SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

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REPORT

| | | | |
|---|---|---|---|
| **CID** | : 2217635070 | | |
| **Name** | : MRS.NUTAN KUMARI | | |
| **Age / Gender** | : 33 Years / Female | | |
| **Consulting Dr.** | : - | **Collected** | : 25-Jun-2022 / 10:02 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 15:53 |

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### CBC (Complete Blood Count), Blood

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **RBC PARAMETERS** | | | |
| Haemoglobin | 12.2 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.22 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 38.0 | 36-46 % | Measured |
| MCV | 90 | 80-100 fl | Calculated |
| MCH | 28.9 | 27-32 pg | Calculated |
| MCHC | 32.2 | 31.5-34.5 g/dL | Calculated |
| RDW | **15.4** | 11.6-14.0 % | Calculated |
| **WBC PARAMETERS** | | | |
| WBC Total Count | 7810 | 4000-10000 /cmm | Elect. Impedance |
| **WBC DIFFERENTIAL AND ABSOLUTE COUNTS** | | | |
| Lymphocytes | 24.1 | 20-40 % | |
| Absolute Lymphocytes | 1882.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 6.1 | 2-10 % | |
| Absolute Monocytes | 476.4 | 200-1000 /cmm | Calculated |
| Neutrophils | 65.9 | 40-80 % | |
| Absolute Neutrophils | 5146.8 | 2000-7000 /cmm | Calculated |
| Eosinophils | 3.7 | 1-6 % | |
| Absolute Eosinophils | 289.0 | 20-500 /cmm | Calculated |
| Basophils | 0.2 | 0.1-2 % | |
| Absolute Basophils | **15.6** | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

| | | | |
|---|---|---|---|
| **PLATELET PARAMETERS** | | | |
| Platelet Count | 270000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | **12.3** | 6-11 fl | Calculated |
| PDW | **30.1** | 11-18 % | Calculated |
| **RBC MORPHOLOGY** | | | |
| Hypochromia | - | | |
| Microcytosis | - | | |



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| **Consulting Dr.** | : - | **Collected** | : 25-Jun-2022 / 10:02 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 13:33 |

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

**Specimen:** EDTA Whole Blood

| | | | |
|---|---|---|---|
| ESR, EDTA WB | **25** | 2-20 mm at 1 hr. | Westergren |

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***

MC-2111

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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| **Consulting Dr.** | : - | **Collected** | : 25-Jun-2022 / 10:02 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 17:15 |

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 102.3 | Non-Diabetic: < 100 mg/dl<br>Impaired Fasting Glucose: 100-125 mg/dl<br>Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 124.2 | Non-Diabetic: < 140 mg/dl<br>Impaired Glucose Tolerance: 140-199 mg/dl<br>Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.72 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.21 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.51 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 7.2 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.6 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.6 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 1.8 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 29.4 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | **41.2** | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | **73.0** | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | **133.8** | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 15.4 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 7.2 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.56 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 133 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 5.1 | 2.4-5.7 mg/dl | Enzymatic |



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| **Name** | : MRS.NUTAN KUMARI | | |
| **Age / Gender** | : 33 Years / Female | | |
| **Consulting Dr.** | : - | **Collected** | : 26-Jun-2022 / 12:15 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 26-Jun-2022 / 15:05 |

| | | |
|---|---|---|
| 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 Borivali Lab, Borivali West

*** End Of Report ***

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MC-2111

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

| | | | |
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| **CID** | : 2217635070 | | |
| **Name** | : MRS.NUTAN KUMARI | | |
| **Age / Gender** | : 33 Years / Female | | |
| **Consulting Dr.** | : - | **Collected** | : 25-Jun-2022 / 10:02 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 19:11 |

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

## GLYCOSYLATED HEMOGLOBIN (HbA1c)

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.4 | Non-Diabetic Level: < 5.7 %<br>Prediabetic Level: 5.7-6.4 %<br>Diabetic Level: >/= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 108.3 | mg/dl | Calculated |

**Intended use:**

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

**Clinical Significance:**

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

**Test Interpretation:**

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

**Factors affecting HbA1c results:**
**Increased in**: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

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

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

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

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Dr.SHASHIKANT DIGHADE
M.D. (PATH)
Pathologist

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| **PHYSICAL EXAMINATION** | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 6.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.010 | 1.001-1.030 | Chemical Indicator |
| Transparency | Slight hazy | Clear | - |
| Volume (ml) | 20 | - | - |
| **CHEMICAL EXAMINATION** | | | |
| 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 |
| **MICROSCOPIC EXAMINATION** | | | |
| Leukocytes(Pus cells)/hpf | **12-15** | 0-5/hpf | |
| Red Blood Cells / hpf | Occasional | 0-2/hpf | |
| Epithelial Cells / hpf | 3-4 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | ++ | Less than 20/hpf | |
| Others | - | | |

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*** End Of Report ***

MC-2111

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 19:53 |

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

| PARAMETER | RESULTS |
|---|---|
| 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.

**Refernces:**

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

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## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| CHOLESTEROL, Serum | **219.6** | Desirable: <200 mg/dl<br>Borderline High: 200-239mg/dl<br>High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | **160.6** | Normal: <150 mg/dl<br>Borderline-high: 150 - 199 mg/dl<br>High: 200 - 499 mg/dl<br>Very high:>/=500 mg/dl | GPO-POD |
| HDL CHOLESTEROL, Serum | 46.8 | Desirable: >60 mg/dl<br>Borderline: 40 - 60 mg/dl<br>Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 172.8 | Desirable: <130 mg/dl<br>Borderline-high:130 - 159 mg/dl<br>High:160 - 189 mg/dl<br>Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | **141.0** | Optimal: <100 mg/dl<br>Near Optimal: 100 - 129 mg/dl<br>Borderline High: 130 - 159 mg/dl<br>High: 160 - 189 mg/dl<br>Very High: >/= 190 mg/dl | Calculated |
| VLDL CHOLESTEROL, Serum | 31.8 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | **4.7** | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | **3.0** | 0-3.5 Ratio | Calculated |

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MC-2111

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

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| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 18:06 |

## AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

### THYROID FUNCTION TESTS

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---|---|---|
| Free T3, Serum | 4.8 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 14.1 | 11.5-22.7 pmol/L<br>First Trimester:9.0-24.7<br>Second Trimester:6.4-20.59<br>Third Trimester:6.4-20.59 | ECLIA |
| sensitiveTSH, Serum | 1.89 | 0.35-5.5 microIU/ml<br>First Trimester:0.1-2.5<br>Second Trimester:0.2-3.0<br>Third Trimester:0.3-3.0 | ECLIA |



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| **Consulting Dr.** | : - | **Collected** | : 25-Jun-2022 / 10:02 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West (Main Centre) | **Reported** | : 25-Jun-2022 / 18:06 |

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

**Clinical Significance:**
1)TSH Values between 5.5 to 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2)TSH values may be trasiently altered becuase 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:**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.

**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 ***

MC-2111

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SUBURBAN DIAGNOSTICS
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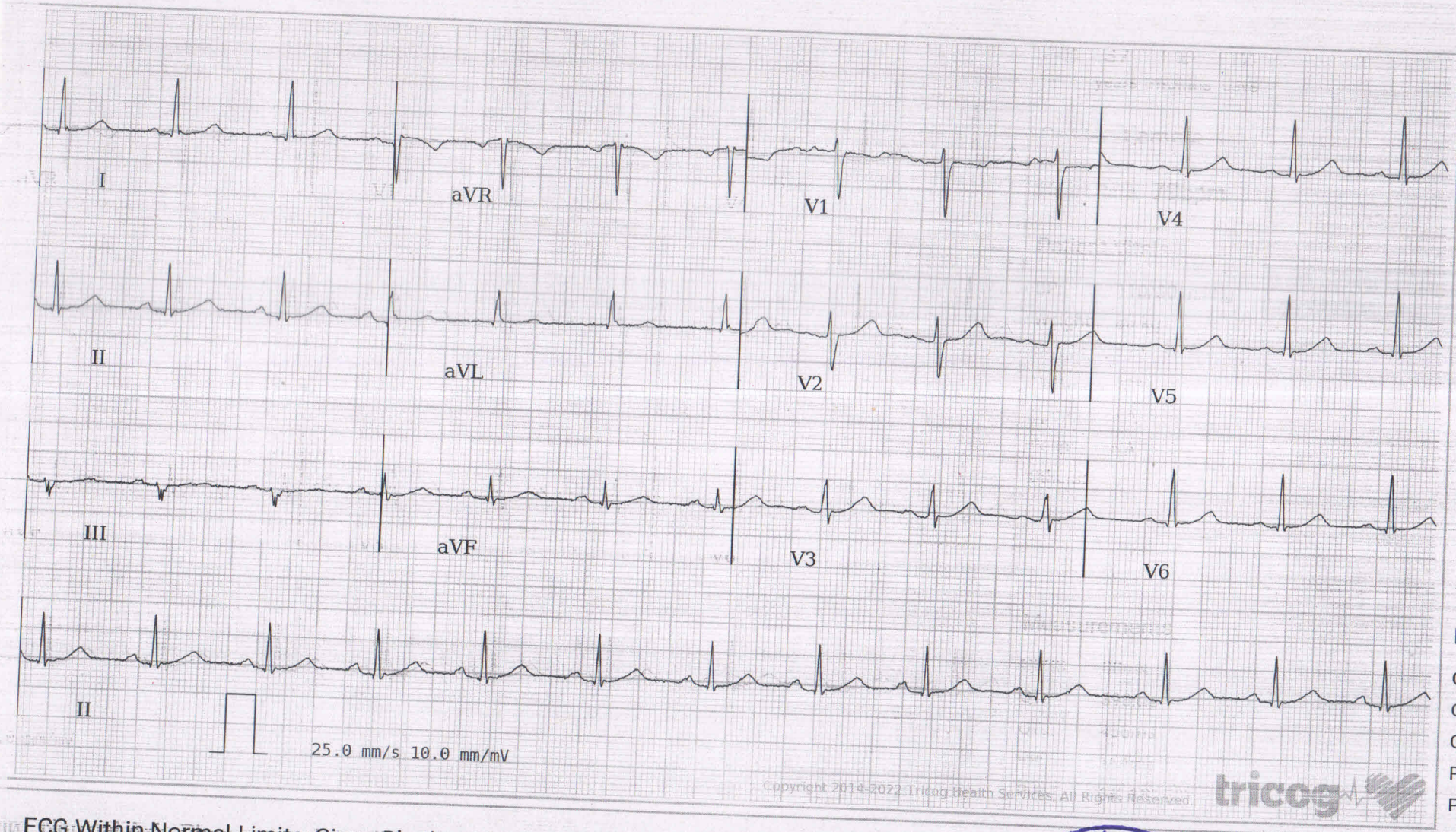
# SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST

Patient Name: NUTAN KUMARI
Patient ID: 2217635070

Date and Time: 25th Jun 22 10:14 AM






Age 37 years 2 months 12 days

Gender Female

Heart Rate 79bpm

## Patient Vitals

| | |
|---|---|
| BP: | 110/80 mmHg |
| Weight: | 80 kg |
| Height: | 170 cm |
| Pulse: | 78 bpm |
| Spo2: | NA |
| Resp: | NA |
| Others: | |

## Measurements

| | |
|---|---|
| QRSD: | 80ms |
| QT: | 398ms |
| QTc: | 456ms |
| PR: | 164ms |
| P-R-T: | 64° 18° 50° |

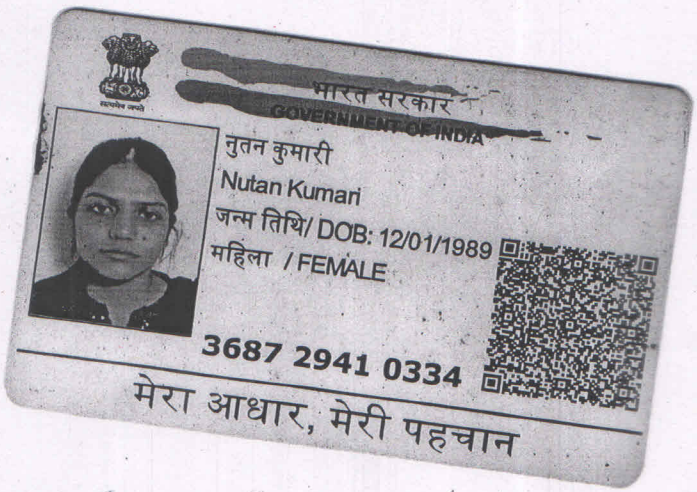
ECG Within Normal Limits: Sinus Rhythm, Normal Axis.Please correlate clinically.

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Mumbai-67.

REPORTED BY

Dr.Ajita Bhosale
M.B.B.S/P.G.D.C.C (DIP. Cardiology)
2013062200

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.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Nutan Kumari
जन्म तिथि/ DOB: 12/01/1989
महिला / FEMALE
3687 2941 0334
मेरा आधार, मेरी पहचान

# SUBURBAN DIAGNOSTIC CENTRE

**Patient Details** **Date: 25-Jun-22** **Time: 11:18:32 AM**

**Name: NUTAN KUMARI ID: 2217635070**

**Age: 33 y** **Sex: F** **Height: 170 cms** **Weight: 80 Kgs**

**Clinical History:** ROUTINE CHECK UP

**Medications:** NIL

## Test Details

**Protocol:** Bruce
**Total Exec. Time:** 7 m 11 s
**Max. BP:** 140 / 80 mmHg
**Test Termination Criteria:** FATIGUE

**Pr.MHR:** 187 bpm
**Max. HR:** 171 ( 91% of Pr.MHR )bpm
**Max. BP x HR:** 23940 mmHg/min

**THR:** 158 (85 % of Pr.MHR) bpm
**Max. Mets:** 10.20
**Min. BP x HR:** 6720 mmHg/min

## 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 | 2 : 3 | 1.0 | 0 | 0 | 84 | 110 / 80 | -2.76 II | -2.48 V5 |
| Standing | 1 : 4 | 1.0 | 0 | 0 | 85 | 110 / 80 | -4.88 III | -2.83 III |
| Hyperventilation | 0 : 7 | 1.0 | 0 | 0 | 90 | 110 / 80 | -0.64 aVR | 1.06 II |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 125 | 120 / 80 | -0.85 V1 | 2.48 II |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 154 | 130 / 80 | -0.85 aVR | 2.83 II |
| Peak Ex | 1 : 11 | 10.2 | 3.4 | 14 | 171 | 140 / 80 | -2.76 II | -2.12 III |
| Recovery(1) | 3 : 0 | 1.8 | 1 | 0 | 103 | 120 / 80 | -1.06 II | 2.83 II |
| Recovery(2) | 1 : 5 | 1.0 | 0 | 0 | 98 | 110 / 80 | -0.64 I | 1.06 II |

## Interpretation

FAIR EFFORT TOLERANCE.
MODERATE WORKLOAD ACHIEVED.
APPROPRIATE CHRONOTROPIC AND INOTROPIC RESPONSE.
NO SIGNIFICANT ST-T CHANGES AT PEAK EXERCISE.
NO SIGNIFICANT ST-T CHANGES AT RECOVERY.
NO ARRYTHMIAS NOTED.

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA.

Disclaimer: Negative stress test does not rule out Coronay Artery Disease.
Positive test is suggestive but not confirmatory of Coronary Artery Disease.
Hence, clinical correlation is mandatory.

Ref. Doctor: ARCOFEMI

*( Summary Report edited by user )*

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Mumbai-67.

Doctor: DR AJITA BHOSALE



Dr. AJITA BHOSALE
Reg. No. 2013/062200
MBBS/D. Cardiology

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 0 m 0 s Stage Time : 1 m 57 s ***HR: 85 bpm***

Protocol: Bruce Stage: Supine Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 80

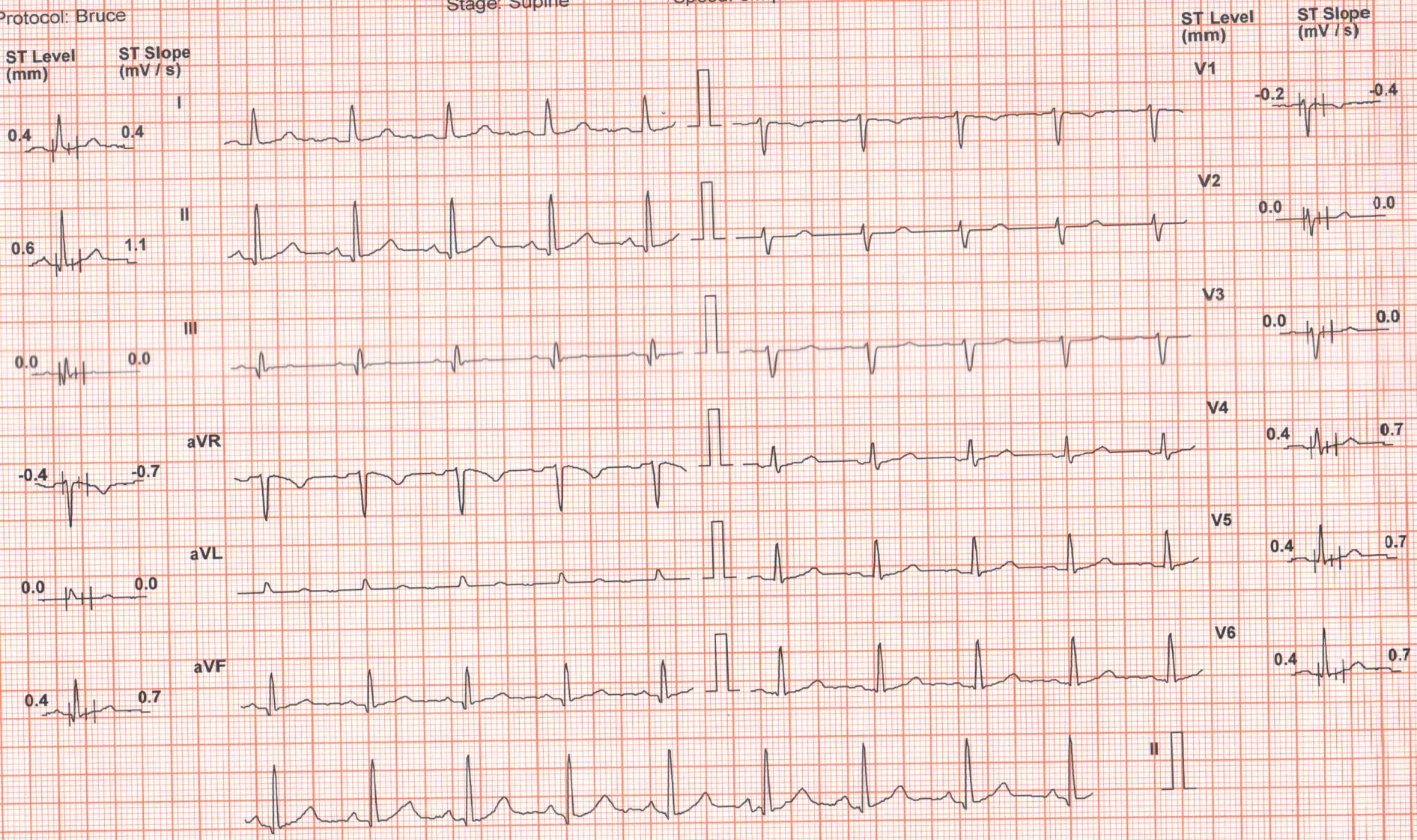


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 0 m 0 s Stage Time : 0 m 58 s ***HR: 91 bpm***

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 80

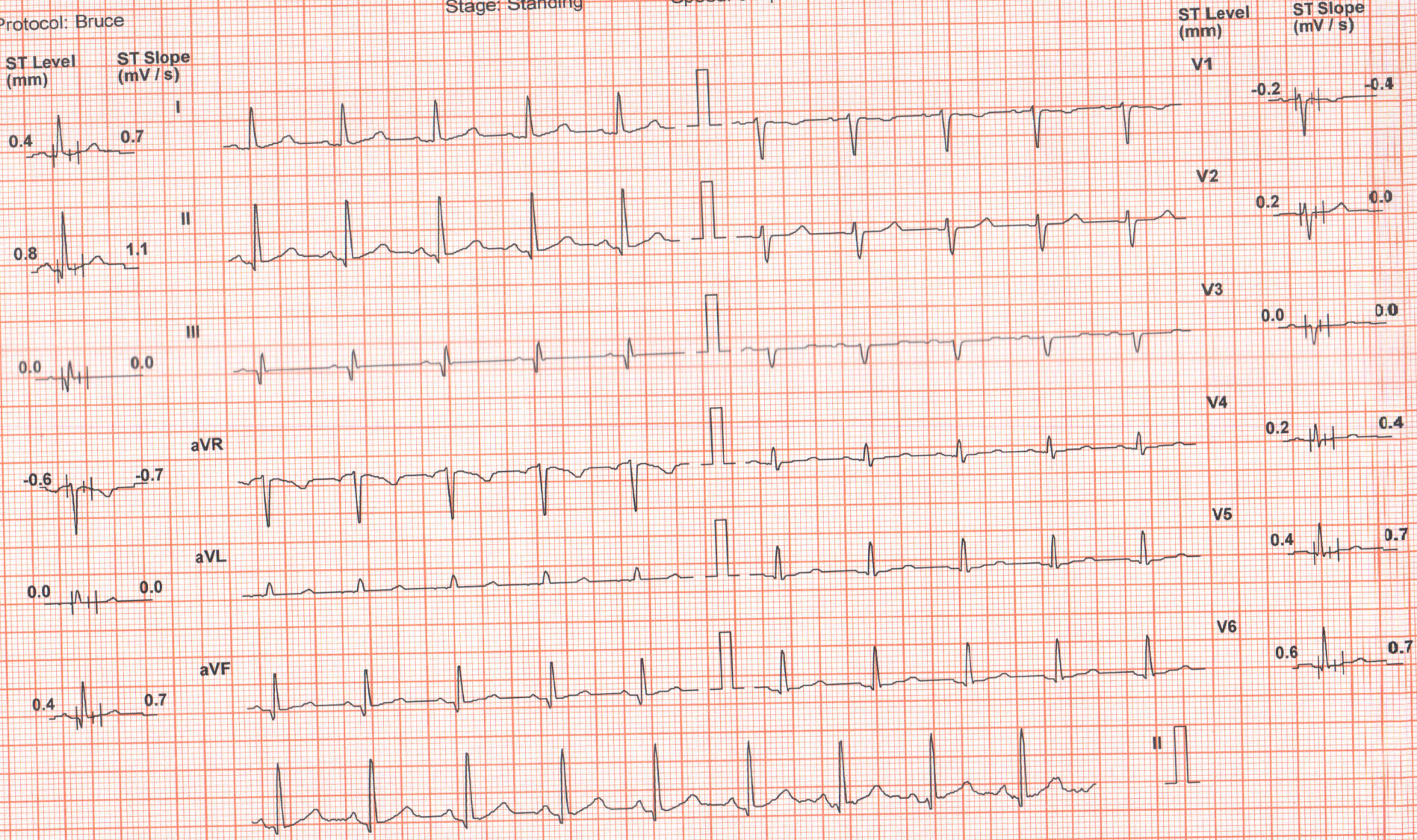


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 0 m 0 s Stage Time : 0 m 1 s **HR: 96 bpm**

Protocol: Bruce Stage: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 80

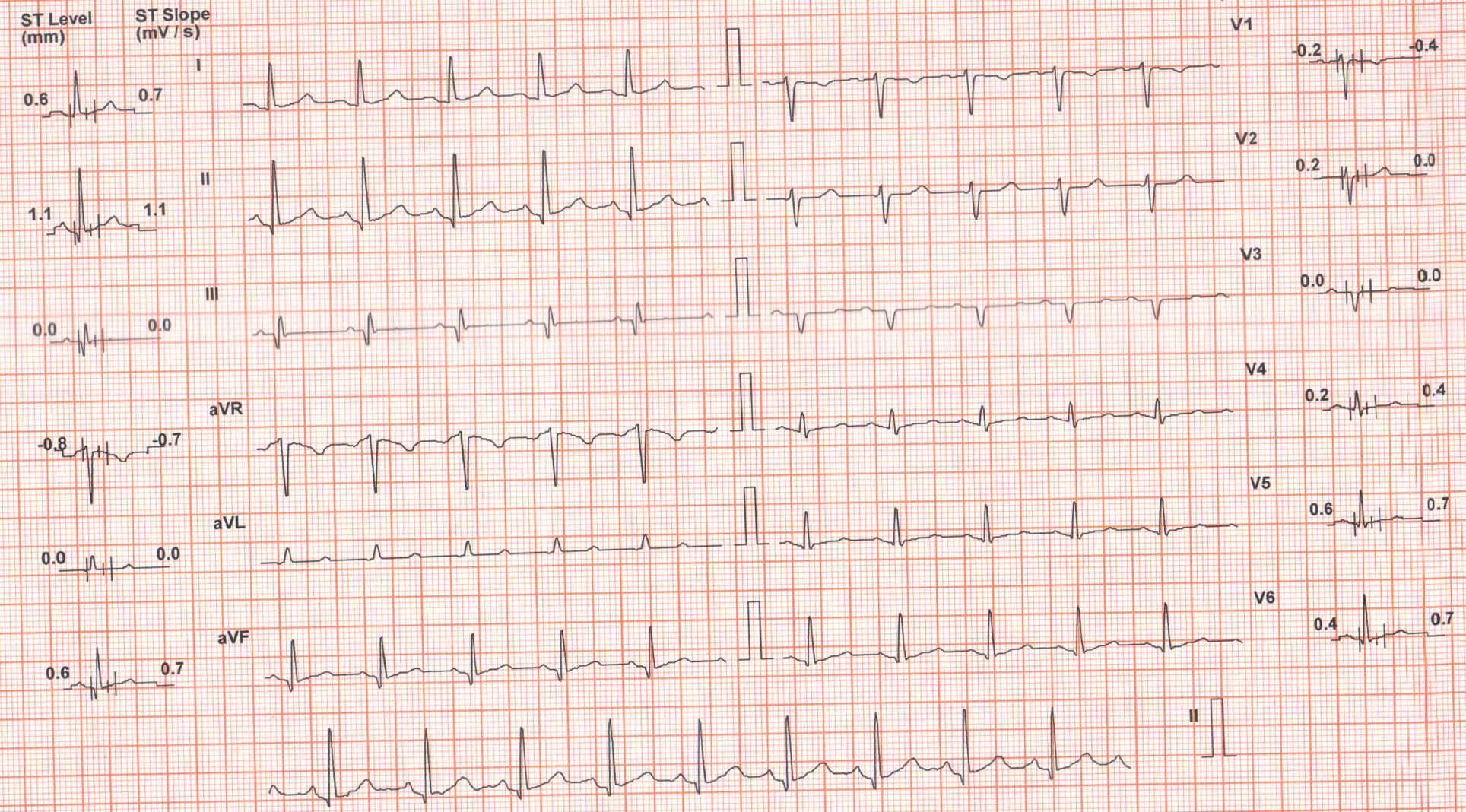


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 2 m 54 s Stage Time : 2 m 54 s ***HR: 125 bpm***

Protocol: Bruce Stage: 1 Speed: 1.7 mph Grade: 10 % (THR: 158 bpm) B.P: 120 / 80

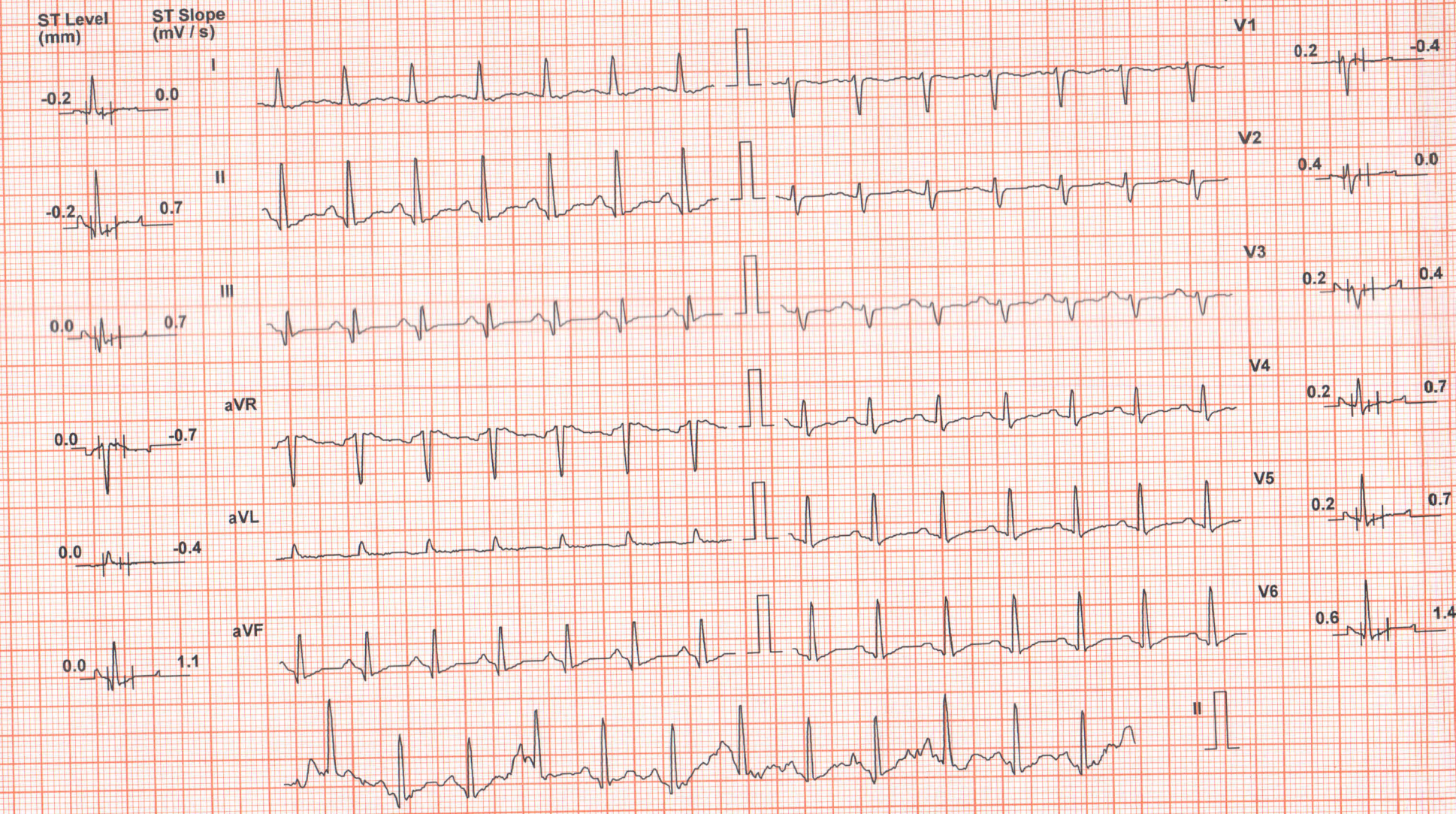


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s ***HR: 154 bpm***

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 158 bpm) B.P: 130 / 80

| | ST Level (mm) | ST Slope (mV / s) |
|---|---|---|
| I | -0.4 | 0.4 |
| II | 0.2 | 1.4 |
| III | 0.4 | 1.1 |
| aVR | 0.0 | -0.7 |
| aVL | -0.4 | -0.7 |
| aVF | 0.4 | 1.4 |
| V1 | 0.0 | -0.4 |
| V2 | -0.2 | -0.4 |
| V3 | -0.2 | 0.0 |
| V4 | -0.6 | 1.1 |
| V5 | -0.4 | 1.1 |
| V6 | -0.4 | 1.1 |

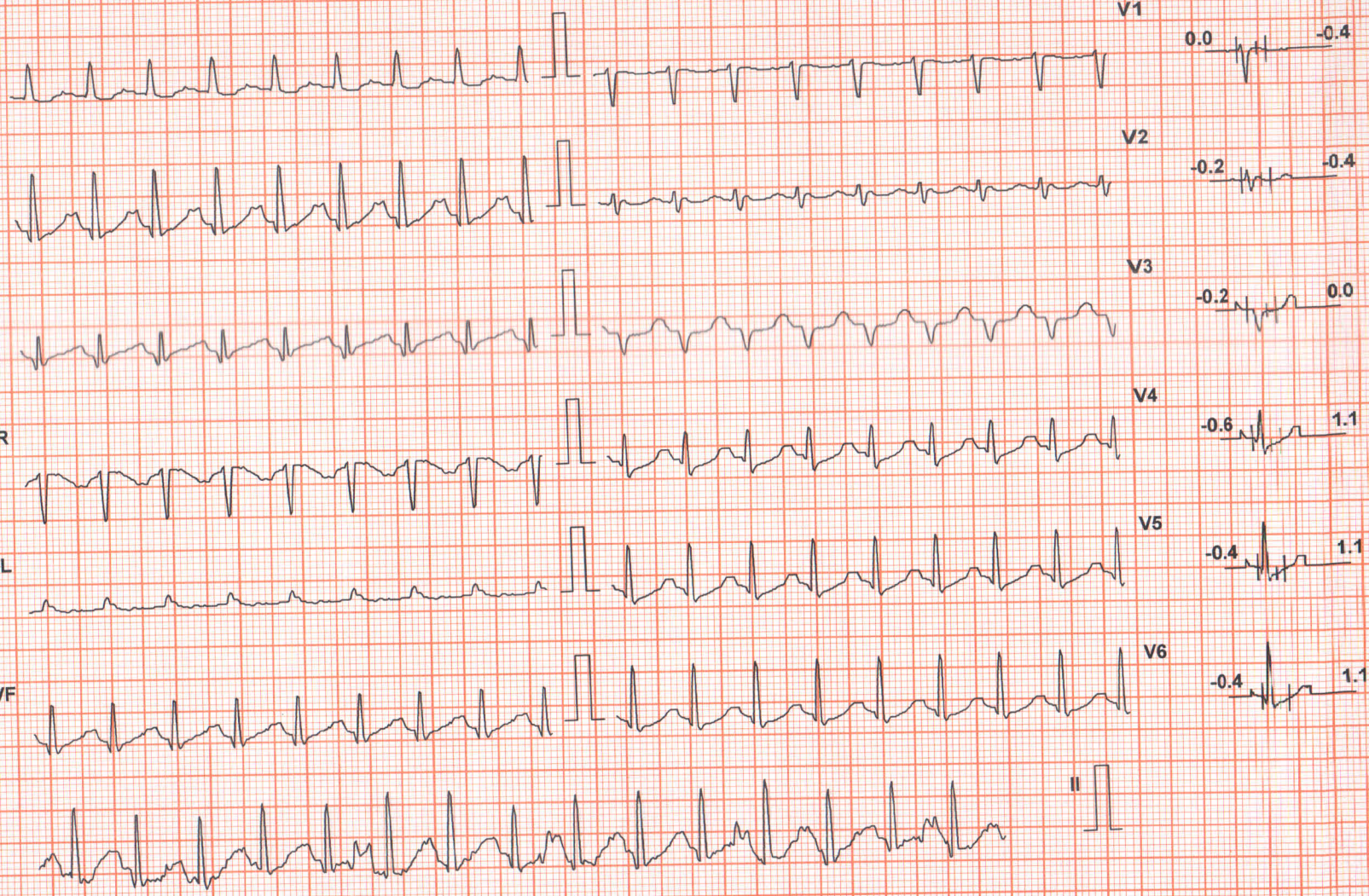


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 7 m 5 s Stage Time : 1 m 5 s **HR: 171 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 158 bpm) B.P: 140 / 80

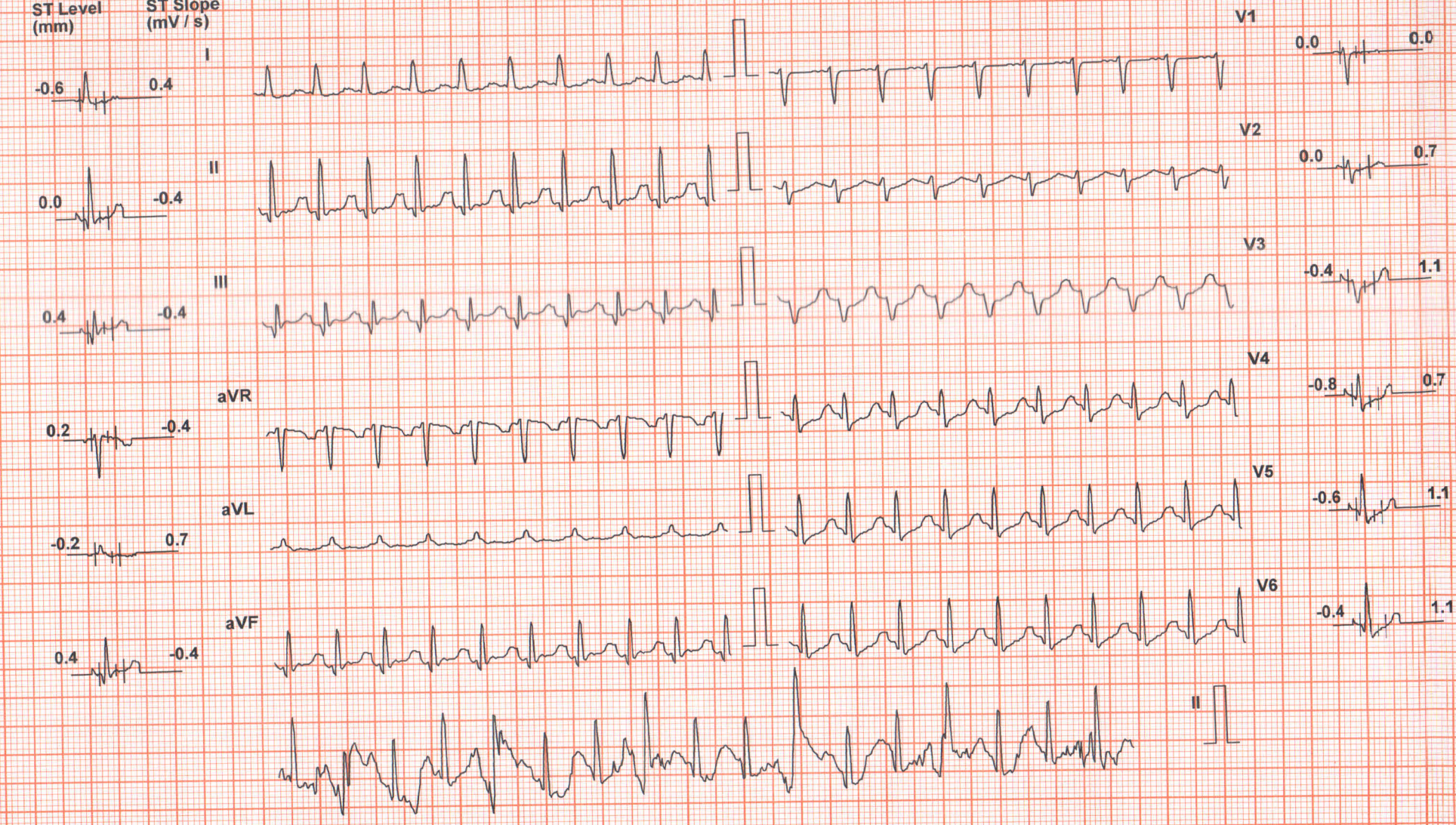


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms* Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)**

ID: 2217635070 Date: 25-Jun-22 Exec Time : 7 m 11 s Stage Time : 2 m 54 s ***HR: 105 bpm***

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % (THR: 158 bpm) B.P: 120 / 80

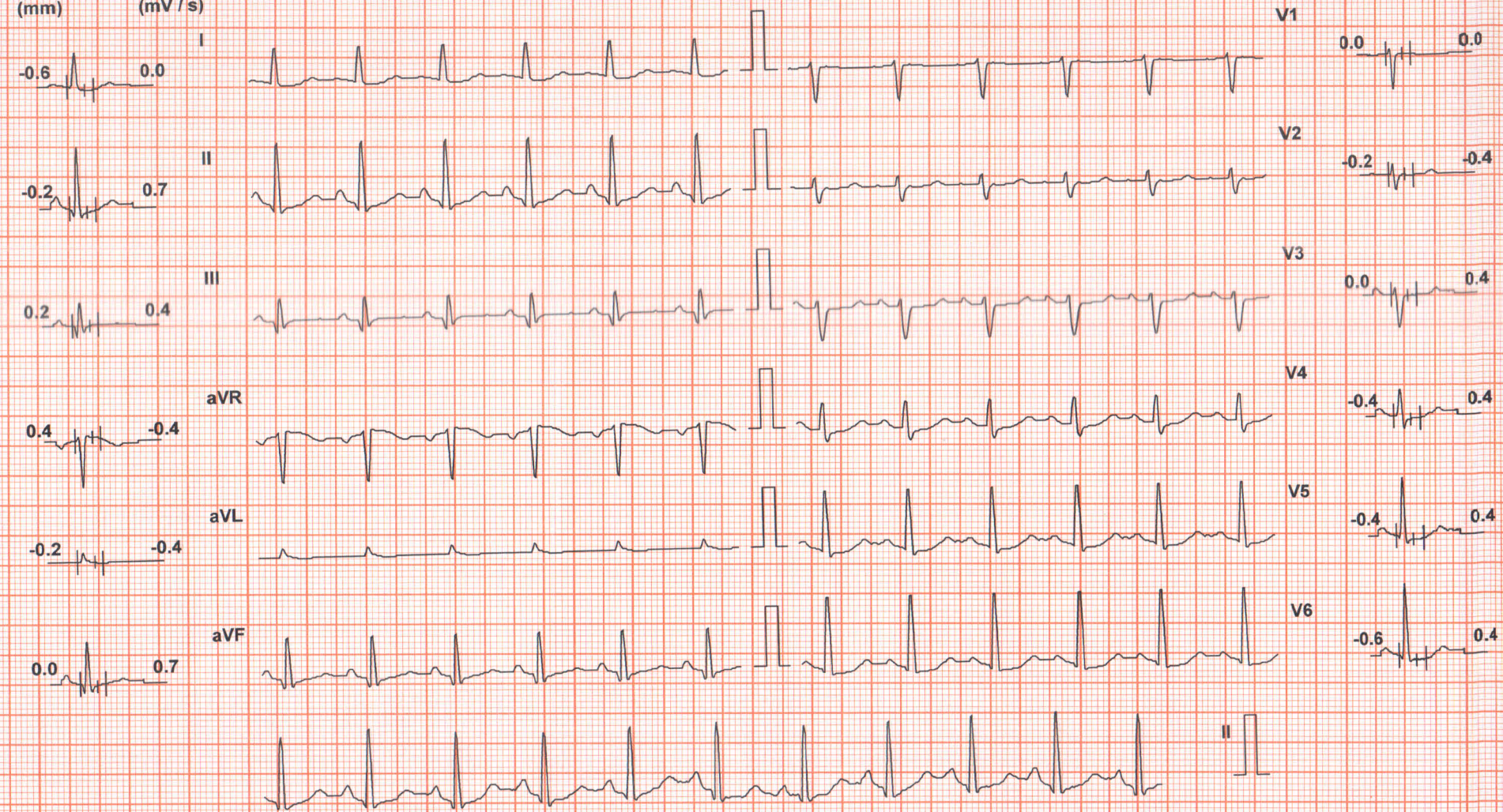


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

# SUBURBAN DIAGNOSTIC CENTRE

Test Report

**NUTAN KUMARI (33 F)** ID: 2217635070 Date: 25-Jun-22 Exec Time : 7 m 11 s Stage Time : 0 m 59 s ***HR: 98 bpm***

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 158 bpm) B.P: 110 / 80

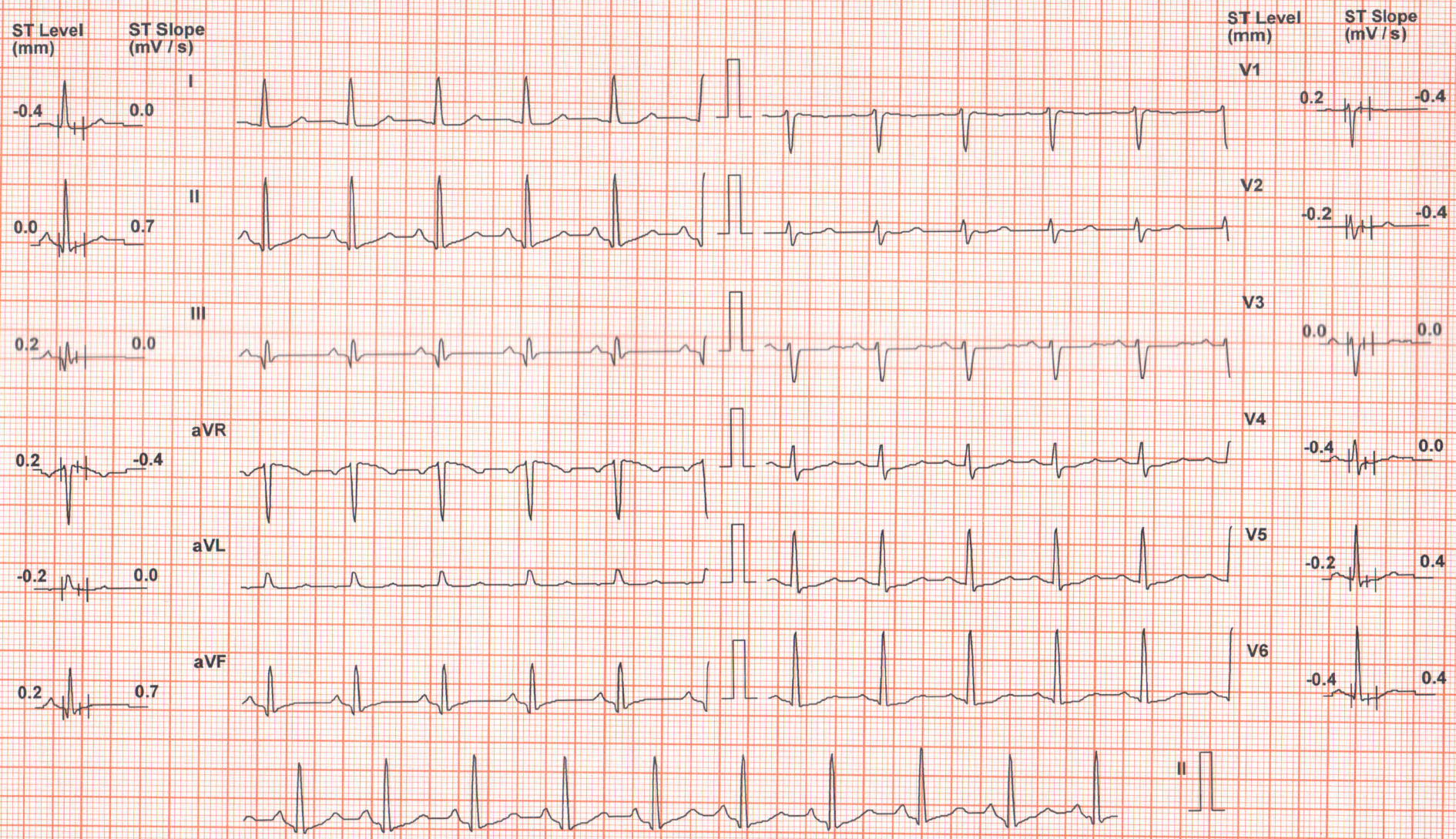


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm *Iso = R - 60 ms* *J = R + 60 ms* *Post J = J + 60 ms*

Linked Median

*Schiller Spandan V 4.52*

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

| | |
|---|---|
| • PATIENT NAME : MRS.NUTAN KUMARI | • SEX : FEMALE |
| • REFERRED DR : ---------- | • AGE : 37 YEARS |
| • CID NO : 2217635070 | • DATE : 25/06/2022 |

# USG WHOLE ABDOMEN

**LIVER:**
It is normal in size, shape and shows smooth margins. It shows normal parenchymal echotexture. Intra hepatic biliary and portal radical appears normal. No evidence of any intra hepatic cystic or solid lesion seen. Main portal vein and CBD appears normal.

**GALL BLADDER:**
It is physiologically distended and shows a 14.0 mm and 10.0 mm size , echogenic calculi within. No evidence of abnormal gall bladder wall thickening or pericholecystic fluid collection is seen..

**PANCREAS:**
It 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. Corticomedullary differentiation is well maintained. Bilateral renal pelvicalyceal system appears normal. No evidence of any renal calculi.
**Right kidney** measures **11.1 x 5.6 cm.**
**Left kidney** measures **11.3 x 5.2 cm.** A **1.1 x 1.0 cm** size , round , intracortical , echogenic lesion is seen at mid pole. No evidence of intralesional vascularity or calcification seen.

**SPLEEN:**
It is normal in size and echotexture. No evidence of focal lesion is noted.

**URINARY BLADDER:**
It is well distended and reveal no intraluminal abnormality. Bilateral ureterovesical junction appears normal.

**UTERUS & OVARIES:**
It is anteverted and appears normal in size and echotexture. It measures **7.2 x 4.9 x 4.1 cms** in size. No focal lesion is seen. Endometrial thickness is **6.0 mm**. No evidence of abnormal endometrial vascularity is seen.
Both ovaries appears normal in size and echotexture.
**Right ovary** measures **3.0 x 2.4 cm.** **Left ovary** measures **3.4 x 1.7 cm.**
There is no evidence of any ovarian or adnexal mass seen.
No evidence of free fluid in pouch of douglas.

No evidence of significant abdominal lymphadenopathy seen. No evidence of free fluid in abdomen and pelvis.

**IMPRESSION:**
**Gall bladder calculi. No signs of cholecystitis.**
**Left renal small angiomyolipoma.**
**Rest of the study shows no significant abnormality**

**Advice** – clinico-pathological correlation

**DR. MAHESH S KADAM.**
CONSULTANT RADIOLOGIST
MMC REG NO -2011/08/2693

**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 Please interpret accordingly. Patient has been explained in detail about the USG findings, measurements and limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification.

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check

Use a QR Code Scanner Application To Scan the Code

REPORT

| | | | |
|---|---|---|---|
| **CID** | : 2217635070 | | |
| **Name** | : Mrs Nutan Kumari | | |
| **Age / Sex** | : 37 Years/Female | | |
| **Ref. Dr** | : | **Reg. Date** | : 25-Jun-2022 |
| **Reg. Location** | : Mahavir Nagar, Kandivali West Main Centre | **Reported** | : 25-Jun-2022/09:57 |

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## X- RAY CHEST (PA VIEW)

**FINDINGS AND IMPRESSION: -**

- Both lung fields appear normal in radiolucency. No evidence of any parenchymal opacity/lesion is seen.
- Both hilar shadow appears normal.
- Bilateral costophrenic and cardio phrenic angles appear clear. No evidence of pleural effusion.
- Both domes of diaphragm appears normal in position and outline.
- Cardiac shadow appears normal.
- No evidence of any abnormal soft tissue shadow seen.
- Bony skeleton under review appears normal.

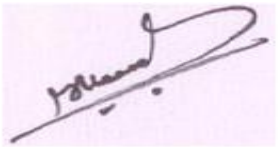
**No significant pleuro-parenchymal abnormality seen.**

**Advice**:- Clinical 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. X ray is known to have inter-observer variations. Further / Follow-up imaging may be needed in some case for confirmation of findings Please interpret accordingly.

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

**This report is prepared and physically checked by DR.MAHESH KADAM before dispatch.**



DR.MAHESH KADAM
MBBS ,DMRD
Reg No - 2011/08/2693
Consultant Radiologist

**Click here to view images** http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022062509284097

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

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REPORT

| | | | |
|---|---|---|---|
| **CID** | : 2217635070 | | |
| **Name** | : Mrs Nutan Kumari | | |
| **Age / Sex** | : 37 Years/Female | | |
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| **Reg. Location** | : Mahavir Nagar, Kandivali West Main Centre | **Reported** | : 25-Jun-2022/09:57 |

**Click here to view images** http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022062509284097