



CID : 2216225036  
Name : MRS.SONAM GAURAV VERMA  
Age / Gender : 34 Years / Female  
Consulting Dr. : -  
Reg. Location : Bhayander East (Main Centre)

Collected : 11-Jun-2022 / 10:12  
Reported : 11-Jun-2022 / 14:24

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**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	3.70	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.0	36-46 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.1	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	12200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.1	20-40 %	
Absolute Lymphocytes	2574.2	1000-3000 /cmm	Calculated
Monocytes	4.9	2-10 %	
Absolute Monocytes	597.8	200-1000 /cmm	Calculated
Neutrophils	72.2	40-80 %	
Absolute Neutrophils	8808.4	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	219.6	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	301000	150000-400000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Calculated
PDW	13.9	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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**Reg. Location** : Bhayander East (Main Centre)

**Collected** : 11-Jun-2022 / 10:12  
**Reported** : 11-Jun-2022 / 13:57

**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	87.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.22	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	15.3	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	9.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	103.9	35-105 U/L	Colorimetric
BLOOD UREA, Serum	29.5	12.8-42.8 mg/dl	Kinetic
BUN, Serum	13.8	6-20 mg/dl	Calculated
CREATININE, Serum	1.29	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	50	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.0	2.4-5.7 mg/dl	Enzymatic



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**Collected** : 11-Jun-2022 / 16:00  
**Reported** : 11-Jun-2022 / 19:52

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 \*\*\*



MC-2111

**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant Pathologist & Lab**  
**Director**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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Reported : 11-Jun-2022 / 21:32

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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	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	114.0	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

\*\*\* End Of Report \*\*\*



MC-2111



*J. Thakker*

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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>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

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



MC-2111



*Rashmi Monteiro*

**Dr.RASHMI MONTEIRO**  
**M.D. (PATH)**  
**Pathologist**

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Reg. Location : Bhayander East (Main Centre)

Collected : 11-Jun-2022 / 10:12  
Reported : 11-Jun-2022 / 21:26

**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 automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

Specimen: EDTA Whole Blood and/or serum

**Clinical significance:**

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

**Limitations:**

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

**References:**

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

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

\*\*\* End Of Report \*\*\*



*Pendharker*

**Dr.CHHAYA PENDHARKER**  
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Reported : 11-Jun-2022 / 14:19

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	94.0	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	38.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	124	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	105.0	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	19.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



MC-2111

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Reg. Location : Bhayander East (Main Centre)

Collected : 11-Jun-2022 / 10:12  
Reported : 11-Jun-2022 / 15:27

**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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.5	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	2.41	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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Reported : 11-Jun-2022 / 15:27

**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

**Limitations:**Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.

**Reference:**

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

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\*\*\* End Of Report \*\*\*



*Bmhaskar*

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CID#	: 2216225036	SID#	: 177804462754
Name	: MRS.SONAM GAURAV VERMA	Registered	: 11-Jun-2022 / 09:46
Age / Gender	: 34 Years/Female	Collected	: 11-Jun-2022 / 09:46
Consulting Dr.	: -	Reported	: 11-Jun-2022 / 16:29
Reg.Location	: Bhayander East (Main Centre)	Printed	: 13-Jun-2022 / 11:26

## **USG WHOLE ABDOMEN**

### **LIVER:**

The liver is normal in size (13.7 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. No evidence of any intra hepatic cystic or solid lesion seen. 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 seen.

### **KIDNEYS:**

Right kidney measures 8.6 x 2.9 cm. Left kidney measures 9.0 x 3.9 cm. Both the kidneys are normal in size, position and echotexture. Left kidney shows irregular outline. Right kidney appears normal in shape. 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 (8.7 cm) and echotexture. 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.

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### UTERUS:

The uterus is anteverted and appears normal. It measures 6.6 x 3.5 x 2.8 cms in size. Myometrial echoes are normal. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 5.7 mm in thickness.

### OVARIES:

Right ovary : 3.3 x 1.9 x 1.9 cm, Vol : 6.9 cc.

Left ovary : 3.4 x 1.7 x 1.6 cm, Vol : 5.2 cc.

Both the ovaries are well visualised and appear normal in size, shape and position. Multiple small follicles are seen in the periphery of echogenic stroma in both ovaries.

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

No free fluid is seen in the pouch of douglas.

### IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Bilateral polycystic ovaries.**

Suggest: clinical and hormonal correlation.

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 Kamble**  
**MBBS, DMRD**

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Reg.Location	: Bhayander East (Main Centre)	Printed	: 13-Jun-2022 / 11:26

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*Sakshi*

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**DR. ANITA CHOUDHARY**  
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CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553

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Reg.Location : Bhayander East (Main Centre)

SID# : 177804462754  
Registered : 11-Jun-2022 / 09:46  
Collected : 11-Jun-2022 / 09:46  
Reported : 11-Jun-2022 / 16:10  
Printed : 13-Jun-2022 / 11:28

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

*A case of Dilated Myocarditis*

**EXAMINATION FINDINGS:**

Height (cms): 150  
Temp (0c): Afebrile  
Blood Pressure (mm/hg): 150/100  
Pulse: 82/min

Weight (kg): 75  
Skin: NAD  
Nails: NAD  
Lymph Node: Not Palpable

**Systems**

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

*(None)*

**IMPRESSION:**

*R/E u/s - Bacteriæ + (> 20 / hpf),  
ESP - 83 at 1hr.*

**ADVICE:** *US u/s - G-I Fatty Liver  
and B/L Polycystic Ovaries*

*Adv' - Expert-consultation.*

**CHIEF COMPLAINTS:**

- 1) Hypertension: No
- 2) IHD: No

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Consulting Dr.	: -	Reported	: 11-Jun-2022 / 16:10
Reg.Location	: Bhayander East (Main Centre)	Printed	: 13-Jun-2022 / 11:28

- |  |    |
|--|----|
| 3) Arrhythmia                            | No |
| 4) Diabetes Mellitus                     | No |
| 5) Tuberculosis                          | No |
| 6) Asthama                               | No |
| 7) Pulmonary Disease                     | No |
| 8) Thyroid/ Endocrine disorders          | No |
| 9) Nervous disorders                     | No |
| 10) GI system                            | No |
| 11) Genital urinary disorder             | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder            | No |
| 14) Cancer/lump growth/cyst              | No |
| 15) Congenital disease                   | No |
| 16) Surgeries                            | No |
| 17) Musculoskeletal System               | No |

**PERSONAL HISTORY:**

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

**DR. ANIL CHAUDHARY**  
CONSULTANT PHYSICIAN  
Reg. No. 2017/12/5553



SUBURBAN DIAGNOSTICS  
MUMBAI  
Near The...  
Mira Road  
\*\*\* End Of Report \*\*\*

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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

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



Date:- 11/6/2022

CID: 2216225036

Name:- Sonam Verma

Sex / Age: 34 / F

**EYE CHECK UP**

**Chief complaints:**

**Systemic Diseases:**

**Past history:**

RE LE

**Unaided Vision:**

6/6 6/6

**Aided Vision:**

N/6 N/6

**Refraction:**

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

**Colour Vision:** Normal / Abnormal



**Remark:**

**SUBURBAN DIAGNOSTICS (I) PVT. LTD.**

Shop No. 101-A, 1st Floor,  
Kshittij Building, Above Reymond,  
Near Thunga Hospital, Mira-Bhy. Road,  
Mira Road (East), Dist. Thane - 401 105  
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CID#	: 2216225036	SID#	: 177804462754
Name	: MRS.SONAM GAURAV VERMA	Registered	: 11-Jun-2022 / 09:46
Age / Gender	: 34 Years/Female	Collected	: 11-Jun-2022 / 09:46
Consulting Dr.	: -	Reported	: 11-Jun-2022 / 13:17
Reg.Location	: Bhayander East (Main Centre)	Printed	: 13-Jun-2022 / 11:26

### X-RAY CHEST PA VIEW

Positional rotation seen.

Left lower zones is obscured due to overlying soft tissue shadows.

Rest of the lung fields are clear with no parenchymal lesion.

Cardiomegaly with unfolded aorta.

The domes of the diaphragm and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

Kindly correlate clinically.

\*\*\* End Of Report \*\*\*



**Dr.Vibha Kamble**  
**MBBS, DMRD**