

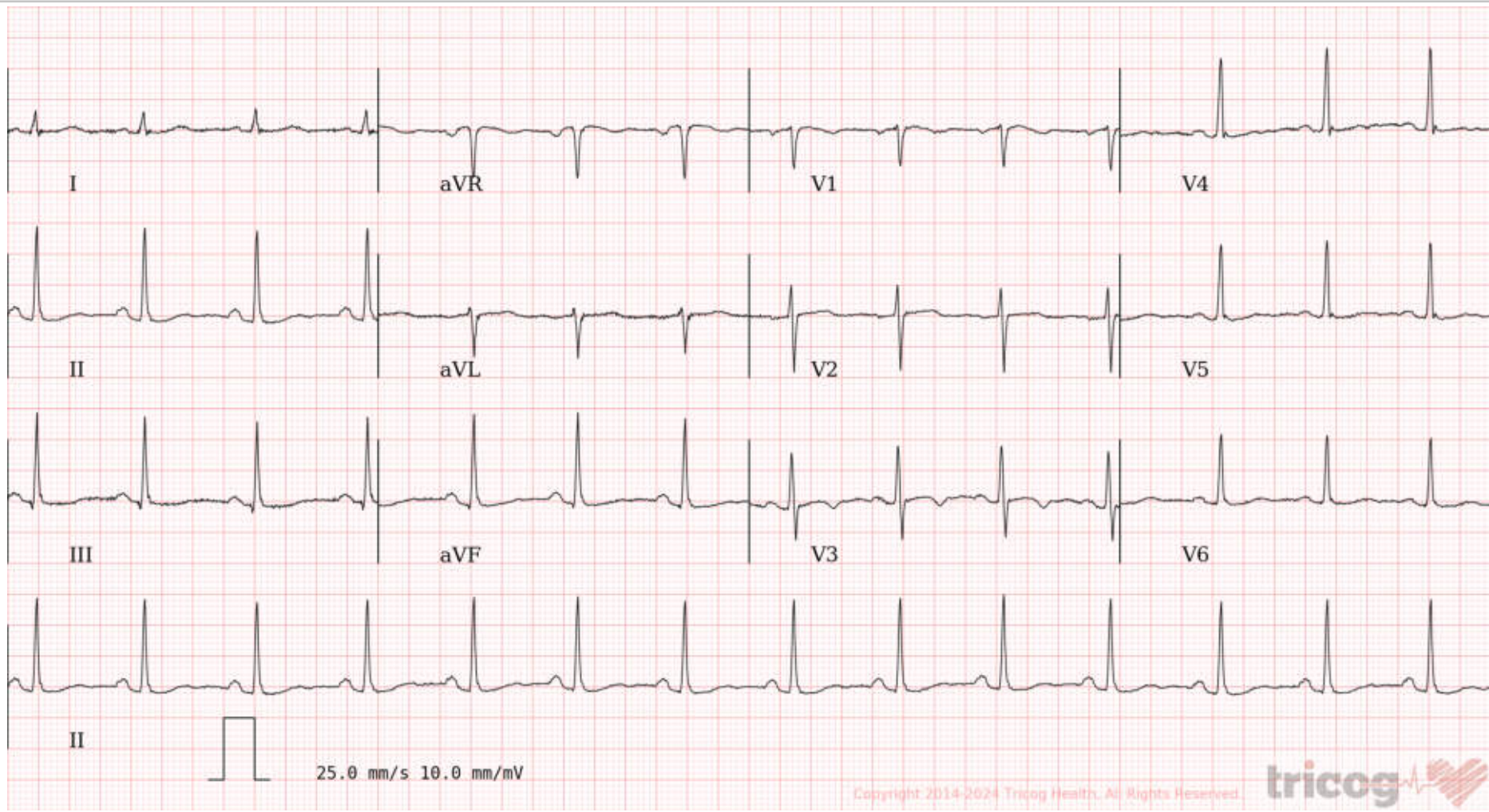
# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: ANJALI BAI MEGHAVATHU

Date and Time: 10th Feb 24 1:12 PM

Patient ID: 2404122092



Age **33** NA NA  
years months days

Gender **Male**

Heart Rate **87bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 76ms  
QT: 380ms  
QTcB: 457ms  
PR: 148ms  
P-R-T: 75° 80° 35°

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

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694

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 : 2404122092  
Name : MRS.ANJALI BAI MEGHAVATHU  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
Reported : 10-Feb-2024 / 14:41

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.8	12.0-15.0 g/dL	Spectrophotometric
RBC	5.54	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.5	36-46 %	Calculated
MCV	67.6	81-101 fl	Measured
MCH	21.3	27-32 pg	Calculated
MCHC	31.5	31.5-34.5 g/dL	Calculated
RDW	17.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6160	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	25.2	20-40 %	
Absolute Lymphocytes	1552.3	1000-3000 /cmm	Calculated
Monocytes	5.7	2-10 %	
Absolute Monocytes	351.1	200-1000 /cmm	Calculated
Neutrophils	64.6	40-80 %	
Absolute Neutrophils	3979.4	2000-7000 /cmm	Calculated
Eosinophils	4.4	1-6 %	
Absolute Eosinophils	271.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	6.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	216000	150000-410000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Measured
PDW	22.8	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	+		
Microcytosis	+		



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**Reported** : 10-Feb-2024 / 15:38

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

Note : Features suggest thalassemia trait.  
 Advice : Hemoglobin studies by HPLC and reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      5                                      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 SDRL, Vidyavihar Lab

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



*Dr. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



CID : 2404122092  
Name : MRS.ANJALI BAI MEGHAVATHU  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
Reported : 10-Feb-2024 / 14:59

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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	88.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	118.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.59	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.21	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.38	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	34.7	<34 U/L	Modified IFCC
SGPT (ALT), Serum	30.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	13.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	102.9	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	27.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.7	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 10-Feb-2024 / 19:12

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eGFR, Serum	117	(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	4.1	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



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



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Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	102.5	mg/dl	Calculated

**Intended use:**

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**

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

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

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

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

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

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



*Namrata Raul*

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



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Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
Reported : 10-Feb-2024 / 18:18

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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



*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
**M.D.(PATH)**  
**Pathologist**





CID : 2404122092  
Name : MRS.ANJALI BAI MEGHAVATHU  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
Reported : 10-Feb-2024 / 17:42

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
<b><u>MICROSCOPIC EXAMINATION</u></b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	4-5		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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**Interpretation:** The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein ( 1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl )
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl )
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl )

Reference: Pack inert

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



**Dr. TRUPTI SHETTY**  
**M. D. (PATH)**  
**Pathologist**



CID : 2404122092  
Name : MRS.ANJALI BAI MEGHAVATHU  
Age / Gender : 33 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
Reported : 10-Feb-2024 / 16:07

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

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

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

**Limitations:**

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

**References:**

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

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



*J. Thakker*

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



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	159.7	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	44.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	53.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	106.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.9	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	8.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Namrata Raul*

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



CID : 2404122092  
 Name : MRS.ANJALI BAI MEGHAVATHU  
 Age / Gender : 33 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 10-Feb-2024 / 10:01  
 Reported : 10-Feb-2024 / 14:52

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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	3.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.3	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.868	0.55-4.78 microIU/ml mIU/ml	CLIA



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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



*Anupa*

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

Date:- 10.02.2024.

CID: 2404122092

Name:- Mrs. Anjali Bai Meghwaradh

Sex / Age: / 33yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: M.V.  $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} N/5$

D.V.  $\left. \begin{matrix} R \\ L \\ B \end{matrix} \right\} 6/6$

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N/5	—————			N/5

Colour Vision: Normal / Abnormal

Remark: W/M

**Suburban Diagnostics (i) Pvt. Ltd.**  
1st Floor, Harbhejan, Above HDFC Bank,  
Opp. Nafsa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-81700000

**Dr. D.G. HATAALKAR**  
R.No. 62067 M.D. (Ob.Gy)



Date:- 10.02.2024.

CID: 2404122092

Name:- Mrs. Anjali Bai Meghwaradh

Sex / Age: 33 yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: M.V.  $\left. \begin{matrix} R \\ L \\ B \\ R \end{matrix} \right\} N/5$

D.V.  $\left. \begin{matrix} R \\ L \\ R \end{matrix} \right\} 6/6$

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—————			6/6	—————			6/6
Near	—————			N/5	—————			N/5

Colour Vision: Normal / Abnormal

Remark: W/M

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**Dr. D.G. HATAALKAR**  
R.No. 62067 M.D. (Ob.Gy)







Suburban Diagnostics (I) Pvt. Ltd.  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

DR. D.G. HATAKAR  
R.No. 61067 M.D. (Ob.Gy)

*[Handwritten signature]*

 **शासन सरकार**  
GOVERNMENT OF INDIA

**మేఘవత్ అంజలి బాయి**  
Meghavath Anjali Bai  
పుట్టిన తేదీ / DOB: 19/03/1990  
స్త్రీ / FEMALE  
Mobile No.: 9701088383  
4540 6855 4801



Issue Date: 27/05/2021

**నా ఆధార్, నా గుర్తింపు**

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V.

8411886336

## Suburban Diagnostics Kalina

### Patient Details

Date: 10-Feb-24

Time: 1:51:33 PM

Name: MRS. ANJALI BAI MEGHAVATHU ID: 2404122092

Age: 33 y

Sex: F

Height: 152 cms.

Weight: 48 Kg.

Clinical History: Routine Test

Medications: NONE

### Test Details

Protocol: Bruce

Pr.MHR: 186 bpm

THR: 158 (85 % of Pr.MHR) bpm

Total Exec. Time: 3 m 43 s

Max. HR: 131 ( 70% of Pr.MHR )bpm

Max. Mets: 7.00

Max. BP: 130 / 70 mmHg

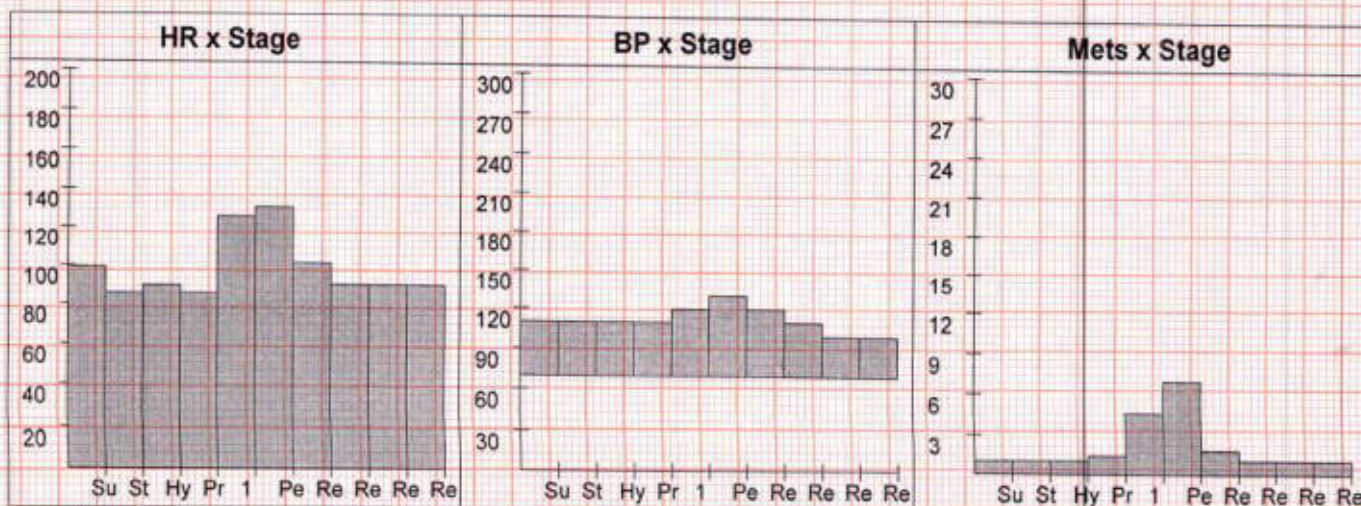
Max. BP x HR: 17030 mmHg/min

Min. BP x HR: 6020 mmHg/min

Test Termination Criteria: GIDDINESS

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 44	1.0	0	0	99	110 / 70	-0.64 III	-1.42 aVR
Standing	0 : 14	1.0	0	0	86	110 / 70	-5.31 III	4.60 aVL
Hyperventilation	0 : 10	1.0	0	0	90	110 / 70	-4.88 aVF	4.60 aVL
1	3 : 0	4.6	1.7	10	126	120 / 70	-2.12 II	1.77 II
Peak Ex	0 : 43	7.0	2.5	12	131	130 / 70	-2.76 II	-1.77 III
Recovery(1)	2 : 0	1.8	1	0	102	120 / 70	-2.12 III	1.06 III
Recovery(2)	2 : 0	1.0	0	0	91	110 / 70	-1.70 III	1.06 II
Recovery(3)	2 : 0	1.0	0	0	91	100 / 70	-1.06 aVF	0.71 I
Recovery(4)	0 : 2	1.0	0	0	91	100 / 70	-0.42 III	0.35 I



## Suburban Diagnostics Kalina

### Patient Details

Date: 10-Feb-24

Time: 1:51:33 PM

Name: MRS. ANJALI BAI MEGHAVATHU ID: 2404122092

Age: 33 y

Sex: F

Height: 152 cms.

Weight: 48 Kg.

### Interpretation

POOR EFFORT TOLEREANCE

NORMAL HEART RATE RESPONSE

NORMAL BLOOD PRESSURE RESPONSE

SYMPTOMS- GIDDINESS

NO ARRHYTHMIAS

MILD ST-T CHANGES NOTED AT PEAK AND EARLY RECOVERY AS COMPARED TO  
BASELINE ECG

IMPRESSION : STRESS TEST IS BORDERLINE POSITIVE FOR INDUCIBLE ISCHAEMIA  
ADV: 2D ECHO, CARDIOLOGY OPNION TO RULE OUT IHD

Disclaimer: Negative stress test does not rule out Coronary Artery Disease

Positive stress test is suggestive but not confirmatory of coronary artery disease

Hence clinical correlation is mandatory



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**DR. SHEIKH NAVEED**  
MBBS/PGDCC  
Clinical Cardiologist  
Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

( Summary Report edited by user )

# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (34 F) ID: 2404122092

Date: 10-Feb-24 B.P: 110 / 70

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 38 s

HR: 96 bpm

(THR: 158 bpm)

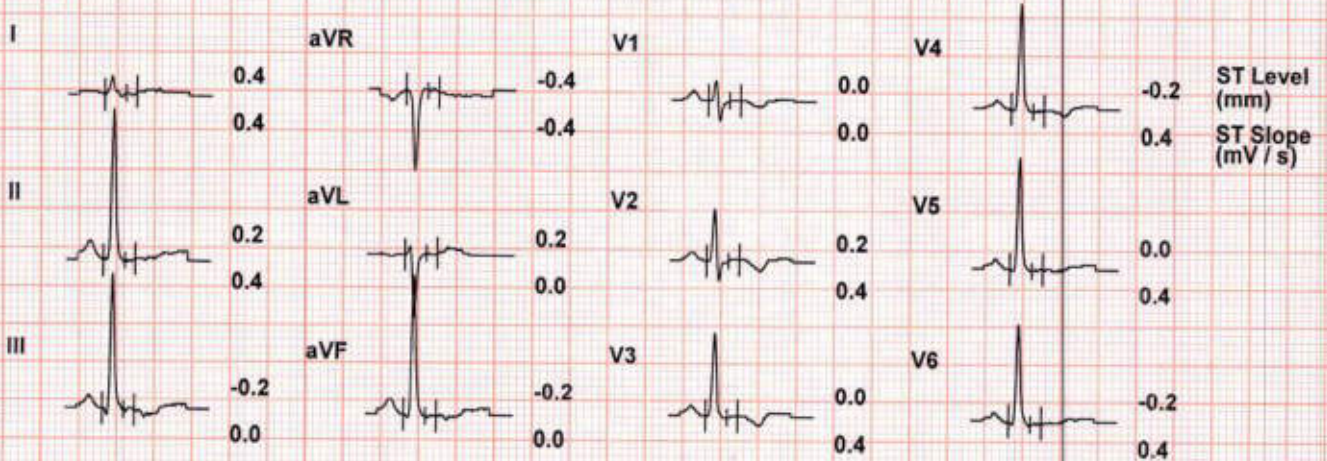
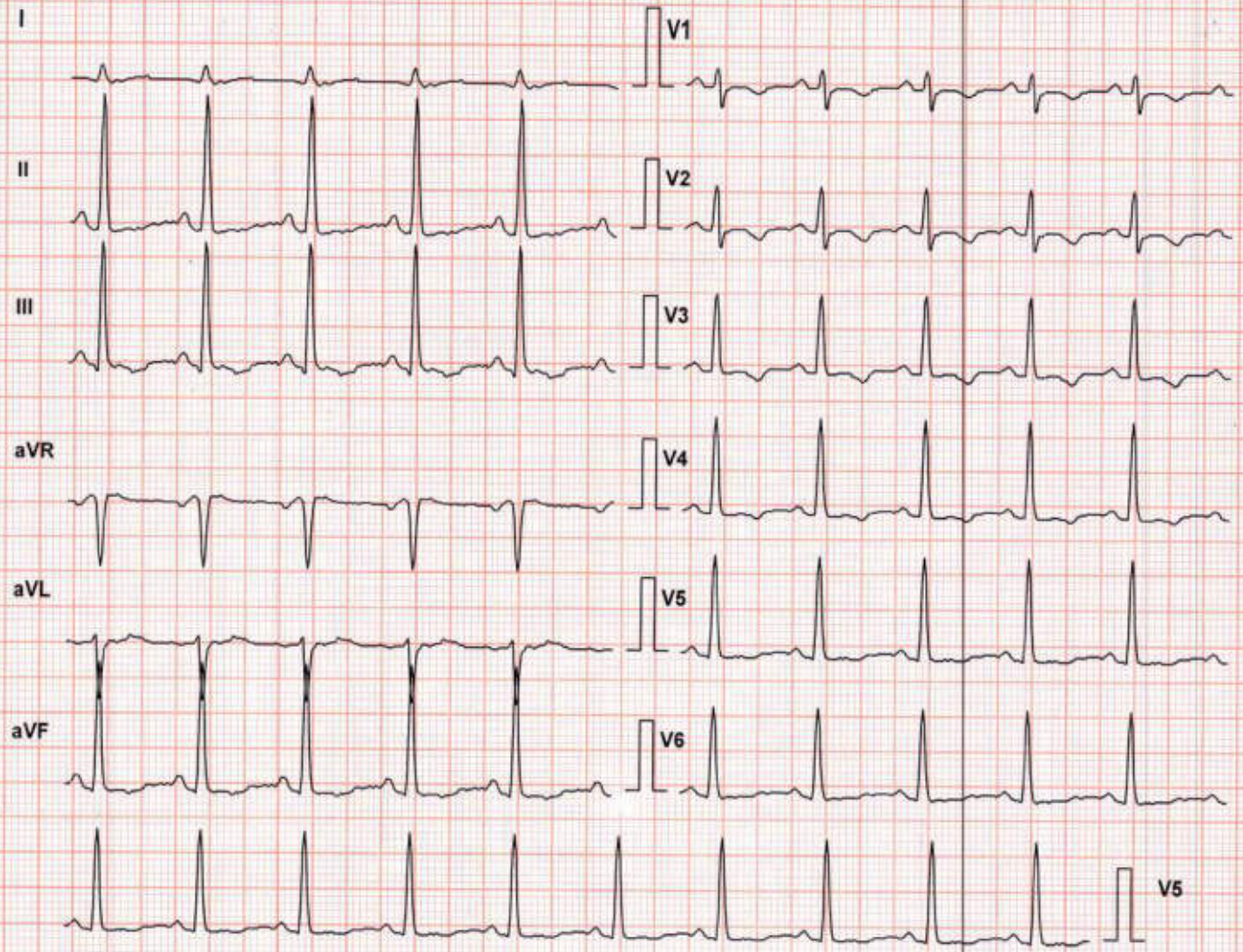


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

**MRS. ANJALI BAI MEGHAVATHU (34 F)** ID: 2404122092

Date: 10-Feb-24 B.P: 110 / 70

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 8 s

**HR: 91 bpm**

(THR: 158 bpm)

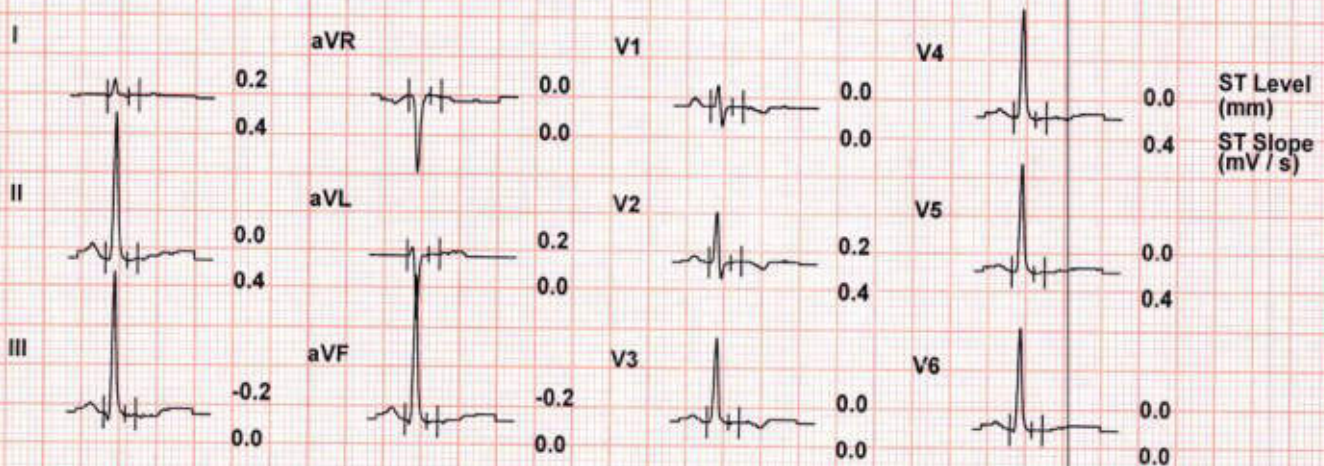
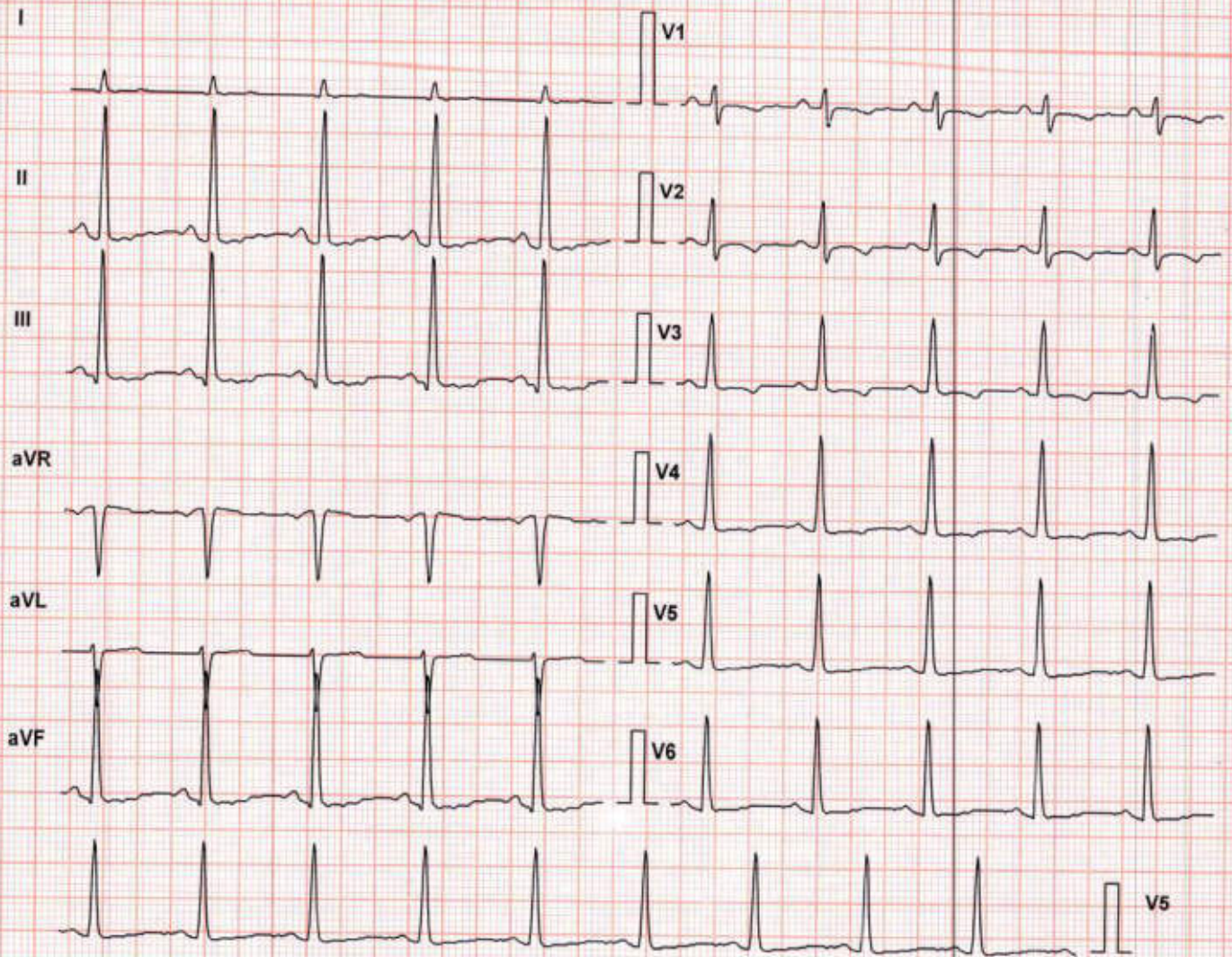


Chart Speed: 25 mm/sec

Schiller Spandan V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median

# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (34 F) ID: 2404122092

Date: 10-Feb-24 B.P: 110 / 70

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 89 bpm

(THR: 158 bpm)

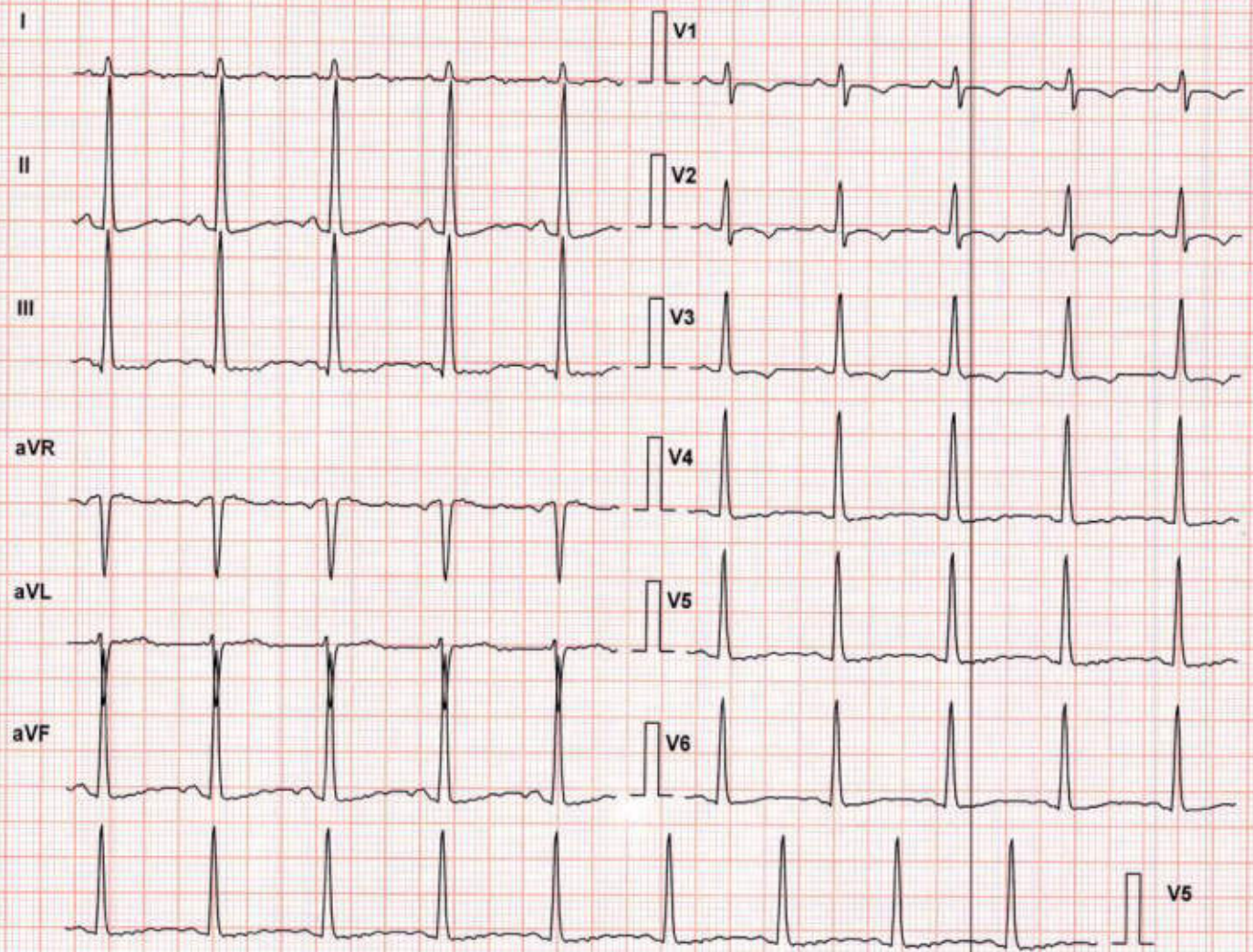


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (34 F) ID: 2404122092

Date: 10-Feb-24 B.P: 120 / 70

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 126 bpm

(THR: 158 bpm)

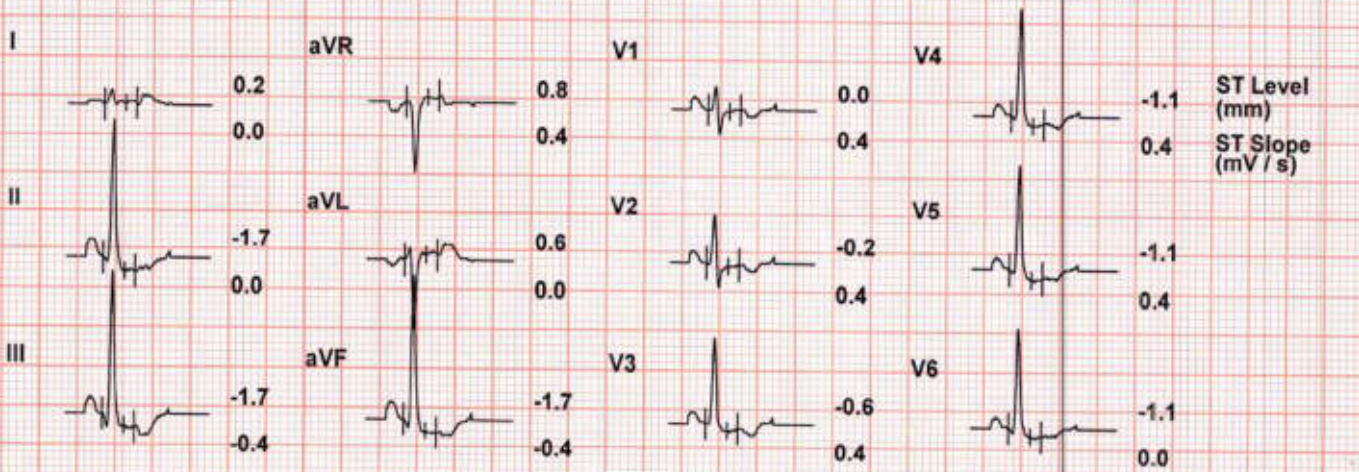
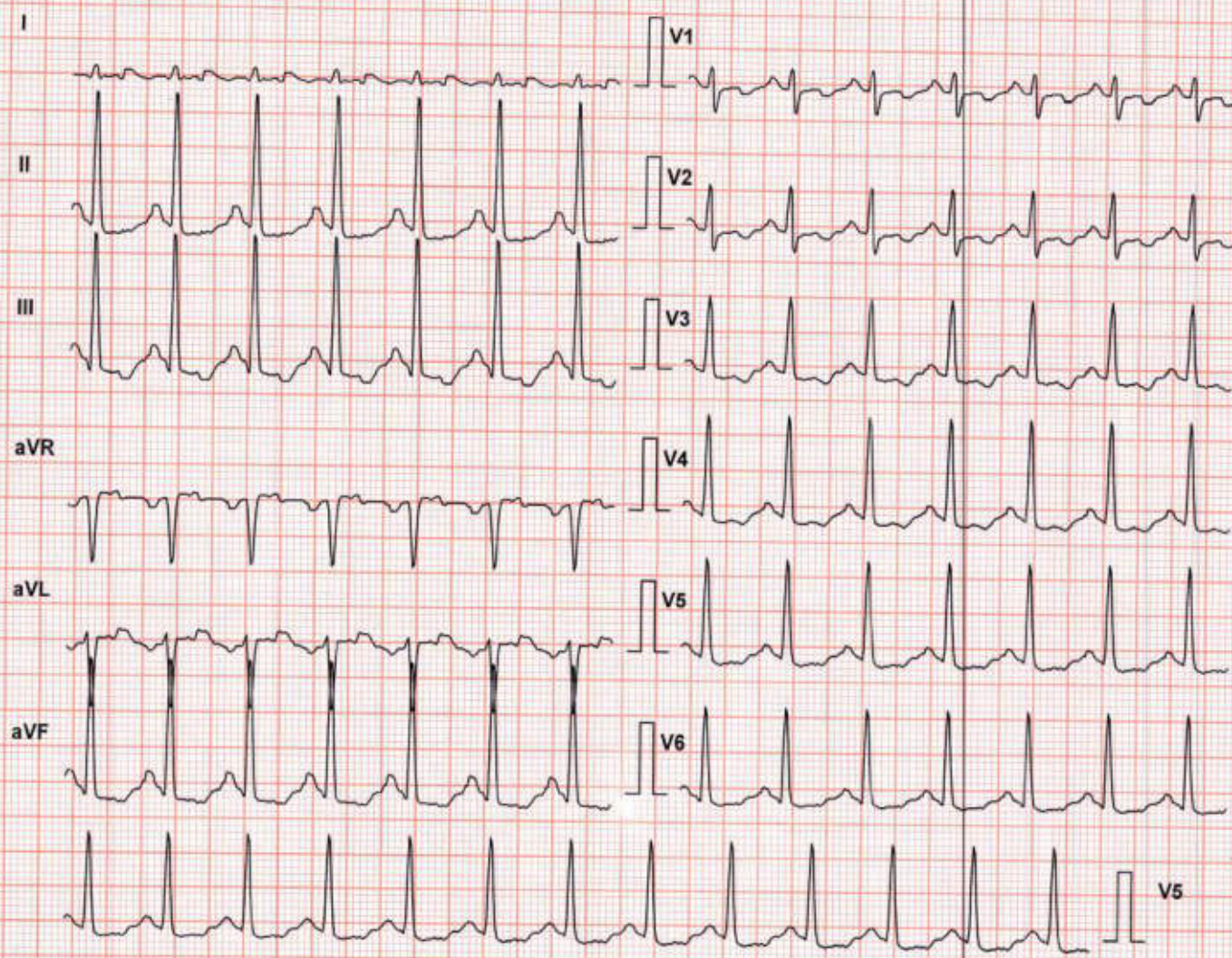


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (33 F) ID: 2404122092

Date: 10-Feb-24 B.P: 130 / 70

Protocol: Bruce

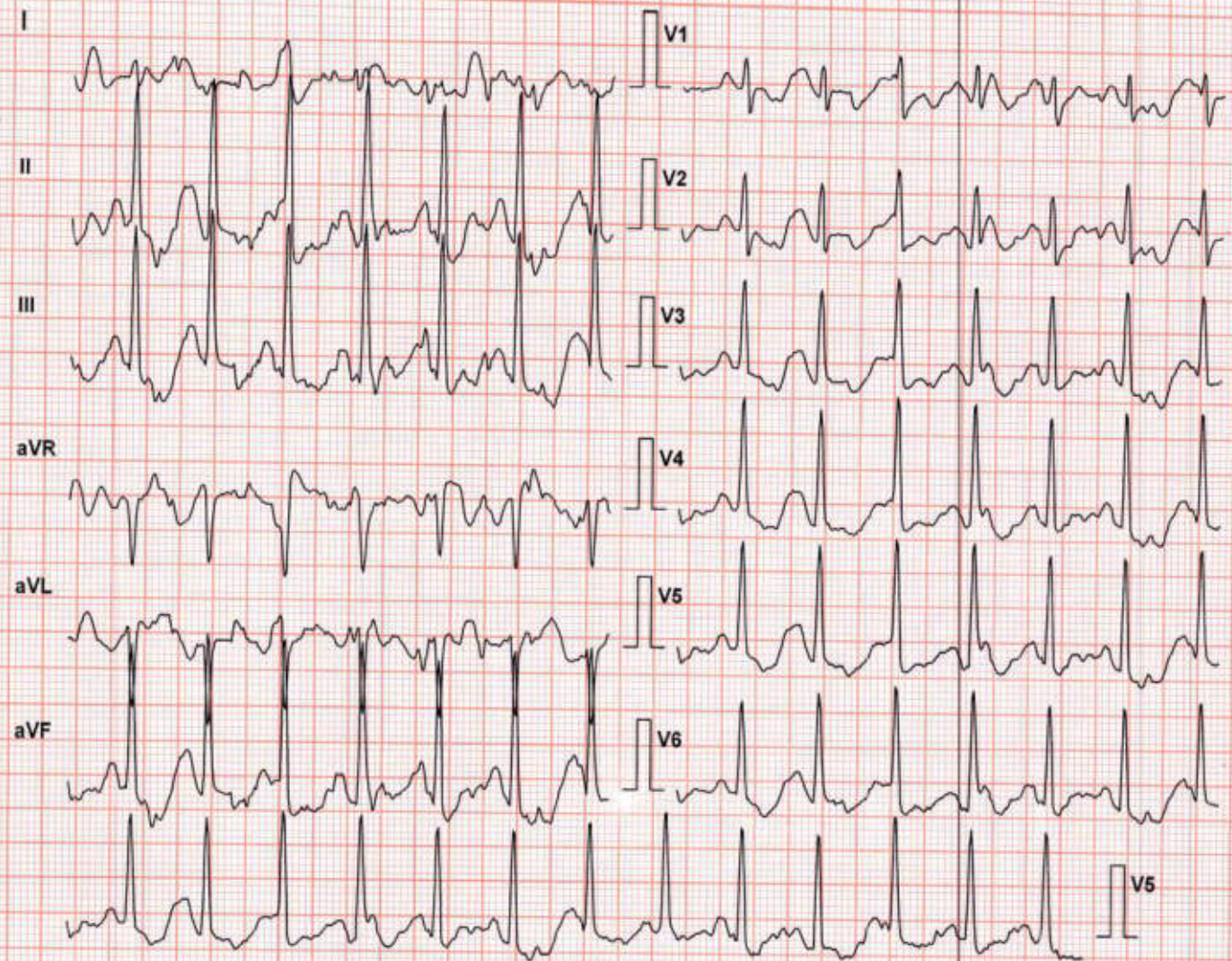
Stage: Peak Ex

Speed: 2.5 mph Grade: 12 %

Exec Time : 3 m 42 s

Stage Time : 0 m 42 s

HR: 133 bpm (THR: 158 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	-0.4
II	-1.3	0.0
III	-1.7	0.7
aVR	0.6	0.4
aVL	0.8	-0.4
aVF	-1.5	0.4
V1	-0.2	-0.4
V2	0.0	-0.4
V3	-0.6	0.0
V4	-0.8	0.0
V5	-1.1	-0.4
V6	-0.8	-0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms



# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (33 F) ID: 2404122092

Date: 10-Feb-24 B.P: 120 / 70

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

Exec Time : 3 m 43 s

Stage Time : 0 m 10 s

HR: 126 bpm

(THR: 158 bpm)

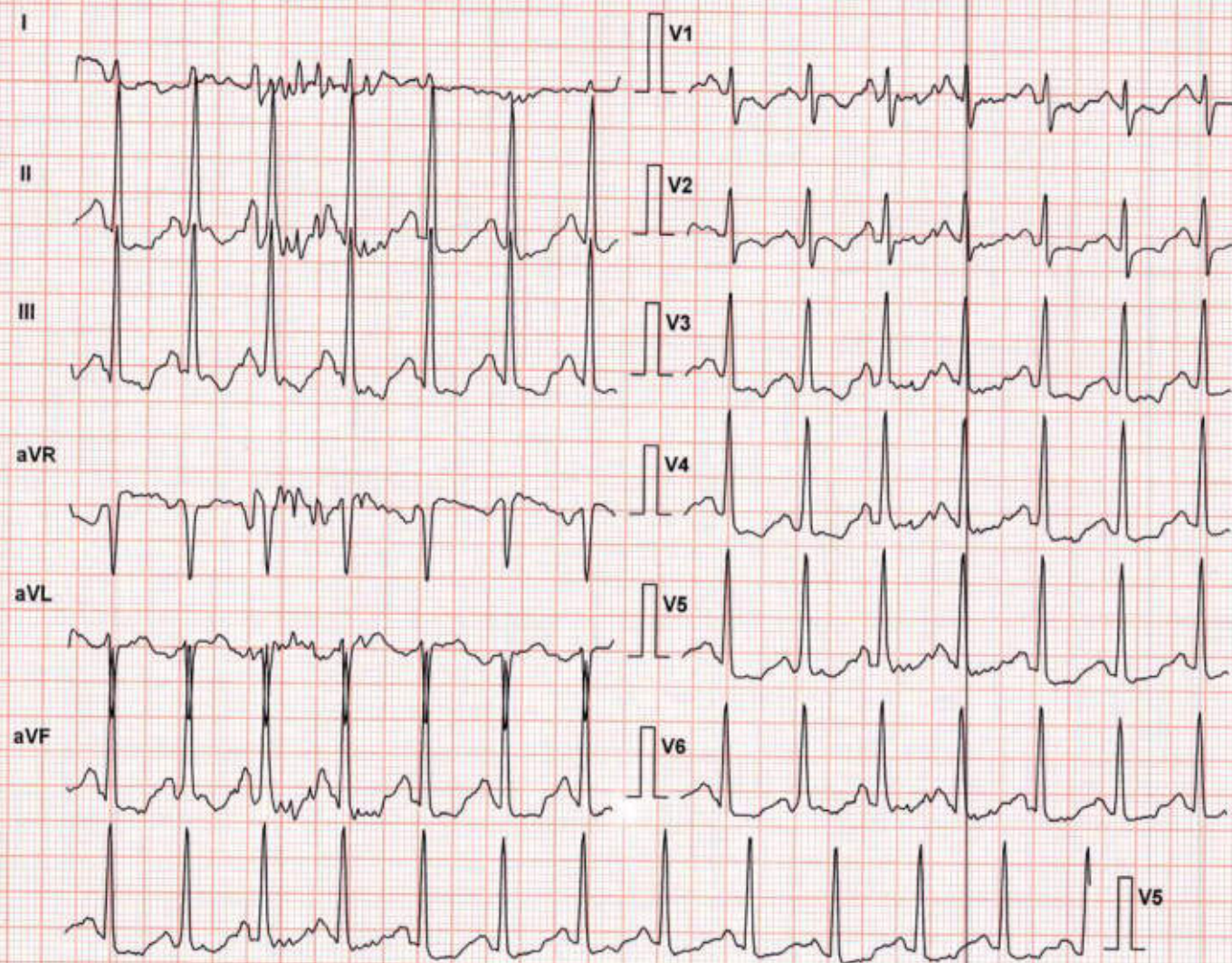


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

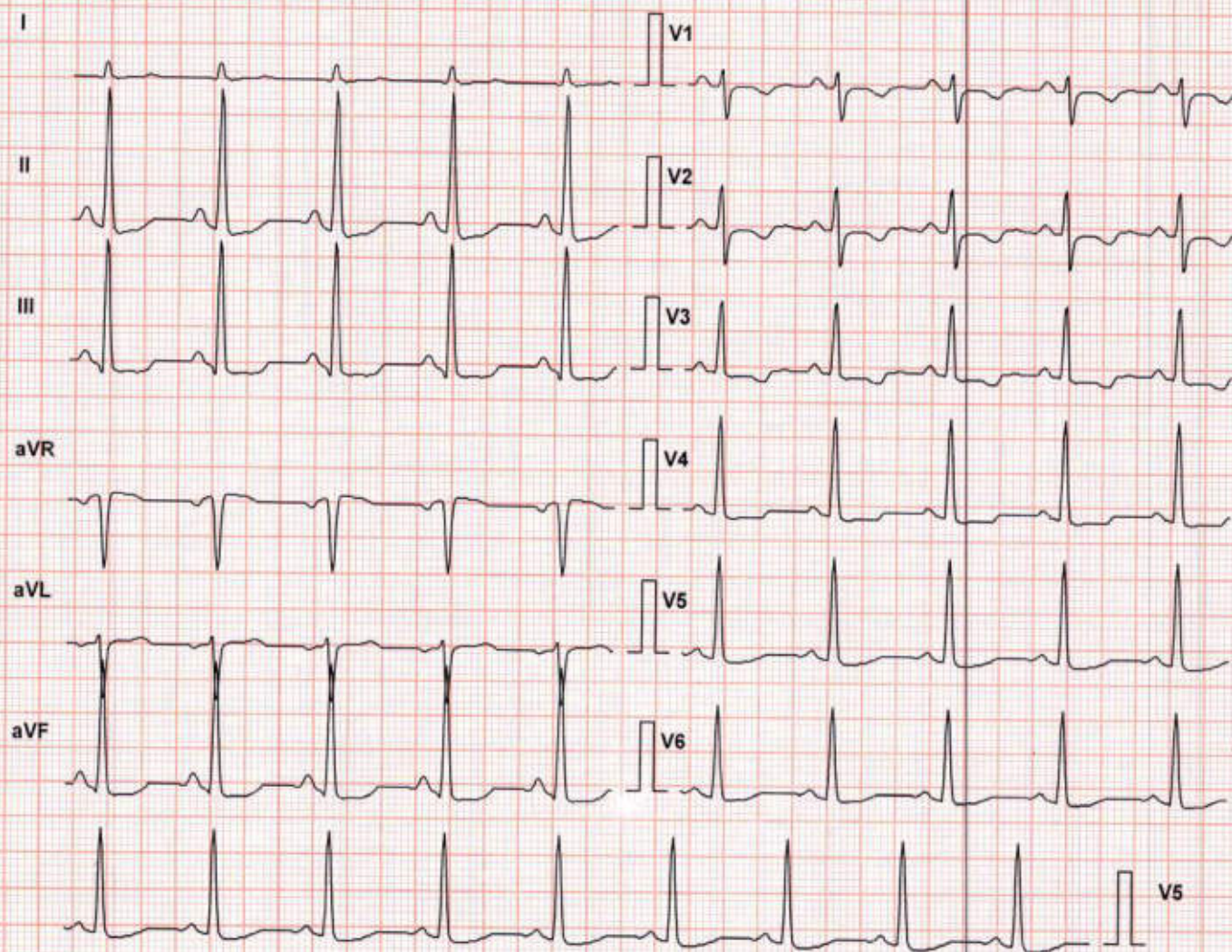
Grade: 0 %

Exec Time : 3 m 43 s

Stage Time : 1 m 54 s

HR: 88 bpm

(THR: 158 bpm)



# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (34 F)

ID: 2404122092

Date: 10-Feb-24

B.P: 100 / 70

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 3 m 43 s

Stage Time : 1 m 54 s

HR: 91 bpm

(THR: 158 bpm)

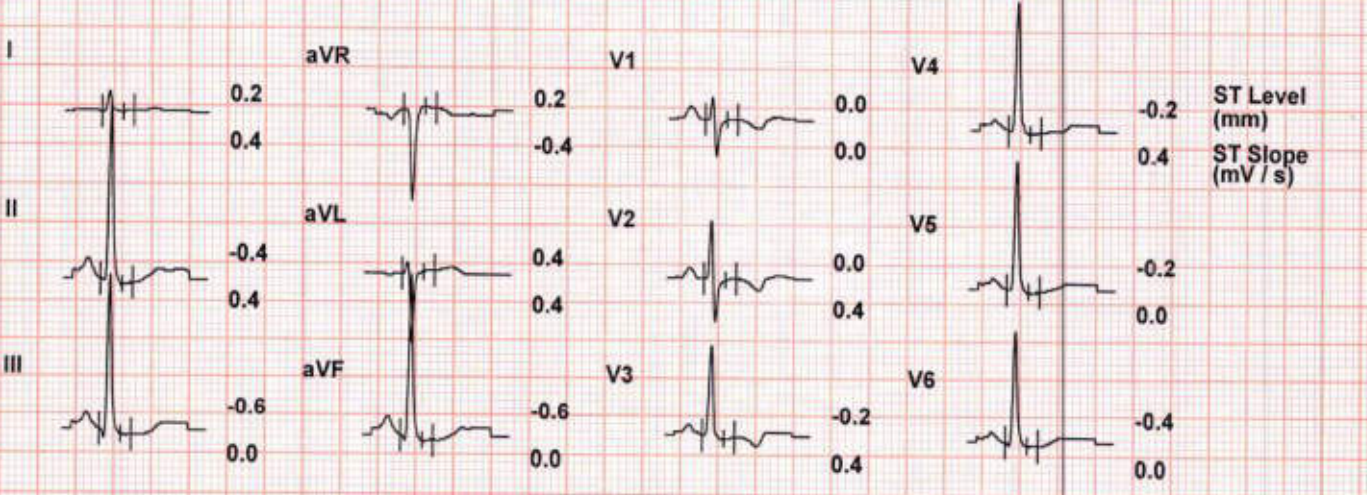
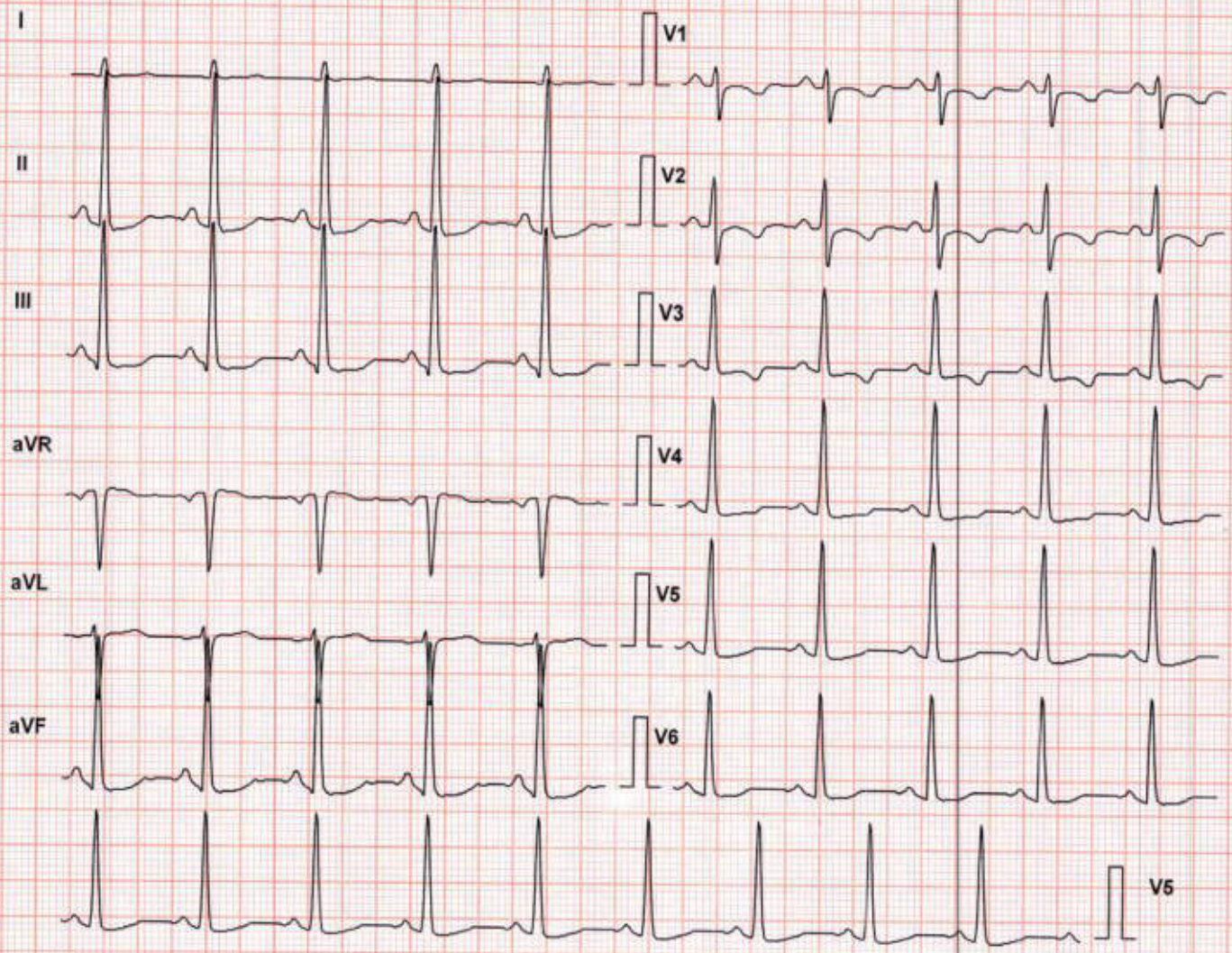


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median

# Suburban Diagnostics Kalina

MRS. ANJALI BAI MEGHAVATHU (34 F) ID: 2404122092

Date: 10-Feb-24 B.P: 100 / 70

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

Exec Time : 3 m 43 s

Stage Time : 1 m 56 s

HR: 91 bpm

(THR: 158 bpm)

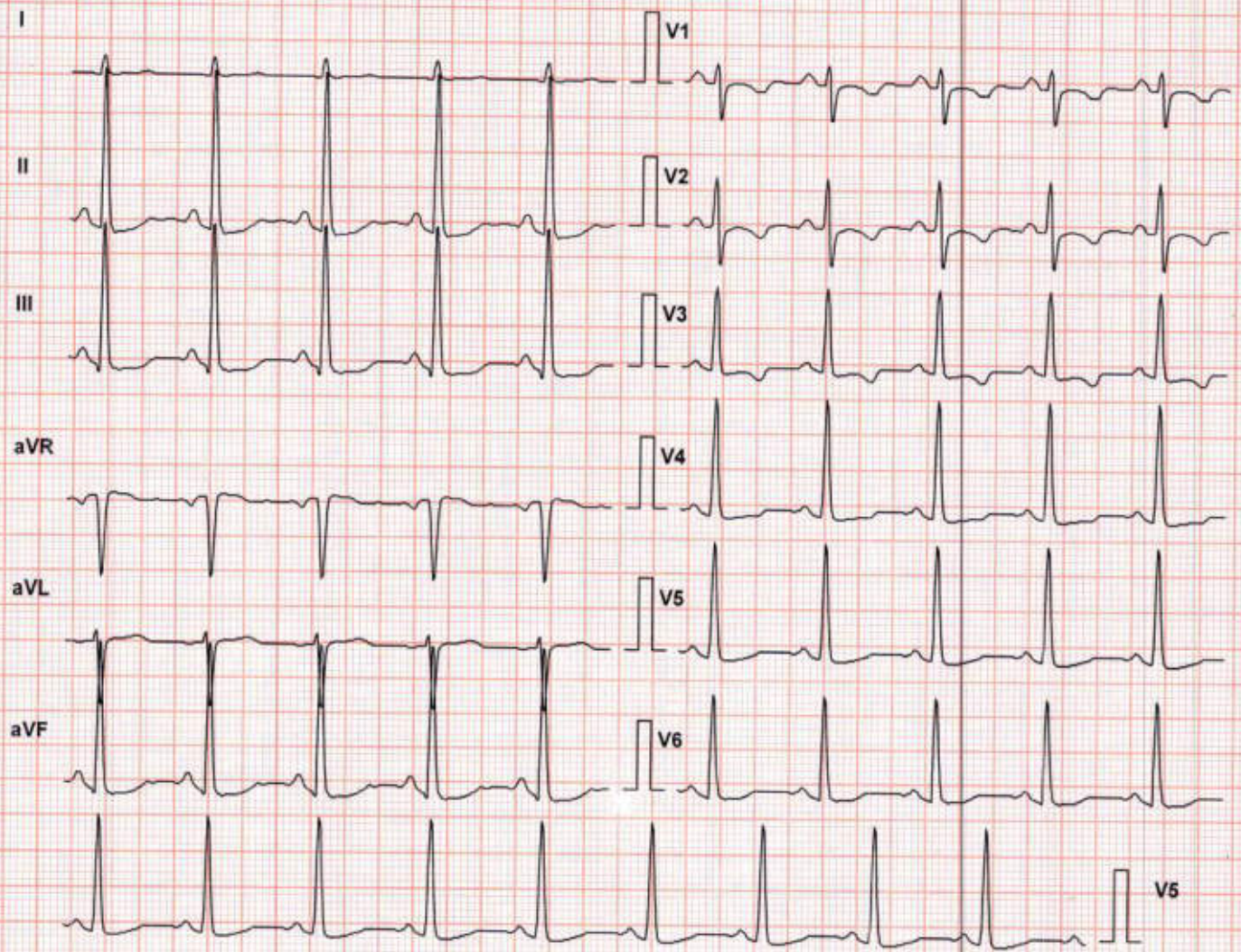


Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



**CID** : 2404122092  
**Name** : Mr ANJALI BAI MEGHAVATHU  
**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 10-Feb-2024  
**Reported** : 10-Feb-2024/11:56

**USG OF 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 shows normal wall thickness. No evidence of pericholecystic fluid, gall stones or mass lesions seen .

**PANCREAS :**

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

**KIDNEYS :**

Both the kidneys are normal in size shape and echotexture. No evidence of any calculus, hydronephrosis or mass lesion seen. Right kidney measures: 9.5 x 3.6 cms. Left kidney measures: 9.8 x 3.5 cms.

**SPLEEN :**

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

**URINARY BLADDER :**

The urinary bladder is well distended. It shows thin walls and sharp mucosa. No evidence of calculus is noted. No mass or diverticulum is seen.

**UTERUS :**

The Uterus is anteverted and appears normal. It measures: 7.7 x 3.2 x 2.3 cm in size. The endometrial thickness is 5 mm .



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**Reg. Date** : 10-Feb-2024  
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**OVARIES :**

Both the ovaries are well visualised and appears normal.  
Right ovary measures: 2.9 x 1.4 x 1.1 cms (volume ~ 2.5 cc).  
Left ovary measures: 2.9 x 1.5 x 1.4 cms (volume ~ 3.4 cc).  
There is no evidence of any ovarian or adnexal mass seen.

**IMPRESSION :**

**Mild fatty Liver.**

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

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**



Use a QR Code Scanner  
Application To Scan the Code

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**Age / Sex** : 33 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

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**Reg. Location** : Kalina, Santacruz East Main Centre  
**Reg. Date** : 10-Feb-2024  
**Reported** : 10-Feb-2024/14:05

**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-----

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**





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