



CID : 2403420550
Name : MRS.KANCHAN KISHOR PAWADE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 11:43

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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	13.2	12.0-15.0 g/dL	Spectrophotometric
RBC	4.83	3.8-4.8 mil/cmm	Elect. Impedance
PCV	38.8	36-46 %	Measured
MCV	80	80-100 fl	Calculated
MCH	27.2	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7380	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.5	20-40 %	
Absolute Lymphocytes	2472.3	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	405.9	200-1000 /cmm	Calculated
Neutrophils	57.7	40-80 %	
Absolute Neutrophils	4258.3	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	
Absolute Eosinophils	206.6	20-500 /cmm	Calculated
Basophils	0.5	0.1-2 %	
Absolute Basophils	36.9	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	370000	150000-400000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Calculated
PDW	14.0	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Reported : 03-Feb-2024 / 11:12

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 **26** 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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Reported : 03-Feb-2024 / 11:52

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	98.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	127.5	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.30	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.10	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.20	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.2	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.2	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.3	1 - 2	Calculated
SGOT (AST), Serum	26.9	5-32 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	18.0	5-33 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.3	3-40 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	101.0	35-105 U/L	Colorimetric
BLOOD UREA, Serum	15.6	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.60	0.51-0.95 mg/dl	Enzymatic



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Collected : 03-Feb-2024 / 12:59
Reported : 03-Feb-2024 / 20:20

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eGFR, Serum	117	(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	2.8	2.4-5.7 mg/dl	Enzymatic
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 ***



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Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 12:53

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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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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Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 14:06

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)	7.0	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	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	6-8	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 ***



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Reg. Location : Borivali West (Main Centre)

Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 12:26

Use a QR Code Scanner
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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 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 ***



Dr. VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 11:52

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	152.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	97.2	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	36.3	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	115.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	97.0	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	18.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.7	0-3.5 Ratio	Calculated

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



Bmhasakar

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M.D. (PATH)
Pathologist



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Name : MRS.KANCHAN KISHOR PAWADE
Age / Gender : 39 Years / Female
Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

Use a QR Code Scanner Application To Scan the Code
Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 11:40

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	6.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	19.8	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	3.22	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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Consulting Dr. : -
Reg. Location : Borivali West (Main Centre)

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Collected : 03-Feb-2024 / 08:36
Reported : 03-Feb-2024 / 11:40

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)

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



Bmhasakar

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

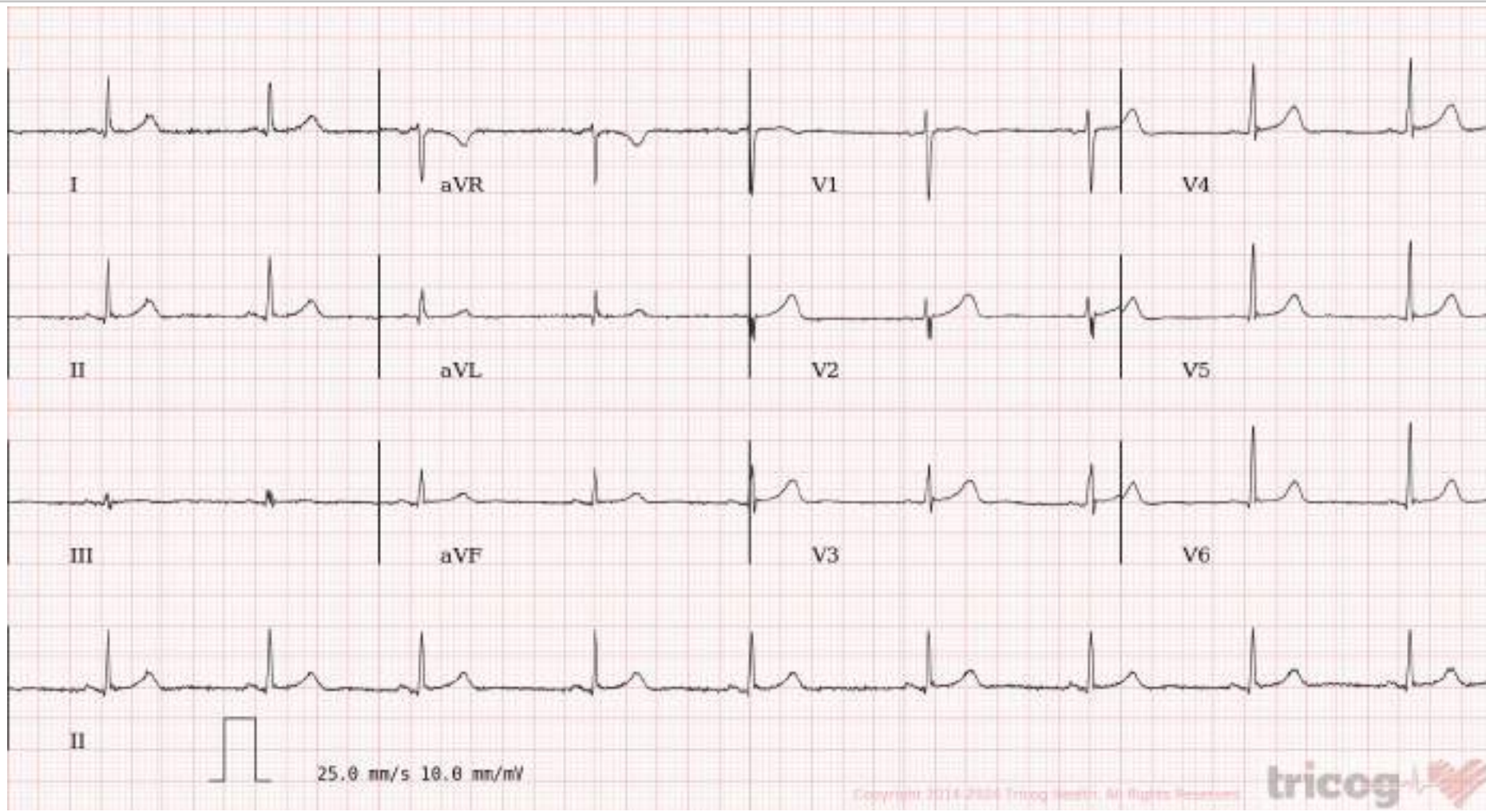
SUBURBAN DIAGNOSTICS - BORIVALI WEST



Patient Name: KANCHAN KISHOR PAWADE

Date and Time: 3rd Feb 24 9:32 AM

Patient ID: 2403420550



Age **39** **NA** **NA**
years months days

Gender **Female**

Heart Rate **57bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others: _____

Measurements

QRSD: 64ms

QT: 394ms

QTcB: 383ms

PR: 120ms

P-R-T: 65° 41° 48°

ECG Within Normal Limits: Sinus Bradycardia Normal axis. Please correlate clinically.

REPORTED BY

Dr Nitin Sonavane
M.B.B.S.AFLH, D.DIAB, D.CARD
Consultant Cardiologist
87714

Date:- 3/2/24

CID:

Name:- Kanchan Pawade

Sex / Age: 39 / F

EYE CHECK UP

Chief complaints:

Systemic Diseases:

NO

Past history:

Unaided Vision:

6/6

6/6

Aided Vision:

N/8

N/8

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Normal

Suburban Diagnostics (I) Pvt. Ltd.
301 & 302, 3rd Floor, VLN Fleamarket,
Above Tarang Jwala, L. T. Road,
Borivali (West), Mumbai - 400 032.

DR. NITIN SONAVANE
M.B.B.S., F.R.C.P., D.L.M.S., D. CARD.
CONSULTANT-CARDIOLOGIST
REGD. NO. : 87714

Name : MRS.KANCHAN KISHOR PAWADE

Age / Gender : 39 Years/Female

Consulting Dr. :

Collected : 03-Feb-2024 / 08:16

Reg.Location : Borivali West (Main Centre)

Reported : 05-Feb-2024 / 10:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms): 160 cms

Weight (kg): 70

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 110/70

Nails: Normal

Pulse: 70/min

Lymph Node: Not Palpable

Systems

Cardiovascular: Normal

Respiratory: Normal

Genitourinary: Normal

GI System: Normal

CNS: Normal

IMPRESSION:

Normal

ADVICE:

CHIEF COMPLAINTS:

NIL

Name : MRS.KANCHAN KISHOR PAWADE

Age / Gender : 39 Years/Female

Consulting Dr. :

Reg.Location : Borivali West (Main Centre)

Collected : 03-Feb-2024 / 08:16

Reported : 05-Feb-2024 / 10:19

- | | |
|--|----|
| 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 | No |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

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

*** End Of Report ***

Suburban Diagnostics Pvt. Ltd.
3015, 2nd Floor, Sanderwan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400092.

Dr. NITIN SONAVANE
PHYSICIAN

DR. NITIN SONAVANE
M.B.B.S., M.F.H., D.D.I.A.R., D.O.A.R.D.
CONSULTANT-CARDIOLOGIST
REGD. NO : 87714

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

Name: KANCHAN PAWADE

Date: 03-02-2024 Time: 09:44

Age: 39 Gender: F Height: 160 cms Weight: 70 Kg ID: 2403420580

Clinical History: NIL

Medications: NIL

Test Details:

Protocol: Bruce Predicted Max HR: 181 Target HR: 153 (85% of Pr. MHR)
 Exercise Time: 0:06:01 Achieved Max HR: 173 (96% of Pr. MHR)
 Max BP: 150/70 Max BP x HR: 25950 Max Mets: 7
 Test Termination Criteria: TEST COMPLET

Protocol Details:

Stage Name	Stage Time	METS	Speed kmph	Grade %	Heart Rate bpm	BP mmHg	RPP	Max ST Level mm	Max ST Slope mV/S
Supine	01:24	1	0	0	60	110/70	6600	0.6 V3	0.1 I
Standing	00:18	1	0	0	59	110/70	6490	0.7 V3	-0.1 II
Hyper Ventilation	00:43	1	0	0	64	110/70	7040	0.5 V3	-0.1 I
Pre Test	00:10	1	1.6	0	69	110/70	7590	-1.5 V6	-0.3 V6
Stage 1	03:00	4.7	2.7	10	146	110/70	16080	1.4 V1	0.3 I
Stage 2	03:00	7	4	12	173	150/70	25950	1.8 III	0.4 V3
Peak Exercise	00:01	6.7	5.5	14	171	150/70	25650	0.6 aVR	0.8 II
Recovery1	01:00	1	0	0	138	140/70	19320	0.7 V4	-2.7 II
Recovery2	01:00	1	0	0	114	140/70	15900	-0.8 V2	0.3 I
Recovery3	00:33	1	0	0	104	120/70	12480	1 V3	0.3 V3

Interpretation

The Patient Exercised according to Bruce Protocol for 0:06:01 achieving a work level of 7 METS.
 Resting Heart Rate, initially 60 bpm rose to a max. heart rate of 173bpm (96% of Predicted Maximum Heart Rate)
 Resting Blood Pressure of 110/70 mmHg, rose to a maximum Blood Pressure of 150/70 mmHg
 Good Effort tolerance Normal HR & BP Response No Angina or Arrhythmias
 No Significant ST-T Change Noted During Exercise Stress test Negative for Stress inducible ischaemia.

DR. NITIN SONAVANE
 M.B.B.S. (H) D.I.P.A. D. CARD.
 CONSULTANT CARDIOLOGIST
 REGD. NO. 37714

Doctor: DR. NITIN SONAVANE

Ref. Doctor: ---

SCHILLER
 THE ART OF Diagnostics

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 Cardiovit CS-20 Version 3.4

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 Above Terminal, Borivali West Road,
 Borivali (West), Mumbai - 400 092.

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Print Protocol

STLead(mv) STSpeed(mV/s)

ID: 2403420180

Stage: Surfine

Date: 03-02-2024

Speed: 0 km/h

Exec Time : 9:00:00

Slope: 0%

Stage Time: 01:24

THR: 153 bpm

HR: 60 bpm

BP: 110/70 mmHg

STLead(mv) STSpeed(mV/s)

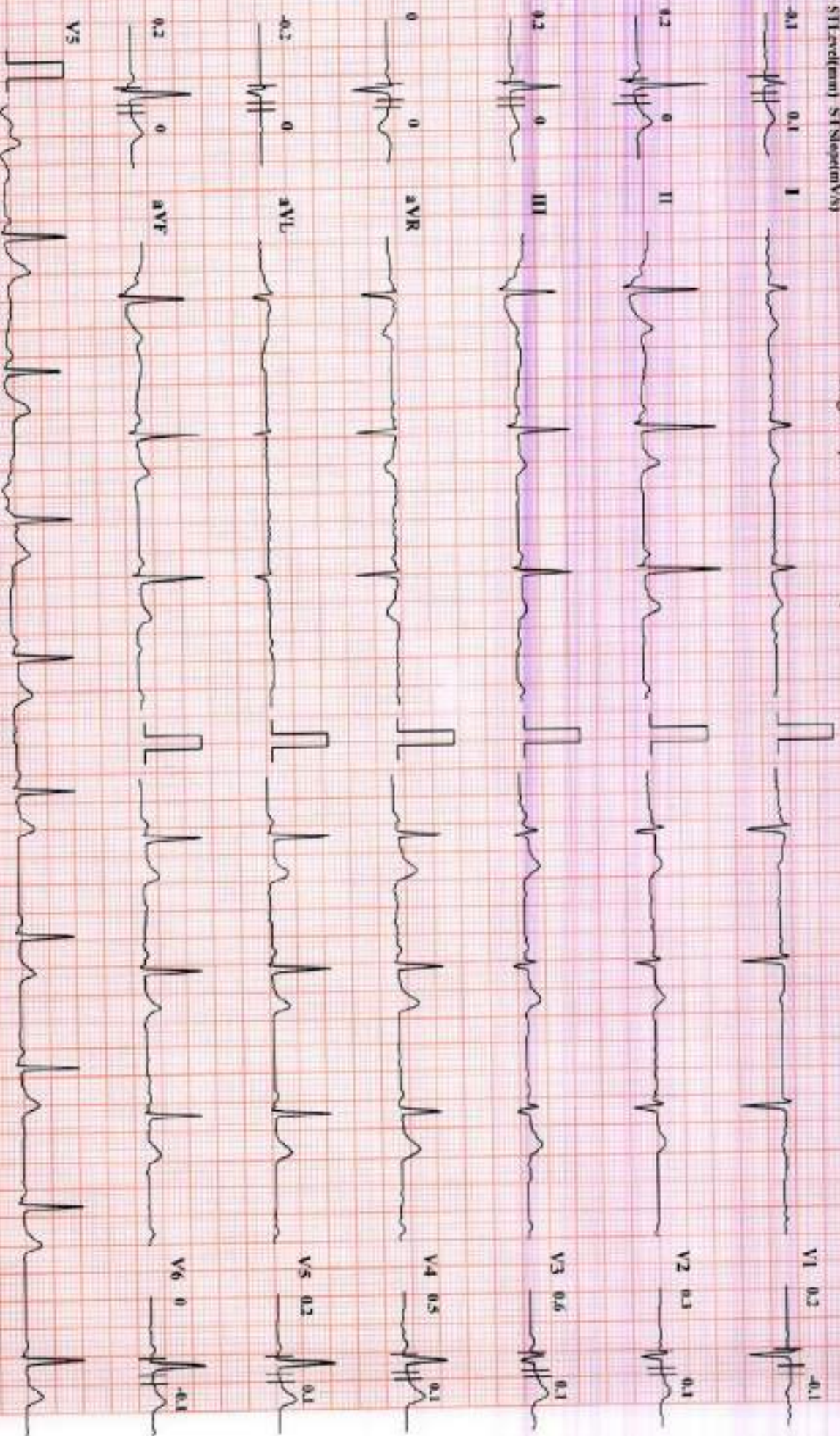


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R - 60 ms, J = R + 60 ms, Post J = J + 40 ms

Schiller Cardiovis C9-20 Version:3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Bruc Protocol
STISlope(mV/s)

ID: 2403420580
Stage: Standing

Date: 03-02-2024
Speed: 0

Exec Time : 0-00:00
Slope: 0 %
Stage Time: 00:18
THR: 153 bpm

HR: 59 bpm

BP: 110/70 mmHg
STISlope(mV/s)

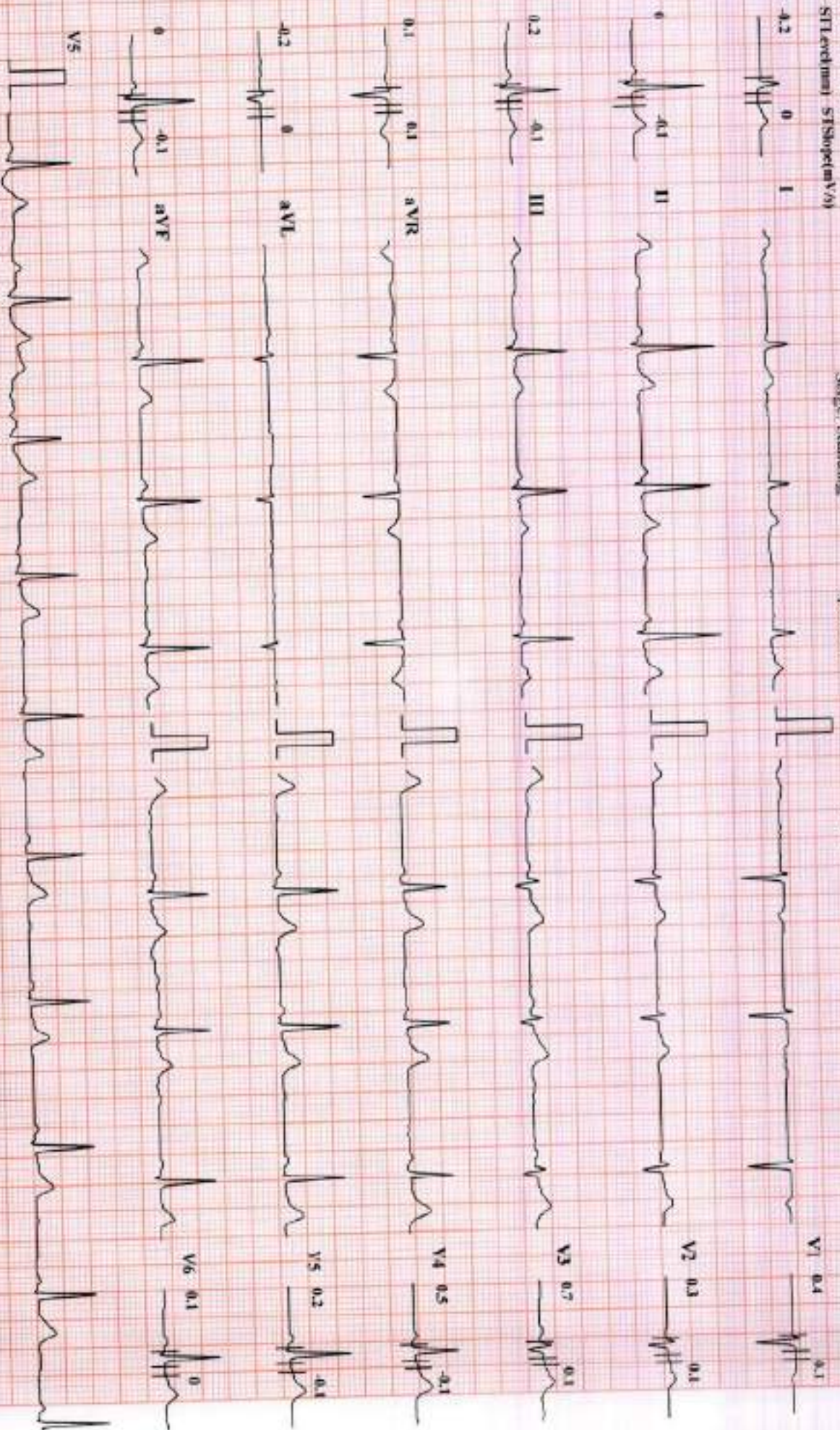


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

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



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Bruce Protocol

STLevel(mm) STSlope(mV/s)

ID: 2403420580

Date: 03-02-2024

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 153 bpm

HR: 64 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

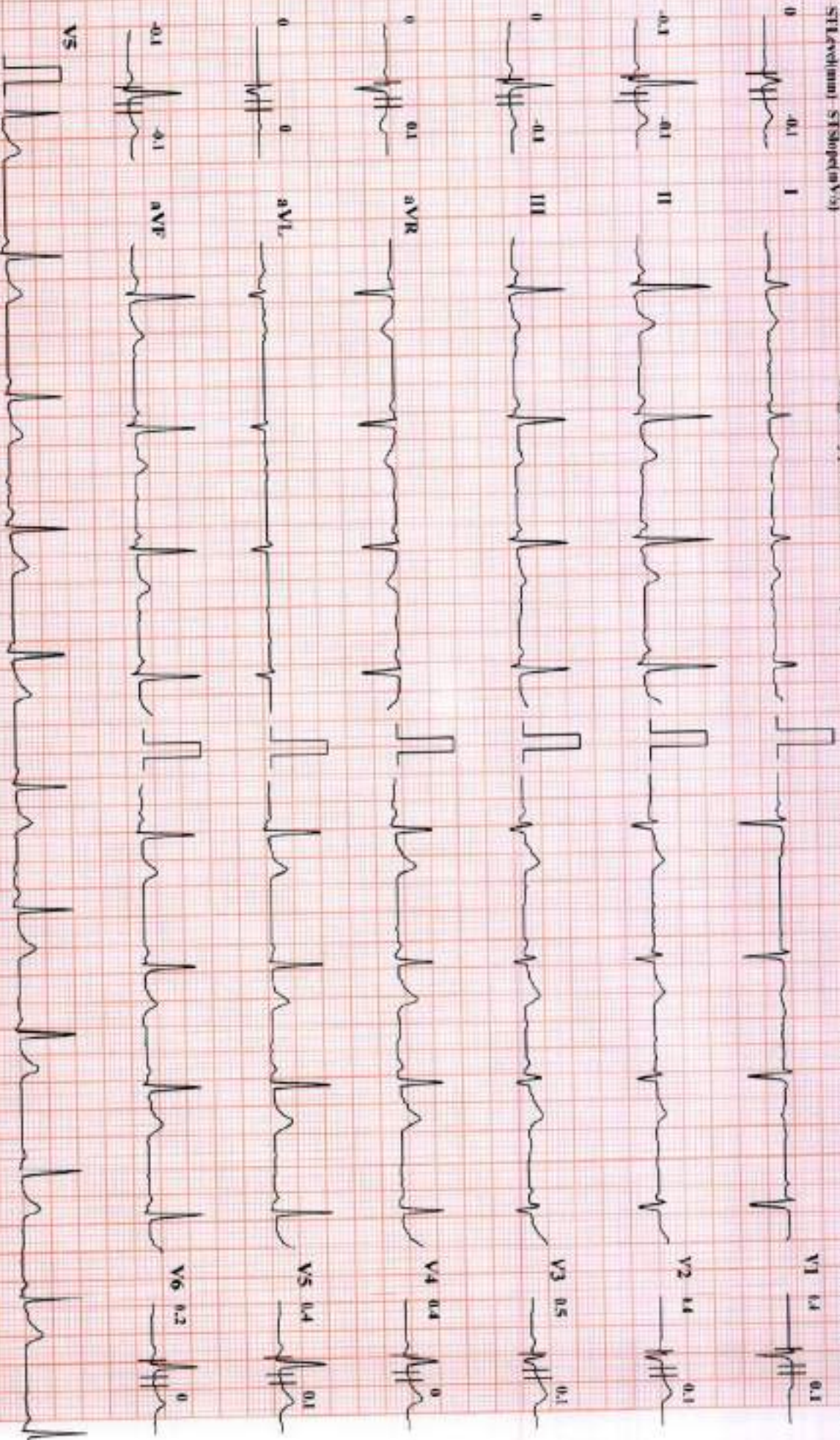


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - 90 ms, J - K - 60 ms, Pae J - J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Bruce Protocol

ID: 2403420580

Date: 03-02-2024

Exec Time: 0:00:00

Stage Time: 00:43

HR: 64 bpm

BP: 110/70 mmHg

STLevel(mm) STSlope(mV/s)

Stage: HyperVentilation

Speed: 0

Slope: 0 %

THR: 153 bpm

STLevel(mm) STSlope(mV/s)

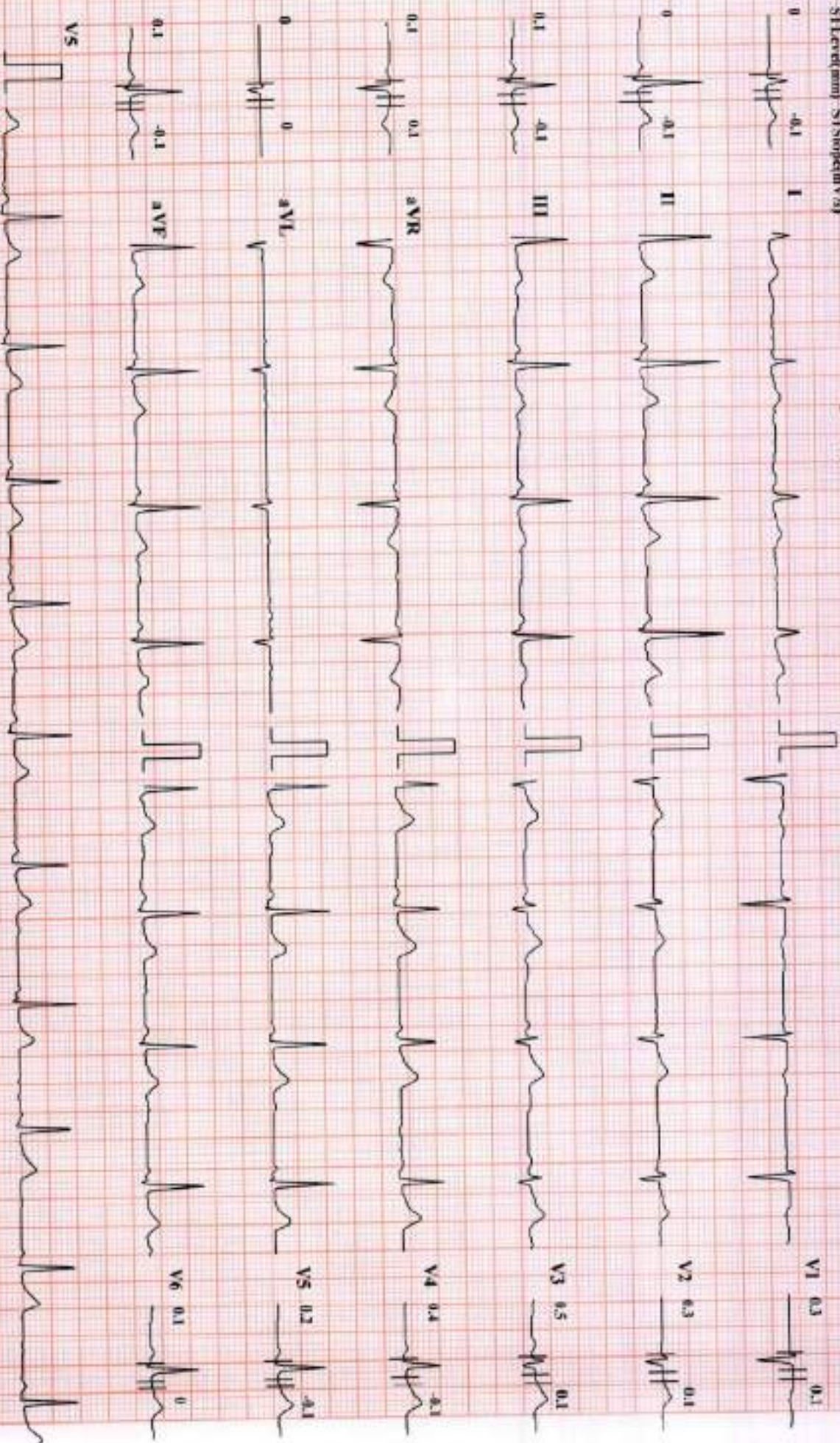


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISD = R - 60 ms, J = R + 60 ms, Post J = J + 60 ms



SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

ID: 2403426589

Date: 03-02-2024

Exam Time: 0:03:00

Stage Time: 03:00

HR: 146 bpm

100-110 mmHg
S1 level (mm) S1S2 (mm V1)

BRICE Protocol
S1 level (mm) S1S2 (mm V1)

Stage: 1

Speed: 2.7 kmph

Slope: 10 %

THR: 153 bpm

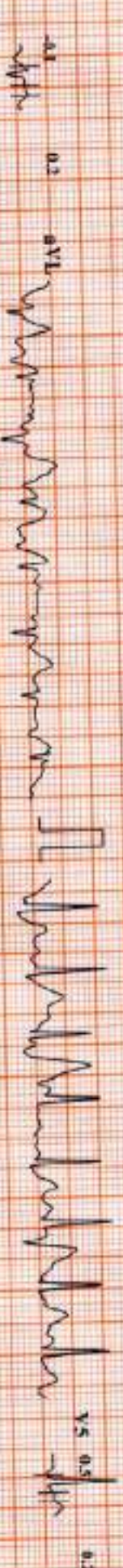


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISO - R + 60 ms, I - R + 60 ms, Lead I - J + 60 ms



SUBURBAN DIAGNOSTICS PVT. LTD. BORIVLI

KANCHAN PAWADE (39 F)

ID: 2403420589

Date: 01-02-2024

Exec Time : 0:06:00

Stage Time: 03:00

HR: 173 bpm

Brute Protocol

Stage: 2

Speed: 4 kmph

Slope: 12 %

THR: 153 bpm

BP: 150/70 mmHg
ST1+red+mm) STSlope(mV/s)

ST1+red+mm) STSlope(mV/s)

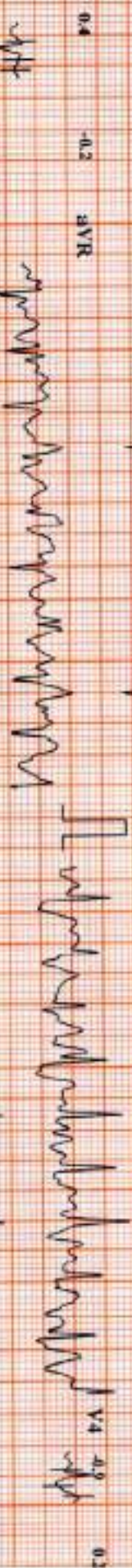


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz

Main Filter: ON

Schiller Cardiosoft CS-20 Version 3.4

SUBIRBAN DIANOSTICS PVT. LTD. BORYVAIL

KANCHAN PAWADE (39 F)

ID: 24014294580

Date: 01-02-2024

Exec Time: 0:06:01

Stage Time: 00:01

HR: 171 bpm

Brice Protocol

STL:erd(amu) STS:spq(ea)V(9)

Stage: 3 Peak-Exercise

Speed: 5.5 kmph

Slope: 14.5%

THR: 153 bpm

BFP: 150.79 mmHg

STL:erd(amu) STS:spq(ea)V(9)



Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

ESD = R - 60 ms, J = R + 60 ms, Post 1 = J + 40 ms

Scaler: Cardiot (C1-20) Version 3.4

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

ID: 2403420580

Date: 03-02-2024

Exec Time: 00:10

Stage Time: 00:54

HR: 152 bpm

Brice Protocol

ST1(ecd)ant ST18(ec)antVx3

Stage: Recovery I

Speed: 0 kmph

Slope: 0 %

HR: 153 bpm

DP: 160/70 mmHg
ST1(ecd)ant ST18(ec)antVx3

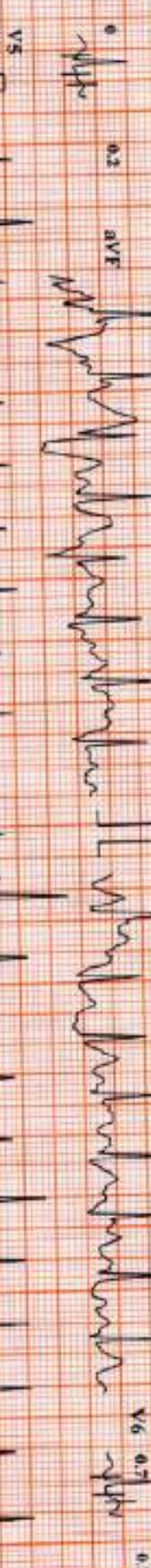
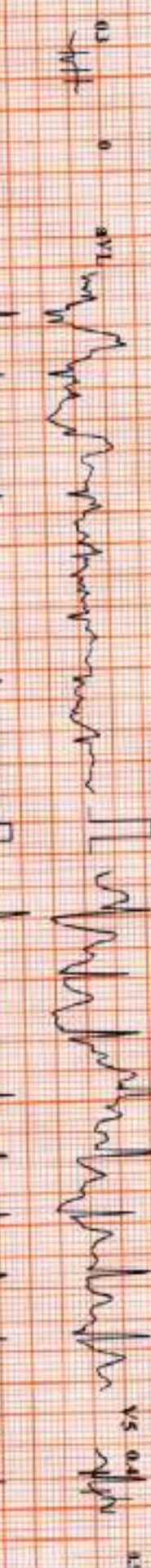
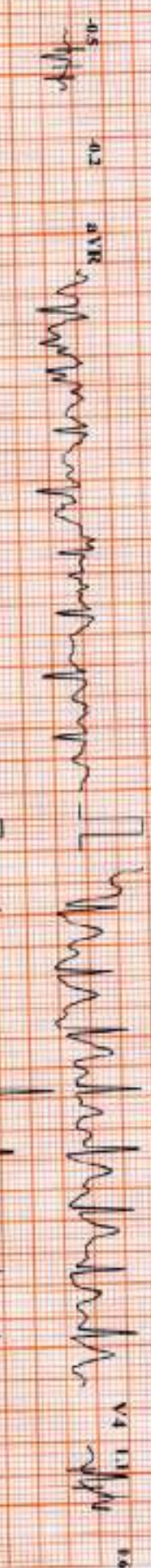


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ECG = R - 60 ms, J = R + 60 ms, Post J = J + 80 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

HR: 138 bpm

KANCHAN PAWADE (39 F)

ID: 2403420580

Date: 03-02-2024

Exec Time: 00:00

Stage Time: 01:00

BP: 140/70 mmHg

Bridge Protocol
STLead(m) - STSegment(V8)

Stage: Recovery I

Speed: 0 kmph

Slope: 0%

THR: 153 bpm

STLead(m) - STSegment(V8)

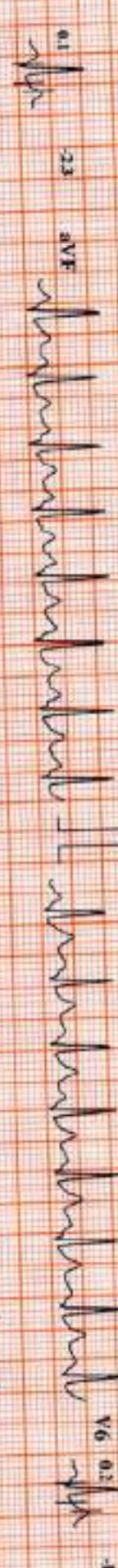
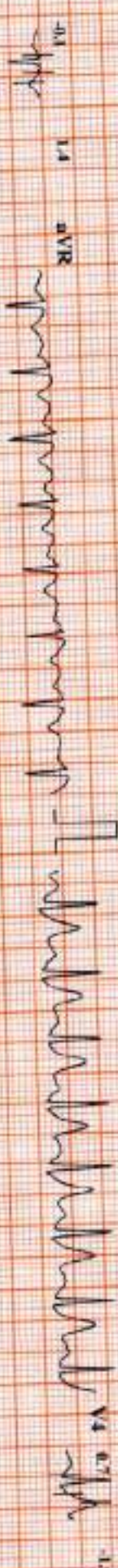
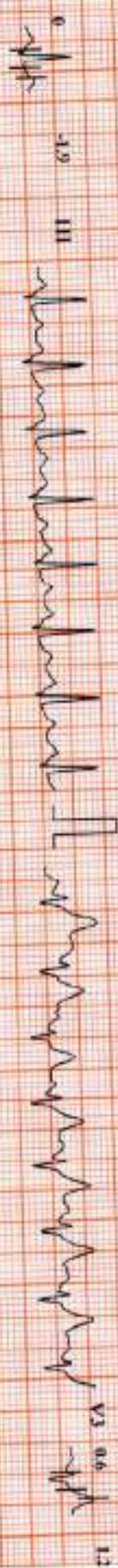


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Mains Filter: ON

ISD - R - 60 ms, J - R - 60 ms, Post J - J + 60 ms

SUBURBAN DIANOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Bruce Protocol
STLevel(mvu) STSlope(mv/s)

ID: 2403420580
Stage: Recover2

Date: 03-02-2024
Speed: 0 kmph

Exe Time: 00:00
Slope: 0 %

Stage Time: 01:00
THR: 153 bpm

RR: 140/70 mmHg
STLevel(mvu) STSlope(mv/s)

HR: 114 bpm

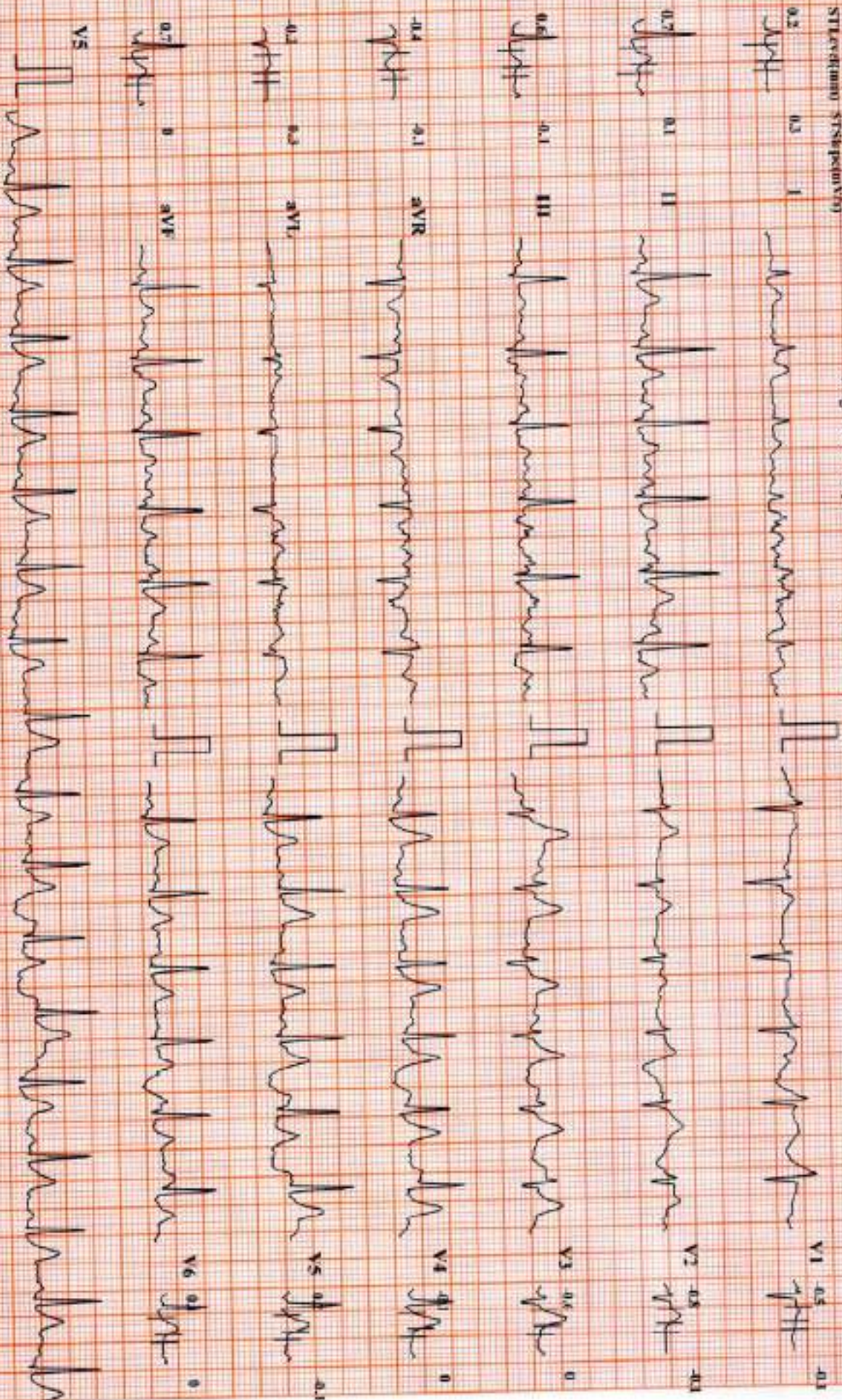


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter: ON

ISO - R - 60 ms, J - R + 60 ms, Post J - 1 + 60 ms

SUBURBAN DIAGNOSTICS PVT. LTD. BORIVALI

KANCHAN PAWADE (39 F)

Bruce Protocol
STI: e(1mm) ST Slope(mV/s)

ID: 2403420550

Date: 01-02-2024

Exec Time: 00:00

Stage Time: 00:30

HR: 104 bpm

BP: 120/70 mmHg

STI: e(1mm) ST Slope(mV/s)

Stage: Recovery3

Speed: 0 kmph

Slope: 0 %

THR: 153 bpm

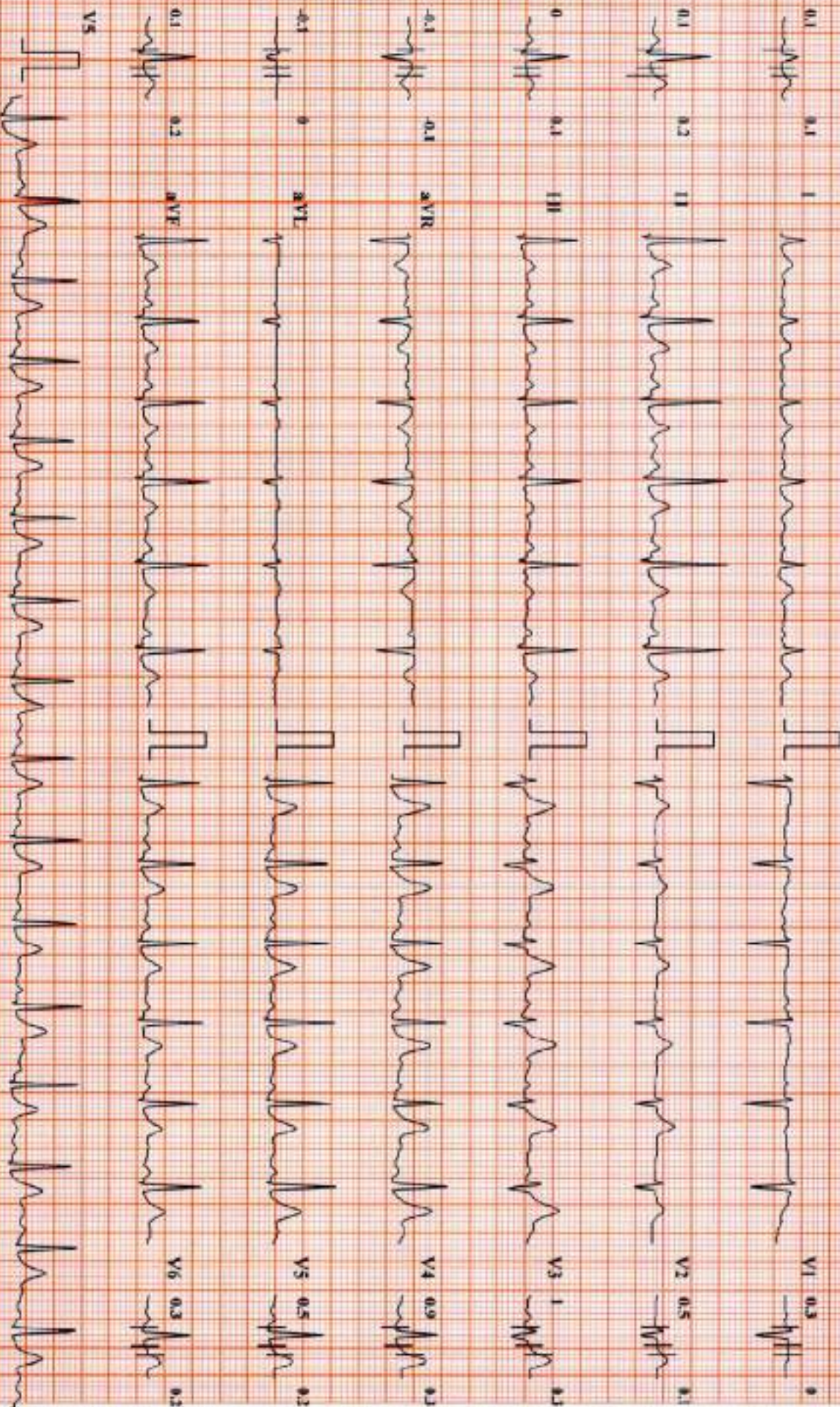


Chart Speed: 25 mm/sec

Amplitude: 10mm/mV

Filter: 25 Hz Main Filter ON

SD = R - 60 ms, J = R + 60 ms, Pst J = J + 60 ms

Schiller Cardiosoft CS-20 Version 3.4



CID : 2403420550
Name : Mrs KANCHAN KISHOR PAWADE
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024/10:38

USG WHOLE ABDOMEN

LIVER: Liver is normal in size 12.9 cm with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. No obvious wall thickening is noted. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

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

KIDNEYS: Right kidney measures 11.1 x 3.8 cm. Left kidney measures 10.2 x 4.4 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

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

UTERUS: Uterus is anteverted, normal and measures 6.4 x 4.1 x 4.6 cm. Uterine myometrium shows homogenous echotexture. Endometrium is normal in thickness and measures 7 mm. Cervix appears normal.

OVARIES: Both ovaries appear normal in size and echotexture.

The right ovary measures 1.9 x 2.5 cm.

The left ovary measures 2.2 x 1.4 cm.

Bilateral adnexa is clear.

No free fluid or obvious significant lymphadenopathy is seen.



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Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024/10:38

Opinion:

Grade I fatty infiltration of liver.

For clinical correlation 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. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

-----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 : 2403420550
Name : Mrs KANCHAN KISHOR PAWADE
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024/10:38



CID : 2403420550
Name : Mrs KANCHAN KISHOR PAWADE
Age / Sex : 39 Years/Female
Ref. Dr :
Reg. Location : Borivali West

Reg. Date : 03-Feb-2024
Reported : 03-Feb-2024/12:43

X-RAY CHEST PA VIEW

Prominent bronchovascular markings are seen bialterally in both lower zones.

Rest of the lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

Kindly correlate clinically.

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

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