



CID : 2405522092  
Name : MS.SWATI MILIND ZODAWANE  
Age / Gender : 32 Years / Female  
Consulting Dr. : -  
Reg. Location : Malad West (Main Centre)

Collected : 24-Feb-2024 / 09:52  
Reported : 24-Feb-2024 / 12:35

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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	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.62	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.8	36-46 %	Calculated
MCV	84.1	80-100 fl	Measured
MCH	27.5	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	14.8	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5600	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	41.4	20-40 %	
Absolute Lymphocytes	2320	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	390	200-1000 /cmm	Calculated
Neutrophils	47.2	40-80 %	
Absolute Neutrophils	2640	2000-7000 /cmm	Calculated
Eosinophils	4.0	1-6 %	
Absolute Eosinophils	230	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	195000	150000-400000 /cmm	Elect. Impedance
MPV	8.1	6-11 fl	Measured
PDW	14.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		



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Reported : 24-Feb-2024 / 11:38

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                      **28**                      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 \*\*\*



*J Thakker*

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



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	95.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.30	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	12.5	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	11.5	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	17.4	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	65.8	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic



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Collected : 24-Feb-2024 / 12:11  
Reported : 24-Feb-2024 / 16:22

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eGFR, Serum	121	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

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

URIC ACID, Serum	4.5	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



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Reported : 24-Feb-2024 / 12:08

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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	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	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 CPL, Andheri West

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



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Reported : 24-Feb-2024 / 18:56

**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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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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)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	40	-	-
<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	6-8	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	8-10		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	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 inert

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



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Reported : 24-Feb-2024 / 15:09

**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 is not tested for Bombay blood group.

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 CPL, Andheri West  
\*\*\* End Of Report \*\*\*



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Reported : 24-Feb-2024 / 20:13

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	163.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	215.8	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	31.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	132.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	112.6	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	19.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.6	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West  
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 Reported : 24-Feb-2024 / 12:58

**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	4.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	11.3	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	3.04	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)

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



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भारत सरकार  
Government of India

स्वप्ती मिलिंद झोडावने  
Swati Milind Zodawane  
जन्म तारीख / DOB: 12/04/1991  
महिला / Female

9452 9192 3488

मेरा आधार, मेरी पहचान

Issue Date: 21/07/2011





Name : MS. SWATI MILIND ZODAWANE

Age / Gender : 32 Years/Female

Consulting Dr. :

Reg. Location : Malad West (Main Centre)

Collected : 24-Feb-2024 / 09:42

Reported : 24-Feb-2024 / 14:55

**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): 60  
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*

**ADVICE:**

*Lifestyle modification*

**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

PRECISE TESTING · HEALTHIER LIVING  
Name : MS.SWATI MILIND ZODAWANE

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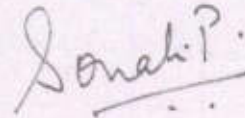
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms Arthritis in 2019
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No

**PERSONAL HISTORY:**

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

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

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

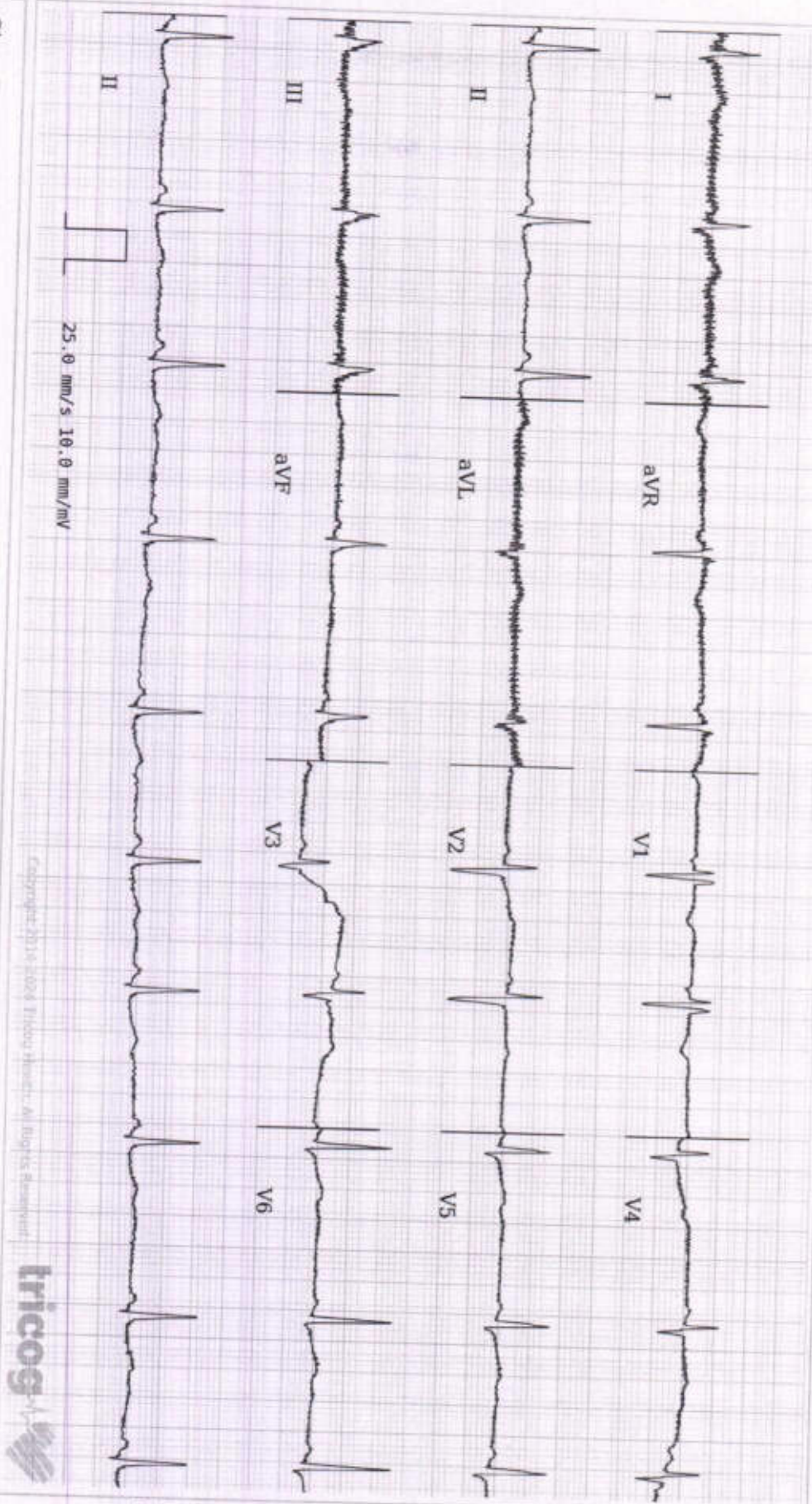


**Dr.Sonali Honrao**  
MD physician  
Sr. Manager-Medical Services  
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102-104, Bhoomi Centre,  
Opp. Goregaon Sports Club,  
Link Road, Malad (W), Mumbai - 400 064.



**SUBURBAN DIAGNOSTICS - MALAD WEST**  
Patient Name: **SWATI MILIND ZODAWANE** Date and Time: **24th Feb 24 10:18 AM**  
Patient ID: **2405522092**



25.0 mm/s 10.0 mm/mV

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Age **32** NA  
years months

Gender **Female**

Heart Rate **58**bp

Patient Vitals

BP: 120/80 mm  
Weight: 60 kg  
Height: 161 cm  
Pulse: NA  
SpO2: NA  
Resp: NA  
Others: NA

**Measurements**

QRSD: 98ms  
QT: 450ms  
QTcB: 441ms  
PR: 128ms  
P-R-T: 64° 55° 4°

**Sinus Bradycardia Sinus Arrhythmia Seen Incomplete Right Bundle Branch Block. Please correlate clinically.**

REPORTED BY

*Swati*

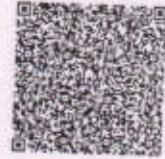
DR SONALI HONRAO  
MD (General Medicine)  
Physician  
2001/0407882

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



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405522092  
Name : Mrs SWATI MILIND ZODAWANE  
Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 24-Feb-2024  
Reported : 24-Feb-2024 / 14:07

### X-RAY CHEST PA VIEW

Multiple fibro-calcific changes seen in bilateral lung fields.

A fibrotic band is seen in left lung field.

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.

**Kindly correlate clinically.**

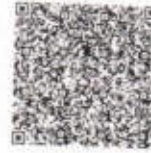
Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X-ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be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

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

DR. Akash Chhari  
MBBS, MD, Radio-Diagnosis Mumbai  
MMC REG NO - 2011/08/2862

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409433777>

Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405522092  
Name : Ms SWATI MILIND ZODAWANE  
Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 24-Feb-2024  
Reported : 24-Feb-2024 / 11:03

## 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. 32.2 mm sized mobile calculus seen. Few other smaller calculi are also seen. Wall appears normal. No evidence of 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 10.4 x 3.7 cm.  
Left kidney measures 10.6 x 5.6 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 5.1 mm.

### OVARIES:

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

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409433759>



Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2405522092  
Name : Ms SWATI MILIND ZODAWANE  
Age / Sex : 32 Years/Female  
Ref. Dr :  
Reg. Location : Malad West Main Centre

Reg. Date : 24-Feb-2024  
Reported : 24-Feb-2024 / 11:03

**IMPRESSION:-**

*Cholelithiasis. No evidence of cholecystitis.*

**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=2024022409433759>



SUBURBAN DIAGNOSTICS

Station

--  
Malad West

Telephone:

**EXERCISE STRESS TEST REPORT**

Patient Name: SWATI, ZODAWANE  
 Patient ID: 2405522092  
 Height: 161 cm  
 Weight: 60 kg

DOB: 12.04.1991  
 Age: 32yrs  
 Gender: Female  
 Race: Asian

Study Date: 24.02.2024  
 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	00:15	0.00	0.00	86	120/80	
	STANDING	00:06	0.00	0.00	81	120/80	
	HYPERV.	00:05	0.00	0.00	81	120/80	
	WARM-UP	00:07	1.00	0.00	88	120/80	
EXERCISE	STAGE 1	03:00	1.70	10.00	131	140/80	
	STAGE 2	03:00	2.50	12.00	144	150/80	
	STAGE 3	01:38	3.40	14.00	171		
RECOVERY		03:02	0.00	0.00	93	150/80	

The patient exercised according to the BRUCE for 7:37 min:s, achieving a work level of Max. METS: 10.10. The resting heart rate of 99 bpm rose to a maximal heart rate of 171 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 150/80 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 / arrhythmia noted. Stress test is negative for inducible ischemia.







SWATI, ZODAWANE  
Patient ID 2405522092  
24.02.2024  
10:21:10am

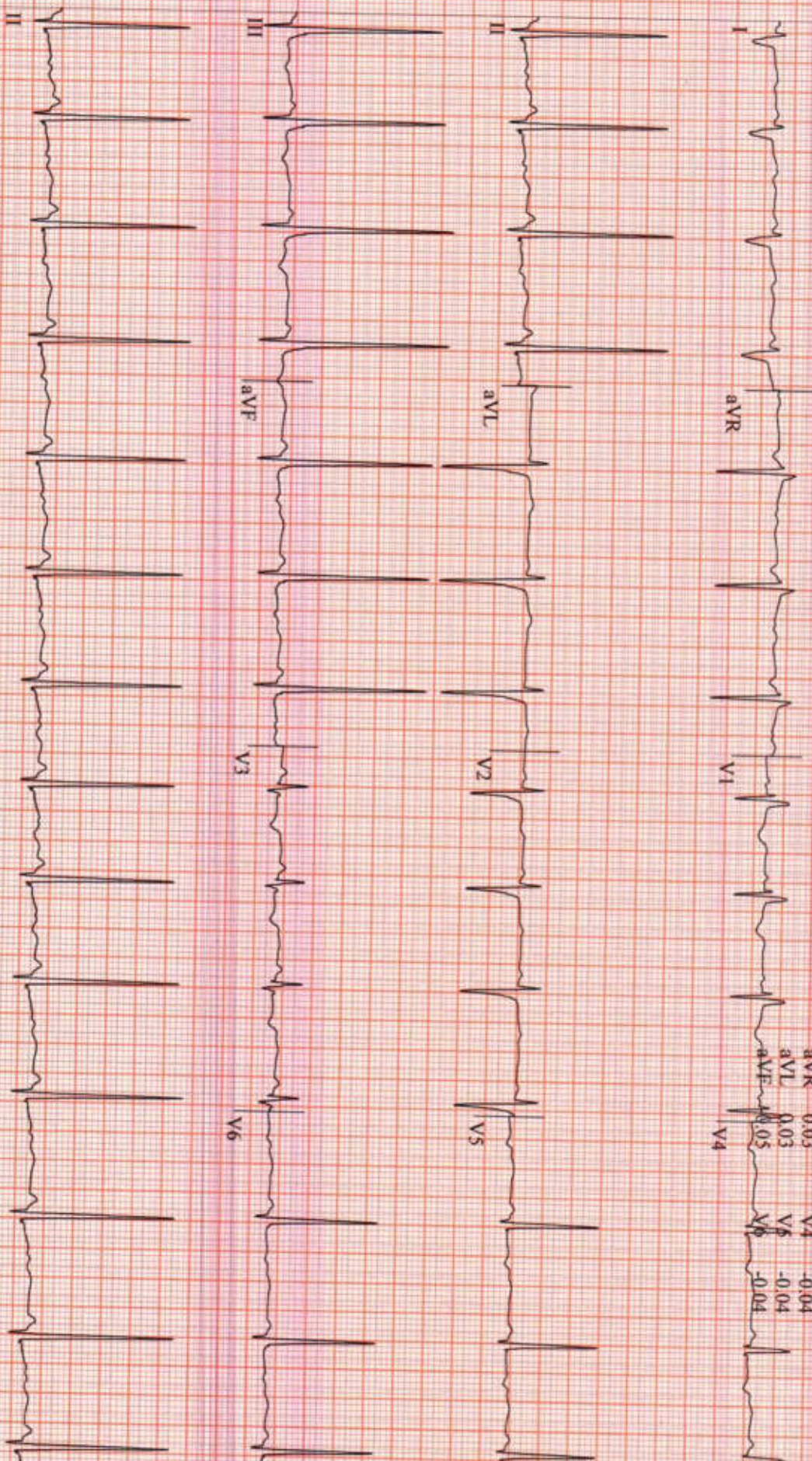
86 bpm  
120/80 mmHg

12-Lead Report  
PRETEST  
SUPINE  
00:13

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	-0.01
II	-0.05	V2	0.01
III	-0.05	V3	-0.04
aVR	0.03	V4	-0.04
aVL	0.03	V5	-0.04
aVF	0.05	V6	-0.04



SWATI, ZODAWANE  
 Patient ID 2405222092  
 24.02.2024  
 10:21:15am

82 bpm  
 120/80 mmHg

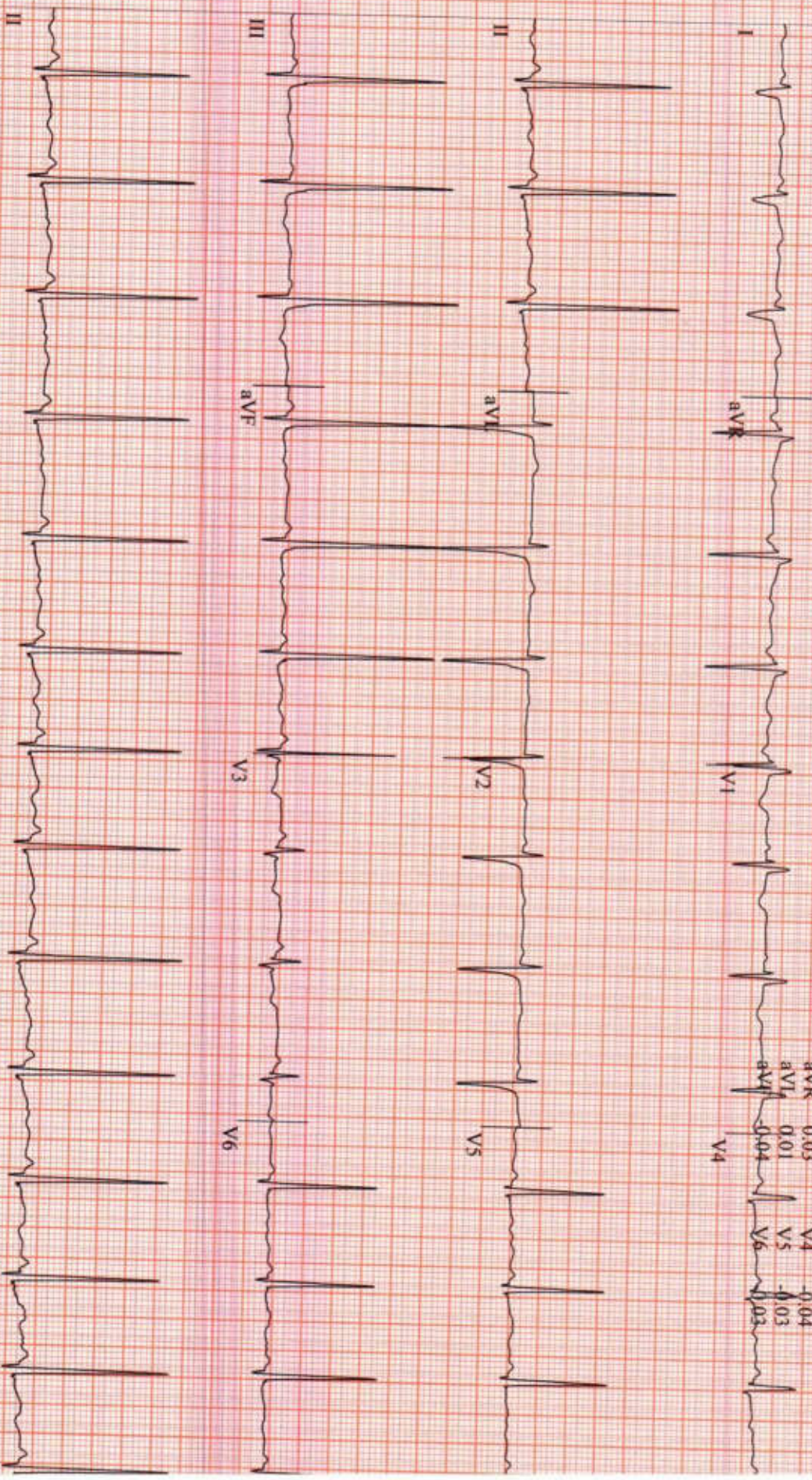
12-Lead Report  
 PRETEST  
 STANDING  
 00:18

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	-0.01
II	-0.05	V2	0.01
III	-0.04	V3	-0.04
aVR	0.03	V4	-0.04
aVL	0.01	V5	-0.03
aVF	-0.04	V6	-0.03



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

Start of Test: 10:20:51am



SWATI ZODAWANE  
 Patient ID 2405522092  
 24.02.2024  
 10:21:21am

81 bpm  
 120/80 mmHg

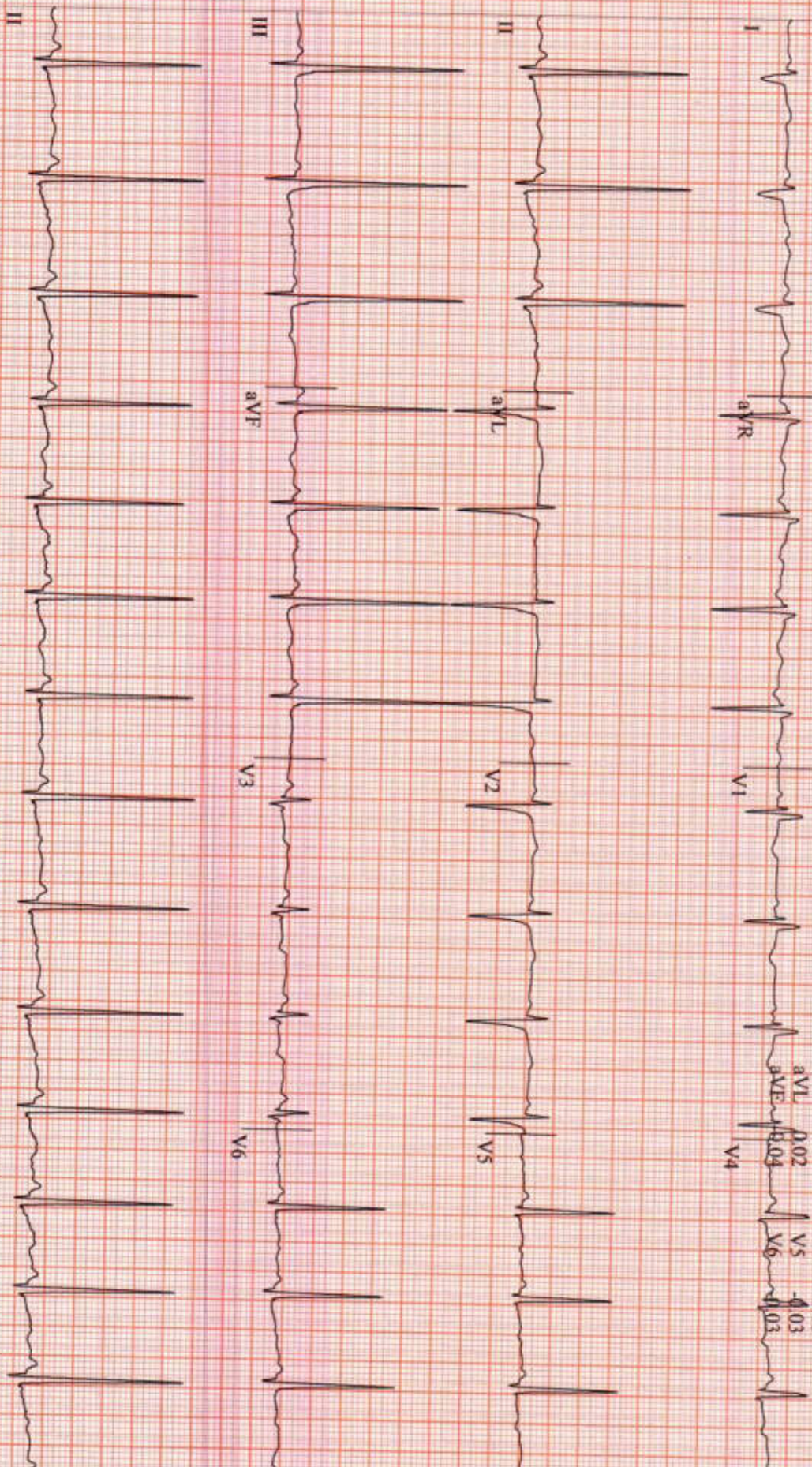
12-Lead Report  
 PRETEST  
 WARM-UP  
 00:24

BRUCE  
 0.0 mph  
 0.0 %

Measured at 60ms Post J  
 Auto Points

SUBURBAN DIAGNOSTIC

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



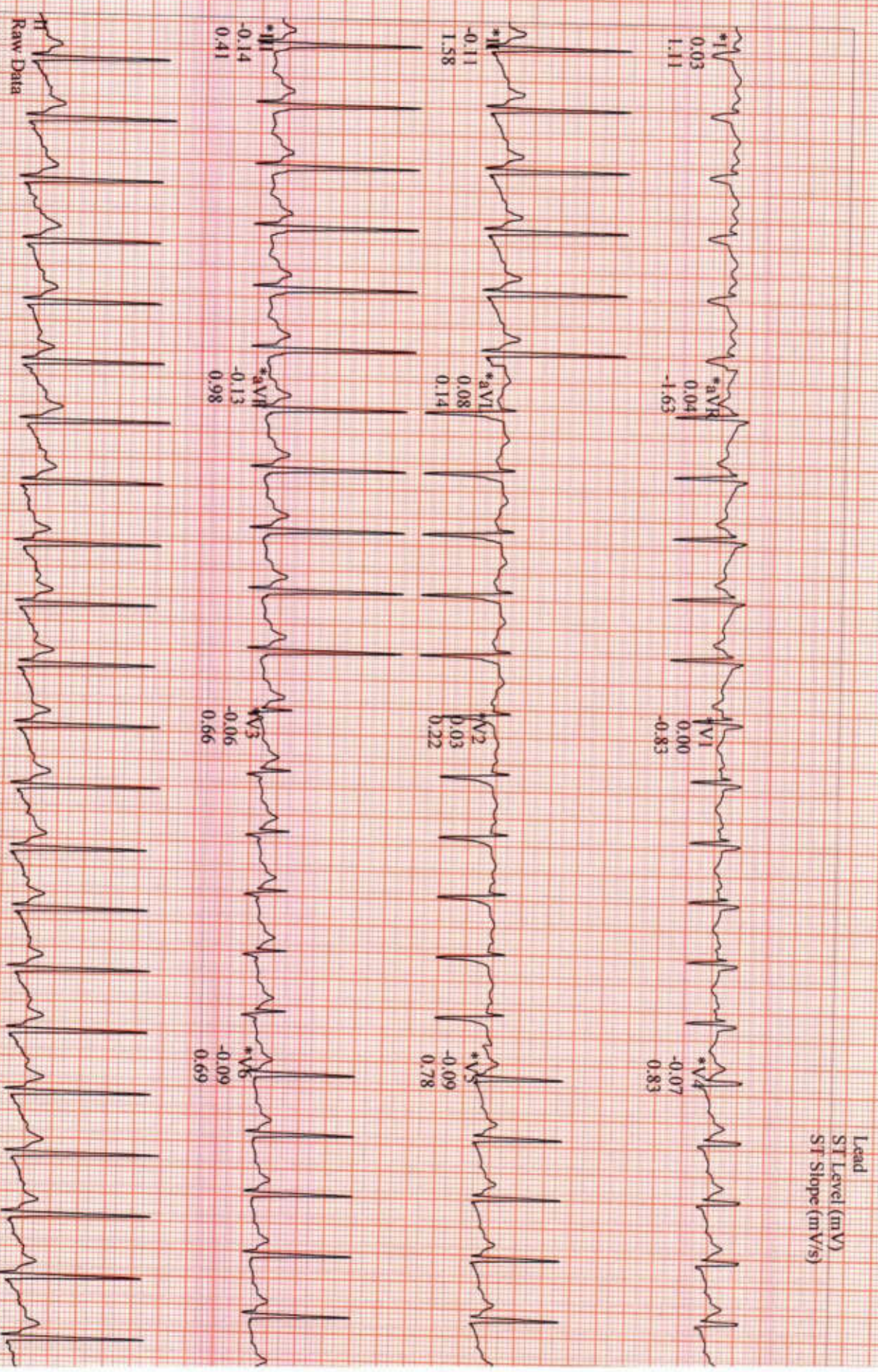


SWATI, ZODAWANE  
Patient ID 2405522092  
24.02.2024  
10:24:11am

Linked Medians  
EXERCISE  
STAGE 1  
134 bpm  
140/80 mmHg  
02:50

BRUCE  
1.7 mph  
10.0%

SUBURBAN DIAGNOSTIC



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

Start of Test: 10:20:51am

\*Computer Synthesized Rhythms



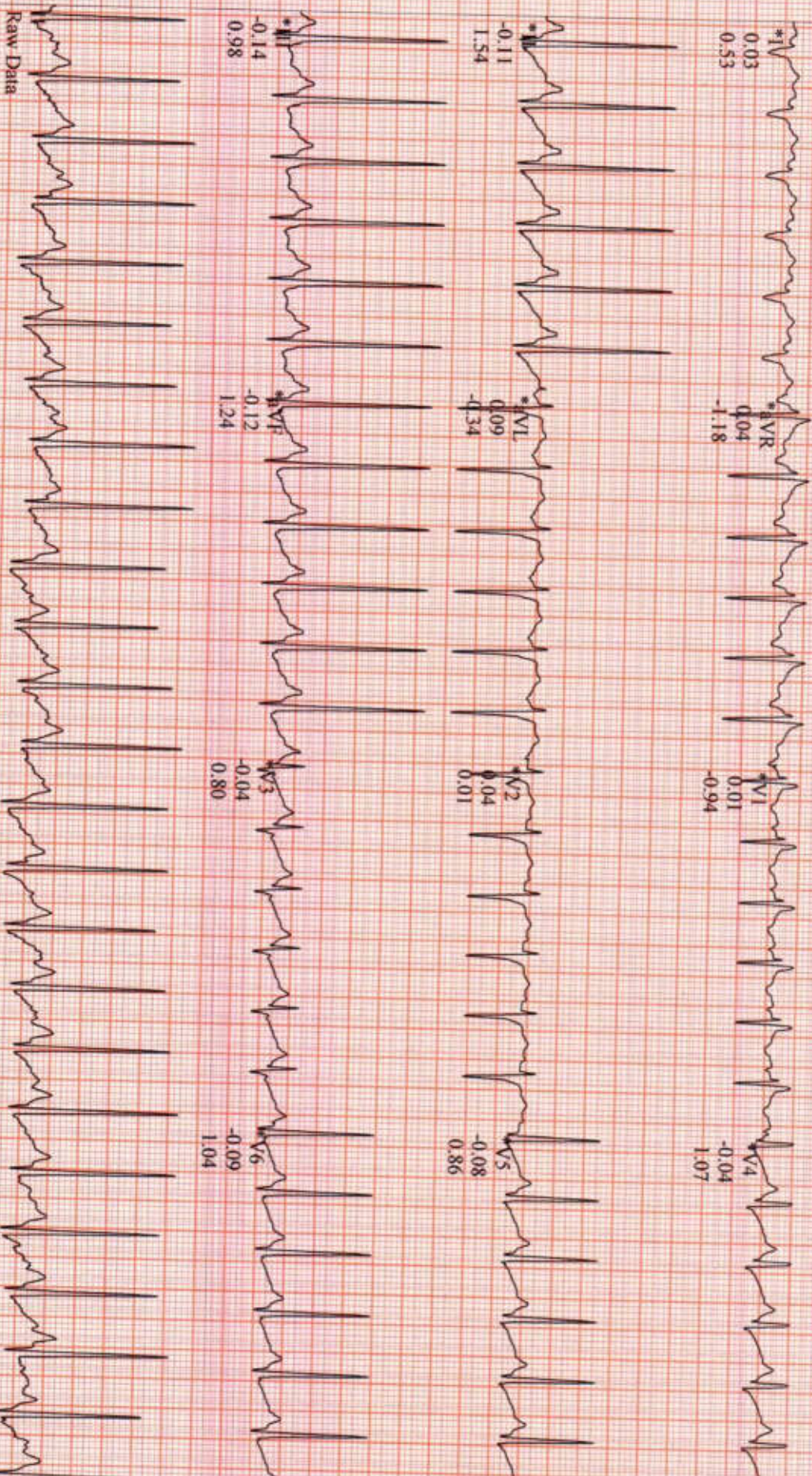
SWATI, ZODAWANE  
Patient ID 2405522092  
24.02.2024  
10:27:11am

Linked Medians  
EXERCISE  
STAGE 2  
146 bpm  
150/80 mmHg  
05:50

BRUCE  
2.5 mph  
12.0%

SUBURBAN DIAGNOSTIC

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



Raw Data

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

Start of Test: 10:20:51am

\*Computer Synthesized Rhythms



SWATI, ZODAWANE  
 Patient ID 2405522092  
 24.02.2024  
 10:29:04am

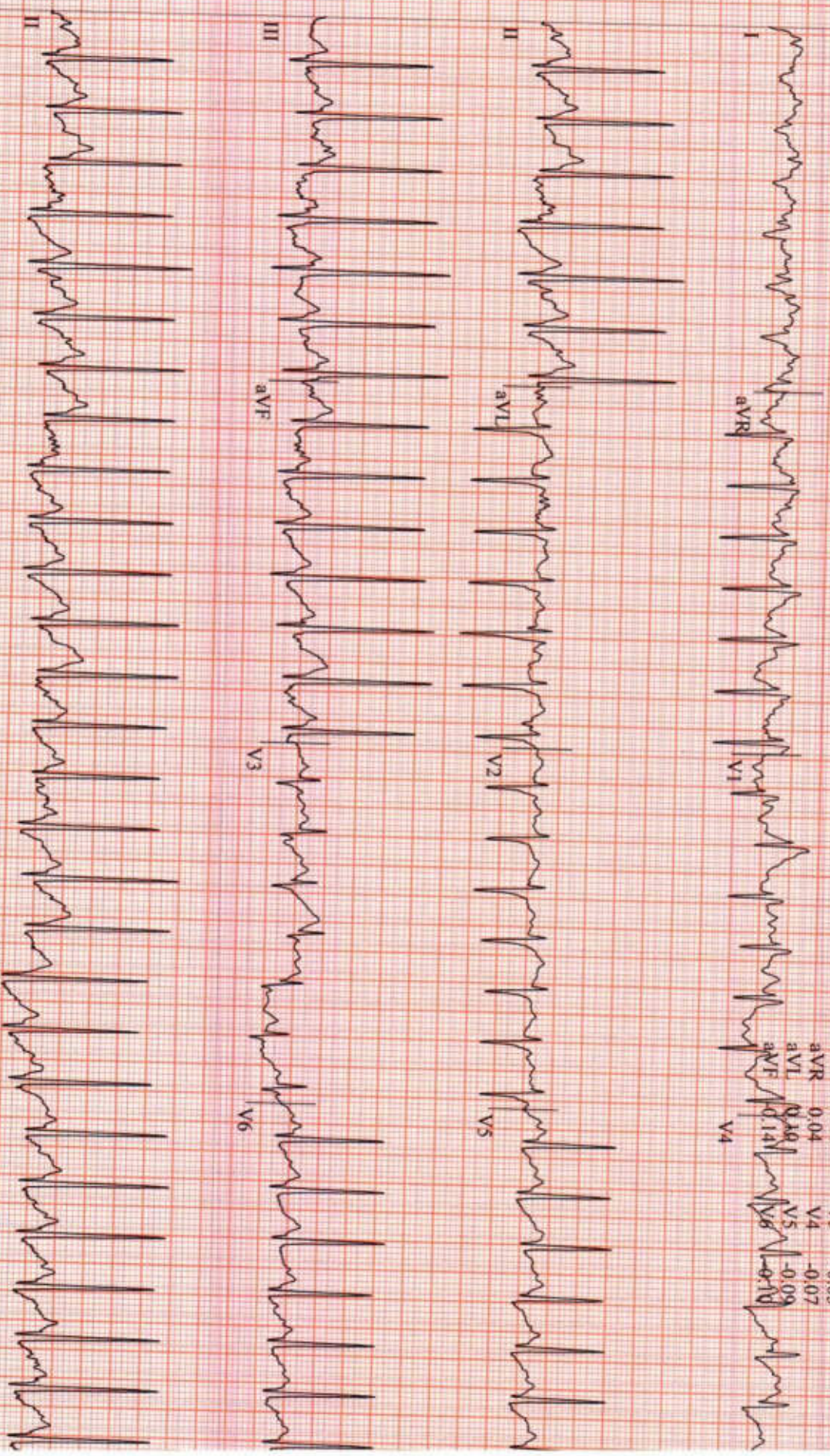
171 bpm  
 EXERCISE  
 STAGE 3  
 07:38

BRUCE  
 3.4 mph  
 14.0%

12-Lead Report ( PEAK EXERCISE )  
 SUBURBAN DIAGNOSTI

Measured at 60ms Post J  
 Auto Points

Lead	ST(mV)	Lead	ST(mV)
I	0.04	V1	0.00
II	-0.11	V2	0.04
III	-0.16	V3	-0.05
aVR	0.04	V4	-0.07
aVL	0.10	V5	-0.09
aVF	0.14	V6	-0.10
V4			



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

Start of Test: 10:20:51am



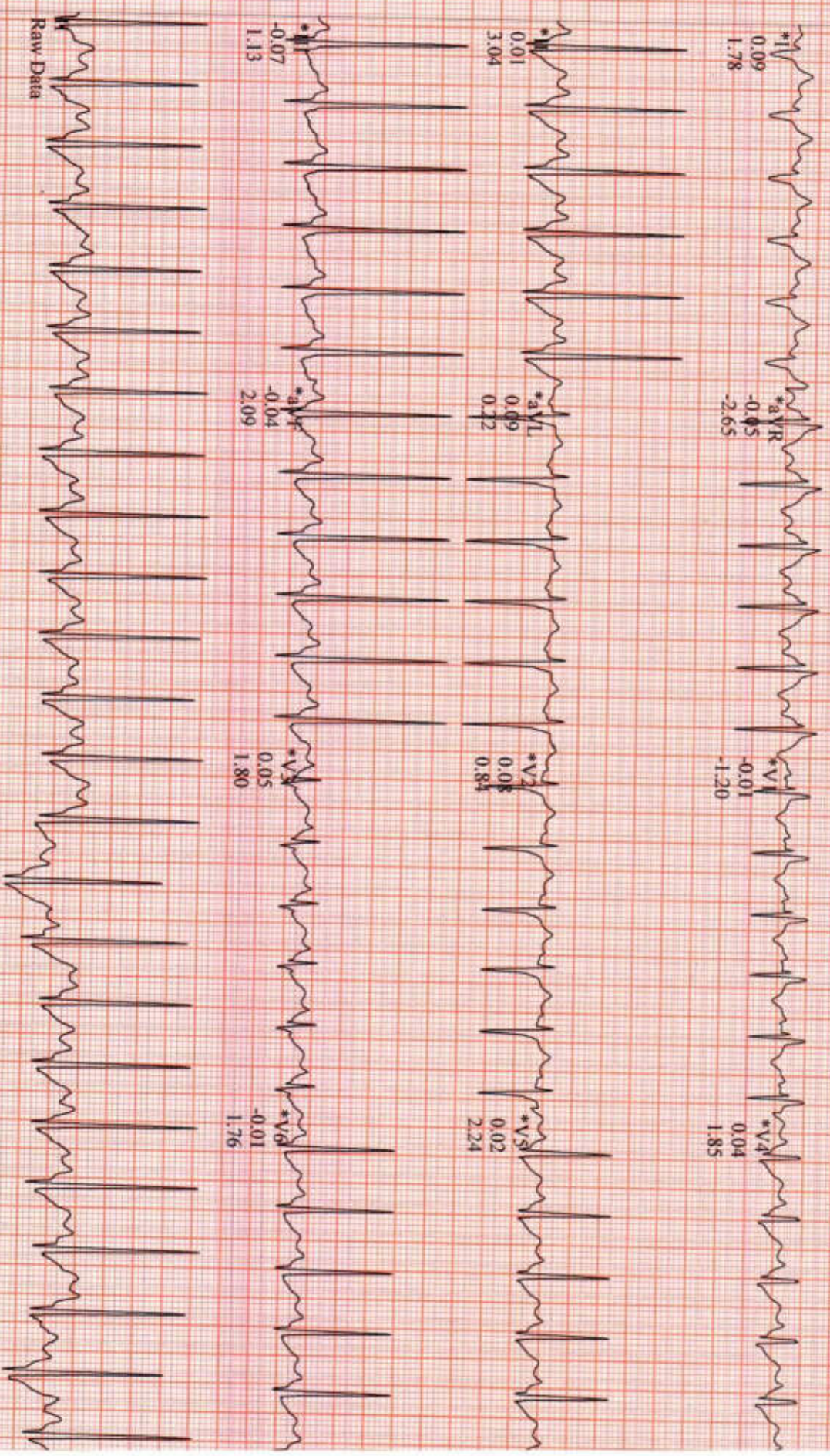
SWATI, ZODAWANE  
Patient ID: 2405522092  
24.02.2024  
10:29:58am

Linked Medians  
RECOVERY  
#1  
141 bpm  
01:00

BRUCE  
0.0 mph  
0.0%

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(V5,LD)

Start of Test: 10:20:51am

\*Computer Synthesized Rhythms



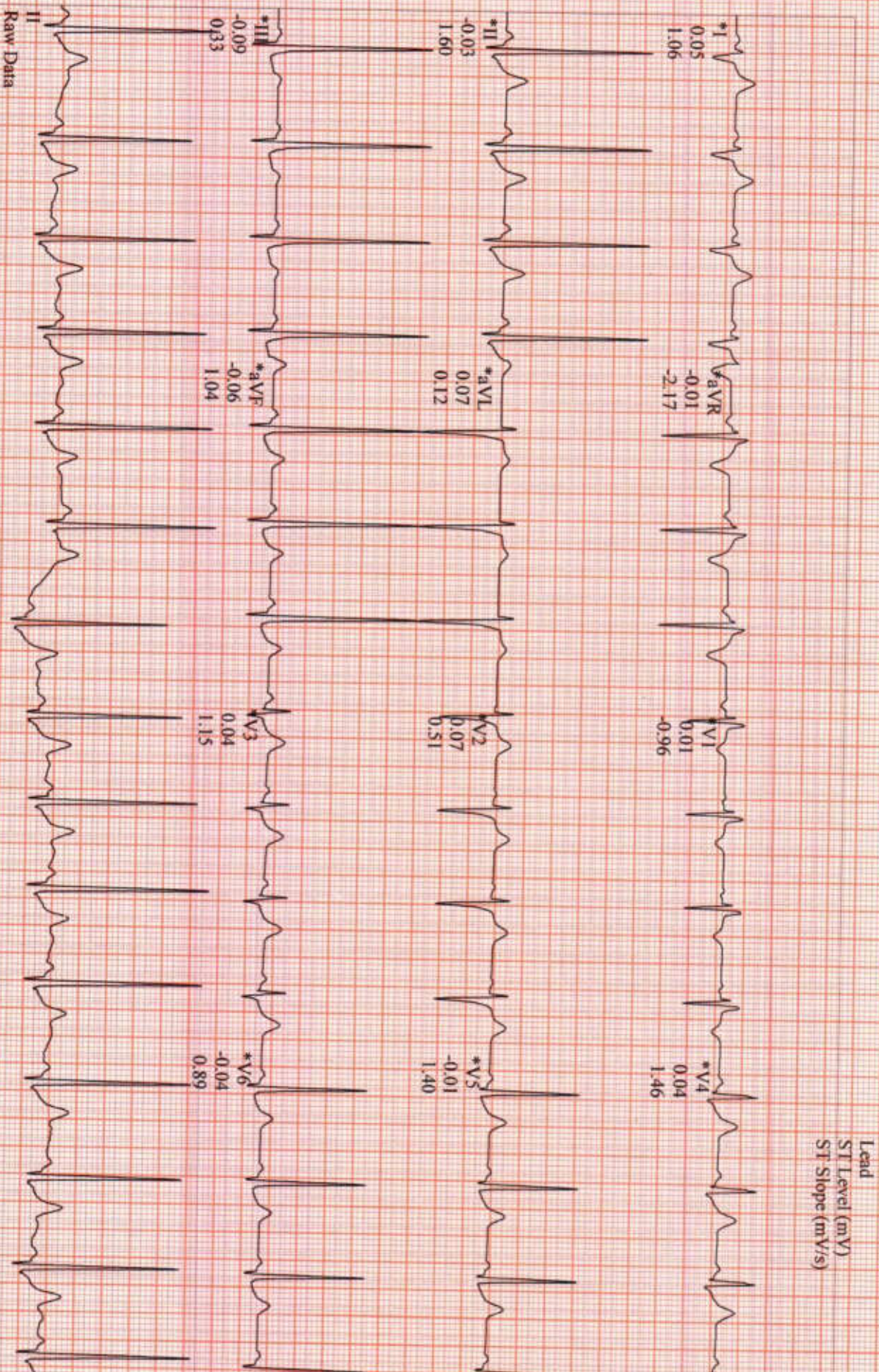
SWATI, ZODAWANE  
Patient ID 2405522092  
24.02.2024  
10:30:58am

86 bpm

Linked Medians  
RECOVERY  
#1  
02:00

BRUCE  
0.0 mph  
0.0 %

SUBURBAN DIAGNOSTIC



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

Start of Test: 10:20:51am

\*Computer Synthesized Rhythms

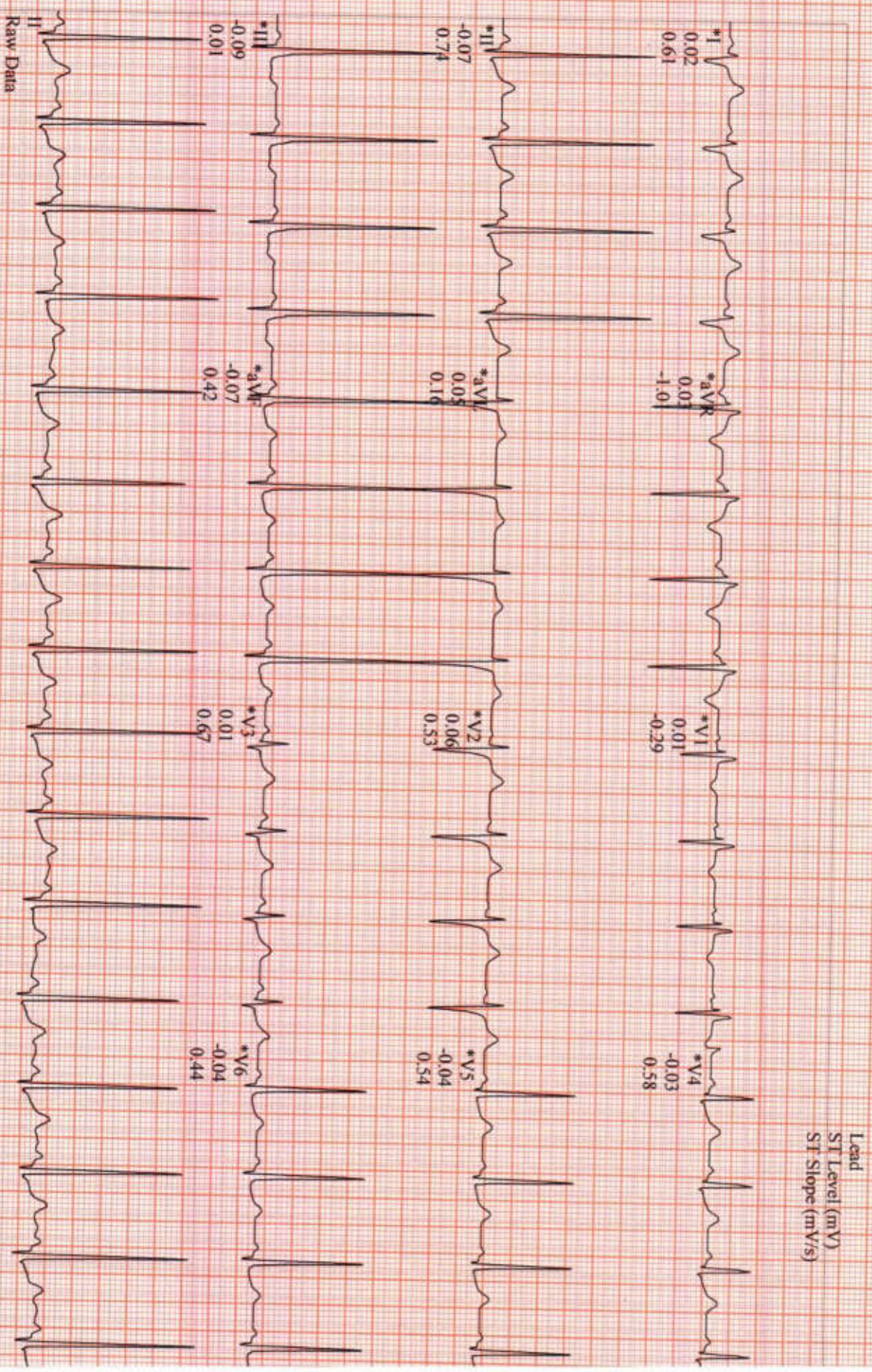


SWATI, ZODAWANE  
Patient ID 2405522092  
24.02.2024  
10:31:58am

Linked Medians  
RECOVERY #1  
93 bpm  
150/80 mmHg  
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,LD)

Start of Test: 10:20:51am