

SUBURBAN DIAGNOSTICS - MALAD WEST



Patient Name: MAUSAMI PRASAD

Date and Time: 21st Sep 24 11:14 AM

Patient ID: 2426523979

Age **49** **NA** **NA**
years months days

Gender **Female**

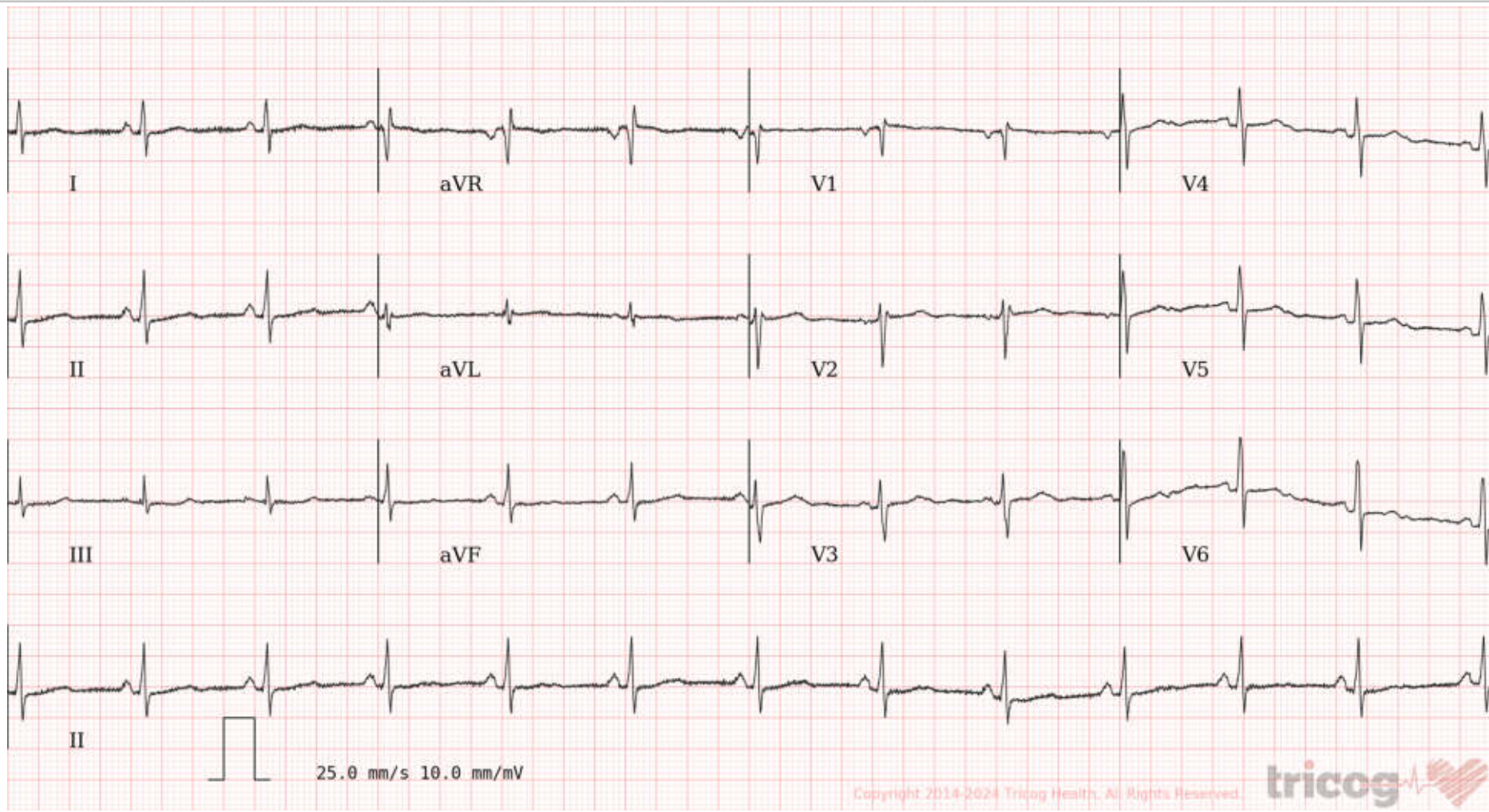
Heart Rate **76bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 62 kg
Height: 156 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 68ms
QT: 394ms
QTcB: 443ms
PR: 110ms
P-R-T: 36° 68° 62°



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

REPORTED BY

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.



CID : 2426523979
Name : MRS.MAUSAMI PRASAD
Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 14:10

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.38	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.2	36-46 %	Calculated
MCV	94.1	80-100 fl	Measured
MCH	31.4	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7100	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.6	20-40 %	
Absolute Lymphocytes	1960.0	1000-3000 /cmm	Calculated
Monocytes	8.4	2-10 %	
Absolute Monocytes	590.0	200-1000 /cmm	Calculated
Neutrophils	58.8	40-80 %	
Absolute Neutrophils	4180.0	2000-7000 /cmm	Calculated
Eosinophils	4.2	1-6 %	
Absolute Eosinophils	300.0	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	70.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	277000	150000-400000 /cmm	Elect. Impedance
MPV	9.8	6-11 fl	Measured
PDW	17.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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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 18 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
- Brigden 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 CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 12:41
Reported : 21-Sep-2024 / 17:02

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	85.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	91.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB
Pathologist and AVP(Medical Services)



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Age / Gender : 49 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 17:55

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	14.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	107	(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

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.0	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/l	ISE
POTASSIUM, Serum	4.4	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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



J Thakker

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Pathologist and AVP(Medical Services)



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Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 14:09

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	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.

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*** End Of Report ***



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Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 16:06

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	Light scattering
Transparency	Slight hazy	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.005	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present (+)	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	11.2	0-5/hpf	
Red Blood Cells / hpf	2.0	0-2/hpf	
Epithelial Cells / hpf	7.4	0-5/hpf	
Hyaline Casts	0.0	0-1/ hpf	
Pathological cast	0.0	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	0.0	Absent	
Bacteria / hpf	95.1	0-29.5/hpf	
Yeast	0.0	Absent	
Others	-		



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*** End Of Report ***

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Authenticity Check
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Age / Gender : 49 Years / Female
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Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 15:48

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
Rh TYPING	POSITIVE

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

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*** End Of Report ***



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Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 19:17

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	200.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	223.5	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	32.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	167.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.8	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	22.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.4	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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



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Reg. Location : Malad West (Main Centre)

Collected : 21-Sep-2024 / 10:20
Reported : 21-Sep-2024 / 15:30

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.1	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	1.94	0.35-5.5 microU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 microU/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 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 trasiently altered becuae 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 ***



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Reg. Location : Malad West (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	1.22	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.95	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.6	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	20.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.8	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	97.3	35-105 U/L	Colorimetric

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Reported : 21-Sep-2024 / 16:12

MEDIWHEEL FULL BODY HEALTH CHECKUP FEMALE ABOVE 40/2D ECHO
FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist

भारत सरकार
Government of India

श्रीसमी प्रसाद
Mausami Prasad
जन्म तारीख / DOB : 10/11/1974
महिला / Female

5717 3258 1809

मेरा आधार, मेरी पहचान

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

भारत सरकार
Government of India

श्रीसमी प्रसाद
Mausami Prasad
जन्म तारीख / DOB : 10/11/1974
महिला / Female

5717 3258 1809

मेरा आधार, मेरी पहचान

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
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NAME:- Mausami

AGE/SEX:-

REGN NO.:-

REF DR.:-

GYNECOLOGICAL EXAMINATION REPORT

OBSERVED VALUE

TEST DONE

CHIEF COMPLAINTS:-

Nil

MARITAL STATUS:-

Married

MENSTRUAL HISTORY:-

MENARCHE:- 14 yrs of age

PRESENT MENSTRUAL HISTORY:- 4/9/24

PAST MENSTRUAL HISTORY:- Regular

OBSTERIC HISTORY:- P₁L₁A₀

PAST HISTORY:- Nil

PREVIOUS SURGERIES:- LSCS in 2009

ALLERGIES:- Nil

FAMILY HISTORY:- Father - DM

DRUG HISTORY:-

BOWEL HABITS:-

BLADDER HABITS:-

Nil
|
|

PERSONAL HISTORY:-

TEMPERATURE:-

RS:-

CVS:-

PULSE / MIN:-

BP (mm of hg):-

BREAST EXAMINATION:-

PER ABDOMEN:-

PER VAGINAL:-

RECOMMENDATION:-

Afebrile

|
|

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Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

92

CID : 2426523979
Name : Mrs Mausami Prasad
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 21-Sep-2024
Reported : 23-Sept-2024 / 10:34

MAMMOGRAPHY

X RAY MAMMOGRAPHY:

Both mammograms have been performed with Cranio-Caudal and Medio-Lateral Oblique views.

Dense fibroglandular pattern is noted in both breasts.
Solitary well defined ovoid soft tissue opacity seen in both breast.
No evidence of any spiculated high density mass lesion / focal asymmetric density / retraction / clusters of microcalcification is seen.
No abnormal skin thickening is seen.

SONOMAMMOGRAPHY:

Multiple small well defined wider than taller hypoechoic solid lesions seen in both breast suggest benign lesions like fibroadenomas. Largest fibroadenoma in right breast measures 2.1 x 0.8 cm and in left breast measures 1.8 x 0.6 cm.
No other focal solid or cystic mass lesion is seen.
No ductal dilatation is seen.
Bilateral axillae appear normal.

IMPRESSION:

FIBROADENOMAS IN BOTH BREASTS AS DESCRIBED ABOVE.

ACR BIRADS Category- II (Benign).

Follow-up Mammography after 1 year is suggested.

Please bring all the films for comparison.

Click here to view images <<ImageLink>>

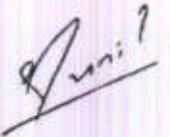
CID : 2426523979
Name : Mrs Mausami Prasad
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre
Reg. Date : 21-Sep-2024
Reported : 23-Sept-2024 / 10:34

ACR BIRADS CATEGORY

- I. Negative.
- II. Benign.**
- III. Probably benign.
- IV. Suspicious / Indeterminate.
- V. Highly Suggestive of malignancy.

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. Mammography is known to have inter-observer variations. False negative rate of Mammography is approximately 10 %. Management of papable abnormality must be based on clinical grounds. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly. Patient has been explained in detail about the Mammography findings and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. If you detect any lump or any other change in the breast before your next screening, consult your doctor immediately.

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



Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

Click here to view images <<ImageLink>>

SUBURBAN DIAGNOSTICS

Malad West

Station

Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: MAUSAMI, PRASAD

Patient ID: 2426523979

Height: 156 cm

Weight: 62 kg

DOB: 10.11.1974

Age: 49yrs

Gender: Female

Race: Oriental

Study Date: 21.09.2024

Test Type: --

Protocol: BRUCE

Referring Physician: --

Attending Physician: DR SONALI HONRAO

Technician: --

Medications:

--

Medical History:

--

Reason for Exercise Test:

--

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:24	0.00	0.00	85	110/80	
	STANDING	00:14	0.00	0.00	76	110/80	
	HYPERV.	00:14	0.00	0.00	77	110/80	
EXERCISE	WARM-UP	00:07	1.00	0.00	78		
	STAGE 1	03:00	1.70	10.00	123	120/80	
	STAGE 2	03:00	2.50	12.00	150	130/80	
RECOVERY	STAGE 3	00:21	3.40	14.00	155		
		03:05	0.00	0.00	90	130/80	

The patient exercised according to the BRUCE for 6:20 min:s, achieving a work level of Max. METS: 8.00. The resting heart rate of 92 bpm rose to a maximal heart rate of 157 bpm. This value represents 91 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.

Functional Capacity: normal.

HR Response to Exercise: appropriate.

BP Response to Exercise: normal resting BP - appropriate response.

Chest Pain: none.

Arrhythmias: none.

ST Changes: Depression horizontal.

Overall impression: Positive stress test suggestive of ischemia.

Conclusions

Good effort tolerance. Mild ST- T changes as compared to baseline. No chest pain / arrhythmia noted. Stress test is MILDLY POSITIVE for inducible ischemia.

Disclaimer : Negative stress test does not rule out possibility of Coronary Artery Disease. Positive stress test is suggestive but not confirmatory of Coronary Artery Disease. Hence clinical correlation is mandatory.



Sonali

Physician

Technician

Dr. SONALI HONRAO
MD PHYSICIAN
REG. NO. 2001/04/1882

SHIVSARAN DIAGNOSTICS (INDIA) PVT. LTD.
102-104, Bhandari Castle,
Opp. Goregaon Sports Club,
Link Road, Malad (W), Mumbai - 400 064.

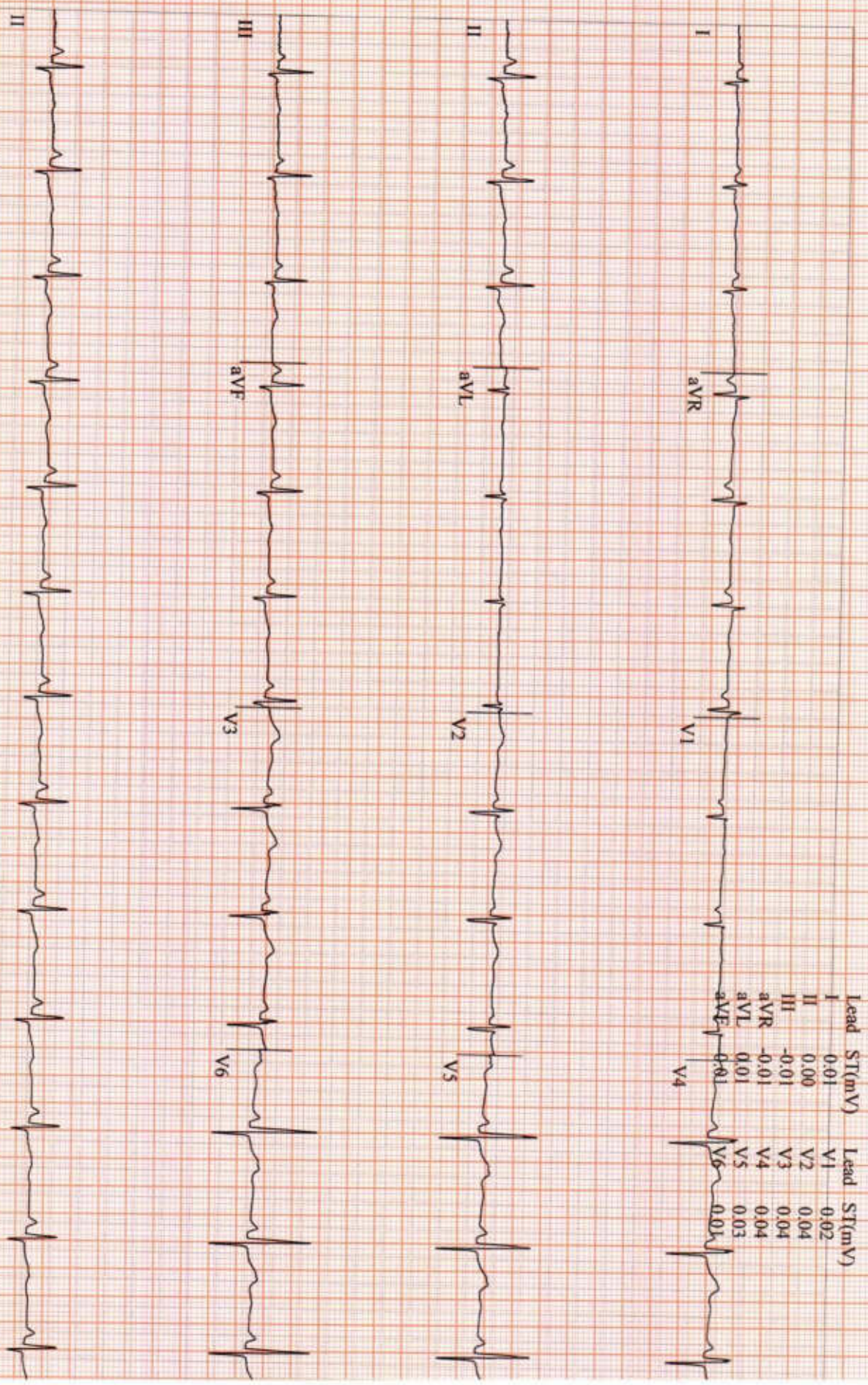
MAUSAMI, PRASAD
 Patient ID 2426523979
 21.09.2024
 1:25:07pm

86 bpm
 110/80 mmHg

12-Lead Report
 PRETEST
 SUPINE
 00:22

BRUCE
 0.0 mph
 0.0%

Measured at 60ms Post J
 Auto Points
 SUBURBAN DIAGNOSTIC



Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.02
II	0.00	V2	0.04
III	-0.01	V3	0.04
aVR	-0.01	V4	0.04
aVL	0.01	V5	0.03
aVF	0.01	V6	0.01

GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

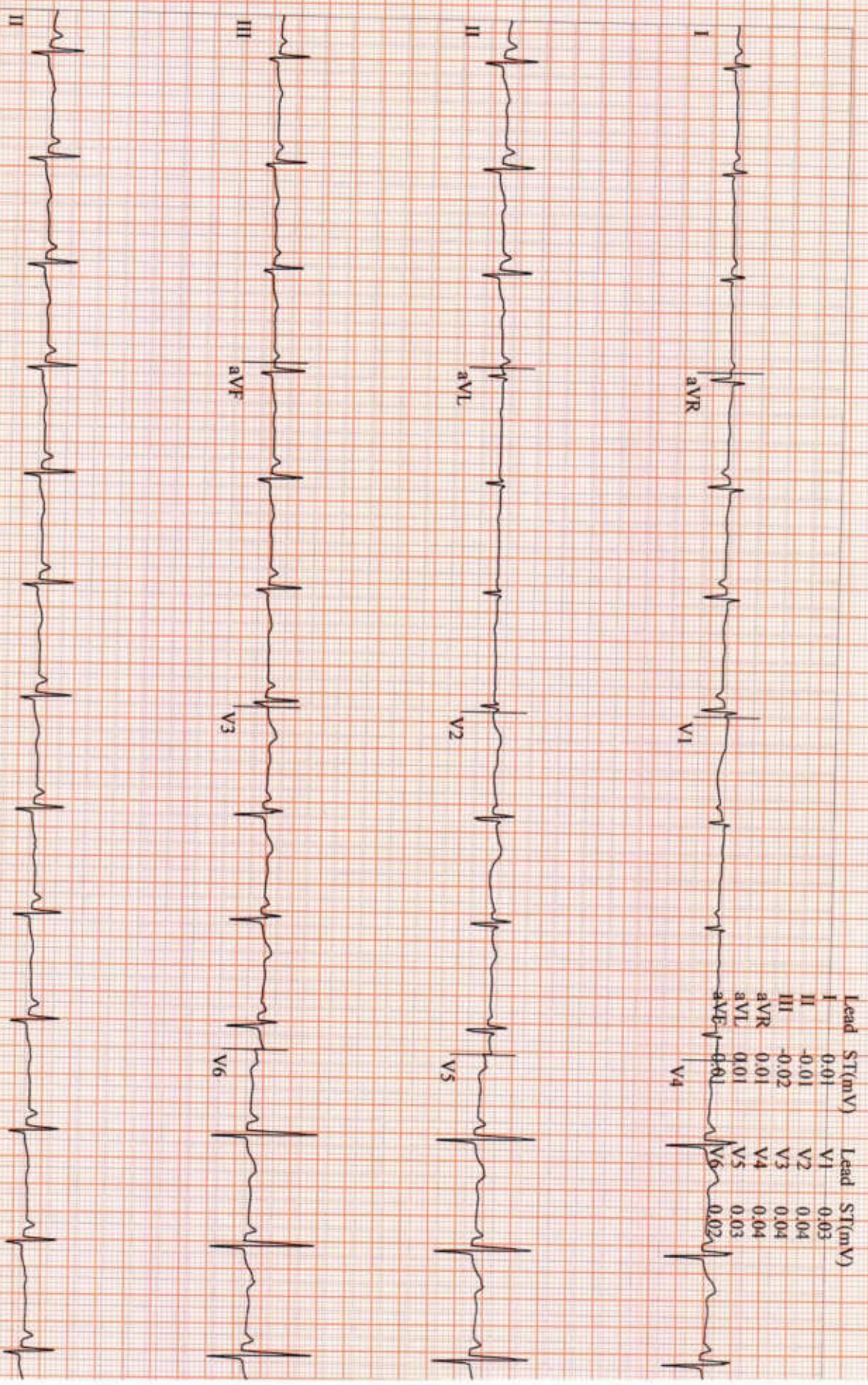
Start of Test: 1:24:40pm

MAUSAMI, PRASAD
 Patient ID 2426523979
 21.09.2024
 1:25:21pm

12-Lead Report
 PRETEST
 STANDING
 00:35
 76 bpm
 110/80 mmHg

BRUCE
 0.0 mph
 0.0 %

Measured at 60ms Post J
 Auto Points
SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:24:40pm

MAUSAMI, PRASAD
Patient ID 2426523979
21-09-2024
1:25:34pm

76 bpm
110/80 mmHg

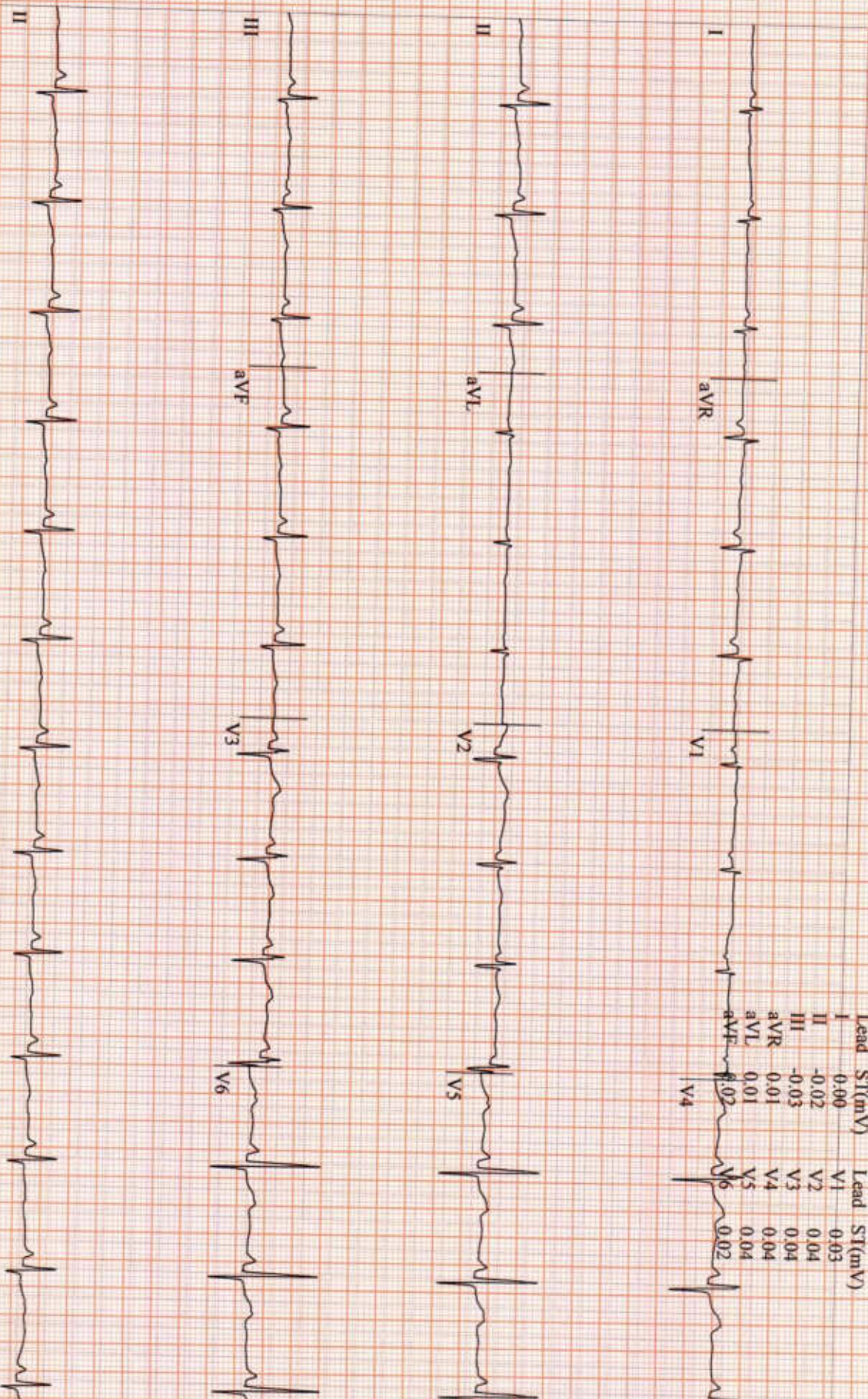
PRETEST
HYPERV.
00:48

12-Lead Report

BRUCE
0.0 mph
0.0 %

Measured at 60ms Post J
Auto Points

SUBURBAN DIAGNOSTI



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:24:40pm

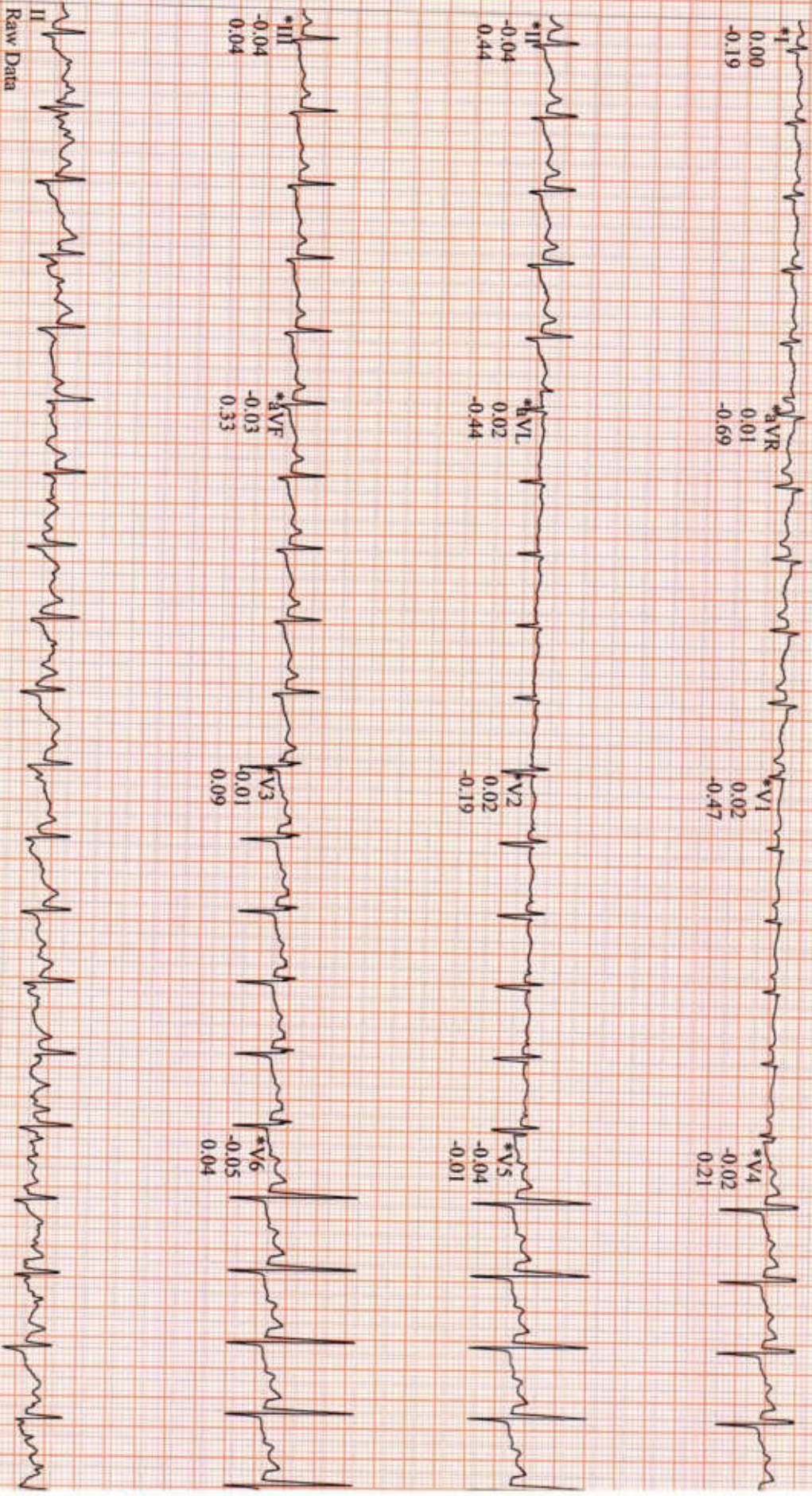
MAUSAMI, PRASAD
Patient ID 2426523979
21.09.2024
1:28:23pm

Linked Medians
EXERCISE
STAGE 1
123 bpm
120/80 mmHg
02:50

BRUCE
1.7 mph
10.0%

SUBURBAN DIAGNOSTIC

Lead
ST Level (mV)
ST Slope (mV/s)



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

Start of Test: 1:24:40pm

*Computer Synthesized Rhythms

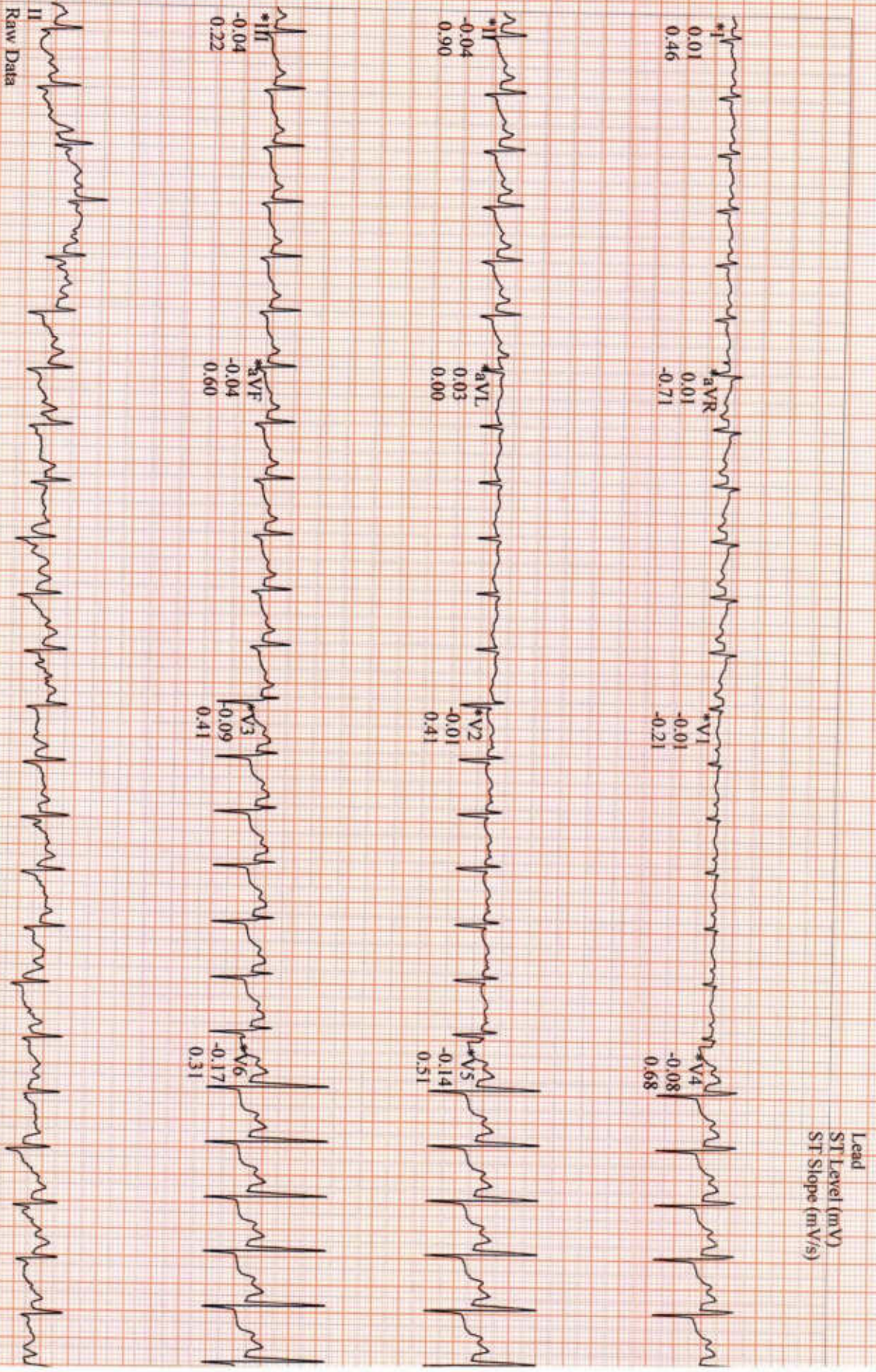
MAUSAMIL, PRASAD
Patient ID 2426523979
21.09.2024
1:31:25pm

Linked Medians
148 bpm
130/80 mmHg

EXERCISE
STAGE 2
05:50

BRUCE
2.5 mph
12.0%

SUBURBAN DIAGNOSTIC



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V4)

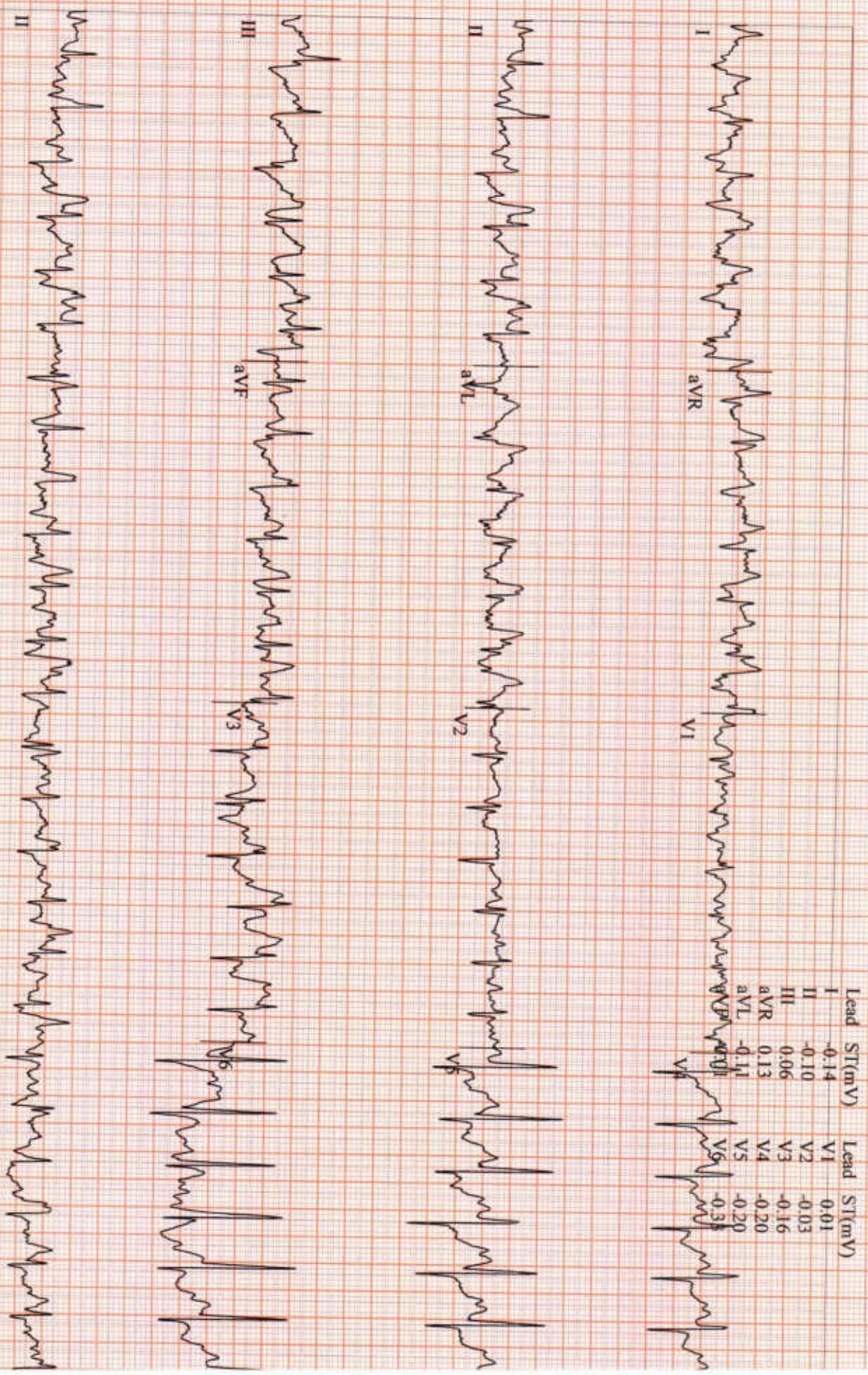
Start of Test: 1:24:40pm

MAUSAMI, PRASAD
 Patient ID 2426523979
 21.09.2024
 1:32:01pm

155 bpm

12-Lead Report (PEAK EXERCISE)
 EXERCISE BRUCE
 STAGE 3 3.4 mph
 06:21 14.0%

SUBURBAN DIAGNOSTIC
 Measured at 60ms Post J
 Auto Points



GE CardioSoft V6.73 (C)
 25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 1:24:40pm

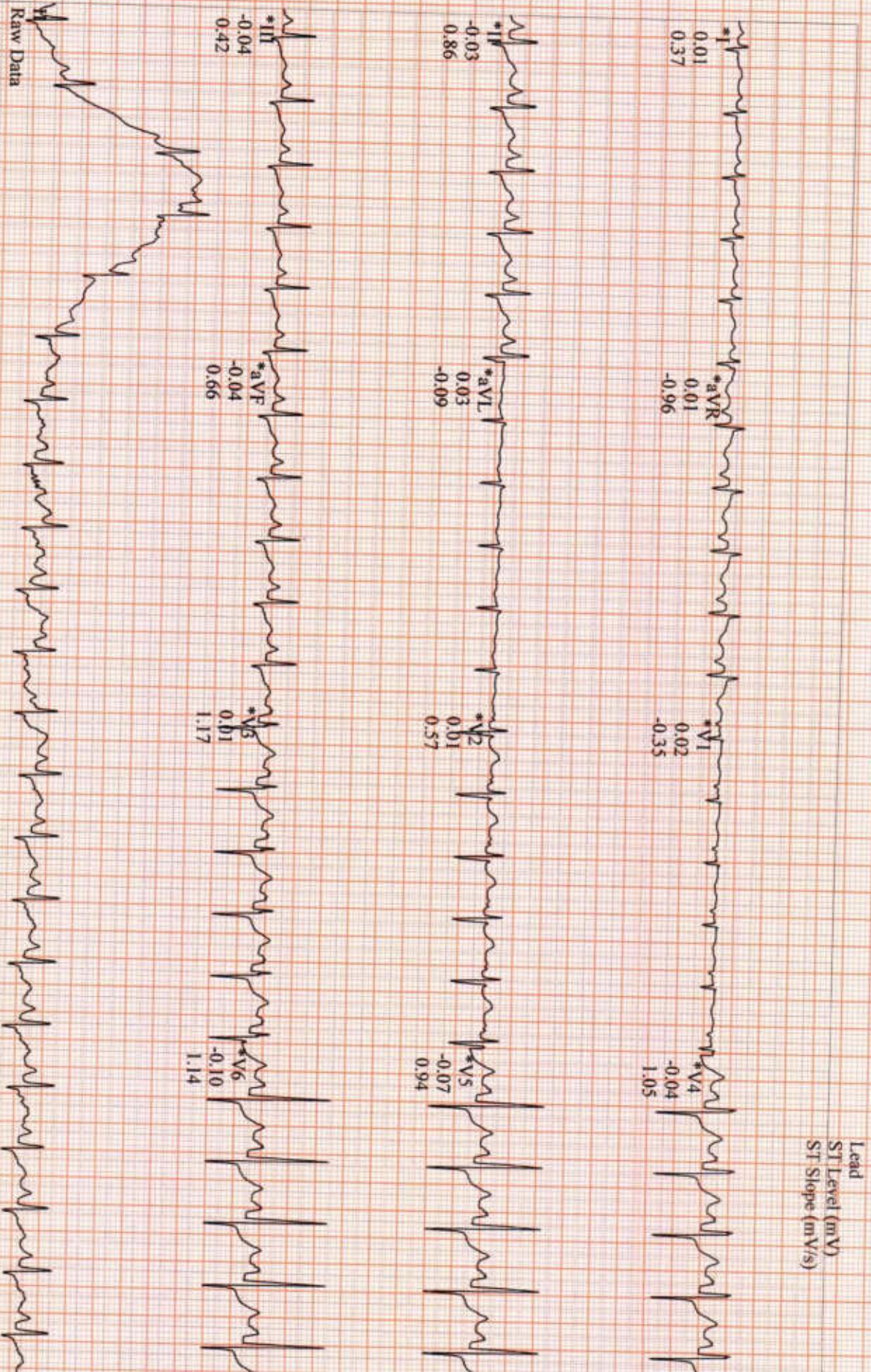
MAUSAMI, PRASAD
Patient ID 2426523979
21.09.2024
1:32:55pm

133 bpm

Linked Medians
RECOVERY #1
01:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

*Computer Synthesized Rhythms

Start of Test: 1:24:40pm

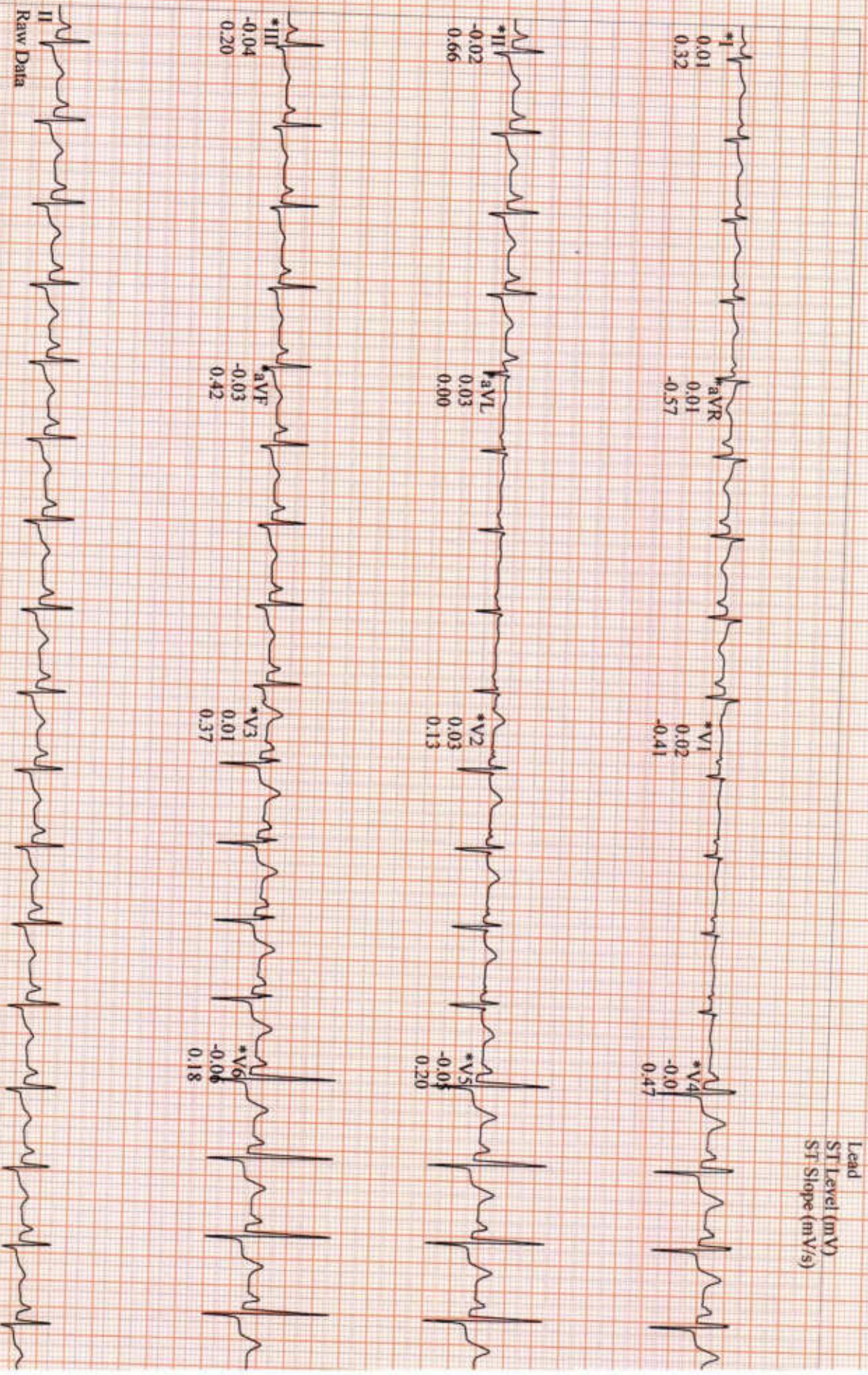
MAUSAMI, PRASAD
Patient ID 2426523979
21.09.2024
1:33:55pm

103 bpm

Linked Medians
RECOVERY #1
02:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTI



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6, V5)

Start of Test: 1:24:40pm

*Computer Synthesized Rhythms

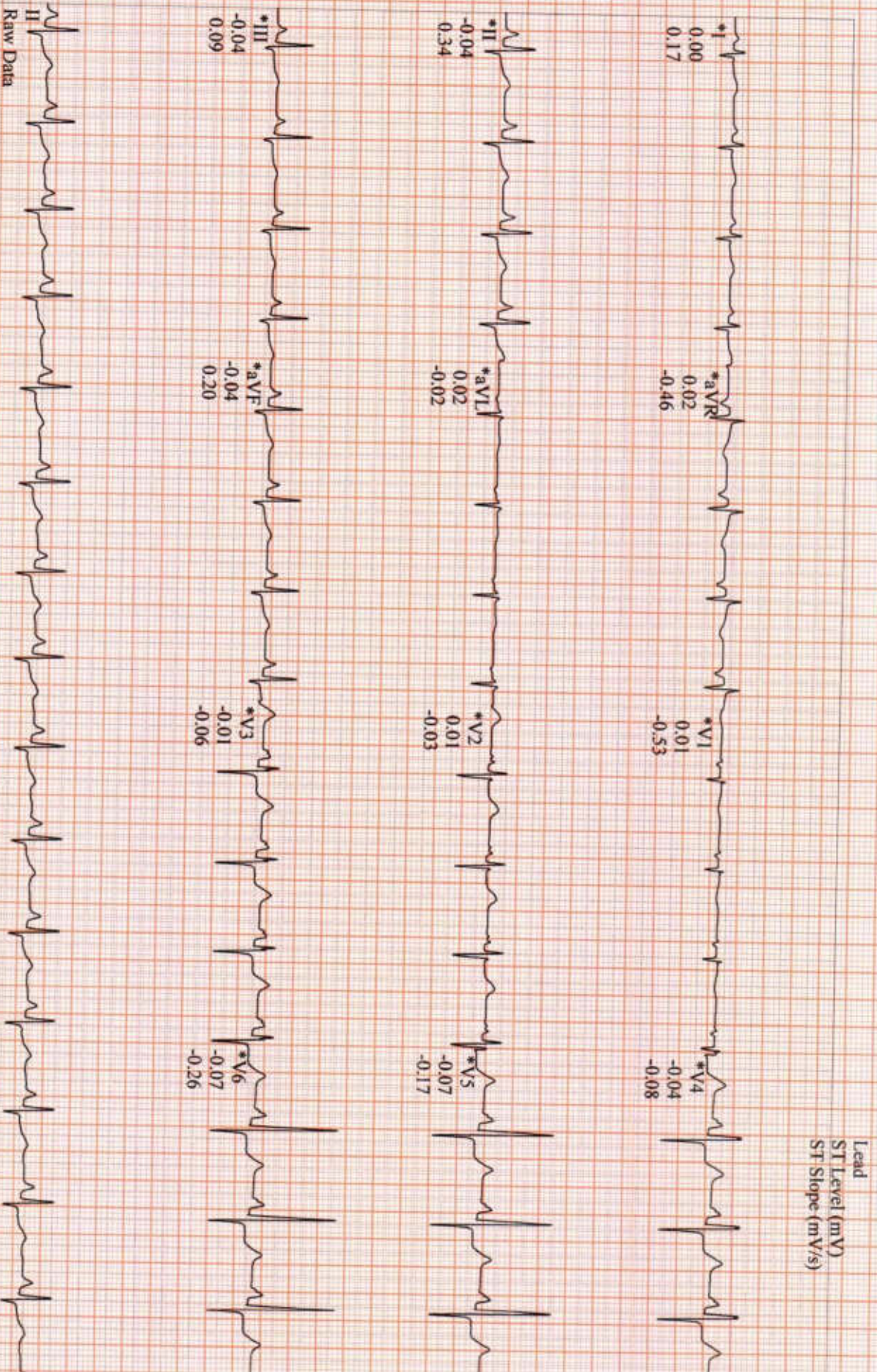
MAUSAMI, PRASAD
Patient ID 2426523979
21.09.2024
1:34:55pm

91 bpm
130/80 mmHg

Linked Medians
RECOVERY
#1
03:00

BRUCE
0.0 mph
0.0 %

SUBURBAN DIAGNOSTIC



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V6,V5)

Start of Test: 1:24:40pm

*Computer Synthesized Rhythms



CID : 2426523979
Name : Mrs mausami prasad
Age / Sex : 49 Years/Female
Ref. Dr :
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Reg. Date : 21-Sep-2024
Reported : 21-Sep-2024/12:24

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. **It shows bright parenchymal echo pattern.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.8 x 3.7 cm.
Left kidney measures 10.3 x 5.1 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is anteverted and appears normal.
The endometrial thickness is 3.7 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.



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IMPRESSION:-

Fatty liver.
No other significant abnormality is seen.

Suggestion: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101



Use a QR Code Scanner
Application To Scan the Code

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Name : Mrs mausami prasad
Age / Sex : 49 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 21-Sep-2024
Reported : 21-Sep-2024/15:52

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.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101



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CID : 2426523979
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