

PHYSICAL EXAMINATION REPORT

Patient Name	Rita P.	Sex/Age	F/37
Date	23/12/23	Location	Thane

History and Complaints

Q/O - ↓ Vision since (1992) (intermittent)

EXAMINATION FINDINGS:

Height (cms):	152	Temp (0c):	Ⓜ
Weight (kg):	52.4	Skin:	NAD.
Blood Pressure	120/80	Nails:	
Pulse	72/min	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↓ Hb,
↑ ESR
↑ TSH (11.67)
ECG - Sinus Bradycardia.

USG - Hepatomegaly,
Rt. Ovarian simple cyst.

Advice:

- Iron Supplement
 - Low Fat Diet
 - Physician's Consultation
 - Gynaec Consultation

1)	Hypertension:	Nil	
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		
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		
14)	Cancer/lump growth/cyst		Nil
15)	Congenital disease		
16)	Surgeries		
17)	Musculoskeletal System		

PERSONAL HISTORY:

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

[Signature]
Dr. Manasee Kulkarni
 M.B.B.S
 2006/09/3439



CID : 2335721225
Name : MRS.PADHI RITA TRINATH
Age / Gender : 37 Years / Female
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 23-Dec-2023 / 10:45
Reported : 23-Dec-2023 / 12:41

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	11.9	12.0-15.0 g/dL	Spectrophotometric
RBC	3.73	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Measured
MCV	105.2	80-100 fl	Calculated
MCH	32.0	27-32 pg	Calculated
MCHC	30.4	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	6020	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	29.1	20-40 %	
Absolute Lymphocytes	1751.8	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	439.5	200-1000 /cmm	Calculated
Neutrophils	58.0	40-80 %	
Absolute Neutrophils	3491.6	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	337.1	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	203000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	10.1	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		



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

Note: Serum Vitamin B12 & Folic acid estimation, Reticulocyte count estimation recommended.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 88 2-20 mm at 1 hr. Sedimentation

Result Rechecked.



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R
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T

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 Inset
- Bridgen 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 ***

V. Kulkarni

Dr. VANDANA KULKARNI
MD (Path)
Pathologist



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Reported : 23-Dec-2023 / 15:18

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	92.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: > / = 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PPIR	101.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: > / = 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.65	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	16.1	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	9.3	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	6.0	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	50.9	35-105 U/L	PNPP
BLOOD UREA, Serum	13.2	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic



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Collected : 23-Dec-2023 / 14:20
Reported : 23-Dec-2023 / 16:36

eGFR, Serum	116	(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	Calculated
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Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	2.8	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West
*** End Of Report ***

Dr. Imran Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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Collected : 23-Dec-2023 / 10:45
Reported : 23-Dec-2023 / 13:02

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	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 G B Road Lab, Thane West
*** End Of Report ***

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



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Collected : 23-Dec-2023 / 10:45
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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	1.025	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
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 EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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 G B Road Lab, Thane West
*** End Of Report ***

Vandana Kulkarni

Dr. VANDANA KULKARNI
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Pathologist



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

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

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note : This Sample has also been tested for Bombay group/Bombay phenotype /Oh using anti H lectin

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

Vandana Kulkarni
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	126.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	67.0	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	41.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.8	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	72.0	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	12.8	<= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.7	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



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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
 THYROID FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	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	11.67	0.35-5.5 microIU/ml First Trimester: 0.1-2.5 Second Trimester: 0.2-3.0 Third Trimester: 0.3-3.0 mIU/ml	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 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 200%. 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.koulour 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 (AACCC Press)

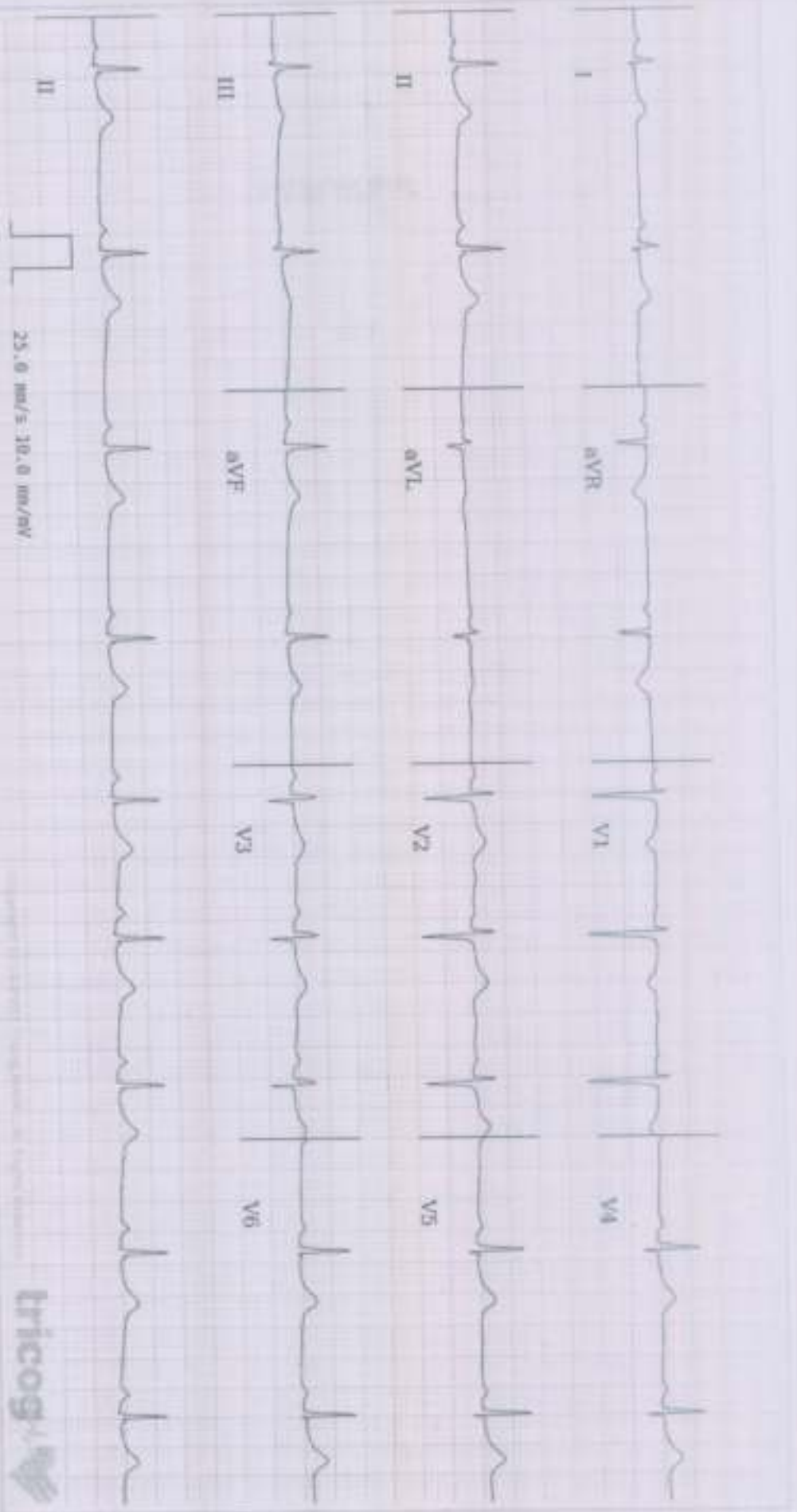
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

W. Kulkarni

Dr. VANDANA KULKARNI
MD (Path)
Pathologist

Patient Name: PADDHI RITA/TRINATH
Patient ID: 2335721225

SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST
Date and Time: 23rd Dec 23 12:03 PM



Age: 37 years
Sex: Female

Heart Rate: 56bpm

Patient Vitals
BP: 120/80 mmHg
Weight: 52 kg
Height: 152 cm
Pulse: NA
SpO2: NA
Temp: NA
Othert: NA

Measurements
QRSD: 78ms
QT: 436ms
QTcB: 440ms
PR: 164ms
P-R-T: 39° 75° 64°

REPORTED BY

[Signature]

DR SHANTASA PILLAI
MBBS, MD (General Medicine)
MD (Internal Medicine)
MD (CCU)

Sinus Arrhythmia Seen, Sinus Bradycardia. Please correlate clinically.

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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

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USG WHOLE ABDOMEN

LIVER: Liver appears enlarged in size (16.8 cm) and shows normal echoreflectivity. 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 10.7 x 3.7 cm. Left kidney measures 10.4 x 3.9 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 7.0 x 3.8 x 4.2 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 9.3 mm. **Nabothian cysts noted in cervix.**

OVARIES:

The right ovary measures 3.6 x 3.6 cm. **A 3.0 x 3.0 cm sized well circumscribed, anechoic area noted in right ovary s/o simple ovarian cyst.**

The left ovary measures 3.0 x 2.1 cm.

No free fluid or significant lymphadenopathy is seen.

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IMPRESSION:

- HEPATOMEGALY.
- RIGHT OVARIAN SIMPLE CYST.

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-----

G. R. Fartade

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

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SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

428 (2335121225) / PADHI RITA TRINATH / 37 Yrs / F / 152 Cms / 52 Kg
 Date: 23 / 12 / 2023 11:44:37 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:17	0:17	00.0	00.0	01.0	080	44 %	120/80	086	00	
Standing	00:29	0:12	00.0	00.0	01.0	062	34 %	120/80	074	00	
HV	00:40	0:11	00.0	00.0	01.0	066	36 %	120/80	079	00	
ExStart	00:54	0:14	00.0	00.0	01.0	070	38 %	120/80	084	00	
BRUCE Stage 1	03:54	3:00	01.7	10.0	04.7	112	61 %	130/80	145	00	
BRUCE Stage 2	06:54	3:00	02.5	12.0	07.1	144	79 %	140/80	201	00	
PeakEx	07:30	0:36	03.4	14.0	07.7	155	85 %	150/80	232	00	
Recovery	08:30	1:00	00.0	00.0	01.1	113	62 %	150/80	169	00	
Recovery	09:30	2:00	00.0	00.0	01.0	088	54 %	150/80	148	00	
Recovery	10:30	3:00	00.0	00.0	01.0	090	49 %	130/80	117	00	
Recovery	10:40	3:11	00.0	00.0	01.0	097	53 %	130/80	126	00	

FINDINGS :

Exercise Time : 06:36
 Initial HR (ExStrt) : 70 bpm 38% of Target 183
 Initial BP (ExStrt) : 120/80 (mm/Hg)
 Max Workload Attained : 7.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V5 & -2.0 mm in PeakEx
 Test End Reasons : Heart Rate Achieved

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

Dr. SHAILAJA PILLAI
 M.D. (GEN. MED.)
 RMO. 48972
 Doctor : DR. SHAILAJA PILLAI

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

REPORT



EMail: 428/PADHI RITA TRINATH / 37 Yrs / F / 152 Cms / 62 Kg Date: 23 / 12 / 2023 11:44:37 AM

REPORT :

Sample Name: Stress Test Graded Exercise Treadmill


PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 62.0 bpm, and the maximum predicted Target Heart Rate 183.0. The BP increased at the time of generating report as 150.0/80.0 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. No significant ST T changes seen. Vibrations seen.
3. HR and Blood pressure response to exercise is normal.

Doctor : DR. SHAILAJA PILLAI


DR. SHAILAJA PILLAI
MD (GP (MED))
RNO. 48872

SUBURBAN DIAGNOSTICS (THANE GB ROAD)

SUPINE (00:01)



428 (2005121225) / PAOHI RITA TRINATH / 37 Yrs / F / 152 Cms / 52 Kg / HR : 80

Date: 23 / 12 / 2023 11:40:37 AM METS: 1.0V/0.05 from 44% of THP BP: 120/80 mmHg Pgw ECG/ ECG Ord/ Leads Ord/ HF: 0.05 Hz/CF: 35 Hz

EX 00:05 Page: 2

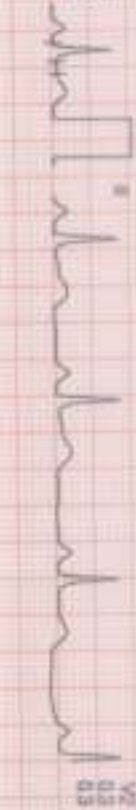
ExTime: 00:00 0.0 mV/ 0.05
Zs: 1.0 Ohm

VR 0.4
V1 0.2



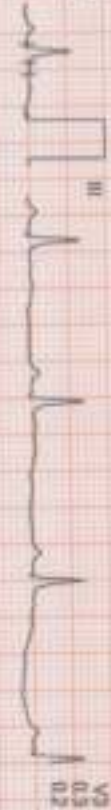
V1 0.1
V2 0.2

VR 0.5
V2 0.2



V2 0.3
V3 0.3

VR 0.1
V3 0.1



V3 0.3
V4 0.2

VR 0.5
V4 0.3



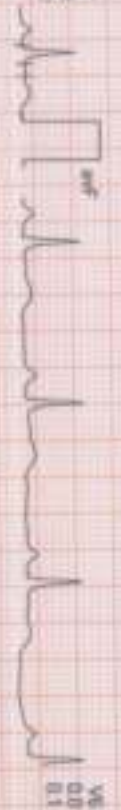
V4 0.2
V5 0.2

VR 0.1
V5 0.2

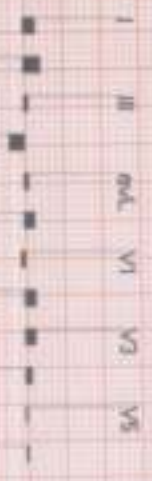


V5 0.6
V6 0.8

VR 0.1
V6 0.1



V6 0.0
V7 0.1

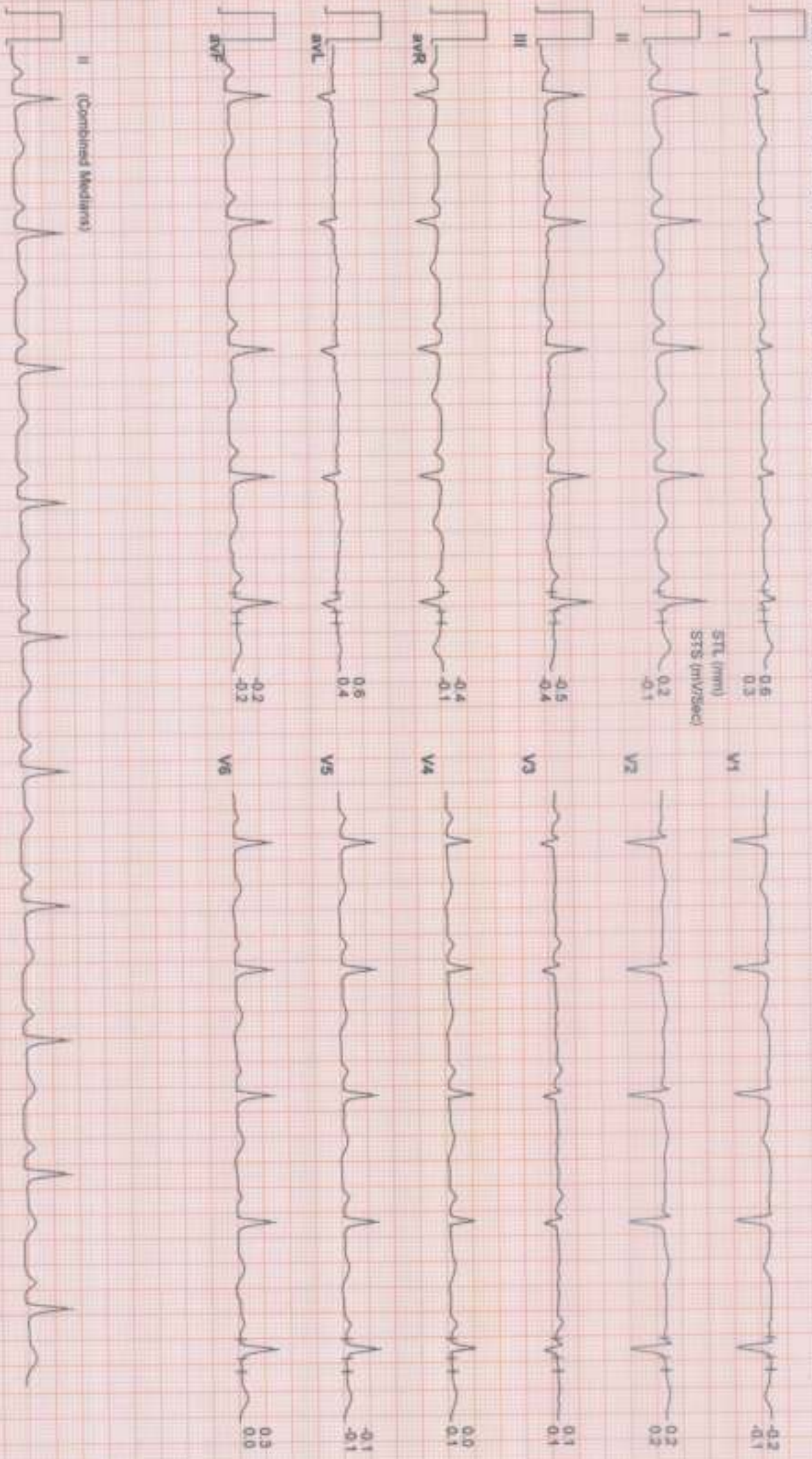


PREPARATION:



Date: 29 / 12 / 2023 11:44:37 AM METS : 1.0 HR : 62 Target HR : 34% of 183 BP : 120/80 Post J @Schnee

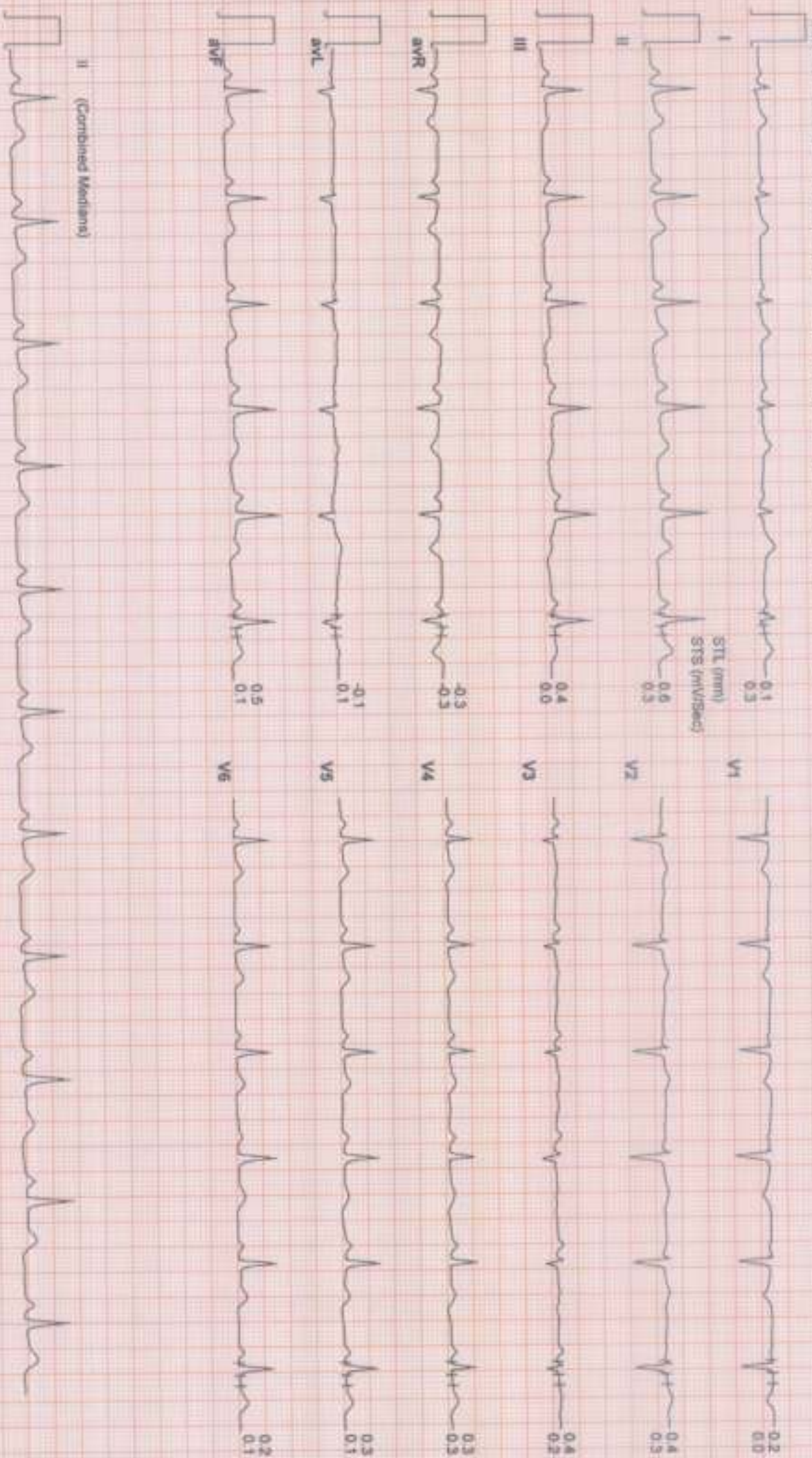
ExTime : 00:00 Speed : 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





Date: 23 / 12 / 2023 11:44:37 AM METS : 1.0 HR : 66 Target HR : 36% of 163 BPM : 12080 Poul J @60ms/Sec

ExTime : 00:00 Speed: 0.0 m/s Grade : 00/00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

428 / PADHI RITA TRINATH / 37 Yrs / Female / 152 Cm / 52 Kg

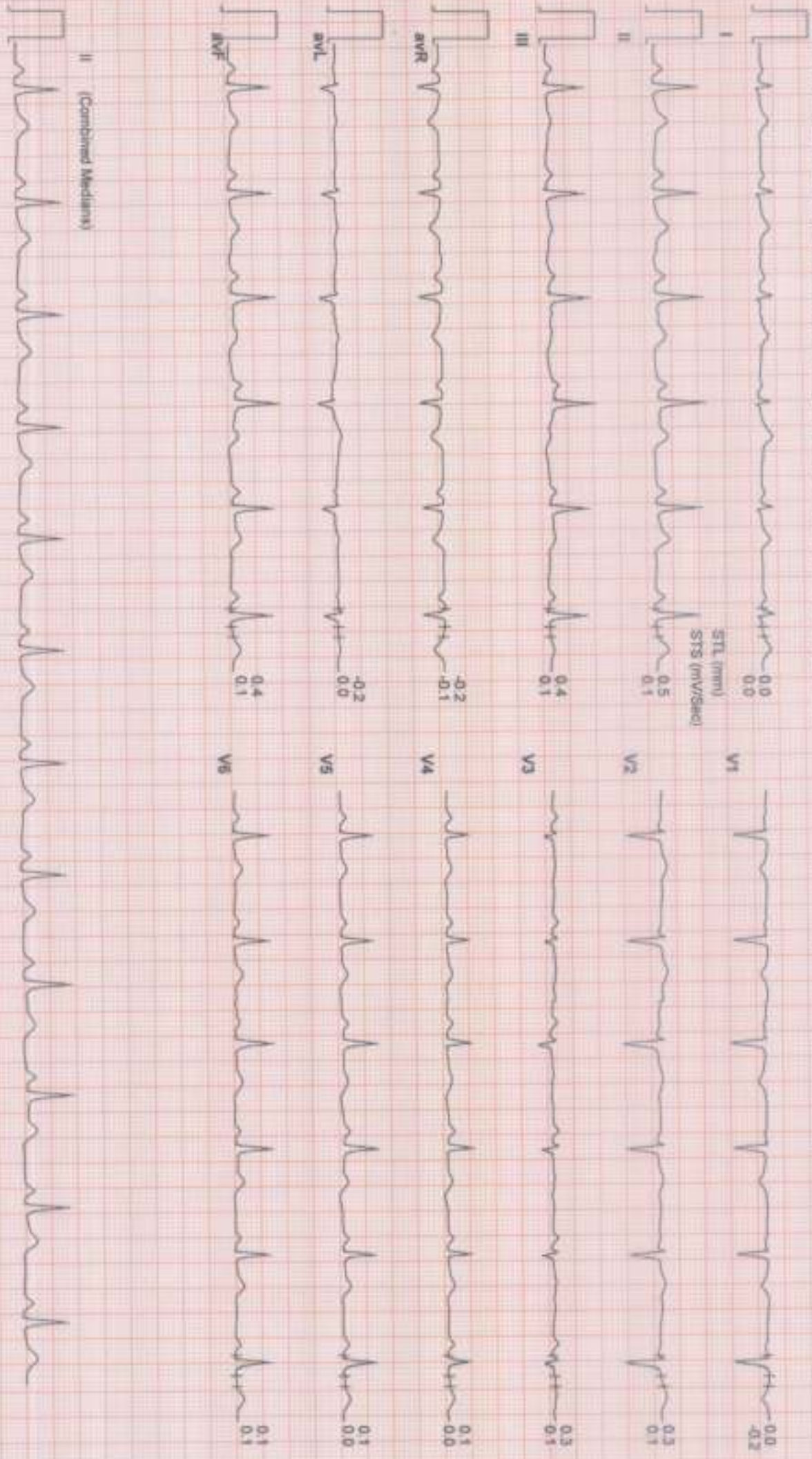
6X2 Combine Medians + 1 Rhythm

ExStir



Date: 22 / 12 / 2023 11:44:37 AM METS : 1.0 HR : 70 Target HR : 39% of 183 BP : 120/80 Pwvl J @60ms/Sec

Extreme: 00:00 Speed: 0.0 mm/Sec Glide: 00:00 % 25 mm/Sec 1.0 Cm/mV



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

428 / PADHI RTA TRINATH / 37 Yrs / Female / 152 Cm / 52 Kg

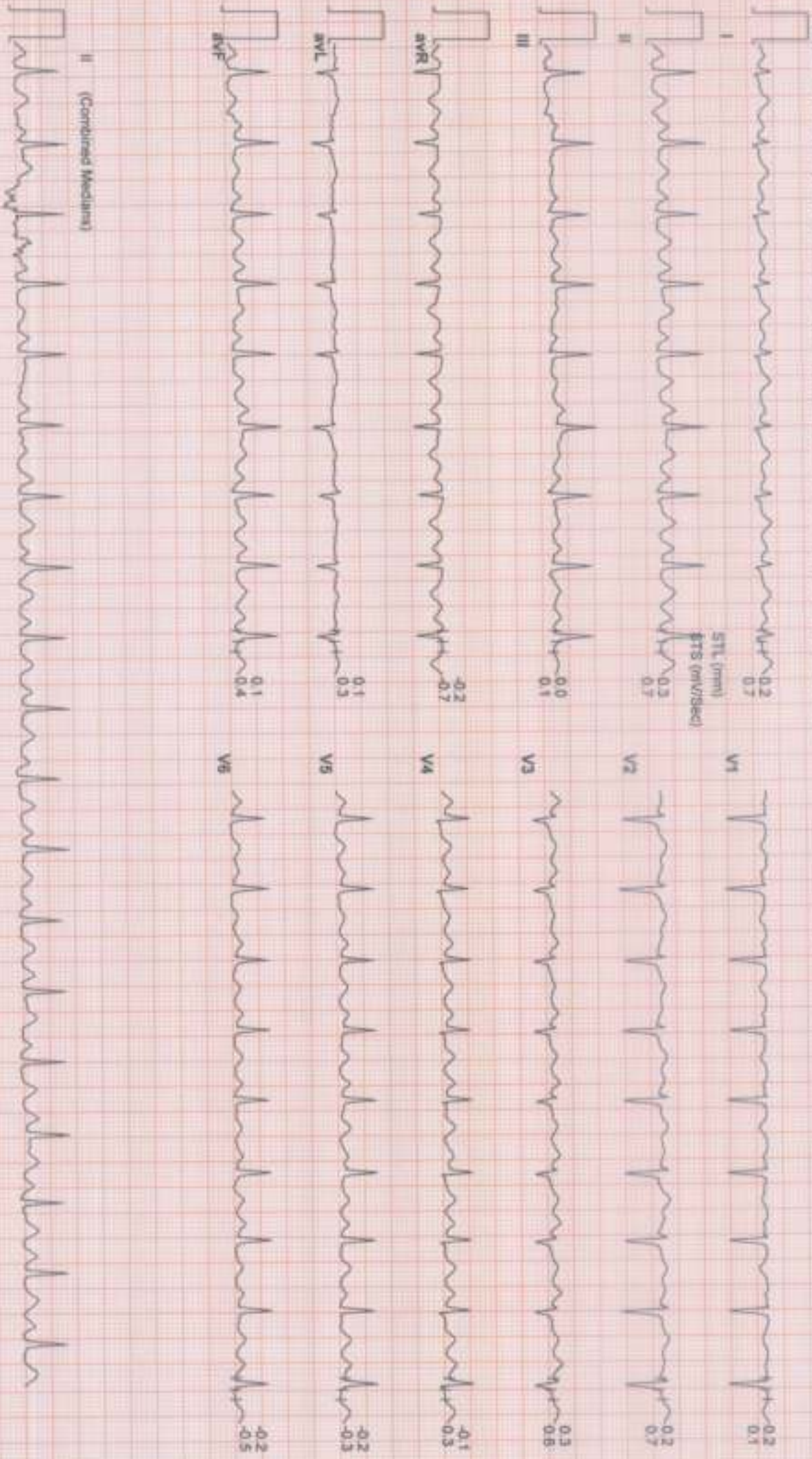
6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 (03:00)



Date: 23 / 12 / 2023 11:44:37 AM METS : 4.7 HR : 112 Target HR : 91% of 153 B.P. : 130/80 Poul./ @60/minSec

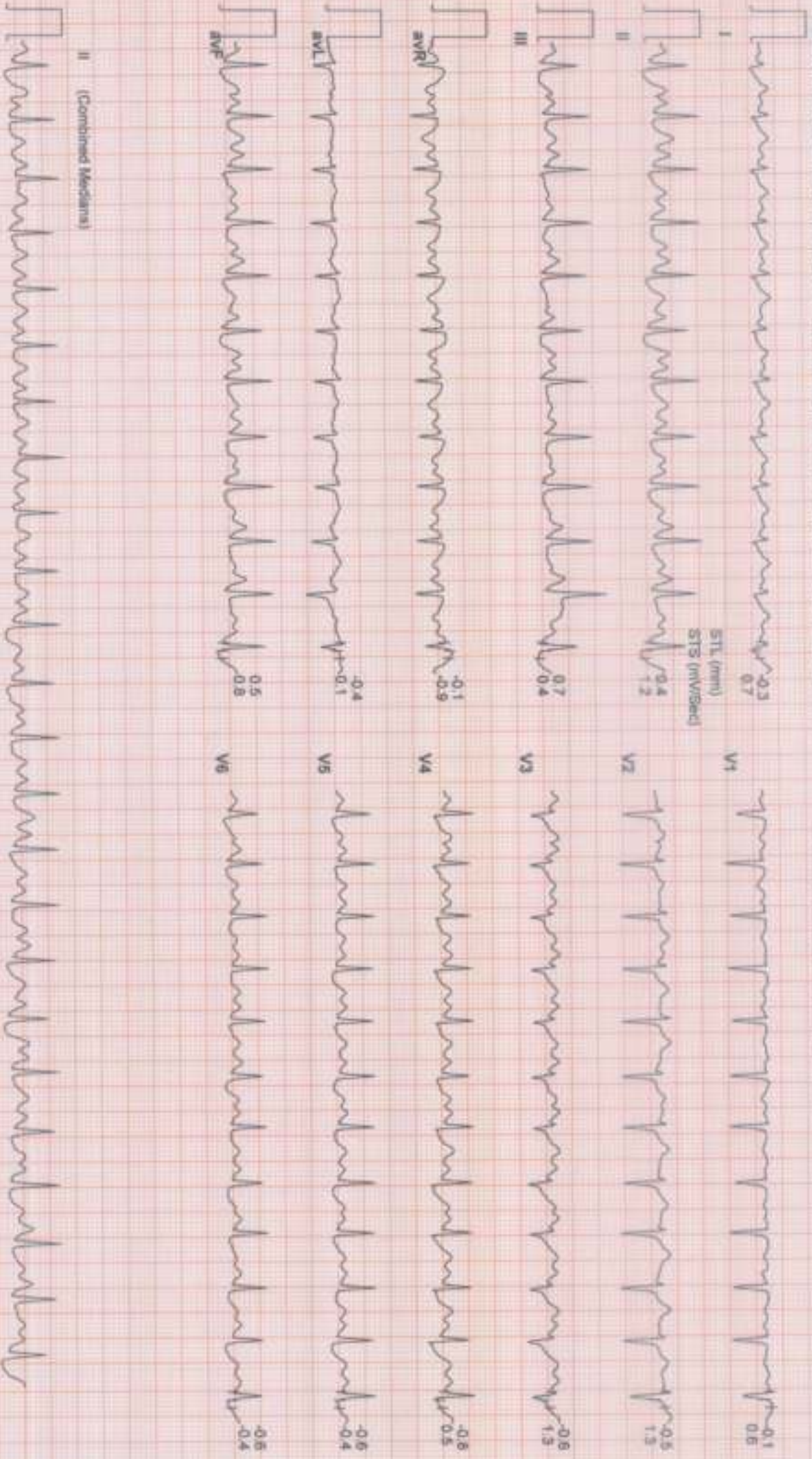
ExTime: 03:00 Speed: 1.7 mph Grade: 10.00 % 25 min/Sec: 1.0 Cm/min





Date: 20 / 12 / 2023 11:44:37 AM METS : 7.1 HR : 144 Target HR : 79% of 183 BP : 140/80 Post J gdon:5ec

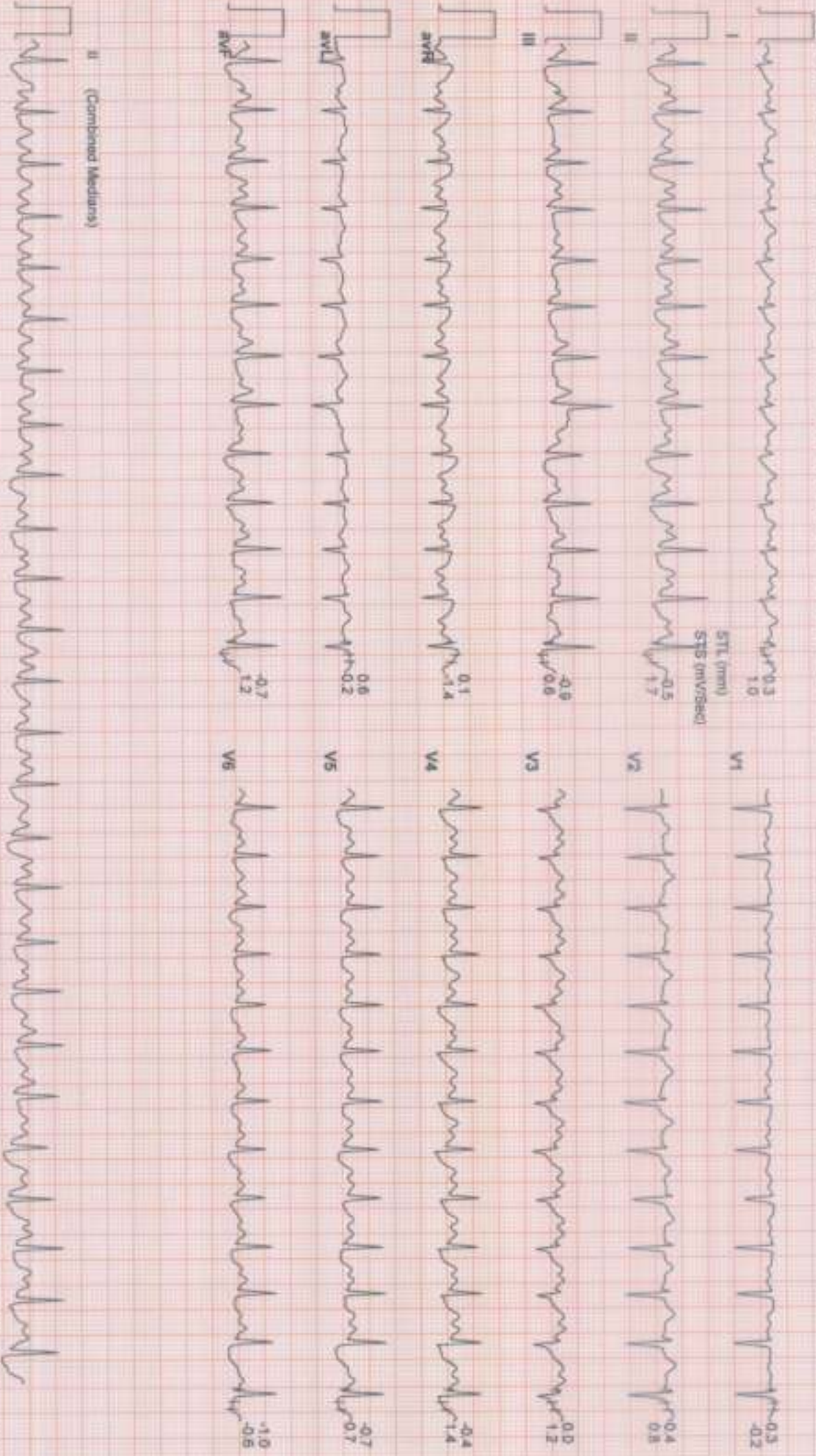
Extra: 06:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec: 1.0 Cm/Div





Date: 23 / 12 / 2023 11:24:37 AM METS : 7.7 HR : 155 Target HR : 85% of 163 BP : 150/80 Post J GibsonSec

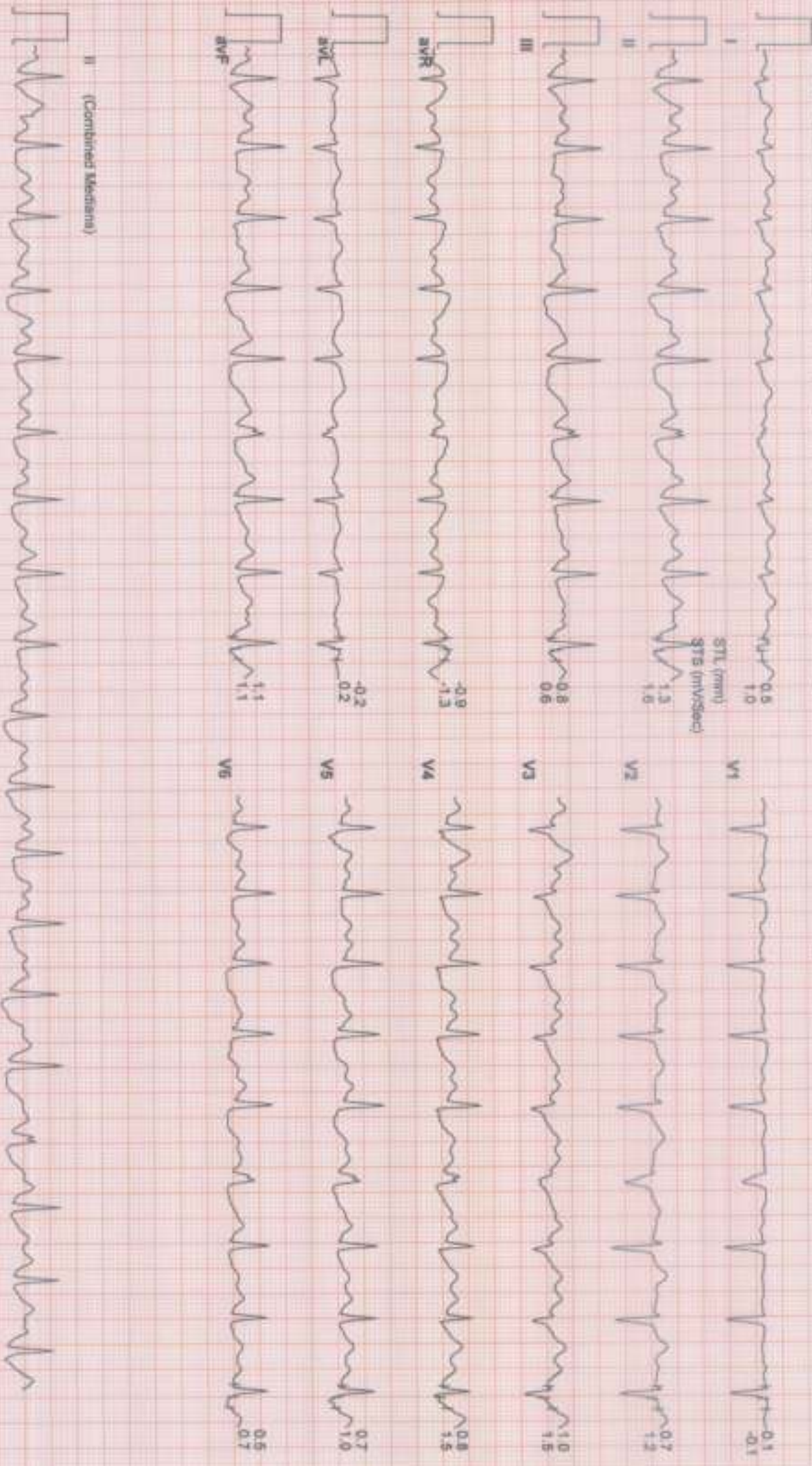
EstTime: 06:36 Speed: 3.4 mph Grade: 14.00 % 25 rev/Sec 1.0 OminV





Date: 23 / 12 / 2023 11:44:37 AM METS : 1.1 HR : 113 Target HR : 62% of 163 BP : 100/80 Post J @BDR@Sec

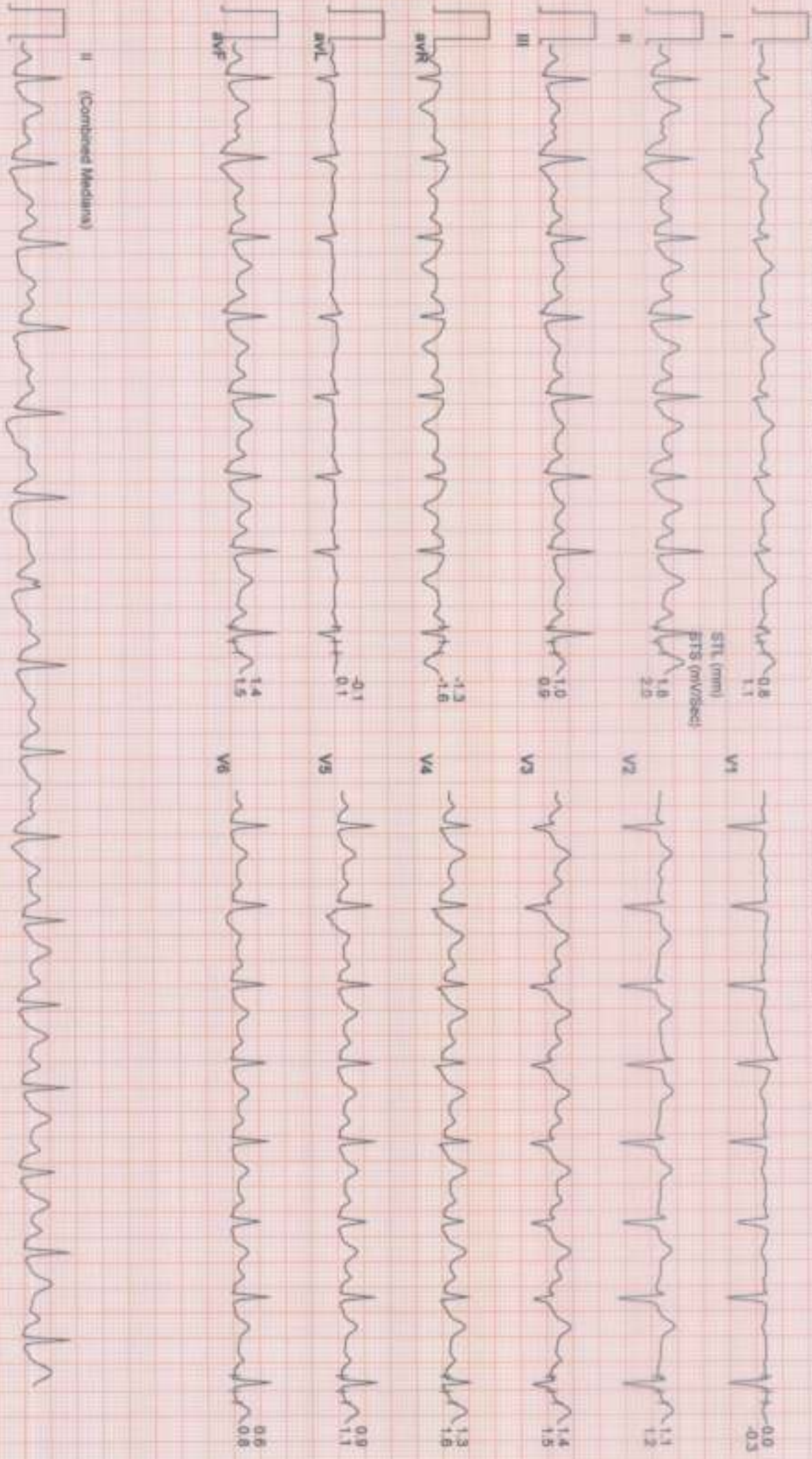
ExTime: 05:36 Speed: 0.0 mph Grade: 00.00 % 25 min@Sec: 1.0 ContinV





Date: 23 / 12 / 2023 11:44:37 AM METS : 1.0 HR: 99 Target HR: 54% of 183 BP: 150/80 Post J @80m/Sec

ExTime: 06:36 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec 1.0 Omnitv



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

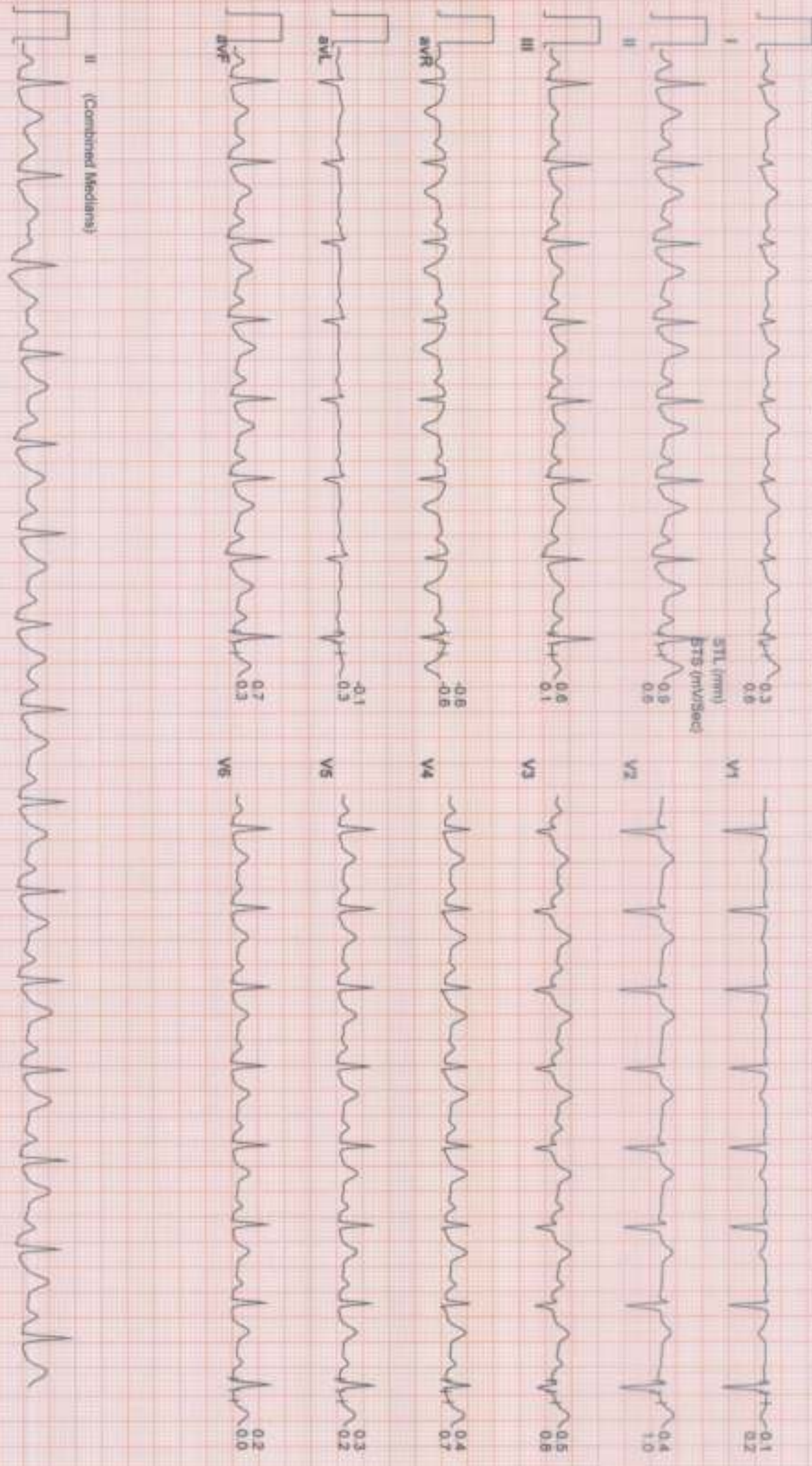
428 / PADHI RITA TRINATH / 37 Yrs / Female / 152 Cm / 52 Kg

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



Date: 23 / 12 / 2023 11:44:37 AM METS : 1.0 HR : 90 Target HR : 49% of 183 BP : 130/80 Ppal J @StimSec

EstTime: 06:36 Speed: 0.0 mph Grade : 00.00 % 25 min/Sec: 1.0 ContinV





Date: 23 / 12 / 2023 11:44:37 AM METS : 1.0 HR : 97 Target HR : 55% of 183 BP : 130/80 Post J @BiosSec

EXTIME: 05:35 Speed: 0.0 mph Grade: 00.00 % 25 min/Sec 1.0 Cm/mV

