



CID : 2235716164
Name : MRS.NILOFER SALIM SHAIKH
Age / Gender : 36 Years / Female
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 23-Dec-2022 / 08:23
Reported : 23-Dec-2022 / 12:56

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	10.9	12.0-15.0 g/dL	Spectrophotometric
RBC	3.69	3.8-4.8 mil/cmm	Elect. Impedance
PCV	33.0	36-46 %	Measured
MCV	90	80-100 fl	Calculated
MCH	29.4	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4760	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	43.7	20-40 %	
Absolute Lymphocytes	2080.1	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	366.5	200-1000 /cmm	Calculated
Neutrophils	44.5	40-80 %	
Absolute Neutrophils	2118.2	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	166.6	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	28.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	280000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	15.9	11-18 %	Calculated



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RBC MORPHOLOGY

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

Specimen: EDTA Whole Blood

ESR, EDTA WB, EDTA WB-ESR **28** 2-20 mm at 1 hr. Sedimentation

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



Bmhaskar
Dr.KETAKI MHASKAR
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	89.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	89.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.18	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.07	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.11	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.5	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	21.4	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	19.2	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	13.5	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	68.4	35-105 U/L	Colorimetric
BLOOD UREA, Serum	14.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.62	0.51-0.95 mg/dl	Enzymatic



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eGFR, Serum	116	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	4.8	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 Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
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	5.7	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 Borivali Lab, Borivali West

*** End Of Report ***



Bmhaskar

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M.D. (PATH)
Pathologist



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

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

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

Reference: Pack insert



MC-2111

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

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

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

Specimen: EDTA Whole Blood and/or serum

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

Limitations:

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

References:

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

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



Dr. Vrushi Shroff
Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	192.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	228.5	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	34.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	158.6	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	128.1	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	30.5	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.8	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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

*** End Of Report ***



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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	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.0	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	3.44	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 transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

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

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

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

Limitations:

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

Reference:

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

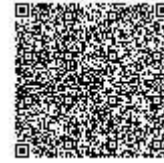
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*** End Of Report ***



Bmhaskar

Dr.KETAKI MHASKAR
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Pathologist



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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15.0 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is not visualised - h/o surgical removal.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS: Kc/o ectopic right kidney.

Right kidney is not visualised in the right renal fossa. It is seen in the left renal fossa inferior to the left kidney and appears malrotated. It measures 9.2 x 5.5 cm.

Left kidney measures 10.0 x 5.4 cm.

Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (7.8 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS :

The uterus is anteverted and appears normal. It measures 7.5 x 5.8 x 5.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 5.8 mm.



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OVARIES:

Right ovary : 2.9 x 1.6 x 1.8 cm, Vol : 4.4 cc.

Left ovary : 3.3 x 2.0 x 2.3 cm, Vol : 8.3 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 20.6 mm follicular cyst is seen in the left ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Ectopic malrotated right kidney seen in the left renal fossa.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Government of India



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Unique Identification Authority of India

Enrollment No. : 0664/10016/72849

To
Nilofer Salim Shaikh

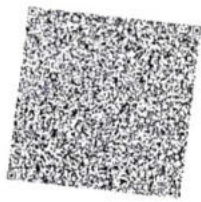
BLDG No B 2 Flat No 1805 Poonam Estate Cluster 2,
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Mira Road East,
VTC: Mira-Bhayander, PO: Mira Road,
Sub District: Thane, District: Thane,
State: Maharashtra, PIN Code: 401107,
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आपका आधार क्रमांक / Your Aadhaar No. :

2825 4388 3535

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Nilofer Salim Shaikh
DOB: 08/10/1986
Female

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Ndli

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PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	166	Weight (kg):	70
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80 mmHg	Nails:	NAD
Pulse:	76/min	Lymph Node:	Not Papable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

IMPRESSION:

(a) Dyslipidemia
(b) TMT: Inconclusive
(c) Hb: 10.9

ADVICE:

Low fat iron rich diet
Regular walking

- Repeat TMT x
2 mths

CHIEF COMPLAINTS:

- se ferritin, iron studies

- Review e reports

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |

Valani

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011/03/0587

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- 5) Tuberculosis No
- 6) Asthama No
- 7) Pulmonary Disease No
- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 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 Yes,Cholecystectomy-2 Yrs back
No

PERSONAL HISTORY:

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

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD
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- | | |
|--|--------------------------------|
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 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 | Yes,Cholecystectomy-2 Yrs back |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

SUBURBAN DIAGNOSTICS (I) PVT. LTD
Shop No. 101-A, 1st Floor, Keshaji Building
Above Raymond, Near Thunga Hospital,
Mira - Bhayander Road, Bhaynadar (E)
Dist. Thane-401105.
Phone No.: 022 - 81700000

Date:- 23/12/22
Name:- Nilofar Shaik

CID: 2235716164
Sex / Age: 36 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

} NO
} RE CE
} 6/6 6/6
} 14/6 16/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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Mira - Bhayander Road, Bhaynater (E)
Dist. Thane-401105.
Phone No : 022 - 61700000



Email:

12345625 (222321232) / NILOFER SHAIKH / 36 Yrs / F / 166 Cms / 70 Kg

Date: 23 / 12 / 2022 09:17:19 AM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:12	0:12	00.0	00.0	01.0	082	45 %	110/80	090	00	
Standing	00:20	0:08	00.0	00.0	01.0	073	40 %	110/80	080	00	
HV	00:24	0:04	00.0	00.0	01.0	073	40 %	110/80	080	00	
ExStart	00:35	0:11	00.0	00.0	01.0	091	49 %	110/80	100	00	
BRUCE Stage 1	03:35	3:00	01.7	10.0	04.7	167	91 %	120/80	200	00	
PeakEx	04:42	1:07	02.5	12.0	05.6	171	93 %	120/80	205	00	
Recovery	05:42	1:00	01.1	00.0	01.0	160	87 %	140/80	224	00	
Recovery	06:42	2:00	00.0	00.0	01.0	128	70 %	160/80	204	00	
Recovery	08:42	4:00	00.0	00.0	01.0	107	58 %	140/80	149	00	
Recovery	09:07	4:25	00.0	00.0	01.0	099	54 %	110/80	108	00	

FINDINGS :

Exercise Time : 04:07
Initial HR (ExStrt) : 91 bpm 49% of Target 184
Initial BP (ExStrt) : 110/80 (mm/Hg)
Max WorkLoad Attained : 5.6 Fair response to induced stress
Max ST Dep Lead & Avg ST Value : III & -1.8 mm in Recovery
Duke Treadmill Score : 00.0
Test End Reasons : Test Complete

Max HR Attained 171 bpm 93% of Target 184
Max BP Attained 160/80 (mm/Hg)

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 Dist. Thane-401105.
 Phone No : 022 - 61700000

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
 201110310587
 Doctor : DR-SMITA VALANI



EMail: 12345625 / NILOFER SHAIKH / 36 Yrs / F / 166 Cms / 70 Kg Date: 23 / 12 / 2022 09:17:19 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED

EXERCISE TOLERANCE : TARGET WORKLOAD NOT ACHIEVED

EXERCISE INDUCED ARRHYTHMIAS : POOR EFFORT TOLERANCE

: NO ANGINA AND ANGINA EQUIVALENT

HAEMODYNAMIC RESPONSE : NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY

CHRONOTROPIC RESPONSE : GOOD INOTROPIC RESPONSE

FINAL IMPRESION : EXAGGERATED CHRONOTROPIC RESPONSE

: INCONCLUSIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI
MBBS, D. CARDIOLOGY
2011V03/0587

SUBURBAN DIGNOSTICS (I) P
Shop No. 101-A, 1st Floor Kshitij Building
Above Raymorid, Near Thunga Hospital,
Mira - Bhayander Road, Bhaynadar (E),
Dist. Thane-401105
Phone No. : 022 - 25000000

Doctor : DR-SMITA VALANI



SUBURBAN DIGNOSTICS BHAYANDER

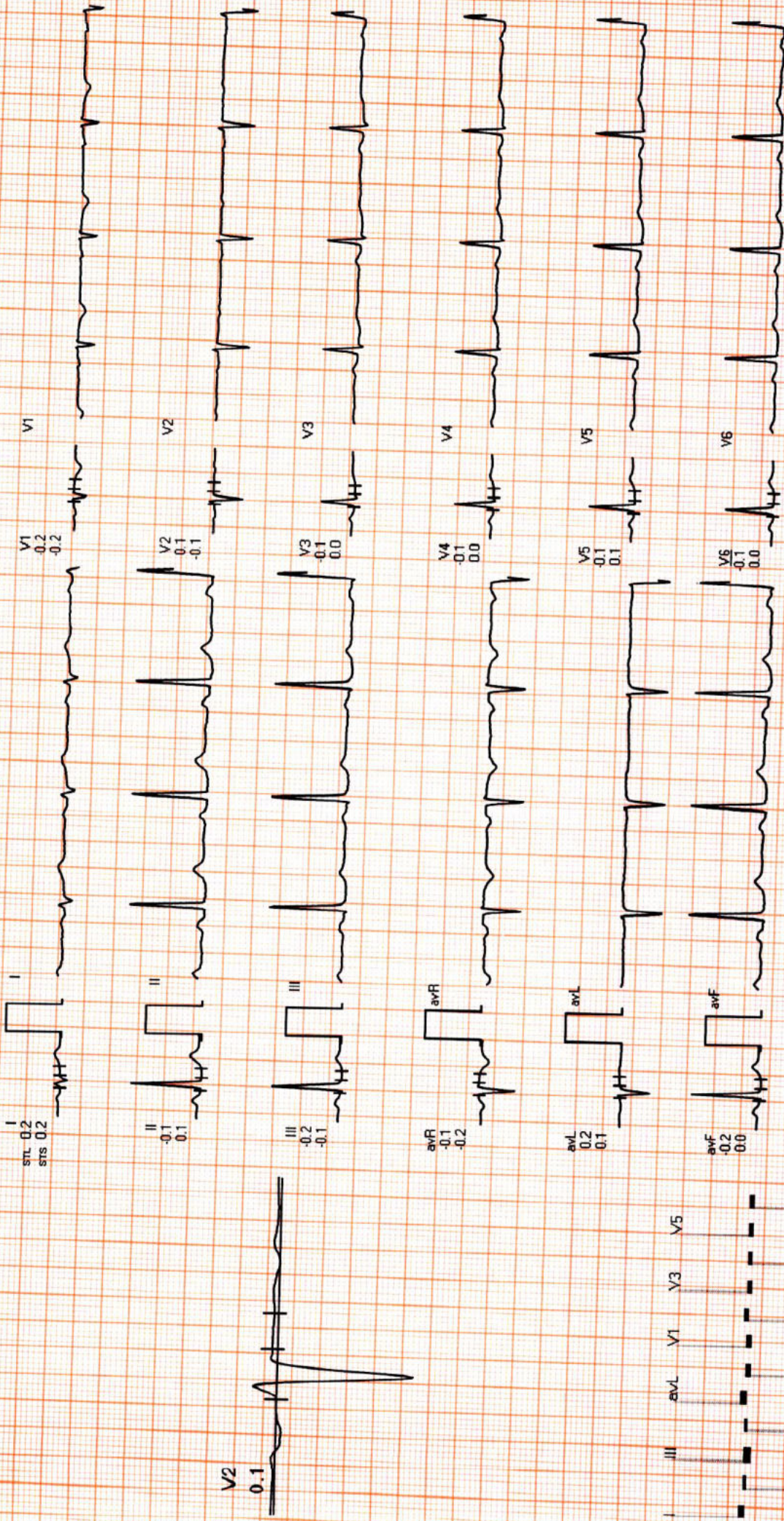
12345625 (222321232) / NILOFER SHAIKH / 36 Yrs / F / 166 Cms / 70 Kg / HR : 82

SUPINE (00:01)



Date 23/12/2022 09:17:19 AM METS: 1.0/82 bpm 45% of THR BP: 110/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

4X 80 mS Post J
ExTime: 00:00:0.0 mph. 0.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:



SUBURBAN DIGNOSTICS BHAYANDER

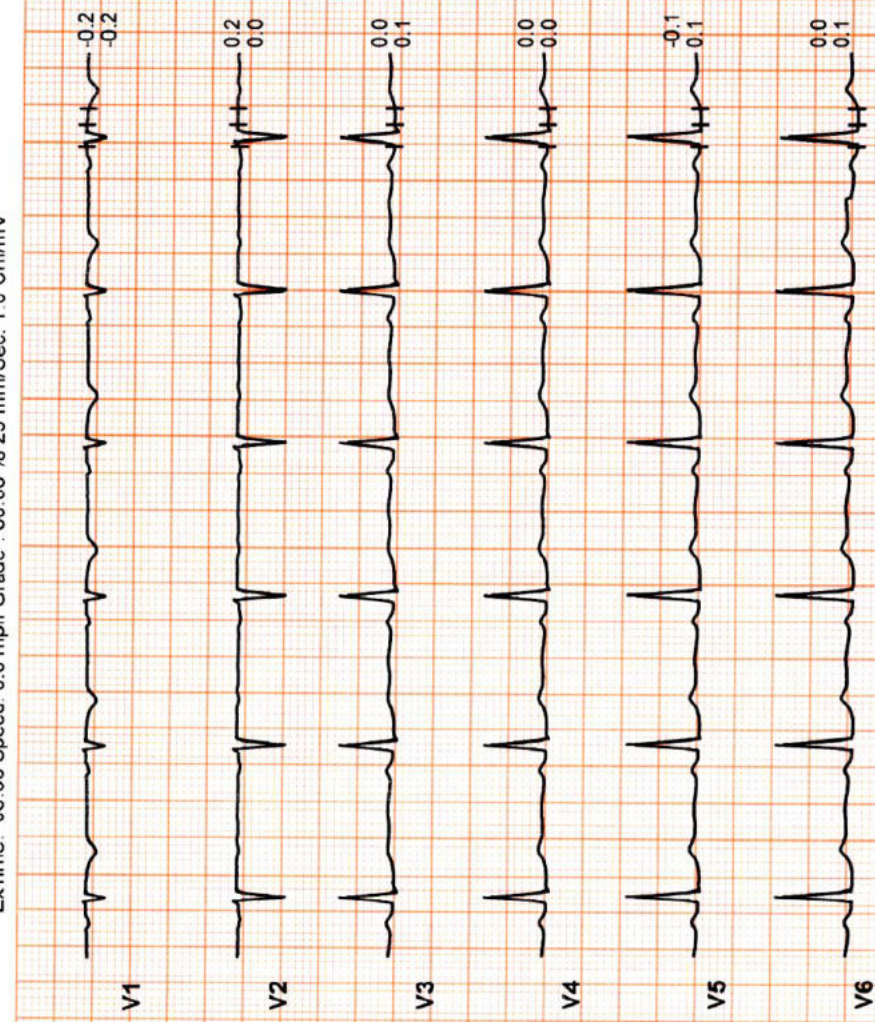
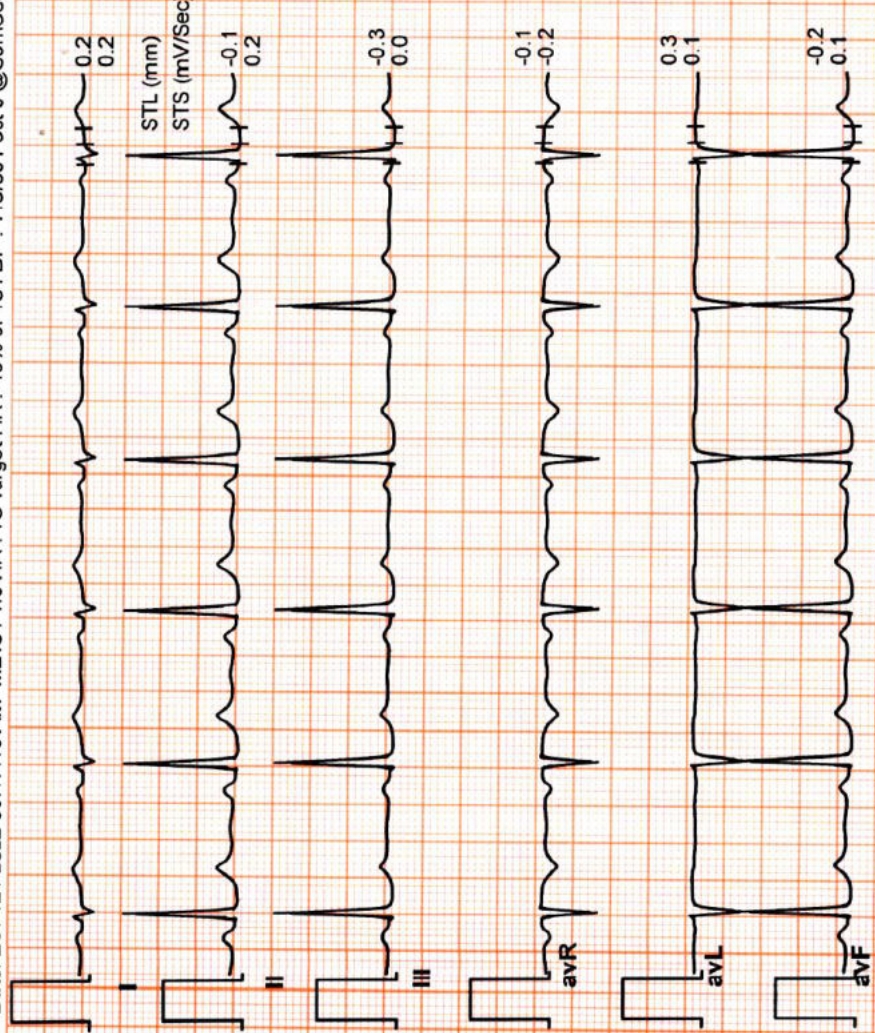
12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

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



Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 73 Target HR : 40% of 184 BP : 110/80 Post J @80mSec

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



II (Combined Medians)



SUBURBAN DIGNOSTICS BHAYANDER

12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

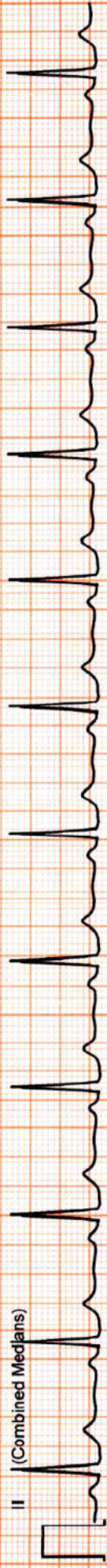
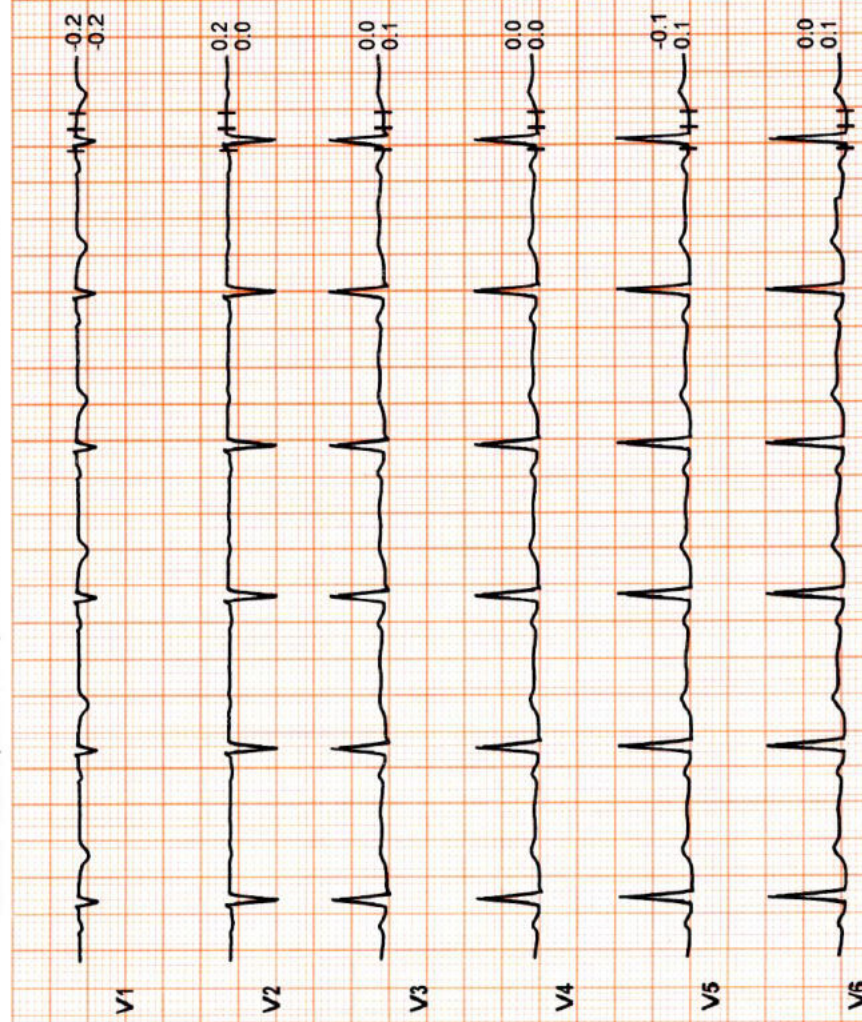
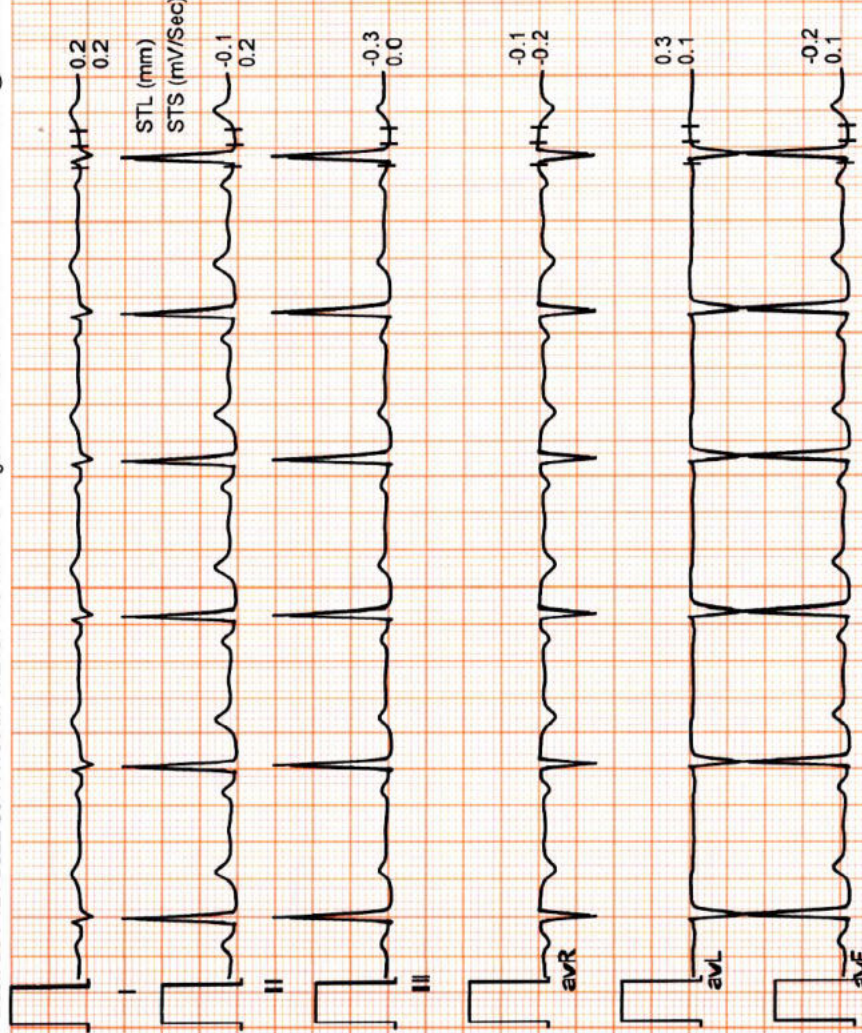
6X2 Combine Medians + 1 Rhythm

HV (00:00)



Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 73 Target HR : 40% of 184 BP : 110/80 Post J @80mSec

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



SUBURBAN DIGNOSTICS BHAYANDER

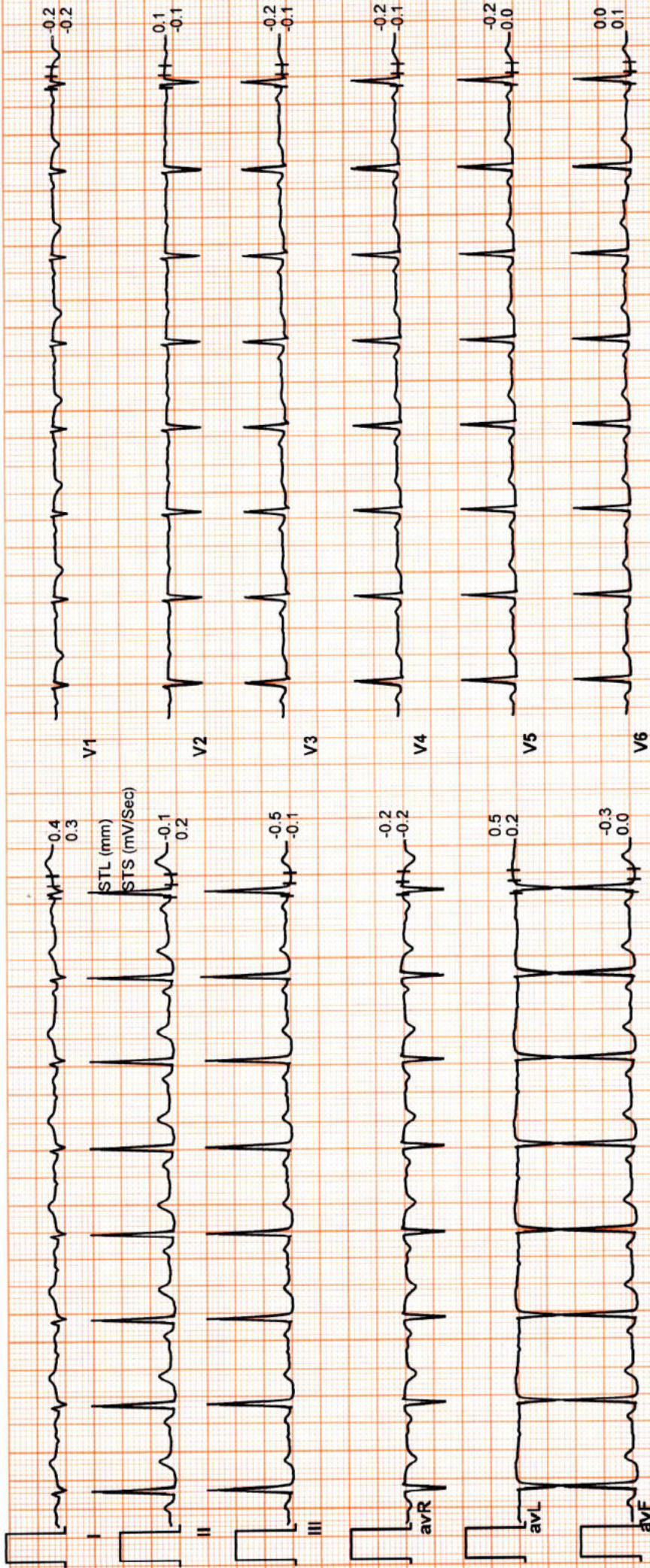
12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm ExStrt



Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 91 Target HR : 49% of 184 BP : 110/80 Post J @80mSec

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

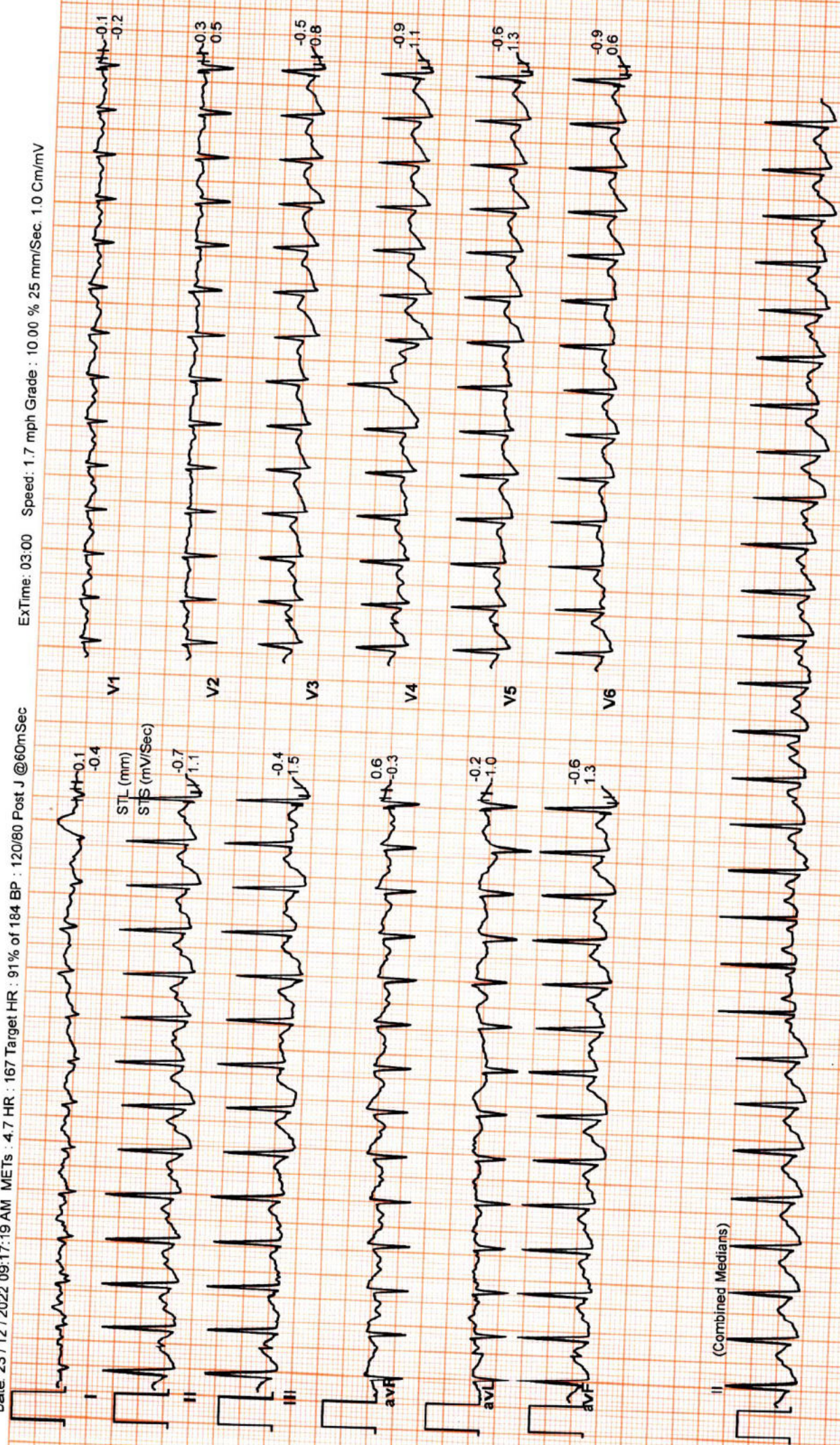


II (Combined Medians)



Date: 23 / 12 / 2022 09:17:19 AM METs : 4.7 HR : 167 Target HR : 91% of 184 BP : 120/80 Post J @60mSec

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



SUBURBAN DIGNOSTICS BHAYANDER

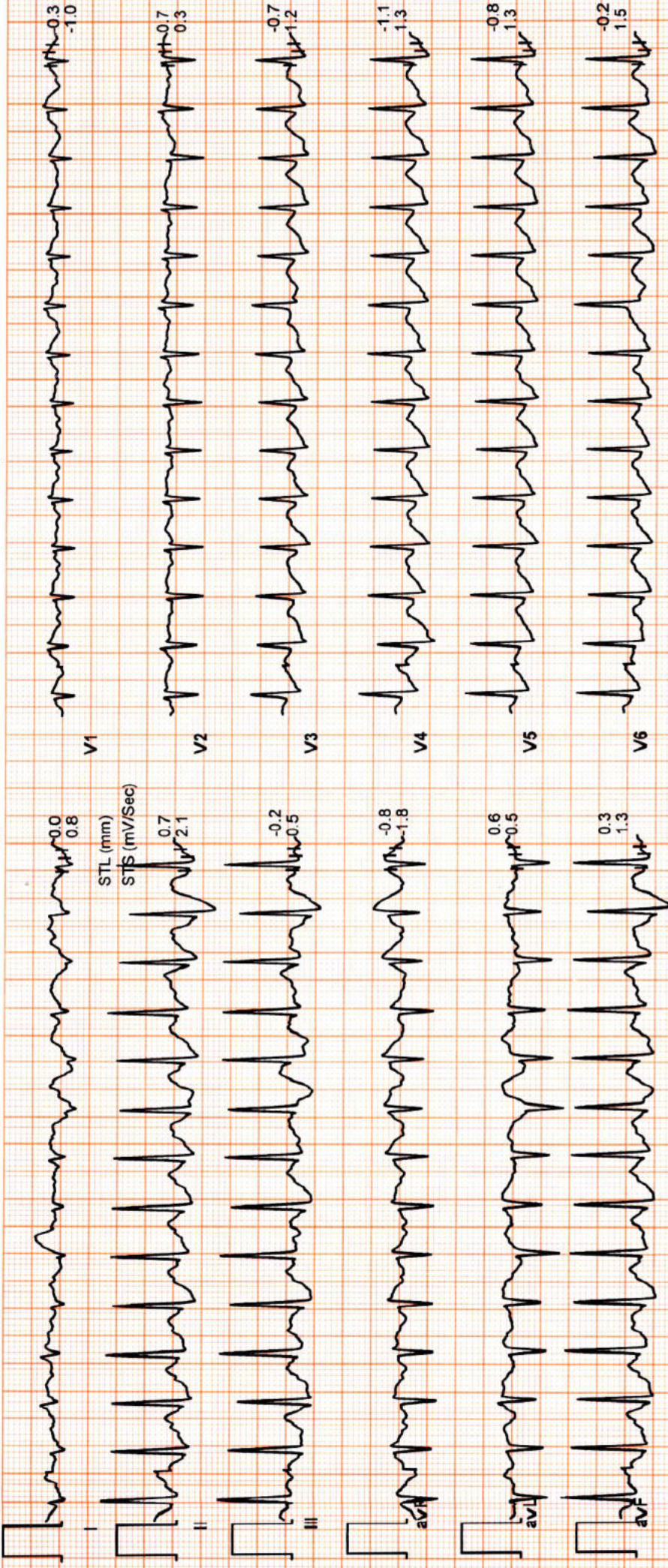
12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

6X2 Combine Medians + 1 Rhythm PeakEx



Date: 23 / 12 / 2022 09:17:19 AM METs : 5.6 HR : 171 Target HR : 93% of 184 BP : 120/80 Post J @60mSec

ExTime: 04:07 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIGNOSTICS BHAYANDER

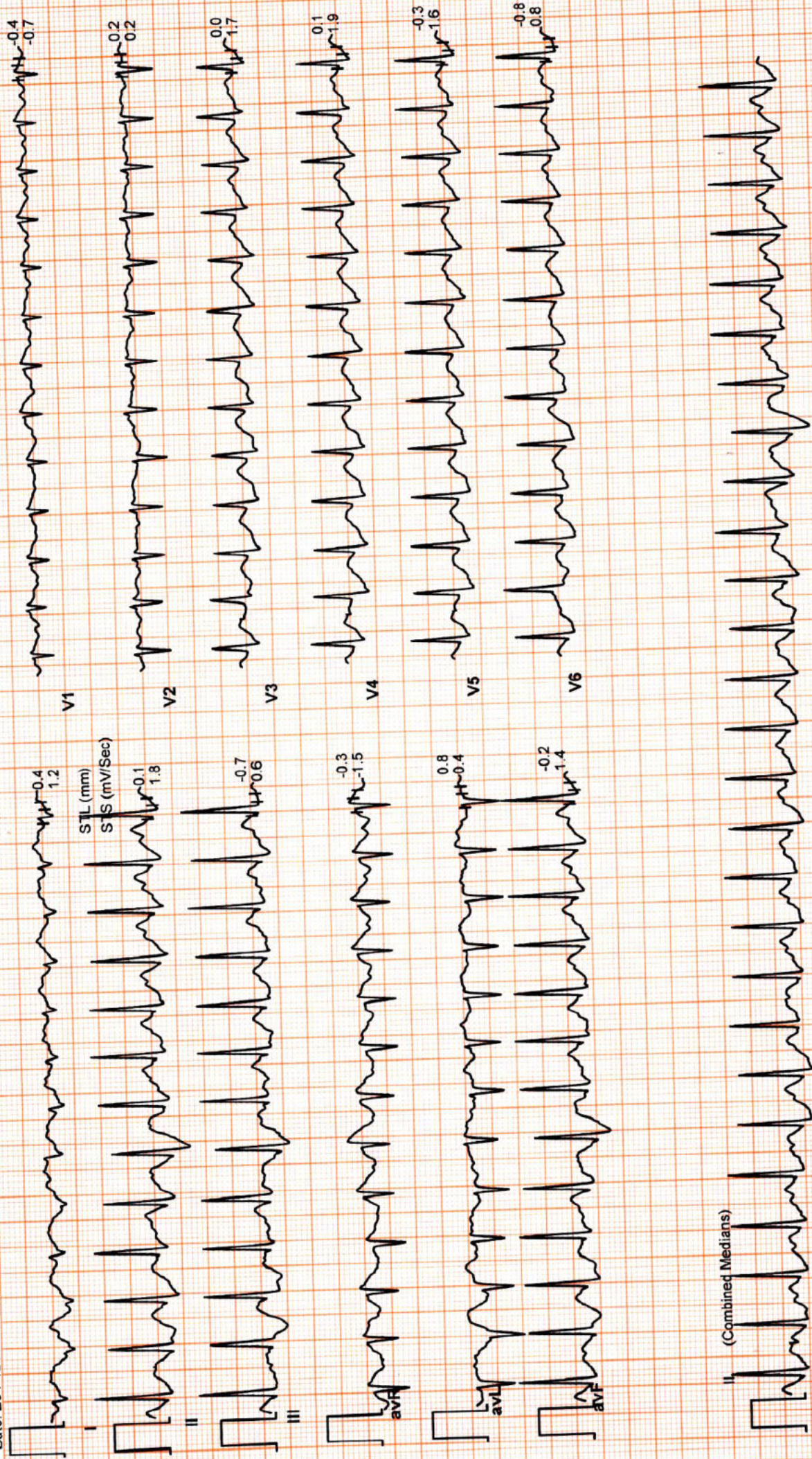
12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

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



ExTime: 04:07 Speed: 1.1 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV

Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 160 Target HR : 87% of 184 BP : 140/80 Post J @60mSec

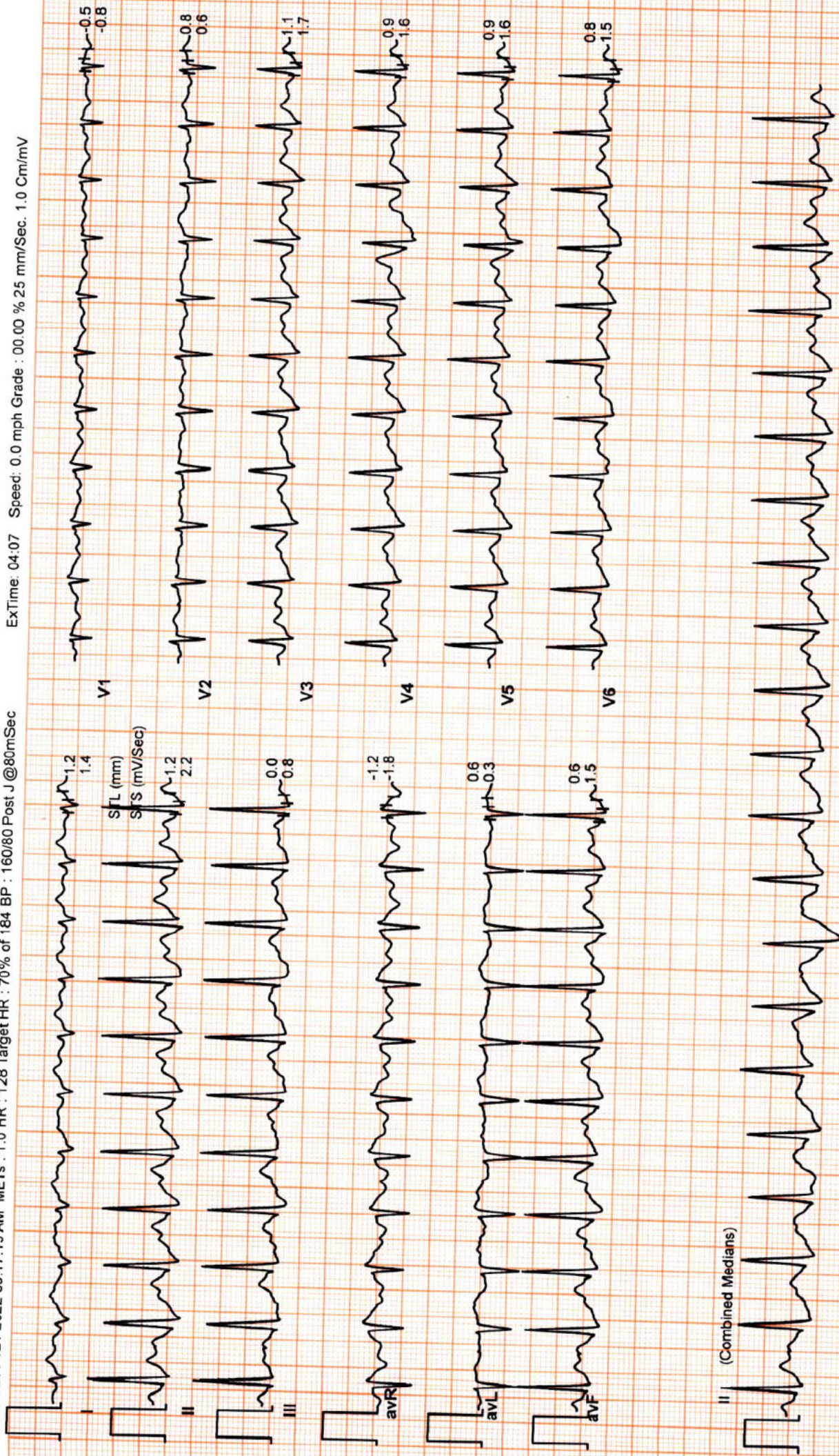


(Combined Medians)



Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 128 Target HR : 70% of 184 BP : 160/80 Post J @80mSec

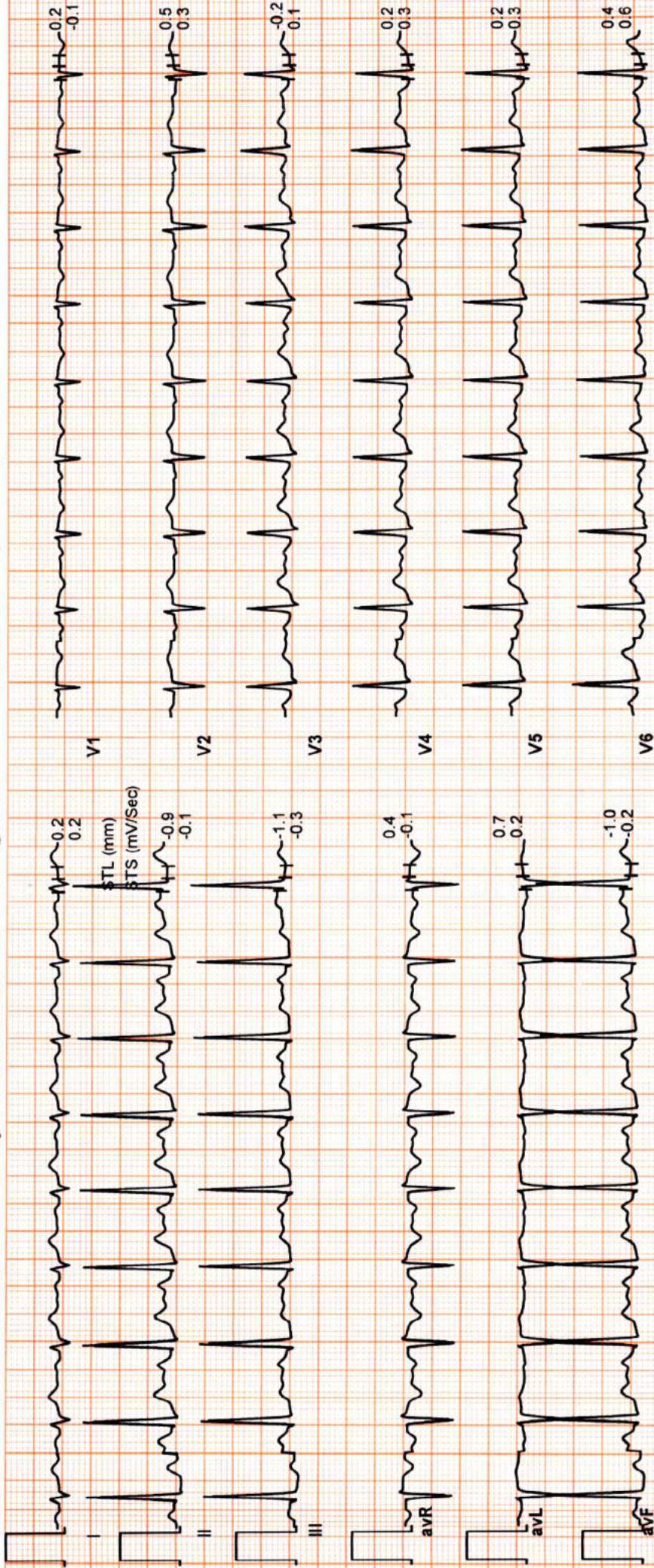
ExTime: 04:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 107 Target HR : 58% of 184 BP : 140/80 Post J @80mSec

ExTime: 04:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV



II (Combined Medians)

SUBURBAN DIGNOSTICS BHAYANDER

12345625 / NILOFER SHAIKH / 36 Yrs / Female / 166 Cm / 70 Kg

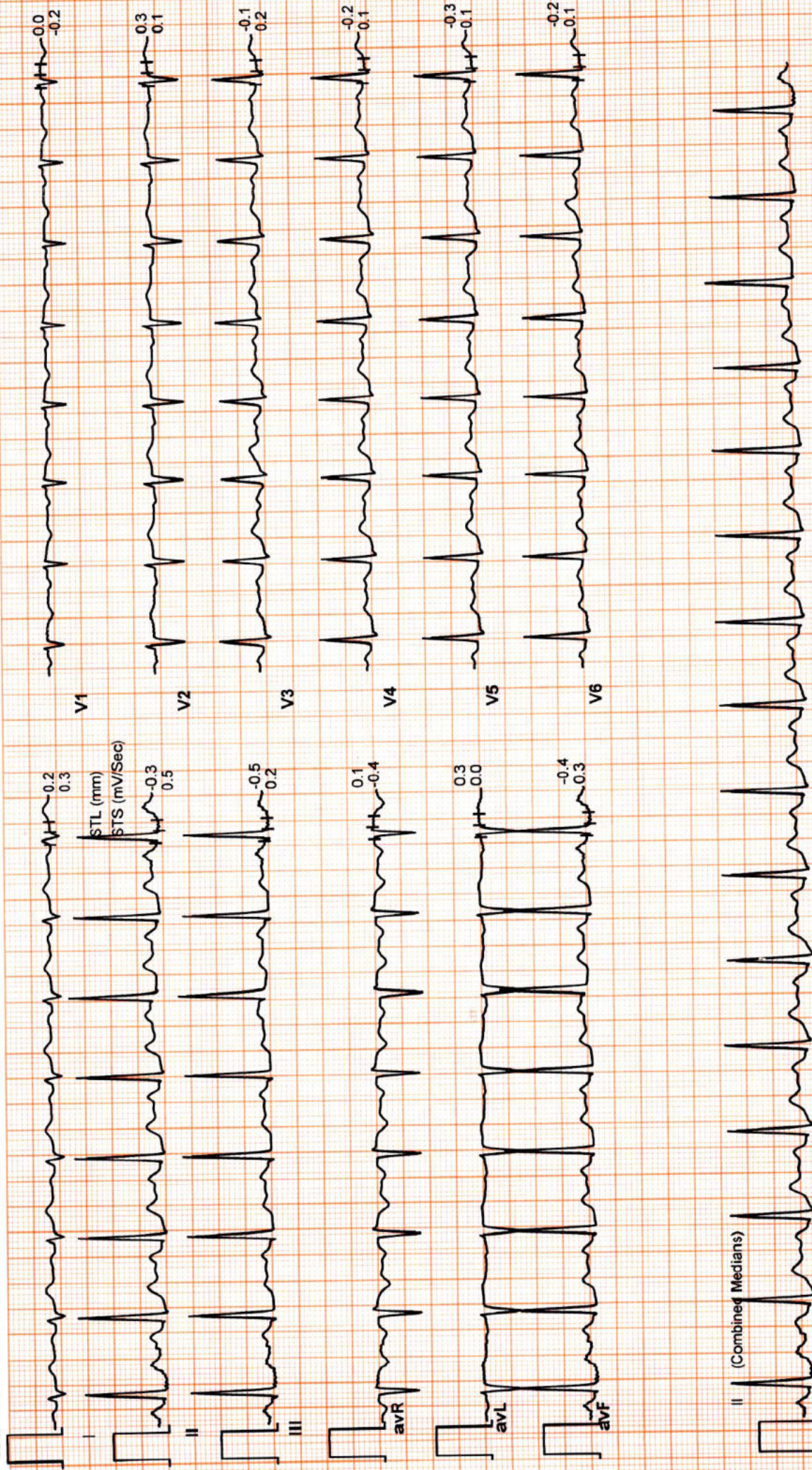
6X2 Combine Medians + 1 Rhythm

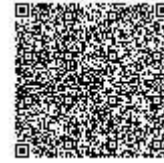
Recovery : (04:25)



Date: 23 / 12 / 2022 09:17:19 AM METs : 1.0 HR : 99 Target HR : 54% of 184 BP : 110/80 Post J @80mSec

ExTime 04:07 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec. 1.0 Cm/mV





CID : 2235716164
Name : Mrs NILOFER SALIM SHAIKH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre
Reg. Date : 23-Dec-2022
Reported : 23-Dec-2022/11:30

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (15.0 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is not visualised - h/o surgical removal.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion made out.

KIDNEYS: Kc/o ectopic right kidney.

Right kidney is not visualised in the right renal fossa. It is seen in the left renal fossa inferior to the left kidney and appears malrotated. It measures 9.2 x 5.5 cm.

Left kidney measures 10.0 x 5.4 cm.

Both the kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (7.8 cm). Parenchyma appears normal. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

There is no evidence of any lymphadenopathy or ascites.

UTERUS :

The uterus is anteverted and appears normal. It measures 7.5 x 5.8 x 5.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium appears normal and measures 5.8 mm.



Use a QR Code Scanner
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CID : 2235716164
Name : Mrs NILOFER SALIM SHAIKH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 23-Dec-2022
Reported : 23-Dec-2022/11:30

OVARIES:

Right ovary : 2.9 x 1.6 x 1.8 cm, Vol : 4.4 cc.

Left ovary : 3.3 x 2.0 x 2.3 cm, Vol : 8.3 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture. A 20.6 mm follicular cyst is seen in the left ovary.

There is no evidence of any ovarian or adnexal mass seen.

No free fluid is seen in the pouch of douglas.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Ectopic malrotated right kidney seen in the left renal fossa.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

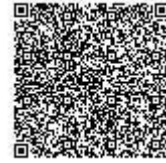
DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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CID : 2235716164
Name : Mrs NILOFER SALIM SHAIKH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 23-Dec-2022
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CID : 2235716164
Name : Mrs NILOFER SALIM SHAIKH
Age / Sex : 36 Years/Female
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 23-Dec-2022
Reported : 23-Dec-2022/15:54

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

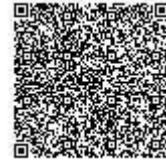
IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Reg. Date : 23-Dec-2022
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