

Name : MRS.SHRADDHA VIRA

Age / Gender : 32 Years / Female

Consulting Dr. :

Reg. Location

: Bhayander East (Main Centre)

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Authenticity Check

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:25-Mar-2023 / 08:47

Reported :25-Mar-2023 / 14:55

Collected

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Complete Bloo	d Count), Blood	
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
RBC PARAMETERS			
Haemoglobin	12.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.13	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.2	36-46 %	Measured
MCV	92	80-100 fl	Calculated
MCH	29.6	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	13.0	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	5120	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS		
Lymphocytes	32.3	20-40 %	
Absolute Lymphocytes	1653.8	1000-3000 /cmm	Calculated
Monocytes	5.6	2-10 %	
Absolute Monocytes	286.7	200-1000 /cmm	Calculated
Neutrophils	54.3	40-80 %	
Absolute Neutrophils	2780.2	2000-7000 /cmm	Calculated
Eosinophils	6.6	1-6 %	
Absolute Eosinophils	337.9	20-500 /cmm	Calculated
Basophils	1.2	0.1-2 %	
Absolute Basophils	61.4	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	276000	150000-400000 /cmm	Elect. Impedance
MPV	8.9	6-11 fl	Calculated
PDW	14.7	11-18 %	Calculated

RBC MORPHOLOGY



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:25-Mar-2023 / 15:38

Hypochromia -

Microcytosis -

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 23 2-20 mm at 1 hr. Sedimentation

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







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

Page 2 of 11



PARAMETER

GLOBULIN, Serum

A/G RATIO, Serum

SGOT (AST), Serum

SGPT (ALT), Serum

BUN, Serum

CREATININE, Serum

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METHOD

Calculated

Calculated

Modified IFCC

Modified IFCC

Urease with GLDH

Enzymatic

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BIOLOGICAL REF RANGE

	83.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
	79.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.30	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.11	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.19	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.3	3.2-4.8 g/dL	BCG
	GLUCOSE (SUGAR) FASTING, Fluoride Plasma GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R BILIRUBIN (TOTAL), Serum BILIRUBIN (DIRECT), Serum BILIRUBIN (INDIRECT), Serum TOTAL PROTEINS, Serum ALBUMIN, Serum	GLUCOSE (SUGAR) PP, Fluoride 79.7 Plasma PP/R BILIRUBIN (TOTAL), Serum 0.30 BILIRUBIN (DIRECT), Serum 0.11 BILIRUBIN (INDIRECT), Serum 0.19 TOTAL PROTEINS, Serum 6.9	Fluoride Plasma Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl BILIRUBIN (TOTAL), Serum 0.30 0.3-1.2 mg/dl BILIRUBIN (DIRECT), Serum 0.11 BILIRUBIN (INDIRECT), Serum 0.19 41.2 mg/dl TOTAL PROTEINS, Serum 6.9 5.7-8.2 g/dL

2.3-3.5 g/dL

1 - 2

<34 U/L

10-49 U/L

9.0-23.0 mg/dl

0.50-0.80 mg/dl

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

RESULTS

2.6

1.7

17.0

8.7

11.2

0.62

GAMMA GT, Serum 7.0 <38 U/L Modified IFCC
ALKALINE PHOSPHATASE, 75.8 46-116 U/L Modified IFCC
Serum 24.0 19.29-49.28 mg/dl Calculated



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:25-Mar-2023 / 13:38

>60 ml/min/1.73sqm Calculated

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Note: eGFR estimation is calculated using MDRD (Modification of diet in renal disease study group) equation

URIC ACID, Serum

eGFR, Serum

4.3

119

3.1-7.8 mg/dl

Uricase/ Peroxidase

Urine Sugar (Fasting)
Urine Ketones (Fasting)

Absent Absent Absent Absent

, ...

Absent

Absent

Urine Sugar (PP)
Urine Ketones (PP)

Absent

Absent

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







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

Page 4 of 11



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD Glycosylated Hemoglobin 5.1 Non-Diabetic Level: < 5.7 % HPLC Prodiabetic Level: 5.7.6.4.%

(HbA1c), EDTA WB - CC

Prediabetic Level: 5.7-6.4 %
Diabetic Level: >/= 6.5 %

Estimated Average Glucose 99.7 mg/dl Calculated (eAG), EDTA WB - CC

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

Page 5 of 11



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:25-Mar-2023 / 16:08

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE URINE EXAMINATION REPORT

Reported

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
PHYSICAL EXAMINATION			
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	Slight hazy	Clear	-
Volume (ml)	50	-	-
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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	+(>20/hpf)	Less than 20/hpf	
Others	-		

Kindly rule out contamination.



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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

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







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

Page 7 of 11



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: 25-Mar-2023 / 08:47 :25-Mar-2023 / 21:10

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

Collected

Reported

PARAMETER RESULTS

ABO GROUP 0

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:

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

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







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

Page 8 of 11



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

Collected

Reported

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	164.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	61.4	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	48.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	116.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	104.7	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	12.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.2	0-3.5 Ratio	Calculated

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







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

Page 9 of 11



CID : 2308421129

Name : MRS.SHRADDHA VIRA

Age / Gender : 32 Years / Female

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:25-Mar-2023 / 08:47

:25-Mar-2023 / 14:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **THYROID FUNCTION TESTS**

Collected

Reported

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	12.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	0.611	0.55-4.78 microIU/ml	CLIA



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Reported :25-Mar-2023 / 14:02 : Bhayander East (Main Centre)

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
 - 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 SDRL, Vidyavihar Lab *** End Of Report ***







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

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Page 11 of 11

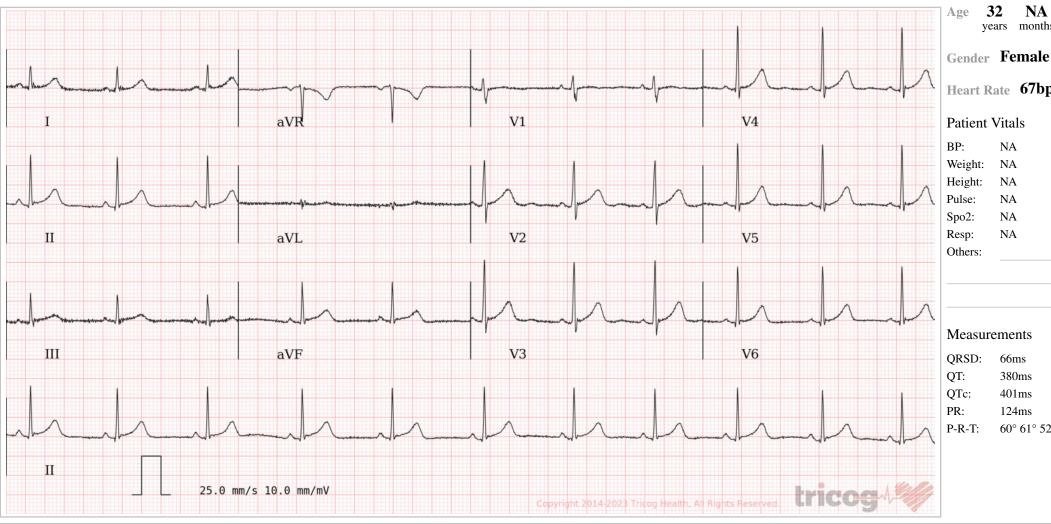
SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: SHRADDHA VIRA

Date and Time: 25th Mar 23 9:03 AM

Patient ID: 2308421129



years months days

Heart Rate 67bpm

60° 61° 52°

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani MBBS, D. Cardiology 2011/03/0587

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.



CID#

: 2308421129

Name

: MRS.SHRADDHA VIRA

Age / Gender : 32 Years/Female

Consulting Dr. :

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: 25-Mar-2023 / 08:41

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: 25-Mar-2023 / 16:16

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PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):

149

Weight (kg):

53

Afebrile

Skin:

NAD

Temp (0c):

Nails:

NAD

Blood Pressure (mm/hg): 120/80

Lymph Node:

Not Palpable

Pulse:

68/min

Systems

Cardiovascular: S1S2-Normal

Respiratory:

Chest-Clear

Genitourinary: GI System:

NAD

CNS:

IMPRESSION:

PRESSION: (YP, USh, CBC and Biochemistry me work

RIE up veni -> facture + (>20 | hpt).

DVICE: Expert Constitution.

CHIEF COMPLAINTS:

1) Hypertension:

No

IHD

No

Arrhythmia 4) Diabetes Mellitus No No

5) Tuberculosis

No



2308421129 CID#

: MRS.SHRADDHA VIRA Name

Age / Gender

: 25-Mar-2023 / 08:41 : 32 Years/Female Collected : 25-Mar-2023 / 16:16 Consulting Dr. : Reported

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	No
6) Asthama	No
7) Pulmonary Disease	No
8) Thyroid/ Endocrine disorders	No
9) Nervous disorders	No
10) GI system	No
	ms No
12) Pheumatic joint diseases of 5,111	No
13) Blood disease or disorder	No
14) Cancer/lump growth/cyst	No
15) Congenital disease	No
16) Surgeries	No
17) Musculoskeletal System	

PERSONAL HISTORY:

No **Alcohol** 1) No

Smoking Vegetarian 2) Diet No 3)

Medication

*** End Of Report ***

SUBURBAN DIAMANDSTICS (I) PVT. LTC SUBURHAM Uniquinus III Sull Bulloling
Shoo No. 101. A 1st Floor, Kahili Rospital.
Above Re John Road. Bravnader (E)
Mira - Bhavander Road. Bravnader Above Re Judy Mear Thunga Hospital.

Above Re Judy Mear Thunga Hospital. Phone No : 055 - 81200000
Phone No : 055 - 81200000

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DR. ANTA CHOUDHARY
CONSULTATION OF THE SECOND Reg. No. 2017/12/6553



R E P 0 R T

Date: 25 / 63 / 2023

CID: 230842129

Name: Mrs Shrabbha Vira

Sex / Age: 32 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

PE LE 6/6 6/6 N/6 N/6

					(Left Eye	e)		
	(Right E	ye)		1 .,	Sph	Cyl	Axis	Vn
	Sph	Cyl	Axis	Vn	Орп			
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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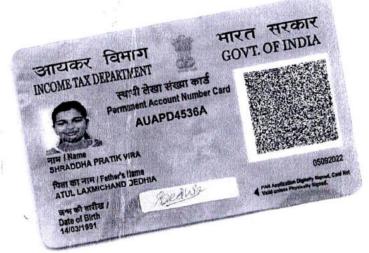
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12345962 (2308421129) / SHRADDHA VIRA / 32 Yrs / F / 149 Cms / 53 Kg

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	%THR	1000	APP	PVC
Supine	00:03	0.03	00.0	00.0	01.0	065	35 %	120/80	078	8 8
Standing	00:09	0:06	00.0	00.0	01.0	065	35 %	120/80	078	00
₹ /	00:14	0:05	00.0	00.0	01.0	066	35 %	120/80	079	8
ExStart	00:17	0:03	01.7	10.0	01.1	070	37 %	120/80	084	8
BRUCE Stage 1	03:17	3:00	01.7	10.0	04.7	116	62 %	130/80	150	8
BRUCE Stage 2	06:17	3:00	02.5	12.0	07.1	144	77 %	140/80	201	8
PeakEx	07:55	1:38	03.4	14.0	08.8	169	90 %	150/80	253	9
Recovery	08:55	1:00	01.1	00.0	01.1	123	65 %	160/80	196	8
Recovery	09:55	2:00	00.0	00.0	01.0	095	51%	150/80	142	8
Recovery	11:55	4:00	00.0	00.0	01.0	073	39 %	140/80	102	8
Recovery	12:03	4:09	00.0	00.0	01.0	068	36 %	130/80	088	8
Initial HR (ExStrt)	ExStrt)		70 bpm 37% of Target 188 120/80 (mm/Hg)	irget 188		Max HR Att	Max HR Attained 169 bpm 90% of Target 188 Max BP Attained 160/80 (mm/Hg)	n 90% of Tan (mm/Hg)	get 188	
Max WorkL	Max WorkLoad Attained	1	8.8 Fair response to induced stress	to induced s	stress					
Max ST Dep Lead & A Duke Treadmill Score	Max ST Dep Lead & Avg ST value Duke Treadmill Score		-00.7	g d						
Test End Reasons	leasons		, Test Complete				ı.	7		\
						things (1) Collins and the spiral collins and	Shin by	plia ding	D	DR. SMILE CARDIOLO
					<u>.</u>	DBAN UN 1ST	Thungo ad	3 7	10	30, 74103100
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					, S.	ove shakalla	022 611		5	,
						BUSHE			7	A DAWN /
									N. Comments	{
									octor : DR	A LANGE VALUE OF
										Doctor : DK SMII A VALANI



EMail: 12345962 / SHRADDHA VIRA / 32 Yrs / F / 149 Cms / 53 Kg Date: 25 / 03 / 2023 10:43:14 AM

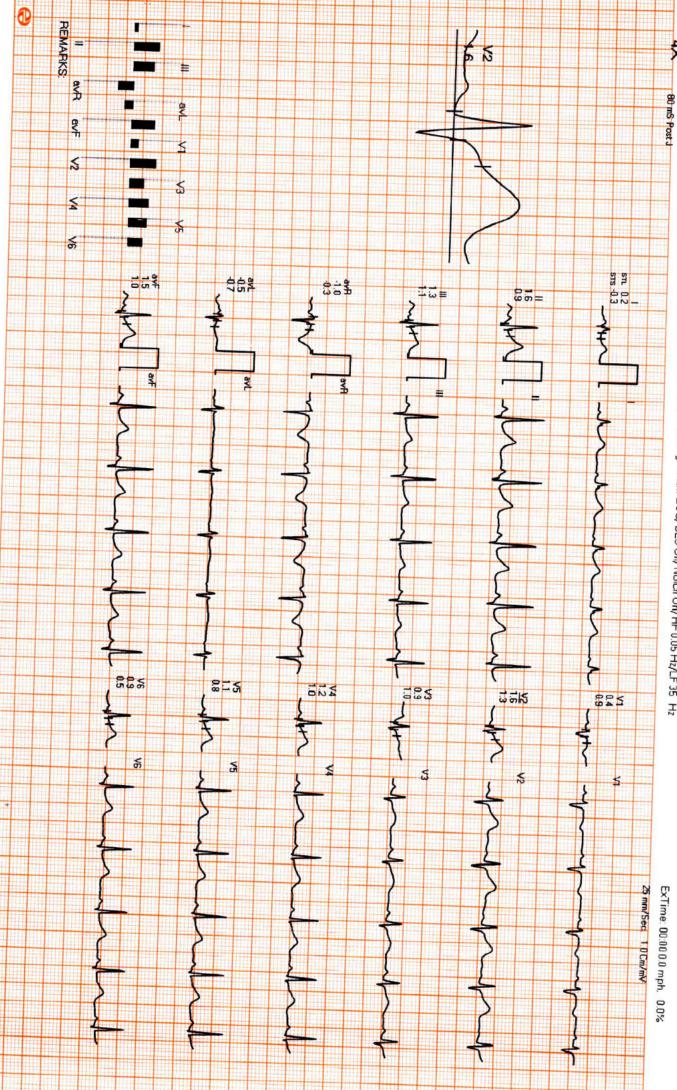
)																						REPORT	
													FINAL IMPRESION	CHRONOTROPIC RESPONSE	HAEMODYNAMIC RESPONSE		EXERCISE INDUCED ARRYTHMIAS	EXERCISE TOLERANCE	REASON FOR TERMINATION				
													. NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA	: GOOD CHRONOTROPIC RESPONSE	GOOD INOTROPIC RESPONSE	NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY	, NO ANGINA AND ANGINA WQUIYALENT	: GOOD EFFORT TOLERANCE	TARGET HR ACHIEVED				
Doctor:/DR SMITA VALANI	Samme -	3	TO THE STATE OF TH	Phone to 020 . R. Tringwo	(E)	Wira - Branch Near Intinga Hospital	About Permani Stricer, Kishitiy Building	Shooking LIAGNUSTICS (I) PVT. LTD		70110000	MIDDO: 0: 0: 0: 0587	CARDIOLOGY	DR. SMITA VALANI			RECOVERY							
																						- 7	

12345962 (2308421129) / SHRADDHA VIRA /32 Yrs / F / 149 Cms / 53 Kg / HR : 65

Date: 25 / 03 / 2023 10:43:14 AM

METS: 1.0/ 65 bpm 35% of THR BP: 120/80 mmHg Raw ECG/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

SUPINE (00:01)

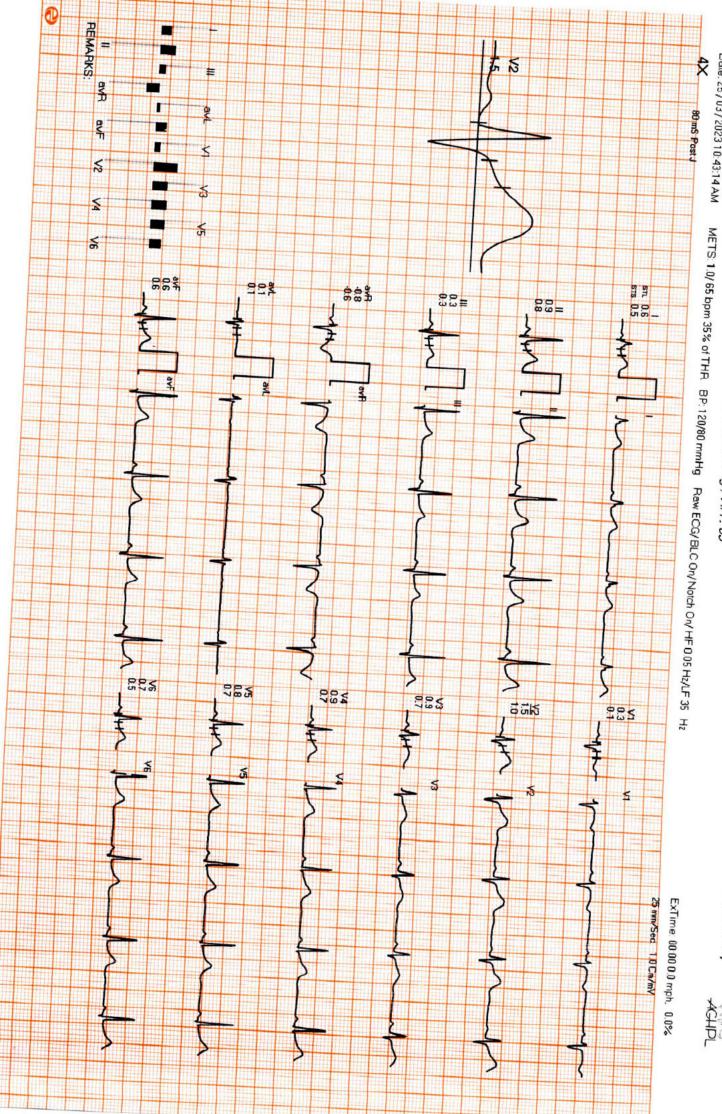


12345962 [2308421129] / SHRADDHA VIRA /32 Yrs / F / 149 Cms / 53 Kg / HR : 65

Date: 25/03/2023 10:43:14 AM

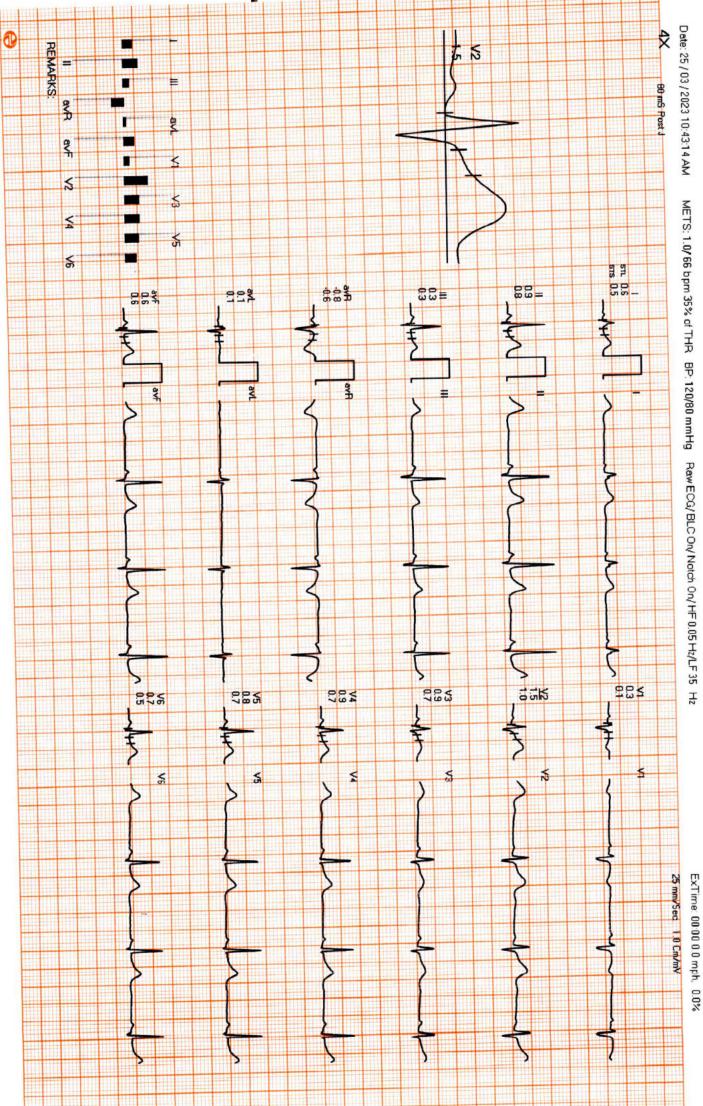
STANDING (00:00)







12345962 [2308421129] / SHRADDHA VIRA /32 Yrs / F / 149 Cms / 53 Kg / HR : 66

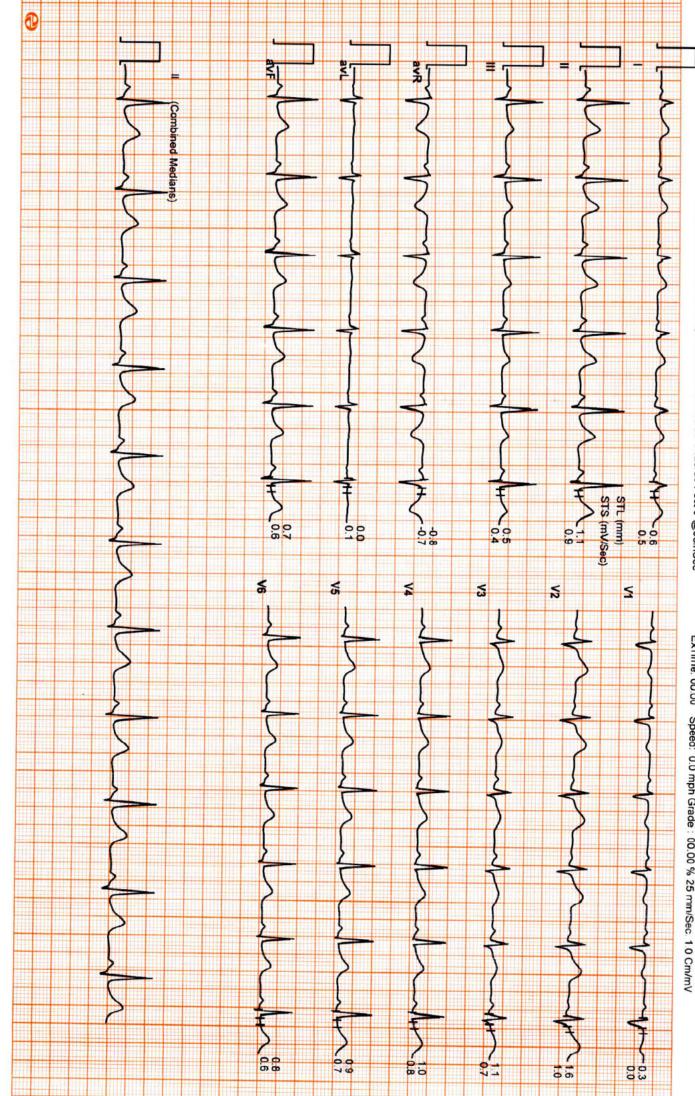


6X2 Combine Medians + 1 Rhythm ExStrt



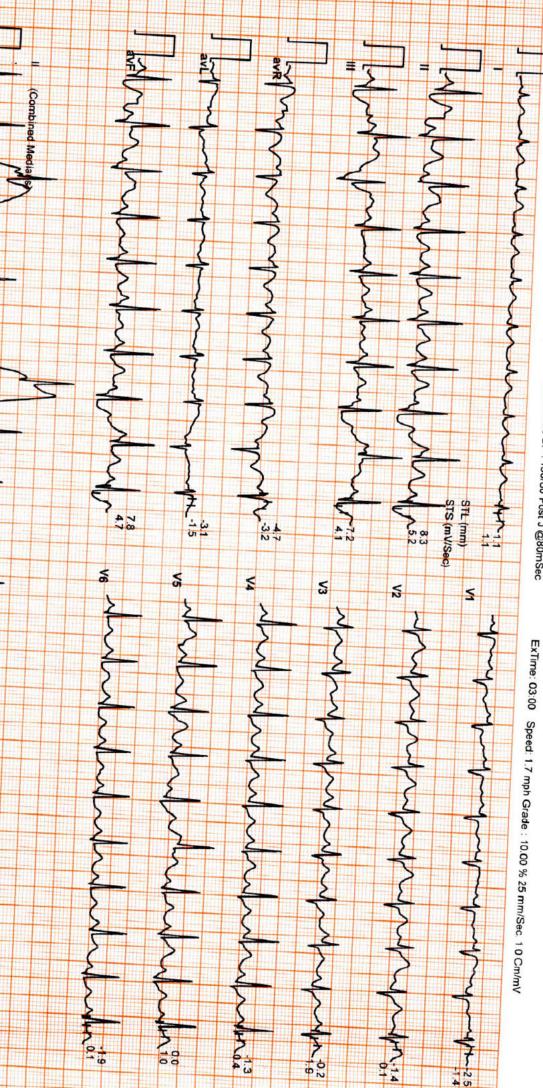
Date: 25 / 03 / 2023 10:43:14 AM METs : 1.0 HR : 66 Target HR : 35% of 188 BP : 120/80 Post J @80mSec

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



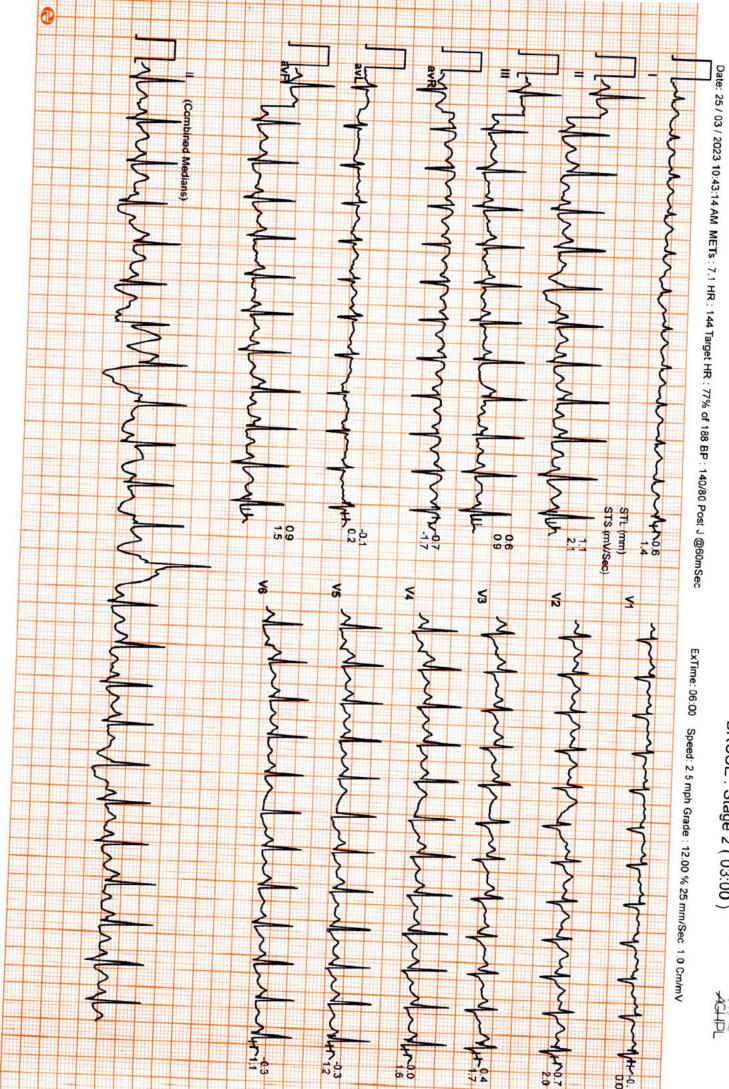
6X2 Combine Medians + 1 Rhythm BRUCE : Stage 1 (03:00)

Date: 25 / 03 / 2023 10:43:14 AM METs: 4.7 HR: 116 Target HR: 62% of 188 BP: 130/80 Post J @80mSec

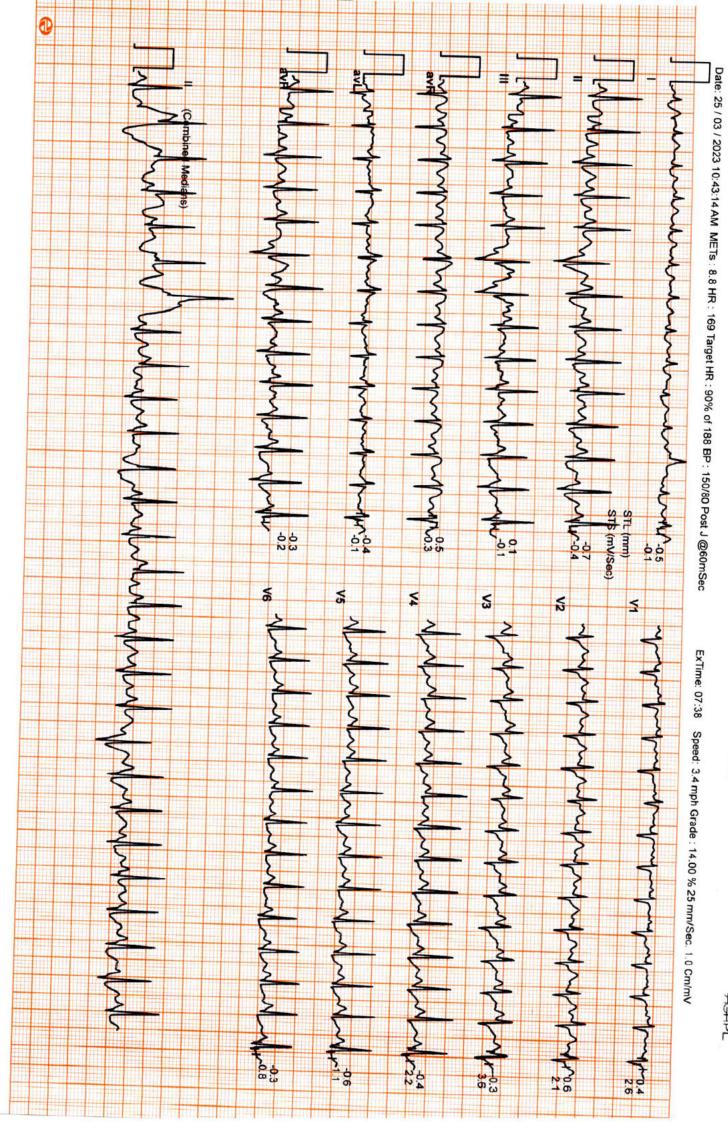


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6X2 Combine Medians + 1 Rhythm BRUCE: Stage 2 (03:00)

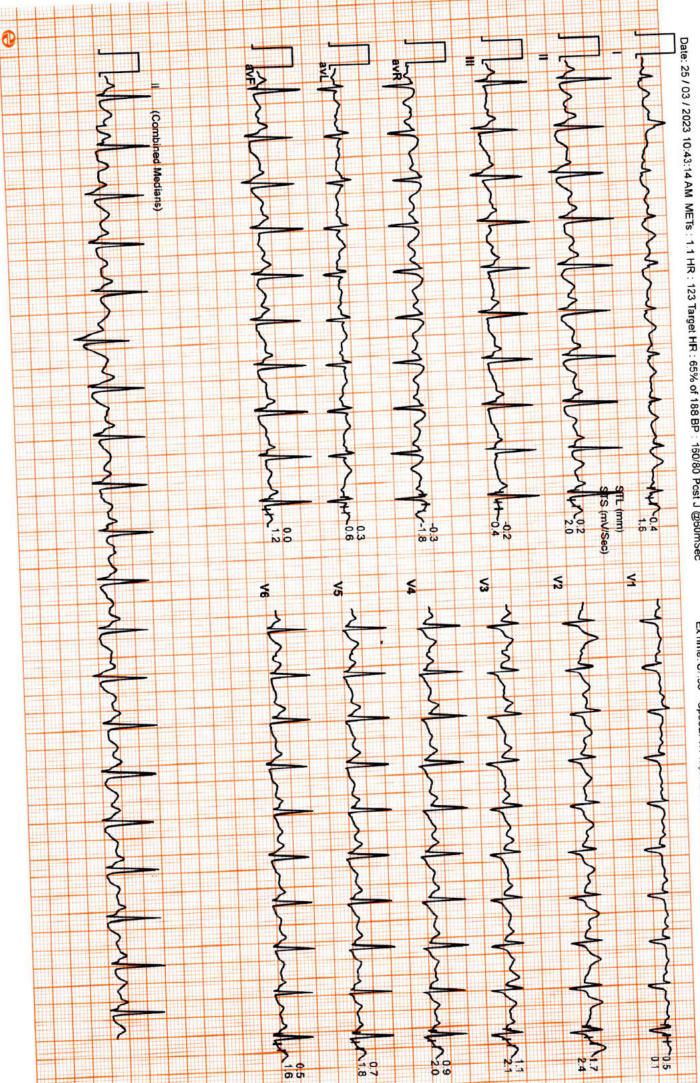


6X2 Combine Medians + 1 Rhythm
PeakEx



Date: 25 / 03 / 2023 10:43:14 AM METs: 1.1 HR: 123 Target HR: 65% of 188 BP: 160/80 Post J @60mSec

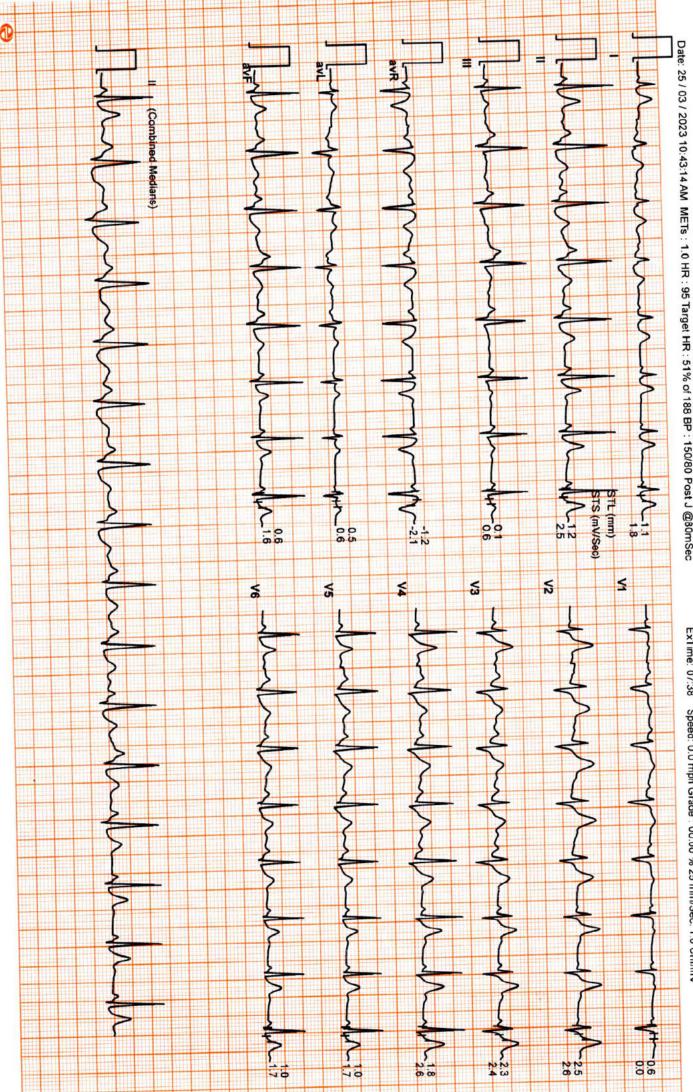
ExTime: 07:38 Speed: 1.1 mph Grade: 00.00 % 25 mm/Sec. 1.0 Cm/mV



12345962 / SHRADDHA VIRA / 32 Yrs / Female / 149 Cm / 53 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (02:00)

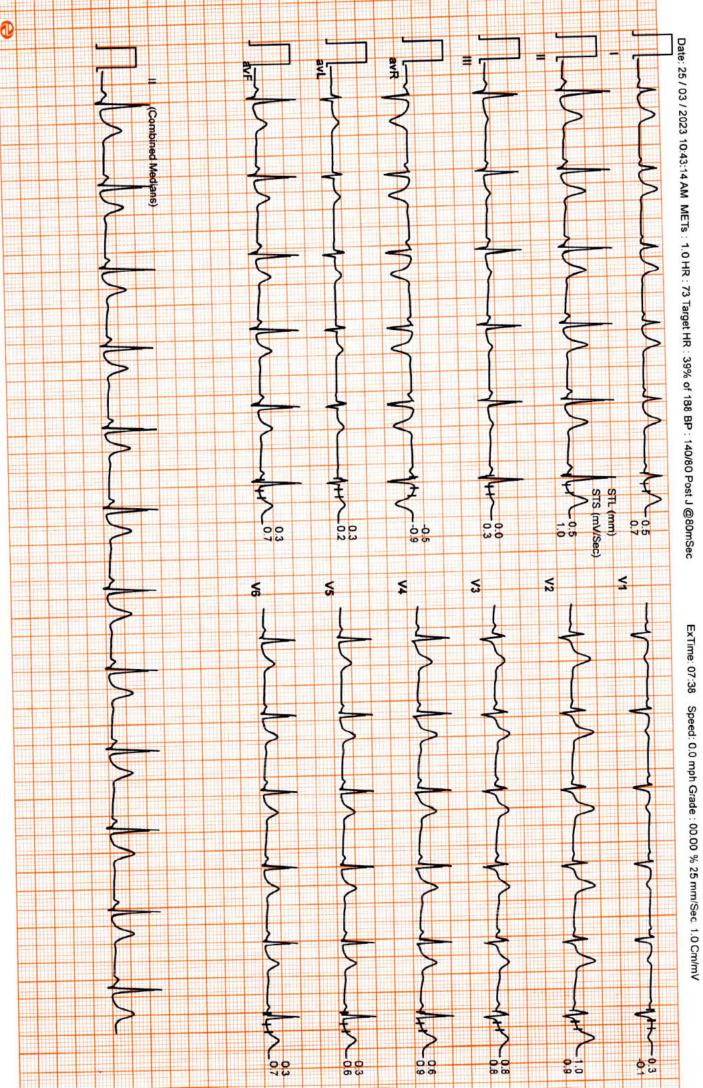
Date: 25 / 03 / 2023 10:43:14 AM METs: 1.0 HR: 95 Target HR: 51% of 188 BP: 150/80 Post J @80mSec



12345962 / SHRADDHA VIRA / 32 Yrs / Female / 149 Cm / 53 Kg

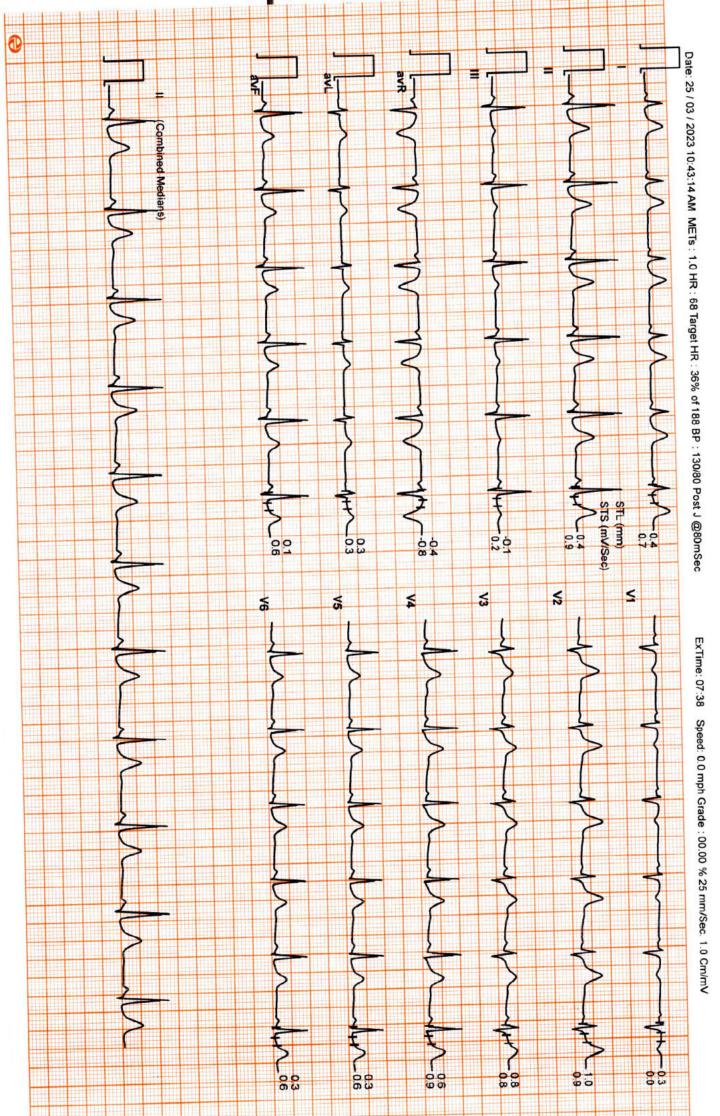
6X2 Combine Medians + 1 Rhythm Recovery: (04:00)





12345962 / SHRADDHA VIRA / 32 Yrs / Female / 149 Cm / 53 Kg

6X2 Combine Medians + 1 Rhythm Recovery: (04:08)





CID : 2308421129

Name : Mrs SHRADDHA VIRA

Age / Sex : 32 Years/Female

Ref. Dr Reg. Date : 25-Mar-2023

Reg. Location : Bhayander East Main Centre Reported



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: 25-Mar-2023/10:18

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (cm), normal in shape and shows smooth margins. It shows normal 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 folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus, mass lesion or sludge seen in the visualised lumen.

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:

Right kidney measures 9.0 x 4.4 cm. Left kidney measures 10.3 x 5.5 cm. Both the kidneys are normal in size, shape, position 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 (10 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 5.4 x 3.8 x 3.0 cms in size. Myometrium appears homogenous. No obvious hypo or hyperechoic mass lesion made out in the myometrium. The endometrium measures 6 mm and appears normal.



CID : 2308421129

Name : Mrs SHRADDHA VIRA

Age / Sex : 32 Years/Female

: 25-Mar-2023 Ref. Dr Reg. Date

Reg. Location : Bhayander East Main Centre Reported : 25-Mar-2023/10:18



Authenticity Check

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OVARIES:

Right ovary: 2.7 x 2.2 x 2.0 cm, Vol: 6.6 cc. Left ovary : $2.5 \times 2.4 \times 2.2 \text{ cm}$, Vol : 7.2 cc.

Both the ovaries are well visualised and appear normal in size, shape, position and echotexture.

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

No free fluid is seen in the pouch of douglas.

IMPRESSION:

• No significant abnormality made out.

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-----

Dr.FAIZUR KHILJI MBBS, RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist



Name : Mrs SHRADDHA VIRA

Age / Sex : 32 Years/Female

Ref. Dr

Reg. Location: Bhayander East Main Centre

Authenticity Check

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Reg. Date : 25-Mar-2023

Reported : 25-Mar-2023/10:18



Name : Mrs SHRADDHA VIRA

Age / Sex : 32 Years/Female

Ref. Dr :

Reg. Location: Bhayander East Main Centre

Authenticity Check

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Reg. Date : 25-Mar-2023

Reported : 25-Mar-2023/11:47

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



Name : Mrs SHRADDHA VIRA

Age / Sex : 32 Years/Female

Ref. Dr

Reg. Location: Bhayander East Main Centre



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Reg. Date : 25-Mar-2023

Reported : 25-Mar-2023/11:47