Regd. Office:SUBURBAN DIAGNOSTICS INDIA PVT. LTD.
2nd Floor, Aston, Sundervan Complex,
Lokhandwala Road, Andheri (West),
Mumbai-400053:

Sovernment or and a start Government or a start Go

DR. NITIN SONAVANE
M.B.B.S.AFLH, D.DIAB, D.CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO.: 87714

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CID#

: 2301421067

Name

: MRS.MEENAKSHI KUMARI

Age / Gender

: 40 Years/Female

Consulting Dr.

Reg.Location

: Borivali West (Main Centre)

Collected

: 14-Jan-2023 / 08:55

Reported

: 14-Jan-2023 / 15:58

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):

168cm

Weight (kg): Skin:

70cm

Temp (0c):

Afebrile

Normal

Blood Pressure (mm/hg): 74/min

Nails:

Normal

Pulse:

130/90mmhg

Lymph Node:

Systems

Cardiovascular: S1S2 audible

Respiratory:

AEBE

Genitourinary:

NAD

GI System:

Liver & Spleen Not palpable

CNS:

NAD

IMPRESSION:

Norma

ADVICE:

CHIEF COMPLAINTS:

Hypertension: 1)

No

2) IHD

No

3) Arrhythmia

No

4) Diabetes Mellitus

No

Tuberculosis

No



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: 14-Jan-2023 / 15:58

		No
6)	Asthama	No

Pulmonary Disease 7) No Thyroid/ Endocrine disorders

No 9) Nervous disorders No 10) GI system

No 11) Genital urinary disorder 12) Rheumatic joint diseases or symptoms No

No 13) Blood disease or disorder

No 14) Cancer/lump growth/cyst No 15) Congenital disease No

16) Surgeries

17) Musculoskeletal System

PERSONAL HISTORY:

Alcohol

Smoking 2)

Diet 3)

Medication 4)

No

No

No

Mix

No

*** End Of Report ***

DR. NITIN SONAVANE M.B.B.G.AFLH, D.DIAB, D.CARD CONSULTANT-CARDIOLOGIST REGD. NO: 87714

Dr.NITIN SONAVANE PHYSICIAN

Read. Office:-SUBURBAN DIAGNOSTICS INDIA PVT. L 2nd Floor, Aston, Sundervan Complex, Lokhandwala Road, Andheri (West) Mumbai-400053.



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

		e Blood Count), Blood BIOLOGICAL REF RANGE	METHOD
PARAMETER	RESULTS	<u>510-22-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3</u>	
RBC PARAMETERS Haemoglobin RBC PCV MCV MCH MCHC RDW	11.6 3.98 36.8 92 29.2 31.6 15.2	12.0-15.0 g/dL 3.8-4.8 mil/cmm 36-46 % 80-100 fl 27-32 pg 31.5-34.5 g/dL 11.6-14.0 %	Spectrophotometric Elect. Impedance Measured Calculated Calculated Calculated Calculated
WBC PARAMETERS	5300	4000-10000 /cmm	Elect. Impedance
Lymphocytes Absolute Lymphocytes Monocytes Absolute Monocytes Neutrophils Absolute Neutrophils Eosincphils Absolute Eosinophils Basophils Absolute Basophils	34.4 1823.2 6.6 349.8 56.1 2973.3 2.5 132.5 0.4 21.2	20-40 % 1000-3000 /cmm 2-10 % 200-1000 /cmm 40-80 % 2000-7000 /cmm 1-6 % 20-500 /cmm 0.1-2 % 20-100 /cmm	Calculated Calculated Calculated Calculated Calculated
Immature Leukocytes		ab ad/Microscopy	
WBC Differential Count by Abso	rbance & Impedance me	thod/wici oscopy.	
PLATELET PARAMETERS Platelet Count	272000	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated

PLATELET PARAMETERS Platelet Count	272000	150000-400000 /cmm 6-11 fl	Elect. Impedance Calculated
MPV	11.3	11-18 %	Calculated
PDW	23.2		

Page 1 of 1



: 2301421067

Name

: MRS.MEENAKSHI KUMARI

Age / Gender

: 40 Years / Female

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Reg. Location

: Borivali West (Main Centre)



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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, EDTA WB-ESR

2-20 mm at 1 hr.

Sedimentation

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







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

Page 2 of



: 2301421067

Name

: MRS.MEENAKSHI KUMARI

Age / Gender

: 40 Years / Female

Consulting Dr.

: Borivali West (Main Centre) Reg. Location

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Collected

: 14-Jan-2023 / 08:57

:14-Jan-2023 / 12:36 Reported

, Locacio			
AERFOO	CAMI HEALTHCARE BE	BIOLOGICAL REF RANGE	METHOD
PARAMETER	RESULTS	BIOLOGICAL IVE	Hexokinase
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	94.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	£
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	145.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.53	0.3-1.2 mg/dl	Vanadate oxidation
Kindly note change in Ref range and BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
Kindly note change in Ref range and BILIRUBIN (INDIRECT), Serum	d method w.e.f.11-07-2022 0.33	<1.2 mg/dl	Calculated Bjuret
TOTAL PROTEINS, Serum	7.6	5.7-8.2 g/dL	Blurec
Kindly note change in Ref range an ALBUMIN, Serum GLOBULIN, Serum A/G RATIO, Serum	4.7 2.9 1.6	3.2-4.8 g/dL 2.3-3.5 g/dL 1 - 2	BCG Calculated Calculated
SGOT (AST), Serum	25.3	5-32 U/L	NADH (w/o P-5-P) : Modified IFCC
SGPT (ALT), Serum	41.1	10-49 U/L	Modified incc
Kindly note change in Ref range a	and method w.e.f.11-07-2022		
GAMMA GT, Serum	39.6	<38 U/L	Modified IFCC

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:14-Jan-2023 / 19:05

Kindly note change in Ref range and method w.e.f. 11-07-2022

ALKALINE PHOSPHATASE,

68.6

46-116 U/L

Modified IFCC

Serum

Kindly note change in Ref range and method w.e.f.11-07-2022

BLOOD UREA, Serum

22.1

19.29-49.28 mg/dl

Calculated

Kindly note change in Ref range and method w.e.f.11-07-2022

Urease with GLDH

BUN, Serum

9.0-23.0 mg/dl

Enzymatic

Kindly note change in Ref range and method w.e.f.11-07-2022

CREATININE, Serum

0.74

0.51-0.95 mg/dl

Calculated >60 ml/min/1.73sqm

eGFR, Serum

92

3.1-7.8 mg/dl

Uricase/ Peroxidase

URIC ACID, Serum

5.6

Kindly note change in Ref range and method w.e.f.11-07-2022

Urine Sugar (Fasting)

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

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







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

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: 2301421067

Name

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:14-Jan-2023 / 11:55 Reported

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

RESULTS

BIOLOGICAL REF RANGE

METHOD

PARAMETER Glycosylated Hemoglobin

5.7

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % HPLC

(HbA1c), EDTA WB - CC

Diabetic Level: >/= 6.5 %

Estimated Average Glucose (eAG), EDTA WB - CC

116.9

mg/dl

Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

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

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



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

Page 5 of 11



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: Borivali West (Main Centre)



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:14-Jan-2023 / 08:57

:14-Jan-2023 / 14:16 Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Color Reaction (pH) Specific Gravity Transparency Volume (ml)	Pale yellow 5.0 1.010 Clear 20	Pale Yellow 4.5 - 8.0 1.001-1.030 Clear	Chemical Indicator Chemical Indicator -
CHEMICAL EXAMINATION Proteins Glucose Ketones Blood Bilirubin Urobilinogen Nitrite	Absent Absent Absent Absent Normal Absent	Absent Absent Absent Absent Absent Normal Absent	pH Indicator GOD-POD Legals Test Peroxidase Diazonium Salt Diazonium Salt Griess Test
MICROSCOPIC EXAMINATIO Leukocytes(Pus cells)/hpf Red Blood Cells / hpf Epithelial Cells / hpf Casts Crystals Amorphous debris Bacteria / hpf	Absent Absent Absent Absent Absent Absent 8-10	0-5/hpf 0-2/hpf Absent Absent Absent Less than 20/hpf	follows
Others		corresponding to the grading given in the report	are as follows:

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







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

Page 6 of 11



: 2301421067

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: 40 Years / Female

Consulting Dr.

Reg. Location

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: 2301421067

Name

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Age / Gender

: 40 Years / Female

Consulting Dr.

: Borivali West (Main Centre) Reg. Location

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: 14-Jan-2023 / 08:57

E

:14-Jan-2023 / 13:42 Reported

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

PARAMETER

RESULTS

ABO GROUP

В

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.

Refernces:

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

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

> Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) **Pathologist**

> > Page 8 of 11



: 2301421067

Name

: MRS.MEENAKSHI KUMARI

Age / Gender

: 40 Years / Female

Consulting Dr.

: .

Reg. Location

: Borivali West (Main Centre)

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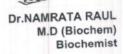
Reported :14-Jan-2023 / 12:36

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

	RESULTS	BIOLOGICAL REF RANGE	METHOD	
PARAMETER	KESOLIS		CHOD-POD	
CHOLESTEROL, Serum	157.2	Borderline High: 200-239mg/dl High: >/=240 mg/dl		
TRIGLYCERIDES, Serum	138.4	Normal: <150 mg/dl	Enzymatic colorimetric	1
HDL CHOLESTEROL, Serum	31.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/	Catalase
NON HDL CHOLESTEROL, Serum	125.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl		
LDL CHOLESTEROL, Serum	97.7	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	
		< /= 30 mg/dl	Calculated	
VLDL CHOLESTEROL, Serum	27.7	0-4.5 Ratio	Calculated	1.00
CHOL / HDL CHOL RATIO,	4.9	0-4.5 Nacio		
Serum LDL CHOL / HDL CHOL RATIO,	3.1	0-3.5 Ratio	Calculated	
Serum		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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: 2301421067

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: 40 Years / Female

Consulting Dr.

: -

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER

RESULTS

BIOLOGICAL REF RANGE ME

METHOD

Free T3, Serum

5.1

3.5-6.5 pmol/L

CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022

Free T4, Serum

11.9

11.5-22.7 pmol/L

CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022

sensitiveTSH, Serum

3.239

0.55-4.78 microIU/ml

CLIA

Kindly note change in Ref range and method w.e.f.11-07-2022

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Interpretation:

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

Clinical Significance:

1)TSH Values between high abnormal upto 15 microlU/ml should be correlated clinically or repeat the test with new sample as physiological

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. Interpretation FT3/T3 FT4/T4 TSH Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-Normal High Normal thyroidal illness, TSH Resistance. 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 Inw High Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, High High pregnancy related (hyperemesis gravidarum, hydatiform mole) Low Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal Normal Normal Low Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism. Low Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti Low Low High High High enileptics

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

- 1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours
- 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)
- 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 SDRL, Vidyavihar Lab *** End Of Report ***



Dr.NAMRATA RAUL M.D (Biochem) **Biochemist**

Page 11 of 11



Date: 14/01/23

CID: 2301421067

Name: Meenakshi kuman

Sex / Age: 40/ 4 F

EYE CHECK UP

Chief complaints:

HIT

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal Alabamor Maffice:
Colour Vision: Normal Alabamor Maffice:
Lokhandwala Road, Andheri (Marth)

TICS INDIA PVT. LTD. Eokhandwala Road, Andheri (West),

Mumbai-400053.

Remark:



CID NO: 2301423019	
PATIENT'S NAME: MRS.MEENAKSHI KUMARI	AGE/SEX: 40 Y/F
REF BY:	DATE: 14/01/2023

2-D ECHOCARDIOGRAPHY

- 1. RA, LA RV is Normal Size.
- 2. No LV Hypertrophy.
- 3. Normal LV systolic function. LVEF 60 % by bi-plane
- 4. No RWMA at rest.
- 5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
- Great arteries: Aorta: Normala. No mitral valve prolaps.
- 7. Inter-ventricular septum is intact and normal.
- 8. Intra Atrial Septum intact.
- 9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11. No Pericardial Effusion
- 12. No Diastolic disfunction. No Doppler evidence of raised LVEDP.



PATIENT'S NAME: MI	AGE/SEX: 40 Y/F			
REF BY:		DATE: 14/01/2023		
AO root diamete	r 3.0 cm			
2 IVSd	1.0 cm			

AO 1001 diameter	3.0 0111
IVSd	1.0 cm
LVIDd	4.5 cm
LVIDs	2.4 cm
LVPWd	1.0 cm
LA dimension	3.6 cm
RA dimension	3.7 cm
RV dimension	2.9 cm
Pulmonary flow vel:	1.0 m/s
Pulmonary Gradient	4.0 m/s
Tricuspid flow vel	1.6 m/s
Tricuspid Gradient	11 m/s
PASP by TR Jet	21 mm Hg
TAPSE	3.2 cm
Aortic flow vel	1.4 m/s
Aortic Gradient	8.0 m/s
MV:E	0.7 m/s
A vel	0.6 m/s
IVC	16 mm
	LVIDd LVIDs LVPWd LA dimension RA dimension RV dimension Pulmonary flow vel: Pulmonary Gradient Tricuspid flow vel Tricuspid Gradient PASP by TR Jet TAPSE Aortic flow vel Aortic Gradient MV:E A vel

Impression:

Normal 2d echo study.

Disclaimer

Echo may have inter/Intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

End of Report

DR. S. NITIN Consultant Cardiologist Reg. No. 87714



Authenticity Check << QRCode>>

CID

: 2301421067

Name

: Mrs MEENAKSHI KUMARI

Age / Sex

Reg. Location

: 40 Years/Female

Ref. Dr

.

: Borivali West

Reg. Date

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ite : 14-Jan

Reported : 14-Jan-2023 / 13:23

USG WHOLE ABDOMEN

<u>LIVER:</u> Liver is normal in size with mild generalized increase in parenchymal echotexture. There is no intra -hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal . CBD: CBD is normal .

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

KIDNEYS: Right kidney measures 10.6 x 3.5 cm. Left kidney measures 9.8 x 4.0 cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS:</u> Uterus is anteverted, normal and measures 6.4 x 4.6 x 5.2 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6.4 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.7 x 2.2 cm.

The left ovary measures 2.7 x 2.1 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.

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P

CID

: 2301421067

Name

: Mrs MEENAKSHI KUMARI

Age / Sex

: 40 Years/Female

Ref. Dr

.

Reg. Location

: Borivali West

Reg. Date

Reported

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Date : 14-Jan-2023

: 14-Jan-2023 / 13:23

Opinion:

Grade I fatty infiltration of liver.

For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR SUDHANSHU SAXENA before dispatch.

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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Authenticity Check



CID

: 2301421067

Name

: Mrs MEENAKSHI KUMARI

Age / Sex

Reg. Location

: 40 Years/Female

Ref. Dr

: Borivali West

Reg. Date

Application To Scan the Code

: 14-Jan-2023

Reported

: 14-Jan-2023 / 15:00

Use a OR Code Scanner

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	

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> DR.SUDHANSHU SAXENA **Consultant Radiologist** M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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CID

: 2301423019

Name

: Mrs MEENAKSHI KUMARI

Age / Sex

Reg. Location

: 40 Years/Female

Ref. Dr

:

: Borivali West

Reg. Date

Use a QR Code Scanner
Application To Scan the Code

R

: 14-Jan-2023

Reported : 16-Jan-2023 / 12:04

MAMMOGRAPHY

Bilateral mammograms have been obtained a low radiation dose film screen technique in the cranio-caudal and oblique projections. Film markers are in the axillary / lateral portions of the breasts.

Bilateral breasts are symmetrical with mixed fibroglandular pattern is noted.

No obvious evidence of focal spiculated suspicious mass lesion / clusters of microcalcification is seen.

No architectural distortion is seen.

No abnormal skin thickening is seen.

Skin and nipple shadows are normal.

No axillary lymph nodes seen.

Sonomammography of both breasts show normal parenchymal echotexture.

No obvious focal area of altered echoes seen on both sides.

No significant axillary lymphadenopathy is seen.

Opinion:

No significant abnormality detected in mammography and sonomammography of both breasts, ACR BIRADS CATEGORY I.

Suggest: Follow up mammography after one year is suggested.

Please bring all the films for comparison.

Click here to view images << ImageLink>>



Authenticity Check << QRCode>>

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: 40 Years/Female

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.

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Reg. Date

Application To Scan the Code

Use a QR Code Scanner

acg. Dute

: 14-Jan-2023

Reported : 16-Jan-2023 / 12:04

ACR BIRADS CATEGORY

[American college of radiology breast imaging reporting and data system].

I Negative

IV Suspicious (Indeterminate).

II Benign finding

V Highly suggestive of malignancy.

III Probably benign finding.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

Disclaimer:-

Not all breast abnormalities show up on mammography. The false negative rate of mammography is approximately 10%. The management of palpable abnormality must be based on clinical grounds. If you detect a lump or any other change in your breast before your next screening mammogram consult your doctor immediately.

	-End	of	Report
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) on .

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.

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DUBUKBAN DIAGNUDING - BUKIYALI WEDI

PRECISE TESTING . HEALTHIER LIVING TICS

Patient Name: MEENAKSHI KUMARI

Date and Time: 14th Jan 23 10:11 AM

40 years

months

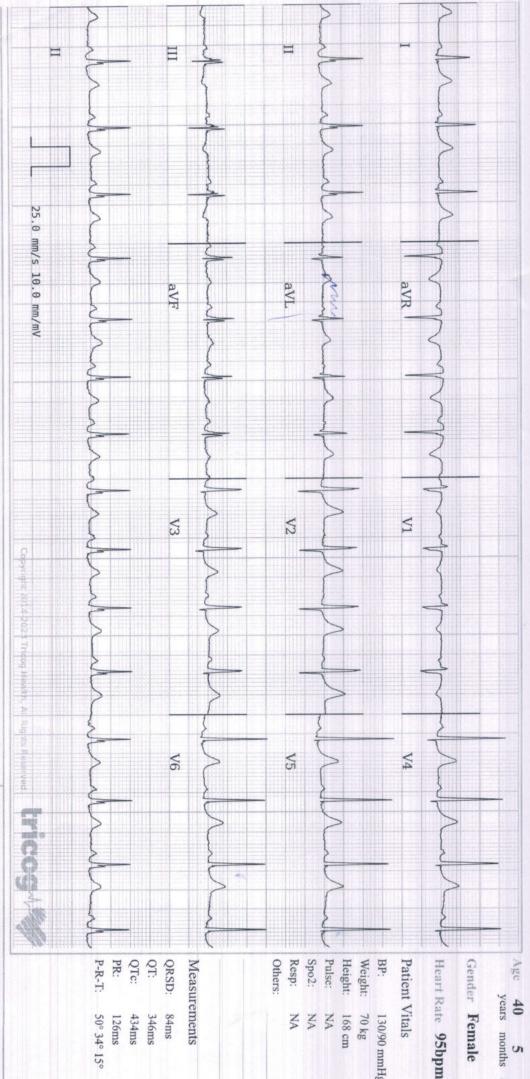
days

168 cm

70 kg

130/90 mmHg

NA X Patient ID: 2301421067



ECG Within Normal Limits: Sinus Rhythm, Please correlate of mically. CONSULTANT-CARDIOLOGIST M.B.B.S.AFLH, D.DIAB, D.CARD. REGD. NO.: 87714

SUBURBAN DIAGNOSTICS INDIA PVT. LTD. 2nd Floor, Aston, Sundervan Complex, Lokhandwala Road, Andheri (West), Mumbai-400053 Regd. Office:-

REPORTED BY

84ms

346ms

50° 34° 15° 126ms 434ms

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB, D.CARD Consultant Cardiologist 87714



SUBURBAN DIANOSTICS PVT. LTD. BORIVAT

Name: Meenakshi Kumari

Time: 09:42 Date: 14-01-2023

ID: 2301421067

Weight: 70 Kg Height: 168 cms Gender: F Age: 40

Clinical History:

Medications: nil

Test Details:

Target HR: 153 Predicted Max HR: 180 Protocol: Bruce

164 (91% of Predicted MHR) Achieved Max HR: 0:06:02 Exercise Time:

Max Mets: 7 27880 Max BP x HR: 170/90 Max BP:

Test Termination Criteria: Test Complete

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:08	1	0	0	86	130/90	11180	-0.6 111	-0.3 111
Standing	00:17	1	0	0	123	130/90	15990	-0.6 V6	0.4 V2
	00:11	1	0	0	103	130/90	13390	-0.3 11	-0.7 111
HyperVentilation	00:12	1	1.6	0	114	130/90	14820	0.9 V1	-1.1 111
PreTest	03:00	4.7	2.7	10	135	150/90	20250	-0.8 III	0.8 V2
Stage: 1		7	4	12	164	160/90	26240	1.6 III	1 V3
Stage: 2	03:00		5.5	14	164	160/90	26240	1.6 III	1 V3
Peak Exercise	00:02	6.8		0	151	170/90	25670	-0.5 V6	-0.7 III
Recoveryl	01:00	11	0	0	132	150/90	19800	0.51	-0.5 III
Recovery2	01:00	1	0	.0	134	1130/30	1.7000		

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS. Resting Heart Rate, initially 86 bpm rose to a max. heart rate of 164bpm (91% of Predicted Maximum Heart Rate). Resting Blood Pressure of 130/90 mmHg, rose to a maximum Blood Pressure of 170/90 mmHg

Good Effort tolerance Normal HR & BP Respone

No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

> Regd. Office:-SUR IT BAN DIAGNOSTICS INDIA PVT. I FO 20d Floot, Aston, Sundervan Comp. IX. Lokhandwala Road, Andheri (West), Mumbai-400053.

Ref. Doctor:

DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD NO 87714 Doctor: DR. NITIN SONAVANE

> (Summary Report edited by User) Spandan CS-20 Version:2.14.0



