

**PHYSICAL EXAMINATION REPORT**

Patient Name	Pravati Borkar	Sex/Age	F/33.
Date	13/11/24.	Location	Thane

**History and Complaints**

Nil

**EXAMINATION FINDINGS:**

Height (cms):	160	Temp (0c):	37.2
Weight (kg):	77	Skin:	ACUR
Blood Pressure	130/80	Nails:	NAD.
Pulse	72/min	Lymph Node:	NAD.

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

↑ Alkaline phosphatase  
Urine - Pus cells (15-20/hpf)  
USG - Mild Hepatomegaly

Advice:

- Low Fat, Low sugar Diet  
- Drink Plenty of Liquids  
Treatment of Urine infection if any symptoms.

1)	Hypertension:		
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis	NIL	
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		NIL
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries	LSCS	
17)	Musculoskeletal System	NIL	

PERSONAL HISTORY:

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

**Dr. Manasee Kulkarni**  
M.B.B.S.

2005/09/3439

*[Signature]*  
15/1/24

NAME:- Pranati Borkekar      AGE / SEX :- F/33  
REGN NO :-      REF DR :-

**GYNECOLOGICAL EXAMINATION REPORT**

**OBSERVED VALUE**

**TEST DONE**

CHIEF COMPLAINTS :-

Nil

MARITAL STATUS :-

Married

MENSTRUAL HISTORY :-

• MENARCHE :- 12 yrs.

• PRESENT MENSTRUAL HISTORY :- Irregular (Breast feeding (Dry T - Insulin))

• PAST MENSTRUAL HISTORY :-

• OBSTETRIC HISTORY :-

0 P A

• PAST HISTORY :-

Nil

• PREVIOUS SURGERIES :- LSCS

• ALLERGIES :- Nil

• FAMILY HISTORY :- Nil

• DRUG HISTORY :- Nil

• BOWEL HABITS :-

• BLADDER HABITS :-

**PERSONAL HISTORY :-**

TEMPERATURE :-

RS :-

CVS :-

PULSE / MIN :-

BP ( mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN :-

PRE VAGINAL:-

RECOMMENDATION :-



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439



Date: 13/1/24  
Name: Pranali Borkar

CID: 2401322570  
Sex / Age: F 33

**EYE CHECK UP**

Chief complaints: RDU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 13/12 6/6 H.V.V.R N/5

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

MR. PRAKASH KUDVA  
SR. OPTOMETRIST



CID : 2401322570  
Name : MS.PRANOTI BORKAR  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:34  
Reported : 13-Jan-2024 / 13:05

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	13.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.76	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.8	36-46 %	Measured
MCV	87.9	80-100 fl	Calculated
MCH	28.4	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8990	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	25.1	20-40 %	
Absolute Lymphocytes	2256.5	1000-3000 /cmm	Calculated
Monocytes	6.7	2-10 %	
Absolute Monocytes	602.3	200-1000 /cmm	Calculated
Neutrophils	65.8	40-80 %	
Absolute Neutrophils	5915.4	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	197.8	20-500 /cmm	Calculated
Basophils	0.2	0.1-2 %	
Absolute Basophils	18.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	258000	150000-400000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Calculated
PDW	13.4	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			
Hypochromia	-		
Microcytosis	-		

Authenticity Check



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Collected : 13-Jan-2024 / 10:34  
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Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY -  
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-20 mm at 1 hr. Sedimentation

**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 insert
- Briden 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 \*\*\*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist



CID : 2401322570  
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Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 13-Jan-2024 / 20:52

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	91.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP: Fluoride Plasma PP/R	126.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.29	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.16	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	14.4	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	5.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	7.9	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	128.1	35-105 U/L	PNPP
BLOOD UREA, Serum	14.6	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	6.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.65	0.51-0.95 mg/dl	Enzymatic





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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 14:20  
Reported : 13-Jan-2024 / 16:30

eGFR, Serum	119	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	4.5	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**  
MD ( Path )  
Pathologist



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Collected : 13-Jan-2024 / 10:34  
Reported : 13-Jan-2024 / 14:08

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 molecules 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 fctal 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, Wailach'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. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Collected : 13-Jan-2024 / 10:34  
Reported : 13-Jan-2024 / 17:10

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</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>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	15-20	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	1-2	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 \*\*\*

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





CID : 2401322570  
Name : MS. PRANOTI BORKAR  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 13-Jan-2024 / 10:34  
Reported : 13-Jan-2024 / 15:06

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

PARAMETER	RESULTS
ABO GROUP	B
Rh TYPING	Positive

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

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 newborn 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. It 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 antigen 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 \*\*\*

**Dr. IMRAN MUJAWAR**  
MD ( Path )  
Pathologist





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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	175.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: > / =240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	123.0	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	70.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	105.1	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: > / =190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	80.0	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	25.1	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.1	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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Age / Gender : 33 Years / Female  
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Reported : 13-Jan-2024 / 17:06

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.2	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.7	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	3.26	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:**

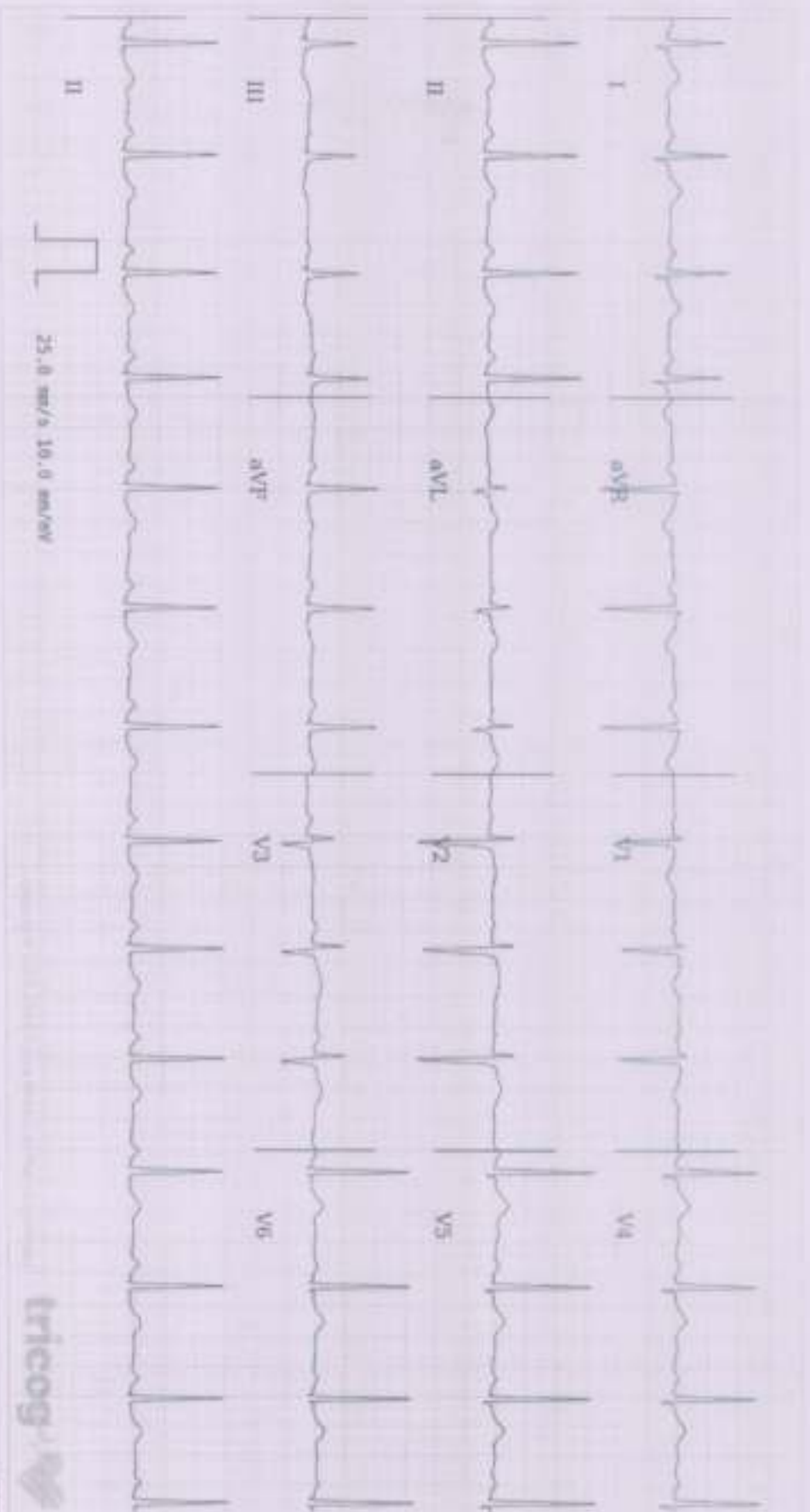
1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.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

**Reference:**

1. O. Koutouri 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 -8th Edition
4. Biological Variation From principles to Practice-Calvin G Fraser (AACC Press)

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

*J. Mujawar*  
Dr. IMRAN MUJAWAR  
MD ( Path )  
Pathologist



25.0 mm/s 10.0 mm/mV



Age: **32** years NA NA  
months days

Gender: **Female**

Heart Rate: **83bpm**

Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

Measurements

QRSd: sinus  
QT: 360ms  
QTcB: 430ms  
PR: 140ms  
P-R-T: 47° 61° 22°

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

REPORTED BY

*S*

DR. SUDHAKAR PILLAI  
MD, MBBS, DNB (Gen Med)  
MD Physician  
022-25522222



Authenticity Check  
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CID : 2401322570  
Name : Ms Pranoti Borkar  
Age / Sex : 33 Years/Female  
Ref. Dr :  
Reg. Date : 13-Jan-2024  
Reg. Location : G B Road, Thane West Main Centre  
Reported : 13-Jan-2024 / 15:28

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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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Reg. Date : 13-Jan-2024  
Reported : 13-Jan-2024 / 12:04

USG WHOLE ABDOMEN

EXCESSIVE BOWEL GAS:

**LIVER:** Liver appears mildly enlarged in size (15.5 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 11.3 x 3.8 cm. Left kidney measures 11.0 x 4.6 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 measures 5.4 x 3.9 x 4.7 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 8 mm. **IUCD seen in situ.**  
Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

No free fluid or significant lymphadenopathy is seen.

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024011310102100>

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Reported : 13-Jan-2024 / 12:04

**IMPRESSION:**

- MILD HEPATOMEGALY .

*Advice: Clinical co-relation sos further evaluation and follow up.*

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-----

**Dr Gauri Varma**  
Consultant Radiologist  
MBBS / DMRE  
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeorudViewer?AccessionNo=2024011310102100>



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

610 (2401322570) / PRANOTI BORKAR / 33 Yrs / F / 160 Cms / 77 Kg  
 Date: 13 / 01 / 2024 12:18:05 PM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	097	52%	110/70	106	00	
Standing	00:21	0:09	00.0	00.0	01.0	094	50%	110/70	103	00	
HY	00:34	0:13	00.0	00.0	01.0	105	56%	110/70	115	00	
ExStart	00:43	0:09	00.0	00.0	01.0	100	53%	110/70	110	00	
BRUCE Stage 1	03:43	3:00	01.7	10.0	04.7	135	72%	120/70	162	00	
BRUCE Stage 2	06:43	3:00	02.5	12.0	07.1	156	83%	140/80	218	00	
PeakEX	07:07	0:24	03.4	14.0	07.5	160	86%	150/80	240	00	
Recovery	08:07	1:00	00.0	00.0	01.1	134	72%	150/80	201	00	
Recovery	09:07	2:00	00.0	00.0	01.0	116	62%	130/80	150	00	
Recovery	09:09	2:03	00.0	00.0	01.0	116	62%	130/80	150	00	

## FINDINGS :

Exercise Time : 08:24  
 Initial HR (ExStrt) : 100 bpm 53% of Target 187  
 Initial BP (ExStrt) : 110/70 (mmHg)  
 Max Workload Attained : 7.5 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value : III & -1.1 mm in Stage 2  
 Test End Reasons : Heart Rate Achieved

Max HR Attained 160 bpm 86% of Target 187  
 Max BP Attained 150/80 (mmHg)

**Dr. SHAILAJA PILLAI**  
 M.D. (GENERAL MED)  
 R.NO. 49872

Doctor : DR. SHAILAJA PILLAI





EMail: [6707@suburbandiagnostics.com](mailto:6707@suburbandiagnostics.com) / 33 Yrs / F / 160 Cms / 77 Kg Date: 13 / 01 / 2024 12:18:05 PM

## REPORT :

Sample Name: Stress Test Graded Exercise Treadmill  
PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 94.0 bpm, and the maximum predicted Target Heart Rate 167.0. The BP increased at the time of generating report as 150/180.0 mmHg. The Max Dep went upto 0.1. 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 ischaemia.
2. NO SIGNIFICANT ST T changes seen.
3. HR and Blood pressure response to exercise is normal.

Dr. SHALAJA PILLAI

M.D. (GEN.MED)

RMO, 45/12

Doctor : DR. SHALAJA PILLAI





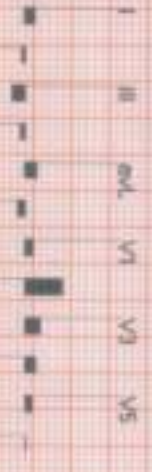
610 (240122570) / PRANOTI BORKAR / 33 Yrs / F / 160 Cms / 77 Kg / HR : 97

Date: 13/01/2024 12:18:05 PM METS: 1.00/97 bpm 52% of TMR BP: 110/70 mmHg Raw ECG/BLC On/Noch On/HF 0.05 Hz/LF 35 Hz

4X 90 bpm Rev 1

20 mm/sec 1.0 cm/mV

ExTime: 00:00 0.0 mV 0.0%



I 0.12 0.08

V1 0.12 0.08

II 0.12 0.08

V2 0.12 0.08

III 0.12 0.08

V3 0.12 0.08

aVL 0.12 0.08

V4 0.12 0.08

aVF 0.12 0.08

V5 0.12 0.08

V6 0.12 0.08

V6 0.12 0.08

PRINTER



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

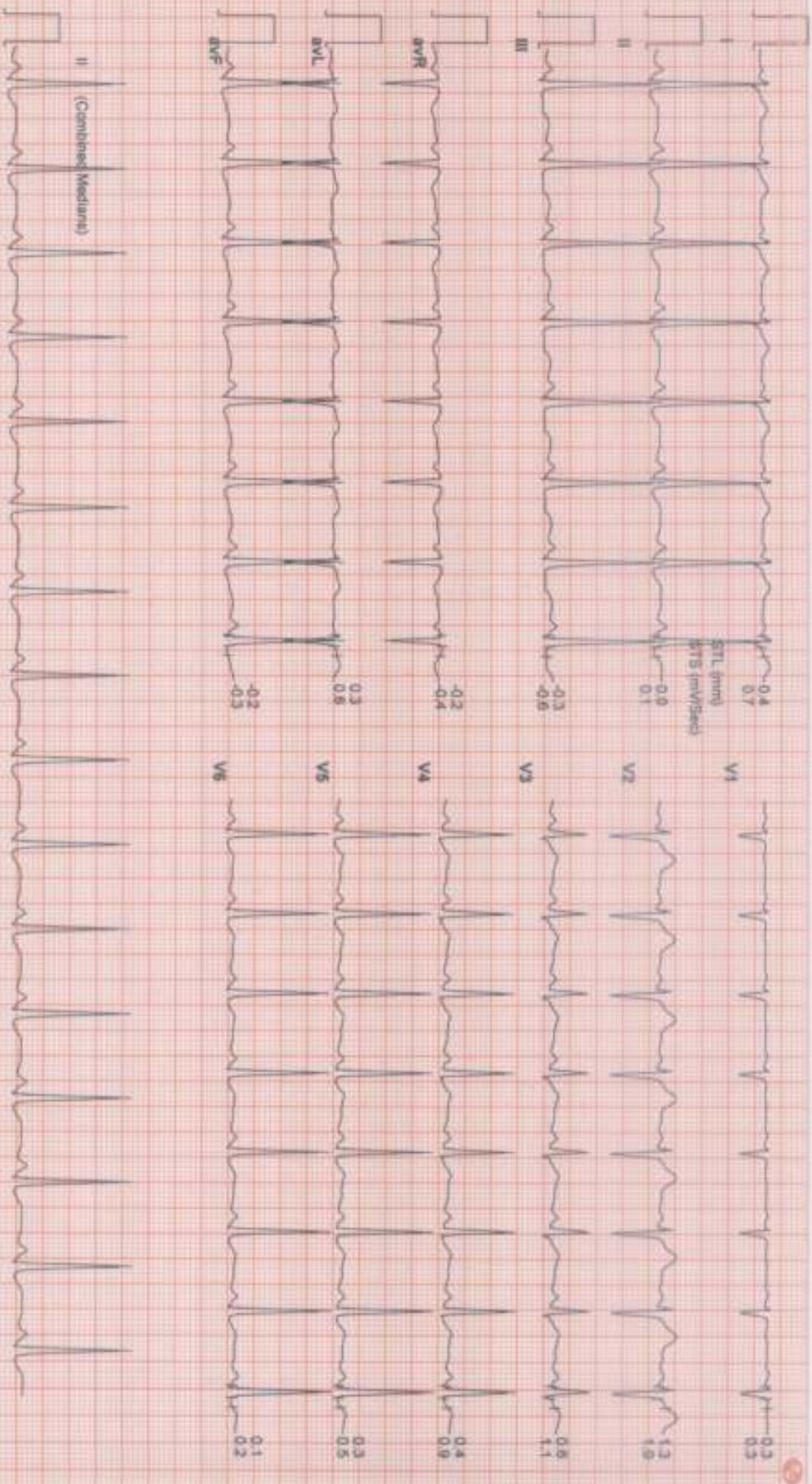
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

# 6X2 Combine Medians + 1 Rhythm STANDING ( 00:00 )



Date: 13 / 01 / 2024 12:18:05 PM METR : 1.0 HR : 94 Target HR : 50% of 167 BP : 110/70 Post J @60ms/Sec

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



II (Combined Medians)

610-137



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

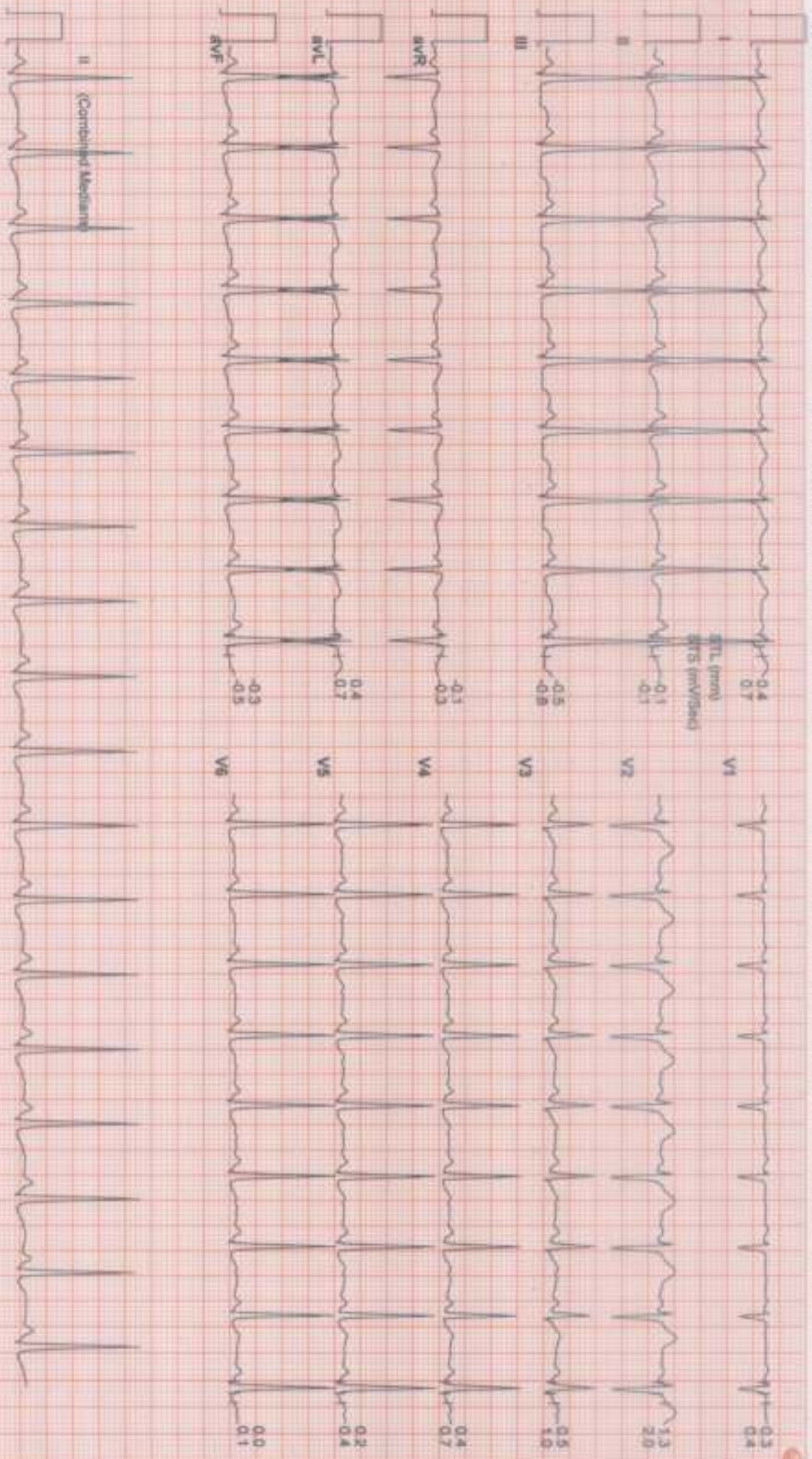
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

**6X2 Combine Medians + 1 Rhythm**  
HV ( 00:00 )



Date: 13 / 01 / 2024 12:18:05 PM METs : 1.0 HR : 105 Target HR : 96% of 167 BP : 110/70 Post J @80mmSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

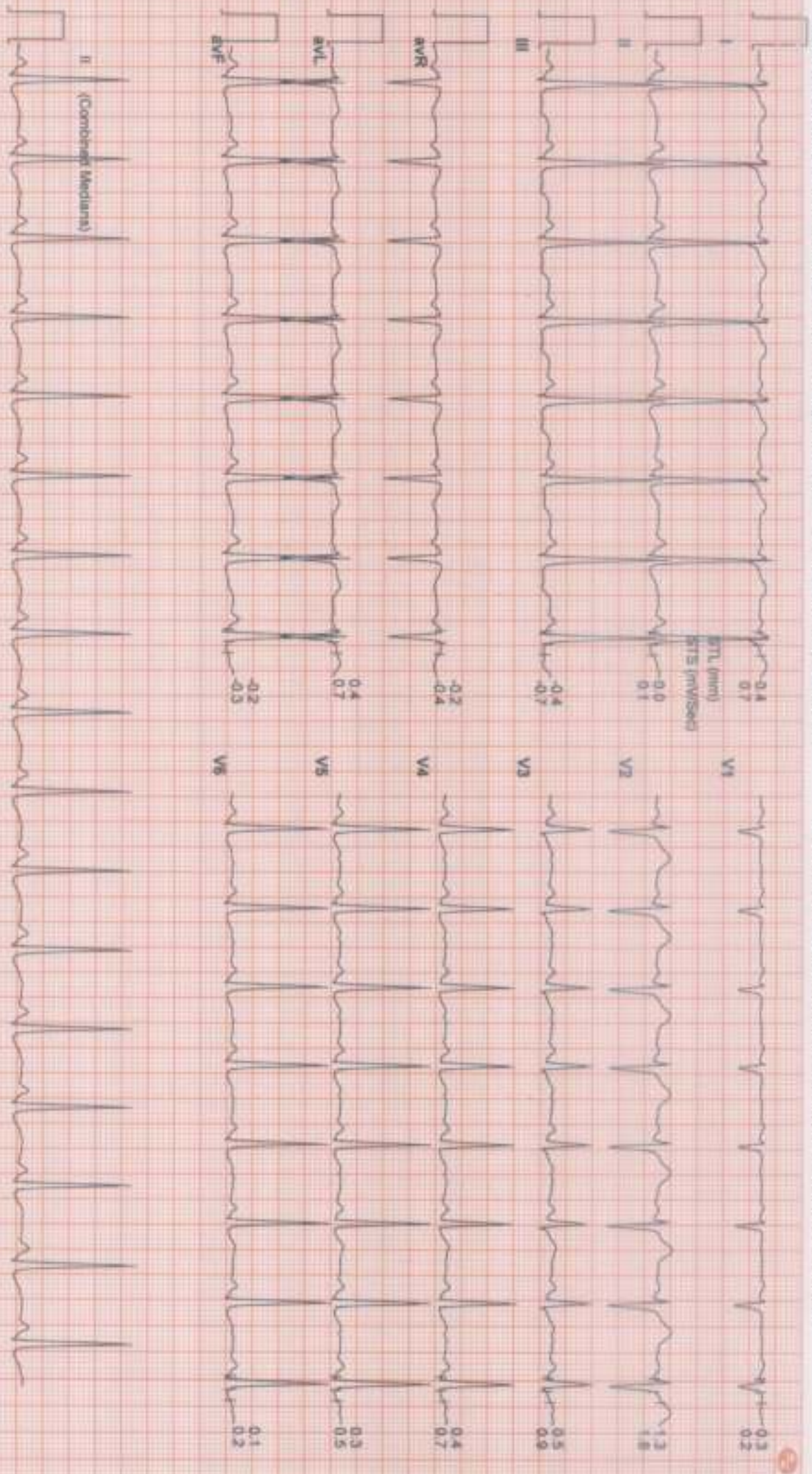
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

# 6X2 Combine Medians + 1 Rhythm



Date: 13/01/2024 12:18:05 PM METs : 1.0 HR : 100 Target HR : 53% of 187 BP : 110/70 Post J @00mSec

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



II (Combine Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

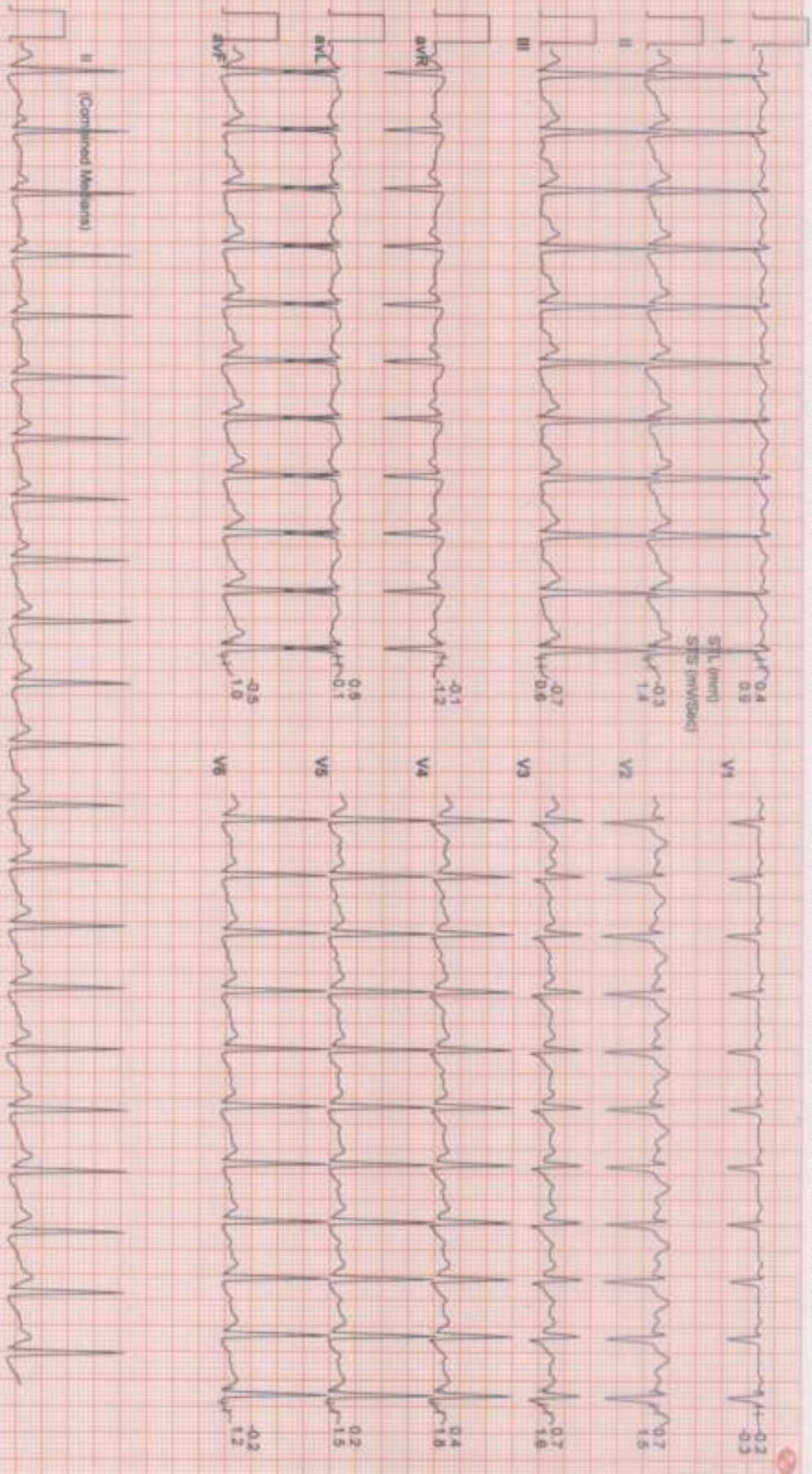
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

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



Date: 13 / 01 / 2024 12:18:05 PM METs : 4.7 HR : 135 Target HR : 72% of 187 BP : 120/70 Post J @Borusac

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

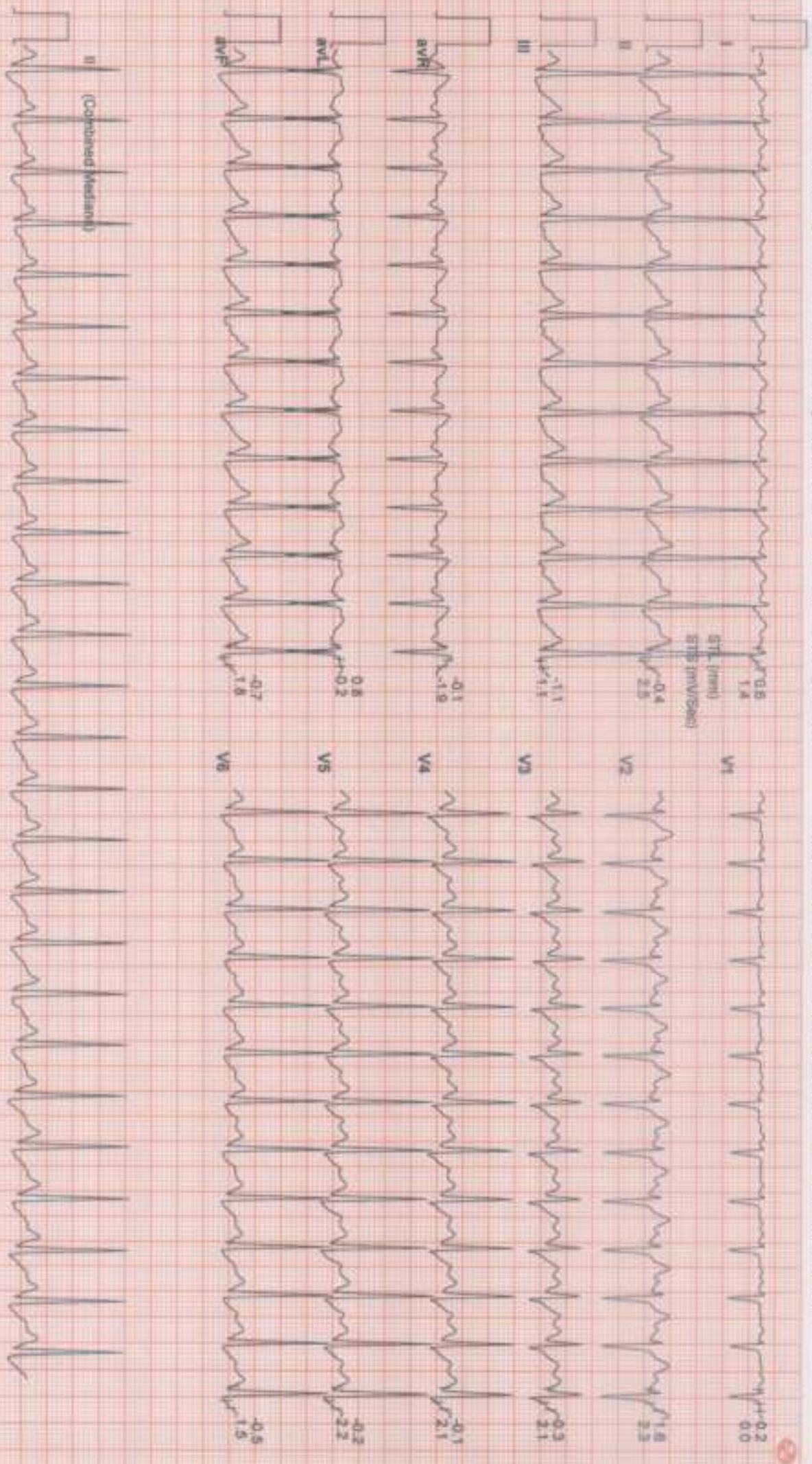
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm  
BRUCE : Stage 2 ( 03:00 )



Date: 13 / 01 / 2024 12:18:05 PM METs : 7.1 HR : 156 Target HR : 83% of 167 BP : 140/90 Post J @SonSec

ExTime: 08:00 Speed: 2.5 mph Grade: 12.00 % 25 mm/Sec: 1.0 Cm/IV



II (Combined Median)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

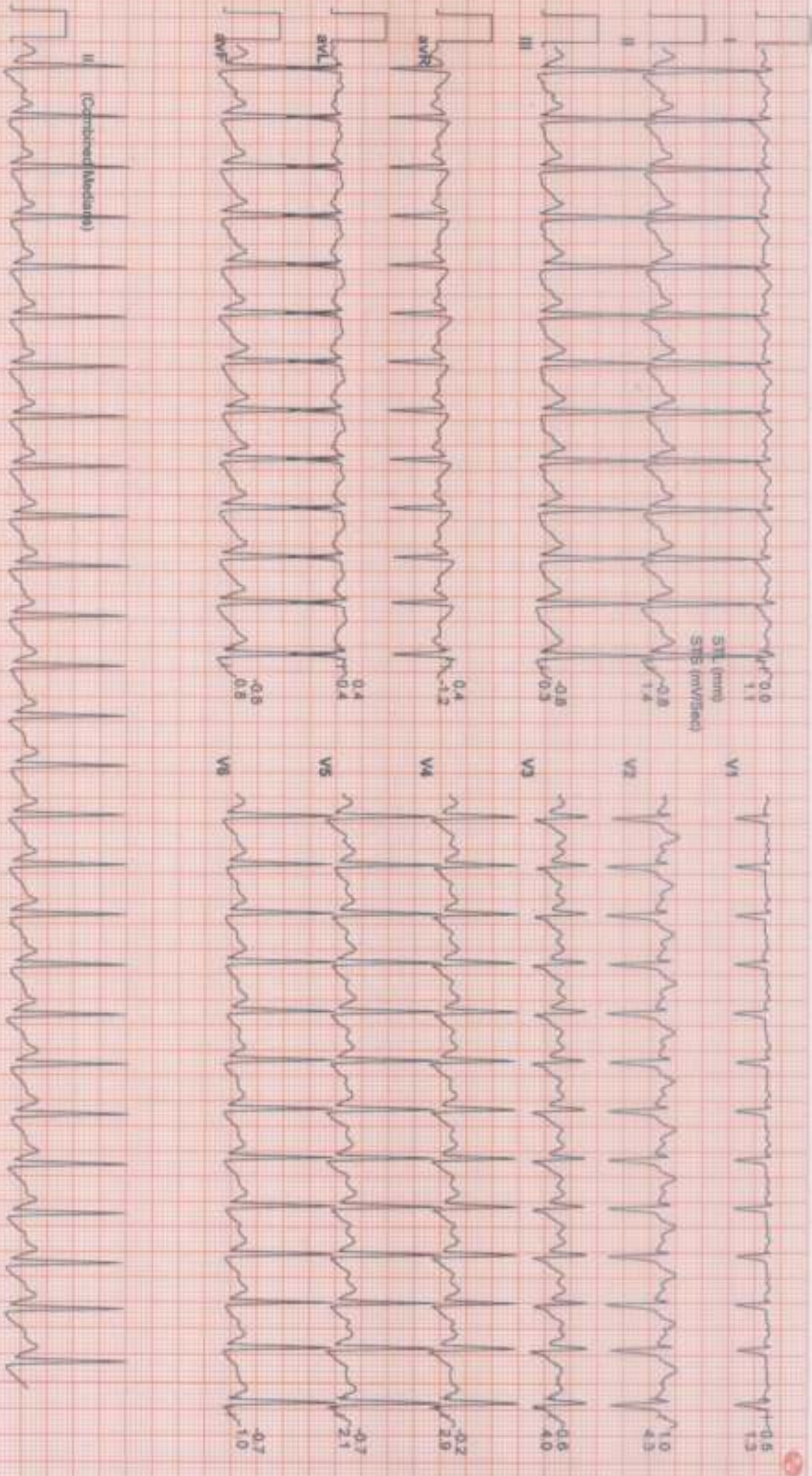
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEx



Date: 13/01/2024 12:18:05 PM METs : 7.5 HR : 180 Target HR : 86% of 187 BP : 150/80 Post J @Kdmsoc

ExTime: 06:24 Speed: 3.4 mph Grade: 14.00 % 25 mm/Sec: 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

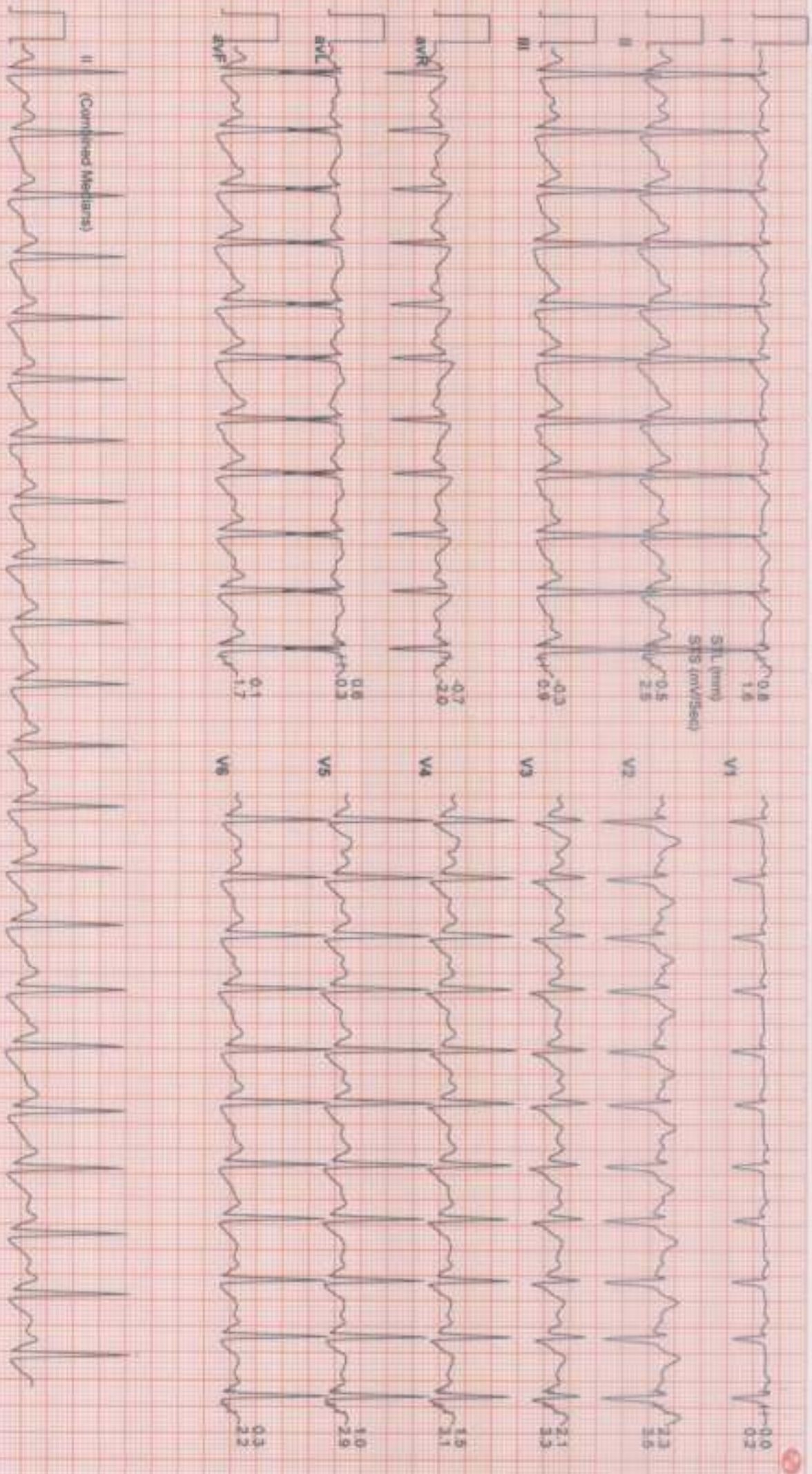
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

Date: 13/01/2024 12:18:05 PM METs : 1.1 HR : 134 Target HR : 72% of 187 BP : 150/80 Post J @60minSec

ExTime: 00:24 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 01:00 )



II  
(Combined Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

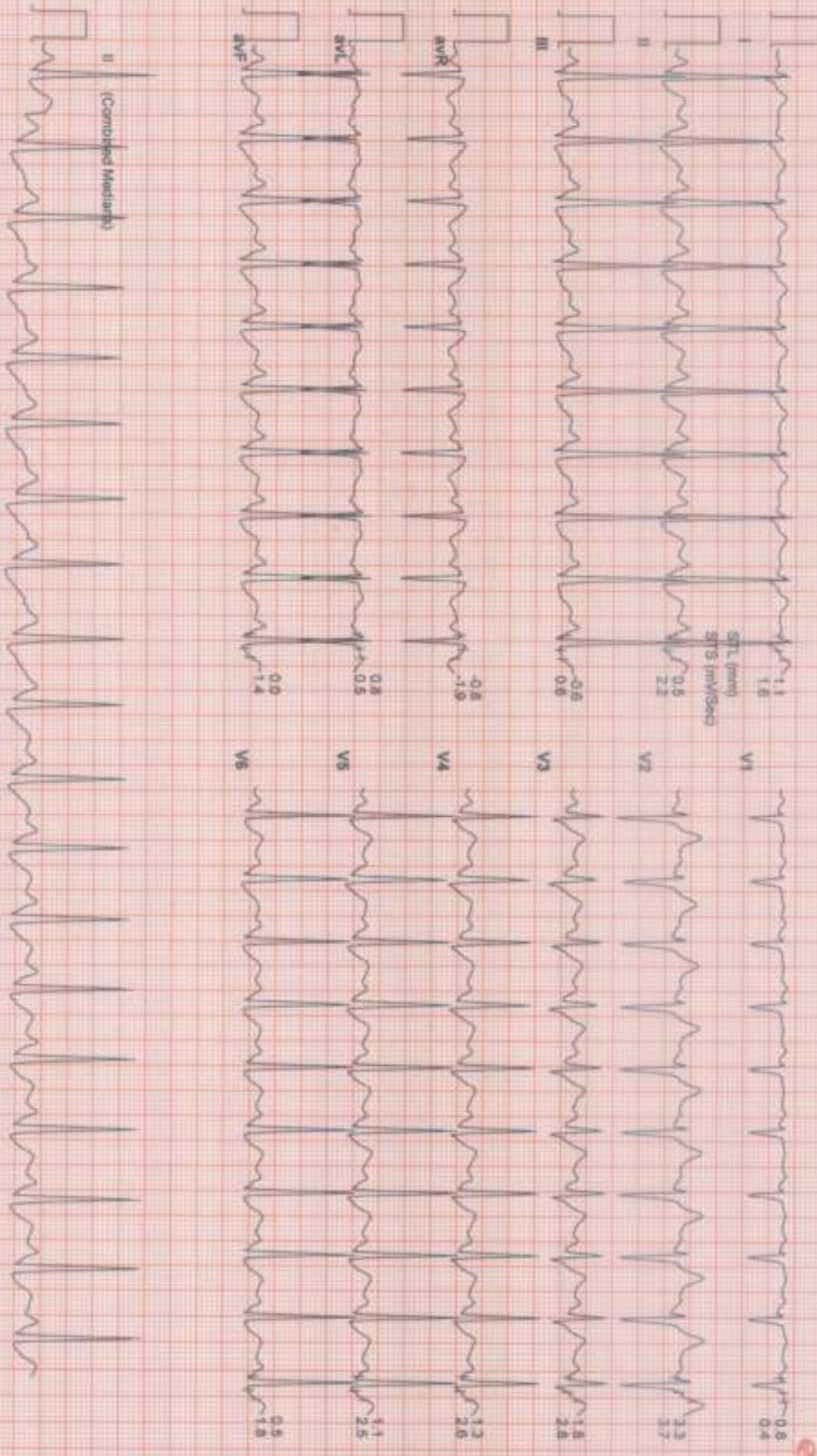
610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

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



Date: 13 / 01 / 2024 12:16:05 PM METs : 1.0 HR : 116 Target HR : 82% of 187 BP : 130/80 Pwd J @TonsSec

ExTime: 06:24 Speed: 0.0 mph Grade : 00.00 % 25 rpm/Sec 1.0 CrumV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

610 / PRANOTI BORKAR / 33 Yrs / Female / 160 Cm / 77 Kg

# 6X2 Combine Medians + 1 Rhythm

Recovery : ( 02:02 )



Date: 13 / 01 / 2024 12:18:05 PM METs : 1.0 HR : 116 Target HR : 62% of 167 BP : 130/80 Post J @Schnee

ExTime: 06:24 Speed: 0.0 mph Grade: 00.00 % 25 minSec: 1.0 Cal/mV

