



भारत सरकार  
GOVERNMENT OF INDIA



क्षितिजा विवेक जळगावकर  
Kshitija Vivek Jalgaonkar

जन्म वर्ष / Year of Birth : 1987  
स्त्री / Female

7206 5597 0772



आधार - सामान्य माणसाचा अधिकार

**Dr. Manasee Kulkarni**

M.B.B.S

2008/09/3439

**PHYSICAL EXAMINATION REPORT**

Patient Name	Kshitya Jalpankar	Sex/Age	Female 35
Date	25/11/2023	Location	Thane

**History and Complaints**

NA

**EXAMINATION FINDINGS:**

Height (cms):	154	Temp (0c):	②
Weight (kg):	78.8	Skin:	NAD.
Blood Pressure	130/90	Nails:	
Pulse	80/min	Lymph Node:	

**Systems :**

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

**Impression:**

- CBC - Eosinophilia. - High TG's,  
 - ↑ ESR (38). - ↓ HDL  
 - ↑ Uric Acid (6.0) - ↑ Non HDL  
 = Need Spectacles For Distant Vision.

Fatty Liver  
 mild splenomegaly

- Treatment of Eosinophilia.

Advice:

- Eye check-up.
- Low Fat, Low sugar Diet.
- Reg. Exercise.
- Repeat Lipid Profile after 6 Months.

1)	Hypertension:	Nil
2)	IHD	
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	
12)	Rheumatic joint diseases or symptoms	
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	
17)	Musculoskeletal System	

PERSONAL HISTORY:

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



**Dr. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439



Date:- 25/1/23

CID:

Name:- Adhitiya

Sex / Age: F 35

Talgaon Vas

**EYE CHECK UP**

Chief complaints: RCU

Systemic Diseases: H/D

Past history: N/D

Unaided Vision: R 12/12 L 6/9 N/BC N/6

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Needs spectacles for DV

**MR. PRAKASH KUDVA**  
*[Signature]*  
**SR. OPTOMETRIST**



Use a QR Code Scanner Application To Scan the Code

CID : 2302508463  
Name : MS. JALGAONKAR KSHITIJA VIVEK  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 11:48

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>RBC PARAMETERS</b>			
Haemoglobin	12.8	12.0-15.0 g/dL	Spectrophotometric
RBC	4.61	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.0	36-46 %	Measured
MCV	82	80-100 fl	Calculated
MCH	27.8	27-32 pg	Calculated
MCHC	33.7	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<b>WBC PARAMETERS</b>			
WBC Total Count	8800	4000-10000 /cmm	Elect. Impedance
<b>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</b>			
Lymphocytes	27.3	20-40 %	
Absolute Lymphocytes	2402.4	1000-3000 /cmm	Calculated
Monocytes	4.5	2-10 %	
Absolute Monocytes	396.0	200-1000 /cmm	Calculated
Neutrophils	62.3	40-80 %	
Absolute Neutrophils	5482.4	2000-7000 /cmm	Calculated
Eosinophils	5.8	1-6 %	
Absolute Eosinophils	510.4	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	8.8	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b>PLATELET PARAMETERS</b>			
Platelet Count	331000	150000-400000 /cmm	Elect. Impedance
MPV	7.8	6-11 fl	Calculated
PDW	12.0	11-18 %	Calculated







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Reported : 25-Jan-2023 / 11:18

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	96.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	126.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.81	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.28	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.53	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.8	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.3	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	18.0	5-32 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	19.8	5-33 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	19.8	3-40 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	69.4	35-105 U/L	PNPP
BLOOD UREA, Serum	13.6	12.8-42.8 mg/dl.	Urease & GLDH
BUN, Serum	6.4	6-20 mg/dl	Calculated



Authenticity Check  
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CREATININE, Serum	0.69	0.51-0.95 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.0	2.4-5.7 mg/dl	Uricase
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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Ami Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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Reported : 25-Jan-2023 / 11:48

**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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\*\*\* End Of Report \*\*\*



*Signature*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 12:30

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**EXAMINATION OF FAECES**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE
<b>PHYSICAL EXAMINATION</b>		
Colour	Brown	Brown
Form and Consistency	Semi Solid	Semi Solid
Mucus	Absent	Absent
Blood	Absent	Absent
<b>CHEMICAL EXAMINATION</b>		
Reaction (pH)	Acidic (6.0)	-
Occult Blood	Absent	Absent
<b>MICROSCOPIC EXAMINATION</b>		
Protozoa	Absent	Absent
Flagellates	Absent	Absent
Ciliates	Absent	Absent
Parasites	Absent	Absent
Macrophages	Absent	Absent
Mucus Strands	Absent	Absent
Fat Globules	Absent	Absent
RBC/hpf	Absent	Absent
WBC/hpf	Absent	Absent
Yeast Cells	Absent	Absent
Undigested Particles	Present +	-
Concentration Method (for ova)	No ova detected	Absent
Reducing Substances	-	Absent

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Consulting Dr. : -  
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Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 12:18

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.010-1.030	Chemical Indicator
Transparency	Slight hazy	Clear	-
Volume (ml)	30	-	-
<b>CHEMICAL EXAMINATION</b>			
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
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	3-4		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	Less than 20/hpf	

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) PYVT. LTD G B Road Lab, Thane West



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Collected :  
Reported :

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Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 13:00

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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Note: This sample has also been tested for Bombay group/Bombay phenotype/Oh using anti-H lectin

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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Ami Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



CID : 2302508463  
Name : MS. JALGAONKAR KSHITIJA VIVEK  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 12:16

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE  
LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	185.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	223.4	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	31.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	153.6	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.2	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	31.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.9	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Suburban*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist





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Name : MS. JALGAONKAR KSHITIJA VIVEK  
Age / Gender : 35 Years / Female  
Consulting Dr. : -  
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Collected : 25-Jan-2023 / 08:21  
Reported : 25-Jan-2023 / 11:03

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.5	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.1	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	2.75	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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**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 upto 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 8 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 G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Dr. Amit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist



Reg. No. : 2302508463	Sex : FEMALE
NAME : MRS. KSHITIJA VIVEK JALGAONKAR	Age : 35 YRS
Ref. By : -----	Date : 25.01.2023

**USG ABDOMEN AND PELVIS**

**LIVER:** Liver appears mildly enlarged in size (15.5cm) and shows increased echoreflexivity. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. 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. Pancreatic duct is not dilated.

**KIDNEYS:** Right kidney measures 9.7 x 3.9 cm. Left kidney measures 10.9 x 4.4 cm. Both kidneys are normal in size, shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is mildly enlarged in size (12.0 cm) normal in echotexture. No focal lesion is seen.

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

**UTERUS:** Uterus is anteverted and measures 4.5 x 2.4 x 4.1 cm. Uterine myometrium shows homogenous echotexture. Endometrial echo is in midline and measures 6.6 mm. Cervix appears normal.

**OVARIES:** Both ovaries are normal. Bilateral adnexa are clear.

The right ovary measures 2.5 x 2.2 cm .  
The left ovary measures 2.3 x 1.6 cm .

No free fluid or significant lymphadenopathy is seen.



Reg. No. : 2302508463	Sex : FEMALE
NAME : MRS. KSHITIJA VIVEK JALGAONKAR	Age : 35 YRS
Ref. By : .....	Date : 25.01.2023

**IMPRESSION:**

- ① MILD HEPATOMEGALY WITH GRADE I FATTY INFILTRATION OF LIVER.
- ① MILD SPLENOMEGALY.

*Advice: Clinical co-relation, further evaluation and follow up.*

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.



**DR. GAURI RODA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**

Reg. No. : 2302508463	Sex : FEMALE
Name : MS. JALGAONKAR KSHITIJA VIVEK	Age : 35 YRS
Ref. By : -----	Date : 25.01.2023

**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.

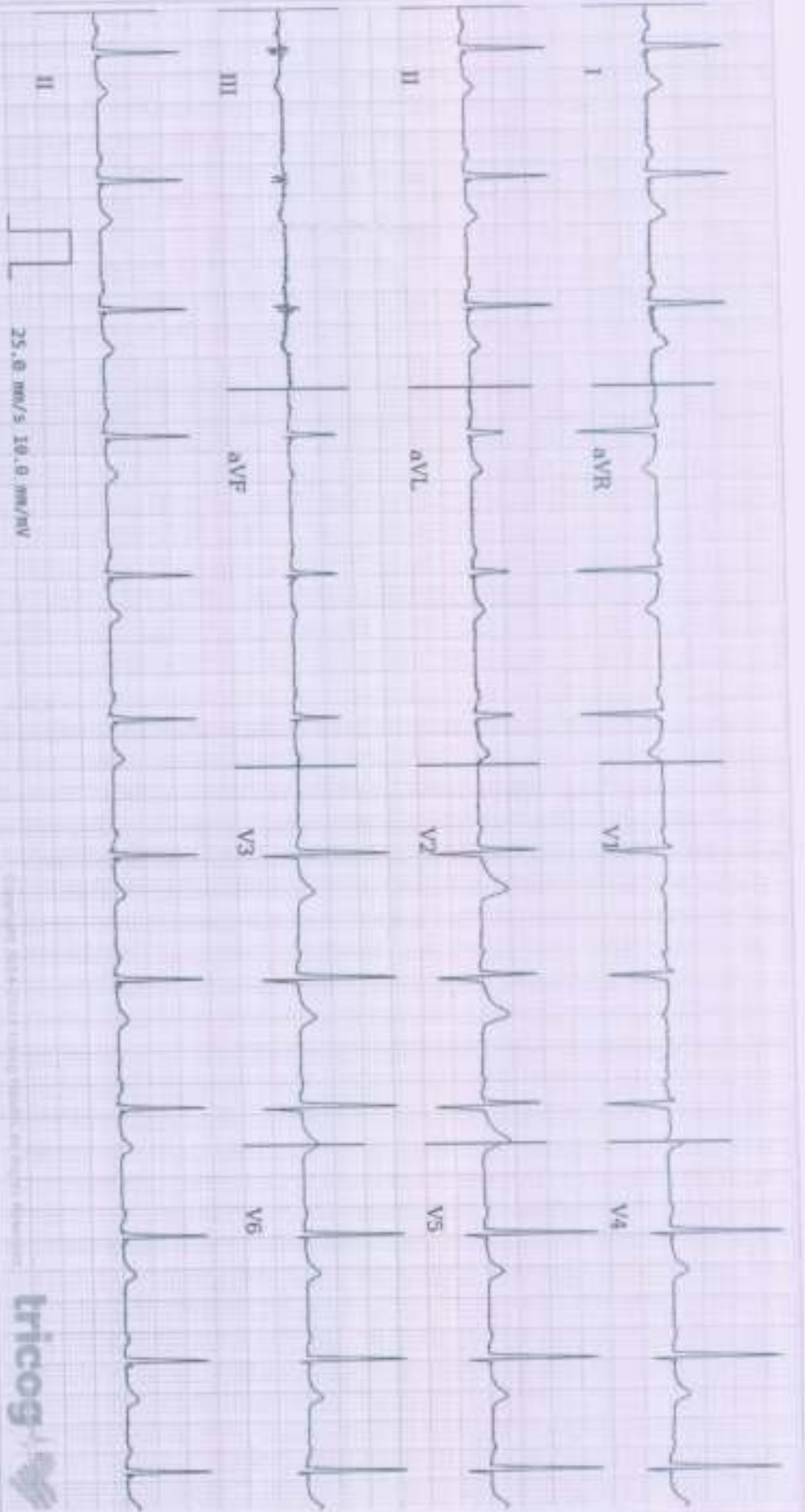
**IMPRESSION:**

**NO SIGNIFICANT ABNORMALITY IS DETECTED.**



**DR. GAURI RODA**  
**MBBS, DMRE**  
**(CONSULTANT RADIOLOGIST)**

**SUBURBAN DIAGNOSTICS - C B ROAD, THANE WEST**  
 Patient Name: JALGAONKAR KSHITIA VIVER Date and Time: 25th Jan 23 8:48 AM  
 Patient ID: 2302508463



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

Age: **35** 1 **18**  
 years months days

Gender: **Female**

Heart Rate: **73bpm**

Patient Vitals

BP: 130/90 mmHg

Weight: 78 kg

Height: 154 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSd: 78ms

QT: 370ms

QTc: 407ms

PR: 146ms

P-R-T: 21° 31° 12°

REPORTED BY

*[Signature]*

DR. SHAGUN PILLAI  
 MD, MRCP  
 MD (Diagn) (ACC)



Information: 1. Accuracy of any report is based on the information provided by the patient, the physician, and the quality of the equipment used. 2. This report is for personal use only and should not be used for any other purpose. 3. This report is not intended to be used for any other purpose. 4. This report is not intended to be used for any other purpose. 5. This report is not intended to be used for any other purpose.



# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

Report



Email:

274 (2302508463) / KSHITUA JALGAONKAR / 35 Yrs / F / 154 Cms / 78 Kg  
 Date: 25 / 01 / 2023 10:31:13 AM

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:14	0:14	00.0	00.0	01.0	123	88 %	120/80	147	00	
Standing	00:21	0:07	00.0	00.0	01.0	115	82 %	120/80	138	00	
HV	00:29	0:08	00.0	00.0	01.0	115	82 %	120/80	138	00	
ExStart	00:37	0:08	00.0	00.0	01.0	122	86 %	120/80	146	00	
BRUCE Stage 1	03:37	3:00	01.7	10.0	04.7	152	82 %	130/80	197	00	
PeakX	04:43	1:06	02.5	12.0	05.6	162	88 %	150/80	243	00	
Recovery	05:43	1:00	00.0	00.0	01.0	123	86 %	150/80	184	00	
Recovery	06:43	2:00	00.0	00.0	01.0	129	70 %	150/80	193	00	
Recovery	08:43	4:00	00.0	00.0	01.0	124	67 %	130/80	161	00	
Recovery	08:56				00.0	000	0 %	---	000	00	

## FINDINGS :

Exercise Time : 04:06  
 Initial HR (ExStrt) : 122 bpm 66% of Target 185  
 Initial BP (ExStrt) : 120/80 (mm/Hg)  
 Max Workload Attained : 5.6 Fair response to induced stress  
 Max ST Dep Lead & Avg ST Value: III & -1.1 mm in PeakX  
 Test End Reasons : Heart Rate Achieved , Fatigue.

Max HR Attained 162 bpm 89% of Target 185  
 Max BP Attained 150/80 (mm/Hg)

Dr. SHAILAJA PILLAI

M.D. (GEN.MED)

R.NO. - 5372

Doctor : DR SHAILAJA PILLAI





EMail: 274/KSHITUA JALGAONKAR / 35 Yrs / F / 154 Cms / 78 Kg Date: 26 / 01 / 2023 10:31:13 AM

REPORT :

PROCEDURE DONE: Graded exercise treadmill stress test

STRESS ECG RESULTS: The initial HR was recorded as 115.0 bpm, and the maximum predicted Target Heart Rate 185.0. The BP increased at the time of generating report as 150/90/0 mmHg. The Max Dep went upto 0.1, 0.0 Ectopic Beats were observed during the Test. The Test was completed because of Heart Rate Achieved, Fatigue.

CONCLUSIONS:

1. TMT is negative for exercise induced ischemia
2. Normal chronotropic and Normal inotropic response
3. No significant ST T changes seen

Doctor : DR SHAILAJA PILLAI

Dr. SHAILAJA PILLAI  
M.D. (GEN.MED)  
R.NO. 43972



SUBURBAN DIAGNOSTICS (THANE GB ROAD)

274 (2002230463) / KSHITUA JAL GAONKAR / 35 Yrs / F / 154 Cms / 78 Kg / HR : 123

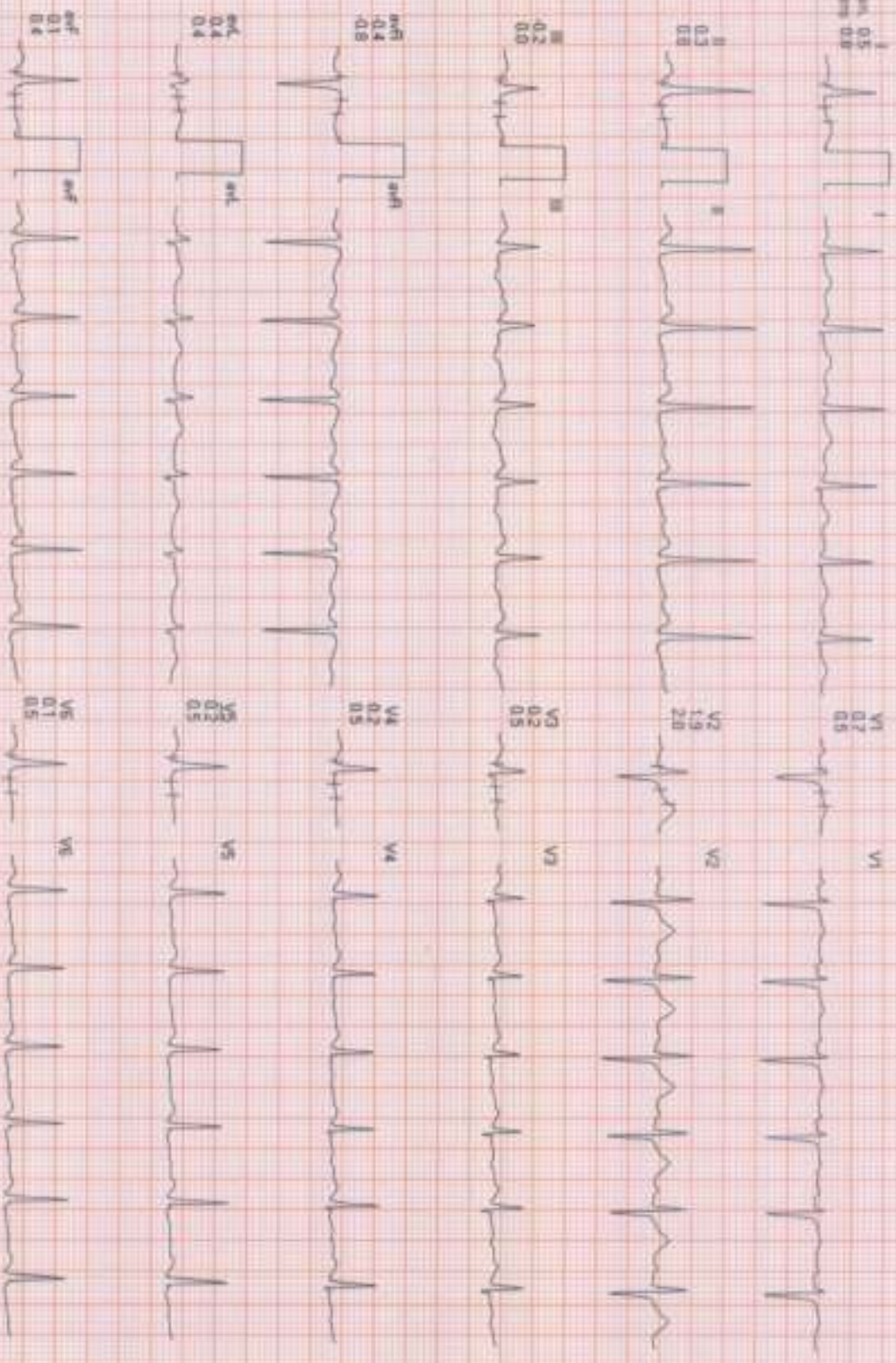
Date: 25/01/2023 10:31:13 AM METS: 1.0/123 bpm 66% of THR BP: 120/80 mmHg Raw ECG/BLC/On/Noch On/ HF 0.95 Hz/LF 100 Hz

AX Total Page: 1

SUPINE ( 00:01 )



EXTime: 00:00 0.0 mps, 0.0%  
25 mm/sec, 1.0 Div/Sec



REMARKS:  
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

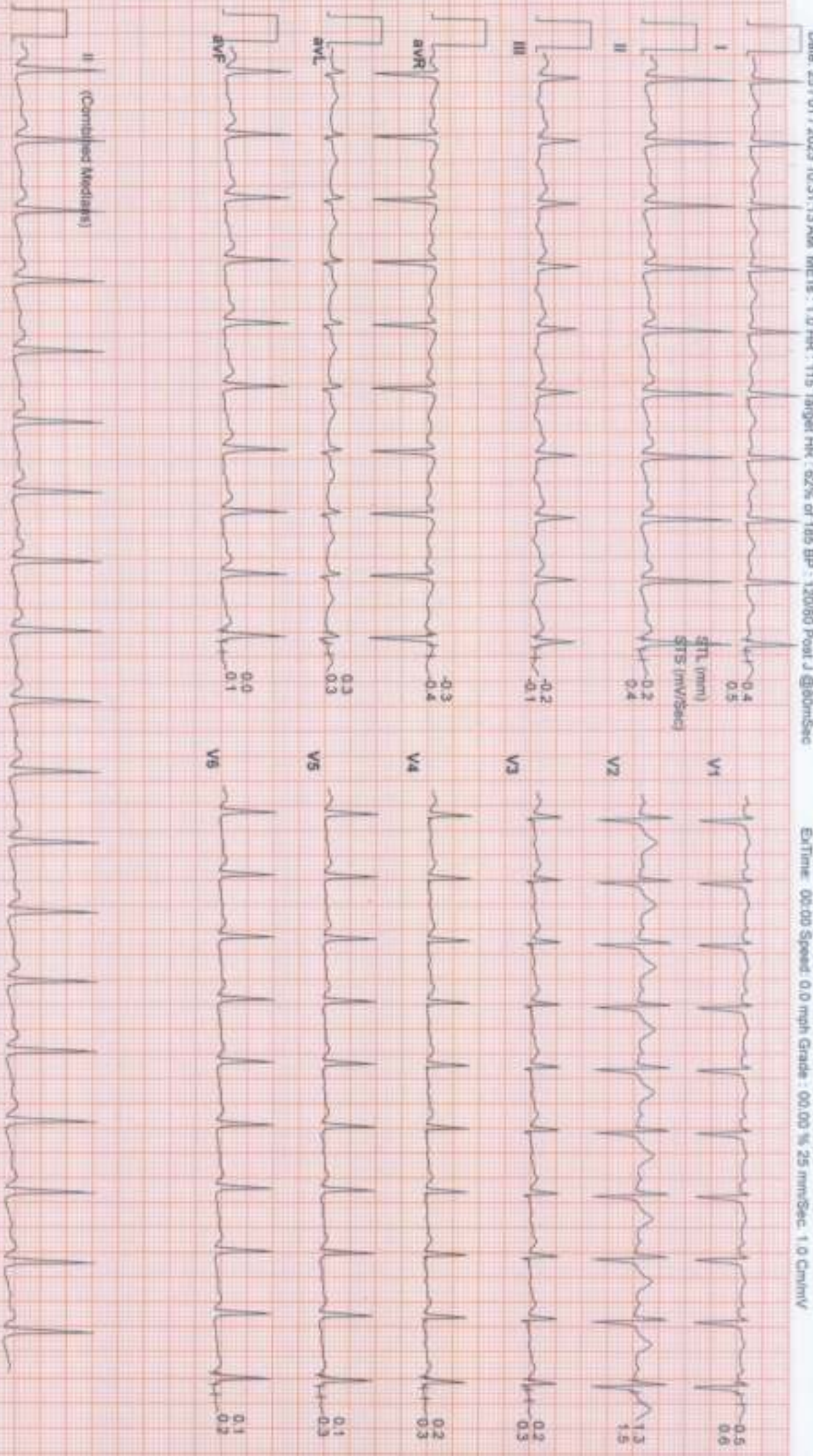
274 / KSHITUA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm  
STANDING ( 00:00 )



Date: 25 / 01 / 2023 10:31:13 AM METS : 1.0 HR : 115 Target HR : 62% of 185 BP : 120/80 Post J @60mSec

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





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

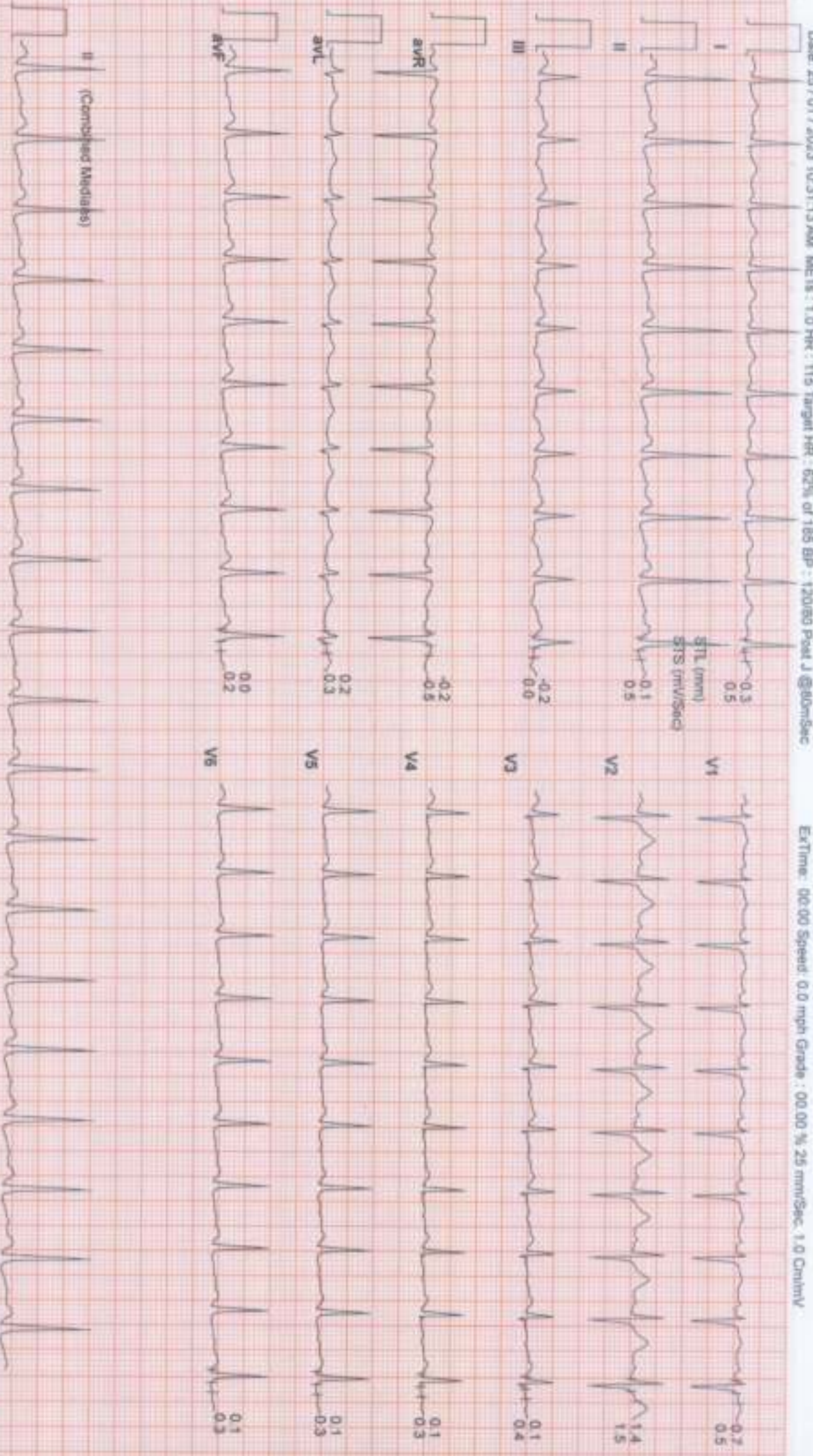
274 / KSHITVA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm  
HV ( 00:00 )



Date: 25 / 01 / 2023 10:31:13 AM METs : 1.0 HR : 115 Target HR : 62% of 165 BP : 120/80 Post J @50mmSec

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

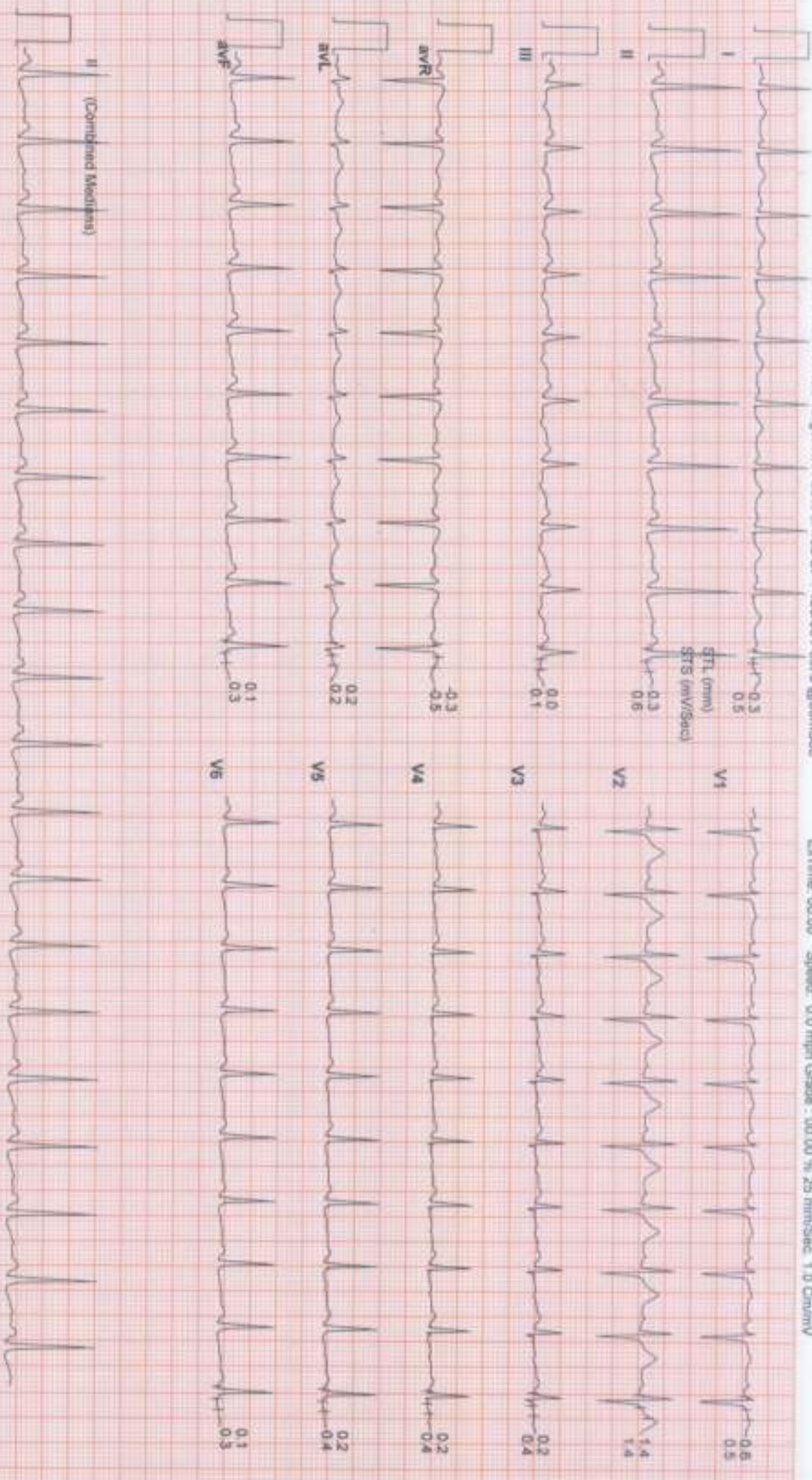






Date: 25 / 01 / 2023 10:31:13 AM METs : 1.0 HR : 122 Target HR : 66% of 165 BP : 120/80 Post J @50mSec

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



II (Combined Medians)





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

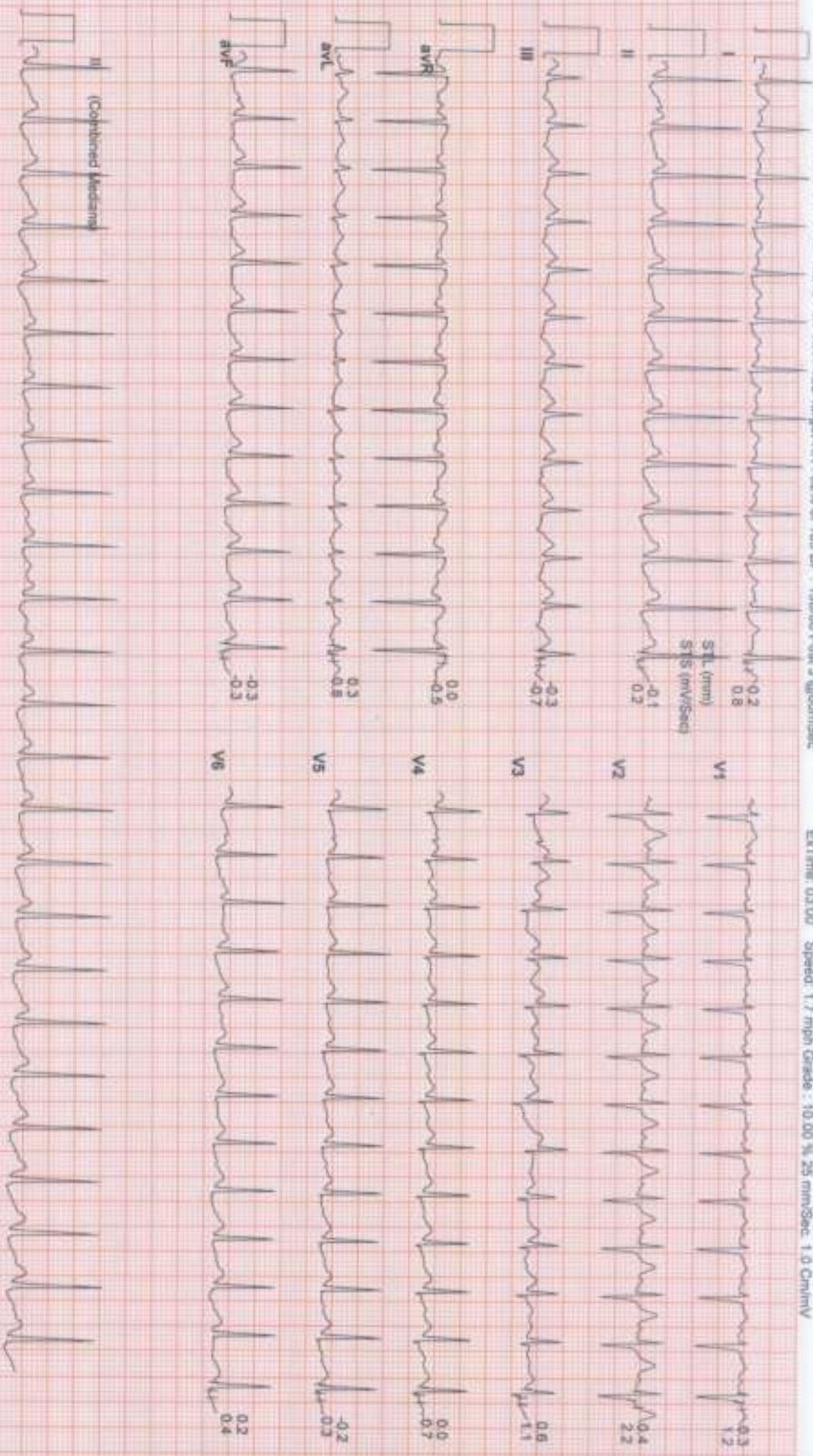
274 / KSHITIJAJALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

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



Date: 25 / 01 / 2023 10:31:13 AM METs : 4.7 HR : 152 Target HR : 82% of 185 BP : 110/80 Post J @GeMsec

EXTime: 03:00 Speed: 1.7 mph Grade : 10.00 % 25 mm/Sec 1.0 Cm/mV





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

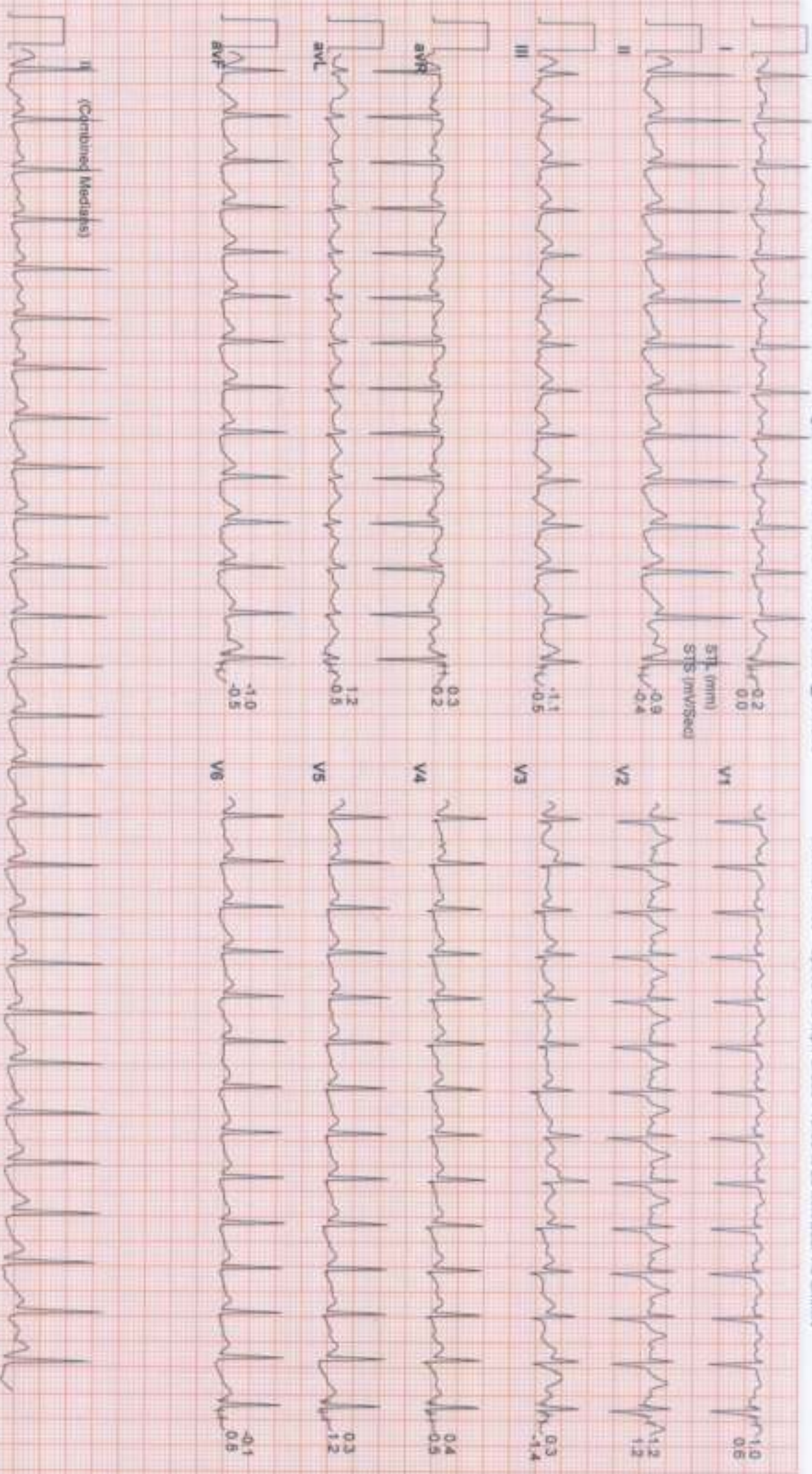
274 / KSHITIJAJALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

6X2 Combine Medians + 1 Rhythm  
PeakEX



Date: 25 / 01 / 2023 10:31:13 AM METs : 5.6 HR : 162 Target HR : 86% of 165 BP : 150/80 Post J @60mSec

EXTime: 04:06 Speed: 2.5 mph Grade : 12.00 % 25 mm/Sec 1.0 Cm/mV



(Combined Medians)





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

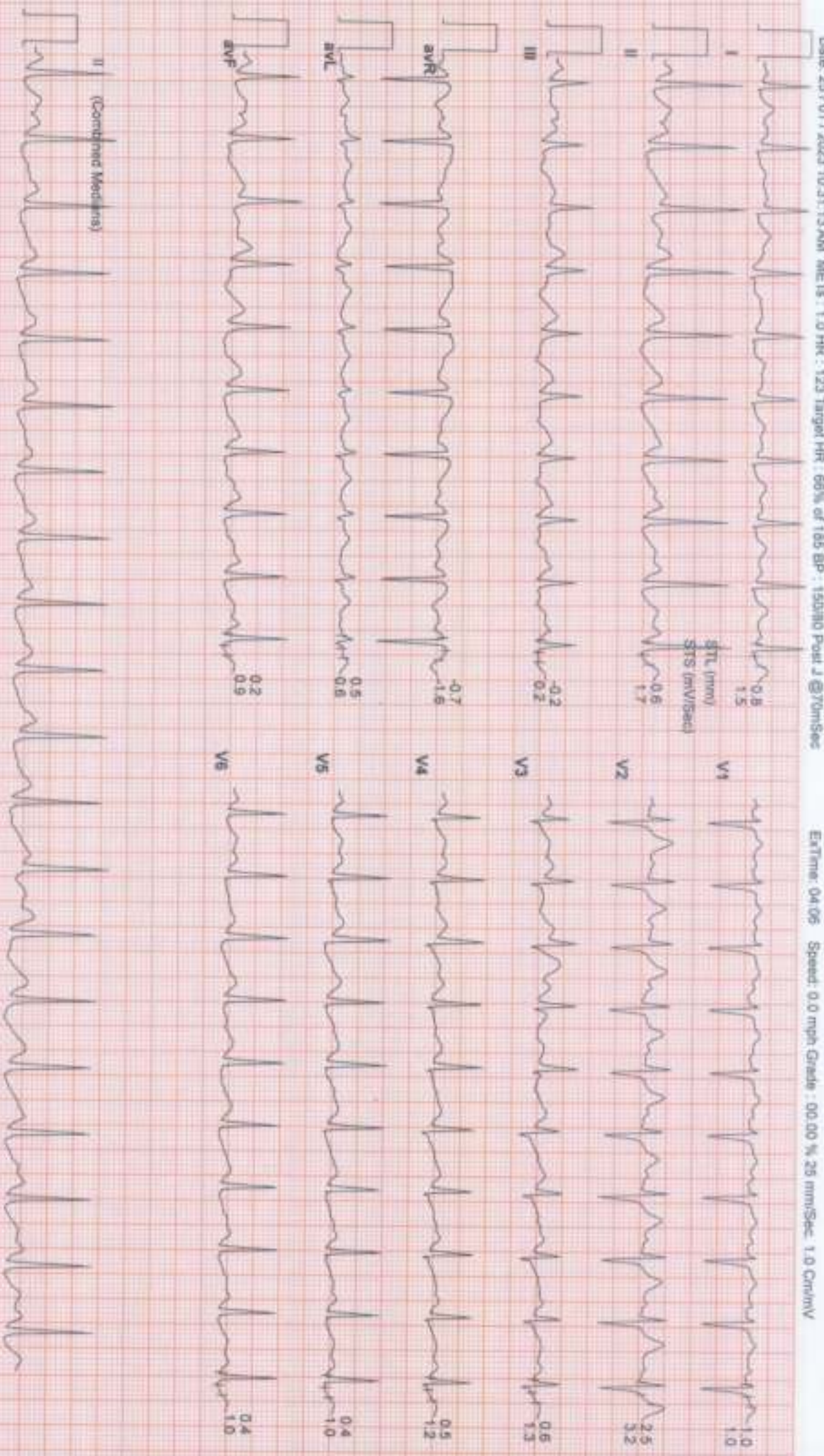
274 / KSHITUA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

**6X2 Combine Medians + 1 Rhythm**  
Recovery : ( 01:00 )



Date: 25 / 01 / 2023 10:31:13 AM METs : 1.0 HR : 123 Target HR : 66% of 165 BP : 150/110 Post J @70mSec

EXTime: 04:05 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Combined Medians)



**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

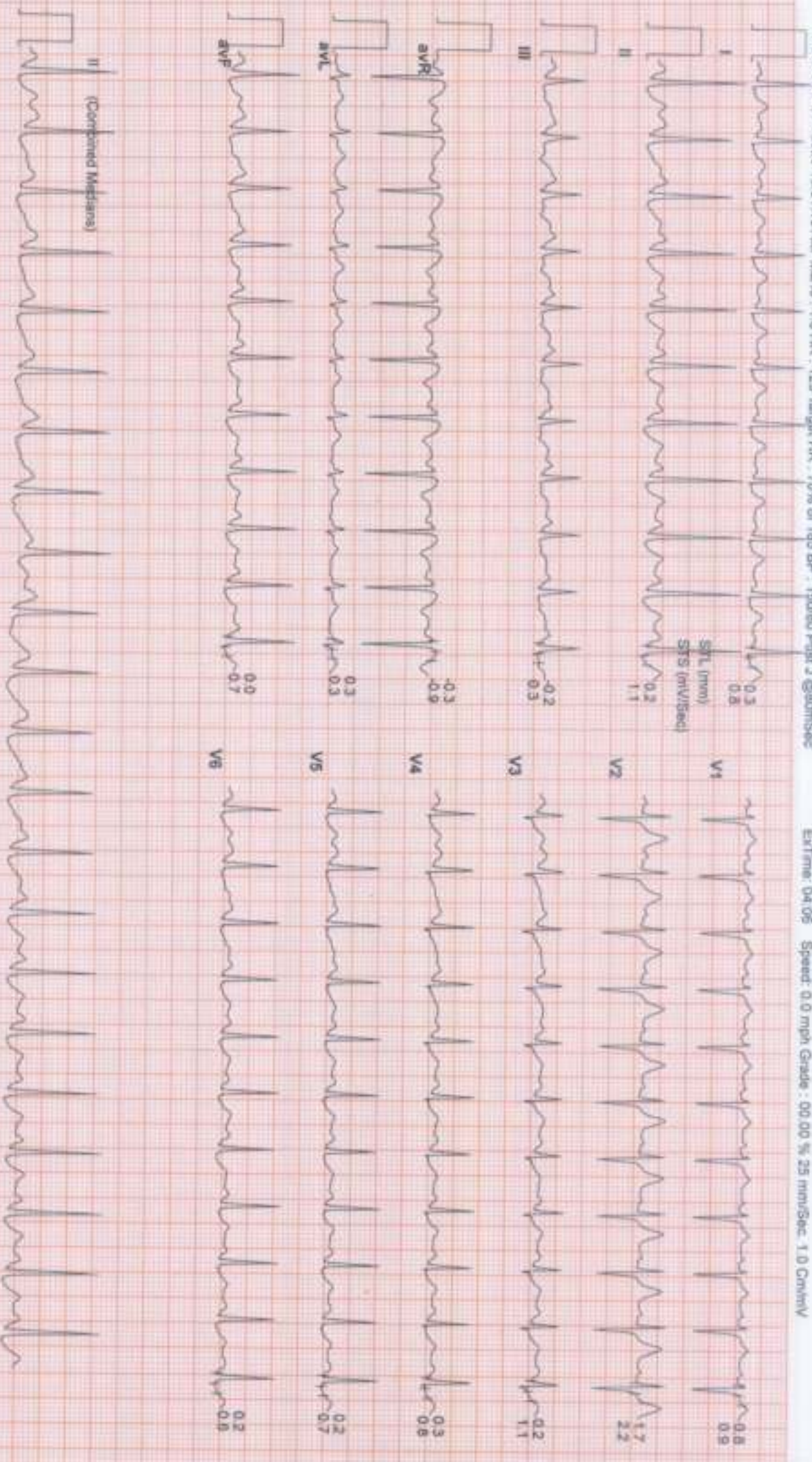
274 / KSHITILJA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

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



Date: 25 / 01 / 2023 10:31:13 AM METs : 1.0 HR : 128 Target HR : 70% of 185 BP : 100/80 Post J @sunSec

EXTime: 04:05 Speed: 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV





**SUBURBAN DIAGNOSTICS (THANE GB ROAD)**

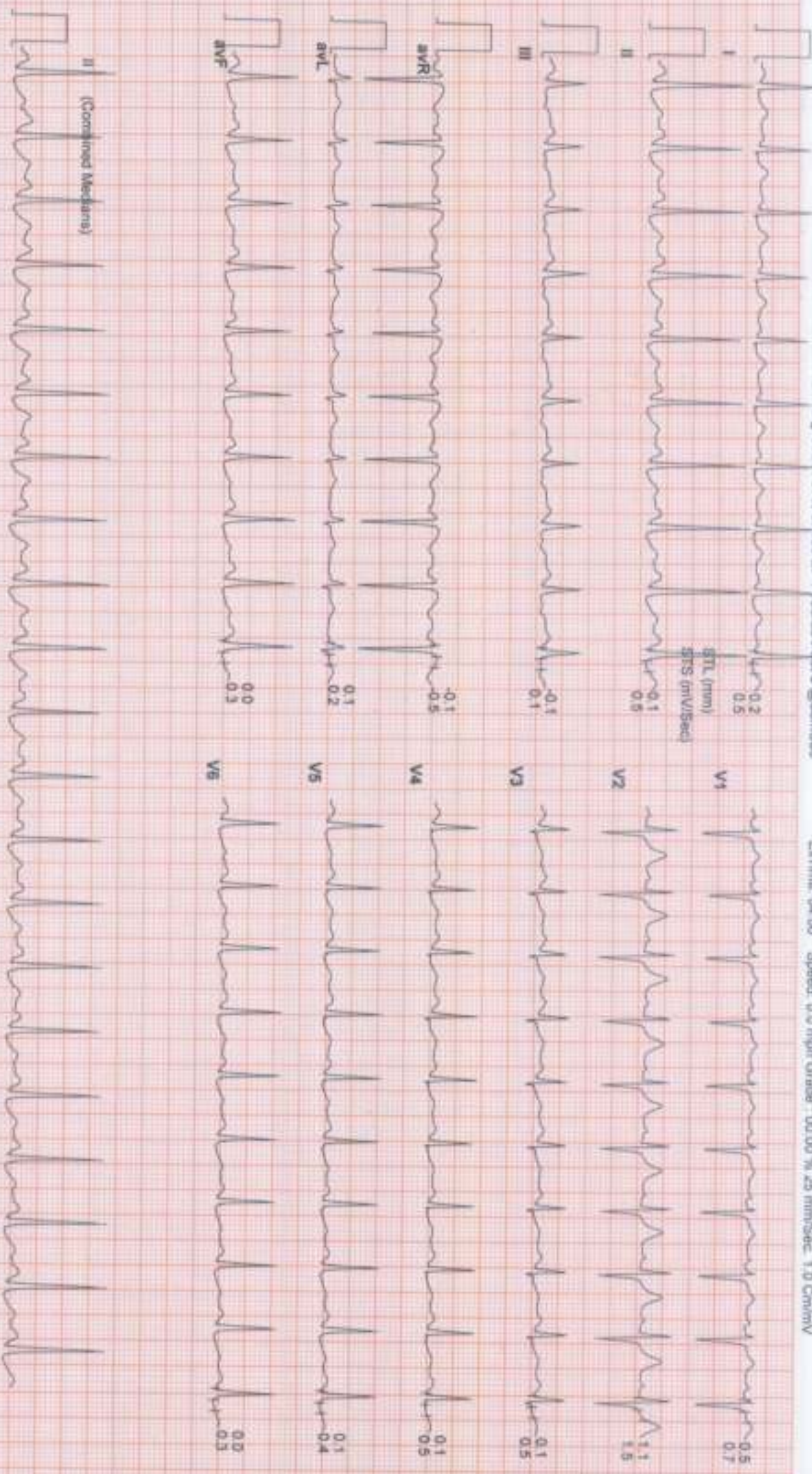
274 / KSHITUA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

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



Date: 25 / 01 / 2023 10:31:13 AM METs : 1.0 HR : 124 Target HR : 67% of 185 BP : 130/80 Ppt J @sunSec

ExTime: 04:06 Speed 0.0 mph Grade : 00.00 % 25 mm/Sec 1.0 Cm/mV



II (Continued Medians)





# SUBURBAN DIAGNOSTICS (THANE GB ROAD)

274 / KSHITILJA JALGAONKAR / 35 Yrs / Female / 154 Cm / 78 Kg

## 6X2 Combine Medians + 1 Rhythm



Date: 25 / 01 / 2023 10:31:13 AM METN : 1.0 HR : 124 Target HR : 67% of 185 BP : 130/80 Post J @GumSec

Ex-Time: 04:05 Speed: 0.0 mph Grade: 00.00 % 25 mm/Sec 1.0 Cm/mV

