

**PHYSICAL EXAMINATION REPORT**

Patient Name	Ranjana Yadav	Sex/Age	F / 33
Date	11/3/23	Location	thane

**History and Complaints**

NIL

**EXAMINATION FINDINGS:**

Height (cms):	156	Temp (0c):	ACB
Weight (kg):	48	Skin:	NAD
Blood Pressure	110/72	Nails:	NL
Pulse	100/rm's	Lymph Node:	NP

**Systems :**

Cardiovascular:	
Respiratory:	
Genitourinary:	
GI System:	
CNS:	

NAD

**Impression:**

↑ ESR  
 ↑ TSH (6.16)  
 TMT - Equivocal

Advice:

- Cardiologist's Consultation  
- Physician's Consultation  
for TSH.

1)	Hypertension:	] NO NAD ] NO LSES NAD
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
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	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

1)	Alcohol	NO NO mixed NO
2)	Smoking	
3)	Diet	
4)	Medication	

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

0000-0773-5507

Date:- 11/3/23  
Name:- Ranjana yadav  
CID:  
Sex / Age: F-32

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: HD

Past history: 4.4

Unaided Vision: 3/6 6/6 HV32 N6

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



Use a QR Code Scanner Application To Scan the Code

CID : 2307018130  
Name : MRS.YADAV RANJANA  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 11-Mar-2023 / 08:25  
Reported : 11-Mar-2023 / 12:04

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.9	12.0-15.0 g/dL	Spectrophotometric
RBC	4.29	3.8-4.8 mil/cmm	Elect. Impedance
PCV	40.0	36-46 %	Measured
MCV	93.3	80-100 fl	Calculated
MCH	30.1	27-32 pg	Calculated
MCHC	32.3	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	4210	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	44.9	20-40 %	
Absolute Lymphocytes	1890.3	1000-3000 /cmm	Calculated
Monocytes	10.0	2-10 %	
Absolute Monocytes	421.0	200-1000 /cmm	Calculated
Neutrophils	38.8	40-80 %	
Absolute Neutrophils	1633.5	2000-7000 /cmm	Calculated
Eosinophils	6.3	1-6 %	
Absolute Eosinophils	265.2	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	192000	150000-400000 /cmm	Elect. Impedance
MPV	10.5	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated
<b>RBC MORPHOLOGY</b>			

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Hypochromia	-
Microcytosis	-
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                      32                      2-20 mm at 1 hr.                      Sedimentation

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*  
**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

Authenticity Check



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Collected : 11-Mar-2023 / 08:25  
Reported : 11-Mar-2023 / 11:54

**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	95.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	99.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.43	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.7	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	15.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.6	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	15.3	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	78.1	35-105 U/L	PNPP
BLOOD UREA, Serum	16.8	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.9	6-20 mg/dl	Calculated

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Collected : 11-Mar-2023 / 08:25  
Reported : 11-Mar-2023 / 14:56

CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	106	>60 ml/min/1.73sqm	Calculated

Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum	5.1	2.4-5.7 mg/dl	Uricase
------------------	-----	---------------	---------

Urine Sugar (Fasting)	Absent	Absent
-----------------------	--------	--------

Urine Ketones (Fasting)	Absent	Absent
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\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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

AREAS OF SPECIAL EXPERTISE

OUR PRESENCE



*Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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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	5.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	96.8	mg/dl	Calculated

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West

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



*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist



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Collected : 11-Mar-2023 / 08:25  
Reported : 11-Mar-2023 / 20:11

**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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<b>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	0-1	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	5-6	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 SDRL, Vidyavihar Lab



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

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Reported :

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

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Reported : 11-Mar-2023 / 13:56

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	Positive

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

**References:**

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

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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*J. Mujawar*

**Dr.IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

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Reported : 11-Mar-2023 / 12:10

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	176.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	92.9	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	55.8	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	121.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	19.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*J. Mujawar*

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M.D ( Path )  
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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	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	14.1	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	6.16	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

Kindly correlate clinically.



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

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

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

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

**Limitations:**

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

**Reference:**

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

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

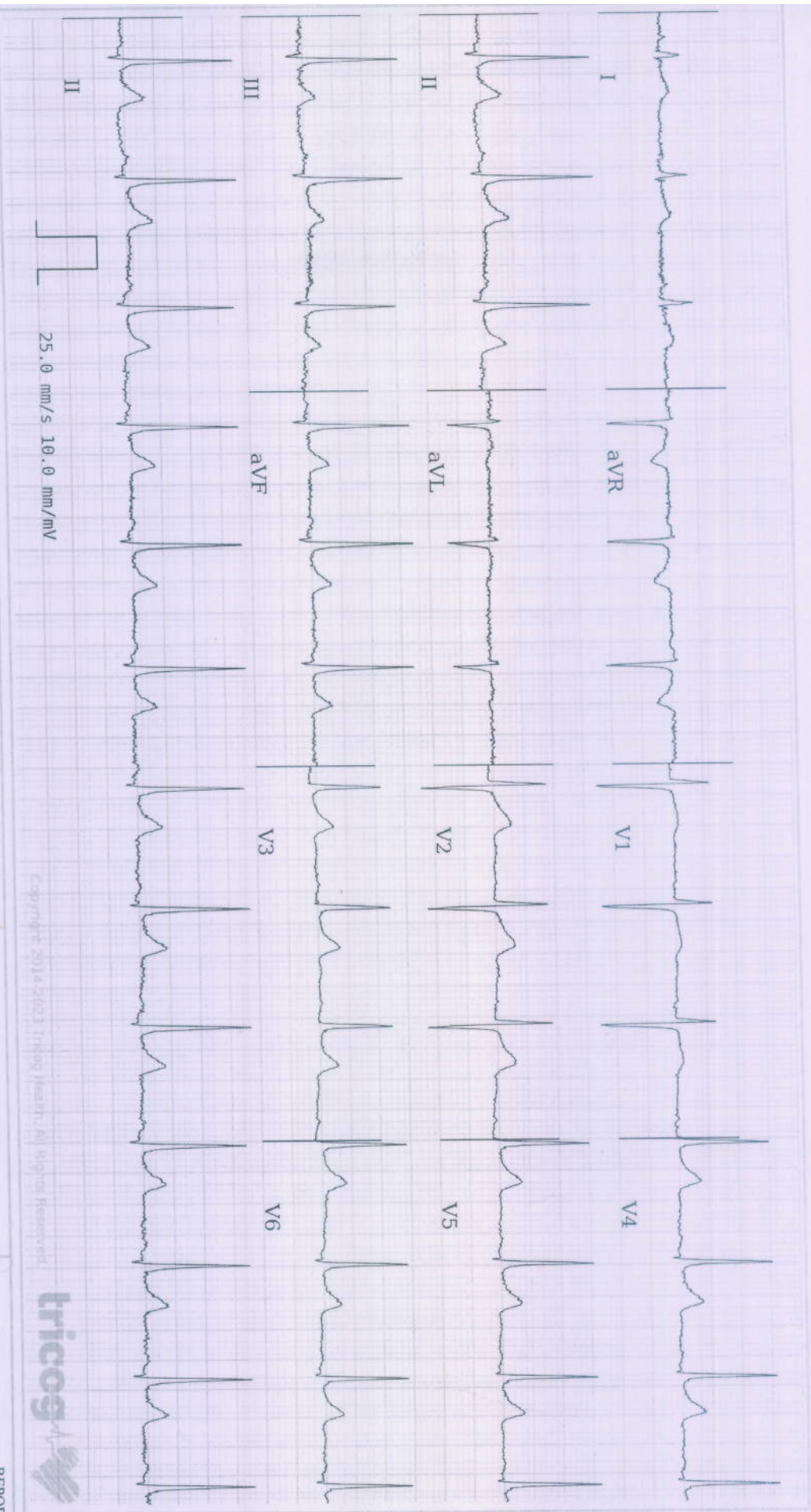


*J. Mujawar*

**Dr. IMRAN MUJAWAR**  
M.D ( Path )  
Pathologist

Patient Name: YADAV RANJANA  
Patient ID: 2307018130

**SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST**  
Date and Time: 11th Mar 23 10:15 AM



25.0 mm/s 10.0 mm/mV

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Age 33 1 29  
years months days

Gender Female

Heart Rate 78bpm

Patient Vitals

BP: 110/70 mmHg

Weight: 48 kg

Height: 156 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 358ms

QTc: 408ms

PR: 144ms

P-R-T: 36° 78° 65°

REPORTED BY

DR SHAILAJA PILLAI  
MBBS, MD Physician  
MD Physician  
49972

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

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.

Authenticity Check



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Reg. Date : 11-Mar-2023  
Reported : 11-Mar-2023 / 14:04

**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-----

This report is prepared and physically checked by DR GAURI VARMA before dispatch.

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023031108172767>



Reg. No. : 2307018130	Sex : FEMALE
NAME : MRS.RANJANA YADAV	Age : 33 YRS
Ref. By : -----	Date :11.03.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears normal in size and echotexture. 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 9.3 x 3.2 cm. Left kidney measures 10.0 x 4.4 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 is anteverted and measures 7.8 x 3.3 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.4 mm. Cervix appears normal.

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

No free fluid or significant lymphadenopathy is seen.

**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**

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.

**Advice:** Clinical co-relation and further evaluation.

*Dr. Devendra Patil*  
**DR. DEVENDRA PATIL**  
**MD (RADIO DIAGNOSIS)**  
**(CONSULTANT RADIOLOGIST)**

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

605 (2307018130) / RANJANA YADAV / 33 Yrs / F / 156 Cms / 48 Kg  
 Date: 11 / 03 / 2023 09:08:18 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:13	0:13	00.0	00.0	01.0	094	50 %	120/80	112	00	
Standing	00:21	0:08	00.0	00.0	01.0	096	51 %	120/80	115	00	
HV	00:30	0:09	00.0	00.0	01.0	098	52 %	120/80	117	00	
ExStart	00:39	0:09	00.0	00.0	01.0	098	52 %	120/80	117	00	
BRUCE Stage 1	03:39	3:00	01.7	10.0	04.7	138	74 %	140/80	193	00	
PeakEx	06:32	2:53	02.5	12.0	07.0	161	86 %	150/80	241	00	
Recovery	07:32	1:00	00.0	00.0	01.0	123	66 %	150/80	184	00	
Recovery	08:32	2:00	00.0	00.0	01.0	121	65 %	130/80	157	00	
Recovery	10:32	4:00	00.0	00.0	01.0	115	61 %	130/80	149	00	
Recovery	10:36				00.0	000	0 %	---/---	000	00	

**FINDINGS :**

Exercise Time : 05:53  
 Initial HR (ExStrt) : 98 bpm 52% of Target 187  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 7 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value: III & -1.4 mm in Stage 1  
 Test End Reasons : Fatigue, Heart Rate Achieved

Max HR Attained 161 bpm 86% of Target 187  
 Max BP Attained 150/80 (mm/Hg)

Doctor : DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI  
 M.D. (GEN.MED)  
 R.NO. 49972



EMail: 605 / RANJUANA YADAV / 33 Yrs / F / 156 Cms / 48 Kg Date: 11 / 03 / 2023 09:08:18 AM

REPORT :

**PROCEDURE DONE:** Graded exercise treadmill stress test.

**STRESS ECG RESULTS:** The initial HR was recorded as 96.0 bpm, and the maximum predicted Target Heart Rate 187.0. The BP increased at the time of generating report as 150.0/80.0 mmHg. The Max Dep went upto 0.5. 0.0 Ectopic Beats were observed during the Test.

**CONCLUSIONS:**

1. TMT is Equivocal for exercise induced ischemia.
2. Normal chronotropic and Normal inotropic response.
3. ST T changes seen in interlateral leads during test and recovery.
4. Adv Cardiologist's opinion.

  
**Dr. SHAILAJA PILLAI**  
**M.D. (GEN.MED)**  
Doctor : DR SHAILAJA PILLAI R.NO. 49972

**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

605 (2307018130) / RANJANA YADAV / 33 Yrs / F / 156 Cms / 48 Kg / HR : 94

**SUPINE ( 00:01 )**

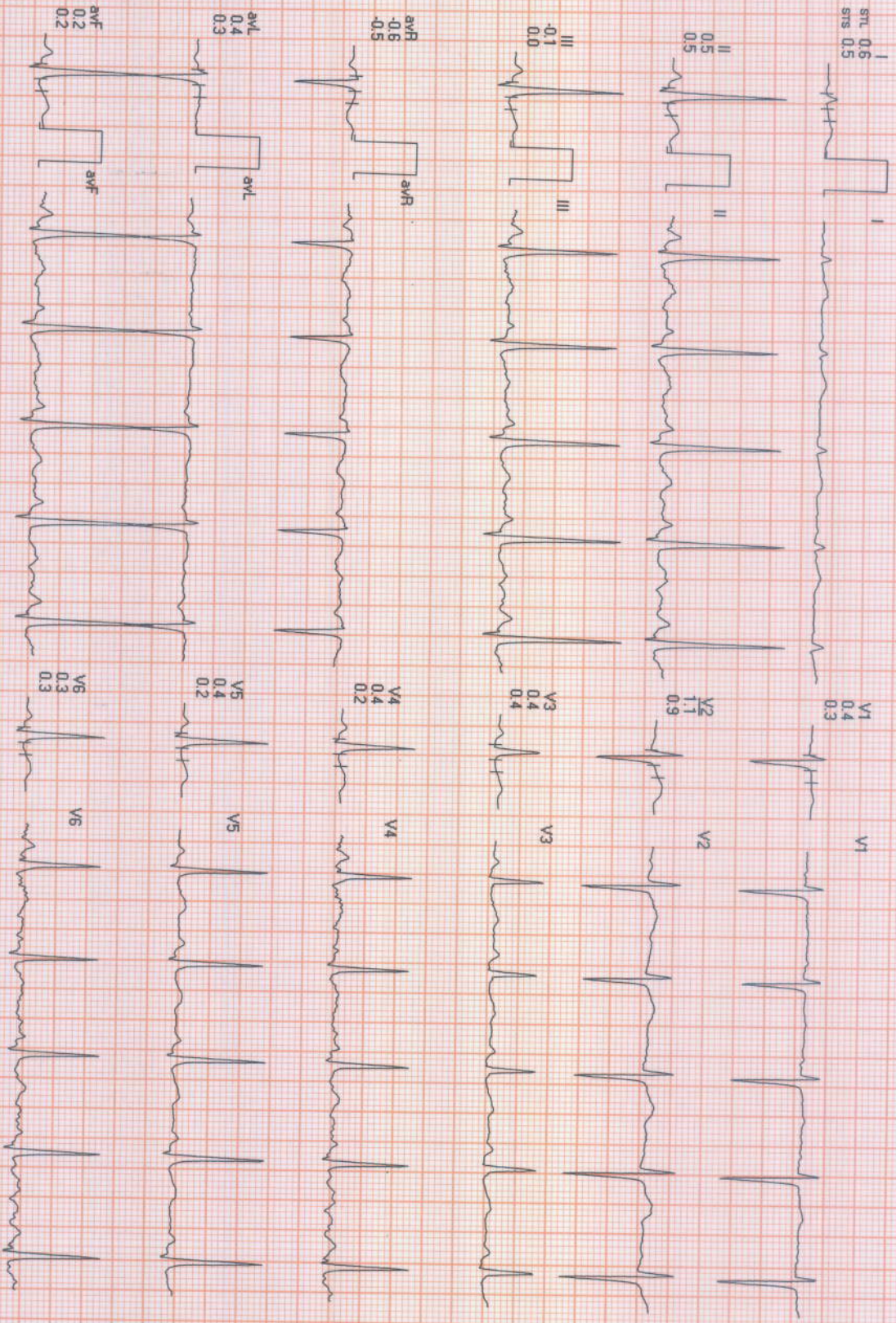
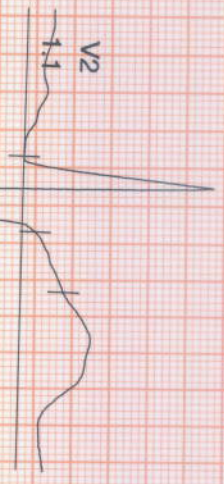


Date: 11 / 03 / 2023 09:08:18 AM METS: 1.0/94 bpm 50% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 100 Hz

ExtTime: 00:00 0.0 mph, 0.0%

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



REMARKS: I II III aVL aVF V1 V2 V3 V4 V5 V6



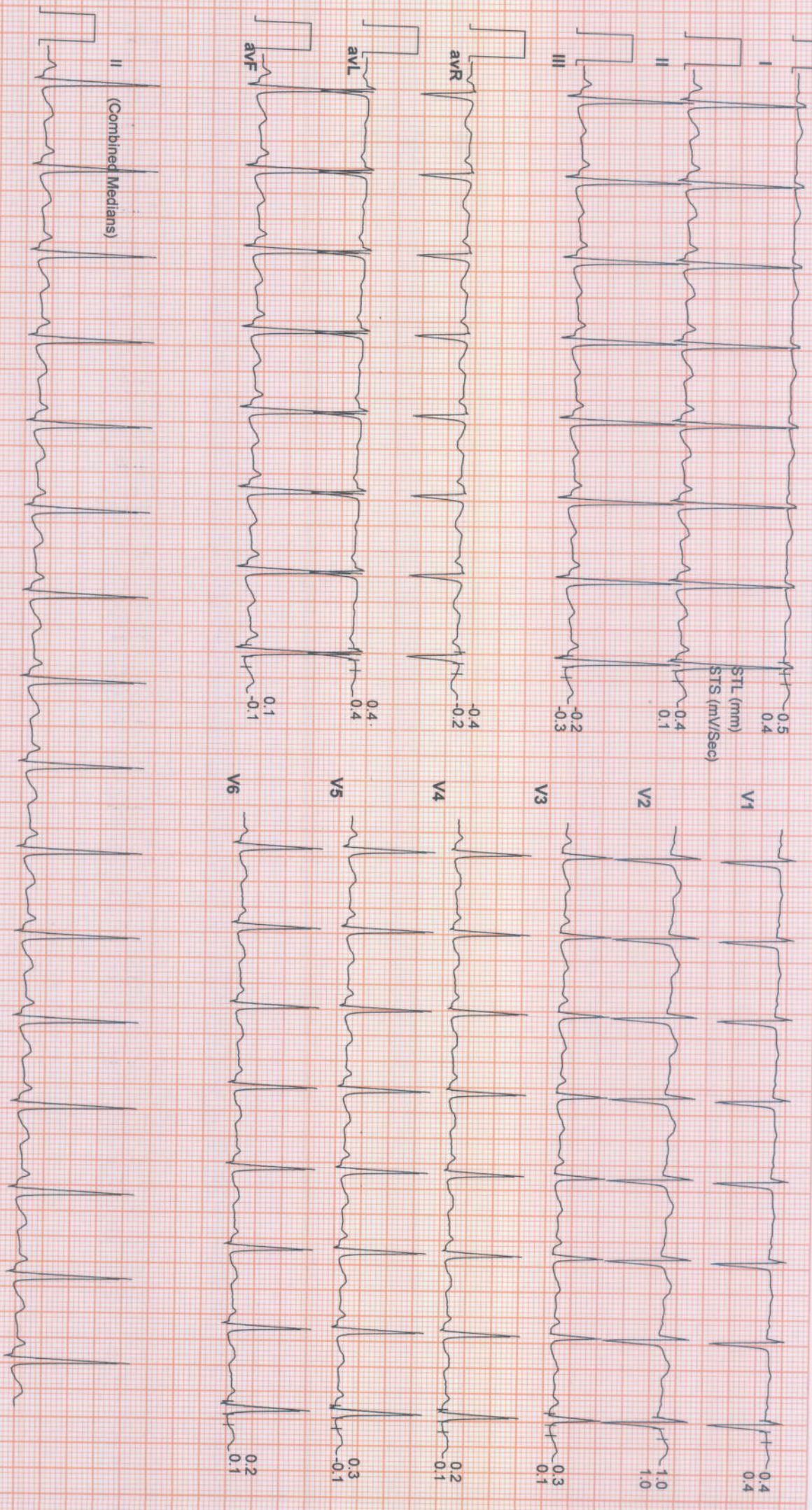
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 96 Target HR : 51% of 187 BP : 120/80 Post J @80mSec

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

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



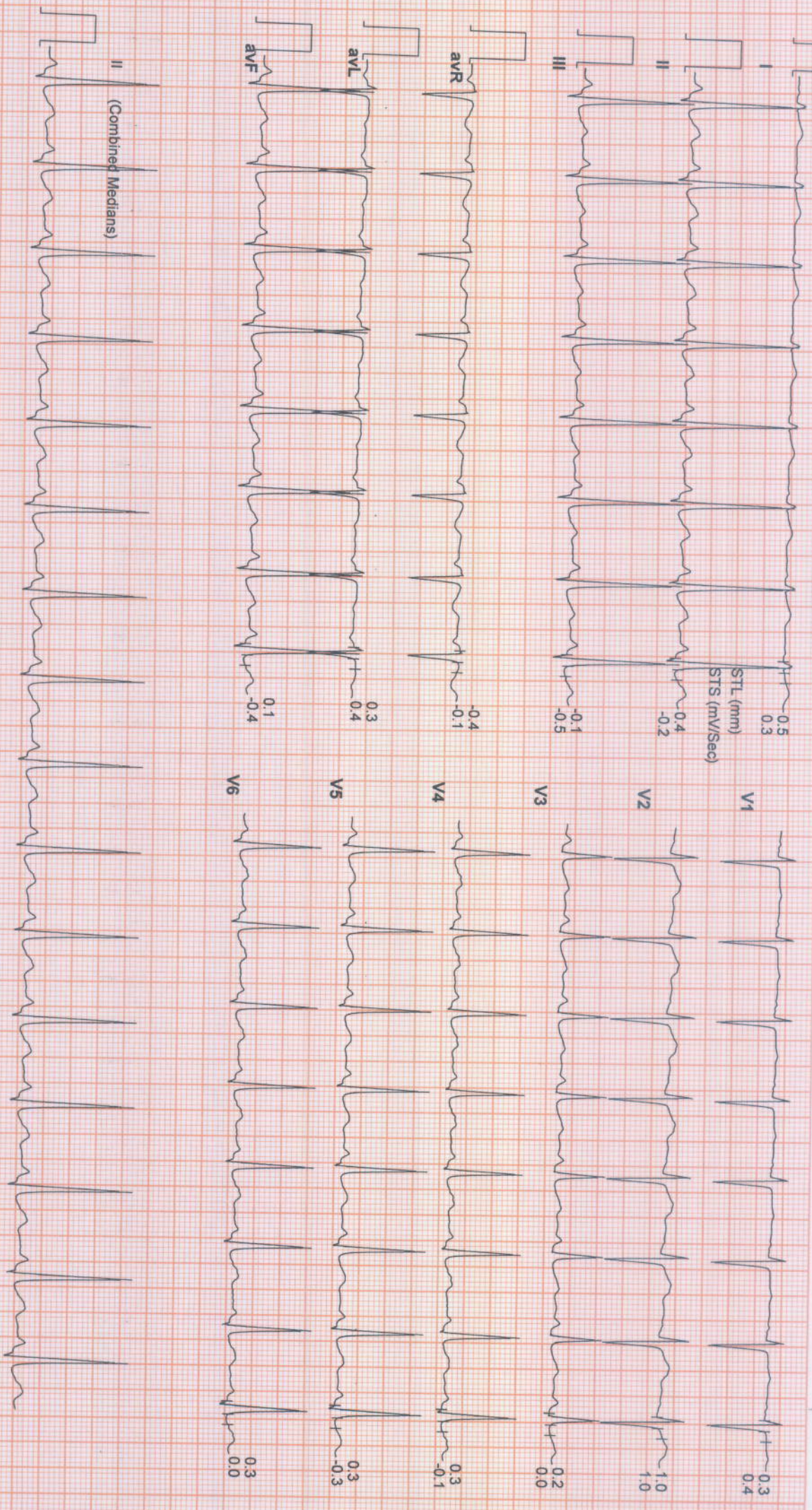
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 98 Target HR : 52% of 187 BP : 120/80 Post J @80mSec

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

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

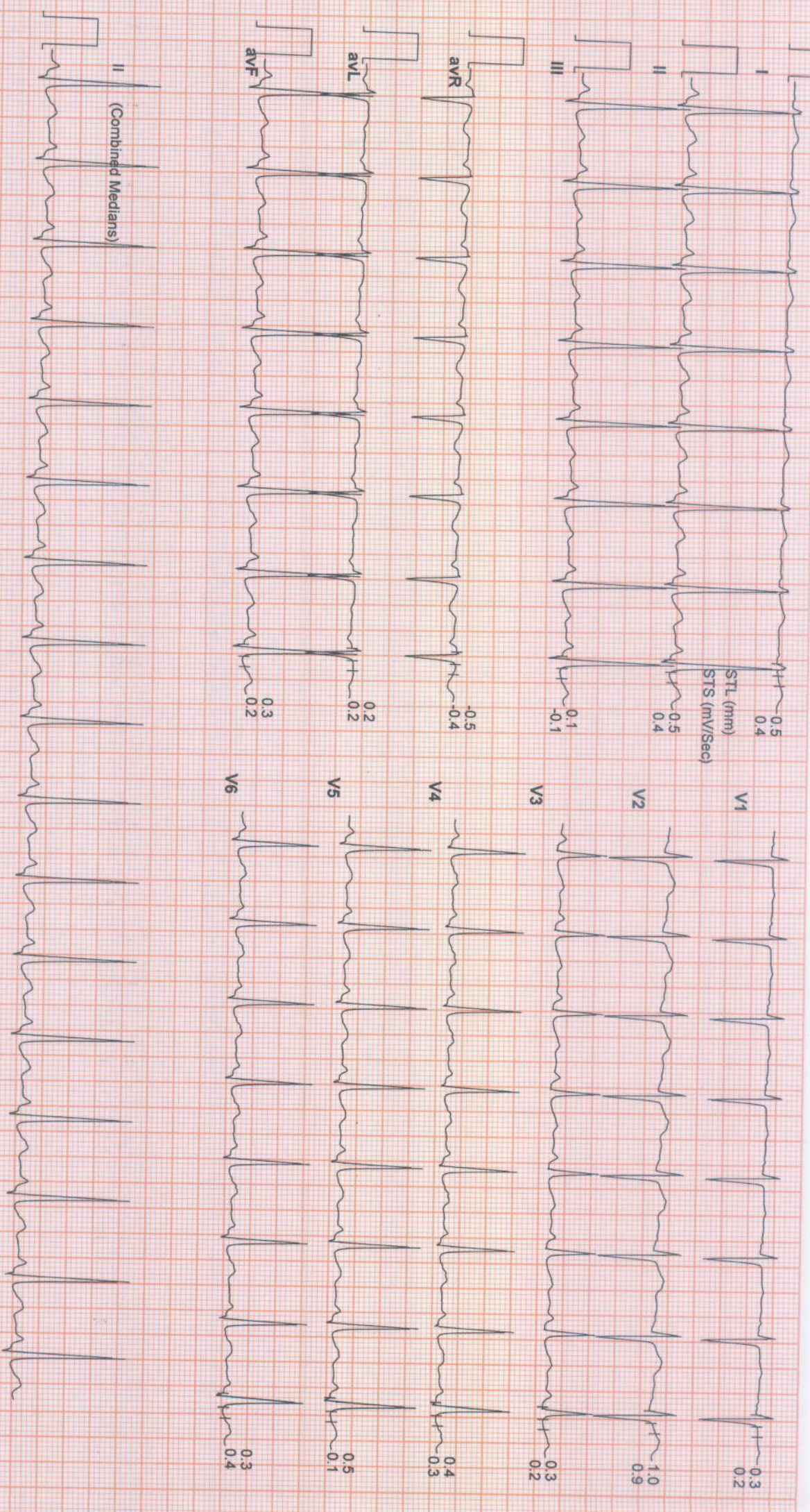
605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

6X2 Combine Medians + 1 Rhythm  
ExStrt



Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 101 Target HR : 54% of 187 BP : 120/80 Post J @80mSec

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



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

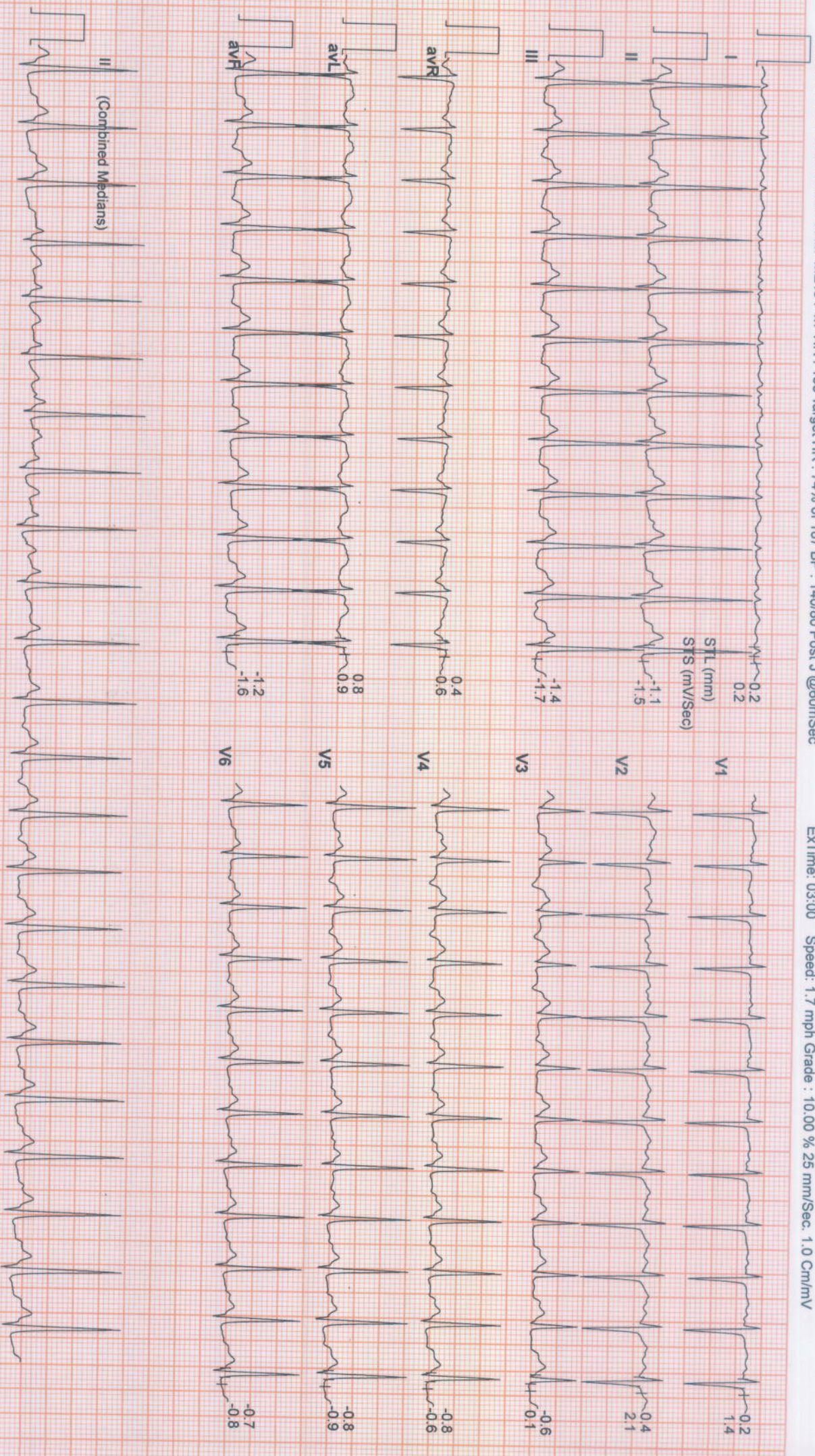
605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METs : 4.7 HR : 138 Target HR : 74% of 187 BP : 140/80 Post J @60mSec

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

## 6X2 Combine Medians + 1 Rhythm

BRUCE : Stage 1 ( 03:00 )



II  
(Combined Medians)



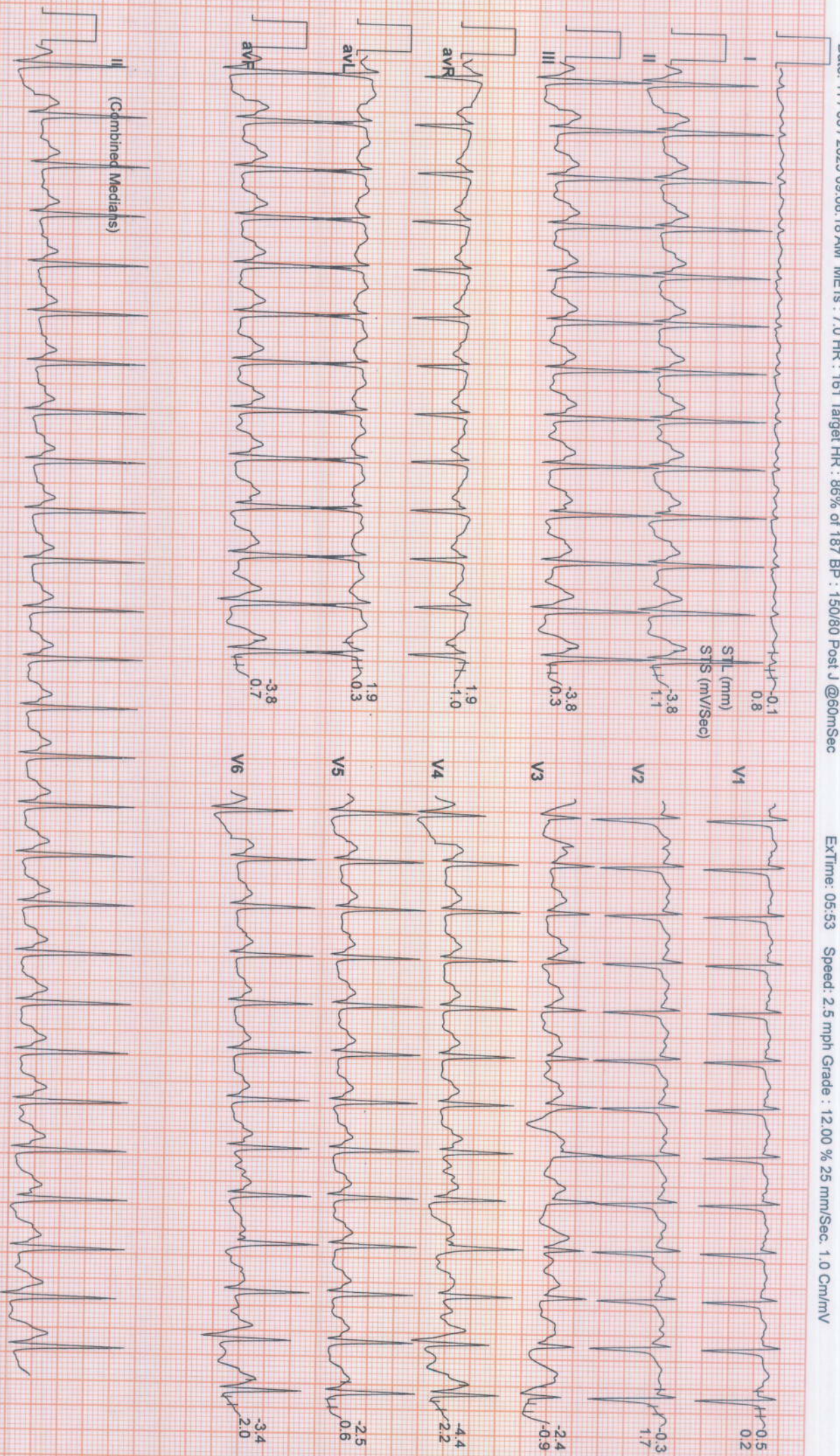
# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METs : 7.0 HR : 161 Target HR : 86% of 187 BP : 150/80 Post J @60mSec

ExTime: 05:53 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm PeakEX



II (Combined Medians)

# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

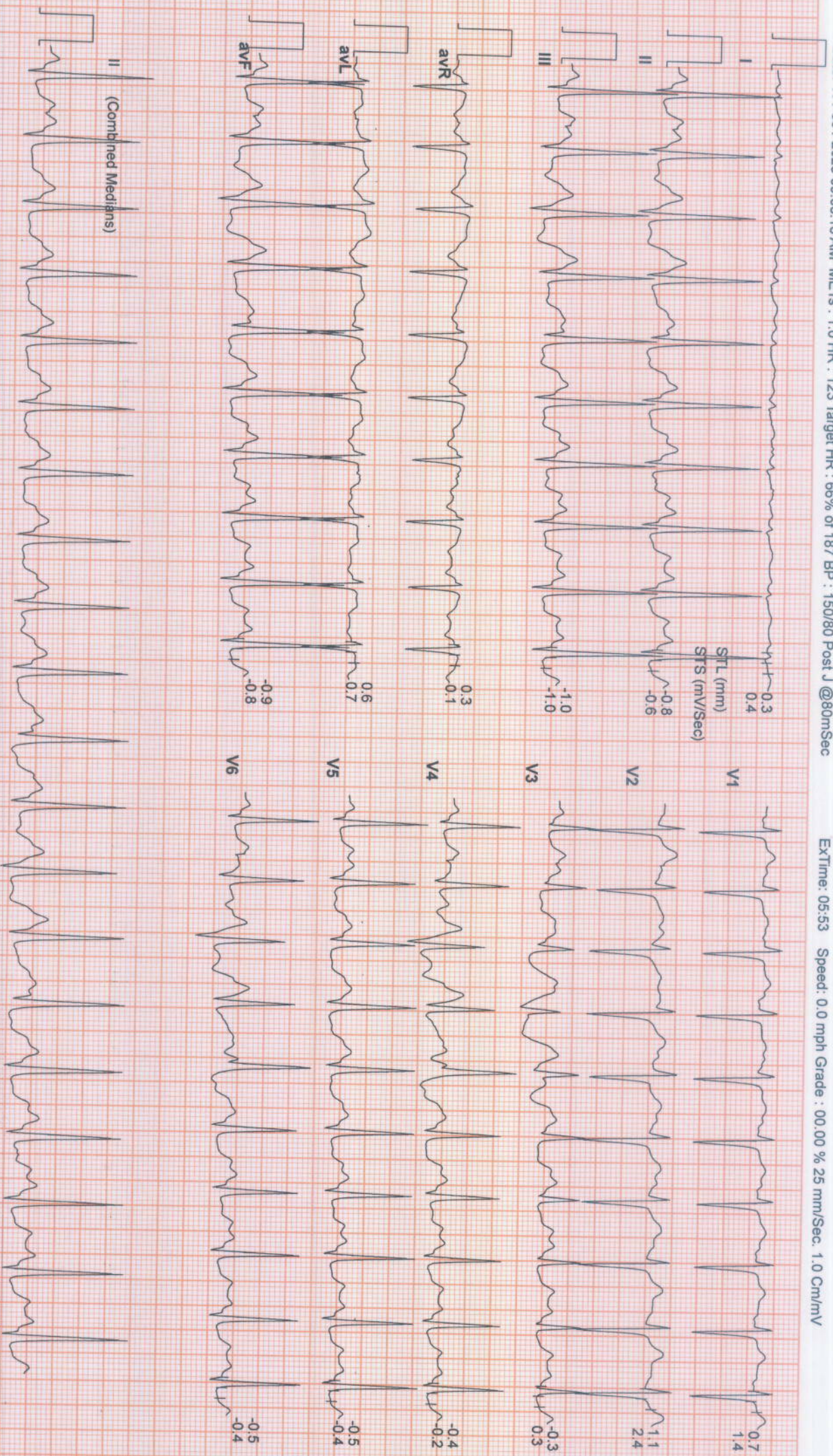
605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:00 )



Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 123 Target HR : 66% of 187 BP : 150/80 Post J @80mSec

ExTime: 05:53 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



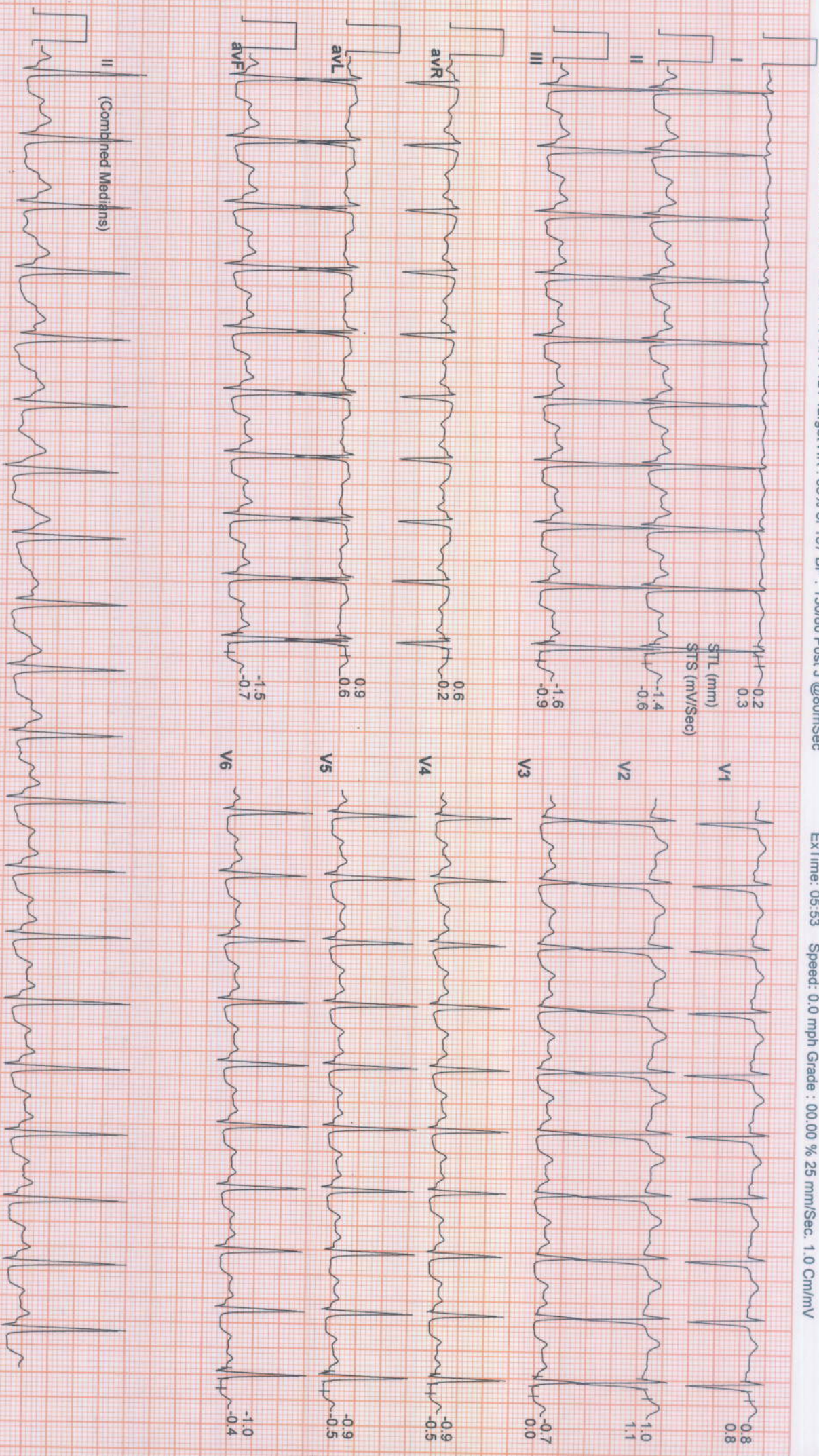
**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 121 Target HR : 65% of 187 BP : 130/80 Post J @80mSec

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

ExTime: 05:53 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



(Combined Medians)



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

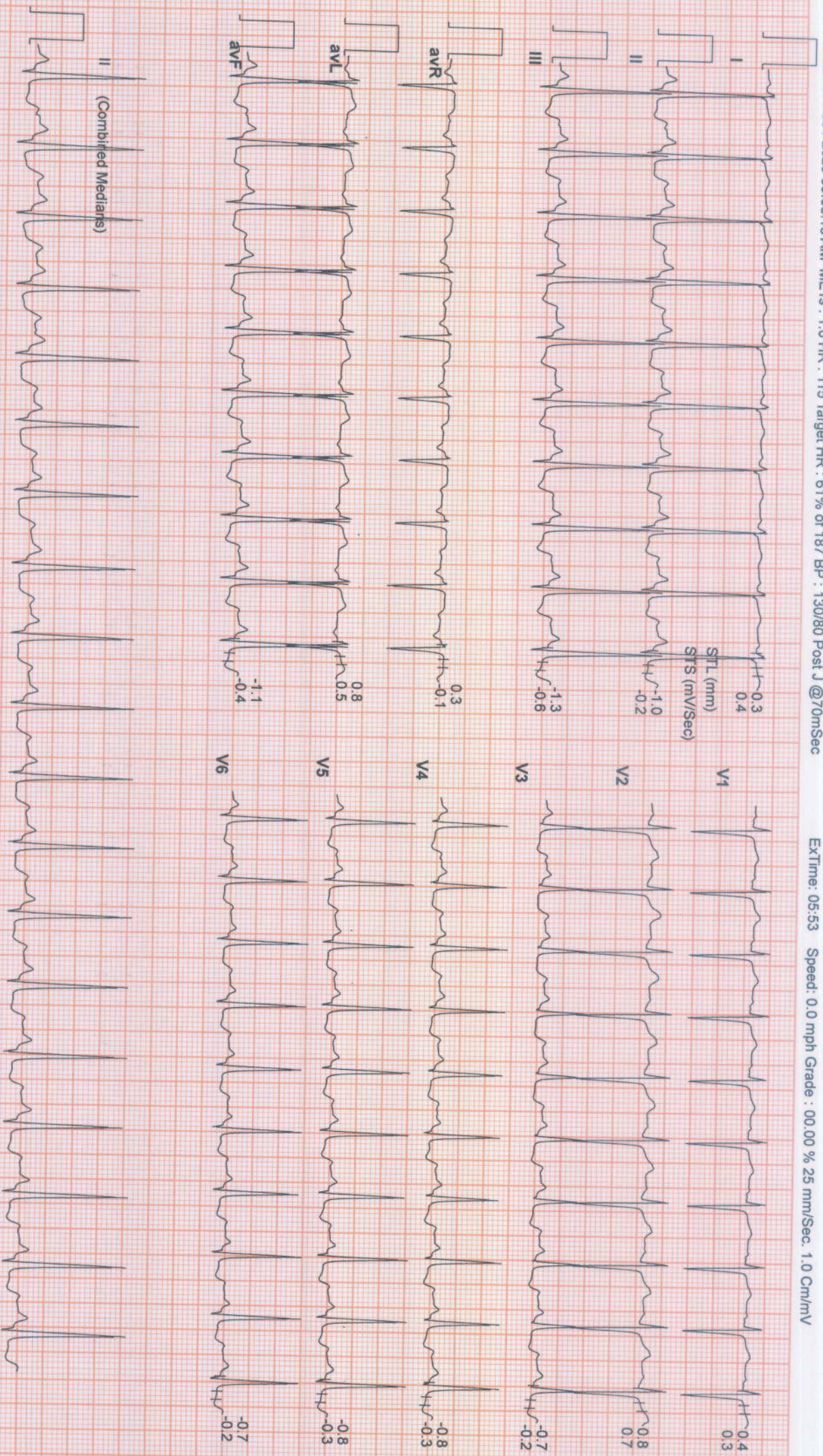
605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 04:00 )



Date: 11 / 03 / 2023 09:08:18 AM METs : 1.0 HR : 115 Target HR : 61% of 187 BP : 130/80 Post J @70mSec

ExTime: 05:53 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

605 / RANJANA YADAV / 33 Yrs / Female / 156 Cm / 48 Kg

Date: 11 / 03 / 2023 09:08:18 AM METS : 1.0 HR : 115 Target HR : 61% of 187 BP : 130/80 Post J @80mSec

EXTime: 05:53 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

## 6X2 Combine Medians + 1 Rhythm

Recovery : ( 04:04 )

