



CID : 2405521900  
Name : MRS.SNEHAL SONAWANE  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

Collected : 24-Feb-2024 / 09:41  
Reported : 24-Feb-2024 / 15:52

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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	11.1	12.0-15.0 g/dL	Spectrophotometric
RBC	4.69	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.9	36-46 %	Measured
MCV	72	80-100 fl	Calculated
MCH	23.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	5350	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	35.3	20-40 %	
Absolute Lymphocytes	1888.5	1000-3000 /cmm	Calculated
Monocytes	7.1	2-10 %	
Absolute Monocytes	379.9	200-1000 /cmm	Calculated
Neutrophils	54.9	40-80 %	
Absolute Neutrophils	2937.2	2000-7000 /cmm	Calculated
Eosinophils	1.7	1-6 %	
Absolute Eosinophils	91.0	20-500 /cmm	Calculated
Basophils	1.0	0.1-2 %	
Absolute Basophils	53.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	285000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.1	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	Mild
Microcytosis	Mild



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **32**                      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
- Brigiden 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 Panvel Lab, Panvel East

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

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



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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	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	62.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.33	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.13	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	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	16.1	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	12.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	12.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	68.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	18.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.6	6-20 mg/dl	Calculated
CREATININE, Serum	0.63	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	122	(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	5.9	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	

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

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



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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	5.9	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.

\*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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**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)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.020	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	Trace	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	4-5	0-5/hpf	
Red Blood Cells / hpf	Occasional	0-2/hpf	
Epithelial Cells / hpf	6-8		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	Less than 20/hpf	

Kindly correlate clinically.

**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 Panvel Lab, Panvel East

*Sonia Kher*

**Dr.SONIA KHER**  
**M.D. (PATH)**  
**Pathologist**



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
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 \*\*\*



*Dr. Vrushi Shroff*

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





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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	204.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	91.8	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	42.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	161.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	144.0	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	17.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.4	0-3.5 Ratio	Calculated

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

*Sonia Kher*

**Dr.SONIA KHER**  
**M.D. (PATH)**  
**Pathologist**



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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	4.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.0	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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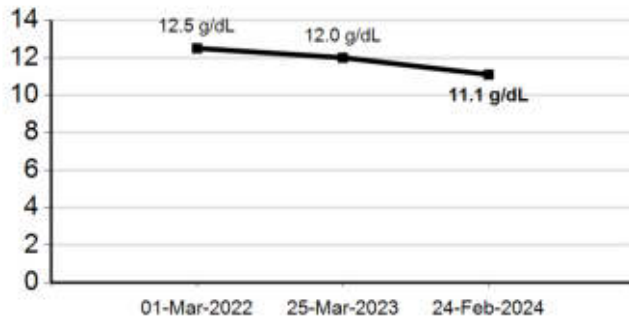
**Dr.IMRAN MUJAWAR**  
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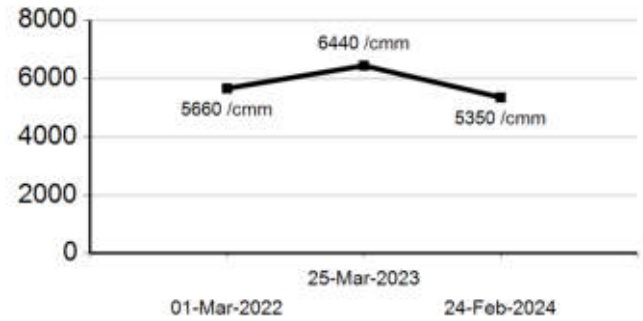
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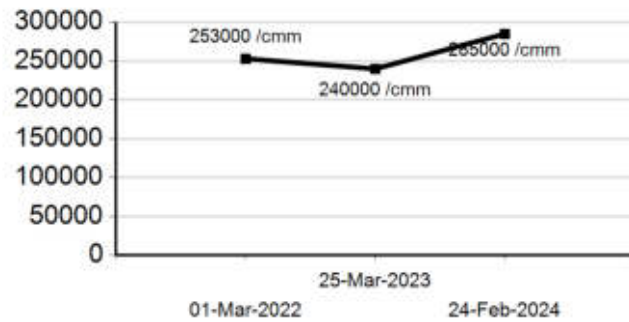
**Haemoglobin**



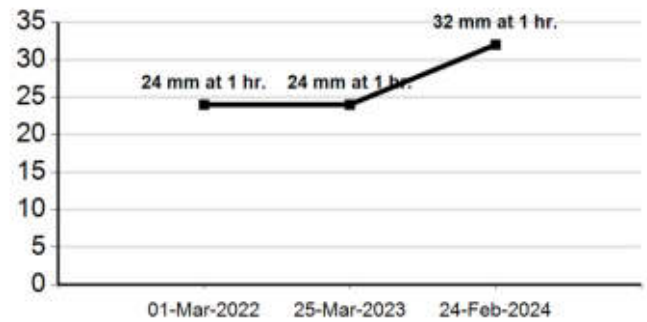
**WBC Total Count**



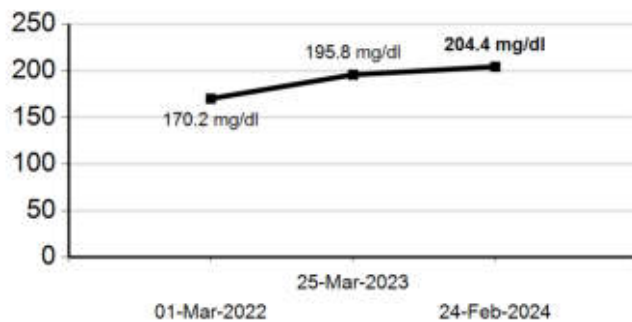
**Platelet Count**



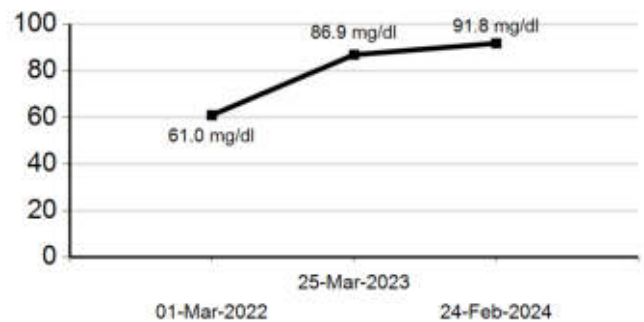
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

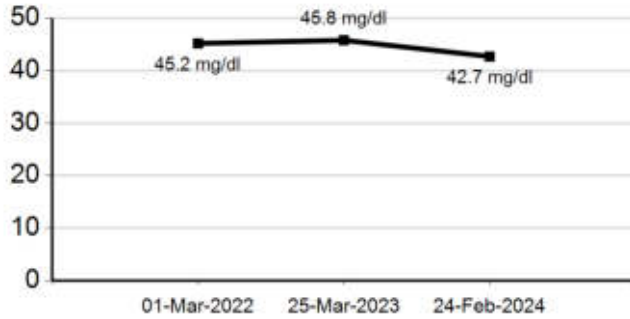




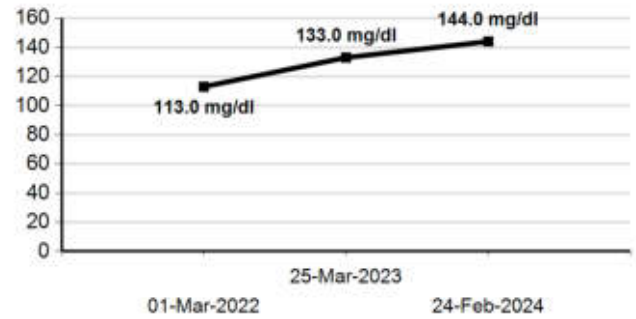
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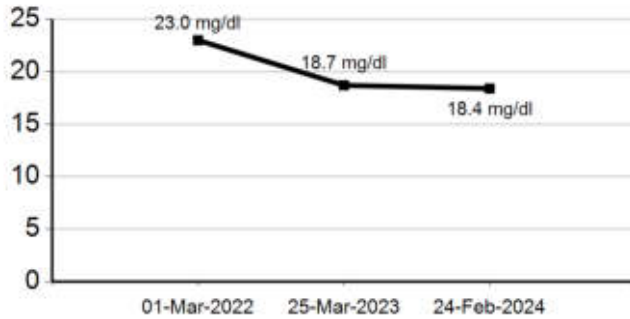
**HDL CHOLESTEROL**



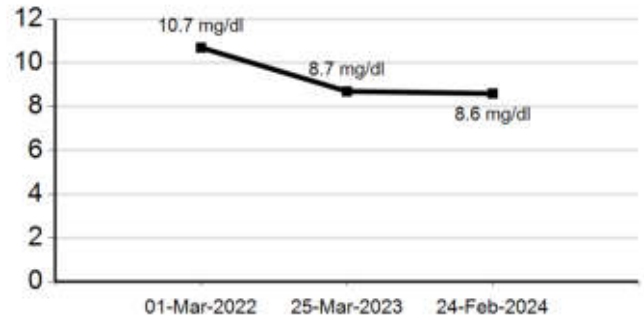
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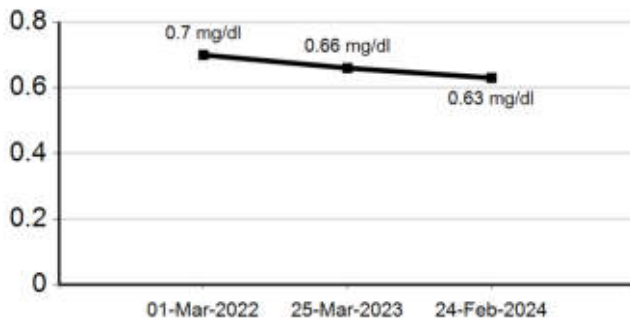
**BLOOD UREA**



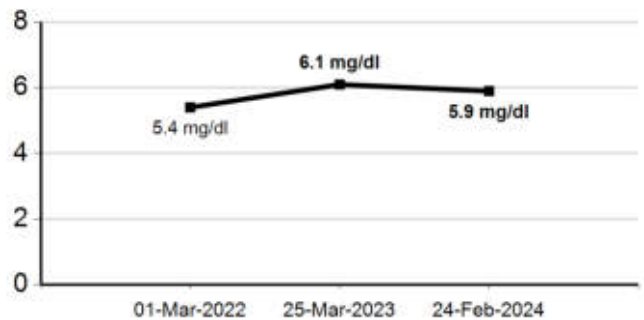
**BUN**



**CREATININE**



**URIC ACID**

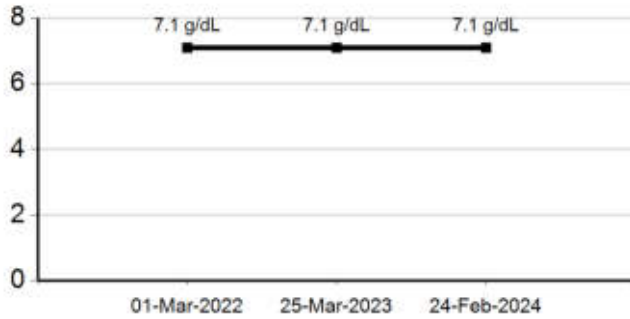




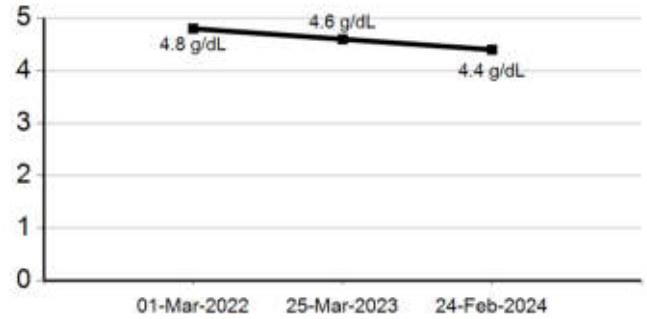
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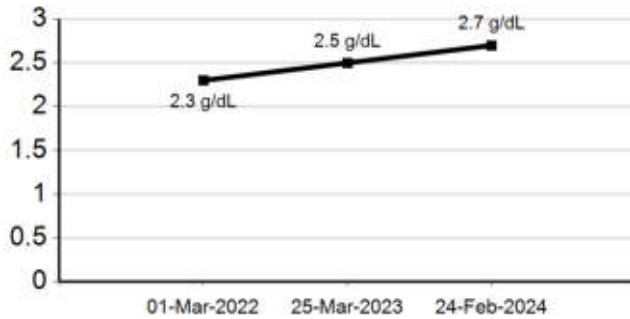
**TOTAL PROTEINS**



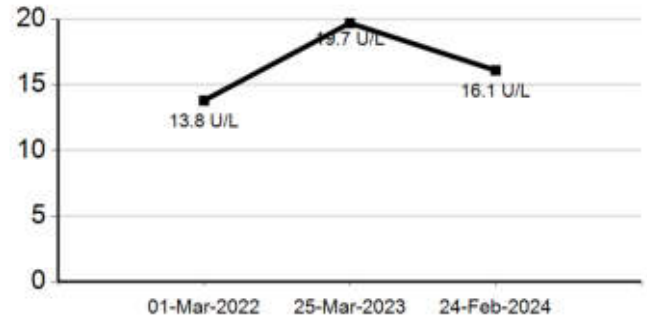
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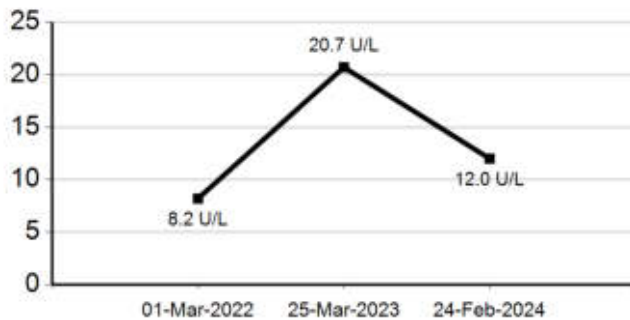
**GLOBULIN**



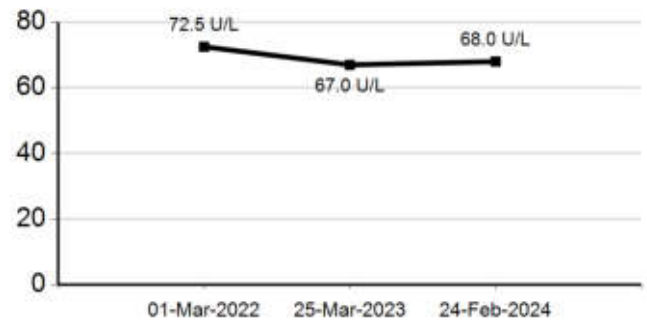
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

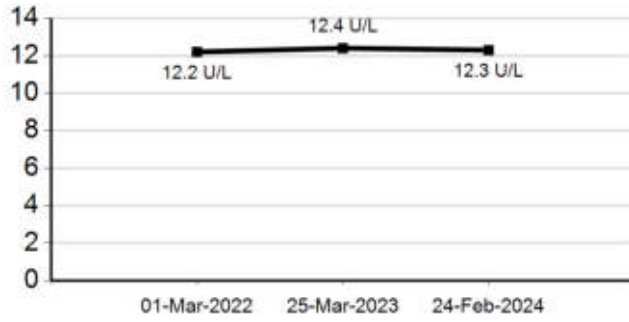




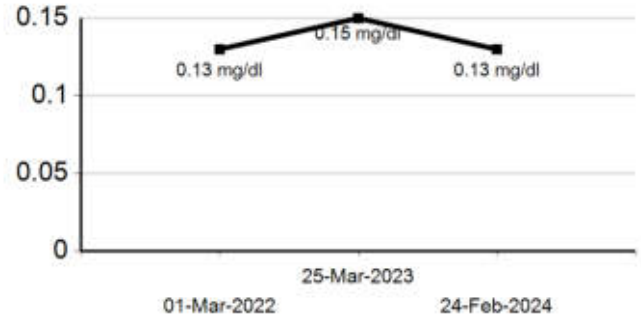
Use a QR Code Scanner Application To Scan the Code

CID : 2405521900  
Name : MRS.SNEHAL SONAWANE  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)

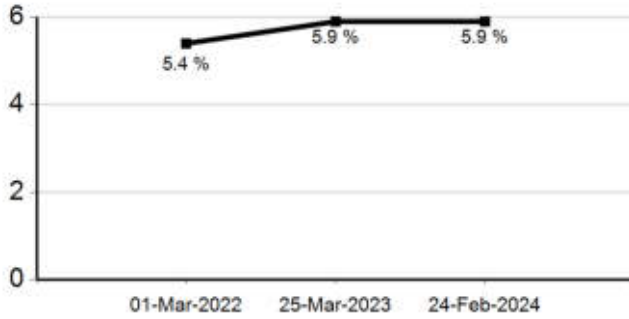
**GAMMA GT**



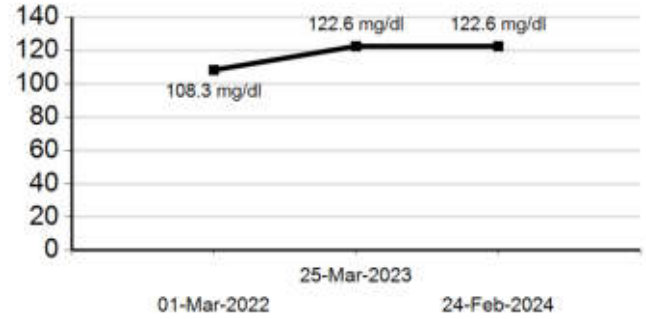
**BILIRUBIN (DIRECT)**



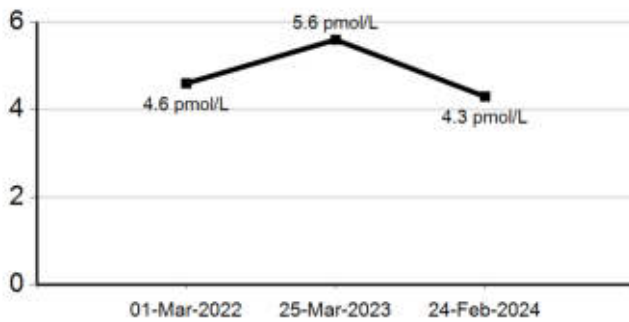
**Glycosylated Hemoglobin (HbA1c)**



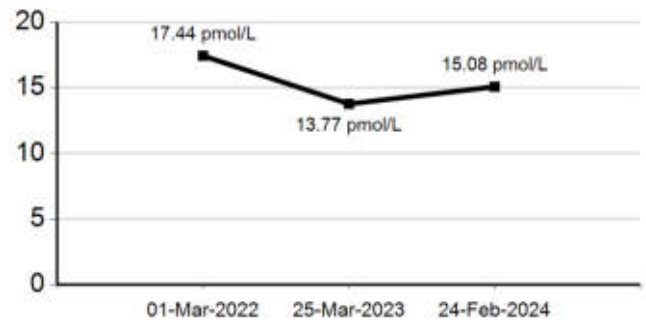
**Estimated Average Glucose (eAG)**



**Free T3**



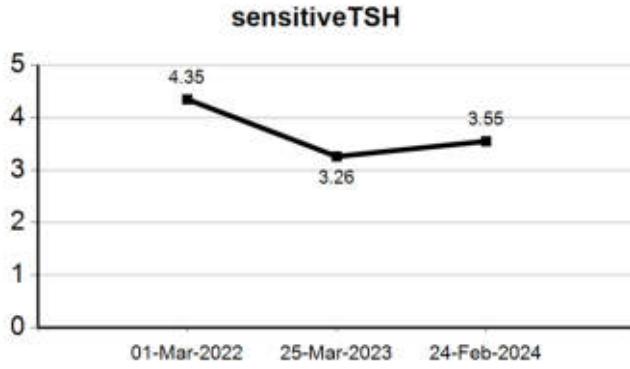
**Free T4**





Use a QR Code Scanner  
Application To Scan the Code

CID : 2405521900  
Name : MRS.SNEHAL SONAWANE  
Age / Gender : 31 Years / Female  
Consulting Dr. : -  
Reg. Location : Vashi (Main Centre)







**CID** : 2405521900  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 31 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 26-Feb-2024/13:09

## **USG WHOLE ABDOMEN**

### **LIVER:**

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

### **GALL BLADDER:**

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

### **PANCREAS:**

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

### **KIDNEYS:**

Both the kidneys are normal in size shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures 9.7 x 3.8 cm.  
Left kidney measures 9.4 x 4.2 cm.

### **SPLEEN:**

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.  
Gaseous distention of bowel loops is noted.

### **URINARY BLADDER:**

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

### **UTERUS:**

**Click here to view images** <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024022409272637>



**CID** : 2405521900  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 31 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 26-Feb-2024/13:09

The uterus is anteverted and appears normal. It measures 6.8 x 2.6 x 4.1 cm in size.  
The endometrial thickness is 3.5 mm.

**OVARIES:**

Both the ovaries are well visualised and appears normal.  
There is no evidence of any ovarian or adnexal mass seen.  
Right ovary = 2.5 x 2.1 cm  
Left ovary = 2.6 x 1.7 cm

**IMPRESSION:-**

Grade I fatty infiltration of liver.

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

Dr Shilpa Beri  
MBBS DMRE  
Reg No 2002/05/2302  
Consultant Radiologist



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405521900  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 31 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 26-Feb-2024/13:09



**CID** : 2405521900  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 31 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/17:25

**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. Swapnil Nisal**  
**MBBS, DMRE**  
**MMC Reg. No.2015/06/3297**



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2405521900  
**Name** : Mrs Snehal Sonawane  
**Age / Sex** : 31 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Vashi Main Centre

**Reg. Date** : 24-Feb-2024  
**Reported** : 24-Feb-2024/17:25



भारतीय विशिष्ट ओळख प्राधिकरण

भारत सरकार

Unique Identification Authority of India

Government of India

नोंदविण्याचा क्रमांक / Enrollment No.: 1249/23751/82503

To,  
स्नेहल योगेश सोनवणे  
Snehal Yogesh Sonawane  
C/O Snehal Yogesh Sonawane  
chahardi  
tal chopda  
Chahardi  
Chahardi Chopda Jalgaon  
Maharashtra 425107  
9561548775

23/09/2012

Ref: 527 / 12V / 124863 / 125292 / P



SB462174890FH



आपला आधार क्रमांक / Your Aadhaar No. :

**4197 2963 8930**

माझे आधार, माझी ओळख

SUBURBAN DIAGNOSTIC (I) PVT LTD.  
FLAT NO.101 ANAND SAGAR CHS  
ABOVE RAJKAMAL SHOP  
DOCTOR - 17, VASHI,  
NAVI MUMBAI - 400703



भारत सरकार  
Government of India



स्नेहल योगेश सोनवणे  
Snehal Yogesh Sonawane  
जन्म तारीख / DOB : 28/01/1993  
स्त्री / Female



**4197 2963 8930**

माझे आधार, माझी ओळख

*S. Patnaik*

*[Signature]*

Dr. Alka Patnaik  
M.B.B.S. C.G.O., Nagpur Reg. No.73367  
Dip. Psysextherapy-U.K. Reg. No.OF395  
PGDHM

DATE :- 24/2/2024

To,

**Suburban Diagnostics (India) Private Limited**

**101 ANAND SAGAR CHS**

**NEAR BY RAJKAMAL HANDLOOM HOUSE**

**SECTOR 17 VASHI NAVI MUMBAI 400703**

**Phone No :- 022 6170 0000**

**SUBJECT- TO WHOMSOEVER IT MAY CONCERN**

Dear Sir/ Madam,

This is to informed you that I, Myself Mr/ Mrs/ Ms. Snehal Sonawane

don't want to performed the following tests:

- 1) Stool / sample not giving
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

CID No. & Date

: 2405521900

Corporate/ TPA/ Insurance Client Name :

Arcofemi

Thanking you.

SJS

Yours sincerely,

(Mr/Mrs/Ms. \_\_\_\_\_)

**PHYSICAL EXAMINATION REPORT**

<b>Patient Name</b>	Mrs. Snehal Sonawane	<b>Sex/Age</b>	male / 31
<b>Date</b>	24/2/2024	<b>CID</b>	2405521900

**History and Complaints**

No clc

**EXAMINATION FINDINGS:**

<b>Height (cms):</b>	152	<b>Temp (0c):</b>	Normal
<b>Weight (kg):</b>	64	<b>Skin:</b>	normal
<b>Blood Pressure</b>	100/60	<b>Nails:</b>	normal
<b>Pulse</b>	68/m	<b>Lymph Node:</b>	NY
<b>BMI</b>	27.7		

**Systems :**

<b>Cardiovascular:</b>	S <sub>1</sub> , S <sub>2</sub> loud No murmur
<b>Respiratory:</b>	AEBJ
<b>Genitourinary:</b>	Normal
<b>GI System:</b>	Constipation.
<b>CNS:</b>	normal

**Impression:** USA Abdomen: Grade I fatty liver  
ECG - Sinus Bradycardia


**Advice:** - Referral to physician for further opinion  
- ~~Rest~~ Dietary Restriction, 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
8)	Thyroid/ Endocrine disorders	No
9)	Nervous disorders	No
10)	GI system	Normal
11)	Genital urinary disorder	No.
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	Normal

PERSONAL HISTORY:		
1)	Alcohol	No
2)	Smoking	No
3)	Diet	OK
4)	Medication	No

SUBURBAN DIAGNOSTIC (I) PVT LTD.  
FLAT NO. 101 ANAND SAGAR CHS  
ABOVE RAJKAMAL SHOP  
SECTOR - 17, VASHI,  
NAVI MUMBAI - 400703

  
**Dr. Alka Patnaik**  
M.B.B.S. C.G.O., Nagpur Reg. No.73367  
Dip. Psysextherapy-U.K. Reg. No.0F395  
PGDHM

Date:- 24/2/2024

CID: 2405521900

Name:- Mrs. Snehal  
 Sonawane

Sex / Age: F / 31

**EYE CHECK UP**

Chief complaints: NO

Systemic Diseases: - NO

Past history: - Nil

Unaided Vision: Yes

Aided Vision: - NO

Refraction: without glass.

(Right Eye)


(Left Eye)

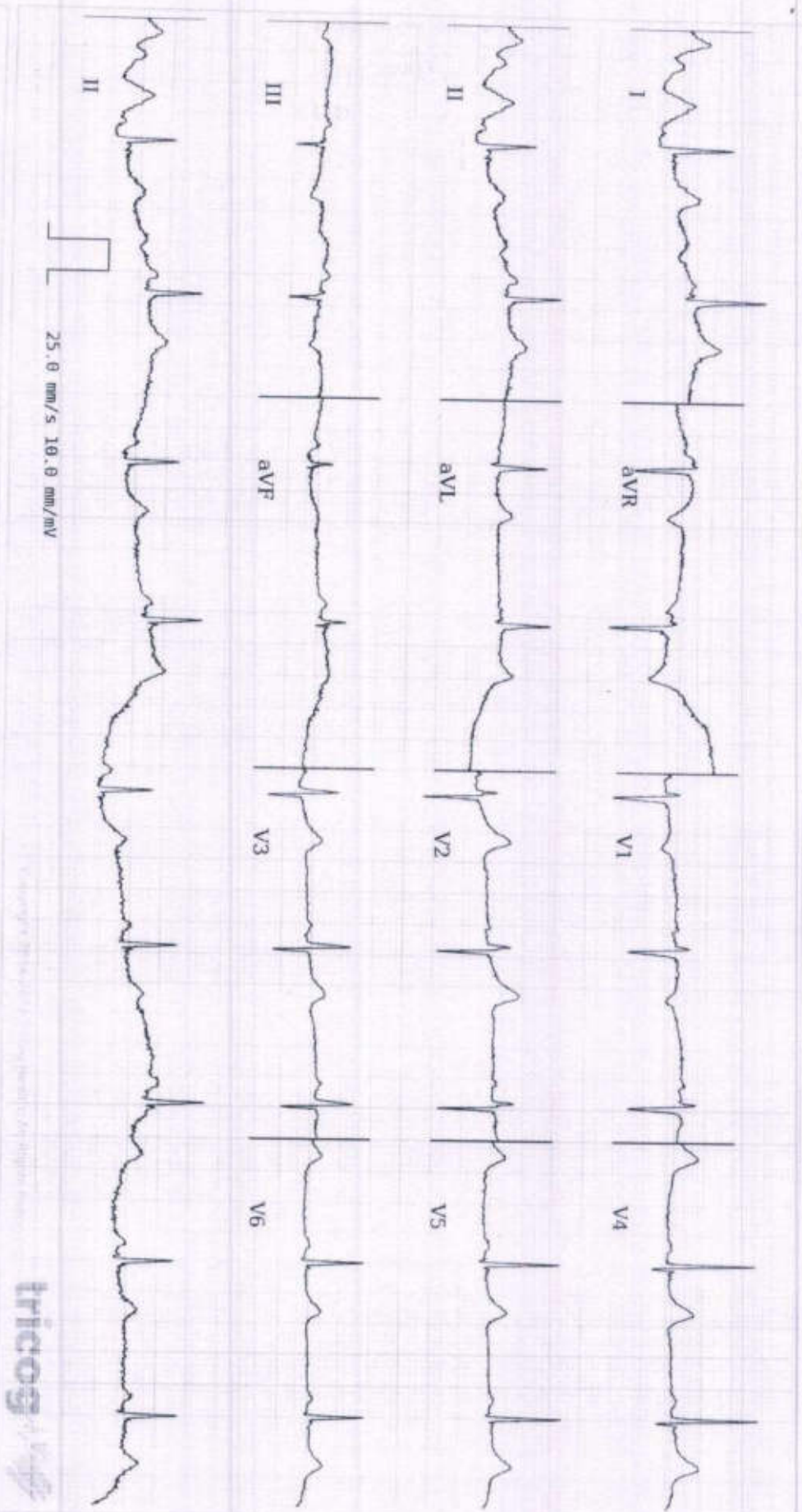
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			6/6	_____			6/6
Near	_____			N/6	_____			N/6

Colour Vision:  Normal /  Abnormal

Remark:

SUBURBAN DIAGNOSTIC (I) PVT LTD.  
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 NAVI MUMBAI - 400703

  
**Dr. Alka Patnaik**  
 M.B.B.S. C.G.O., Nagpur Reg. No. 73367  
 Dip. Psysextherapy-U.K. Reg. No. OF395  
 PGDHM



Age **31** NA NA  
years months days

Gender **Female**

Heart Rate **58bpm**

Patient Vitals

BP: 100/60 mmHg

Weight: 64 kg

Height: 152 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 74ms

QT: 454ms

QTcB: 445ms

PR: 132ms

P-R-T: 74° 15° 26°

Sinus Bradycardia. Please correlate clinically.

REPORTED BY

*Dr. Anshu Deshpande*

Dr. Anshu Deshpande  
MBBS DNB  
Reg. 2005/02/0920

Disclaimer: 1) Analysis of this report is based on ECG alone and should be used in conjunction with clinical history, symptoms, and results of other tests and investigations. 2) ECG leads are as entered by the technician and not derived from the ECG.

# SUBURBAN DIAGNOSTICS VASHI

Email:

Report

424 (2405521900) / MRS.SNEHAL SONAWANE / 31 Yrs / F / 152 Cms / 64 Kg  
 Date: 24 / 02 / 2024 01:18:37 PM Refd By : ARCOFEMI HEALTHCARE LIMITED

Examined By:



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	088	47%	100/60	088	00	
Standing	00:08	0:02	00.0	00.0	01.0	088	47%	100/60	088	00	
HV	00:09	0:01	00.0	00.0	01.0	096	51%	100/60	096	00	
Warm Up	00:54	0:45	00.0	00.0	01.0	099	52%	100/60	099	00	
ExStart	00:57	0:03	00.0	00.0	01.0	099	52%	100/60	099	00	
BRUCE NEW Stage 1	03:57	3:00	01.9	10.0	05.1	123	65%	100/60	099	00	
BRUCE NEW Stage 2	06:57	3:00	02.7	12.0	07.5	144	76%	110/80	158	00	
PeakEx	09:26	2:29	03.6	14.0	10.2	164	87%	120/80	196	00	
Recovery	10:26	1:00	00.0	00.0	01.5	127	67%	130/80	165	00	
Recovery	11:03				00.0	000	0%	---	000	00	

## FINDINGS :

Exercise Time : 08:29  
 Initial HR (ExStart) : 99 bpm 52% of Target 189  
 Initial BP (ExStart) : 100/60 (mm/Hg)  
 Max Workload Attained : 10.2 Good response to induced stress  
 Max ST Dep Lead & Avg ST Value : -0.6 mm in Stage 2  
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 164 bpm 87% of Target 189  
 Max BP Attained 130/80 (mm/Hg)

*Dasgupta*

Dr. Anirban Dasgupta  
 MBBS DMG  
 Reg No 20050200920

SUBURBAN DIAGNOSTIC (PVT) LTD.  
 Flat No. 2, 101 ANAND SAGAR CHS  
 ANAND SAGAR CHS  
 ST. JOSEPH - 17, VASHI,  
 NAVI MUMBAI - 400709

Doctor : DR ANIRBAN DASGUPTA

# SUBURBAN DIAGNOSTICS VASHI

# REPORT

EMail: 424 / Mrs.

SNEHAL SONAWANE / 31 Yrs / F / 152 Cms / 64 Kg Date: 24 / 02 / 2024 01:18:37 PM Refd By : ARCOFEMI HEALTHCARE LIMITED



## REPORT :

FAR EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA / ANGINA EQUIVALENTS NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES FROM BASELINE SEEN  
DURING THE EXERCISE AND RECOVERY OF THE TEST

IMPRESSION:  
STRESS TEST IS NEGATIVE FOR STRESS INDUCIBLE MYOCARDIAL ISHAEMIA

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

Dr. Anirban Dasgupta  
MBBS DNB  
Reg. No. 200550210920

SUBURBAN DIAGNOSTICS (P) PVT. LTD.  
Flat No. 101 ANAND-SARABH CHS  
A-10/1, RAJAWADI SHIP  
Sector - 17, VASHI,  
NAVI MUMBAI - 400703

Doctor : DR ANIRBAN DASGUPTA

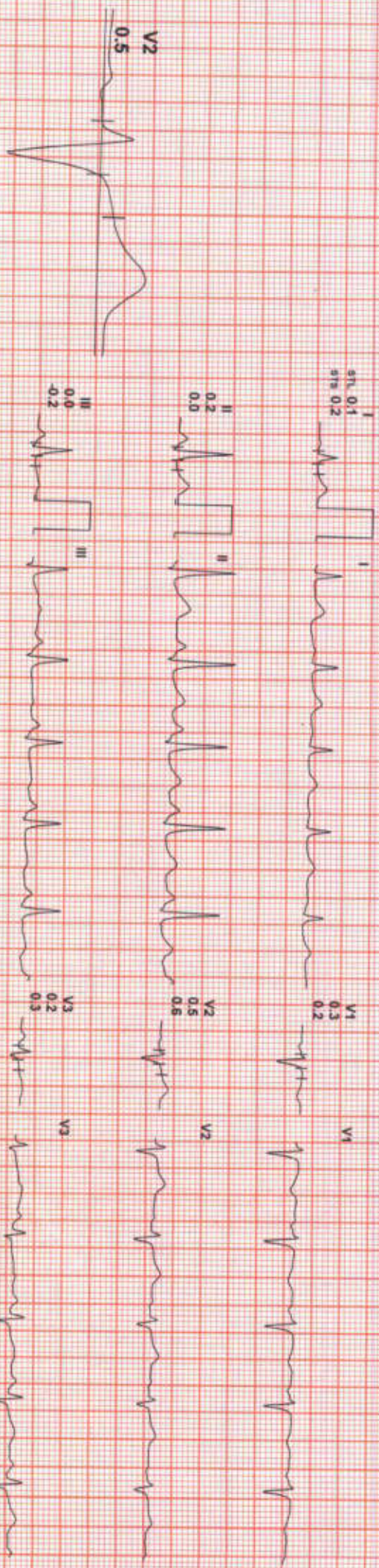
SUBURBAN DIAGNOSTICS VASHI

424 (2405521900) / MRS.SNEHAL SONAWANE / 31 Yrs / F / 152 Cms / 64 Kg / HR : 88

Date: 24 / 02 / 2024 01:18:37 PM METS: 1.0/ 88 bpm 47% of THR BP: 100/60 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20. Hz

4X 80 mS Post J

ExTime: 00:00 0.0 mpts. 0.0%  
25 mm/Sec. 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS VASHI

STANDING ( 00:00 )

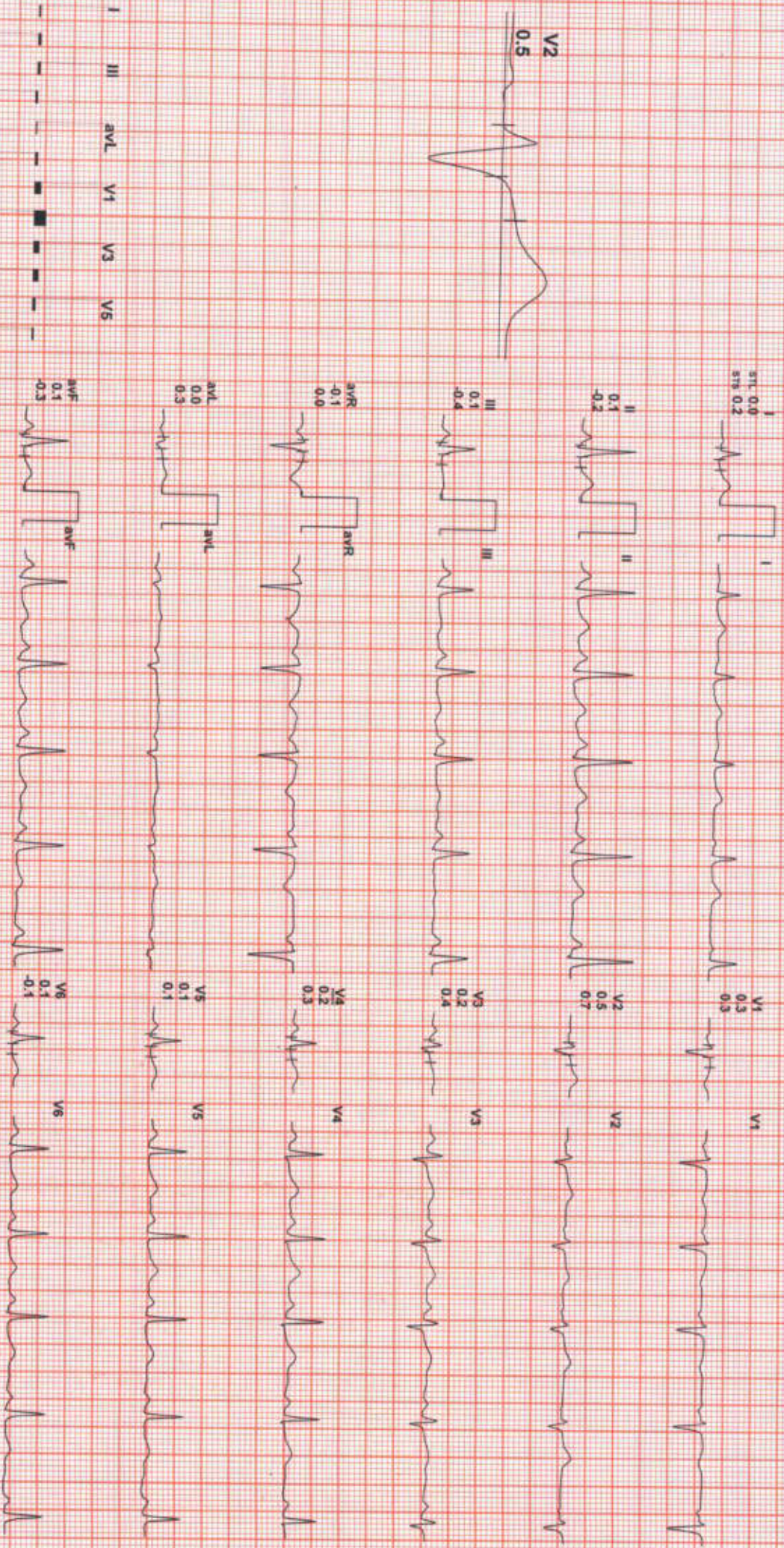
424 (2405521900) / MRS.SNEHAL SONAWANE / 31 Yrs / F / 152 Cms / 64 Kg / HR : 88



Date: 24 / 02 / 2024 01:18:37 PM METS: 1.0/ 88 bpm 47% of THR BP: 100/60 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20. Hz

4X 80 ms Post J

EXTime: 00:00 0.0 mph 0.0%  
25 mv/Sec. 1.0 Cm/mV



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

SUBURBAN DIAGNOSTICS VASHI

424 (2405521900) / MRS.SNEHAL SONAWANE / 31 Yrs / F / 152 Cms / 64 Kg / HR : 88

Date: 24 / 02 / 2024 01:18:37 PM METS: 1.0/ 88 bpm 47% of THR BP: 100/60 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 20 Hz

4X 80 mS Post J

ExtTime: 00:00 0.0 mph, 0.0%  
25 mm/Sec. 1.0 Cm/Div

HV ( 00:00 )



I  
STL 0.0  
STB 0.2



V1  
0.3  
0.3



II  
0.1  
-0.2



V2  
0.5  
0.7



III  
0.1  
-0.4



V3  
0.2  
0.4



aVR  
-0.1  
0.0



V4  
0.2  
0.3



aVL  
0.0  
0.3



V5  
0.1  
0.1



aVF  
0.3  
0.3



V6  
0.1  
-0.1



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

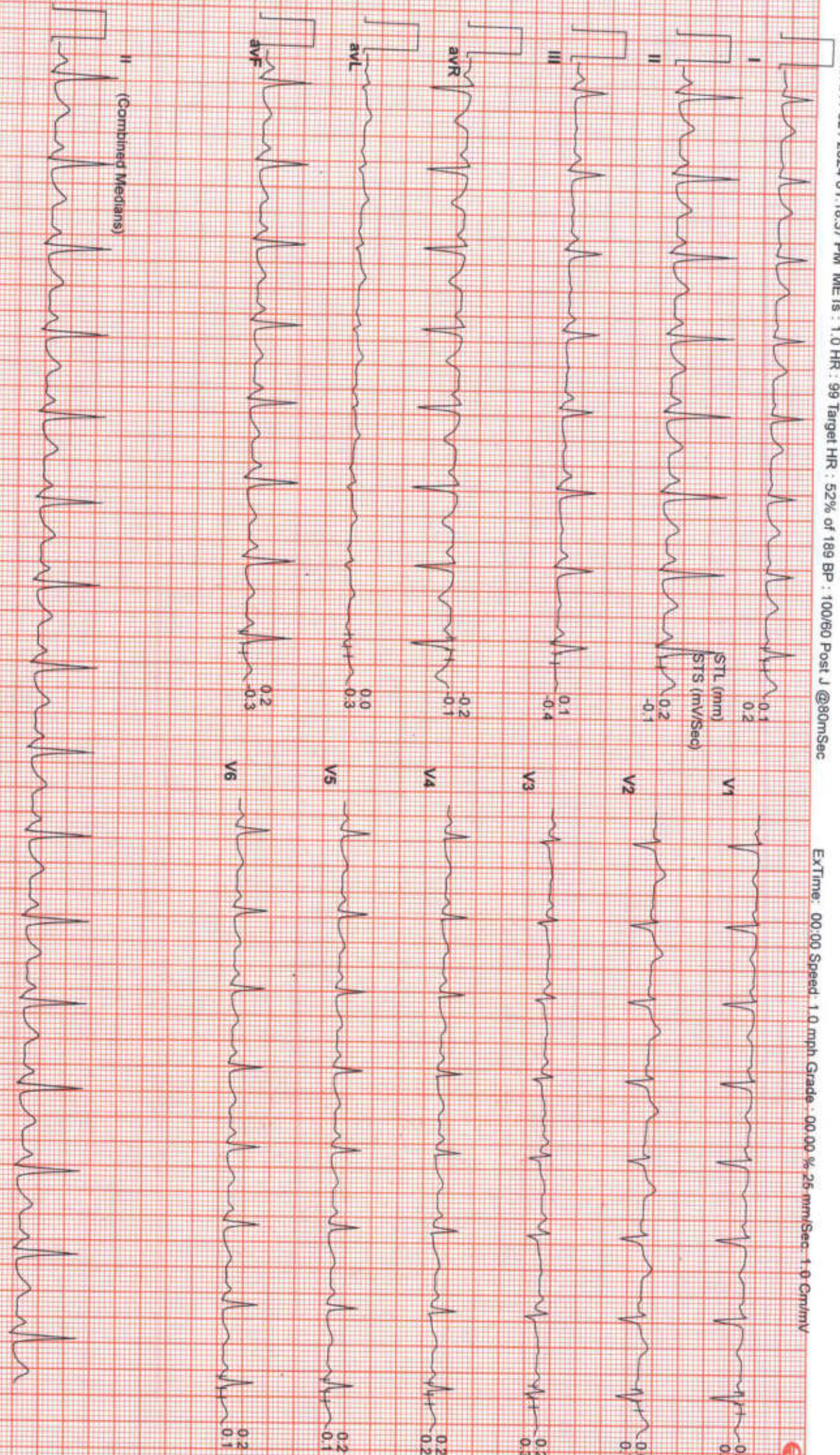


# SUBURBAN DIAGNOSTICS VASHI

424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 1.0 HR : 99 Target HR : 52% of 189 BP : 100/60 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
WARM UP ( 00:00 )



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

# SUBURBAN DIAGNOSTICS VASHI

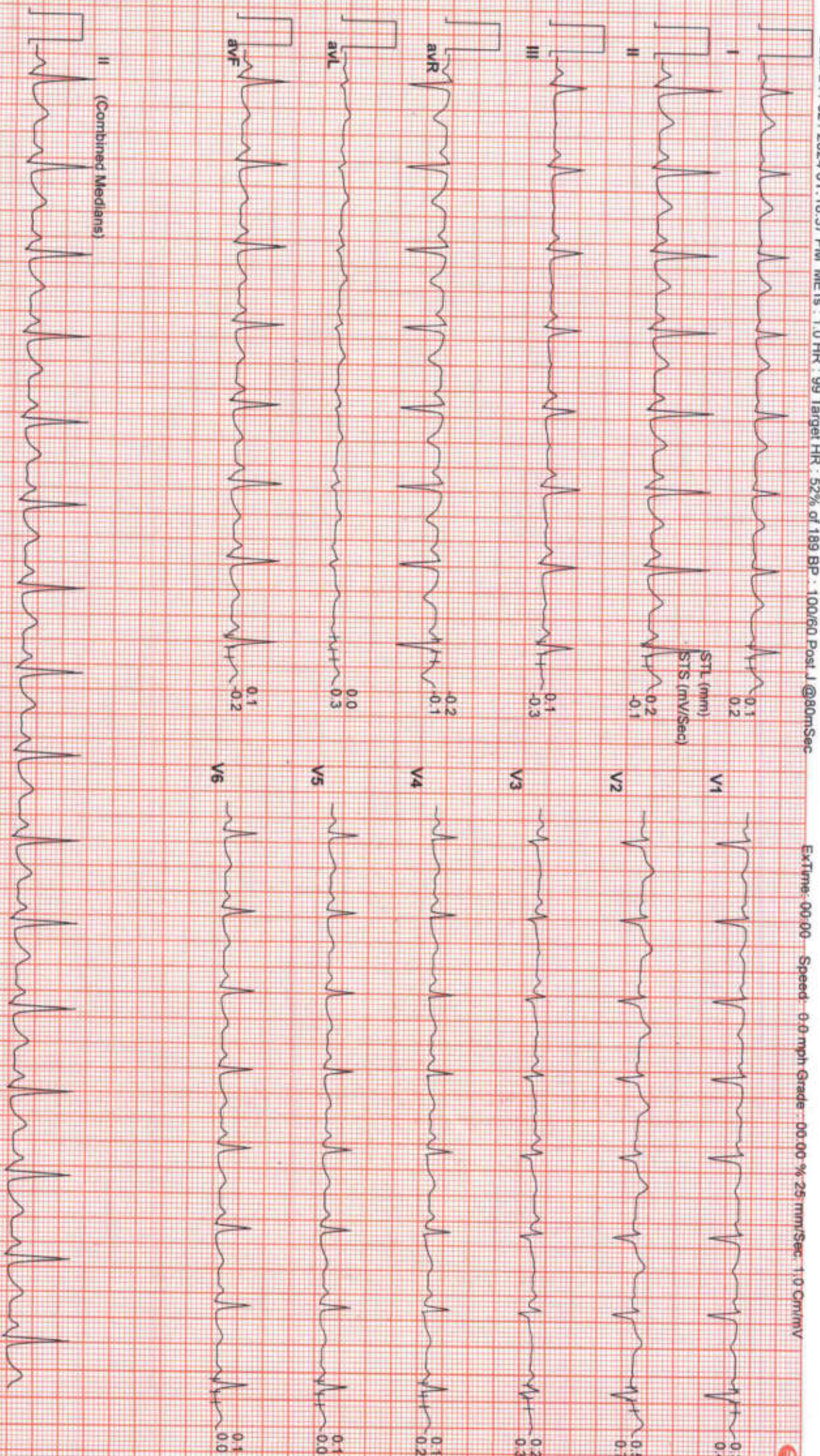
424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 1.0 HR : 99 Target HR : 52% of 189 BP : 100/60 Post J @90mSec

## 6X2 Combine Medians + 1 Rhythm

ExStt

ExTime: 00:00 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec 1.0 Cm/IV



# SUBURBAN DIAGNOSTICS VASHI

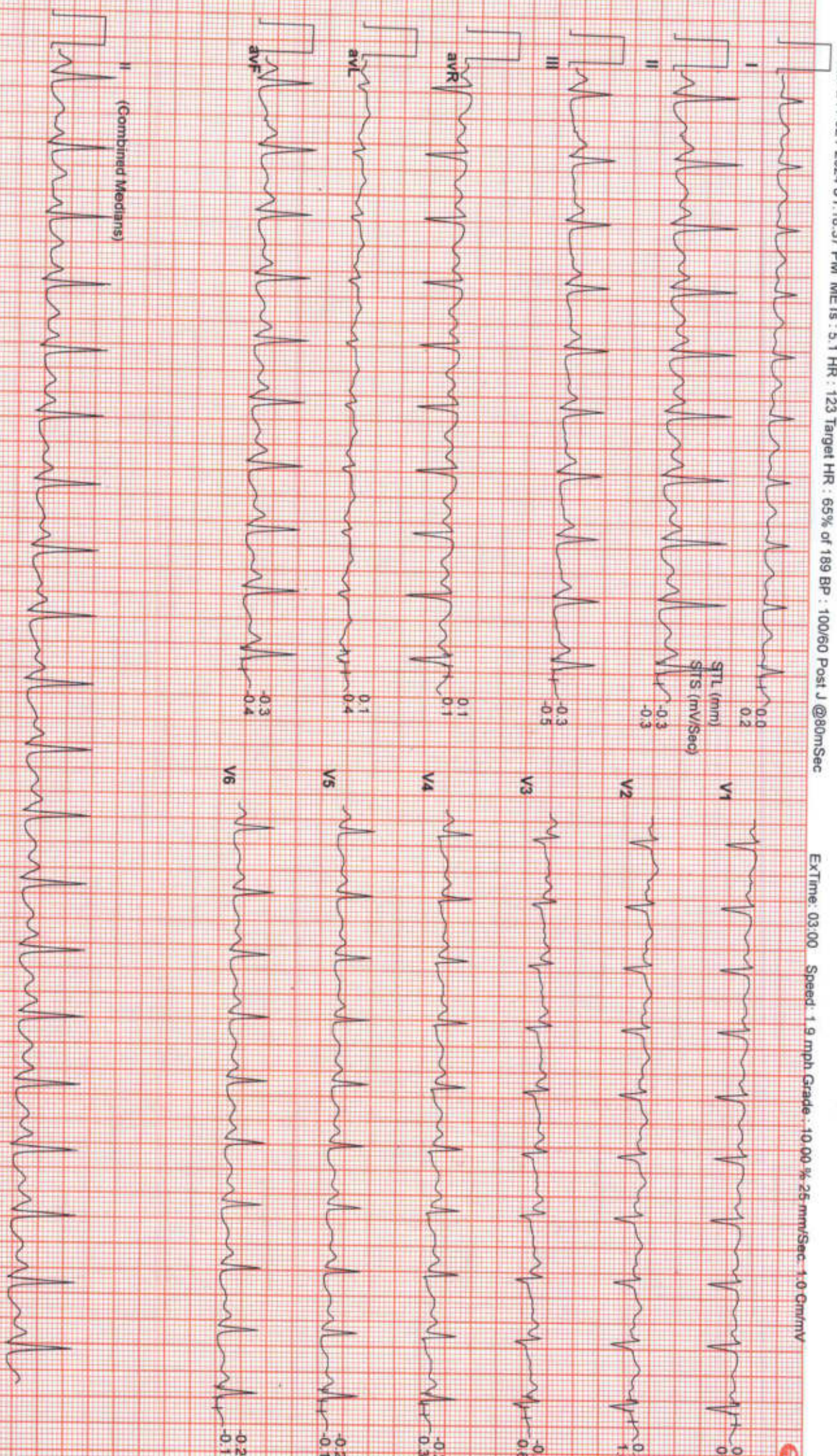
424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 5.1 HR : 123 Target HR : 65% of 189 BP : 100/60 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE NEW : Stage 1 ( 03:00 )



ExTime: 03:00 Speed: 1.9 mph Grade: 10.00 % 25 mm/Sec - 1.0 Cm/mV



# SUBURBAN DIAGNOSTICS VASHI

424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 7.5 HR : 144 Target HR : 76% of 189 BP : 110/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
BRUCE NEW : Stage 2 ( 03:00 )



ExTime: 06:00 Speed: 2.7 mph Grade: 12.00 % 25 mm/Sec 1.0 Cm/IV



# SUBURBAN DIAGNOSTICS VASHI

424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 10.2 HR : 164 Target HR : 87% of 189 BP : 120/80 Post J @60mSec

ExTime: 08:29 Speed: 3.5 mpt Grade: 14.00 % 25 mmV/Sec 1.0 Cm/IV

## 6X2 Combine Medians + 1 Rhythm

PeakEx



II (Combined Medians)

# SUBURBAN DIAGNOSTICS VASHI

424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 6.5 HR : 163 Target HR : 86% of 189 BP : 120/80 Post J @60mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 00:09 )



ExTime: 08:29 Speed: 0.0 mph Grade: 00:00 % 25 mm/Sec: 1.0 Cm/mV



(Combined Medians)

# SUBURBAN DIAGNOSTICS VASHI

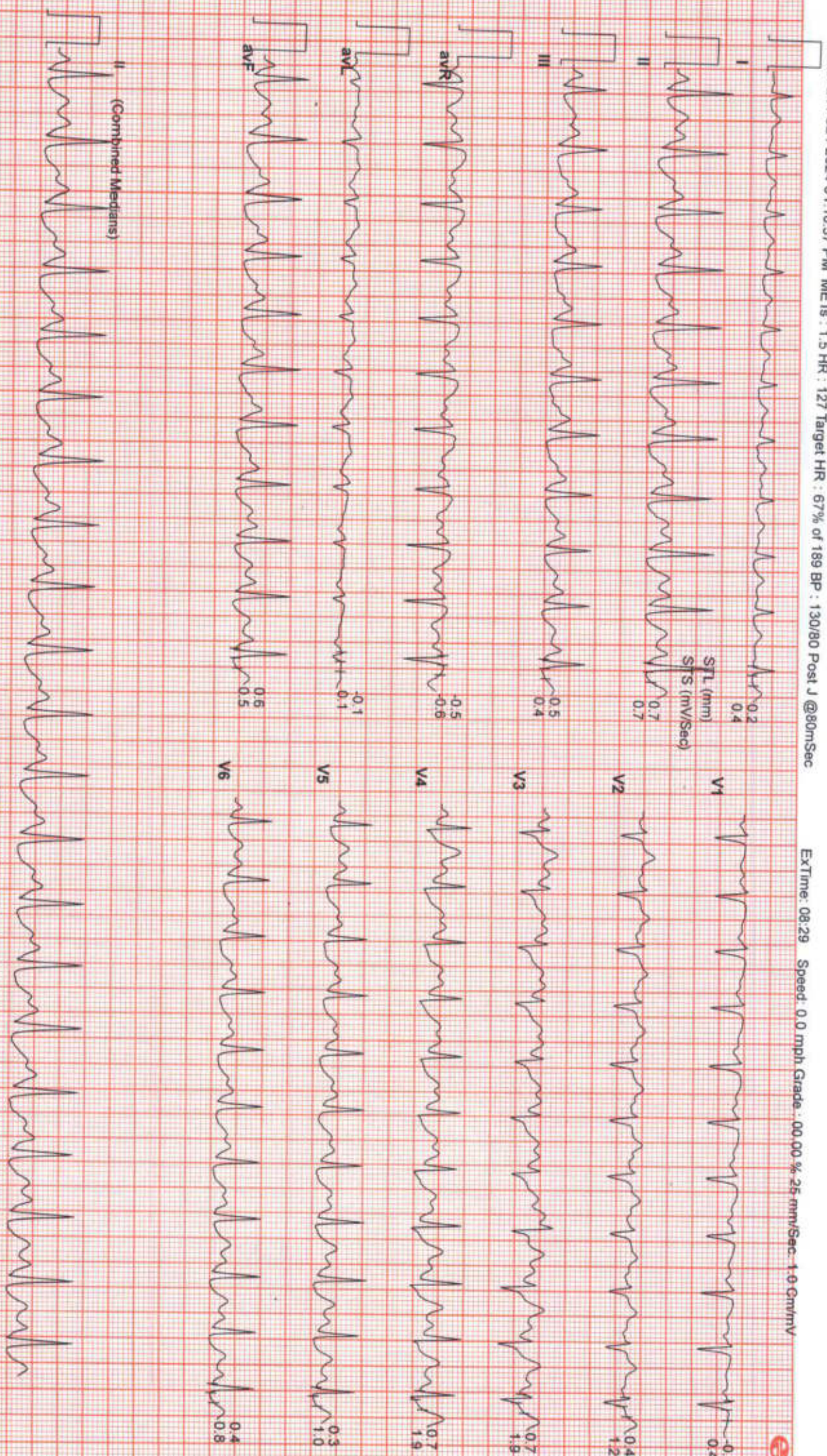
424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 1.5 HR : 127 Target HR : 67% of 189 BP : 130/80 Post J @80mSec

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



ExTime: 08:29 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec - 1.0 Cm/mV

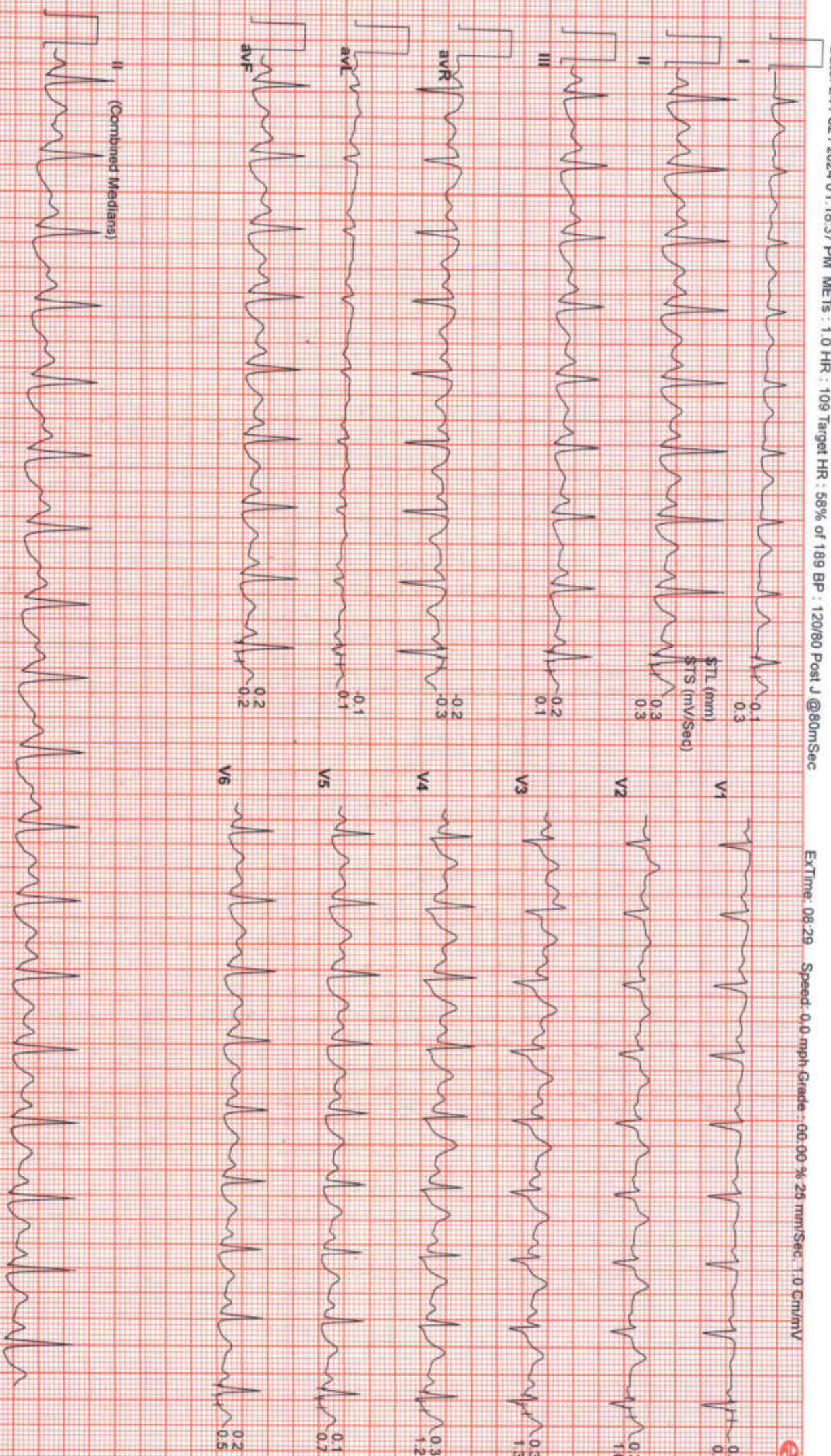


# SUBURBAN DIAGNOSTICS VASHI

424 / MRS.SNEHAL SONAWANE / 31 Yrs / Female / 152 Cm / 64 Kg

Date: 24 / 02 / 2024 01:18:37 PM METs : 1.0 HR : 109 Target HR : 59% of 169 BP : 120/80 Post J @80mSec

6X2 Combine Medians + 1 Rhythm  
Recovery : ( 01:37 )



ExTime: 08:29 Speed: 0.0 mph Grade: -00.00 % 25 mm/Sec: 1.0 Cm/mV

