

Name : MRS.SNEHA GUPTA

Age / Gender : 34 Years / Female

Consulting Dr. : -

Reg. Location

: Borivali West (Main Centre)

Authenticity Check

E

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Reported

: 09-Sep-2023 / 08:14 : 09-Sep-2023 / 12:05

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Bloo	d Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.0	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.2	36-46 %	Measured
MCV	96	80-100 fl	Calculated
MCH	30.3	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	15.1	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7840	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	19.9	20-40 %	
Absolute Lymphocytes	1560.2	1000-3000 /cmm	Calculated
Monocytes	5.9	2-10 %	
Absolute Monocytes	462.6	200-1000 /cmm	Calculated
Neutrophils	71.7	40-80 %	
Absolute Neutrophils	5621.3	2000-7000 /cmm	Calculated

 Monocytes
 5.9
 2-10 %

 Absolute Monocytes
 462.6
 200-1000 /cmm
 Calculated

 Neutrophils
 71.7
 40-80 %

 Absolute Neutrophils
 5621.3
 2000-7000 /cmm
 Calculated

 Eosinophils
 2.1
 1-6 %

 Absolute Eosinophils
 164.6
 20-500 /cmm
 Calculated

 Basophils
 0.4
 0.1-2 %

 Absolute Basophils
 31.4
 20-100 /cmm
 Calculated

Immature Leukocytes

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	196000	150000-400000 /cmm	Elect. Impedance
MPV	12.6	6-11 fl	Calculated
PDW	31.5	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia Microcytosis -



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:09-Sep-2023 / 12:02

Macrocytosis

Reg. Location

Anisocytosis -

Poikilocytosis -

Polychromasia -

Target Cells -

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY -

COMMENT -

Specimen: EDTA Whole Blood

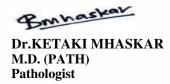
ESR, EDTA WB-ESR 23 2-20 mm at 1 hr. Sedimentation

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









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Name : MRS.SNEHA GUPTA

Age / Gender : 34 Years / Female

Consulting Dr. :

Reg. Location

. : -

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:09-Sep-2023 / 08:14

Reported :09-Sep-2023 / 12:34

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	99.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	117.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.84	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.32	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.52	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	17.2	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	14.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.9	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	54.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.58	0.51-0.95 mg/dl	Enzymatic



Name : MRS.SNEHA GUPTA

Age / Gender : 34 Years / Female

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eGFR, Serum

Reg. Location

: Borivali West (Main Centre)

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Calculated

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Reported :09-Sep-2023 / 16:42

(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

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 (PP)AbsentAbsentUrine Ketones (PP)AbsentAbsent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.3 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

Collected

Estimated Average Glucose 105.4 mg/dl Calculated

(eAG), EDTA WB - CC

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 ***



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

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:09-Sep-2023 / 12:53

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE

PHYSICAL EXAMINATION

ColourBrownBrownForm and ConsistencySemi SolidSemi SolidMucusAbsentAbsentBloodAbsentAbsent

CHEMICAL EXAMINATION

Reaction (pH) Acidic (6.0) -

Occult Blood Absent Absent

MICROSCOPIC EXAMINATION

Protozoa Absent Absent Flagellates Absent Absent Ciliates Absent Absent **Parasites** Absent Absent Macrophages Absent Absent Mucus Strands Absent Absent Fat Globules Absent Absent RBC/hpf Absent Absent WBC/hpf Absent Absent Yeast Cells Absent **Absent Undigested Particles** Present + Concentration Method (for ova) No ova detected Absent Reducing Substances Absent





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

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^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

	<u> </u>	<u> </u>	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATIO	<u>N</u>		
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/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
*** End Of Report ***







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

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:09-Sep-2023 / 13:11

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

PARAMETER RESULTS

ABO GROUP 0

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:

- 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.VRUSHALI SHROFF M.D.(PATH) Pathologist

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Name : MRS.SNEHA GUPTA

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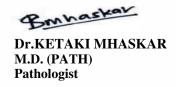
AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	197.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	173.0	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	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	151.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	117.0	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	34.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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









Name : MRS.SNEHA GUPTA

Age / Gender : 34 Years / Female

Consulting Dr. : -

Reg. Location

: Borivali West (Main Centre)

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:09-Sep-2023 / 14:23

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETERRESULTSFree T3, Serum4.5Free T4, Serum15.3	<u>RESULTS</u>	BIOLOGICAL REF RANGE				
Free T3, Serum	4.5	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	9.84	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			



Name : MRS.SNEHA GUPTA

Age / Gender : 34 Years / Female

Consulting Dr. : - Collected : 09-Sep-2023 / 08:14

Reg. Location : Borivali West (Main Centre) Reported :09-Sep-2023 / 14:23

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

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

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

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

Limitations:

- 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

*** End Of Report ***







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

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जन्म वर्ष / Year of Birth . 1988 महिसा / Female नेहा गुप्ता Sneha Gupta 9659 9683 9834

आधार - आम आदमी का अधिकार

3018 302, 3rd Floor, And Elegenation, Above Tarusq Jweller, L. T. Road, Above Tarusq Jweller, L. T. Road, Mumbai - 400 092.



E

R

Name

: Mrs . SNEHA GUPTA

VID

: 2325223914

Ref By

: Arcofemi Healthcare Limited

Reg Date

Age/Gender

: 34 Years

Regn Centre

: Borivali West (Main Centre)

: 09-Sep-2023 07:59

History and Complaints:

NIL

EXAMINATION FINDINGS:

Height (cms):

153

Weight (kg):

67

Afebrile

Skin: Nails: NAD NAD

Temp (0c): Blood Pressure (mm/hg):

100/70 72/min

Lymph Node:

Not Palpable

Systems

Pulse:

Cardiovascular: S1S2-Normal Chest-Clear

Respiratory: Genitourinary:

NAD

GI System:

NAD

CNS:

NAD

IMPRESSION:

ADVICE:

physician Refu

CHIEF COMPLAINTS:

1) Hypertension: IHD

No No

3) Arrhythmia

No

Diabetes Mellitus

No

5) Tuberculosis

No No

6) Asthama 7) Pulmonary Disease

No

Thyroid/ Endocrine disorders

Yes

9) Nervous disorders

No

10) GI system

No

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

13) Blood disease or disorder

No

14) Cancer/lump growth/cyst 15) Congenital disease

No No

16) Surgeries

Yes



Name

: Mrs . SNEHA GUPTA

VID

: 2325223914

Ref By

: Arcofemi Healthcare Limited

Reg Date

: 09-Sep-2023 07:59

Age/Gender

: 34 Years

Regn Centre

: Borivali West (Main Centre)

PERSONAL HISTORY:

1) Alcohol

Smoking 2)

3) Diet

Medication

No

No No

Yes

DR. NITIN SONAVANE M.B.B.S AFI H, D.DIAB, D.CARD. CONSUL T. CARDIOLOGIST REGULTIO: 87714

> Dr.Nitin Sonavane PHYSICIAN

Suburban Diagnos' (I) Pvt. Ltd. 301& 302, 2 Ploor, Vini Eleganance, Above Tanis, hypeller, L. T. Road, Borivali (West), Siumbai - 400 092.



EPORT

CID NO: 2325223914		
NAME: .MRS.SNEHA GUPTA	AGE: 34 YRS	SEX: F
REF. BY:	DATE: 09/09/2023	

USG WHOLE ABDOMEN

LIVER: Liver is enlarged in size 16.5 cm with shape and normal echotexture. There is no intrahepatic biliary radical dilatation. No evidence of any obvious focal lesion.

GALL BLADDER: Gall bladder is not seen post operative status.

PORTAL VEIN: Portal vein is 9.6 mmnormal. CBD: CBD is normal.

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

KIDNEYS: Right kidney measures 9.1 x 3.9 cm.Right PCS is mildly prominent with extra renal pelvis. Ureter appear normal in caliber. Left kidney measures 10.7 x 4.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis on left side. No hydroureter or calculus on either side

SPLEEN: Spleen is normal in size 8.8 cm, shape and echotexture. No focal lesion is seen.

<u>URINARY BLADDER:</u> Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS:</u> Uterus is anteverted, normal and measures 8.0 x 3.3 x 4.5 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 6 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 2.7 x 1.5 cm.

The left ovary measures 2.2 x 2.0 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



CID NO: 2325223914		
NAME: .MRS.SNEHA GUPTA	AGE: 34 YRS	SEX: F
REF. BY :	DATE: 09/09/2023	DEJI.

Opinion:

- Mild hepatomegaly, Advice LFT & Lipid profile correlation.
- Right PCS is mildly prominent with extra renal pelvis. Ureter appear normal in caliber.

For clinical correlation and follow up.

Dr. Ravi Kunfar, MD Consultant Radiologist Reg no.2008041721

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



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: 09-Sep-2023

Reg. Date

Reported

CID

: 2325223914

Name

: Mrs SNEHA GUPTA

Age / Sex

: 34 Years/Female

Ref. Dr

Reg. Location

: Borivali West

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. Chirag Patel Consultant Radiologist M.B.B.S, MD (Radiodiagnosis) Reg. No. MMC 2017073319

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023090908001524

SUBURBAN DIAGNOSTICS - BORIVALI WEST

SNEHA GUPTA 2325223914 Patient Name: Patient ID:

ISE TESTING . HEALTMIER LIVING

AGNOSTIC

Date and Time: 9th Sep 23 8:33 AM

34 10 5 years months days Gender Female Age

Heart Rate 76bpm

74

5

aVR.

100/70 mmHg Patient Vitals

153 cm Weight:

Height:

Pulse:

Resp:

Y

Z

Others

2

aVL

H

Spo2:

61° 64° 46°

P-R-T:

Dr Nitis Sonwane
M.B.B.S.AFLH, D.DIAB,D.CARD
Consultant Cardiologist
87714

man be unterpreted by a spellifted

REPORTED BY

CG Within Normal Limits: Sinus Rhythm. Normal axis. Please correlate clinically.

25.0 mm/s 10.0 mm/mV

lation: I. Anothelie is this report is based on U.C.) above and should be used as an adjunct to clinical hustory, symplection. I futures while are as entireed by the clinican and and derived from the ECC.

Pricoc

134ms

PR

360ms

88ms

QRSD:

9/

aVF

H

Measurements

405ms

QTcB;



E P 0 R

т

Date: 9/09/23
Name: Sneha gapta

CID: 2325 223 914

Sex / Age 34/

EYE CHECK UP

110

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eve)

RE CE 616 619 MI6 MI6

(Left Eye)

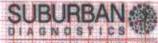
(Hight Lyo)							92 10	11-
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

3016 302, 3- Floor, Ini Eleganance. Above Tanisq Jysiler, L. T. Road, Bonvai (West, Mumbal - 400 092.

DR. NITIN SONAVANE AFLH, D.DIAB, D.CARD. CO: TANT-CARDIOLOGIST 1(c. A) NO.: 87714



SUBURBAN DIANOSTICS PVT. LTD. BORIVAL

Name: SNEHA GUPTA

Date: 09-09-2023

Time: 11:05

Age: 34

Gender: F

Height: 153 cms

Weight: 67 Kg

ID: 2325223914

Clinical History:

HYPOTHYROIDISM

Medications:

THYROID RX.

Test Details:

Bruce

Predicted Max HR: 186

26560

Target HR: 158 (85% of Pr. MHR)

Exercise Time:

Protocol:

Max BP:

0:06:02 160/70

Achieved Max HR:

Max BP x HR:

166 (89% of Pr. MHR)

Max Mets: 7

Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:21	1	0	0	112	100/70	11200	-0.3 V1	1.3 V2
Standing	00:13	l I	0	0	90	100/70	9000	0.3 V4	1.3 V2
HyperVentilation	00:10	1	0	0	96	100/70	9600	-0.3 aVR	1.4 V2
PreTest	00:07	i	1.6	0	96	100/70	9600	-0.2 III	1.3 V2
Stage: 1	03:00	4.7	2.7	10	153	130/70	19890	-1.3 V3	1.4 V2
Stage: 2	03:00	7	4	12	166	160/70	26560	-1.6 V4	1.2 V2
eak Exercise	00:02	5.8	5.5	14	166	160/70	26560	-1.6 V4	1.2 V2
Recovery I	01:00	1	0	0	130	160/70	20800	-0.7 V4	1.3 V2
Recovery2	01:00	1	0	0	114	140/70	15960	-0.7 V5	1.3 V2
Recovery3	01:00	1	0	0	112	120/70	13440	-0.7 V4	1.4 V2
Recovery4	00:05	1	.0	0	110	120/70	13200	-0.6 V4	1.4 V2

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:02 achieving a work level of 7 METS. Resting Heart Rate; initially 112 bpm rose to a max. heart rate of 166bpm (89% of Predicted Maximum Heart Rate). Resting Blood Pressure of 100/70 mmHg, rose to a maximum Blood Pressure of 160/70 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.

> Suburban Diagnostic (I) Pvt. Ltd. 3018 30% 316 Floor, Vini Eleganance Abovo la no la lar. L. T. Road, Borivali (v. Est), Mumbai - 400 092.

DR. NITIN SONAVANE M.B.O.S.AFLH, D.DIAB, D.CARD. CONSULTANT CARDIOLOGIST REGO. N.J.: 87714

Ref. Doctor: ----

Doctor: DR. NITIN SONAVANE

SCHILLER The Art of Diagnostics (Summary Report edited by User) Cardiovit CS-20 Version:3.4

