



CID : 2308913150  
Name : MRS.SAVITA LAXMIKANT MISHRA  
Age / Gender : 28 Years / Female  
Consulting Dr. : -  
Reg. Location : Khar West (Main Centre)

Collected : 30-Mar-2023 / 09:34  
Reported : 30-Mar-2023 / 13:15

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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	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	4.02	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.6	36-46 %	Calculated
MCV	86.0	81-101 fl	Measured
MCH	28.3	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.4	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5680	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	33.4	20-40 %	
Absolute Lymphocytes	1890	1000-3000 /cmm	Calculated
Monocytes	6.2	2-10 %	
Absolute Monocytes	350	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	3160	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	10	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	172000	150000-410000 /cmm	Elect. Impedance
MPV	12.2	6-11 fl	Measured
PDW	30.7	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			





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Reported : 30-Mar-2023 / 11:36

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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	84.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.54	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.34	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.6	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	19.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	16.1	10-49 U/L	Modified IFCC
GAMMA GT, Serum	10.6	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	78.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	<b>18.8</b>	19.29-49.28 mg/dl	Calculated
BUN, Serum	<b>8.8</b>	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.53	0.50-0.80 mg/dl	Enzymatic
eGFR, Serum	146	>60 ml/min/1.73sqm	Calculated
Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation			
URIC ACID, Serum	4.4	3.1-7.8 mg/dl	Uricase/ Peroxidase



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Urine Sugar (Fasting) Absent Absent  
Urine Ketones (Fasting) Absent Absent

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



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



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Reported : 30-Mar-2023 / 13:05

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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	4.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	85.3	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 SDRL, Vidyavihar Lab

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



*Namrata Raul*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**



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Reported : 30-Mar-2023 / 13:39

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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	Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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**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 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**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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

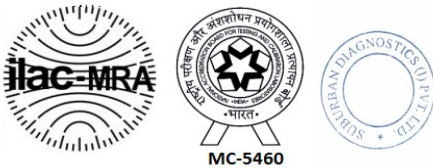
**Clinical significance:**  
ABO system is most important of all blood group in transfusion medicine

- 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	148.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	58.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	41.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	106.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.8	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	11.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.3	0-3.5 Ratio	Calculated

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



*Namrata*

**Dr.NAMRATA RAUL**  
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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	5.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.460	0.55-4.78 microIU/ml	CLIA



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

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

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

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

**Limitations:**

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

**Reference:**

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

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



*Namrata*

**Dr.NAMRATA RAUL**  
**M.D (Biochem)**  
**Biochemist**

## SUBURBAN DIAGNOSTICS KHAR-W

**Name: MS SAVITA LAKSHMIKANT MISHRA** **Date: 30-03-2023 Time: 11:09**

**Age: 28 Gender: F Height: 156 cms Weight: 60 Kg ID: 2308913150**

**Clinical History: NIL**

**Medications: NONE**

### Test Details:

**Protocol: Bruce Predicted Max HR: 192 Target HR: 163**

**Exercise Time: 0:06:40 Achieved Max HR: 164 (85% of Predicted MHR)**

**Max BP: 140/80 Max BP x HR: 22960 Max Mets: 7.5**

**Test Termination Criteria: THR ATTAINED**

### Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:08	1	0	0	93	120/80	11160	-0.5 I	0.3 I
Standing	00:31	1	0	0	94	120/80	11280	0.4 V1	0.3 I
HyperVentilation	00:09	1	0	0	84	120/80	10080	-0.3 II	0.2 I
PreTest	00:06	1	1.6	0	79	120/80	9480	0.7 aVR	0.3 II
Stage: 1	03:00	4.7	2.7	10	130	130/80	16900	-0.8 V3	-0.7 aVR
Stage: 2	03:00	7	4	12	152	138/80	20976	-1 V5	-0.3 V1
Peak Exercise	00:40	7.5	5.5	14	164	140/80	22960	-1.9 V3	1.6 II
Recovery1	01:00	1	0	0	114	136/80	15504	0.6 V1	0.7 II
Recovery2	01:00	1	0	0	108	130/80	14040	-0.5 II	-0.3 aVR
Recovery3	01:00	1	0	0	88	120/80	10560	-0.7 II	-0.3 aVR

### Interpretation

GOOD EFFORT TOLERANCE  
 NORMAL CHRONOTROPIC RESPONSE  
 NORMAL INOTROPIC RESPONSE  
 NO ANGINA/ANGINA EQUIVALENTS  
 NO ARRHYTHMIAS  
 NO SIGNIFICANT ST-T CHANGES FROM BASELINE

**IMPRESSION:**  
 STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

**DISCLAIMER:**  
 NEGATIVE STRESS TEST DOES NOT RULE OUT CORONARY ARTERY DISEASE  
 POSITIVE STRESS TEST IS SUGGESTIVE BUT NOT CONFIRMATORY OF CORONARY ARTERY DISEASE  
 HENCE CLINICAL CORRELATION IS MANDATORY.

Ref. Doctor: ----

  
**Doctor: Dr.GIRISH AGRAWAL**

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 6th Floor, Geeta House,  
 81, S.V. Road, Khar(W), Mumbai - 400 052.  
 Tel: 26484805 / 26484807

( Summary Report edited by User )  
 Spandan CS-20 Version:2.12.0

**Dr. Girish O. Agrawal**  
 MD (Med)

Reg. No.: 2002/02/478

# SUBURBAN DIAGNOSTICS KHAR-W

**MS SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:00:00

Stage Time: 00:08

**HR: 93 bpm**

Brice Protocol

Stage: Supine

Speed: 0 kmph

Grade: 0%

THR: 163 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

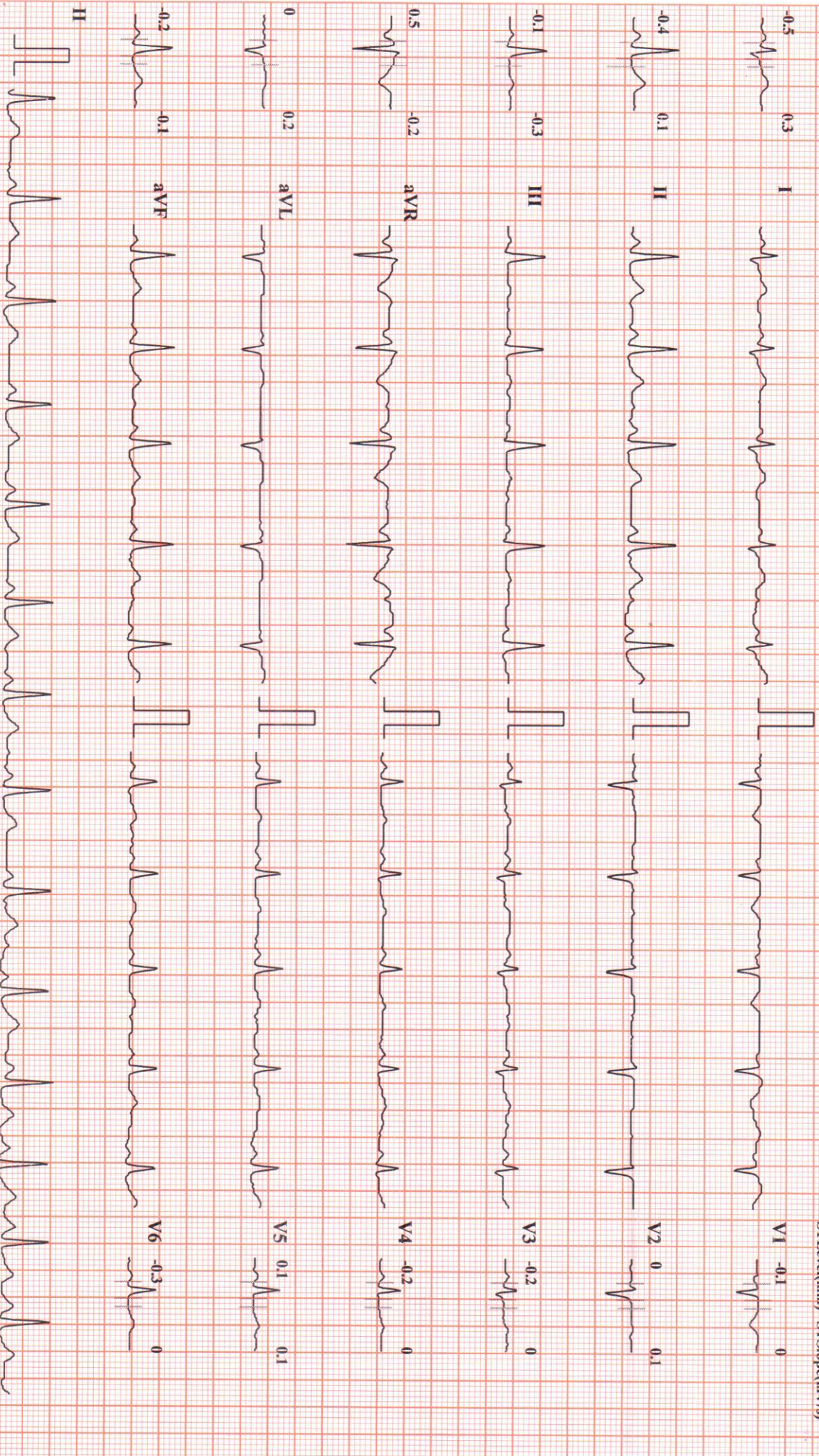


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms





# SUBURBAN DIAGNOSTICS KHAR-W

**MS SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:00:00

Stage Time: 00:31

**HR: 94 bpm**

Bruce Protocol  
STLevel(mm) STSlope(mV/s)

Stage: Standing

Speed: 0 kmph

Grade: 0%

THR: 163 bpm

BP: 120/80 mmHg  
STLevel(mm) STSlope(mV/s)

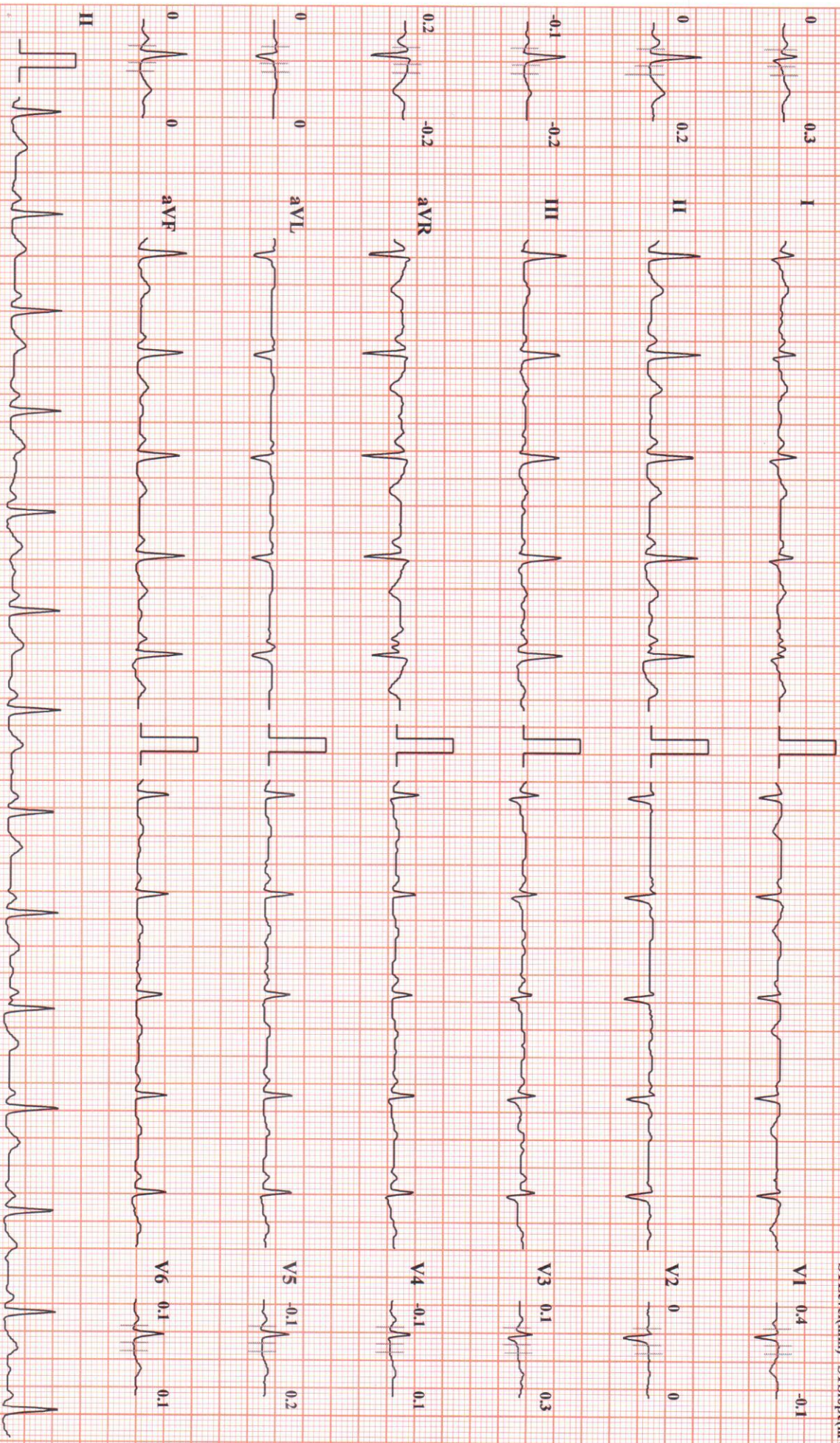


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

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# SUBURBAN DIAGNOSTICS KHAR-W

**M S SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:00:00

Stage Time: 00:09

**HR: 84 bpm**

Bruce Protocol

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0 kmph

Grade: 0%

THR: 163 bpm

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

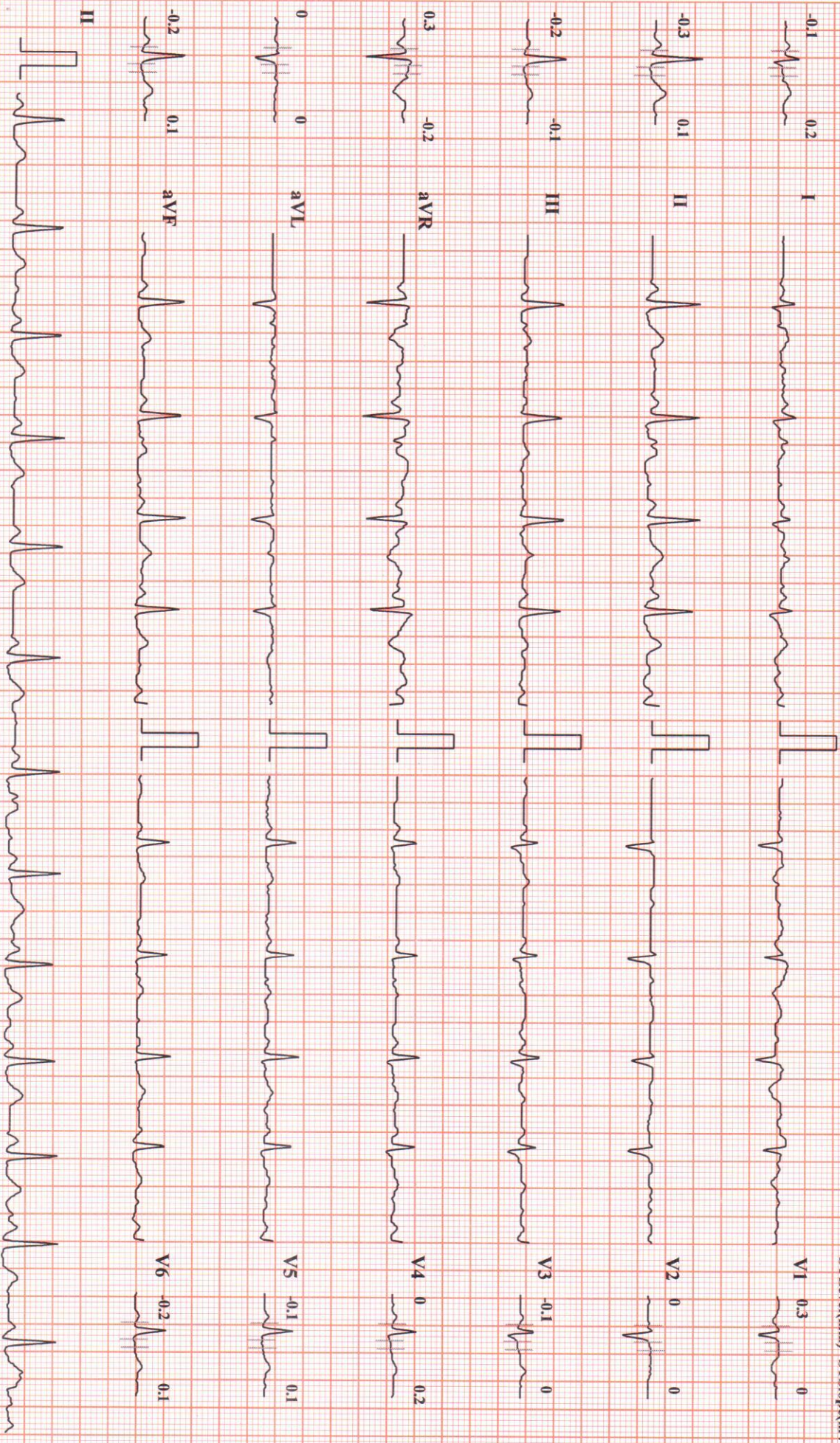


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R + 60 ms; J = R + 60 ms; Post J = J + 60 ms

Schiller Spandian CS-20 Version 2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**M S SAVITA LAKSHMIKANT MISHRA**

Bruce Protocol ID: 2308913150

STISlope(mm) STISlope(mV/s)

Stage: PreTest

Date: 30-03-2023

Speed: 1.6 kmph

Exec Time : 0:00:00

Grade: 0%

Stage Time: 00:06

**HR: 79 bpm**

BP: 120/80 mmHg

STISlope(mm) STISlope(mV/s)

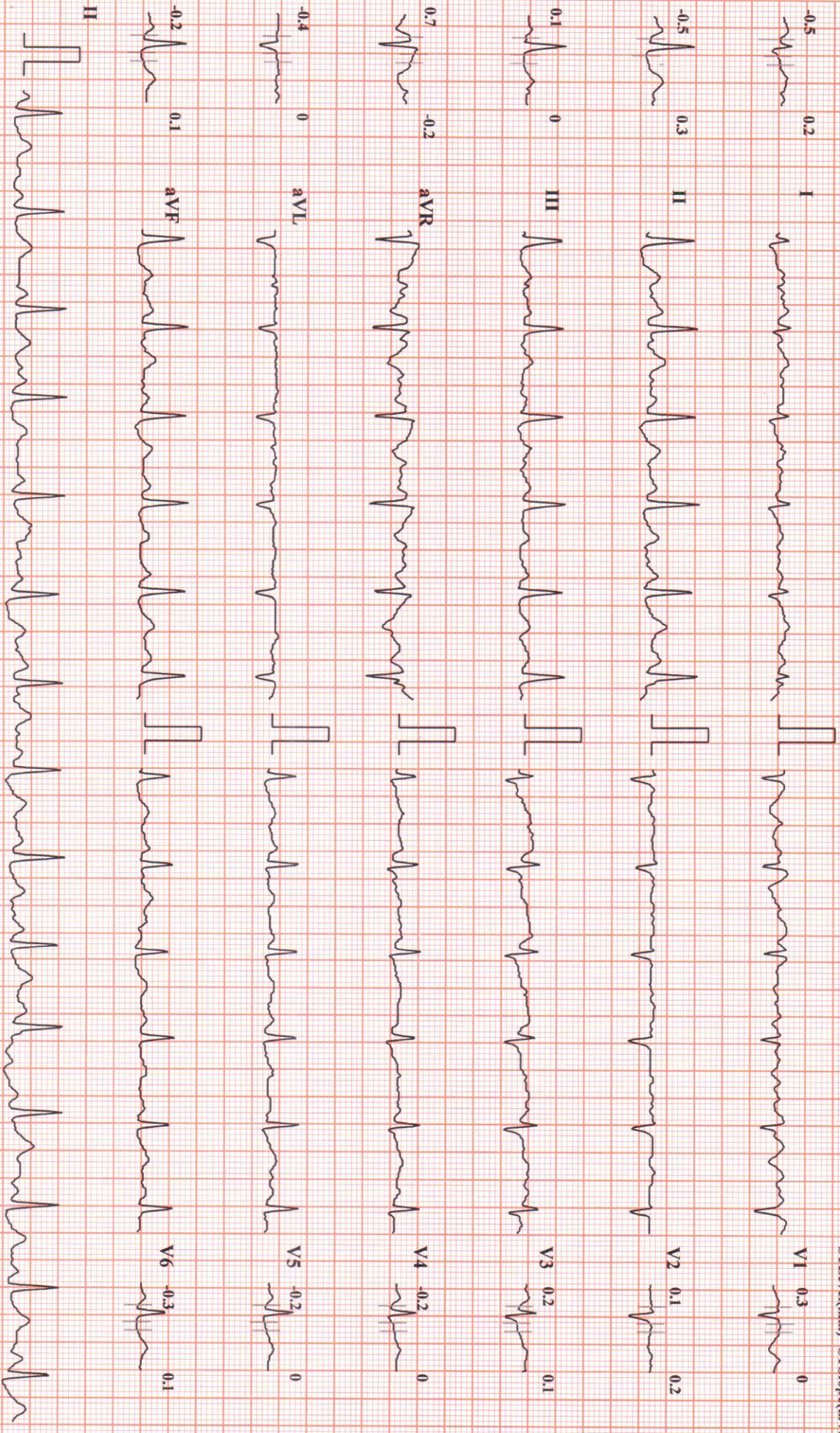


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandian CS-20 Version: 2.12





# SUBURBAN DIAGNOSTICS KHAR-W

**MIS SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:03:00

Stage Time: 03:00

**HR: 130 bpm**

BP: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: I

Speed: 2.7 kmph

Grade: 10%

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

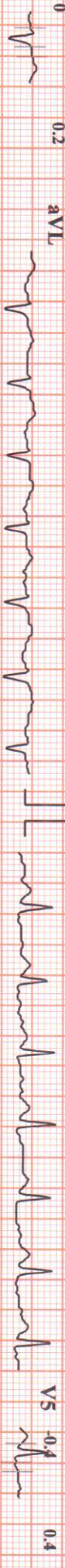
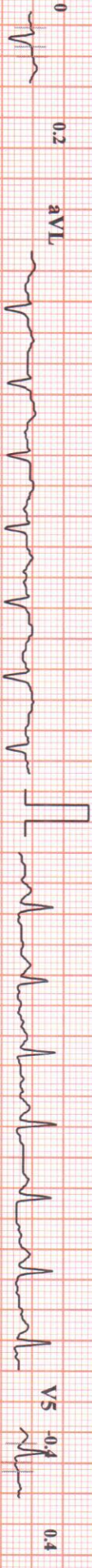
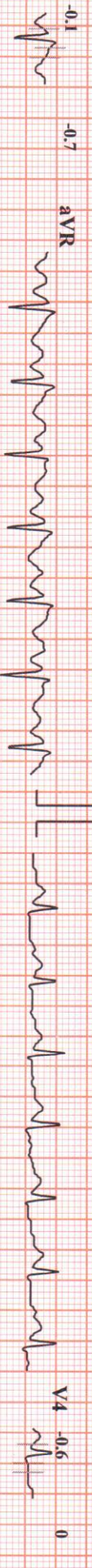
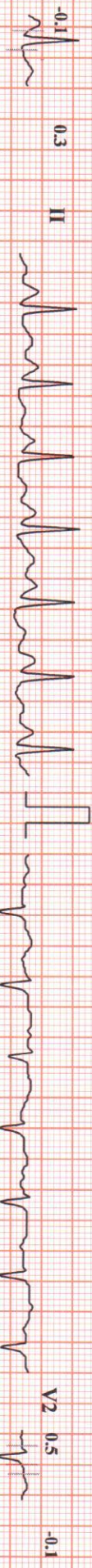


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version: 2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**MIS SAVITA LAKSHMIKANT MISHRA**

Bruce Protocol ID: 2308913150

STLevel(mm) STSlope(mV/s)

Stage: 2

Date: 30-03-2023

Speed: 4 kmph

Exec Time : 0:06:00

Grade: 12%

Stage Time: 03:00

HR: 152 bpm

BP: 138/80 mmHg

STLevel(mm) STSlope(mV/s)

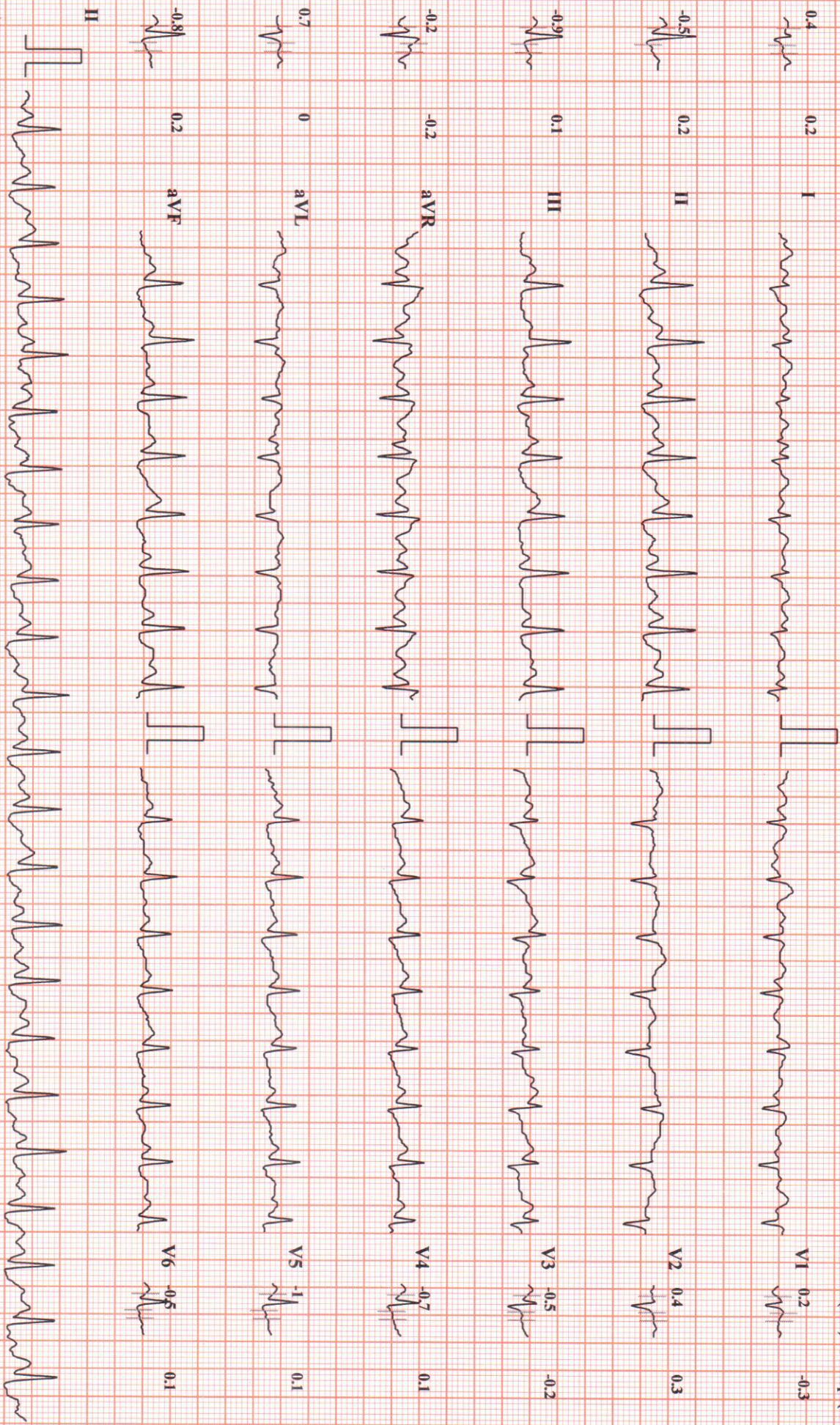


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version:2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**M/S SAVITA LAKSHMIKANT MISHRA**

Bruce Protocol ID: 2308913150

STLevel(mm) STISlope(mV/s)

Stage: Peak Exercise

Speed: 5.5 kmph

Date: 30-03-2023

Exec Time : 0:06:40

Grade: 14%

THR: 163 bpm

**HR: 164 bpm**

BP: 140/80 mmHg

STLevel(mm) STISlope(mV/s)

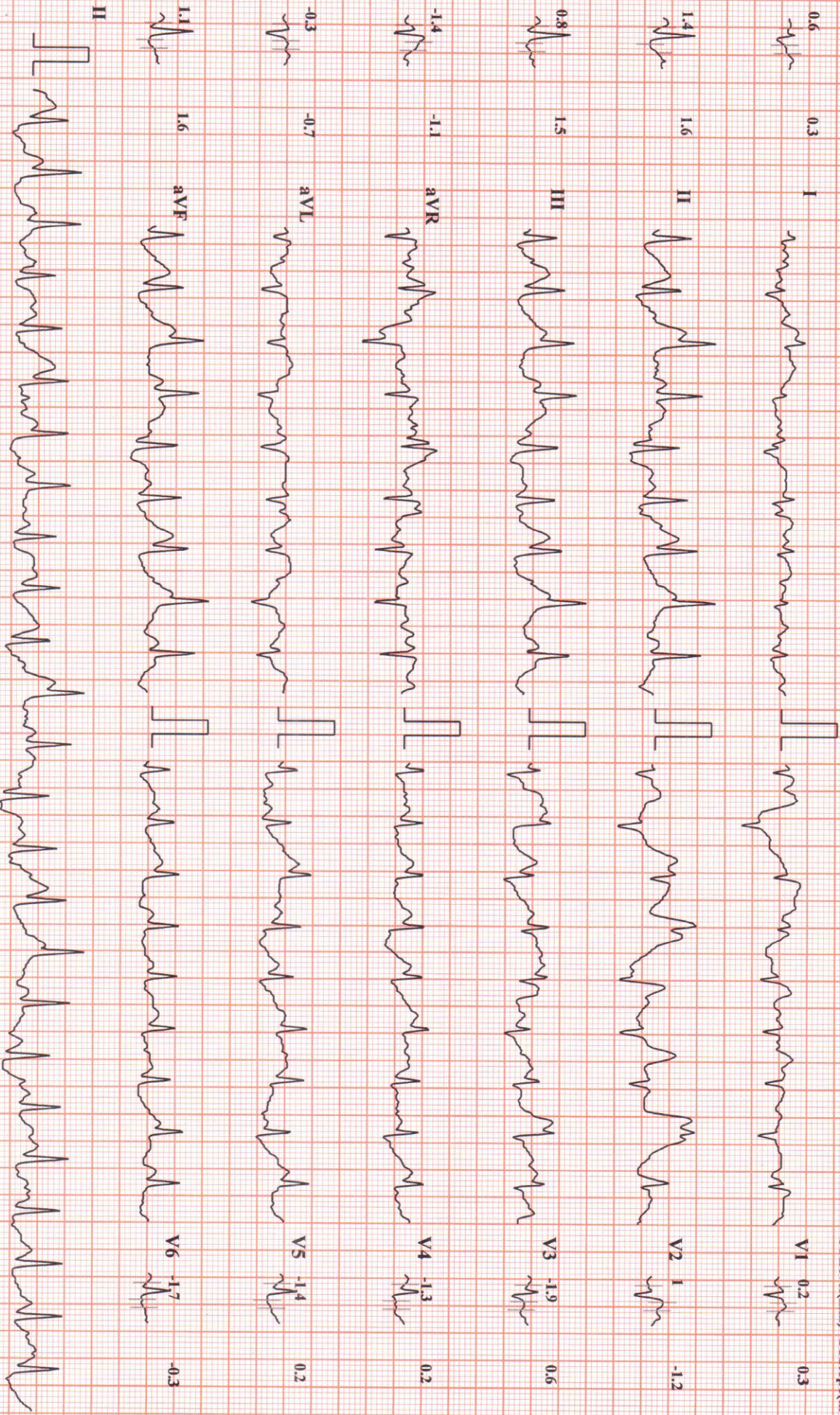


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, PostJ = J + 60 ms

Schiller Spandan CS-20 Version 2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**MS SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:07:40

Stage Time: 01:00

**HR: 114 bpm**

BP: 136/80 mmHg

STLevel(mm) STSlope(mV/s)

Stage: Recovery I

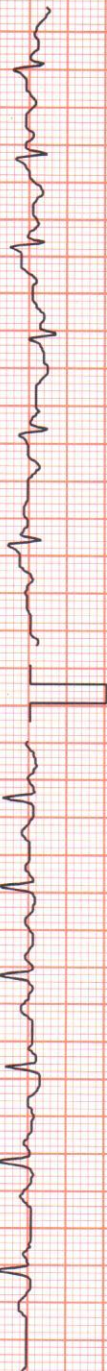
Speed: 0 kmph

Grade: 0%

THR: 163 bpm

STLevel(mm) STSlope(mV/s)

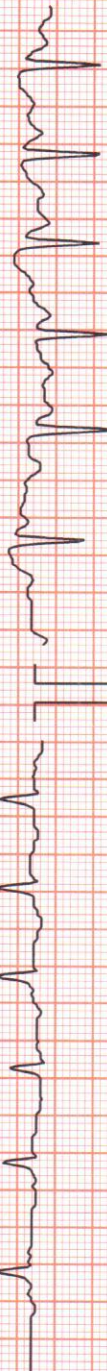
0.1 0.2 I



V1 0.6 -0.3



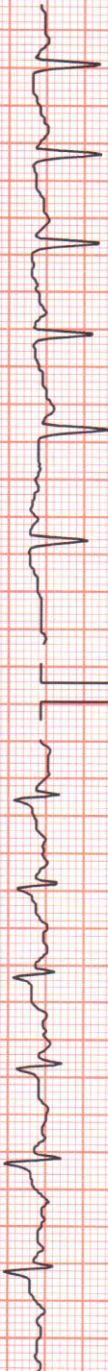
-0.2 0.7 II



V2 -0.2 0



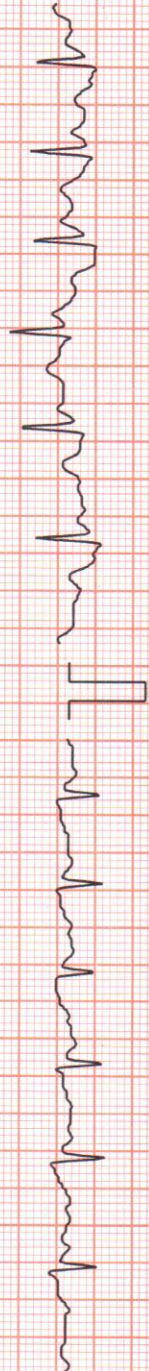
-0.3 0.4 III



V3 0.2 0.4



-0.1 -0.6 aVR



V4 -0.4 0.3



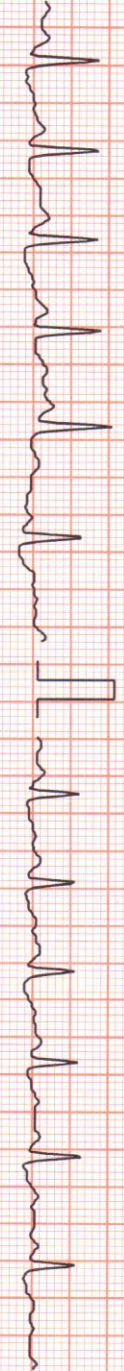
0.3 0 aVL



V5 -0.4 0.2



-0.3 0.4 aVF



V6 -0.3 0.3



II



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms. J = R + 60 ms. Post J = J + 60 ms

Schiller Spandan CS-20 Version 2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**MIS SAVITA LAKSHMIKANT MISHRA**

ID: 2308913150

Date: 30-03-2023

Exec Time : 0:08:40

Stage Time: 01:00

**HR: 108 bpm**

Bp: 130/80 mmHg

STLevel(mm) STSlope(mV/s)

STLevel(mm) STSlope(mV/s)

Stage: Recovery2

Speed: 0 kmph

Grade: 0%

THR: 163 bpm

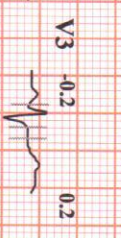
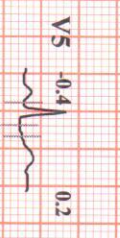
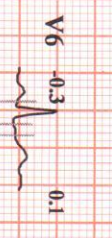
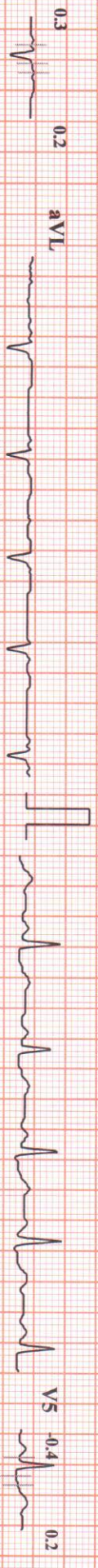
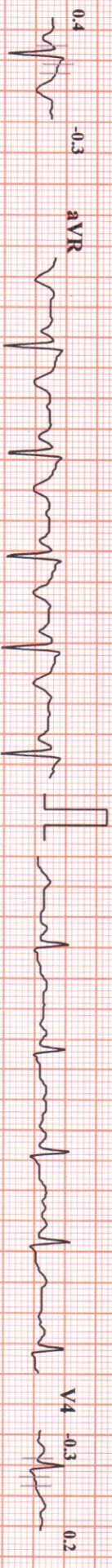
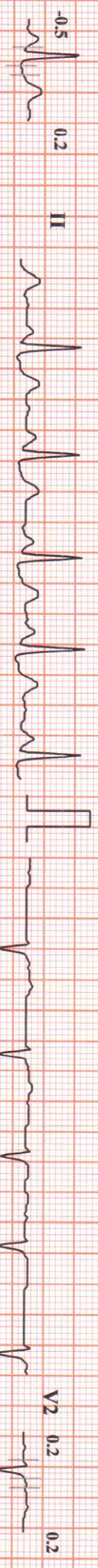


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version:2.12



# SUBURBAN DIAGNOSTICS KHAR-W

**M/S SAVITA LAKSHMIKANT MISHRA**

Bruce Protocol ID: 2308913150

STLevel(mm) STSlope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Grade: 0%

THR: 163 bpm

Date: 30-03-2023

Exec Time : 0:09:40

Stage Time: 01:00

**HR: 88 bpm**

BP: 120/80 mmHg

STLevel(mm) STSlope(mV/s)

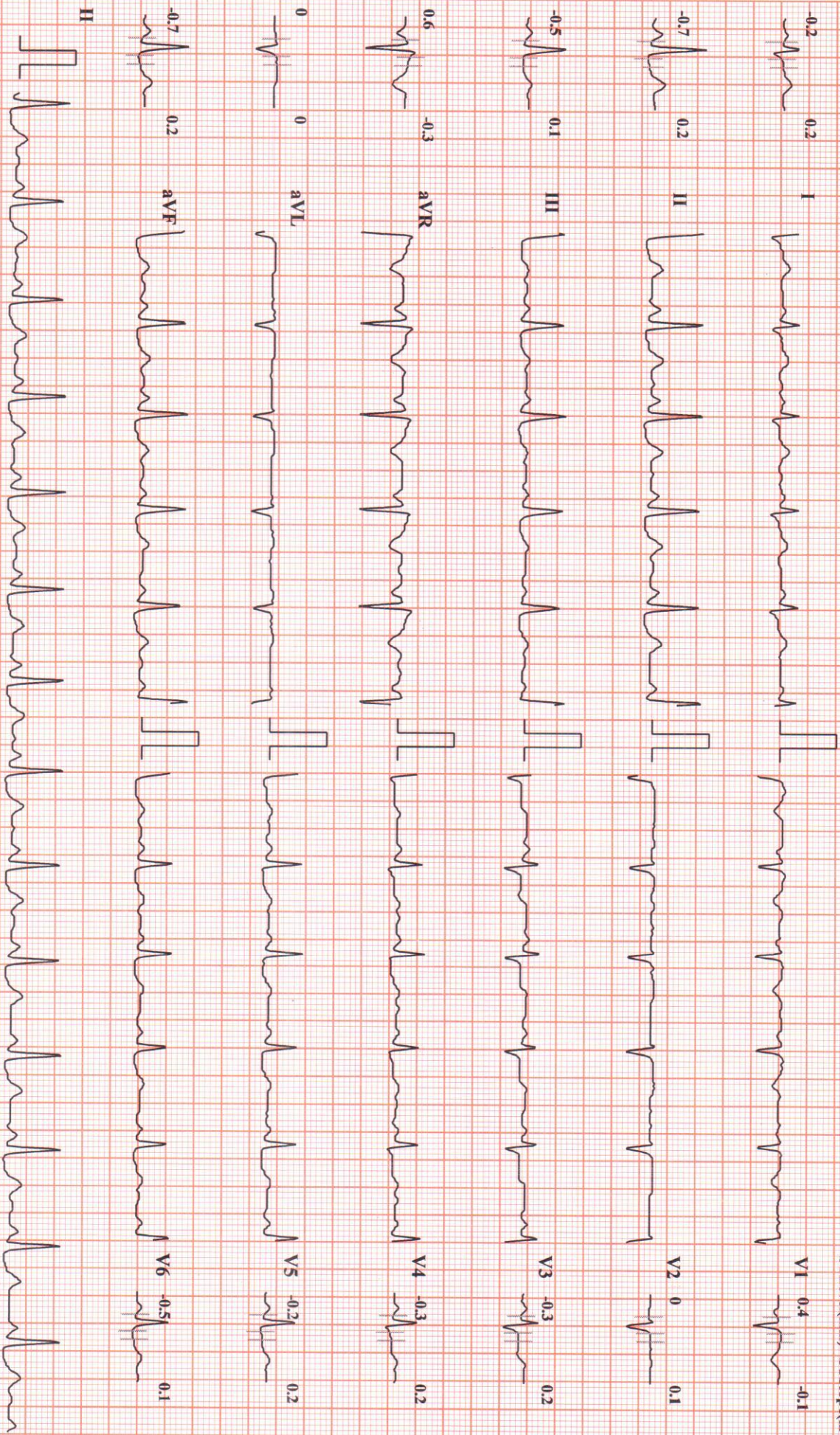


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 35 Hz Mains Filter: ON

ISO = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms

Schiller Spandan CS-20 Version: 2.12

CID# : 2308913150  
Name : MRS.SAVITA LAXMIKANT MISHRA  
Age / Gender : 28 Years/Female  
Consulting Dr. :  
Reg.Location : Khar West (Main Centre)

Collected : 30-Mar-2023 / 09:31  
Reported : 31-Mar-2023 / 11:22

## PHYSICAL EXAMINATION REPORT

History and Complaints: Nil

### EXAMINATION FINDINGS:

Height (cms):	156 cms	Weight (kg):	60 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120/80mmHg	Nails:	Normal
Pulse:	74/Min	Lymph Node:	Not Palpable

### Systems

Cardiovascular: S1S1 Audible, No Murmurs  
Respiratory: AEBE Clear, No Added Sound  
Genitourinary: Normal  
GI System: Normal  
CNS: Normal

IMPRESSION: HB - 11.4 , USG ABD - ABNORMAL FINDINGS ARE NOTED ( REPORT ATTACHED ) , ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

### CHIEF COMPLAINTS:

1) Hypertension:	No
2) IHD	No
3) Arrhythmia	No
4) Diabetes Mellitus	No

CID# : 2308913150  
Name : MRS.SAVITA LAXMIKANT MISHRA  
Age / Gender : 28 Years/Female  
Consulting Dr. :  
Reg.Location : Khar West (Main Centre)  
Collected : 30-Mar-2023 / 09:31  
Reported : 31-Mar-2023 / 11:22

- |                                          |               |
|------------------------------------------|---------------|
| 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                            | 1LSCS In 2022 |
| 17) Musculoskeletal System               | No            |

**PERSONAL HISTORY:**

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

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

*Rafat*

**Dr.RAFAT PARKAR**  
**MBBS**  
**CONSULTANT PHYSICIAN**



आयकर विभाग  
INCOME TAX DEPARTMENT



नाम / Name  
SAVITA LAXMIKANT MISHRA

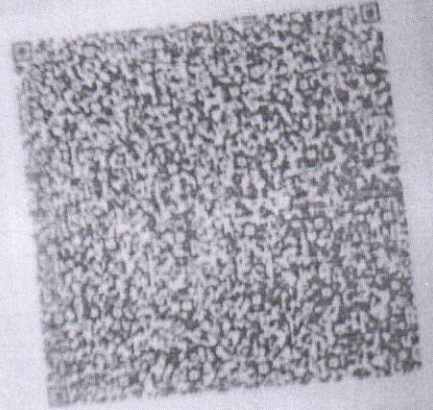
पिता का नाम / Father's Name  
RAMESH CHANDRA CHAUBEY

जन्म की तारीख /  
Date of Birth  
02/05/1994

*Savita*  
हस्ताक्षर / Signature

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
BCLPC5156M



14102018

2019.10.09 15:43

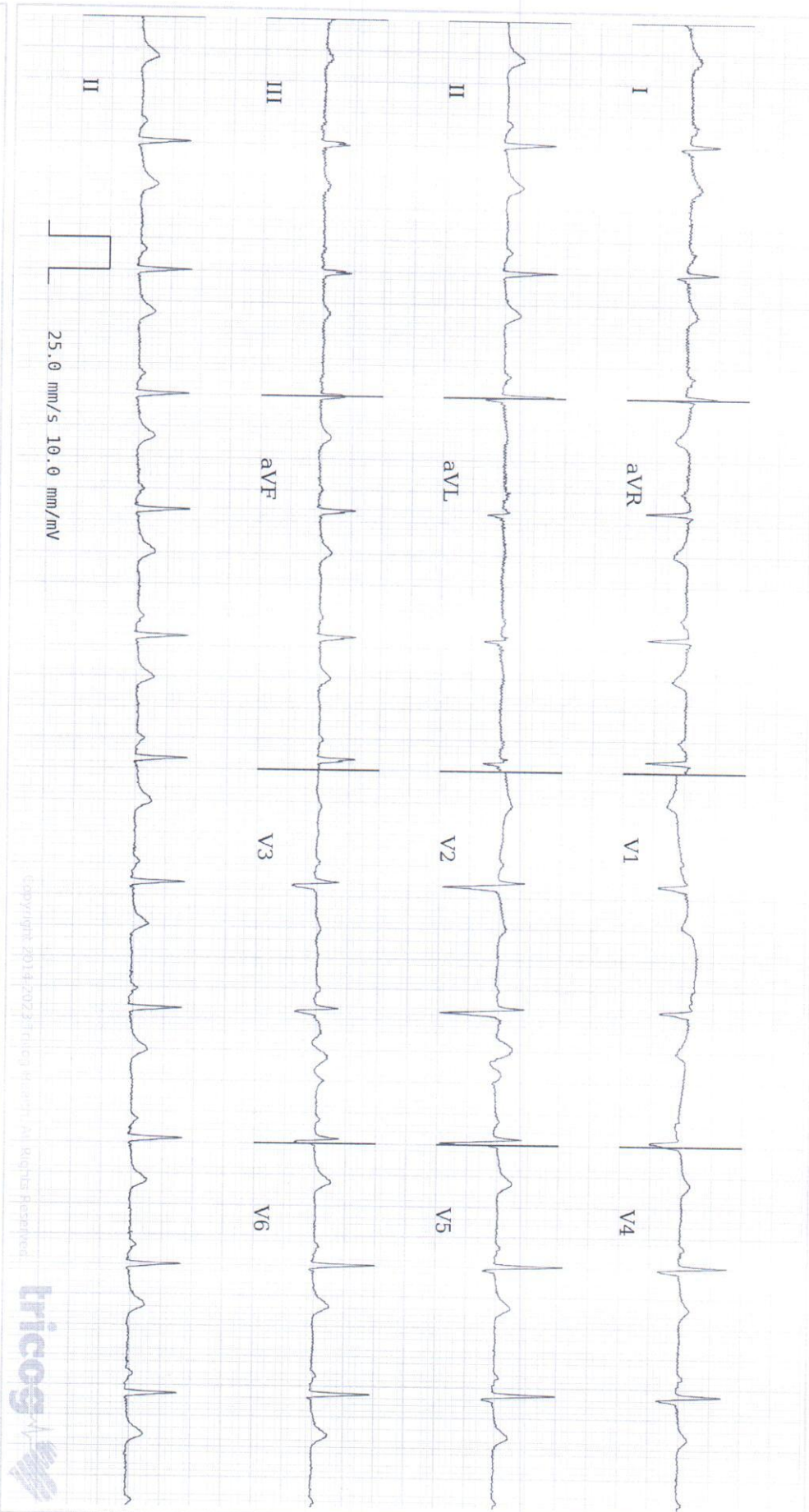
*Savita*

*Rafat*

Dr. Rafat M Parkar  
M.B.B.S.  
Regn. No. 072366

Suburban Diagnostics (I) Pvt. Ltd.  
8th Floor, Gate House,  
Off. S.W. Road, Khar (W), Mumbai - 400 052.  
Tel.: 26484805 / 26484807

**SUBURBAN DIAGNOSTICS - KHAR WEST**



Age **28** **10** **28**  
years months days

Gender **Female**

Heart Rate **74bpm**

**Patient Vitals**

BP: 120/80 mmHg  
Weight: 60 kg  
Height: 156 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others:

**Measurements**

QRSD: 74ms  
QT: 388ms  
QTc: 430ms  
PR: 126ms  
P-R-T: 33° 63° 44°

**ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.**

REPORTED BY

*[Signature]*

Dr. Girish Agarwal  
MD Medicine  
2002/02/478

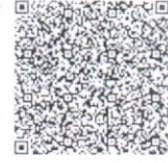
Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.



Hello I am Savita Laxmikant Mishra, i want  
skip my PPBS Test

Savita





Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2308913150  
**Name** : Mrs Savita Laxmikant Mishra  
**Age / Sex** : 28 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Khar West Main Centre

**Reg. Date** : 30-Mar-2023  
**Reported** : 30-Mar-2023 / 13:25

R  
E  
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R  
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**X-RAY CHEST PA VIEW**

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is 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.**

**SUGGEST CLINICAL CORRELATION.**

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

Dr. Vishal Kumar Mulchandani  
MD DMRE  
REG No : 2006/03/1660  
Consultant Radiologist

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023033009321574>

Page no 1 of 1

Authenticity Check  
<<QRCode>>

**CID** : 2308913150  
**Name** : Mrs Savita Laxmikant Mishra  
**Age / Sex** : 28 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Khar West Main Centre

**Reg. Date** : 30-Mar-2023  
**Reported** : 31-Mar-2023 / 1:26

Use a QR Code Scanner  
Application To Scan the Code

### USG WHOLE ABDOMEN

**LIVER:** Liver is normal in size (measures 13.4 cm). Liver shows normal echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at present scan.

**GALL BLADDER:** Gall bladder is distended. **Minimal sludge is noted within gallbladder lumen.** Wall thickness is within normal limits.

**PORTAL VEIN:** Portal vein is normal . **CBD:**CBD appears normal.

**PANCREAS:** Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

**KIDNEYS:** Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Right kidney measures 10.4 x 4.1 cm.

Left kidney measures 10.4 x 4.6 cm.

**SPLEEN:** Spleen is normal in size (measures 10.3 cm) and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended. Wall thickness is within normal limits.

**UTERUS:** Uterus is anteverted and measures 6.9 x 5.3 x 3.8 cm. Uterine myometrium shows homogenous echotexture.

**Few small nabothian cysts are noted in cervix.**

Endometrial echo is in midline and is **mildly thickened** and endometrium thickness is 13.9 mm.

**OVARIES :**Both ovaries appears mildly bulky and shows multiple small follicles predominantly arranged in periphery.

The right ovary measures 3.5 x 2.9 x 2.2 cm and ovarian volume is 11.7 cc.

The left ovary measures 3.4 x 2.6 x 2.1 cm and ovarian volume is 10 cc.

**Mild free fluid is noted in pouch of douglas.**

No significant abdominal lymphadenopathy is noted at present scan.

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Authenticity Check  
 <<QRCode>>

CID : 2308913150  
 Name : Mrs Savita Laxmikant Mishra  
 Age / Sex : 28 Years/Female  
 Ref. Dr :  
 Reg. Location : Khar West Main Centre

Reg. Date : 30-Mar-2023  
 Reported : 31-Mar-2023 / 1:26

Use a QR Code Scanner  
 Application To Scan the Code

### IMPRESSION:

- Minimal sludge is noted within gallbladder lumen.
- Mildly thickened endometrium.
- Both ovaries appears mildly bulky and shows multiple small follicles predominantly arranged in periphery.
- Mild free fluid is noted in pouch of douglas.
- Insignificant postvoid residue.

### Suggest clinicopathological correlation.

*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. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report , patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

*Vishal K.M.*

Dr. Vishal Kumar Mulchandani  
 MD DMRE  
 REG No : 2006/03/1660  
 Consultant Radiologist

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