

CID	: 2330119034
Name	: MRS.SANA VASIMTADAVI
Age / Gender	: 22 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

Authenticity Check

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Collected

Reported

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood			
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	13.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.77	3.8-4.8 mil/cmm	Elect. Impedance
PCV	41.3	36-46 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.6	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	13.2	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	4990	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND A	BSOLUTE COUNTS		
Lymphocytes	53.8	20-40 %	
Absolute Lymphocytes	2684.6	1000-3000 /cmm	Calculated
Monocytes	10.1	2-10 %	
Absolute Monocytes	504.0	200-1000 /cmm	Calculated
Neutrophils	29.8	40-80 %	
Absolute Neutrophils	1487.0	2000-7000 /cmm	Calculated
Eosinophils	5.6	1-6 %	
Absolute Eosinophils	279.4	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	34.9	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	257000	150000-400000 /cmm	Elect. Impedance
MPV	8.7	6-11 fl	Calculated
PDW	14.9	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



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CID Name Age / Gender Consulting Dr. Reg. Location	: 22 Years / : -	VASIMTADAVI	Collected Reported	Use a QR Code Scanner Application To Scan the Code : 28-Oct-2023 / 08:21 : 28-Oct-2023 / 11:34	O R T
Macrocytosis					
Anisocytosis					
Poikilocytosis		-			
Polychromasia		-			
Target Cells					
Basophilic Stipp	oling				
Normoblasts					
Others		Normocytic,Normochromic			
WBC MORPHO	DLOGY				
PLATELET MC	RPHOLOGY				
COMMENT		-			
Specimen: EDTA V	Vhole Blood				

ESR, EDTA WB-ESR 6 2-20 mm at 1 hr. *Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West *** End Of Report ***



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

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Name	: MRS.SANA VASIMTADAVI
Age / Gender	: 22 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE					
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>		
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase		
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase		
BILIRUBIN (TOTAL), Serum	0.3	0.1-1.2 mg/dl	Colorimetric		
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Diazo		
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated		
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret		
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG		
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated		
A/G RATIO, Serum	2.1	1 - 2	Calculated		
SGOT (AST), Serum	16.3	5-32 U/L	NADH (w/o P-5-P)		
SGPT (ALT), Serum	10.5	5-33 U/L	NADH (w/o P-5-P)		
GAMMA GT, Serum	13.2	3-40 U/L	Enzymatic		
ALKALINE PHOSPHATASE, Serum	45.7	35-105 U/L	Colorimetric		
BLOOD UREA, Serum	8.3	12.8-42.8 mg/dl	Kinetic		
BUN, Serum	3.9	6-20 mg/dl	Calculated		
CREATININE, Serum	0.61	0.51-0.95 mg/dl	Enzymatic		

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CID : 2330119034 Name : MRS.SANA VASIMTADAVI			E P O R
Age / Gender	: 22 Years / Female	Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)	Collected : 28-Oct-2023 / 13:08 Reported : 28-Oct-2023 / 20:40	8
eGFR, Serum	130	(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	
	nation is calculated using 2021 CKD-EPI GF	·	
URIC ACID, Ser	rum 3.1	2.4-5.7 mg/dl Enzymatic	
Urine Sugar (Fa	sting) Absent	Absent	
Urine Ketones (Fasting) Absent	Absent	
Urine Sugar (PF	P) Absent	Absent	
Urine Ketones (PP) Absent	Absent	
*Sample processe	ed at SUBURBAN DIAGNOSTICS (INDIA) PVT. *** E	LTD Borivali Lab, Borivali West nd Of Report ***	



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:2330119034

Collected Reported

:28-Oct-2023 / 08:21 :28-Oct-2023 / 12:28

Calculated

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c) PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD Glycosylated Hemoglobin (HbA1c), EDTA WB - CC 5.1 Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 % HPLC

Note : Variant window detected. In view of variant window, Hb electrophoresis is recommended to rule out haemoglobinopa

mg/dl

Intended use:

• In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year

99.7

- 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:

Estimated Average Glucose

(eAG), EDTA WB - CC

- 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 ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	30	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Othere			

Others

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

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

Reference: Pack inert

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



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CID : 2330119034 Name : MRS.SANA VASIMTADAVI Age / Gender : 22 Years / Female Consulting Dr. : -Reg. Location : Borivali West (Main Centre) Authenticity Check

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

PARAMETER

<u>RESULTS</u>

Positive

AB

ABO GROUP Rh TYPING

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.

Refernces:

- 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 ***



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:2330119034

: -

: MRS.SANA VASIMTADAVI

: Borivali West (Main Centre)

:22 Years / Female

CID

Name

Age / Gender

Consulting Dr.

Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	146.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	41.1	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	61.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	84.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	77.0	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	7.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

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



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Age / Gender	Age / Gender : 22 Years / Female			
Consulting Dr.	: -	Collected	:28-Oct-2023 / 0	
Reg. Location	: Borivali West (Main Centre)	Reported	:28-Oct-2023 / 1	
	AERFOCAMI HEALTHCARE BE	ELOW 40 MALE/FEM	<u>NALE</u>	
	THYROID FUNC	<u>TION TESTS</u>		
PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RA	ANGE <u>METHOD</u>	
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA	
Free T4, Serum	16.7	11.5-22.7 pmol/L First Trimester:9.0-24.7	, ECLIA	

sensitiveTSH, Serum 4.99 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59 0.35-5.5 microlU/ml ECLIA First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0

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Age / Gender	: 22 Years / Female		Use a QR Code Scanner Application To Scan the Code	
Consulting Dr.	:-	Collected	:28-Oct-2023 / 08:21	
Reg. Location	: Borivali West (Main Centre)	Reported	:28-Oct-2023 / 12:24	

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 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:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours

following the last biotin administration.

2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)

2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357

3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition

4.Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

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



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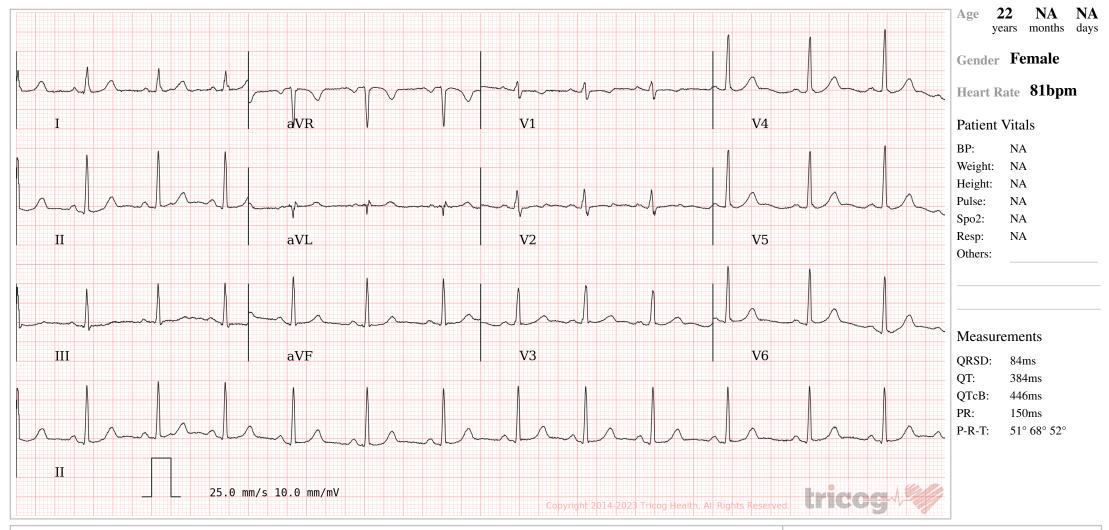
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SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: SANA VASIMTADAVI Patient ID: 2330119034 Date and Time: 28th Oct 23 8:42 AM

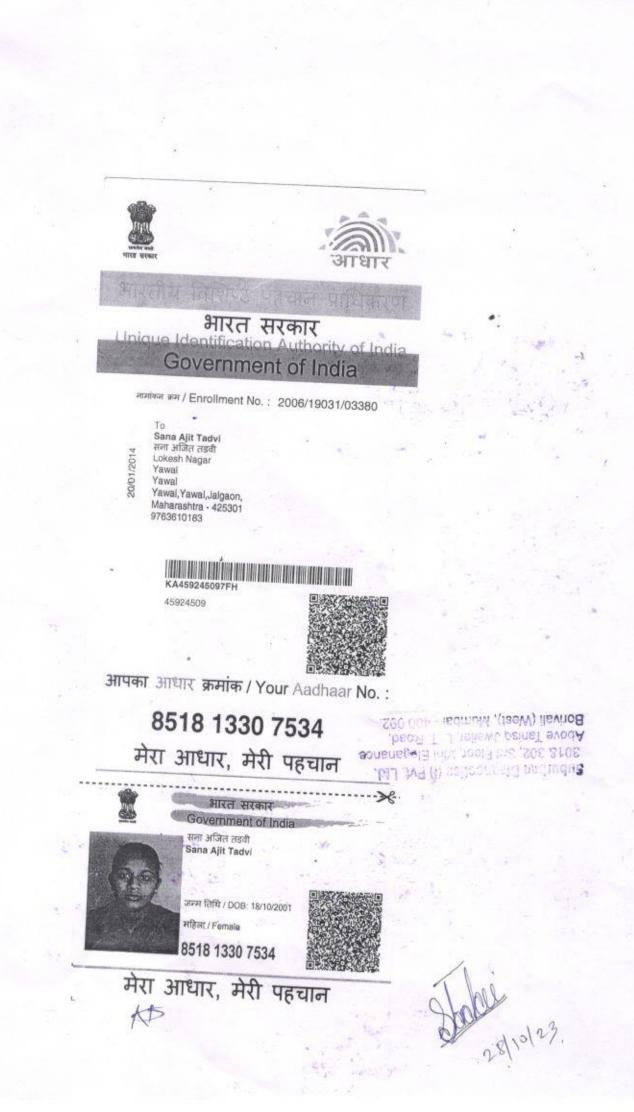


ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane M.B.B.S.AFLH, D.DIAB,D.CARD Consultant Cardiologist 87714

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.





Name VID Ref By	: Mrs . SANA VASIMT : 2330119034 : Arcofemi Healthcare		Reg Date Age/Gender Regn Centre	: 28-Oct-2023 : 22 Years : Borivali Wes	08:15 t (Main Centre)
History a	nd Complaints:				
0.00					
EXAMINA	TION FINDINGS:				
Height (cr	ms):	165		Weight (kg):	54
Temp (0c)):	Afebrile	Ŧ	Skin:	NAD
Blood Pre	essure (mm/hg):	110/70		Nails:	NAD
Pulse:		76/min		Lymph Node:	Not Palpable
				Ejmph Rode.	Not r alpable
Systems			1		el (1
Cardiovas	scular: S1S2-Normal		A	-	· · · · ·
Respirato	ry: Chest-Clear				
Genitouri					Sa0 -
GI System					
CNS:	NAD				
IMPRESS	ION: No	ima (
ADVICE:	-				
	MPLAINTS:				
	tension:	No			
2) IHD		No			
3) Arrhyt		No			
	tes Mellitus culosis	No			
6) Astha		No			
	onary Disease	No			3
12	id/ Endocrine disorde	ers No			
	us disorders	No	1.80	ge delle 1	
10) GI sys		No		3	
	l urinary disorder	No	1.4		
	natic joint diseases o				
	disease or disorder	No			
38.39 것은 그는 가지 않으며	r/lump growth/cyst	No			
	nital disease	No			
6) Surger		No			
	loskeletal System	No			

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Print Date : 30-Oct-2023.09:01 REGD. OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2" Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053. CENTRAL REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086 HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com



Name	: Mrs . SANA VASIMTADAVI
VID	: 2330119034
Ref By	: Arcofemi Healthcare Limited

PERSONAL HISTORY:

1)	Alcohol	No
2)	Smoking	No
3)	Diet	Mix
4)	Medication	No

Reg Date Age/Gender Regn Centre : 28-Oct-2023 08:15 : 22 Years : Borivali West (Main Centre) R

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DR. NITIN SONAVANE

M.B.B.S.AFLH, D.DJAB, D.CARD CONSULTANT-CARDIOLOGIS (REGD. NO. : 87714

Dr.Nitin Sonavane PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Eleganance Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400'092/

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Date:-

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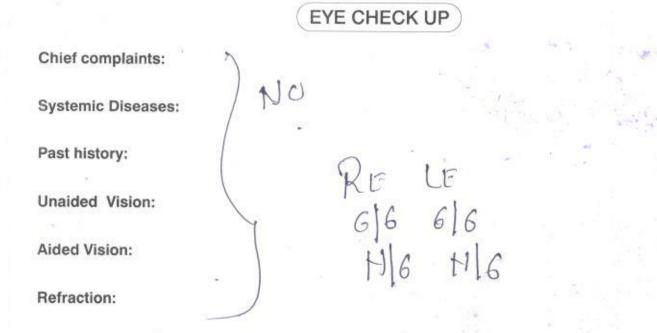
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Name:- Sana. Vasimfadavi'sex/Age: /



(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	8.1	2						
Near			-					

Colour Vision: Normal / Abnormal

Remark:

Normal

Suburban Diagnostics (I) Pvt. Ltd. 301& 302, 3rd Floor, Vini Eleganance Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 400 092.

M.B.B.S.AFLH, D.DIAB, D.CARD. CONSULTANT-CARDIOLOGIST REGD. NO. : 87714

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SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: SA	ANA TADVI					Date: 28-10-2023 Time: 11:1
Age: 22	Gender: F	Height:	165 cms	Weight:	54 Kg	ID: 2330119034
Clinical Histo	ory: NIL					
Medications:	NIL					
Test Deta	ils:					
Protocol: B	ruce	Predicte	d Max HR:	198	Т	arget HR: 168 (85% of Pr. MH
Exercise Time	e: 0:07:05	Achieve	d Max HR:	169 (85%	of Pr. N	(HR)

Max BP: 150/70 Max BP x HR: 25350 Max Mets: 7.9

Test Termination Criteria: **TEST COMPLET**

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level	Max ST Slope mV/s
Supine	00:10	1	0	0	82	110/70	9020	-0.8 aVR	0.9 VI
Standing	00:20	1	0	0	92	110/70	10120	0.2 I	0.9 V1
HyperVentilation	00:21	1	0	0	78	110/70	8580	-1.1 aVR	0.9 V1
PreTest	00:08	1	1.6	0	80	110/70	8800	0.41	0.9 V1
Stage: 1	03:00	4.7	2.7	10	122	130/70	15860	-0,4 111	0.9 V1
Stage: 2	03:00	7	4	12	155	140/70	21700	-0.4 111	1 VI
Peak Exercise	01:05	7.9	5.5	14	169	150/70	25350	-0.6 111	0.8 V1
Recovery1	01:00	1	0	0	139	150/70	20850	-0.6 111	1.2 V1
Recovery2	01:00	1	0	0	114	130/70	14820	-0.5 111	1 VI
Recovery3	01:00	1	0	0	101	130/70	13130	-0.3 III	1 VI
Recovery4	01:00	1	0	0	98	110/70	10780	0.31	1.1 VI
Recovery5	00:10	1	0	0	97	110/70	10670	-0.4 aVR	1 V1

Interpretation

The Patient Exercised according to Bruce Protocol for 0:07:05 achieving a work level of 7.9 METS. Resting Heart Rate, initially 82 bpm rose to a max. heart rate of 169bpm (85% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg Good Effort tolerance Normal HR & BP Respone No Angina or Arrhymias No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITH SONAVANE M.B.B.S.AFLH, D.D.AB, D.CARD. DNEULTANT-CARDIOLOGIST REGD. NO. : 87714

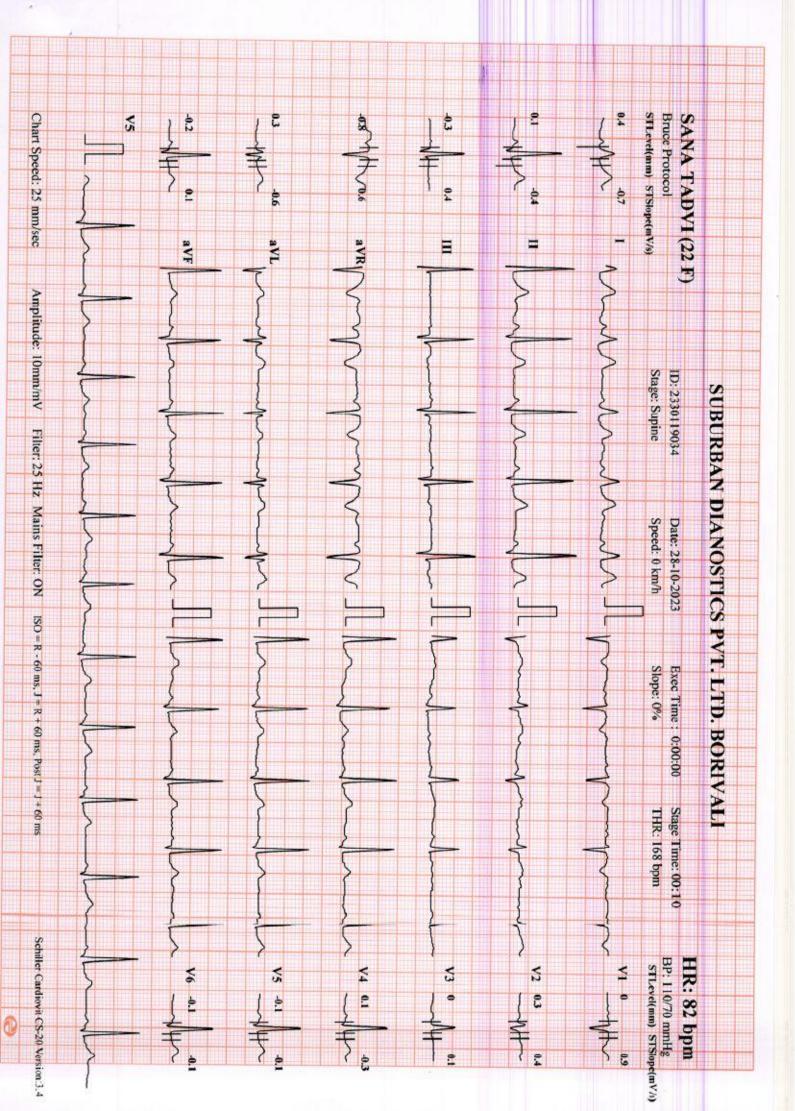
> -NES Doctor: DR. NITIN SONAVANE

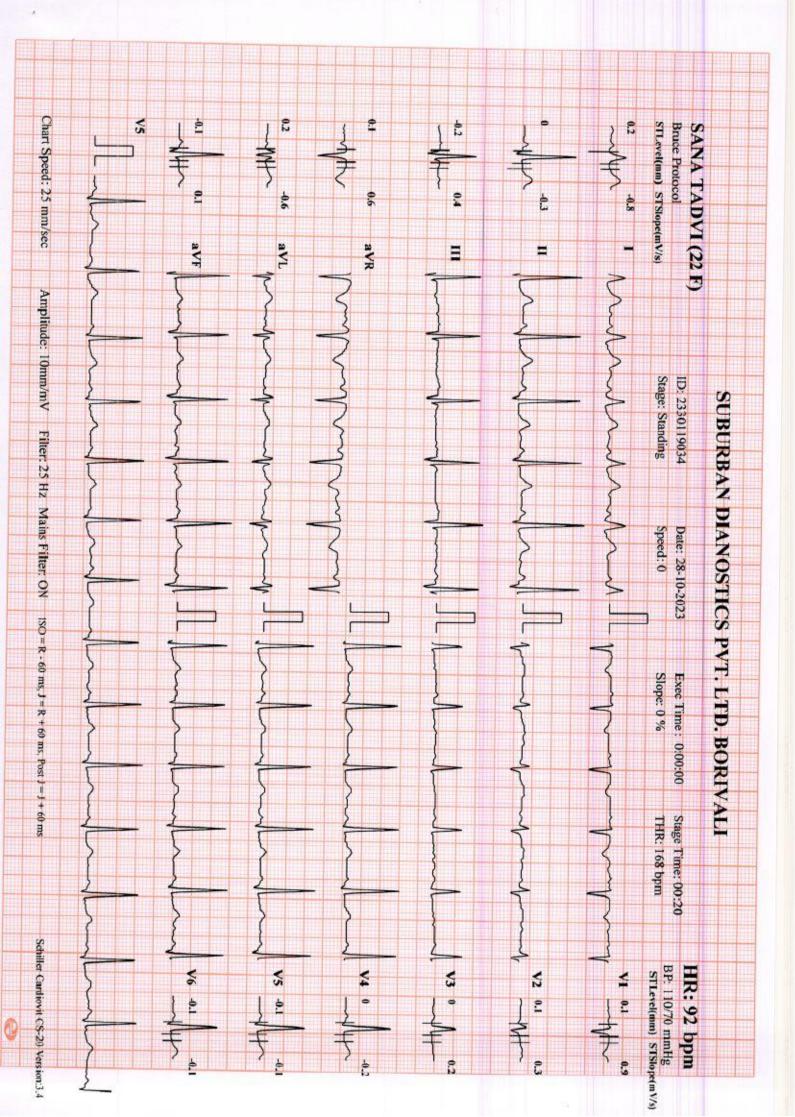
SUBURBAN DIAGNOSTICS

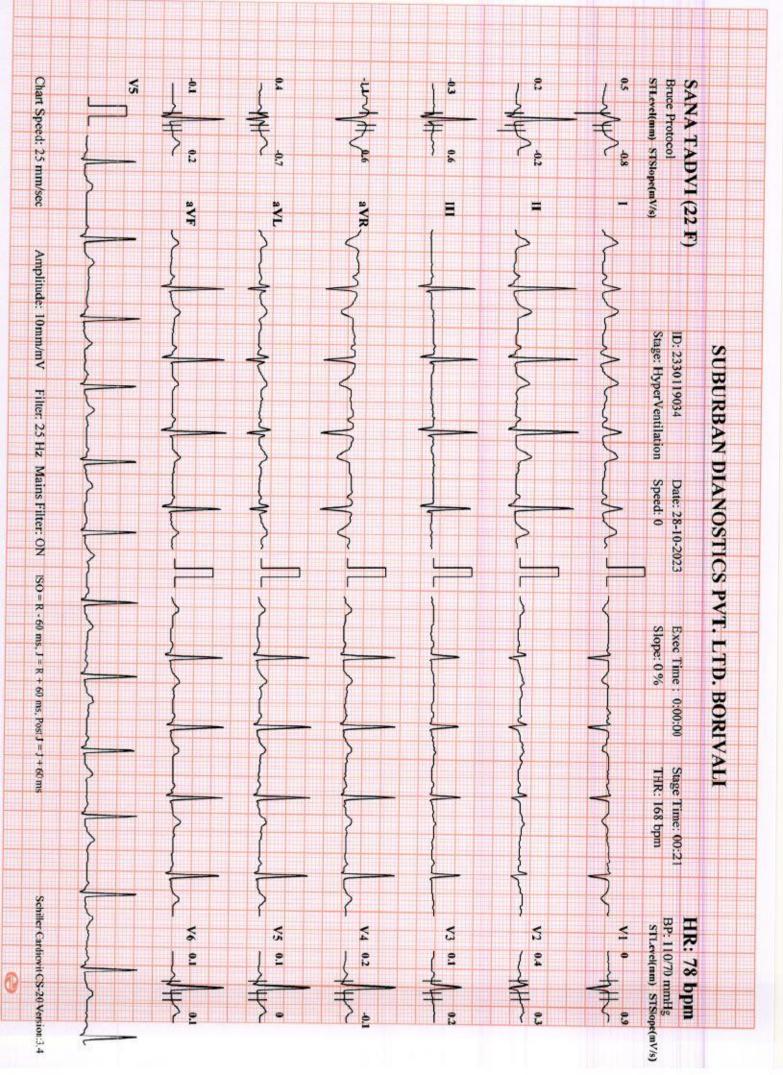
TING MEALTHICS

Cardiovit CS-20 Version Ltd. Suburban Diagnostics (I) Pvt. Ltd. (Summary Report edited by User) 301& 302, Stri Floor, Vini Eleganance Above Tanisa water L T Road, Borivall (West), Numbal - 400 092.

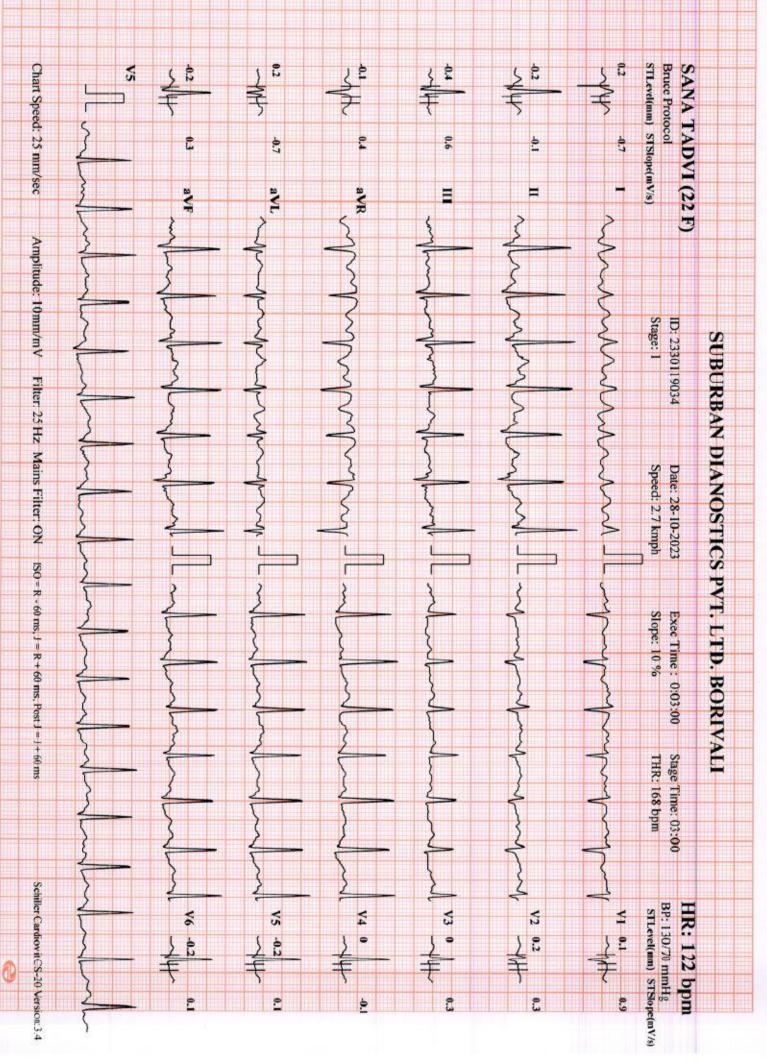








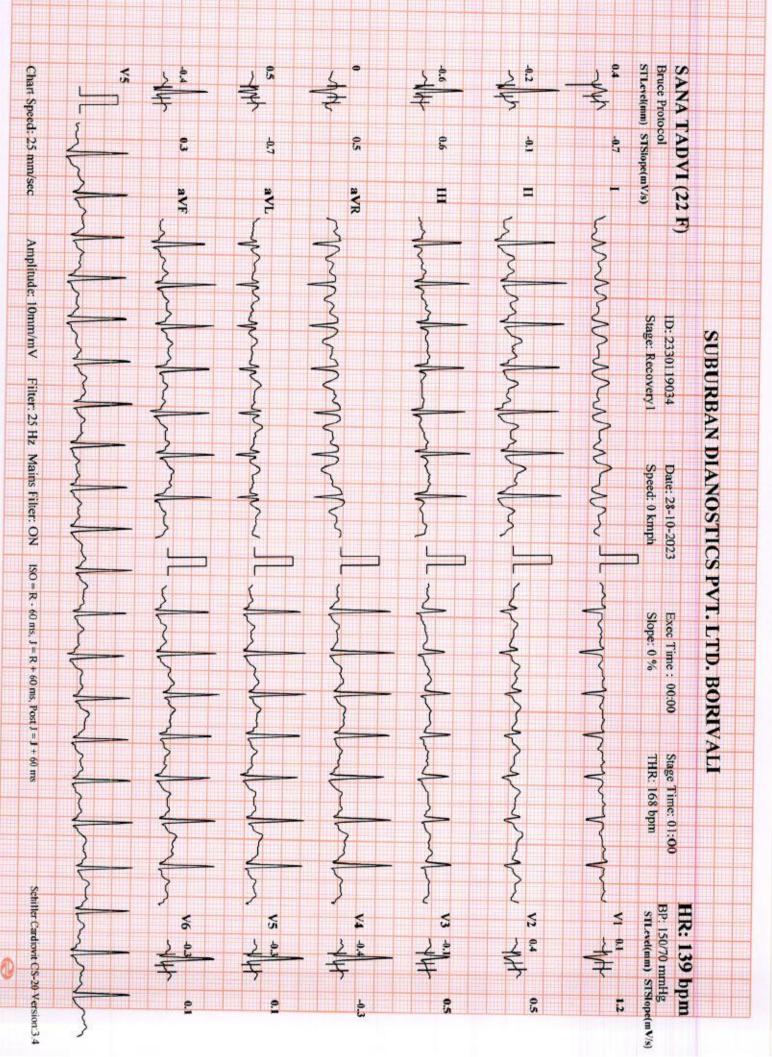
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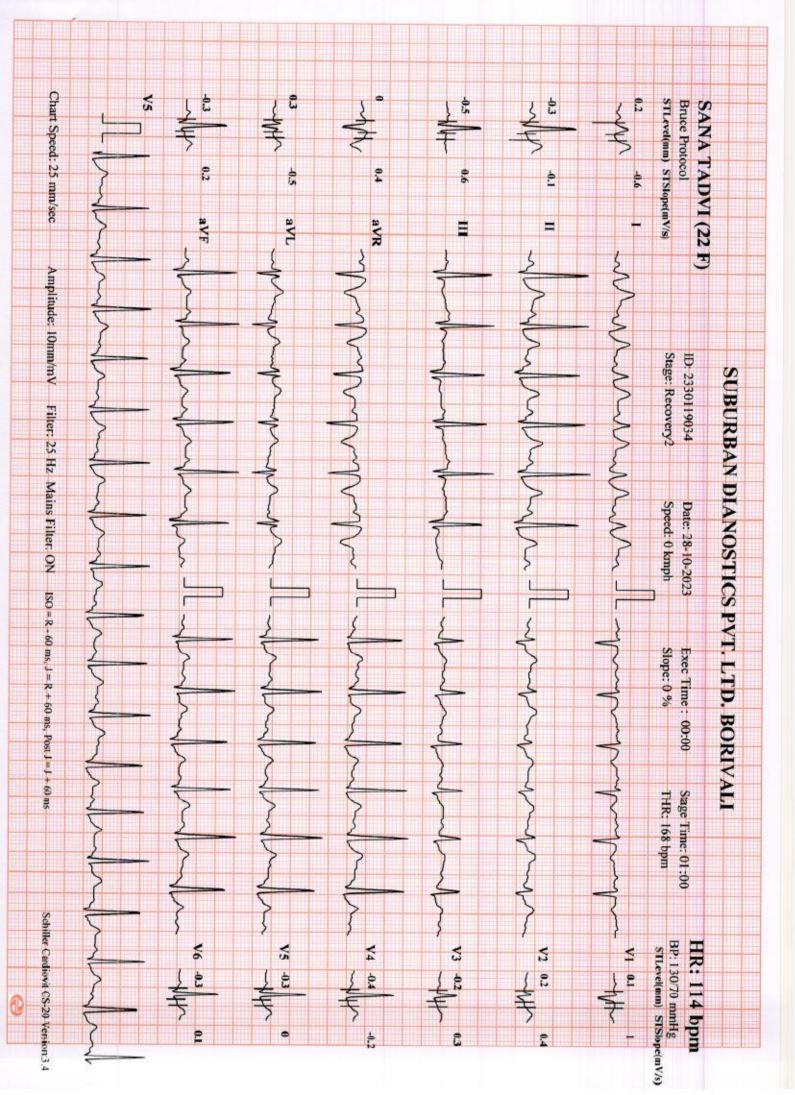


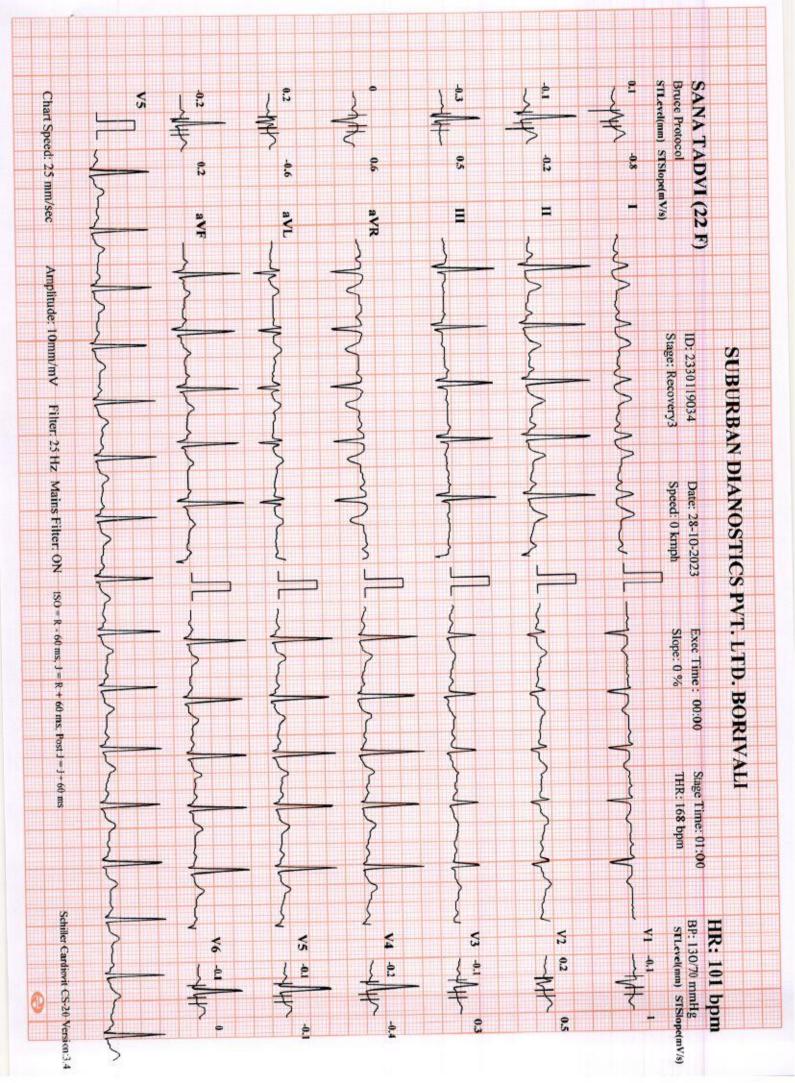
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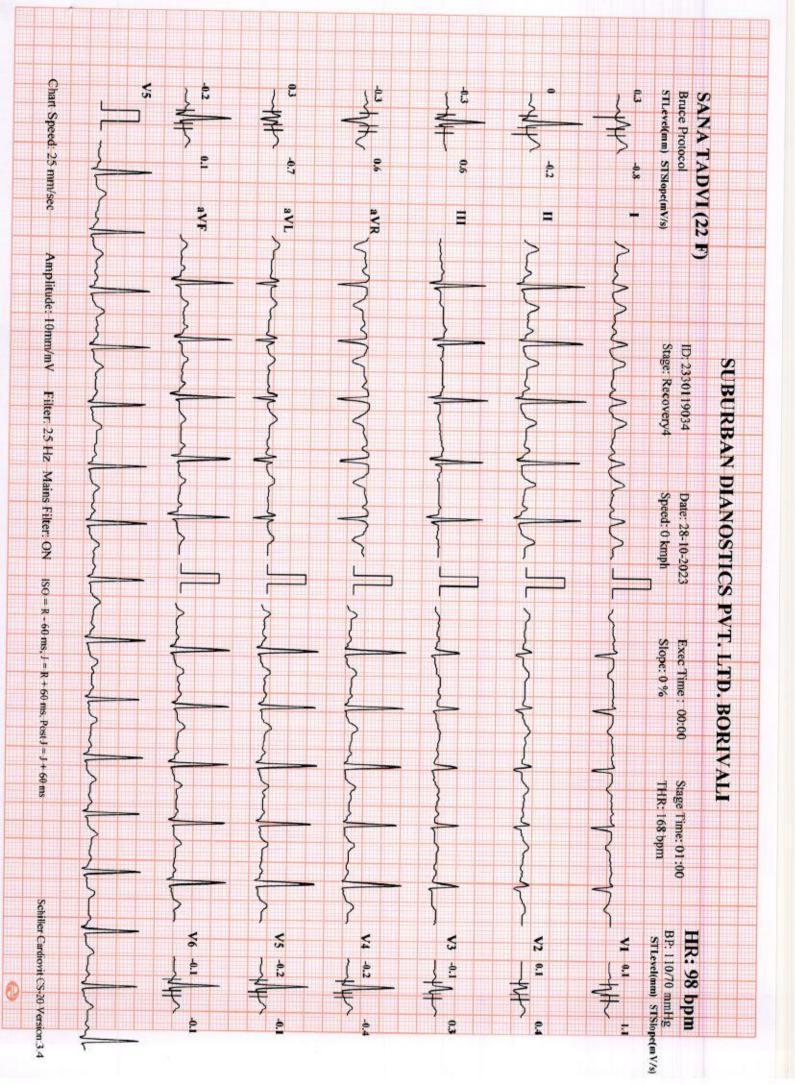
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Schiller Cardiovit CS-20 Version: 3.4	>	V6 and		×4 •••		NT CV	vi •	HR: 155 bpm BP: 140/70 mmHg STLevel(mm) STSlope(nV/s)
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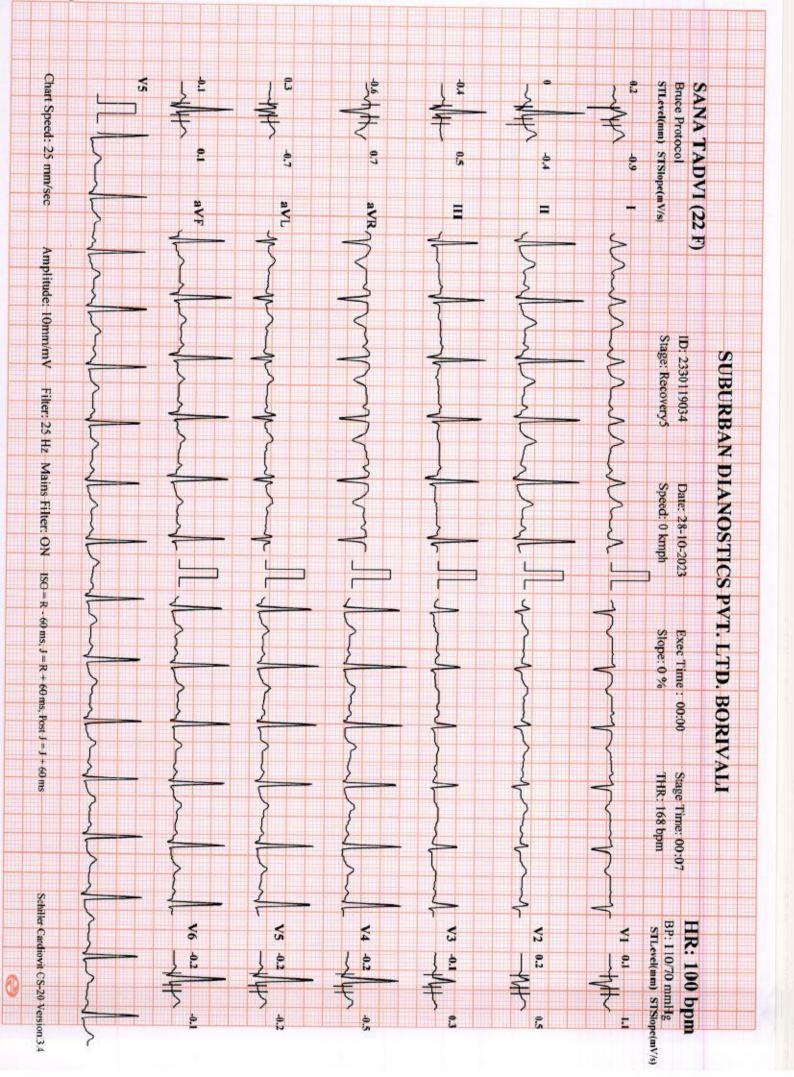
	SUBURBAN DIANOSTICS PVT. LTD. BORIVALI
SANA TADVI (22 F) Bruce Protocol STLevel(mm) STSlope(mV/s)	22 F) ID: 2330119034 Date: 28-10-2023 Exec Time : 0:07:05 Stage Time: 01:05 HR: 169 bpm /s) Stage: 3 Peak Exercise Speed: 5.5 kmph Slope: 14 % THR: 168 bpm stLeve(num) STStope(mV/s)
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Chart Speed: 25 mm/sec	Amplitude: 10mm/mV Filter: 25 Hz Mains Filter: ON 1SO = R - 60 ms, J = R + 60 ms. Post J = J + 60 ms Schille Cardiovit CS-20 Version.3.4

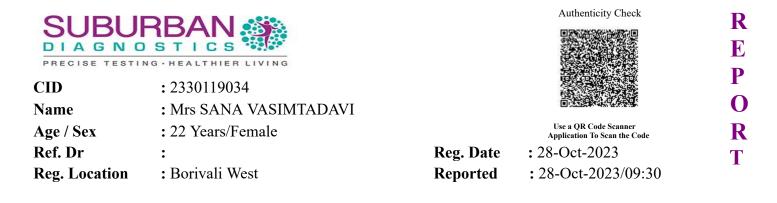












USG WHOLE ABDOMEN

LIVER: Liver is normal in size 11.7 cm, shape and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any obvious focal lesion.

<u>GALL BLADDER</u>: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is 8.9 mm normal. CBD: CBD is 2.5 mm normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification.

<u>KIDNEYS</u>: Right kidney measures 9.4 x 3.6 cm. Left kidney measures 10.4 x 3.9 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

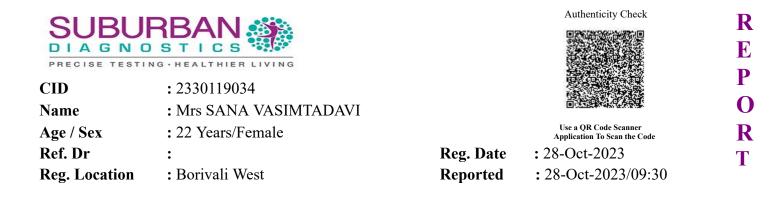
<u>SPLEEN:</u> Spleen is normal in size 8.6 cm , shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

<u>UTERUS</u>: Uterus is anteverted, normal and measures 4.4 x 2.3 x 4.0 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4.2 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture. The right ovary measures $2.5 \times 1.9 \times 2.6 \text{ cm}$ (volume 7 cc). The left ovary measures $3.2 \times 1.9 \times 2.7 \text{ cm}$ (volume 9 cc).

Bilateral adnexa is clear. No free fluid or obvious significant lymphadenopathy is seen.



Opinion:

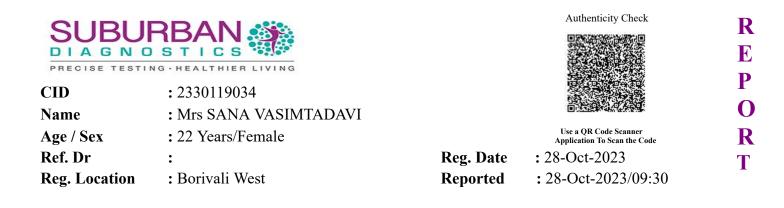
• No significant abnormality is detected.

For clinical correlation and follow up.

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 cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its 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. Please interpret accordingly.

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

DR.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.





CID: 2330119034Name: Mrs SANA VASIMTADAVIAge / Sex: 22 Years/FemaleRef. Dr:Reg. Location: Borivali West



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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.SUDHANSHU SAXENA Consultant Radiologist M.B.B.S DMRE (RadioDiagnosis) RegNo .MMC 2016061376.



CID	: 2330119034
Name	: Mrs SANA VASIMTADAVI
Age / Sex	: 22 Years/Female
Ref. Dr	:
Reg. Location	: Borivali West
Age / Sex Ref. Dr	: 22 Years/Female

Authenticity Check

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Reported