



CID : 2216225680
Name : MRS.RASHI SHARMA
Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 10:41
Reported : 11-Jun-2022 / 14:29

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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 | 10.4 | 12.0-15.0 g/dL | Spectrophotometric |
| RBC | 4.47 | 3.8-4.8 mil/cmm | Elect. Impedance |
| PCV | 31.8 | 36-46 % | Measured |
| MCV | 71 | 80-100 fl | Calculated |
| MCH | 23.3 | 27-32 pg | Calculated |
| MCHC | 32.8 | 31.5-34.5 g/dL | Calculated |
| RDW | 17.1 | 11.6-14.0 % | Calculated |
| <u>WBC PARAMETERS</u> | | | |
| WBC Total Count | 5060 | 4000-10000 /cmm | Elect. Impedance |
| <u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u> | | | |
| Lymphocytes | 37.0 | 20-40 % | |
| Absolute Lymphocytes | 1872.2 | 1000-3000 /cmm | Calculated |
| Monocytes | 7.8 | 2-10 % | |
| Absolute Monocytes | 394.7 | 200-1000 /cmm | Calculated |
| Neutrophils | 53.7 | 40-80 % | |
| Absolute Neutrophils | 2717.2 | 2000-7000 /cmm | Calculated |
| Eosinophils | 1.1 | 1-6 % | |
| Absolute Eosinophils | 55.7 | 20-500 /cmm | Calculated |
| Basophils | 0.4 | 0.1-2 % | |
| Absolute Basophils | 20.2 | 20-100 /cmm | Calculated |
| Immature Leukocytes | - | | |

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

| | | | |
|----------------|--------|--------------------|------------------|
| Platelet Count | 373000 | 150000-400000 /cmm | Elect. Impedance |
| MPV | 7.1 | 6-11 fl | Calculated |
| PDW | 10.7 | 11-18 % | Calculated |

RBC MORPHOLOGY

| | |
|--------------|------|
| Hypochromia | Mild |
| Microcytosis | Mild |



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Reported : 11-Jun-2022 / 13:51

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

Specimen: EDTA Whole Blood

ESR, EDTA WB 6 2-20 mm at 1 hr. Westergren

*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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Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 10:41
Reported : 11-Jun-2022 / 15:03

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|--|----------------|---|------------------|
| GLUCOSE (SUGAR) FASTING, Fluoride Plasma | 89.6 | Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl | Hexokinase |
| GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R | 76.3 | Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl | Hexokinase |
| BILIRUBIN (TOTAL), Serum | 0.37 | 0.1-1.2 mg/dl | Colorimetric |
| BILIRUBIN (DIRECT), Serum | 0.14 | 0-0.3 mg/dl | Diazo |
| BILIRUBIN (INDIRECT), Serum | 0.23 | 0.1-1.0 mg/dl | Calculated |
| TOTAL PROTEINS, Serum | 6.8 | 6.4-8.3 g/dL | Biuret |
| ALBUMIN, Serum | 4.5 | 3.5-5.2 g/dL | BCG |
| GLOBULIN, Serum | 2.3 | 2.3-3.5 g/dL | Calculated |
| A/G RATIO, Serum | 2 | 1 - 2 | Calculated |
| SGOT (AST), Serum | 13.6 | 5-32 U/L | NADH (w/o P-5-P) |
| SGPT (ALT), Serum | 9.4 | 5-33 U/L | NADH (w/o P-5-P) |
| GAMMA GT, Serum | 11.5 | 3-40 U/L | Enzymatic |
| ALKALINE PHOSPHATASE, Serum | 74.7 | 35-105 U/L | Colorimetric |
| BLOOD UREA, Serum | 19.2 | 12.8-42.8 mg/dl | Kinetic |
| BUN, Serum | 9.0 | 6-20 mg/dl | Calculated |
| CREATININE, Serum | 0.55 | 0.51-0.95 mg/dl | Enzymatic |
| eGFR, Serum | 131 | >60 ml/min/1.73sqm | Calculated |
| URIC ACID, Serum | 4.2 | 2.4-5.7 mg/dl | Enzymatic |



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Collected : 11-Jun-2022 / 13:57
Reported : 11-Jun-2022 / 18:48

| | | |
|-------------------------|--------|--------|
| 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 ***



MC-2111

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

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HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



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Reported : 11-Jun-2022 / 21:10

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

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|---|---------|---|------------|
| Glycosylated Hemoglobin (HbA1c), EDTA WB - CC | 5.7 | Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 % | HPLC |
| Estimated Average Glucose (eAG), EDTA WB - CC | 116.9 | mg/dl | Calculated |

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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MC-2111



Dr. Vrushi Shroff

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Collected : 11-Jun-2022 / 10:41
Reported : 11-Jun-2022 / 16:54

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

| <u>PARAMETER</u> | <u>RESULTS</u> | <u>BIOLOGICAL REF RANGE</u> | <u>METHOD</u> |
|---------------------------------------|----------------|-----------------------------|--------------------|
| <u>PHYSICAL EXAMINATION</u> | | | |
| Color | Pale yellow | Pale Yellow | - |
| Reaction (pH) | 6.0 | 4.5 - 8.0 | Chemical Indicator |
| Specific Gravity | 1.005 | 1.001-1.030 | Chemical Indicator |
| Transparency | Clear | Clear | - |
| Volume (ml) | 40 | - | - |
| <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 | 2-3 | 0-5/hpf | |
| Red Blood Cells / hpf | Absent | 0-2/hpf | |
| Epithelial Cells / hpf | 0-1 | | |
| Casts | Absent | Absent | |
| Crystals | Absent | Absent | |
| Amorphous debris | Absent | Absent | |
| Bacteria / hpf | 5-6 | Less than 20/hpf | |
| Others | - | | |

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



MC-2111



Bmhaskar

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Reported : 11-Jun-2022 / 18:57

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

| <u>PARAMETER</u> | <u>RESULTS</u> |
|------------------|----------------|
| ABO GROUP | A |
| Rh TYPING | POSITIVE |

NOTE: Test performed by automated 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.

Refernces:

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

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*** End Of Report ***



J. Thakker

Dr.JYOT THAKKER
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Pathologist & AVP(Medical Services)

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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

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Reported : 11-Jun-2022 / 15:13

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

| PARAMETER | RESULTS | BIOLOGICAL REF RANGE | METHOD |
|----------------------------------|---------|---|--|
| CHOLESTEROL, Serum | 143.9 | Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl | CHOD-POD |
| TRIGLYCERIDES, Serum | 47.1 | 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 | 52.0 | Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl | Homogeneous enzymatic colorimetric assay |
| NON HDL CHOLESTEROL, Serum | 91.9 | Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl | Calculated |
| LDL CHOLESTEROL, Serum | 83.0 | 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 | 8.9 | < /= 30 mg/dl | Calculated |
| CHOL / HDL CHOL RATIO, Serum | 2.8 | 0-4.5 Ratio | Calculated |
| LDL CHOL / HDL CHOL RATIO, Serum | 1.6 | 0-3.5 Ratio | Calculated |

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*** End Of Report ***



MC-2111

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Age / Gender : 38 Years / Female
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 10:41
Reported : 11-Jun-2022 / 15:45

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 | 4.4 | 3.5-6.5 pmol/L | ECLIA |
| Free T4, Serum | 13.8 | 11.5-22.7 pmol/L First Trimester:9.0-24.7 Second Trimester:6.4-20.59 Third Trimester:6.4-20.59 | ECLIA |
| sensitiveTSH, Serum | 4.91 | 0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 | ECLIA |



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Reg. Location : Kandivali East (Main Centre)

Collected : 11-Jun-2022 / 10:41
Reported : 11-Jun-2022 / 15:45

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between 5.5 to 15 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: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.

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 ***



Anupa

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

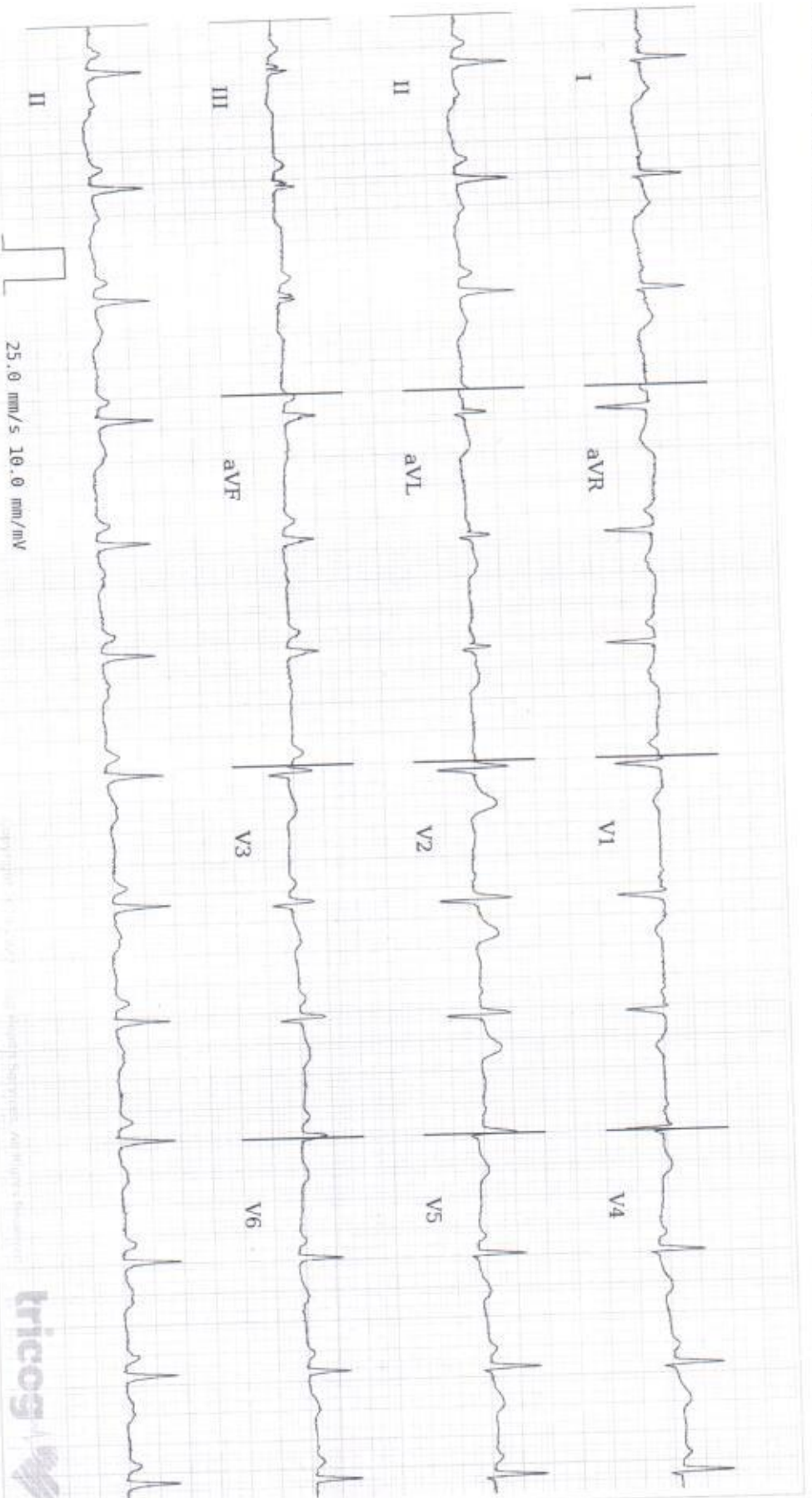
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Patient Name: **RASHI SHARMA**
Patient ID: **2216225680**

Date and Time: **11th Jun 22 12:42 PM**



Age **38** **7** **18**
years months days

Gender **Female**

Heart Rate **79bpm**

Patient Vitals

BP: **100/70 mmHg**

Weight: **56 kg**

Height: **162 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

Measurements

QRSD: **78ms**

QT: **364ms**

QTc: **417ms**

PR: **136ms**

P-R-T: **74° 47° 43°**

REPORTED BY

[Signature]

DR AKHIL PARULEKAR

Cardiologist

2012082483

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,

Thakur Village, Kandivali (east),

Mumbai - 400101,

Tel : 61700000

MBBS, MD MEDICINE, DNB Cardiology

Date: - 11/6/22

CID: 2216225680

Name: - Mrs. Poo Shamma

Sex/Age: F/38

EYE CHECK UP

Chief complaints: Routine check-up

Systemic Diseases: no H/O S/I

Past history: no H/O Ocular surgery

H/O glaucoma

← -3.50 -0.75 x 180
-3.50 -0.75 x 180

Unaided Vision: <6/60 <6/60

Aided Vision: 6/6 10/6 6/6, 10/6

Refraction: COMS: Normal

| | (Right Eye) | | | | (Left Eye) | | | |
|----------|-------------|-----|------|----------|------------|-----|------|----|
| | Sph | Cyl | Axis | Vn | Sph | Cyl | Axis | Vn |
| Distance | | | | continue | same gl | | | |
| Near | | | | | | | | |

Colour Vision: Normal / Abnormal

Remark: Vn within normal limit

Kajal Ha
KAJAL NAGRECHA
OPTOMETRIST
SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
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| | | | |
|----------------|--------------------------------|------------|-----------------------|
| CID# | : 2216225680 | SID# | : 177805241424 |
| Name | : MRS.RASHI SHARMA | Registered | : 11-Jun-2022 / 10:43 |
| Age / Gender | : 38 Years/Female | Collected | : 11-Jun-2022 / 10:43 |
| Consulting Dr. | : - | Reported | : 11-Jun-2022 / 12:32 |
| Reg.Location | : Kandivali East (Main Centre) | Printed | : 11-Jun-2022 / 12:37 |

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION:

No significant abnormality detected.

*** End Of Report ***

Khilji F.R.A

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| Name | : MRS.RASHI SHARMA | Registered | : 11-Jun-2022 / 10:43 |
| Age / Gender | : 38 Years/Female | Collected | : 11-Jun-2022 / 10:43 |
| Consulting Dr. | : - | Reported | : 11-Jun-2022 / 12:05 |
| Reg.Location | : Kandivali East (Main Centre) | Printed | : 11-Jun-2022 / 12:09 |

USG WHOLE ABDOMEN

LIVER :

The liver is normal in size (14.6 cm) , shape and smooth margins. It shows normal 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 measures 10 mm and CBD appears measures 2.9 mm .The main portal vein and CBD appears normal.

GALL BLADDER :

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen

PANCREAS :

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

KIDNEYS :

Right kidney measures 10.1 x 3.6 cm. Left kidney measures 10.0 x 4.9 cm.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus,hydronephrosis or mass lesion seen.

SPLEEN :

The spleen is normal in size (7.3 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 anteverted and appears normal. It measures 8.2 x 4.7 x 5.4 cm in size. The endometrial thickness is 8.6 mm.

OVARIES :

Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.
Right ovary = 2.7 x 1.8 cm. Left ovary = 3.0 x 1.5 cm.

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| | | | |
|----------------|--------------------------------|------------|-----------------------|
| CID# | : 2216225680 | SID# | : 177805241424 |
| Name | : MRS.RASHI SHARMA | Registered | : 11-Jun-2022 / 10:43 |
| Age / Gender | : 38 Years/Female | Collected | : 11-Jun-2022 / 10:43 |
| Consulting Dr. | : - | Reported | : 11-Jun-2022 / 12:05 |
| Reg.Location | : Kandivali East (Main Centre) | Printed | : 11-Jun-2022 / 12:09 |

IMPRESSION :

No significant abnormality is seen.

*** End Of Report ***



Dr.Akash Chhari
M.B.B.S, MD.
RADIOLOGIST

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID# : 2216225680
Name : MRS.RASHI SHARMA
Age / Gender : 38 Years/Female
Consulting Dr. : -
Reg.Location : Kandivali East (Main Centre)

SID# : 177805241424
Registered : 11-Jun-2022 / 10:43
Collected : 11-Jun-2022 / 10:43
Reported : 12-Jun-2022 / 08:46
Printed : 12-Jun-2022 / 09:31

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 162 cms
Temp (0c): Afebrile
Blood Pressure (mm/hg): 100/70
Pulse: 74/min

Weight (kg): 56 kgs
Skin: Normal
Nails: Normal
Lymph Node: Not Palpable

Systems

Cardiovascular: Normal
Respiratory: Normal
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION:

Hb - 10-4 g/dl

ADVICE:

Cap ferro-21 500 x 1 month

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CHIEF COMPLAINTS:

- | | |
|--|----------------|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | LSCS-2012,2018 |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

Dr. Jagruti Dhale
MBBS
Consultant Physician
Reg. No. 69548

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
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Tel : 61700000



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SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Patient Details

Date: 11-Jun-22

Time: 1:41:39 PM

Name: RASHI SHARMA ID: 2216225680

Age: 38 y

Sex: F

Height: 162 cms.

Weight: 56 Kg.

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 182 bpm

THR: 163 (90 % of Pr.MHR) bpm

Total Exec. Time: 8 m 3 s

Max. HR: 161 (88% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 140 / 80 mmHg

Max. BP x HR: 22540 mmHg/min

Min. BP x HR: 4970 mmHg/min

Test Termination Criteria: THR ACHIEVED

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 | 0 : 14 | 1.0 | 0 | 0 | 71 | 100 / 70 | -0.42 III | 1.06 V4 |
| Standing | 0 : 28 | 1.0 | 0 | 0 | 93 | 100 / 70 | -3.18 aVR | 4.60 V2 |
| Hyperventilation | 0 : 10 | 1.0 | 0 | 0 | 83 | 100 / 70 | -0.64 III | 0.71 I |
| 1 | 3 : 0 | 4.6 | 1.7 | 10 | 119 | 100 / 70 | -2.12 V6 | 2.12 V4 |
| 2 | 3 : 0 | 7.0 | 2.5 | 12 | 139 | 120 / 70 | -2.97 V4 | 2.83 V4 |
| Peak Ex | 2 : 3 | 10.2 | 3.4 | 14 | 161 | 130 / 70 | -3.82 V4 | 3.54 V4 |
| Recovery(1) | 1 : 0 | 1.8 | 1 | 0 | 123 | 140 / 80 | -3.18 V4 | 3.54 V4 |
| Recovery(2) | 1 : 0 | 1.0 | 0 | 0 | 96 | 130 / 80 | -1.27 II | 2.83 V3 |
| Recovery(3) | 1 : 0 | 1.0 | 0 | 0 | 87 | 120 / 80 | -1.06 II | 2.12 V3 |
| Recovery(4) | 0 : 10 | 1.0 | 0 | 0 | 86 | 120 / 80 | -0.85 III | 1.42 V3 |

Interpretation

The patient exercised according to the Bruce protocol for 8 m 3 s achieving a work level of Max METS : 10.20. Resting heart rate initially 71 bpm, rose to a max. heart rate of 161 (88% of Pr.MHR) bpm. Resting blood Pressure 100 / 70 mmHg, rose to a maximum blood pressure of 140 / 80 mmHg.

Good Effort Tolerance:

Normal chronotropic and inotropic response.

No significant ST T changes as compared to Baseline.

No Chest pain/ Arrhythmias noted during the test.

IMPRESSION:

Stress Test is Negative for Stress Induced Ischemia..

Disclaimer : Negative stress test does not rule out Coronary Artery Diseases.

Positive Stress Test is suggestive but not confirmatory of Coronary Artery Disease.

Hence clinical correlation is mandatory.

Ref. Doctor: AERFOCAMI

(Summary Report edited by user.)

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.

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Thakur Village, Kandivalli (east),
Mumbai - 400101.

Tel : 61700000

Dr. Sneha Shetty

MBBS, PGDCC

Clinical Cardiology

Reg No.2008/03/0660

Sneha Shetty

Doctor: DR SNEHA SHETTY

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RASHI SHARMA (38 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2216225680

Date: 11-Jun-22

Exec Time: 0 m 0 s

Stage Time: 0 m 14 s

Stage: Supine

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P.: 100/70

ST Level (mm)

ST Slope (mV/s)

ST Level (mm)

ST Slope (mV/s)

I

V1



II

V2



III

V3



avR

V4



avL

V5



avF

V6



V2



Chart Speed: 25 mm/sec
Schenker-Spendler V4.7

Filter: 35-Hz

Mains Filtr ON

Amp: 10 mm

ISO: R: 50 ms

J: R: 60 ms

Post J: J + 60 ms



RASHMI SHARMA (38 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

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

ID: 2216225680
Date: 11 Jun 22
Stage: Standing

Exec Time: 0 m 0 s
Speed: 0 mph
Grade: 0 %

Stage Time: 0 m 28 s
(THR: 163 bpm)
HR: 93 bpm
B.P.: 100/70

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

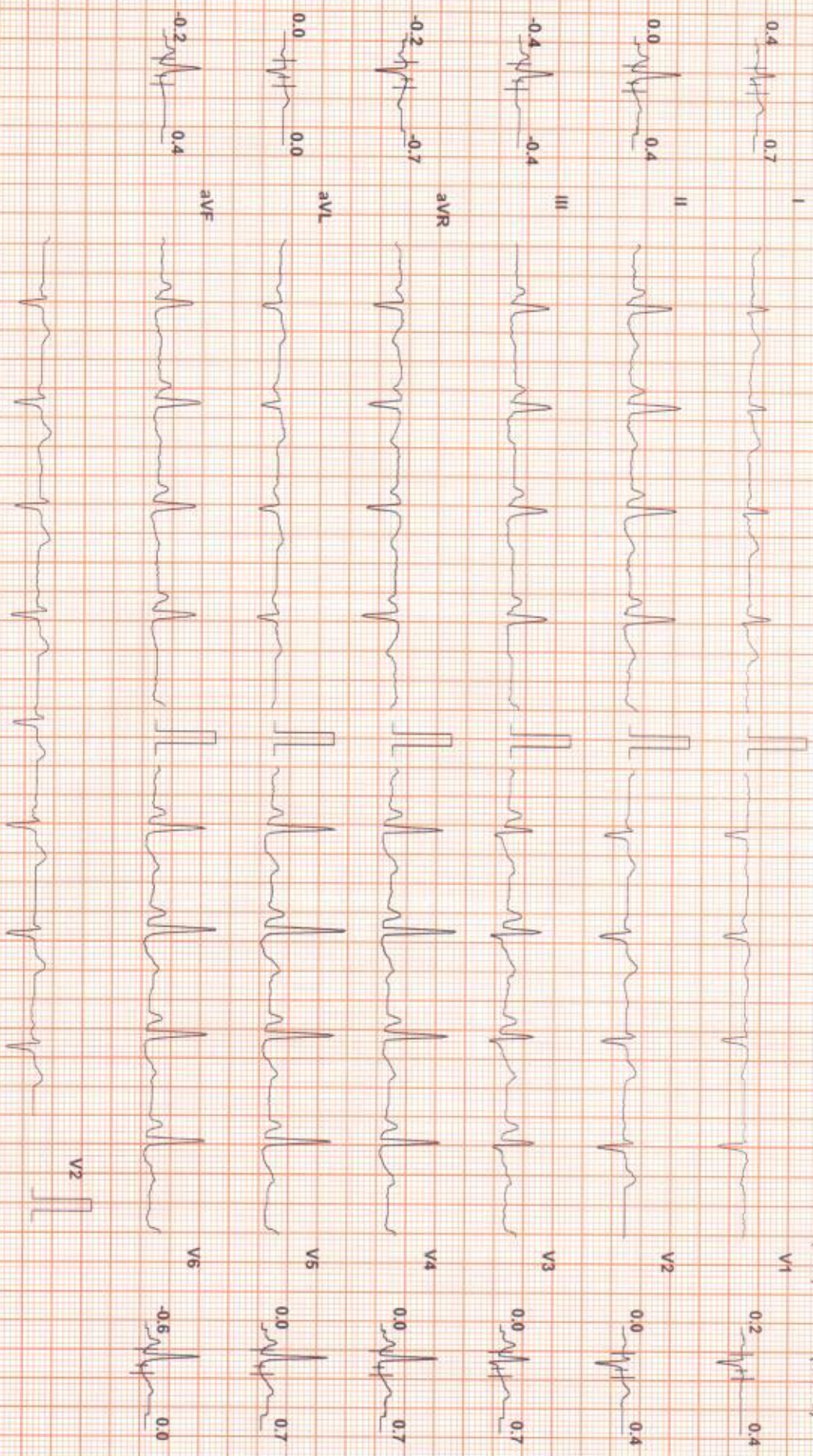


Chart Speed: 25 mm/sec
Schaller Standard V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Posi J = J + 60 ms



RASHMI SHARMA (38 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2216225680

Date: 11 Jun 22

Exec Time: 0 m 0 s

Stage Time: 0 m 10 s

HR: 83 bpm

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

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 163 bpm)

B.P: 100/70

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

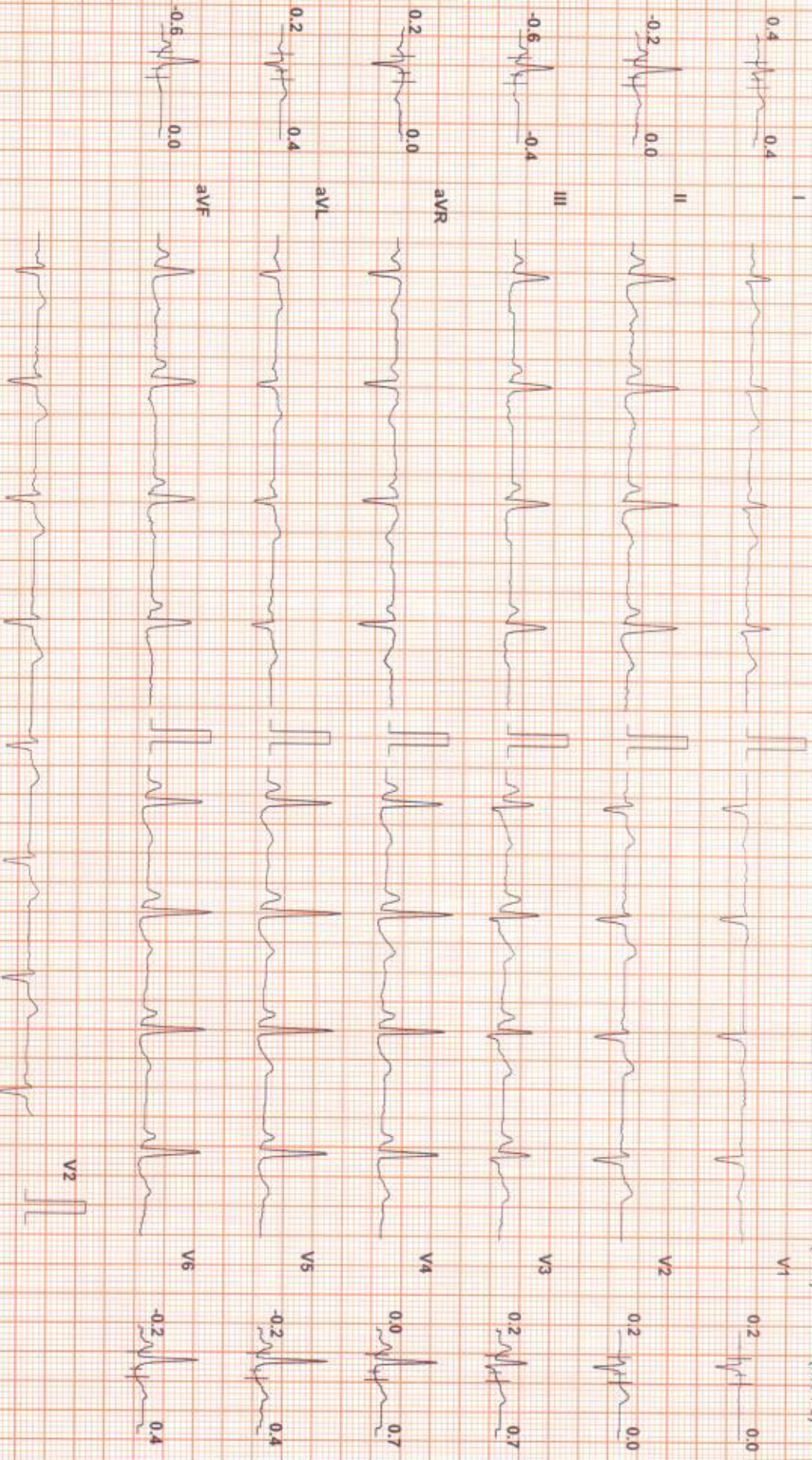


Chart Speed: 25 mm/sec
Schlitz Standard V4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 80 ms J = R + 60 ms

Pos: J = J + 60 ms



RASHI SHARMA (38 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

Protocol: Bruce

ID: 2216225680

Date: 11 Jun 22

Exec Time: 3 m 0 s

Stage Time: 3 m 0 s

HR: 119 bpm

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

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 163 bpm)

B-P: 100/70

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

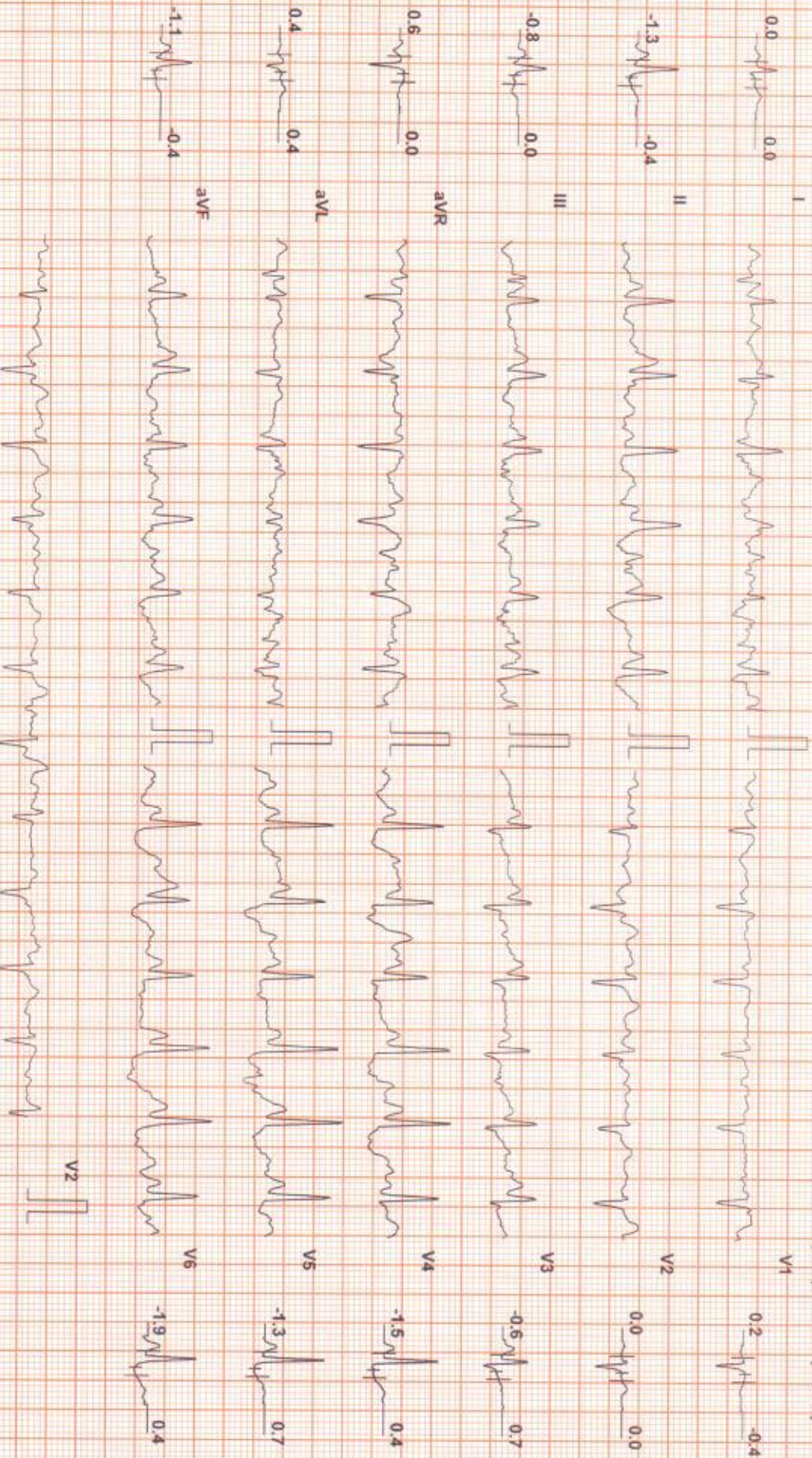


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filter: ON

Amp: 10 mm

ISO = R - 60 ms J = R + 60 ms

POST J = J + 60 ms

Schuler Standard V4.7



RASHI SHARMA (38 F)

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

ID: 2216225680

Date: 11 Jun-22

Exec Time: 6 m 0 s

Stage Time: 3 m 0 s

HR: 139 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 163 bpm)

B.P.: 120 / 70

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R: 60 ms

J = R + 60 ms

Pos J = J + 60 ms

Schiller Standen V 4.7

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RASHI SHARMA (38 F)

ID: 2216225680

Date: 11-Jun-22

Exec Time: 8 m 3 s

Stage Time: 2 m 3 s

HR: 161 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14%

(THR: 163 bpm)

B.P: 130/80

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

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



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

90° = R - 60 ms

J = R + 60 ms

PR30 J = J + 60 ms

Schickel-Speckel V 47

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RASHI SHARMA (38 F)

ID: 2216225680

Date: 11-Jun-22

Exec Time: 8 m 3 s

Stage Time: 1 m 0 s

HR: 123 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

R.P.: 140 / 80

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

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



Chart Speed: 25 mm/sec
Spikes Standard V 4.7

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

50 = R - 60 ms

J = R + 60 ms

PRSI J = J + 60 ms

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RASHI SHARMA (38 F)

ID: 2216225680

Date: 11-Jun-22

Exec Time: 8 m 3 s

Stage Time: 1 m 0 s

HR: 96 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0%

(T)HR: 163 bpm

R-P: 130 / 80

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

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



Chart Speed: 25 mm/sec
Schluter Spandor V4-7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO: R = 50 ms

J = R = 50 ms

Pos: J = V1 + 60 ms

SUBURBAN DIAGNOSTICS (I) PVT LTD THAKUR VILLAGE

RASHI SHARMA (38 F)

Protocol: Bruce

ID: 2216225680

Date: 11-Jun-22

Exec Time: 8 m 3 s

Stage Time: 1 m 0 s

HR: 87 bpm

Stage: Recovery(3)

Speed: 0 mph

Grade: 0%

(THR: 163 bpm)

B.P.: 120 / 80

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

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

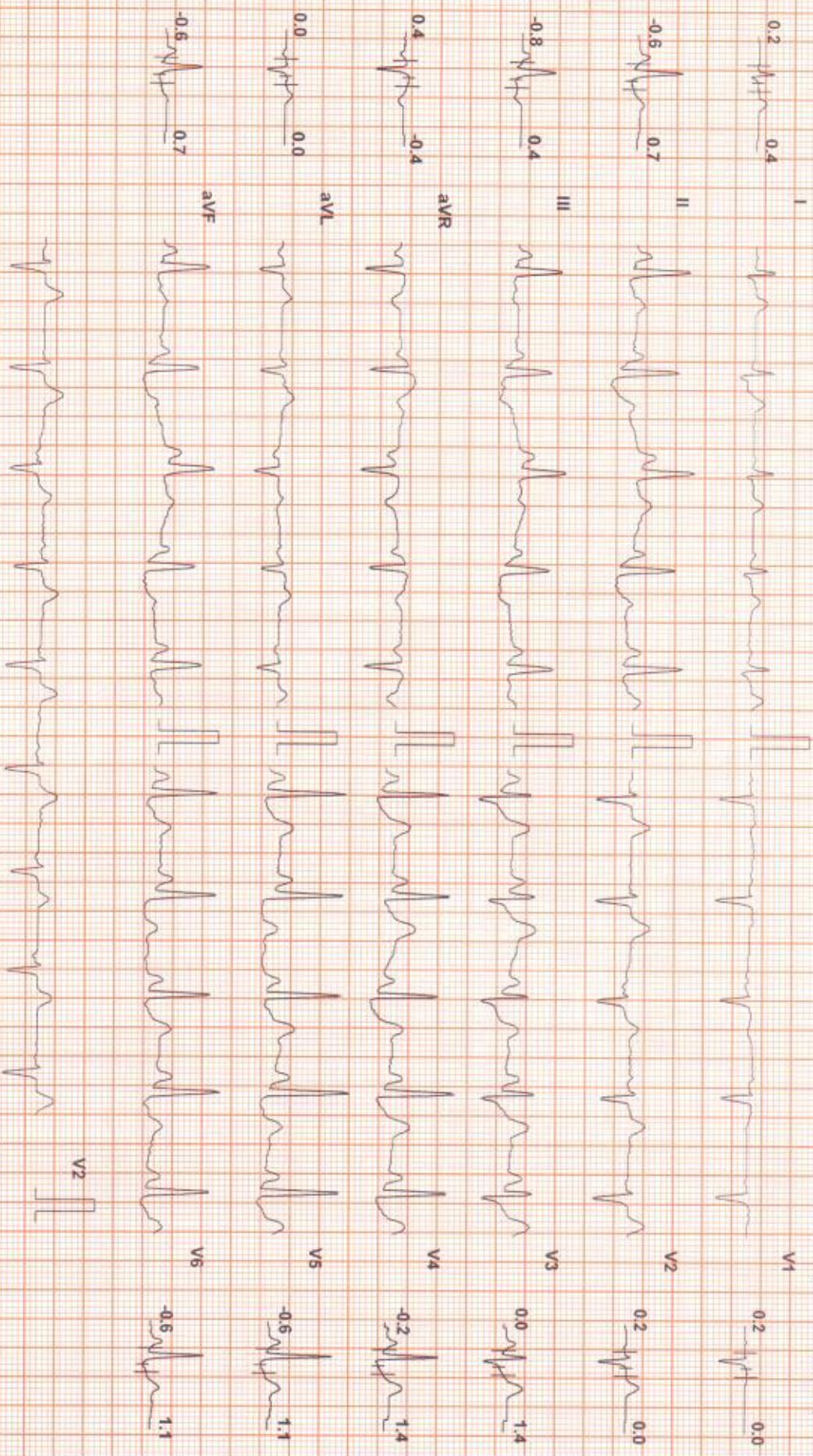


Chart Speed: 25 mm/sec
Schiller Standard V.4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R = 60 ms

J = R = 60 ms

Pos: J = J = 60 ms