



CID : 2404122556
Name : MRS.MAYURI ASHOK BHUTADA
Age / Gender : 33 Years / Female
Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 11:58

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Application To Scan the Code

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	13.3	12.0-15.0 g/dL	Spectrophotometric
RBC	4.32	3.8-4.8 mil/cmm	Elect. Impedance
PCV	39.2	36-46 %	Measured
MCV	91	80-100 fl	Calculated
MCH	30.8	27-32 pg	Calculated
MCHC	34.0	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	8530	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	25.6	20-40 %	
Absolute Lymphocytes	2183.7	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	656.8	200-1000 /cmm	Calculated
Neutrophils	64.5	40-80 %	
Absolute Neutrophils	5501.9	2000-7000 /cmm	Calculated
Eosinophils	1.8	1-6 %	
Absolute Eosinophils	153.5	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	34.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	465000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	14.3	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
 Anisocytosis -
 Poikilocytosis -
 Polychromasia -
 Target Cells -
 Basophilic Stippling -
 Normoblasts -
 Others Normocytic, Normochromic
 WBC MORPHOLOGY -
 PLATELET MORPHOLOGY -
 COMMENT -

Specimen: EDTA Whole Blood

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

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

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

*** End Of Report ***



Bmhasakar

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



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Age / Gender : 33 Years / Female
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Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

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Reported : 10-Feb-2024 / 13:58

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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	83.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	85.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.34	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.23	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	15.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	22.1	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	49.7	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	99.1	35-105 U/L	Colorimetric
BLOOD UREA, Serum	13.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.68	0.51-0.95 mg/dl	Enzymatic



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Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 19:41

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eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.4	2.4-5.7 mg/dl	Enzymatic
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

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



Bmhasakar

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



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Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 12:02

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	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	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 Borivali Lab, Borivali West

*** End Of Report ***



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Pathologist



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Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 16:11

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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)	6.5	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	1-2	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	+(>20/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 inert

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



Bmhasakar

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



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	AB
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.

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



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



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Name : MRS.MAYURI ASHOK BHUTADA
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Consulting Dr. : -
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Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 13:58

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	160.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.4	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	47.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	112.3	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	95.0	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	17.3	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.0	0-3.5 Ratio	Calculated

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



J. Thakker

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



CID : 2404122556
Name : MRS.MAYURI ASHOK BHUTADA
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Consulting Dr. : -
Reg. Location : Mahavir Nagar, Kandivali West (Main Centre)

Use a QR Code Scanner
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Collected : 10-Feb-2024 / 10:04
Reported : 10-Feb-2024 / 12:46

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	4.6	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.5	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	1.99	0.35-5.5 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0 mIU/ml	ECLIA



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Reported : 10-Feb-2024 / 12:46

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 trasiently altered becuae 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)

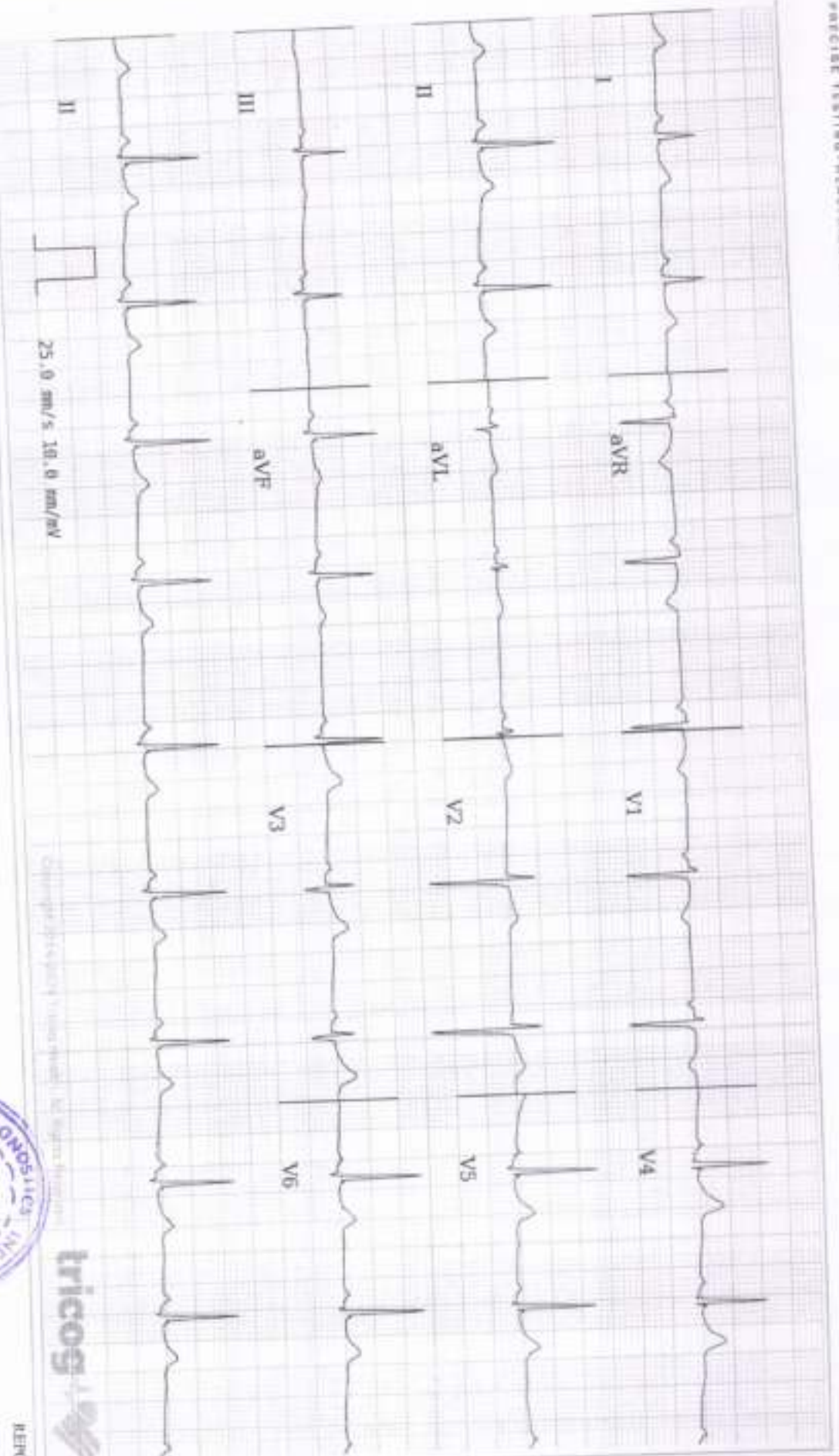
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

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

SUBURBAN DIAGNOSTICS - MAHAVIR NAGAR, KANDIVALI WEST
 Patient Name: **MAYURI ASHOK BHUTADA** Date and Time: **10th Feb 24 10:52 AM**
 Patient ID: **2404122556**



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

Age **33** NA NA
 years months days
 Gender **Female**
 Heart Rate **61bpm**

Patient Vitals
 BP: **110/70 mmHg**
 Weight: **65 kg**
 Height: **163 cm**
 Pulse: **62 bpm**
 SpO2: **NA**
 Resp: **NA**
 Others:

Measurements
 QRSD: **82ms**
 QT: **406ms**
 QTcB: **408ms**
 PR: **142ms**
 P-R-T: **44° 59° 39°**

REPORTED BY

(Signature)

Dr. Arun Dhanraj
 MBBS, MD, DCC, DMR, Cardiology
 2013062308



tricog

Name : MRS. MAYURI ASHOK BHUTADA

Age / Gender : 33 Years/Female

Consulting Dr. :

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

Collected : 10-Feb-2024 / 10:00

Reported : 12-Feb-2024 / 09:59

PHYSICAL EXAMINATION REPORT

History and Complaints: NIL.

EXAMINATION FINDINGS:

Height (cms):	163	Weight (kg):	65
Temp :	Afebrile	Skin:	Normal
Blood Pressure (mm/Hg):	110/70	Nails:	Healthy
Pulse:	62/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: HEALTHY DIET. REGULAR ECERCISE.

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

Name : MRS.MAYURI ASHOK BHUTADA

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Reg.Location : Mahavir Nagar, Kandivall West (Main Centre)

Reported : 12-Feb-2024 / 09:59

- 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 VEG
- 4) Medication NO

*** End Of Report ***



[Signature]
Dr.Ajita Bhosale
PHYSICIAN

Dr. AJITA BHOSALE
Reg. No. 2013/06
MBBS/D. Cardiology

Date:- 10/02/24

CID: 2404122556

Name:- Mrs. Mayuri Bhulada

Sex / Age: F / 33 yrs

EYE CHECK UP

Chief complaints: - NO

Systemic Diseases: - NO

Past history: - NO

Unaided Vision: - NO

Aided Vision: - NO

Refraction: (R) 6/c (L) 6/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	/			6/6	/			6/6
Near				N/6				N/6

Colour Vision: Normal / Abnormal

Remark: Normal vision



आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी पंजीकृत खाते कार्ड
Permanent Account Number Card
BHPP89481Q



श्री. नाम
MAYUR ANDIR KALANTRI

श्रीमती का नाम / पति का नाम
ASHOK RATIMWAL BHUTKOR

जन्म तिथि / मृत्यु तिथि
14/05/1990

यह कार्ड केवल पहचान के लिए है।
This card is for identification purposes only.

MSM facts

SUBURBAN DIAGNOSTICS PVT LTD.

Patient Details

Name: MAYURI BHUTADA ID: 2404122556
 Date: 10-Feb-24
 Age: 33 y Sex: F
 Clinical History: ROUTINE CHECK UP

Time: 11:24:40 AM

Height: 163 cms

Weight: 65 Kgs

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 187 bpm

THR: 168 (90 % of Pr.MHR) bpm

Total Exec. Time: 6 m 9 s

Max. HR: 133 (71% of Pr.MHR) bpm

Max. Mets: 10.20

Max. BP: 160 / 70 mmHg

Max. BP x HR: 21280 mmHg/min

Min. BP x HR: 5250 mmHg/min

Test Termination Criteria: UNABLE TO KEEP UP WITH THE SPEED.

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 : 23	1.0	0	0	75	110 / 70	-5.52 V2	-3.18 V2
Standing	1 : 8	1.0	0	0	83	110 / 70	-1.06 aVF	2.48 II
Hyperventilation	0 : 10	1.0	0	0	80	110 / 70	-0.85 III	-0.71 III
1	3 : 0	4.6	1.7	10	106	130 / 70	-2.55 III	6.31 V2
2	3 : 0	7.0	2.5	12	133	150 / 70	-2.12 III	3.89 V5
Peak Ex	0 : 9	10.2	3.4	14	132	160 / 70	-1.70 III	2.83 V2
Recovery(1)	3 : 0	1.8	1	0	87	140 / 70	-2.34 III	3.89 V2
Recovery(2)	0 : 49	1.0	0	0	98	110 / 70	-0.85 III	1.42 I

Interpretation

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

IMPRESSION: THIS EXERCISE STRESS TEST IS NEGATIVE FOR REVERSIBLE INDUCIBLE ISCHEMIA AT 71% OF MHR.

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

Ref. Doctor: ARCOFEMI HEALTHCARE
 (Summary Report edited by user)



Doctor: DR AJITA BHOSALE

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

Test Report

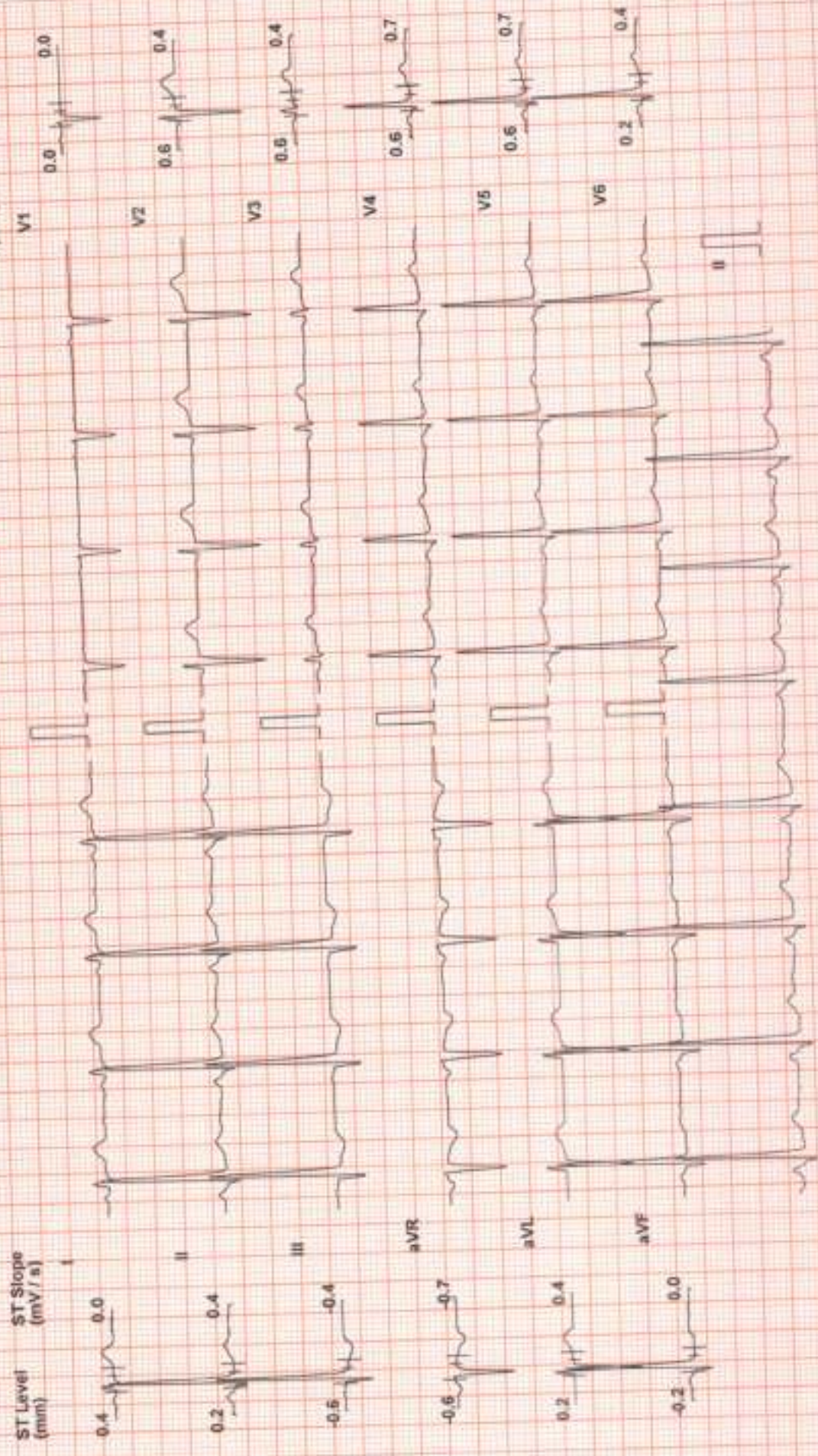
SUBURBAN DIAGNOSTICS PVT LTD.

MAYURI BHUTADA (33 F)

Protocol: Bruce

Date: 10-Feb-24 Exec Time: 0 m 0 s Stage Time: 1 m 17 s HR: 74 bpm
Speed: 0 mph (THR: 158 bpm) Grade: 0 % B.P.: 110/70

ID: 2404122556 Stage: Supine



PR = 80 ms QRS = 80 ms Post J = 1 + 60 ms

Main's Filt: ON Amp: 10 mm

Filter: 35 Hz

Chart Speed: 25 mm/sec

Schiller Spindler V 4.52

Linked Median

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2404122556

Date: 10-Feb-24

Exec Time: 0 m 0 s

Stage Time: 1 m 2 s

HR: 83 bpm

Speed: 0 mph

(THR: 168 bpm)

B.P.: 110/70

MAYURI BHUTADA (33 F)

Protocol: Bruce

Stage: Standing

Grade: 0 %

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

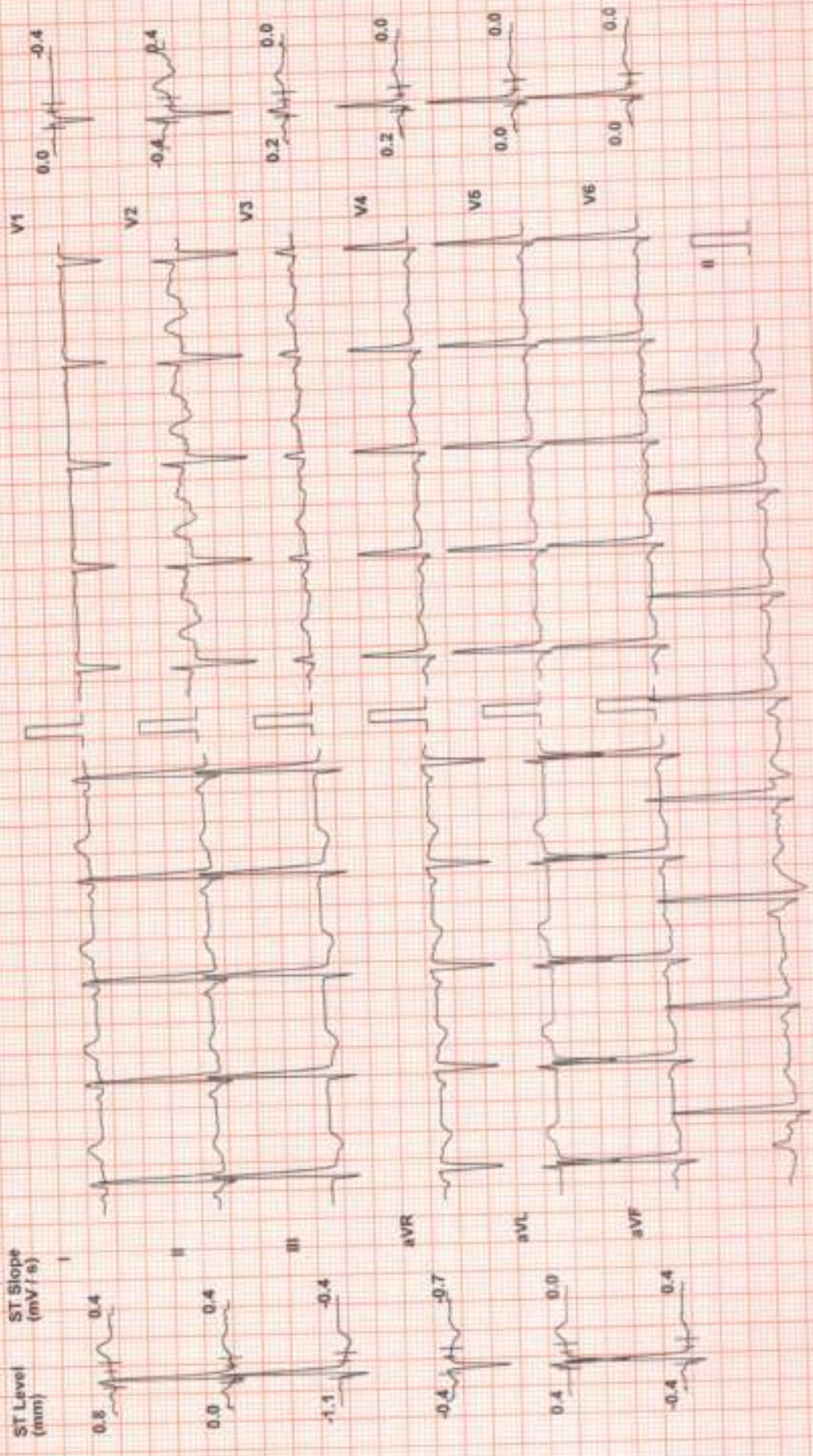


Chart Speed: 25 mm/sec
Filter: 35 Hz
Mains Fil: ON
Amp: 10 mm
Paper: 60 mm
Post: 1 = 100 ms
Linked Median

Solar System V403

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

MAYURI BHUTADA (33 F)

Protocol: Bruce

ID: 2404122558 Date: 10-Feb-24 Exec Time: 0-m-0-s Stage Time: 0-m-4-s HR: 79 bpm

Stager: Hyperventilation Speed: 0 mph Grade: 0 % (THR: 168 bpm)

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

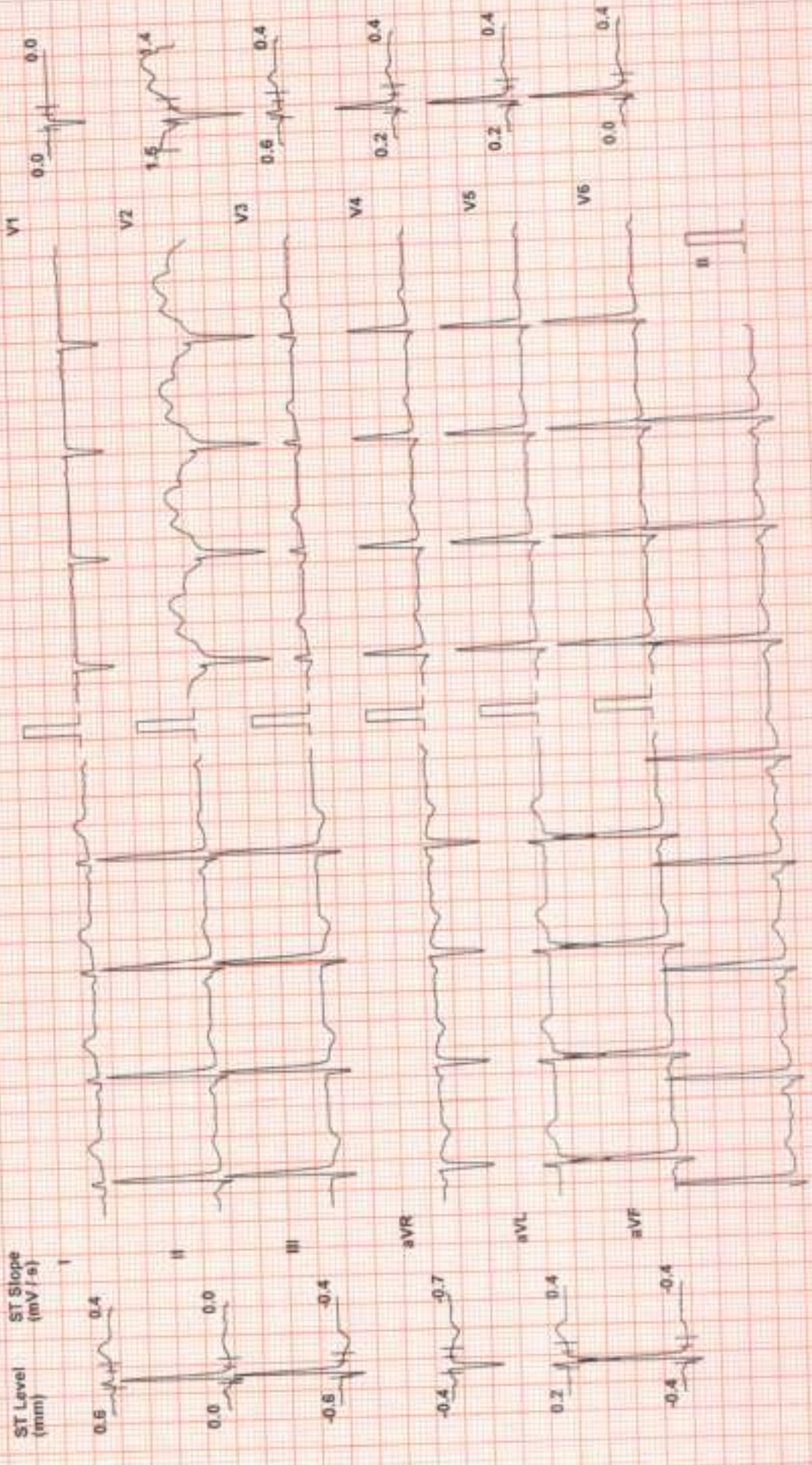


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Paper J = J + 60 ms Linked Median

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2404122556

Date: 10-Feb-24

Exec Time: 2 m 54 s Stage Time: 2 m 54 s HR: 105 bpm

(THR: 188 bpm)

B.P: 130 / 70

Grade: 10 %

Speed: 1.7 mph

Stage: 1

MAYURI BHUTADA (33 F)

Protocol: Bruce

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

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

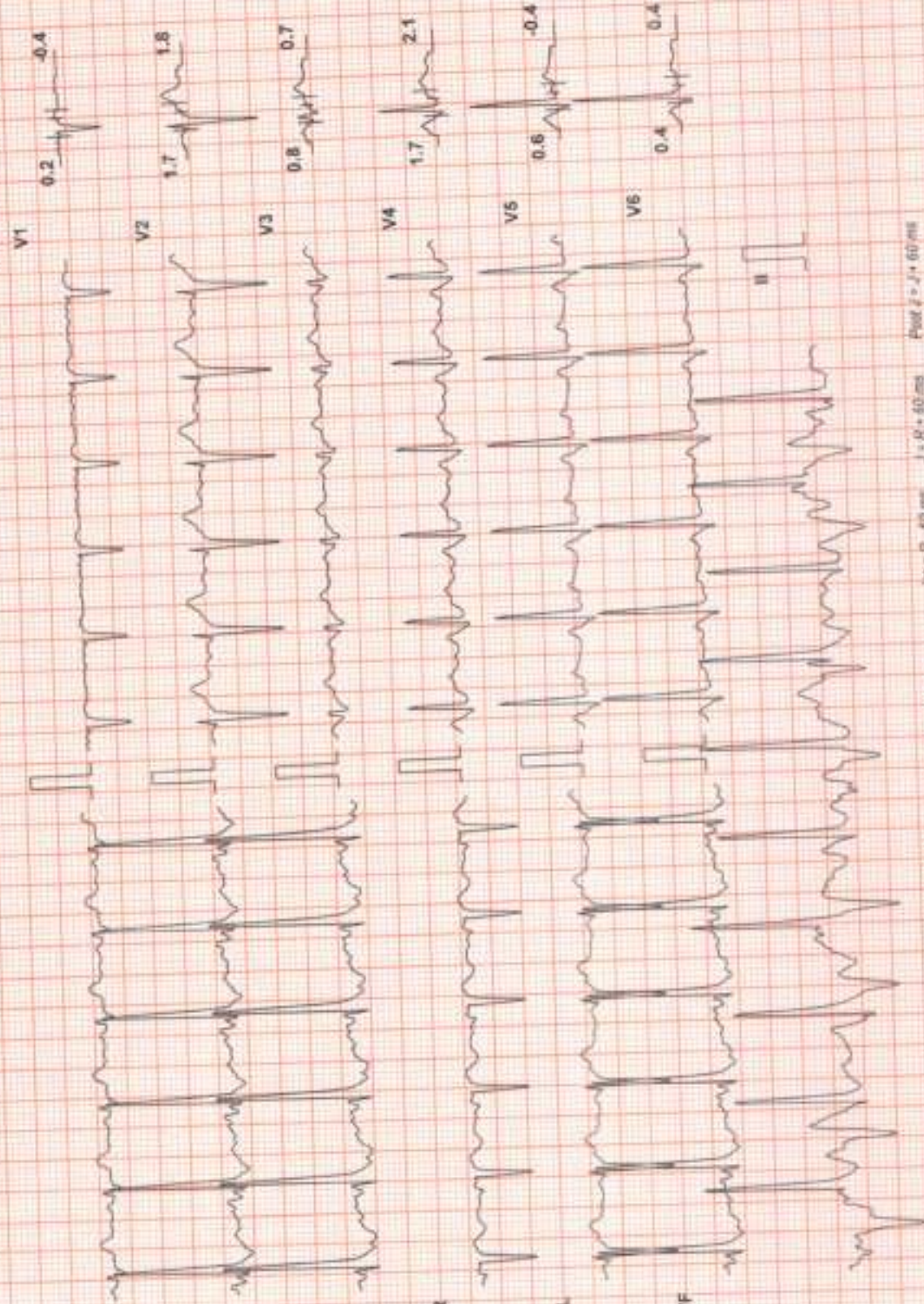


Chart Speed: 25 mm/sec

Filter: 35 Hz

Main's Fil: ON Amp: 10 mm

Ip = R - 60 ms J - R + 60 ms

Post J - J + 60 ms

Linked Median

Sheet 5 of 6 V 4.52

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

MAYURI BHUTADA (33 F)

Protocol: Bruce

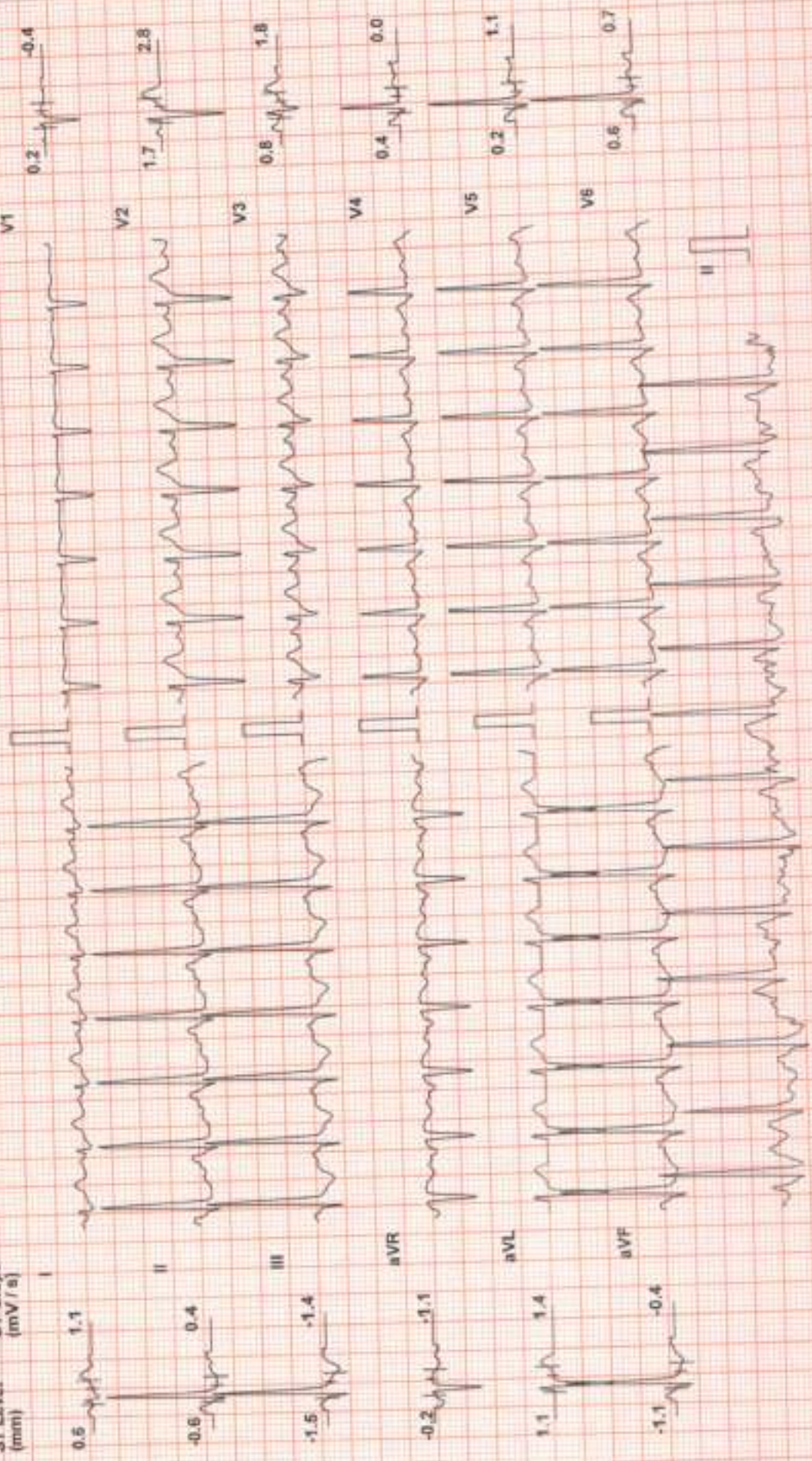
Date: 10-Feb-24 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 133 bpm
Speed: 2.5 mph Grade: 12 % (THR: 155 bpm) B.P: 150 / 70

ID: 2404122566

Stage: 2

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

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



Mainis Filt: ON Amp: 10 mm Filter: 35 Hz
40 - R - 60 ms J - R - 60 ms Post J - J - 60 ms
Linked Median

Chart Speed: 25 mm/sec
Schiller Spandari V 4 50

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

ID: 2404122556 Date: 10-Feb-24 Exec Time: 6 m 3 s Stage Time: 0 m 3 s HR: 133 bpm
Speed: 3.4 mph Grade: 14 % (THR: 168 bpm) B.P: 160 / 70

MAYURI BHUTADA (33 F)

Protocol: Bruce

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

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

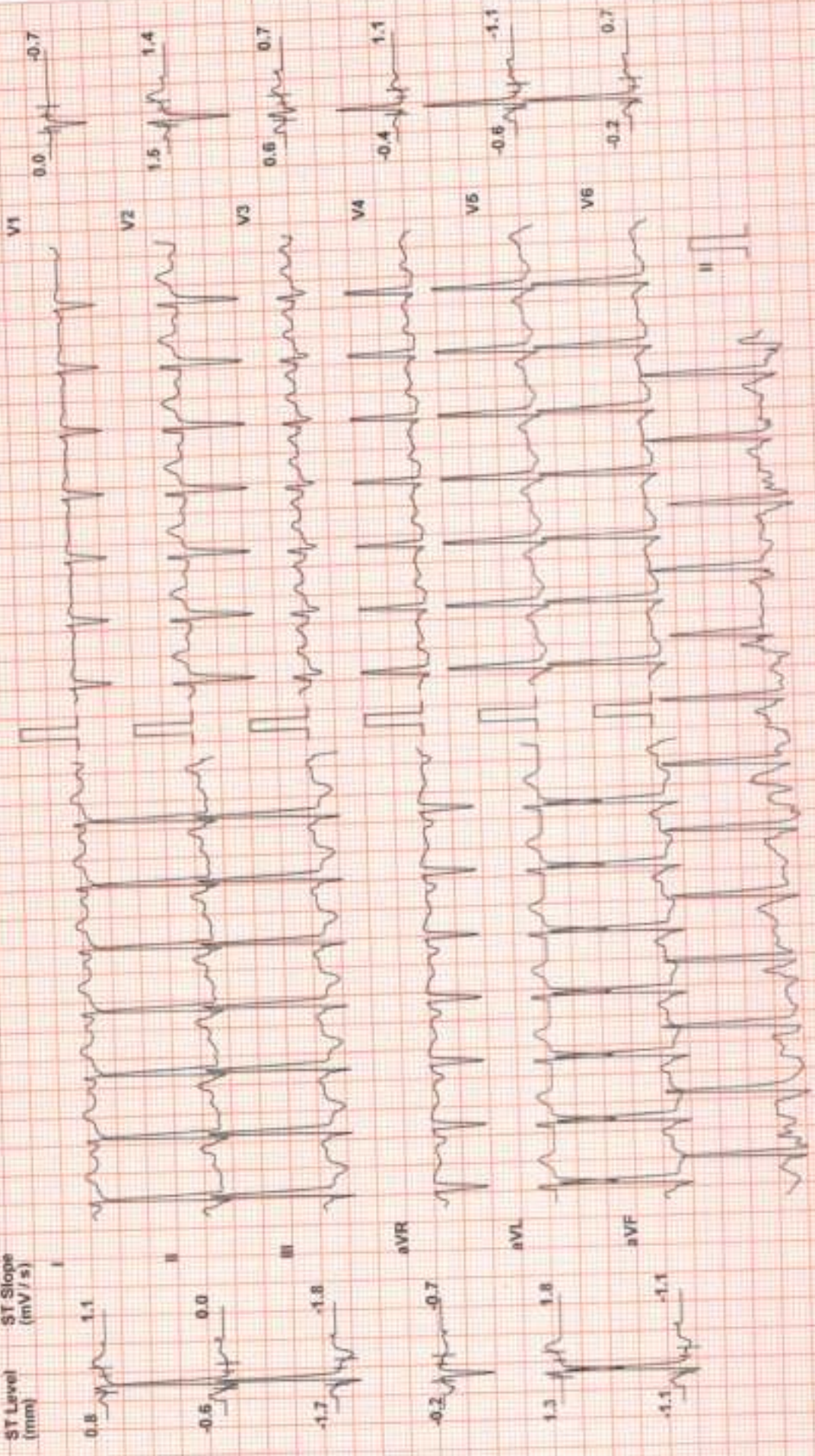


Chart Speed: 25 mm/sec
Spike: 5mm V1 V2

Filter: 35 Hz

Main Filter: ON Amp: 10 mm

tp = R = 60 ms

psd J = J = 60 ms

Linked Median

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

MAYURI BHUTADA (33 F)

Protocol: Bruce

Date: 10-Feb-24 Exec Time: 6 m 9 s Stage Time: 2 m 54 s HR: 90 bpm
(THR: 168 bpm) B.P: 140 / 70

Speed: 1 mph Grade: 0 %

Stage: Recovery(1)

ID: 2404122656

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

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

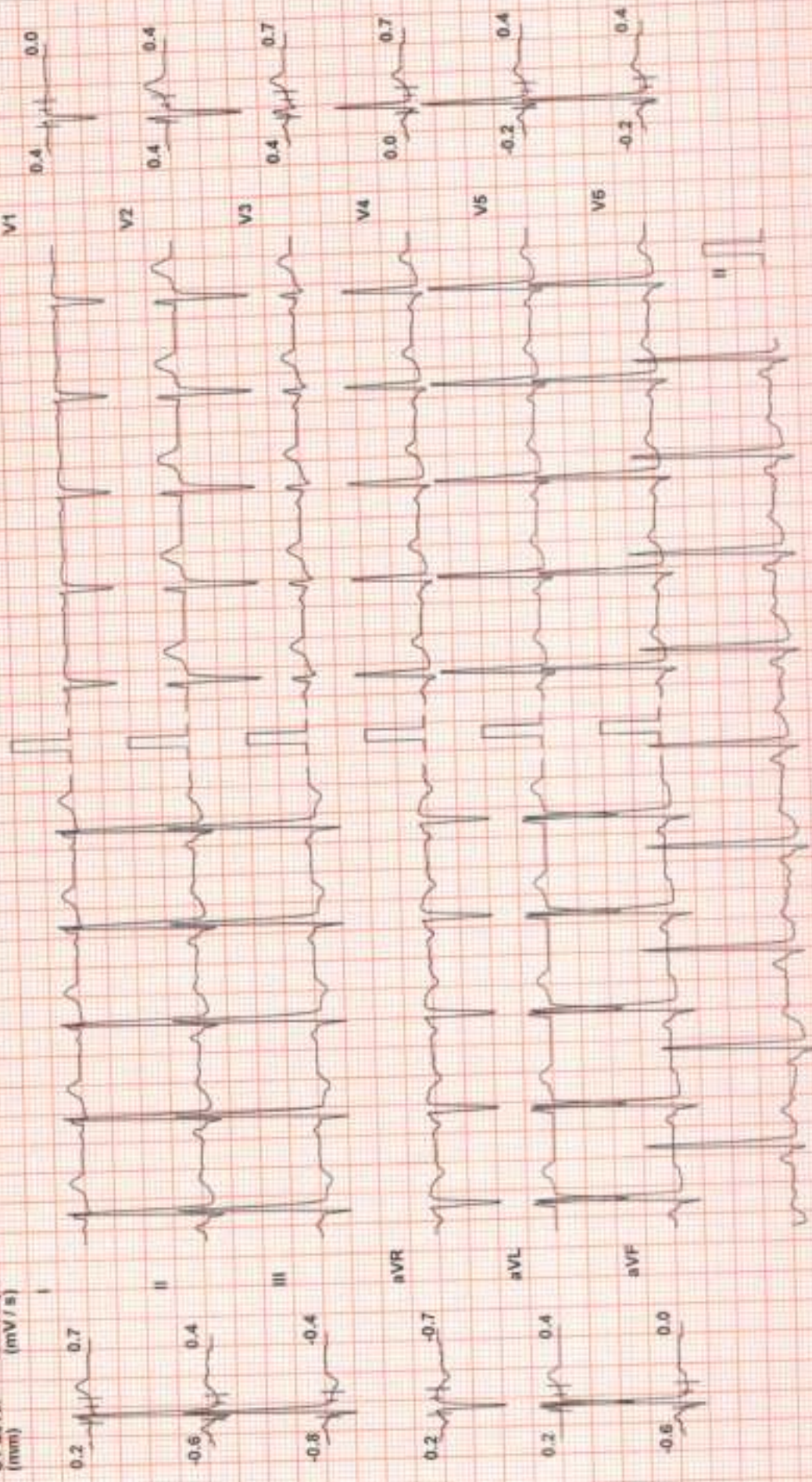


Chart Speed: 25 mm/sec
Schlitz Spindler V 4.52

Filter: 35 Hz
Mains Filt: ON
Amp: 10 mm
I = R - 50 ms J = R + 50 ms P = R - 50 ms P = R + 50 ms

Linked Median

Test Report

SUBURBAN DIAGNOSTICS PVT LTD.

MAYURI BHUTADA (33 F)

ID: 2404122556

Date: 10-Feb-24 Exec Time: 6 m 0 s Stage Time: 0 m 43 s HR: 87 bpm
Speed: 0 mph Grade: 0 % (THR: 168 bpm) B.P: 110 / 70

Protocol: Bruce

Stage: Recovery(2)

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

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

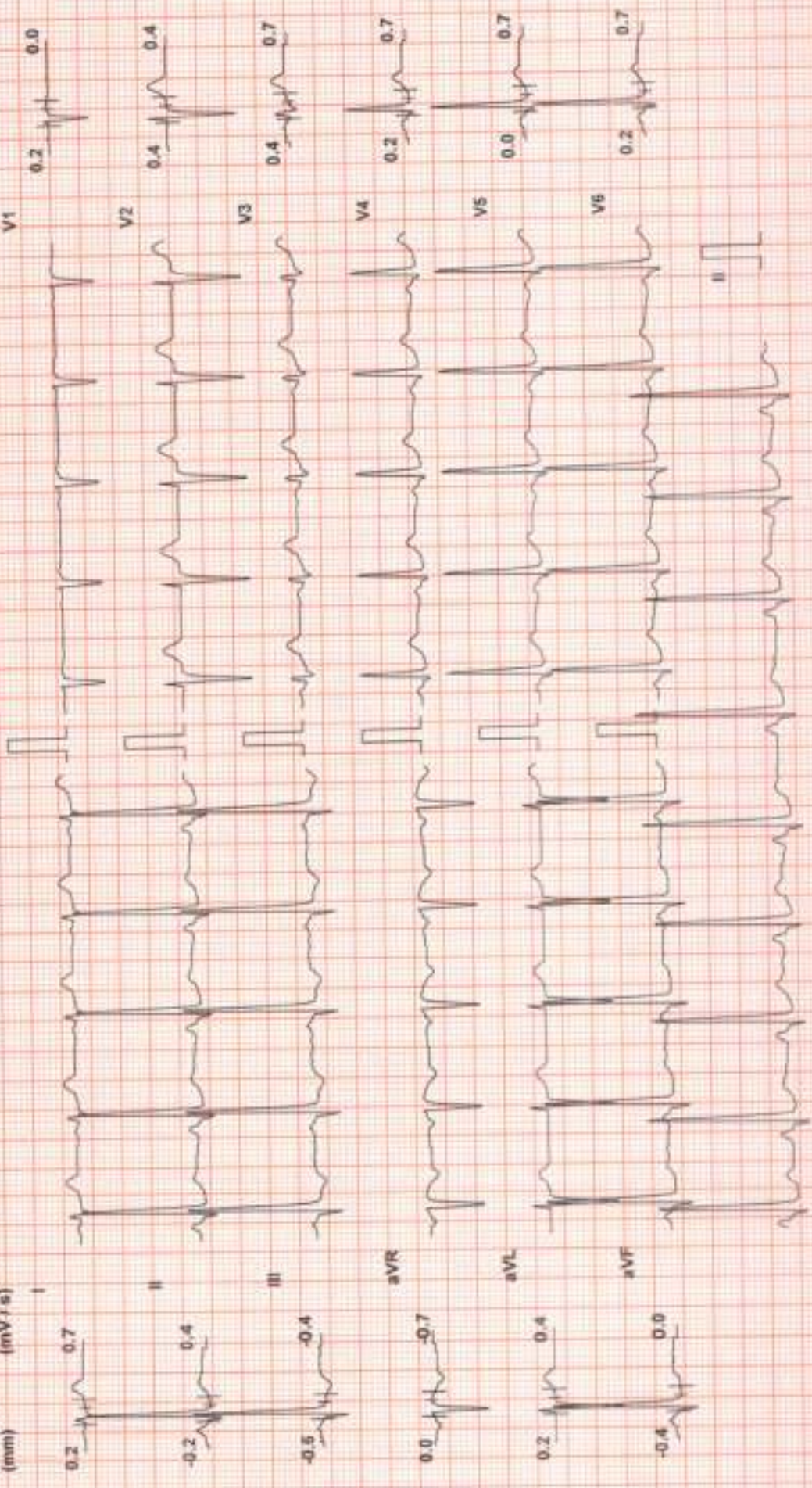


Chart Speed: 25 mm/sec Filter: 35 Hz Main Filter: ON Amp: 10 mm Paper: I = R = 60 mm Paper: J = J = 60 mm
Scholar Spontaneous V + 31 Linked Median



CID : 2404122556
Name : Mrs MAYURI ASHOK BHUTADA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024/10:40

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.7 cm), shape and smooth margins **It shows raised echogenicity.** The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows normal wall thickness. 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 8.7 x 3.9 cm. right up Left kidney measures 9.7 x 4.3 cm.
Small 7 x 6 mm, homogeneously hyperechoic lesion without obvious vascularity is noted in the upper pole of right kidney- likely s/o Angiomyolipoma.
Both the kidneys are normal in size shape and echotexture.
No evidence of any calculus, hydronephrosis seen.

SPLEEN:

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

URINARY BLADDER:

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

UTERUS:

The uterus is anteverted and appears normal. It measures 7.1 x 4.7 x 4.0 cm in size.
The endometrial thickness is 6.5 mm.

OVARIES:

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024021010021362>



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Right ovary = 2.2 x 1.8 cm. Left ovary = 2.0 x 1.7 cm.
Both the ovaries are well visualised and appears normal.
There is no evidence of any ovarian or adnexal mass seen.

ADDITIONAL COMMENTS:

Visualized bowel loops shows normal peristalsis.
There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:-

- **Grade I fatty Liver**
- **Small right renal Angiomyolipoma**

ADVICE: Clinical correlation

NOTE: Above USG report is subject to findings evident at the time of scan & associated bowel gases. Sonography is known to have inter-observer variations. This modality has its own limitations & should be considered as a professional opinion. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Further / Follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly. This report cannot be used for medico - legal purposes

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

Dr. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Centre

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024/10:40



CID : 2404122556
Name : Mrs MAYURI ASHOK BHUTADA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main Centre
Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024/13:18

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. Chirag Patel
Consultant Radiologist
M.B.B.S, MD (Radiodiagnosis)
Reg. No. MMC 2017073319



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Name : Mrs MAYURI ASHOK BHUTADA
Age / Sex : 33 Years/Female
Ref. Dr :
Reg. Location : Mahavir Nagar, Kandivali West Main
Centre

Reg. Date : 10-Feb-2024
Reported : 10-Feb-2024/13:18