



CID : 2335720294  
Name : MRS.KAJAL KIRAN  
Age / Gender : 40 Years / Female  
Consulting Dr. : -  
Reg. Location : Kandivali East (Main Centre)

Collected : 23-Dec-2023 / 09:03  
Reported : 23-Dec-2023 / 14:04

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**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	5.06	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.9	36-46 %	Measured
MCV	77	80-100 fl	Calculated
MCH	25.5	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	15.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	4980	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	30.9	20-40 %	
Absolute Lymphocytes	1538.8	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	418.3	200-1000 /cmm	Calculated
Neutrophils	57.1	40-80 %	
Absolute Neutrophils	2843.6	2000-7000 /cmm	Calculated
Eosinophils	2.4	1-6 %	
Absolute Eosinophils	119.5	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	59.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	162000	150000-400000 /cmm	Elect. Impedance
MPV	13.1	6-11 fl	Calculated
PDW	31.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	Occasional		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	-
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	Megaplatelets seen on smear
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      15                                      2-20 mm at 1 hr.                                      Sedimentation

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

**Interpretation:**

Factors that increase ESR: Old age, Pregnancy, Anemia

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

**Limitations:**

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

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

**Reference:**

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

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

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



*Bmhasakar*

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



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**Reported** : 23-Dec-2023 / 15:07

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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	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.55	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.27	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.7	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	26.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	10.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	8.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	75.5	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.80	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	95	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated



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

URIC ACID, Serum	3.8	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



*Bmhasakar*

**Dr.KETAKI MHASKAR**  
**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	5.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	99.7	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 \*\*\*

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	8-10	0-5/hpf	
Red Blood Cells / hpf	Occasional	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	-		

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

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

Reference: Pack inert

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	213.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	70.2	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	49.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.8	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	149.0	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	14.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

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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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.2	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	2.2	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	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 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 becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

**Diurnal Variation:**TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

**Reflex Tests:**Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

**Limitations:**

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**Reference:**

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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

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*Bmhasakar*

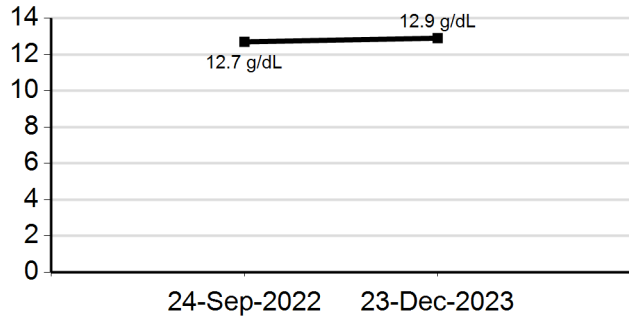
**Dr.KETAKI MHASKAR**  
**M.D. (PATH)**  
**Pathologist**



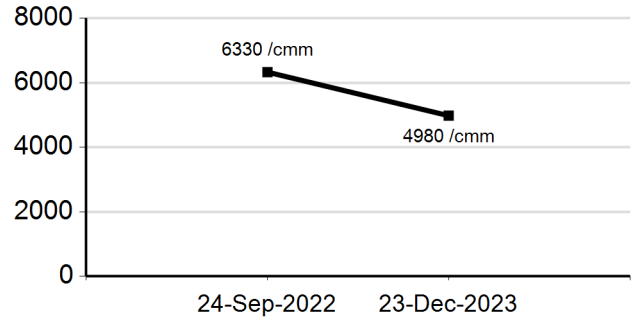
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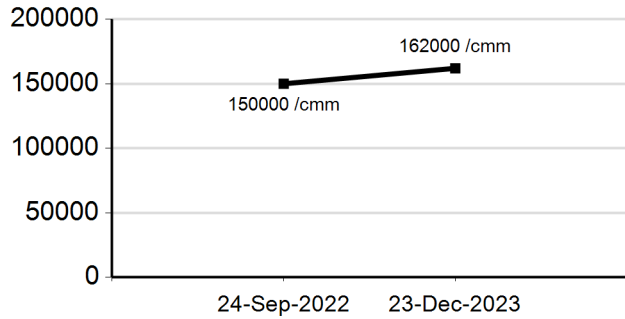
**Haemoglobin**



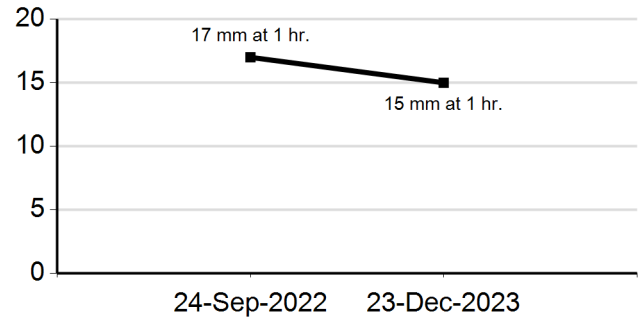
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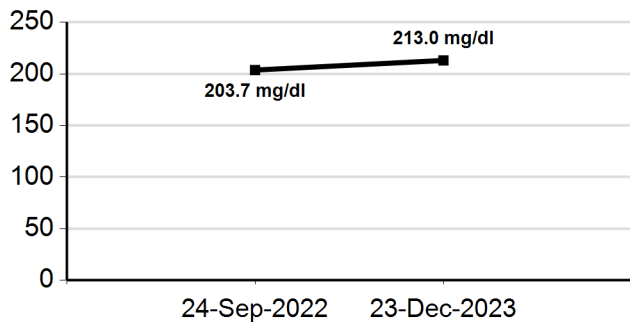
**Platelet Count**



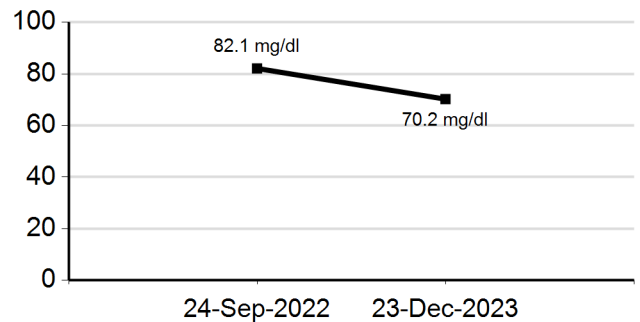
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

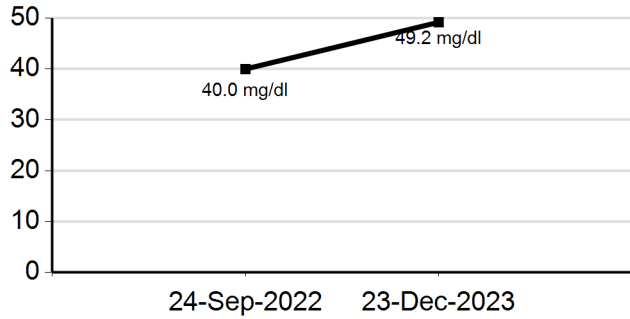




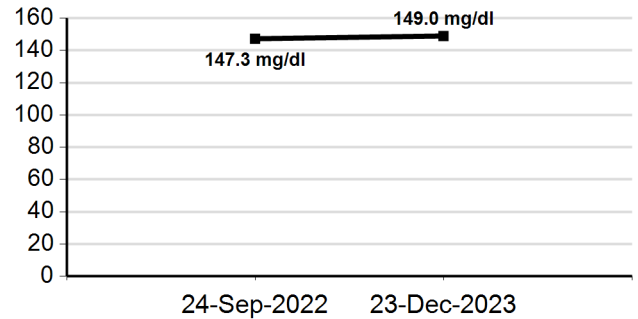
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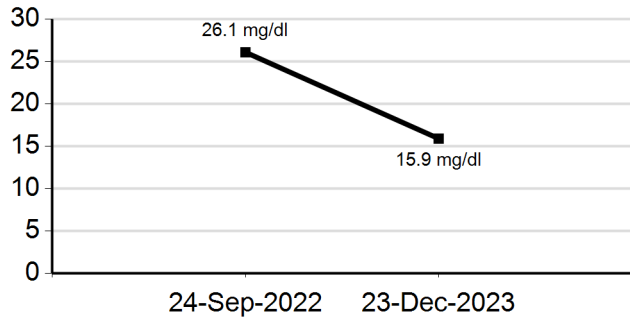
**HDL CHOLESTEROL**



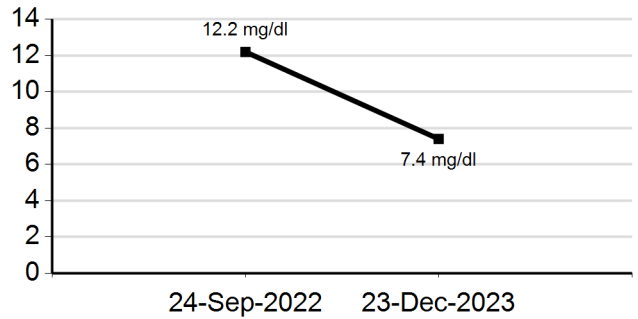
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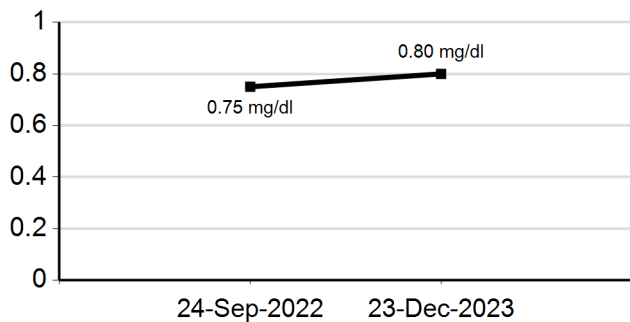
**BLOOD UREA**



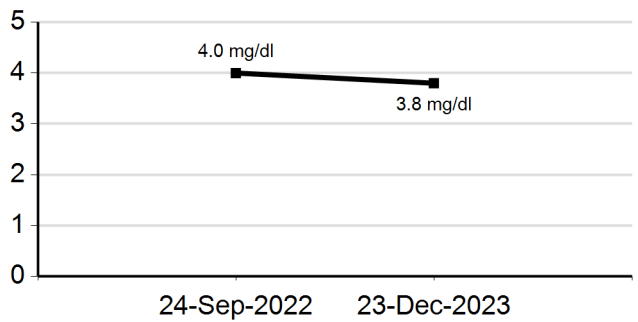
**BUN**



**CREATININE**



**URIC ACID**

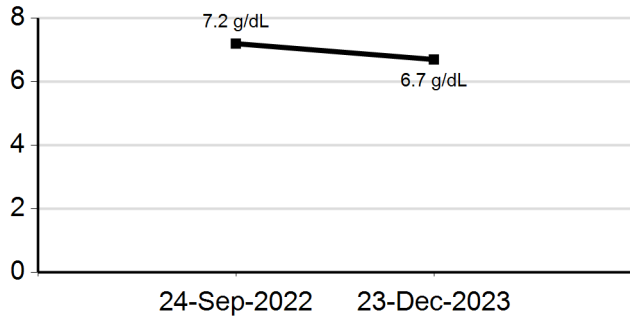




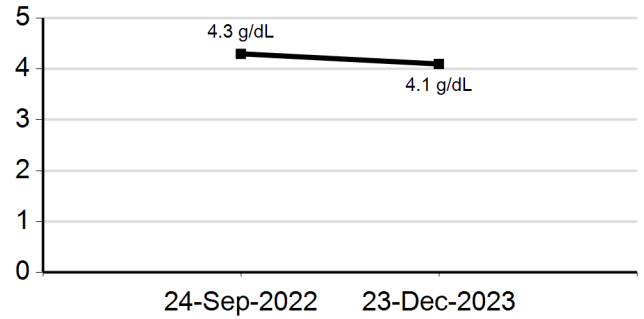
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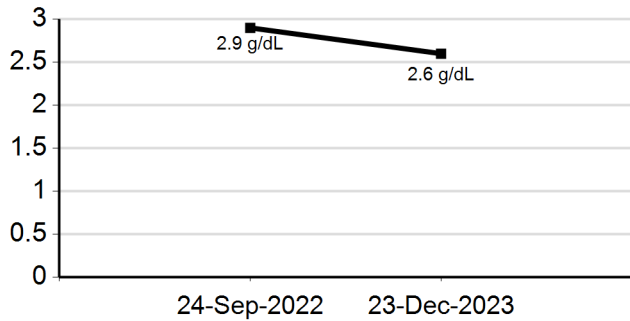
**TOTAL PROTEINS**



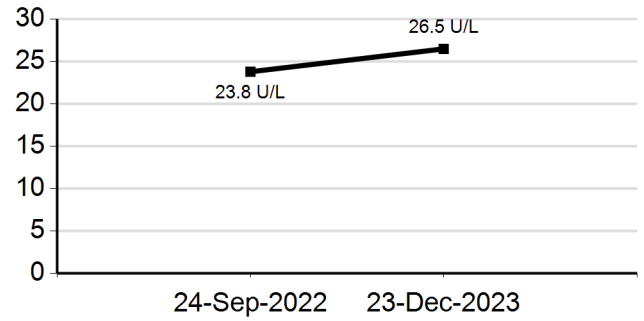
**ALBUMIN**



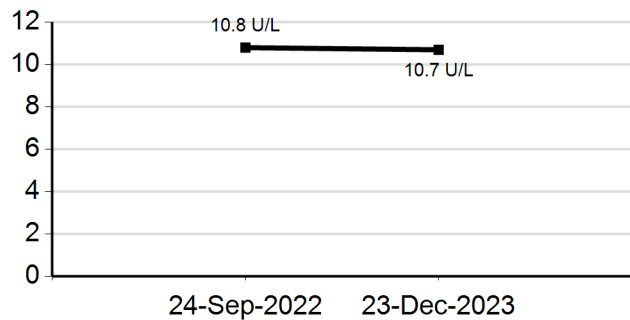
**GLOBULIN**



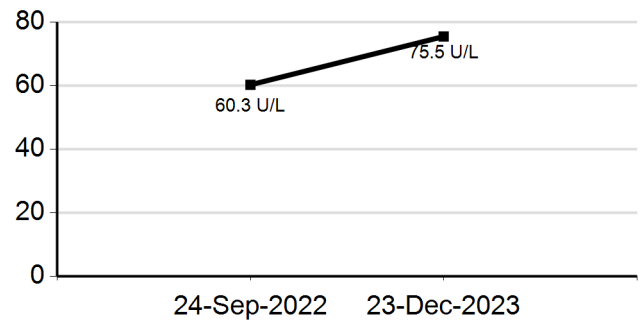
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

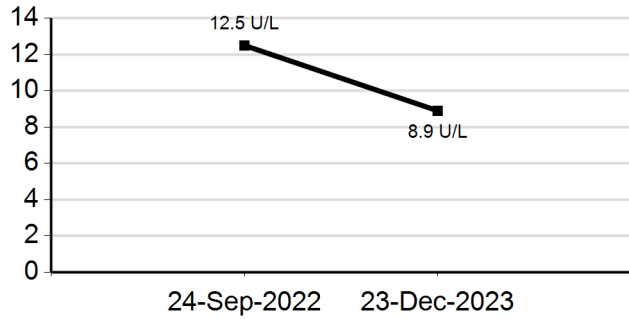




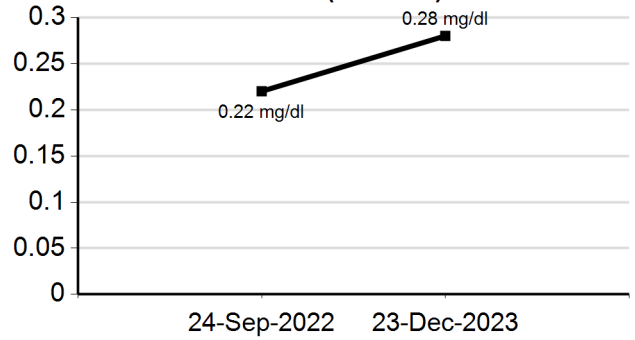
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 Name : MRS.KAJAL KIRAN  
 Age / Gender : 40 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kandivali East (Main Centre)

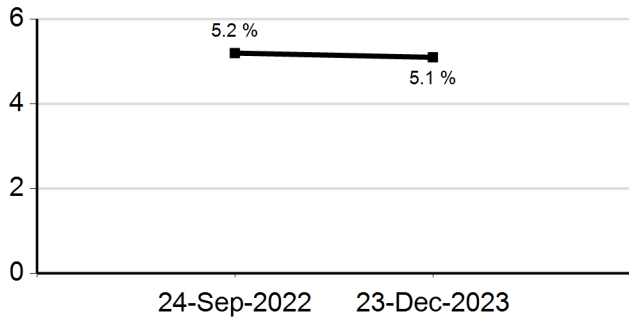
**GAMMA GT**



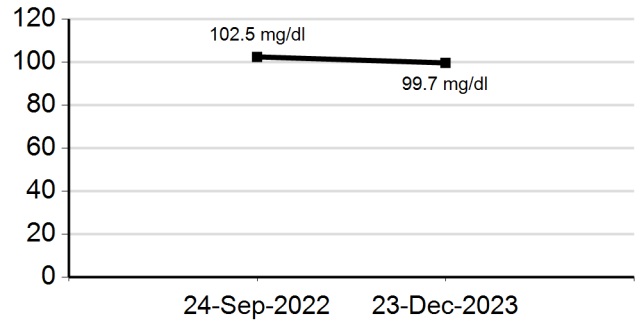
**BILIRUBIN (DIRECT)**



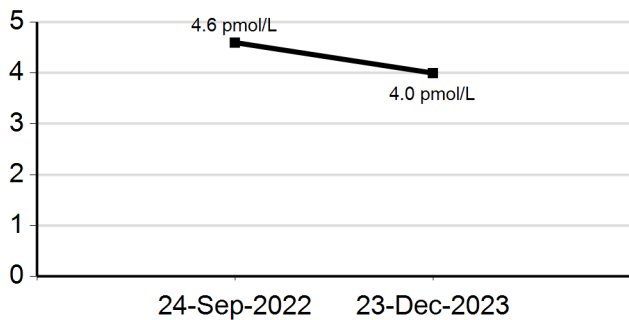
**Glycosylated Hemoglobin (HbA1c)**



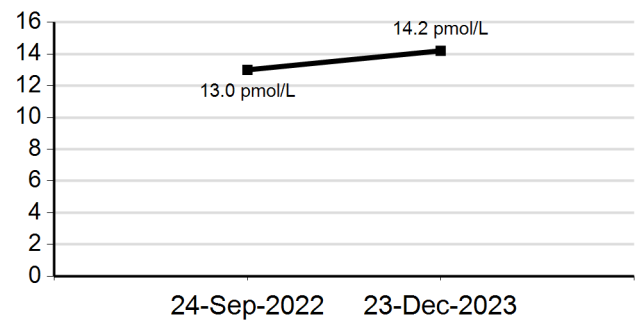
**Estimated Average Glucose (eAG)**



**Free T3**



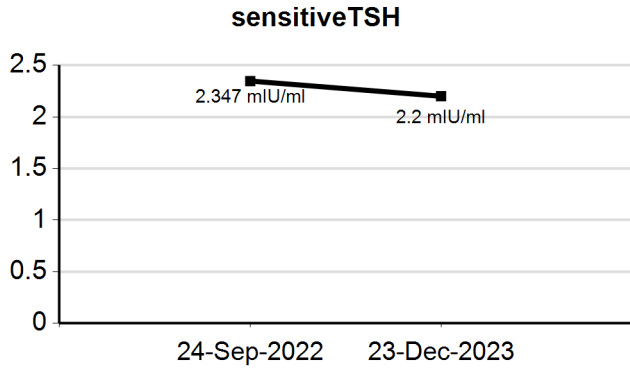
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2335720294  
**Name** : MRS.KAJAL KIRAN  
**Age / Gender** : 40 Years / Female  
**Consulting Dr.** : -  
**Reg. Location** : Kandivali East (Main Centre)



Name : MRS.KAJAL KIRAN

Age / Gender : 40 Years/Female

Consulting Dr. :

Collected : 23-Dec-2023 / 08:58

Reg.Location : Kandivali East (Main Centre)

Reported : 24-Dec-2023 / 10:02

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

No

#### EXAMINATION FINDINGS:

Height (cms): 160 cms

Weight (kg): 64 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 110/70

Nails: Normal

Pulse: 80/min

Lymph Node: Not palpable

#### Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

#### IMPRESSION:

*urine - 5-10 pus cells  
dyslipidemia*

#### ADVICE:

*plenty of oral fluids  
low fatty diet*



CID# : 2335720294

Name : MRS.KAJAL KIRAN

Age / Gender : 40 Years/Female

Consulting Dr. :

Collected : 23-Dec-2023 / 08:58

Reg.Location : Kandivali East (Main Centre)

Reported : 24-Dec-2023 / 10:02

**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 2012 |
| 17) Musculoskeletal System               | No        |

**PERSONAL HISTORY:**

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

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

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

*Dr. Jagruti Dhale*  
MBBS  
Consultant Physician  
Reg. No. 69548



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2335720294  
**Name** : Mrs KAJAL KIRAN  
**Age / Sex** : 40 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kandivali East Main Centre

**Reg. Date** : 23-Dec-2023  
**Reported** : 26-Dec-2023 / 9:40

**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.**

**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.X ray is known to have inter observer variations.Further / follow up imaging may be needed in some cases for confirmation / exclusion of diagnosisPlease interpret accordingly.In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days, post which the center will not be responsible for any rectification.

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

**DR. SHRIKANT M. BODKE**  
**D.M.R.E., M.B.B.S.**  
**Reg. No. 2006/04/2376**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023122308591125>

Authenticity Check  
<<QRCode>>

CID : 2335720294  
Name : Mrs KAJAL KIRAN  
Age / Sex : 40 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre  
Reg. Date : 23-Dec-2023  
Reported : 23-Dec-2023 / 10:46

Use a QR Code Scanner  
Application To Scan the Code

## USG WHOLE ABDOMEN

### LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 and CBD 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 visualised and appears normal. No evidence of solid or cystic mass lesion.

### KIDNEYS:

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 8.5 x 4.2 cm. Left kidney measures 9.2 x 4.7 cm.

### 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 8.6 x 4.0 x 4.8 cm in size.  
The endometrial thickness is 6 mm.

**IUCD is seen in endometrial cavity.**

Authenticity Check  
<<QRCode>>

CID : 2335720294  
Name : Mrs KAJAL KIRAN  
Age / Sex : 40 Years/Female  
Ref. Dr :  
Reg. Location : Kandivali East Main Centre

Use a QR Code Scanner  
Application To Scan the Code  
Reg. Date : 23-Dec-2023  
Reported : 23-Dec-2023 / 10:46

**OVARIES:**

Both the ovaries are well visualised and appears normal.

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

Right ovary = 2.8 x 2.0 cm

Left ovary = 2.8 x 1.3 cm

**IMPRESSION:-**

No significant abnormality is seen.

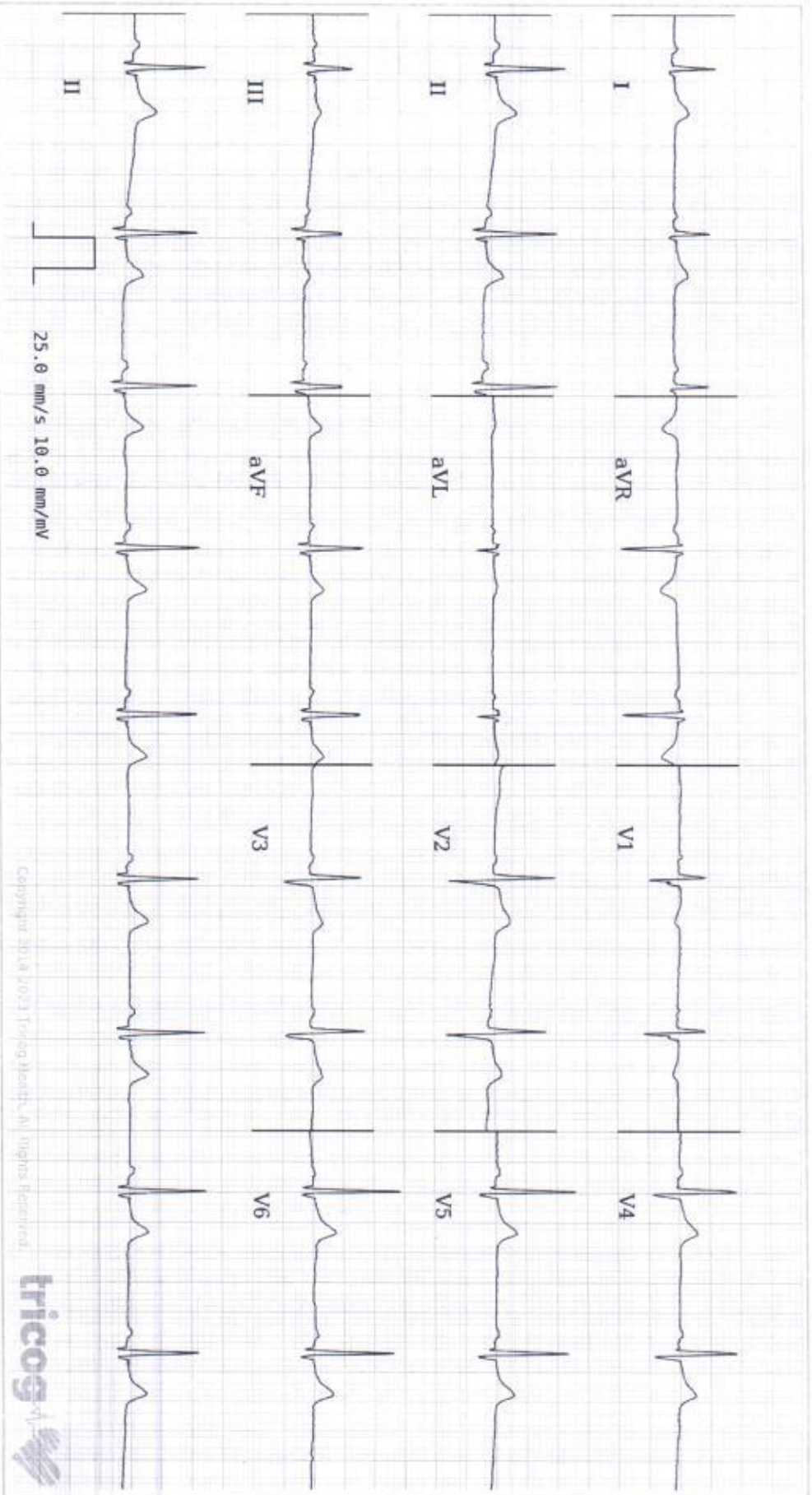
-----End of Report-----



**Dr Sarojini Karande**  
**MBBS.,DMRD**  
**Reg no -77726**

Patient Name: **KAJAL KIRAN**  
Patient ID: **2335720294**

Date and Time: **23rd Dec 23 11:01 AM**



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Age **40** NA  
years months  
Gender **Female**  
Heart Rate **57bpm**  
Patient Vitals  
BP: **110/70 mmHg**  
Weight: **64 kg**  
Height: **160 cm**  
Pulse: **NA**  
Spo2: **NA**  
Resp: **NA**  
Others:

Measurements  
QRSD: **86ms**  
QT: **406ms**  
QTcB: **395ms**  
PR: **134ms**  
P-R-T: **44° 57° 51°**

**Sinus Bradycardia. Please correlate clinically.**

REPORTED BY

DR. AKHIL PARULEKAR  
MBBS, MD, MEDICINE, DNB Cardiology  
Cardiologist  
2012052483

Disclaimer: This analysis is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other on-site and non-on-site tests and must be interpreted by a qualified physician. All patient visits are controlled by the clinician and not derived from the ECG.

Date:- 23/12/2023

CID: 2335720294

Name:- kejal kiran

Sex/Age: 40/F

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: NO

Past history: NO

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	-	-	-	G/G	-	-	-	6/6
Near	-	-	-	N/G	-	-	-	N/G

Colour Vision: ~~Normal~~ / Abnormal

Remark: Normal

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Thekur Village, Kandivali (east),  
Mumbai - 400181.  
Tel : 61700000

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Report

Email:



2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg  
 Date: 23 / 12 / 2023 04:28:26 PM Refd By : ARCOFEMI Examined By: DR.SNEHA SHETTY

Stage	Time	Duration	Speed(Kmph)	Elevation	METS	Rate	%THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	081	45 %	110/70	089	00	
Standing	00:27	0:19	00.0	00.0	01.0	093	52 %	110/70	102	00	
HV	00:35	0:08	00.0	00.0	01.0	093	52 %	110/70	102	00	
ExStart	00:54	0:19	00.0	00.0	01.0	088	49 %	110/70	096	00	
BRUCE Stage 1	03:54	3:00	02.7	10.0	04.7	123	68 %	110/70	135	00	
BRUCE Stage 2	06:54	3:00	04.0	12.0	07.1	144	80 %	130/80	187	00	
PeakEx	07:53	0:59	05.5	14.0	08.1	169	94 %	130/80	219	00	
Recovery	08:53	1:00	00.0	00.0	01.1	126	70 %	140/80	176	00	
Recovery	09:53	2:00	00.0	00.0	01.0	094	52 %	130/80	122	00	
Recovery	10:53	3:00	00.0	00.0	01.0	091	51 %	120/80	109	00	
Recovery	10:54	3:02	00.0	00.0	01.0	091	51 %	120/80	109	00	

**FINDINGS :**

Exercise Time : 06:59  
 Initial HR (ExStrt) : 88 bpm 49% of Target 180  
 Initial BP (ExStrt) : 110/70 (mm/Hg)  
 Max Workload Attained : 8.1 Fair response to induced stress  
 Duke Treadmill Score : 04.7  
 Test End Reasons : Test Complete

Max HR Attained 169 bpm 94% of Target 180  
 Max BP Attained 140/80 (mm/Hg)

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 Thakur Village, Kandivali (east),  
 Mumbai - 400161.  
 Tel : 61700000

*Sneha Shetty*

Dr. Sneha Shetty  
 MBBS, PGDCC  
 Doctor  
 Reg. No. 2008/03/0660



Email:

2560 / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg Date: 23 / 12 / 2023 04:28:26 PM Refd By : ARCOFEMI

REPORT :

Heart Rate 169.0 bpm

Systolic BP 130.0 mmHg Diastolic BP 80.0 mmHg

Exercise Time 06:59 Mins. Ectopic Beats 0.0

METS 8.1 Test End Reason Test Complete Target Heart Rate 94% of 180

TEST OBJECTIVE	ROUTINE CHECK UP
RISK FACTOR	NONE
ACTIVITY	MODERATE ACTIVE
MEDICATION	NONE
REASON FOR TERMINATION	HEART RATE ACHIEVED
EXERCISE TOLERANCE	MODERATE
EXERCISE INDUCED ARRHYTHMIAS	NO
HAEMODYNAMIC RESPONSE	NORMAL
CHRONOTROPIC RESPONSE	NORMAL
ECG CHANGES	LESS THAN 1 MM HORIZONTAL ST DEPRESSION SEEN IN LEADS aVF-V3-V6 AFTER 2 MINUTES OF RECOVERY PHASE
FINAL IMPRESSION	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.

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Row House No. 3, Aangan,

Thakur Village, Kandivali (east),

Mumbai - 400101.

Tel : 61700000

*Sneha Shetty*

**Dr. Sneha Shetty**

MBBS, PGDCC

Clinical Cardiologist

Doctor : DR. SNEHA SHETTY 9660





# SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 81

Date: 23/12/2023 04:28:26 PM

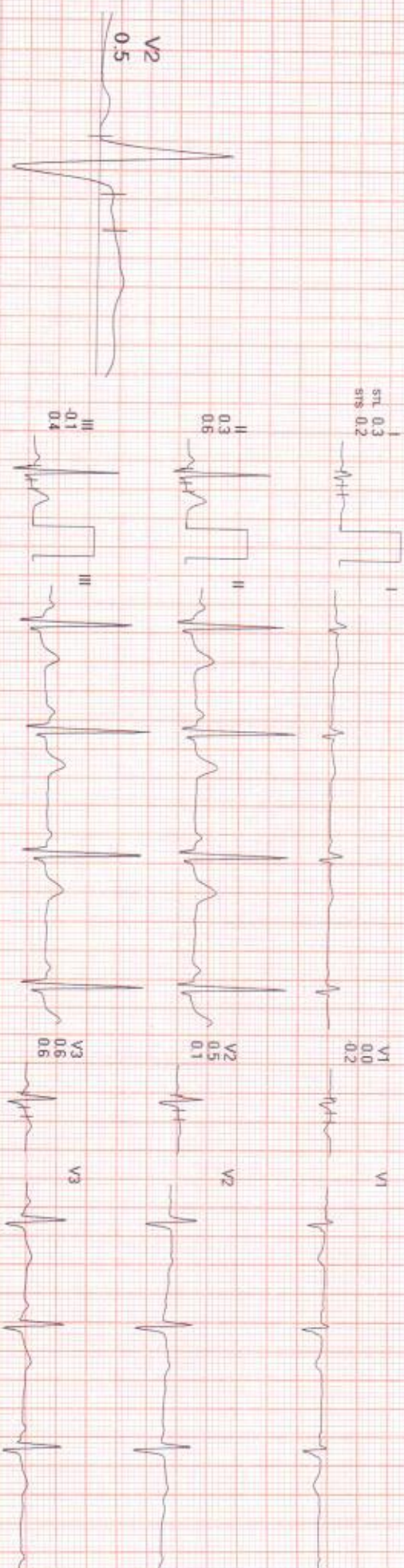
METS: 1.0/81 bpm 45% of THR

BP: 110/70 mmHg

Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J

EXTime: 00:00:0.0 KmPh. 0.0%  
25 mm/Sec 1.0 Cm/mV



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

SUPINE ( 00:08 )



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (23335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 93

Date: 23 / 12 / 2023 04:28:26 PM

METS: 1.0 / 93 bpm 52% of THR BP: 110/70 mmHg

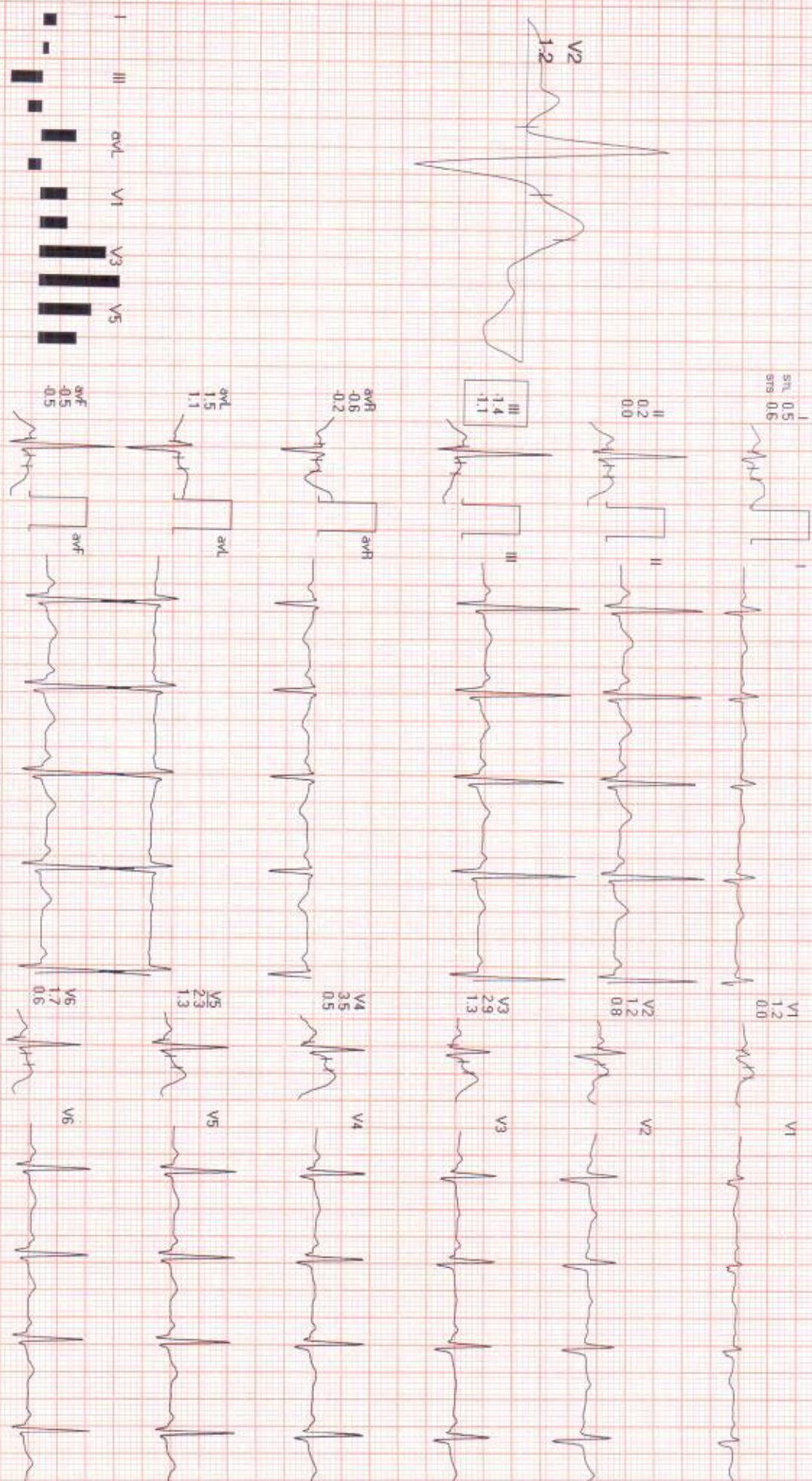
Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

STANDING ( 00:19 )



4X 80 ms Post J

EXTime: 00:00 0.0 KmPh, 0.0%  
25 mm/Sec 1.0 Cm/mV



REMARKS  
I aVR aVL V1 V2 V3 V4 V5 V6



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

HV ( 00:08 )

2560 (2335720294) // KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 93



Date: 23 / 12 / 2023 04:28:26 PM

MEETS: 1.0/ 93 bpm 52% of THR BP: 110/70 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

STI 0.4  
STs 0.2

V1 -0.1  
-0.3

V1

II 0.7  
0.8

V2 0.6  
0.2

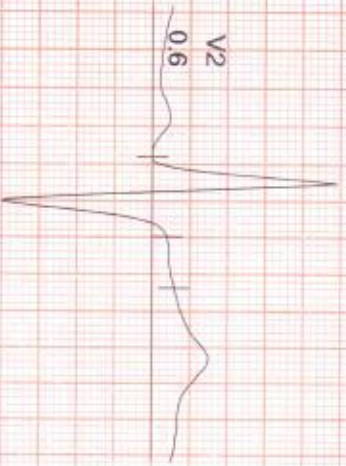
V2

V2 0.6

III 0.3  
0.6

V3 0.3  
0.3

V3



aVR -0.5  
-0.5

V4 0.4  
0.5

V4

aVL 0.1  
-0.2

V5 0.3  
0.4

V5

aVF 0.5  
0.7

V6 0.3  
0.5

V6



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



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

ExStit

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 88

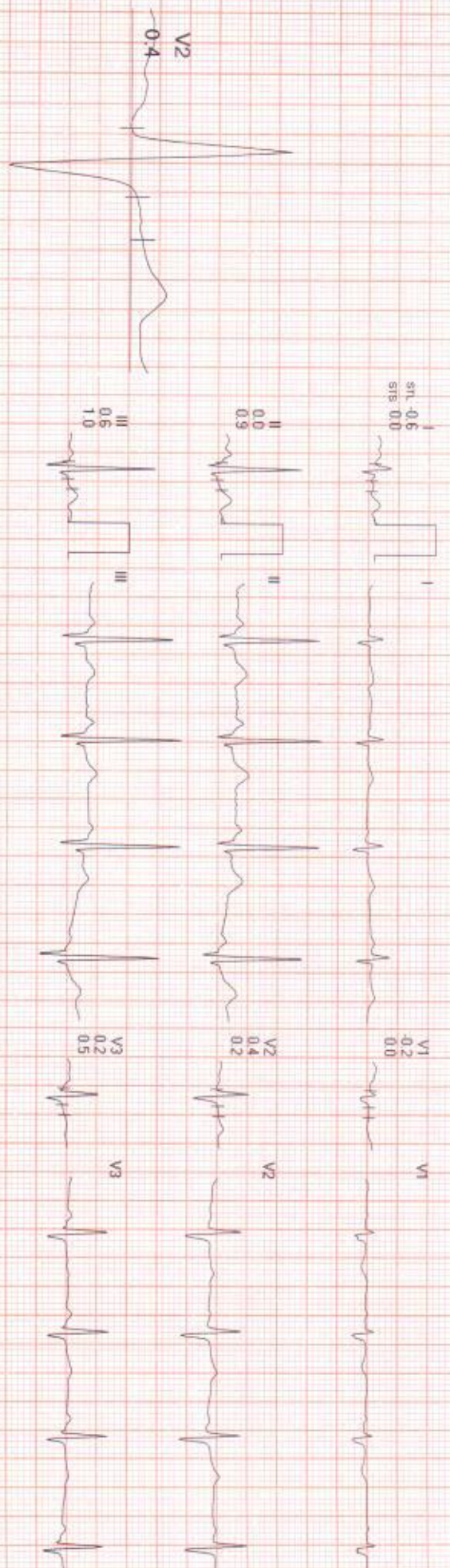


Date: 23 / 12 / 2023 04:28:26 PM METS: 1.0 / 88 bpm 49% of THR BP: 110/70 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

ExTime: 00:00 0.0 Km/h, 0.0%

4X 80 ms Paper

25 mm/Sec 1.0 Cm/mV



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



SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 123

BRUCE : Stage 1 ( 03:00 )



Date: 23 / 12 / 2023 04:28:26 PM

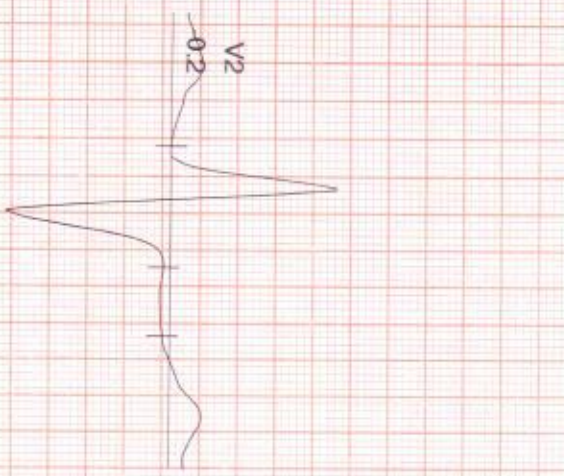
METS: 4.7 / 123 bpm 68% of THR

BP: 110/70 mmHg

Raw ECG/ BLC On/ Notch On/ HF: 0.05 Hz/LF: 35 Hz

4X 70 m/s Post J

ExTime: 03:00 2.7 Kmph 10.0%  
25 mm/Sec 1.0 Cm/mV



I aVL V1 V3 V5  
II aVR aVF V2 V4 V6

REMARKS



SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 144

Date: 23 / 12 / 2023 04:28:26 PM

METS: 7.1 / 144 bpm 80% of THR BP: 130/80 mmHg

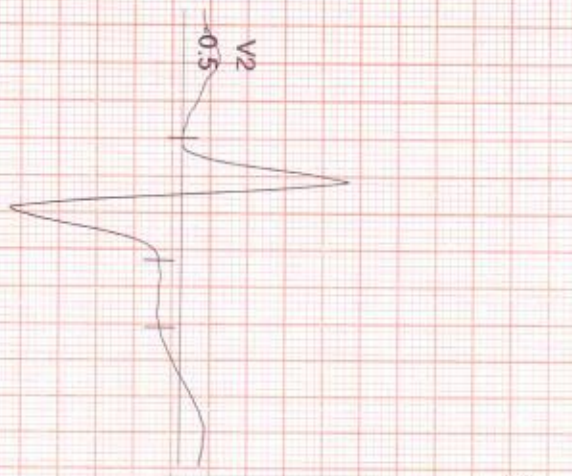
Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

BRUCE : Stage 2 ( 03:00 )



4X 80 mS Post J

ExTime: 06:00 4.0 Km/ph, 12.0%



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



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 169

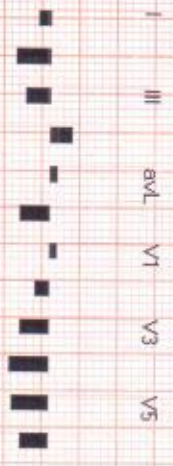
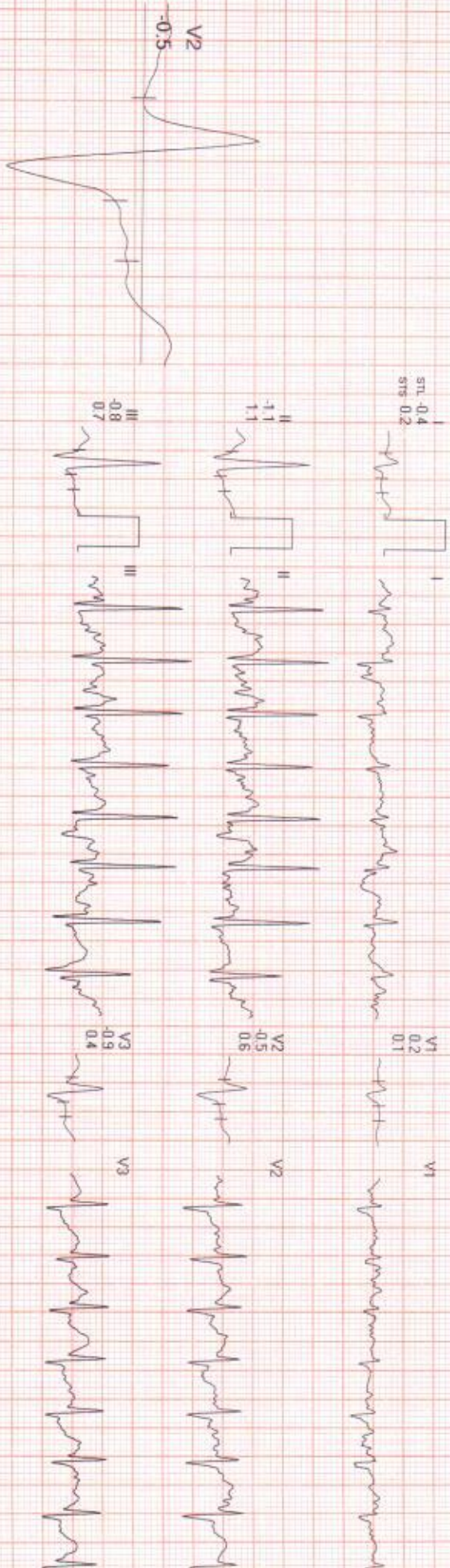
PeakEX



Date: 23 / 12 / 2023 04:28:26 PM  
4X 60 m/s Post J

METS: 8.1 / 169 bpm 94% of THR BP: 130/80 mmHg Raw ECG/BLC On/Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 06:59 5.5 Km/h 14.0%  
25 mm/Sec 1.0 Cm/mV



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

# SUBURBAN DIAGNOSTICS KANDIVALI EAST

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 126

Recovery : ( 01:00 )



Date: 23 / 12 / 2023 04:28:26 PM

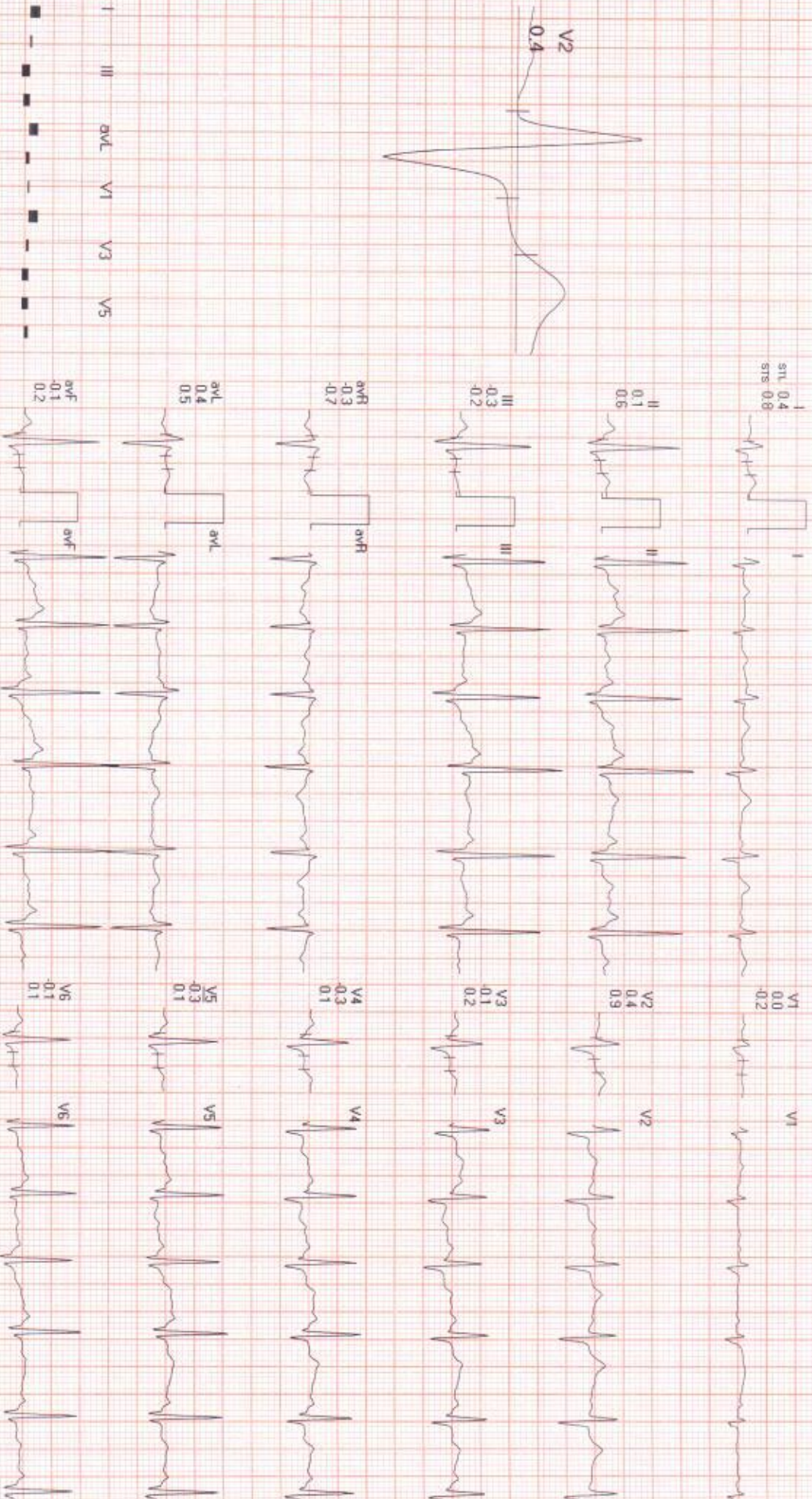
METS: 1.1 / 126 bpm 70% of THR BP: 140/80 mmHg

Raw ECG/BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:59 0.0 Km/h 0.0%

4X 80 mS Post J

25 mm/Sec 1.0 Cm/mV



REMARKS: II aVR aVF V2 V4 V6





**SUBURBAN DIAGNOSTICS KANDIVALI EAST**

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 94

Date: 23 / 12 / 2023 04:28:26 PM METS: 1.0 / 94 bpm 52% of THR BP: 130/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

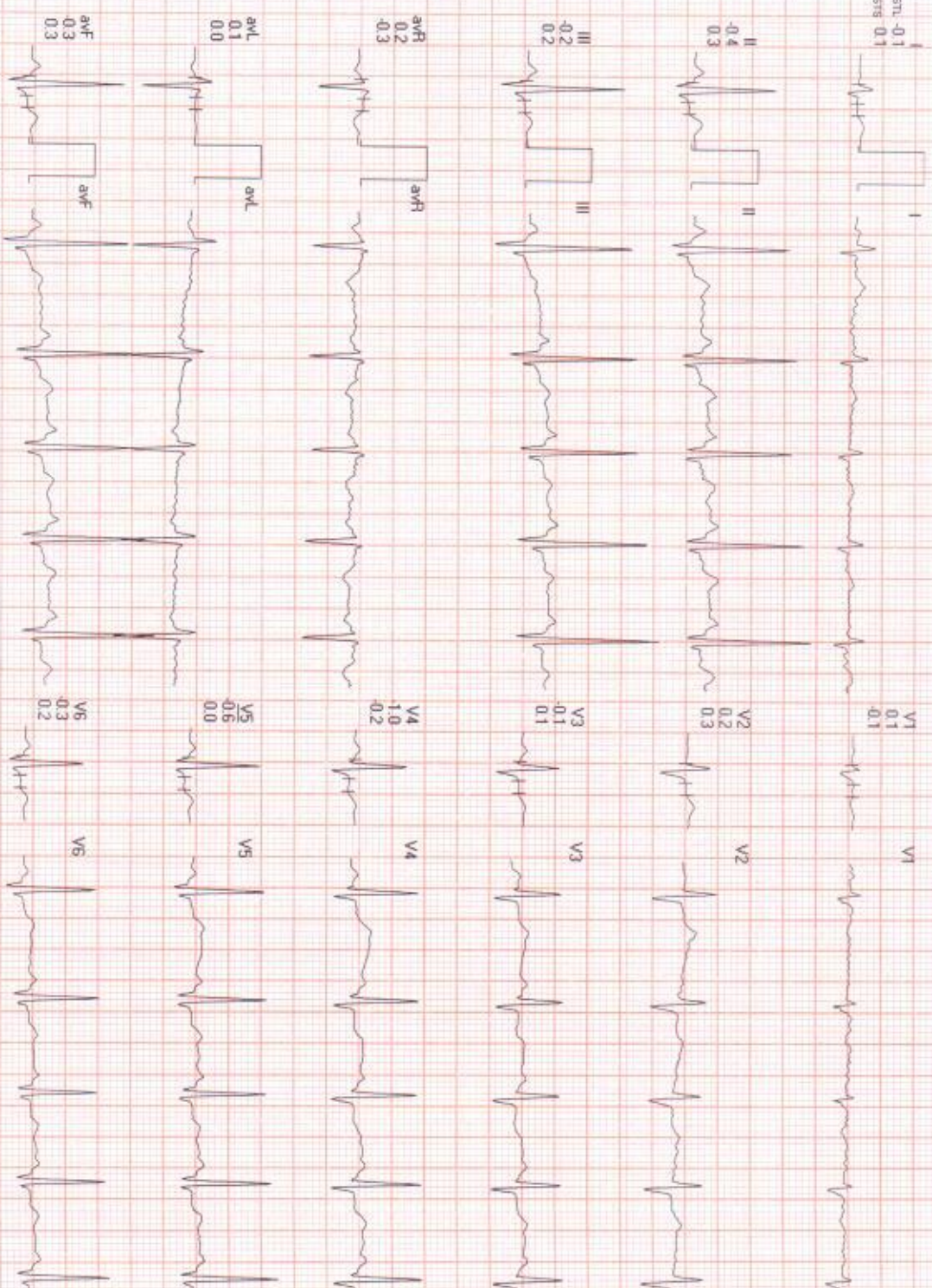
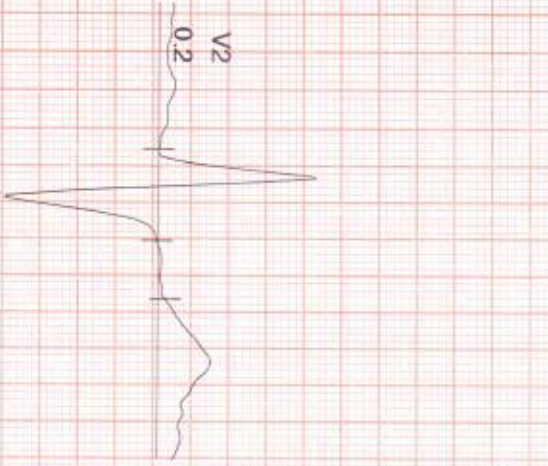
4X 80 mS Post J

Recovery : ( 02:00 )



EXTime: 06:59 0.0 KmPh, 0.0%

25 mm/Sec. 1.0 Cm/mV



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



# SUBURBAN DIAGNOSTICS KANDIVALI EAST

Recovery : ( 03:00 )

2560 (2335720294) / KAJAL KIRAN / 40 Yrs / F / 160 Cms / 64 Kg / HR : 91

Date: 23 / 12 / 2023 04:28:26 PM

METS: 1.0 / 91 bpm 51% of THR

BP: 120/80 mmHg

Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/ LF 35 Hz

EXTime: 06:59 0.0 Km/h, 0.0%

4X 80 mS Paper J

25 mm/Sec 1.0 Cal/mV



REMARKS:  
II aVR aVL V1 V2 V3 V4 V5 V6

