

| | | | |
|--------------|-----------------------|------------|-----------------------|
| CID# | : 2131735392 | SID# | : 177804422520 |
| Name | : MS.ANISHA AGRAWAL | Registered | : 13-Nov-2021 / 10:47 |
| Age / Gender | : 27 Years/Female | Collected | : 13-Nov-2021 / 10:47 |
| Ref. Dr | : - | Reported | : 16-Nov-2021 / 12:42 |
| Reg.Location | : Vashi (Main Centre) | Printed | : 16-Nov-2021 / 13:26 |

PHYSICAL EXAMINATION REPORT

History and Complaints:

For RHC

C/O PV white discharge / itching since 2 yrs

EXAMINATION FINDINGS:

| | | | |
|--------------------------------|--------|---------------------|---------------------------|
| Height (cms): | 156 | Weight (kg): | 71 |
| Temp (0c): | Normal | Skin: | Normal |
| Blood Pressure (mm/hg): | 110/70 | Nails: | Normal |
| Pulse: | 84/min | Lymph Node: | Not Palpable / Not Tender |

Systems

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

IMPRESSION:

ADVICE: To consult family physician with all the reports.

CONSULT GYNECOLOGIST FOR TREATMENT OF EXISTING SYMPTOMS AND WITH USG REPORT.

DIET AND LIFESTYLE MANAGEMENT, FAT FREE FOODS, GRADUAL AND MEDICALLY SUPERVISED WEIGHT LOSS OF 10-11 KG ADVISED, MONITOR S. BILIRUBIN, FASTING LIPID PROFILE AND CONSULT FAMILY PHYSICIAN.

CONSULT ENT SURGEON FOR H/O ALLERGIC RHINITIS

CHIEF COMPLAINTS: H/O Allergic rhinitis

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | **www.suburbandiagnosics.com**

| | | | |
|--------------|-----------------------|------------|-----------------------|
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**H/O migraine - treated with homeopathic last year year
Covid in aug 2020 - Institutional quarantine**

- | | |
|--|----|
| 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 | No |

PERSONAL HISTORY: LMP 13/10/2021, 3-4/28-30, REGULAR

- | | |
|---------------|--------|
| 1) Alcohol | Rarely |
| 2) Smoking | No |
| 3) Diet | Veg |
| 4) Medication | None |

*** End Of Report ***



Dr.SHEPHALI BODKHE
MBBS

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SUBURBAN DIAGNOSTICS

Patient Details

Date: 13-Nov-21

Time: 11:48:35 AM

Name: MRS ANISHA AGRAWAL ID: 2131735392

Age: 27 y

Sex: F

Height: 156 cms

Weight: 71 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 193 bpm

THR: 164 (85 % of Pr.MHR) bpm

Total Exec. Time: 7 m 55 s

Max. HR: 152 (79% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 150 / 76 mmHg

Max. BP x HR: 22800 mmHg/min

Min. BP x HR: 5600 mmHg/min

Test Termination Criteria: FATIGUE

Protocol Details

| Stage Name | Stage Time (min : sec) | Mets | Speed (mph) | Grade (%) | Heart Rate (bpm) | Max. BP (mm/Hg) | Max. ST Level (mm) | Max. ST Slope (mV/s) |
|------------------|------------------------|------|-------------|-----------|------------------|-----------------|--------------------|----------------------|
| Supine | 1 : 19 | 1.0 | 0 | 0 | 98 | 110 / 70 | -1.06 aVR | 1.42 II |
| Standing | 0 : 13 | 1.0 | 0 | 0 | 86 | 110 / 70 | -1.06 aVR | 1.06 II |
| Hyperventilation | 0 : 14 | 1.0 | 0 | 0 | 80 | 110 / 70 | -0.85 aVR | 1.06 II |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 126 | 130 / 74 | -1.49 aVR | 2.48 II |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 137 | 140 / 76 | -1.06 aVR | 2.48 II |
| Peak Ex | 1 : 55 | 10.2 | 3.4 | 14 | 152 | 150 / 76 | -1.06 aVR | 2.48 II |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 114 | 150 / 76 | -1.27 aVR | 2.48 II |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 107 | 140 / 76 | -1.06 aVR | 2.12 II |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 113 | 130 / 76 | -0.64 aVR | 1.42 II |
| Recovery(4) | 1 : 0 | 1.0 | 0 | 0 | 103 | 120 / 76 | -0.64 aVR | 1.42 II |
| Recovery(5) | 1 : 0 | 1.0 | 0 | 0 | 102 | 110 / 76 | -0.64 aVR | 1.42 II |
| Recovery(6) | 0 : 9 | 1.0 | 0 | 0 | 98 | 110 / 76 | -0.85 aVR | 1.06 II |



SUBURBAN DIAGNOSTICS

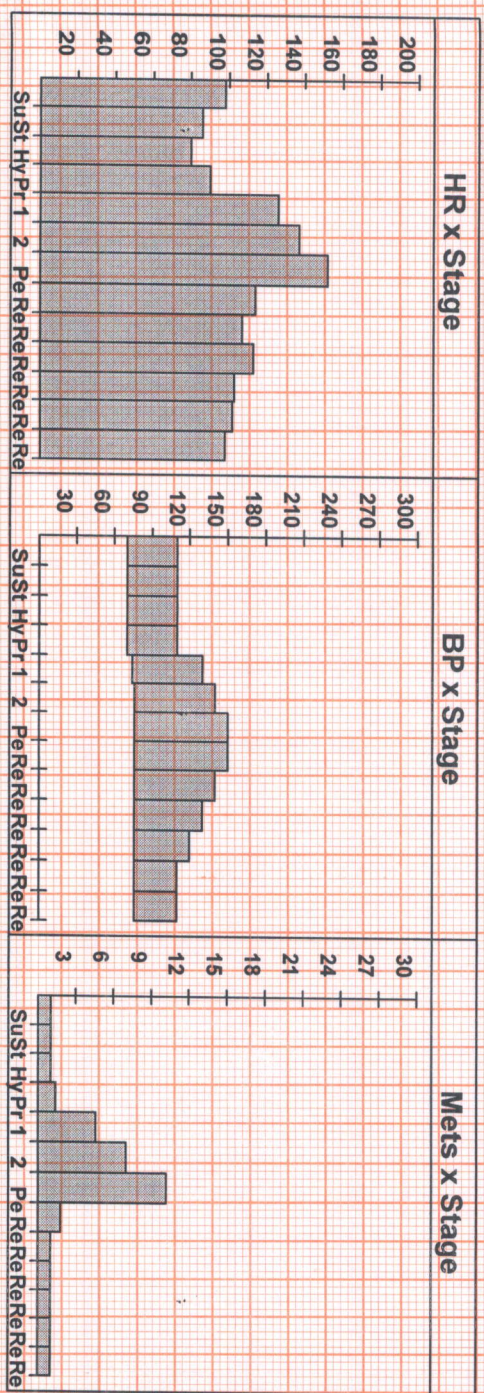
Patient Details

Name: MRS ANISHA AGRAWAL ID: 2131735392
 Age: 27 y Sex: F

Date: 13-Nov-21
 Time: 11:48:35 AM

Height: 156 cms

Weight: 71 Kgs



Interpretation

GOOD EFFORT TOLERANCE
 NORMAL CHRONOTROPIC RESPONSE
 NORMAL INOTROPIC RESPONSE
 NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN DURING THE TEST

IMPRESSION:
 STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE ISCHAEMIA.

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.

Ref. Doctor: HEALTH WEALTH MANAGEMENT
 (Summary Report edited by user)

Doctor: Dr. Anand Motwani

DR. ANAND N. MOTWANI
 M.D. (GENERAL MEDICINE)
 Reg. No. 39329 (M.M.C.)



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 0 m 0 s

Stage Time : 1 m 13 s

HR: 84 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

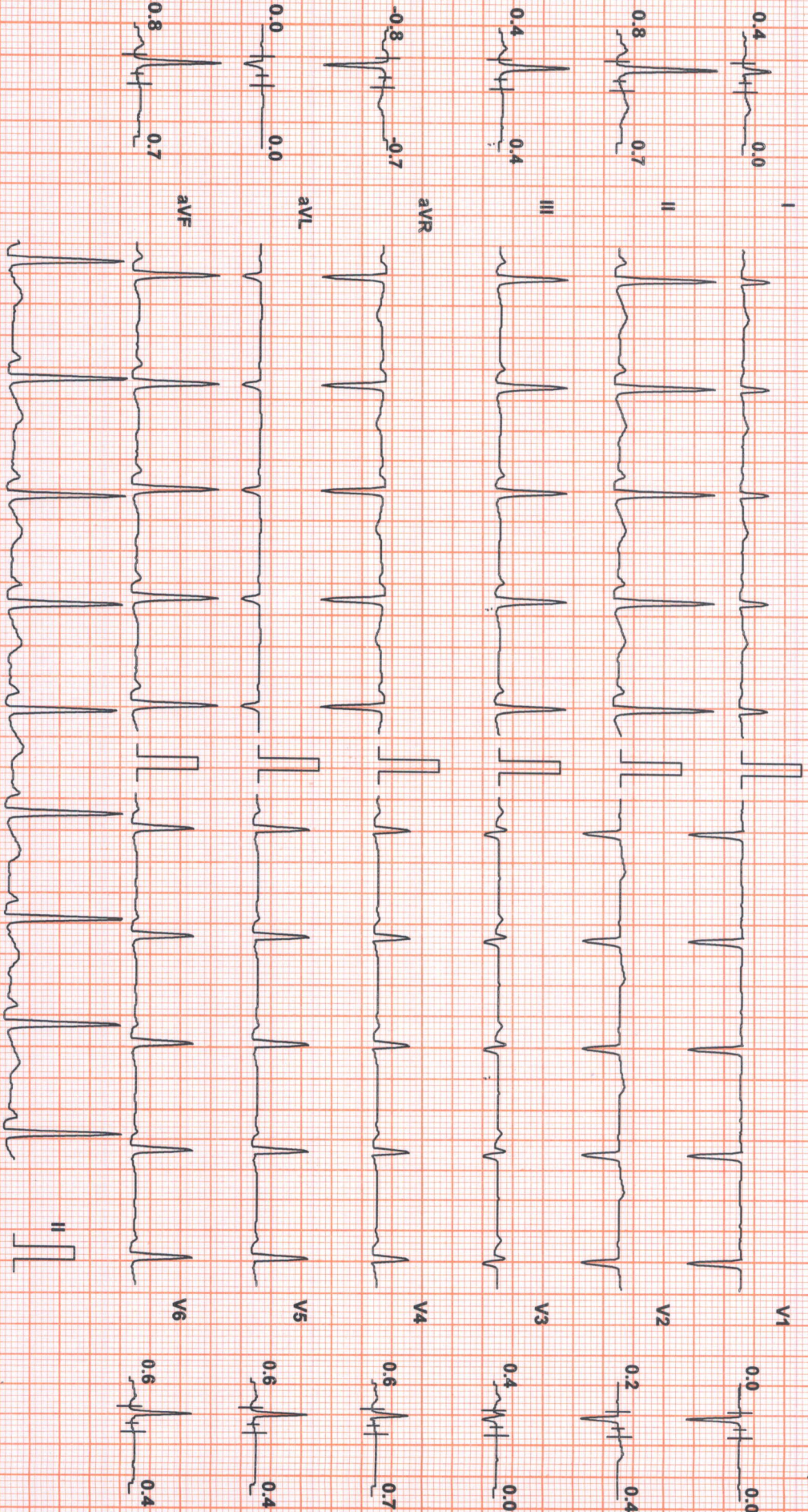


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 7 s

HR: 85 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P.: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

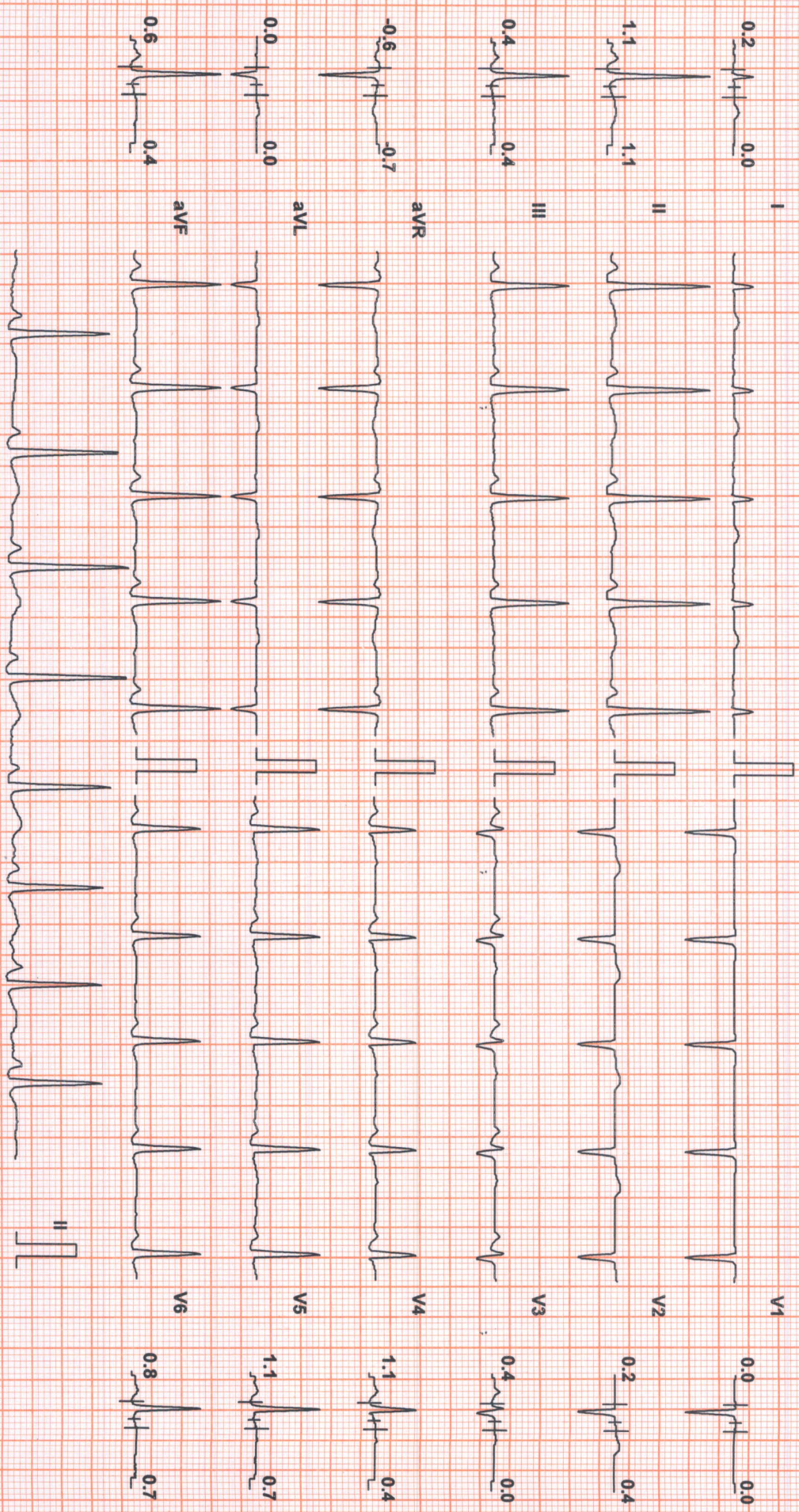


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

HR: 82 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

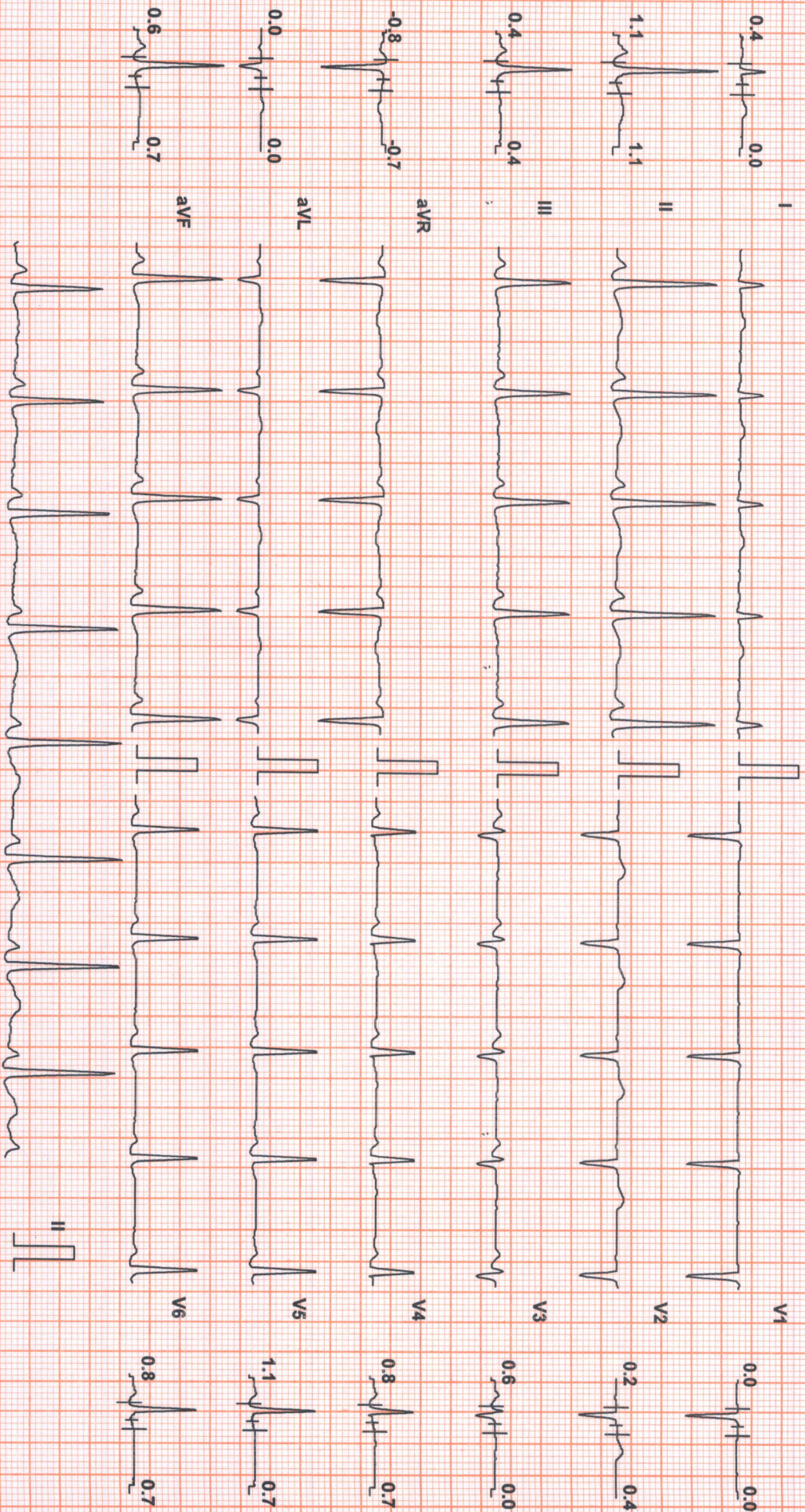


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 126 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 164 bpm)

B.P: 130 / 74

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

I 0.6 0.4

V1 -0.2 -0.7

II 1.5 2.1

V2 0.4 0.4

III 0.6 1.1

V3 0.8 1.4

aVR -1.1 -1.4

V4 1.1 1.4

aVL 0.2 0.0

V5 1.1 1.4

aVF 1.1 1.8

V6 0.8 1.4

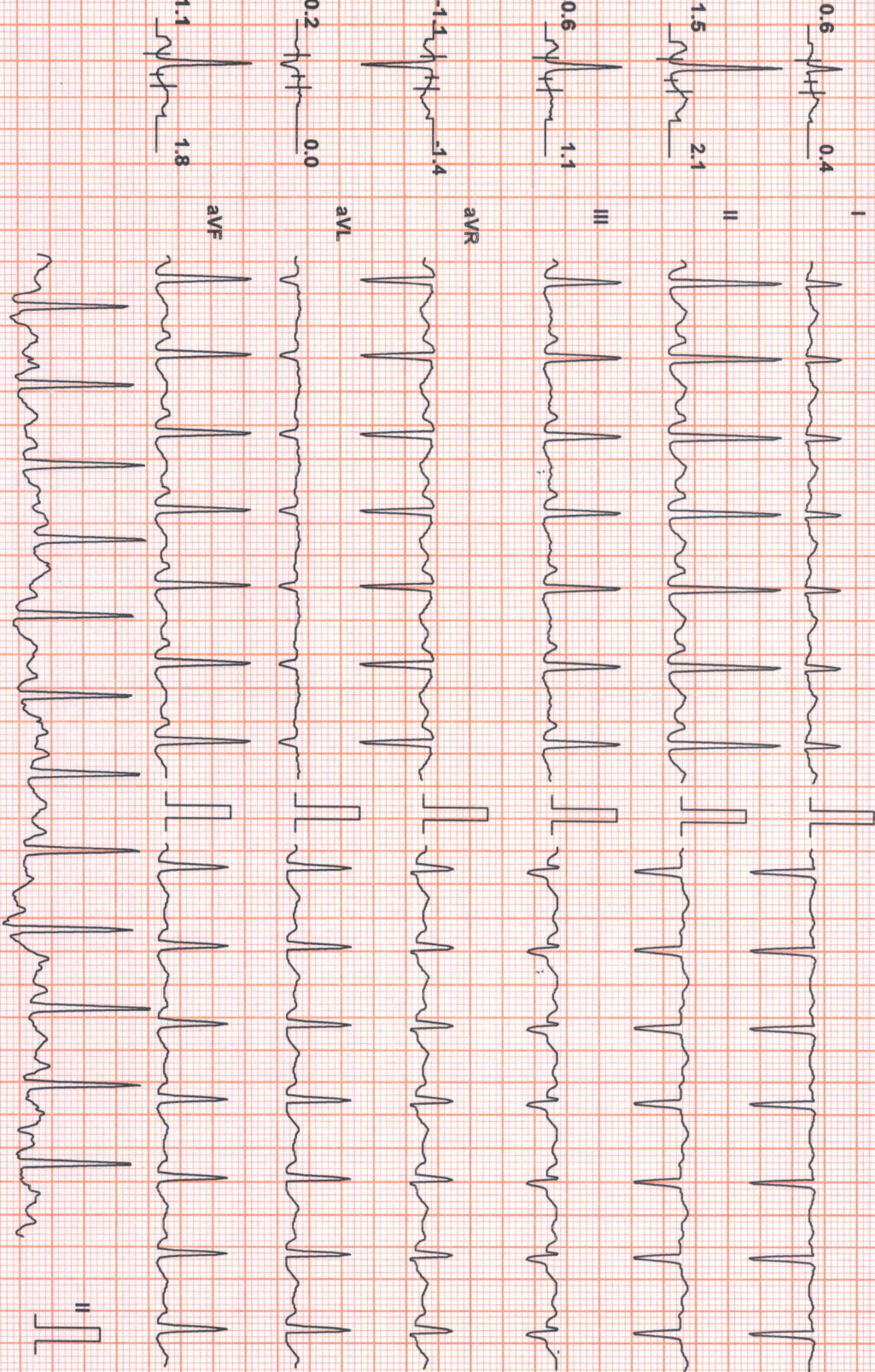


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Linked Median



MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 136 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 164 bpm)

B.P: 140 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

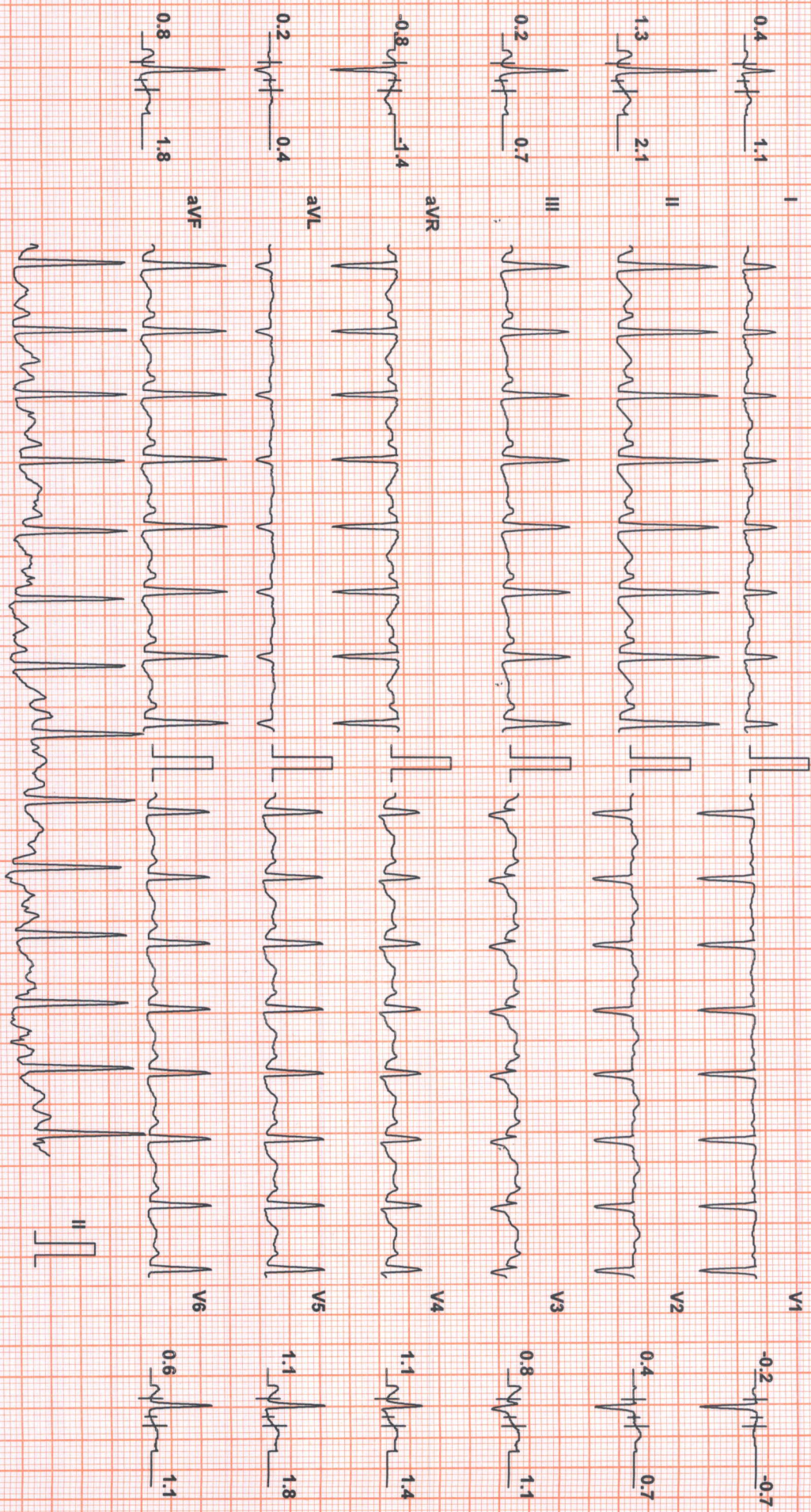


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 49 s Stage Time : 1 m 49 s **HR: 152 bpm**

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 164 bpm)

B.P.: 150 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

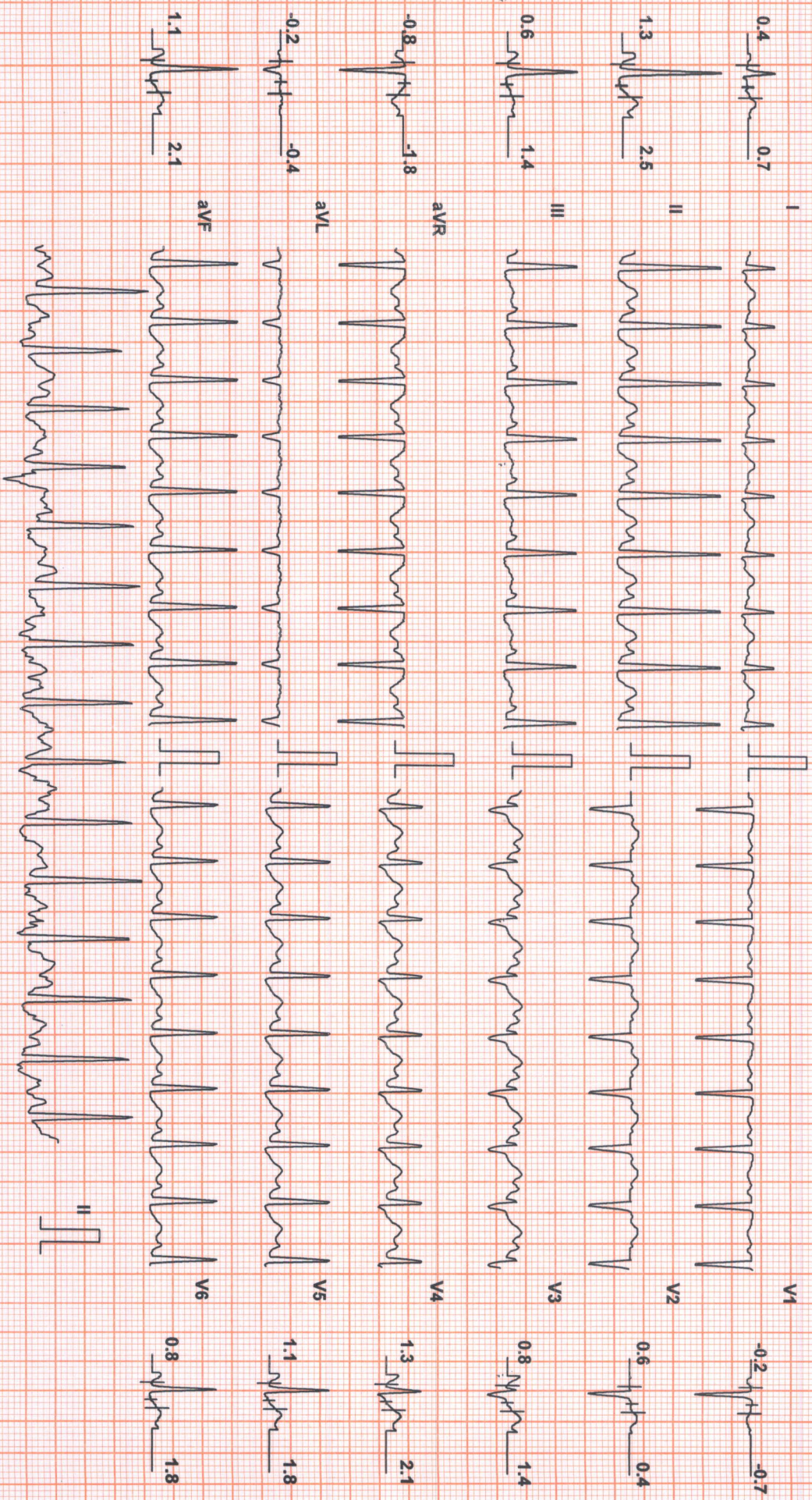


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isa = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s

HR: 116 bpm

SUBURBAN DIAGNOSTICS

Test Report

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 150 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

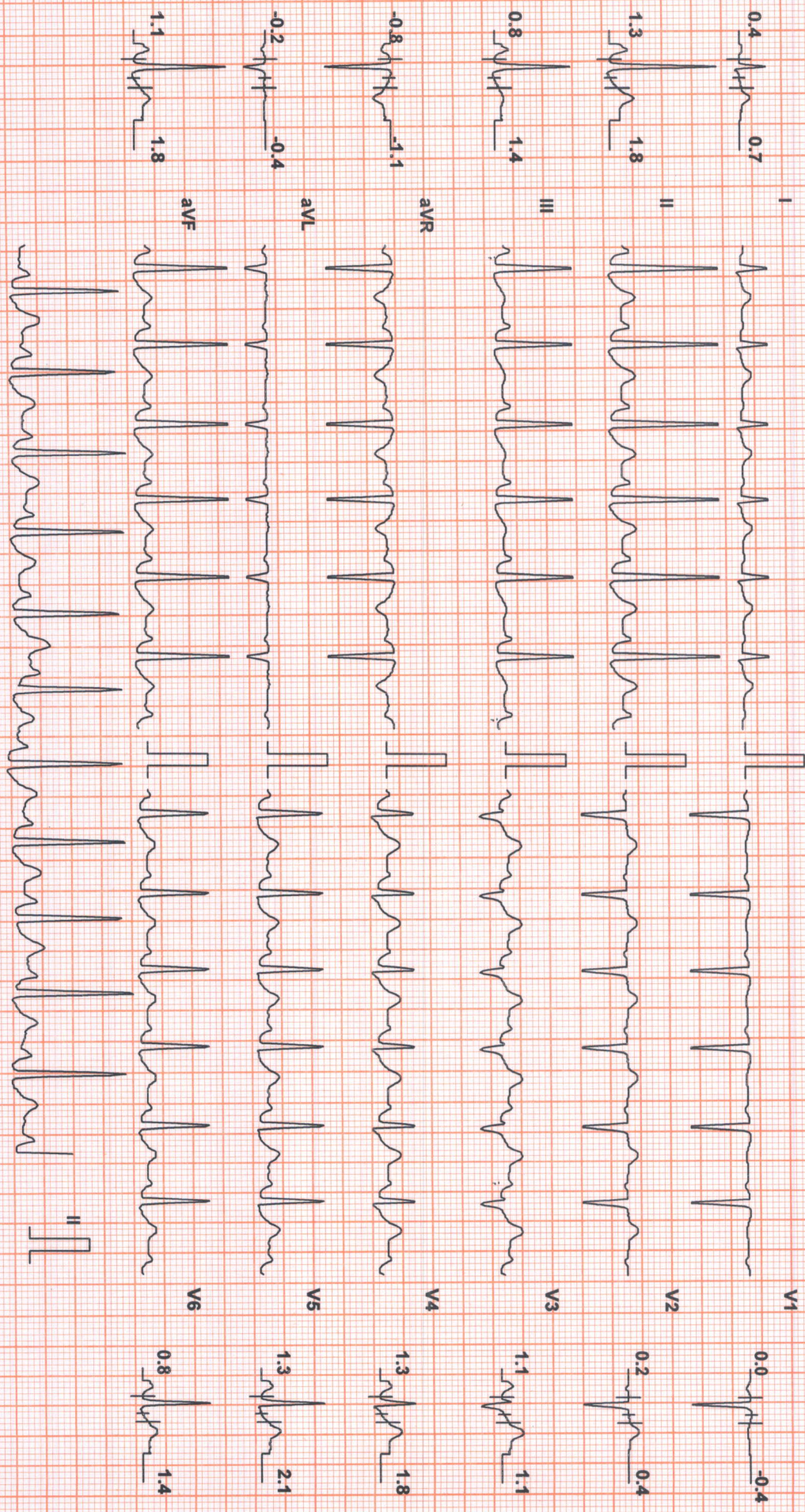


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s **HR: 108 bpm**

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 140 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

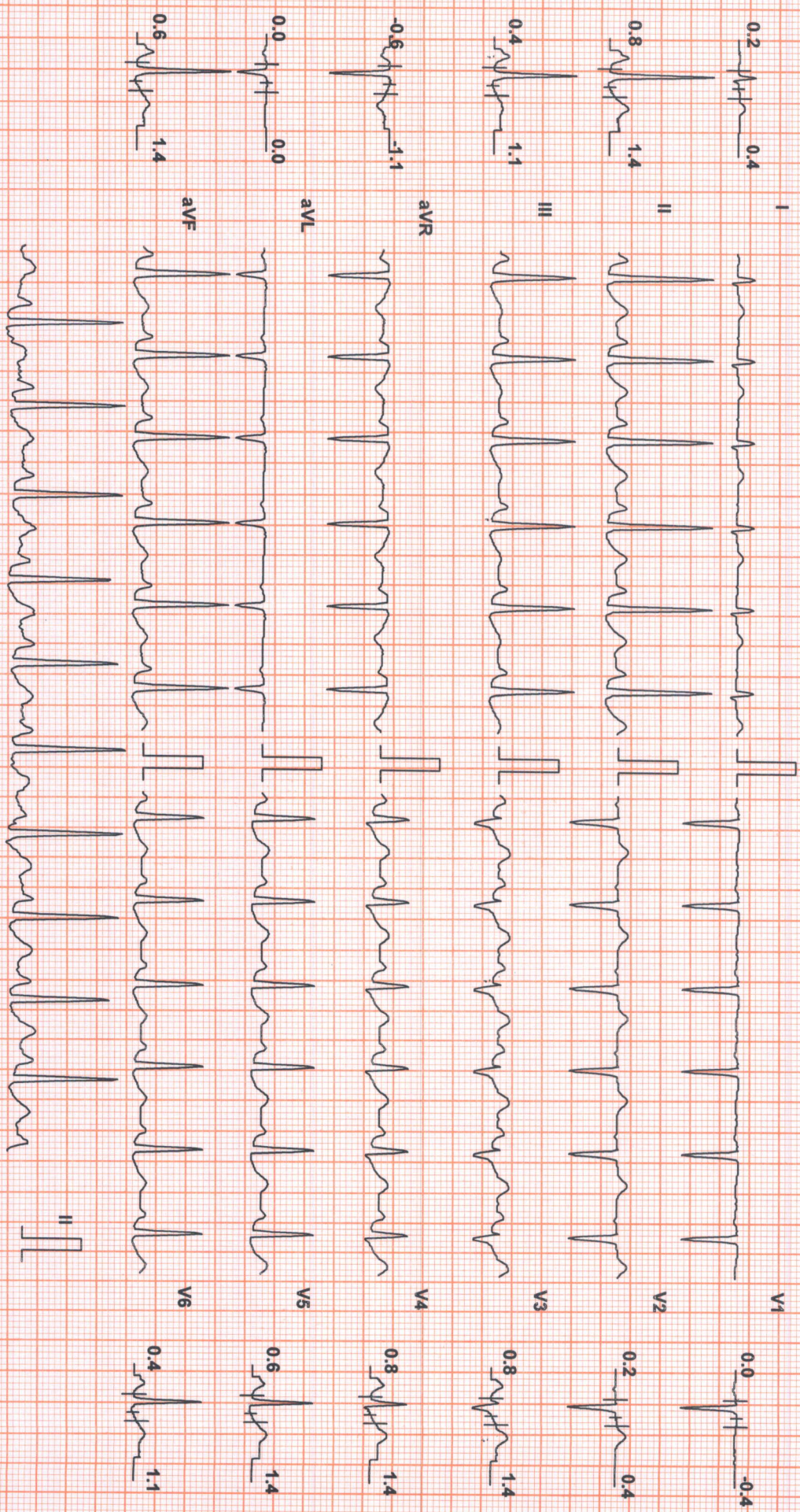


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s HR: 97 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 130 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

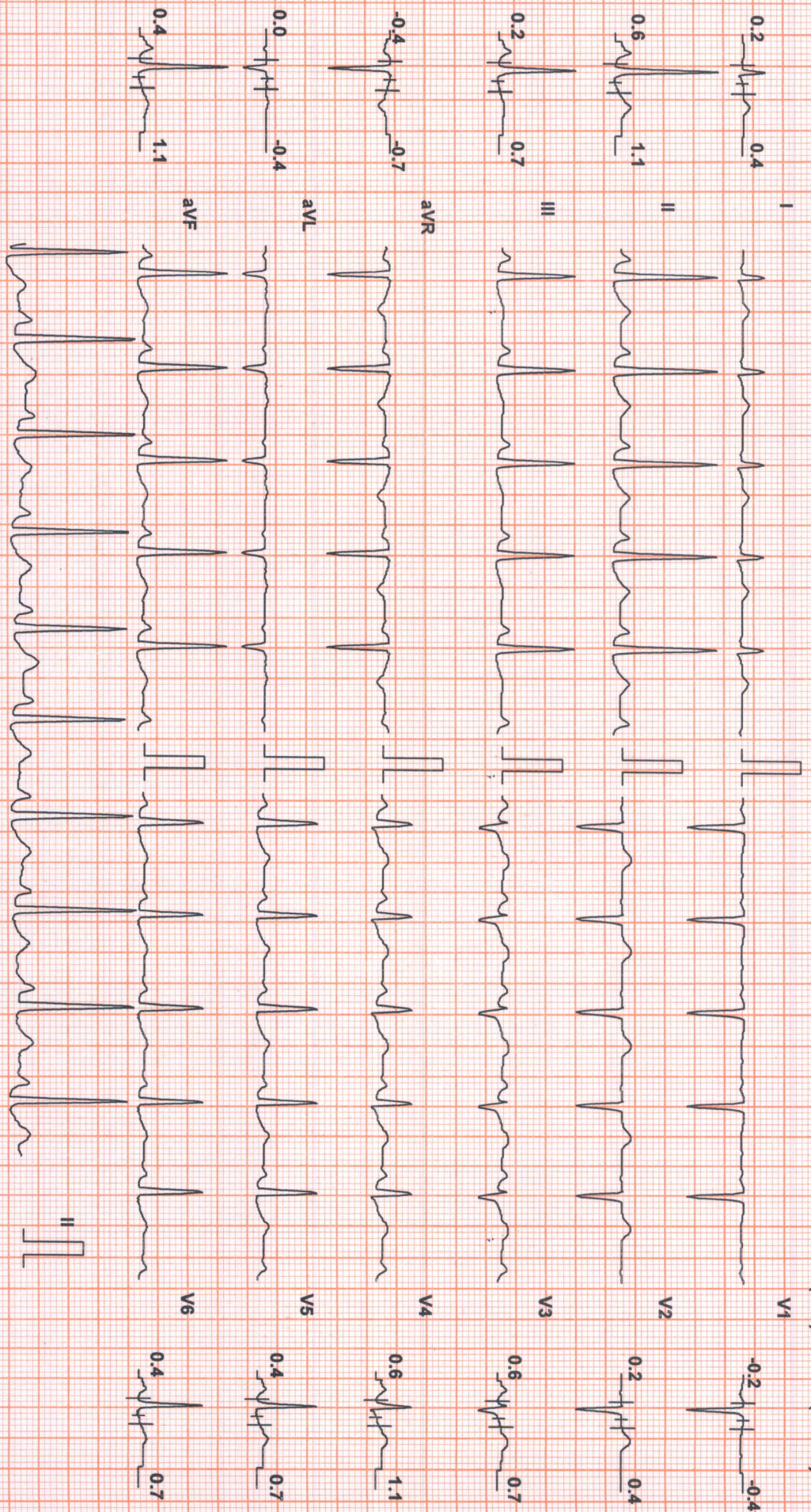


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 120 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

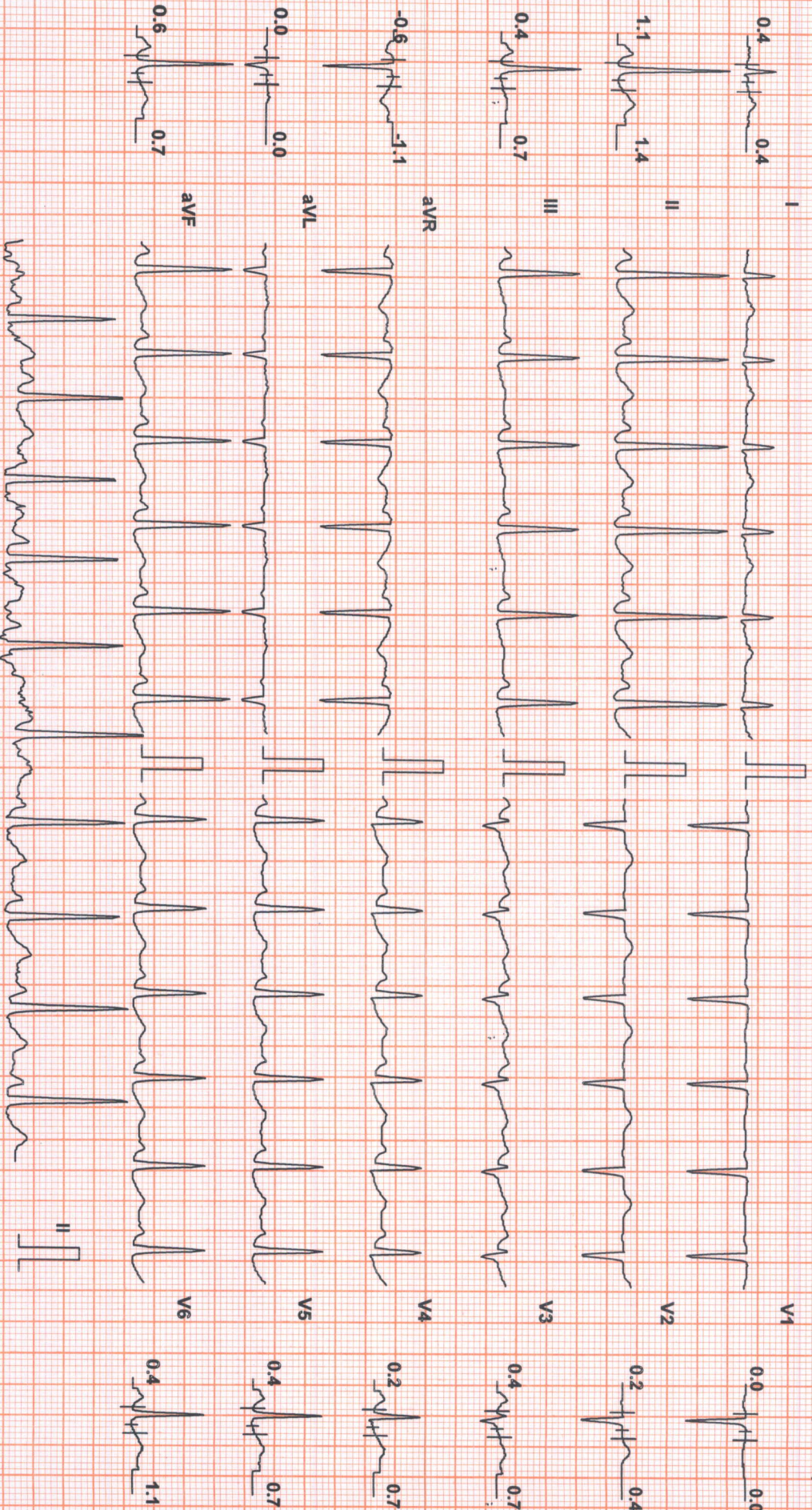


Chart Speed: 25 mm/sec
Schiller-Spendan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s **HR: 99 bpm**

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

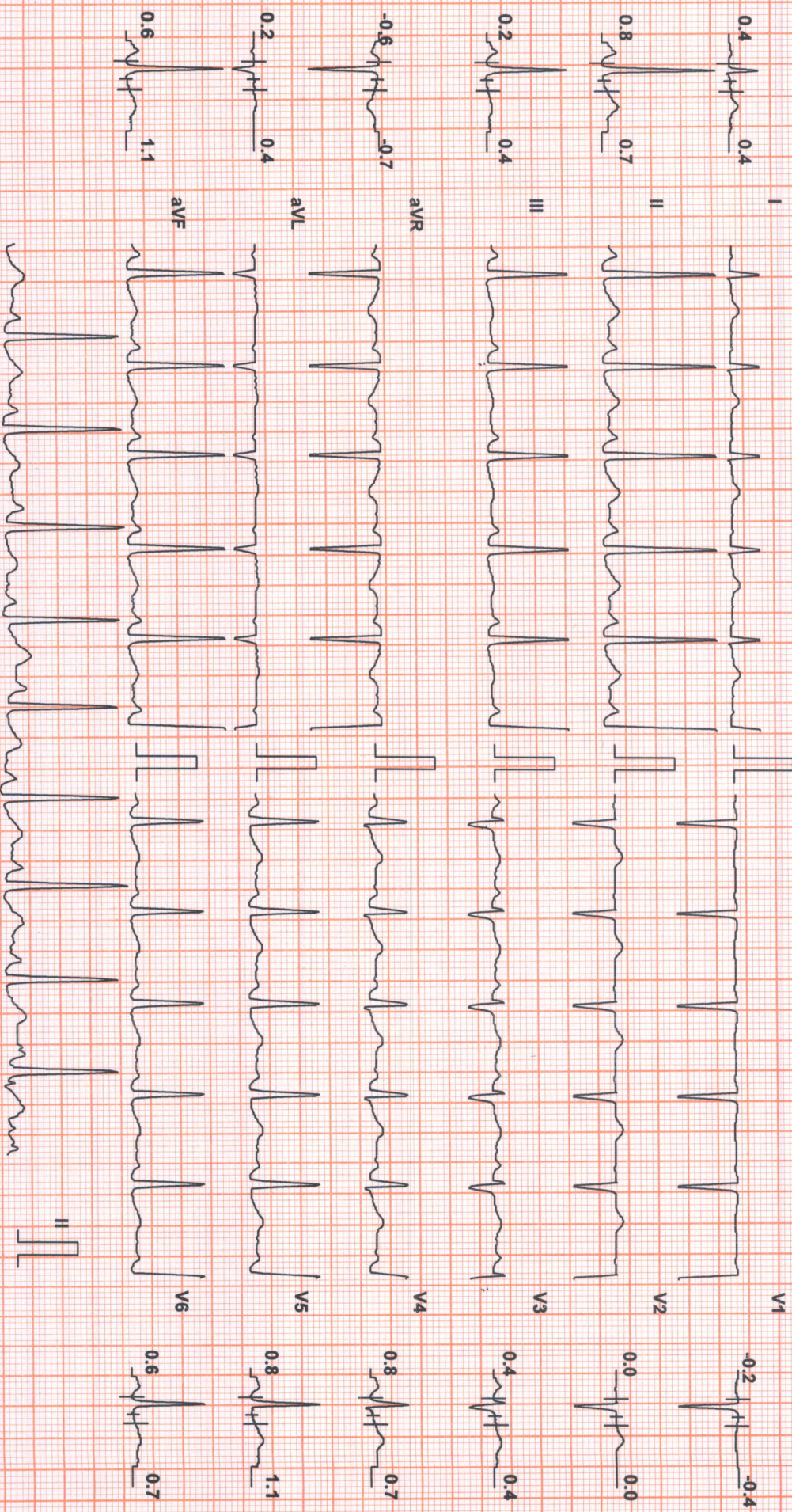


Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



SUBURBAN DIAGNOSTICS

Test Report

MRS ANISHA AGRAWAL (27 F)

ID: 2131735392

Date: 13-Nov-21

Exec Time : 7 m 55 s Stage Time : 0 m 54 s **HR: 99 bpm**

Protocol: Bruce

Stage: Recovery(6)

Speed: 0 mph

Grade: 0 %

(THR: 164 bpm)

B.P: 110 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

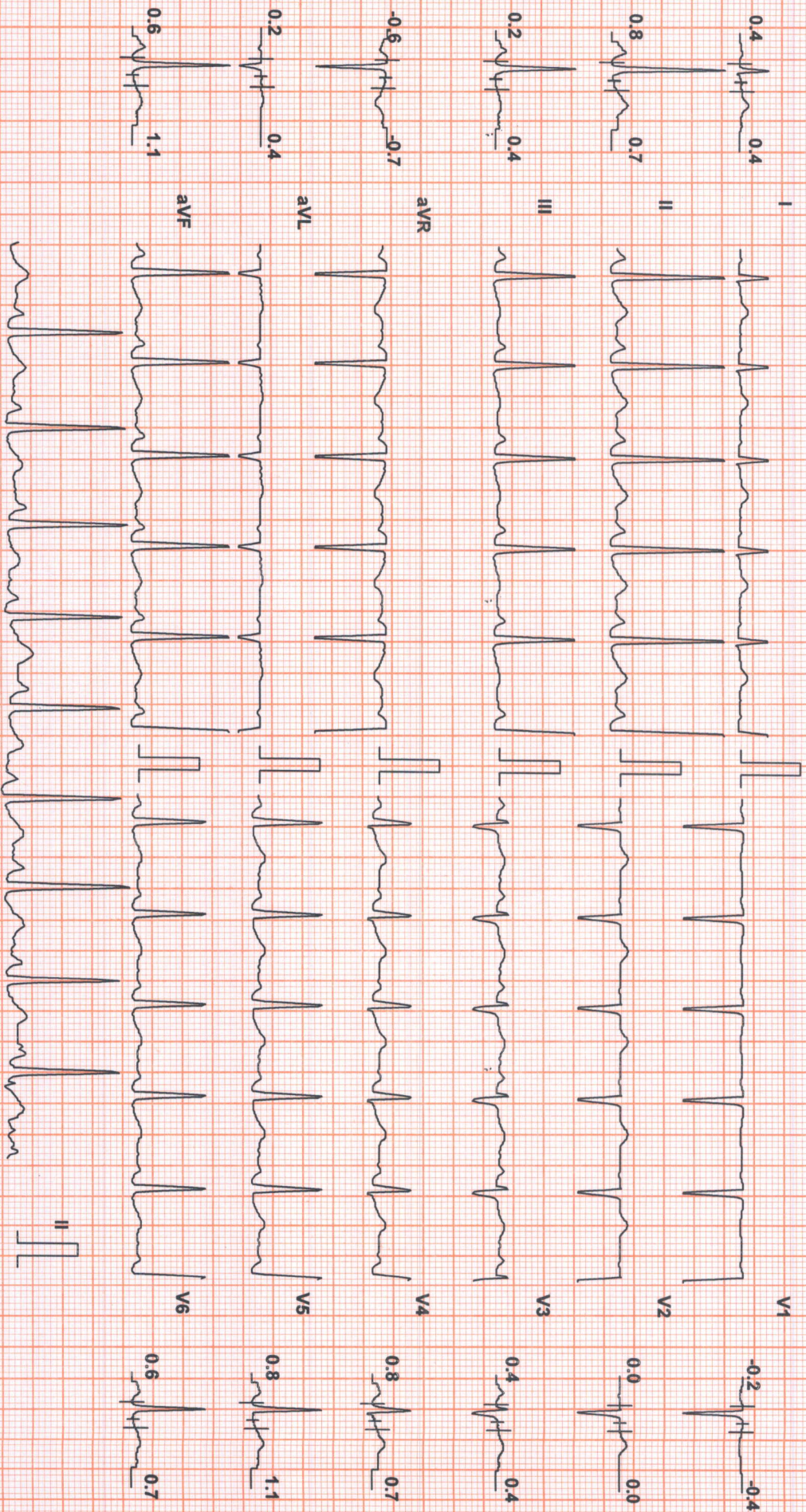


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 15:01

Use a QR Code Scanner
Application To Scan the Code

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|-----------------------------|--------------------|
| <u>RBC PARAMETERS</u> | | | |
| Haemoglobin | 14.9 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 5.30 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 46.3 | 36-46 % | Measured |
| MCV | 87 | 80-100 fl | Calculated |
| MCH | 28.1 | 27-32 pg | Calculated |
| MCHC | 32.2 | 31.5-34.5 g/dL | Calculated |
| RDW | 13.3 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 9180 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 32.8 | 20-40 % | |
| Absolute Lymphocytes | 3011.0 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.7 | 2-10 % | |
| Absolute Monocytes | 615.1 | 200-1000 /cmm | Calculated |
| Neutrophils | 57.1 | 40-80 % | |
| Absolute Neutrophils | 5241.8 | 2000-7000 /cmm | Calculated |
| Eosinophils | 2.5 | 1-6 % | |
| Absolute Eosinophils | 229.5 | 20-500 /cmm | Calculated |
| Basophils | 0.9 | 0.1-2 % | |
| Absolute Basophils | 82.6 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 286000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 9.9 | 6-11 fl | Calculated |
| PDW | 17.9 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|---|
| Hypochromia | - |
| Microcytosis | - |
| Macrocytosis | - |



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Age / Gender : 27 Years / Female
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Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 13:54

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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Westergren

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



Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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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CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 14:51

Use a QR Code Scanner
Application To Scan the Code

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 | 81.0 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 104.1 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.94 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.34 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.60 | 0.1-1.0 mg/dl | Calculated |
| SGOT (AST), Serum | 19.9 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 22.5 | 5-33 U/L | NADH (w/o P-5-P) |
| ALKALINE PHOSPHATASE, Serum | 87.5 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 21.6 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 10.1 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.64 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 118 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 5.6 | 2.4-5.7 mg/dl | Enzymatic |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Panvel Lab, Panvel East

*** End Of Report ***



Dr. TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 18:58

Use a QR Code Scanner
Application To Scan the Code

**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 (eAG), EDTA WB - CC | 93.9 | mg/dl | Calculated |

Intended use:

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

Clinical Significance:

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

Test Interpretation:

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

Factors affecting HbA1c results:

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

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

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

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

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

*** End Of Report ***



MC-2111

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

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For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 17:02

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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> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | Neutral (7.0) | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 50 | - | - |
| <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 | 0-1 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 1-2 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 8-10 | Less than 20/hpf | |

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



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CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 19:02

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 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.

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 CPL, Andheri West

*** End Of Report ***



MC-2111

M Jain
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CID : 2131735392
Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|----------------------------------|----------------|---|---------------|
| CHOLESTEROL, Serum | 174.9 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | Enzymatic |
| TRIGLYCERIDES, Serum | 105.2 | Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl | Enzymatic |
| HDL CHOLESTEROL, Serum | 38.4 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Enzymatic |
| NON HDL CHOLESTEROL, Serum | 136.5 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 116.0 | 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 | Colorimetric |
| VLDL CHOLESTEROL, Serum | 20.5 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 4.6 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 3.0 | 0-3.5 Ratio | Calculated |

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



Tejaswini Dhote

Dr.TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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CID : 2131735392
 Name : MS.ANISHA AGRAWAL
 Age / Gender : 27 Years / Female
 Consulting Dr. : -
 Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
 Reported : 13-Nov-2021 / 14:42

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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 | 5.1 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 15.3 | 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 | 1.55 | 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 |



Use a QR Code Scanner
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Name : MS.ANISHA AGRAWAL
Age / Gender : 27 Years / Female
Consulting Dr. : -
Reg. Location : Vashi (Main Centre)

Collected : 13-Nov-2021 / 10:59
Reported : 13-Nov-2021 / 14:42

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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations: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 Panvel Lab, Panvel East

*** End Of Report ***



Dr. Tejaswini Dhote

Dr.TEJASWINI DHOTE
M.D. (PATH)
Pathologist

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भारत सरकार
Government of India

अनिशा अग्रवाल
Anisha Agrawal
जन्म तिथि / DOB : 29/11/1993
भरिता / Female

3473 5952 5334

आधार - आम आदमी का अधिकार



Handwritten signature

Dr. Shephali Bodkhe
MBBS

2006/03/1809

Handwritten signature

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No 22, Ground Floor, Raikar Bhavan,
Sector-17, Vashi, Navi Mumbai - 400 703
Tel. 27884547 / 27864548.

Patient Name: ANISHA AGRAWAL
Patient ID: 2131735392

Age 27 11 15
years months days

Gender Female

Heart Rate 73 bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
SpO2: NA
Resp: NA
Others:

Measurements

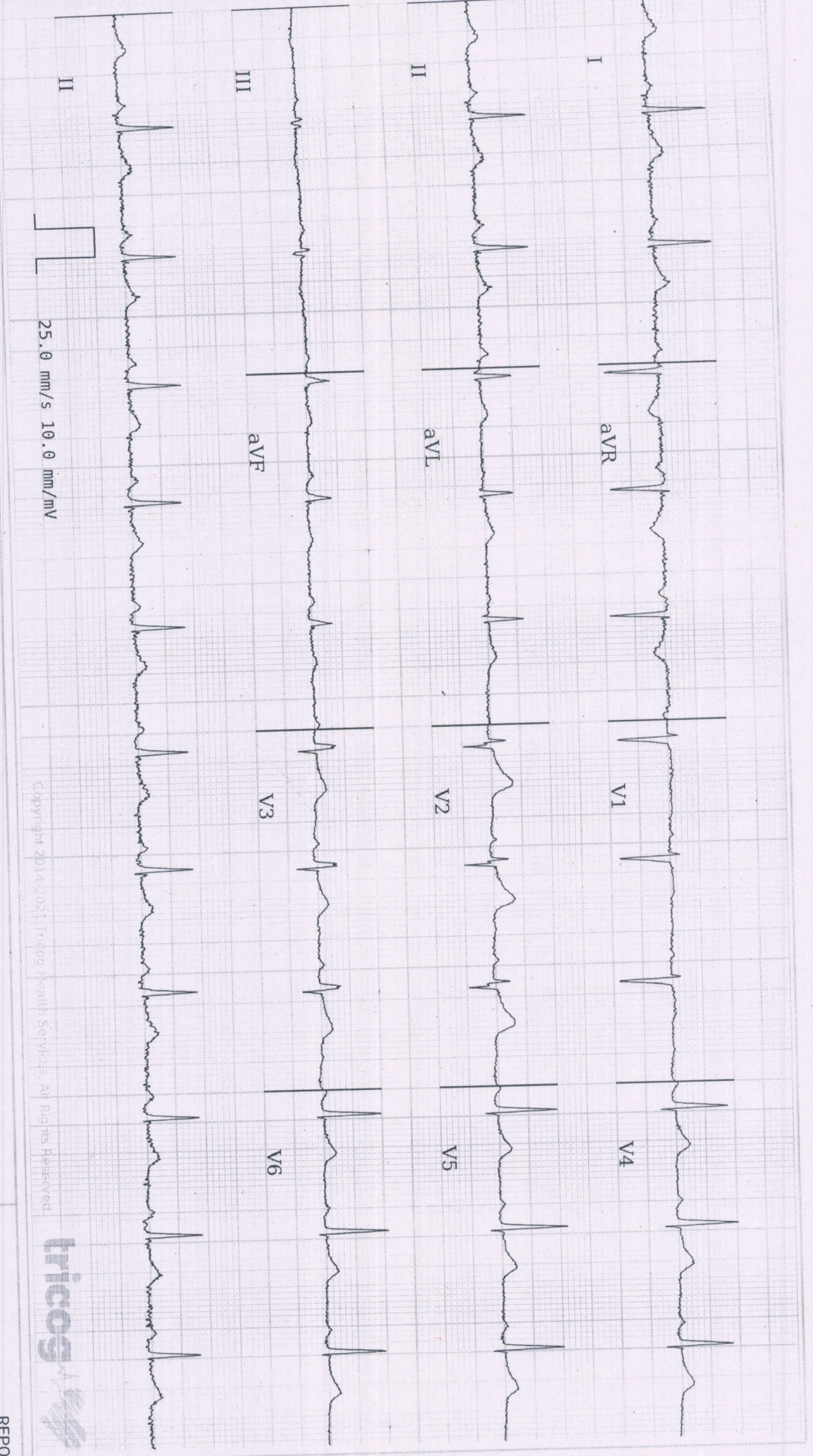
QSRD: 68 ms
QT: 394 ms
QTc: 434 ms
PR: 156 ms
P-R-T: 46° 28° 18°

REPORTED BY

Anand N Motwani

Dr. Anand N Motwani
M.D (General Medicine)
Reg No 39329 M.M.C

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



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

Date:- 12/11/21

CID: 2131735392

Name:- Anisha Agarwal

Sex / Age: 27 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

} Please refer "physical examination for" attached

✓ Unaided Vision:

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
|----------|-----|-----|------|-----|-----|-----|------|-----|
| Distance | - | - | - | 6/6 | - | - | - | 6/6 |
| Near | - | - | - | NG | - | - | - | NG |

✓ Colour Vision: Normal / Abnormal

Remark: As above

Shekh

Dr. Shephali Bodkhe
MBBS

2006/03/1809

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CID : 2131735392
Name : Ms ANISHA AGRAWAL
Age / Sex : 27 Years/Female
Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 13-Nov-2021 / 14:04
Report Date : 13-Nov-2021 / 19:40
Printed : 13-Nov-2021 / 19:40

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.

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

Dr Jamila Johar Fani
MD Radiologist
Reg No 2018/01/0007
Consultant Radiologist



CID : 2131735392
Name : Mrs ANISHA AGRAWAL
Age / Sex : 27 Years/Female
Ref. Dr :
Reg.Location : Vashi Main Centre

Reg. Date : 13-Nov-2021 / 11:58
Report Date : 13-Nov-2021 / 12:19
Printed : 13-Nov-2021 / 12:19

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 10.7 x 3.9 cm. Left kidney measures 10.0 x 4.6 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
Gaseous distention of bowel loops is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal. It measures 7.3 x 2.5 x 4.1 cm in size. The endometrial thickness is 8 mm.



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OVARIES:

Both the ovaries are well visualised and left ovary appears normal. Right ovary shows a complex cyst of size 17.8 x 21 mm. There is no evidence of any ovarian or adnexal mass seen.

Right ovary = 3.5 x 2.1 cm.

Left ovary = 2.6 x 1.8 cm.

IMPRESSION:-

Right ovarian complex cyst most likely to be hemorrhagic in origin.

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

Dr Shilpa Beri
MBBS DMRE
Reg No 2002/05/2302
Consultant Radiologist