion is noted. Parenchyma appears normal.

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

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Authenticity Check

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R

Name Age / Sex	: 2217634662 : Mrs KASHISH ARIF SHAIKH : 35 Years/Female		
Ref. Dr	:		Use a QR Code Scanner
Reg. Location	: Bhayander East Main Centre	Reg. Date Reported	Application To Scan the Code : 25-Jun-2022
UTEDUC		reporteu	: 25-Jun-2022 / 13:39

UTERUS:

CID

The uterus is anteverted and appears normal. It measures 8.7 x 5.3 x 3.5 cms in size. Myometrium appears normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 6.9 mm.

OVARIES:

Right ovary : 2.7 x 1.8 x 1.8 cm, Vol : 4.9 cc. Left ovary : 2.6 x 1.7 x 1.4 cm, Vol : 3.5 cc. Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 17.4 mm follicular cyst is seen in the right ovary.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

No significant abnormality made out.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE MBBS , DMRD Reg No -65470 **Consultant Radiologist**

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	22176	34662
UD.	-	

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R

Date:- 2.76/22_ Name:- Kushish. Sheikh

Sex / Age:	35 F	
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EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history: near Uision

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

RE LE 616 616 NI6 NI6

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

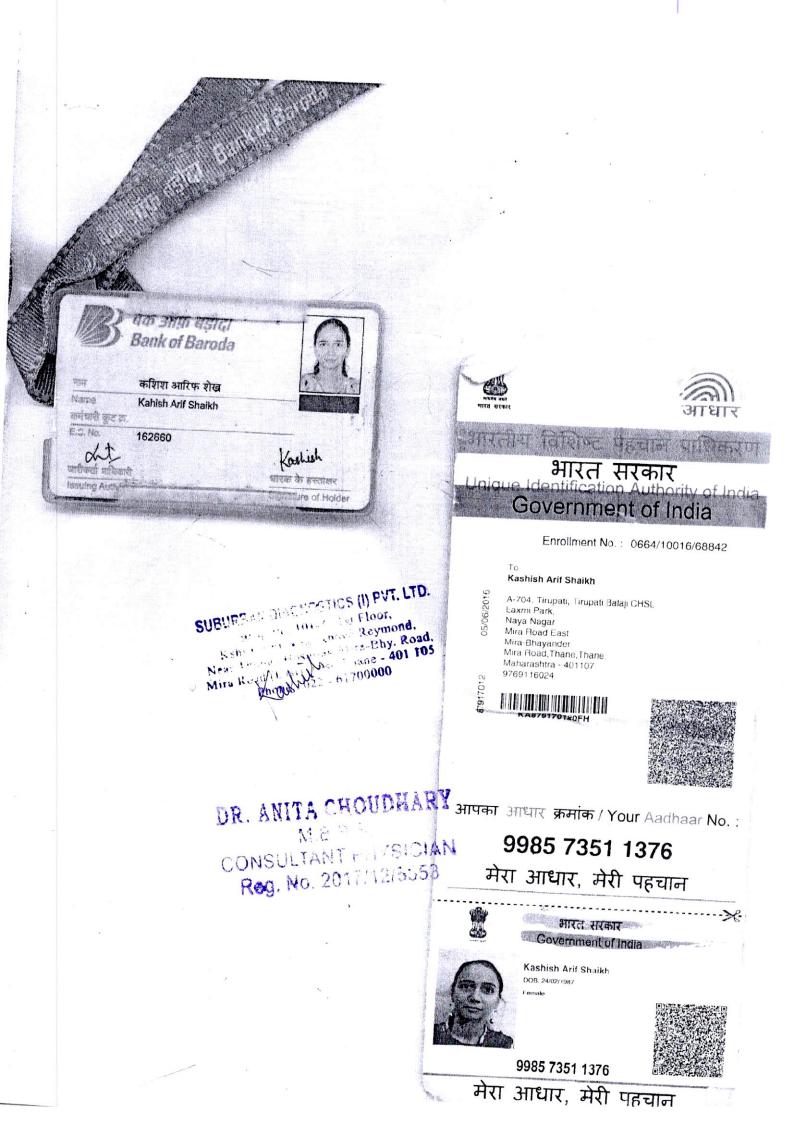
Colour Vision: Normal / Abnormal

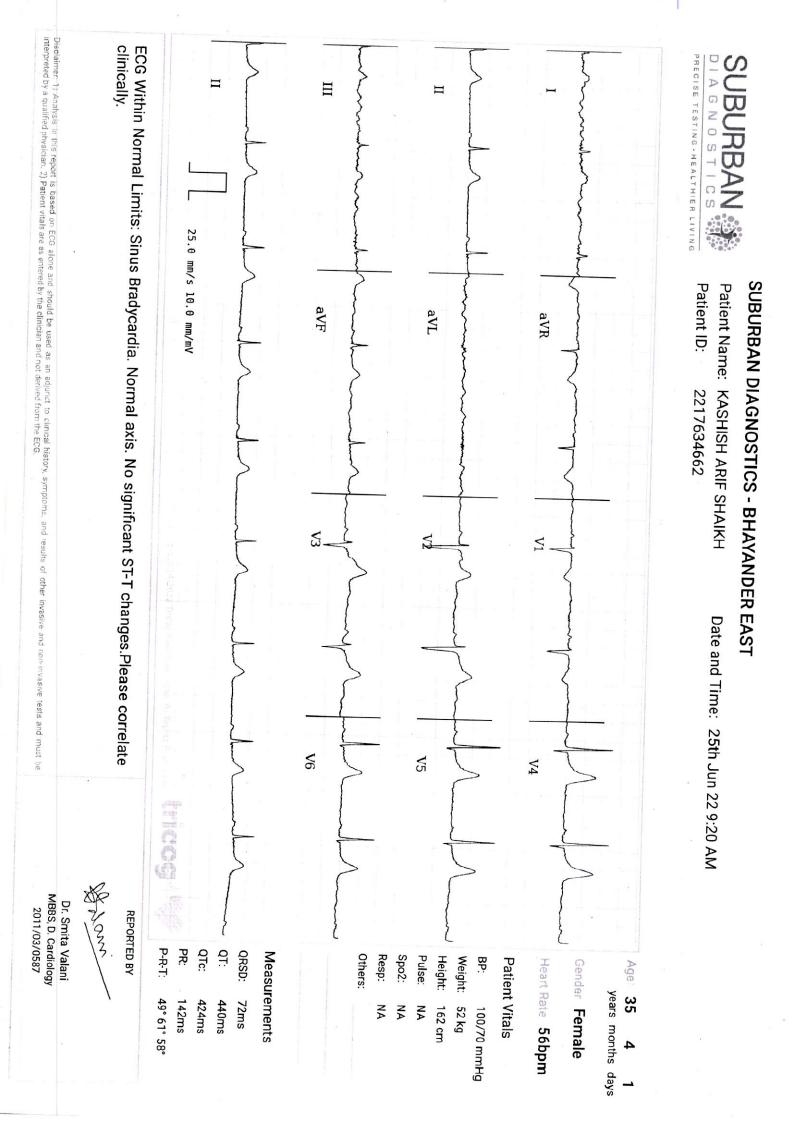
Remark:

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CID	: 2217634662		
Name	: Mrs KASHISH ARIF SHAIKH		
Age / Sex	: 35 Years/Female		Use a QR Code Scanner
Ref. Dr	:	Reg. Date	Application To Scan the Code : 25-Jun-2022
Reg. Location	: Bhayander East Main Centre	Reported	
C	- Last Main Centre	Reported	: 25-Jun-2022 / 15:29

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHAS KAMBLE MBBS, DMRD Reg No -65470 **Consultant Radiologist**

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CID#	: 2217634662		
Name	: MRS.KASHISH ARIF SHAIKH		
Age / Gender	: 35 Years/Female		
Consulting Dr.	:-	Collected	: 25-Jun-2022 / 08:54
Reg.Location	: Bhayander East (Main Centre)	Reported	: 25-Jun-2022 / 16:00

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	162 cms	Weight (kg):	52 kg
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg)	: 100/70 mmHg	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular:S1S2-NormalRespiratory:Chest-ClearGenitourinary:NADGI System:NADCNS:NAD

IMPRESSION:

CBC, Biochemistry, USH, EXRMENNE

Atm

ADVICE:

CHIEF COMPLAINTS:

- 1) Hypertension: No 2) IHD No
 - ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West 400053 HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com

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R E P O R T



CID# : 2217634662

Name : MRS.KASHISH ARI

Age / Gender : 35 Years/Female

Consulting Dr. : -

Bonoularig Dr.		Obliceted	· 20-5011-2022 / 00.54
Reg.Location : Bhayander East (Main Centre)		Reported	: 25-Jun-202 2 / 16:00
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 sympto	ms No		
13) Blood disease or disorder	No		
14) Cancer/lump growth/cyst	No		

Collected

: 25-Jun-2022 / 08:54

15) Congenital disease	No
16) Surgeries	No
17) Musculoskeletal System	No

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Vegetarian
4)	Medication	No

DR. ANITA CHOUDHARY



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ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053 HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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