



CID : 2308912583
Name : MRS.PRAMILA DEVI
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 08:38
Reported : 30-Mar-2023 / 14:43

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	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.09	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.5	36-46 %	Measured
MCV	76	80-100 fl	Calculated
MCH	23.2	27-32 pg	Calculated
MCHC	30.6	31.5-34.5 g/dL	Calculated
RDW	17.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5430	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	29.2	20-40 %	
Absolute Lymphocytes	1585.6	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	358.4	200-1000 /cmm	Calculated
Neutrophils	56.6	40-80 %	
Absolute Neutrophils	3073.4	2000-7000 /cmm	Calculated
Eosinophils	6.7	1-6 %	
Absolute Eosinophils	363.8	20-500 /cmm	Calculated
Basophils	0.9	0.1-2 %	
Absolute Basophils	48.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	125000 (Manual Method)	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	15.8	11-18 %	Calculated

RBC MORPHOLOGY



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	90.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	94.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.45	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	34.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.3	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	11.1	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.2	35-105 U/L	Colorimetric
BLOOD UREA, Serum	12.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	5.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.82	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	83	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

Bmhasakar

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



MC-2111



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Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 08:38
Reported : 30-Mar-2023 / 13:29

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
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.

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.

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*** End Of Report ***



Bmhasakar

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



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Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 08:38
Reported : 30-Mar-2023 / 18:53

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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)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<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	30-35	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+++	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert

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

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M.D. (PATH)
Pathologist



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Reg. Location : Bhayander East (Main Centre)

Collected :
Reported :

*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

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

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

Dr. Leena Salunkhe

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	221.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	81.9	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	67.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	154.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	138.0	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	16.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.1	0-3.5 Ratio	Calculated

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

Bmhasakar

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



MC-2111



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 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 08:38
 Reported : 30-Mar-2023 / 16:21

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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	3.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	10.4	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	13.29	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



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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 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:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until at least 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 ***

Bmhasakar

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

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: PRAMILA DEVI

Date and Time: 30th Mar 23 9:11 AM

Patient ID: 2308912583

Age **37** **1** **9**
years months days

Gender **Female**

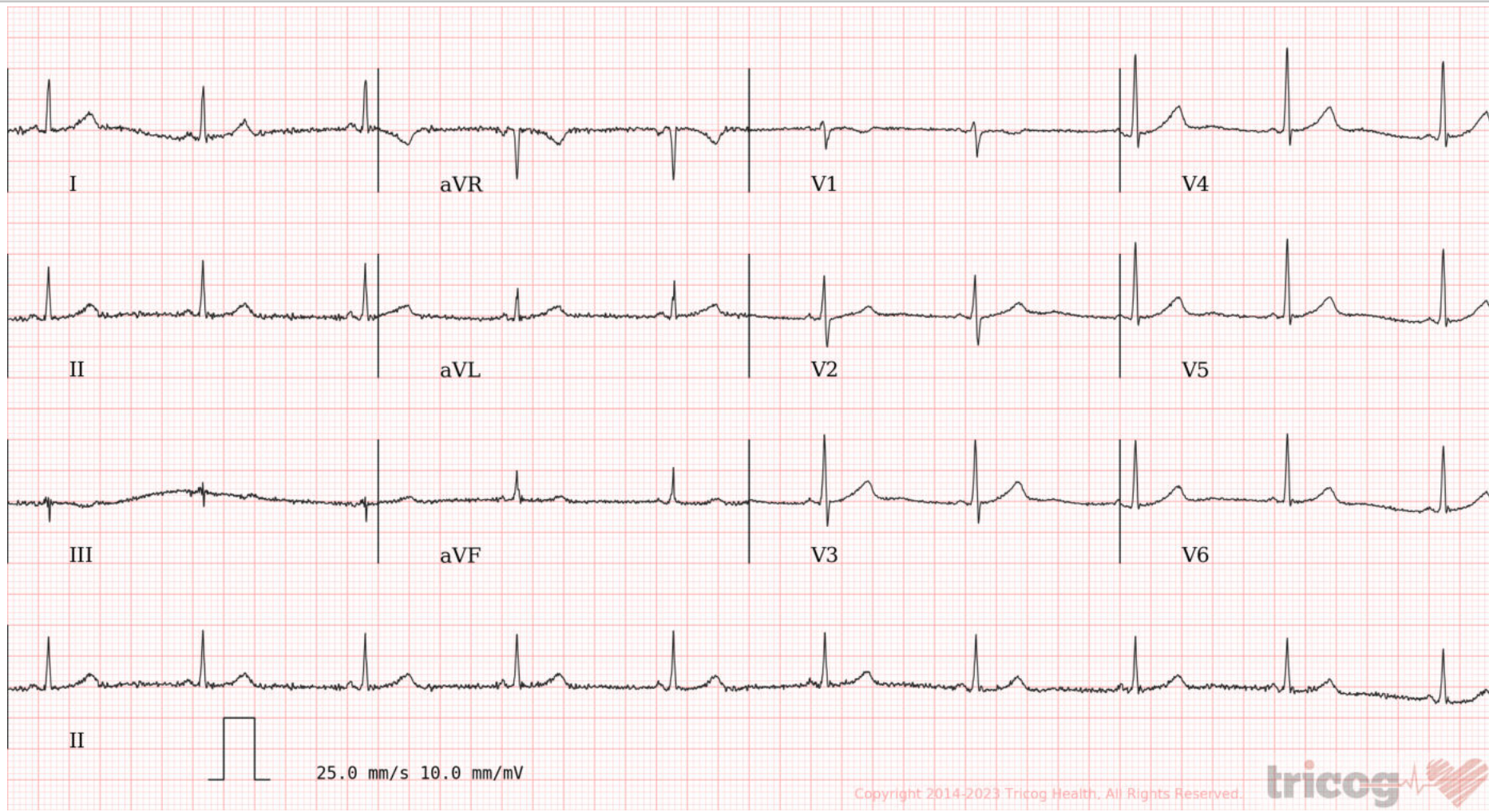
Heart Rate **60bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 57 kg
Height: 161 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 64ms
QT: 390ms
QTcB: 390ms
PR: 98ms
P-R-T: 22° 24° 3°



ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



Pramila

Anita

DR. ANITA CHOUDHARY

CONSULTANT Gynaecologist

Suburban Diagnostics (I) Pvt. Ltd. Reg. No. 2017/12/5553

Shop No. 101-A, 1st Floor, Kshiti Building,
Above Raymond, Near Thunga Hospital,

Mira - Bhayander Road, Bhayander (E)
Dist. Thane-401105.

Phone No : 022 - 61700000

Date:- 30/3/23
Name:- Pramila devi

CID: 23089/2583
Sex / Age: 37/F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} N/D

	RE	LE
	6/6	6/6
	N/D	N/D

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

Colour Vision: Normal / Abnormal

Remark:

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Above Reymond, Near Thunga Hospital.
Mira - Bhayander Road, Bhaynader (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

CID# : 2308912583
 Name : MRS. PRAMILA DEVI
 Age / Gender : 37 Years/Female
 Consulting Dr. :
 Reg. Location : Bhayander East (Main Centre)

Collected : 30-Mar-2023 / 08:28
 Reported : 30-Mar-2023 / 15:29

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms): 161
 Temp (0c): Afebrile
 Blood Pressure (mm/hg): 110/80
 Pulse: 86/min

Weight (kg): 57
 Skin: NAD
 Nails: NAD
 Lymph Node: Not Palpable

Systems

Cardiovascular: S1S2-Normal
 Respiratory: Chest-Clear
 Genitourinary: NAD
 GI System: NAD
 CNS: NAD

(B+ve)

IMPRESSION:

ECG, CXR, CBC and Biochemistry
 all WNL

ADVICE:

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

Anita

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- | | |
|--|-----|
| 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 | Yes |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

DR. ANITA CHOUDHARY
 CONSULTANT PHYSICIAN
 Reg. No. 2017/12/0553

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 Dist. Thane-401105
 Phone No : 022 - 61700000



SUBURBAN DIAGNOSTICS BHAYANDER

E-Mail: 12345988 (2308912583) / PRAMILA DEVI / 37 Yrs / F / 161 Cms / 57 Kg
 Date: 30 / 03 / 2023 09:17:17 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:04	0:04	00.0	00.0	01.0	067	37 %	110/80	073	00	
Standing	00:16	0:12	00.0	00.0	01.0	065	36 %	110/80	071	00	
HV	00:21	0:05	00.0	00.0	01.0	064	35 %	110/80	070	00	
ExStart	00:24	0:03	01.7	10.0	01.1	067	37 %	110/80	073	00	
BRUCE Stage 1	03:24	3:00	01.7	10.0	04.7	127	69 %	120/80	152	00	
BRUCE Stage 2	06:24	3:00	02.5	12.0	07.1	149	81 %	130/80	193	00	
PeakEx	07:59	1:35	03.4	14.0	08.8	155	85 %	140/80	217	00	
Recovery	08:59	1:00	01.1	00.0	01.2	126	69 %	150/80	189	00	
Recovery	09:59	2:00	00.0	00.0	01.0	099	54 %	140/80	138	00	
Recovery	11:59	4:00	00.0	00.0	01.0	078	43 %	130/80	101	00	
Recovery	12:11	4:12	00.0	00.0	01.0	080	44 %	120/80	096	00	

FINDINGS :

- Exercise Time : 07:35
- Initial HR (ExStrt) : 67 bpm 37% of Target 183
- Initial BP (ExStrt) : 110/80 (mm/Hg)
- Max WorkLoad Attained : 8.8 Fair response to induced stress
- Max ST Dep Lead & Avg ST Value : II & -1.1 mm in Stage 2
- Duke Treadmill Score : 00.0
- Test End Reasons : , Test Complete

Max HR Attained 155 bpm 85% of Target 183
 Max BP Attained 150/80 (mm/Hg)

DR. SMITA VALANI
MBBS, D. CARDIOPHYSIOLOGY
 2011/03/0587

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 Phone No : 022 - 61700000

S. Valani
 Doctor : DR. SMITA VALANI



REPORT

SUBURBAN DIGNOSTICS BHAYANDER

EMail: 12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cms / 57 Kg Date: 30 / 03 / 2023 09:17:17 AM

REPORT :

REASON FOR TERMINATION	TARGET HR ACHIEVED
EXERCISE TOLERANCE	GOOD EFFORT TOLERANCE
EXERCISE INDUCED ARRHYTHMIAS	NO ANGINA AND ANGINA EQUIVALENT
	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
HAEMODYNAMIC RESPONSE	GOOD INOTROPIC RESPONSE
CHRONOTROPIC RESPONSE	GOOD CHRONOTROPIC RESPONSE
FINAL IMPRESION	NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587

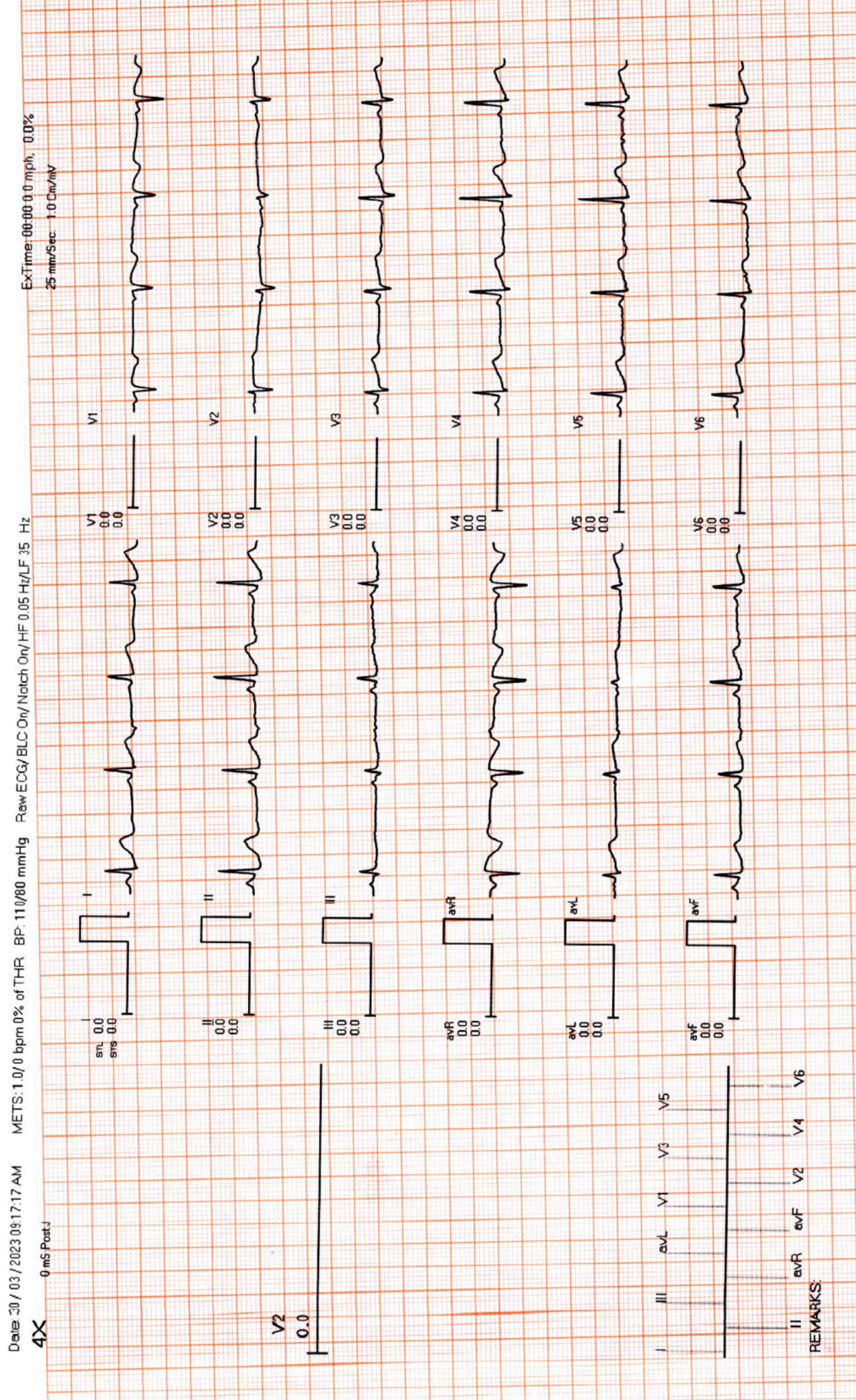
Smita Valani
Doctor : DR-SMITA VALANI

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Mira - Bheysunder Road, Bhayander (E)
Dist. Thane-401105.
phone No : 022 - 61700000

SUBURBAN DIGNOSTICS BHAYANDER

12345988 (2308912583) / PRAMILA DEVI / 37 Yrs / F / 161 Cms / 57 Kg / HR : 0

SUPINE (00:01)



SUBURBAN DIGNOSTICS BHAYANDER

STANDING (00:00)



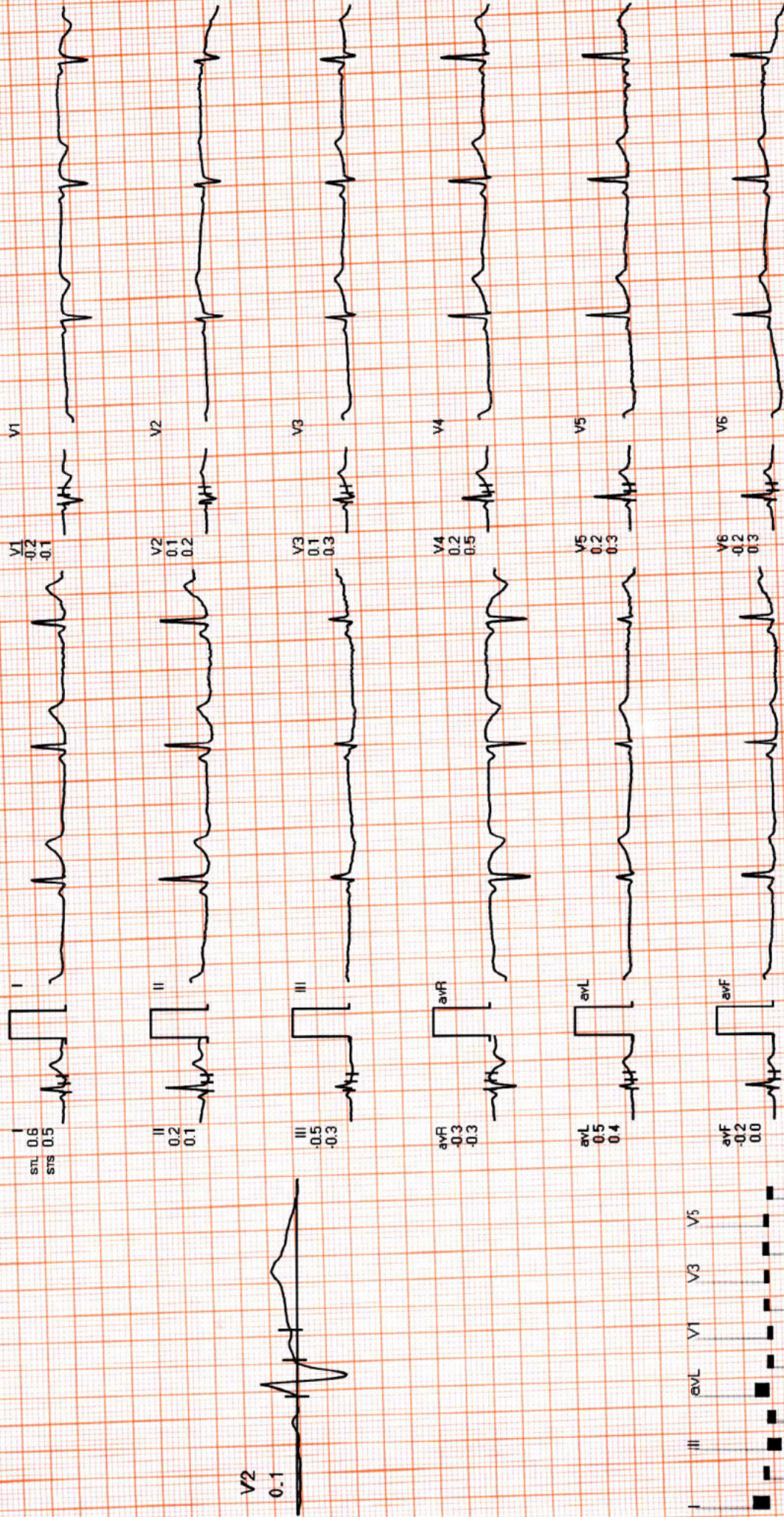
12345988 (2308912583) / PRAMILADEVI / 37 Yrs / F / 161 Cms / 57 Kg / HR : 65

Date : 30 / 03 / 2023 09:17:17 AM METS: 1.0/65 bpm 36% of THR BP: 110/80 mmHg Rew ECG/BLC On/Match On/HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph. 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

SUBURBAN DIGNOSTICS BHAYANDER

12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cm / 57 Kg

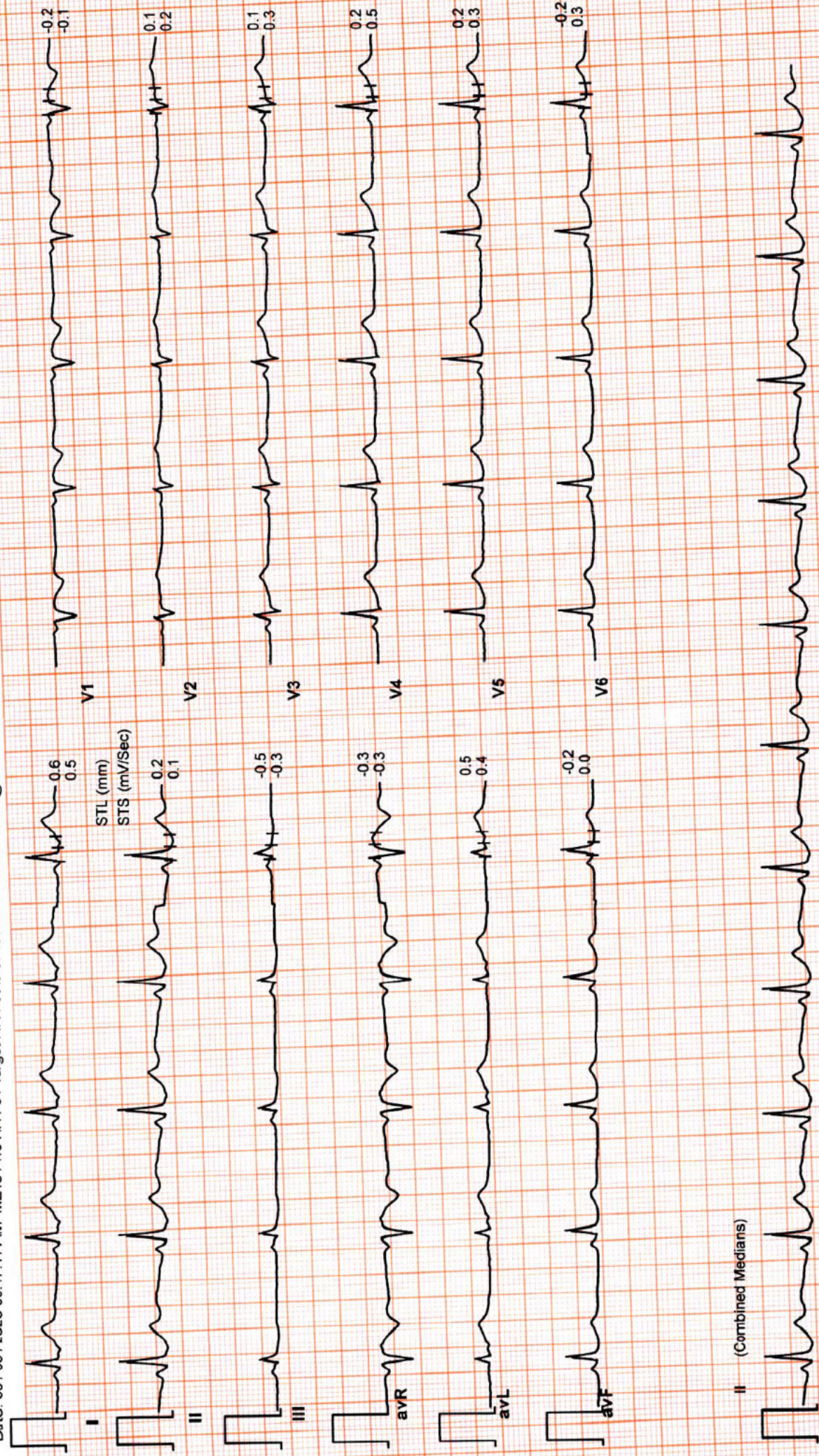
6X2 Combine Medians + 1 Rhythm

HV (00:00)



Date: 30/03/2023 09:17:17 AM METs: 1.0 HR: 64 Target HR: 35% of 183 BP: 110/80 Post J @80mSec

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



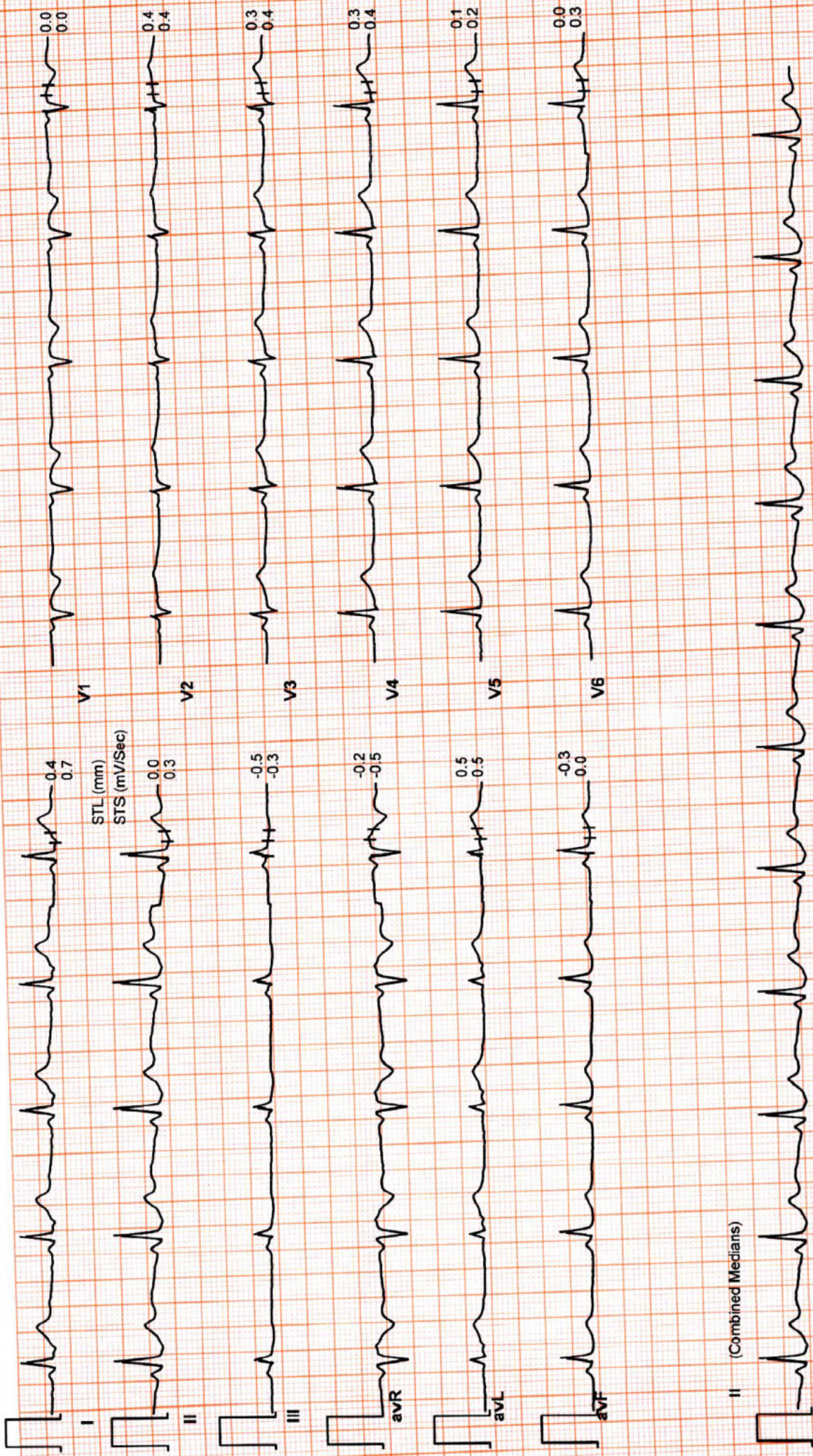
SUBURBAN DIGNOSTICS BHAYANDER

12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cm / 57 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



Date: 30 / 03 / 2023 09:17:17 AM METs : 1.0 HR : 64 Target HR : 35% of 183 BP : 110/80 Post J @80mSec
ExTime: 00:00 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec: 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIGNOSTICS BHAYANDER

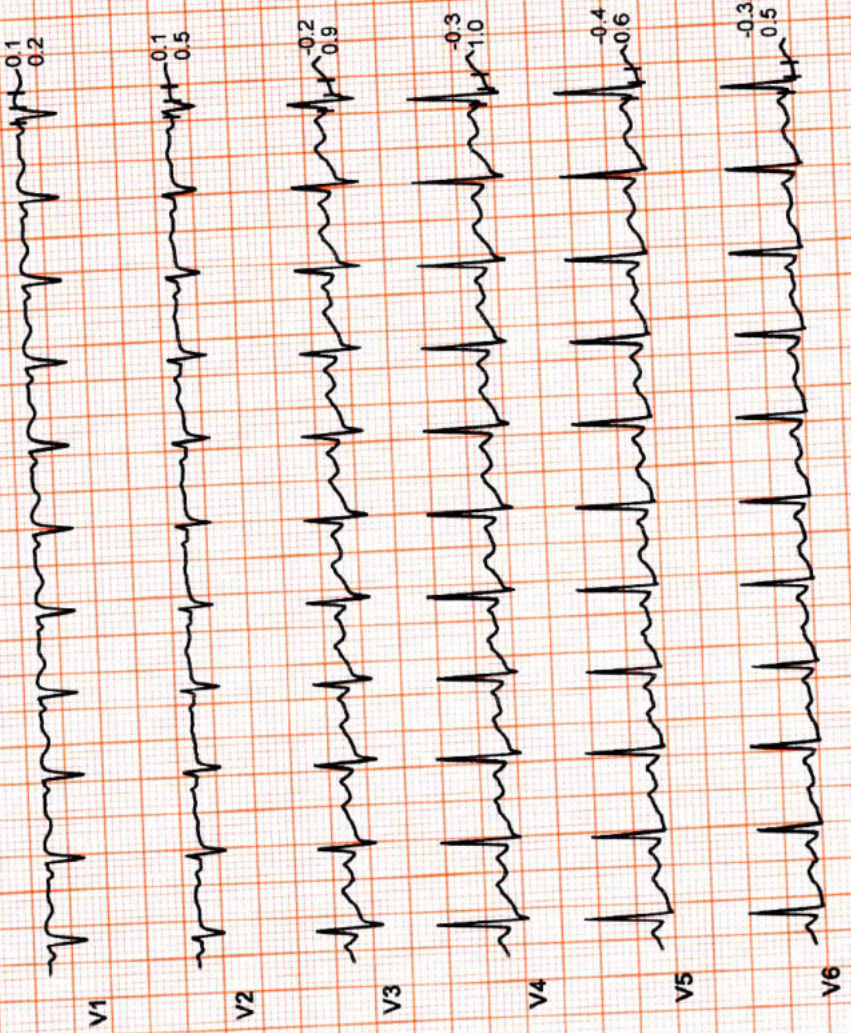
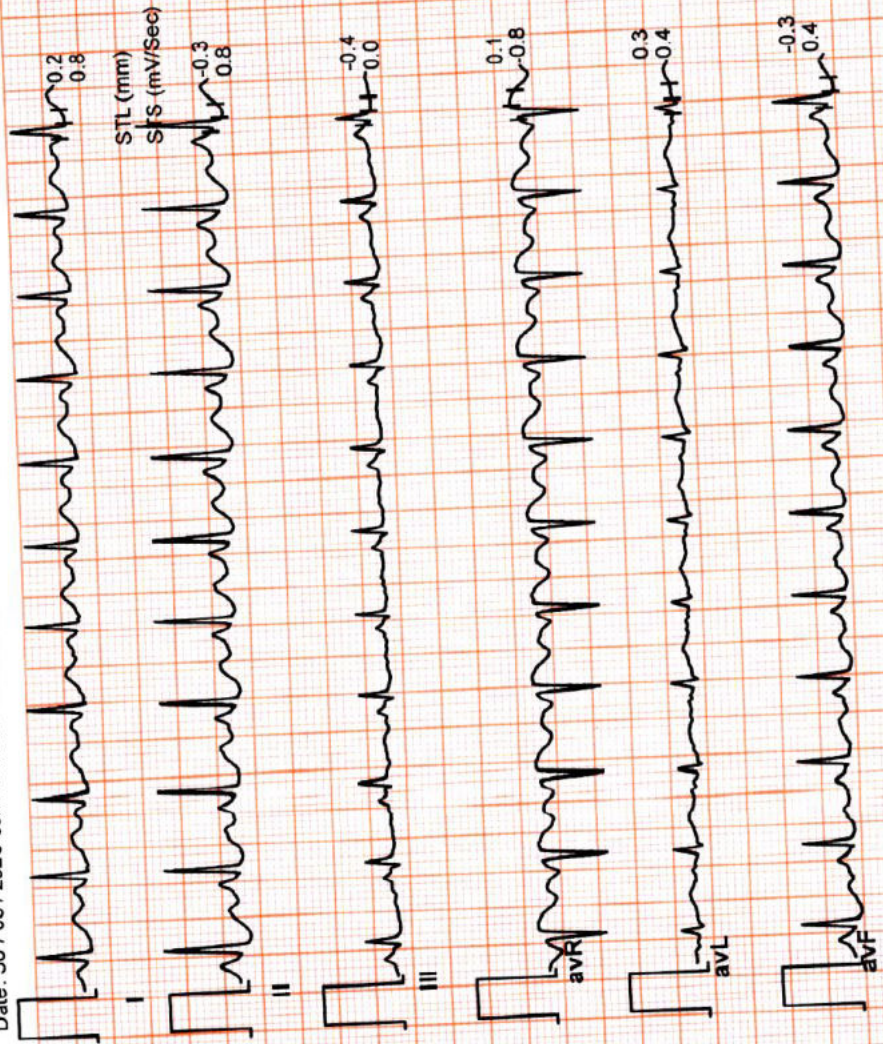
12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cm / 57 Kg

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



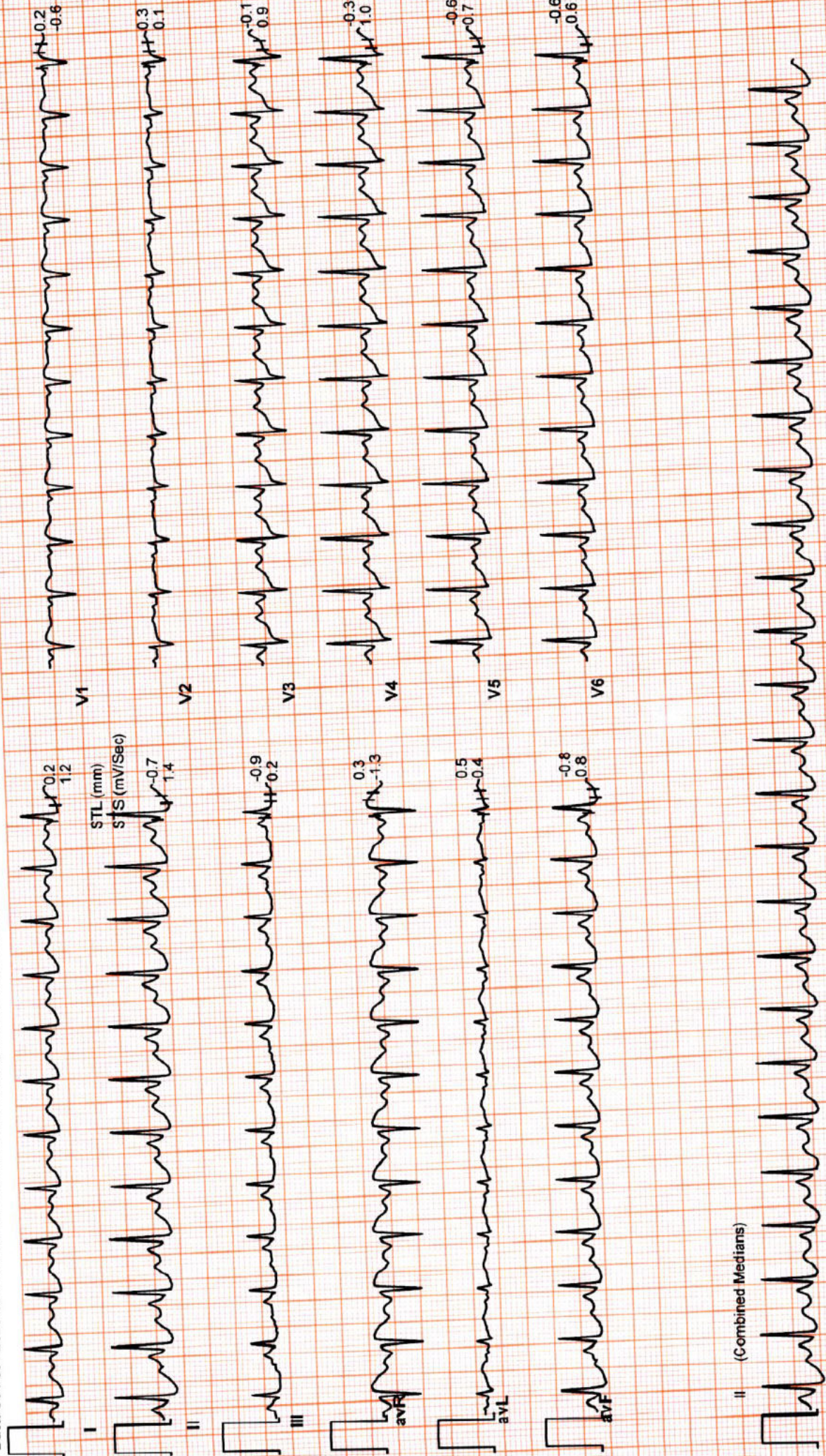
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 05:17:17 AM METs: 4.7 HR: 127 Target HR: 69% of 183 BP: 120/80 Post J @80mSec



Date: 30 / 03 / 2023 09:17:17 AM METs : 7.1 HR : 149 Target HR : 81% of 183 BP : 130/80 Post J @60mSec

ExTime: 06:00 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIGNOSTICS BHAYANDER

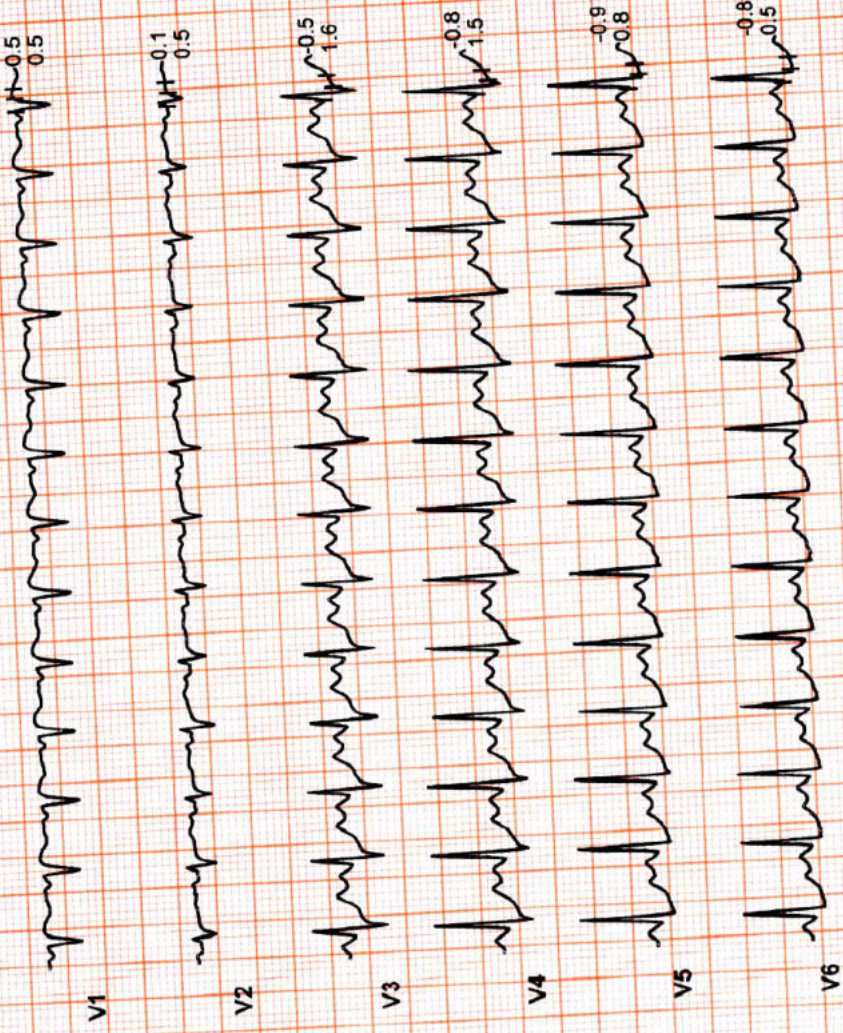
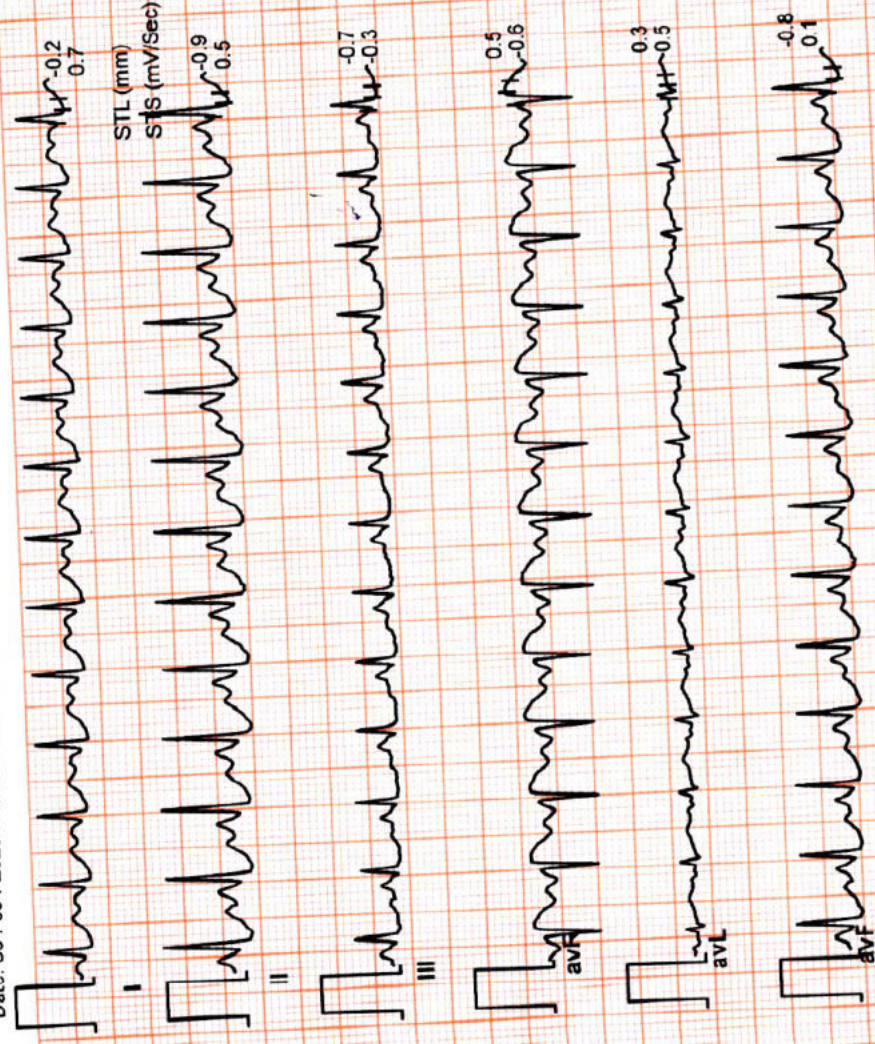
12345988 / PRAMILA DEVI / 37 Yrs / **F** 161 Cm / 57 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



ExTime: 07:35 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 09:17:17 AM METs : 8.8 HR : 155 Target HR : 85% of 183 BP : 140/80 Post J @60mSec



SUBURBAN DIGNOSTICS BHAYANDER

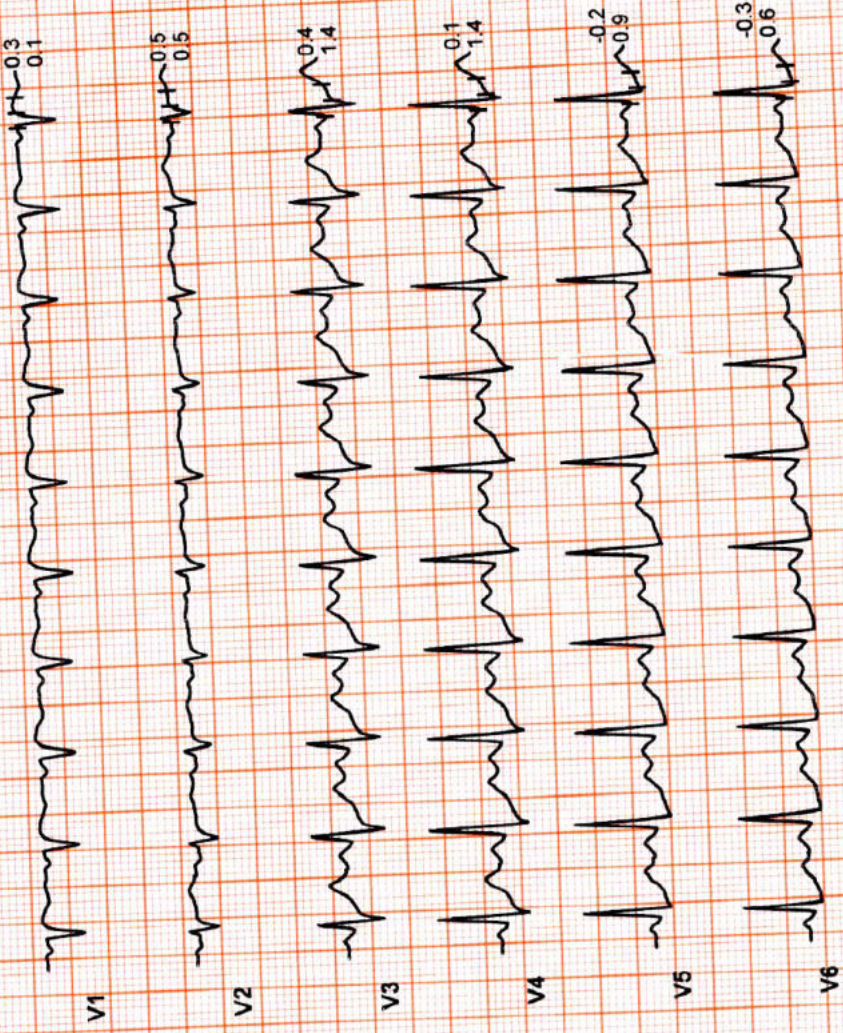
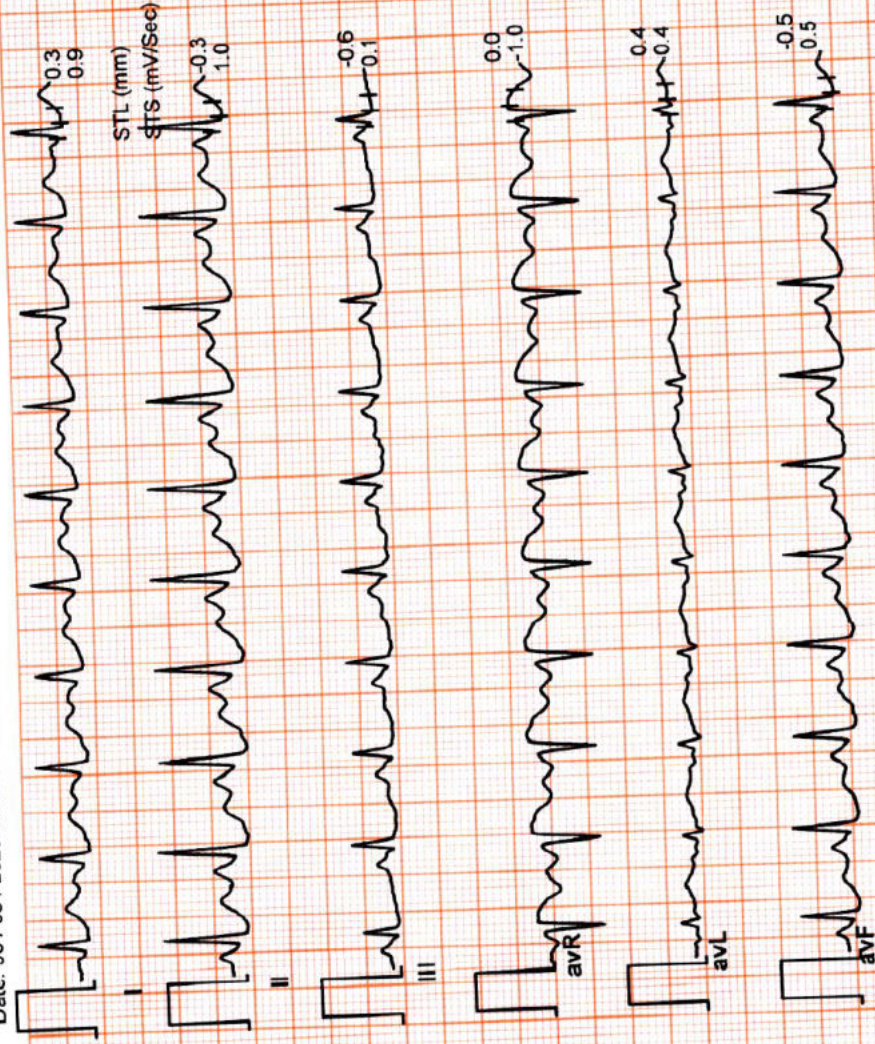
12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cm / 57 Kg

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



ExTime: 07:35 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 09:17:17 AM METs : 1.1 HR : 126 Target HR : 69% of 183 BP : 150/80 Post J @80mSec



SUBURBAN DIGNOSTICS BHAYANDER

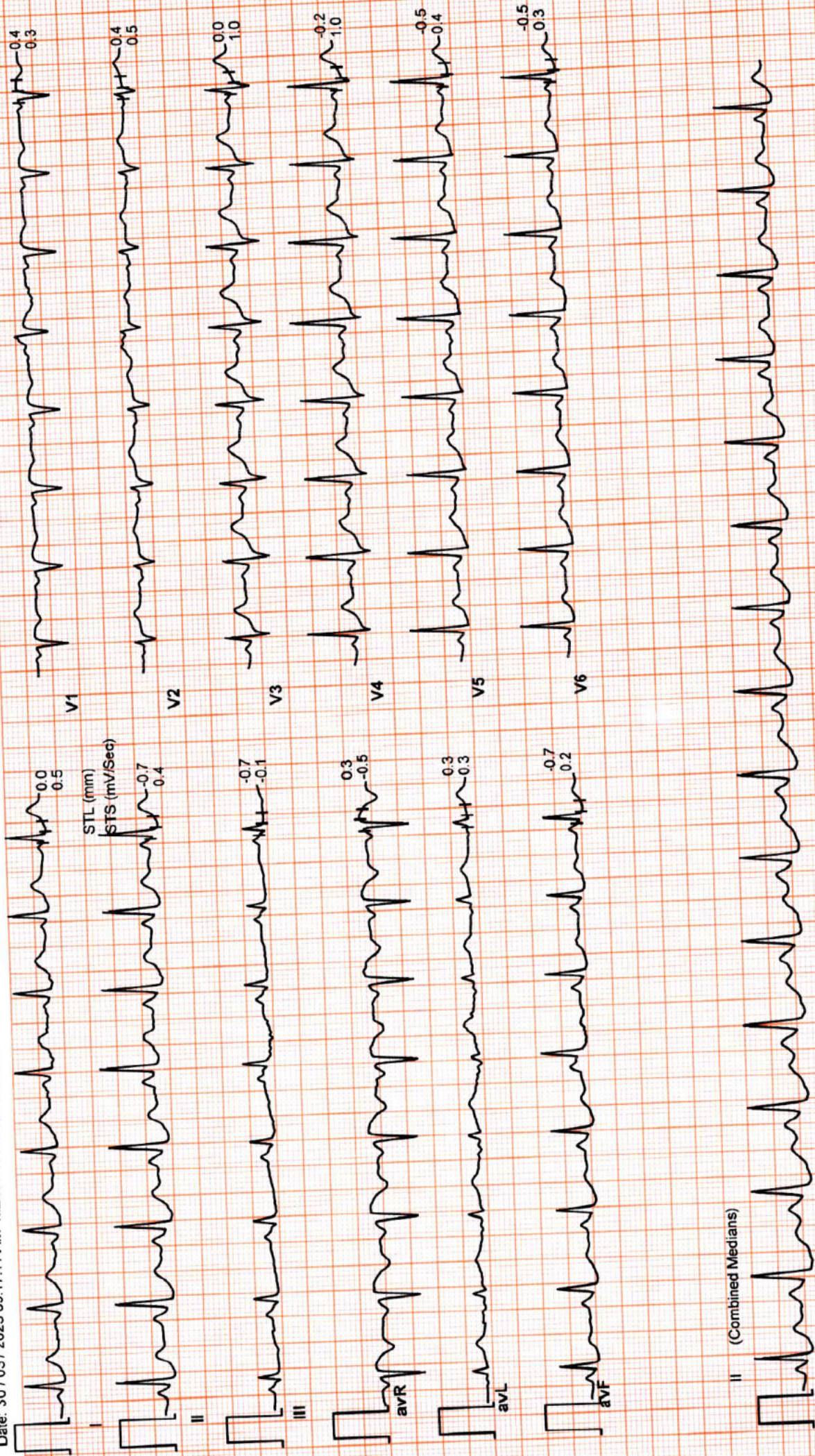
12345988 / PRAMILA DEVI / 37 Yrs / 161 Cm / 57 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (02:00)



ExTime: 07:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 09:17:17 AM METs : 1.0 HR : 99 Target HR : 54% of 183 BP : 140/80 Post J @80mSec



SUBURBAN DIGNOSTICS BHAYANDER

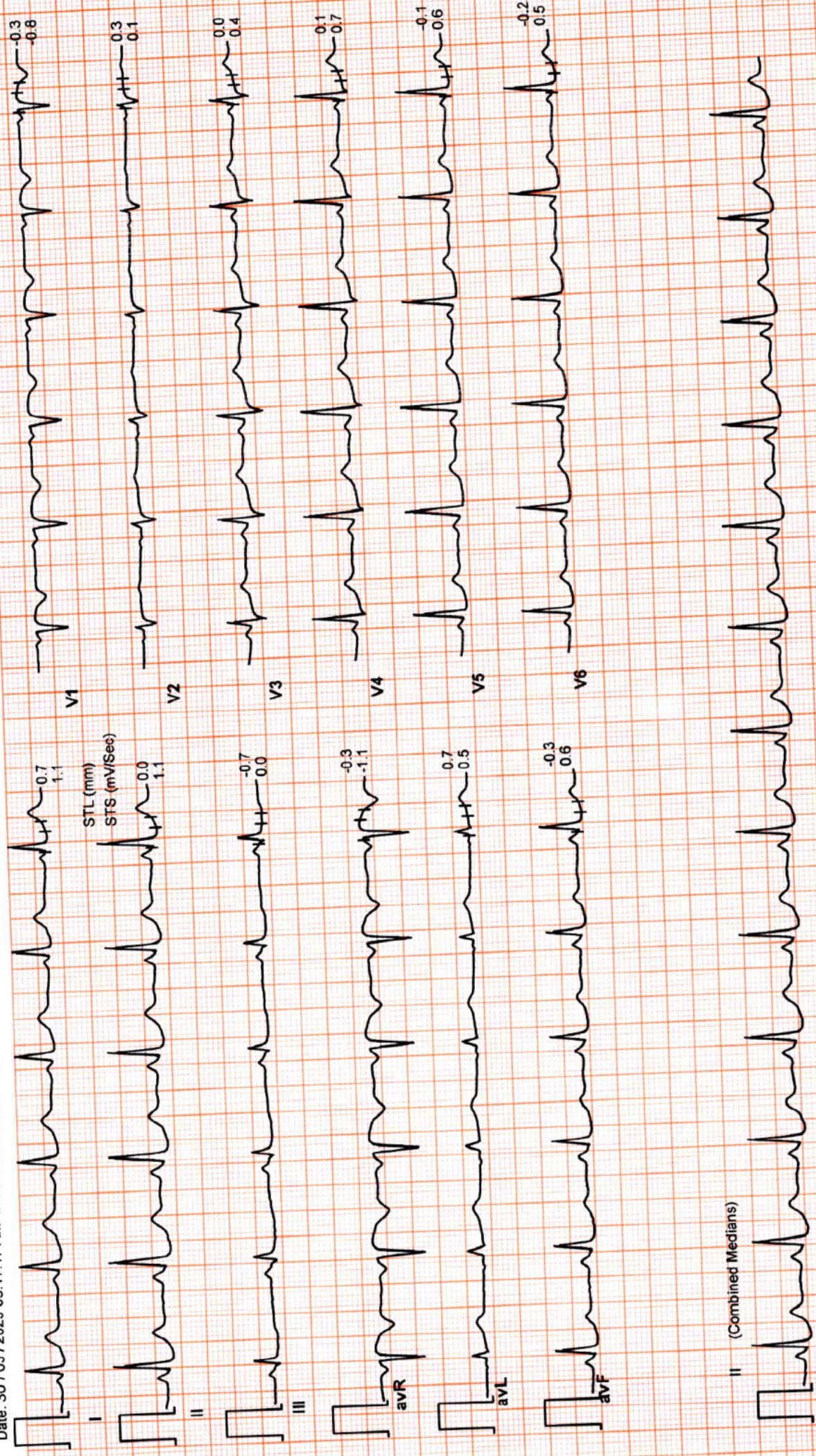
12345988 / PRAMILA DEVI / 37 Yrs / F / 161 Cm / 57 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:00)



ExTime: 07:35 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 09:17:17 AM METs : 1.0 HR : 78 Target HR : 43% of 183 BP : 130/80 Post J @80mSec



SUBURBAN DIGNOSTICS BHAYANDER

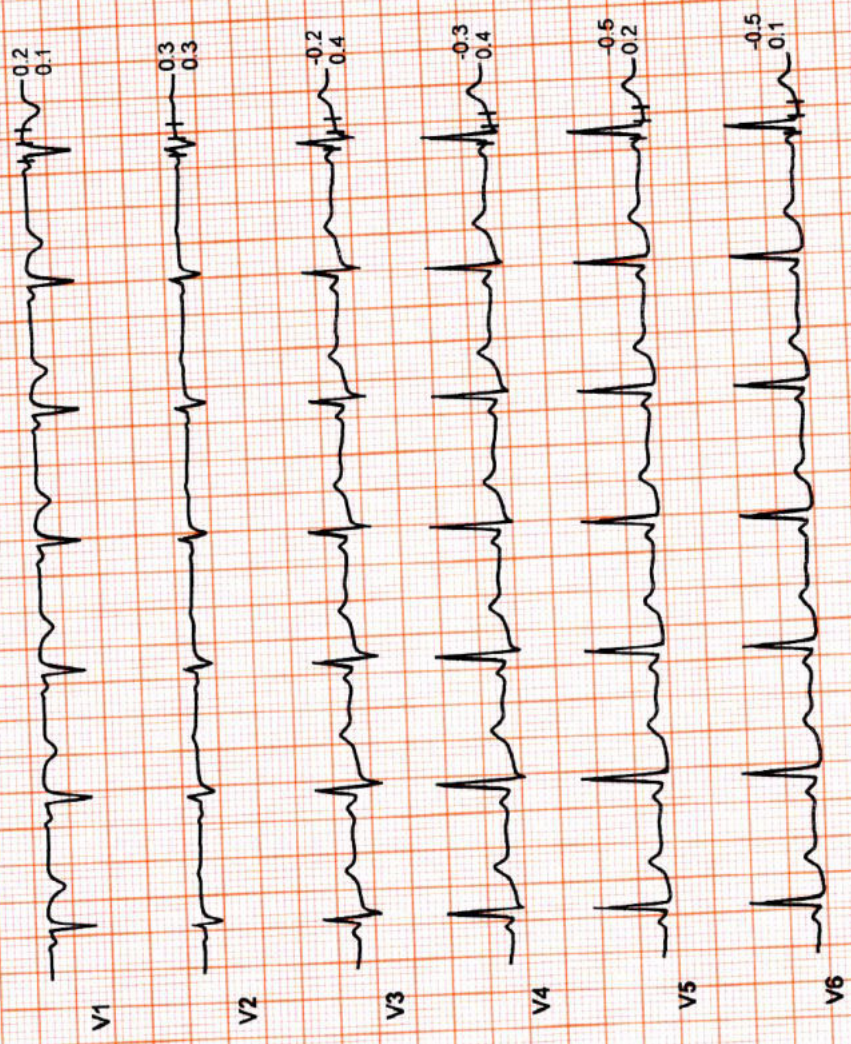
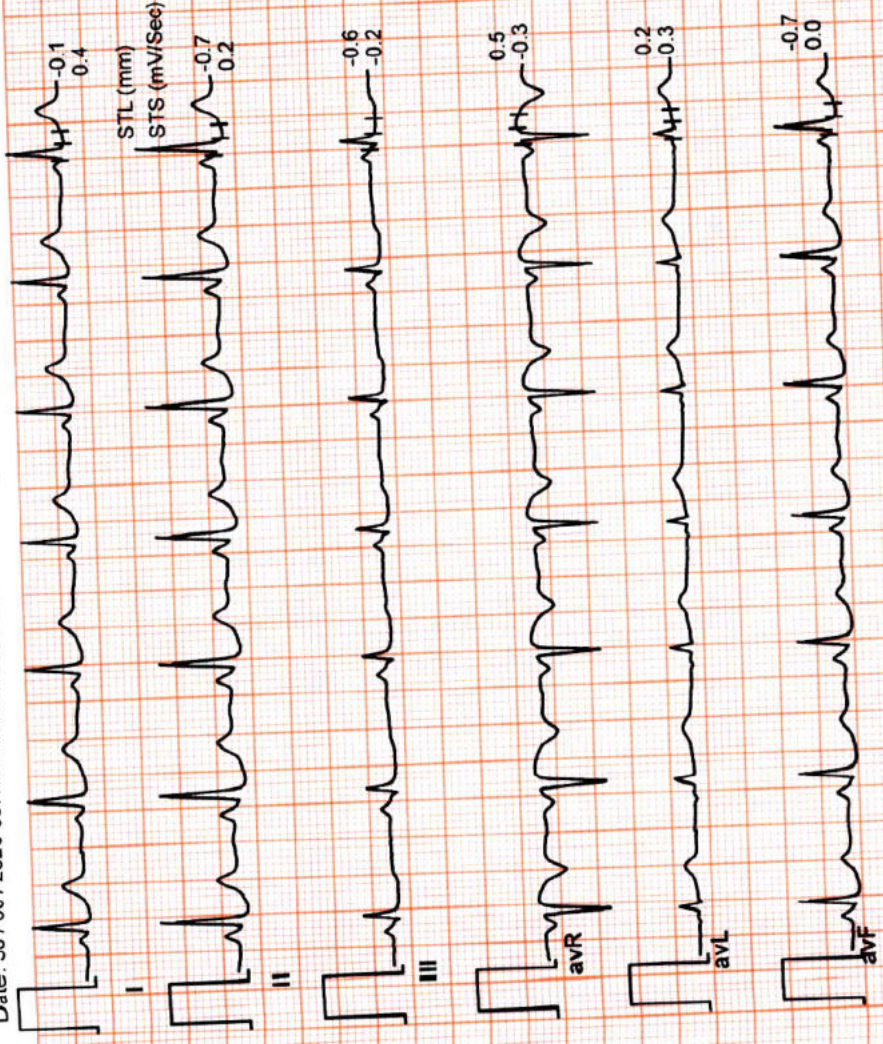
* 12345988 / PRAMILA DEVI / 37 Yrs / F 161 Cm / 57 Kg

6X2 Combine Medians + 1 Rhythm Recovery : (04:12)



ExTime: 07:35 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 30 / 03 / 2023 09:17:17 AM METs : 1.0 HR : 80 Target HR : 44% of 183 BP : 120/80 Post J @80mSec



CID : 2308912583
Name : Mrs PRAMILA DEVI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 30-Mar-2023
Reported : 31-Mar-2023 / 14:19

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (12.8 cm), shape and shows smooth margins. It shows normal parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS:

Right kidney measures 9.4 x 4.3 cm. Left kidney measures 9.9 x 4.3 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (9.7 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

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CID : 2308912583
Name : Mrs PRAMILA DEVI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 30-Mar-2023
Reported : 31-Mar-2023 / 14:19

UTERUS:

The uterus is retroverted and bulky. It measures 8.5 x 6.4 x 5.7 cms. Myometrium appears heterogenous and shows two heterogenous fibroids, measuring 35.9 x 30.3 mm in the anterior myometrium and 32.7 x 22.8 mm in the posterior myometrium. The endometrial thickness is 11.6 mm and appears normal.

OVARIES:

Right ovary : 3.4 x 1.7 x 1.7 cm, Vol : 5.4 cc.

Left ovary : 3.4 x 1.8 x 1.7 cm, Vol : 5.6 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 18.4 mm simple follicular cyst is seen in th left ovary.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Bulky uterus with heterogenous myometrium and fibroids.**
- **No other significant abnrmlity made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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



DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist

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CID : 2308912583
Name : Mrs PRAMILA DEVI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023/15:05

X-RAY CHEST PA VIEW

Positional rotation seen.

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. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



Use a QR Code Scanner
Application To Scan the Code

CID : 2308912583
Name : Mrs PRAMILA DEVI
Age / Sex : 37 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 30-Mar-2023
Reported : 30-Mar-2023/15:05