

PHYSICAL EXAMINATION REPORT

Patient Name	YASHA JOSHI	Sex/Age	32 (F)
Date	10/2/24	Location	Thane

History and Complaints

Nil

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	(F)
Weight (kg):	60.5	Skin:	NAD
Blood Pressure	110/80	Nails:	
Pulse	72/min	Lymph Node:	

- Systems :
- Cardiovascular:
- Respiratory:
- Genitourinary:
- GI System:
- CNS:

NAD

Impression:

Need glass for D.V.
Eosinophilia
BSL ↑ F (diabetic)
↑↑ HbA1c
Urine sugar (+H)
3+ glucose

↑ Non HDL
Non specific ST/T waves

- Eye check-up.

Advice:

- Treatment of Eosinophilia.
- Physician's / Diabetologist's consultation.

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
2 miscarriages.
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries
- 17) Musculoskeletal System

Nil

c/o - Endometriosis.

Nil

For Endometriosis.

Nil

PERSONAL HISTORY:

- 1) Alcohol
- 2) Smoking
- 3) Diet
- 4) Medication

1

(No) (No)

veg.

For Conception
(Ayurvedic)

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

12/2/24

Date:- 10/2/24 CID: 2404120273
Name:- Yashu Teju Sex / Age: F 32.

EYE CHECK UP

Chief complaints: 12 CV

Systemic Diseases: All

Past history: All. BR 2008 done
6/9 212/12 XNEX16

Unaided Vision: RD

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Allude 8/1000 for DR

MR. PRAKASH KUDVA
Prakash
SR. OPTOMETRIST



CID : 2404123273
Name : MRS. YASHA NIKHIL JOSHI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 10-Feb-2024 / 11:08
Reported : 10-Feb-2024 / 12:35

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	14.2	12.0-15.0 g/dL	Spectrophotometric
RBC	5.55	3.8-4.8 mil/cmm	Elect. Impedance
PCV	43.9	36-46 %	Measured
MCV	79.0	80-100 fl	Calculated
MCH	25.7	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	8600	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	33.9	20-40 %	
Absolute Lymphocytes	2915.4	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	481.6	200-1000 /cmm	Calculated
Neutrophils	53.9	40-80 %	
Absolute Neutrophils	4635.4	2000-7000 /cmm	Calculated
Eosinophils	6.3	1-6 %	
Absolute Eosinophils	541.8	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	25.8	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	11.9	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	Occasional

Authenticity Check



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **30** 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 G B Road Lab, Thane West.

*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	268.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	504.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

Kindly correlate clinically.

BILIRUBIN (TOTAL), Serum	0.35	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.19	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	20.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.0	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	10.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	80.2	35-105 U/L	PNPP
BLOOD UREA, Serum	13.5	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.3	6-20 mg/dl	Calculated



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Collected : 10-Feb-2024 / 14:35
Reported : 10-Feb-2024 / 17:58

CREATININE, Serum	0.47	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	130	(ml/min/1.73sqm)	Calculated
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			

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

URIC ACID, Serum	2.4	2.4-5.7 mg/dl	Uricase
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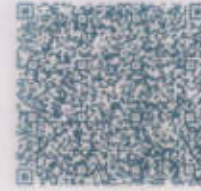
Kindly correlate clinically.

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	12.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	312.1	mg/dl	Calculated

Kindly correlate clinically.

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 G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
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Collected : 10-Feb-2024 / 11:08
Reported : 10-Feb-2024 / 16:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	3+	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	4-5	Less than 20/hpf	
Others	-		

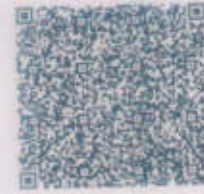
Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- 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

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*** End Of Report ***

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Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	189.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	75.1	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	45.9	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	143.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.0	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	15.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Vandana Kulkarni
Dr. VANDANA KULKARNI
M.D (Path)
Pathologist



Use a QR Code Scanner Application To Scan the Code

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Collected : 10-Feb-2024 / 11:08
 Reported : 10-Feb-2024 / 13:14

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.3	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	2.03	0.35-5.5 microu/ml First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0 mIU/ml	ECLIA

Authenticity Check



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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 microU/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:

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

Reference:

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

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*** End Of Report ***

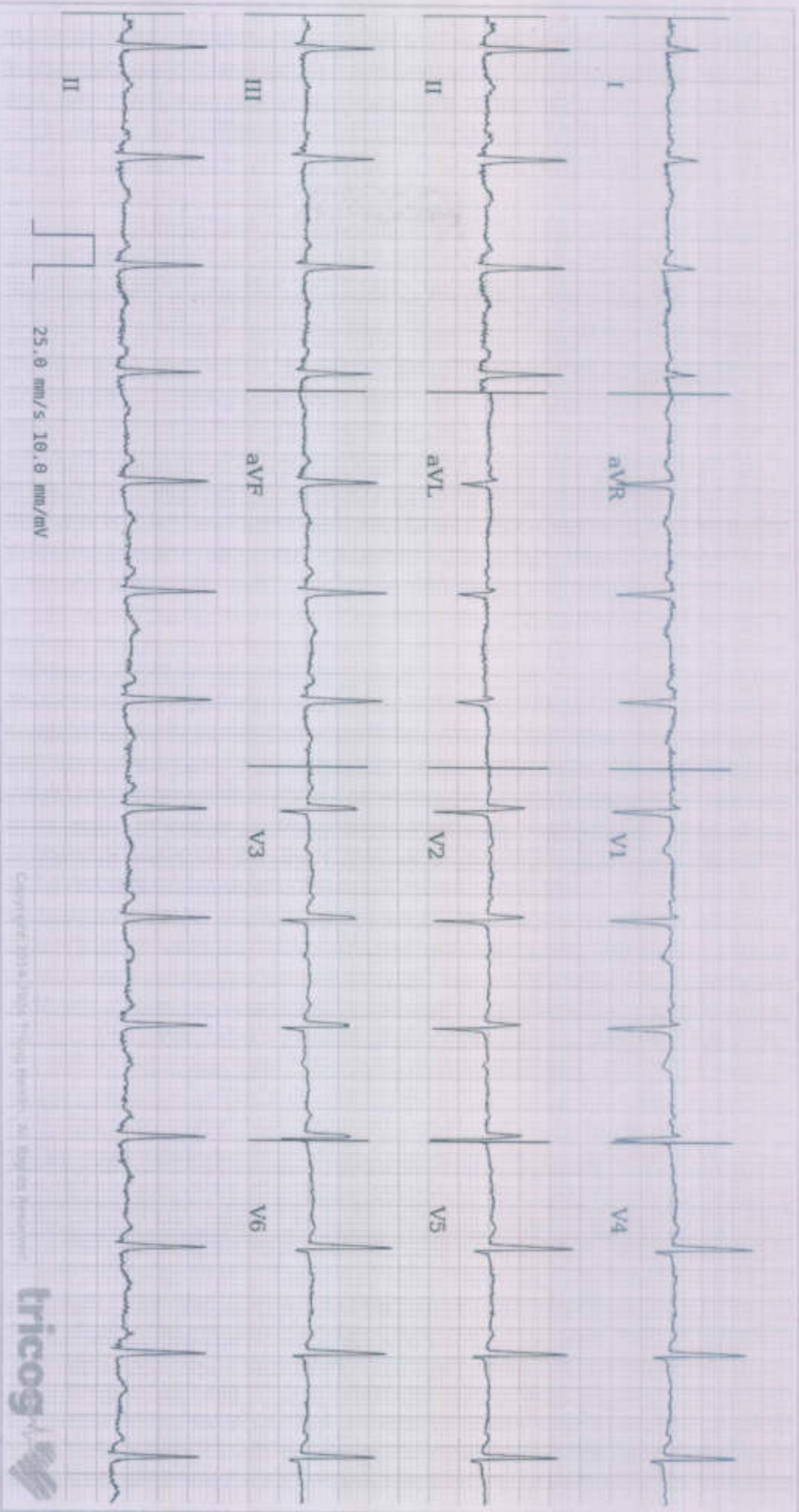
J. Mujawar

Dr. IMRAN MUJAWAR
MD (Path)
Pathologist

Patient Name: **YASHA NIKHIL JOSHI**

Date and Time: **10th Feb 24 1:15 PM**

Patient ID: **2404123273**



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Age **32** NA NA
years months days

Gender **Female**

Heart Rate **86bpm**

Patient Vitals

BP: NA

Weight: 60 kg

Height: 152 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 72ms

QT: 354ms

QTcB: 423ms

PR: 138ms

P-R-T: 88° 75° 51°

Non-specific ST/T Wave Changes, Sinus Rhythm. Please correlate clinically.

REPORTED BY

DR. SHALEELA PILLAI
MBBS, MD Physician
MD Physician
49972

Disclaimer: This report is based on ECG signal and should be used as an adjunct to clinical history, symptoms, and results of other sensitive and non-sensitive tests and used for interpretation by a qualified physician. Philips HealthCare is not responsible for the diagnosis and treatment of any disease.

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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-----

G. R. Fartade
Dr. GAURAV FARTADE
MBBS, DMRE
Reg No -2014/04/1786
Consultant Radiologist

Click here to view images <<ImageLink>>

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USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 10.1 x 3.5 cm. Left kidney measures 9.1 x 4.5 cm. Both kidneys are normal in size, 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.

UTERUS: Uterus is anteverted and measures 5.7 x 4.0 x 3.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6 mm. Cervix appears normal.

OVARIES: Both ovaries are normal.

The right ovary measures 2.7 x 2.0 cm.

The left ovary measures 2.8 x 2.2 cm.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <<ImageLink>>

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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. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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



Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

[Click here to view images <<ImageLink>>](#)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Email:

Report

805 (2404123273) / YASHA NIKHIL JOSHI / 32 Yrs / F / 158 Cms / 60 Kg
 Date: 10 / 02 / 2024 12:31:36 PM



Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:08	0:08	00.0	00.0	01.0	102	54 %	110/70	112	00	
Standing	00:11	0:03	00.0	00.0	01.0	102	54 %	110/70	112	00	
HV	00:19	0:08	00.0	00.0	01.0	107	57 %	110/70	117	00	
ExStart	00:29	0:10	00.0	00.0	01.0	114	61 %	110/70	125	00	
BRUCE Stage 1	03:29	3:00	01.7	10.0	04.7	159	85 %	130/80	206	00	
PeakEx	03:48	0:19	02.5	12.0	05.0	161	86 %	140/80	225	00	
Recovery	04:48	1:00	00.0	00.0	01.0	134	71 %	140/80	187	00	
Recovery	05:48	2:00	00.0	00.0	01.0	122	65 %	140/80	170	00	
Recovery	06:48	3:00	00.0	00.0	01.0	124	66 %	120/70	148	00	
Recovery	07:08				00.0	000	0 %	—/—	000	00	

FINDINGS :

Exercise Time : 03:19
 Initial HR (ExStrt) : 114 bpm 61% of Target 188
 Initial BP (ExStrt) : 110/70 (mm/Hg)
 Max Workload Attained : 5 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V2 & -0.9 mm in Recovery
 History : No
 Test End Reasons : , Heart Rate Achieved

Max HR Attained 161 bpm 86% of Target 188
 Max BP Attained 140/80 (mm/Hg)

Dr. SHAILAJA PILLAI
 M.D. (GEN.MED)
 R.NO. 49972

Doctor : DR. SHAILAJA PILLAI



EMail: 805 / YASHA NIKHIL JOSHI / 32 Yrs / F / 158 Cms / 60 Kg Date: 10 / 02 / 2024 12:31:36 PM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill
PROCEDURE DONE: Graded exercise treadmill stress test.

STRESS ECG RESULTS: The initial HR was recorded as 102.0 bpm, and the maximum predicted Target Heart Rate 188.0. The BP increased at the time of generating report as 140.0/80.0 mmHg. The Max Dep went upto 0.3. 0.0 Ectopic Beats were observed during the Test. The Test was completed because of . . . Heart Rate Achieved.

CONCLUSIONS:

1. Stress test is negative for ischemia.
2. Basic ECG Nonspecific ST T changes. No significant STT changes seen.
3. Blood pressure response to exercise is normal.
4. Accelerated chronotropic response.

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. 49972

Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE (00:01)

805 (2404123273) / YASHA NIKHIL JOSHI / 32 Yrs / F / 158 Cms / 60 Kg / HR : 102

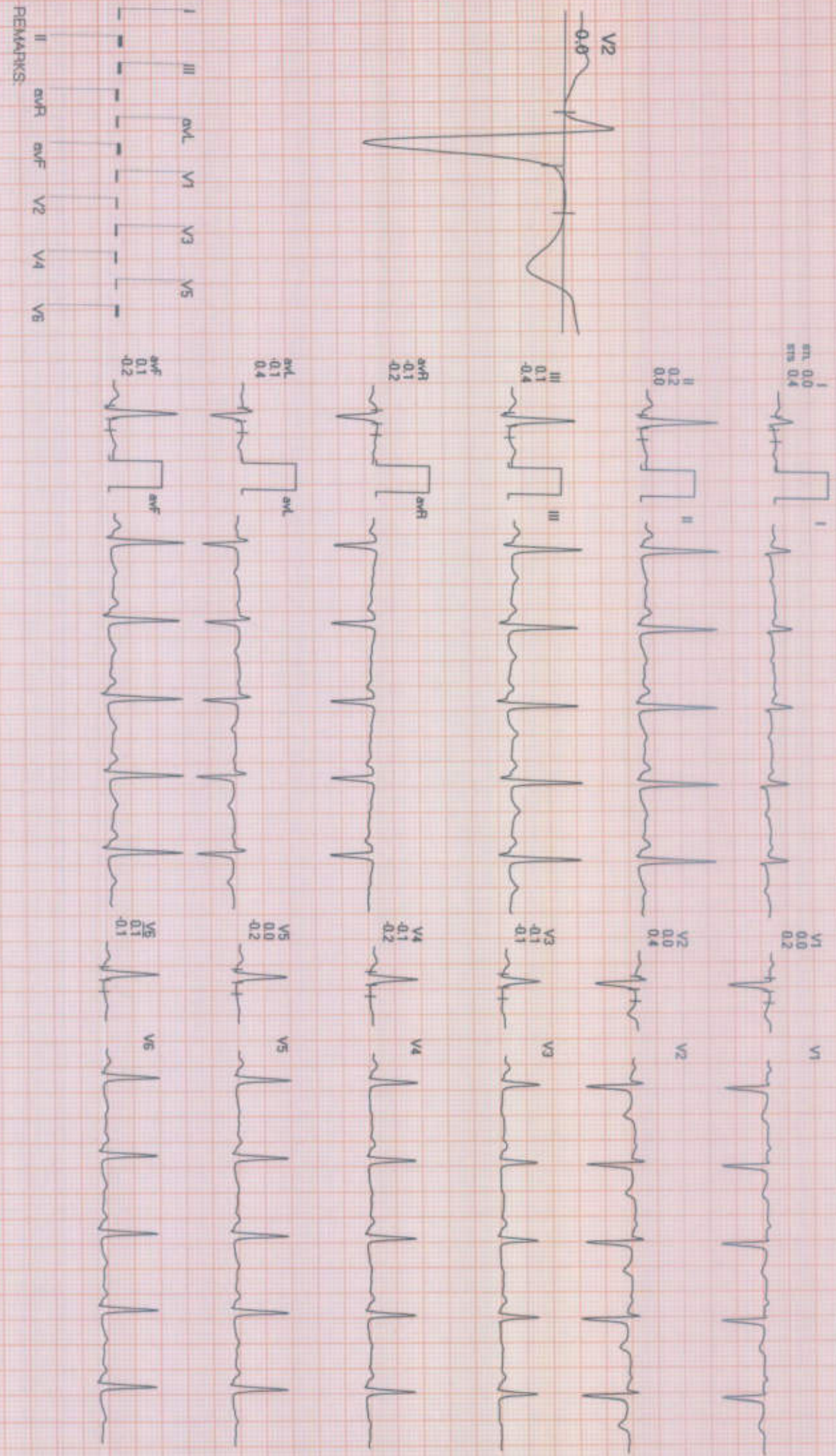


Date: 10/02/2024 12:31:36 PM

METS: 1.0/102 bpm 54% of THR BP: 110/70 mmHg Pgw ECG/BLC On/Notch On/HF 0.05 Hz/AF 35 Hz

4X 80 ms Post J

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



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

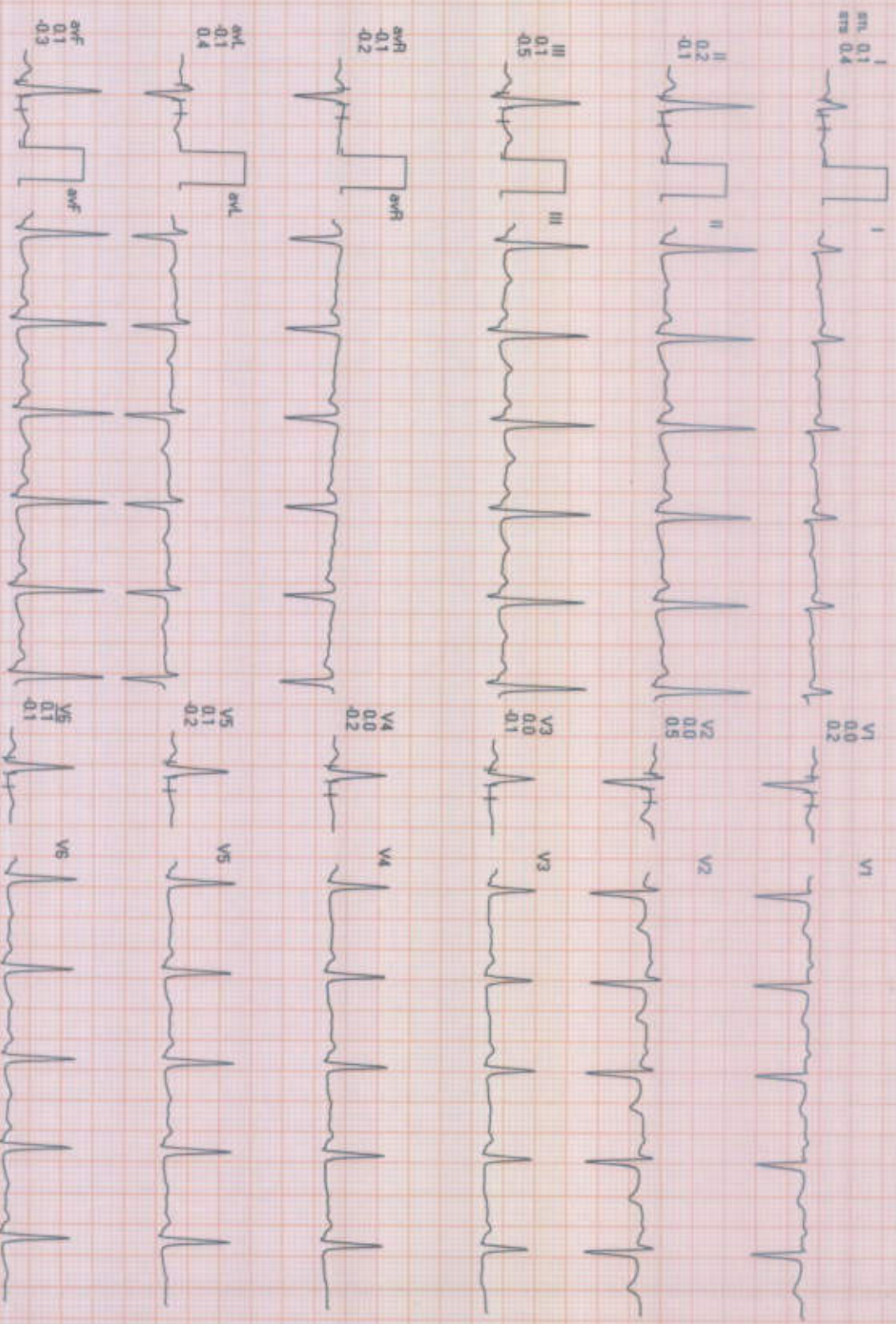
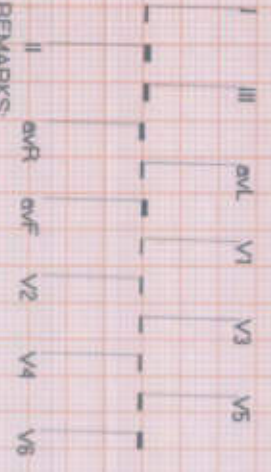
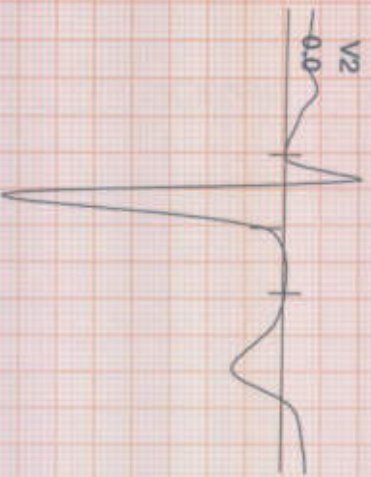
805 (2404123273) / YASHA NIKHIL JOSHI / 32 Yrs / F / 158 Cms / 60 Kg / HR : 102

STANDING (00:00)



Date: 10/02/2024 12:31:36 PM METS: 1.0/102 bpm 54% of THR BP: 110/70 mmHg Raw ECG/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz
4X 90 ms Post J

ExTime: 00:00 0.0 mph 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

HV (00:00)

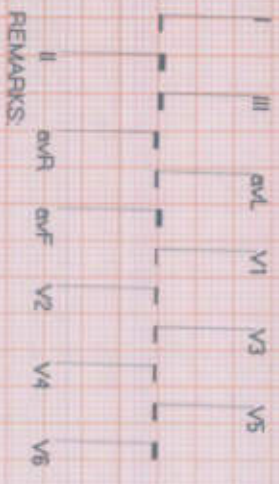
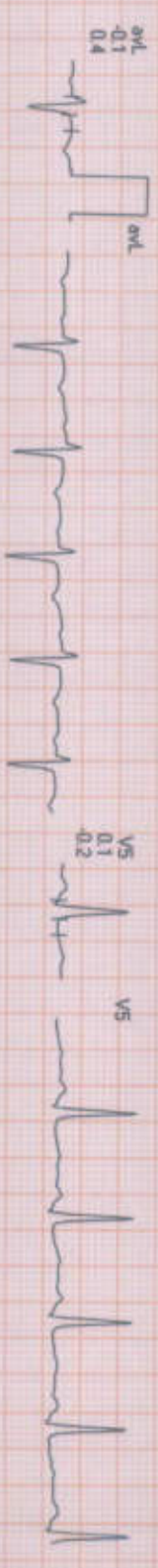
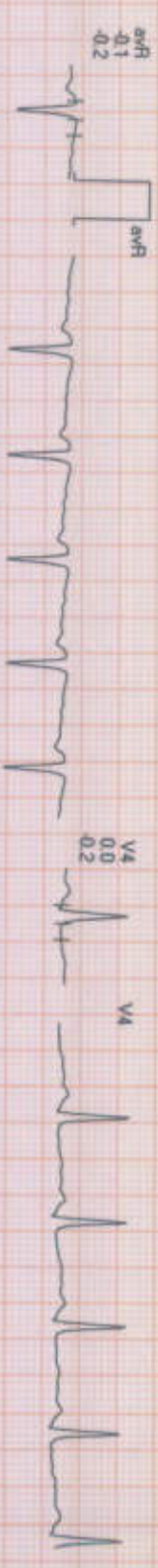
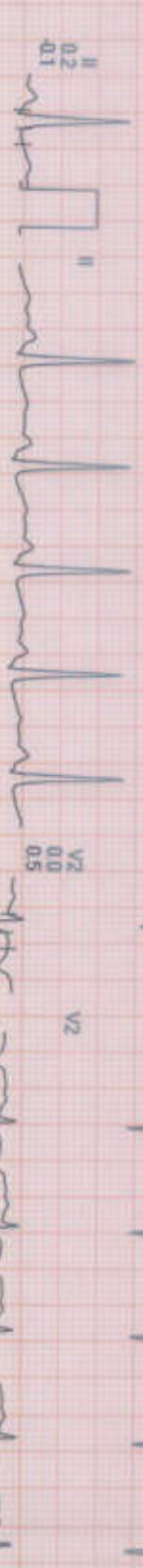
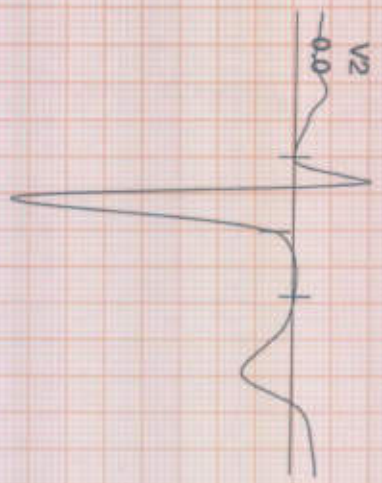


805 (2404123273) / YASHA NIKHIL JOSHI / 32 Yrs / F / 158 Cms / 60 Kg / HR : 107

Date: 10/02/2024 12:31:36 PM METS: 1.0/107 bpm 57% of THR BP: 110/70 mmHg Pwv ECG/ BLC ON/ Noida ON/ HF 0.05 Hz/ LF 35 Hz

AX 30 ms Post J

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec 1.0 Cm/mV



REMARKS:

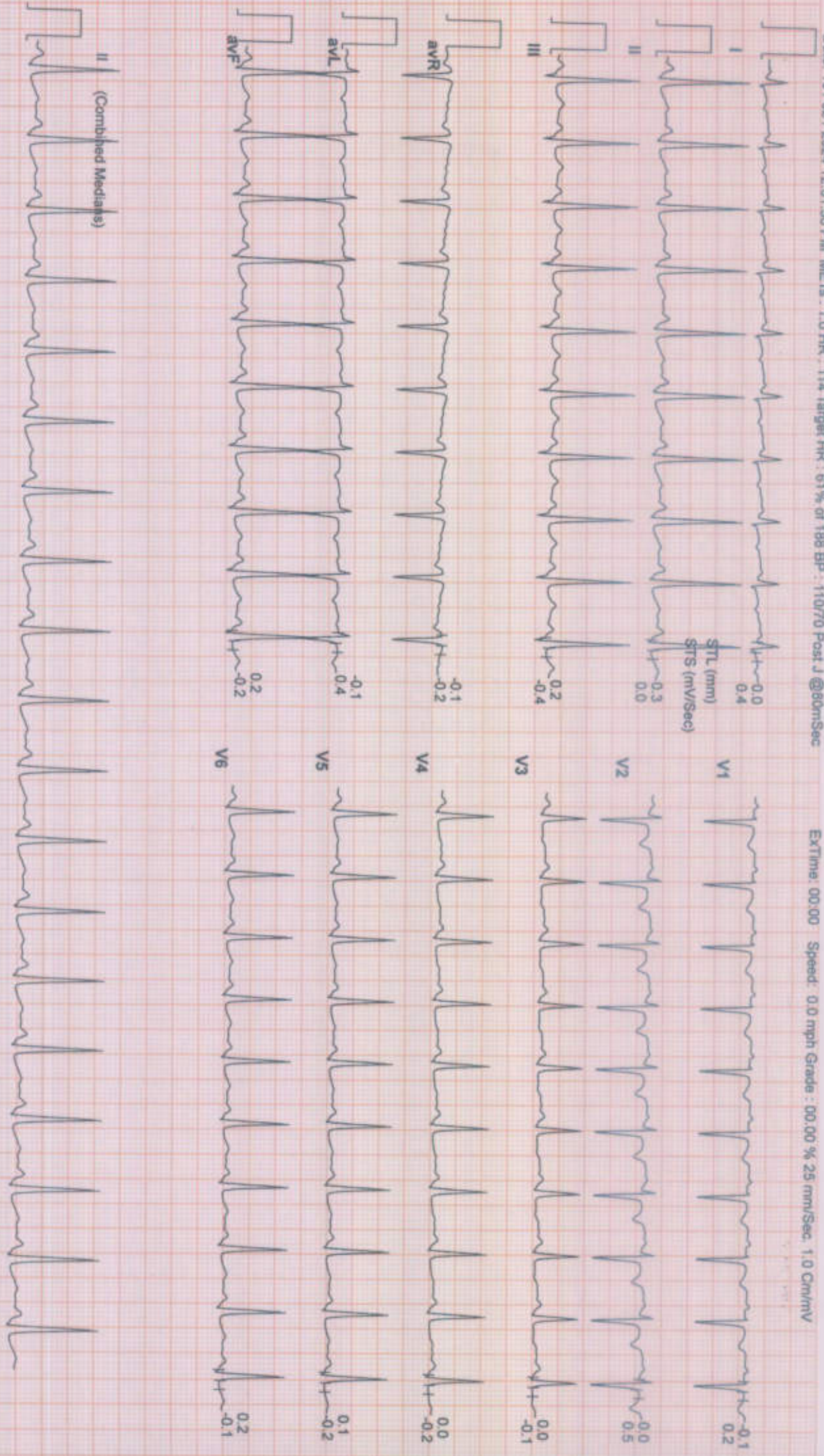
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

805 / YASHA NIKHIL JOSHI / 32 Yrs / Female / 158 Cm / 60 Kg

Date: 10 / 02 / 2024 12:31:36 PM METs : 1.0 HR : 114 Target HR : 61% of 188 BP : 110/70 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
ExStrt

ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

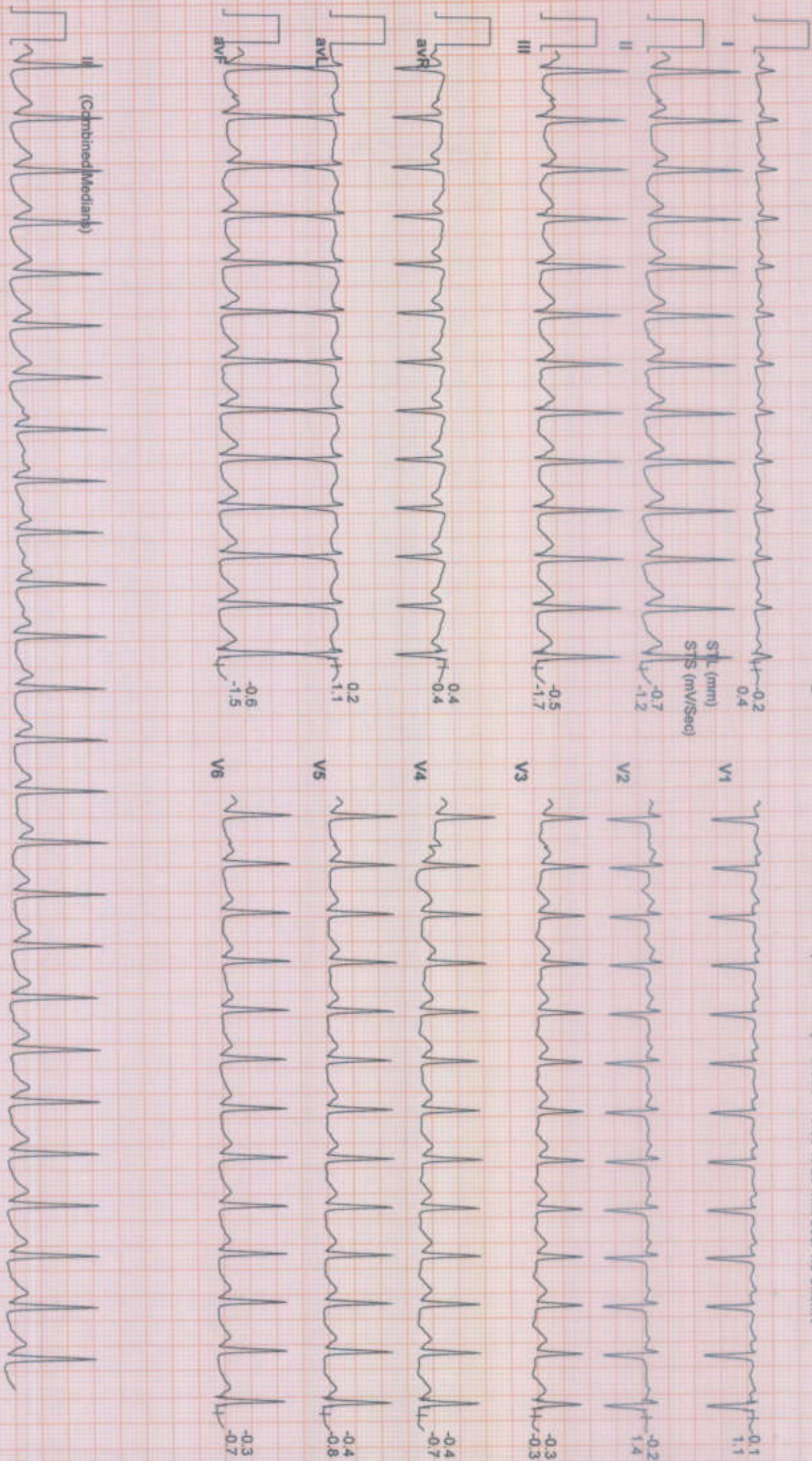
805 / YASHA NIKHIL JOSHI / 32 Yrs / Female / 158 Cm / 60 Kg

6X2 Combine Medians + 1 Rhythm
BRUCE : Stage 1 (03:00)



Date: 10 / 02 / 2024 12:31:36 PM METs : 4.7 HR : 159 Target HR : 85% of 188 BP : 130/80 Post J @60mSec

ExTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec. 1.0 Cm/mV



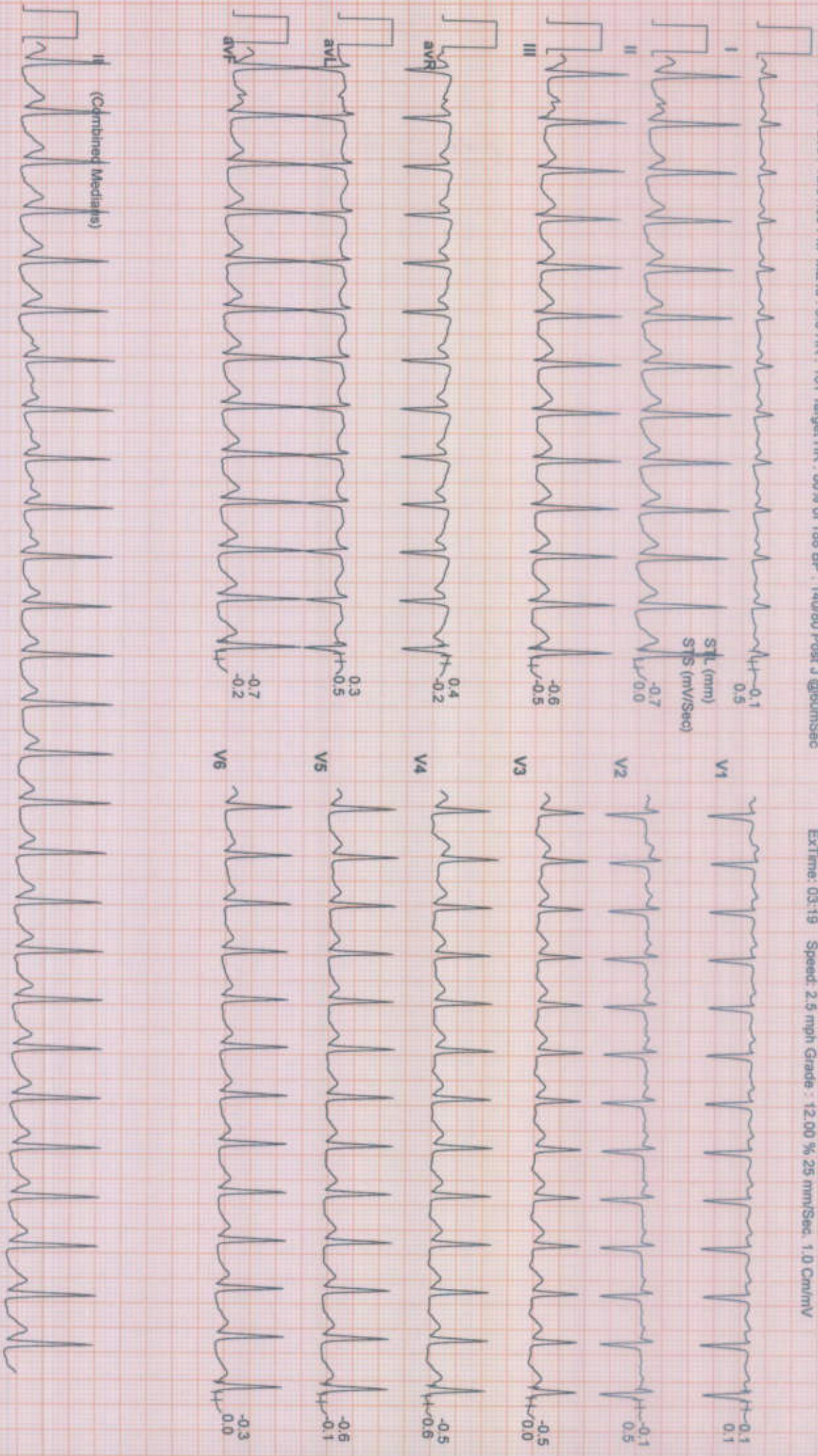
SUBURBAN DIAGNOSTICS (THANE GB ROAD)

805 / YASHA NIKHIL JOSHI / 32 Yrs / Female / 158 Cm / 60 Kg

Date: 10 / 02 / 2024 12:31:36 PM METs : 5.0 HR : 161 Target HR : 95% of 198 BP : 140/80 Post J @50mSec

6X2 Combine Medians + 1 Rhythm
PeakEx

ExTime: 03:19 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec, 1.0 Cm/mV



(Combined Medians)

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

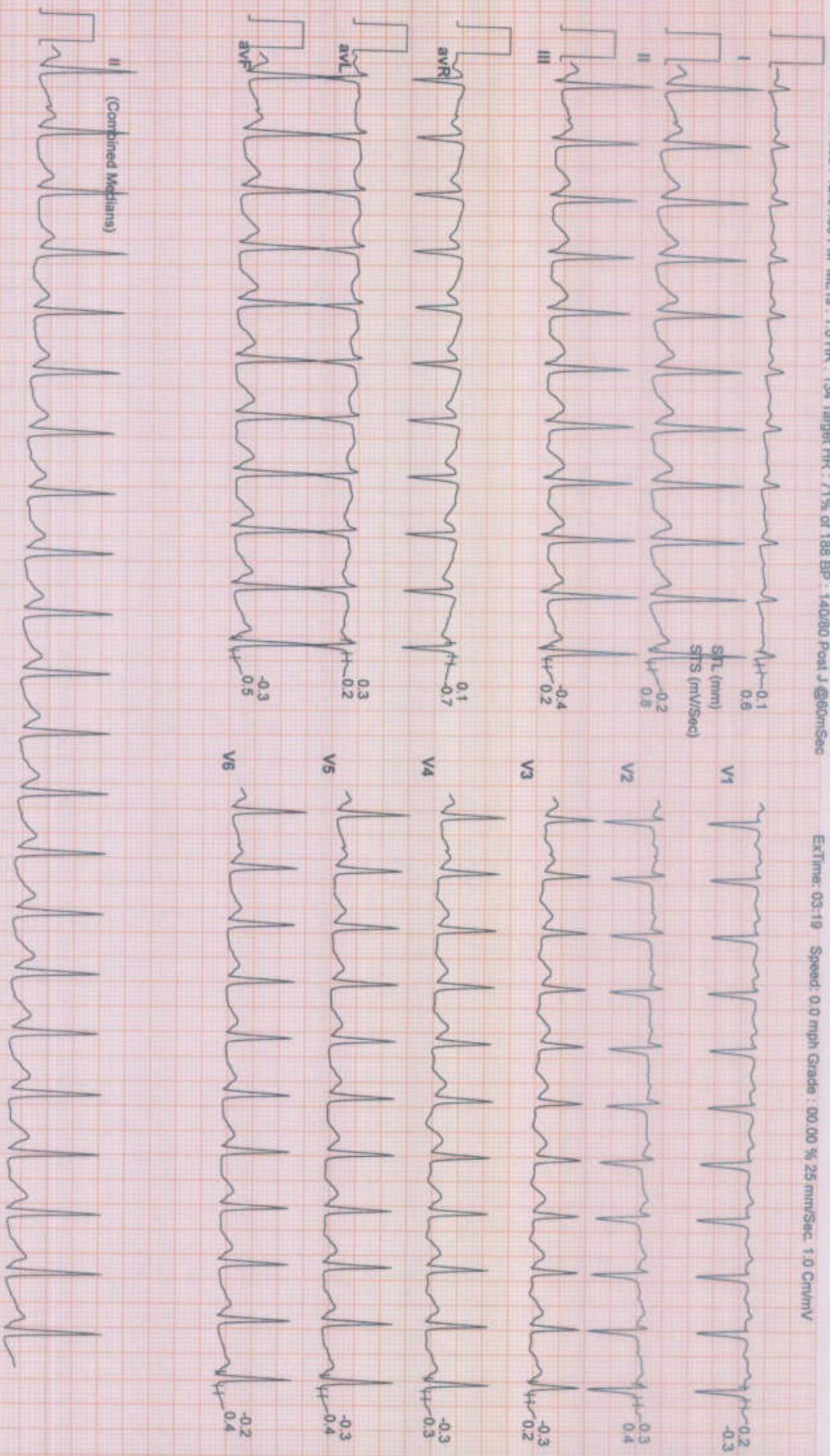
805 / YASHA NIKHIL JOSHI / 32 Yrs / Female / 158 Cm / 60 Kg

Date: 10 / 02 / 2024 12:31:36 PM METs : 1.0 HR : 134 Target HR : 71% of 188 BP : 140/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (01:00)



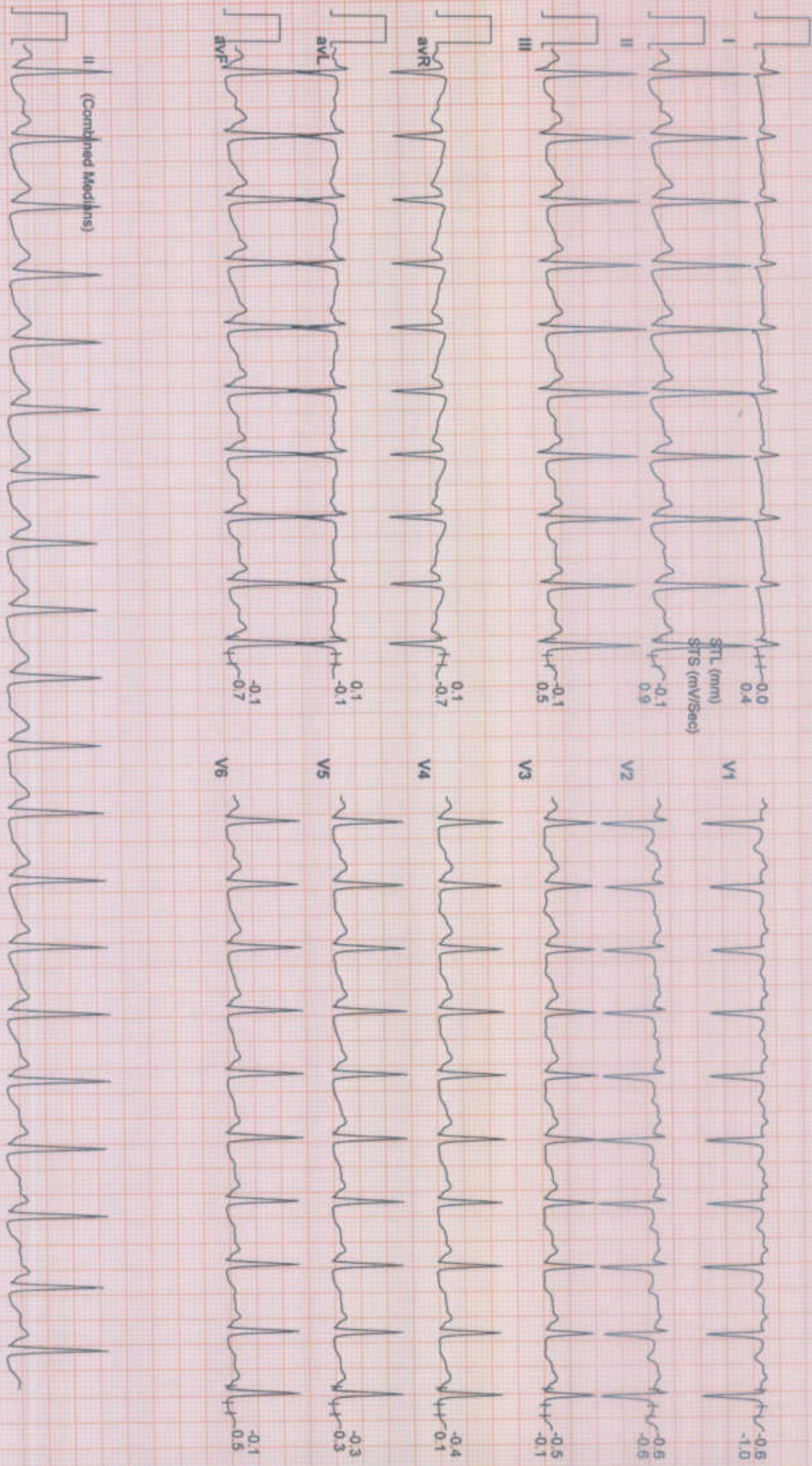
ExtIme: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 10 / 02 / 2024 12:31:36 PM METS : 1.0 HR : 122 Target HR : 65% of 189 BP : 140/80 Post J @60mmSec

ExTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

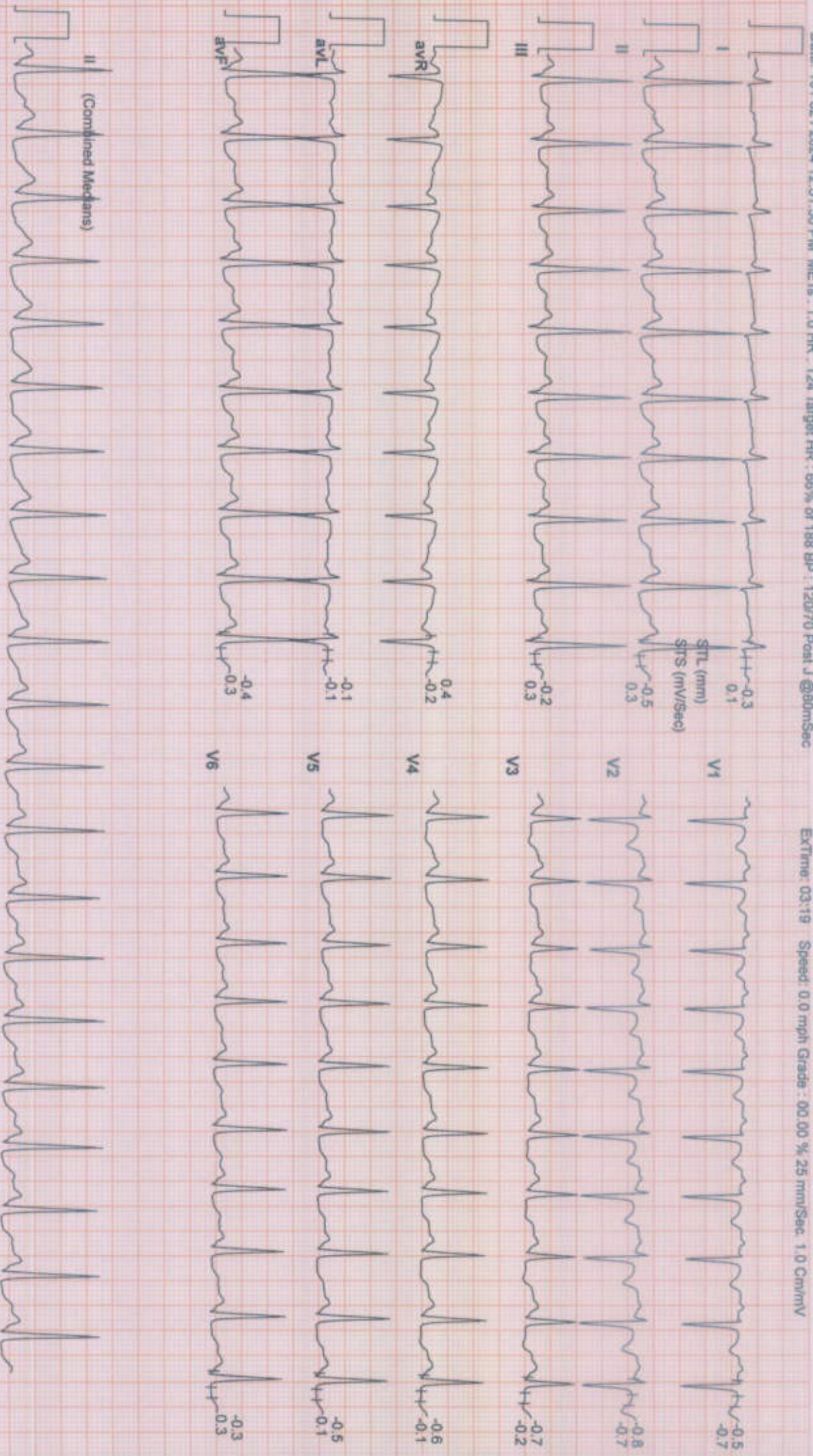
805 / YASHA NIKHIL JOSHI / 32 Yrs / Female / 158 Cm / 60 Kg

Date: 10 / 02 / 2024 12:31:36 PM METs : 1.0 HR : 124 Target HR : 66% of 188 BP : 120/70 Post J @90mSec

6X2 Combine Medians + 1 Rhythm
Recovery : (03:00)



ExTime: 03:19 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 10 / 02 / 2024 12:31:36 PM METs : 1.0 HR : 123 Target HR : 65% of 168 BP : 110/70 Post J @60mmSec

EXTime: 03:19 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec: 1.0 Cm/mV

