

CID	: 2309821734
Name	: MRS.KARTIKI BHALERAO
Age / Gender	: 37 Years / Female
Consulting Dr.	: -
Reg. Location	: Borivali West (Main Centre)

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	<u>CBC (Complet</u>	<u>e Blood Count), Blood</u>	
PARAMETER	RESULTS	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
<b>RBC PARAMETERS</b>			
Haemoglobin	11.5	12.0-15.0 g/dL	Spectrophotometric
RBC	4.05	3.8-4.8 mil/cmm	Elect. Impedance
PCV	34.1	36-46 %	Measured
MCV	84	80-100 fl	Calculated
МСН	28.5	27-32 pg	Calculated
MCHC	33.8	31.5-34.5 g/dL	Calculated
RDW	13.7	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7500	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS		
Lymphocytes	38.8	20-40 %	
Absolute Lymphocytes	2910.0	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	495.0	200-1000 /cmm	Calculated
Neutrophils	52.5	40-80 %	
Absolute Neutrophils	3937.5	2000-7000 /cmm	Calculated
Eosinophils	2.0	1-6 %	
Absolute Eosinophils	150.0	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	7.5	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

### PLATELET PARAMETERS

Platelet Count	310000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	15.5	11-18 %	Calculated
RBC MORPHOLOGY			

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Corporate Identity Number (CIN): U85110MH2002PTC136144



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CID Name	: 230982173 : MRS.KARTI	4 KI BHALERAO			O R
Age / Gender Consulting Dr. Reg. Location	: 37 Years / : - : Borivali We	Female est (Main Centre)	Collected Reported	Use a QR Code Scanner Application To Scan the Code :08-Apr-2023 / 09:41 :08-Apr-2023 / 11:16	т
Hypochromia		-			
Microcytosis		-			
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

25

2-20 mm at 1 hr.

Sedimentation

Authenticity Check

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



Bmhaskar

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

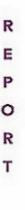
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Name	: MRS.KARTIKI BHALERAO
Age / Gender	: 37 Years / Female
Consulting Dr. Reg. Location	: - : Borivali West (Main Centre)

:2309821734

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE			
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	87.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	98.0	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.83	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.30	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.53	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.2	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	27.8	<34 U/L	Modified IFCC
SGPT (ALT), Serum	12.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	12.1	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	58.6	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	12.9	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.6	0.50-0.80 mg/dl	Enzymatic

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PRECISE TESTING - HEAL				P
CID	: 2309821734			0
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Age / Gender	: 37 Years / Female		Use a QR Code Scanner Application To Scan the Code	т
Consulting Dr.	: -	Collected	:08-Apr-2023 / 09:41	•
Reg. Location	: Borivali West (Main Centre)	Reported	:08-Apr-2023 / 16:55	
eGFR, Serum	120	>60 ml/min/1.73sqm	Calculated	

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

URIC ACID, Serum	3.0	3.1-7.8 mg/dl	Uricase/ Peroxidase
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 \*\*\*



BMhaskar

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

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Non-Diabetic Level: < 5.7 %

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

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HPLC

Calculated

# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE <u>GLYCOSYLATED HEMOGLOBIN (HbA1c)</u> RESULTS BIOLOGICAL REF RANGE METHOD

mg/dl

# PARAMETER

Glycosylated Hemoglobin 5.5 (HbA1c), EDTA WB - CC

:2309821734

: MRS.KARTIKI BHALERAO

: Borivali West (Main Centre)

: 37 Years / Female

Estimated Average Glucose 111.1 (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 \*\*\* End Of Report \*\*\*

BMhaskar

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

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

	UNINE EAAMINAT		
PARAMETER	<u>RESULTS</u>	<b>BIOLOGICAL REF RANGE</b>	<u>METHOD</u>
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	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	Trace	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	10-12	0-5/hpf	
Red Blood Cells / hpf	Occasional	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 insert

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



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

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Consulting Dr.	: -	Collected	:	
Reg. Location	: Borivali West (Main Centre)	Reported	:	

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

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PARAMETER

# <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.

### 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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Dr.LEENA SALUNKHE M.B.B.S, DPB (PATH) Pathologist

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# AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE LIPID PROFILE

PARAMETER	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	161.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	72.2	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	53.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	108.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.0	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	14.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated
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sensitiveTSH, Serum

:2309821734

: -

: MRS.KARTIKI BHALERAO

: 37 Years / Female

CID

Name

Age / Gender

Consulting Dr.

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<b>PARAMETER</b>	<u>RESULTS</u>	<b>BIOLOGICAL REF RA</b>	NGE METHOD
Free T3, Serum	4.8	3.5-6.5 pmol/L	CLIA
Free T4, Serum	13.7	11.5-22.7 pmol/L	CLIA

1.933 0.55-4.78 microlU/ml

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:08-Apr-2023 / 15:25

#### Interpretation:

Age / Gender

Consulting Dr.

Reg. Location

CID

Name

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 microlU/ml should be correlated clinically or repeat the test with new sample as physiological factors

Reported

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 \*\*\*



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

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# SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: KARTIKI BHALERAO Patient ID: 2309821734 Date and Time: 8th Apr 23 11:37 AM

37 17 4 Age years months days Gender Male Heart Rate 85bpm V1 V4 Patient Vitals Τ aVR BP: NA Weight: NA Height: NA Pulse: NA Spo2: NA V2 V5 Resp: NA Π aVL Others: Measurements III V3 aVF V6 QRSD: 82ms QT: 398ms QTcB: 473ms PR: 156ms P-R-T: 68° 69° 50° Π tricog 25.0 mm/s 10.0 mm/mV Copyright 2014-2023 Tricog Health, All Rights Reser

REPORTED BY

The.

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.

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



# Name :KARTIKI BHALEROA

CID:- 2309821734

History and Complaints:

H/O Blindness

Since Birth.

## **EXAMINATION FINDINGS:**

Height (cms):148cm

Temp (0c): Afebrile

Blood Pressure (mm/hg): 110/80 mmhg

Pulse: 79/min

Systems:

Cardiovascular:- S1S2 audible

**Respiratory:-** AEBE

Genitourinary:- NAD

GI System:- Liver & Spleen Not Palpable

CNS:- NAD

IMPRESSION:

ADVICE:

CHIEF COMPLAINTS:

1) Hypertension-No

2) 2) IHD:- No

3) Arrhythmia:- No

4) Diabetes Mellitus:-MIX

5) Tuberculosis:- NO

Weight (kg): 98kg

Skin: Normal

Nails: Normal

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Lymph Node: Not palpable

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CXK. physician Redu.



- 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:- No

### **PERSONAL HISTORY:**

- 1) Alcohol:- No
- 2) Smoking:- NO
- 3) Diet:-Mix  $\sqrt{2}$
- 4) Medication:-No

Dr. Nitin Sonavane DR. NITIN SONAVANE M.B.B.S.AFLH, D.DIAB, D.CARD CONSULTANT-CARDIOLOGIST REGD. NO. : 87714

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Suburban Diagnostics (1) Pvt. Ltd. 301& 302, 3rd Floor, Vini Elegenance, Above Tanisq Jweller, L. T. Road, Borivali (West), Mumbai - 460 092.

PHYSICIAN

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# SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: KAI	RTIKI BHALI	Date: (	08-04-2023	Time: 11:47		
Age: 37	Gender: F	Height: 148 cms	Weight: 98 Kg	ID:	2309821734	
<b>Clinical History</b>	NIL NIL					
Medications:	NIL					

# **Test Details:**

Protocol: Bruce		Predicted Max HR: 183		Target HR: 155		
Exercise Time:	0:03:01	Achieved Max HR:	173 (95% of	Predicted MHR)		
Max BP:	150/80	Max BP x HR:	25950	Max Mets: 4.7		
Test Termination	Criteria: TES	T COMPLET, BREATHL	ESS			

# **Protocol Details:**

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/s
Supine	00:11	1	0	0	83	110/80	9130	0.4 1	0.4 V2
Standing	00:14	1	0	0	85	110/80	9350	0.5 1	0.4 III
HyperVentilation	00:07	1	0	0	83	110/80	9130	-0.7 aVF	0.4 V1
PreTest	00:06	1	1.6	0	79	110/80	8690	-0.6 III	0,4 V1
Stage: 1	03:00	4.7	2.7	10	173	130/80	22490	-1.2 III	0.6 II
Peak Exercise	00:01	3.5	4	12	173	130/80	22490	-1.2 III	0.6 II
Recovery1	01:00	1	0	0	137	150/80	20550	0.8 V2	0.5 III
Recovery2	01:00	1	0	0	118	130/80	15340	-0.8 V5	0.4 III

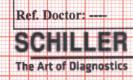
# Interpretation

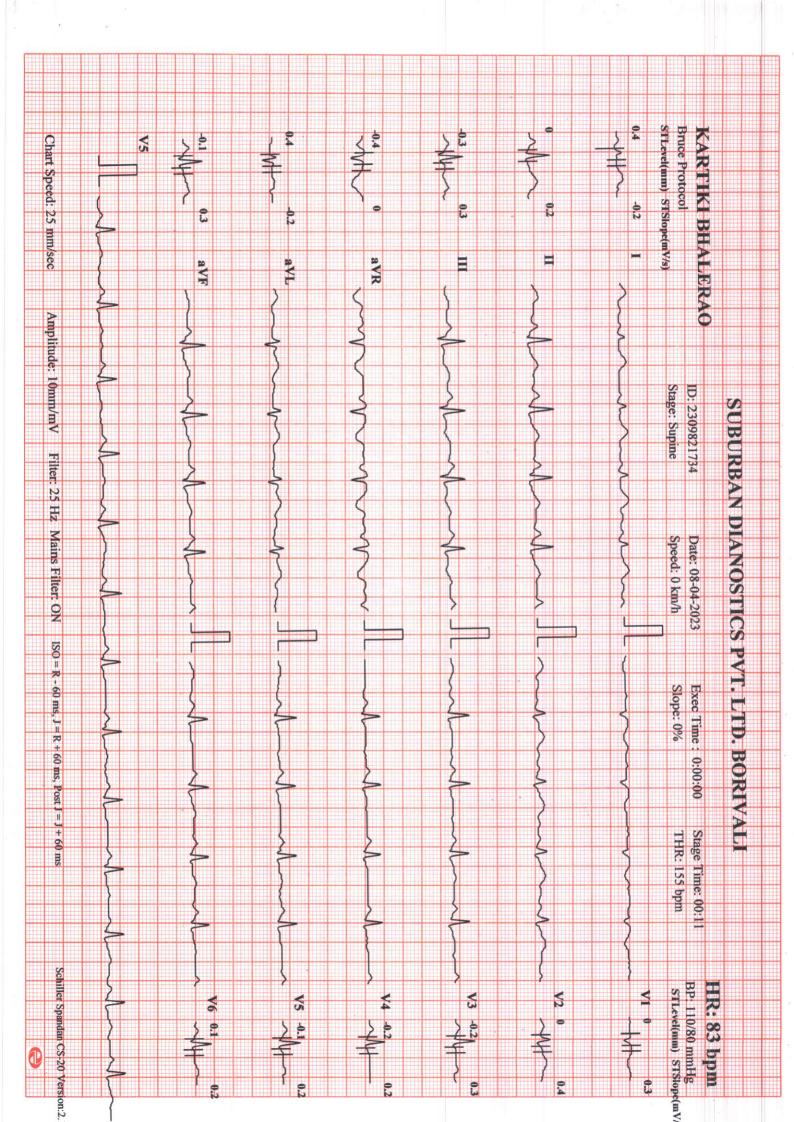
The Patient Exercised according to Bruce Protocol for 0:03:01 achieving a work level of 4.7 METS. Resting Heart Rate, initially 83 bpm rose to a max. heart rate of 173bpm (95% of Predicted Maximum Heart Rate). Resting Blood Pressure of 110/80 mmHg, rose to a maximum Blood Pressure of 150/80 mmHg Good 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.

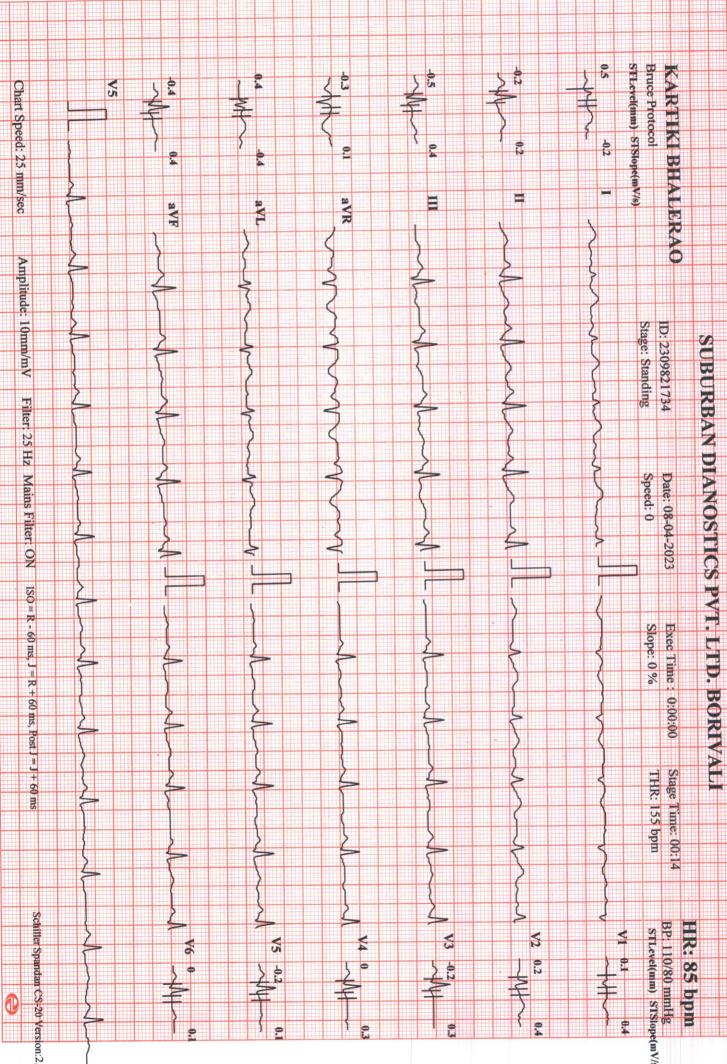


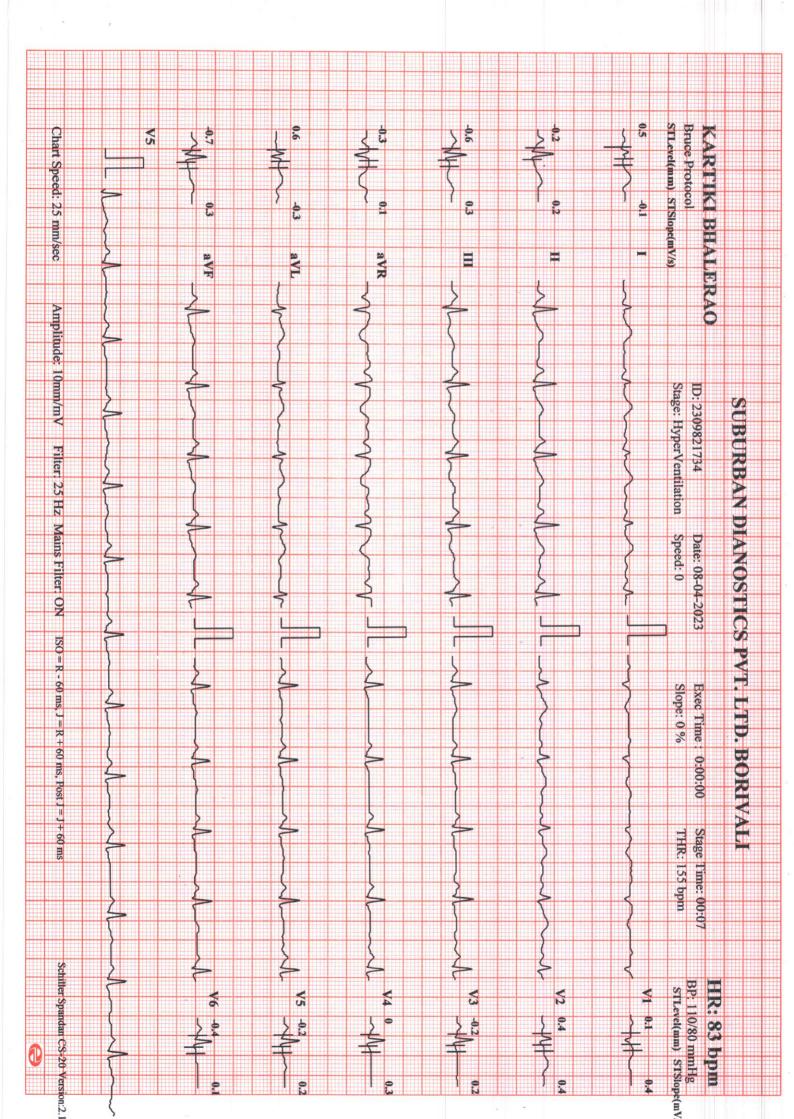


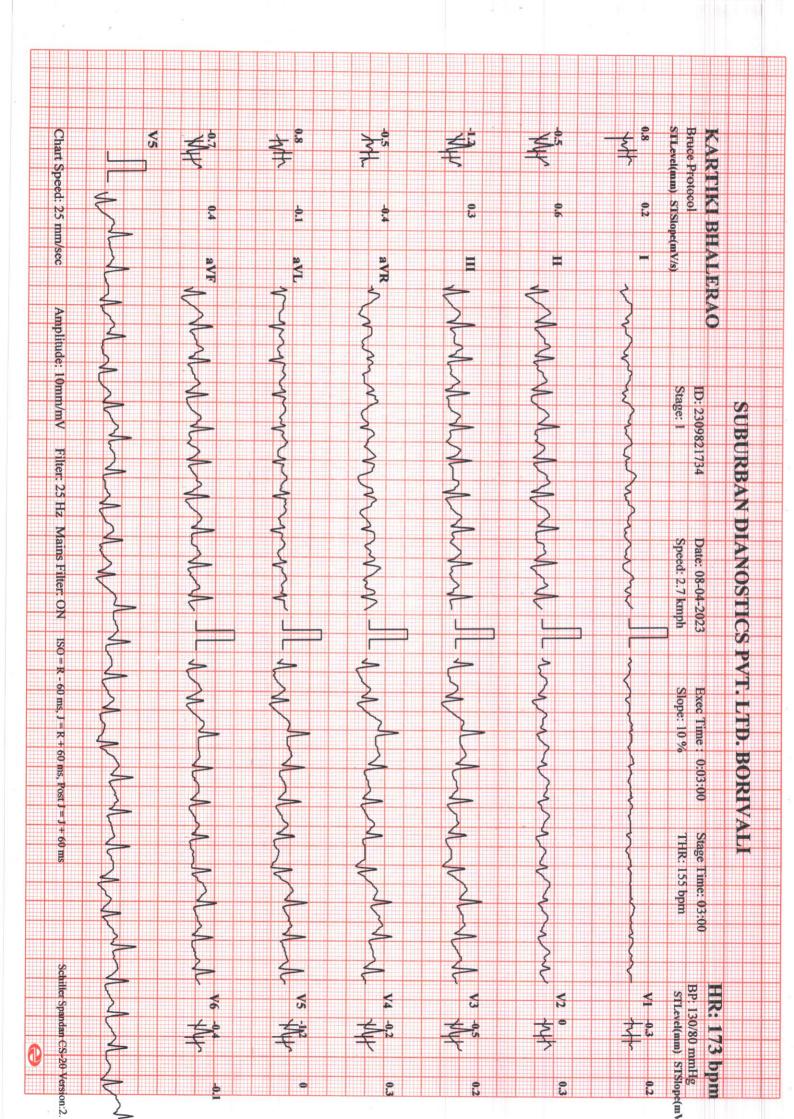
(Summary Report edited by User) Spandan CS-20 Version:2.14.0

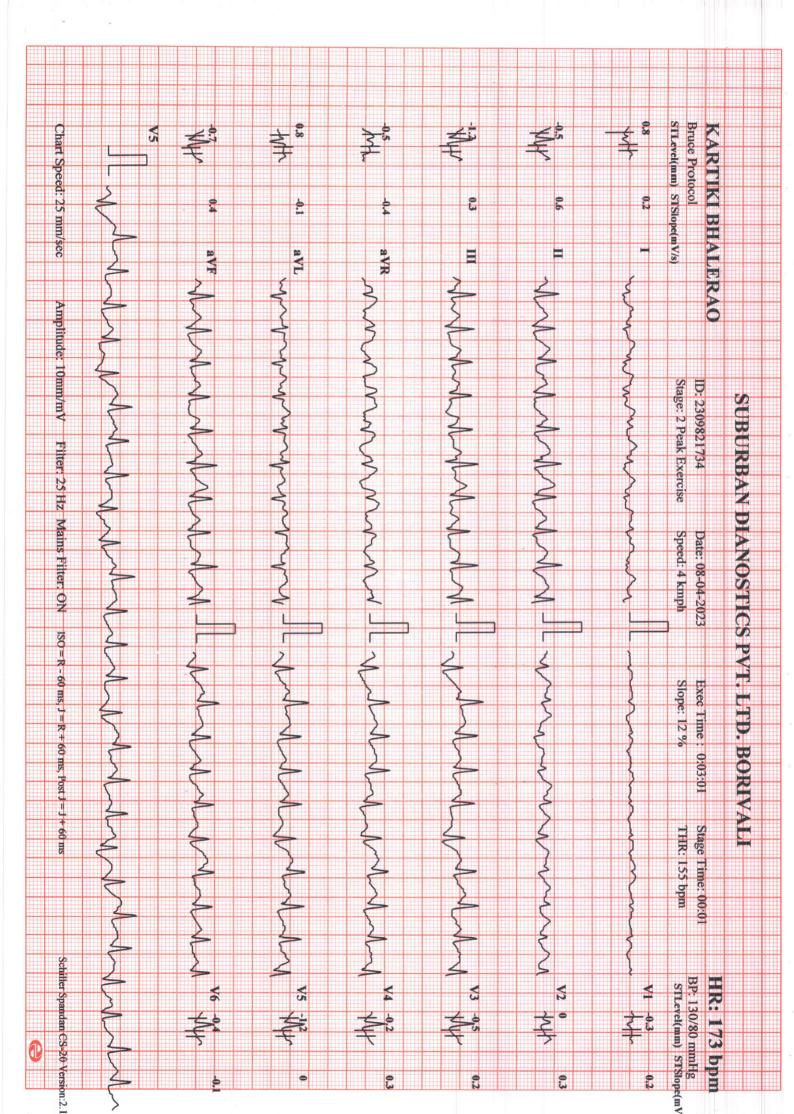


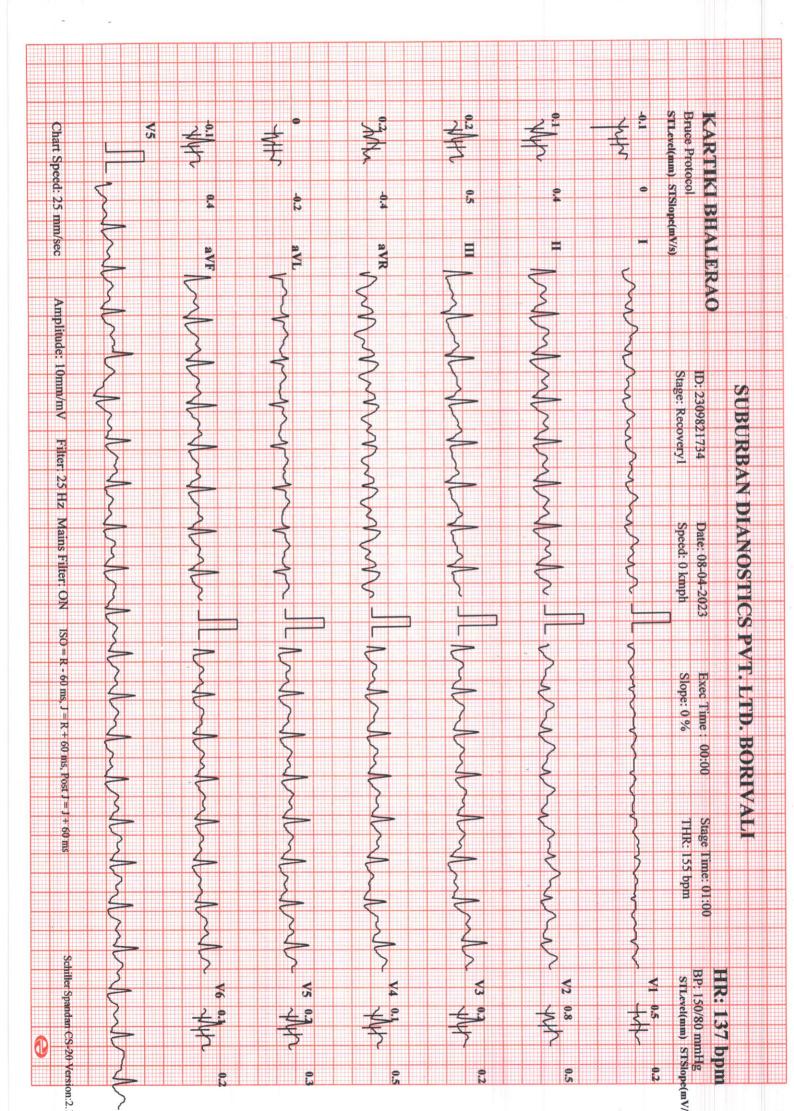


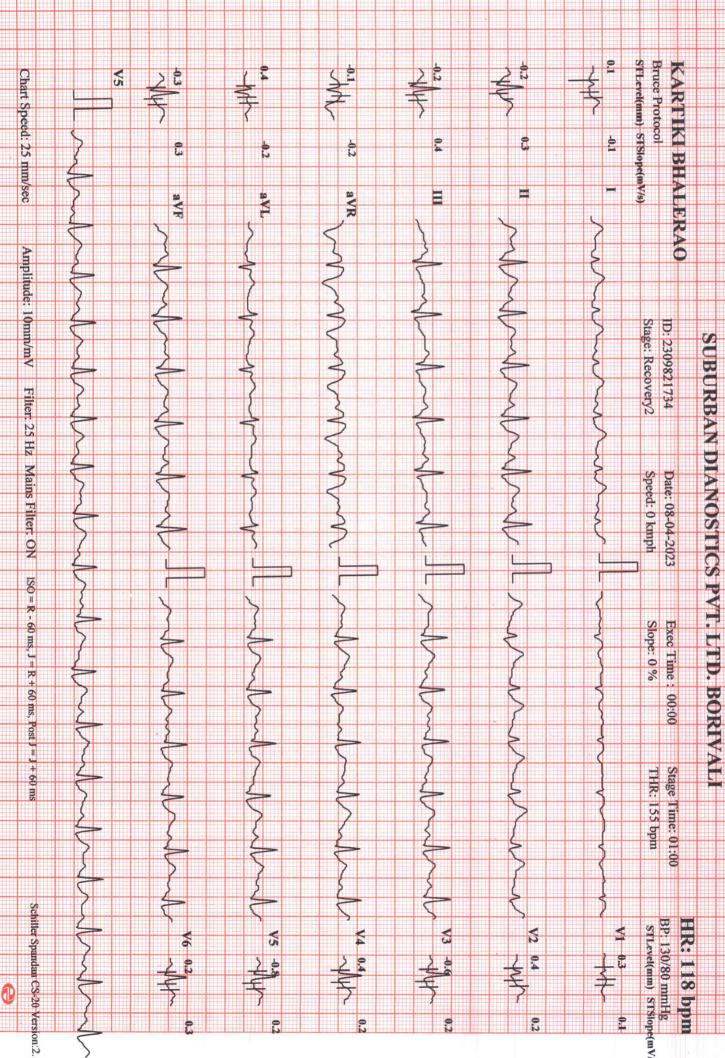


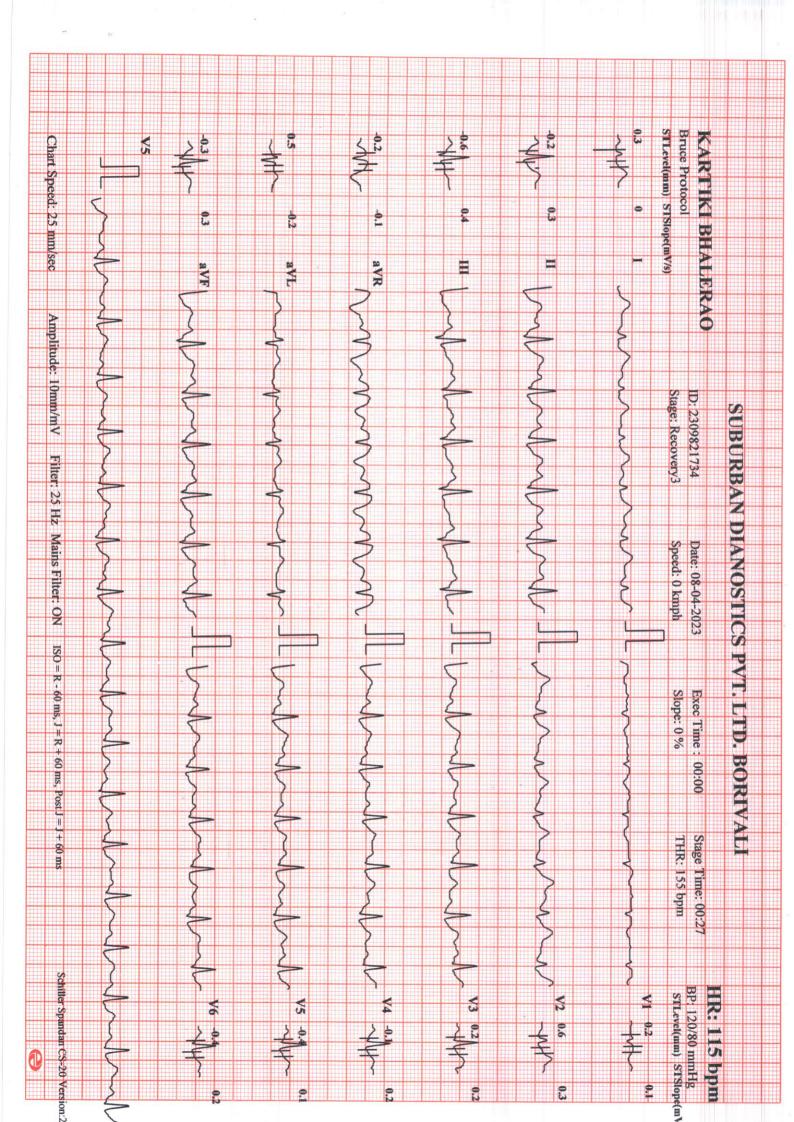


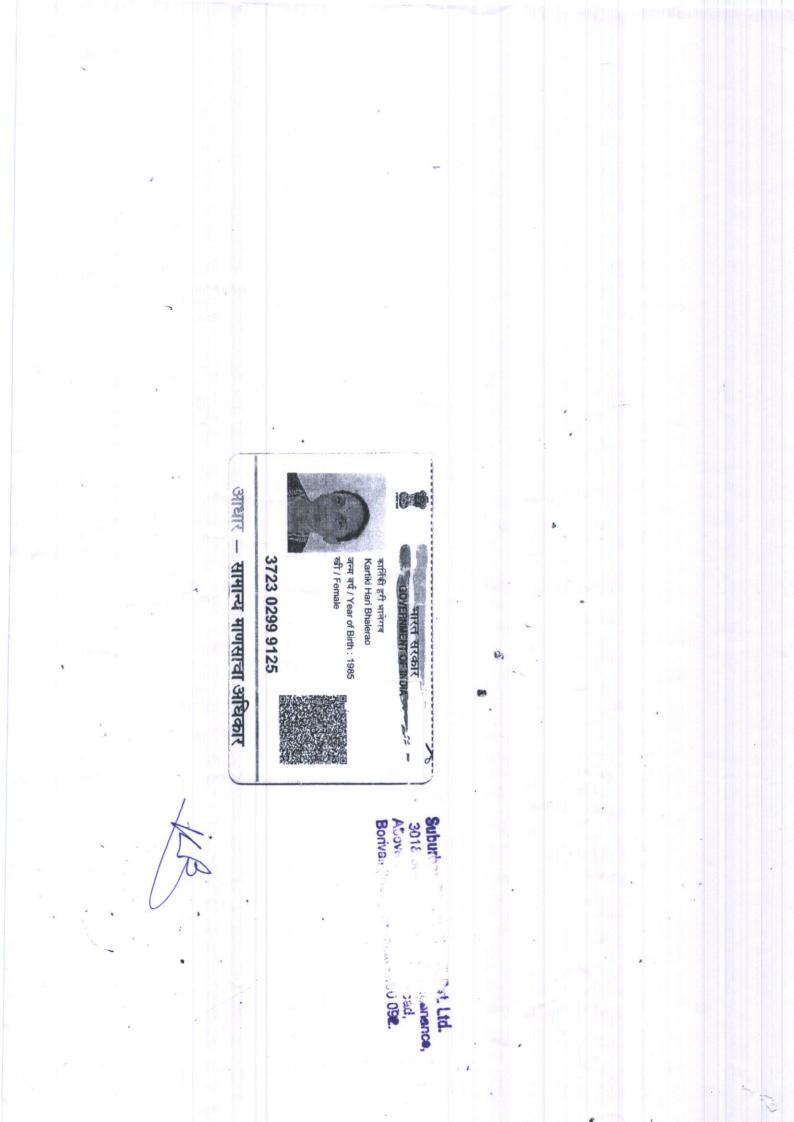
















CID : 2309821734 Name : Mr KARTIKI BHALERAO Age / Sex : 37 Years/Male Ref. Dr : Reg. Location : Borivali West

Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 08-Apr-2023 : 08-Apr-2023 / 12:29

# X-RAY CHEST PA VIEW

Increased bronchovascular markings are seen bilaterally predominantly in right lower zone.

Rest of the 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.

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

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

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023040809263055

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CID	: 2309821734
Name	: Mrs. KARTIKI BHALERAO
Age / Sex	: 37 Years/ Female
Ref. Dr	:
<b>Reg.</b> Location	: Borivali West

Reg. Date Reported Use a QR Code Scanner Application To Scan the Code : 08-Apr-2023 : 08-Apr-2023 / 12:14

# **USG WHOLE ABDOMEN**

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

GALL BLADDER: 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 normal. CBD: CBD is normal.

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

**KIDNEYS:** Right kidney measures 10.5 x 4.2 cm. Left kidney measures 8.5 x 4.5 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, 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  $7.5 \ge 4.7 \ge 4.4 \text{ cm}$ . **IUCD seen in situ and normal in position**. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 4.5 mm. Cervix appears normal.

**OVARIES:** Both ovaries appear normal in size and echotexture. The right ovary measures  $1.4 \times 1.6 \text{ cm}$ . The left ovary measures  $1.4 \times 1.5 \text{ cm}$ .

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

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Comparate Identity Number (CIN): U85110MH2002PTC136144





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CID	: 2309821734		
Name	: Mrs. KARTIKI BHALERAO		
Age / Sex	: 37 Years/ Female		Use a QR Code Scanner
Ref. Dr	:	Reg. Date	Application To Scan the Code
<b>Reg.</b> Location	: Borivali West	Reported	: 08-Apr-2023 : 08-Apr-2023 / 12:14
		ported	· 00-Apr-2025 / 12:14

# **Opinion:**

No significant abnormality is detected. .

# For clinical correlation and follow up.

Investigations have their limitations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.

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

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

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