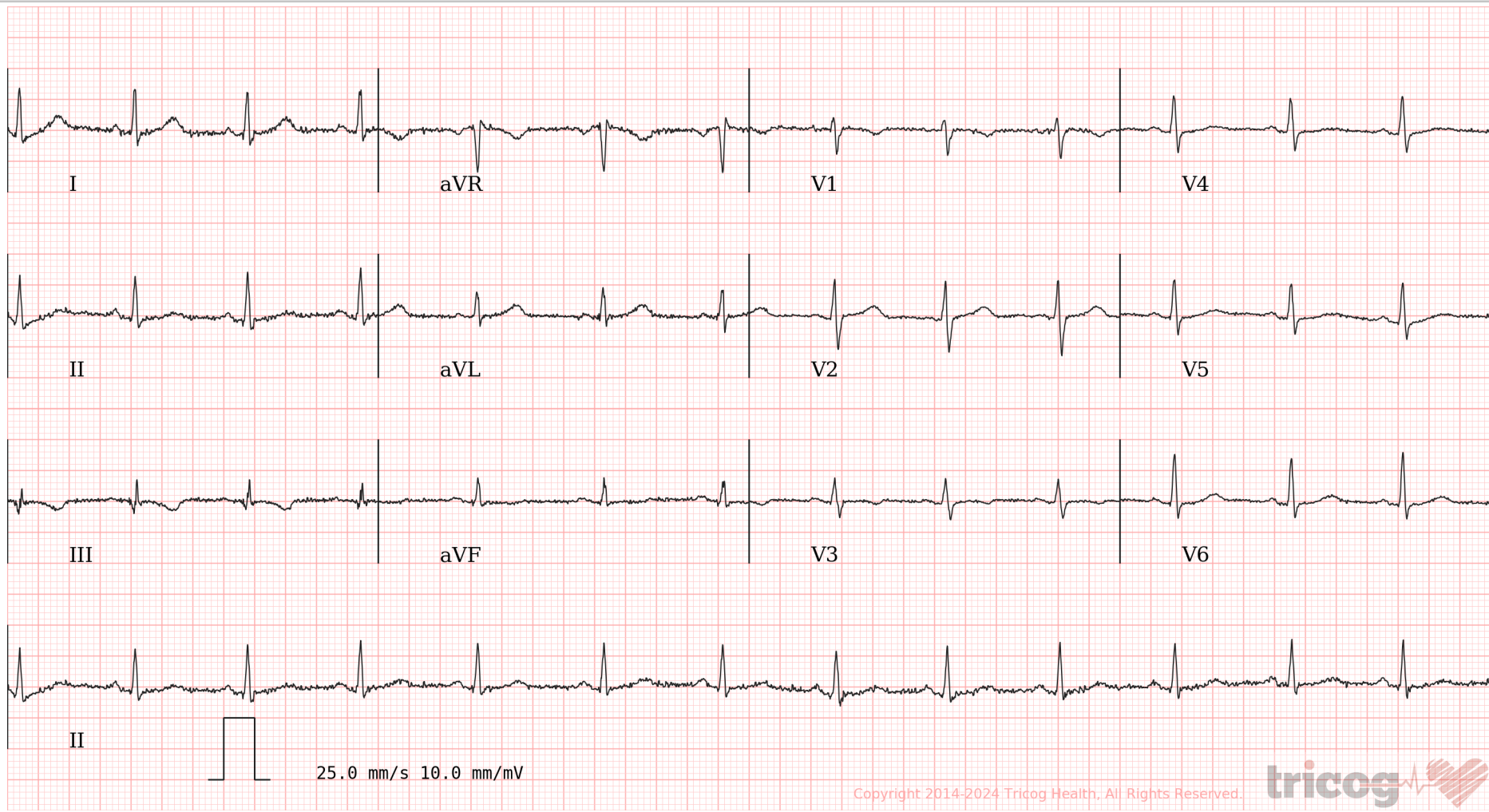


# SUBURBAN DIAGNOSTICS - KALINA, SANTACRUZ EAST



Patient Name: SONAL BADHAN  
Patient ID: 2410004122

Date and Time: 9th Apr 24 8:56 AM



Age **36** NA NA  
years months days

Gender **Female**

Heart Rate **81bpm**

### Patient Vitals

BP: 120/80 mmHg  
Weight: 77 kg  
Height: 140 cm  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 82ms  
QT: 370ms  
QTcB: 429ms  
PR: 136ms  
P-R-T: 39° 40° 10°

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

REPORTED BY

Dr Naveed Sheikh  
PGDCC  
2016/11/4694

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



CID : 2410004122  
Name : MS.SONAL BADHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

Collected : 09-Apr-2024 / 08:38  
Reported : 09-Apr-2024 / 12:25

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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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	11.4	12.0-15.0 g/dL	Spectrophotometric
RBC	5.12	3.8-4.8 mil/cmm	Elect. Impedance
PCV	35.7	36-46 %	Calculated
MCV	69.7	81-101 fl	Measured
MCH	22.4	27-32 pg	Calculated
MCHC	32.1	31.5-34.5 g/dL	Calculated
RDW	17.0	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	9620	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	21.2	20-40 %	
Absolute Lymphocytes	2039.4	1000-3000 /cmm	Calculated
Monocytes	6.0	2-10 %	
Absolute Monocytes	577.2	200-1000 /cmm	Calculated
Neutrophils	71.8	40-80 %	
Absolute Neutrophils	6907.2	2000-7000 /cmm	Calculated
Eosinophils	0.9	1-6 %	
Absolute Eosinophils	86.6	20-500 /cmm	Calculated
Basophils	0.1	0.1-2 %	
Absolute Basophils	9.6	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	427000	150000-410000 /cmm	Elect. Impedance
MPV	8.3	6-11 fl	Measured
PDW	14.4	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	+		
Microcytosis	++		



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

Note : Features are suggestive of thalassemia trait.  
 Advice : Hemoglobin studies by HPLC, Reticulocyte count.  
 Result rechecked.

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR                      **48**                      2-20 mm at 1 hr.                      Sedimentation



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**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 SDRL, Vidyavihar Lab

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



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



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Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)

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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	79.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.47	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.15	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.32	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.1	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	3.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.2	1 - 2	Calculated
SGOT (AST), Serum	13.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	14.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	8.5	<38 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	92.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	40.8	19.29-49.28 mg/dl	Calculated
BUN, Serum	19.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.77	0.55-1.02 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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eGFR, Serum	102	(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	4.9	3.1-7.8 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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



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**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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

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



*Anupa*

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

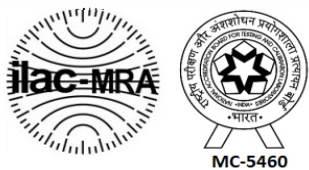
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
Proteins	Absent	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	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	8-10	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 SDRL, Vidyavihar Lab  
\*\*\* End Of Report \*\*\*



*Anupa*

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**M.D.(PATH)**  
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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. Leena Salunkhe*

**Dr.LEENA SALUNKHE**  
**M.B.B.S, DPB (PATH)**  
**Pathologist**



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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	162.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	84.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	51.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	111.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	94.4	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	16.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.8	0-3.5 Ratio	Calculated

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



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.245	0.55-4.78 microIU/ml First Trimester:0.1-2.5 Second Trimester:0.2-3.0 Third Trimester:0.3-3.0	CLIA



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**Interpretation:**

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

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be 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)

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



*Anupa*

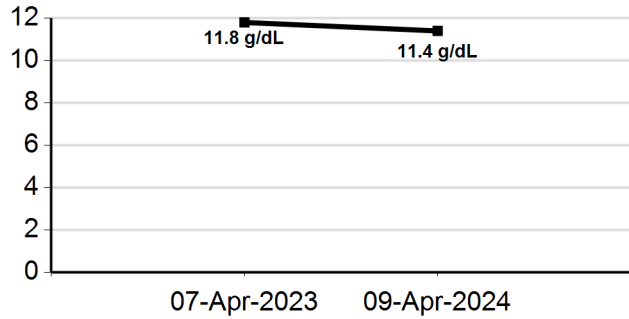
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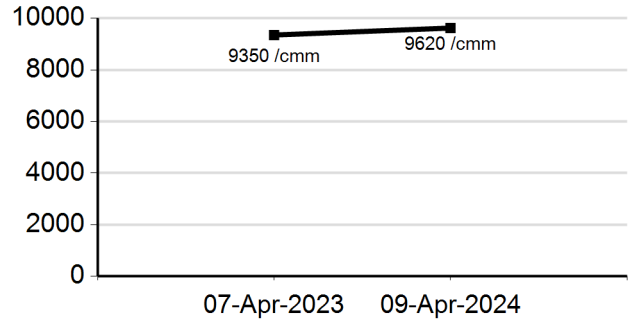
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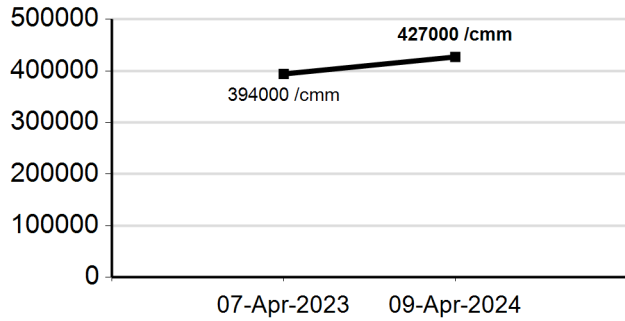
**Haemoglobin**



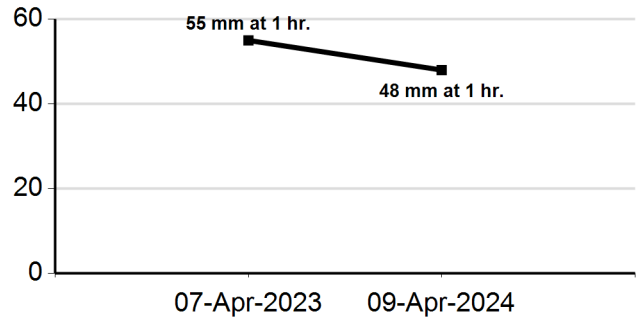
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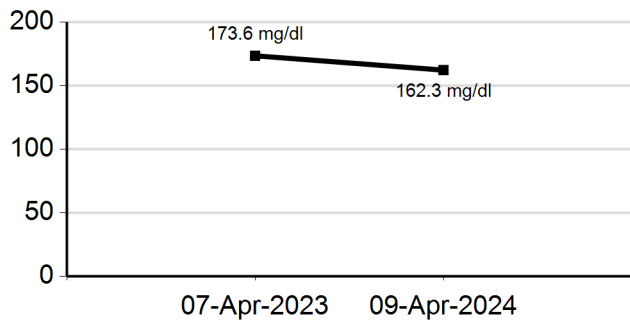
**Platelet Count**



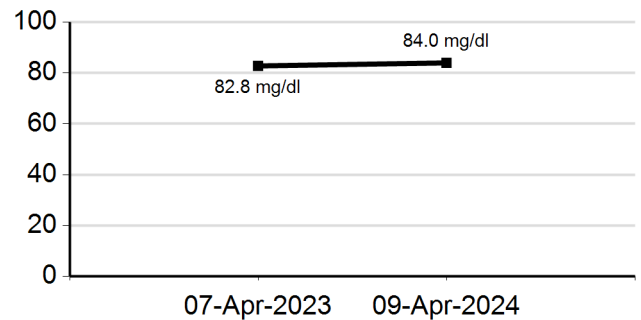
**ESR**



**CHOLESTEROL**



**TRIGLYCERIDES**

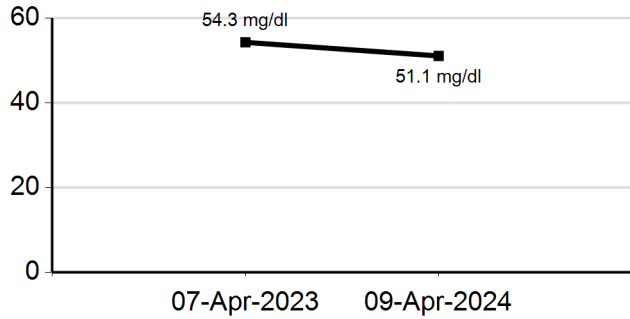




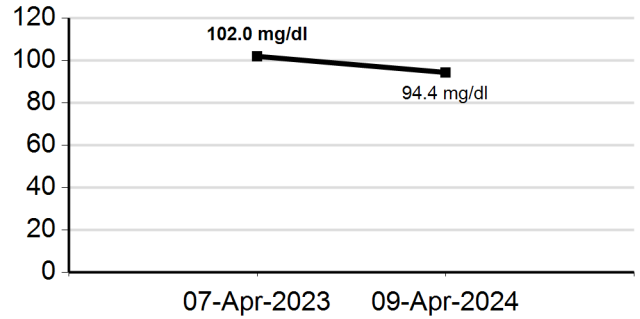
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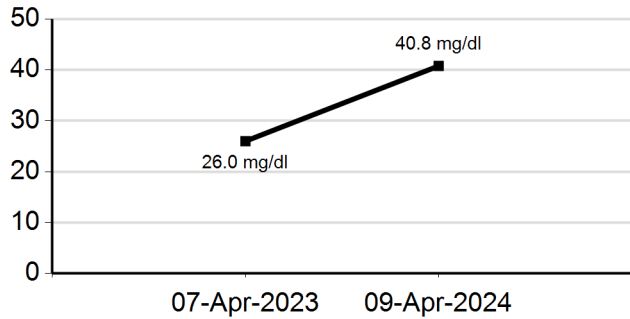
**HDL CHOLESTEROL**



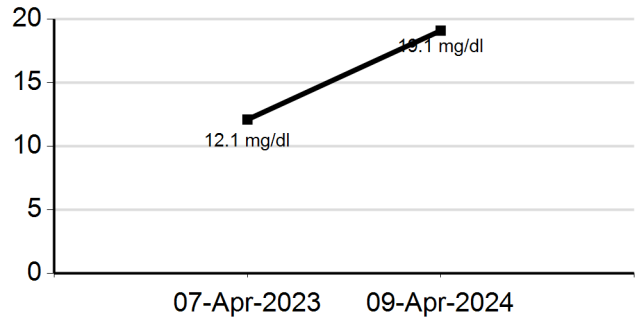
**LDL CHOLESTEROL**



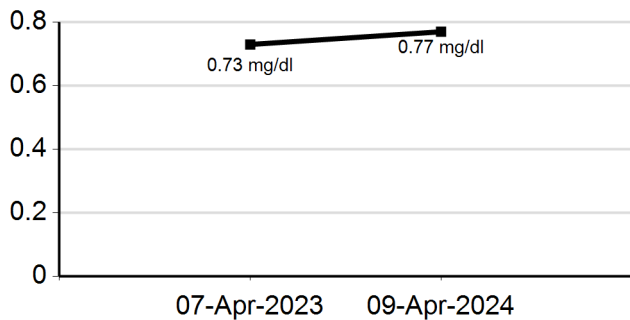
**BLOOD UREA**



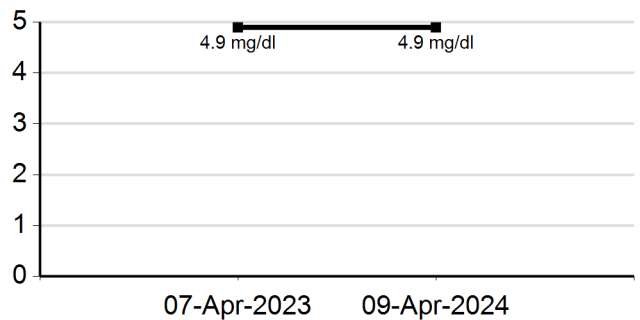
**BUN**



**CREATININE**



**URIC ACID**

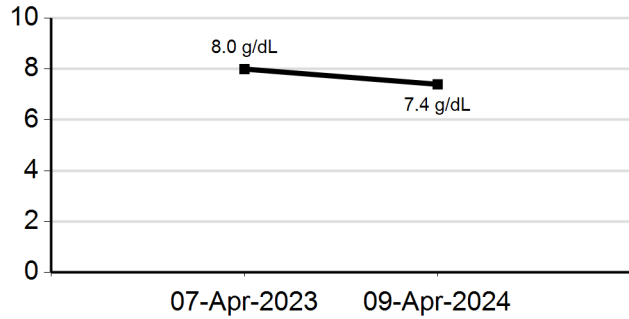




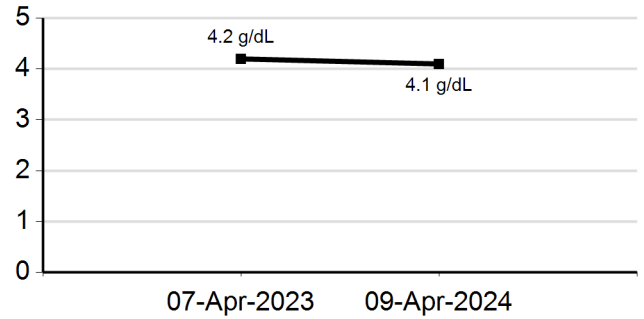
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 Consulting Dr. : -  
 Reg. Location : Kalina, Santacruz East (Main Centre)

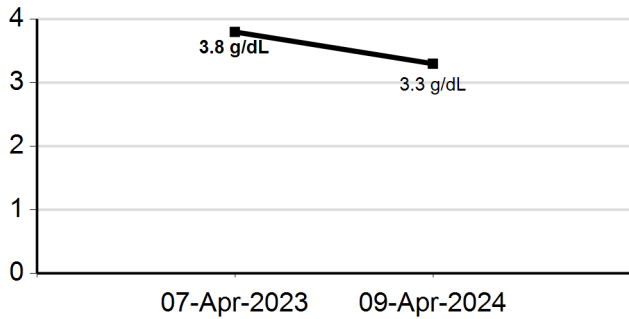
**TOTAL PROTEINS**



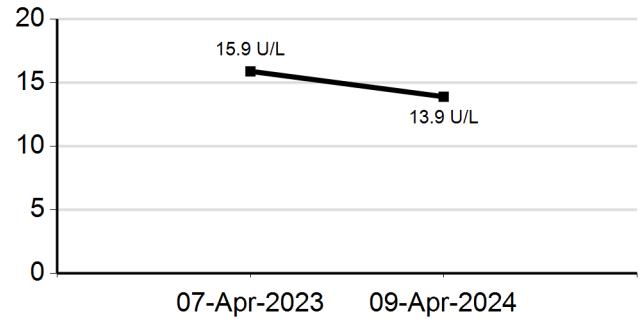
**ALBUMIN**



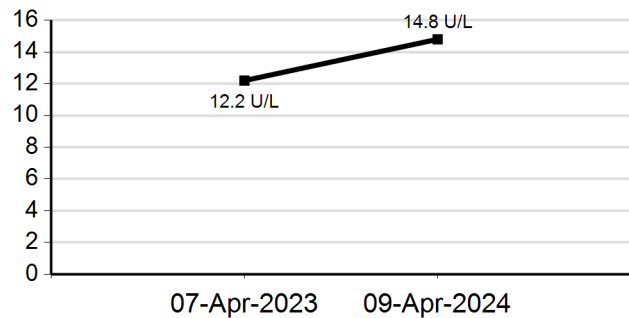
**GLOBULIN**



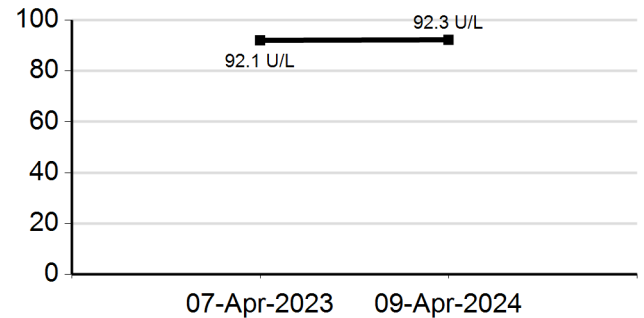
**SGOT (AST)**



**SGPT (ALT)**



**ALKALINE PHOSPHATASE**

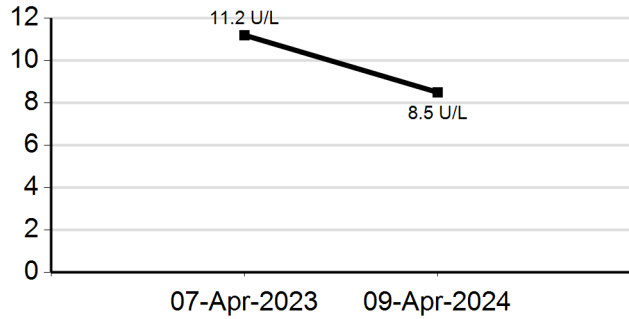




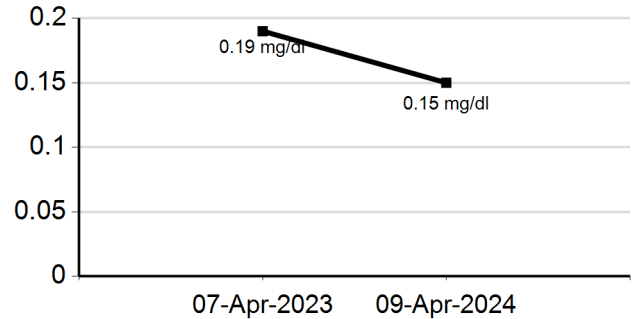
Use a QR Code Scanner  
 Application To Scan the Code

CID : 2410004122  
 Name : MS.SONAL BADHAN  
 Age / Gender : 36 Years / Female  
 Consulting Dr. : -  
 Reg. Location : Kalina, Santacruz East (Main Centre)

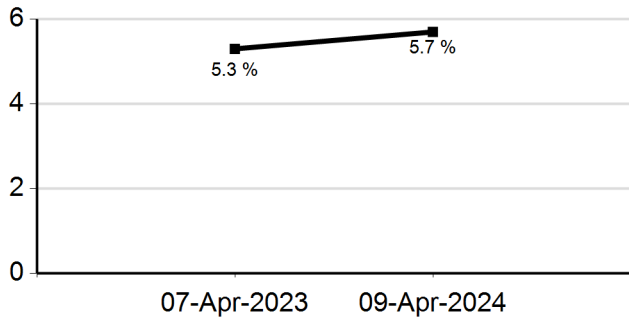
**GAMMA GT**



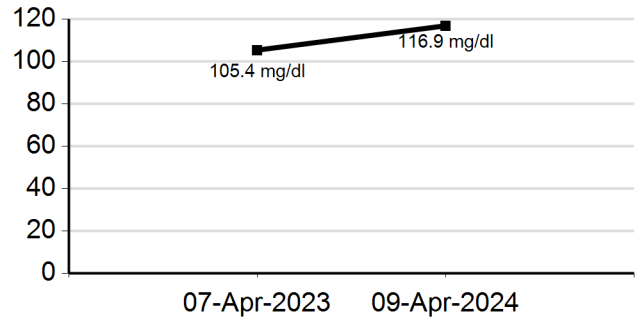
**BILIRUBIN (DIRECT)**



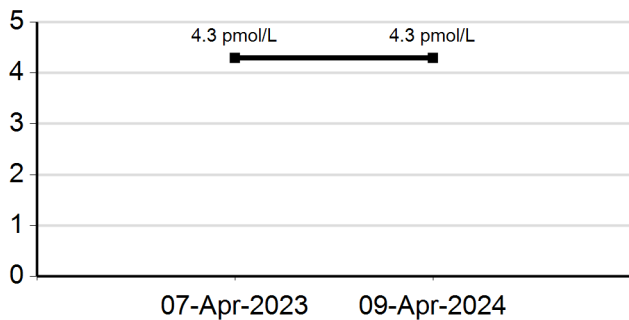
**Glycosylated Hemoglobin (HbA1c)**



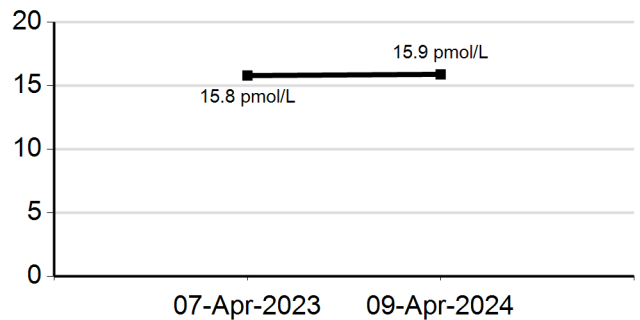
**Estimated Average Glucose (eAG)**



**Free T3**



**Free T4**

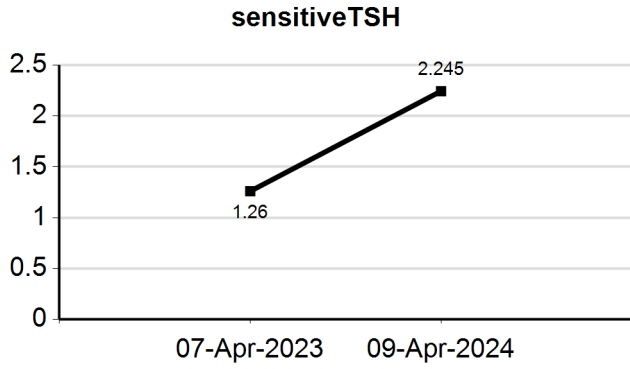






Use a QR Code Scanner  
Application To Scan the Code

CID : 2410004122  
Name : MS.SONAL BADHAN  
Age / Gender : 36 Years / Female  
Consulting Dr. : -  
Reg. Location : Kalina, Santacruz East (Main Centre)



Date: 09/04/2021

CID: 2410004122

Name: Mrs. Sonal Badhan

Sex / Age: / 36 yrs / Female

**EYE CHECK UP**

Chief complaints: Nil

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: NDV } N/S

DU } 6/6

Aided Vision: -

Refraction: -

(Right Eye)

(Left Eye)

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

Colour Vision:  Normal /  Abnormal

Remark: Wtu

**Suburban Diagnostics (I) Pvt. Ltd.**  
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Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

**Dr. D.G. HATALKAR**  
R.No. 61067 M.D. (Ob.Gy)

*Hatalkar*

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

ATXPB8975D

नाम / Name  
SONAL BADHAN

पिता का नाम / Father's Name  
SURESH BADHAN

जन्म की तारीख /  
Date of Birth  
03/10/1988

हस्ताक्षर / Signature

31102023



*Sonal*

9867009992

*Dr. D.G. HATALKAR*  
R.No. 61067 M.D. (Ob.Gy)

Suburban Diagnostics (I) Pvt. Ltd.  
1st Floor, Harbhajan, Above HDFC Bank,  
Opp. Nafa Petrol Pump, Kalina, CST Road,  
Santacruz (East),  
Tel. No. 022-61700000

Name : MS.SONAL BADHAN

Age / Gender : 36 Years/Female

Consulting Dr. :

Collected : 09-Apr-2024 / 08:34

Reg.Location : Kalina, Santacruz East (Main Centre)

Reported : 10-Apr-2024 / 14:14

### PHYSICAL EXAMINATION REPORT

#### History and Complaints:

H/O Late onset congenital adrenal hyperplasia

#### EXAMINATION FINDINGS:

Height (cms): 140 cms

Weight (kg): 77.9 kgs

Temp (0c): Afebrile

Skin: Normal

Blood Pressure (mm/hg): 120/80 mmHg

Nails: Normal

Pulse: 80 bpm

Lymph Node: Not palpable

#### Systems

Cardiovascular: S1S2 audible, No murmur

Respiratory: AEBE

Genitourinary: NAD

GI System: Liver and Spleen not palpable

CNS: NAD

#### IMPRESSION:

Hb-11.4

#### ADVICE:

Treatment for anemia

#### 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 : MS.SONAL BADHAN

Age / Gender : 36 Years/Female

Consulting Dr. :

Collected : 09-Apr-2024 / 08:34

Reg.Location : Kalina, Santacruz East (Main Centre)

Reported : 10-Apr-2024 / 14:14

- |  |                                  |
|--|----------------------------------|
| 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                            | Gall bladder removal 2 years ago |
| 17) Musculoskeletal System               | No                               |

**PERSONAL HISTORY:**

- |               |             |
|---------------|-------------|
| 1) Alcohol    | No          |
| 2) Smoking    | No          |
| 3) Diet       | Mixed       |
| 4) Medication | Dexona 0.25 |

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

**Dr. D.G. HATALKAR**  
R.No. 61067 M.D. (Ob.Gy)

*D. Hatakhar*  
Dr. Dhanwanti Hatakhar  
PHYSICIAN

**Suburban Diagnostics (I) Pvt. Ltd.**  
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Santacruz (East),  
Tel. No. 022-61700000

## Suburban Diagnostics Kalina

**Patient Details**

Date: 09-Apr-24

Time: 11:01:03 AM

Name: MS. SONAL BADHAN ID: 2410004122

Age: 35 y

Sex: F

Height: 140 cms

Weight: 77 Kgs

Clinical History: Routine Test

Medications: NONE

**Test Details**

Protocol: Bruce

Pr.MHR: 185 bpm

THR: 157 (85 % of Pr.MHR) bpm

Total Exec. Time: 6 m 21 s

Max. HR: 152 ( 82% of Pr.MHR )bpm

Max. Mets: 10.20

Max. BP: 160 / 80 mmHg

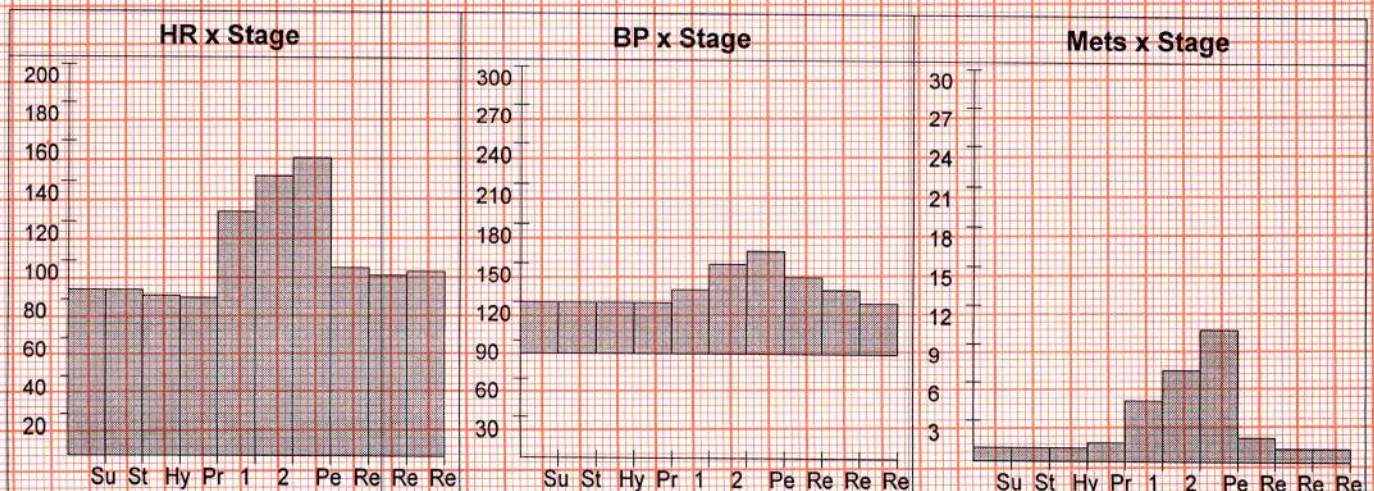
Max. BP x HR: 24320 mmHg/min

Min. BP x HR: 6560 mmHg/min

Test Termination Criteria: Fatigue

**Protocol Details**

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 31	1.0	0	0	85	120 / 80	-1.27 III	1.06 I
Standing	0 : 9	1.0	0	0	85	120 / 80	-0.64 aVR	1.06 I
Hyperventilation	0 : 7	1.0	0	0	82	120 / 80	-0.85 aVR	0.71 I
1	3 : 0	4.6	1.7	10	125	130 / 80	-3.82 aVR	5.66 I
2	3 : 0	7.0	2.5	12	143	150 / 80	-1.49 aVR	2.48 I
Peak Ex	0 : 21	10.2	3.4	14	152	160 / 80	-0.85 V1	2.12 II
Recovery(1)	2 : 0	1.8	1	0	97	140 / 80	-1.06 V1	2.12 II
Recovery(2)	2 : 0	1.0	0	0	93	130 / 80	-0.42 aVF	1.06 I
Recovery(3)	1 : 5	1.0	0	0	95	120 / 80	-0.42 aVR	1.06 I



## Suburban Diagnostics Kalina

### Patient Details

Date: 09-Apr-24

Time: 11:01:03 AM

Name: MS. SONAL BADHAN ID: 2410004122

Age: 35.y

Sex: F

Height: 140 cms

Weight: 77 Kgs

### Interpretation

AVERAGE EFFORT TOLEREANCE  
NORMAL HEART RATE RESPONSE  
NORMAL BLOOD PRESSURE RESPONSE  
NO ANGINA/ANGINA EQUIVALENTS  
NO ARRHYTHMIAS  
NO SIGNIFICANT ST-T CHANGES NOTED AS COMPARED TO BASELINE  
ECG  
IMPRESSION : STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHAEMIA

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



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Tel. No. 022-61700000

**DR. SHEIKH NAVEED**  
MBBS/PGDCC  
Clinical Cardiologist  
Reg. No. 2016/11/4694

Ref. Doctor: .....

Doctor: NAVEED SHEIKH

( Summary Report edited by user )

# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

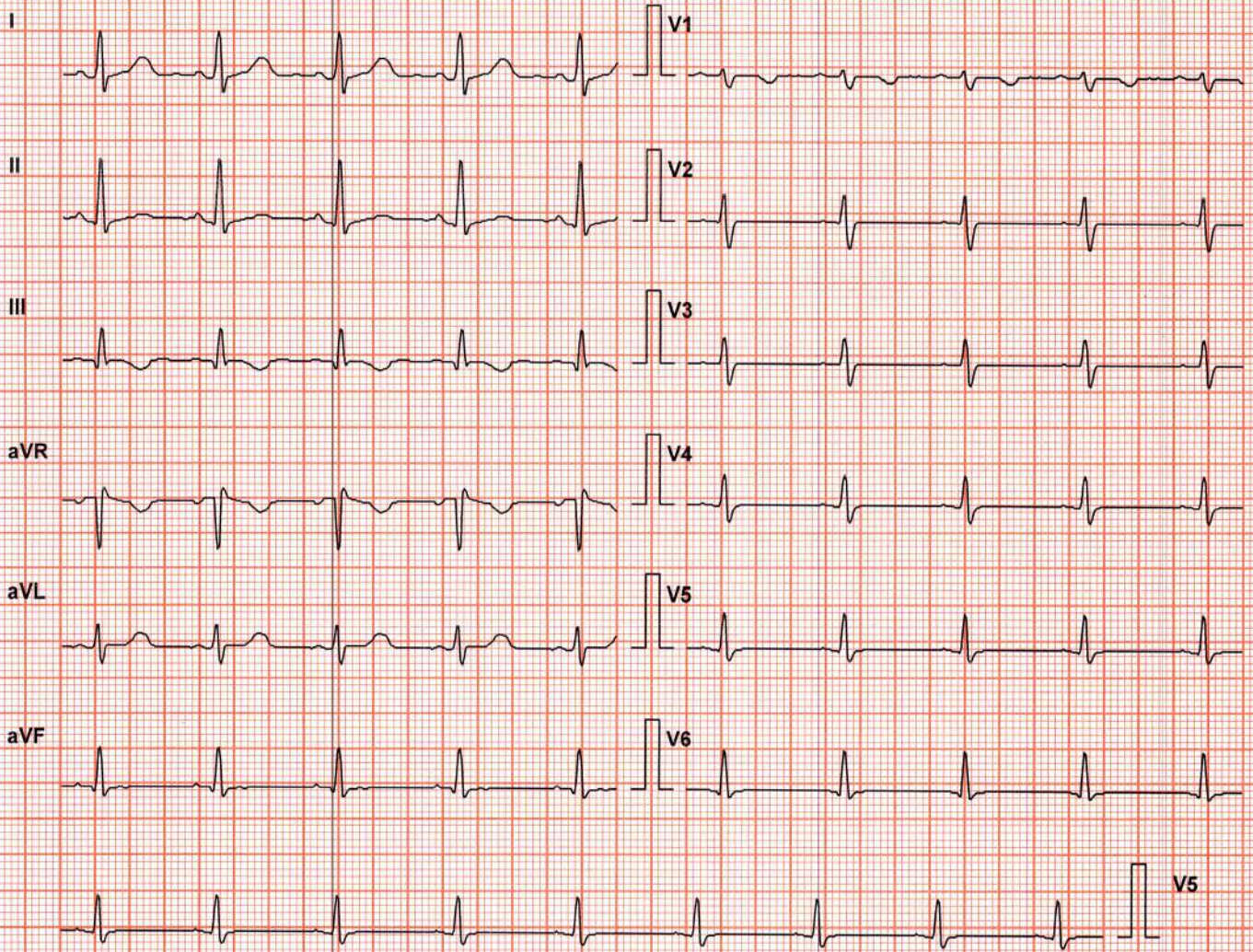
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 25 s

HR: 86 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	0.7
II	0.4	0.7
III	0.0	0.0
aVR	-0.6	-1.1
aVL	0.4	0.0
aVF	0.0	0.4
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.2	0.4
V5	0.2	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median





# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

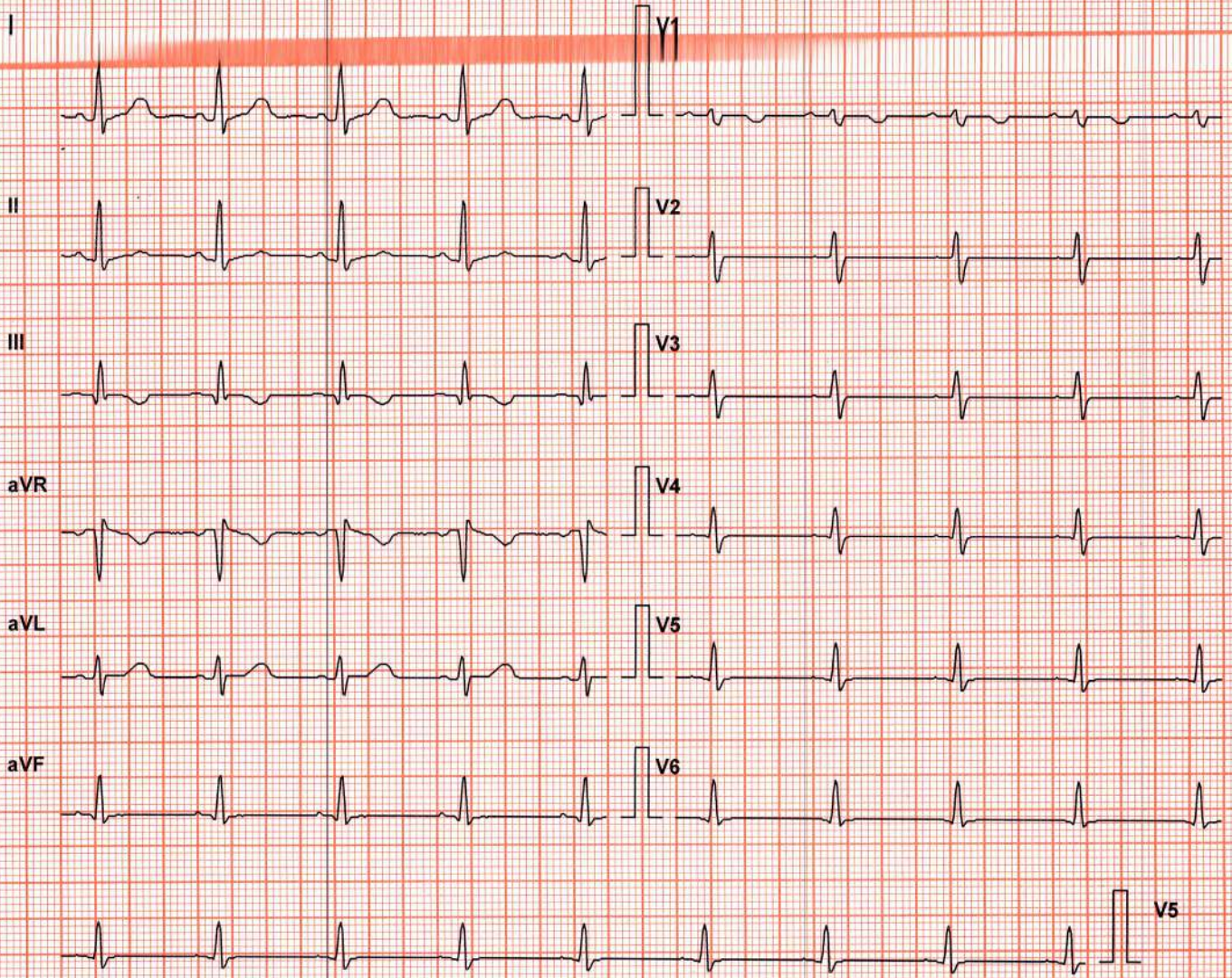
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 84 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	0.7
II	0.4	0.7
III	0.0	0.0
aVR	-0.6	-1.1
aVL	0.4	0.0
aVF	0.0	0.4
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.0
V5	0.0	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 120 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

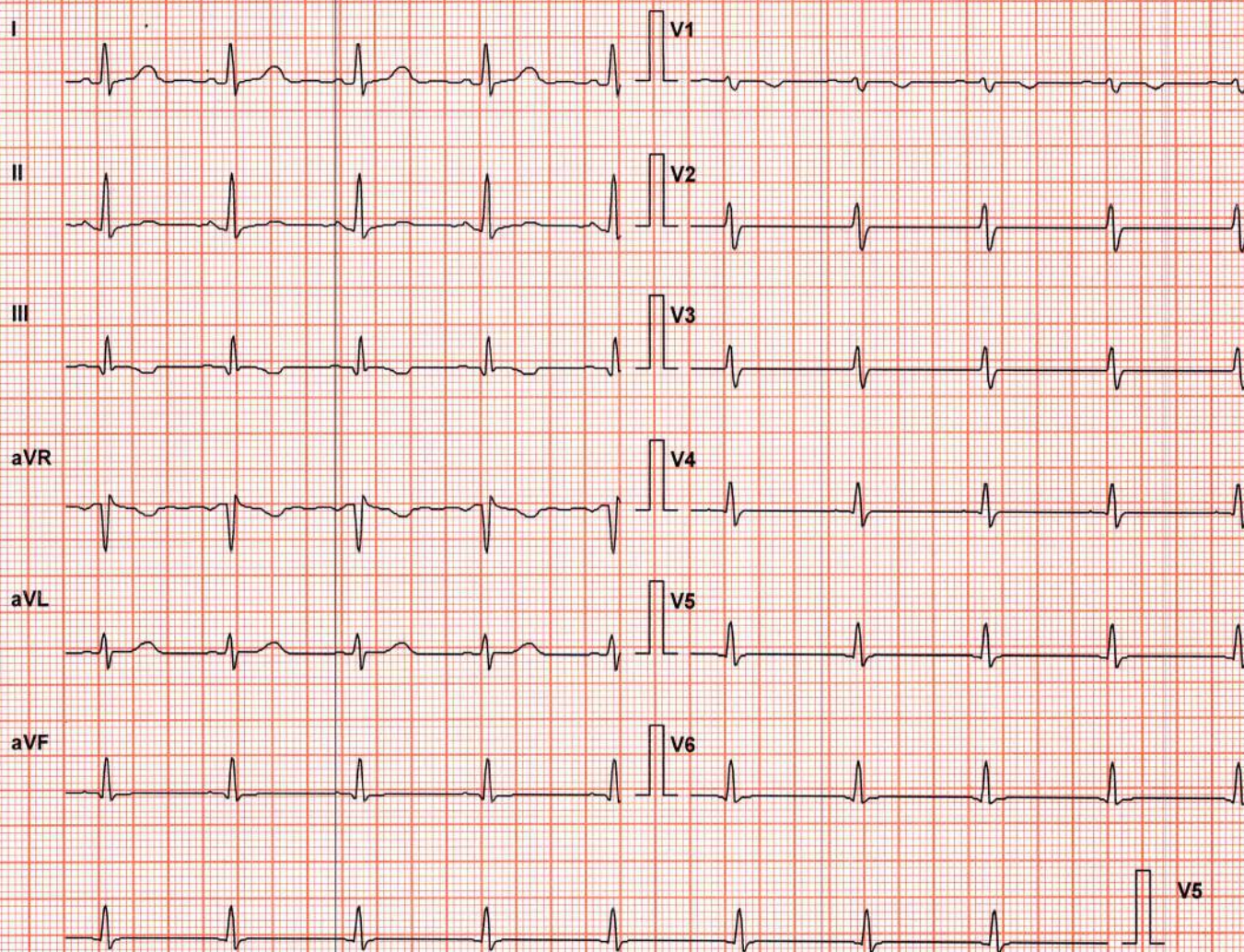
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 1 s

HR: 81 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.4
II	0.4	0.4
III	0.0	0.0
aVR	-0.6	-0.7
aVL	0.2	0.0
aVF	-0.2	0.0
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.0
V4	0.0	0.0
V5	0.2	0.4
V6	0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Past J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 130 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

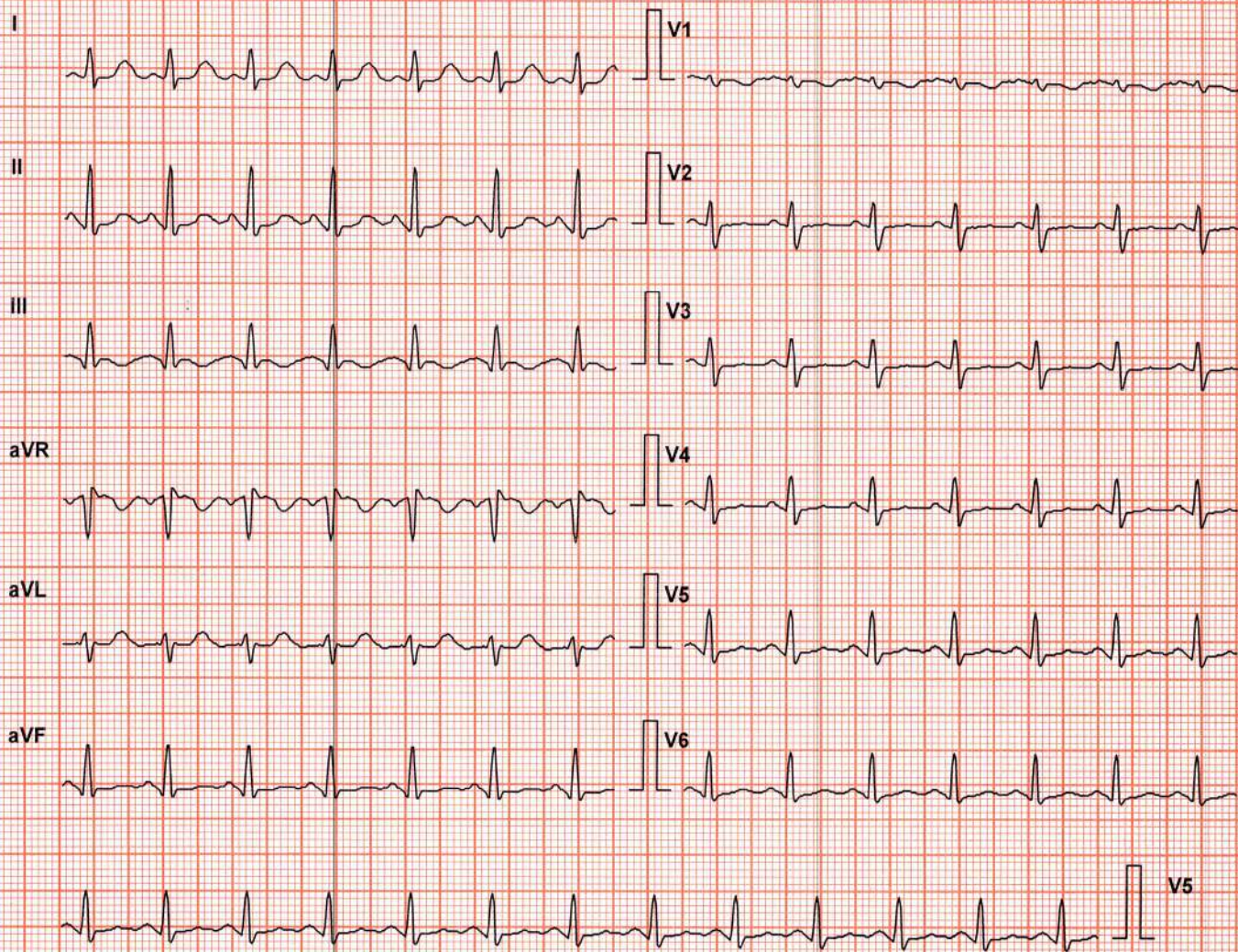
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 126 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
aVR	-0.2	-0.4
V1	-0.2	0.0
V4	0.0	0.4
II	0.2	0.7
aVL	0.2	0.4
V2	0.0	0.4
V5	0.0	0.4
III	-0.2	-0.4
aVF	0.2	0.4
V3	-0.2	0.0
V6	0.0	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 150 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

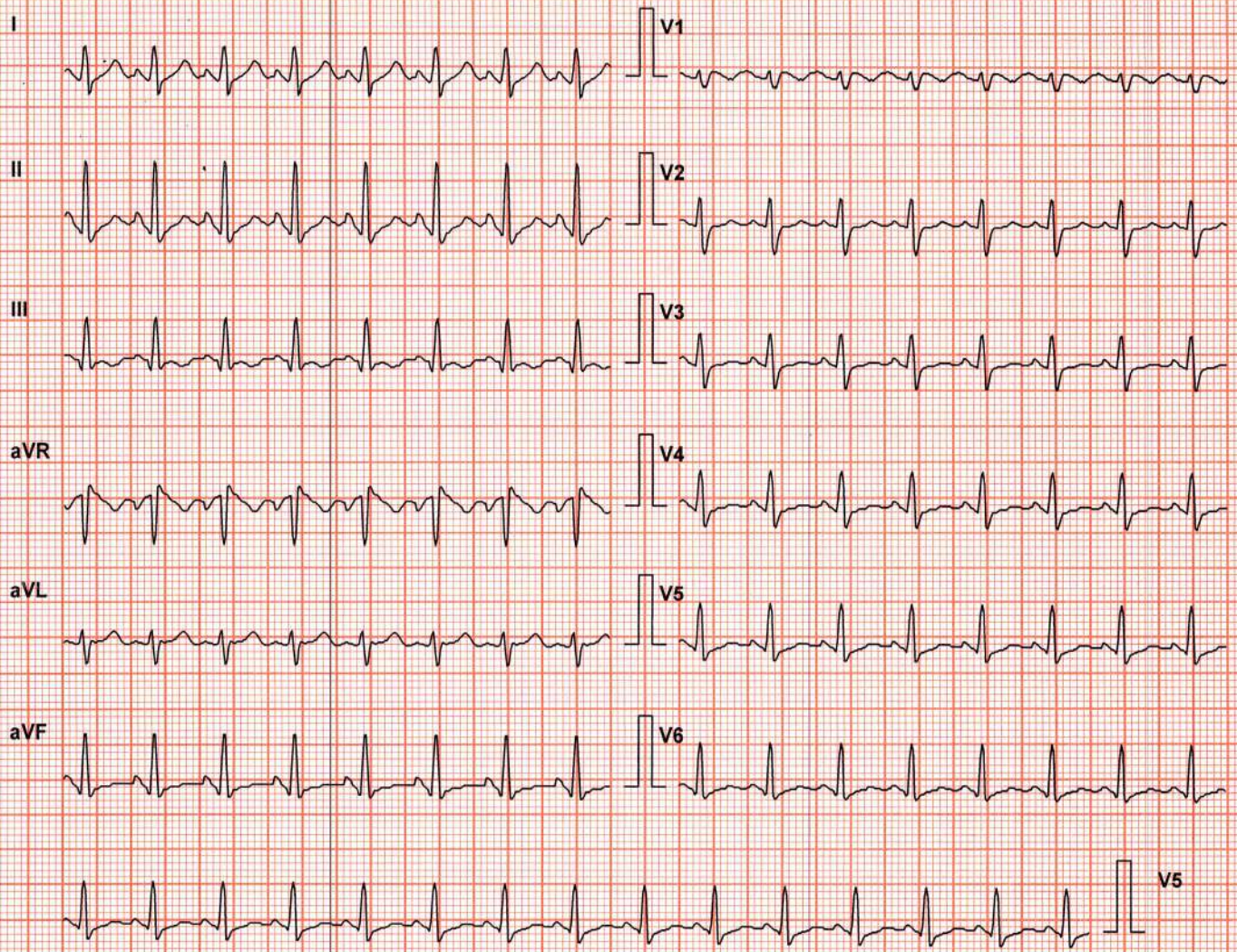
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 144 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.4
II	0.6	2.1
III	-0.4	0.0
aVR	-0.8	-1.8
aVL	0.6	0.7
aVF	0.0	0.7
V1	0.2	-1.1
V2	0.0	0.4
V3	0.2	0.7
V4	0.0	0.7
V5	0.0	1.1
V6	0.0	0.7

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

**MS. SONAL BADHAN (35 F)**

ID: 2410004122

Date: 09-Apr-24

B.P: 160 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

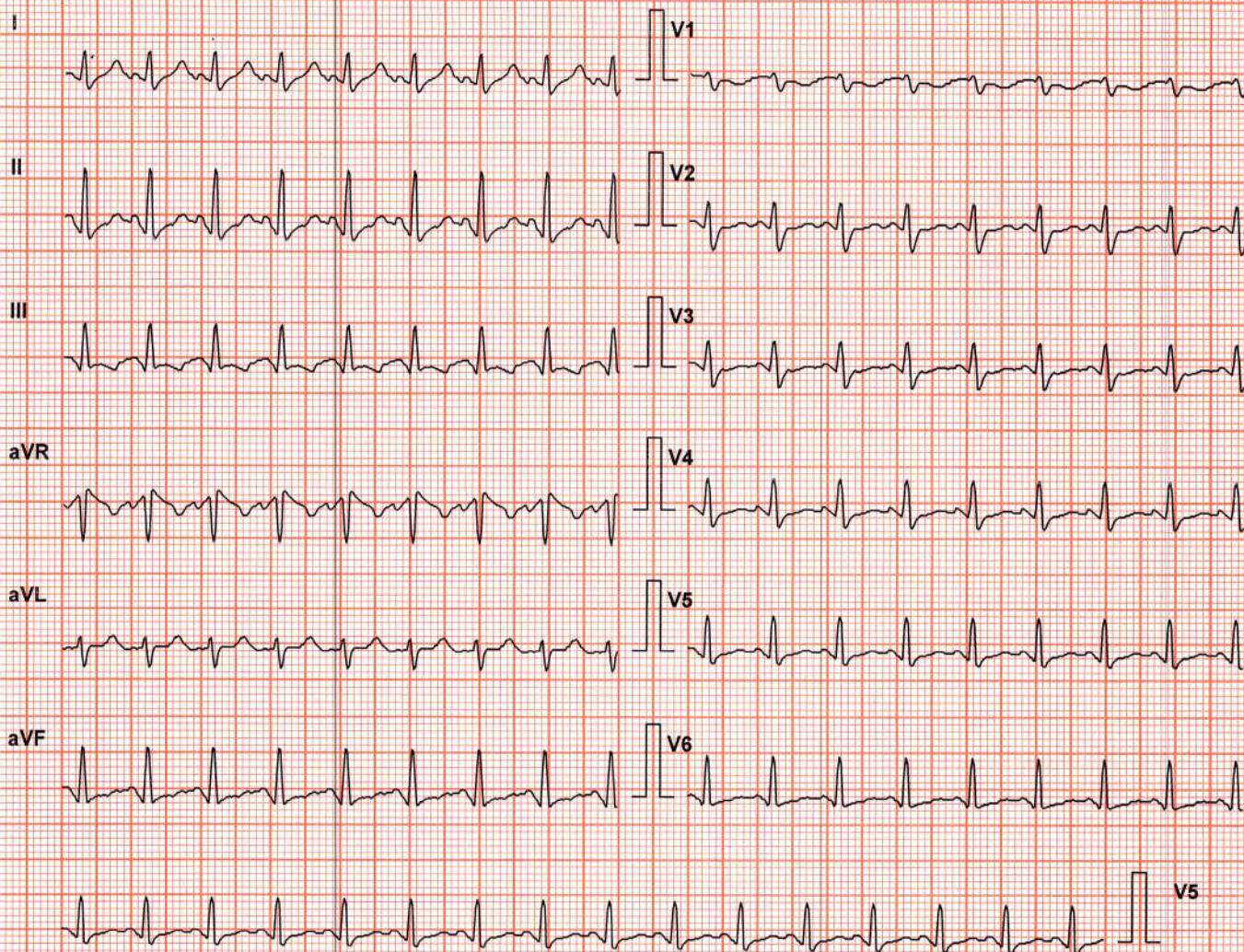
Grade: 14 %

Exec Time : 6 m 15 s

Stage Time : 0 m 15 s

**HR: 156 bpm**

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.1
aVR	-0.4	-1.1
V1	-0.8	-0.4
V4	0.0	0.7
II	0.2	1.4
aVL	0.4	0.4
V2	0.0	0.4
V5	0.0	0.7
III	-0.6	-0.4
aVF	-0.2	0.7
V3	-0.2	0.4
V6	-0.2	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Schiller Spandan V 4.51

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

Protocol: Bruce

Exec Time : 6.m 21 s

ID: 2410004122

Stage: Recovery(1)

Stage Time : 1 m 54 s

Date: 09-Apr-24

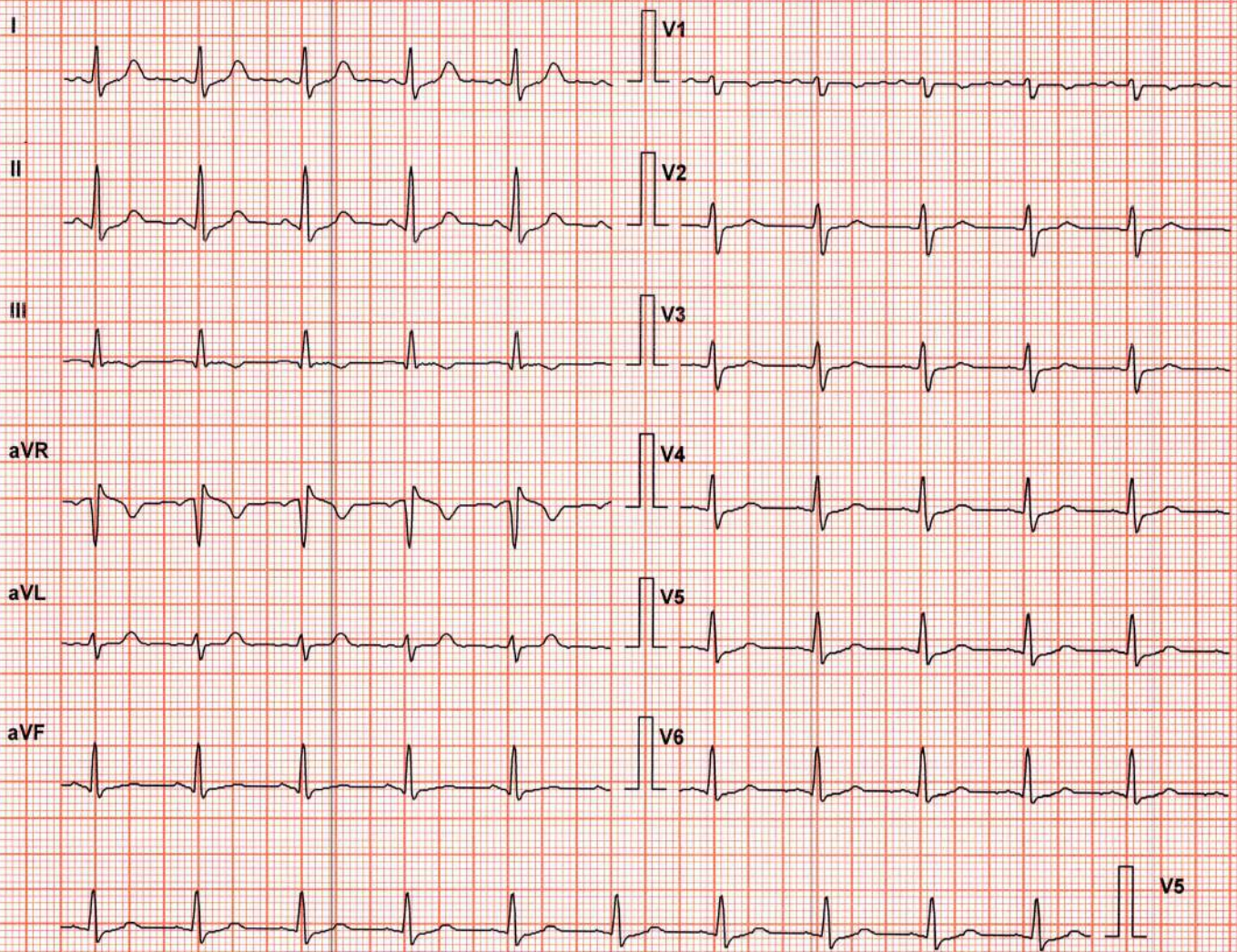
Speed: 1 mph

HR: 97 bpm

B.P: 140 / 80

Grade: 0 %

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.2	0.7
II	-0.2	0.4
III	0.0	0.0
aVR	-0.2	-0.7
aVL	0.2	0.0
aVF	0.0	0.4
V1	0.0	0.0
V2	0.2	0.4
V3	0.2	0.7
V4	0.0	0.0
V5	-0.2	0.4
V6	-0.2	0.4

Chart Speed: 25 mm/sec

Schiller Spandan V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

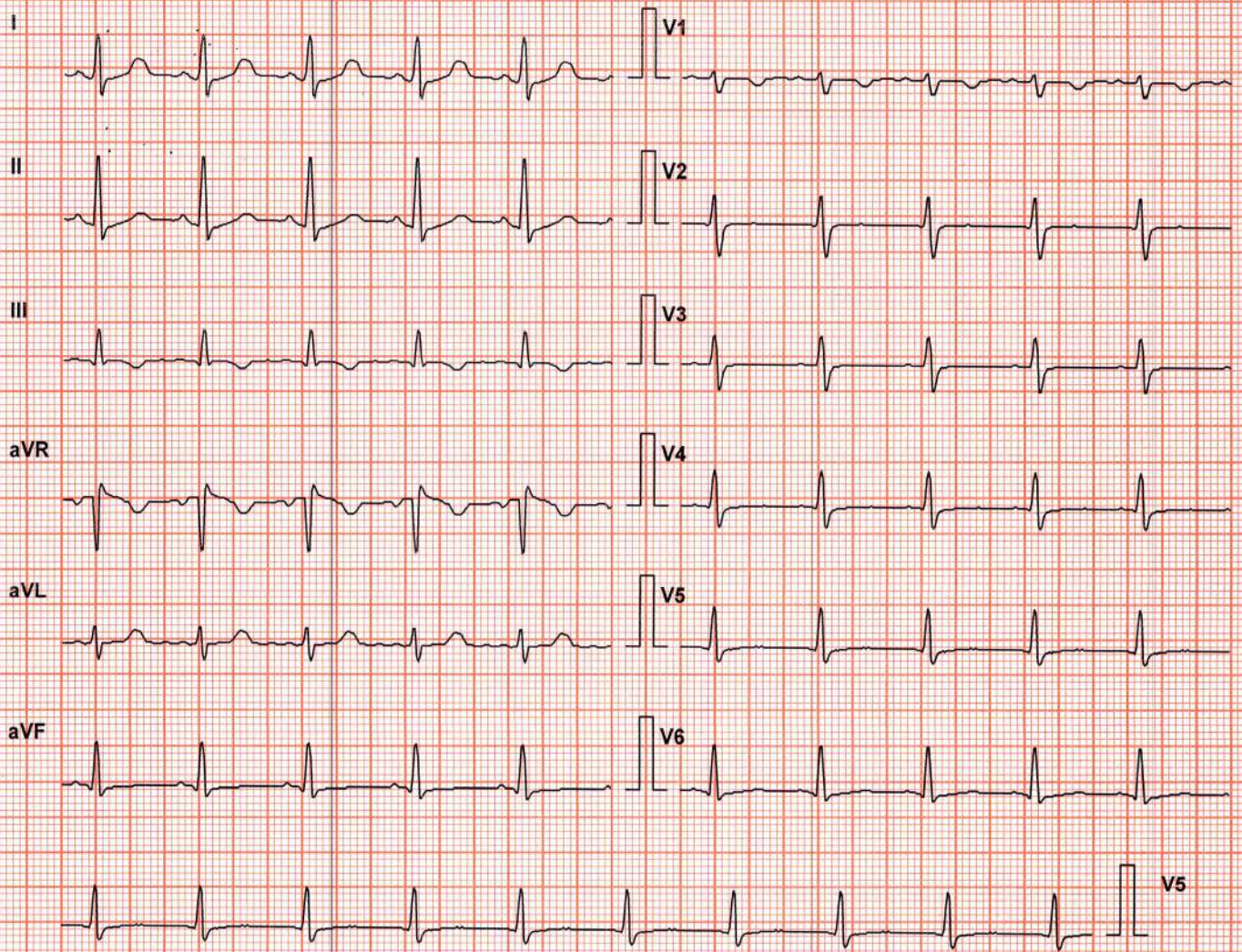
Grade: 0 %

Exec Time : 6 m 21 s

Stage Time : 1 m 54 s

HR: 94 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
II	0.0	0.7
III	0.0	0.0
aVR	-0.2	-1.1
aVL	0.2	0.4
aVF	-0.2	0.4
V1	0.0	0.0
V2	0.0	0.4
V3	0.0	0.4
V4	-0.2	0.4
V5	0.0	0.4
V6	0.0	0.4

Chart Speed: 25 mm/sec  
Schiller Spandan V 4.51

Filter: 35 Hz  
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON  
Post J = J + 60 ms

Amp: 10 mm  
Linked Median



# Suburban Diagnostics Kalina

MS. SONAL BADHAN (35 F)

ID: 2410004122

Date: 09-Apr-24

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

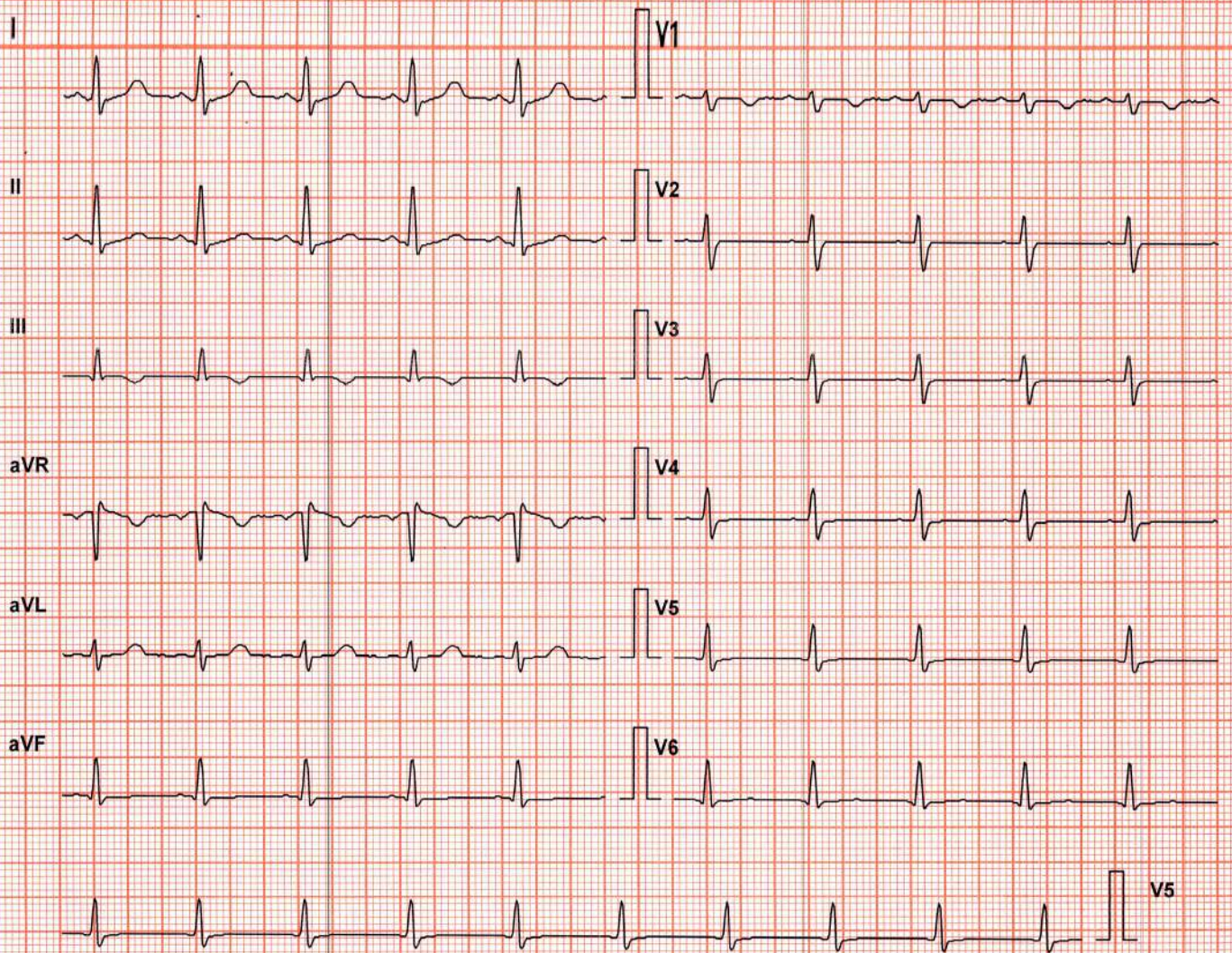
Grade: 0 %

Exec Time : 6 m 21 s

Stage Time : 0 m 59 s

HR: 95 bpm

(THR: 157 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.0	0.4
III	0.0	0.0
aVR	-0.2	-0.7
aVL	0.2	0.4
aVF	-0.2	0.0
V1	0.0	0.0
V2	0.0	0.0
V3	0.0	0.4
V4	0.0	0.4
V5	0.0	0.4
V6	-0.2	0.0

Chart Speed: 25 mm/sec

Schiller Spandan V 4.51

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 10 mm

Linked Median







Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2410004122  
**Name** : Ms SONAL BADHAN  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Apr-2024  
**Reported** : 09-Apr-2024/10:13

**USG OF WHOLE ABDOMEN**

**LIVER :**

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

**GALL BLADDER :**

**The gall bladder is not seen ( post cholecystectomy status )**

**PANCREAS :**

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

**KIDNEYS :**

Both the kidneys are normal in size , shape and echotexture.  
No evidence of any calculus, hydronephrosis or mass lesion seen.  
Right kidney measures: 10.1 x 4.4 cms. Left kidney measures: 10.8 x 5.8 cms.

**SPLEEN :**

The spleen is normal in size and shape and echotexture.  
No evidence of focal lesion is noted.  
There is no evidence of any lymphadenopathy or ascitis

**URINARY BLADDER :**

The urinary bladder is well distended. It shows thin walls and sharp mucosa.  
No evidence of calculus is noted. No mass or diverticulum is seen.

**UTERUS :**

The Uterus is anteverted and appears normal. No focal lesion seen .  
It measures: 8.0 x 3.9 x 3.1 cm in size.  
The endometrial thickness is 6 mm .



Use a QR Code Scanner  
Application To Scan the Code

**CID** : 2410004122  
**Name** : Ms SONAL BADHAN  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

**Reg. Date** : 09-Apr-2024  
**Reported** : 09-Apr-2024/10:13

**OVARIES :**

**Right ovary measures: 3.5 x 2.6 x 2.6 cms (volume ~ 12.7 cc) bulky in size , there is single small well defined 3.0 x 2.6 cm size cystic lesion seen in right ovary .**

Left ovary measures: 3.1 x 1.4 x 1.3 cms (volume ~ 3.2 cc) , normal in size .

There is no evidence of any adnexal mass seen.

**IMPRESSION :**

**Mild fatty Liver.**

**Bulky right ovary with single small right ovarian cyst .**

**SUG -Correlate clinico pathologically.**

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

**DR.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
**CONSULTANT RADIOLOGIST**



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**CID** : 2410004122  
**Name** : Ms SONAL BADHAN  
**Age / Sex** : 36 Years/Female  
**Ref. Dr** :  
**Reg. Location** : Kalina, Santacruz East Main Centre

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**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.ASHA DHAVAN**  
**MBBS ; D.M.R.E**  
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