



CID : 2406610211
Name : MRS.REETA CHOUDHARY
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)

Collected : 06-Mar-2024 / 10:32
Reported : 06-Mar-2024 / 13:12

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.63	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.2	36-46 %	Calculated
MCV	66.1	80-100 fl	Measured
MCH	22.0	27-32 pg	Calculated
MCHC	33.4	31.5-34.5 g/dL	Calculated
RDW	18.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7120	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	23.3	20-40 %	
Absolute Lymphocytes	1659.0	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	427.2	200-1000 /cmm	Calculated
Neutrophils	65.6	40-80 %	
Absolute Neutrophils	4670.7	2000-7000 /cmm	Calculated
Eosinophils	5.0	1-6 %	
Absolute Eosinophils	356.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.1	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	439000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Measured
PDW	16.8	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	+
Microcytosis	++



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Macrocytosis	-
Anisocytosis	+
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Note : Features are suggestive of thalassemia trait.
 Advice : Hemoglobin studies by HPLC, Reticulocyte count.
 Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. Sedimentation



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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 ***



J Thakker

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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	96.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	87.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.44	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.28	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	8.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	24.0	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	32.7	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	19.6	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	89.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.0	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.54	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	125	(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	3.9	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
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	-
Reaction (pH)	6.5	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	30-35	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	15-18		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	Less than 20/hpf	
Others	Yeast cells +		

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 inert

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

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample has been tested for Bombay group/Bombay phenotype/ OH using anti-H lectin.

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the 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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	205.2	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	109.5	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	42.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	163.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	141.0	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	22.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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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	4.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	12.4	11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59	ECLIA
sensitiveTSH, Serum	3.55	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	ECLIA



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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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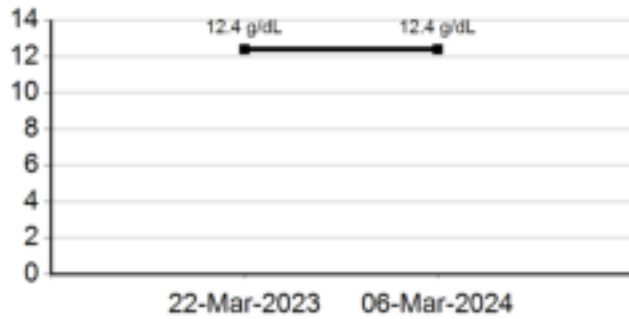
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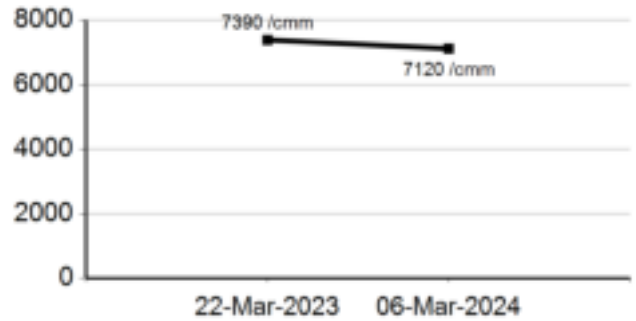
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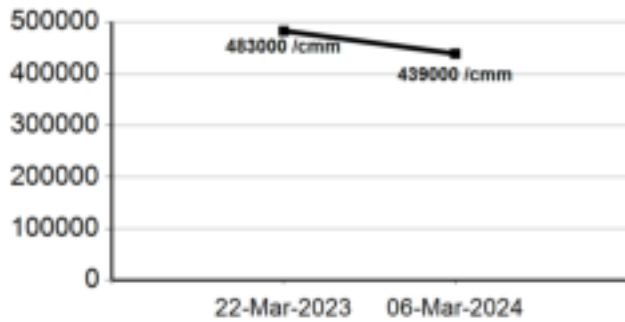
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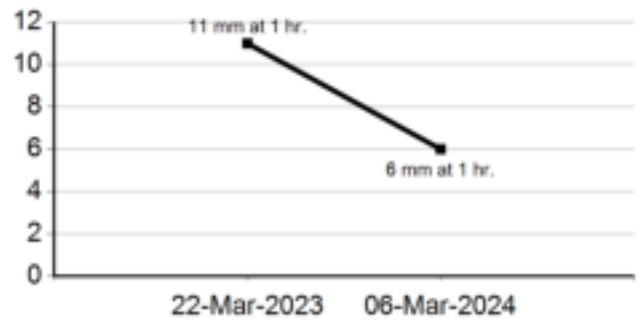
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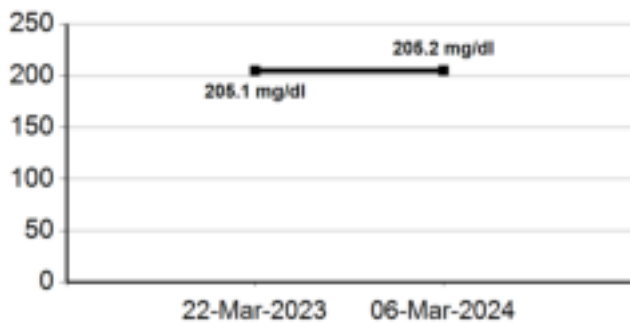
Platelet Count



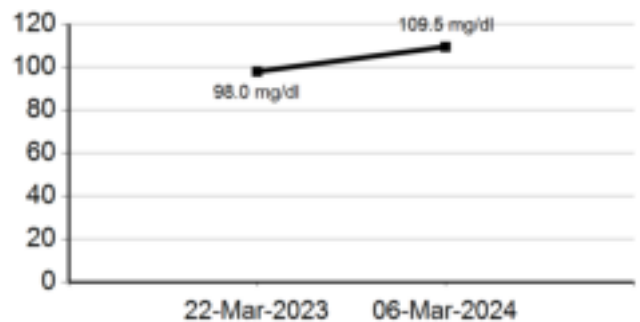
ESR



CHOLESTEROL



TRIGLYCERIDES

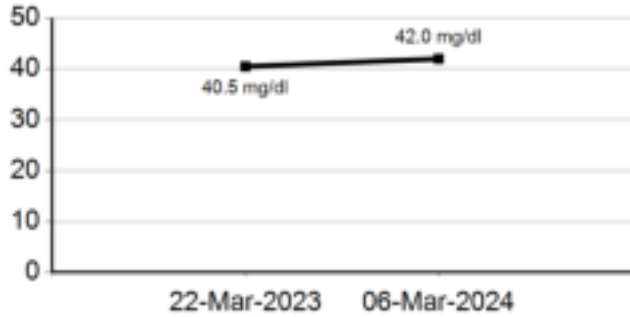




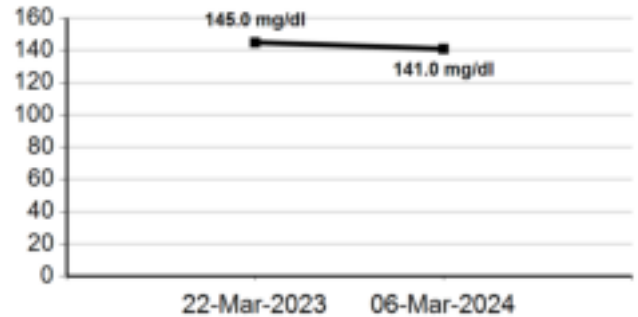
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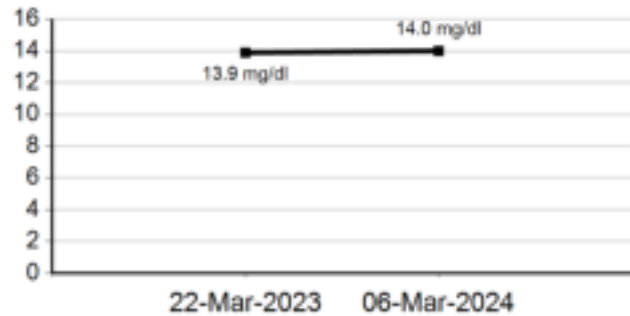
HDL CHOLESTEROL



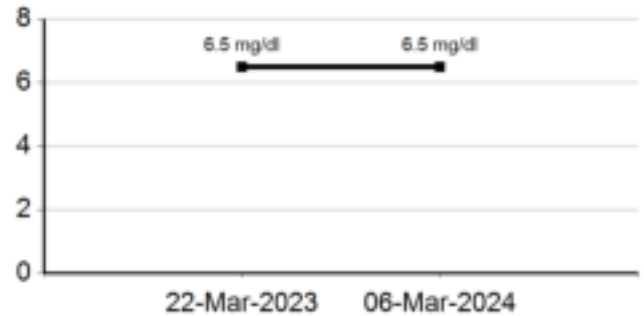
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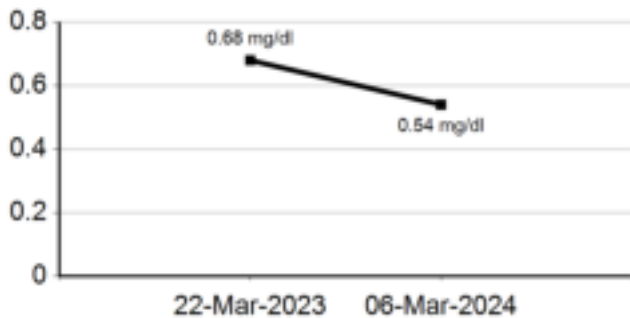
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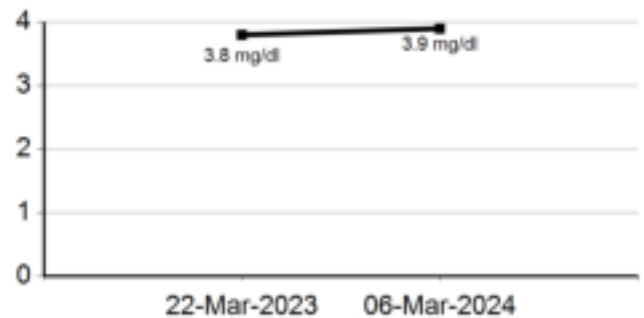
BUN



CREATININE



URIC ACID

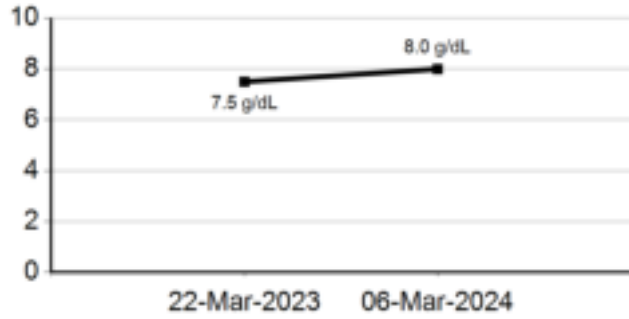




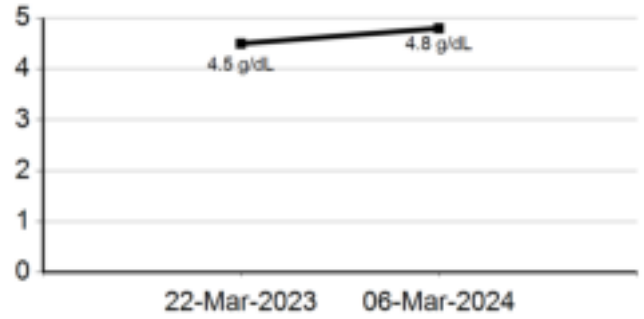
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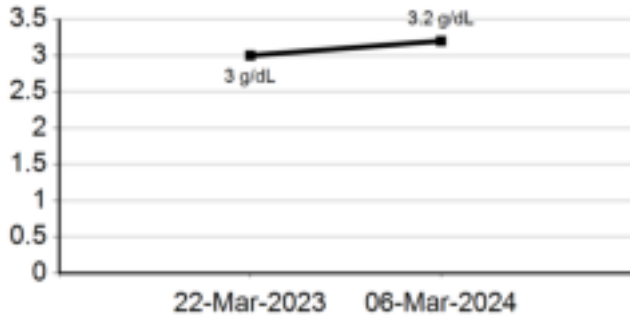
TOTAL PROTEINS



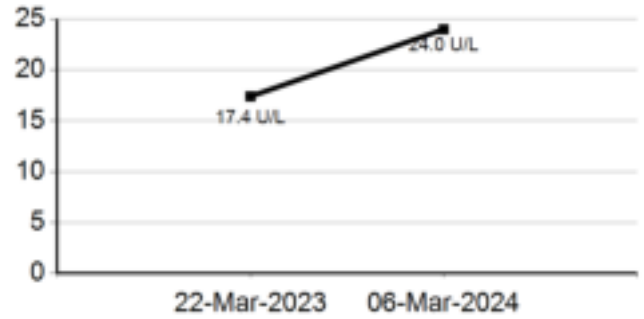
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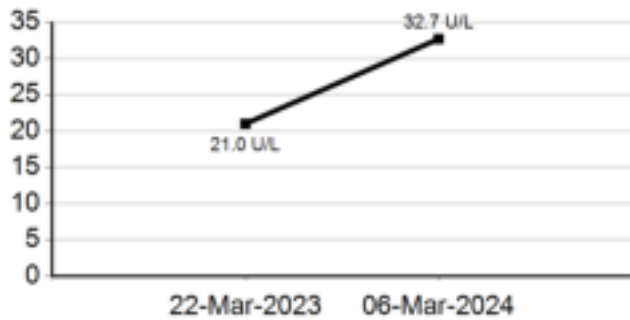
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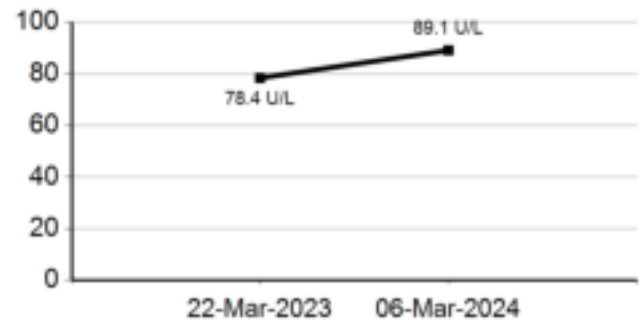
SGOT (AST)



SGPT (ALT)



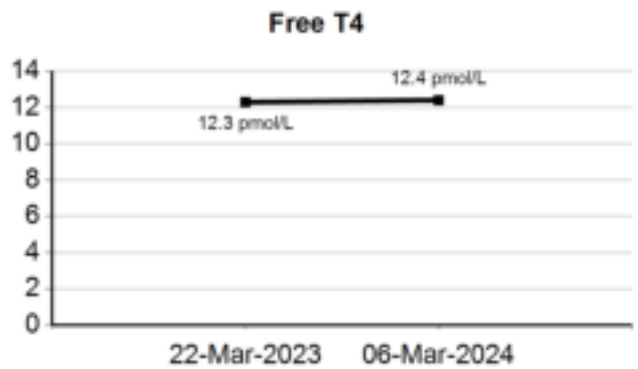
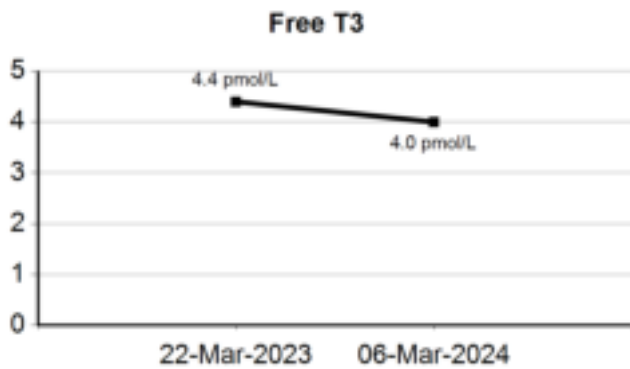
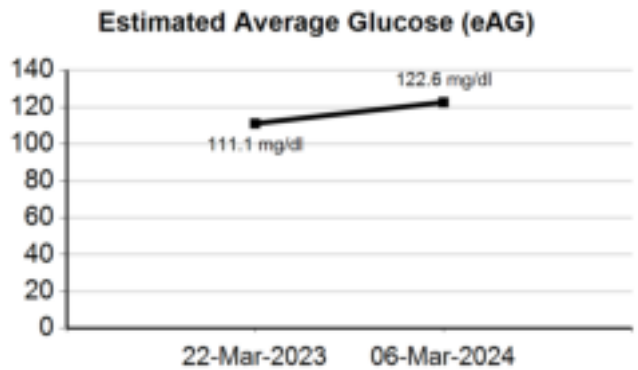
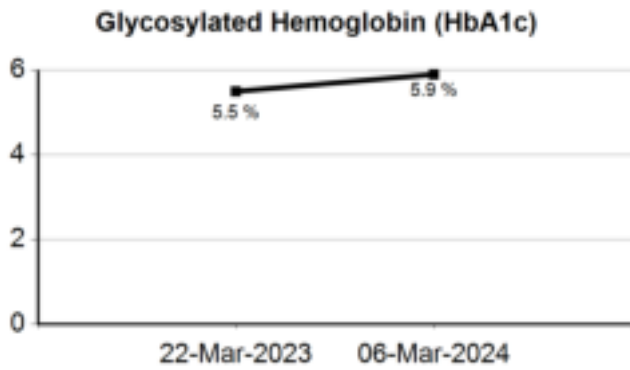
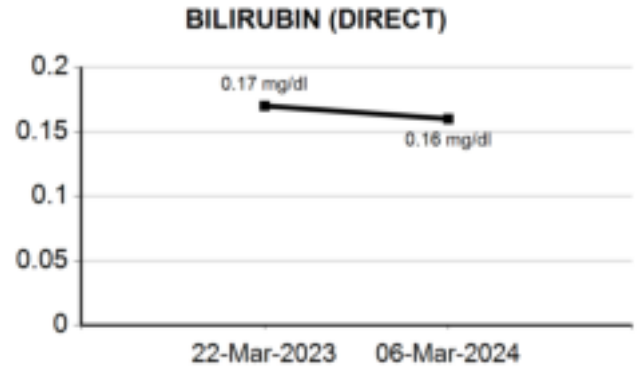
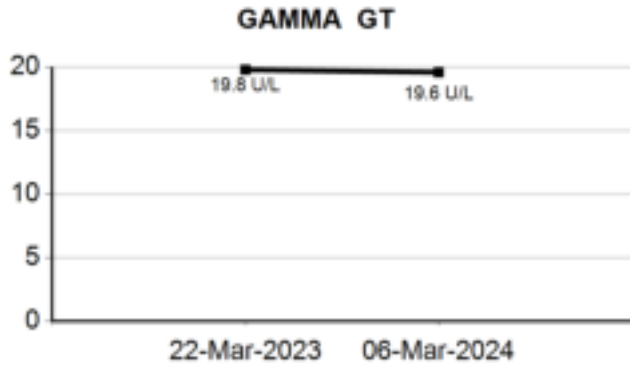
ALKALINE PHOSPHATASE





Use a QR Code Scanner
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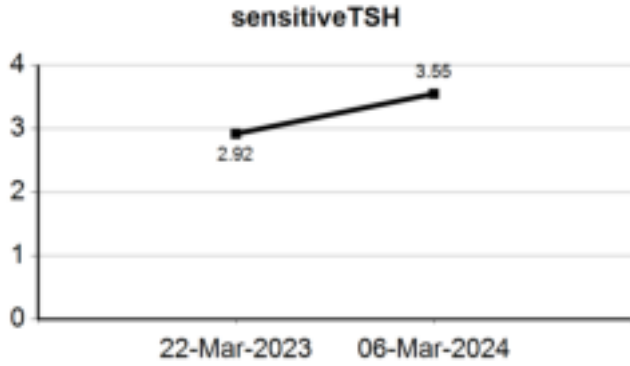
CID : 2406610211
 Name : MRS.REETA CHOUDHARY
 Age / Gender : 33 Years / Female
 Consulting Dr. : -
 Reg. Location : Malad West (Main Centre)





Use a QR Code Scanner
Application To Scan the Code

CID : 2406610211
Name : MRS.REETA CHOUDHARY
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Malad West (Main Centre)



Name : MRS.REETA CHOUDHARY

Age / Gender : 33 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 06-Mar-2024 / 10:03

Reported : 06-Mar-2024 / 16:10

PHYSICAL EXAMINATION REPORT

History and Complaints:

Nil

EXAMINATION FINDINGS:

Height (cms): 161

Temp (0c): Afebrile

Blood Pressure (mm/hg): 120/80

Pulse: 72/min

Weight (kg): 61

Skin: Normal

Nails: Normal

Lymph Node: Not palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

Impaired Glyco Hb / Mild dyslipidemia
→ Lifestyle modification

ADVICE:

Further inv to rule out Thalassemia
Drink plenty of liquids.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

Name : MRS.REETA CHOUDHARY

Age / Gender : 33 Years/Female

Consulting Dr. :

Reg.Location : Malad West (Main Centre)

Collected : 06-Mar-2024 / 10:03

Reported : 06-Mar-2024 / 16:10

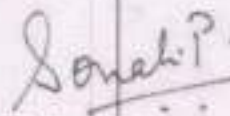
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder Kidney stone 1 year ago
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No

PERSONAL HISTORY:

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

*** End Of Report ***

DR. SONALI HONRAO
MD (G.MED)
CONSULTING PHYSICIAN
REG NO.2001/04/1882

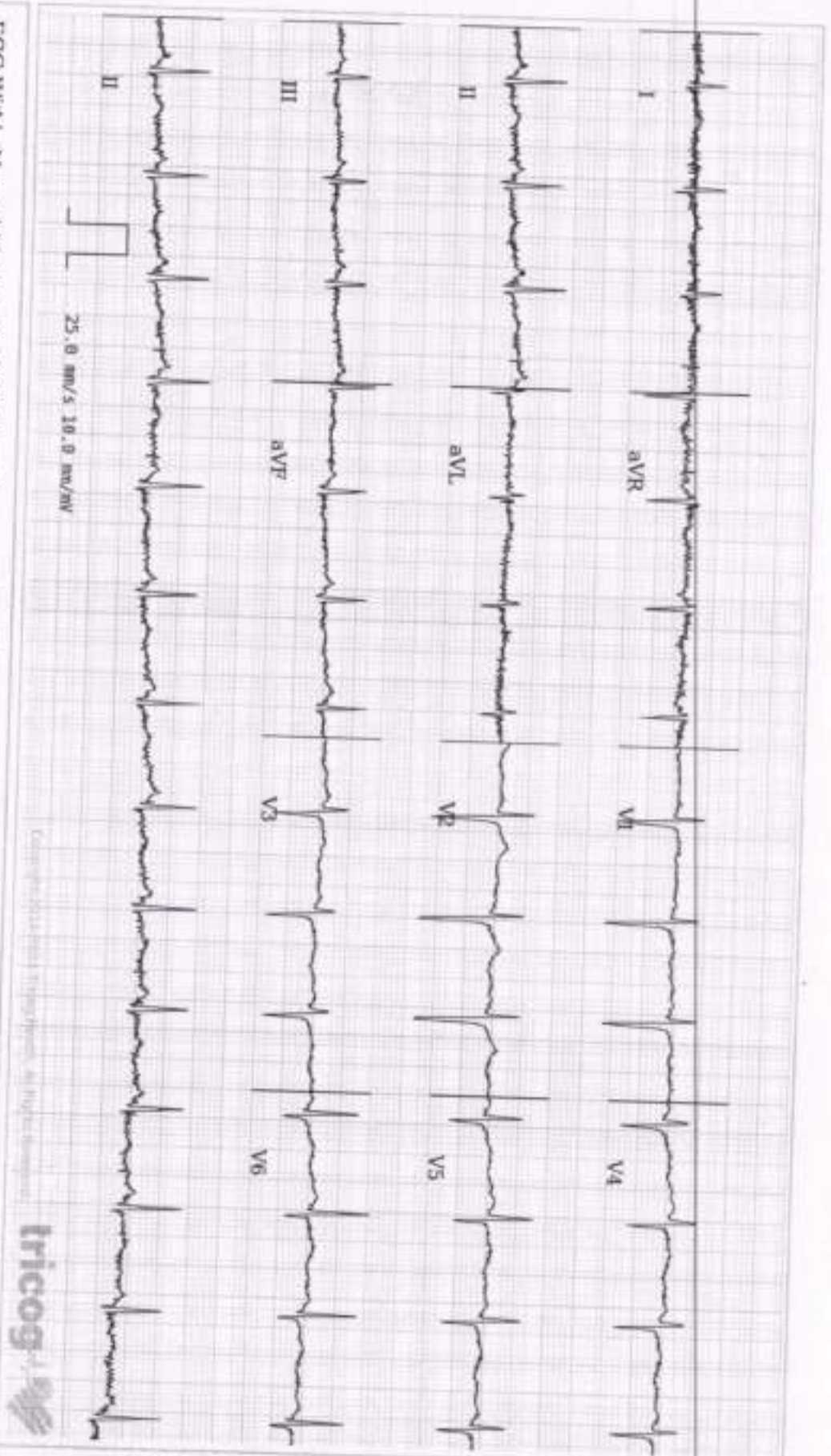

Dr.Sonali Honrao
MD physician
Sr. Manager-Medical Services
(Cardiology)

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102-104, Ekamra Centre,
Opp. Chhatrapati Shivaji Maharaj
Link Road, Andheri (W), Mumbai - 400 064.

Patient Name: REETA CHOUDHARY
Patient ID: 2406610211

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: 6th Mar 24 10:23 AM



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

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

Age **33** NA
years month
Gender **Female**
Heart Rate **86bpm**
Patient Vitals
BP: 120/80 mm
Weight: 61 kg
Height: 161 cm
Pulse: NA
SpO2: NA
Resp: NA
Others: NA

Measurements
QRSd: 74ms
QT: 352ms
QTcB: 421ms
PR: 92ms
P-R-T: 93° 58° -25°

REPORTED BY

Reeta Choudhary

DR. SONALI HOSKAR
MD (General Medicine)
Physician
2406610211

Date:- 06/03/24
Name:- Reeta Choudhary

CID: 2406610211
Sex / Age: 33y / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision: DV-RE- 6/6
LE- 6/6

NV-RE- N/G
LE- N/G

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____				_____			
Near	_____				_____			

Colour Vision: Normal / Abnormal

Remark:

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Chiragoni St.
Lower Ground Floor (W), Malviya Nagar

Authenticity Check



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CID : 2406610211
Name : Mrs REETA CHOUDHARY
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024
Reported : 06-Mar-2024 / 16:36

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

Click here to view images <http://3.111.232.119/IRISViewer/NeoradViewer?AccessionNo=2024030610041357>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2406610211
Name : Mrs REETA CHOUDHARY
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024
Reported : 06-Mar-2024 / 11:12

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal 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 10.3 x 3.4 cm.
Left kidney measures 11.4 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 4.6 mm.

OVARIES:

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.9 x 1.6 cm.
Left ovary = 4.1 x 1.7 cm.

Click here to view images <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024030610041335>

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2406610211
Name : Mrs REETA CHOUDHARY
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 06-Mar-2024
Reported : 06-Mar-2024 / 11:12

IMPRESSION:-

No 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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024030610041335>

SUBURBAN DIAGNOSTICS

Station

Malad West

Telephone: _____

EXERCISE STRESS TEST REPORT

Patient Name: REETA, CHOUDHARY

DOB: 21.07.1990

Patient ID: 2406610211

Age: 33yrs

Height: 161 cm

Gender: Male

Weight: 61 kg

Race: Asian

Study Date: 06.03.2024

Referring Physician: --

Test Type: --

Attending Physician: DR SONALI HONRAO

Protocol: BRUCE

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	00:14	0.00	0.00	96	120/80	
	STANDING	00:06	0.00	0.00	93	120/80	
	HYPERV.	00:05	0.00	0.00	95	120/80	
	WARM-UP	00:08	0.00	0.00	99	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	144	130/80	
	STAGE 2	02:22	2.50	12.00	169	140/80	
RECOVERY		03:02	0.00	0.00	115	140/80	

The patient exercised according to the BRUCE for 5:21 mins, achieving a work level of Max. METS: 7.00. The resting heart rate of 106 bpm rose to a maximal heart rate of 169 bpm. This value represents 90 % of the maximal, age-predicted heart rate. The resting blood pressure of 120/80 mmHg, rose to a maximum blood pressure of 140/80 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: none.

Overall impression: Normal stress test.

Conclusions

Good effort tolerance. No Significant ST- T changes as compared to baseline. No chest pain / arrythmia noted. Stress test is negative 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.

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Link Road, Malad West, Mumbai - 400 054.

DR. SONALI HONRAO
MD (G-MED)
CONSULTING PHYSICIAN
REG NO. 2001/04/1882

REETA, CHOUDHARY

Patient ID: 2406610211

06.03.2024

10:27:13am

12-lead Report

PRETEST

SUPINE

00:12

BRIDGE

0.0 mgh

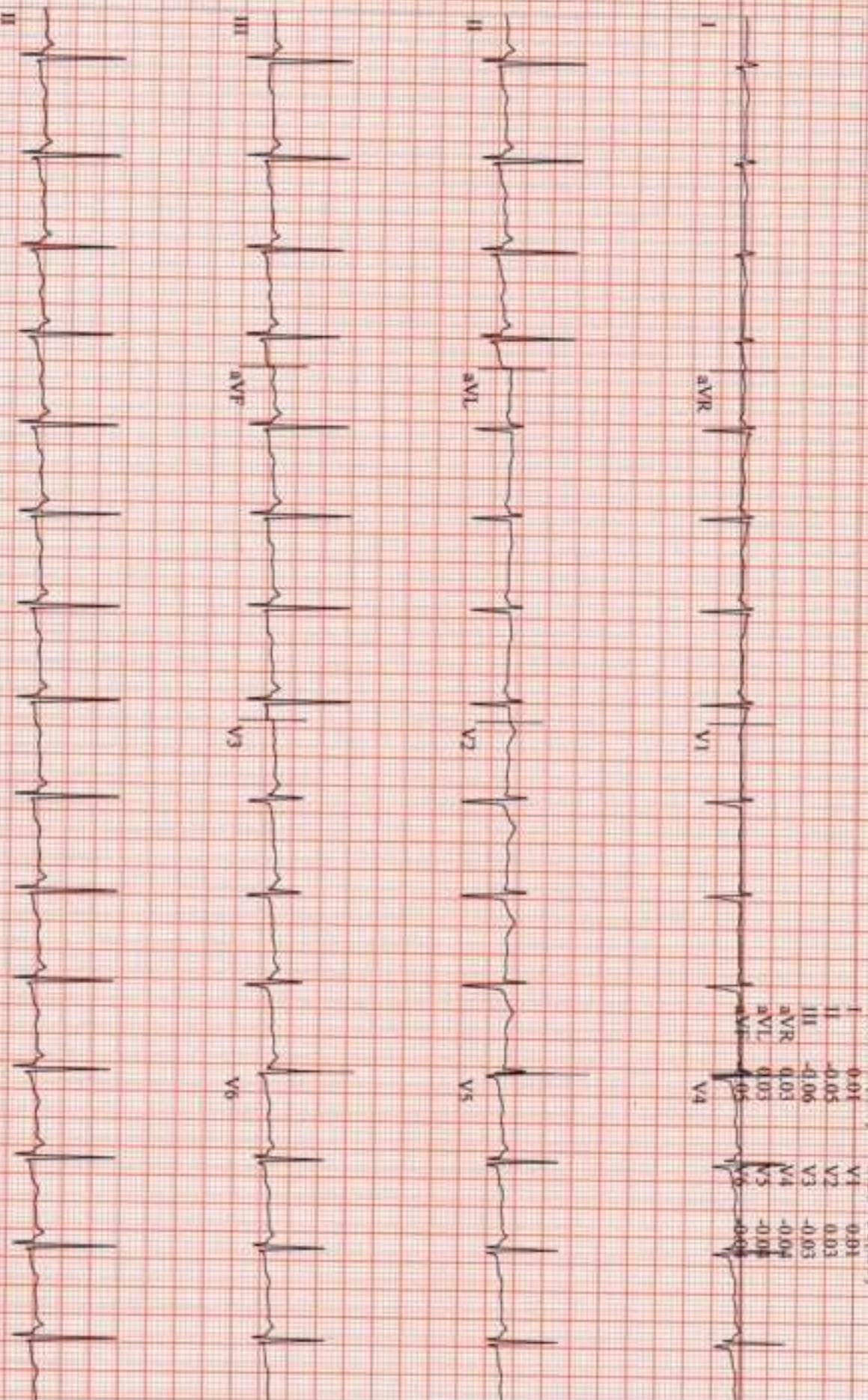
0.0%

SUBURBAN DIAGNOSTIC

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.01
II	-0.05	V2	0.03
III	-0.06	V3	-0.03
aVR	0.03	V4	-0.04
aVL	0.03	V5	-0.02
aVF	0.05	V6	-0.02



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2, V6)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Patient ID 2406610211

06/03/2024

10:27:19am

12-lead Report

PRETEST

STANDING

00:17

BRIDGE

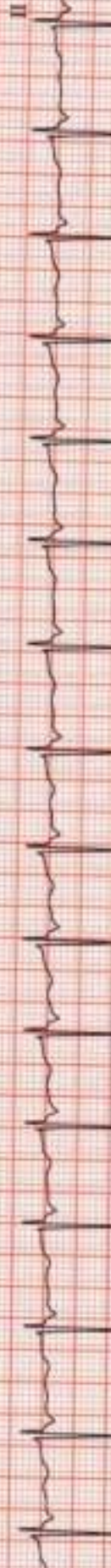
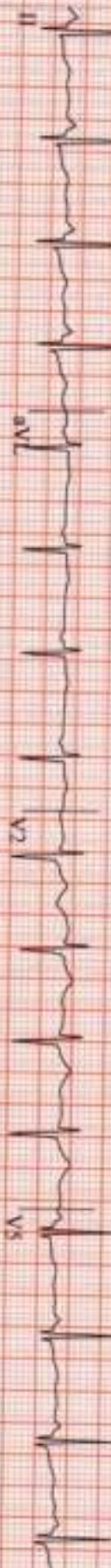
0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Measured at 60mm Post J

Auto Points



Lead	ST(mV)	Lead	ST(mV)
I	-0.01	V1	0.02
II	-0.04	V2	0.02
III	-0.06	V3	-0.03
aVR	0.02	V4	-0.03
aVL	0.01	V5	-0.04
aVF	0.02	V6	0.04

GE CardioSoft V6.73(2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF + HR(V2,V6)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Patient ID 2406610211

06.03.2024

10:27:24am

12-lead Report

95 bpm

120/80 mmHg

PRETEST

WARM-UP

00:23

BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTIC

Measured at 6mins Post J

Axial Points



GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V6)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Linked Medians

SUBURBAN DIAGNOSTIC

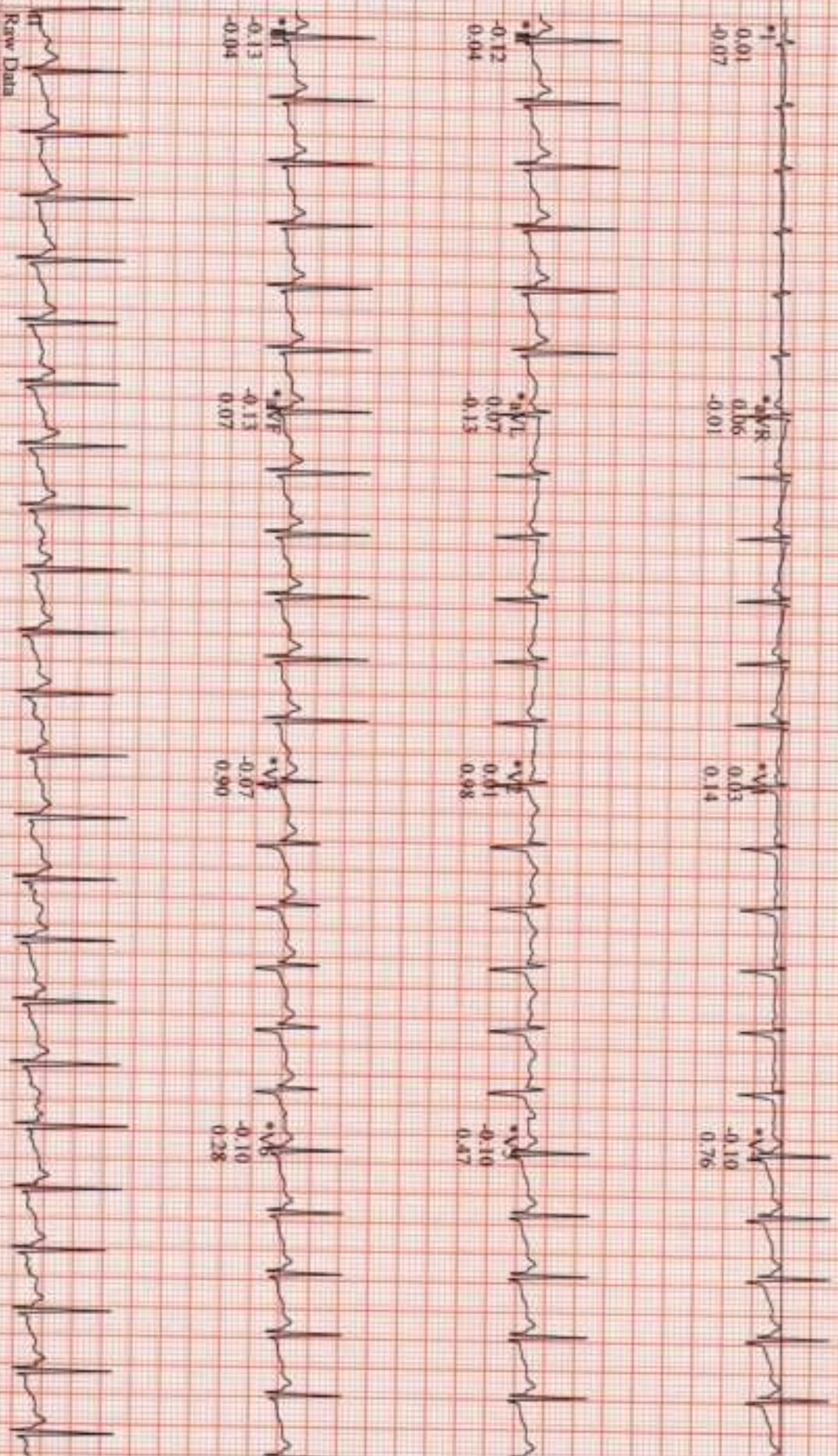
Patient ID 2406610211
06.03.2024
10:30:15am

142 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

BRUCE
1.7 mph
10.0 %

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



Raw Data

Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V2,V6)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Patient ID 2406610211

06/03/2024

10:32:52am

12-Lead Report (PEAK EXERCISE)

169 bpm

140/80 mmHg

EXERCISE

STAGE 2

05:22

BRUCE

2.5 mph

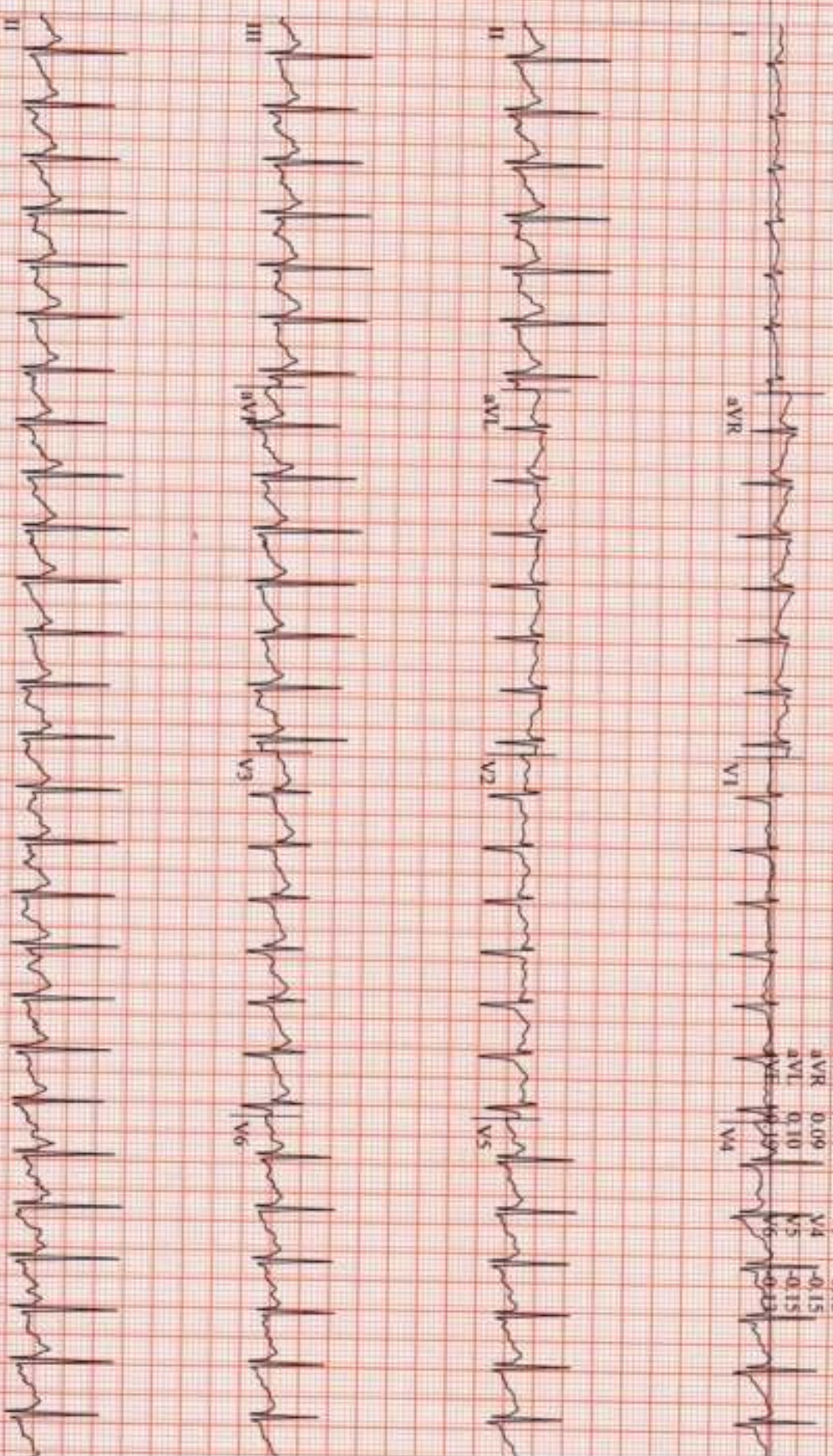
12.0 %

SUBURBAN DIAGNOSTI

Measured at 60ms Post J

Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.01	V1	0.04
II	-0.19	V2	-0.01
III	-0.19	V3	-0.13
AVR	0.09	V4	-0.15
AVL	0.10	V5	-0.15
AVE	0.19	V6	-0.03



GE CardioSoft V6.73 (2)

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(II V5)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Patient ID 2406610211

06/03/2024

10:33:46am

Linked Medians

146 bpm

RECOVERY

#1

01:00

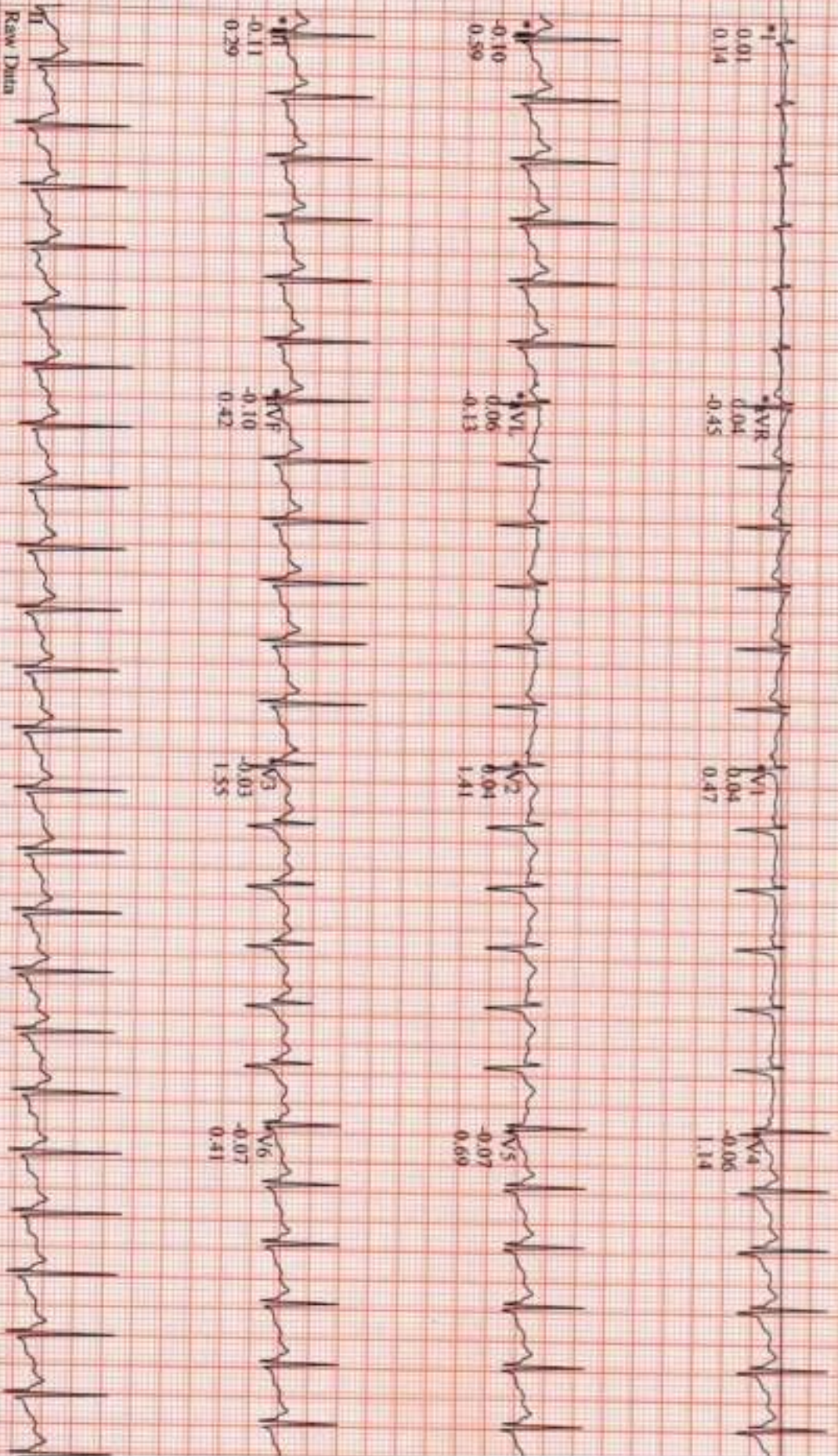
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI

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



Raw Data

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRR+ HR(LV5)

Start of Test: 10:26:56am

Computer Synthesized Rhythms

REETA, CHOUDHARY

Patient ID 2406610211

06/03/2024

10:34:46am

Linked Medians

123 bpm

RECOVERY

#1

02:00

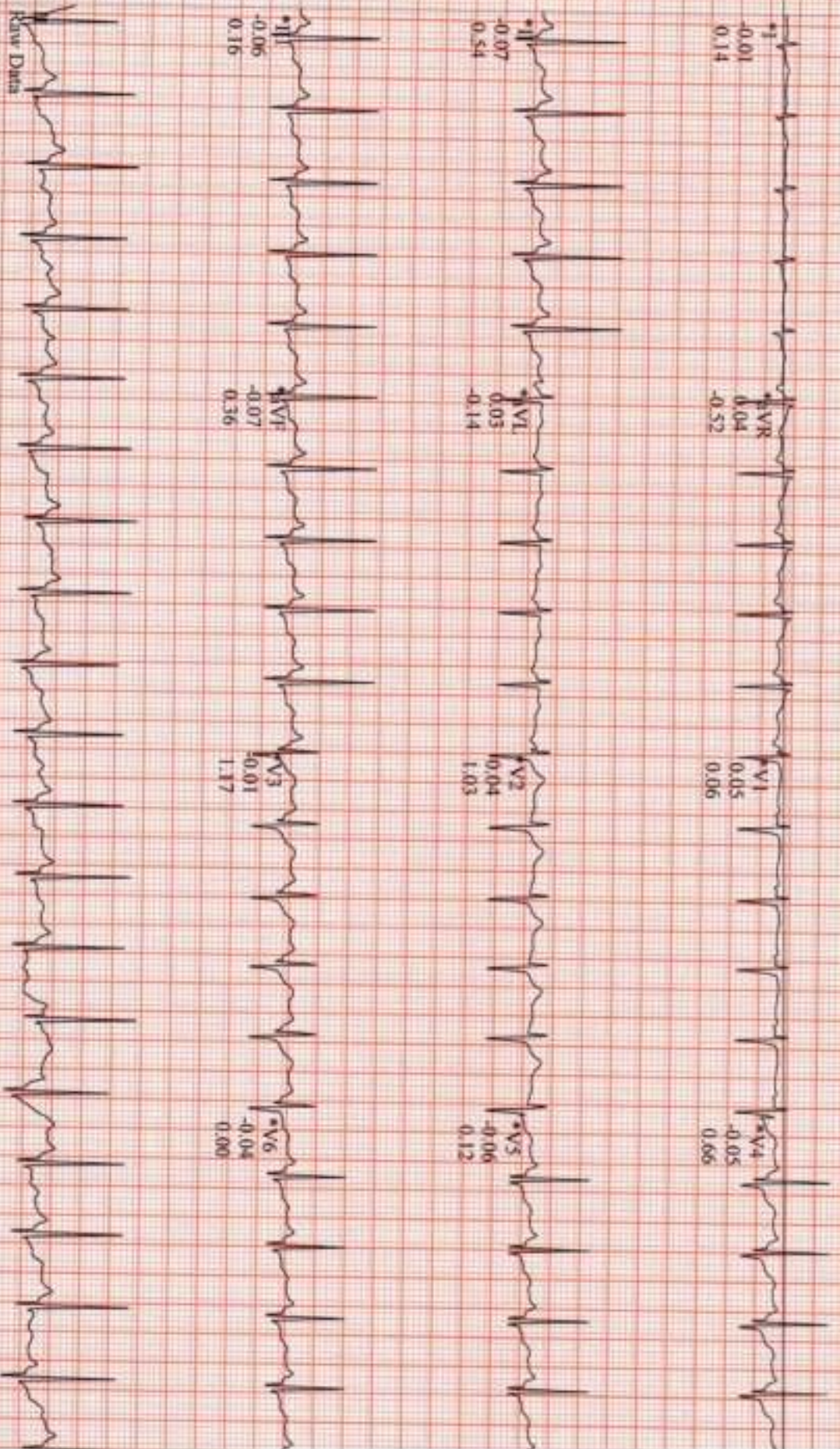
BRUCE

0.0 mph

0.0 %

SUBURBAN DIAGNOSTI

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



Raw Data

*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)
25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(LV5)

Start of Test: 10:26:56am



REETA, CHOUDHARY

Patient ID 2406610211

06/03/2024

10:35:46am

Linked Medians

RECOVERY

#1

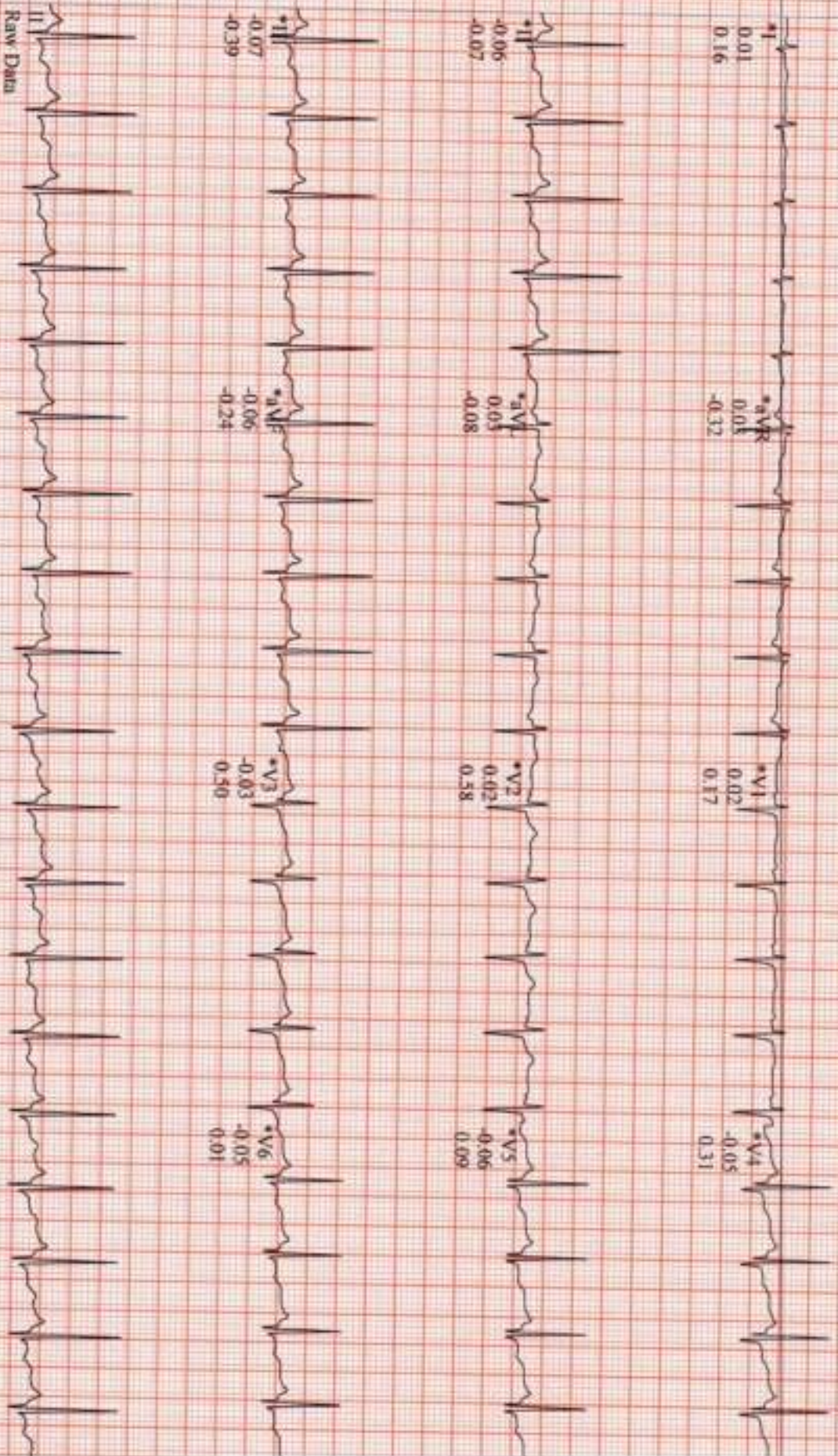
03:00

SUBURBAN DIAGNOST

116 bpm
140/80 mmHg

BRUCE
0.0 mph
0.0 %

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



Raw Data

*Computer Synthesized Rhythms

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

Start of Test: 10:26:56am

