



CID : 2308420779
Name : MRS.RAMA DEVI
Age / Gender : 32 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 25-Mar-2023 / 08:22
Reported : 25-Mar-2023 / 15:05

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	12.7	12.0-15.0 g/dL	Spectrophotometric
RBC	4.74	3.8-4.8 mil/cmm	Elect. Impedance
PCV	37.1	36-46 %	Calculated
MCV	78.3	81-101 fl	Measured
MCH	26.7	27-32 pg	Calculated
MCHC	34.2	31.5-34.5 g/dL	Calculated
RDW	15.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8060	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	24.3	20-40 %	
Absolute Lymphocytes	1950	1000-3000 /cmm	Calculated
Monocytes	6.4	2-10 %	
Absolute Monocytes	510	200-1000 /cmm	Calculated
Neutrophils	65.0	40-80 %	
Absolute Neutrophils	5230	2000-7000 /cmm	Calculated
Eosinophils	3.5	1-6 %	
Absolute Eosinophils	280	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	60	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	278000	150000-410000 /cmm	Elect. Impedance
MPV	9.5	6-11 fl	Measured
PDW	17.7	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			



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Reported : 25-Mar-2023 / 14:07

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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	105.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	154.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.35	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	26.5	<34 U/L	Modified IFCC
SGPT (ALT), Serum	25.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	22.8	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	72.0	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	13.7	19.29-49.28 mg/dl	Calculated
BUN, Serum	6.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.53	0.50-0.80 mg/dl	Enzymatic



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eGFR, Serum	142	>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	4.6	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 SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

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



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Reported : 25-Mar-2023 / 17:03

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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	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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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	1.015	1.001-1.030	Chemical Indicator
Transparency	Slight hazy	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	20-25	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	10-12		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	++	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

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

V R Jain

Dr.VIPUL JAIN
M.D. (PATH)
Pathologist



MC-2111



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Reported :

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) 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 CPL, Andheri West
*** End Of Report ***

J Thakker

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





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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	173.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	202.2	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	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	132.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	92.1	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	40.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	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 ***

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M.D (Biochem)
Biochemist





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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	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.811	0.55-4.78 microIU/ml	CLIA



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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 ***

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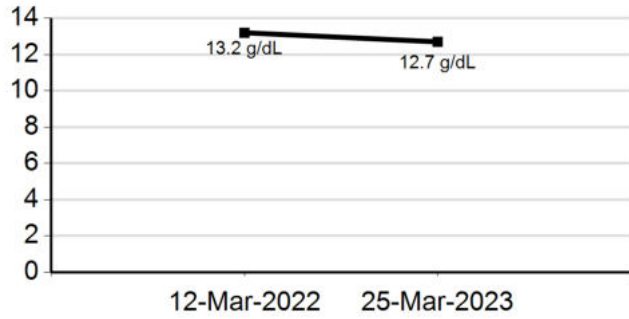




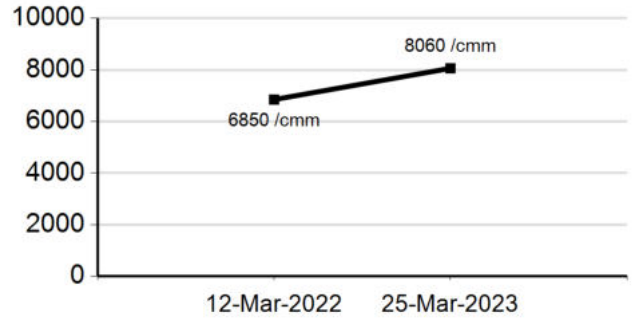
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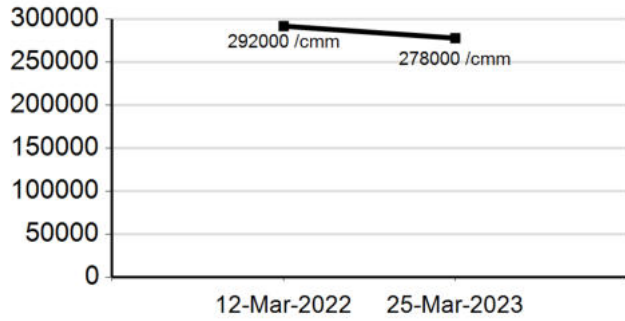
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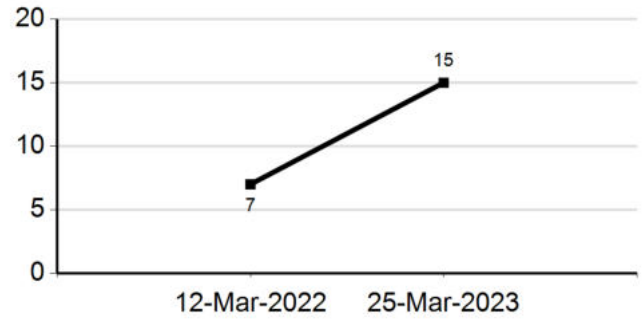
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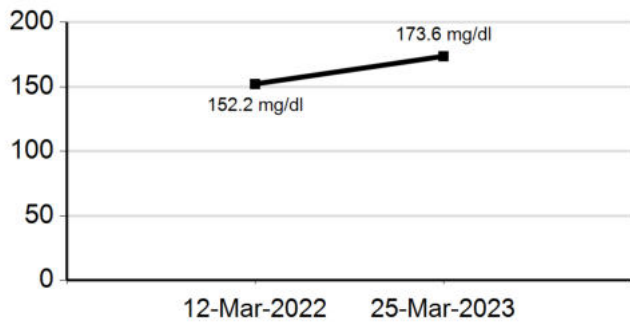
Platelet Count



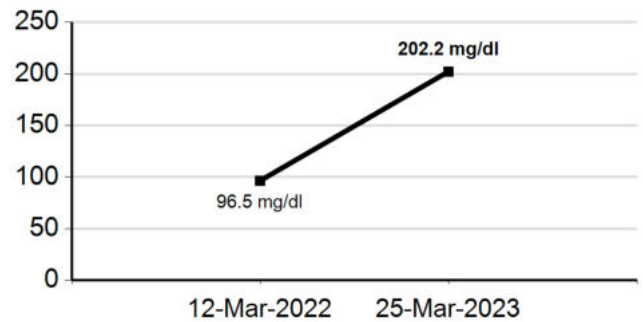
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CHOLESTEROL



TRIGLYCERIDES

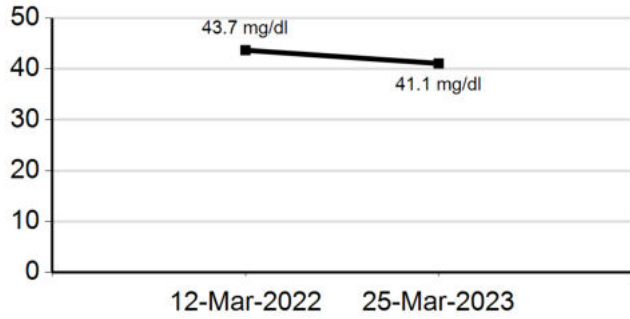




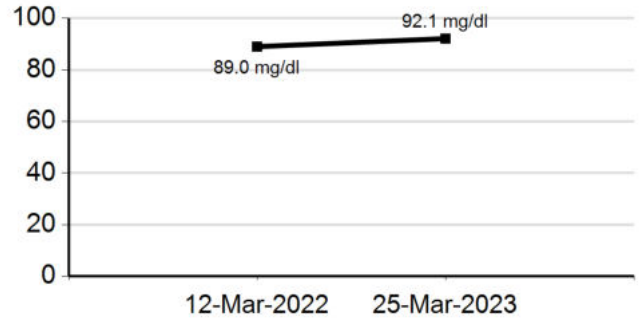
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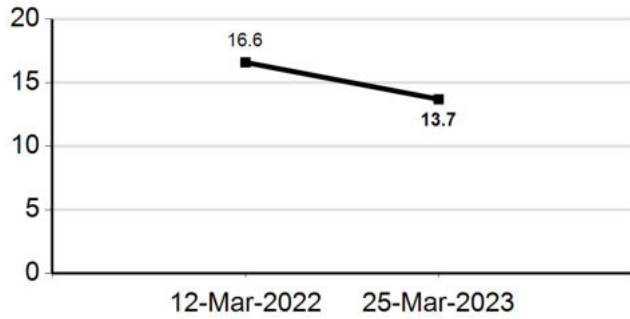
HDL CHOLESTEROL



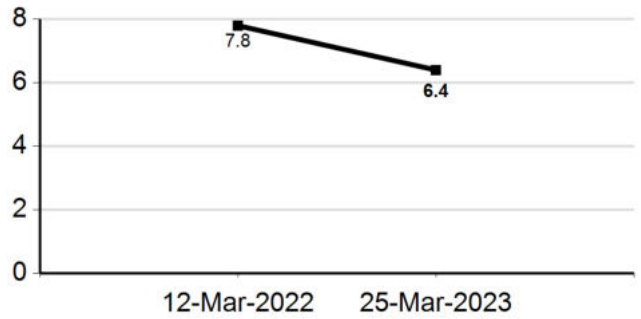
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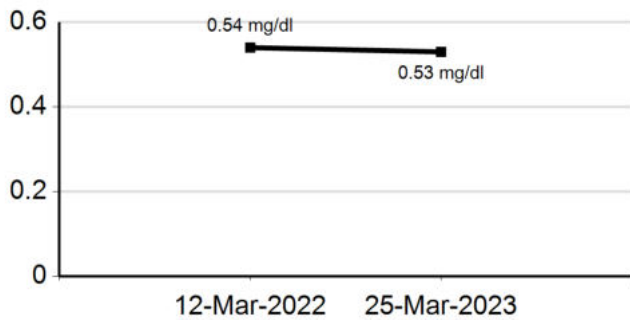
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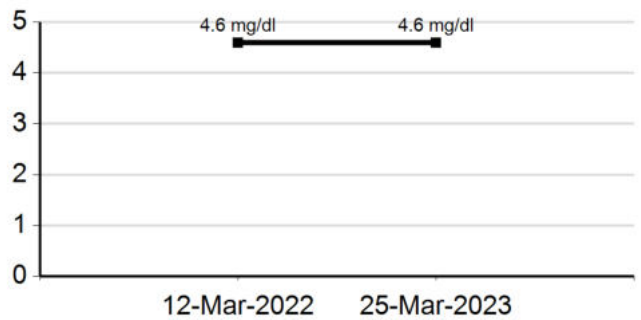
BUN



CREATININE



URIC ACID

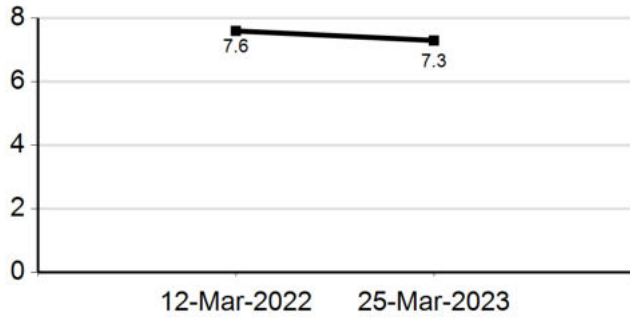




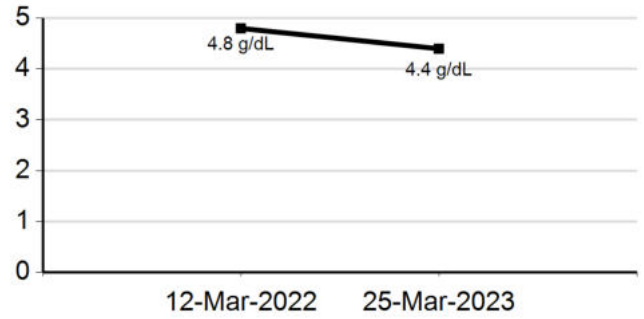
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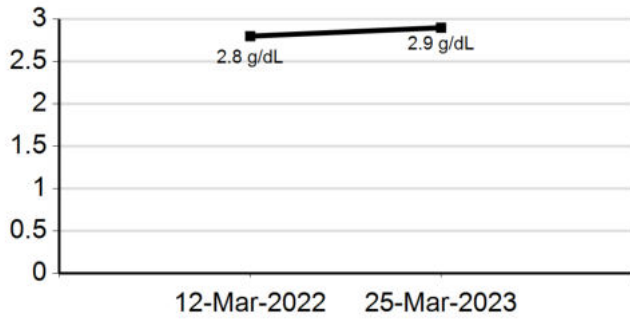
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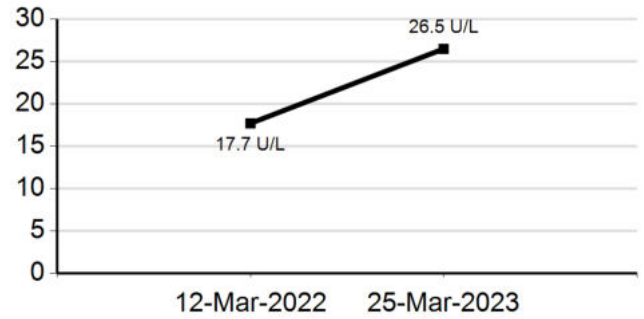
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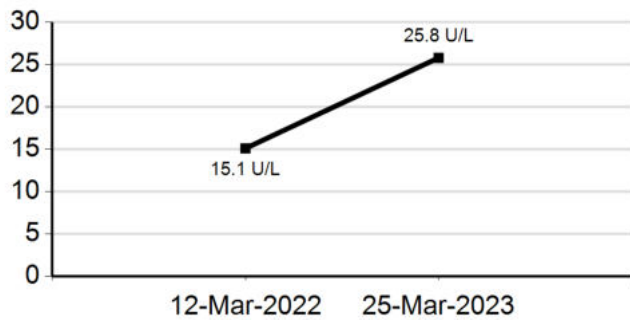
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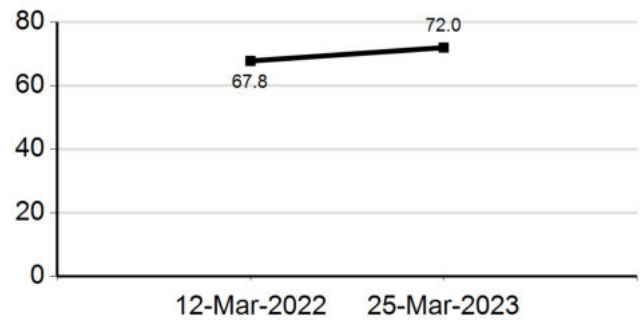
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SGPT (ALT)



ALKALINE PHOSPHATASE

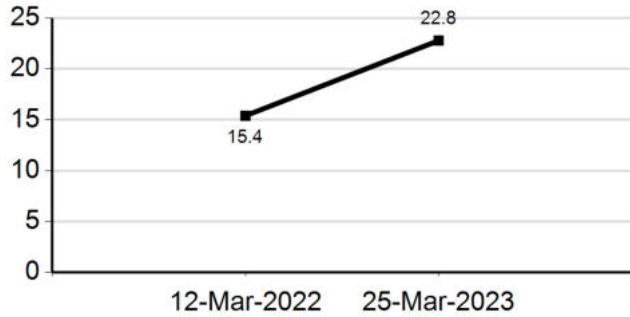




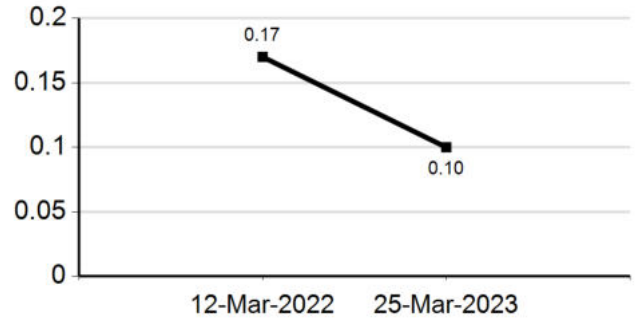
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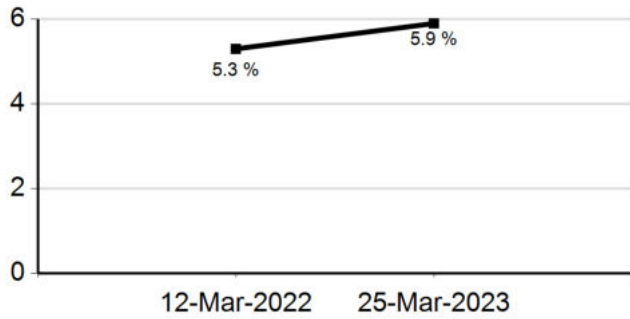
GAMMA GT



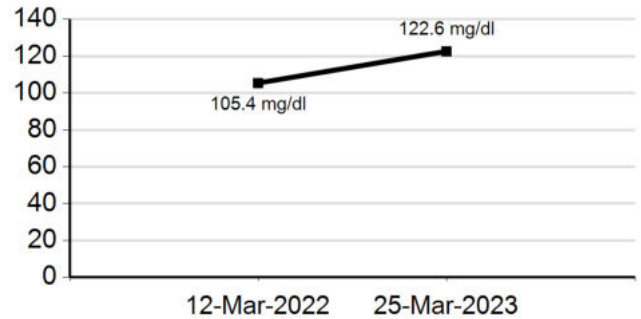
BILIRUBIN (DIRECT)



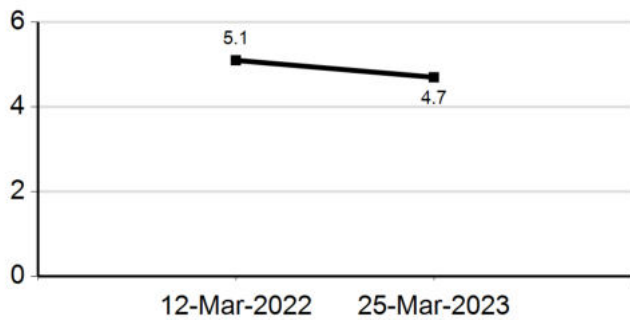
Glycosylated Hemoglobin (HbA1c)



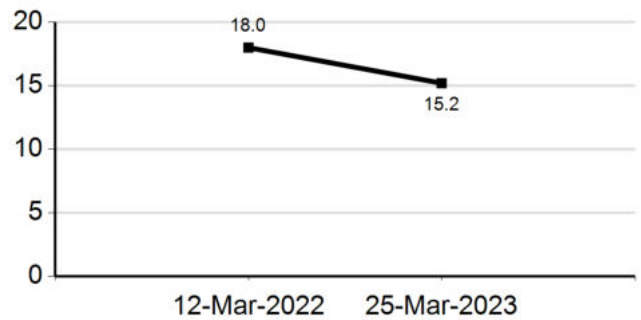
Estimated Average Glucose (eAG)



Free T3



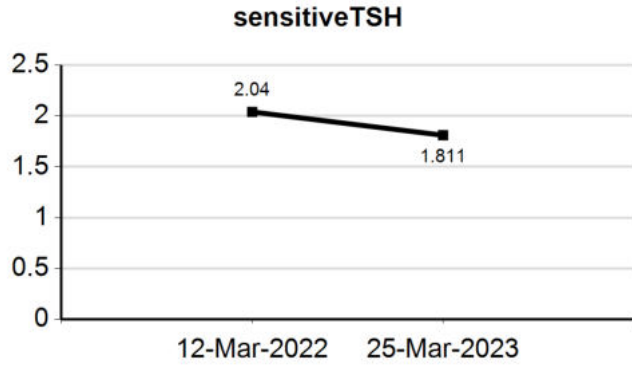
Free T4





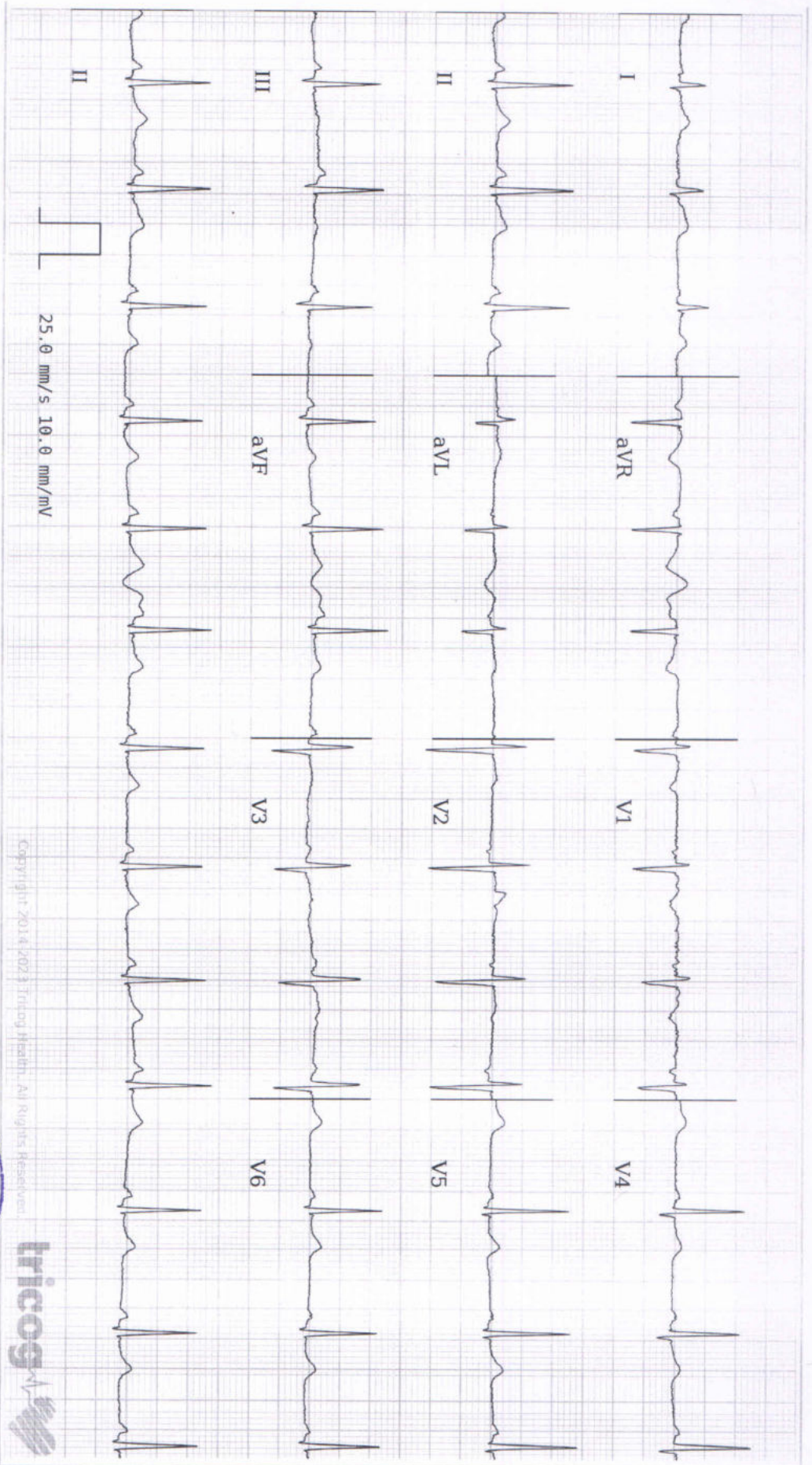
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Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)



Patient Name: RAMA DEVI
Patient ID: 2308420779

Date and Time: 25th Mar 23 8:53 AM



25.0 mm/s 10.0 mm/mV

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Age **32** 9 23
years months days

Gender **Female**

Heart Rate **80bpm**

Patient Vitals

BP: 110/70 mmHg

Weight: 56 kg

Height: 153 cm

Pulse: 80 bpm

Spo2: N/A

Resp: N/A

Others:

Measurements

QRSD: 78ms

QT: 370ms

QTc: 426ms

PR: 118ms

P-R-T: 69° 72° 44°

REPORTED BY

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

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient Vitals are as entered by the clinician and not derived from the ECG.



CID# : 2308420779
Name : MRS.RAMA DEVI
Age / Gender : 32 Years/Female
Consulting Dr. : Collected : 25-Mar-2023 / 08:07
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 27-Mar-2023 / 12:19

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL

EXAMINATION FINDINGS:

Height (cms):	153	Weight (kg):	56.8
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	110/70	Nails:	Healthy
Pulse:	80/MIN	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1,S2 Normal No Murmurs

Respiratory: Air Entry Bilaterally Equal

Genitourinary: NAD

GI System: Soft non tender No Organomegaly

CNS: NAD

IMPRESSION: HEALTHY

ADVICE: REGULAR EXERCISE, HEALTHY DIET.

CHIEF COMPLAINTS:

1) Hypertension:	NO
2) IHD:	NO
3) Arrhythmia:	NO
4) Diabetes Mellitus :	NO
5) Tuberculosis :	NO
6) Asthama:	NO

CID# : 2308420779
Name : MRS.RAMA DEVI
Age / Gender : 32 Years/Female
Consulting Dr. : Collected : 25-Mar-2023 / 08:07
Reg.Location : Mahavir Nagar, Kandivali West (Main Centre) Reported : 27-Mar-2023 / 12:19


- | | |
|--|----|
| 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 |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | MIXED |
| 4) Medication | NIL |

*** End Of Report ***




Dr. Ajita Bhosale
PHYSICIAN

Dr. AJITA BHOSALE
Reg. No. 2013/06220
MBBS/D. Cardiology

ನ ಆಧಾರ್, ನ ಗುರುಂಜು

8310 3937 8542

08/08/2013



ದವಾಡಿ ಲುಶಿ
Ramadevi Chappalli
ಫುಲಿಸ ತೆಡಿ / DOB : 02/06/1990
ಫಿ / Female



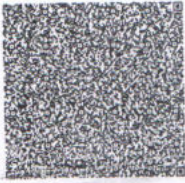
Government of India



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8310 3937 8542

ಫಿ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :



MF201254815F1

20125481

ದವಾಡಿ ಲುಶಿ
Ramadevi Chappalli
C/O Vijay Krishna Chappalli,
Flat No 107 Sunderam 4B, Raheja Complex,
Near Times of India Gate, Malad East,
VTC: Mumbai,
PO: Malad East,
District: Mumbai Suburban,
State: Maharashtra,
PIN Code: 400097,
Mobile: 9611574225

08/08/2013

ಒಲಿಸ್ತಿಸ ಸಂಖ್ಯೆ / Enrollment No.: 0000/00642/14768
ಒರತ ಲಿಸ್ತಿಸ ಗುರುಂಜು ಫಿ ಆಧಾರ್ ಸಂಖ್ಯೆ
Unique Identification Authority of India

Government of India

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T.02

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Date: 25-Mar-23

Time: 9:53:34 AM

Name: RAMA DEVI ID: 2308420779

Age: 32 y

Sex: F

Height: 153 cms

Weight: 56 Kgs

Clinical History: ROUTINE CHECK UP

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 188 bpm

THR: 159 (85 % of Pr.MHR) bpm

Total Exec. Time: 5 m 52 s

Max. HR: 164 (87% of Pr.MHR)bpm

Max. Mets: 7.00

Max. BP: 140 / 70 mmHg

Max. BP x HR: 22960 mmHg/min

Min. BP x HR: 6650 mmHg/min

Test Termination Criteria: FATIGUE

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 17	1.0	0	0	95	110 / 70	-5.10 II	5.66 V2
Standing	1 : 27	1.0	0	0	103	110 / 70	-5.52 V6	4.95 II
Hyperventilation	0 : 9	1.0	0	0	109	110 / 70	-0.85 III	1.42 II
1	3 : 0	4.6	1.7	10	138	120 / 70	-1.70 III	1.77 V6
Peak Ex	2 : 52	7.0	2.5	12	164	140 / 70	-2.34 III	1.77 aVL
Recovery(1)	3 : 0	1.8	1	0	113	130 / 70	-2.34 III	2.12 V2
Recovery(2)	1 : 0	1.0	0	0	114	120 / 70	-1.70 III	-1.06 III
Recovery(3)	1 : 0	1.0	0	0	113	110 / 70	-1.49 III	1.06 aVL
Recovery(4)	1 : 0	1.0	0	0	114	110 / 70	-1.49 III	-1.06 III
Recovery(5)	0 : 11	1.0	0	0	114	110 / 70	-1.49 III	-1.06 III

Interpretation

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

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

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

Ref. Doctor: ARCOFEMI HEALTHCARE LIMITED

(Summary Report edited by user)



Doctor: DR AJITA BHOSALE

(c) Schiller Healthcare India Pvt. Ltd. V 4.53

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



RAMA DEVI (32 F)

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2308420779

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 1 m 11 s

HR: 98 bpm

Test Report

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B-P: 110/70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

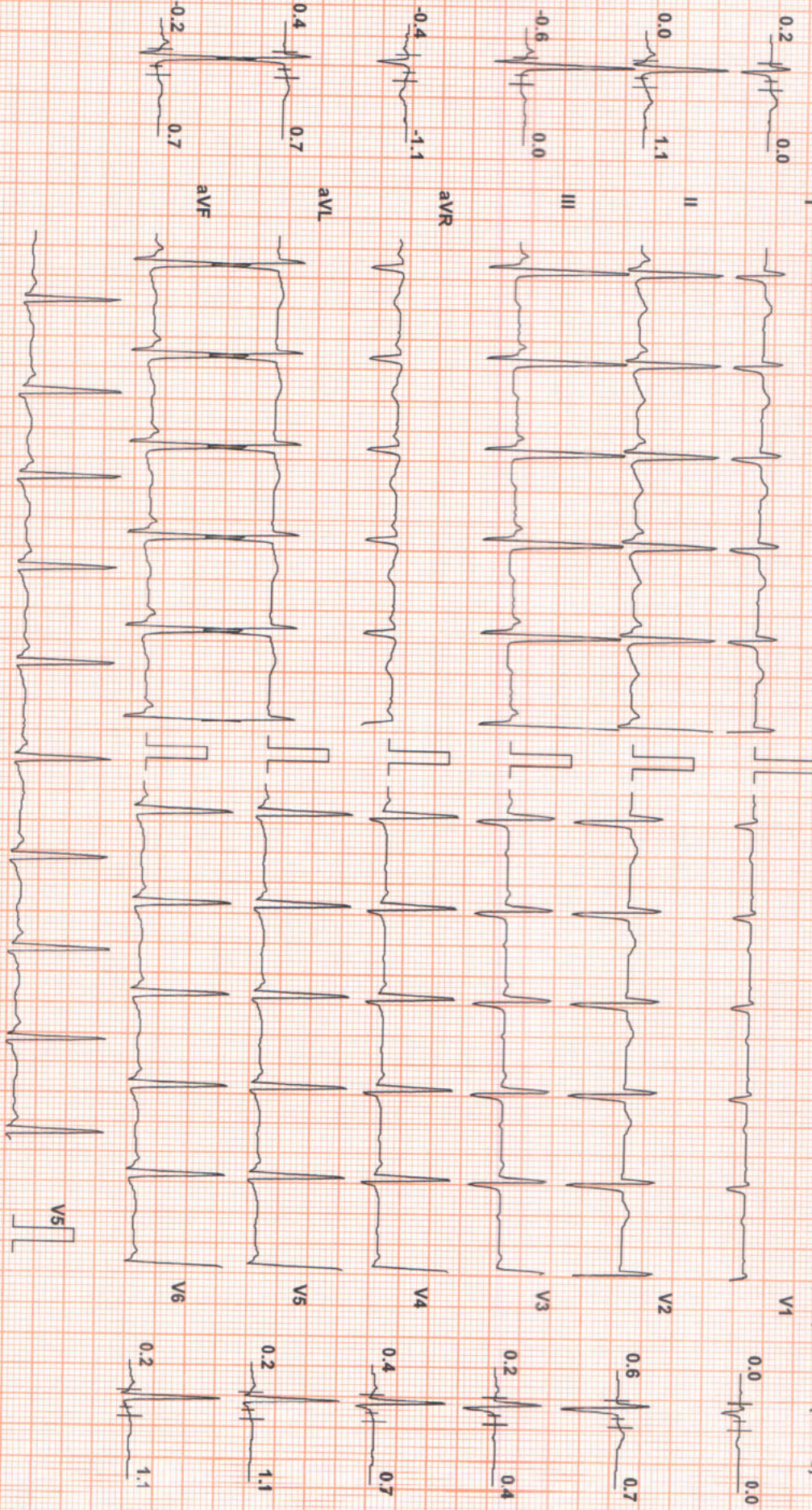


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spalden V 4.52



RAMA DEVI (32 F)

SUBURBAN DIAGNOSTICS PVT LTD.

ISEL REPORT

Protocol: Bruce

ID: 2308420779

Date: 25-Mar-23

Stage: Standing

Speed: 0 mph

Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 1 m 21 s

(THR: 159 bpm)

HR: 111 bpm

B.P: 110/70

ST Level (mm)

ST Slope (mV/s)

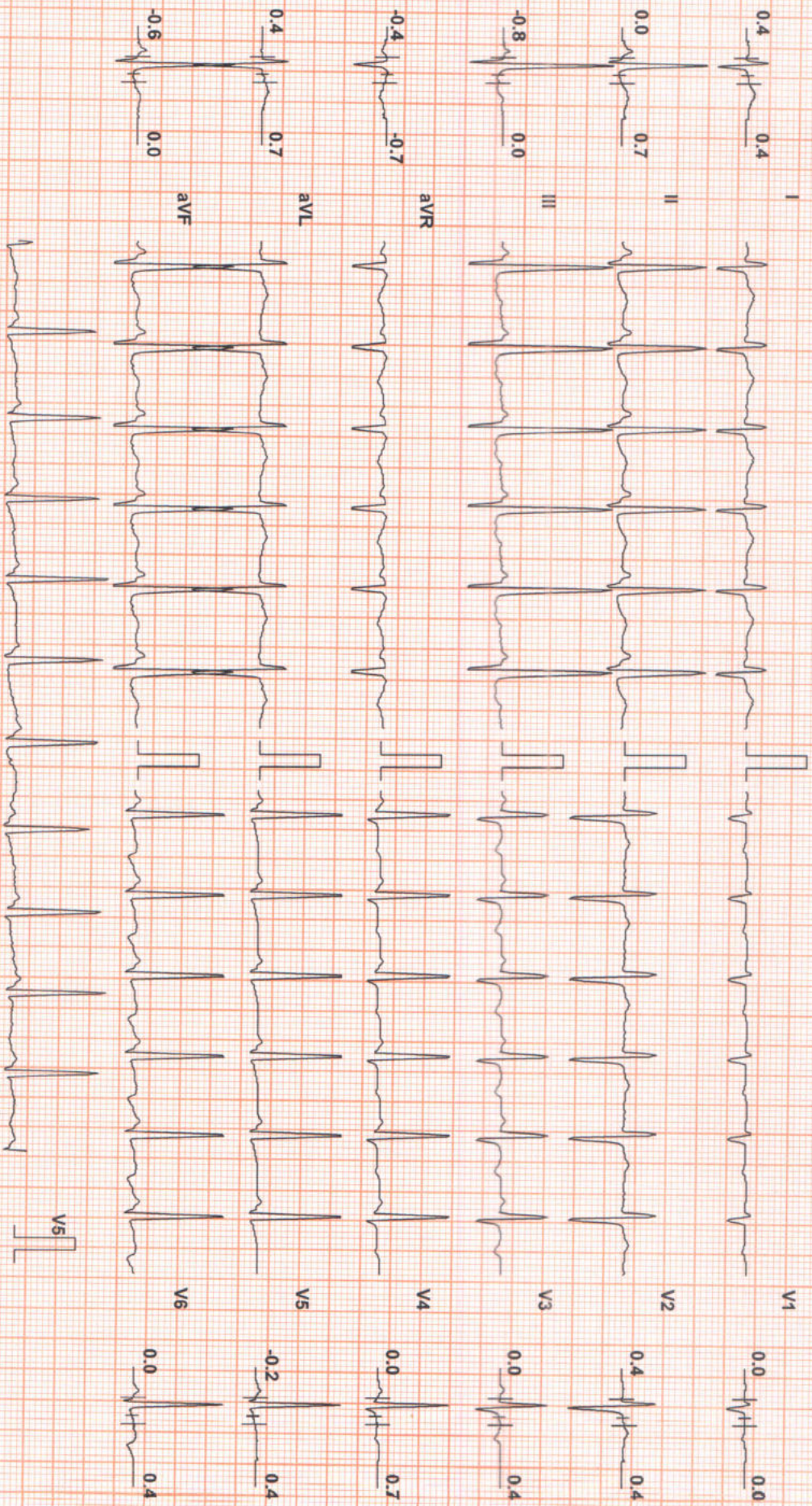


Chart Speed: 25 mm/sec
Schlier Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMA DEVI (32 F)

Protocol: Bruce

ST Level (mm) ST Slope (mv/s)

ID: 2308420779

Date: 25-Mar-23

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 93 bpm

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mv/s)

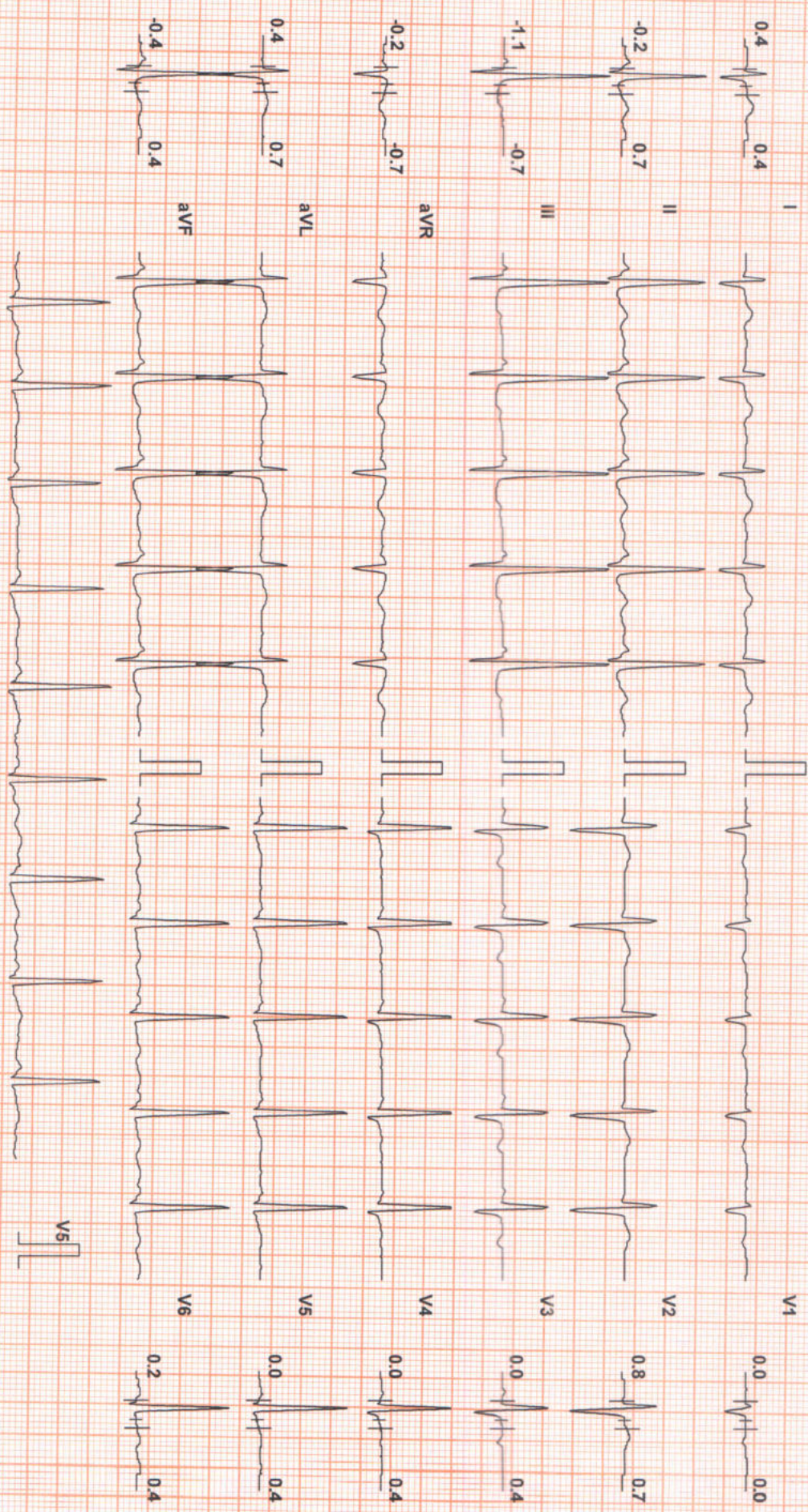


Chart Speed: 25 mm/sec
Schiller Standard V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

RAMA DEVI (32 F)

ID: 2308420779

Date: 25-Mar-23 Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 139 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 159 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

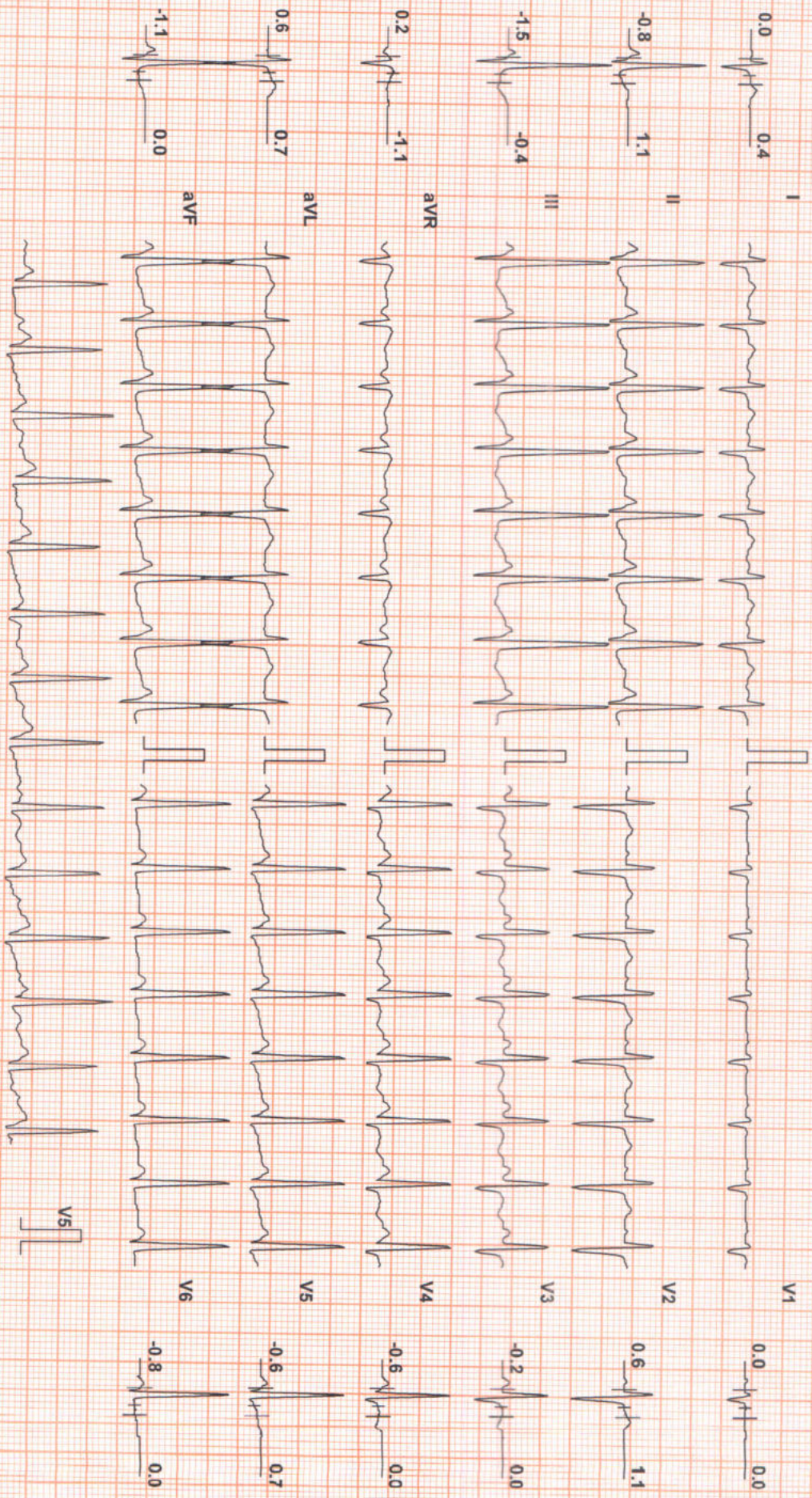


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median

RAMA DEVI (32 F)

ID: 2308420779

Date: 25-Mar-23

Exec Time: 5 m 46 s

Stage Time: 2 m 46 s

HR: 164 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 2.5 mph

Grade: 12 %

(THR: 159 bpm)

B.P: 140 / 70

ST Level (mm) ST Slope (mv/s)

ST Level (mm) ST Slope (mv/s)

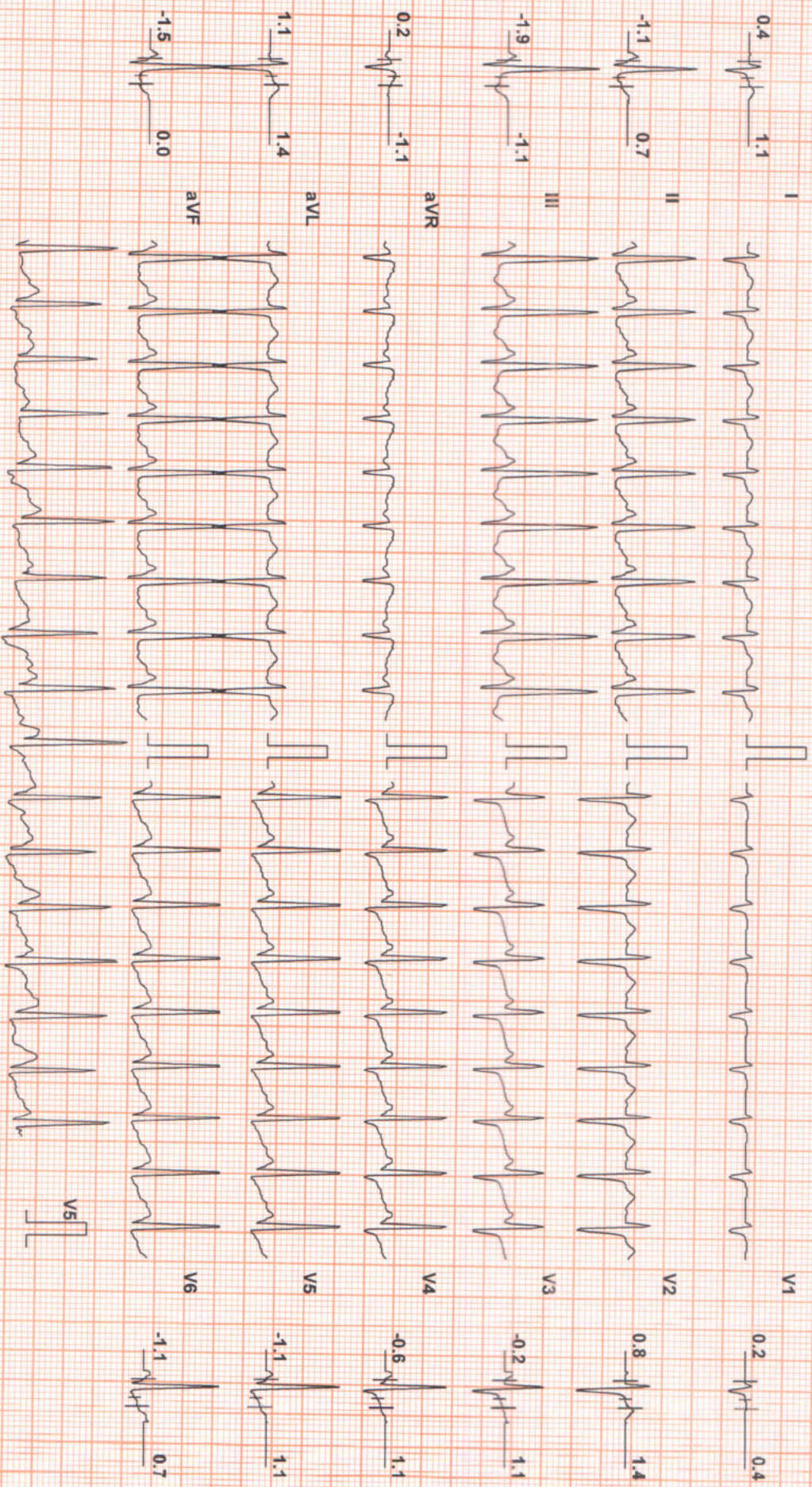


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMA DEVI (32 F)

Protocol: Bruce

ID: 2308420779

Date: 25-Mar-23

Exec Time : 5 m 52 s

Stage Time : 2 m 54 s

HR: 118 bpm

SUBURBAN DIAGNOSTICS PVT LTD.

1001 nepv011

ST Level (mm)

ST Slope (mV/s)

Speed: 1 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 130 / 70

ST Level (mm)

ST Slope (mV/s)

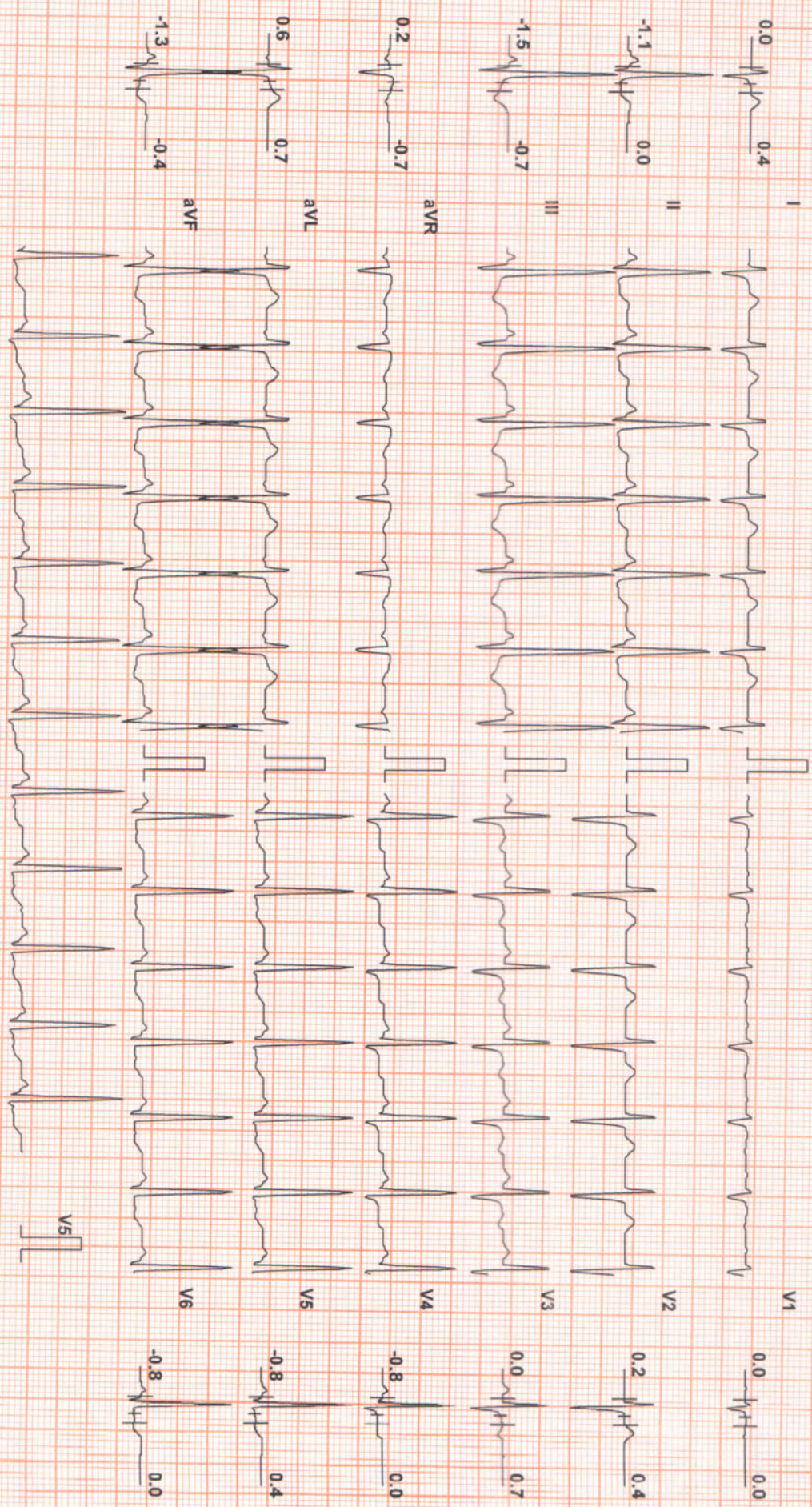


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post V = J + 60 ms

Linked Median



RAMA DEVI (32 F)

ID: 2308420779

Date: 25-Mar-23

Exec Time : 5 m 52 s Stage Time : 0 m 54 s HR: 114 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 120 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

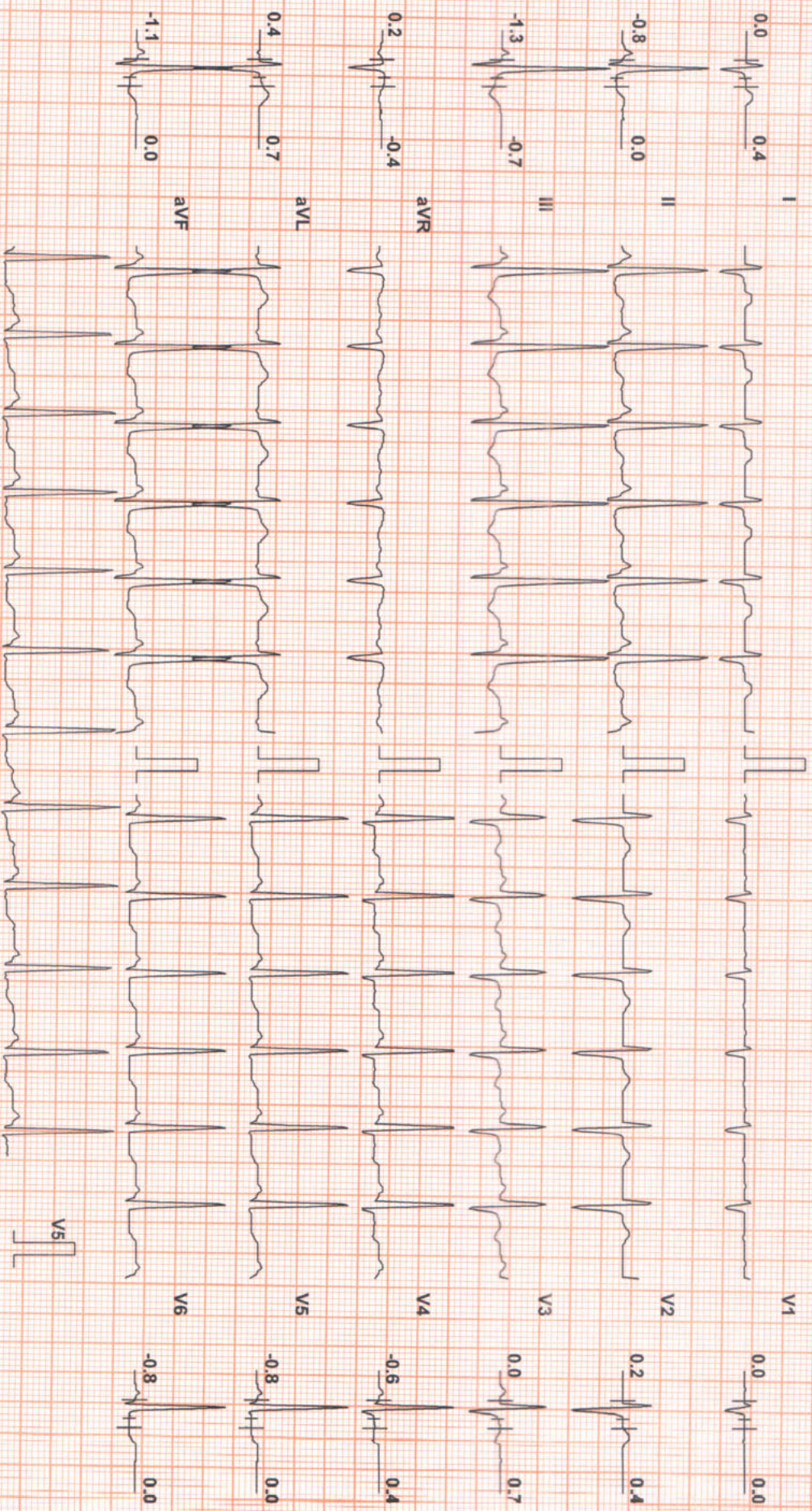


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMA DEVI (32 F)

SUBURBAN DIAGNOSTICS PVT. LTD.

1331169001

Protocol: Bruce

ID: 2308420779

Date: 25-Mar-23

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

Exec Time : 5 m 52 s Stage Time : 0 m 54 s HR: 112 bpm

(THR: 159 bpm)

B.P: 110 / 70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

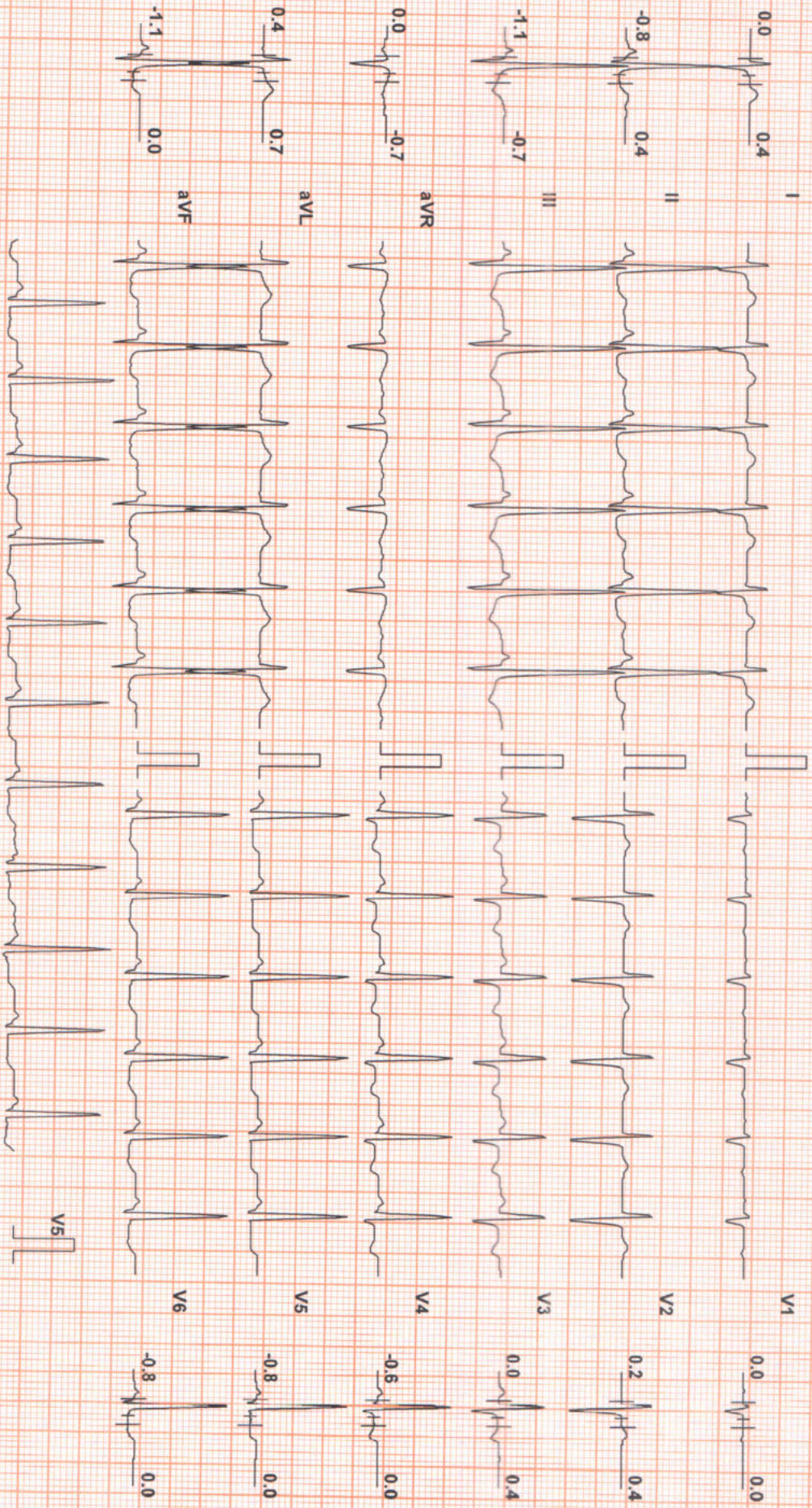


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

RAMA DEVI (32 F)

ID: 2308420779

Date: 25-Mar-23

Exec Time : 5 m 52 s Stage Time : 0 m 54 s **HR: 115 bpm**

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 159 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

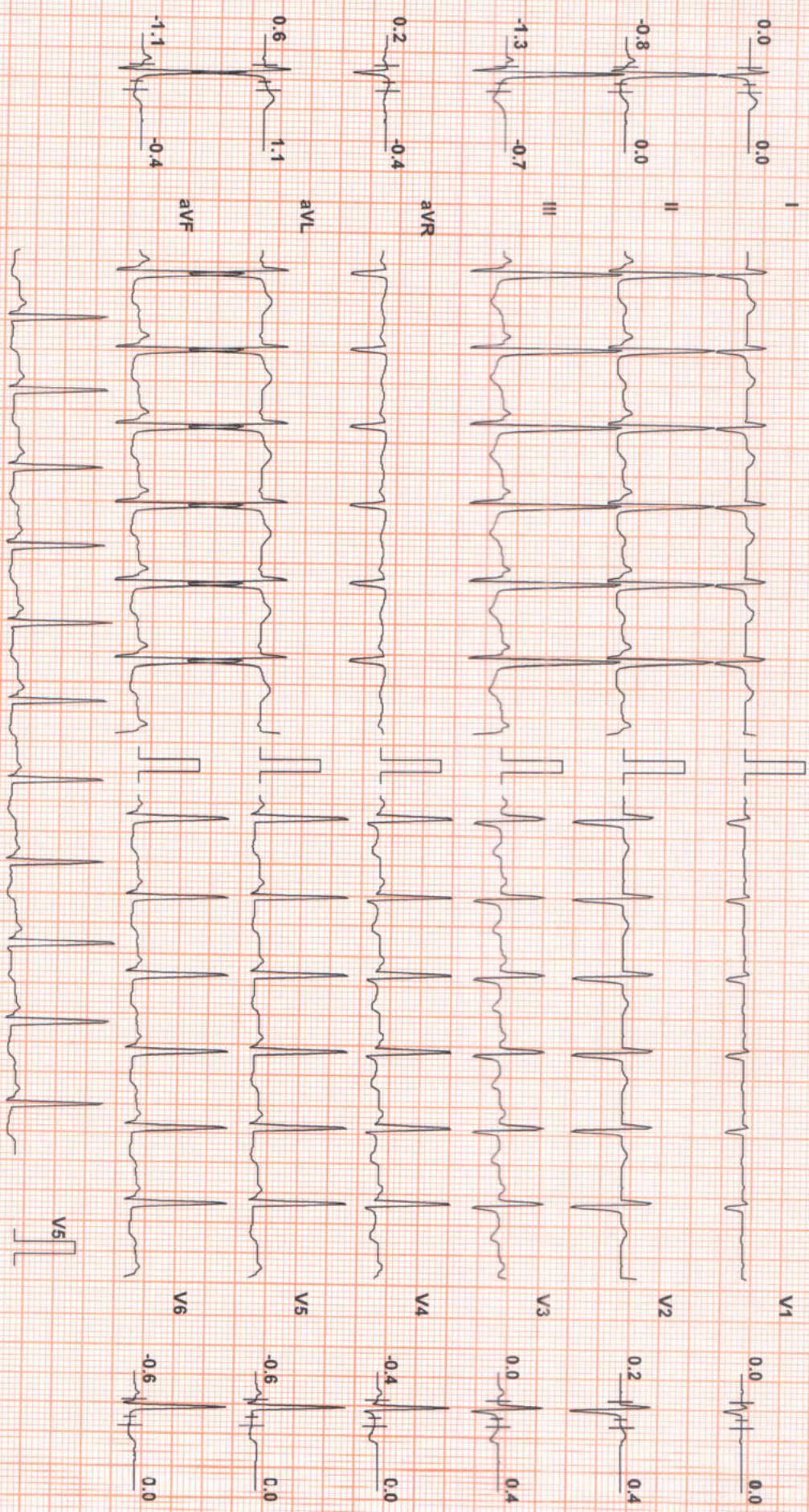


Chart Speed: 25 mm/sec
Schiller Spandan V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median



RAMA DEVI (32 F)

Protocol: Bruce

ID: 2308420779

Date: 25-Mar-23

Exec Time : 5 m 52 s Stage Time : 0 m 5 s

HR: 114 bpm

Stage: Recovery(5)

Speed: 0 mph

Grade: 0%

(THR: 159 bpm)

B.P: 110 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

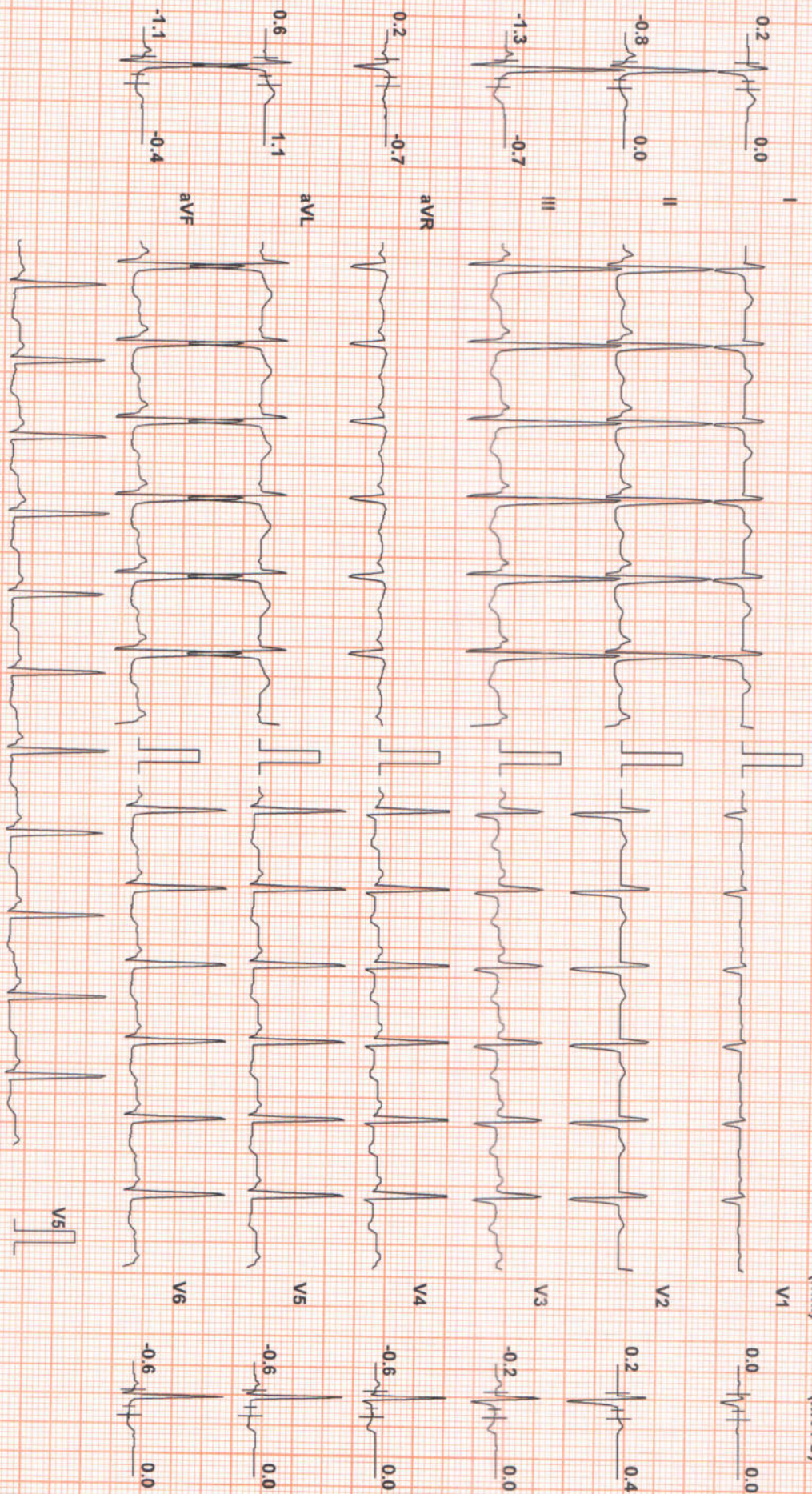


Chart Speed: 25 mm/sec
Schlitz Spender V 4.52

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

Isr = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Patient Name : MRS.RAMA DEVI
Ref Dr. : -
CID. No : 2308420779

Age : 32Years/ FEMALE
Date : 25.03.2023

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein (8.6 mm) and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 10.5 x 3.9 cm. Left kidney measures 9.6 x 3.9 cm.

SPLEEN:

The spleen is normal in size (9.7 cm) and echotexture. No evidence of focal lesion is noted.

There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

UTERUS:

The uterus is normal in size. It measures 6.0 x 4.9 x 3.1 cm in size.
The endometrial thickness is 5.5 mm.

OVARIES:


Right ovary measures 1.1 x 2.9 cms.
Left ovary measures 1.2 x 2.9 cms.
No obvious mass lesion seen in pelvis.

IMPRESSION:-

GRADE I FATTY LIVER.

ADVICE: Clinical correlation

(Above USG report is subject to findings evident at the time of scan & associated bowel gases. This modality has its own limitations & should be considered as a professional opinion. Clinical correlation is advised to arrive at a diagnosis. This report cannot be used for medico - legal purposes)


Dr. RAVI KUMAR
MBBS, MD
Regn. 2008041721



CID : 2308420779
Name : Mrs Rama devi
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 25-Mar-2023
Reported : 27-Mar-2023/13:04

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.

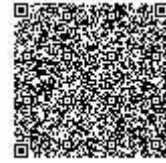
The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

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



Use a QR Code Scanner
Application To Scan the Code

CID : 2308420779
Name : Mrs Rama devi
Age / Sex : 32 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 25-Mar-2023
Reported : 27-Mar-2023/13:04
